



June 21, 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, June 26, 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.
- 4:30PM Open meeting.

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

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

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

Kelsie Davis
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

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



KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Wednesday June 26, 2024 {Regular Meeting}

OPEN MEETING AGENDA {4:00PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Kelsie Davis 559-624-2330) or kedavis@kaweahhealth.org to make arrangements to address the Board.
4. **APPROVAL OF THE CLOSED AGENDA – 4:01PM**
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 June 26, 2024, closed meeting agenda.
5. **ADJOURN**

CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – [ANTICIPATED LITIGATION](#)** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2).
Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel
6. **[CREDENTIALING](#)** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff

membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.

Daniel Hightower, MD, Chief of Staff

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

Daniel Hightower, MD, Chief of Staff

8. **APPROVAL OF THE CLOSED MEETING MINUTES** –May 22, 2024.

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

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

9. **ADJOURN**

OPEN MEETING AGENDA {4:30PM}

1. **CALL TO ORDER**

2. **APPROVAL OF AGENDA**

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

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

5. **OPEN MINUTES** – Request approval of the May 22, 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 May 22, 2024, open minutes.

6. **RECOGNITIONS**

6.1. Presentation of [Resolution 2230 to Jennifer Faria](#), in recognition as the Kaweah Health World Class Employee of the month – June 2024 – *Director Francis*

6.2. Presentation of [Resolution 2231 to Susan Feder](#), in recognition of her 39 years of service and retirement. – *Director Francis*

6.3. New Director Introductions: Denice Cabeje, Director of Care Management and Throughput & Janice Nini, Interim Director of Emergency Services.

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 June 26, 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 June 26, 2024, Consent Calendar

9.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Strategic Plan](#)
- C. [Throughput](#)
- D. [Environment of Care Quarterly Report](#)
- E. Other Professional Service Reports:
 - E.1. [Surgical/Endoscopy Services](#)
 - E.3. [Sequoia Integrated Health & Sequoia Health Plan](#)

9.2. CLAIMS

- A. [Rejection of Claim – Edith Guzman](#) v. Kaweah Health

9.3. POLICIES

A. Administrative Policies

- A.1. AP. 119 [Visiting Regulations for Kaweah Delta Health Care District](#) - Revised
- A.2. AP. 184 [Displays and Signage for Areas Open to Patients and the Public](#) - Revised
- A.3. AP. 166 – [Competitive Bidding on Contracts](#) - Revised
- A.4. AP. 66 – [Suspected Child and or Elder Dependent Adult Abuse and Neglect Report](#) – Revised

A.5. AP. 57 – [Access to Legal Counsel](#)- Revised

B. Board Policies

B.1. BOD 1 – [Orientation of New Board Member](#) - Revised

B.2. BOD 2 – [Chief Executive Officer \(CEO\) Transition](#)- Revised

B.3. BOD 3 – [Chief Executive Officer \(CEO\) Criteria](#) – Revised

B.6. BOD 7 – [Presentation of Claims and Service Process](#) – Revised

C. Human Resource Policies

C.1. HR. 49 – [Education Assistance](#) – Revised

C.2. HR. 131 – [Employee Recognition and Acknowledgement Programs](#) – Revised

C.3. HR. 197 – [Dress Code Professional Appearance Guidelines](#) – Revised

D. Environment of Care Policies

D.1. EOC 1019 – [Equipment Cleaning and Low Intermediate Level Disinfection](#) - Revised

D.2. EOC 1050 – [Helipad Policy](#) - Revised

D.3. EOC 1066 – [Injury Illness Prevention Program](#) -Revised

D.4. DM 2228 - [Continuity of Operations and Recovery](#) -Reviewed

E. Medical Staff Policies

E.1. MS 43- [Informed Consent for Surgical, Diagnostic, or Therapeutic Procedure](#) - Revised

10. [VALUE BASED PURCHASING REPORT](#) – A review of outcomes and actions from Centers for Medicare & Medicaid Services Value-Based Purchasing, quality incentive program.

Erika Pineda, Quality Improvement Manager

11. [STRATEGIC PLAN –OUTSTANDING HEALTH OUTCOMES](#) – Detailed review of Strategic Plan Initiative.

Sandy Volchko, Director of Quality & Patient Safety and Dr. Lamar Mack, Quality & Patient Safety Medical Director

12. [FINANCIALS](#) – Review of the most current fiscal year financial results and review of FY25 proposed budget.

Malinda Tupper – Chief Financial Officer

Action Requested – Approval of FY25 Budget.

13. REPORTS

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

Gary Herbst, Chief Executive Officer

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

Mike Olmos, Board President

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Agenda item intentionally omitted

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY MAY 22, 2024, AT 4:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

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

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – 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 4:02PM

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 MAY 22, 2024, AT 5:00PM IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 5:05 PM by Director Olmos.

Director Olmos asked for approval of the agenda.

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

PUBLIC PARTICIPATION – N/A.

CLOSED SESSION ACTION TAKEN: Approval of the closed minutes from April 24, 2024

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

PUBLIC PARTICIPATION – None.

MMSC (Francis/Havard Mirviss) to approve the open minutes from April 24, 2024.

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

RECOGNITIONS

Director Levitan presented Resolution 2228 to Amanda Munoz, in recognition as the Kaweah Health World Class Employee of the month – May 2024.

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

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

- No report.

Public Participation – None.

Director Olmos requested a motion for the approval of the credentials report with the modification of extending Applicant 11502 and 122562 both approved through the end of August 31, 2024.

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

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

CONSENT CALENDAR – Director Olmos entertained a motion to approve the May 22, 2024, consent calendar without 9.4.B.7. Board Policy 7 as that policy will come back corrected next month of June.

PUBLIC PARTICIPATION – None.

MMSC (Francis/Rodriguez) to approve the May 22, 2024, consent calendar. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Rodriguez, Levitan and Francis

SURGICAL QUALITY IMPROVEMENT PROGRAM – A review of key quality outcome and complication measures and associated action plans for the surgical populations. Copy attached to the original of the minutes and to be considered a part thereof.

Christine Aleman, MSN, RN, Director of Cardiac & Surgical Services

STRATEGIC PLAN – STARTEGIC GROWTH AND INNOVATION – Detailed review of Strategic Plan Initiative and 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*

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

Malinda Tupper – Chief Financial Officer

REPORTS

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

Board President - Report relative to current events and issues – *Mike Olmos, Board President*

ADJOURN - Meeting was adjourned at 6:57PM

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 2230

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

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

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

PASSED AND APPROVED this 26th day of June 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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



RESOLUTION 2231

WHEREAS, Susan Feder, is retiring from duty at Kaweah Delta Health Care District (Kaweah Health) after 39 years of service; and,

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

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

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Susan Feder for 39 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 26th day of June 2024 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

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

Physician Recruitment and Relations
Medical Staff Recruitment Report - June 2024

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kaweahhealth.org - (559) 624-5456
 Date prepared: 6/14/2024

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

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

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

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

Stanford Health Care	
Cardiothoracic Surgery	1

Sequoia Cardiology Medical Group	
EP Cardiology	1
	TBD

Oak Creek Anesthesia	
Anesthesia - General	1
Anesthesia - Cardiac	1

Valley Hospitalist Medical Group	
GI Hospitalist	1

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

Valley ENT	
Audiology	1
Otolaryngology	1

Mineral King Radiology Group	
Diagnostic Radiology	1
Interventional Radiology	1

Physician Recruitment and Relations
Medical Staff Recruitment Report - June 2024

Prepared by: JC Palermo, Director Physician Recruitment - jpalermo@kaweahhealth.org - (559) 624-5456
 Date prepared: 6/14/2024

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

#	Specialty	Group	Offer Sent
1	Pulmonology	TBD	Pending
2	Psychiatry	Precision Psychiatry	5/21/2024
3	Bariatric/General Surgery	TBD	4/23/2024
4	Hospitalist	Key Medical Associates	4/3/2024
5	Anesthesia - Cardiac	Oak Creek	2/2/2024
6	Psychiatry	TBD	12/5/2023
7	Family Medicine	Direct/1099	11/7/2023
8	OBGYN	TBD	6/11/2024
9	Urology	Direct/1099	4/24/2024
10	Urology	Direct/1099	Pending

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



Kaweah Health Medical Center

FY 2024 Strategic Plan

Monthly Performance Report

June 26, 2024



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



Kaweah Health

MORE THAN MEDICINE. LIFE 45/403

Kaweah Health Strategic Plan: Fiscal Year 2024

Our Mission

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

Our Vision

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

Our Pillars

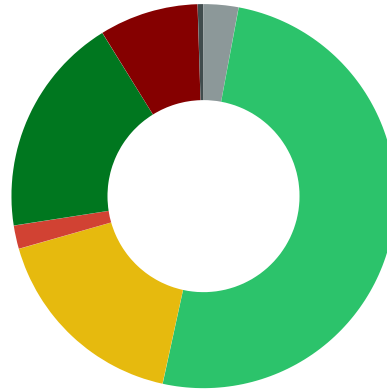
Achieve outstanding community health.
 Deliver excellent service.
 Provide an ideal work environment.
 Empower through education.
 Maintain financial strength.

Our Six Initiatives

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

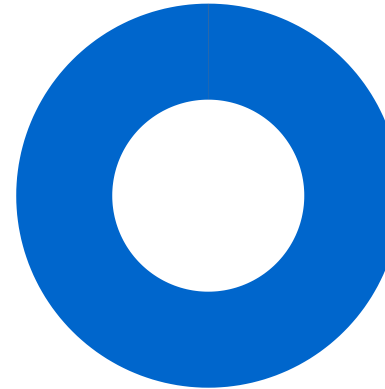
Kaweah Health Strategic Plan FY2024 Overview

Statuses



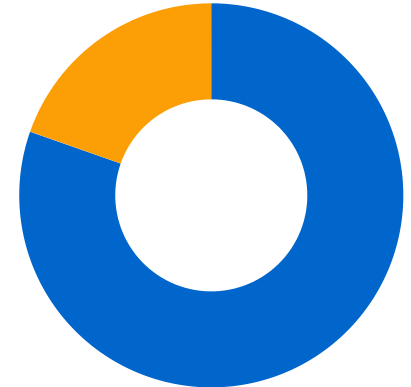
● Not Started	6	(3%)
● On Track	103	(50%)
● Off Track	35	(17%)
● At Risk	4	(2%)
● Achieved	38	(19%)
● Not Achieved	17	(8%)
● Canceled	1	(0%)

Due Dates



● Not Past Due	131	(100%)
● Past Due	0	(0%)

Progress Updates



● Up-to-Date	164	(80%)
● Late	40	(20%)
● Pending	0	(0%)

Empower Through Education

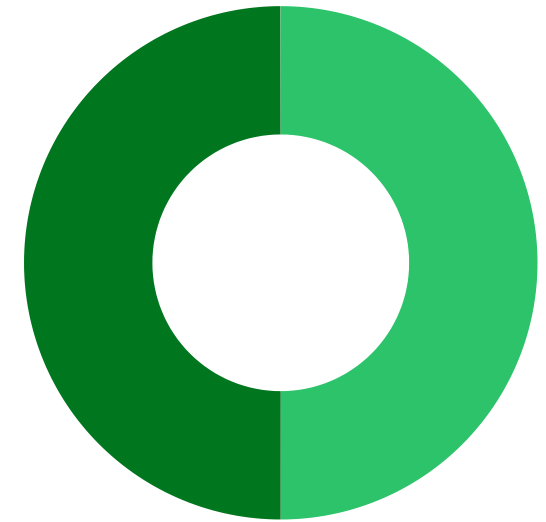
Champions: Dr. Lori Winston and Hannah Mitchell

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

FY2024 Strategic Plan - Empower Through Education Strategies

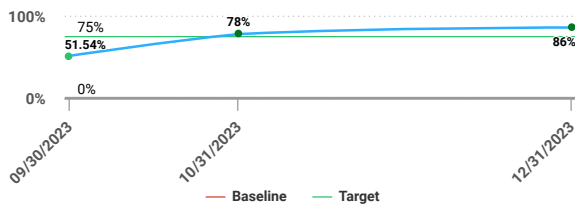
#	Name	Description	Status	Assigned To	Last Comment
1.1	Expand Online Learning Opportunities and Participation	Increase and optimize existing and new educational opportunities and platforms to support on line and computer based learning.	Achieved	Hannah Mitchell	Goals have been met and exceeded.
1.2	Increase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

Objectives and Outcomes

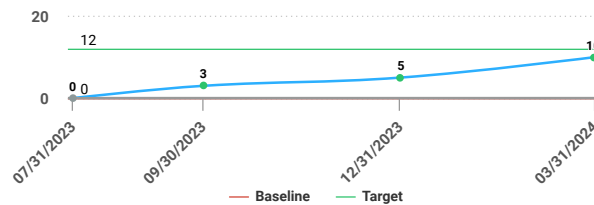


● On Track 2 (50%)
● Achieved 2 (50%)

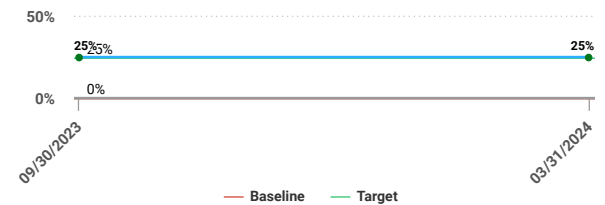
Automate the Week One Onboarding and Orientation Competencies for Patient Care Staff



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



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



Ideal Work Environment

Champions: Dianne Cox and Raleen Larez

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

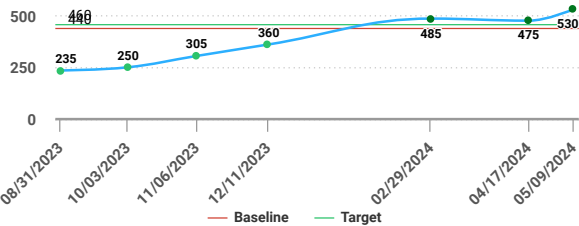
FY2024 Strategic Plan - Ideal Work Environment Strategies

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

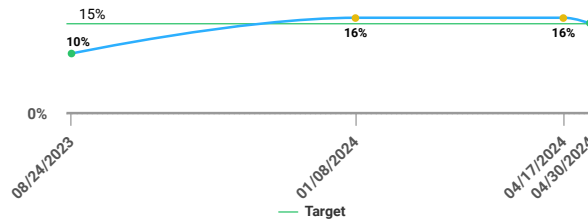
Objectives and Outcomes



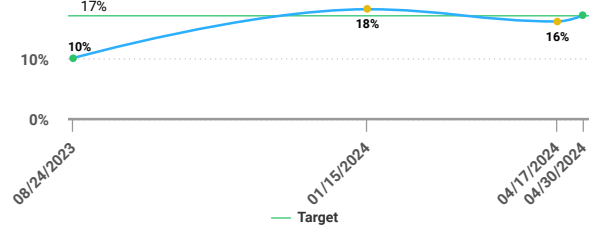
Increase to 460 Volunteers (by 6/30/24)



Decrease Overall KH Turnover Rate (< 15%)



Decrease Nursing Turnover Rate (< 17%)



Strategic Growth and Innovation

Champions: Ryan Gates and JC Palermo

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

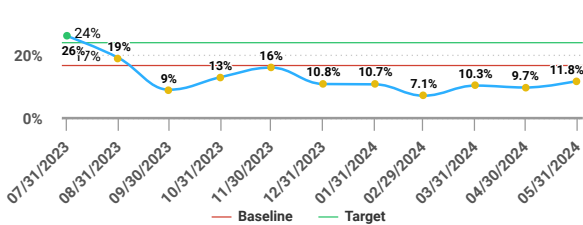
FY2024 Strategic Plan - Strategic Growth and Innovation Strategies

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

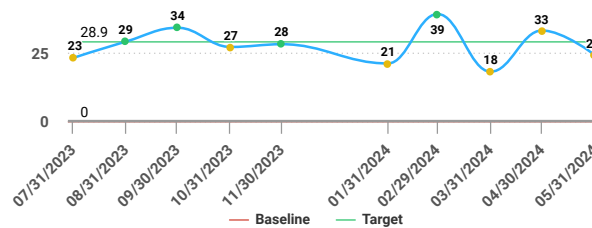
Objectives and Outcomes



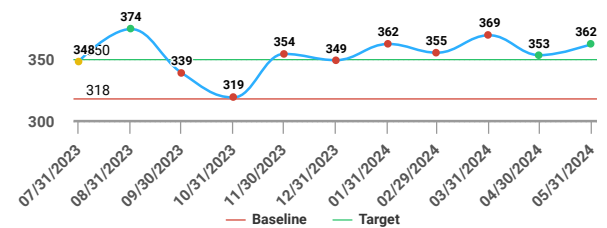
Increase the Percentage of Coronary Artery Bypass Graph Surgery Cases that are Elective



Increase Number of Urology Surgery Cases



Increase Monthly Endoscopy Case Volume



Organizational Efficiency and Effectiveness

Champions: Jag Batth and Rebekah Foster

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

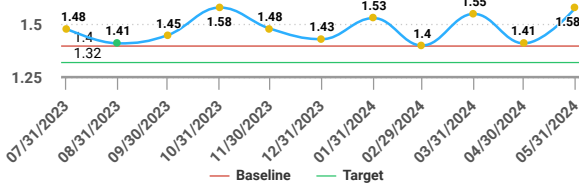
FY2024 Strategic Plan - Organization Efficiency and Effectiveness Strategies

#	Name	Description	Status	Assigned To	Last Comment
4.1	Patient Throughput and Length of Stay	Implement patient flow processes that are effective and efficient to improve patient throughput and lower the overall Length of Stay.	Off Track	Keri Noeske	Two of our three length of stay metrics improved this month, related to Observation and Emergency Department Patients. Our inpatient observed to expected length of stay increased in May. Work continues to identify opportunities to reduce length of stay. New project opportunities with improving efficiency with tests and treatments, expanding scope of case management, increasing engagement with non-hospitalist medical groups with discharges.
4.2	Increase Main and Cardiac Operating Room Efficiency/Capacity	Improve Operating Room Efficiency, Capacity and Utilization to meet surgery volume needs.	Off Track	Lori Mulliniks	We are not at goal related to these metrics, however one metric is trending upward and two are very close to goal.
4.3	Create a Process to Monitor Use of Tests and Treatments	Create and initiate a workgroup to identify areas of focus and establish benchmarks related to the use of tests and treatments.	On Track	Suzy Plummer	Benchmarks and goals have been established, as well as a monthly reporting process. Focus has shifted to efforts needed to move from benchmark to goal.
4.4	Optimize Revenue Cycle Efforts	Focus efforts on key revenue cycle metrics to increase collections and reduce denials.	At Risk	Frances Carrera	We are at risk of not meeting our goals related to reducing days in accounts receivable and point of care collections by the end of the fiscal year.

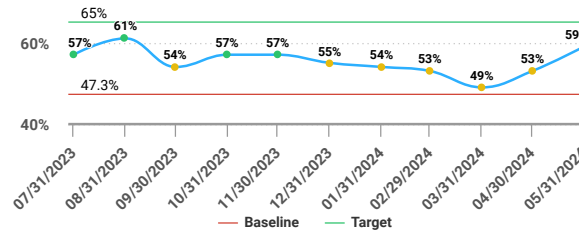
Objectives and Outcomes



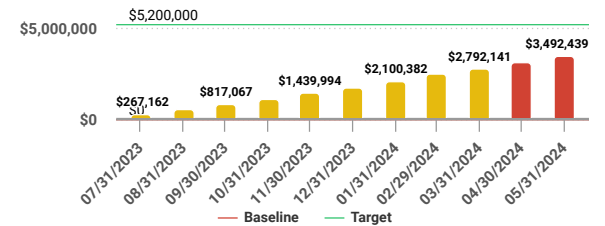
Decrease Inpatient Observed to Expected Length of Stay



Improve Elective Case Main Operating Room Utilization



Increase Front End Collections



Outstanding Health Outcomes

Champions: Dr. LaMar Mack and Sandy Volchko

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

FY2024 Strategic Plan - Outstanding Health Outcomes Strategies

#	Name	Description	Status	Assigned To	Last Comment
5.1	Standardized Infection Ratio (SIR)	Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services	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.
5.2	Sepsis Bundle Compliance (SEP-1)	Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.	Off Track	Sandy Volchko	Multidisciplinary team identified root causes of non-compliance and is executing several strategies to address such as order set and documentation enhancements.
5.3	Mortality and Readmissions	Reduce observed/expected mortality through the application of standardized best practices.	Off Track	Sandy Volchko	Best Practice Team members reconfigured, key performance indicators revised for each population and improvement strategy planning in process
5.5	Quality Improvement Program (QIP) Reporting	Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.	Not Achieved	Sonia Duran-Aguilar	Overall, we improved our quality score from year prior. In PY6 (2023), the score was 70% and in 2024 we came in at 8.75/10 = 87.5%.
5.6	Inpatient Diabetes Management	Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.	On Track	Sandy Volchko	

Objectives and Outcomes

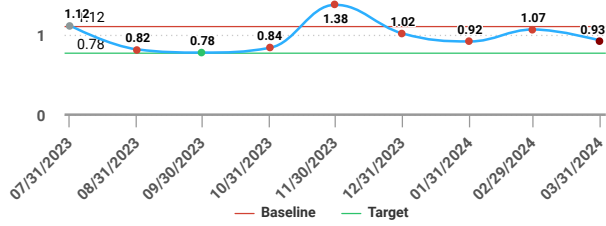


● On Track 2 (40%)
 ● Off Track 1 (20%)
 ● Achieved 2 (40%)

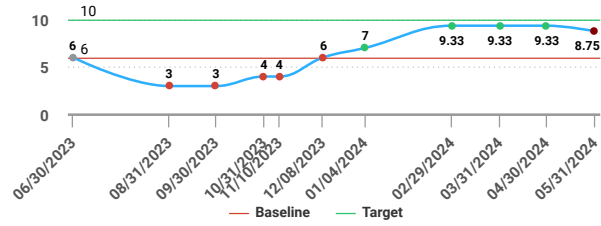
Outstanding Health Outcomes

Champions: Dr. LaMar Mack and Sandy Volchko

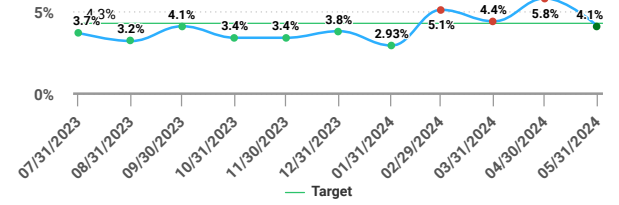
SEPSIS Mortality O/E



Meet 10 QIP Performance Measures



Hypoglycemia in Critical Care Patients (< 4.3%)



Patient and Community Experience

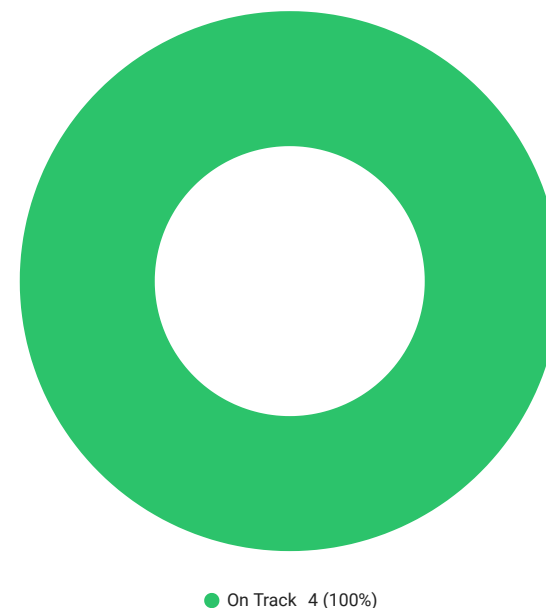
Champions: Keri Noeske and Deborah Volosin

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

FY2024 Strategic Plan - Patient and Community Experience Strategies

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

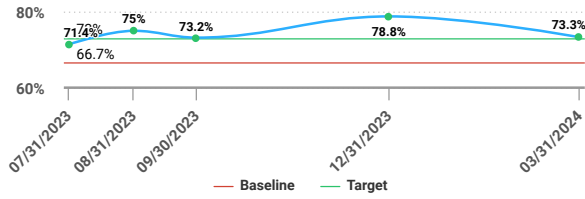
Objectives and Outcomes



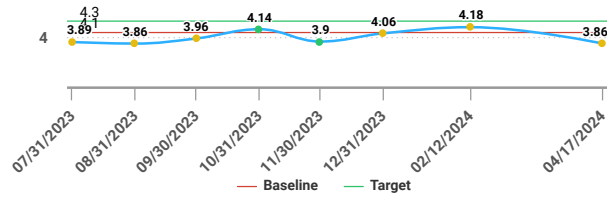
Patient and Community Experience

Champions: Keri Noeske and Deborah Volosin

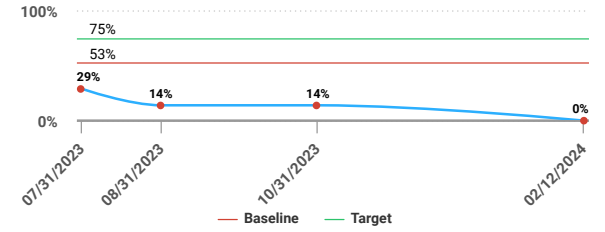
Achieve the 60th Percentile in Overall Rating Goal on HCAHPS Survey



Achieve 4.3 Patient Feedback Score Goal on ED Survey



Reunite 75% of Lost Belongings with Owners



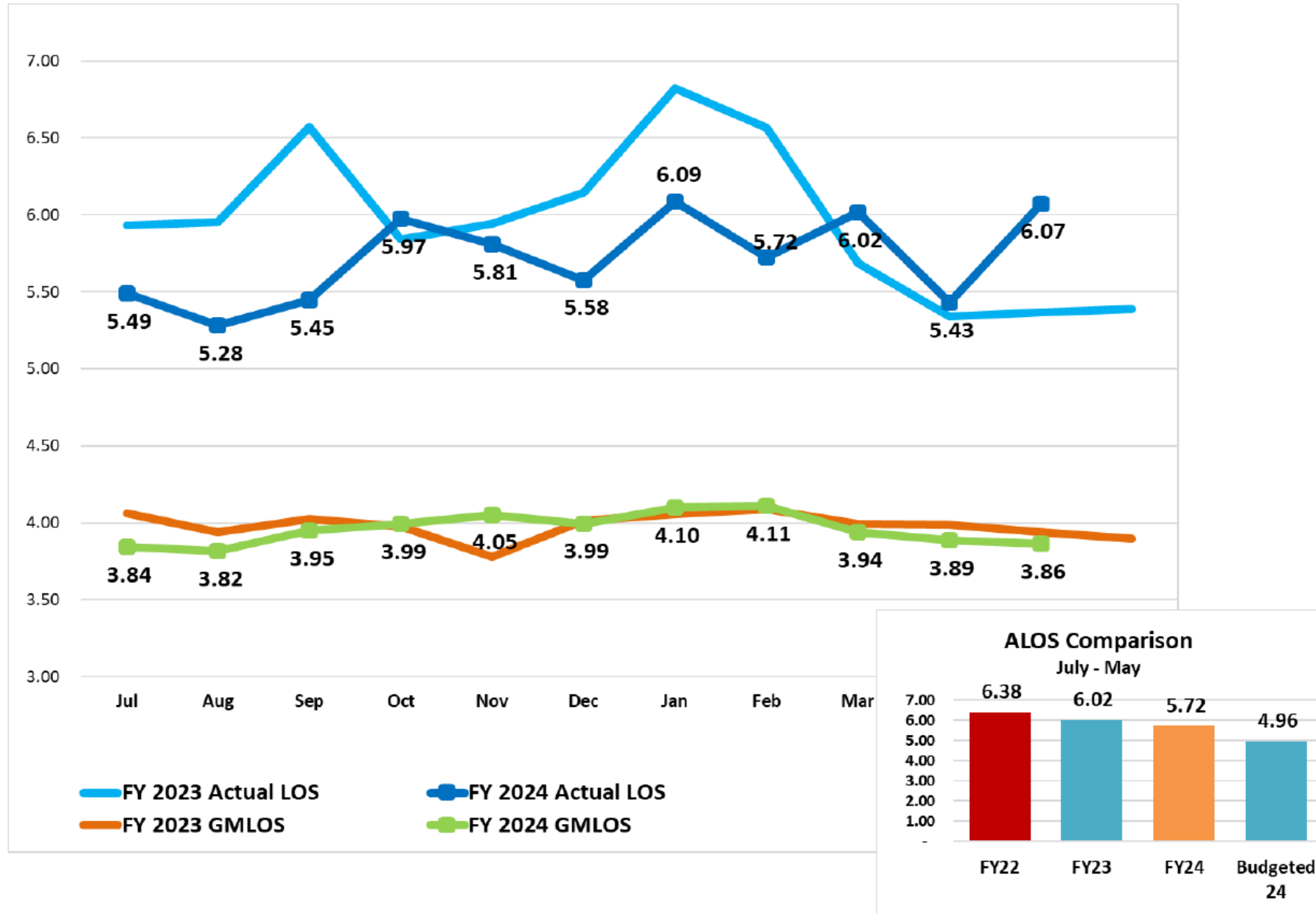
Throughput Steering Committee June 2024



kaweahhealth.org

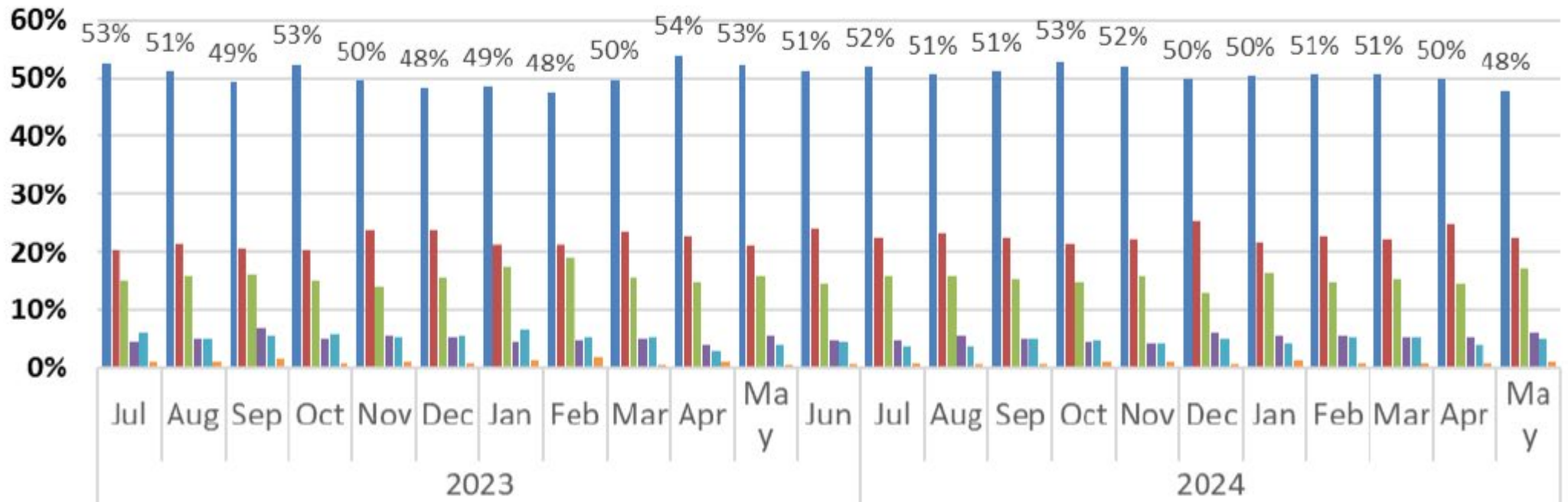


Average Length of Stay versus National Average (GMLOS)



Average Length of Stay Distribution

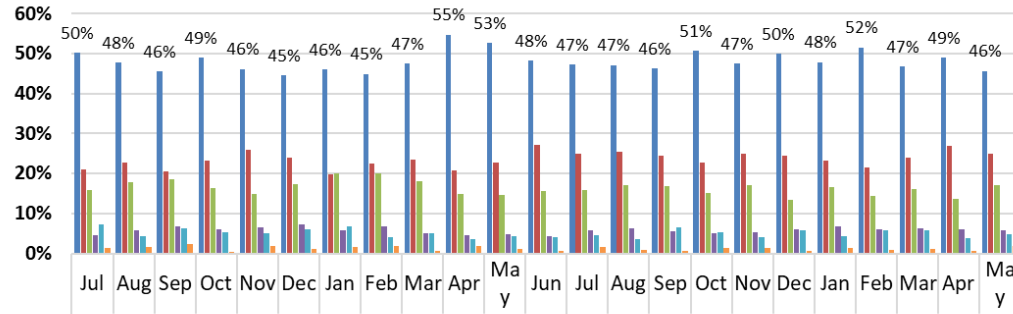
FY24 Overall LOS Distribution



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

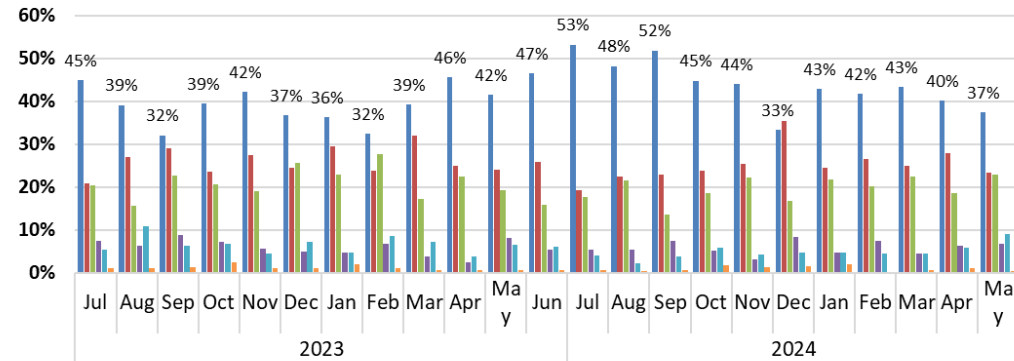
LOS Distribution

FY24 Hospitalist LOS Distribution



■ at GMLOS or Better	50%	48%	46%	49%	46%	45%	46%	45%	47%	55%	53%	48%	47%	47%	46%	51%	47%	50%	48%	52%	47%	49%	46%
■ 1-2 days over GMLOS	21%	23%	21%	23%	26%	24%	20%	22%	23%	21%	23%	27%	25%	25%	24%	23%	25%	24%	23%	22%	24%	27%	25%
■ 2-6 days over GMLOS	16%	18%	19%	16%	15%	17%	20%	20%	18%	15%	15%	16%	16%	17%	17%	15%	17%	13%	17%	14%	16%	14%	17%
■ 6-10 days over GMLOS	5%	6%	7%	6%	7%	7%	6%	7%	5%	5%	5%	4%	6%	6%	5%	5%	6%	7%	6%	6%	6%	6%	6%
■ 10-30 days over GMLOS	7%	4%	6%	5%	5%	6%	7%	4%	5%	3%	4%	4%	4%	7%	5%	4%	6%	4%	6%	6%	4%	5%	5%
■ 30+ days over GMLOS	1%	2%	2%	0%	2%	1%	2%	2%	1%	2%	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%	2%

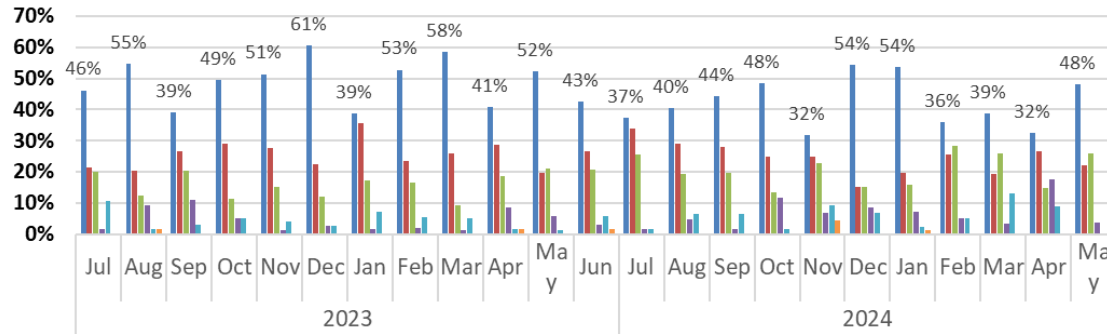
FY24 FHCN LOS Distribution



■ at GMLOS or Better	45%	39%	32%	39%	42%	37%	36%	32%	39%	46%	42%	47%	53%	48%	52%	45%	44%	33%	43%	42%	43%	40%	37%
■ 1-2 days over GMLOS	21%	27%	29%	24%	28%	24%	30%	24%	32%	25%	24%	26%	19%	22%	23%	24%	25%	35%	24%	26%	25%	28%	23%
■ 2-6 days over GMLOS	20%	16%	23%	21%	19%	26%	23%	28%	17%	23%	19%	16%	18%	21%	14%	19%	22%	17%	22%	20%	22%	19%	23%
■ 6-10 days over GMLOS	7%	6%	9%	7%	6%	5%	5%	7%	4%	3%	8%	5%	5%	5%	7%	5%	3%	8%	5%	7%	4%	6%	7%
■ 10-30 days over GMLOS	5%	11%	6%	7%	4%	7%	5%	9%	7%	4%	7%	6%	4%	2%	4%	6%	4%	5%	5%	4%	4%	6%	9%
■ 30+ days over GMLOS	1%	1%	1%	2%	1%	1%	2%	1%	1%	1%	1%	0%	0%	0%	1%	2%	1%	2%	2%	0%	0%	1%	0%

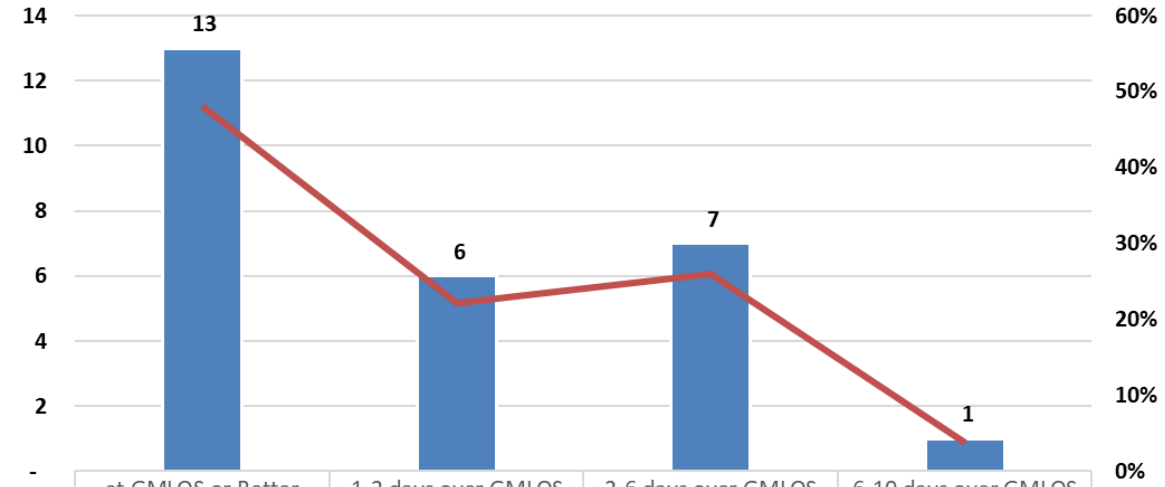
Humana LOS

FY24 Humana-Key Medical LOS Distribution



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

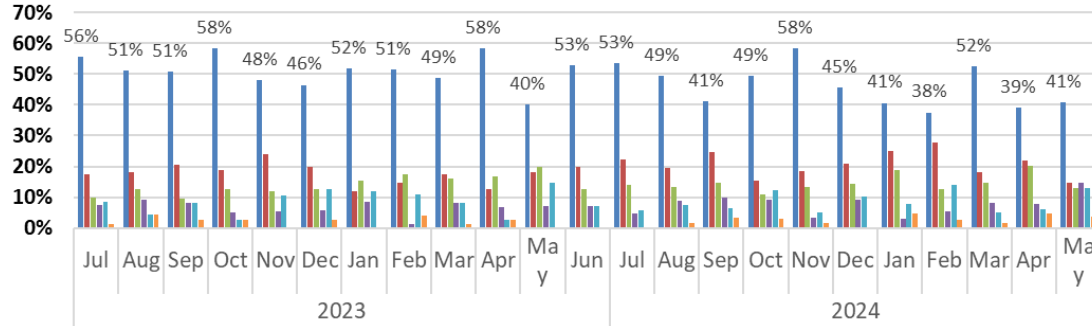
May FY24 Humana-Key Medical LOS Distribution



Count of Visits	13	6	7	1	59/403
% of Visits	48%	22%	26%	4%	

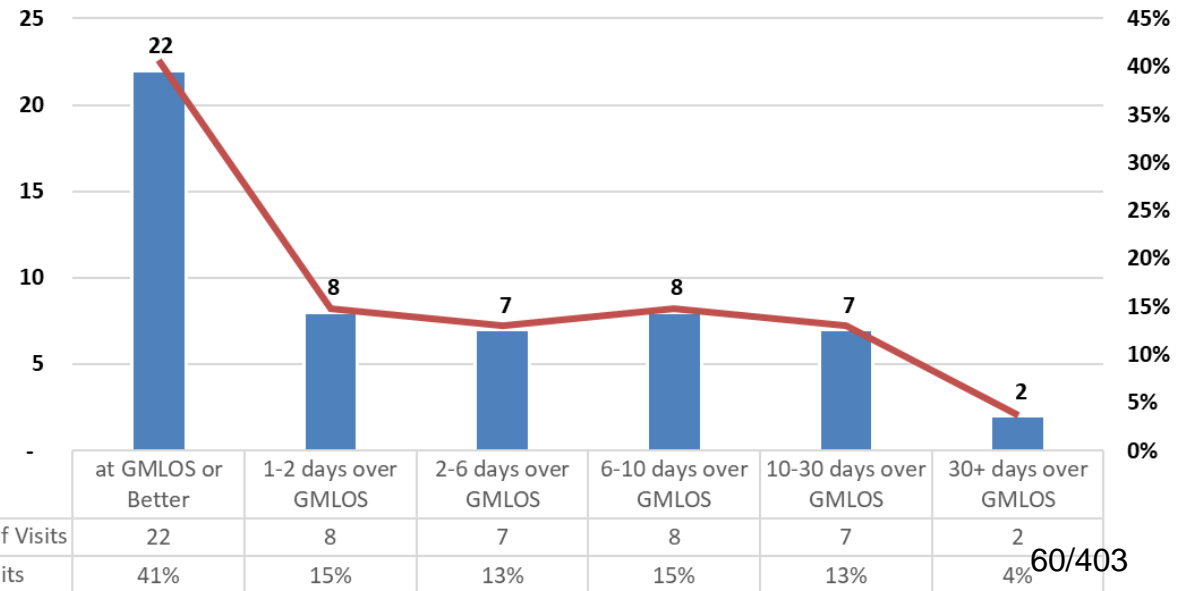
ACTSS LOS

FY24 ACTSS LOS Distribution



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma y	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma y
at GMLOS or Better	56%	51%	51%	58%	48%	46%	52%	51%	49%	58%	40%	53%	53%	49%	41%	49%	58%	45%	41%	38%	52%	39%	41%
1-2 days over GMLOS	17%	18%	21%	19%	24%	20%	12%	15%	18%	13%	18%	20%	22%	19%	25%	15%	18%	21%	25%	28%	18%	22%	15%
2-6 days over GMLOS	10%	13%	10%	13%	12%	13%	16%	18%	16%	17%	20%	13%	14%	13%	15%	11%	13%	14%	19%	13%	15%	20%	13%
6-10 days over GMLOS	7%	9%	8%	5%	5%	6%	9%	1%	8%	7%	7%	5%	9%	10%	9%	3%	9%	3%	6%	8%	8%	15%	
10-30 days over GMLOS	9%	5%	8%	3%	11%	13%	12%	11%	8%	3%	15%	7%	6%	7%	7%	12%	5%	10%	8%	14%	5%	6%	13%
30+ days over GMLOS	1%	5%	3%	3%	0%	3%	0%	4%	1%	3%	0%	0%	0%	1%	3%	3%	2%	0%	5%	3%	2%	5%	4%

May FY24 ACTSS LOS Distribution



Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Age Group: Behavioral Health:

Metric	Patient Type	Definition	Goal	Baseline**	Discharge Date				
					1/1/2024				5/31/2024
Observation Average Length of Stay (Obs ALOS) <i>(Lower is better)*</i>	Overall	Average length of stay (hours) for observation patients	36	43.48	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
					46.28	41.36	41.08	45.80	43.94
Inpatient Average Length of Stay (IP ALOS) <i>(Lower is better)*</i>	Overall	Average length of stay (days) for inpatient discharges	5.64	5.80	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
					6.09	5.72	6.01	5.44	6.07
Inpatient Observed-to-Expected Length of Stay <i>(Lower is better)**</i>	Overall	Observed LOS / geometric mean length of stay for inpatient discharges	1.32	1.49	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
					1.50	1.40	1.55	1.41	1.58
Discharges*	Inpatient	Count of inpatient discharges	N/A	1,384	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
	Observation	Count of observation discharges	N/A	801	1,508	1,331	1,380	1,333	1,407
	Overall	Count of inpatient and observation discharges	N/A	2,185	786	730	753	863	842
					2,294	2,061	2,133	2,196	2,249

*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				
					1/1/2024 12:00:00 AM				5/31/2024 11:59:59 PM
ED Boarding Time <i>(Lower is better)*</i>	Inpatient	Median time (minutes) for admission order written to check out for admitted patients	150	319	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
					588	290	253	363	208
	Observation	Median time (minutes) for admission order written to check out for observation patients	150	322	661	340	274	233	272
	Overall	Median time (minutes) for admission order written to check out for inpatient and observation patients	150	319	590	291	254	355	212
ED Admit Hold Volume <i>(Lower is better)*</i>	Overall >4 Hours	Count of patients (volume) with ED boarding time \geq 4 hours	N/A	608	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
					899	542	503	643	411
ED Length of Stay (ED LOS) <i>(Lower is better)*</i>	Discharged	Median ED length of stay (minutes) for discharged patients	214	287	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
					295	282	274	288	290
	Inpatient	Median ED length of stay (minutes) for admitted patients	500	767	1,121	705	684	793	612
	Observation	Median ED length of stay (minutes) for observation patients	500	713	1,106	722	628	729	619
Overall	Median ED length of stay (minutes) for admitted and discharged patients	N/A	336	353	335	319	338	337	
ED Visits*	Discharged	Count of ED visits for discharged patients	N/A	6,440	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
					6,380	5,925	6,407	6,156	6,664
	Inpatient	Count of ED Visits for admitted patients	N/A	1,193	1,318	1,152	1,125	1,194	1,163
	Observation	Count of ED Visits for observation patients	N/A	441	412	405	425	451	477
Overall	Count of ED visits	N/A	8,074	8,110	7,482	7,957	7,801	8,304	

*All metrics above exclude Mother/Baby encounter data.

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

Discharges Before Noon

May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
11.8%	11.6%	13.5%	11.8%	11.9%	11.9%	12.6%	12.4%	13.0%	10.7%	10.7%	10.1%	13.9%

Discharges Before Noon by Nurse Unit

Unit Group	Loc Nurse Unit	Month of Discharge Date												% of Total Count of Mig..	
		May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24		May 24
Med/Surg	KHMC 1E Emergency Room ..	42.9%	22.2%	18.2%	24.0%	36.0%	19.2%	35.0%	41.5%	29.1%	22.0%	20.0%	21.1%	30.3%	1.8% 14.0%
	KHMC 2N Medical Surgical	12.9%	12.6%	18.1%	7.0%	10.1%	12.6%	13.9%	14.1%	7.9%	5.6%	10.1%	8.0%	11.9%	
	KHMC 2S Medical Surgical	12.8%	11.9%	13.5%	11.7%	9.9%	11.3%	11.6%	10.5%	9.3%	10.5%	9.3%	5.8%	10.3%	
	KHMC 3N Medical Surgical	11.9%	10.8%	16.6%	18.9%	14.1%	13.0%	16.7%	9.6%	19.0%	20.1%	13.9%	8.2%	9.7%	
	KHMC 3S Medical Surgical	14.9%	13.7%	10.2%	13.9%	11.4%	9.8%	8.4%	14.3%	13.1%	11.7%	10.9%	11.9%	13.9%	
	KHMC 4N Medical Surgical	5.2%	4.3%	7.5%	4.8%	4.9%	11.7%	10.3%	9.5%	8.9%	5.3%	1.8%	7.9%	15.2%	
	KHMC 4S Medical Surgical	7.2%	6.1%	10.1%	8.2%	8.5%	6.9%	5.6%	8.4%	11.9%	8.7%	4.7%	8.0%	8.1%	
	KHMC 14 Medical Surgical	2.4%	4.5%	5.6%	6.9%	11.8%	7.1%	6.3%	10.6%	6.2%	5.8%	7.9%	5.9%	9.3%	
	KHMC BP Broderick Pavilion	20.2%	23.3%	20.2%	20.4%	26.4%	19.6%	21.2%	22.1%	18.5%	12.8%	22.4%	25.5%	30.6%	
KHMC PE Pediatrics	14.8%	13.6%	27.3%	20.0%	12.1%	9.1%	9.3%	5.4%	18.5%	5.1%	9.8%	6.1%	18.6%		
ICU	KHMC 3W ICCU	23.8%	25.0%	20.0%	19.0%	13.6%	15.0%	28.0%	18.2%	10.8%	4.3%	9.4%	21.1%	33.3%	
	KHMC 15 ICCU	23.7%	13.3%	18.5%	6.3%	12.5%	14.3%	15.0%	8.3%	12.9%	11.5%	10.8%	13.4%	18.9%	
	KHMC CV Intensive Care	25.0%	8.3%	28.6%	31.8%	15.8%	17.9%	25.8%	14.0%	7.1%	10.0%	25.0%	20.8%	18.2%	
	KHMC IC Intensive Care	11.1%	37.5%	28.6%	6.3%	20.0%	31.8%	26.1%	13.6%	17.1%	26.1%	21.4%	26.1%	36.7%	

by Calendar Year

Year of Discharge Date	Discharge Date		% of Total Count of Mig..
	2023	2024	
2023	12.2%		11.5% 14.0%
2024		11.7%	

Discharges Before Noon by Nurse Unit Calendar Year

Unit Group	Loc Nurse Unit	Discharge Date		% of Total Count of Mig..
		2023	2024	
Med/Surg	KHMC 1E Emergency Room Overflow	30.4%	25.2%	6.9% 14.0%
	KHMC 2N Medical Surgical	12.7%	8.7%	
	KHMC 2S Medical Surgical	11.6%	9.0%	
	KHMC 3N Medical Surgical	14.1%	14.1%	
	KHMC 3S Medical Surgical	12.0%	12.3%	
	KHMC 4N Medical Surgical	7.2%	7.8%	
	KHMC 4S Medical Surgical	7.6%	8.3%	
	KHMC 14 Medical Surgical	6.9%	7.0%	
	KHMC BP Broderick Pavilion	21.6%	21.8%	
	KHMC PE Pediatrics	11.6%	11.4%	
ICU	KHMC 3W ICCU	20.5%	14.4%	
	KHMC 15 ICCU	13.8%	13.7%	
	KHMC CV Intensive Care	20.1%	15.4%	
	KHMC IC Intensive Care	22.5%	25.2%	

Discharges Before Noon by Month

Month of Discharge D..	Discharge Date		% of Total Count of Mig..
	2023	2024	
January		13.0%	10.0% 14.0%
February		10.7%	
March		10.7%	
April		10.1%	
May	11.8%	13.9%	
June	11.6%		
July	13.5%		
August	11.8%		
September	11.9%		
October	11.9%		
November	12.6%		
December	12.4%		

Observed-to-Expected Length of Stay

Unit Group	Loc Nurse Unit	Month of Discharge Date												
		May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
Med/Surg	KHMC 1E Emergency Room ..	0.28	0.16	0.38	0.27	0.32	0.31	0.23	0.36	0.34	0.46	0.33	0.36	0.28
	KHMC 2N Medical Surgical	1.24	1.45	1.59	1.45	1.30	1.54	1.49	1.35	1.52	1.53	1.54	1.62	1.78
	KHMC 2S Medical Surgical	0.76	0.88	0.77	0.79	0.64	0.73	0.75	0.98	1.16	0.95	0.85	0.87	0.82
	KHMC 3N Medical Surgical	1.41	1.59	1.26	1.38	1.53	1.44	1.42	1.44	1.70	1.55	1.56	1.66	1.44
	KHMC 3S Medical Surgical	1.54	1.63	1.46	1.62	1.47	2.18	1.46	1.69	1.40	1.59	1.80	1.69	1.81
	KHMC 4N Medical Surgical	1.50	1.16	1.66	1.40	1.56	1.44	1.39	1.42	1.94	1.36	1.62	1.23	1.70
	KHMC 4S Medical Surgical	1.63	1.51	1.59	1.87	1.75	1.53	2.28	1.91	1.58	1.54	1.83	1.35	2.06
	KHMC 14 Medical Surgical	1.58	1.45	1.68	1.33	1.38	1.38	1.52	1.34	1.75	1.43	1.50	1.55	1.38
	KHMC BP Broderick Pavilion	0.71	0.81	0.76	0.78	0.75	0.70	0.62	0.82	1.00	0.71	0.74	0.65	0.76
	KHMC PE Pediatrics	0.73	0.68	1.48	0.80	0.69	0.67	0.72	0.73	1.01	0.96	0.65	0.78	0.76
ICU	KHMC 3W ICU	1.34	1.42	1.17	1.25	1.54	4.21	1.56	1.56	1.32	2.14	1.18	0.99	1.85
	KHMC 15 ICU	0.97	1.14	1.19	0.86	1.01	1.13	0.95	0.98	1.27	1.37	3.13	1.17	1.33
	KHMC CV Intensive Care	0.86	1.13	1.11	1.00	0.91	0.91	0.77	1.00	1.23	0.61	1.09	1.40	1.08
	KHMC IC Intensive Care	1.01	1.05	0.94	0.73	1.18	0.78	0.95	0.97	1.23	1.05	1.01	1.03	2.23
Grand Total		1.38	1.38	1.44	1.39	1.38	1.52	1.44	1.40	1.50	1.40	1.55	1.41	1.58

Observed-to-Expected Length of Stay by Calendary Year

Unit Group	Loc Nurse Unit	Disch Dt Tm	
		2023	2024
Med/Surg	KHMC 1E Emergency Room Overflow	0.29	0.36
	KHMC 2N Medical Surgical	1.44	1.63
	KHMC 2S Medical Surgical	0.82	0.93
	KHMC 3N Medical Surgical	1.47	1.61
	KHMC 3S Medical Surgical	1.64	1.67
	KHMC 4N Medical Surgical	1.47	1.60
	KHMC 4S Medical Surgical	1.78	1.69
	KHMC 14 Medical Surgical	1.49	1.56
	KHMC BP Broderick Pavilion	0.77	0.81
	KHMC PE Pediatrics	0.74	0.87
ICU	KHMC 3W ICU	1.81	1.53
	KHMC 15 ICU	1.06	1.71
	KHMC CV Intensive Care	0.98	1.10
	KHMC IC Intensive Care	0.97	1.35

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

Unit Group	Loc Nurse Unit	Month of Discharge Date												
		May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
Med/Surg	KHMC 1E Emergency Room Overflow	05.14	08.53	07.93	10.81	08.29	09.16	09.77	11.22	14.33	14.38	13.34	13.28	14.03
	KHMC 2N Medical Surgical	117.22	42.92	45.56	45.30	42.32	47.42	52.01	39.14	49.44	39.75	35.84	39.87	112.29
	KHMC 2S Medical Surgical	39.57	37.14	38.84	36.36	41.16	40.72	41.62	44.65	49.80	41.95	40.11	46.28	39.53
	KHMC 3N Medical Surgical	47.76	60.53	49.10	43.13	67.81	61.59	55.34	52.06	32.57	54.71	48.41	49.72	52.66
	KHMC 3S Medical Surgical	56.98	50.28	44.45	92.89	59.90	84.22	33.00	45.76	64.47	75.11	44.16	149.79	45.75
	KHMC 4N Medical Surgical	76.54	51.01	56.63	52.28	63.76	47.78	60.22	48.67	99.47	67.24	58.81	63.68	60.43
	KHMC 4S Medical Surgical	64.81	37.92	42.90	37.01	163.13	51.94	78.22	63.30	79.60	29.08	76.31	39.51	44.32
	KHMC 14 Medical Surgical	355.98	32.99	35.73	43.01	55.38	32.33	36.59	44.47	61.53	53.62	70.96	59.48	36.00
	KHMC BP Broderick Pavilion	24.06	21.72	30.83	26.47	26.20	28.00	26.51	27.37	29.18	30.51	31.10	28.28	30.09
KHMC PE Pediatrics	23.60	22.78	35.35	28.24	21.80	16.97	20.38	27.07	18.69	20.20	19.92	21.64	21.32	
ICU	KHMC 3W ICCU								69.45	63.10				67.77
	KHMC 15 ICCU	23.88			15.72				19.38					
	KHMC CV Intensive Care				30.92	92.84	16.89	34.62	70.57	117.40	01.65		34.85	

Patient Progression

Problem / Goals & Objectives / Metrics

Problem Statement: between January 1 – August 31, 2021, observed-to-expected length of stay (O/E LOS) was 1.44 and discharges before noon were well below the organizational goal of 25%, which led to higher than optimal occupancy rates, a large volume of ED holds (census of upwards to 20-40 per day) and limited bed availability for elective surgical cases or external transfers

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

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

Critical Issues / Barriers

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

Deliverables:

- Clarify / update job descriptions and streamline corresponding workflows to allow Case Managers to operate at top of license
- Interdisciplinary structure standard for daily care facilitation, discharge planning and corresponding training tools
- Transparent anticipated discharge date for all care team and ancillary team members

Plan

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

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

Accomplishments / Next Steps

Accomplishments:

- Discharge Lounge open and successfully taking patients. Increasing each month with patient bed hours saved.
- Discharge nurse is also very successful. 13-18 patients discharged per day and 4-6 pts discharged by noon just through her efforts.

Next Steps:

- Working with the team to identify LOS barriers and will start working through workflow for those areas. Will have a list by July meeting.
- Hired second TS, will be working on standardized forms and processes.
- TS to work through Diagnostic and procedural delays by creating standardized processes for escalation. Also, will create re-pat for tertiary accepted pts back to originating facility.
- Working on CM and CMA barriers to DC.
- Conferring with payers on auth processes for DC to PACPs
- Working with PACPs on accepting and reason for not, timely auth submittal.

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

Problem / Goals & Objectives / Metrics
<p>Problem Statement: Average ED length of stay (LOS) is longest at 7 hours on Wednesdays despite being the 4th highest day from a volume perspective; Wednesdays also have the longest average ED LOS for admitted patients (11.7 hours), coinciding with Hospitalists' switch day</p> <p>Goals and Objectives: Decrease ED boarding time and ED admit hold volume by streamlining processes for admitting patients from the ED to inpatient units</p> <p>Metrics: ED boarding time, ED admit hold volume by time of day, ED average length of stay for admitted patients, bed request order / admission order volume by time of day, and bed assign to bed occupy (by level of care)</p>

Critical Issues / Barriers
<p>Critical Issues (e.g. Barriers): Staffing limitations: nursing, case management, etc.; changing patient acuity, discrepancies between admission criteria between ED and inpatient providers; alignment of staff incentives and organizational goals</p> <p>Deliverables:</p> <ul style="list-style-type: none"> • Updated inpatient admission criteria policy, ED admission criteria, and corresponding training tools • Interdisciplinary structure standard for ED to inpatient admission process and corresponding training tools

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

Accomplishments / Next Steps

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

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

<p>Accomplishments:</p> <ul style="list-style-type: none"> • Implementation of staffing by demand matrix for the ED RNs • Initiating RN:RN hand-off, mitigating delays (sent to Clin ED for essential info flier for implementation) • ED launch point auto update with bed status with Cap-man go live • initiation of the RN:RN hand off guiding principals has been implemented. • Work with ED and 1E teams to develop workflow for transporting pts to floor in a timely manner instead of waiting for transport. <p>Next Steps:</p> <ul style="list-style-type: none"> • Have identified useful reports and currently analyzing for baseline data on order to bed times, bed assign to actual arrival on unit times. • Tease data out to include census color, day of the week, staffing trends. • Ensure admitting providers are putting in orders timely, analyze processes for decision to admit.
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Problem / Goals & Objectives / Metrics

Critical Issues / Barriers

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

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

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

Deliverables:

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

Overall Obs LOS: Nov. 43.67, Dec. 43.63, Jan. 49.26, Feb. 41.85, Mar. 43.18, Apr. 47.34, May TBD
2S Obs LOS: Nov. 42.10, Dec. 46.07, Jan. 51.48, Feb. 42.91, Mar. 41.09, Apr. 46.8, May TBD

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

Accomplishments / Next Steps

#	Milestones	Start Date	Due Date	Who	Status R/Y/G
1	Select outpatient procedure appointment process within 72hrs of discharge: Treadmill, NM Lexiscan Stress Test, Holter Monitoring outpatient appointment process established should the provider feel comfortable/applies to the patient's condition/situation	5/8/23	Went live 6/3/24	Tracy/Cheryl/Donna/Michael/Renee/Emma	●
2	Meeting with key healthcare plans to evaluate if prior authorization if required can be changed to not required. Key Medical Group is very interested so far, taking to their Board for final decision May/June.	11/23	Ongoing	Kim F./Suzy/Emma	●

Accomplishments:

- Observation dashboard ready for use 10/2023. April power plan usage 17.25% (up from 11.11% in Jan)
- PCP follow up process and resources finalized
- Medical observation patients are prioritized for placement on 2S
- Observation Powerplan updates went live 11/28/23: education to providers sent 11/27, Emma presented at Valley Hospitalist meeting 11/21, attended Department of Critical Care, Pulmonary Medicine & Adult Hospitalist meeting 12/18 to educate as well
- [Outpatient appointment \(NM Lexi, Treadmill, Holter, PCP\) process implemented 6/3/24](#)

Next Steps:

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

- Continuing to optimize observation dashboard for best use of data
 - Removing Surgery, OB, IP providers
 - Add in FM residents
- Sharing practitioner specific data with Dr. Said and Dr. Patel

Discharge Date: Last 12 months | Admitting Physician: (All)

% Use of Observation PowerPlans

Power Plans	2023						2024			
	July	August	September	October	November	December	January	February	March	April
OBS General Admission					0.65%	9.96%	11.11%	17.17%	20.93%	16.18%
NEURO Transient Ischemic Attack (TIA) Admission	6.90%	5.79%	4.51%	3.36%	3.46%	4.36%	4.96%	6.57%	5.58%	5.04%
ARCHIVED CDU General Admission	2.51%	2.00%	3.00%	3.13%	3.02%					
ARCHIVED CDU Chest Pain/ACS Observation Admission	10.88%	10.98%	12.88%	8.72%	9.72%	5.39%	4.02%			

Observation PowerPlans by Admitting Physician

Admitting Physician	Power Plans	2023						Total	2024				Total
		July	August	September	October	November	December		January	February	March	April	
Huynh, MD, Wally C	Null	34	20	19	15	24	10	122	8	5	7	5	25
	NEURO Transient Ischemic Attack (TIA) Admission	9	7	6	3	2	3	30	4	10	8	9	31
	OBS General Admission						7	7	13	35	35	28	111
	Total	43	27	25	18	26	20	159	25	50	50	42	167
Said, MD, Mark	Null		22	32	40	42	29	165	32	18	20	32	102
	NEURO Transient Ischemic Attack (TIA) Admission								1	2	1	3	7
	OBS General Admission						1	1		3	4	6	13
	Total		22	32	40	42	30	166	33	23	25	41	122
Proctor, MD, Daniel	Null	19	26	15	20	19	20	119	25	26	12	25	88
	NEURO Transient Ischemic Attack (TIA) Admission	7	9	2	2	5	4	29	2	5	3	2	12
	OBS General Admission					1	4	5	5	3	2	4	14
	Total	26	35	17	22	25	28	153	32	34	17	31	114

Discharge Date: Last 12 months | Admitting Physician: (All)

PowerPlan Overall Usage % and Total Admission Orders by Admitting Physician

Admitting Physician	Power Plans	2023						2024			
		July	August	September	October	November	December	January	February	March	April
Huynh, MD, Wally C	Overall Usage %	20.93%	25.93%	24.00%	16.67%	7.69%	50.00%	68.00%	90.00%	86.00%	88.10%
	Total Admission Orders	43	27	25	18	26	20	25	50	50	42
Said, MD, Mark	Overall Usage %						3.33%	3.03%	21.74%	20.00%	21.95%
	Total Admission Orders		22	32	40	42	30	33	23	25	41
Proctor, MD, Daniel	Overall Usage %	26.92%	25.71%	11.76%	9.09%	24.00%	28.57%	21.88%	23.53%	29.41%	19.35%
	Total Admission Orders	26	35	17	22	25	28	32	34	17	31
Kalani, MD, Ameneh D	Overall Usage %										
	Total Admission Orders	35	21	23	23	30	29	28	29	20	21
Kirkpatrick, MD, Vincent	Overall Usage %										
	Total Admission Orders	32	20	28	24	34	21	19	19	26	30
Nagappala, MD, Kartheek B	Overall Usage %										
	Total Admission Orders	15	25	26	28	21	12	17	19	16	20
Caballes, MD, Peter S	Overall Usage %	25.00%	20.00%	50.00%		23.08%	75.00%	64.52%	83.33%	66.67%	65.22%
	Total Admission Orders	8	5	2	5	13	48	31	18	27	23



**Environment of Care
1st Quarter Report
Jan 1, 2024 through March 31, 2024
Presented by
Maribel Aguilar, Safety Officer
maaguila@kaweahhealth.org
559-624-2381**



INFECTION PREVENTION

First Quarter 2024

Performance Standards: Weekly EOC Hazard Rounds 2024 Infection Prevention Goal: Will audit for presence of medical supplies, devices and/or medication within 3 feet on either side of sinks present in patient care areas, including outpatient care clinical settings. If present, the audit result is considered a fallout. If not present, the audit result is considered a success.

Goal: 100% compliance (no fallouts)

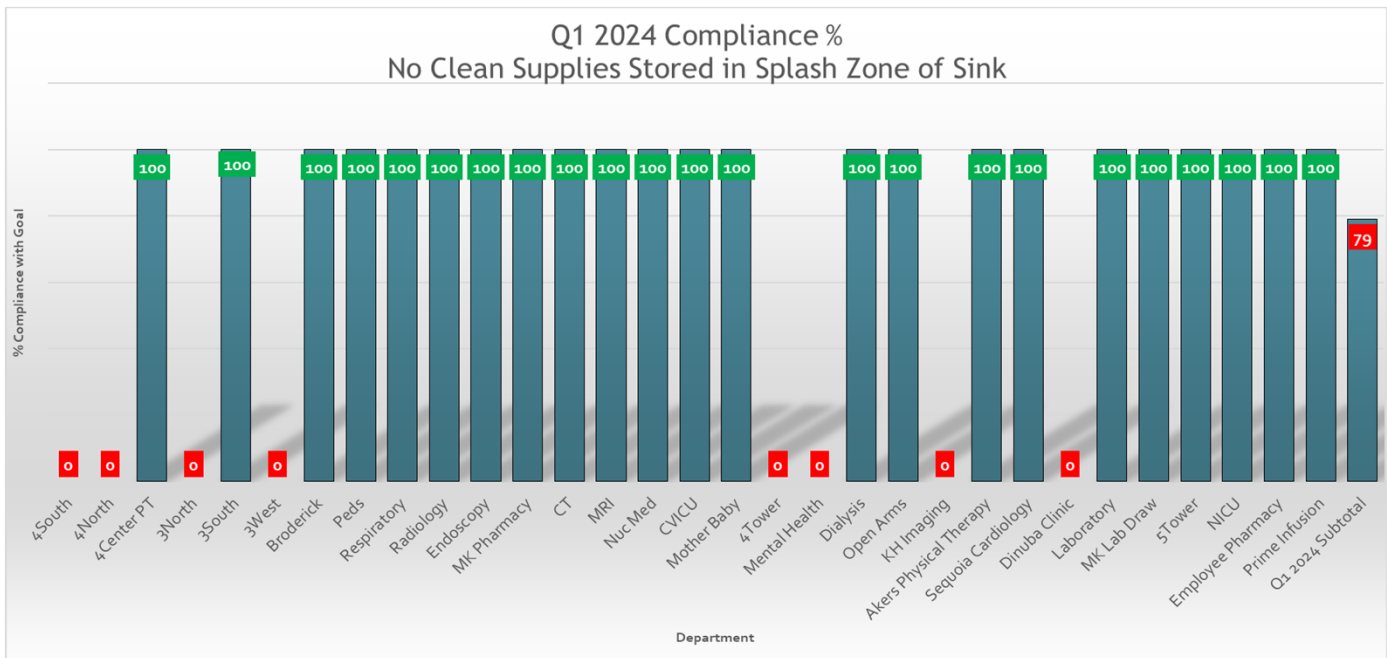
Minimum Performance Level: 95% compliance rate

Evaluation:

Q1 2024 Compliance Rate: **79%. Minimum performance was not met**

35 departments were surveyed for Q1 2024.

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



Plan for Improvement:

Methods to mitigate these events from occurring:

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

INFECTION PREVENTION

First Quarter 2024

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

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

Goal: 100% compliance rate. No fallouts

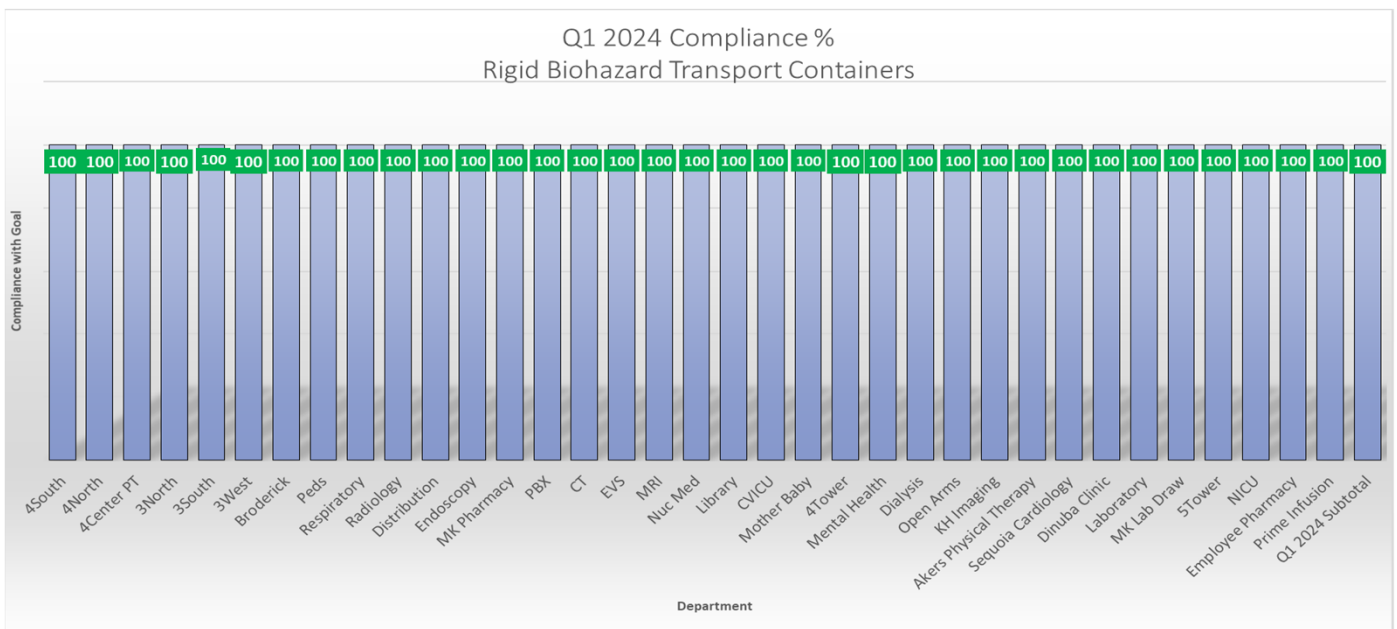
Minimum Performance Level: 95% compliance rate

Evaluation:

Q1 2024 Compliance Rate: **100%**

35 departments were surveyed for Q1 2024.

All areas observed were compliant with rigid biohazard instrument transport container elements.



Plan for Improvement:

Methods to mitigate these events from occurring:

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

RISK MANAGEMENT

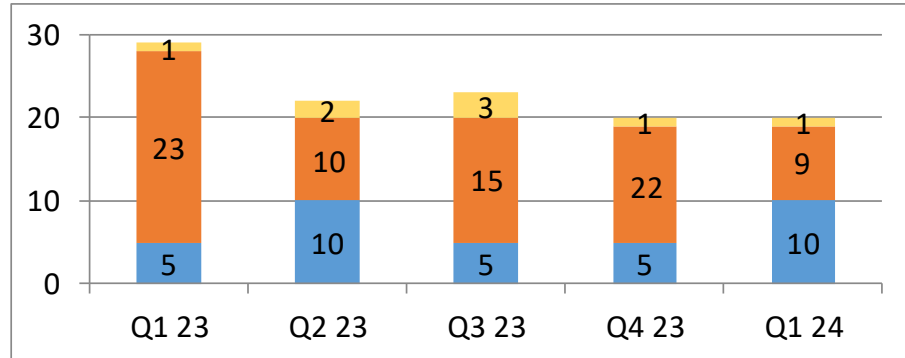
First Quarter 2024

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

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

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

**Non-Patient Safety Reports
2023-2024**



Evaluation:

In 1st Qtr. 2024, We identified one (1) preventable safety event required medical which required intervention.

Goal was met for 1st Qtr.

- Q1 24 Lifestyle Center – Ten (10) Non-Preventable Events
- Q1 24 Kaweah Health – Nine (9) Non-Preventable Events
- Q1 24 Kaweah Health – One (1) Preventable Event

LIFE SAFETY - SAFETY

First Quarter 2024

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

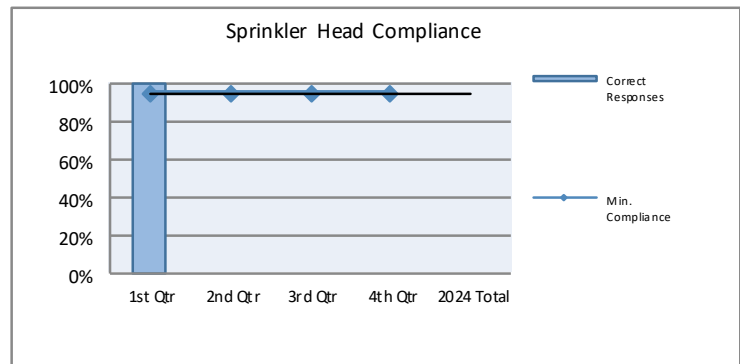
Goal: 100% compliance

Minimum Performance Level: 95% compliance rate

Evaluation:

Thirty-eight departments were surveyed in the 1st quarter. No sprinkler heads were found with damage, corrosion, foreign material or paint, which resulted in a 100% compliance rate.

95% minimum performance level **was met** for this quarter.



Plan for Improvement:

In each department visited there were no compliance issue with sprinkler heads. Will continue to monitor during rounding.

UTILITIES MANAGEMENT

First Quarter 2024

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

Goal: 100% Compliance

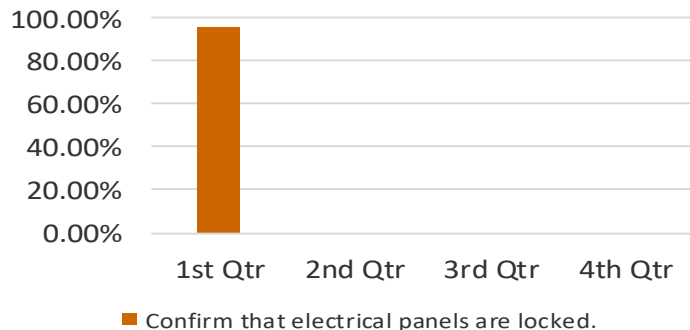
Minimum Performance Level: 100% Compliance

Evaluation:

47 Areas were surveyed in the 1st quarter. Two electrical panels were found unlocked, this resulted in 95.75% compliance rate.

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

Confirm that electrical panels are locked.



Plan for Improvement:

We are searching for a universal surface mount panel lock that is keyless and self latching.

UTILITIES MANAGEMENT

First Quarter 2024

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

Goal: 100% Compliance

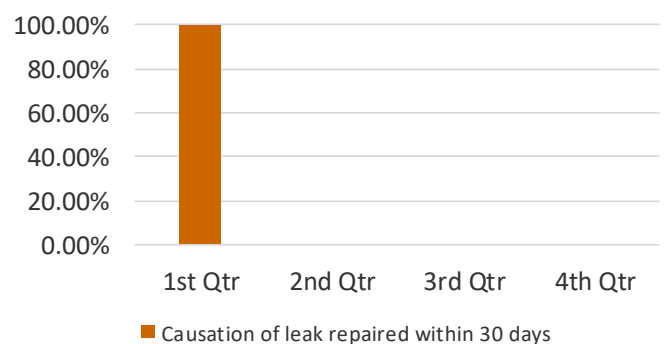
Minimum Performance Level : 100% Compliance

Evaluation:

47 Areas were surveyed in the 1st quarter. Six stained ceiling tiles were documented and the correction of causation was repaired within 30 days of work order being placed. All departments were compliant, this resulted in 100% compliance rate.

Minimum Performance Level **was met** during this quarter.

Causation of leak repaired within 30 days



Plan for Improvement:

All areas surveyed in the 1st Quarter were compliant.

SECURITY SERVICES

First Quarter 2024

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

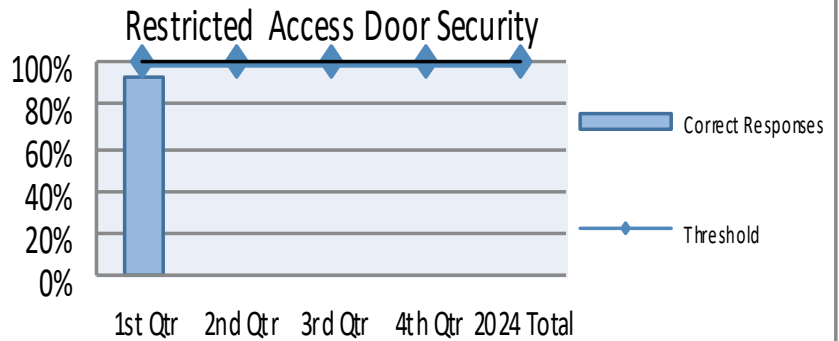
Goal: 100% compliance with doors not accessible to the public

Minimum Performance Level: 100% compliance with doors not accessible to the public

Evaluation:

Forty-three departments were surveyed in the 1st quarter. In departments surveyed three authorized personnel only doors were found accessible to the public, which resulted in a 93% compliance rate.

100% minimum performance level **was not met** for this quarter.



Detailed Plan for Improvement:

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

ENVIRONMENTAL SERVICES (EVS)

First Quarter 2024

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

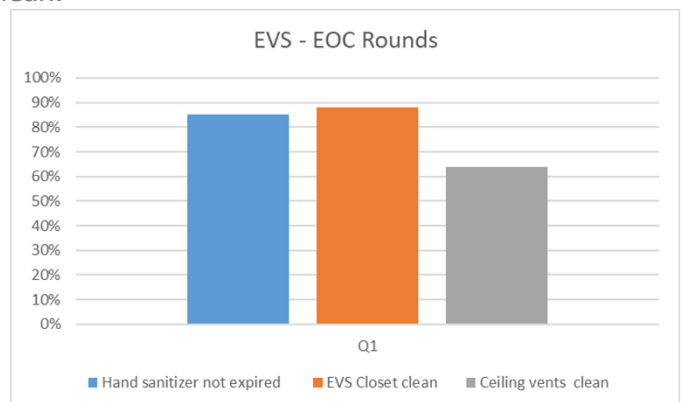
Goal: 100% Compliance

Minimum Performance Level: 95% Compliance

Evaluation:

1. Hand Sanitizer not expired: 17/20 = 85%
2. EVS Closets clean: 14/16 = 88%
3. Ceiling vents clean: 14/22 = 64%

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



Detailed Plan for Improvement:

- Director re-educated EVS Managers on completing EOC rounding logs in a standardized manner (completed by 5/1/24). Electronic system (RLDatix) that will be implemented by Safety department will help optimize data gathering and reporting.
- EVS Leadership to proactively monitor areas routinely while completing departmental rounds (ongoing).
- EVS Managers to coach staff in non-compliant areas and also recognize compliance as appropriate.

EOC Component: Medical Equipment Preventive Maintenance (PM) Compliance

Performance Standard: Maintain a 100% compliance rate on non-high risk and high risk Medical Equipment

Performance Standard: <2% Total of High Risk Devices to be Missing for Preventative Maintenance per quarter

Evaluation:

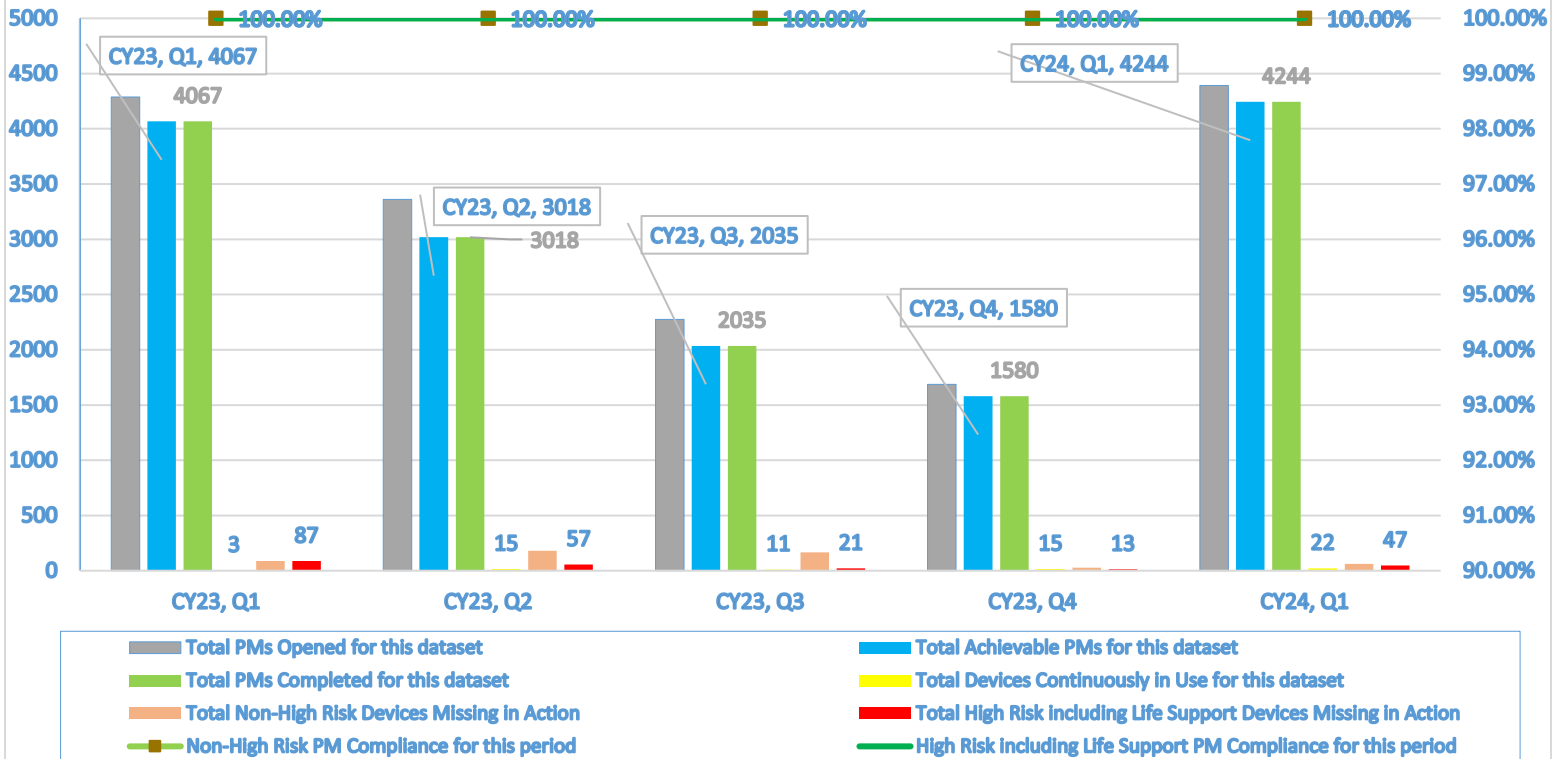
For the reporting quarter, CY 2024, Q1 (Jan-Mar), Medical Device count available to receive Preventive Maintenance is 4244 and all of those devices received Preventive Maintenance. All Medical Devices this Quarter received PM or were marked as In Use or Missing in Action (MIA) as defined by TJC.

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

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

Performance Improvement Goal: Total High Risk Devices MIA count is 47 for the Quarter. Total HRILS MIA devices as % of total HRILS inventory is 01.02%. Goal **met**.

CY 2023 thru 2024
Clinical Engineering
Quarterly
PM Compliance % and Completion



Calendar Year 2024	Quarter 1			Q1 Total
Category	Jan-24	Feb-24	Mar-24	CY24, Q1
Total PMs Opened for this dataset	968	1403	2020	4391
Total Administrative Closures for this dataset	3	9	5	17
Total Devices Continuously in Use for this dataset	2	12	8	22
Total Non-High Risk Devices Missing in Action	37	23	1	61
Total High Risk including Life Support Devices Missing in Action	1	17	29	47
Total Achievable PMs for this dataset	925	1342	1977	4244
Total PMs Completed for this dataset	925	1342	1977	4244
Total PMs Not Completed	0	0	0	0
Total PM Compliance	100.00%	100.00%	100.00%	100.00%
Non-High Risk PM Compliance for this period	100.00%	100.00%	100.00%	100.00%
High Risk Including Life Support PM Compliance For this period	100.00%	100.00%	100.00%	100.00%

Plan for Improvement:

The 47 High Risk medical devices missing in action for planned maintenance in the first quarter are assigned to a Clinical Engineering technician who will work directly with the owning department's manager during the second quarter of 2024 to locate the MIA equipment. A monthly report is provided to EOC Committee for these specific devices remaining "MIA". If a device continues as not located at the end of the next quarter (2Q, 2024), a device status change "Retired-Missing in Action" in the inventory will take effect for that device.



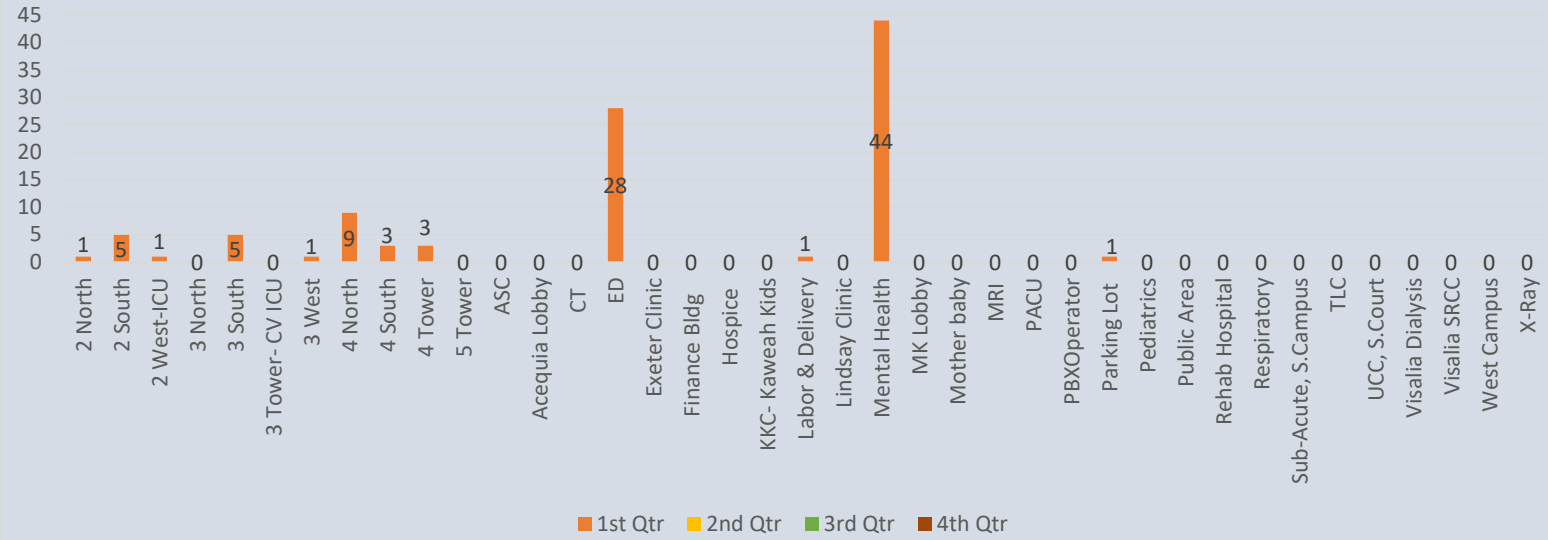
Workplace Violence
Safety Department
2024, 1st Quarter

WORKPLACE VIOLENCE EVENTS REPORTED

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

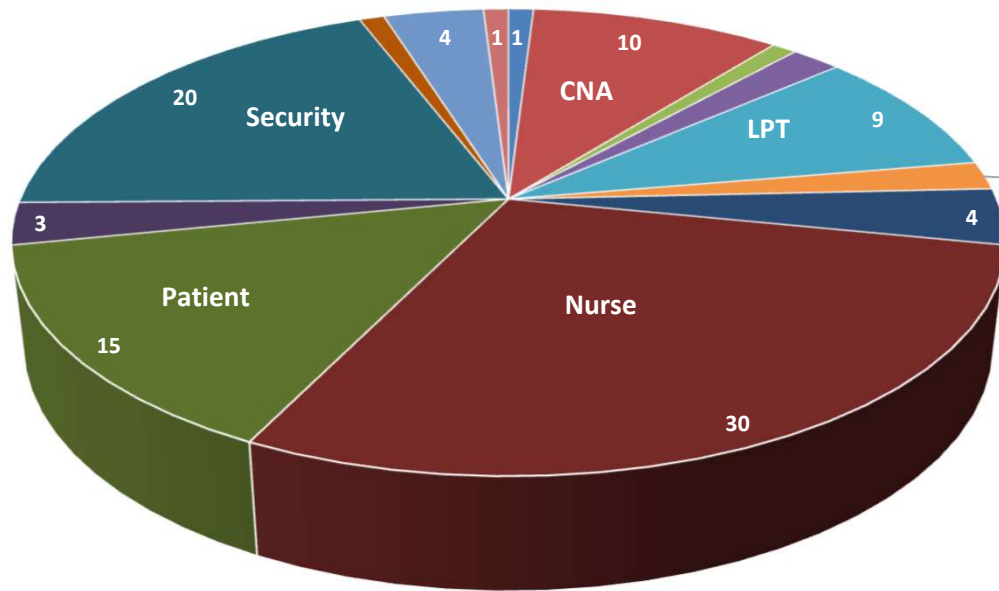
Year/Qtr	Mental Health	MK Lobby	Mother-baby	MRI	PACU	PBX-Operator	Parking Lot	Pediatrics	Public Area	Rehab Hospital	Respiratory	Sub-Acute, S. Campus	TLC	UCC, S. Court	Visalia Dialysis	Visalia SRCC	West Campus	X-Ray	Total
2022, Q1	19	0	0	0	0	0	0	1	0	0	0	2	2	1	0	0	0	0	103
2022, Q2	17	0	0	0	0	0	0	1	0	0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

WPV Events 2024



Workplace Violence Report 2024, 1st Quarter - Victim Type / Count

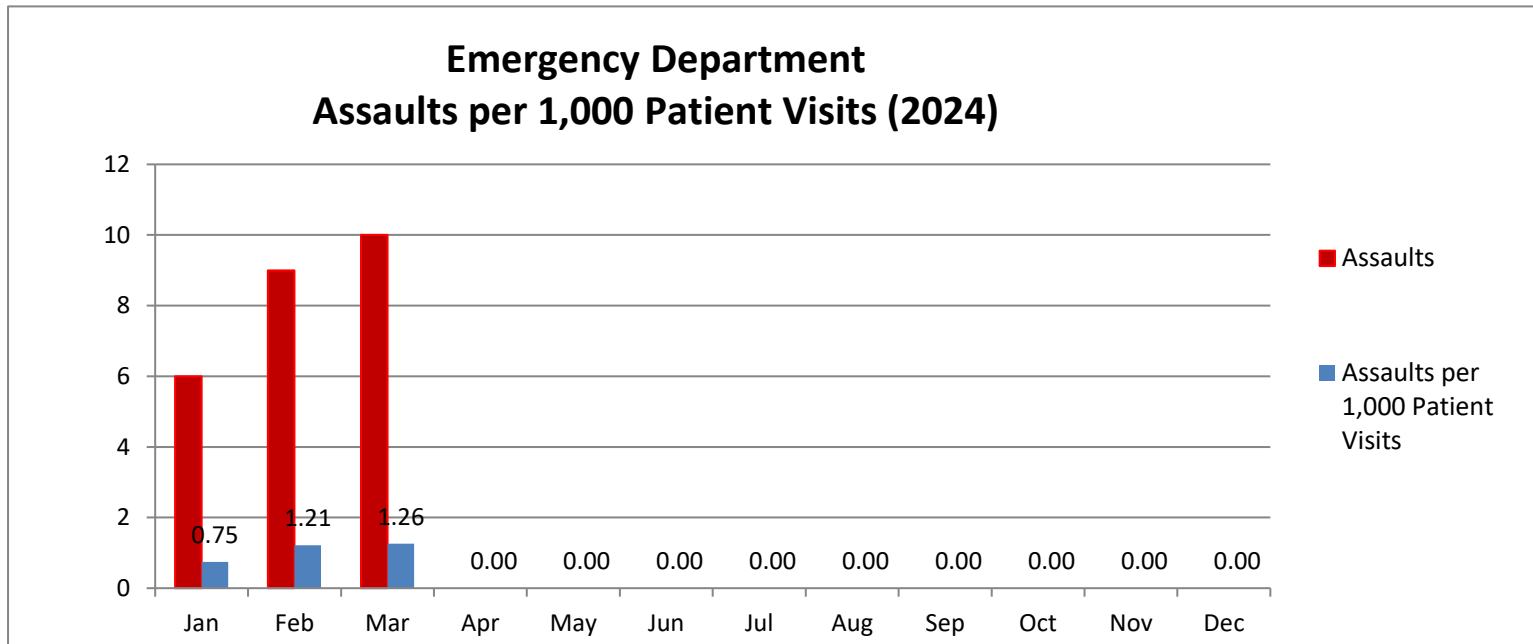
Type Victim	Count
CARE GIVER	1
CNA	10
ED TECH	1
EMPLOYEE	2
LPT	9
LVN	2
MH WORKER	4
NURSE	30
PATIENT	15
PHYSICIAN	3
SECURITY	20
SPOUSE	1
STAFF	4
VISITOR	1
TOTAL	103



■ CARE GIVER ■ CNA ■ ED TECH ■ EMPLOYEE ■ LPT ■ LVN ■ MH WORKER ■ NURSE ■ PATIENT ■ PHYSICIAN ■ SECURITY ■ SPOUSE ■ STAFF ■ VISITOR

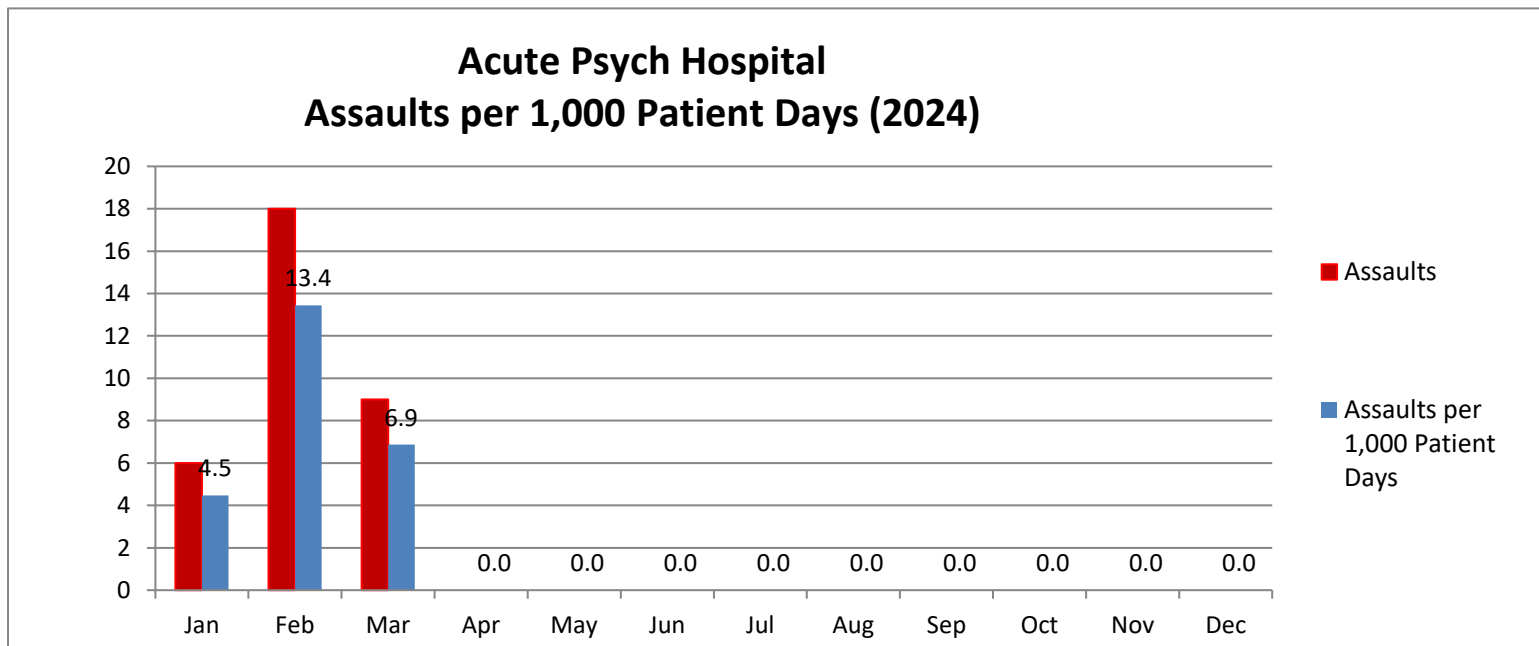
EMERGENCY DEPARTMENT

YR 2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Patient Days	8,035	7,430	7,921									
Assaults	6	9	10									
Assaults per 1,000 Patient Visits	0.75	1.21	1.26	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



MENTAL HEALTH

YR 2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Patient Days	1,340	1,339	1,311									
Assaults	6	18	9									
Assaults per 1,000 Patient Days	4.5	13.4	6.9	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



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

Surgical Services

Christine Aleman, MSN, RN – Director of Cardiac and Surgical Services (559) 624-2696
June 26, 2024

Summary Issue/Service Considered

Surgical Services achieved a strong overall contribution margin of \$27.3 million, up from \$18.4 in the previous FY, despite a decline in patient volumes. The increase in contribution margin (CM) is primarily due to higher reimbursement rates and a decrease in room and board expenses. Following the COVID-19 pandemic, the contribution margin trend has rebounded, with inpatient net revenue per case rising by 12% and direct costs per case increasing by 3%. The contribution margin per inpatient case is now \$10,372, marking a 43% increase from the previous year and the highest figure in the past four years.

- Inpatient Surgery
 - Overall case volume is down 4% from the prior year, while CM is up 37% to \$30.5 million. The overall CM includes both inpatient surgery and inpatient robotic surgery cases.
 - General Surgery makes up 32% of total patient volume – an increase in CM by \$3.5 million; top procedures include lap choles, major bowel, appendectomies, infectious and parasitic diseases, and amputations.
 - Orthopedic surgery makes up 33% of our inpatient surgery discharges, with an increase in CM of \$3 million over the prior year, spine procedures, hip/femur cases, and total hip/knee replacement cases.
 - Vascular surgery makes up 12% with an increase in CM of \$2 million over the prior year
- Outpatient Surgery (OPS)
 - Endoscopy volume is trending upward in case volume, as well as CM, with a \$3.3 million increase over the prior year
 - OP Surgery is expected to have a negative CM of 6.7 million in FY24. Low reimbursement rates, specifically in Medi-Cal Managed care, play a major factor in this loss. OP surgery cases dropped by 6% compared to the prior year.

Quality/Performance Improvement Data

- Surgical Quality Improvement Program (SQIP)
 - Designed to improve quality across the surgical patient care
- Enhanced Recovery After Surgery (ERAS)
 - Focusing on Colorectal Surgery and Orthopedic Surgery. Adding GYN Surgery July 2024
- Operating Room Efficiency
 - Turnover Time: YTD average 31 minutes: Goal < 28 minutes
 - Physician wait time: YTD average 81 minutes: Goal 70 minutes
 - Patient in to Surgery Start: YTD 33 minutes: Goal 30 minutes
 - Surgeon end time to patient out: YTD 10 minutes: Goal 10 minutes

Policy, Strategic or Tactical Issues

- Grow inpatient surgical volume
- Grow outpatient endoscopy volume
- Streamline supply usage and cost
- Recruit additional surgeons (general surgery, urology, and orthopedics)

Recommendations/Next Steps

In collaboration with our surgeon partners, continue to focus on strategic growth. Ensure that we are using OR block time effectively. Improve access to the OR in an effort to decrease the length of stay. An orthopedic traumatologist will join later this year in the fall. Working on dedicating an orthopedic trauma room to improved efficiency and LOS.

Approvals/Conclusions

Surgical Services provides excellent patient care to our community. We continue to provide high-quality and cost-effective care.



Financial Property & Acquisition Committee Report

June 19, 2024

An aerial photograph of the Kaweah Delta Medical Center building, a large, modern, multi-story structure with a prominent corner. The building is set against a dramatic sky with orange and blue hues, suggesting a sunset or sunrise. The text "Sequoia Integrated Health Humana Medicare Advantage" is overlaid in white, bold, sans-serif font across the center of the image. The building's facade is light-colored, and the windows are dark. The surrounding area includes a parking lot with several cars and some greenery.

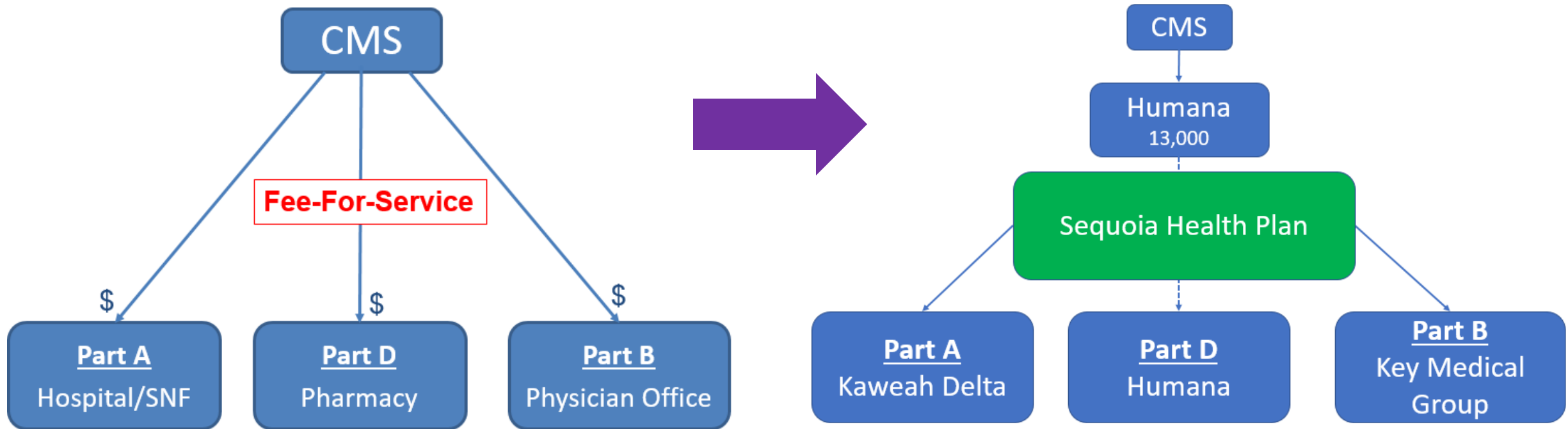
Sequoia Integrated Health Humana Medicare Advantage

Sequoia Integrated Health

What is our why?

Our Why

Develop an Integrated Delivery Network that improves the health and wellness of our community in a way that is financially sustainable



Sequoia Integrated Health

What is our how?

Understanding the Financial Mechanics of Medicare Advantage

- **Revenue**

- Largest variables we can impact

- Risk Adjustment Factor (RAF)
- CMS Star Quality Score

- Annual CMS rate adjustments

- **Expenses**

- Largest variables we can impact

- Preventable hospitalizations and ED visits
- Improving efficiencies and decreasing the cost of care

Our How

Improving Care and Decreasing Avoidable Utilization (= savings)

- Virtual Care Team & Dedicated Hospitalists
- Comprehensive Care Clinic (CCC)
- End-Stage Renal Disease (ESRD) Program
- Clinical Pharmacists & Medication Management
- Streamlining the Medicare benefit

Improving Documentation & Coding (= revenue)

- Annual Wellness/Physician Assessment Form (PAF) Visits:
 - Assessing Hierarchical Chronic Conditions (HCC) = Risk Adjustment Factor (RAF) scores

Importance of the RAF Score

GOLD/DSNP Blend

RAF Revenue and Split (PMPM)

Value of RAF .01 Change	\$ 6.80
Value of .01 RAF to KH	\$ 3.50
Value of .01 RAF to Key MG	\$ 2.80

End Stage Renal Disease (ESRD)

RAF Revenue and Split (PMPM)

Value of RAF .01 Change	\$ 86.80
Value of .01 RAF to KH	\$ 44.63
Value of .01 RAF to Key	\$ 35.76

Incremental PMPM Increase

RAF Improvement	Kaweah's Portion	Annualized (n=14,110)
0.01	\$ 3.50	\$ 592,620
0.02	\$ 6.99	\$ 1,183,547
0.03	\$ 10.49	\$ 1,776,167
0.04	\$ 13.99	\$ 2,368,786
0.05	\$ 17.48	\$ 2,959,714

Incremental PMPM Increase

RAF Improvement	Kaweah's Portion	Annualized (n=84)
0.01	\$ 44.63	\$ 44,987
0.10	\$ 446.30	\$ 449,870
0.20	\$ 892.60	\$ 899,740
0.30	\$ 1,338.90	\$ 1,349,611
0.40	\$ 1,785.20	\$ 1,799,481

What our Goal was to Close the Gap

Plan to Close Negative Contribution Margin	
PMPM Deficit [(Current CM) – Future estimated true-up]	(\$43.00)
With Cost Increase (5%)	(\$45.15)

CMS Reimbursement Changes	
County Base Rate Change (GOLD membership only)	\$ 26.00
Population RAF Change (Increase by 0.02)	\$ 6.99
Net After Reimbursement	(\$12.16)

SIH Quality Improvement Plan	
End Stage Renal Disease (ESRD) RAF Change	\$ 8.87
ESRD Utilization Change	\$ 0.86
Comprehensive Care Clinic (CCC) RAF Change	\$ 0.94
CCC Utilization Change	\$ 2.99
Total of PMPM Change	\$ 13.66
Net	\$ 1.50

Sequoia Integrated Health

Where are we today?

Humana MA - Enrollment

Option	December	Current	Change
Gold	9,920	8,183	-1,737
LIS	0	1,987	1,987
D-SNP	4,274	3,698	-576
Honor	285	297	12
HN - DSNP	0	54	54
Total	14,474	14,219	-255

Risk Assessment Updates

RISK ASSESSMENT UPDATES 04/17/2024						
PAF PROGRAM						
YEAR	2024 COMPLETED	2024 DRAFT	Total	2023	2022	2021
MM'S	14,002			14,134	12,831	12,055
PCP	1,853	614	2,467	6,196	6,761	5,398
MRC	1,097	5	1102	1,586	945	
Vendor	544		544	1,512	387	245
TOTALS	3,494	619	4,113	9,294	8,093	5,643
% COMPLETE	29.37%			65%	63%	47%

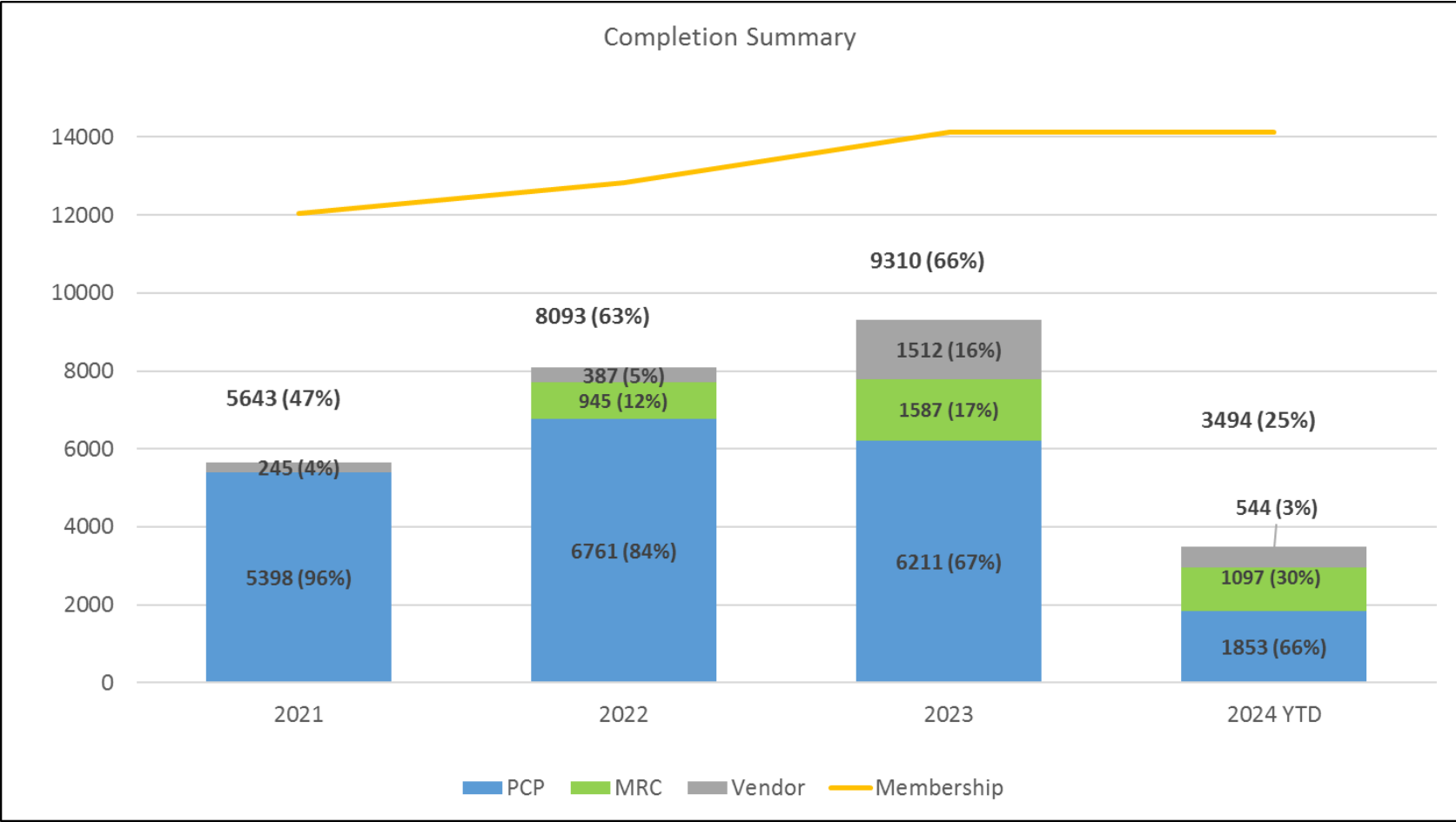
Mbrs no PAF w Closed HCCs 433

ReDoc report 20240403

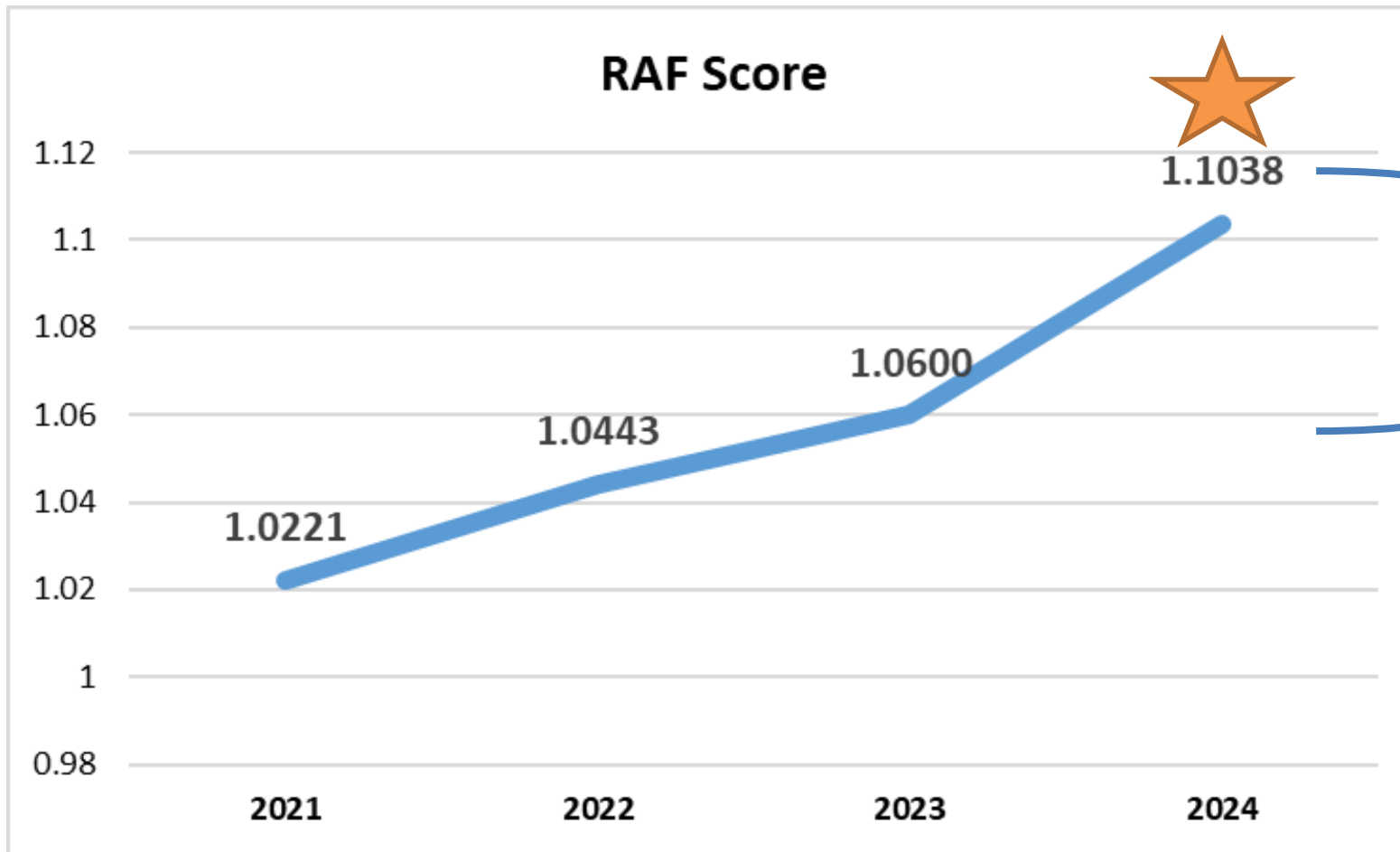
Clinical Program Updates

04/20/2024				
PAFs				
Programs	# of Members	Completed	Percent Completed	RAF
ESRD	176	36	20%	1.43
CCC	148			2.25

Annual Risk Assess Capacity & Progress



Kaweah Health RAF and Quality Scores



0.0438 increase
= ~\$15.32 PMPM

Humana MA Trend

	2022		2023		YTD April 2024	
Members	155,143		168,609		169,320	
	Total	PMPM	Total	PMPM	Total	PMPM
Total Revenue	\$75,351,015	\$486	\$86,796,437	\$515	\$29,920,040	\$530
Expenses						
Operational/Patient Related Expenses						
Total Patient related expenses	\$78,887,487	\$508	\$85,422,506	\$507	\$29,348,561	\$520
Total Admin Fee - Foundation	\$1,400,434	\$9	\$1,609,046	\$10	\$548,200	\$10
Total Direct Expenses	\$80,287,921	\$518	\$87,031,553	\$516	\$29,896,760	\$530
Contribution Margin	(\$4,936,906)	(\$32)	(\$235,116)	(\$1)	\$23,280	\$0.4

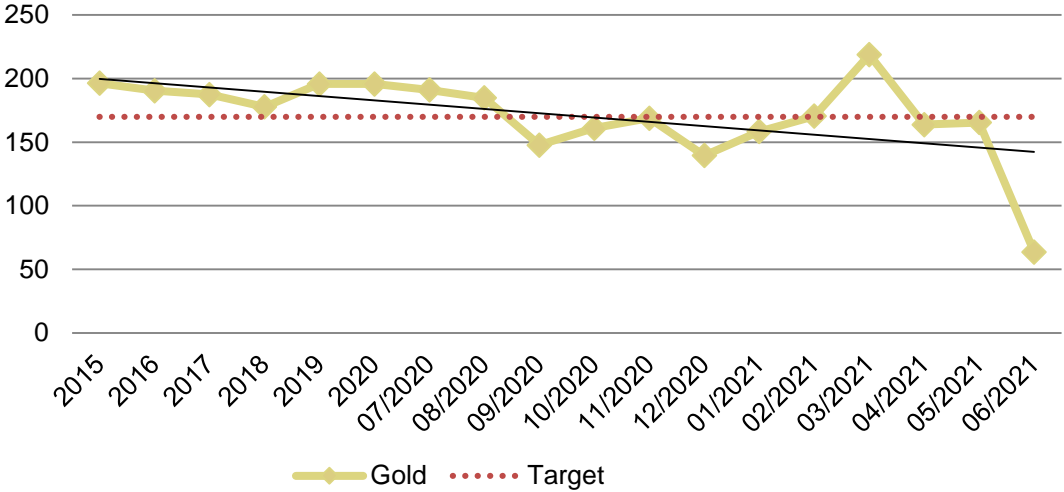
+\$15 PMPM x 169,320 MM = ~\$2.6M

Humana MA Financial Trend

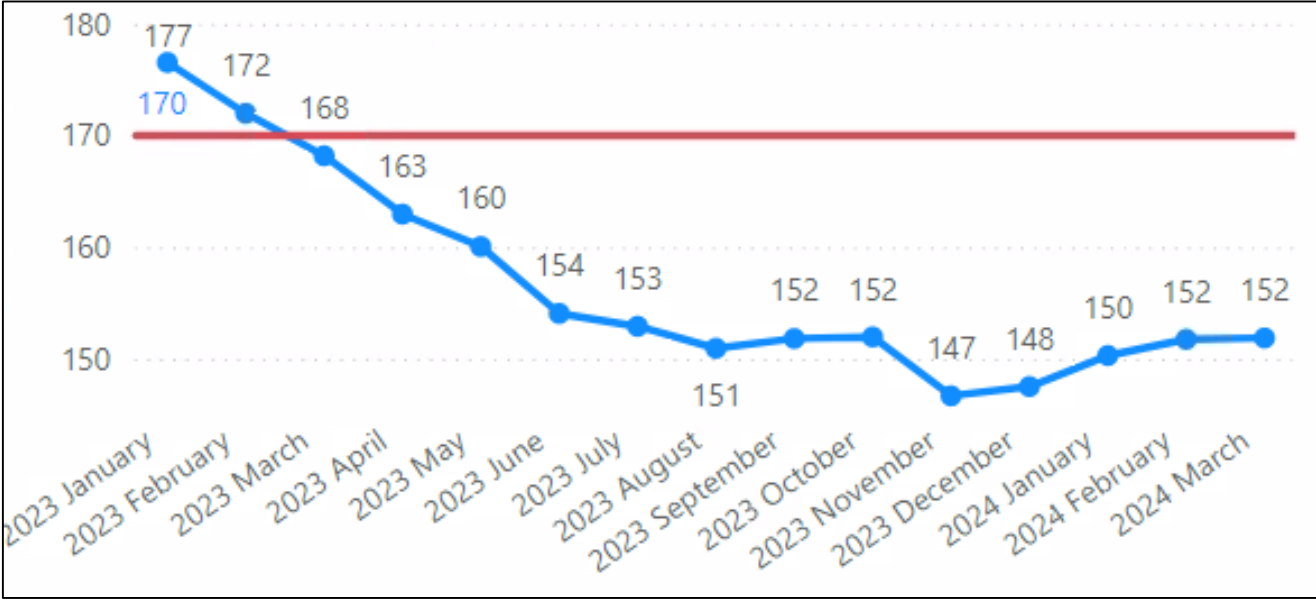
Humana Medicare Advantage	FY24 Annualized	FY24 Budget	FY25 Budget	Variance Budget 25-Annualized 24	% Change
Humana Premium Revenue	\$88,017	\$93,376	\$90,567	2,550	2.9%
3rd Party Expense (Claims)	\$47,995	\$44,418	\$44,345	(3,650)	-7.6%

Humana – Gold Hospital Admits per 1000

Rolling Admits 2015-2021

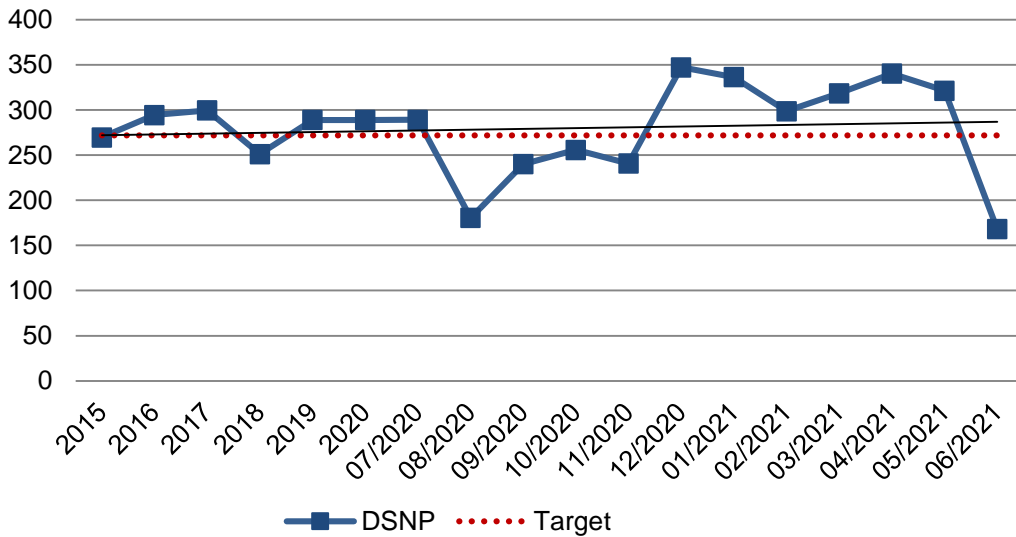


Rolling 12 Months: 2022-2023

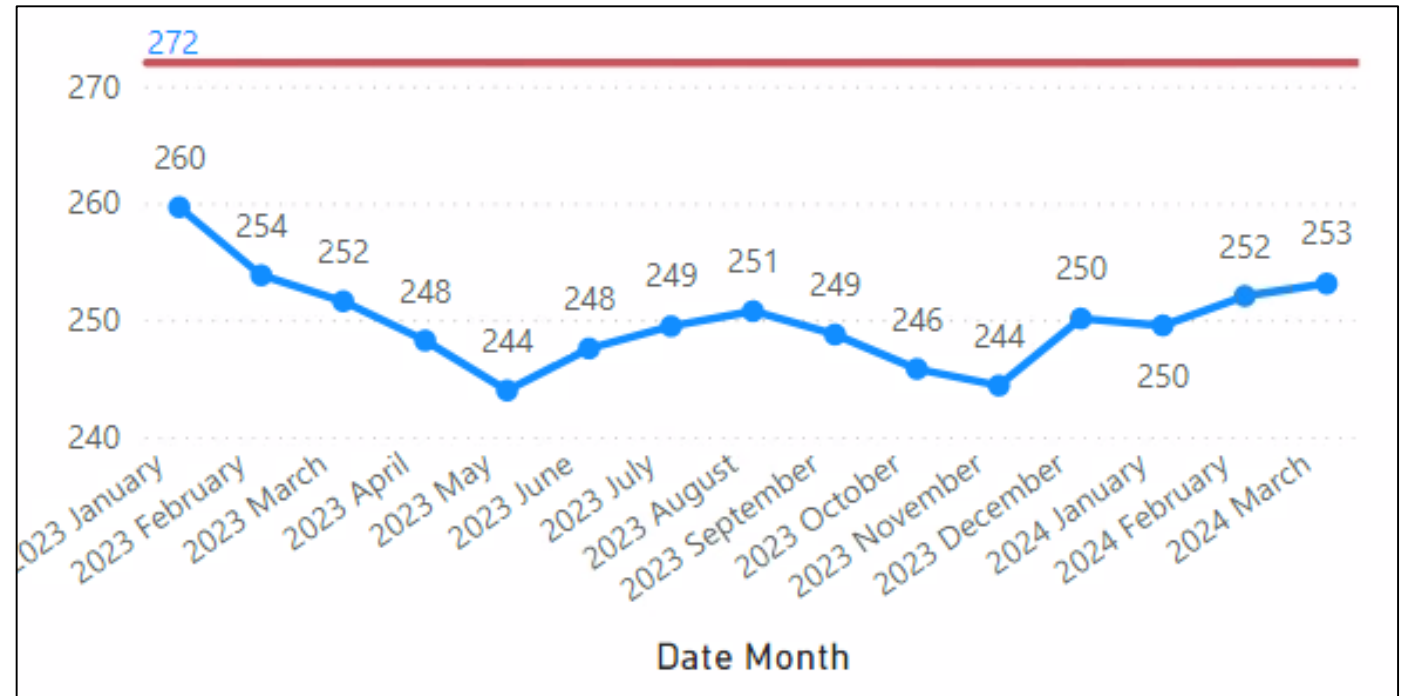


Humana – DSNP Hospital Admits per 1000

D-SNP Admits per 1000

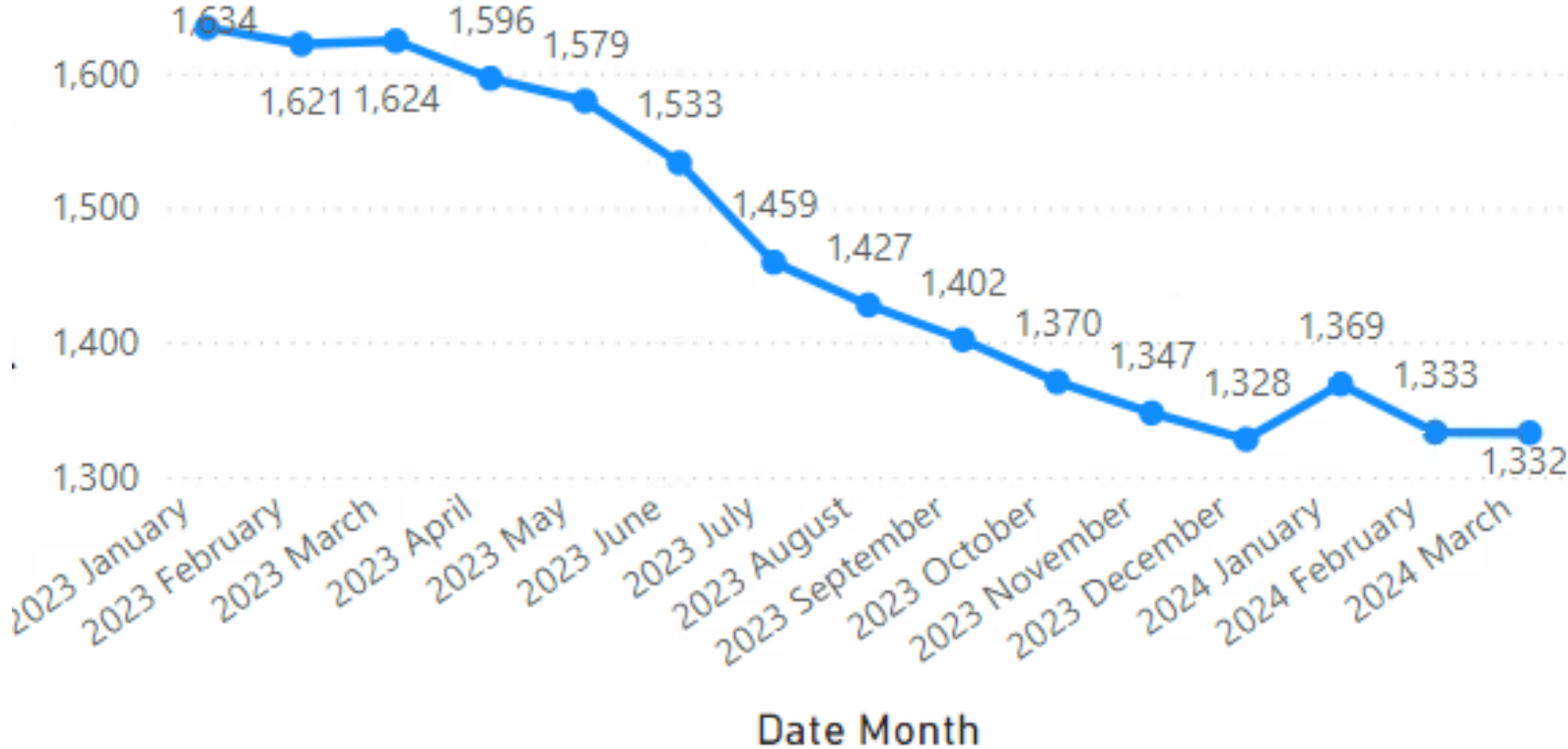


Rolling 12 Months: 2022-2023



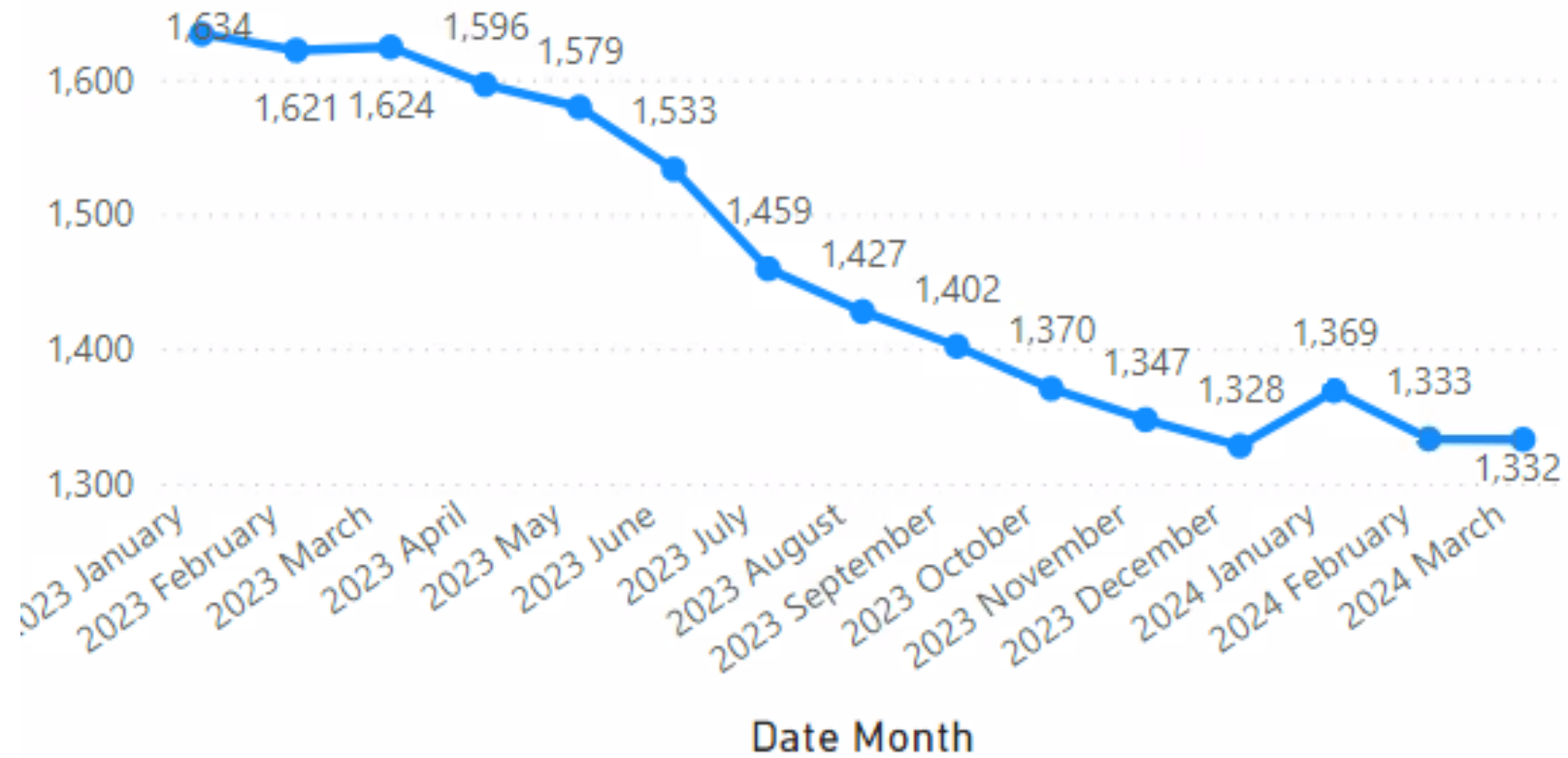
Humana Gold SNF Days per 1000

Rolling 12 Months: 2022-2023



Humana DSNP SNF Days per 1000

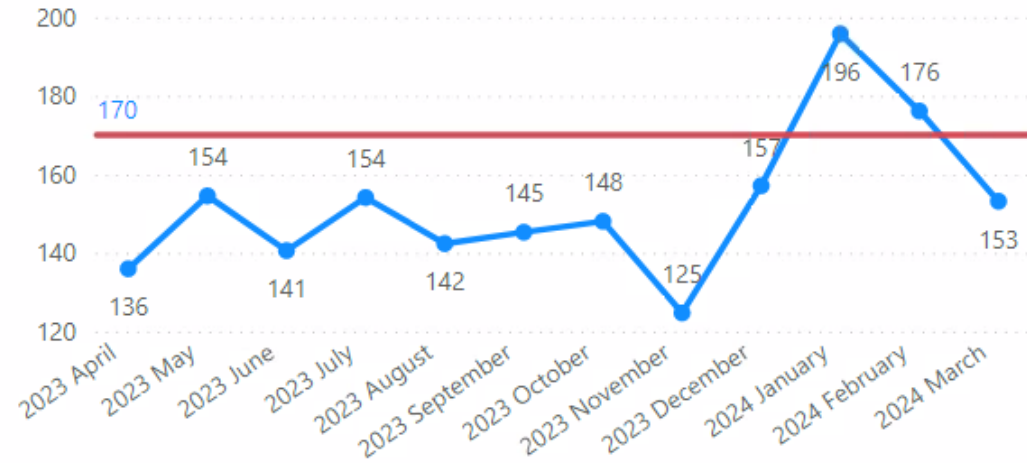
Rolling 12 Months: 2022-2023



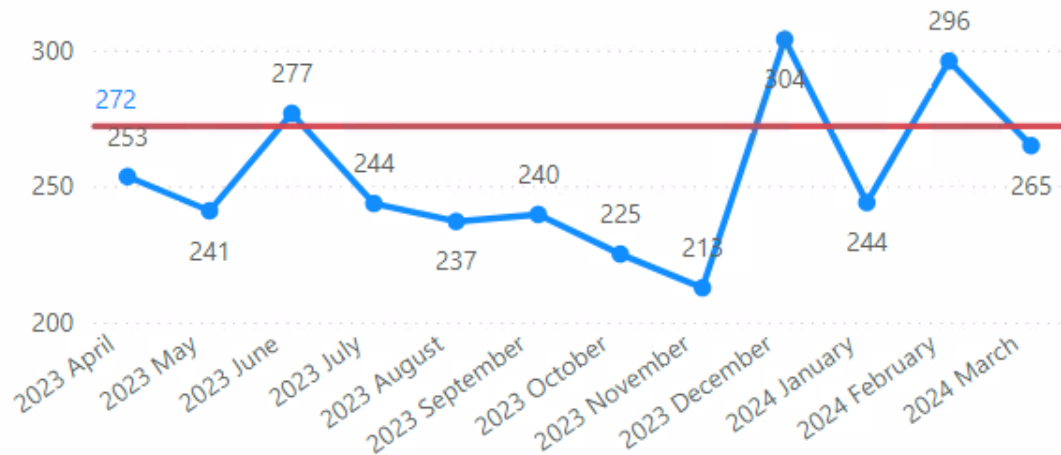
Humana Acute Admits Per 1,000

April 2023 – March 2024

Gold



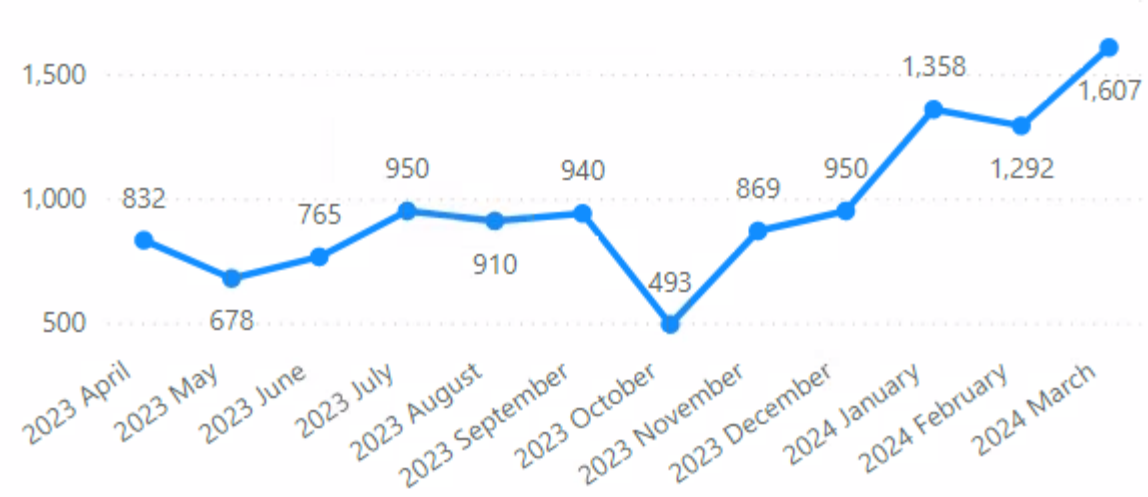
DSNP



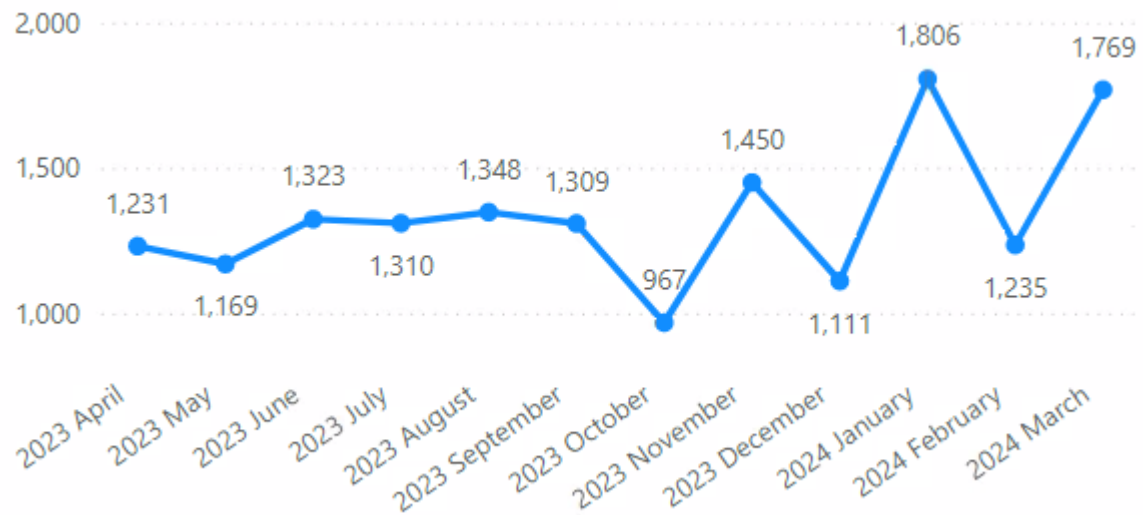
Humana SNF Days Per 1,000

April 2023 – March 2024

Gold



DSNP





2023 Quality - STARS



Overall Star: 2.71 **HEDIS & Patient Safety Star: 3.84** **HEDIS Star: 3.93**

Patient Safety Star: 3.70 Patient Experience Star: 2.00

Patients: 14,163 **Patients w/ Open Opportunities: 6,261**

Measure Name	Pass %	Passing	Eligible	Open	Weight	Opp 4 Star	Opp 5 Star	Star Level
Breast Cancer Screening	78.1	2015	2577	562	1	0	0	5
Care for Older Adults: Functional Status Assessment	91.4	2393	2618	225	1	0	0	5
Care for Older Adults: Medication Review	92.9	2433	2618	185	1	0	0	5
Care for Older Adults: Pain Screening	94.4	2472	2618	146	1	0	0	5
Colorectal Cancer Screening	68.7	3882	5644	1762	1	126	577	3
Controlling High Blood Pressure	76.3	4662	6105	1443	3	0	222	4
Eye Exam for Patients with Diabetes	75.0	2205	2938	733	1	0	117	4
Follow-Up After Emergency Department Visit for MCC	59.9	962	1604	642	1	129	290	3
Osteoporosis Management in Women Who Had a Fracture	42.8	21	49	28	1	6	15	2
Plan All-Cause Readmissions	9.3	1511	1666	155	3	-	-	4
Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy	81.9	642	783	141	1	24	55	3
Transitions of Care: Medication Reconciliation Post Discharge	75.0	1072	1428	356	1	0	99	4
Transitions of Care: Patient Engagement After Inpatient Discharge	90.4	1291	1428	137	0.25	0	9	4
Medication Adherence for Cholesterol (Statins): Statins	88.5	6092	6882	790	3	0	240	4
Medication Adherence for Diabetes Medications: Diabetes Medications	87.2	2535	2905	370	3	22	138	3
Medication Adherence for Hypertension (ACE or ARB): ACE	88.9	5905	6639	734	3	0	137	4
Statin Use in Persons with Diabetes	86.2	2017	2339	322	1	0	89	4
Coordination of Care	83.61	-	-	-	11	86.03	86.63	2
Getting Care Quickly	87.99	-	-	-	11	94.00	94.58	2
Getting Needed Care	89.89	-	-	-	11	92.27	92.87	2
Patient Discussion	57.58	-	-	-	9	66.57	67.10	2

End Stage Renal Disease (ESRD) Program Assumptions

Revenue Increases from Increase in RAF	
Patients (<i>75% of patients n=84</i>)	63
Current Average RAF	1.04
ESRD Average RAF	1.45
RAF Change	0.41
PMPM Increase/0.01 RAF	\$ 44.63
PMPY ESRD (KH Change)	\$ 21,957.96
Total PMPY Annual \$ Change	\$ 1,383,351.48
PMPM Increase to KH \$ 8.87	

PMPM = Per Member Per Month

PMPY = Per Member Per Year

Savings from Hospital Admissions	
Cost Per Admission (PQI-90)	\$11,120
Avoided Admissions	12
Total Annual \$ Savings	\$133,440
PMPM Savings to KH \$ 0.86	
Total PMPM Increase to KH \$ 9.72	

The How: Improved Care Coordination

- Dedicated ESRD Nurse Case-Manager
- Dialysis Centers
- Nephrologist & PCP
- Dedicated PA performing annual assessments
- Vascular Surgeon - Access Management
- Patient and Caretaker Education
- Transplant Evaluation

CCC Program Assumptions

Revenue Increases from Increase in RAF	
Patients	100
Current Average RAF	1.45
ESRD Average RAF	1.80
RAF Change	0.35
PMPM Increase/0.01 RAF	\$ 3.50
PMPY CCC (KH Change)	\$ 1,468.56
Total PMPY Annual \$ Change	\$ 146,855.52
PMPM Increase to KH	\$ 0.94



Revenue Increases from Increase in RAF	
Patients	400
Current Average RAF	1.45
ESRD Average RAF	1.80
RAF Change	0.35
PMPM Increase/0.01 RAF	\$ 3.50
PPPY CCC (KH Change)	\$ 1,468.56
Total PMPY Annual \$ Change	\$ 587,422.08
PMPM Increase to KH	\$ 3.77

Savings from Hospital Admissions	
Cost Per Admission (PQI-90)	\$11,120
Avoided Admissions	42
Total Annual \$ Savings	\$467,040
PMPM Savings to KH	\$ 2.99
Total PMPM Increase to KH	\$ 3.94

Savings from Hospital Admissions	
Cost Per Admission (PQI-90)	\$11,120
Avoided Admissions	169
Total Annual \$ Savings	\$1,879,280
PMPM Savings to KH	\$ 12.05
Total PMPM Increase to KH	\$ 15.81

Closing the Financial Gap

Plan to Close Negative Contribution Margin	
PMPM Deficit [(Current CM) – Future estimated true-up]	(\$43.00)
With Cost Increase (5%)	(\$45.15)

CMS Reimbursement Changes	
County Base Rate Change (GOLD membership only)	\$ 26.00
Population RAF Change (Increase by 0.02)	\$ 6.99
Net After Reimbursement	(\$12.16)

SIH Quality Improvement Plan	
End Stage Renal Disease (ESRD) RAF Change	\$ 8.87
ESRD Utilization Change	\$ 0.86
Comprehensive Care Clinic (CCC) RAF Change	\$ 0.94
CCC Utilization Change	\$ 2.99
Total of PMPM Change	\$ 13.66
Net	\$ 1.50



Questions?



June 26, 2024

Edith Guzman-Rodriguez
41408 David Road
Orosi, CA 93647

**Sent via Certified Mail No.
9589071052700415219827
Return Receipt Required**

RE: Notice of Rejection of Claim of Edith Guzman vs. Kaweah Health

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on May 17, 2024, was rejected on its merits by the Board of Directors on June 26, 2024.

WARNING

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

Sincerely,

David Francis

Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

Policy Number: AP119	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)	
Visiting Regulations for Kaweah Delta Health Care District	

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

PURPOSE: Visitor access guidelines balance the needs of all patients for privacy and rest, the environment needed by the medical staff and hospital staff to carry out their work, and everyone’s need for safety and security with the presence of family or friends with the patient during the health care admission. In extenuating circumstances, exceptions to this policy may be considered by the Nurse Manager, House Supervisor or designee.

POLICY:

- I. These regulations apply to all acute care areas of Kaweah Health Medical Center. Skilled Nursing (SNF V.2), Mental Health Hospital (MH.154) and Acute Rehabilitation (PR.04) have policies which are specific to those respective clinical areas.
- II. General visiting hours are 8:00a.m. to 9:00p.m. ~~Critical Care and Intermediate Critical Care department visiting hours are 10:00am-5:00pm and 7:00pm-9:00pm.~~ All visitors must enter via designated locations and receive a visitor sticker each day.
- III. Visitor Expectations
 - A. Generally patients are not permitted overnight visitors unless exceptions granted by ~~ut~~ the Unit Manager, House Supervisor, or designee. This may include situations but not limited to: support for a cognitive/mental disorder, end of life, change in level of care, deteriorating condition, and major surgery with high risk of death.
 1. If a sleeping chair is available, it will be provided for the approved overnight visitor(s).
 - B. An interpreter designated by family may stay at the bedside of patients, if necessary for continuity of care.
 - C. Patients can request “no visitors” at any time. A sign will be posted on the door of the patient’s room to that effect. (AP.49 No Information No Presence in Facility Patient Status)

- D. It is suggested that no more than two (2) visitors be in a patient's room at one time as a limiting guideline. The nurse has the ability to allow more or less if it is in the patient's best interest, or at the request of a patient or physician.
 - 1. Other visitors must go to public lobby areas by the visitor elevator, in the main lobby, or in the cafeteria to wait. An adult must accompany children (15 and younger) at all times and the child or children are allowed in the main 1st floor lobby or the cafeteria if not approved for visitation.
 - E. Staff may request that visitors leave the room while they provide patient care or if visitors are interfering with the treatment or rest of any patient. Nursing staff may also ask any visitor to leave the patient care area if the visitor is being loud or disruptive in anyway.
 - F. Children ~~under~~ 12 years of age and younger are not allowed to visit unless cleared by the Unit Leader, House Supervisor or designee.
 - 1. For the health of all patients and staff, once authorized, the visit should be as brief as possible and the visitor should be directed to stay in the patient room.
 - G. Cell phones are prohibited in posted areas (such as but not limited to Emergency Room, Mental Health Hospital, during delivery of a newborn) and during patient care. Where allowed, cell phones and pagers are to be on vibrate/silent mode. For full details on use of cell phones, photography, video recording reference policy AP163 "Photography and Video Recording of Patients and Staff".
 - H. Eating is allowed only in the public dining areas and, with the patient's permission, in the patient's room.
- IV. Patients in Neonatal Intensive Care Unit, Post-partum, Pediatrics and Labor Delivery are allowed overnight visitors – details by location below. If the patient or guardian desires, this can be different people and different times. Those authorized to remain will be issued a visitor sticker which must be visibly displayed. No minors allowed for visitation in NICU or Pediatrics.

Seasonal Restrictions: Seasonal or disease specific visitor restrictions may be recommended by Infection Prevention as indicated by public health authority. Annual visitor restrictions for flu and seasonal respiratory disease begins October 1st and ends March 31st unless otherwise advised by Infection Prevention.

- A. For pediatric patients, two (2) banded guardian(s) per stay. ~~8~~9am – 9pm visitors are allowed when accompanied by a banded guardian, max of two (2) persons in the room at any given time.

B. For Labor and Delivery two visitors will be issued pink arm bands for (24) hour access.

~~C.~~ For Post-partum patients, one support person will be issued a yellow armband for 24 hour access. Visiting hours for Up to four (4) visitors or siblings (to the new baby) are allowed at one time, are designated from 9:00am—11:00am and 4:00pm-6:00pm daily. Two(2) additional visitors are allowed in a patient's room at a time during visiting hours. Siblings will be allowed to visit during visiting hours with no restrictions on number of people in the room to facilitate family bonding.

For Neonatal Intensive Care Unit patients, two (2) banded guardian(s) per stay. An additional 4 visits per day allowed when accompanied by a banded guardian, max of two (2) persons in the room at any given time.

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

Policy Number: AP184	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), Marc Mertz (Chief Strategy Officer)	
Displays and Signage for Areas Open to Patients and the Public	

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

Policy: It is the policy of Kaweah Delta Health Care District (Kaweah Health) to ensure the appearance of public spaces is consistently represented according to the visual identity standards of the institution and in a consistent professional manner. Kaweah Health will provide all required regulatory federal and state regulatory notices. Kaweah Health will ensure that all signage is in compliance with applicable Life Safety Codes with regard to installation and placement. This policy covers all publicly accessible spaces in all facilities owned or leased by Kaweah Health. This policy applies to colleagues, medical staff, faculty, residents, volunteers, trainees/students, and other members of Kaweah Health’s workforce as well as vendors, and the public—including any outside individuals or organizations that desire to display materials in the institution’s public spaces.

Definitions:

- A. Permanent Display/Modification to Public Space: Any alteration required to display materials in a public space for more than three months. Examples include:
 - 1. Installation of exhibits, awards and plaques.
 - 2. Display cabinets.
 - 3. Bulletin boards.
 - 4. Digital monitors or displays.
- B. Publicly Accessible Space: Lobbies, patient care areas (includes, -but not limited to, inpatient and outpatient waiting rooms, exam rooms, treatment rooms), corridors, elevators, entrances, chapels, -meditation rooms, retail areas, conference centers, office areas that receive visitors, and cafeterias; any other food service areas, vending areas, grounds, building exteriors, skywalks, pedestrian bridges, overpasses, and open areas visible to the general public. Workforce-only spaces, such as closed-door break rooms, are not ~~48~~ considered publicly-accessible space. ~~Page (-) of (-)~~.
- C. Signage: Any material that is intended to be displayed in a public space to provide directional, regulatory, or other messaging related to departmental or institutional needs. Examples include:
 - 1. Exterior signage.

2. Building or destination identification (e.g., room numbers).
3. Access wayfinding directional signage.
4. Temporary directional signage.
5. Research posters and framed pieces that are not part of the institutional art program.

~~D.~~ Temporary Display: Any material that is intended to be posted in a public space for no more than three months. Examples are time bound fliers and posters including skills fair posters.

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Procedure:

A. Proper Use of Brand and Identify for all DISPLAYS AND SIGNAGE:

1. All displays and signage in public spaces should meet the graphic and editorial standards of the institution. Brand standards can be found on FILECAMP under Brand Resources.
2. Signage, posters and bulletin boards will be kept to a minimum in public areas. Questions about placement location should be directed to the Marketing & Media Relations Department at ext. 2463 or Hospital Safety Officer at ext. 2381. Materials used to construct these items will be consistent with the design of the surrounding area. Paper creep and excessive postings are prohibited.
3. The tone and style of the content displayed must adhere to the guidelines in Brand Resources, comply with institutional policies, and be appropriate for patients and ~~83~~ the general public to view. Questions about content may be directed to the Marketing & Media Relations Department at ext. 2463.
4. Colleagues, residents, faculty, trainees/students, and other ~~88~~ members of Kaweah Health's workforce should use the templates available on Brand Resources or request professional design services from the Marketing & Media Relations Department to develop temporary displays and signage to ensure compliance with brand standards.
5. Displays that require permanent modifications to public space should be designed by and/or approved by the Marketing & Media Relations Department and Chief Strategy Officer. ~~Page () of~~ POLICY AND PROCEDURE NO. ~~AP27-(xxx)~~.
6. Any displays or materials that do not adhere to brand standards are subject to immediate removal.

Commented [MM1]: Kaweah Compass???

B. Prohibited DISPLAYS AND SIGNAGE:

1. The posting, distribution, or display of materials promoting approved departmental/divisional fundraising activities in publicly-accessible space is prohibited. This type of display is allowed in colleague-only space such as break rooms.

2. Institutionally-sponsored fundraising activities approved by the Marketing & Media Relations Department may be displayed in Publicly Accessible Space. Prohibited materials found posted on walls, in lobbies, or other patient or public areas will be removed and discarded.
3. The posting or distribution of materials promoting external organizations, their events, or fundraising activities is prohibited in public space. Materials found posted on walls, in lobbies, or public areas will be removed and discarded. Materials using the Kaweah Health brand for co-sponsored events must follow all requirements of this policy.
4. No taping of displays or signage is permitted on walls, windows or doors unless signs are for temporary direction and approved by the Marketing & Media Relations Department OR are not in a public work space.

C. Temporary Displays

1. All fliers and posters must have a disposal date on the bottom left corner.

D. Posters, Banners and Other Large Displays.

1. The Marketing & Media Relations Department oversees content and manages approvals for the institution's official poster program.
 - a) Posters in the program are designed by the Marketing & Media Relations Department for display in Kaweah Health public spaces.
 - b) The length of time posters are to be displayed varies based on demand for slots, but is generally no more than four weeks.
 - c) The posters must fit into wall-mounted fixtures or be on appropriate posters in designated locations [Page \(\) of \(\) POLICY AND PROCEDURE NO. \(XXX\)](#) and approved by the Marketing & Media Relations Department.
 - d) The requestor must contact the Marketing & Media Relations Department to request a temporary poster installment.
 - e) Colleagues, residents, faculty, trainees/students, and other members of Kaweah Health's workforce should not display materials on stanchions or easels without express permission from the Marketing & Media Relations Department, as these may obstruct egress corridors, block egress, or pose a trip hazard to patients, visitors, and employees.
2. Educational posters created by reliable national and local medical education, patient education, or patient advocacy organizations do not meet our brand standards but may be displayed in exam rooms and clinic areas. Educational posters created by Kaweah Health must be reviewed and approved by the Marketing & Media Relations Department. Care providers are responsible for ensuring the information displayed is accurate, appropriate, and up-to-date. Questions about such materials may be directed to the Marketing & Media Relations Department.

3. Banners and other large displays should adhere to the following:
 - a) Display of banners from external and internal organizations that recognize our employees or services must be coordinated through the Marketing & Media Relations Department, which is responsible for ensuring content of the banner is appropriate for a general audience.
 - b) Banners and other displays must be reviewed and approved by the Marketing & Media Relations Department for appropriate branding and placement.
4. Temporary directional materials and day of the event flyers should adhere to the following a. Directional Signage and fliers to promote events held in reserved public spaces or institutional [Page \(\) of 5\(\) POLICY AND PROCEDURE NO. \(XXX\)](#) conference spaces must be coordinated and approved in advance by the Marketing & Media s Department.

E. Permitted Permanent Modification to Public Space.

1. Colleagues, faculty, trainees/students, and other members of Kaweah Health's workforce must request modifications that are not time bound and are intended to be permanently affixed to a wall or surface through the Marketing & Media Relations Department. No sign shall be posted without the approval of Marketing & Media Relations.
2. Frames, bulletin boards, dry erase boards, digital signs, displays, monitors, etc. that require permanent modifications to public spaces and a plan for maintaining content, which must be developed in coordination with the Marketing & Media Relations Department.
3. Vending machines and racks for selected newspapers or periodicals are approved as an amenity for patients, families, and visitors. If any branding is required, the Marketing & Media Relations Department can assist.
4. Kaweah Health owned vehicles, buses, vans, trucks, golf carts, etc. should be properly branded with assistance from the Marketing & Media Relations Department.
5. Permanent modifications to public spaces that have not been properly approved are subject to immediate removal.

References:

This section should list statutes, standards, publications, policies, or other such information that supports the need for the policy and procedure.

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



Policy Number: AP166	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)	
Competitive Bidding on Contracts	

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

POLICY: Kaweah Delta Health Care District–, doing business as Kaweah Health (“District”) will be in compliance with competitive bidding requirements for California Health Care Districts. (See California Health & Safety Code §32132)

~~District-Kaweah Health~~ shall endeavor to obtain the maximum value for all monies expended.

Kaweah Health ~~The District~~ reserves the right to direct competitive bidding (including but not limited to the lowest bid) for any contract, regardless of whether or not competitive bidding is required by law or required by the terms of this Policy.

I. Materials and Supplies - ~~Kaweah Health District~~ shall let any contract involving an expenditure of more than \$25,000 for materials and supplies to be furnished, sold or leased to the District, to the lowest responsible bidder who shall give the security the District requires, or else reject all bids. (California Health & Safety Code §32132)

There is no requirement to publicly bid change orders made to a contract that has been previously executed under this policy, so long as the change orders do not materially change the scope of the contract and each individual change order does not total more than five percent of the value of the whole contract.

EXEMPTIONS: This policy is not applicable to medical or surgical equipment. In other words, contracts for medical or surgical equipment do not have to be let out for bid. “Medical or surgical equipment or supplies” include only equipment or supplies commonly, necessarily, and directly used by, or under the direction of, a physician or surgeon in caring for or treating a patient in the hospital. This policy is not applicable to the furnishing, purchase or lease of energy conservation supplies and/or sources, alternate energy supply sources, contracts or the lease of facilities.

Work to Be Done - ~~Kaweah Health District~~ shall let any contract involving an expenditure of more than \$25,000 for work to be done, to the lowest responsible bidder who shall give the security the District-organization requires, or else reject all bids. (California Health & Safety Code §32132) Work to be done means essentially any service that is to be provided by an independent contractor, person or entity to the District-organization under the terms of a contract. For example, painting the hospital would be covered by this policy, but the cost of the paint would not (though it may be covered by the Materials and Supplies policy, above).

There is no requirement to publicly bid change orders made to a contract that has been previously executed under this policy, so long as the change orders do not

materially change the scope of the contract and each individual change order does not total more than five percent of the value of the whole contract.

DEFINITIONS:

Competitive Bidding: It is intended to insure impartiality in buying decisions. It is a transparent procurement method in which bids from competing contractors, suppliers, or vendors are invited by providing the scope, specifications, and terms and conditions of the proposed contract as well as the criteria by which the bids will be evaluated.

Lowest Responsible Bidder: Qualified bidder with the lowest or best bid price, and whose business and financial capabilities, past performance, and reputation meet the required standards. "Responsible Bidder" means a bidder who has demonstrated the attribute of trustworthiness and well as quality, fitness, capacity and experience to perform the contract satisfactorily. (Public Contract Code § 1103)

EXEMPTIONS: This policy is not applicable to contracts for professional services. Professional services are generally regarded as those services which are lawfully rendered only pursuant to a license, certificate or registration authorized by the California Business and Professions Code. As clarified in numerous decisions by various courts, the professional services to which the bidding rules **do not apply** include those of persons who are highly and technically skilled in their science or profession; persons with a peculiar skill or ability, such as attorney at law, architect, engineer, or artist; and persons whose work requires taste, skill, and technical learning and ability of a rare kind.

The following is a list of examples of professional services that are exempt from this policy:

- | | |
|--------------------------------------|------------------------------|
| Acupuncturist | Engineers |
| Opticians and Optometrists | Nurse-Practitioners |
| Audiologist/Speech Pathologists | Lawyers |
| Osteopaths | Medical Doctors |
| Chiropractors | Landscape Architects |
| Pharmacists | Certified Interior Designers |
| Clinical Lab Bioanalysts | |
| Physical Therapists | |
| Collection Agents/Repossessors | |
| Physician's Assistants | |
| Dentists and Dental Hygienists | |
| Psychologists | |
| Family Counselors and Social Workers | |
| Psychiatrists & Psychiatric Techs | |
| Hearing Aid Dispensers | |
| Respiratory Therapists | |
| Licensed Vocational Nurses | |
| Accountants | |
| Nurses | |
| Architects | |
| Nurse-Midwives | |

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No competitive bidding shall be required; however, ~~Kaweah Health~~~~The District~~ may establish when appropriate procedures for the project to assure that these services are engaged on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the services required. (See Quote and Proposal Guidelines AP.167)

Nothing in this section shall prevent the ~~District organization~~ from participating as a member of any organization described in Section 23704 of the California Revenue and Taxation Code (Cooperative Hospital Service Organizations), nor shall this section apply to any purchase made, or services rendered, by the organization on behalf of a district health facility that is a member of the organization. This policy is not applicable to a service (enumerated below) provided by a tax exempt organization which provides that service to two or more hospitals. (See Health & Safety Code§32132(e)) Only the following services are exempt:

- ~~D~~ata processing
- Purchasing (including purchasing of insurance on a group basis)
- ~~W~~arehousing
- ~~B~~illing and collection
- ~~F~~ood
- ~~C~~linical services
- ~~I~~ndustrial engineering
- ~~L~~aboratory services
- ~~P~~rinting
- ~~C~~ommunications
- ~~R~~ecord center operations
- ~~P~~ersonnel services (including selection, testing, training and/or education)

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II. Electronic Data Processing and Telecommunications Goods and Services- (Health & Safety Code §32138)

~~Kaweah Health~~~~The District~~ shall acquire electronic data processing and telecommunications goods and services with a cost to the ~~District organization~~ of more than twenty-five thousand dollars (\$25,000) through competitive means, except when the ~~District organization~~ determines either that: (1)the goods and services proposed for acquisition are the only goods and services which can meet ~~Kaweah Health~~~~The District~~'s need, or (2) The goods and services are needed in cases of emergency where immediate acquisition if necessary for the protection of the public health, welfare, or safety. Applicable contracts must be reviewed by the Chief Information Officer prior to start of the contracting process.

A. As used in this section, "competitive means" includes any appropriate means specified by ~~Kaweah Health~~~~The District~~, including, but not limited to, the preparation and circulation of a request for a proposal (See Quote and Proposal Guidelines AP. 167) to an adequate number of qualified sources,

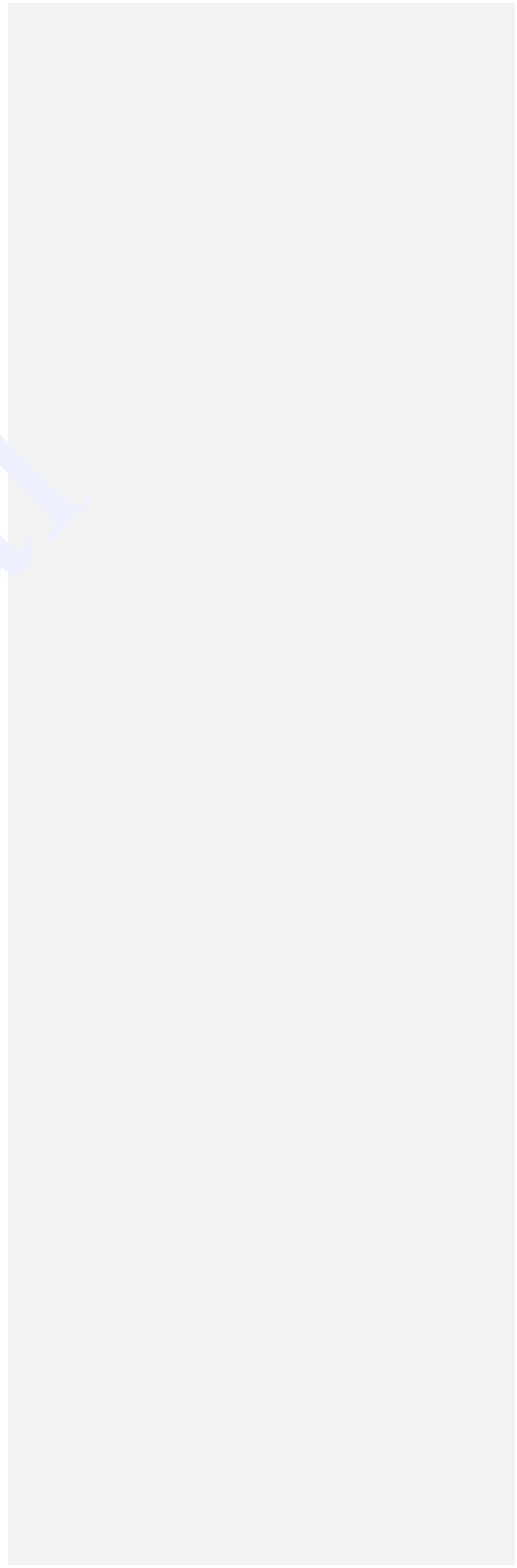
- as determined by ~~Kaweah Health~~ ~~District~~ in its discretion, to permit reasonable competition consistent with the nature and requirements of the proposed acquisition.
- B. When ~~Kaweah Health~~ ~~District~~ awards a contract through competitive means pursuant to this section, the contract award shall be based on the proposal which provides the most cost-effective solution to the ~~District's~~ ~~organization's~~ requirements, as determined by the evaluation criteria specified by ~~Kaweah Health~~ ~~District~~. The evaluation criteria may provide for the selection of a vendor on an objective basis other than cost alone.
- III. **Areas of Uncertainty** - If you are uncertain as to whether a specific contract is required to be let out for bid under the above ~~Kaweah Health~~ ~~District~~ policies, you are encouraged to contact the ~~Kaweah Health~~ ~~District~~'s counsel for an opinion.
- IV. **Competitive Bidding** - ~~Kaweah Health~~ ~~District~~ strives to ensure consistency and fairness in the award of all contracts. To further that goal, it is the ~~Kaweah Health~~ ~~District~~'s policy to follow a uniform procedure when it circulates requests for proposals (RFP) or lets out any contract for bid. ~~Kaweah Health~~ ~~District~~'s procedure for RFP's is set out in detailed Quote and Proposal Guidelines AP. 167) Much of these procedures are just common sense. Remember that these procedures are only necessary when it is required by ~~Kaweah Health~~ ~~District~~ policy to let out contracts for competitive bids to the lowest responsible bidder.
- ~~Kaweah Health~~ ~~District~~ reserves the right to direct competitive bidding for any contract whether or not competitive bidding is required by law or required by the terms of this policy.
- V. **Emergency:** ~~Kaweah Health~~ ~~District~~ may, without following the bidding provisions set forth in this policy, let contracts for work to be done or for materials and supplies to be furnished, sold or leased to the ~~District~~ ~~organization~~, if it first determines that an emergency exists warranting such expenditure due to fire, flood, storm, epidemic, or other disaster and is necessary to protect the public health, safety, welfare, or property. (See Health & Safety Code §32136)

PROCEDURE: See Quote and Proposal Guidelines AP.167.

References: California Health & Safety Code §§ 32132, 32136, 32138.
California Revenue & Taxation Code § 23704
Government Code §§ 54201
Internal Revenue Code § 501

"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."

approval





Policy Number: AP66	Date Created: No Date Set
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: Not Approved Yet
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Suspected Child and or Elder Dependent Adult Abuse and Neglect Reporting	

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

Purpose:

The District's policy is to create a health care environment free from threat and or occurrence of harassment, abuse (verbal, physical, mental, or sexual), neglect, corporal punishment, involuntary seclusion and misappropriation of property.

Policy:

In accordance with the California Penal Code and the Welfare and Institutions Code, all staff of a health care facility are required to report any known or suspected child, elder/dependent adult abuse or domestic violence injuries to the proper authority. This reporting must be accomplished as soon as practically possible via telephone and by written report within thirty-six (36) hours (Child Abuse) and within two (2) working days (Elder/Dependent Adult Abuse and Domestic Violence injuries) of the discovery.

All staff members are mandated reporters of suspected child or elder/dependent adult abuse and Domestic Violence injuries. Social workers (or Patient and Family Services staff) are available to help assess patients and make appropriate telephone and written reports. In cases where the social worker believes that abuse did not occur, staff members who are mandated reporters and suspect abuse or neglect must report the abuse or neglect to the proper authorities.

Staff members working in Long Term Care, please see Abuse Prohibition Policy located in the Skilled Nursing Policy and Procedure Manual which is applicable to Long term care units.

Staff members need to be alert to the laws and regulations governing disclosure of medical information. The hospital is mandated to track some of the disclosures made in association with an abuse report. Staff can seek guidance from Health Information Management or Patient & Family Services regarding these requirements.

See the following Attachments for Indicators of Possible Abuse or Neglect:

- Attachment A: Indicators of Child Abuse/Neglect
- Attachment B: Indicators of Elder/Dependent Adult Abuse
- Attachment C: Indicators of Domestic Violence

Definitions:

- I. Child Abuse
 - A. "Child" is defined as any person 17 years of age or younger.
 - B. "Suspected child abuse" includes physical injury inflicted by other than accidental means, sexual abuse, neglect, willful cruelty, or unjustifiable punishment.

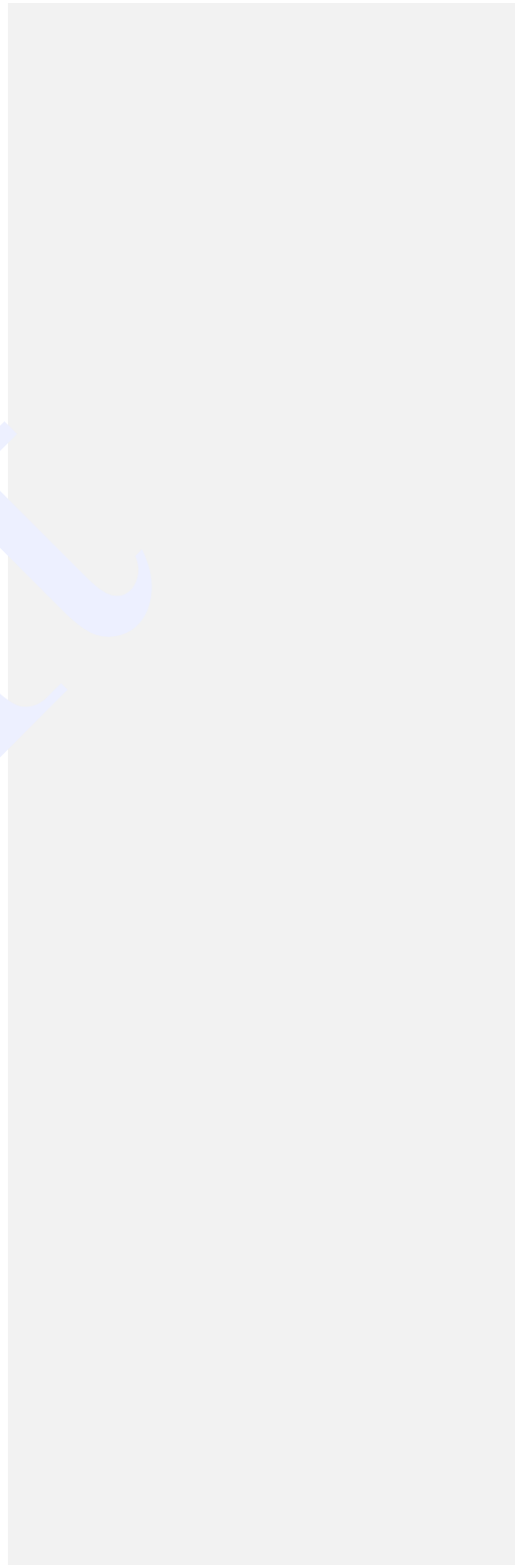
- II. Elder/Dependent Adult Abuse
 - A. "Elder" is defined as any person who is sixty-five (65) years of age or older.
 - B. "Dependent adult" is defined as any person between the ages of eighteen (18) through sixty-four (64) years who has physical or mental limitations which restrict his/her ability to carry out normal activities or to protect his/her rights, including but not limited to persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Dependent adult also includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility.
 - C. "Abuse" is defined as including any one or more of the following acts which is inflicted by other than accidental means:
 1. ~~P~~physical abuse
 2. ~~S~~exual 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."
 3. ~~I~~ntimidation
 4. ~~C~~eruel punishment
 5. ~~F~~iduciary abuse (finances/property)
 6. ~~N~~eglect
 7. ~~A~~abandonment of care or custody
 8. ~~A~~ny other treatment with resulting physical harm, pain, or mental suffering
 9. Isolation
 10. A physical or chemical restraint, psychotropic medication, or isolation without authorization, or for a purpose other than for which it is ordered (including but not limited to staff convenience or punishment) or for a period beyond that which it was ordered constitutes "abuse."

- III. Domestic Violence
Abuse committed against an adult or emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the

suspect has had a child, or is having, or has had a dating or engagement relationship.

- A. Source of Abuse
 - 1. Family, friends, visitors or caregivers
 - 2. Other patients
 - 3. Staff

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IV. Reasonable Suspicion

An objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse.

Procedure:

Any employee who has knowledge of, suspects or witnesses abuse, neglect or misappropriation of property is mandated to report as soon as practically possible.

Staff members will contact their Nurse Manager or Department Manager or if unavailable, the House Supervisor as soon as practically possible should they witness, find evidence of/or suspect abuse, neglect, receive a complaint and/or concern of abuse/neglect from a patient /family member.

- I. If the source of the neglect or abuse is from someone other than a Kaweah Health staff or facility, the Nurse Manager, Department Manager, and/or House Supervisor will contact Patient and Family Services to assess and determine if a report has been or should be made to the proper authority. If it is determined that a report is appropriate, Patient and Family Services staff will contact the appropriate authority and complete the necessary documentation. This will include seeing that the patient is protected from any harm during the investigation and upon discharge as appropriate.

A. Child abuse reporting

1. Contact immediate supervisor and Patient and Family Services;
2. Telephone report is made by the Social Worker* to Child abuse hotline – 1-800-331-1585 or Law Enforcement;
3. Written report (Suspected Child Abuse Report form/DOJ form/SS8572 form) is completed and mailed within 36 hours. https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf?
4. A copy of the report is NOT placed in the patient's chart;
5. If the appropriate law enforcement agency refuses to take the report, then the report must be made to the California Department of Justice. (www.caag.state.ca.us.htm.)

*If you as a mandated reporter believe that a report should be made, but the social worker thinks that a report is not necessary, then YOU, as a mandated reporter are still required to report.

B. Elder and Dependent Adult Abuse Reporting

1. Contact immediate supervisor and/or Patient and Family Services

2. Telephone report is made by the Social Worker* to Adult Protective Services in the county of the victim's residence or Law Enforcement.
3. Written report (Suspected Dependent Adult/Elder Abuse form/SOC 341) is completed and sent within two (2) working days to the agency you made the report. Reports may be mailed, emailed, or faxed.
https://cdss.ca.gov/MandatedReporting/story_content/external_files/SOC341.pdf
4. A copy of the report is NOT placed in the patient's chart.

*If you as a mandated reporter, believe that a report should be made, but the social worker thinks that a report is not necessary, then YOU, as a mandated reporter are still required to report.

C. Long Term Care

*Please refer to A.1 (Skilled Nursing Services Policy and Procedure Manual).

D. Reporting agencies

1. Child Abuse Reporting
 - a. Child Abuse Reporting Hotline (24 hours) 1-800-331-1585
 - b. Reporting forms sent to:
Tulare County Health & Human Services Agency
Child Welfare Services
PO Box 671
Visalia, CA 93279
FAX: (559) 730-2510
 - c. Reports refused by local law enforcement should be sent to:
California Department of Justice
Child Protection Program
P.O. box 903387
Sacramento, CA 94203-3870
2. Elder/Dependent Adult Abuse Reporting
 - a. Adult Protective Services or Law Enforcement
Tulare County APS (559) ~~623-0654~~[713-3710](tel:559-713-3710)
Kings County APS (559) ~~852-4000~~[582-7399](tel:559-582-7399)
Fresno County APS (559) ~~600-3383~~[453-8990](tel:559-453-8990)
 - b. Kings/Tulare County Ombudsman
1197 South Dr.
Hanford, CA 93230
(800) 293-9714
[Phone: \(559\) 582-3211](tel:559-582-3211)
[Fax: \(559\) 582-9627](tel:559-582-9627)
3. Domestic Violence Reporting

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- a. Reports of suspected physical abuse are made to law enforcement in the area where the alleged abuse took place. Visalia Police Department (559) 734-8116
Tulare County Sheriff's Department (559) 733-6211

The patient or their personal representative is notified as soon as practically possible that a report has been or will be made and informed they may file a report with law enforcement should they choose, except if:

- 1. The reporting party, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or
- 2. The reporting party would be informing a personal representative of the individual, and the reporting party reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the reporting party, in the exercise of professional judgment.

ii. If the allegation of abuse or neglect is a result of care given at a Kaweah Delta Health Care District facility, then the Nurse Manager or designee will contact House Supervisor or Risk Management as soon as practically possible to collaboratively assess and determine if a report has been or should be made to the proper authority. If it is determined that a report is appropriate, the Nurse Manager or designee will contact the appropriate authority (listed in [Attachment Section D on page 5 of this policy](#)) and complete the necessary documentation. This will include seeing that the patient is protected from any harm during the investigation and at discharge.

Assessment by Risk Management may include incidents that do not need to be reported. A physician, registered nurse or psychotherapist as defined in CA Evidence Code Section 1010 need not report an incident if all of the following conditions exist:

1. The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect.

2. The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.

3. The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.

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4. The physician, registered nurse or psychotherapist as defined in Evidence Code Section 1010 reasonably believes, in the exercise of clinical judgment, that the abuse did not occur.

The patient or their personal representative is notified as soon as practically possible that a report has been or will be made and informed they may file a report with law enforcement should they choose, except if:

- A. The reporting party, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or
 - B. The reporting party would be informing a personal representative of the individual, and the reporting party reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the reporting party, in the exercise of professional judgment.
- III. If an allegation regarding sexual abuse or sexual misconduct is made against a licensed health care staff or practitioner *and is in writing*, then a report will also be made to the staff's or practitioner's state licensing agency (i.e. California Medical Board, Board of Registered Nursing, etc.) within 15 days of receipt of the *written* allegation pursuant to SB 425.

"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:

CHA Consent Manual, 2023~~19~~: Chapter 19, ~~Assault and Abuse Reporting Requirements~~ Adverse events and Incident Reports

SB 425 https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB425

CHA Consent Manual, 2023~~0~~, Chapter 17, Assault and Abuse Reporting Requirements

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California Evidence Code Section 1010

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

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Attachment A

INDICATORS OF CHILD ABUSE/NEGLECT

The following is a list of criteria that may be indicators of suspected abuse. However, the presence of an indicator alone is not a determination of abuse. Thorough assessment, including consideration of indicators, is needed.

INDICATORS OF PHYSICAL ABUSE:

These indicators are used to distinguish accidental injuries from suspected physical abuse.

Location of Injury

The primary target zone for infliction of injuries is the back surface of the body from the neck to the knees. Such injuries constitute the largest percentage of identified abuse.

Injuries from abuse are not typically located on shins, elbows, or elbows.

History

- The history includes all facts about the child and the injury including:
- Child states that the injury was caused by abuse.
Knowledge that a child's injury is unusual for a specific age group (e.g., any fracture in an infant).
- Unexplained injuries (e.g., parent is unable to explain reason for injury; there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with medical diagnosis).

Behavioral Indicators

The following indicators may result from child abuse:

- Parent or caretaker delay seeking care for a child or fails to seek appropriate care.
- Child is excessively passive, compliant, or fearful, or at the other extreme, excessively aggressive or physically violent.
- Child, parent and/or caretaker attempts to hide injuries; child wears excessive layers of clothing, especially in hot weather; child is frequently absent from school or physical education classes.

TYPES OF INJURIES

- Bruises
- Burns
- Bite Marks
- Abrasions, Lacerations
- Head Injuries
- Internal Injuries
- Fractures

INDICATORS OF PHYSICAL NEGLECT:

While some of these conditions may exist in any home environment, **it is the extreme or persistent presence** of these factors that indicate some degree of neglect.

Neglect may be suspected if the following conditions exist:

- The child is lacking adequate medical or dental care;
- The child is always sleepy or hungry;
- The child is always dirty, demonstrates poor personal hygiene, or is inadequately dressed for weather conditions;
- There is evidence of poor supervision (repeated falls down stairs; repeated ingestion of harmful substances; a child cared for by another child); the child is left alone in the home, or unsupervised under any circumstances (left in car, street, etc.);
- The conditions in the home are unsanitary (garbage, animal or human excretion);
- The home lacks heating or plumbing;
- There are fire hazards or other unsafe home conditions;
- The sleeping arrangements are cold, dirty, or otherwise inadequate;
- The nutritional quality of food in the home is poor;
- Meals are not prepared; children snack when hungry;
- There is spoiled food in refrigerator or cupboards.

INDICATORS OF SEXUAL ABUSE:

Sexual abuse of a child may surface through a broad range of physical, behavioral, and social symptoms. Some of these indicators, taken separately, may not be symptomatic of sexual abuse. They are listed below as a guide, and should be examined in the context of other behavior(s) or situational factors.

History

- A child reports sexual activities to a friend, classmate, teacher, friend's mother, or other trusted adult.
- Child wears torn, stained, or bloody underclothing.
- Knowledge that a child's injury/disease is unusual for the specific age group. Knowledge of a child's history of previous or recurrent injuries/diseases.
- Unexplained injuries/diseases (e.g., parent unable to explain reason for injury/disease); there are discrepancies in explanation; blame is placed on a third party; explanations are inconsistent with medical diagnosis.
- A young girl is pregnant or has a sexual transmitted disease.

Behavioral Indicators**Sexual behaviors of children**

- Detailed and age-inappropriate understanding of sexual behavior (especially by younger children);
- Inappropriate, unusual, or aggressive sexual behavior with peers or toys.
- Compulsive masturbation;

- Excessive curiosity about sexual matters or genitalia (self and others);
- Unusually seductive with classmates, teachers, and other adults;
- Prostitution or excessive promiscuity;
- Excessive concern about homosexuality (especially by boys).

Behavioral indicators in younger children

- Enuresis (bed wetting)
- Fecal soiling
- Eating disturbances (overeating, under eating)
- Fears or phobias.
- Overly compulsive behavior.
- School problems or significant change in school performance (attitude and grades).
- Age-inappropriate behavior (e.g., pseudomaturity or regressive behavior such as bedwetting or thumb sucking).
- Inability to concentrate.
- Sleep disturbances (e.g., nightmares, fearful about falling asleep, fretful sleep pattern, or sleeping long hours.) Behavioral indicators in older children and adolescents.
- Withdrawal.
- Clinical depression.
- Overly compliant behavior.
- Poor hygiene or excessive bathing.
- Poor peer relations and social skills; inability to make friends.
- Acting out, runaway, aggressive or delinquent behavior.
- Alcohol or drug abuse.
- School problems, frequent absences, sudden drop in school performance.
- Refusal to dress for physical education.
- Non-participation in sports and social activities.
- Fearful of showers/restrooms.
- Fearful of home life demonstrated by arriving at school early or leaving late.
- Suddenly fearful of other things (e.g., going outside, participating in familiar activities).
- Extraordinary fear of males (in cases of male perpetrator and female victim)
- Self-consciousness of body beyond that expected for age.
- Sudden acquisition of money, new clothes or gifts with no reasonable explanation.
- Suicide attempt or other self-destructive behavior.
- Crying without provocation.
- Fire setting

Physical Symptoms

- Sexually transmitted diseases.
- Genital discharge or infection.
- Physical trauma or irritations to the anal/genital area (pain, itching, swelling, bruising, bleeding, lacerations, abrasions, especially if unexplained or inconsistent).

- Pain upon urination/defecation.
- Difficulty in walking or sitting due to genital or anal pain.
- Psychosomatic symptoms, e.g., stomachaches, headaches

EMOTIONAL ABUSE:**Behavioral Indicators for Children**

Emotional abuse may be suspected if the child:

- Is withdrawn, depressed, and apathetic.
- “Acts out”, and is considered a “behavior problem”.
- Is overly rigid in conforming to instructions of teachers, doctors, and other adults.
- Displays other signs of emotional turmoil (e.g., repetitive, rhythmic movements; inordinate attention to details; no verbal or physical communication with others).
- Unwittingly makes comments such as, “Mommy always tells me I’m bad.”

The behavior patterns mentioned may, of course, be due to other causes, but the suspicion of abuse should not be precluded.

Just as physical injuries can scar and incapacitate a child, emotional maltreatment can similarly cripple and handicap a child emotionally, behaviorally, and intellectually. Severe psychological disorders have been traced to excessively distorted parental attitudes and actions. Emotional and behavioral problems, in varying degrees, are very common among children whose parents abuse them emotionally.

Verbal assaults (e.g., belittling, screaming, threats, blaming, sarcasm), unpredictable responses (i.e., inconsistency), continual negative moods, constant family discord, and double message communication are examples of ways parents may subject their children to emotional abuse.

Behavioral Indicators of Parents/Caretakers

A child may become emotionally distressed when:

- Parents or caretakers place demands on the child which are based on unreasonable or impossible expectations or without consideration of the child’s developmental capacity.
- The child is used as a “battleground” for marital conflicts.
- The child is used to satisfy the parent’s/caretaker’s own ego needs and the child is neither old enough nor mature enough to understand.
- The child victim is “objectified” by the perpetrator, i.e., the child is referred to as “it”(“it” cried, “it” died)

Attachment B**INDICATORS OF ELDER ABUSE/NEGLECT**

The following is a list of criteria that may be indicators of suspected abuse. However, the presence of an indicator alone is not a determination of abuse. Thorough assessment, including consideration of indicators, is needed.

Physical Abuse – Victim’s Physical Signs

- Abrasions
- Asphyxiation
- Bed Sores
- Bone Fractures
- Bruises
- Burns
- Confinement Against Will
- Cuts
- Dehydration
- Direct Beatings
- Dislocations
- Dismemberment
- Drowning
- Forced into a Nursing Home
- Hypothermia
- Internal Injuries
- Lacerations
- Malnutrition
- Over-sedation
- Poisoning
- Punctures
- Sexual Molestation
- Scalding/Burns
- Skull Fractures
- Sprains
- Welts
- Wounds

Psychological Abuse

- Humiliation
- Intimidation
- Isolation
- Threats
- Verbal Assault

Material Abuse

- Misuse of Money or Property
- Taking Possession of Money or Property

Victim's Behavioral Signs

- Confusion
- Depression
- Fear
- Inability to Reach Food, Water, Sanitary Facilities

Neglect

- Abandoned
- Failure to Purchase Prescribed Medications
- Failure to Provide Other Prescribed Medical Services
- Failure to fulfill Caretaking Obligations

Neglect – Victim's Signs

- Deprived of Clothing
- Deprived of Shelter
- Hazardous Health Condition
- Unsanitary Living Conditions
- Lack of Heat
- Lack of Food
- Lack of Personal Care
- Lack of False Teeth When Needed
- Lack of Hearing Aid When Needed
- Lack of Glasses When Needed
- Lack of Supervision
- Lack of Support/Companionship

Attachment C**INDICATORS OF DOMESTIC VIOLENCE**

The following is a list of criteria that may be indicators of suspected abuse. However, the presence of an indicator alone is not a determination of abuse. Thorough assessment, including consideration of indicators, is needed.

- Suicide attempt;
- Evidence of alcohol or drug abuse;
- Vague or non-specific physical or psychological complaints (i.e., fatigue, anxiety, depression, "nerves", fearfulness, sleeplessness, ragefulness, loss of appetite and dissociation);
- Low self-esteem, sense of apprehension or hopelessness, crying, inappropriate laughing, avoidance of eye contact, angry, or defensive;
- Extent or type of injury inconsistent with patient's explanation;
- Multiple injuries or fractures in various stages of healing;
- Injury to head, face, neck, throat, chest, breasts or bilateral extremities;
- Injury to abdomen, genitals, pelvic area, back or spine;
- Unusual pattern of injuries, i.e., bilateral marks from a belt, rope, hairbrush, etc.;
- Repeated use of Emergency Department services with multiple somatic complaints or injuries of increasing severity;
- Delay between injury and medical treatment;
- Patient minimizes frequency or seriousness of injuries;
- Problems during pregnancy, specifically, pre-term abortion, bleeding, intrauterine growth retardation, hyperemesis, and any other injuries;
- Self-induced abortions or multiple therapeutic abortions or miscarriages
- Evidence of sexual assault;
- Signs of physical neglect (unclean physical appearance, decayed teeth, broken glasses, inadequately dressed, torn clothing, urine in clothing, overgrown nails, etc.);
- Eating disorders;
- Report of self-mutilation;
- Single-car accident (victim may also be passenger);
- Burns (cigarette, friction, splash or chemical);
- Fecal impaction;
- Emotional abuse or family discord observed by staff;
- Overly controlling or protecting spouse/partner.

Attachment D

<i>A Quick Reference Guide to</i> ASSAULT AND ABUSE REPORTING REQUIREMENTS			
	<p>Child Abuse and Neglect</p> <p>Mandated reporter has observed or has knowledge of a child whom he or she knows or reasonably suspects has been the victim of child abuse or neglect. May also report serious emotional damage or risk thereof (not required)</p> <p>Includes: non-accidental physical injury that was not self-inflicted; sexual abuse; neglect; willful harm, injury or endangerment; unlawful corporal punishment or injury; abuse or neglect in out-of-home care</p> <p>Applies to: minors under age 18</p> <p>Note: reporting of a minor's sexual activity varies with age and circumstances</p>	<p>Elder/Dependent Adult Abuse</p> <p>Mandated reporter has observed or has knowledge of (including being told by the elder/dependent adult) an incident that reasonably appears to be abuse</p> <p>Includes: physical abuse; neglect; financial abuse; abandonment, isolation, abduction or other treatment with resulting physical harm to pain or mental suffering, or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering</p> <p>Applies to: elder persons age 65 or older; dependent adults ages 18 to 64 with physical or mental limitations; adult dependents (age 18 to 64) in an acute care hospital or other 24-hour health facility</p> <p>Varies depending on where the suspected alleged abuse occurred:</p> <ol style="list-style-type: none"> 1. Long-term care facility, physical abuse: report to local ombudsman, local law enforcement, and corresponding licensing agency (COPH or BSS) 2. Long-term care facility, abuse other than physical: report to local ombudsman or local law enforcement 3. State mental health hospital or state development center: report to designated investigators at California Department of State Hospitals, California Department of Developmental Services, and local law enforcement 4. Anywhere other than the above: report to adult protective services agency or local law enforcement 	<p>Injury by Firearm or Assaultive/Abusive Conduct</p> <p>Health practitioner and physician providing medical services to a patient whom they reasonably suspect has a physical condition resulting from:</p> <ol style="list-style-type: none"> 1. A wound or injury by a firearm (self-inflicted or by another person) or 2. A wound or injury resulting from assaultive or abusive conduct (as defined by Penal Code 11160(d)) <p>Includes: murder, mayhem, assault, rape, battery, abuse of spouse or cohabitant and additional offenses as defined by Penal Code 11160(d)</p> <p>Duty to report applies even if treating a condition not related to the assault, abuse or firearm injury</p>
<p>To Whom to Report</p> <p>Local law enforcement, designated county probation department or county welfare department</p>			<p>Local law enforcement</p>
<p>Time Frame</p> <ol style="list-style-type: none"> 1. Immediate telephone report 2. Follow up with written report by mail, fax or email within 36 hours 	<ol style="list-style-type: none"> 1. Immediate report by telephone or confidential Internet reporting tool (if available) 2. If initially reported by phone, follow up with written report received report within two working days <p>NOTE: If abuse occurred in a long-term care facility, quicker response is required (report within 2 hours of learning of the incident). See Welfare and Institutions Code Section 15630(b).</p>		<ol style="list-style-type: none"> 1. Immediate telephone report 2. Follow up with written report within two working days
<p>Required Form</p> <p>"Suspected Child Abuse Report," Department of Justice, Form SS 8572. Obtain from local social services or child protective services agency or download at www.cdcnrc.org</p>	<p>"Report of Suspected Dependent Adult/Elder Abuse," California Department of Social Services, Form SOC 341, download at www.cdcsnrc.org</p>		<p>"Suspicious Injury Report," Office of Emergency Services (OES), Form CalOES 2-920, download at www.cdcnrc.org</p>



Sexual Assault/Rape In addition to the above reporting requirements, each county must designate at least one general acute care hospital to perform forensic examinations on victims of sexual assault, including child molestation. Examination requires the consent of the patient. Local law enforcement must be notified by telephone prior to beginning the forensic examination. Forensic report forms may be downloaded at www.cdcnrc.org.

See chapter 19, "Assault and Abuse Reporting Requirements," of *CHHA's Consent Manual for additional information*.

Attachment D

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Table 19-A Assault and Abuse Reporting Requirements

A Quick Reference Guide to ASSAULT AND ABUSE REPORTING REQUIREMENTS			
Reporting Trigger	Child Abuse and Neglect Maltreated reporter has observed or has knowledge of a child who has been abused or neglected. Any person has been observed or has knowledge of a child who has been the victim of child abuse or neglect. Any person has serious emotional damage or risk thereof (not required). Injuries: non-accidental physical injury that was not self-inflicted, sexual abuse, neglect, willful harm, injury or death, or any other form of abuse or neglect that requires medical attention or hospitalization or placement in out-of-home care. Applies to: minors under age 18 Note: reporting of a minor's sexual activity varies with age and circumstances	Elder/Dependent Adult Abuse Maltreated reporter has observed or has knowledge of an individual being told by a suspected perpetrator that an incident that reasonably appears to be abuse. Includes: physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm or pain or mental suffering, or the infliction of fear of physical or mental harm, or any other abuse or neglect that requires medical attention or hospitalization or placement in out-of-home care. Applies to: older persons age 65 or older; dependent adults ages 18 to 64 with physical or mental limitations, adult persons who are cognitively impaired, or in an acute care hospital or other 24-hour health facility	Injury by Firearm or Assaultive Conduct Health practitioner and physician providing medical treatment to a patient who reasonably suspect that a physical injury was sustained by the patient. 1. A wound or injury by a firearm (self-inflicted or by another person) or 2. A wound or injury resulting from assaultive or abusive conduct (as defined by Penal Code 11160(d)) Includes: murder, mayhem, assault, rape, battery, abuse of spouse or cohabitant and additional offenses as defined by Penal Code 11160(g) Duty to report applies even if meeting a condition not related to the assault, abuse or firearm injury
To Whom to Report	Local law enforcement, designated county probation department or county welfare department	Varies depending on where the suspected/illegal abuse occurred. 1. Long-term care facility, physical abuse: report to local ombudsman, local law enforcement, and corresponding licensing agency (CDPH or DSS) 2. Long-term care facility, abuse other than physical: report to local ombudsman or local law enforcement 3. Anywhere other than the above: report to county probation department or designated investigation at California Department of State Hospitals, California Department of Developmental Services, and local law enforcement 4. Anywhere other than the above: report to adult protective services agency or local law enforcement	Local law enforcement
Time Frame	1. Immediate telephone report 2. Follow up with written report by mail, fax, or email within 70 hours	1. Immediate report by telephone or confidential Internet reporting tool (if available) 2. If using written report, follow up with written report or Internet report within two working days NOTE: If the abuse occurred in a long-term care facility, quicker reporting is required (commences within 2 hours of learning of the incident). See Welfare and Institutions Code Section 15630(b).	1. Immediate telephone report 2. Follow up with written report within two working days
Required Form	"Suspected Child Abuse Report," Department of Justice, Form SS 8572. Obtain from local social services or child protective services agency or download at www.cdcrmc.org	"Report of Suspected Dependent Adult/Elder Abuse," California Department of Social Services, Form SOC 341, download at www.cdcrmc.org	"Suspicious Injury Report," Office of Emergency Services (OES), Form CHDES 2920, download at www.cdcrmc.org



Secured Assault/Injury in addition to the above reporting requirements, each county must designate at least one general acute care hospital to perform forensic examinations on victims of sexual assault, including child molestation. Examination requires the consent of the patient. Local law enforcement must be notified by telephone prior to beginning the forensic examination. Forensic report forms may be downloaded at www.cdcrmc.org

See chapter 17, "Assault and Abuse Reporting Requirements," of CHHA's Consent Manual for additional information.

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Policy Number: AP57	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)	
Access to Legal Counsel	

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

POLICY: In order to control the costs of legal fees, and to streamline the dissemination of legal advice, direct access to legal counsel is limited to certain specific individuals.

Individuals authorized for direct and immediate access to District Administrative legal counsel are limited to:

- A. any member of the Kaweah Health Board of Directors;
- B. the Chief Executive Officer (CEO);
- C. the Executive Assistant to CEO & Board Clerk;
- D. any Kaweah Health Executive Team Member;
- E. the Director of Risk Management;
- ~~F. the Chief Compliance & Risk Officer;~~
- ~~G. Internal Audit Leadership;~~
- H.F. the Chief of Medical Staff;
- ~~I. the Chair of the Medical Staff Credentials Committee;~~
- ~~J. the Chair of the Medical Staff By-Laws Committee;~~

Directors or other staff members may be authorized for direct and immediate access to District legal counsel provided they are acting at the specific request or direction of an individual occupying any of the positions indicated above.

Individuals authorized for direct and immediate access to Medical Staff legal counsel are limited to:

- A. any member of the District Board of Directors;
- B. the Chief Executive Officer;
- C. any Medical Staff Officer;
- D. the Chair of the Medical Staff Credentials Committee;
- E. the Director of Medical Staff Services

Other staff members may be authorized for direct and immediate access to Medical Staff legal counsel provided they are acting at the specific request or direction of an individual occupying any of the positions indicated above.

Prior to payment of medical staff's legal counsel's invoice for services rendered, the invoice shall be reviewed and approved by Kaweah Health's CMO/CQO.

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Policy Number: BOD1	Date Created: 09/08/2004; Amended 06/07/24
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 09/06/202306/26/24
Approvers: Board of Directors (Administration)	
Orientation of a New Board Member	

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

PURPOSE: To acquaint newly-elected or appointed directors with Board policies and procedures and the fundamental organizational, physical, and operational aspects of the District.

POLICY: The Board of Directors, the Chief Executive Officer, and Kaweah Delta Health Care District dba Kaweah Health staff shall assist each new member-electee or appointee to understand the Board's functions, policies, and procedures upon taking office.

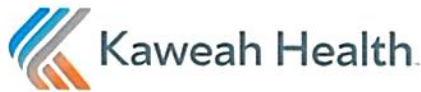
PROCEDURE:

- I. The Board member shall be given and will review the following materials with the Board President related to carrying out the duties of a Kaweah Delta Health Care District Board of Directors member including the following:
 - A. Board of Directors Bylaws
 - B. Board of Directors Policies
 - C. Board of Directors member listing including terms of office
 - D. Board Committee Structure
 - E. Board minutes for the past year
 - F. District Conflict of Interest Policy including Statement of Economic Interest (Form 700) to be completed upon taking office.
 - G. Brown Act Guidelines
- II. The Chief Executive Officer shall assist each new Board member in the review of the following materials relevant to District orientation.
 - A. Vision, Mission, and Pillars
 - B. District Goals
 - C. Strategic Plan and Initiatives
 - D. Projects and Priorities
 - E. District's Organization Chart
 - F. Budget for current fiscal year, immediate prior fiscal year and current financial statement. This will be reviewed with the Board member in an education session on the Districts financial statements.
 - G. Continuum of Care
 - H. Kaweah Health Medical Staff Executive Committee member listing

- III. The Chief Executive Officer will coordinate a personal introduction of the new Board member to the Kaweah Health Medical Executive Committee members.
- IV. The Chief Executive Officer will coordinate a tour of all of the District's facilities for the new Board member and meetings with the District's Executive Team members ~~Vice Presidents~~.
- V. Incoming Board members shall be invited to attend Board meetings prior to taking office to become familiar with Board discussions and meeting protocol.
- VI. New Board members will be invited to attend a Governance Institute (GI) Conferences where they will receive materials relative to Board member duties in conjunction with their training at these sessions.
- ~~VI~~.VII. New Board members will attend the "Kaweah Health—A Great Organization" session of a General Employee Orientation meeting at which attendance is required of all new Kaweah Health employees at the start of their employment.
- ~~VII~~.VIII. After elected, a new Board member will be assigned another Board member to serve as a mentor.

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Policy Number: BOD2	Date Created: 09/01/2004; Amended 06/07/24
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 06/26/2409/06/2023
Approvers: Board of Directors (Administration)	
Chief Executive Officer (CEO) Transition	

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

PURPOSE: It is the belief of the Board of Directors of Kaweah Delta Health Care District dba Kaweah Health that the continued proper functioning of the District, the maintenance of the highest quality of patient care and the preservation of the District’s financial integrity require that the District have a pre-established and orderly process for replacement of the CEO, in the event of the CEO’s death, disability or termination of his/her employment relationship with the District.

Accordingly the Board adopts the following policy.

POLICY:

I. **Temporary Succession of CEO when unable to perform duties.** In the event the CEO becomes unable to perform his/her duties as the result of death or the sudden onset of disability, or in the event the Board decides to immediately terminate the District’s employment relationship with the CEO, the Chief Operating Nursing Officer shall immediately assume those responsibilities pending further action of the Board Of Directors. In the event the Chief Operating Nursing Officer is unable to immediately assume those responsibilities because of death, disability or vacancy in the position of Chief Operating Nursing Officer, then the Chief Nursing Financial Officer shall immediately assume those responsibilities pending further action of the Board of Directors.

In the event the CEO is temporarily unable to perform his/her duties due to vacation; out-of-town meetings, out-of-town conferences, short-term illness, etc., the Administrator-on-Call (an Executive Team member) shall serve as the acting CEO while the CEO is away. The Board President shall be informed of CEO absences and the assignment of an acting CEO by the Board Clerk.

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- II. **Death of the CEO** - In the event of the CEO’s death, the Board shall immediately commence the process for hiring a new CEO.
- III. **Temporary Disability of the CEO** - If the disability of the CEO is temporary, as determined by Board in the reasonable exercise of its discretion, after reviewing appropriate medical information, the CEO shall again assume the duties of CEO as soon as he/she is able.
- IV. **Permanent Disability of the CEO** - If the disability of the CEO is permanent (i.e. will extend for 6 months or more) and prevents the CEO from performing his/her duties, as

determined by the Board in the reasonable exercise of its discretion, after reviewing appropriate medical information, the Board may terminate the CEO's contract, in accordance with the contract provisions, and commence the process for hiring a new CEO.

- V. **Voluntary termination of the CEO's employment contract** - If the CEO advises the Board of his/her intention to voluntarily end his/her employment relationship with the District, or if the Board makes a decision to terminate the CEO's contract or a decision not to renew the CEO's contract at the expiration of its term, the Board shall commence the process for hiring a new CEO expeditiously so as to minimize, or avoid if possible, the time during which there would be no CEO under contract with the District.

VI. **Involuntary Termination of the CEO**

~~A. **Basis.**—During the term of his/her contract, the CEO's employment may be terminated by the Board if the CEO fails to properly carry out the responsibilities of the CEO, if the CEO engages in conduct which reflects poorly on the District, if the CEO engages in conduct which is criminal or which involves moral turpitude, or if, for any other reason, the Board loses confidence in the CEO's ability to properly discharge the duties of CEO.~~

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~~B. **Interim Suspension.**—In the event the Board makes a preliminary determination to terminate the employment of the CEO, the Board shall have the right, in the exercise of its discretion, to immediately suspend all or any part of the responsibilities of the CEO, pending the outcome of the hearing described in Subparagraph 3 below.~~

~~C. **Confirmatory Hearing.**—If the Board makes a decision to terminate the employment of the CEO, the CEO shall have the right, within five (5) days of being advised of the Board's decision, to request, in writing, a hearing on the Board's decision. The written request shall be delivered to the Board President. Failure to request a hearing within that time, and in the manner described, shall be deemed a waiver of the hearing.~~

~~If properly requested, the hearing shall be held within ten (10) days of the CEO's request and shall be conducted before one of the personnel hearing officers appointed by the Board to conduct personnel hearings of District employees. The purpose of the hearing will be to allow the hearing officer to review the evidence relevant to the Board's decision to terminate the employment of the CEO, and to have the hearing officer render an opinion indicating his/her agreement or disagreement with the Board's decision. Each side may be represented by counsel and may offer oral and/or documentary evidence and may cross-examine the witnesses who testify. The strict rules of evidence will not apply. The hearing officer will have the discretion to admit or deny whatever evidence he/she deems appropriate and to give whatever weight he/she deems warranted to the evidence admitted. The hearing officer will render a written opinion within two (2) days of the hearing.~~

~~The decision of the hearing officer is advisory only. Nothing in this policy or in the conduct of the hearing shall be interpreted or deemed to reflect a right in the CEO to continued employment beyond the specific terms of this policy and the CEO's contract.~~

VII. **Hiring of a new CEO**

- A. Recruitment and Search. When it becomes necessary for the Board to replace the CEO, the District will look internally as well as advertising the position widely and/or engage a consultant to assist in the search, in a manner which the Board determines at that time will be effective for attracting qualified candidates. If, however, in the Board's opinion, a qualified candidate (or candidates) are already employed by the District, the Board, at its discretion, may waive the foregoing requirements. The Board may consult with the District's ~~Vice President for~~ Chief Human Resources Officer to acquire information on processes available for advertising the position or for engaging a consultant to assist in the search for a new CEO. At the time of the search, the Board will establish criteria for selecting its new CEO.
- B. Interviews of Prospective CEO Candidates. Interviews of prospective CEO candidates will be done by the entire Board. The Board will determine in the exercise of its discretion if individuals other than elected Board members will participate in the actual CEO candidate interviews. In the course of evaluating potential candidates, the Board will consult with the ~~Chief President~~ of the District's Medical Staff and ask him/her to make recommendations to the Board on the candidates under consideration.
- C. CEO Contract. The CEO shall be employed for a definite period of time pursuant to a written contract which sets forth the specific terms of the CEO's employment, including the compensation and other consideration to be paid, the term of the agreement, a detailed description of the duties of the CEO, the specific criteria to be used by the Board to evaluate the CEO's performance, and the bases upon which the contract can be terminated by either the Board or the CEO. The contract shall require the CEO to provide at least six (6) months' notice of the CEO's voluntary termination of the contract.

It is the policy of the District to compensate the CEO in a manner that is appropriately competitive in the marketplace, taking into consideration, among other things, the compensation paid to CEOs of similar sized California and U.S. hospitals. Accordingly, the Board will review surveys of salaries paid to CEOs of California and U.S. hospitals as part of the process of setting the CEO's compensation. The Board may consult with the District's ~~Vice President for~~ Chief Human Resources Officer to acquire information on available survey information.

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Policy Number: BOD3	Date Created: 11/02/1999; Amended 06/07/24
Document Owner: Kelsie Davis (Board Clerk/Executive Assistant to CEO)	Date Approved: 09/06/2023 06/26/24
Approvers: Board of Directors (Administration)	
Chief Executive Officer (CEO) Criteria	

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

The Board has determined that the criteria to be used in the selection of the Chief Executive Officer will be as follows:

I. Education

- A. A graduate degree in healthcare management is required. Such degree could be from a variety of graduate schools such as a business school, a school of public health, school of public administration or a school with an interdisciplinary program. An equivalency to a graduate degree in health administration will be considered if the candidate has a bachelor's ~~degree with professional certification~~ and a minimum of ten five years' experience in an executive leadership position in a hospital or healthcare system.
- B. The prospective candidate should be a Fellow in the American College of Healthcare Executives (ACHE) or a member committed to advancement in this professional organization. If the prospective candidate is ineligible to be a Fellow due to the lack of a graduate degree, the prospective candidate should be an active member in the ACHE.
- C. The candidate should possess business ability and financial acumen that has been demonstrated in past executive management or leadership positions. The candidate in this regard should be familiar with business proformas, budgets, financial statements, and decision-making tools.
- D. The candidate should demonstrate a social conscience in terms of specific activities, which relates to development or implementation of services related to the improvement of health or the quality of life in the population being served.

II. Spirit of Service

- A. The candidate should have values that are patient centered and compatible with the values of the District.
- B. The candidate should demonstrate skills and competency in the requirements of leadership and organizational development.
- C. The candidate should possess imagination and creativity and should show results which demonstrate this characteristic.
- D. The candidate should have initiative and be able to work independently and without supervision to carry out the policies of the Board and the strategic plan of the District.

- E. The candidate must possess executive ability, which involves maintaining a sound organization that has both human and fiscal resources necessary to carry out the Mission of the District.
- F. The candidate should have a track record of diplomacy and effectiveness in dealing with a wide variety of constituents and a record of being successful in handling difficult and complex situations.

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

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POLICY: Suits for money or damages filed against a public entity such as Kaweah Delta Health Care District dba Kaweah Health are regulated by statutes contained in division 3.6 of the California Government Code, commonly referred to as the Government Claims Act. Government Code § 905 requires the presentation of all claims for money or damages against local public entities such as Kaweah Health, subject to certain exceptions. Claims for personal injury and property damages must be presented within six (6) months after accrual; all other claims must be presented within one (1) year.

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

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

This policy is intended to precisely identify those individuals who may receive claims on behalf of Kaweah Health and those individuals who may receive a summons and complaint on behalf of Kaweah Health.

PROCEDURE:

- I. **Presentation of a Government Claim**

- A. Receipt of Personal Delivery. Only the Board Clerk, the Board Secretary, or the Auditor are authorized to receive delivery of a ~~G~~government ~~c~~Claim on behalf of Kaweah Health. In the absence of the Board Clerk, the Board Secretary, ~~and~~ the Auditor, the Executive Assistant to the Chief Nursing Officer ~~Vice President, Chief Compliance and Risk Officer. In the absence of the Board Clerk the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer~~ is authorized to receive personal delivery of a government claim on behalf of Kaweah Health. No other individual is authorized to receive delivery of a ~~g~~Government ~~c~~Claim on behalf of Kaweah Health.
- B. Mailing. Only the Board Clerk, the Board Secretary, or the Auditor are authorized to receive mailing of a ~~g~~Government ~~c~~Claim on behalf of Kaweah Health. In the absence of the Board Clerk, the Board Secretary, or the Auditor, the Executive Assistant to the Chief Nursing Officer is authorized to receive mailed delivery of a government claim on behalf of Kaweah Health. No other individual is authorized to receive mailing of a ~~g~~Government ~~c~~Claim on behalf of Kaweah Health, unless the claim is addressed to the Board of Directors and mailed to the Board of Directors of Kaweah Health at 400 West Mineral King Avenue, Visalia, CA, 93291, the principal office of the Board of Directors.
- C. Processing a Presented Claim. The Board Clerk shall record the date/time and manner of receipt of claim in a log to be maintained in the Board Clerk's office. If a claim is (1) delivered to the Board Clerk, the Board Secretary, or the Auditor. In the absence of the Board Clerk, the Board Secretary, and the District's Auditor, the Vice President, Chief Compliance and Risk Officer, the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer is authorized to receive personal delivery of a government claim on behalf of the District; or (2) received in the mail addressed to the Board Clerk, the Board Secretary, or the Auditor; or (3) received in the mail addressed to the Board of Directors of Kaweah Health at 400 West Mineral King Avenue, Visalia, CA, 93291, the claim shall be immediately provided to the Board Clerk, in the Board Clerks absence the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer shall so the date, time and manner of delivery/ mailing can be recorded by the Board Clerk in a log to be maintained in the Board Clerk's office. The Board Clerk shall then make prompt arrangements to have a copy of the claim, as well as the log information for the claim, provided to the Kaweah Health Risk Management Department, ~~and to the legal counsel for Kaweah Health who will be representing Kaweah Health with respect to the claim.~~ In the event that a claim is accepted by the Auditor or the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer, in the absence of the Board Clerk, the claim shall be marked with the date/time and manner of delivery/ mailing in a log maintained in the Board Clerk's office. ~~recorded.~~ The claim shall be immediately forwarded to the Risk Management Department to be processed, ~~as noted above.~~

If personal delivery of a claim is attempted on any individual other than the Board Clerk (in the absence of the Board Clerk - the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer), the

Board Secretary, or the Auditor, then the person attempting delivery shall be advised by the individual on whom delivery of a claim is being attempted that he/she is not authorized to receive delivery of a claim on behalf of Kaweah Health and he/she shall decline to accept delivery. If a claim is delivered to any individual other than the Board Clerk, the Board Secretary, or the Auditor, (in the absence of the Board Clerk - the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer)~~Board Clerk, the Board Secretary, or the Auditor,~~ then the claim shall be promptly forwarded directly to the Risk Management Department who will consult with Kaweah Health's general counsel for possible return to the sender.~~Kaweah Health's general counsel for possible return to the sender.~~ The ~~general~~ counsel shall advise Kaweah Health's the District's Risk Management Department of the handling of the improperly presented claim.

~~If a claim is received in the mail that is not addressed to the Board Clerk, the Board Secretary, or the Auditor and is not addressed to the Board of Directors of the District at 400 West Mineral King Avenue, Visalia, CA, 93291, then the claim shall be promptly forwarded directly to Kaweah Delta's general counsel for possible return to the sender. Kaweah Delta's general counsel shall advise the Risk Management Department of the handling of the improperly presented claim.~~

II. Service of Summons and Complaint.

- A. Personal Delivery. Only the Board Clerk, the Board Secretary or the Board President is authorized to accept delivery of a summons and complaint on behalf of Kaweah Health. ~~In (in the absence of the Board Clerk, the Board Secretary, or the Board President, the Chief Compliance and Risk Management Officer, and the the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer)~~Board Clerk, the Board Secretary or the Board President is are authorized to accept delivery of a summons and complaint on behalf of Kaweah Health. Delta. In the absence of the Board Clerk, the Board Secretary, or the Board President, the Chief Compliance and Risk Management Officer and the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer, ~~is~~ authorized to receive personal delivery of a Summons and Complaint on behalf of Kaweah Delta. ~~In the absence of the Board Clerk, Board Secretary, Board President and the Chief Compliance and Risk Management Officer, the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer~~ the Administration Department staff will contact Kaweah Health's Delta's general counsel who will advise how to proceed with the service of the summons and complaint. No other individual, and no other manner of service, is authorized in the absence of a court order or a specific authorization from the Board President, who is granted limited authority as described in this policy.
- B. Processing a Delivered Summons and Complaint. If a summons and complaint are delivered to the Board Clerk, the Board Secretary or the Board President, the Board Clerk shall log the date/time and manner of delivery in a log to be maintained in the Board Clerk's office. ~~they shall be immediately provided to the~~

~~Board Clerk so the date, time and manner of delivery can be recorded by the Board Clerk in a log to be maintained in the Board Clerk's office.~~ In the absence of the Board Clerk, the Board Secretary, or the Board President, ~~the Vice President, the Chief Compliance & Risk Management Officer or the Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer)~~ shall log the date/time and manner of delivery in a log to be maintained in the Board Clerk's office. ~~is authorized to receive personal delivery of a Summons and Complaint on behalf of the District.~~ The Board Clerk shall then make prompt arrangements to have a copy of the summons and complaint, as well as the log information for the summons and complaint, ~~provided to the~~ forwarded to the Risk Management Department, ~~and to the legal counsel for Kaweah Health who will be representing Kaweah Health with respect to the litigation.~~

If service of a summons and complaint is attempted on any individual other than the ~~Board Clerk (in the absence of the Board Clerk - the Chief Compliance and Risk Management Officer or Executive Assistant to the Chief Operating Officer or the Executive Assistant to the Chief Nursing Officer)~~ Board Clerk, the Board Secretary or the Board President, then the person attempting delivery shall be advised by the individual on whom delivery is being attempted that he/she is not authorized to accept service of a summons and complaint on behalf of Kaweah Health and he/she shall decline to accept service.

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

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

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Policy Number: HR.49	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 2/28/2024
Approvers: Board of Directors (Administration)	
Education Assistance <ul style="list-style-type: none"> - Tuition, Books and Fees Reimbursement or Loan Repayment - Educational Programs and Compensation - Continuing Education and Conferences - Professional Certification Fee Reimbursement and Awards 	

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

POLICY:

Kaweah Health recognizes the importance of growth and development of all employees to improve work performance and increase job knowledge and skill. As an employee benefit and in support of the recruitment and retention of qualified employees, Kaweah Health offers a number of programs and opportunities as described in this policy.

Certain amounts reimbursed up to \$5,250 in a calendar year received under this Educational Assistance program are excluded from wages and other compensation. Monies are reimbursed without being subject to taxes. These programs include reimbursement for tuition, books and fees and for fees related to obtaining certifications. Loan Repayment is currently excluded from wages through 12/31/2025 due to the CARES Act. Employees are responsible to ensure their annual tax withholdings and disclosures are appropriate.

Education Assistance - Tuition, Books and Fees Reimbursement or Loan Repayment

Full-time and part-time employees may apply for reimbursement of tuition, books and fees or loan repayment for educational programs applicable to positions at Kaweah Health. An employee must have completed 2080 hours (1872 hours for 12-hour shift employees) of active employment and have received at least one performance evaluation before submitting a request for Tuition, Books, and Fees or Loan Repayment. Employees who have received a performance evaluation below an overall “Successful” rating or a Level II or III Performance Correction Notice within the prior 12 months are not eligible for that year, even if they had been previously eligible. If performance in a subsequent year meets expectations and there are no Performance Correction Notices, the employee is eligible again for reimbursement or loan repayment. No retroactive payments will be made; the lifetime amounts remain the same as long as eligibility and all requirements are met.

Lifetime maximum amounts for reimbursement or outstanding student loan repayments combined for each degree:

- Up to \$2,500 for Associates Degree or educational programs leading to a certification required for a position at Kaweah Health.
- Up to \$10,000 for a Baccalaureate Degrees, limited to \$2,500 per calendar year. Payments are made over four or more years if employee remains employed in an active full-time or part-time-benefitted status.
- Up to \$15,000 for a Masters' Degree, limited to \$5,000 per calendar year. Payments are made over three or more years if employee remains employed in an active full-time or part-time-benefitted status. If receiving reimbursement for a Baccalaureate Degree, reimbursable monies for a Master's Degree will begin once the Baccalaureate Degree reimbursement is completed.
- Up to \$20,000 for Doctoral Degree (Pharmacy, Physical Therapy and Nursing Director or Manager, DNP or PhD in Nursing, or RN with BSN in a program for Nurse Practitioner that requires DNP), limited to \$5,000 per calendar year. Payments are made over four years if employee remains employed in an active full-time or part-time-benefitted status.

If receiving reimbursement for a Bachelors' or Masters' Degree, reimbursable monies for a Doctoral Degree will begin once the Masters' Degree reimbursement is completed.

For all reimbursements or loan repayments, employees are required to exhaust all school, program, federal or state grant, scholarship and loan repayment opportunities offered prior to submitting a Reimbursement Form or Loan Repayment Form to Kaweah Health. These include, but are not limited to:

- Nurse Corps
- Health Professions Education Foundation
- CSLRP Loan Repayment Program only applicable to certain approved [specialties](#) and must be Primary Care
- Public Service Loan Forgiveness

In no case will an employee receive more than \$5,000 in a calendar year.

An employee may request pre-approval for the Tuition Reimbursement portion of this policy. If so, the employee must submit the form two weeks prior to the beginning of class or the program. A letter of approval/disapproval will be sent to the employee. If pre-approval is granted, all conditions of successful completion of the class or program must still be achieved to remain eligible for reimbursement.

Reimbursement or Loan Repayment Forms are due upon course completion or annually each year following the successful completion of the performance evaluation.

The Reimbursement Form and original receipts as well as grades verifying course completion must be submitted to Human Resources. A grade of C or better in graded courses and/or a grade of "Credit" in a Credit/No Credit course indicates successful completion. For loan repayment, a current outstanding educational loan statement must be attached to the application. If prior loan repayments have been issued, at least 2/3 of the

monies received from Kaweah Health must show as a credit on the statement for the prior period. If not, there is no payment for the current year. The employee may reapply in future years providing evidence of loan payments.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Chief Officer for Directors submitting for reimbursement, and the designated Human Resources Director.

Kaweah Health Sponsored Programs

Kaweah Health has partnership agreements in place with several school programs for difficult to fill positions. Kaweah Health employees selected for sponsorship are subject to the details of the applicable program agreement.

Terms and Conditions

Nothing in this policy shall be construed to bind either Kaweah Health or the employee to any period of employment with the other. Each party recognizes that employment is terminable at the will of either party.

Class attendance and completion of study assignments will be accomplished outside of the employee's regularly scheduled working hours. It is expected that educational activities will not interfere with the employee's work.

EDUCATIONAL PROGRAMS AND COMPENSATION

Kaweah Health provides various educational programs and opportunities for employees including but not limited to formal hospital/departmental/unit specific orientation, annual requirements, in-services related to new equipment or procedures, maintenance of certifications as required for identified positions, and staff meetings. Appropriate compensation will be provided in accordance with regulatory and Kaweah Health established guidelines.

Mandatory Education

- Programs may be designed as mandatory by Kaweah Health, a Chief Officer, a Director or a Manager. These programs may be offered during scheduled working hours or outside of scheduled working hours.
- Mandatory programs such as meetings, courses, and orientations will be compensated by Kaweah Health. Education hours will be considered productive time and as such will be paid in compliance with applicable wage and labor regulations and policy and are subject to adherence to the policies and procedures that govern productive time, i.e. – dress code, attendance, etc. (Refer to Policies HR.184—Attendance and Punctuality, HR.197 Dress Code - Professional Appearance Guidelines.)
- Courses may consist of instructor led training, computer based learning/testing, or blended learning defined as computer based learning followed by instructor led discussion or skills testing.

- With the exception of illness, approved absence or scheduled vacation, all employees must attend mandatory meetings. Reasonable notice is to be provided to employees of upcoming mandatory meetings. If the employee is unable to attend, he/she should request an absence. An employee who is unable to attend may be required to read and initial the meeting minutes or attend an additional meeting or program.
- Employees are to give advanced notice for cancellation of any class or program in which they are enrolled, whether voluntary or mandatory. Advanced notice for cancellation is defined as the following:
 1. If class is on Tuesday through Friday, cancel the day before by 8:00am. EXAMPLE: Class is Wednesday at noon- must cancel before Tuesday 8:00 am.
 2. If class is on Monday, cancel prior to 23:59 on Saturday Attendance & Punctuality
 3. Classes need to be cancelled through our Learning Management System (LMS)
 4. If the employee cannot cancel in our LMS or they are past the defined time for advanced notice, the employee must contact their manager via phone or email letting them know they cannot attend.
 5. Employees must be on time.
 6. Failure to give advance notice may count as an occurrence under the Attendance Policy HR.184. Refer to Progressive Discipline policy HR 216.
- Assignment to attend during regular work hours will be made at the discretion of the department leader. Any deviations from mandatory attendance will be made at the discretion of the department leader.

COMPENSATION FOR KAWEAH HEALTH ASSIGNED JOB REQUIREMENTS

Employees who participate in courses will be paid for such time if the course is required for their position or they have obtained manager approval prior to participating in the course.

- Courses should be scheduled on non-work days and overtime should be avoided to the extent possible.
- If the course is offered at Kaweah Health, no reimbursement will be provided for programs taken elsewhere unless manager approval is obtained prior to attending an outside course.
- Instructor led training will be paid for actual time spent in the classroom. Staff who arrive late or unprepared will not be allowed to participate in the course and will not be paid for the attempt to

participate.

- Computer based courses/testing completed onsite will be paid for actual time spent completing the course/test. Computer based courses/testing completed off-site will be paid based on a predetermined amount of time. Fees charged to access online courses will not be reimbursed unless management approval is obtained prior to purchasing the course.
- Time spent by employees attending training programs, lectures and meetings are not counted as hours worked if attendance is voluntary on the part of the employee or the course is not related to the employee’s job.

Employees must use the current time keeping system to record actual time for ~~instructor led training and previously established hours for online~~ training in order to receive compensation for education hours.

Established compensation for successful completion of online training includes but is not limited to the following:

Online Training	Hours Paid <u>Expected (Record Actual Time)</u>
HeartCode BLS	3
ACLS/PALS required pre-course self-assessment	2
NRP	4
STABLE	2
NDNQI Pressure Ulcer Training	1 (per module/max 4 modules)
NIHSS Stroke Certification	4
Off Duty completion of performance evaluation – self evaluation	1
Off Duty completion of NetLearning Modules/Testing	Variable based on module length, TBD prior to module release
Completion of Peer Evaluations	Not eligible – Must be done on duty

CONTINUING EDUCATION AND CONFERENCES

With the assistance of Human Resources and Clinical Education, department leaders plan, develop, and present educational offerings to Kaweah Health employees on a continuous and on-going basis. Continuing education includes all forms of job-related training, whether offered by Kaweah Health or by an outside organization.

Many different methods are utilized for staff education such as formal continuing education classes, in-services, web-based education, one-on-one instruction, teleconferences, self- learning modules, and conferences.

Reference materials for staff education are available within their respective departments, Kaweah Health Library, KDCentral and/or KNet and resources online.

Types of educational offerings are determined as a result of Performance Improvement and Risk Management activities, new and changing technology, therapeutic and pharmacological intervention, regulatory and accreditation bodies, and identified or stated learning needs of employees.

Continuing education events may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid. If a program is voluntary, any payment or reimbursement of expenses and time for attendance will be determined by the department leader.

Conferences

A department may budget for short-term conference or seminar-type trainings for employees. It is the responsibility of the employee to complete the Travel Reimbursement Form and secure approval in advance of the training for all anticipated expenses, including approval for the hours to attend and whether hours in attendance will be paid. Conferences may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid.

Refer to AP19 Travel, Per Diem and Other Employee Reimbursements

PROFESSIONAL CERTIFICATION FEE REIMBURSEMENT AND AWARDS

As determined by the area Chief Officer, pre-approved professional certification fees are available to full-time and part-time employees attaining and/or maintaining professional certification(s) in their vocational area.

Employees must have successfully completed six months of employment to be eligible for this reimbursement or awards.

Professional Certification Criteria: To be reimbursed for examination fees and to qualify for the monetary award, the professional certification attained by the employee must:

- Not be a requirement for the staff members job code;
- Be sponsored by a national professional organization
- Involve an initial written examination that is available nationally and tests a professional body of knowledge (i.e., not technical such as ACLS, BCLS, etc.);
- Specify a defined recertification interval

Professional Certification Exclusions: Certification necessary as a condition of employment or as a minimum requirement for the position in which the employee is employed with Kaweah Health is not eligible under this program.

Employees may request reimbursement for exam and renewal fees associated with the examination up to a maximum of \$250; the maximum an employee may receive for all exam and renewal fees under this program is \$250 per calendar year. These fees are not taxable as long as the annual maximum received in reimbursement for tuition, books, and fees and Loan Repayment is under \$5,250. Expenses ~~which~~ that are not eligible for reimbursement, include but are not limited to travel, food, and lodging. The continuing education costs themselves and renewal fees without an exam or continuing education requirement are not eligible. Reimbursements must be submitted to Human Resources within 30 days of obtaining certification.

Reimbursement monies will be included ~~on~~ in the employee's next paycheck.

Employees receiving an initial certification or renewal are eligible for a monetary award in recognition of their accomplishment. Full-time and part-time employees will receive an award of \$500. The maximum amount of award per calendar year is \$500. Award monies are taxable in accordance with employee exemptions on file.

Employees requesting reimbursement for examination or renewal fees and/or a monetary award may request the appropriate form through Human Resources.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Chief Officer for Directors submitting for reimbursement, and the Director of Human Resources.

Any exceptions to this policy must be approved by the Chief Human Resources Officer.

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Policy Number: HR.131	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/26/2022
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Employee Recognition and Acknowledgment Programs	

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

POLICY:

Kaweah Health values competent and caring employees and maintains programs for recognizing excellent performance and achievement through the use of rewards and recognition. The organization has a number of employee recognition programs and incentives based on goals and objectives and these may be changed or discontinued at any time.

Taxability of Rewards and Recognition:

All employee recognition and rewards must be processed through Human Resources. The appropriate payroll taxes will be withheld through payroll during the normal bi-weekly payroll cycle for employees receiving rewards as follows:

- a. Cash and gift cards (combined amount of \$25 or more per day)
- b. Non-cash items given to or won by an individual in excess of ~~\$75400~~ (the entire value is taxable; not just the amount over ~~\$75400~~)

Non-Taxable:

De Minimis fringe benefits.

- a. occasional snacks or meals provided to a department or area
- b. holiday gifts, other than cash, with a low fair market value
- c. occasional movie tickets or small event tickets

Types of Recognition:

- II. Job Well Done ~~—Taxable (cash equivalent award of \$25 or more)~~

Budgeted funds used by departments for recognizing exemplary performance. Goods and services purchased for the benefit of employees and staff appreciation must be within preapproved budget fund limits.

- a. Employee may redeem voucher at the location listed in the top right corner Kaweah Corner.
- ~~b. Once voucher is given to an employee redeemed,~~ gift cards or gift certificates with a value of
- b. \$25 or more in aggregate, will be included as income on the employee's next paycheck and regular income taxes will apply.

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III. Employee of the Month ~~—Taxable (cash equivalent award of \$25 or more)~~

A monthly employee service excellence award wherein selected employees are awarded a monetary gift and recognized by the Board of Directors for their outstanding performance.

- a. The winner receives a packet that may include gift cards and/or gift certificates. The value of these will be grossed up to the ~~recipients~~recipient's current tax exemptions to allow for the recipient to receive the net reward.

IV. Kaweah Care ~~—Non Taxable (cash equivalent award of \$15)~~

Recognition of fellow employees who have exemplified Kaweah Care Values. A monthly drawing is held with five individuals recognized.

- a. Employees are nominated by fellow employees via ~~paper application~~ or the District Daily Kaweah Compass.
- b. Human Resources selects five random monthly winners.
- c. Winners receive \$~~10~~5 in gift cards.

V. Wellness

There are various Organization-wide events or incentives that present employees with awards, prizes, raffles, etc.

VI. Service Awards

Longevity is awarded through the Service Awards program recognizing Employees' service to the Organization.

- a. All employees are eligible for and will be presented service awards pins upon completion of five (5) years thereafter.
- b. Service awards and gifts are presented ~~bi-annually~~ for employees who meet those anniversary dates during the year (15 or more years of service).
- c. The Human Resources Department is responsible for determining and identifying those employees to be honored and for ordering and ensuring the arrival of service awards prior to the presentation date.

VII. Departmental Programs

Organization-wide or departmental programs where selected employees are presented with various types of awards for outstanding performance.

Individual divisions and/or departments of the Organization are encouraged to develop and maintain award programs recognizing outstanding performance. Awards, including, dinner certificates, gift certificates, award certificates, movie tickets, etc. may be presented to the selected employees on a quarterly and/or annual basis.

In addition, the Organization promotes special recognition programs by which employees can recognize co-workers special contributions or outstanding work.

VIII. Retirement Recognition

The Organization observes the retirement of its employees. The manager of the retiring employee, with the assistance of Human Resources, coordinates the observance, which is to be held within the department of the retiree.

- a. A reception or recognition may be held for an employee with 10 or more years of service, and at least 62 years of age, retiring from the Organization (not leaving for another position) with the ~~employees~~employee's agreement.
- b. If a reception is planned, management is responsible for arranging a room, making catering arrangements ~~with Dietary Services~~, issuing appropriate invitations and serving as host or hostess.
- c. An Organization ~~provided~~ tangible gift may be given by management based on \$10 for each year of service by the employee. Management will need to request the tangible gift from HR. (NO GIFT CARDS, GIFT CERTIFICATES)
- d. HR will prepare a Board Resolution Plaque and the retiring employee will be invited to a Kaweah Health Board Meeting for presentation. If the employee chooses not to attend, the plaque will be mailed to the employee's home address.

IX. Service Recognition upon Voluntary Resignation (not retiring)

- a. Upon voluntary resignation, an employee with 25 years' of service or more will qualify for a Board Resolution Plaque and the employee will be invited to a Kaweah ~~Health-Delta~~ Board Meeting for presentation. If the employee chooses not to attend, the plaque will be mailed to the employee's home address.

Employees may be excluded from participating in any of these programs if they are on a Leave of Absence of any duration.

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Human Resources

Policy Number: HR.197	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/25/2023
Approvers: Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Dress Code - Professional Appearance Guidelines	

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

POLICY:

The professional appearance and conduct of our employees and contract staff are important parts of the experience for patients, their families, and visitors in clinical and non-clinical areas. Dress and behavioral guidelines help Kaweah Health employees and contract staff with expectations concerning appearance and conduct. This helps to ensure that our patients feel welcomed, respected, comfortable, and safe. This policy provides expectations and guidelines for dress and personal appearance for employees, contract staff, and other individuals working at Kaweah Health as well as while off duty. _

Kaweah Health observes religious dress and grooming practices including wearing religious clothing or articles (e.g., a headscarf, turban); observing a religious prohibition against wearing certain garments (e.g., woman’s practice of not wearing pants or skirts), or adhering to shaving or hair length observances, (e.g., uncut hair and beard, dreadlocks, or sidelocks).

PROCEDURE:

All individuals working at Kaweah Health affect the overall image of patients, visitors, and the community. In as much addition, individuals are required to present a professional healthcare appearance and dress according to the requirements of this policy as well as adhere to their department-specific or job-specific dress standards.

Kaweah Health has established the following criteria for personal appearance. These criteria are for meeting our customers’ and the community’s expectations and the image of what they expect of healthcare providers and administrative department personnel.

The following applies while at work and not at work if wearing any article that indicates “Kaweah Health,” or Kaweah Health ID badge:

- a. Employees and contract staff are required to wear the official Kaweah Health ID badge at all times while on duty. The ID badge must be worn so that the picture and name can be seen and must be chest high or above. No marks, stickers (other than flu vaccine compliance), etc., or membership pins may be on the badge; it must include a current picture and not be faded or worn). Kaweah Health recognition pins may be attached to the

badge extender. If an employee or contract staff member is visiting Kaweah Health while not on duty, they are not to wear their ID badge, nor represent that they are on duty; they may not perform any work. At the option of an employee, the badge may include only the first name and initial of last name.

- b. Attire must be neat, clean, appropriately fitting, matched, and coordinated and have a professional or business-like appearance. Scrubs must be appropriately fitting as well, neither too large nor too tight; pants may not touch the ground. Scrub leggings are not permitted. ~~s-or~~ Scrub jackets branded with another organization's name or logo (including health care or a hospital) are prohibited.
1. Revealing clothing (such as see-through or showing cleavage), dresses, and skirts must not be shorter than three (3) inches above the knee. ~~s~~ Sun-dresses, inappropriate length dresses or mini-skirts, bare-back dresses, halter tops, tank tops, t-shirts, any denim color or denim appearing material, leggings, scrub leggings, unprofessional casual Capri pants with strings or cargo pockets, shorts or walking-shorts, army fatigue-print clothing are some examples of inappropriate attire. T-Shirts/Tops that expose chest hair are not allowed. Sleeveless attire is appropriate as long as it is business professional. "Hoodies" or hooded jackets of any kind are not permitted; team jackets are to be approved by a manager.
2. Those employees who work in departments that are exposed to the outside elements may wear hats while outside.
3. Tattoos may be visible if the images or words do not convey violence, discrimination, profanity, or sexually explicit content. Tattoos containing such messages must be covered with bandages, clothing, or cosmetics. Kaweah Health reserves the right to judge the appearance of visible tattoos. However, tattoos that are visible on the front neck area above the collar line and the face must be covered.
4. Hickeys can be considered offensive, unprofessional, and distracting in nature, and must be covered by clothing or Band-Aids.
5. Excessive jewelry and watches that may affect safe patient care or violate infection control standards, multiple ear piercings, or body piercings (~~except for a pin-size nose adornment~~) are not allowed. Ear expanders must be plugged with a flesh color plug. Only pin-size nose adornment and/or small nose rings/hoops are acceptable.
6. Shoes are to be worn as appropriate for the position and must be clean, in good repair, and meet the safety and noise abatement requirements of Kaweah Health environment. Open-toed shoes may not be worn in patient care areas by those providing direct patient care. Socks are to be worn as appropriate for the position, (i.e. with Croc-type shoes that have holes). Closed-toe shoes are required in the patient care areas and other areas in which safety requires closed-toe shoes. Casual type T-~~h~~ong, flip-flops, and locker room sandals (even with back straps) are not acceptable. Dressy type

~~Ssandals~~ sandals or open-toed shoes with a back strap are acceptable when safety does not dictate otherwise. Tennis shoes are appropriate if they apply to the position. High heels greater than three (3) inches, wedges, and platform shoes are not safe in our work environment at Kaweah Health and may not be worn.

7. Hair is to be kept neat and clean, and may not be of abnormal color (purple, pink, unusual reds, etc.); extreme trends such as Mohawks (completely shaved but for hair down the middle of the head) are not permitted. Employees with long hair who have direct patient contact or work with food or machinery must have their hair pinned up off the shoulders, secured at the nape of the neck, or secured in a hair net. Traits historically associated with race or, including religion including, but not limited to, hair length, hair texture, and protective hairstyles, defined as braids, locks, and twists are allowed and must be secured. Beards, mustaches, and sideburns must be clean and neat at all times.
8. Kaweah Health is fragrance-free due to allergies that present themselves with colognes, perfumes, aftershave lotions, hand lotions, etc. Body odor, smell of cigarette/e- cigarette/tobacco smoke, or excessive makeup are examples of unacceptable personal grooming.
9. Fingernails: Employees who have direct contact with patients (those employees who touch patients as a part of their job description) and those indirectly involved in patient care, such as Pharmacy, Housekeeping, Laboratory, and Sterile Processing must comply with the following guidelines. Some departments (i.e. Food and Nutrition Services) may have specific requirements that vary:
 - a. Nails must be kept clean, short, and natural.
 - b. Artificial nails, acrylics, or other artificial materials (including nail jewelry) applied over the nails are prohibited. These are dried grinded nail products (acrylics or gels).
 - c. Nail or Gel Polish is permissible in most areas if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks. Polish is not allowed in Food and Nutrition Services.
 - d. Nails should not be visible when holding the palm side of the hand up.

Non-direct caregivers (those employees without “hands-on” patient contact) must comply, as follows:

- i. Nails (including artificial) must be kept clean and neatly trimmed or filed.
 - ii. Short nail length is defined as the white nail tip no greater than 1/4 inch.
 - iii. Polish is permissible if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks.
10. Employees who are required to wear certain uniform-type attire must comply with the requirements set forth by their department head or Kaweah Health, within the following guidelines: attire limited to a general color of fabric (i.e., dark, solid colors), business style jackets/blazers, white shirts/blouses, and/or black shoes. Any other attire required by Kaweah Health will be

provided to the employee at no cost.

11. Employees attending Kaweah Health staff meetings on Kaweah Health premises may wear casual and appropriate attire. It would be inappropriate to wear shorts, gym-wear, tank tops, or anything similar. Jeans are appropriate as long as they are not frayed and torn. Employees must be modestly dressed. Employees attending on-site classes or other meetings are to wear office-casual attire, scrubs, or street clothes in good taste. Kaweah Health employees and contract staff are not permitted to present in any way that would appear unprofessional to Kaweah Health leadership.
12. Kaweah Health promotes organization-wide events and may allow Kaweah Health provided t-shirts for these days. These are allowed if appropriate for the employees' work environment.
13. Kaweah Health promotes organization-wide events and may allow Kaweah Health to provide t-shirts for these days. These are allowed if appropriate for the employees' work environment. With the exception of specific areas where scrubs are laundered (i.e. Cath Lab, CVOR, OR, NICU, L&D) Kaweah Health does not provide or launder scrubs or uniforms for employees, unless the garments are provided by Kaweah Health and requires dry-cleaning. However, employees who have received a splash of blood or body fluid during the normal course of their job need to change into clothing for protection. Per Standard Precautions, employees are allowed to wear Kaweah Health-provided scrubs or uniforms furnished by Kaweah Health laundry. These are to be returned to Kaweah Health at the next shift worked. Upon arriving at and leaving from work, employees are provided with reasonable paid time to change. An employee may not wear these scrubs to and from Kaweah Health or outside of the hospital unless it is for work-related business (i.e. Employee Health, Human Resources, and Employee Pharmacy) and they must wear a white lab coat over the scrubs. Upon returning to the department, personnel must change into fresh scrubs before returning to the semi-restricted or restricted areas. Refer to Policy SS4000.
14. The responsibility to determine the appropriateness of employee appearance and attire and for enforcing uniform/dress code requirements rests with leadership. For example, the Behavioral Health departments may allow exceptions to this policy as appropriate to their patient care population. Employees who fail to follow personal appearance and hygiene guidelines will be sent home and instructed to return to work in proper form. Under such circumstances, employees will not be compensated for the time away from work.

Employees who violate this policy are subject to progressive discipline per HR.216 Progressive Discipline.

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Policy Number: EOC1019	Date Created: No Date Set
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Manager)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness), Infection Prevention Committee	
Equipment Cleaning and Low/Intermediate Level Disinfection	

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

I Purpose

To describe the methods for cleaning and disinfecting of common areas, and common non-critical and select semi-critical equipment throughout Kaweah Delta Health Care District hereinafter referred to as Kaweah Health (KH) using standards provided by accrediting bodies (TJC, CMS, CDPH, OSHA etc.), relevant associations (e.g. APIC, AORN, AMI) and manufactures' manuals.

Note: The methods of high level disinfection and sterilization are not addressed in this policy.

II Policy

All common areas and common equipment will be cleaned appropriately according to standards provided by accrediting bodies, relevant associations, and the manufactures' manuals/ recommendations. The Equipment Cleaning Table (Table 2) will be used as a reference for all employees to determine the appropriate cleaning and disinfecting techniques.

It is the responsibility of each department to use this document as a template for unique equipment in the department.

III General Cleaning Guidelines

Equipment used by hospital personnel must cleaned immediately before and after patient use. The use of non-wipable (plush) equipment (i.e: stuffed animals) is not permitted. This does not include items brought in by patient for personal use or items that are single patient use.

Equipment should be cleaned employing basic infection prevention techniques. Gross contamination should be removed first. Then using a new, clean cloth or germicidal, wipe clean equipment from clean to dirty areas and from top to bottom. Each cloth or germicidal wipe must be replaced with a clean one after it has been used on a dirty

area and after is has been used to clean an area near the bottom. It is expected that multiple cloths or wipes will be used on a single piece of equipment.

If a tagging (bag and tag) system is used to identify a clean piece of equipment the clean equipment tag will be labeled with the date and time it was cleaned and the initials of the employee responsible for the cleaning. Unit specific methods of identifying clean equipment must follow these same guidelines at a minimum.

Grossly contaminated equipment

When equipment becomes grossly contaminated call EVS for cleaning unless otherwise specified in the Equipment Cleaning Table (Table 2). Exterior surfaces of equipment must be cleaned by the user before being placed in the dirty room.

Definitions

Common Equipment: For the purposes of this policy the Equipment Cleaning Committee has defined common equipment to be included in this policy as equipment that is:

1. Used by more than one department
2. Used at least monthly

Non-Critical Items: Equipment that comes in contact with intact skin but not mucous membranes and soiled environmental surfaces.

Semi-Critical Items: Equipment that comes in contact with mucous membranes or non-intact skin.

Cleaning: The removal of organic and inorganic material from objects and surfaces. This can be accomplished by using detergents or enzymatic products. Thorough cleaning is necessary before disinfection and sterilization because organic and inorganic materials that remain on the surface of instruments interfere with the effectiveness of these processes.

Disinfection: The process that reduces the number of microorganisms (with the exception of bacterial spores) on inanimate objects. This can be accomplished by using hospital approved disinfectant.

Procedure

Using the Patient Care Equipment Low Level Disinfection and Cleaning table (Table 2); locate the area or item that requires cleaning or disinfection. The table is grouped first by General or Patient Care areas then alphabetically. Once the item has been located in the table read horizontally for information regarding: cleaning product, responsible department, frequency and other specific instructions.

Dwell time.

Surfaces are to be cleaned using the hospital approved disinfectant, germicidal wipe or alcohol wipe. Using a clean cloth or wipe remove all gross contaminants such as blood, body fluids or dust from the surface. Using a clean cloth or wipe, thoroughly wet surface and allow item to remain wet for the correct amount of time (Note: Do not allow cleaning solutions to pool inside the equipment). Each cleaning solution has a minimum number of minutes the surface must remain wet with product for disinfection to occur. This is referred to as the either the dwell time, kill time or wet time. The dwell times for cleaning solutions used at KH are listed in Table 1. Multiple cloths may be needed to ensure the minimum wet time is met. Surfaces must be allowed to air dry. Do not attempt to dry surfaces with a dry cloth, fan, by blowing on them or waving them through the air.

Table 1	
Cleaning Product	Dwell Time
PDI Easy Screen Cleaning Wipes	1 minute 1 wet
Super Sani – Cloth germicidal wipe (purple top)	2 minutes wet
CaviWipes germicidal wipe	3 minutes wet
CaviWipes1™ Germicidal wipe	1 minute wet
Alcohol wipe	N/A No dwell time. Surface has been disinfected when alcohol has evaporated off surface.
Oxyvir TB	1 minute dwell. As bactericidal (5 minute dwell as tuberculocidal)
PDI Sani Cloth HB Wipes	10 minutes wet
PDI Sani Cloth AF3 Wipes	3 minutes wet
Virex Plus	3 minutes wet
QT.3	10 minutes wet

Equipment storage.

Clean equipment must be stored in an area that has physical separation from dirty/ contaminated equipment. Clean equipment is to be stored in areas that prevent environmental contamination. Clean equipment is to be stored in an area that is itself clean and dry.

Table 2				
Patient Care Equipment Low Level Disinfection and Cleaning				
Item	Cleaning Product	Responsible Department	Frequency	Other
General Areas				
General Areas: restrooms, countertops, elevators, furniture, televisions, telephones, office equipment, surfaces, meeting rooms and lounges.	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Environmental Services	Daily and as needed.	
Blood and body fluids	Hospital Approved Absorbent material and Hospital Approved Disinfectant.	All staff <i>and</i> EVS	Immediately All staff: Notify EVS and secure the area. EVS: Clean spilled material according to policy IP 1.15.	All health care workers are responsible for notifying housekeeping of a spill and securing the area to prevent spread or exposure to others (see policy IP 1.15).
Carts; general	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	User	As needed.	
Computer Keyboard	Alcohol wipe <i>or</i> Germicidal wipe.	User <i>and</i> Environmental Services	Daily and as needed.	
Computer on Wheels (COW); computer tablet	Hospital Approved Disinfectant <i>or</i> Alcohol wipe <i>or</i> Germicidal wipe.	User <i>and</i> Environmental Services	Daily and as needed and between patient use if taken into patient room.	Do not take COW or tablets into isolation rooms.

Pager	Alcohol wipe	User	Daily and if comes into contact with patient or patient environment.	
Item	Cleaning Product	Responsible Department	Frequency	Other
Phone, Portable	Alcohol wipe	User	Daily and if comes into contact with patient or patient environment.	
Phone, Desk	Hospital Approved Disinfectant <i>or</i> Alcohol wipe <i>or</i> Germicidal wipe.	User	Daily and as needed.	
Storage Unit; supply cabinet	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Environmental Services	Daily and as needed.	Each department is responsible for its own work area.
Storage Bins	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Central Logistics	Weekly	
Patient Care				
Accuvein	Alcohol wipe <i>or</i> Germicidal wipe.	Nursing	Before and Immediately after use and when visibly soiled.	
Bair Hugger Unit; Convective Warmer	Hospital Approved Disinfectant <i>or</i> Germicidal wipe. Disconnect unit from power prior to cleaning. Wipe the cabinet, the temperature controller, and the outside of the hose with a damp, soft cloth and mild solution (hospital approved disinfectant/germicidal wipes). Dry.	Nursing and Aides	Immediately after use and when visibly soiled.	Note: Bair Hugger gowns are single patient use and should be discarded when no longer in use. Do not immerse any part of Bair Hugger in liquid. Do not use a dripping wet cloth or harsh solvents.

Bedpan/ Urinals	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing	As needed between uses. Empty and rinse with water as needed. Clean outside of container with cleaning product as needed.	Single patient item; discard when no longer in use.
Item	Cleaning Product	Responsible Department	Frequency	Other
Bedside Commode	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing <i>and</i> EVS	Nursing: empty and rinse waste receptacle as needed. Disinfect hardware as needed with cleaning solution. EVS: disinfect with cleaning solution before storing.	Before storing inspect commode for areas of breakdown and/or rust.
Bladder Scanner	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing	Immediately after use and when visibly soiled.	
Blood Glucose Monitor; Precision Xceed Pro, Glucometer	Germicidal wipe <i>or</i> Alcohol wipe.	Nursing	Daily and between each use.	Clean plastic case daily and if taken into patient rooms.
Blood Pressure Cuff - Manual	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing	Before and Immediately after use and when visibly soiled.	
Blood Pressure Cuff - Single Patient Use	Germicidal wipe	Nursing	When visibly soiled and as needed.	Single patient item; discard when no longer in use.
Breast Pump	Hospital Approved Germicidal Wipe, Once clean place a clean clear plastic bag tied over the top (indicating it is clean)	Nursing	Nursing: Between patients, before and after use and when visibly soiled EVS: Disinfect during room turnover and place in hallway.	Applies to both the Limerick and Medella Pumps.

Item	Cleaning Product	Responsible Department	Frequency	Other
Caddy, Precaution (Isolation)	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Environmental Services <i>and</i> Nursing	<p>Nursing: When precautions are discontinued and the patient remains in the hospital nursing is responsible for disassembly and cleaning of the caddy and sign.</p> <p>EVS: When a patient is transferred or discharged home EVS is responsible for disassembly and cleaning of the caddy and sign.</p>	
Cane	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Physical Therapy <i>and</i> Nursing	Before and Immediately after use and when visibly soiled.	
Chair Scale	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing	Before and Immediately after use and when visibly soiled.	

Clippers, Hair	Hospital Approved Disinfectant or Germicidal wipe.	User	Before and Immediately after use and when visibly soiled.	Clipper blades are single use and are disposed of immediately after use in the sharps container.
Item	Cleaning Product	Responsible Department	Frequency	Other
Compression Therapy Device; VasoPress DVT unit, SCDs, ALPs	Hospital Approved Disinfectant or Germicidal wipe.	Nursing <i>and</i> Clinical Engineering	Nursing: When visibly soiled and before and after patient use. Central Logistics: If unit becomes heavily soiled or internal contamination is suspected wipe down machine, place in dirty utility room and and submit a Clinical Engineering work order.	Note: Compression leg wraps are single patient use and are to be disposed of after use.
Continuous Passive Motion (CPM)	Hospital Approved Disinfectant or Germicidal wipe.	Physical Therapy <i>and</i> Nursing	Before and Immediately after use and when visibly soiled.	
Crash Cart	Hospital Approved Disinfectant or Germicidal wipe.	Nursing <i>and</i> Central Logistics	Before use: As needed After use: Wipe top of cart immediately after use. Thoroughly clean before restocking.	
Defibrillator	Hospital Approved Disinfectant or Germicidal wipe.	Nursing	Before and Immediately after use and when visibly soiled.	

Doppler	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	User	Immediately after use and when visibly soiled.	
EEG Machine	Hospital Approved Disinfectant <i>or</i> Germicidal wipe	Nursing	Daily, as needed and between patients.	
EKG Machine	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing	Daily, as needed and between patients.	
Fans	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing <i>and</i> Environmental Services <i>and</i> Central Logistics	Nursing: Before and Immediately after use and when visibly soiled. EVS: During daily room cleaning.	
Item	Cleaning Product	Responsible Department	Frequency	Other
Feeding Pump; Enteral; Companion. Parenteral (TPN)	Hospital Approved Disinfectant <i>or</i> Alcohol wipe <i>or</i> Germicidal wipe.	Nursing <i>and</i> Central Logistics	Nursing: Immediately after use and when visibly soiled. Central Logistics: If unit becomes heavily soiled wipe down, place in dirty utility room and contact Central Logistics for thorough cleaning.	
Feeding Pump; Enteral; Patrol	Alcohol wipe.	Nursing <i>and</i> Central Logistics	Nursing: Before and Immediately after use and when visibly soiled. Central Logistics: If unit becomes heavily soiled wipe down, place in dirty utility room and contact Central Logistics for thorough cleaning.	

Fluid Warmer; Level 1 Rapid Infuser, Hot-Line Fluid Warmer	Hospital Approved Disinfectant or Germicidal wipe.	Nursing and Environmental Services and Support Staff	Nursing: Before and Immediately after use and when visibly soiled. EVS: Before and Immediately after use and when visibly soiled. Support Staff: Before and Immediately after use and when visibly soiled.	
Gait Belt, Reusable	Germicidal wipe and/or Laundered if needed.	Physical Therapy and Transport	As needed and between patients.	Must be laundered if visibly soiled. Disposable gait belts are single patient use and should be discarded, if not taken by the patient, after discharge.
Item	Cleaning Product	Responsible Department	Frequency	Other
Gurney	Hospital Approved Disinfectant or Germicidal wipe.	User	Before and Immediately after use and when visibly soiled.	Each gurney will be power washed when heavily soiled and on an annual basis as determined by EVS, Patient Transport, and Clinical Engineering. Gurney power washing is the responsibility of the owning department in conjunction with EVS, Patient Transport, and Clinical Engineering.
Hemodynamics Monitor; Edwards Life Science	Alcohol wipe.	Nursing	Daily, as needed and between patients.	
Housekeeping Carts	Hospital Approved Disinfectant or Germicidal wipe.	EVS	Daily	

Hypo-Hyperthermia Machine; Blanketrol, K-pad	Hospital Approved Disinfectant or Germicidal wipe.	Central Logistics <i>and</i> Unit owning machine	When visibly soiled and between patients.	It is the responsibility of the owning unit to clean the hypothermia machine. Central Logistics will clean the machines belonging them.
Intravenous (IV) pump; Alaris	Hospital Approved Disinfectant or Germicidal wipe.	Nursing <i>and</i> Environmental Services <i>and</i> Central Logistics	Nursing: When visibly soiled. EVS: After patient discharge clean and leave in room. Central Logistics: If unit becomes heavily soiled wipe down, place in dirty utility room and contact Central Logistics for thorough cleaning.	If heavily soiled with blood products or other infectious material send to Central Logistics for thorough cleaning.
Item	Cleaning Product	Responsible Department	Frequency	Other
Intravenous (IV) pump; CADD Legacy 1 Ambulatory Pump	Hospital Approved Disinfectant or Germicidal wipe.	Nursing <i>and</i> Environmental Services	Nursing: When visibly soiled. EVS: After patient discharge clean and leave in room.	
Intravenous (IV) pump; MEDEX Syringe Pump, Carefusion	Alcohol wipe	Nursing and Environmental Services	Nursing: When visibly soiled. EVS: After patient discharge clean and leave in room.	
IV pole	Hospital Approved Disinfectant or Germicidal wipe.	User <i>and</i> Environmental Services	User: When visibly soiled and immediately after use. EVS: After patient discharge clean and leave in patient room.	
Isolette; infant warmer, Giraffe OmniBed	Hospital Approved Disinfectant or Germicidal wipe.	Nursing <i>and</i> EVS	Nursing: Immediately after use. EVS: Immediately after use.	

Lead apron	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	User	Daily and when visibly soiled.	
Lift Equipment/ Patient Transfer Equipment; Liko - Sabina Mobile Lift, Golvo Patient Lift, Viking Patient Lift; Arjo - Maxi-Move Lift, Sara 3000 Lift, Sara Stedy, Sara Plus, Tenor Lift; bariatric chair, total lift chair	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing <i>and</i> Patient Transport <i>and</i> Physical Therapy	Before and Immediately after use and when visibly soiled.	
MAK Scanner	Hospital Approved Disinfectant <i>or</i> Alcohol wipe <i>or</i> Germicidal wipe.	Nursing	Daily and if comes into contact with patient or patient environment.	
Medication Room	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Environmental Services <i>and</i> Nursing	Daily and as needed.	Each department is responsible for its own work area.
Item	Cleaning Product	Responsible Department	Frequency	Other
Nursing Station	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Environmental Services <i>and</i> Nursing	Daily and as needed.	Each department is responsible for its own work area.
Oxygen Saturation Monitor; Masimo Pulse Oximeter	Alcohol wipe.	Nursing <i>and</i> Respiratory Therapy	Before and Immediately after use and when visibly soiled.	
Patient Controlled Analgesia (PCA) pump; Ipump	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing <i>and</i> Central Logistics	Nursing: As needed and between patients. Central Logistics: If unit becomes heavily soiled wipe down, place in dirty utility room and contact Central Logistics for thorough cleaning.	

Patient Environment, Room and Care Area: counter top, bed, bedside table, furniture, sleep chair, television, telephone, and other surfaces.	Hospital Approved Disinfectant or Germicidal wipe.	Environmental Services and Nursing	EVS: Clean room daily. Promptly clean spills of blood and other potentially infectious materials as soon as possible (see blood and body fluids in Table above). Nursing: Clean 3 ft around patient daily and as needed. Promptly clean spills of blood and other potentially infectious materials as soon as possible (see blood and body fluids in Table above).	After discharge patient rooms are terminally cleaned by EVS.
Patient Equipment/ Items from Home	Hospital Approved Disinfectant or Alcohol wipe or Germicidal wipe.	Nursing	Upon arrival and when visibly soiled.	
Patient Monitor; Dräger, Philips, Edwards Lifesciences	Alcohol wipe.	Nursing	Daily, as needed and between patients.	
Item	Cleaning Product	Responsible Department	Frequency	Other
Plates for Portable X-Ray	Hospital Approved Disinfectant or Germicidal wipe.	Radiology	Before and Immediately after use and when visibly soiled.	
Portable X-Ray Machine	Hospital Approved Disinfectant or Germicidal wipe.	Radiology	Daily, before and immediately after use and when visibly soiled.	Damp dust machine daily. If used in the OR cover machine with plastic drape (use sterile drape if over sterile field) and thoroughly wipe down machine after each procedure.

Prevue	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing	Before and Immediately after use and when visibly soiled.	
Privacy Curtain	Laundered	Environmental Services	To be laundered on a quarterly basis, when visibly soiled and after discharge of a patient in isolation.	Notify EVS when cleaning is required. Curtains must be taken down and laundered. Replace with clean curtain.
Pyxis	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing <i>and</i> Pharmacy	Nursing: Clean outside daily. Pharmacy: Clean inside prn.	
Scale	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	User	Before and Immediately after use and when visibly soiled.	
Item	Cleaning Product	Responsible Department	Frequency	Other
Slide Boards	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	User	Immediately after use and when visibly soiled.	Each slide board will be power washed when heavily soiled. Slide board power washing is the responsibility of the owning department in conjunction with EVS and Clinical Engineering.

Suction Regulator	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Respiratory Therapy <i>and</i> EVS	Respiratory Therapy: Before and Immediately after use and when visibly soiled. EVS: Clean wall-mounted suction regulators during daily environmental cleaning.	
Telemetry box and cables; Dräger M300	Alcohol wipe	Nursing	Before and Immediately after use and when visibly soiled.	Ensure telemetry box is dry before placing next to patient's skin.
Thermometer; Exergen, Welch-Allyn	Hospital Approved Disinfectant <i>or</i> Alcohol wipe <i>or</i> Germicidal wipe.	Nursing <i>and</i> EVS	Nursing: Immediately after use and when visibly soiled. EVS: Clean wall-mounted thermometers during daily environmental cleaning.	
Toys	Hospital Approved Disinfectant <i>or</i> Alcohol wipe <i>or</i> Germicidal wipe.	Nursing	Immediately after use and when visibly soiled.	Ensure toys are dry before coming into contact with patient's skin or mouth.
Trash Cart	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	EVS	Daily	
Item	Cleaning Product	Responsible Department	Frequency	Other
Ventilator	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Respiratory Therapy	Immediately after use and when visibly soiled.	
Vital Signs Monitor; Carescape V100 GE Healthcare, Dinamap Pro, Dräger, Philips	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing	Immediately after use and when visibly soiled.	
Walkers	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Physical Therapy <i>and</i> Nursing	Immediately after use and when visibly soiled.	

Wheelchairs	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	User	Immediately after use and when visibly soiled.	Each wheelchair will be power washed when heavily soiled. Wheelchair power washing is the responsibility of the owning department in conjunction with EVS and Clinical Engineering.
Wound Vac; KCI	Hospital Approved Disinfectant <i>or</i> Germicidal wipe.	Nursing	Immediately after use, when visibly soiled and at least weekly.	

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."

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Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Helipad Policy	

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

Policy: The following procedures will be implemented for all landings and departures of helicopters at Kaweah Health Medical Center (KHMC).

Definitions: MICN (Mobile Intensive Care Nurse), Emergency Department Registered Nurses trained and certified by the local EMS Agency to handle EMS Base Hospital Operations and EMS Communications.

Procedure:

- A. Notification of Helicopter Landings or Departures:
1. The MICN will be responsible for the activation of the appropriate systems when there is incoming or departing helicopter traffic. MICN will complete a “Base Hospital Care Report” to document helicopter communications and helipad coordination.
 2. ED Unit secretary or MICN will immediately notify PBX by dialing 44 to activate hospital security once notification has been received for an incoming or departing helicopter. MICN will also need to notify ED HUC and ED Team Leader.
 3. Security and ED Helipad Tech will attend all helicopter arrivals and any departures with a patient on board to secure the parking lot and helipad, provide emergency assistance as needed, and activate fire extinguisher system if necessary.
 4. Security will be responsible to temporarily shut down the HVAC system to prevent exhaust fumes from entering the hospital. This is done via a phone call to the system that automatically accomplishes this task.
 5. Prior to helicopter arrival and departure, Security will inspect helipad for debris. Security will monitor and control foot and vehicle traffic in the main parking lot when the helicopter is landing or departing.
 6. For patients going to the ED, the ED Helipad Tech will obtain an ED gurney that will be used for the patient during their ED stay. The ED Helipad Tech will obtain the dedicated helipad gurney for patients not going to the ED. They will also assist in loading and unloading of patients. If patient is going to a unit other than the ED, the ED Helipad Tech will accompany the patient to the receiving unit and retrieve the gurney once the patient is received. The ED Team Leader may also designate other authorized ED Helipad Personnel to assist with helipad operations if the ED Helipad Tech is not available. **All personnel will stay off the helipad and remain in the helipad elevator building until the rotor**

blades have completely stopped turning and a flight crew member signals that it is ok to approach the helicopter.

7. Case Management, Patient Family Services, Nursing Supervisor, and Transfer Center Responsibilities: All inbound and outbound Interfacility Transfers that utilize a helicopter must be communicated to the MICN at extension 2129 as they are responsible for coordination of helipad utilization. Early MICN notification is essential in this process.
- B. General Responsibilities:
1. KHMC personnel are not allowed to assist in “Hot off-loads” (i.e., with rotors turning). All off-loads will be performed cold (without rotors turning) unless special circumstances exist. All hot off-loads will need to be done by the aircrew without any assistance from KHMC personnel.
 2. Helipad keys will be kept by the ED Team Leader, PBX, Maintenance Department and Safety/HICS Department.
 3. All ED Tech and RNs , Security Officers, or any other personnel directly involved with helipad operations will be trained in Helipad safety procedures..
 4. While a helicopter is landing or taking off, the use of artificial light is not permitted for filming or photography. In dark conditions the helicopter pilots will typically be wearing night vision goggles (NVGs). Ensure the helipad walkway flood lights are turned off anytime the pilot is wearing NVGs as those lights impair the pilot vision. Those lights shall only be turned on when it is deemed safe by the flight crew for personnel to be out on the helipad.
 5. If the helipad elevator is broken or helipad is out of service for maintenance or repairs the MICN will place KHMC on Helipad Diversion in accordance with Central California EMS Agency policies. MICN will follow MICN Helipad Diversion Procedure posted in ED Radio Room.
- C. Safety:
1. In the event of compromised vision of anyone on the helipad, due to foreign body in the eyes, that person should immediately kneel on the ground in a stationary position.
 2. Staff are to stay away from the edges of helipad. Keep gurneys away from the helipad edges to minimize tip-over potential.
- D. Multiple Helicopters:
1. If more than one aircraft is enroute to our helipad, the MICN will notify both flight crews that another helicopter is enroute.
 2. If the helipad is occupied and another helicopter is enroute, the MICN will notify the in-bound helicopter that the helipad is currently occupied. If time permits, attempt to contact the pilot of the occupying helicopter to request if it is possible to move the helicopter so that the in-bound helicopter can land. Note: Getting the helicopter moved (if possible) is not a quick process.

General Information:

- A. The heliport is designed to accommodate one helicopter at a time. No helicopter over a gross weight of 12,000 pounds or with a main rotor diameter of over 48 feet will be allowed on the heliport.
- B. Unauthorized personnel are not allowed on the helipad unless accompanied by personnel authorized for helipad operations.

Security will ensure that all unauthorized personnel have left the landing pad and that the outside staircase gate is closed and secured before leaving the helipad structure.

- C. The ED Helipad Tech will complete the helipad check off list every shift.
- D. Security will maintain the helipad log to record all helicopter landings and inspect the helipad lighting systems, nightly.
- E. The MICN will maintain the helipad status board, which is located in the ED Radio Room.
- F. The Security Department will conduct a daily shift helipad safety inspection. These inspections will take place during daylight and nighttime hours when all safety equipment can be properly assessed.
- G. The Maintenance Department will inspect the helipad warning signs and windsock condition semi-annually. The Maintenance Department will also inspect the helipad and helipad lighting systems according to the manufacturer's recommendations,

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Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness)	
Injury/Illness Prevention Program	

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

Purpose: The purpose of this written injury and illness prevention program is to provide a comprehensive and integrated compliance plan based on existing and new health and safety programs to achieve a safe work environment and, thus, reduce the incident rate of occupational injuries and illnesses. Completion of this plan indicates that it is the intention of Kaweah Delta Health Care District herein referred to as Kaweah Health (KH) to fully comply with California Labor Code Section 6401.7 and 6403.5 (See CP 142 Safe Patient Handling Policy), and California Code of Regulations Title 8, Sections 1509, 3203, 5120 and 5194.

Policy: It is the commitment of Kaweah Health to maintain a safe and healthful environment for its patients, employee's, medical staff, students, contract workers, and visitors. This policy is based on principles of occupational safety, ergonomics, professional occupational guidelines, industrial hygiene, and fiscal responsibility. The District will promote comprehensive injury and illness prevention, a specific program preventing back and musculoskeletal injuries caused by manual patient handling activities (Safe Patient Handling Program), and a coordinated team approach to protect our employees and others from a potential aggressor with a code gray activation plan and hazardous materials management programs. District operations shall be conducted in compliance with applicable regulations and accepted practices for health, safety and environmental protection.

Introduction:

1. The Injury/Illness Prevention Program (IIPP) is required by California Labor Section 6401.7 and implemented under the California Code of Regulations, Title 8, Section 3203. The regulation requires that we, as an employer, develop and implement an effective injury and illness prevention program (IIPP) including a written plan.
2. As part of the IIPP required by Section 3203, each employer covered by this section shall establish, implement and maintain an effective written patient protection, Code Gray activation plan (DM 2203), a Mental Health Hospital Code Gray plan (MH1.15) and health care worker back and musculoskeletal injury prevention plan (Plan). The employer shall maintain the Plan at all times for all patient care units. At Kaweah Health this plan will be designated as the Safe Patient Handling Program (PC 142) and is implemented under the California Code of Regulations, Title 8, Section 5120.

Authority and Responsibility

1. Requirement:

Kaweah Health hereby establishes, implements and will maintain an effective Injury/Illness Prevention Program (IIPP). The IIPP shall (1) Identify the person or persons with authority and responsibility for implementing the program(s). (8 CCR Section 3203(a)(1) & Section 5120 (c) (2),

2. Implementation:

1. The standard clearly requires that the IIPP identify a person or persons with the authority and responsibility for implementing the program(s). The designated individuals to administer the District's IIPP are:
 - a. Safety Officer – phone: 559- 624-2381,
 - b. At the departmental level, the department director or manager is the identified person responsible for implementation for their department.
 - c. Each department will have a Safety Leader who can communicate with peers about safety concerns.
 - d. Employees are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this program. Employees are also responsible for using the personal protective equipment available to protect them and for reporting any unsafe conditions to the supervisor.
 - e. In situations where hospital staff, physicians, or visitors are not comfortable due to persons becoming aggressive, abusive or threatening in any manner, a CODE GRAY should be called.
2. The standard, under section 5120, clearly requires that the IIPP/Safe Patient Handling Program (SPHP) identify, by job titles, the persons with the authority and responsibility for administering and implementing the program. The designated individuals to administer the District's SPHP are:
 - a. SPHP Committee Chair
 - b. SPHP Committee Co-Chair
 - c. Employee Health Services Manager
 - d. At the departmental level, the department director or manager is the identified person responsible for implementation of the SPHP for their department.
 - e. Each department will have a Safe Patient Handling Champion who can communicate with peers about SPHP issues. The SPH Leader will also be responsible for discussion of SPHP issues in scheduled department meetings.
 - f. Employees are responsible for following the established SPHP work procedures and guidelines in their area, as well as those identified in this program. Employees are also responsible for using the SPH equipment available to protect them and for reporting any unsafe conditions, missing or inoperative SPH equipment to the supervisor.

Compliance with Safe Work Practices

1. Requirement: The IIPP, including the Safe Patient Handling program and Code Gray Activation plan component, shall include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with these provisions includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices (8 CCR Section 3203(a)(2) & Section 5120 (c) (3)).

2. **Implementation:** The District requires all employees to be knowledgeable of, to comply with, and to be accountable for complying with applicable safety regulations and safe patient handling requirements governing the activities they carry out. Safety Officer, Managers and Employee Health Nurses will provide guidance for compliance with regulations, as applicable.
3. **Methods:** Compliance with this IIPP/ SPHP/Code Gray will be achieved in the following manner:
 1. Managers and supervisors will:
 - a. Inform employees of the provisions of the IIPP /SPHP/Code Gray
 - b. Set positive examples for working safely and require that all employees under their direction work safely and use the appropriate safe patient handling equipment and techniques
 - c. Train their staff in identifying and activating a Code Gray in a threatening situation
 - d. Identify unsafe or unhealthy conditions, work practices and work procedures in a timely manner and when an imminent hazard exists which cannot be immediately abated remove all exposed personnel from the area except those necessary to correct the existing condition. All personal shall be provided the necessary safe guards.
 - e. Identify the resources and equipment necessary to provide a safe work environment for their employees and include them in budget requests
 - f. Establish appropriate means of recognition for employees who demonstrate safe work practices
 - g. Ensure that identified hazards, missing or inoperative safe patient handling equipment in their area are evaluated and corrected in a timely manner
 - h. Ensure that all employees receive the training that is appropriate and required for their positions, including the safe patient handling program
 - i. Provide refresher training to employees when safety performance is deficient
 - j. Use all disciplinary procedures available to them to ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings and other forms of disciplinary action are available. Supervisors and Managers should consult with Human Resources (Ext. 2274) for guidance in addressing specific cases where discipline may be appropriate.

Communicating Safety Issues

1. **Requirement:** The IIPP shall include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees. (8 CCR Section 3203(a)(3) & Section 5120 (7) (a)(b)(c)).
2. **Implementation:** Two-way communication between management and staff on health and safety issues, including safe patient handling matters is essential to an injury-free, productive workplace. Each department must devise a system for communicating with its employees on safety and health issues that affords

employees the opportunity for meaningful and reprisal free input to the programs. The department's communication program must address the following objectives:

1. Explain the requirement to comply with safe work practices, including the safe patient handling procedures, recognition for compliance and disciplinary actions for violations
2. Communicate safety rules and other information on occupational hazards in an understandable manner
3. Communicate the methods by which the registered nurse's safe patient handling instructions for each patient will be documented and communicated to the designated health care workers and lift team members providing care to the patient.
4. Encourage employees to report workplace hazards to their supervisor and/or the Safety Officer.
5. Encourage early reporting of all work-related injuries/ illnesses.
3. Methods: The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable. Departments must, use the following methods for facilitating safety and health communication:
 1. New employee orientation including a discussion of safety and health policies, including the safe patient handling program.
 2. Workplace safety and health training programs included in the MAT modules.
 3. Communicate employee role in recognizing early warning signs and activating a Code Gray in threatening situations.
 4. Communicate Mental Health Hospital employee roles in the MHH Code Gray policy.
 5. A system for employees to anonymously inform management about workplace hazards, use of Hazard Identification Form (Appendix A).
 6. Safety Data Sheets, warning labels, and written work procedures.
4. Safety Committee (Environment of Care Committee): The District has an Environment of Care Committee (EOC) which meets monthly. The EOC committee addresses a variety of occupationally related health and safety issues. Safety items which you want placed on the agenda should be sent to the chairman, or any other member of the committee:
5. Safety Officer, EOC Chairperson.
6. Safe Patient Handling Committee: The District has a Safe Patient Handling Committee (SPH). The SPH committee addresses a variety of safe patient handling program related issues, concerns and program evaluations. Included in the SPH Committee responsibilities is the annual review of back and musculoskeletal injury data, employee and management participation in the annual review of program effectiveness, and equipment or training needs. We obtain active involvement from employees through our Safety Liaison Committee where they are given the opportunity to provide feedback and ask questions.

Identifying Work Place Hazards

1. Requirement

1. Procedures for identifying and evaluating work place hazards

- a. Annual safety tour inspection for all non-patient care areas
 - b. Semi-annual safety tour inspections for all clinical areas
 - c. Periodic inspections to be done by area supervisor/manager
 - d. Inspection whenever new substances, processes, procedures, or equipment are introduced.
 - e. Inspections whenever the manager/supervisor is made aware of new or previously unrecognized hazard(s).
2. Procedures for identifying and evaluating patient handling hazards and program effectiveness include the following:
- a. Periodic - unannounced safety tour inspections for clinical areas experiencing back or musculoskeletal injuries related to manual patient handling by EHS staff.
 - b. Periodic inspections to be done by area supervisor/manager and Unit health care workers.
 - c. Unit self-inspection whenever new processes, procedures, or equipment are introduced.
 - d. Inspections whenever the manager/supervisor is made aware of new or previously unrecognized hazard(s) or equipment.
 - e. Audit/Inspection findings will be communicated to the Environment of Care and Safe Patient Handling Committee on a quarterly basis. As well as to the applicable unit/department leadership and health care team.

2. Implementation/Identification

1. Hazards may be identified through the periodic inspections, as defined in the preceding sections or through trends identified in the injury/illness reporting.
2. Once identified, hazards will be evaluated to determine risk and possible appropriate means of control.
3. Existing safety features, equipment and the availability of alternate methods will be considered.
4. Documentation of action plans will be made.

3. Procedure for Investigating Injuries and Illnesses

1. Supervisor/Manager will initiate an investigation of all accidents, injuries, occupational illnesses and near-miss incidents to identify the factors or hazards. Safety Officer and/or the Employee Health Services Manager are available to assist with this investigation.
 - a. Procedure:
 - Visiting the accident scene as soon as possible
 - Interview injured worker(s) and witness(es)
 - Examine the workplace for factors associated with the accident/exposure.
 - Review patient specific risk factors and RN's safe patient handling instructions.
 - Take corrective action to prevent the accident/exposure from recurring & document
2. Serious occupational injuries, illnesses or exposures must be reported to Employee Health Services (EHS) no later than 24 hours after they are known to the supervisor/manager.
3. The purpose of conducting an accident investigation is not to assign blame, but, rather to identify the cause so that effective corrective action can be taken to prevent a repeat episode.

Safety & Health Training

1. Requirement

1. Training and instruction is provided:
 - a.
 - b. To all new employees
 - c. To all employees given new job assignments for which training has not previously been received
 - d. Whenever new substances, processes, procedures or equipment are introduced to the workplace
 - e. Whenever the employer (manager/supervisor) is made aware of a new or previously unrecognized hazard.
 - f. To all supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

2. Implementation

1. Basic safety training in New Hire Orientation
 - a. Department specific safety and safe patient handling training will be a part of orientation in each department and will be provided to all employees whose work assignments include being present on patient care units and will include:
 - b. Types of injuries associated with patient handling activities and the importance of early recognition and management.
 - c. Appropriate use of patient handling equipment to reduce injuries to patients and employees.
 - d. How to communicate with patients regarding the use of patient handling procedures and equipment.
 - e. How risk factors such as patient's ability to cooperate, bariatric condition, clinical condition, potential combativeness, etc. are assessed and controlled during patient handling tasks including the following: vertical lifts, lateral transfer, repositioning, and ambulation.
 - f. Use of powered and non-powered equipment to handle patients safely. This shall include practice using the types and models of equipment that lift team members and other designated health care workers will be expected to use.
 - g. Procedures to be followed in order to safely perform manual patient handling when necessary.
 - h. Process for reporting concerns regarding equipment availability, condition, storage and maintenance, and concerns regarding unavailability of additional staff to perform patient handling activities.
 - i. Elements of the employer's Plan and safe patient handling policy and how the Plan will be made available to employees.
 - j. Right to refuse to perform an unsafe patient handling activity, and how a health care worker can communicate concerns regarding the designated activity to an appropriate supervisor.
 - k. Role of the registered nurse as the coordinator of care, and how the registered nurse will be responsible for the observation and direction of patient lifts and mobilization.
 - l. Role of the supervisor to be familiar with the Plan, the safe patient handling policy, and the patient handling hazards in their unit.

- m. How the employee can request additional training
 - n. Provide an opportunity for interactive questions and answers.
 - o. Supervisors shall be trained on the hospital's policy that a health care worker may not be disciplined for refusal to lift, reposition or transfer a patient due to concerns about patient or worker safety or the lack of trained designated health care workers or equipment.
 - p. Registered nurses who will assess patients shall be trained in assessing patients' mobility needs, how to communicate with patients and their families and representatives, and how to communicate with supervisors, designated health care workers, and other health care workers regarding safe patient handling practices for specific patients.
2. As needed for new job assignments
 3. Whenever new hazardous substances, processes, procedures or equipment is introduced into the work area.
 4. Whenever an employee is observed performing an unsafe or at-risk behavior, including not appropriately assessing a patient or using safe patient handling equipment, the supervisor/manager can suggest that refresher training is thus required to ensure that the employee is competent in safe work practices.
 5. Annual training in safe patient handling
 6. Annual training of Code Gray Activation Plan for all KDHCD staff and Mental Health Hospital specific Code Gray policy for Mental Health Hospital staff.

3. Scope and Management of Safety Training

1. Safety Training is provided upon hire and annually thereafter through an online learning module.
2. Safety topics are chosen based on statistical significance of employee injury data collected and provided by the Employee Health Department. The District Safety Officer, with the assistance of the Safety Leaders and Employee Health, determines which topics will be addressed. These determinations will be made annually, and will be incorporated into the safety-training schedule.
3. Safety training material is also chosen for departments based on occupational hazards and needs.

VI. Records

1. Safe patient Handling Program records:
 - a. Records regarding the evaluation, selection, and placement or installation of patient handling equipment or devices shall be maintained for a minimum of one year at the direction of the Safe Patient Handling Committee.
 - b. Training records shall be maintained for a minimum of one year and include the following information: training dates; contents or a summary of the training sessions; types and models of equipment practiced during training; names and qualifications of persons conducting the training; and names and job titles of all persons attending the training sessions.
 - c. Records of inspection, including hazard correction, shall be maintained for a minimum of one year and include the following information: inspection dates; person(s) conducting the inspection; the unsafe conditions (such as equipment unavailability, storage or maintenance issues) and work

practices that have been identified; action taken to correct the identified unsafe conditions and work practices; and correction dates.

- d. Records of investigation of occupational injuries and illnesses related to safe patient handling shall be created and maintained for a minimum of three years by EHS.
- e. All records required by this subsection shall be made available to the Chief of the Division of Occupational Safety and Health for examination and copying.
- f. All records required by this subsection shall be made available to employees and their representatives for examination and copying as employee exposure records.

"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."

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Continuity of Operations and Recovery	

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

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

Procedure:

1 Healthcare Continuity of Operations

1.2 Pre-Incident Risk Assessment

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

CCMSA Hazard Vulnerability Analysis
 Kaweah Health Hazard Vulnerability Analysis

Hazard Vulnerability Analysis

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

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

Central California Health Care Coalition Hazard Vulnerability Analysis

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

1.3 Continuity Elements

ORDERS OF SUCCESSION

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

Kaweah Health Succession Plan

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

DELEGATION OF AUTHORITY

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

Kaweah Health Delegation of Authority

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

CONTINUITY FACILITIES

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

Exhibit 4: Kaweah Health Facility Continuity Plan

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

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

CONTINUITY COMMUNICATIONS

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

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

ESSENTIAL RECORDS MANAGEMENT

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

DEVOLUTION OF CONTROL AND DIRECTION

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

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

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

1.4.1 Health Care Service Delivery (PMEF)

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

State Health Authority Essential Supporting Activities include:

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

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

partners

Healthcare Coalition Essential Supporting Activities include:

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

1.4.2 Access to Health Workforce (MEF)

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

State Health Authority Essential Supporting Activities include:

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

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

Healthcare Organization Essential Supporting Activities include:

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

1.4.3 Community/Facility Critical Infrastructure (MEF)

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

State Health Authority Essential Supporting Activities include:

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

Healthcare Organization Essential Supporting Activities include:

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

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

1.4.4 Access to Healthcare Supply Chain (MEF)

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

State Health Authority Essential Supporting Activities include:

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

Healthcare Coalition Essential Supporting Activities include:

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

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

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

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

State Health Authority Essential Supporting Activities include:

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

1.4.6 Healthcare Information Systems (MEF)

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

State Health Authority Essential Supporting Activities include:

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

1.4.7 Healthcare Administration/Finance (MEF)

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

State Health Authority Essential Supporting Activities include:

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

Local/Regional Health Departments Essential Supporting Activities include:

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

Healthcare Coalition Essential Supporting Activities include:

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

1.6 Hospital Mission Essential Functions

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

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

1.7 Continuity Plan Operational Phases & Implementation

Kaweah Health continuity implementation process includes the following four phases:

Readiness & Preparedness:

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

Activation:

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

Continuity Operations:

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

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

Reconstitution:

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

2 Healthcare Disaster Recovery

2.1 Purpose

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

2.2 Post-Incident Disaster Recovery Roles & Responsibilities

State Health Authority Disaster Recovery Roles/Responsibilities include

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

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

- Establish communication with the SHA Disaster Recovery POC

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

Healthcare Coalition Disaster Recovery Roles/Responsibilities include:

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

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

Appendix B: Financial Sustainability

B.1 Federal Disaster Declaration

Robert T. Stafford Disaster Relief and Emergency Assistance Act

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

FEMA administers disaster relief funding allowed under the Stafford Act.

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

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

B.2 Hospital Reimbursement Issues

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

B.2.1 FEMA Reimbursement for Acute Care Hospitals

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

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

A copy of the guide can be downloaded here:

http://www.ynhhs.org/emergency/pdfs/FEMA-ACH_ReimbursementGuide.pdf

FEMA Disaster Assistance Policy: Emergency Medical Care and Medical Evacuations

http://www.fema.gov/pdf/government/grant/pa/9525_4.pdf

B.3 Pandemic Influenza & Reimbursement

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

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

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

http://www.fema.gov/pdf/government/grant/pa/9523_17.pdf

Payment for care at Hospital Alternate Care Sites:

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

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

B.4 Waiver of Federal Laws & Program Requirements

Public Health Service Act

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

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

B.5 Medicare/Medicaid Waivers in Disasters

Section 1135 Waiver (See DM 2227)

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

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

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

Examples of requirements waived/modified under section 1135 waivers:

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

http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09_52.pdf

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

Information on requesting a Section 1135 waiver:

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

Section 1115 Medicaid Waivers

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

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

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

B.6 Claims Submission during a Disaster

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

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

B.7 Accelerated Payment/Advanced Payment from Medicare

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

There are three situations that may justify accelerated payment:

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

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

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

B.8 Insurance Strategies for Disaster Recovery

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

Topics should cover:

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

B.8.1 Types of Insurance for Contingencies

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

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

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

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

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

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

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

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

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

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

Loan Amounts and Use

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

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

Eligibility and Terms

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

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

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

SBA Disaster Loan Application

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

SBA Disaster Loan Fact Sheets for Businesses of all Sizes

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

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

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Approvers: Board of Directors (Administration), Medical Executive Committee, April McKee (Director of Medical Staff Services), Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
Informed Consent for Surgical, Diagnostic, or Therapeutic Procedure	

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

Purpose: Kaweah Health adheres to the principles of Informed Consent. The purpose of this policy is to define the responsibilities of Kaweah Health and its affiliated members of the medical staff and credentialed advance practice providers for obtaining and documenting the process of informed consent, based on statutory and legal requirements in the state of California, the Centers for Medicare & Medicaid Services and the Joint Commission. This policy is intended to provide guidance to assure patients receive sufficient information so that they have the opportunity to make knowledgeable and informed decisions about the course of their treatment related to surgical, diagnostic and other procedures that require informed consent.

Policy:

1. Kaweah Health recognizes the fundamental right of each person (or authorized representative) to be reasonably informed in decisions involving the person's healthcare. This patient's rights also include the patient's participation in the care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand provision of treatment or services deemed medically unnecessary or inappropriate.
2. The consent process consists of two important components: information disclosure and documentation. Except in limited circumstances, disclosure of certain information pertinent to the procedure, care or treatment rendered is always required. The responsibility for disclosure rests with the healthcare provider performing the procedure or rendering the care/treatment and/or an equally credentialed member of the medical staff.
3. It is the provider's responsibility to obtain informed consent and to document this consent in the patient's hospital medical record before the provider is permitted to perform any procedure that requires consent.
4. The hospital's role in the consent process is to verify the patient's informed consent was obtained by the provider before the provider is permitted to perform the procedure.

5. The provider, not the hospital, has the duty to disclose all information relevant to the patient's decision and to obtain the patient's informed consent for surgery and for special diagnostic or therapeutic procedures including blood transfusion.
6. Discussion between a patient and health care providers regarding his/her value system and healthcare treatment preferences are encouraged and may include family members/surrogates in discussions as appropriate to the wishes of the patient. Whenever the word "person" or "patient" is used in this policy/procedure, one may substitute "or authorized representative."

Definitions:

1. Advance Directive: An expression by a person with capacity, which is recorded into a document and retained, communicating his/her health care treatment preferences to become effective upon the person's loss of capacity. A living will is one type of advance directive providing that no death prolonging procedures be instituted or continued, becoming effective only when the person has a terminal illness and loss of capacity. A health care treatment directive, another type of advance directive, usually offers more specific information than a living will regarding the person's treatment preferences. A Durable Power of Attorney for Healthcare (DPOA-HC) is a specific power of attorney designating another person (proxy) to make healthcare decisions on behalf of the party executing the DPOA-HC. A DPOA-HC or Living Will executed in another state is durable (operative) in California as long as it was properly executed and operative in the state of execution.
2. Informed Consent: Agreement to the performance of a procedure or treatment based on a prior explanation of the nature and the purpose of the procedure; to include risk, benefits, alternatives and expected outcome. Informed Consent is a process, not a form. It is the communication process between a patient and a provider of healthcare services in which both parties ask questions and exchange information, culminating in the patient's agreeing to a specific medical or surgical intervention. During this discussion, the patient may also elect to refuse a proposed treatment.
3. Capacity: a person's ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes in the case of proposed health care, the ability to understand its significant benefits, risks and alternatives.
4. Decision-making Capacity: a clinical determination made by a provider that a patient has requisite capacities to make a medical decision.
5. Incompetence: A judicial determination of a person's lack of capacity, with an appointment of a guardian to make certain decisions for the person (ward). The court issuing the order of incompetence retains oversight over the guardian.

6. **Surgery:** Any procedure that is listed as a surgical procedure in any of the various billing coding system used by CMS or the hospital, regardless of whether Medicare pays for that surgical procedure.
7. **Provider:** Whenever the word "provider" is used in this policy/procedure, one may substitute "provider" or "advance practice provider" credentialed to perform a certain procedure(s) by the Medical Staff.
8. **Who can Give Consent?** Adult- a person who has reached the age of 18, or a minor who has entered into a valid marriage, who is on active duty with the armed forces of the United States of America, or who has been declared emancipated. See attached Appendices for further guideline on who can give consent on special circumstances. (**Appendix 1 – Reference Guide for Informed Consent for Special Circumstances; Appendix 2 – Legal Consent Requirements for Medical Treatment of Minors**).

Procedure:

1. The provider performing the procedure is responsible to conduct the informed consent discussion with the patient. Typically, this information exchange would include potential short- and long-term risks and benefits to the patient of the proposed intervention, including the likelihood of each, based on the available clinical evidence, and alternatives.
 - In order to obtain informed consent, the provider must first determine whether the patient has decision-making capacity.
 - In a situation where a patient has been medicated (for example: chest pain, fractures and continuous narcotic infusions) the provider must assess the patient's capacity to give consent and may proceed with the consent process if the provider determines and documents the patient has capacity to consent.
2. The provider is responsible to document that this discussion occurred by signing the "Informed Consent for Surgical, Diagnostics or Therapeutic Procedure" (Informed Consent form) form prior to the procedure.
3. The hospital's role is to verify that the informed consent discussion occurred.
4. On behalf of the hospital, it is licensed staff who conducts the verification process, as a witness to the patient's signature, and as a patient advocate.
 - First, the licensed staff will ask the patient and/or patient's legal representative if they had a discussion with the provider about the proposed procedure to make an informed decision. If the patient expresses to the licensed staff that he/she still have questions, the licensed staff must advocate for the patient and communicate with the provider prior to the initiation of the treatment or procedure.
 - Second, with the patient's acknowledgement that an informed consent discussion occurred, the licensed staff may serve as the witness to the patient's signature on the consent form.

5. **Considerations when completing Informed Consent Form:**
- a. Prior to the initiation of the procedure, the provider performing the procedure will ensure that documentation is completed using the approved Informed Consent Form and is placed in the patient's medical record.
 - b. A properly executed informed consent form has the following required elements and must be in the patient's medical record prior to the surgery:
 1. Patient's full name
 2. Full name of the provider/Licensed Independent Provider who will be performing the procedure (not a practice or group name, i.e., Trauma Services is not acceptable)
 3. Name of the procedure(s) (no abbreviations).
 4. Patient's signature or DPOA for Healthcare. If patient does not have decision-making capacity and has no DPOA, surrogate decision-maker.
 5. Signature, date and time of the person who witnesses the patient sign the document.
 - c. Certain interventions require additional "informed consent" forms and processes, including but not necessarily limited to the following "High Risk Procedures":
 1. High risk surgical or medical interventions (any intervention that carries a significant risk of complications)
 2. Procedures utilizing moderate sedation or general anesthesia.
 3. Specified non-invasive diagnostic procedures during which the patient may be exposed to increased risk of harm, such as oxytocin challenge test.
 4. Administration of blood or blood products.
Consent to blood transfusion is included in the informed consent form.
 5. Experimental procedures, administration of special drugs/therapies;
 6. HIV Testing – per California State Law, documentation of patient consent in practitioner note is adequate for consent; completion of consent form is not required. (*Consent to HIV antibody testing in the event that a Health Care worker is exposed to patient's blood or body fluids is included in the surgical consent form);
 7. Others may include Autopsy, organ and tissue donation, transfer of patients, and examination of alleged victims of sexual abuse (SART).
 8. For other state related list, see Appendix 1 – Reference Guide for Informed Consent for Special Circumstances and Appendix 2 – Legal Consent Requirements for Medical Treatment of Minors.
 9. Other: Any procedure, at the discretion of the provider.
 - d. Except as otherwise specified, the following is a non-exhaustive list of routine interventions that are *not* high risk and therefore do *not* require completion of the informed consent process:
 1. oral, intramuscular, subcutaneous, or intravenous medication administration (including the administration of contrast media);
 2. superficial Incision and Drainage that does not require moderate sedation;

3. peripheral phlebotomy;
4. dressing changes; and
5. urinary catheterization.

e. How to complete the Informed Consent Form Procedures

Every blank space must be completed prior to the initiation of the procedure. The completed consent is placed in the patient's chart and becomes a permanent part of the Medical Record. The consent signed during an admission remains in effect until procedure is performed or until discharged, or revoked by the patient.

During an emergency surgical procedure, ideally, this form is still under the Provider Attestation section as part of the Timeout process.

Section I:

- a. This section is to be filled out by the provider in clear, legible writing. Abbreviations are not acceptable.
- b. The licensed staff may assist in completing this section based on the documented provider order.
- c. Full name of the patient undergoing the procedure will be written on the consent form.
- d. Full name of the provider or Advance Practice Provider performing the procedure(s). No abbreviation.
- e. The name of the proposed procedure to be performed, including site-specific information, such as laterality, if applicable.
ABBREVIATIONS ARE NOT PERMITTED.

ALERT: If the provider's order or the consent form for the proposed procedure was abbreviated or incomplete, a call will be placed to the provider for clarification immediately.

Section II

This section will either be read by the patient/legal representative and/or read to the patient if requested.

1– 3 Documentation of disclosure related to the proposed treatment plan, including discussion of the risks, complications, alternative treatments, expectations related to hospitalization, recovery and outcome; potential changes in the treatment plan related to unforeseen circumstances; and consent for the participation of other assistants in the OR.

#4 Photographing, Video & Audio Recordings – consent. If the patient refused to give consent, staff may cross out this section, initialed and dated by the patient and communicated to the provider. If the patient is a minor, the written consent of a parent or guardian must be obtained.

#5 Observers and Paraprofessionals - patients are to be notified of any

additional observers to include the purpose or role of their presence during the procedure.

6 Confidentiality – will be carried out as defined by Kaweah Health policy related to uses and disclosures of Protected Health Information.

#7 Tissue Disposals. Consent for tissue disposal which will be carried out according to customary process. If the patient requests to retain any tissue and/or body part, staff needs to contact the director of laboratory and surgery prior to the procedure.

8 Health Care Worker Exposure – Discussion with the patient regarding the need to perform HIV testing in the event of an unanticipated exposure to bodily fluids. Follow the hospital's policy on employee exposure to bodily fluids as required by California law.

9 – 11 Blood Transfusions - The Paul Gann Blood Act must be followed in obtaining consent for blood transfusion. For non-surgical cases that require blood consent, use the separate consent form for blood.

When considering blood transfusion:

- A. The patient has the right to rescind this consent and must be documented.
- B. An individual may raise religious or philosophical objections to blood products and/or blood transfusion and has the right to refuse blood transfusion. The licensed nurse will screen and document in the admission database, the patient's wishes not to accept blood transfusion and place a "No Blood" armband on the patient's wrist. The patients will be asked if they have a Health Care Directive related to no blood products. If so, a copy will be made and placed/scanned in the patient chart. In such circumstances when blood transfusion maybe medically indicated, the health care provider will discuss with the patient the consequences of such refusal and any reasonably available treatment alternatives. This discussion will be documented in the patient's medical record.
Alert: Do not assume that all Jehovah's Witness patient will categorically refuse blood transfusion. A discussion with the patient and a representative from the patient's religious organization (with the patient's consent) is recommended.
- C. Transfusion of a competent individual over the individuals informed objection may raise allegations of battery.
- D. Rare circumstances may dictate judicial intervention when blood product administration is refused, especially in potential life-threatening situations. The Director of Risk Management should be notified if refusal occurs such as the following circumstances:
 - i. parent refusing transfusion for a minor child;

- ii. refusal by a pregnant woman; or
 - iii. existence of family dispute regarding transfusion administration to an incompetent patient lacking an executed advanced directive
- E. Consider Bioethics consult to help resolve these issues.

Section III

A. Patient's Signature

The signature signifies that the patient's acknowledgment of the discussion with his/her provider; that the information has been shared or read to him/her and consents to the procedure, and has no further questions. If the person signing is other than the patient, the individual has to be identified next to the signature, i.e., POA-HC, etc. The medical record should reflect the reason why other than the patient is signing the consent form.

B. Witnessing the Signing of the Consent Form and Verification of Consent.

Confirm that the patient has been given sufficient information by the provider regarding the procedure. The licensed staff will ask the patient to read the consent form and/or read the consent form to the patient if requested. If the patient does not understand English, call Interpreter Services for assistance. The use of the interpreter must be documented and completed in the Interpreter's section of the informed consent form.

SECTION IV

Provider/Advance Practice Provider Attestation Section:

- The provider performing the procedure or rendering the care/treatment and/or equally credentialed member of the medical staff must check the appropriate box, attesting that a discussion regarding risks, benefits; reasonable alternatives, code status, etc., has been discussed with the patient or patient's legal representative.
- ~~_____ **EMERGENCY** - If the discussion was not discussed due to an emergency condition, the appropriate box needs to be checked. The signature needs to be dated and timed.
During an emergency situation, consent can be bypassed and documented.~~

Medical Emergency - Exemption to the Requirement for Consent is in case of an emergency. This exception applies to adults, otherwise with or without capacity, and minor patients.

- a. In medical emergencies the patient's consent is implied by law. The provider may provide necessary medical care in emergency situations without the patient's or surrogate's express consent when all of the following conditions are met:
 - Immediate services are required for the alleviation of severe pain;

- or
 - Immediate medical care is necessary to preserve life or avert serious impairment of the health of the patient or others; and
 - The patient is unable to consent; and
 - The patient has no surrogate, or the practitioner determines that waiting to obtain consent from the patient's surrogate would increase the hazard to the life or health of the patient or others.
- b. In a medical emergency, reasonable attempts to contact the patient's POA-HC or surrogate must be made as promptly as possible, before or after treatment is begun, to explain the nature of the treatment or procedure, the indications, and the expected outcome. The patient's previously stated wishes (e.g., verbal, advance directive) must be followed to the extent that they are known and are applicable to the current situation.
- c. When the patient's consent is not obtained due to the emergency exception: The health care provider performing the emergency intervention will document the following information in the medical record:
 - The nature and extent of the emergency;
 - The reasons for and possible consequences if the procedure/intervention does not occur;
 - **All** attempts made to notify the next of kin or seek appropriate consent from an alternative source.

Alert: The term "medical necessity" does not convey the appropriate urgency of the intervention and should not be used in place of informed consent.

6. Special Circumstances to consider when obtaining documentation of the informed consent process requiring 2 witnesses. For further guideline, see General Consent Policy for details.
 - Telephone consent will be obtained after the provider has obtained consent from the legal representative, if the consenting party is unavailable to sign the form prior to starting the procedure.
 - Documentation shall reflect the relationship of the consenting party and the exact date and time the telephone consent was obtained.
 - If the patient is physically unable to write his or her name, an "X" may be used in lieu of a signature.
7. Consent from the Physician's Office

Operative permits completed on the approved Kaweah Health form in a physician's office are acceptable provided they are accurate and complete. If the consent comes from the office with the patient, then the licensed staff puts the name of the condition and procedure as written on the operative permit onto a physician's order sheet and puts "received from physician's office consent form not in an approved form." Kaweah Health form will be completed and the process described in this policy will be followed, i.e., verifying that the patient received the consent information from the practitioner and h/she no longer has any questions.

8. For any questions or concerns regarding special circumstances on who should be providing consent or how consent is obtained you may contact the Risk Management Department.

Related Documents:

[Kaweah Health Informed Consent Form](#)

See related policies under General Consent Policy.

References:

1. Joint Commission for Hospital Accreditation. RC 02.01.01.04; RI.01.03.01 – EP01 – 09, EP 11, EP 13
2. CMS Patients' Rights Condition of Participation ("CoP") at 42 CFR 482.13(b) (2); Medical Records CoP at 482.24(c) (2) (v); and Surgical Services CoP at 482.51(b) (2).
3. CMS Interpretive Guidelines for Tags A-0049 (Patients' rights), A-0238 (Medical Records), and A-0392 (Surgical Services).
4. State of California – Title 22.
5. California Hospital Association: Consent Manual 2016

"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."

Appendix 1

Kaweah Health Reference Guide for Informed Consent

Status of Patient	Consent For Medical Consent	
	Non-Emergency	Emergency
<p>Adult Competent</p>	<p>Self</p>	<p>Self</p>
<p>Special Circumstances Involving Competent Adult Patients</p>	<ul style="list-style-type: none"> • <u>Married Patients</u>: In some circumstances a spouse may consent on the basis of another legal relationship or on the basis that the patient is incompetent and the spouse is the closest living relative. • <u>In Custody of Law Enforcement</u>: Must consent to non-emergent situations. Although law enforcement officers may request limited medical examinations and tests. • <u>Potential HIV Exposure</u>: Unless the law expressly permits otherwise, no person may be tested for HIV without his or her written consent. The form "Consent for the HIV Test" should be used only when the test is performed for purposes other than testing donated blood. 	<p>Patient or Spouse or No Consent Required</p> <p>"In the case of a medical emergency, treatment may proceed without the patient's consent so long as no evidence exists to indicate that the patient would refuse the treatment-such as a particular religious belief, for example, or a relative's statement regarding the patient's wishes. The law implies consent in these circumstances on the theory that if the patient were able, or if a qualified legal representative were present, the consent would be given".</p> <p>To further clarify, "A medical emergency exists when: Immediate services are required for the alleviation of severe pain, or Immediate diagnosis and treatment of unforeseeable medical conditions are required, if such conditions would lead to serious disability or death if not immediately diagnosed and treated.</p>
<p>Adult determined to be Incompetent or Incapacitated</p>	<ul style="list-style-type: none"> • Legal Representative • Attorney-in-Fact: • Conservator • Closest Available Relative • (Should not rely upon consent from "Closest Available Relative" if questionable motive, substantial doubt if patient would consent treatment, any other close relative objects). <p>Identifying the Patient's Closest Available Relative - Once it is determined that it is appropriate to rely upon the consent of the closest available relative, it is necessary to determine that the person authorizing the treatment is, in fact, the patient's closest relative. The relative should, of course, be asked to identify his or her relationship to the patient. In addition, he or she should be asked if there are any other relatives and, if so, whether they are more closely related to the patient. This inquiry is especially important if the relative is not a member of the patient's immediate family. If, after such inquiry, there is no reason to suspect that the relative is not the closest available relative, it is probably safe to rely upon his or her assertions. These assertions should be documented on the consent form which the relative signs by requiring a statement specifying the relationship to the patient.</p> <p>If there is reason to suspect that the person accompanying the patient is, in fact, not the patient's closest available relative, his or her assertions should not be relied upon (CHA Consent Manual, 2016).</p>	<p>No Consent Required Same as for Special Circumstances involving Competent Adults</p>
<p>Developmentally Disabled Adults</p>	<ul style="list-style-type: none"> • Should not presumed to be incompetent • If the patient's provider makes the determination that he or she is incapable of consenting to treatment, the consent can be provided by the DDA's <ul style="list-style-type: none"> • attorney-in-fact • conservator legally authorized to consent to such treatment • closest available relative • court order 	<p>Legal Representative</p> <p>No Consent Required Same as for Special Circumstances involving Competent Adults</p>

Appendix 2

Legal Consent Requirements For Medical Treatment Of Minors

If Patient is:	Is parental consent required?	Are parents responsible for costs? †	Is minor's consent sufficient?	May MD inform parents of treatment without minor's consent?
Unmarried, no special circumstances	Yes	Yes	No	Yes
Unmarried, emergency care and parents not available [Business and Professions Code § 2397]	No	Yes	Yes, if capable	Yes
Married or previously married [Family Code § 7002]	No	No	Yes	No
Emancipated (declaration by court, identification card from DMV) [Family Code §§ 7002, 7050, 7140]	No	1	Yes	No
Self-sufficient (15 or over, not living at home, manages own financial affairs) [Family Code § 6922]	No	No	Yes	1
Not married, care related to prevention or treatment of pregnancy, except sterilization [Family Code § 6925]	No	No	Yes	No
Not married, seeking abortion	No	No	Yes	No
Not married, pregnant, care not related to prevention or treatment of pregnancy and no other special circumstances	Yes	Yes	No	Yes
On active duty with Armed forces [Family Code § 7002]	No	No	Yes	No
12 or older, care for communicable reportable disease or condition [Family Code § 6926]	No	No	Yes	Probably not
12 or older, care for rape [Family Code § 6927]	No	No	Yes	Yes, usually
Care for sexual assault ¹ [Family Code § 6928]	No	No	Yes	Yes, usually
12 or older, care for alcohol or drug abuse ¹ [Family Code § 6929]	No ²	Only if parents are participating in counseling	Yes	Yes, usually
12 or older, care for mental health treatment, outpatient only [Family Code § 6924]	No	Only if parents are participating in counseling	Yes	Yes, usually
17 or older, blood donation only [Health and Safety Code § 1607.5]	No	No	Yes	Yes, usually

¹Special requirements apply. See *Chapter 2 of the Consent Manual & Health Care Law*.

²Parental consent *is* required for a minor's participation in replacement narcotic abuse treatment (such as methadone, LAAM or buprenorphine products) in a program licensed pursuant to Health and Safety Code § 11875 *et. seq.* [Family Code § 6929(e)]

† Reference: Welfare and Institutions Code § 14010

Minors are defined as all persons under 18 years of age.

VALUE BASED PURCHASING

Erika Pineda, BSN, RN



kaweahhealth.org



Abbreviations

CMS: Centers for Medicare and Medicaid Services
DRG: Diagnosis Related Groups
ECE: Extraordinary Circumstances Exception
FY: Fiscal Year
CY: Calendar Year
TPS: Total Performance Score
VBP: Value Based Purchasing
CHA: California Hospital Association
HAI: Healthcare-Associated Infection
CAUTI – Catheter Associated Urinary Tract Infection
CLABSI – Central Line Associated Blood Stream Infection
MRSA - Methicillin-resistant Staphylococcus Aureus
CDIFF – Clostridium Difficile Infection
SSI: Surgical Site Infection

MSPB: Medicare Spending per Beneficiary
IQR: Inpatient Quality Reporting
THA/TKA: Total Hip Arthroplasty/or Total Knee Arthroplasty
HCAHPS: Hospital consumer Assessment of Healthcare Providers and Systems
AMI: Acute Myocardial Infarction
COPD: Chronic Obstructive Pulmonary Disease
HF: Heart Failure
PN: Pneumonia
HF: Heart Failure
CABG: Coronary Artery Bypass Grafting
EMR: Electronic Medical Record
HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

VBP Program Overview

Set forth under section 1886(0) of the social security act

Ties hospital reimbursement to the quality of care, not just the quantity of inpatient acute care services

Funded by a 2% reduction from participating hospitals' base operating Medicare Severity Diagnosis Related Group (MS-DRG) payments

When selecting new measures for the Hospital VBP program the measure must have been originally specified under the Hospital Inpatient Quality Reporting (IQR) Program

CMS will refrain from beginning the performance period for any new measure until the data on that measure have been posted on Hospital Compare for at least a year

It is an estimated budget-neutral program (Federal FY 2024 estimated available funds 1.7 Billion)

FY 2024 Domains and Measures CY 2022 Discharges



Clinical Outcomes (25%)

MORT-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate

MORT-30-CABG: Coronary Artery Bypass Graft (CABG) Surgery 30-Day Mortality Rate

MORT-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate

MORT-30-HF: Heart Failure (HF) 30-Day Mortality Rate

MORT-30-PN: Pneumonia (PN) 30-Day Mortality Rate

COMP-HIP-KNEE: Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate

Efficiency and Cost Reduction (25%)

MSPB: Medicare Spending per Beneficiary



Person and Community Engagement (25%)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Survey Dimensions

Communication with Nurses

Communication with Doctors

Responsiveness of Hospital Staff

Communication about Medicines

Cleanliness and Quietness of Hospital Environment

Discharge Information

Care Transition

Overall Rating of Hospital

Safety (25%)

CAUTI: Catheter-associated Urinary Tract Infection

CDI: *Clostridium difficile* Infection

CLABSI: Central Line-associated Bloodstream Infection

MRSA: Methicillin-resistant *Staphylococcus aureus* Bacteremia

SSI: Surgical Site Infection- Colon Surgery and Abdominal Hysterectomy

Kaweah Health VBP FY 2024 Performance Report CMS

Snapshot (CY 2022 Discharges)

Outperforming (Earned points):

- Elective THA/TKA Complication Rate (Safety Domain)
- HAIs: CAUTI, CLABSI, MRSA, SSI Colon (Safety Domain)
- Medicare Spending per Beneficiary (MSPB) [Efficiency & Cost Reduction Domain]

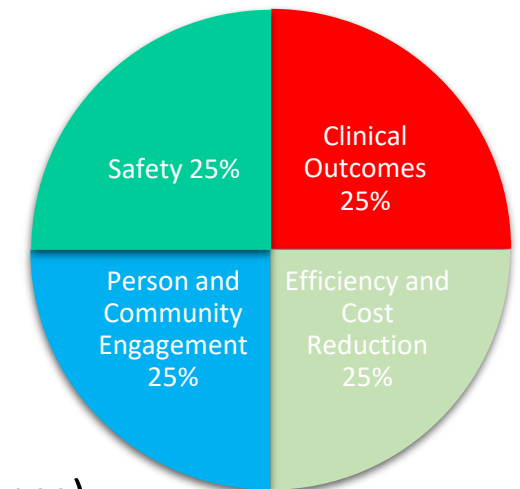
Opportunities (Did not earn points [Zero]):

- Mortality: AMI, COPD, CABG, HF, & PN (Clinical Outcomes Domain)
- HAIs: C Diff (Safety Domain)
- Pt Experience Survey/HCAPHS (we performed lower in all dimensions compared to our baseline performance for VBP HCAPHS) [Person & Community Engagement Domain]

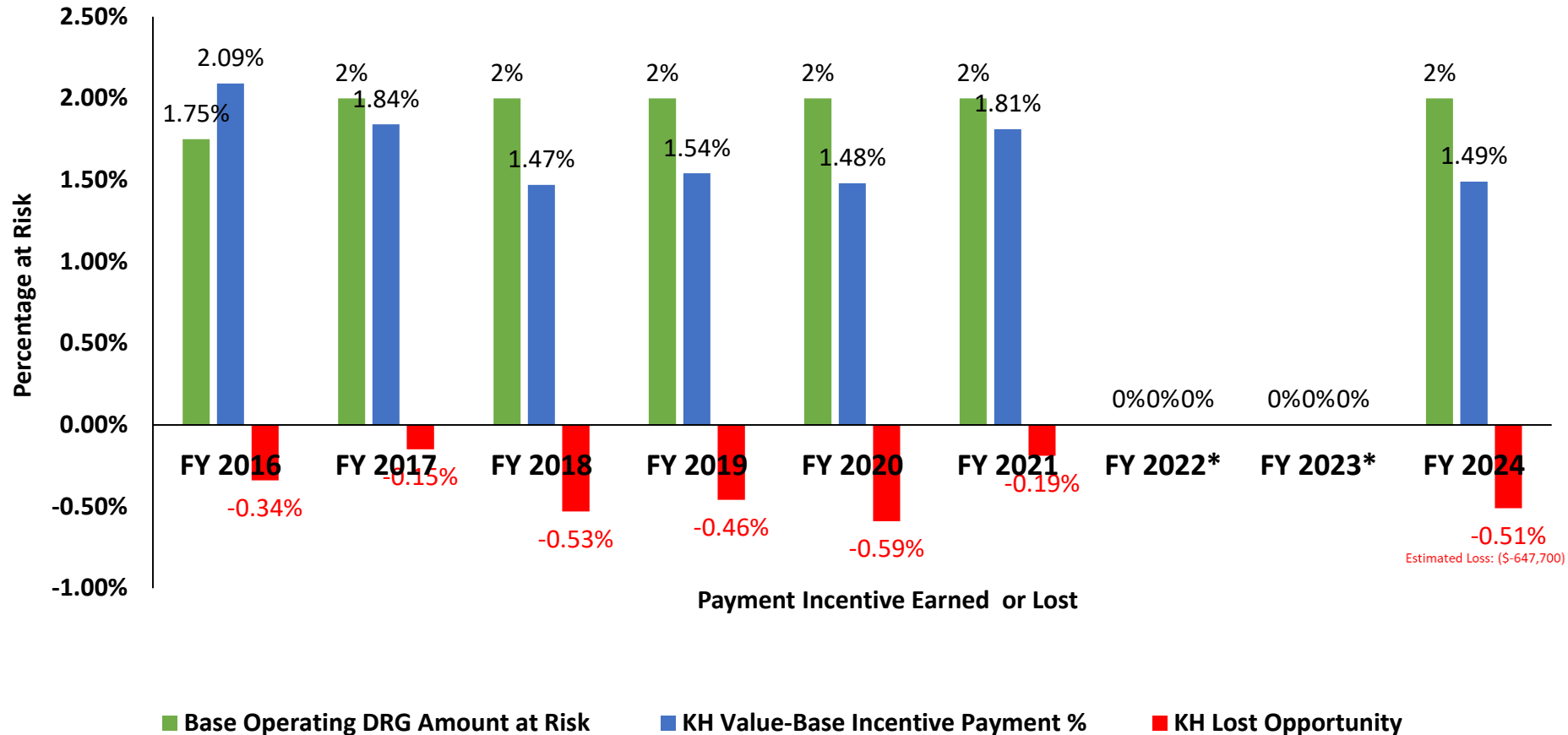
Not enough volume of cases to compare or generate a score (does not negatively impact performance)

- SSI-Abdominal Hysterectomy

CHA FY 2024 VBP <u>Estimated</u> Cost	
Contribution	CHA Estimated Payment Received
2% = \$1,759,600	\$1,111,800
Estimated Loss: (\$-647,700)	



Kaweah Health VBP Performance



*VBP Exclusion Reason for FY 2022 & FY 2023:

- Due to a public health emergency, CMS suppressed several measures
- There was not enough data to award a Total Performance Score

FY 2025 Domains and Measures CY 2023 Discharges



No metric changes

Clinical Outcomes (25%)

MORT-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate

MORT-30-CABG: Coronary Artery Bypass Graft (CABG) Surgery 30-Day Mortality Rate

MORT-30-COPD: Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate

MORT-30-HF: Heart Failure (HF) 30-Day Mortality Rate

MORT-30-PN: Pneumonia (PN) 30-Day Mortality Rate

COMP-HIP-KNEE: Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate

Efficiency and Cost Reduction (25%)



MSPB: Medicare Spending per Beneficiary

Person and Community Engagement (25%)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Survey Dimensions

Communication with Nurses

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CLABSI: Central Line-associated Bloodstream Infection

MRSA: Methicillin-resistant *Staphylococcus aureus* Bacteremia

SSI: Surgical Site Infection- Colon Surgery and Abdominal Hysterectomy

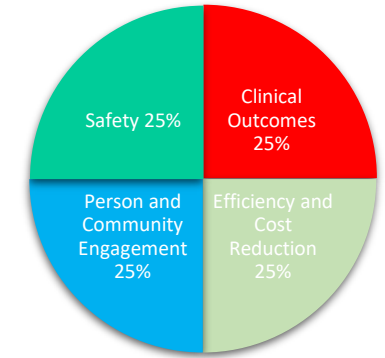
FY 2026 Domains Measures & Timelines

NEW: SEP-1 Severe Sepsis and Septic Shock Management Bundle (Composite Measure) added to CY 2024 discharges

Domain	Measure	Baseline Period	Performance Period
 Clinical Outcomes	Mortality Measures (AMI, CABG, COPD, HF)	July 1, 2016– June 30, 2019	July 1, 2021– June 30, 2024
	Complication Measure	April 1, 2016– March 31, 2019	April 1, 2021– March 31, 2024
 Person and Community Engagement	HCAHPS Survey	January 1, 2022– December 31, 2022	January 1, 2024– December 31, 2024
 Safety	Healthcare-associated infection (HAI) Measures & SEP-1 Measure	January 1, 2022– December 31, 2022	January 1, 2024– December 31, 2024
 Efficiency and Cost Reduction	MSPB Hospital	January 1, 2022– December 31, 2022	January 1, 2024– December 31, 2024

VBP Performance Period Happening Now!

FY 2026 Action Plans & Next Steps



EFFICIENCY & COST REDUCTION

Medicare Spending

- Operation back in black teams are all working on efficiency and lowering costs

CLINICAL OUTCOMES

Mortality

- Best Practice team initiative working on standardizing best practices and key performance indicators for COPD, PN, & HF population

Hip & Knee Complications

- Nurse Practitioner performs daily patient rounding, collaborates with care team, & patient/family to ensure a safe discharge plan. Current efforts to enhance preoperative education, family/friend support throughout the surgical process and staying up to date to follow evidence-based clinical treatment pathways

PERSON AND COMMUNITY ENGAGEMENT

HCAHPS Survey

- Multidisciplinary rounds, hourly rounding, smile and greet as well as expanded focus on the human connection campaign

FY 2026 Action Plans & Next Steps



SAFETY

CLABSI

- Reduce line utilization, multidisciplinary rounds, & adherence to safe patient care environment including Hand hygiene practices.

CAUTI

- Reduce indwelling urinary catheter utilization, multidisciplinary rounds, adherence to nurse driven indwelling urinary catheter removal. Compliance with supporting a safe patient care environment including hand hygiene practices.

MRSA

- MRSA nares decolonization, Chlorhexidine gluconate bathing for selected patients or when inserting central lines. Compliance with supporting a safe patient care environment including hand hygiene practices.

C. DIFF

- Advocate for compliance with C Diff testing policy, ongoing communication with care team regarding testing practices, & EMR prompts to aid in decision making for C Diff testing. Compliance with supporting a safe patient care environment including hand hygiene practices.

SEPSIS

- Enhancements to EMR, & Expansion of Sepsis One Hour bundle to inpatient setting. Ongoing education to Medical Staff, Residents & Care Team



The pursuit of healthiness

More than medicine. Life.





FY 2024 Strategic Plan

Outstanding Health Outcomes
June 26, 2024



kaweahhealth.org



Kaweah Health

MORE THAN MEDICINE. LIFE ^{242/403}

Outstanding Health Outcomes (OHO) Dashboard

Sepsis (SEP)

	FY 2024 Target	FY 2022	FY 2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FYTD 24
SEP-1 CMS % bundle compliance	85%	75%	73%	68%	77%	76%	76%	82%	69%	71%	85%	71%				75%
Sepsis and Related Conditions o/e mortality	≤0.78		1.12	0.75	0.82	0.78	0.84	1.38	1.02	0.92	0.93	0.93				0.96

Central Line Associated Blood Stream Infection (CLABSI)

	FY 2024 Target	FY 2022	FY 2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FYTD 24
CLABSI Events		18 Ex COVID	14 Ex COVID	1	2	3	0	3	0	2	3	1	2	0		17
CLABSI SIR	0.39	1.01 Ex COVID	0.93 Ex COVID	0.83	1.16	2.22	0.00	1.15	0.00	1.29	2.31	0.86	1.50	0.00		1.14
Central Line Utilization Rate	0.68	1.02	0.88	0.749	0.791	0.828	0.774	0.685	0.876	0.822	0.799	0.66	0.79	0.749		0.77

Catheter Associated Urinary Tract Infection (CAUTI)

	Target	FY 2022	FY 2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FYTD 24
CAUTI Events		23 Ex COVID	12 Ex COVID	0	0	2	0	2	1	1	0	0	2	0		8
CAUTI SIR	0.40	1.09 Ex COVID	0.55 Ex COVID	0.00	0.00	1.06	0.00	0.97	0.46	0.46	0.00	0.00	0.07	0.00		0.38
Indwelling Urinary Catheter (IUC) Utilization Rate (ICU)	0.70	1.18	1.22	0.869	0.925	1.040	1.080	1.10	1.077	1.025	1.07	0.98	1.00	0.82		1.00

Methicillin-Resistant Staphylococcus Aureus (MRSA)

	Target	FY 2022	FY 2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FYTD 24
MRSA Events		10 Ex COVID	6 Ex COVID	0	0	1	0	1	3	2	0	0	0	0		7
MRSA SIR	0.55	1.11 Ex COVID	0.66 Ex COVID	0.00	0.00	1.47	0.00	1.32	3.00	2.26	0.00	0.00	0.00	0.00		0.80

KEY

Does not meet goal/benchmark	Within 10% of goal/benchmark	Outperforming/ meeting goal/benchmark
------------------------------	------------------------------	---------------------------------------

Action Plan Summary

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

Sepsis

- Focus on [1 hr bundle](#) and expanding to inpatient areas, new order sets/power plans in process with physician stakeholders
- [Six Sigma improvement work](#) in process to re-identifying root causes of SEP-1 non-compliance to focus improvement work on the highest contributing factors

Healthcare Acquired Infections

- Super “HAI Brain Trust” Quality Focus Team established, approved by Quality Improvement Committee
- Combine and focus efforts on process metrics that affect the SIRs for CAUTI, CLABSI & MRSA and includes:
 - Line utilization (both central lines and indwelling urinary catheters)
 - [Multidisciplinary Rounds \(MDR\) started](#) January 2024 in ICU, addresses line necessity (less lines=less infections), monitoring line utilization rates to evaluate effectiveness; ICU central line and ICU utilization rates for last 2 months (March & April 2024) have been lower than FY23 SUR. Plan to spread MDRs to DCVICU and Step Down units following Intensivist-Hospitalist transitions.
 - [Reinvigorate the Standardized Procedure](#) – medical staff approved criteria for nurses to remove urinary catheters
 - Decolonization rates
 - [Nasal Decolonization](#)– Significantly improved from 32% (Jan-June 2023) to 84% (July – Jan 2024). Includes patients who are screened and test positive for MRSA upon admission and not discharged within 24 hours of Mupirocin order (decolonization agent). Next Steps – determining and addressing root causes of patients missed screening, and review of workflow of Mupirocin order to administration processes
 - [Skin Decolonization](#) – developing process for skin decolonization through CHG bathing
 - Cleaning effectiveness in high risk areas
 - [Quantifying the effectiveness of cleaning](#) during EVS onboarding and annual review with ATP testing; continue to measure cleaning effectiveness through ATP testing in high risk areas (ie. OR’s, ICUs)
 - Hand Hygiene (use of BioVigil system for monitoring)
 - [Increase use of BioVigil system](#), improvement from 31% of active users achieving target badge hours in FY 2023, to 51% (July 23’ to Mar 24’). Next steps, additional tools provided to leaders and staff to support increase use, and evaluation of active users with the denominator
 - Started March 2024 – [RECOGNITION PROGRAMS](#) for units/departments that have achieved highest % of staff meeting 80hrs active time (paired) per month!

Standardized Infection Ratio (SIR) Champions: Sandy Volchko

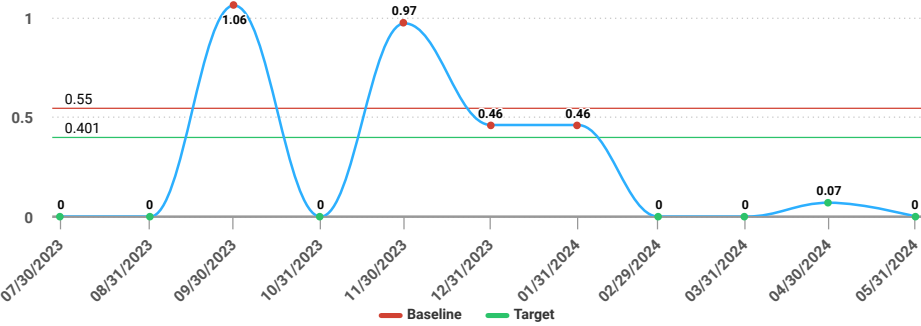
Objective: Reduce the Hospital Acquired Infections (HAIs) to the national 70th percentile in FYTD24 as reported by the Centers for Medicare and Medicaid Services

Plan

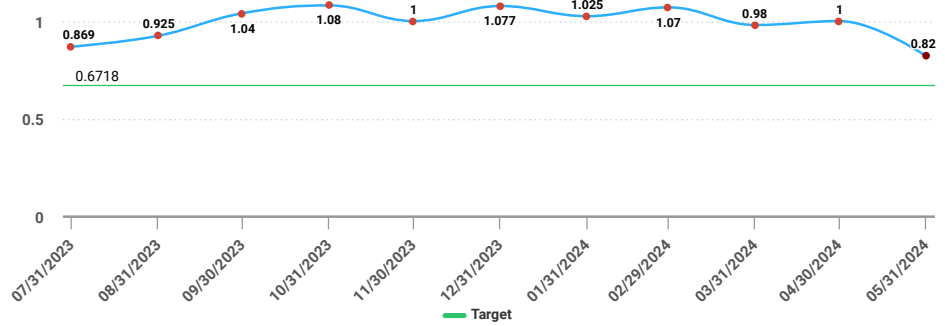
#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.1.1	Objective	The Healthcare Acquired Infection (HAI) Team	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.1.2	Objective	Verification of Best Practices/Line Rounds	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.1.3	Objective	Bio-Vigil	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.1.4	Objective	Increase MRSA Decolonization	01/15/2024	06/30/2024	Sandy Volchko	On Track	
5.1.5	Objective	Optimization of Multidisciplinary Rounds	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.1.6	Outcome	Standardized Infection Ratio (SIR) CAUTI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	On Track	FY24 Goal .401 (70th Percentile) FYTD 0.38 through May (8)
5.1.6.1	Outcome	Decrease Utilization Rates for Foley Catheters (CAUTI)	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal .6718 (70th Percentile) FYTD 1.00 through May
5.1.7	Outcome	Standardized Infection Ratio (SIR) CLABSI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal .486 (70th Percentile) FYTD 1.14 through May (17)
5.1.7.1	Outcome	Decrease Utilization Rates for Central Lines (CLABSI)	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal .6633 (70th Percentile) FYTD 0.77 through May
5.1.8	Outcome	Standardized Infection Ratio (SIR) MRSA (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal .507 (70th Percentile) FYTD 0.80 through May (7)

Standardized Infection Ratio (SIR) Champions: Sandy Volchko

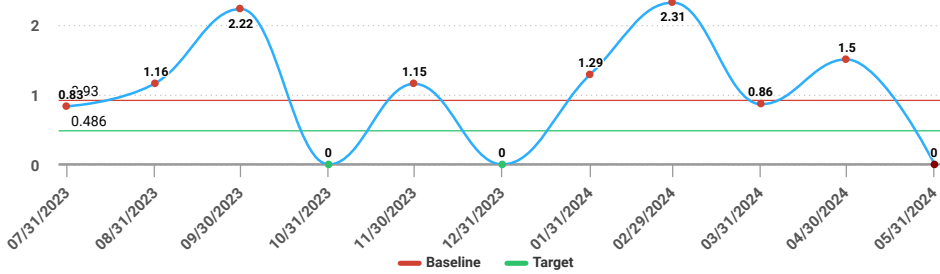
SIR CAUTI FYTD (< 0.401)



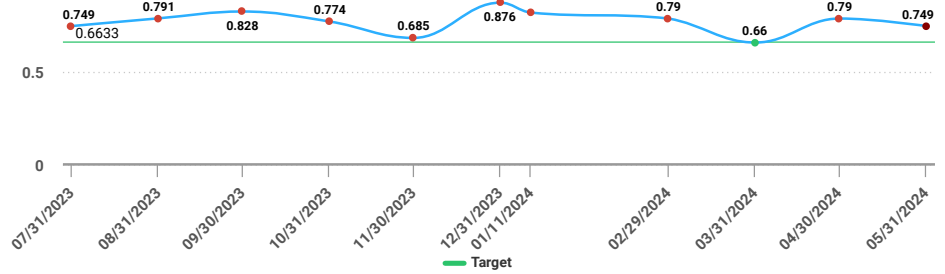
Decrease Utilization Rates for Foley Catheters - CAUTI FYTD (< 0.6718)



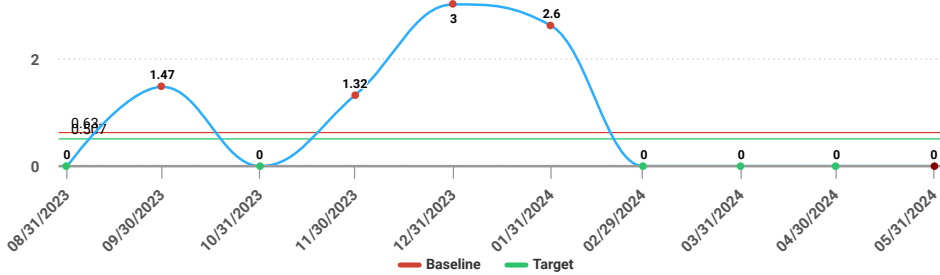
SIR CLABSI FYTD (< 0.486)



Decrease Utilization Rates for Central Lines - CLABSI FYTD (< 0.663)



SIR MRSA FYTD (< 0.507)

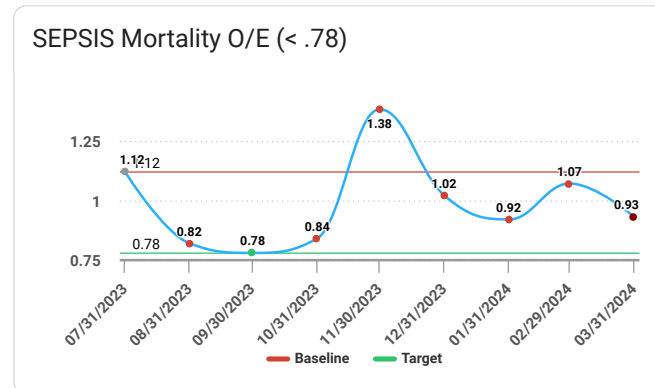
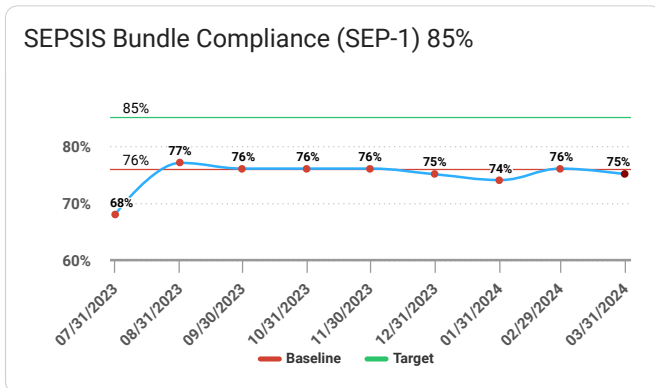


SEPSIS Bundle Compliance (SEP-1) Champions: Sandy Volchko

Objective: Increase SEP-1 bundle compliance to overall 85% compliance rate for FY24 through innovative improvement strategies based on root causes.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.2.1	Objective	Utilize SEPSIS Coordinators to identify and monitor patients	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.2.2	Objective	SEPSIS Alerts-MD notifications	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.2.3	Objective	Quality Focus Team-RCAs/Fall out review	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.2.4	Objective	One hour Sepsis Bundle	06/30/2023	06/30/2024	Sandy Volchko	On Track	
5.2.5	Outcome	SEPSIS Bundle Compliance (SEP-1) % FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal 85% FYTD through March 75% * The 85% goal represents ~top 5% national performance. Last reported CMS mean 61%.
5.2.5.1	Outcome	SEPSIS Mortality O/E	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal .78 (50th percentile) FYTD through March 0.93



Mortality and Readmissions Champions: Sandy Volchko

Objective: Reduce observed/expected mortality through the application of standardized best practices.

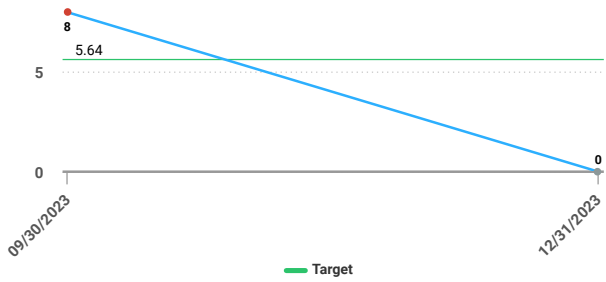
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.3.1	Objective	Enhanced diagnosis specific workgroups/committees	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.3.2	Objective	Standardized care based on evidence	07/01/2023	06/30/2024	Sandy Volchko	On Track	
5.3.3	Outcome	Hospital Readmissions % AMI (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Started	PROPOSED CHANGES FOR FY25 - Determining best group to address and support this work.
5.3.4	Outcome	Hospital Readmissions % COPD (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Achieved	FY24 Goal 10.53 (75th percentile) Quarter 1 2024 - 5.56 (1/18) FYTD through March - 8.16 (4/49)
5.3.5	Outcome	Hospital Readmissions % HF (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal 11.80 (75th percentile) Quarter 1 2024 - 19.15 (9/47) FYTD through March - 16.39 (20/122)
5.3.6	Outcome	Hospital Readmissions % PN Viral/Bacterial (CMS data FYTD)	07/01/2023	06/30/2024	Sandy Volchko	On Track	FY24 Goal 9.76 (75th percentile) Quarter 1 2024 - 8.33 (5/60) FYTD through March - 8.87 (11/124)
5.3.7	Outcome	Decrease Mortality Rates AMI - QTR	07/01/2023	06/30/2024	Sandy Volchko	Not Started	PROPOSED CHANGES FOR FY25 - Determining best group to address and support this work.
5.3.8	Outcome	Decrease Mortality Rates COPD FYTD	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal .66 (75th percentile) Quarter 1 2024 - 1.02 (n = 22) FYTD through March - 1.47 (n=58)
5.3.9	Outcome	Decrease Mortality Rates HF - QTR	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal .44 (75th percentile) Quarter 1 2024 - 1.04 (n = 55) FYTD through March - 0.95 (n=137)
5.3.10	Outcome	Decrease Mortality Rates PN Bacterial - QTR	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal .65 (75th percentile) Quarter 1 2024 - 0 (n=10) FYTD through March - 1.03 (n=26)
5.3.11	Outcome	Decrease Mortality Rates PN Viral - QTR	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal .44 (75th percentile) Quarter 1 2024 - 1.72 (n=58) FYTD through March - 1.22 (n=112)
5.3.12	Outcome	Percutaneous Coronary Intervention (PCI) In Hospital Mortality Rate - STEMI	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	Goal - 2.5 (50th Percentile) Baseline - 3, Rolling 4 quarters (10/1/21 - 9/30/22) 3.2 Rolling 4 quarters (1/1/23 - 12/31/23)
5.3.13	Outcome	Acute Kidney Injury Post PCI	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	Goal - 4.7 (90th Percentile) Baseline - 3.3 Rolling 4 quarters (10/1/21 - 9/30/22) 6.1 Rolling 4 quarters (1/1/23 - 12/31/23)
5.3.14	Outcome	Risk Standardized Bleeding Rate	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	Goal - 1.5 (75th Percentile) Baseline - 1.77 Rolling 4 quarters (10/1/21 - 9/30/22) 2.19 Rolling 4 quarters (1/1/23 - 12/21/23)

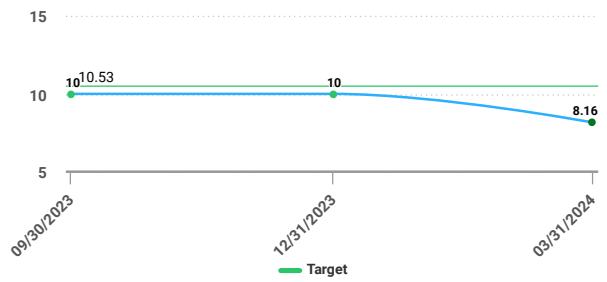
Mortality and Readmissions

Champions: Sandy Volchko

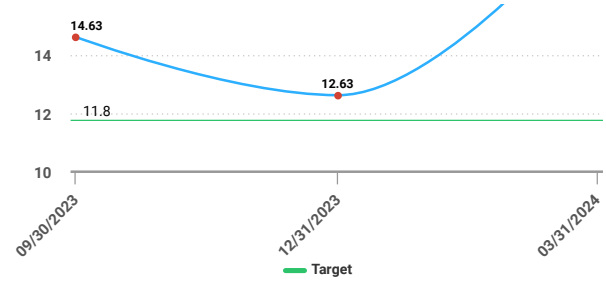
Hospital Readmissions AMI (< 5.64) - QTR



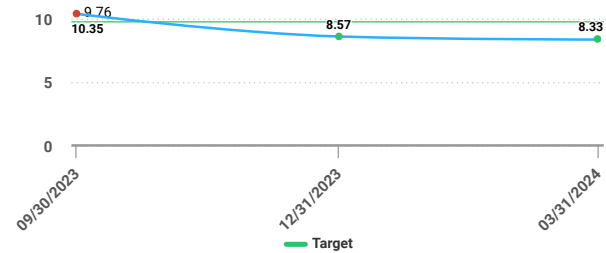
Hospital Readmissions COPD (< 10.53) - QTR



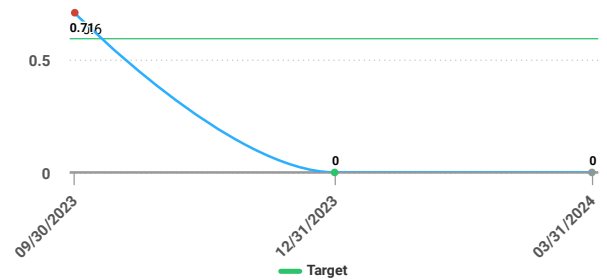
Hospital Readmissions HF (< 11.80) - QTR



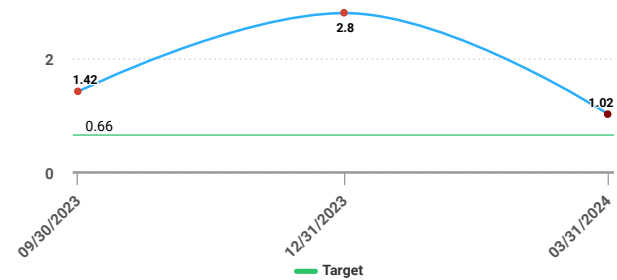
Hospital Readmissions PN Viral/Bacterial (< 9.76) - QTR



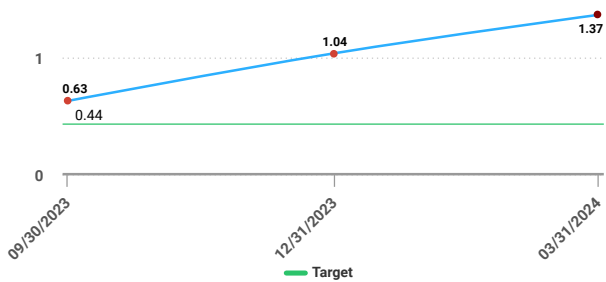
Decrease Mortality Rates AMI (< 0.60) - QTR



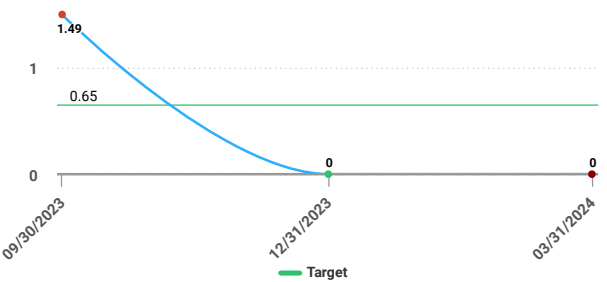
Decrease Mortality Rates COPD (< 0.66) - QTR



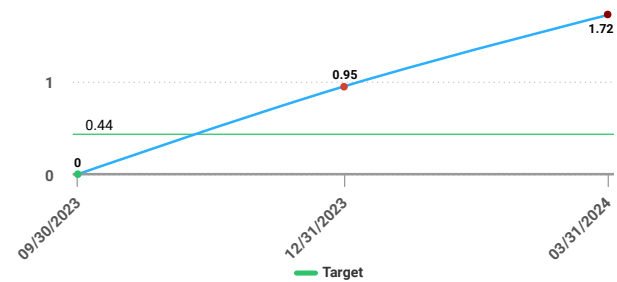
Decrease Mortality Rates HF (< 0.44) - QTR



Decrease Mortality Rates PN Bacterial (< 0.65) - QTR



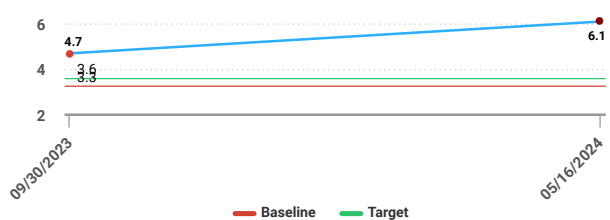
Decrease Mortality Rates PN Viral (<0.44) - QTR



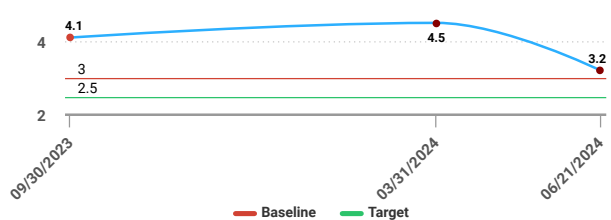
Mortality and Readmissions

Champions: Sandy Volchko

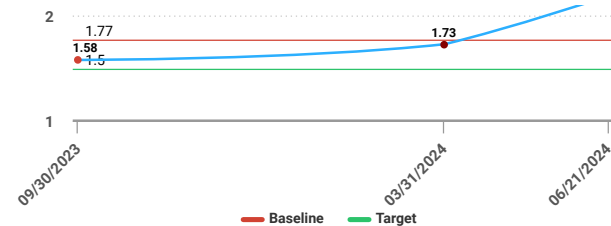
Acute Kidney Injury Post PCI (< 3.6)



PCI In-Hospital Mortality Rate - STEMI (< 2.5)



Risk Standardized Bleeding Rate (< 1.5)



Health Equity

Champions: Ryan Gates and Sonia Duran-Aguilar

Objective: Identify health disparities that improve affordable access to care by enhancing care coordination and more effective treatment through healthy living.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.4.1	Objective	Identify an individual to lead activities to improve Health Care Equity	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Achieved	Chief Of Population Health Ryan Gates leading Health Equity Committee along with Sonia Duran-Aguilar Director of Population Health and Dr. Omar Guzman.
5.4.2	Objective	Develop Organizational Multi-Year Health Equity Plan/Road Map	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.4.3	Objective	Review and Select Toolkit to be used, and identify gaps and develop plans to resolve	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	Health Services Advisory Group (HSAG) health equity roadmap
5.4.4	Objective	Select Social Screening Data Collection Tool by 7/1/23	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Achieved	PRAPARE Tool Selected and built out end of December 2023.
5.4.4.1	Objective	Build out tool in Cerner	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Achieved	PRAPARE went live in Cerner December 12, 2023.
5.4.4.2	Objective	Develop training materials for front line staff and complete training	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Achieved	Outpatient and Inpatient EMR Documentation for PRAPARE tool was deployed to teams in advance of go live December 12, 2023.
5.4.4.3	Objective	Evaluate reporting capabilities/dashboards	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	Model SDOH Screening PRAPARE Dashboard turned on in HealtheAnalytics. Validation in process by BI Development Team, Population Health Data Team and Quality & Patient Team. Once validation is complete, dashboard will be shared out to Health Equity Committee and Key Stakeholders.
5.4.4.4	Objective	Implement new screening tool and monitor and reinforce progress using available reports	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	PRAPARE Tool screening tool went live 12/12/2023. Requested monitoring reports and dashboard creation. ISS ticket submitted 1/3/2024. Ticket Issued: SD-331201 SDOH HealthEAnalytics Dashboard
5.4.5	Objective	Identify Disparities in data collected by 3/30/2024	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	Inpatient and outpatient maternal morbidity mortality outcomes/HRSA grant

Quality Improvement Program (QIP) Reporting

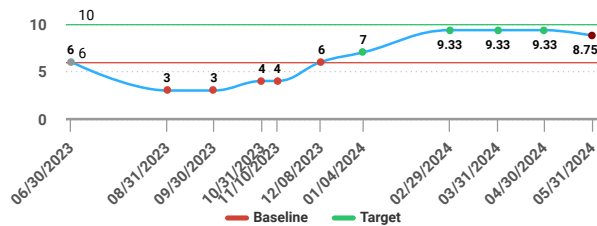
Champions: Sonia Duran-Aguilar

Objective: Achieve performance on the Quality Incentive Pool measures to demonstrate high quality care delivery in the primary care space.

Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.5.1	Objective	Improve Frontline staff (Clinic Primary Care/Internal Medicine/clinical staff) awareness of QIP performance and thereby ensure engagement and buy in QI efforts	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.5.2	Objective	Optimize workflows to drive and hardwire best practices for clinical care (registration, MA intake, provider documentation)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.5.3	Objective	Continue with Monthly workgroups (MCPs, Revenue Integrity, Population Health/Clinic Teams) to track progress	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.5.4	Objective	Continue to monitor Quality Data Code documentation and impact on QIP measure performance	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.5.5	Objective	Optimize Patient Advisories/Health Maintenance that align with QIP measures	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.5.6	Objective	Develop HealtheAnalytics Performance Dashboards-25 measures	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Achieved	
5.5.7	Objective	Completion of HealtheAnalytics Fall Out Worklists for QIP Measures-completed 18 FY23/ongoing for new and remaining measures (7 additional)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.5.8	Objective	Explore within Cerner, tools that improve automated coding (ICD/Quality Data Codes) per clinical documentation (long term strategy)	07/01/2023	06/30/2024	Sonia Duran-Aguilar	On Track	
5.5.9	Outcome	Meet 10 QIP measure performance	07/01/2023	06/30/2024	Sonia Duran-Aguilar	Not Achieved	Overall, we improved our quality score from year prior. In PY6 (2023), the score was 70% and in 2024 we came in at 8.75/10 = 87.5%.

Meet 10 QIP Measure Performance



Inpatient Diabetes Management

Champions: Emma Camarena and Cody Ericson

Objective: Optimize inpatient glycemic management using evidence-based practices to improve patient's glycemic control and reduce hypoglycemic events.

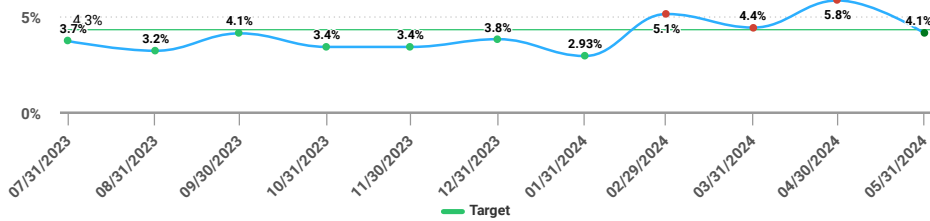
Plan

#	Level	Name	Start Date	Due Date	Assigned To	Status	Last Comment
5.6.1	Objective	Development of an inpatient diabetes management team	07/01/2023	06/30/2024	Sandy Volchko	On Track	To assist in a. the optimization of patients with diabetes on Glucommander (GM); b. reducing the rate of hypoglycemia to or at below SHM benchmarks in both the critical care and non-critical patients and c. reducing recurrent hypoglycemia in critical care and non-critical care to or at the SHM benchmark.
5.6.2	Objective	Development and implementation of non-Glucommander power plans	07/01/2023	06/30/2024	Sandy Volchko	On Track	To use for clinical situations where the use of GM is not appropriate for the management of glycemic excursions. There are certain indications when providers need the flexibility to order insulin outside of GM such as insulin sensitivity, continuous enteral feeding, eating more than 3 meals a day and steroid-induced hyperglycemia. The anticipated change in patient health outcomes would be a decrease in hypoglycemia, promote patient safety and optimize therapy for the patient with diabetes and in need of insulin therapy not on GM.
5.6.3	Outcome	Achieve benchmark performance for hypoglycemia in Critical Care (CC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2023	06/30/2024	Sandy Volchko	Achieved	FY24 Goal is < 4.3% FYTD 4.1%
5.6.4	Outcome	Achieve benchmark performance for hypoglycemia in Non-Critical Care (NCC) patient population, defined as percent patient days with blood glucose (BG) <70	07/01/2023	06/30/2024	Sandy Volchko	Achieved	FY24 Goal is < 3.4% FYTD 3.4%
5.6.5	Outcome	Achieve benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Critical Care (CC)	07/01/2023	06/30/2024	Sandy Volchko	Achieved	FY24 Goal is < 26.8% FYTD 25%
5.6.6	Outcome	Achieve benchmark performance for percent of patients with hypoglycemia with at least one recurrent hypoglycemic day for Non Critical Care (NCC)	07/01/2023	06/30/2024	Sandy Volchko	Not Achieved	FY24 Goal is < 29.6% FYTD 39.4%

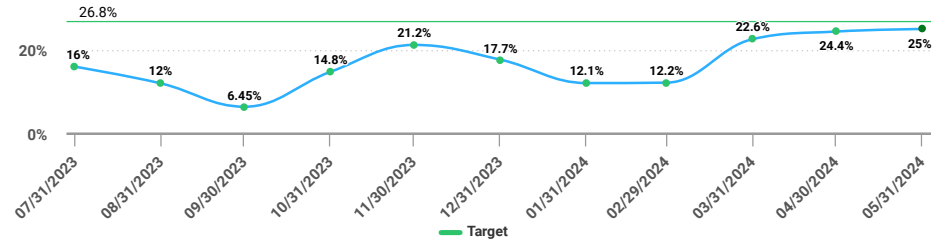
Inpatient Diabetes Management

Champions: Emma Camarena and Cody Ericson

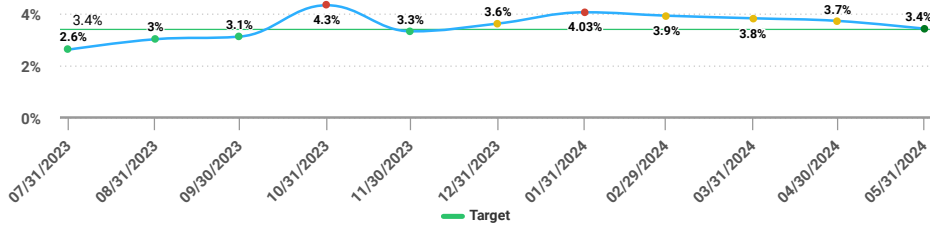
Hypoglycemia in Critical Care Patients (< 4.3%) FYTD



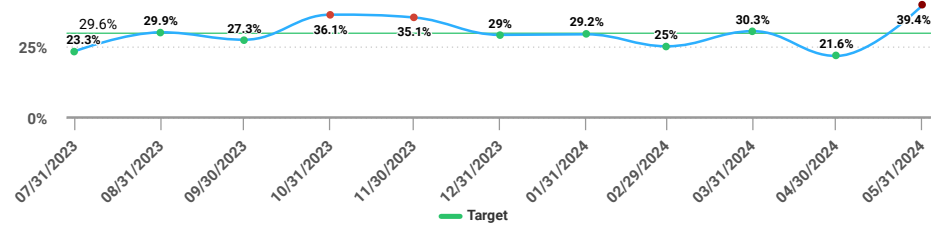
Recurrent Hypoglycemia in Critical Care Patients (< 26.8%) FYTD



Hypoglycemia in Non-Critical Care Patients (< 3.4%) FYTD



Recurrent Hypoglycemia in Non-Critical Care Patients (< 29.6%) FYTD



CFO Financial Report

Month Ending May 2024

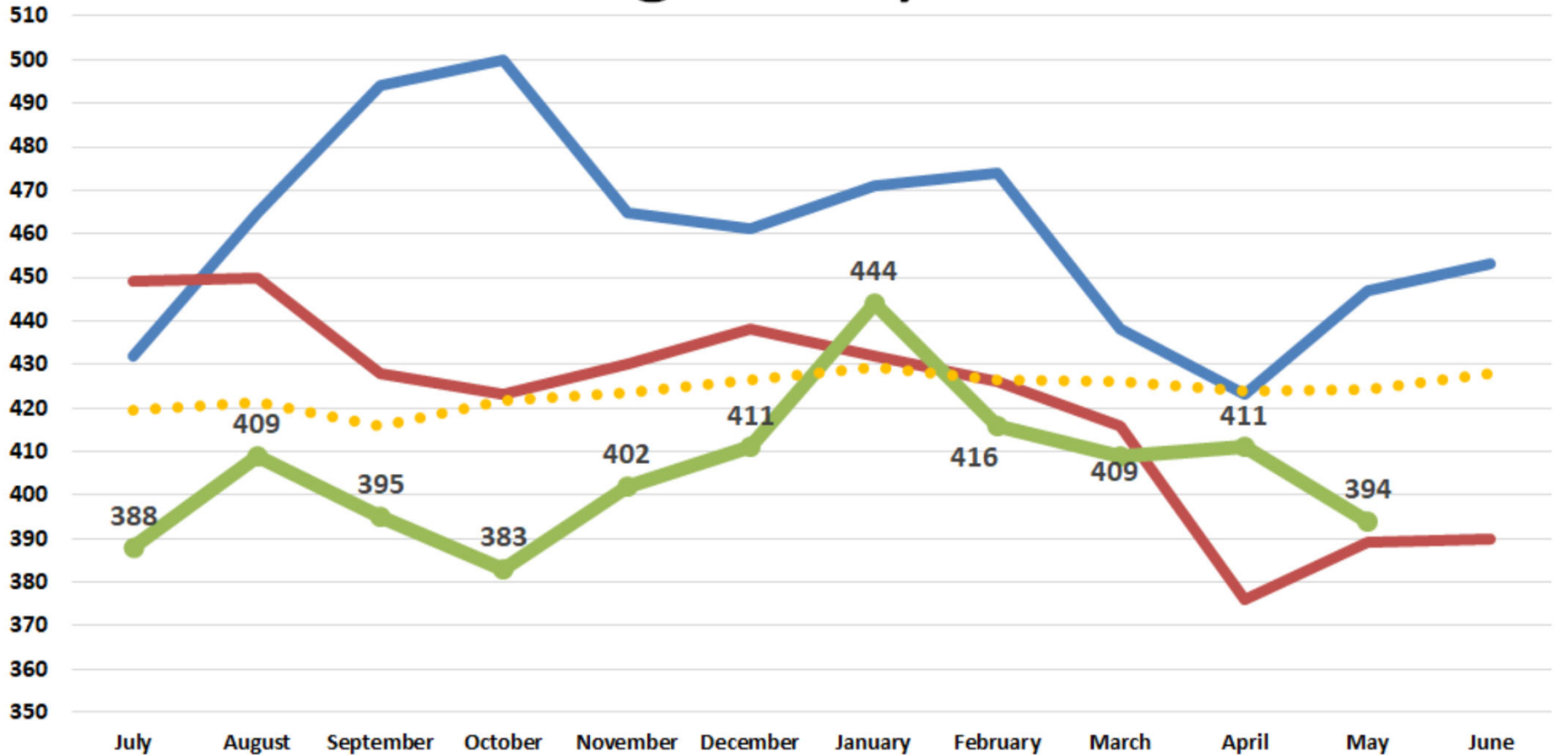


[kawahhealth.org](https://www.kawahhealth.org)

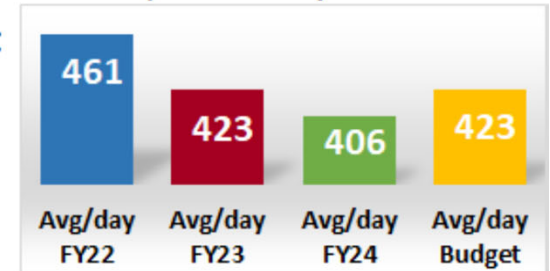


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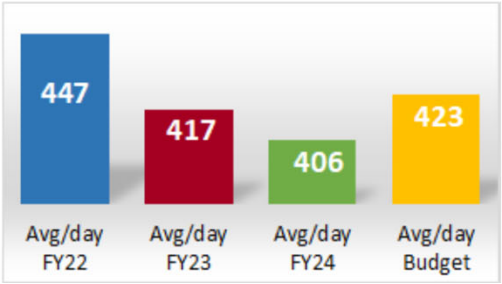
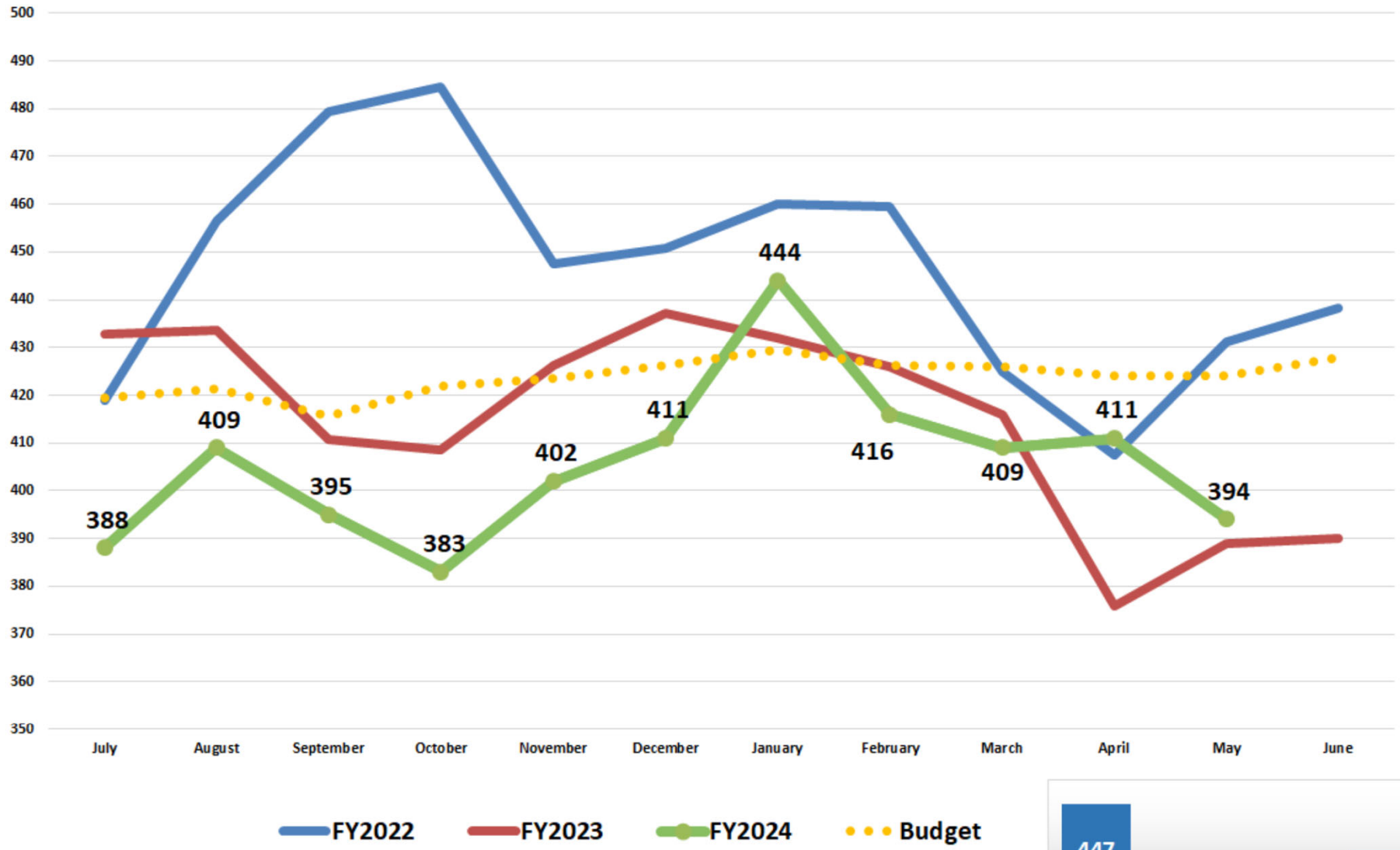
Average Daily Census



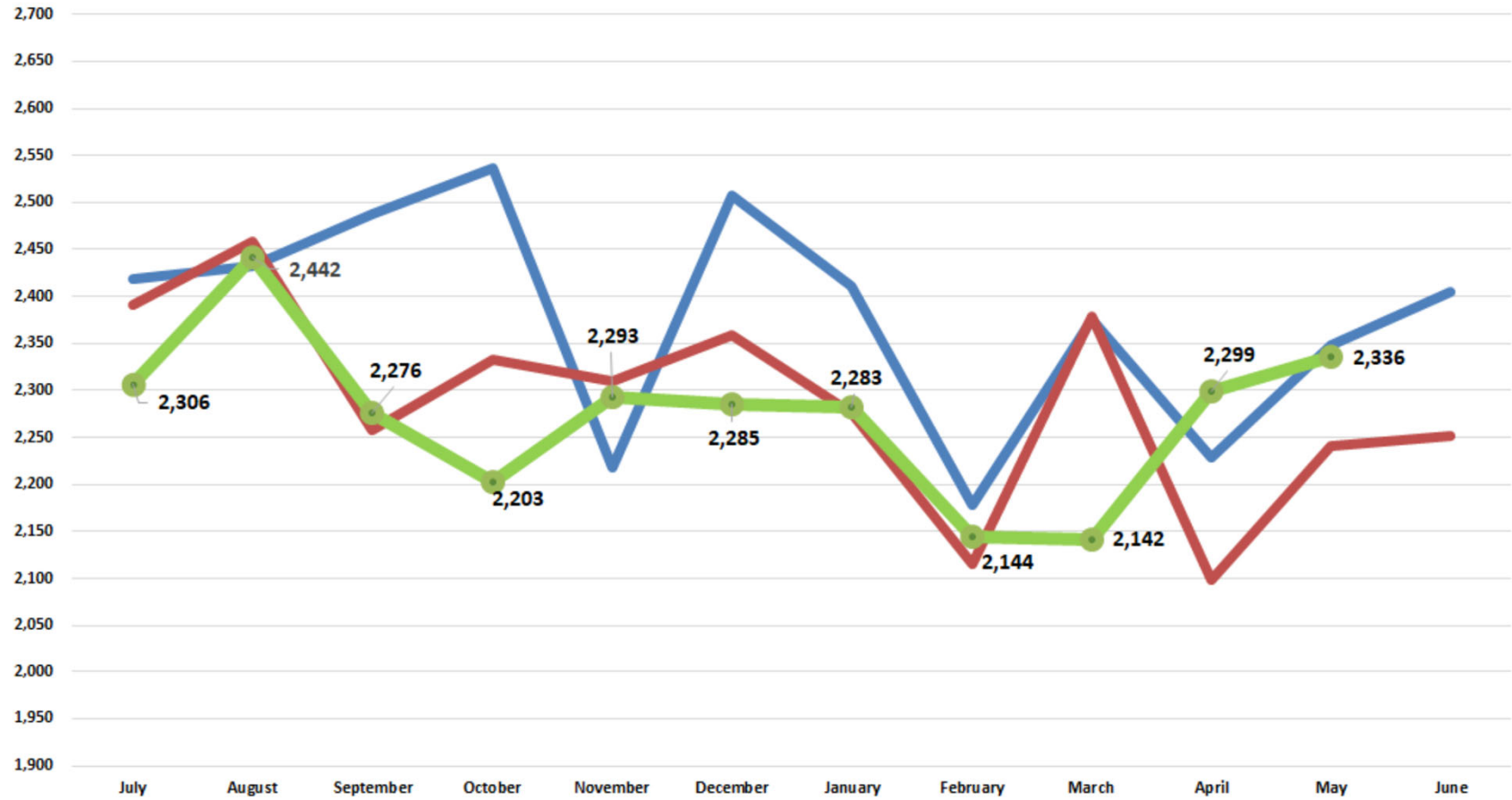
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



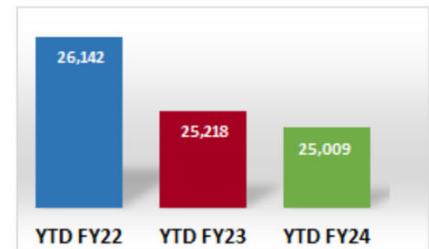
Average Daily Census w/o TCS



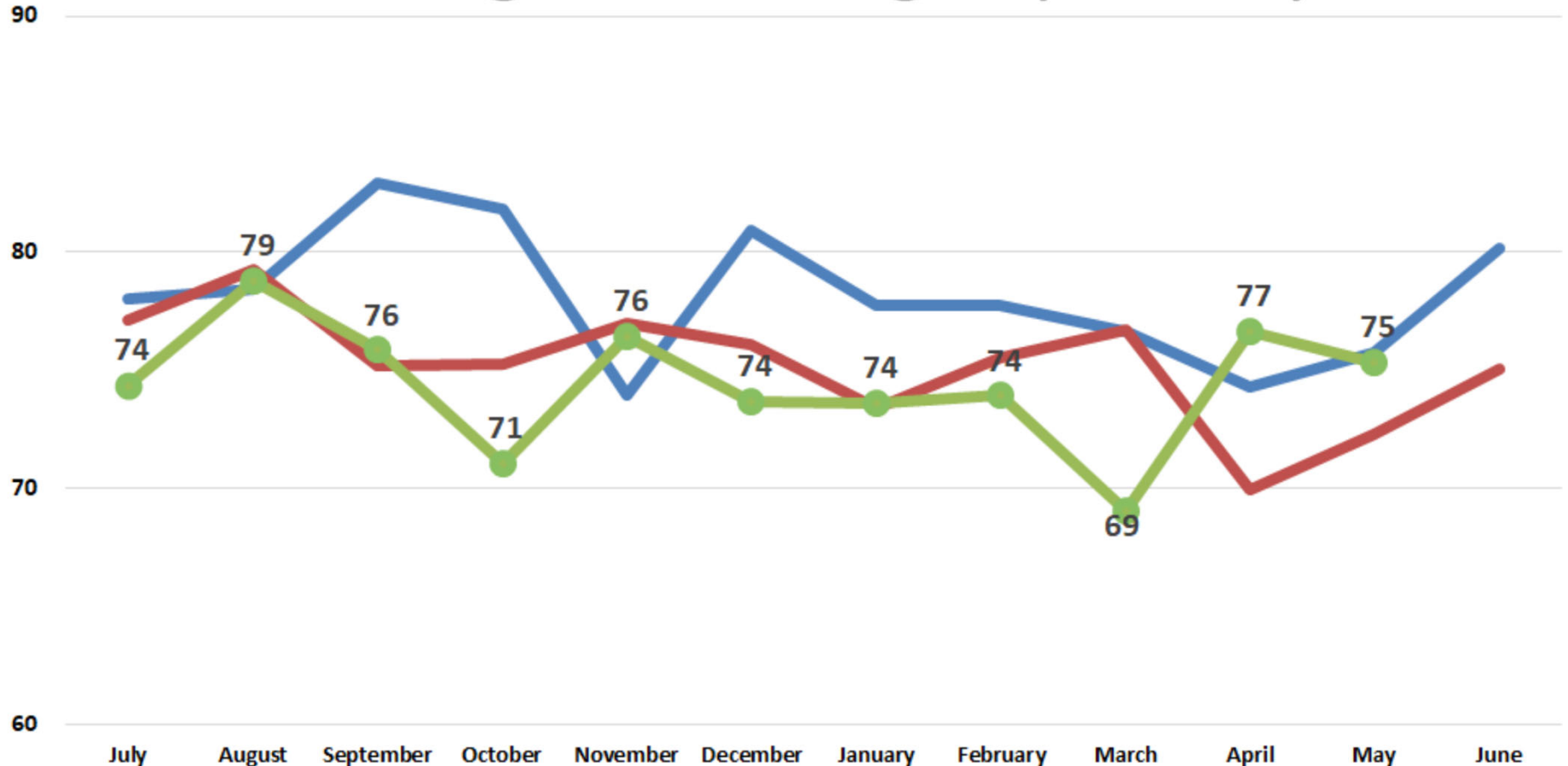
Discharges



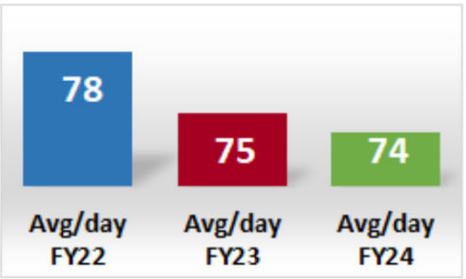
—●— FY2022
 —●— FY2023
 —●— FY2024



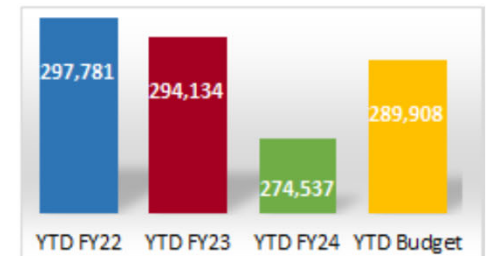
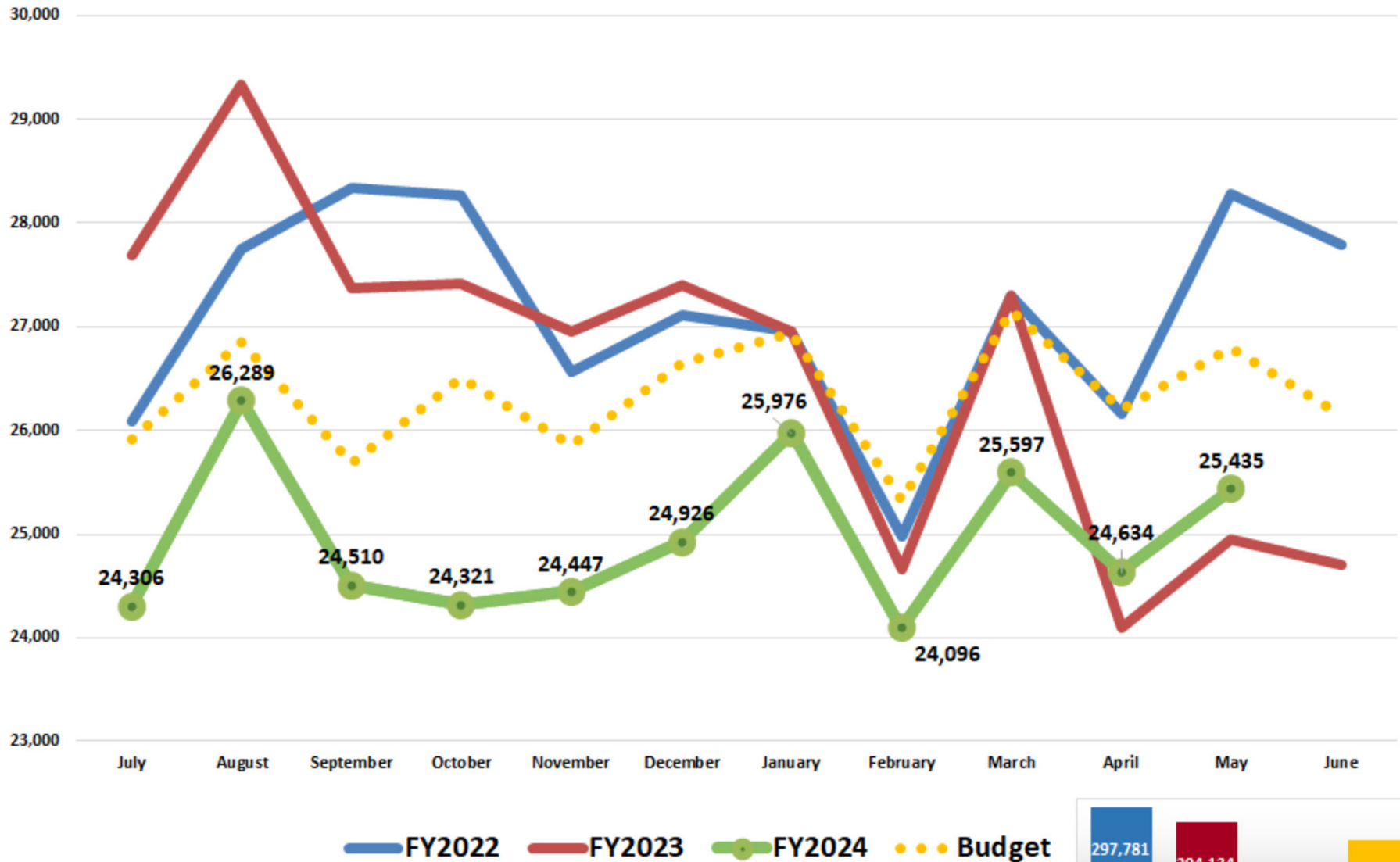
Average Discharges per day



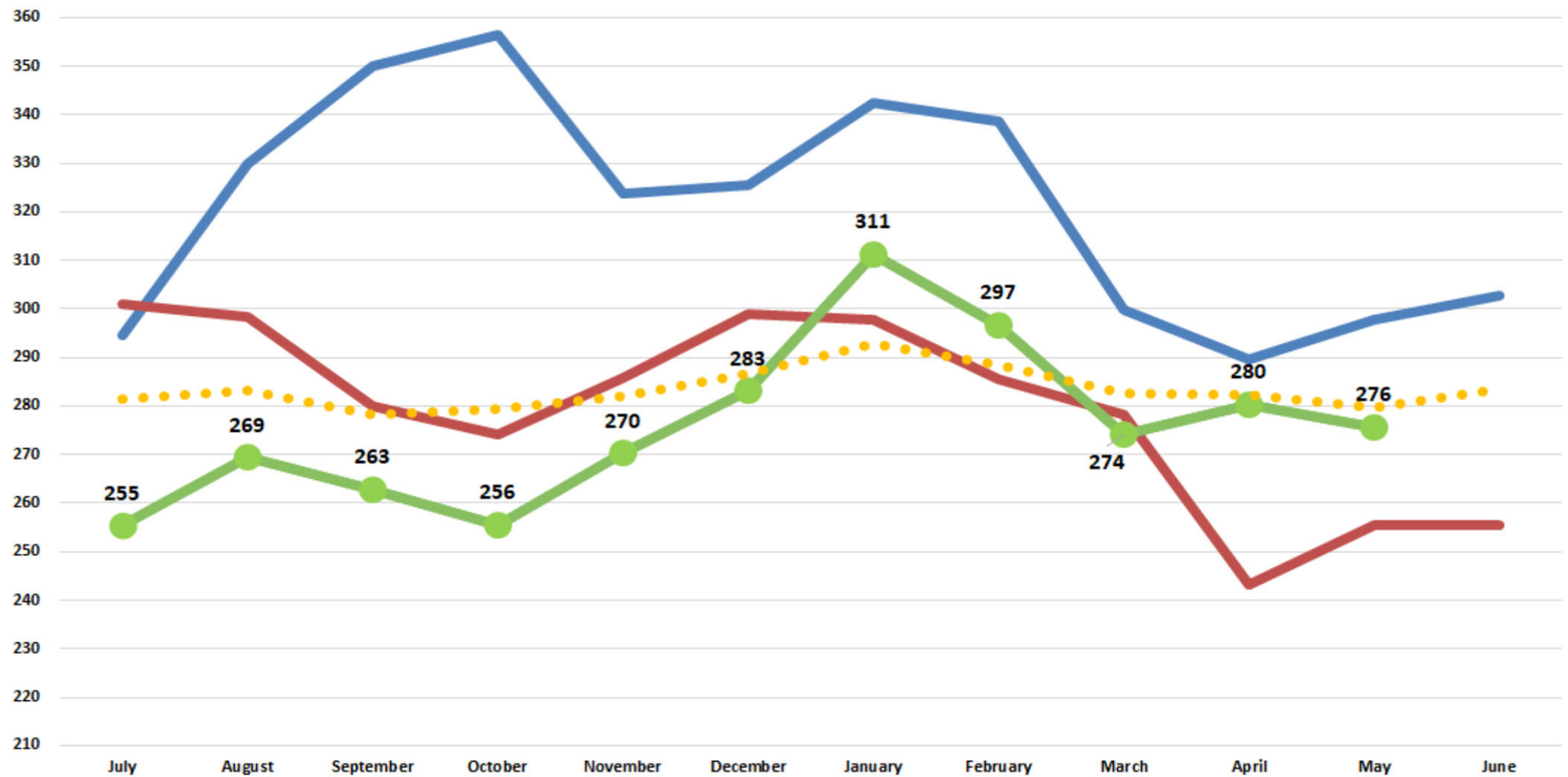
— FY2022 — FY2023 ● FY2024



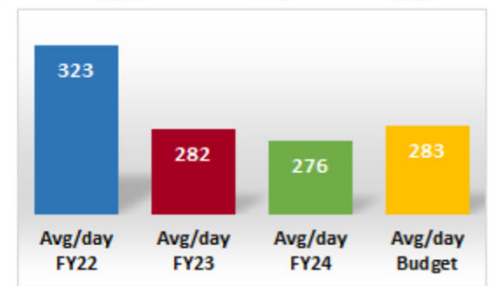
Adjusted Patient Days



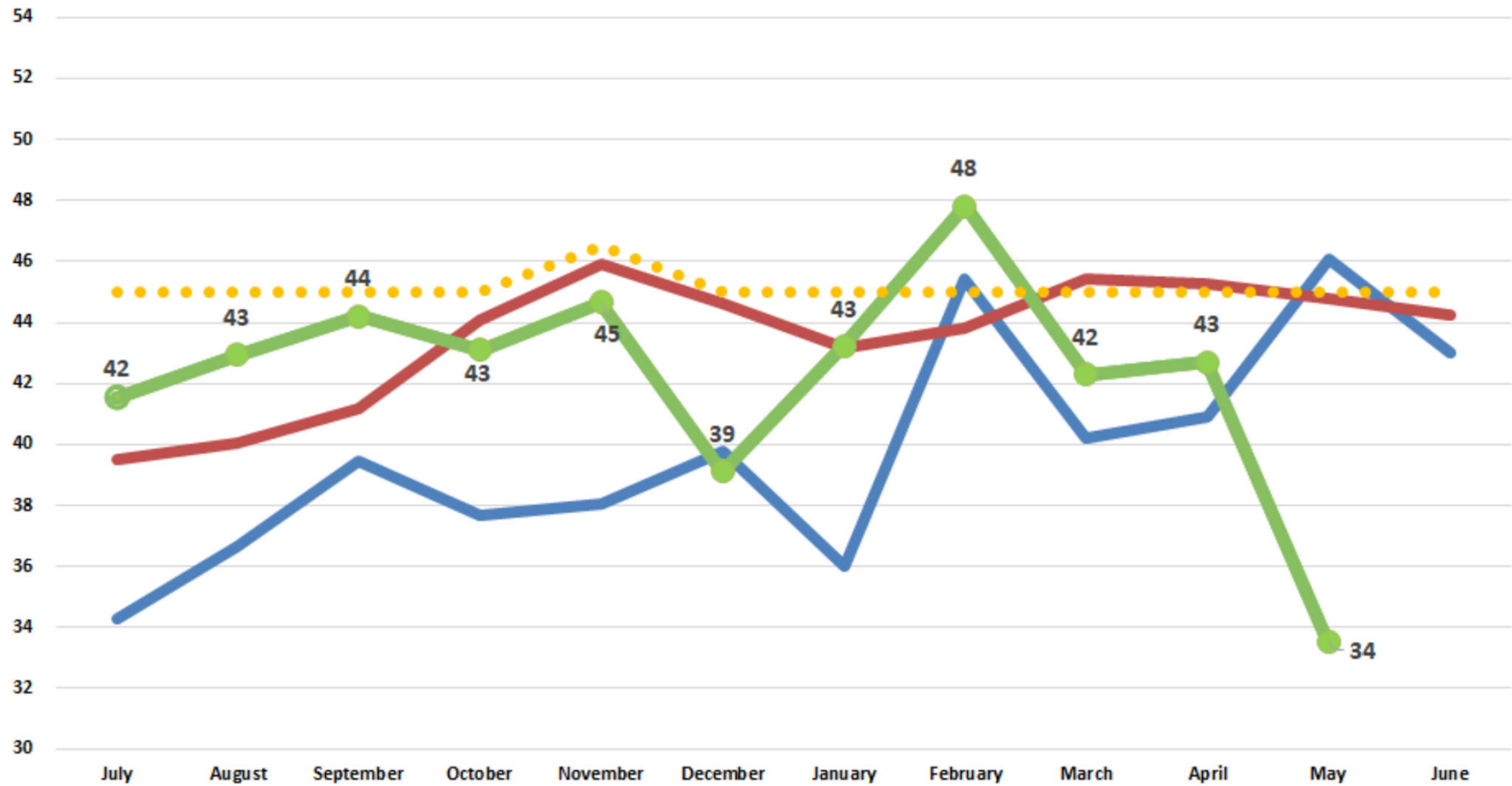
Medical Center (Avg Patients Per Day)



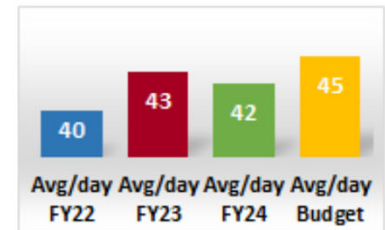
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



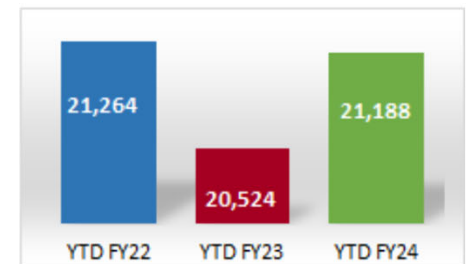
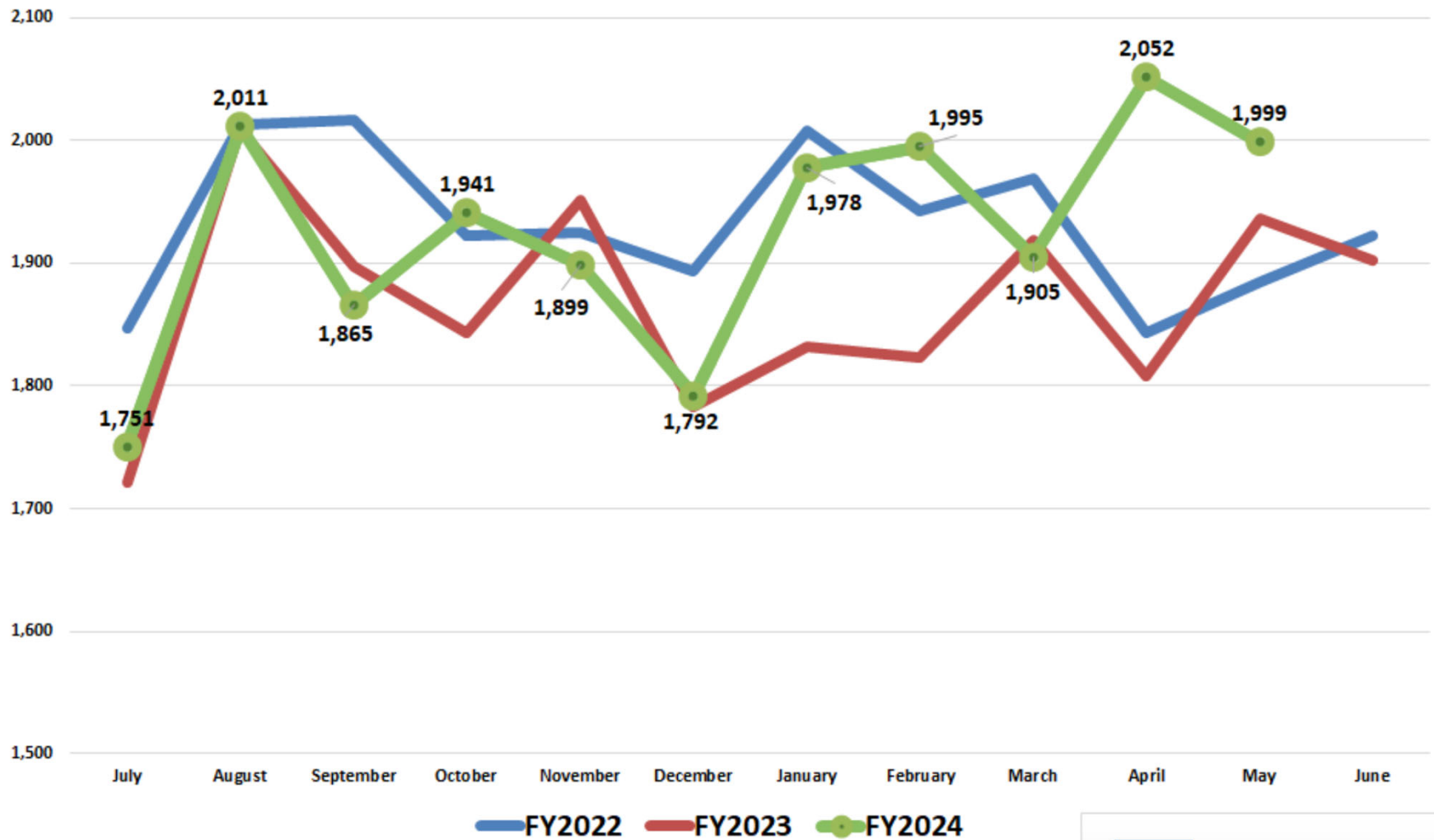
Acute I/P Psych (Avg Patients Per Day)



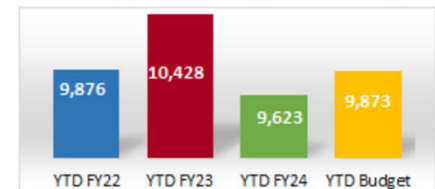
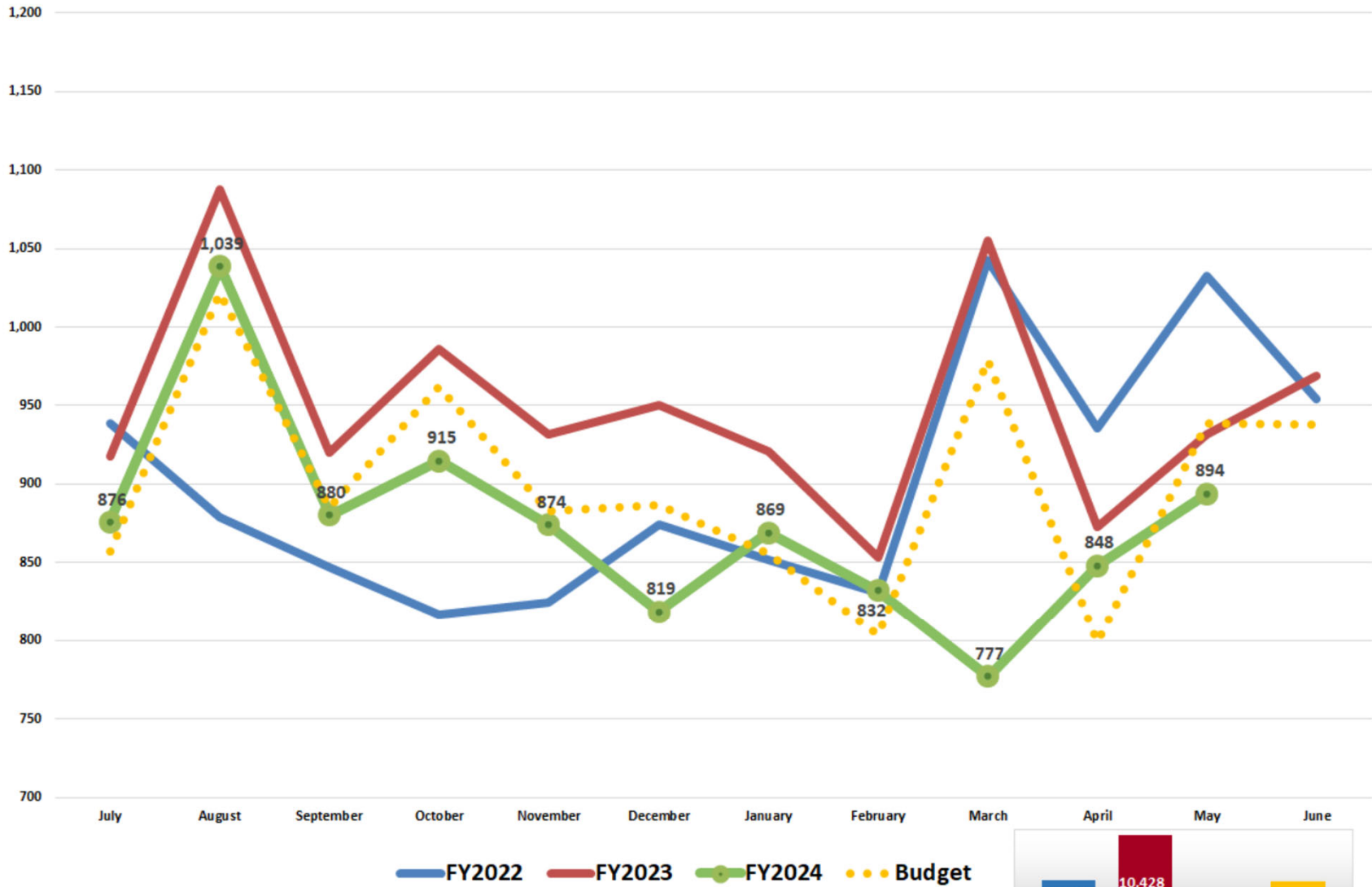
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



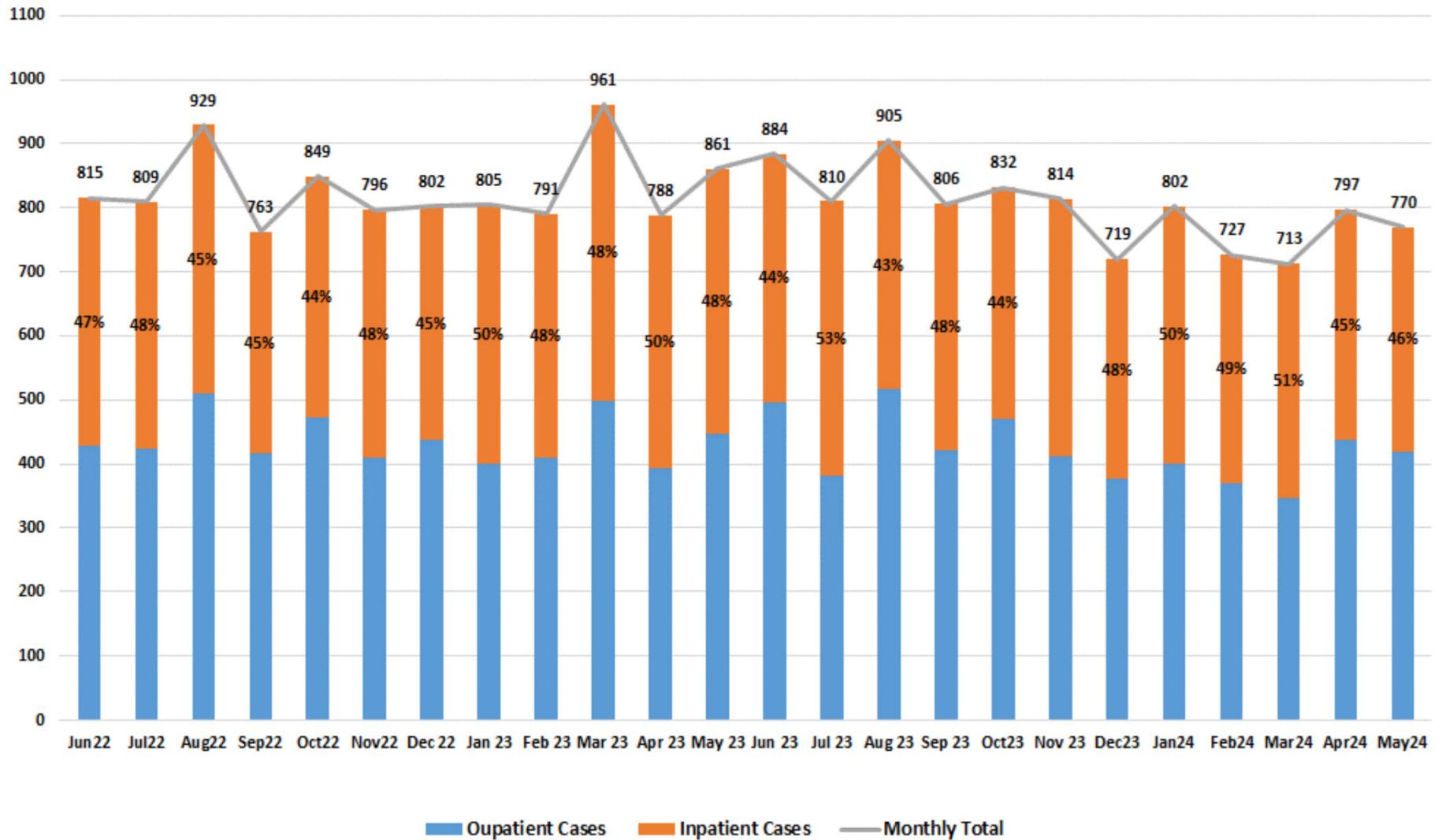
Outpatient Registrations Per Day



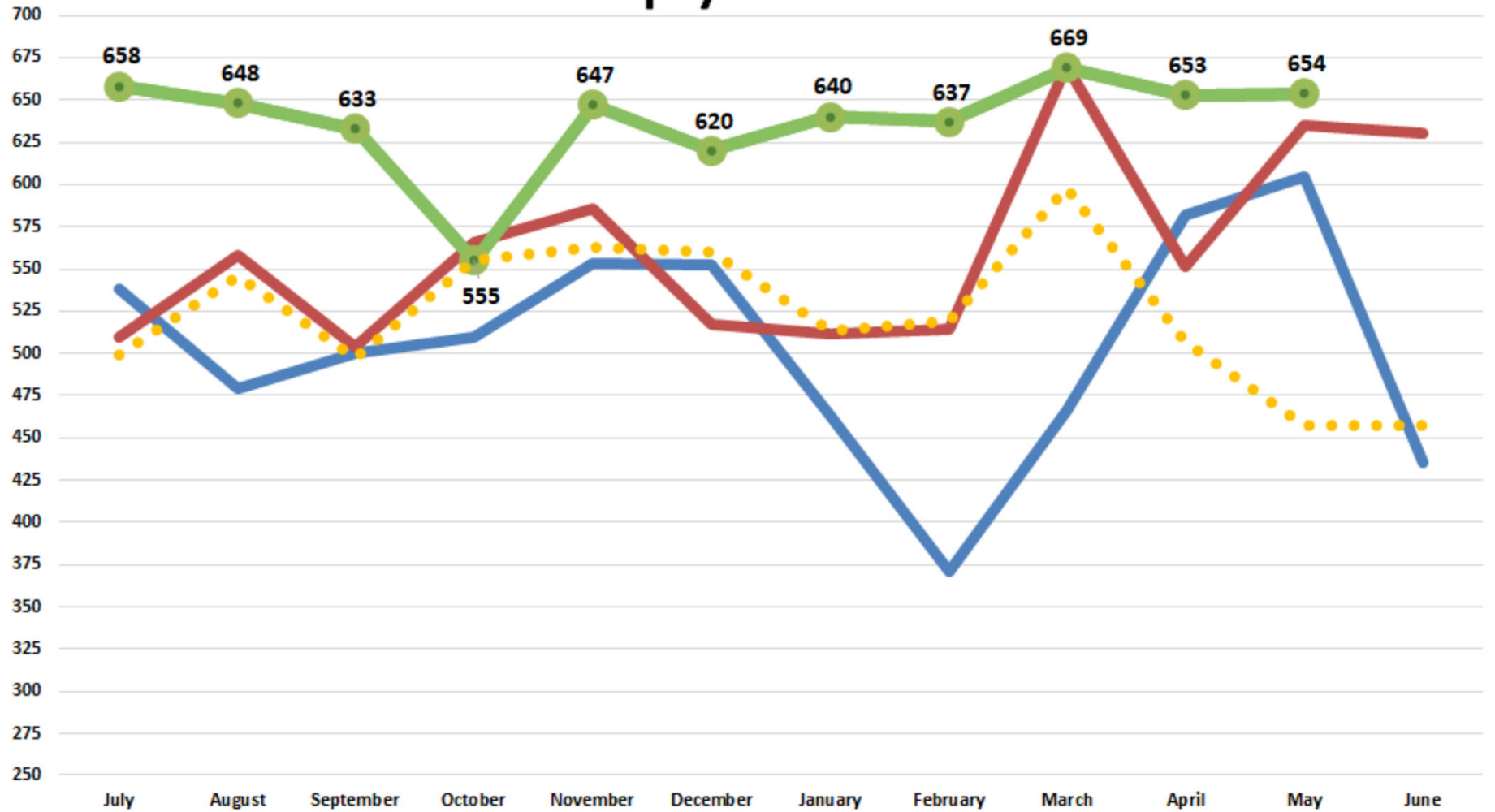
Surgery (IP & OP) – 100 Min Units



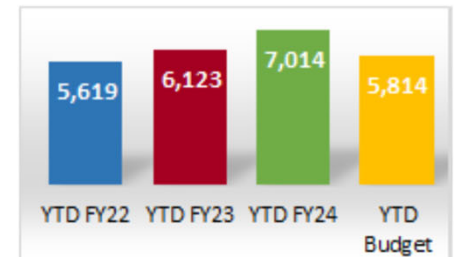
Surgery Cases (IP & OP)



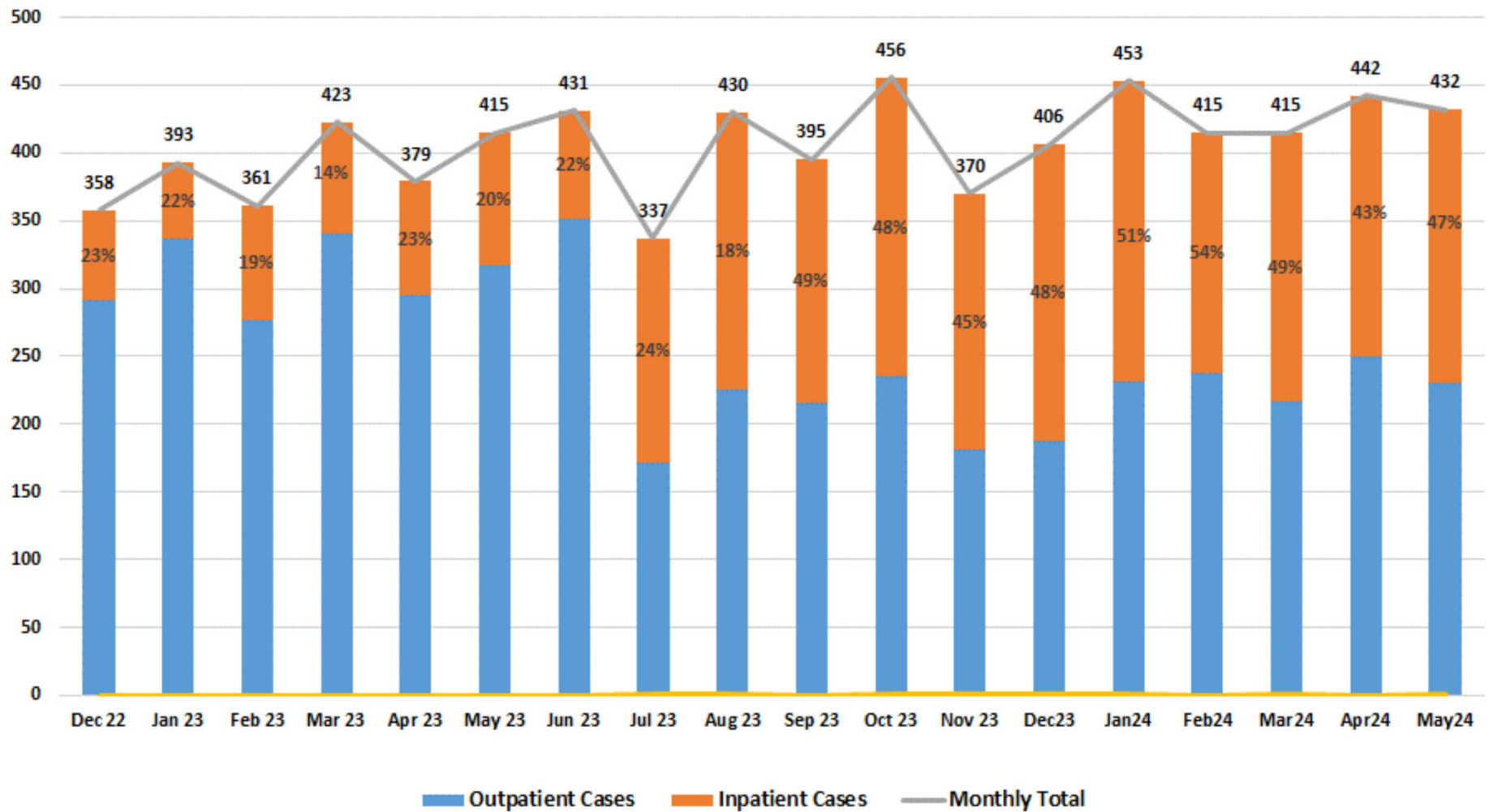
Endoscopy Procedures



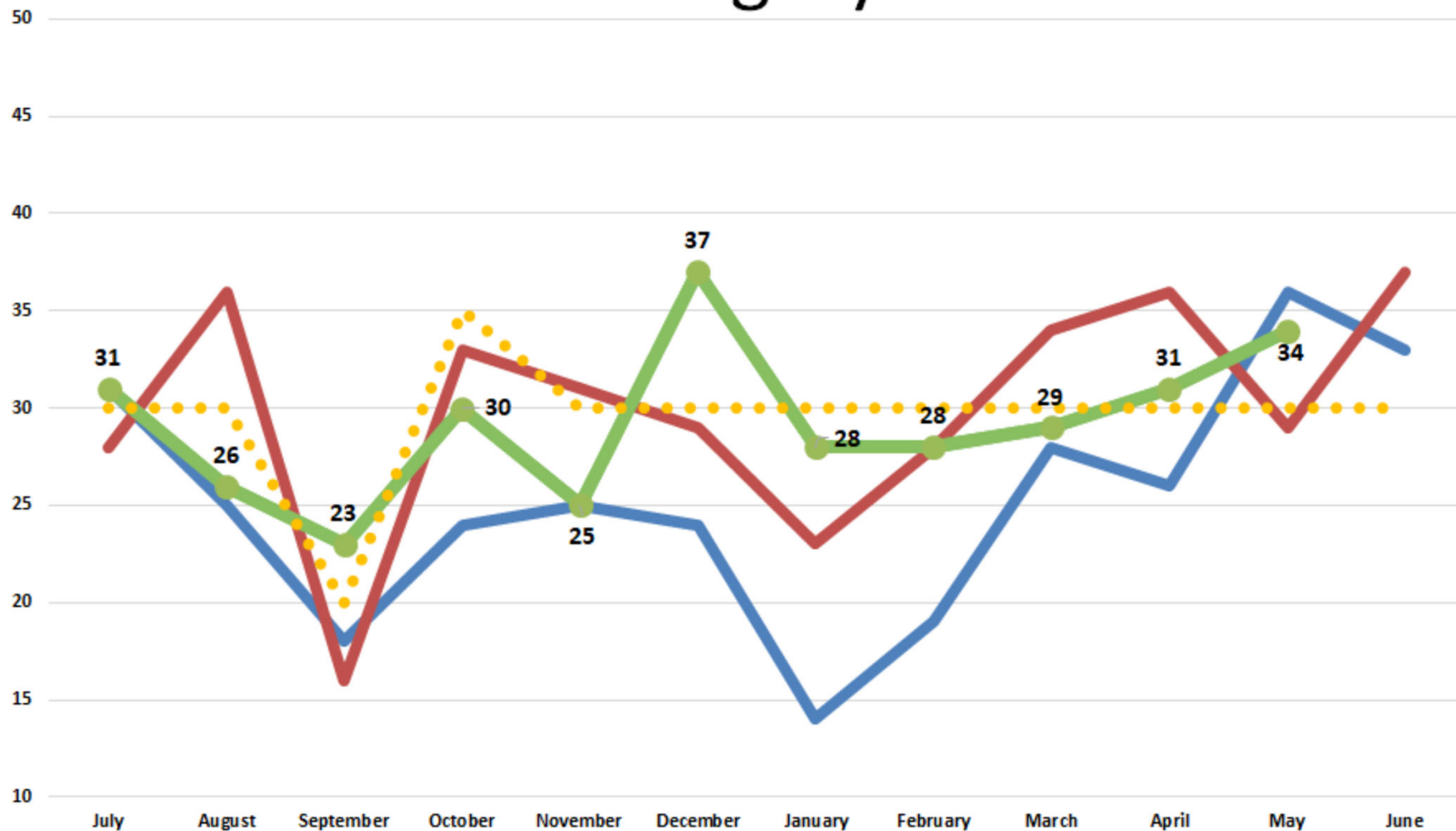
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



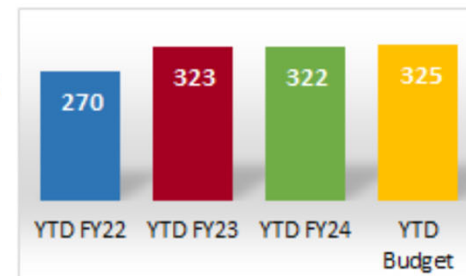
Cath Lab Patients (IP & OP)



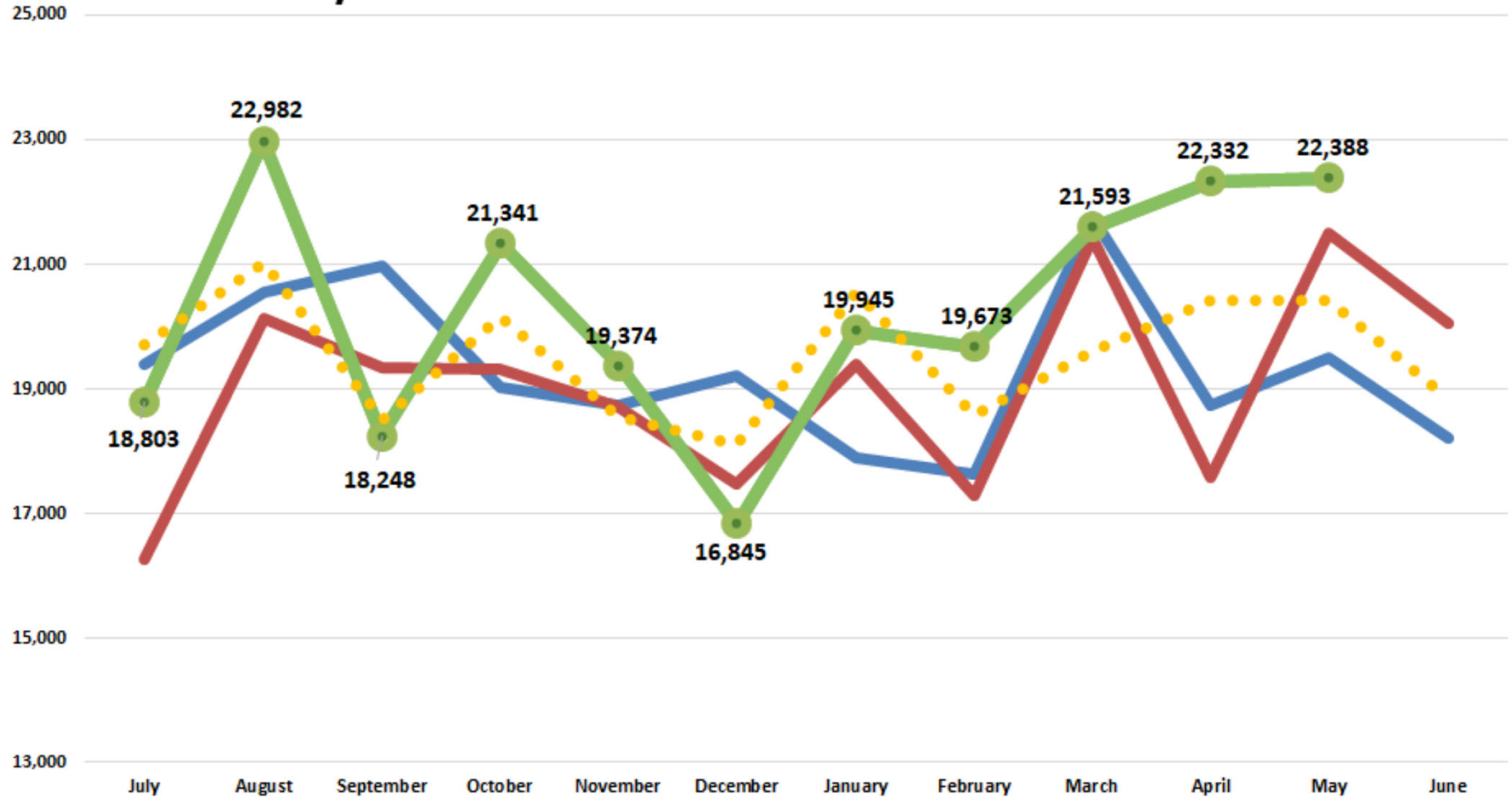
Cardiac Surgery Cases



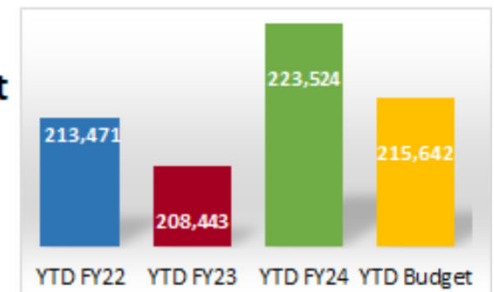
—●— FY2022
 —●— FY2023
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 ●●● Budget



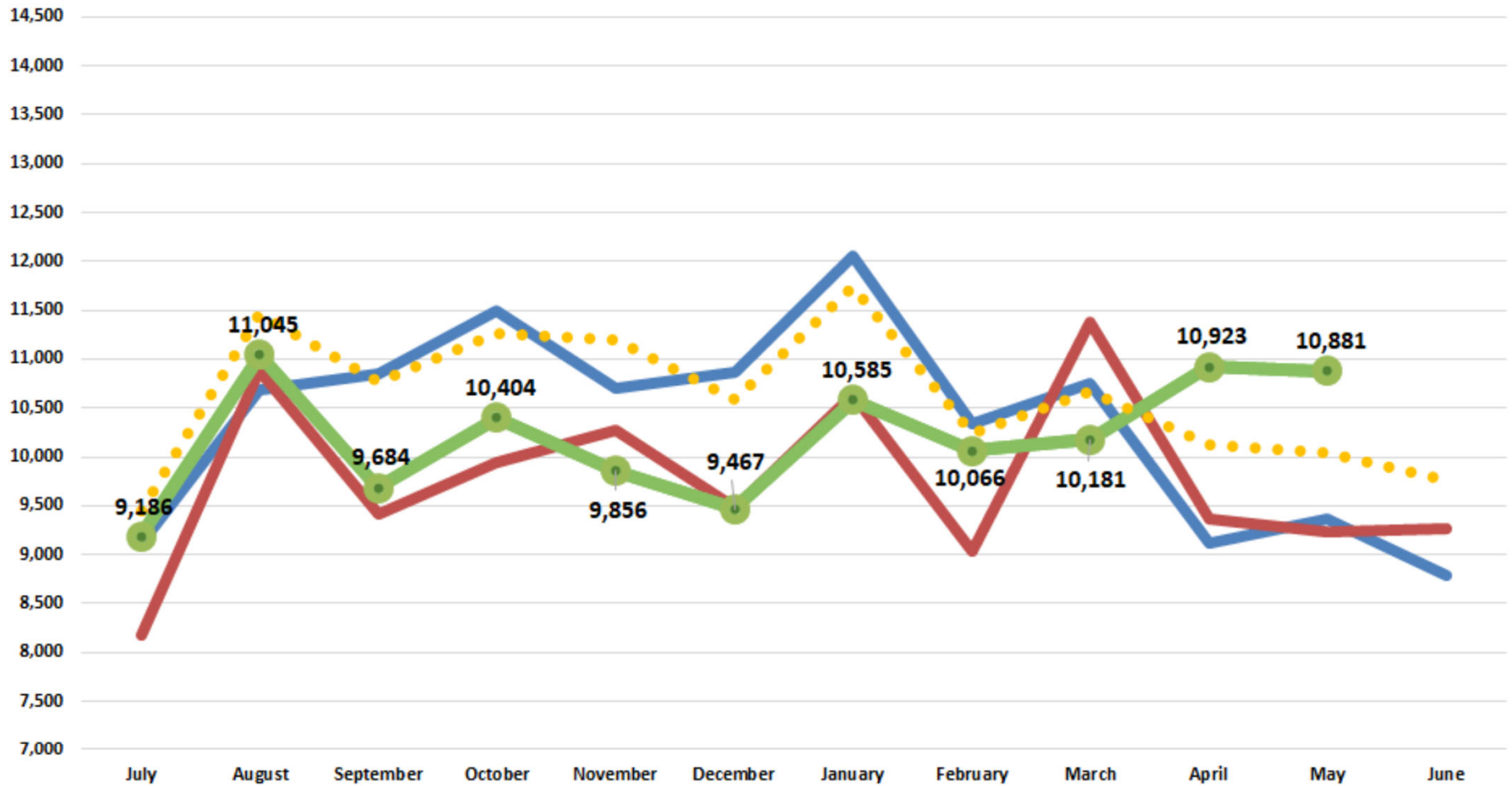
All O/P Rehab Svcs Across District



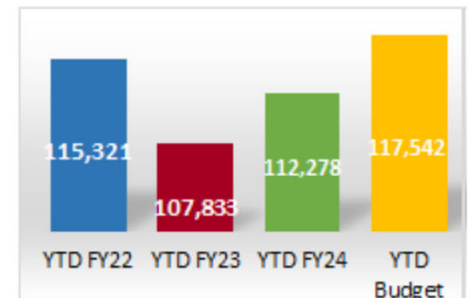
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



Rural Health Clinics Registrations



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



Statistical Results – Fiscal Year Comparison (May)

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

Average Daily Census	389	394	1.4%	424	(30)	(7.0%)
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KDHCD Patient Days:

Medical Center	7,923	8,546	7.9%	8,673	(127)	(1.5%)
Acute I/P Psych	1,388	1,039	(25.1%)	1,395	(356)	(25.5%)
Sub-Acute	978	856	(12.5%)	957	(101)	(10.6%)
Rehab	612	550	(10.1%)	600	(50)	(8.3%)
TCS-Ortho (Short Stay Rehab)	355	330	(7.0%)	486	(156)	(32.1%)
NICU	305	405	32.8%	530	(125)	(23.6%)
Nursery	495	497	0.4%	507	(10)	(2.0%)

Total KDHCD Patient Days	12,056	12,223	1.4%	13,148	(925)	(7.0%)
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Total Outpatient Volume	60,016	61,969	3.3%	56,191	5,778	10.3%
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Statistical Results – Fiscal Year Comparison (Jul-May)

	Actual Results			Budget	Budget Variance	
	FYTD 2023	FYTD 2024	% Change	FYTD 2024	Change	% Change
Average Daily Census	423	406	(4.1%)	424	(18)	(4.2%)
KDHCD Patient Days:						
Medical Center	94,390	92,372	(2.1%)	95,197	(2,825)	(3.0%)
Acute I/P Psych	14,551	14,144	(2.8%)	15,165	(1,021)	(6.7%)
Sub-Acute	10,109	10,142	0.3%	9,955	187	1.9%
Rehab	6,016	5,966	(0.8%)	6,532	(566)	(8.7%)
TCS-Ortho (Short Stay Rehab)	4,255	3,758	(11.7%)	4,655	(897)	(19.3%)
TCS	2,115	0	(100.0%)	0	0	0.0%
NICU	4,831	4,476	(7.3%)	5,011	(535)	(10.7%)
Nursery	5,427	5,441	0.3%	5,782	(341)	(5.9%)
Total KDHCD Patient Days	141,694	136,299	(3.8%)	142,297	(5,998)	(4.2%)
Total Outpatient Volume	625,117	647,022	3.5%	609,037	37,985	6.2%

Other Statistical Results – Fiscal Year Comparison (May)

	Actual Results				Budget	Budget Variance	
	May 2023	May 2024	Change	% Change	May 2024	Change	% Change
Adjusted Patient Days	24,945	25,435	490	2.0%	26,795	(1,360)	(5.1%)
Outpatient Visits	60,016	61,969	1,953	3.3%	56,191	5,778	10.3%
Infusion Center	371	496	125	33.7%	580	(84)	(14.5%)
RHC Registrations	9,237	10,881	1,644	17.8%	10,045	836	8.3%
Dialysis Treatments	1,453	1,577	124	8.5%	1,550	27	1.7%
OB Deliveries	360	390	30	8.3%	409	(19)	(4.6%)
Radiology/CT/US/MRI Proc (I/P & O/P)	17,713	18,564	851	4.8%	17,406	1,158	6.7%
O/P Rehab Units	21,498	22,388	890	4.1%	20,418	1,970	9.6%
ED Total Registered	8,159	8,416	257	3.1%	7,440	976	13.1%
Endoscopy Procedures (I/P & O/P)	635	654	19	3.0%	457	197	43.1%
Cath Lab Minutes (IP & OP)	330	329	(1)	(0.3%)	362	(33)	(9.1%)
Physical & Other Therapy Units	18,673	18,595	(78)	(0.4%)	19,309	(714)	(3.7%)
Home Health Visits	3,483	3,336	(147)	(4.2%)	3,212	124	3.9%
Urgent Care - Demaree	2,183	2,013	(170)	(7.8%)	2,600	(587)	(22.6%)
Hospice Days	3,760	3,454	(306)	(8.1%)	3,748	(294)	(7.8%)
Urgent Care - Court	3,390	3,112	(278)	(8.2%)	3,562	(450)	(12.6%)
Surgery Minutes-General & Robotic (I/P & O/P)	1,097	971	(126)	(11.5%)	979	(8)	(0.8%)
Radiation Oncology Treatments (I/P & O/P)	2,152	1,808	(344)	(16.0%)	2,262	(454)	(20.1%)

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

	Actual Results				Budget	Budget Variance	
	FY 2023	FY 2024	Change	% Change	FY 2024	Change	% Change
Adjusted Patient Days	294,589	274,537	(20,052)	(6.8%)	289,908	(15,371)	(5.3%)
Outpatient Visits	625,117	647,022	21,905	3.5%	609,037	37,985	6.2%
Infusion Center	3,755	4,655	900	24.0%	4,915	(260)	(5.3%)
Endoscopy Procedures (I/P & O/P)	6,123	7,014	891	14.6%	5,814	1,200	20.6%
ED Total Registered	82,578	88,662	6,084	7.4%	80,719	7,943	9.8%
O/P Rehab Units	208,443	223,524	15,081	7.2%	215,642	7,882	3.7%
Radiology/CT/US/MRI Proc (I/P & O/P)	182,848	193,819	10,971	6.0%	182,399	11,420	6.3%
RHC Registrations	107,833	112,278	4,445	4.1%	117,542	(5,264)	(4.5%)
Dialysis Treatments	16,365	16,835	470	2.9%	17,050	(215)	(1.3%)
OB Deliveries	4,195	4,279	84	2.0%	4,310	(31)	(0.7%)
Cath Lab Minutes (IP & OP)	3,472	3,502	30	0.9%	3,815	(313)	(8.2%)
Home Health Visits	33,756	34,003	247	0.7%	34,475	(472)	(1.4%)
Physical & Other Therapy Units	195,992	192,982	(3,010)	(1.5%)	207,645	(14,663)	(7.1%)
Hospice Days	40,038	38,966	(1,072)	(2.7%)	41,228	(2,262)	(5.5%)
Radiation Oncology Treatments (I/P & O/P)	20,681	19,081	(1,600)	(7.7%)	23,624	(4,543)	(19.2%)
Surgery Minutes-General & Robotic (I/P & O/P)	11,741	10,406	(1,335)	(11.4%)	10,663	(257)	(2.4%)
Urgent Care - Demaree	29,600	23,948	(5,652)	(19.1%)	30,441	(6,493)	(21.3%)
Urgent Care - Court	43,845	34,847	(8,998)	(20.5%)	46,461	(11,614)	(25.0%)

May Financial Comparison without KHMG (000's)

	Without KHMG				Without KHMG			
	Comparison to Budget - Month of May				Comparison to Prior Year - Month of May			
	Budget MAY-2024	Actual MAY-2024	\$ Change	% Change	Actual MAY-2024	Actual MAY-2024	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$50,402	\$52,509	\$2,107	4.0%	\$50,623	\$52,509	\$1,886	3.6%
Supplemental Gov't Programs	\$6,483	\$13,113	\$6,631	50.6%	\$6,060	\$13,113	\$7,053	53.8%
Prime Program	\$835	\$822	(\$13)	-1.6%	\$743	\$822	\$79	9.6%
Premium Revenue	\$7,931	\$7,018	(\$912)	-13.0%	\$7,125	\$7,018	(\$107)	-1.5%
Management Services Revenue	\$3,439	\$2,873	(\$567)	-19.7%	\$3,284	\$2,873	(\$412)	-14.3%
Other Revenue	\$2,489	\$3,607	\$1,118	31.0%	\$3,177	\$3,607	\$430	11.9%
Other Operating Revenue	\$21,176	\$27,433	\$6,257	22.8%	\$20,389	\$27,433	\$7,044	25.7%
Total Operating Revenue	\$71,578	\$79,942	\$8,364	10.5%	\$71,012	\$79,942	\$8,930	11.2%
Operating Expenses								
Salaries & Wages	\$29,370	\$31,579	\$2,209	7.0%	\$27,708	\$31,579	\$3,872	12.3%
Contract Labor	\$1,228	\$1,565	\$338	21.6%	\$2,031	\$1,565	(\$465)	-29.7%
Employee Benefits	\$6,789	\$5,846	(\$943)	-16.1%	\$7,873	\$5,846	(\$2,027)	-34.7%
Total Employment Expenses	\$37,387	\$38,990	\$1,603	4.1%	\$37,611	\$38,990	\$1,379	3.5%
Medical & Other Supplies	\$13,833	\$14,709	\$877	6.0%	\$14,689	\$14,709	\$20	0.1%
Physician Fees	\$6,665	\$7,472	\$807	10.8%	\$6,127	\$7,472	\$1,345	18.0%
Purchased Services	\$1,519	\$1,770	\$251	14.2%	\$1,454	\$1,770	\$316	17.9%
Repairs & Maintenance	\$2,378	\$1,997	(\$381)	-19.1%	\$2,160	\$1,997	(\$163)	-8.2%
Utilities	\$725	\$742	\$17	2.3%	\$838	\$742	(\$96)	-12.9%
Rents & Leases	\$162	\$165	\$3	1.9%	\$152	\$165	\$13	8.0%
Depreciation & Amortization	\$2,914	\$3,208	\$294	9.2%	\$1,967	\$3,208	\$1,241	38.7%
Interest Expense	\$587	\$563	(\$24)	-4.3%	\$607	\$563	(\$44)	-7.8%
Other Expense	\$2,183	\$1,485	(\$698)	-47.0%	\$3,845	\$1,485	(\$2,360)	-158.9%
Humana Cap Plan Expenses	\$3,701	\$5,427	\$1,726	31.8%	\$3,593	\$5,427	\$1,834	33.8%
Total Other Expenses	\$34,667	\$37,539	\$2,872	7.7%	\$35,432	\$37,539	\$2,107	5.6%
Total Operating Expenses	\$72,055	\$76,530	\$4,475	5.8%	\$73,043	\$76,530	\$3,486	4.6%
Operating Margin	(\$477)	\$3,413	\$3,889		(\$2,031)	\$3,413	\$5,444	
Stimulus/FEMA	\$1,610	(\$1,603)	(\$3,213)		\$322	(\$1,603)	(\$1,925)	
Operating Margin after Stimulus/FEMA	\$1,133	\$1,809	\$676		(\$1,709)	\$1,809	\$3,518	
Nonoperating Revenue (Loss)	\$484	\$847	\$363		\$5,336	\$847	(\$4,489)	
Excess Margin	\$1,617	\$2,657	\$1,039		\$3,627	\$2,657	(\$970)	

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

	Without KHMG				Without KHMG			
	Comparison to Budget - YTD May				Comparison to Prior Year - YTD May			
	Budget May-2024	Actual May-2024	\$ Change	% Change	Actual May-2023	Actual May-2024	\$ Change	% Change
Operating Revenue								
Net Patient Service Revenue	\$536,537	\$543,970	\$7,433	1.4%	\$536,353	\$543,970	\$7,617	1.4%
Supplemental Gov't Programs	\$70,263	\$87,401	\$17,138	19.6%	\$62,757	\$87,401	\$24,644	28.2%
Prime Program	\$9,051	\$10,675	\$1,624	15.2%	\$12,252	\$10,675	(\$1,576)	-14.8%
Premium Revenue	\$85,702	\$81,058	(\$4,644)	-5.7%	\$72,689	\$81,058	\$8,369	10.3%
Management Services Revenue	\$37,276	\$35,613	(\$1,663)	-4.7%	\$35,516	\$35,613	\$97	0.3%
Other Revenue	\$27,029	\$33,275	\$6,246	18.8%	\$29,600	\$33,275	\$3,675	11.0%
Other Operating Revenue	\$229,320	\$248,022	\$18,702	7.5%	\$212,814	\$248,022	\$35,208	14.2%
Total Operating Revenue	\$765,858	\$791,992	\$26,134	3.3%	\$749,167	\$791,992	\$42,825	5.4%
Operating Expenses								
Salaries & Wages	\$318,304	\$322,258	\$3,954	1.2%	\$302,700	\$322,258	\$19,558	6.1%
Contract Labor	\$15,755	\$19,785	\$4,029	20.4%	\$46,554	\$19,785	(\$26,769)	-135.3%
Employee Benefits	\$73,587	\$73,929	\$342	0.5%	\$62,307	\$73,929	\$11,622	15.7%
Total Employment Expenses	\$407,646	\$415,971	\$8,326	2.0%	\$411,561	\$415,971	\$4,411	1.1%
Medical & Other Supplies	\$147,826	\$149,053	\$1,227	0.8%	\$146,837	\$149,053	\$2,215	1.5%
Physician Fees	\$73,316	\$75,103	\$1,787	2.4%	\$73,874	\$75,103	\$1,229	1.6%
Purchased Services	\$16,465	\$16,738	\$273	1.6%	\$16,460	\$16,738	\$278	1.7%
Repairs & Maintenance	\$26,061	\$21,710	(\$4,350)	-20.0%	\$24,911	\$21,710	(\$3,201)	-14.7%
Utilities	\$10,116	\$9,165	(\$951)	-10.4%	\$9,010	\$9,165	\$155	1.7%
Rents & Leases	\$1,783	\$1,784	\$1	0.1%	\$1,383	\$1,784	\$401	22.5%
Depreciation & Amortization	\$32,052	\$35,028	\$2,976	8.5%	\$31,061	\$35,028	\$3,967	11.3%
Interest Expense	\$6,366	\$6,783	\$417	6.1%	\$6,780	\$6,783	\$3	0.0%
Other Expense	\$23,707	\$20,615	(\$3,092)	-15.0%	\$21,373	\$20,615	(\$758)	-3.7%
Humana Cap Plan Expenses	\$40,716	\$43,324	\$2,608	6.0%	\$40,368	\$43,324	\$2,956	6.8%
Total Other Expenses	\$378,407	\$379,303	\$896	0.2%	\$372,059	\$379,303	\$7,244	1.9%
Total Operating Expenses	\$786,053	\$795,274	\$9,222	1.2%	\$783,620	\$795,274	\$11,655	1.5%
Operating Margin	(\$20,195)	(\$3,282)	\$16,913		(\$34,453)	(\$3,282)	\$31,171	
Stimulus/FEMA	\$17,447	\$1,617	(\$15,830)		\$609	\$1,617	\$1,007	
Operating Margin after Stimulus/FEMA	(\$2,748)	(\$1,666)	\$1,083		(\$33,844)	(\$1,666)	\$32,178	
Nonoperating Revenue (Loss)	\$5,221	\$12,911	\$7,690		\$8,957	\$12,911	\$3,954	
Excess Margin	\$2,473	\$11,245	\$8,773		(\$24,886)	\$11,245	\$36,132	

Month of May - Budget Variances

- **Net Patient Service Revenue:** In May actual net patient revenue exceeded budget by \$2.1M (4%) due to the mix of services in the month.
- **Supplemental Gov't programs:** The positive \$6.6M variance in supplemental revenue in May is due to the recognition of additional fee-for-service funds for FY23 and more than expected rate range funds for calendar year 2022. See supplemental slide for additional details.
- **Salaries and Wages:** The negative variance of \$2.2M (7.0%) is primarily due to the increase in our pay rates due to the increases in our minimum wages and market increases.
- **Physician Fees:** Physician fees were \$807K higher in budget primarily due to our Intensivist program \$629K and Adult Hospitalist \$363K.
- **Humana Cap:** Third party claims negative variance was \$1.7M in May. In May there was an extra check run but we are still running over expectations in third party claims year to date.
- **FEMA:** In May we began reversing out the FEMA accrual from the beginning of the fiscal year. We do not anticipate receiving FEMA funds in FY24. However, we still are estimating receiving FEMA funds, but not until FY25 and FY26 as the process is very slow.

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

Income Statement	FY 2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	FYTD 2024
Patient Service Revenue	\$611,350	\$45,479	\$49,531	\$47,195	\$47,502	\$48,225	\$48,629	\$49,472	\$49,778	\$54,365	\$51,284	\$52,509	\$543,970
Other Revenue	\$240,615	\$21,161	\$22,458	\$21,039	\$21,928	\$21,261	\$20,979	\$24,379	\$22,470	\$19,194	\$25,720	\$27,433	\$248,022
Total Operating Revenue	\$851,965	\$66,640	\$71,989	\$68,234	\$69,431	\$69,486	\$69,608	\$73,851	\$72,248	\$73,559	\$77,004	\$79,942	\$791,992
Employee Expense	\$462,214	\$36,176	\$37,019	\$35,180	\$38,961	\$37,597	\$37,268	\$37,645	\$37,074	\$41,984	\$38,077	\$38,990	\$415,972
Other Operating Expense	\$448,205	\$33,478	\$34,922	\$33,204	\$31,579	\$33,162	\$32,981	\$35,742	\$36,449	\$33,382	\$36,864	\$37,539	\$379,302
Total Operating Expenses	\$910,418	\$69,654	\$71,941	\$68,384	\$70,540	\$70,759	\$70,249	\$73,388	\$73,523	\$75,367	\$74,941	\$76,530	\$795,274
Net Operating Margin	(\$58,453)	(\$3,014)	\$48	(\$150)	(\$1,110)	(\$1,273)	(\$641)	\$464	(\$1,275)	(\$1,807)	\$2,063	\$3,413	(\$3,283)
Stimulus/FEMA	\$609	\$1,610	\$1,610	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,603)	\$1,617
NonOperating Income	\$10,627	\$617	\$602	\$626	\$665	\$578	\$5,057	\$969	\$618	\$1,781	\$550	\$847	\$12,911
Excess Margin	(\$47,218)	(\$787)	\$2,259	\$477	(\$444)	(\$695)	\$4,416	\$1,433	(\$657)	(\$26)	\$2,613	\$2,657	\$11,245

Profitability													
Operating Margin %	(6.9%)	(4.5%)	0.1%	(0.2%)	(1.6%)	(1.8%)	(0.9%)	0.6%	(1.8%)	(2.5%)	2.7%	4.3%	(0.4%)
Operating Margin %excl. Int	(6.0%)	(3.6%)	0.9%	0.7%	(0.7%)	(1.0%)	(0.1%)	1.4%	(0.9%)	(1.6%)	3.7%	5.0%	0.4%
Operating EBIDA	(\$11,318)	\$395	\$3,493	\$3,265	\$2,340	\$2,111	\$2,732	\$3,957	\$1,994	\$1,628	\$5,507	\$7,184	\$34,606
Operating EBIDA Margin	(1.3%)	0.6%	4.9%	4.8%	3.4%	3.0%	3.9%	5.4%	2.8%	2.2%	7.2%	9.0%	4.4%

Liquidity Indicators													
Day's Cash on Hand	78.3	84.2	84.7	83.3	83.7	81.1	83.5	81.4	79.0	74.7	91.0	86.8	86.8
Day's in Accounts Receivable	72.5	72.6	74.6	76.6	79.1	78.4	77.6	72.5	71.0	70.1	65.3	66.4	66.4
Unrestricted Funds (000's)	\$186,803	\$181,339	\$185,762	\$182,518	\$183,138	\$178,653	\$183,624	\$179,987	\$176,827	\$168,012	\$204,886	\$196,344	\$196,344
Capital Expenditures (000's)	\$23,394	\$301	(\$3,938)	\$563	\$621	\$1,399	\$1,706	\$1,725	\$765	\$984	\$482	\$8,051	\$12,659

Debt & Other Indicators													
Debt Service Coverage (MADS)	(0.1)	1.62	2.57	2.54	2.37	2.23	2.67	2.71	2.06	2.01	2.40	2.50	2.50
Discharges (Monthly)	2,289	2,306	2,442	2,276	2,203	2,293	2,285	2,283	2,144	2,142	2,299	2,299	2,270
Adj Discharges (Case mix adj)	7,600	7,504	7,884	7,580	7,417	7,743	7,344	7,228	7,111	6,827	7,226	7,616	7,402
Adjusted patient Days (Mo.)	26,609	24,306	26,289	24,516	24,321	24,447	24,965	25,976	24,096	25,597	24,634	25,435	24,962
Cost/Adj Discharge	\$10.0	\$9.3	\$9.1	\$9.0	\$9.5	\$9.1	\$9.6	\$10.2	\$10.3	\$11.0	\$10.4	\$10.0	\$10.7
Compensation Ratio	76%	80%	75%	75%	82%	78%	77%	76%	74%	77%	74%	74%	76%

Trended Supplemental Income

	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	FYTD
HQAF	1,653,189	1,653,189	1,653,189	1,653,189	1,653,189	1,653,189	2,422,159	1,653,189	1,653,189	1,653,189	1,653,189	18,954,049
Directed Payments	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	1,771,468	19,486,148
Medi-Cal DSH	802,083	802,083	802,083	802,083	802,083	802,083	2,697,915	1,895,832	1,895,832	1,895,832	1,895,832	15,093,741
Rate Range	1,730,548	1,730,548	1,730,548	1,730,548	1,730,548	1,730,548	1,730,548	1,730,548	1,730,548	2,731,414	4,387,000	22,693,346
Fee for Service	420,707	420,707	420,707	420,707	420,707	420,707	420,707	420,707	420,707	3,389,423	3,389,423	10,565,209
	6,377,995	6,377,995	6,377,995	6,377,995	6,377,995	6,377,995	9,042,797	7,471,744	7,471,744	11,441,326	13,096,912	86,792,493

May 2024 includes a true up for CY22 Rate Range (\$2.66M), FY23 Fee for Service (\$2.4M), FY24 Fee for Service (\$555K)

1. Hospital Quality Assurance Fee: The hospital quality assurance fee (HQAF) was established in 2009 by private hospitals as a way for them to draw down federal funds for the uncompensated portion of care they provide to Medi-Cal beneficiaries (similar to our AB 113 program). When the HQAF was developed public hospitals negotiated to receive funding via this mechanism as well. Funding is distributed based on inpatient Medi-Cal volume with enhanced payments for hospitals which are DSH or rural. *Public hospital funding is renegotiated each time there is a new HQAF program (roughly every 3 years) and has grown at a small pace, in line with the overall growth of the overall program.*

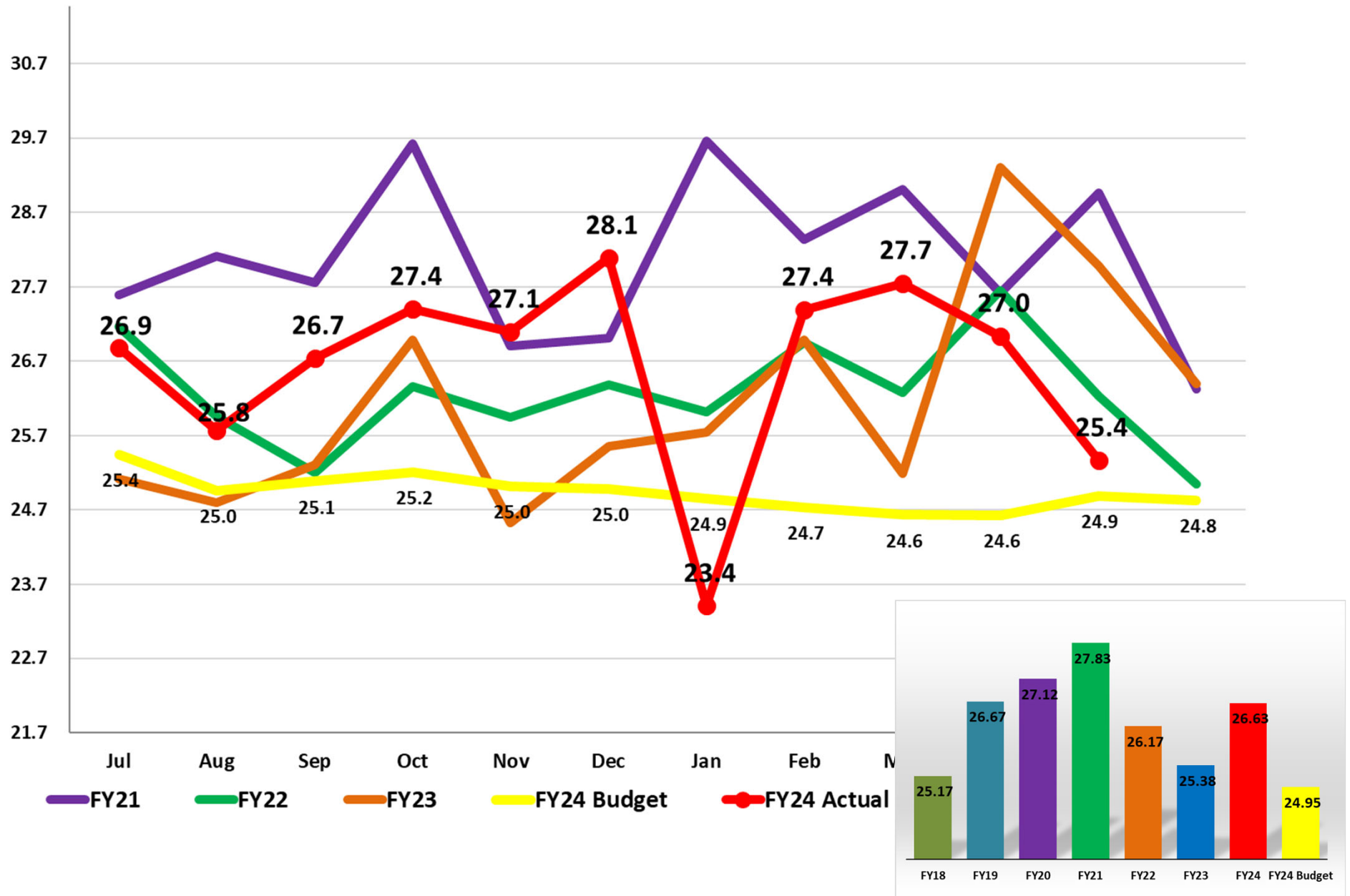
2. Directed payments: Beginning with CY23, the California Department of Health Care Services created a new funding initiative in consultation with DHLF. This is a state directed payment and represents uniform dollar increases that is established by the state for Medi-Cal inpatient and outpatient hospital services for the rating period covering Calendar Years beginning January 1 2023. This is the first significant new Medi-Cal supplemental funding program for district hospitals in a number of years.

3. Medi-Cal DSH: The Disproportionate Share Hospital (DSH) Program is a Medi-Cal supplemental payment program that was established in 1981. It reimburses hospitals for some of the uncompensated care costs associated with furnishing inpatient hospital services to Medi-Cal beneficiaries and uninsured individuals. Kaweah's share of funding has grown significantly over the years due to the increased patient load and achievement of teaching hospital status a few years ago. *While overall funding levels of DSH have increased over time, there are currently significant reductions contained in federal law which propose to reduce the funding by 50%. Previous hospital advocacy has been successful in delaying the federal DSH reductions on six prior occasions.*

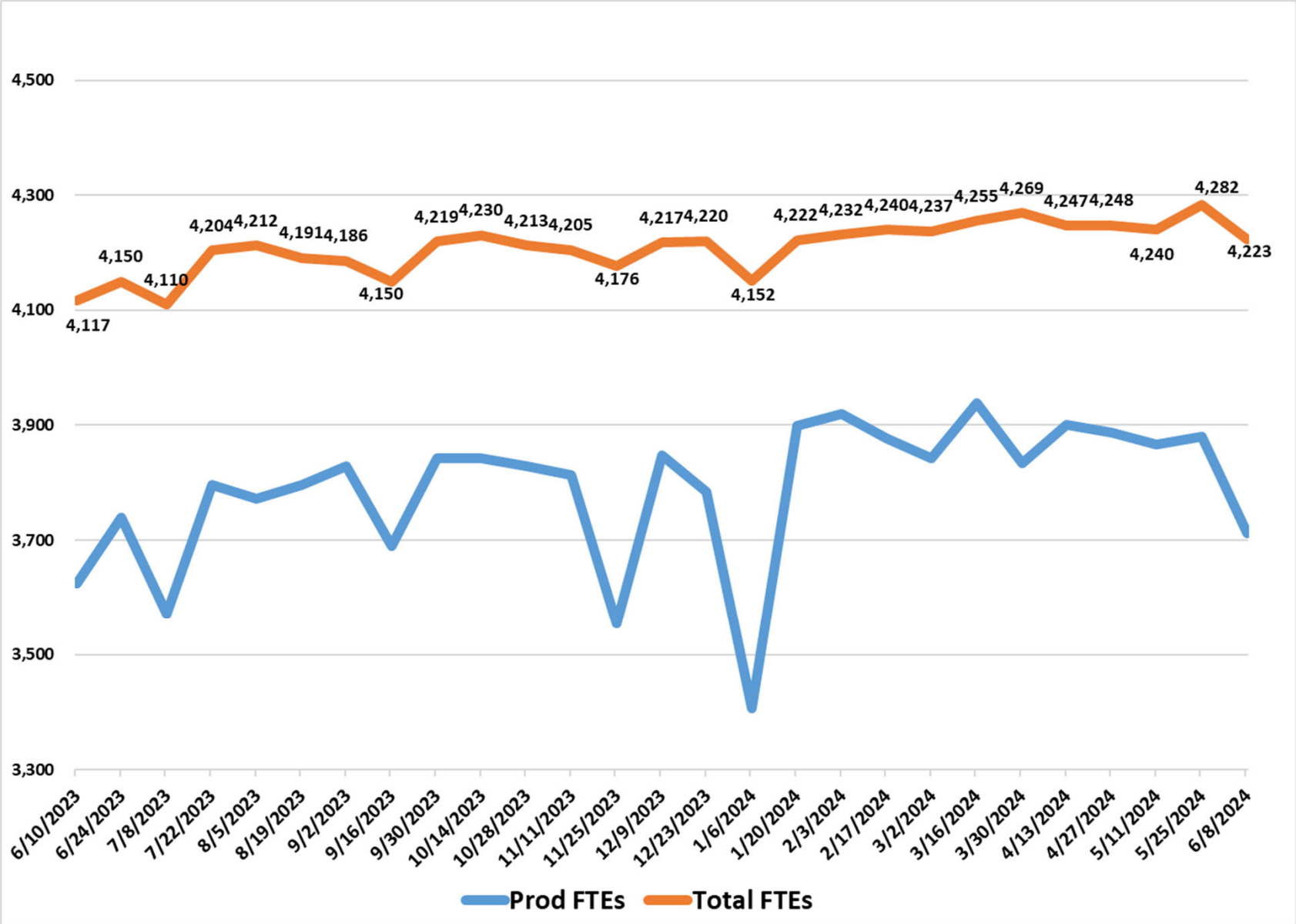
4. Rate Range: Most Medi-Cal beneficiaries are enrolled in Managed Care Plans (MCP). MCP's are paid a per member per month (PMPM) amount by DHCS to arrange and pay for the care of their members. DHCS calculates a lower, midpoint, and upper PMPM rate and pays the MCP's at the lower rate. CMS will provide federal funding as high as the upper rate. Public hospitals provide IGT's to draw down "rate range", the difference between the upper and lower rates, thus providing public hospitals with more federal funding. Rate range increases when additional beneficiaries and services are transitioned to managed care. Over the past decade there has been a large shift in beneficiaries to managed care such that now over 90% of beneficiaries are in managed care. *Managed care has stabilized and thus funding from this source should remain relatively constant.*

5. FFS Inpatient Funds: Assembly Bill 113 (AB 113) established the district and municipal hospital IGT fund in 2011. AB 113 allows hospitals to claim federal funding for the uncompensated portion of inpatient care that hospitals provide to Medi-Cal beneficiaries in the fee-for-service program. The program uses 4 different tiers to determine the allocation of funds based on Charity Revenue, Bad Debt Revenue and Medi-Cal Charges. *The number of beneficiaries in the fee-for-service program has declined in the past decade as more beneficiaries were transitioned to managed care, however that decline has leveled off and funding levels are expected to remain stable for the foreseeable future.*

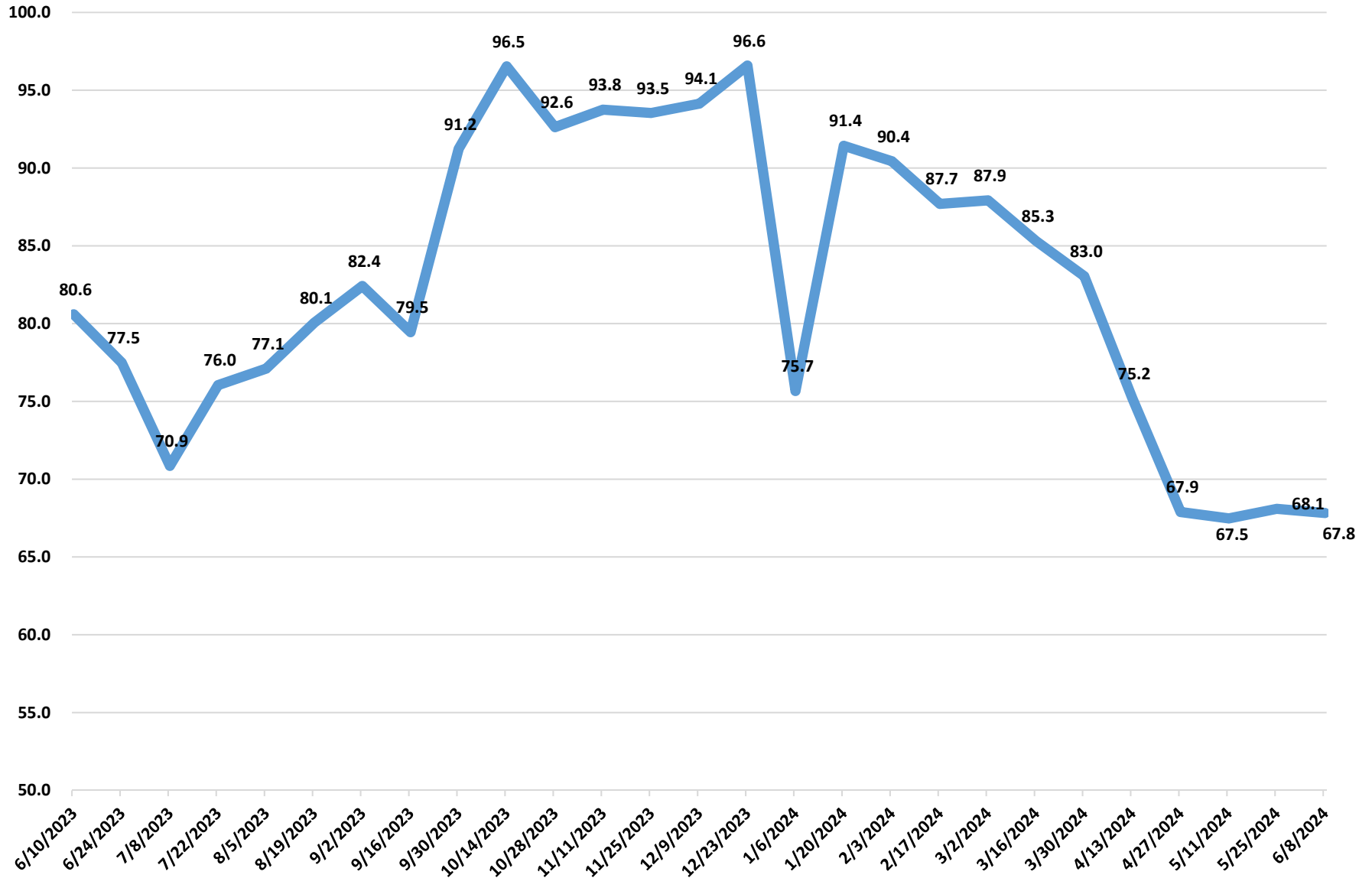
Productivity: Worked Hours/Adjusted Patient Days



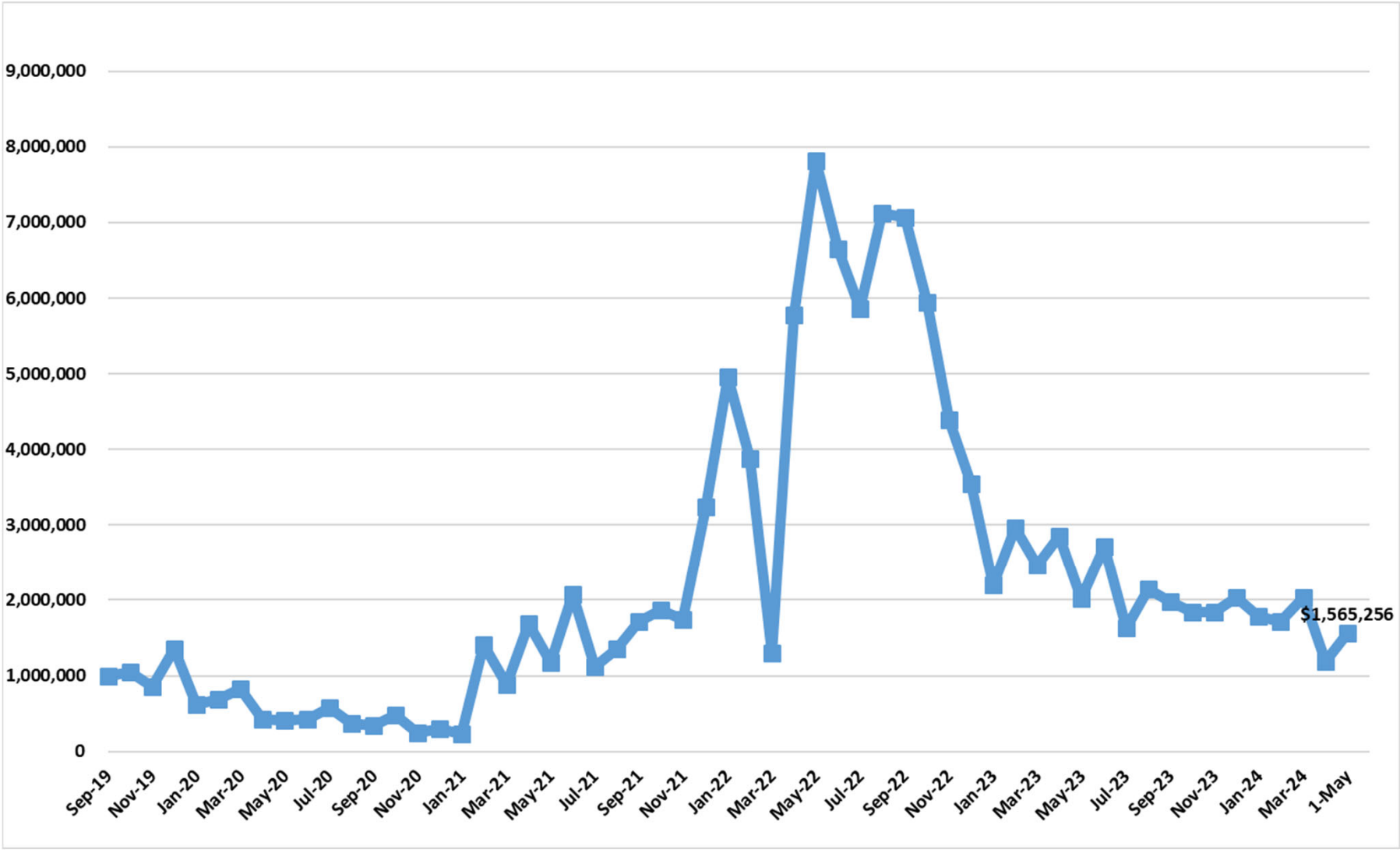
Productive and Total FTEs without KHMG



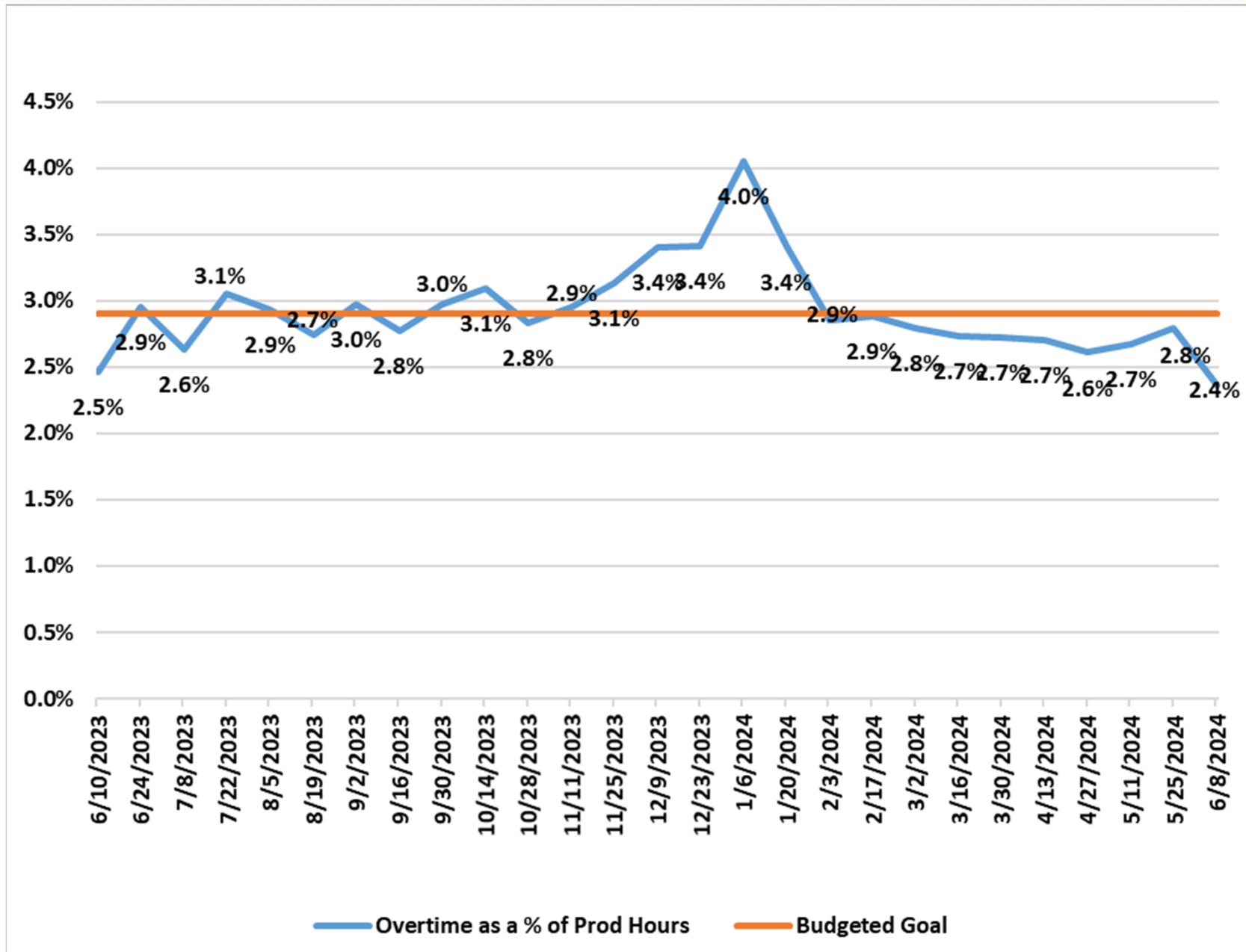
Contract Labor Full Time Equivalents (FTEs)



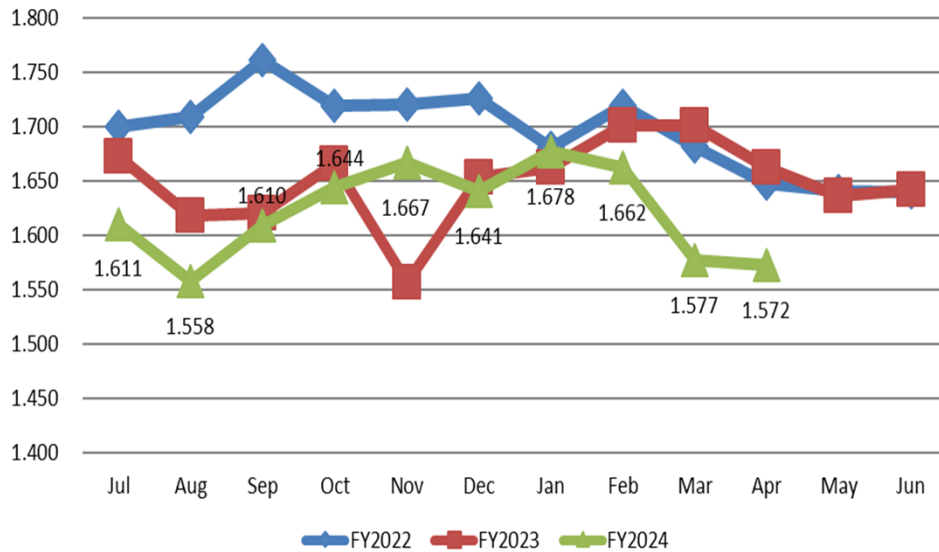
Contract Labor Expense



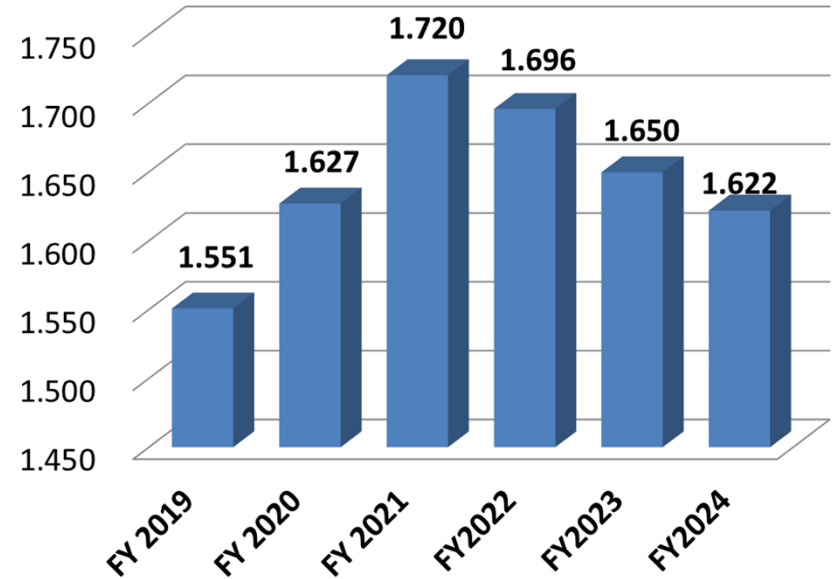
Overtime as a % of Productive Hours



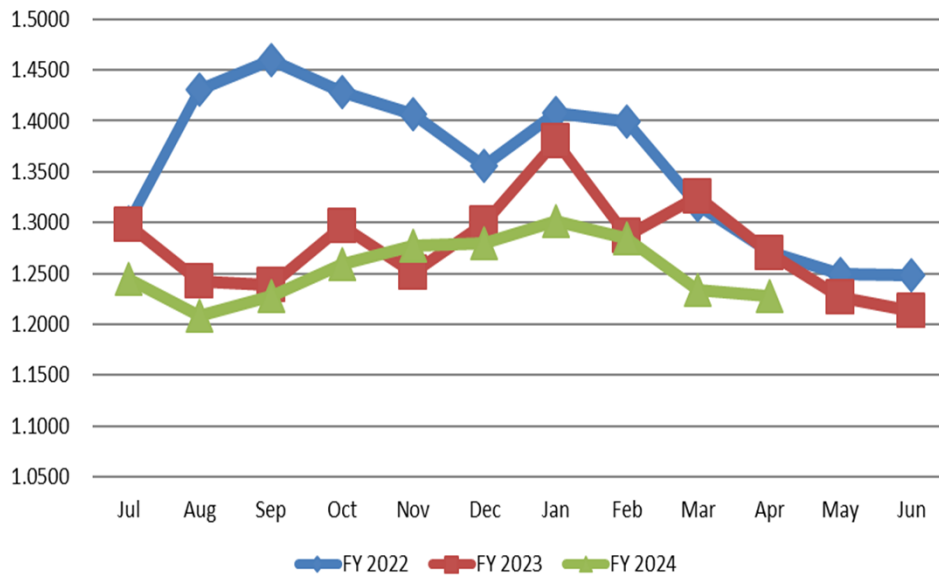
Case Mix Index w/o Normal Newborns



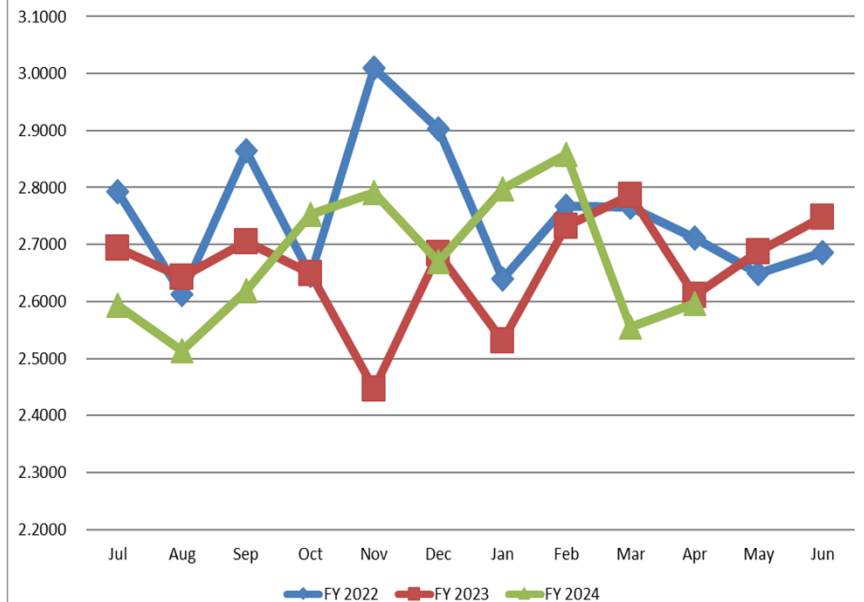
Case Mix Index w/o Normal Newborns - All



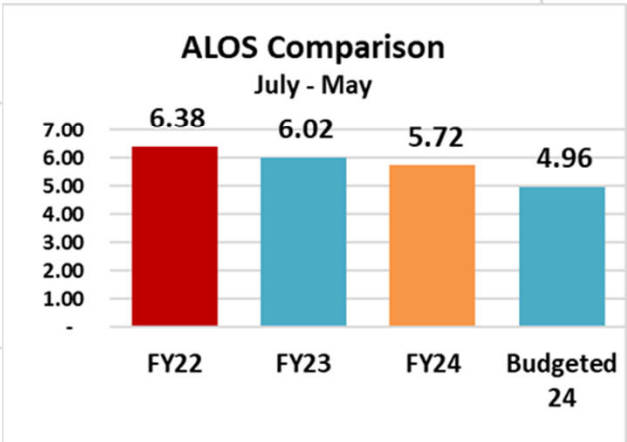
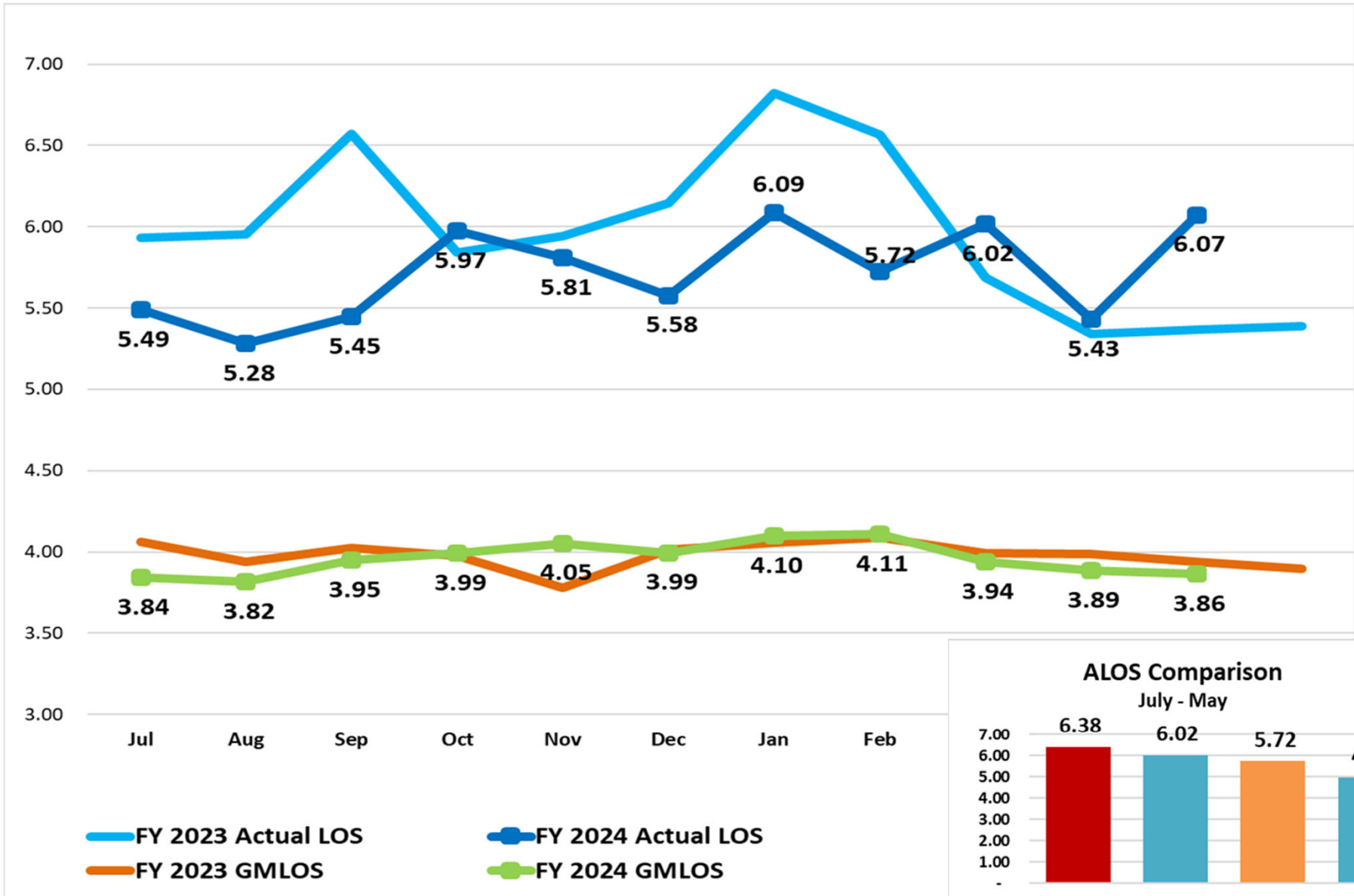
Case Mix **Medical w/o Normal Newborns**



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



Average Length of Stay versus National Average (GMLOS)

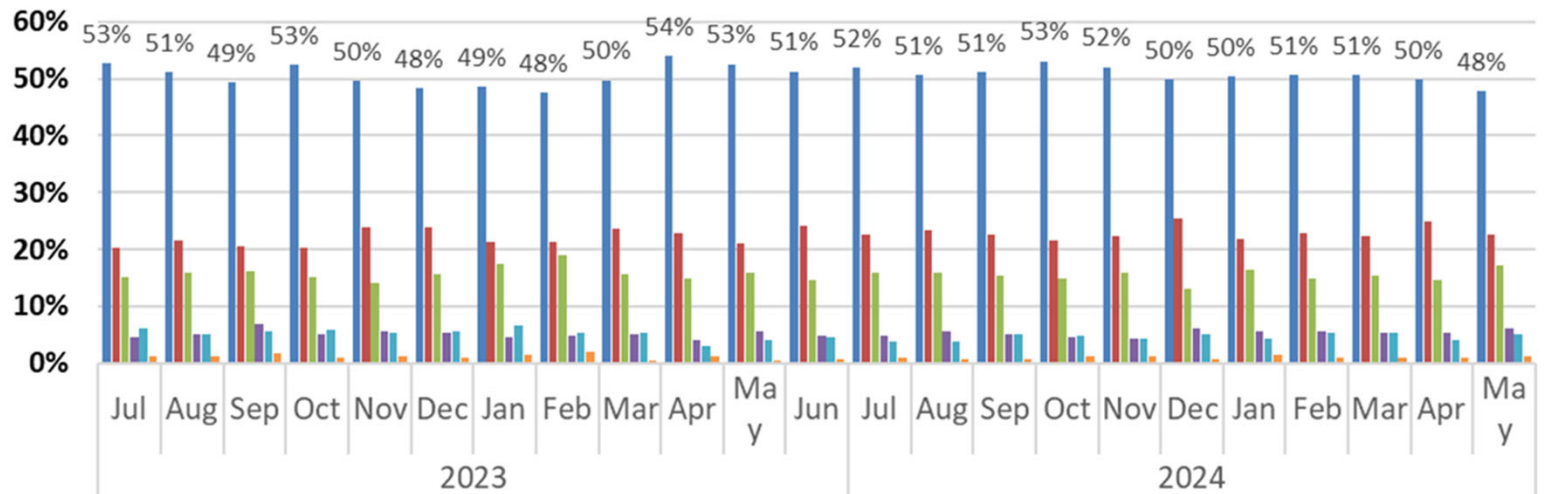


Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients		
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP
May-22	5.97	3.94	2.03	5.61	3.88	1.73
Jun-22	6.11	3.97	2.14	5.63	3.88	1.75
Jul-22	5.93	4.06	1.87	5.66	3.90	1.76
Aug-22	5.96	3.94	2.02	5.62	3.82	1.80
Sep-22	6.57	4.02	2.55	6.32	3.95	2.37
Oct-22	5.84	3.98	1.86	5.63	3.91	1.72
Nov-22	5.94	3.78	2.16	5.88	3.74	2.14
Dec-22	6.14	4.01	2.13	5.69	3.92	1.77
Jan-23	6.82	4.06	2.76	6.31	3.95	2.36
Feb-23	6.56	4.09	2.47	6.36	4.04	2.32
Mar-23	5.69	3.99	1.70	5.56	3.93	1.63
Apr-23	5.34	3.99	1.35	5.06	3.94	1.12
May-23	5.37	3.94	1.43	5.14	3.91	1.23
Jun-23	5.39	3.89	1.50	5.33	3.86	1.47
Jul-23	5.49	3.84	1.65	5.47	3.82	1.65
Aug-23	5.28	3.82	1.47	5.22	3.77	1.45
Sep-23	5.45	3.95	1.50	5.40	3.91	1.48
Oct-23	5.97	3.99	1.98	5.93	3.97	1.96
Nov-23	5.81	4.05	1.75	5.61	4.02	1.59
Dec-23	5.58	3.99	1.58	5.56	3.96	1.59
Jan-24	6.09	4.10	1.99	5.95	4.08	1.87
Feb-24	5.72	4.11	1.61	5.73	4.09	1.64
Mar-24	6.02	3.94	2.08	5.93	3.90	2.03
Apr-24	5.43	3.89	1.54	5.35	3.88	1.47
May-24	6.07	3.86	2.21	5.99	3.86	2.13
	5.86	3.97	1.89	5.68	3.92	1.76

Average Length of Stay Distribution

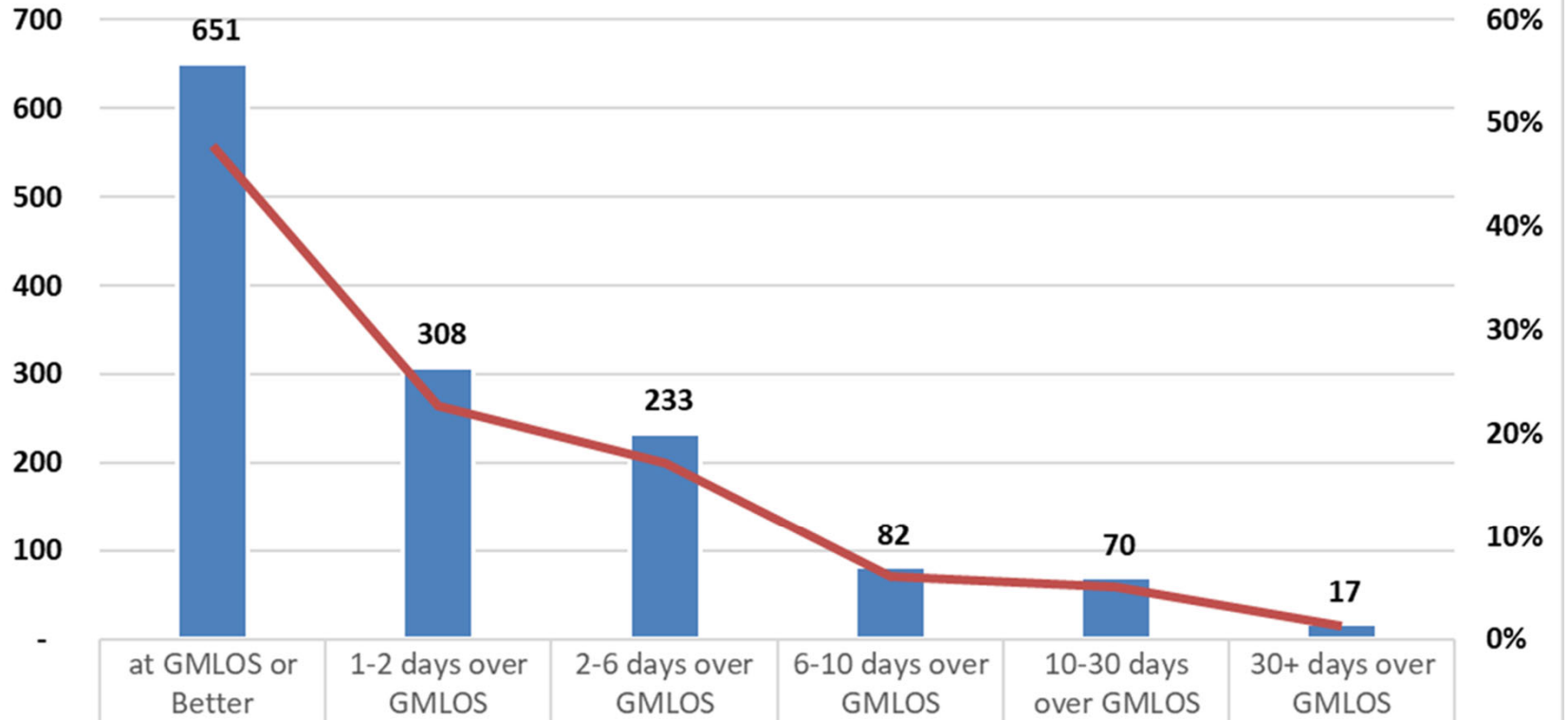
FY24 Overall LOS Distribution



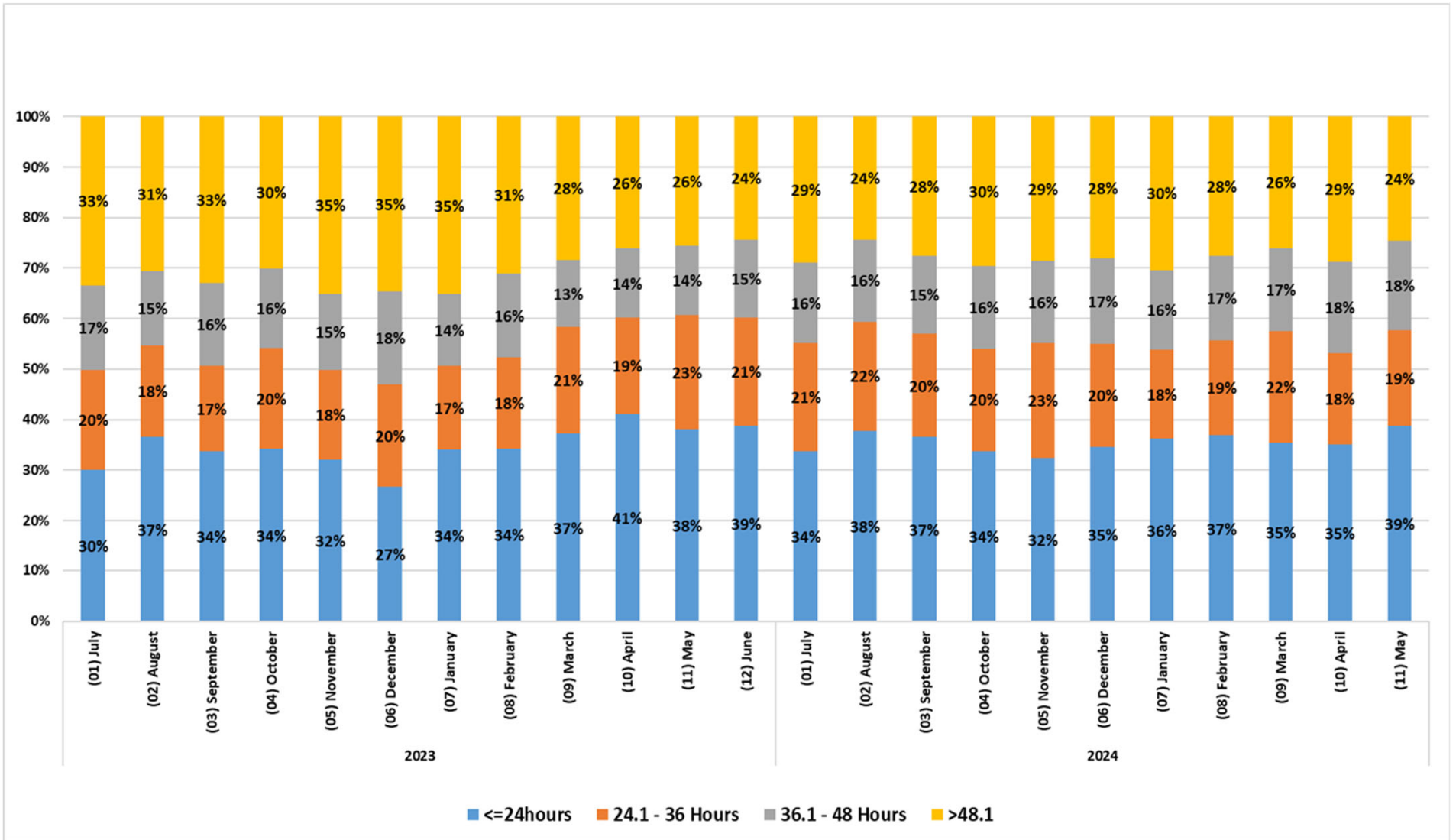
■ at GMLOS or Better	53%	51%	49%	53%	50%	48%	49%	48%	50%	54%	53%	51%	52%	51%	51%	53%	52%	50%	50%	51%	51%	50%	48%
■ 1-2 days over GMLOS	20%	22%	20%	20%	24%	24%	21%	21%	24%	23%	21%	24%	23%	23%	23%	22%	22%	25%	22%	23%	22%	25%	23%
■ 2-6 days over GMLOS	15%	16%	16%	15%	14%	16%	17%	19%	16%	15%	16%	15%	16%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

Average Length of Stay Distribution

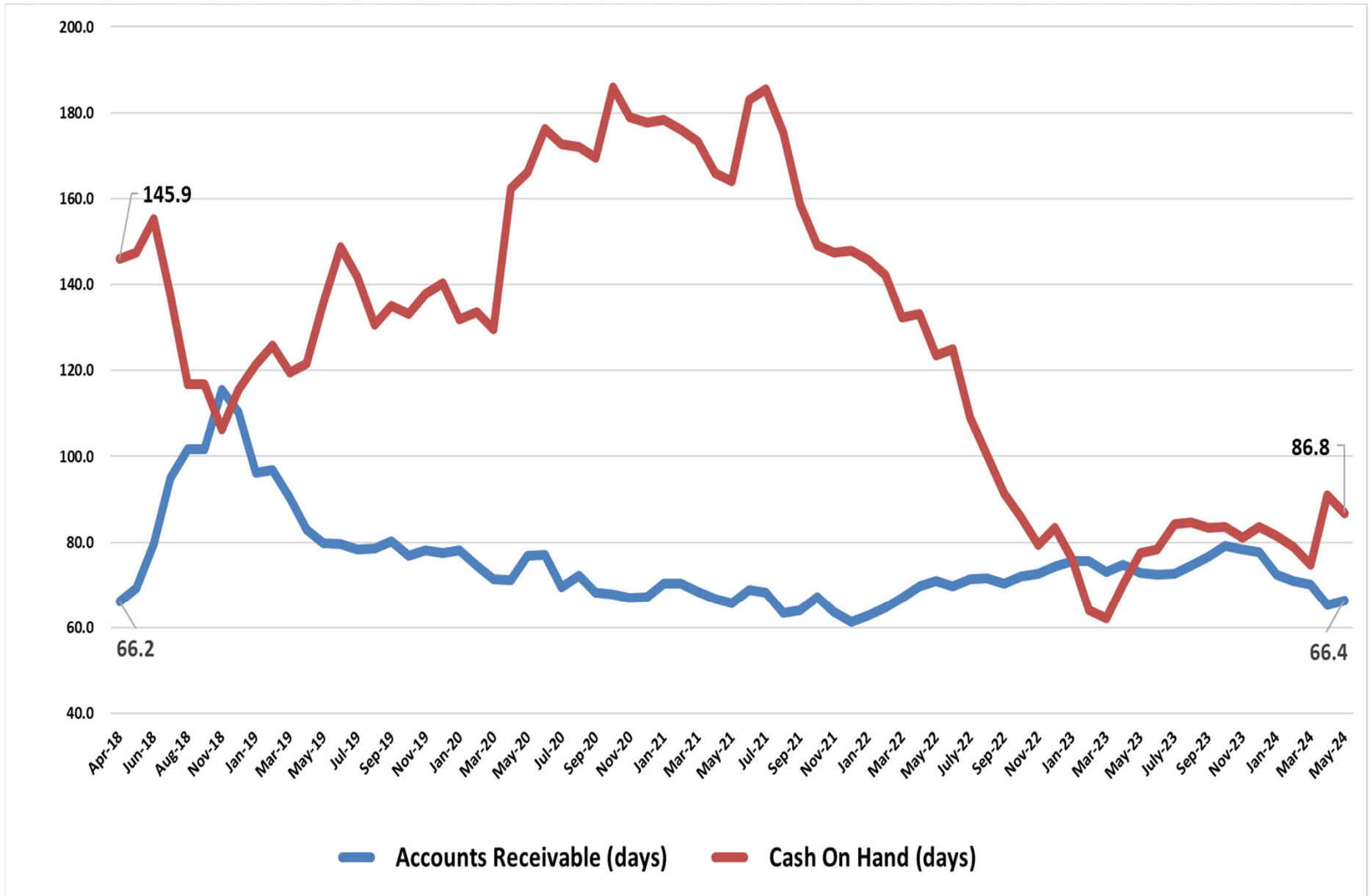
May FY 2024 Overall LOS Distribution



Monthly Discharges of Observation Patients by their Length of Stay



Trended Liquidity Ratios



Ratio Analysis Report

	June 30, 2023			2022 Moody's Median Benchmark		
	May 24 Value	April 24 Value	Audited Value	Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.8	2.8	2.7	1.5	1.8	1.7
Accounts Receivable (days)	66.4	65.3	72.5	48.7	48	43.8
Cash On Hand (days)	86.8	91.0	78.3	276.5	206.5	157.6
Cushion Ratio (x)	8.9	9.0	10.3	44.3	24.9	17.3
Average Payment Period (days)	49.6	50.9	44.7	79	66.7	68.1
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	84.1%	87.8%	84.7%	259.9%	173.7%	128.6%
Debt-To-Capitalization	36.7%	36.8%	35.2%	23.4%	31.8%	37.5%
Debt-to-Cash Flow (x)	4.2	4.4	(128.9)	2.8	3.6	5
Debt Service Coverage	3.1	3.0	(0.1)	6.1	4.5	2.8
Maximum Annual Debt Service Coverage (x)	2.5	2.4	(0.1)	5.9	3.8	2.4
Age Of Plant (years)	13.4	13.3	12.2	11.4	12.8	13.7
PROFITABILITY RATIOS						
Operating Margin	(.4%)	(.9%)	(6.9%)	1.5%	0.1%	(2.1%)
Excess Margin	1.4%	1.2%	(5.5%)	4.8%	2.7%	(.3%)
Operating Cash Flow Margin	4.9%	4.4%	(1.3%)	6.1%	5.6%	3.6%
Return on Assets	1.4%	1.2%	(5.7%)	3.3%	1.9%	(.3%)

Consolidated Statements of Net Position (000's)

	May-24	Apr-24	Change	% Change	Jun-23 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 39	\$ 4,628	\$ (4,590)	-99.16%	\$ 4,127
Current Portion of Board designated and trusted assets	25,961	24,530	1,431	5.83%	14,978
Accounts receivable:					
Net patient accounts	137,208	131,913	5,295	4.01%	132,621
Other receivables	39,023	46,993	(7,970)	-16.96%	27,475
	176,231	178,905	(2,675)	-1.50%	160,096
Inventories	14,635	14,350	285	1.99%	13,117
Medicare and Medi-Cal settlements	93,833	93,342	491	0.53%	81,412
Prepaid expenses	8,518	9,366	(847)	-9.05%	9,037
Total current assets	319,217	325,121	(5,904)	-1.82%	282,767
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	188,535	192,497	(3,961)	-2.06%	174,916
Revenue bond assets held in trust	19,239	19,224	15	0.08%	18,605
Assets in self-insurance trust fund	519	517	2	0.34%	956
Total non-current cash and investments	208,293	212,238	(3,945)	-1.86%	194,477
INTANGIBLE RIGHT TO USE LEASE,	10,706	11,052	(346)	-3.13%	11,249
net of accumulated amortization					
INTANGIBLE RIGHT TO USE SBITA,	12,021	12,381	(360)	-2.90%	8,417
net of accumulated amortization					
CAPITAL ASSETS					
Land	20,544	20,544	-	0.00%	17,542
Buildings and improvements	428,046	428,046	-	0.00%	427,105
Equipment	332,566	332,566	-	0.00%	328,663
Construction in progress	30,226	22,175	8,051	36.31%	25,413
	811,382	803,332	8,051	1.00%	798,723
Less accumulated depreciation	509,859	507,363	2,496	0.49%	486,537
	301,523	295,968	5,555	1.88%	312,186
OTHER ASSETS					
Property not used in operations	1,489	1,492	(3)	-0.22%	1,533
Health-related investments	1,656	1,834	(178)	-9.71%	2,841
Other	14,242	14,245	(3)	-0.02%	13,350
Total other assets	17,387	17,571	(185)	-1.05%	17,724
Total assets	869,147	874,331	(5,184)	-0.59%	826,820
DEFERRED OUTFLOWS					
	23,722	23,755	(33)	-0.14%	24,083
Total assets and deferred outflows	\$ 892,869	\$ 898,086	\$ (5,217)	-0.58%	\$ 850,903

Consolidated Statements of Net Position (000's)

	May-24	Apr-24	Change	% Change	Jun-23
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 29,605	\$ 29,352	\$ 253	0.86%	\$ 30,636
Accrued payroll and related liabilities	57,209	62,003	(4,794)	-7.73%	50,478
SBITA liability, current portion	2,734	2,734	-	0.00%	2,734
Lease liability, current portion	2,614	2,614	-	0.00%	2,614
Bonds payable, current portion	10,105	10,105	-	0.00%	12,159
Notes payable, current portion	9,850	9,850	-	0.00%	7,895
Total current liabilities	112,118	116,659	(4,541)	-3.89%	106,516
LEASE LIABILITY, net of current portion	8,356	8,597	(241)	-2.80%	8,741
SBITA LIABILITY, net of current portion	7,816	7,869	(53)	-0.68%	4,426
LONG-TERM DEBT, less current portion					
Bonds payable	227,305	227,312	(7)	0.00%	227,378
Notes payable	20,750	20,750	-	0.00%	9,850
Total long-term debt	248,055	248,062	(7)	0.00%	237,228
NET PENSION LIABILITY	50,719	52,201	(1,483)	-2.84%	42,961
OTHER LONG-TERM LIABILITIES	33,947	35,536	(1,588)	-4.47%	30,984
Total liabilities	461,011	468,923	(7,859)	-1.68%	426,430
NET ASSETS					
Invested in capital assets, net of related debt	64,113	58,552	5,561	9.50%	75,776
Restricted	64,005	62,572	1,433	2.29%	50,013
	303,741	308,040	(4,298)	-1.40%	294,258
Total net position	431,859	429,163	2,696	0.63%	420,047
Total liabilities and net position	\$ 892,869	\$ 898,086	\$ (5,216)	-0.58%	\$ 850,903

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
May 31, 2024

Board designated funds	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
LAIF		4.23	Various		10,434,637	
CAMP		5.43	CAMP		47,839,341	
Allspring		4.92	Money market		4,668,551	
PFM		4.92	Money market		76,940	
Allspring	1-Jun-24	0.59	Municipal	Orange Ca	500,000	
Allspring	1-Jun-24	0.64	Municipal	Torrance Ca	1,450,000	
Allspring	15-Jun-24	0.52	Municipal	Louisiana ST	500,000	
Allspring	1-Jul-24	0.63	Municipal	El Segundo Ca	510,000	
Allspring	1-Jul-24	5.00	Municipal	Los Angeles Calif Ca	1,500,000	
PFM	1-Aug-24	0.70	Municipal	San Juan Ca	195,000	
Allspring	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000	
Allspring	13-Sep-24	0.60	MTN-C	Caterpillar Finl Mtn	500,000	
Allspring	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000	
PFM	1-Nov-24	0.57	Municipal	Mississippi ST	300,000	
Allspring	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000	
Allspring	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000	
Allspring	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000	
Allspring	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000	
Allspring	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000	
Allspring	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000	
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000	
Allspring	7-Mar-25	2.13	MTN-C	Deere John Mtn	550,000	
American Business Bank	20-Mar-25	4.50	CD	American Business Bank	235,500	
CalPrivate Bank	20-Mar-25	4.50	CD	CalPrivate Bank	235,500	
Citizens National Bank of Texas	20-Mar-25	4.50	CD	Citizens National Bank of Texas	235,500	
Community Bank of the Day	20-Mar-25	4.50	CD	Community Bank of the Day	203,034	
East West Bank	20-Mar-25	4.50	CD	East West Bank	235,500	
Farmers Bank and Trust Company	20-Mar-25	4.50	CD	Farmers Bank and Trust Company	235,500	
Frontier Bank of Texas	20-Mar-25	4.50	CD	Frontier Bank of Texas	235,500	
Optus Bank	20-Mar-25	4.50	CD	Optus Bank	198,863	
Poppy Bank	20-Mar-25	4.50	CD	Poppy Bank	235,500	
Republic Bank	20-Mar-25	4.50	CD	Republic Bank	206,240	
St. Louis Bank	20-Mar-25	4.50	CD	St. Louis Bank	235,500	
Willamette Valley Bank	20-Mar-25	4.50	CD	Willamette Valley Bank	235,500	
Optus Bank	27-Mar-25	4.50	CD	Optus Bank	22,383	
Western Alliance - CDARS	31-Mar-25	4.50	CD	Western Alliance	250,000	
Allspring	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000	
PFM	15-Apr-25	2.70	MTN-C	Home Depot Inc	65,000	
Allspring	1-May-25	0.74	Municipal	San Diego County	300,000	
Allspring	15-May-25	2.75	U.S. Govt Agency	US Treasury Bill	980,000	
PFM	15-May-25	0.93	Municipal	University Calif Ca	185,000	
PFM	25-May-25	3.33	U.S. Govt Agency	FHLMC	852,703	
Allspring	1-Jun-25	0.92	Municipal	Connecticut ST	400,000	
PFM	1-Jun-25	1.35	MTN-C	Honeywell	400,000	
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000	
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	1,000,000	
PFM	3-Jun-25	0.80	MTN-C	Amazon Com Inc	445,000	
Allspring	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000	
Allspring	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000	
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000	
Allspring	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000	
Allspring	1-Aug-25	2.17	Municipal	Santa Cruz Ca	400,000	
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000	
PFM	15-Aug-25	0.62	ABS	Kubota Credit	41,417	
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	260,831	
Allspring	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000	
Allspring	15-Sep-25	0.36	ABS	John Deere Owner	78,880	
PFM	15-Sep-25	0.00	ABS	Hyundai Auto	13,887	
PFM	15-Sep-25	3.88	MTN-C	Abbott Laboratories	195,000	
Allspring	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000	
Allspring	25-Sep-25	0.98	MTN-C	Bk of America	1,300,000	
Allspring	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000	
Allspring	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000	
PFM	17-Nov-25	0.56	ABS	Kubota Credit	63,125	
Allspring	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	2,550,000	
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	15,273	
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	1,395,000	
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
Allspring	6-Feb-26	1.75	MTN-C	State Street Corp	1,000,000	
PFM	12-Feb-26	0.86	MTN-C	Goldman Sachs	205,000	
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	58,550	
PFM	28-Feb-26	2.50	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000	
PFM	30-Mar-26	2.90	MTN-C	State Street Corp	420,000	
Allspring	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000	
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	2-Apr-26	3.38	MTN-C	Bank of America	250,000	
PFM	19-Apr-26	3.50	MTN-C	Bank of America	295,000	
Allspring	21-Apr-26	4.75	MTN-C	Morgan Stanley	1,000,000	
Allspring	25-Apr-26	3.91	MTN-C	Wells Fargo co	800,000	
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,435,000	
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000	
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000	
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000	

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
May 31, 2024

PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	212,604
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	124,758
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	1,000,000
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000
PFM	18-Sep-26	5.61	MTN-C	Natixis Ny	405,000
Allspring	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	2,210,000
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000
Allspring	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000
PFM	1-Nov-26	4.76	Municipal	California St Univ	125,000
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000
PFM	13-Nov-26	5.60	MTN-C	National Rural Mtn	160,000
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	203,000
Allspring	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	2,000,000
Allspring	4-Dec-26	5.49	MTN-C	Citibank N A	1,000,000
PFM	11-Jan-27	1.70	MTN-C	Deere John Mtn	220,000
Allspring	15-Jan-27	1.95	MTN-C	Target Corp	900,000
PFM	15-Jan-27	1.95	MTN-C	Target Corp	330,000
PFM	26-Feb-27	4.80	MTN-C	Cisco Sys	260,000
PFM	15-Mar-27	6.03	MTN-C	Daimler Trucks	325,000
PFM	18-Mar-27	4.99	MTN-C	State Street Corp	335,000
PFM	25-Mar-27	3.22	U.S. Govt Agency	FHLMC	575,000
PFM	30-Mar-27	4.80	MTN-C	Hormel Food Corp	115,000
PFM	15-Apr-27	0.00	ABS	Carmax Auto Owner	584,537
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	265,000
PFM	17-May-27	2.39	MTN-C	American Express Co	655,000
PFM	17-May-27	0.00	MTN-C	Discover Card Exe	305,000
Allspring	15-Jul-27	3.68	Municipal	Massachusetts St	1,000,000
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	500,000
PFM	31-Aug-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-27	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	15-Nov-27	4.51	ABS	Mercedes Benz Auto	200,000
PFM	17-Nov-27	5.02	MTN-C	Bp Cap Mkts Amer	310,000
Allspring	18-Jan-28	5.66	ABS	Mercedes Benz Auto	1,000,000
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	437,523
PFM	30-Jun-28	4.00	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	14-Jul-28	4.95	MTN-C	John Deere Mtn	120,000
PFM	25-Jul-28	4.19	U.S. Govt Agency	FNMA	540,000
PFM	15-Aug-28	5.69	MTN-C	Harley Davidson	500,000
PFM	15-Aug-28	5.90	ABS	Fifth Third Auto	385,000
PFM	25-Aug-28	0.00	U.S. Govt Agency	FHLMC	545,000
PFM	25-Aug-28	4.65	U.S. Govt Agency	FHLMC	545,000
PFM	15-Sep-28	5.23	MTN-C	American Express	445,000
PFM	15-Sep-28	5.16	MTN-C	Chase Issuance Trust	435,000
PFM	25-Sep-28	4.85	U.S. Govt Agency	FHLMC	410,000
PFM	25-Sep-28	0.00	U.S. Govt Agency	FHLMC	535,000
PFM	29-Sep-28	5.80	MTN-C	Citibank N A	535,000
PFM	30-Sep-28	4.63	U.S. Govt Agency	US Treasury Bill	500,000
Allspring	25-Oct-28	5.80	MTN-C	Bank New York Mtn	1,000,000
PFM	25-Oct-28	0.00	U.S. Govt Agency	FHLMC	200,000
PFM	25-Oct-28	4.86	U.S. Govt Agency	FHLMC	300,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Oct-28	1.38	U.S. Govt Agency	US Treasury Bill	775,000
Allspring	15-Nov-28	4.98	MTN-C	Bank of America	394,000

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

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	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	
PFM	26-Feb-29	4.85	MTN-C	Cisco Sys	225,000	
PFM	26-Feb-29	4.85	MTN-C	Astrazeneca	165,000	
PFM	28-Feb-29	4.25	U.S. Govt Agency	US Treasury Bill	750,000	
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	50,000	
PFM	14-Mar-29	4.70	MTN-C	Blackrock Funding	220,000	
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	4-Apr-29	4.80	MTN-C	Adobe Inc	225,000	
Allspring	30-Apr-29	4.63	U.S. Govt Agency	US Treasury Bill	1,000,000	
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	400,000	
						\$ 179,685,577

	Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<u>Self-insurance trust</u>						
Wells Fargo Bank			Money market	110900	1,312,186	
Wells Fargo Bank			Fixed income - L/T	152300	602,934	1,915,120
<u>2015A revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	458,960	458,960
<u>2015B revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	2,096,172	2,096,172
<u>2017C revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	8,732,835	8,732,835
<u>2020 revenue bonds</u>						
Signature Bank			Project Fund		-	
US Bank			Principal/Interest payment fund	142110	1,184,410	1,184,410
<u>2022 revenue bonds</u>						
US Bank			Principal/Interest payment fund	142110	1,290,698	1,290,698
<u>2014 general obligation bonds</u>						
CAMP			Interest Payment fund	152440	3,125,741	3,125,741
<u>Master Reserve fund</u>						
US Bank				142102	(1,301,697)	
US Bank				142103	20,540,381	19,238,684
<u>Operations</u>						
Wells Fargo Bank	0.16		Checking	100100	(1,106,467)	
Wells Fargo Bank	0.16		Checking	100500	(348,251)	(1,454,718)
<u>Payroll</u>						
Wells Fargo Bank	0.16		Checking	100200	(207,573)	
Wells Fargo Bank	0.16		Checking	100300	756,907	
Wells Fargo Bank	0.16		Checking	100300	(39,510)	
Wells Fargo Bank			Checking	100300	1,578	
Bancorp			Checking	100300	1,140,964	1,652,367
						197,649
Total investments					\$ 217,925,845	

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

Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	100100	\$ 7,435
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Sequoia Regional Cancer Center

Wells Fargo Bank	Checking	100500	11,747
			\$ 11,747

Kaweah Delta Hospital Foundation

Central Valley Community Checking	Investments	100100	359,620
Various	S/T Investments	142200	4,824,761
Various	L/T Investments	142300	12,733,274
Various	Unrealized G/L	142400	3,426,908
			\$ 21,344,563

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$ 139,411,710	142100	
Committed for capital	14,402,908	142100	
			153,814,619
GO Bond reserve - L/T	1,992,658	142100	
401k Matching	(576,995)	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	5,625,000	112900	
Workers compensation - L/T	15,278,000	113900	
			20,903,000
			\$ 179,685,577

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

<u>Investment summary by institution:</u>	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	\$ 1,140,964	0.5%		1,140,964	0.6%
CAMP	47,839,341	22.0%		47,839,341	26.6%
Local Agency Investment Fund (LAIF)	10,434,637	4.8%		10,434,637	5.8%
CAMP - GOB Tax Rev	3,125,741	1.4%	3,125,741	-	0.0%
Allspring	59,351,431	27.2%	1,915,120	57,436,311	31.9%
PFM	59,060,147	27.1%		59,060,147	32.8%
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	971,805	0.4%		971,805	0.5%
US Bank	33,001,759	15.1%	33,001,759	-	0.0%
Total investments	\$ 217,925,845	100.0%	\$ 38,042,619	179,883,226	100.0%

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>
Negotiable and other certificates of deposit	\$ 3,000,021	53,965,000 (30%)
Checking accounts	197,649	
Local Agency Investment Fund (LAIF)	10,434,637	75,000,000
CAMP	47,839,341	
Medium-term notes (corporate) (MTN-C)	35,892,000	53,965,000 (30%)
U.S. government agency	63,546,057	
Municipal securities	10,175,000	
Money market accounts	4,745,491	35,977,000 (20%)
Commercial paper	-	44,971,000 (25%)
Asset Backed Securities	4,053,030	35,977,000 (20%)
Supra-National Agency	-	53,965,000 (30%)
	\$ 179,883,226	

<u>Return on investment:</u>	
Current month	2.73%
Year-to-date	2.15%
Prospective	3.25%
LAIF (year-to-date)	3.88%
Budget	1.65%

<u>Fair market value disclosure for the quarter ended March 31, 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	(3,947,647)
Change in unrealized gain (loss) on investments (income statement effect)	\$ 98,253	3,802,639

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
May 31, 2024

Investment summary of CDs:

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>\$</u>	<u>3,000,021</u>

Investment summary of asset backed securities:

Ally Auto Rec	\$	195,000
American Honda Mtn		145,000
BMW Vehicle Owner		95,000
Fifth Third Auto		385,000
Capital One Prime		265,000
Carmax Auto Owner		870,964
GM Finl con Auto Rec		110,000
Honda Auto		350,000
Honda Auto Rec Own		124,758
Hyundai Auto		128,887
John Deere Owner		78,880
Kubota Credit		104,542
Mercedes Benz Auto		1,200,000
	<u>\$</u>	<u>4,053,030</u>

Investment summary of medium-term notes (corporate):

Abbott Laboratories	\$	195,000
Adobe Inc		225,000
Amazon Com Inc		445,000
American Express		445,000
American Express Co		1,250,000
Air products		295,000
Astrazeneca		165,000
Astrazeneca LP		265,000
Bank of America		1,644,000
Bank New York Mtn		1,000,000
Bk of America		1,300,000
Blackrock Funding		270,000
Bp Cap Mkts Amer		310,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		200,000
Chase Issuance Trust		925,000
Caterpillar Finl Mtn		1,320,000
Cisco Sys		485,000
Citibank N A		1,535,000
Cooperative CD		400,000
Cummins INC		195,000
Daimler Trucks		325,000
Deere John Mtn		770,000
Discover Card Exe		305,000
Emerson Electric Co		265,000
Exxon Mobil		1,320,000
Ford CR Auto Owner		160,000
GM Finl Consumer		1,000,000
Goldman Sachs		425,000
Harley Davidson		500,000
Home Depot Inc		285,000
Honeywell		400,000
Hormel Food Corp		115,000
IBM Corp		640,000
John Deere Mtn		620,000
JP Morgan		2,515,000
Lockheed Martin		203,000
Morgan Stanley		1,280,000
National Rural Mtn		285,000
Natixis Ny		405,000
Paccar Financial Mtn		255,000
Procter Gamble Co		1,300,000
State Street Corp		1,755,000
Target Corp		1,230,000
Texas Instrs		370,000
Toyota Motor		1,400,000
Unitedhealth Group		85,000
US Bank NA		1,400,000
Walmart INC		205,000
Wells Fargo Bank Na		545,000
Wells Fargo Card		560,000
Wells Fargo co		800,000
	<u>\$</u>	<u>35,892,000</u>

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
May 31, 2024

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$	4,040,000
Federal Home Loan Bank (FHLB)		525,000
Federal Home Loan Mortgage Corp (FHLMC)		8,676,057
US Treasury Bill		50,305,000
	<u>\$</u>	<u>63,546,057</u>

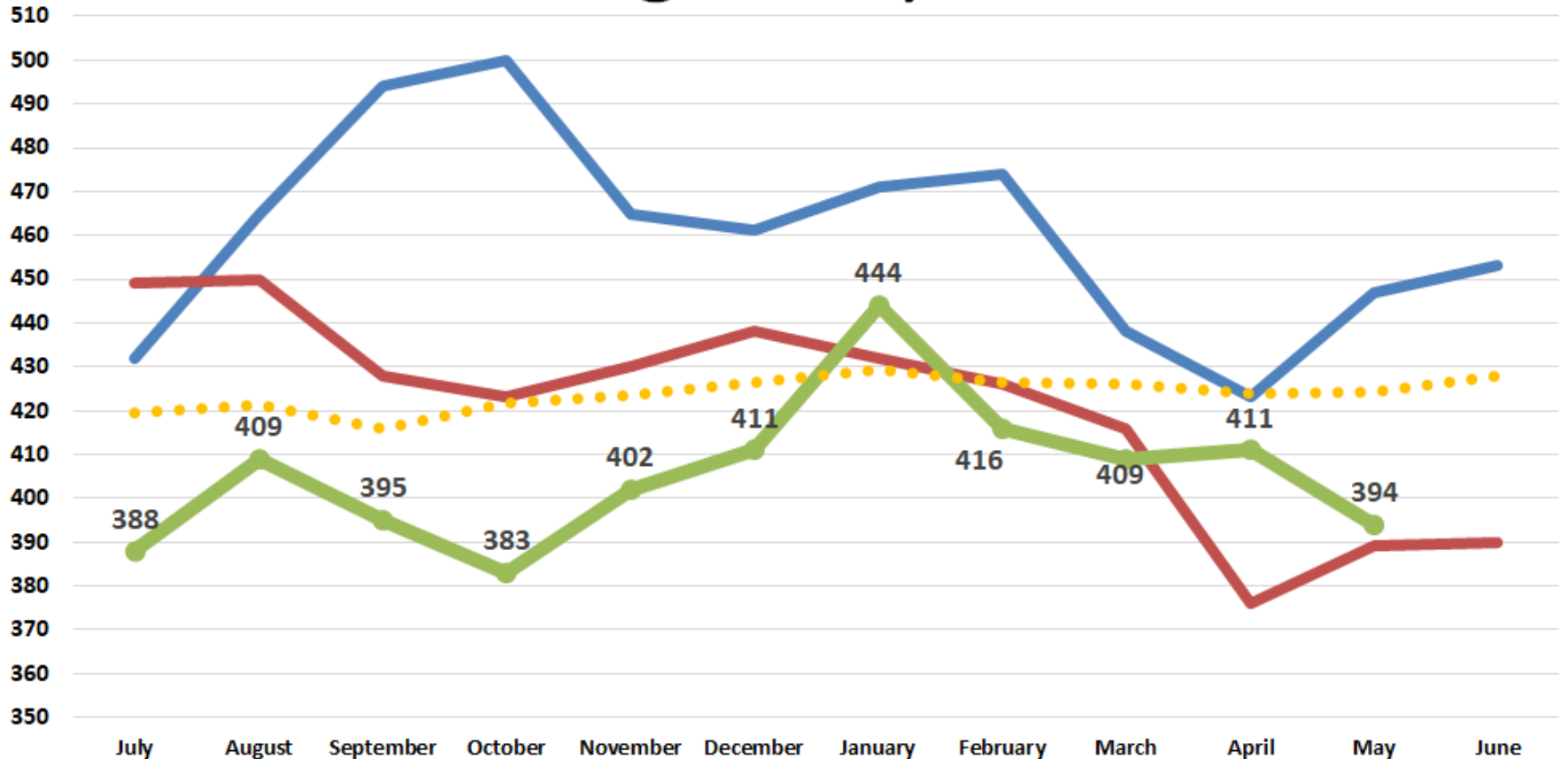
Investment summary of municipal securities:

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
El Segundo Ca		510,000
Florida ST		600,000
Los Angeles Ca		270,000
Los Angeles Calif Ca		1,500,000
Louisiana ST		500,000
Massachusetts St		1,000,000
Mississippi ST		300,000
Orange Ca		500,000
San Diego County		300,000
San Juan Ca		385,000
Santa Cruz Ca		400,000
Torrance Ca		1,450,000
University Calif Ca		185,000
Wisconsin ST		-
	<u>\$</u>	<u>10,175,000</u>

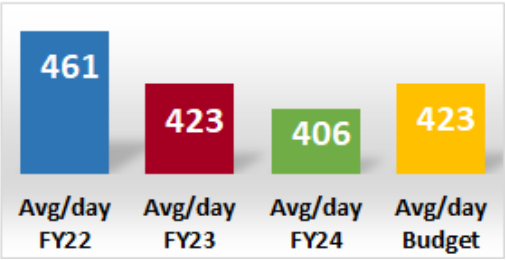
Statistical Report

May 2024

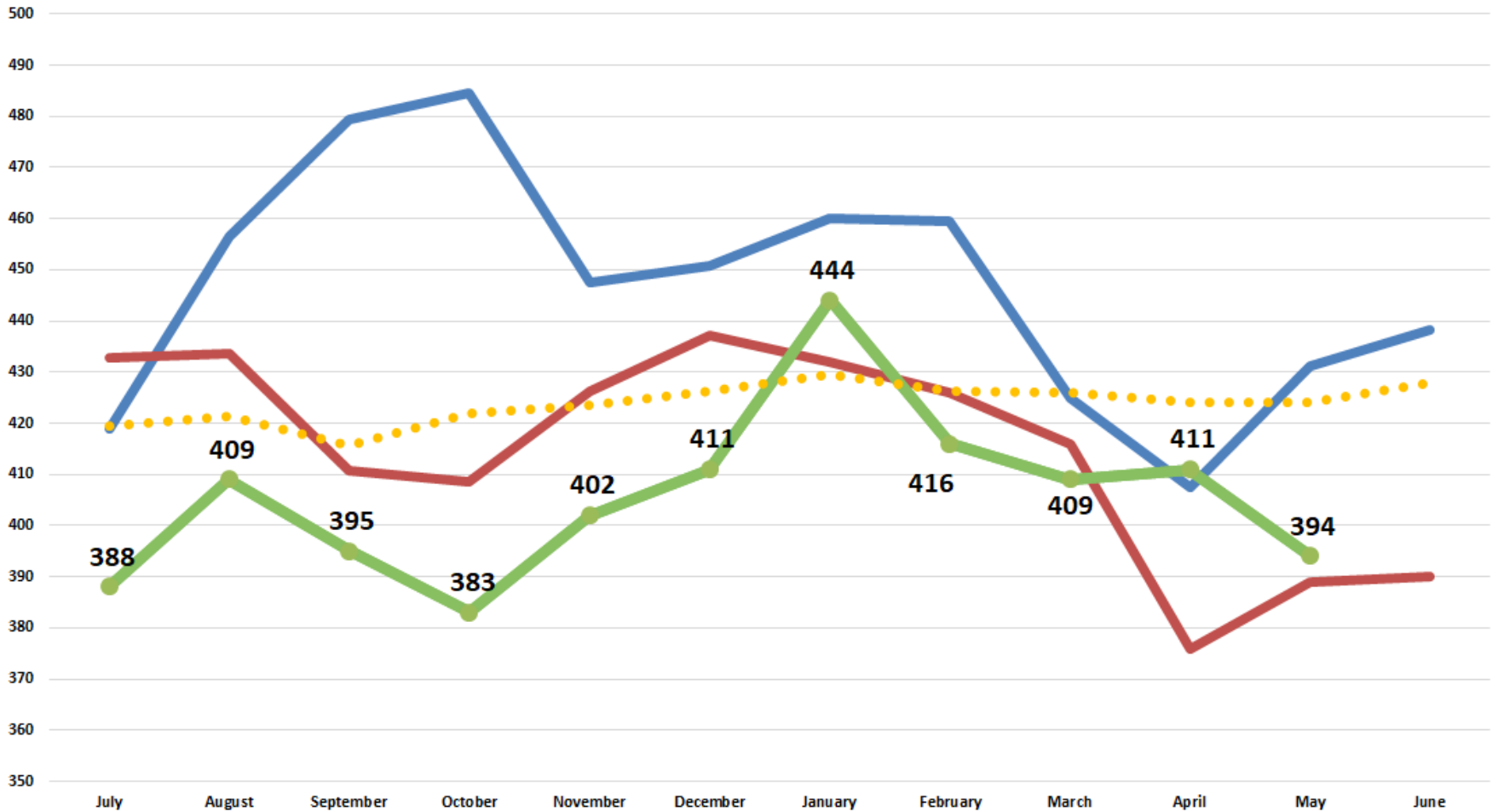
Average Daily Census



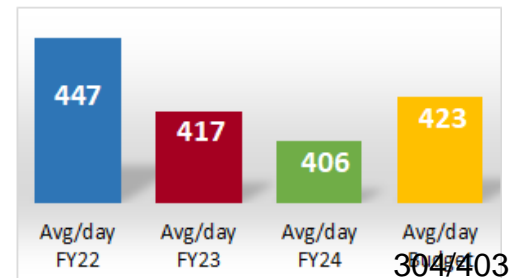
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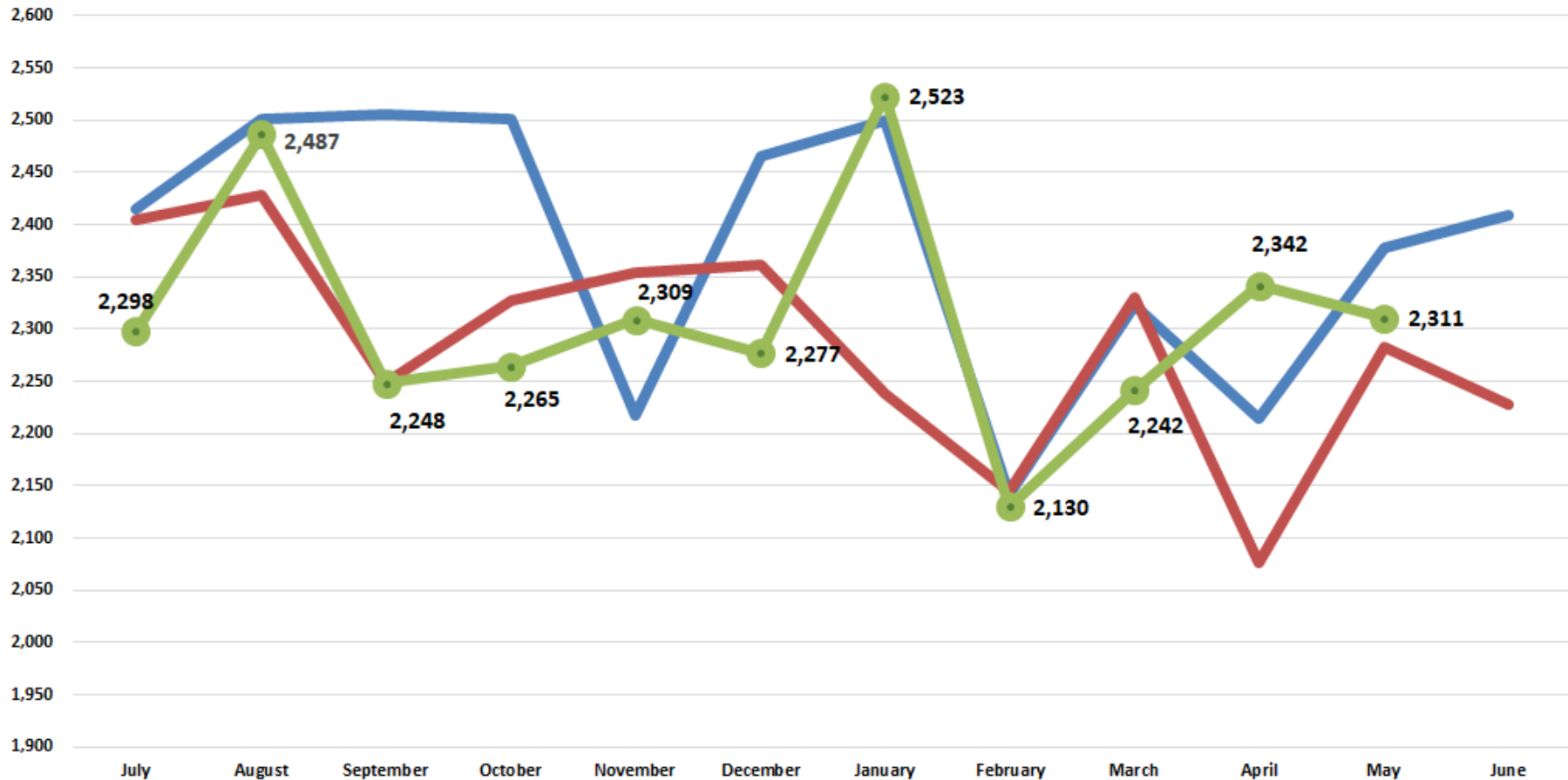
Average Daily Census w/o TCS



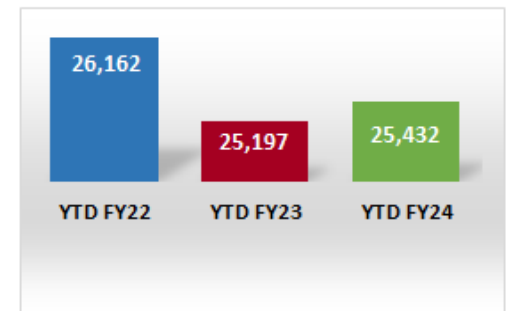
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 —●— FY2024
 ●●● Budget



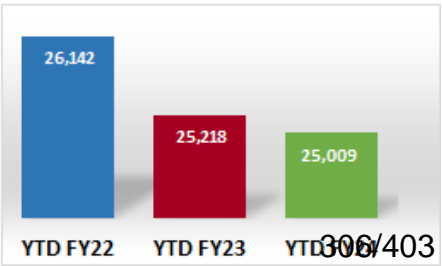
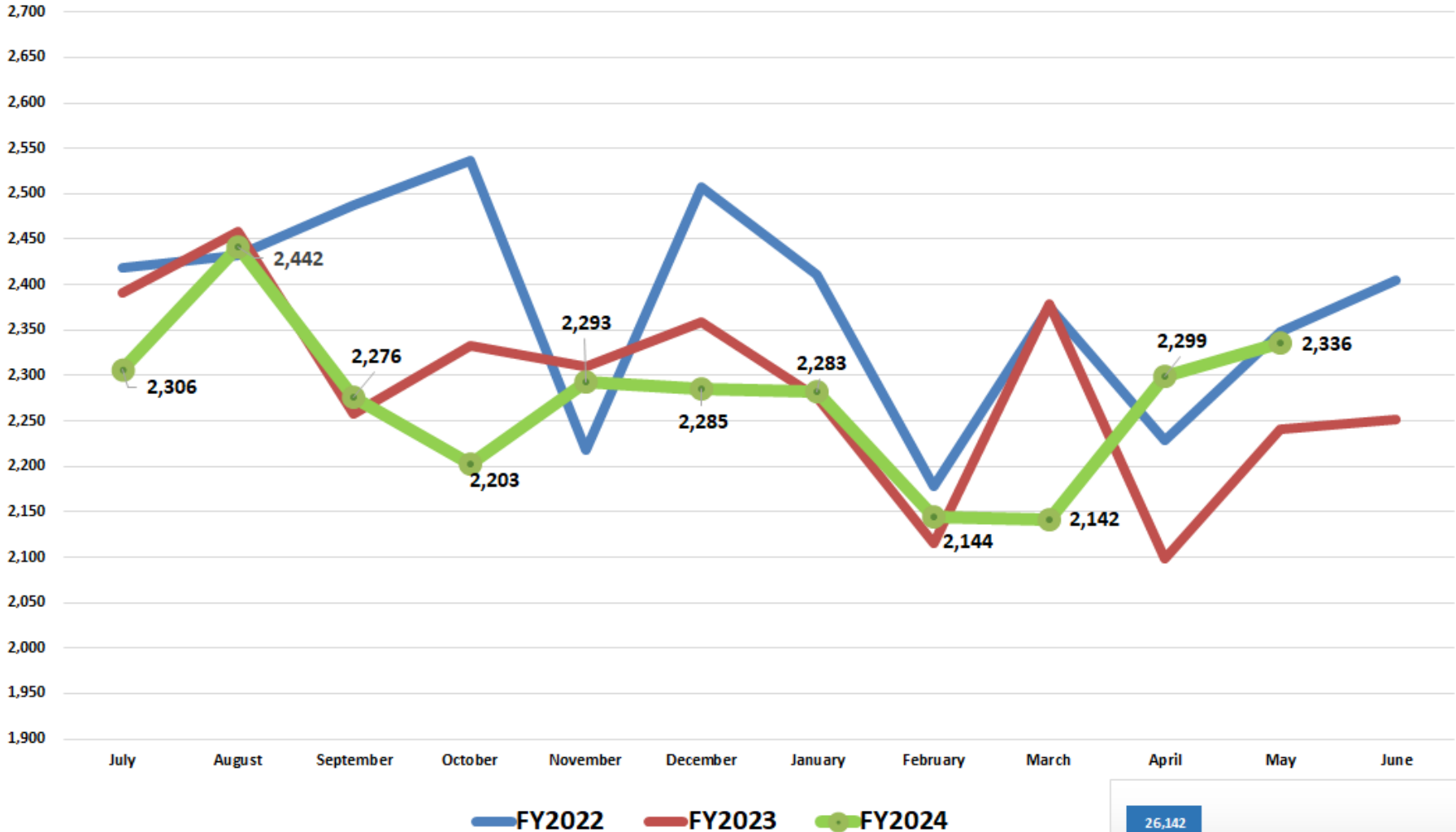
Admissions



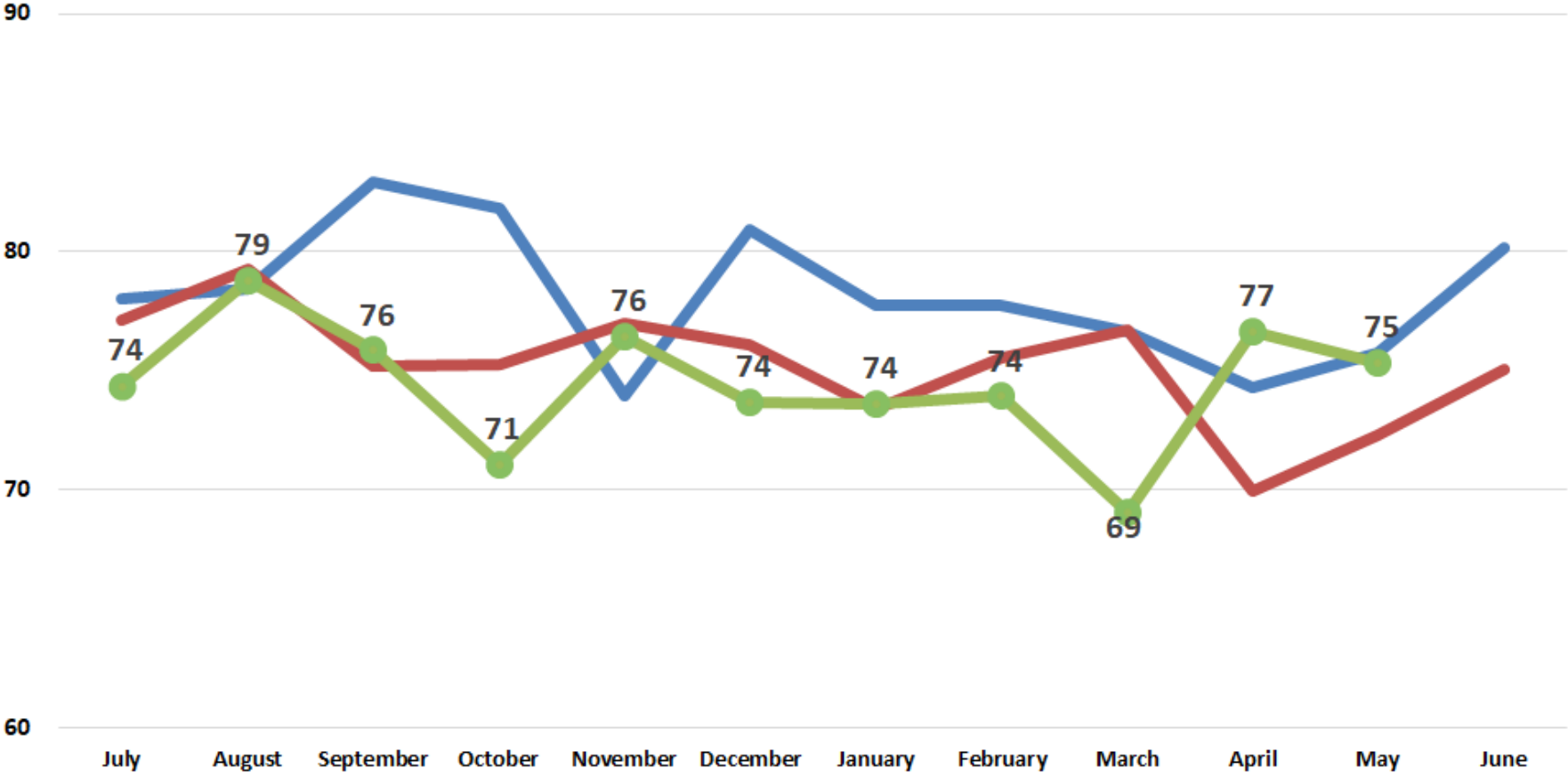
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Discharges



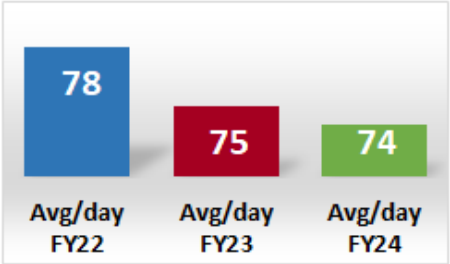
Average Discharges per day



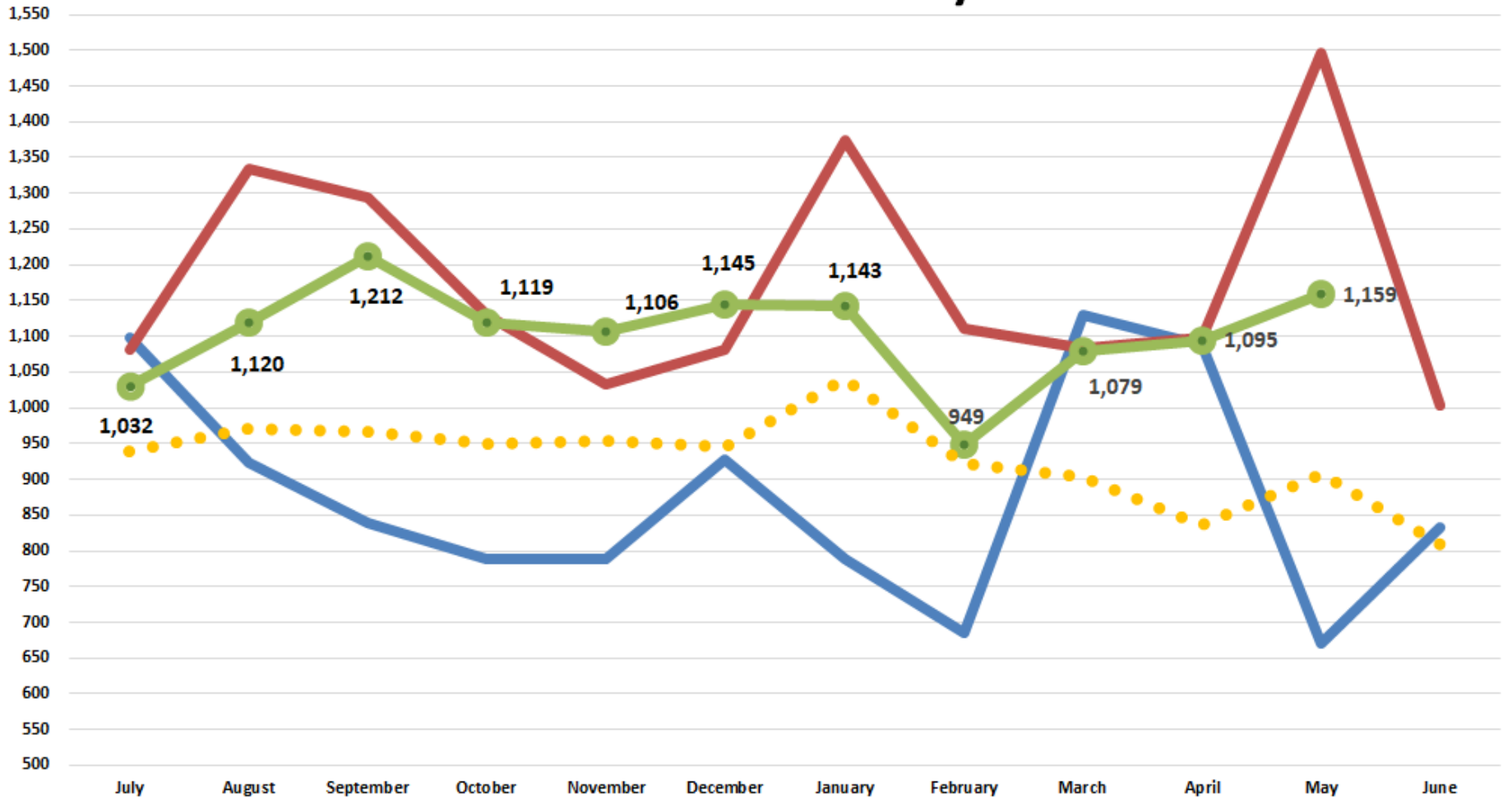
— FY2022

— FY2023

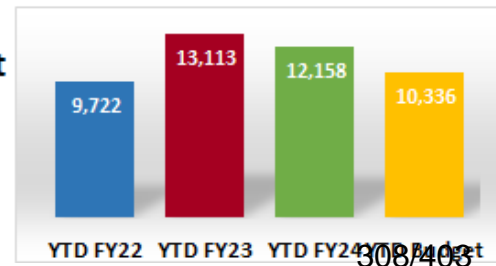
— FY2024



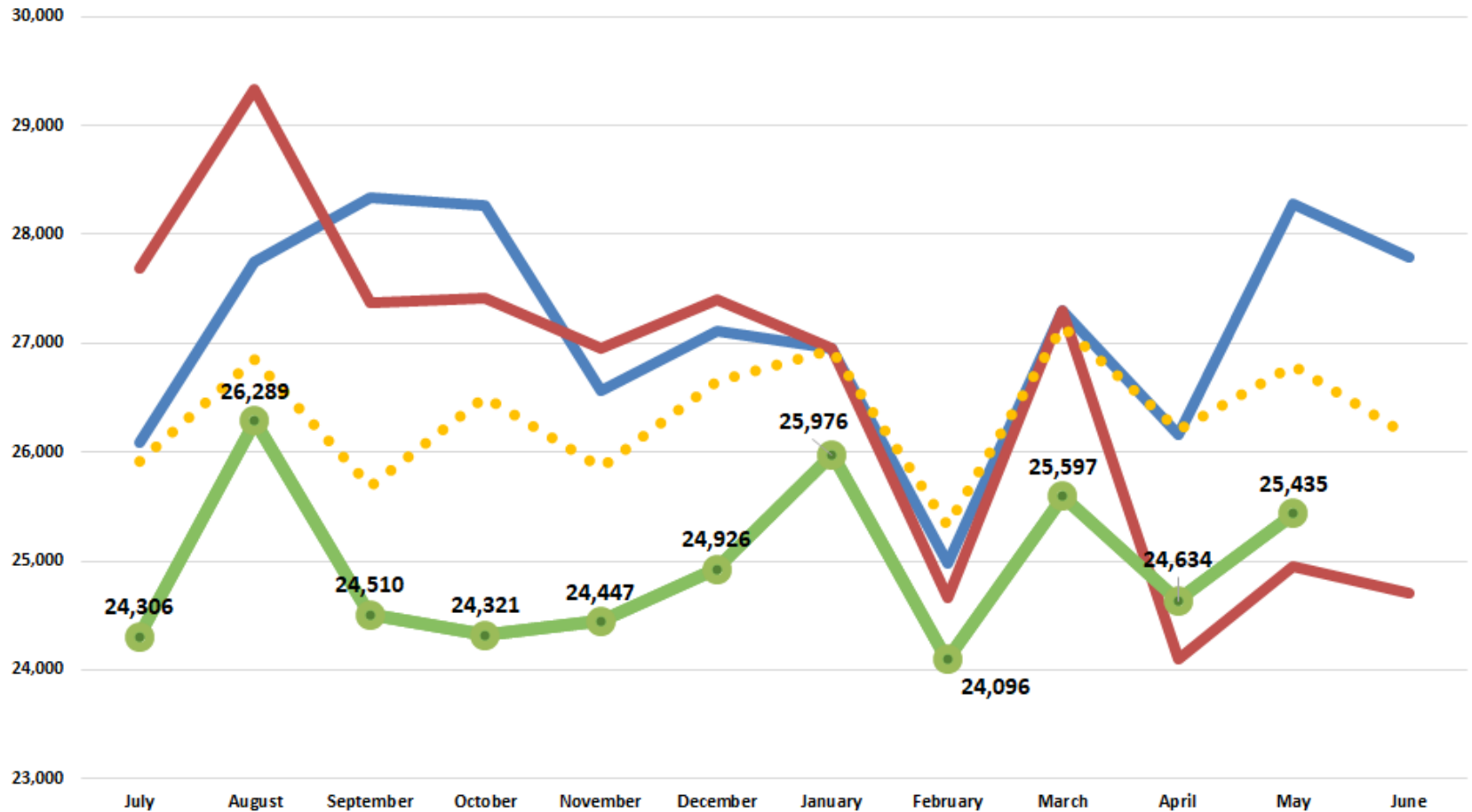
Observation Days



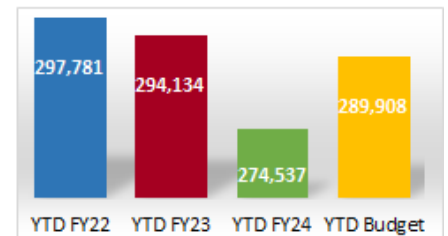
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 ●●● Budget



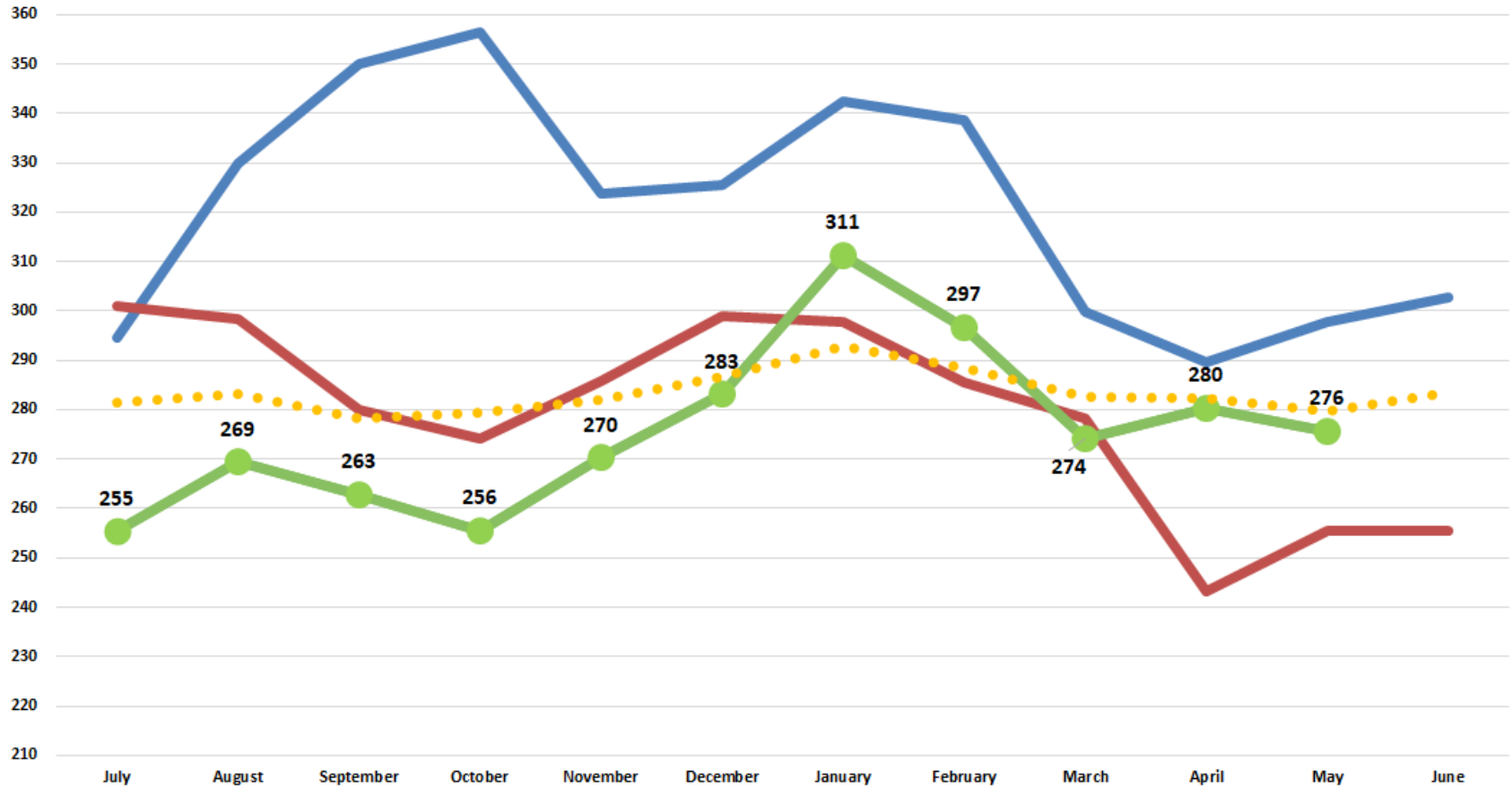
Adjusted Patient Days



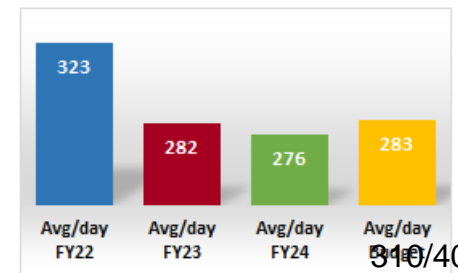
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 ●●● Budget



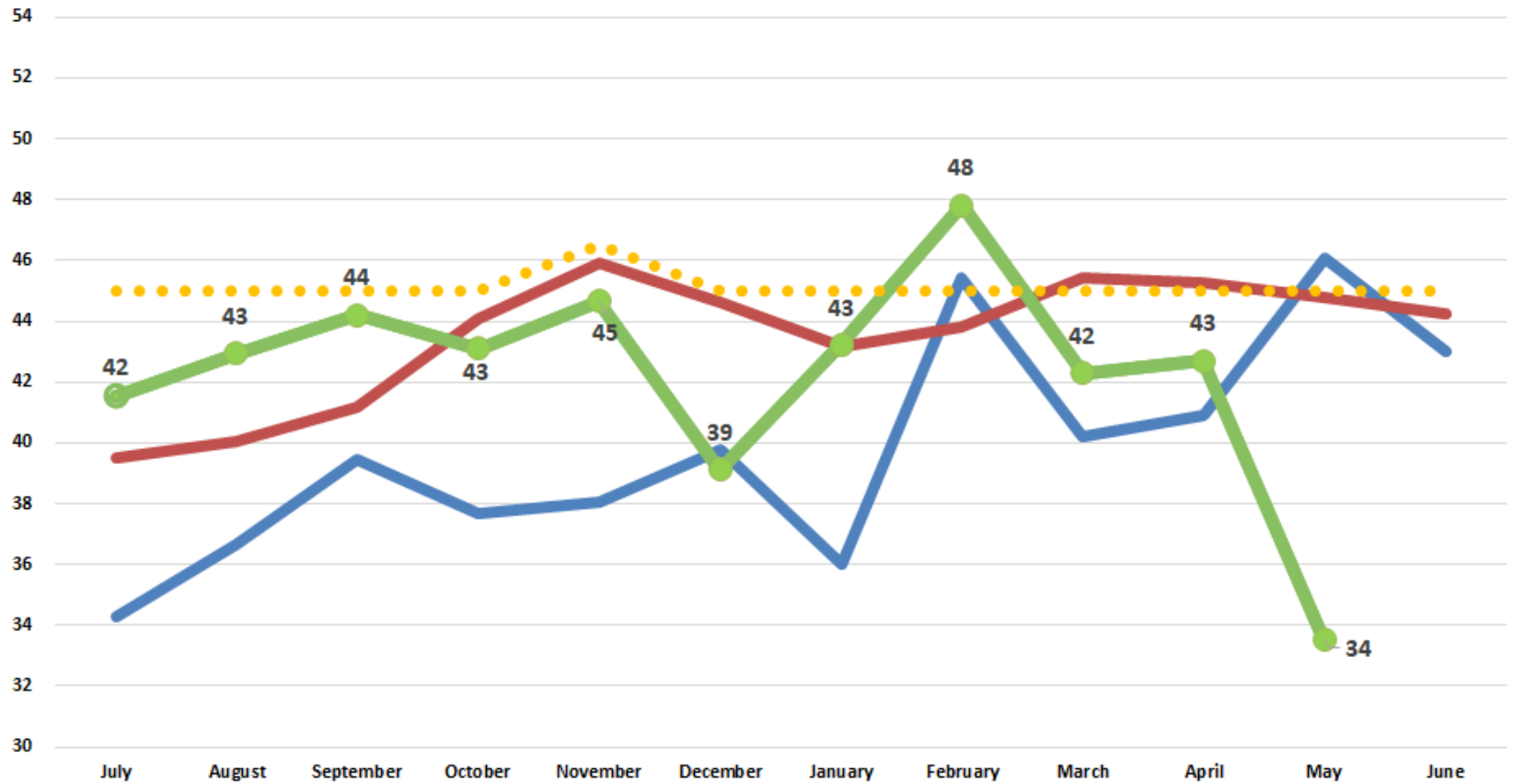
Medical Center (Avg Patients Per Day)



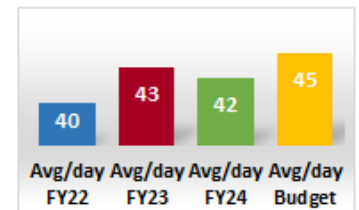
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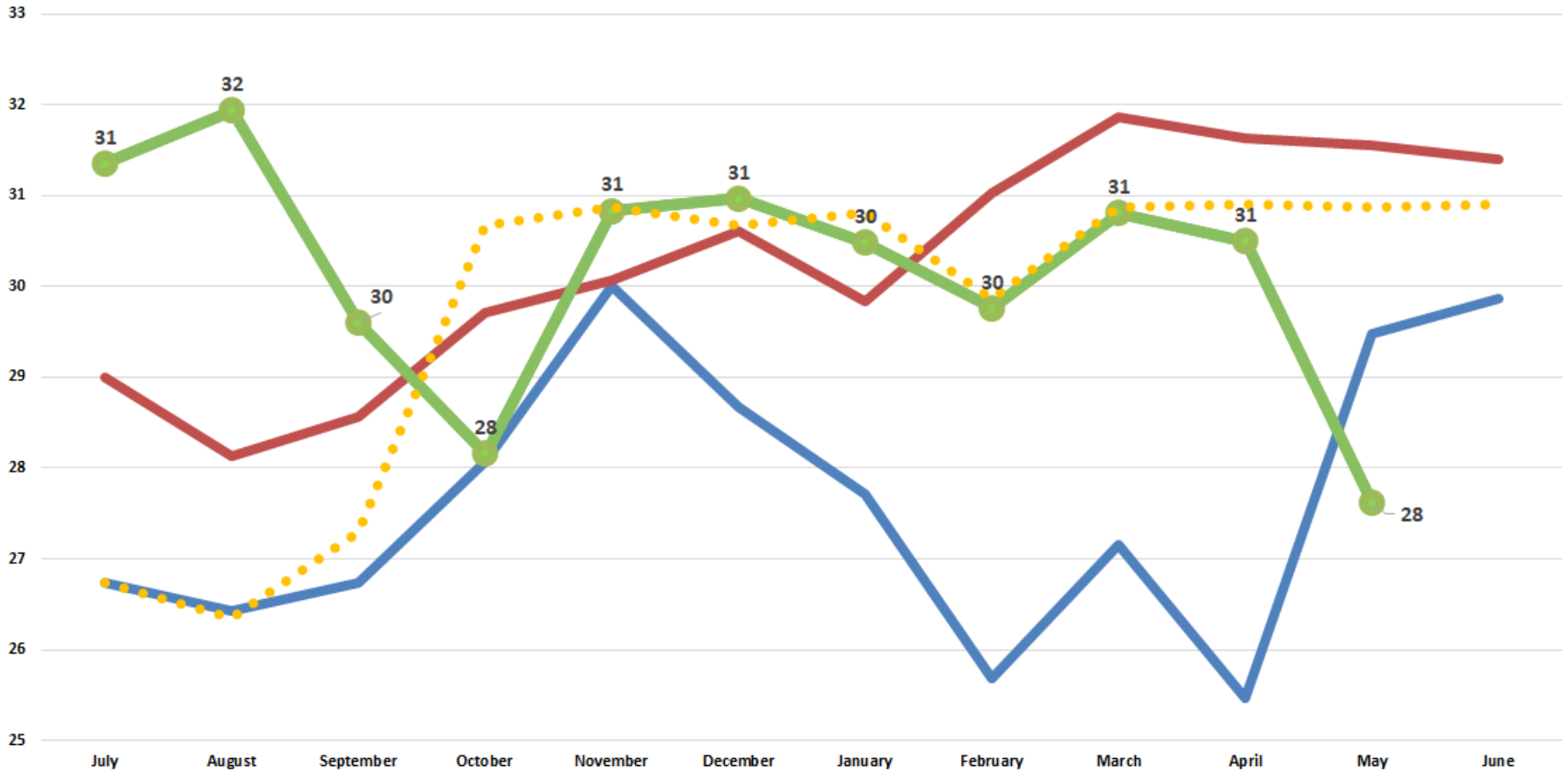
Acute I/P Psych (Avg Patients Per Day)



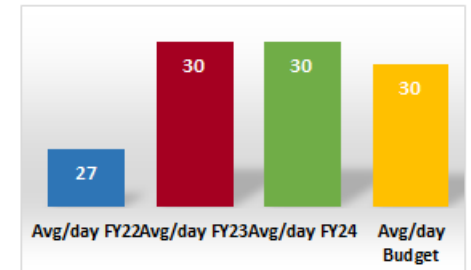
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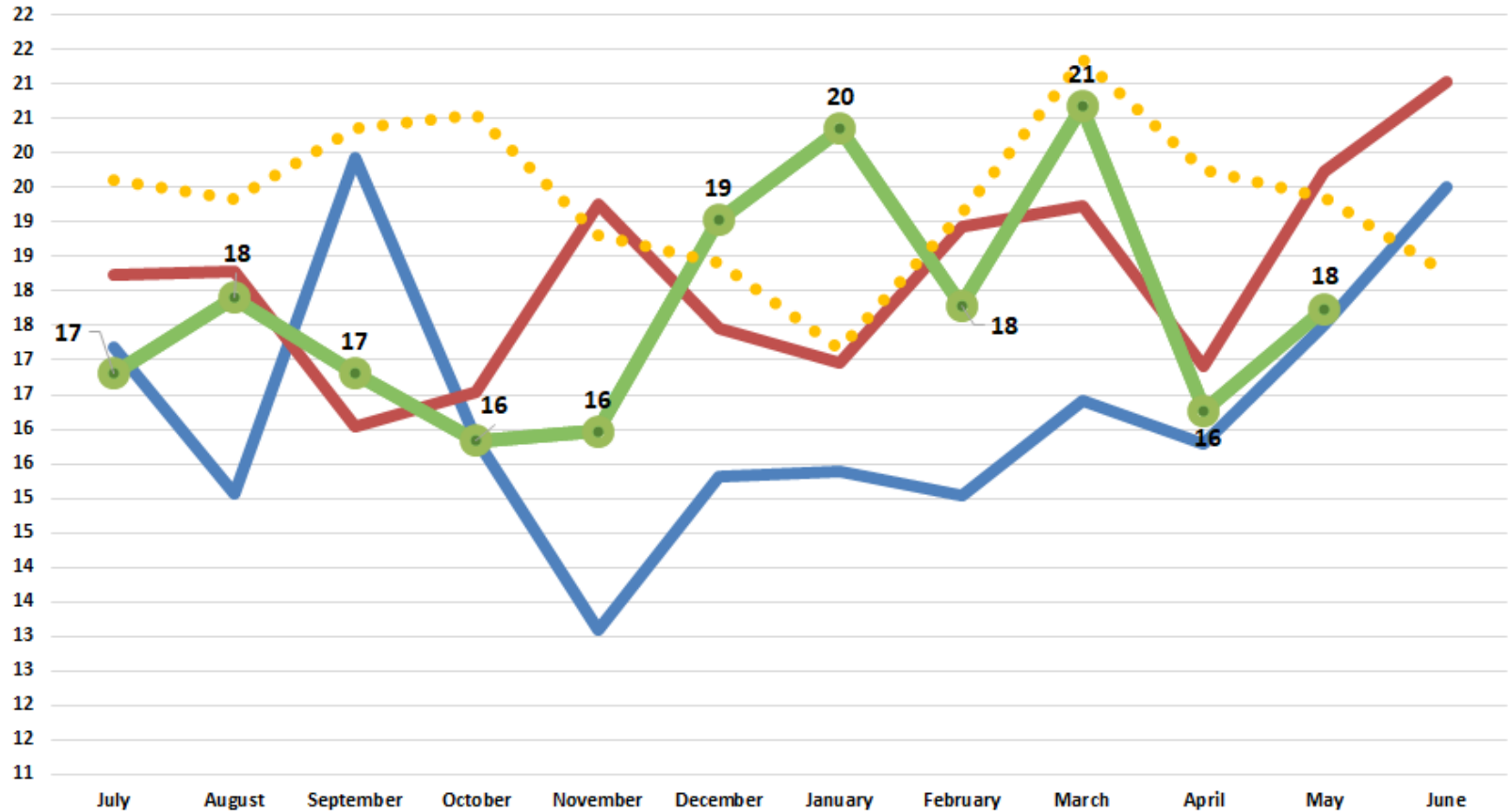
Sub-Acute - Avg Patients Per Day



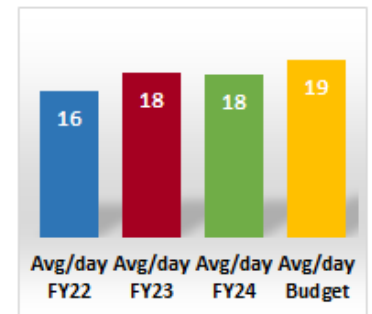
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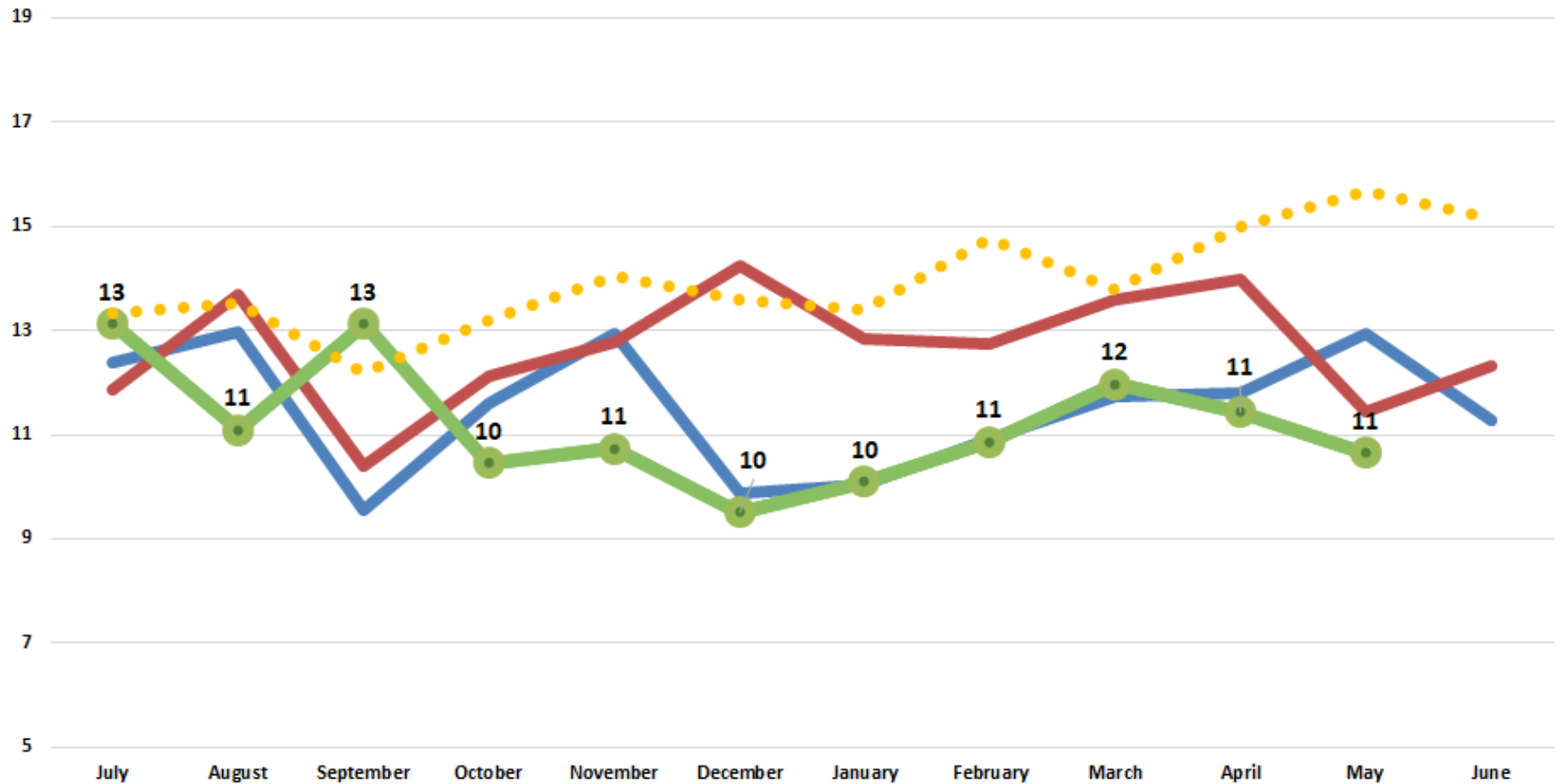
Rehabilitation Hospital - Avg Patients Per Day



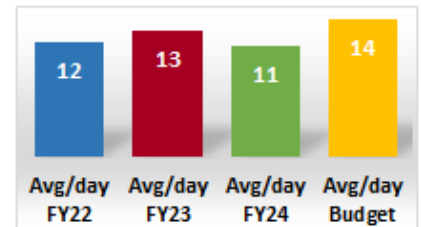
—●— FY2022
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 —●— FY2024
 ●●● Budget



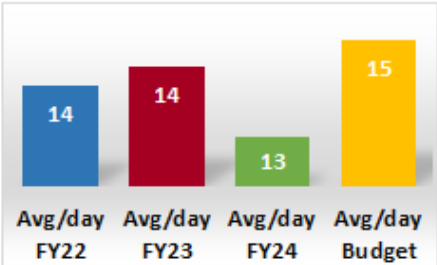
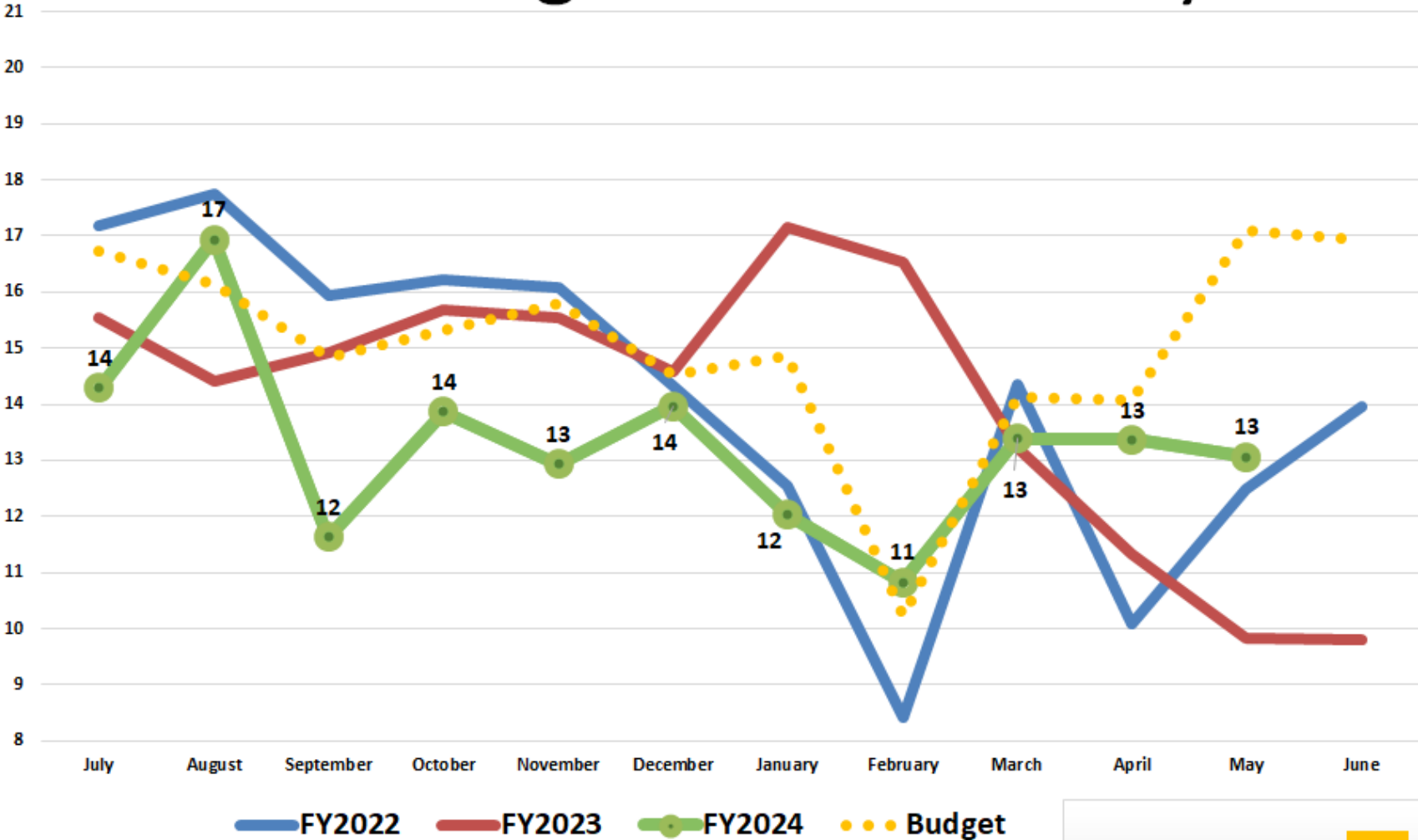
TCS Ortho - Avg Patients Per Day



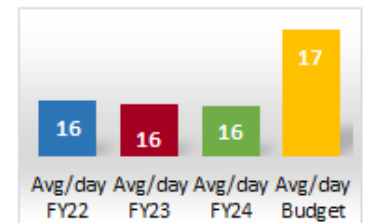
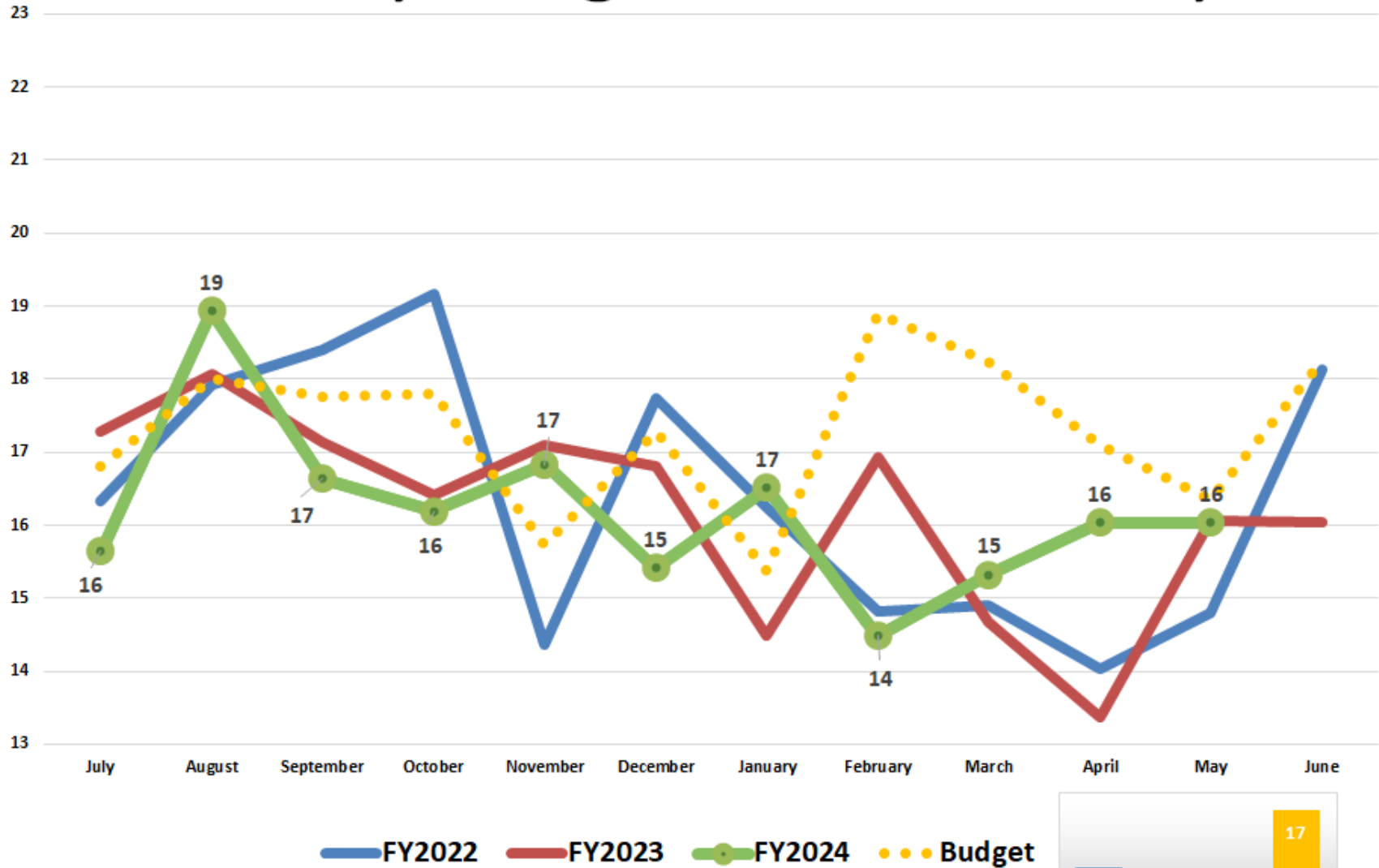
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



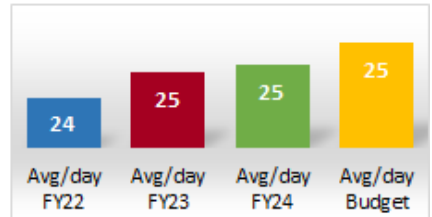
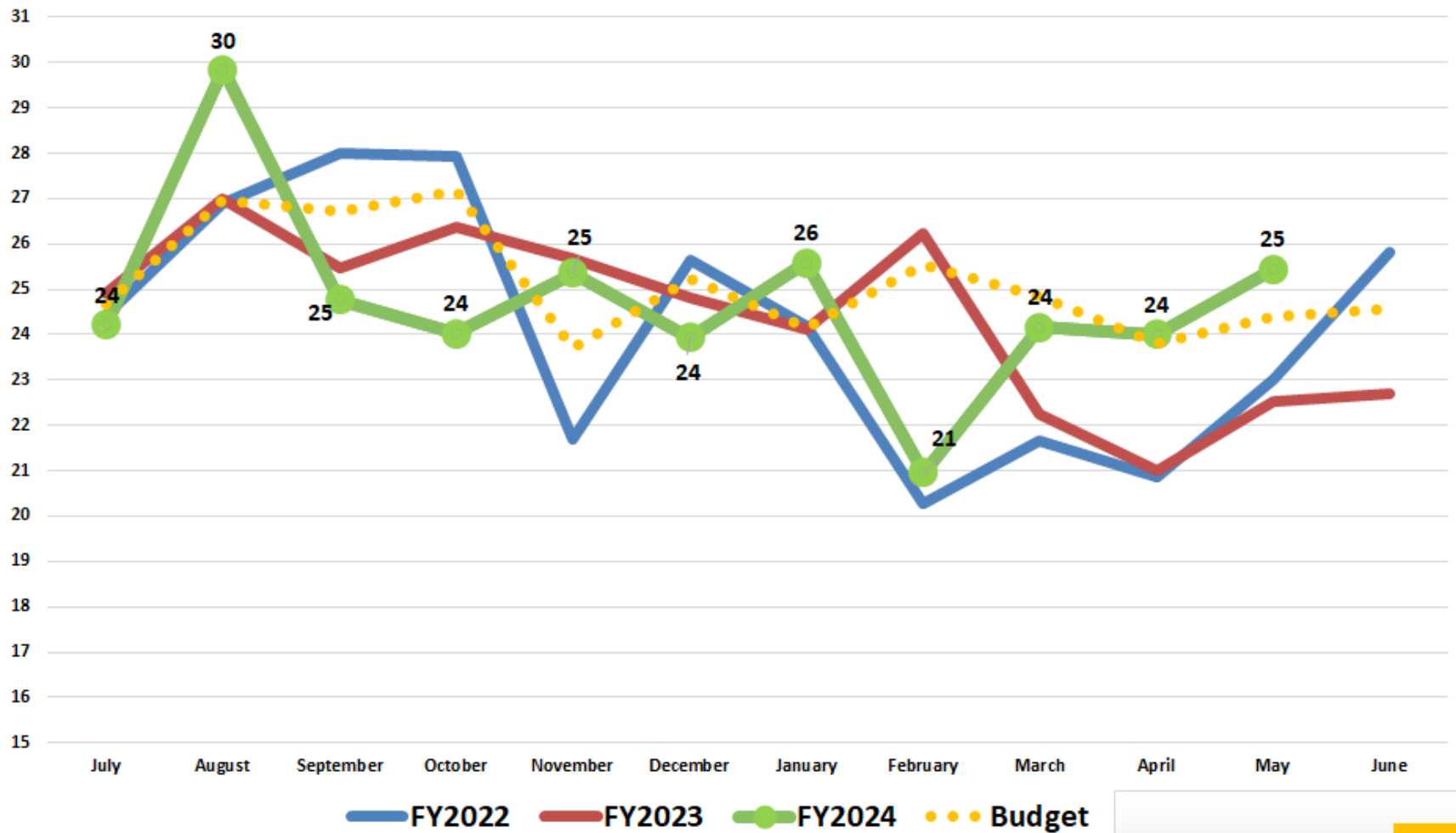
NICU - Avg Patients Per Day



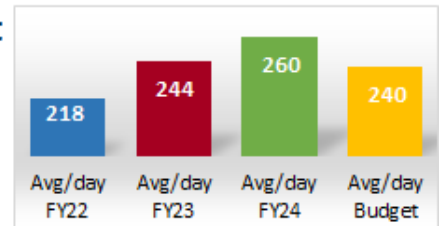
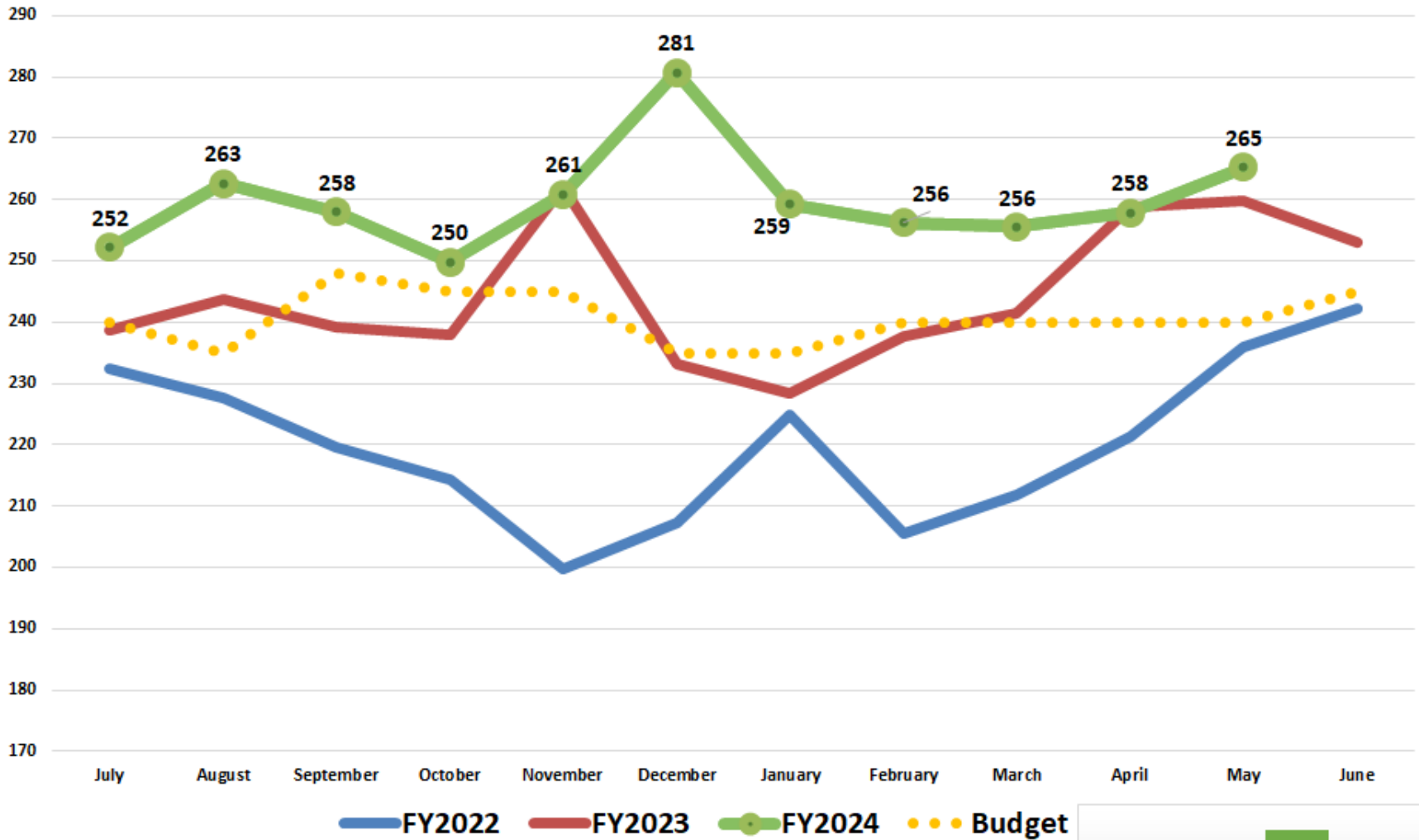
Nursery - Avg Patients Per Day



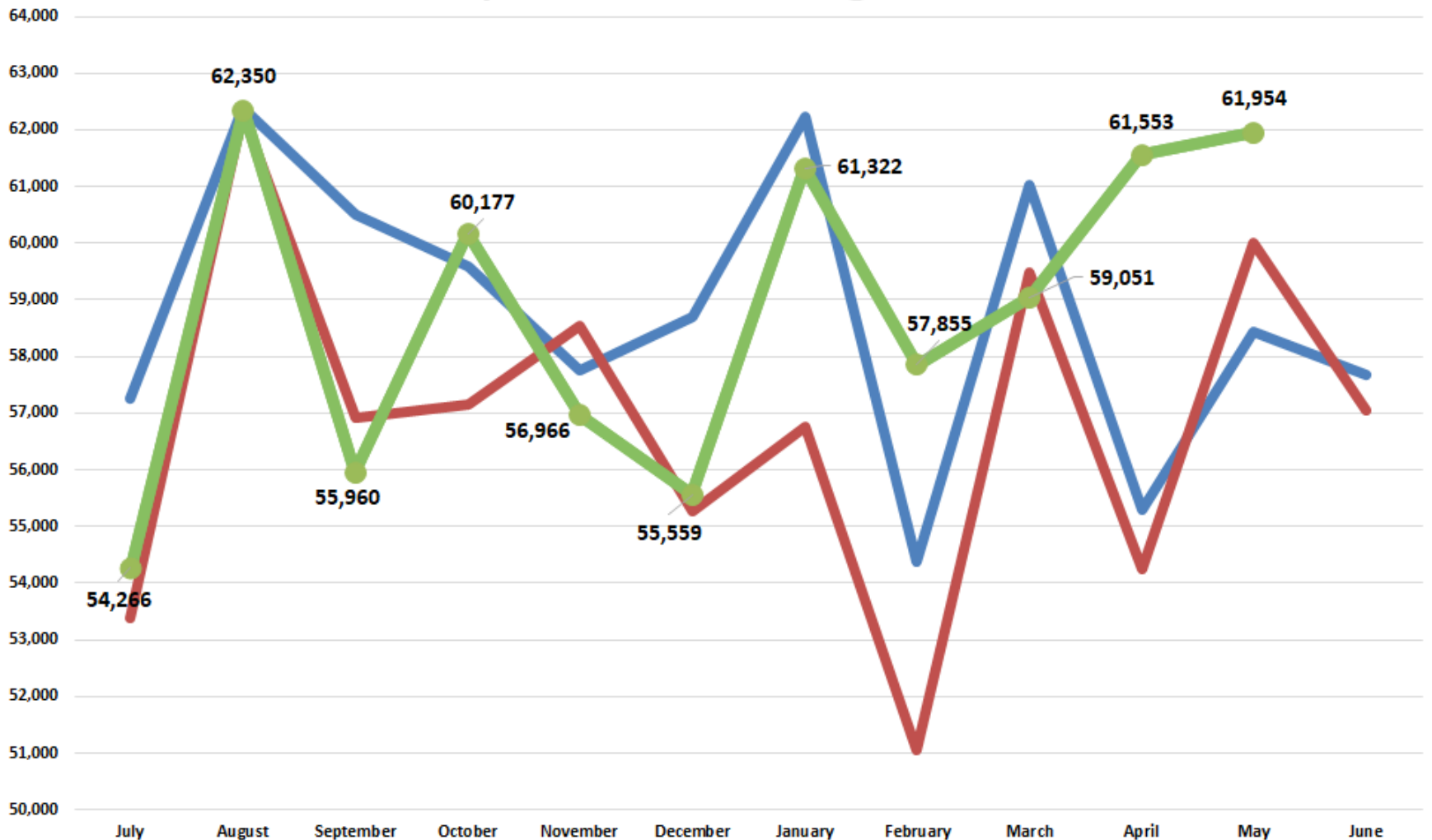
Obstetrics - Avg Patients Per Day



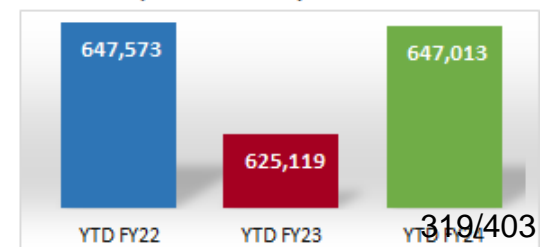
ED - Avg Treated Per Day



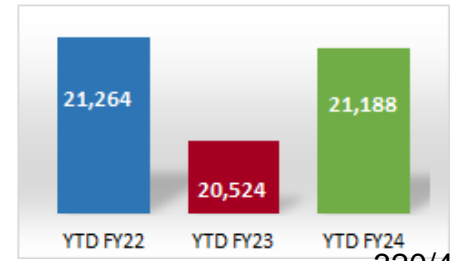
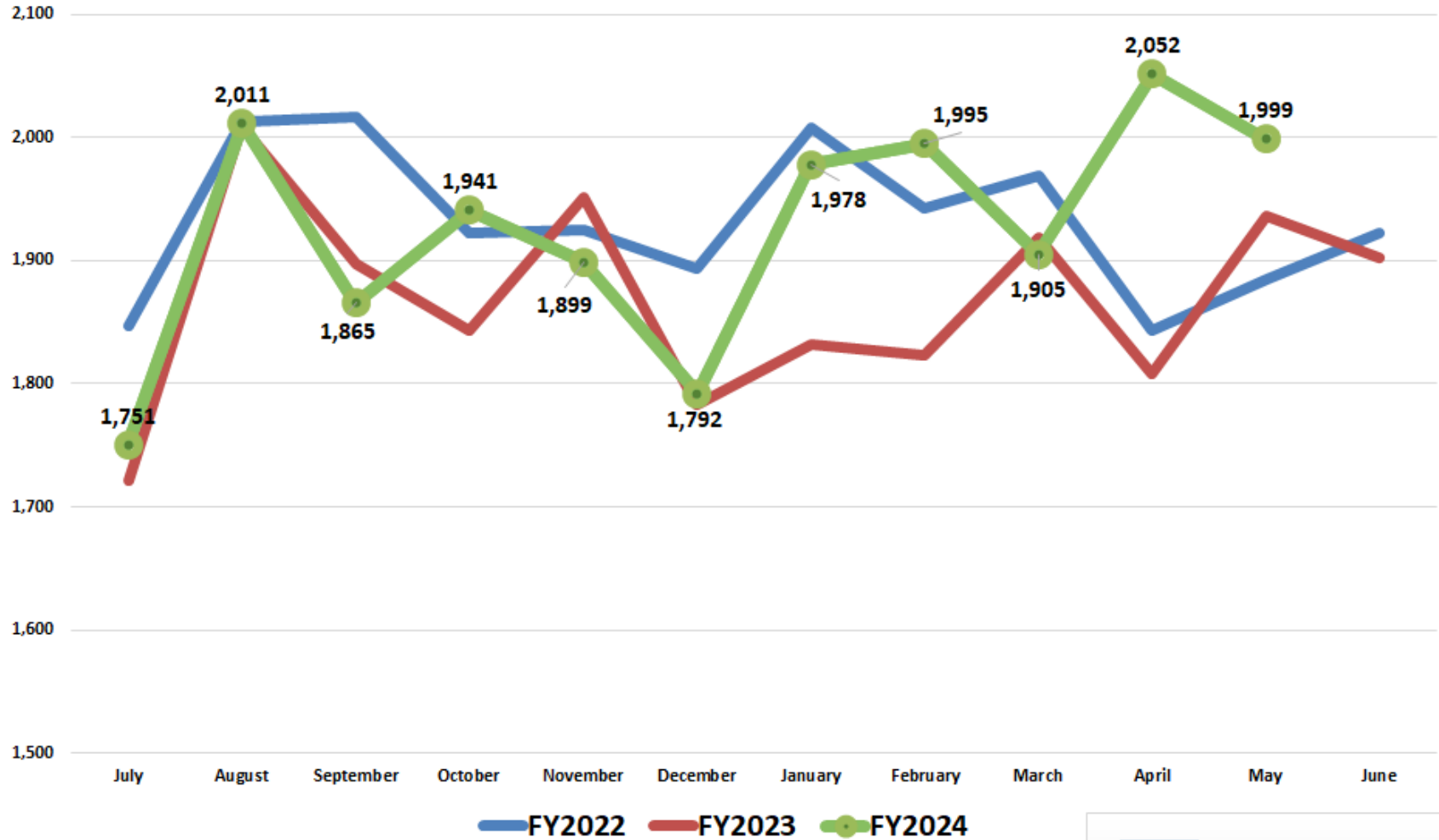
Outpatient Registrations



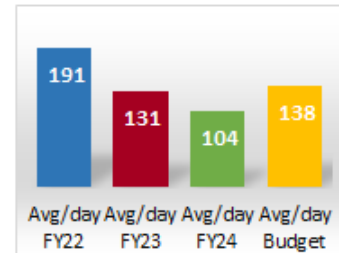
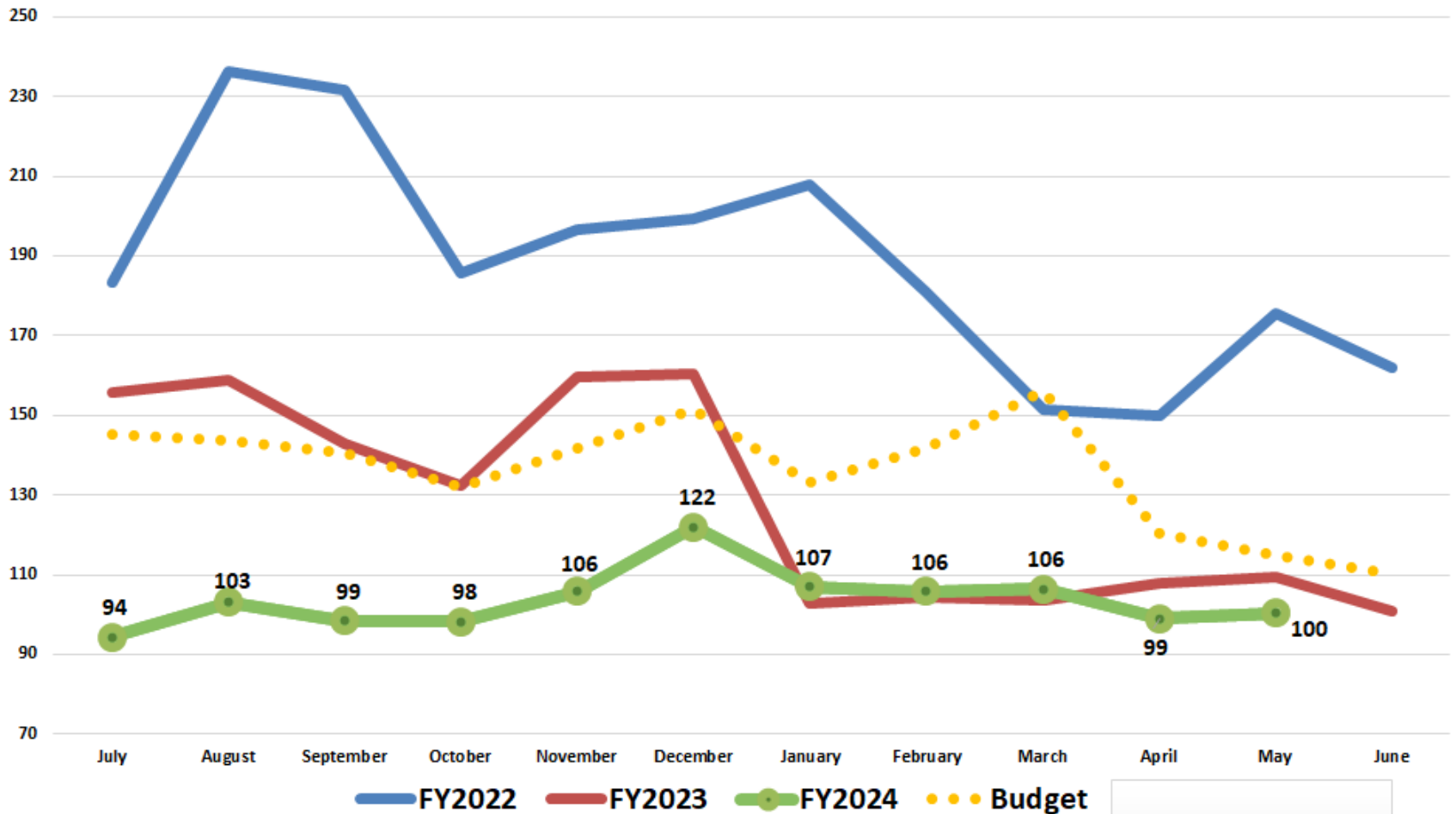
— FY2022 — FY2023 — FY2024



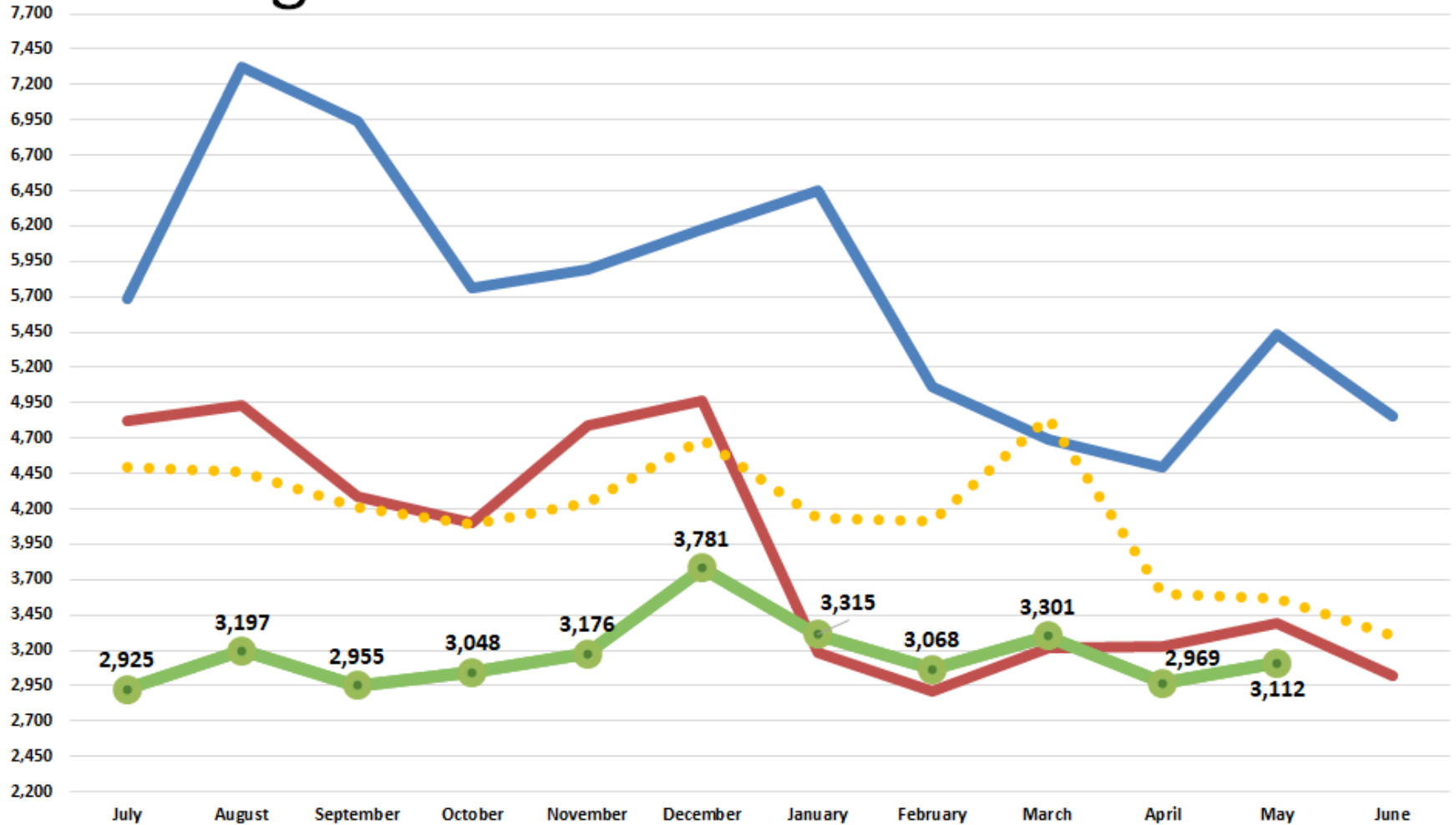
Outpatient Registrations Per Day



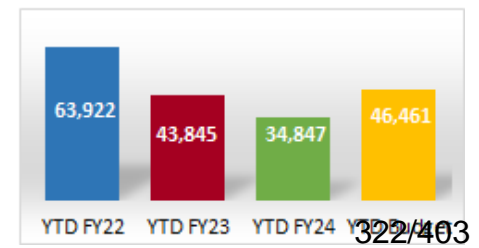
Urgent Care – Court Avg Visits Per Day



Urgent Care – Court Total Visits

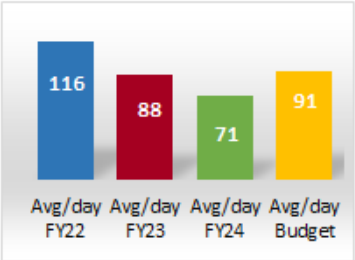
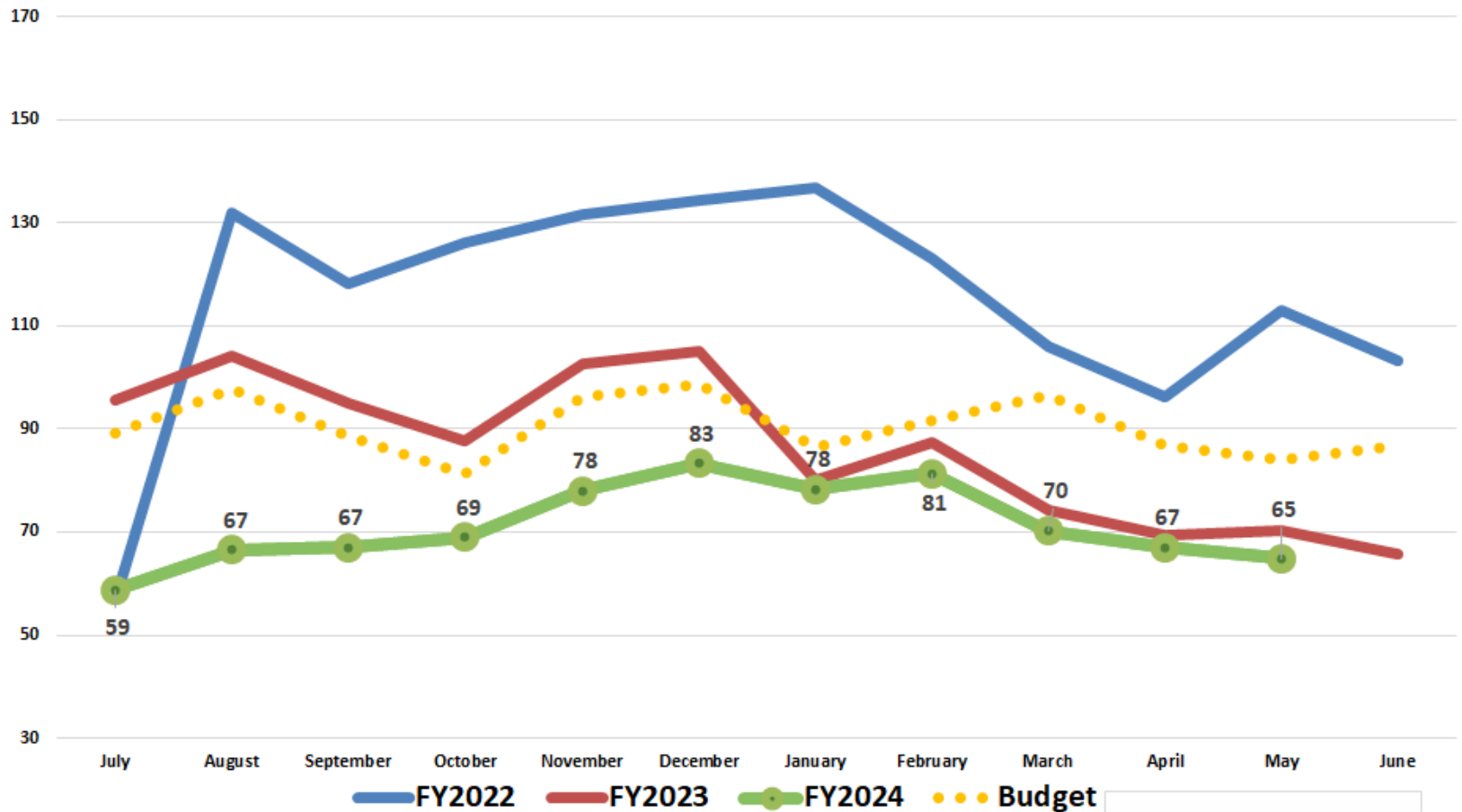


—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget

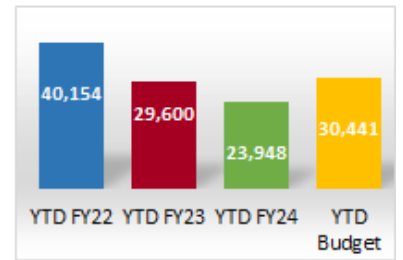
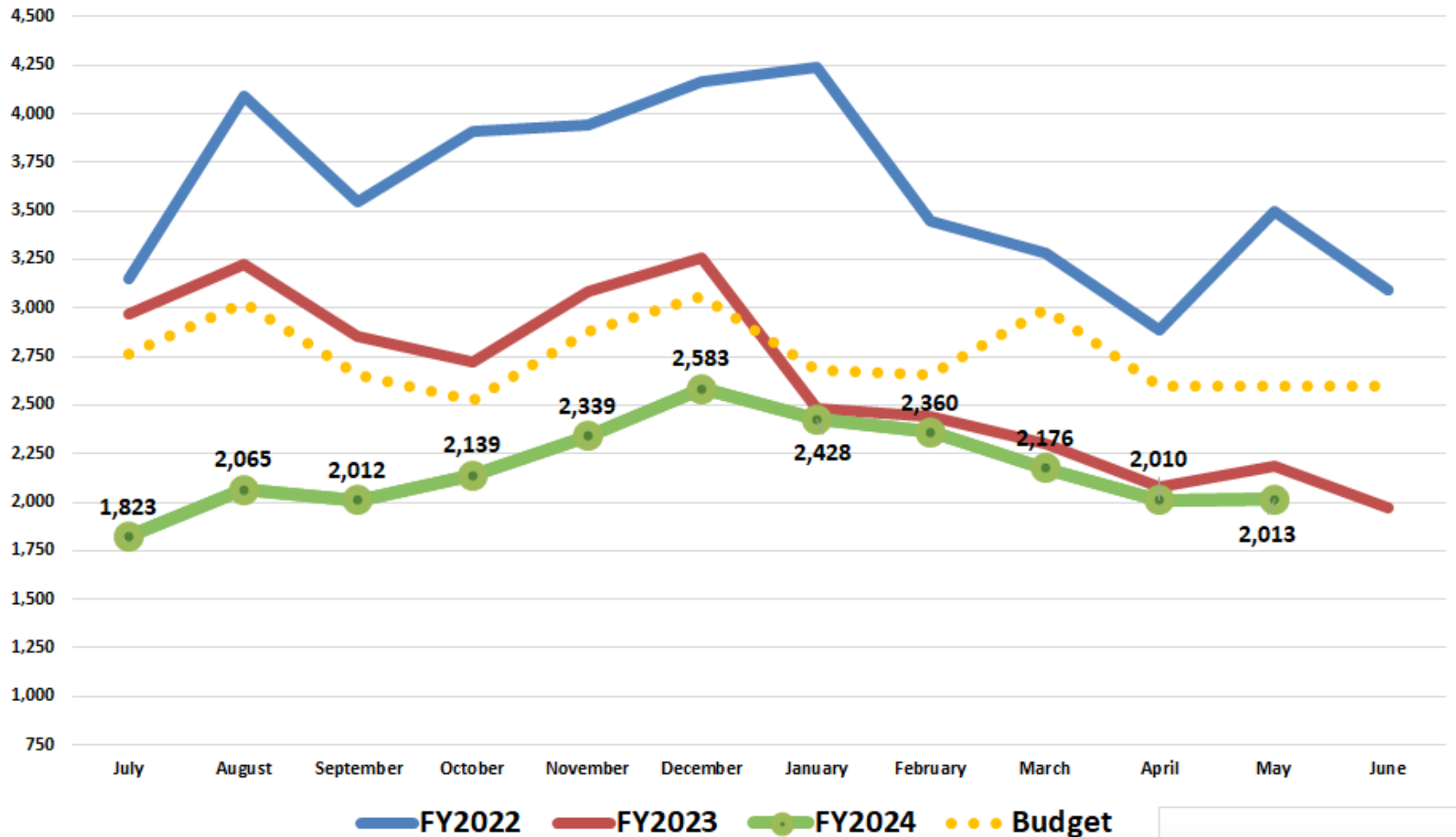


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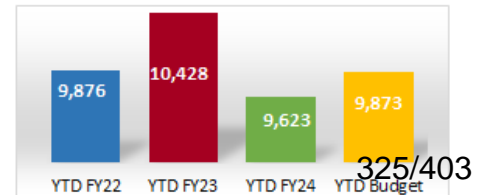
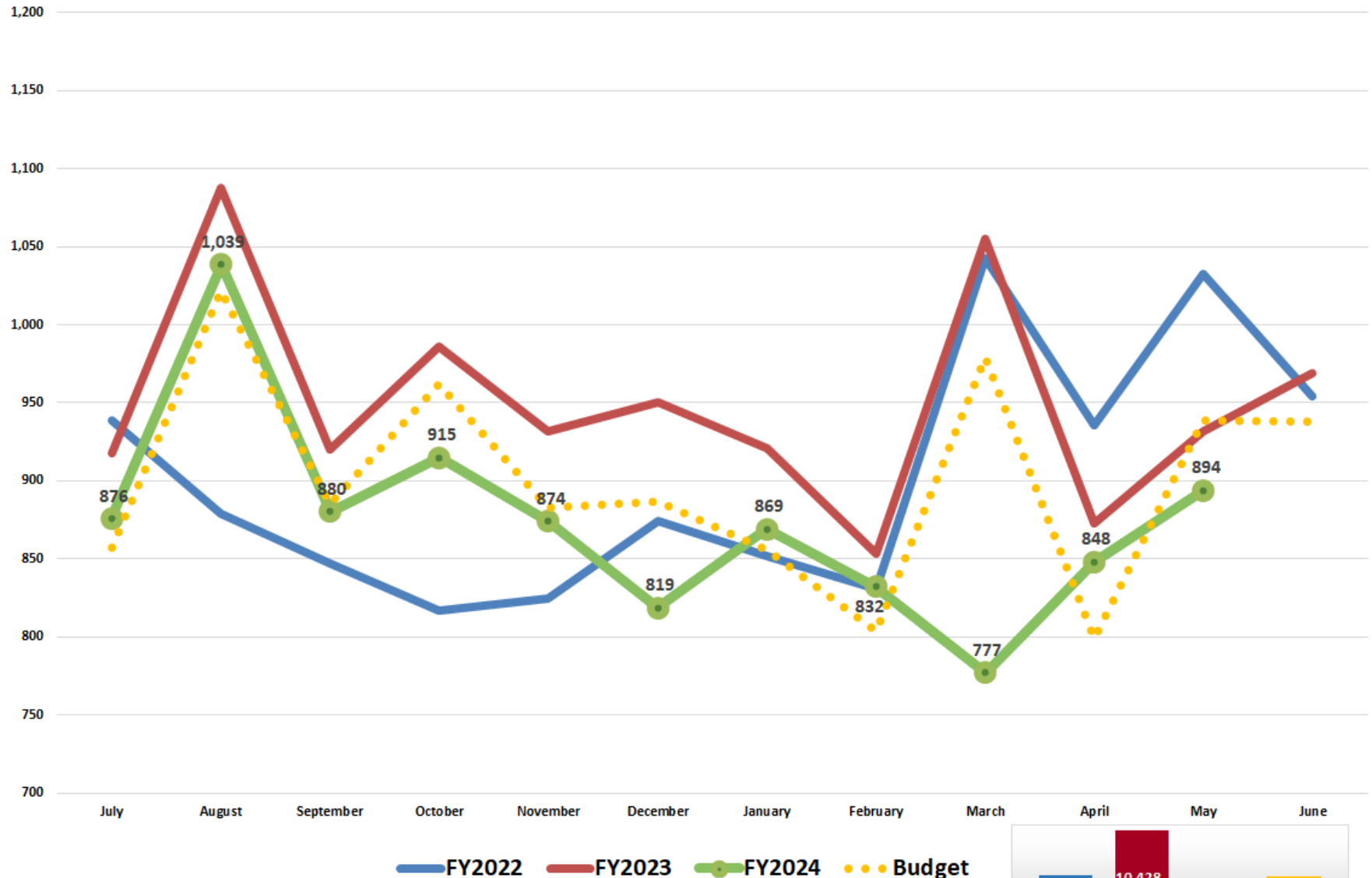
Urgent Care – Demaree Avg Visits Per Day



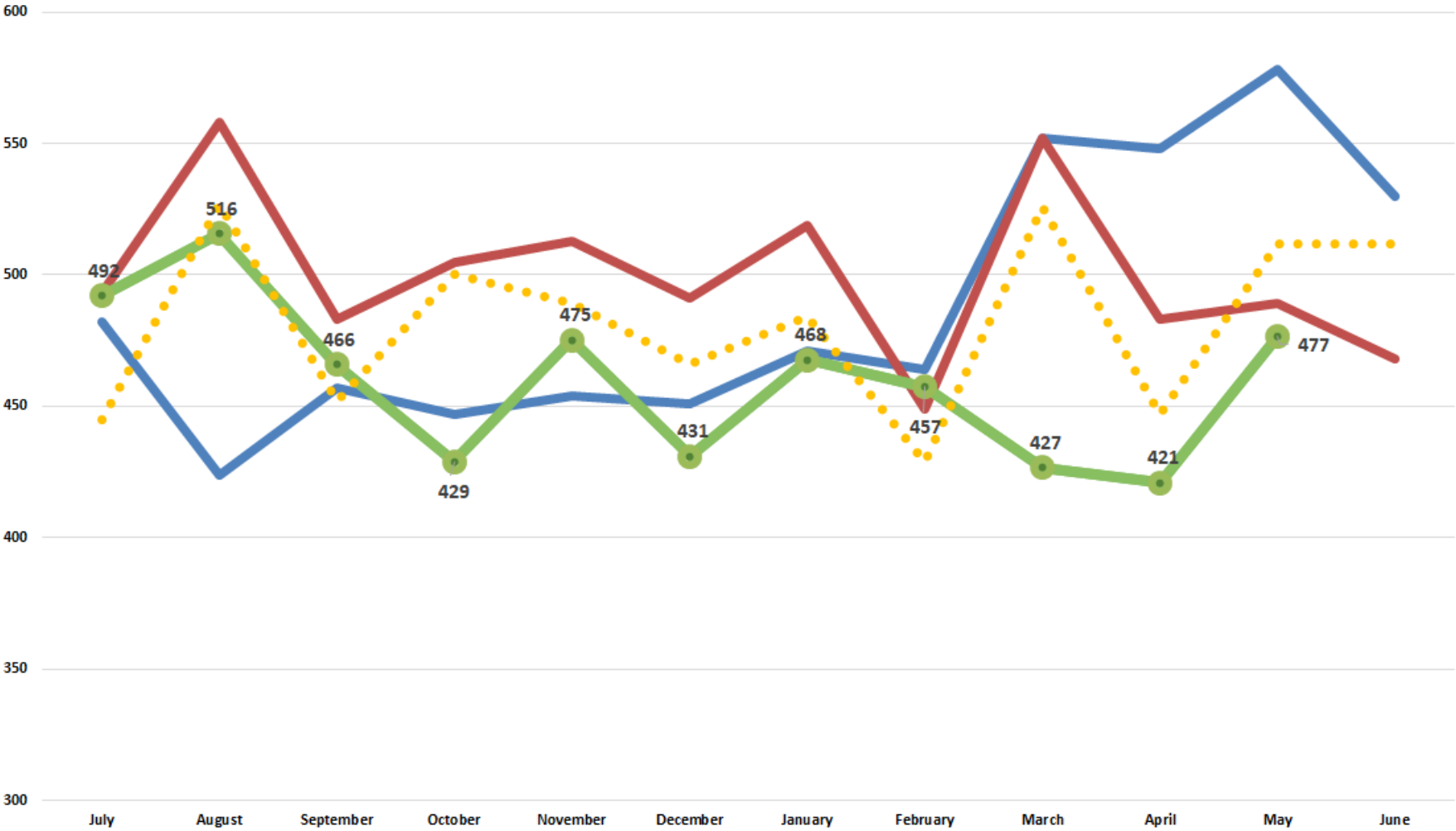
Urgent Care – Demaree Total Visits



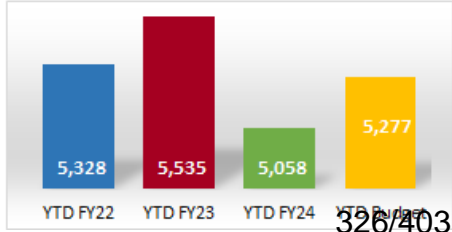
Surgery (IP & OP) – 100 Min Units



Surgery (IP Only) - 100 Min Unit

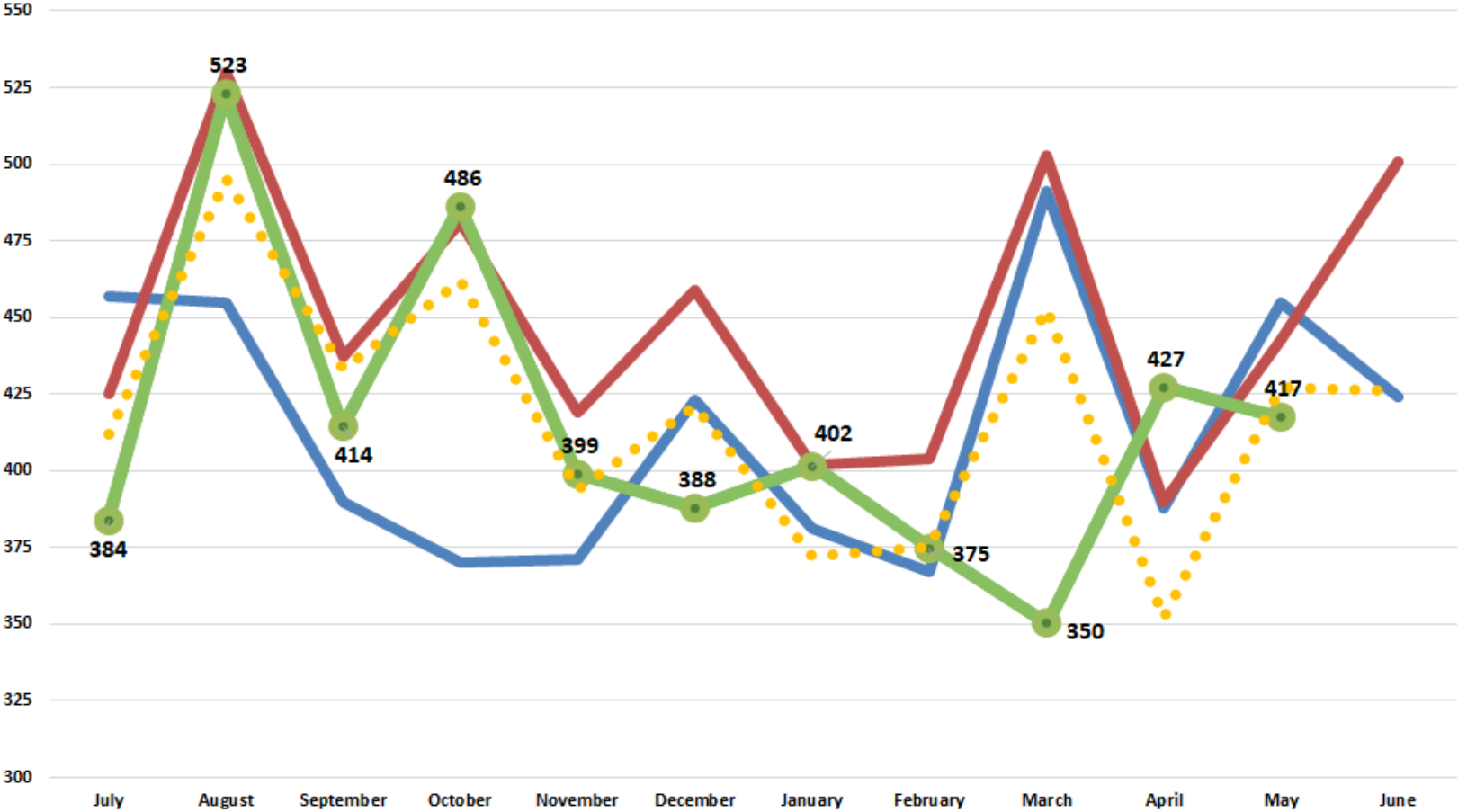


—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget

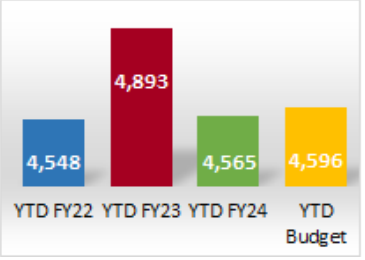


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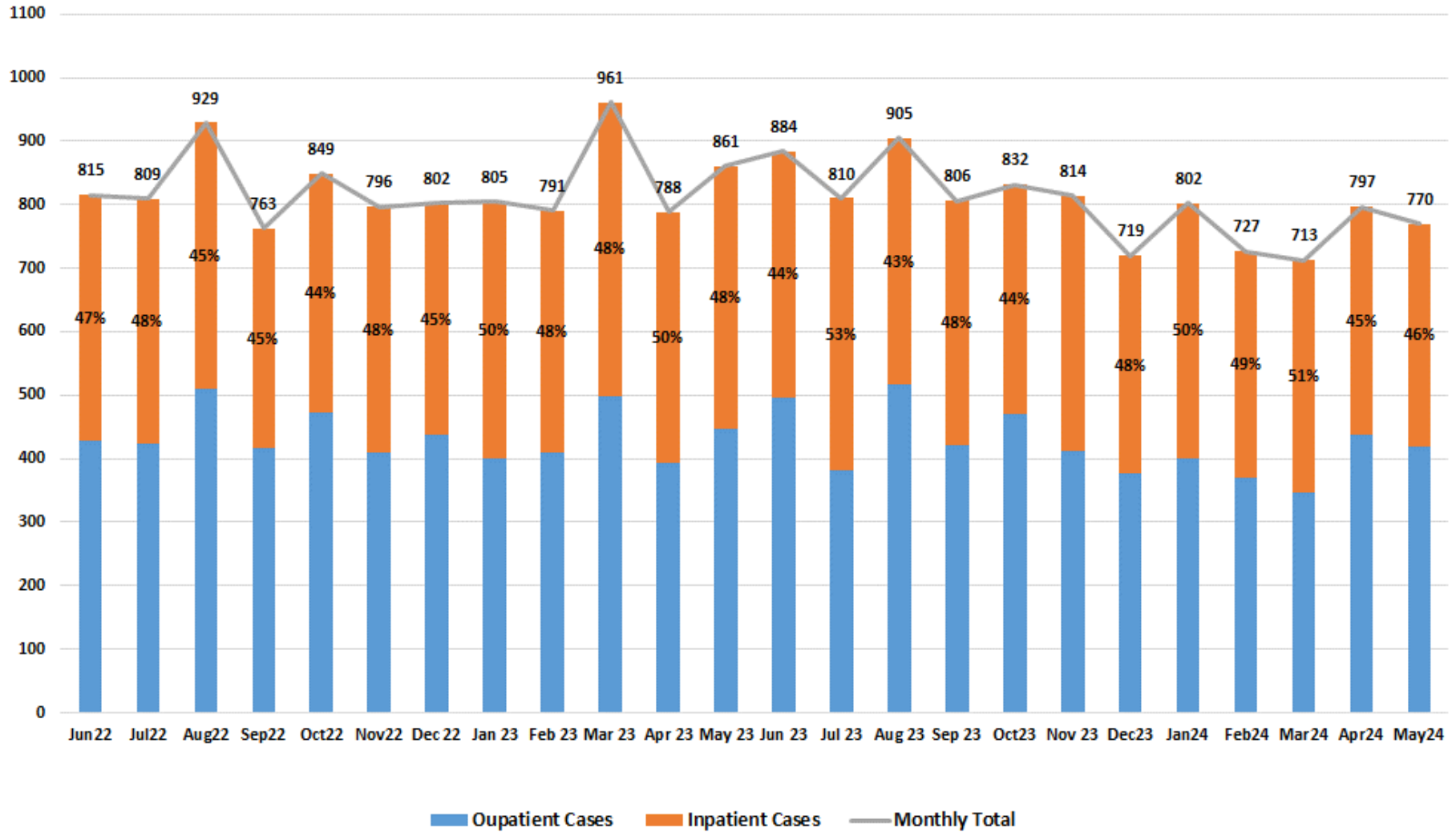
Surgery (OP Only) - 100 Min Units



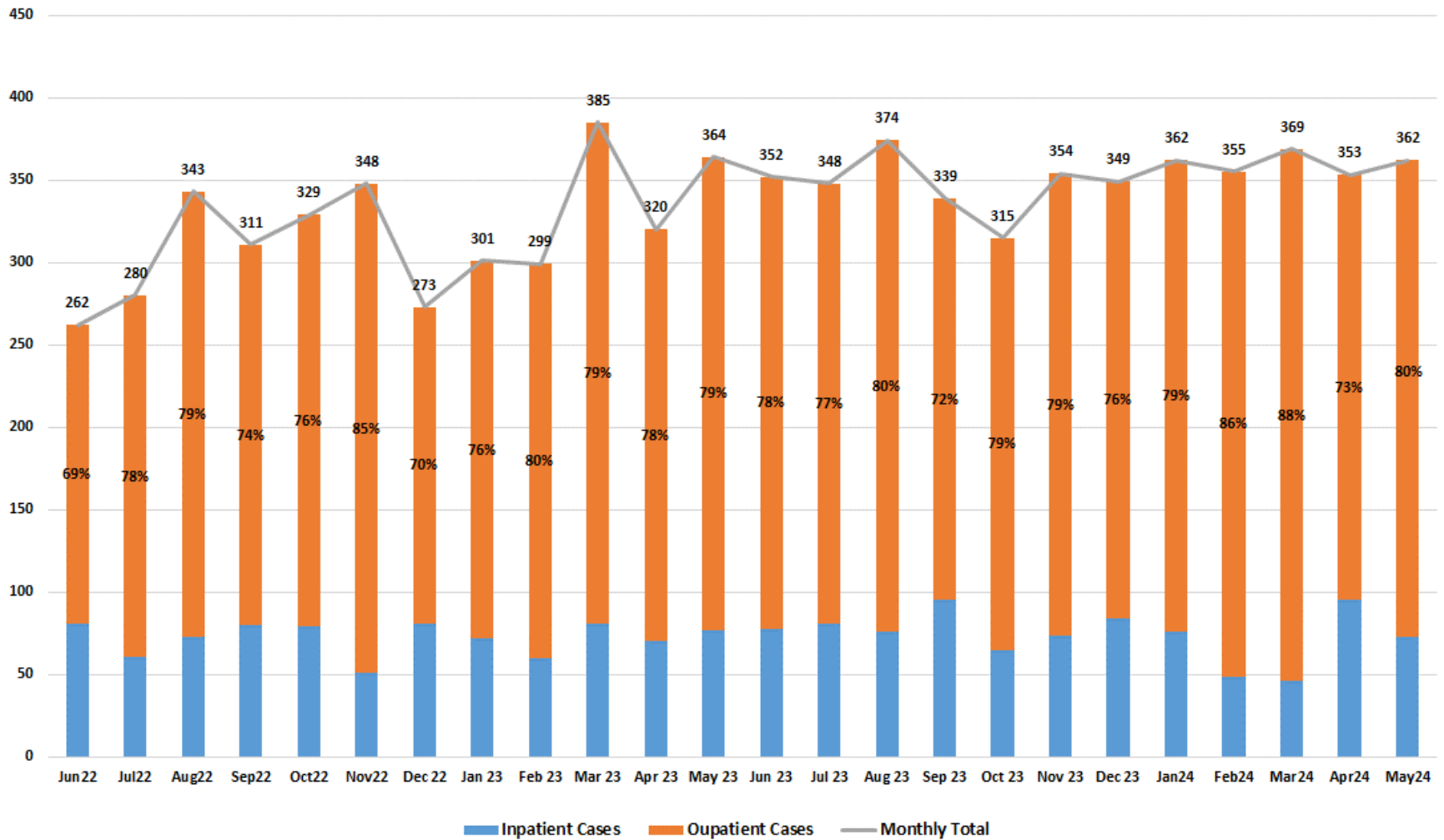
—●— FY2022
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 —●— FY2024
 ●●● Budget



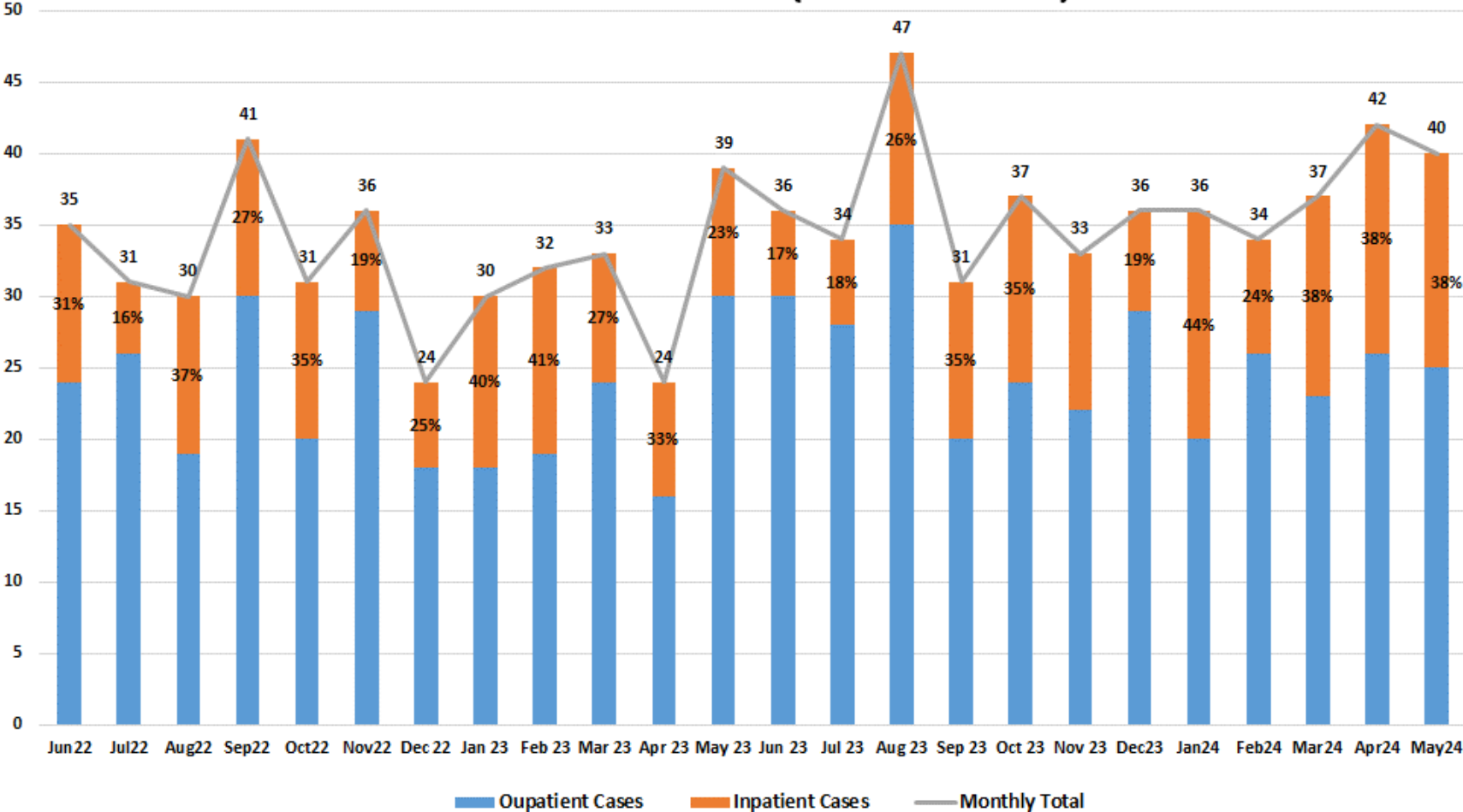
Surgery Cases (IP & OP)



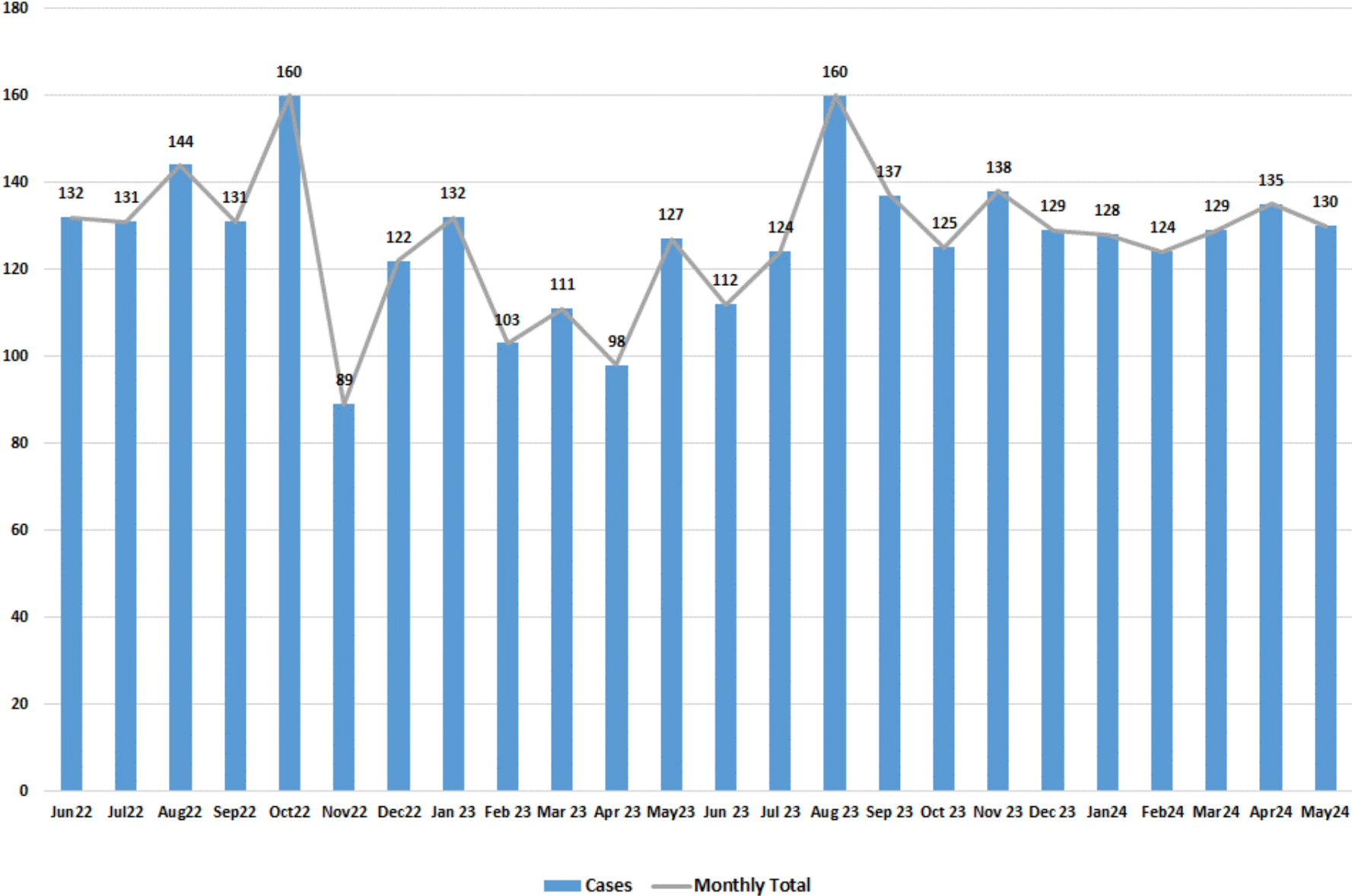
Endo Cases (Endo Suites)



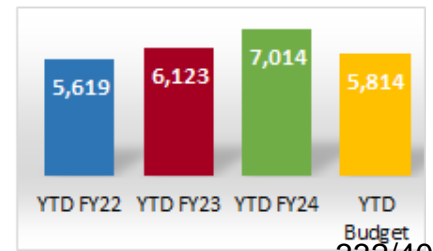
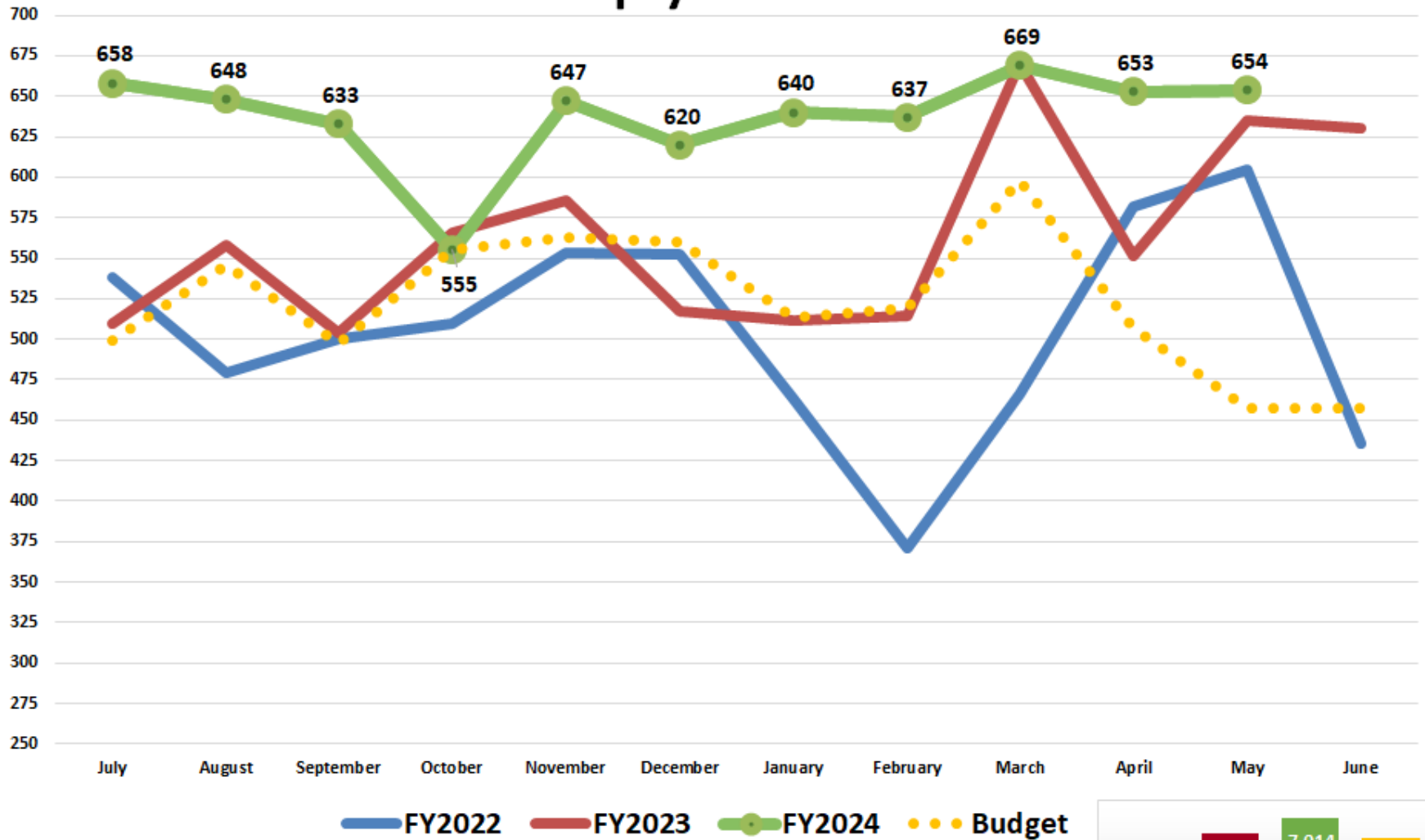
Robotic Cases (IP & OP)



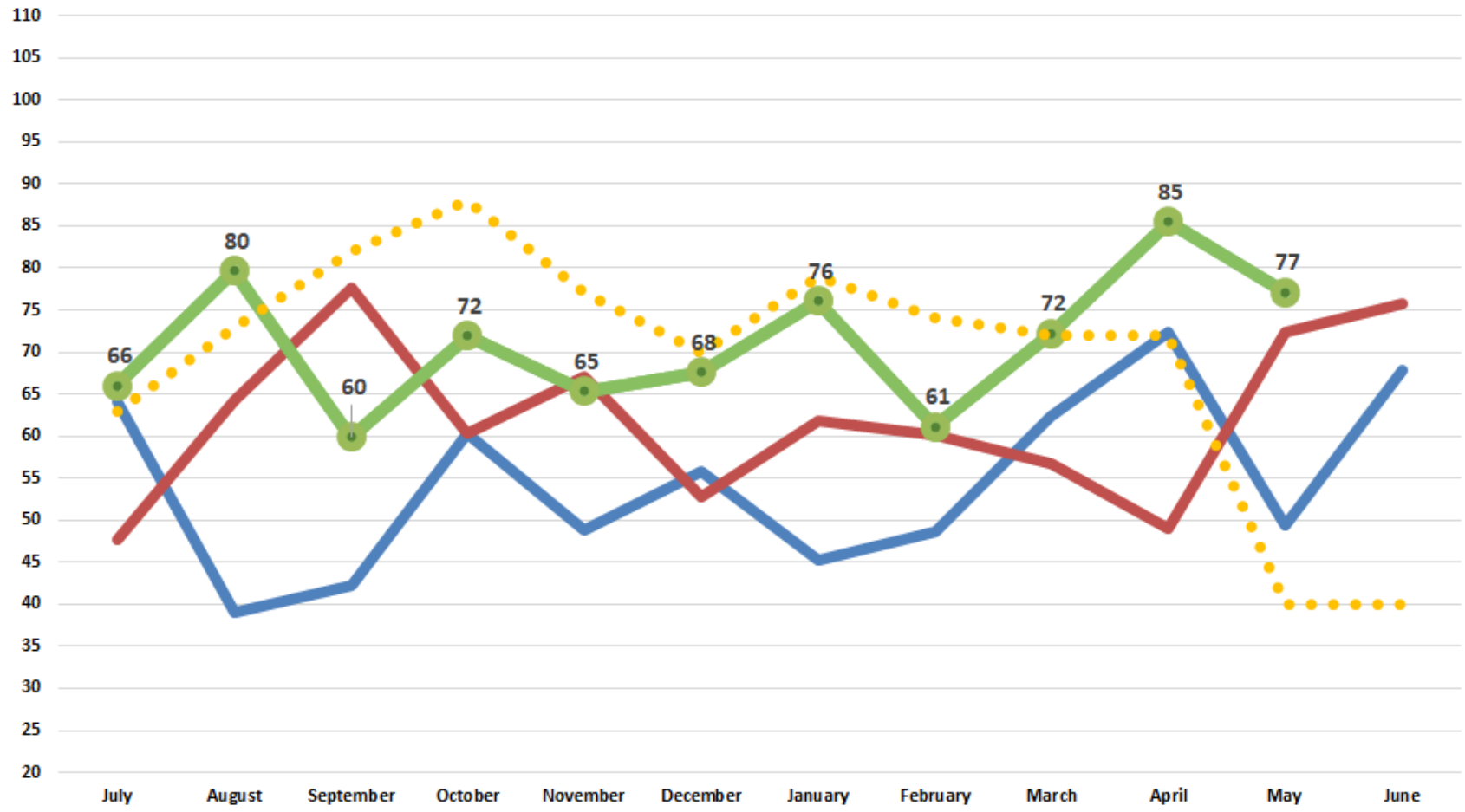
OB Cases



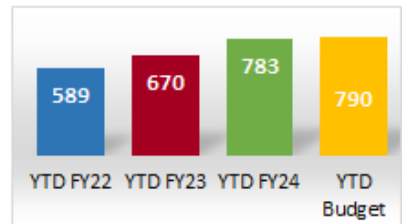
Endoscopy Procedures



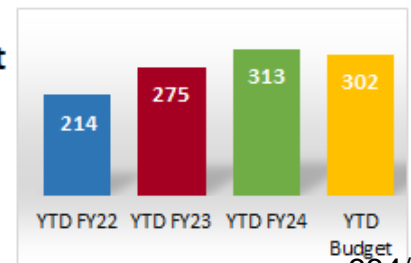
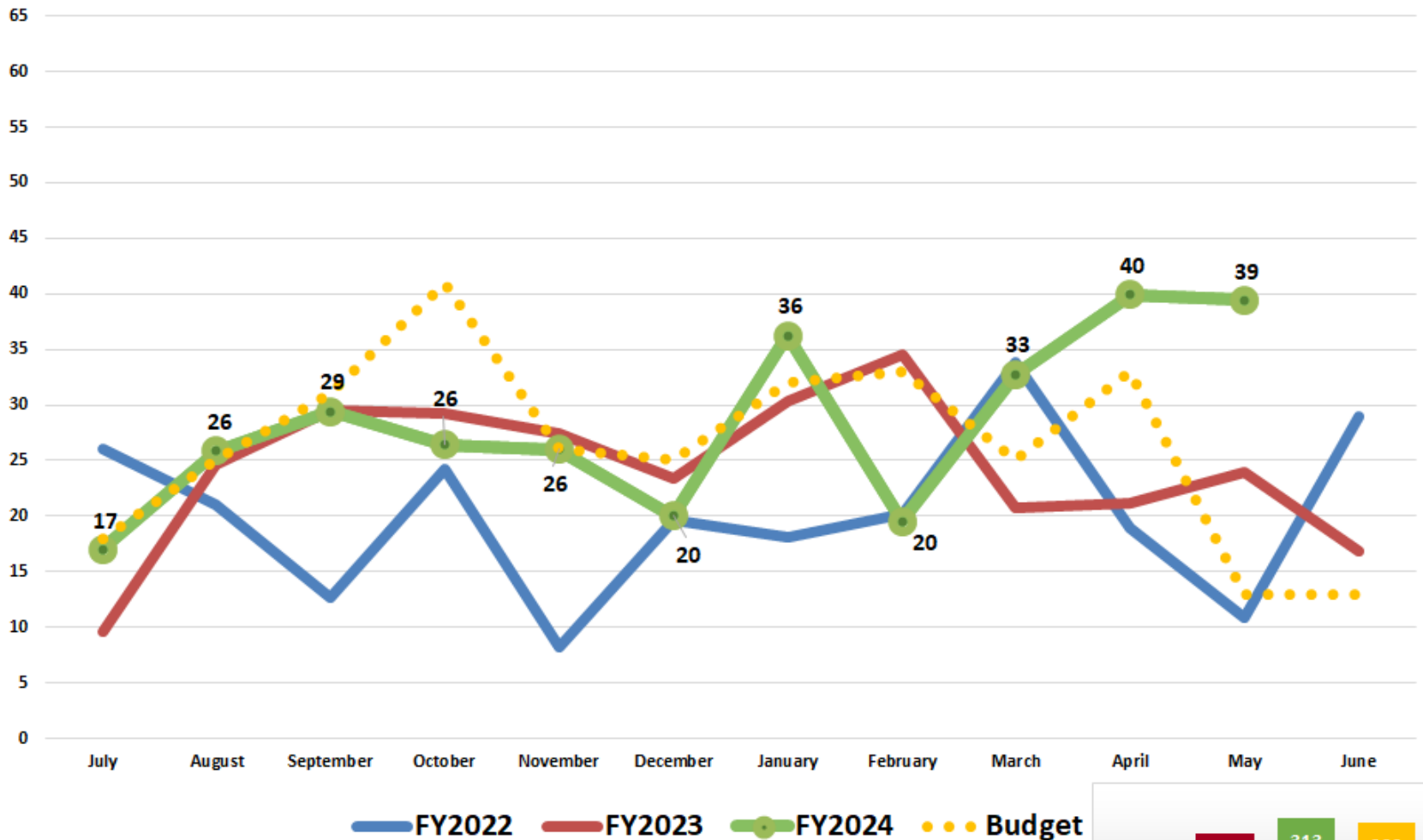
Robotic Surgery (IP & OP) - 100 Min Units



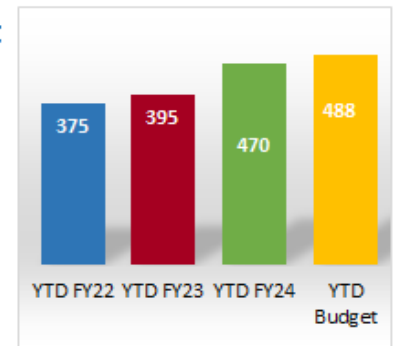
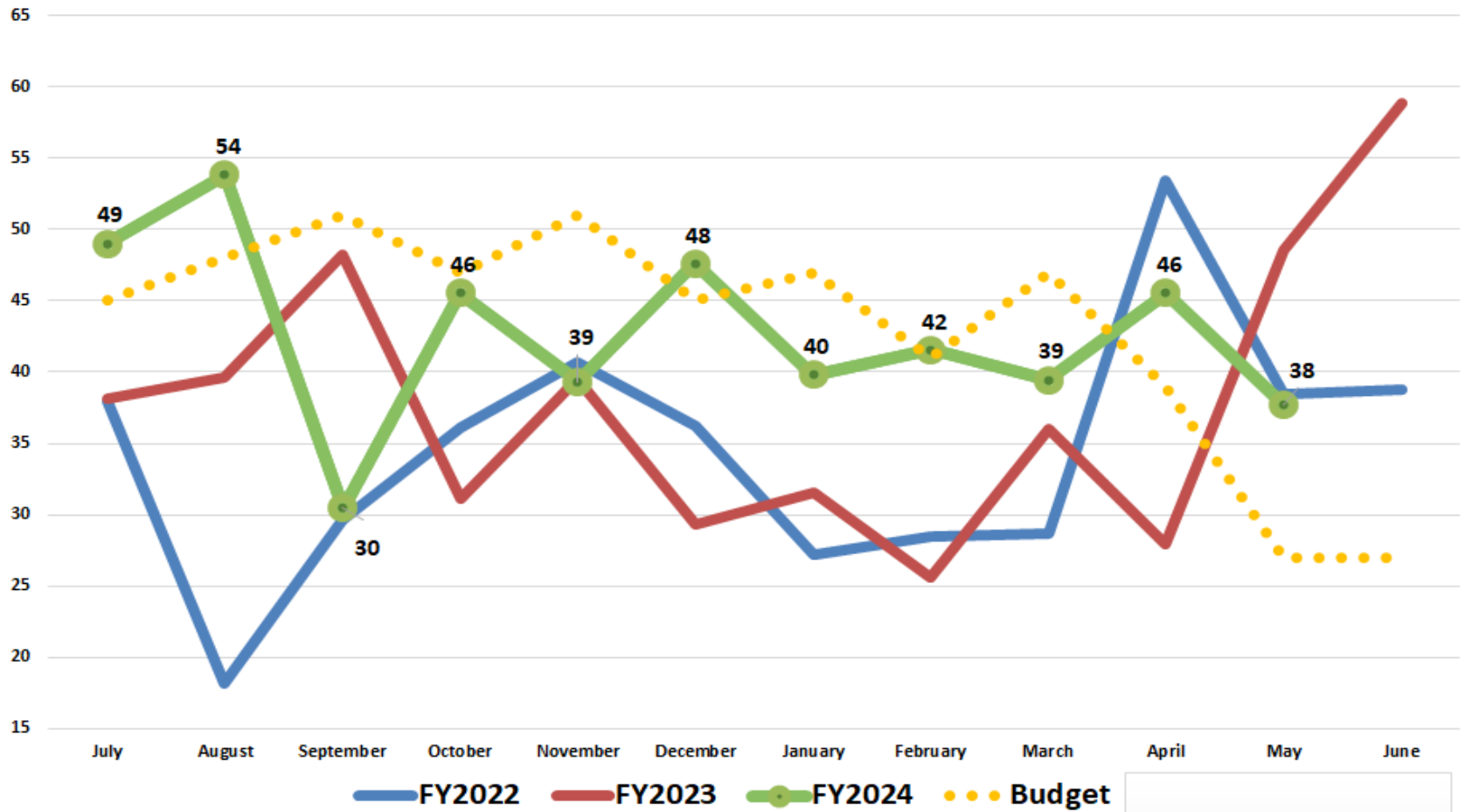
—●— FY2022
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 —●— FY2024
 ●●● Budget



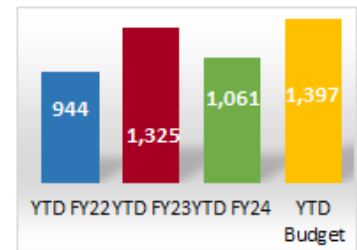
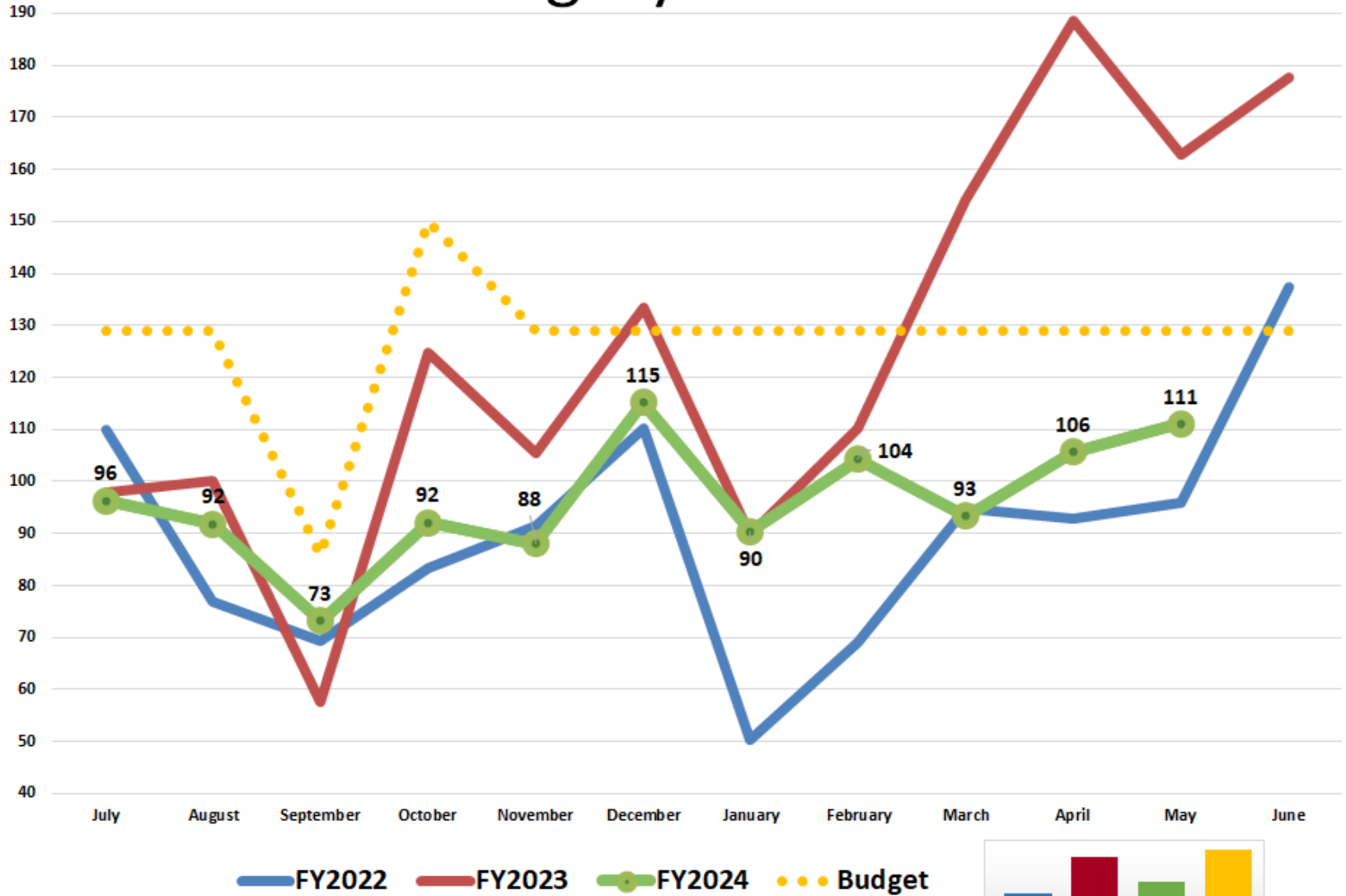
Robotic Surgery Minutes (IP Only)



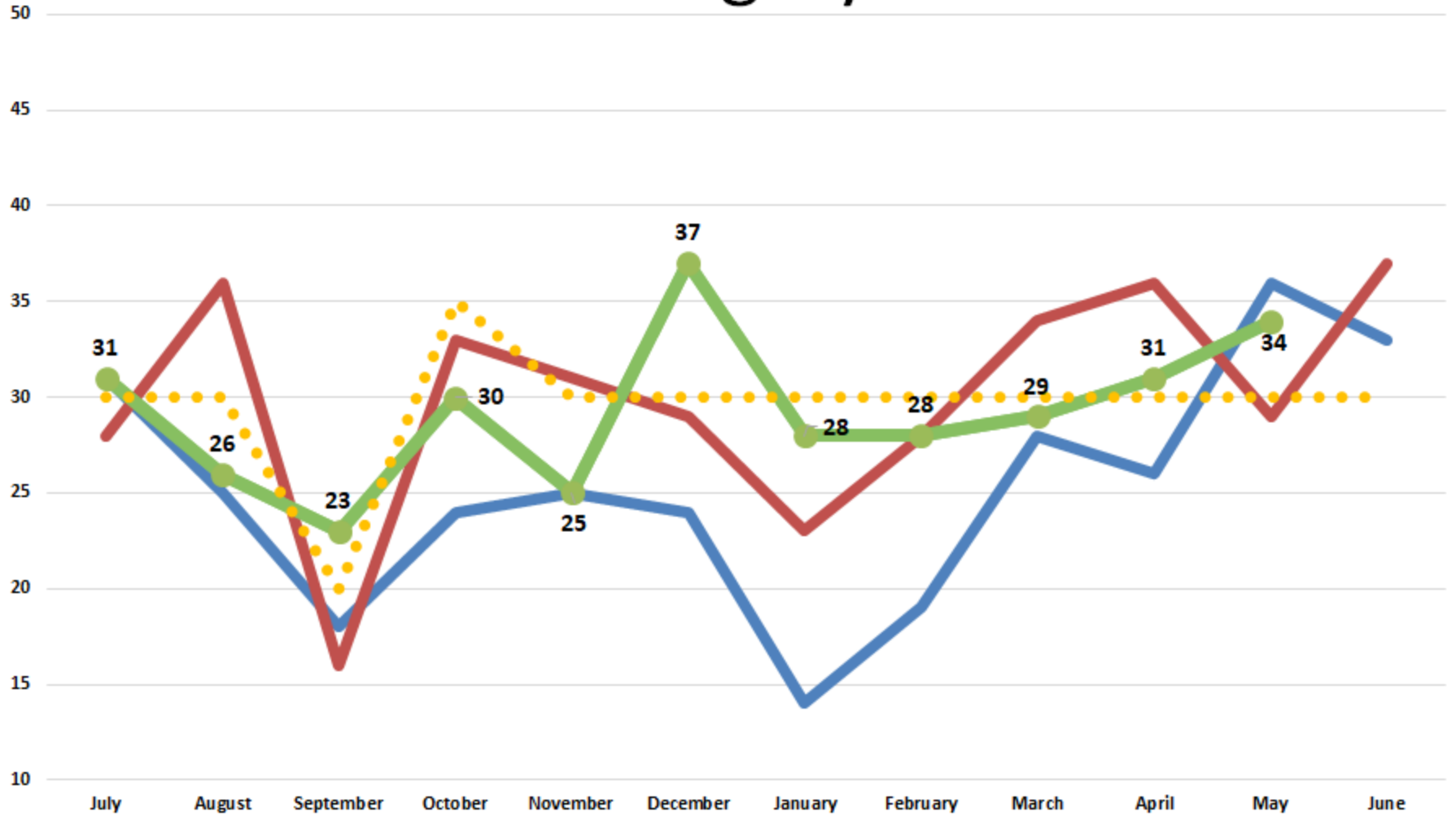
Robotic Surgery Minutes (OP Only)



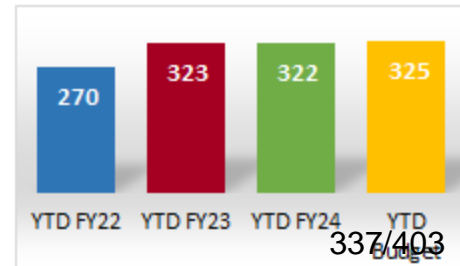
Cardiac Surgery - 100 Min Units



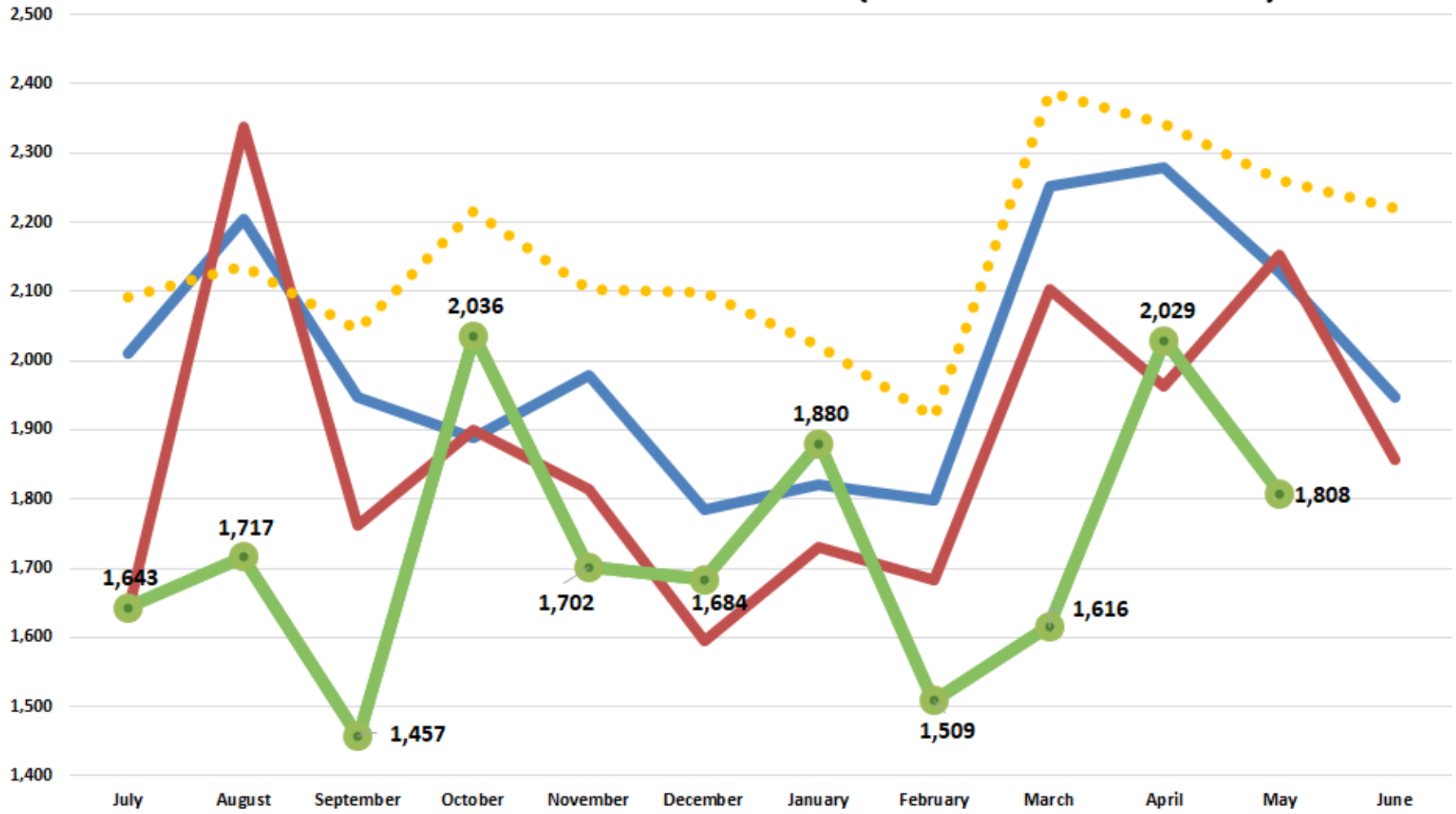
Cardiac Surgery Cases



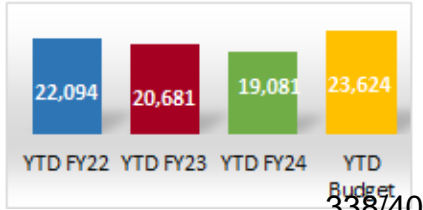
FY2022 FY2023 FY2024 Budget



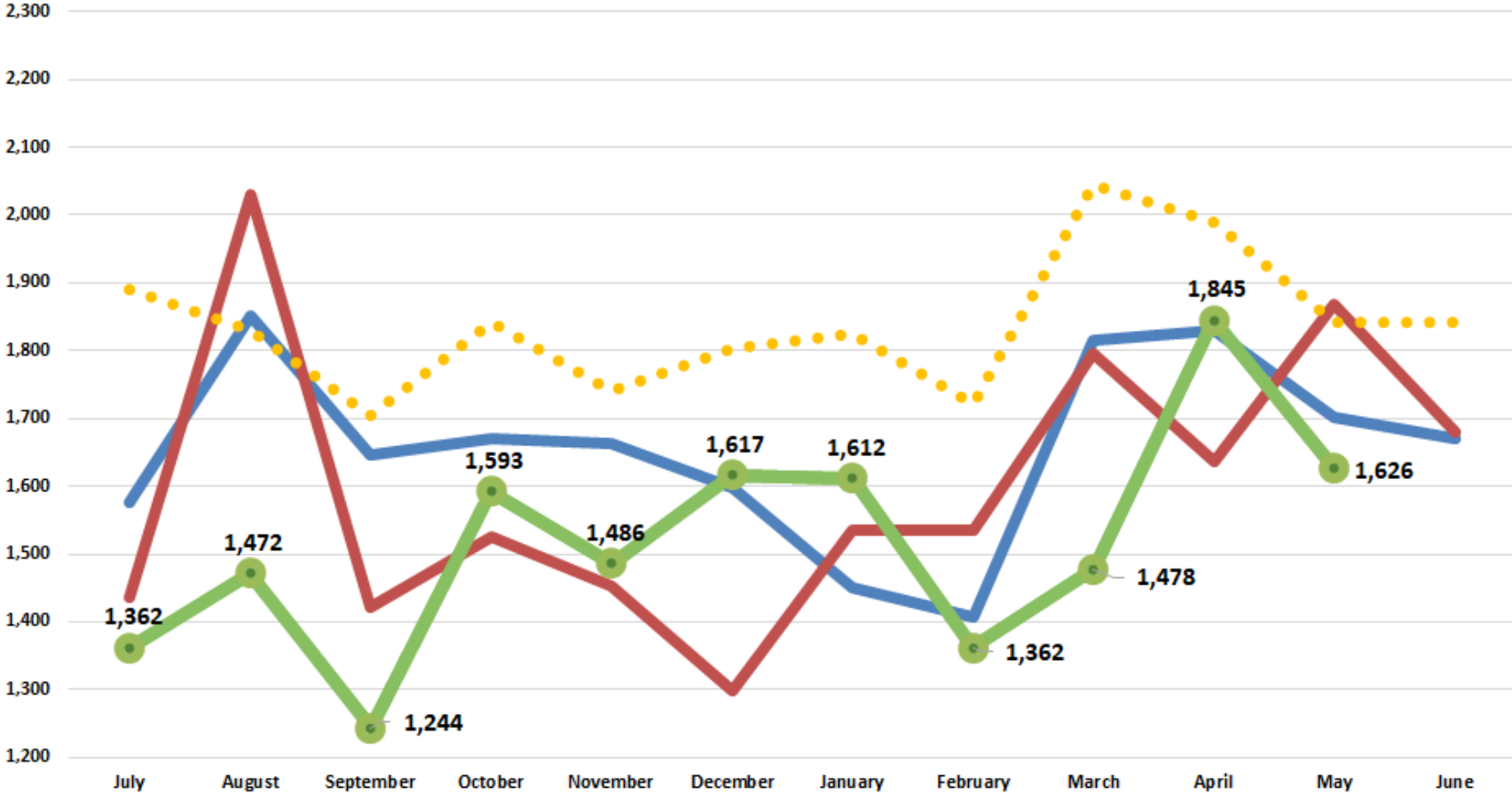
Rad Onc Treatments (Vis. & Hanf.)



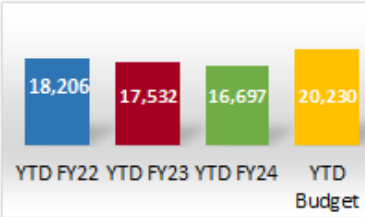
—●— FY2022
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 ●●● Budget



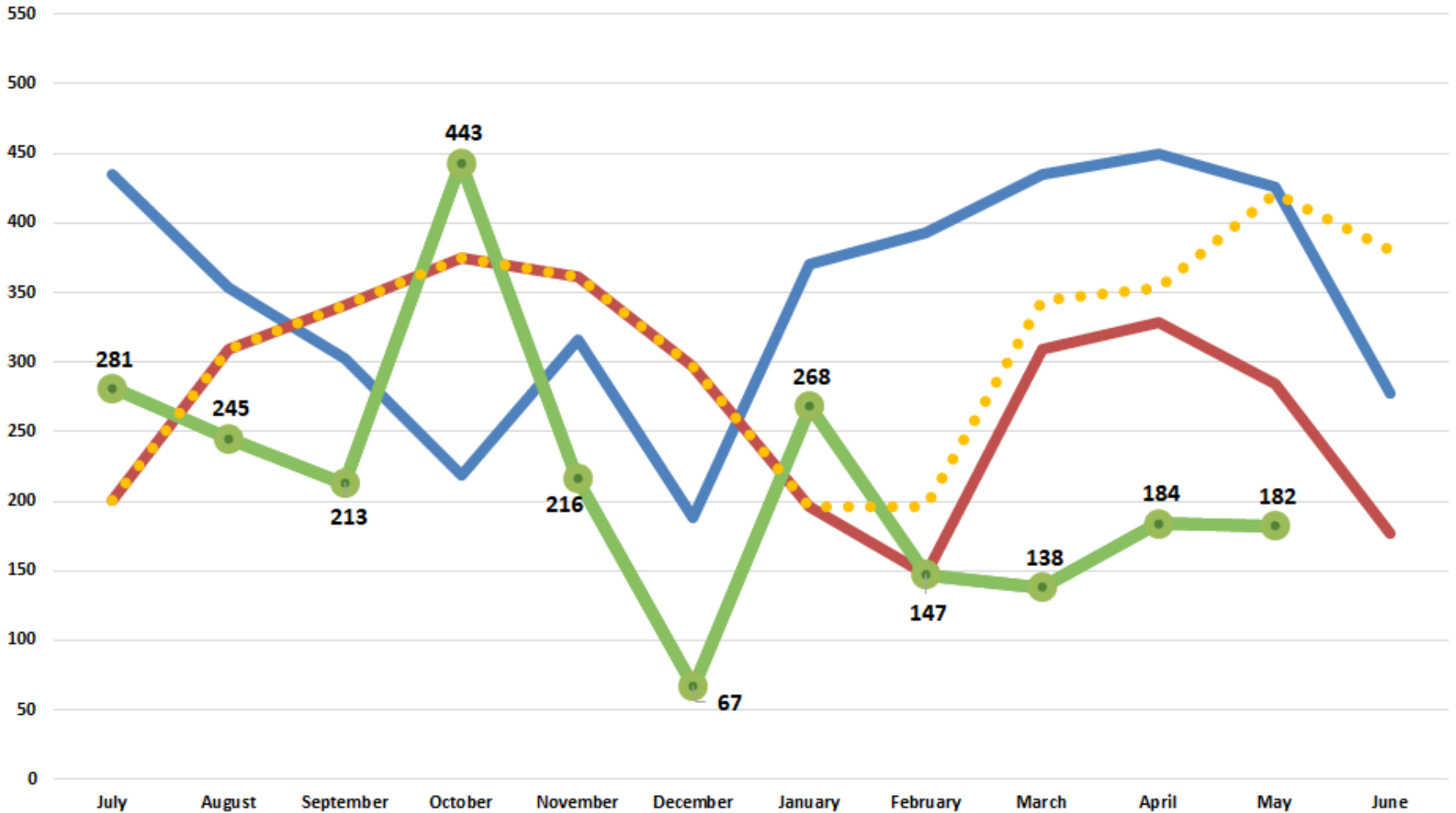
Rad Onc Visalia



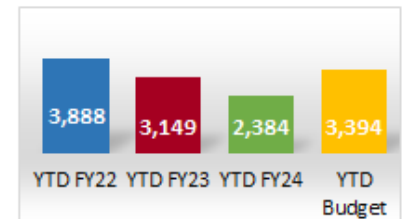
—●— FY2022
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 —●— FY2024
 ●●● Budget



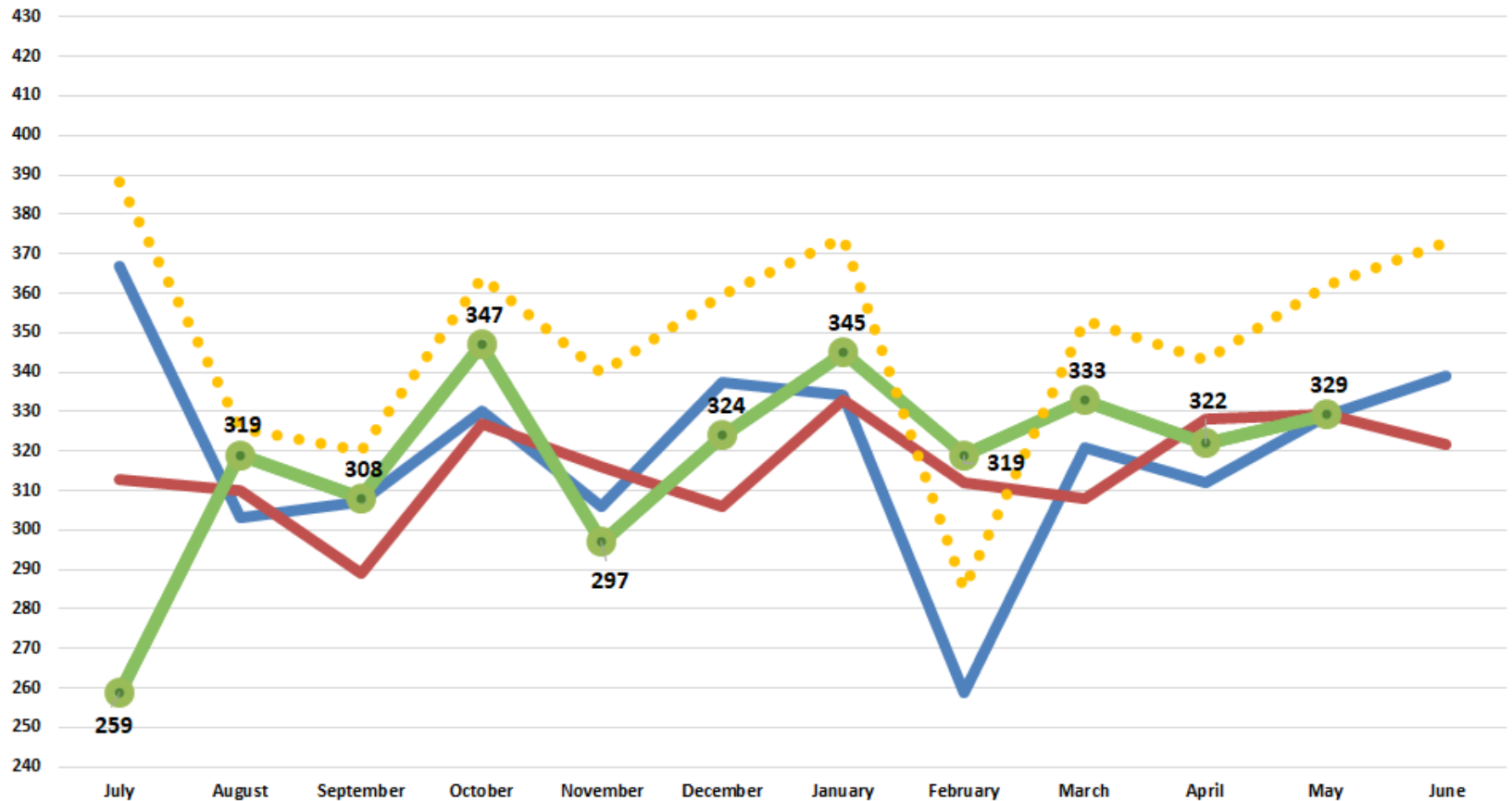
Rad Onc Hanford



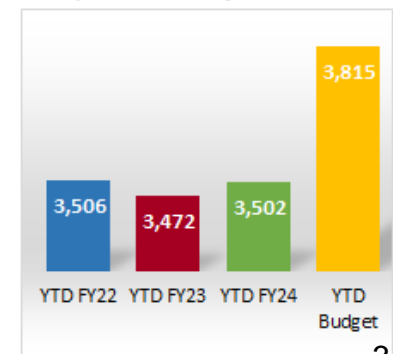
—●— FY2022
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 —●— FY2024
 ●●● Budget



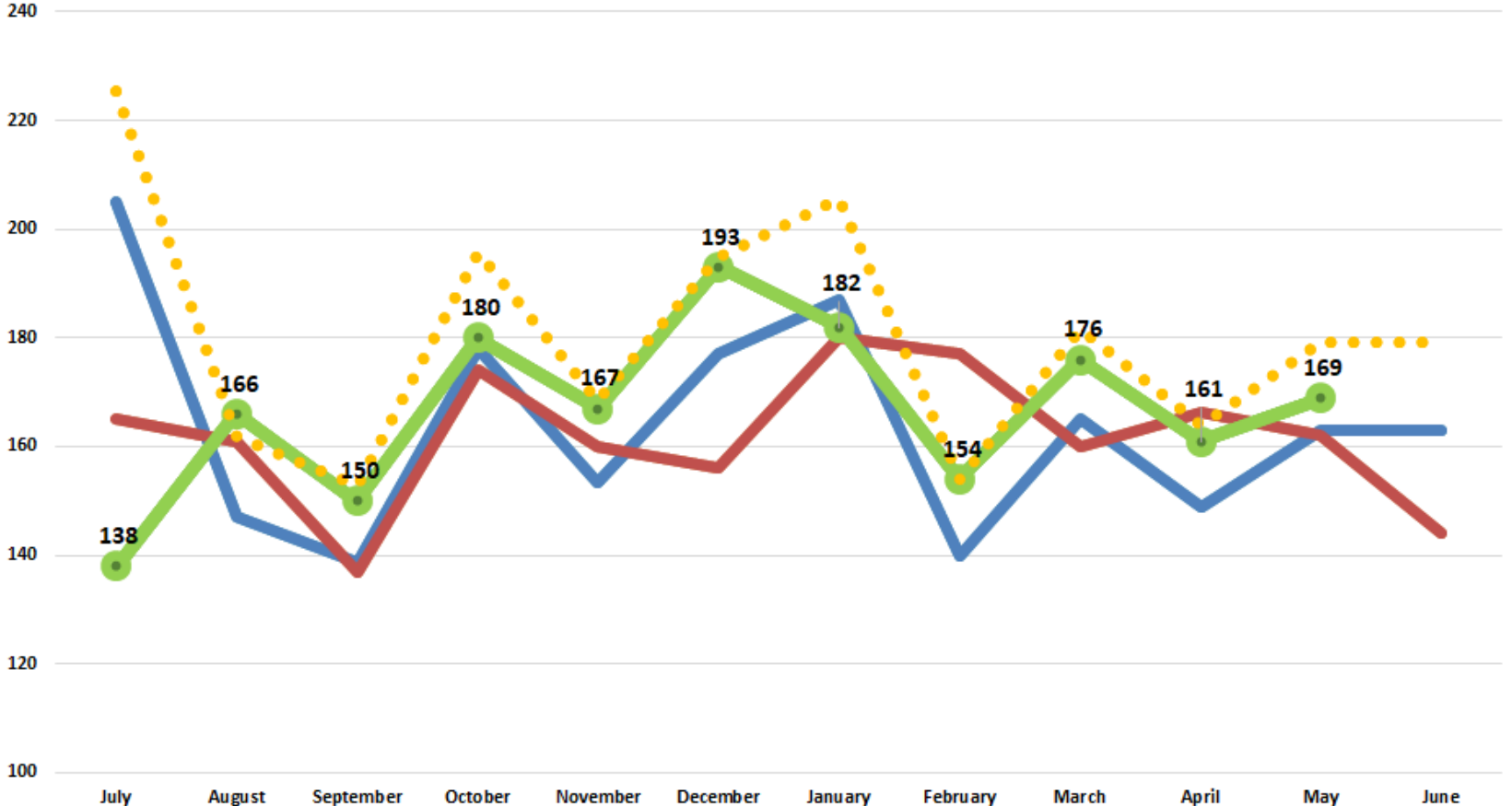
Cath Lab (IP & OP) – 100 Min Units



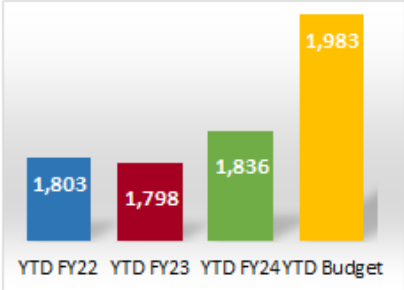
—●— FY2022
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 ●●● Budget



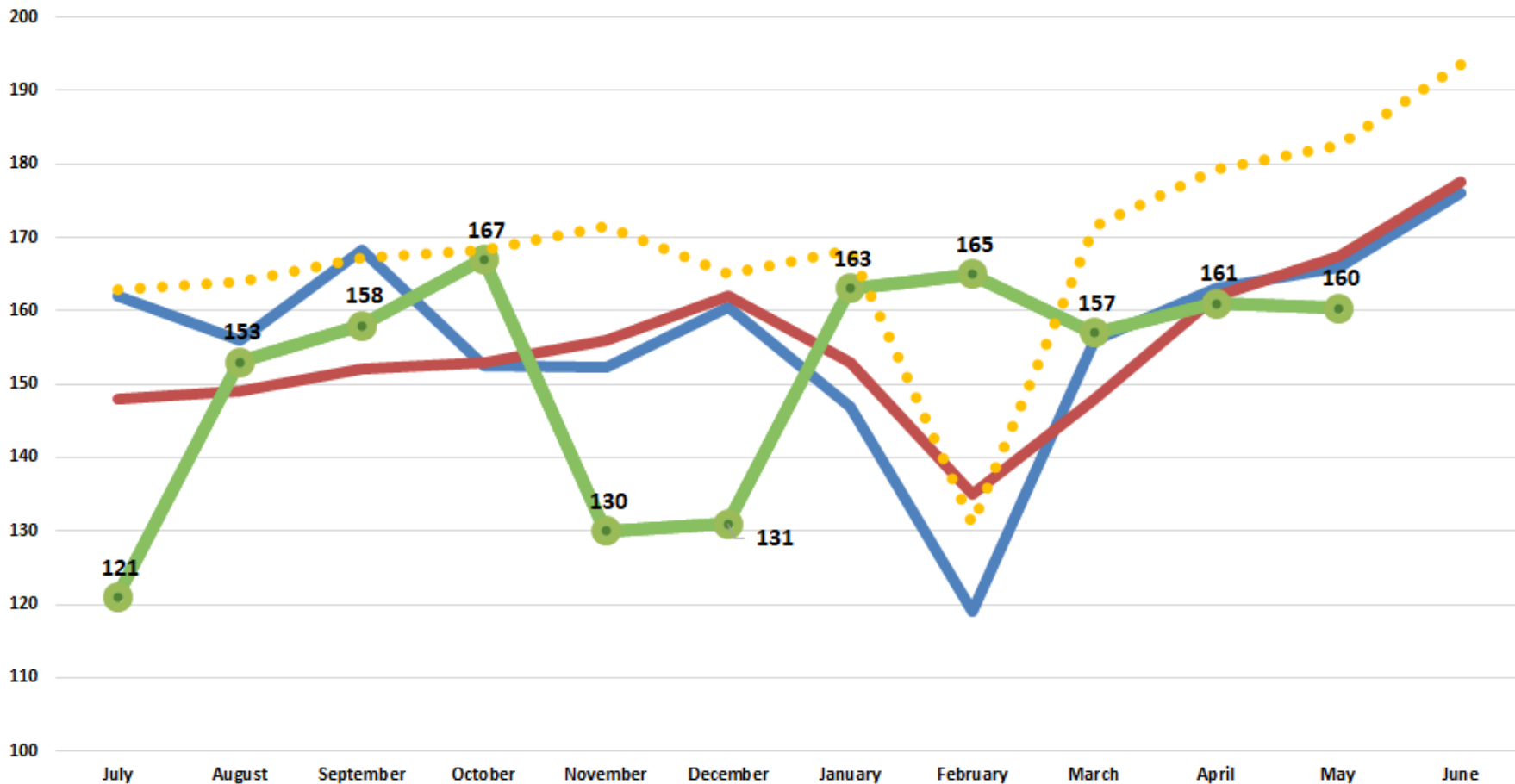
Cath Lab (IP Only) – 100 Min Units



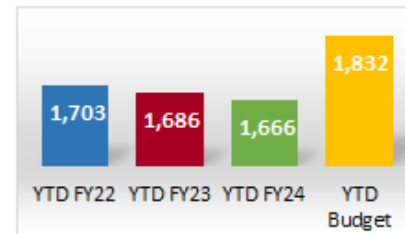
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 ●●● Budget



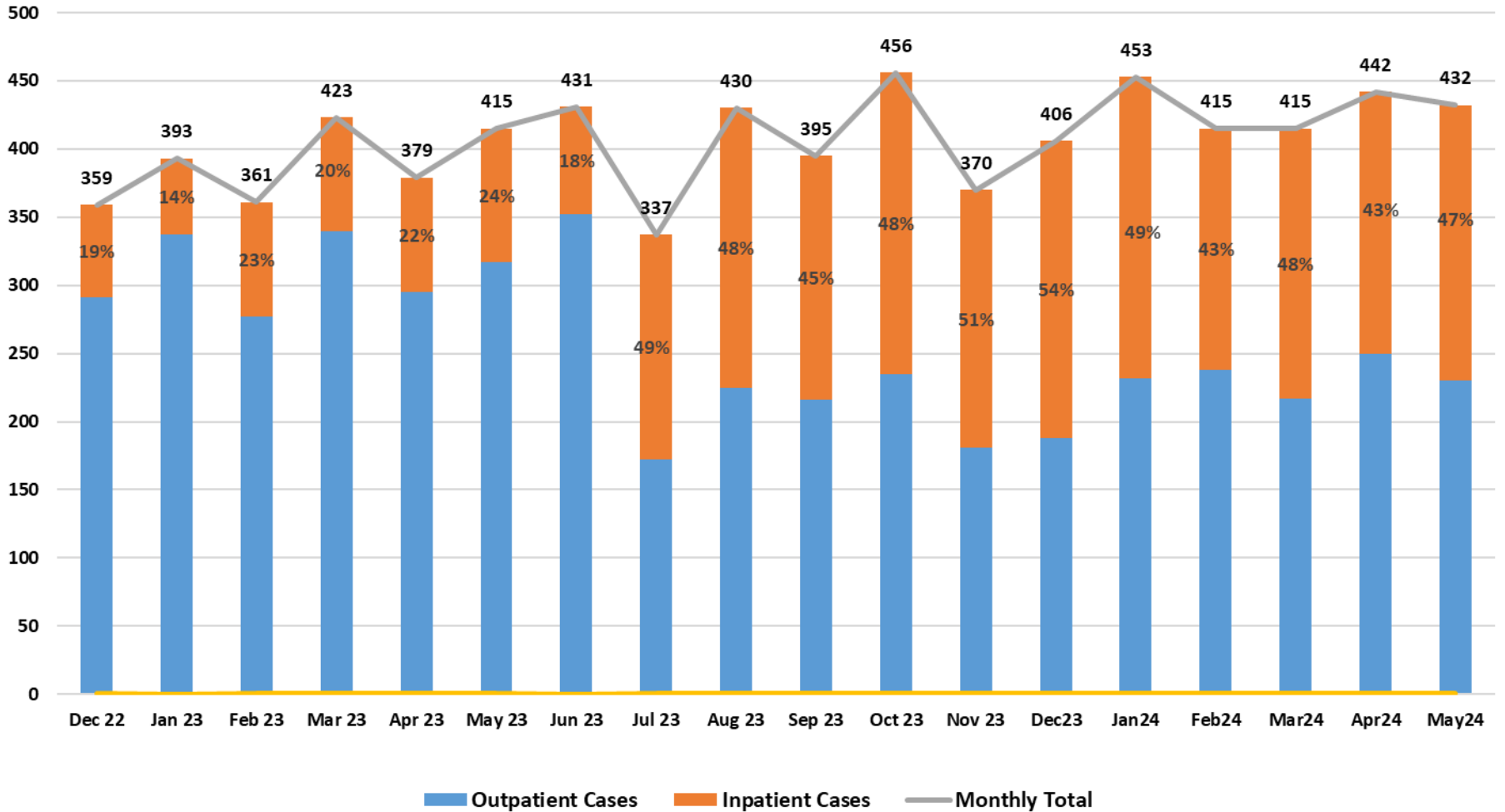
Cath Lab (OP Only) – 100 Min Units



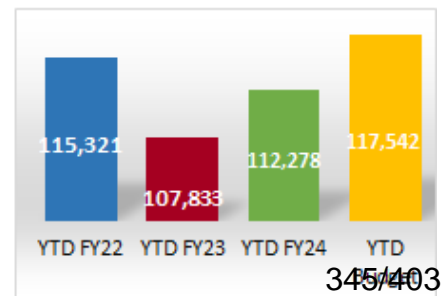
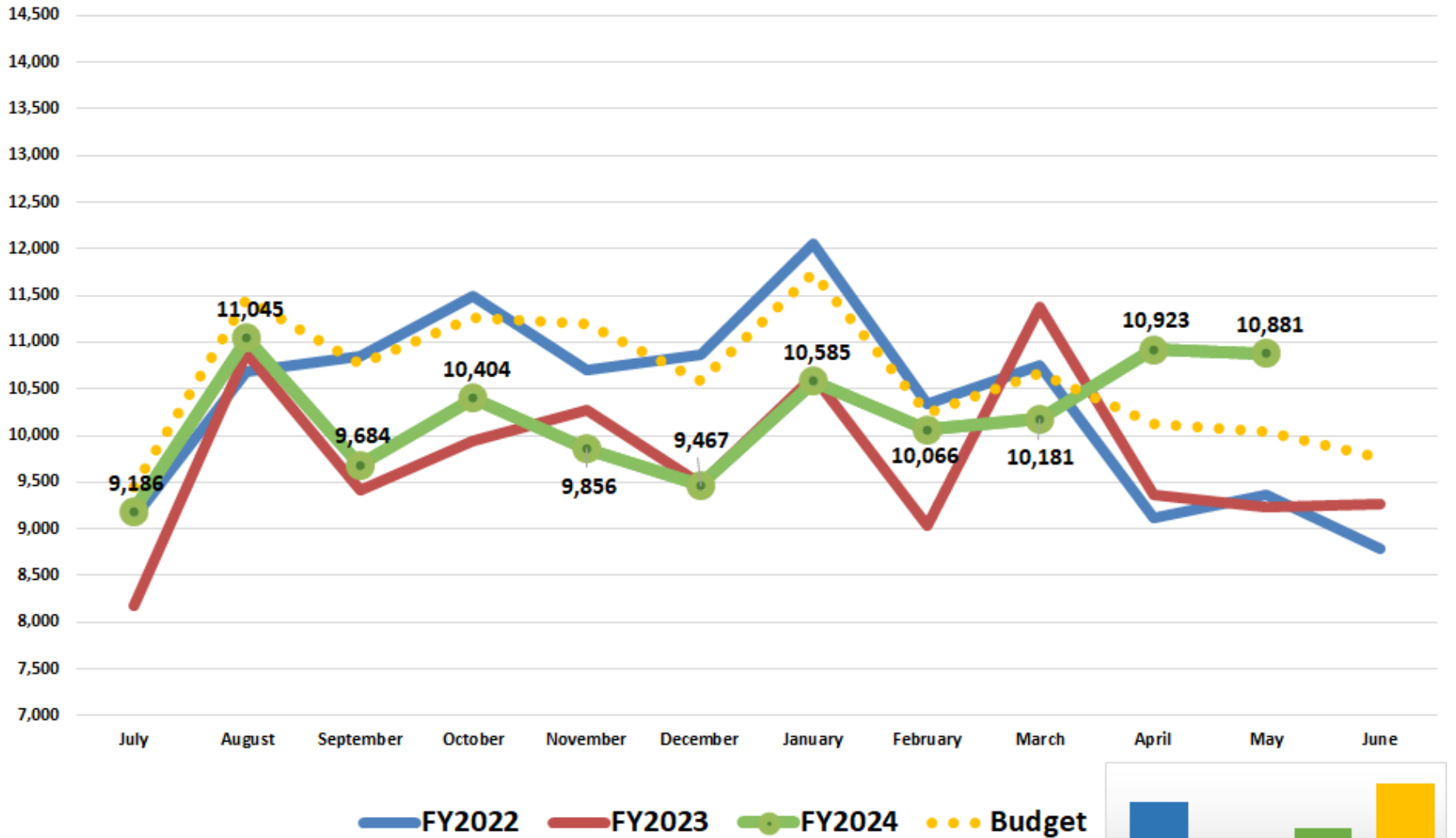
—●— FY2022
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 ●●● Budget



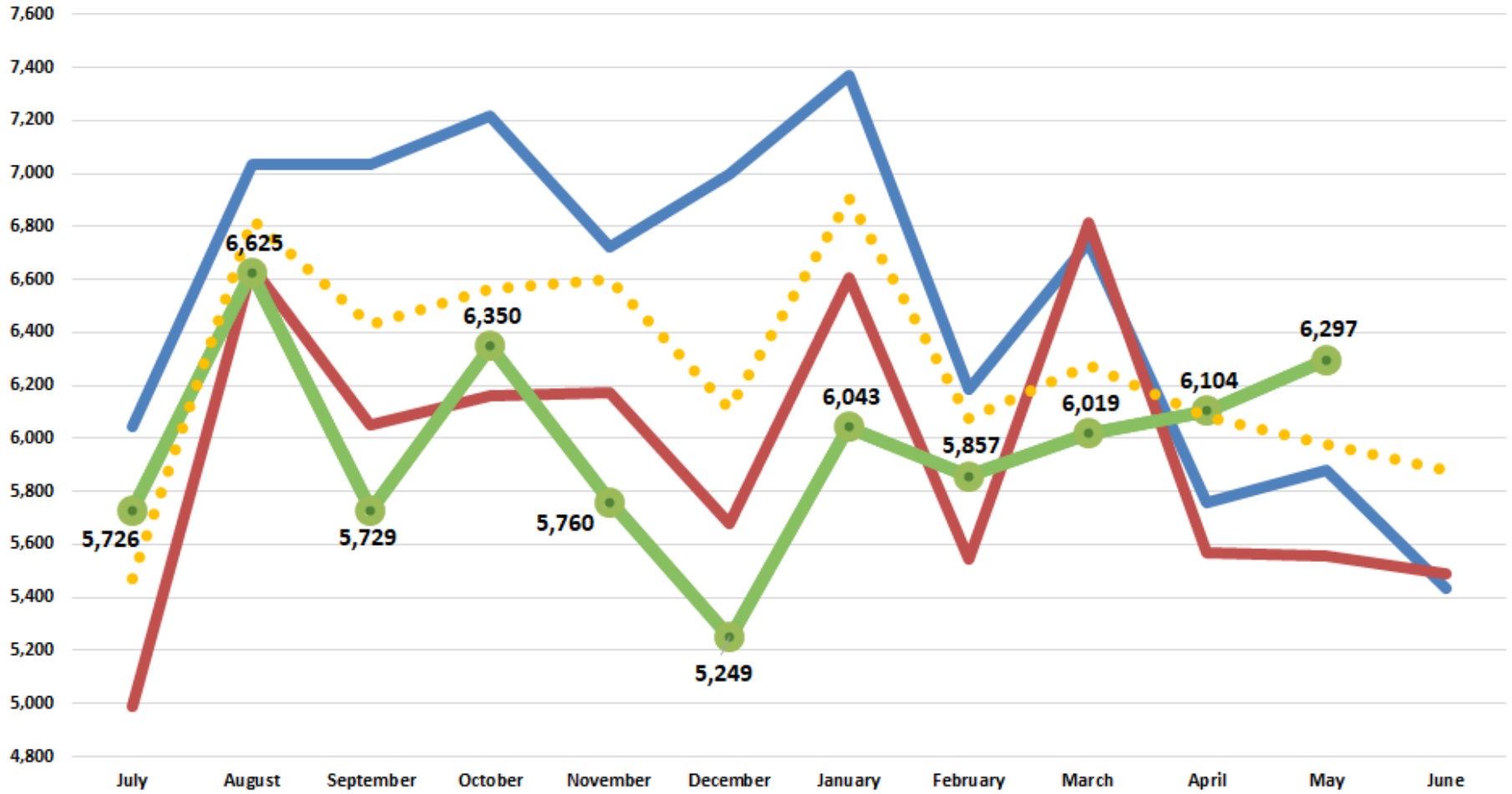
Cath Lab Patients (IP & OP)



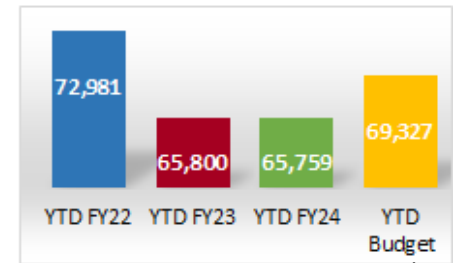
Rural Health Clinics Registrations



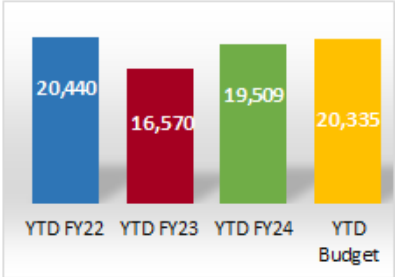
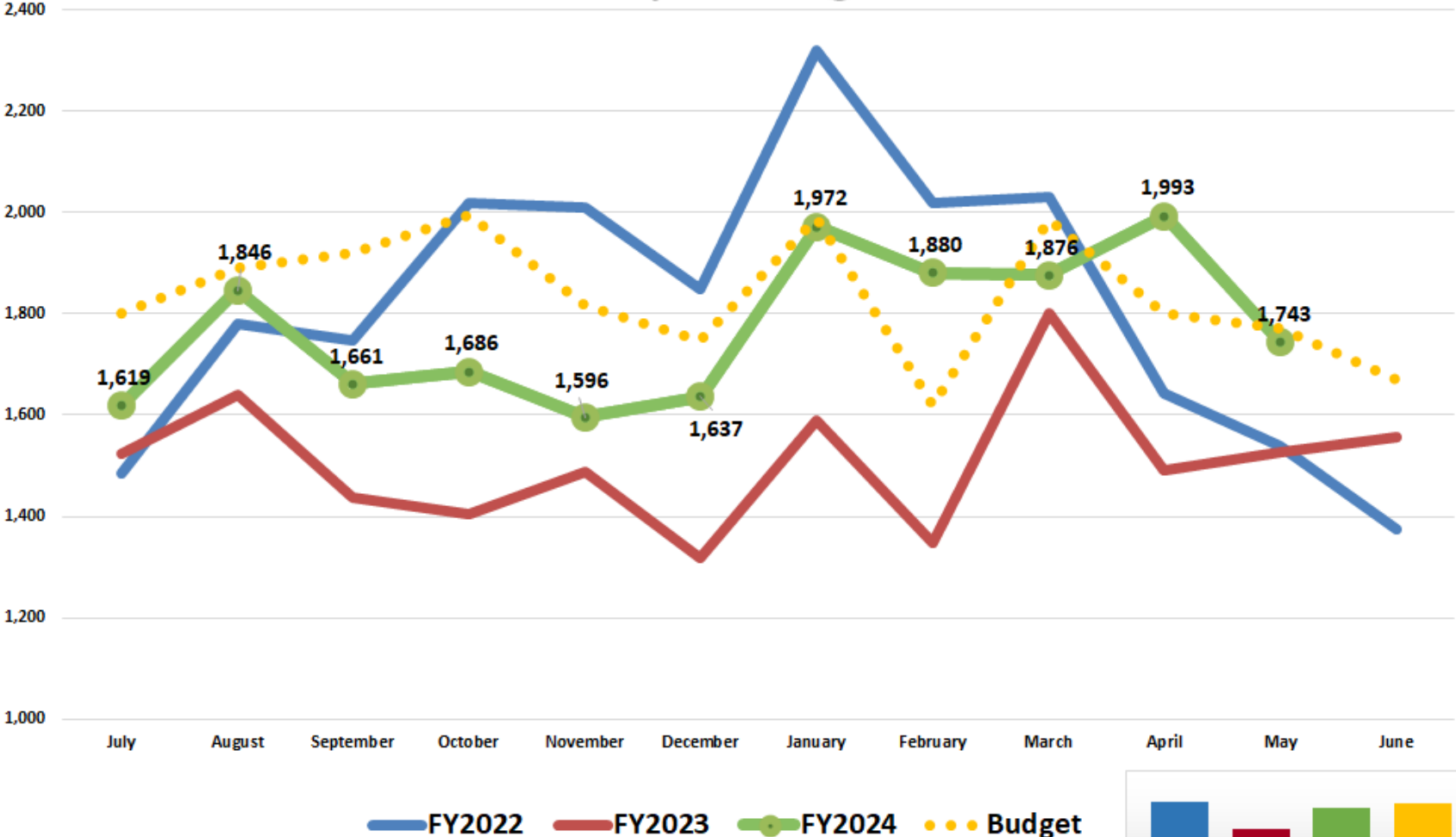
RHC Exeter - Registrations



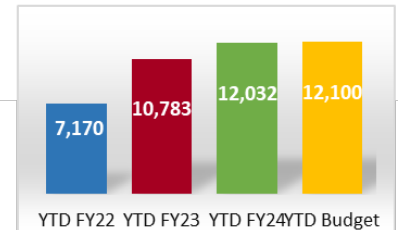
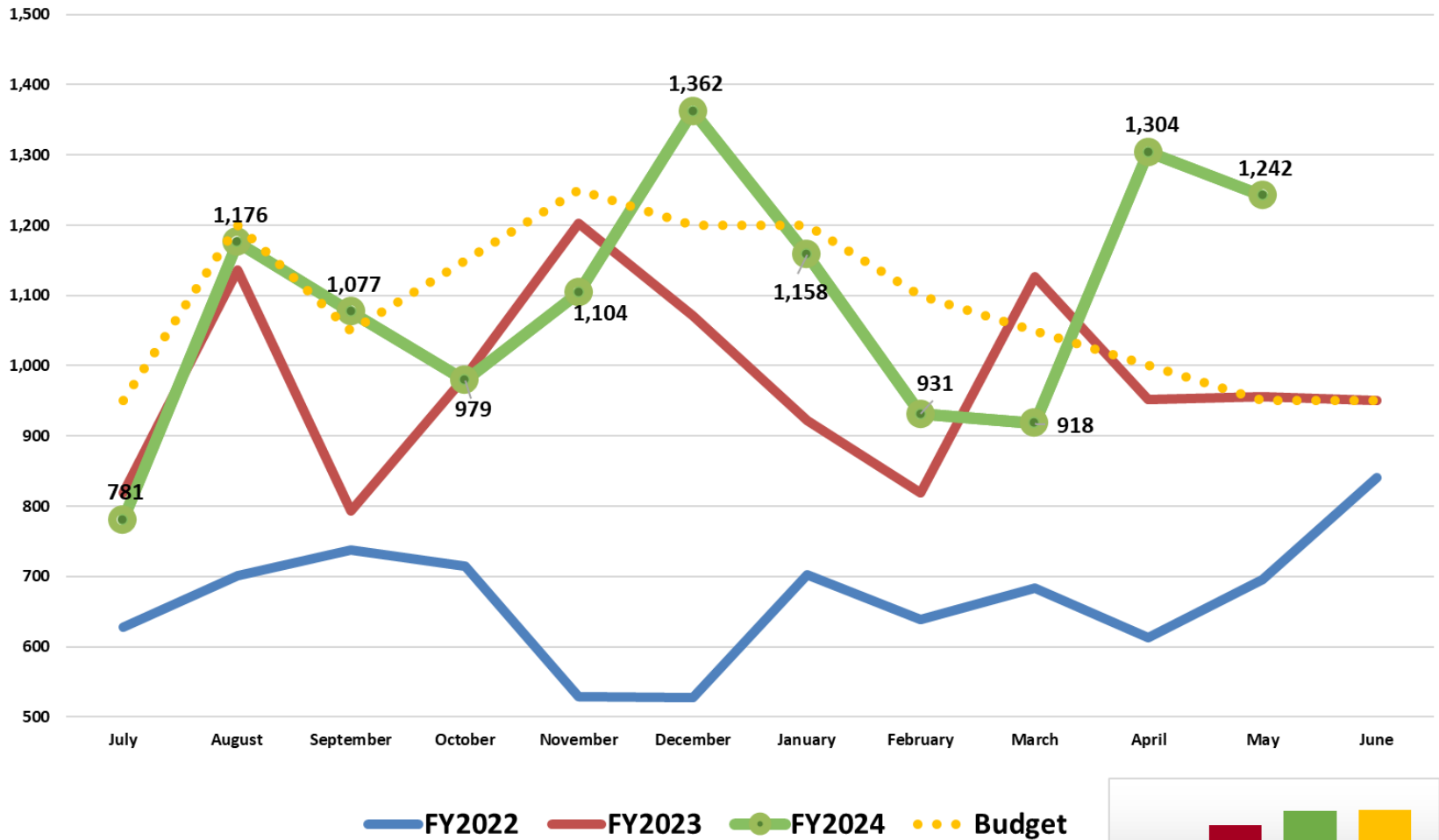
—●— FY2022
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 ●●● Budget



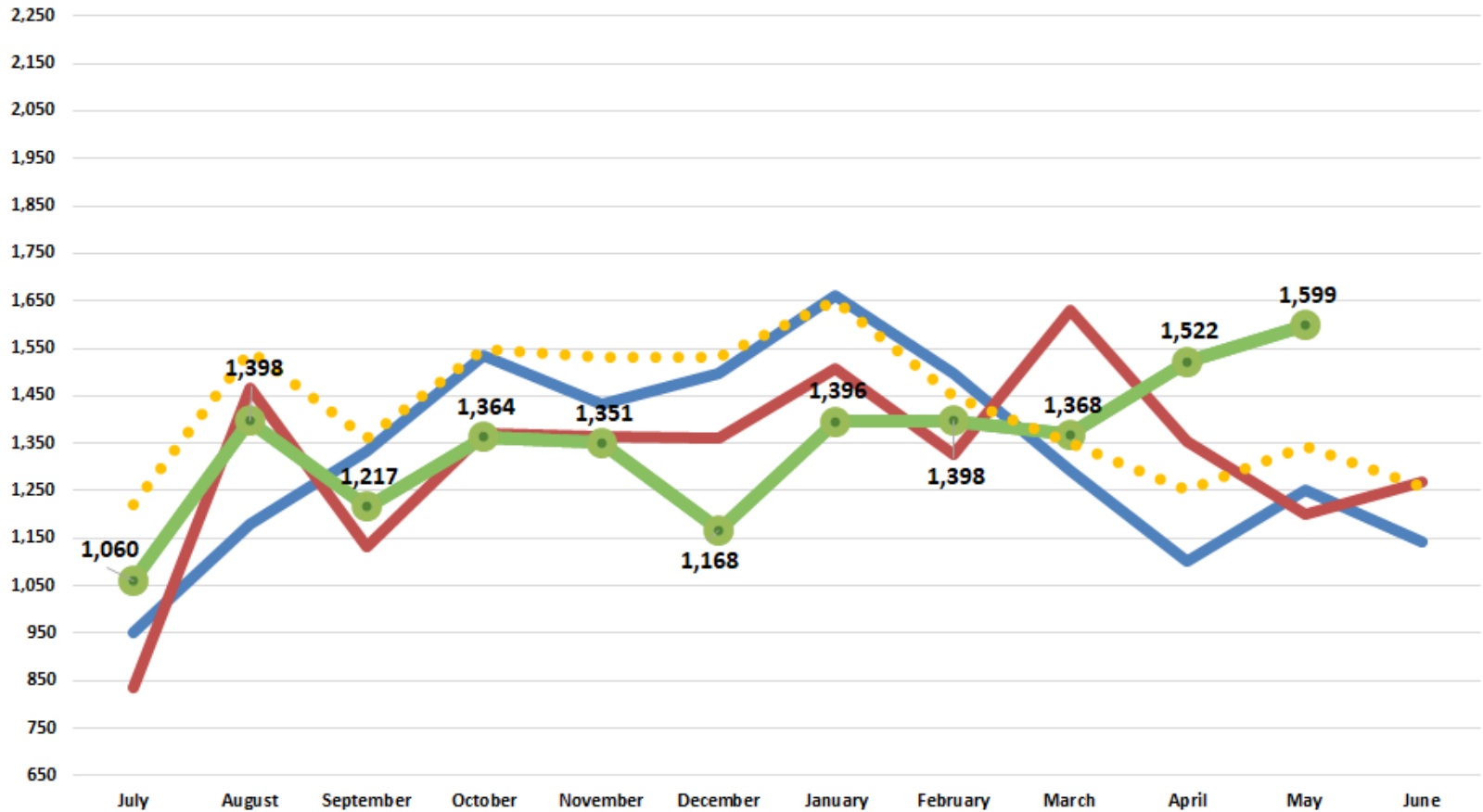
RHC Lindsay - Registrations



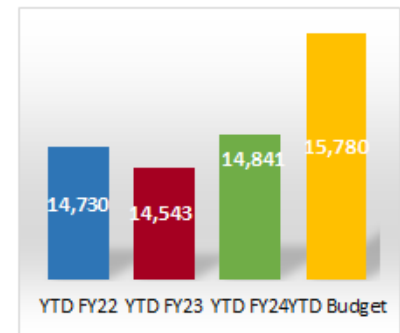
RHC Woodlake - Registrations



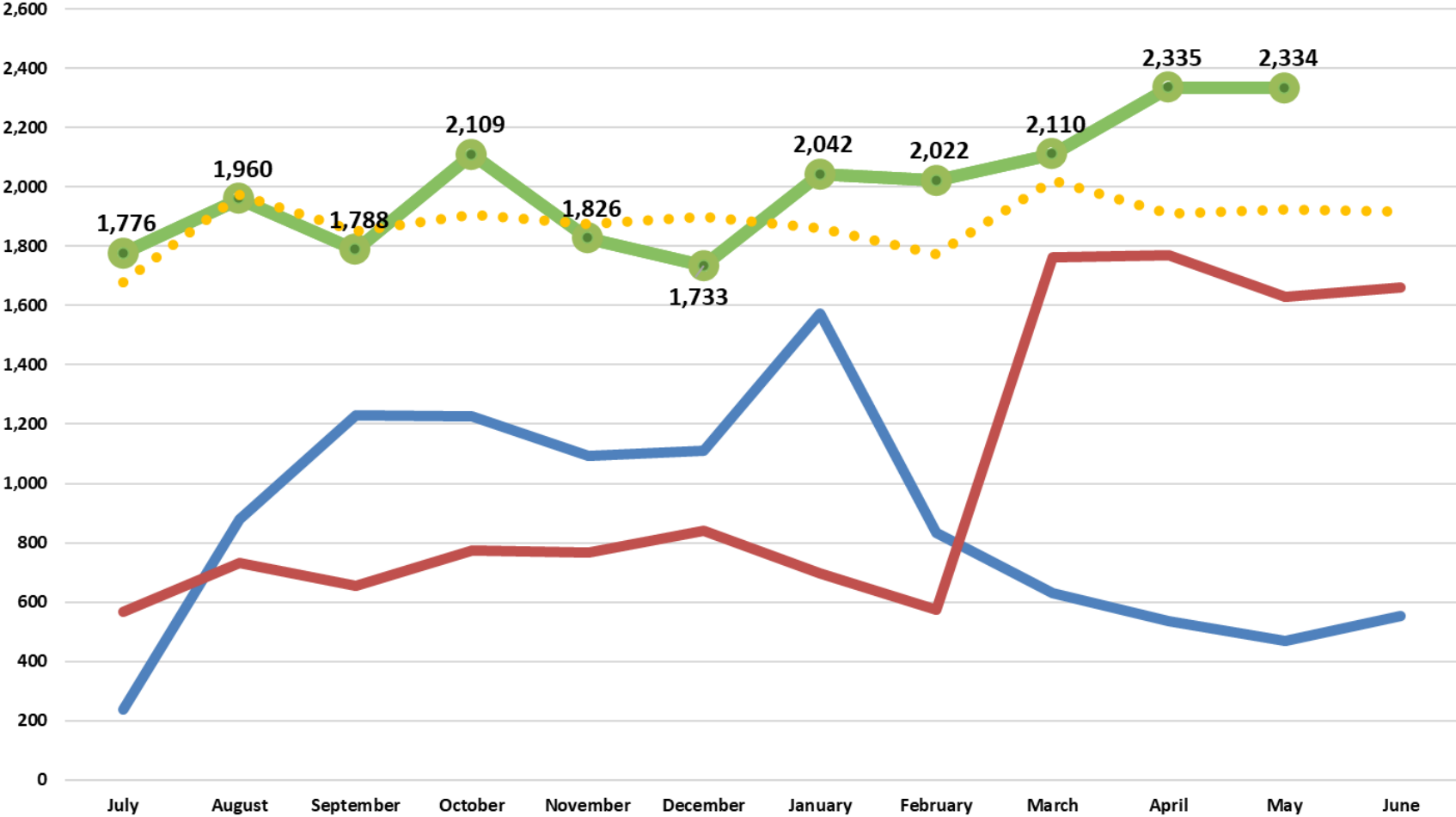
RHC Dinuba - Registrations



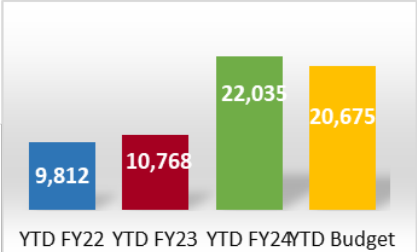
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 ●●● Budget



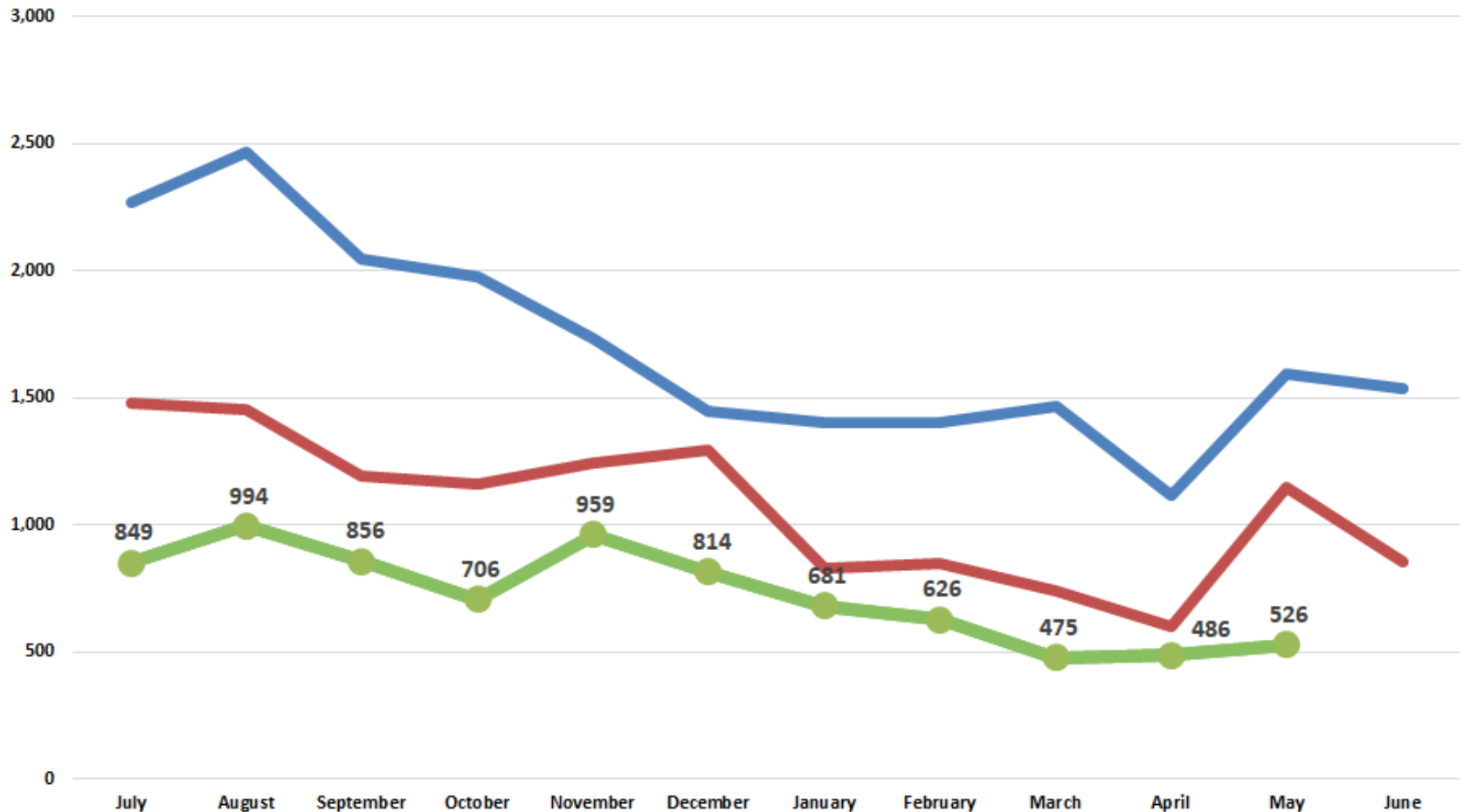
RHC Tulare - Registrations



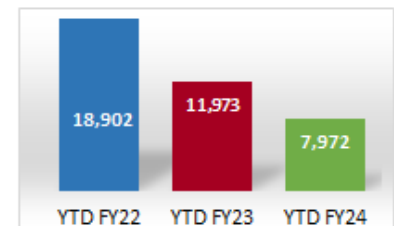
—●— FY2022
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 —●— FY2024
 ●●● Budget



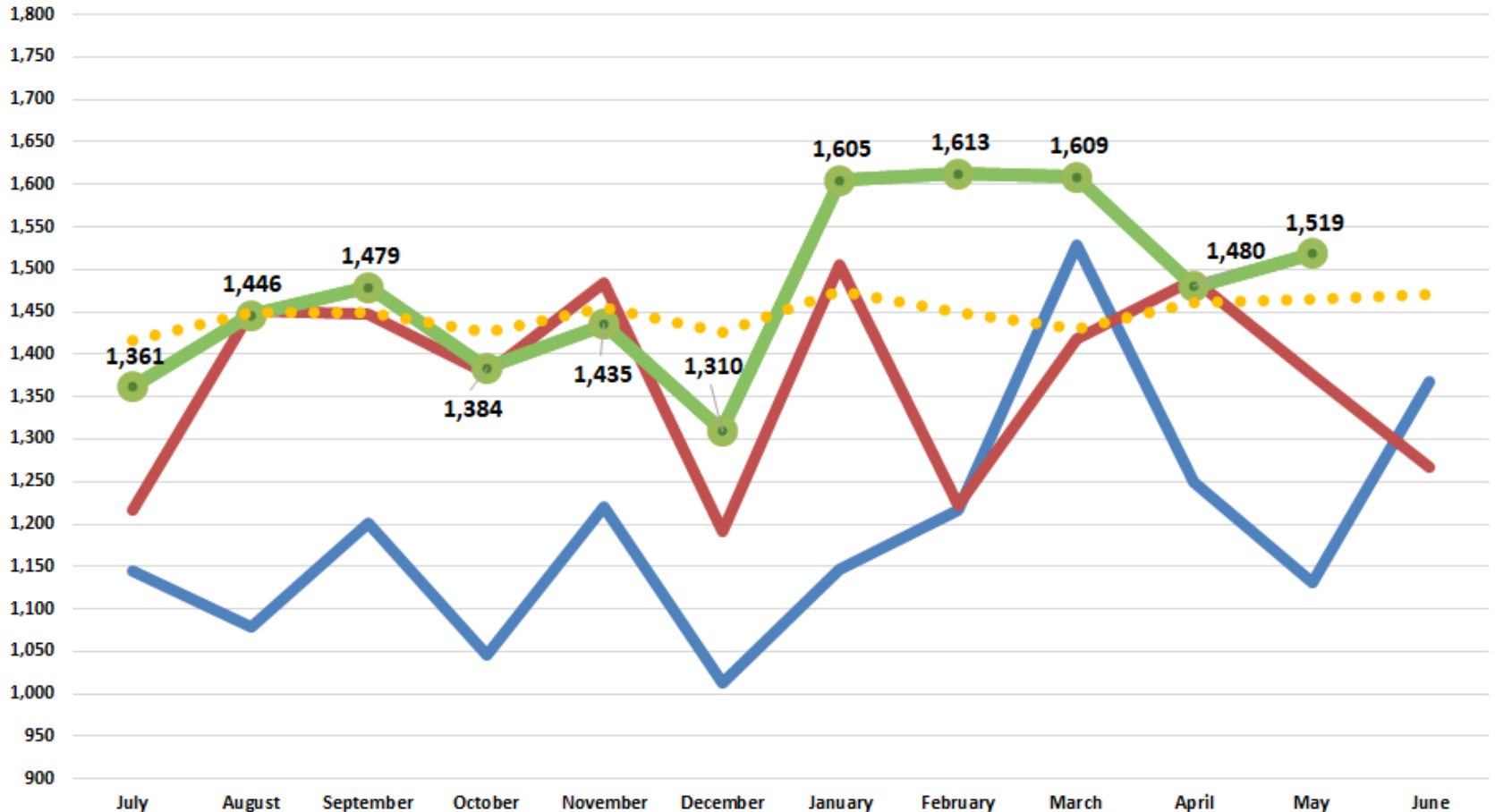
Neurosurgery Clinic - wRVU's



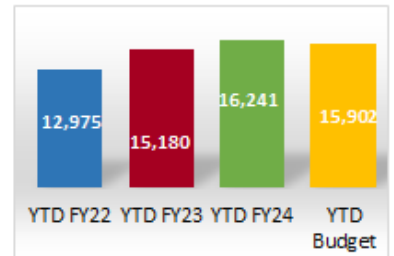
— FY2022 — FY2023 ● FY2024



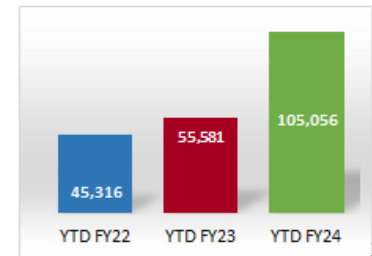
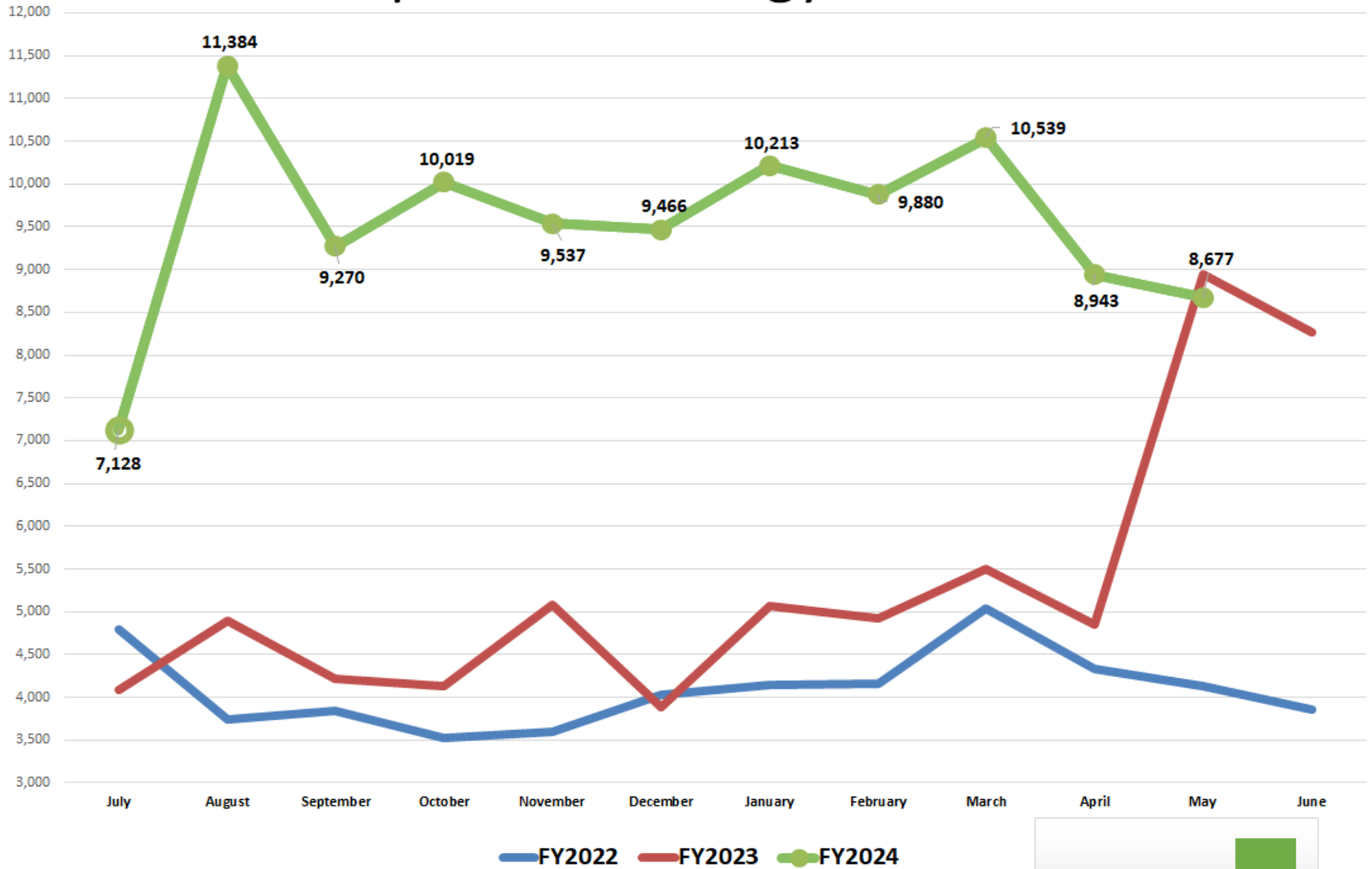
Sequoia Cardiology Registrations



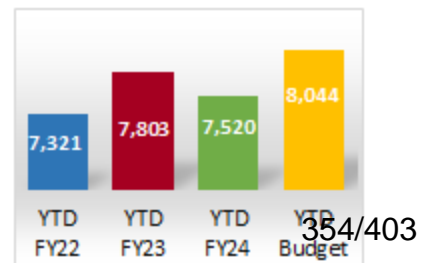
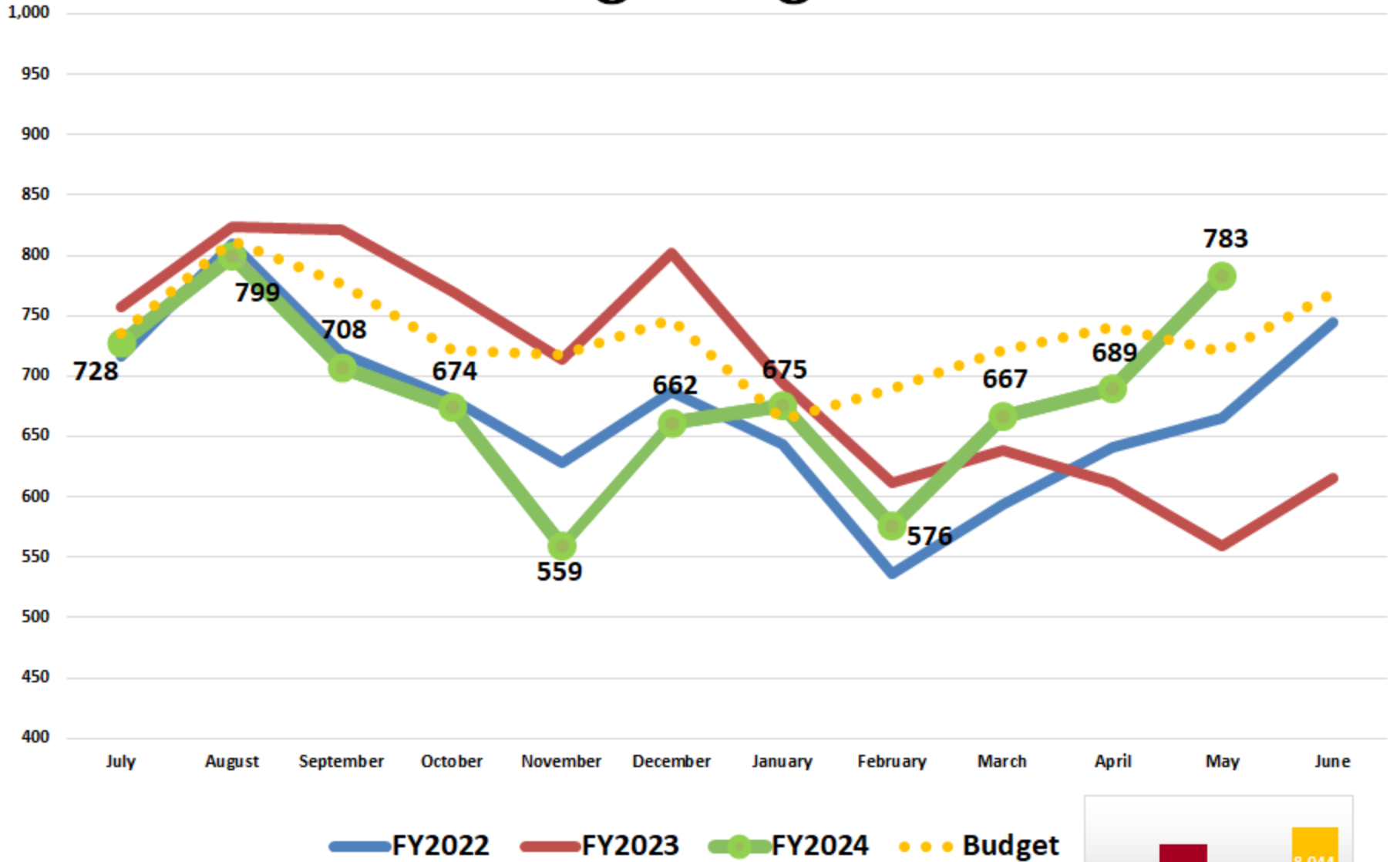
—●— FY2022
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 ●●● Budget



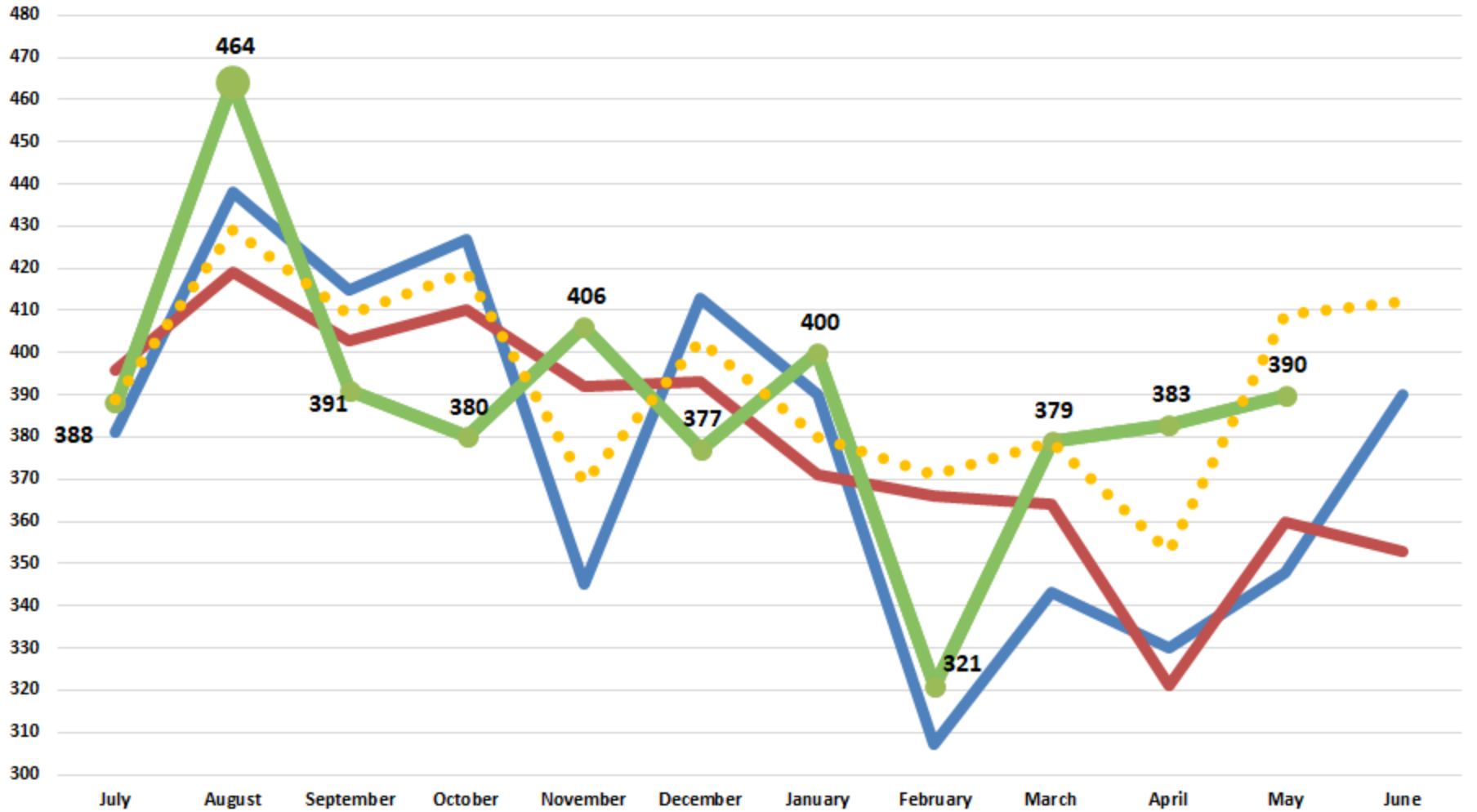
Sequoia Cardiology - wRVU's



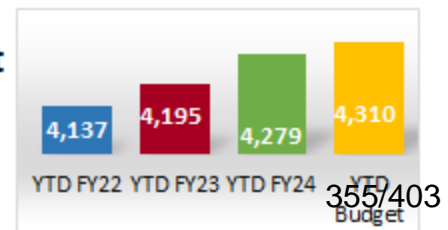
Labor Triage Registrations



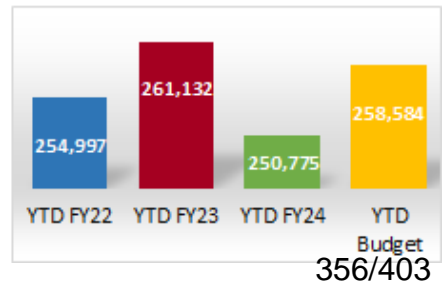
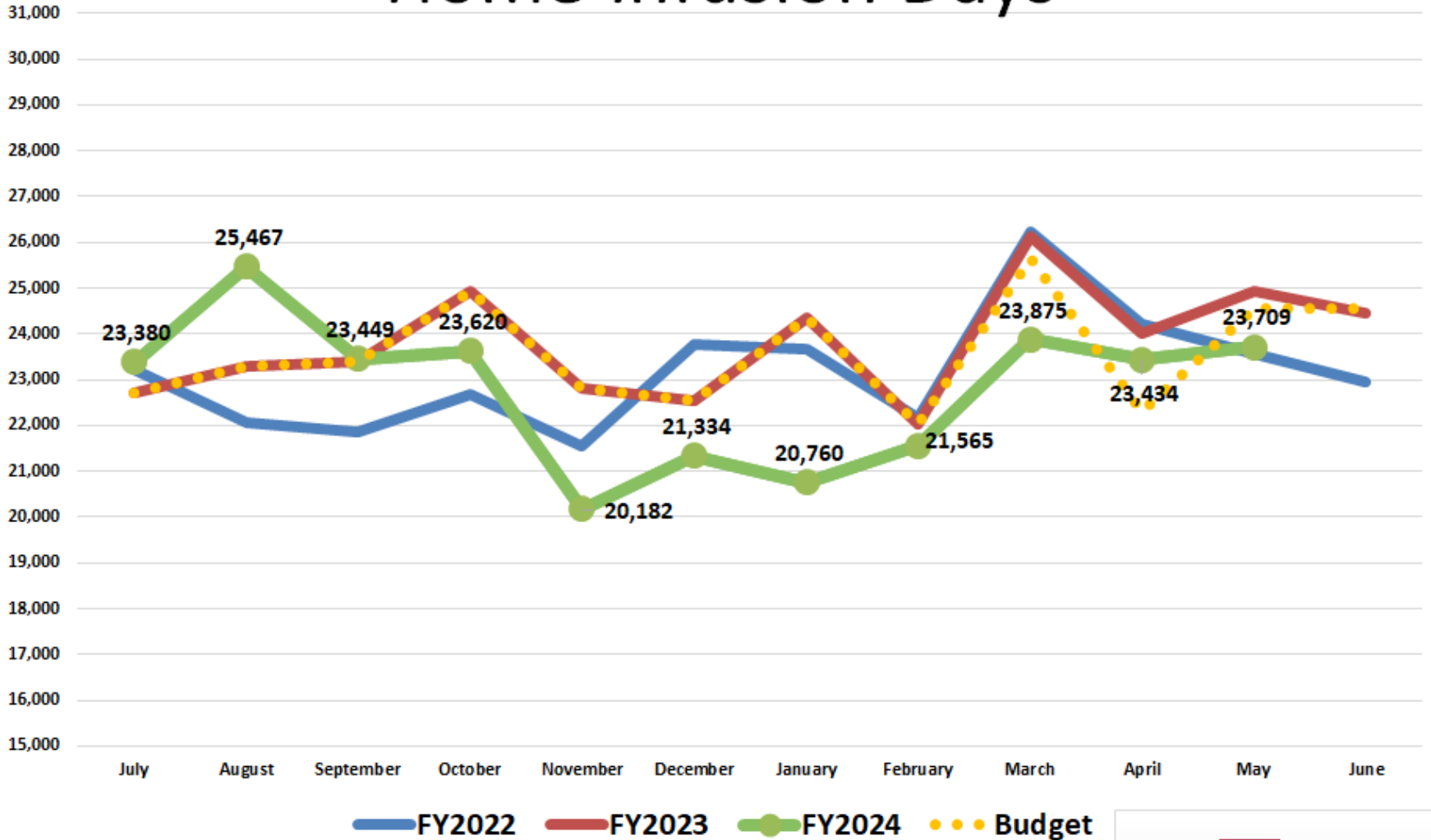
Deliveries



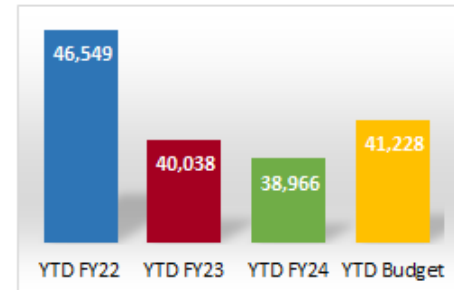
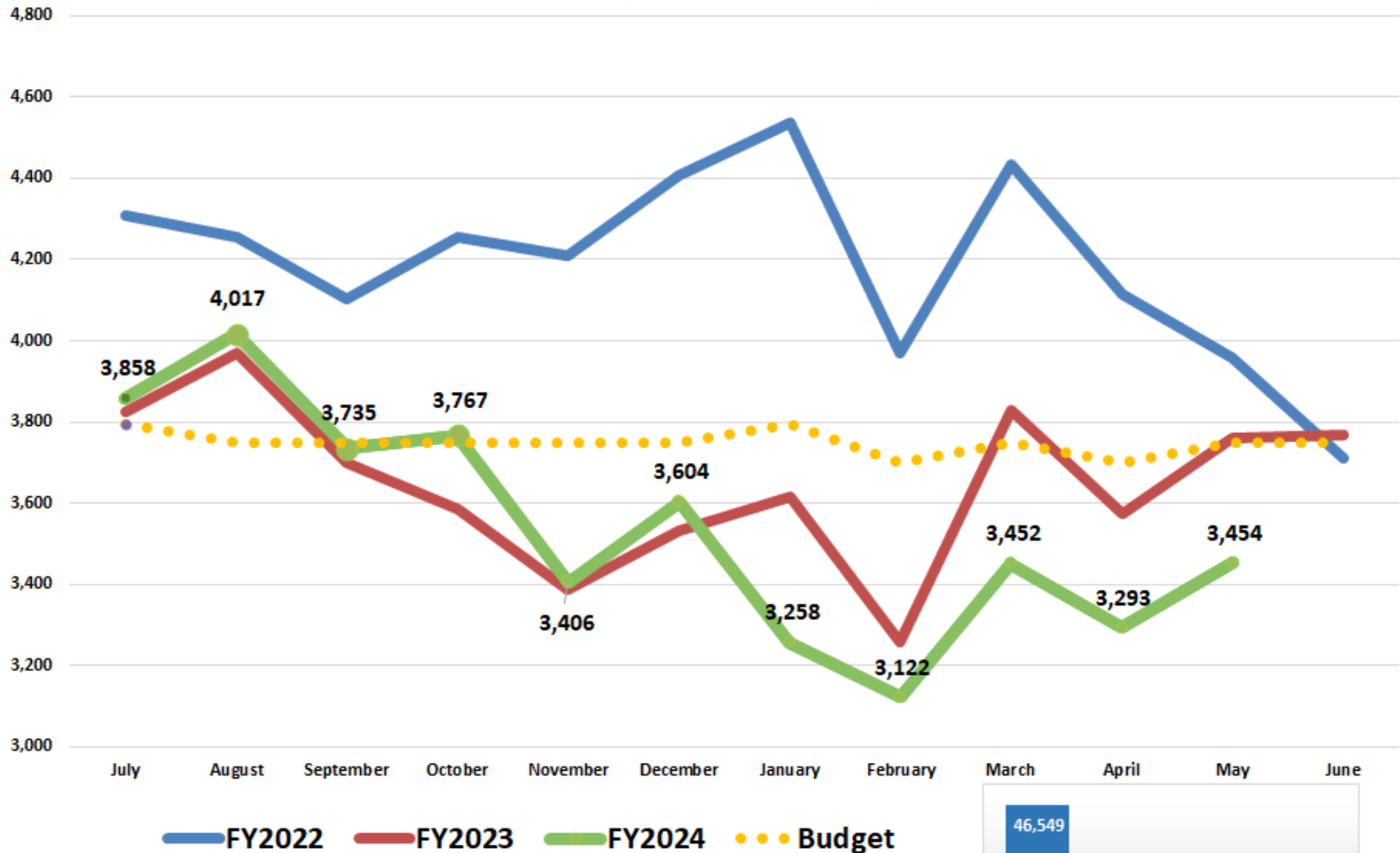
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



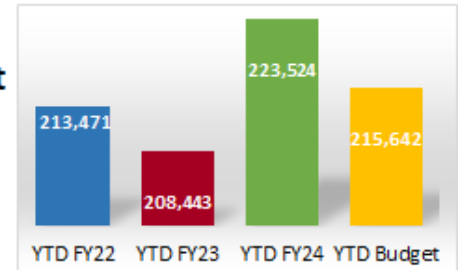
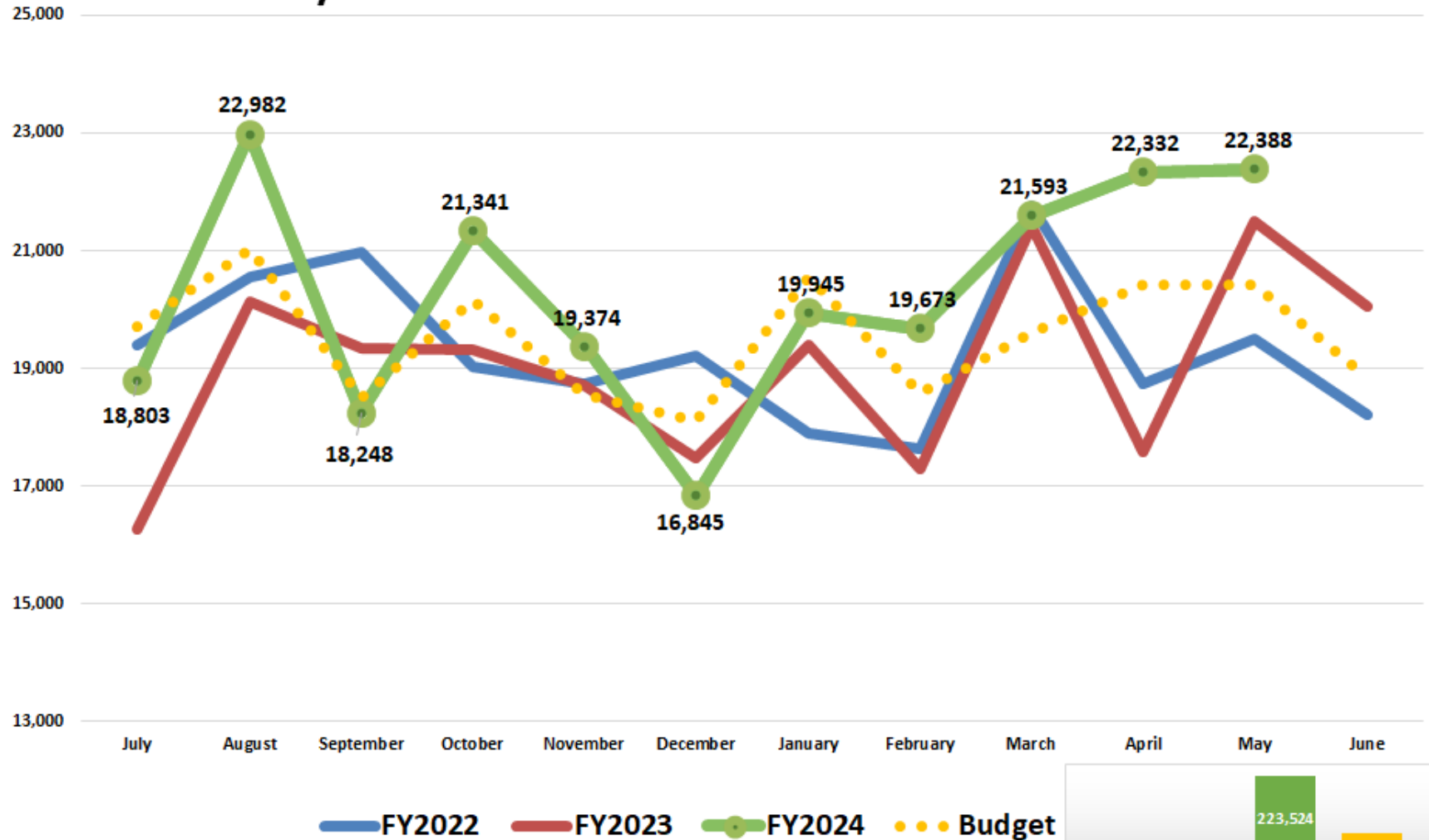
Home Infusion Days



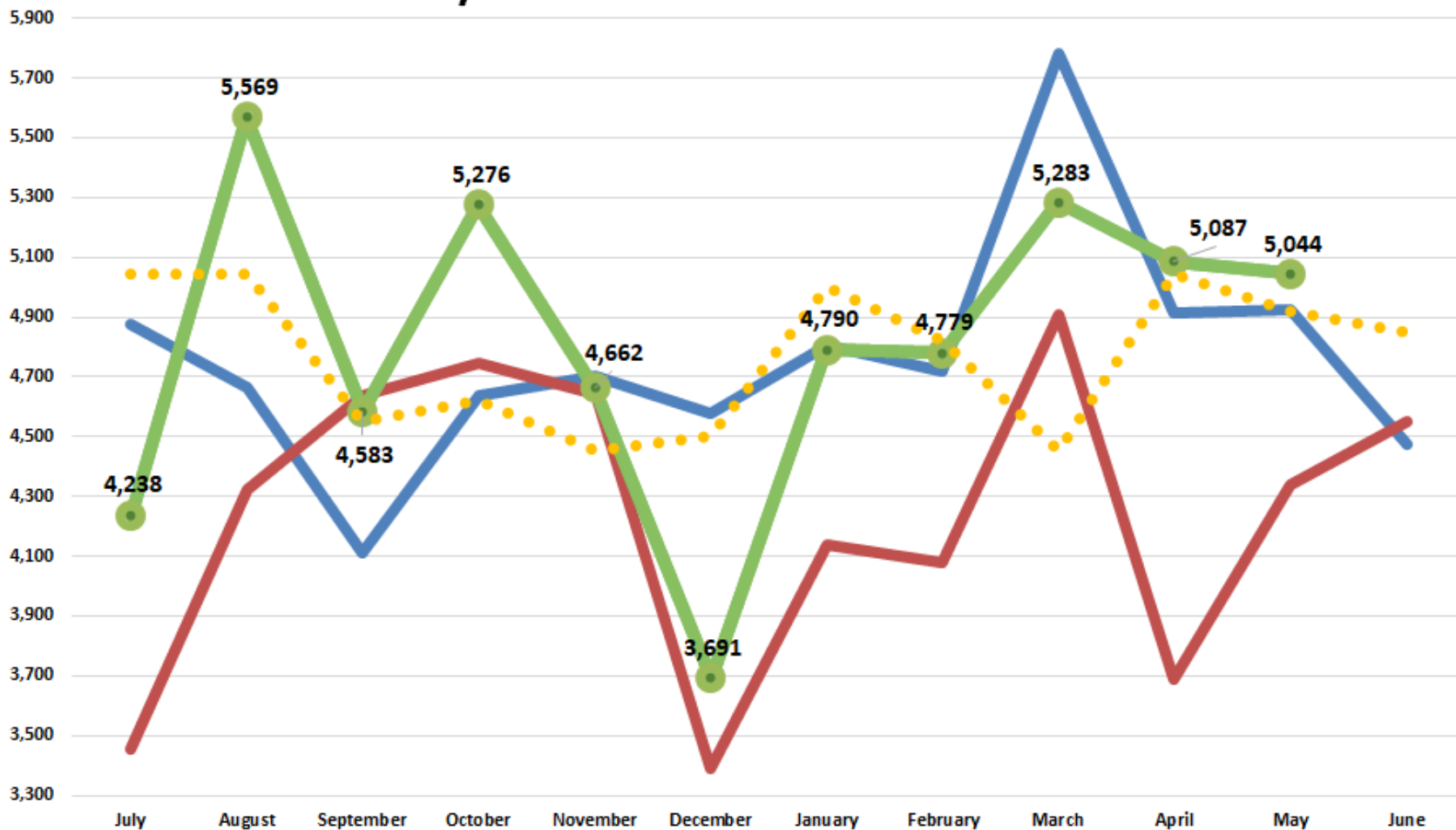
Hospice Days



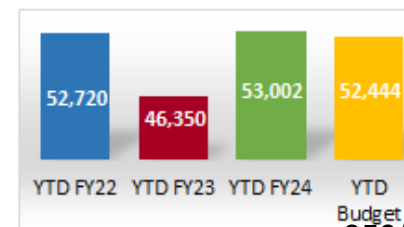
All O/P Rehab Svcs Across District



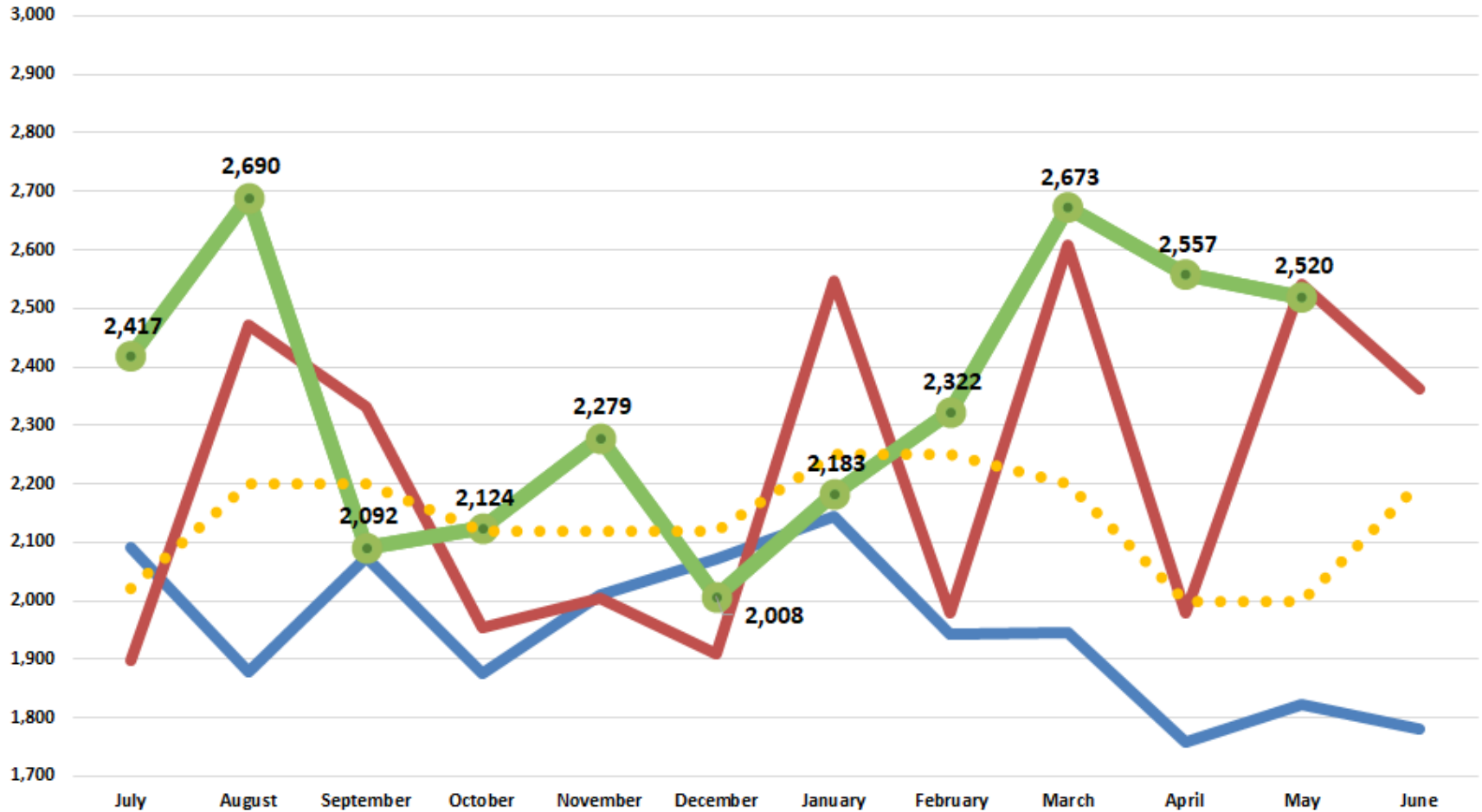
O/P Rehab Services



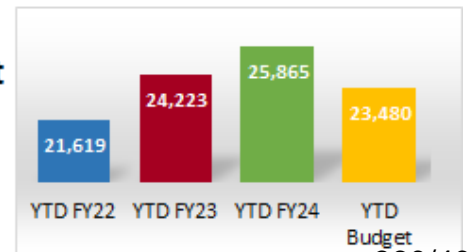
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



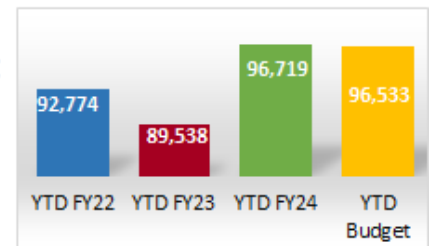
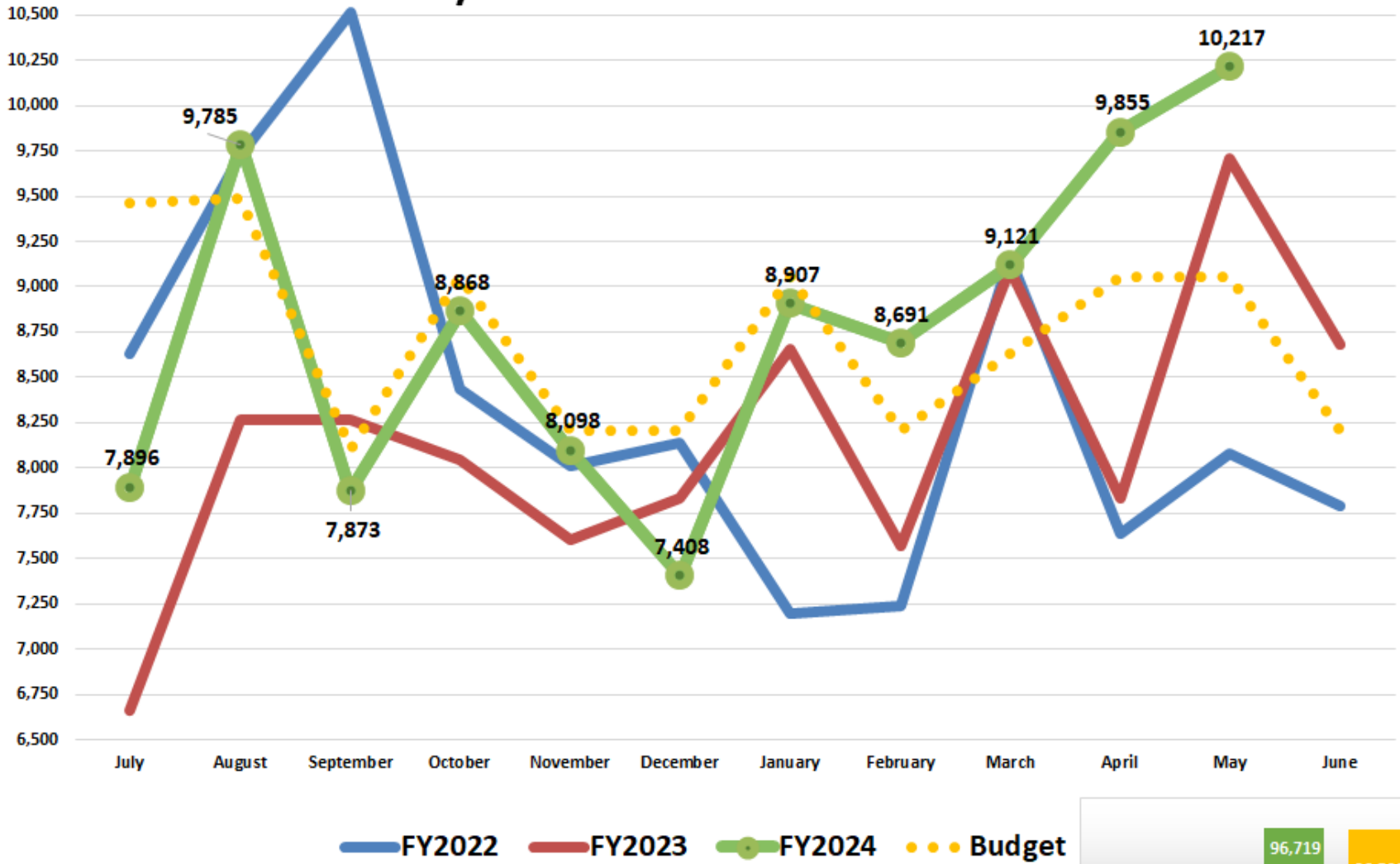
O/P Rehab - Exeter



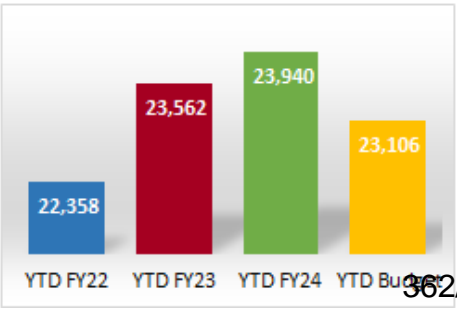
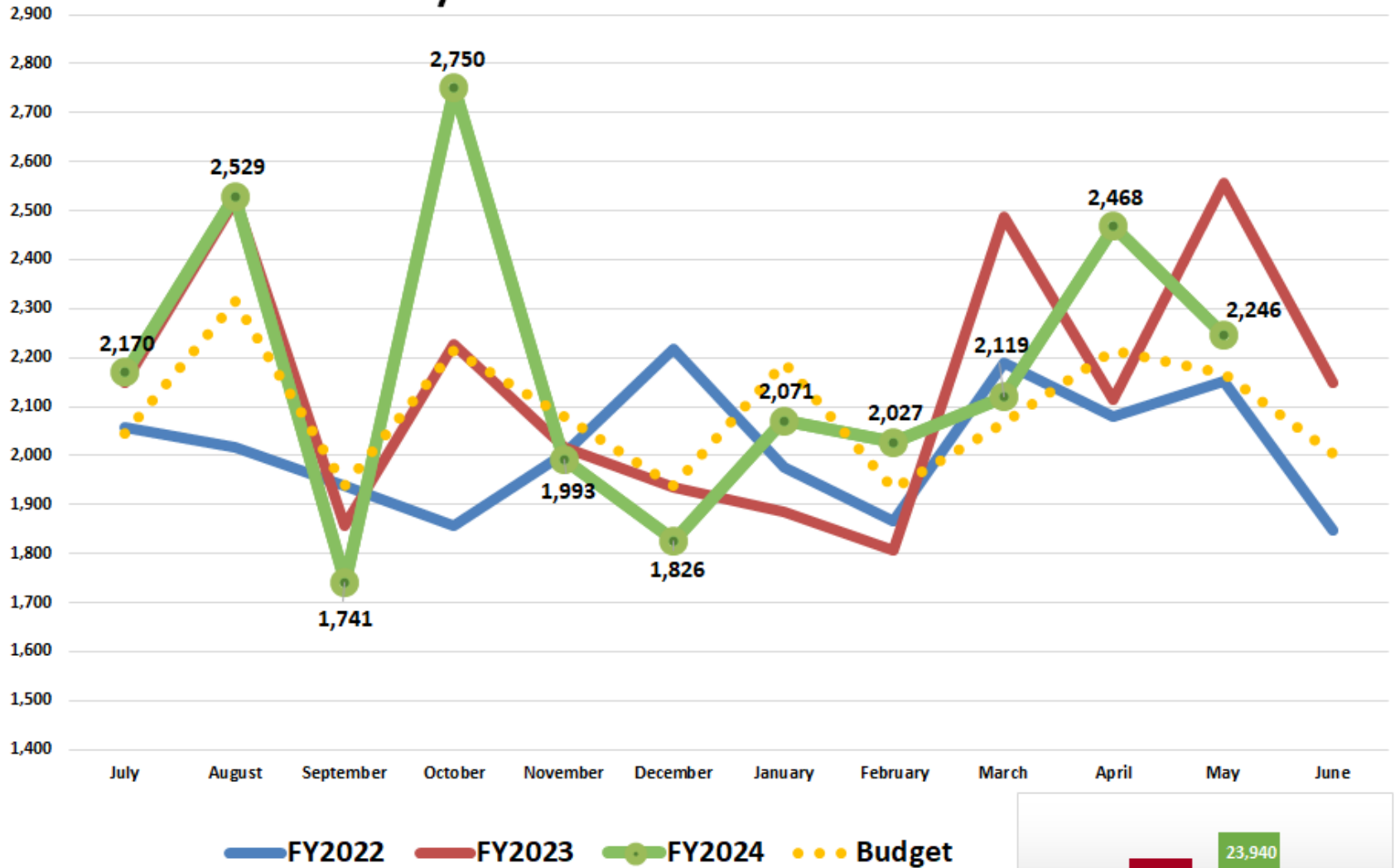
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



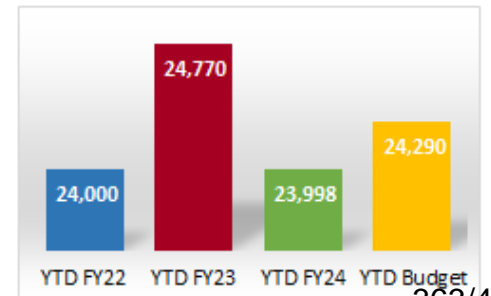
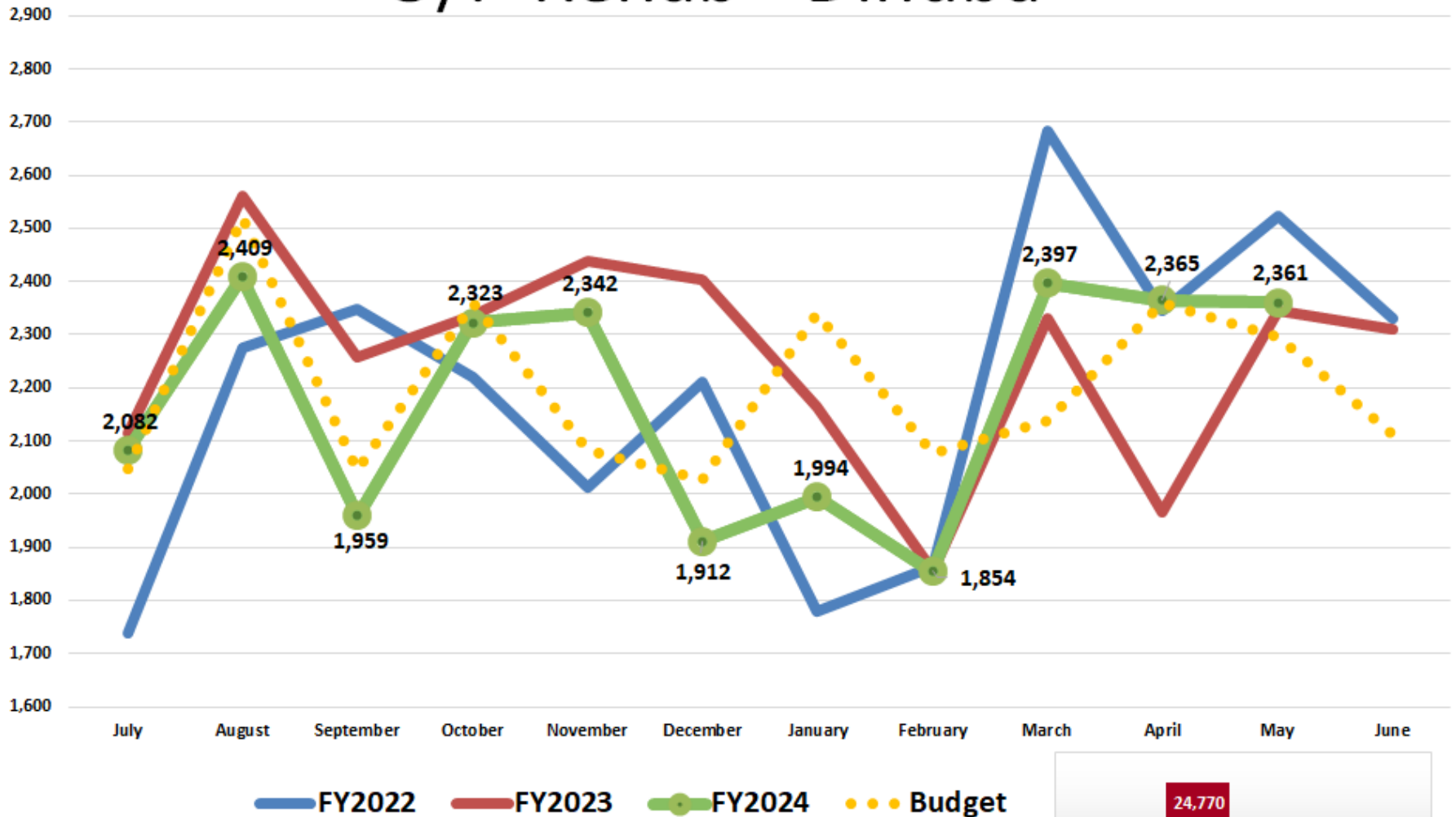
O/P Rehab - Akers



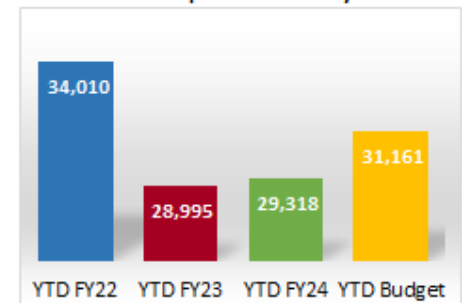
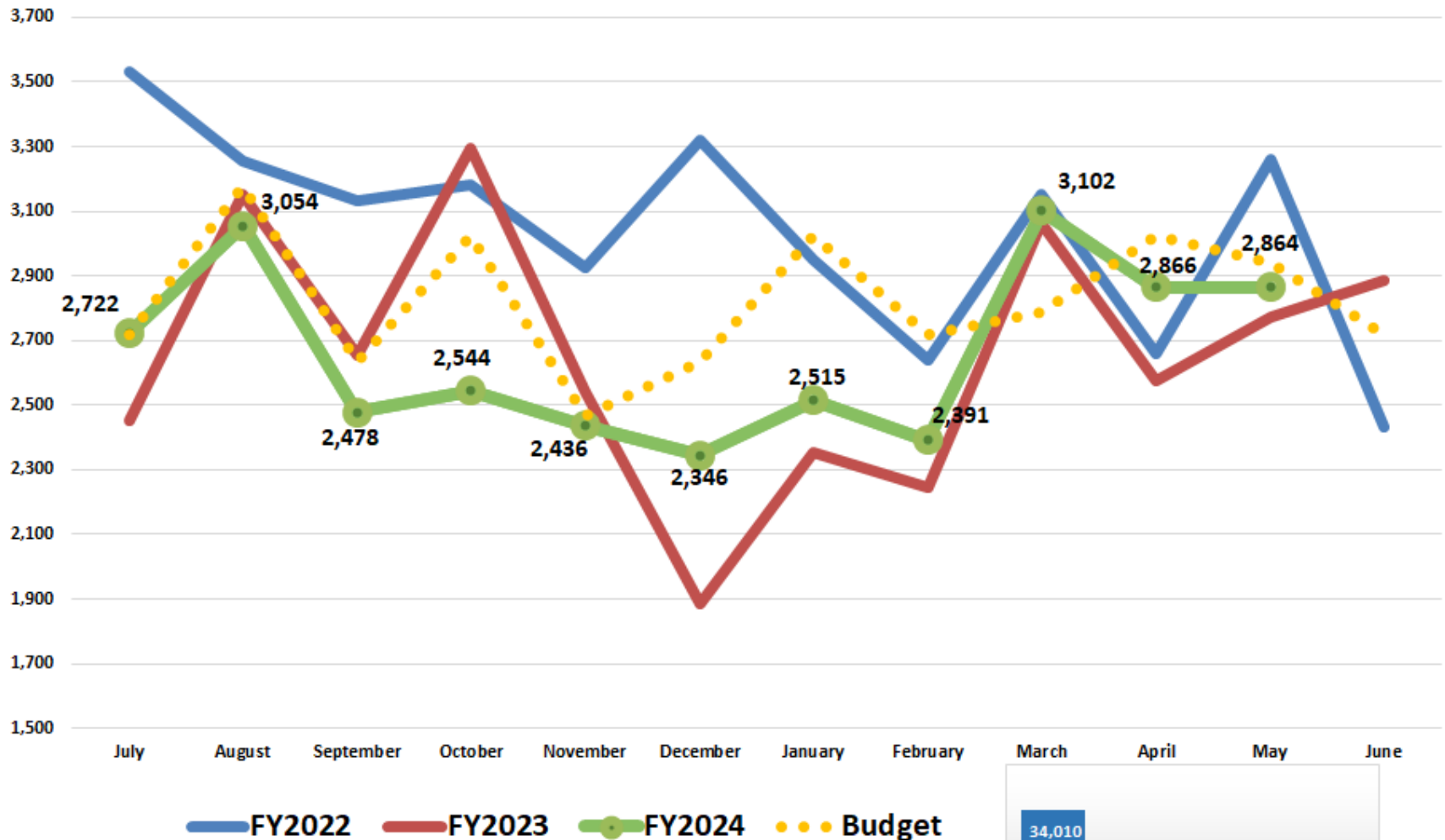
O/P Rehab - LLOPT



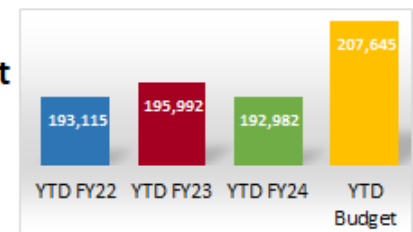
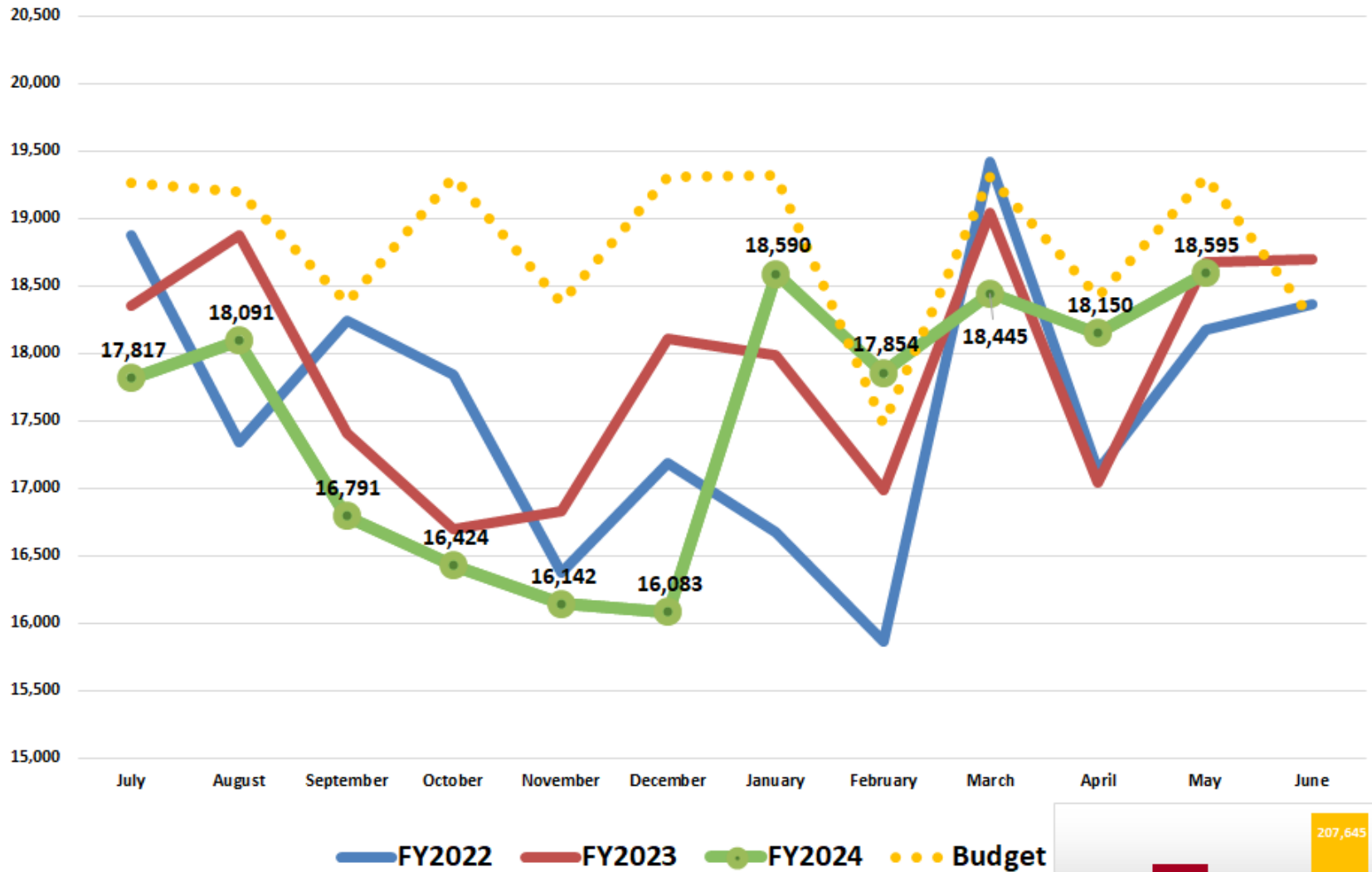
O/P Rehab - Dinuba



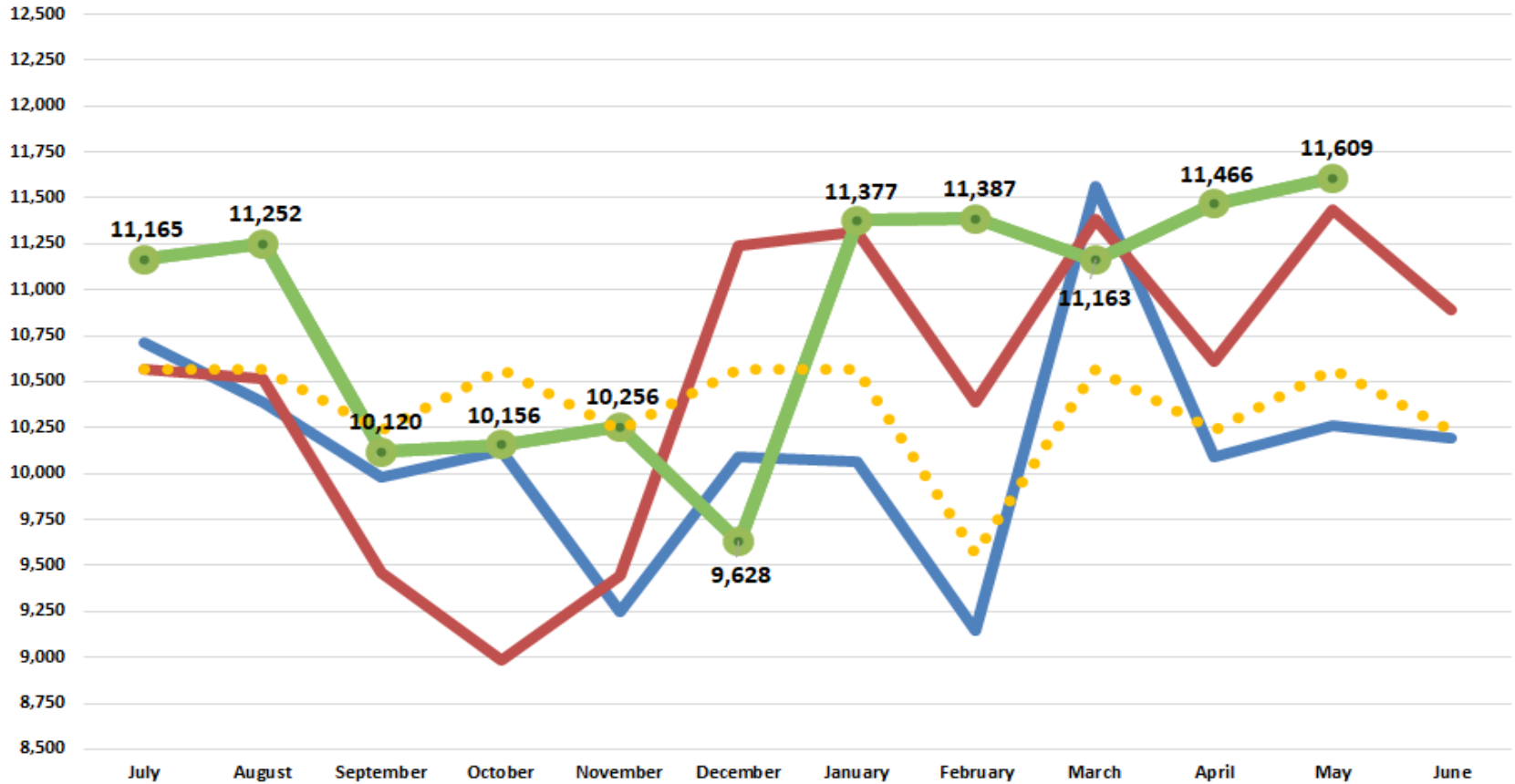
Therapy - Cypress Hand Center



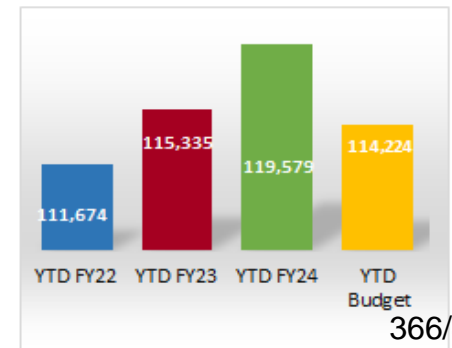
Physical & Other Therapy Units (I/P & O/P)



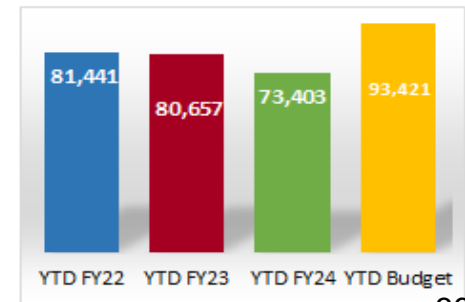
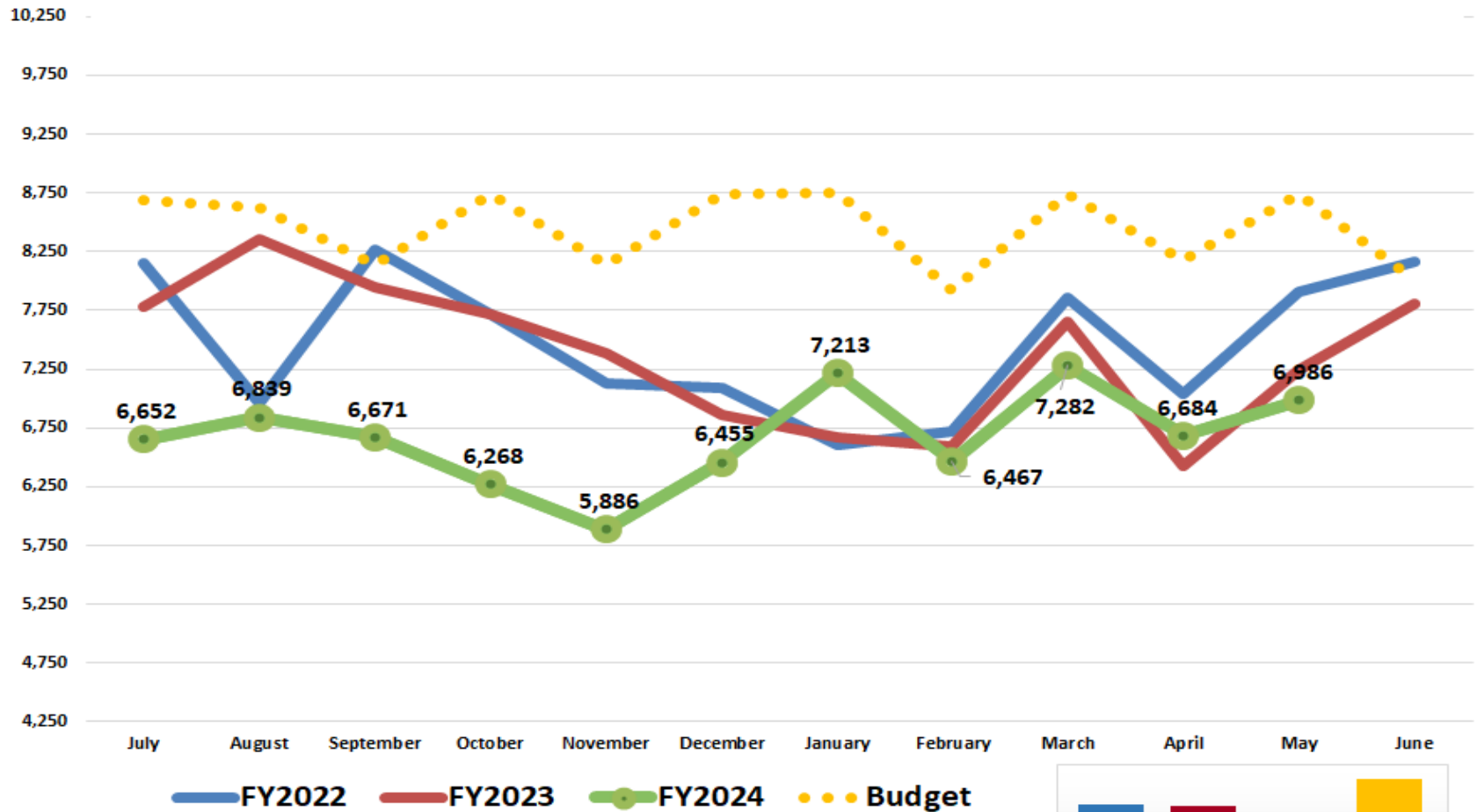
Physical & Other Therapy Units (I/P & O/P)-Main Campus



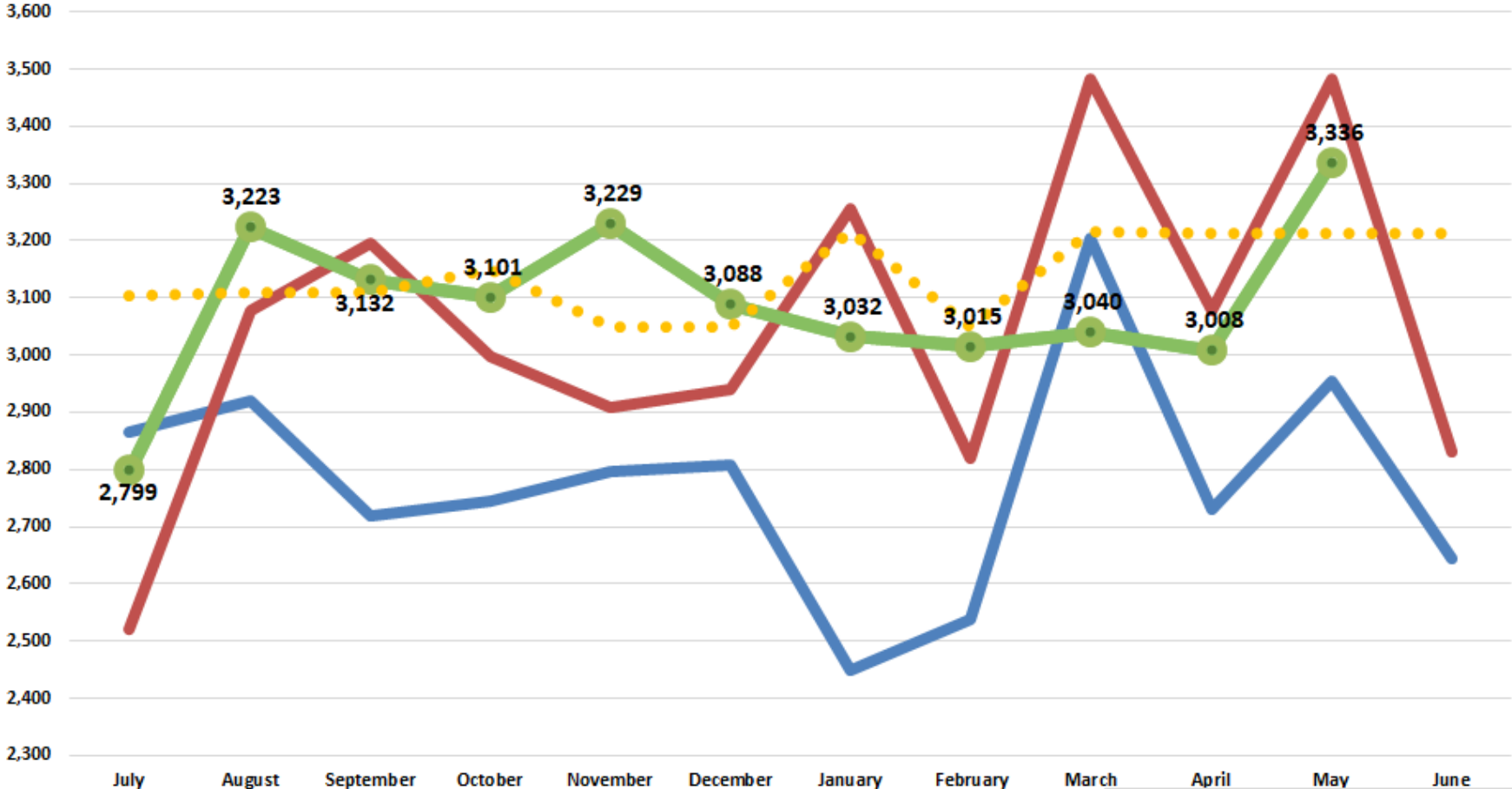
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



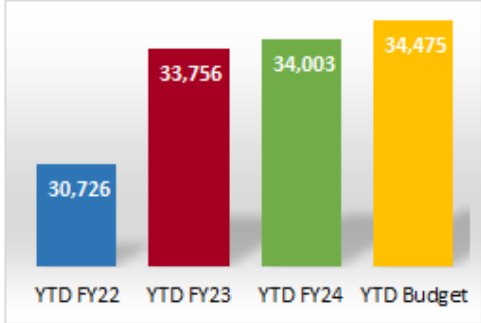
Physical & Other Therapy Units (I/P & O/P)- KDRH & South Campus



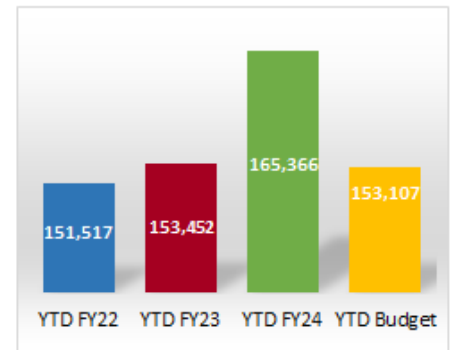
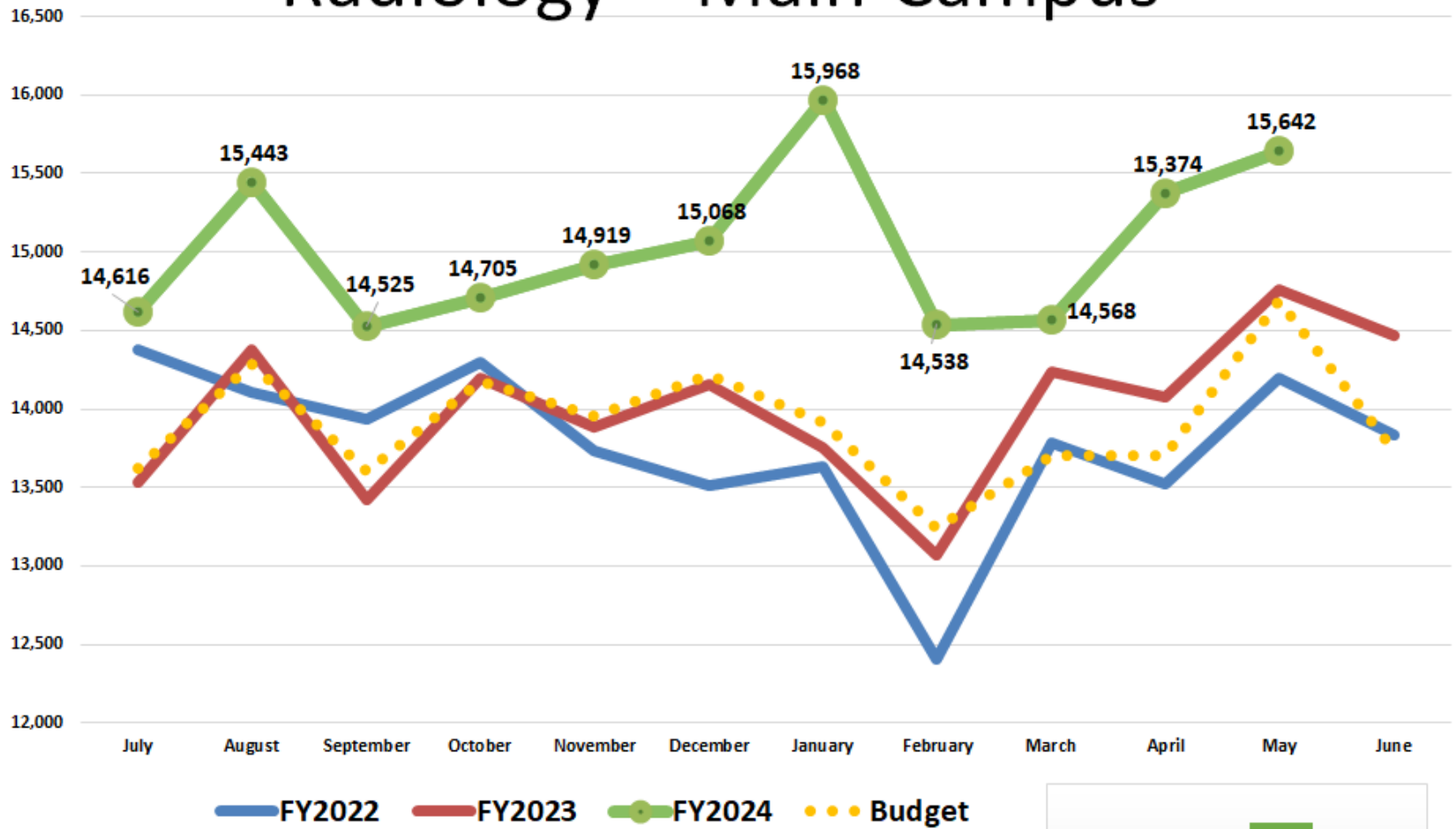
Home Health Visits



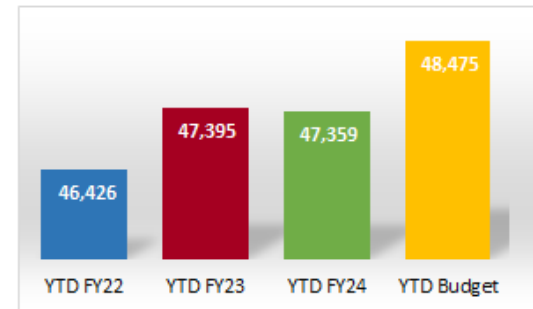
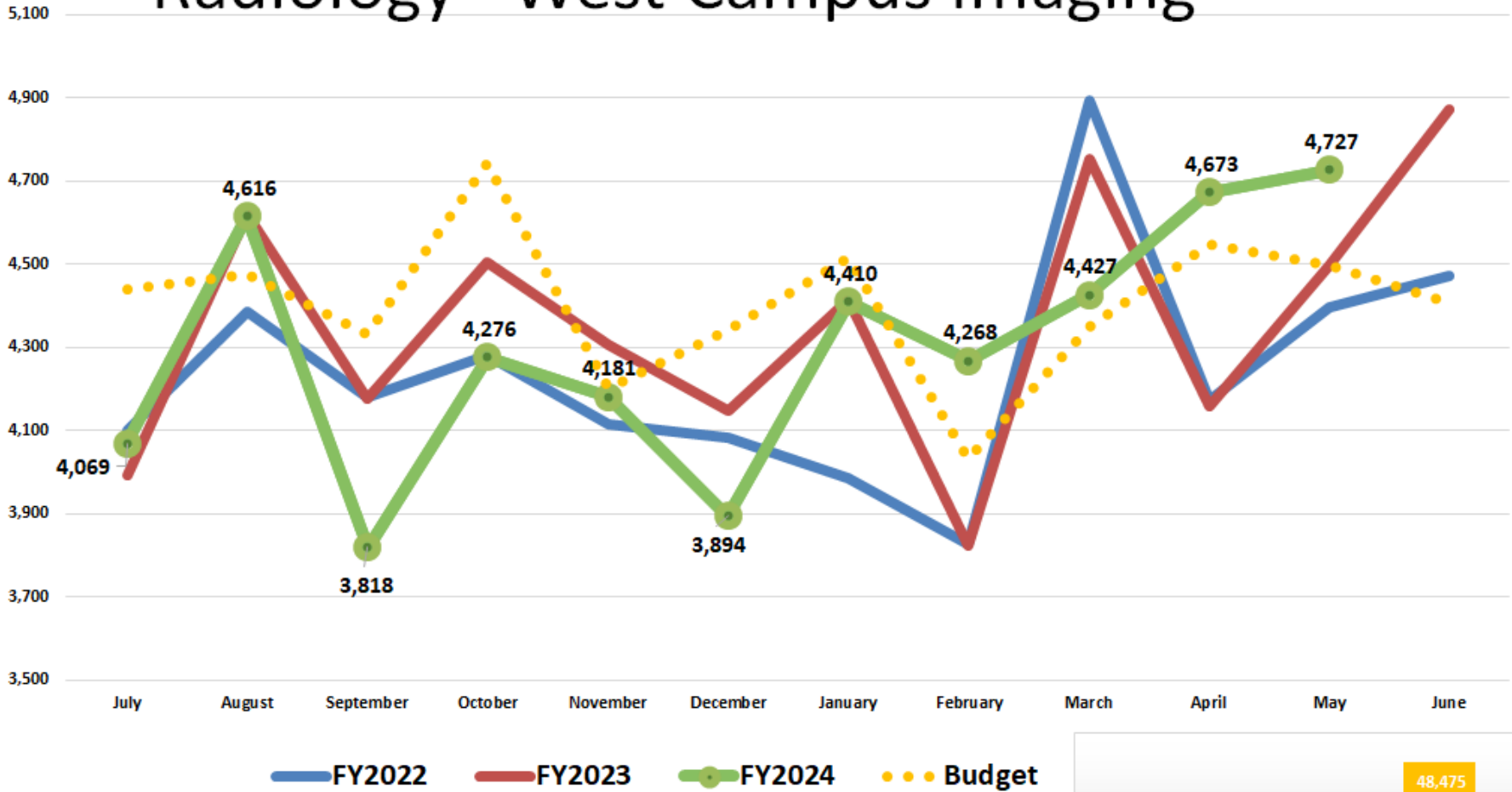
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



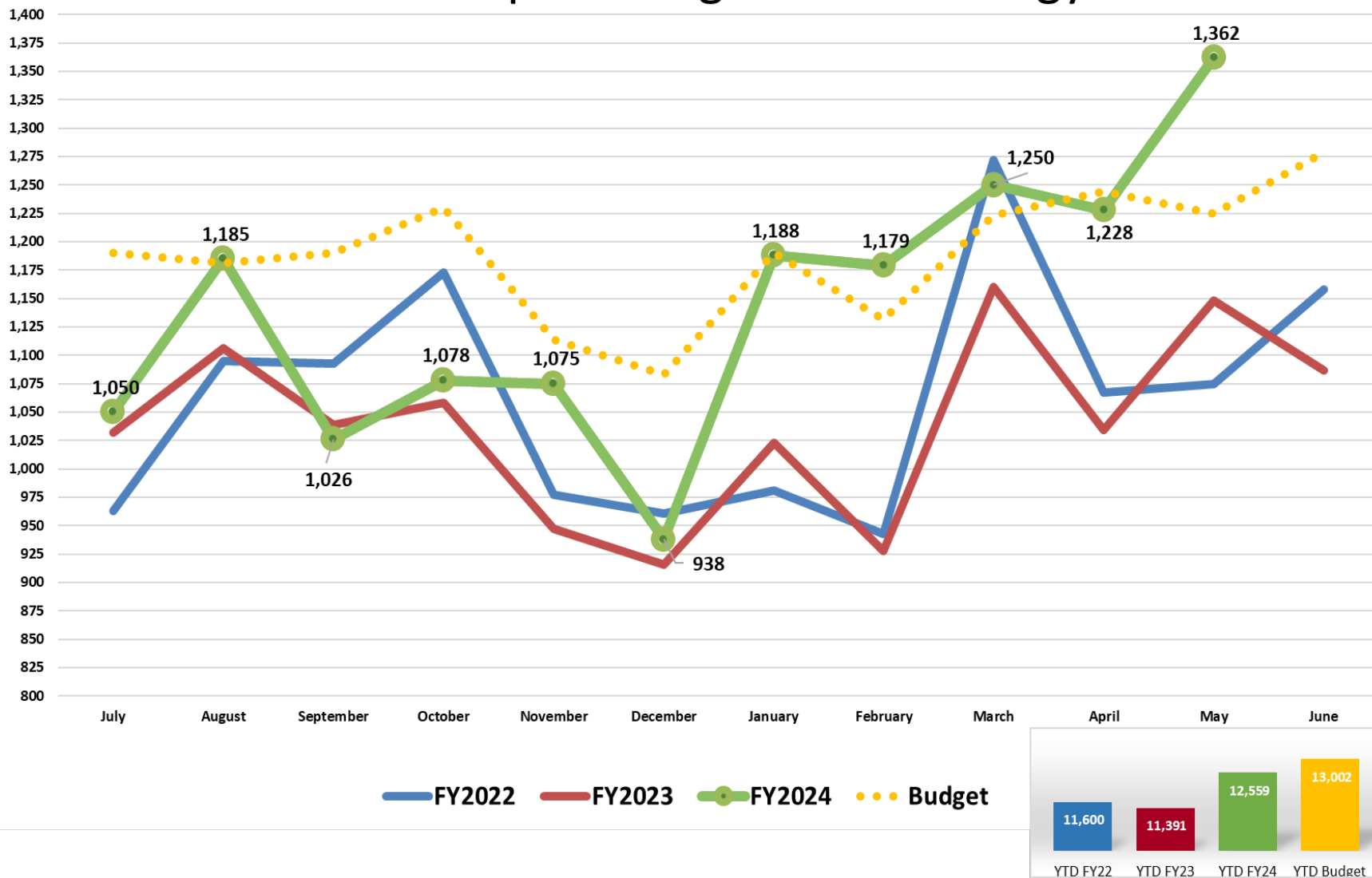
Radiology – Main Campus



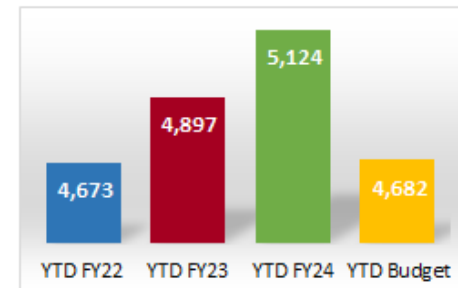
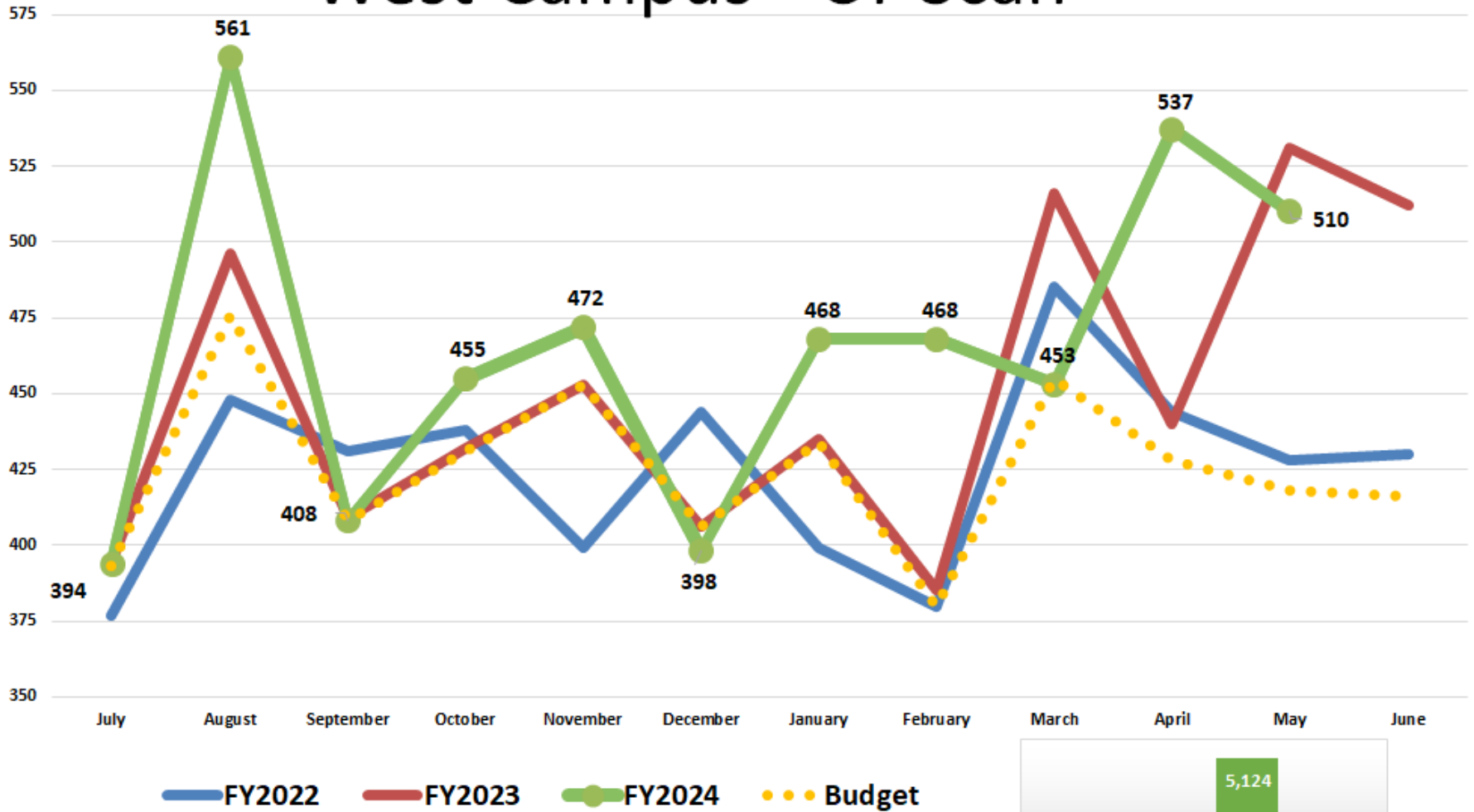
Radiology - West Campus Imaging



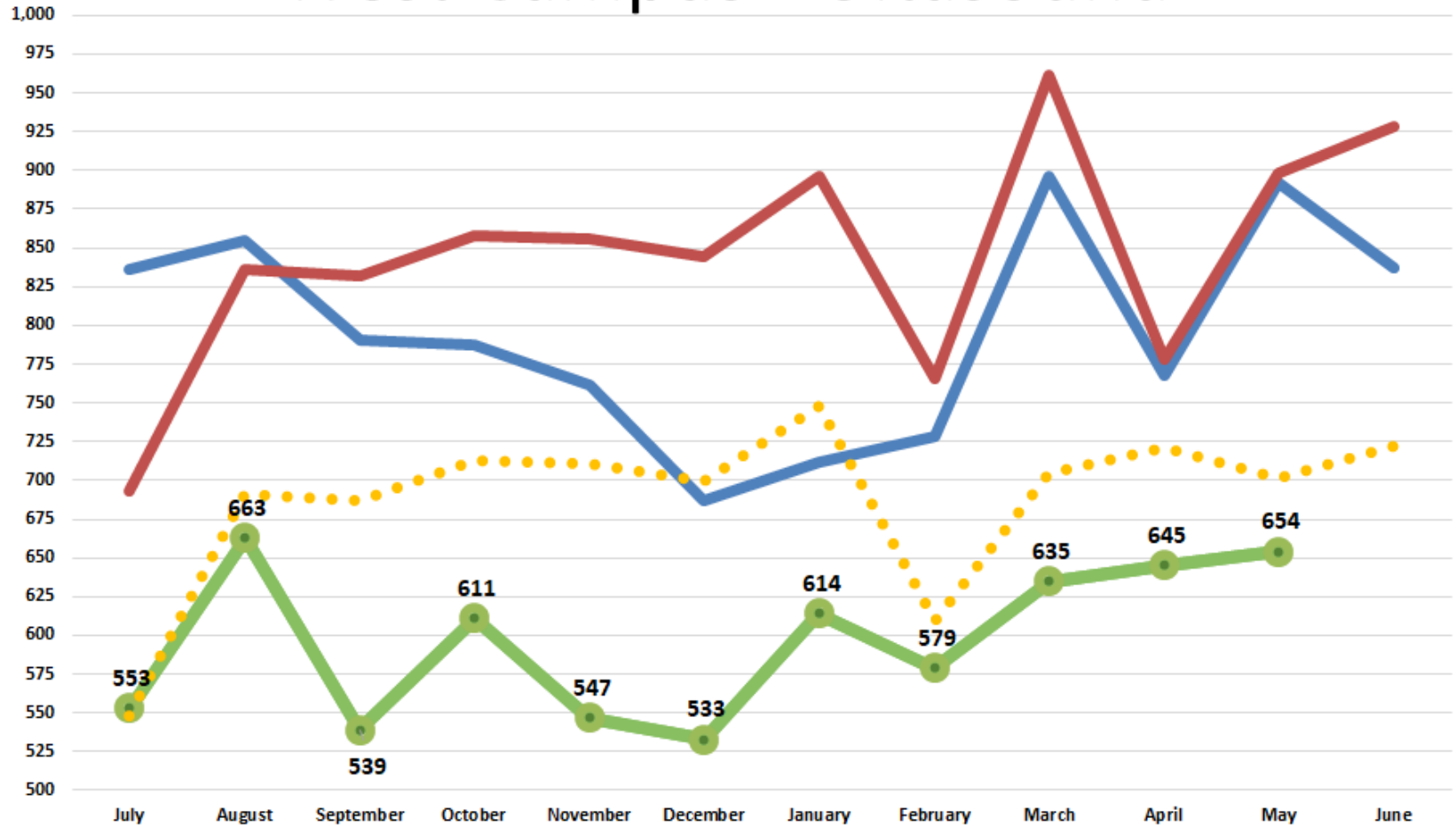
West Campus - Diagnostic Radiology



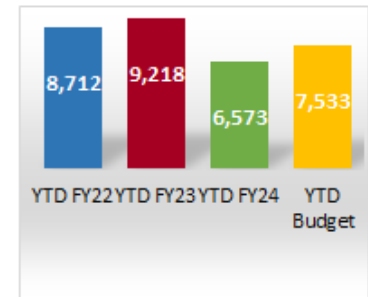
West Campus - CT Scan



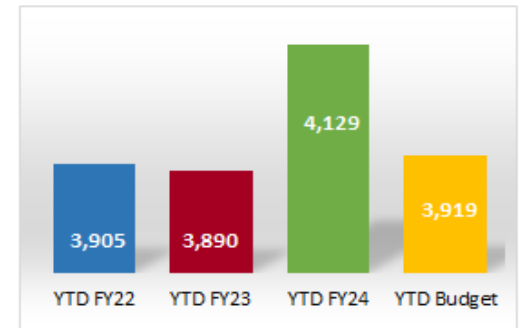
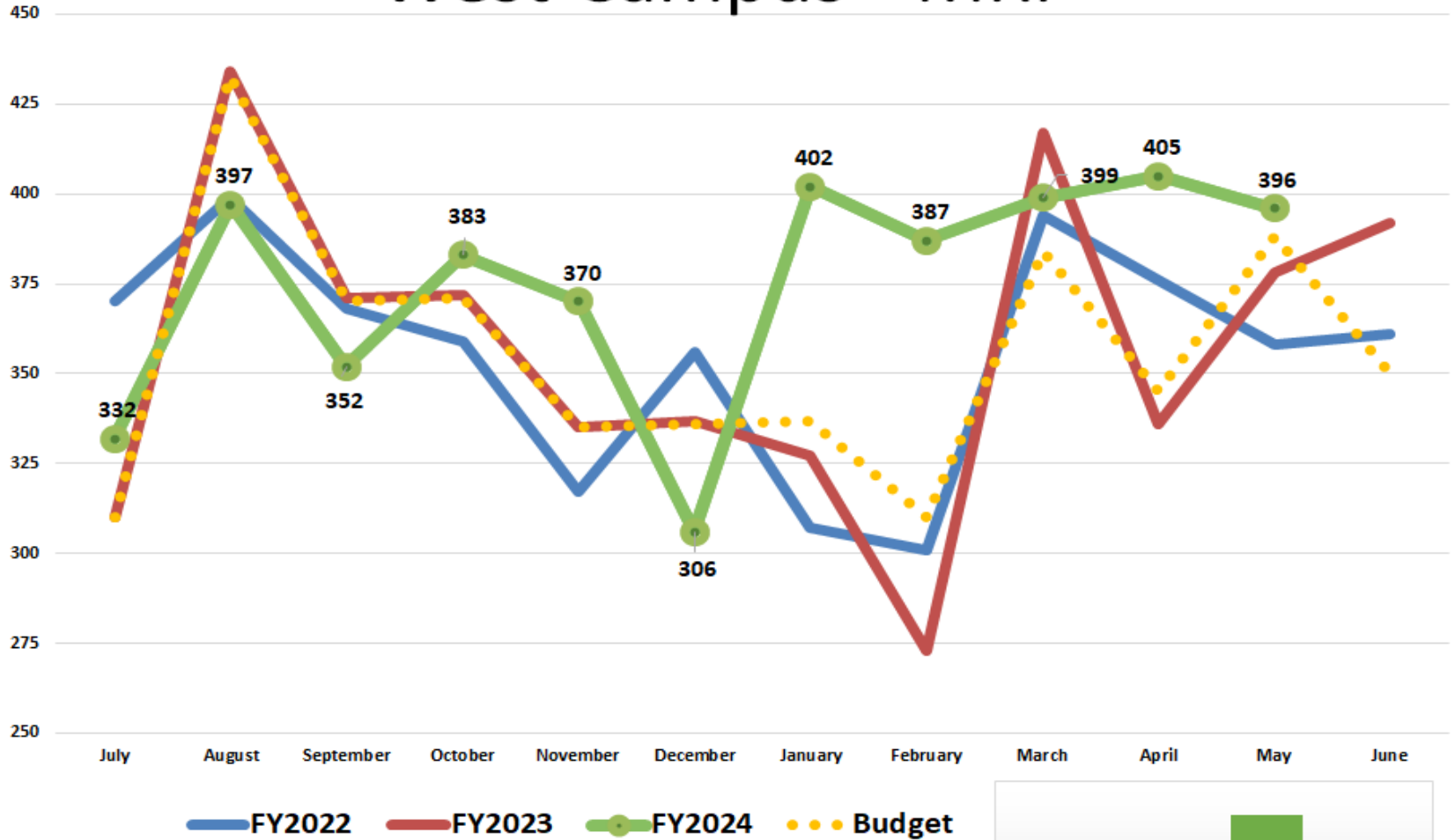
West Campus - Ultrasound



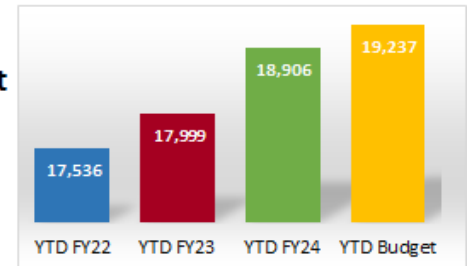
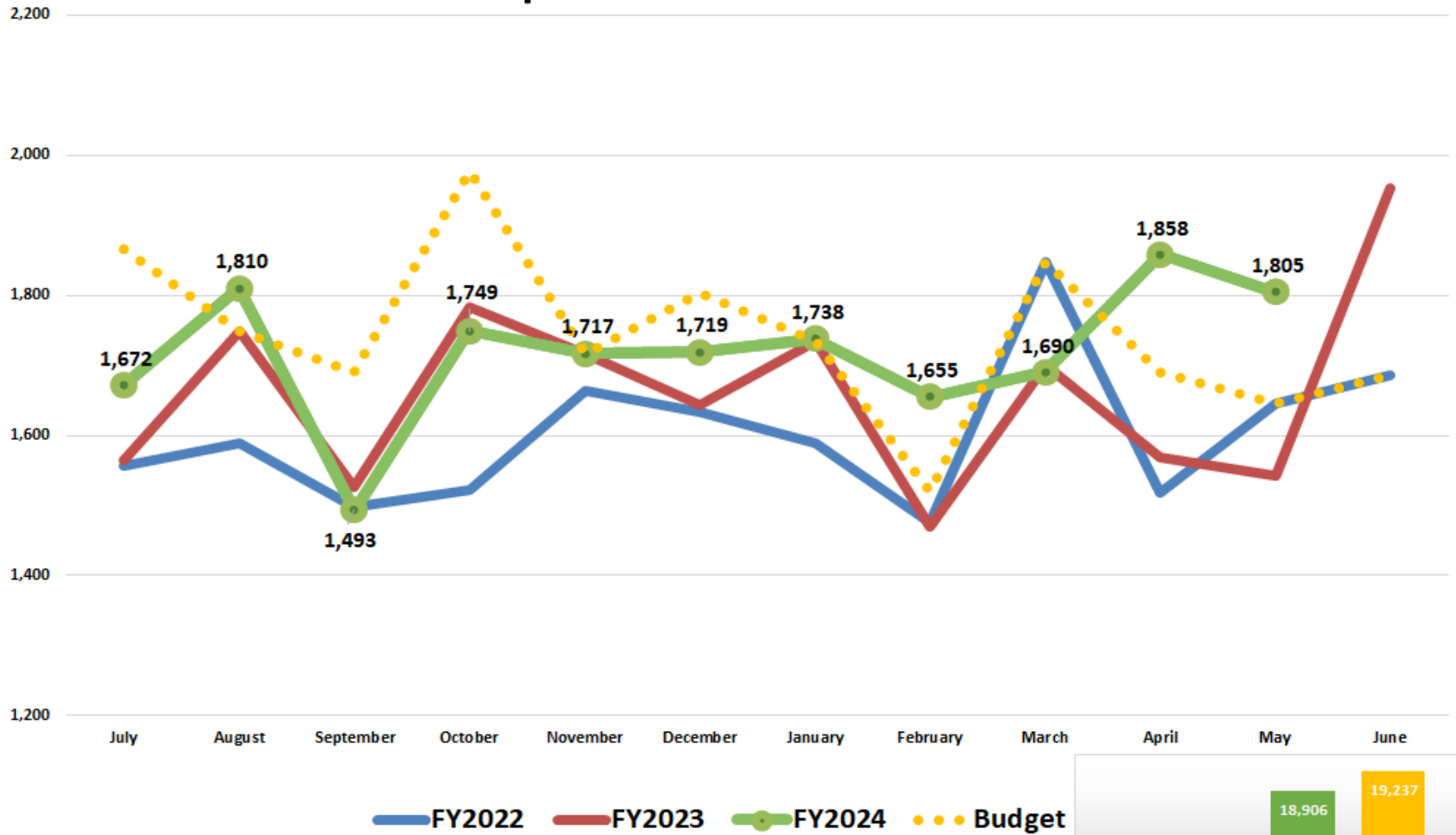
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



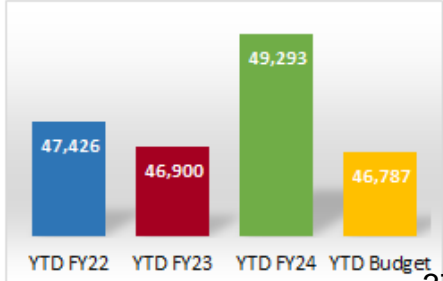
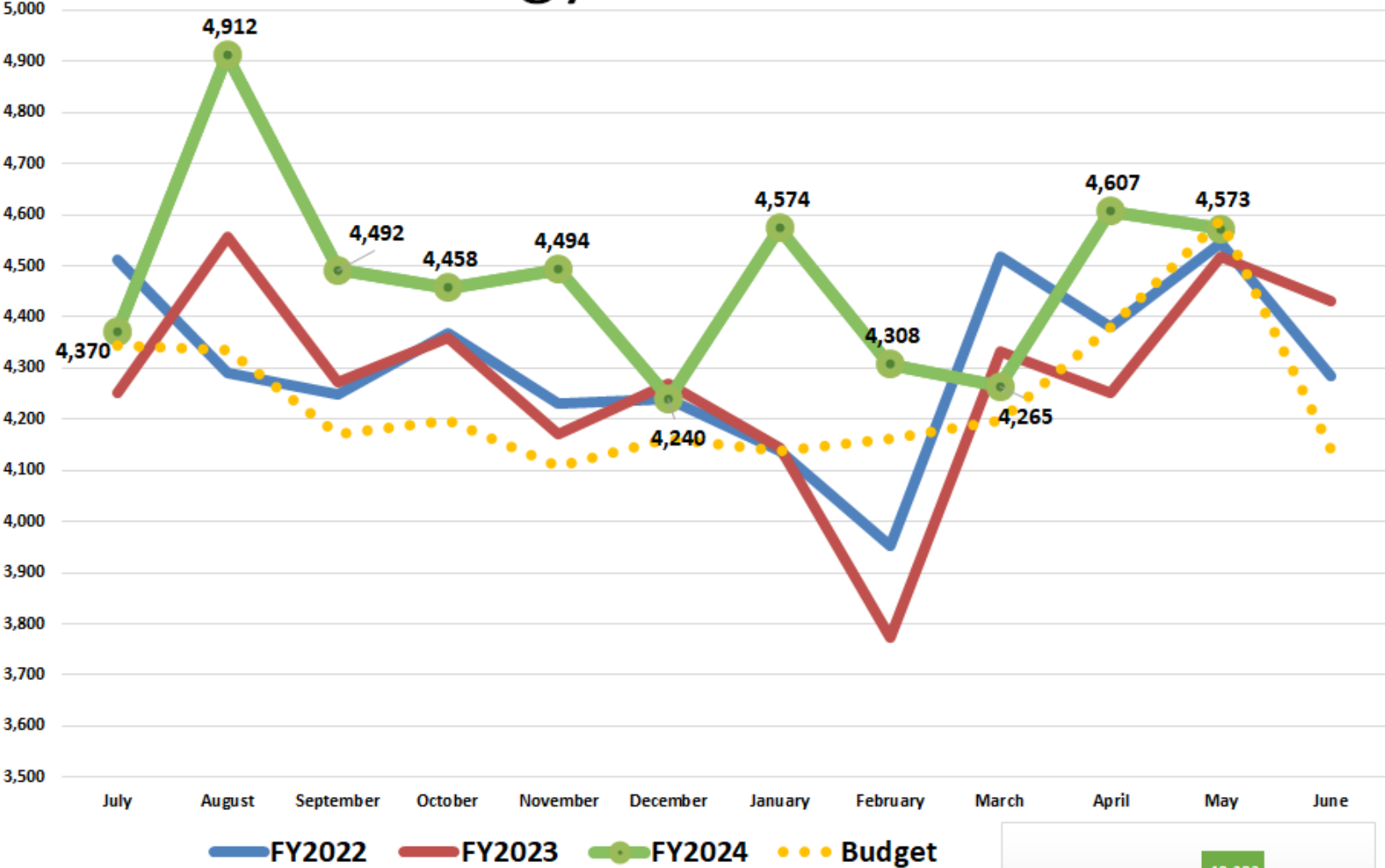
West Campus - MRI



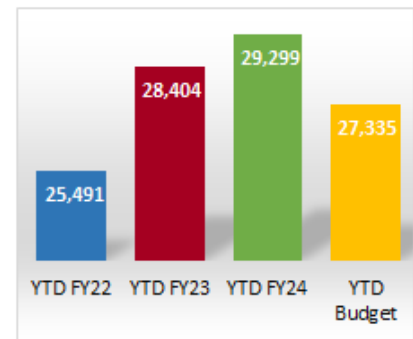
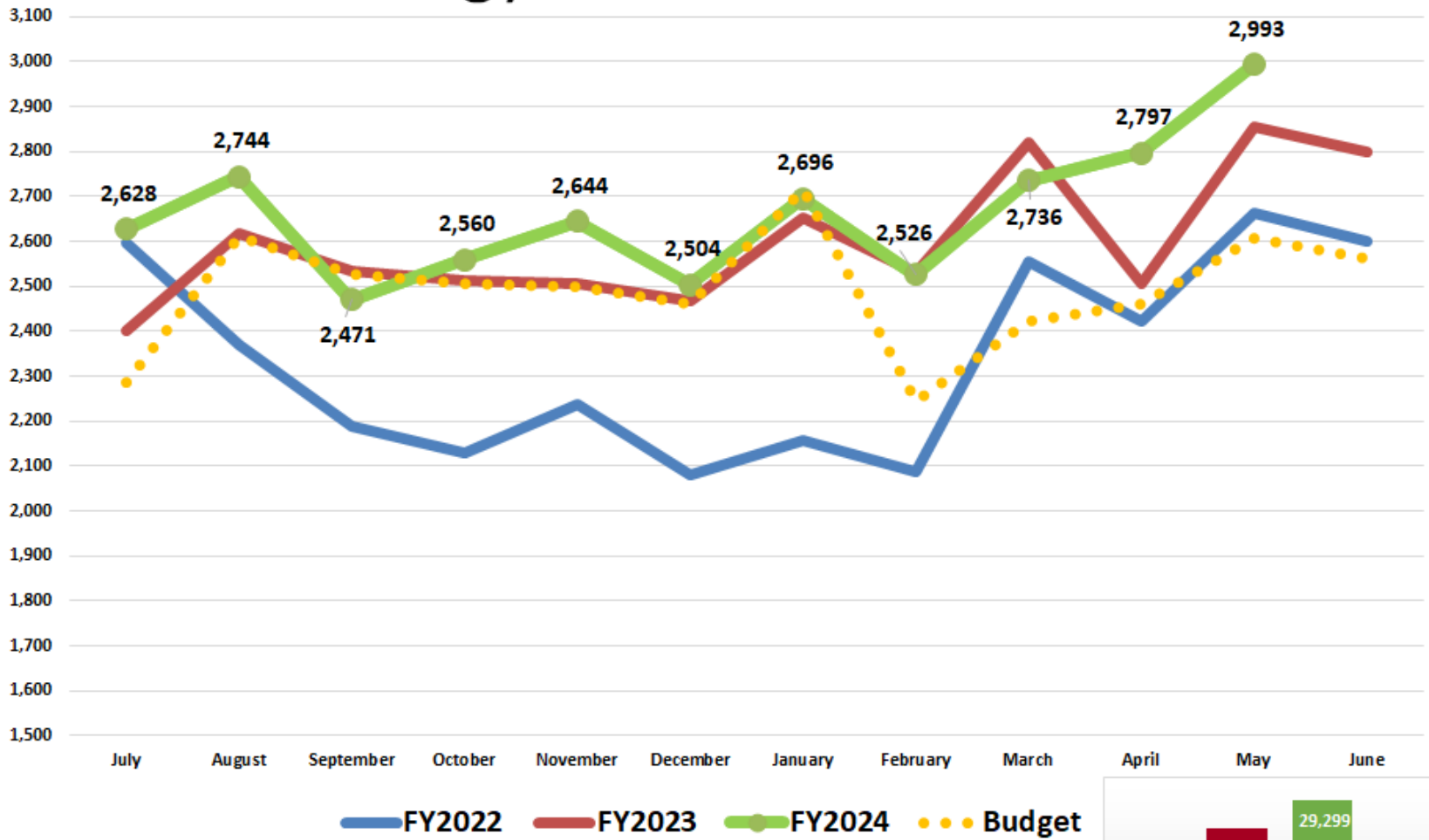
West Campus - Breast Center



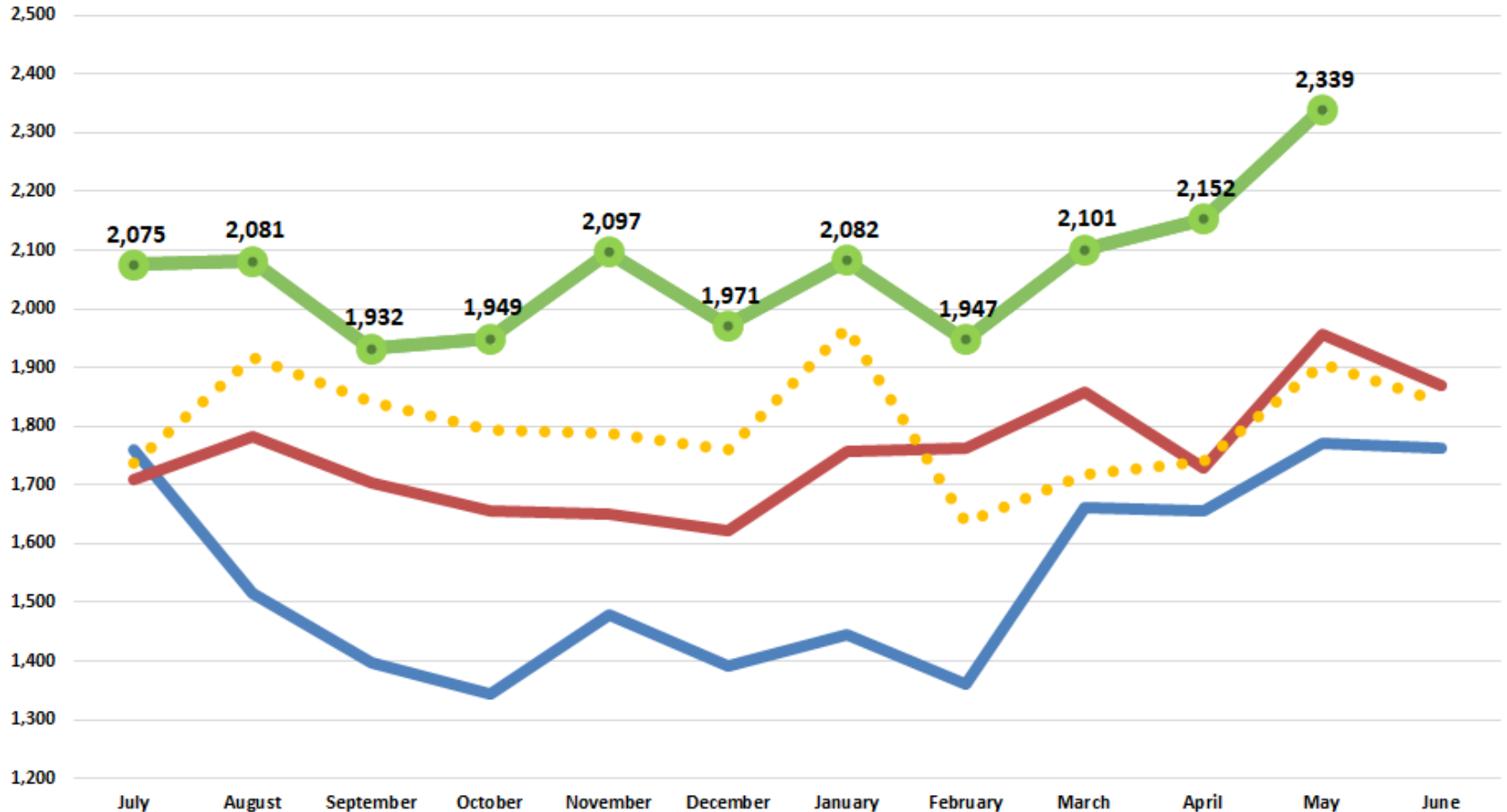
Radiology - CT - All Areas



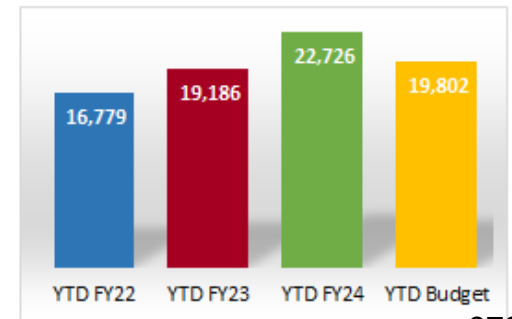
Radiology - Ultrasound - All Areas



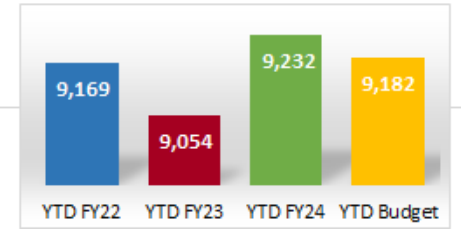
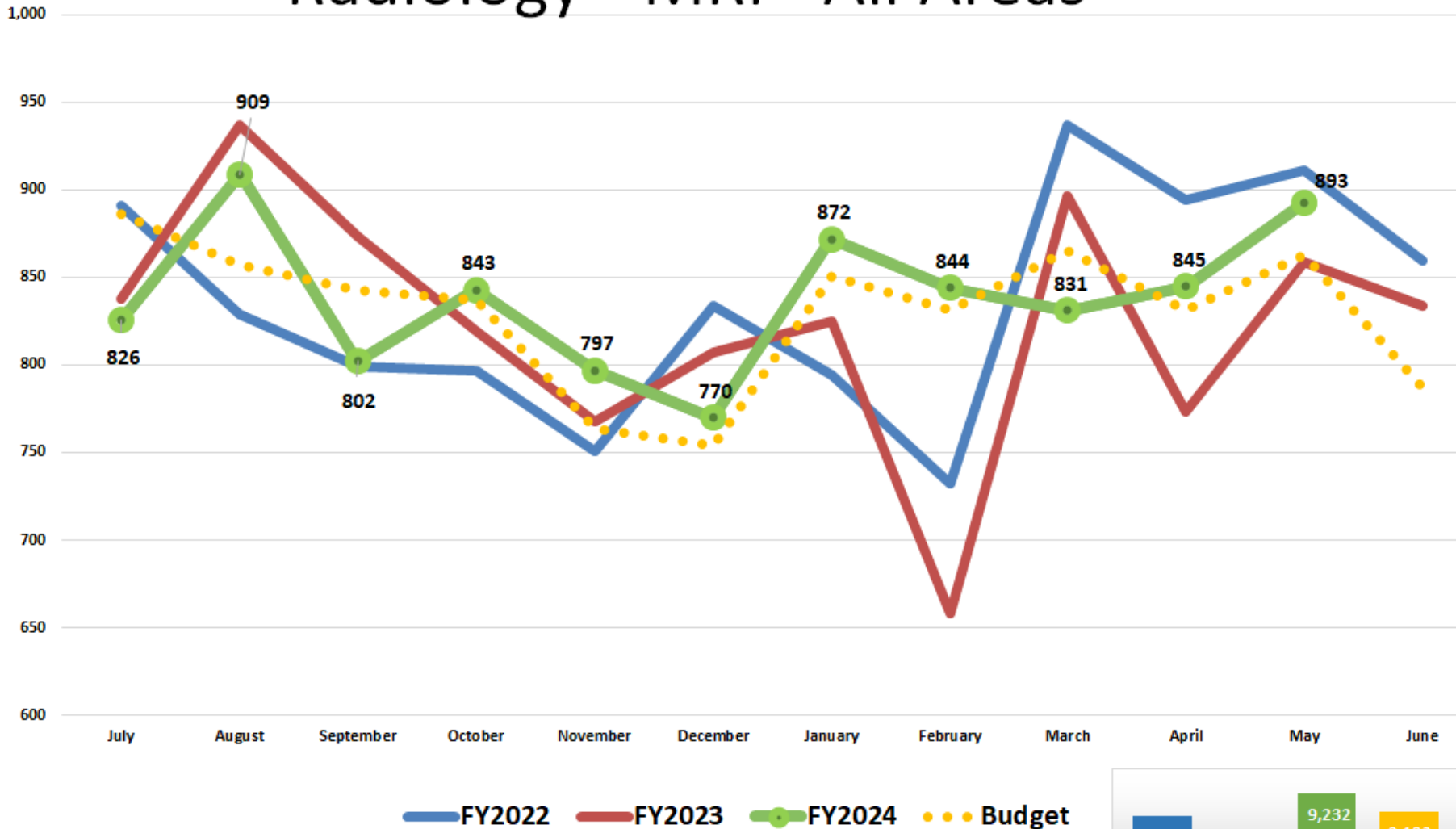
Radiology - Ultrasound - Main Campus



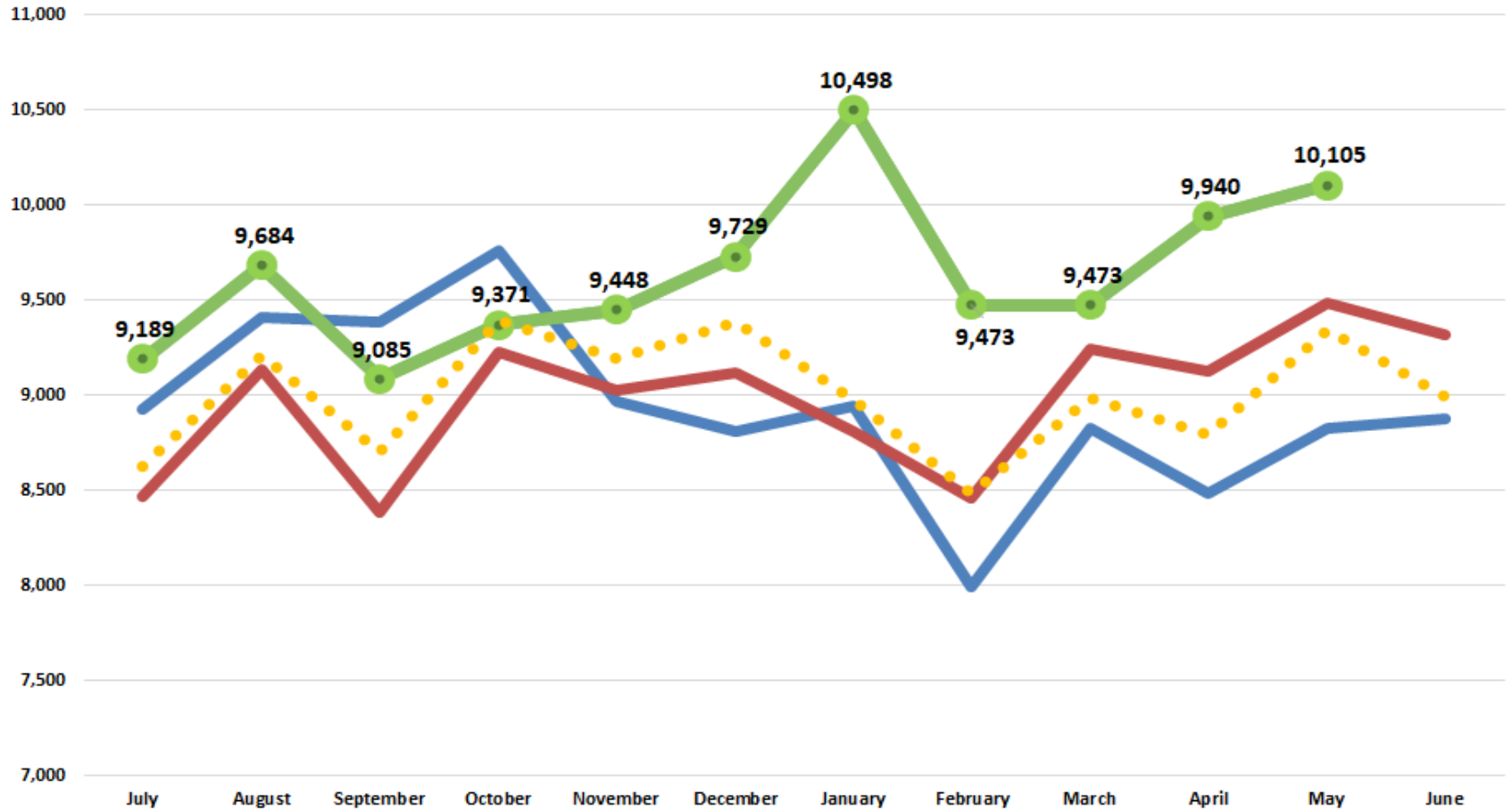
—●— FY2022
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 —●— FY2024
 ●●● Budget



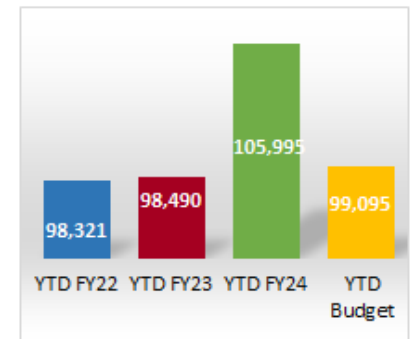
Radiology - MRI - All Areas



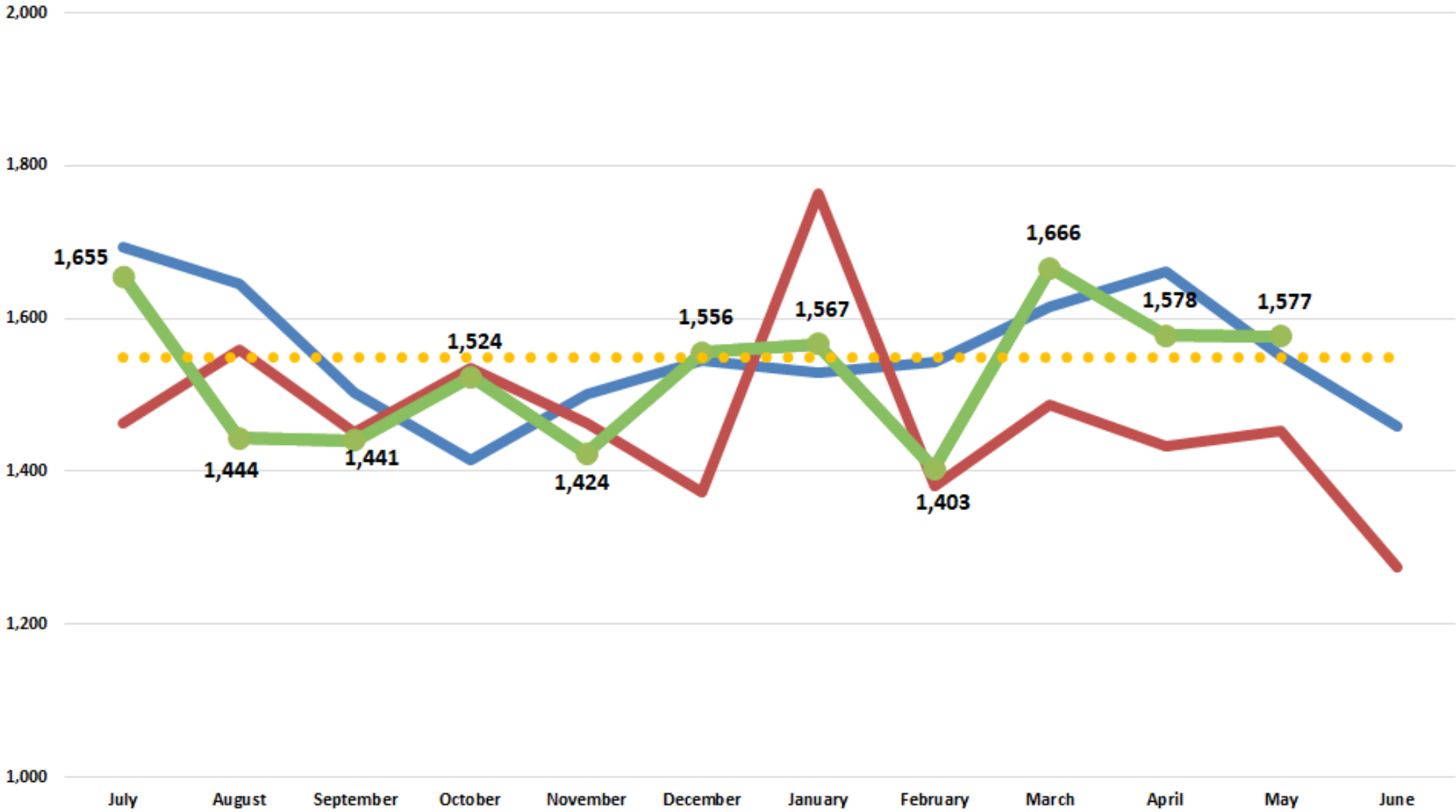
Radiology Modality - Diagnostic



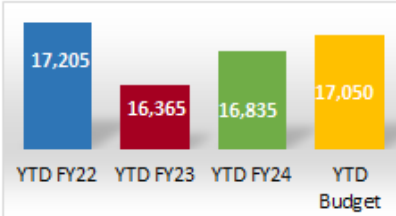
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 ●●● Budget



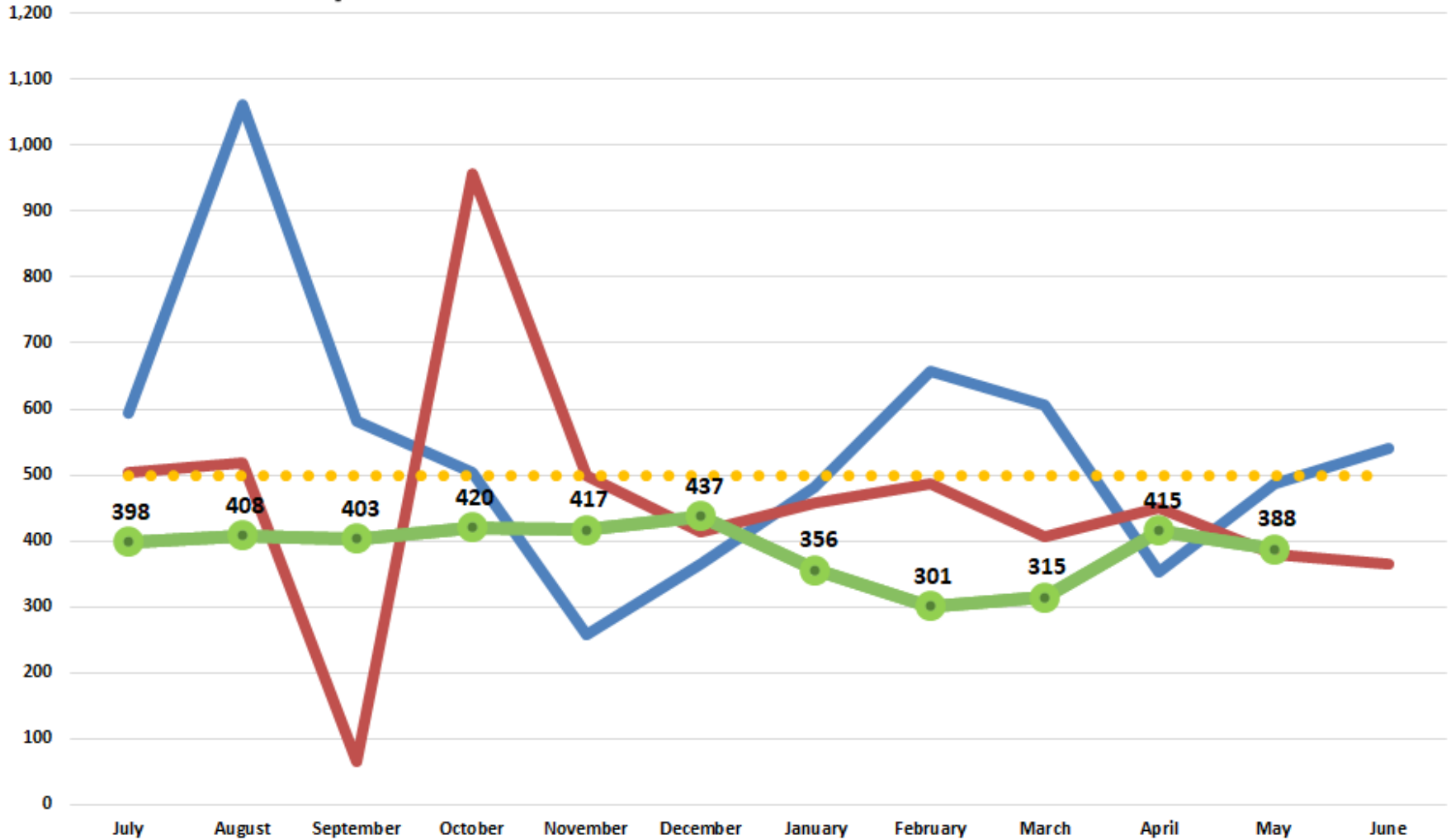
Chronic Dialysis - Visalia



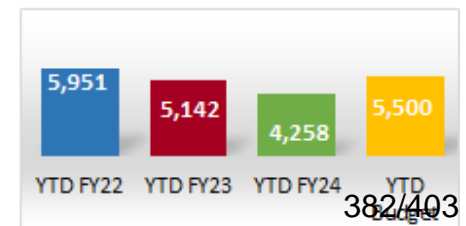
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 ●●● Budget



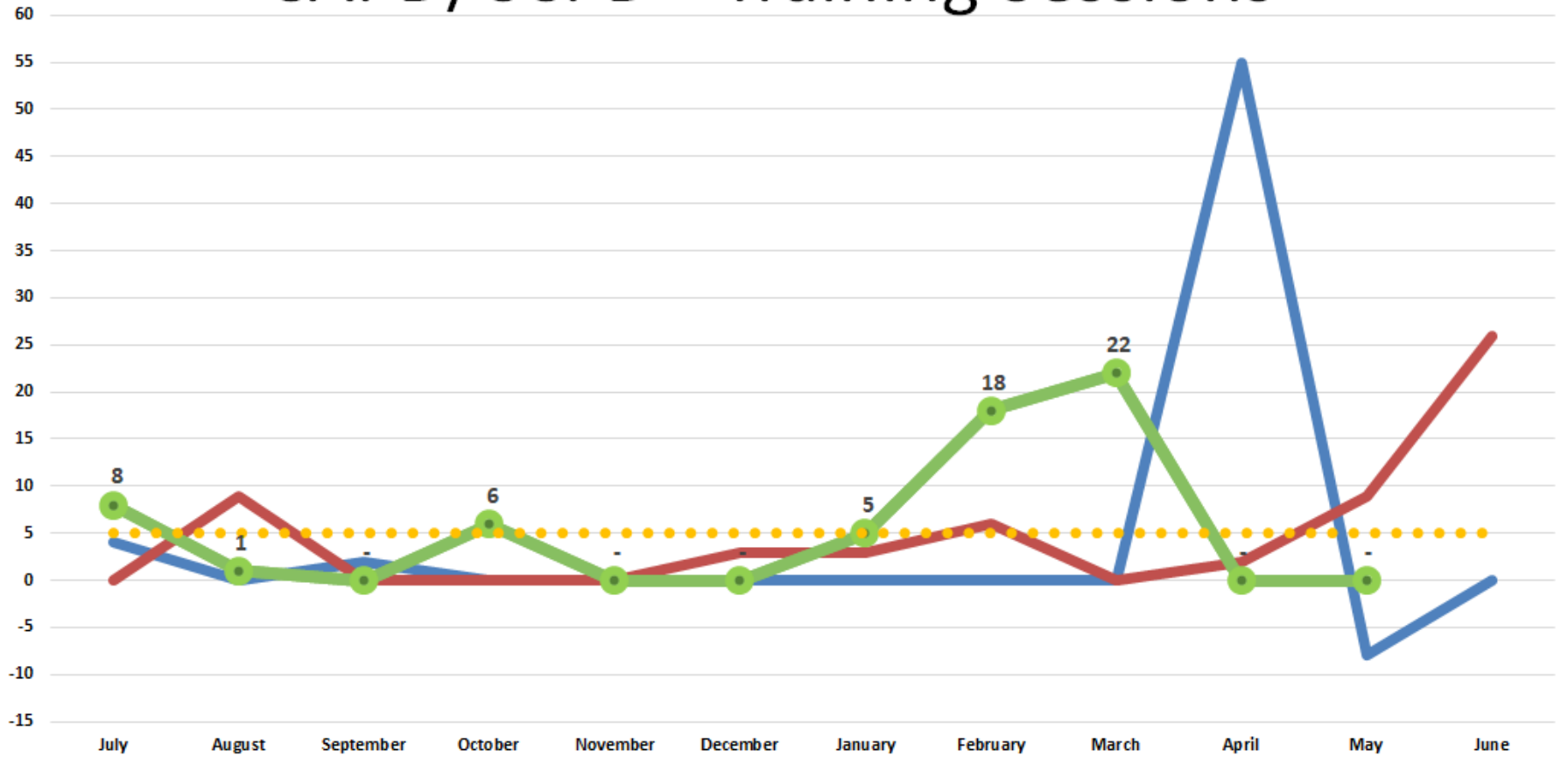
CAPD/CCPD - Maintenance Sessions



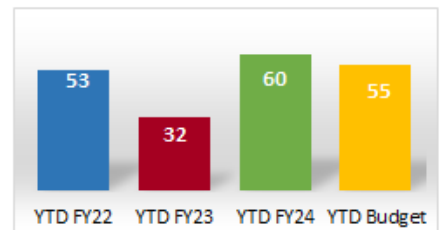
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



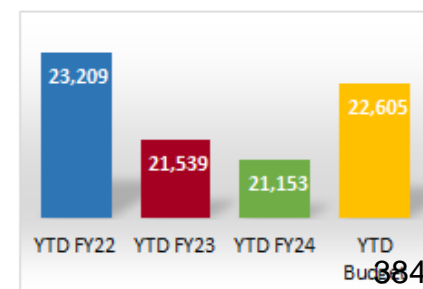
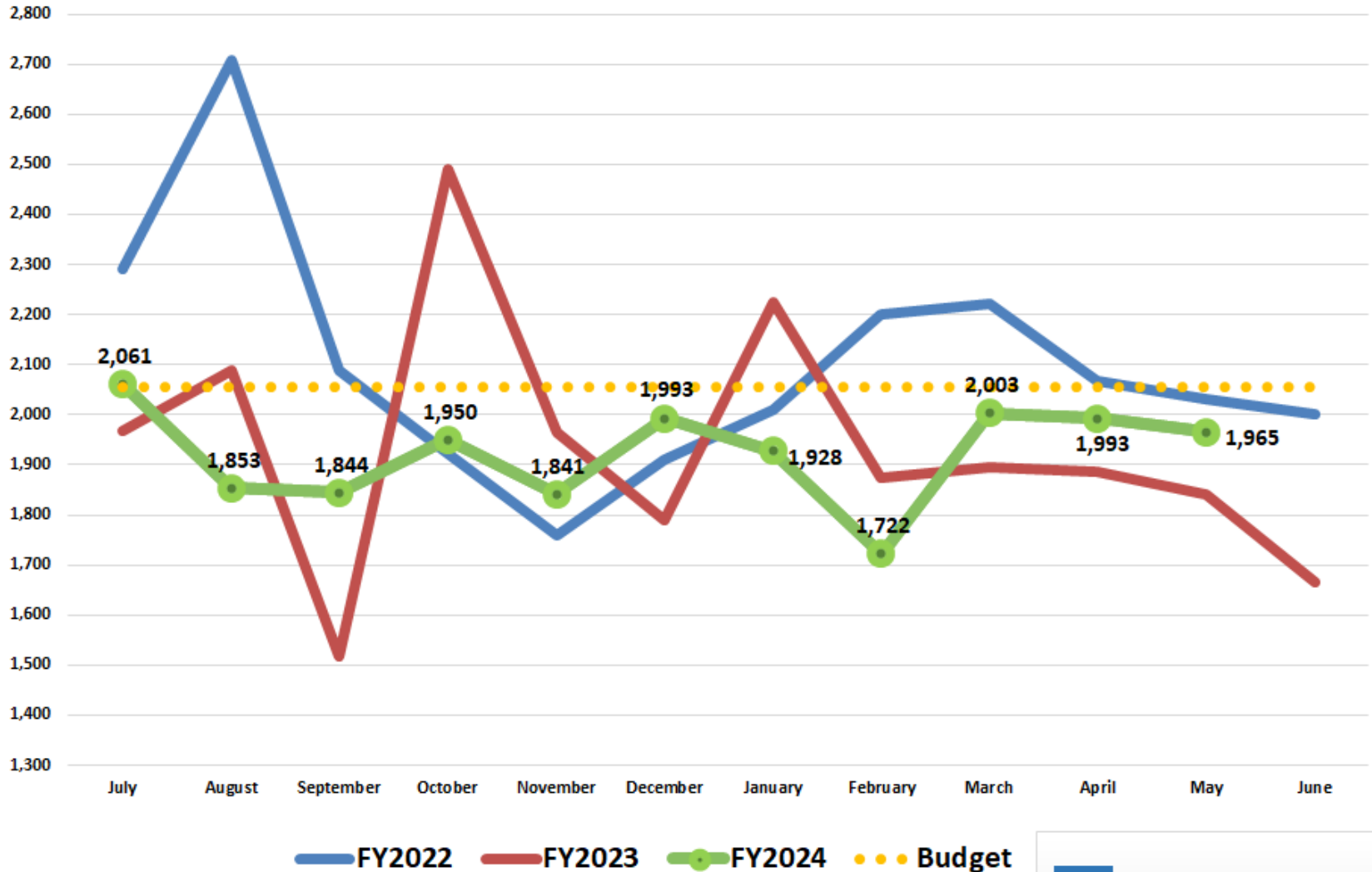
CAPD/CCPD - Training Sessions



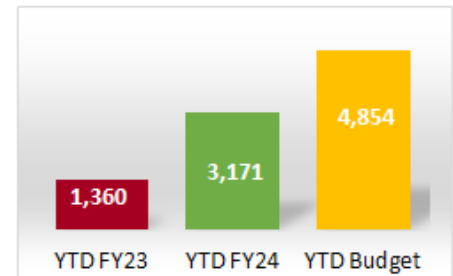
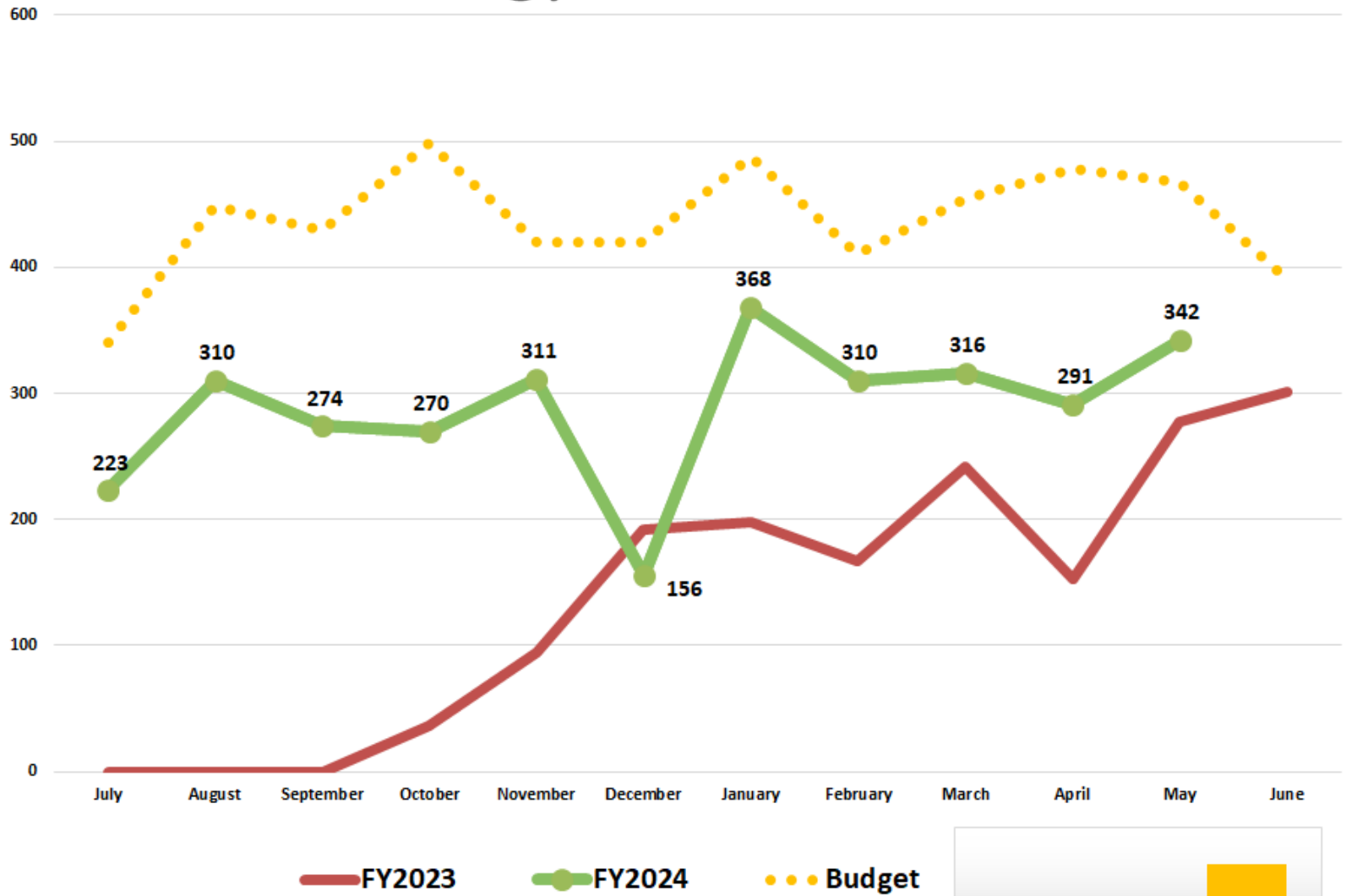
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



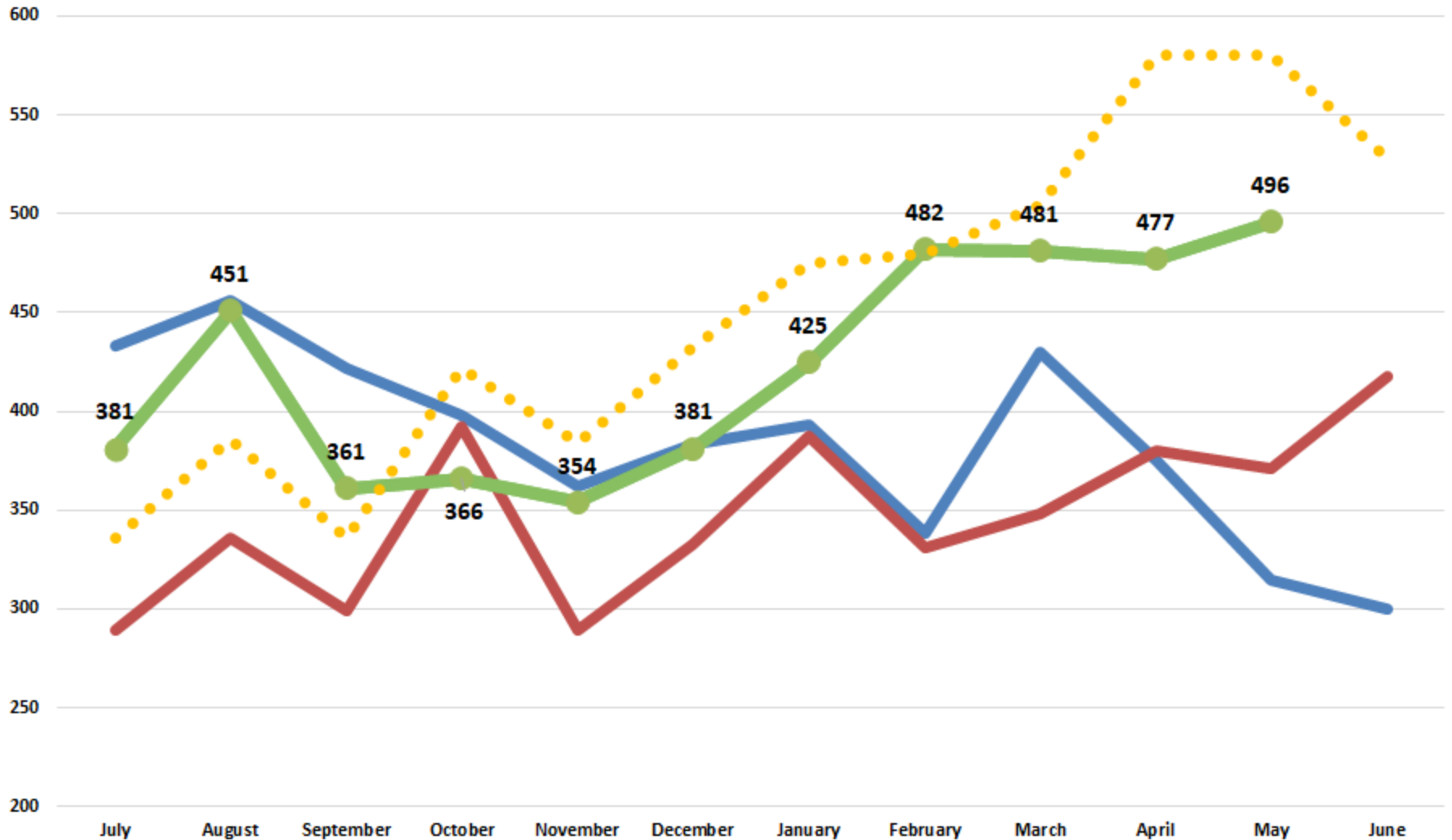
All CAPD & CCPD



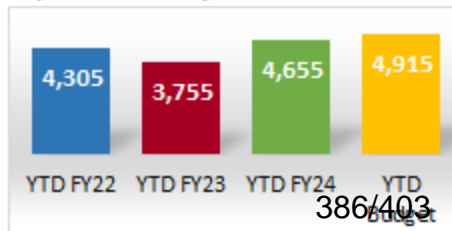
Urology Clinic Visits



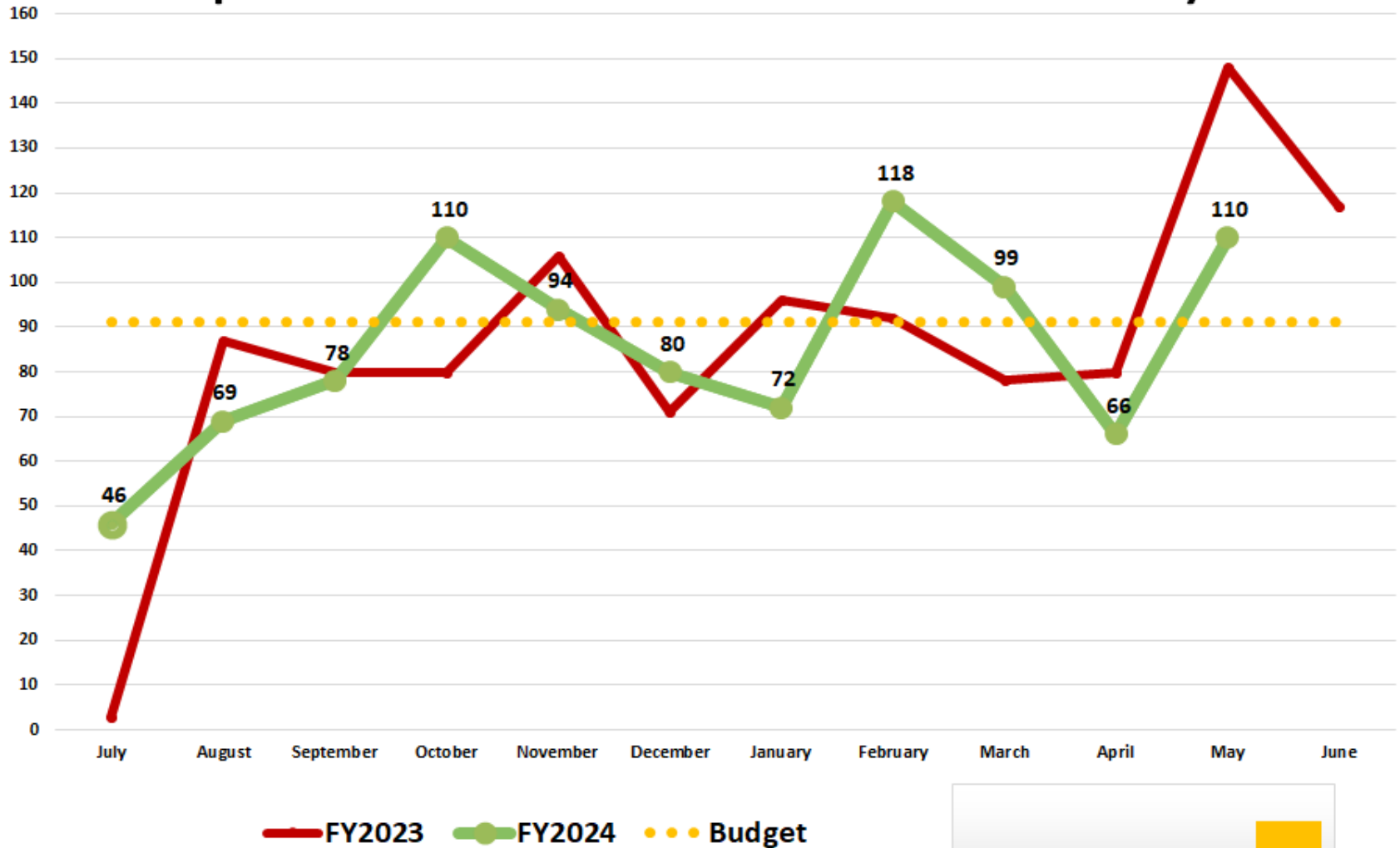
Infusion Center - Outpatient Visits



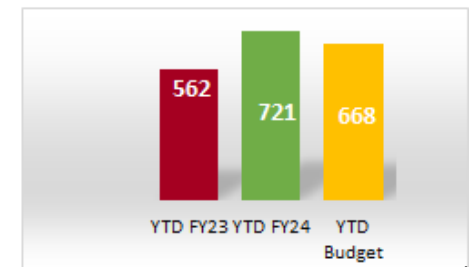
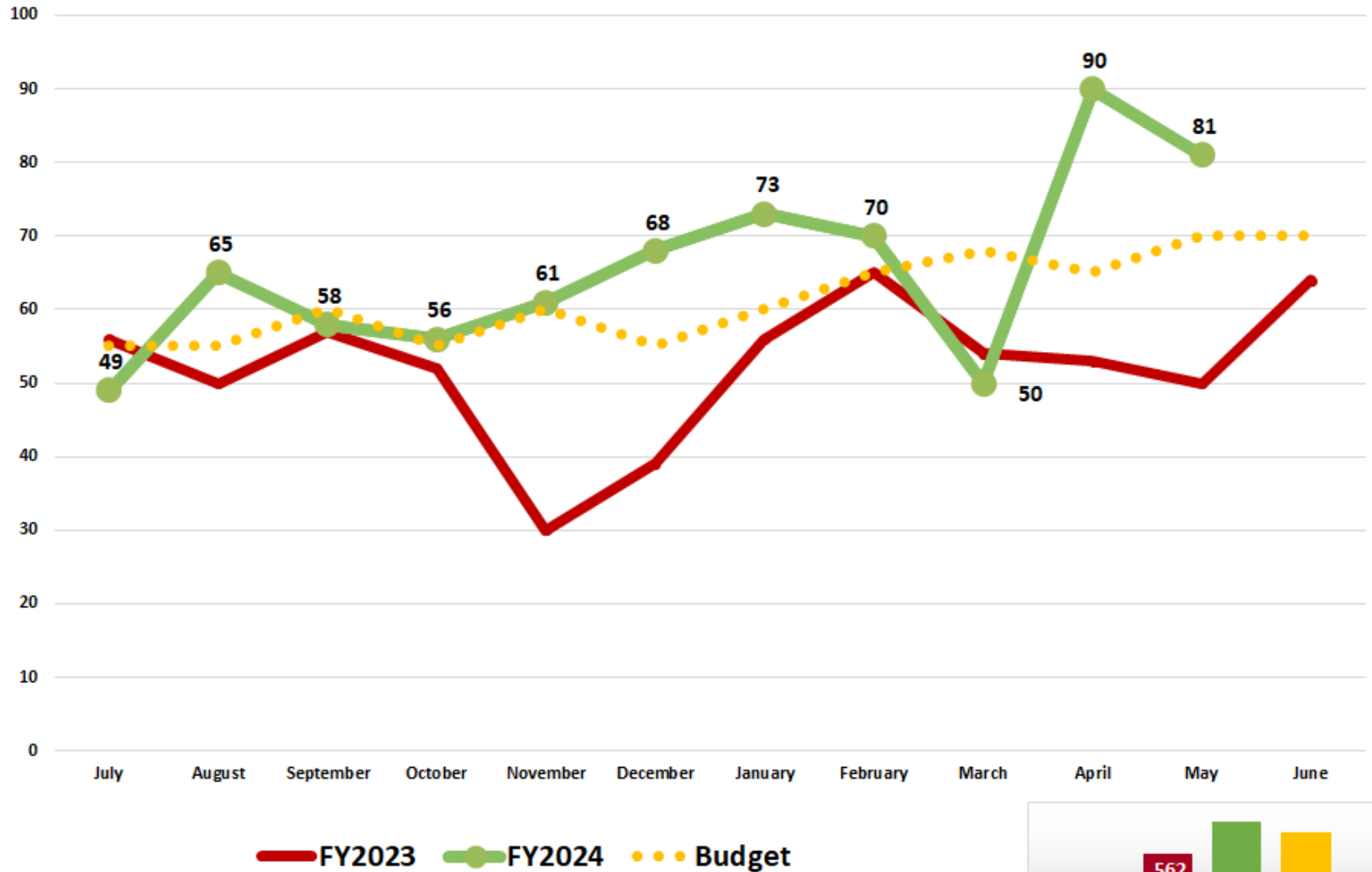
—●— FY2022
 —●— FY2023
 —●— FY2024
 ●●● Budget



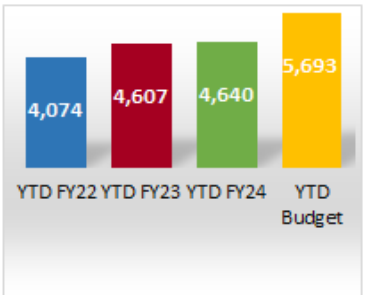
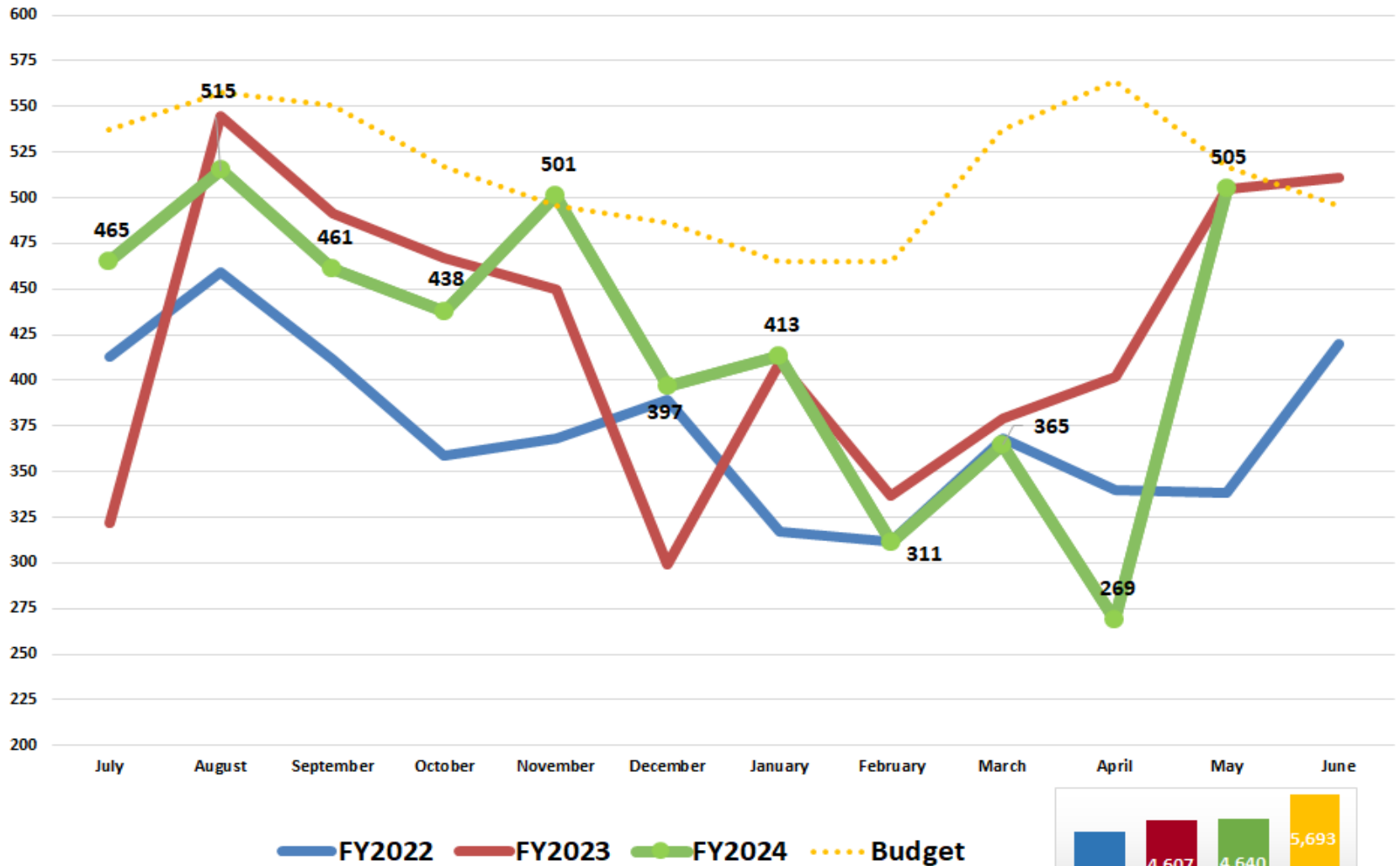
Open Arms House - Patient Days



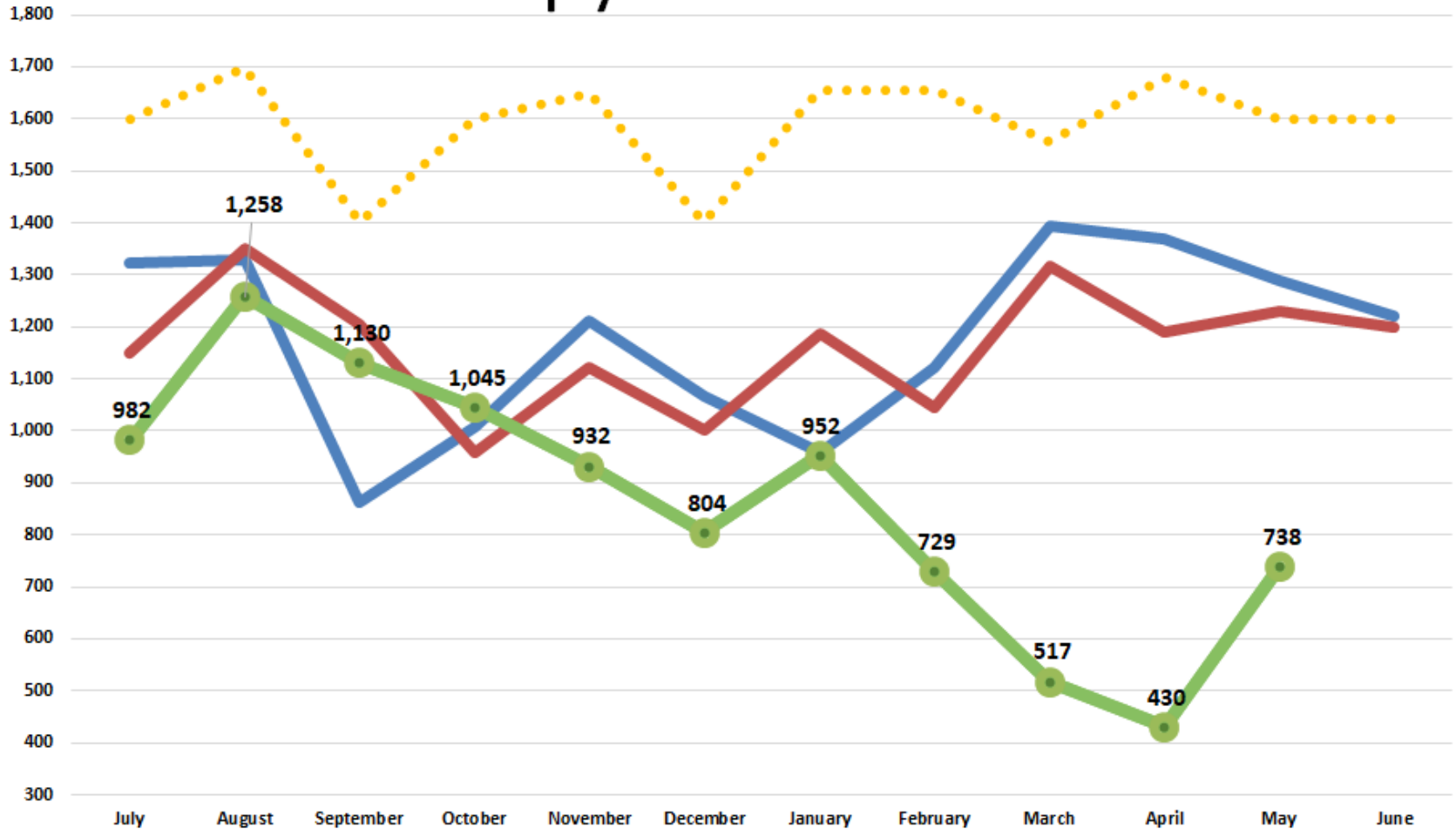
Cardiothoracic Surgery Clinic - Visits



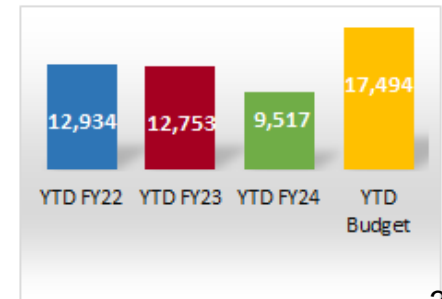
Cardiac Rehabilitation



Therapy-Wound Care



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



FY25 Budget Presentation

June 26, 2024

FY2025 Budget

- Overall Vision
- FY25 Budget
- FY25 Budget Variance Explanations
- FY25 Capital Budget

Note: The FY24 Projected amounts are based on 11 months of actual (July 2023-May 2024) plus 1 projected month for June 2024.

Overall Vision | FY 2025

- ✓ Significant financial improvement can be seen throughout Fiscal Year 2024 in the reduction of expenses and improved revenue. Many of the strategies in FY25 will be realized in the second half of the year such as the reduction in employee benefits and surgical growth. FY26 should reflect a full year of these improvements.
- ✓ A key focus for the next 5 years will be to strategically and aggressively grow specific services while continuing to maintain and improve our efficiencies.
- ✓ This is a multiyear phase-in process with FY25 continuing as a foundation year to grow the expansion along with the continued focus on Payer Contracts, Revenue Cycle, Supply Chain, Physicians, and Patient Experience/Quality.

FY 25 Budget

FY25 Budget vs. FY24 Actual Annualized

FY2024 Projected	FY2025 Budget	\$ Change	% Change
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FY25 Budget to FY24 Budget comparison

FY2024 Budget	FY2025 Budget	\$ Change	% Change
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Operating Revenue

Net Patient Service Revenue	\$595,543	\$637,868	\$42,324	6.6%	\$585,236	\$637,868	\$52,632	8.3%
Supplemental Gov't Programs	\$100,514	\$89,717	(\$10,797)	-12.0%	\$76,536	\$89,717	\$13,181	14.7%
Prime Program	\$10,480	\$9,502	(\$978)	-10.3%	\$9,859	\$9,502	(\$357)	-3.8%
Premium Revenue	\$88,017	\$90,567	\$2,549	2.8%	\$93,376	\$90,567	(\$2,810)	-3.1%
Management Services Revenue	\$38,643	\$0	(\$38,643)	0.0%	\$40,604	\$0	(\$40,604)	0.0%
Other Revenue	\$35,629	\$52,872	\$17,242	32.6%	\$29,465	\$52,872	\$23,407	44.3%
Other Operating Revenue	\$273,284	\$242,658	(\$30,626)	-12.6%	\$249,841	\$242,658	(\$7,183)	-3.0%
Total Operating Revenue	\$868,827	\$880,525	\$11,698	1.3%	\$835,077	\$880,525	\$45,449	5.2%

Operating Expenses

Salaries & Wages	\$352,900	\$375,603	\$22,703	6.0%	\$346,941	\$375,603	\$28,662	7.6%
Contract Labor	\$21,344	\$14,685	(\$6,659)	-45.3%	\$16,936	\$14,685	(\$2,251)	-15.3%
Employee Benefits	\$79,774	\$64,017	(\$15,757)	-24.6%	\$80,199	\$64,017	(\$16,181)	-25.3%
Total Employment Expenses	\$454,019	\$454,305	\$287	0.1%	\$444,075	\$454,305	\$10,231	2.3%

Medical & Other Supplies	\$163,635	\$174,807	\$11,172	6.4%	\$161,637	\$174,807	\$13,170	7.5%
Physician Fees	\$82,303	\$86,628	\$4,324	5.0%	\$79,981	\$86,628	\$6,646	7.7%
Purchased Services	\$18,141	\$21,404	\$3,262	15.2%	\$17,935	\$21,404	\$3,469	16.2%
Repairs & Maintenance	\$23,820	\$24,899	\$1,080	4.3%	\$28,427	\$24,899	(\$3,528)	-14.2%
Utilities	\$9,891	\$10,987	\$1,096	10.0%	\$10,969	\$10,987	\$18	0.2%
Rents & Leases	\$1,944	\$1,843	(\$101)	-5.5%	\$1,945	\$1,843	(\$102)	-5.5%
Depreciation & Amortization	\$38,236	\$39,621	\$1,385	3.5%	\$34,965	\$39,621	\$4,656	11.8%
Interest Expense	\$7,428	\$7,163	(\$265)	-3.7%	\$6,935	\$7,163	\$228	3.2%
Other Expense	\$22,100	\$26,939	\$4,839	18.0%	\$25,820	\$26,939	\$1,119	4.2%
Humana Cap Plan Expenses	\$47,995	\$44,345	(\$3,650)	-8.2%	\$44,418	\$44,345	(\$73)	-0.2%
Total Other Expenses	\$415,493	\$438,636	\$23,144	5.3%	\$413,031	\$438,636	\$25,605	5.8%
Total Operating Expenses	\$869,511	\$892,941	\$23,430	2.6%	\$857,106	\$892,941	\$35,836	4.0%

Operating Margin

Stimulus/FEMA	\$0	\$6,600	\$6,600		\$19,005	\$6,600	(\$12,405)	
Operating Margin after Stimulus/FEMA	(\$684)	(\$5,816)	(\$5,132)		(\$3,025)	(\$5,816)	(\$2,792)	
Nonoperating Revenue (Loss)	\$13,610	\$7,916	(\$5,694)		\$5,713	\$7,916	\$2,203	
Excess Margin	\$12,926	\$2,100	(\$10,826)		\$2,688	\$2,100	(\$588)	

SRCC Transition: Impacts (000's)

	FY2024 Projected	FY2025 Budget	SRCC Med Onc Impact	FY25 Budget without Med Onc impact	Variance FY25 Bdgt W/O SRCC- FY24 Annualized
Operating Revenue					
Net Patient Service Revenue	\$595,543	\$637,868	\$40,681	\$597,187	\$1,643
Supplemental Gov't Programs	\$100,514	\$89,717	\$0	\$89,717	(\$10,797)
Prime Program	\$10,480	\$9,502	\$0	\$9,502	(\$978)
Premium Revenue	\$88,017	\$90,567	\$0	\$90,567	\$2,549
Management Services Revenue	\$38,643	\$0	(\$38,870)	\$38,870	\$227
Other Revenue	\$35,629	\$52,872	\$14,911	\$37,961	\$2,331
Other Operating Revenue	\$273,284	\$242,658	(\$23,959)	\$266,617	(\$6,667)
Total Operating Revenue	\$868,827	\$880,525	\$16,722	\$863,803	(\$5,024)
Operating Expenses					
Salaries & Wages	\$352,900	\$375,603	\$1,190	\$374,413	\$21,513
Contract Labor	\$21,344	\$14,685	(\$179)	\$14,864	(\$6,480)
Employee Benefits	\$79,774	\$64,017	\$262	\$63,755	(\$16,019)
Total Employment Expenses	\$454,019	\$454,305	\$1,273	\$453,032	(\$986)
Medical & Other Supplies	\$163,635	\$174,807	\$9,079	\$165,728	\$2,093
Physician Fees	\$82,303	\$86,628	\$4,066	\$82,562	\$258
Purchased Services	\$18,141	\$21,404	\$218	\$21,186	\$3,044
Repairs & Maintenance	\$23,820	\$24,899	(\$5)	\$24,904	\$1,085
Utilities	\$9,891	\$10,987	\$21	\$10,966	\$1,075
Rents & Leases	\$1,944	\$1,843	\$182	\$1,661	(\$283)
Depreciation & Amortization	\$38,236	\$39,621	\$930	\$38,691	\$455
Interest Expense	\$7,428	\$7,163	\$0	\$7,163	(\$265)
Other Expense	\$22,100	\$26,939	\$81	\$26,858	\$4,758
Humana Cap Plan Expenses	\$47,995	\$44,345	\$0	\$44,345	(\$3,650)
Total Other Expenses	\$415,493	\$438,636	\$14,572	\$424,064	\$8,571
Total Operating Expenses	\$869,511	\$892,941	\$15,845	\$877,096	\$7,585
Operating Margin	(\$684)	(\$12,416)	\$877	(\$13,293)	(\$12,608)
Stimulus/FEMA	\$0	\$6,600		\$6,600	\$6,600
Operating Margin after Stimulus/FEMA	(\$684)	(\$5,816)	\$877	(\$6,693)	(\$6,008)
Nonoperating Revenue (Loss)	\$13,610	\$7,916	\$0	\$7,916	(\$5,694)
Excess Margin	\$12,926	\$2,100	\$877	\$1,223	(\$11,703)

FY 25 Budget Supplemental Funds – Primary Programs

	FY24 Projected	FY25 BDGT	Diff FY25-FY24
HQAF	20,607,238	20,767,913	160,675
Directed Payments	21,257,616	19,371,185	(1,886,431)
Medi-Cal DSH	16,989,573	17,250,000	260,427
Rate Range	27,080,346	25,615,558	(1,464,788)
Fee for Service	13,970,732	6,712,585	(7,258,147)
	99,905,505	89,717,241	(10,188,264)

FY 25 Budget – Employee Benefits

	FY24 Annualized	FY24 Budget	FY25 Budget	Variance Budget 25-Annualized 24
Employee Benefit Expense (000's)	\$79,774	\$80,199	\$64,017	(\$15,757)
Retirement - Pension: Market exceeded 7.5% assumption	7,653	11,103	523	(\$7,130)
Retirement - 401K: only 1/2 year match in FY24	7,375	7,400	4,692	(\$2,683)
Employee Health Plan	29,534	26,640	21,702	(\$7,832)
FICA	25,522	25,401	27,315	\$1,793
SUI	903	941	971	\$68
Life/ADD/LTDI	416	345	373	(\$43)
Workers Comp	6,523	6,246	6,425	(\$98)
Misc	1,848	1,983	1,966	\$216
				(\$15,709)

FY2025 | Capital Budget (000's)

	Budget FY23	Budget FY24	Budget FY25
Total Capital Requests	\$22,122	\$16,644	\$19,612
Total Rejected/Deferred	(\$6,122)	(\$2,644)	(\$5,612)
Total	\$16,000	\$14,000	\$14,000
<i>Breakdown of Items in Review</i>			
<i>Facilities, Maintenance and Construction</i>	\$3,988	\$3,311	
<i>Information Services (ISS)</i>	\$2,199	\$3,200	
<i>Director Requests</i>	\$9,813	\$7,489	
<i>In Review</i>	\$16,000	\$14,000	\$14,000
Funding Sources			
Capital	\$16,000	\$14,000	\$14,000
General Contingency Capital	\$340	0	
Total Capital Budget	\$16,340	\$14,000	\$14,000

FY2025 | Capital Budget (000's)

Infrastructure Maintenance, Projects and Planning \$6.5M

District Wide: HVAC, Plumbing, Electrical Repair & Replacement	
District Wide: Interiors	
District Wide: Monument Signage	
District Wide: New Clinic Building Signage	
District Wide: Parking Lot Maintenance	
District Wide: Roofing Repair & Replacement	
Medical Center: AW PACU Expansion	
Medical Center: CVOR#6 Lighting Replacement	
Medical Center: Elevator Modernizations	
Medical Center: Fire Alarm Replacement - AW (Basement, 1st, 2nd, 4th floors)	
Medical Center: Fire Alarm Upgrades for Medical Center - On-Going	
Medical Center: GME Lounge and Medical Resource Center	
Medical Center: Laundry Dryer Lint Trap	
Medical Center: MK Kitchen Refridgerator Replacement	
Medical Center: NPC Design Costs	
Medical Center: OR#9 Lighting Replacement	
Medical Center: Urology Expansion at Specialty Clinic	
Mental Health: IT Room Upgrades	
Rehab: HVAC System Controls Replacement	
South Campus: HVAC Items	
South Campus: PIN 74 Required Electrical Upgrade	
South Campus: Plumbing Items	
TLC: New Sauna's in the Locker Rooms	
TLC: Hot Water Boiler	

FY2025 | Capital Budget (000's)

Information Services (ISS) \$1.6M

Artificial Intelligence
New Staff Duress System at the Mental Health Hospital
Outpatient Dialysis Clinic EMR
Multispecialty Telehealth Cart
Network Cabling
Network Hardware
Storage

All other items > \$60K listed below, Total for all = \$11.5M

3T Replacement MRI scanner
Philips Avalon Fetal Monitors
CT Unit purchase capital or lease
Med_Surg Bed Replacement
Infusion pumps for Enterprise - funds added to FY24 money
Nihon Kohden RNS' and CNS
Replace room 5 budget for OSHPD to be replaced by 12/2024
Siemens Contrast Delivery Injector System
HemoSphere Advanced Monitoring System
Suction Regulators
Nihon Kodan - Life Scope G7 19"
Gurneys
Fast Scan upgrade
Natus SleepWorks system
Sonosite US
Woodlake Clinic
BS Lithoclast Trilogy System Kit
Codman/bipolar generator
Voluson SWIFT BT23 Ultrasound Machine
ATOM V808 Incubator - Transport
Neurodiagnostic system -24 hour EEG cart
Intraoperative Neuromonitoring System (NIMS) - 4 channel
LifePulse High Frequency Jet Ventilator

Financial Highlights (000's)

For Comparison to Budget
FY25

	FY 23 Without KHMGM	FY 24 Projected	FY 24 Budget	FY 25 Budget
Operating Margin %	(6.0%)	(.08%)	(2.6%)	(1.41%)
OM after Stimulus%	(5.9%)	(.08%)	(0.4%)	(.66%)
Excess Margin %	(5.3%)	1.5%	0.1%	.2%
Operating Cash Flow Margin %	(0.9%)	5.2%	4.6%	4.6%
Max Annual Debt Service %	(0.15)	2.31	2.34	1.75
Day's Cash on Hand	87.0	96.7	93.4	89.7
Total Surplus Cash (000's)	\$196,885	\$221,641	\$210,440	\$210,936

2024-2025 Surplus Cash Flows (000's)

Excess Margin – before General Obligation Bonds	(\$249)
<u>Additional Sources (Uses) of Cash:</u>	
Capital Expenditures:	
Annual Recurring	(\$14,000)
Depreciation/Amortization (Non-Cash)	\$32,001
Defined Benefit Plan Funding in excess of expense	(\$2,270)
Debt Service Payments (Principal) includes CHFFA (\$9.7M)	(\$20,238)
Total Additional Net Sources (Uses) of Cash	(\$4,507)
Projected Surplus Cash Flow (Deficit)	(\$4,755)

General Fund Cash Reserves (000's)

Kaweah Health without Kaweah Delta Hospital Foundation

Projected Surplus Balance at July 1, 2024	\$194,347
Cash Flow from 2024-2025 Operations	(4,755)
Surplus Balance at June 30, 2025	\$189,591
Foundation	\$21,344
Total including Foundation June 30, 2025	\$210,936