



November 23, 2022

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the Sequoia Regional Cancer Center Maynard Faught Conference Room {4945 W. Cypress Avenue} on Thursday December 22, 2022: 3:30PM Open Meeting; 3:31PM Closed meeting pursuant to Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155; 4:00PM Open Meeting.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT

Mike Olmos, Secretary/Treasurer

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

Cindy Moccio

Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

Governing Board

Legal Counsel

Executive Team

Chief of Staff

www.kaweahhealth.org

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

Sequoia Regional Cancer Center {4945 W. Cypress Avenue}
Maynard Fought Conference Room

Thursday December 22, 2022

OPEN MEETING AGENDA {3:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **APPROVAL OF THE CLOSED AGENDA – 3:31PM**
 - 4.1. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD Chief of Staff*
 - 4.2. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Monica Manga, MD Chief of Staff*
 - 4.3. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 2 Cases - *Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
 - 4.4. **Approval of the closed meeting minutes** – November 30, 2022.

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

Action Requested – Approval of the December 22, 2022 closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {3:31PM}

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

Monica Manga, MD Chief of Staff

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

Monica Manga, MD Chief of Staff

4. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 2 Cases

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

5. **APPROVAL OF THE CLOSED MEETING MINUTES** – [November 30, 2022](#).

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

6. **ADJOURN**

OPEN MEETING AGENDA {4:00PM}

1. **CALL TO ORDER**

2. **APPROVAL OF AGENDA**

3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org 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 [November 30, 2022](#) open minutes.

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

Action Requested – Approval of the open meeting minutes November 30, 2022 open board of directors meeting minutes.

6. **RECOGNITIONS - EMPLOYEE OF THE MONTH** – Director Francis

6.1. [Resolution 2176](#) to [Danny Pavlovich](#), Occupational Therapist, in recognition as the Kaweah Health World Class Employee of the Month recipient – November 2022.

7. **RECOGNITIONS - RETIREMENTS** – Director Gipson

7.1. [Resolution 2178](#) in recognition of Michael Salazar, Environmental Services Aide, retiring from Kaweah Health with 11 years of service.

7.2. [Resolution 2179](#) in recognition of Gilberto Salvador, Environmental Services Aide, retiring from Kaweah Health with 19 years of service.

7.3. [Resolution 2180](#) in recognition of Vicki Sechrist, Environmental Services Aide, retiring from Kaweah Health with 19 years of service.

7.4. [Resolution 2181](#) in recognition of Glenn Bryant, Maintenance Lead, retiring from Kaweah Health with 21 years of service.

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Mike Olmos – Zone 1
Secretary/Treasurer

Lynn Havard Mirviss – Zone 2
Vice President

Garth Gipson – Zone 3
Board Member

David Francis – Zone 4
President

Ambar Rodriguez – Zone 5
Board Member

7.5. [Resolution 2182](#) in recognition of Nathan Santonil, Lead Ultrasound Tech, retiring from Kaweah Health with 35 years of service.

8. INTRODUCTIONS - NEW DIRECTORS

8.1. Melissa Filiponi, RN – Maternal Child Health Director

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

Monica Manga, MD Chief of Staff

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

Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from 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 be approved or reappointed (as applicable), as attached, to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files.

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

Monica Manga, MD, Chief of Staff

11. **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 December 22, 2022 Consent Calendar.

11.1. REPORTS

- A. [Environment of Care](#)
- B. [Strategic Plan](#)
- C. [Medical Staff Recruitment](#)

11.2. [POLICIES – Human Resources](#)

- A. [HR.04](#) – Special Pay Practices {revised}
- B. [HR.61](#) – Status Classification of Employees/Concurrent Jobs {revised}

- C. [HR.70](#) Meal Periods, Rest Breaks, and Breastfeeding and/or lactation {revised}
- D. [HR.72](#) – Standby and Callback pay {revised}
- E. [HR.78](#) – Salary Administration Program {revised}
- F. [HR.145](#) – Family Medical Leave Act, Ca Family Rights Act, Leave of Absence {revised}
- G. [HR.216](#) Progressive Discipline {revised}
- H. [HR.221](#) – Employee Reduction in Force or Reassignment Resulting in Demotion {revised}
- I. [HR.233](#) – Non-Employees {revised}
- J. [HR.236](#) – Computer & Communication Devices&Social Media Code of Conduct {revised}
- K. [HR.31](#) – Transfers {reviewed}

11.3. [POLICIES – Administrative](#)

- A. [AP.41](#) – Quality Improvement Plan {Revised}
- B. [AP.175](#) – Patient Safety Plan {Revised}
- C. [AP.146](#) – Cash Control {Revised}

11.4. Rejection of claim of [Crystal Kingsbury](#) vs. Kaweah Health Medical Center.

11.5. Rejection of claim of [Brandson Savage](#) vs. Kaweah Health Medical Center.

11.6. Approval of appointments, as recommended by the Kaweah Delta Health Care, Inc. dba Kaweah Health Medical Group Board President, Gary Herbst, to the Kaweah Health Medical Group board effective November 1, 2022: November 1, 2022 – October 31, 2025 – David Francis, Mark Mertz and as recommended by the Visalia Medical Clinic Board - Carol Machado, MD.

11.7. Recommendation from the Medical Executive Committee December 2022

- A. [Privilege Form](#) - Advanced Practice Provider – Emergency Medicine and Urgent Care
- B. [Medical Staff Bylaws and Rules and Regs Revisions:](#)

Bylaws

- 11.7.B.1. Bylaws Definitions
- 11.7.B.2. Section 3.A
- 11.7.B.3. Section 3B
- 11.7.B.4. Section 4.A.1
- 11.7.B.5. Section 9.4.1
- 11.7.B.6. Section 9.F.3

Rules and Regulations

- 11.7.B.7. Section 3.4
- 11.7.B.8. Section 12.4.a
- 11.7.B.9. Section 12.4b
- 11.7.B.10. Section 12.4c

12. [RESOLUTION 2183 AMENDING THE EMPLOYEES’ SALARY DEFERRAL PLAN](#) – Review and discussion relative to the proposed CARES Act amendment and match formula for participants of the Employees’ Salary Deferral Plan.

Dianne Cox, Chief Human Resources Officer

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 Resolution 2183 Amending the Employees’ salary deferral plan.

13. **QUALITY** – Annual Review of the Quality Improvement and Patient Safety Plan.

Sandy Volchko, RN, DNP, Director of Quality and Patient Safety

14. **STRATEGIC PLAN - IDEAL WORK ENVIRONMENT** – Detailed review of Strategic Plan Initiative..

Dianne Cox, Chief Human Resources Officer and Raleen Larez, Director of Employee Relations and Engagement

15. **PATIENT THROUGHPUT PERFORMANCE** - Review of patient throughput performance improvement progress report.

Keri Noeske, RN, Chief Nursing Officer

16. **BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM (BHCIP) GRANT FOR BEHAVIORAL HEALTH** – Review and discussion of State grant opportunity as reviewed and supported by the Board Finance, Property, Services and Acquisition Committee on Dec 21, 2022.

Marc Mertz, Chief Strategy Officer; Theresa Croushore, Director of Behavioral Health ; and Jennifer Stockton, Director of Finance

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 – To authorize the officers and agents of Kaweah Delta Health Care District dba Kaweah Health to approve and execute any and all documents necessary to submit the Behavioral Health Continuum Infrastructure Program (BHCIP) grant application.

17. **FINANCIALS**

17.1. **BUDGET INITIATIVES – CONTRACTS/UNDERPAYMENTS** – Review and discussion relative to the budget initiative – contracts/underpayments - *Ben Cripps, Chief Compliance and Risk Officer*

17.2. **BUDGET INITIATIVES – PROVIDER RELATED** – Review and discussion relative to the budget initiative – provider related - *Kim Ferguson, Director of Reimbursement*

17.3. **FINANCIALS** – Review of the most current fiscal year financial results and the budget initiative; Revenue Cycle - *Malinda Tupper, Chief Financial Officer*

18. **REPORTS**

18.1. **Chief Executive Officer Report** - Report relative to current events and issues.
Gary Herbst, Chief Executive Officer

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

19. **ADJOURN**

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

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 30, 2022 AT 4:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

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

Director Havard Mirviss entertained a motion to approve the agenda.

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

PUBLIC PARTICIPATION – None

APPROVAL OF THE CLOSED AGENDA – 4:01PM

Conference with Legal Counsel – Existing Litigation – Pursuant to Government Code

- **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD Chief of Staff*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Monica Manga, MD Chief of Staff*
- **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 6 Cases – *Ben Cripps, Chief Compliance & Risk Officer, and Rachele Berglund, Legal Counsel*
- **Approval of the closed meeting minutes** – October 26, 2022.

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

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

ADJOURN - Meeting was adjourned at 4:01PM

Lynn Havard Mirviss, Vice President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY NOVEMBER 30, 2022 AT 4:30PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 4:30 PM by Director Havard Mirviss.

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN: Approval the closed minutes from October 26, 2022.

OPEN MINUTES – Request approval of the open meeting minutes October 26, 2022 and November 9, 2022.

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

MMSC (Havard Mirviss/Olmos) to approve the open minutes from October 26 and November 9, 2022. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson & Rodriguez Absent – Francis

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

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

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

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

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

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

MMSC (Gipson/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, Gipson & Rodriguez Absent – Francis

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

- No Report.

CONSENT CALENDAR – Director Havard Mirviss entertained a motion to approve the consent calendar (copy attached to the original of these minutes and considered a part thereof). .

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

MMSC (Olmos/Gipson) to approve the consent calendar as submitted. This was supported unanimously by those present. Vote: Yes – Olmos, Havard Mirviss, Gipson & Rodriguez Absent – Francis

QUALITY – Leapfrog Hospital Safety Score and Healthgrades Report – A review of current Kaweah Health quality and safety scores and ratings as reported by The Leapfrog Group and Healthgrades (copy attached to the original of these minutes and considered a part thereof) - *Sandy Volchko, RN, DNP, Director of Quality and Patient Safety*

STRATEGIC PLAN - Empower Through Education – Detailed review of Strategic Plan Initiative (copy attached to the original of these minutes and considered a part thereof) - *Lori Winston, MD, Chief Medical Education Officer & Lacey Jensen, RN, Director of Clinical Education*

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

BUDGET INITIATIVE – SUPPLIES/CONTRACTED SERVICES – Review of the most current fiscal year financial results and the budget initiative; Revenue Cycle (copy attached to the original of these minutes and considered a part thereof) - *Steve Bajari, Director of Procurement & Logistics*

FINANCIALS – Review of the most current fiscal year financial results and budget (copy attached to the original of these minutes and considered a part thereof) – *Malinda Tupper – Chief Financial Officer*

REPORTS

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

- We are experiencing very high census including COVID, RSV and are currently at 103% occupancy.
- The Kaweah Health Medical Group termination agreement is effective March 21, 2023.

Board Vice President - Report relative to current events and issues – *Lynn Havard Mirviss, Vice President*

- No report.

ADJOURN - Meeting was adjourned at PM

Lynn Havard Mirviss, Vice President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

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

DANNY PAVLOVICH

Danny exemplifies Kaweah Care with every person, every time. He is routinely recognized during employee rounding from his peers and through Kaweah Care's from the rehab nursing team for the excellent care he delivers to each patient and for being an exemplary team player. No matter how busy Danny is, if anyone needs assistance, he will gladly stop and provide help. He regularly assists the nursing team with answering call lights outside of his treatment times with his patients and is always willing to assist them with patient mobility needs. Danny is also known for consistently collaborating with all team members, including his therapy peers, case management, nursing, and the physicians to advocate for the best possible patient outcomes or to seek out possible solutions for difficult discharge plans of a patient.

Danny makes a point to engage with new staff members and routinely checks in with them and offers assistance and coaching to support them in their new learning and growth in clinical skills and to ensure they feel well supported. He will frequently stop by my office to see if there is anything I need from him and willingly takes on any task that is asked of him. He actually has to be coached that it is ok to say no, sometimes. He always has a positive 'can do' approach and never wants to disappoint. His peers comment how much they appreciate Danny at work and in their professional endeavors, as no matter how busy Danny is, he always makes himself available.

Danny is a clinical instructor to many OT and OTA students providing a positive and engaging learning experience for them. He also promotes our organization with his students for potential future employment opportunities.

Danny is not only very engaged here at Kaweah Rehab, he is also very engaged in his profession. He is the Region 4 Director for the Occupational Therapy Association of California and he is an instructor for an Occupational Therapy Assistant program in Clovis.

Danny is highly respected by the entire Acute Rehabilitation Department for his clinical skills, professional support, and drive to continue to improve our rehab program. We all feel truly blessed to work alongside Danny every day!



RESOLUTION 2176

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEALTH are recognizing Danny Pavlovich, with the World Class Service Excellence Award for the Month of November 2022, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 22nd day of November 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

**Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof**



RESOLUTION 2178

WHEREAS, Michael Salazar, Environmental Services Aide is retiring from duty at Kaweah Delta Health Care District after 11 years of service; and,

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

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 Michael for 11 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 22nd day of December 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

**Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof**



RESOLUTION 2179

WHEREAS, Gilberto Salvador, Environmental Services Aide is retiring from duty at Kaweah Delta Health Care District after 19 years of service; and,

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

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 Gilberto for 19 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 22nd day of December 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

**Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof**



RESOLUTION 2180

WHEREAS, Vicki Sechrist, Environmental Services Aide is retiring from duty at Kaweah Delta Health Care District after 19 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;

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 Vicki for 19 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 22nd day of December 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

**Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof**



RESOLUTION 2181

WHEREAS, Glenn Bryant, Maintenance Lead is retiring from duty at Kaweah Delta Health Care District after 21 years of service; and,

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

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 Glenn for 21 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 22nd day of December 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

**Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof**



RESOLUTION 2182

WHEREAS, Nathan Santonil, Lead Ultrasound Tech, is retiring from duty at Kaweah Delta Health Care District after 35 years of service; and,

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

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 Nathan for 35 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 22nd day of December 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

**Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof**



**Environment of Care
3rd Quarter Report
July 1, 2022 through September 30, 2022
Presented by
Maribel Aguilar, Safety Officer
559-624-2381
maaguila@kaweahhealth.org**

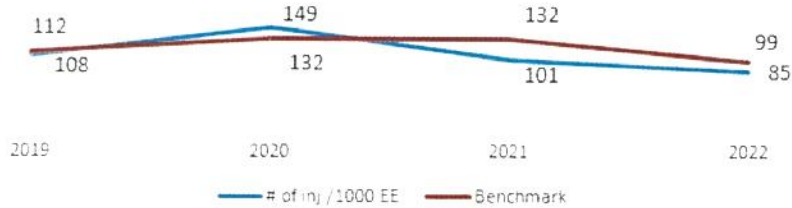


**Kaweah Delta Healthcare District
Performance Monitoring 3rd Qtr- 2022**

EOC: SAFETY & QIC: SAFETY

Performance Standard: Employee Health: Challenge ourselves to reduce OSHA recordable injuries: In 2019 we had 215 injuries, 2020 - 196 injuries, and 207 total for 2021. Our goal for 2022 is 200 injuries or less.

Injuries/1000 Employees vs National Benchmark



Evaluation:

- OSHA recordable injuries in Qtr 3-2022 , plus 746 Covid 19 +
- Covid 19 vaccination began 12/18/20, boosters began Oct 2021
- Provided 20 ergo evaluations
- 2022 Sharps Exposure- Quarter 3-17 total (3 -GME)
- Influenza vaccination rate 2021-2022 80%

Type of injury	Q1	Q2	Q3	Q4	Totals 2022	Totals 2021	Per 1000 employees as of Qtr 3	Projected annualized # of injuries
Total Incidents	185	108	146		439	521	27.76	585
Covid 19+ OSHA recordable	1158	502	746		2406	310	141.85	3208
Lost time cases	104	36	115		255	379	21.86	340
Strain/sprain	30	31	24		85	116	4.56	113
Sharps Exp # EE end of QTR	11	8	17		36	78	3.23	48
	5162	5162	5259					

Plan for Improvement:

- Continue to work with Infection Prevention to decrease Covid 19+ exposures/ claims by Health Care Workers in 2022.
- Identify employees with ≥ 3 OSHA recordable injuries in last 2 year --EHS speaks with managers directly noting any trends per employee and/or injuries.
- Same day on-site incident investigation with employee. Follow-up with manager for prevention opportunities and/or process changes and policy review. Investigation/ follow-up may include photos, video and interview of witnesses/ manager.
- Increase Sharps education in General Orientation by Infection Prevention and Manager orientation by EHS. Demo correct sharps activation in new hire physicals with all employees handling sharps.
- Began GME Orientation Sharps Prevention Education June 2022, well received.
- Utilize PTA in Employee Health for Ergo evaluations, evaluate for proper body mechanics to prevent injury, stretching exercises and equipment recommendations to ensure safety with our jobs.

OSHA recordable injuries and illnesses are as follows:

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

Total Incidents include First Aid and Report Only and Covid if work related (Qtr 3 -17 covid claims),

**Kaweah Delta Healthcare District
Performance Monitoring 3rd Qtr. 2022**

**Infection Prevention
Component:**

**INFECTION PREVENTION
COMPREHENSIVE ROUNDS**

Performance Standard:

Comprehensive Rounds - Each infection prevention based element of performance and/or environment-of-care criteria meets at least 90% compliance during unit/department rounds performed twice annually.

Goal: >90% compliance rate.

Minimum Performance Level: 90% compliance rate

Evaluation:

Overall compliance rate for elements during general area rounds in Q3 2022: 73.22%

Rounding of 28 general department areas and 2 specialty department areas in Q3 2022.

Elements of highest performance:

- Patients on transmission based precautions per Infection Prevention policy.
- Staff Workspace maintained in accordance with Infection Prevention principles.
- Staff members can verbalize Infection Prevention principles.

Elements of lowest performance:

- Environment is clean, organized, and without factors that increase risk of infection.
- Medication Room is maintained in accordance with Infection Prevention principles.
- Clean Supply Room maintained in accordance with Infection Prevention principles.

General Areas (Inpatient Areas and Clinics): Infection Prevention Element Compliance %	Q1	Q2	Q3
Staff members can verbalize Infection Prevention principles.	93.9	93.1	92.9
Adherence to Kaweah Health's Hand Hygiene policies and procedures.	78.1	69.0	85.7
PPE is available, worn and stored appropriately.	96.8	89.3	75.9
Environment is clean, organized, and without factors that increase risk of infection.	41.9	60.7	46.4
Equipment is visibly clean and in working condition.	87.5	79.3	82.8
Hospital approved cleaner/disinfectant available and properly maintained.	84.4	79.3	79.3
Clean Supply Room maintained in accordance with Infection Prevention principles.	71.9	67.9	55.2
Dirty Supply Room is maintained in accordance with Infection Prevention principles.	62.5	71.4	57.7
Linen is maintained in accordance with Infection Prevention principles.	75.0	76.9	68.0
Patient care environment maintained in accordance with Infection Prevention principles.	74.2	74.1	89.3
Patients on transmission based precautions per Infection Prevention policy.	100	100	94.4
Patient Nutrition Area is kept in accordance with Infection Prevention principles.	50.0	81.3	64.7
Medication Room is maintained in accordance with Infection Prevention principles.	35.5	50.0	54.2
Staff Workspace maintained in accordance with Infection Prevention principles.	78.1	93.6	75.9
Staff Kitchen/Lounge is maintained in accordance with Infection Prevention principles.	81.3	98.3	75.9
Specialty Areas: Overall Area Compliance %			
Laboratory Areas	90.3	n/a	45.5
Food Services Areas	91.0	78.8	n/a
Sterile Processing Areas	99.5	n/a	90.1
Surgical Services	n/a	68.2	n/a
Kaweah Kids Center	n/a	100	n/a
Pharmacy Areas	n/a	93.1	n/a
Laundry	n/a	95	n/a

Plan for Improvement:

Action plans from each area requested for items out of compliance. Leaders of the area are required to submit in writing their actions to correct the items out of compliance. Infection Prevention will follow up with manager or director as appropriate.

SAFETY

Third Quarter 2022

Performance Standard: Reduce Workplace Violence Events

Goal: 20% annual decrease in WPV Events in FY 2023. (<200 events)

Status: 204 total WPV events in CY 2022.

Sponsor: Chris Luttrell

Plan for Improvement: (Summary)

Expand and increase rigor of CPI training.

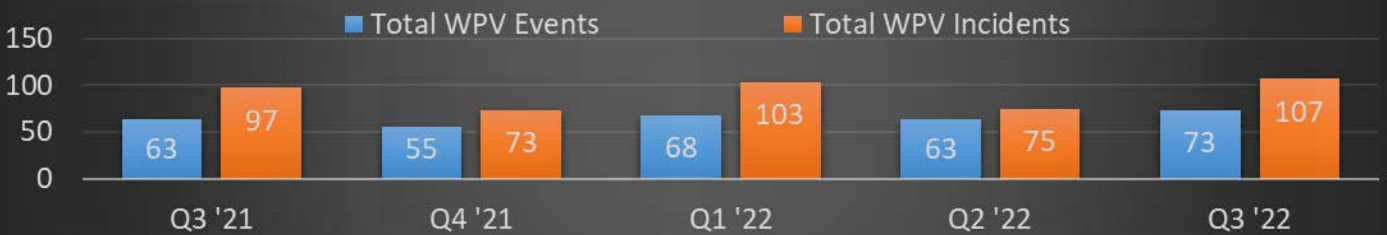
Implement and provide support for electronic flag and tiered Broset.

Continue to evaluate and report on WPV event root causes with the WPV Case Review Team.

Evaluation:

There was a 15% increase in the total number of WPV events organization-wide in the 3rd quarter of 2022.

Total WPV events and incidents at Kaweah Health

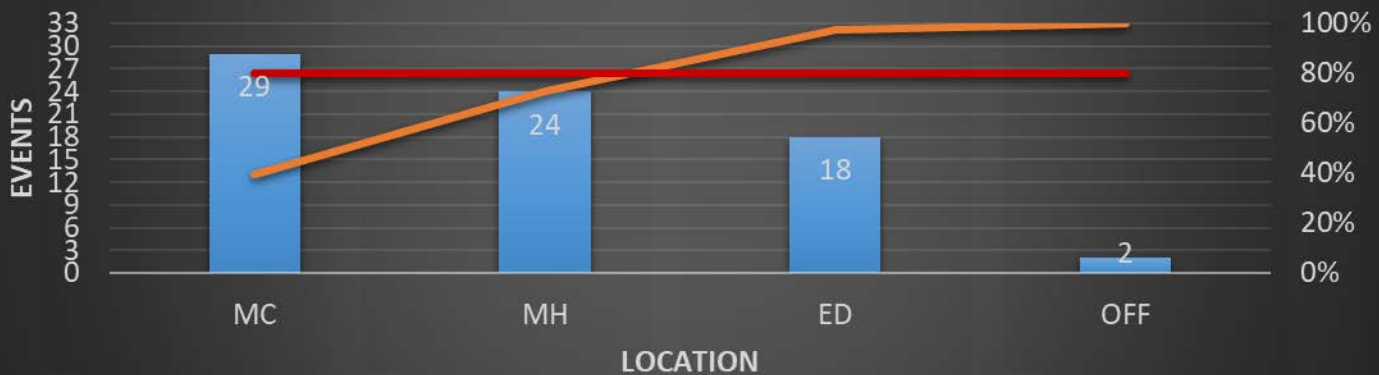


Evaluation:

There was a 33% decrease in WPV events in the ED (27 to 18). There was a 20% increase in WPV events in the Medical Center (24 to 29). There was an 84% increase in WPV events at Mental Health (13 to 24). There was a 33% decrease in WPV events in off-campus areas (3 to 2).

WPV EVENTS PARETO JUL. – SEP. 2022

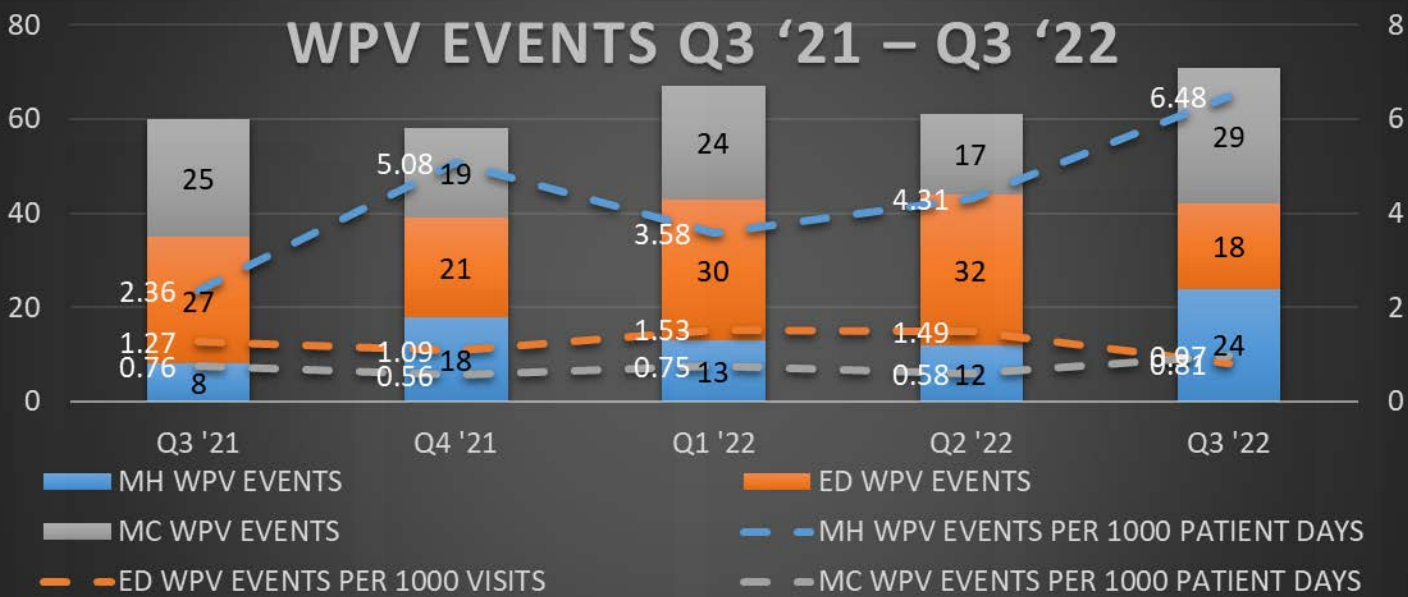
COUNT CUMMULATIVE % 80% LINE



Detailed Plan for Improvement:

1. We must continue to encourage staff to enter incident reports for workplace violence on Midas.
2. All CNAs began CPI training in July. Half have been trained over the last 3 months, the second group is being trained during the 4th quarter of 2022. This should help our front line staff to be more aware and cautious when sitting for aggressive behavior patients.
3. The electronic flag is currently in place and working. We must continue to work to educate staff on how to use the toolkit to provide support in engaging with these high-risk patients. In concert with the electronic flag, the tiered broset will be launched during the next quarter.
4. We are continuing to project our focus of increasing the rigor of CPI training at mental health and at our behavioral health clinics off campus. Advanced CPI courses will continue with these high-risk groups.

WPV EVENTS Q3 '21 – Q3 '22



Evaluation:

There was an increase in human factors being a root cause of WPV in Q2. The most prominent of which was a lack of critical thinking. There was an increase in communication being a root cause of WPV in Q2. There is room for improvement in communication about previous behavior between our staff and those bringing patients to us. There is a continued request for more training and education for our staff (specifically CNAs) in maintaining proximity with violent patients and in properly holding patients in crisis.

KH WPV ROOT CAUSES Q3 2022



EOC Component:

SAFETY

Performance Standard:

Risk Management –Reporting of non-patient safety related injuries within 7 days will to be compliant at 100%.

Goal:

Report non-patient safety related events within 7 days

Minimum Performance Level:

Report non-patient safety related events within 7 days

Evaluation:

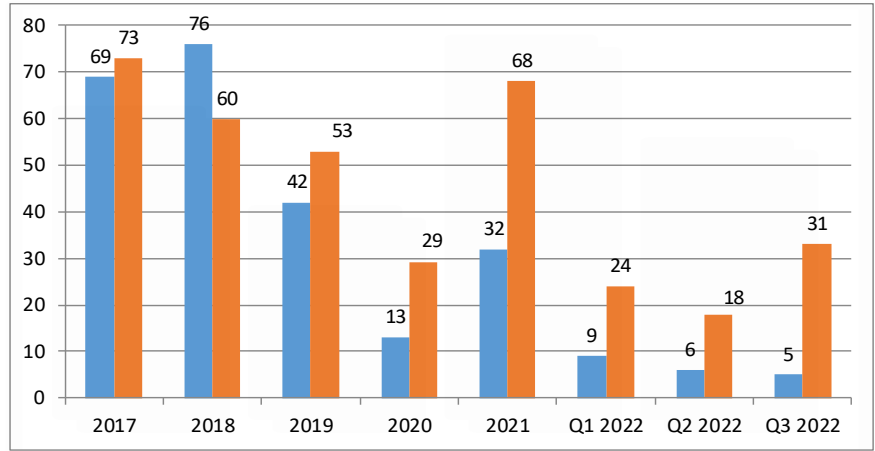
In 3rd Qtr. 2022, for non-patient safety events, 36 events are shown. 5 events were reported at TLC (The Lifestyle Center), the orange bar is 31 events. At TLC, Basketball had a couple trips and falls. No safety concerns that require monitoring processing. We identified 1 trend which resulted in 3 separate events. Patients and visitors are improperly using their personal walkers as wheelchairs which is causing falls/injuries.

There was (1) helipad safety event: 9/18/22 – The rotor wash from the helicopter caused a truck lid cover to disengage from the truck bed causing damage to (4) parked vehicles. Total damages assessment pending.

Minimum performance measure **was met** for 3rd Qtr. 2022 at 100% compliance.

Non-Patient Safety Reports

2017 – 2022



TLC Event Report – Five (5) Events
 Kaweah Health District and KHMG – Thirty-One (31) Events

EMERGENCY PREPAREDNESS

Third Quarter 2022

Performance Standard: Employees able to provide correct responses related to Emergency Preparedness questions.

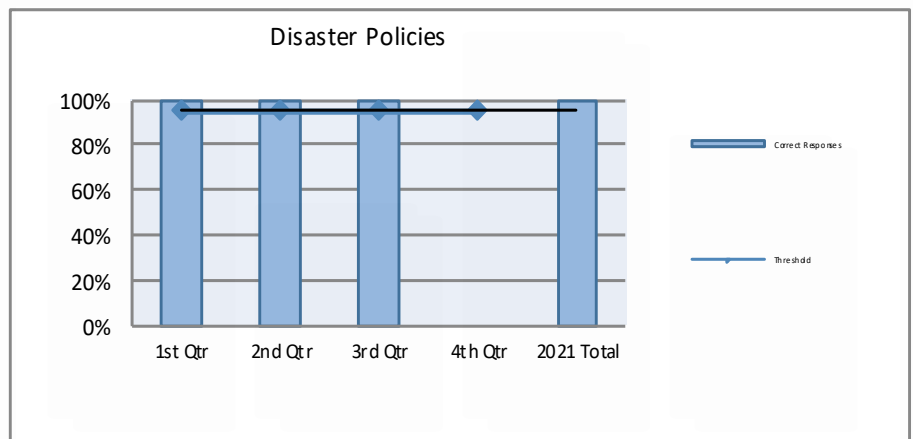
Goal: 100% Compliance (all employees surveyed answered correctly)

Status: Goal met for 3rd Quarter 2022

Evaluation:

Forty-two departments were surveyed in the 2nd quarter. In all departments surveyed staff where able to verbalize Code Green response, which resulted in a 100% compliance rate.

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



Detailed Plan for Improvement:
 In each department visited there was knowledge of Code Green response.

UTILITIES MANAGEMENT

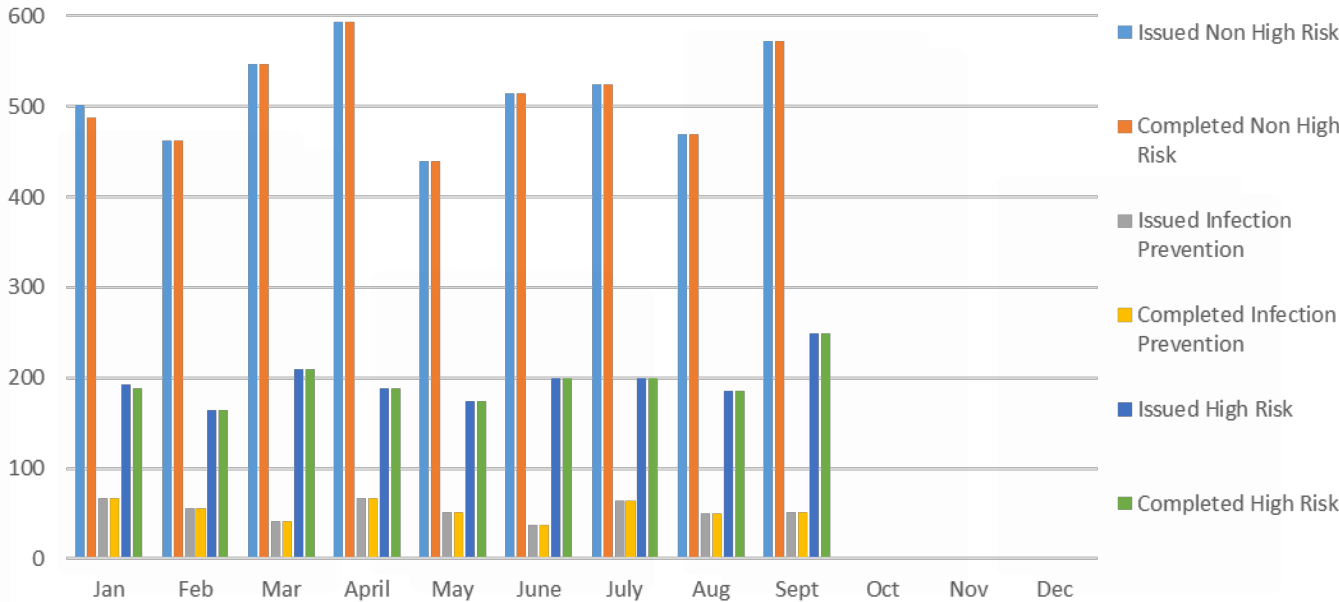
Third Quarter 2022

Performance Standard: High Risk, Low Risk, Infection Control Preventive Maintenance to be completed on time

Goal: 100% Compliance (no missed PM's)

Status: Goal met for 3rd Quarter 2022

Sponsor: Steve Gloeckler



Evaluation:
2365 of 2365 preventative maintenance work orders were completed on time.

PM Completion %				
	Non-High Risk	Infection Prevention	High Risk	Q4 Summary
July	100.00%	100.00%	100.00%	100.00%
August	100.00%	100.00%	100.00%	100.00%
September	100.00%	100.00%	100.00%	100.00%
Q3 Summary:	100.00%	100.00%	100.00%	100.00%

Plan for Improvement:
Goal met for 3rd Qtr. 2022

LIFE SAFETY

Third Quarter 2022

Performance Standard: Equipment & Supplies stored in accordance with Safety requirements.

Goal: 100% Compliance (no storage compliance issues)

Status: Goal not met for 3rd Quarter 2022;

Sponsor: Maribel Aguilar

Plan for Improvement: (Summary)

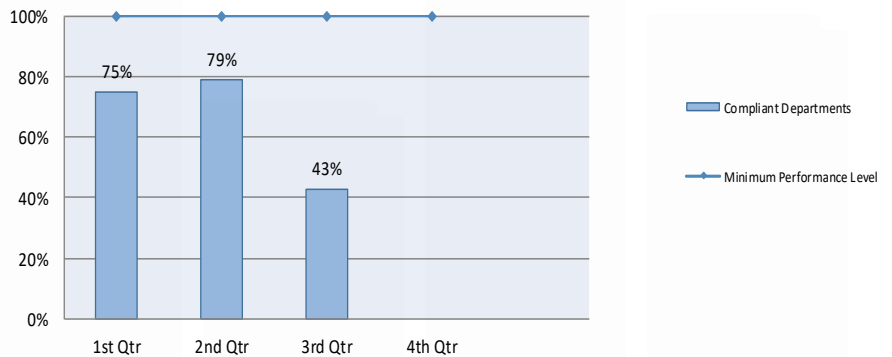
1. For areas with repeat violations, will eliminate non-compliant storage areas.
2. Continue to monitor and educate.

Evaluation:

Forty two departments were surveyed in the 3rd quarter. Of the 42 departments, 8 were found to be non-compliant with storage. This resulted in 79% compliance rate.

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

Supply Storage



Detailed Plan for Improvement:

We are in the process of modifying the storage racks in areas of repeat non-compliance. We will continue to monitor through hazard surveillance and report to appropriate director and VP.

Departments not in compliance this quarter include 4N, 4S, 3W, 3E, Respiratory, Security, Endo, Lindsay Clinic, Exeter Clinic, CVICU, MB, MH, Woodlake, Visalia Dialysis, Sterile Processing, SRCC Medical Oncology, Lab and Lifestyle Center.

EOC Component:

SECURITY

Performance Standard:

False Code Pink Activations– Reduce **false** Code Pink activations. Frequent false Code Pink activations are creating alarm fatigue response from support departments and increasing our vulnerability to stop/ identify an abductor in the event of a real Code Pink event.

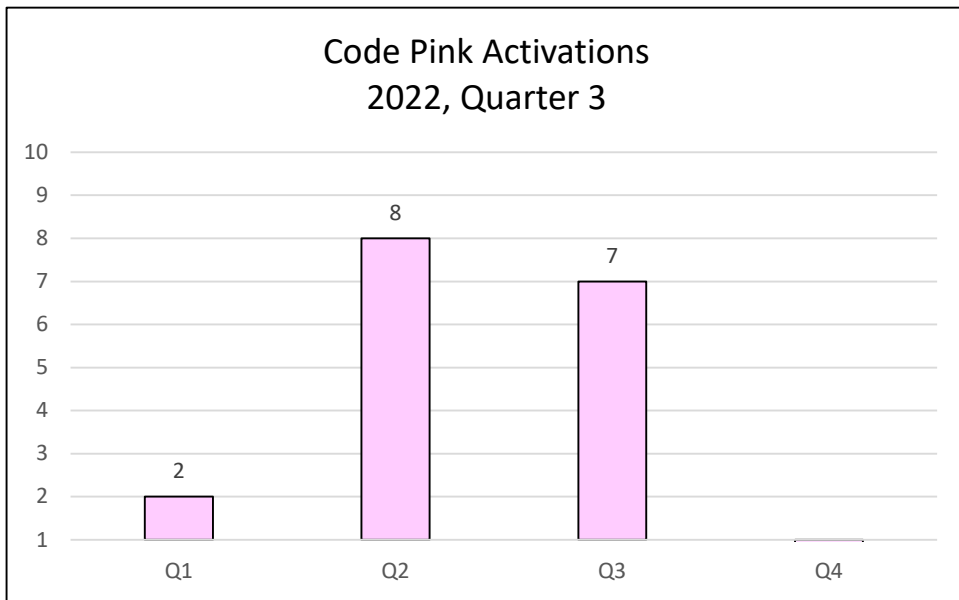
Goal: 100 % compliance rate

Minimum Performance Level: <4 events per Quarter

Evaluation:

In year 2020 the Medical Center experienced 48 **false** Code Pink activations. In year 2021 we ended the year with 33 events, a 31% decrease. For year 2022, the goal is to decrease Code Pink false alarms by 50% of the previous year - <4 per quarter; <16 events for the year.

Goal **Not Met** – Seven (7) Code Pink **false** activations reported for the 3rd quarter



Plan for Improvement:

The majority of **false** Code Pink activations are due to staff forgetting to deactivate or to set the HUGS transmitter in transport when moving the child/newborn from the home unit to the transport unit. Unit leaders for Maternal-child Health units will work with their clinical-clerical staff to improvement system management, especially when short staffed.

Labor and Delivery leadership attended the September (2022) EOC meeting to speak to the increase in false code pink activations. Plan is to engage the new Maternal-Child Health director to review challenges and formulate a plan that supports staff and yields PI goal outcomes.

Improvements completed in 2021:

- Security Department provided the Maternal-child Health leaders with a flyer to help educate unit staff.
- Floor tape (CAUTION ALARM WILL SOUND) was installed in Labor and Delivery, OB-OR and Mother-baby units on August 5, 2021 to support alarm safe boundary identification.
- TRL, the company that supports our child abduction security alarm system corrected alarm sensitivity issues in the Pediatrics and Labor and Delivery units to eliminate-mitigate false alarms.

EOC Component:

Medical Equipment Preventive Maintenance Compliance

Performance Standard:

Medical Equipment – Preventive Maintenance Compliance

#1) Non-High Risk Medical Equipment Preventive Maintenance Compliance

#2) High-Risk including Life Support Equipment (HRiLS) Preventive Maintenance Compliance

Goal: 100 % Compliance for each Group

Minimum Performance Level: 100% Compliance

Performance Standard:

#3) High Risk (HRiLS) Missing-in-Action Devices (Not Locatable for Preventive Maintenance)

Goal: <1% of the Total HRiLS inventory is to be Missing for Preventive Maintenance during any month.

Evaluation:

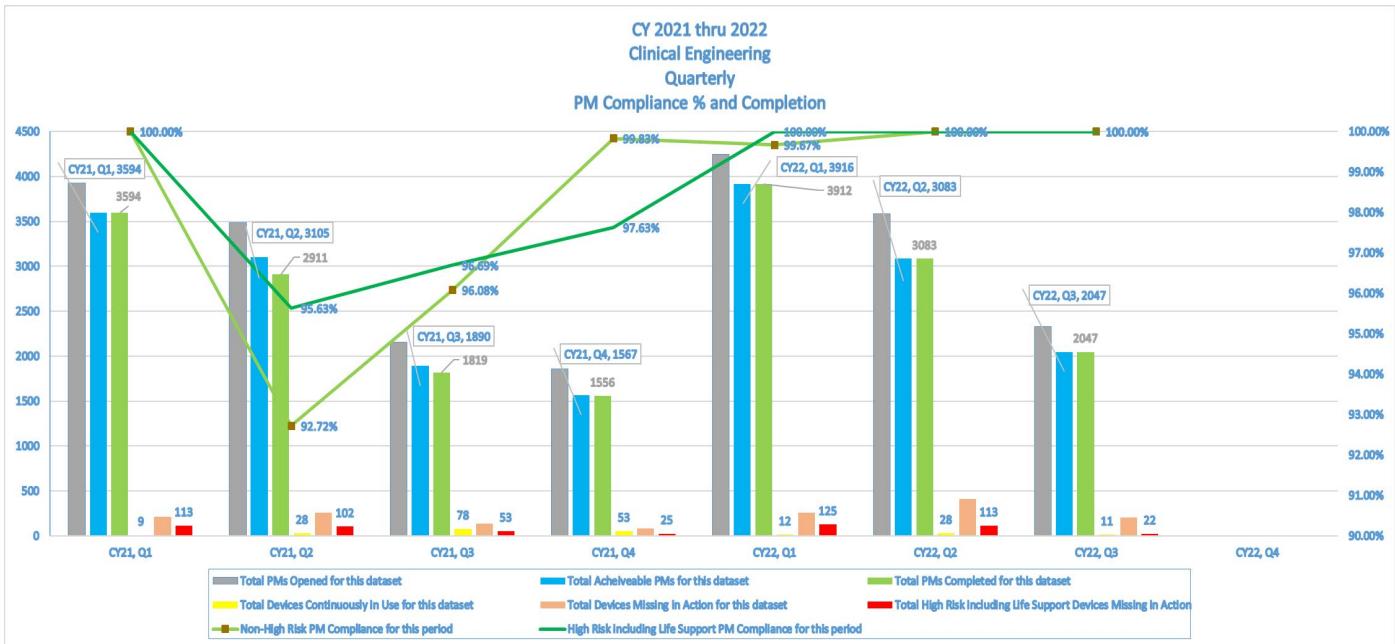
For the reporting quarter, CY 2022, Q3 (Jul-Sep). A count of 2047 Devices were to receive Preventive Maintenance and 2047 of those devices received Preventive Maintenance as scheduled.

Measured Performance Metrics:

#1) PM Compliance for Non-High Risk Devices is 100% and **the 100% Compliance Goal Was Met.**

#2) PM Compliance for High Risk Including Life Support Devices is 100.00% and **the 100% Compliance Goal Was Met.**

#3) High Risk Devices including Life Support (HRiLS) Missing for this reporting Quarter is 0.45% (22 Devices) and **the Compliance Goal of <1.0% of HRiLS Devices Missing Was Met.**



Plan for Improvement:

Continuing to ask the department leaders to review medical devices in their areas and report PM stickers that are expired or missing to Clinical Engineering so they receive proper service.

A review of the Medical Equipment categorization and risk assignment began in September. Clinical Engineering is using the newly authorized FDA website (ACCESS GUDID) as a data source to categorize medical devices. All new medical devices entered using this FDA /NIH website and the entire Kaweah Health database will receive review throughout the upcoming year. Clinical Engineering is still seeking funding for a device tracking system in effort to locate devices, submitted for FY23 Capital Budget.



FY 2023 Strategic Plan








Monthly Performance Report

December 22, 2022



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

SELECTING THE RIGHT ACHIEVEMENT STATUS

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

Kaweah Health Strategic Plan: Fiscal Year 2023

Our Mission

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

Our Vision

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

Our Pillars

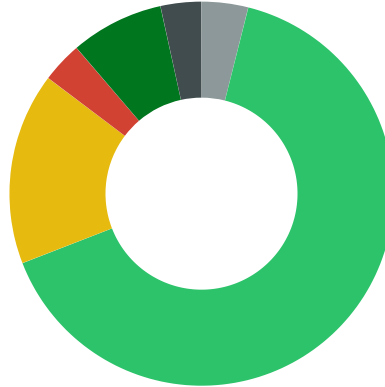
- Achieve outstanding community health.
- Deliver excellent service.
- Provide an ideal work environment.
- Empower through education.
- Maintain financial strength.

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

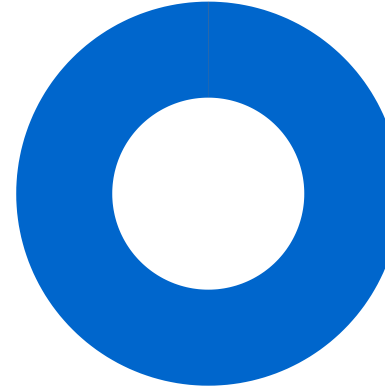
- [Empower Through Education](#)
- [Ideal Work Environment](#)
- [Strategic Growth and Innovation](#)
- [Organization Efficiency and Effectiveness](#)
- [Outstanding Health Outcomes](#)
- [Patient and Community Experience](#)

Kaweah Health Strategic Plan FY2023 Overview

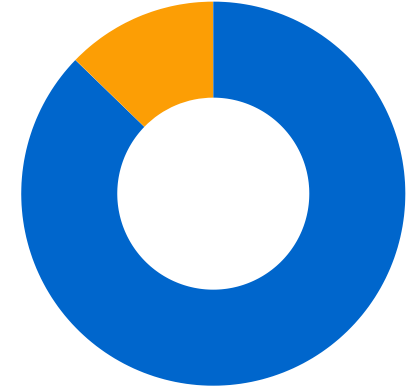
Statuses



Due Dates



Progress Updates



● Not Started	8 (4%)
● On Track	133 (65%)
● Off Track	33 (16%)
● At Risk	7 (3%)
● Achieved	16 (8%)
● Canceled	7 (3%)

● Not Past Due	204 (100%)
● Past Due	0 (0%)

● Up-to-date	178 (87%)
● Late	26 (13%)

Empower Through Education

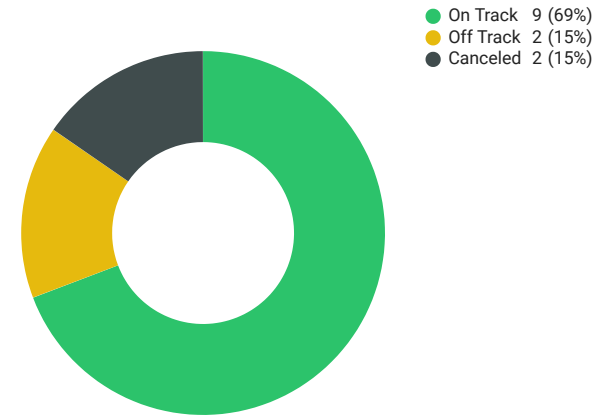
Champions: Lori Winston, MD and Lacey Jensen

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

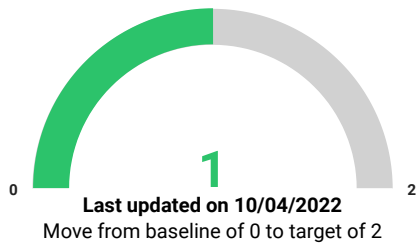
FY2023 Strategic Plan - Empower Through Education Strategies

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

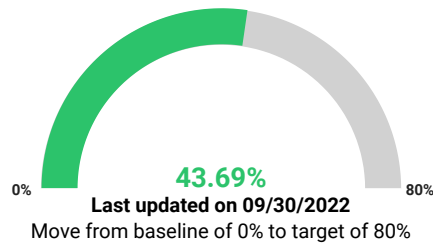
Objectives and Outcomes



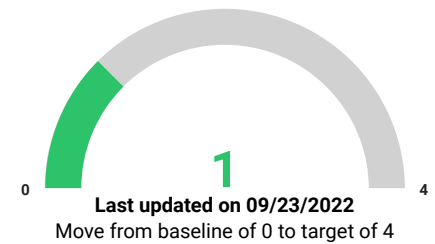
Launch interdisciplinary educational opportunitie...



ACGME Faculty Development



Maintain quarterly Schwartz rounds



Ideal Work Environment

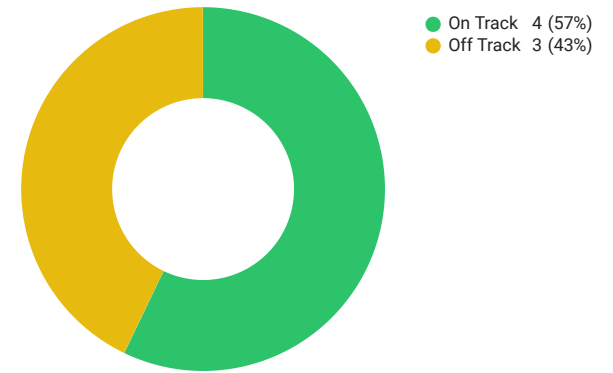
Champions: Dianne Cox and Raleen Larez

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

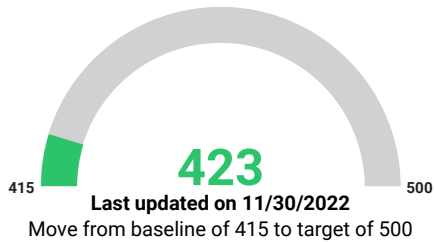
FY2023 Strategic Plan - Ideal Work Environment Strategies

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

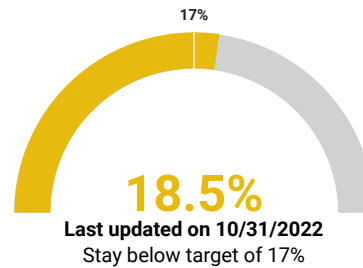
Objectives and Outcomes



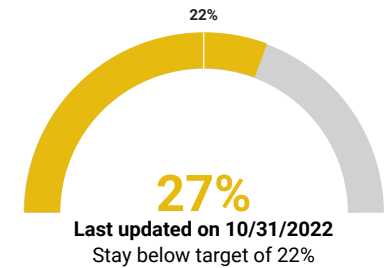
Expand Volunteer Programs



Decrease overall KH turnover rate



Decrease nursing turnover rate



Strategic Growth and Innovation

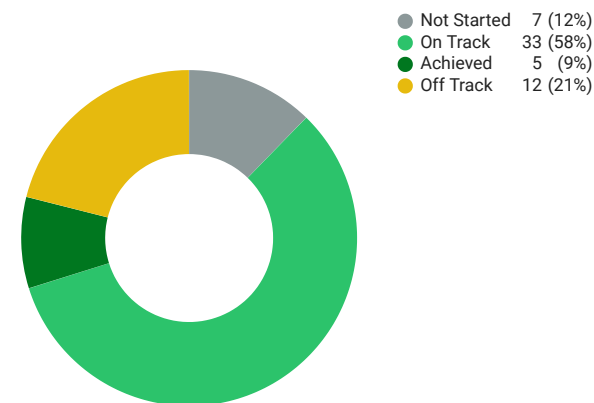
Champions: Marc Mertz and Ivan Jara

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

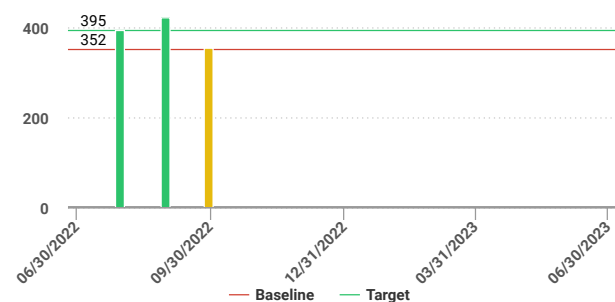
FY2023 Strategic Plan - Strategic Growth and Innovation Strategies

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

Objectives and Outcomes

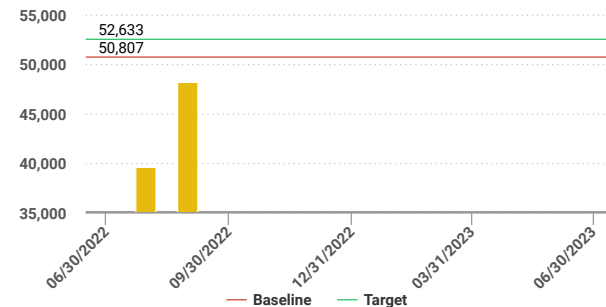


Perform 395 inpatient surgeries per month



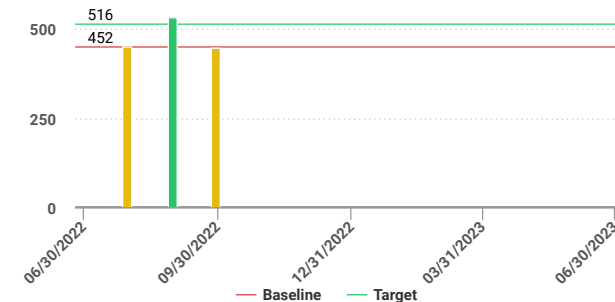
Showing data for: Jul 1, 2022 - Jun 30, 2023

See 52,633 ambulatory visits per month



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

Perform 516 monthly outpatient surgeries



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

Organizational Efficiency and Effectiveness

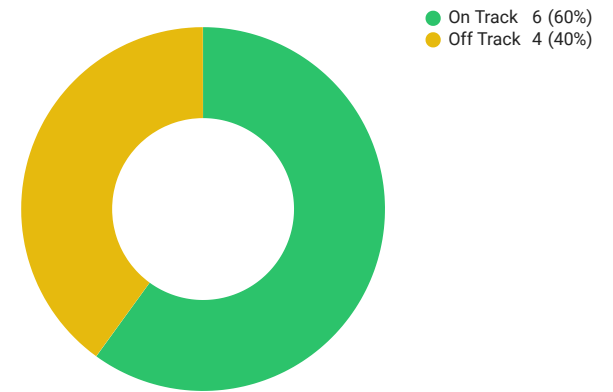
Champions: Jag Batth and Rebekah Foster

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

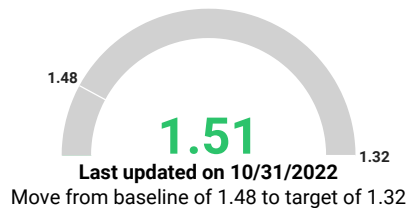
FY2023 Strategic Plan - Organization Efficiency and Effectiveness Strategies

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

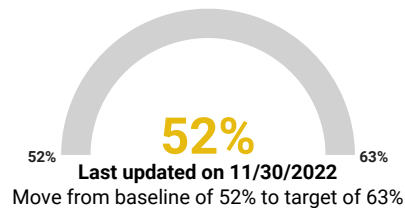
Objectives and Outcomes



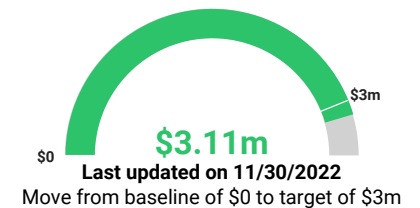
Inpatient Observed to Expected Length of Stay



Overall OR Utilization



Identified Cost Savings and Revenue Opportunities



Outstanding Health Outcomes

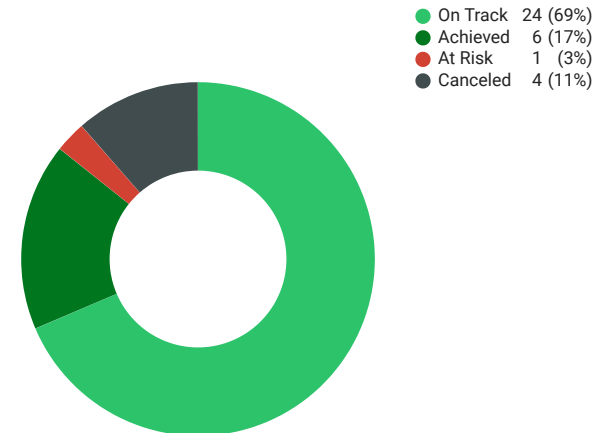
Champions: Doug Leeper and Sonia Duran-Aguilar

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

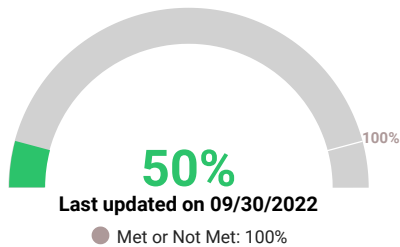
FY2023 Strategic Plan - Outstanding Health Outcomes Strategies

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

Objectives and Outcomes



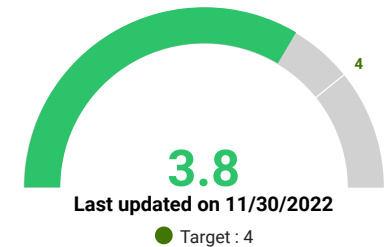
Team Rounds Rollout to Valley Hospitalist and AC...



Meet QIP measure performance



Medicare Advantage STAR Rating for RHC/SHWC



Patient and Community Experience

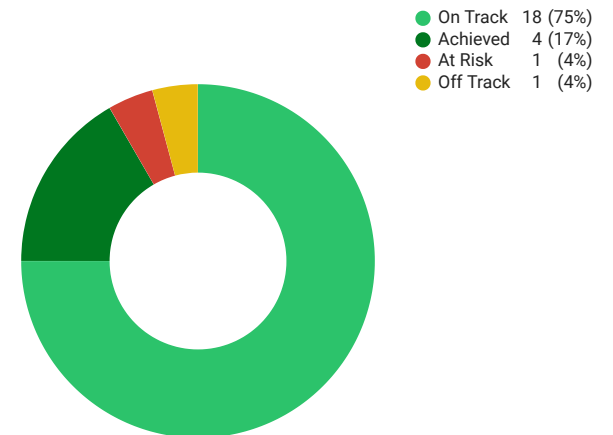
Champions: Keri Noeske and Deborah Volosin

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

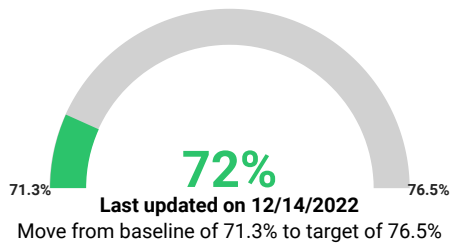
FY2023 Strategic Plan - Patient and Community Experience Strategies

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

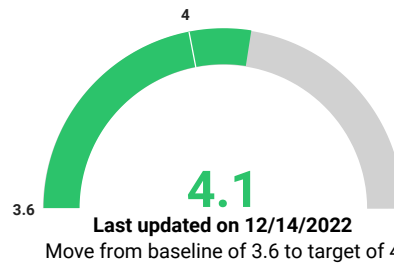
Objectives and Outcomes



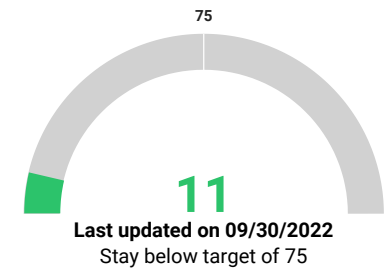
Achieve Overall Rating Goal on HCAHPS Survey



Achieve Patient Feedback Score Goal on ED Survey



Decrease lost belongings by 25%





Physician Recruitment and Relations

Medical Staff Recruitment Report - December 2022

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

Date prepared: 12/16/2022

Central Valley Critical Care Medicine	
Critical Care Hospitalist	2
Intensivist	1

Delta Doctors Inc.	
Family Medicine	2

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

Oak Creek Anesthesia	
Anesthesia - General	3
Anesthesia - Obstetrics	1

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

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

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

Stanford Health Care	
Cardiothoracic Surgery	2

USC Urology	
Urology	3

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

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

Valley ENT	
Audiology	1
Otolaryngology	1

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Anesthesia - General	Oak Creek Anesthesia	Ahmed-Sabry, M.D.	Mohammad	ASAP	The Medicus Firm - 12/6/22	Currently under review
Anesthesia - General	Oak Creek Anesthesia	Christopherson, M.D.	David	08/25	Direct Email	Currently under review
Anesthesia - General	Oak Creek Anesthesia	Kruitbosch, M.D.	Shane	ASAP	Direct	Site Visit: 1/19/2023
Anesthesia - General	Oak Creek Anesthesia	Lee, M.D.	Christopher	TBD	The Medicus Firm - 12/6/22	Currently under review
Anesthesia - Critical Care	Oak Creek Anesthesia	Lucaj, M.D.	Jon	08/23	The Medicus Firm - 11/23/22	Currently under review
Anesthesia - Critical Care	Oak Creek Anesthesia	Malamud, M.D.	Yan	ASAP	PracticeMatch Email Blast	Site Visit: 10/17/22. Offer accepted - Contract in progress
Cardiothoracic Surgery	Independent	Coku, M.D.	Lindita	ASAP	Delta Locums	Currently under review
Cardiothoracic Surgery	Independent	Williams, M.D.	Julio	08/22	Direct - 4/19/22	Initial Screening: 4/22/22; Providing locums/temp coverage in September 2022.
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Coelho	Carly	02/23	Direct - 8/11/22	Offer accepted
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Enriquez	Richard	TBD	Direct - 9/1/22	Offer accepted - Contract in progress
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Havlicak	Ashley	01/23	Direct/Referral	Offer accepted
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Jacobsen	Jace	01/23	Direct/Referral	Offer accepted
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Markman	Gregory	TBD	Direct - 11/28/22	Offer accepted - Contract in progress
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Ngo	Alexander	02/23	Direct - 10/12/22	Offer accepted

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Yang	Chen	02/23	Direct - 11/18/22	Offer accepted
EP Cardiology	Independent	Cheema, M.D.	Kamal	08/23	Direct - PracticeLink	Currently under review. Has family in Fresno
EP Cardiology	Independent	Dhir, M.D.	Sumer	08/23	Direct - PracticeLink	Currently under review
EP Cardiology	Independent	Tsimpoulis, M.D.	Apostolos	08/23	Direct - PracticeLink	Currently under review
Family Medicine	Delta Doctors/Key Medical Associates	Whitlach, M.D.	Sandra	08/23	Kaweah Health Resident	Currently under review
Hospitalist	Valley Hospitalist Medical Group/Key Medical Associates	Adediji, M.D.	Anuoluwapo	08/23	Kaweah Health Resident	Currently under review
Hospitalist	Valley Hospitalist Medical Group	Chovatiya, M.D.	Jasmin	08/23	Direct - Practice Link	Currently under review
Hospitalist	Valley Hospitalist Medical Group	Curran, M.D.	Justin	08/23	Direct - Loma Linda CareerMD Career Fair	Currently under review
Hospitalist	Valley Hospitalist Medical Group	Gautum, M.D.	Monika	ASAP	Direct - Practice Link	Currently under review
Hospitalist	Valley Hospitalist Medical Group	Issa, M.D.	Angela	08/23	Direct - Practice Link	Currently under review
Hospitalist	Valley Hospitalist Medical Group	Khan, M.D.	Marjan	08/23	Direct - Practice Link	Currently under review
Hospitalist	Valley Hospitalist Medical Group/Key Medical Associates	Said, M.D.	Mark	08/23	Kaweah Health Resident	Currently under review
Intensivist	Central Valley Critical Care Medicine	Barmaan, M.D.	Benjamin	08/23	Direct - Practice Link	Currently under review
Internal Medicine	Key Medical Associates	Virk, D.O.	Harman	09/23	Direct email	Currently under review
Interventional Radiology	Mineral King Radiology Group	Youssef Ali, M.D.	Mahmoud	09/23	Direct email	Currently under review

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Medical Oncology	Sequoia Oncology Medical Associates	Gill, M.D.	Amitoj	TBD	Direct	Site Visit: 10/21/22. Pending Offer
Medical Oncology	Sequoia Oncology Medical Associates	Mohammadi, M.D.	Oranus	08/23	PracticeMatch - 3/31/22	Site Visit: 9/16/22
Neonatology	Valley Children's	Agrawal, M.D.	Pulak	08/23	Valley Children's - 5/14/22	Offer accepted. Start date summer 2023
Neonatology	Valley Children's	Brock, M.D.	Lee	ASAP	Valley Children's - 10/17/22	Site Visit: 11/9/22
Neonatology	Valley Children's	Nwokidu-Aderibigbe, M.D.	Uche	08/23	Valley Children's - 5/14/22	Offer accepted. Start date summer 2023
OB/GYN	Delta Doctors	Rangel Barrera, M.D.	Carlos	ASAP	Direct	Offer accepted
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Bonner, D.O.	Ben	08/24	The Medicus Firm - 11/7/22	Site Visit: 12/14/22
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Dean, M.D.	Ryan	08/24	The Medicus Firm - 11/7/22	Site visiting pending dates in March
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Elsevier, M.D.	Hannah	TBD	The Medicus Firm - 11/9/22	Currently under review
Orthopedic Surgery - General	Orthopaedic Associates Medical Clinic, inc.	Goodell, M.D.	Parker	ASAP	Direct	Site Visit: 1/9/23
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Khazai, M.D.	Ravand	08/23	The Medicus Firm - 10/31/22	Currently under review
Orthopedic Surgery - Trauma	Orthopaedic Associates Medical Clinic, inc.	Quacinella, M.D.	Michael	08/24	Direct	Currently under review
Pediatric Hospitalist	Valley Children's	Chika Chukwuemeka, M.D.	Oragui	TBD	Valley Children's - 11/30/22	Site Visit: 12/7/22
Rheumatology	Key Medical Associates	Garg, M.D.	Arina	TBD	Enterprise Medical Recruiter - 8/16/22	Currently under review
Rheumatology	Key Medical Associates	Dhillon, M.D.	Joshpaul	08/23	Enterprise Medical Recruiter - 10/27/22	Currently under review



Subcategories of Department Manuals
not selected.

<u>Policy Number: HR.04</u>	<u>Date Created: No Date Set</u>
<u>Document Owner: Dianne Cox (Chief Human Resources Officer)</u>	<u>Date Approved: 10/26/2022</u>
<u>Approvers: Board of Directors (Human Resources)</u>	
<u>Special Pay Practices</u>	

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

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

Pay Practices:

Other Hours- Base rate of pay for additional hours or shifts worked.

Eligible Job Codes:

- House Supervisor: 4000293 (hours)
- Throughput Supervisor: 4002110 (hours)
- Pharmacy: 7010360, 6010972, 7011940
3002094, 3002093 (hours)
- RN-Nurse Practitioner: 7081541 (shift)
- Nurse Practitioner Manager 3001833 (shift)

MICN \$1.50 for active MICN cert
\$1.50 for active TNCC cert

Eligible job codes:

- RN: 7020339 7020746
- Charge Nurse: 6021615
- Assistant Nurse Manager: 3000640 in ED

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

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



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



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Subcategories of Department Manuals
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**Kaweah Delta
Health Care District**

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Policy Number: HR.145	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/21/2020
Approvers: Board of Directors (Administration)	
Family Medical Leave Act (FMLA) / California Family Rights Act (CFRA) Leave of Absence	

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

POLICY:

To allow time off to eligible employees. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance, and Workers' Compensation. To advise employees of their rights and responsibilities.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.

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NOTE: Due to coordination of information between departments and outside agencies, and the requirement that certain records be maintained to demonstrate compliance with State and Federal law, it is important that paperwork and documentation be completed and submitted to Human Resources in a timely manner by department heads and employees.

PROCEDURE:

This policy is based on the California Family Rights Act, as amended in 1993 (CFRA), and the Federal Family and Medical Leave Act of 1993 (FMLA), and is intended to provide eligible employees with all of the benefits mandated by these laws. However, in the event that these laws or the regulations implementing these laws are hereafter amended or modified, this policy may be amended or modified to conform with any change or clarification in the law.

1. Reason for Leave

Family leaves are subject to the eligibility requirements and rules set forth in this policy statement, and as provided by State and Federal regulations.

- a. FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:
 - i. For incapacity due to pregnancy, prenatal medical care or childbirth;
 - ii. Leave taken for the birth, adoption or placement of a child for foster care must be concluded within 12 months immediately following the birth, adoption or placement. The minimum duration for such leave is two (2) weeks. However, leave for less than two (2) weeks can be taken on two occasions only. Kaweah Health has the right to approve intermittent leave. Under CFRA, bonding leave may be taken at the end of Pregnancy Disability Leave for up to 12 weeks, and concluded within 12 months immediately following the birth.
 - iii.
 - iv. To care for the employee's spouse, son or daughter, or parent, who has a serious health condition, including a son or daughter 18 years of age or older if the adult son or daughter has a disability as defined by the Americans with Disability Act (ADA); or
 - v. For a serious health condition that makes the employee unable to perform the employee's job.
 - vi. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status deployed to a foreign country may use Leave to prepare for short-notice deployment, attend military events, arrange for childcare, address financial and legal arrangements, attend counseling sessions, and allow for rest, recuperation and post-deployment activities, among other events.
 - vii. A special leave entitlement is available that permits eligible employees to take up to 26 weeks of leave to care for a covered service member who is the spouse, son, daughter, parent, or next of kin. Certain conditions apply.

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- b. CFRA: In addition to the protections listed above, CFRA allows an employee to take up to 12 workweeks of unpaid protected leave during any 12-month period to bond with a new child of the employee or to care for themselves or a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner. If Kaweah Health employs both of the parents of a child, both are covered by this policy if eligibility requirements are met. Kaweah Health will grant a request by an eligible employee to take up to 12 workweeks of unpaid protected leave during any 12-month period due to a qualifying exigency related to the covered active duty or call to covered active duty of an employee's spouse, domestic partner, child, or parent in the Armed Forces of the United States. Leaves for this reason are, for the most part, covered under the FMLA, so these leaves may run concurrently with leave under the FMLA if

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the leave qualifies for protection under both laws.

- c. A "serious health condition" is an illness, injury, impairment or physical or mental condition which involves:
 - i. inpatient care (i.e., an overnight stay) in a medical care facility; or
 - ii. continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.
 - iii. The continuing treatment may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may qualify.

2. Employee Eligibility

Family leave is available to employees who have worked at least 12 months for Kaweah Health and have worked more than 1,250 hours during the previous 12 months.

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Leave Available

An employee may take up to twelve (12) weeks of leave during a 12-month period. A 12-month period begins on the date of an employee's first use of FMLA/CFRA leave. Successive 12-month periods commence on the date of an employee's first use of such leave after the preceding 12-month period has ended. FMLA and CFRA counts against the amount of Medical Leave available and vice versa.

- a. If certified to be medically necessary, leave to care for a family member's serious health condition may be taken intermittently or the employee may request a reduced work schedule. See below for more information.
- b. Leave taken for the birth, adoption or placement of a child for foster care must be concluded within 12 months immediately following the birth, adoption or placement. The minimum duration for such leave is two (2) weeks. However, leave for less than two (2) weeks can be taken on two occasions only. Kaweah Health has the right to approve intermittent leave. Under CFRA, bonding leave may be taken at the end of Pregnancy Disability Leave for up to 12 weeks, and concluded within 12 months immediately following the birth.

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Employees with pregnancy-related disabilities may have the right to take a Pregnancy Disability Leave in addition to a Family Leave.

3. Intermittent or Reduced Leave Schedule:

- a. If certified to be medically necessary, for self or leave to care for a family member's serious health condition may be taken intermittently or the employee may request a reduced work schedule. Increments of time may not be less than one hour.
- b. Employees requesting intermittent leave or a reduced work schedule may be requested to transfer to an alternate job position. Such a transfer will be to a job position better able to accommodate recurring periods of absence but which provides equivalent compensation and benefits.
- c. In any case, employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations.
- d. Leaves to care for a newborn child or a child placed for adoption of foster care may not be taken intermittently or on a reduced leave schedule under FMLA/CFRA.
- e. Exempt employees taking an intermittent or reduced leave will be paid for all hours actually worked. For example: An exempt employee is restricted to working three hours a day. The employee will be paid for three hours of productive time and five hours of PTO without impacting their exempt status. If the employee doesn't have PTO, the five hours will be unpaid.
- f. Accrued PTO hours are required to be used for intermittent leaves.

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4. Notice, Certification and Reporting Requirements

a. Timing:

If the need for the leave is foreseeable, an employee must provide 30 days written notice prior to the requested start of the leave. When 30 days is not possible, the employee must provide notice as soon as practicable and generally must comply with Kaweah Health's normal call-in procedures.

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If the need for the leave is foreseeable due to a planned medical treatment or supervision, the employee must make a reasonable effort to schedule the treatment or supervision in order to avoid disruption to the operations of Kaweah Health.

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b. Certification:

- i. An employee requesting leave to care for a family member with a serious health condition must provide a health-care provider's certification that it is medically necessary for the employee to assist in caring for the family member with the serious health condition.

The certification must include the following:

1. The date on which the serious health condition commenced;
2. The probable duration of the condition;
3. An estimate of the amount of time that the health care provider believes the employee needs to care for the individual requiring the care; and
4. A statement that the serious health condition warrants the participation of a family member to provide care during a period of the treatment or supervision of the individual requiring care.

ii. Upon expiration of the time estimated by the health-care provider needed for the leave, Kaweah **Health** may require the employee to obtain recertification in accordance with the above requirements as certifications expire.

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iii. In addition, an employee requesting an Intermittent Leave or reduced work schedule must provide a health-care provider's certification stating the following:

1. The date on which the treatment is expected to be given and the duration of the treatment.
2. That the employee's Intermittent Leave or reduced work schedule is necessary for the care of a spouse, child or parent with a serious health condition or that such leave will assist in the individual's recovery; and
3. The expected duration of the need for an Intermittent Leave or reduced work schedule.

iv. Department heads may not contact the employee's health care provider to obtain information on a leave. They are to refer any questions to Human Resources or Employee Health Services who may contact the provider.

c. Employee Periodic Reports:

During a leave, an employee must provide periodic reports regarding the employee's status to the department head and Human Resources, including any change in the employee's plans to return to work. Failure to provide updates may cause Kaweah **Health** to apply a voluntary resignation from employment.

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During an approved Intermittent Leave, the employee must call their department head or designee and Human Resources each day or partial

day that is requested as Intermittent Leave time.

5. Compensation During Leave:

Refer to the pamphlet from the Employment Development Department (EDD) entitled "For Your Benefit: California's Program for the Unemployed" for more information. Also refer to the Paid Family Leave policy in the manual.

- a. For a medical leave of absence longer than seven days which is to be coordinated with State Disability Insurance (SDI), or a Workers' Compensation leave of absence, accrued EIB hours are paid after 24 hours off. The initial three 24 hours are paid through accrued PTO, if available, at the employee's discretion. In the circumstance of an immediate hospitalization or surgery, an employee may be paid from accrued EIB from their first full day off. EIB must be used for coordination with SDI or Workers' Compensation Temporary Disability Payments; PTO time may be used only after all Extended Illness Bank (EIB) has been exhausted. Coordinated amounts will not exceed the regular amount of pay normally earned by the employee.
- b. It is the employee's responsibility to notify Payroll of the amount they receive from SDI or Workers' Compensation to ensure the correct amount of EIB coordination.
- c. Applying the EIB utilization guidelines, EIB may be used to attend to the illness of a child, parent, spouse, or registered domestic partner. Up to 50% of the annual EIB accrual can be used if the employee has worked a full 12 months; otherwise the utilization will be limited to 50% of the employee's accrued EIB. A maximum of 50% of accrued hours in a 12-month period may be utilized.

6. Benefit Accrual:

The employee will continue to accrue PTO and EIB as long as he/she is being paid by Kaweah Health (receiving a paycheck).

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7. Merit Review Date:

The merit review date will be adjusted by the number of days of paid and/or unpaid leave of absence over eighty-four (84) days.

8. Benefits During Leave:

- a. An employee taking leave will continue to receive coverage under Kaweah Health's employee benefit plans for up to a maximum of four (4) months per 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. Kaweah Health will continue to make the same premium contribution as if the employee had continued working.

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b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and Kaweah **Health**, under the same conditions as existed prior to the leave, for a maximum period of four (4) months in a 12-month period.

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c. If on paid status (utilizing PTO/EIB), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah **Health** his/her portion of the premiums while on a leave of absence for a total of four months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits.

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d. In the case where Pregnancy Disability Leave (FMLA) combined with CFRA bonding leave applies, if an employee is on paid status (utilizing PTO/EIB), the employee may continue her normal premiums through payroll deduction. If on unpaid status, she is required to pay Kaweah **Health** her portion of the premiums monthly while on a leave of absence for a total of up to seven months; COBRA rules then apply.

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e. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes and as such, the employee may have to provide proof of insurability and will be subject to the pre-existing rules which apply at the time of the leave.

f. An employee may cancel his/her insurance(s) within 30 days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within 30 days of his/her return from work.

g. Group medical, dental, vision insurance coverage and the medical spending account will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.

h. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah **Health** while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

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9. Reinstatement:

a. A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a medical leave of absence. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation must be completed within 2 weeks of the

employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all District policies, rules and procedures.

- b. Under most circumstances, upon return from Family or Medical Leave, an employee will be reinstated to his or her previous position, or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions. However, an employee returning from a Family or Medical Leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if an employee on Family and Medical Leave would have been laid off had he/she not gone on leave, or if an employee's position is eliminated during the leave, then the employee would not be entitled to reinstatement.
- c. An employee's use of Family and Medical Leave will not result in the loss of any employment benefit that the employee earned or was entitled to before using Family or Medical Leave.
- d. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation must be completed within 2 weeks of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all District policies, rules and procedures.

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

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Human Resources



**Kaweah Delta
Health Care District**

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Policy Number: HR.216	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: NOT APPROVED YET
Approvers: Board of Directors (Administration)	
Progressive Discipline	

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

POLICY:

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

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

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

Any employee who is in Progressive Discipline is not eligible for transfer or promotion within Kaweah Health without review and approval by the hiring manager and Human Resources.

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

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

PROCEDURE:

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

A. Warnings

1. Verbal Warning:

A Verbal Warning explains why the employee's conduct/performance is unacceptable and what is necessary to correct the conduct/performance. This written record of the verbal warning typically remains in the department manager's/supervisors confidential files unless more serious discipline follows.

B. Written Warning:

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

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

1. Level I

Any employee who receives a Level I is subject to further Written Warnings as stated in this policy.

2. Level II

Any employee who receives a Level II is subject to further Written Warnings as stated in this policy.

3. Level III

A Level III is considered Final Written Warning to the employee involved, and includes a written explanation of what is necessary to

meet the expectation of performance. A Level III Warning may be accompanied by a suspension. A suspension may be without pay and is generally up to five days or forty hours.

C. Administrative Leave

In the discretion of the District, an employee may be placed on Administrative Leave with or without pay at any time to give Kaweah Health time to conduct an investigation or for other circumstances considered appropriate by the District. Management may impose an Administrative Leave at any time for an employee(s) if they believe there is a risk to employee or patient safety. Management will notify Human Resources immediately if an Administrative Leave is enforced. When an employee is placed on Administrative Leave, Kaweah Health will make every effort to complete the investigation of the matter within five business days. If Kaweah Health is unable to complete an investigation of the matter within five days the Administrative Leave may be extended.

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

D. Dismissal Without Prior Disciplinary History

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

E. Employee Conduct

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

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

14. An act of sexual harassment as defined in the policy entitled Anti-Harassment and Abusive Conduct HR.13;
15. Improper or unauthorized use of District property or facilities;
16. Improper access to or use of the computer system or breach of password security;
17. Improper access, communication, disclosure, or other use of patient information. Accessing medical records with no business need is a violation of state and federal law and as such is considered a terminable offense by KDHCDC.
18. Unreliable attendance (See Attendance and Punctuality HR.184)
19. Violations of Kaweah Health Behavioral Standards of Performance.
20. Unintentional breaches and/or disclosures of patient information may be a violation of patient privacy laws. Unintentional breaches and/or disclosures include misdirecting patient information to the wrong intended party via fax transmission, mailing or by face-to-face interactions.
21. Access to personal or family PHI is prohibited.
22. Refusing to care for patients in the event mandated staffing ratios are exceeded due to a healthcare emergency.
23. Working off the clock at any time. However, employees are not permitted to work until their scheduled start time.
24. Failure to work overtime.
25. Use of personal cell phones while on duty if, unrelated to job duties anywhere in Kaweah Health.
26. Excessive or inappropriate use of the telephone, cell phones, computer systems, email, internet or intranet.
27. Any criminal conduct off the job that reflects adversely on the District.
28. Making entries on another employee's time record or allowing someone else to misuse the District's timekeeping system.

Deleted: For the convenience of the employees, Kaweah Health allows staff to clock in before their start time.

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

noted on the job description and as issued throughout a year
(i.e. Mandatory Annual Training, TB/Flu, etc.).

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

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



Subcategories of Department Manuals
not selected.

Policy Number: <u>HR.221</u>	Date Created:
Document Owner: <u>Dianne Cox (Chief Human Resources Officer)</u>	Date Approved: <u>Not Approved Yet</u>
Approvers: <u>Board of Directors (Administration)</u>	
<u>Employee Reduction in Force or Reassignment Resulting in Demotion</u>	

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

POLICY:

Kaweah Health is committed to maintaining a highly skilled and diverse workforce and will make all reasonable attempts to avoid cutbacks and reductions in force (RIF) or demotions whenever feasible. However, when Kaweah Health experiences circumstances it cannot maintain the existing staffing levels, the organization may decide in its discretion to implement a reduction in force or realignment in accordance with the following guidelines. Kaweah Health reserves theright to deviate from the guidelines contained in this policy when it determines, in its sole discretion, that such deviations(s) is/are appropriate.

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GUIDELINES:

I. Appropriate Staffing

Kaweah Health Management will determine the appropriate number of employees needed to effectively staff their departments. Staffing patterns will include the number of employees needed by department number, job number and full or part time status. Full-time employees, part-time employees and per diems are considered separate classifications.

II. Attrition and/or Hiring Freeze

The preferred method to reduce staffing levels is through attrition. Attrition occurs when employees terminate and are not replaced. Also, staff currently on Personal Leave of Absence can be informed that their job has been eliminated.

A hiring freeze may be implemented on an organization-wide, division-wide, department-wide, or job classification-specific basis or any combination of such basis. Because there are areas where specific training and/or licensure are necessary, if in-service training and/or internal transfer cannot meet the staffing

needs, it may be necessary to recruit from outside the current Kaweah Health workforce. If a hiring freeze is implemented, and qualified employees are not available through internal transfer, jobs may be posted by utilizing the position control process.

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III. Furlough

A furlough is a temporary lay-off/ leave of an employee due to special needs of an employer, generally due to economic conditions. A furlough will not generally be extended for longer than three months. However, Kaweah Health reserves the right to deviate from this standard under extraordinary circumstances.

When a furlough is applied, the employee may apply for Unemployment Benefits. The employee is required to be available to work when called back to duty. If the employee is not available to work, a voluntary termination may be applied. See section IV for guidelines.

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IV. Reduction in Force (RIF)

When a department Director and Chief Executive determine that there are more employees employed within a job classification or department or any unit or units of employment than is necessary to support Kaweah Health needs, a RIF may be proposed. All requests for RIF's must be approved by Kaweah Health's Chief Executive Officer.

Once approved, the Human Resources department will determine which employees will be reduced by following this policy. For the purposes of this policy each department is considered separately. Each job number in the department is considered separately. Managerial and lead positions will be considered separate job classifications from the positions held by employees that they manage/lead. Also part-time, full-time and per diem employee categories will be considered separately.

A. Generally, employee reductions will be based on the following factors in the order listed below. However, Kaweah Health may decide in its discretion to deviate from these guidelines, particularly where patient care or other important functions of Kaweah Health may be affected:

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1. Employees on Personal Leave of Absence will be reduced first and are not eligible for Reduction in Force benefits.

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2. Employees who have not successfully completed introductory period at Kaweah Health.

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3. Employees with documented job performance issues based on progressive discipline noted.

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4. Employees with the lowest documented job performance evaluations or certain competences needed do not apply to an individual or are scored lower.

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5. In all other cases where all considerations are equal, employees with the longest service based on date of hire with Kaweah Health will be the deciding factor.

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6. Where special skills, licensure, qualifications, experience or other key attributes are important to assist in carrying out the functions of Kaweah Health, Kaweah Health may deviate from the above criteria.

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B. Reduced employees will have some choices to make and deadlines in which to make them. The deadlines must be met.

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1. The right to appeal the reduction (see section X);

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2. The choice to take a three month RIF Personal Leave of Absence to look for a transfer (see section IV) while receiving salary continuance as reflected on the severance schedule below;

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3. The choice to take a severance lump sum and terminate employment (see section V).

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V. Three month RIF Personal Leave of Absence

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Employees expecting a RIF will receive salary continuation while on a three-month personal leave. Employees who have not been accepted into a new job with Kaweah Health by the end of the three month RIF Personal Leave of Absence will be terminated with their remaining severance in a lump sum. In addition, RIF employees who select the three month RIF Personal Leave of Absence may choose at any time within the three months to instead terminate their employment and take severance in a lump sum. Employees who find a new Kaweah Health job within three months will retain their original date of hire and the severance salary continuance will end.

Deleted: It is expected that employees will apply for a transfer to a new Kaweah Health job during their RIF Leave of Absence

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VI. Severance Pay and Termination

Severance pay will be paid according to the schedule below. The pay will be

based on straight time excluding any differentials or standby pay. Per diems are not eligible.

Years of Service	Weeks to be Paid
0 - 1	1.00
2 - 4	2.00
5 - 9	3.00
10 - 14	4.00
15 - 20	5.00
More than 20	8.00

The average number of hours which the employee worked per pay period during the six-month period prior to the Reduction in Force will be reviewed and considered to determine the appropriate status (i.e. Full-time vs. Part-time).

Employees with unpaid PTO accrued in their banks will be paid for those hours. EIB bank will not be paid out.

Deleted: Severance pay will be paid out upon termination of employment or if on a personal leave (see section IV).

In consideration of the severance pay, there is no further financial obligation to the employee on the part of Kaweah Health aside from eligible pension benefits, if any.

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VII. Reassignment Resulting in Demotion

Based on staffing pattern or employee performance, it is sometimes necessary to change an employee's job duties. When this change results in a lower salary grade or salary, it is considered a demotion. Employees who are demoted are given the choice of transfer to the new role offered to them at a lower grade and salary, or take a three-month Personal Leave of Absence as described in this policy without severance or take severance terminating employment as described in this policy. An employee has the right to appeal the reassignment resulting in demotion (see section IX).

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VIII. Benefits

An employee with group health, dental and vision insurance benefits who is placed on furlough or separates from employment as a result of RIF is entitled to continue his/her insurance benefits. For three months following furlough or separation from employment, the employee may continue group health, dental, and vision insurance at the active employee rates. An employee choosing to continue coverage beyond that period of time, may do so at full COBRA rates. Employees will be sent COBRA information to their address on file.

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The benefits offered through this policy apply to employees who separate from employment with Kaweah Health as a result of a RIF. They are not available to employees who separate from employment with Kaweah Health for other reasons

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such as a resignation or involuntary termination.

IX. Re-Employment

Employees who separate from employment with Kaweah Health as a result of a RIF and receive a severance payment may reapply for employment with Kaweah Health. However, if after separation has occurred a former employee is selected to fill a vacancy, their employment will be considered as any other newly hired employee. There is no requirement for reemployment by Kaweah Health.

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X. Appeal Rights for Reassignment Resulting in Demotion

Employees may not grieve or appeal termination of employment as a result of a reduction in force through the policy entitled GRIEVANCE PROCEDURE (HR.215). However, employees who have served greater than one hundred eighty (180) days may access their rights under policy entitled NOTIFICATION REQUIREMENTS AND APPEAL PROCESS FOR INVOLUNTARY TERMINATION AND DEMOTION (HR.218).

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XI. Appeal Rights for Employee Reduction in Force

You are entitled to appeal this separation orally, or in writing, by contacting your Chief Executive no later than the time indicated on your RIF Notice (typically one business day).

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XII. Under special circumstances, alternative severance packages may be developed and offered to employees. Where this is the case, acceptance of an alternate severance package will cause the employee to be ineligible for the benefits offered in this policy.

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

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Policy Number: HR.233	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Non-Employees	

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

POLICY: Kaweah Delta uses both employees and non-employees in the course of normal operations. Non-employee categories include but are not limited to Volunteers, Students, Independent Contractors, Contractors who have direct patient care or access, Temporary Staff, and Travelers. Non-employees are not on the payroll and do not receive benefits. Department Leaders of non-employees must coordinate their usage of non-employees through Human Resources. Certain contractors may utilize the Vendor Mate process as instructed.

PROCEDURE:

I. Coordination of Non-Employees

Human Resources clears all non-employees covered by this policy.

All non-employees must complete third-party background checks as well as a drug screening, two-step TB testing and Flu vaccine (during flu season). Once Human Resources has processed and cleared the background check, an identification badge will be issued. Human Resources and Clinical Education (when required) will provide orientation materials. Additional Clinical Orientation requirements are determined by the non-employee position, location of work and level of involvement with staff, patients and the public. Leaders or their designees are responsible for department specific orientation. (See HR.46 Orientation of Kaweah Delta Personnel)

II. Department Leaders Responsibilities

The Department Leader is responsible for all required processing, including orientation using information provided by Human Resources. All non-employees must complete orientation materials before they may begin working at Kaweah Delta.

As determined by the leader, all non-employees must have an initial competency assessment that is documented in the department and/or Human Resources file.

The department leader is responsible for the training duties and documented performance of non-employees.

III. Worker's Compensation and Employee Benefits

Non-Employees are not covered under any Kaweah Delta Self-Insurance nor health-related employee Insurance programs.

Kaweah Delta provides Workers' Compensation coverage for volunteers within the scope of the volunteer's duties.

IV. Ending the Non-Employee Relationship

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he relationship between Kaweah Delta and the non- employee can be ended without notice by either the non- employee or Kaweah Delta. Non-employees who leave Kaweah Delta must return all Kaweah Delta property. Department Leaders must notify Human Resources when a non-employee ends their service.

V. Volunteers

Volunteer opportunities are available through the Guild, Pet Therapy, Hospice (see policy H02-009), Clergy, General Volunteer Program, Kaweah Helps, and Community Engagement Initiatives.

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Volunteers will not be used to replace paid staff members but will perform extra duties that will contribute to the well-being and comfort of patients and visitors or support the services of Kaweah Delta.

VI. Students

The Human Resources Department maintains all Student Affiliation Agreement contracts.

Student placements are tracked by Clinical Education, Graduate Medical Education, Human Resources and may only occur when Affiliation Agreements are valid.

Duties of Students

Students will perform duties based on learning needs determined by their school and as defined in the Affiliation Agreement. Students/schools must show proof of compliance with Student Affiliation Agreements.

Supervision of Students

Supervision is provided by the clinical instructor of record, Physician, the department leader or designee following the Affiliation Agreement.

VII. Supplemental Staffing

As a general rule, an individual employed by Kaweah Delta cannot also contract to provide services to Kaweah Delta.

Outside resources will be utilized when a need is determined for specialized services and/or to fulfill a shortage of qualified staff. Management must present all requests for contracting services to their Director and Vice President for submission to Human Resources.

Per AP.69, Human Resources must approve all contracted staffing and independent contractor agreements. Human Resources has sole authority and responsibility for communication and negotiation with contracted staffing agencies and independent contractors.

Human Resources will be responsible for procuring and maintaining the contractors for contracted personnel, including Independent Contractors, Temporary Staff, and Travelers.

Leaders wishing to utilize temporary labor through an agency or registry are required to contact Human Resources. Human Resources will select the appropriate agencies for provision of personnel.

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Departments which utilize contact or agency staff members are responsible for assuring compliance with regulatory standards and Kaweah Delta standards for performance. Management is also responsible for assuring proper orientation, competency assessment, privacy and safety training for all contract and agency staff.

Individuals and companies who contract to provide staffing services with Kaweah Delta must provide proof that they meet all applicable state, national, local, Kaweah Delta and Joint Commission requirements.

VIII. Medical Exams and Health Requirements

Non-employees who provide services to patients will be contractually required to comply with Employee Health Services guidelines, i.e. Two-Step TB testing, drug screening and flu vaccine (during flu season). Non-employees must meet all essential functions for their position as noted in the job description. (See EHS.11 Immunization Requirements for Health Care Workers)

IX. Non-Employee Files

A file on each non-employee must be kept with the Department Leader and/or Human Resources. The file should contain the non-employee's initial competency assessment, documentation of competency assessment if applicable, and documentation of training and in-services. During surveys by the State or Joint Commission, Human Resources, leaders and the Director of Volunteer Services will be responsible for providing all required documentation.

X. Kaweah Delta Policies and Procedures

All non-employees will conduct themselves in a manner which reflects positively upon Kaweah Delta. Non-employees will familiarize themselves with the Mission of Kaweah Delta.

Non-employees must abide by the same policies as Kaweah Delta employees during their assignment. This includes dress code, identification badges, personal visits, use of phones for personal use, confidentiality of Kaweah Delta and patient information, solicitation etc. between the District

XI. Harassment

Non-employees, who believe that they have been harassed by an employee, patient, or member of the medical staff, are encouraged to report the incident to their leader or to the Human Resources Department.

RELATED POLICIES: AP.69 Requirements for Contracting with Outside Service Provider; HR.35 Supplemental Staffing

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Subcategories of Department Manuals
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**Kaweah Delta
Health Care District**

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Policy Number: HR.236	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 07/27/2022
Approvers: Board of Directors (Administration)	
Computer and Communication Devices and Social Media Code of Conduct	

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

POLICY:

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

Computer Systems:

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

Computer and Information Security:

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

even if employed by another employer who has access to Kaweah Health systems. (See AP64 Confidentiality Security and Integrity of Health Information)
Individual persons who access or use Kaweah Health information or data are expected to fulfill certain responsibilities according to the roles they are assigned.

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

Social Media & Internal Communication Sites:

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

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

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

Internet Access:

Internet access is intended to support research, education and patient care, and is provided to enhance the ability to develop, design and implement improved methods for delivering patient care, information and related services. All staff are expected to use appropriate professional ethics and judgment when using internet or intranet access, including the use of Social Media, telephones and personal cell phones, including a prohibition on messaging or text messaging any Protected Health Information (PHI) or Personally Identifiable Information (PII). (See ISS.001

Information Security)

Electronic Communication Systems:

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

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

Kaweah Health Issued Mobile Devices:

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

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

PROCEDURE:

Electronic Communication:

1. Internet or the Kaweah Health intranet access may be provided by Kaweah Health to employees for the benefit of Kaweah Health and its customers, vendors and suppliers. This access enables the employee to connect to information and other resources within or outside of Kaweah Health. Contract services staff who work at Kaweah Health may be given access to the computer system and must comply with all provisions of this policy.

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

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

Health. Employees are personally responsible for his/her posts (written, audio, video, or otherwise). Communications must not contain Kaweah Health confidential, proprietary or trade-secret information.

5. Kaweah Health urges employees to report any violations or possible or perceived violations to supervisors, managers or the HR Department or Compliance Department. Violations include discussions of Kaweah Health and its employees and clients, any discussion of proprietary information, and any unlawful activity related to blogging or social networking. Inappropriate use shall be subject to disciplinary action, up to, and including, termination. In addition, breach of patient information may also be subject to legal proceedings and/or criminal charges. (See HR.216 Progressive Discipline policy)
6. All employees who have access to computer information will sign an Agreement. In addition, employees will be required to sign certain other Agreements that apply to their position. The electronic copy of these Agreements will be kept in ISS.

Employee Harassment and Discrimination:

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

Termination of Employment:

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

considered theft of property and may lead to criminal prosecution.

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Subcategories of Department Manuals
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**Kaweah Delta
Health Care District**

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Policy Number: HR.31	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/19/2019
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Transfers	

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

POLICY:

Employees of Kaweah Delta Health Care District who have successfully completed one year of employment in their current position may request a transfer to a posted position. Employees must complete an online Employment Application. The one-year employment requirement may be waived with approval of both department leadership and Human Resources.

Employees may initiate a transfer request when in Disciplinary Action, as long as the potential department leader is made aware of all performance issues.

Each request for transfer will be reviewed, comparing the employee's qualifications with the requirements of the job. If two or more applicants are equally qualified for the position, preference will be given to in-house employees. When two or more equally qualified in-house employees are being considered for the position, past performance and length of service will contribute to the final decision.

PROCEDURE:

1. Employees who have successfully completed one year of employment may apply for any posted position by completing an Employment Application. The one-year period may be waived with the approval of the involved department leadership and/or vice presidents.
2. All employee transfers will be processed in the following manner:
 - A. Each request will be sent to the hiring department leader, who will compare the employee's qualifications with the requirements of the job. The review includes a Human Resources file check for past performance and current or previous disciplinary action.
 - B. The most qualified candidates will be interviewed.
 - C. It is the employee's responsibility to notify his/her department leaders that he/she is a final candidate when confirmed a pending job offer. This discussion must occur prior to finalization of the transfer request.

1. A minimum of two to four weeks written notice will be given by the employee to the present department leader. The actual length of time between written notice and the transfer will be determined jointly by the employee's prior and new department leaders.
2. The rate of pay will be determined in accordance with the current Compensation Program.
 - A. All transfers may result in a new performance evaluation date if the position duties subsequently changed or the transfer results in reporting to a new leader.
 - B. If a demotion or voluntary move to a position that has a grade that is at least 4% lower, the evaluation date will be adjusted to one year from the date of the transfer. A pro-rated merit may not apply based on internal equity. If internal equity indicates a reduction of \$.25 or less, no reduction will apply. If the employee is moving to a different leader or substantially different position, the prior leader must complete a performance evaluation to meet Title XXII requirements. If this transfer is less than 90 days from the last performance evaluation, HR can use the prior evaluation percentage if a pro-rated merit applies. Refer to the Intent to Demote Policy.
 - C. If the employee is moving to a position that is within 4% of the current grade (as measured by the midpoints), the pay rate will be evaluated for internal equity; a pro-rated merit may apply. If the employee is moving to a different leader or substantially different position, the prior leader must complete a performance evaluation to meet Title XXII requirements. The 90-day exception will apply.
 - D. If the employee is moving to a position that has a grade that is at least 4% higher, the prior leader will complete an evaluation, the evaluation date will be adjusted to one year from the date of the transfer, the pro-rated merit may apply as well as an increase applicable to the change in position, applying internal equity. The 90-day exception will apply.
3. The department leader is responsible for initiating a status change form to transfer the employee and completing the appropriate sections of the form.

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Subcategories of Department Manuals
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**Kaweah Delta
Health Care District**

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Policy Number: HR.61	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/31/2019
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (Chief Human Resources Officer)	
Status Classification of Employees/Concurrent Jobs	

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

POLICY: Each Kaweah Delta employee has a current status designation that is used to determine compensation, benefits, and status. It is Kaweah Delta's policy to comply with the Fair Labor Standards Act (FLSA).

PROCEDURE: I. Exempt/Non-Exempt Status

Each position (not individual) will be designated as either exempt or non-exempt under the FLSA for overtime purposes. The Human Resources Department will conduct a job evaluation to determine whether the position has exempt or non- exempt status.

A. Exempt Status

1. Full-time employees occupying positions designated as exempt under the FLSA are exempt from overtime payments under federal law.
2. To qualify for an exemption from overtime, employees must be paid on a salary basis. For further information, refer to policy (HR.62) EXEMPT EMPLOYEE PAY/SALARY BASIS SAFE HARBOR PROVISION.
3. Employees categorized as exempt are expected to work hours necessary to accomplish their job duties. Compensatory time off will not be authorized.

B. Non-Exempt Status

Employees occupying positions designated as non-exempt under the FLSA are eligible for compensation of overtime for hours worked in excess of 40 hours per week under

federal law. Compensatory time off will not be authorized.

II. Employment Status

Individuals will be designated as full-time, part-time or per diem.

A. Full-time Status- Benefits Eligible

Employees occupying positions designated as full-time are normally and regularly scheduled to work 36 to 40 hours per week.

Weekly Hours	Bi-Weekly Hours	Classification
36-40	72-80	Full Time Benefits Eligible

B. Part-time Status- Benefits Eligible

Employees occupying positions designated as part-time are normally and regularly scheduled to work 24-35 hours per week.

Weekly Hours	Bi-Weekly Hours	Classification
24-35	48-71	Part Time Benefits Eligible

C. Part Time- No Benefits

Employees occupying positions designated as part-time are normally and regularly scheduled to work less than 24 hours per week.

Weekly Hours	Bi-Weekly Hours	Classification
0-23	0-47	Part Time No Benefits

D. Per Diem Employees

Per Diem Employees who work as needed are not eligible to participate in employee-sponsored benefit programs, unless eligible for medical insurance in compliance with the ACA. Active Per Diem job codes are determined by Human Resources.

Note: Regardless of status, all employees are eligible to participate in the Retirement Plans 401(k) and 457(b).

III. Employee Acknowledgement

Upon initial hire and/or change in employment status of an existing employee from full or part time to Per Diem, the employee will sign a Per Diem Agreement form indicating that they have read and acknowledged the requirements and commitments they make in order to remain a Per Diem employee.

IV. Performance Management Program

Per Diem employee will be evaluated annually to assure performance standards are being met.

V. Paid Time Off (PTO)

In the event a full or part time employee changes to Per Diem status, all accrued PTO Time in their bank at the time of status change will be paid out to the employee at the hourly rate prior to the change. Any accrued EIB Time will be held in abeyance in the event the employee returns to regular full or part time status.

VI. Concurrent Jobs

Employees may, with permission from department leaders, work at more than one Kaweah Delta job or department. Additional jobs are referred to as concurrent jobs. Employees apply for concurrent jobs by following the same process used for transfer requests. (HR.31) Transfer Policy.

One department leader must agree to be the primary manager of the employee. This leader confirms the employee's payroll.

For Timekeeper, the employee clocks in for all hours worked using the transfer function in HR Timekeeper or on the wall clock, adjusting their job code or department as appropriate.

- If an employee's primary and concurrent jobs are both non-exempt, overtime will be paid for

combined hours worked in excess of 40 hours in a week.

- If an employee has one job that is exempt and one job that is non-exempt, all hours worked over 40 will be paid at overtime any week in which the non-exempt duties exceed 50% of the hours worked in that week.
- If an employee's primary job and concurrent job are classified as exempt, no overtime will be paid for hours exceeding 40 hours in a week.

The department that schedules the concurrent hours is responsible for paying any overtime unless an alternate agreement has been reached between the primary and concurrent managers. The primary manager confirms all hours to be paid after verifying with the appropriate manager(s) the hours worked in the concurrent department(s).

Changes in Employment Status

Changes in employment status (e.g., from full-time to part-time and back to full-time) may be made as warranted and will be effective on the first day of a pay period. Changes in employment status which result in the employee becoming eligible or ineligible for benefit coverage (e.g., from non-benefits eligible to benefits- eligible,) will be as follows:

- A. Non-benefits eligible employees who change status to benefits-eligible may apply for insurance coverage for themselves and their eligible dependents within thirty (30) days of that eligibility. Coverage will be effective on the first day of the following month.
- B. Benefits-eligible employees who change status to become non-benefits eligible lose their eligibility for insurance benefit coverage unless eligible under the Affordable Care Act for medical insurance. Coverage terminates the end of the month in which the status occurred. Accrual rates for PTO/EIB adjust according to status and eligibility. Coverage for some benefits may be continued by eligible employees under COBRA.

For more information, see HR.128 Employee Benefits Overview.

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Policy Number: HR.70	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)	
Meal Periods, Rest Breaks and Breastfeeding, and/or Lactation Accommodation and/or Lactation Accommodation	

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

PURPOSE:

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

MEAL PERIOD POLICY AND PROCEDURE:

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

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

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

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

notify their supervisor if they do leave, and inform them when they return.

Employees who are not provided a 30- minute meal period of uninterrupted time in a timely manner as described are entitled to one hour of pay at their regular rate of pay (pay code MPRB1hour). An employee who is not provided with a meal period according to policy must, on the day of the missed and/or interrupted meal period complete a time adjustment sheet and notify their leader. The leader will authorize payment of premium pay in the timekeeping system. Note that if the employee voluntarily delays their meal period, no additional pay of one hour will be paid.

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

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

REST BREAK POLICY AND PROCEDURE:

By way of this policy non-exempt employees are also authorized, permitted and expected to take a 10-minute rest break for every four hours of work or major fraction thereof. Employees must work at least 3.5 hours to be entitled to a rest break. Rest breaks should be taken in the middle of each 4- hour period in so far as it is practicable. These rest breaks are authorized by Kaweah Health; but it is each employee's responsibility to ensure that they are taking appropriate rest breaks.

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

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

ADDITIONAL INFORMATION:

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

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

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

- Less Than 3.5 Hours: An employee who works less than three-and-a-half is not entitled to a rest break.
- 3.5 Hours or More: An employee who works three-and-a-half hours or more is entitled to one ten-minute rest period.
- More than 6 Hours: An employee who works more than six hours is entitled to two ten-minute rest periods, for a total of 20 minutes of resting time during their shift.
- More than 10 Hours: An employee who works more than ten hours is entitled to three ten-minute rest periods, for a total of 30 minutes of resting time during their shift.
- And so on... An employee is entitled to another ten-minute rest period every time they pass another four-hour, or major fraction thereof, milestone.

How Many Meal Breaks Must be Taken:

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

Kaweah Health will provide a reasonable amount of break time to allow an employee to express breast milk for that employee's infant child. The break time will run concurrently, if possible, with any rest break or meal period time already provided to the nursing mother. If it is not possible for the break time that is already provided to the employee, the break time shall be unpaid.

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

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

- a) Mineral King Wing, 1st Floor MK lobby by Lab Station
- b) Mineral King Wing, 2nd Floor on the left heading to ICU
- c) Mineral King Wing, 3rd Floor on the left just past the stairwell
- d) Acequia Wing, Mother/Baby Department
- e) Support Services Building, 3rd Floor, (Computer available)
- f) South Campus, next to Urgent Care Lobby
- g) Imaging Center, Dexa Exam Room (Computer available)
- h) Mental Health Hospital, Breakroom Suite
- i) Visalia Dialysis, Conference Room, (Computer available)

- j) KHMG, GYN Department
- k) Exeter Health Clinic, Family Practice Department, (Computer available)
- l) Woodlake Health Clinic, (Computer available)
- m) Dinuba Health Clinic, (Computer available)
- n) Lindsay Health Clinic, (Computer available)
- o) Rehabilitation Hospital, next to Outpatient Speech Therapy Office

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**Kaweah Delta
Health Care District**

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Policy Number: HR.72	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/18/20
Approvers: Board of Directors (Administration)	
Standby and Callback Pay	

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

PURPOSE:

To establish standards for Standby and Call Back requirements and to compensate employees who, at Kaweah Delta's request, are required to make themselves available for work if called.

POLICY:

Employees assigned to take Standby will be available to work as needed. Standby pay is based on factors such as whether the employee is "sufficiently restricted," supply and demand of the position, market pay for similar roles, and the frequency with which an employee may be called back to work. Standby is paid at a percentage of the minimum of the position range unless there is another method established. Standby pay is not required if the employee is unrestricted, such as available by mobile phone.

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In addition, certain departments are eligible for Call Back when on standby. Call Back pay will not apply if Call Back occurs on a previously scheduled regular shift. Kaweah Delta reserves the right to adjust the Standby rate and Call Back paid to specific positions as conditions warrant.

PROCEDURE:

1. While on Standby, an employee will not be required to remain on Kaweah Delta premises, but is required to leave word at his/her residence or where he/she can be reached, and/or carry a beeper/pager, or may voluntarily utilize their own cell phone in lieu of a provided beeper/pager. Because an employee who carries a beeper/pager or a cell phone for Kaweah Delta business is generally not "sufficiently restricted," Kaweah Delta is not required to pay Standby; however, may do so if market demands warrant.
2. Standby and Call Back time will be recorded via regular timekeeping. Standby and Call Back will not be paid for the same hours. In addition, Standby should be not worked within 8 hours after the end of a shift for which the employee has claimed sick time.

3. If the employee has been called off from his/her regular schedule and placed on Standby:
 - a. The hours for which the employee will receive Standby payment will be determined by the department leader. In addition to recording Standby on the timekeeping system, PTO Mandatory Dock or Mandatory Dock-No Pay is to be recorded for the employee to receive Paid Time Off and EIB accruals.
 - b. If the employee is called back to work, the hours worked will be paid at the employee's base rate, unless the employee has met overtime requirements. It is expected that the staff member on standby will respond and drive promptly to work upon notification of the need to come back in.
4. When on pre-scheduled Standby (primarily Cath Lab and Surgical Services), employees do not record Mandatory Dock pay codes, but are paid Call Back pay for work. Call Back begins when the employee arrives at and is ready to begin work.
 - a. An employee answering questions by telephone for Call Back is paid for the actual hours worked only.
 - b. Call Back will not be paid for hours during which the employee is working his/her regular schedule.
 - c. Leaders who take Call Back must be assigned a second job as a clinical staff person. When called into work as a clinical staff person, they will be paid in accordance with the above stated rules, using their clinical staff base rate for calculating compensation for Call Back and Standby.
 - d. Surgical Services receive a minimum of two hours Call Back when called in and the need does not require them to be on site two hours. However, if the employee leaves and comes back within the same two-hour period, they may not double dip. The two-hour period will extend from the second time of arrival.
 - e. Travel time is not paid except in areas of Home Health and Hospice and in accordance with Federal law. The employee remains on Standby during travel to the workplace.

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Policy Number: HR.78	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/31/2019
Approvers: Board of Directors (Administration)	
Salary Administration Program	

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

POLICY:

Kaweah Health has established and maintains a compensation program to govern the fair and competitive administration of wages and salaries. This program was implemented to provide salary consistency and internal equity throughout all Kaweah Health departments and jobs. This program will be reviewed annually and updated as necessary. We strive to have, wages and salaries that are:

1. Internally Equitable: Fairly reflecting the scope and complexity of each position in relation to all other positions in the organization; ensuring fair and equitable wages between individuals with the same job class.
2. Externally Competitive: Enabling Kaweah Health to attract, retain and motivate qualified employees through compensation and benefits that are positioned fairly within the competitive labor market as defined by Human Resources. Exceptions to this philosophy may be made in cases where there are significant imbalances in the demand and supply for staff. Kaweah Health participates in and/ or purchases results of salary surveys. The results of these surveys are used in the job evaluation process used to assign salary grades to each job. In no case should managers or employees participate in or initiate salary surveys. Any requests for established salary grades for any position are to be forwarded to Human Resources. Kaweah Health's policy prohibits formal or informal sharing or receipt of salary grade information outside the context of salary surveys conducted by third parties.
3. Cost Effective: Consistent with Kaweah Health's needs, financial goals and ability to pay.
4. Effetive January 1, 2023, ranges of pay will be included on job descriptions on the Kaweah Health Careers website in accordance with California State Law.

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Job Evaluation Process used for assigning salary grades:

Human Resources uses input from department leaders as needed to assure market competitiveness when evaluating the appropriate salary grade for a job. Human Resources uses a market based system and the results of salary surveys to evaluate the market value of a job and to assign a

salary grade. Using the market based system, each job is either a "benchmark job" or a "linkage job". A "benchmark job" is one typically found in published surveys. Jobs that are not "benchmark jobs" are linked to a benchmark job with similar levels of duties and responsibilities within a similar job family. These jobs are called "linkage" jobs.

This linkage process helps ensure internal equity while at the same time acknowledging the salaries paid for the same or similar positions with the local job market.

Salary survey data is reviewed initially when a job is established and then at least annually. Jobs are assigned to a salary grade based on the survey results. When an employee's job is assigned to a different grade, the hourly rate may be adjusted to preserve internal equity. Pay adjustments may be given based on the survey data results and annual budget considerations.

DEFINITIONS:

Minimum Wage:

The minimum wage complies with Federal and California minimum wage guidelines.

Equal Pay:

The equal pay standard requires that male and female workers receive equal pay for work requiring equal skill, effort, and responsibility and performed under similar working conditions.

Child Labor:

"Minor" means any person under 18 years of age. Only minors under age 18 who have graduated from high school or who have been awarded a certificate of proficiency may be employed.

Discrimination:

Kaweah Health is an "Equal Opportunity Employer" and is committed to a policy which establishes individual qualifications and merit as the only conditions for employment. Refer to HR.12 (Equal Employment Opportunity)

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Job Code:

A code which identifies an employee's position title, pay grade, salary range, and associated pay practices.

Pay Grade:

Job codes reflecting jobs with requirements, duties and responsibilities of similar complexity are grouped by pay grade. The pay grade is a code which identifies a salary range.

Salary Range:

The range of pay between the minimum and maximum of a salary grade.

Minimum Rate:

The minimum hourly rate of pay within the salary range.

Midpoint:

The pay rate that is midway between the minimum and maximum of the salary range.

Maximum Rate:

The maximum hourly rate of pay within the salary range.

Base Rate:

The employee's current hourly rate, which is based on relevant experience, excluding differentials. The employee's education and/or performance may be considered as well.

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Performance Evaluation/Competence Assessment:

The process from date of hire through employment used for formal evaluation by the department head or supervisor for appraising an employee's job performance. This process includes performance evaluations, skills checklists and competency assessments. Refer to HR.213 Performance Management and Competency Assessment Program.

Merit Review Date:

This normally corresponds with the date of hire with exceptions made for unsatisfactory performance, leaves of absence, promotions, demotions, or transfers, and/or failure to comply with job requirements.

Merit Increase:

An increase based on the employee's current rate and determined by the overall performance evaluation.

Promotional Increase:

A change in position to one that is at least one grade higher than the current grade.

Downgrade/Demotion:

A downgrade/demotion is considered to be a change in position to one that is at least one grade lower than the current grade.

- a. Demotion - Generally an involuntary action taken by Kaweah Health, based on unacceptable performance by an employee. Refer to HR.221 Employee Reduction in Force - or- Reassignment Resulting in Demotion
- b. Downgrade - Generally a voluntary action taken by an employee, or taken Kaweah Health due to a restructure.

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Exempt:

An exempt employee is paid on a "salary" basis, which means that he/she will receive a pre-determined amount each pay period constituting all or part of his/her compensation, and the amount will not be subject to reduction because of variations in the number of hours worked in the work day or week, except in accordance with "Leave of Absence" Policy or Paid Time Off (PTO) Policy. Refer to HR.62 Exempt Employees Pay/Salary Basis Safe Harbor Provision and HR.234 Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014

Non-exempt:

Employees in this classification are paid on an hourly basis and are subject to overtime under Federal Labor Standards Act (FLSA).

Productive Hours Worked:

Includes all regular, overtime, call back and orientation and workshop hours.

Non-Productive Hours Paid:

Any time for which the employee is paid while not at work (i.e., Paid Time Off (PTO), Bereavement Leave, Jury Duty, Employee Illness Bank (EIB), or Leave of Absence).

Overtime Hours:

Productive hours worked in excess 40 hours per week; applies only to non-exempt employees.

Overtime Pay:

The overtime rate times the overtime hours, applied with Fair Labor Standards Act calculations. Employees classified as non-exempt by the Fair Labor Standards Act will receive overtime after 40 hours in a 7-day work week at one and one-half times the employee's regular rate.

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Policy Number: AP41	Date Created: Not Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: 01/26/2022
Approvers: Board of Directors (Administration)	
Quality Improvement Plan	

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

I. Purpose

The purpose of Kaweah Delta Health Care District’s (KDHCD) Quality Improvement Plan is to have an effective, data-driven Quality Assessment Performance Improvement program that delivers high-quality, excellent clinical services and enhances patient safety.

II. Scope

All KDHCD facilities, departments, patient care delivery units and/or service areas fall within the scope of the quality improvement plan requirements.

III. Structure and Accountability

Board of Directors

The Board of Directors retain overall responsibility for the quality of patient care. The Board approves the annual Quality Improvement Plan and assures that appropriate allocation of resources is available to carry out that plan.

The Board receives reports from the Medical Staff and Quality Council. The Board shall act as appropriate on the recommendations of these bodies and assure that efforts undertaken are effective and appropriately prioritized.

Quality Council

The Quality Council is responsible for establishing and maintaining the organization’s Quality Improvement Plan and is chaired by a Board member. The Quality Council shall consist of the Chief Executive Officer, representatives of the Medical Staff and other key hospital leaders. It shall hold primary responsibility for the functioning of the Quality Assessment and Performance Improvement program. Because District quality improvement activities may involve both the Medical Staff and other representatives of the District, membership is multidisciplinary. The Quality Council requires the Medical Staff and the organization’s staff to implement and report on the activities for identifying and evaluating opportunities to improve patient care and services throughout the organization. The effectiveness of the quality

improvement and patient safety activities will be evaluated and reported to the Quality Council.

Medical Staff

The Medical Staff, in accordance with currently approved medical staff bylaws, shall be accountable for the quality of patient care. The Board delegates authority and responsibility for the monitoring, evaluation and improvement of medical care to the Professional Staff Quality Committee “Prostaff”, chaired by the Vice Chief of Staff. The Chief of Staff delegates accountability for monitoring individual performance to the Clinical Department Chiefs. Prostaff shall receive reports from and assure the appropriate functioning of the Medical Staff committees. “Prostaff” provides oversight for medical staff quality functions including peer review.

Quality Improvement Committee (QIC)

QIC has responsibility for oversight of organizational performance improvement. Membership includes key organizational leaders including the Medical Director of Quality and Patient Safety or Chief Quality Officer, Chief Operating Officer, Chief Nursing Officer, Assistant Chief Nursing Officer, Directors of Quality and Patient Safety, Nursing Practice, [Pharmacy Health System, Accreditation](#), and Risk Management; Manager of Quality and Patient Safety and Manager of Infection Prevention. This committee reports to Prostaff and the Quality Council.

The QIC shall have primary responsibility for the following functions:

1. **Health Outcomes:** The QIC shall assure that there is measureable improvement in indicators with a demonstrated link to improved health outcomes. Such indicators include but are not limited to measures reported to the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), and other quality indicators, as appropriate.
2. **Quality Indicators:**
 - a. The QIC shall oversee measurement, and shall analyze and track quality indicators and other aspects of performance. These indicators shall measure the effectiveness and safety of services and quality of care.
 - b. The QIC shall approve the specific indicators used for these purposes along with the frequency and detail of data collection.
 - c. The Board shall ratify the indicators and the frequency and detail of data collection used by the program.
3. **Prioritization:** The QIC shall prioritize quality improvement activities to assure that they are focused on high- risk, high- volume, or problem-prone areas. It shall focus on issues of known frequency, prevalence or severity and shall give precedence to issues that affect health

- outcomes, quality of care and patient safety. The QIC is responsible to establish organizational Quality Focus Teams who:
- a. Are focused on enterprise-wide high priority, high risk, problem prone QI issues
 - b. May require elevation, escalation and focus from senior leadership
 - c. Have an executive team sponsor
 - d. Are chaired by a Director or Vice President
 - e. May have higher frequency of meetings as necessary to focus work and create sense of urgency.
 - f. Report quarterly into the QAPI program
4. **Improvement:** The QIC shall use the analysis of the data to identify opportunities for improvement and changes that will lead to improvement. The QIC will also oversee implementation of actions aimed at improving performance.
5. **Follow- Up:** The QIC shall assure that steps are taken to improve performance and enhance safety are appropriately implemented, measured and tracked to determine that the steps have achieved and sustained the intended effect.
6. **Performance Improvement Projects:** The QIC shall oversee quality improvement projects, the number and scope of which shall be proportional to the scope and complexity of the hospital's services and operations. The QIC must also ensure there is documentation of what quality improvement projects are being conducted, the reasons for conducting those projects, and the measureable progress achieved on the projects.

Medical Executive Committee

The Medical Executive Committee (MEC) receives, analyzes and acts on performance improvement and patient safety findings from committees and is accountable to the Board of Directors for the overall quality of care.

Nursing Practice Improvement Council

The Nursing Practice Improvement Council is designed to ensure quality assessment and continuous quality improvement and to oversee the quality of patient care (with focus on systems improvements related to nursing practices and care outcomes).

The Nursing Practice Improvement Council is chaired by the Director of Nursing Practice and facilitated by a member of the Quality and Patient Safety department. This Council has staff nurse representation from a broad scope of inpatient and out-patient nursing units, and procedural nursing units. The Council will report to Patient Care Leadership, Professional Practice Council (PPC) and the Professional Staff Quality Committee.

Graduate Medical Education

Graduate Medical Education (Designated Institutional Official (DIO), faculty and residents, are involved in achieving quality and patient safety goals and improving patient care through several venues including but not limited to:

- a) Collaboration between Quality and Patient Safety Department, Risk Management, and GME Quality Subcommittee
- b) GME participation in Quality Improvement Committee and Patient Safety Committee
- c) GME participation in KDHC quality committees and root cause analysis (including organizational dissemination of lessons learned)

Methodologies:

Quality improvement (QI) models present a systematic, formal framework for establishing QI processes within an organization. QI models used include the following:

- [Model for Improvement \(FOCUS Plan-Do-Study-Act \[PDSA\] cycles\)](#)
 - [Six Sigma](#): Six Sigma is a method of improvement that strives to decrease variation and defects with the use of the DMAIC roadmap.
 - [Lean](#): is an approach that drives out waste and improves efficiency in work processes so that all work adds value with the use of the DMAIC roadmap.
1. The **FOCUS-Plan, Do, Check, Act (PDCA)** methodology is utilized to plan, design, measure, assess and improve functions and processes related to patient care and safety throughout the organization.
 - **F—Find** a process to improve
 - **O—Organize** effort to work on improvement
 - **C—Clarify** knowledge of current process
 - **U—Understand** process variation
 - **S—Select** improvement
 - **Plan:**
 - Objective and statistically valid performance measures are identified for monitoring and assessing processes and outcomes of care including those affecting a large percentage of patients, and/or place patients at serious risk if not performed well, or performed when not indicated, or not performed when indicated; and/or have been or likely to be problem prone.
 - Performance measures are based on current knowledge and clinical experience and are structured to represent cross-departmental, interdisciplinary processes, as appropriate.

- **Do:**
 - Data is collected to determine:
 - ◆ Whether design specifications for new processes were met
 - ◆ The level of performance and stability of existing processes
 - ◆ Priorities for possible improvement of existing processes
 - **Check:**
 - Assess care when benchmarks or thresholds are reached in order to identify opportunities to improve performance or resolve problem areas
 - **Act:**
 - Take actions to correct identified problem areas or improve performance
 - Evaluate the effectiveness of the actions taken and document the improvement in care
 - Communicate the results of the monitoring, assessment and evaluation process to relevant individuals, departments or services
3. DMAIC (Lean Six Sigma): DMAIC is an acronym that stands for Define, Measure, Analyze, Improve, and Control. It represents the five phases that make up the road map for Lean Six Sigma QI initiatives.
- **Define** the problem, improvement activity, opportunity for improvement, the project goals, and customer (internal and external) requirements. QI tools that may be used in this step include:
 - Project charter to define the focus, scope, direction, and motivation for the improvement team
 - Process mapping to provide an overview of an entire process, starting and finishing at the customer, and analyzing what is required to meet customer needs
 - **Measure** process performance.
 - Run/trend charts, histograms, control charts
 - Pareto chart to analyze the frequency of problems or causes
 - **Analyze** the process to determine root causes of variation and poor performance (defects).
 - Root cause analysis (RCA) to uncover causes
 - Failure mode and effects analysis (FMEA) for identifying possible product, service, and process failures

- **Improve** process performance by addressing and eliminating the root causes.
 - Pilot improvements and small tests of change to solve problems from complex processes or systems where there are many factors influencing the outcome
 - Kaizen event to introduce rapid change by focusing on a narrow project and using the ideas and motivation of the people who do the work
- **Control** the improved process and future process performance.
 - Quality control plan to document what is needed to keep an improved process at its current level. Statistical process control (SPC) for monitoring process behavior
 - Mistake proofing (poka-yoke) to make errors impossible or immediately detectable

IV. Confidentiality

All quality assurance and performance improvement activities and data are protected under the Health Care Quality Improvement Act of 1986, as stated in the Bylaws, Rules and Regulations of the Medical Staff, and protected from discovery pursuant to California Evidence Code §1157.

V. Annual Evaluation

Organization and Medical Staff leaders shall review the effectiveness of the Quality Improvement Plan at least annually to insure that the collective effort is comprehensive and improving patient care and patient safety. An annual evaluation is completed to identify components of the plan that require development, revision or deletion. Organization and Medical Staff leaders also evaluate annually their contributions to the Quality Improvement Program and to the efforts in improving patient safety.

VI. Attachments

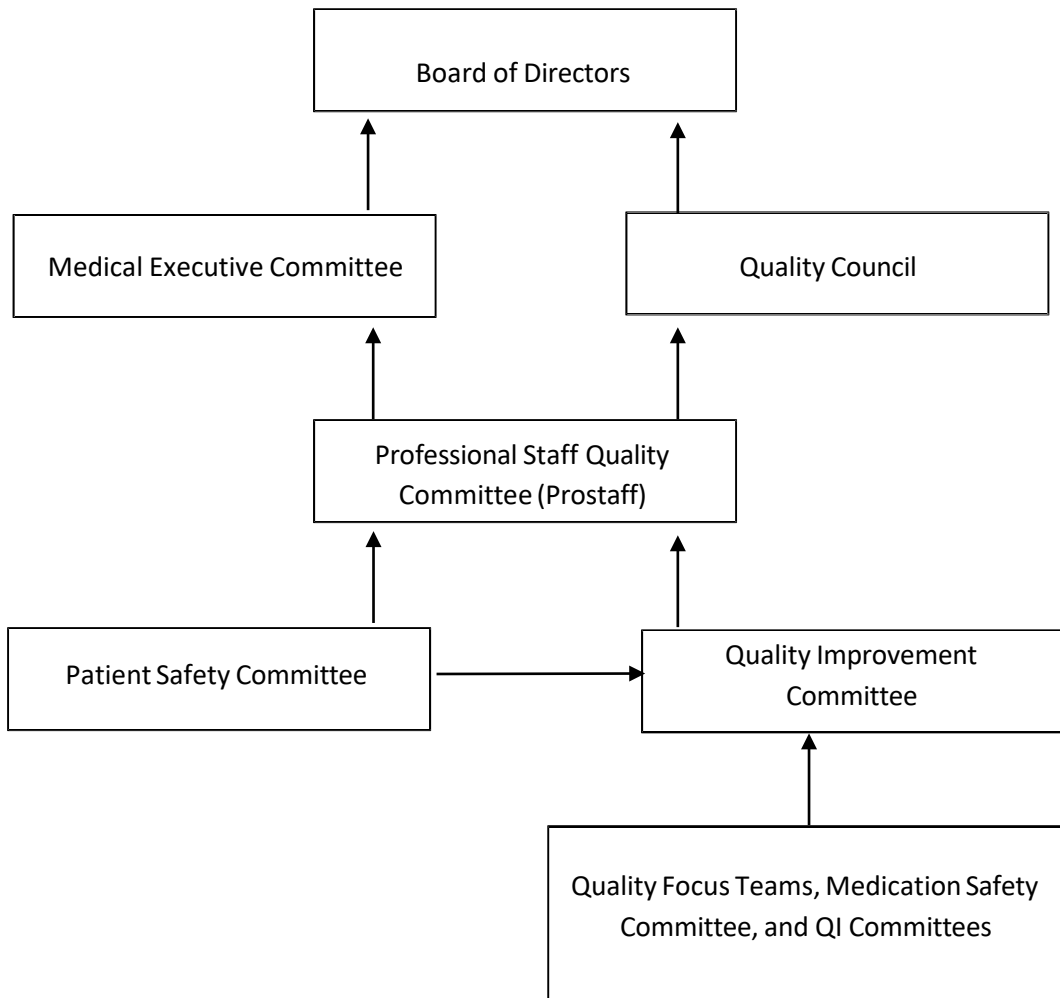
Components of the Quality Improvement and Patient Safety Plan:

Attachment 1: Quality Improvement Committee Structure
Attachment 2: KDHCDC- Prostaff Reporting Documents
Attachment 3: Quality and Patient Safety Priorities, Outstanding Health Outcomes Strategic Plan

"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."

Attachment 1

Kaweah Health
Quality Reporting Structure



Attachment 2

Kaweah Health - QUALITY IMPROVEMENT COMMITTEE REPORTING DEPARTMENTS

Departments within Kaweah Health participate in the Quality Improvement plan by prioritizing performance improvement activities based on high-risk, high-volume, or problem-prone areas. Department level indicators shall focus on issues of known frequency, prevalence or severity and shall give precedence to issues that affect health outcomes, quality of care and patient safety. Departments include, but are not limited to:

PROFESSIONAL and PATIENT CARE SERVICES
Laboratory
Nursing Quality Dashboard
Advanced Nursing Practice
Wound Care, Inpatient (Skin and Wound Committee)
Patient Access
Community Outreach
Patient & Family Services
Case Management/Utiliz Mgt & Bed Alloc
Interpreter Services
EOC (Security, facilities, Clinical Engineering, EVS)
Chaplain Services
Exeter Health Clinic (includes Lindsay, Woodlake, Dinuba)
Inpatient Pharmacy
Conscious Sedation (ED) Annual
Organ Donation (Annual)
Maternal Child Health
Labor & Delivery
Mother Baby
Neonatal Intensive Care Unit
Pediatrics
Mental Health Services
Mental Health
Episodic Care
Emergency
Trauma Service
Urgent Care
Cardiovascular Services
Dept of Cardiovascular Services (ACC/STS/) - Cath lab, IR, CVCU and Cardiac Surgery
CVICU
2N
4T
Critical Care Services
Intensive Care Unit
3W
Rehabilitation Services
Rehabilitation
Inpatient Therapies (KDMC, Rehab, South Campus)

PROFESSIONAL and PATIENT CARE SERVICES
Outpatient Therapies: Medical Office Building (MOB), Exeter, Sunnyside, Dinuba, Lovers Lane, Therapy Specialists at Rehab
Outpatient Wound Care at Rehab
Post Acute Services
KD Home Infusion Pharmacy
Home Care Services (Home Health & Hospice)
Transitional Care Svc/Short-Stay Rehab
Skilled Nursing Services
Surgical Services
Ambulatory Surgery Center/PACU/KATS
Operating Room
SPD
Broderick Pavilion
3N
4 South
Renal Services
4 North -
CAPD/ CCPD (Dialysis Maintenance)
Visalia Dialysis
Med/Surg
2S
3S
PUBLICALLY REPORTED MEASURES
Infection Prevention
Patient Safety Indicators/HACs
Value Based Purchasing Report
Patient Experience
Core Measures
Hospital Compare Quarterly Report
Healthgrades
Leapfrog Hospital Safety Score
COMMITTEES
Med Safety & ADE
Disparities in care
Falls committee
RRT/Code Blue
Pain Management
Resource Effectiveness Committee
Sepsis Quality Focus Team
Stroke
Diabetes QFT
Blood Utilization
Handoff Communication QFT
Accreditation Regulatory Committee
Diversion Prevention Committee

Strategic Initiative Charter: Outstanding Health Outcomes

Objective

Chair

ET Sponsor

Board Member

To consistently deliver high quality care across the health care continuum

Sonia Duran-Aguilar

Doug Leeper

Dave Francis

Performance Measure	Baseline	FY23 Goal
Standardized Infection Ratio (SIR) CAUTI, CLABSI, MRSA (CMS Data)	CAUTI 0.84 CLABSI 1.33 MRSA 2.53	CAUTI 0.650 CLABSI 0.589 MRSA 0.726
Percent Sepsis Bundle Compliance (SEP-1) (CMS Data)	75% (July-Dec2020)	77%
Hospital Readmissions (%)	(FY2019) AMI – 12.34 COPD – 16.09 HF – 18.22 PN Viral/Bacterial – 14.13	AMI – 7.16 COPD – 12.87 HF – 11.72 PN Viral/Bacterial – 11.30
Decrease Mortality Observed/Expected Rates	AMI - 0.75 COPD – 2.40 HF – 1.78 PN Bacterial – 1.85 PN Viral – 1.34	AMI - 0.71 COPD – 0.93 HF – 0.52 PN Bacterial – 0.53 PN Viral – 0.81
Team Round Implementation	Rolled out to Hospitalist patients only in Med Surge units.	Roll out to Primary Care physician groups and Acute Care Trauma and Surgical Services (ACTSS) on med surge units.
Meet 13 of 20 QIP Measure Performance in PY5	N/A (Available end of FY22)	≥13
Humana % PAF Completion/ HCC reassessment in RHCs, SHWC and KHMG	80.4%	≥80%
Medicare Advantage STAR Rating for Humana lives	4.0	4.0
Improve Time to Target	N/A	Establish baseline data
Reduce Hypoglycemic events	157/265 N/A	Establish baseline data

Strategic Initiative Charter: Outstanding Health Outcomes

Objective

To consistently deliver high quality care across the health care continuum

Chair

Sonia Duran-Aguilar

ET Sponsor

Doug Leeper

Board Member

Dave Francis

Strategies (Tactics)	Net Annual Impact (\$)*
<p>Standardized Infection Ratio (SIR) CAUTI, CLABSI, MRSA:</p> <ul style="list-style-type: none"> CAUTI, CLABSI/MRSA Quality Focus Teams Daily catheter and central line Gemba rounds Enhanced daily huddles, education/awareness, culture of culturing TPN Utilization, Bio-Vigil, MRSA Decolonization 	<p>2% Medicare reimbursement per beneficiary (star rating); CMS HAC & VBP Program penalties</p>
<p>Sepsis Bundle Compliance (SEP-1)</p> <ul style="list-style-type: none"> SEPSIS Coordinators SEPSIS Alerts-Required MD notifications Quality Focus Team-RCAs/Fall out review 	<p>Reduction to length of stay</p>
<p>Mortality/Readmissions</p> <ul style="list-style-type: none"> Enhanced diagnosis specific workgroups/committees Standardized care based on evidence Expand palliative medicine 	<p>Readmission Reduction Program & VBP</p>
<p>Team Round Implementation</p> <ul style="list-style-type: none"> Multidisciplinary rounding Develop as a Quality Improvement project to measure metrics for the unit including patient satisfaction, length of stay, adverse events, etc. Develop brief documentation of the daily event Identify expansion plan to more patient care units and physician groups 	<p>Reduction to length of stay Improve patient care and experience</p>

Policy Number: AP175	Date Created: Not Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Set
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Patient Safety Plan	

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

I. Purpose

- Encourage organizational learning about medical/health care risk events and near misses
- Encourage recognition and reporting of medical/health events and risks to patient safety using just culture concepts
- Collect and analyze data, evaluate care processes for opportunities to reduce risk and initiate actions
- Report internally what has been found and the actions taken with a focus on processes and systems to reduce risk
- Support sharing of knowledge to effect behavioral changes in itself and within Kaweah Delta Healthcare District dba Kaweah Health (Kaweah Health)

II. Scope

All Kaweah Health facilities, departments, patient care delivery units and/or service areas fall within the scope of the quality improvement and patient safety plan requirements.

III. Structure and Accountability

A. Board of Directors

The Board of Directors retains overall responsibility for the quality of patient care and patient safety. The Board approves annually the Patient Safety Plan and assures that appropriate allocation of resources is available to carry out that plan.

The Board receives reports from the Patient Safety Committee through the Professional Staff Quality Committee. The Board shall act as appropriate on the recommendations of these bodies and assure that efforts undertaken are effective and appropriately prioritized.

B. Quality Council

The Quality Council is responsible for establishing and maintaining the organization's Patient Safety Plan and is chaired by a Board member. The Quality Council shall consist of the Chief Executive Officer, representatives of the Medical Staff and other key hospital leaders. It shall hold primary responsibility for the functioning of the Quality Assessment and Performance Improvement program. Because District performance improvement activities may involve both the Medical Staff and other representatives of the District, membership is multidisciplinary. The Quality Council requires the Medical Staff and the organization's staff to implement and report on the activities for identifying and evaluating opportunities to improve patient care and services throughout the organization. The effectiveness of the quality improvement and patient safety activities will be evaluated and reported to the Quality Council.

C. Patient Safety Committee

The Patient Safety Team is a standing interdisciplinary group that manages the organization's Patient Safety Program through a systematic, coordinated, continuous approach. The Team will meet monthly to assure the maintenance and improvement of Patient Safety in establishment of plans, processes and mechanisms involved in the provision of the patient care.

The scope of the Patient Safety Team includes medical/healthcare risk events involving the patient population of all ages, visitors, hospital/medical staff, students and volunteers. Aggregate data* from internal (IS data collection, incident reports, questionnaires,) and external resources (Sentinel Event Alerts, evidence based medicine, etc.) will be used for review and analysis in prioritization of improvement efforts, implementation of action steps and follow-up monitoring for effectiveness. The Patient Safety Committee has oversight of KDHC activities related to the National Quality Forum's (NQF) Safe Practices (SP) Medication Safety, Section #4 Maternity Care, #5 ICU physician staffing, #6 A-D Culture of Safety Leadership Structures & System Documentation, Culture Measurement, Feedback & Intervention Documentation, Nursing workforce and Hand Hygiene, #7 Managing Serious Errors, and #8 Bard Code Medication Administration.

1. The Patient Safety Officer is the Chief Quality Officer
2. The Patient Safety Committee is chaired by the Patient Safety Officer or designee.
3. The responsibilities of the Patient Safety Officer include institutional compliance with patient safety standards and initiatives, reinforcement of the expectations of the Patient Safety Plan, and acceptance of accountability for measurably improving safety and reducing errors. These duties may include listening to employee and patient concerns, interviews with staff to determine what is being done to safeguard against occurrences, and immediate response to reports concerning workplace conditions.
4. Team membership includes services involved in providing patient care, such as: Pharmacy, Laboratory, Surgical Services, Risk Management, Infection Prevention, Medical Imaging, and Nursing. The medical staff representative on the team will be the Vice Chief of Staff.

D. Medication Safety Quality Focus Team

The Medication Safety Quality Focus Team (MSQFT) is an interdisciplinary group that manages the organizations Medication Safety Program including the District Medication Error Reduction Plan (MERP).

The purpose of the MSQFT is to direct system actions regarding reductions in errors attributable to medications promoting effective and safe use of medication throughout the organization. Decisions are made utilizing data review, approval of activities, resource allocation, and monitoring activities. Activities include processes that are high risk, high volume, or problem prone, some of which may be formally approved by the MSQFT as a District MERP goal (see Policy AP154 Medication Error Reduction Plan).

The MSQFT provides a monthly report to the Pharmacy and Therapeutics Committee and quarterly reports to the Professional Staff Quality Committee and directly to Quality Council. The MSQFT Chair is a member of the Patient Safety Committee. A quarterly report is presented at Patient Safety Committee in addition to active participation in patient safety activities related to medication use.

IV. Organization and Function

- A. The mechanism to insure all components of the organization are integrated into the program is through a collaborative effort of multiple disciplines. This is accomplished by:
 1. Reporting of potential or actual occurrences through the Occurrence Reporting Process Policy (AP10) by any employee or member of the medical staff. Examples of potential or actual occurrences include pressure ulcers, falls, adverse drug events, and misconnecting of: intravenous lines, enteral feeding tubes and epidural lines.
 2. Reporting of potential or actual concerns in a daily leadership safety huddle which involves issues which occurred within the last 24 hours, a review the steps taken to resolve those matters when applicable, and anticipate challenges or safety issues in the next 24 hours. The daily safety huddle occurs Monday to Friday with the exception of holidays and includes directors and vice presidents that represent areas throughout the organization. The purpose of the daily safety huddle is immediate organizational awareness and action when warranted. Examples of issues brought forth in the Daily Safety Huddle include, patients at risk for elopement, violence, or suicide, and also can include potential diversion events, patient fall events, and medication related events.

3. Communication between the Patient Safety Officer and the Chief Operating Officer to assure a comprehensive knowledge of not only clinical, but also environmental factors involved in providing an overall safe environment.
 4. Reporting of patient safety and operational safety measurements/activity to the performance improvement oversight committees, Professional Services Quality Committee "Prostaff" and Quality Improvement Committee (QIC). Prostaff is a multidisciplinary medical staff committee composed of various key organizational leaders including: Medical Executive Committee members, Chief Executive Officer, Chief Operating Officer, Chief Medical Officer/Chief Quality Officer, Chief Nursing Officer, Member of the Board of Directors, and Directors of Nursing, Performance Improvement, Risk Management, and Pharmacy. QIC is a multidisciplinary committee comprised of various key organizational leaders including the CEO, CNO, CIO, CFO, COO, Chief Human Resources Officer, , Directors of Quality & Patient Safety, Risk Management, and Nursing Practice and the manager of Infection Prevention.
 5. Graduate Medical Education
 - i. Graduate Medical Education (Designated Institutional Official (DIO), faculty and residents, are involved in achieving quality and patient safety goals and improving patient care through several venues including but not limited to:
 1. Collaboration between Quality and Patient Safety Department, Risk Management, and GME Quality Subcommittee
 2. GME participation in Quality Improvement Committee and Patient Safety Committee
 3. GME participation in KDHCDC quality committees and root cause analysis (including organizational dissemination of lessons learned)
- B. The mechanism for identification and reporting a Sentinel Event/other medical error will be as indicated in Organizational Policies AP87. Any root cause analysis of hospital processes conducted on either Sentinel Events or near misses will be submitted for review/recommendations to the Patient Safety Committee, Professional Staff Quality Committee and Quality Council.
- C. As this organization supports the concept that events most often occur due to a breakdown in systems and processes, staff involved in an event with an adverse outcome will be supported by:
1. A non-punitive approach without fear of reprisal (just culture concepts).
 2. Voluntary participation into the root cause analysis for educational purposes and prevention of further occurrences.
 3. Resources such as Pastoral Care, Social Services, or EAP should the need exist to counsel the staff
 4. Safety culture staff survey (i.e. the Safety Attitudes Questionnaire) administered at least every 2 years to targeted staff and providers.
- D. As a member of an integrated healthcare system and in cooperation with system initiatives, the focus of Patient Safety activities include processes that are high risk, high volume or problem prone, and may include:
1. Adverse Drug Events
 2. Nosocomial Infections
 3. Decubitus Ulcers
 4. Blood Reactions
 5. Slips and Falls
 6. Restraint Use
 7. Serious Event Reports
 8. DVT/PE
- E. A proactive component of the program includes the selection at least every 18 months of a high risk or error prone process for proactive risk assessment such as a Failure Modes

Effects Analysis (FMEA), ongoing measurement and periodic analysis. The selected process and approach to be taken will be approved by the Patient Safety Committee and Quality Council.

The selection may be based on information published by The Joint Commission (TJC) Sentinel Event Alerts, and/or other sources of information including risk management, performance improvement, quality assurance, infection prevention, research, patient/family suggestions/expectations or process outcomes.

- F. Methods to assure ongoing inservices, education and training programs for maintenance and improvement of staff competence and support to an interdisciplinary approach to patient care is accomplished by:
 1. Providing information and reporting mechanisms to new staff in the orientation training.
 2. Providing ongoing education in organizational communications such as newsletters and educational bundles.
 3. Obtaining a confidential assessment of staff's willingness to report medical errors at least once every two years.

- G. Internal reporting – To provide a comprehensive view of both the clinical and operational safety activity of the organization:
 1. The minutes/reports of the Patient Safety Committee, as well as minutes/reports from the Environment of Care Committee will be submitted through the Director of Performance Improvement and Patient Safety to the Professional Staff Quality Committee.
 2. These monthly reports will include ongoing activities including data collection, analysis, and actions taken and monitoring for the effectiveness of actions.
 3. Following review by Professional Staff Quality Committee, the reports will be forwarded to Quality Council.

- H. The Patient Safety Officer or designee will submit an Annual Report to the KDHC Board of Directors and will include:
 1. Definition of the scope of occurrences including sentinel events, near misses and serious occurrences
 2. Detail of activities that demonstrate the patient safety program has a proactive component by identifying the high-risk process selected
 3. Results of the high-risk or error-prone processes selected for proactive risk assessment.
 4. The results of the program that assesses and improves staff willingness to report medical/health care risk events
 5. A description of the examples of ongoing in-service, and other education and training programs that are maintaining and improving staff competence and supporting an interdisciplinary approach to patient care.

V. Evaluation and Approval

The Patient Safety Plan will be evaluated at least annually or as significant changes occur, and revised as necessary at the direction of the Patient Safety Committee, Professional Staff Quality Committee, and/or Quality Council. Annual evaluation of the plan's effectiveness will be documented in a report to the Quality Council and the Kaweah Health Board of Directors.

VI. Confidentiality

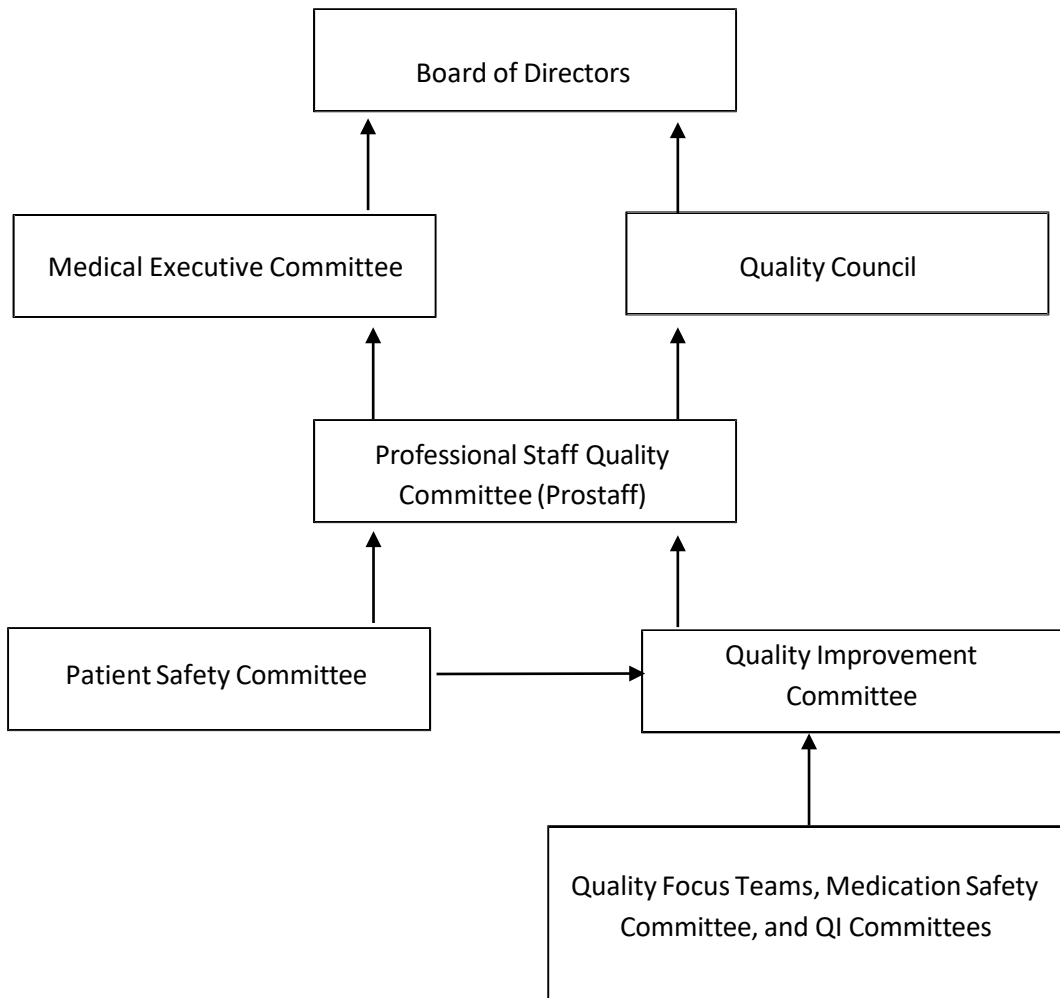
All quality assurance and performance improvement activities and data are protected under the Health Care Quality Improvement Act of 1986, as stated in the Bylaws, Rules and Regulations of the Medical Staff, and protected from discovery pursuant to California Evidence Code §1157.

Attachments - Attachment 1: Quality Improvement/Patient Safety Committee Structure

"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."

Attachment 1

Kaweah Health
Quality Reporting Structure





Policy Number: AP146	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Executive Team A	
Cash Control	

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

PURPOSE: To define responsibilities regarding cash control throughout ~~the District~~ Kaweah Health.

POLICY: It is the policy of Kaweah ~~Health Delta Health Care District~~ to ensure that all cash, checks, and credit card transactions are accounted for and applied appropriately to the patient accounts; or general ledger system for non-patient related payments. This policy is established to protect ~~the District~~ Kaweah Health, its patients and staff. These controls pertain to all areas of Kaweah Health ~~the District~~.

PROCEDURE:

- I. Dual Custody/Segregation of Duties
 - a. Responsibilities will be divided amongst staff members who accept or handle payments so that one individual does not have sole responsibility or control of payments. Dual custody must be maintained whenever possible to reduce the opportunity for robbery, theft, or missing payments.
 - b. The following protocols must be followed when dealing with any type of payment:
 - i. A second employee must be present during each cash drawer count.
 - ii. A second employee must be present when a District-Kaweah Health safe is open.
 - iii. Cash drawers may not be shared amongst individuals who accept payments.
 - iv. Employees are not ~~allowed~~ to void payments that they personally accepted. Only Managers ~~can~~ void these transactions.
 - c. In areas of ~~the District~~ Kaweah Health where dual custody or segregation of duties is not possible, increased monitoring will occur which includes:
 - i. Monthly reviews of assigned cash drawers by the department Manager/~~Coordinator~~ Supervisor.
 - ii. These reviews must be documented and available upon request by Internal Audit and Patient Financial Services.

II. Currency Verification

- a. In all instances, verification of currency in accordance with the Currency Verification policy, AP 144.

III. Authorization of Employees to Accept Payments

- a. Leadership can submit a request through HR Online to grant security access to the current payment system for authorized employees.
- b. Each employee must complete cash controls training and testing via HR Online, prior to obtaining authorization to accept payments.

IV. Security of Keys, Passwords and Safe Combinations

- a. Employees accepting payments are required to sign an agreement form, which states they will not share safe combinations, keys or passwords with other staff members.
- b. A blank copy of the agreement is available on the KDNET in the Cash Control section of Department Policies.
- c. When an employee separates from the organization, their Director or Manager will ensure to revoke the employee's system access and passwords, in a timely manner and collect all keys to cash boxes, drawers or cash rooms. If keys are uncollectable, locks must be re-keyed to safeguard District Kaweah Health assets and safe combinations will change in a timely manner when an employee with the combination separates the facility.

V. Physical Security of Cash Drawers and Payments

- a. All payments received in the Kaweah Health District must be placed in a lockable cash drawer immediately after receipt.
 - i. Each cash drawer must be locked and secured at all times.
 - ii. The key to the cash drawers should be limited to the individual the drawer is assigned to
 - iii. If a cash drawer is inside a locked file cabinet or office, personnel who have keys to the cash drawer should not have keys to the file cabinet or office.
 - iv. Cash drawers shall not be shared amongst individuals concurrently. Failure to adhere to this protocol may result in disciplinary action.

VI. Security of Drop Safes

- a. Working security cameras are installed and monitored in areas where safes are located.
- b. If a security risk has been identified by members of Leadership, additional security cameras are installed
 - i. If a security camera is not available, the safe must be located in a high traffic area for visibility.
 - ii. If the safe is located in a closed room or office, the individual with the combination to the safe must not have a key to the room or be allowed unsupervised access to the room

VII. Transportation of Kaweah Health District Funds

- a. Locked security bags are to be used at all times when transporting money from one area to another.
- b. All designated safe locations will utilize the Courier Service to transport monies to Patient Access (Main Hospital).
 - i. A [Patient Financial Service \(PFS\)](#) staff member will pick up all drops from Patient Access each business day.
 - ii. A security guard will accompany the PFS staff member when returning from Patient Access.
 - iii. Staff members are not allowed to transport funds in their own vehicle, unless required by a special circumstance which will be documented by Leadership

VIII. Frequency of Deposits

- a. Each department should prepare and drop deposits on a daily basis.
- b. Departments who do not receive payments on a daily basis are required to prepare a drop as often as payments are collected.

IX. Safe Drop Logs

- a. Each designated safe area will maintain logs documenting the money drop to track each drop made.
 - i. Logs must accompany the safe drops deposits transported via Courier service.
 - ii. Instructions on completing the safe drop log is located on the KDNET in the Cash Controls section of Department Policies.
- b. A witness must verify each drop made in a safe and both witnesses must initial in the appropriate area of the drop log.
- c. A witness must verify each drop taken from the safe by a courier or PFS staff member and both witnesses must initial in the appropriate area of the drop log.

X. Change Funds

- a. All locations will utilize a local bank when requesting monetary change. The amount taken to the [bank, bank](#) should be verified by two witnesses and reconciled to the amount when returning back from the bank.

XI. Notifications

- a. Communication should occur immediately when one of the following instances occur:
 - i. Changes in the courier schedule
 - ii. An absence of personnel whose absence will impact cash controls or delay drops
 - iii. A missed pick-up from a courier
 - iv. Cash or other payments have been identified as missing
 - v. Suspicion of inappropriate cash handling activities
 - vi. At the Department Director's discretion.

- b. If a cash drawer has a shortage or overage, staff should notify their Leadership immediately. Failure to adhere to this process may result in disciplinary action.

XII. Reconciliation, Reviews and Audits

- a. Finance will complete monthly bank reconciliations related to deposits processed by Kaweah Health, ~~the District~~
- b. Directors or Managers will randomly review cash drawers and audit at least quarterly.
- c. In areas without dual custody, these reviews must occur monthly. These reviews must be documented and available upon request by Internal Audit department and PFS.
- c. Cash receipt processes are subject to a routine review by the Internal Audit department or PFS.

XIII. Returns and Refunds

- a. If a patient payment has the incorrect information, (Account number, patient name, payment amount, etc.) a staff member must void the receipt and reissue a new receipt to the patient. Staff members cannot complete a void and will submit a request to their immediate Supervisor/Manager for that transaction. Reference to the incorrect receipt provided to the patient, with the issuance of the new receipt.
- b. If a refund is due on a purchased product, the employee shall follow their Department's specific policy regarding returns and refunds. The Department Director is responsible for developing formal guidelines on how the refunds and returns are reported.

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December 22, 2022

**Sent via Certified Mail
No. 70201290000129798506
Return Receipt Required**

Douglas L. Hurt, Esq.
Law Offices of Douglas L. Hurt
2534 W. Main Street
Visalia, CA 93291

RE: Notice of Rejection of Claim of Crystal Kingsbury vs. Kaweah Health Medical Center

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on November 22, 2022, was rejected on its merits by the Board of Directors on December 22, 2022

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,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



December 22, 2022

**Sent via Certified Mail
No. 70201290000129798490
Return Receipt Required**

Douglas L. Hurt, Esq.
Law Offices of Douglas L. Hurt
2534 W. Main Street
Visalia, CA 93291

RE: Notice of Rejection of Claim of Brandon Savage vs. Kaweah Health Medical Center

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on November 22, 2022, was rejected on its merits by the Board of Directors on December 22, 2022

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,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

Provider Name: _____ Date: _____

Please Print

Advanced Practice Provider – Emergency Medicine & Urgent Care

Location: Kaweah Health Medical Center Urgent Care-Court St Urgent Care - Demaree

ADVANCED PRACTICE PROVIDER EMERGENCY MEDICINE & URGENT CARE

Initial Criteria

Physician Assistant: Completion of an ARC-PA approved program; Current certification by the NCCPA (*Obtain certification within one year of completion of PA program*); Current licensure to practice as a PA by the California board of medicine; **OR**

Nurse Practitioner: Completion of a master's/post-masters or doctorate degree in an nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NPs specialty area; current certification by the ANCC or AANP (*Obtain certification within one year of completion of Masters/Doctorate program*)

Certification: Current, full schedule DEA license; AND Urgent Care: BLS OR ACLS Emergency Department: ACLS & PALS (Must obtain within 12 months of hire)

Current Clinical Experience: Documentation of patient care for 100 patients in the past two years OR completion of NP/PA training program within the last 12 months.

Renewal Criteria: Documentation of patient care for 100 patients in the past 24 months AND maintenance of current certification by NCCPA, ANCC, or AANP (For PA's granted privileges prior to March 2016 that are not certified by the NCCPA: Must provide 100 CMEs within the last 2 year period, 50 of which must be category I, as defined by the NCCPA for Certification); AND full schedule DEA license; AND Urgent Care: BLS OR ACLS; Emergency Department: ACLS& PALS

FPPE: A minimum of 5 cases by Direct Observation and/or retrospective Chart Review (proctor may require additional review)

Request	CORE PRIVILEGES	Approve
	Includes care for patients of all ages and procedures on the following list and such other procedures that are extensions of the same techniques and skills (may include telehealth):	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Perform H&Ps OR Medical Screening Examination (MSE): Assess, work up and perform differential diagnosis by means of H&P, medical decision making, laboratory and/or other studies (may include telehealth), ECG's and diagnostic imaging • Prescribe & Administer medications per formulary of designated certifying board • Write Discharge Instructions • Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures • Counsel/ instruct patients, families, & caregivers • Order and initial interpretation of diagnostic testing and therapeutic modalities • Implement therapeutic intervention for specific conditions per Emergency Room protocol (<i>i.e. Tintinalli's edition</i>) • Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses; • Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; • Removal of drains, sutures, staples, & packing • Apply/remove cast; diagnosis/treatment and strapping of sprains; splinting and reduction of simple fractures and dislocations; • Application of traction; removal of foreign body; incision and drainage; • Simple laceration repair (not requiring plastics intervention); nasal packing; excision of simple skin lesion; removal of impacted cerumen; insertion/removal of drains or packing; nail trephination & removal; excision of thrombosed hemorrhoids; • Tonometry / Wood's & Slit Lamp exam of the eye 	<input type="checkbox"/>
<input type="checkbox"/>	<p>Additional Core for Emergency Medicine Privileges:</p> <ul style="list-style-type: none"> • Direct care per Emergency Room protocol (<i>i.e. Tintinalli's edition</i>) • eFAST examination Point of Care Ultrasound • Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions • Insert and remove nasogastric tube; provide tracheostomy care; <u>Replacement of PEG tubes</u> • Intraosseous Line insertion with EZ-10 • Perform other emergency treatment per protocol (<i>i.e. Tintinalli's edition</i>) • <u>Assist in procedures not otherwise described above that falls within the scope of the emergency physician under direct supervision</u> 	<input type="checkbox"/>

Provider Name: _____ Date: _____

Please Print

EMERGENCY MEDICINE ADVANCED PRIVILEGES Initial FPPE is deemed to have been satisfied based on successful completion of a preceptorship at Kaweah Health Approval w/ Direct Supervision: Applicants that have been granted a privilege with direct supervision are undergoing a Kaweah Health preceptorship. The applicant will be granted independent practice of the privilege once the preceptorship has concluded and gone through the approval process.						
Request	Procedure	Criteria for Independent	Renewal Criteria	FPPE Requirements	Approve-w/ Direct Supervision	Approve- Independent
<input type="checkbox"/>	Lumbar Puncture	3 procedures in the last 2 years	3 procedures in the last 2 years	2 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	5 procedures in the last 2 years	5 procedures in the last 2 years	Minimum of 2 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Chest Tubes	5 procedures in the last two years.	5 procedures in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal intubation	10 procedures in the last two years.	8 procedures in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of central venous access or dialysis catheters	5 procedures in the last 2 years	5 procedures in the last 2 years	Minimum of 2 concurrent – any site	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Arthrocentesis & Joint aspiration	2 procedures in the last 2 years	2 procedures in the last 2 years	1 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ultrasound guided paracentesis	5 procedures in the last 2 years	5 procedures in the last 2 years	5 concurrent	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledgment of Practitioner:

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

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

Advanced Practice Provider Signature

Date

Supervising Physician Signature

Date

Department of Emergency Medicine Chair Signature

Date

Bylaws Definitions

“SPECIAL NOTICE” means hand delivery, U.S. certified mail (return receipt requested) sent to the official address of record in the Medical Staff Services Department, or reliable commercial delivery service where delivery may be verified.

Rationale: Clarification of process

Bylaws: 3.A

3.A.1 Qualifications:

The Active-Voting Staff shall consist of physicians, dentists, oral surgeons, podiatrists, and psychologists who:

~~(a) are involved in at least 24 patient contacts at the District (as defined in the Bylaws) per two-year appointment term; and~~

~~(a) Meet the general qualifications for membership as set forth in section 2.A.1;~~

~~(b) have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and District through service on District or Medical Staff committees and/or active participation in performance improvement or professional practice evaluation functions.~~

~~(c) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual’s office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).~~

Rationale:

Privileges are assessed based on competency and require volume to maintain, is it necessary to also tie this to membership?

Removing this would allow for the only differences between Active and Courtesy to be that Active practitioners would wish to vote and participate in governance regardless of volume

Bylaws 3.B

3.B. ACTIVE NON-VOTING COURTESY STAFF

3.B.1 Qualifications:

The Courtesy Active Non-Voting Staff shall consist of physicians, dentists, oral surgeons, podiatrists, and psychologists who:

~~(a) are involved in a minimum of six, but fewer than 24, patient contact at the District (as defined in the Bylaws) per two-year appointment term.~~

~~(a) meet the general qualifications for membership as set forth in section 2.A.1; meet all the same threshold eligibility criteria as other Medical Staff members, including specifically those relating to availability and response times with respect to the care of their patients; and~~

(b) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

Rationale:

Privileges are assessed based on competency and require volume to maintain, is it necessary to also tie this to membership?

Removing this would allow for the only differences between Active and Courtesy to be that Courtesy practitioners would wish to have privileges at our facility without Vote or participate in Leadership

4.A.1

4.A. PROCEDURE FOR INITIAL APPOINTMENT

4.A.1 Application:

(d) Applications may be processed and reviewed by Medical Staff leadership and approved by the Board contingent upon the applicant providing evidence that a California license, completion of residency/fellowship program, ~~and~~ adequate professional liability insurance, and work permit (if applicable) have been obtained. Any grant of appointment and/or clinical privileges by the Board shall become effective only upon such demonstration.

Rationale:

Currently non immigrant visa candidates can apply for H-1/work permit only after applicant receives Medical Board of California license. These candidates already have completed residency/fellowship in US, have CA Medical License and just waiting for work permit. After obtaining California license, it takes approximately 4 to 6 weeks to obtain work permit hence despite of having California license, applicant can not start work until approval of work permit received. This ultimately lead to coverage issues/short staff in all the departments who hire such candidates.

Bylaws 9.4.1

9.F.1 Time for Appeal

Within 10 days after receipt of the Hearing Panel's report, either party may request an appeal. The request must be in writing, must be directed to and received by the Chief of Staff on or before the 10th calendar day after receipt of the Hearing Panel's report, and delivered in person, by overnight delivery, or by certified mail, return receipt requested. The request shall include a statement of the reasons for appeal and the specific facts or circumstances that justify further review. If an appeal is not requested received within that 10-day period, an appeal is deemed to be waived and the Hearing Panel's report and recommendation shall be forwarded to the Board for final action.

Rationale: Clarification of process

Bylaws 9.F.3

9.F.3 Time, Place and Notice:

Whenever an appeal is requested as set forth in the preceding sections, the Board shall schedule and arrange for an appeal. Within ~~fifteen (15)~~ thirty (30) days after receipt of the request for appeal, the individual shall be given Special Notice of the time, place, and date of the appellate review. The appellate review shall be held not less than 30 nor more than 60 days from the date notice was provided; however, when the request for appeal involves

Rationale: 15 days is too short of turn around time for the Board to make arrangements for the appeal

Rules & Regulations 3.4

3.4. Delinquent Medical Records:

(b) Notification: If a medical record is incomplete as defined in ~~section~~ Article 3 of Medical Staff Rules and Regulations ~~seven days following discharge~~, the HIM Department will notify the practitioner in writing of the delinquency and that his or her clinical privileges are at risk of automatic suspension in accordance with the Medical Staff Bylaws.

Rationale: The HIM committee proposes the following changes to the rules and regulations. The practitioners at Kaweah Health are not completing their documentation in a timely fashion. Many are waiting to be notified by the HIM department 7 days after discharge. As some hospitalizations can last for weeks or months, we have history and physicals and operative notes that are very tardy. We now have the capability of monitoring for many deficiencies automatically and in real time. For these reasons, HIM would like to notify physicians immediately when it encounters deficiencies as outlined by specific document within the Article

Rules & Regulations 12.4.a

12.4. Discharge Summary:

(a) A concise, ~~dictated~~ typed discharge summary will be prepared by the practitioner discharging the patient unless alternative arrangements are made with another practitioner who agrees to assume this responsibility. All discharge summaries will follow the current MEC-approved Require Elements of Discharge Summaries.

Rationale:

Joint commission requires that all inpatients have a discharge summary. Our rules and regulations need to be updated to reflect this requirement. Exceptions would be (see section b) normal obstetrical deliveries, normal newborns, and ambulatory surgery patients with stays of less than 24 hours. These changes would also take into account that many documents are no longer dictated- see word "typed" in (a)

Rules & Regulations 12.4.b

12.4. Discharge Summary:

(b) A discharge progress note may be used to document the discharge summary for outpatient ambulatory surgery patients observed on a medical/surgical floor for less than 24 hours, normal obstetrical deliveries, and normal newborn infants, ~~and for stays of less than 48 hours~~.

Rationale:

Joint commission requires that all inpatients have a discharge summary. Our rules and regulations need to be updated to reflect this requirement. Exceptions would be (see section b) normal obstetrical deliveries, normal newborns, and ambulatory surgery patients with stays of less than 24 hours.

Rules & Regulations 12.4.c

12.4. Discharge Summary:

(c) A discharge/death summary is required in any case in which the patient dies while admitted to the District's inpatient facilities (acute care hospital, mental health hospital, or skilled nursing facilities) in the district, regardless of the length of admission.

Rationale:

Clarification of which deaths require a discharge summary

**RESOLUTION 2183
OF THE BOARD OF DIRECTORS OF
KAWEAH DELTA HEALTH CARE DISTRICT
AMENDING THE EMPLOYEES' SALARY DEFERRAL PLAN**

WHEREAS the Board of Directors (the "Board") of the Kaweah Delta Health Care District (the "District") adopted the Kaweah Delta Health Care District Employees' Salary Deferral Plan, as restated effective June 1, 2022 (the "Plan"); and

WHEREAS the District reserves the right to amend or restate the Plan in Section 14.01 of the Plan's Base Plan Document.

WHEREAS the District desires to amend the Plan document effective April 7, 2020, to reflect the following:

- **Coronavirus Aid, Relief, and Economic Security CARES Act provisions:** amend the Plan to include certain optional provisions afforded by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, specifically:
 - Coronavirus-Related Distributions (CRDs) – Kaweah Health elects to permit penalty free CRDs from the Plan on or after January 1, 2020, and before December 31, 2020, for an individual who self-certified he or she was an Affected Participant. The maximum amount permitted to be distributed for a CRD is \$100,000. Kaweah Health elects to expand distribution provisions under the Plan for CRDs to allow contribution sources available for in-service withdrawals for individuals who attain age 59 ½.
 - Coronavirus-Related Loans – 1. for the period ending September 23, 2020, Kaweah Health elects to expand the loan limits as permitted for an individual who self-certified he or she was an Affected Participant, to a maximum loan amount of 100% of their vested account balance, not to exceed \$100,000, and 2. For loan payments due during the period beginning on March 27, 2020, and ending on December 31, 2020, Kaweah Health elects to allow an Affected Participant to suspend such loan payments for a period of one year. If elected, all subsequent payments will be adjusted.

WHEREAS the District desires to define the Rules for determining Matching Contribution Formula for the January 1, 2022 – December 31, 2022 Plan Year to reflect the following:

- The District will not make a Matching Contribution for the 2022 Plan Year. The District reserves the ability to review the Matching Contribution on an annual, discretionary basis and will review the Matching Contribution again in future years.

NOW, THEREFORE, BE IT RESOLVED, that an authorized officer be and herby is directed and authorized to the amendment to the plan, which is attached hereto.

This Resolution is adopted by the Board of Directors of Kaweah Delta Health Care District at a duly constituted meeting held on the 21st day of December, 2022.

KAWEAH DELTA HEALTH CARE DISTRICT

President, Kaweah Delta Health Care District

ATTEST:

Secretary/Treasurer, Kaweah Delta Health Care District and of the Board of Directors, thereof

DRAFT

MEMORANDUM

TO: Kaweah Delta Health Care District
Board of Directors

FROM: Human Resources

RE: Plan Amendments
Employees' Salary Deferral Plan

DATE: November 2022

Amendments related to new Legislation

With the new legislation that was enacted on March 27, 2020 Kaweah Delta Health Care District (KDHCD) was and is required to review and enact any provisions in compliance to the new laws. Some of the legislation remains optional but could prove beneficial to participants. The purpose of this Memorandum is to refresh the Board of Directors with background on the legislation and outline the approved provisions that could benefit participants. The formal amendments need to be in place by December 31, 2022.

Amendment Overview

CARES Act – On March 27, 2020, the President signed the Coronavirus Aid, Relief and Economic Security Act (“CARES” Act) into law. The more than \$2 trillion package sought to address financial pressures facing individuals, businesses, and state and local governments due to the Coronavirus pandemic. The law also provided emergency funding for hospitals, testing, and vaccine development. The CARES Act provisions highlighted below would impact retirement plan participants who meet specific criteria.

The Kaweah Delta Health Care District Board reviewed and approved the following at the time the CARES Act had passed:

Provision	Description	Timing	Application
Covid-19 Related Distributions	Immediate source of funds for participants who meet specific criteria. Exempts from 10% early distribution penalty. Exempts from mandatory 20% tax withholding. Can spread out income over 3-year tax period. May retribute distribution to plan or IRA within 3-years. Limited to	Will only apply to Covid-19 related distributions prior to December 31, 2020. Amendment due by 12/31/2022, can be applied retroactively.	Optional - approved

	aggregate distributions of \$100,000.		
Plan Loan Enhancement	Increases participant loan limit to \$100,000 (from \$50,000) or greater of \$10,000 or 100% (from 50%) of vested balance.	Applies to loans taken from March 27, 2020 (the enactment of CARES) through September 23, 2020. Amendment due by 12/31/2022, can be applied retroactively.	Optional - approved
Plan Loan Repayment Extension	All 2020 payments due on these or any outstanding loans can be extended by one year. While interest will accrue, the delay is disregarded for purposes of the 5-year limit on participant loan repayments.	Applies to existing loan repayments due from March 27, 2020 (the enactment of CARES) through December 31, 2020. Amendment due by 12/31/2022, can be applied retroactively.	Optional - approved

In order to avail of the CARES Act provisions, a participant will have to meet the specific criteria below:

- (1) who is diagnosed with COVID-19,
- (2) whose spouse or dependent is diagnosed with COVID-19, **or**
- (3) who experiences adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced, being unable to work due to lack of child care due to COVID-19, closing or reducing hours of a business owned or operated by the individual due to COVID-19.

Employer Match – The Plan Document now defines Employer Matching Contributions as discretionary from year to year. This permits KDHC the ability to define the Matching Contribution Formula each year to align with business strategies. Each year, the Board must approve the Matching Contribution for the Plan. The Board has determined that there will be no Matching Contribution for the January 1, 2022 – December 31, 2022 Plan Year. The Board reserves the right to review the Employer Match Contribution each year and could initiate a match or contribution during calendar year 2023 at their discretion.

Suggested Action and Next Steps

Approve the CARES Act amendment and match formula for participants of the Employees’ Salary Deferral Plan. Amendments are included with this memorandum.

2022 Annual Review Quality & Patient Safety Plans

Quality Council
Kaweah Health Board of Directors
December 2022

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

2022 Annual Review Quality & Patient Safety Plans

Acronyms

CAUTI - Catheter-associated Urinary Tract Infections
CLABSI - Central Line-associated Bloodstream Infection
CC – Medicare billing code for Complication of Care
CMS - Centers for Medicare & Medicaid Services
DMAIC – Define, Measure, Analyze, Improve, Control – Lean Six Sigma model for improvement
EP – Element of Performance (part of a Joint Commission Standard)
G.I. – Gastrointestinal
LD – Leadership Joint Commission Standard
MCC – Medicare billing code for Major Complication
MRSA - Methicillin-resistant Staphylococcus aureus
MV – Medicare billing code term for mechanical ventilation
PDCA – Plan, Do, Check, Act – model for improvement
PI – Performance Improvement Joint Commission Standards
QIC – Quality Improvement Committee
TJC – The Joint Commission
w/o - Without

2022 Annual Review Quality & Patient Safety Plans

The Joint Commission/CMS Requirements

Leadership Patient Safety Regulatory Standards

LD.03.09.01

- Have an [organization wide, integrated patient safety program](#) within their performance improvement activities
- Summary of EP 1-11:
 - All departments, programs and services participate
 - must include all levels of harm (ie. near misses)
 - leaders create procedures for responding to system/process failures
 - leaders encourage the use of systems for blame-free internal reporting
 - conducts systematic analysis on sentinel events
 - provide support for staff involved in an adverse event
 - conducts a pro-active risk assessment every 18 months
 - disseminate lessons learned
 - provide written reports to governance related to sentinel events; report events externally as required

2022 Annual Review Quality & Patient Safety Plans

The Joint Commission/CMS Requirements

Leadership Patient Safety Regulatory Standards

LD.03.01.01

- Leaders create and maintain a culture of safety and quality throughout the hospital.
 - EP1 Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
 - EP2 Leaders prioritize and implement changes identified by the evaluation.
 - EP4 Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.
 - EP5 Leaders create and implement a process for managing behaviors that undermine a culture of safety.
 - EP9 The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team

2022 Annual Review Quality & Patient Safety Plans

The Joint Commission/CMS Requirements

Leadership Quality and Patient Safety Standards

LD.01.03.01 (§482.21)

- EP 21 The governing body is responsible for making sure that performance improvement activities reflect the **complexity of the hospital's organization and services**, involve all departments and services, and include services provided under contract. (For more information on contracted services, see Standard LD.04.03.09)

LD.03.07.01 (§482.21)

- EP 1 Performance improvement occurs hospital wide.
- EP 2 As part of performance improvement, leaders (including the governing body) do the following:
 - **Set priorities** for performance improvement activities and patient health outcomes
 - Give priority to **high-volume, high-risk, or problem-prone processes** for performance improvement activities
 - Identify the **frequency of data collection** for performance improvement activities
 - **Reprioritize performance improvement** activities in response to changes in the internal or external environment

LD.03.09.01

- Have an **organization wide, integrated patient safety program** within their performance improvement activities

2022 Annual Review Quality & Patient Safety Plans

The Joint Commission/CMS Requirements

Performance Improvement Quality and Patient Safety Standards

- PI.01.01.01 The hospital **collects data** to monitor it's performance
- PI.02.01.01 – The hospital has a performance improvement plan
 - EP 1 Performance improvement priorities established by hospital leaders are described in a written plan that includes the following:
 - The **defined process(es) needing improvement**, along with any stakeholder (for example, patient, staff, regulatory) requirements, project goals, and improvement activities
 - **Method(s) for measuring** performance of the process(es) identified for improvement
 - **Analysis method(s)** for identifying causes of variation and poor performance in the process(es)
 - **Methods implemented** to address process deficiencies and improve performance
 - **Methods for monitoring and sustaining the improved process(es)** (See also LD.03.07.01, EP 2)
 - EP 2 Leadership **reviews the plan** for addressing performance improvement priorities at least annually and updates it to reflect any changes in strategic priorities and in response to changes in the internal or external environment.
- PI.02.01.01 – The hospital **compiles and analyzes data**
- PI.04.01.01 – The hospital **improves performance** (LD.03.02.01 The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality).

2022 Annual Review Quality & Patient Safety Plans

The Joint Commission/CMS Requirements

- 1 Collect Data hospital wide that reflects:
1) the scope of services provided and
2) high risk, high volume & problem prone issues
- 2 Quality & Patient Safety Plans
(how we approach improvement)
- 3 Compile & Analyze Data
- 4 Improve
- 5 Review & Reprioritize

2022 Annual Review Quality & Patient Safety Plans

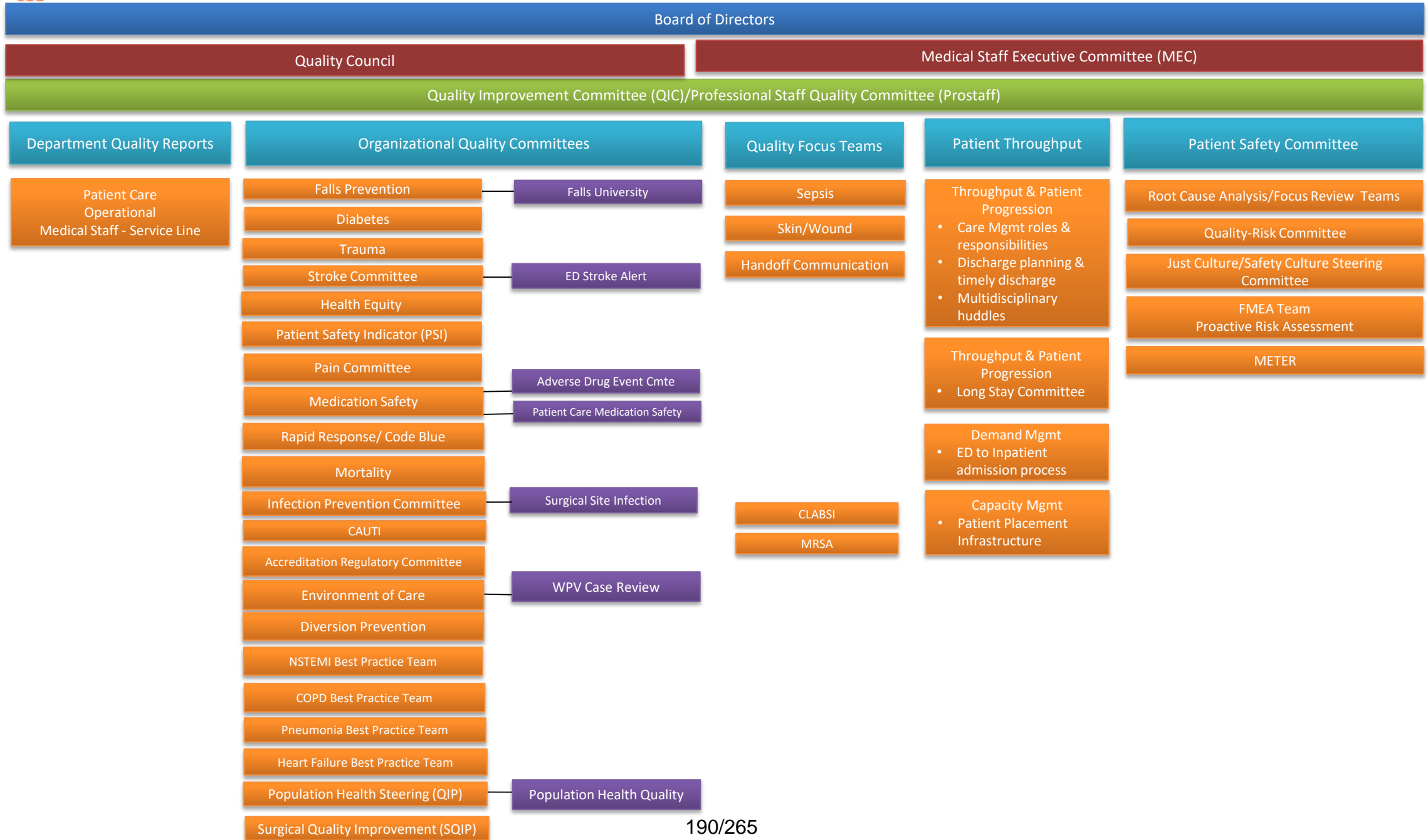
1 Collect Data hospital wide that reflects:
 1) the scope of services provided and
 2) high risk, high volume & problem prone issues

How do Health Systems know what to focus on?

- External entities (ie. CMS, TJC) new requirements, new metrics, national sentinel event alerts
- Internal data monitoring
- Scope of services and volumes from internal data
- Event reporting
- Safety culture data

The top section contains three screenshots. The first is a '2022 Medicare Promoting Interoperability Program Electronic Clinical Quality Measures Fact Sheet' with a table of eCQM reporting requirements. The second is a 'Sentinel Event Alert' from The Joint Commission regarding smart infusion pump safety with DERS. The third is a 'New and Revised Requirements to Reduce Health Care Disparities' from The Joint Commission.

MSDRG Number	Medical or Surgical	MSDRG Description	Total Patient Cases
177	M	Respiratory infections & inflammations w MCC	1,303
871	M	Septicemia w/o MV 96+ hours w MCC	738
291	M	Heart failure & shock w MCC	719
193	M	Simple pneumonia & pleurisy w MCC	256
638	M	Diabetes w CC	217
603	M	Cellulitis w/o MCC	213
65	M	Intracranial hemorrhage or cerebral infarction w CC	198
392	M	Esophagitis, gastroent & misc digest disorders w/o MCC	194
378	M	G.I. hemorrhage w CC	193
682	M	Renal failure w MCC	188
683	M	Renal failure w CC	182
690	M	Kidney & urinary tract infections w/o MCC	175
640	M	Nutritional & misc metabolic disorders w MCC	174
64	M	Intracranial hemorrhage or cerebral infarction w MCC	174
280	M	Acute myocardial infarction, discharged alive w MCC	172
897	M	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	171
872	M	Septicemia w/o MV 96+ hours w/o MCC	162
207	M	Respiratory system diagnosis w ventilator support 96+ hours	158
853	S	Infectious & parasitic diseases w O.R. procedure w MCC	152
247	S	Perc cardiovasc proc w drug-eluting stent w/o MCC	151

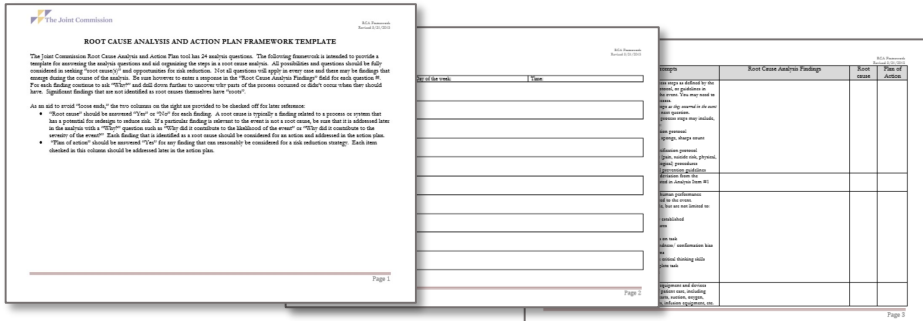


2022 Annual Review Quality & Patient Safety Plans

3

Compile & Analyze Data (make is useful)

LD.03.02.01 The hospital uses data and information to guide decisions and understand variation in the performance of process supporting safety and quality

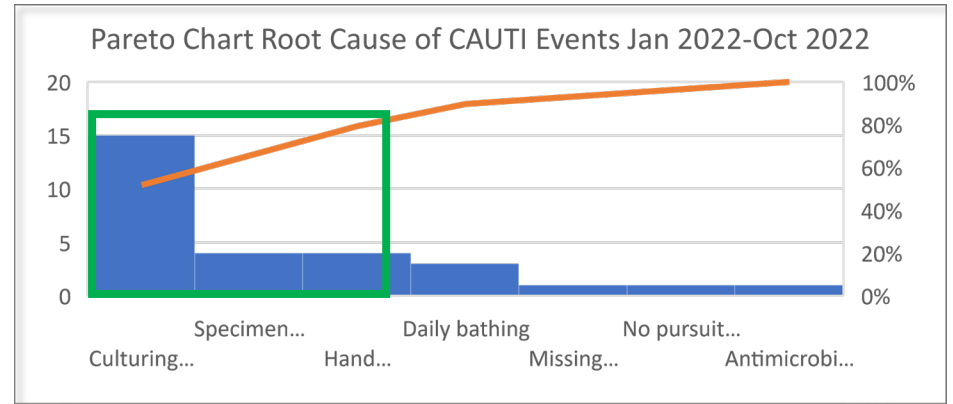


Failure Modes Effects Analysis

Process Step	Review Owner	Process Step Num	Center Project Impl	How can this go wrong? (failure modes)	Severity (1-10)	Why would this go wrong? (causes)	Frequency (1-10)	What would be the effects if this did happen?	Proposed Mitigation Strategies	Severity (1-10)	Frequency (1-10)	Detection (1-10)	Revised (1-10)		
1	Dr. Seng	6	N	Admission order placed for "soft admission" patient	4	ED MD determines patient is not safe for discharge, but patient may not meet admission criteria	3	Patient is unnecessarily admitted and sometimes quickly discharged, causing potentially unnecessary work for inpatient team	3rd ED CM role during hours of operation; consult list for patients identified during evenings / nights Code 44 volume feedback loop	8	3	3	3	27	
2	Dee	2	N	ED CM doesn't notice update to Cerner ED Trackboard	5	List of ED patients with request to admit order is very long	5	Patient's request to admit order may go unnoticed, causing further delays	Cerner implementation fixed issue	3	7	2	2	8	
3	Dee	10	N	ED CM identifies potentially wrong patient type	5	ED MD selects incorrect patient type	4	ED CM cannot determine appropriate patient type, causing further phone calls and delays	ED CM role - educate to ensure proper gatekeeping and Interqual criteria is applied at time of admit request	3	6	2	3	18	
4	Michelle / Monica	15	Y	Cerner ED track board not updated by ED HUC	4	ED unit secretary is too busy	5	Delay in initiating RN-to-RN handoff	Auto updates with CapMan-Go Live May 2022	1	1	1	2	2	
5	Andrea / Monica	16	N	ED RN does not contact inpatient RN promptly	3	Lack of incentive for ED RN to move patient	3	Delay in initiating RN-to-RN handoff	Empowering Inpatient RN to reach out to ED RN for report	6	5	3	3	5	45
6	Andrea / Monica	19	N	Patient transport is not available	3	ED RN transports patient	4	Delays in moving patient to inpatient unit	CapMan features ability to easily see who is available for transport assignment	4	4	5	1	20	
7	Michelle / Monica	15	Y	ED RN is not notified of bed assignment to initiate handoff	5	ED RN does not contact inpatient RN promptly	3	Delay in initiating RN-to-RN handoff; Trained tech acts as unit secretary	Auto updates with CapMan-Go Live May 2022	3	4	1	1	2	2

Sepsis Quality Focus Team DASHBOARD

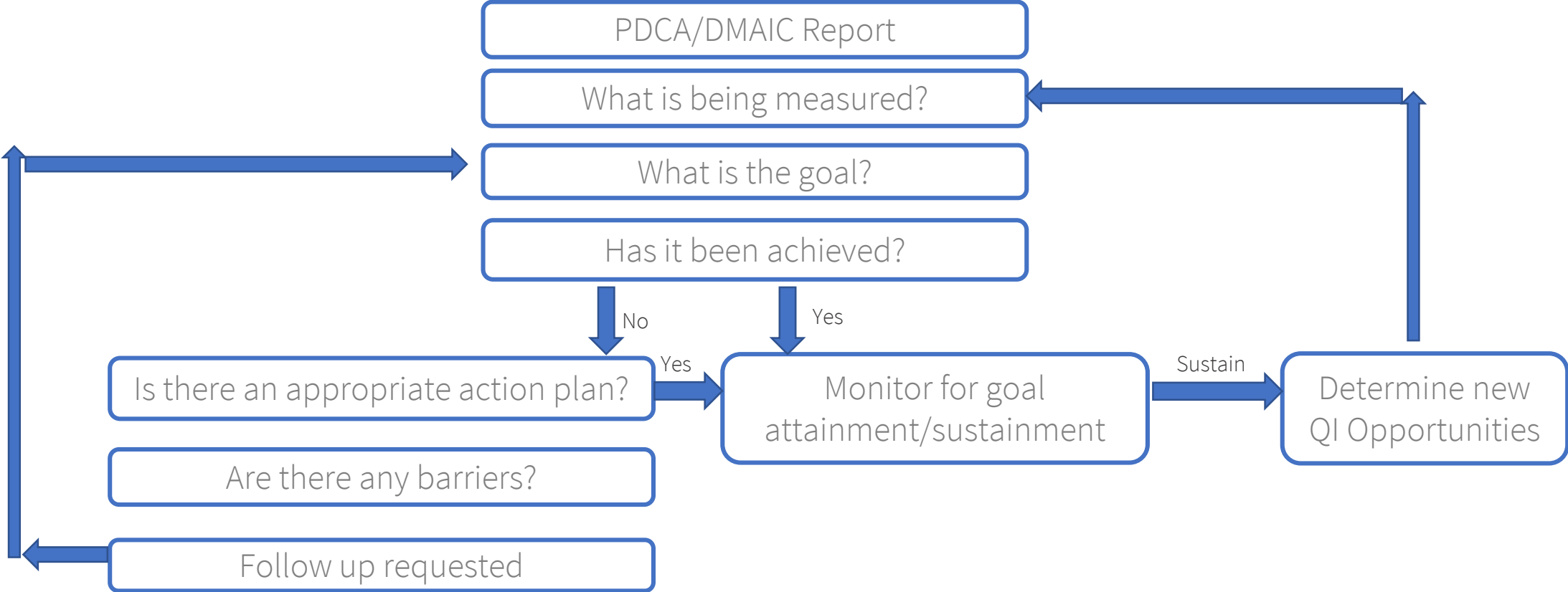
Goal	FY2022	FY2021	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	YTD	
CMS SEP-1 Bundle Compliance	75.5%	66.9%	74.6%	68%	75%	57%	78%	90%	82%	58%	81%	83%	91%	79%	64%	76%
SEP-1 CMS % bundle compliance	n/a	198	206	21	24	17	31	27	27	19	30	24	31	30	21	302
Number of CMS compliant cases (n)	n/a	296	276	31	32	30	40	30	33	33	37	29	34	38	33	400
Total number CMS cases abstracted (d)	76%	78%	77%	78%	77%	79%	76%	80%	76%	78%	82%	83%	77%	76%	79%	
% Concurrent bundle compliant cases	n/a	646	785	46	58	46	45	64	51	70	32	59	67	51	67	656
Number of concurrent compliant cases (n)	n/a	829	1013	59	75	58	59	80	67	90	39	72	81	68	87	835
Number of concurrent cases abstracted (d)	n/a			0	1	2	1	1	1	1	0	0	1	1	9	
Number of Non-Compliant CMS cases with coordinator	n/a			10	9	11	7	2	5	13	7	5	3	8	12	92
number of non-compliant CMO cases without coordinator	n/a			0%	11%	18%	14%	50%	20%	8%	0%	0%	0%	13%	8%	12%
% of Non-Compliant CMS cases with coordinator	n/a			100%	89%	82%	86%	50%	80%	92%	100%	100%	77%	92%	87%	
% of Non-Compliant CMS cases without coordinator																
SEP-1 Bundle Elements																
3 hr SEP-1 Bundle % Compliance	95%	76.0%	78.6%	71%	84%	63%	85%	90%	85%	67%	84%	86%	94%	84%	73%	88%
3hr SEP-1 Bundle Total Patients abstracted (d)	n/a	296	276	32	32	30	39	30	33	32	37	29	34	38	33	399
% Antibiotics administered	95%	97.3%	95.7%	87%	94%	80%	92%	100%	94%	84%	92%	96%	97%	97%	93%	
% Blood Cultures drawn	95%	93.8%	92.0%	93%	97%	88%	97%	93%	90%	89%	97%	92%	100%	89%	93%	
% Lactic Acid drawn	95%	95.6%	97.8%	92%	97%	95%	97%	100%	100%	96%	100%	100%	97%	100%	91%	
% Fluid Resuscitation completed	95%	88.3%	90.7%	92%	89%	89%	91%	93%	100%	80%	89%	100%	100%	93%	82%	
6 hr bundle % Compliance	95%	85.4%	83.5%	92%	87%	86%	90%	100%	95%	83%	86%	87%	96%	92%	85%	91%
6hr SEP-1 Bundle Total Patients abstracted (d)	n/a	186	170	13	23	14	30	22	22	18	24	15	23	25	20	249
% Repeat LA drawn	95%	89.6%	94.0%	92%	87%	86%	90%	100%	100%	83%	96%	93%	96%	92%	90%	
% Reassessment completed	95%	92.9%	98.5%	100%	100%	100%	100%	100%	89%	100%	100%	100%	100%	91%	98%	
% Vasopressors initiated when indicated	95%	93.30%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Order Set Usage																
Total number of ED cases abstracted				27	29	21	33	28	27	26	36	24	32	33	30	346
Number of ED patients with sepsis order set				20	24	12	22	20	23	18	28	18	24	29	24	262
% of ED patients with sepsis order set used				74%	83%	57%	67%	71%	85%	69%	78%	75%	75%	89%	80%	
Total number of inpatient cases abstracted				4	5	8	6	1	6	6	1	5	2	5	5	
Number of inpatient cases with sepsis order set				0	0	2	1	0	1	0	0	1	0	2	1	8
% of inpatient with order set used				0%	0%	25%	17%	0%	17%	0%	0%	20%	0%	40%	20%	
Sepsis Alert Measures																
Total Number of Coordinator-Involved Alerts				387	584	635	528	589	700	848	458	736	796	615	617	7493
% of alerts that resulted in a time zero				15%	13%	9%	11%	14%	10%	11%	9%	10%	10%	11%	14%	
KEY				>10% away from goal	Within 10% of goal	Within 5% of goal	Outperforming/meeting goal									



2022 Annual Review Quality & Patient Safety Plans

4

Improve (action if goals not achieved)



2022 Annual Review Quality & Patient Safety Plans

5

Review & Reprioritize

How do Health Systems know what to focus on?

- External entities (ie. CMS, TJC) new requirements, new metrics, national sentinel event alerts
- Internal data monitoring
- Scope of services and volumes from internal data
- Event reporting

The complex block contains three screenshots. The first is a '2022 Medicare Promoting Interoperability Program Electronic Clinical Quality Measures Fact Sheet' with a table of eCQM reporting requirements. The second is a 'Sentinel Event Alert' titled 'Optimizing smart infusion pump safety with DERS'. The third is a 'New and Revised Requirements to Reduce Health Care Disparities' from The Joint Commission.

MSDRG Number	Medical or Surgical	MSDRG Description	Total Patient Cases
177	M	Respiratory infections & inflammations w MCC	1,303
871	M	Septicemia w/o MV 96+ hours w MCC	738
291	M	Heart failure & shock w MCC	719
193	M	Simple pneumonia & pleurisy w MCC	256
638	M	Diabetes w CC	217
603	M	Cellulitis w/o MCC	213
65	M	Intracranial hemorrhage or cerebral infarction w CC	198
392	M	Esophagitis, gastroent & misc digest disorders w/o MCC	194
378	M	G.I. hemorrhage w CC	193
682	M	Renal failure w MCC	188
683	M	Renal failure w CC	182
690	M	Kidney & urinary tract infections w/o MCC	175
640	M	Nutritional & misc metabolic disorders w MCC	174
64	M	Intracranial hemorrhage or cerebral infarction w MCC	174
280	M	Acute myocardial infarction, discharged alive w MCC	172
897	M	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	171
872	M	Septicemia w/o MV 96+ hours w/o MCC	162
207	M	Respiratory system diagnosis w ventilator support 96+ hours	158
853	S	Infectious & parasitic diseases w O.R. procedure w MCC	152
247	S	Perc cardiovasc proc w drug-eluting stent w/o MCC	151


2022 Annual Review Quality & Patient Safety Plans

Are the Plans Effective?

- Although external rating agencies cannot look at all aspects of care, they are focused on the system perspective of care
- New challenges arise with changing technology, patient needs, regulatory requirements, and internal monitoring
- We are a learning system, grounded in continuous quality improvement



This Hospital's Grade **Kaweah Health**



400 W. Mineral King Avenue
Visalia, CA 93291-6263

[View the full Score](#)

FALL 2022



2022 Annual Review Quality & Patient Safety Plans

Themes for successful infection prevention amid a pandemic: Study

Nika Schoonover – 12/15/22

After evaluating intensive care units with elevated rates of healthcare-associated infections that participated in a federal quality improvement program, [a study published Nov. 21 in BMJ Open Quality identified four themes to maintain infection prevention activities during the pandemic](#). Hospital-acquired infections rose in 2020 after years of steady decline, but in 2021, four of six infections tracked by the CDC had increased by as much as 14 percent compared to 2020. The research team, based at NORC at the University of Chicago and the Agency for Healthcare Research and Quality, found the value of a pre-existing prevention infection infrastructure, a flexibility in implementing policies and practices, consistent buy-in and engagement in healthcare-associated infection prevention activities among leadership and the care teams, and the willingness to learn from other units in the facility and beyond were the most impactful themes in maintaining infection prevention during a pandemic. [From December 2019 to April 2021, the 49 participating ICU teams maintained quality improvement activities including daily huddles, multidisciplinary rounds and central line and urinary catheter monitoring despite barriers including staff turnover and fatigue and pandemic-related restrictions.](#)

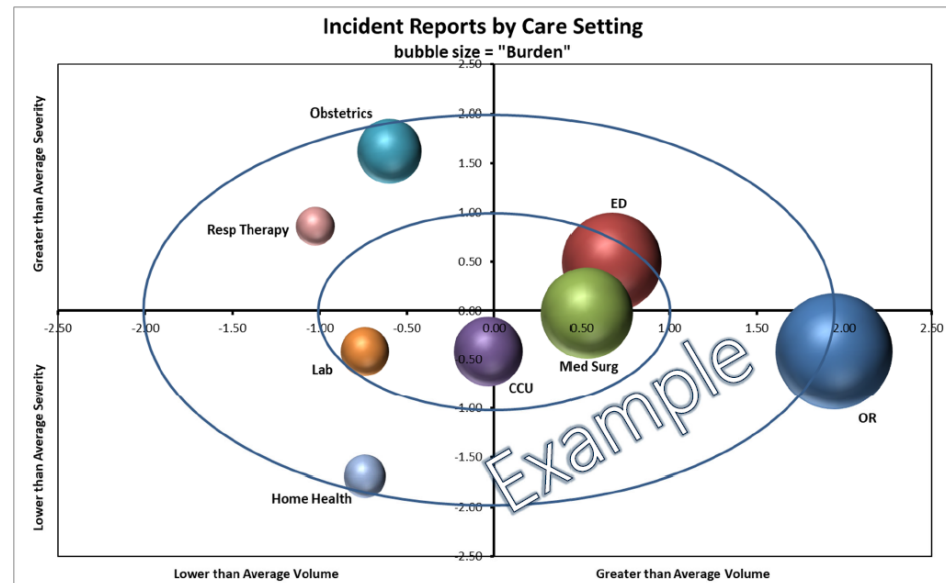


Hot Topics in the Healthcare Quality & Patient Safety Industry

Enhancing & Accelerating Patient Safety Program at Kaweah Health

- Under development for 2023 “**Burden Scores**”
- New ways of quantifying Midas event data that leads to **enhanced trend identification** and **action** (burden score = volume of event type X severity)
- System infrastructure work during 2022 with team of Cal Poly Industrial Engineers (Senior Project Sponsors)
- **2023 continued development on workflow** plans with Quality Improvement committee and Kaweah Health Leadership

Use Bubble Charts to Compare Burden / Impact of Categories



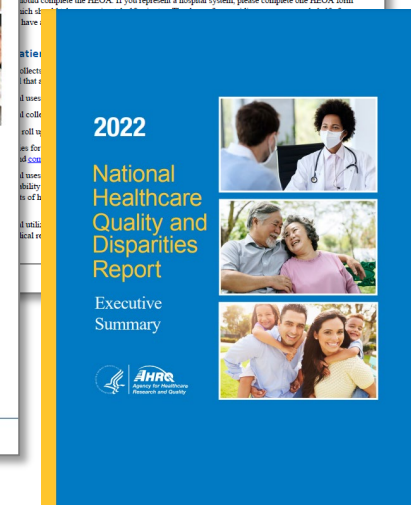
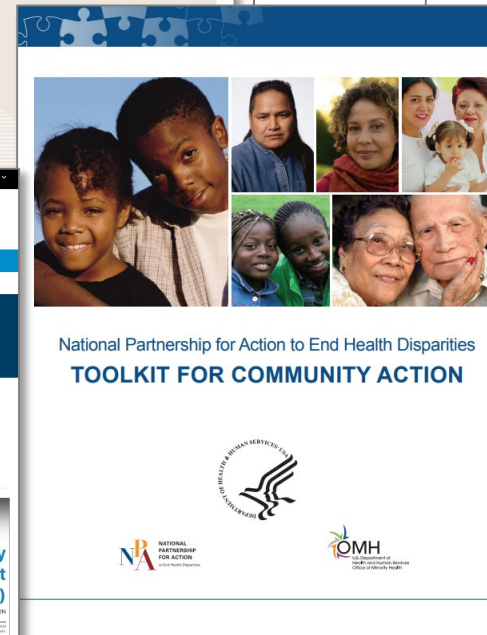
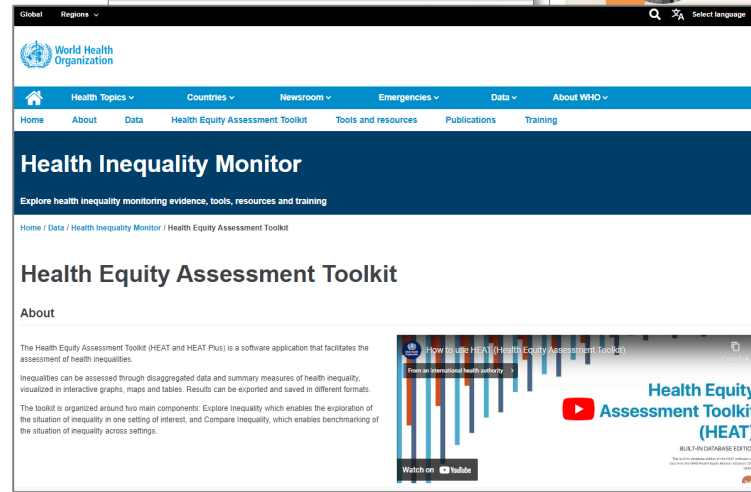
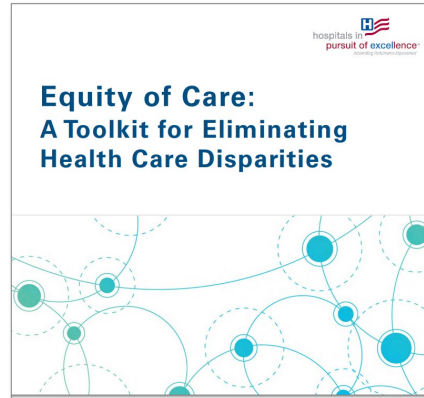
Hot Topics in the Healthcare Quality & Patient Safety Industry

Health Equity/Health Care Disparities

- New TJC Leadership Standards
- New CMS core measures 2023 forward

Cycles of:

- Identifying & addressing disparities
- Awareness, training and,
- Finding better ways to identify them

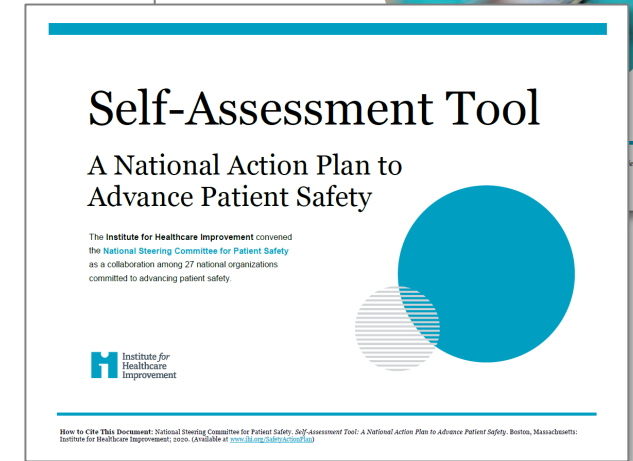
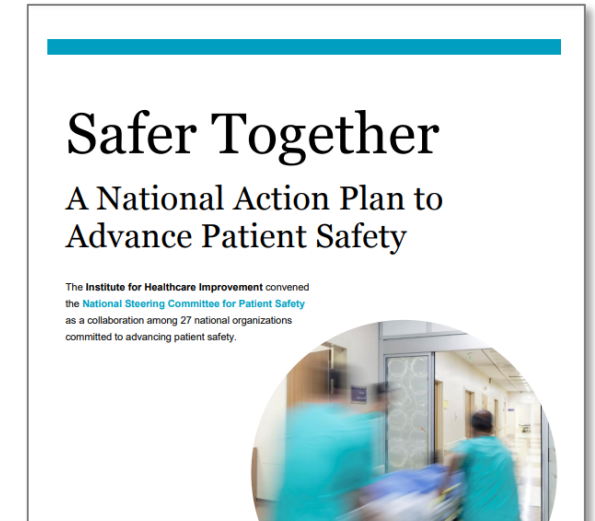


Hot Topics in the Healthcare Quality & Patient Safety Industry

National Action Plan to Advance Patient Safety

Safer Together: A National Action Plan to Advance Patient Safety, illuminates the **collective insights of the 27 organizations** represented on the National Steering Committee for Patient Safety (NSC), united in their efforts to achieve safer care and reduce harm to patients and those who care for them. The National Action Plan centers on four foundational and interdependent areas, which the NSC prioritized as essential to create total systems safety.

- **Culture, Leadership, and Governance:** The imperative for leaders, governance bodies, and policymakers to demonstrate and foster our deeply held professional commitments to safety as a core value and promote the development of cultures of safety.
- **Patient and Family Engagement:** The spread of authentic patient and family engagement; the practice of co-designing and co-producing care with patients, families, and care partners to ensure their meaningful partnership in all aspects of care design, delivery, and operations.
- **Workforce Safety:** Ensuring the safety and resiliency of the organization and the workforce is a necessary precondition to advancing patient safety; we need to work toward a unified, total systems-based perspective and approach to eliminate harm to both patients and the workforce.
- **Learning System:** Establishing networked and continuous learning; forging learning systems within and across health care organizations at the local, regional, and national levels to encourage widespread sharing, learning, and improvement.



Hot Topics in the Healthcare Quality & Patient Safety Industry

Opioid Safety/Opioid Epidemic

Promoting Patient Care and Safety

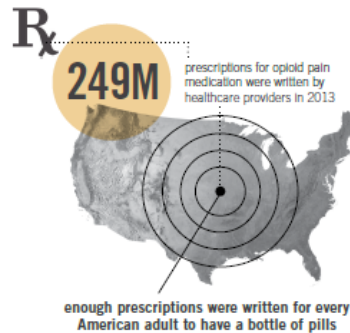
THE US OPIOID OVERDOSE EPIDEMIC

The United States is in the midst of an epidemic of prescription opioid overdoses. The amount of opioids prescribed and sold in the US quadrupled since 1999, but the overall amount of pain reported by Americans hasn't changed. This epidemic is devastating American lives, families, and communities.



PRESCRIPTION OPIOIDS HAVE BENEFITS AND RISKS

Many Americans suffer from chronic pain. These patients deserve safe and effective pain management. Prescription opioids can help manage some types of pain in the short term. However, we don't have enough information about the benefits of opioids long term, and we know that there are serious risks of opioid use disorder and overdose—particularly with high dosages and long-term use.



¹Includes overdose deaths related to methadone but does not include overdose deaths related to other synthetic prescription opioids such as fentanyl.
²National Survey on Drug Use and Health (NSDUH), 2014



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

Medicare Promoting Interoperability PROGRAM

2022 MEDICARE PROMOTING INTEROPERABILITY PROGRAM ELECTRONIC CLINICAL QUALITY MEASURES FACT SHEET

eCQM Reporting Requirements

Eligible hospitals and CAHs are required to report on at least three eCQMs – Concurrent Prescribing measure for a total of four eCQMs, showcases all nine eCQM options available to report on during CY 2022.

Short Name	Measure Name
ED-2	Median Admit Decision Time to ED Departure Patients
PC-05	Exclusive Breast Milk Feeding
STK-2	Discharged on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation
STK-5	Antithrombotic Therapy by the End of Care
STK-6	Discharged on Statin Medication
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing

R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission | Issue 11, August 20, 2017

Published for Joint Commission-accredited organizations and interested health care professionals, R³ Report provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, R³ Report goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. R³ Report may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

Pain assessment and management standards for hospitals

Effective Jan. 1, 2018, new and revised pain assessment and management standards will be applicable to all Joint Commission-accredited hospitals. These standards — in the Leadership (LD), Medical Staff (MS), Provision of Care, Treatment, and Services (PC), and Performance Improvement (PI) chapters of the hospital accreditation manual — are designed to improve the quality and safety of care provided by Joint Commission-accredited hospitals. The new and revised standards accomplish this by requiring hospitals to:

- Identify pain assessment and pain management, including safe opioid prescribing, as an organizational priority (LD.04.03.13).
- Actively involve the organized medical staff in leadership roles in organization performance improvement activities to improve quality of care, treatment, and services and patient safety (MS.05.01.01).
- Assess and manage the patient's pain and minimize the risks associated with treatment (PC.01.02.07).
- Collect data to monitor its performance (PI.01.01.01).
- Compile and analyze data (PI.02.01.01).

Engagement with stakeholders, customers, and experts

As part of a national effort to address the opioid crisis and increase the quality of care, The Joint Commission began a project to revise its pain assessment and management standards in addition to an extensive literature review and public field review, research and analysis, and the following:

- A [technical advisory panel \(TAP\)](#) representing members of leading health care organizations to discuss innovative, high-quality, safe initiatives in the field of pain assessment and management.
- A [standards review panel \(SRP\)](#) to review draft pain assessment and management standards and provide input to The Joint Commission.

CDC Centers for Disease Control and Prevention

Opioids

2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain

249M prescriptions for opioid pain medication were written by healthcare providers in 2013

enough prescriptions were written for every American adult to have a bottle of pills

Opioid Basics: See the facts about risks and prescription opioids including fentanyl and understanding the opioid overdose epidemic.

Opioid Data and Analysis: See information on data, research, surveillance systems, and resources related to overdose and prescribing practices and more.

Opioid Overdose Prevention: Improve opioid prescribing, reduce exposure to opioids, prevent misuse, and treat opioid use disorder.

You can help prevent opioid overdoses and deaths

- Information for Patients, Families, and Caregivers
- Information for Clinicians and Healthcare Professionals
- Information for Healthcare Administrators

Reduce adverse opioid-related events in your hospital with SHM.

Opioids are among the most common medications associated with serious harm in hospitalized patients. Hospital-wide, rigorous quality improvement programs can reduce the number of adverse events.

In October 2016, that there were 2.5 million prescription opioid prescriptions in the U.S. SHM developed

Opioid Care Honor Roll

Cal Hospital Compare is officially launching activities in support of the 2023 Opioid Care Honor Roll, which will recognize your work from ~ April 2022 thru March 2023.

The 2023 application period will open on January 1, 2023 and close on March 31, 2023.

We look forward to recognizing your hospital's performance in Summer 2023 via a joint press release with California Health and Human Services Agency. Hospitals will be recognized based on the following categories:

- Superior Performance: ≥ 34 points
- Excellent Progress: 26 – 33 points
- Most Improved: ≥ 5 points in comparison to 2021 results
- Sustained Improvement: hospital achieves Superior Performance two years in a row

Questions?

Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175) 2023 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review

Quality Initiative	Type	Priority Category	Key Considerations	Measures of Success	Assigned Leader(s)
Patient Safety Committee	Org Oversight Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Responsible per AP.175 Patient Safety Plan Oversees Midas Event Triage and Ranking Committee (METER) and Quality-Risk Committee (QRC) Oversees all action plans related to Root Cause Analysis and Focus Review teams Oversees safety culture improvement action plan including Just Culture 	<ul style="list-style-type: none"> As determined by individual action plans Reportable never events Measure reports by subcommittee listed below 	Director of Quality and Patient Safety
Midas Event Triage & Ranking Committee (METER)	Patient Safety Subcommittee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Objective: Rank and Triage Events through a multidisciplinary team daily so that immediate notification of high risk events can be made to Medical Staff Leadership and Hospital Leadership Events are reviewed daily Monday through Friday (weekend events reviewed Monday with RM notification processes in place on weekends) Events are triaged using a criticality matrix in which members of the committee would come to consensus on event scoring 	<ul style="list-style-type: none"> Volume and severity of events; events escalated 	<ul style="list-style-type: none"> Director of Risk Management
Quality-Risk Committee	Patient Safety Subcommittee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Reviews Midas event reports weekly to identify trends High Risk Process Review (HiPR) which targets regular standardized review of seven high risk processes (proposal includes ability to revise list of targeted processes by Patient Safety Committee (PSC)). High risk processes include those identified by regulatory entities (The Joint Commission (TJC)), and/or identified as high risk by current Quality and Risk processes. 	<ul style="list-style-type: none"> Volume and significance of events, reports submitted anonymously Specific event types trended and reported to the committee as identified; plan for 2023 includes trends identified by “Burden Scores” (volume x severity) HiPR process includes: <ul style="list-style-type: none"> Event reports/ analysis, root cause analysis (RCA) and Focused Review (FR) data Other quality data utilized specific to the topic (ie. restraint use as documented in Cerner) 	<ul style="list-style-type: none"> Directors of Risk Management and Quality & Patient Safety

**Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
2023 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review**

Just Culture Steering	Patient Safety Subcommittee, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Key strategy in organization safety culture improvement action plan • National Quality Forum (NQF) safe practice included in Leapfrog Safety Grade 	<ul style="list-style-type: none"> • Just Culture measures included in the Safety Culture Survey 	Director of Organizational Development
Medication Safety	Org Oversight Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Oversees the Medication Error Reduction Program (MERP) per CA state requirements • Oversees Nursing Medication Safety Task Force QI work • Oversight of medication elements of high risk processes such as anticoagulation, medication reconciliation and procedural sedation safety which are Joint Commission National Patient Safety Goals. 	<ul style="list-style-type: none"> • Several measures monitored as determined annually by the committee through the MERP and Adverse Drug Event (ADE) committee work. Examples include antidote administration rates, bar code medication administration rates, reducing ADEs. • Medication Reconciliation measures include: Home medication list review of high risk patients; Complete initial home medication review within 24 hrs of admission 	Director of Pharmacy
Adverse Drug Event (ADE) Committee	Org Sub-Committee Medication Safety	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Reviews, tracks and trends and resolves (or escalates) adverse drug event Midas reports 	<ul style="list-style-type: none"> • ADE volume and tracked trends as reported to Medication Safety Committee 	Medication Safety Coordinator
Sepsis QFT	OHO Strategic Initiative Quality Focus Team (QFT)	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Established QFT since 2016 • High volume diagnosis, high mortality rates nationally (problem prone) • Centers for Medicare and Medicaid Services (CMS) SEP-1 bundle compliance publically reported on CMS care compare website 	<ul style="list-style-type: none"> • SEP-1 Bundle compliance • LOS • Mortality 	Medical Director of Quality & Patient Safety; Director of Quality and Patient Safety

Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175) 2023 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review

Handoff Communication QFT	Quality Focus Team (QFT)	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> QFT established in 2018; QI work recommended by TJC in a Sentinel Event Alert issued in September 2017. Several sources indicate need for improvement work (ie. trended event reports, sentinel event data, and external literature) <ul style="list-style-type: none"> Midas Event volume – Handoff category: 2019 = 65, 2020 = 30, 2021 = 27, 0 harm 	<ul style="list-style-type: none"> Defective rate through TJC’s survey tool Midas event “Handoff” category volume & significance 	Director of Trauma Program
Hospital Acquired Pressure Injury (HAPI) QFT	Quality Focus Team (QFT)	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> PSI3 (HAPI) is a component of Leapfrog Safety Score & CMS public report Mandated reporting to California Department of Public Health (CDPH) 	<ul style="list-style-type: none"> Percent of patients with stage 2+ Proportion of HAPIs that are device related 	Director of Throughput and Specialty Care
Central Line Associated Blood Stream Infection (CLABSI) QFT	OHO Strategic Initiative, QFT	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> CMS Value-Based Purchasing (VBP) and star rating Measure Leapfrog safety grade metric TJC National Patient Safety Goal 	<ul style="list-style-type: none"> Standardized Infection Ratio (SIR) Bundle compliance measures 	Director of Renal Services
Catheter Associated Urinary Tract Infection (CAUTI) Committee	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> CMS VBP and star rating Measure Leapfrog safety grade metric 	<ul style="list-style-type: none"> Standardized Infection Ratio (SIR) Bundle compliance measures 	Director of Post-Surgical Care
Methicillin-Resistant Staphylococcus Aureus (MRSA) QFT	OHO Strategic Initiative, QFT	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> CMS VBP and star rating Measure Leapfrog safety grade metric TJC National Patient Safety Goal 	<ul style="list-style-type: none"> Standardized Infection Ratio (SIR) Decolonization process measures, ATP testing 	Director of Environmental Services
Heart Failure - Best Practice Team	OHO Strategic Initiative, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> CMS VBP and star rating Measure High volume medical diagnosis CMS Readmission Reduction Program population 	<ul style="list-style-type: none"> Observed/expected (o/e) mortality and risk adjusted readmission rates examples of key performance indicators (KPI) include discharge medication, and inpatient medication management 	Director of Medical Surgical Services; Medical Director of Best Practice Teams

**Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
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Pneumonia - Best Practice Team	OHO Strategic Initiative, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • CMS VBP and star rating Measure • High volume medical diagnosis • CMS Readmission Reduction Program population 	<ul style="list-style-type: none"> • o/e mortality and risk adjusted readmission rates • examples of key performance indicators (KPI) Antibiotic medication timing and route, and power plan usage 	Director of Rehabilitation; Medical Director of Best Practice Teams
NSTEMI - Best Practice Team	OHO Strategic Initiative, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • CMS VBP and star rating Measure • High volume medical diagnosis • CMS Readmission Reduction Program population 	<ul style="list-style-type: none"> • o/e mortality and risk adjusted readmission rates • examples of key performance indicators (KPI) include medication management and diagnostic testing 	Director of Cardiovascular Services; Medical Director of Best Practice Teams
COPD - Best Practice Team	OHO Strategic Initiative, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> • CMS VBP and star rating Measure • CMS Readmission Reduction Program population 	<ul style="list-style-type: none"> • o/e mortality and risk adjusted readmission rates • examples of key performance indicators (KPI) include diagnostic studies, immunization, and discharge education 	Director of Respiratory Services; Medical Director of Best Practice Teams
Falls University	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Nursing sensitive quality indicator • Case reviews of fall events and collection and dissemination of contribution factors data 	<ul style="list-style-type: none"> • Total falls and injury falls; contributing factors 	Director of Nursing Practice
Diabetes	OHO Strategic Initiative, Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • High volume, high risk volume patient population 	<ul style="list-style-type: none"> • Hypo and Hyperglycemia rates 	Director of Nursing Practice, Medical Director of Quality & Patient Safety
Trauma Quality Program	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> • Trauma program oversight and QI work related to ACS trauma designation 	<ul style="list-style-type: none"> • Various measures through data registry including documentation of assessment findings, airway management, timeliness of diagnostic studies, timeliness of 	Director of Trauma Program, Medical Director of Trauma

**Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
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				surgical intervention, mortality rates	
Stroke Quality Program	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> The Joint Commission (TJC) certified program High risk population Oversees work of the ED Stroke Alert sub task force 	<ul style="list-style-type: none"> Various measure through American Heart/Stroke Association including medication management, discharge indicators, timeliness of diagnostics studies and assessments 	Manager of Stroke Program and Medical Director of Stroke Program
Health Equity	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> National and ACGME initiative TJC Sentinel Event issued January 2022 	<ul style="list-style-type: none"> Measures to identify disparities in care in key population Uses REaL data (Race, Ethnicity and Language) in data analysis on population incidence, readmissions and mortality 	COO
Patient Safety Indicator (PSI) Committee	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> Review of coded complications of the surgical population Reported on CMS Care Compare website Component of CMS star rating, VBP program 	<ul style="list-style-type: none"> PSI rates 	Medical Director of Surgical Quality, Director of Quality and Patient Safety
Surgical Quality Committee (SQIP)	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Oversees implementation of Enhanced Recovery After Surgery (ERAS) program (evidenced based care targeted at the surgical population) Oversees PSI (coded complications of care) 	<ul style="list-style-type: none"> ERAS measures PSI measures 	Director of Surgical Services, Medical Director of Surgical Quality
Pain Committee	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> TJC Standards for organization leadership oversight and data requirements 	<ul style="list-style-type: none"> Measures of pain assessment, effectiveness and safety Opioid prescribing 	Director of Quality & Patient Safety, Medical Director of Quality and Patient Safety
Population Health Steering Committee	Org Oversight Committee; Medication Reconciliation OHO Initiative	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Quality Incentives Program (QIP) previously Public Hospital Redesign & Incentives Program (PRIME) Oversees Population Health Quality Committee work 	<ul style="list-style-type: none"> A total of 20 measures primary care reported for the QIP program, of which 50% must be selected 	Director of Population Health

**Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
2023 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review**

			<ul style="list-style-type: none"> Medication Reconciliation a TJC National Patient Safety Goal (NPSG) 	<p>from the Priority Measures Set per DHCS</p> <ul style="list-style-type: none"> OHO measure -Outpatient medication reconciliation within 30 days post discharge from acute care 	
Rapid Response/Code Blue	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> TJC data monitoring requirements 	<ul style="list-style-type: none"> Several measures as submitted to American Heart Association registry including volume, location and outcome 	Director of Critical Care Services
Mortality	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> Review of unexpected deaths for follow up with quality of care concerns, coding or documentation 	<ul style="list-style-type: none"> Rates of cases with quality of care concerns, coding or documentation 	Medical Director of Quality and Patient Safety
Infection Prevention Committee	Org Oversight Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> Oversees the Infection Prevention Plan Oversees Surgical Site Infection task force Oversees regulatory compliance with IP standards 	<ul style="list-style-type: none"> Several measures monitored through quarterly dashboard including surgical site infection rates, ventilator associated events, line infection rates, MRSA. 	Manager of Infection Prevention, Medical Director of Infection Prevention
Accreditation Regulatory Committee	Org Oversight Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Oversees compliance with regulatory standards and plans of correction 	<ul style="list-style-type: none"> Various measures determined by plans of correction Regular tracer data for compliance with regulatory standards 	Director of Quality & Patient Safety
Environment of Care Committee	Org Oversight Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Oversees the EOC Plan and Workplace Violence Program (CA state mandate) Oversees compliance with EOC regulatory standards 	<ul style="list-style-type: none"> Various measures including preventive maintenance completion rates, workplace violence, and employee injury rates. 	Safety Officer
Diversion Prevention Committee	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume	<ul style="list-style-type: none"> Oversees plan of correction and improvement work related to prevention of opioids and propofol 	<ul style="list-style-type: none"> Several measures determined by plan of correction including chain 	Director of Risk Management and Director of Critical Care Services

**Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
2023 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review**

			<ul style="list-style-type: none"> Oversees knowledge and education initiatives related to diversion prevention 	<ul style="list-style-type: none"> of custody, rendering propofol useless. Staff knowledge on diversion prevention survey results 	
Patient Throughput	Org Committee	<input checked="" type="checkbox"/> High Risk <input checked="" type="checkbox"/> Problem Prone <input checked="" type="checkbox"/> High Volume	<ul style="list-style-type: none"> Steering committee that oversees work of 5 sub-groups: Throughput & Patient Progression <ul style="list-style-type: none"> Care Mgmt roles & responsibilities Discharge planning & timely discharge Multidisciplinary huddles Throughput & Patient Progression <ul style="list-style-type: none"> Long Stay Committee Demand Mgmt <ul style="list-style-type: none"> ED to Inpatient admission process Capacity Mgmt <ul style="list-style-type: none"> Patient Placement Infrastructure Project work will include a proactive risk assessment (FMEA) to be reviewed by Patient Safety Committee Team Rounding <ul style="list-style-type: none"> Identified by Strategic planning group as a contributing factor to increased LOS, and decreased teamwork climate 	<ul style="list-style-type: none"> Various throughput measures included time to provider, time from door to admit, time from admit to arrival on unit. Several processes measures reported through each sub-group 	Executive Team

*All committees report to Quality Improvement Committee/Prostaff per AP.41



Kaweah Health Medical Center

FY 2023 Strategic Plan

Ideal Work Environment
December 22, 2022



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

Ideal Work Environment - Employee Retention

Champions: Human Resources

Problem / Goals & Objectives

Problem Statement:

Kaweah Health has experienced an increase in turnover since mid-2020 creating challenges in recruitment and retention.

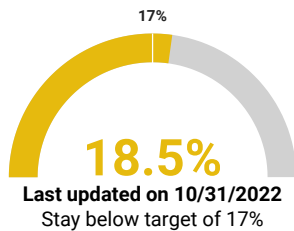
Goals and Objectives:

Kaweah Health is focused on retention of employees through measuring employee engagement, competitive compensation benefits, and partnerships with local schools (high schools, colleges).

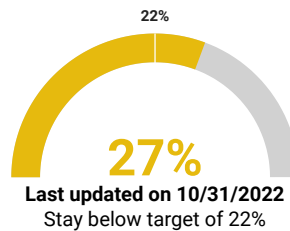
Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.1.1	Decrease overall KH turnover rate	07/01/2022	06/30/2023	Dianne Cox	Off Track	We predict that local economic conditions, in addition to market adjustments for some positions and an increase in minimum wage should positively impact turnover and result in fewer resignations.
2.1.1.1	Decrease nursing turnover rate	07/01/2022	06/30/2023	Dianne Cox	Off Track	The rolling 12 month nursing turnover rate is at 27%. However, we have made progress in reducing traveling nurses and are working to implement the \$7 for 7 program on 12/11/22.
2.1.1.2	Decrease new hire turnover rate	07/01/2022	06/30/2023	Dianne Cox	Off Track	We are trending in the right direction as the rolling 12 month new hire turnover has decreased to 18.6%. Wage adjustments and the \$7 for 7 program should positively impact new hire turnover, as well as the minimum wage increase that will be effective 12/25/22.
2.1.2	Retention Committee Initiatives	07/01/2022	06/30/2023	Dianne Cox	On Track	The Retention Committee has met multiple times and identified a number of opportunities that might positively impact retention. A major focus of the committee will be a revamp of the PTO program that will go live with the implementation of Workday in July 2023.
2.1.3	Monitor Competitive Compensation Benefits	07/01/2022	06/30/2023	Dianne Cox	On Track	Updated wage data has been obtained from CHA. Therapies, OT, PT and ST, have recently received market adjustments and RNs, LVNs and LPTs will be receiving one this month. Many other employees will see an adjustment due to the increase of minimum wage. In addition, we were able to keep employee share of benefits costs flat for calendar year 2023.

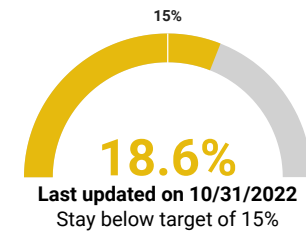
Decrease overall KH turnover rate



Decrease nursing turnover rate



Decrease new hire turnover rate



Problem / Goals & Objectives

Problem Statement:

There is a need to continue to align the efforts of all Kaweah Health teams to ensure world class service.

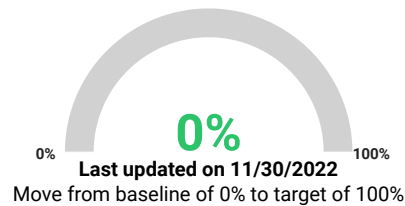
Goals and Objectives:

Continue to focus on creating team synergy, interdisciplinary alignment, and team work; and measure that success through Lifecycle Work Environment surveys.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.2.1	Develop workplans for identified units to address low scores related to communication between shifts	07/01/2022	06/30/2023	Hannah Mitchell	On Track	Identification and action plan development will begin in the first quarter of 2023 with completion of action plans for all identified units by 6/30/2023.
2.2.2	Different departments work well together at Kaweah Health (Physician Engagement Survey)	07/01/2022	06/30/2023	Raleen Larez (Deleted)	On Track	This initiative was first identified within the May 2021 Physician and Employment Engagement Surveys as a need to work together as teams with joint professionalism and respect. We will measure our progress in May 2024. The focus on improvement to date has been with building closer partnerships with our providers through Executive collaboration and improved medical staff responsiveness to concerns by staff and leadership responsiveness to medical staff concerns. We believe that the restructure of the medical staff governance as well as Dr. William Brian joining us as CMO/CQO will continue to further our work.

Action Plan Completion Rate for Identified Units-Communication Between Shifts



Ideal Work Environment - Expand Volunteer Programs

Champions: Kent Mishler, Kelly Pierce

Problem / Goals & Objectives

Problem Statement:

Kaweah Health needs to promote a strong volunteer program in order to secure a future workforce.

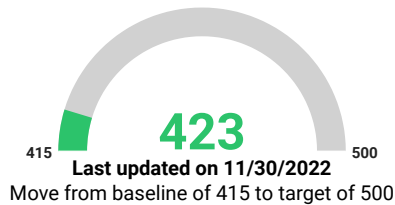
Goals and Objectives:

Increase the number of active volunteers (high school students and young adults) engaged with Kaweah Health year over year.

Plan

#	Name	Start Date	Due Date	Assigned To	Status	Last Comment
2.3.1	Expand Volunteer Programs	07/01/2022	06/30/2023	Dianne Cox	On Track	Between 7/1/22 and 11/30/22 we had 293 volunteers donating hours and expect this to be at 300 by January. Since January 2022, we have had over 450 volunteers donate hours. We expect this number to increase as the spring and summer months see the highest number of volunteers. We are also noting a significant increase in volunteer hours from 656 in November 2021 to 1,678 in November 2022.

Expand Volunteer Programs



Throughput/LOS

December 2022 Board Update



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

Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

Metric	Patient Type	Definition	Goal	Jan - Nov '21 Baseline (Monthly Average or Median)	Discharge Date				
					7/1/2022 to 11/30/2022				
Observation Average Length of Stay (Obs ALOS) 44.01 <i>(Lower is better)..</i>	Overall	Average length of stay (hours) for observation patients		37.9	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
					52.05	66.00	58.69	51.44	48.51
Inpatient Average Length of Stay (IP ALOS) 5.62 <i>(Lower is better)</i> 10.63	Non-COVID	Average length of stay (hours) for inpatient discharges		N/A	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
				5.75	5.59	6.47	5.73	6.09	
	COVID		N/A	7.94	8.93	10.38	13.50	7.94	
					6.03	5.89	6.72	5.95	6.17
Inpatient Observed-to-Expected Length of Stay 1.48 <i>(Lower is better)</i>	Overall	Observed LOS / geometric mean length of stay for inpatient discharges		1.32	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
					1.53	1.53	1.69	1.51	1.64
% of Discharges Before 12 PM 11.5% <i>(Higher is better)</i>	Overall	% of Inpatient & Observation discharged before 12 PM		35%	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
					13.3%	15.0%	14.6%	14.0%	10.5%
Discharges 1,264	Inpatient-Non-COVID	Count of non-COVID IP discharges		N/A	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
					1,137	1,204	1,097	1,165	1,138
					170	120	76	34	49
197	Inpatient-COVID	Count of COVID IP discharges		N/A	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
					339	404	380	394	365

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

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

Performance Scorecard

Leading Performance Metrics – Emergency Department

Metric	Patient Type	Definition	Goal	Jan - Nov '21 Baseline (Monthly Average or Median)	Check In Date and Time 7/1/2022 12:00:00 AM to 11/30/2022 11:59:59 PM				
					Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
ED Boarding Time 304 <i>(Lower is better)</i>	Observation	Count of observation discharges		259	437	451	274	184	237
	Inpatient	Median time (minutes) for admission order written to check out for admitted patients			705	620	263	277	368
	..				443	461	274	190	240
ED Admit Hold Volume 640 ..	Overall >4 Hours	Count of patients (volume) with ED boarding time \geq 4 hours		N/A	772	772	550	407	523
ED Average Length of Stay (ED ALOS) 720 <i>(Lower is better)</i>	Discharged	Median ED length of stay (minutes) for discharged patients		214	299	290	260	270	271
	Inpatients	Median ED length of stay (minutes) for admitted inpatients		612	864	907	677	568	655
	Obsrevation	Median ED length of stay (minutes) for observation patients			1,079	1,085	759	624	686
ED Visits 3,998	Discharged	Count of ED visits for discharged patients		N/A	4,842	4,936	4,502	4,549	4,454
1,216	Inpatient	Count of ED Visits for admitted patients		N/A	1,180	1,136	1,036	1,064	1,102
N/A	Obsrevation	Count of ED Visits for observation patients			366	415	378	400	367
					6,388	6,487	5,916	6,013	5,923

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

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

Encounter Types Discharge Date
 Inpatient 11/1/2021 to 11/30/2022
 Observation

Discharges Before Noon by Nurse Unit

Loc Nurse ..	Loc Nurse Unit	Month of Discharge Date												
		Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22
Med/Surg	KHMC 1E Emergency Ro..	25.0%	23.9%	17.8%	22.1%	19.1%	20.7%	19.4%	18.5%	23.7%	22.2%	22.8%	15.0%	12.5%
	KHMC 2N Medical Surgic..	11.0%	10.4%	7.2%	11.7%	11.6%	12.0%	11.1%	12.4%	14.8%	17.5%	14.8%	19.6%	15.9%
	KHMC 2S Medical Surgical	7.4%	9.0%	12.1%	9.7%	8.8%	8.7%	13.3%	12.2%	13.4%	11.5%	9.2%	12.9%	4.9%
	KHMC 3N Medical Surgic..	10.8%	18.2%	9.1%	9.4%	15.7%	12.3%	16.7%	13.1%	13.1%	20.8%	17.2%	15.1%	10.7%
	KHMC 3S Medical Surgical	9.6%	13.9%	10.7%	15.5%	8.1%	9.9%	9.2%	12.2%	10.1%	12.6%	13.4%	11.9%	8.6%
	KHMC 4N Medical Surgic..	7.6%	4.8%	8.0%	7.6%	3.1%	7.2%	7.7%	4.3%	8.0%	7.2%	9.6%	9.6%	5.8%
	KHMC 4S Medical Surgical	2.4%	15.4%	4.7%	7.0%	7.1%	6.6%	11.7%	12.2%	8.3%	11.1%	16.5%	9.1%	8.9%
	KHMC 14 Medical Surgical	6.6%	5.9%	6.8%	4.9%	6.2%	10.1%	8.6%	5.0%	6.1%	5.5%	7.0%	8.2%	4.5%
	KHMC BP Broderick Pavil..	22.3%	17.1%	15.7%	20.7%	21.1%	19.0%	25.0%	26.2%	24.2%	30.0%	28.8%	18.9%	21.2%
KHMC PE Pediatrics				21.4%	42.9%	50.0%	28.6%	11.1%	15.4%					
ICU	KHMC 3W ICCU	17.1%	12.5%	18.9%	35.3%	10.8%	21.4%	20.6%	26.7%	14.3%	15.2%	9.1%	31.4%	17.2%
	KHMC 15 ICCU	13.2%	15.6%	17.5%	9.1%	21.3%	18.9%	8.1%	15.5%	16.2%	13.4%	12.5%	14.8%	9.1%
	KHMC CV Intensive Care	23.7%	24.3%	35.9%	13.2%	10.0%	10.3%	23.1%	8.8%	8.3%	8.3%	17.2%	35.0%	33.3%
	KHMC IC Intensive Care	37.8%	29.7%	24.3%	22.9%	27.3%	29.0%	23.1%	26.3%	22.6%	27.3%	21.4%	8.7%	22.2%

Discharges Before Noon by Nurse Unit Calendar Year

Loc Nurse ..	Loc Nurse Unit	Discharge Date	
		2021	2022
Med/Surg	KHMC 1E Emergency Room Overflow	24.3%	20.3%
	KHMC 2N Medical Surgical	10.7%	13.5%
	KHMC 2S Medical Surgical	8.3%	10.4%
	KHMC 3N Medical Surgical	14.4%	14.1%
	KHMC 3S Medical Surgical	12.0%	11.1%
	KHMC 4N Medical Surgical	6.1%	7.0%
	KHMC 4S Medical Surgical	9.0%	9.5%
	KHMC 14 Medical Surgical	6.3%	6.7%
	KHMC BP Broderick Pavilion	19.9%	23.1%
KHMC PE Pediatrics		18.0%	
ICU	KHMC 3W ICCU	14.9%	20.1%
	KHMC 15 ICCU	14.5%	14.1%
	KHMC CV Intensive Care	24.0%	18.0%
	KHMC IC Intensive Care	33.8%	23.6%

Discharges Before Noon by Month

Month of Disch Dt Tm	Discharge Date	
	2021	2022
January		11.2%
February		13.0%
March		11.5%
April		11.7%
May		13.5%
June		13.0%
July		13.1%
August		15.0%
September		14.4%
October		13.9%
November	11.4%	10.1%
December	13.4%	

Discharges Before Noon by Calendar Year

Year of Discharge Date	Discharge Date	
	2021	2022
2021	12.4%	
2022		12.8%

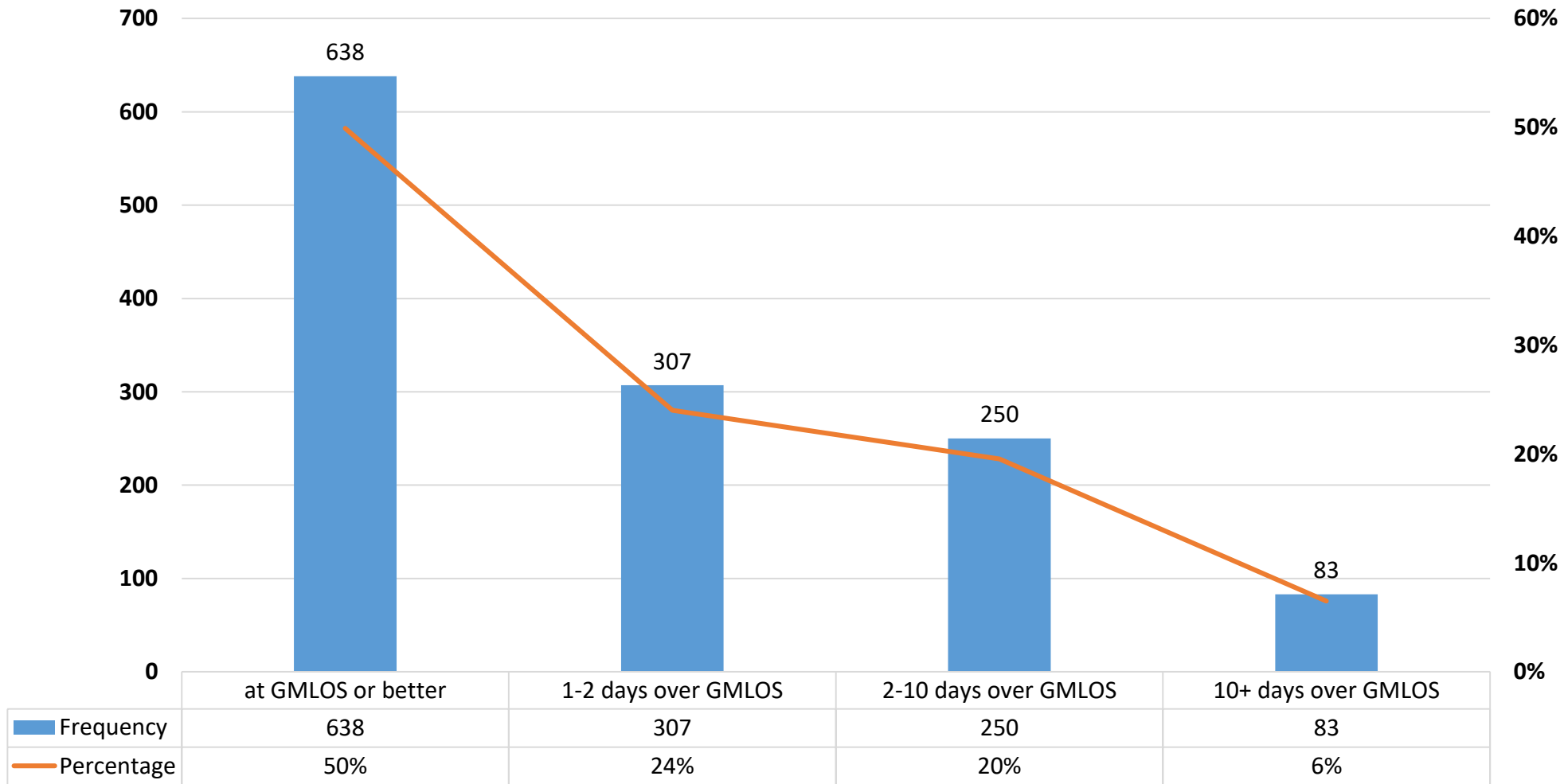
Observed-to-Expected Length of Stay

Loc Nurse U..	Loc Nurse Unit	Month of Discharge Date												
		Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22
Med/Surg	KHMC 1E Emergency Room...	0.35	0.34	0.36	0.37	0.34	0.31	0.34	0.36	0.36	0.36	0.33	0.32	0.34
	KHMC 2N Medical Surgical	1.66	1.71	1.69	1.72	1.82	1.48	1.95	1.47	1.61	1.58	1.79	1.43	1.85
	KHMC 2S Medical Surgical	1.62	1.58	1.23	1.35	1.59	1.35	1.59	1.70	1.49	1.38	1.77	1.31	1.17
	KHMC 3N Medical Surgical	1.64	1.69	1.13	1.38	1.68	1.69	1.48	1.62	1.57	1.74	1.77	1.67	2.55
	KHMC 3S Medical Surgical	1.95	1.91	1.91	2.02	1.88	1.64	1.88	1.87	1.81	1.72	1.80	1.72	1.87
	KHMC 4N Medical Surgical	1.93	1.66	1.67	2.01	1.85	1.44	1.65	2.35	2.04	1.86	1.92	1.91	1.69
	KHMC 4S Medical Surgical	1.99	2.09	2.16	1.98	2.03	1.80	1.68	2.12	1.78	1.76	2.14	1.65	1.52
	KHMC 14 Medical Surgical	1.37	1.55	1.51	1.71	1.66	1.44	1.29	1.35	1.38	1.61	1.46	1.50	1.39
	KHMC BP Broderick Pavilion	0.87	1.01	1.26	1.06	0.95	0.90	0.89	1.03	1.00	0.89	0.86	0.90	0.86
	KHMC PE Pediatrics	0.63		1.00	1.18	1.09	0.45	0.66	0.75	1.26	1.48			
ICU	KHMC 3W ICCU	1.64	2.00	1.13	1.75	1.14	1.34	1.89	1.35	1.31	1.34	1.46	1.81	1.31
	KHMC 15 ICCU	1.51	1.57	1.37	1.47	1.62	1.18	1.30	0.91	1.35	0.89	1.81	1.27	1.43
	KHMC CV Intensive Care	1.75	1.77	1.60	1.18	1.25	1.47	1.29	0.91	1.10	0.91	1.14	0.64	1.20
	KHMC IC Intensive Care	1.92	1.28	1.46	1.35	1.69	1.11	1.21	0.97	1.13	1.53	1.05	0.72	1.29
Grand Total	1.67	1.66	1.49	1.56	1.68	1.48	1.56	1.58	1.53	1.53	1.69	1.51	1.64	

Observed-to-Expected Length of Stay by Calendary Year

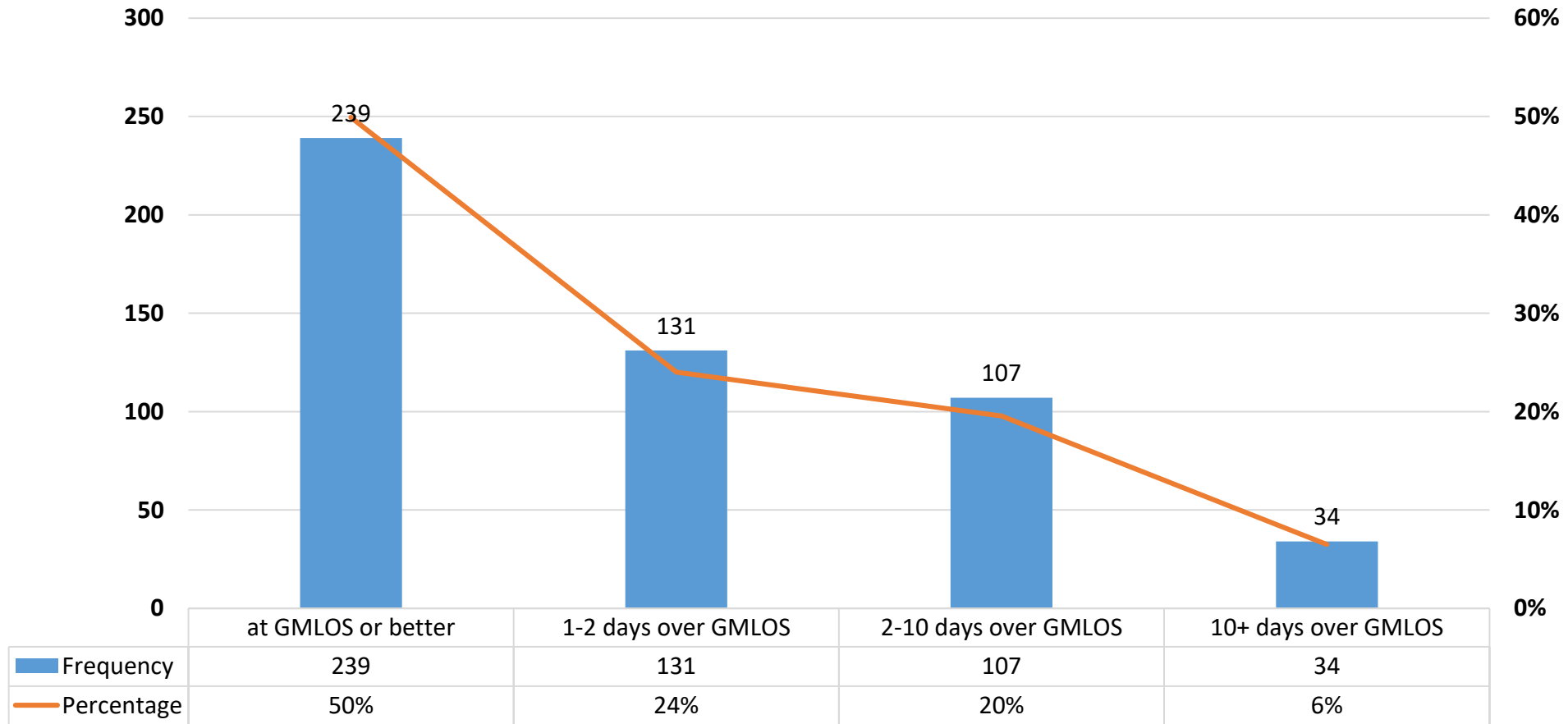
Loc Nurse U..	Loc Nurse Unit	Disch Dt Tm	
		2021	2022
Med/Surg	KHMC 1E Emergency Room Overflow	0.34	0.36
	KHMC 2N Medical Surgical	1.68	1.65
	KHMC 2S Medical Surgical	1.60	1.47
	KHMC 3N Medical Surgical	1.67	1.56
	KHMC 3S Medical Surgical	1.93	1.82
	KHMC 4N Medical Surgical	1.79	1.87
	KHMC 4S Medical Surgical	2.04	1.91
	KHMC 14 Medical Surgical	1.47	1.49
	KHMC BP Broderick Pavilion	0.94	0.98
	KHMC PE Pediatrics	0.63	1.02
ICU	KHMC 3W ICCU	1.82	1.48
	KHMC 15 ICCU	1.54	1.31
	KHMC CV Intensive Care	1.76	1.18
	KHMC IC Intensive Care	1.61	1.23

November FY 2023 Overall LOS Distribution - 1278 Discharges

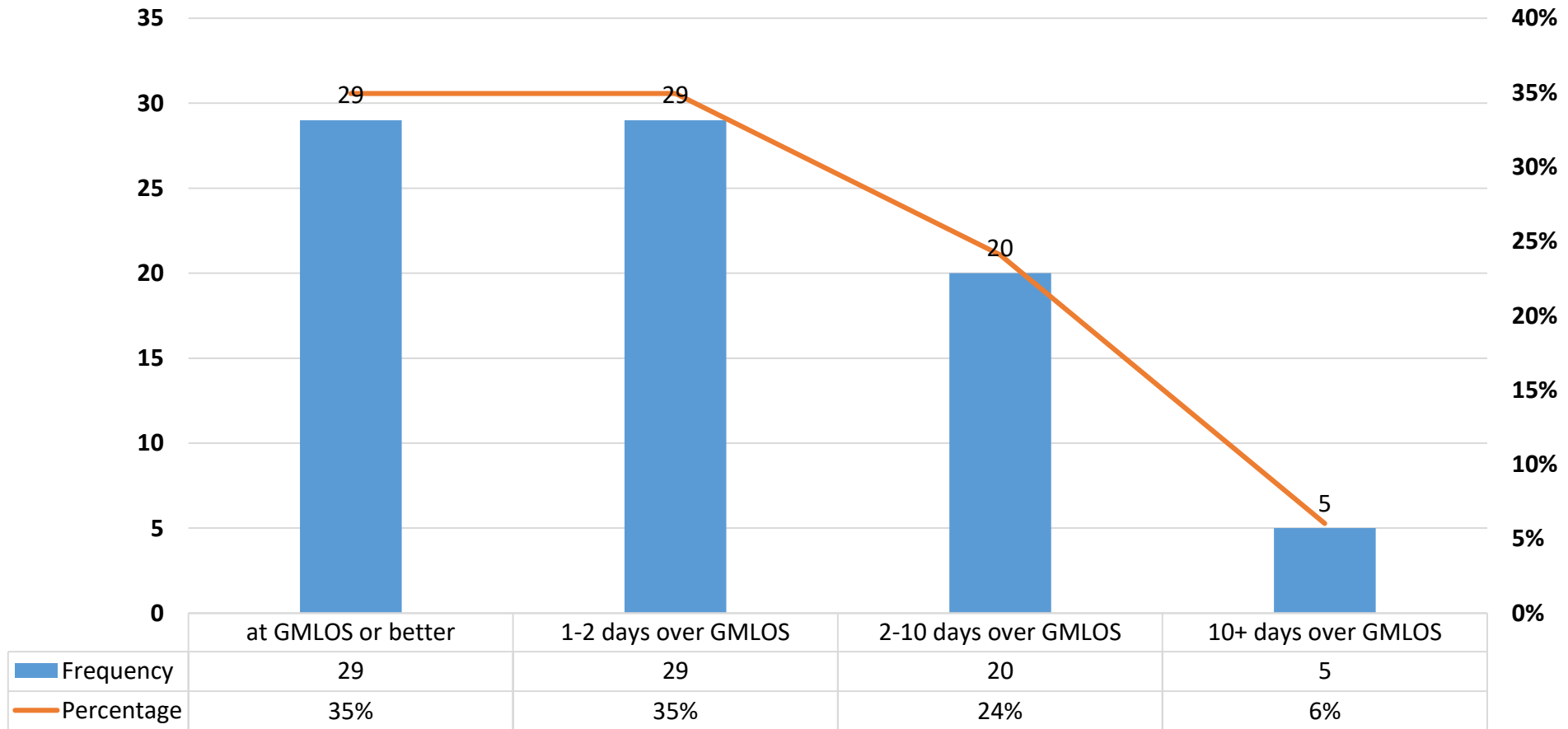


Top Reasons over one Day – Information pending steering committee review.

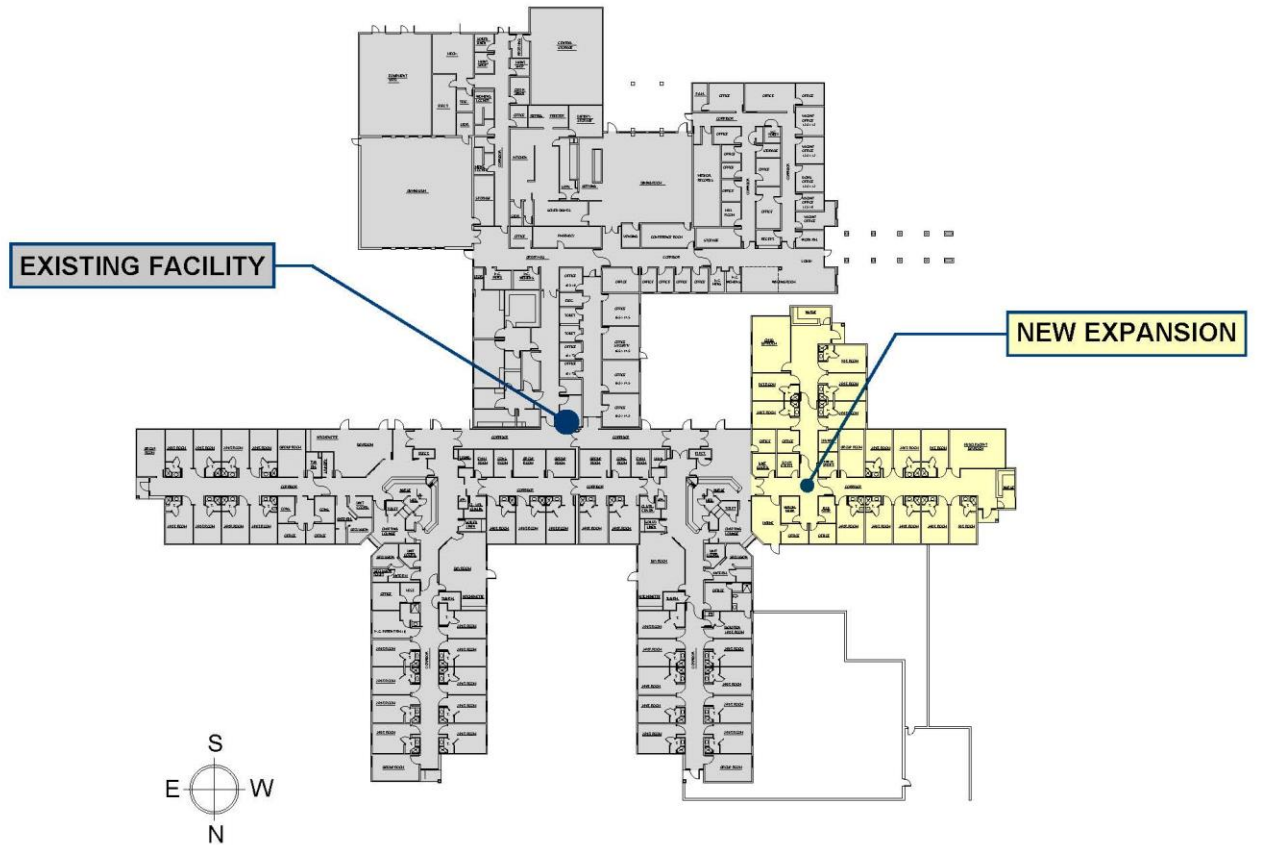
November FY 2023 Hospitalist LOS Distribution - 511 Discharges



November FY 2023 FHCN LOS Distribution - 83 Discharges



Child & Adolescent Addition to Mental Health Hospital



KAWEAH HEALTH BEHAVIORAL HEALTH EXPANSION

1100 WEST AKERS, VISALIA, CA 93291

Total Building Area = 48,861 sf - Site Area = 416,295 sf / 9.56 acres

CONCEPTUAL PLAN

Grant awarded by California Dept. of Health Care Services' Behavioral Health Continuum Infrastructure Program (BHCIP) Round 4

- **DHCS awarded Kaweah Health \$8,780,558 on December 8, 2022**
- **\$480 million was awarded to 54 projects in 16 counties**
- **The funds will allow us to build a new wing, on the Mental Health Hospital at the Akers Campus.**
- **It will be 8,600 SF and hold 22 beds for children and adolescents needing in-patient care**
- **We estimate the facility will be ready to open in 2025**



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

December 2022

RE: BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM (BHCIP)
ROUND 4: CHILDREN AND YOUTH – CONDITIONAL AWARD

Thank you for the submission of your BHCIP Round 4: Children and Youth application for grant funding to the Department of Health Care Services (DHCS). DHCS received a total of 149 applications requesting nearly \$1.45 billion in funding, which far exceeded the total amount of funding available for the BHCIP Round 4: Children and Youth grant. DHCS is pleased to announce that Kaweah Delta Health Care District has been conditionally selected to receive \$8,780,558 in BHCIP funding for the Child/Adolescent Addition to Mental Health Hospital.

A mandatory informational webinar to discuss next steps will be held on December 14, 2022, from 10:30 to 11:30 a.m. Pacific Time. Topics will include developing the statement of work and beginning the contracting process. Please register [here](#). The project lead and all development team members are encouraged to attend. A link to the recording will be sent to all awardees after the webinar.

KAWEAH HEALTH
BEHAVIORAL HEALTH EXPANSION



Operation Back in Black Updates

- Kim Ferguson
- Ben Cripps

Month Ending November 2022



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



Health Plan Contracting

GOAL: Increase Revenue \$12 Million

**OPERATION
BACK IN
BLACK**

Revenue Update

\$10.9 million secured

\$1.5 million projected by June 2023

Top 7 contracts - Update

- 3 completed
- 3 pending (near completion tentative effective dates in February 2024)
- 1 pending termination

Additional Contracting Activity

- 3 Hospital contracts completed
- 1 Hospital contract pending
- 5 Ancillary contracts pending
- 2 New hospital contracts completed
- 5 Physician/Professional contracts completed
- 4 Mental Health contracts completed
- 3 Contracts pending termination

Cost Savings

- 2 KD Employee health plan direct agreement (both for February effective dates)
- Both Medi-Cal contract terms will reduce denials and nursing time for case management and set to be finalized in February 2023.

Underpayments



GOAL: Underpayment Collections of \$3.5 Million

Update: Collections \$2.6 million (as of Dec 15th) with \$5.4 million appealed in FY23

- Additional \$1.5 million in payor projects (not included above)
- Discovered denial trends and partnered with external departments to develop process improvement
 - Infusion Center authorization process and claim denial process
- Completed implant invoice audit plan and partnered with external departments to make process more time efficient for several departments
- Developed monthly monitoring of current denial or underpayment trends to address with each health plan more frequently/timely



Other Projects

**OPERATION
BACK IN
BLACK**

– Service Line Audit

- ex: Review billing of lab and x-ray at urgent care, opportunities for additional revenue
- **completed, working on implementation plan.**

– Chargemaster Changes

- Update areas where charges have dropped below contracted rates - **completed**

– Trauma Program Updates

- Trauma criteria changed in 2022, currently updating contracts, billing and coding to adhere to new guidelines which will drive additional reimbursement. -**completed**

– Transportation Initiative

- Reduce the cost of ambulance fees to Kaweah – **partially completed**

– Long Stay Committee

- Providing support to committee on laws, regulations and payor obligations to reduce barriers to discharge. - **ongoing**

– Case Management Denials

- Specific to procedural/placement denials and health plan delays (not medical necessity), working with our Attorneys to develop letter templates to appeal these types of denials. **Team is working through these denials currently and are starting to see claims pay**

Physician Compensation / Arrangements

Goal: Reduce Costs \$1 Million

**OPERATION
BACK IN
BLACK**

- Physician Staffing Models
- Contract Negotiations
- Medical Director Compensation
- Graduate Medical Education Compensation
- Other Opportunities

Current Annualized Savings Identified and Implemented:
\$1,775,000 (Savings to be Realized in FY23: \$1,150,000)

Additional Potential Opportunities: \$1,000,000 - \$2,000,000

CFO Financial Report

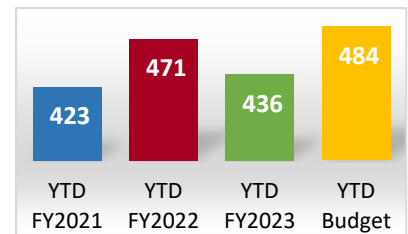
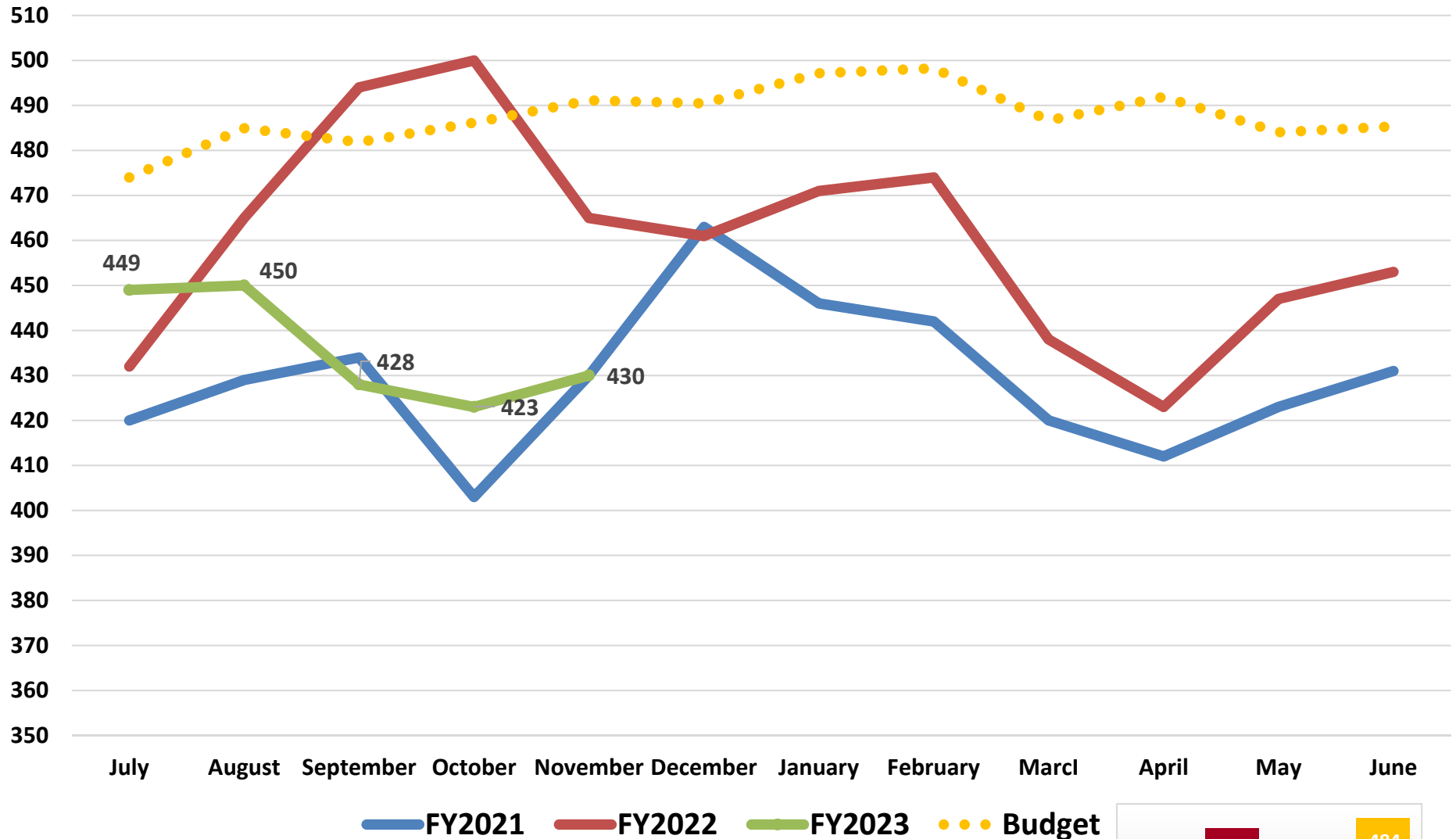
Month Ending November 2022



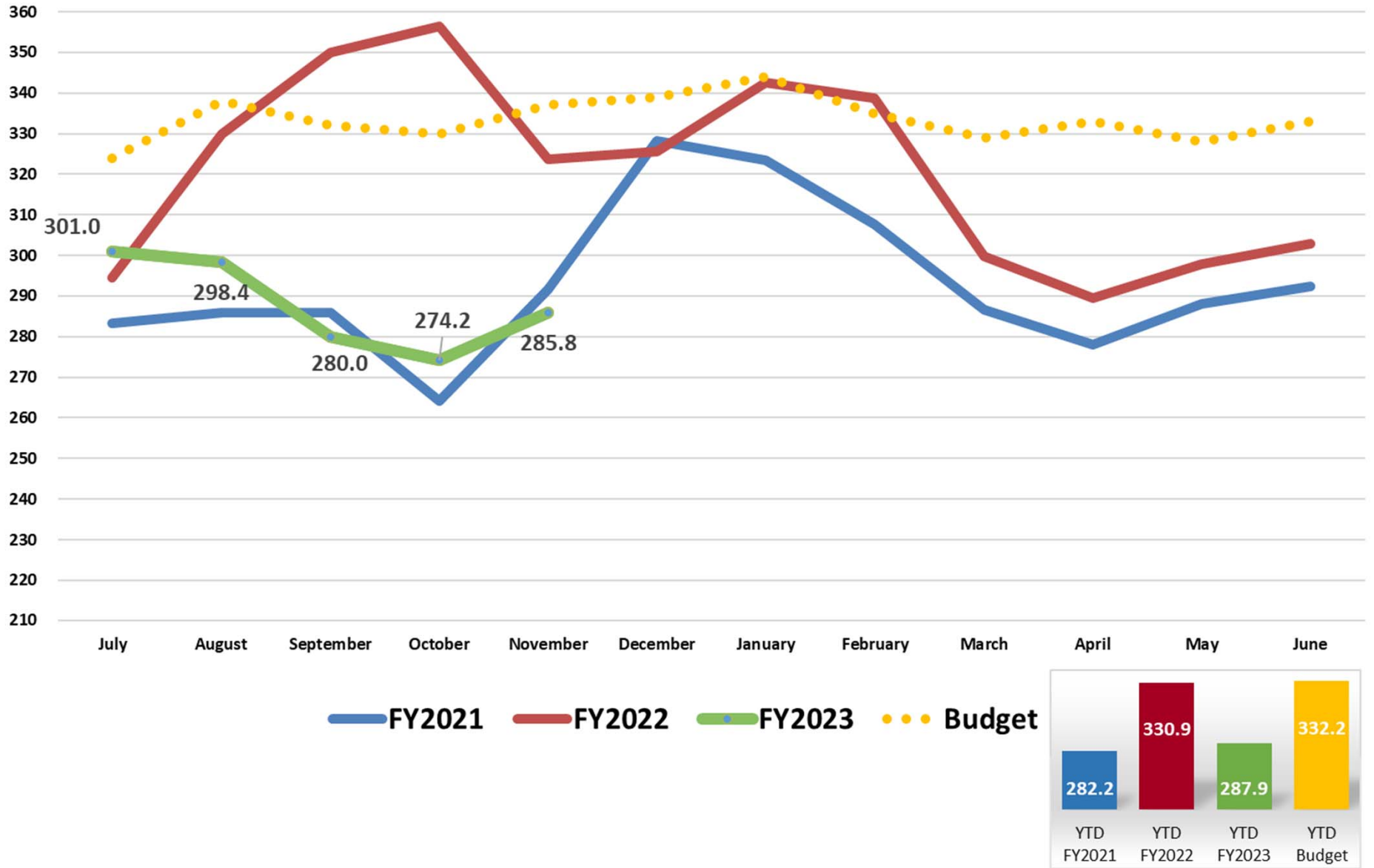
[kawahhealth.org](https://www.kawahhealth.org)



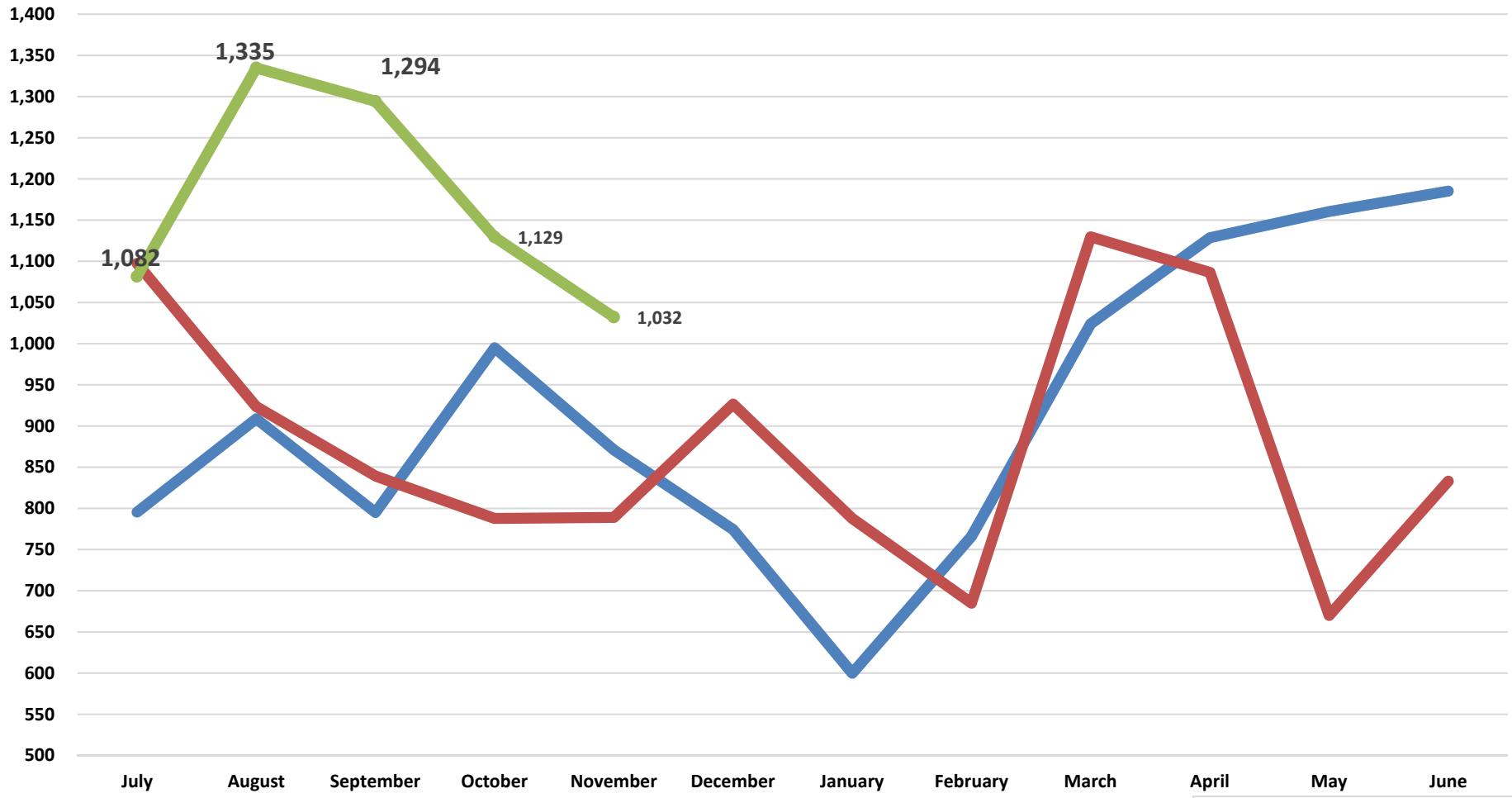
Average Daily Census



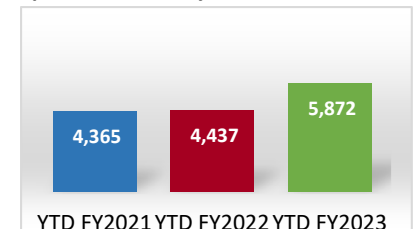
Medical Center (Avg Patients Per Day)



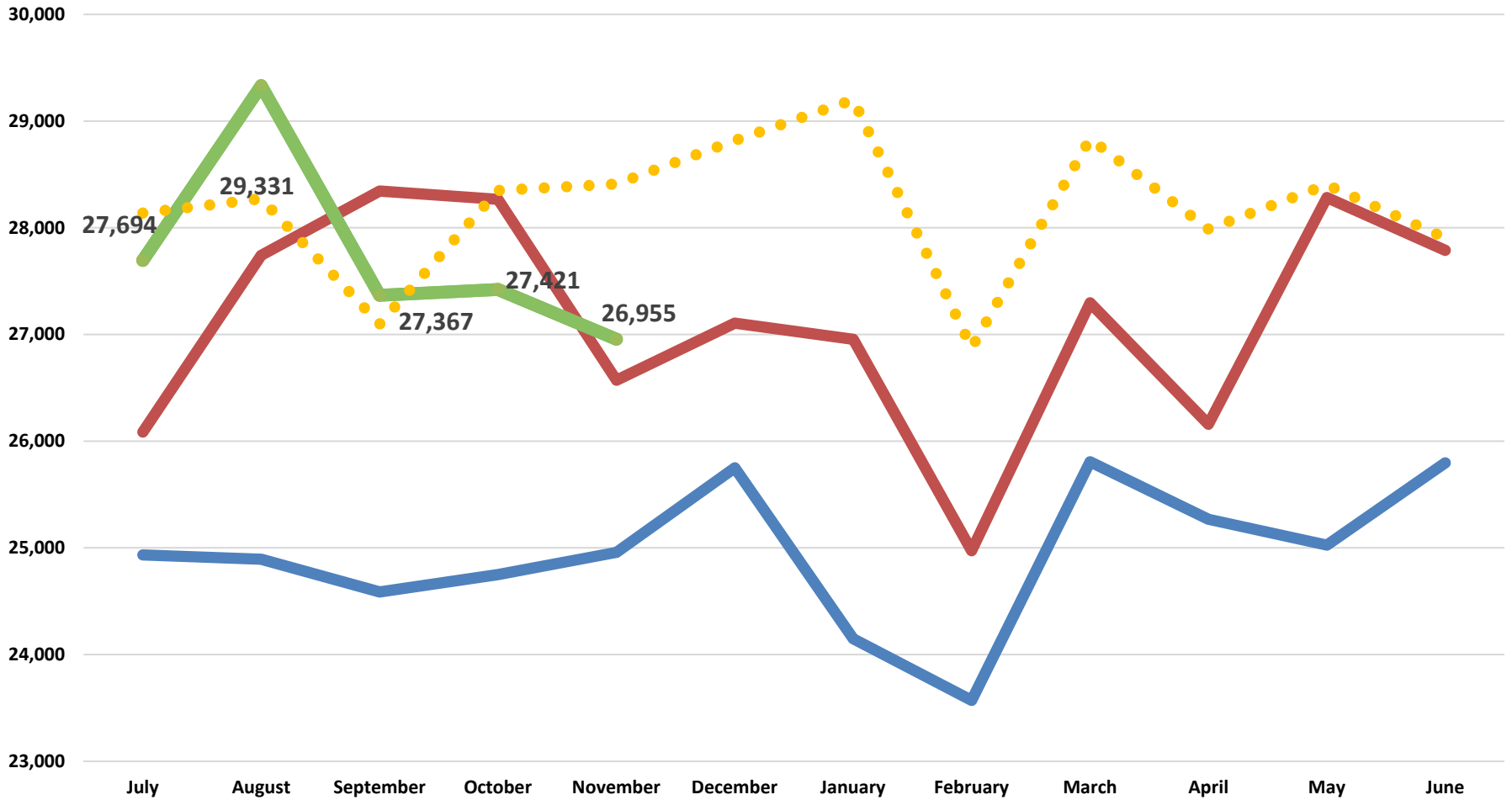
Observation Days



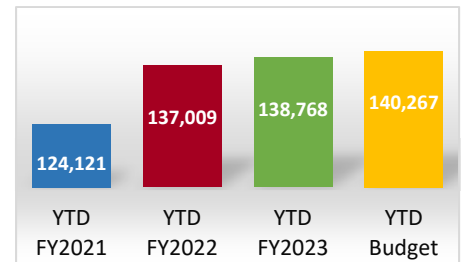
— FY2021 — FY2022 — FY2023



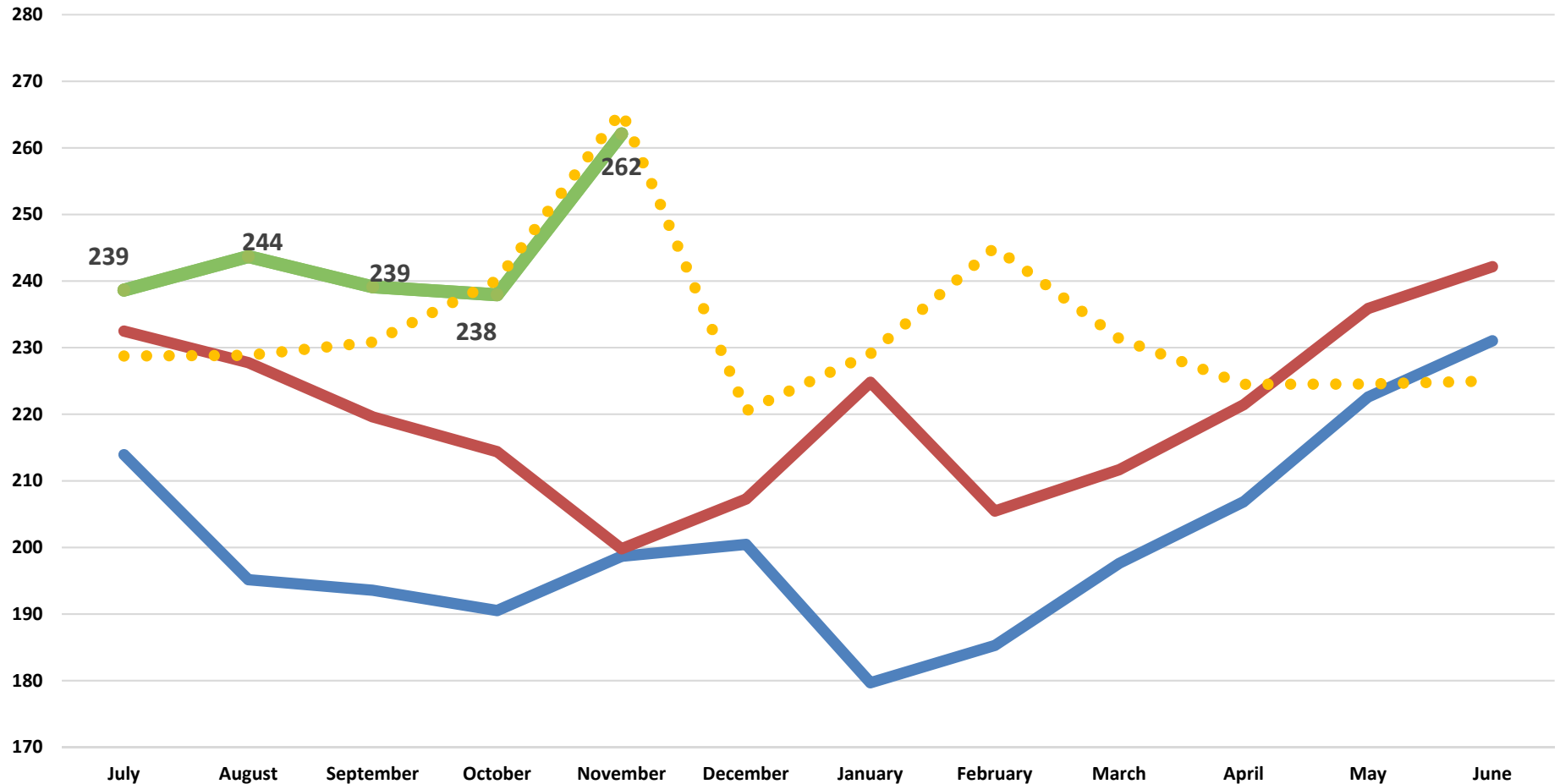
Adjusted Patient Days



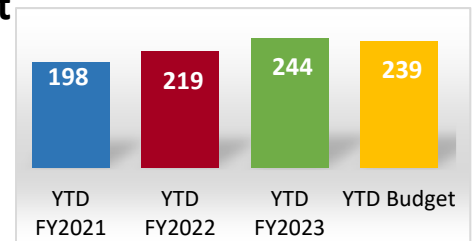
— FY2021
 — FY2022
 — FY2023
 ●●● Budget



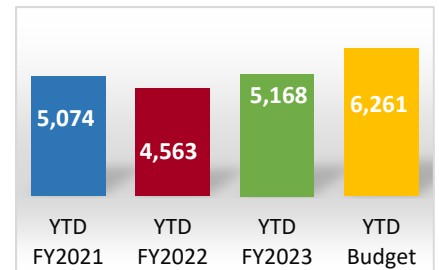
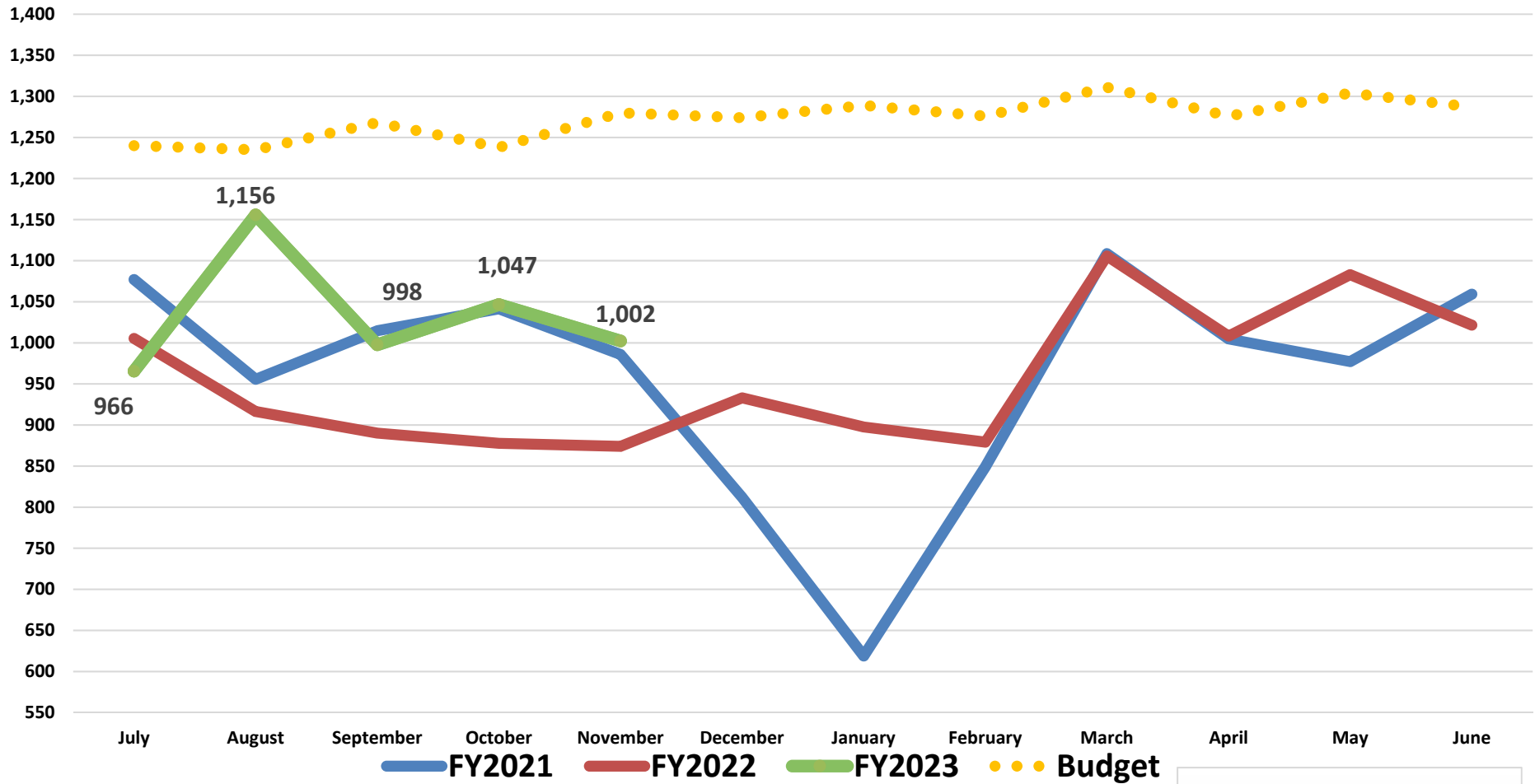
Emergency Dept – Avg Treated Per Day



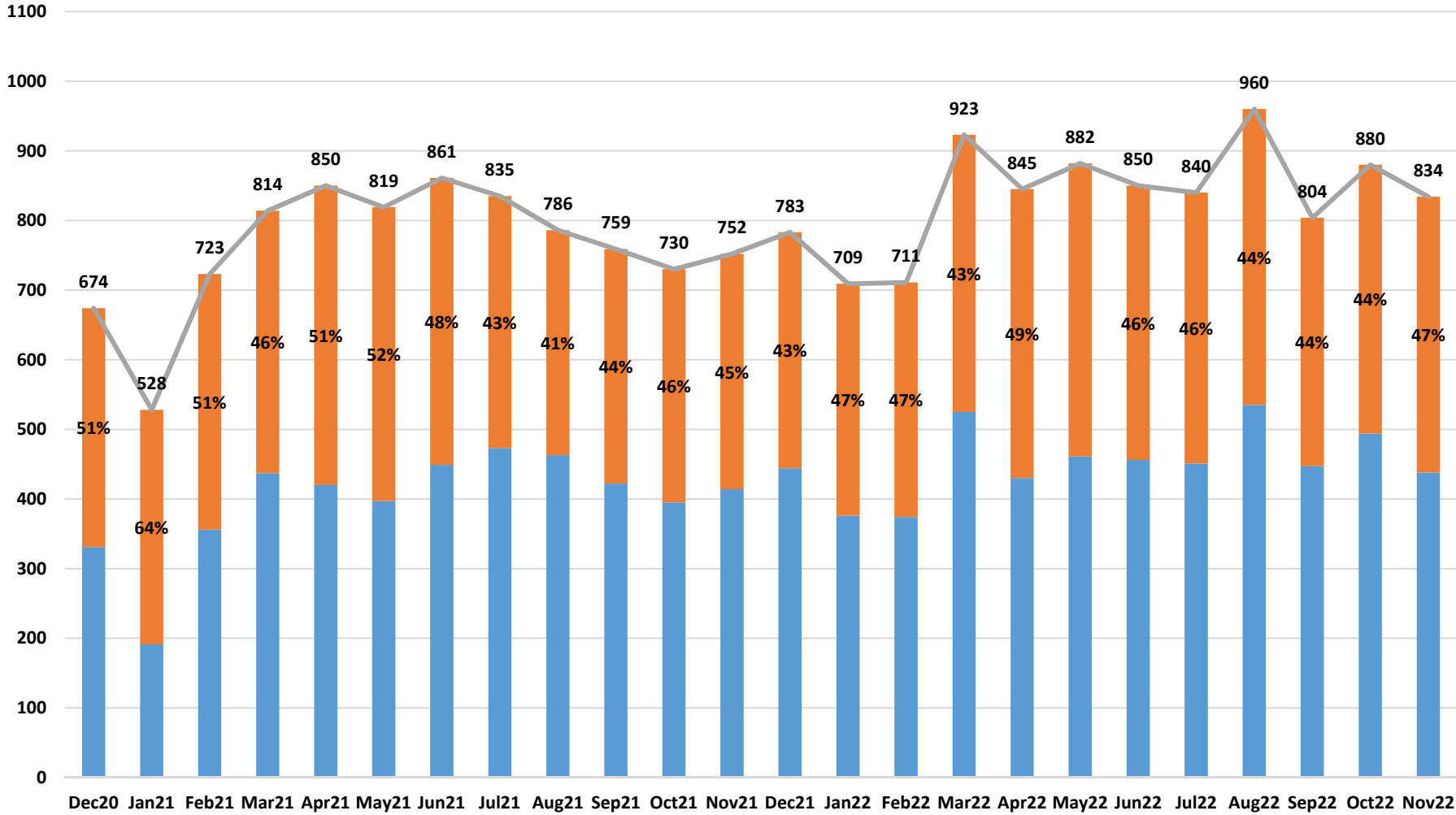
— FY2021
 — FY2022
 — FY2023
 ●●● Budget



Surgery (IP & OP) – 100 Min Units



Surgery Cases



■ Oupatient Cases
 ■ Inpatient Cases
 — Monthly Total

Statistical Results – Fiscal Year Comparison (Nov)

	Actual Results			Budget	Budget Variance	
	Nov 2021	Nov 2022	% Change	Nov 2022	Change	% Change
Average Daily Census	466	430	(7.6%)	488	(57)	(11.8%)
KDHCD Patient Days:						
Medical Center	9,712	8,574	(11.7%)	9,736	(1,162)	(11.9%)
Acute I/P Psych	1,142	1,378	20.7%	1,530	(152)	(9.9%)
Sub-Acute	900	902	0.2%	926	(24)	(2.6%)
Rehab	393	578	47.1%	534	44	8.2%
TCS-Ortho	388	383	(1.3%)	421	(38)	(9.0%)
TCS	521	110	(78.9%)	490	(380)	(77.6%)
NICU	482	466	(3.3%)	450	16	3.6%
Nursery	431	513	19.0%	541	(28)	(5.2%)
Total KDHCD Patient Days	13,969	12,904	(7.6%)	14,628	(1,724)	(11.8%)
Total Outpatient Volume	46,110	44,370	(3.8%)	46,593	(2,223)	(4.8%)

Statistical Results – Fiscal Year Comparison (Jul-Nov)

	Actual Results			Budget	Budget Variance	
	FYTD 2022	FYTD 2023	% Change	FYTD 2023	Change	% Change
Average Daily Census	471	435	(7.7%)	480	(45)	(9.4%)
KDHCD Patient Days:						
Medical Center	50,616	44,054	(13.0%)	48,593	(4,539)	(9.3%)
Acute I/P Psych	5,693	6,447	13.2%	7,832	(1,385)	(17.7%)
Sub-Acute	4,220	4,451	5.5%	4,342	109	2.5%
Rehab	2,483	2,704	8.9%	2,867	(163)	(5.7%)
TCS-Ortho	1,821	1,863	2.3%	2,028	(165)	(8.1%)
TCS	2,114	2,086	(1.3%)	2,500	(414)	(16.6%)
NICU	2,546	2,329	(8.5%)	2,430	(101)	(4.2%)
Nursery	2,639	2,632	(0.3%)	2,878	(246)	(8.5%)
Total KDHCD Patient Days	72,132	66,566	(7.7%)	73,470	(6,904)	(9.4%)
Total Outpatient Volume	237,036	223,625	(5.7%)	237,626	(14,001)	(5.9%)

Other Statistical Results – Fiscal Year Comparison (Nov)

	Actual Results				Budget	Budget Variance	
	Nov 2021	Nov 2022	Change	% Change	Nov 2022	Change	% Change
Adjusted Patient Days	26,571	26,955	384	1.4%	28,409	(1,454)	(5.1%)
Outpatient Visits	46,110	44,370	(1,740)	(3.8%)	46,593	(2,223)	(4.8%)
ED Total Registered	6,049	7,966	1,917	31.7%	7,242	724	10.0%
Surgery Minutes-General & Robotic (I/P & O/P)	926	1,077	151	16.3%	1,151	(74)	(6.4%)
OB Deliveries	345	392	47	13.6%	379	13	3.4%
Endoscopy Procedures (I/P & O/P)	553	586	33	6.0%	654	(68)	(10.4%)
GME Clinic visits	979	1,037	58	5.9%	1,080	(43)	(4.0%)
Home Health Visits	2,795	2,908	113	4.0%	2,950	(42)	(1.4%)
Cath Lab Minutes (IP & OP)	306	316	10	3.3%	371	(55)	(14.8%)
Physical & Other Therapy Units	16,378	16,830	452	2.8%	18,574	(1,744)	(9.4%)
Radiology/CT/US/MRI Proc (I/P & O/P)	16,192	16,471	279	1.7%	15,807	664	4.2%
O/P Rehab Units	18,737	18,704	(33)	(0.2%)	18,465	239	1.3%
Dialysis Treatments	1,501	1,464	(37)	(2.5%)	1,541	(77)	(5.0%)
RHC Registrations	10,696	10,272	(424)	(4.0%)	10,310	(38)	(0.4%)
Radiation Oncology Treatments (I/P & O/P)	1,980	1,813	(167)	(8.4%)	2,163	(350)	(16.2%)
KHMG RVU	47,651	39,252	(8,399)	(17.6%)	42,207	(2,955)	(7.0%)
Urgent Care - Court	5,896	4,789	(1,107)	(18.8%)	4,013	776	19.3%
Hospice Days	4,210	3,386	(824)	(19.6%)	4,116	(730)	(17.7%)
Infusion Center	362	289	(73)	(20.2%)	457	(168)	(36.8%)
Urgent Care - Demaree	3,945	3,082	(863)	(21.9%)	2,700	382	14.1%

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

	Actual Results				Budget	Budget Variance	
	FY 2022	FY 2023	Change	% Change	FY 2023	Change	% Change
Adjusted Patient Days	137,014	138,600	1,586	1.2%	140,227	(1,627)	(1.2%)
Outpatient Visits	237,036	223,625	(13,411)	(5.7%)	237,626	(14,001)	(5.9%)
Surgery Minutes-General & Robotic (I/P & O/P)	4,827	5,501	674	14.0%	5,668	(167)	(2.9%)
ED Total Registered	33,995	37,857	3,862	11.4%	35,533	2,324	6.5%
Endoscopy Procedures (I/P & O/P)	2,580	2,724	144	5.6%	3,148	(424)	(13.5%)
Home Health Visits	14,044	14,698	654	4.7%	14,968	(270)	(1.8%)
OB Deliveries	2,006	2,020	14	0.7%	2,002	18	0.9%
Physical & Other Therapy Units	88,672	88,162	(510)	(0.6%)	94,689	(6,527)	(6.9%)
Radiology/CT/US/MRI Proc (I/P & O/P)	83,692	82,667	(1,025)	(1.2%)	81,599	1,068	1.3%
Cath Lab Minutes (IP & OP)	1,613	1,555	(58)	(3.6%)	1,956	(401)	(20.5%)
Dialysis Treatments	7,759	7,474	(285)	(3.7%)	7,705	(231)	(3.0%)
O/P Rehab Units	98,712	93,772	(4,940)	(5.0%)	97,736	(3,964)	(4.1%)
Radiation Oncology Treatments (I/P & O/P)	10,032	9,451	(581)	(5.8%)	11,470	(2,019)	(17.6%)
KHMG RVU	177,265	166,450	(10,815)	(6.1%)	182,347	(15,897)	(8.7%)
RHC Registrations	52,836	48,693	(4,143)	(7.8%)	52,530	(3,837)	(7.3%)
GME Clinic visits	5,763	5,111	(652)	(11.3%)	6,100	(989)	(16.2%)
Hospice Days	21,133	18,470	(2,663)	(12.6%)	21,215	(2,745)	(12.9%)
Urgent Care - Demaree	18,643	14,851	(3,792)	(20.3%)	12,276	2,575	21.0%
Infusion Center	2,071	1,605	(466)	(22.5%)	2,217	(612)	(27.6%)
Urgent Care - Court	31,606	22,938	(8,668)	(27.4%)	18,745	4,193	22.4%

Nov Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	Nov 2021	Nov 2022	Nov 2022	Change	% Change
Operating Revenue					
Net Patient Service Revenue	\$54,846	\$56,706	\$56,255	\$451	0.8%
Other Operating Revenue	22,162	17,741	18,030	(289)	(1.6%)
Total Operating Revenue	77,008	74,447	74,285	162	0.2%
Operating Expenses					
Employment Expense	33,634	36,477	37,775	(1,298)	(3.4%)
Other Operating Expense	36,512	38,173	37,588	585	1.6%
Total Operating Expenses	70,146	74,650	75,363	(713)	(0.9%)
Operating Margin	\$6,862	(\$203)	(\$1,078)	\$875	
Stimulus Funds	6,542	0	247	(247)	
Operating Margin after Stimulus	\$13,404	(\$203)	(\$831)	\$628	
Non Operating Revenue (Loss)	587	150	355	(205)	
Excess Margin	\$13,991	(\$53)	(\$476)	\$423	

Operating Margin %	8.9%	(0.3%)	(1.5%)
OM after Stimulus%	17.4%	(0.3%)	(1.1%)
Excess Margin %	16.6%	(0.1%)	(0.6%)
Operating Cash Flow Margin %	13.0%	4.2%	3.2%

YTD (July-Nov) Financial Comparison (000's)

	Actual Results FYTD Jul-Nov		Budget FYTD	Budget Variance	FYTD
	FYTD2022	FYTD2023	FYTD2023	Change	% Change
Operating Revenue					
Net Patient Service Revenue	\$269,614	\$266,639	\$283,290	(\$16,651)	(5.9%)
Other Operating Revenue	84,324	88,121	91,316	(3,196)	(3.5%)
Total Operating Revenue	353,938	354,760	374,607	(19,847)	(5.3%)
Operating Expenses					
Employment Expense	174,705	199,702	190,761	8,941	4.7%
Other Operating Expense	182,082	189,628	188,259	1,369	0.7%
Total Operating Expenses	356,787	389,329	379,019	10,310	2.7%
Operating Margin	(\$2,849)	(\$34,569)	(\$4,413)	(\$30,157)	
Stimulus Funds	7,117	97	1,258	(1,161)	
Operating Margin after Stimulus	\$4,268	(\$34,472)	(\$3,155)	(\$31,318)	
Nonoperating Revenue (Loss)	1,929	(2,518)	1,824	(4,342)	
Excess Margin	\$6,197	(\$36,990)	(\$1,331)	(\$35,659)	

Operating Margin %	(0.8%)	(9.7%)	(1.2%)
OM after Stimulus%	1.2%	(9.7%)	(0.8%)
Excess Margin %	1.7%	(10.5%)	(0.4%)
Operating Cash Flow Margin %	3.7%	(5.1%)	3.4%

November Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Nov 2021	Nov 2022	% Change	Nov 2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$54,846	\$56,706	3.4%	\$56,255	\$451	0.8%
Supplemental Gov't Programs	11,778	5,494	(53.4%)	5,088	406	8.0%
Prime/QIP Program	667	743	11.4%	732	10	1.4%
Premium Revenue	5,054	5,784	14.5%	6,459	(675)	(10.4%)
Management Services Revenue	2,690	3,559	32.3%	3,366	193	5.7%
Other Revenue	1,974	2,161	9.5%	2,385	(224)	(9.4%)
Other Operating Revenue	22,162	17,741	(19.9%)	18,030	(289)	(1.6%)
Total Operating Revenue	77,008	74,447	(3.3%)	74,285	162	0.2%
Operating Expenses						
Salaries & Wages	28,408	26,929	(5.2%)	29,367	(2,438)	(8.3%)
Contract Labor	1,745	4,393	151.8%	2,406	1,987	82.6%
Employee Benefits	3,481	5,155	48.1%	6,002	(847)	(14.1%)
Total Employment Expenses	33,634	36,477	8.5%	37,775	(1,298)	(3.4%)
Medical & Other Supplies	10,623	11,358	6.9%	10,673	685	6.4%
Physician Fees	10,261	9,645	(6.0%)	9,389	255	2.7%
Purchased Services	1,565	1,328	(15.1%)	1,631	(303)	(18.6%)
Repairs & Maintenance	2,330	2,460	5.6%	2,548	(88)	(3.5%)
Utilities	760	881	15.8%	658	223	33.9%
Rents & Leases	522	566	8.4%	607	(41)	(6.7%)
Depreciation & Amortization	2,636	2,693	2.2%	2,834	(140)	(4.9%)
Interest Expense	500	658	31.7%	591	67	11.3%
Other Expense	1,557	1,759	13.0%	2,090	(331)	(15.8%)
Humana Cap Plan Expense	3,130	3,454	10.3%	3,242	212	6.5%
Management Services Expense	2,628	3,371	28.3%	3,325	46	1.4%
Total Other Expenses	36,512	38,173	4.5%	37,588	585	1.6%
Total Operating Expenses	70,146	74,650	6.4%	75,363	(713)	(0.9%)
Operating Margin	\$6,862	(\$203)	(103.0%)	(\$1,078)	\$875	(81.1%)
Stimulus Funds	6,542	0	0.0%	247	(247)	
Operating Margin after Stimulus	\$13,404	(\$203)	(101.5%)	(\$831)	\$628	
Nonoperating Income						
Nonoperating Revenue (Loss)	587	150	(74.5%)	355	(205)	
Excess Margin	\$13,991	(\$53)	(100.4%)	(\$476)	\$423	

Operating Margin %	8.9%	(0.3%)		(1.5%)
OM after Stimulus%	17.4%	(0.3%)		(1.1%)

YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Nov			Budget FYTD	Budget Variance	FYTD
	FYTD2022	FYTD2023	% Change	FYTD2023	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$269,614	\$266,639	(1.1%)	\$283,290	(\$16,651)	(5.9%)
Supplemental Gov't Programs	29,021	25,931	(10.6%)	25,948	(18)	(0.1%)
Prime/QIP Program	3,333	3,713	11.4%	3,735	(22)	(0.6%)
Premium Revenue	25,699	29,527	14.9%	32,296	(2,769)	(8.6%)
Management Services Revenue	15,819	16,334	3.3%	17,165	(831)	(4.8%)
Other Revenue	10,451	12,616	20.7%	12,172	444	3.6%
Other Operating Revenue	84,324	88,121	4.5%	91,316	(3,196)	(3.5%)
Total Operating Revenue	353,938	354,760	0.2%	374,607	(19,847)	(5.3%)
Operating Expenses						
Salaries & Wages	146,502	143,469	(2.1%)	148,389	(4,920)	(3.3%)
Contract Labor	7,812	30,389	289.0%	11,873	18,517	156.0%
Employee Benefits	20,391	25,844	26.7%	30,499	(4,656)	(15.3%)
Total Employment Expenses	174,705	199,702	14.3%	190,761	8,941	4.7%
Medical & Other Supplies	56,878	55,782	(1.9%)	53,493	2,290	4.3%
Physician Fees	44,121	46,794	6.1%	45,805	990	2.2%
Purchased Services	7,395	8,290	12.1%	8,280	10	0.1%
Repairs & Maintenance	11,956	12,241	2.4%	12,776	(535)	(4.2%)
Utilities	3,745	4,598	22.8%	4,051	547	13.5%
Rents & Leases	2,477	2,705	9.2%	2,891	(186)	(6.4%)
Depreciation & Amortization	13,173	13,291	0.9%	14,168	(877)	(6.2%)
Interest Expense	2,700	3,014	11.6%	3,014	(0)	(0.0%)
Other Expense	7,678	8,738	13.8%	10,661	(1,923)	(18.0%)
Humana Cap Plan Expense	16,729	18,145	8.5%	16,161	1,984	12.3%
Management Services Expense	15,231	16,029	5.2%	16,959	(930)	(5.5%)
Total Other Expenses	182,082	189,628	4.1%	188,259	1,369	0.7%
Total Operating Expenses	356,787	389,329	9.1%	379,019	10,310	2.7%
Operating Margin	(\$2,849)	(\$34,569)	(1113.3%)	(\$4,413)	(\$30,157)	
Stimulus Funds	7,117	97	(98.6%)	1,258	(1,161)	
Operating Margin after Stimulus	\$4,268	(\$34,472)	(907.7%)	(\$3,155)	(\$31,318)	
Nonoperating Income						
Nonoperating Revenue (Loss)	1,929	(2,518)	(230.5%)	1,824	(4,342)	
Excess Margin	\$6,197	(\$36,990)	(696.9%)	(\$1,331)	(\$35,659)	
Operating Margin %	(0.8%)	(9.7%)		(1.2%)		
OM after Stimulus%	1.2%	(9.7%)		(0.8%)		

Kaweah Health Medical Group

Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July – Nov			Budget FYTD	Budget Variance	FYTD
	Nov 2021	Nov 2022	% Change	Nov 2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$20,371	\$20,415	0.2%	\$22,508	(\$2,092)	(9.3%)
Other Revenue	371	301	(18.8%)	496	(195)	(39.3%)
Other Operating Revenue	371	301	(18.8%)	496	(195)	(39.3%)
Total Operating Revenue	20,742	20,716	(0.1%)	23,003	(2,287)	(9.9%)
Operating Expenses						
Salaries & Wages	4,760	5,041	5.9%	5,589	(547)	(9.8%)
Employee Benefits	706	971	37.4%	1,146	(175)	(15.3%)
Total Employment Expenses	5,467	6,012	10.0%	6,734	(722)	(10.7%)
Medical & Other Supplies	2,892	3,227	11.6%	3,061	166	5.4%
Physician Fees	12,248	11,868	(3.1%)	12,833	(965)	(7.5%)
Purchased Services	400	386	(3.7%)	455	(70)	(15.3%)
Repairs & Maintenance	897	1,036	15.5%	1,163	(127)	(11.0%)
Utilities	220	276	25.4%	271	6	2.1%
Rents & Leases	1,042	1,067	2.4%	1,108	(41)	(3.7%)
Depreciation & Amortization	330	283	(14.3%)	322	(39)	(12.2%)
Interest Expense	1	0	(100.0%)	0	0	0.0%
Other Expense	558	512	(8.2%)	763	(251)	(32.9%)
Total Other Expenses	18,587	18,655	0.4%	19,977	(1,322)	(6.6%)
Total Operating Expenses	24,054	24,667	2.6%	26,711	(2,045)	(7.7%)
Stimulus Funds	0	0	0.0%	0	0	0.0%
Excess Margin	(\$3,312)	(\$3,950)	(19.3%)	(\$3,708)	(\$242)	(6.5%)
Excess Margin %	(16.0%)	(19.1%)		(16.1%)		

Recognition of Additional Revenue - 340B Infusion Drugs

Recently CMS (Centers for Medicare and Medicaid Services – Federal Agency) reversed the 30% cuts made to certain 340B drug reimbursements. This change covers from 2018 and forward. We are in the process rebilling these claims. The current estimate is an additional \$5.7M for 2018 - September 2022. They are now paying our claims correctly and we estimate this represents \$1.2M for the remaining 8 months of FY23.

We have recognized \$5.7M for the prior catch up in November’s financials. We can expect to receive an additional \$1.2M for the remainder of FY23.

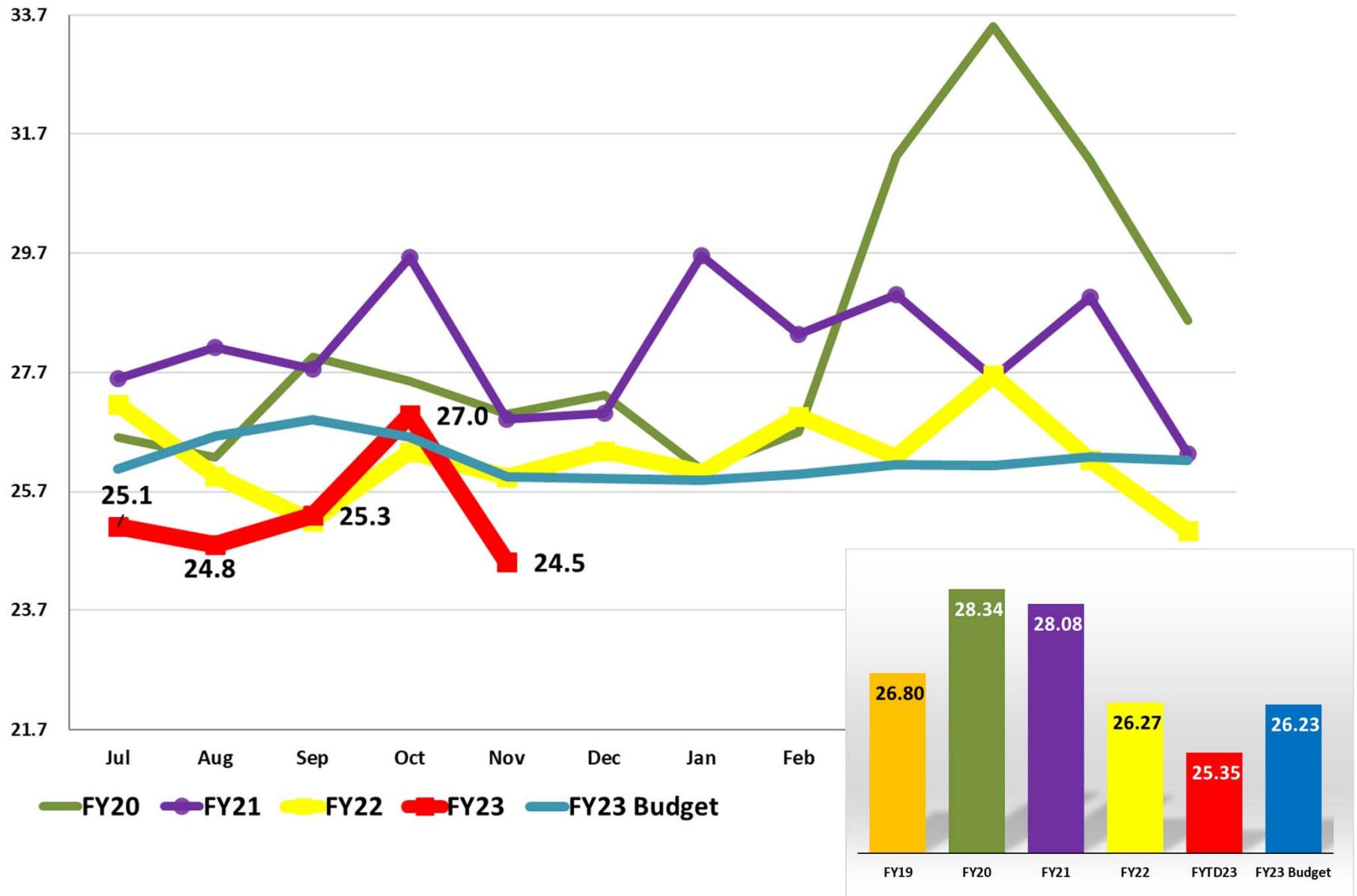
	2018	2019	2020	2021	2022	Total
Estimated Additional Reimbursement from Prior Claims (2018-Sept. 2022)	\$463,256	\$1,129,498	\$1,304,944	\$1,305,463	\$1,563,348	\$5,766,509
Projected Reimbursement FY23 (October 22-June 23)					\$1,172,511	\$1,172,511

Estimated Impact FY23 \$6,939,019

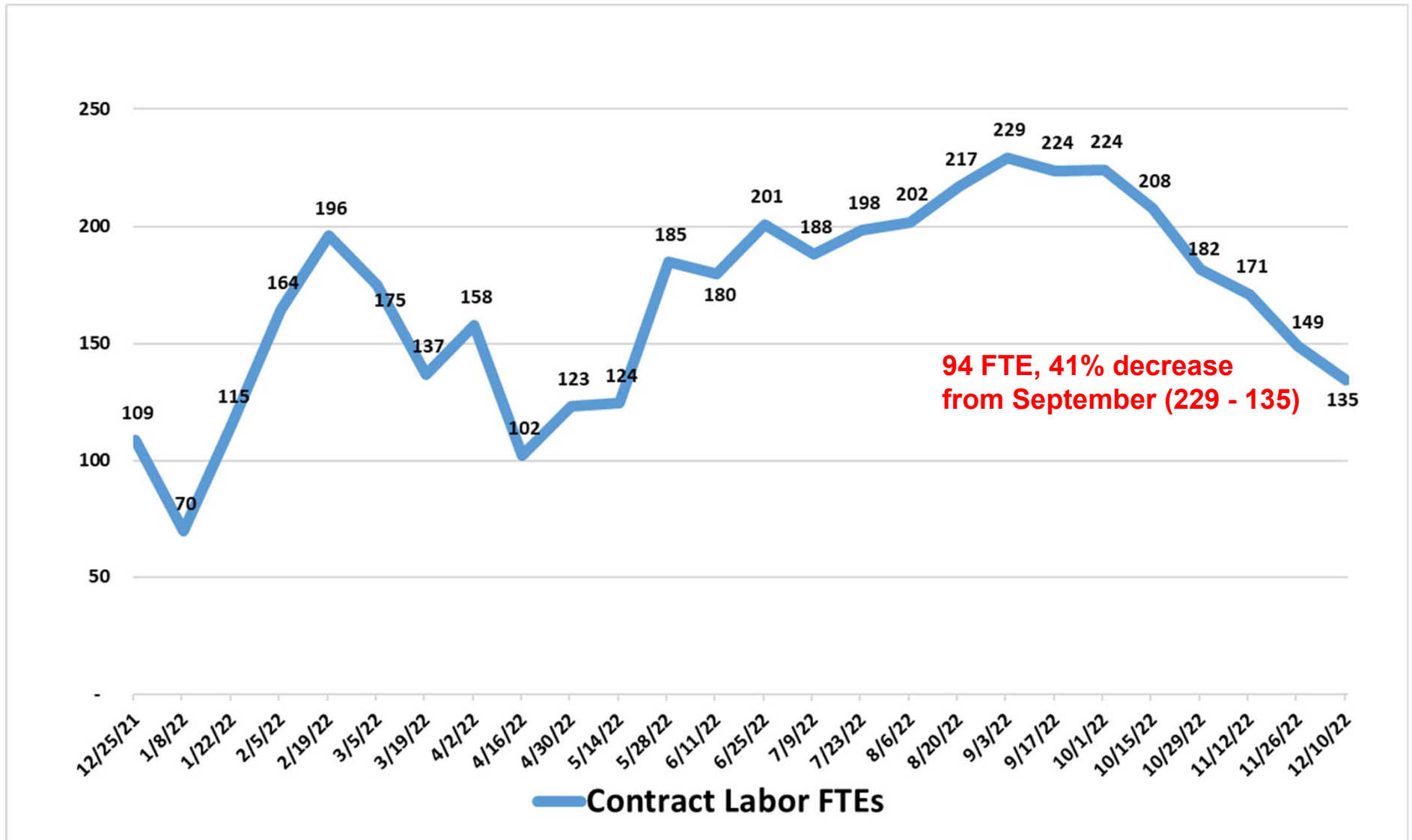
Month of November - Budget Variances

- **Closure of the Transitional Care Service Unit on Court Street.** Beginning in November, we stopped accepting patients at our TCS South location. This ramp down represents approximately \$180K less in net patient revenue and \$272K less in direct costs, which is a \$92K positive net bottom line impact.
- **Net Patient Revenues:** Net patient revenue was over budget by \$451K in November. The increase was due to the recognition of \$5.7M of additional 340B revenue for 2018-September 2022 dates of service. Without this revenue, November's revenue would be \$5.2M under budget primarily due to the lower than anticipated inpatient volume.
- **Salaries and Contract Labor:** The \$1.3M, 3.4% favorable variance is primarily due to the lower than anticipated inpatient volume. The productivity ratios are still favorable in terms of worked hours per volume.
- **Medical and Other Supplies:** In November, there was \$587K related to COVID supplies and a \$300K reduction budgeted for length of stay that has not yet materialized.

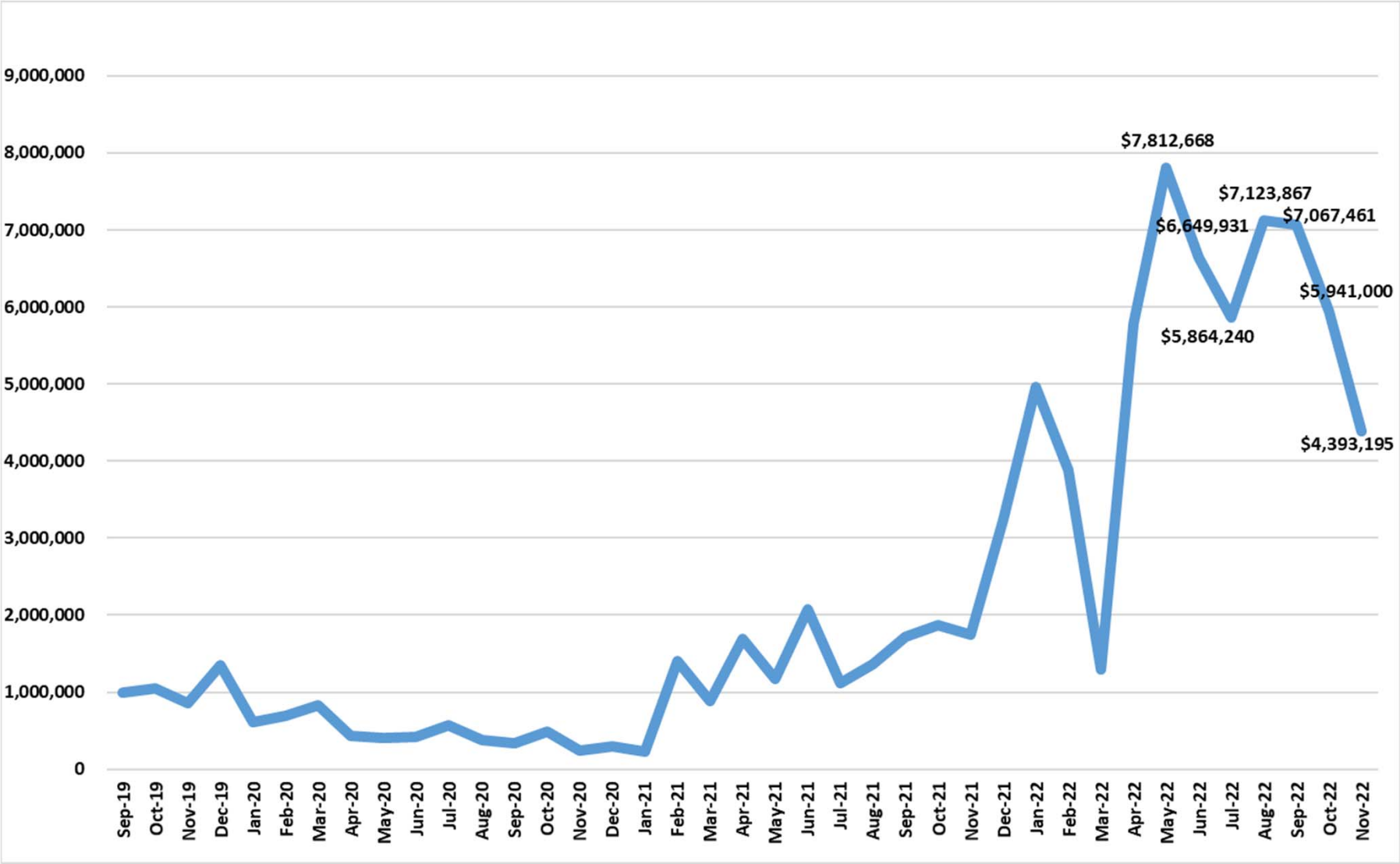
Productivity: Worked Hours/Adjusted Patient Days



Contract Labor Full Time Equivalents (FTEs)



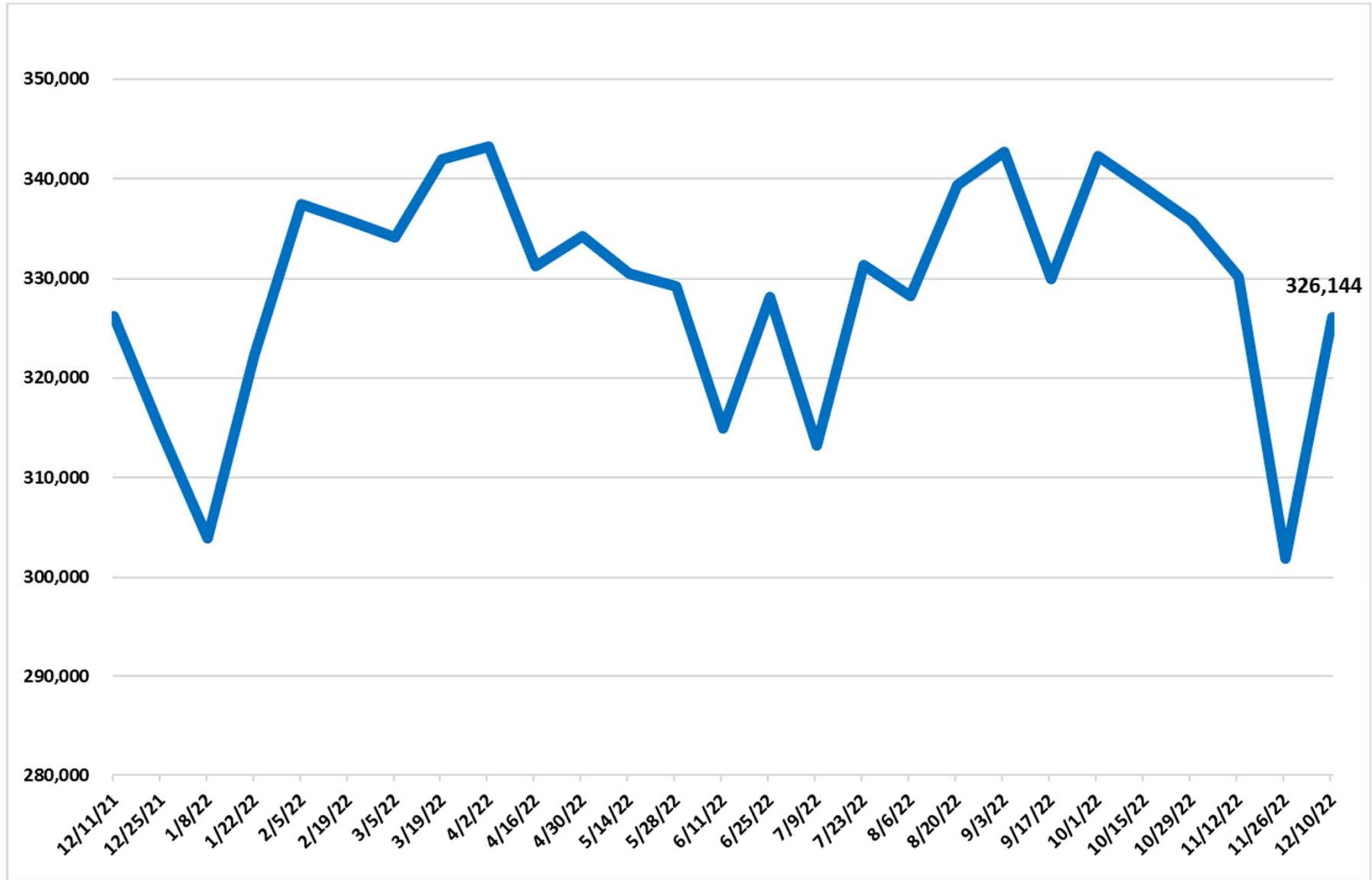
Contract Labor Expense



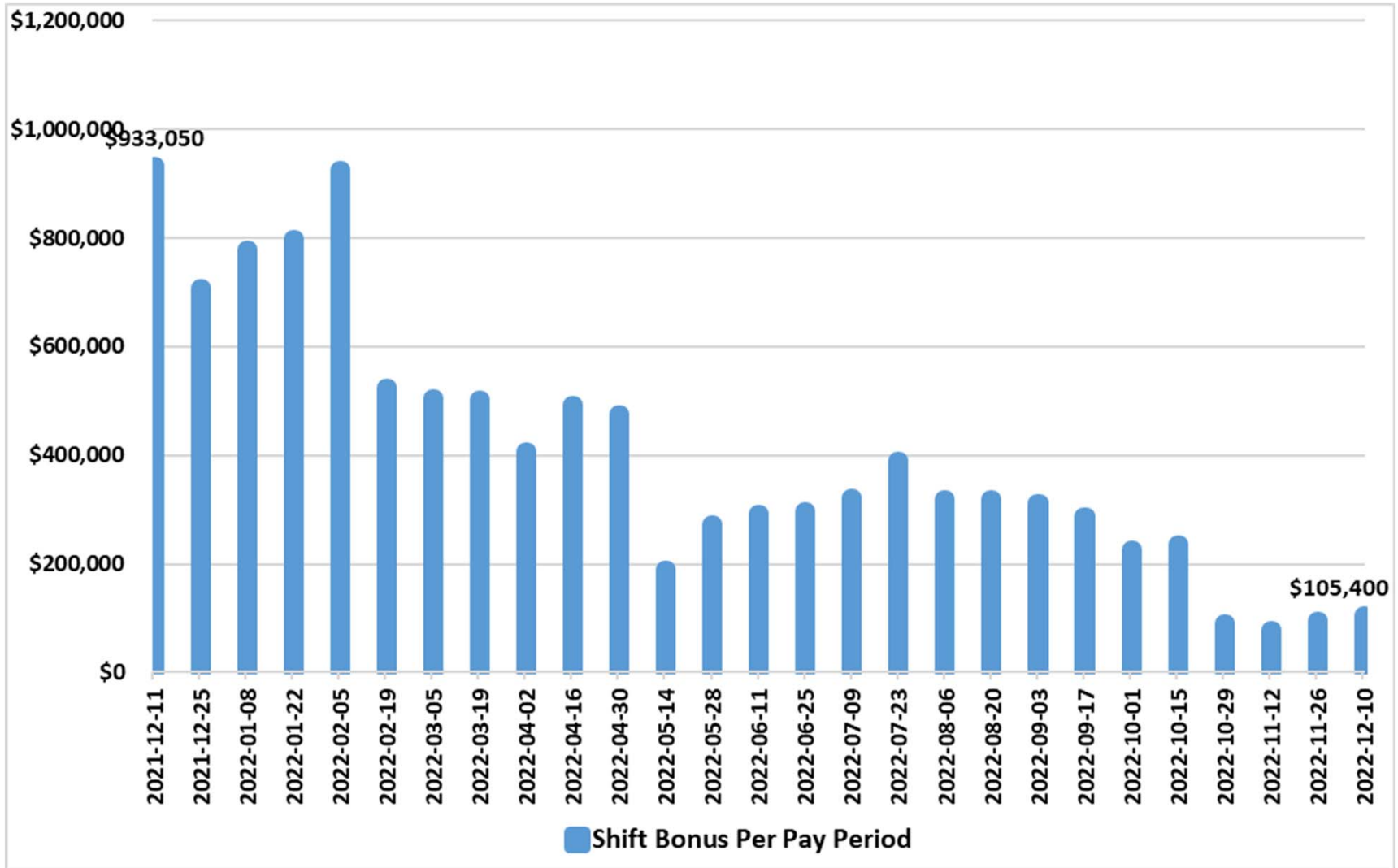
Trended Financial Comparison (000's)

	<i>Adjusted Patient Days</i>	28,267	26,571	27,106	26,955	24,973	27,296	26,159	28,283	27,788	27,688	29,148	27,367	27,421	26,955
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	
Operating Revenue															
Net Patient Service Revenue	\$55,674	\$54,846	\$51,115	\$56,862	\$47,933	\$52,555	\$49,729	\$56,673	\$51,040	\$52,368	\$54,965	\$48,168	\$54,432	\$56,706	
Supplemental Gov't Programs	4,383	11,778	10,297	4,383	5,579	5,192	6,983	4,383	9,365	5,042	5,042	4,943	5,410	5,494	
Prime Program	667	667	667	3,285	667	667	667	3,282	3,282	743	743	743	743	743	
Premium Revenue	5,156	5,054	5,173	5,272	6,574	5,772	9,112	5,948	5,943	5,901	5,927	5,972	5,943	5,784	
Management Services Revenue	3,137	2,690	2,921	2,536	2,910	2,988	2,885	2,813	3,188	2,932	3,797	3,313	2,733	3,559	
Other Revenue	2,250	1,974	2,300	1,993	1,796	1,990	3,789	2,126	1,727	3,495	2,164	2,334	2,462	2,161	
Other Operating Revenue	15,592	22,162	21,358	17,469	17,526	16,609	23,436	18,552	23,505	18,113	17,672	17,304	17,291	17,741	
Total Operating Revenue	71,266	77,008	72,473	74,331	65,459	69,164	73,165	75,225	74,545	70,480	72,637	65,472	71,723	74,447	
Operating Expenses															
Salaries & Wages	30,538	28,408	29,967	29,407	27,297	30,503	28,987	28,998	28,536	29,176	29,435	28,455	29,473	26,929	
Contract Labor	1,872	1,745	3,238	4,958	3,882	1,299	5,784	7,813	6,650	5,864	7,124	7,067	5,941	4,393	
Employee Benefits	4,217	3,481	4,161	4,566	4,923	6,119	6,057	3,229	15,058	6,279	5,563	3,636	5,212	5,155	
Total Employment Expenses	36,627	33,634	37,366	38,931	36,102	37,920	40,828	40,040	50,244	41,319	42,122	39,158	40,625	36,477	
Medical & Other Supplies	11,714	10,623	10,687	10,913	10,406	11,180	10,685	11,914	8,179	9,593	11,666	11,642	11,523	11,358	
Physician Fees	9,674	10,261	9,479	9,210	8,812	9,045	8,829	9,329	9,413	8,892	9,585	8,814	9,859	9,645	
Purchased Services	1,683	1,565	1,745	1,261	1,511	1,304	1,914	2,038	2,122	2,937	1,120	1,556	1,349	1,328	
Repairs & Maintenance	2,702	2,330	2,331	2,324	2,588	2,251	2,204	2,380	2,369	2,237	2,486	2,516	2,542	2,460	
Utilities	860	760	654	753	736	723	753	794	1,012	715	999	1,061	942	881	
Rents & Leases	474	522	505	528	525	515	519	585	(3,966)	510	540	537	552	566	
Depreciation & Amortization	2,634	2,636	2,631	2,614	2,634	2,583	2,649	2,610	8,538	2,657	2,650	2,640	2,651	2,693	
Interest Expense	501	500	498	655	671	671	671	826	953	589	589	589	590	658	
Other Expense	1,563	1,557	1,804	2,110	1,731	2,019	1,907	2,812	2,686	1,631	2,013	1,825	1,510	1,813	
Humana Cap Plan Expenses	3,982	3,130	2,902	2,327	2,617	5,196	3,413	2,850	2,407	4,404	3,831	3,777	2,680	3,454	
Management Services Expense	2,988	2,628	2,462	2,570	2,835	3,003	3,380	2,268	3,227	2,921	3,660	3,370	2,707	3,371	
Total Other Expenses	38,774	36,512	35,698	35,266	35,066	38,491	36,924	38,405	36,942	37,087	39,139	38,324	36,904	38,173	
Total Operating Expenses	75,402	70,146	73,064	74,197	71,168	76,412	77,752	78,445	87,186	78,406	81,261	77,483	77,529	74,650	
Operating Margin	(\$4,136)	\$6,862	(\$591)	\$134	(\$5,709)	(\$7,247)	(\$4,588)	(\$3,220)	(\$12,642)	(\$7,926)	(\$8,623)	(\$12,010)	(\$5,807)	(\$203)	
Stimulus Funds	\$137	\$6,542	\$0	\$0	\$93	\$9,345	\$0	\$0	\$2,625	\$97	\$0	\$0	\$0	\$0	
Operating Margin after Stimulus	(\$3,999)	\$13,404	(\$591)	\$134	(\$5,616)	\$2,098	(\$4,588)	(\$3,220)	(\$10,017)	(\$7,829)	(\$8,623)	(\$12,010)	(\$5,807)	(\$203)	
Nonoperating Revenue (Loss)	595	587	2,495	568	693	(9,815)	(568)	(436)	(2,901)	455	326	(3,901)	452	150	
Excess Margin	(\$3,404)	\$13,991	\$1,904	\$702	(\$4,924)	(\$7,718)	(\$5,156)	(\$3,656)	(\$12,918)	(\$7,374)	(\$8,297)	(\$15,911)	(\$5,355)	(\$53)	

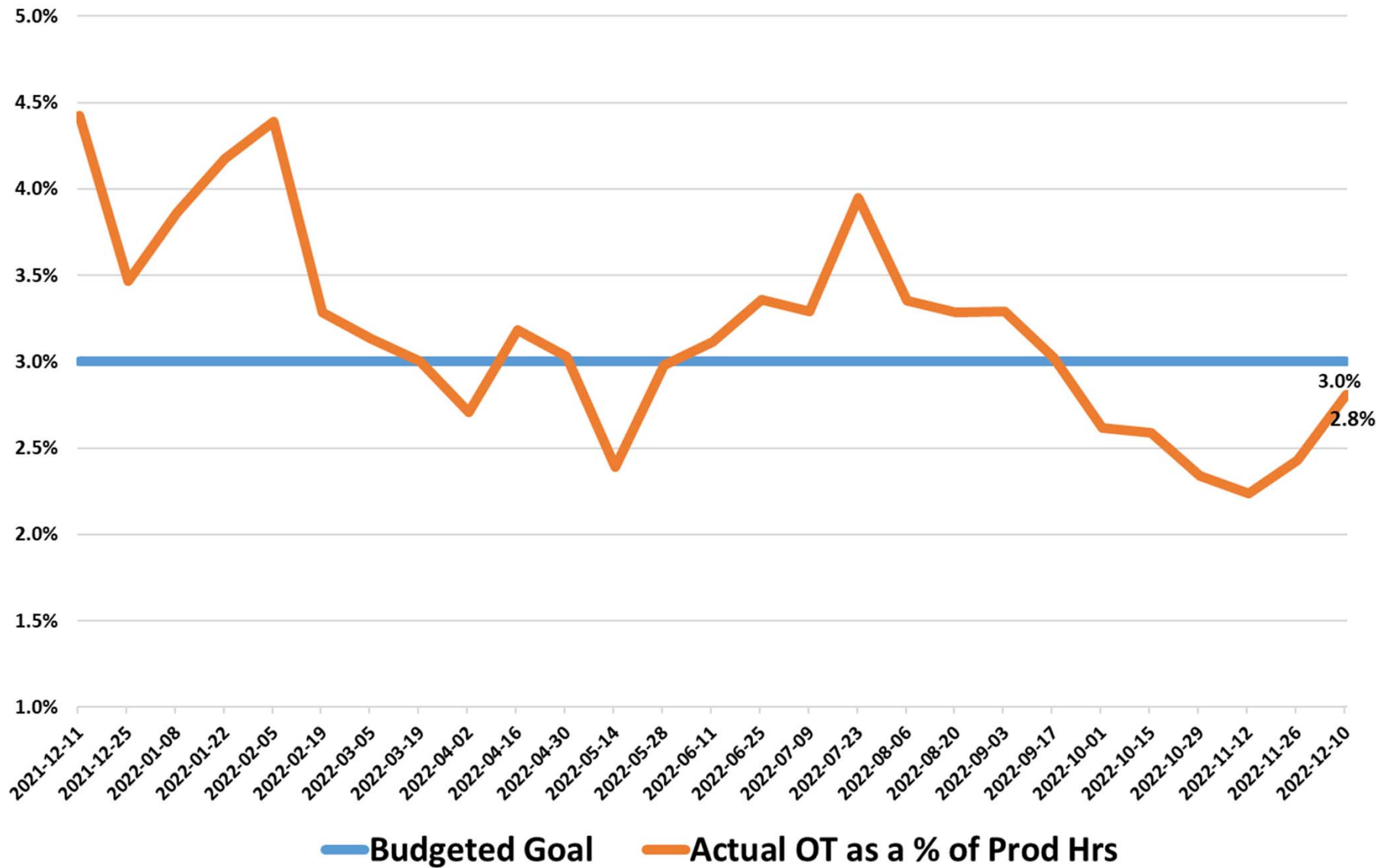
Productive Hours



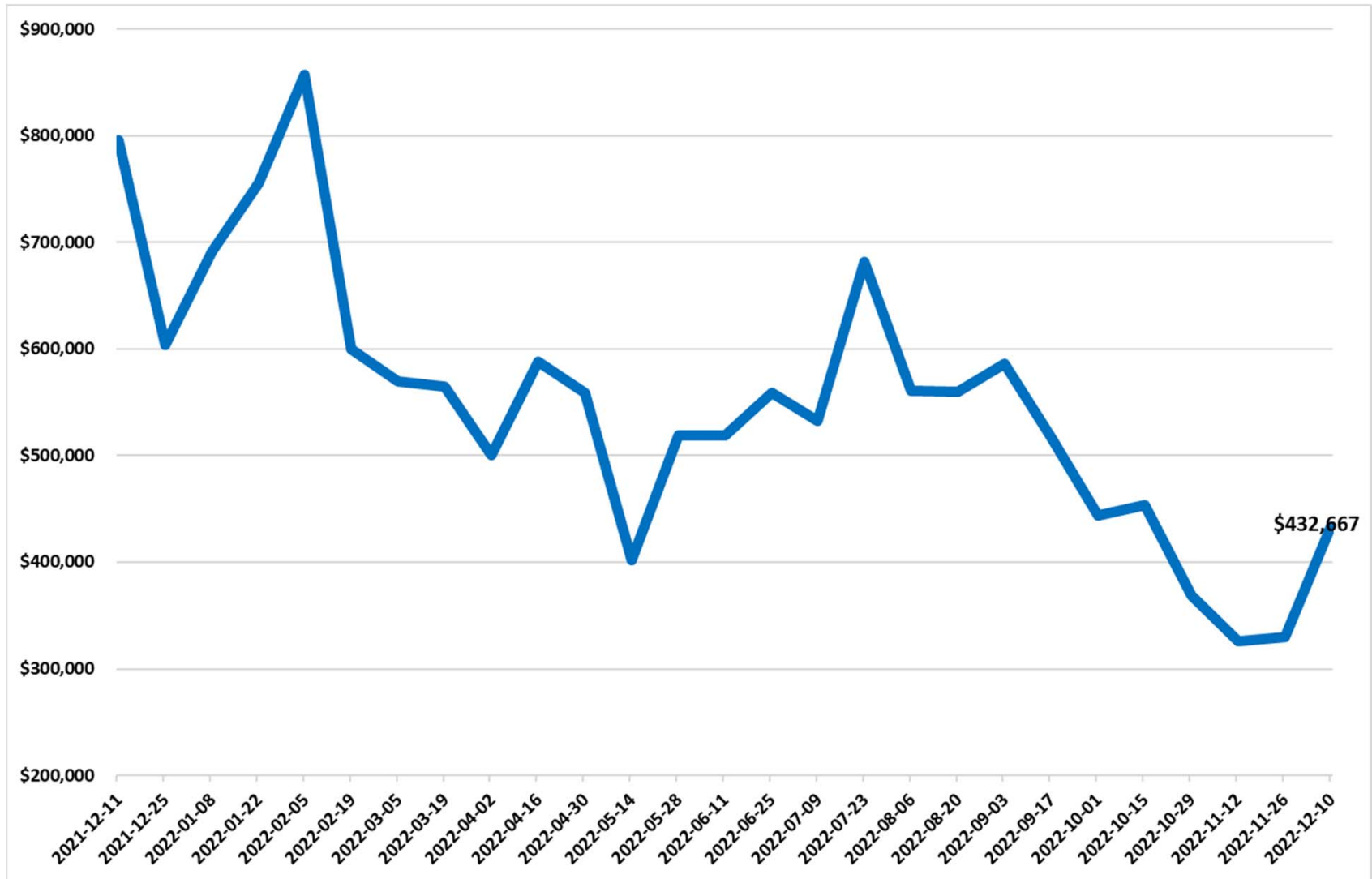
Shift Bonus



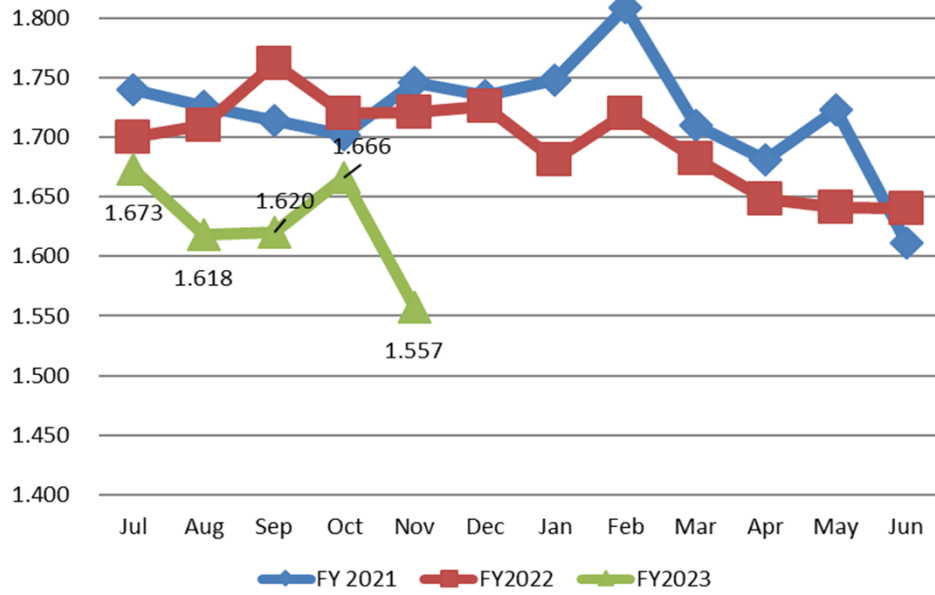
Overtime as a % of Productive Hours and \$



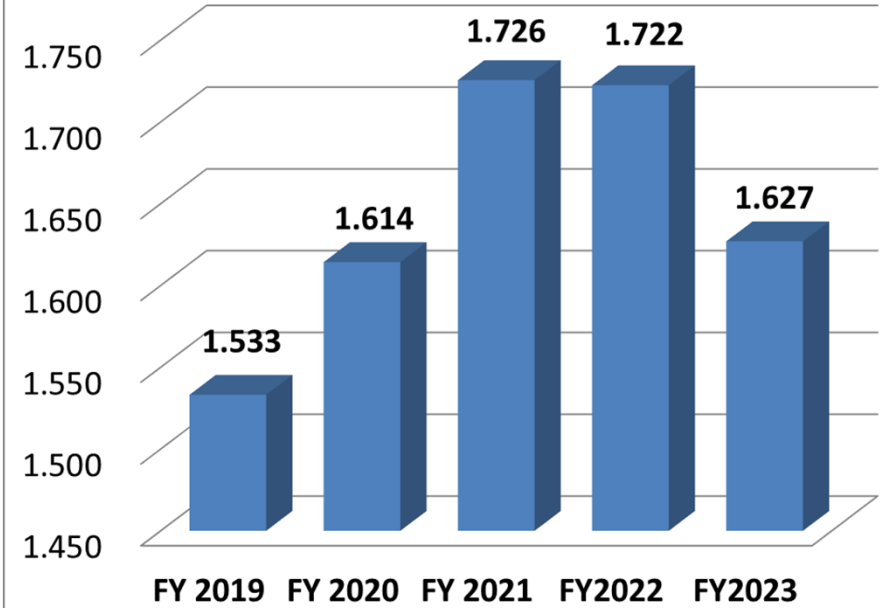
Overtime Biweekly Expense



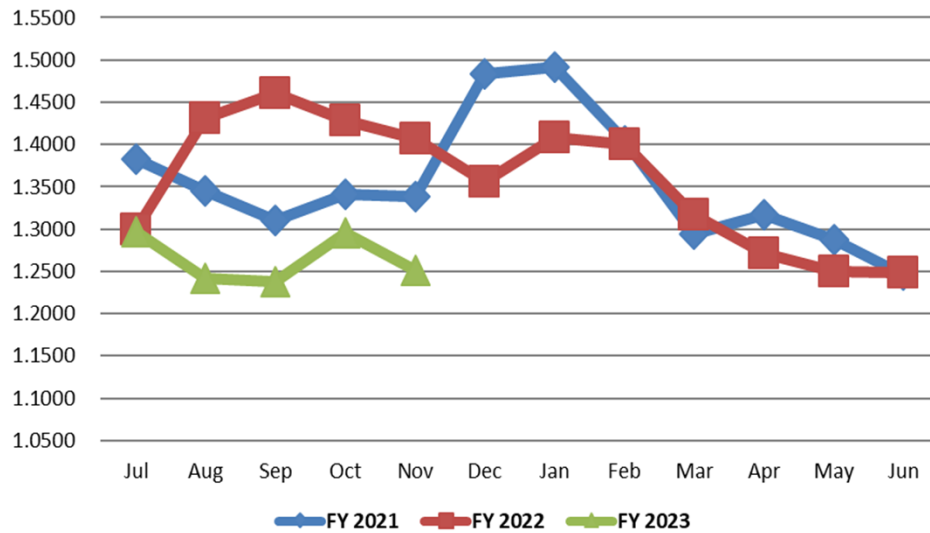
Case Mix Index w/o Normal Newborns



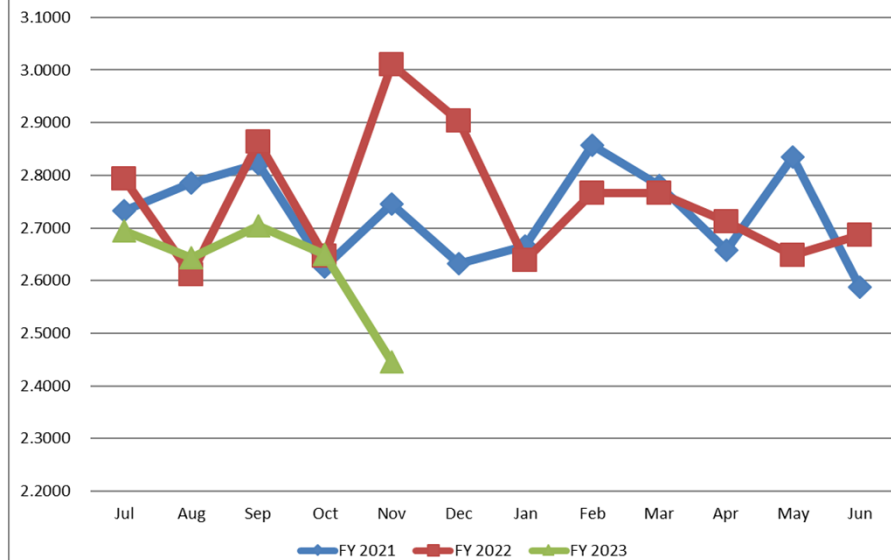
Case Mix Index w/o Normal Newborns - All



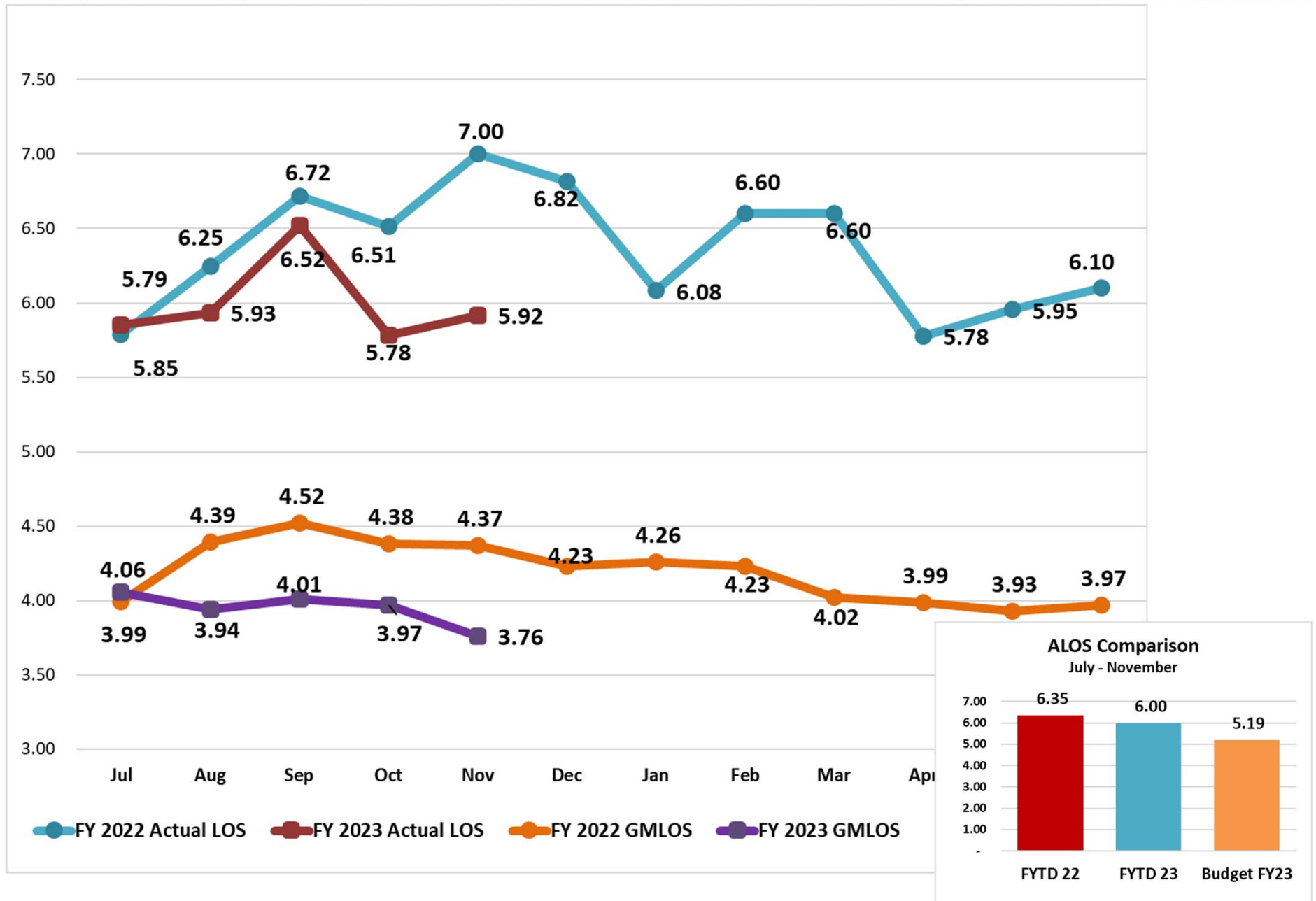
Case Mix Medical w/o Normal Newborns



Case Mix Index Surgical w/o Normal Newborns



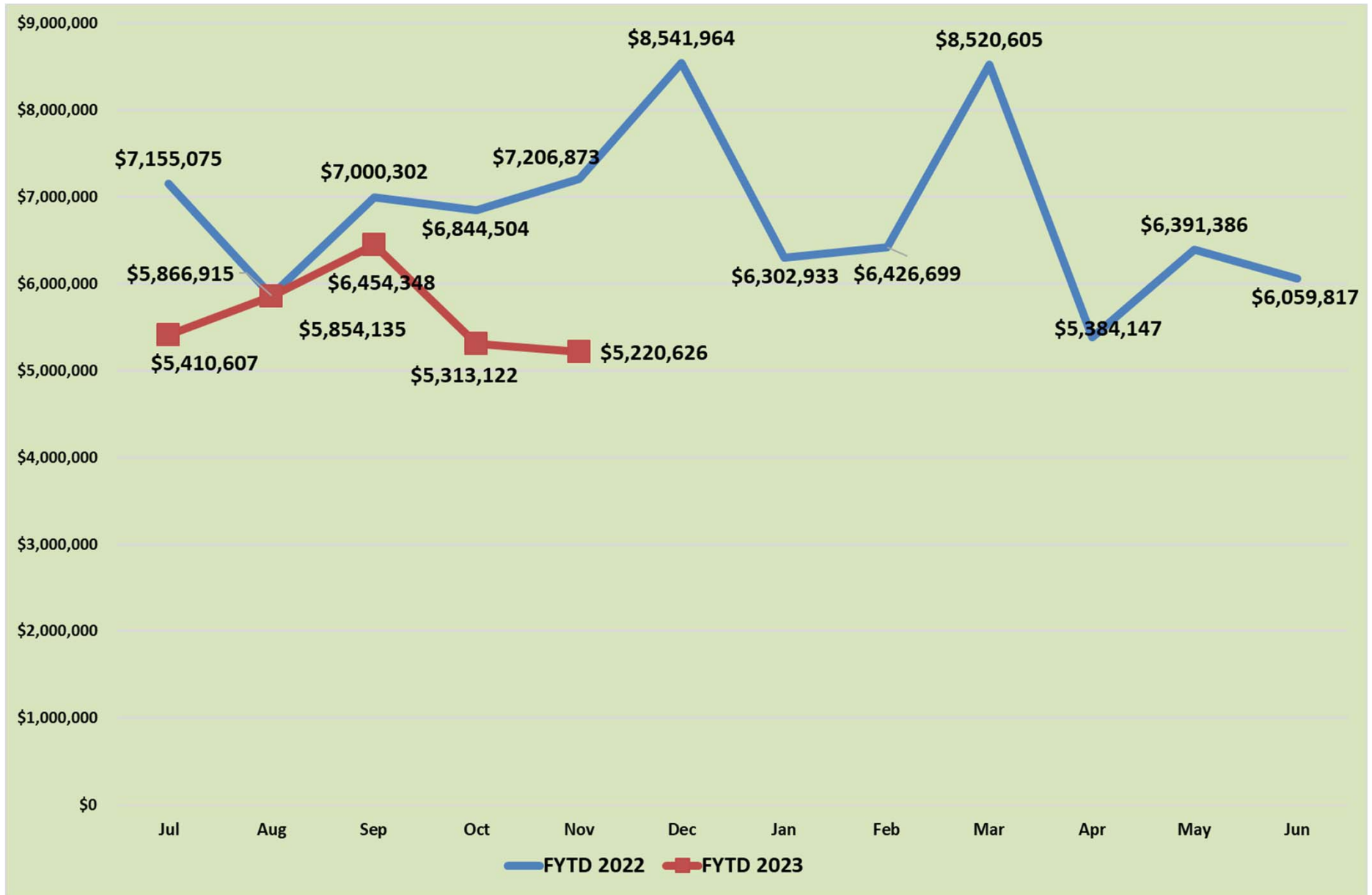
Average Length of Stay versus National Average (GMLOS)



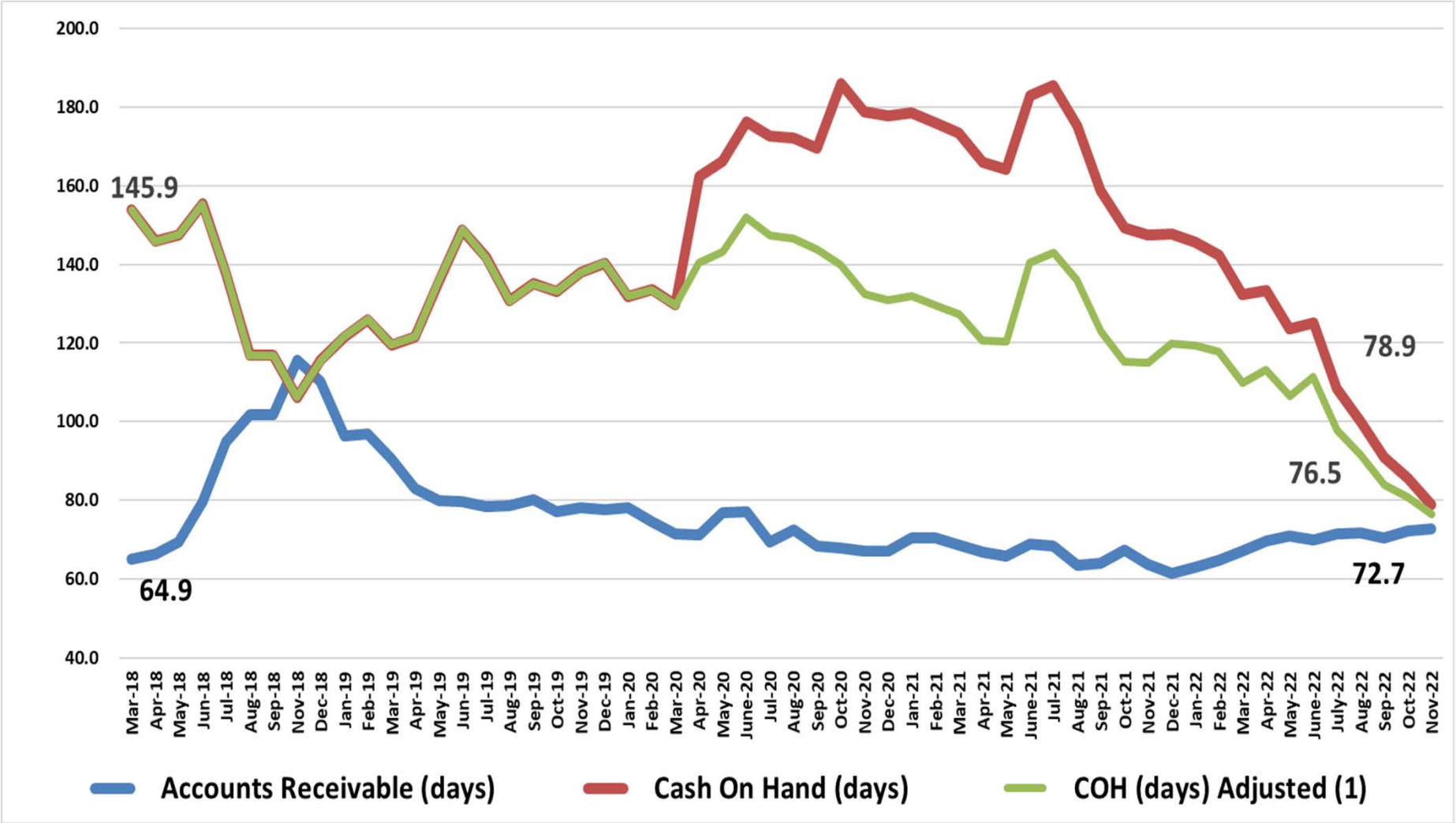
Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients			Excluding COVID Patients			Gap Diff	%
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP		
Mar-20	5.20	4.04	1.16	5.17	4.03	1.14	0.02	2%
Apr-20	5.30	4.25	1.05	5.20	4.17	1.03	0.02	1%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50	4.98	3.95	1.03	0.47	31%
Jul-20	5.61	4.32	1.29	5.01	4.05	0.96	0.33	25%
Aug-20	5.70	4.23	1.47	5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76	5.33	4.00	1.33	0.43	24%
Oct-20	5.21	4.09	1.12	4.98	3.98	1.00	0.12	10%
Nov-20	5.66	4.21	1.45	5.40	4.07	1.33	0.12	8%
Dec-20	6.32	4.50	1.82	5.16	3.97	1.19	0.63	34%
Jan-21	7.07	4.72	2.35	5.61	4.15	1.46	0.90	38%
Feb-21	6.73	4.37	2.36	5.64	4.01	1.63	0.73	31%
Mar-21	5.76	4.07	1.69	5.04	3.92	1.12	0.57	34%
Apr-21	5.40	3.98	1.42	5.22	3.89	1.33	0.09	7%
May-21	5.57	4.00	1.57	5.34	3.92	1.42	0.15	10%
Jun-21	5.76	3.90	1.86	5.68	3.88	1.80	0.06	3%
Jul-21	5.79	3.99	1.80	5.69	3.94	1.75	0.05	3%
Aug-21	6.25	4.39	1.86	5.95	4.05	1.90	(0.04)	-2%
Sep-21	6.72	4.52	2.20	5.89	4.08	1.81	0.39	18%
Oct-21	6.51	4.38	2.13	5.34	4.00	1.34	0.79	37%
Nov-21	7.00	4.37	2.63	5.75	3.95	1.80	0.83	32%
Dec-21	6.82	4.23	2.59	6.12	3.98	2.14	0.45	17%
Jan-22	6.08	4.26	1.82	5.96	3.96	2.00	(0.18)	-10%
Feb-22	6.60	4.23	2.37	5.86	3.82	2.04	0.33	14%
Mar-22	6.60	4.02	2.58	5.67	3.89	1.78	0.80	31%
Apr-22	5.78	3.99	1.79	5.66	3.97	1.69	0.10	6%
May-22	5.95	3.93	2.02	5.59	3.87	1.72	0.30	15%
Jun-22	6.10	3.97	2.13	5.61	3.88	1.73	0.40	19%
Jul-22	5.85	4.06	1.79	5.64	3.89	1.75	0.04	2%
Aug-22	5.93	3.94	1.99	5.59	3.82	1.77	0.22	11%
Sep-22	6.52	4.01	2.51	6.27	3.93	2.34	0.17	7%
Oct-22	5.77	3.96	1.81	5.56	3.89	1.67	0.14	8%
Nov-22	5.92	3.76	2.16	5.85	3.73	2.12	0.04	2%
Average	6.01	4.16	1.85	5.50	3.96	1.54	0.31	17%

Opportunity Cost of Reducing LOS to National Average - \$82M FY22



Trended Liquidity Ratios



(1) Adjusted for Medicare accelerated payments and the deferral of employer portion of FICA as allowed by the CARES act.

KAWEAH DELTA HEALTH CARE DISTRICT

RATIO ANALYSIS REPORT

NOVEMBER 30, 2022

	Current Month Value	Prior Month Value	June 30, 2022 Audited Value	2021 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.8	2.4	2.0	1.4	1.7	1.6
Accounts Receivable (days)	72.7	72.1	69.4	48.3	48.3	47.5
Cash On Hand (days)	78.9	85.6	117.3	341.3	268.4	206.5
Cushion Ratio (x)	11.0	12.0	17.4	52.4	31.5	19.9
Average Payment Period (days)	45.9	49.4	61.8	97.6	86.4	94.0
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	91.2%	99.4%	128.3%	323.4%	220.4%	170.1%
Debt-To-Capitalization	33.1%	33.0%	31.3%	20.6%	29.1%	36.3%
Debt-to-Cash Flow (x)	(4.1)	(2.9)	7.2	2.1	2.6	3.3
Debt Service Coverage	(2.9)	(4.2)	1.4	9.6	6.0	4.5
Maximum Annual Debt Service Coverage (x)	(2.9)	(4.2)	1.4	8.2	5.5	3.9
Age Of Plant (years)	14.9	15.0	12.3	10.8	12.4	13.5
PROFITABILITY RATIOS						
Operating Margin	(9.7%)	(12.3%)	(4.3%)	4.1%	3.1%	2.2%
Excess Margin	(10.5%)	(13.3%)	(2.9%)	8.1%	6.7%	4.8%
Operating Cash Flow Margin	(5.1%)	(7.6%)	1.0%	9.6%	8.8%	7.5%
Return on Assets	(10.5%)	(12.9%)	(2.8%)	5.8%	4.9%	3.9%

KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED INCOME STATEMENT (000's)
FISCAL YEAR 2022 & 2023

Fiscal Year	Operating Revenue			Operating Expenses				Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense						
2022													
Jul-21	51,502	15,035	66,537	32,678	7,922	9,596	15,217	65,413	1,124	582	1,706	1.7%	2.5%
Aug-21	49,714	16,024	65,737	33,434	8,527	13,004	15,414	70,379	(4,642)	990	(3,651)	(7.1%)	(5.5%)
Sep-21	57,879	15,513	73,391	38,332	7,736	11,942	17,438	75,448	(2,056)	(388)	(2,445)	(2.8%)	(3.3%)
Oct-21	55,674	15,592	71,266	36,627	9,674	11,714	17,386	75,402	(4,136)	732	(3,403)	(5.8%)	(4.7%)
Nov-21	54,846	22,162	77,008	33,634	10,261	10,623	15,629	70,146	6,862	7,129	13,991	8.9%	16.6%
Dec-21	51,115	21,796	72,911	37,366	9,479	10,687	15,532	73,064	(153)	2,057	1,904	(0.2%)	2.5%
Jan-22	56,862	17,469	74,331	38,931	9,210	10,913	15,143	74,197	134	568	702	0.2%	0.9%
Feb-22	47,933	17,525	65,458	36,102	8,812	10,406	15,848	71,168	(5,710)	787	(4,924)	(8.7%)	(7.4%)
Mar-22	52,555	16,609	69,164	37,920	9,045	11,180	18,266	76,412	(7,247)	(470)	(7,717)	(10.5%)	(11.2%)
Apr-22	49,729	23,436	73,165	40,828	8,829	10,685	17,410	77,752	(4,588)	(568)	(5,156)	(6.3%)	(7.1%)
May-22	56,673	18,552	75,225	40,040	9,329	11,914	17,162	78,445	(3,220)	(436)	(3,656)	(4.3%)	(4.9%)
Jun-22	51,040	23,102	74,142	50,244	9,413	8,179	19,349	87,186	(13,044)	126	(12,918)	(17.6%)	(17.4%)
2022 FY Total	\$ 635,520	\$ 222,815	\$ 858,335	\$ 456,137	\$ 108,238	\$ 130,842	\$ 199,795	\$ 895,011	\$ (36,676)	\$ 11,108	\$ (25,568)	(4.3%)	(2.9%)
2023													
Jul-22	52,368	18,113	70,480	41,319	8,892	9,593	18,601	78,406	(7,926)	552	(7,374)	(11.2%)	(10.4%)
Aug-22	54,965	17,672	72,637	42,122	9,585	11,666	17,888	81,261	(8,623)	326	(8,297)	(11.9%)	(11.4%)
Sep-22	48,168	17,304	65,472	39,158	8,814	11,642	17,869	77,483	(12,010)	(3,901)	(15,911)	(18.3%)	(25.8%)
Oct-22	54,432	17,291	71,723	40,625	9,859	11,523	15,522	77,529	(5,807)	452	(5,355)	(8.1%)	(7.4%)
Nov-22	56,706	17,741	74,447	36,477	9,645	11,358	17,171	74,650	(203)	150	(53)	(0.3%)	(0.1%)
2023 FY Total	\$ 266,639	\$ 88,121	\$ 354,760	\$ 199,702	\$ 46,794	\$ 55,782	\$ 87,052	\$ 389,329	\$ (34,569)	\$ (2,421)	\$ (36,990)	(9.7%)	(10.5%)
FYTD Budget	283,290	92,574	375,865	190,761	45,805	53,493	88,962	379,019	(3,155)	1,824	(1,331)	(0.8%)	(0.4%)
Variance	\$ (16,651)	\$ (4,454)	\$ (21,105)	\$ 8,941	\$ 990	\$ 2,290	\$ (1,910)	\$ 10,310	\$ (31,415)	\$ (4,245)	\$ (35,659)		
Current Month Analysis													
Nov-22	\$ 56,706	\$ 17,741	\$ 74,447	\$ 36,477	\$ 9,645	\$ 11,358	\$ 17,171	\$ 74,650	\$ (203)	\$ 150	\$ (53)	(0.3%)	(0.1%)
Budget	56,255	18,277	74,532	37,775	9,389	10,673	17,526	75,363	(831)	355	(476)	(1.1%)	(0.6%)
Variance	\$ 451	\$ (536)	\$ (85)	\$ (1,298)	\$ 255	\$ 685	\$ (355)	\$ (713)	\$ 628	\$ (205)	423		

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2022 & 2023

Fiscal Year	Patient Days	ADC	Adjusted		DFR & Bad Debt %	Net Patient Revenue/ Ajusted Patient Day	Personnel Expense/ Ajusted Patient Day	Physician Fees/ Ajusted Patient Day	Supply Expense/ Ajusted Patient Day	Total		Physician Expense/ Net Patient Revenue	Supply Expense/ Net Patient Revenue	Total Operating Expense/ Net Patient Revenue
			Patient Days	I/P Revenue %						Operating Expense/ Ajusted Patient Day	Personnel Expense/ Net Patient Revenue			
2022														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
Aug-21	14,421	465	27,742	52.0%	77.3%	1,792	1,205	307	469	2,537	67.3%	17.2%	26.2%	141.6%
Sep-21	14,836	495	28,344	52.3%	75.0%	2,042	1,352	273	421	2,662	66.2%	13.4%	20.6%	130.4%
Oct-21	15,518	501	28,267	54.9%	75.8%	1,970	1,296	342	414	2,667	65.8%	17.4%	21.0%	135.4%
Nov-21	13,969	466	26,571	52.6%	74.8%	2,064	1,266	386	400	2,640	61.3%	18.7%	19.4%	127.9%
Dec-21	14,305	461	27,106	52.8%	76.4%	1,886	1,378	350	394	2,695	73.1%	18.5%	20.9%	142.9%
Jan-22	14,611	471	26,955	54.2%	74.3%	2,109	1,444	342	405	2,753	68.5%	16.2%	19.2%	130.5%
Feb-22	13,263	474	24,973	53.1%	75.8%	1,919	1,446	353	417	2,850	75.3%	18.4%	21.7%	148.5%
Mar-22	13,570	438	27,296	49.7%	76.7%	1,925	1,389	331	410	2,799	72.2%	17.2%	21.3%	145.4%
Apr-22	12,698	423	26,159	48.5%	77.0%	1,901	1,561	338	408	2,972	82.1%	17.8%	21.5%	156.4%
May-22	13,858	447	28,283	49.0%	74.6%	2,004	1,416	330	421	2,774	70.7%	16.5%	21.0%	138.4%
Jun-22	13,603	453	27,788	49.0%	77.5%	1,837	1,808	339	294	3,137	98.4%	18.4%	16.0%	170.8%
2022 FY Total	168,040	460	325,602	51.6%	75.9%	1,952	1,401	332	402	2,749	71.8%	17.0%	20.6%	140.8%
2023														
Jul-22	13,910	449	27,688	50.2%	75.6%	1,891	1,492	321	346	2,832	78.9%	17.0%	18.3%	149.7%
Aug-22	13,865	447	29,148	47.6%	76.4%	1,886	1,445	329	400	2,788	76.6%	17.4%	21.2%	147.8%
Sep-22	12,768	426	27,367	46.7%	77.4%	1,760	1,431	322	425	2,831	81.3%	18.3%	24.2%	160.9%
Oct-22	13,119	423	27,421	47.8%	75.7%	1,985	1,482	360	420	2,827	74.6%	18.1%	21.2%	142.4%
Nov-22	12,904	430	26,955	47.9%	74.6%	2,104	1,353	358	421	2,769	64.3%	17.0%	20.0%	131.6%
2023 FY Total	66,566	435	138,600	48.0%	75.9%	1,924	1,441	338	402	2,809	74.9%	17.5%	20.9%	146.0%
FYTD Budget	73,470	480	140,227	52.4%	75.1%	2,020	1,360	327	381	2,735	67.3%	16.2%	18.9%	133.8%
Variance	(6,904)	(45)	(1,627)	(4.4%)	0.8%	(96)	80	11	21	74	7.6%	1.4%	2.0%	12.2%
Current Month Analysis														
Nov-22	12,904	430	26,955	47.9%	74.6%	2,104	1,353	358	421	2,769	64.3%	17.0%	20.0%	131.6%
Budget	14,628	488	28,409	51.5%	74.9%	1,980	1,330	330	376	2,796	67.1%	16.7%	19.0%	134.0%
Variance	(1,724)	(57)	(1,454)	(3.6%)	(0.3%)	124	24	27	46	(26)	(2.8%)	0.3%	1.1%	(2.3%)

KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Nov-22	Oct-22	Change	% Change	Jun-22 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 15,003	\$ 6,085	\$ 8,918	146.5%	\$ 21,693
Current Portion of Board designated and trusted assets	19,442	18,002	1,440	8.0%	14,121
Accounts receivable:					
Net patient accounts	147,108	144,079	3,029	2.1%	135,946
Other receivables	31,669	32,169	(500)	(1.6%)	27,575
	178,778	176,248	2,529	1.4%	163,521
Inventories	13,921	13,929	(8)	(0.1%)	14,025
Medicare and Medi-Cal settlements	74,216	69,498	4,719	6.8%	58,593
Prepaid expenses	15,076	14,195	881	6.2%	13,050
Total current assets	316,436	297,957	18,479	6.2%	285,004
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	171,183	197,715	(26,532)	(13.4%)	266,148
Revenue bond assets held in trust	1	2	(1)	(31.2%)	8
Assets in self-insurance trust fund	944	941	3	0.3%	1,040
Total non-current cash and investments	172,128	198,658	(26,529)	(13.4%)	267,197
INTANGIBLE RIGHT TO USE LEASE,	14,376	14,376	-	0.00%	\$ 14,376
net of accumulated amortization					
CAPITAL ASSETS					
Land	17,542	17,542	-	0.0%	17,542
Buildings and improvements	425,932	425,565	367	0.1%	425,542
Equipment	325,195	325,157	38	0.0%	325,209
Construction in progress	24,308	23,094	1,214	5.3%	15,620
	792,977	791,358	1,619	0.2%	783,912
Less accumulated depreciation	472,575	469,955	2,620	0.6%	459,744
	320,402	321,403	(1,001)	(0.3%)	324,168
Property under capital leases -					
less accumulated amortization	(288)	(230)	(58)	25.0%	0
Total capital assets	320,114	321,173	(1,059)	(0.3%)	324,168
OTHER ASSETS					
Property not used in operations	1,563	1,567	(4)	(0.3%)	1,584
Health-related investments	3,906	4,174	(268)	(6.4%)	4,620
Other	13,195	12,891	304	2.4%	12,511
Total other assets	18,664	18,631	32	0.2%	18,715
Total assets	841,719	850,796	(9,077)	(1.1%)	909,459
DEFERRED OUTFLOWS					
	34,223	34,261	(37)	(0.1%)	34,410
Total assets and deferred outflows	\$ 875,942	\$ 885,057	\$ (9,114)	(1.0%)	\$943,870

KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Nov-22	Oct-22	Change	% Change	Jun-22 (Audited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 38,639	\$ 47,917	\$ (9,278)	(19.4%)	\$ 62,542
Accrued payroll and related liabilities	64,261	64,455	(194)	(0.3%)	70,913
Long-term debt, current portion	9,846	9,846	-	0.0%	11,759
Total current liabilities	112,746	122,218	(9,473)	(7.8%)	145,214
LEASE LIABILITY, net of current portion	\$ 14,677	\$ 14,677	\$ 0	0.00%	\$ 14,677
LONG-TERM DEBT, less current portion					
Bonds payable	239,584	239,591	(7)	(0.0%)	239,618
Capital leases	(13)	(13)	-	0.0%	0
Notes payable	7,895	7,895	-	0.0%	7,895
Total long-term debt	247,466	247,473	(7)	(0.0%)	247,512
NET PENSION LIABILITY	39,239	39,349	(110)	(0.3%)	39,789
OTHER LONG-TERM LIABILITIES	32,875	32,355	520	1.6%	30,968
Total liabilities	432,326	441,395	(9,069)	(2.1%)	463,484
NET ASSETS					
Invested in capital assets, net of related debt	66,148	67,233	(1,085)	(1.6%)	68,426
Restricted	35,569	34,207	1,362	4.0%	31,905
Unrestricted	327,224	327,545	(322)	(0.1%)	365,378
Total net position	428,940	428,985	(45)	(0.0%)	465,709
Total liabilities and net position	\$ 875,942	\$ 885,057	\$ (9,114)	(1.0%)	\$943,870