September 19, 2019

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 4:00PM on Monday, September 23, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue}.

The Board of Directors of the Kaweah Delta Health Care District will meet in a closed Board of Directors meeting at 5:00PM on Monday, September 23, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue} pursuant to Health and Safety Code 32155, 1461, AND 32106.

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 6:00PM on Monday, September 23, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue}.

The Board of Directors of the Kaweah Delta Health Care District will meet in a closed Board of Directors meeting immediately following the 6:00PM Open meeting on Monday September 23, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue} pursuant to Government Code 54957(b)(1).

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 Delta 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 are available for public inspection at the Kaweah Delta Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA and on the Kaweah Delta Health Care District web page http://www.kaweahdelta.org.

KAWEAH DELTA HEALTH CARE DISTRICT
Nevin House, Secretary/Treasurer

Cindy Moccio

Cindy Moccio - Board Clerk / Executive Assistant to CEO

DISTRIBUTION:
Governing Board
Legal Counsel
Executive Team
Chief of Staff
www.kaweahdelta.org

KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS MEETING

Kaweah Delta Medical Center {Blue Room}
400 West Mineral King Avenue, Visalia
www.KaweahDelta.org

Monday September 23, 2019

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 the item has been 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 subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **MASTER PLANNING –** Review and discussion of master planning process and options for Kaweah Delta Health Care District.

   Kevin Boots, Senior Vice President – RBB Architects, Inc.
5. **APPROVAL OF THE CLOSED AGENDA – 5:00PM**
   - 5.1. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Gary Herbst, Chief Executive Officer*
   - 5.2. **Credentialing** - Medical Executive Committee (September 2019) 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 pursuant to Health and Safety Code 1461 and 32155 – *Byron Mendenhall, MD, Chief of Staff*
   - 5.3. **Report involving trade secrets {Health and Safety Code 32106}** – Discussion will concern a proposed new services/programs – estimated date of disclosure is December 2019 – *Jon Knudsen, RN, FNP, Director of Renal, Oncology and Critical Care Services*

5.4. **Approval of closed meeting minutes** – August 26, 2019.

6. **ADJOURN**

CLOSED MEETING AGENDA {5:00PM}

1. **CALL TO ORDER**
2. **QUALITY ASSURANCE -** Pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee

   Gary Herbst, Chief Executive Officer

3. **CREDENTIALING** - Medical Executive Committee (August 2019) 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 pursuant to Health and Safety Code 1461 and 32155

   Byron Mendenhall, MD, Chief of Staff

4. **REPORT INVOLVING TRADE SECRETS {Health and Safety Code 32106}** – Discussion will concern a proposed new services/programs – estimated date of disclosure is December 2019.

   Jon Knudsen, RN, FNP, Director of Renal, Oncology and Critical Care Services

5. **APPROVAL OF CLOSED MEETING MINUTES** – August 26, 2019.

   Action Requested – Approval of the closed meeting minutes –August 26, 2019.

6. **ADJOURN**

OPEN MEETING AGENDA {6:00PM}

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 the item has been 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 subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.

5. **OPEN MINUTES** – Request approval of the August 26, 2019 open board of directors meeting minutes.

Action Requested – Approval of the open meeting minutes – August 26, 2019 open board of directors meeting minutes.

6. **RECOGNITIONS** – *Nevin House*

6.1. Presentation of Resolution 2047 to Chris Stafford, Health Unit Coordinator, Oncology 3S - Service Excellence Award – September 2019.

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

7.1. REPORTS

A. Medical Staff Recruitment
B. Environment of Care
C. Neurosciences Center
D. Rural Health Clinics
E. Quail Park

7.2. POLICIES

A. ADMINISTRATIVE

1.	Census Saturation Plan	AP.114	Revised
2.	Disruption of services or unusual occurrences	AP.30	Revised

B. BOARD OF DIRECTORS

1.	Presentation of claims and service process	BOD7	Reviewed

C. EMERGENCY MANAGEMENT

1.	Request to operate under CMS 1135 waiver	DM2227	New

7.3. Approval of Resolution 2048 to Debbie Murray, Coding Manager, retiring from duty at Kaweah Delta after thirty (30) years of service.

7.4. Recommendation from the Medical Executive Committee (SEPTEMBER 2019)

A. Administrative Policy
1) AP.171 Medically Ineffective Care (reviewed)

B. Privilege Form – Nurse Practitioner / Physician Assistant

Recommended Action: Approve the September 23, 2019 Consent Calendar.

8. **QUALITY -** Quality Focus Team Report **–** Reducing Workplace Violence.

Maribel Aguilar, Life Safety Manager and Todd Noeske, Safety Specialist

9. **STRATEGIC PLAN – Operational Efficiency** – Review of the strategic initiative charter.

Regina Sawyer, Vice President & Chief Nursing Officer & Keri Noeske, Director of Care Management

10. **COMMUNITY ENGAGEMENT -** Report on the Kaweah Delta Community Engagement Initiative groups.

    Deborah Volosin, Director of Community Engagement

11. **CLEVELAND CLINIC –** Status of implementation plans and opportunities relative to the Kaweah Delta affiliation with Cleveland Clinic Heart and Vascular Institute.

    Regina Sawyer, RN, Vice President and Chief Nursing Officer, Barry Royce, Director of Cardiovascular Service Line and Cardiovascular Co-Management Program

12. **GOLDEN STATE CARDIAC & THORACIC SURGERY INC. CONTRACT** – Review and requested approval of agreement effective October 1, 2019 between Kaweah Delta Health Care District and Golden State Cardiac & Thoracic Surgery Inc.

    Ben Cripps, Compliance and Privacy Officer, Dennis Lynch, Legal Counsel

    Recommended Action: Approval of the Kaweah Delta Health Care District Golden State Cardiac & Thoracic Surgery Inc. *agreement effective October 1, 2019.*

13. **REBRANDING** – Presentation and discussion relative to the Kaweah rebranding initiative as reviewed by the Board Marketing and Public Affairs Committee.

    Marc Mertz, Vice President of Strategic Planning and Business Development, Dru Quesnoy, Director of Marketing and Communications, and Jennifer Manduffie, Sr. Graphic Designer

14. **CENTRAL VALLEY HEALTHCARE ALLIANCE** – Progress report on the Central Valley Healthcare Alliance activities.

    David Francis, Chair & Marc Mertz, Secretary – Central Valley Healthcare Alliance

15. **FINANCIALS –** Review of the most current fiscal year 2020 financial results.

    Malinda Tupper, VP & Chief Financial Officer

16. **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.

    Byron Mendenhall, MD, Chief of Staff

    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 provision al 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 provision al 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.

17. REPORTS

17.1. Chief of Staff – Report relative to current Medical Staff events and issues.
Byron Mendenhall, MD, Chief of Staff

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

- District Hospital Leadership Forum
- Federally Qualified Health Center

17.3. Board President - Report relative to current events and issues.
Lynn Havard Mirviss, Board President

18. APPROVAL OF CLOSED AGENDA AS FOLLOWS: Closed Meeting Agenda – Kaweah Delta Medical Center Blue Room – Immediately following the open session

- **CEO Evaluation** – Discussion of with the Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1) – *Dennis Lynch, Legal Counsel & Board of Directors*

ADJOURN

CLOSED MEETING AGENDA

1. CALL TO ORDER

2. **CEO EVALUATION** – Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1)

Dennis Lynch, Legal Counsel & Board of Directors

3. 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.

KAWEAH DELTA MEDICAL CENTER REPLACEMENT HOSPITAL

MASTER PLANNING SERVICES

September 23, 2019

MASTER PLAN COMPONENTS

MP Conceptual / Programmatic Phase

- Data Collection
- Needs Projections
- Functional Questionnaires
- Structural Analysis of MK
- Space Program
- Conceptual Cost
- Report & Presentation to Committee

MP Schematic Design

- Design Phase
- Cost Estimate
- Report & Presentation to Committee

MP Design Development

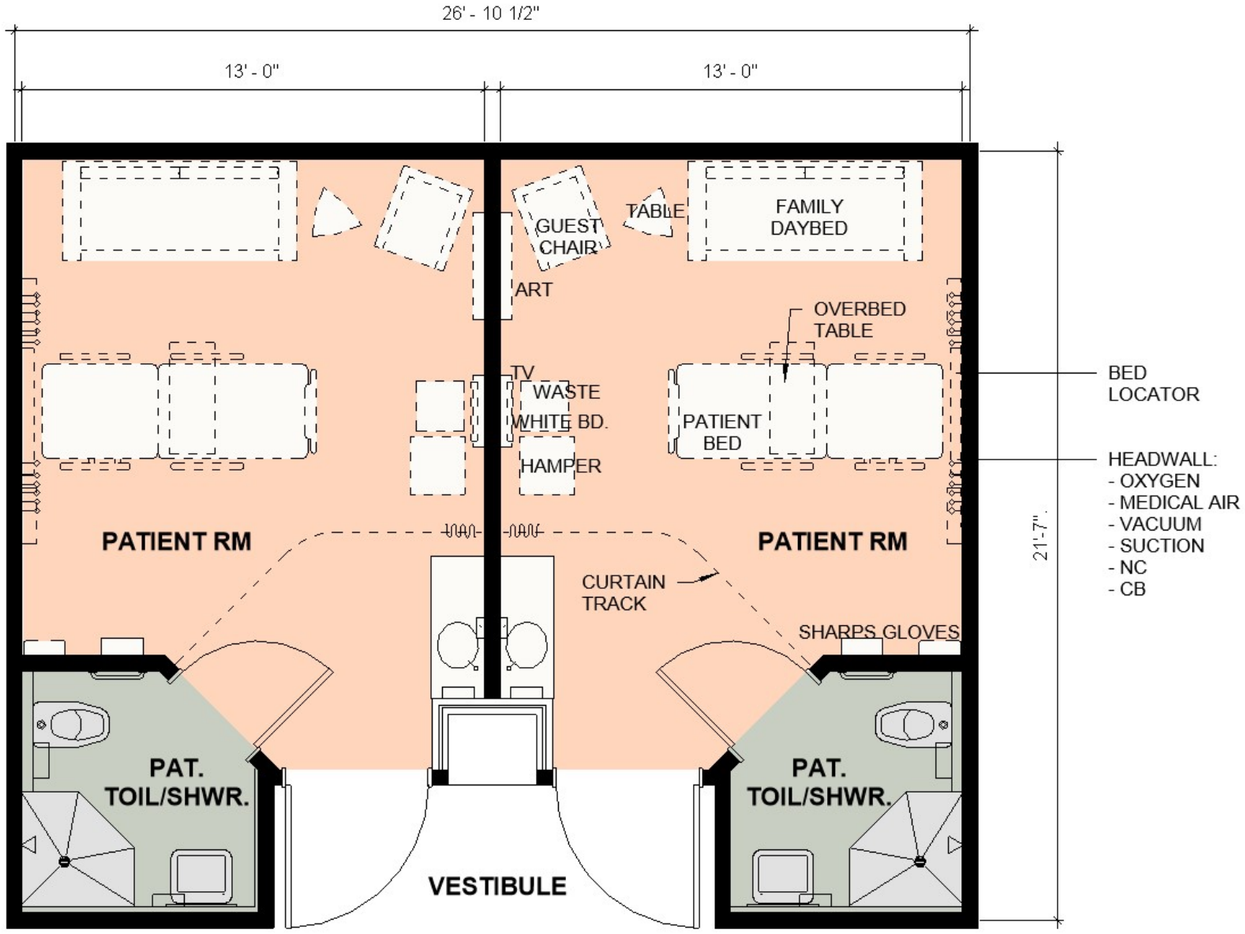
- Design Development
- Options
- Cost Estimate
- Report & Presentation to Committee

MP Final Phase

- Complete Design
- Phasing Studies
- Cost Estimate
- Final Report & Presentation to Committee

MASTER PLAN COMPONENTS

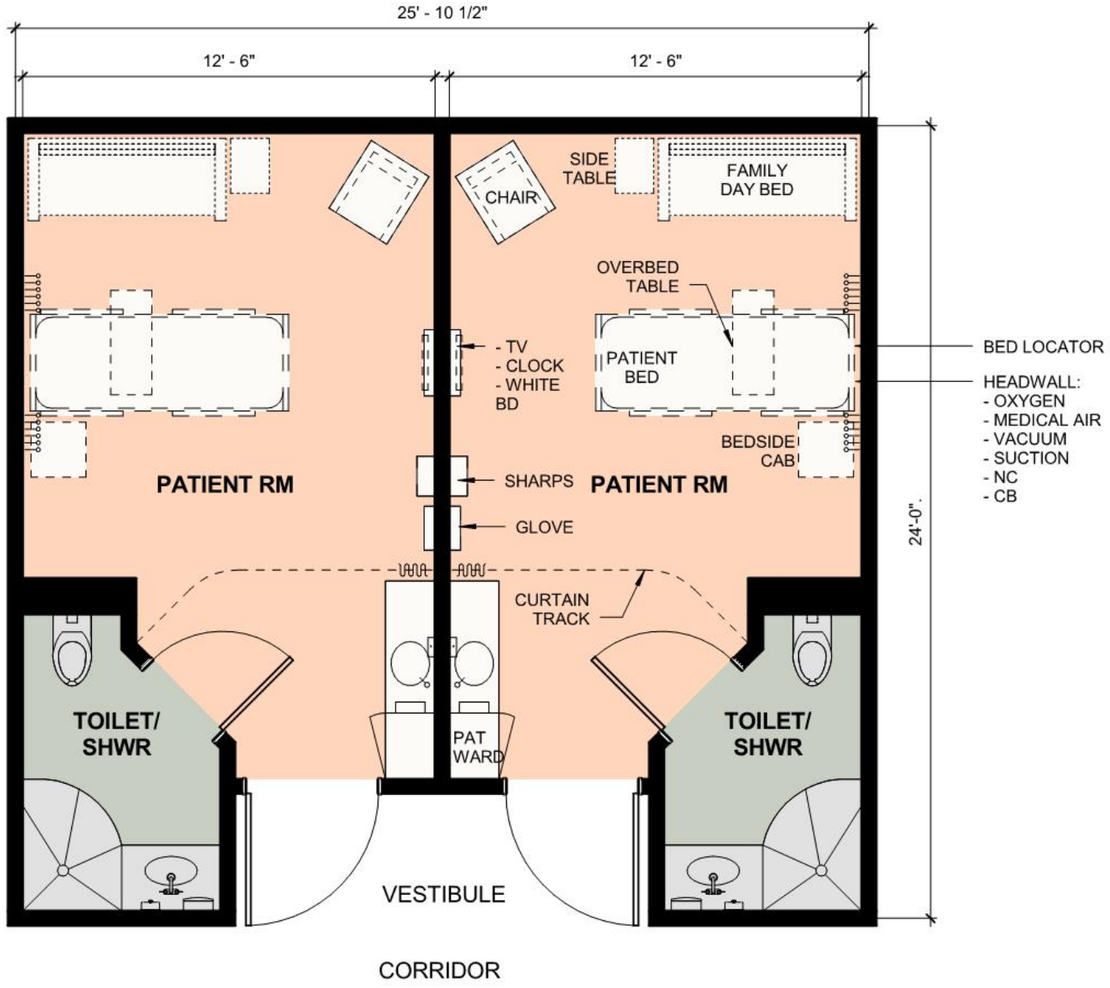
INPATIENT ROOM ANALYSIS



NET AREAS:

PATIENT ROOM:	205 SF
TOILET ROOM:	40 SF
TOTAL:	245 SF

MEDICAL / SURGICAL
PATIENT ROOM A



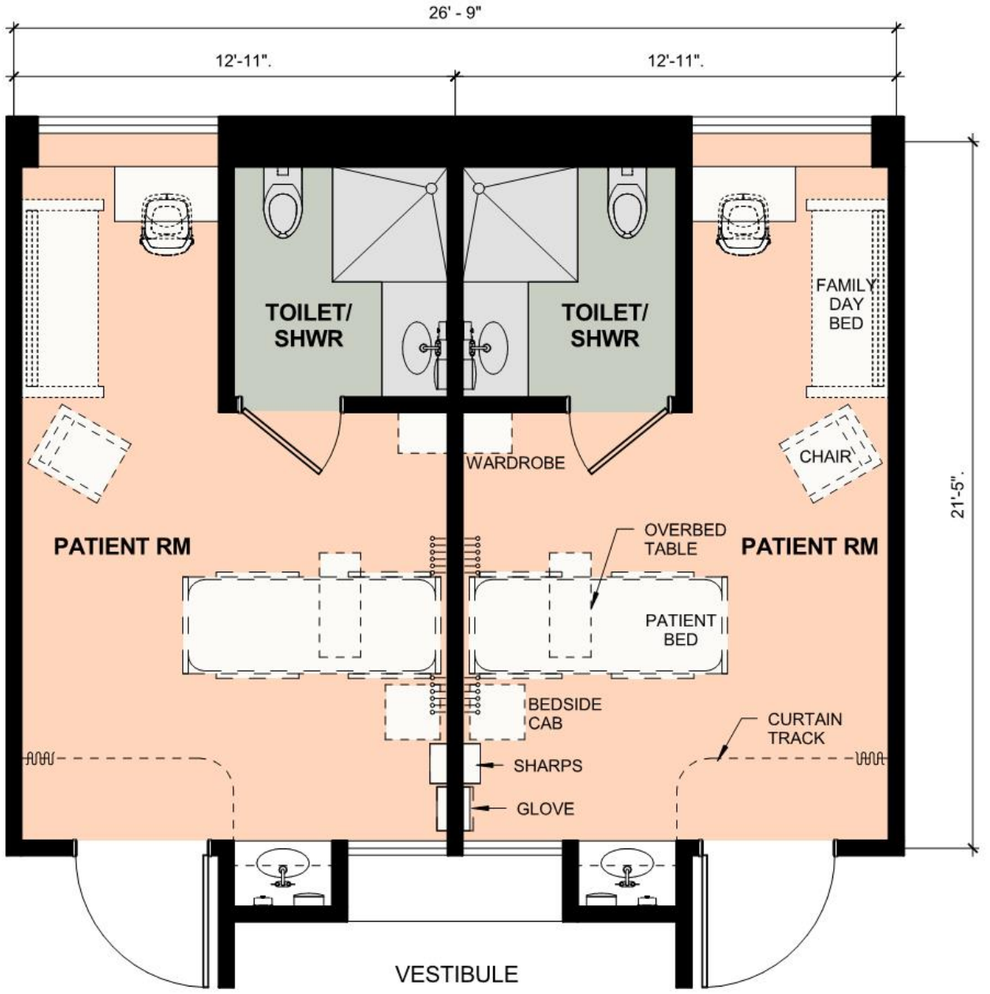
NET AREAS:

PATIENT ROOM:	215 SF
TOILET ROOM:	46 SF
TOTAL:	261 SF

MEDICAL / SURGICAL
PATIENT ROOM B

0' 2' 4' 8'

RBB ARCHITECTS INC



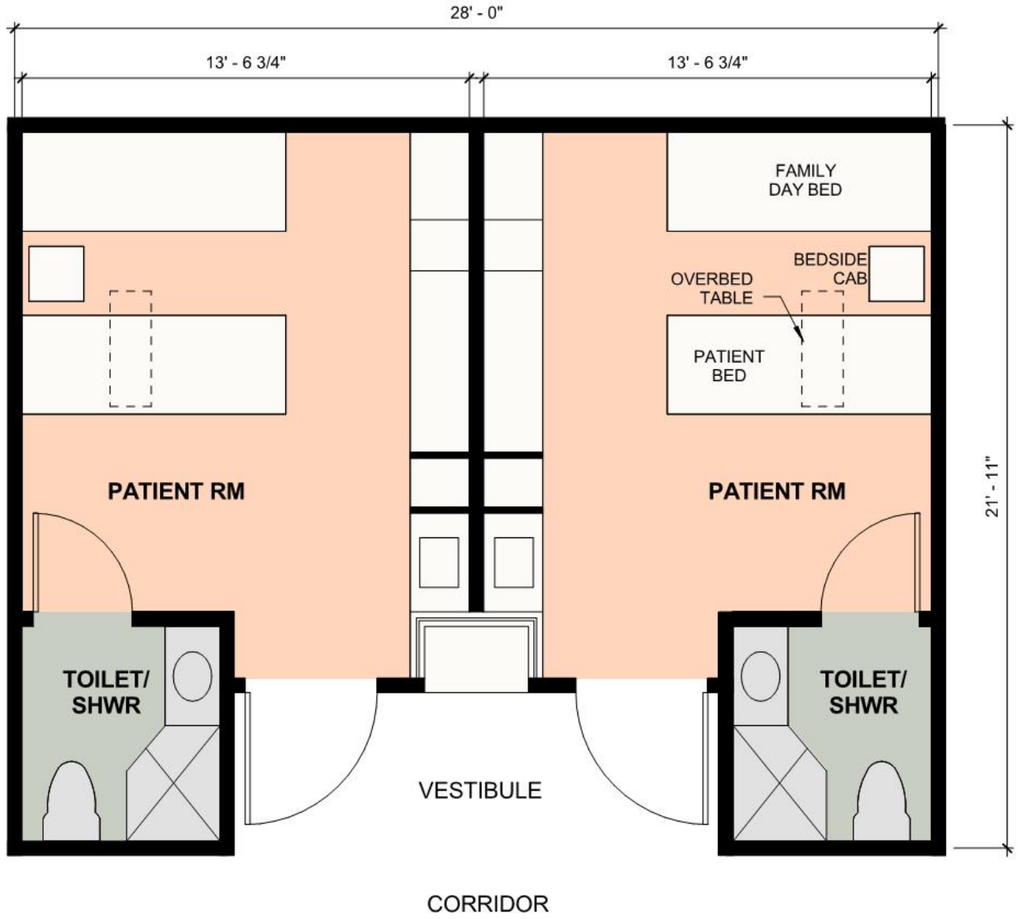
NET AREAS:

PATIENT ROOM:	212 SF
TOILET ROOM:	46 SF
TOTAL:	258 SF

MEDICAL / SURGICAL
PATIENT ROOM C

0' 2' 4' 8'

RBB ARCHITECTS INC



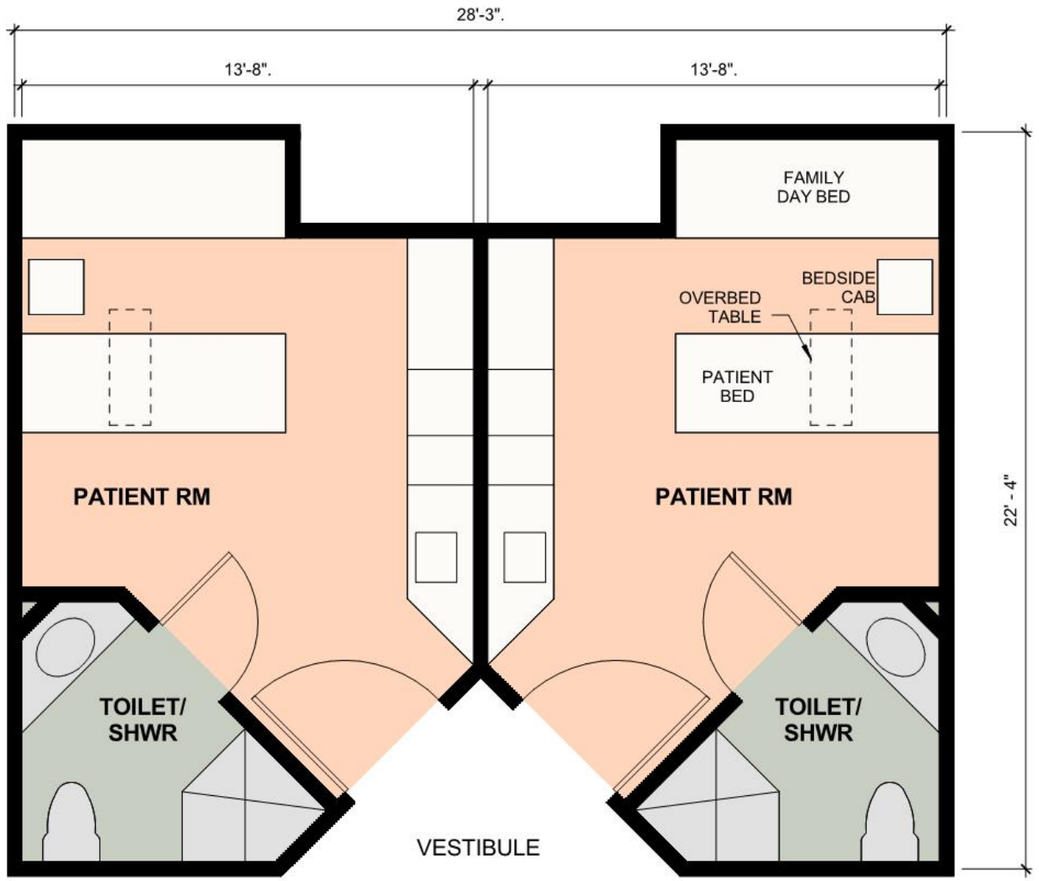
NET AREAS:

PATIENT ROOM:	208 SF
TOILET ROOM:	39 SF
TOTAL:	247 SF

MEDICAL / SURGICAL
PATIENT ROOM D

0' 2' 4' 8'

RBB ARCHITECTS INC



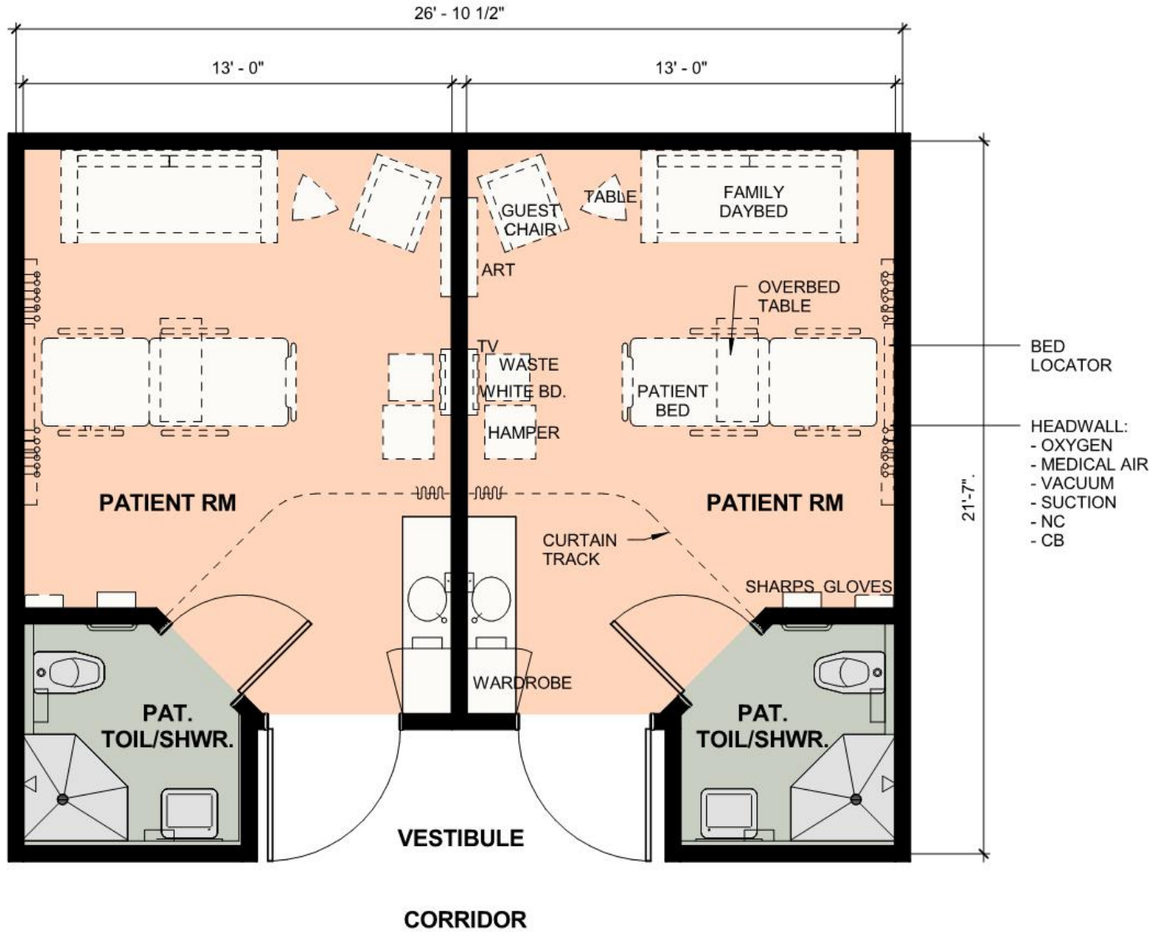
NET AREAS:

PATIENT ROOM:	208 SF
TOILET ROOM:	51 SF
TOTAL:	259 SF

MEDICAL / SURGICAL
PATIENT ROOM E

0' 2' 4' 8'

RBB ARCHITECTS INC



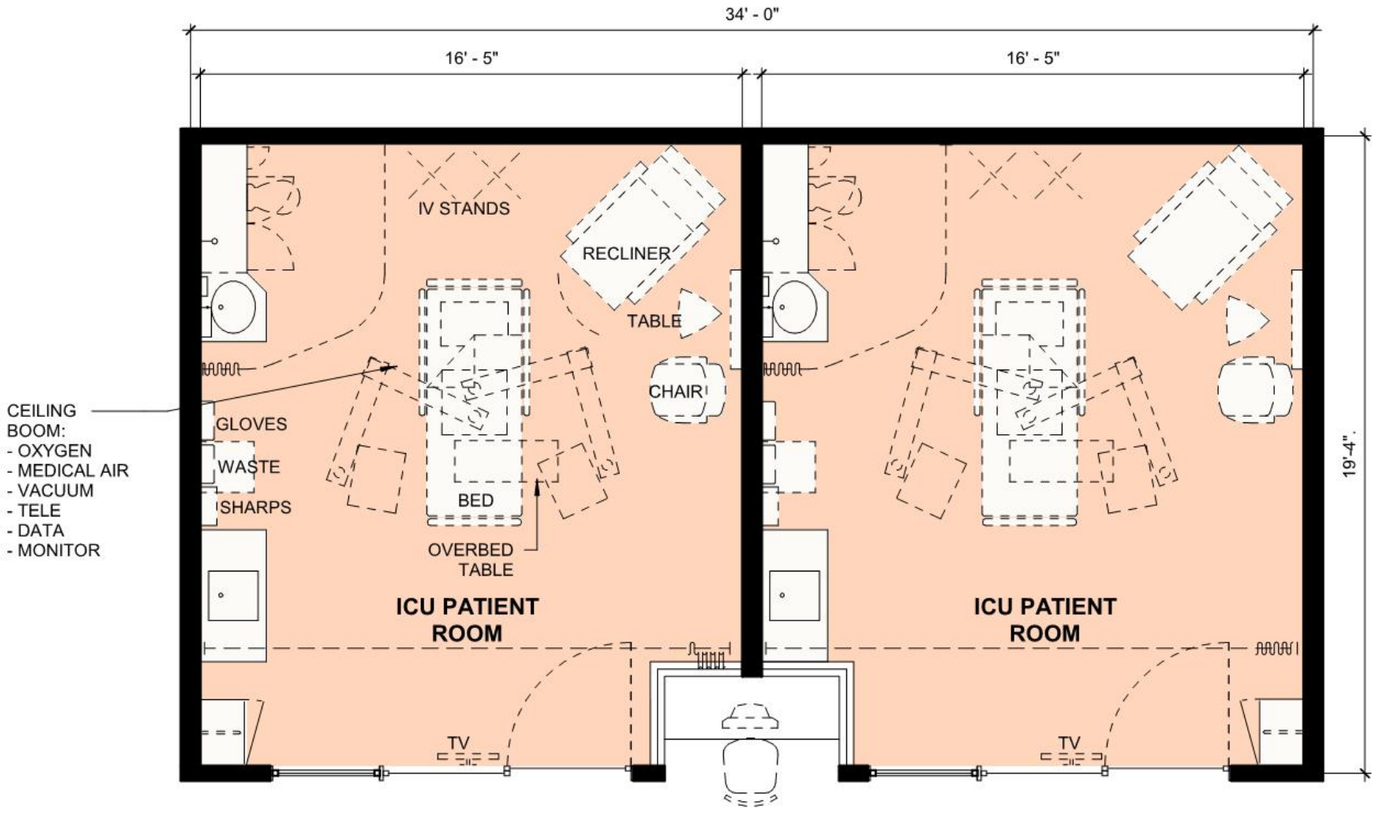
NET AREAS:

PATIENT ROOM:	205 SF
TOILET ROOM:	40 SF
TOTAL:	245 SF

MEDICAL / SURGICAL
PATIENT ROOM F

0' 2' 4' 8'

RBB ARCHITECTS INC

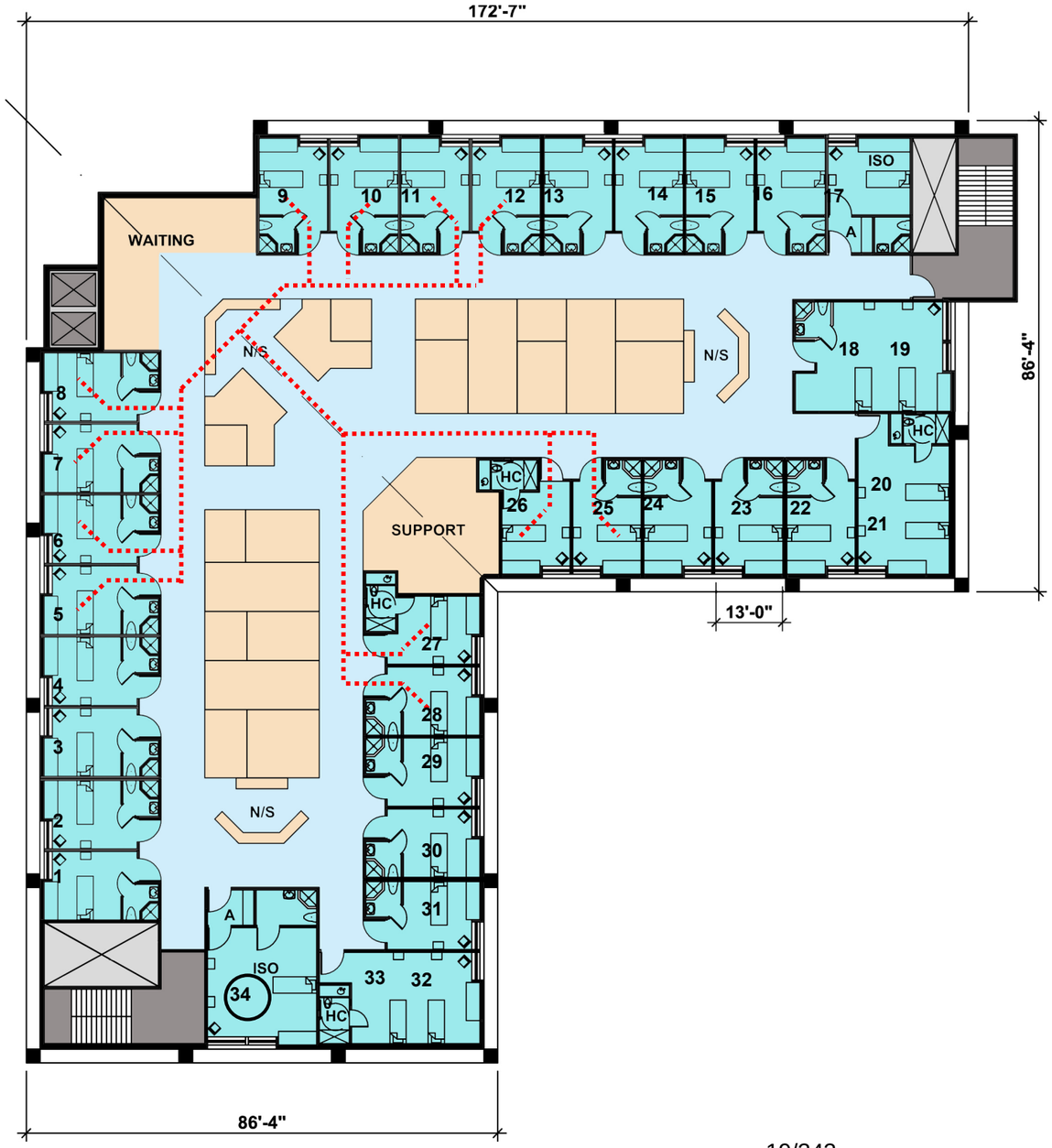


ICU
PATIENT ROOM

0' 2' 4' 8'

RBB ARCHITECTS INC

NURSING UNIT CONFIGURATION STUDIES



34 Med/Surg Beds
(28 Private & 6 Semiprivate)
Rooms at 13’-0” on center

Patient Room NSF=185 SF
Unit Area = 21.7 K GSF
Area per Bed = 639 SF
Support Area = 4,473 SF
Support/ Bed = 131 SF/Bed
Total Circulation = 5,571 SF
Circul / Bed = 164 SF/ Bed
Average Dist.
N/S to patient = 66’-3”

L-SHAPE CONCEPT

Typical Patient Floor

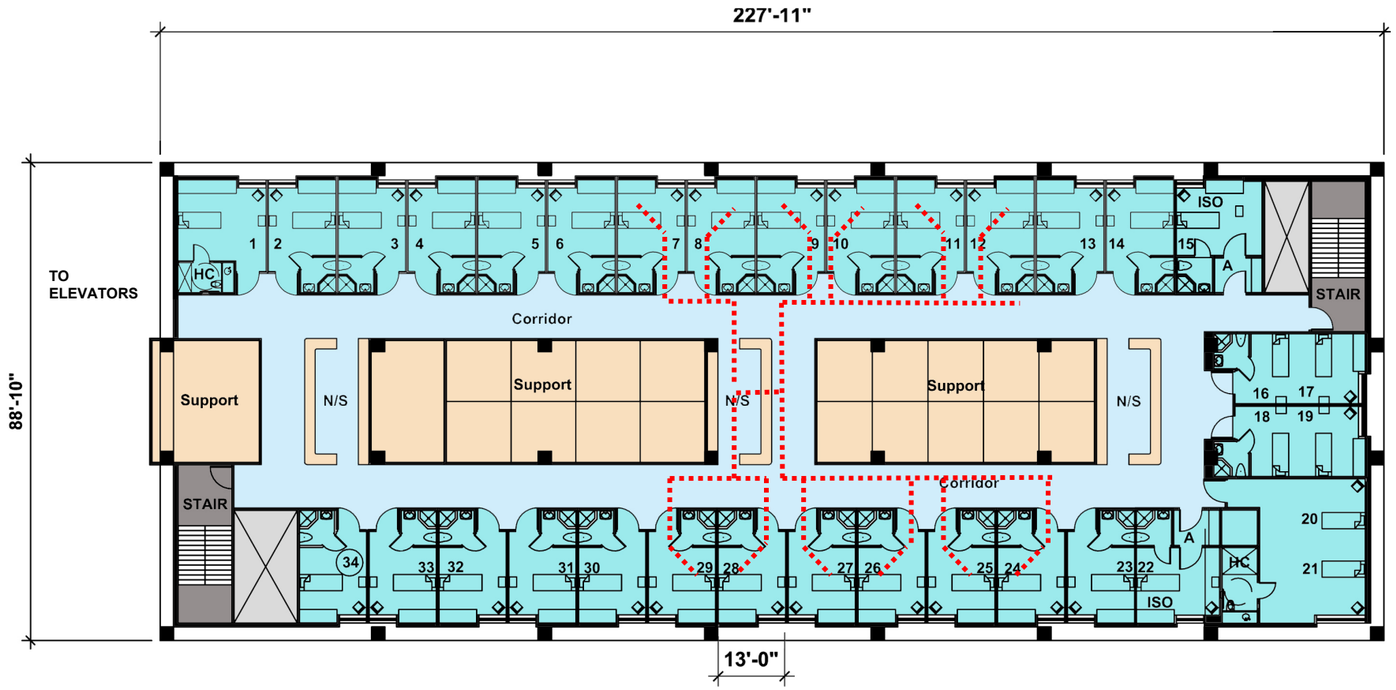
0’ 16’ 32’

N

RBB ARCHITECTS INC

L Shape Pros & Cons

- **“L” SHAPE NURSING UNIT**
  - PROS:
    - Enter at unit central point
    - Visually less corridor than rectangle but more than triangle
  - CONS:
    - Larger area than other configurations
    - Largest average distance between patients and N/S
    - Largest % of circulation



34 Med/Surg Beds
(28 Private & 6 Semiprivate)
Rooms at 13'-0" on center

Patient Room NSF=185 SF
Unit Area = 20.2 K GSF
Area per Bed = 594 SF
Support Area = 4,473 SF
Support/ Bed = 131 SF/Bed
Total Circulation = 4,986 SF
Circul / Bed = 147 SF/ Bed
Average Dist.
N/S to patient = 60'-4"

RECTANGULAR CONCEPT

Typical Patient Floor

0' 16' 32'

N

RBB ARCHITECTS INC

Rectangular Pros & Cons

- **RECTANGULAR NURSING UNIT**
  - PROS:
    - Simpler framing and less exterior wall area
  - CONS:
    - Longer corridors resulting in greater average distance between patients and N/S
    - Visibility not as good as triangular unit
    - Space quality poor due to longer corridors

34 Med/Surg Beds
(28 Private & 6 Semiprivate)
Rooms at 13'-0" on center

Patient Room NSF=193 SF
Unit Area = 19.0 K GSF
Area per Bed = 559 SF
Support Area = 4,473 SF
Support/ Bed = 131 SF/Bed
Total Circulation = 4,639 SF
Circul / Bed = 136 SF/ Bed
Average Dist.
N/S to patient = 51'8"

TRIANGULAR CONCEPT

Typical Patient Floor

0' 16' 32'

RBB ARCHITECTS INC

Triangular Pros & Cons

- **TRIANGULAR NURSING UNIT**
  - PROS:
    - Greater master plan flexibility
    - Least area per bed
    - Less nurses travel distance to patient bedsides
    - Ideal support core size for 30 bed unit
    - Feeling of openness
  - CONS:
    - Additional exterior wall area

Patient Care Unit Comparison

Assume same number of beds, same support area, support/bed

	“L” SHAPE	RECTANGLE	TRIANGLE
Number of Beds			
28 Private, 6 Semi	34	34	34
Area per Bed	639 SF	594 SF	559 SF
Support Area	4,473 SF	4,473 SF	4,473 SF
Support / Bed	131 SF/ Bed	131 SF/ Bed	131 SF/ Bed
Total Circul.	5,571 SF	4,986 SF	4,639 SF
Circul. / Bed	164 SF/ Bed	147 SF	136 SF/ Bed
Average dist.			
N/S to patient	66’-3”	60’-4”	51’-8”
Unit Area	21,700 GSF	20,200 GSF	19,000 GSF

THE TRIANGULAR UNIT WILL DELIVER TRAVEL TIME SAVINGS OF 14.5% OVER THE RECTANGULAR OPTION AND 22.0% OVER THE “L” SHAPE OPTION

Master Plan Strategy

Phased Master Plan Implementation

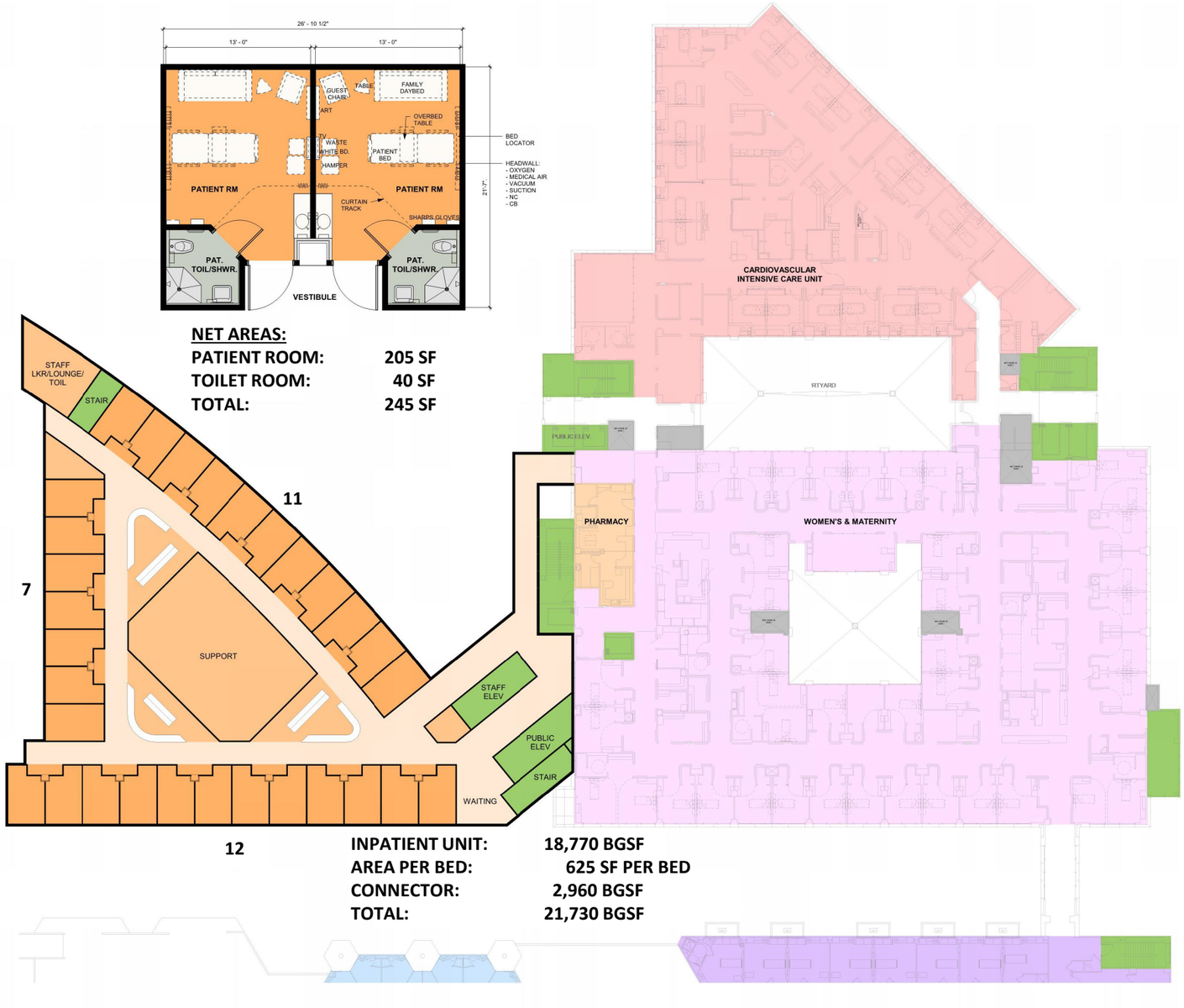
- **PHASE 1**
  - New Med/Surg Tower 6 – 9 Story
  - TY 2030

- **Phase 2 – 3 (TBD)**
  - Parking Structure
  - 2nd Patient Tower
  - De-Commission Mineral King Tower
  - Outpatient Services

SITE ANALYSIS

SITE PLAN – PHASE 1 & EXISTING

2ND FLOOR PLAN - 30 PRIVATE BED UNIT



3RD FLOOR PLAN - 30 PRIVATE BED UNIT

INPATIENT UNIT: 18,770 BGSF
AREA PER BED: 625 SF PER BED
CONNECTOR: 3,150 BGSF (TYP 4TH - 6TH FLRS)
TOTAL: 21,920 BGSF (TYP 4TH - 6TH FLRS)

TYP 4TH, 5TH, 6TH FLOOR PLAN - 30 PRIVATE BED UNIT

MEDICAL / SURGICAL SPACE PROGRAM

MEDICAL / SURGICAL	PROPOSED PROGRAM TARGET YEAR 2038			REMARKS
	Quantity	Area (SF)	Total Area (SF)	
Primary Activity Areas				
Patient Room - Private	25	200	5,000	Includes armoire/wardrobe and family area; Pipe 2 rooms for dialysis
- Armoire/Wardrobe	0	0	0	Included in patient room
- Family Area	0	0	0	Included in patient room
- Toilet/Shower	25	40	1,000	
- Vestibule	0	0	0	
Patient Room - Private Bariatric/ADA	3	220	660	Includes armoire/wardrobe and family area
- Armoire/Wardrobe	0	0	0	Included in patient room
- Family Area	0	0	0	Included in patient room
- Toilet/Shower Bariatric/ADA	3	70	210	
- Vestibule	0	0	0	
Patient Room - Isolation	2	200	400	Includes armoire/wardrobe and family area; Pipe 2 Isol rooms for dialysis
- Anteroom	2	60	120	
- Armoire/Wardrobe	0	0	0	Included in patient room
- Family Area	0	0	0	Included in patient room
- Toilet/Shower	2	40	80	
Corridor Charting	14	20	280	Decentralized; Shared between rooms except Isol
Primary Activity Support Areas				
Nurse Station	3	260	780	Includes Unit Clerk
Charting Stations	2	200	400	Includes Caregiver Charting
Dictation	2	60	120	
Medication	2	100	200	

MEDICAL / SURGICAL SPACE PROGRAM

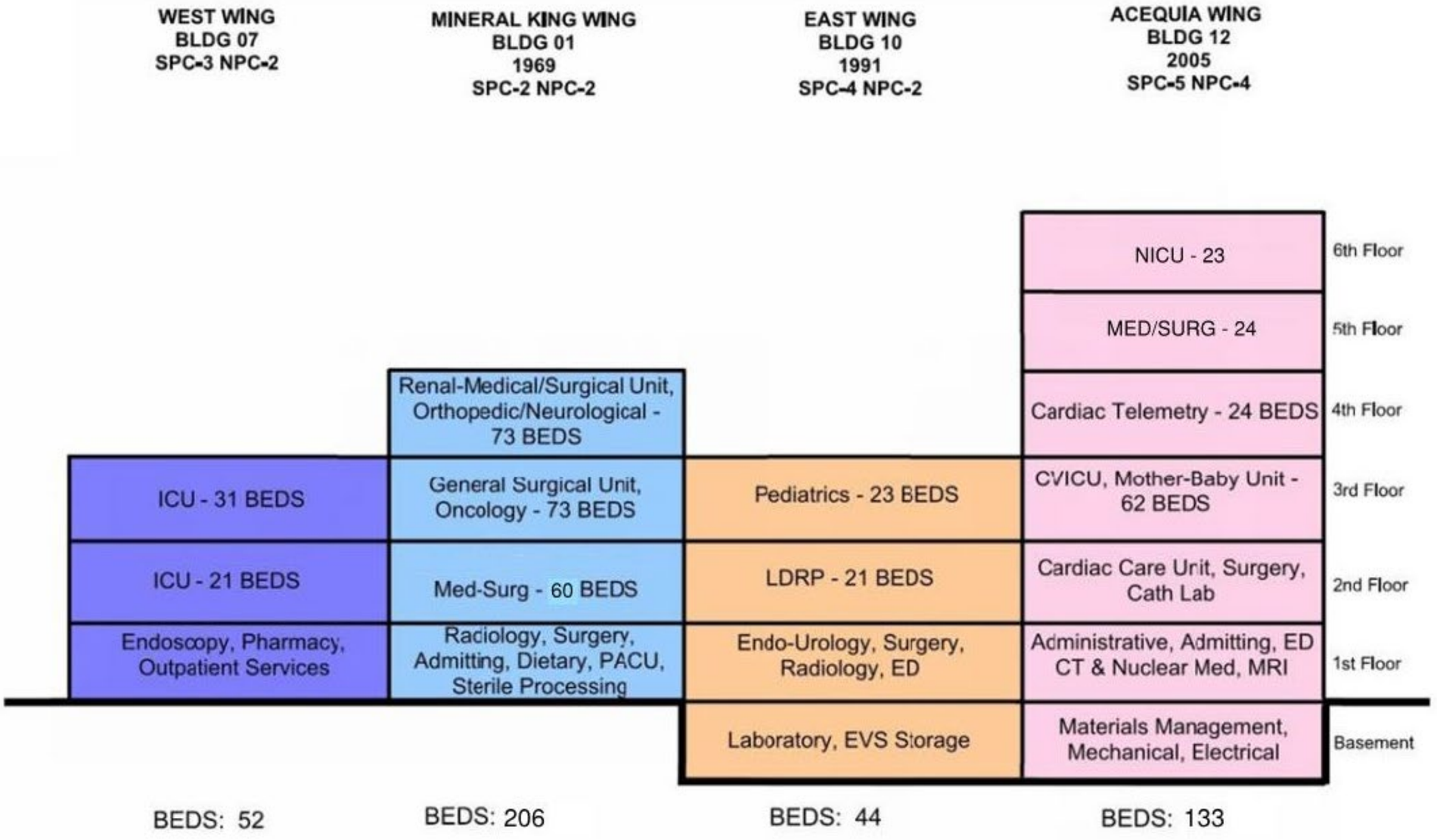
MEDICAL / SURGICAL	PROPOSED PROGRAM TARGET YEAR 2038			REMARKS
	Quantity	Area (SF)	Total Area (SF)	
Nourishment	1	100	100	
Clean Utility	2	110	220	Includes Clean Linen
Soiled Utility	2	90	180	Includes Soiled Linen
Equipment Storage	2	160	320	
Housekeeping	2	40	80	
Administrative Areas				
Multipurpose Room (Conf/Classrm)	1	200	200	
Office - Shared	1	120	120	
Public Areas				
Family Lounge	1	400	400	
Telephone/Drinking Fountain Alcove	1	20	20	
Toilet - Public Unisex ADA	2	50	100	
Staff Areas				
Staff Locker/Lounge	1	300	300	Includes lactation area partitioned for privacy
Staff Toilet - Unisex ADA	2	50	100	
DEPARTMENTAL NET SQUARE FEET (NSF)			11,390	
INTRADEPARTMENTAL CIRCULATION (50% OF NSF)			5,695	
SUB-TOTAL:			17,085	
INTRADEPARTMENTAL WALLS & MECH (12% OF NSF):			2,050	
TOTAL DEPARTMENTAL GROSS SQUARE FEET (DGSF)			19,135	30 Private Bed Unit

Impact by Scenario | Market share assumptions were interlaced with length of stay sensitivity estimates to arrive at three scenarios of bed need for KD in FY-38

Bed Need Impact by Scenario

(all scenarios shown)

FY-38 Bed Needs (Deficit) / Surplus	Baseline	Reduce LOS half-way to Geometric Mean Length of Stay in 5 Years	Geometric Mean Length of Stay in 3 Years
Med / Surg	(64)	(19)	44
ICU	(7)	(3)	2
CVICU	7	8	10
Step-down	(46)	(36)	(23)
Post-partum	(4)	(4)	(4)
NICU	(11)	(11)	(11)
Main campus	(125)	(65)	18
Rehab	2	11	21
Psych	12	24	37
SNF	(21)	(21)	(21)
Total	(132)	(51)	55



2020 DIAGRAMMATIC SECTION

PROJECT SCENARIOS – PHASE 1

SCENARIO 1:

- 240 Beds
- 8 floors + 1 ground level (non-bed)
- 21,730 BGSF x 9 floors = 195,570 BGSF x $1,700/SF = $332 million

SCENARIO 2:

- 210 Beds
- 7 floors + 1 ground level (non-bed)
- 21,730 BGSF x 8 floors = 173,840 BGSF x $1,700/SF = $296 million

SCENARIO 3:

- 180 Beds
- 6 floors + 1 ground level (non-bed)
- 21,730 BGSF x 7 floors = 152,110 BGSF x $1,700/SF = $259 million

SCENARIO 4:

- 150 Beds
- 5 floors + 1 ground level (non-bed)
- 21,730 BGSF x 6 floors = 130,380 BGSF x $1,700/SF = $222 million

PROJECT SCENARIOS – PHASE 1

SCENARIO 4A:

- 150 Beds
- 3 floors + 3 shelled
- 21,730 BGSF x 3 floors = 65,190 BGSF x $1,700/SF = $111 million
- 21,730 BGSF x 3 shelled floors = 65,190 BGSF x $850/SF = $55 million
- Total = $166 million

SCENARIO 5:

- 120 Beds (150 if beds on ground level)
- 4 floors + 1 ground level (non-bed)
- 21,730 BGSF x 5 floors = 108,650 BGSF x $1,700/SF = $185 million

SCENARIO 5A:

- 120 Beds
- 3 floors + 2 shelled
- 21,730 BGSF x 3 floors = 65,190 BGSF x $1,700/SF = $111 million
- 21,730 BGSF x 2 shelled floors = 43,460 BGSF x $850/SF = $37 million
- Total = $148 million

PROJECT SCENARIOS – PHASE 1

SCENARIO 6:

- 90 Beds (120 if beds on ground level)
- 3 floors + 1 ground level (non-bed)
- 21,730 BGSF x 4 floors = 86,920 BGSF x $1,700/SF = $148 million

SCENARIO 6A:

- 90 Beds
- 2 floors + 2 shelled
- 21,730 BGSF x 2 floors = 43,460 BGSF x $1,700/SF = $74 million
- 21,730 BGSF x 2 shelled floors = 43,460 BGSF x $850/SF = $37 million
- Total = $111 million

SCENARIO 7:

- 60 Beds (90 if beds on ground level)
- 2 floors + 1 ground level (non-bed)
- 21,730 BGSF x 3 floors = 65,190 BGSF x $1,700/SF = $111 million

PARKING SCENARIOS – PHASE 1

SCENARIO 1:
- 195,570 SF = 782 Cars x $30,000 = $24 million

SCENARIO 2:
- 173,840 SF = 696 Cars x $30,000 = $21 million

SCENARIO 3:
- 152,840 SF = 612 Cars x $30,000 = $18 million

SCENARIO 4 & 4A:
- 130,000 SF = 520 Cars x $30,000 = $15.6 million

SCENARIO 5 & 5A:
- 108,650 SF = 435 Cars x $30,000 = $13 million

SCENARIO 6:
- 86,920 SF = 348 Cars x $30,000 = $10.5 million

SCENARIO 7:
- 65,190 SF = 262 Cars x $30,000 = $7.8 million

Based only on net SF increases of each Scenario and current Municipal code 17.34 of 1 car per 250 SF of Major Medical Spaces.

Recommend negotiation with Building department to utilize demand load rather than code formula to calculate campus needs.

Analysis of existing parking counts in progress

Task	Start	Finish	Q4'18		Q1'19			Q2'19			Q3'19			Q4'19			Q1'20
			Nov	Dec	Jan	Feb	Mar	Arp	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
MP CONCEPT / PROGRAMATIC DESIGN PHASE	11/15/18	8/1/19															
MP SCHEMATIC DESIGN PHASE	8/5/19	10/28/19															
MP DESIGN DEVELOPMENT PHASE	10/28/19	11/29/19															
FINAL MASTER PLAN PHASE	12/2/19	1/20/20															

PROJECT SCHEDULE

Task	Start	Finish	May	June	July	August
FUNCTIONAL QUESTIONNAIRES	4/29/19	6/14/19				
Prepare and Issue Questionnaires to Users	4/29/19	5/3/19				
Users Complete Questionnaires	5/6/19	6/14/19				
Review Format of Response	6/17/19	6/21/19				
Refine Questionnaire Responses	6/24/19	6/28/19				
SPACE PROGRAM	5/27/19	7/5/19				
Enter Functional Questionnaire Data	5/27/19	5/30/19				
Prepare Draft Program	5/31/19	6/13/19				
Mtg #1	6/14/19	6/18/19				
Incorporate User Comments	6/19/19	6/25/19				
Mtg #2	6/26/19	6/28/19				
Revise Final Program	7/1/19	7/5/19				

PROJECT SCHEDULE

KAWEAH DELTA MEDICAL CENTER REPLACEMENT HOSPITAL

MASTER PLANNING SERVICES

ANTELOPE VALLEY HOSPITAL

BUDGET CONTROL

https://www.quora.com/How-much-does-it-cost-to-build-a-hospital

Quora Home Answer Spaces Notifications Search Quora

Price Comparison | How Much Does X Cost? | +8

How much does it cost to build a hospital?

Joan Hoffman, Experience in health care management
Updated Dec 18 2017

The cost varies depending where you are and what kind of hospital you want. Here are some examples for you. Note that hospital construction cost is generally expressed in cost per bed.

Two new hospital buildings are opening this year in Dallas, Texas. Both are big teaching hospitals and cost around $1.5 million per bed to build.

The University of Texas Southwestern hospital (picture below) is over 1.3 million square feet and has 532 beds. It cost $800 million. Parkland Memorial, Dallas County's public hospital, is about 2 million square feet and has 862 beds. It cost $1.3 billion.

Earlier today, I read about plans to build a small community hospital in a rural area with just 25 beds. The cost is estimated at $30-40 million.

Mercy Hospital in Merced, California has 185 beds and cost $166 million when it was built five years ago. At less than $1 million per bed, it was considered quite economical, especially for California.

ANTELOPE VALLEY HOSPITAL
A facility of Antelope Valley Healthcare District

TOTAL FLOOR GROSS SF: 22,233 BGSF

18,230 DGSF / 31 BEDS = 588 SF/BED

TOTAL SUPPORT: 3,078 SF

ROOM NAME	MMCM (31 RMS)		UCLAWRH (26 RMS)		CSMC (32 RMS)	
	QTY	NSF (TOTAL)	QTY	NSF (TOTAL)	QTY	NSF (TOTAL)
PATIENT ROOM:						
LARGEST		239		251		293
SMALLEST		204		213		170
MEAN		222		232		232
SUPPORT:						
NURSE STATION	3	777	3	518		240
CHARTING STATIONS	2	406	-	-		-
DICT.	2	123	-	-		-
MEDICATION RM	2	188	1	171		70
NOURISH.	1	99	1	93		222
CLEAN UTILITY	2	213	1	170		175
SOILED UTILITY	2	184	1	102		217
EQUIP. STOR.	2	271	1	170		20
JAN. CLOS.	2	82	1	83		40
OFFICE	1	117	5	508		272
CONF./CLASSRM	1	207	2	491		178
STAFF LKR/LNGE	1	251	1	231		183
STAFF TOIL.	3	160	1	52		48
RECEPT.	-	-	1	146		-
ADMIN. SUPPORT	-	-	1	93		-
SUPPORT NSF TOTAL:		3,078		2,828		1,665
NSF PER BED:		100		109		52

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY SEPTEMBER 23, 2019

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 46-60

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY SEPTEMBER 23, 2019

CLOSED MEETING SUPPORTING DOCUMENTS

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KDHCD - BOARD OF DIRECTORS MEETING

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KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY SEPTEMBER 23, 2019

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 46-60

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY SEPTEMBER 23, 2019

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MONDAY SEPTEMBER 23, 2019

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KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY SEPTEMBER 23, 2019

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KDHCD - BOARD OF DIRECTORS MEETING

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MONDAY SEPTEMBER 23, 2019

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KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY SEPTEMBER 23, 2019

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 46-60

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY SEPTEMBER 23, 2019

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 46-60

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY AUGUST 26, 2019 3:30PM, IN THE KAWEAH DELTA MEDICAL CENTER MINERAL KING WING BLUE ROOM, LYNN HAVARD MIRVISS PRESIDING

PRESENT: Directors Havard Mirviss, Hawkins Hipskind, House, & Francis; B. Mendenhall, MD, Chief of Staff; G. Herbst, CEO; T. Rayner, SVP & COO; R. Sawyer, VP &CNO, M. Tupper, VP & CFO; D. Cox, VP of Human Resources, M. Mertz, VP of Strategic Planning and Business Development, D. Leeper, VP & CIO; D. Allain, J. Batth, J. Moncada, M. Williams, D. Volosin, C. Vawter, D. Lynch, Legal Counsel, C. Moccio, Recording

The meeting was called to order at 3:30PM by Director Havard Mirviss.

Director Havard Mirviss asked for approval of the agenda.

MMSC (Hawkins/Francis) to approve the open agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis

PUBLIC PARTICIPATION – none

MASTER PLANNING – Review and discussion of master planning process and options for Kaweah Delta Health Care District (copy attached to the original of these minutes and considered a part thereof) – *Kevin Boots, Senior Vice President & Joseph Balbona AIA- CEO – RBB Architects, Inc.*

- Mr. Herbst reconfirmed the target date, if we act now, we could be open by 2030. Review of projected scenarios - phase 1.
- Mr. Herbst noted scenario 4 is the most appealing to him at this time. The $222 million estimate cost would allow Kaweah Delta to fund the greatest amount ourselves with the balance to be requested from the community.
- Mr. Herbst noted that the legislature is beginning to focus more on if a hospital could continue to provide services vs. more emphasis on the buildings (hospital) earthquake preparedness.
- Discussion on how much could Kaweah Delta fund itself and how much we would have to go out to the public for. Mr. Herbst noted that before we launch any project we would have to have a sense of support from the community as to if they would support a bond measure.
- Director Hipskind inquired what could we build on our own, a tower with shelled space and infill it later with support of a community bond issue.
- Group consensus was that we need to ensure that we are open with the community to make sure they are fully informed about what we Kaweah can do on their own and what support we will need from the community.

Director Havard Mirviss called for the approval of the closed agenda.

APPROVAL OF THE CLOSED AGENDA – 5:00PM

5.1. Quality Assurance pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – Joe Malli, MD

5.2. Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 12 Cases – Ben Cripps, Compliance & Privacy Officer and Dennis Lynch, Legal Counsel
5.3. Report involving trade secrets {Health and Safety Code 32106} – Discussion will concern a proposed new services/programs – estimated date of disclosure is December 2019 – Gary Herbst, Chief Executive Officer
5.4. Conference with Real Property Negotiator {Government Code Section 54956.8}: Property: APN 172-010-034 and APN 172-010-026. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Marc Mertz and Kyle Rhinebeck, Zeeb Commercial – price and terms - Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development
5.5. Credentialing - Medical Executive Committee (August 2019) 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 pursuant to Health and Safety Code 1461 and 32155 – Byron Mendenhall, MD, Chief of Staff
5.6. Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 3 Cases - Dennis Lynch, Legal Counsel
5.7. Approval of closed meeting minutes – July 22, 2019

MMSC (Francis/Hipskind) to approve the closed agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, Hipskind, House, and Francis

ADJOURN - Meeting was adjourned at 5:00PM

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

ATTEST:

Nevin House, 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 MONDAY AUGUST 26, 2019 6:00PM, IN THE KAWEAH DELTA MEDICAL CENTER MINERAL KING WING BLUE ROOM, LYNN HAVARD MIRVISS PRESIDING

PRESENT: Directors Havard Mirviss, Hawkins Hipskind, House, & Francis; B. Mendenhall, MD, Chief of Staff; G. Herbst, CEO; T. Rayner, SVP & COO; R. Sawyer, VP &CNO, M. Tupper, VP & CFO; D. Cox, VP of Human Resources, M. Mertz, VP of Strategic Planning and Business Development, D. Leeper, VP & CIO; D. Lynch, Legal Counsel, C. Moccio, Recording

The meeting was called to order at 6:00PM by Director Havard Mirviss.

Director Havard Mirviss entertained a motion to approve the agenda.

MMSC (House/Francis) to approve the open agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis

PUBLIC/MEDICAL STAFF PARTICIPATION

- Jose Feliberti introduced himself - He was a resident at Kaweah Delta and during his 4th year he was fired from the residency program. He noted that he was accused of moonlighting – he noted other residents were doing the same thing he was doing. Mr. Feliberti noted that it is a false accusation, he noted that he is still waiting for hearing. Mr. Herbst thanked Mr. Feliberti for his comments and noted that we will work with our legal counsel and the Board relative to this personnel issue and we will work to ensure the concerns are addressed timely.

CLOSED SESSION ACTION TAKEN: Approval of the closed meeting minutes – July 22, 2019.

OPEN MINUTES – Request for approval of the July 22, 2019 open board of directors meeting minutes.

MMSC (Hawkins/Francis) to approve of the open minutes – July 22, 2019. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis

RECOGNITIONS – *John Hipskind, MD*

- Presentation of Resolution 2041 to Joe Hinton - Service Excellence Award – August 2019 (copy attached to the original of these minutes and considered a part thereof).
- Presentation of Resolution 2042 for Carolyn Aiello, Microbiology Section Chief, retiring from Kaweah Delta after forty-seven (47) years of service (copy attached to the original of these minutes and considered a part thereof).

CONSENT CALENDAR – Director Havard Mirviss entertained a motion to approve the consent calendar. Director House requested the removal of the following items; 7.1C, 7.1F, 7.2A3 and 7.4A2.

MMSC (Francis/Hawkins) to approve the consent calendar with the removal of items 7.1C {Reports – Human Resources}, 7.1F {Reports – Rehabilitation Services}, 7.2A3 {Policies – Administrative – Patient Compliant and Grievance Process}, and 7.4A2 {Medical Executive Committee August 2019 Medical Staff policies – Code of Conduct for Medical Staff and Advanced Practice Providers}. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis

7.1. REPORTS
- A. Medical Staff Recruitment
- B. Compliance
- C. Human Resources
- D. Emergency Services (Emergency Department & Trauma)
- E. Emergency Services (Urgent Care)
- F. Rehabilitation Services

7.2. POLICIES

A. ADMINISTRATIVE

1. Access and Release of Protected Health Information	AP.04	Revised
2. Public Relations, Marketing, and Media Relations	AP.06	Revised
3. Patient Complaint and Grievance Process	AP.08	Revised
4. Occurrence Reporting Process	AP.10	Revised
5. Department Visits by Vendor Representatives	AP.14	Revised
6. Loan of District Equipment and or Supplies	AP.15	Revised
7. Subpoenas / Search Warrants served on district records, contract physicians, or patients	AP.21	Revised
8. Vendor Relationships and Conflict of Interest	AP.40	Revised
9. Risk Management	AP.45	Revised
10. Patient Rights & Responsibilities, & Non-Discrimination	AP.53	Revised
11. Confidentiality,Security&Integrity of Health Information	AP.64	Revised
12. Code of Ethical Behavior	AP.70	Revised
13. On-call Physician Per Diem Process	AP.77	Revised
14. Sentinel Event & Adverse Event response & reporting	AP.87	Revised
15. Unannounced Regulatory Survey Plan for Response	AP.91	Revised
16. Public Release of Patient Information	AP.103	Revised
17. Use of rental, loaner, or demo equipment	AP.132	Revised
18. Capital Budget Purchase	AP.135	Revised
19. Construction in progress accounts	AP.136	Revised
20. Medication Error Reduction Plan	AP.154	Revised
21. Standard Procurement Practices	AP.156	Revised
22. Solicitation, Fundraising, and Distribution of Materials	AP.158	Revised

23. Photography and Video Recording of Patients and Staff	AP.163	Revised
24. District Charge Master Maintenance	AP.174	Revised
25. Grievance Procedure–Section 504 of the Rehabilitation Act of 1973	AP.88	Reviewed
26. Security of Purchased Equipment and or Supplies {To be turned into a department policy}	AP.42	Delete
27. Technology Assessment Process	AP.60	Delete

B. COMPLIANCE

1. Compliance Program Administration	CP.01	Revised
2. Federal and State False Claims Act and Employee Protection Provisions	CP.13	Revised
3. Code of Conduct		

C. BOARD OF DIRECTORS

1. Orientation of a new board member	BOD1	Reviewed
2. Chief Executive Officer (CEO) Transition	BOD2	Reviewed
3. Chief Executive Officer	BOD3	Reviewed
4. Executive Compensation	BOD4	Reviewed
5. Conflict of Interest	BOD5	Reviewed
6. Board reimbursement for travel and service	BOD6	Reviewed
7. Presentation of claims and service process	BOD7	Reviewed
8. Promulgation of Kaweah Delta Health Care District Procedures	BOD8	Reviewed

D. HUMAN RESOURCES

1. Equal Employment Opportunity	HR.12	Revised
2. Dress Code – Professional Appearance Guidelines	HR.197	Revised

E. ENVIRONMENT OF CARE

1. Water Management Program	EOC.1033	New

F. EMERGENCY MANAGEMENT

1. Radioactive Disaster Management	DM 2230	Revised
2. Radioactive Disaster Procedure	DM 2231	Revised

7.3. Rejection of claims

A. Approval of Resolution 2043 rejecting the claim for Caroline Cuellar, Crystal Richards, and Michael Richards vs. Kaweah Delta Health Care District.

B. Approval of Resolution 2044 rejecting the claim for Robert Valencia vs. Kaweah Delta Health Care District.

C. Approval of Resolution 2045 rejecting the claim for Tomas Borges vs. Kaweah Delta Health Care District.

7.4. Recommendation from the Medical Executive Committee (AUGUST 2019)

A. Medical Staff Policies

1. Process for Quality Review of Medical Staff, Resident Physician, and Advanced Practice Provider Staff Medical Record Documentation MS.42 Revised
2. Code of Conduct for Medical Staff and Advanced Practice Providers MS.47 Revised
3. Credentialing and Privileging of Medical Staff & Advanced Practice Providers MS.48 Revised

7.5. Fluoroscopy Privilege form

7.1C {Reports – Human Resources}

- Nursing shortage – Director House noted that COS will have more admissions that are not local, higher potential for less retention of COS nursing graduates. Ms. Cox noted that we are exploring incentives to recruit COS nursing graduates.

7.1F {Reports – Rehabilitation Services}

- Discussion of internal survey vs. outside vendor for patient satisfaction surveys. Mr. Batth noted that when using Press Ganey we were not getting the data we need. Web PT benchmarks us with other organizations for outpatient therapy services.

7.2A3 {Policies – Administrative – Patient Compliant and Grievance Process}

- Discussion relative to Chief Medical Officer (CMO) position reference in the policy. Mr. Herbst noted that the CMO position is vacant, however, we have not determined that this position will be eliminated. If we decide to not fill this position, we will revise policies that reference it and remove it from them.

7.4A2 {Medical Executive Committee August 2019 Medical Staff policies – Code of Conduct for Medical Staff and Advanced Practice Providers}

- Discussion relative to Chief Medical Officer (CMO) position reference in the policy. Mr. Herbst noted that current the CMO position is vacant, however, we have not determined that this position will be eliminated. If we decide to not fill this position, we will revise policies that reference it and remove it from them.

MMSC {House/Francis} to approve items *7.1C {Reports – Human Resources}, 7.1F {Reports – Rehabilitation Services}, 7.2A3 {Policies – Administrative – Patient Compliant and Grievance Process}, and 7.4A2 {Medical Executive Committee August 2019 Medical Staff policies – Code of Conduct for Medical Staff and Advanced Practice Providers}. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis*

QUALITY - ORTHOPEDIC - A review of key quality measures and action items related to the orthopedic surgical population (copy attached to the original of these minutes and considered a part thereof) - *Jag Batth, Director, Orthopedics, Therapy, & Home Health*

QUALITY - LEAPFROG SAFE PRACTICES #6 – NURSING WORKFORCE - A review of Nurse Staffing Risk Assessment and Education (copy attached to the original of these minutes and considered a part thereof) - *Jon Knudsen, RN, FNP, Director of Renal, Oncology and Critical Care Services*

THE JOINT COMMISSION 101 – Education session on the Board's role in improving quality and patient safety (copy attached to the original of these minutes and considered a part thereof) - *Kassie Waters, Quality Improvement Manager*

FINANCIALS – Review of the most current fiscal year 2019 financial results (copy attached to the original of these minutes and considered a part thereof) - *Malinda Tupper, VP & Chief Financial Officer*

CREDENTIALING – Byron Mendenhall, MD –Chief of Staff - Medical Executive Committee request 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.

Director Havard Mirviss requested a motion for the approval of the credentials report excluding the Emergency Medicine providers highlighted on Exhibit A {copy attached to the original of these minutes and considered a part thereof}.

MMSC (House/Hipskind) 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. Vote: Director Havard Mirviss, House, Hawkins, Francis & Hipskind – Yes.

Director John Hipskind, MD left the room for the vote on the credentials, for the Emergency Medicine providers as highlighted on Exhibit A {copy attached to the original of these minutes and considered a part thereof}.

Director Havard Mirviss requested a motion for the approval of the credentials report for the Emergency Medicine providers highlighted on Exhibit A {copy attached to the original of these minutes and considered a part thereof}.

MMSC (House/Francis) 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 Emergency Medicine providers 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 Emergency Medicine providers 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. Vote: Director Havard Mirviss, House, Francis & Hawkins – Yes. Director Hipskind – Absent

AB2190 ATTESTATON – KAWEAH DELTA – Review and approval of attestation of the District's awareness of the January 1, 2030 deadline for substantial compliance with those regulations and standards - *Gary Herbst, Chief Executive Officer*

MMSC {Francis/Hipskind} to approve the attestation of the District's awareness of the January 1, 2030 deadline for substantial compliance with the regulations and standards. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis

CHIEF OF STAFF REPORT – Report from Byron Mendenhall, MD –Chief of Staff

- Press Ganey results of the physician engagement survey - a plan has been developed to review the results with each department.

CHIEF EXECUTIVE OFFICER REPORT – Report relative to current events and issues - *Gary Herbst, Chief Executive Officer*

- DUDE campaign for heightened awareness for infection prevention
- District Hospital Leadership Forum annual meeting.

- CHA President updates on the State and Federal level.
- PRIME program in 10th year, district hospitals have participated for 4 years. DHLF working to get PRIME 2.0 approved which will extend the program for district hospitals.

- Patient experience – We are no longer using Press Ganey. We are now contracted with JL Morgan.
- District Boundaries community presentations have been taking place.
- Recent legislative visits with the Governance & Legislative Committee of the Board.
  - Devin Mathis – July 29th
  - Shannon Grove – August 6th

BOARD PRESIDENT REPORT – Report from Lynn Havard Mirviss, Board President:

- None

Adjourn - Meeting was adjourned at 7:56PM

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

ATTEST:

Nevin House, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

RESOLUTION 2047

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT are recognizing Chris Stafford, Health Unit Coordinator, Oncology 3S, with the Service Excellence Award for the Month of September 2019, 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 Chris Stafford for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 23rd day of September 2019 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

SERVICE EXCELLENCE – SEPTEMBER 2019

Chris Stafford, Health Unit Coordinator, Oncology 3S (10 years, 9 months)

Nominated by Shannon Cauthen

Chris is an outstanding HUC; one of the very best within the Hospital. As Kaweah Delta has worked more diligently to focus on throughput of patients, Chris has graciously adapted to the process by being an exemplary communicator. He maintains contact with all of the nurses and case managers on his floor to ensure he has the most accurate and up to date information regarding discharges for the day. Beyond that, Chris takes the information he is given and immediately updates the assignment board at the front of the unit to communicate with all members of the care team. If Chris has been tied up working on other tasks (of which there are many) and he hasn't been able to update the board, he updates me as soon as he sees me walk onto the floor. Chris is an exemplary role model and should be commended for his leadership and dedication to the betterment of our organization. Thank you, Chris, for doing right by our patients and for making my job a little bit easier and more pleasant

Kaweah Delta
HEALTH CARE DISTRICT

Environment of Care
2nd Quarter Report
April 1, 2019 through June 30, 2019
Presented by
Maribel Aguilar, Safety Officer

Kaweah Delta Healthcare District
Performance Monitoring 2nd Quarter 2019

EOC Component: SAFETY

Performance Standard:

Employee Health: The objective is to reduce Occupational Safety & Health Administration (OSHA) recordable work related injuries/illness cases by 10% from the year 2018. No more than 214 injuries in 2019
Goal: Reduce OSHA Recordable Injuries by 10% in 2019.
Minimum Performance Level: Reduce OSHA Recordable Injuries by 10% in 2019.

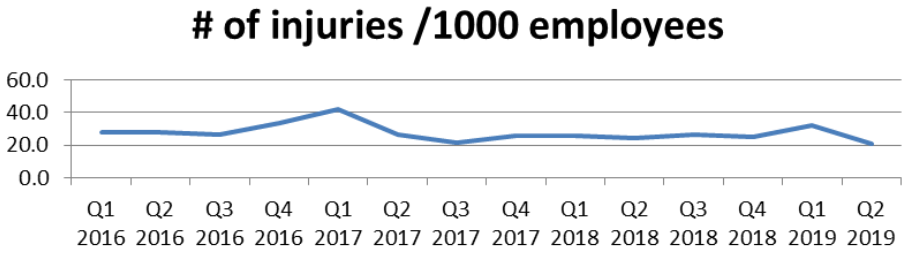
Evaluation:

There were 48 Occupational Safety & Health Administration (OSHA) reportable injuries during the 2nd quarter 2019.

We review the departments that have had over 3 OSHA recordable injuries in a quarter and send a report to managers. Graduate Medical Education ((GME), GME-Emergency Medicine and Dietary all had 3 or more injuries during 2nd Quarter 2019.

Provided 16 ergonomic evaluations in 2nd quarter to prevent cumulative trauma injuries/claims.

Goal for 2nd quarter was met.



Type of injury	Q1	Q2	Q3	Q4	Totals 2019	Annual % chg	Totals 2018	Per 1000 employees
Total Accidents	158	103			261	7.6%	485	21.08
OSHA recordable	58	48			106	-10.9%	238	9.82
Lost time cases	39	44			83	12.2%	148	9.00
Strain/sprain	26	26			52	-7.1%	112	5.32
Bruise/ Contusion	7	13			20	42.9%	28	2.66
Cum Trauma	0	3			3	-33.3%	9	0.61
Sharps Exp	18	19			37	-11.9%	84	3.89
BBF Splash	1	10			11	46.7%	15	2.05
# EE end of QTR	4882	4887						

Plan for Improvement

•Identify employees with 3 or more OSHA recordable (2 employees) injuries in last 2 years. Identify trends and educational opportunities. Detail sent to Managers/Directors to determine prevention opportunities, re-education and/or re-training.
•Departments with 3 or more OSHA recordable injuries in Qtr. 2 2019; EVS, Security, GME- Emergency Medicine and GME- Surgery.
•Same day on-site incident investigation and follow-up with manager for prevention opportunities and/or process changes. Investigation may include photos, video and interview of witnesses/ manager.
•Utilize physical therapy assistant in Employee Health for work site evaluations, evaluate for proper body mechanics to prevent injury, stretching exercises and equipment recommendations to ensure safety with our jobs.

OSHA reportable injuries and illnesses are as follows:
•Fatalities, regardless of the time between the injury and death or the length of the illness.
•Any case, other than a fatality that resulted in lost workdays.
•Cases that did not have lost workdays but where the employee was transferred to another job or was terminated.
•Cases that required medical treatment other than first aid.
•Cases that involve loss of consciousness or restriction of work or motion
(this includes any diagnosed occupational illnesses that are reported but not classified as fatalities or lost workdays).

EOC Component: EMERGENCY PREPAREDNESS

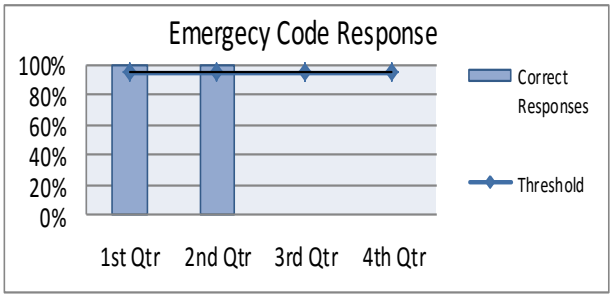
Performance Standard:

During routine hazard surveillance rounds employees will be queried regarding their role during Hospital Codes. They will be able to verbalize their roll during a Code Red, Code Pink, Code Purple, and Code Triage.
Goal: 100% Compliance.
Minimum Performance Level: Employees able to answer correctly 95% of the time.

Evaluation:

Seventeen departments were surveyed in the 2nd quarter. In all departments surveyed staff where able to verbalize their role during an internal disaster, which resulted in a 100% compliance rate.

95% minimum performance level was met for this quarter.



Plan for Improvement:

In each department visited there was knowledge of Emergency Code procedures.
Employees have been able to verbalize their role during hospital codes. Staff have been randomly queried regarding code red, code pink, code purple, etc.

We will continue to monitor through hazard surveillance rounding and during the quarterly mini drills.

EOC Component: SAFETY

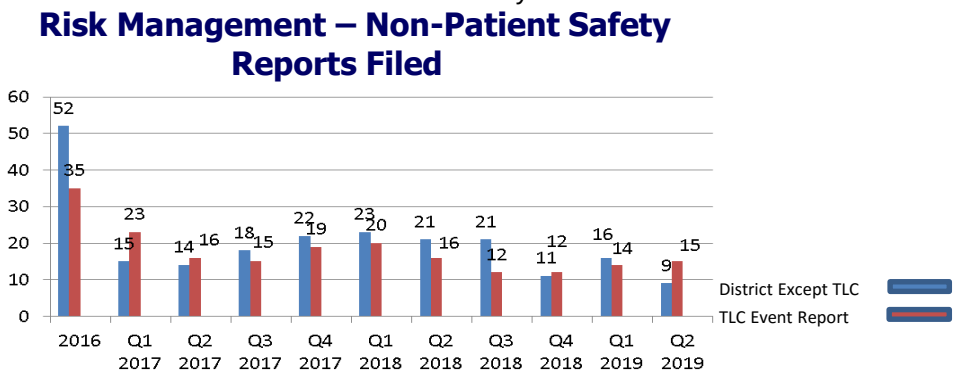
Performance Standard:

Risk Management: Non-patient injuries will be monitored to identify the need for further training and/or procedural changes on completing occurrence reports.
Goal: Reporting of non-patient safety related events will increase by 10% by the end of 2019.
Minimum Performance Level: Increase by 10% from baseline.

Evaluation:

There were 24 non-patient safety reports filed during the 2nd quarter 2019.

Three members fell at The Lifestyle Center due to wet floor in the pool area.



Plan for Improvement:

This performance standard is being met or exceeded. Risk Management will continue to conduct a trend analysis of all visitor falls and injuries that have occurred to identify trends.

Pool area does have slip resistant flooring which has been re-surfaced recently.

We continue to encourage members to wear aquatic shoes in the pool. Risk Management is evaluating a new process for staff to mop around the pool.

EOC Component: SECURITY

Performance Standard:

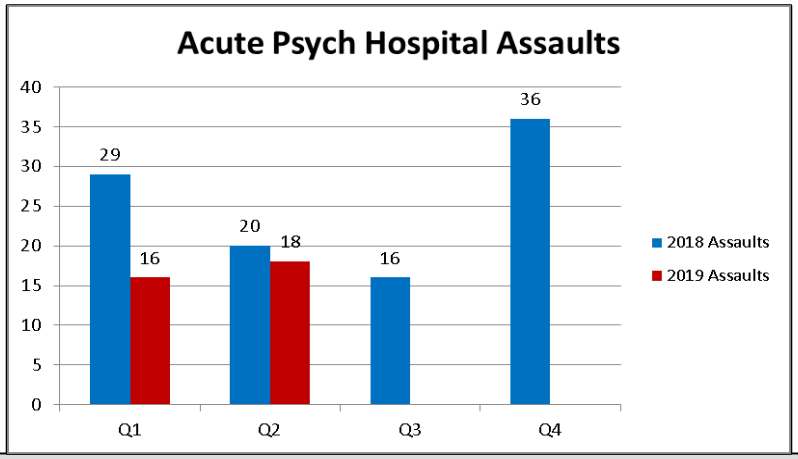
Kaweah Delta has adopted the *Non-Violent Crisis Intervention* training from the Crisis Prevention Institute in response to the Cal/OSHA Workplace Violence mandate. The Security Department is tracking *assaultive* incidents that originates from the Emergency Department and the Acute Psych Hospital to determine effectiveness of crisis intervention program with the goal of proactively being able to identify early warning signs of aggressive behavior and early intervention to decrease preventable assaults.
Staff have been encouraged to report all incidents of Workplace Violence regardless of severity, this may contribute to an increase in numbers.

Evaluation:

All employees, physicians and support staff assigned to work in the Kaweah Delta Mental Health Hospital have received training in Non-violent Crisis Intervention.

Acute Psych Hospital
Average patient days = 1,419
We had 18 assaults in 2nd quarter 2019 compared 20 to in 2nd quarter 2018.
Goal is met for this quarter.

Goal: Decrease assaults by 5% from previous year. Acute Psych Hospital goal of 96 or less assaults, less than 24 per quarter.



Plan for Improvement:

Acute Psych: Implement Non-violent Intervention Crisis training, proactively manage difficult-aggressive patients.

EOC Component: HAZARDOUS MATERIALS

Performance Standard:

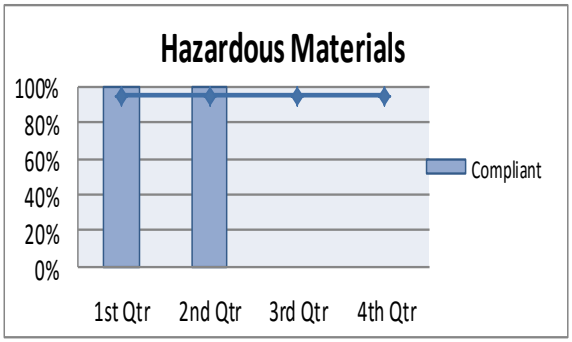
Each chemical will be listed in the Hazardous Substance Inventory along with Material Safety Data Sheets containing the required information. During Hazardous Surveillance rounds five chemicals in each area will be checked to insure compliance.

Evaluation:

Seventeen departments were surveyed in the 2nd Qtr. Of the departments checked 17/17 departments were compliant.
This resulted in a 100% compliance rating.

95% Minimum Performance Level was met for this Quarter.

Goal: 100% compliance.
Minimum Performance Level: 95% compliance with response to chemical inventory.



Plan for Improvement:

All employees were required to review this performance measure during our annual competency in May.

We will continue to monitor and educate during hazard surveillance rounding.

EOC Component: SAFETY

Performance Standard:

Risk Management: No patient death or serious disability* associated with a fall while being cared for in a KDHCD facility.
Goal: 100% Compliance.
Minimum Performance Level: 100% Compliance.

Evaluation:

There were no incidents of patient death or serious disability associated with a fall while being cared for in a KDHCD facility.

The Minimum Performance Level was met for this standard.

*Serious disability means physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function if the impairment lasts more than seven (7) days, or is still present at the time of discharge, or loss of a body part.

Plan for Improvement:

Hazardous Surveillance inspections of all KDHCD facilities conducted on a scheduled basis. Safety issues identified are resolved by department manager.

Continue to monitor.

EOC Component: FIRE PREVENTION/LIFE SAFETY

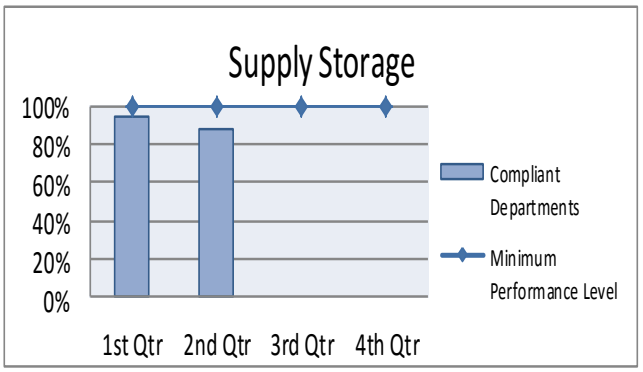
Performance Standard:

Equipment and supply storage compliance will be monitored during hazard surveillance inspections. Supplies are not to be stored on the floor. There also needs to be a clearance of 18" to the ceiling in sprinklered rooms and 24" in non-sprinklered rooms per California Fire Code & The Joint Commission requirements.
Goal: 100% of departments inspected will be compliant.
Minimum Performance Level: 100% of department inspected will be compliant.

Evaluation:

Seventeen departments were surveyed in the 2nd quarter. In 2 of the departments inspected supplies were found to be stored too close to the ceiling (18" clearance required). This resulted in an 88% compliance rate.

Minimum Performance Level was not achieved during this quarter.



Plan for Improvement:

We will continue to monitor through hazard surveillance and report to appropriate director and VP. Non compliant departments will be sent reminder email regarding storage and proper clearance.

Areas not compliant include: Home Health and AW Sterile Processing.

Continue to monitor through rounding during hazard surveillance

EOC Component: **SAFETY**

•Performance Standard:

Infection Prevention: Improve hand hygiene awareness/compliance through rounding of each unit twice yearly.

Units will demonstrate 90% compliance with Infection Prevention (IP) best practices, as evidenced by a minimum of 55/64 compliance with surveyed elements.

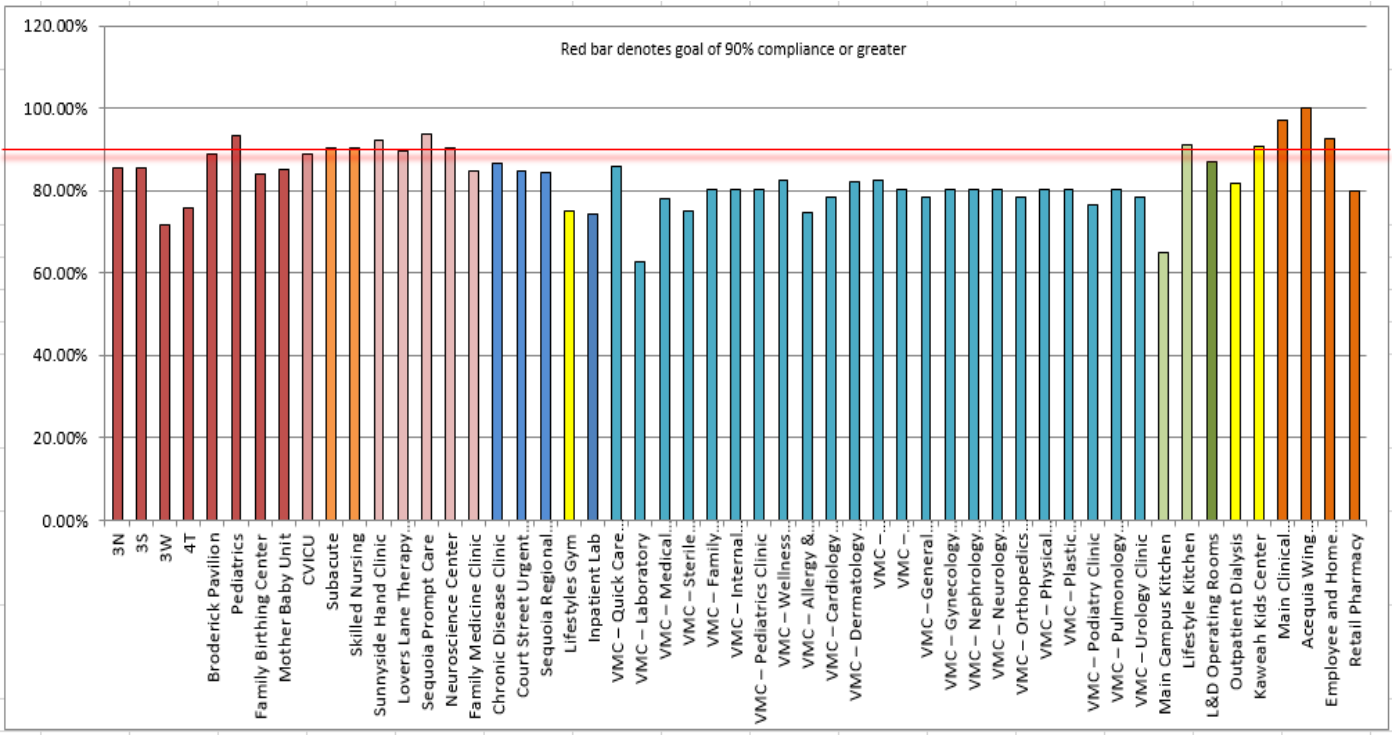
Goal: Units will demonstrate 100% compliance with IP best practices
Minimum Performance Level: Units will demonstrate 90% compliance with IP best practices.

Evaluation:

During the 2nd quarter we had a total of 11 department that achieved over 90% compliance with Infection Prevention Practices.

Minimum Performance Level was not met.

Infection Prevention Comprehensive Rounds

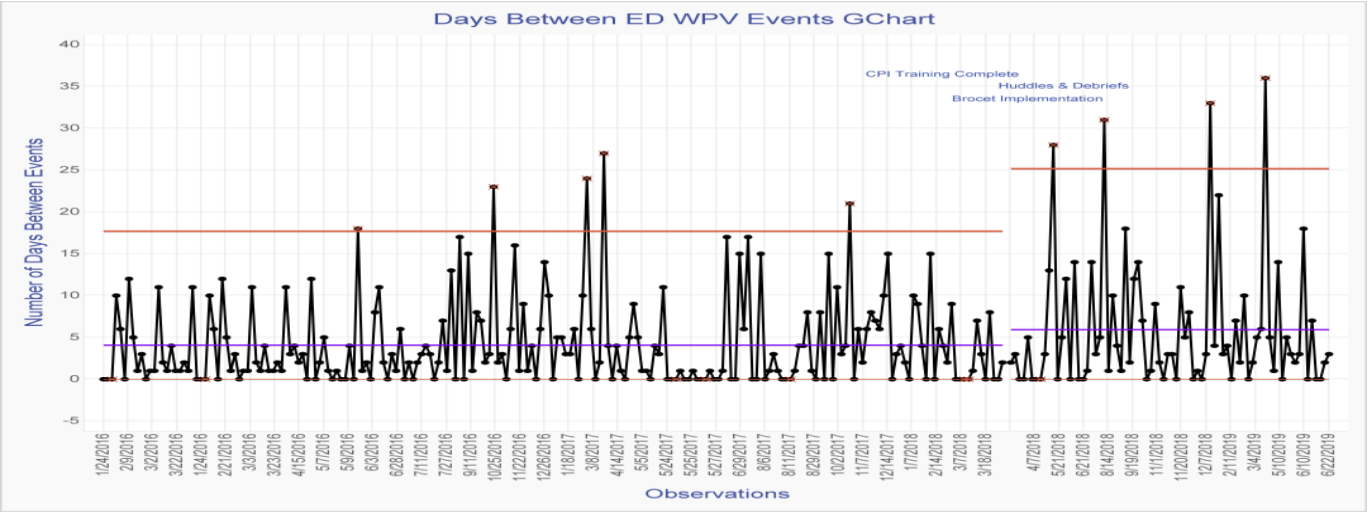


Plan for Improvement:

Each manager of a given location where comprehensive rounds occurs receives their completed observation checklist. If there are fallouts they are required to comment on their actions to resolve the issue and return the document to Infection Prevention 1 week from receipt.

Workplace Violence Prevention

Background: According to the Occupational Safety and Health Administration (OSHA), approximately 75 percent of nearly 25,000 workplace assaults reported every year occurred in health care and social service settings. Compared to private industry, workers in health care settings are four times more likely to be victimized. WPV is under reported; research indicates that the actual number of violent incidents involving healthcare workers is three times higher than reported. KD has made WPV a priority by establishing a Quality focus team (QFT) with the goal of reducing WPV.



Days between ED WPV events has increased by 1.86 days (46%) since ED 100% completion with CPI, Broset implementation and rounding by KD Safety Specialist. Mean days between ED WPV events July 2016 to March 2018 were 4.07 days. After 100% of staff received CPI training (and Broset and rounding interventions) the days between ED WPV events increased to 5.93 (This is an estimated reduction in 28 WPV events annually). ED WPV events per 1,000 patient visits indicates that although some improvement has been made change in the process has not quite occurred.

COSTS: 13% of ED WPV events result in an employee health claim. The average cost per claim for an ED WPV event is $3,002 for medical expenses and $13,269 for days lost/restricted. As of June 2019 the average days between events has decreased by 1.86 days. Annualized this is an avoidance of 28 WPV or 4 avoided employee health claims related to WPV. Annualized savings of $65,084.

Root Cause Analysis

ED and security staff were consulted and the team completed a cause and effect analysis to determine root causes of ED WPV events

1. Training/Education on managing & communicating with patients with potential for violence
2. Length of stay for mental health patients (length of time for psych consults and boarding of pediatric MH patients)
3. Lack of communication between disciplines and departments on patients who have a history of violence
4. Compliance with the visitor policy
5. Chaotic environment: Commingling of medical and mental health patients noise volume in the ED
6. Facility, resource and communication challenges with the ED Lockdown process
7. Not always getting the right skilled staff to the escalating violent situation

Project Prioritization Matrix

Strategies to Reduce ED WPV	Total Project Priority	Who	Status
Mandatory CPI Training (ED)	n/a	Safety	COMPLETE
Broset Implementation (risk for violence screening tool)	n/a	Safety	COMPLETE
Rounding by Safety Specialist	n/a	Safety	ONGOING
WPV Case Review (ongoing identification of training opportunities)	192.0	Safety	In-Process
Improve MH consult processes	160.0	TBD	In-Process
Behavioral Evaluation Response Team (or, right skill mix, right time)	150.0	TBD	In-Process
Improve communication on known previous violent patients (identification system)	144.0	TBD	In-Process
Enforce visitor policy	144.0	TBD	PENDING
Education and training (with buy-in) on communication/negotiation, patient rights, and KD specific P & P	101.3	TBD	PENDING
CPI training for ancillary staff	60.0	TBD	PENDING
Improve ED access/lock down processes	10.0	N/A	HOLD
Improve Peds MH transfer processes	6.0	N/A	HOLD

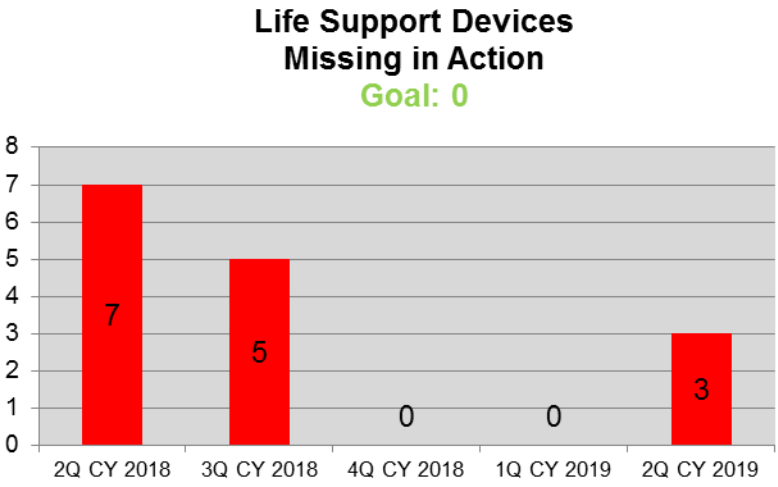
EOC Component: CLINICAL ENGINEERING

Performance Standard:

Identify the number of Medical Equipment defined as Missing In Action (MIA) for preventive maintenance that are Life Support for action by EOC.
Goal: **Attain zero (0)** Life Support Devices as defined by EOC policy 6001.
Minimum Performance Level: 0 MIA Life Support Devices

Evaluation:

0 Life Support Devices are MIA and assumed lost. **Goal of 0 Life Support Devices in a MIA status:** **Not Met**



EOC Component: CLINICAL ENGINEERING

Performance Standard:

The Clinical Engineering Department will complete preventative maintenance for all 12184 assigned preventive maintenance tasks as required per policy EOC 6001.
Goal: 100% Compliance **Minimum Performance Level: 100**% Compliance

Evaluation:

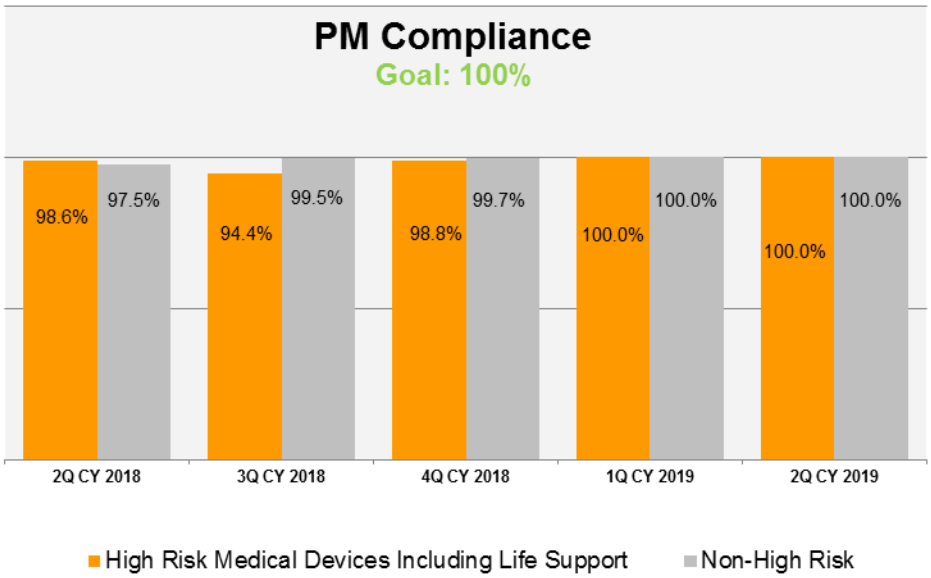
PM Compliance:

High Risk (including Life Support): 100.0%

Non-High Risk: 100.0%

Minimum Performance: **100% Compliance**: **Met**

Medical Equipment Preventative Maintenance Compliance



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

Neuroscience Program

John Leal RN, Director Outpatient Specialty Clinics
Contact Number; 559-624-4806 (office) 559-358-0613 (mobile)
Dr. Joseph Chen, Medical Director
Christina Ambriz Clinic Site Manager for KD Neuroscience Center

September 2019

Summary Issue/Service Considered

- The Neurosurgery program was developed November 2017 to support the communities' need to access high-quality neurosurgery physicians.
- The goals of this service are to provide neurosurgery access and coverage to our patients that present to the Emergency Department, inpatient consultations, support local health systems and primary care providers who need access to neurosurgical consultations.
- As of October 2018, we have a full complement of Neurosurgeons to provide 24 emergency call coverage, to increase outpatient clinic coverage from 4 days a week to 5 days a week, and cover an increase in an elective OR block from 8 hours per week to 20 hours per week.

Fiscal Report

Inpatient Services:

- Inpatient surgical cases seen an increase of 85% growth with a contribution margin of 1.3 million dollars.

Outpatient Services:

- 246% growth in volume of outpatient surgical cases with an increase in net revenue per case by 44%. However, the program has a negative contribution margin of $355,246. An analysis of the financials found an increase in the indirect costs by 573% which is the most significant factor that is contributing to the negative contribution margin.

Neuro Clinic Services:

- The outpatient clinic has an increase volume of patients 1233% and net revenue increase by 1142%. Direct costs have increased up by 479%.

Overall Impact:

- Overall the neurosurgical program has a negative contribution margin of $129,874 for FY 2019.

Overview of the program:

- Fiscal year 2018 was the start of the partnership with Dr. Chen and his Center Neurorestoration Associates team. Since November 2017 to October 2018, we

have grown from 2 FTE to 3 FTE neurosurgical coverage. We have moved the clinic operations from a unlicensed clinic to a licensed clinic. Both of these factors have increased the operational cost for fiscal year 2019.

Quality/Performance Improvement Data

Clinic Access:

To help support the community, timely access to outpatient clinic consult stations for Neurosurgery is necessary for patient safety and satisfaction. In the industry, the majority of these consults can take a 2 to 3 months to be seen, however, our programs goal is to provide access in less than one month. At this time, our patients are scheduled and seen within two weeks from request. Volumes in the clinic have grown from 203 patients in 2018 to 2706 for 2019, which is a 1233% growth in volumes.

Surgeries:

The service has seen a growth in surgical case volume of 186 in 2018 to volumes of 365 cases in 2019, an increase of 96%. The majority of the procedures being done are lower back laminotomy and laminectomy, burr holes with evacuations and drainage, neck spine fusions, craniotomy for evacuations of hematoma, and shunt placements with programming.

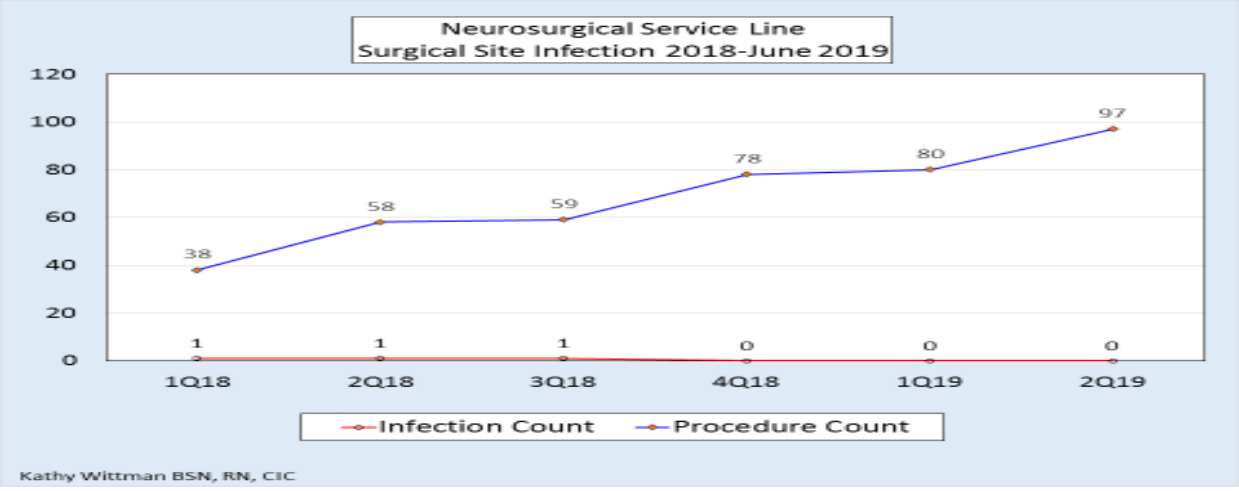
Transfer of Neurosurgical Patients:

Before the current neurosurgical program in 2017, the organization transferred out 378 patients to other facilities and we were not able to accept 10 patients transfers from other facilities who required Neurosurgical interventions.

As of 2018, we have been able to serve our local healthcare systems by accepting over 80 patients to Kaweah while transferring out only 67 patients to other tertiary or quaternary care to facilities like USC, UCSF, and Stanford. This represents a 87% decrease in transferring of patients out of Kaweah to other facilities for neurosurgical needs allowing patients and their families to stay locally.

Surgical Site Infection Rates:

Over the last 3 quarters, the group has had an increase of surgical procedures by 64% (blue line number of procedures per quarter) with 0 infection rate (red line number of infections per quarter).



Strategic or Tactical Issues

- Working with Sequoia Regional Cancer Center (SRCC) to offer Stereotactic Radiation Surgery (SRS) to treat brain tumors. The SRS treatment is a one-time treatment for these patients which improves the patient's recovery vs. surgery. Last month we had our first successful treatment. We are working with SRCC and marketing to promote this service to our community.
- KD Hospital Foundation is working on a "Mind Over Matter" Capital Campaign to purchase the StealthStation S8 surgical navigation system which a software and advanced visualization system. This equipment will help improve the SRS program by giving the Neurosurgeon the ability to treat multiple metastatic tumors at the same time with high accuracy for patients to receive high dose radiation with fewer treatments and decreasing need for painful surgery.
- We are continually meeting with local providers and health systems to inform them about our Neurosurgery services that we provide and to encourage referrals to keep patients in their local community. Close monitoring of referral leakage and outmigration numbers will help us focus on opportunities to build relationships with our local physician and community members.
- The partnership with Center Neurorestoration Associates has been very successful with medical directors' ability to recruit quality surgeons to practice in our market area.
- The Neurosurgery program supports the efforts in providing quality outcomes to achieve Blue Distinction designation for spine surgery.
- The neurosurgery physician group continues to be an active participant in our graduate education program by mentoring residents to increase the experience with neurosurgical patients. Feedback from the residents has been very positive.

Recommendations/Next Steps

- Development of a task force of inpatient nurse leaders and neurosurgical providers to review current processes to help decrease the length of stay by 1-day average for our patients by next year.
- Operations and expenses for the clinic are being reviewed to determine opportunities to improve processes and reduce costs.
- We are targeting an increase in growth of surgical case volume by 10% and clinic volume by 13% for this 2020 fiscal year.
- Continue efforts to monitor charge capturing for services provided by the group in the clinic, OR, and consults. Working closing with revenue cycle and documentation team to find areas of improvements.
- Continue monitoring quality measures and performances in the areas of infection rates, re-admission rates, and post-operational functional assessment scores.
- Increase marketing for this service via continued advertising, meeting with local health systems, local providers, and community leaders. The medical director has been very willing to meet with key stakeholders to promote this service line.
- Collaborating with the surgery director and purchasing team to identify device costs for our elective practice and leverage any cost savings by renegotiation of contracts.
- Evaluate and develop additional services to decrease out-migration of our patients.

Conclusions:

Bringing the Center Neurorestoration Associates team has been a critical addition to service that Kaweah can provide to the community we serve. Their missions and values

to provide an environment of learning for residents, quality care to our patients with focus in outstanding outcomes, and excellent services is in line with our core organizational values.

With the stabilization of provider coverage we are focusing on marketing and increasing exposure of this service line to the providers in our community and the surrounding areas to build relationships and increase referrals to Center Neurorestoration. These efforts will increase the volume of clinic visits, surgical cases, in addition to supporting the local healthcare systems for their Neurosurgical critical care needs.

Focus for this coming year are in the areas of quality measures, fiscal improvements, increase market share, and development of new services to the program.

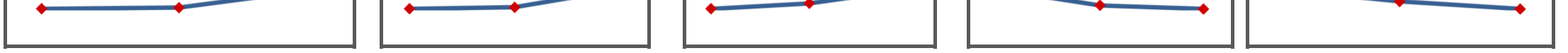
KDHCD ANNUAL BOARD REPORT

FY2019

Neurosciences - Summary

KEY METRICS - FY 2019

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
3,071	$9,884,654	$10,014,528	($129,874)	($2,245,003)
↑ 689%	↑ 57%	↑ 62%	↓ -187%	↓ -79%



Note: Arrows represent the change from prior year and the lines represent the 3-year trend.

FY 2019 METRICS

SERVICE LINE	PATIENT CASES	NET REVENUE	NET REV PER CASE	CONTRIBUTION MARGIN
NEURO INPATIENT SURGERY	320	$9,393,046	$29,353	$1,383,586
NEURO OUTPATIENT SURGERY	45	$254,137	$5,647	($355,246)
NEURO OUTPATIENT CLINIC	2,706	$237,471	$88	($1,158,214)
NEUROSCIENCES TOTAL	**3,071**	**$9,884,654**	**$3,219**	**($129,874)**

Neurosciences TOTALS - 3 YEAR TREND

METRIC	FY2017	FY2018	FY2019	% Change from Prior Year	3 YR Trend
PATIENT CASES	202	389	3,071	↑ 689%	
NET REVENUE	6,008,828	6,313,456	9,884,654	↑ 57%	
DIRECT COST	4,634,824	6,163,393	10,014,528	↑ 62%	
CONTRIBUTION MARGIN	1,374,004	150,063	(129,874)	↓ -187%	
INDIRECT COST	1,010,574	1,402,804	2,115,129	↑ 51%	
NET INCOME	363,430	(1,252,741)	(2,245,003)	↓ -79%	

Notes:

Source: Inpatient and outpatient Service Line Reports.

Selection Criteria for surgeries: Inpatient: Entity ID = KDHS and Surgeon Specialty = Neurological Surgery; Outpatient: Service Line1 = O/P Surgery and Surgeon Specialty = Neurologic

Selection Criteria for clinic visits: Service Line 1 = Clinics; Service Line 2 = Neurosurgery Clinic.

For inpatient cases: Net Patient Revenue includes supplemental funds for Medi-Cal and Medi-Cal Managed Care accounts.

For FY19, there were 487 IP and OP (non clinic) consults performed by the neurosurgery group.

KDHCD ANNUAL BOARD REPORT

FY2019

Neurosciences - Inpatient Surgery Service Line

KEY METRICS - FY 2019

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
320	$9,393,046	$8,009,460	$1,383,586	($537,441)
↑ 85%	↑ 50%	↑ 37%	↑ 236%	↑ 45%

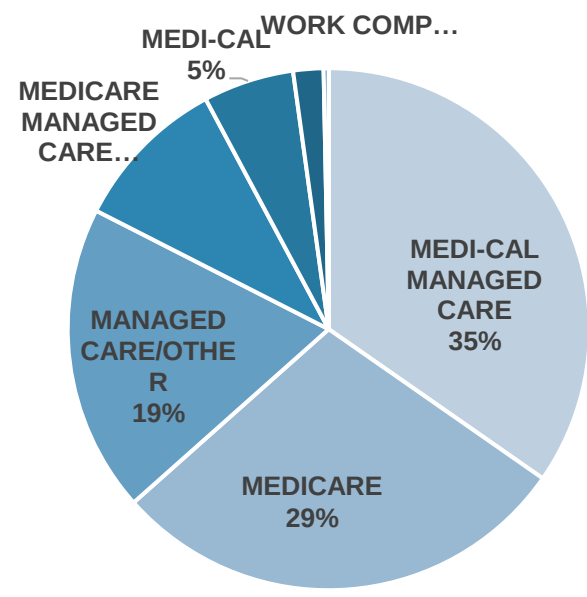
Note: Arrows represent the change from prior year and the lines represent the 3-year trend.

ALL METRICS - 3 YEAR TREND

METRIC	FY2017	FY2018	FY2019	% Change from Prior Year	3 YR Trend
PATIENT CASES	188	173	320	↑ 85%	
PATIENT DAYS	1,307	1,602	1,987	↑ 24%	
NET REVENUE	$5,947,770	$6,243,485	$9,393,046	↑ 50%	
DIRECT COST	$4,571,102	$5,831,620	$8,009,460	↑ 37%	
CONTRIBUTION MARGIN	$1,376,668	$411,865	$1,383,586	↑ 236%	
INDIRECT COST	$994,837	$1,383,583	$1,921,027	↑ 39%	
NET INCOME	$381,831	($971,718)	($537,441)	↑ 45%	
NET REV PER CASE	$31,637	$36,090	$29,353	↓ -19%	
DIRECT COST PER CASE	$24,314	$33,709	$25,030	↓ -26%	
CONTRB MARGIN PER CASE	$7,323	$2,381	$4,324	↑ 82%	
ALOS	7.0	9.3	6.2	↓ 33%	
ALOS OPPORTUNITY	2.8	5.1	2.0	↓ 61%	

PAYOR MIX - FY2019

PAYOR	FY2019
MEDI-CAL MANAGED CARE	35%
MEDICARE	29%
MANAGED CARE/OTHER	19%
MEDICARE MANAGED CARE	10%
MEDI-CAL	6%
WORK COMP	2%
CASH PAY	0%
COUNTY INDIGENT	0%



Notes:

Source: Inpatient Service Line Reports.

Selection Criteria: Surgeon Specialty = Neurological Surgery.

Notes: 50% of our inpatient surgeries came in from the Emergency Department.

KDHCD ANNUAL BOARD REPORT

FY2019

Neurosciences - Outpatient Surgery Service Line

KEY METRICS - FY 2019

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
45	$254,137	$609,383	($355,246)	($444,120)
246%	400%	573%	-795%	-655%

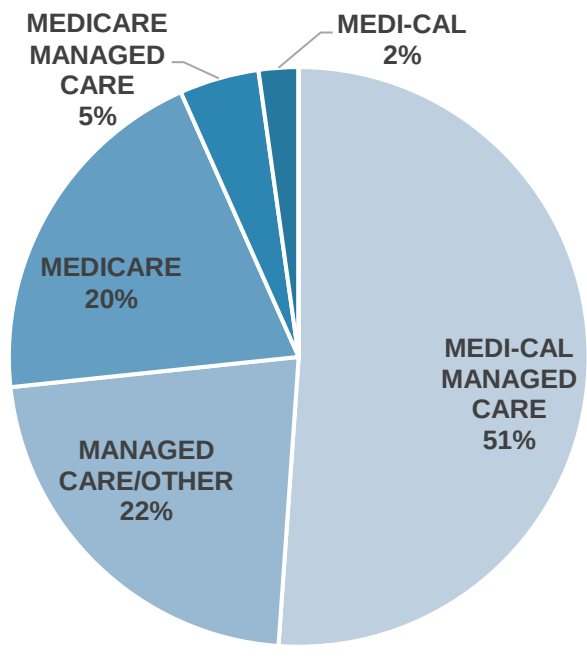
Note: Arrows represent the change from prior year and the lines represent the 3-year trend.

ALL METRICS - 3 YEAR TREND

METRIC	FY2017	FY2018	FY2019	% Change from Prior Year
PATIENT CASES	14	13	45	246%
NET REVENUE	$61,058	$50,853	$254,137	400%
DIRECT COST	$63,722	$90,546	$609,383	573%
CONTRIBUTION MARGIN	($2,664)	($39,693)	($355,246)	-795%
INDIRECT COST	$15,737	$19,158	$88,874	364%
NET INCOME	($18,401)	($58,851)	($444,120)	-655%
NET REV PER CASE	$4,361	$3,912	$5,647	44%
DIRECT COST PER CASE	$4,552	$6,965	$13,542	94%
CONTRB MARGIN PER CASE	($190)	($3,053)	($7,894)	-159%

PAYOR MIX - FY2019

PAYOR	FY2019
MEDI-CAL MANAGED CARE	51%
MANAGED CARE/OTHER	22%
MEDICARE	20%
MEDICARE MANAGED CARE	4%
MEDI-CAL	2%
CASH PAY	0%
WORK COMP	0%
COUNTY INDIGENT	0%



Notes:

Source: Outpatient Service Line Reports.

Selection Criteria: Surgeon Specialty = Neurological Surgery and ServiceLine1 = OP Surgery.

KDHCD ANNUAL BOARD REPORT

FY2019

Neurosciences - Neuro Clinic Service Line

KEY METRICS - FY 2019

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
2,706	$237,471	$1,395,685	($1,158,214)	($1,263,442)
↑ 1233%	↑ 1142%	↑ 479%	↓ -512%	↓ -469%

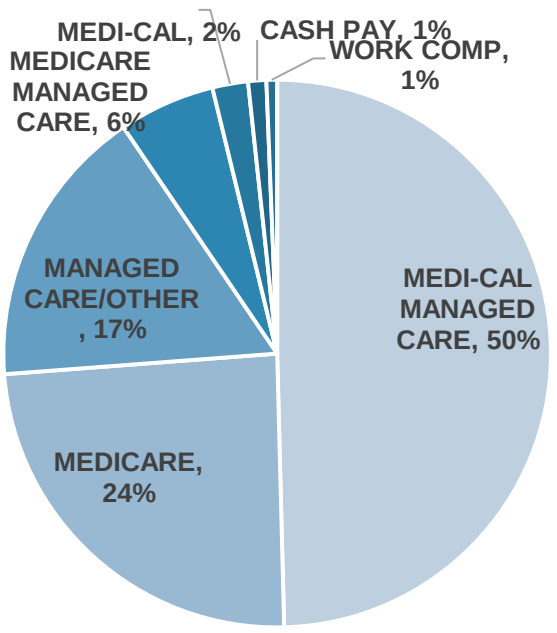
Note: Arrows represent the change from prior year and the lines represent the 3-year trend.

ALL METRICS - 2 YEAR TREND

METRIC	FY2017	FY2018	FY2019	% Change from Prior Year	2 YR Trend
PATIENT CASES	0	203	2,706	↑ 1233%	
NET REVENUE	$0	$19,118	$237,471	↑ 1142%	
DIRECT COST	$0	$241,227	$1,395,685	↑ 479%	
CONTRIBUTION MARGIN	$0	($222,109)	($1,158,214)	↓ -512%	
INDIRECT COST	$0	$63	$105,228	↑ 166929%	
NET INCOME	$0	($222,172)	($1,263,442)	↓ -469%	
NET REV PER CASE	$0	$94	$88	↓ -7%	
DIRECT COST PER CASE	$0	$1,188	$516	↓ -57%	
CONTRB MARGIN PER CASE	$0	($1,094)	($428)	↑ 61%	

PAYOR MIX - FY2019

PAYOR	FY2019
MEDI-CAL MANAGED CARE	50%
MEDICARE	24%
MANAGED CARE/OTHER	17%
MEDICARE MANAGED CARE	6%
MEDI-CAL	2%
CASH PAY	1%
WORK COMP	1%
COUNTY INDIGENT	0%



Notes:

Source: Outpatient Service Line Reports.

Selection Criteria: Service Line 1 = Clinics; Service Line 2 = Neurosurgery Clinic.

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

Kaweah Delta Health Clinics

David Garrett, Director of Outpatient Health Clinics, 559.592.7395
Dr. William Roach, Rural Clinic Medical Director
September 10, 2019

Summary Issue/Service Considered

Kaweah Delta Health Clinics, located in the Tulare County cities of Exeter, Lindsay, Woodlake and Dinuba, offer primary and specialty care services emphasizing prevention, wellness, individual dignity and cultural sensitivity. Services offered at the rural clinics include Family Medicine, Pediatrics, Women's Health, Mental Health, Health Education, Nutrition Education, Rheumatology, Adult Infectious Disease, Nephrology, Neurology, Pulmonology, Endocrinology, Dermatology, Podiatry, Adult Cardiology, and Pediatric Cardiology. The above service lines currently include a total of 52 (part-time and full-time) physicians and advanced practice providers, 12 psychiatry residents, and 5 GME psychiatry faculty members.

New Providers:

The clinics have expanded services in Psychiatry, Family Medicine, Interventional Cardiology, Endocrinology, Neurology, and Urology to meet the needs of the underserved communities. The new physicians and advanced practice providers are as follows:

- Psychiatry—Setare Eslami MD, Christine Le DO, Vahig Manugian DO, Juan Sosa MD, Jessica Uno MD, Truc-Vi Duong MD, Kristina Hwang MD, Rachna Kumar MD, Gerardo Perez, DO, Arul Sangani MD, and Steven Siragusa DO
- Family Medicine—Dan Allain NP, Fiel Gamad NP, Monica Gonzalez PA-C, Mick Hilvers DNP NP-C, Andrew Kim NP-C, and Johanna Velasquez NP.
- Specialty Providers—Ankur Gupta MD Cardiology, Noman Saif MD Endocrinology, Ramu Thiagarajan MD Neurology, and Joseph Ford DO Urology.

RHC and Residency Clinic Accomplishments:

Three significant projects were accomplished by clinic staff and management since last year: successful submission of the **P**ublic Hospital **R**edesign and **I**ncentives in **Me**di-Cal (PRIME) ambulatory program; continued Cerner optimization of referral module, patient advisories, and standard procedures; and the psychiatry residency implementation of suboxone management for Opioid addiction. A brief description and accounting of each item is given below.

- Success in the in PRIME. This past year, there has been a herculean effort to report and to improve the PRIME metrics. With efforts from District staff, physicians, and the rural health clinics, we achieved nearly $16 million in Medi-Cal incentive payments this past fiscal year. The rural health clinics directly affected the outcome in the majority of the 42 metrics submitted. As one example, $4 million supplemental funds were awarded to Kaweah Delta due to exceeding PRIME performance thresholds. Eleven of the 14 high performance metrics were performed at the rural clinics.

- Continued Cerner Optimization.
    1. Referral Tracking Module – a key element of the continuity of care for the Medi-Cal population is the continual follow-up to a referral order: obtain insurance authorization, make appointment, ensure patient attends appointment, receive consult note, and close referral. In July 2019, a referral module tracking and reporting system was implemented. In a few short months since we have gone live, the staff, management and providers have a method to monitor and track the referrals' progress.
    2. Patient Advisories is a clinical decision support system that uses predictive algorithms to alert and engage providers when a patient requires care. These alerts simplify reminding and charting many preventative care activities. Some examples of patient advisories are flu vaccine, colorectal cancer screening, cervical cancer screening, breast cancer screening, diabetes management, well-child physicals, and immunizations, etc. The advisories are coupled with physician orders so that the provider can initiate care immediately with the fewest clicks possible. More alerts are being developed and refined based on provider input with documentation criteria and order requirements.
    3. Standard Procedures are written clinical procedures, with detailed instructions to record routine processes for the clinic support staff. Standard procedures eliminate unnecessary delays in clinic flow. Instead of the physician initiating all orders, under specific written and routine conditions, the support staff may initiate orders for point of care lab tests and have the result ready when the provider first meets with the patient. This has improved clinic efficiency and charge capture.

- Psychiatry Residency performs Suboxone management for opioid addiction. In coordination with Emergency Medicine physicians, Outpatient Pharmacy staff, and District staff at several departments, the psychiatry residency staff at Exeter and Lindsay Clinics conduct suboxone management for patients with opioid addiction. After the patients have been induced in the emergency room, the patients follow up with the psychiatry residents and faculty at either Exeter or Lindsay Clinics for the entire treatment schedule. As the demand for suboxone management increases, further analysis and resources will be required.

Financial Status:

The rural health clinics had an unusual financial year in 2019. Net revenue decreased by 12% ($2.6M), while direct costs increased by 2% ($0.3M), resulting in $2.9 million drop in contribution margin to the District for the year. With a 46% drop in contribution margin and the increase of indirect costs, this is the first report in a decade that the rural health clinics have posted a negative net income.

- *Clinic Volumes*. Clinic volumes over the three years demonstrate a wide variance. Each clinic from 2017 to 2018 reported an increase in patient cases. From 2018 to 2019, there was a 26% decrease in reported patient cases. With one exception, the 2019 volumes in each clinic are lower than 2017 volumes. Likewise, net revenue follows the same pattern as patient cases with less variability, only a 12% decrease compared to the 26% decrease in volume from 2018 to 2019. In 2017, eClinicalWorks (ECW), the previous clinic electronic medical record, counted 'locked charts' (properly documented and billed clinic visit). Since KD*HUB doesn't have process to count 'locked charts', in 2019, KD*HUB counts patient registrations at the clinic (a registration is when the patient shows up for the appointment). In 2018, volume clinics counts were a hybrid count of both 'locked charts' from ECW and patient registrations from KD*HUB. Another confounding factor for visit counts relates to an ECW software upgrade in late 2018, that has caused a double counting of ECW clinic visits. At the end of FY2018 with Cerner implementation in full swing, staff time could not be redirected to correct the 2018 inflated rural clinic visit count. A comparison of clinic visits from 2017 to 2019 would be difficult due to the different nature and circumstances around the counts. It is proposed that the examination in lost volume be focused on the drop in net revenue and not the drop in patient cases due to the factors mentioned above.

- *Net Revenue*. In all clinics, patient activity was down $2.6 million in net revenue from the previous year. Part of the reduction was by design, part of the reduction was a result of a mild flu/cold season, and part of the reduction was related to increased competition in the area. First, at Go-Live, management reduced the schedules to no more than 3 patients per hour. This adjustment created an immediate backlog for appointments and longer waits for new patients to schedule. While some physicians improved to previous productivity levels after six-months post Go-live, as a whole, the physicians, physician assistants, and nurse practitioners have not reached previous levels of productivity. Second, the reduction of clinic volume relates partially to the mild cold/flu season. Walk-ins visits with flu-like symptoms was not as high during the winter months as it was in previous years. Comparatively, the District also experienced fewer outpatient visits. Additionally, other clinics and health centers in Tulare county also experienced a drop in volume this past year. Third, increased completion in each rural clinic market has played part into our volume reduction. The local health centers have been purchasing physician practices and operating the clinics under the federal qualified health care licenses. Family HealthCare Network, Omni, Aria Health Centers, and United Health Centers now operate Dinuba, Woodlake, Exeter and Lindsay.

- *Increased Direct Cost.* Clinic management has increased direct cost for clinic services by $323,108 for FY 2019. The net gain is calculated by increased labor costs by $950,000, offset by the reduction of non-labor costs of $627,000.

    - The staffing increase 16.3 FTEs from FY2018 to FY2019 breakdown is as follows:
        - Clerical/Administrative Staff increased 8.5 FTEs;
        - Aides and Orderlies increased by 5.7 FTEs;
        - Technical/Professional Staff increased by 2 FTEs;
        - Management decreased by 0.1 FTEs;
        - Physician Assistant/Nurse Practitioner staff decreased by 0.1 FTEs; and
        - Environmental staff decreased by 0.6 FTES.
        - The 16.3 FTEs account for $615,000 of the $950,000 increased costs; the remaining $335,000 in labor costs correlate to market adjustments and annual wage increases over the previous year.

    - The non-labor costs reduction of $627,000 is related to expense reduction in Other Minor Equipment, Physician Fees, Pharmaceuticals, and Surgical/Med Supplies.

- *Increased Indirect Cost.* Indirect costs have increased by 10%, almost $400,000 from FY2018 to FY2019. At the time of the report, a breakdown of indirect costs is being provided by finance to rural clinic management.

Quality/Performance Improvement Data

The rural clinics are committed to improving the clinical quality, patient experience and reducing costs. Management is developing an infrastructure to manage patient current and future patient populations. One of the first milestones for patient population was to successfully demonstrate improvement in PRIME metrics for ambulatory care. PRIME Metrics include: Alcohol and Drug Misuse (SBIRT); CG-CAHPS-Overall Provider Rating; Colorectal Cancer Screening; Comprehensive Diabetes Care: HbA1c Poor Control (>9.0); Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic; Prevention Quality Overall Composite #90; Screening for Clinical Depression and follow-up; and, Tobacco Assessment and Counseling, other metrics. As stated above, the clinics are deeply involved in the performance of the District's PRIME metrics.

The clinics submit quality assurance and performance improvement projects as required by the District: SBIRT Screening, REAL data completeness, depression screening utilization and tobacco assessment and counseling, and medication scan compliance. Here is a sample of improvement made by the clinics over time.

Metric	Baseline Performance	6 months ending Dec'17	12 Months ending Jun'18	6 months ending Dec'18
1.2.1 Alcohol and Drug Misuse (SBIRT) Screening	1.80%	2.50%	6.73%	**19.21%**
1.2.11 REAL data completeness (detailed)	0%	51.50%	68.03%	**64.65%**
1.2.12 Screening for Clinical Depression and follow-up	4.24%	36.90%	44.73%	**66.14%**
1.2.14 Tobacco Assessment and Counseling	76.96%	84.80%	89.63%	**91.06%**
Medication Scan Compliance	0.00%	0.00%	74.33%	**88.46%**

Recommendations/Next Steps

- Improve financial performance of the clinics by expanding services with new primary care physicians and specialty physicians. Increase primary care and specialty care access at each clinic. Market clinic strengths to the community.
- Optimize CERNER and improve productivity for tracking and reporting purposes.
- Achieve all goals for the clinics for the two semi-annual PRIME reports by achieving patient outcome goals and receiving maximum financial incentive for the District.
- Continue investigation of Rural Health Clinic expansion into a new community.
- Recruit patients to the Health Homes program (Medi-Cal population management program) and bring community resources together for the patients. As a part of the health homes work, implement the Chronic Care Management (CCM) and Transitional Care Management (TCM) for the primary care patients. Implement the Cerner tracking system for these two programs.

Approvals/Conclusions

No additional approvals needed at this time. The Kaweah Delta health clinics service line continues to be a highly successful service line for the District; providing outstanding primary and specialty care services to the community it serves. With the assistant of a comprehensive medical record and data to follow, in achieving outstanding health outcomes, providing excellent service, offering an

ideal work environment, and maintaining financial strength. Efforts are made to recruit and retain appropriate providers and staff, with a greater emphasis on primary care, supplemented by specialty care.

KDHCD ANNUAL BOARD REPORT

FY2019

RURAL HEALTH CLINICS - Summary

KEY METRICS - FY 2019

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
95,388	$19,144,008	$15,594,050	$3,549,958	($495,165)
-26%	-12%	2%	-46%	-117%

*Note: Arrows represent the change from prior year and the lines represent the 3-year trend

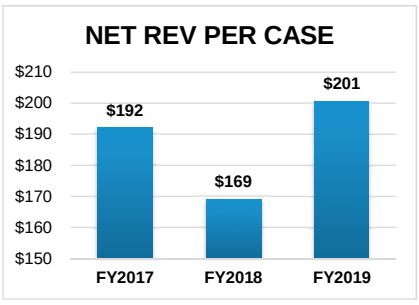
FY 2019 METRICS

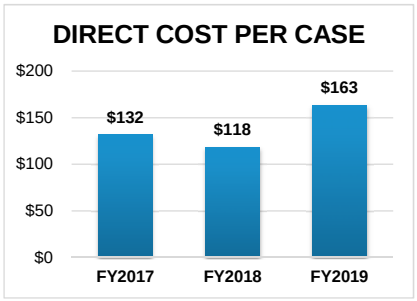
SERVICE LINE	PATIENT CASES	NET REVENUE	NET REV PER CASE	CONTRIBUTION MARGIN
EXETER	70,825	$14,131,320	$200	$2,951,503
DINUBA	9,525	$1,788,338	$188	$18,684
LINDSAY	7,368	$1,599,877	$217	$39,820
WOODLAKE	7,670	$1,624,473	$212	$539,951
RURAL HEALTH CLINIC TOTA	**95,388**	**$19,144,008**	**$201**	**$3,549,958**

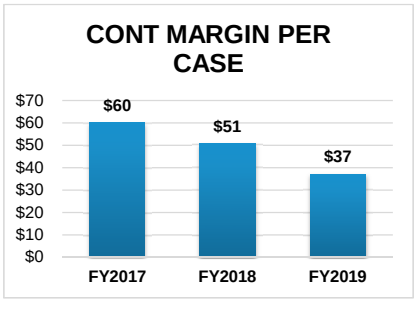
RURAL HEALTH CLINIC TOTALS - 3 YEAR TREND

METRIC	FY2017	FY2018	FY2019	%Change from Prior Yr	3 YR Trend
PATIENT CASES	106,307	128,898	95,388	-26%	
NET REVENUE	$20,435,916	$21,803,598	$19,144,008	-12%	
DIRECT COST	$14,037,071	$15,270,942	$15,594,050	2%	
CONTRIBUTION MARGIN	$6,398,845	$6,532,656	$3,549,958	-46%	
INDIRECT COST	$2,956,519	$3,675,380	$4,045,124	10%	
NET INCOME	$3,442,326	$2,857,276	($495,165)	-117%	
NET REV PER CASE	$192	$169	$201	19%	
DIRECT COST PER CASE	$132	$118	$163	38%	
CONTRB MARGIN PER CAS	$60	$51	$37	-27%	

GRAPHS







*Note: Net Patient Revenue includes Medi-Cal PPS reconciliation funds: Exeter Clinic -$60,700, Lindsay Clinic $48,400, Woodlake $201,800.

KDHCD ANNUAL BOARD REPORT

FY2019

RURAL HEALTH CLINICS - Exeter

KEY METRICS - FY 2019

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
70,825	$14,131,320	$11,179,817	$2,951,503	$74,246
-26%	-13%	0.3%	-42%	-97%

*Note: Arrows represent the change from prior year and the lines represent the 3-year trend

ALL METRICS - 3 YEAR TREND

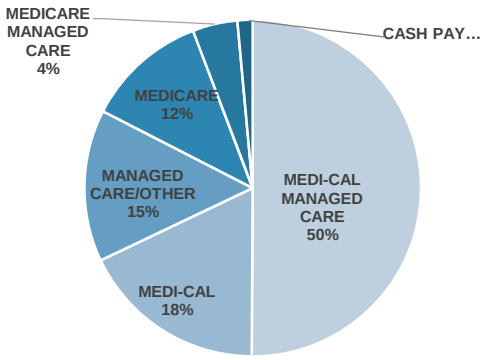
METRIC	FY2017	FY2018	FY2019	%Change from Prior Yr	3 YR Trend
PATIENT CASES	80,279	95,189	70,825	-26%	
NET REVENUE	$15,300,681	$16,265,211	$14,131,320	-13%	
DIRECT COST	$10,953,106	$11,143,447	$11,179,817	0.3%	
CONTRIBUTION MARGIN	$4,347,575	$5,121,764	$2,951,503	-42%	
INDIRECT COST	$2,377,120	$2,910,822	$2,877,256	-1%	
NET INCOME	$1,970,455	$2,210,942	$74,246	-97%	
NET REV PER CASE	$191	$171	$200	17%	
DIRECT COST PER CASE	$136	$117	$158	35%	
CONTRB MARGIN PER CAS	$54	$54	$42	-23%	

FY 2019 METRICS BY SERVICE

SERVICE LINE	VOLUME	TOTAL REIMB (NET PT REV)	TOTAL REIMB/CASE
DHHLTHED	1	$5	$5
EHADLTSP	4,851	$801,371	$165
EHBHHLTH	9,543	$1,784,418	$187
EHFAMILY	13,492	$2,215,780	$164
EHGMEBH	3,712	$667,302	$180
EHHLTHED	537	$61,095	$114
EHPEDS	19,040	$5,162,646	$271
EHPEDSP	1,085	$183,990	$170
EHWALKIN	8,258	$1,333,534	$161
EHWMNHLT	10,306	$1,921,178	$186

PAYOR MIX - FY2019

PAYOR	FY2019
MEDI-CAL MANAGED CARI	50%
MEDI-CAL	18%
MANAGED CARE/OTHER	15%
MEDICARE	12%
MEDICARE MANAGED CAR	4%
CASH PAY	1%
WORK COMP	0%
COUNTY INDIGENT	0%



*Note: Net Patient Revenue includes Medi-Cal PPS reconciliation funds: Exeter Clinic -$60,700

KDHCD ANNUAL BOARD REPORT

RURAL HEALTH CLINICS - Dinuba

FY2019

KEY METRICS - FY 2019

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
9,525	$1,788,338	$1,769,654	$18,684	($446,482)
-22%	-11%	-4%	-89%	-295%

*Note: Arrows represent the change from prior year and the lines represent the 3-year trend

ALL METRICS - 3 YEAR TREND

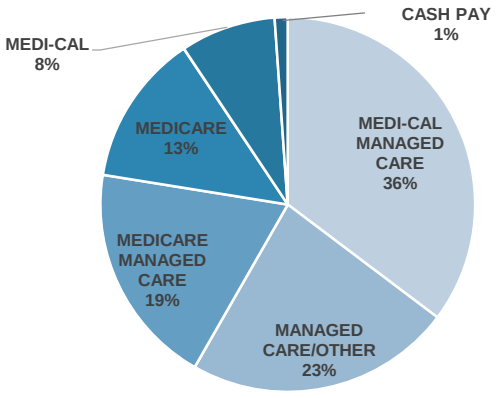
METRIC	FY2017	FY2018	FY2019	%Change from Prior Yr	3 YR Trend
PATIENT CASES	8,418	12,248	9,525	-22%	
NET REVENUE	$1,554,901	$2,019,130	$1,788,338	-11%	
DIRECT COST	$1,184,511	$1,846,419	$1,769,654	-4%	
CONTRIBUTION MARGIN	$370,390	$172,711	$18,684	-89%	
INDIRECT COST	$216,483	$285,808	$465,166	63%	
NET INCOME	$153,907	($113,097)	($446,482)	-295%	
NET REV PER CASE	$185	$165	$188	14%	
DIRECT COST PER CASE	$141	$151	$186	23%	
CONTRB MARGIN PER CA	$44	$14	$2	-86%	

FY 2019 METRICS BY SERVICE

SERVICE LINE	VOLUME	TOTAL REIMB (NET PT REV)	TOTAL REIMB/CASE
DHADLTSP	1,018	$207,304	$204
DHBHHLTH	807	$166,662	$207
DHFAMILY	6,623	$1,206,893	$182
DHHLTHED	52	$4,829	$93
DHWMNHLT	1,025	$202,651	$198

PAYOR MIX - FY2019

PAYOR	FY2019
MEDI-CAL MANAGED CAR	35%
MANAGED CARE/OTHER	23%
MEDICARE MANAGED CAI	19%
MEDICARE	13%
MEDI-CAL	8%
CASH PAY	1%
WORK COMP	0%
COUNTY INDIGENT	0%



KDHCD ANNUAL BOARD REPORT

RURAL HEALTH CLINICS - Lindsay

FY2019

KEY METRICS - FY 2019

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
7,368	$1,599,877	$1,560,057	$39,820	($398,137)
-27%	-5%	41%	-93%	-211%

*Note: Arrows represent the change from prior year and the lines represent the 3-year trend

ALL METRICS - 3 YEAR TREND

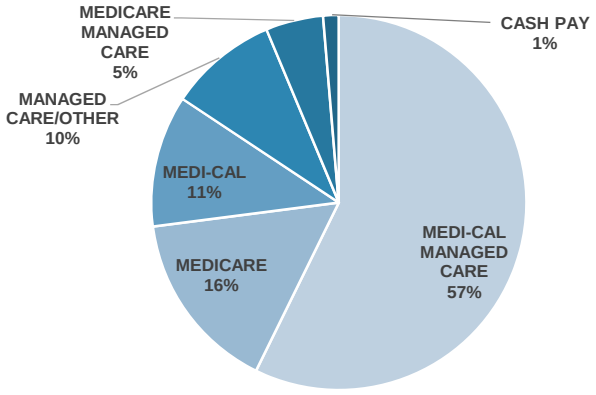
METRIC	FY2017	FY2018	FY2019	%Change from Prior Yr	3 YR Trend
PATIENT CASES	8,105	10,097	7,368	-27%	
NET REVENUE	$1,666,707	$1,688,208	$1,599,877	-5%	
DIRECT COST	$774,477	$1,108,455	$1,560,057	41%	
CONTRIBUTION MARGIN	$892,230	$579,753	$39,820	-93%	
INDIRECT COST	$164,346	$220,115	$437,958	99%	
NET INCOME	$727,884	$359,638	($398,137)	-211%	
NET REV PER CASE	$206	$167	$217	30%	
DIRECT COST PER CASE	$96	$110	$212	93%	
CONTRB MARGIN PER CA	$110	$57	$5	-91%	

FY 2019 METRICS BY SERVICE

SERVICE LINE	VOLUME	TOTAL REIMB (NET PT REV)	TOTAL REIMB/CASE
LHADLTSP	331	$63,859	$193
LHFAMILY	5,759	$1,278,125	$222
LHGMEBH	963	$186,048	$193
LHWMNHLT	315	$71,846	$228

PAYOR MIX - FY2019

PAYOR	FY2019
MEDI-CAL MANAGED CAR	57%
MEDICARE	16%
MEDI-CAL	11%
MANAGED CARE/OTHER	9%
MEDICARE MANAGED CAI	5%
CASH PAY	1%
WORK COMP	0%
COUNTY INDIGENT	0%



*Note: Net Patient Revenue includes Medi-Cal PPS reconciliation funds: Lindsay Clinic $48,400

KDHCD ANNUAL BOARD REPORT

FY2019

RURAL HEALTH CLINICS - Woodlake

KEY METRICS - FY 2019

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
7,670	$1,624,473	$1,084,522	$539,951	$275,208
-33%	-11%	-8%	-18%	-31%

*Note: Arrows represent the change from prior year and the lines represent the 3-year trend

ALL METRICS - 3 YEAR TREND

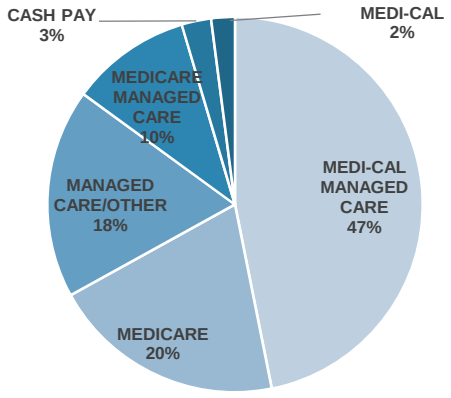
METRIC	FY2017	FY2018	FY2019	%Change from Prior Yr	3 YR Trend
PATIENT CASES	9,505	11,364	7,670	-33%	
NET REVENUE	$1,913,627	$1,831,049	$1,624,473	-11%	
DIRECT COST	$1,124,977	$1,172,621	$1,084,522	-8%	
CONTRIBUTION MARGIN	$788,650	$658,428	$539,951	-18%	
INDIRECT COST	$198,570	$258,635	$264,743	2%	
NET INCOME	$590,080	$399,793	$275,208	-31%	
NET REV PER CASE	$201	$161	$212	31%	
DIRECT COST PER CASE	$118	$103	$141	37%	
CONTRB MARGIN PER CA	$83	$58	$70	22%	

FY 2019 METRICS BY SERVICE

SERVICE LINE	VOLUME	TOTAL REIMB (NET PT REV)	TOTAL REIMB/CASE
WHADLTSP	1,258	$296,872	$236
WHFAMILY	6,412	$1,327,601	$207

PAYOR MIX - FY 2019

PAYOR	FY2019
MEDI-CAL MANAGED CAR	47%
MEDICARE	20%
MANAGED CARE/OTHER	18%
MEDICARE MANAGED CAI	10%
CASH PAY	3%
MEDI-CAL	2%
WORK COMP	0%
COUNTY INDIGENT	0%



*Note: Net Patient Revenue includes Medi-Cal PPS reconciliation funds: Woodlake $201,800.

Quail Park

Marc Mertz
Vice President of Strategic Planning and Business Development

September 23, 2019

Summary Issue/Service Considered

Quail Park is a 127-unit senior retirement village owned 44 percent by Kaweah Delta Health Care District and 56 percent by Living Care Senior Housing. Denis Bryant from Living Care is the Managing Member. The 40 unit Memory Care Center is an Alzheimer's/Dementia facility located east of the Rehabilitation Hospital on Kaweah Delta's west campus. It has the same ownership percentage split as Quail Park. Denis Bryant is the manager of both entities. Lynn Havard Mirviss and Marc Mertz represent Kaweah Delta on the Quail Park and Memory Care Center Boards of Members. Cathy Boshaw and Elling Halverson represent Living Care Senior Housing on the two boards. Kaweah Delta and Living Care have equal voting rights on the boards.

Quality/Performance Improvement Data

Quail Park remains at, or near, capacity. This mirrors its occupancy levels for most of its 15 plus years of operation. Quail Park currently has a 28-unit waiting list. Some of these individuals may elect to move into Quail Park at Shannon Ranch when it opens.

Quail Park paid Kaweah Delta a $198,000 profit distribution during calendar year 2019 (through July) based on Kaweah Delta's 44 percent ownership. Quail Park has paid Kaweah Delta profit distributions totaling $8,046,000 through the second quarter of 2019 based on an original Kaweah Delta investment of $1,589,000. The first profit distributions were made in 2003.

The Memory Care Center, which opened in July 2012, continues to operate at, or near, capacity. The Memory Care Center currently has a 13-unit waiting list. Some of these individuals may elect to move into Quail Park at Shannon Ranch when it opens.

The Memory Care Center paid Kaweah Delta a $198,000 profit distribution during calendar year 2019 (through June). The Memory Care Center has paid Kaweah Delta a total of $2,211,000 through the second quarter of 2019 based on an original Kaweah Delta investment of $990,000. The first profit distributions were made in 2012.

Policy, Strategic or Tactical Issues

In 2016 Kaweah Delta approved construction of a new 120-unit independent, assisted, and memory care senior living project called Quail Park at Shannon Ranch near the intersection of Demaree and Flagstaff in northwest Visalia. The 139,000 square foot project is nearly completion on a 3.65 acre site next to the 6,100 square foot Urgent Care Center which Kaweah Delta opened on a 1.01 acre parcel on the east side of Demaree.

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

The new approximately $40 million project broke ground in March 2018. The memory care building is slated to be completed in October/November 2019 and ready for occupancy in November. 6 deposits have been received for the memory care building. Individuals on the Quail Park Memory Care Center at Cypress waiting list will be offered units at Shannon Ranch. Management expects the Shannon Ranch Memory Care Center to be full within 30 days of opening.

The main independent and assisted living building is scheduled to be complete in October/November 2019 and ready for occupancy in November. 18 deposits have been received for the main building. Management expects 50% occupancy within 90 days of opening.

All Kaweah Delta equity contributions to the project have originated from the Bettie Quilla Fund at Kaweah Delta Hospital Foundation. The Quilla Fund is restricted by the donor for support of a senior living project in collaboration with Kaweah Delta Health Care District. Kaweah Delta has made its total equity contribution of $3,997,000.

Recommendations/Next Steps

Continue to operate Quail Park and the Memory Care facility as high level senior retirement centers with services ranging from independent living to assisted living to expanded dementia care.

Complete construction of Quail Park at Shannon Ranch and open it for occupancy.

Approvals/Conclusions

Quail Park is filling a significant health care need in our community and at the same time generating an income stream for Kaweah Delta. Quail Park at Shannon Ranch will do the same.

Policy Submission Summary

Manual Name: Administrative Policy			**Date: September 2019**
Support Staff Name: Cindy Moccio			
Policy/Procedure Title	**#**	**Status** (New, Revised, Reviewed, Deleted)	**Name and Phone # of person who wrote the new policy or revised an existing policy**
Census Saturation Plan	AP.114	Revised	Dan Allain
Disruption of services or unusual occurrences	AP.30	Revised	Evelyn McEntire 624-5241

Kaweah Delta Health Care District

Administrative

Policy Number: AP114	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Census Saturation Plan

PURPOSE:

To define the plan for:

- Routine assessment and management of hospital census status.
- Patient placement and resource/staff deployment at peak census times.
- Alternatives for patient placement during census crisis.
- Optimal placement of critically ill patient(s) in the absence of ~~ICU~~ Intensive Critical Care (ICU) bed(s)

This procedure assumes:

- Aggressive management of the patient's care, focusing on discharge preparation, is occurring in all service settings, and patients are appropriate as defined in the utilization management plan.
- Aggressive activation of staffing resources to meet the needs of presenting patients.

GOAL: To meet essential patient needs with coordination of resources; and to define measures to be taken when needs exceed routine resources.
The responsibility for determining the census saturation level includes input from all units/departments. Generally, each departments representing lead nurse will report the unit census and anticipated activity which collectively helps determine the corresponding census level. This reporting process occurs within the Bed Meetings. Reporting the identified census level is the responsibility of the House Supervisor.

Definitions:

1. Level I – Green - Go
~~1.~~2. Level 2 – Yellow - Early Caution
~~2.~~3. Level 3 – Red – Census Crisis
~~2. Critical Care Triage: the process by which critically ill patients are placed in the event of an oversubscribed ICU, regardless of census.~~
~~3.~~4. Maternal Child census saturation – addendum I
~~4.~~5. Emergency Department (ED) saturation ~~(ED)~~ – addendum II

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PROCEDURE:

Level I – Green - Go:

A. Criteria:

1. Acute Care bed capacity is adequate for scheduled patients and normal admission/discharge activity anticipated and,
2. Staffing levels are adequate for census and acuity levels and,
3. No patients waiting in ED for placement in an appropriate in-patient or observation bed after request is submitted to the Admission Coordinator greater than 30 minutes.

B. Actions

1. Bed meeting is convened promptly at 0745, ~~and~~ 1630 and 0430 and led by the House Supervisor or their designee, who has authority to direct any necessary redeployment of resources.
2. Attendees may include: Nurse Manager or designated Lead Nurse from each KD inpatient unit, ED, Surgery, Cath Lab, and Case Management designee, Staffing Coordinator and Director on call.
3. Staffing Coordinator completes and copies the census/staffing reports prior to the meeting and brings multiple copies for all.
4. House Supervisor completes the staffing /census email report at the end of each bed meeting and emails the current Census Status to the communication group.

Level 2 – Yellow – Early to Late Caution

~~C.~~A. Criteria

1. Up to 5 units at staffed or full capacity and,
2. Anticipated admissions exceed anticipated discharges or transfers for next 8 hours or,
3. ED has ~~1-3~~ 6 patients waiting greater than ~~30~~60 minutes for placement in an in-patient or observation bed after request is submitted to the Admissions Coordinator.
4. If two or more of the conditions exist, the census status is raised to the next level, YELLOW.

~~D.~~B. Actions

1. Completion of all actions listed in Level I.
2. ~~1.~~ ED Surge Plan of Action Level I activated. See addendum for details.
3. ~~2.~~ House Supervisor and Admissions Coordinator review updated admission and discharge information, complete a revised census status report as needed.
4. ~~3.~~ Census status is changed as indicated, communicated via email to the Chief Nursing Officer (CNO) and the Communication Group. If the status needs to be escalated to Level 3, actions are taken as listed.

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4.5. If it is determined that the census status may worsen due to a low number of or slow acquisition of discharge orders, the Case Management Medical Director along with other pertinent Medical Directors and Department Directors will be notified. This will be accomplished via the Medical Staff office or by the House Supervisor.

5.6. Environmental Services will focus staff on cleaning assigned dirty rooms designated in teletracking first and stay in close communication with the Admissions Coordinator or House Supervisor.

Level 3 – Red – Census Crisis

E.A. Criteria

1. Six or more units at capacity or,
2. One and/or more overflow locations in use or,
3. ED holding 3 or more than 6 patients for greater than (delte:30) 60 minutes for in patient bed placement, and/or,
4. ED has 10 or more patients waiting over 2 hours to receive the medical screening and the medical screening cannot be provided in the time frame specified due to lack or ability to move patient to in-patient beds.
5. If two or more orof these conditions exist or any other similar scenario, the census status will be raised to level 3, RED.

B. Actions

1. All Actions taken as specified in levels 1-3.
2. ED Surge Plan of Action Level II initiated and move to level III as indicated. See addendum for details.
3. A census saturation meeting will be held at the disgretiondiscretion of the House Supervisor, and will include the Directors who have leadership responsibility for the nursing units with the greatest census/acuity impact. This meeting will occur at 11:00 a.ma.m. and can be canceled as determined by the House Supervisor.
4. Bed status is may be reassessed and communicated every 2-4 hours by the House Supervisor or their designee as needed.
5. If it is determined that the Census Crisis is to persist past 12 hours, the CNO or Chief Oeperating Officer(/COO) will may be asked to attend the bed meeting-. Nursing Directors, VP of Medical AffairsChief Medical Officer (CMO), Chief of Staff or Medical staff designee or any other stake-holders determined to be appropriate for the event will may be included. The purpose will be to review the in-patient activity and to assist in decision making to provide relief for the ED anand/or surgical surgery, cath lab services.
   a. Chief of Staff or Medical Staff designee determines need to Cancel cancel procedures.
   b. If procedures cancellation is required, affected medical staff members are contracted by the Chief of Staff anand/or the Chief Medical OfficerCMO along with the patients effected.

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4.6. The House Supervisor and/or Nursing Director on call will open an identified patient Discharge Lounge as needed to house discharged adult patients while they wait for their private transportation home.

a. Patients will need to meet the following criteria for placement in the Discharge Lounge:

1) Have a written discharge order.
2) Be 18 years of age or older.
3) Alert and oriented.
4) Ambulatory or requiring minimal assistance.
5) Able to sit in a chair or rest on a bed/gurney for a prolong period of time.
6) Comprehend home care instructions or have a care giver who can comprehend and agrees to manager care.
~~7) Arrangements for ride home prior to 2000 hours.~~

b. Patients not considered candidates for the Patient Discharge Lounge include:

1) Organic Brain Syndrome, acute confusion, Alzheimer's/Dementia.
2) Special equipment needs, i.e. traction, nebulizer respiratory treatments and/or suctioning, CAPD, etc. (portable O2 is permissible)
3) All discharge needs will be addressed prior to moving the patient to the Discharge Lounge.

5.7. Nursing Director and/or House Supervisor will help direct the utilization of additional space as indicated for ED use and/or pending admission patients. This process may occur at level yellow and red as needed. The following areas should be considered when determining that most appropriate area depending on the scenario:

~~a. Medical surgical unit hallway beds~~

~~1) Patients needing O2 support that requires a non-rebreather mask or CPAP are not appropriate. Patients who require a nasal canula or simple mask will have O2 supplies via O2 concentrator supplied by Respiratory Services.~~

~~2) Patients who have GI or illnesses requiring frequent toileting or experience uncontrollable nausea with vomiting should not be placed in a hallways bed.~~

~~3) Patients with active infections or infectious illnesses with symptoms, as well as patients who are neutropenic or require CAPD should not be placed in a hallway bed.~~

~~4) Patients with active arrhythmias requiring telemetry or are admitted for CXP to rule out MI are not appropriate for a hallway bed.~~

a.)Pediatric Med/surg overflow

~~b.~~ b. 3 West 20 (~~delete:P~~rocedure Recovery) ward r~~R~~oom

c. Cath~~t~~ Lab Holding Area

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d. Endoscopy if not in use as a treatment area for ED
e. Ambulatory Services Center
f. Post Partum Med/surg overflow female pts. only
g. Kaweah Delta South Campus, for transferring of current lower acuity inpatients.
h. Kaweah Delta Rehabilitation Hospital

~~c. (delete:4 Center, Infusion Center)~~
~~d. (delete:Endoscopy)~~
~~e. (delete: Cath Lab Holding Area)~~
~~f. (delete: Ambulatory Services Center)~~
~~g. (delete: Kaweah Delta South Campus, for transferring of current lower acuity inpatients.)~~
~~h. (delete: Kaweah Delta Rehabilitation Hospital)~~

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~~I~~7. If there are no other options, the House Supervisor may assign patients to staff even though the staffing ratio is not met for a period of time. All resources should then be brought to bear on securing additional staff so patient care is adequately staffed.

1. CENSUS SATURATION ACTION PLAN

Addendum to Census Saturation Plan 11-03

Level 1 – *Green* (GO): Capacity adequate for scheduled patients and normal admission/ discharge activity anticipated. Adequate staffing and no patients waiting in the Emergency Department greater than 30-minutes for a bed after acceptance for admission.

	ACTION	ACCOUNTABILITY
1)	Bed meeting is convened at 0745 and 1630 and led by the Admission Coordinator or House Supervisor.	House Supervisor
2)	Redeployment of resources as necessary.	House Supervisor
3)	Staffing Facilitator completes and copies the census/staffing reports prior to the meeting.	Staffing Facilitator
4)	House Supervisor completes the staffing/census report at the end of each bed meeting.	House Supervisor
5)	Census saturation status will be emailed to the communication group by the House Supervisor or the Admission Coordinator.	House Supervisor/ Admissions Coordinator

Level 2 – *Yellow* (EARLY CAUTION): One to five units at staffed or full capacity. Anticipated in-flow exceed anticipated outflow for next 8 hours. ED has 1-3 patients waiting in the Emergency Department greater than 30-minutes for a bed after acceptance for admission.

	ACTION	ACCOUNTABILITY
~~1)~~1.	Completion of all actions in Level 1 ED Surge Plan of Action I Initiated	House Supervisor or Nursing Director on-call.
~~2)~~2.	House Supervisor and Admission Coordinator review updated admission and discharge information, and complete a revised Census Status Report as needed.	House Supervisor and Admission Coordinator
~~3)~~3.	Census status is changed and communicated via e-mail.	Admission Coordinator/House Supervisor
~~4)~~4.	Communication to Case Management, Medical Director, and Department Medical Directors as needed via the Medical Staff Office.	Medical Staff Office
~~5)~~5.	Activate designated Discharge Lounge~~. as the need indicates.~~ as needed	House Supervisor/Nursing Director
~~6)~~6.	EVS staff concentrates on cleaning dirty patient rooms.	EVS Director, Admissions Coordinator, House Supervisor

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Level 3 – *Red* (CENSUS CRISIS): Six or more units at staffed or full capacity. One or more overflow locations in use; Emergency Department holding ~~3 or~~ more than 6 for greater than ~~30~~ 60 minutes (see III.A.3). ED has 10 or more patients waiting more than 2 hours to receive medical screening due to inability to move ED patients to in-patient beds.

	ACTION	ACCOUNTABILITY
1.	Bed status reassessed and communicated (~~delete every - 2-4 hours.~~ as ~~determeined~~determined by the House Supervisor. 2.) Main Campus Unit Director group and the CNO will meet at 11:00 a.m. with the House Supervisor to assist with leadership ~~activites~~activities on their respective units. The focus is to help provide through-put support and improve the admission of patients from the ED to the in-pt. units.	House Supervisor/Admission Coordinator
~~1)~~ 2	ED Surge Plan of Action Level II initiated and moving to Level III as indicated per the addendum.	ED Leadership/House Supervisor

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	ACTION	ACCOUNTABILITY
~~1)~~3. 3	Conference may need to be arranged to review surgery and invasive procedure schedule for the following day(s). Attendees to include House Supervisor, CNO/designee/COO, Nursing Director on call; ~~Vice President~~ Chief Medical Officer; Chief of Staff or Medical Staff designee, Directors of Surgical Services, Emergency Services, and acute inpatient nursing services.	House Supervisor
4.	~~Need to cancel procedures determined.~~ The conference ~~conveining~~convening group may assess the need to cancel scheduled procedures.	Chief of Staff or Medical Staff designee
5.	If procedure cancellation is required, affected medical staff members are contacted and patients are called.	Chief of Staff and/or Vice President Chief Medical Officer, Medical Staff Office.
6.	All previously listed placement options considered for ED patients and/or in-patient admissions. ~~including Medical Surgical hallway beds, 3 West 20 Procedure Room, 4 Center, Endoscopy Lab, etc~~. 100% occupancy.	House Supervisor/Director on-call.
	~~6).~~ Surge tent will be considered for activation to function as ~~ed for~~for the ED lobby reception, existing ED lobby will function as Intake. Intake will function as Fast Track treatment area.	House Supervisor/Director on-call.

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Addendum to Administrative Census Saturation Policy
Census Saturation for Maternal Child Health

Pediatric Surge Plan 2015

Current Capacity
12 patients
2-3 RNs per shift

Triggers
- 12 patients with inability to discharge or transfer out
- ED holding Pediatric patients without the possibility to transfer

Staffing Plan
Registered Nurses
1. Pediatric Charge Nurse goes into staffing
2. MCH Flex Team
3. OT
4. Float staff from NICU
5. Pediatric Nurse Manager
6. ED staff with Pediatric experience
7. Registry

Respiratory Therapist
Increased capacity to support pediatric ventilated patients and increased demands of children on high flow and breathing treatments.

Physicians
Current staffing pattern may not support expected volume and acuity of patients. Consider community Pediatricians for in house support or locum tenems for additional support

Admission Criteria
1. All admissions to pediatrics must be triaged through the ED or the Pediatric hospitalist by phone
2. Pediatric nurses will support the triage nurse as able in the ED
3. Consider canceling elective pediatric surgical cases
4. Stable surgical patients (≥ 14 years) could triage out to the general med-surg floors

Ventilated Patients
1. Respiratory therapist must be present
2. Consider transfer to adult ICU, to be cared for by ICU nurse with pediatric nurse to act as resource. Refer to policy Care of Critically Ill Pediatric Patients.
3. Create PICU in Peds room 1 and open up rooms 2 & 3, would need critical care nurse to act as a resource (NICU or ICU) depending on the age.

Revised 11/6/2015
N. Loya

Expansion Plan

Plan A – Expand to 19 beds

- Expand room 1 to accommodate 3 patients
- Open dividers between room 2 & 3 to accommodate 3 patients
- Utilize the Mother Baby Newborn Nursery for up to 4 patients
- Utilize the treatment room for 1 patient

Plan B –Expand to 25 beds

- Plan A and below
- Double up rooms 4, 7-11 with toddler beds, cribs, bassinettes. Considerations: oxygen, suction, electrical outlets, patient privacy, family accommodations

Plan C – Overflow to Mother baby unit if beds are available

Plan D – Overflow to Broderick Pavillion for up to an additional 11 beds

- Need state approval and adult patients may need to be relocated

Supplies & Equipment

- Rent additional toddler beds and/or cribs
- Rent additional portable suction
  - RT has ____
- Monitors
  - Pediatrics has 5 gammas with tele
  - MB has 3 gammas without tele
  - Endo has ordered 5 gammas without tele (9/8/14)
  - Rent M300s as indicated
- Ventilators
  - NICU has 4
  - Peds has 1
  - RT has ____
  - Medical transport has 1
  - Rent as indicated
- Warmers
  - Peds has 1
  - NICU has 9 (9/8/14)
  - L&D has 18 (9/8/14)
  - Rent as indicated
- Pumps
  - Will need an alaris pump for every patient that needs IV fluids/medications
  - Peds has 11 syringe modules (without med library)
  - Rent as indicated
- Supplies
  - Central supply has 3 days worth of supplies on hand
  - Supplies can be delivered next day
  - Utilize corporate cards for purchases at local stores

Revised 11/6/2015
N. Loya

- Supplies can be delivered next day
- Utilize corporate cards for purchases at local stores

03/07/2016
M. Filiponi

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Labor and Delivery Census Saturation/Surge Plan

- When the census is saturated and the Labor Unit is down to 2 rooms (including 2E 20).
- Call L&D Manager – she will coordinate implementation of Surge Plan and call off elective inductions and surgeries.
- Identify patients who can be discharged.
    - Call provider and discharge ASAP.
- Identify patients who can be safely triaged off the unit (within 30 minutes).
    - Stable Antepartums Patients.
    - Patients who are not continuous EFM.
    - Patients not laboring.
    - Patients who are delivered go early.
    - Call MD's, inform them of the need to triage off unit. Get an order for transfer off the L&D Unit and inform them where they will go.
- Transfer groups of 3 patients if possible – send RN
    - Transfer options
        - 2S 1, 2, 3
        - MB
        - Peds – **last resort**
- If no patients eligible for transfer (all laboring or unstable antepartums), use the alternate beds below in the following order until a labor bed is available.
    - 1st: 2E01 – up to 2pt can labor here and set up warmer
    - 2nd: 2E21 – up to 3pt can labor here and set up warmer
    - 3rd: LT – over flow laboring patients here – warmer will need portable O2

NICU Surge Plan for high census

In the event that the NICU & NC reaches its maximum capacity of patients (14 NICU patients/8 intermediate patients. 1 bed must remain open in the NICU for admission and or stabilization for transport) a surge/flex plan has been created.

- When the NICU has reached its maximum amount of patients with only 1 bed open for stabilization and transport 4 additional bed spaces have been created in the mother/baby nursery
- This holding area is equipped with 4 NICU beds with the capability of physiologic monitoring, iv therapy and medication administration, as well as adequate computer charting area and computers.
- This area is to be used as an intermittent holding area for stable NICU patients until appropriate arrangements have been made for transport of new admissions.

~~**Level 1 – Green**~~

~~A. Criteria:~~

~~1. Capacity is adequate for scheduled patients and normal admission/discharge activity is anticipated.~~

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2. Staffing is adequate for census and activity levels.
3. No patients holding in Labor and Delivery (L&D) or Emergency Department (ED) for admission to one of the Maternal Child Health (MCH) units.

Level 2 – Yellow

A. Criteria:

1. 2 or more units at staffed or full bed capacity.
2. Anticipated inflow exceeds anticipated outflow for the next 8 hours.
3. L & D or ED holding patients for MCH units.

B. Action:

1. Nurse Managers have a plan for Night Shift by 4:00 p.m. The plan is e-mailed to the Night Shift Charge Nurse and House Supervisor.
2. The Night Shift Charge nurse will e-mail the Manager(s) plans for staffing and patient admissions by the time they leave in the morning.
3. Nurse Manager/Director/Team Leader/Charge Nurse look for potential discharges. Managers/Designee call physicians on potential discharges.
4. Manger/Designee notifies the House Supervisor.
5. Overflow as follows:

a. Intermediate Care Nursery: transfer least acute to 2 East Nursery, Pediatrics (can cohort), and then Broderick Pavilion (can cohort)

b. Pediatrics: can transfer to Broderick Pavilion, 2 East, cohort in Pediatrics, and then triage by age (starting with the eldest) to house

c. 2 South: can transfer to 2 East, use semiprivate rooms on 2 South, Pediatrics, Broderick Pavilion, and then transfer 4 Mother/Babies to a Medical/Surgical Unit

d. Labor & Delivery: can not transfer patients. The following actions may be taken: cancel C-Sections scheduled (do a Non Stress Test before sending home), postpone inductions, start a patient call list for beds as they become available, evaluate current inductions for discontinuing Pitocin and notify the physician, not do Tubal Ligations (BTL's) in the OB OR, and evaluate non-labor patients such as antepartums who can come off the fetal heart monitor for transfer or discharge.

Level 3 – Red – Census Crisis

A. Criteria:

1. 3 to 4 units at capacity.

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2. L&D and/or ED holding patients for MCH units.
3. More admissions than discharges anticipated.

B. Action:

1. All actions as above.
   1. Bed Status and staffing assessedaccessed and communicated by Manager/Designee to the House Supervisor, Chief Nursing Officer, and Chiefs of Service every 2 to 4 hours during the day. Night shift Charge Nurse will notify the House Supervisor.
   2. Manager/designee faxes message to Chief of Service Status and number of potential discharges.
   3. MCH Manager/designed meet at least every 2 hours to discuss patient placement.
   4. Overflow use as designated in Level 2 – Yellow Status.
   5. The Manager/Designee will call in unscheduled staff. Will exhaust all Maternal Child Health units call list when calling in staff.
   6. 1. The Manager/Designee calls will discuss the potential cancelation of scheduled admissions with Department Chief/CNO/Supervisors. If cancelations are required, affected medical staff members are contacted by the Department Chief as well as the patients affected.

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Addendum to Administrative Census Saturation Policy
Census Saturation for the Emergency Department

Level 1 – Green

A. Criteria:

1. Capacity is adequate for patient influx and normal admission/discharge activity is anticipated (direct bedding).
2. Staffing is adequate for census and activity levels.
3. No delay in triage.
4. No patients holding in the Emergency Department (ED) for admission to one of the inpatient units.

Level 2 – Yellow

A. Criteria:

1. All available treatment spaces are full.
2. Greater than 15 minutes in triage and patients are being triaged to waiting room.
3. Wait for Medical Screening Exam greater than 1 hour.
4. Three or more patients holding in the ED for inpatient admission.
5. Two or more RN s down from core staffing.

B. Action:

1. Nurse Manager or Team Leader will notify the House Supervisor of volume, capacity and acuity of patients.
2. Will call ED staff to cover core staffing.
3. House Supervisor and Staffing notified by Team Leader or Nurse Manager of staffing needs.
4. Manager or designee may ask the off-going physician to stay and work additional time and will call the oncoming ED physician in early to assist with the census saturation.

Level 3 – Red

A. Criteria:

1. All available treatment spaces are full, no ready open bed for in-patient admits.
2. Greater than 30 minutes to triage and patients are being triaged to waiting room.
3. Wait for Medical Screening Exam is greater than 2hours.
4. Three or more patients are waiting for inpatient admission.
5. Two or more RNs down from core staffing.

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~~B. Action:~~
~~All actions as above.~~

A. Action:

1.

~~2. Bed Status and staffing assessed and communicated by Manager/Designee to the House Supervisor, Chief Nursing Officer, and Chiefs of Service every 2 to 4 hours during the day. Night shift Charge Nurse will notify the House Supervisor.~~

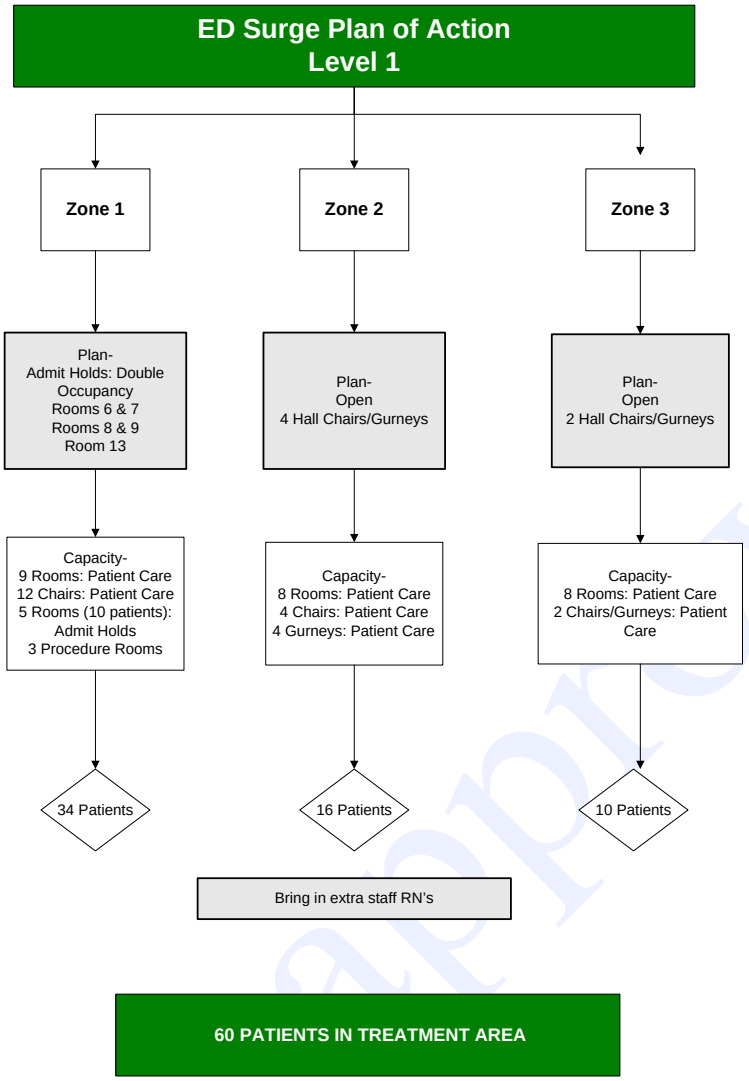
~~3. The Manager/Designee will exhaust the Emergency Department call list when calling in staff.~~

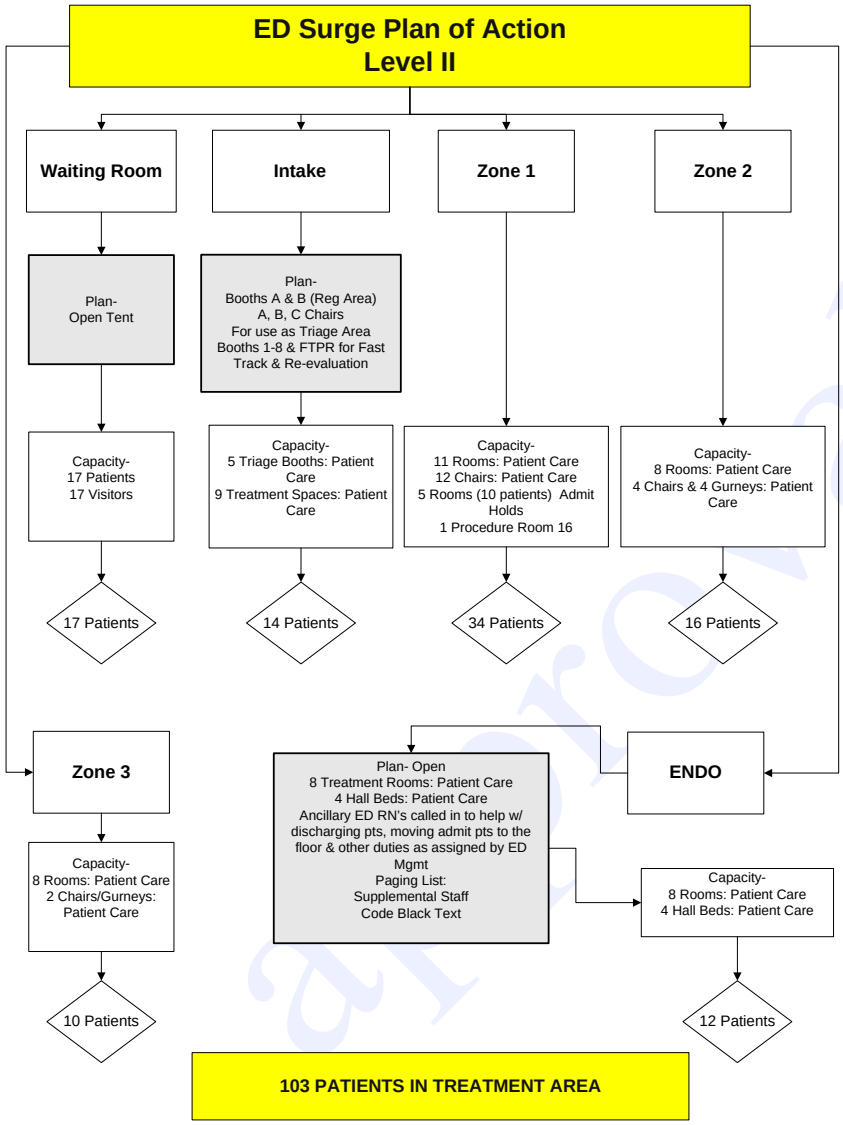
~~4. Manager or designee will ask the off-going physician to stay and work additional time and will call the oncoming ED physician in early to assist with the census saturation.~~

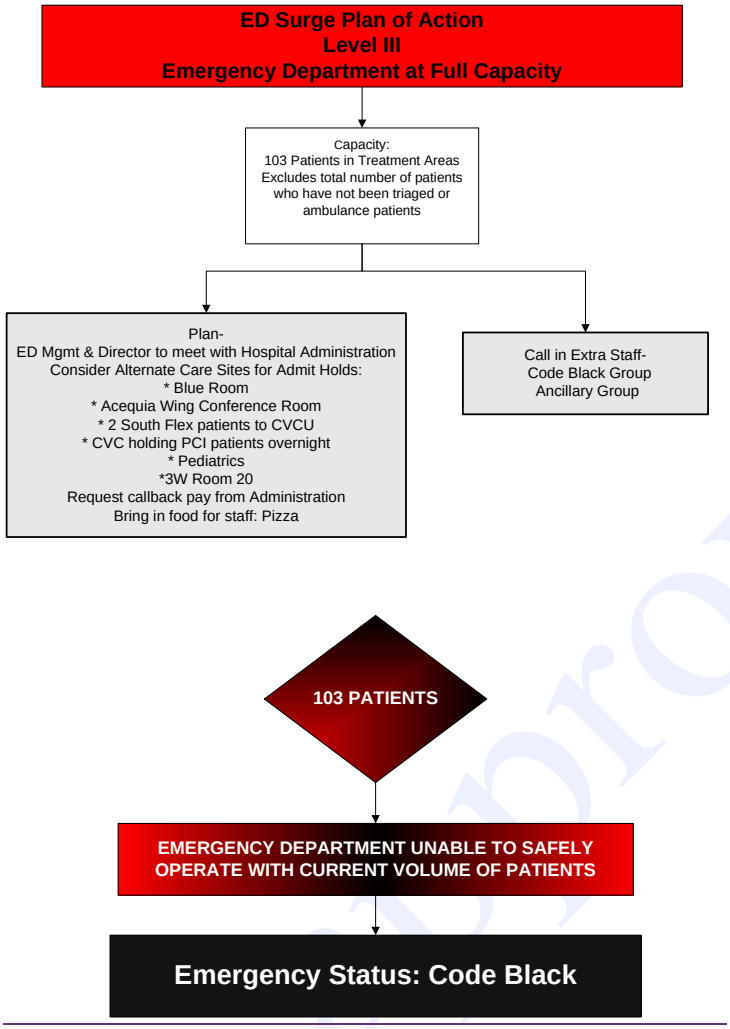
~~The Manager/Designee calls the Emergency Department Medical Director or Designee for additional physician support.~~

~~5. Activate Surge Tent as outlined on page 6.~~

~~*"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."*~~


ED Surge Plan of Action
Level 1
Zone 1
Zone 2
Zone 3
Plan-
Admit Holds: Double Occupancy
Rooms 6 & 7
Rooms 8 & 9
Room 13
Plan-
Open
4 Hall Chairs/Gurneys
Plan-
Open
2 Hall Chairs/Gurneys
Capacity-
9 Rooms: Patient Care
12 Chairs: Patient Care
5 Rooms (10 patients): Admit Holds
3 Procedure Rooms
Capacity-
8 Rooms: Patient Care
4 Chairs: Patient Care
4 Gurneys: Patient Care
Capacity-
8 Rooms: Patient Care
2 Chairs/Gurneys: Patient Care
34 Patients
16 Patients
10 Patients
Bring in extra staff RN's
60 PATIENTS IN TREATMENT AREA


ED Surge Plan of Action
Level II
Waiting Room
Intake
Zone 1
Zone 2
Plan-
Open Tent
Plan-
Booths A & B (Reg Area)
A, B, C Chairs
For use as Triage Area
Booths 1-8 & FTPR for Fast Track & Re-evaluation
Capacity-
17 Patients
17 Visitors
Capacity-
5 Triage Booths: Patient Care
9 Treatment Spaces: Patient Care
Capacity-
11 Rooms: Patient Care
12 Chairs: Patient Care
5 Rooms (10 patients) Admit Holds
1 Procedure Room 16
Capacity-
8 Rooms: Patient Care
4 Chairs & 4 Gurneys: Patient Care
17 Patients
14 Patients
34 Patients
16 Patients
Zone 3
Plan- Open
8 Treatment Rooms: Patient Care
4 Hall Beds: Patient Care
Ancillary ED RN's called in to help w/ discharging pts, moving admit pts to the floor & other duties as assigned by ED Mgmt
Paging List:
Supplemental Staff
Code Black Text
ENDO
Capacity-
8 Rooms: Patient Care
2 Chairs/Gurneys: Patient Care
Capacity-
8 Rooms: Patient Care
4 Hall Beds: Patient Care
10 Patients
12 Patients
103 PATIENTS IN TREATMENT AREA



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Kaweah Delta Health Care District

Administrative

Policy Number: AP30	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Disruption of services or unusual occurrences

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

POLICY: In accordance with Section 70737 of Title 22, California Code of Regulations, Kaweah Delta Health Care District is required to report to the local office of the State Department of Health Services, any unusual occurrence which threatens the health, welfare, or safety of patients, personnel or visitors.

PROCEDURE:

I. Disruption of Services is covered in detail in the Environment of Care Manual under Section V, Emergency Preparedness. Sections VI, VII, and VIII all address specific duties to be carried out by each department for different contingencies and will be implemented at the direction of the CEO or designee.

~~II.~~ ~~During business hours, u~~During business hours, upon a disruption of service or unusual occurrence, the Director of the affected department or the House Supervisor shall contact the Chief Operating Officer, Chief Nursing Officer, Chief Medical Officer and the Chief Executive Officer.~~Chief Operating Officer, Chief Nursing Officer and the Chief Executive Officer.~~

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~~III.~~II. ~~-~~The Chief Operating Officer, Chief Nursing Officer, Chief Medical Officer and the Chief Executive Officer ~~Chief Operating Officer, Chief Nursing Officer and the Chief Executive Officer~~ will determine and coordinate appropriate notifications and public relations' response surrounding the event.

~~IV.~~III. Before or after business hours, the House Supervisor will contact and discuss the event/incident with the Administrator on call. Upon assessment of the event/incident, the following leadership will be contacted and notified.~~Before or after business hours, the House Supervisor will contact and discuss the event/incident with the Administrator on call. Upon assessment of the event/incident, the following leadership will be contacted and notified.~~

Event/Issue	Contact	Phone	Cell
Significant Event*	CEO	~~624-2330~~	~~799-2703~~
	COO	~~624-2221~~	~~679-8726~~
	CNO		
	CMO	~~624-2335~~	~~309-657-9919~~
	Marketing Director	~~624-5967~~	~~786-0173~~

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Physician Issues	Chief Medical Officer	624-2335~~624-2358~~	309-657-9919~~730-6468~~
	Chief of Staff	302-7927~~625-1691~~	741-5119~~303-6929~~
Sentinel Event	CEO	~~624-2330~~	~~799-2703~~
	Chief Medical Officer	624-2335	309-657-9919
	COO	~~624-2221~~	~~679-8726~~
	CNO	~~624-2241~~	~~972-0059~~
	~~Chief Medical Officer~~	~~624-2358~~	~~730-6468~~
	~~Performance Improvement~~ Quality Patient Safety Director~~s~~	~~624-2169~~	707-7086~~737-7097~~
	Risk Management Director	624-5241~~624-2340~~	786-6908~~816-519-5657~~~~816-0443~~

*(e.g. police/fire/ service outage)

~~V.~~IV. ~~If the event relates to patient care and safety, the District Risk Manager shall be notified and appropriate investigation initiated.~~

~~VI.~~V. See Sentinel Event Policy and Procedure AP.87 for further directions on Adverse Event Notification for compliance with Senate Bill 1301, and as defined by Section 1279.1 of the Health and Safety Code.

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Policy Submission Summary

Manual Name: Board Policy			**Date: September 2019**
Support Staff Name: Cindy Moccio			
Policy/Procedure Title	**#**	**Status** (New, Revised, Reviewed, Deleted)	**Name and Phone # of person who wrote the new policy or revised an existing policy**
Presentation of claims and service process	BOD7	Revised	Cindy Moccio 624-2330

Policy Number: BOD7	Date Created: 10/30/2013
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	

Presentation of Claims and Service Process

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

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

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

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

PROCEDURE:

I. **Presentation of a Government Claim**

A. Personal Delivery. Only the Board Clerk, the Board Secretary, the District's Auditor are authorized to receive delivery of a Government Claim on behalf of the District. In the absence of the Board Clerk, the Board Secretary, and the District's Auditor, the District Compliance Officer is authorized to receive personal delivery of a government claim on behalf of the District. No other individual is authorized to receive delivery of a Government Claim on behalf of the District.

B. Mailing. Only the Board Clerk, the Board Secretary, or the Auditor are authorized to receive mailing of a Government Claim on behalf of the District. No other

individual is authorized to receive mailing of a Government Claim on behalf of the District, unless the claim is addressed to the Board of Directors and mailed to the Board of Directors of the District at 400 West Mineral King Avenue, Visalia, CA, 93291, the principal office of the Board of Directors.

C. Processing a Presented Claim. If a claim is (1) delivered to the Board Clerk, the Board Secretary, or the Auditor. ~~(~~In the absence of the Board Clerk, the Board Secretary, and the District's Auditor, the District Compliance Officer is authorized to receive personal delivery of a government claim on behalf of the District~~-~~; or (2) received in the mail addressed to the Board Clerk, the Board Secretary, or the Auditor; or (3) received in the mail addressed to the Board of Directors of the District at 400 West Mineral King Avenue, Visalia, CA, 93291, the claim shall be immediately provided to the Board Clerk so the date, time and manner of delivery/mailing can be recorded by the Board Clerk in a log to be maintained in the Board Clerk's office. The Board Clerk shall then make prompt arrangements to have a copy of the claim, as well as the log information for the claim, provided to the District's Risk Management Department and to the legal counsel for the District who will be representing the District with respect to the claim. In the event that a claim is accepted by the Auditor, in the absence of the Board Clerk, the claim shall be marked with the date/time and manner of delivery/mailing recorded. The claim shall be immediately forwarded to the Risk Management Department to be processed as noted above.

If delivery of a claim is attempted on any individual other than the Board Clerk, the Board Secretary, or the Auditor, then the person attempting delivery shall be advised by the individual on whom delivery of a claim is being attempted that he/she is not authorized to receive delivery of a claim on behalf of the District and he/she shall decline to accept delivery. If a claim is delivered to any individual other than the Board Clerk, the Board Secretary, or the Auditor, then the claim shall be promptly forwarded directly to the District's general counsel for possible return to the sender. The District's general counsel shall advise the District's Risk Management Department of the handling of the improperly presented claim.

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

II. Service of Summons and Complaint.

A. Personal Delivery. Only the Board Clerk, the Board Secretary or the Board President is authorized to accept delivery of a summons and complaint on behalf of the District. In the absence of the Board Clerk, the Board Secretary, or the Board President, the District Compliance Officer is authorized to receive personal delivery of a Summon and Complaint on behalf of the District. In the absence of the Board Clerk, Board Secretary, Board President and the District Compliance Officer, the administration staff will contact the District's general counsel who will

advise how to proceed with the service of the summons and complaint. No other individual, and no other manner of service, is authorized in the absence of a court order or a specific authorization from the Board President, who is granted limited authority as described in this policy.

B. Processing a Delivered Summons and Complaint. If a summons and complaint are delivered to the Board Clerk, the Board Secretary or the Board President, they shall be immediately provided to the Board Clerk so the date, time and manner of delivery can be recorded by the Board Clerk in a log to be maintained in the Board Clerk's office. In the absence of the Board Clerk, the Board Secretary, or the Board President, the District Compliance Officer is authorized to receive personal delivery of a Summon and Complaint on behalf of the District. The Board Clerk shall then make prompt arrangements to have a copy of the summons and complaint, as well as the log information for the summons and complaint, provided to the District's Risk Management Department and to the legal counsel for the District who will be representing the District with respect to the litigation.

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

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

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

Policy Submission Summary

Manual Name: Emergency Management			**Date: 9.11.19**
Support Staff Name: Maribel Aguilar			
Policy/Procedure Title	**#**	**Status – List policies in this order and identify if: New *, Revised *, Reviewed, or Deleted**	*** Name and phone extension of person who wrote or revised policy - * for New and Revised policies only**
Request to Operate Under CMS 1135 Waiver	DM 2227	New	Maribel Aguilar 624-2381

Policy Number: DM 2227	Date Created: 08/06/2019
Document Owner: Maribel Aguilar (Safety Officer/Life Safety Mgr)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (EOC/Emergency Preparedness), Regina Sawyer (VP Chief Nursing Officer)	
Request to Operate Under CMS 1135 Waiver	

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

Policy:
Kaweah Delta Health Care District (KDHCD) is committed to providing all of our stakeholders with the safest environment possible. To help meet this commitment, KDHCD has established a policy and procedure to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in an emergency area during specific time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

During an emergency it may become necessary to waive certain CMS regulations. Once The U.S. President declares a disaster or emergency under the Stafford Act and the National Emergencies Act. And The U.S. Department of Health and Human Services declares a public health emergency. CMS allows facilities to request a waiver of individual CMS Requirements of Participation. These waivers are allowed under Part 1135 of the Social Security Act and are referred to as an 1135 Waiver.

Procedure:
The Incident Commander will contact Compliance and instruct them to request a 1135 Waiver.

CMS is requiring that all 1135 Waiver requests be electronically submitted directly to CMS, and follow the process identified below:

1. The Compliance officer or designee will be responsible for requesting the 1135 Waiver and will provide to the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO), at a minimum the following information, using this email address: rosfoso@cms.hhs.gov and copy the Bakersfield District Office, Attention: Jean Chiang: jean.chiang@cdph.ca.gov.
   - A letter delineating all specific, relevant federal laws or regulations for which a waiver is being sought.
   - Clear reasons and justifications for the request.

- *Example: Facility is sole community provider without reasonable transfer options at this point during the specified emergent event (e.g. flooding, tornado, fires, or flu outbreak). Facility needs a waiver to exceed its bed limit by X number of beds for Y days/weeks (be specific).*

- The State must have activated an emergency preparedness plan or pandemic preparedness plan in the area where the hospital is located, and
- The facility's Emergency Operations Plan (EOP) must have been activated for the specific waiver being requested.
- The type of relief the facility is seeking or the regulatory requirement(s)/reference(s) the facility is seeking to have waived

  Examples include:

  a. Requests by hospitals to provide screening/triage of patients at a location offsite from the hospital's campus;

  b. Hospitals housing patients in units not otherwise appropriate under the Medicare Conditions of Participation or for duration that exceeds regulatory requirements;

  c. Hospitals or nursing homes requesting increases in their certified bed capacity.

The 1135 waiver authority applies only to Federal requirements and does not apply to State requirements for licensure or conditions of participation.

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Kaweah Delta
HEALTH CARE DISTRICT

RESOLUTION 2048

WHEREAS, Debbie Murray, Coding Manager, is retiring from duty at Kaweah Delta Health Care District after 30 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 Debbie Murray for 30 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 23rd day of September 2019 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

Appendix D

Policy Submission Summary

Manual Name: Administrative Policy			**Date: 9/6/2019**
Support Staff Name: Cindy Moccio			
Routed to:			**Approved By: (Name/Committee – Date)**
☐ **Department Director**			Evelyn McEntire – 8/1/2019
☐ **Medical Director** *(if applicable)*			Regina Sawyer – 8/15/2019
☐ **Medical Staff Department** *(if applicable)*			
☐ **Patient Care Policy** *(if applicable)*			
☐ **Pharmacy & Therapeutics** *(if applicable)*			
☐ **Interdisciplinary Practice Council** *(if applicable)*			
☐ **Credentials Committee** *(if applicable)*			
☐ **Executive Team** *(if applicable)*			
☒ **Medical Executive Committee** *(if applicable)*			
☒ **Board of Directors**			
Policy/Procedure Title	**#**	**Status** (New, Revised, Reviewed, Deleted)	**Name and Phone # of person who wrote the new policy or revised an existing policy**
Medically Ineffective Care	AP171	Reviewed	Evelyn McEntire 624-5421

Provider Name: _____ Date: _____

Please Print

NURSE PRACTITIONER / PHYSICIAN ASSISTANT

Assignment: ☐ ICU ☐ ICCU ☐Cardiac Services ☐Through-Put ☐OB/GYN ☐Pediatric ☐ Psychiatry

☐ Adult Hospitalists ☐ Surgery ☐ Orthopedic ☐ Neurosurgery ☐Family Medicine ☐ Internal Medicine

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 or granting of privileges)***; Current licensure to practice as a PA by the California Physician Assistant Board; **OR** **Nurse Practitioner:** Completion of an advanced nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NP's specialty area; current certification by the ANCC or AANP **(*Obtain certification within one year of completion of advanced nursing program); AND*** ***Additional Certifications:*** BLS or ACLS and full schedule California DEA **Clinical Experience:** Documentation of patient care for 50 patients in the past two years OR completion of training program within the last 12 months **Renewal Criteria:** Documentation of patient care for 50 patients in the past 2 years AND maintenance of current certification by NCCPA, ANCC, or AANP ; AND current BLS or ACLS and full schedule California DEA **FPPE:** A minimum of 5 cases by Direct Observation and Retrospective Chart Review at the supervising physician's discretion.

Request	**GENERAL CORE PRIVILEGES** Includes procedures on the following list and such other procedures that are extensions of the same techniques and skills:	Approve
☐	• Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures • Counsel and instruct patients, families, and caregivers as appropriate • Direct care as specified by medical staff-approved protocols; Make daily rounds on hospitalized patients, as appropriate; Initiate appropriate referrals; • 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 • Implement therapeutic intervention for specific conditions when appropriate • Insert and remove nasogastric tube; provide tracheostomy care • Order and initial interpretation of diagnostic testing and therapeutic modalities; • Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses; • Perform History & Physical/ MSE; • Perform other emergency treatment • Prescribe & Administer medications per formulary of designated certifying board • Record progress notes; • Removal of drains, sutures, staples, & packing • Remove arterial catheters, central venous catheters, chest tubes; • Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; superficial surgical procedures • Write Discharge Summaries and Instructions	☐
☐	Adult: Patients >18 years of age	☐
☐	Pediatric: Well newborn up to 18 years of age	☐
☐	Outpatient Services at a KD facility identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting. **__ Dinuba __ Exeter __Lindsay __ Woodlake ___Family Medicine Clinic ___Dialysis Clinic ___Hospice ___Chronic Disease Management Center ___Wound Care Center ___Sequoia Cardiology Clinic ____Neuroscience Center**	☐

Provider Name: _____ Date: _____

Please Print

ADVANCED INPATIENT PRIVILEGES Initial FPPE is deemed to have been satisfied based on succesful completion of a preceptorship at KDHCD within 6 months prior to the grant of clinical privileges					
Request	**Procedure**	**Criteria**	**Renewal Criteria**	**FPPE**	**Approve**
☐	Bronchoscopy	20 procedures in the last 2 years	10 procedures in the last 2 years	Minimum of 5 concurrent	☐
☐	Cerebral Spinal Fluid (CSF Shunt Tap)	2 in the last 2 years	1 in the last 2 years	2 concurrent	☐
☐	Contrast Echocardiography/ Bubble Study	5 in the last 2 years	5 in the last 2 years	2 concurrent	☐
☐	Endotracheal tube placement	10 in the last 2 years	8 in the last 2 years	Minimum of 3	☐
☐	Insertion of Arterial Lines	5 in the last 2 years	5 in the last 2 years	2 concurrent	☐
☐	Insertion of central venous access or dialysis catheters	5 in the last 2 years	5 in the last 2 years	Minimum of 2 - any site	☐
☐	Insertion of Chest Tubes	5 in the last 2 years	5 in the last 2 years	Minimum of 3	☐
☐	Laceration Repair – Complex and Layered	3 in the last 2 years	3 in the last 2 years	3 concurrent	☐
☐	Lumbar Puncture	3 in the last 2 years	3 in the last 2 years	2 concurrent	☐
☐	Paracentesis	5 in the last 2 years	5 in the last 2 years	5 concurrent	☐
☐	Perform pharmacological and non-pharmacological stress tests	10 in the last 2 years	10 in the last 2 years	2 concurrent	☐
☐	Placement of External Ventricular Drainage Device	3 in the last 2 years	3 the last 2 years	2 concurrent	☐
☐	Placement of Intracranial Monitoring Devices	3 in the last 2 years	3 in the last 2 years	2 concurrent	☐
☐	Removal of Intra-Aortic Balloon Pump	5 in the last 2 years	5 in the last 2 years	5 concurrent	☐
☐	Removal of Intra-cardiac lines or temporary Epicardial Pacer Wires	2 in the last 2 years	2 in the last 2 years	2 concurrent	☐
☐	Remove & reinsert PEG tube	3 in the last 2 years	3 in the last 2 years	2 concurrent	☐
☐	Replacement of tracheostomy tubes >1 month since time of tracheostomy	5 in the last 2 years	5 in the last 2 years	5 concurrent	☐
☐	Surgical Assistant *(<u>may not</u> perform opening and/or closing surgical procedures at or below the fascia on a patient under anesthesia without the personal presence of a supervising physician and surgeon).*	10 in the last 2 years	10 in the last 2 years	2 concurrent	☐
☐	Thoracentesis	5 in the last 2 years	5 in the last 2 years	Minimum of 2	☐
☐	Tilt Table	5 in the last 2 years	5 in the last 2 years	2 concurrent	☐
☐	Uncomplicated Ventilator Management	5 in the last 2 years	5 in the last 2 years	2 concurrent	☐

Kaweah Delta HEALTH CARE DISTRICT

Provider Name: _____ Date: _____

Please Print

ADVANCED OUTPATIENT PRIVILEGES FPPE requirement waived if provider has successfully completed training (preceptorship) at KDHCD within the last 6 months					
Request	**Procedure**	**Criteria**	**Renewal Criteria**	**FPPE**	**Approve**
☐	Colposcopy	Documentation of training and 10 procedures in the last 2 years.	10 procedures in the last 2 years.	A minimum of 1	☐
☐	Complex Wound Care (Wound debridement, application of skin substitutes, complicated management and wound biopsy) (Wound Care Center Only)	20 procedures in the last 2 years	20 procedures in the last 2 years	First 2 concurrent cases	☐
☐	Hospice: Rounding on home-bound patients enrolled in KDHCD Hospice Services	Initial Criteria for Core Privileges	20 patient contacts in the last 2 years.	2 concurrent or retrospective chart reviews.	☐
☐	Hyperbaric Oxygen Therapy Pre-requisite: Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) (Wound Care Center Only)	Completion of 40 hour Hyperbaric Course **and** documentation of 20 cases in the last 2 years.	20 procedures **AND** documentation of 10 CME in wound care/hyperbaric medicine in the last 2 years	2 direct observation & 2 retrospective chart reviews	☐
☐	Nephrology: Changing dry weight, checking declots (Dialysis Centers Only)	Initial Criteria for Core Privileges	20 nephrology patient contacts in the last 2 years	2 concurrent or retrospective chart reviews.	☐
☐	OB Care: Prenatal and post-partum care	Documentation of training and 20 prenatal/ post partum cases in the last 2 years.	20 prenatal/ post partum cases in the last 2 years.	2 concurrent or retrospective chart reviews.	☐
☐	OB ultrasonography: Evaluation of fetal presentation, number, confirmation of cardiac activity, position and placental placement	Completion of Basic Obstetric Ultrasound course in limited U/S and 10 in the last 2 years.	10 in the last 2 years.	3 concurrent and/or retro-spective chart reviews	☐
	Paragard and Mirena IUD insertion/removal	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1	
☐	Nexplanon insertion	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1	☐
	Pelvic examinations, including pap smears	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1	
	Endometrial Biopsy	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1	
☐	; biopsy of the cervix	Documentation of training and 10 procedures in the last 2 years	2 in the last 2 years.	A minimum of 1	☐
☐	Perform pharmacological and non-pharmacological stress tests (Chronic Disease Management Center Only)	10 procedures in the last 2 years	10 in the last 2 years	2 concurrent	☐
☐	Radiation Oncology: Assist with simulations; high dose rate brachytherapy, intravenous radioactive therapy, oral radioactive administration and	A minimum of 3-month training period with a radiation	10 in the last 2 years	A minimum of 10 (including Core)	☐

Provider Name: _____ Date: _____

Please Print

	atrontium beta-irradiation application	oncologist OR previous experience.			

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) **Emergency Privileges –** In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

_____ _____

Advanced Practice Provider Signature *Date*

_____ _____

Supervising/Collaborating Physician Signature *Date*

DEPARTMENT CHAIR SIGNATURE(S) :

_____ _____

Department of Cardiovascular Services *Date*

_____ _____

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

_____ _____

Department of Family Medicine *Date*

_____ _____

Department of Internal Medicine *Date*

_____ _____

Department of OB/GYN *Date*

_____ _____

Department of Pediatrics *Date*

_____ _____

Department of Psychiatry & Addiction Medicine *Date*

_____ _____

Department of Radiology *Date*

_____ _____

Department of Surgery *Date*

Reducing Workplace Violence (WPV)
KD WPV Quality Focus Team Report

September 23, 2019

Maribel Aguilar, Life Safety Manager (KD Safety Officer) (lead)
Todd Noeske, Safety Specialist (lead)
Sandy Volchko, Director of Quality and Patient Safety (facilitator)

KAWEAH DELTA HEALTH CARE DISTRICT

Background - WPV

Prevalence of workplace violence in health care (Occupational Safety and Health Administration [OSHA])

- Approximately 75 percent of nearly 25,000 workplace assaults reported every year occurred in health care and social service settings.
- CalOSHA generally defines workplace violence as any act of violence or threat of violence that occurs at the work site, to include: the threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.

As a result…

- Kaweah Delta's (KD) WPV Committee put forth an enormous effort implementing the foundations of KD's WPV Program. This included mandatory WPV reporting beginning July 1, 2017 (as mandated by CalOSHA) in an effort to standardized data collection, better understand WPV and engage in improvement efforts.
- Quality Focus Team partnered with stakeholders of the Emergency Department at KD, focusing on physical abuse in the ED, identifying opportunities to reduce violence and injury to staff.

The Process of WPV

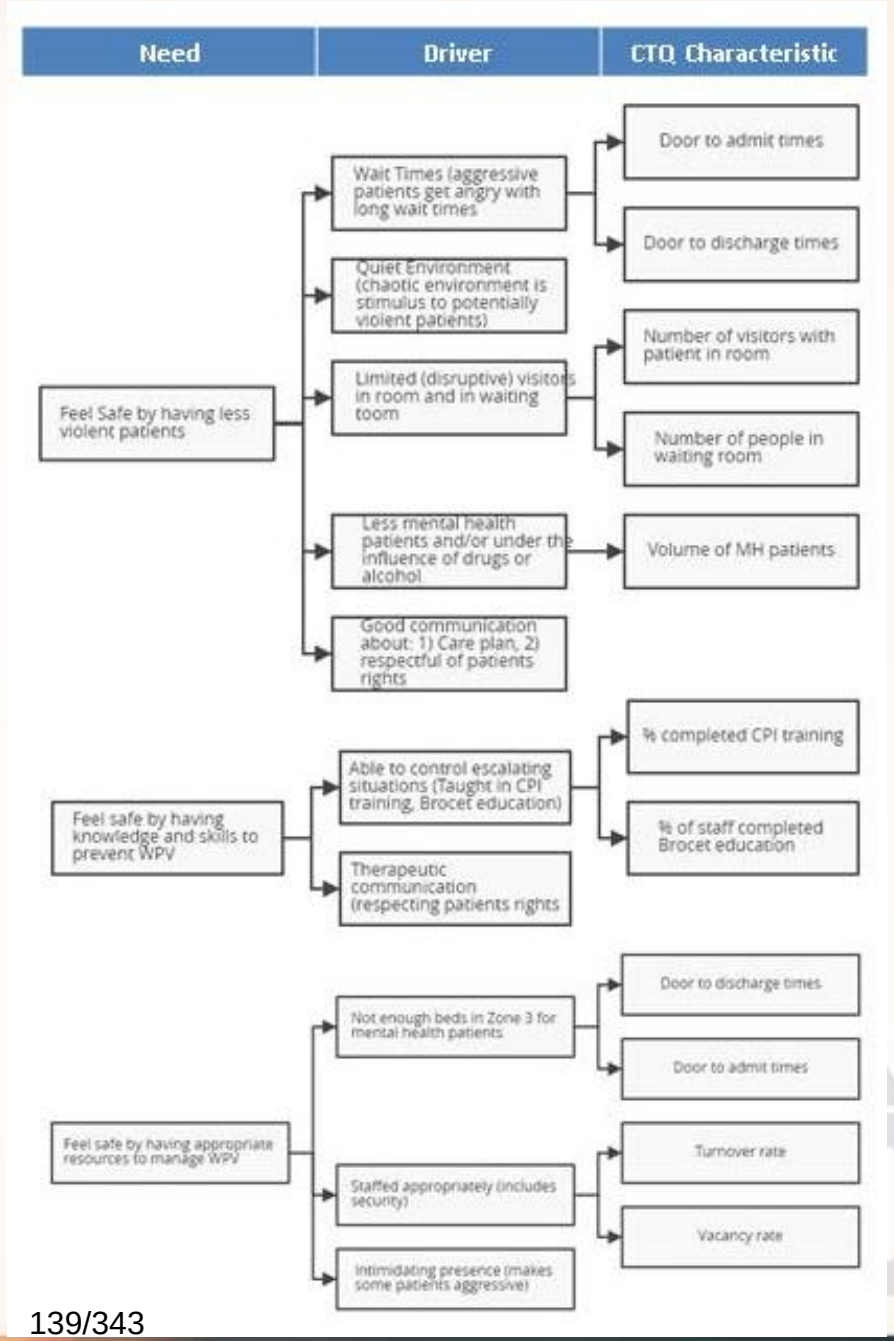
- Process starts at the entry of a potentially violent patient, escalation, intervention, report, employee assistance & follow up.
- The focus of the improvement effort is upstream: prevention of WPV events.

S SUPPLIER	I INPUT	P PROCESS	O OUTPUT	C CUSTOMER
Law Enforcement, Family, Crisis, Patient, Community, corrections	Patients Healthcare Needs Opioid Crisis	**Aggressive patient or visitor Admitted**	Influence (substances), psychosis, behaviors	Staff, Patients, visitors, community
Healthcare environment: Staff, physicians, law enforcement	Behavioral Trigger-stimulus; verbal, environment, confinement	**Escalating Event**	Influence (substances), psychosis, behaviors	
		Security called		
Trainers, trained staff, security	De-escalation techniques, training,	**Trained CPI Responders**		Staff/Aggressor
		Code Grey team arrives	De-escalation, Prevention	
Manager, Charge nurse, House Supervisor, Maintenance	CPI, show of force			
LIP, Pharmacy, RN, Staff, ISS (ordering	Medications: ordered, dispensed, administered Orders for Restraints	**Clinical Interventions**	Calmed/Subdued Controlled (restraints),	Staff, Aggressor
		Law Enforcement	Legal intervention	
Security, Staff	Information, details of event	**Midas Report Submitted**	Communication, investigation, f/u, law enforcement, legal intervention, Restraining order, Court hearing, Safety plan	Risk Leaderships needs Security Staff
Task Force: HR EH Management	Information	**Work Place Violence Event Reported Externally**		Regulatory requirements, Cal Osha, Employees, Organization
Security	f/u info, employee status updates law enforcement info, video, Liaison for PD relations			
Manager, EH, Risk, HR	Referral and info	**Employee Assistance Program**	Healthier happier employees, feel supported	Staff, organization
Staff, Manager, Risk	WIR, Midas report, Information	**Employee Health**	Follow-up and treatment as needed, data	Staff, EOC, organization

What is Critical to the Quality of our WPV Processes?

Critical items to consider:

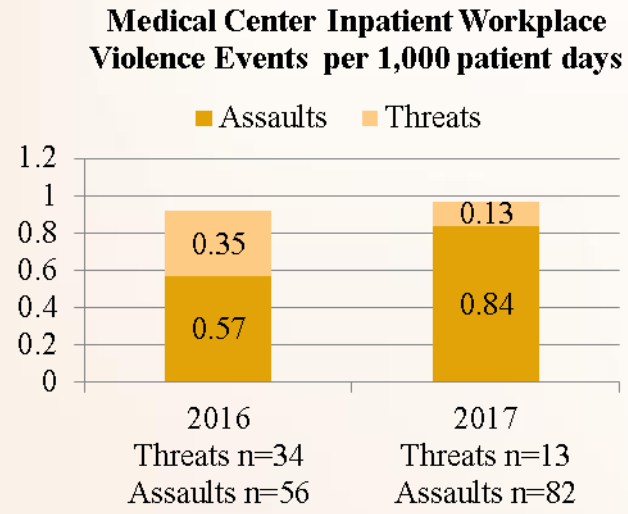
- Volume and length of stay of mental health (MH) patients.
- Training.
- Staff skill mix (level of staff experience); turnover & vacancy.
- Volume of visitors.

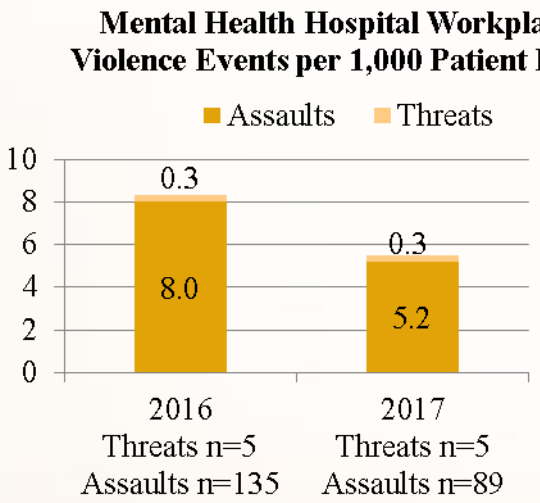


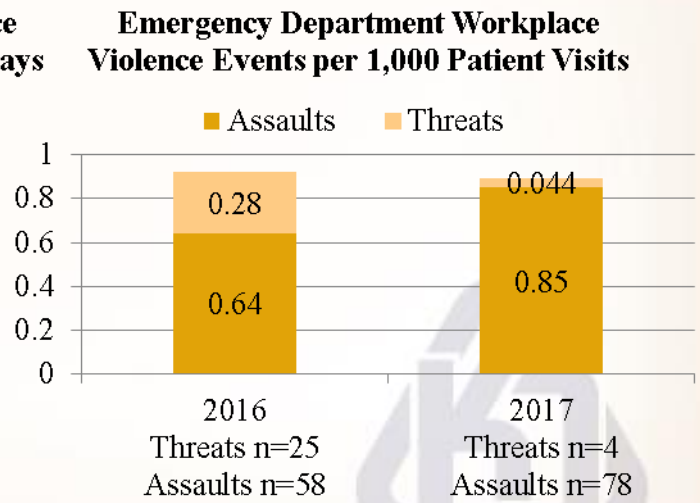
Baseline Measure

July 1, 2016 through July 31, 2017

- From 2016 to 2017 assault events had increased in the Medical Center inpatient areas and in the ED, and decreased in the MH Hospital.
- The difference in the overall numbers of WPV assault events reported in 2017 in each location is not great. Medical Center Inpatient 82; MH Hospital 89 and Emergency Department (ED) 78.



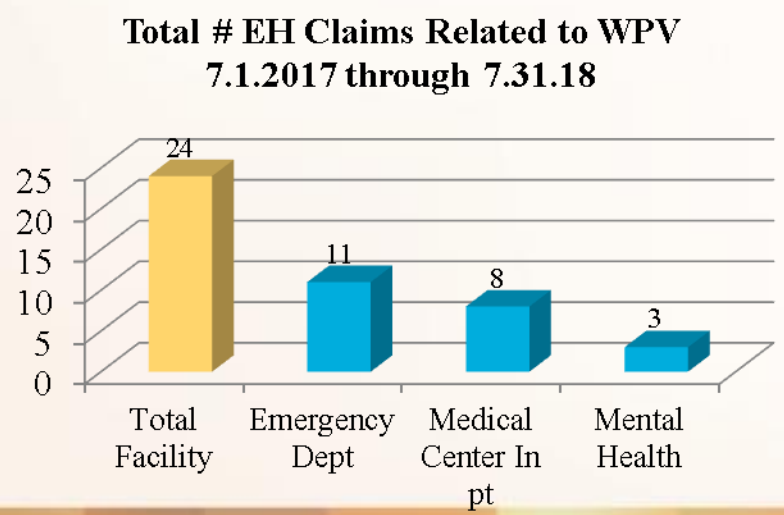


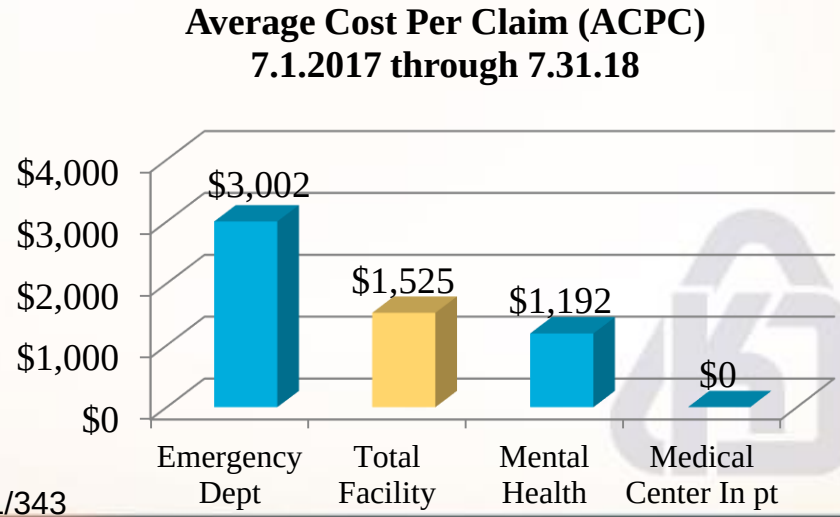


Baseline Measure

July 1, 2016 through July 31, 2017

- The result of a WPV event can range from no injury, to serious injury.
- The most serious WPV events resulting in serious staff injury occur in the ED.
- The ED incurs the most employee health (EH) claims related to WPV.
- Average cost per claim (ACPC) for ED staff equates to just over $3,ooo, compared to an ACPC of MH staff of $1,192 and $0 for medical center staff. The most employee days lost or restricted are significantly higher in ED staff than other locations.
- This data indicated that to impact WPV the team would need to first focus on WPV processes in the ED; improvement strategies would infiltrate into other locations of KD.

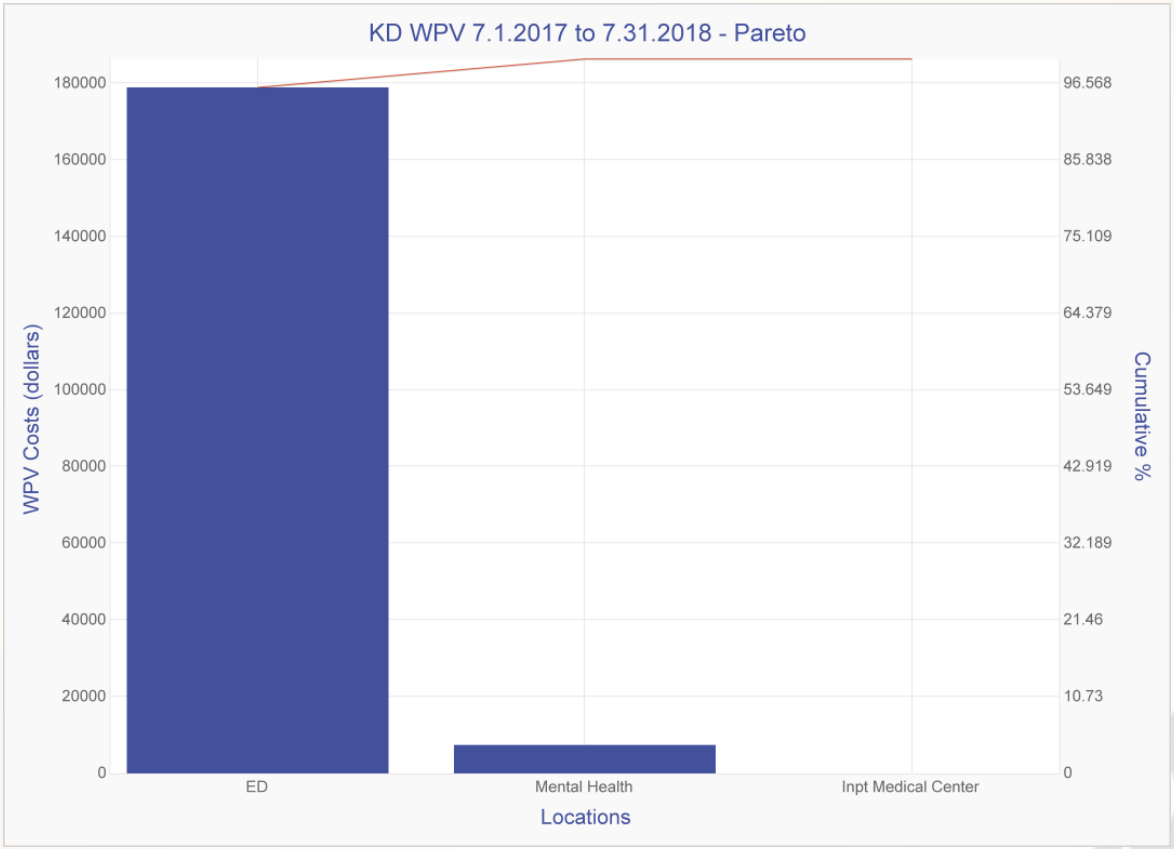




Baseline Measure – The Cost of WPV

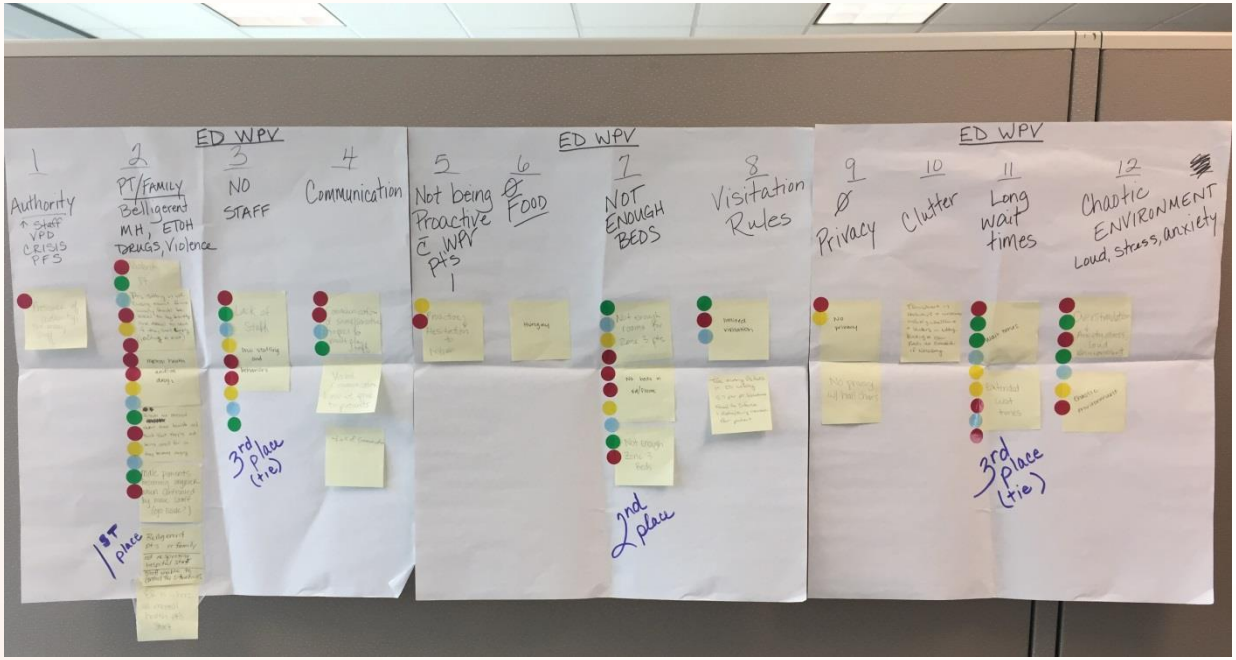
July 1, 2016 through July 31, 2017

95% of the costs related to employee injury resulting from WPV are associated with ED staff.



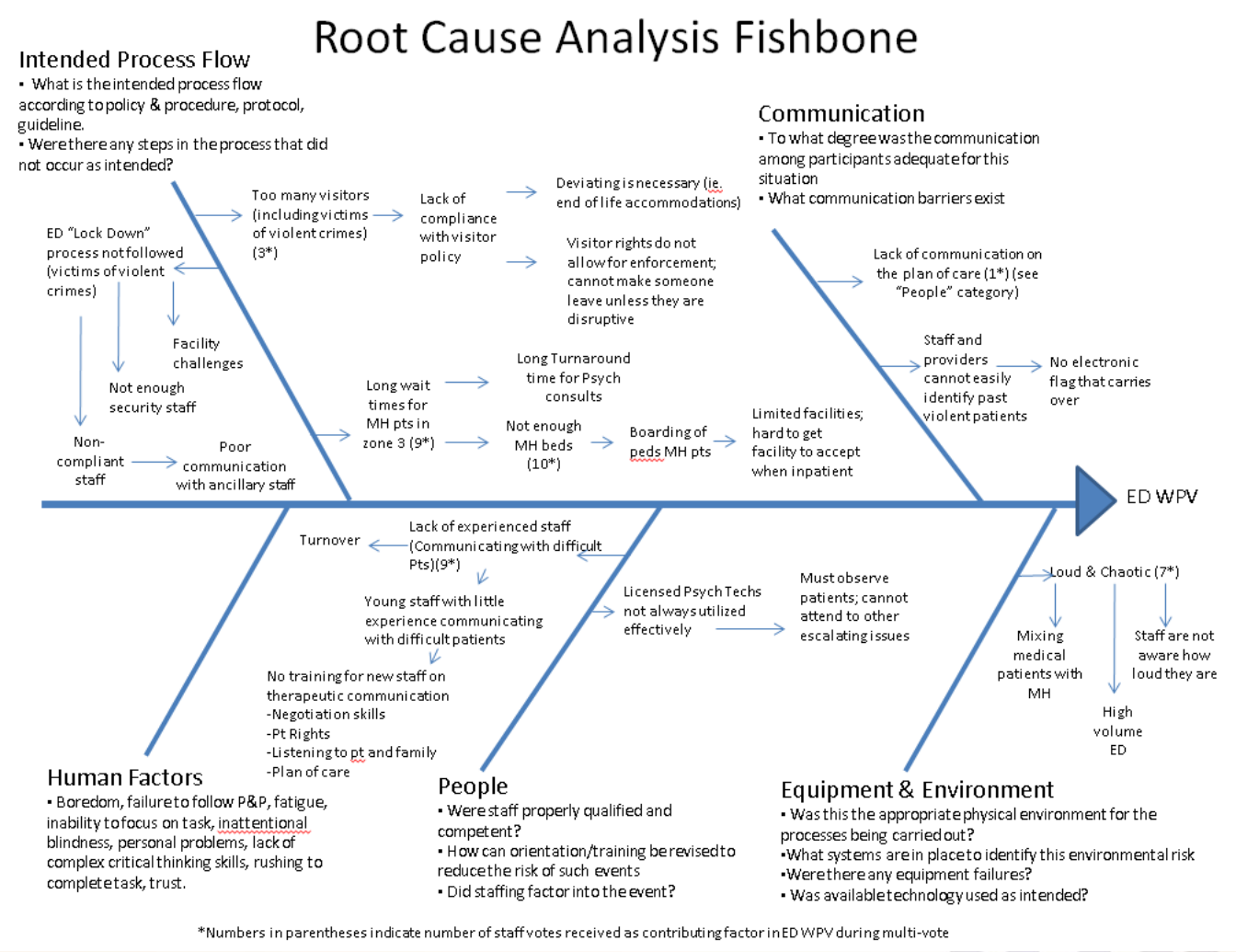
Analyze – The Root Causes of ED WPV

- ED CUSP team and security personnel provided front-line perspective on causes and potential solutions of ED WPV.



Analyze – The Root Causes of ED WPV

Using staff input, a Cause & Effect Diagram was developed by the QI team to identify the root causes of ED WPV.



Analyze – The Root Causes of ED WPV

The following root causes of ED WPV were identified:

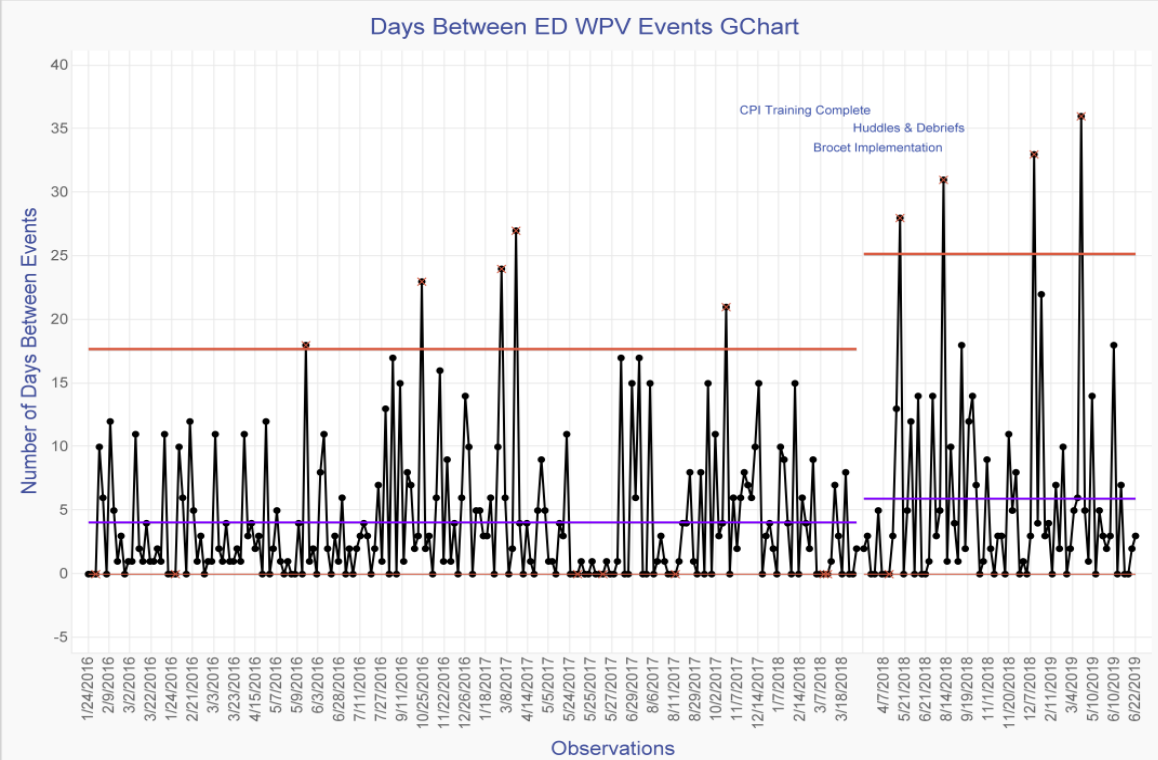
1. Training/Education on managing & communicating with patients with potential for violence.
2. Length of stay for mental health patients (length of time for psych consults and boarding of pediatric MH patients) (The scope of this QI team is looking at root causes for long LOS for MH patients not already being addressed by other work being done in ED to reduce LOS).
3. Lack of communication between disciplines and departments on patients who have a history of violence.
4. Compliance with the visitor policy.
5. Commingling of medical and mental health patients and noise volume in the ED.
6. Facility, resource and communication challenges with the ED lockdown process.
7. Getting the right skilled staff to the escalating violent situation.

Reducing WPV - Improvement

- Three strategies were implemented prior to the established QI team as part of the new CalOSHA regulations:
  1. Mandatory CPI (Crisis Prevention/Intervention) training for all ED staff; new curriculum.
  2. Risk for violence screening tool implementation (Broset).
  3. Rounding and intervention by safety specialist.

Reducing WPV - Improvement

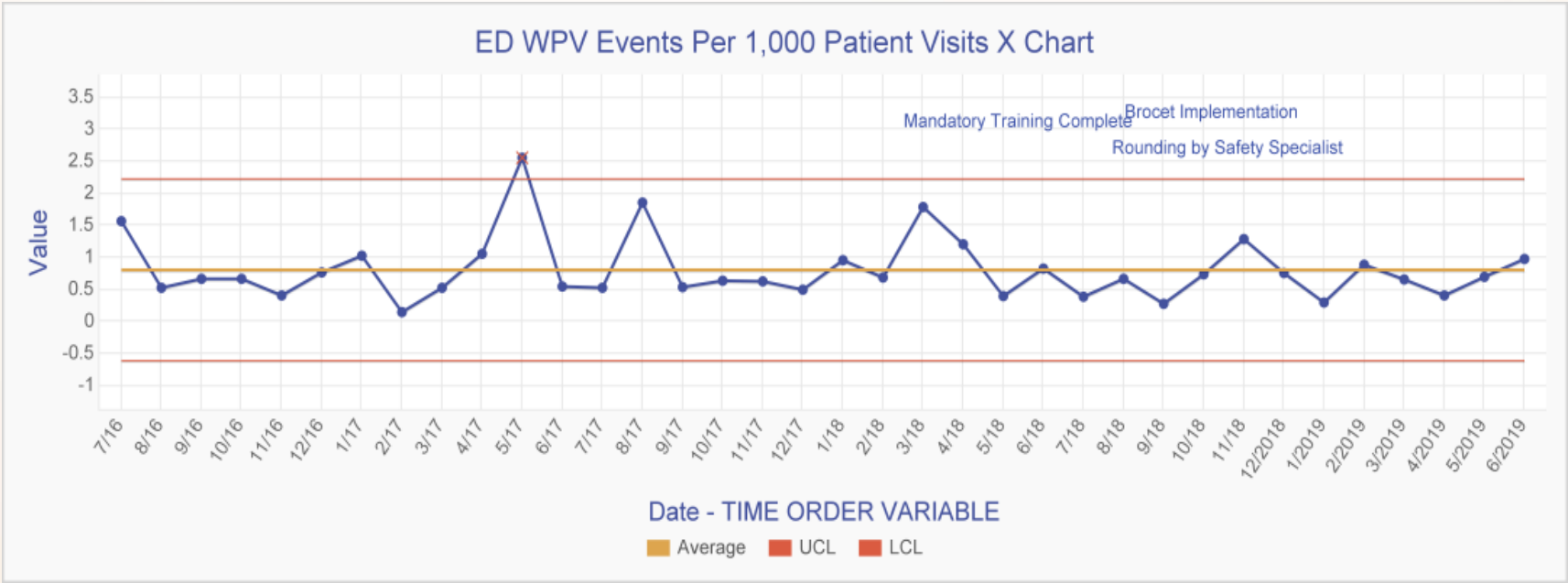
The three strategies have been effective in reducing ED WPV. Since April 2018 (when mandatory training was complete) the days between ED WPV events increased by 1.86 days (46%) from 4.07 days to 5.93 (This is an estimated reduction in 28 WPV events annually reducing injuries, days lost, and costs associated with injuries).



	Overall	Baseline	Post Strategies
Average	4.4198	4.0704	5.9388
Estimated Probability of an Event	0.1845	0.1972	0.1441

Reducing WPV - Improvement

- ED WPV events per 1,000 patient visits indicates that although some improvement has been made change in the process has not quite occurred (team is looking for at least 6 successive data points below the mean).



Reducing WPV – Next Steps

- The Cause and Effect Diagram was reviewed with current literature to develop a list of improvement strategies.
- The Team evaluated the strategies based on prioritization criteria to determine which strategies would be work on/evaluated first.

Project Prioitization Matrix

Strategies to Reduce ED WPV	Importance to Staff Safety Rate 5 to 1 High = 5 Low = 1		Cost to Implement Rate 5 to 1 High = 1 Low = 5		Feasibility (likelihood of Success) Rate 5 to 1 High = 5 Low = 1		Leverage (Positive Impact on Other Processes) Rate 5 to 1 High = 5	Total Project Priority
WPV Case Review (ongoing identification of training opportunities)	4.0	x	3.0	x	4.0	x	4.0	**192.0**
Behavioral Evaluation Response Team (or, right skill mix, right time)	5.0	x	2.0	x	5.0	x	3.0	**150.0**
Education and training (with buy-in) on communication/negoiation, patient rights, and KD specific P & P	4.5	x	3.0	x	3.0	x	2.5	**101.3**
Enforce visitor policy	4.0	x	4.0	x	3.0	x	3.0	**144.0**
Improve ED access/lock down processes	4.0	x	1.0	x	1.0	x	2.5	**10.0**
Improve Peds MH transfer processes	2.0	x	1.0	x	1.0	x	3.0	**6.0**
Improve MH consult processes	4.0	x	2.5	x	4.0	x	4.0	**160.0**
CPI training for ancillary staff	4.0	x	2.0	x	3.0	x	2.5	**60.0**
Improve communication on known previous violent patients (identification system)	4.0	x	4.0	x	3.0	x	3.0	**144.0**

Reducing WPV

The team completes prioritized strategies while tracking progress monthly (days between ED WPV events and ED WPV events per 1,000 visits); and status of the improvement strategies. Costs related to WPV will be monitored ad hoc.

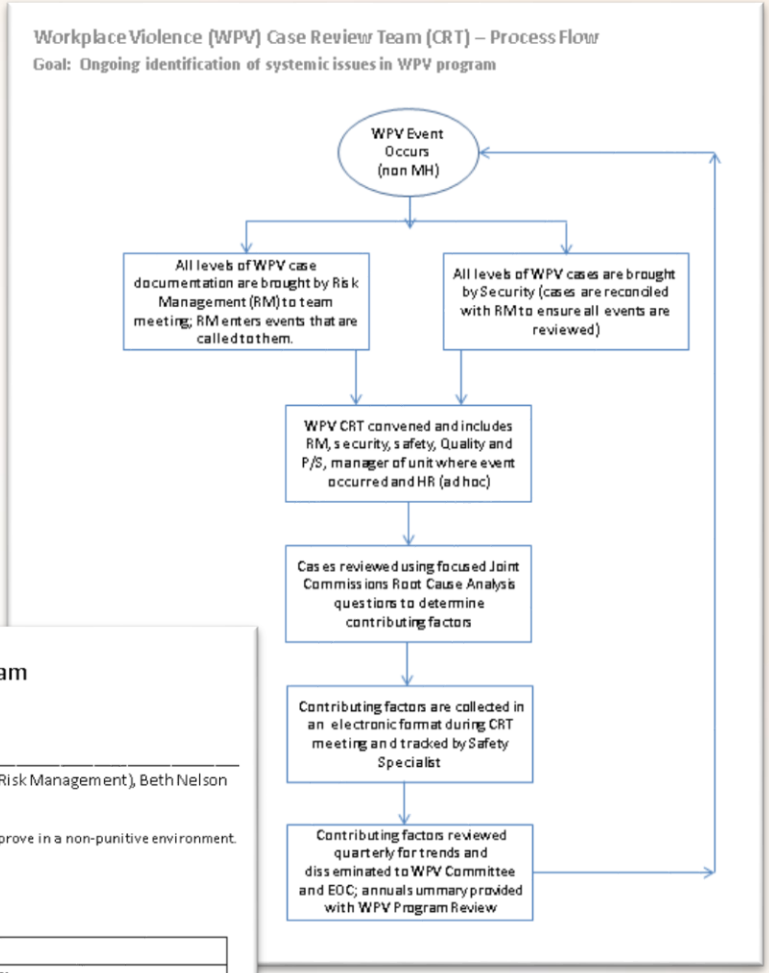
Since the QFT was established in January 2019 work has been complete or in process on the top 4 strategies.

Project Prioritization Matrix

Strategies to Reduce ED WPV	Total Project Priority	Who	Status
Mandatory CPI Training (ED)	n/a	Safety	COMPLETE
Broset Implementation (risk for violence screening tool)	n/a	Safety	COMPLETE
Rounding by Safety Specialist	n/a	Safety	ONGOING
WPV Case Review (ongoing identification of training opportunities)	192.0	Safety	COMPLETE (June 2019)
Improve MH LOS	160.0	QI Team	IN PROCESS
Evaluate Behavioral Evaluation Response Team (or, right skill mix, right time)	150.0	QI Team	IN PROCESS
Improve communication on known previous violent patients (identification system)	144.0	QI Team	IN PROCESS
Enforce visitor policy	144.0	TBD	PENDING
Education and training (with buy-in) on communication/negotiation, patient rights, and KD specific P & P	101.3	TBD	PENDING
CPI training for ancillary staff	60.0	TBD	PENDING
Improve ED access/lock down processes	10.0	N/A	HOLD
Improve Peds MH transfer processes	6.0	N/A	HOLD

WPV Case Review Team

- The WPV Case Review Team a recent strategy implemented to address WPV district wide.
- Ongoing identification of systematic issues in the WPV program.
- Collection and trending of root cause data to continuously improve processes.



Workplace Violence Case Review Team

Date:

Location: Time:

Team: Todd Noeske (Safety Specialist), Miguel Morales (Security), Evelyn McEntire (Risk Management), Beth Nelson (House Supervision), Human Resources (ad hoc) and unit/department leadership.

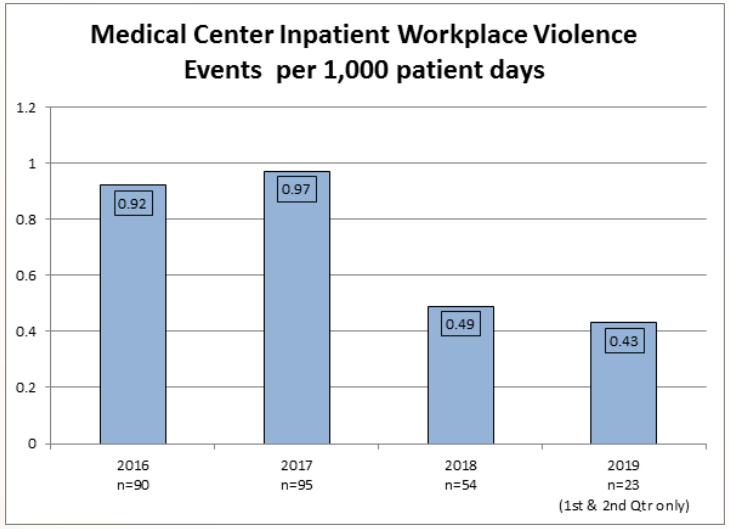
The purpose of the Case Review Team is to review workplace violence events to learn and improve in a non-punitive environment. Each workplace violence event will be reviewed with recommendations to follow.

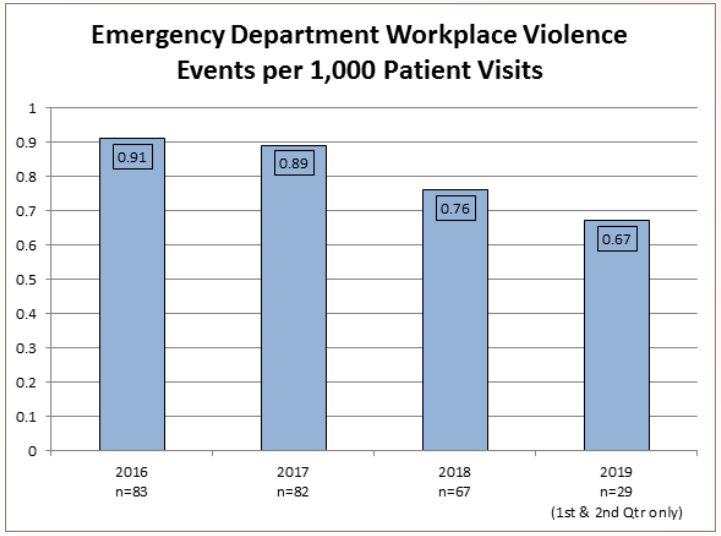
Learning Opportunities:

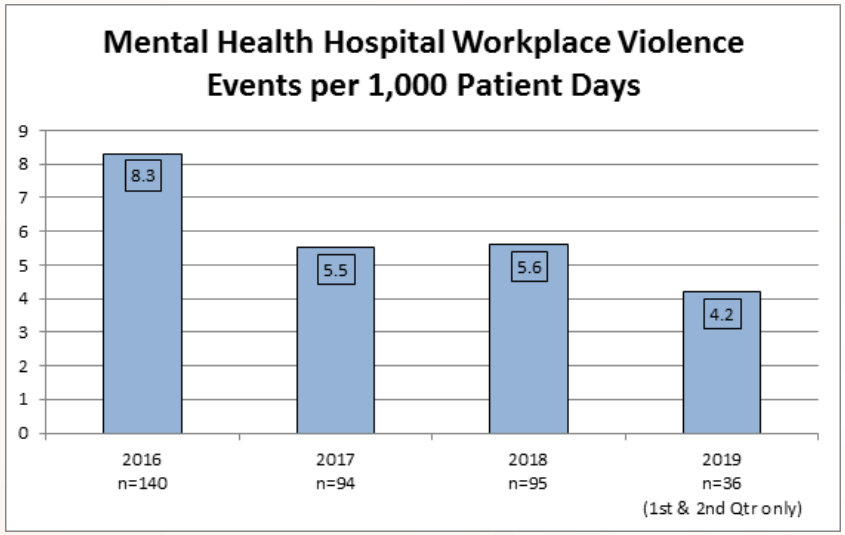
Units:

Root Causes Analysis Questions		
What are 1 or 2 factors that could have led to a favorable outcome? Event synopsis:		
Root Cause Analysis Questions	**YES**	**NO**
What was the intended process flow? Was it followed?		
Was the WPV event related to human factors? (ie. fatigue, lack of complex critical thinking, failure to follow P&P, inability to focus on task, inattentional blindness, rushing to complete task)		
Was the WPV event related to equipment or environmental failures?		
Was the WPV related to staffing? (Was primary RN on break? Was staffing adequate? Related to contracted staff, skill mix/experience of staff?)		
Would training/education have prevented the WPV event? (staff competency)		
Was the WPV event related to failure in communication? (between staff, OR between pt/family and staff)		

WPV By Location







Where we identify successful strategies, we are implementing them in an effort to keep our staff safe to help foster an ideal work environment.

QUESTIONS?

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

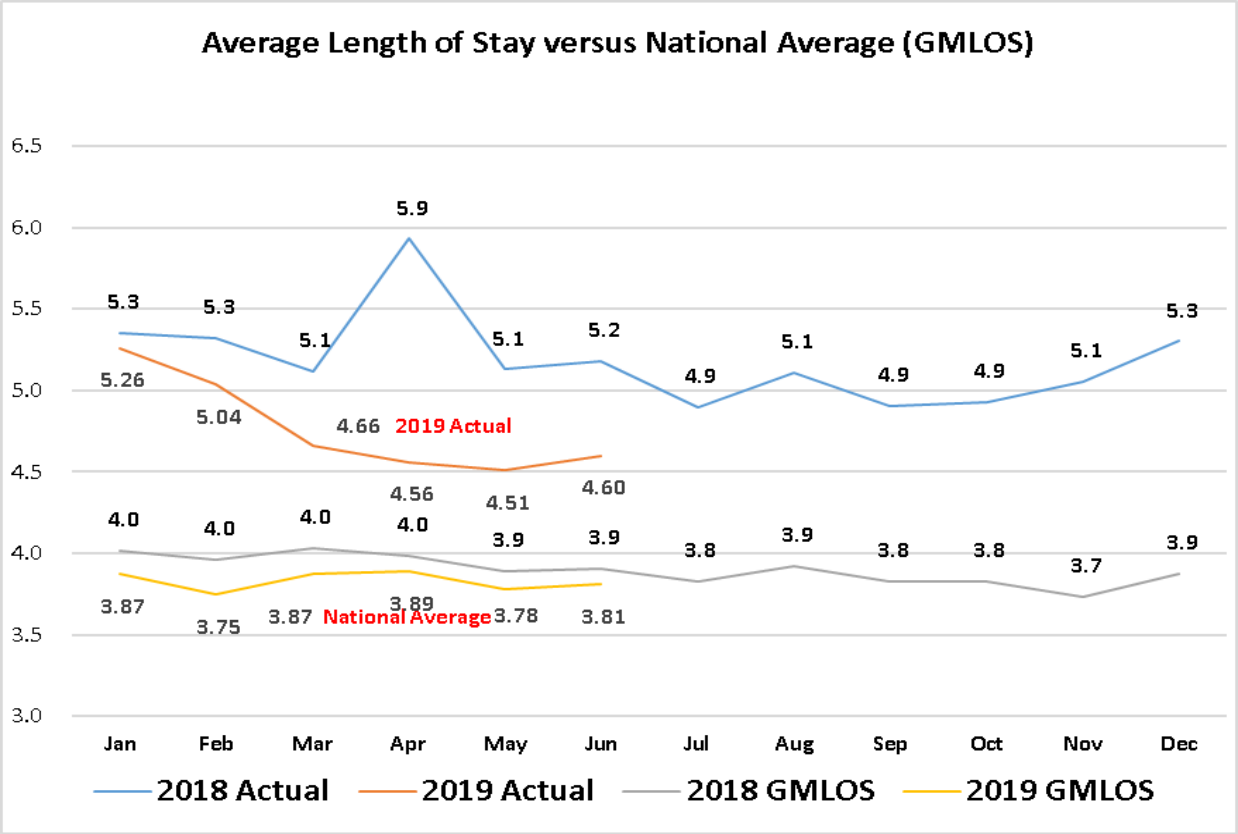
Strategic Plan: Operational Efficiency

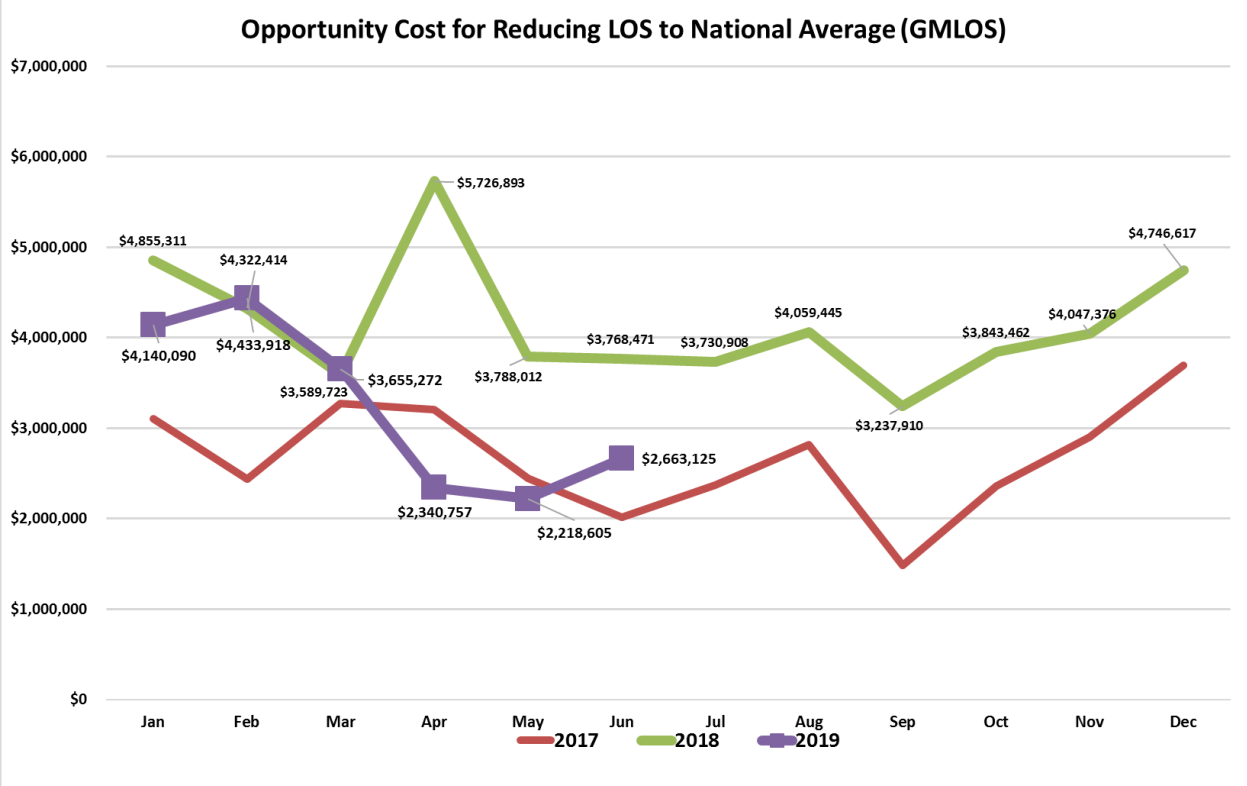
Keri Noeske, Director of Care Management, 559-624-5916
August 26, 2019

Summary Strategic Plan: Operational Efficiency

Operational efficiency is defined by our team as achieving maximum productivity with minimum wasted effort or expense. We are working to achieve this objective by implementing processes and improving practices that create safe patient outcomes with consideration of the highest quality of care in an effective manner. Using multiple subcommittees, we are directing areas of inefficiency and delay back to stakeholders who can affect changes to those processes. Each of the committees has created improvement goals that are measures of increased productivity, improved throughput or indicators of improved quality and satisfaction for our patients. The collaborative efforts of the subcommittees as well as leadership and staff providing direct patient care has resulted in a decreased length of stay from a FY18 average of 5.12 to a FY19 average of 4.9. This is almost a quarter of a day decrease with a cost savings impact of $1,796,000 (based on FY18 cost savings opportunities) with five months of focused work on decreasing the length of stay.

Quality/Performance Improvement Data





Policy, Strategic or Tactical Issues

Real time identification and resolution of throughput delays. Use daily unit based communication process to identify patient specific delays, reach out to departments that can address the delays and move patient care forward. Use the data collected to ensure focused efforts on areas needing impact.

Frontline staff in interventional cardiology, radiology and imaging are reviewing and expediting procedures as well as escalating delay concerns. Reaching out to move up scheduled procedures based on communication with throughput supervisors, charge nurses and nurse managers.

Cardiology uses daily throughput report to identify patients to move up in schedule. Created goal for same day discharge of patients with elective percutaneous catheter intervention procedures. Creating process for scheduled cardiac surgery patients to have pre-operative work done prior to hospitalization and admitting on day of surgery. Implementing evidence based practice to increase use of radial access for interventional cardiology access allowing for faster healing and few complications.

Retail pharmacy use by patients is between 75 and 85%. This use has contributed a reduction in readmissions by 12% of patient who use the service. The pharmacy provides access to medications for patients before they discharge. We will continue to work on timely delivery of the medications to support earlier discharge.

Interdisciplinary and ancillary team members participate in committees and real time throughput initiative to improve communication and performance. Improved communication and collaboration has created an open avenue to share concerns, ideas and feedback for action and change.

Engaged physicians in projects to identify simple and early discharges, same day procedure discharges and new procedural techniques. Identified delays resulting from incorrect order entry, engaged ISS physician support and medical directors to correct practices.

Improved length of stay and quality of outcomes for patients with the diagnosis of sepsis. Early identification, intervention and recovery of patients leads to less intense care needs and earlier discharge home.

Created partnership with UCSF and CRMC to provide Palliative Care fellowship training. Increase access to palliative care services within the inpatient and community setting.

Supply change management projects to save $1.5 million in FY20 with new cardiac rhythm supply project. Change in sterile reprocessing creates a potential savings of $500,000.

Improved awareness by physicians through feedback and involvement in process improvement of opportunities to reduce waste of resources such as time, money and supplies. Physician led group reviewing blood product use and identifying ways to decrease use when not necessary. Physicians participating on Resource Effectiveness committees and educating their peers on improvements and opportunities. Physicians sharing ideas for improvements they see in care delivery.

Recommendations/Next Steps

Use real time data collected to identify high frequency throughput issues and address long-term process changes with areas such as DRG groups, services and procedures. Also, identify education opportunities on barriers to inform physicians and groups of impact they can have on decision making as well as focusing on primary diagnoses for treatments.

Identify opportunities to increase coverage of services to weekends. Explore the frequency of use of those services and the impact they would have on throughput if offered on weekends. Collecting feedback from clinical teams to further explore frequency of need and problem solve with leadership of service areas.

Create common processes for diagnosis related groups using evidence-based practices. Identify barriers in care delivery for specific DRG populations and educate health care providers on potential improved practices.

Approvals/Conclusions

Initial team involvement by case management and nursing in real time throughput initiative rounds has led to a dramatic decrease in overall length of stay. The diagnosis related groups have not decreased as the highest opportunity areas but the overall length of stay has decreased. The leadership team will continue to provide oversight and support to the frontline teams in identification of opportunities as well as resolution of delays.

Strategic Initiative Charter: Operational Efficiency

Objective

Through effective processes and practices, we will achieve maximum productivity with minimum wasted effort or expense.

Chair

Keri Noeske

ET Sponsor

Regina Sawyer

Performance Measure	Baseline FY 2018	FY2019	FY2020 Goal	FY2021 Goal	FY2022 Goal
Adult Acute Med/Surg Length of Stay	5.12 (FY18 ALOS)	N/A	4.87	4.62	4.37
Actual Length of Stay Achieved for Fiscal Year	5.12	4.90			

Team Members

Tom Rayner
Doug Leeper
Malinda Tupper
Ryan Gates
Dan Allain
Suzy Plummer

Strategies (Tactics)

Utilize the Resource Effectiveness Committee (REC) structure to meet committee identified goals around improved patient flow, population management and cost savings.

REC steering committee guides and supports implementation of performance improvement goals impacting patient flow, population management, and cost savings initiatives throughout the Kaweah Delta continuum.

Provide necessary resources and remove barriers identified by REC committees to ensure success of the specific committee identified goals.

Maintain alignment with the strategic plan goals of the organization.

Strategy Charter for : Operational Efficiency

Strategic Initiative: Operational Efficiency

Objective

Through effective processes and practices, we will achieve maximum productivity with minimum wasted effort or expense.

Key Components

- Resource Effectiveness Committee

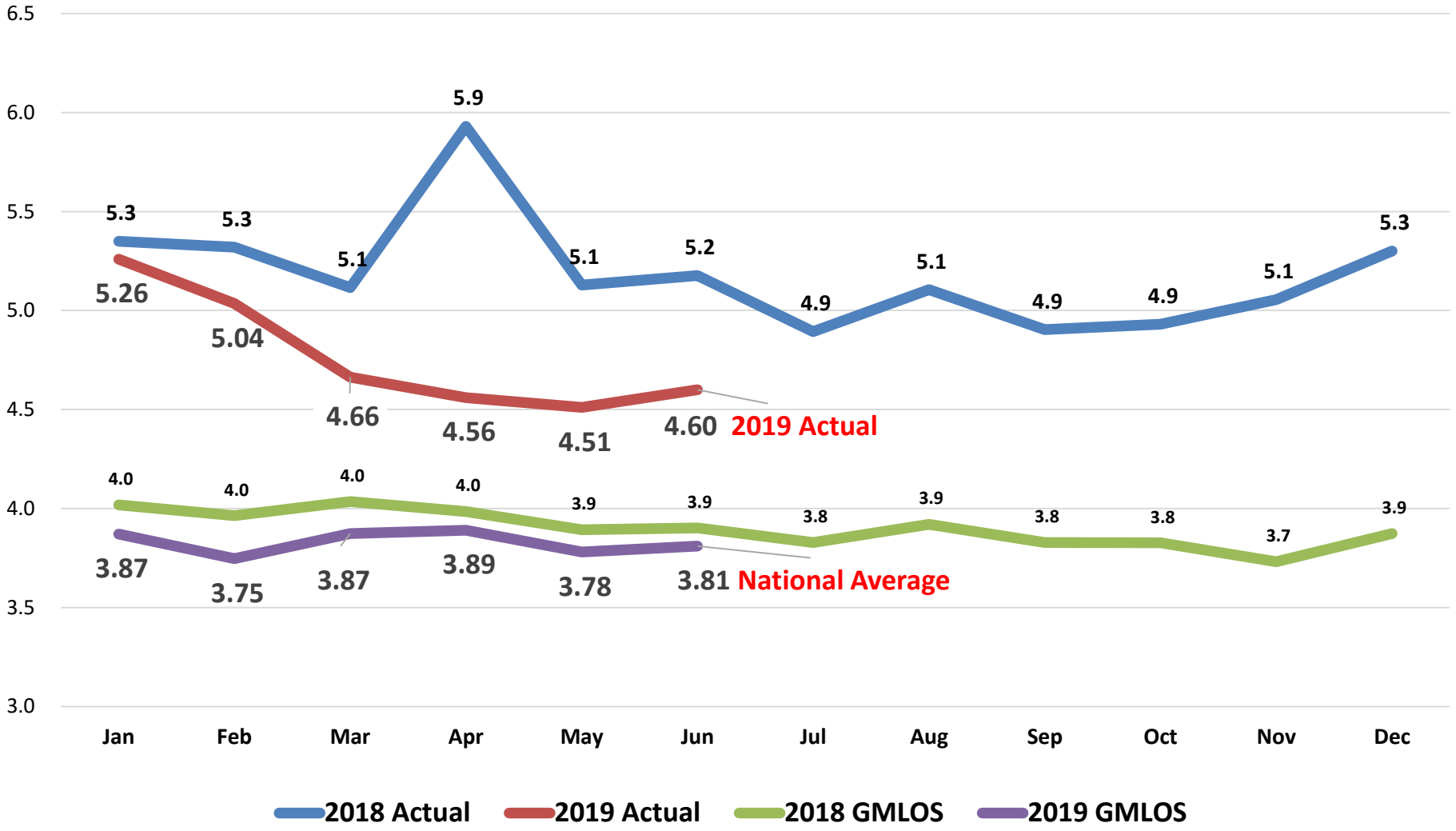
Outcomes	2020	2021	2022
Reduced Adult Acute Medical Surgical Length of Stay (FY 18 ALOS 5.12)	4.87	4.62	4.37
Fiscal Year 2018 Opportunity Cost Savings $41,781,888	4.9%	9.77%	14.65%

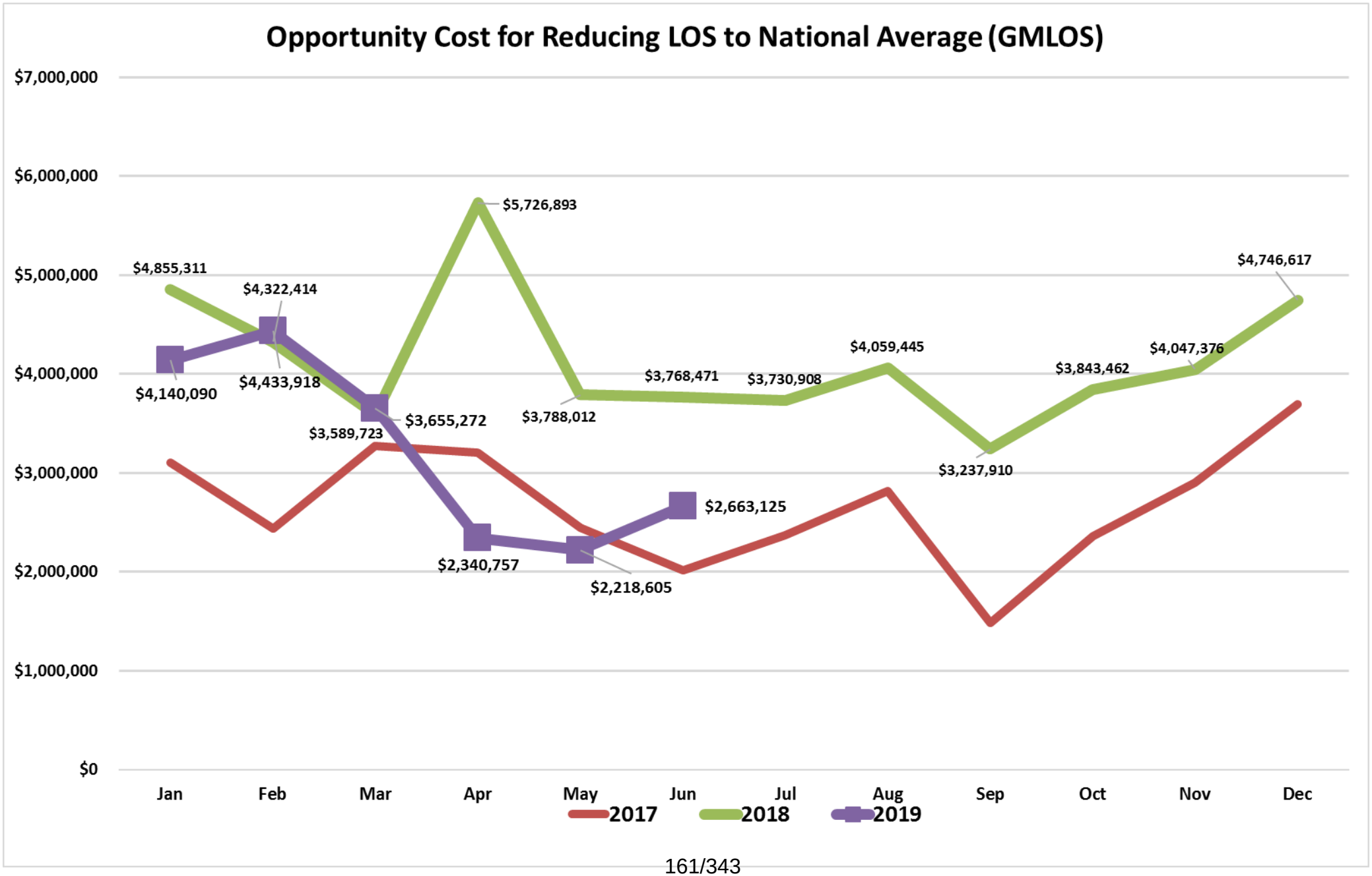
Financial Impact	2020	2021	2022
Cost Savings	$2,047,312	$4,082,090	$6,121,046

Team Members

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

Average Length of Stay versus National Average (GMLOS)




Opportunity Cost for Reducing LOS to National Average (GMLOS)
$7,000,000
$6,000,000
$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
$4,855,311
$4,322,414
$4,140,090
$4,433,918
$5,726,893
$3,589,723
$3,655,272
$3,788,012
$3,768,471
$3,730,908
$4,059,445
$3,237,910
$3,843,462
$4,047,376
$4,746,617
$2,663,125
$2,340,757
$2,218,605
2017
2018
2019

Strategy Charter for : Operational Efficiency

Strategic Initiative: Operational Efficiency

Objective

Through effective processes and practices, we will achieve maximum productivity with minimum wasted effort or expense.

Key Components

- Resource Effectiveness Committee – Patient Flow/Throughput
  - Real Time Throughput Initiative – Identify Opportunities for Improvements
  - Interdisciplinary Team – Communication and Process Improvement
  - Education – Correct Order Use and Procedure Areas
  - Retail Pharmacy Use - 12.1% Readmission Reduction
  - Frontline Staff – Expediting Procedures, Escalating Delay Concerns
  - Physician Support – Same Day Procedural Discharges, Early Discharge Identification, New Procedural Techniques

Financial Impact	2020	2021	2022
Cost Savings	$2,047,312	$4,082,090	$6,121,046

Outcomes	2020	2021	2022
Reduced Adult Acute Medical Surgical Length of Stay (FY 18 ALOS 5.12)	4.87	4.62	4.37
	4.9%	9.77%	14.65%

Team Members

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Strategy Charter for : Operational Efficiency

Strategic Initiative: Operational Efficiency

Objective

Through effective processes and practices, we will achieve maximum productivity with minimum wasted effort or expense.

Key Components

- Resource Effectiveness Committee – DRG Focused Groups
  - Overall Increase in ALOS – GMLOS decrease
  - Humana MA – Reduction in ALOS, all areas (except HF and Colon Surgery)
  - Increased leadership involvement
  - Creating new Expectations of Reporting from Groups

Financial Impact	2020	2021	2022
Cost Savings	$2,047,312	$4,082,090	$6,121,046

Outcomes	2020	2021	2022
Reduced Adult Acute Medical Surgical Length of Stay (FY 18 ALOS 4.69)	4.87	4.62	4.37
	4.9%	9.77%	14.65%

Team Members

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Strategy Charter for : Operational Efficiency

Strategic Initiative: Operational Efficiency

Objective

Through effective processes and practices, we will achieve maximum productivity with minimum wasted effort or expense.

Key Components

- Resource Effectiveness Committee - Cost Savings
  - CDI - Second Level Review Process
  - Supply Change Management – Decreased Medical Supply Costs
    - Cardiac rhythm supply project – $1.5 million savings FY20
    - Reprocessing project April 2019- projected $500,000 savings
  - Maintaining low Blood Product Waste Levels
  - Physician led group to Assess Utilization Practices of Blood Products
  - Fellowship Program Initiated to build Palliative Care program
  - Identifying duplication in orderset opportunities (VBG – Sepsis panel)

Financial Impact	2020	2021	2022
Cost Savings	$2,047,312	$4,082,090	$6,121,046

Outcomes	2020	2021	2022
Reduced Adult Acute Medical Surgical Length of Stay (FY 18 ALOS 4.69)	4.87	4.62	4.37
	4.9%	9.77%	14.65%

Team Members

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

KAWEAH DELTA HEALTH CARE DISTRICT

MEMO

To: District Board Members

From: Deborah Volosin

Subject: Community Engagement Initiative Quarterly Report

Date: August 13, 2019

In the fall of 2017, Kaweah Delta introduced the Community Engagement Initiative in an effort to improve the community's perception of Kaweah Delta Health Care District. The initiative is concentrating efforts to improve transparency and communication, and allowing the community regular opportunities to provide input and recommendations into important strategic initiatives.

A brief summary and update of each committee/group's activities this quarter are outlined below:

The mission of the **Hospital of the Future Committee**, chaired by Gary Herbst with Doug Leeper as back-up chair, is to work with Kaweah Delta to create a facility plan to meet the area's future healthcare facilities and technology needs.

This quarter this committee received a presentation from Sandy Volchko and Dr. Thomas Gray on Kaweah Delta Quality and Patient Safety Data and Gary Herbst on the District Boundaries Study.

Members:

Allen, David
Ayala, David
Becerra, Carmen
Boykin, Myra
Cairns, Carol
Caviglia, Aaron
Conley, Cindy
Grove, Jody
Kitchen, Bill **(Co-Chair)**
Knudsen, Jon
McDonnell, Josh
Mendoza, Samantha **(Co-Chair)**
Reigns, Rachel
Ritter, Donn
Robinson, Bill
Sanders, Steve
Seals, Matt
Shannon, JR
Vasquez, Jason
Vawter, Chad

The mission of the **Community Relations Committee**, chaired by Dianne Cox with Lisa Harrold as back-up chair, is to enhance local partnerships and build better public relations with a goal of incorporating community views into Kaweah Delta's planning and communications.

This quarter this committee updated their mission statement, reviewed the public perception survey results, discussed service recovery opportunities and processes, was led on a Sim Center tour by Dr. Sokol, received a presentation from Marc Mertz on Branding, and started posing "Questions of the Month" to their social circles and online arenas.

Members:

Allen, George
Avila, Janice
Croft, Bob **(Co-Chair)**
De La Vega Cardoso, Marisol
Hays, Kathy
Hurlbutt, Jim
Jones, Rebekah
Kaur, Joti **(Co-Chair)**
Lambert-Mackey, Allison
Olmos, Mike
Palermo, JC
Sanchez, Daryl
Sullivan, Tommy
Wynn, Liz

The mission of the **Healthcare for Today and Tomorrow Committee**, chaired by Tom Rayner with Regina Sawyer as back-up chair, is to work with Kaweah Delta to review current healthcare services available in the community and to provide input and recommendations for future healthcare services to meet community needs.

This committee broke into sub-committees at the beginning of the year and focused on three areas of service they thought our community needed more of: Preventative Health Programs, Mental Health Services, and Physician Onboarding and Retention. Each sub-committee came up with recommendations and presented them to the committee as a whole. This quarter the recommendations were presented to the Executive Team, which supported and approved the recommendation. Task forces and action plans, based upon the sub-committees' in-depth review, were created for each of the areas. The sub-committee members will continue to meet separately based upon the needs of the groups and to be updated on progress of the three initiatives.

This committee as a whole has decided to start meeting quarterly or as needed.

Members:

Allain, Dan
Alvarez, Patricia
Deming, Brittany
Diamant, Laurie
Gonzalez, Larry
Hicks, Lloyd **(Chair)**
Johnston, Kathy
Kast, Larry
Kumar MD, Ravi
Lechtman MD, Alex
Peden, Belva
Russel, Thad
Singh, PhD, Daljit
Sundstrom, Alicia
Vianello, Arlene
Wheaton, Craig
Wright, Thomas

The Senior Community Ambassadors Group

Mission**:** To positively represent and promote Kaweah Delta Health Care District in the community through knowledge of programs and services, awareness of construction and expansion, and sensitivity to outside feedback and conversation.

This quarter the ambassador group received presentations from Barry Royce on Cardiac Care, Ben Cripps on Compliance, and Chris Patty on Research projects that Kaweah Delta is involved in.

Members:

Donald Ajluni
Mike Andrada
Michelle Barrios
Robyn Batchman
Julie Berk
Sandy Blankenship
Phil Bourdette
Steve Brandt
Liset Caudillo
Nina Clancy
Gary Cole
Lina Contreras
Kara Cripps
John Crowe
Monique da Costa
Adrian Dieleman
Freddy Espinoza, Jr.
Ed Evans
Mark Fisher
Judy Fussel
Alfonso Gamino
Joel Glick
Jody Graves
Randy Groom
Carrie Groover
Fran Herr
Christina Herrera
McKenna Hoffman
Karen Hurlbutt
Ryan Jennings
Venita Jourdan
Paula Kinsel
Nancy Lockwood
Sam Logan
Raymond Macareno
Dr. Rupi Malli
Dr. Sarjit Malli
Jeff Moyer
Steve Nelson
Bruce Nicotero
Erin Olm-Shipman
Janet Paine
Michelle Phillips
Dianis Pimentel
Dr. Marie Pinto
Theresa Polich
Teresa Ramos
Julie Reardon
Jonna Schengel
Nikki Scholl
Mary Serrato
Judy Silicato
Drew Sorensen
Cody Stephens
Jose Suarez
Gena Vartanian
Arlene Vianello
Ron Wathen
Heather Wegley
Susan Winey
Dr. William Winn
Justin Workman
Jim Young
Gene Yunt

Cindy Dupuis	Lynn Knudson	William Roach, M.D.	Irene Zacarias
Selina Escobar	Ed Largoza	Joe Russell	Gail Zurek

New Community Ambassadors

Mission: To positively represent and promote Kaweah Delta Health Care District in the community through knowledge of programs and services, awareness of construction and expansion, and sensitivity to outside feedback and conversation.

This quarter this ambassador group received presentations from Dan Allain on the Emergency Department, Dianne Cox on Human Resources, and John Tyndal on Community Outreach.

Members:

Jazmin Arana	Mandy Hothi	Antonio Martinez
John Barbis	Scott Jacobsen	Todd Oto
Linda Bonilla	Mike Kaplan	Melissa Neeley
Carolyn Britten	Dr. Steve Koobatian	Alicia Rodriguez
M. Sarah Clements	Amanda Lang	David Serpa
Kathy Fraga	Mitch Lareau	Frank Silveira
Paula Frank	Dr. Dean Levitan	Sylvia Valencia
Carmen Herrera	Mandy Hothi	Alex Wanless
Fran Hipskind	Tom Link	

Employee and Physicians Ambassador Group

Mission: To positively represent and promote Kaweah Delta Health Care District within Kaweah Delta and in the community through knowledge of programs and services, awareness of construction and expansion, and sensitivity to outside feedback and conversation.

This quarter this group received two separate presentations from Marc Mertz on Strategic Planning and Branding, and engaged in an open discussion about employee engagement.

Members:

Cheryl Anderson	Ruth Leach	Sandra Rodriguez
Zachary Anderson	Val Lee	Brittany Roper
Jason Backlund	Rafaela Luis	Dr. Onsy Said
Julianne Bettencourt	Dr. Harjoth Malli	Carmen Sanchez
Deborah Black	Dr. Monica Manga	Norma Sandoval
Patricia Boersma	Pam Mendenhall	Dee Sebert
Mia Bonvie	Kari Moreno	Dr. Sakona Seng
Karen Brooks	Cristina Naugle	Ryan Smith
Brittany Buckmaster	J.C. Palermo	Monica Soto
Jennifer Carrillo	Valentina Palomo	Chelsea Stafford
Kristen Carrillo	Dr. Angela Pap	Laura Stolle
Patti Collins	Janey Parker	Robert Tercero
Cristina Custodio	Danny Pavlovich	Debbie Vierra
Leah Daugherty	Sarah Perry	Franscine Webb
Dr. Gurtej Dhillon	Micah Piper	Cheryl Weber
Rudy Gonzales	Carissa Prats	Geraldine White

Tracy Gramberg
Dr. Wally Huynh
Dr. Jerry Jacobson
Laura Johnson (Shandra)
Lora Keller
Bailey Riddle
Raul Rios
Carmen Rodriguez
Melissa Rodriguez
Monica Whitney

Faith Leaders Ambassador Group

Mission: To positively represent and promote Kaweah Delta Health Care District in the faith community through knowledge of programs and services, awareness of construction and expansion, and sensitivity to outside feedback and conversation.

This quarter this group received presentations from Gary Herbst on the Kaweah Delta 101, Dan Allain on the Emergency Department, and John Tyndal on Community Outreach.

Members:

Pastor Chuck Atherton
Pastor Steve Creel
Pastor John Dunn
Michelle Dunn
Pastor Arthur Escobedo
Pastor Peggy Escobedo
Eduardo Gutierrez
Pastor Ed Kemp
Pastor Jason LeFaive
Reverend Randle Lewis
Pastor Jathan Newton
Pastor Aikham Saesee
Reverend Suzy Ward
Pastor Nathan Whistler
Pastor Mark Wilson

Patient Family Advisory Council

Mission: To enhance experiences at Kaweah Delta by ensuring the patient and family perspective is used to co-design safe, high-quality, patient-centered care and services.

This group continues to stay engaged and enjoys being able to give feedback on various projects that we have presented to them. They have been able to review and critique the patient discharge guide, the medicine guide, and, this quarter, received presentations from Cardiac Services, Case Management, Food Services, and the Sepsis Team.

Members:

Guy Christian
Stewart & Vicki Elkin
Doug Henderson
Pao-Lin Hurley
Geri Jefferson
Noreen Kushnir
Armida Salinas (Meg)
Navjat Sangha
Marilyn Swanson
Noreen Kushnir
Kenneth Thomas
Sheree Thompson
Juanita Monique Turner
George Vidales

The **Emergency Department Advisory Council**

Mission: To partner patients and their family members with health care providers to enhance Emergency Department experiences at Kaweah Delta and ensure the patient and family perspective is used to co-design safe, high-quality patient-centered emergency care and services.

This quarter, this council received basic education on the emergency services that Kaweah Delta offers. They have met the emergency department leadership team and are getting ready to explore projects they can work with the team to help improve patient experiences.

Members:

Bourdette, Phil	Eastes, Rick	Peterson, Monica
Christian, Guy	Johnston, Kathy	Sidhu MD, Paramvir
Delgado, Susan	Kumar MD, Ravi	Swisegood, Gailerd
Diamant, Laurie	Moore, Christine	Tonini, Ann
Doyle, Sean	Peden, Belva	Wright, Thomas

A **Speakers Bureau** was created in September of 2018. This consists of several staff experts throughout Kaweah Delta who are willing to go into the community and share their expertise to help educate and promote Kaweah Delta. We have compiled a list of topics that are shared with local service organizations, churches, community groups, etc. who need speakers at their meetings.

This quarter our speakers have presented 15 times. These presentations have included our ambassador groups and local service clubs.

Since September of 2018, our speakers have made 71 presentations.

Topics	Speakers
Cardiac Services	Barry Royce
Emergency Department / Trauma	Dan Allain, Dr. Kona Seng
Hospital of the Future/Districts & Boundaries	Gary Herbst
KD's Partnership with Valley Children's	Tracie Plunkett, Zara Arboleta (VC)
Overview of Kaweah Delta	Gary Herbst
Community Wellness Initiatives	John Tyndal
Office of Research	Chris Patty
Opioid Crisis	James McNulty
Chronic Diseases and impact on Healthcare	Ryan Gates
Specialized Health Services/ Ortho & Rehab	Lisa Harrold, Jag Batth
Mental Health Care	Mary Laufer
Neurosciences	John Leal
Patient Demographics / Payer Mix	Minty Dillon
Patient Experience	Ed Largoza

Cleveland Clinic Affiliation Board Report

Executive Summary

August 26, 2019

Barry Royce, MHA, RN 624-4919
Regina Sawyer, DNP, RN 624-2221

Strategic Session:

- We completed our Strategic Planning Session on June 1st. This was led by 2 physicians and 3 administrative members from the Cleveland Clinic (CC). A survey was sent out prior to the meeting, by Cleveland Clinic, to obtain input on the direction of the meeting. We had very high percentage of survey participation.
- There were 22 physicians who attended with representation from the Intensive Care Unit (ICU), Vascular Surgery, Cardiac Surgery, Interventional Cardiology, General Cardiology, and Electrophysiology Cardiology. Additionally, there were 16 KDHCD administrative leaders from the Emergency Department (ED), Cardiovascular ICU (CVICU), CV Operating Room (CVOR), Cath Lab, Nurse Practitioners, Cardiac Step Down, Marketing, and Executive Team

Quality:

- CC reviews our data, which we submit to a National Data Base and compares it to their data and like CC Affiliates. This data can then be used to identify trends and areas for improvement.
- They additionally have meetings quarterly with CVOR and Cath Lab Medical Staff to discuss outcomes, data, and opportunities for improvement. To date we have had 2 meetings with the surgical group and one with the Cardiology group.
- At this time there is also review with physician leadership of items that are on the strategic plan to evaluate progress of monthly meetings.

Program Development Initiatives:

- We have requested staffing analysis, efficiency analysis, and financial review analysis. These items are in the queue and are expected to be completed in the 4th quarter of this year. Data has been submitted to CC.
- CC has been assisting us further with our desire to have a Same Day Discharge of patients who receive a Stent, Pacemaker, or Internal Cardiac Defibrillator (ICD). This will help decrease our utilization of hospital beds for these patients and increase our capacity for other patients. This process went live on August 1st.
- They have been assisting with establishing and implementing a process for us to us to change to Same Day Admit for our Cardiac Surgery cases. This will immediately decrease our Length of Stay (LOS) for these cases. This process is set to go live in mid-October.
- We have redesigned our Block Schedule to improve our inpatient Cath Lab access.
- We have worked with Electrophysiology (EP) and anesthesia to improve access for EP to complete procedures and decrease LOS for these patients.

- New documentation tool has been implemented to improve documentation of device insertion criteria. This will help with compliance.
- CC continues to help in decreasing 30 day mortality rates of patients who have had a Stent placed. They helped us initiate our "Thoughtful Pause" criteria for ST Elevation Myocardial Infarctions (STEMI).
- Working on Cath Lab turn over time. There are three aspects to this: 1) End of procedure to time patient leaves the room, 2) Time once patient has left the room, to the time the room is cleaned and a new patient enters the room (Wheels out to Wheels in) 3) Time from patient entering the room until patient is ready for procedure to begin. The first component that staff will be working on is prep time of the patient once they have entered the room.
- Have begun daily "safety huddles" to discuss the day and best plan for the day to increase efficiency

Financials:

- Completed contracts with vendors with expected savings of $1.25 – $1.5 million. Range is based upon the compliance we can achieve with Cardiologists.

Marketing:

- CC is meeting with our Marketing Dept. on a quarterly basis. One item that will be coming out in 4th quarter of this year is our 2018 Outcome Book. This is put together by CC and includes advances and outcomes from the previous year. Secondary to lag in data, work cannot begin on this project until after July of the subsequent year. Once this is completed CC will come out and help promote KDHCD and the Cardiology Dept. to local physician practices; the target of this booklet is to get to physician practices and highlight our affiliation.

Second Opinions:

- We have access to second opinions from CC. We can upload images and information and get their feedback on course of care. This is available to CVOR and Cath Lab. This benefit has been used multiple time since the last board report.

KAWEAH DELTA HEALTH CARE DISTRICT
EXCLUSIVE PROFESSIONAL SERVICES AGREEMENT

Regarding the "**Service**" of: **CARDIAC SURGERY PROGRAM**

This Exclusive Professional Services Agreement ("**Agreement**") is entered into effective **October 1, 2019** ("**Effective Date**"), by and between **KAWEAH DELTA HEALTH CARE DISTRICT** ("**District**"), a local health care district organized and existing under the laws of the State of California, Health and Safety Code §§ 32000 *et seq*. **and GOLDEN STATE CARDIAC AND THORACIC SURGERY, INC.** ("**Medical Group**"), a California professional medical corporation ("**Medical Group**"):

NOTE: Contract final negotiation is still in process. The final contract will be completed on or before Monday September 23, 2019.

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KAWEAH DELTA HEALTH CARE DISTRICT

MEMO

To: District Board Members

From: Marc Mertz

Subject: Rebranding Initiative

Date: September 23, 2019

The enclosed presentation is being provided and presented to the Board of Directors for information and discussion only. No action is being requested at this time.

The information contained in this presentation reflects our work over the last eleven months to engage our staff, physicians, leaders, board, and community in a discussion about Kaweah Delta's brand and image. We will present the Board with our findings and recommendations, and we will be happy to answer any questions that the members may have. Any next steps will be determined at the Board of Directors meeting on September 23, 2019.

Building our brand.
Changing our culture.

Modern Healthcare

Why AdventHealth's rebrand was more than a name change

Terry Shaw
President and CEO
AdventHealth

When Terry Shaw became CEO of Adventist Health System in December 2016, the system, now known as AdventHealth, had 46 hospitals and about 30 different local brands. Shaw took stock of the system and instead of making big waves, he paused.

When **Terry Shaw** became CEO of Adventist Health System in December 2016 after more than three decades with the organization, the system, now known as AdventHealth, had 46 hospitals and about 30 different local brands. Its flagship —Florida Hospital—had a 108-year legacy and a dominant market share. Shaw took stock of the nine-state, $11 billion multiple-market system and instead of making big waves, he paused.

WHAT WAS YOUR RISKIEST DECISION? When I became CEO, our organization was on a path to rebrand under a unified name, which would mean sunsetting all of our legacy brands. Our new executive cabinet realized that it wasn't only about signage and logos. We halted the rebrand and dug deep into how we needed to transform our company to truly become a consumer-centric organization. For about a year and a half, we zeroed in on improving our product so that we would be in a position to fulfill our brand promise of helping people feel whole.

WHY WAS THAT MOVE RISKY? In order to put consumers first, we relied on consumer research and in some cases put our own preferences aside. That led to a name that resonated with both religious and nonreligious consumers and was associated with a healthy life and a new beginning. Our sponsoring organization, the Seventh-day Adventist Church, needed to embrace the new name. After all that, we learned someone else owned this brand name, and I personally led the negotiations to secure the name AdventHealth for our organization.

Truly putting consumers first is a big shift. Our ads would often focus on our physicians, buildings, accolades and technology. Now consumers are the stars. We launched our brand over the holiday season with commercials that featured a bell choir of cancer survivors ringing in their cancer-free life.

most exciting things for me has been the reaction of our team members across the system. Our more than 60,000 employees underwent immersive training on our mission, vision, values and service standards so that we could be sure our consumers would experience whole-person care at each and every care location. Staffers received a personalized heart badge that includes the name of the person who inspires how they care for others. Mine says, "I care for you like my wife, Paula." This is really connecting people and inspiring a level of compassion integral to providing care.

> "Truly putting consumers first is a big shift. Our ads would often focus on our physicians, buildings, accolades and technology. Now consumers are the stars."

ANY ADVICE FOR EXECS IN SIMILAR POSITIONS? I would say that sometimes taking a pause, or even taking a step back is necessary to propel forward. We can always improve, and it became clear that before we changed our name, we had to transform our ourselves to ensure we could deliver on what we were promising.

DESCRIBE YOUR LEADERSHIP STYLE. I believe in co-creation and want to hear from as many voices as possible when I am trying to develop a critical strategy. Our organization uses design-thinking methodology, which has helped us tremendously in our ongoing journey to become more consumer-centric. We need different perspectives to solve problems effectively, meaning diversity and inclusion play a huge role in coming up with the best answers. I also seek God's guidance daily, in my life and work.

HOW WOULD OTHERS DESCRIBE IT? I hope others would say I am collaborative and a servant leader. I would also hope they would say I have the courage to make tough decisions and to admit when there is a better way.

Content

1 Why rebrand?

2 Our name.

Kaweah

What is the origin of the word Kaweah?

What does it mean?

Our name.

It's Native American. It means "Crow" or "Raven." The origins of the word comes from the Californian Tribe - The Yokuts. The tribe settled here in the San Joaquin Valley centuries ago.

3 Design.

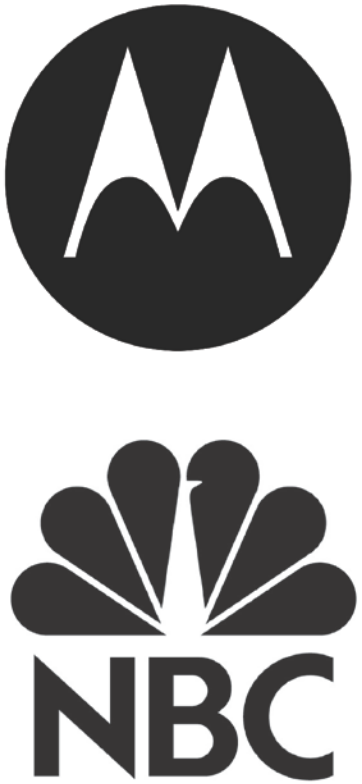
- Native Art
- "Swiss Style"
- Design Process
- Color Intersection
- Voting
- Brand Emblem & Wordmark
- Naming
- Lock-ups
- Mock-ups

Design/Native Influence

“Swiss Style”

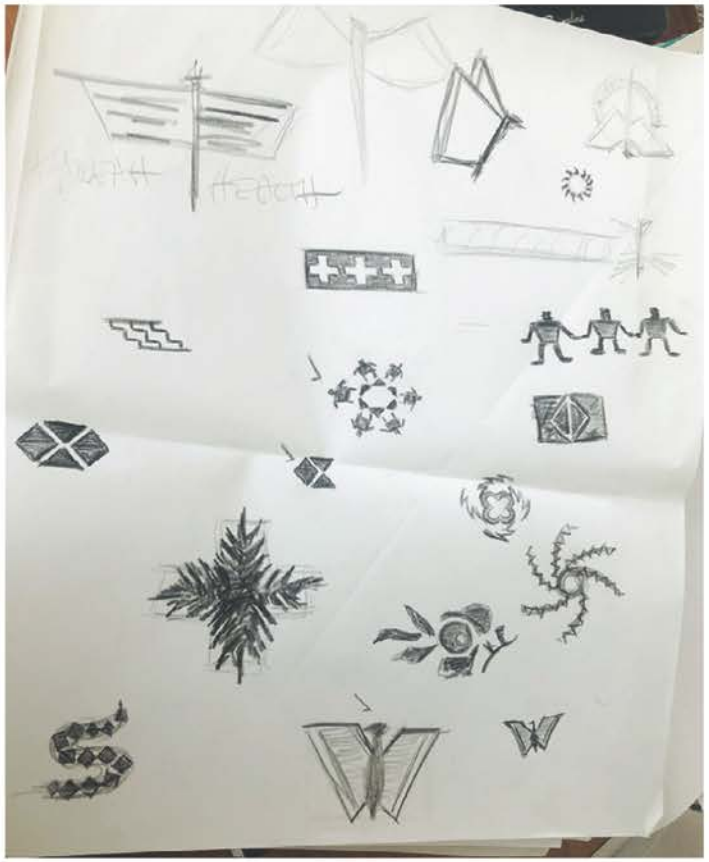
Corporate identity was born from "Swiss Style”. Simplicity and directness serve as a counterbalance to our complicated world.

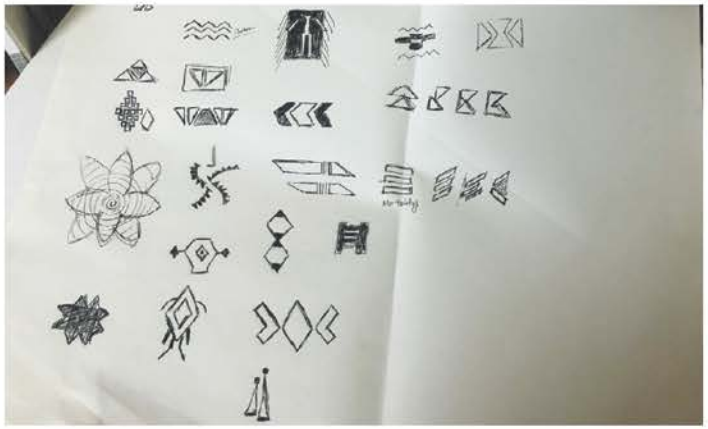
Design/“Swiss Style” Influence

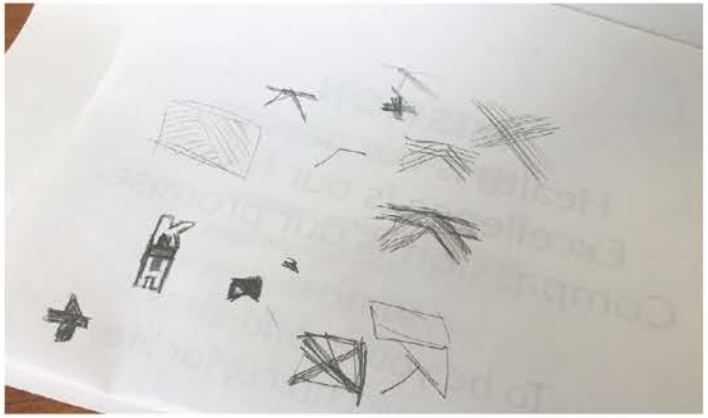


Design/Design Process

PART 3







Design/Design Process

Design/Color

GRADIENT COLOR

3005X165

PRIMARY COLOR PANTONE 3005

SECONDARY COLOR PANTONE 165

Design/Voting

PART 3

84

118 Staff, Physicians, Community votes

3

9

7

1

19

Design/Brand Emblem & Wordmark


Kaweah Health

Design/lock-up: Service Line

Design/lock-up: Signage

Kaweah Health
Medical Center™

Design/Brand Emblem & Wordmark

PART 3

Kaweah Health™

Emblem

Primary

Primary with service line - building wayfinding

Kaweah Health Medical Center

Primary with tagline

Kaweah Health
More than medicine. Life.

Primary with descriptor

Kaweah Health
Cardiology Clinic

Retail with independent trademark system font and color guide

Lifestyle
FITNESS CENTER
A division of Kaweah Health

FQHC with independent trademark system font and color

Sequoia Health & Wellness Centers

Partnership with independent trademark system font anf color

Sequoia Regional Cancer Center
Radiation Oncology - A division of Kaweah Health

Design/Mock-up

PART 3

Design/Mock-up

PART 3

Design/Mock-up

Design/Mock-up

Design/Naming

PART 3

CURRENT NAME KAWEAH DELTA	PROPOSED CHANGE
Admission And Testing Services	
Breast Center	
Chronic Disease Management Center	Speciality Care Clinic
Community Outreach	
Dinuba Health Clinic	1.Dinuba Health Clinic 2. Dinuba Clinic
Employee Assistance Program	No longer Provided
Exeter Health Clinic	1.Exeter Health Clinic 2. Exeter Clinic
Family Medicine Center	Sequoia Health & Wellness Center
Graduate Medical Education	
Heart And Vascular Institute	
Home Health	
Home Infusion Pharmacy	Home Infusion
Hospital Foundation	
Hospital Guild	
Imaging Center	
Infusion Center	
Kaweah Kids Center	
Lab Services	
Lifeline	
Lindsay Health Clinic	1. Linsday Health Clinic 2. Linsday Clinic
Maternal Child Health	
Medical Center	
Mental Health Hospital	
Neurosciences Center	
Non-invasive Cardiovascular Diagnostics	
Outpatient Diabetes Education Clinic	
Palliative Care Services	
Pastoral Care	
Patient And Family Advisory Council	
Patient Financial Services	

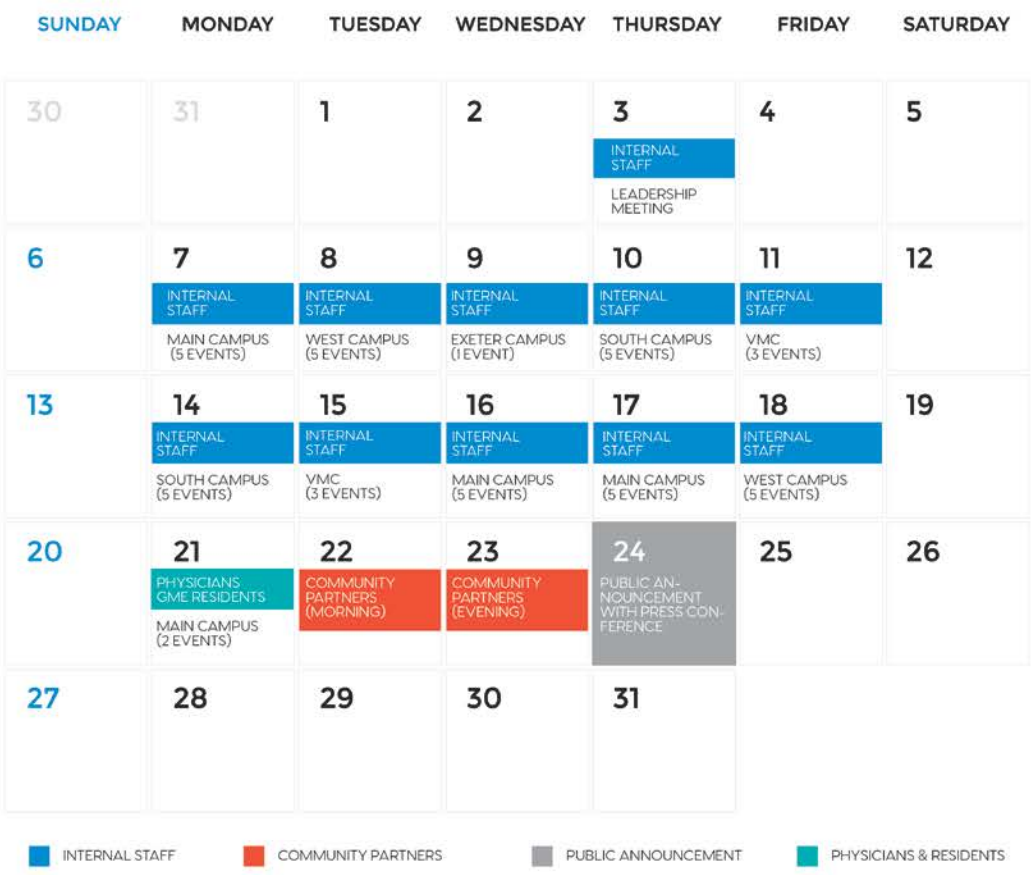
CURRENT NAME KAWEAH DELTA	PROPOSED CHANGE
Pharmacy	
Pharmacy	Pharmacy Services
Private Home Care	
Radiology	Imaging
Rehabilitation Hospital	
Rehabiltiation Services	
Sequoia Cardiology Clinic	Cardiology Center
Sequoia Prompt Care	Will use Medical Foundation Branding
Skilled Nursing Center	
Skilled Nursing Services	
Sleep Disorders Center	
Sub Acute Services	
Surgery Center	
The Lifestyle Center	1- Kaweah Health Fitness Center 2- Lifestyle Fitness Center - A division of Kaweah Health
Therapy Specialists (Dinuba, Exeter, Visalia)	Will conform to new brand styleguide
Transitional Care	
Trauma Center	No longer to be used
Urgent Care (Court St.)	Sequoia Health And Wellness Center
Urgent Care (Demaree)	
Urology Center	
Visalia Dialysis	Dialysis Center
Medical Foundation	1. Medical Clinic 2. Medical Partners 3. Partners
Woodlake Health Clinic	1. Woodlake Health Clinic 2. Woodlake Clinic
Wound Care Center	

4 Cost.

Launch

Cost/Launch

PART 4



5 Rebrand Marketing


Kaweah Health™
More than medicine. Life.

Supply Chain Initiatives

September 13, 2019

Leif Williams
Director of Materials Management and Business Development | Sierra View

Steve Bajari
Director of Procurement and Logistics | Kaweah Delta

CENTRAL VALLEY HEALTHCARE ALLIANCE
A PARTNERSHIP FOR BETTER HEALTH

Agenda

- **Supply chain Active initiatives**
  - Nihon Kohden patient monitors
  - Blood Pressure Machines
  - Trauma Products
  - EVS services
  - Instrument repair program
  - Ethicon portfolio
  - Durable Medical Equipment (DME) program
  - Software tools for data mining
- **Supply chain potential initiatives**
  - Office Depot
  - Medline standardization opportunities
  - Premier opportunities – Individual Qualification contracts
  - Courier

CENTRAL VALLEY HEALTHCARE ALLIANCE
A PARTNERSHIP FOR BETTER HEALTH

Active Initiatives

- **Nihon Kohden**
  - Sierra View active on Kaweah Delta local contract – savings about 8%

- **Welch Allyn Blood Pressure Machines**
  - Both hospitals use Welch Allyn as their primary BP machine
  - Welch Allyn has a draft CVHA contract that is 5% better than current Premier/Adventist contract
  - Savings about $300 - $500 per machine

- **Trauma vendor (Synthes) has a lack of interest in negotiating a better price for CVHA. Current total spend is about $1.6M**
  - Look at other vendors such as Zimmer/BioMet
  - Approximate savings of $100K to $300K

CENTRAL VALLEY HEALTHCARE ALLIANCE
A PARTNERSHIP FOR BETTER HEALTH

Active Initiatives

- **EVS Services**
  - Awaiting on data from Kaweah Delta
- **Linen Services**
  - Looking into Laundry service options
    - Sierra View is using Angelica and Kaweah Delta is using Mission
    - Both laundries are ALAC Certified
    - Requesting bids from both organizations
- **Instrument repair – Multi Medical Systems**
  - Kaweah Delta uses vendor
  - Sierra View exploring vendor as an option
  - Vendor willing to write a CVHA contract
- **Ethicon has a family of products both hospitals use**
  - Suture, Trocars, Endo mechanical, Biosurgery
  - Ethicon is exploring contract options for CVHA

CENTRAL VALLEY HEALTHCARE ALLIANCE
A PARTNERSHIP FOR BETTER HEALTH

Active Initiatives

- **Durable Medical Equipment vendor – Pacific Medical**
  - Savings option for Sierra View
  - Kaweah Delta fully transitioned in March of 2019
  - Annualized spend of $192K
    - Savings is $159K and new spend is $34K

- **Software tools for data mining**
  - Curvo offering free 6 month trial for Sierra View
  - Willing to write a CVHA contract
  - Combining total usage and volume to take to market
    - Benchmarking
    - Contracting

CENTRAL VALLEY HEALTHCARE ALLIANCE
A PARTNERSHIP FOR BETTER HEALTH

Potential Initiatives

- Office Depot
- Oxygen
- Medline
- Premier contracts Individual Qualification contracts
- Courier
- Potential Adventist Health/Premier Individual Qualification Contracts to utilize CVHA combined as one (usage and volume)

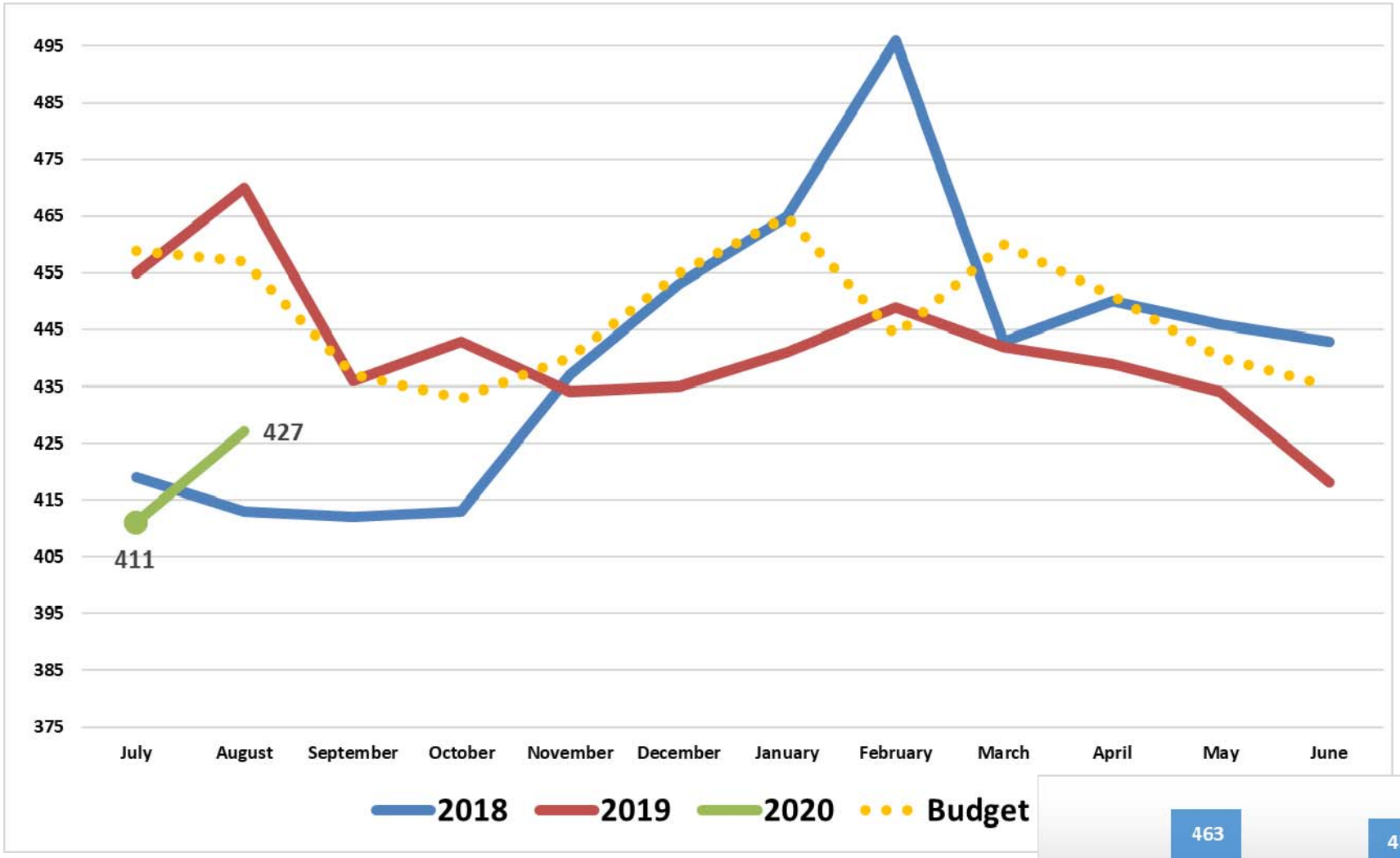
CENTRAL VALLEY HEALTHCARE ALLIANCE
A PARTNERSHIP FOR BETTER HEALTH

CFO Financial Report

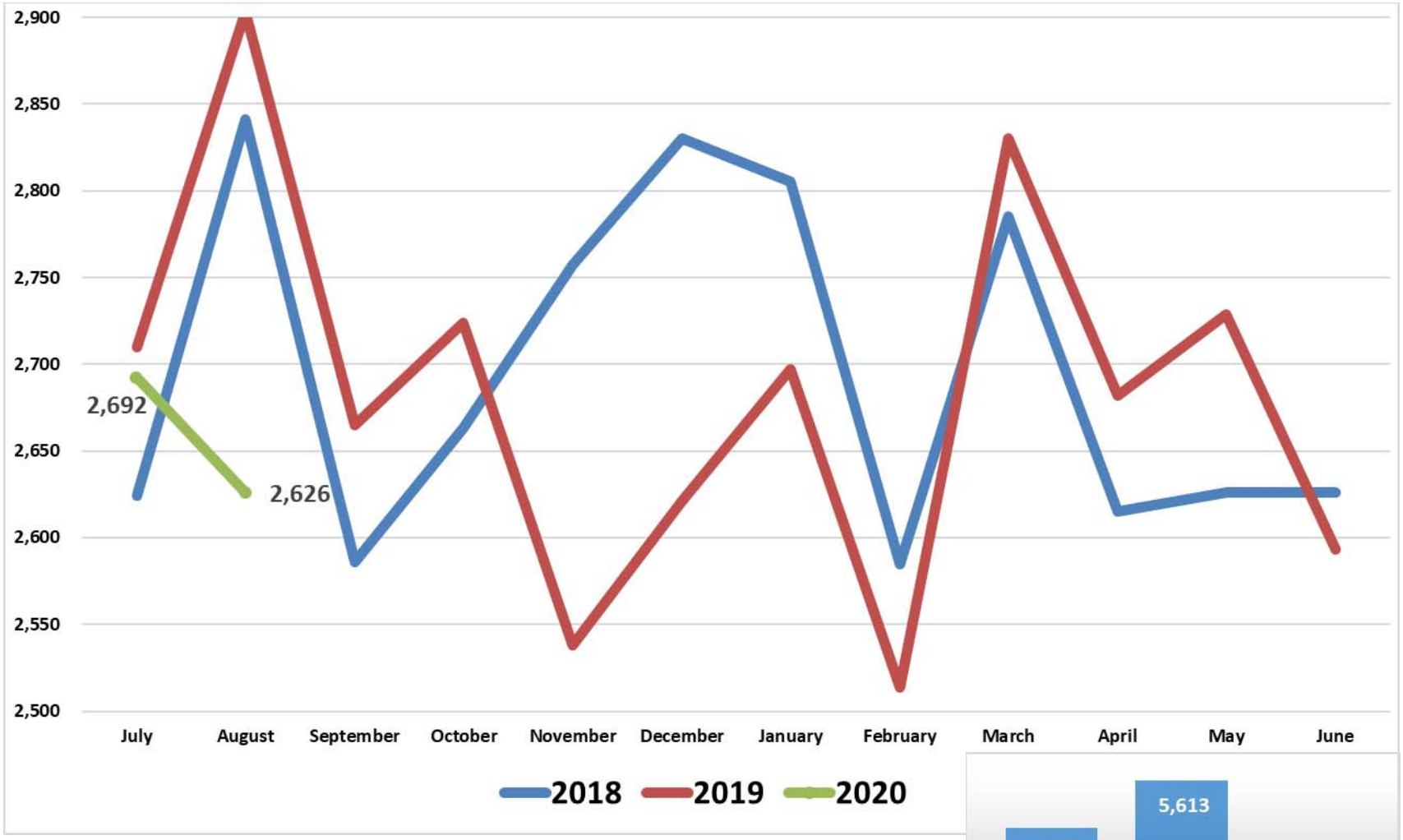
September 23, 2019

Kaweah Delta
HEALTH CARE DISTRICT

Average Daily Census

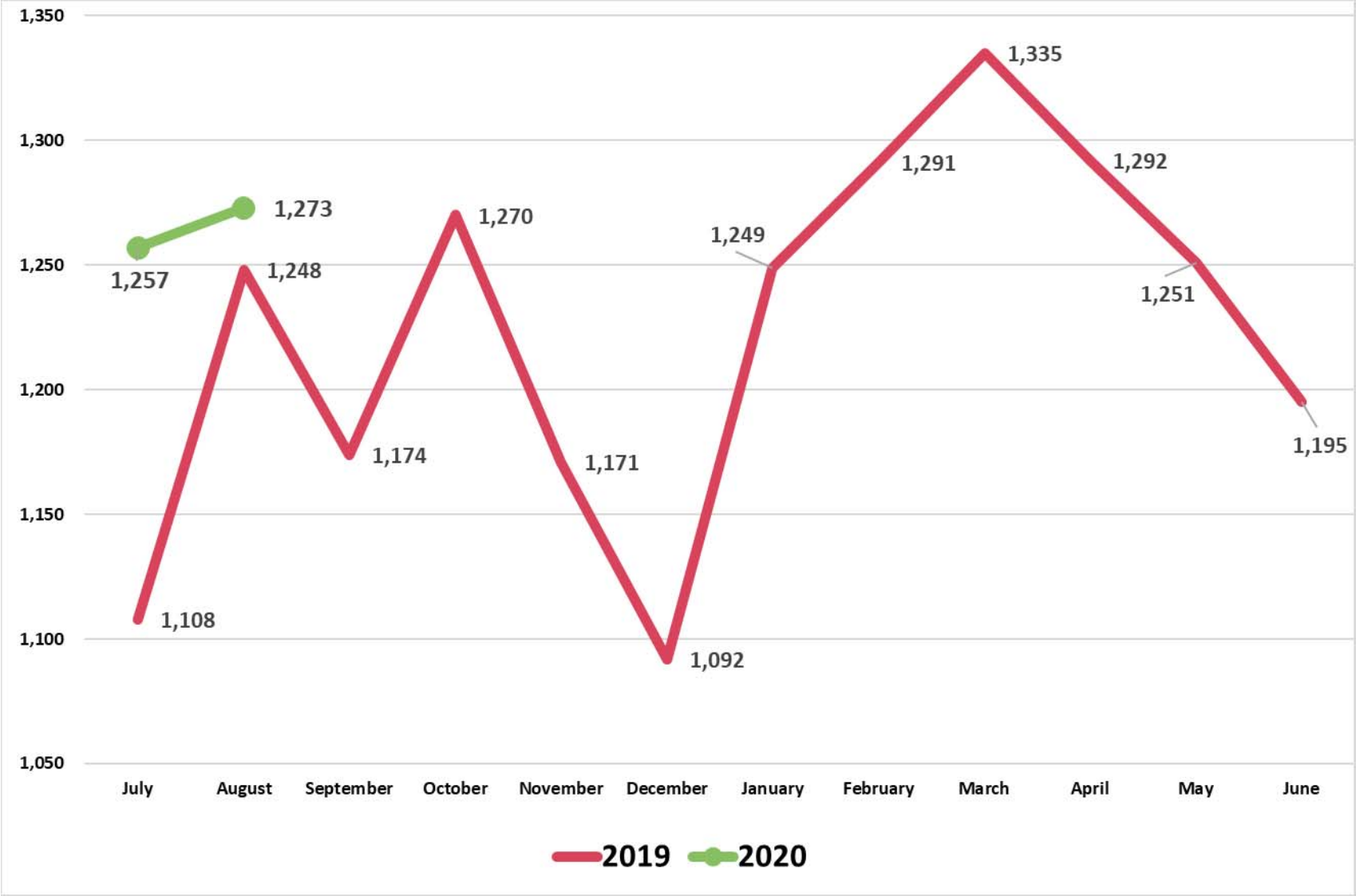


Admissions


2,900
2,850
2,800
2,750
2,700
2,650
2,600
2,550
2,500
2,692
2,626
July
August
September
October
November
December
January
February
March
April
May
June
2018
2019
2020


5,465
5,613
5,318
YTD FY2018
YTD FY2019
YTD FY2020

Outpatient Registrations per Day



Statistical Results – Fiscal Year Comparison (August)

	Actual Results			Budget	Budget Variance	
	Aug 2018	Aug 2019	% Change	Aug 2019	Change	% Change
Average Daily Census	**470**	**427**	**(9.1%)**	**457**	**(30)**	**(6.6%)**
KDHCD Patient Days:						
Medical Center	9,379	8,348	(11.0%)	9,093	(745)	(8.2%)
Acute I/P Psych	1,455	1,448	(0.5%)	1,478	(30)	(2.0%)
Sub-Acute	962	901	(6.3%)	955	(54)	(5.7%)
Rehab	642	504	(21.5%)	607	(103)	(17.0%)
TCS-Ortho	352	427	21.3%	402	25	6.2%
TCS	488	536	9.8%	525	11	2.1%
NICU	645	498	(22.8%)	420	78	18.6%
Nursery	646	578	(10.5%)	698	(120)	(17.2%)
Total KDHCD Patient Days	**14,569**	**13,240**	**(9.1%)**	**14,178**	**(938)**	**(6.6%)**
Total Outpatient Volume	**38,688**	**39,463**	**2.0%**	**41,048**	**(1,585)**	**(3.9%)**

Statistical Results – Fiscal Year Comparison (July-Aug)

	Actual Results			Budget	Budget Variance	
	FYTD 2019	FYTD 2020	% Change	FYTD 2020	Change	% Change
Average Daily Census	**462**	**419**	**(9.4%)**	**458**	**(39)**	**(8.5%)**
KDHCD Patient Days:						
Medical Center	18,376	16,443	(10.5%)	18,245	(1,802)	(9.9%)
Acute I/P Psych	2,948	2,904	(1.5%)	2,956	(52)	(1.8%)
Sub-Acute	1,928	1,855	(3.8%)	1,910	(55)	(2.9%)
Rehab	1,262	996	(21.1%)	1,214	(218)	(18.0%)
TCS-Ortho	707	861	21.8%	805	56	7.0%
TCS	1,022	782	(23.5%)	1,050	(268)	(25.5%)
NICU	1,226	984	(19.7%)	950	34	3.6%
Nursery	1,196	1,159	(3.1%)	1,272	(113)	(8.9%)
Total KDHCD Patient Days	**28,665**	**25,984**	**(9.4%)**	**28,402**	**(2,418)**	**(8.5%)**
Total Outpatient Volume	**146,072**	**156,860**	**7.4%**	**154,982**	**1,878**	**1.2%**

Other Statistical Results – Fiscal Year Comparison (August)

	Aug 2018	Aug 2019	Change	% Change
Adjusted Patient Days	**28,016**	**26,654**	**(1,362)**	**(4.9%)**
Outpatient Visits	**38,688**	**39,463**	**775**	**2.0%**
Urgent Care - Demaree	688	1,772	1,084	**157.6%**
KDMF RVU	28,293	31,119	2,826	**10.0%**
ED Visit	7,411	7,698	287	**3.9%**
Radiation Oncology Treatments (I/P & O/P)	2,274	2,359	85	**3.7%**
Endoscopy Procedures (I/P & O/P)	516	530	14	**2.7%**
Hospice Days	3,337	3,375	38	**1.1%**
Physical & Other Therapy Units	18,507	18,656	149	**0.8%**
Dialysis Treatments	1,993	1,997	4	**0.2%**
Radiology/CT/US/MRI Proc (I/P & O/P)	15,409	15,338	(71)	**(0.5%)**
Home Infusion Days	11,791	11,482	(309)	**(2.6%)**
Surgery Minutes (I/P & O/P)	1,111	1,071	(40)	**(3.6%)**
Cath Lab Minutes (IP & OP)	400	384	(16)	**(4.0%)**
GME Clinic visits	1,146	1,033	(113)	**(9.9%)**
O/P Rehab Units	21,952	19,502	(2,450)	**(11.2%)**
OB Deliveries	463	403	(60)	**(13.0%)**
Urgent Care - Court	4,257	3,314	(943)	**(22.2%)**
Home Health Visits	2,889	2,123	(766)	**(26.5%)**

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

	FYTD 2019	FYTD 2020	Change	% Change
Adjusted Patient Days	**54,359**	**51,975**	**(2,383)**	**(4.4%)**
Outpatient Visits	**146,072**	**156,860**	**10,788**	**7.4%**
Urgent Care - Demaree	688	3,341	2,653	**385.6%**
KDMF RVU	51,706	64,168	12,462	**24.1%**
Radiation Oncology Treatments (I/P & O/P)	4,020	4,670	650	**16.2%**
Endoscopy Procedures (I/P & O/P)	949	1,057	108	**11.4%**
Surgery Minutes (I/P & O/P)	2,021	2,150	129	**6.4%**
Hospice Days	6,624	6,920	296	**4.5%**
Dialysis Treatments	3,841	3,981	140	**3.6%**
Radiology/CT/US/MRI Proc (I/P & O/P)	30,228	31,167	939	**3.1%**
ED Visit	15,108	15,393	285	**1.9%**
Physical & Other Therapy Units	36,536	36,410	(126)	**(0.3%)**
Cath Lab Minutes (IP & OP)	757	753	(4)	**(0.5%)**
O/P Rehab Units	40,632	40,391	(241)	**(0.6%)**
GME Clinic visits	2,141	2,104	(37)	**(1.7%)**
Home Infusion Days	22,487	21,864	(623)	**(2.8%)**
OB Deliveries	869	841	(28)	**(3.2%)**
Home Health Visits	5,463	5,143	(320)	**(5.9%)**
Urgent Care - Court	8,553	6,616	(1,937)	**(22.6%)**

Other Statistical Results – Budget Comparison (August)

	Aug 19 Actual	Aug 19 Budget	Change	% Change
Adjusted Patient Days	**26,654**	**27,220**	**(566)**	**(2.1%)**
Outpatient Visits	**39,463**	**41,048**	**(1,585)**	**(3.9%)**
Urgent Care - Demaree	1,772	1,533	239	**15.6%**
Radiation Oncology Treatments (I/P & O/P)	2,359	2,035	324	**15.9%**
Dialysis Treatments	1,997	1,880	117	**6.2%**
ED Visit	7,698	7,456	242	**3.2%**
Endoscopy Procedures (I/P & O/P)	530	516	14	**2.7%**
Home Infusion Days	11,482	11,420	62	**0.5%**
Radiology/CT/US/MRI Proc (I/P & O/P)	15,338	15,342	(4)	**0.0%**
Hospice Days	3,375	3,420	(45)	**(1.3%)**
Physical & Other Therapy Units	18,656	18,956	(300)	**(1.6%)**
Cath Lab Minutes (IP & OP)	384	394	(10)	**(2.5%)**
KDMF RVU	31,119	32,665	(1,546)	**(4.7%)**
OB Deliveries	403	424	(21)	**(5.0%)**
O/P Rehab Units	19,502	21,453	(1,951)	**(9.1%)**
Urgent Care - Court	3,314	3,916	(602)	**(15.4%)**
GME Clinic visits	1,033	1,240	(207)	**(16.7%)**
Surgery Minutes (I/P & O/P)	1,071	1,312	(241)	**(18.4%)**
Home Health Visits	2,123	2,700	(577)	**(21.4%)**

Other Statistical Results – YTD Budget Comparison (Jul-Aug)

	FYTD 2020 Actual	FYTD 2020 Budget	Change	% Change
Adjusted Patient Days	**51,975**	**54,352**	**(2,377)**	**(4.4%)**
Outpatient Visits	**156,860**	**154,982**	**1,878**	**1.2%**
Urgent Care - Demaree	3,341	2,976	365	**12.3%**
Radiation Oncology Treatments (I/P & O/P)	4,670	4,070	600	**14.7%**
Endoscopy Procedures (I/P & O/P)	1,057	949	108	**11.4%**
Dialysis Treatments	3,981	3,623	358	**9.9%**
KDMF RVU	64,168	60,506	3,662	**6.1%**
Home Health Visits	5,143	4,900	243	**5.0%**
ED Visit	15,393	14,911	482	**3.2%**
Hospice Days	6,920	6,789	131	**1.9%**
Radiology/CT/US/MRI Proc (I/P & O/P)	31,167	30,684	483	**1.6%**
OB Deliveries	841	848	(7)	**(0.8%)**
Physical & Other Therapy Units	36,410	37,611	(1,201)	**(3.2%)**
Cath Lab Minutes (IP & OP)	753	783	(30)	**(3.8%)**
Home Infusion Days	21,864	22,840	(976)	**(4.3%)**
O/P Rehab Units	40,391	42,459	(2,068)	**(4.9%)**
Surgery Minutes (I/P & O/P)	2,150	2,438	(288)	**(11.8%)**
Urgent Care - Court	6,616	7,593	(977)	**(12.9%)**
GME Clinic visits	2,104	2,480	(376)	**(15.2%)**

August Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Aug 2018	Aug 2019	% Change	Aug 2019	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$52,124**	**$50,243**	**(3.6%)**	**$51,637**	**($1,393)**	**(2.7%)**
Supplemental Gov't Programs	3,470	4,319	24.5%	4,319	0	0.0%
Prime Program	997	905	(9.2%)	905	0	0.0%
Premium Revenue	2,816	3,813	35.4%	3,498	315	9.0%
Management Services Revenue	2,702	2,613	(3.3%)	2,715	(101)	(3.7%)
Other Revenue	1,485	2,291	54.2%	1,778	513	28.9%
Other Operating Revenue	11,471	13,942	**21.5%**	13,215	727	5.5%
Total Operating Revenue	**63,594**	**64,185**	**0.9%**	**64,851**	**(666)**	**(1.0%)**
Operating Expenses						
Salaries & Wages	24,009	25,301	5.4%	25,881	(580)	(2.2%)
Contract Labor	1,491	1,042	(30.1%)	328	714	217.5%
Employee Benefits	6,102	6,964	14.1%	6,174	790	12.8%
Total Employment Expenses	**31,602**	**33,307**	**5.4%**	**32,383**	**924**	**2.9%**
Medical & Other Supplies	10,624	9,986	(6.0%)	9,588	398	4.1%
Physician Fees	7,668	7,284	(5.0%)	7,870	(585)	(7.4%)
Purchased Services	2,887	4,077	41.2%	2,886	1,191	41.3%
Repairs & Maintenance	2,085	2,035	(2.4%)	2,242	(207)	(9.2%)
Utilities	647	547	(15.5%)	508	39	7.7%
Rents & Leases	540	482	(10.7%)	531	(49)	(9.2%)
Depreciation & Amortization	2,339	2,517	7.6%	2,445	72	2.9%
Interest Expense	442	453	2.7%	524	(70)	(13.4%)
Other Expense	1,710	1,756	2.7%	1,770	(14)	(0.8%)
Management Services Expense	2,330	2,742	17.7%	2,671	71	2.6%
Total Operating Expenses	**62,874**	**65,187**	**3.7%**	**63,419**	**1,768**	**2.8%**
Operating Margin	**$721**	**($1,002)**	**(239.1%)**	**$1,432**	**($2,434)**	**(170.0%)**
Nonoperating Revenue (Loss)	451	685	52.0%	670	15	2.3%
Excess Margin	**$1,171**	**($318)**	**(127.1%)**	**$2,102**	**($2,419)**	**(115.1%)**

Operating Margin %	**1.1%**	**(1.6%)**		**2.2%**
Excess Margin %	**1.8%**	**(0.5%)**		**3.2%**

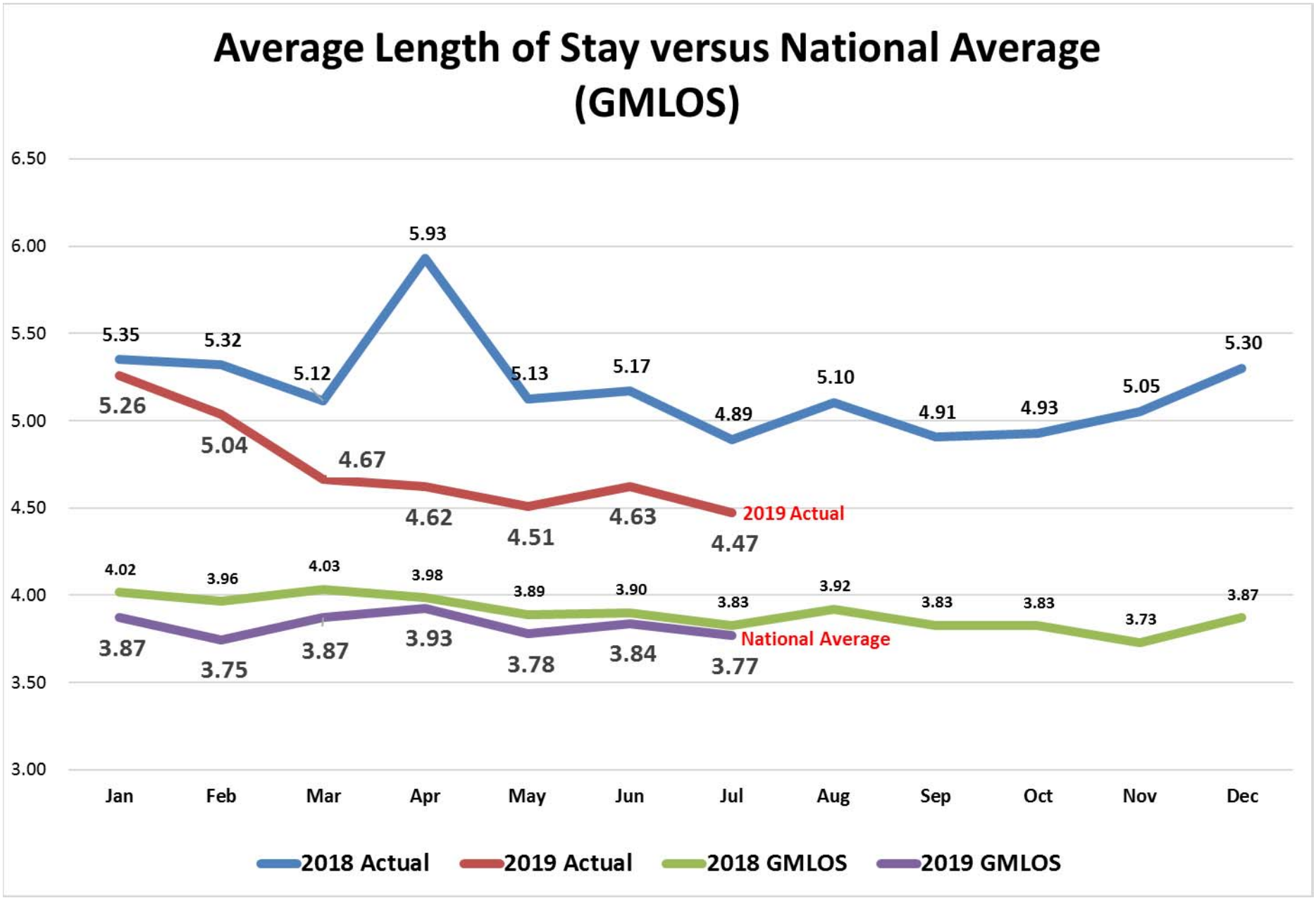
YTD Financial Comparison (000's)

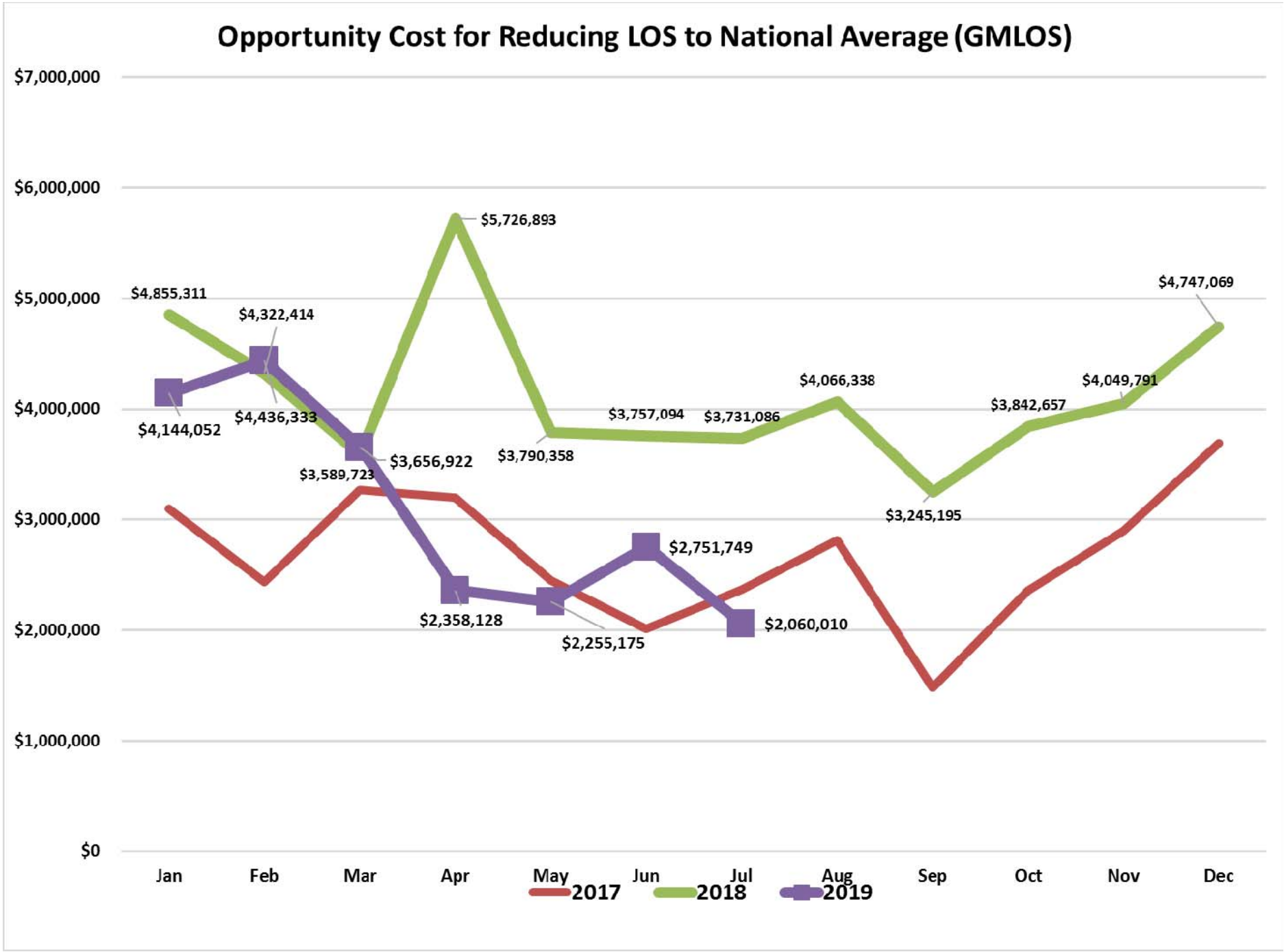
	Actual Results FYTD July-Aug			Budget FYTD	Budget Variance FYTD	
	FYTD 2019	FYTD 2020	% Change	FYTD 2020	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$101,248**	**$102,042**	**0.8%**	**$101,248**	**$795**	**0.8%**
Supplemental Gov't Programs	6,940	8,638	24.5%	8,638	0	0.0%
Prime Program	1,994	1,810	(9.2%)	1,810	0	0.0%
Premium Revenue	5,848	7,926	35.5%	6,996	930	13.3%
Management Services Revenue	5,023	5,502	9.5%	5,316	186	3.5%
Other Revenue	3,055	3,867	26.6%	3,564	303	8.5%
Other Operating Revenue	22,861	27,744	**21.4%**	26,325	1,419	5.4%
Total Operating Revenue	**124,108**	**129,786**	**4.6%**	**127,572**	**2,214**	**1.7%**
Operating Expenses						
Salaries & Wages	47,805	50,462	5.6%	51,476	(1,014)	(2.0%)
Contract Labor	2,395	2,111	(11.9%)	637	1,474	231.3%
Employee Benefits	11,548	13,682	18.5%	12,350	1,333	10.8%
Total Employment Expenses	**61,749**	**66,255**	**7.3%**	**64,463**	**1,792**	**2.8%**
Medical & Other Supplies	20,209	18,669	(7.6%)	18,682	(13)	(0.1%)
Physician Fees	13,968	14,551	4.2%	15,748	(1,197)	(7.6%)
Purchased Services	5,613	7,501	33.6%	5,773	1,729	29.9%
Repairs & Maintenance	4,240	4,085	(3.7%)	4,484	(399)	(8.9%)
Utilities	1,129	1,088	(3.6%)	1,016	72	7.0%
Rents & Leases	1,054	1,054	(0.1%)	1,062	(9)	(0.8%)
Depreciation & Amortization	4,895	5,034	2.8%	4,890	144	2.9%
Interest Expense	884	889	0.6%	1,048	(158)	(15.1%)
Other Expense	3,255	3,153	(3.1%)	3,540	(387)	(10.9%)
Management Services Expense	4,610	5,402	17.2%	5,231	171	3.3%
Total Operating Expenses	**121,607**	**127,681**	**5.0%**	**125,938**	**1,744**	**1.4%**
Operating Margin	**$2,501**	**$2,105**	**15.9%**	**$1,635**	**$470**	**28.8%**
Nonoperating Revenue (Loss)	885	1,429	61.6%	1,340	90	6.7%
Excess Margin	**$3,386**	**$3,534**	**4.4%**	**$2,974**	**$560**	**18.8%**

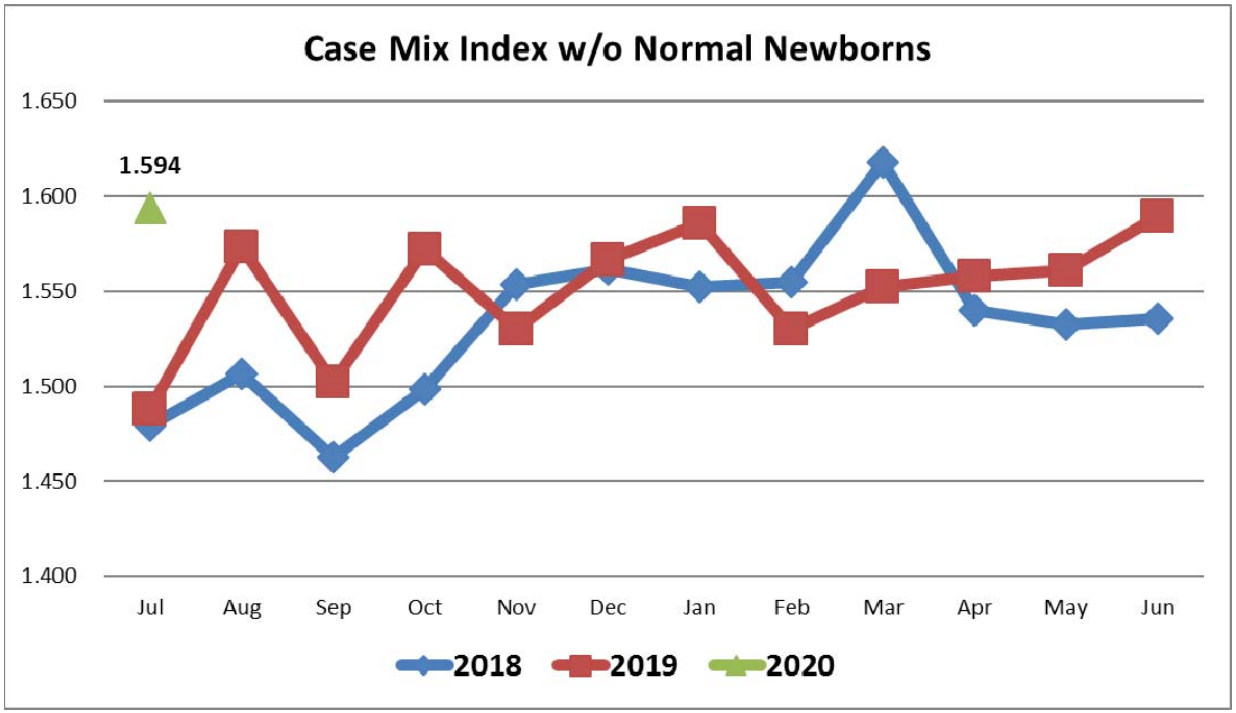
Operating Margin %	**2.0%**	**1.6%**		**1.3%**
Excess Margin %	**2.7%**	**2.7%**		**2.3%**

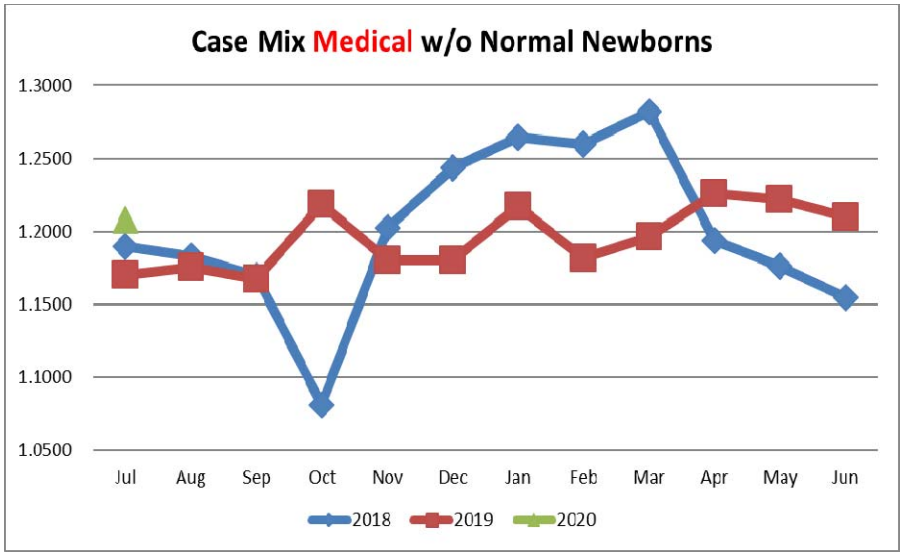
Kaweah Delta Medical Foundation
Fiscal Year Financial Comparison (000's)

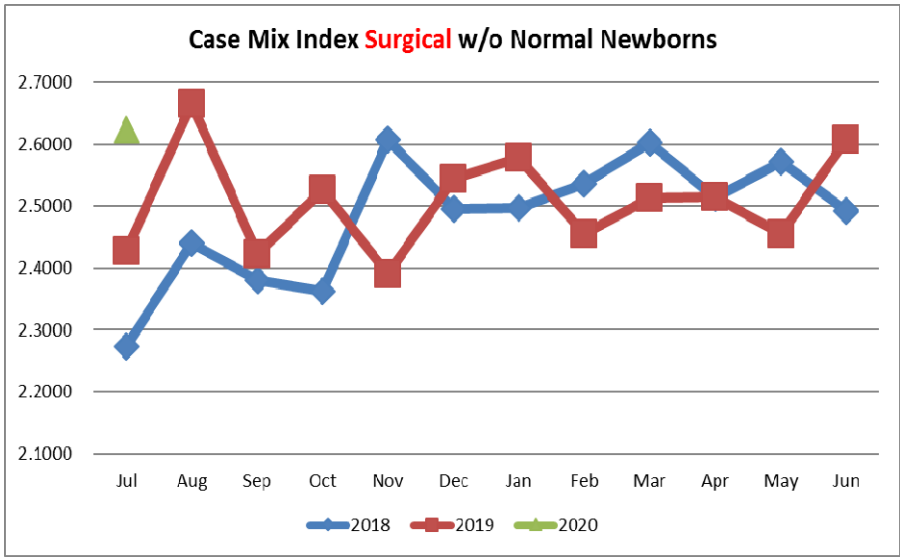
	Actual Results FYTD August			Budget FYTD	Budget Variance FYTD	
	Aug 2018	Aug 2019	% Change	Aug 2019	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$5,968**	**$6,745**	**13.0%**	**$7,337**	**($592)**	**(8.1%)**
Other Revenue	77	(7)	(109.1%)	107	(114)	(106.6%)
Other Operating Revenue	77	(7)	**(109.1%)**	107	(114)	(106.6%)
Total Operating Revenue	**6,045**	**6,738**	**11.5%**	**7,444**	**(706)**	**(9.5%)**
Operating Expenses						
Salaries & Wages	1,843	1,945	5.5%	2,055	(110)	(5.4%)
Contract Labor	17	23	37.2%	0	23	0.0%
Employee Benefits	426	554	30.1%	489	65	13.2%
Total Employment Expenses	**2,285**	**2,522**	**10.3%**	**2,544**	**(22)**	**(0.9%)**
Medical & Other Supplies	1,123	957	(14.7%)	952	5	0.5%
Physician Fees	3,633	3,986	9.7%	4,217	(231)	(5.5%)
Purchased Services	171	231	35.1%	109	122	111.2%
Repairs & Maintenance	289	346	19.6%	438	(92)	(21.0%)
Utilities	87	53	(38.4%)	71	(18)	(25.0%)
Rents & Leases	448	446	(0.5%)	478	(33)	(6.8%)
Depreciation & Amortization	194	211	8.7%	176	35	19.8%
Interest Expense	5	3	(47.8%)	4	(1)	(30.6%)
Other Expense	281	194	(30.9%)	310	(115)	(37.3%)
Total Operating Expenses	**8,516**	**8,948**	**5.1%**	**9,299**	**(351)**	**(3.8%)**
Excess Margin	**($2,471)**	**($2,210)**	**10.6%**	**($1,855)**	**($355)**	**(19.1%)**
Excess Margin %	**(40.9%)**	**(32.8%)**		**(24.9%)**		


Average Length of Stay versus National Average (GMLOS)
6.50
6.00
5.50
5.00
4.50
4.00
3.50
3.00
5.35
5.32
5.12
5.93
5.13
5.17
4.89
5.10
4.91
4.93
5.05
5.30
5.26
5.04
4.67
4.62
4.51
4.63
4.47
2019 Actual
4.02
3.96
4.03
3.98
3.89
3.90
3.83
3.92
3.83
3.83
3.73
3.87
3.87
3.75
3.87
3.93
3.78
3.84
3.77
National Average
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2018 Actual
2019 Actual
2018 GMLOS
2019 GMLOS


Opportunity Cost for Reducing LOS to National Average (GMLOS)
$7,000,000
$6,000,000
$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
$4,855,311
$4,322,414
$4,144,052
$4,436,333
$3,589,723
$3,656,922
$5,726,893
$3,790,358
$3,757,094
$3,731,086
$4,066,338
$3,245,195
$3,842,657
$4,049,791
$4,747,069
$2,358,128
$2,255,175
$2,751,749
$2,060,010
2017
2018
2019


Case Mix Index w/o Normal Newborns
1.650
1.600
1.550
1.500
1.450
1.400
1.594
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2018
2019
2020


Case Mix Medical w/o Normal Newborns
1.3000
1.2500
1.2000
1.1500
1.1000
1.0500
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2018
2019
2020


Case Mix Index Surgical w/o Normal Newborns
2.7000
2.6000
2.5000
2.4000
2.3000
2.2000
2.1000
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2018
2019
2020

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2019 & 2020

	Operating Revenue			Operating Expenses									
Fiscal Year	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense	Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
2019													
Jul-18	49,124	11,390	60,514	30,147	6,300	9,585	12,701	58,733	1,781	434	2,215	2.9%	3.7%
Aug-18	52,124	11,471	63,594	31,602	7,668	10,624	12,980	62,874	721	451	1,171	1.1%	1.8%
Sep-18	46,634	11,659	58,293	29,835	6,524	8,862	13,361	58,582	(289)	912	624	(0.5%)	1.1%
Oct-18	48,769	11,646	60,414	32,849	7,145	9,867	13,066	62,927	(2,513)	343	(2,169)	(4.2%)	(3.6%)
Nov-18	43,870	18,365	62,235	31,066	7,310	10,195	13,900	62,470	(235)	449	214	(0.4%)	0.3%
Dec-18	43,717	14,732	58,449	31,115	7,023	10,329	12,736	61,202	(2,753)	613	(2,140)	(4.7%)	(3.7%)
Jan-19	44,312	18,178	62,489	34,290	6,624	8,909	13,104	62,927	(438)	460	22	(0.7%)	0.0%
Feb-19	45,261	15,334	60,595	30,249	6,989	9,473	13,280	59,991	604	565	1,169	1.0%	1.9%
Mar-19	48,012	18,073	66,085	32,229	6,775	9,219	13,608	61,832	4,253	3,328	7,580	6.4%	11.5%
Apr-19	45,828	17,318	63,146	31,272	7,105	9,209	15,748	63,334	(188)	604	416	(0.3%)	0.7%
May-19	47,078	18,515	65,594	32,104	8,403	9,728	13,265	63,501	2,093	585	2,678	3.2%	4.1%
Jun-19	47,183	24,376	71,558	29,357	7,655	6,865	15,114	58,992	12,566	3,562	16,128	17.6%	22.5%
2019 FY Total	**$ 561,911**	**$ 191,056**	**$ 752,967**	**$ 376,115**	**$ 85,521**	**$ 112,866**	**$ 162,863**	**$ 737,365**	**$ 15,602**	**$ 12,306**	**$ 27,907**	**2.1%**	**3.7%**
2020													
Jul-19	51,799	13,802	65,601	32,948	7,266	8,683	13,597	62,494	3,107	744	3,852	4.7%	5.9%
Aug-19	50,243	13,942	64,185	33,307	7,284	9,986	14,610	65,187	(1,002)	685	(318)	(1.6%)	(0.5%)
2020 FY Total	**$ 102,042**	**$ 27,744**	**$ 129,786**	**$ 66,255**	**$ 14,551**	**$ 18,669**	**$ 28,207**	**$ 127,681**	**$ 2,105**	**$ 1,429**	**$ 3,534**	**1.6%**	**2.7%**
FYTD Budget	**101,248**	**26,325**	**127,572**	**64,463**	**15,748**	**18,682**	**27,045**	**125,938**	**1,635**	**1,340**	**2,974**	**1.3%**	**2.3%**
Variance	**$ 795**	**$ 1,419**	**$ 2,214**	**$ 1,792**	**$ (1,197)**	**$ (13)**	**$ 1,162**	**$ 1,744**	**$ 470**	**$ 90**	**560**		
Current Month Analysis													
Aug-19	**$ 50,243**	**$ 13,942**	**$ 64,185**	**$ 33,307**	**$ 7,284**	**$ 9,986**	**$ 14,610**	**$ 65,187**	**$ (1,002)**	**$ 685**	**$ (318)**	**(1.6%)**	**(0.5%)**
Budget	**51,637**	**13,215**	**64,851**	**32,383**	**7,870**	**9,588**	**13,578**	**63,419**	**1,432**	**670**	**2,102**	**2.2%**	**3.2%**
Variance	**$ (1,393)**	**$ 727**	**$ (666)**	**$ 924**	**$ (585)**	**$ 398**	**$ 1,032**	**$ 1,768**	**$ (2,434)**	**$ 15**	**(2,419)**		

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2019 & 2020

Fiscal Year	Patient Days	ADC	Adjusted Patient Days	I/P Revenue %	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 Operating Expense/ Ajusted Patient Day	Personnel Expense/ Net Patient Revenue	Physician Fees/ Net Patient Revenue	Supply Expense/ Net Patient Revenue	Total Operating Expense/ Net Patient Revenue
2019														
Jul-18	14,096	455	26,287	53.6%	72.4%	1,869	1,147	240	365	2,234	61.4%	12.8%	19.5%	119.6%
Aug-18	14,569	470	28,016	52.0%	76.0%	1,861	1,128	274	379	2,244	60.6%	14.7%	20.4%	120.6%
Sep-18	13,052	435	24,371	53.6%	73.5%	1,914	1,224	268	364	2,404	64.0%	14.0%	19.0%	125.6%
Oct-18	13,744	443	25,579	53.7%	73.5%	1,907	1,284	279	386	2,460	67.4%	14.7%	20.2%	129.0%
Nov-18	13,013	434	23,625	55.1%	74.9%	1,857	1,315	309	432	2,644	70.8%	16.7%	23.2%	142.4%
Dec-18	13,497	435	25,399	53.1%	76.2%	1,721	1,225	277	407	2,410	71.2%	16.1%	23.6%	140.0%
Jan-19	13,671	441	26,407	51.8%	76.9%	1,678	1,299	251	337	2,383	77.4%	14.9%	20.1%	142.0%
Feb-19	12,584	449	23,811	52.8%	75.9%	1,901	1,270	294	398	2,519	66.8%	15.4%	20.9%	132.5%
Mar-19	13,707	442	26,032	52.7%	76.9%	1,844	1,238	260	354	2,375	67.1%	14.1%	19.2%	128.8%
Apr-19	13,162	439	25,125	52.4%	76.9%	1,824	1,245	283	367	2,521	68.2%	15.5%	20.1%	138.2%
May-19	13,440	434	26,367	51.0%	75.3%	1,785	1,218	319	369	2,408	68.2%	17.8%	20.7%	134.9%
Jun-19	12,547	418	24,234	51.8%	75.6%	1,947	1,211	316	283	2,434	62.2%	16.2%	14.6%	125.0%
2019 FY Total	**161,082**	**441**	**305,353**	**52.8%**	**75.4%**	**1,840**	**1,232**	**280**	**370**	**2,415**	**66.9%**	**15.2%**	**20.1%**	**131.2%**
2020														
Jul-19	12,744	411	25,329	50.3%	73.8%	2,045	1,301	287	343	2,467	63.6%	14.0%	16.8%	120.6%
Aug-19	13,240	427	26,654	49.7%	74.8%	1,885	1,250	273	375	2,446	66.3%	14.5%	19.9%	129.7%
2020 FY Total	**25,984**	**419**	**51,975**	**50.0%**	**74.3%**	**1,963**	**1,275**	**280**	**359**	**2,457**	**64.9%**	**14.3%**	**18.3%**	**125.1%**
FYTD Budget	**28,402**	**458**	**54,352**	**52.3%**	**74.4%**	**1,863**	**1,186**	**290**	**344**	**2,423**	**63.7%**	**15.6%**	**18.5%**	**124.4%**
Variance	**(2,418)**	**(39)**	**(2,377)**	**(2.3%)**	**(0.1%)**	**100**	**89**	**(10)**	**15**	**34**	**1.3%**	**(1.3%)**	**(0.2%)**	**0.7%**
Current Month Analysis														
Aug-19	**13,240**	**427**	**26,654**	**49.7%**	**74.8%**	**1,885**	**1,250**	**273**	**375**	**2,446**	**66.3%**	**14.5%**	**19.9%**	**129.7%**
Budget	**14,178**	**457**	**27,220**	**52.1%**	**74.3%**	**1,897**	**1,190**	**289**	**352**	**2,379**	**62.7%**	**15.2%**	**18.6%**	**122.8%**
Variance	**(938)**	**(30)**	**(566)**	**(2.4%)**	**0.5%**	**(12)**	**60**	**(16)**	**22**	**66**	**3.6%**	**(0.7%)**	**1.3%**	**6.9%**

KAWEAH DELTA HEALTH CARE DISTRICT

RATIO ANALYSIS REPORT

AUGUST 31, 2019

	Current Month Value	Prior Month Value	June 30, 2019 Unaudited Value	2017 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.9	2.6	2.2	1.7	**1.9**	2.1
Accounts Receivable (days)	78.5	78.4	79.7	48.4	**48.4**	46.5
Cash On Hand (days)	122.7	133.8	140.8	264.6	**226.5**	156.5
Cushion Ratio (x)	16.6	17.6	18.5	36.6	**23.9**	13.8
Average Payment Period (days)	39.7	43.5	51.0	75.0	**59.6**	59.6
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	107.5%	114.5%	120.5%	217.6%	**169.6%**	111.7%
Debt-To-Capitalization	31.5%	31.4%	31.5%	26.0%	**32.9%**	39.3%
Debt-to-Cash Flow (x)	4.1	2.9	3.6	2.2	**3.0**	4.5
Debt Service Coverage	3.5	5.0	4.0	7.1	**5.4**	3.0
Maximum Annual Debt Service Coverage (x)	3.5	5.0	4.0	6.4	**4.7**	2.8
Age Of Plant (years)	12.7	12.6	12.1	10.1	**11.6**	12.1
PROFITABILITY RATIOS						
Operating Margin	1.6%	4.7%	2.0%	3.5%	**2.3%**	(.4%)
Excess Margin	2.7%	5.8%	3.6%	6.6%	**5.2%**	1.9%
Operating Cash Flow Margin	6.2%	9.2%	6.8%	9.2%	**8.6%**	6.0%
Return on Assets	2.4%	5.1%	3.0%	5.3%	**4.0%**	1.7%

KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION

	Aug-19	Jul-19	Change	% Change	Jun-19 (Unaudited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	$ 3,490	$ 2,137	$ 1,353	63.33%	$ 4,220
Current Portion of Board designated and trusted assets	13,267	12,132	1,135	9.36%	12,577
Accounts receivable:					
Net patient accounts	142,750	143,908	(1,158)	-0.80%	146,605
Other receivables	19,773	14,108	5,665	40.15%	13,907
	162,523	158,016	4,507	2.85%	160,512
Inventories	10,624	10,388	236	2.27%	10,479
Medicare and Medi-Cal settlements	39,567	35,084	4,482	12.78%	30,759
Prepaid expenses	11,271	12,076	(805)	-6.66%	11,510
Total current assets	240,743	229,833	10,909	4.75%	230,057
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	250,053	267,292	(17,239)	-6.45%	278,883
Revenue bond assets held in trust	32,077	32,869	(791)	-2.41%	33,569
Assets in self-insurance trust fund	4,228	4,217	10	0.25%	4,209
Total non-current cash and investments	286,358	304,378	(18,020)	-5.92%	316,662
CAPITAL ASSETS					
Land	16,137	16,137	-	0.00%	16,137
Buildings and improvements	356,975	356,887	89	0.02%	356,887
Equipment	275,050	275,513	(463)	-0.17%	275,513
Construction in progress	47,740	44,419	3,321	7.48%	42,299
	695,903	692,956	2,947	0.43%	690,836
Less accumulated depreciation	361,994	360,105	1,889	0.52%	357,681
	333,909	332,851	1,058	0.32%	333,155
Property under capital leases -					
less accumulated amortization	3,053	3,128	(76)	-2.42%	3,204
Total capital assets	336,961	335,979	982	0.29%	336,359
OTHER ASSETS					
Property not used in operations	3,712	3,718	(6)	-0.16%	3,724
Health-related investments	7,494	7,560	(67)	-0.88%	7,537
Other	9,988	9,997	(9)	-0.09%	9,706
Total other assets	21,193	21,275	(82)	-0.38%	20,967
Total assets	885,255	891,465	(6,210)	-0.70%	904,045
DEFERRED OUTFLOWS	(2,416)	(2,378)	(38)	1.61%	(2,340)
Total assets and deferred outflows	**$ 882,838**	**$ 889,087**	**$ (6,248)**	**-0.70%**	**$ 901,704**

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION

	Aug-19	Jul-19	Change	% Change	Jun-19
					(Unaudited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	$ 26,430	$ 28,143	$ (1,714)	-6.09%	$ 35,319
Accrued payroll and related liabilities	47,436	51,376	(3,940)	-7.67%	59,163
Long-term debt, current portion	9,099	9,290	(191)	-2.06%	9,360
Total current liabilities	82,964	88,809	(5,845)	-6.58%	103,842
LONG-TERM DEBT, less current portion					
Bonds payable	256,788	256,845	(57)	-0.02%	258,553
Capital leases	132	153	(21)	-13.72%	174
Total long-term debt	256,920	256,998	(78)	-0.03%	258,727
NET PENSION LIABILITY	30,380	30,815	(435)	-1.41%	31,249
OTHER LONG-TERM LIABILITIES	29,696	29,321	375	1.28%	28,647
Total liabilities	399,960	405,942	(5,982)		422,465
NET ASSETS					
Invested in capital assets, net of related debt	106,539	106,112	426	0.40%	105,427
Restricted	31,245	29,887	1,358	4.54%	30,090
Unrestricted	345,094	347,145	(2,051)	-0.59%	343,722
Total net position	482,878	483,145	(266)	-0.06%	479,239
Total liabilities and net position	**$ 882,838**	**$ 889,087**	**$ (6,248)**	**-0.70%**	**$ 901,704**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
August 31, 2019

Board designated funds	IS	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
LAIF			2.34	Various			62,109,619	
CAMP			2.28	CAMP			1,496,568	
Wells Cap		31846V203	0.02	Money market			(53,521)	
PFM		31846V203	0.02	Money market			309,796	
Torrey Pines Bank		5-Mar-20	1.00	CD	Torrey Pines Bank		3,007,562	
PFM	(	20-Jul-20	2.00	MTN-C	American Honda Mtn		420,000	
PFM	9	22-Jul-20	1.41	MTN-C	Wells Fargo Company		1,150,000	
PFM	9	3-Aug-20	2.05	CD	Westpac Bking CD		1,570,000	
Wells Cap	8	18-Aug-20	2.55	MTN-C	State Street Corp		830,000	
PFM	1	4-Sep-20	1.85	MTN-C	Caterpillar Finl Mtn		670,000	
Wells Cap	3	15-Sep-20	2.75	MTN-C	Goldman Sachs		350,000	
Wells Cap	9	15-Oct-20	1.95	MTN-C	Unitedhealth Group		595,000	
PFM	8	16-Oct-20	3.39	CD	Sumito MTSU		805,000	
PFM	(	13-Nov-20	2.00	MTN-C	Apple, Inc		900,000	
PFM	8	16-Nov-20	2.27	CD	Swedbank		1,800,000	
Wells Cap	9	14-Dec-20	2.20	MTN-C	Visa Inc		700,000	
Wells Cap	9	14-Dec-20	2.20	MTN-C	Visa Inc		400,000	
PFM	4	15-Dec-20	2.13	Supra-National Age	Inter Amer Dev Bk		1,800,000	
PFM	2	8-Jan-21	2.35	MTN-C	John Deere		750,000	
Wells Cap	2	8-Jan-21	2.55	MTN-C	John Deere		1,300,000	
PFM	4	20-Jan-21	1.80	MTN-C	IBM		900,000	
Wells Cap	4	25-Jan-21	2.25	Supra-National Age	Intl Bk		750,000	
PFM	8	16-Feb-21	1.73	ABS	Toyota Auto Recvs		86,061	
Wells Cap	(	23-Feb-21	2.25	MTN-C	Apple, Inc		615,000	
PFM	8	12-Mar-21	2.75	MTN-C	Texas Instruments		180,000	
Wells Cap	8	12-Mar-21	2.75	MTN-C	Texas Instruments		630,000	
Wells Cap	8	15-Mar-21	1.71	ABS	Smart Trust		347,444	
Wells Cap	9	31-Mar-21	1.25	U.S. Govt Agency	US Treasury Bill		500,000	
PFM	1	1-Apr-21	2.80	Municipal	California ST		530,000	
Wells Cap	1	1-Apr-21	2.63	Municipal	California ST High		1,250,000	
Wells Cap	7	1-Apr-21	3.54	Municipal	Sacramento Ca Public		1,200,000	
PFM	2	2-Apr-21	2.83	CD	Credit Agricole CD		825,000	
Wells Cap	8	13-Apr-21	2.95	MTN-C	Toyota Motor		350,000	
Wells Cap	8	13-Apr-21	2.95	MTN-C	Toyota Motor		600,000	
PFM	4	15-Apr-21	1.29	ABS	Hyundai Auto		142,173	
PFM	(	15-Apr-21	2.50	MTN-C	Bank of NY		900,000	
Wells Cap	(	19-Apr-21	2.63	MTN-C	Bank of America		435,000	
Wells Cap	(	19-Apr-21	2.63	MTN-C	Bank of America		600,000	
PFM	6	21-Apr-21	2.50	MTN-C	Morgan Stanley		450,000	
PFM	6	21-Apr-21	2.50	MTN-C	Morgan Stanley		450,000	
Wells Cap	6	21-Apr-21	2.50	MTN-C	Morgan Stanley		750,000	
Wells Cap	6	29-Apr-21	2.15	MTN-C	PNC Bank		525,000	
Wells Cap	6	29-Apr-21	2.15	MTN-C	PNC Bank		400,000	
PFM	(	5-May-21	2.25	MTN-C	American Express		450,000	
PFM	(	10-May-21	2.05	MTN-C	BB T Corp		450,000	
Wells Cap	9	17-May-21	1.70	ABS	USAA Auto Owner		154,283	
Wells Cap	1	17-May-21	2.65	MTN-C	Caterpillar Finl Mtn		700,000	
PFM	8	19-May-21	1.95	MTN-C	State Street Corp		245,000	
Wells Cap	8	21-May-21	3.25	MTN-C	Charles Schwab Corp		1,300,000	
PFM	9	24-May-21	4.13	MTN-C	US Bancorp		900,000	
Wells Cap	3	14-Jun-21	2.25	MTN-C	Fifth Third Bank		800,000	
PFM	3	15-Jun-21	1.67	ABS	Ford Credit Auto		152,172	
Wells Cap	7	1-Jul-21	2.39	Municipal	San Francisco		935,000	
PFM	3	14-Jul-21	1.13	U.S. Govt Agency	FHLB		950,000	
PFM	4	23-Jul-21	2.75	Supra-National Age	Intl Bk		1,800,000	
PFM	4	16-Aug-21	1.76	ABS	Hyundai Auto		237,348	
Wells Cap	(	17-Aug-21	1.25	U.S. Govt Agency	FNMA		1,400,000	
Wells Cap	3	17-Aug-21	1.25	U.S. Govt Agency	FNMA		500,000	
Wells Cap	7	1-Sep-21	2.25	MTN-C	Ryder System Inc		420,000	
PFM	3	15-Sep-21	6.72	ABS	FHLMC		577	
PFM	6	15-Sep-21	1.90	MTN-C	Oracle Corp		900,000	

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
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PFM	1	20-Sep-21	1.85	MTN-C	Cisco Systems Inc	800,000
Wells Cap	3	25-Sep-21	2.99	ABS	FHLMC	1,300,000
PFM	7	6-Oct-21	1.70	MTN-C	Pepsico Inc	1,320,000
PFM	4	15-Oct-21	1.82	ABS	John Deere	239,081
PFM	9	31-Oct-21	1.25	U.S. Govt Agency	US Treasury Bill	290,000
PFM	9	31-Oct-21	2.00	U.S. Govt Agency	US Treasury Bill	1,520,000
PFM	8	15-Nov-21	2.00	ABS	Toyota Auto Recvs	250,000
PFM	9	30-Nov-21	1.75	U.S. Govt Agency	US Treasury Bill	2,000,000
Wells Cap	9	30-Nov-21	1.75	U.S. Govt Agency	US Treasury Bill	1,160,000
PFM	0	15-Dec-21	1.75	ABS	Ally Auto	244,317
PFM	9	31-Dec-21	2.13	U.S. Govt Agency	US Treasury Bill	3,600,000
Wells Cap	9	31-Dec-21	2.00	U.S. Govt Agency	US Treasury Bill	1,225,000
PFM	2	15-Jan-22	1.63	MTN-C	Comcast Corp	450,000
PFM	8	18-Jan-22	1.93	ABS	Toyota Auto	625,000
Wells Cap	3	18-Jan-22	2.60	U.S. Govt Agency	FFCB	250,000
Wells Cap	4	24-Jan-22	4.50	MTN-C	JP Morgan	1,300,000
Wells Cap	3	25-Jan-22	2.79	ABS	FHLMC	1,600,000
Wells Cap	0	7-Feb-22	2.60	MTN-C	Bank of NY	1,000,000
PFM	5	12-Feb-22	2.38	MTN-C	Microsoft Corp	450,000
Wells Cap	9	15-Feb-22	2.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Wells Cap	9	15-Feb-22	2.50	U.S. Govt Agency	US Treasury Bill	500,000
Wells Cap	1	19-Feb-22	3.17	MTN-C	Citibank	500,000
Wells Cap	9	28-Feb-22	1.88	U.S. Govt Agency	US Treasury Bill	390,000
PFM	2	4-Mar-22	2.45	MTN-C	Walt Disney Co	375,000
PFM	6	8-Mar-22	3.30	MTN-C	PNC Funding Corp	494,000
PFM	0	1-Apr-22	2.75	MTN-C	BB T Corp	450,000
Wells Cap	3	5-Apr-22	1.88	U.S. Govt Agency	FNMA	920,000
Wells Cap	9	15-Apr-22	2.25	U.S. Govt Agency	US Treasury Bill	900,000
Wells Cap	9	15-Apr-22	2.25	U.S. Govt Agency	US Treasury Bill	2,600,000
PFM	1	25-Apr-22	2.75	MTN-C	Citigroup	1,000,000
Wells Cap	6	25-Apr-22	2.40	MTN-C	National Rural	950,000
Wells Cap	3	26-Apr-22	3.00	MTN-C	Goldman Sachs	440,000
Wells Cap	9	30-Apr-22	1.88	U.S. Govt Agency	US Treasury Bill	795,000
PFM	9	15-May-22	1.75	U.S. Govt Agency	US Treasury Bill	2,300,000
Wells Cap	9	15-May-22	3.28	Municipal	Univ Of CA	400,000
PFM	9	16-May-22	2.35	MTN-C	United Parcel	450,000
PFM	0	17-May-22	3.50	MTN-C	Bank of America	300,000
Wells Cap	2	18-May-22	2.30	MTN-C	Costco Wholesale	1,000,000
Wells Cap	9	23-May-22	2.65	MTN-C	US Bank NA	1,300,000
Wells Cap	1	25-May-22	2.20	MTN-C	Coca Cola Co	500,000
PFM	0	1-Jun-22	3.38	MTN-C	Blackrock Inc.	395,000
Wells Cap	3	14-Jun-22	1.88	U.S. Govt Agency	FFCB	2,600,000
Wells Cap	9	30-Jun-22	1.75	U.S. Govt Agency	US Treasury Bill	660,000
PFM	9	15-Jul-22	1.75	U.S. Govt Agency	US Treasury Bill	2,100,000
Wells Cap	9	15-Jul-22	1.75	U.S. Govt Agency	US Treasury Bill	900,000
Wells Cap	9	15-Aug-22	1.50	U.S. Govt Agency	US Treasury Bill	580,000
PFM	6	26-Aug-22	1.85	CD	Nordea Bk Abb Ny CD	860,000
PFM	8	26-Aug-22	1.86	CD	Skandin Ens CD	845,000
PFM	9	31-Aug-22	1.88	U.S. Govt Agency	US Treasury Bill	2,000,000
Wells Cap	9	31-Aug-22	1.75	U.S. Govt Agency	US Treasury Bill	590,000
PFM	8	8-Sep-22	2.15	MTN-C	Toyota Motor	450,000
Wells Cap	3	9-Sep-22	2.00	U.S. Govt Agency	FHLB	300,000
PFM	9	30-Sep-22	1.88	U.S. Govt Agency	US Treasury Bill	750,000
Wells Cap	3	5-Oct-22	2.00	U.S. Govt Agency	FNMA	950,000
Wells Cap	1	27-Oct-22	2.70	MTN-C	Citigroup	750,000
Wells Cap	9	31-Oct-22	2.00	U.S. Govt Agency	US Treasury Bill	3,150,000
PFM	9	15-Nov-22	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	9	30-Nov-22	2.00	U.S. Govt Agency	US Treasury Bill	2,770,000

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
August 31, 2019

PFM	8	15-Dec-22	3.02	ABS	Toyota Auto	915,000
PFM	4	15-Dec-22	2.70	MTN-C	Intel Corp	415,000
PFM	9	31-Dec-22	2.13	U.S. Govt Agency	US Treasury Bill	1,810,000
PFM	0	17-Jan-23	3.00	ABS	Ally Auto	965,000
PFM	5	17-Jan-23	3.03	ABS	Mercedes Benz Auto	565,000
PFM	1	20-Jan-23	2.49	ABS	Citibank Credit	1,900,000
Wells Cap	1	20-Jan-23	2.49	ABS	Citibank Credit	1,700,000
PFM	9	31-Jan-23	1.75	U.S. Govt Agency	US Treasury Bill	1,200,000
Wells Cap	9	31-Jan-23	2.38	U.S. Govt Agency	US Treasury Bill	350,000
Wells Cap	9	28-Feb-23	2.63	U.S. Govt Agency	US Treasury Bill	2,100,000
PFM	8	15-Mar-23	2.25	MTN-C	3M Company	540,000
PFM	0	15-Mar-23	2.75	MTN-C	Berkshire Hathaway	370,000
Wells Cap	6	15-Mar-23	3.06	ABS	Nissan Auto	1,700,000
Wells Cap	8	15-Mar-23	3.18	ABS	Toyota Auto	1,400,000
Wells Cap	4	20-Mar-23	2.83	ABS	Honda Auto	1,135,000
Wells Cap	9	20-Apr-23	3.38	ABS	Verizon Owner Trust	600,000
PFM	0	24-Apr-23	2.88	MTN-C	Bank of America	640,000
PFM	9	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	630,000
PFM	9	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	1,100,000
PFM	9	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	3	16-May-23	3.02	ABS	GM Financial	415,000
PFM	4	18-May-23	2.70	MTN-C	JP Morgan	1,000,000
PFM	9	26-Jun-23	3.40	MTN-C	Walmart Inc.	800,000
Wells Cap	0	17-Jul-23	2.70	ABS	Bank of America	1,400,000
Wells Cap	4	17-Jul-23	2.91	ABS	John Deere	400,000
PFM	3	24-Jul-23	2.91	MTN-C	Goldman Sachs	900,000
PFM	3	25-Jul-23	3.20	ABS	FHLMC	322,705
Wells Cap	9	31-Aug-23	2.75	U.S. Govt Agency	US Treasury Bill	1,240,000
PFM	7	1-Sep-23	2.30	Municipal	San Jose Ca Ref	765,000
PFM	8	20-Sep-23	3.45	MTN-C	Toyota Motor	550,000
PFM	0	10-Oct-23	3.63	MTN-C	American Honda Mtn	395,000
PFM	9	31-Oct-23	1.63	U.S. Govt Agency	US Treasury Bill	4,280,000
Wells Cap	9	31-Oct-23	3.00	U.S. Govt Agency	US Treasury Bill	550,000
PFM	1	15-Nov-23	2.51	ABS	Capital One Prime	480,000
Wells Cap	1	15-Nov-23	2.51	ABS	Capital One Prime	900,000
Wells Cap	9	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill	700,000
Wells Cap	0	15-Dec-23	2.99	ABS	American Express	1,410,000
Wells Cap	9	20-Dec-23	2.33	ABS	Verizon Owner Trust	600,000
PFM	9	31-Dec-23	2.25	U.S. Govt Agency	US Treasury Bill	3,000,000
Wells Cap	9	31-Jan-24	2.50	U.S. Govt Agency	US Treasury Bill	3,575,000
PFM	3	5-Feb-24	2.50	U.S. Govt Agency	FNMA	1,110,000
PFM	3	13-Feb-24	2.50	U.S. Govt Agency	FHLB	1,220,000
PFM	9	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	3,425,000
Wells Cap	9	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	2,825,000
PFM	5	7-Mar-24	2.90	MTN-C	Merck Co Inc.	405,000
PFM	7	15-Mar-24	2.95	MTN-C	Pfizer Inc.	465,000
PFM	5	1-Apr-24	3.38	MTN-C	Mastercard Inc.	395,000
PFM	9	30-Apr-24	2.00	U.S. Govt Agency	US Treasury Bill	1,285,000
Wells Cap	9	30-Apr-24	2.25	U.S. Govt Agency	US Treasury Bill	500,000
PFM	9	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	1,800,000
Wells Cap	9	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	4,350,000
Wells Cap	9	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	500,000
Wells Cap	9	30-Jun-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	9	30-Jul-24	2.40	MTN-C	US Bancorp	415,000
Wells Cap	9	31-Jul-24	1.75	U.S. Govt Agency	US Treasury Bill	1,850,000
PFM	1	15-Aug-24	1.72	ABS	Capital One Multi	1,600,000
Wells Cap	3	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000
Wells Cap	7	1-Oct-26	8.00	Municipal	San Marcos Ca Redev	1,185,000
						$ 236,325,185

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
August 31, 2019

	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
Self-insurance trust							
Wells Cap			Money market		110900	594,742	
Wells Cap			Fixed income - L/T		152300	4,127,145	
							4,721,887
2012 revenue bonds							
US Bank			Principal/Interest payment fund		142112	1,051,824	
							1,051,824
2015A revenue bonds							
US Bank			Principal/Interest payment fund		142115	413,852	
							413,852
2015B revenue bonds							
US Bank			Principal/Interest payment fund		142116	1,041,529	
US Bank			Project Fund		152442	32,035,094	
							33,076,623
2017A/B revenue bonds							
US Bank			Principal/Interest payment fund		142117	384,696	
							384,696
2017C revenue bonds							
US Bank			Principal/Interest payment fund		142118	564,331	
							564,331
2014 general obligation bonds							
LAIF			Interest Payment fund		152440	1,690,723	
							1,690,723
Operations							
Wells Fargo Bank	(Checking)	0.20	Checking		100000	(2,266,930)	
Wells Fargo Bank	(Savings)	0.20	Checking		100500	3,098,959	
						832,029	
Payroll							
Wells Fargo Bank	(Checking)	0.20	Checking		100100	(36,247)	
Wells Fargo Bank	(Checking)	0.20	Checking	Benesyst	100201	27,911	
Wells Fargo Bank			Checking	Resident Fund	100205	1,714	
Bancorp	(Checking)		Checking		100202	43,897	
						37,275	
							869,304
					Total investments		**$ 279,098,425**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
August 31, 2019

Kaweah Delta Medical Foundation

Wells Fargo Bank		Checking	100050		**$ 2,346,908**

Sequoia Regional Cancer Center

Wells Fargo Bank	(Medical)	Checking	100535	$ 19,021	
Wells Fargo Bank	(Radiation)	Checking	100530	-	
					$ 19,021

Kaweah Delta Hospital Foundation

VCB Checking	Investments	100501	$ 233,581	
Various	S/T Investments	142200	5,553,770	
Various	L/T Investments	142300	10,710,152	
Various	Unrealized G/L	142400	1,857,577	
				$ 18,355,080

Summary of board designated funds:

Plant fund:

Uncommitted plant funds		$ 182,678,622	142100	
Committed for capital		21,467,720	142100	
		204,146,342		
GO Bond reserve - L/T		2,055,720	142100	
401k Matching		6,556,828	142100	
Cost report settlement - current	2,135,384		142104	
Cost report settlement - L/T	1,312,727		142100	
		3,448,111		
Development fund/Memorial fund		104,184	112300	
Workers compensation - current	5,390,000		112900	
Workers compensation - L/T	14,624,000		113900	
		20,014,000		
		$ 236,325,185		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	$ 43,897	0.0%		43,897	0.0%
CAMP	1,496,568	0.5%		1,496,568	0.6%
Local Agency Investment Fund (LAIF)	62,109,619	22.3%		62,109,619	26.2%
Local Agency Investment Fund (LAIF) - GOB Tax Rev	1,690,723	0.6%	1,690,723	-	0.0%
Wells Cap	91,075,093	32.6%	4,721,887	86,353,206	36.4%
PFM	83,358,230	29.9%		83,358,230	35.1%
Torrey Pines Bank	3,007,562	1.1%		3,007,562	1.3%
Wells Fargo Bank	825,407	0.3%		825,407	0.3%
US Bank	35,491,326	12.7%	35,491,326		0.0%
Total investments	$ 279,098,425	100.0%	$ 41,903,936	$ 237,194,489	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
August 31, 2019

Investment summary of surplus funds by type:		**Investment Limitations**	
Negotiable and other certificates of deposit	$ 9,712,562	$ 71,158,000	(30%)
Checking accounts	869,304		
Local Agency Investment Fund (LAIF)	62,109,619	65,000,000	
CAMP	1,496,568		
Medium-term notes (corporate) (MTN-C)	45,299,000	71,158,000	(30%)
U.S. government agency	83,050,000		
Municipal securities	6,265,000		
Money market accounts	256,275	47,439,000	(20%)
Asset Backed Securties	23,786,161	47,439,000	(20%)
Supra-National Agency	4,350,000	71,158,000	(30%)
	$ 237,194,489		

Return on investment:

Current month	**2.44%**
Year-to-date	**2.51%**
Prospective	**2.32%**
LAIF (year-to-date)	**2.36%**
Budget	**2.28%**

Material current-month nonroutine transactions:

Sell/Called/Matured:	Ally Auto, $647,563, 1.99% Bank of Nova CD, $1,600,000, 3.080% Ford Credit Auto, $939,336, 2.010% Home Depot Inc, $425,000, 1.80% Honda Auto, $590,699, 1.80% John Deere, $200,000, 1.950% FNMA, $1,000,000, 1.250% US Treasury, $400,000, 1.125% US Treasury, $435,000, 1.25% US Treasury, $5,000, 1.875% US Treasury, $1,260,000, 2.125% Automatic Data, $800,000, 2.250% Johnson Johnson, $500,000, 2.250%
Buy:	US Treasury, $2,100,000, 1.750% Capital One Multi, $1,600,000, 1.720% Nordea Bk CD, $860,000 1.825% Skandin Ens CD, $845,000, 1.850% US Treasury, $580,000, 1.50% US Treasury, $900,000, 1.750% US Treasury, $1,850,000, 1.750% Exxon Mobil, $1,320,000, 2.019%

Fair market value disclosure for the quarter ended June 30, 2019 (District only):	**Quarter-to-date**	**Year-to-date**
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	$ 1,980,535
Change in unrealized gain (loss) on investments (income statement effect)	$ -	$ -

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
August 31, 2019

Investment summary of CDs:

Credit Agricole CD	$	825,000
Nordea Bk Abb Ny CD		860,000
Skandin Ens CD		845,000
Sumito Mtsu		805,000
Swedbank		1,800,000
Torrey Pines Bank		3,007,562
Westpac Bking CD		1,570,000
	$	9,712,562

Investment summary of asset backed securities:

Ally Auto	$	1,209,317
American Express		1,410,000
Bank of America		1,400,000
Capital One Multi		1,600,000
Capital One Prime		1,380,000
Citibank Credit		3,600,000
FHLMC		3,223,282
Ford Credit Auto		152,172
GM Financial		415,000
Honda Auto		1,135,000
Hyundai Auto		379,521
John Deere		639,081
Mercedes Benz Auto		565,000
Nissan Auto		1,700,000
Smart Trust		347,444
Toyota Auto		2,940,000
Toyota Auto Recvs		336,061
Verizon Owner Trust		1,200,000
USAA Auto Owner		154,283
	$	23,786,161

Investment summary of medium-term notes (corporate):

American Express	$	450,000
American Honda Mtn		815,000
Apple, Inc		1,515,000
Bank of America		1,975,000
Bank of NY		1,900,000
BB T Corp		900,000
Berkshire Hathaway		370,000
Blackrock Inc.		395,000
Caterpillar Finl Mtn		1,370,000
Charles Schwab Corp		1,300,000
Cisco Systems Inc		800,000
Citibank		500,000
Citigroup		1,750,000
Coca Cola Co		500,000
Comcast Corp		450,000
Costco Wholesale		1,000,000
Exxon Mobil		1,320,000
Fifth Third Bank		800,000
Goldman Sachs		1,690,000
IBM		900,000
Intel Corp		415,000
John Deere		2,050,000
JP Morgan		2,300,000
Mastercard Inc.		395,000
Merck Co Inc.		405,000
Microsoft Corp		450,000
Morgan Stanley		1,650,000
National Rural		950,000
Oracle Corp		900,000
Pepsico Inc		1,320,000
Pfizer Inc.		465,000
PNC Bank		925,000
PNC Funding Corp		494,000
Ryder System Inc		420,000
State Street Corp		1,075,000
Texas Instruments		810,000
Toyota Motor		1,950,000
Unitedhealth Group		595,000
United Parcel		450,000
US Bancorp		1,315,000
US Bank NA		1,300,000
Visa Inc		1,100,000
Walmart Inc.		800,000
Walt Disney Co		375,000
Wells Fargo Company		1,150,000
3M Company		540,000
	$	45,299,000

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
August 31, 2019

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	$	4,880,000
Federal Home Loan Bank (FHLB)		2,470,000
Federal Farmers Credit Bank (FFCB)		2,850,000
US Treasury Bill		72,850,000
	$	83,050,000

Investment summary of municipal securities:

California ST High	$	1,250,000
California ST		530,000
Sacramento Ca Public		1,200,000
San Francisco		935,000
San Marcos Ca Redev		1,185,000
Univ Of CA		400,000
San Jose Ca Ref		765,000
	$	6,265,000

Investment summary of Supra-National Agency:

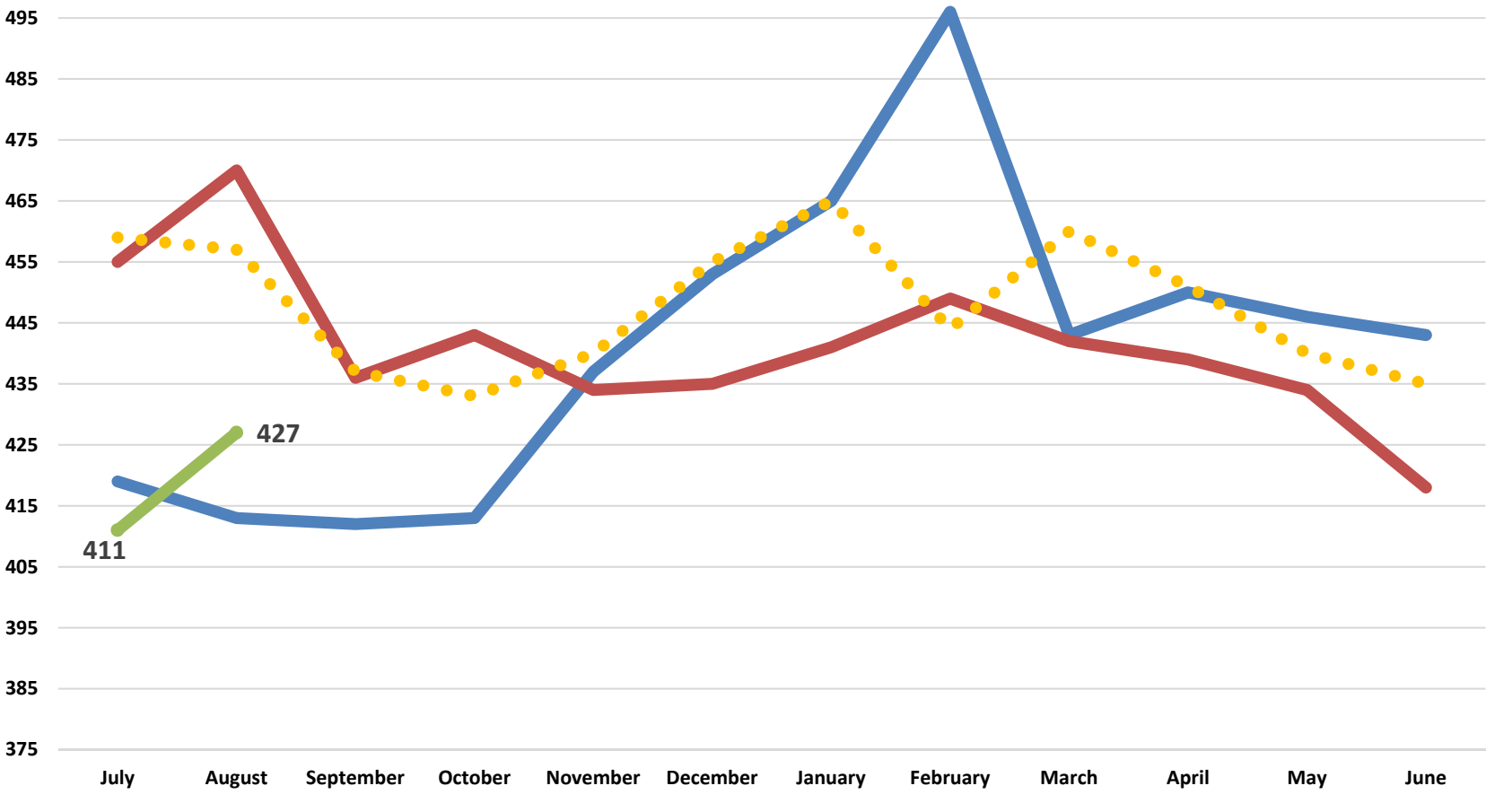
Intl Bk	$	2,550,000
Inter Amer Dev Bk		1,800,000
	$	4,350,000

Statistical Report

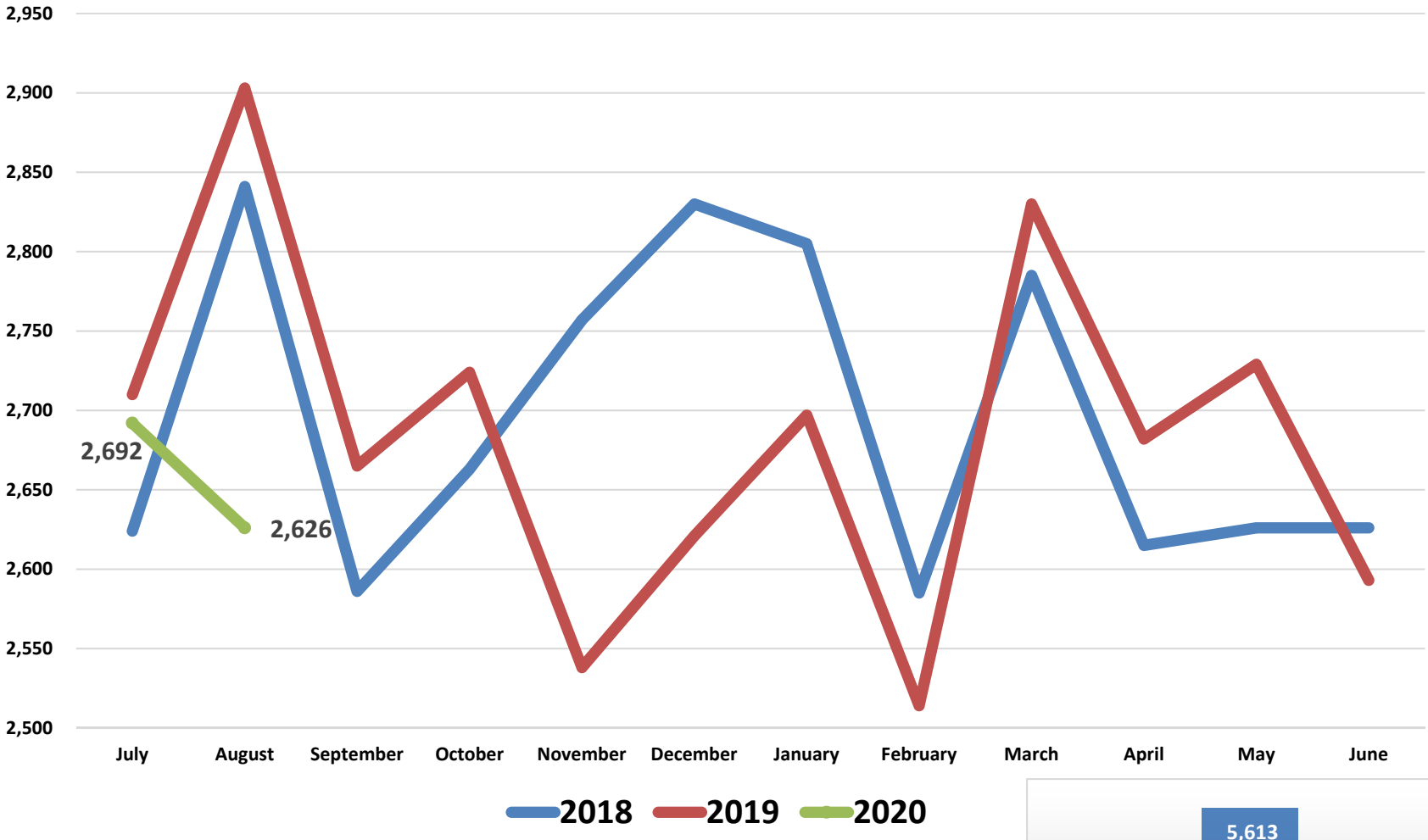
September 23, 2019

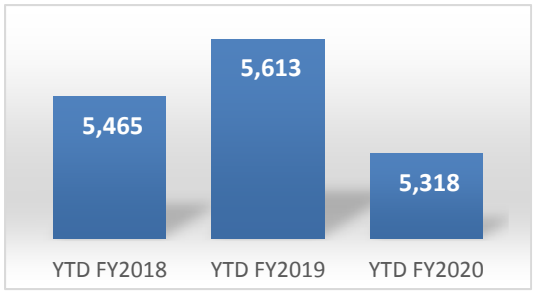
Kaweah Delta
HEALTH CARE DISTRICT

Average Daily Census

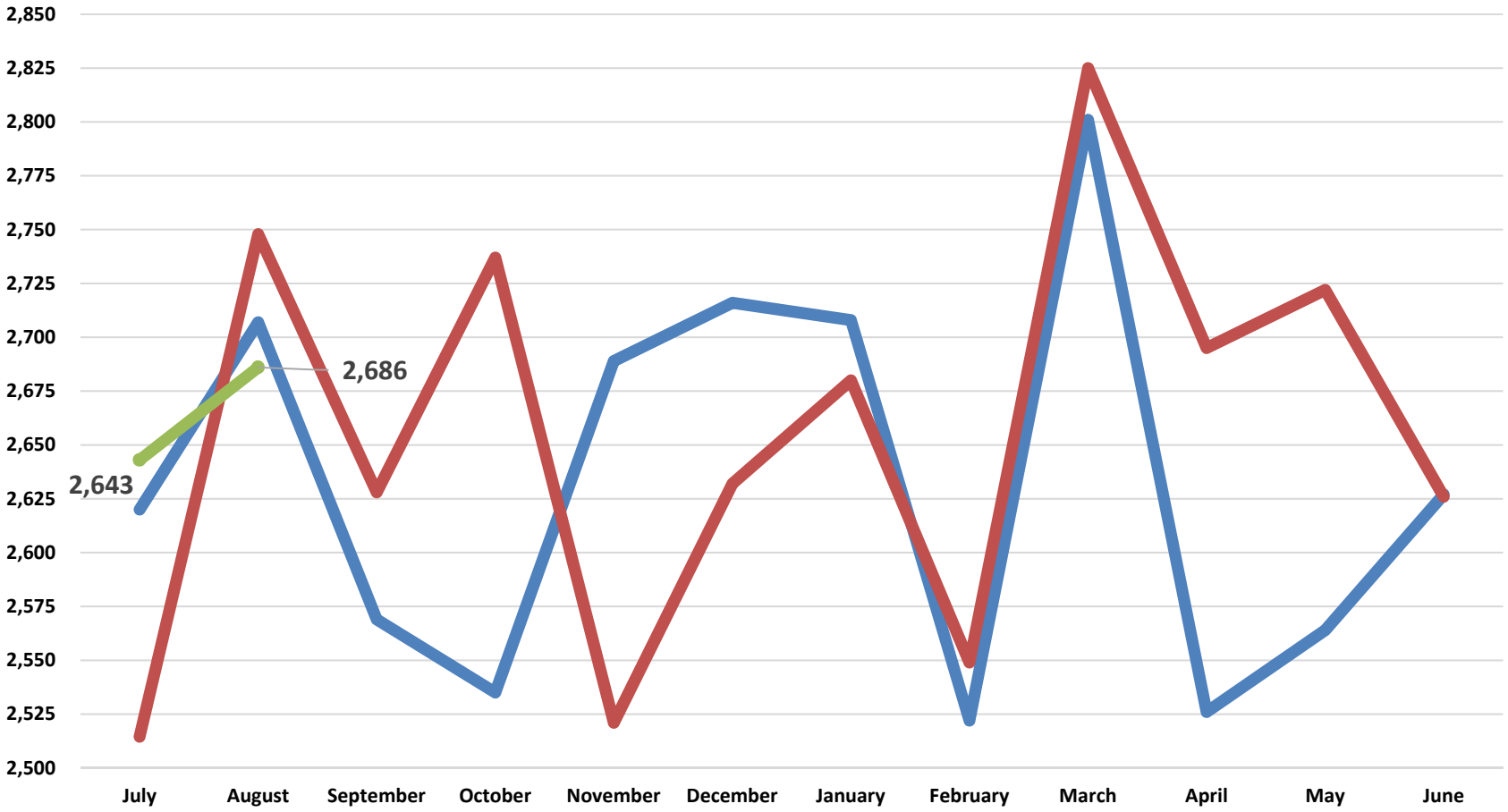


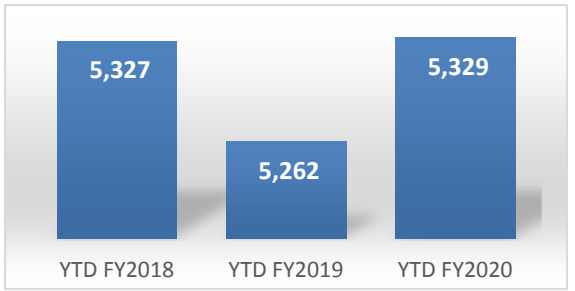
Admissions


2,950
2,900
2,850
2,800
2,750
2,700
2,650
2,600
2,550
2,500
2,692
2,626
July
August
September
October
November
December
January
February
March
April
May
June
2018
2019
2020

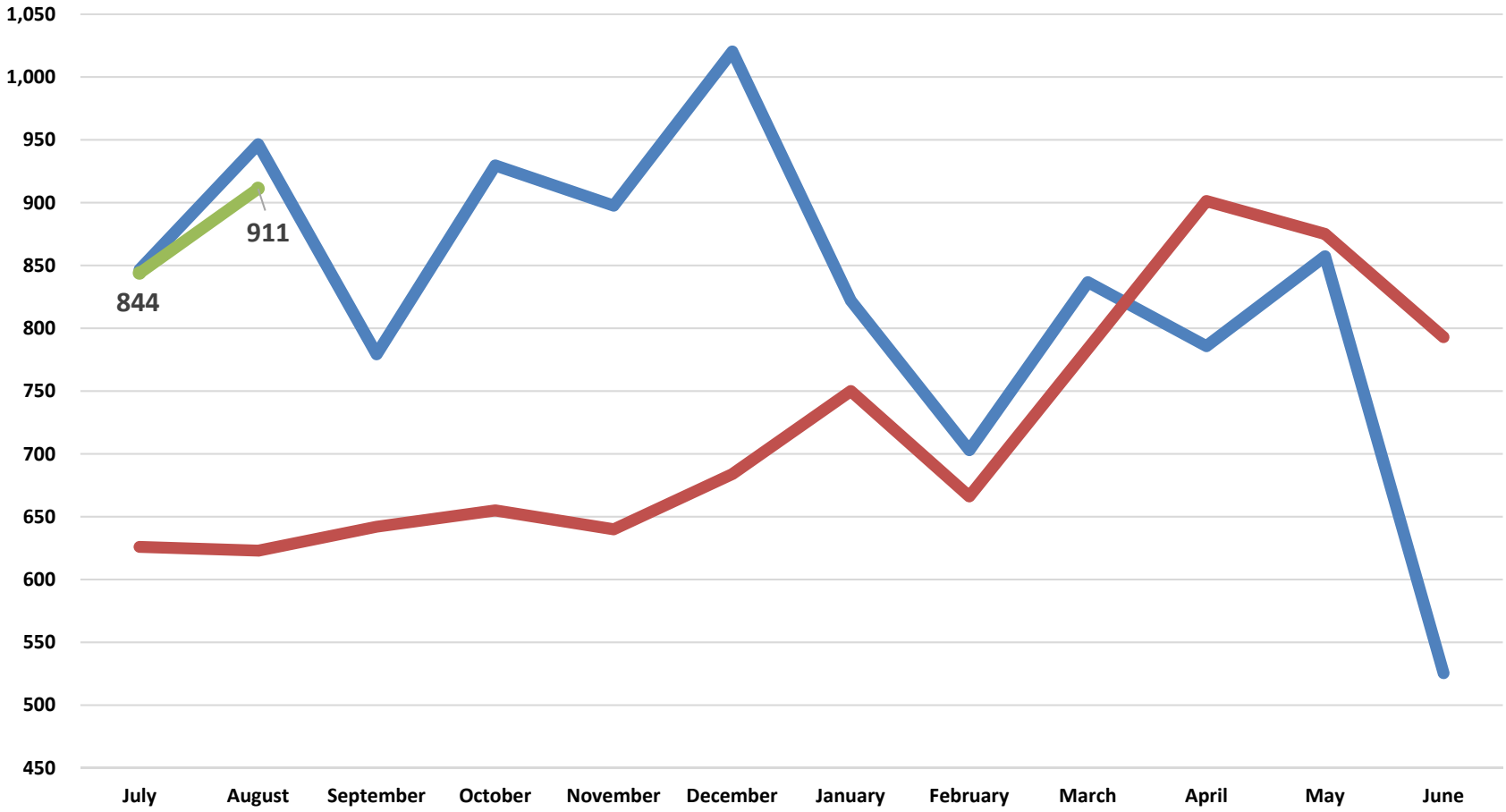

5,465
5,613
5,318
YTD FY2018
YTD FY2019
YTD FY2020

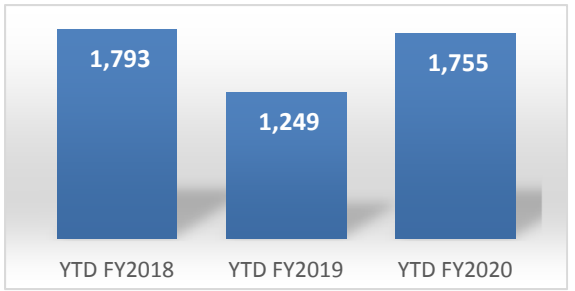
Discharges


2,850
2,825
2,800
2,775
2,750
2,725
2,700
2,675
2,650
2,625
2,600
2,575
2,550
2,525
2,500
2,686
2,643
July
August
September
October
November
December
January
February
March
April
May
June
2018
2019
2020

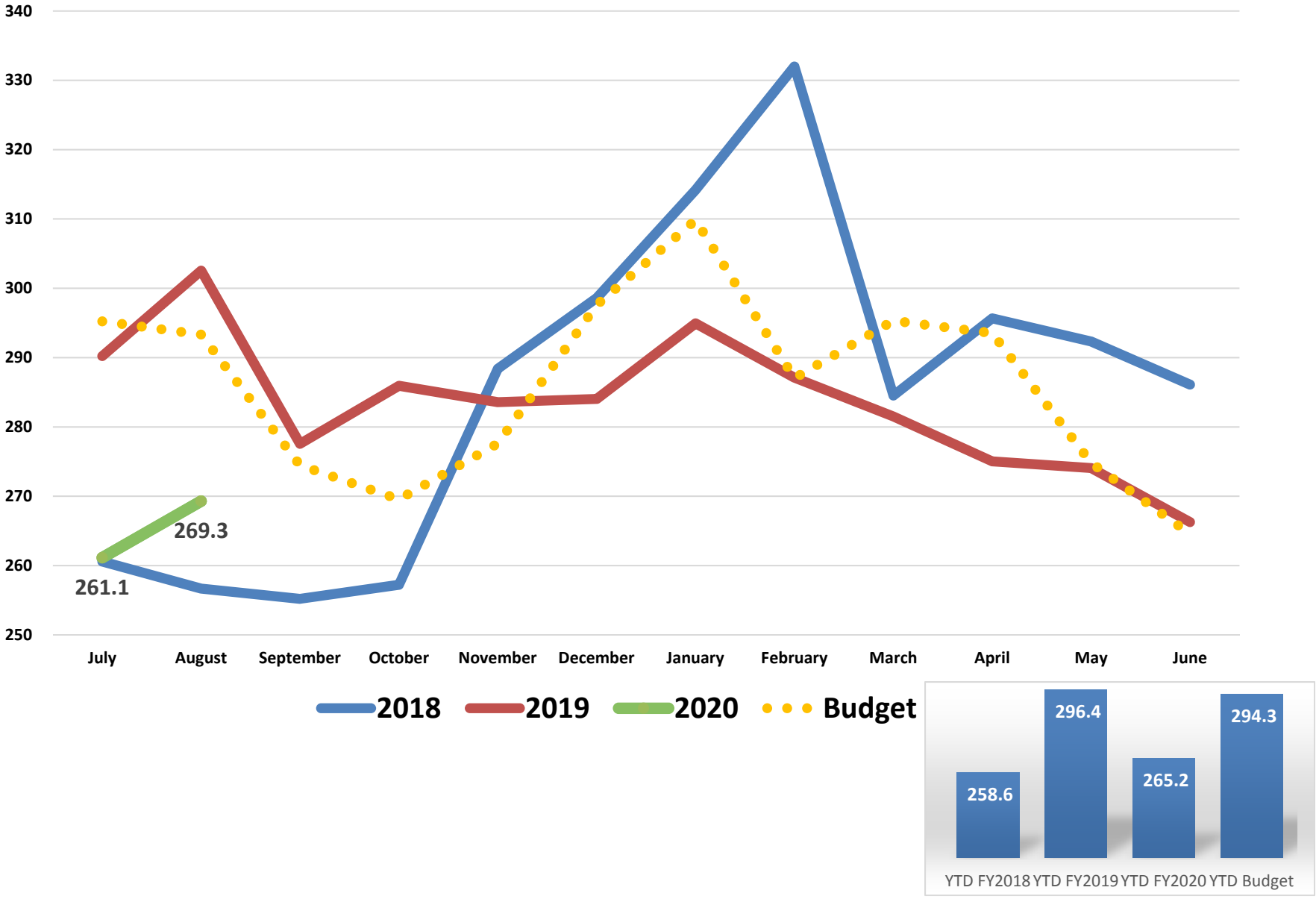

5,327
5,262
5,329
YTD FY2018
YTD FY2019
YTD FY2020

Observation Days

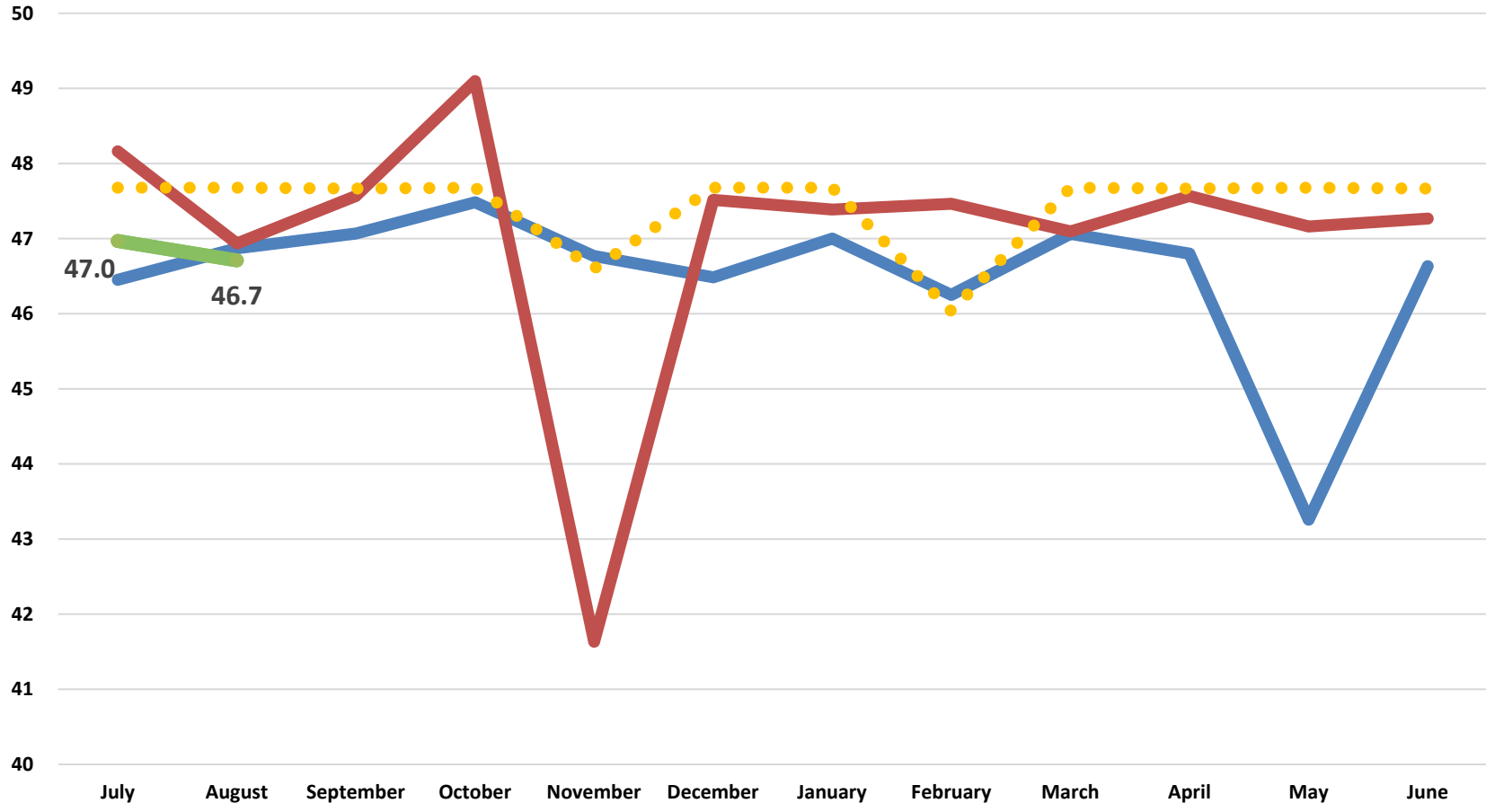


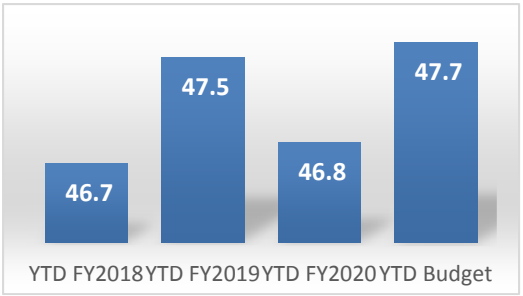


Medical Center – Avg. Patients Per Day

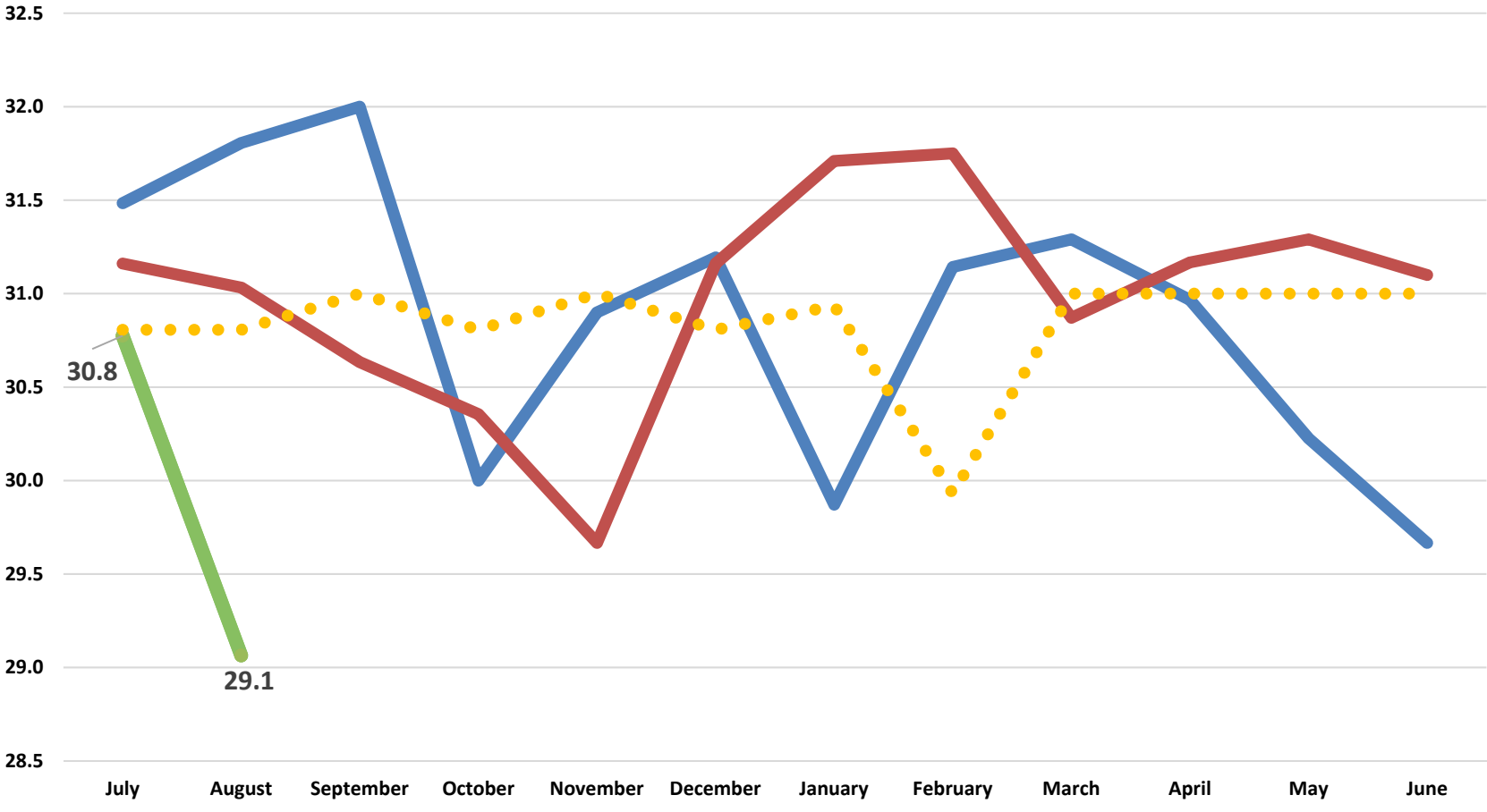


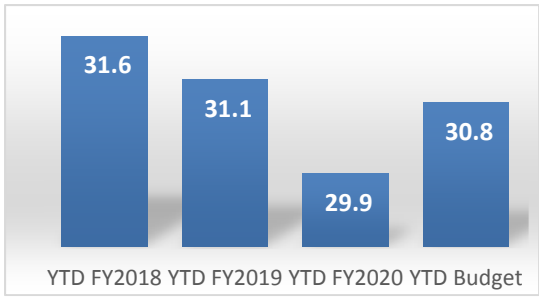
Acute I/P Psych - Avg. Patients Per Day



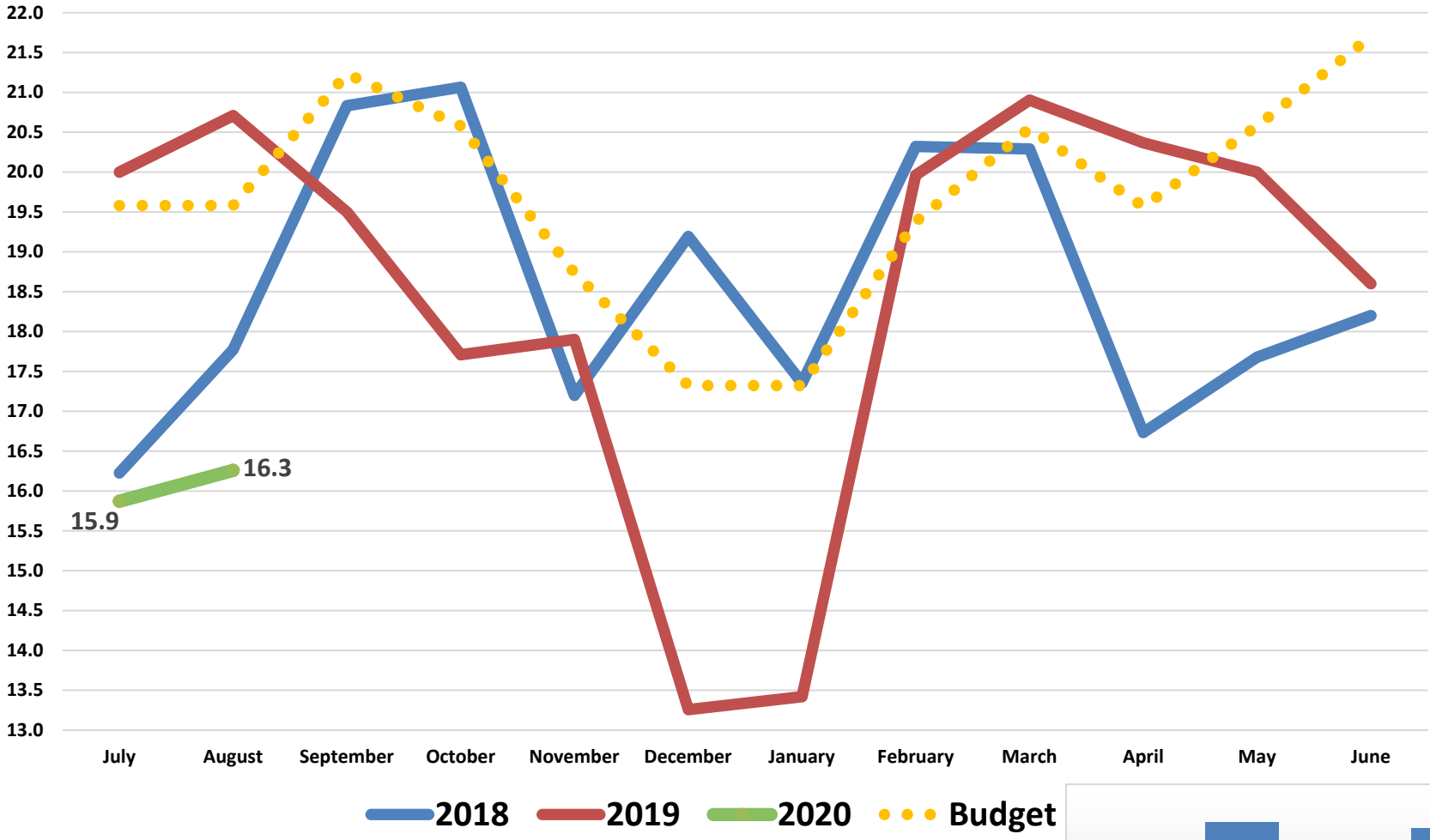


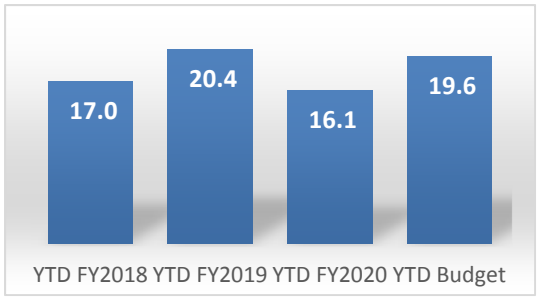
Sub-Acute - Avg. Patients Per Day



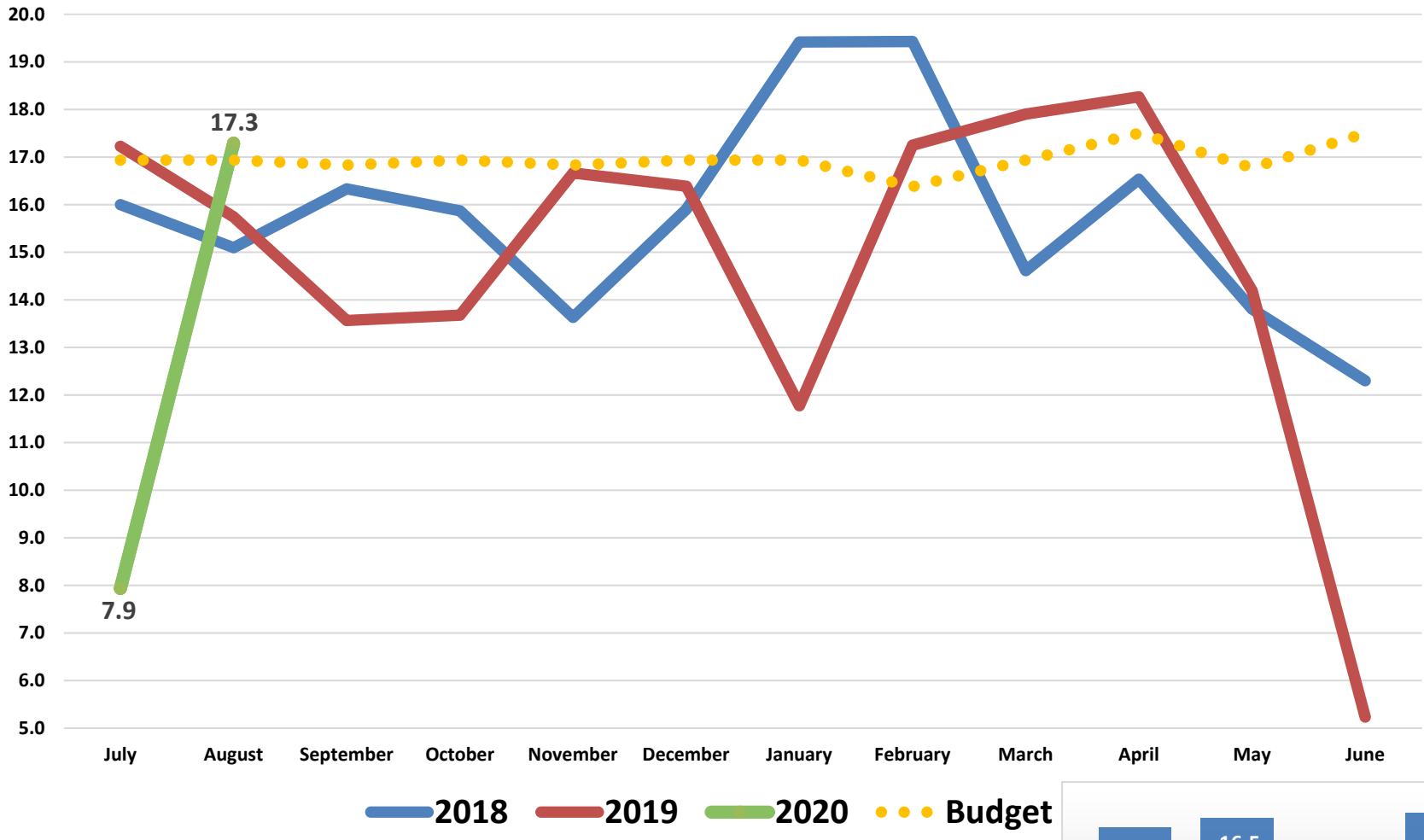


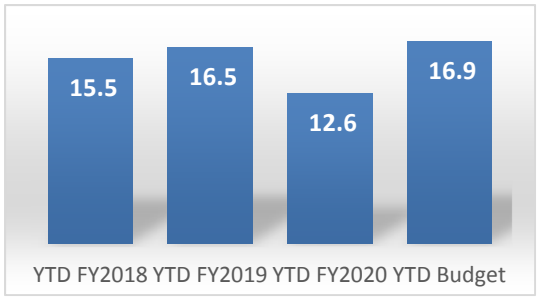
Rehabilitation Hospital - Avg. Patients Per Day



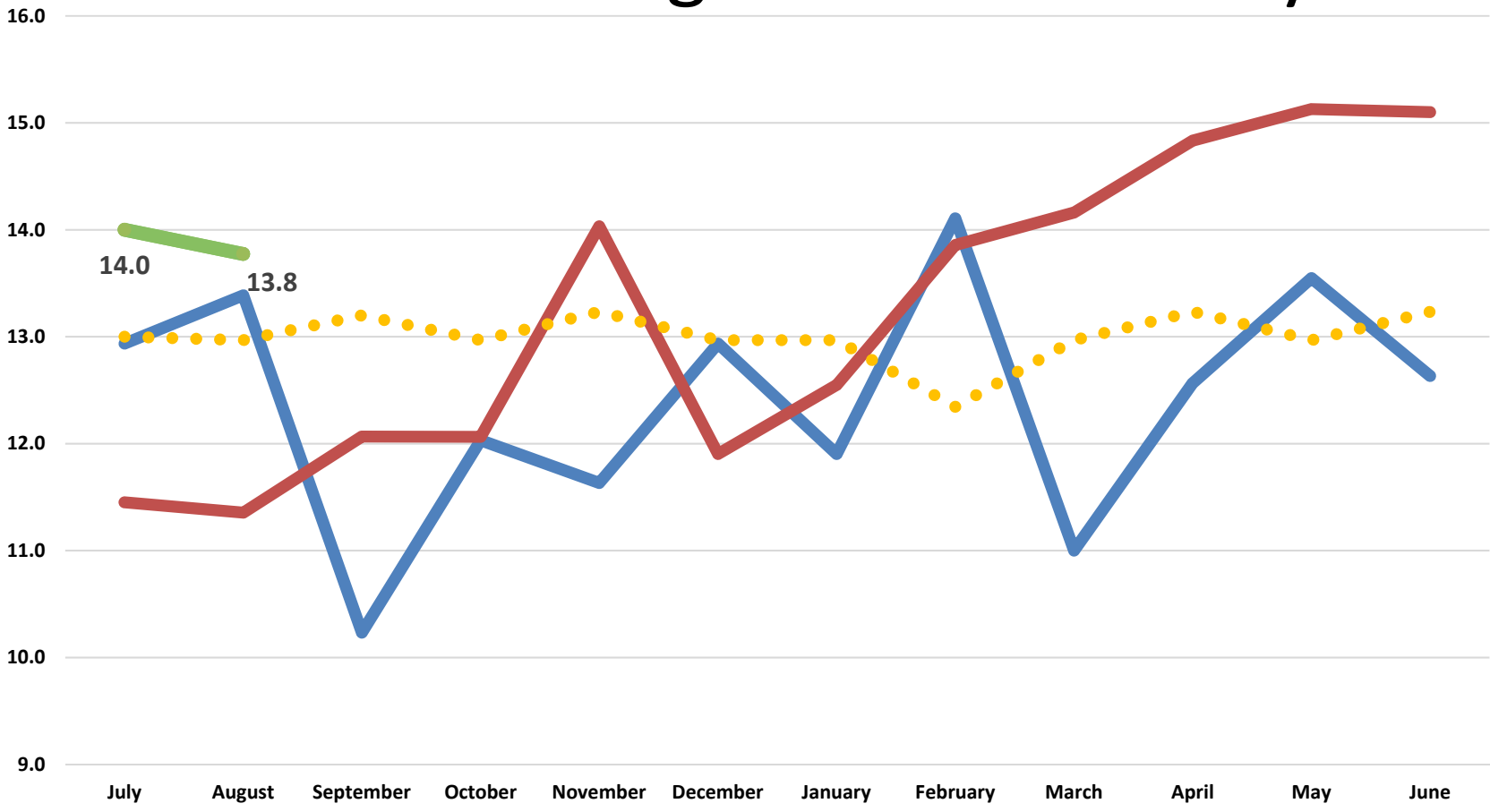


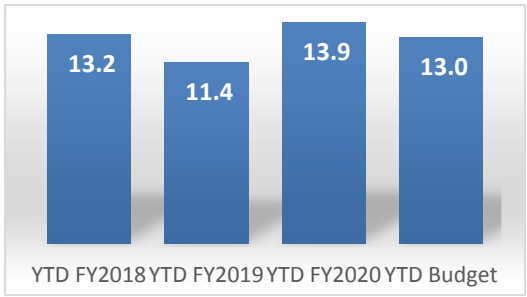
Transitional Care Services (TCS) - Avg. Patients Per Day



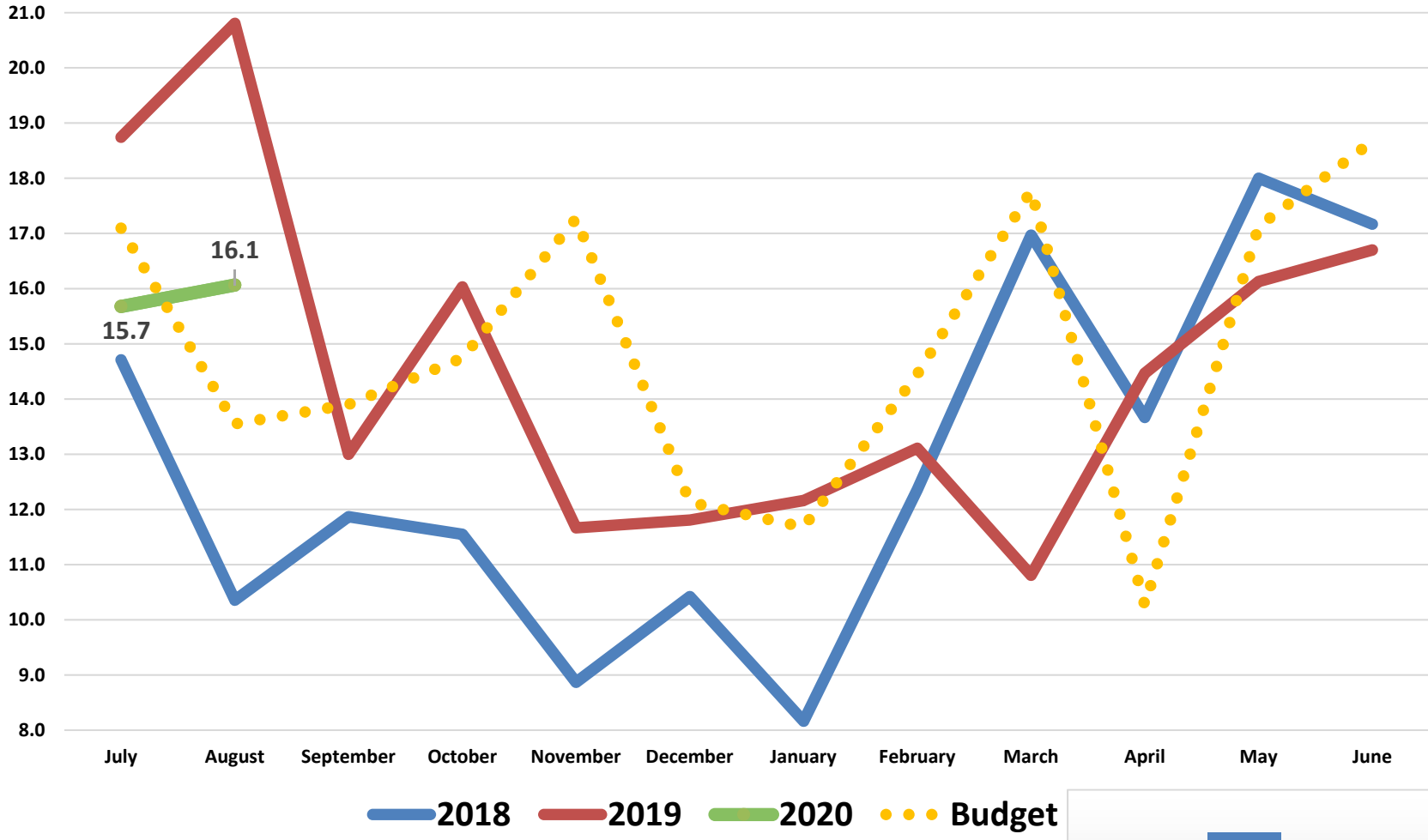


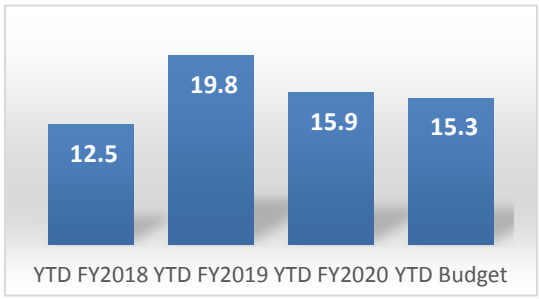
TCS Ortho - Avg. Patients Per Day



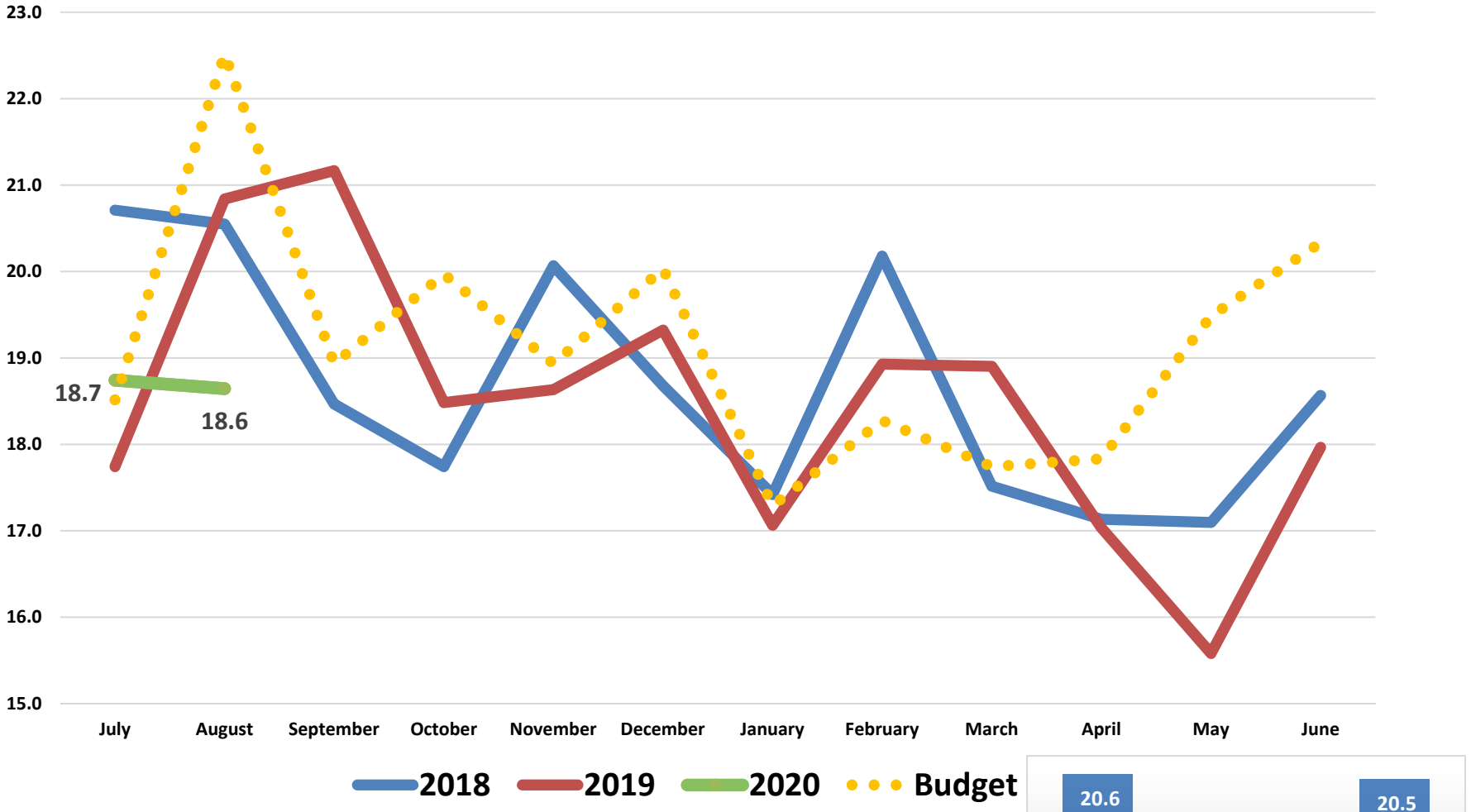


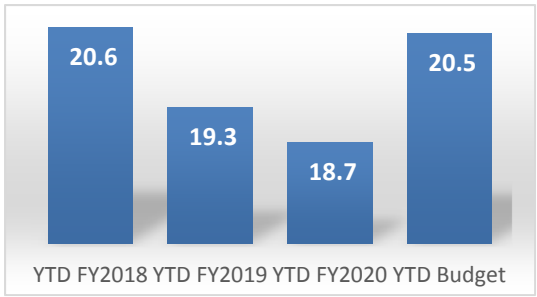
NICU - Avg. Patients Per Day



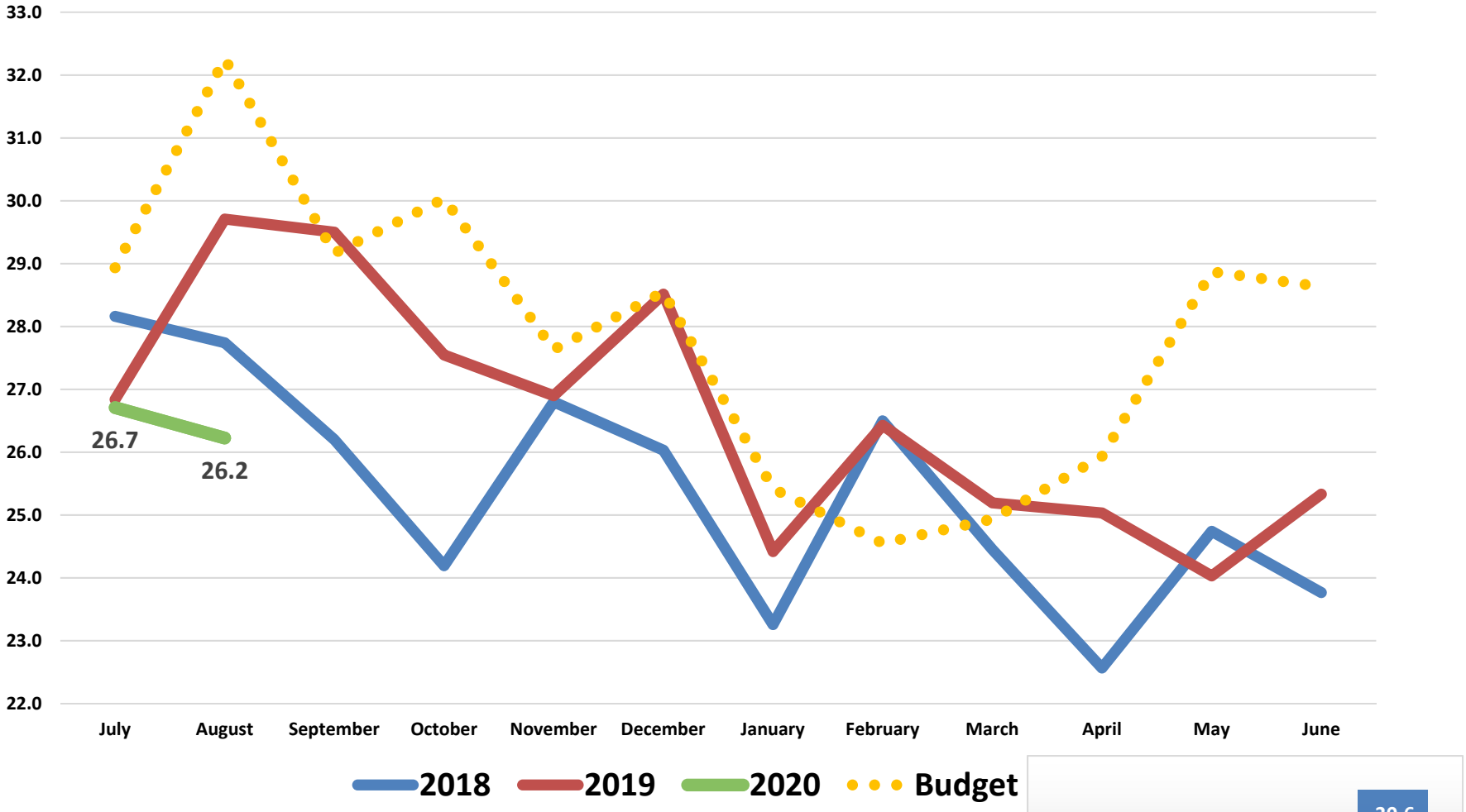


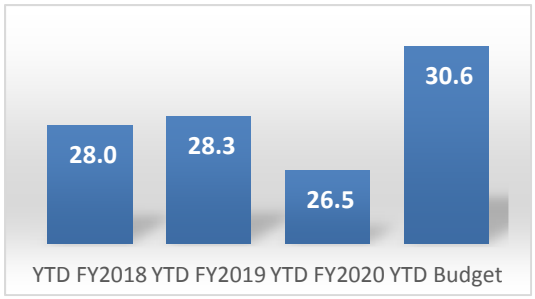
Nursery - Avg. Patients Per Day



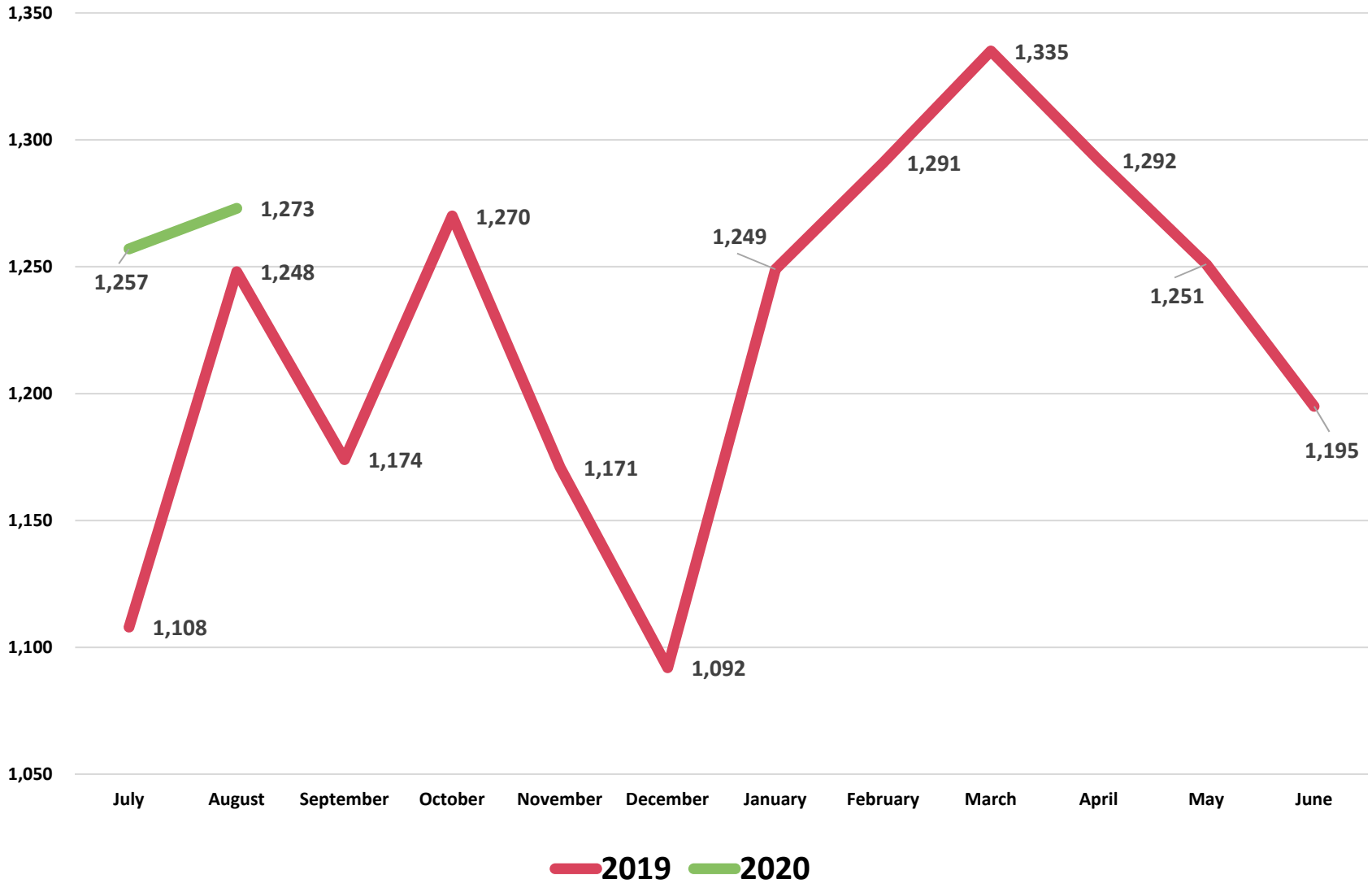


Obstetrics - Avg. Patients Per Day

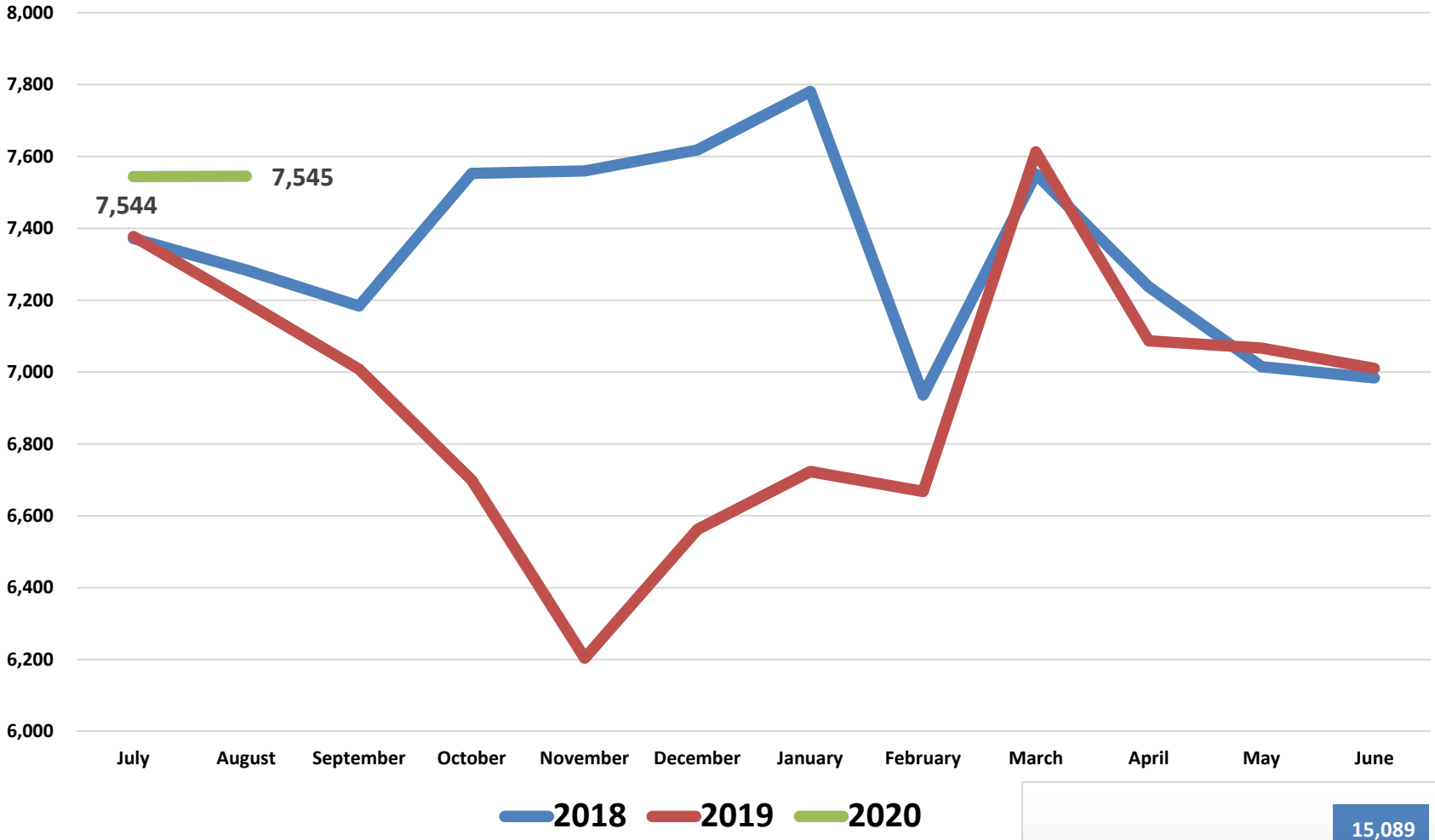


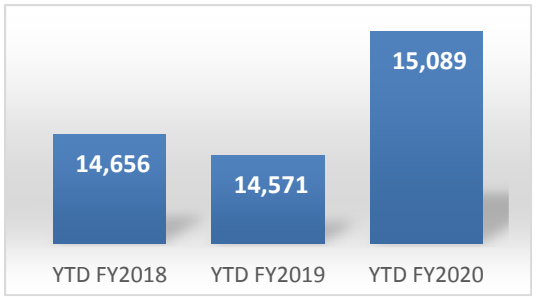


Outpatient Registrations per Day

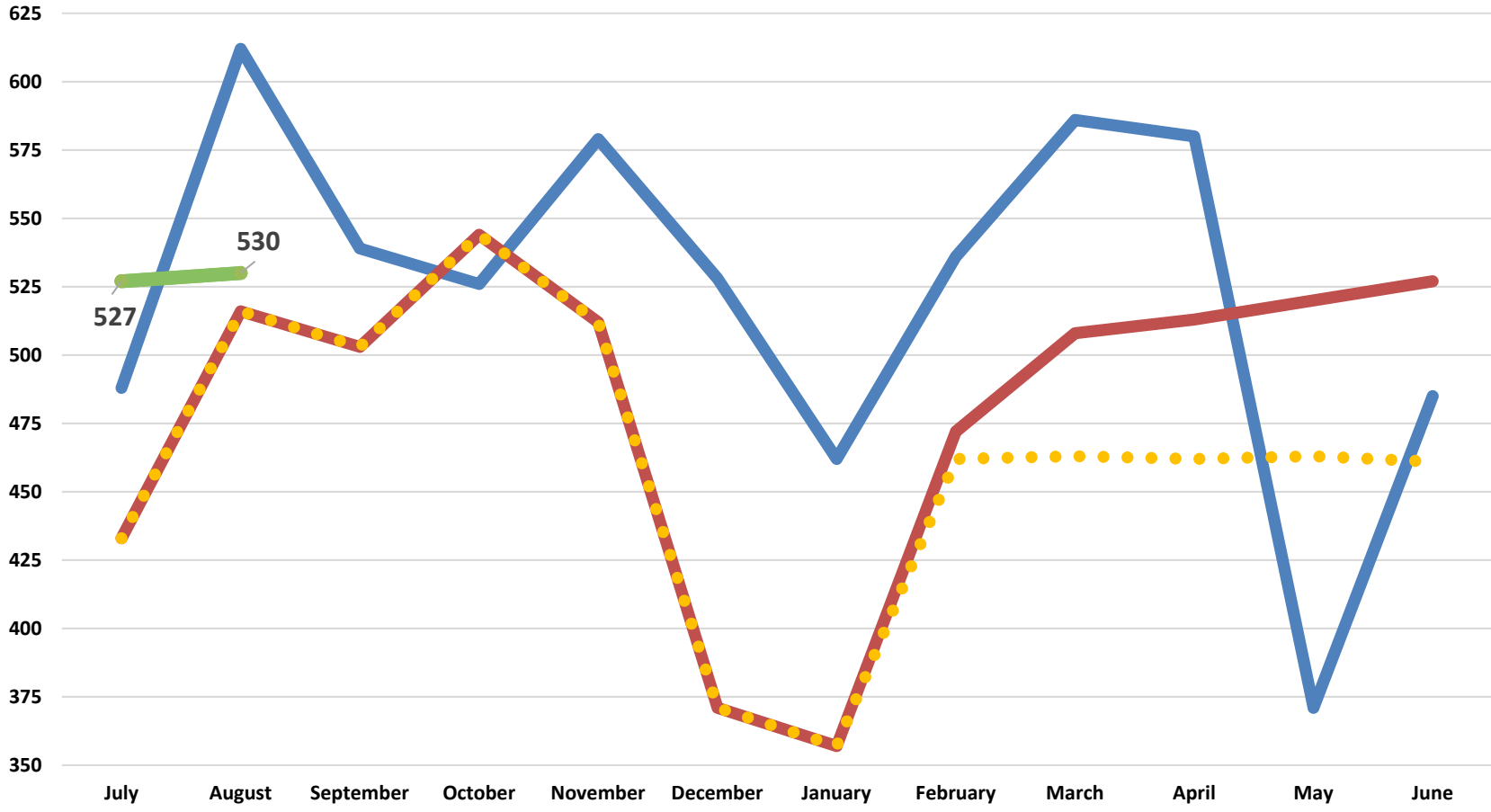


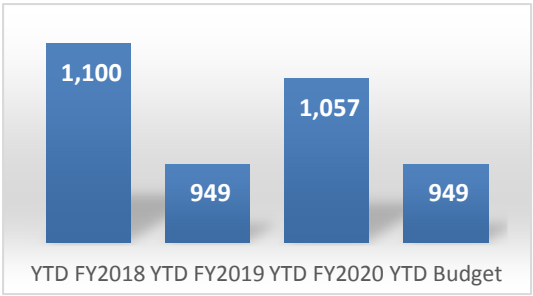
Emergency Department – Total Treated



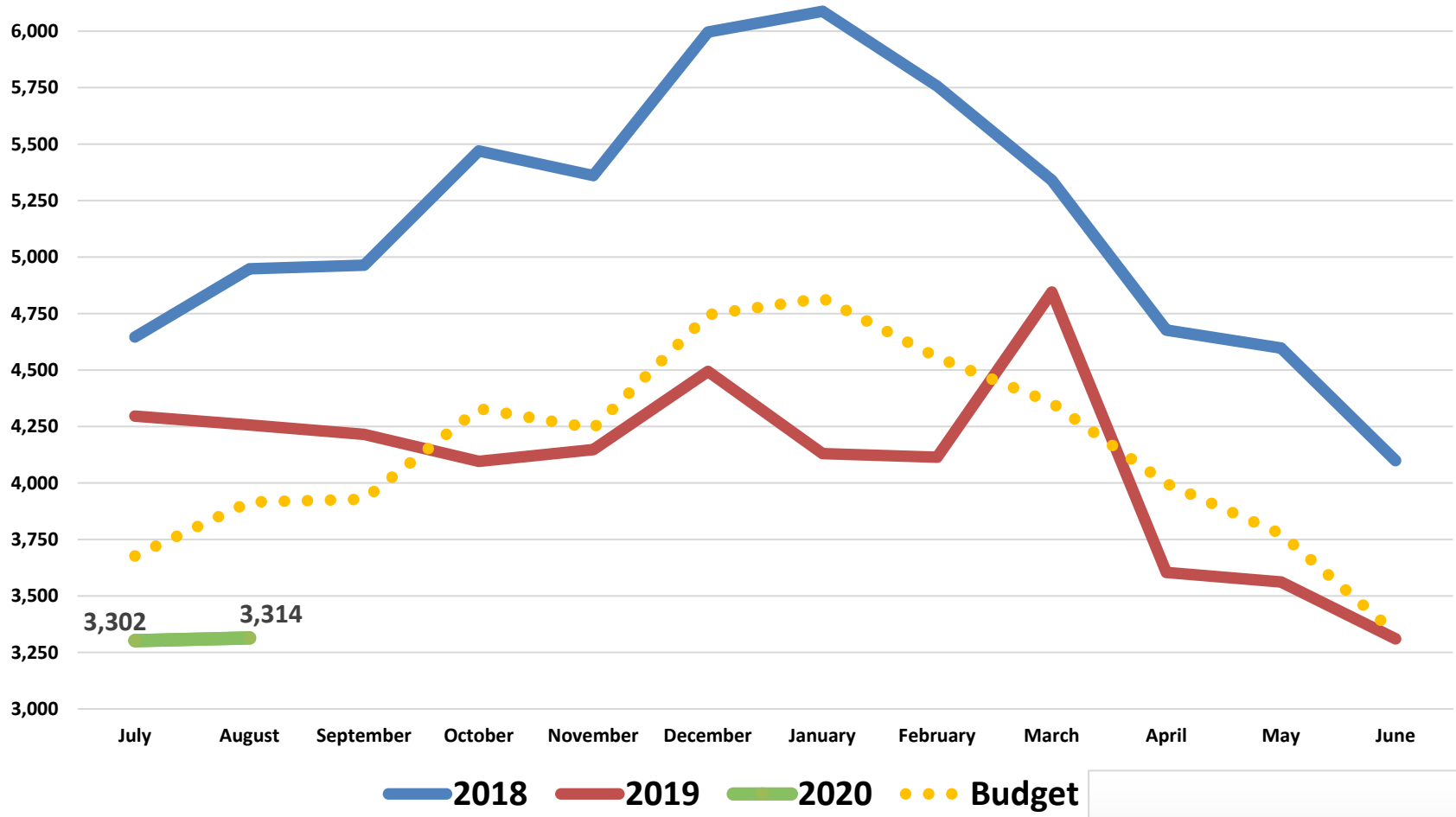


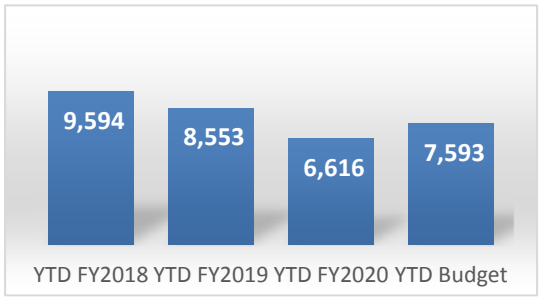
Endoscopy Procedures



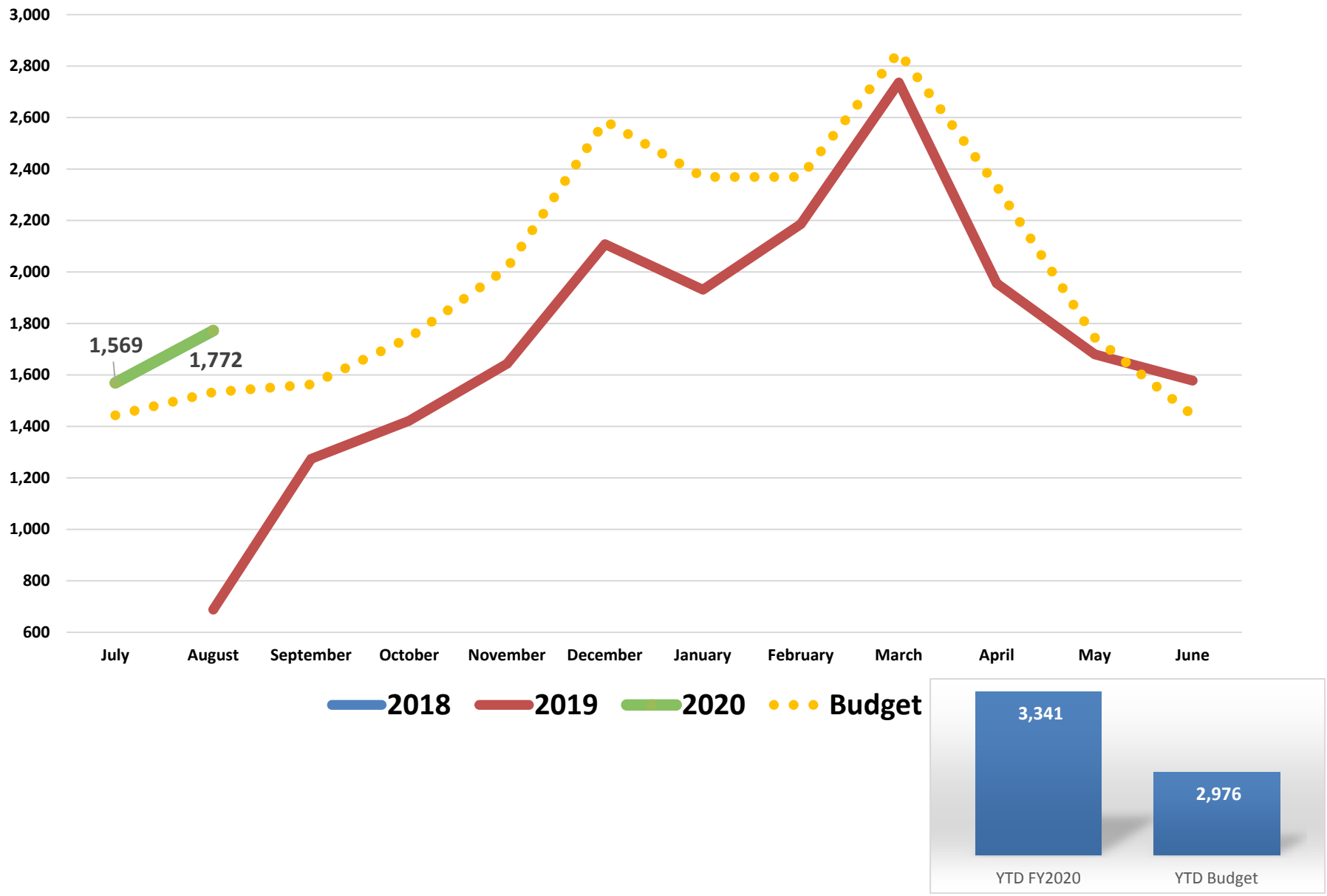


Urgent Care – Court Visits

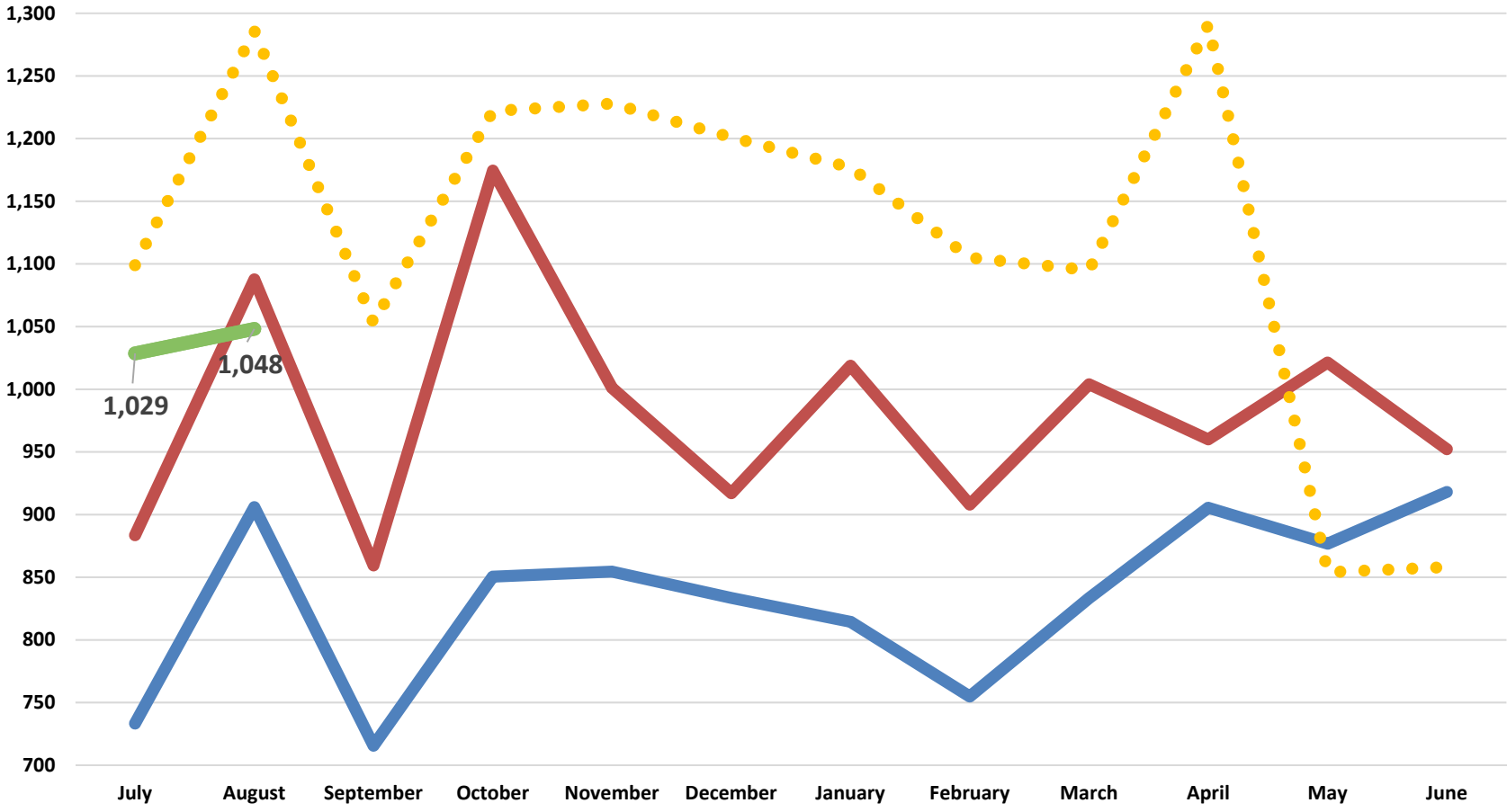


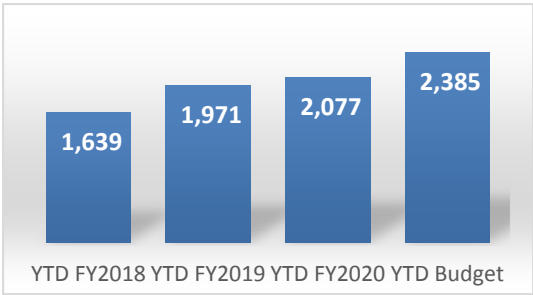


Urgent Care – Demaree Visits

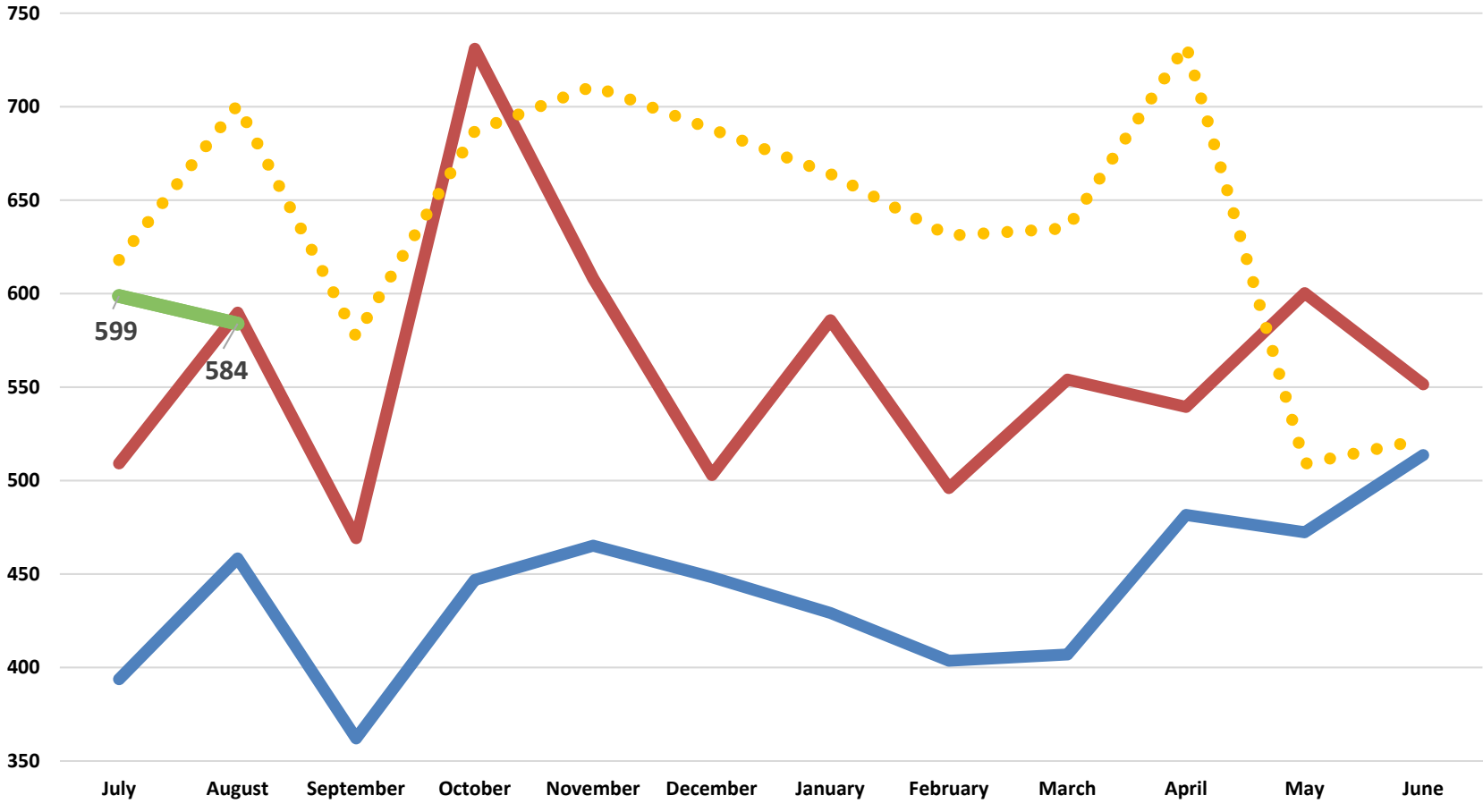


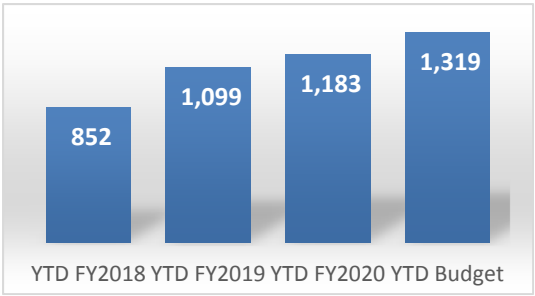
Surgery (IP & OP) – 100 Min Units



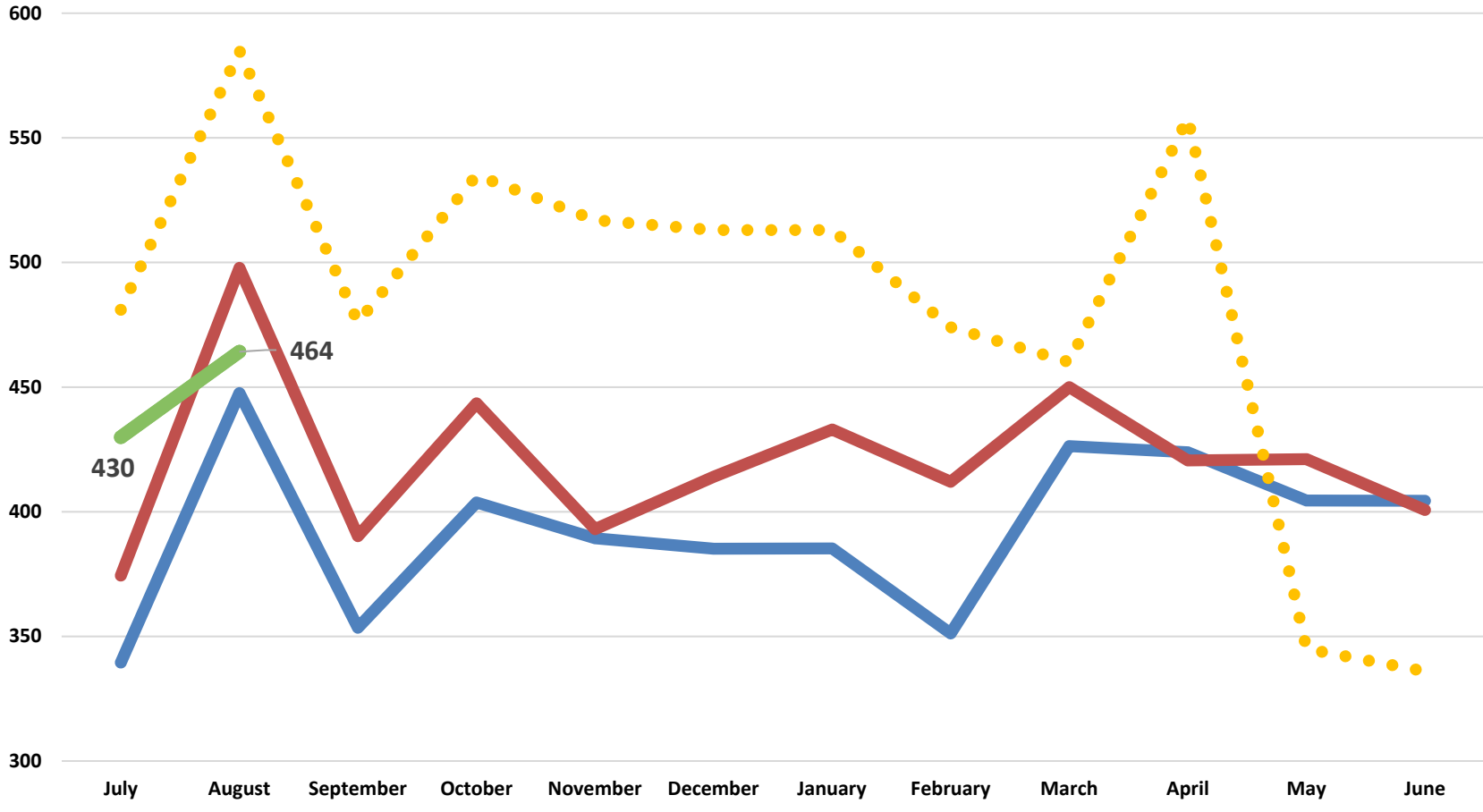


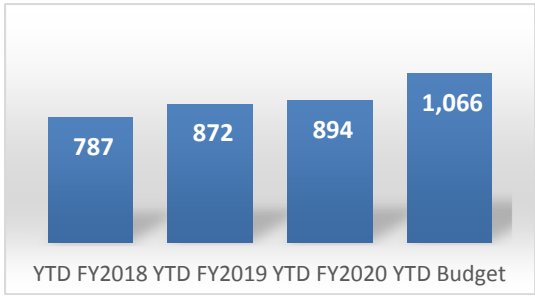
Surgery (IP Only) – 100 Min Units



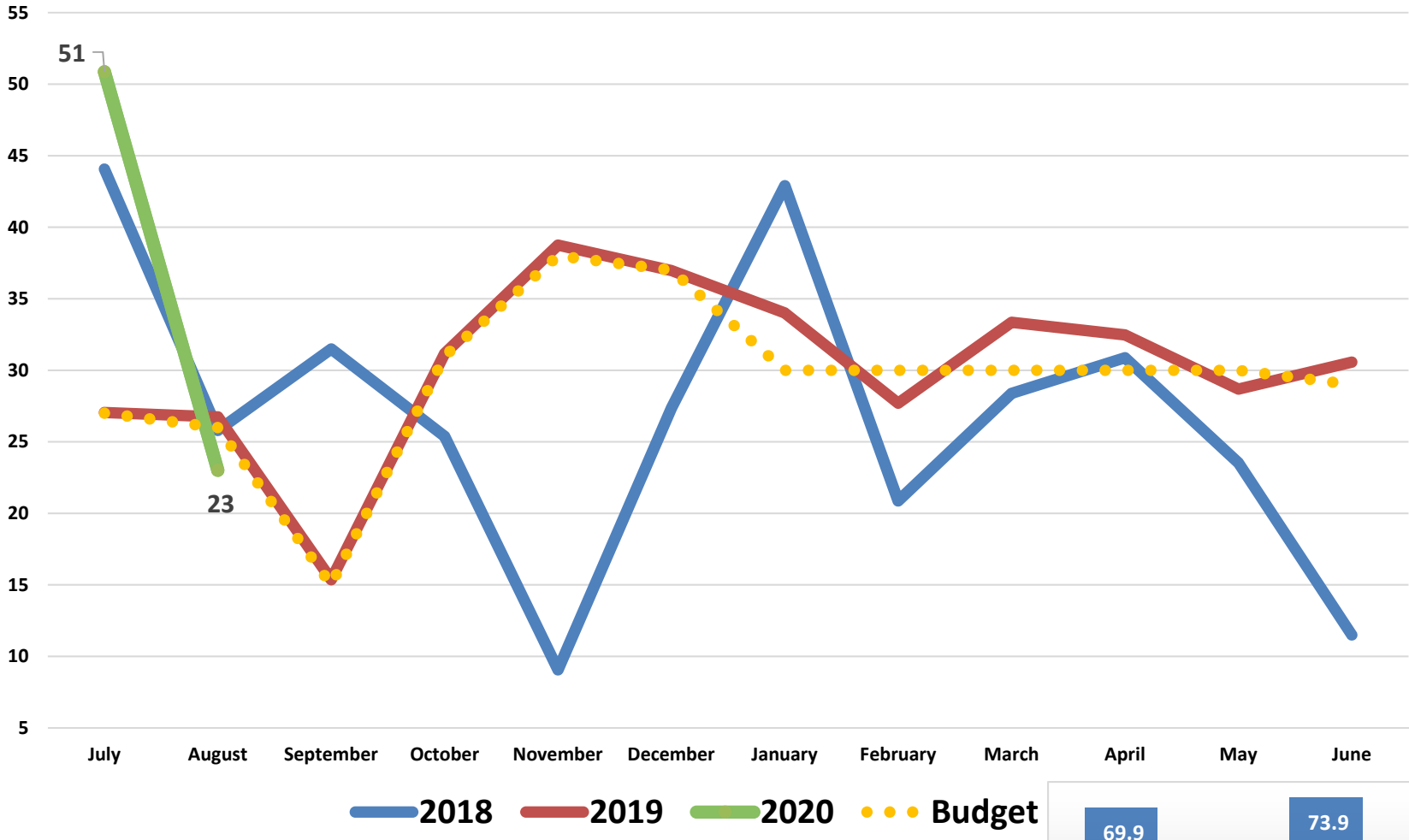


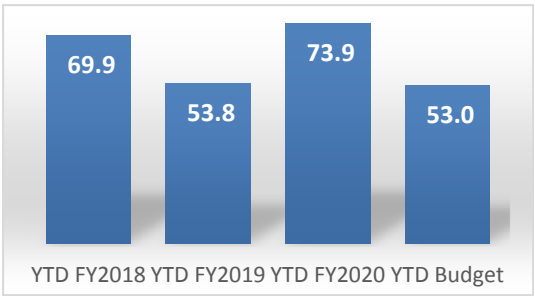
Surgery (OP Only) – 100 Min Units



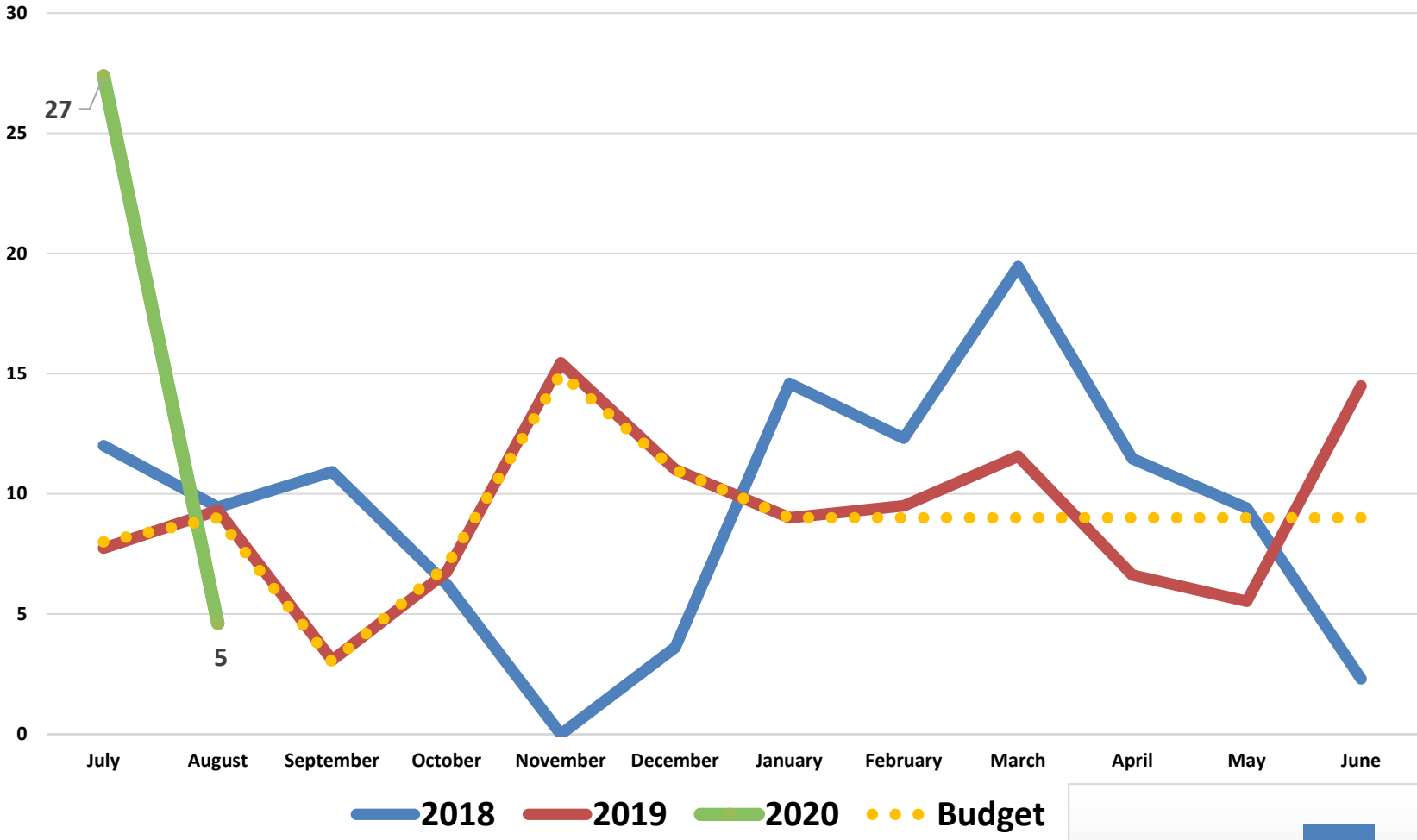


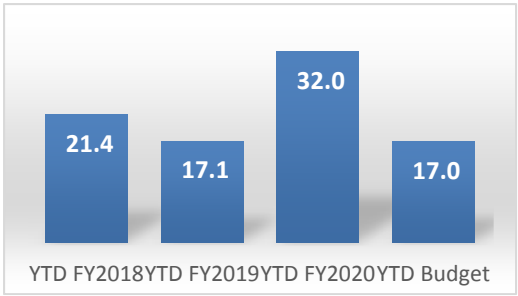
Robotic Surgery (IP & OP) – 100 Min Units



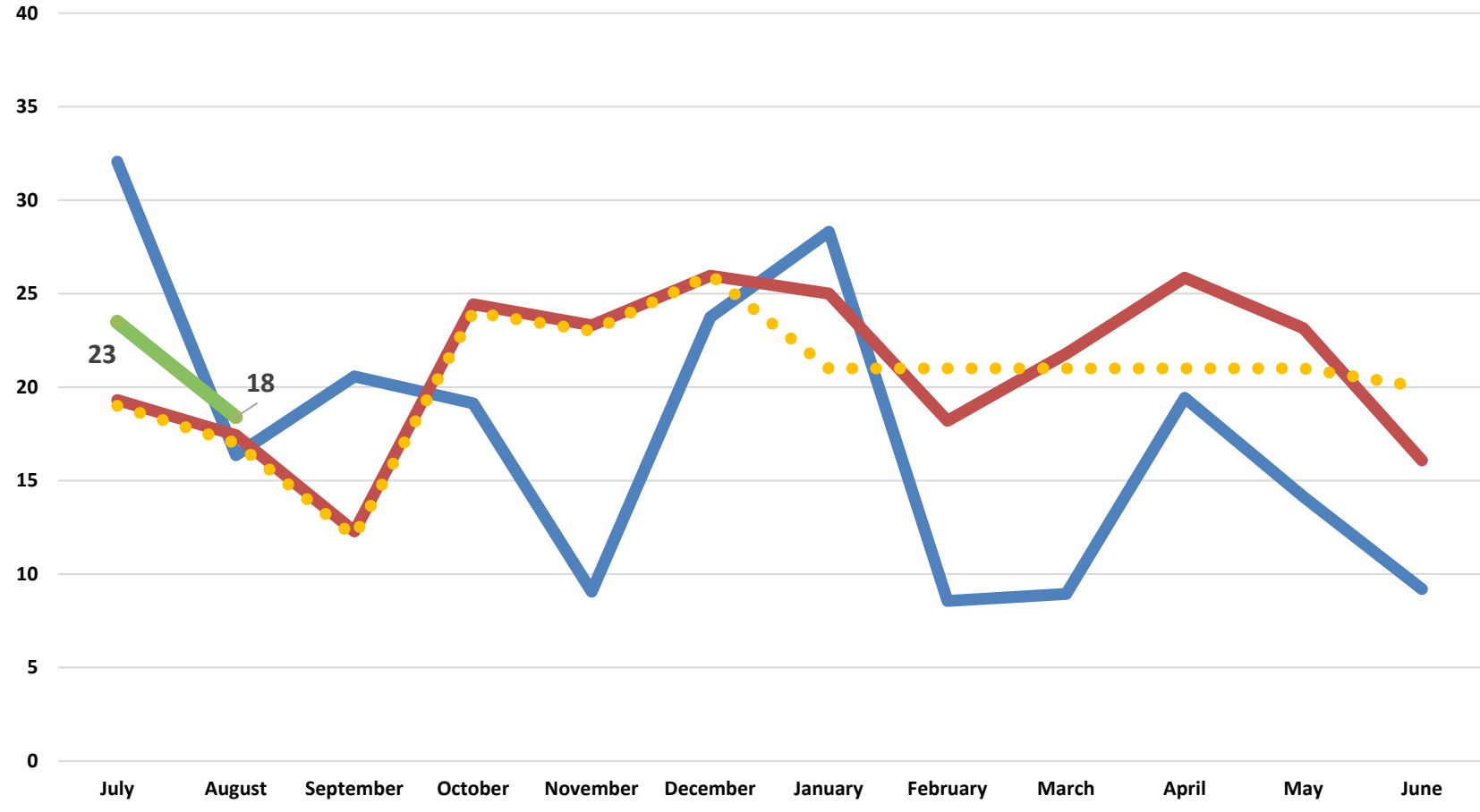


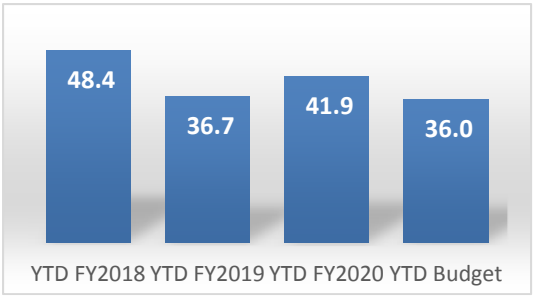
Robotic Surgery (IP Only) – 100 Min Units



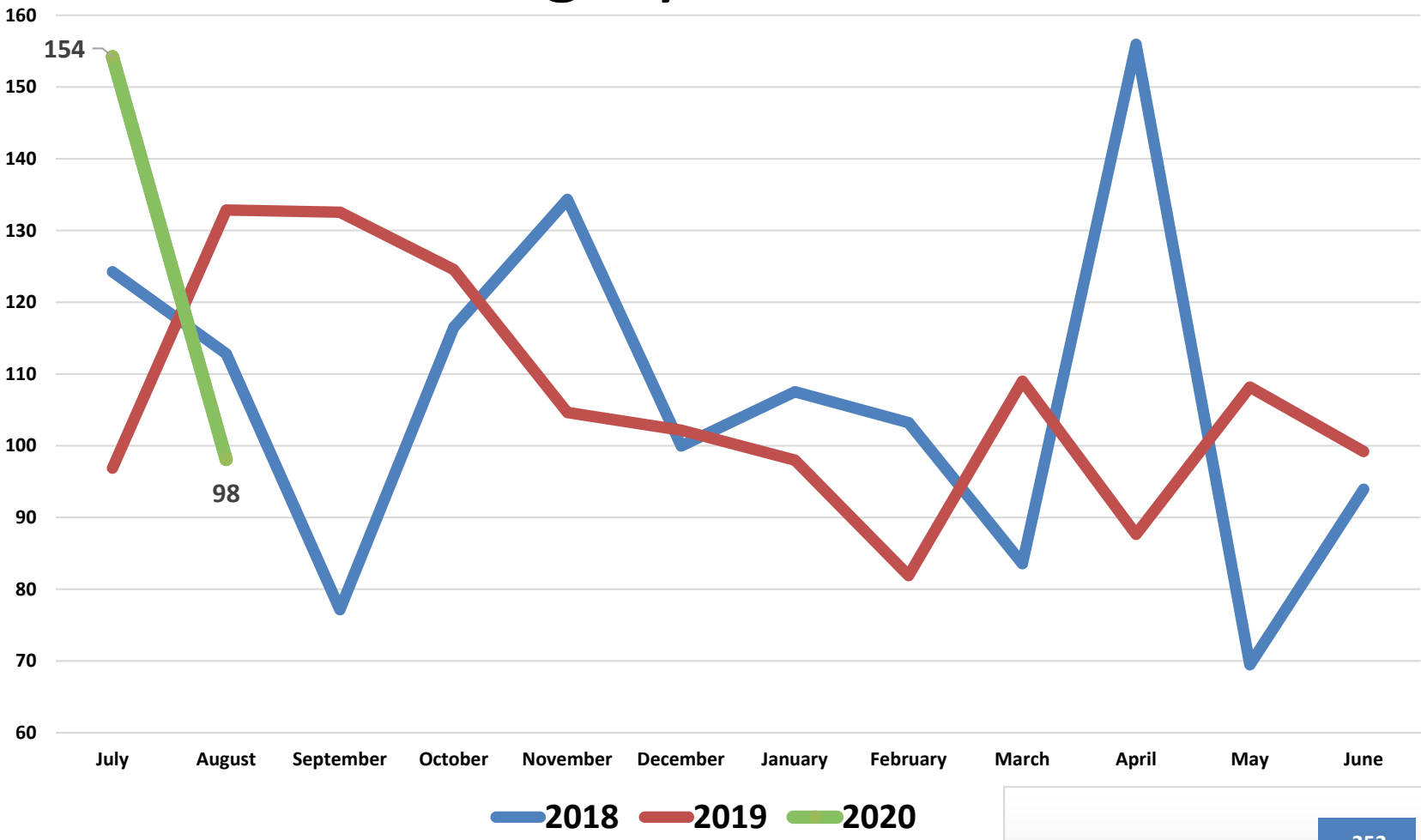


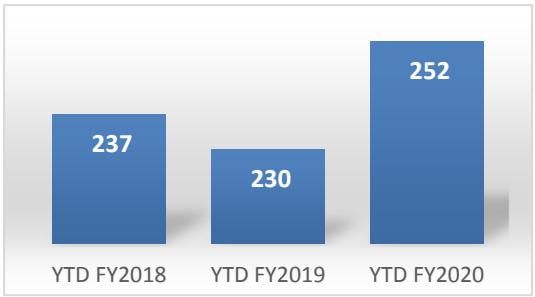
Robotic Surgery (OP Only) – 100 Min Units





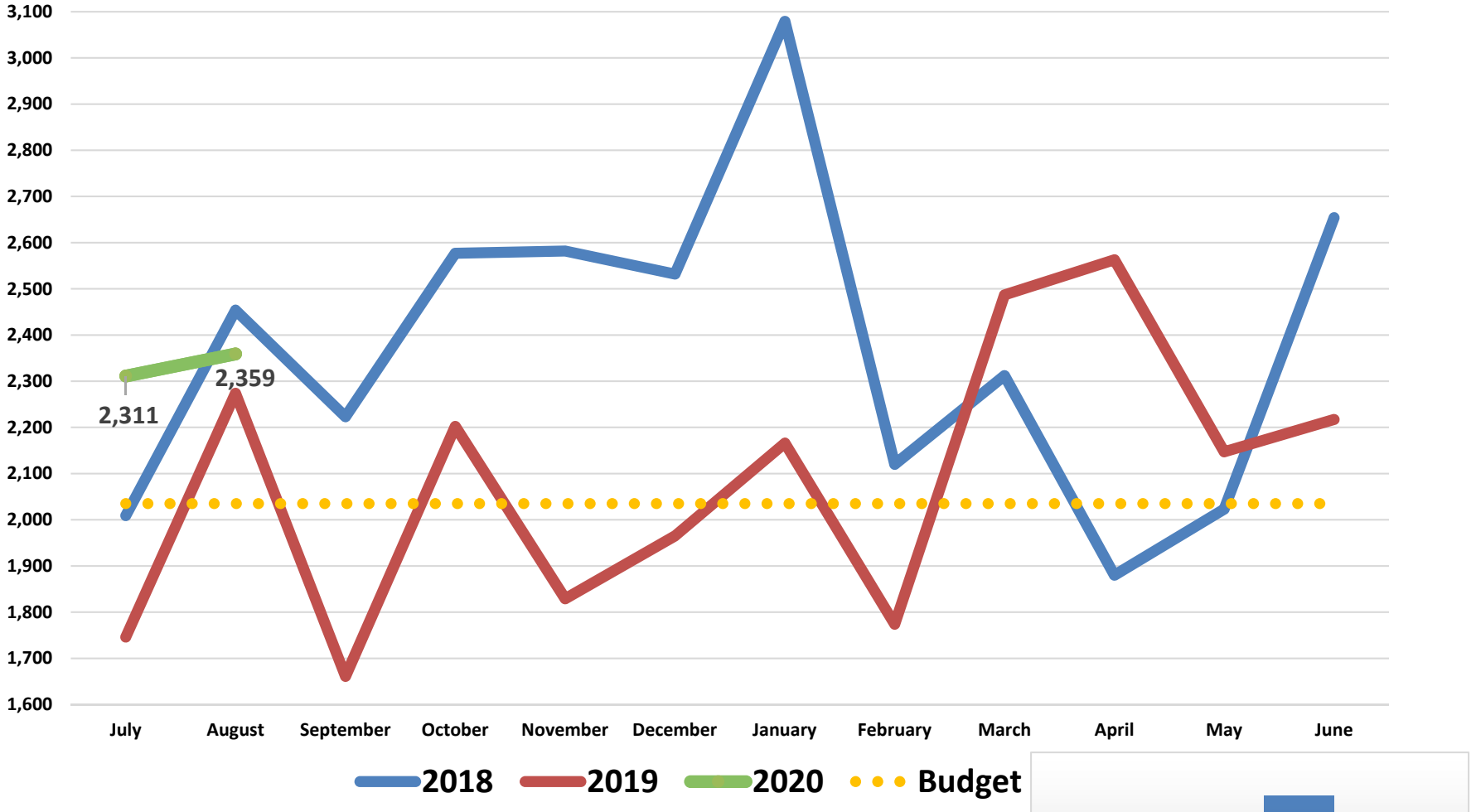
Cardiac Surgery – 100 Min Units

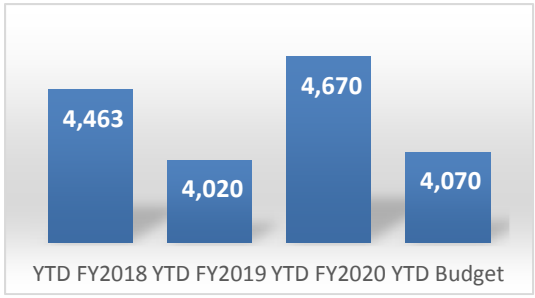




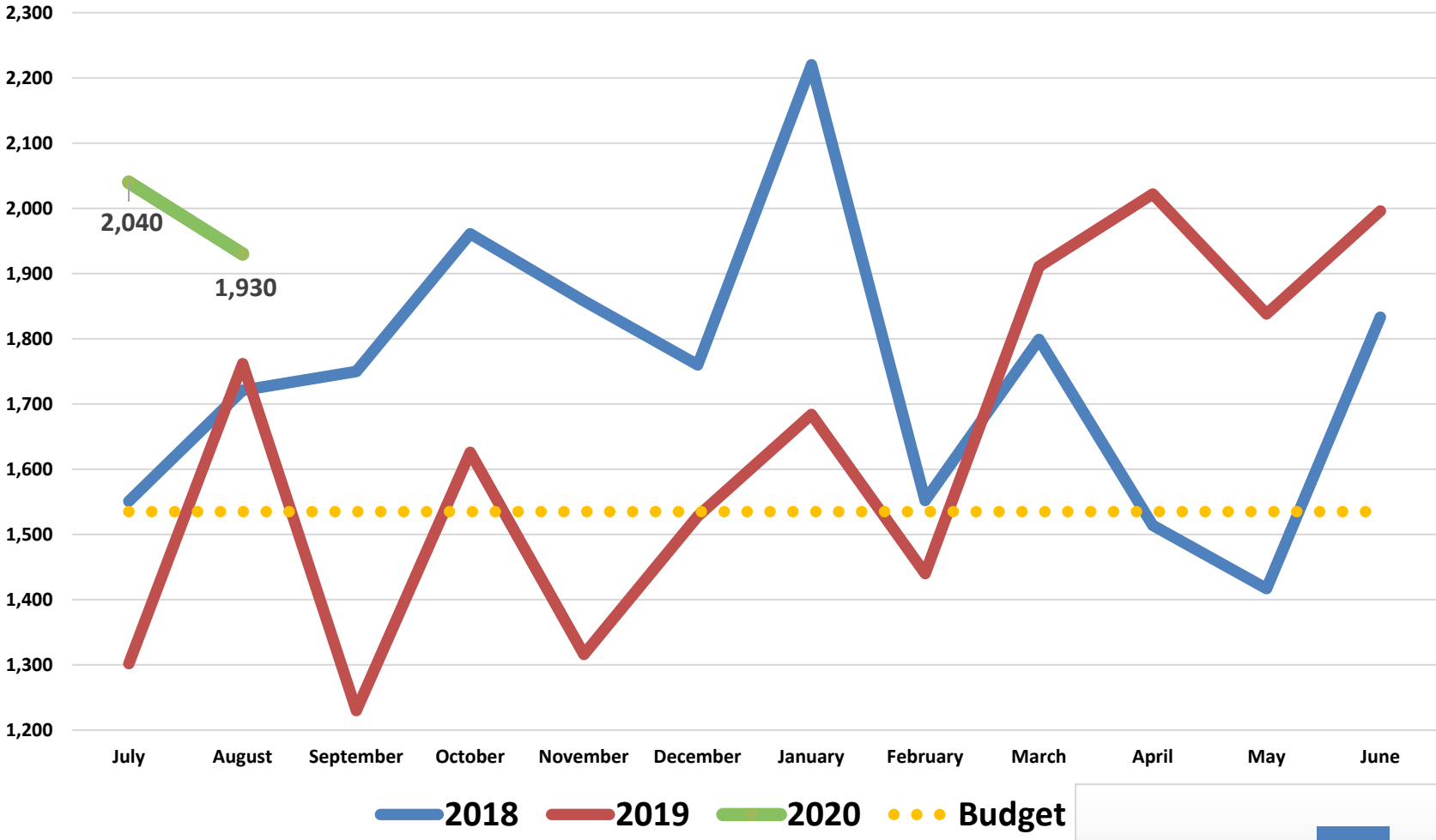
Radiation Oncology Treatments

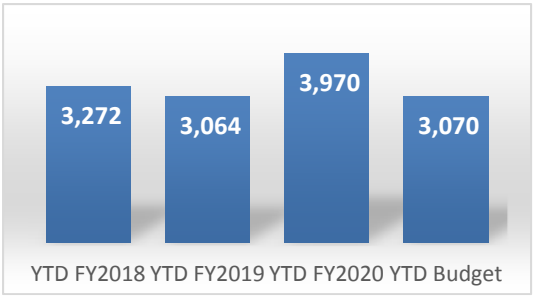
Hanford and Visalia



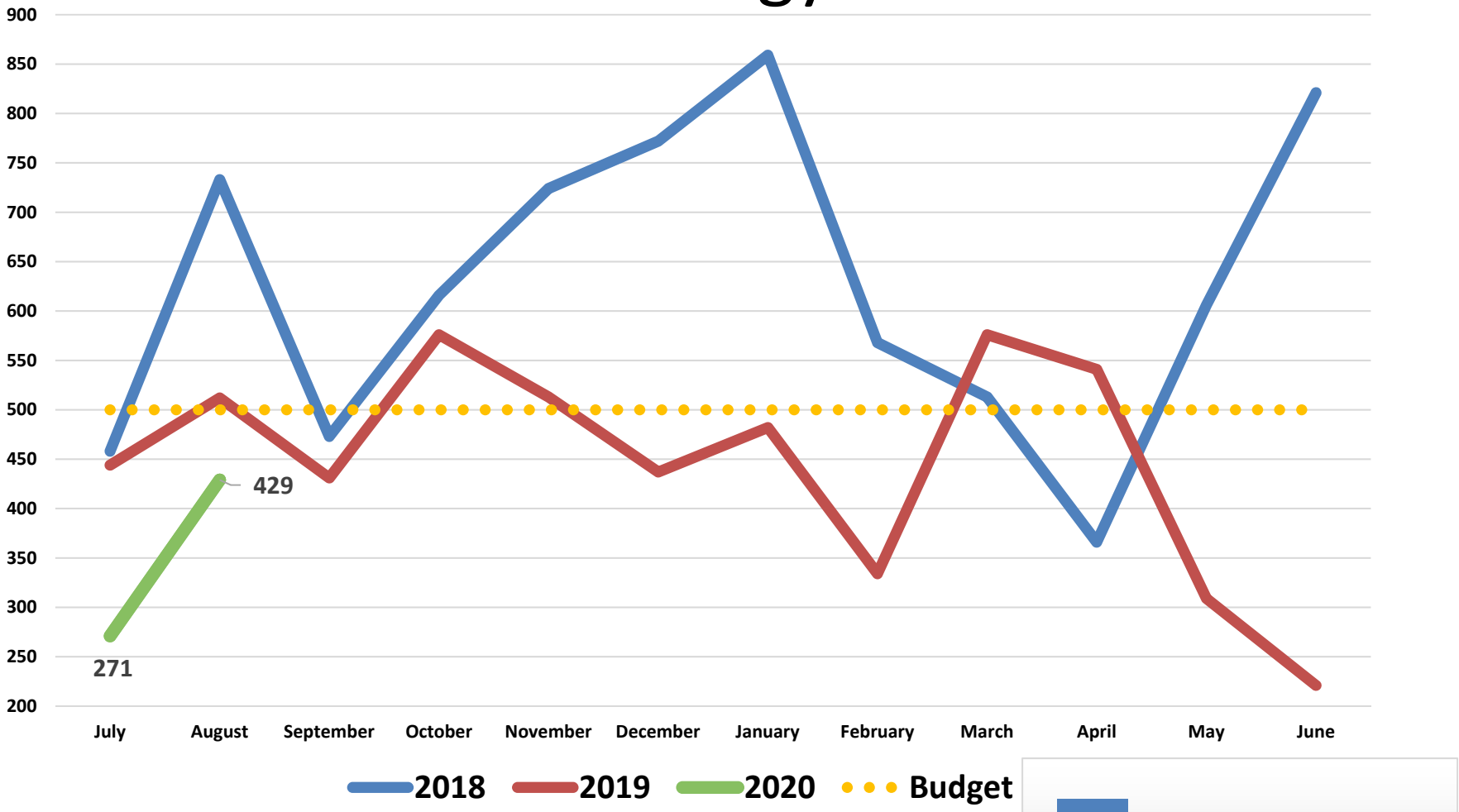


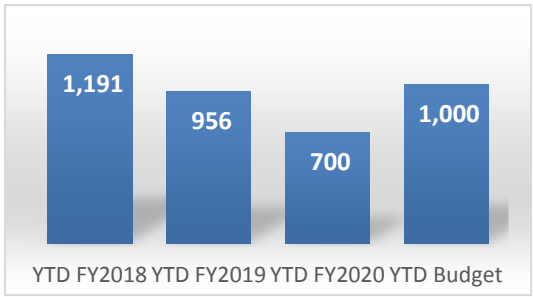
Radiation Oncology - Visalia



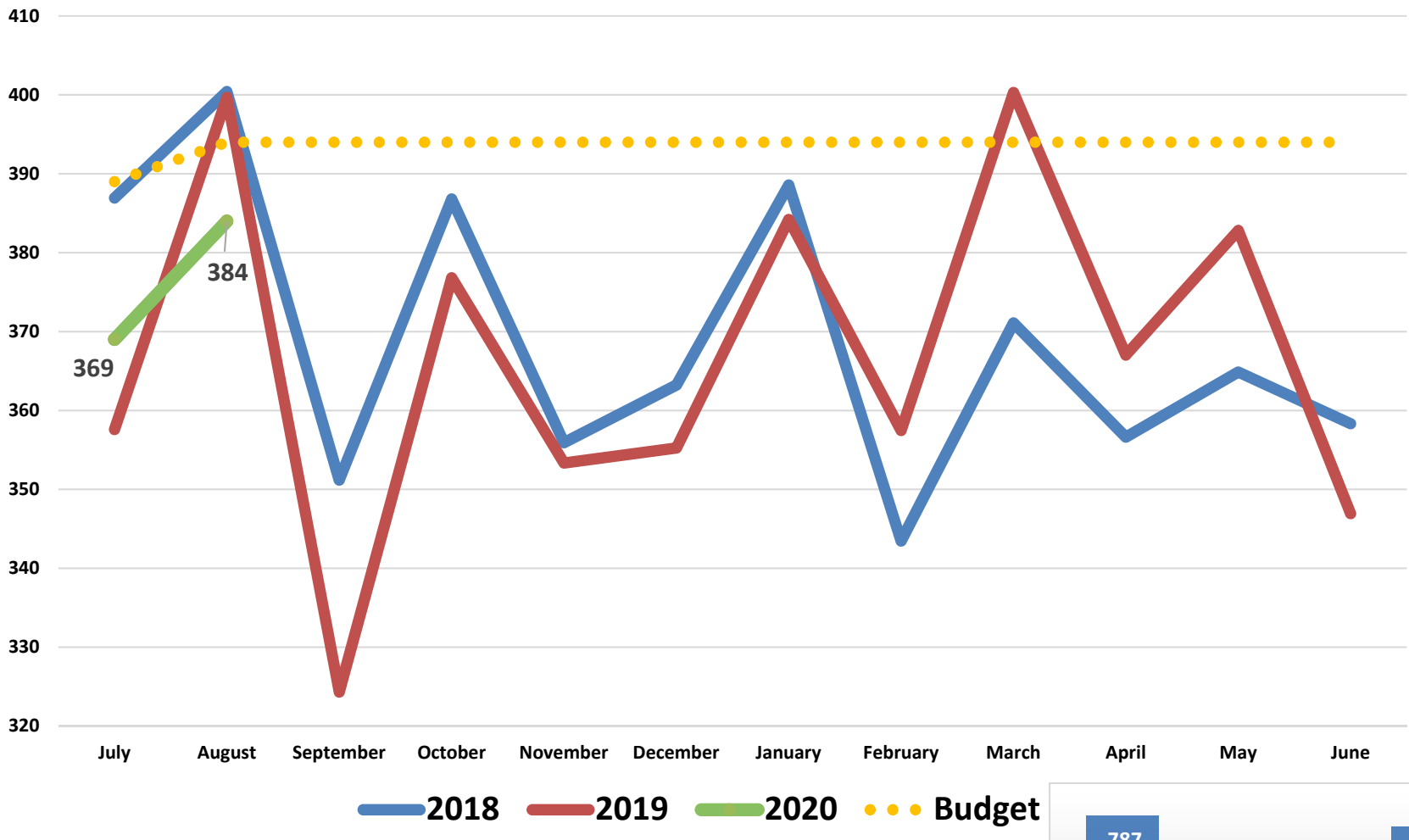


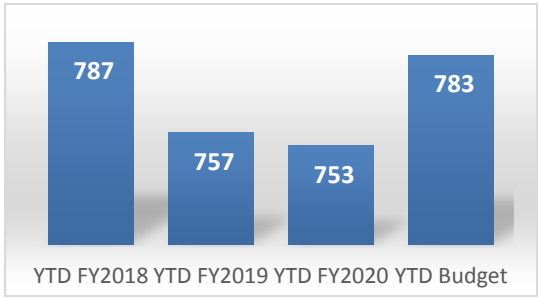
Radiation Oncology - Hanford



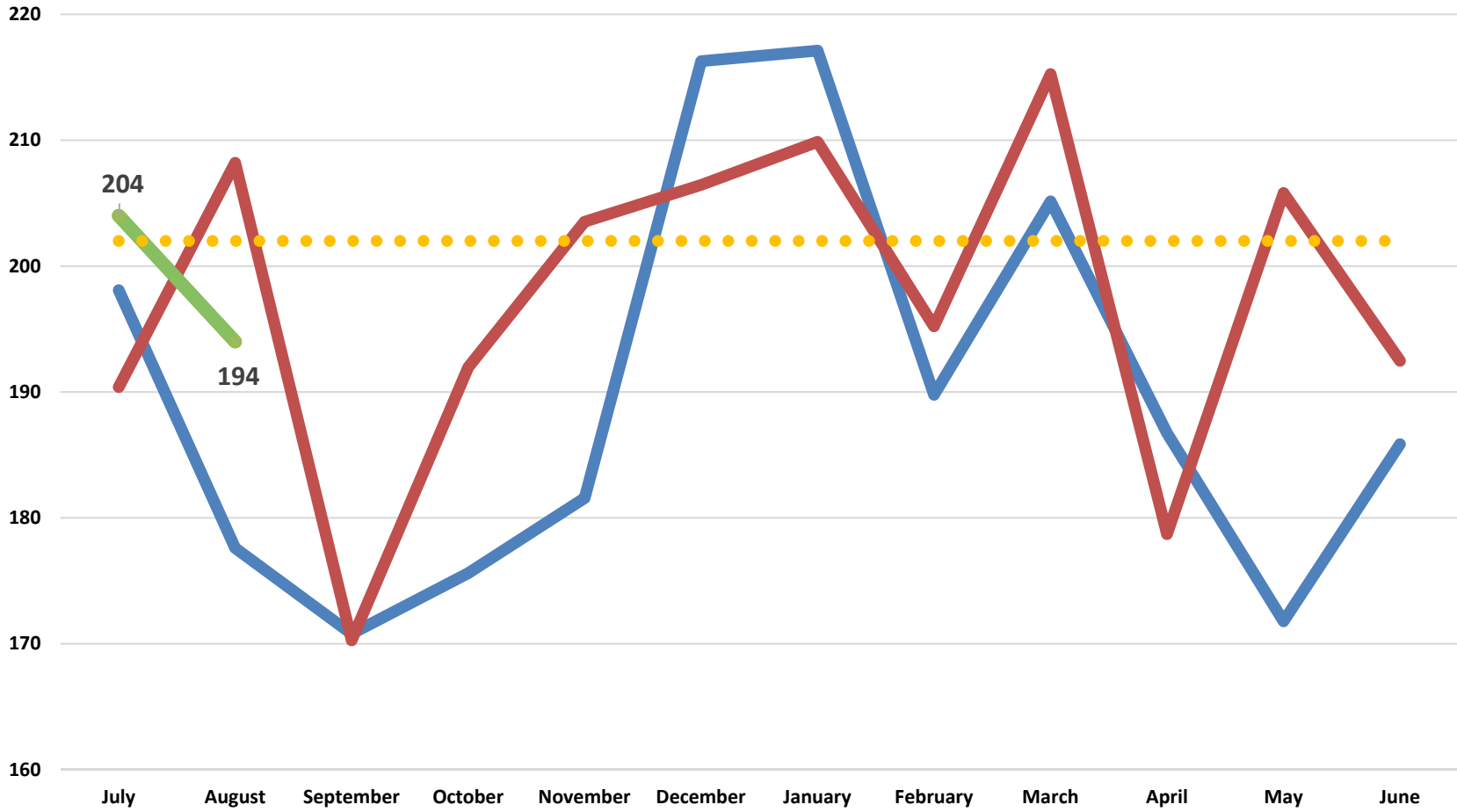


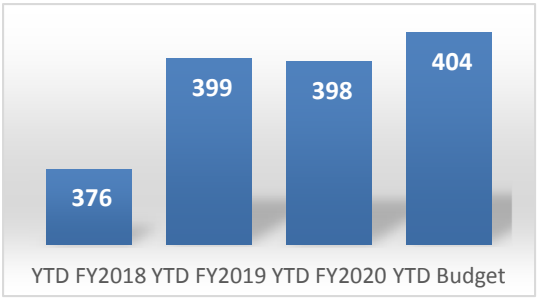
Cath Lab (IP & OP) – 100 Min Units



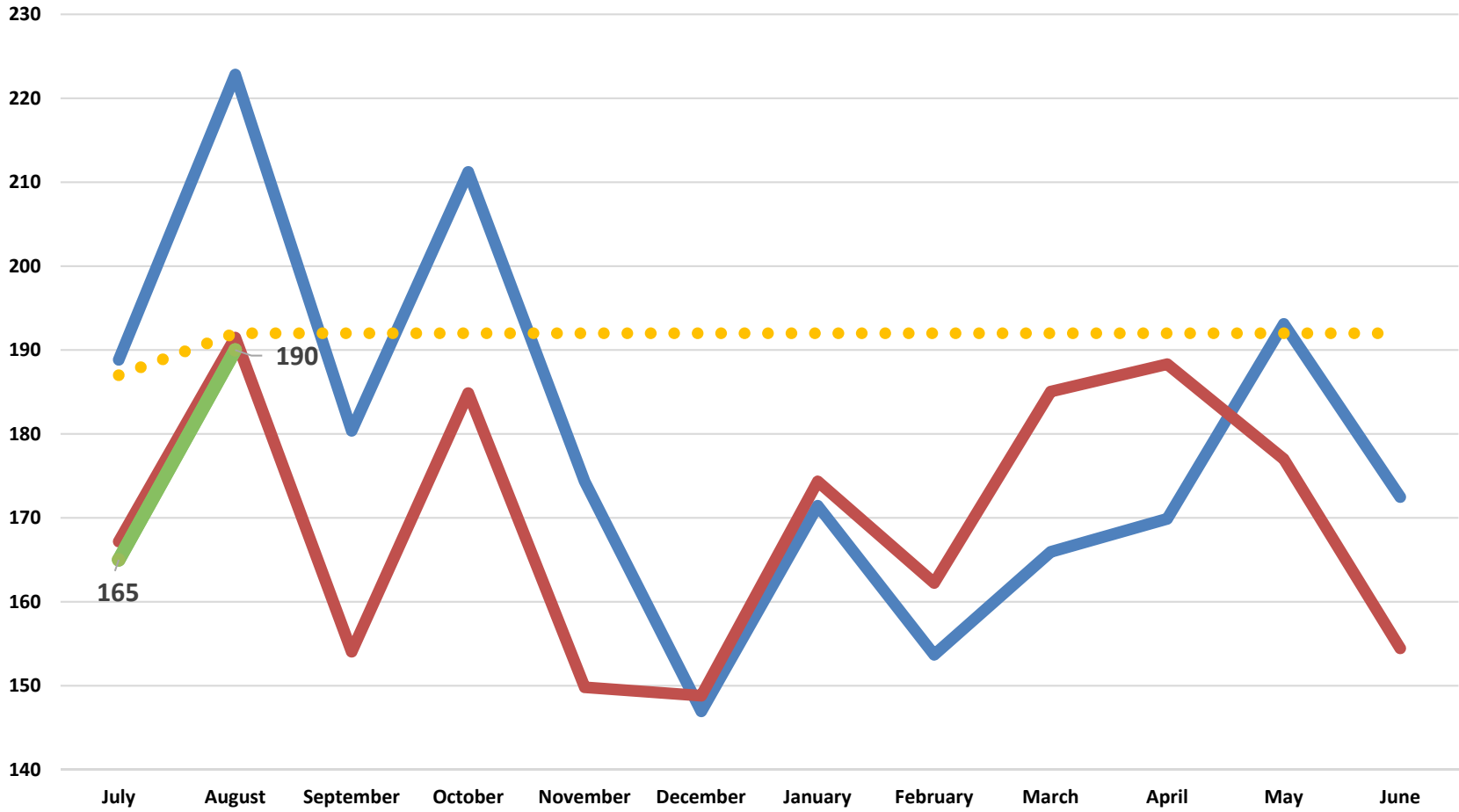


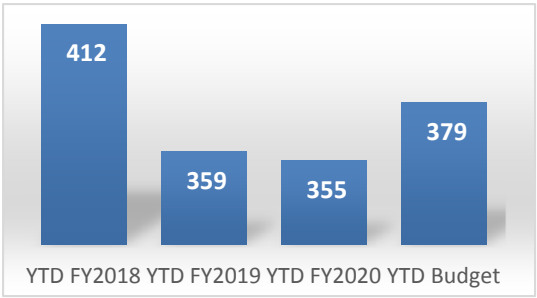
Cath Lab (IP Only) – 100 Min Units



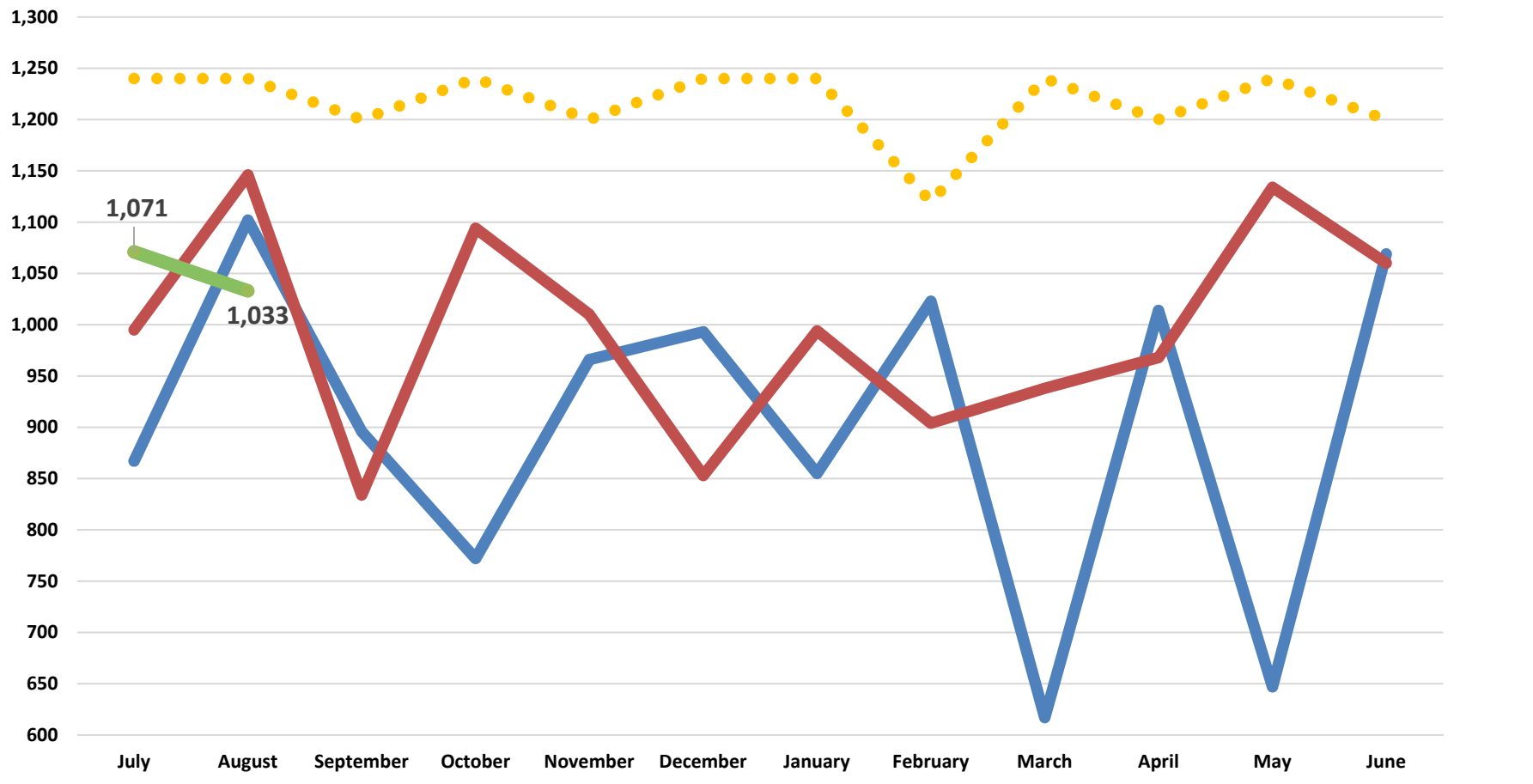


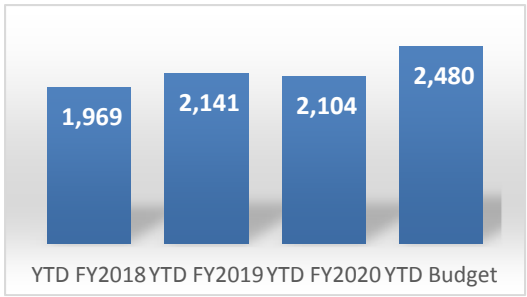
Cath Lab (OP Only) – 100 Min Units



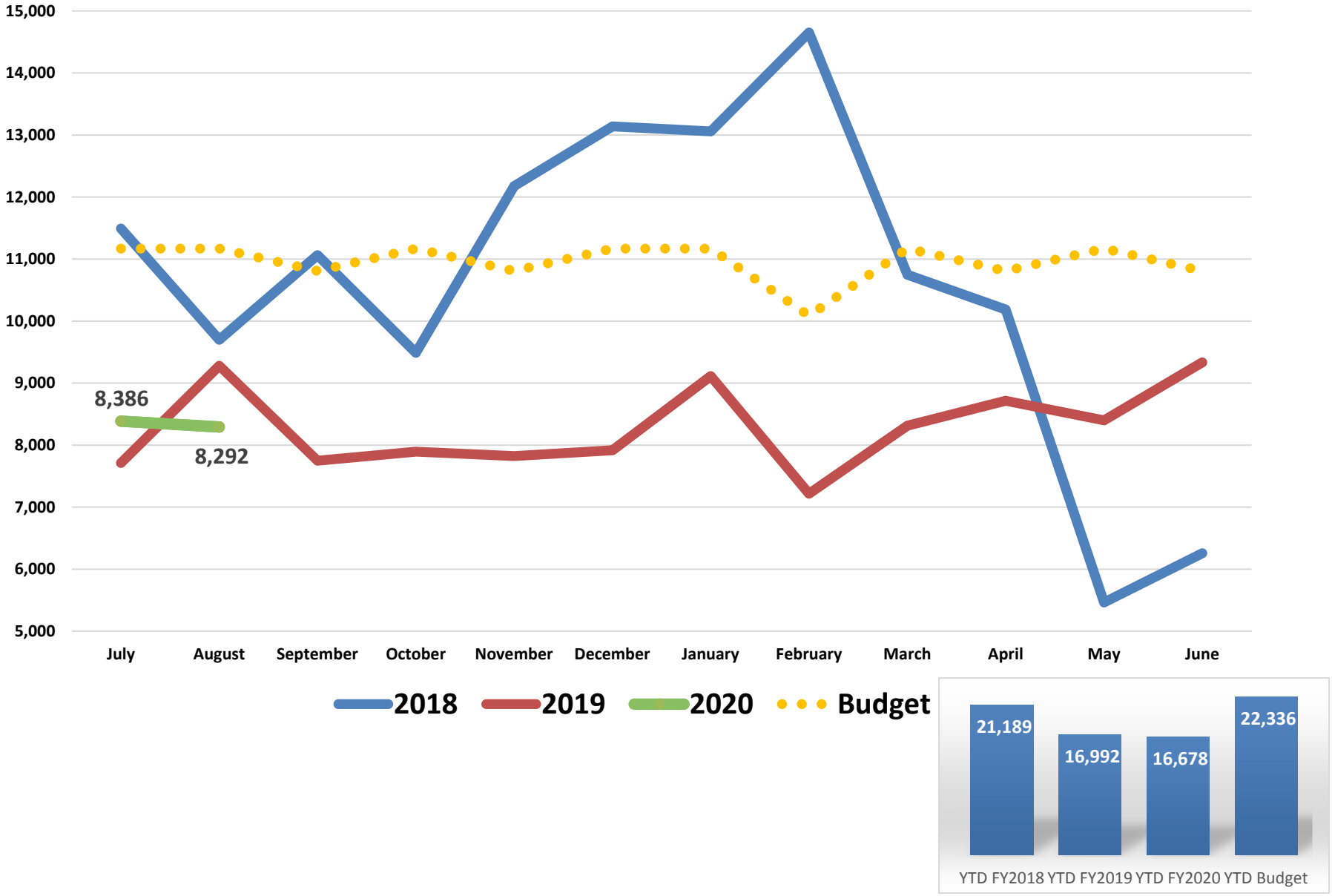


GME Family Medicine Clinic Visits

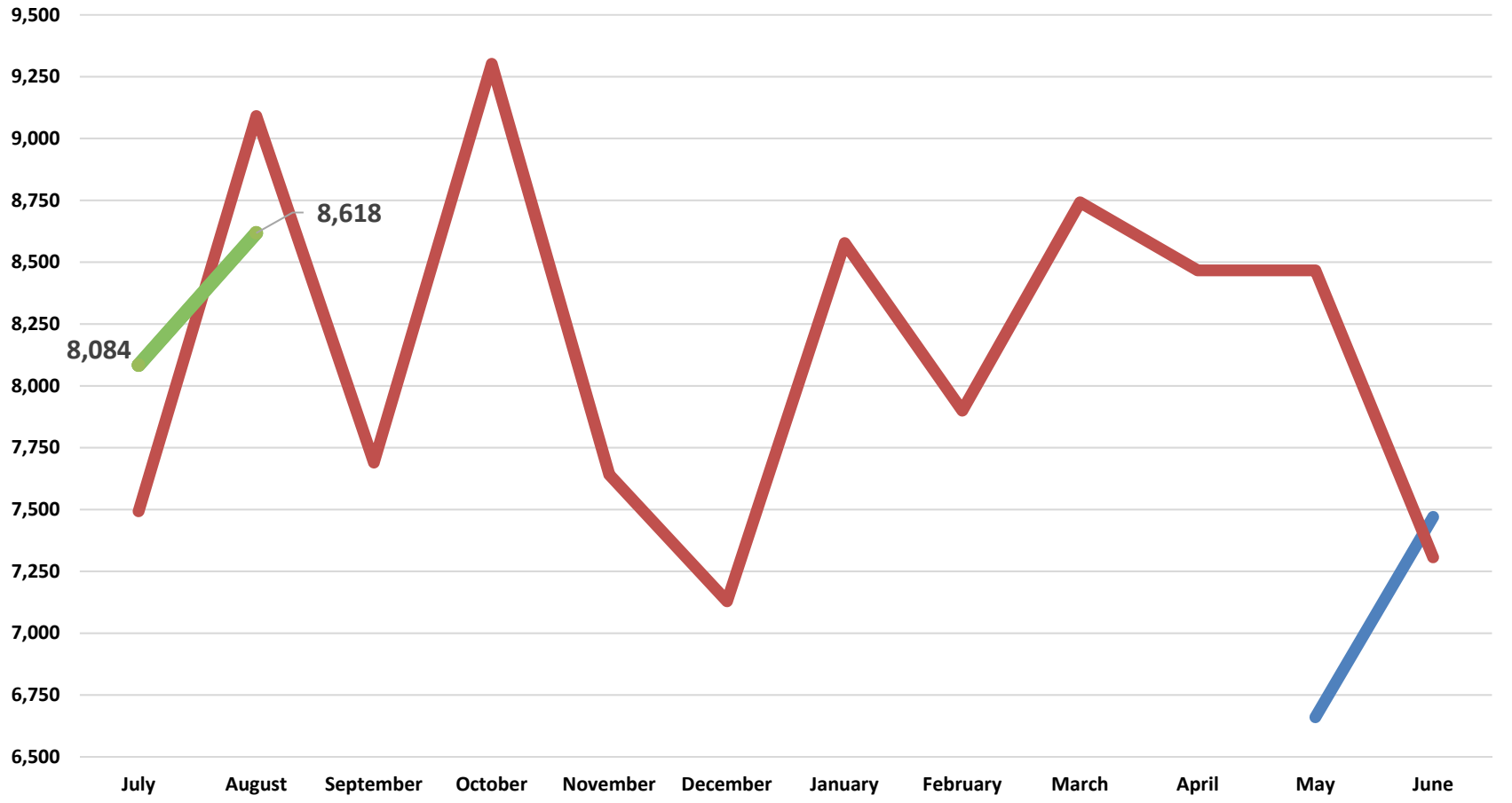


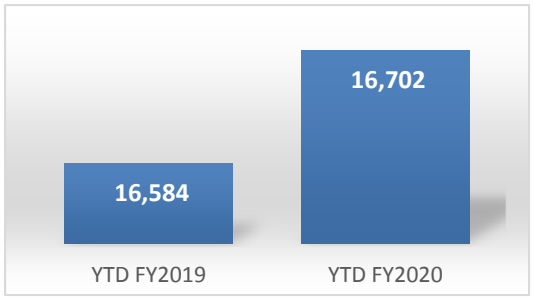


Rural Health Clinic Procedures

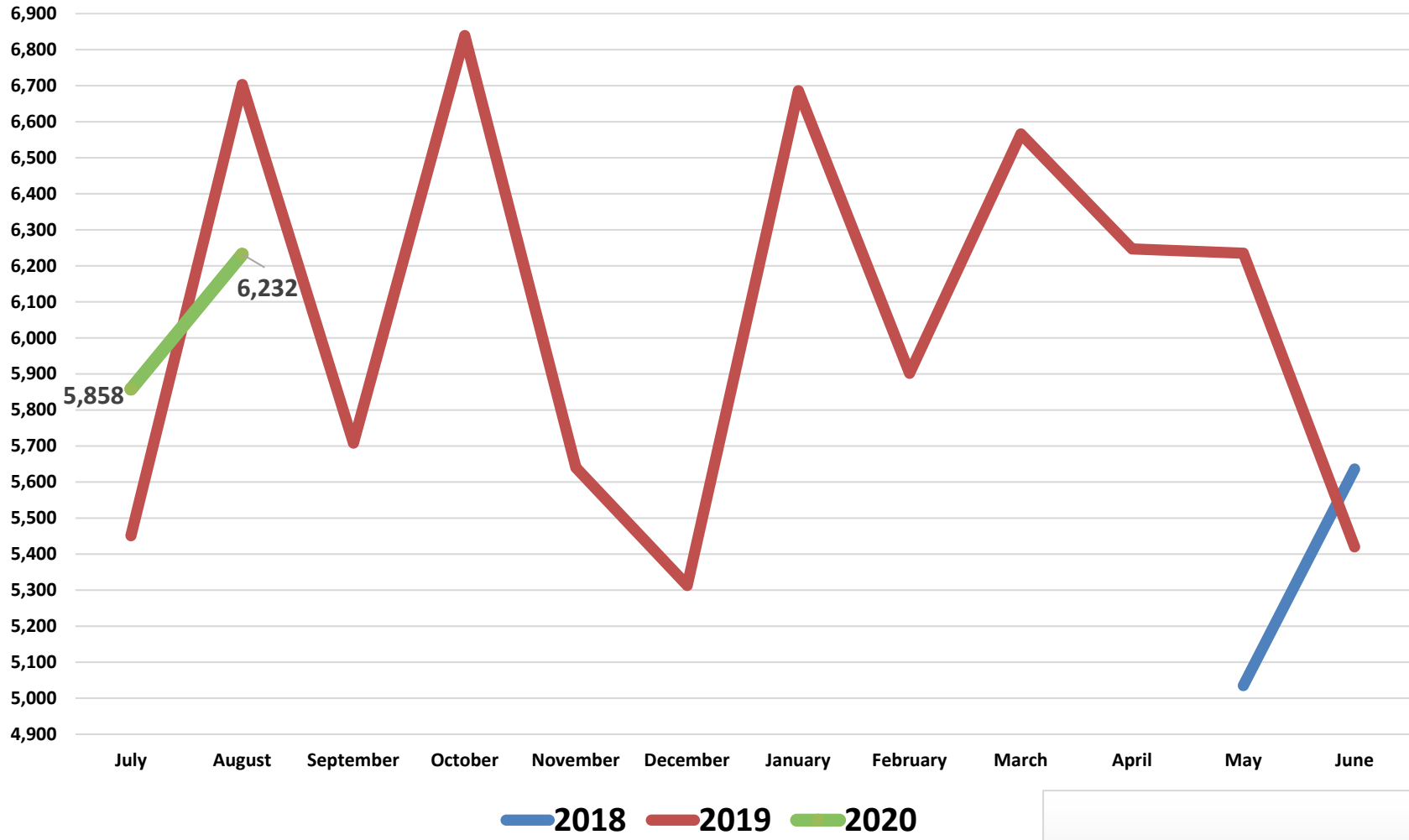


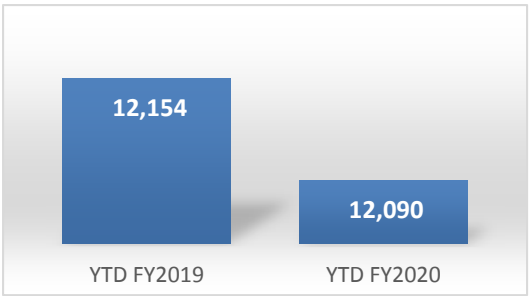
Rural Health Clinic Registrations



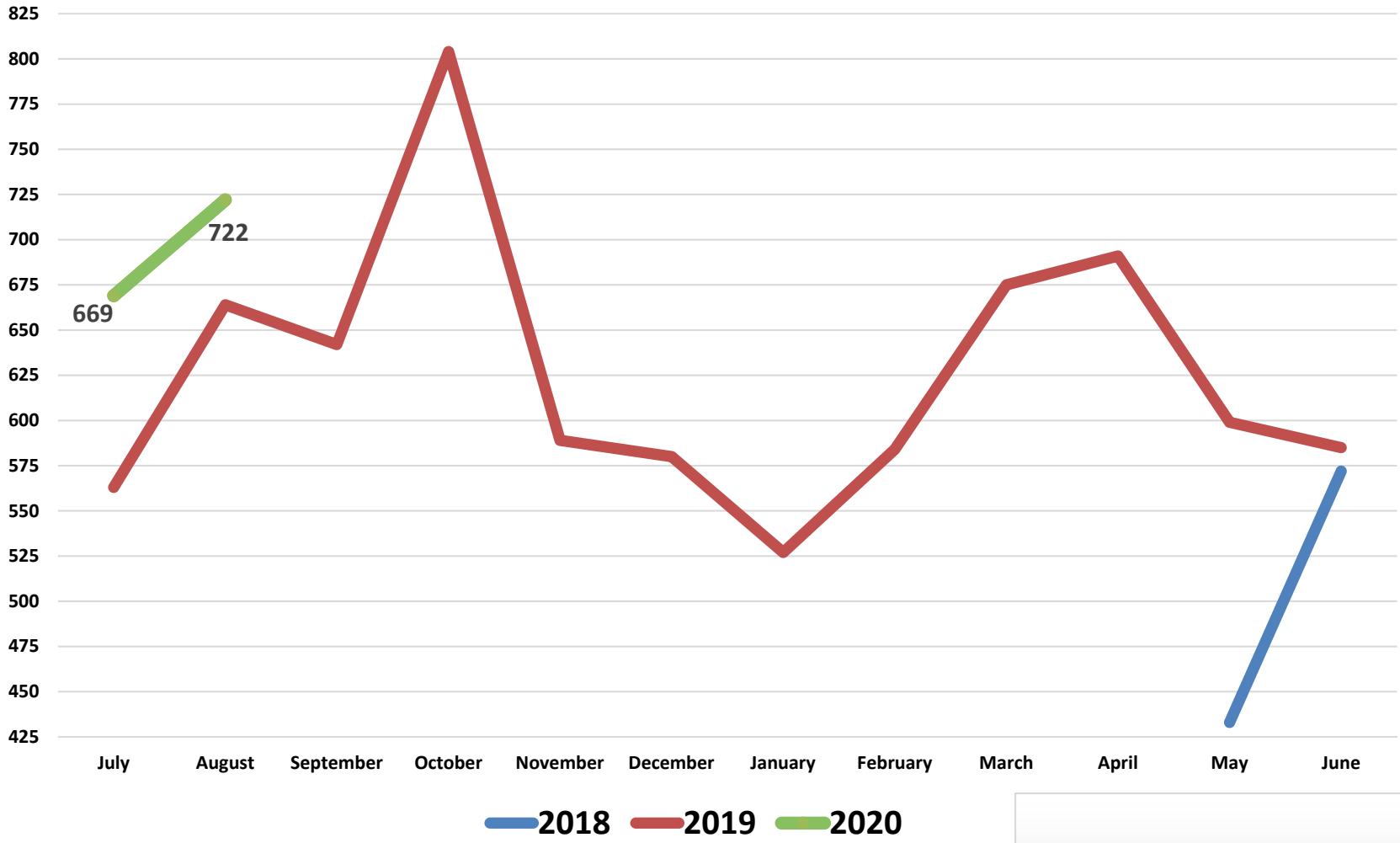


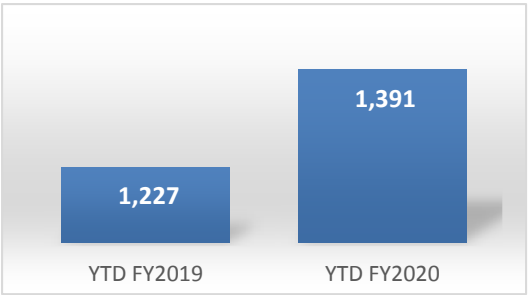
Exeter RHC - Registrations



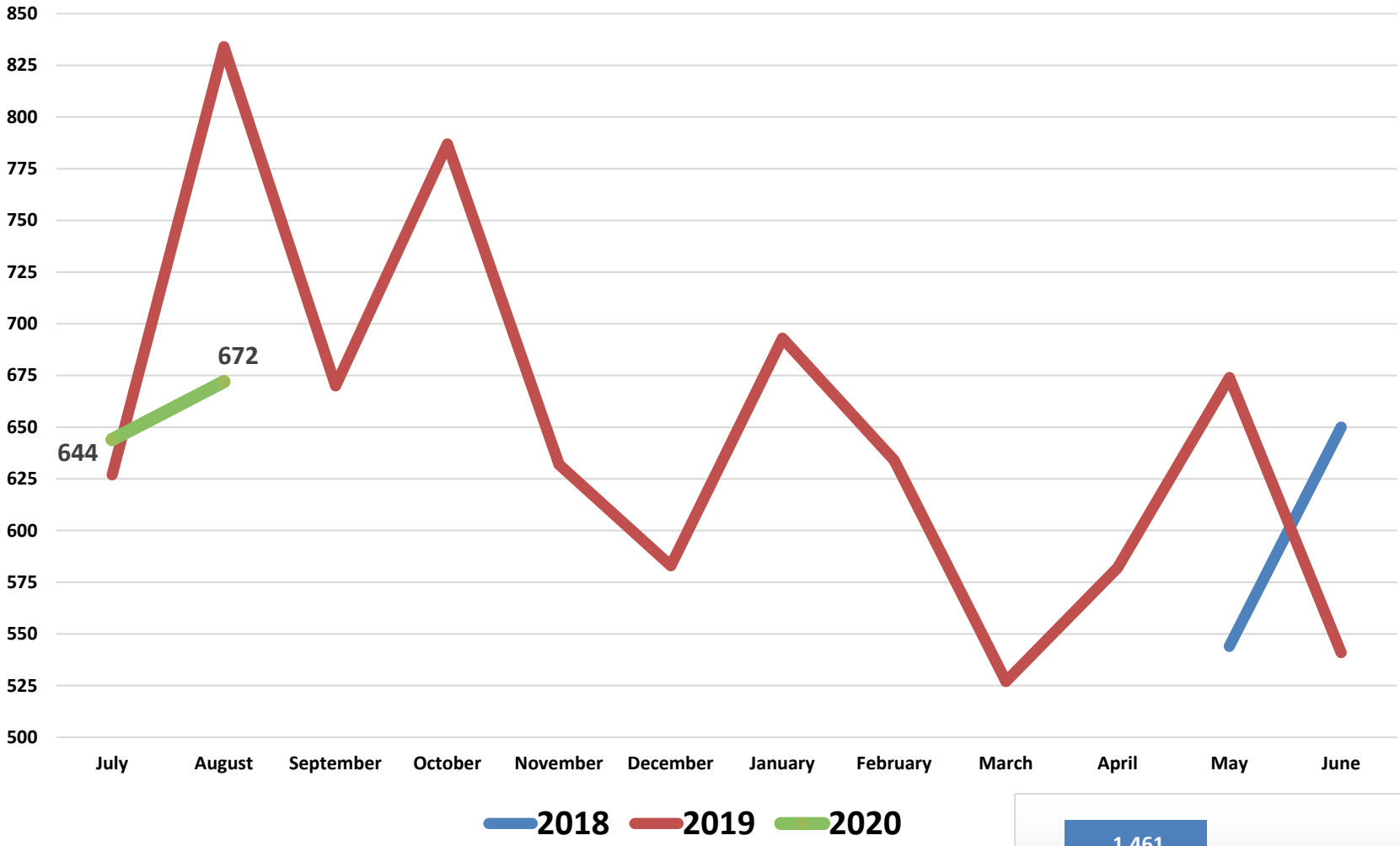


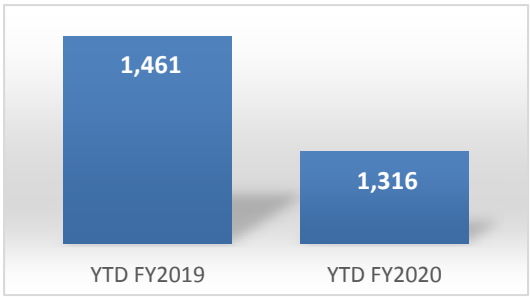
Lindsay RHC - Registrations



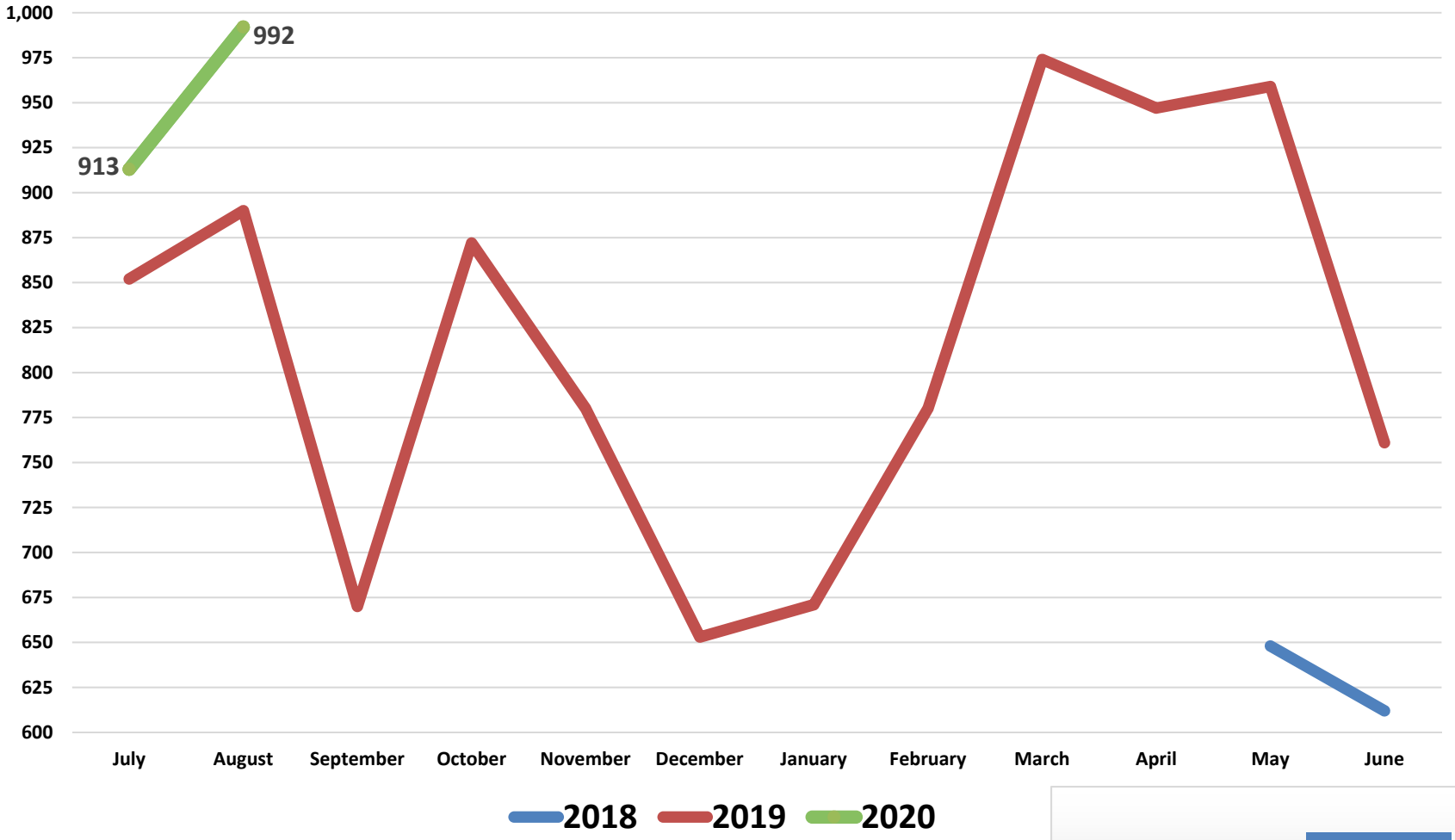


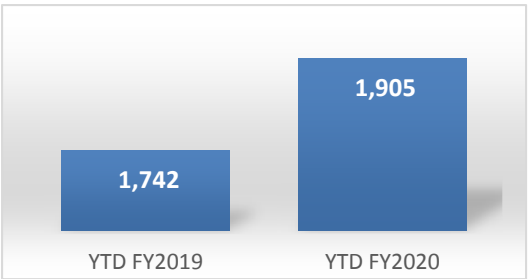
Woodlake RHC - Registrations



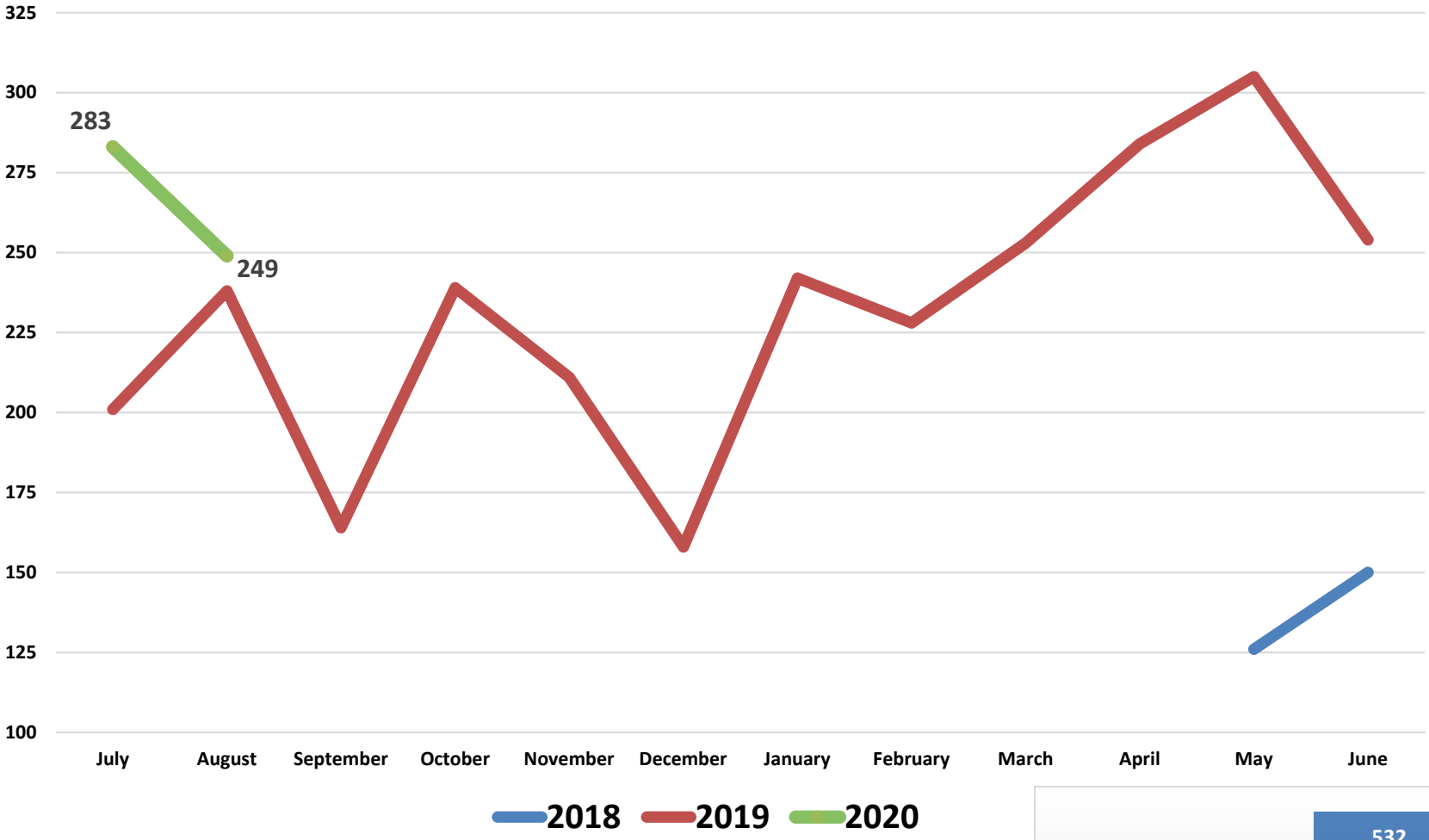


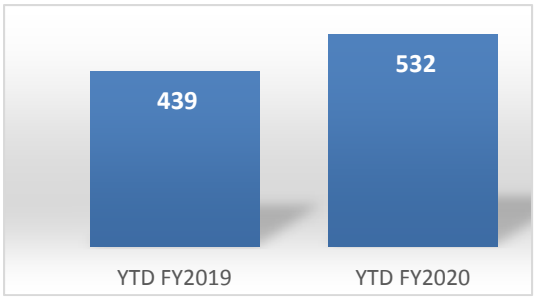
Dinuba RHC - Registrations



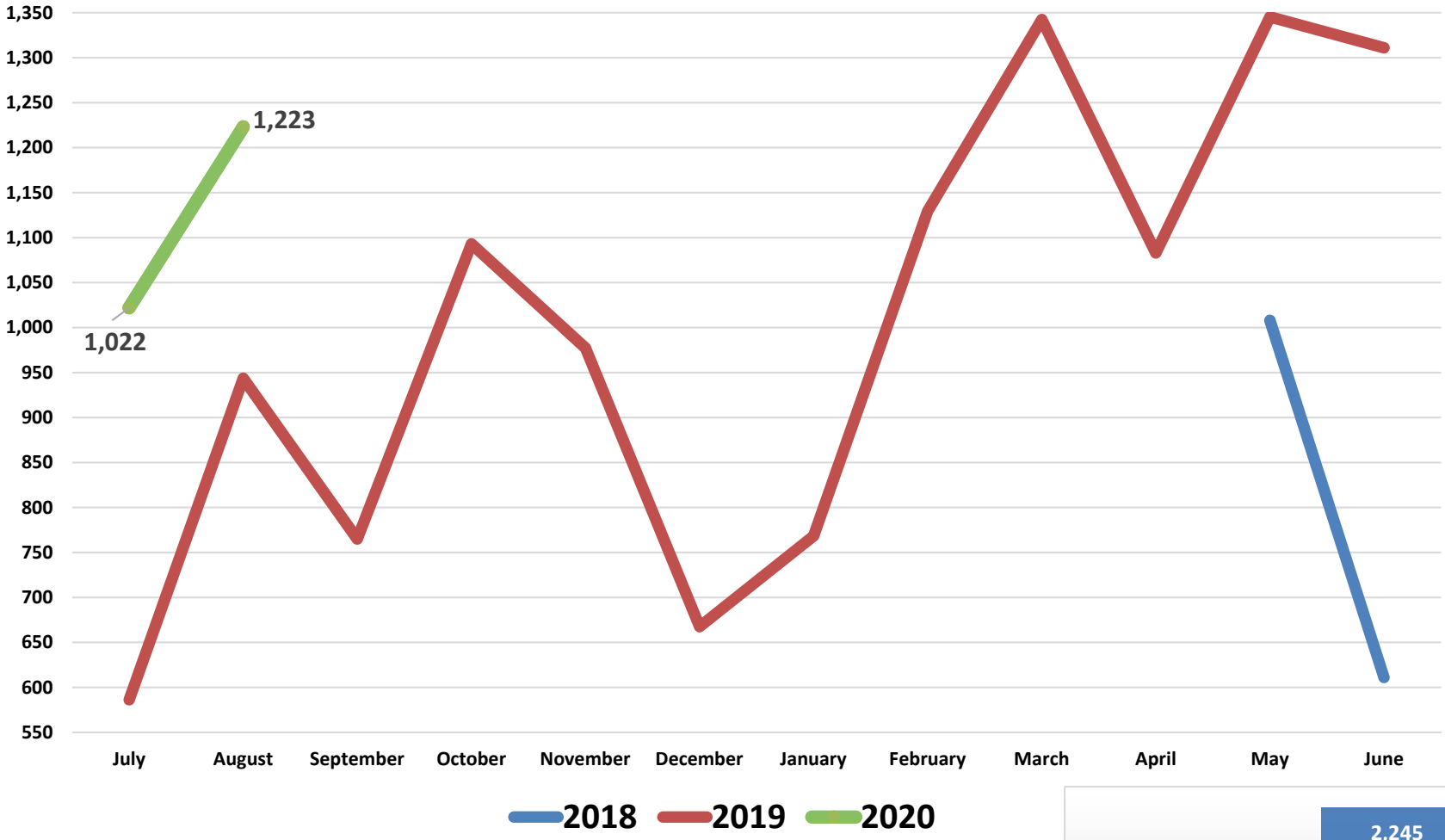


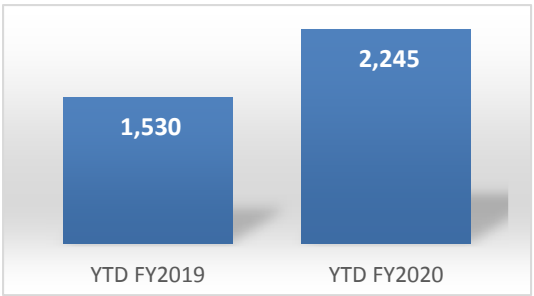
Neurosurgery Clinic - Registrations



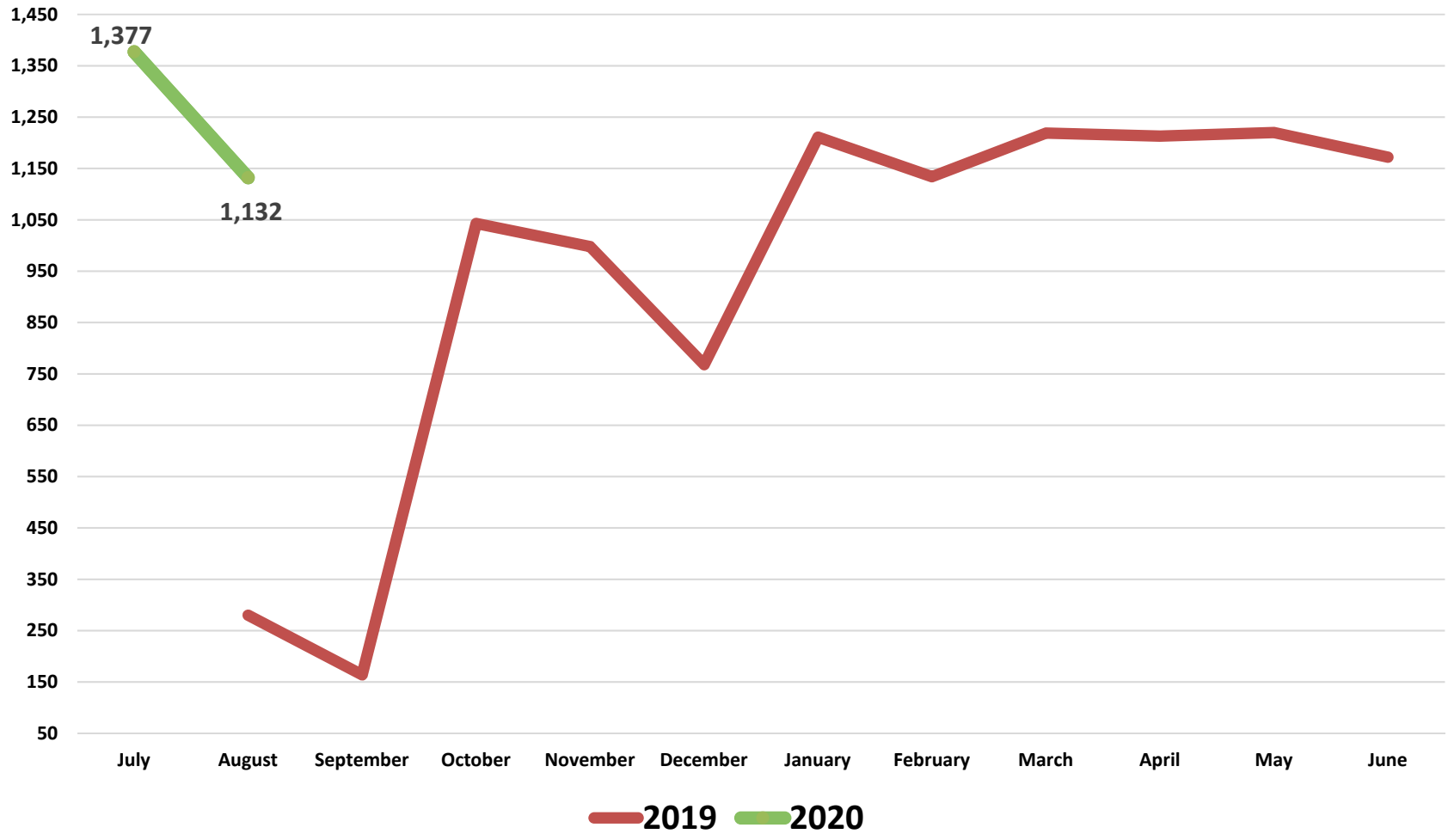


Neurosurgery Clinic - wRVU's

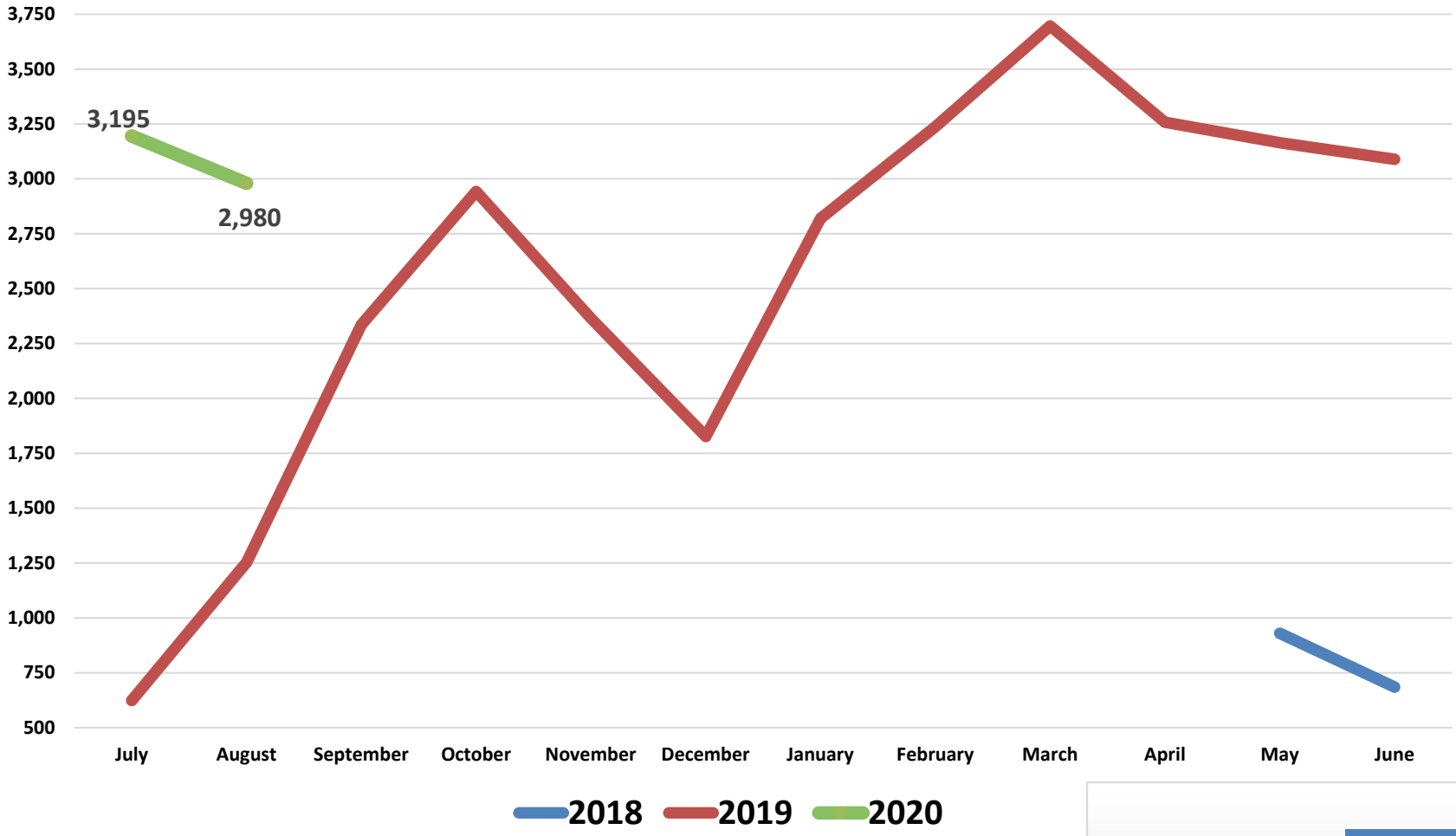


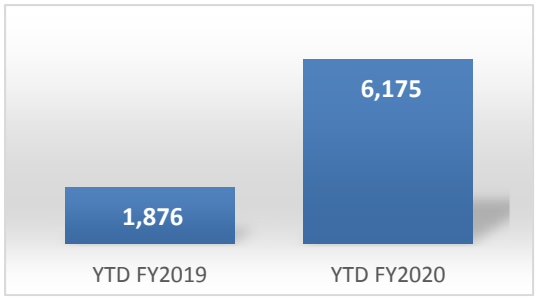


Sequoia Cardiology - Registrations

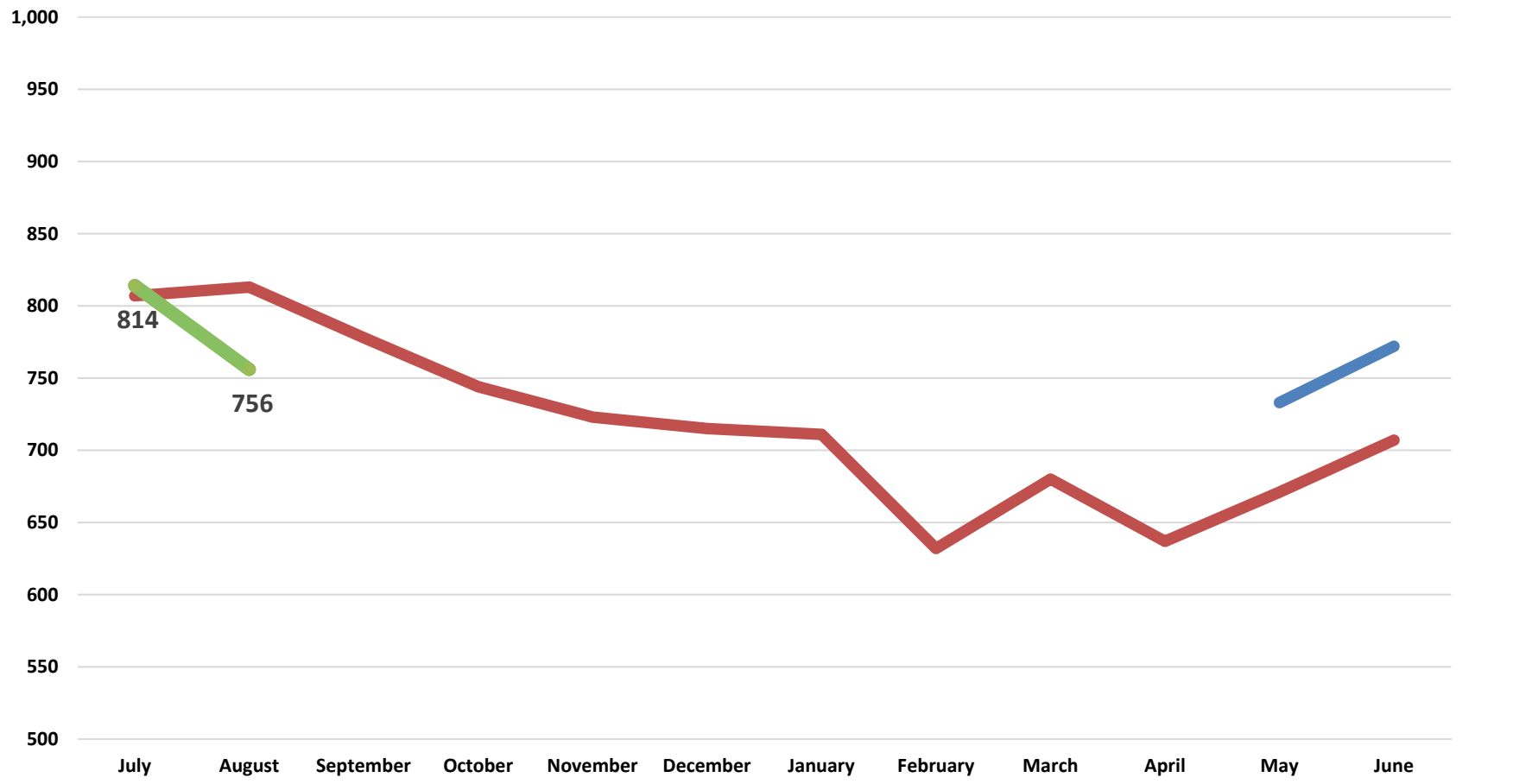


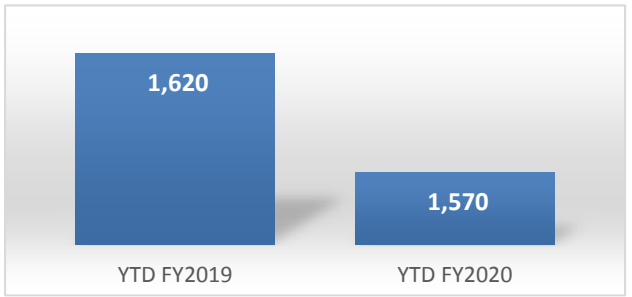
Sequoia Cardiology – wRVU's



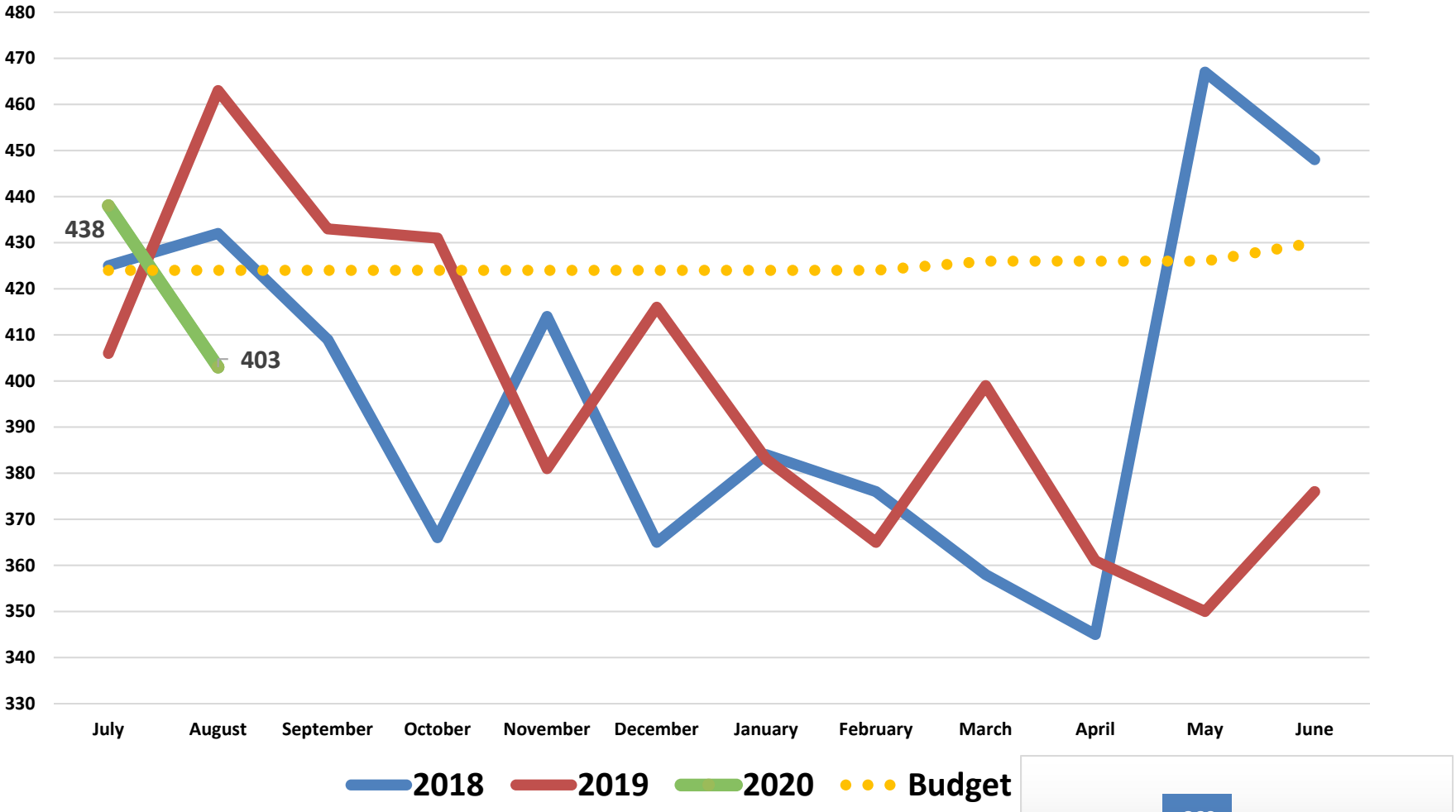


Labor Triage Registrations





Deliveries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November
December
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March
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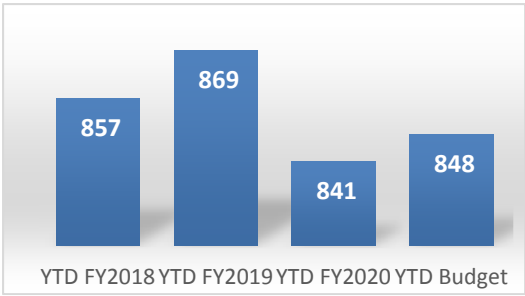
June
2018
2019
2020
Budget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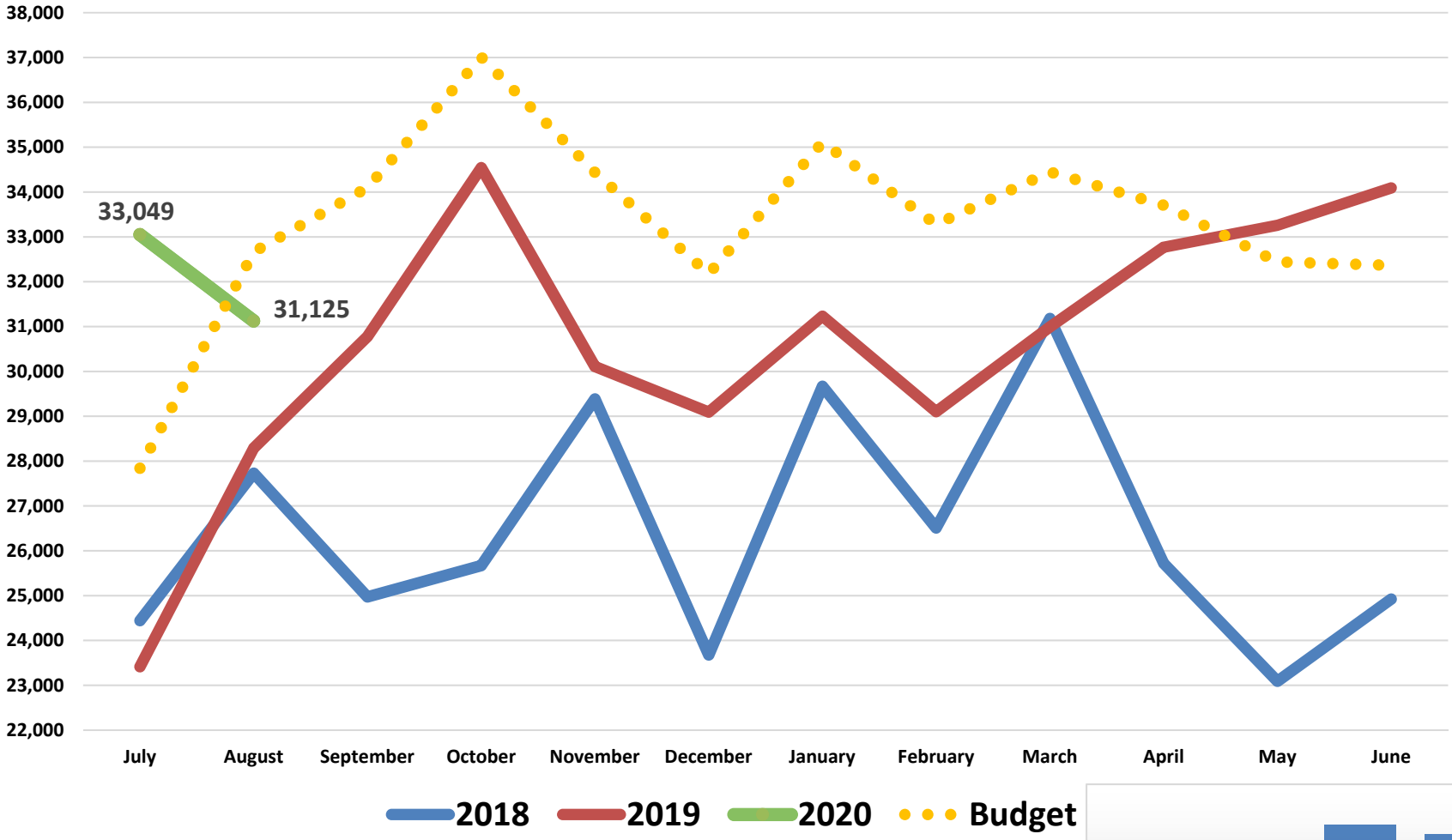
YTD FY2019
YTD FY2020
YTD Budget

KDMF RVU's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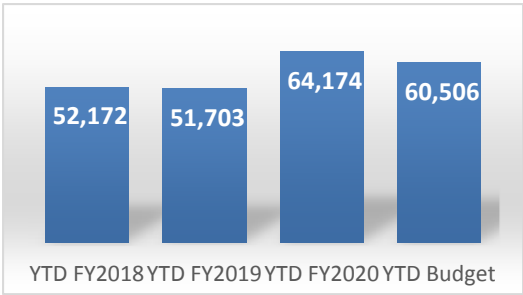
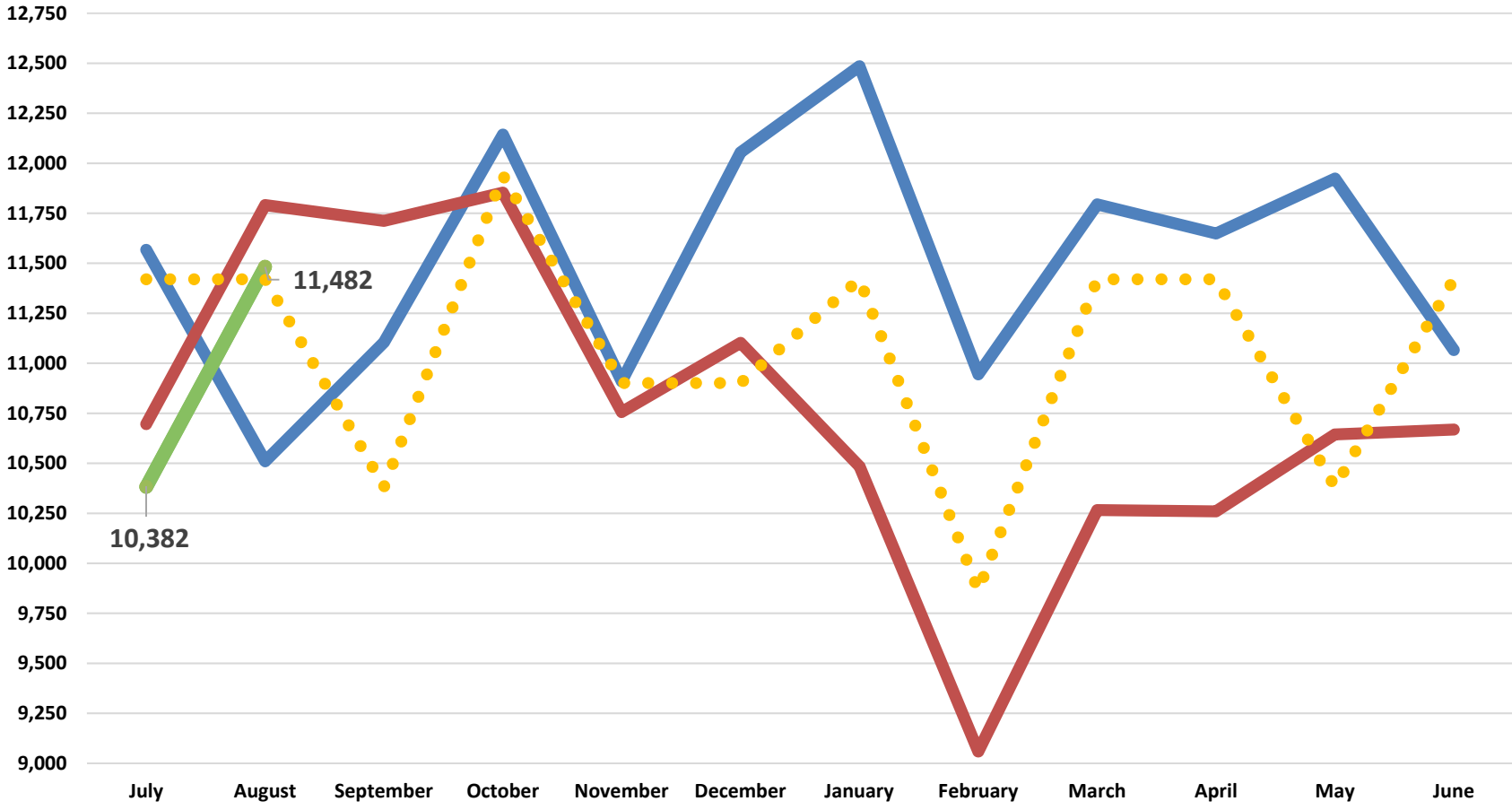
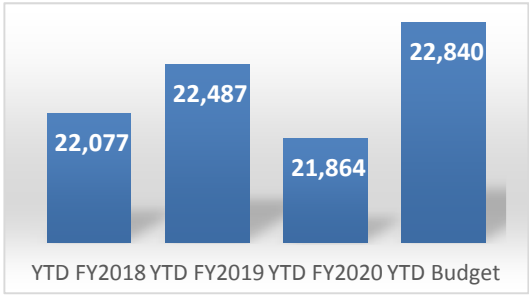
2018
2019
2020
Budget

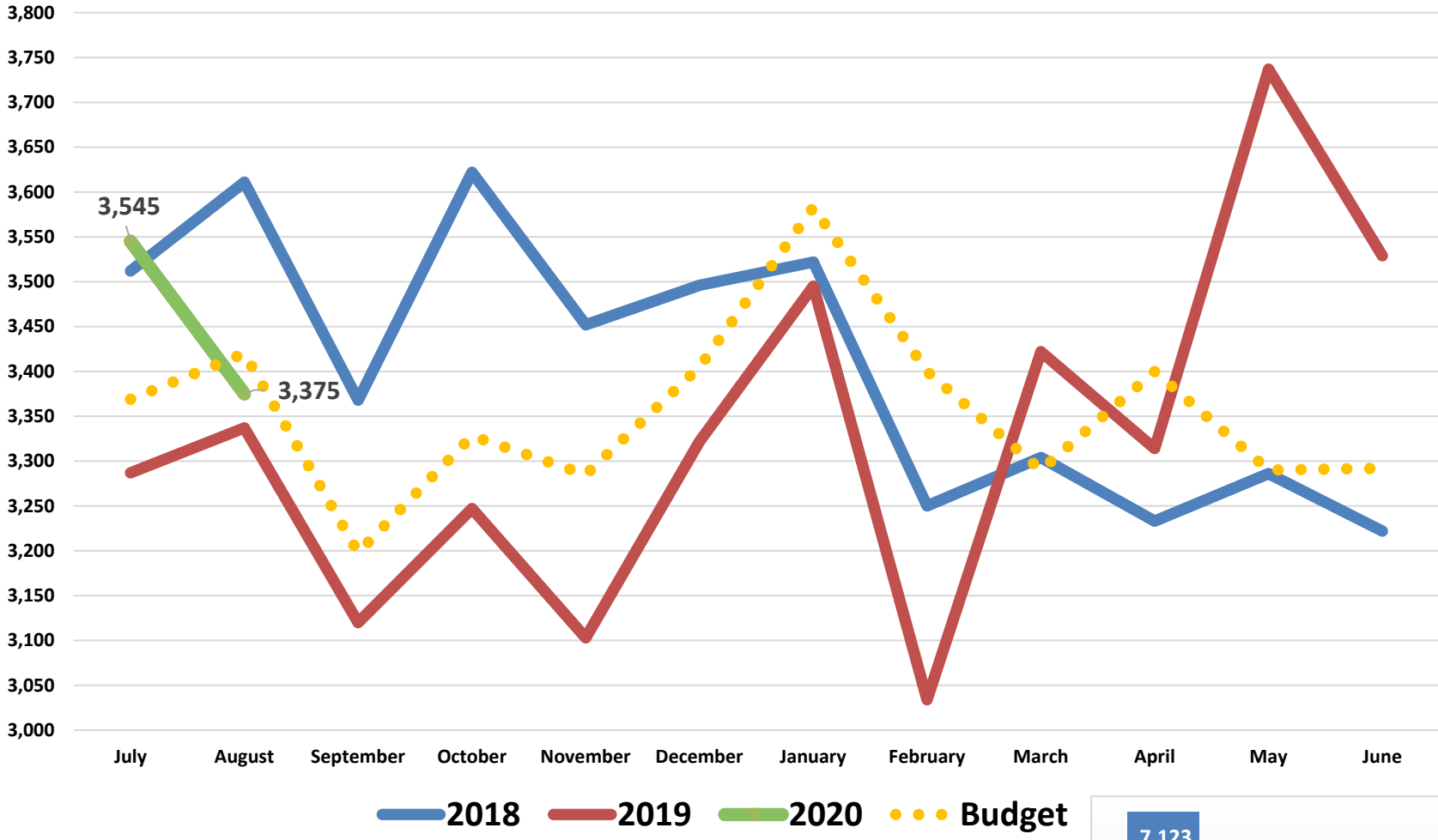

52,172
51,703
64,174
60,506
YTD FY2018
YTD FY2019
YTD FY2020
YTD Budget

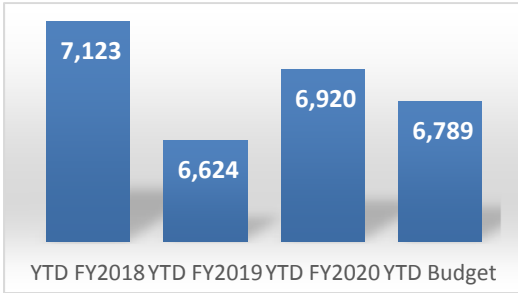
Home Infusion Days



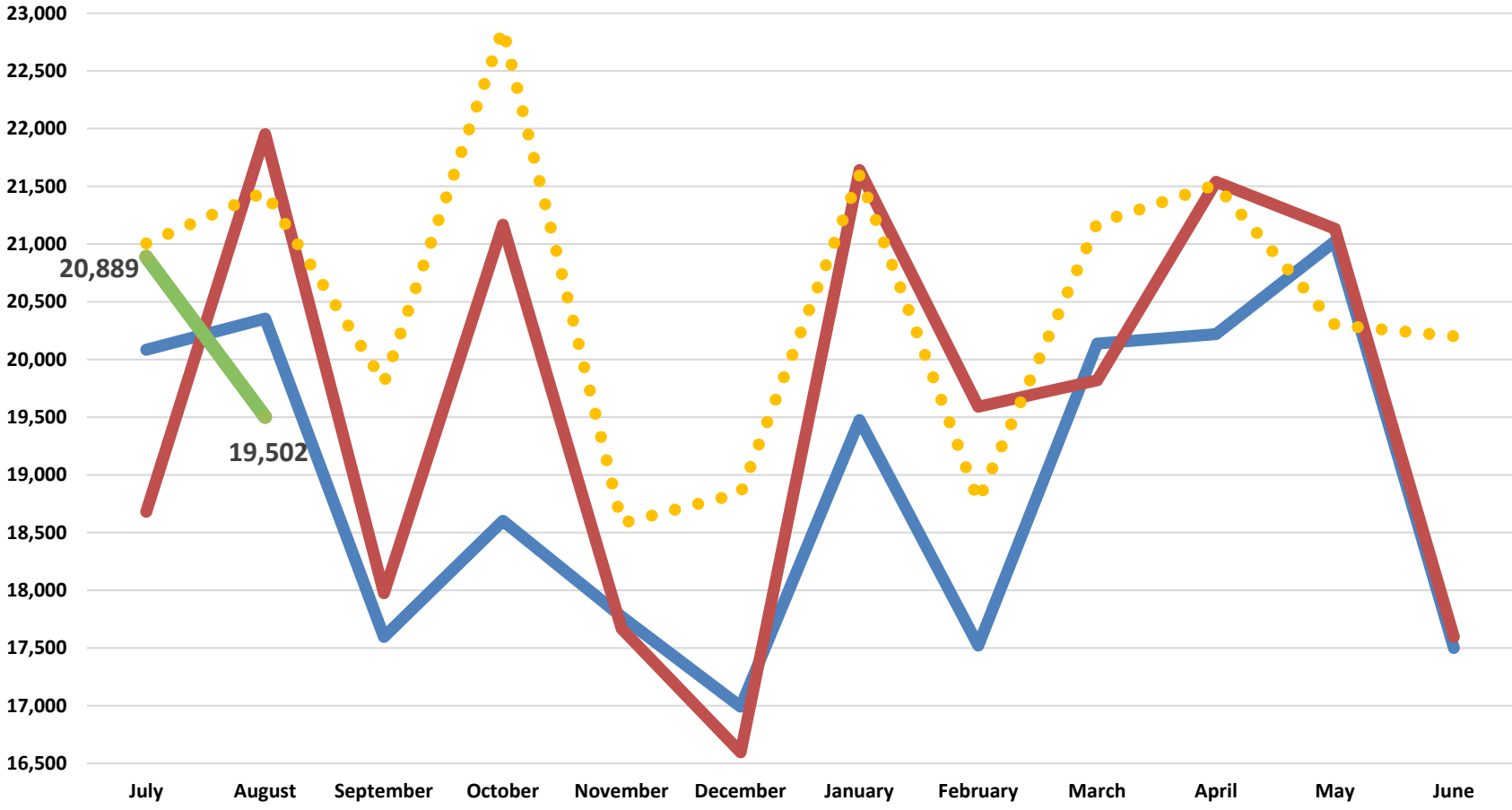


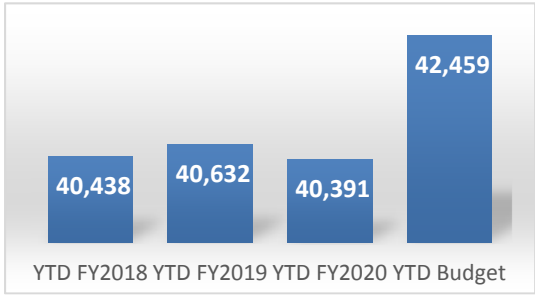
Hospice Days



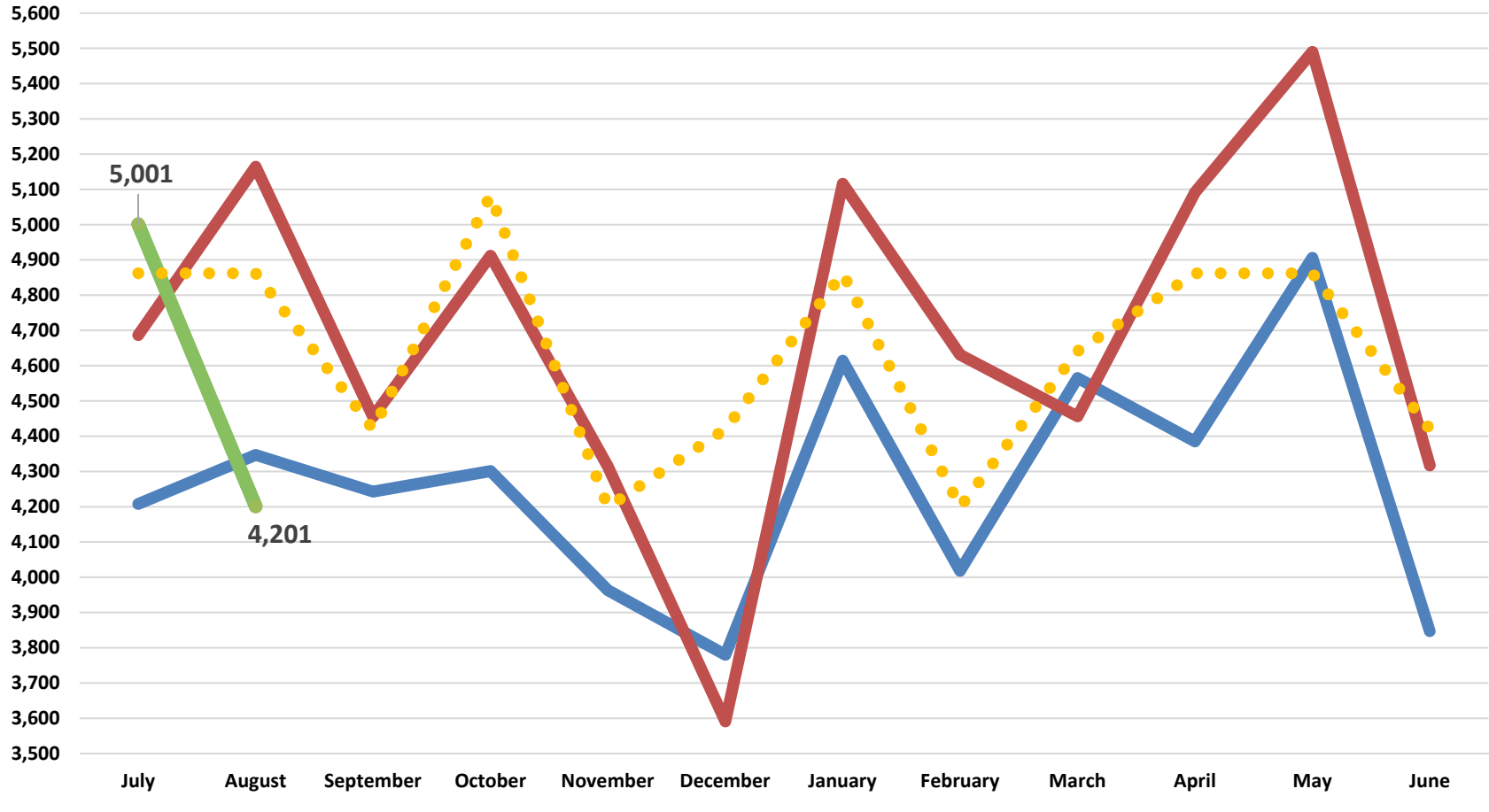


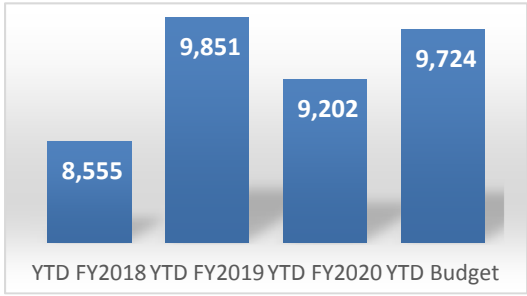
All O/P Rehab Services Across District



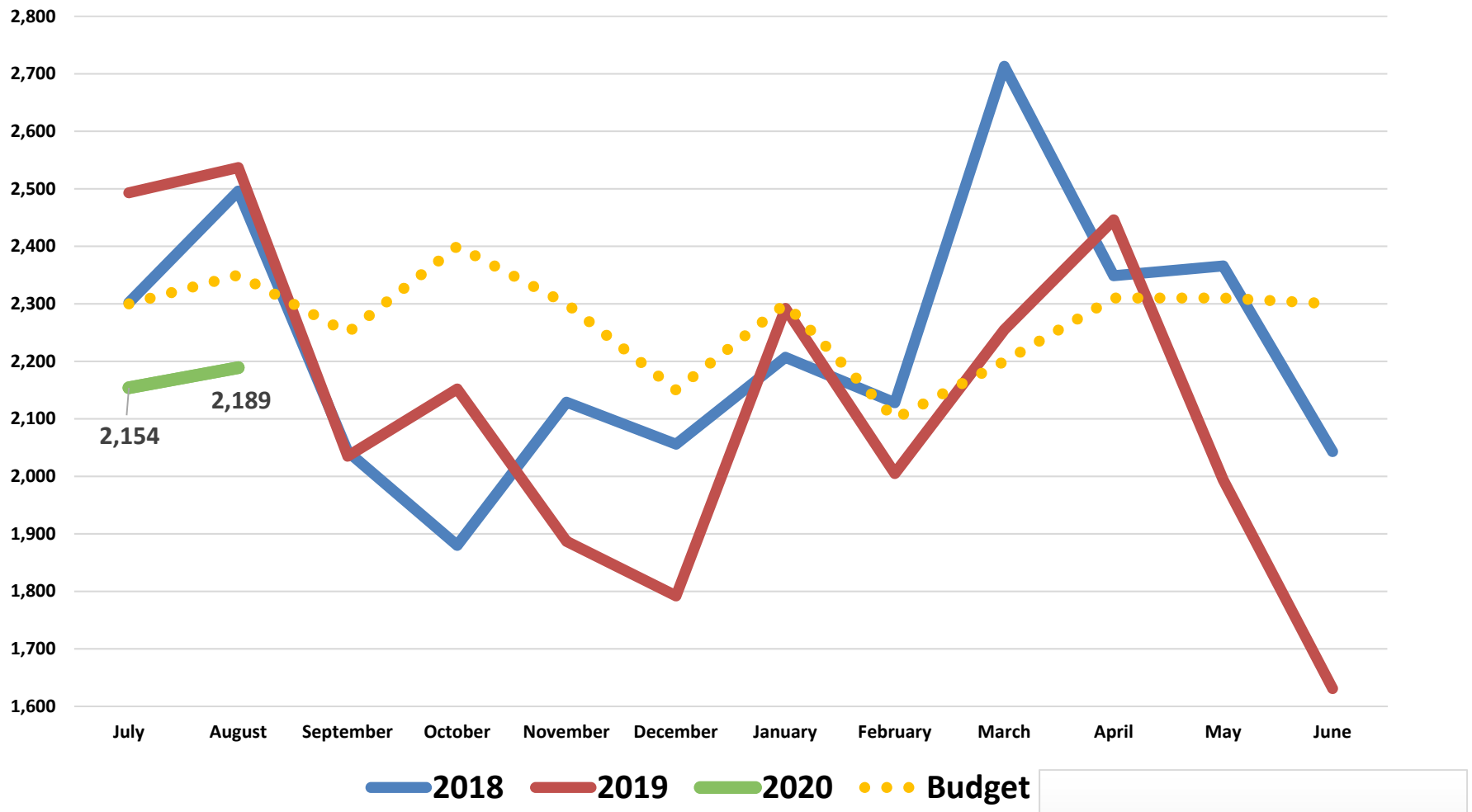


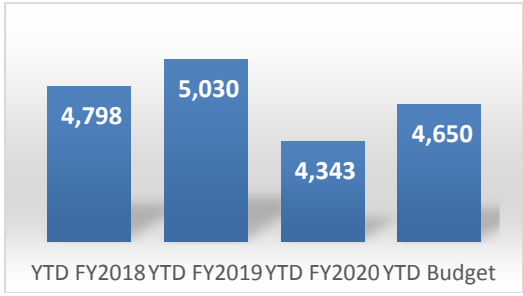
O/P Rehab Services



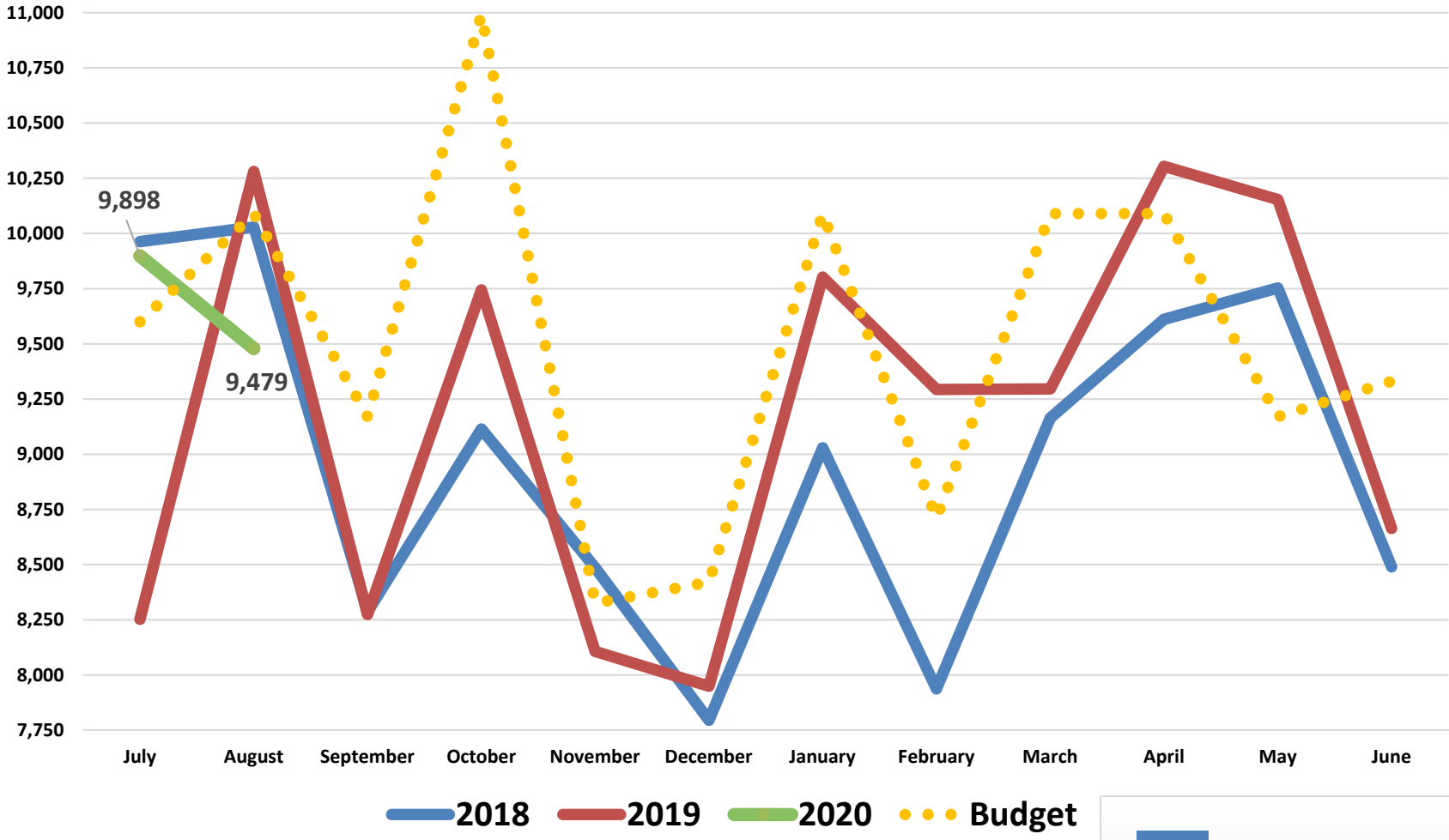


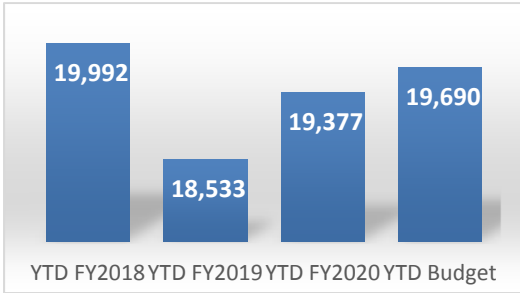
O/P Rehab - Exeter



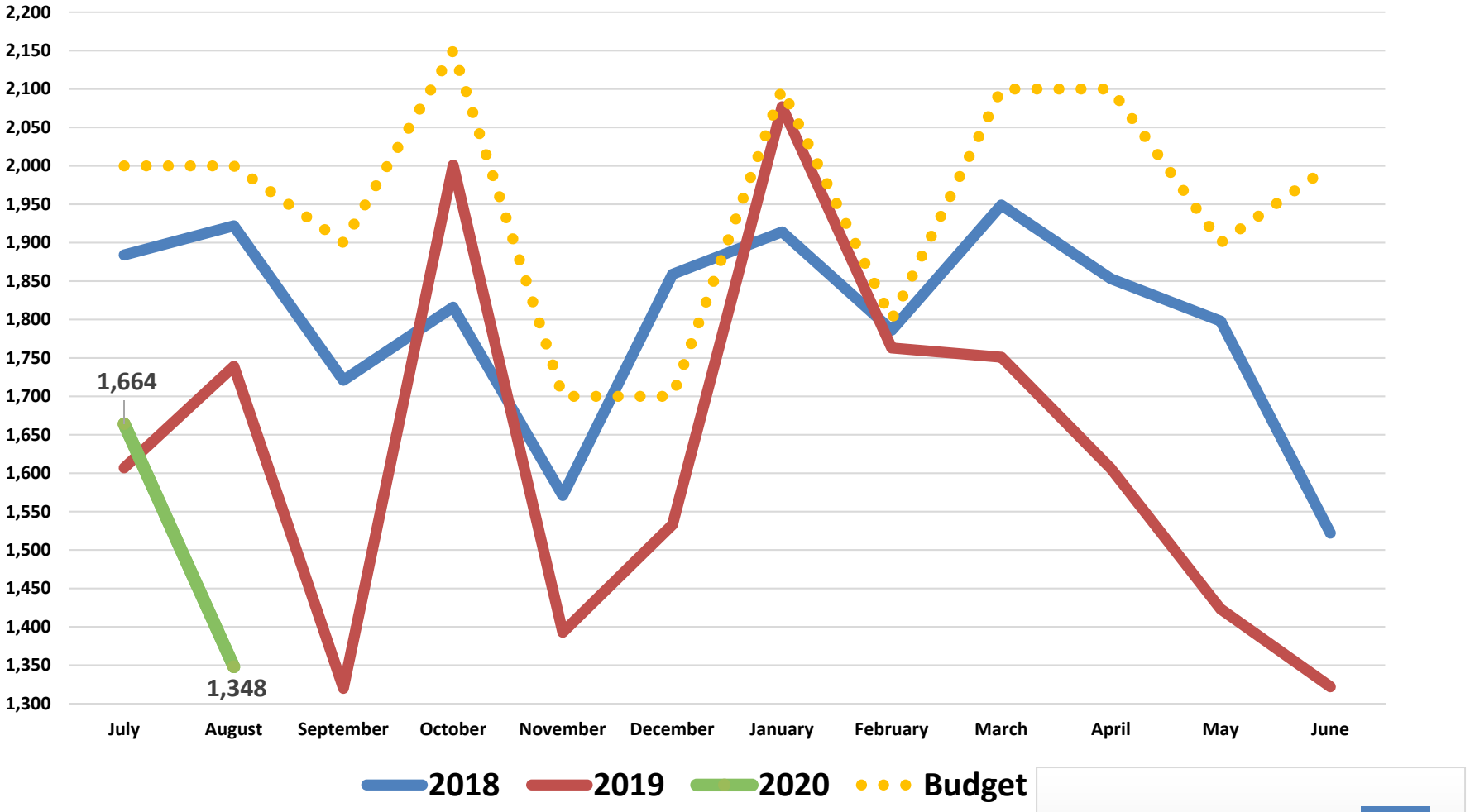


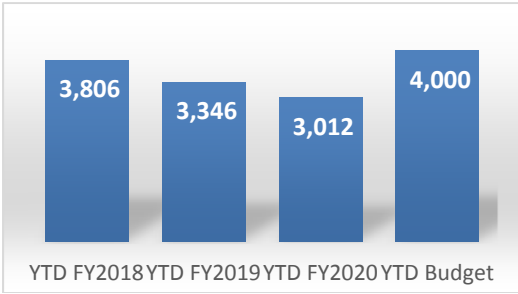
O/P Rehab - Akers



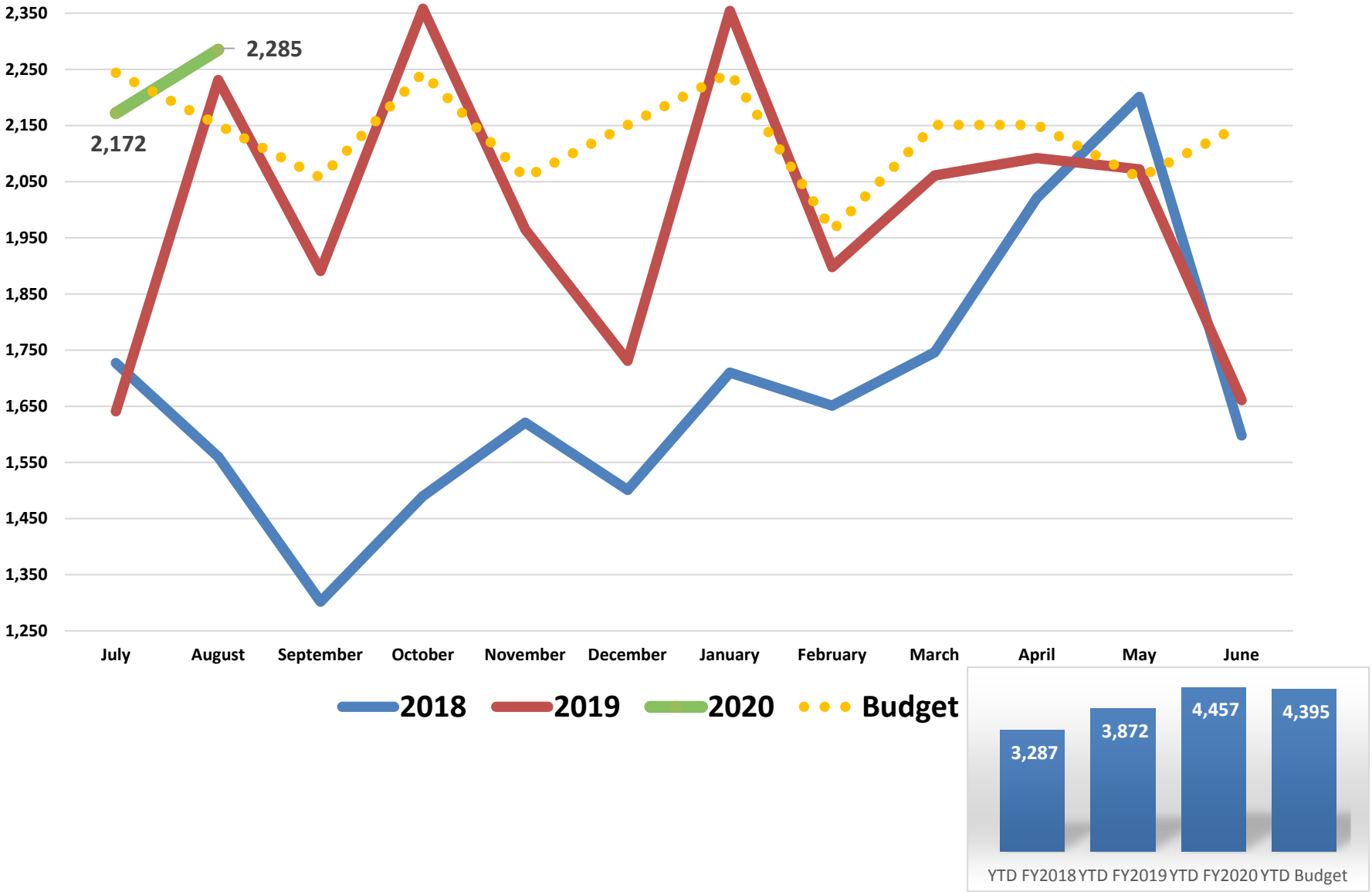


O/P Rehab - LLOPT

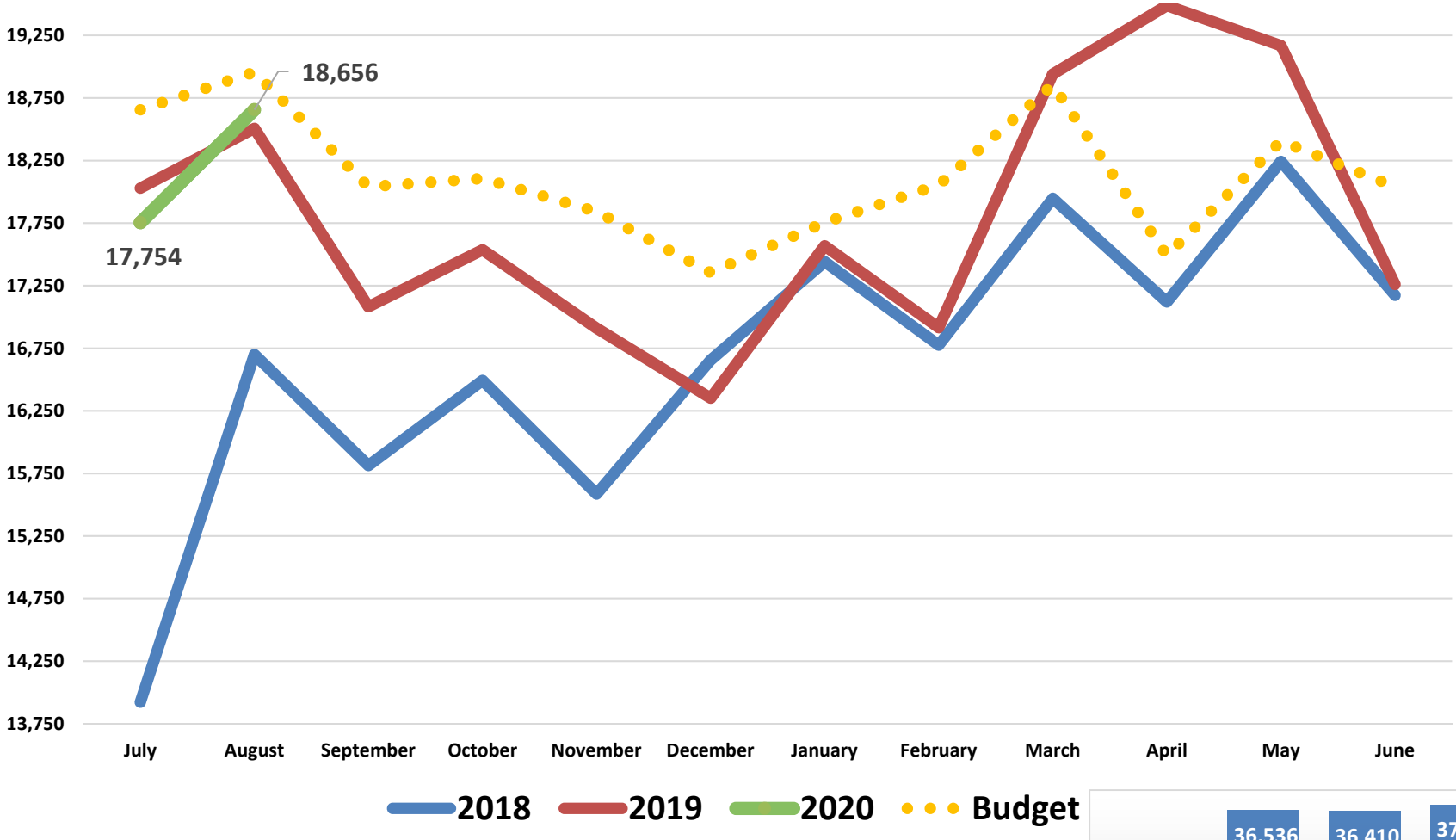


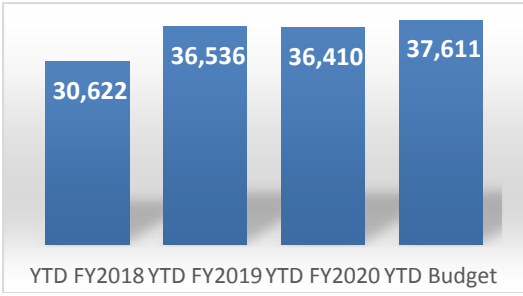


O/P Rehab - Dinuba

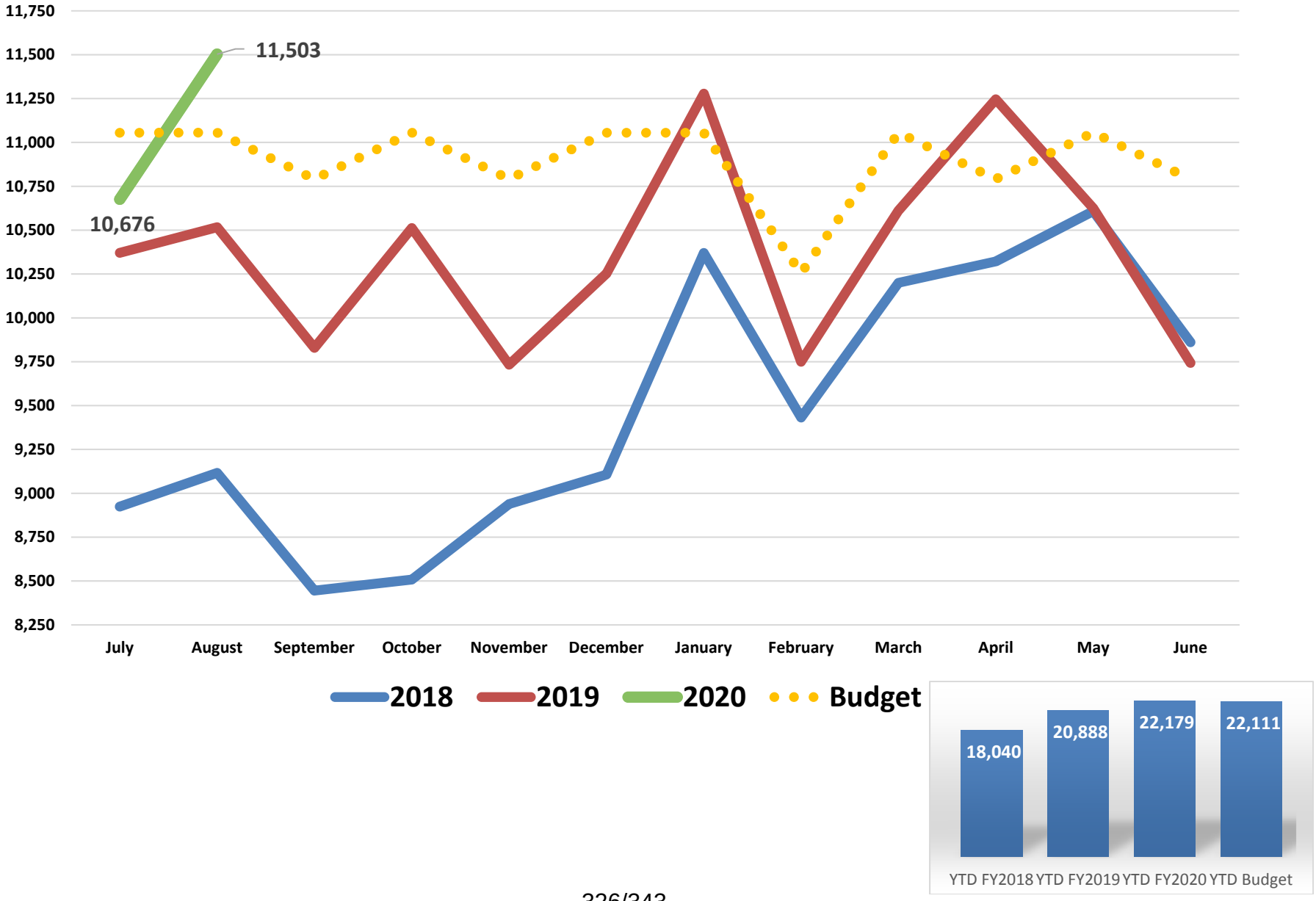


Physical & Other Therapy Units (I/P & O/P)

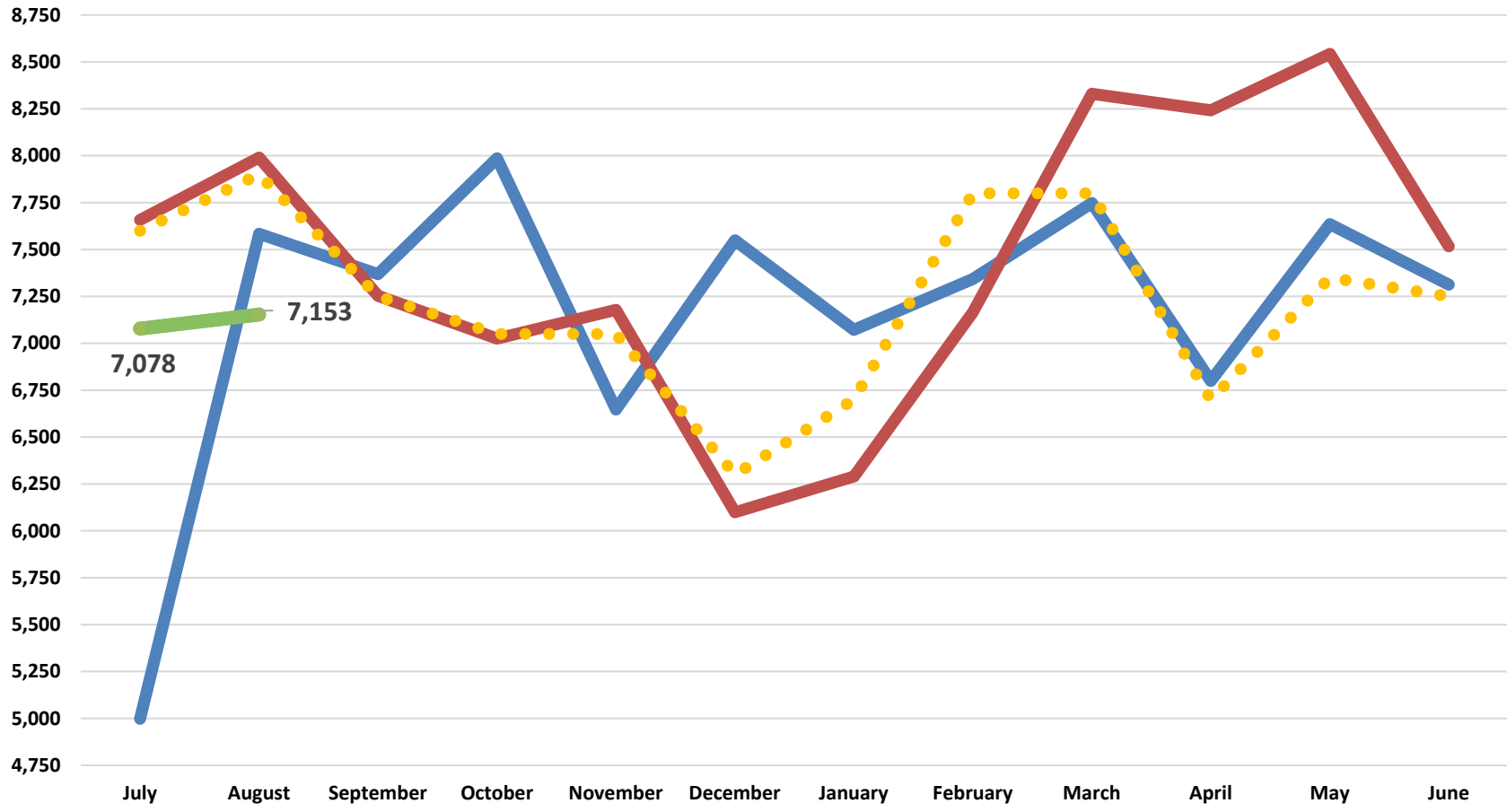


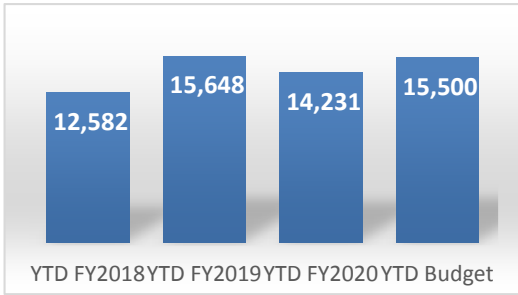


Physical & Other Therapy Units (I/P & O/P)-Main Campus

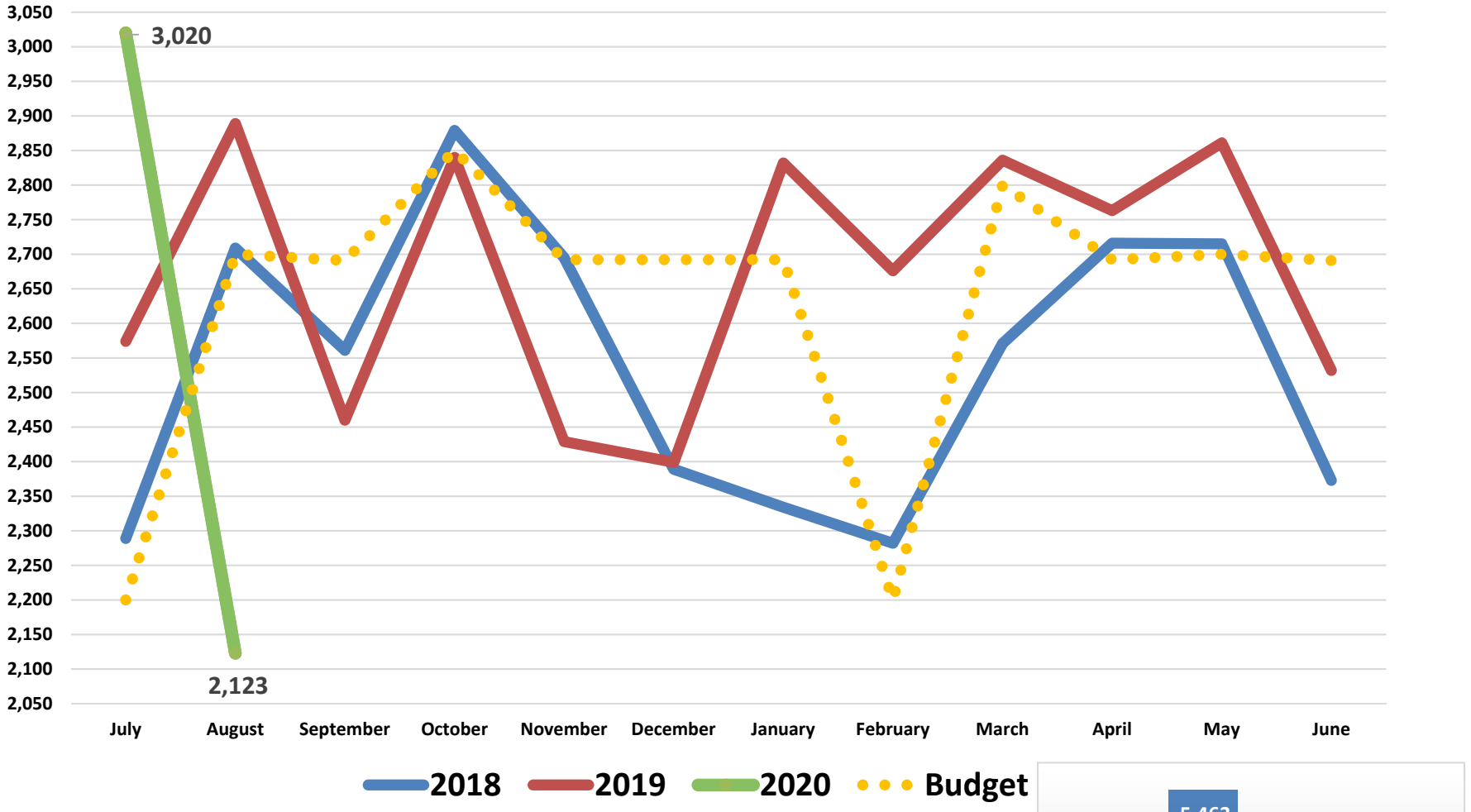


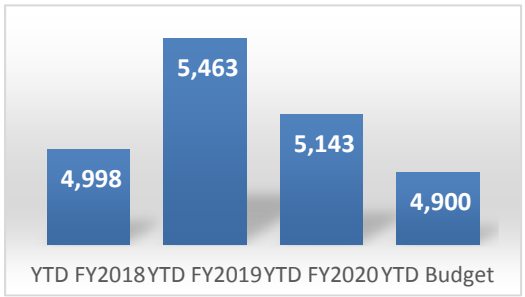
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



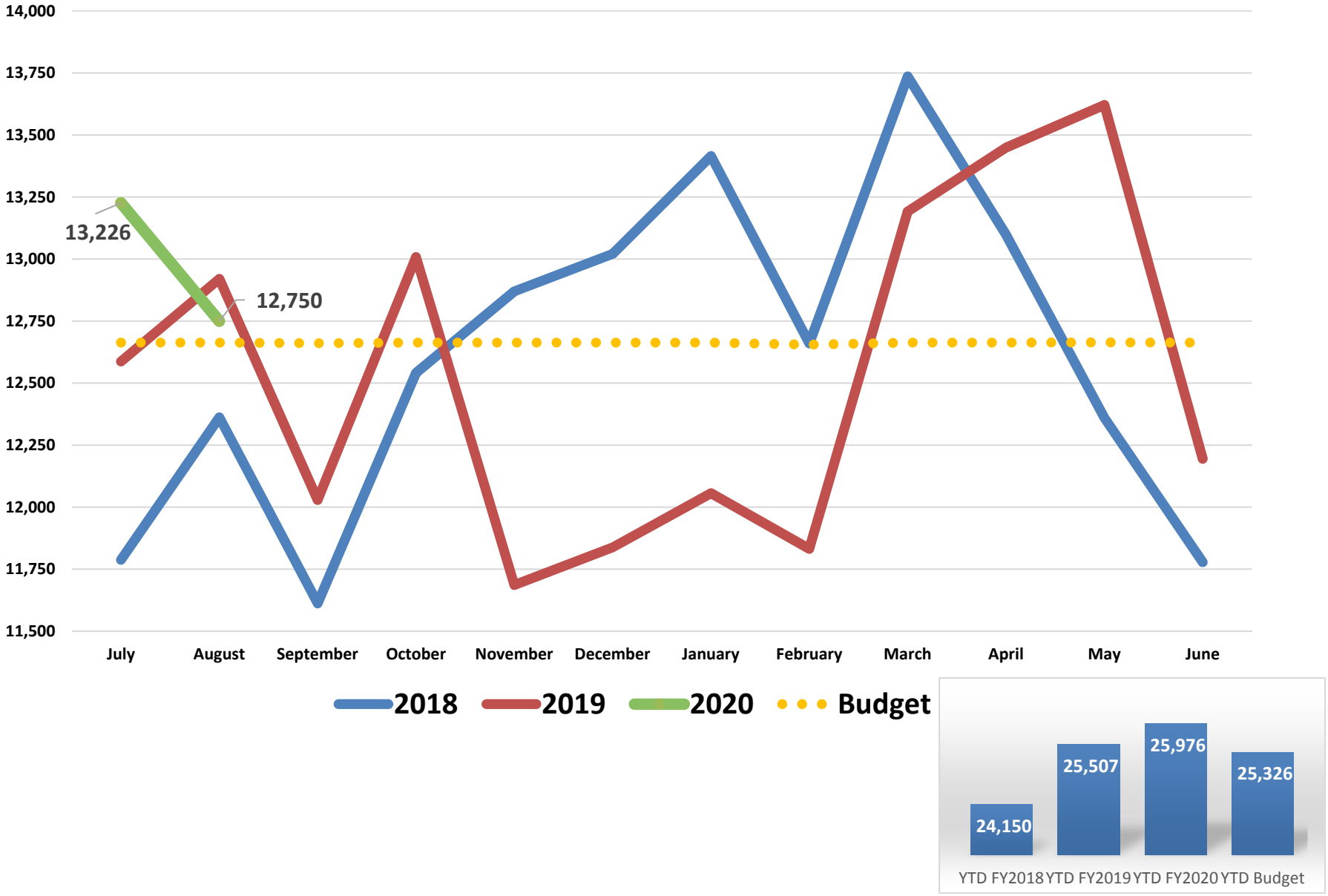


Home Health Visits

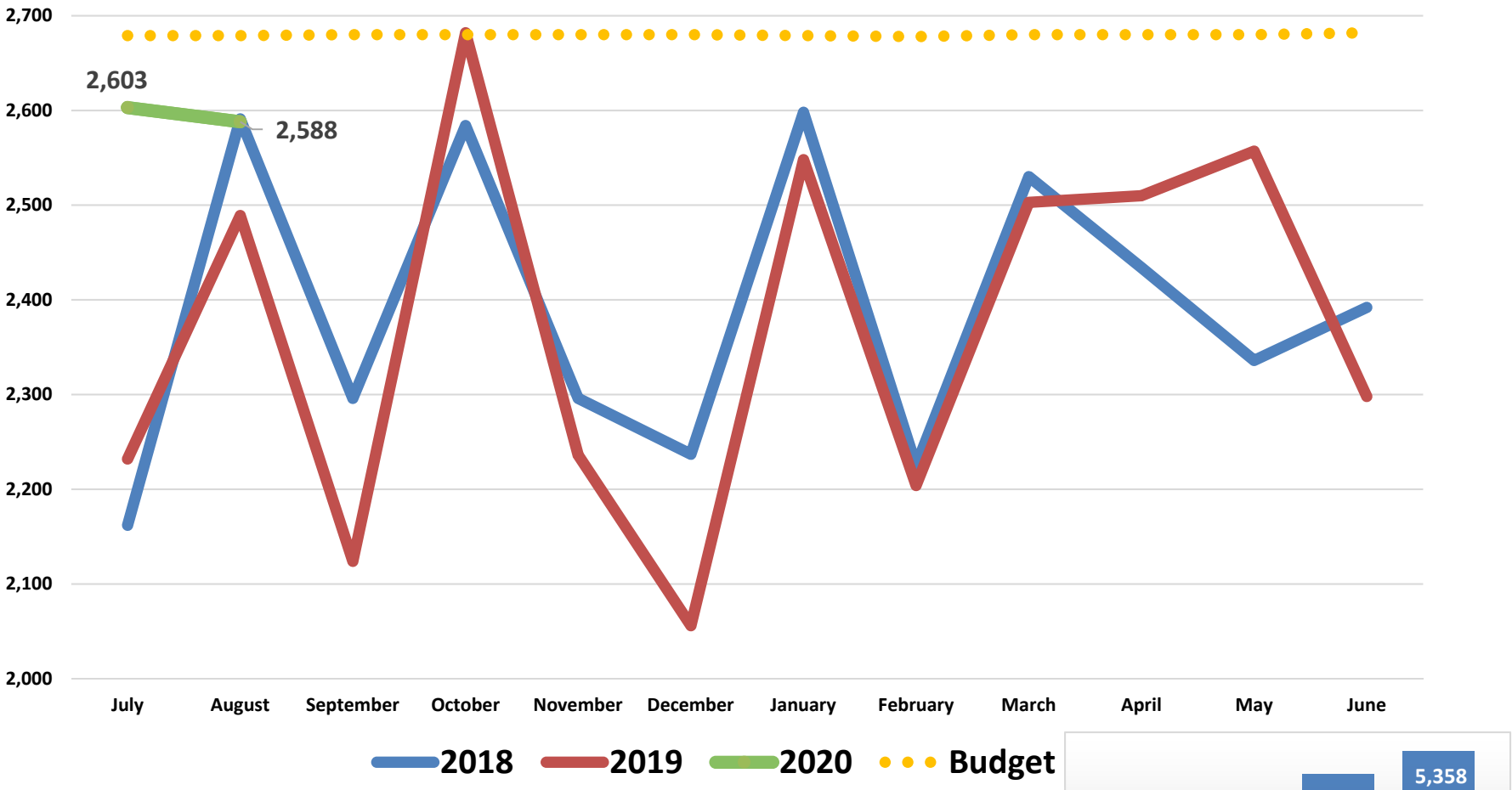


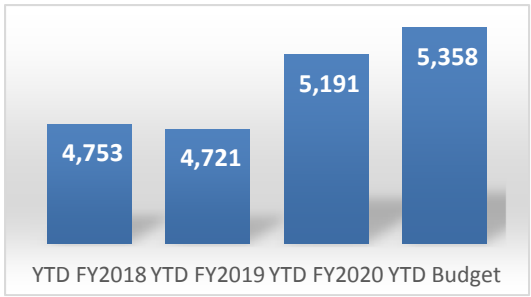


Radiology – Main Campus

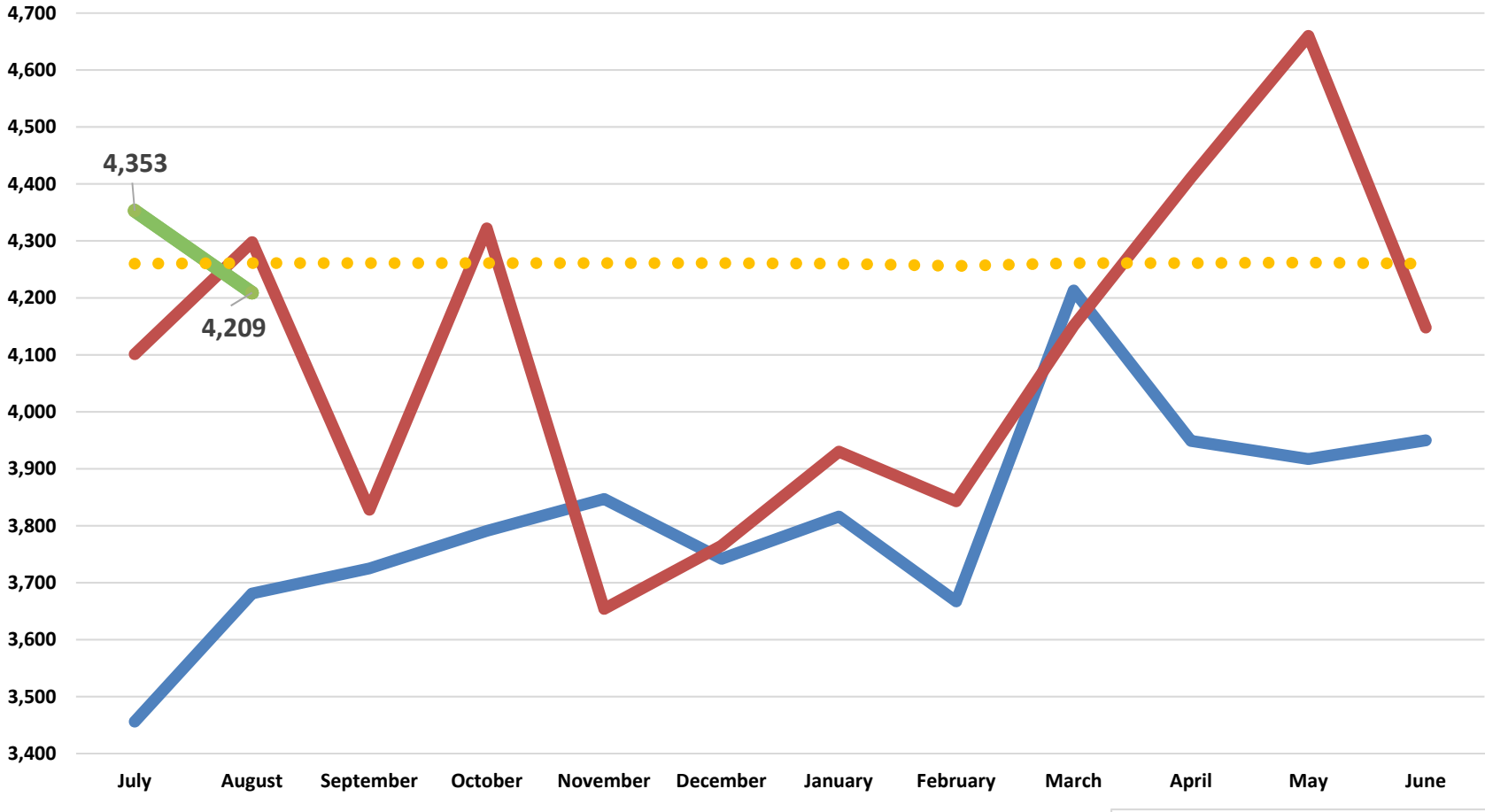


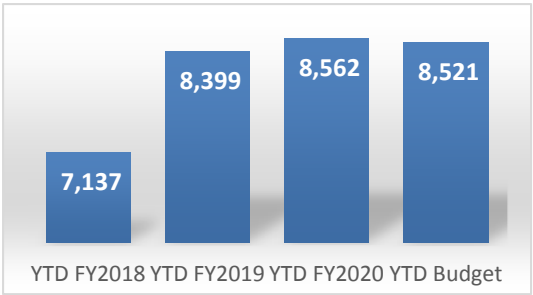
Radiology – South Campus Imaging



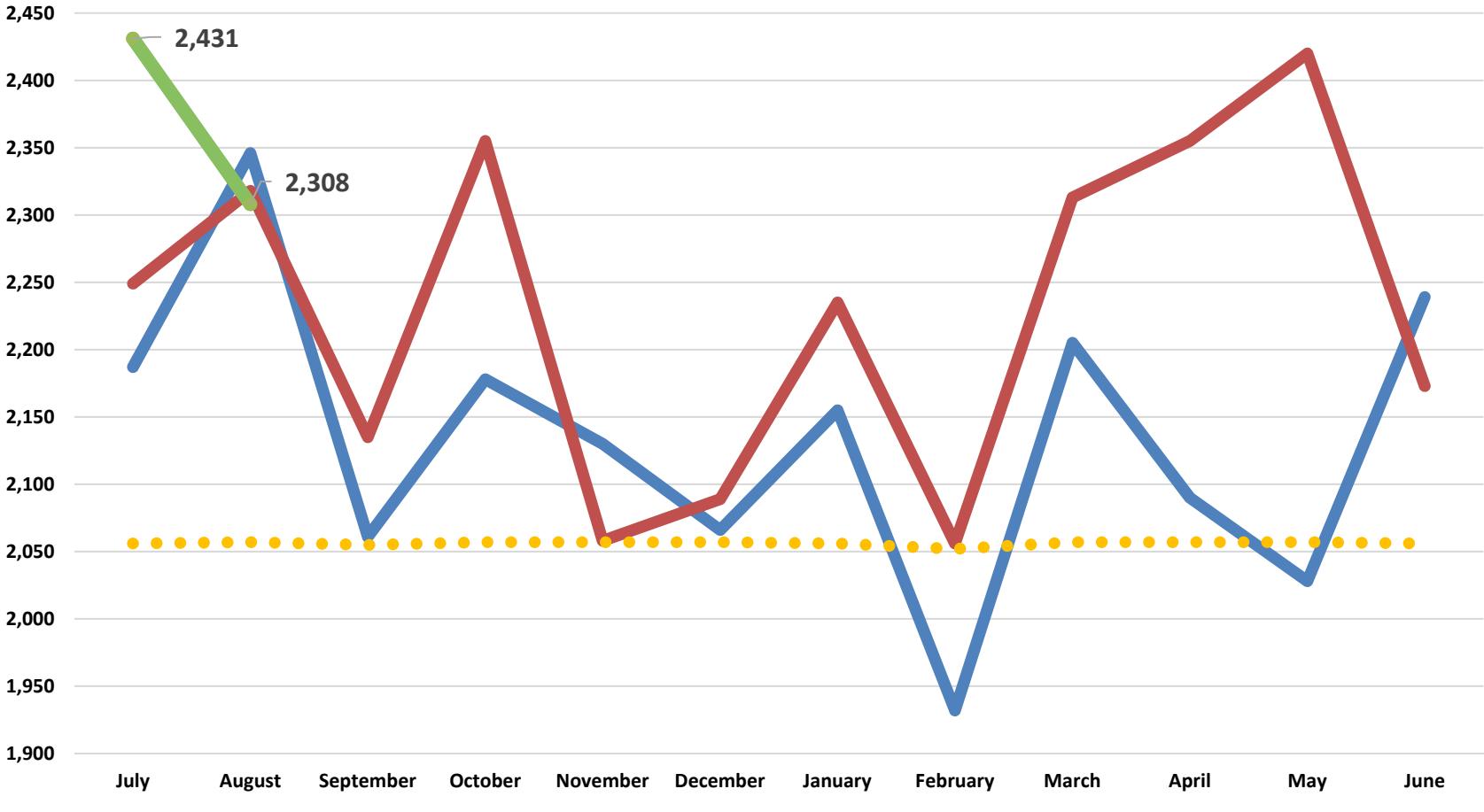


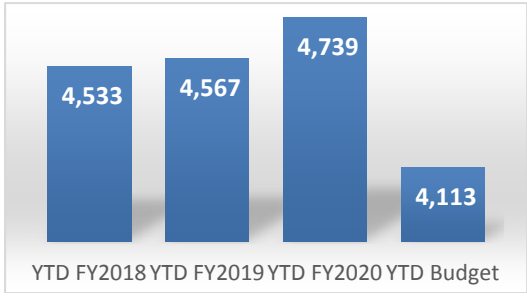
Radiology – CT



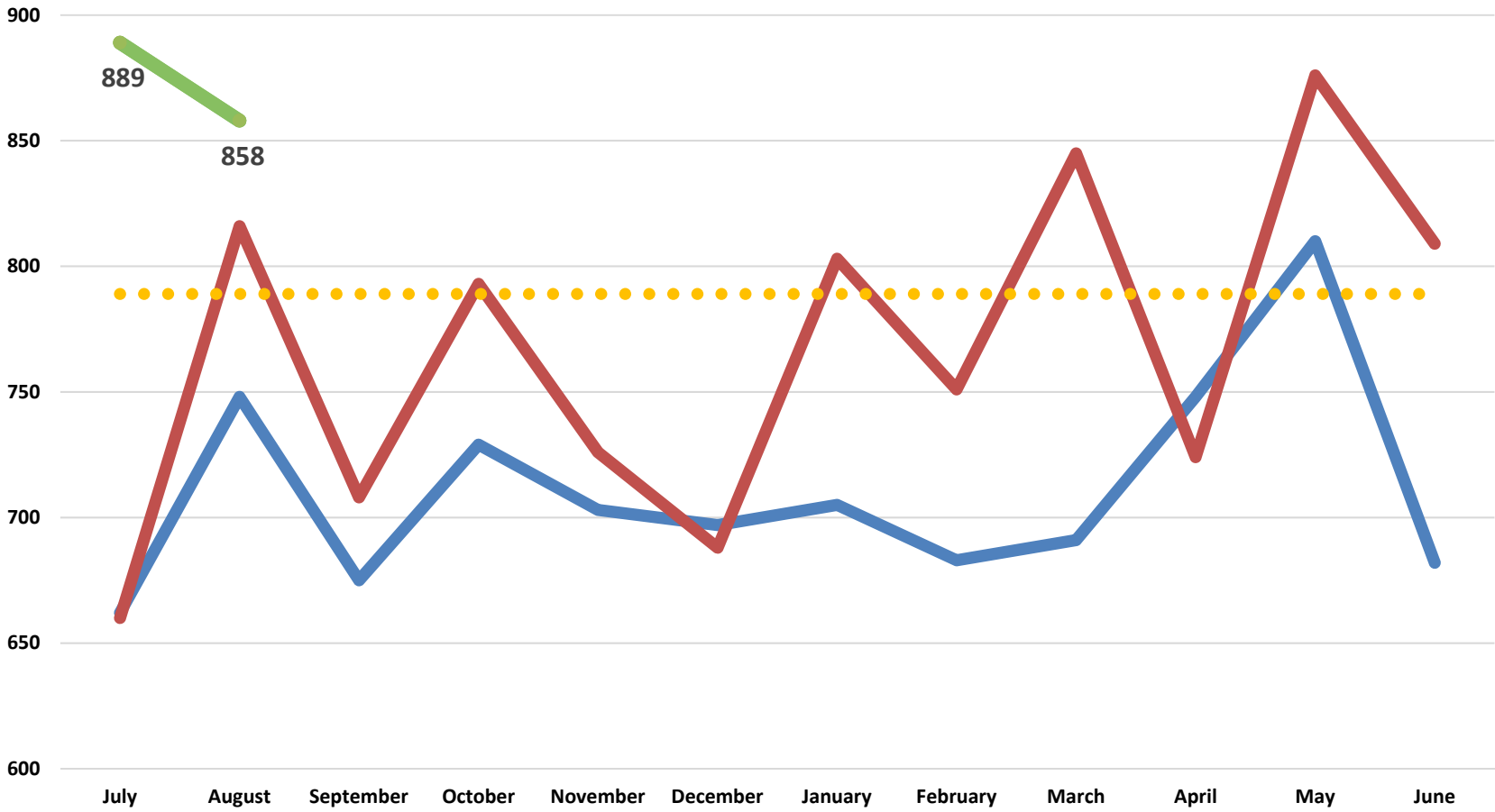


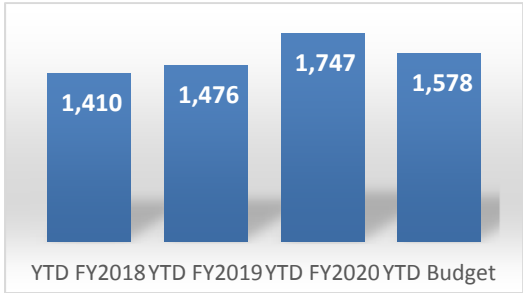
Radiology – Ultrasound



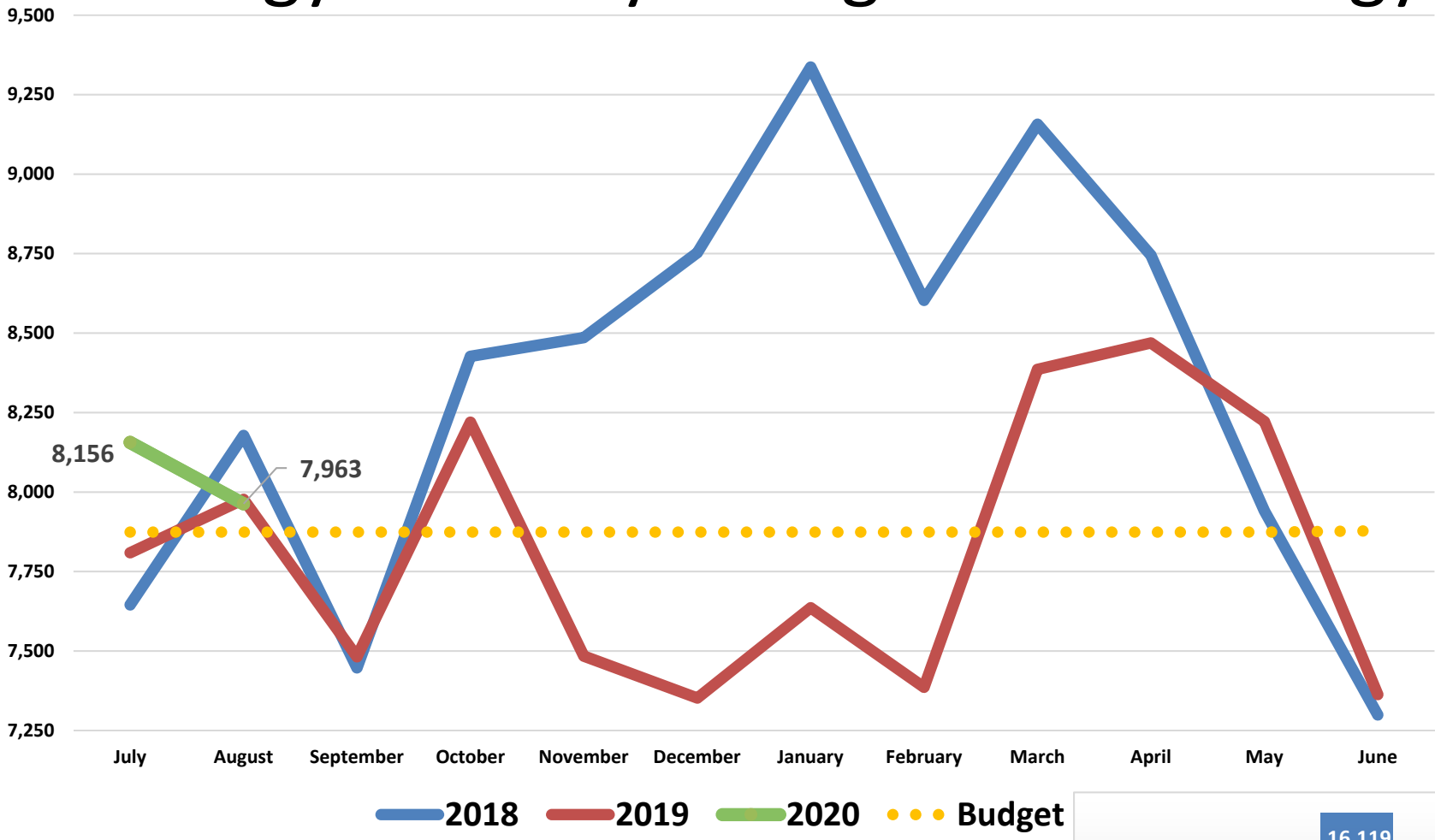


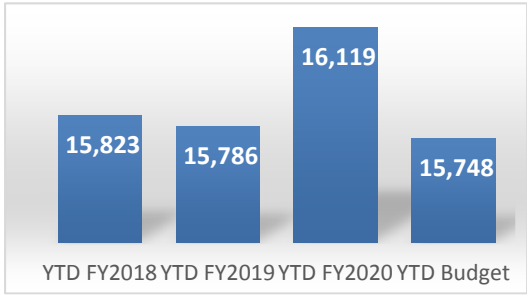
Radiology – MRI





Radiology Modality – Diagnostic Radiology





Kaweah Delta Health Care District
CALCULATION OF EXECUTIVE TEAM AND DIRECTORS "AT-RISK" COMPENSATION GOAL RESULTS -- MASTER
For the Fiscal Year Ended June 30, 2020

	District Goals	At-Risk Comp. Weight	Target	Stated Goal	Range of Performance	Goal Scale	At-Risk Comp. Scale	At-Risk Comp. Scored	Test	Actual Results
OUTSTANDING HEALTH OUTCOMES										
(1)	**Central Line-Acquired Blood Stream Infection (CLABSI)**	**5.0%**	For this Value-Based Purchasing (VBP) element, reduce the Standardized Infection Ratio (SIR) to the CMS median ratio of 0.784 for the Twelve (12) Months Ended June 30, 2020; our baseline performance for the six-month period ended June 30, 2019 was 1.253; the CMS top decile performance ratio is 0.0.	**Target**	**<=0.784**	**3**	**100%**	**5.00%**	Quarterly Quality Dashboard Maintained by KD Quality Department and Reported to Board's Quality Council	
					=0.783 - 1.019	2	50%	2.50%		
				Minimum	>1.019	1	0%	0.00%		
				2019 Perfor.	**1.253**					
							Responsibility:		**Regina S.; Sandy V.**	
(2)	**Methicillin-Resistant Staphylococcus Aureus (MRSA)**	**5.0%**	For this Value-Based Purchasing (VBP) element, reduce the Standardized Infection Ratio (SIR) to the CMS median ratio of 0.815 for the Twelve (12) Months Ended June 30, 2020; our baseline performance for the six-month period ended June 30, 2019 was 1.410; the CMS top decile performance ratio is 0.0.	**Target**	**<=0.815**	**3**	**100%**	**5.00%**	Quarterly Quality Dashboard Maintained by KD Quality Department and Reported to Board's Quality Council	
					=0.814 - 1.113	2	50%	2.50%		
				Minimum	>1.113	1	0%	0.00%		
				2019 Perfor.	**1.410**					
							Responsibility:		**Regina S.; Sandy V.**	
(3)	**Catheter-Acquired Urinary Tract Infection (CAUTI)**	**5.0%**	For this Value-Based Purchasing (VBP) element, reduce the Standardized Infection Ratio (SIR) to the CMS median ratio of 0.828 for the Twelve (12) Months Ended June 30, 2020; our baseline performance for the six-month period ended June 30, 2019 was 1.557; the CMS top decile performance ratio is 0.0.	**Target**	**<=0.828**	**3**	**100%**	**5.00%**	Quarterly Quality Dashboard Maintained by KD Quality Department and Reported to Board's Quality Council	
					=0.827 - 1.193	2	50%	2.50%		
				Minimum	>1.193	1	0%	0.00%		
				2019 Perfor.	**1.557**					
							Responsibility:		**Regina S.; Sandy V.**	
(4)	**Sepsis Core Measure (SEP 1)**	**5.0%**	For this publicly-reported Hospital Compare quality measure, increase the adherence to the CMS-prescribed Sepsis Bundle to 70% for the Twelve (12) Months Ended June 30, 2020; our baseline performance for the six-month period ended June 30, 2019 was 67%; the CMS mean performance and top decile performance is 57% and 79%, respectively.	**Target**	**>=70%**	**3**	**100%**	**5.00%**	Quarterly Quality Dashboard Maintained by KD Quality Department and Reported to Board's Quality Council	
					=67% - 69%	2	50%	2.50%		
				Minimum	<67%	1	0%	0.00%		
				2019 Perfor.	**67%**					
							Responsibility:		**Regina S.; Sandy V.**	
(5)	**ALOS Reduction**	**5.0%**	For the six (6) month period ended June 30, 2020, reduce the overall average length of stay for adult acute inpatients of Kaweah Delta Medical Center to no more than 0.5 days greater than the GMLOS for the treated patient population; for the fiscal year 2019 performance period, the actual ALOS exceeded the GMLOS by 0.94 days	**Target**	**<=GMLOS + 0.75**	**3**	**100%**	**5.00%**	Monthly ALOS Dashboard Maintained by Finance Department and Reported to Board's Finance/PS&A Committee	
					=GMLOS + 0.76					
					- 0.85	2	50%	2.50%		
				Minimum	>GMLOS + 0.85	1	0%	0.00%		
				2019 Perfor.	**4.77**					
				GMLOS	**3.83**		**Responsibility:**		**Regina S.; Keri N.**	
		25.0%								
EXCELLENT SERVICE										
(5)	**Patient Experience**	**20%**	HCAHPS Survey of Patient Experience: For FY 2020, the Cumulative "Mode-Adjusted" Percentage of Patients Giving Overall Hospital Rating of 9 or 10 ("Top Box") shall be equal to or greater than 76.5%; the "Mode-Adjusted" score is equal to the "Raw" score, reduced by a 2% "mode" (telephone) adjustment	**Target**	**>=76.5%**	**3**	**100%**	**20.00%**	Monthly JL Morgan Scorecard Maintained by Ed Largoza	
					=75.0%-76.4%	2	50%	10.00%		
				Minimum	<75.0%	1	0%	0.00%		
				2019 Perfor.	**75.0%**					

Note: To Participate in At-Risk Compensation Program, Must be a District VP or Director Prior to 1/1/20.

Kaweah Delta Health Care District
CALCULATION OF EXECUTIVE TEAM AND DIRECTORS "AT-RISK" COMPENSATION GOAL RESULTS -- MASTER
For the Fiscal Year Ended June 30, 2020

District Goals	At-Risk Comp. Weight	Target	Stated Goal	Range of Performance	Goal Scale	At-Risk Comp. Scale	At-Risk Comp. Scored	Test	Actual Results
	5.0%	For the Emergency Department, increase the percentage	**Target**	**>=62%**	**3**	**100%**	**5.00%**		
		of patients giving an overall rating of 9 or 10 to at least		=56% - 61%	2	50%	2.50%	Monthly JL Morgan Scorecard	
		62% (50th percentile) for the six (6) months ended June	Minimum	<56%	1	0%	0.00%	Maintained by Ed Largoza	
		30, 2020;							
		56% equals the 25th percentile							
	25.0%								
IDEAL WORK ENVIRONMENT									
(6) Employee Engagement	**20.0%**	Based on Results of May 2019 Employee Engagement	**Target**	**By 12/31/19**	**3**	**100%**	**20.00%**		
		Survey, Develop Effective Organizational and						Action Plan Approved by	
		Departmental Action Plans Responsive to the						Executive Team and Presented	
		Improvement Opportunities						to Board of Directors as	
		Identifed by Survey Respondents;						Reflected in Board Minutes	
		Departmental Action Plans to be Developed by	**2019 Perfor.**	**N/A**		**Responsibility:**		**Dianne Cox**	
		Executive Team and Directors and Approved by							
		Board of Directors by 12/31/19							
	5.0%	For the 22 departments that had a "Tier 3" Team Index	**Target**	**>=11**	**3**	**100%**	**5.00%**		
		Score, as reflected in the May 2019 Employee		=6 - 10	2	50%	2.50%	Conduct HR Department-	
		Engagement Survey, re-survey them in May 2020 and		<6	1	0%	0.00%	administered survey in May	
		move at least 50% of the departments into Tier 2; must	**2019 Perfor.**	**22**				2020 using the same 15 Power	
		have a "Team Power Score" of 3.80 or higher						Item questions used in the	
		to achieve Tier 2 status; the weighted average "Team						2019 PG Survey	
		Power Score" for these 22 departments, as reflected in				**Responsibility:**		**Dianne Cox**	
		the May 2019 survey, was 3.68.							
	25.0%								
FINANCIAL STRENGTH									
(7) Operating Margin	**25.0%**	Audited Operating Margin for Fiscal Year Ended June 30,	**Target**	**>=2.3%**	**3**	**100%**	**25.00%**		
		2020 (adjusted to conform to budgeted classification of		=2.0% - 2.2%	2	50%	12.50%	Audited Financial Statements	
		revenues and expenses (e.g., bad debt and interest		<2.0%	1	0%	0.00%	Presented by Moss Adams in	
		expense, tax revenues, etc.))	**2019 Perfor.**	**2.0%**				October/November 2020	
						Responsibility:		**Malinda Tupper**	
TOTAL "AT-RISK" COMPENSATION EARNED	**100.0%**								

Note: To Participate in At-Risk Compensation Program, Must be a District VP or Director Prior to 1/1/20.

Target Met?

Note: To Participate in At-Risk Compensation Program, Must be a District VP or Director Prior to 1/1/20.

Target Met?

Note: To Participate in At-Risk Compensation Program, Must be a District VP or Director Prior to 1/1/20.

FY 2020 Kaweah Delta Goals

September 11, 2019

KAWEAH DELTA HEALTH CARE DISTRICT

Kaweah Delta Health Care District

Health Outcomes	Base	Goal	Target
CAUTI	1.557	<=0.828	50th P
CLABSI	1.253	<=0.784	50th P
MRSA	1.410	<=0.815	50th P
Sepsis Core Measure	67.0%	>=70.0%	57%-79%
ALOS Reduction (1)	4.77	3.83+0.75	(20.0%)

(1) The measured performance period for goal results will be the six months ended June 30, 2020.

Kaweah Delta Health Care District

	Base	Goal	Target
Patient Experience			
Overall Rating--Acute	75.0%	76.5%	+1.5%
Overall Rating--ED	N/A	62.0%	50th P
Ideal Work Environment			
EE Action Plans	N/A	Approval	12/31/19 BD
Improve Tier 3 Teams	22 Teams	11 Teams	+50%

Kaweah Delta Health Care District

	Base	Goal	Target
Financial Strength			
Operating Margin	2.0%	2.3%	Budget

Quarterly Director's Meeting
FY 2020 Kaweah Delta Goals

Questions?