January 20, 2022

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday January 26, 2022 beginning at 4:30PM in open session followed by a closed session beginning at 4:31PM pursuant to Government 54956.9(d)(1), 4956.9(d)(2) and Health and Safety Code 1461 and 32155 followed by an open session at 5:30PM.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
Mike Olmos, Secretary/Treasurer

Cindy Moccio

Cindy Moccio
Board Clerk / Executive Assistant to CEO

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

KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS MEETING

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

Wednesday January 26, 2022

OPEN MEETING AGENDA {4:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **APPROVAL OF THE CLOSED AGENDA – 4:31PM**
   - 4.1. **Conference with Legal Counsel** – Existing Litigation {Stalcup v. KDHCD Case #284918} – Pursuant to Government Code 54956.9(d)(1) – *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
   - 4.2. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Ben Cripps, Vice President, Chief Compliance and Risk Officer and Evelyn McEntire, Director of Risk Management*
   - 4.3. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Gary Herbst, CEO, Rachele Berglund, Legal Counsel, and Monica Manga, MD Chief of Staff*

4.4. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD Chief of Staff*

4.5. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee –– *Monica Manga, MD Chief of Staff*

4.6. **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case **–** *Dianne Cox, Vice President Chief Human Resources Officer and Rachele Berglund, Legal Counsel*

4.7. **Approval of the closed meeting minutes** – December 20, 2021.

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

Action Requested – Approval of the January 26, 2022 closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {4:31PM}

1. CALL TO ORDER

2. CONFERENCE WITH LEGAL COUNSEL – Existing Litigation {Stalcup v. KDHCD Case #284918} – Pursuant to Government Code 54956.9(d)(1)**.**

Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management

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

Ben Cripps, Vice President, Chief Compliance and Risk Officer and Evelyn McEntire, Director of Risk Management

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

Gary Herbst, CEO, Rachele Berglund, Legal Counsel, and Monica Manga, MD Chief of Staff

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

Monica Manga, MD Chief of Staff

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

   Monica Manga, MD Chief of Staff

7. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case**.**

   Dianne Cox, Vice President Chief Human Resources Officer and Rachele Berglund, Legal Counsel

8. **APPROVAL OF THE CLOSED MEETING MINUTES** – December 20, 2021.

   Action Requested – Approval of the closed meeting minutes – December 20, 2021.

9. **ADJOURN**

OPEN MEETING AGENDA {5:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the December 20, 2021 open minutes.

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

   Action Requested – Approval of the open meeting minutes – December 20, 2021 open board of directors meeting minutes.

6. **RECOGNITIONS** – *Director Garth Gipson*
   - **6.1.** Presentation of Resolution 2146 to Karina Gonzalez, RN in recognition as the World Class Employee of the Month recipient – January 2022.

7. **INTRODUCTIONS**
   - **7.1.** Lacey Jensen, RN - Director of Clinical Education

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

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

Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from 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 MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from 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.

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

10. **PATIENT THROUGHPUT PERFORMANCE** - Review of patient throughput performance improvement progress report.
Keri Noeske, RN, BSW, DNP, Vice President & Chief Nursing Officer; The Chartis Group: Mark Krivopal

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

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

Action Requested – Approval of the January 26, 2021 Consent Calendar.

11.1. REPORTS

A. Medical Staff Recruitment
B. Risk Management
C. Medical Imaging Services
D. Environment of Care

11.2. Compliance Policies

A. CP. 02 Review of Billing Practices
B. CP.05 Compliance and Privacy Issues Investigation and Resolution
C. CP.06 Compliance Program Education
D. CP.07 Excluded Individuals/Entities
E. CP.08 Governmental Payer Regulatory Updates
F. CP.10 Compliance Reviews and Assessments

11.3. Annual approval of the Board Job descriptions for Board President, Board Vice President, Individual Board Member, Hospital Board of Directors and addition of a job description for the Board Secretary/Treasurer.

11.4. Board Bylaws revisions reflecting change to reflect monthly meeting location.

11.5. Annual Review of Quality and Patient Safety Plans as reviewed by the Quality Council on January 20, 2022 – approval of AP.41 Quality Improvement Plan and AP.175 Patient Safety Plan including high risk, problem prone, high volume quality improvement initiatives for 2022.

11.6. Medical Executive Committee January 2022

A. Privilege Form – Nurse Practitioner / Physician Assistant

12. QUALITY REPORT - Rehabilitation Services Quality Report – Review of key quality indicators and associated action plans for improvement focused on the rehabilitation patient population.

Jag Batth, VP Ancillary & Post Acute Services, Molly Niederreiter, Director of Rehabilitation Services & Elisa Venegas, Director of Nursing Rehabilitation and Skilled Nursing Services

13. 2022 REVENUE REFUNDING BONDS PRELIMINARY RESOLUTION – Review of Resolution 2145, as reviewed and recommend for approval by the Finance, Property, Services, and Acquisition Committee on January 19, 2022, authorizing certain officers of the District to take steps necessary for the potential issuance of revenue refunding bonds.

Malinda Tupper, Chief Financial Officer and Jennifer Stockton, Director of Finance

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

Recommended Action - Approve Resolution 2145 authorizing the President of the Board, the District's Chief Executive Officer, its Chief Financial Officer, and/or its Director of Finance to take any and all necessary action needed to prepare for the possible issuance of the 2022 Revenue Refunding Bonds, subject to the Board's approval of a final authorizing resolution.

14. FINANCIALS – Review of the most current fiscal year financial results and budget.

Malinda Tupper –Vice President & Chief Financial Officer

15. REPORTS

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

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

- AB1234 Ethics Training due by end of 2022
- Conflict of Interest – Form 700 – Due by end of March 2022

16. ADJOURN

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

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MONDAY JANUARY 26, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 8-116

KDHCD - BOARD OF DIRECTORS MEETING

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY DECEMBER 20, 2021, AT 3:30PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; G. Herbst, CEO; M. Manga, MD, Chief of Staff, K. Noeske, VP& CNO; M. Tupper, VP & CFO; D. Cox, VP Chief HR Officer; M. Mertz, VP & Chief Strategy Officer; D. Leeper, VP & CIO; R. Gates, VP Population Health; D. Allain, VP Cardiac & Surgical Services; J. Batth, VP of Rehabilitation & Post-Acute Care; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

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

Director Francis entertained a motion to approve the agenda.

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

PUBLIC PARTICIPATION – none

APPROVAL OF THE CLOSED AGENDA – 3:31PM

- **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 4 Cases **-** *Ben Cripps, Vice President, Chief Compliance and Risk Officer and Rachele Berglund, Legal Counsel*
- **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD Chief of Staff*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee –– *Monica Manga, MD Chief of Staff*
- **Approval of the closed meeting minutes** – November 22, 2021.

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

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

ADJOURN - Meeting was adjourned at 3:31PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:
Garth Gipson, 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 DECEMBER 20, 2021, AT 4:00PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; G. Herbst, CEO; M. Manga, MD, Chief of Staff, K. Noeske, VP& CNO; M. Tupper, VP & CFO; D. Cox, VP Chief HR Officer; M. Mertz, VP & Chief Strategy Officer; D. Leeper, VP & CIO; R. Gates, VP Population Health; D. Allain, VP Cardiac & Surgical Services; J. Batth, VP of Rehabilitation & Post-Acute Care; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

The meeting was called to order at 4:04PM by Director Francis.

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN:

MMSC (Gipson/Havard Mirviss) to approve the closed minutes from November 22, 2021. This was supported unanimously by those present. Vote: Yes – Gipson, Olmos, Havard Mirviss, Rodriguez, and Francis

OPEN MINUTES – Request approval of the open meeting minutes from November 22, 2021.

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

MMSC (Gipson/Havard Mirviss) to approve the open minutes from November 22, 2021. This was supported unanimously by those present. Vote: Yes – Gipson, Olmos, Havard Mirviss, Rodriguez, and Francis

RECOGNITIONS – Director Lynn Havard Mirviss presented Resolution 2144 to Maria Aguilar, RN in recognition as the World Class Employee of the Month December 2021.

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

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

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

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

CHIEF OF STAFF REPORT – Report from Monica Manga, MD – Chief of Staff (copy attached to the original of these minutes and considered a part thereof).

- No Report.

QUALITY REPORT - Patient Throughput performance - Review of patient throughput performance improvement – design and implementation (copy attached to the original of these minutes and considered a part thereof) - Keri Noeske, RN, BSW, DNP, Vice President & Chief Nursing Officer; The Chartis Group: Mark Krivopal

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

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

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

STRATEGIC PLAN – Review of the Kaweah Health Strategic Plan Initiative – Outstanding Health Outcomes (copy attached to the original of these minutes and considered a part thereof) - Doug Leeper, Vice President and Chief Information Officer & Sonia Duran-Aguilar, Director of Population Health

MASTER PLANNING - Review and discussion of master planning process and options for Kaweah Delta Health Care District dba Kaweah Health (copy attached to the original of

these minutes and considered a part thereof) - Gary Herbst, CEO and Marc Mertz, Vice President, Chief Strategy Officer

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

MMSC (Gipson/Rodriguez) to authorized management to proceed with planning for option two (2) relative to the master planning process for Kaweah Delta Health Care District dba Kaweah Health. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY GRANT – Request to revise the action taken at the October 25, 2021 Board of Director meeting relative to the grant application for the Investment in Mental Health Wellness Grant Program for Children & Youth. Kaweah Health will be the co-applicant and the Tulare County Health & Human Services Agency will serve as the lead applicant (copy attached to the original of these minutes and considered a part thereof) - Marc Mertz, Vice President, Chief Strategy Officer

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

MMSC (Olmos/Havard Mirviss) To authorize the officers and agents of Kaweah Delta Health Care District dba Kaweah Health to approve and execute any and all documents necessary to submit the grant application to the California Health Facilities Financing Authority for the Investment in Mental Health Wellness Grant Program in an amount not to exceed $4,932,779 to specifically address a continuum of crisis services for children and youth, 21 years of age and under. This authorization is contingent upon the ongoing availability of sufficient resources of the County of Tulare and Kaweah Health to provide the specified services. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

FINANCIALS – Review of the most current fiscal year financial results and budget.

Malinda Tupper (copy attached to the original of these minutes and considered a part thereof) –Vice President & Chief Financial Officer

ELECTION OF OFFICERS – Ms. Berglund, Legal Counsel noted that the Board, per their Bylaws will be voting for new officers: the offices of President, Vice President, and Secretary/Treasurer shall be selected at the first regular meeting in December of a non-election year of the District. To hold the office of President, Vice President, or Secretary/Treasurer, a Board member must have at least one year of service on the Board of Directors. These officers shall hold office for a period of two (2) years or until the successors have been duly elected (or in the case of an unfulfilled term, appointed) and qualified. The officer positions shall be by election of the Board itself.

Ms. Berglund entertained nominations for the office of President.

- Director Havard Mirviss nominated Director Francis. Director Francis accepted the nomination.
  - Ms. Berglund asked if there are any another nominations - with no other nominations, Ms. Berglund asked for a vote for Director Francis to serve as the Board President.
  - *MMSC (Havard Mirviss/Olmos) to approve Director Francis as the Board President. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis*
    - Director David Francis will continue to serve as the Board President.

Ms. Berglund entertained nominations for the office of Vice President.

- Director Francis nominated Director Havard Mirviss. Director Havard Mirviss accepted the nomination.
  - Ms. Berglund asked if there are any another nominations - with no other nominations, Ms. Berglund asked for a vote for Director Havard Mirviss to serve as the Board Vice President.
  - *MMSC (Havard Mirviss/Gipson) to approve Director Havard Mirviss as the Board Vice President. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis*
    - Director Lynn Havard Mirviss will continue to serve as the Board Vice President.

Ms. Berglund entertained nominations for the office of Secretary/Treasurer.

- Director Havard Mirviss nominated Director Olmos. Director Olmos accepted the nomination.
  - Ms. Berglund asked if there are any another nominations - with no other nominations, Ms. Berglund asked for a vote for Director Olmos to serve as the Board Secretary/Treasurer.
  - *MMSC (Lynn Havard Mirviss/Francis) to approve Director Olmos as the Board Secretary/Treasurer. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis*
    - Director Olmos will now serve as the Board Secretary/Treasurer.

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

- COVID inpatient numbers have been declining, however, now there is a new variant so we will watch and see how this progresses.
- Redistricting Update (Marc Mertz) – We have been reaching out to firms who can assist KDHCD with this process. We are only required to have one public meeting

but we plan on having 2-4 meetings depending on public interest. The first meeting will be a 101 learning session and at the second meeting, the consultant will bring the first drafts of maps to be reviewed by the public. The Board has the final approval of the new map and we should work to complete this by May 2022.

BOARD PRESIDENT REPORT – Report from David Francis, Board President

- Director Francis wished everyone a happy holiday season.

ADJOURN - Meeting was adjourned at 6:00PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Garth Gipson, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

World Class Employee of the Month
Karina Gonzalez, RN (6 years)
Charge Nurse, M/S Oncology 3S

Karina has served in many leadership roles. She leads the 3S CUSP team and encouraged other staff to participate in safety initiatives. She recently accepted a role as charge nurse. She is always willing to go above and beyond for the staff on her unit and other units who require oncology assistance. She complete chemotherapy workups and education when needed for new cancer patients. She is not afraid of change and encourages other staff to adapt and learn new evidence based practices in order to best care for each patient. She is patient and takes time with each and every patient. She provides assistance as a Spanish translator when physicians or nurses need help communicating with patients. Karina is consistently seeking out evidence-based practice in her daily care. She wants to ensure that all patients get the best oncology care. Most recently, she has enrolled to be competent in IV ultrasound insertion and post-pyloric insertion to better serve the patients. She advocates for families and their needs during end of life. When she noticed distress for families who only had 1visitor during COVID, she brought questions to the CUSP team with how we can improve the family experience. She wanted to ensure that families had the best possible outcome during difficult times. Everyone knows they can always count on Karina to be consistent. Approachable and hard working. She faces each challenge with an open mind and a "can-do" attitude. Karina most recently asked for the educators to perform mock code blues on the unit to ensure all staff understand their role if a code occurs on 3S.

She wanted to allow staff to practice in a non-stressful environment and improve outcomes for the patients. Karina is a one-of-a-kind nurse. She shows up every day ready to work hard and set a positive example for other employees. She doesn't complain about staffing or difficult assignments; she is prepared to care for her patients regardless of the challenges we have experienced in the last year. She recently decided to apply for a charge nurse position so that she can continue developing leadership skills and supporting the nurses around her. She encourages best practice, positivity and professionalism every day. Karina is someone that everyone can turn to for guidance, support and the best nursing care!

Patient Throughput Performance Improvement: Design and Implementation

Board of Directors Update

January 26, 2022

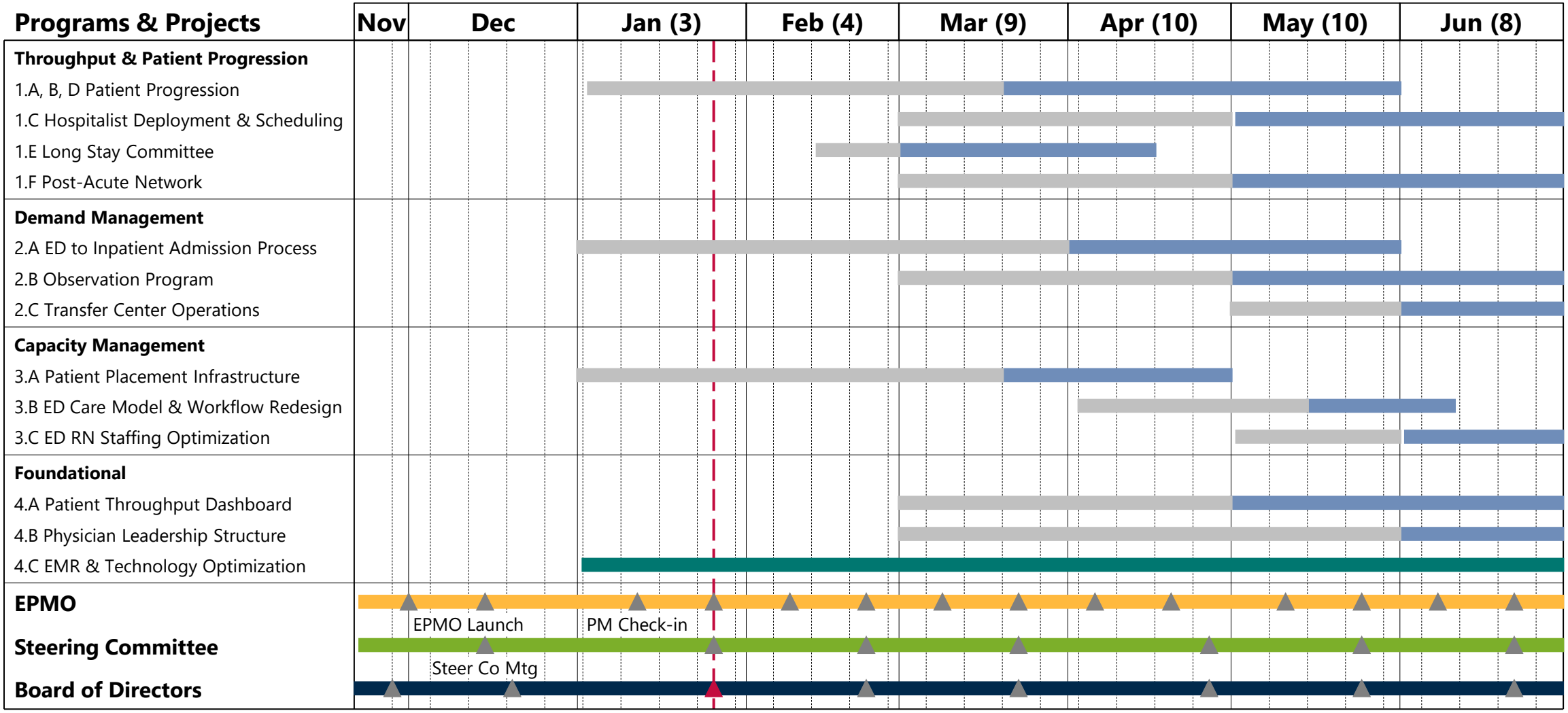
THE CHARTIS GROUP

Kaweah Health
MORE THAN MEDICINE. LIFE.

Agenda

1. Implementation Timeline
2. Activity To-Date
3. Phase 1 Project Updates
4. What's Planned for February

Implementation Timeline



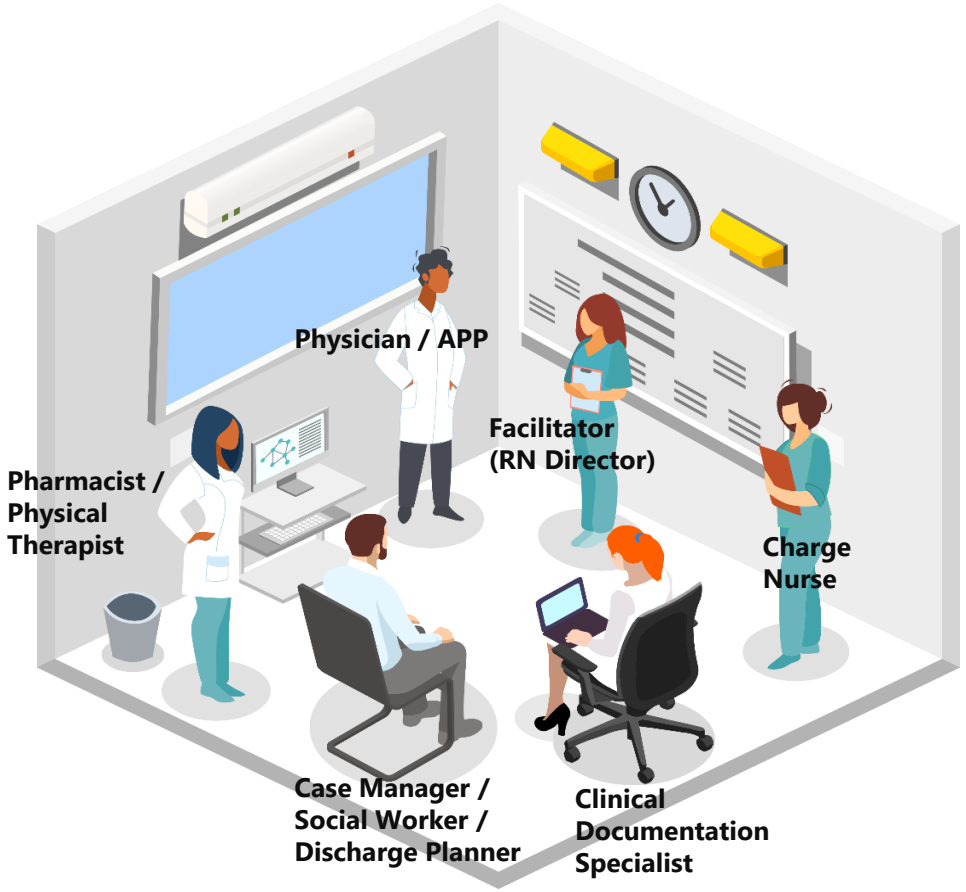
Activity To-Date

Since our last Board update, there has been a flurry of activity to prep for and launch 3 of the 4 phase 1 projects as well as develop metrics for performance tracking. The Long Stay Committee project will kick off the second week of February.

Activity	Project				
	Care Management Roles & Responsibilities / Discharge Planning & Timely Discharge / Multidisciplinary Huddles	**ED to Inpatient Admission Process**	**Patient Placement Infrastructure**	**Long Stay Committee**	**Overarching**
Ad Hoc Meetings	• 2 North Team Rounds Pilot Update	• ED Dashboard Metric Updates	• Capacity Management Future State Validation – Patient Flow	• High Dollar / In-House Review • Long Stay Patients	• Cerner Coordination • Data Validation • Discharge Management & LOS Committee
Analytics	• Completed Discharges Data	• ED Encounter Data	• TeleTracking Data	• Payor Contract Data	• Hospital Encounter Data
Interviews	• Mary Staton, Manager, Nurse Practitioners • Dr. Winston, Vice President, Medical Education	• Dr. Seng, ED Medical Director	• Dee Vernon, Nurse Manager, Case Management		• Sandy Volchko, Director Quality & Patient Safety
Prep Meetings	• Team Leads (2)	• Team Leads (2)	• Team Leads (2)	• Team Leads (2)	• Weekly Keri & Jag (5) • Biweekly ET Updates (2)
Team Meetings	• 1/11 Kick-off Mtg • 1/25 Design Session	• 1/11 Kick-off Mtg • 1/25 Design Session	• 1/12 Kick-off Mtg • 1/26 Design Session		• EPMO Meeting (4)
Observations & Shadowing	• 2 North Team Rounds Pilot • Hospital-wide & Staffing Huddles	• ED Intake Coordinator • ED Case Managers	• Bed Coordinators • ED Case Managers • Transfer Center Nurse		

Care Management Roles & Responsibilities / Discharge Planning & Timely Discharge / Multidisciplinary Huddles

Patient Progression Huddles (PPHs) Overview



WHY

- Focus team on proactive discharge planning

CHALLENGES

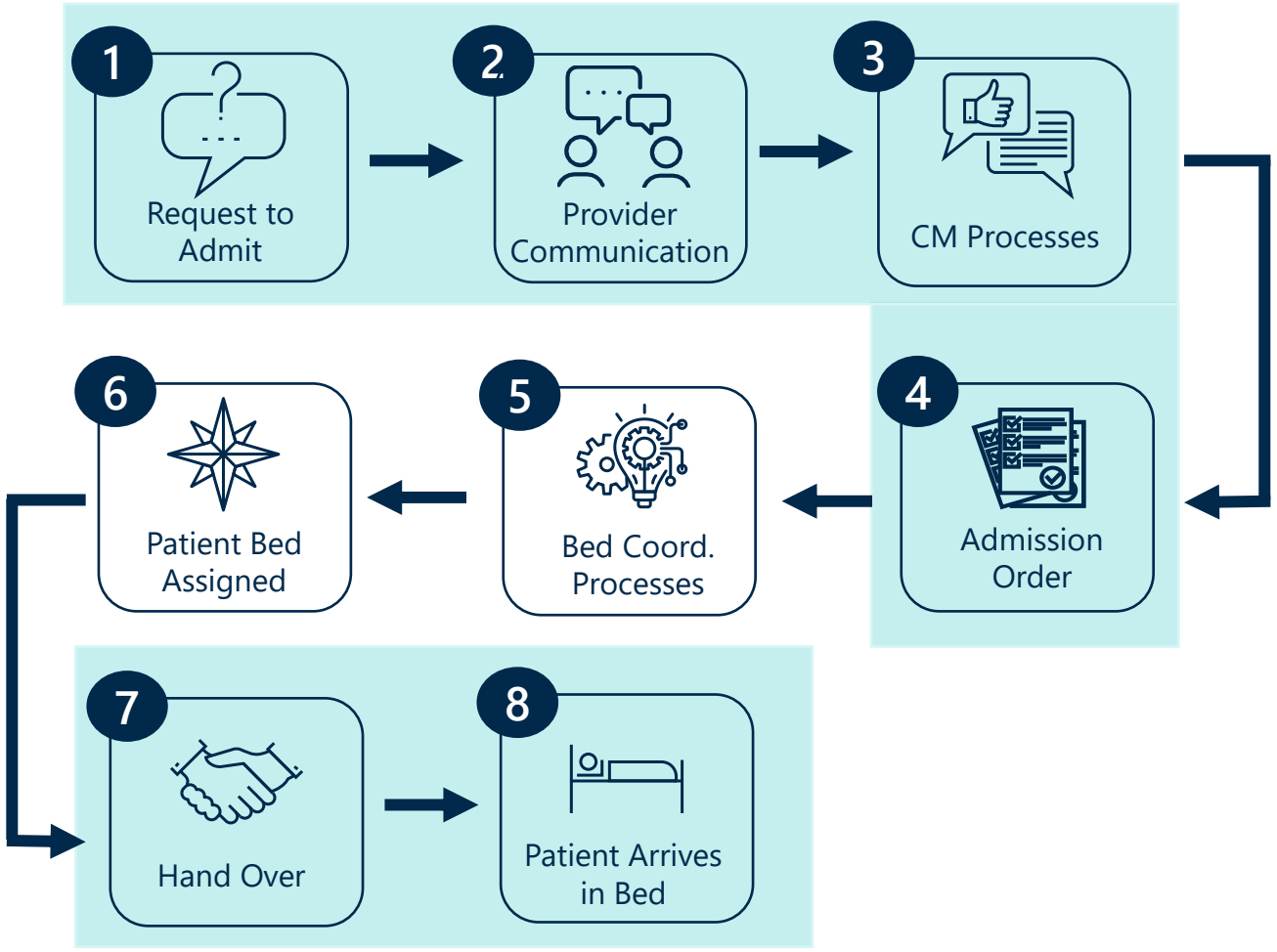
- Competing priorities and logistics
- Suboptimal patient cohorting
- Unscripted conversations
- Inconsistent clinical engagement

HOW

- Early test of change around determining anticipated LOS / discharge date / time and communication to care team, patient and family

ED to Inpatient Admission Process

ED to Inpatient Admission Process Overview



*Steps 5 & 6 are part of the Patient Placement Infrastructure project

WHY

- 85% of patients admitted through ED
- Opportunity for more streamlined and parallel processes

CHALLENGES

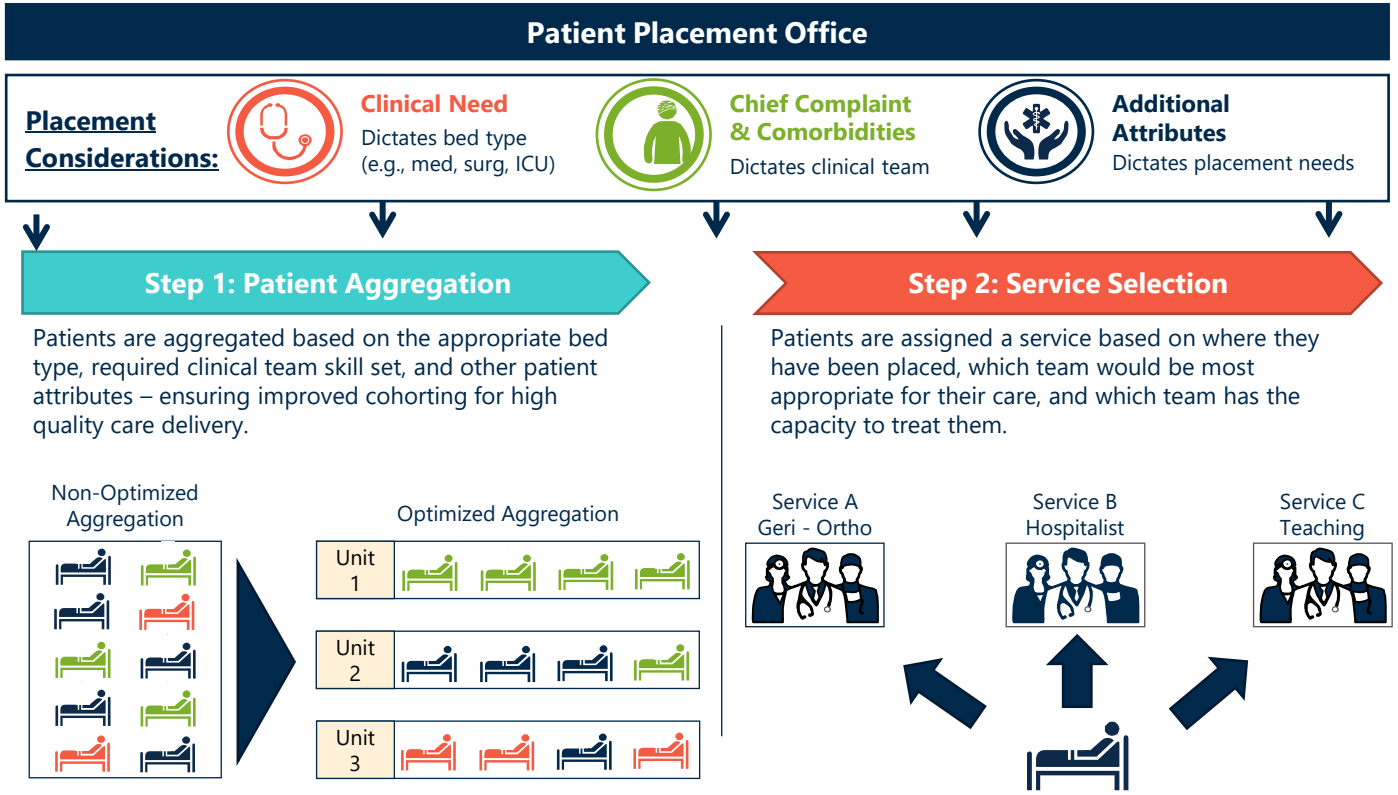
- High ED and hospital occupancy rates
- Delays and lack of standardization lead to changes in patient status
- Timing of bed assignment and hand-off

HOW

- Early test of change around collaboration between ED Case Manager and ED Provider for medical necessity and patient class

Patient Placement Infrastructure

Patient Aggregation & Service Selection Overview



WHY

- Optimal patient aggregation supports patient care delivery

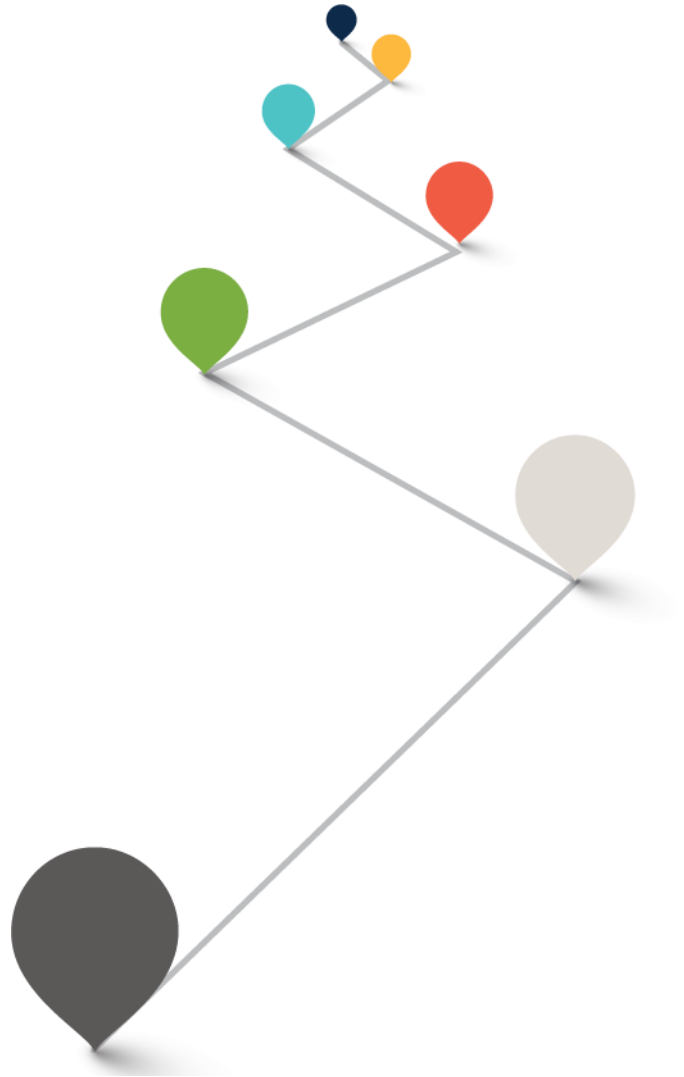
CHALLENGES

- High hospital occupancy rates
- Fragmented medical staff and various admitting med-surg teams
- Evolving hospital patient populations

HOW

- Early test of change around streamlining level of care review between ED CM, Bed Coordinator, Charge Nurse, and Bedside Nurse

What's Planned for February



- Continue design sessions for phase 1 projects
- Finalize benefit realization tracking
- Launch Long Stay Committee project

Physician Recruitment and Relations

Medical Staff Recruitment Report - January 2022

Prepared by: Brittany Taylor, Director of Physician Recruitment and Relations - btaylor@kaweahhealth.org - (559)624-2899

Date prepared: 1/20/2022

Central Valley Critical Care Medicine	
Hospitalist	1 - *Contract in process*
Intensivist	2

Delta Doctors Inc.	
OB/Gyn	1

Frederick W. Mayer MD Inc.	
Cardiothoracic Surgery	2

Kaweah Health Medical Group	
Audiology	1
Chief Medical Officer/Medical Director	1
Dermatology	2
Endocrinology	1
Family Medicine	3
Internal Medicine & Sleep Medicine	1 - *Contract in process*
Gastroenterology	2
Neurology	1
Orthopedic Surgery (Hand)	1
Otolaryngology	2
Pulmonology	1

Kaweah Health Medical Group (Cont.)	
Radiology - Diagnostic	1
Rheumatology	1
Urology	3

Oak Creek Anesthesia	
Anesthesia - Cardiac	1 - *Contract in process*
Anesthesia - Critical Care	1
Anesthesia - General	1
Anesthesia - Obstetrics	2

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

Other Recruitment	
Neurology - Inpatient	1

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

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

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Anesthesia - Cardiac/Critical Care	Oak Creek Anesthesia	Dahl, M.D.	Aaron	TBD	Direct/Referral	Site Visit: 2/11/22
Anesthesia - Critical Care	Oak Creek Anesthesia	Nafisi, M.D.	Shahram	TBD	Medicus Firm - 1/19/22	Phone interview pending
Anesthesia - General	Oak Creek Anesthesia	Welling, M.D.	Eric	08/22	Comp Health - 1/19/22	Currently under review
Anesthesia - Cardiac	Oak Creek Anesthesia	Nagm, M.D.	Hussam	06/22	Direct/Referral	Site Visit: 11/9/21; Verbally accepted offer
Anesthesia	Oak Creek Anesthesia	Berg, M.D.	Lamont	03/22	Direct	Offer accepted
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Knittel	Michael	03/22	Direct - 10/19/21	Offer accepted; contract in process
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Lopez	Ramon	03/22	Direct - 11/2/21	Offer accepted; Tentative Start Date: March 2022
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Sobotka	Tyler	01/22	Direct - 6/1/21	Offer accepted; Start date pending license
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Rangel-Orozco, M.D.	Daniela	08/22	Kaweah Health Resident	Site Visit: 10/28/21; Offer accepted
Gastroenterology	Key Medical Associates	Eskandari, M.D.	Armen	11/21	Direct	Offer accepted; Tentative Start Date: January 2022
Hospitalist	Central Valley Critical Care Medicine	Grewal, M.D.	Sarbjot	07/22	Direct	Site Visit: 1/24/22
Hospitalist	Central Valley Critical Care Medicine	Nguyen, M.D.	Hung	01/22	Vista Staffing Solutions - 11/18/21	Site Visit: 12/18/21; Offer accepted, Tentative Start Date: 1/26/22
Hospitalist	Central Valley Critical Care Medicine	Obad, M.D.	Nashwan	ASAP	Vista Staffing Solutions - 1/10/22	Offer accepted
Intensivist	Central Valley Critical Care Medicine	Athale, M.D.	Janhavi	09/22	Comp Health - 1/6/22	Currently under review

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Intensivist	Central Valley Critical Care Medicine	De Freese	Marissa	TBD	Direct/referral - 1/18/22	Site visit pending dates
Intensivist	Central Valley Critical Care Medicine	Sinha, M.D.	Nupur	TBD	CompHealth - 10/22/21	Site Visit: 11/23/21
Internal Medicine/Sleep Medicine	Kaweah Health Medical Group	Sarrami, M.D.	Kayvon	08/22	Direct - 11/27/21; Fiancé is current 2nd Year Anesthesia Resident at KH.	Site Visit: 1/10/22; Offer accepted
Interventional Cardiology	Sequoia Cardiology Medical Group	Singla, M.D.	Atul	01/22	Direct/referral	Site Visit: 6/14/21; Offer accepted; Tentative Start Date: 2/2022
Neonatology	Valley Children's	Agu, D.O.	Cindy	TBD	Valley Children's - 9/1/21	Site Visit: 9/20/21; Offer extended
Neonatology	Valley Children's	Kasniya, M.D.	Gangajal	07/22	Valley Children's - 12/10/21	Site Visit: 1/10/22
Neonatology	Valley Children's	Singh, M.D.	Himanshu	08/22	Valley Children's - 3/31/21	Site Visit: 4/19/2021; Offer accepted. Start date 8/29/2022
Otolaryngology	Kaweah Health Medical Group	Chabban, M.D.	Mohammad	04/22	Curative - 1/19/22	Currently under review
Otolaryngology	Kaweah Health Medical Group	Manosalva, M.D.	Rodolfo	08/22	Integro - 1/14/22	Phone Interview: 1/25/22
Pediatrics	Kaweah Health Medical Group	Galindo, M.D.	Ramon	09/22	Direct/referral - 6/28/21	Site visit: 9/14/21; Offer accepted
Physician Assistant - Quick Care	Kaweah Health Medical Group	Parker, PA	Katelyn	03/22	PracticeMatch - 12/14/21	Offer accepted
Physical Therapy	Kaweah Health Medical Group	Zigo	Dominique	Jan-22	CliniPost - 8/25/21	Offer accepted; Start date: 01/10/22
Rheumatology	Kaweah Health Medical Group	Li, M.D.	Zi Ying (Kimmie)	08/22	Direct - 11/27/21	Phone Interview: 12/15/21; Site Visit: 4/5/22

Risk Management Report – Open
4th Quarter 2021

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

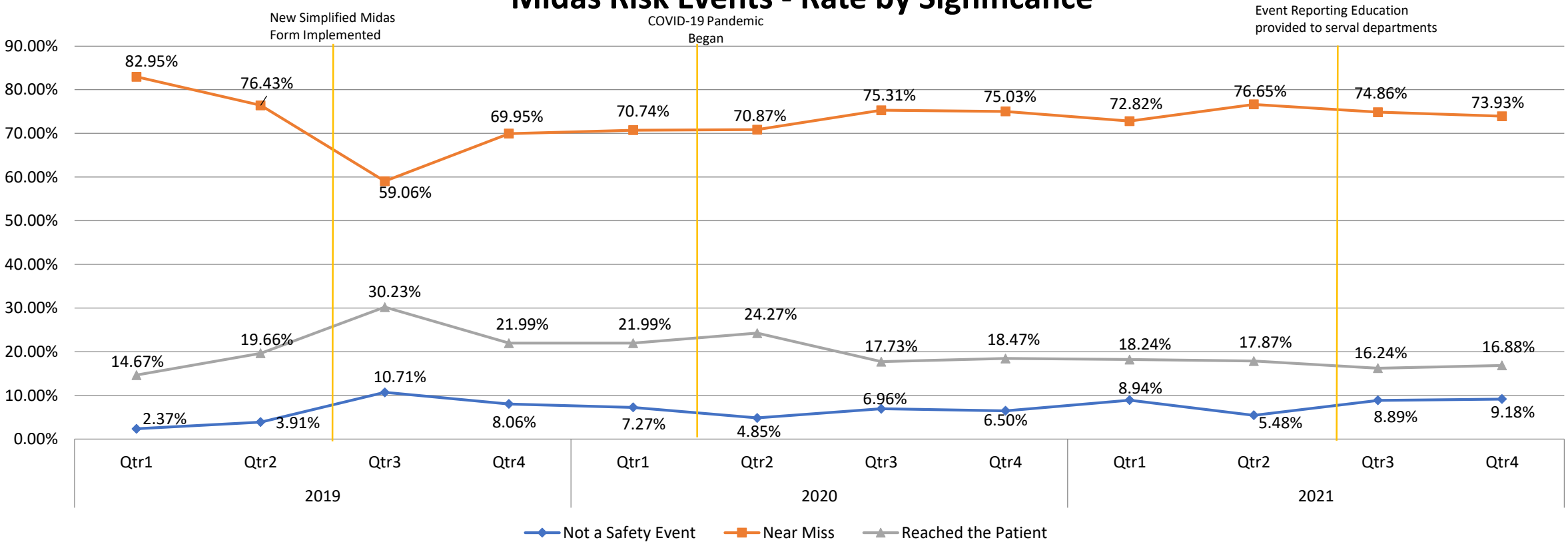
Risk Management Goals

1. Promote a safety culture as a proactive risk reduction strategy.

2. Reduce frequency and severity of harm (patient and non-patient).
   - Zero incidents of "never events"

3. Reduce frequency and severity of claims.

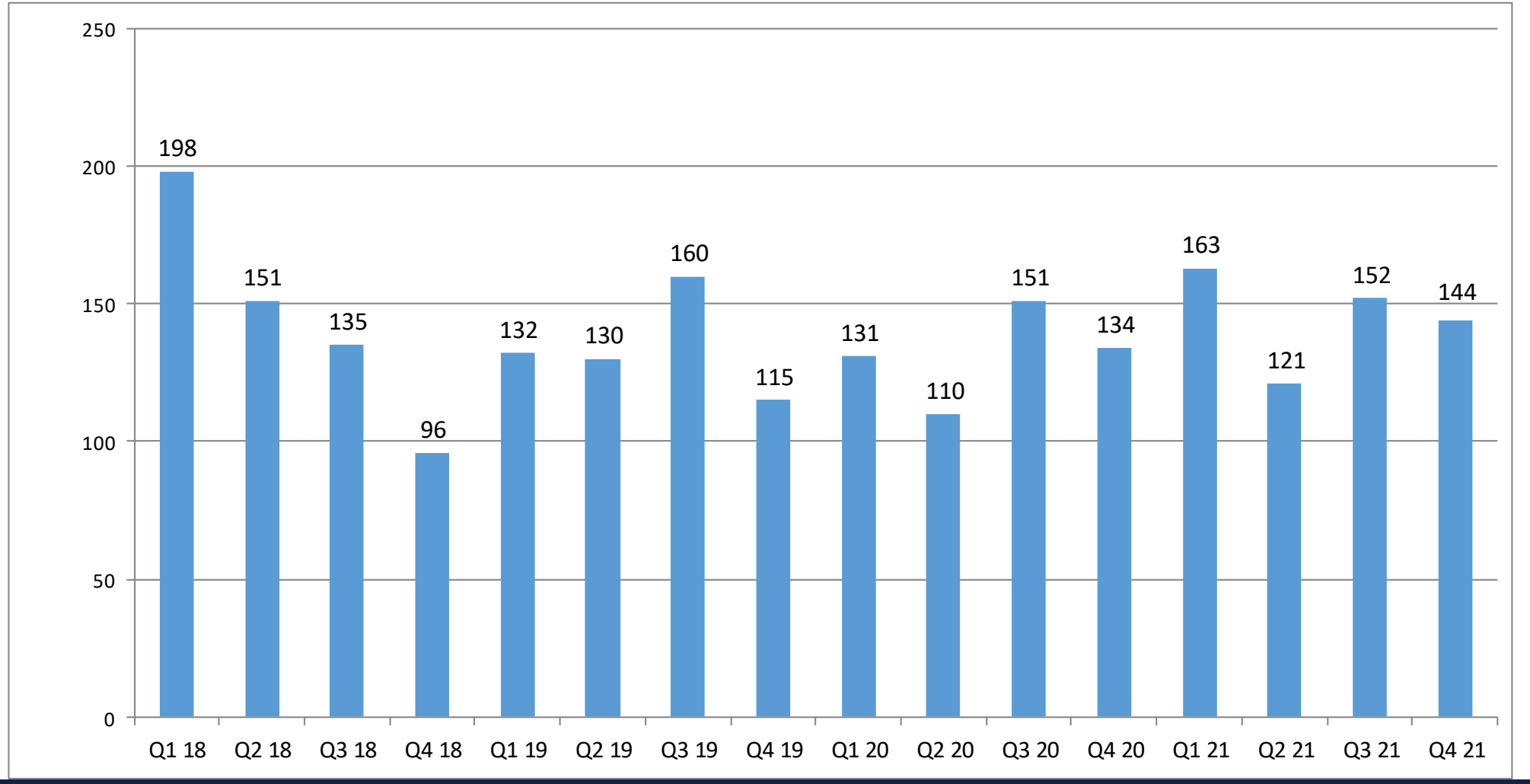
Midas Risk Events - Rate by Significance



This graph represents the total number of Midas event reports submitted per quarter. They are also categorized by "*Not a safety event*," "*Near miss*," or "*Reached the patient*."

Goal: To increase the total number of event reports submitted by staff/providers while decreasing those events which reach the patient.

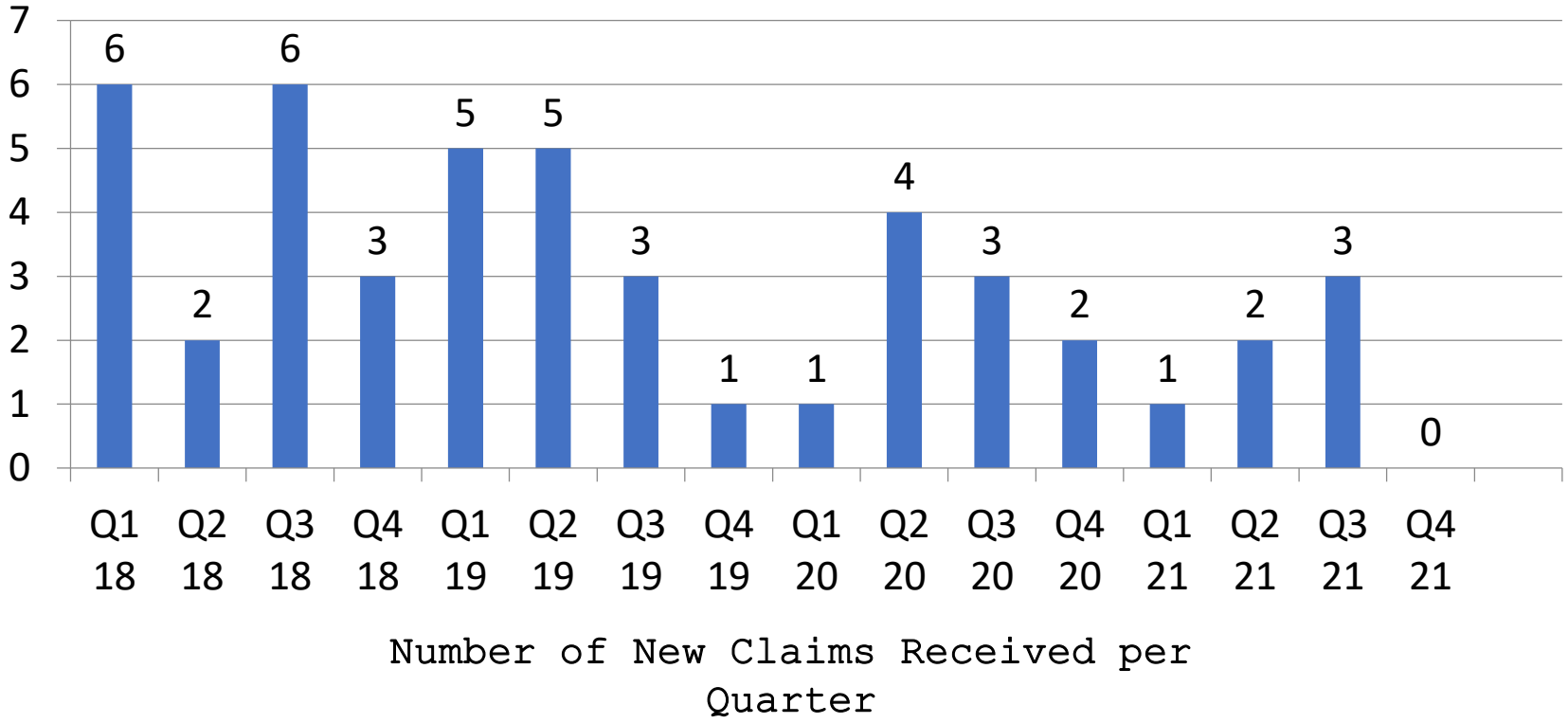
Complaints & Grievances
2018-2021



Most Common Complaints:

- Lost Belongings
- Nursing Care
- Physician Care

Claims
2018 - 2021



Total cases closed during 4th Quarter 2021 - (3) Three

Total cases closed during 2021 - (12) Twelve

Live with passion.

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

Kaweah Health

Imaging Services

Renee Lauck, Director (559) 624-2345
January 15, 2022

Summary Issue/Service Considered

Financial Summary

Summary – Report includes 13 outpatient-imaging services located across the Kaweah Health organization. Outpatient imaging services had a contribution margin of $8.7 million in FY 2021. Imaging services appreciated a slight increase of 379 patient visits and an increased contribution margin of $951k compared to FY 2020.

Top three services at Kaweah Health Imaging & Breast Center **(KHIBC)** listed below; continue in by providing $5.2 million or 60% of the total contribution margin. Financial results are consistent over the last four full fiscal years, with the same trend evident in FY 2022.

Top contributors to net revenue:

- **MRI (**Magnetic Resonance Imaging) patient visits down slightly by 2% compared to FY 2020, while net revenue improved by 1%, due to a strong payer mix. Net revenue per visit up by 3%.
- **Breast Center** patient visits and net revenue both up by 6% in FY 21. Net revenue per visit consistent with previous year.
- **CT** (Computed tomography) or Cat Scan, patient visits up 4% from FY 2020, with net revenue per visit up 1%.

As of FY 2021, combined patient cases remain stable with a 1% increase. Combined patient visits result in 43,652 annually, with a projected increase of 1,730 visits for FY 2022. Net Revenue per visit up by 3%, with a consistent payer mix. Direct cost per visit decreased by 10%, while indirect cost decreased by 13%. Contribution margin per visit increased by 11%, overall.

Regulatory and Accreditation

- Final phases for move from Computed Radiography (**CR)** to Digital Radiography (**DR**) should be completed in February of 2022. South campus DR installs were delayed due to transformers needing to be replaced and delays in the availability of transformers from the manufacturer. The Consolidated Appropriations Act of 2016 by Centers for Medicare & Medicaid Services (**CMS**) created a ruling for all centers to provide the higher level of technology. This act accounts for a 7% reduction in reimbursements for any outpatient facility utilizing CR versus DR. The reduction increases to 10% in 2023.

- American College of Radiology (**ACR**) accreditation approved for renewal in the following areas.
    - CT KHIBC/KHMC
    - Breast Ultrasound KHIBC
    - Mammography KHIBC
    - Affirm Stereotactic Breast Biopsy KHIBC
    - Breast MRI KHIBC
    - MRI KHIBC/KHMC
    - Ultrasound KHMC

    - Ultrasound KHIBC ACR currently on hold as new mandate requires staff to obtain additional licensure, outside of breast ultrasound. Staff are in the process of obtaining.
- CMS has pushed out the mandate for implementation of appropriate use criteria, also known as clinical decision support software, to late 2023. As a result, the tool was temporarily disabled.
- CDPH three year inspection completed for west campus PET/CT, nuclear medicine and radioactive materials (**RAM**) license. Passed inspection in December of 2021.

Project Plans for 2021-2022

- **KHMC CT –** Architect finalized plans and submitted to OSHPD in September 2021 for the third CT. This project includes the re-location of our patient access team currently in the area as well as the re-location of the Acequia Wing Conference room. Currently in process of responding with architects, to OSHPD review sent back, in December 2021. Expect to finalize project in January of 2023.
- **KHMC Diagnostic Radiology** – Fluoroscopy **(R/F)** room 2 install completed in April 2021. Department has experienced issues in several radiology rooms with the size of new equipment compared to older models, as well as older gurneys being smaller. Equipment options are currently under review, as we look at vendors for room 5 **R/F** and room 1 replacement that allows minor interventional radiology procedures. Our goal is always to coordinate patient needs with the needs of the staff and radiologists.
- **South Campus Radiology** – Construction in final phase for DR radiology replacements for rooms 1 and 2. These rooms service our urgent care, South Campus inpatients and pre-admission testing facility as well as walk-in outpatients.
- **KHIBC** – Because of the issues we experienced with the size of the rooms at the hospital, we received approval to move one of the previously planned rooms to the imaging center. This room is set to install in the spring/summer of 2022.

Staffing/Operations 2020-2021

Staffing has stabilized in CT (KHMC), Mammography, MRI and ultrasound (KHIBC) over the last year due to a new approach in onboarding of new graduates and cross training, in each of these areas. Staffing in our outpatient areas, tends to remain relatively stable, considering staff work Monday through Friday days shifts. Working varied hours and days seems to be more stressful to staff who cover our inpatient areas, along with imaging more of our covid population.

- **KHMC Nuclear Medicine:**
    - Nuclear Medicine volumes for both in/out patients remains much lower since COVID. We had three Nuclear medicine technologists leave this year, leaving us with travelers. While this provided a challenge for staffing, it has given us an ability to reconfigure our staffing model.
- **Kaweah Health Diagnostic Center (KHDC) Positron Emission Tomography (PET/CT)** and **KHDC Cardiac Nuclear medicine services**
    - In January 2021, we successfully installed a new PET/CT scanner at KHDC, with cardiac scanning technology. The new unit replaced a previously leased mobile service at the imaging center, which was responsible for all oncology PET/CT's. During the last year, we have added a full day of oncology studies, increasing our volume considerably over the previous year. Cardiac PET/CT is completed once a week. The reduction in lease expense and the increase of oncology cases has aided in our ability to increase profit and take care of oncology patients quickly.
    - The ability to schedule promptly assists our patients in their cancer treatment and recovery journey. Currently our nuclear medicine technologists are cross-trained in cardiac nuclear medicine and PET/CT services.

Quality/Performance Improvement Data

Employee Engagement

- Engagement Challenges - While we have experienced challenges since the start of the pandemic in regards to morale and have had a few challenging departments at KHMC. Outpatient areas continue to remain engaged and positive. After several staffing changes in two of the lower scoring departments, we have seen improvements. Managers are rounding more often in the areas and will be working on reassessing in the coming months.
- Staffing – challenges were present this year in regards to recruiting and hiring staff. Imaging and human resources collaborated with creative methods for recruiting and cross training staff.

Monthly Performance Improvement

- Procedure complication rates
- Emergency Department (ED) Imaging discrepancies
- Incidental Findings
- Turn-around times (TAT), tracking exams from order to completion for emergency department, with a focus on CT and US cases.
- Mammography recall rates
- Stroke alert compliance rates.
- Duplicate Impression reporting issues

Organization, Safety and Quality (SAQ) Patient and Employee Safety Initiatives

- Accurate Tests and Treatments – All staff assigned two identifier learning module.
- Safety rounding completed daily with each modality, prior to organization wide safety huddle.
- Patient fall prevention & education remains a strong priority.
- Unit Based Council (UBC) – Our UBC remains strong and is an active foundation for our staff to share items of concerns and thoughts for improvements.
- All staff go through radiation safety training.
- CT staff complete a yearly dose reduction/radiation safety course, as required by CDPH and Joint Commission.
- MRI staff complete a yearly MRI safety course, as required by CDPH and Joint commission.

Policy, Strategic or Tactical Issues

- Near completion of policy manual overhaul for imaging services, with final policy approvals expected by spring of 2022
- Continue to review equipment nearing end of life. Our goal is to push equipment use, knowing we must replace before we get to a point they are no longer able to source parts, while assuring units are providing quality exams for our patients, keeping (ALARA) As Low As Reasonably Achievable radiation practices in place.
- American College of Radiology (ACR) accreditation for KD imaging modalities is a priority and something we will continue to pursue in Nuclear Medicine and PET/CT services in the next two years.
- Implementation of daily huddles and weekend call in Ultrasound and CT at KHMC has helped with procedure turnaround times. Goal from order to complete within 24 hours for all inpatients, assisting with length of stay issues.
- Currently working with Mineral King Radiology (MKR) to collaborate

Recommendations/Next Steps

- As FY 23 approaches, we continue to review possible staffing and equipment needs for surgery coverage at KHMC. Will continue to review needs as surgery volume returns.
- As SRCC radiation oncology continues to grow and increase services, our need to replace the MRI unit at KHIBC increases. The current MRI unit is over 17 years old. Our goal is to replace the current 1.5 T (tesla) MRI with a 3 T in order to service our oncology population and remain competitive.
- Continue to evaluate replacement of existing CT units after third CT install. Considering high-end cardiac CT units as we move into the future.
- Continue to evaluate efficiencies in each area.
- Work with staff and physicians to explore needs and opinions when evaluating equipment.

Approvals/Conclusions

Future in Imaging Services

- Reductions in reimbursement for imaging services continues to impact profitability. While we are currently seeing this in many areas with bundling of exams that formerly billed separately, we believe our contracting teams in finance provide a great resource to our ability to continue to provide a strong profit margin.
- Continue to assess opportunities to improve turnaround times to support ED and inpatient length of stay. Third CT should help address many of the issues as well as our work to replace older units, which break down frequently.
- Continue to access opportunities to combine various imaging services in order to reduce duplicative services throughout district.
- Work with centralized scheduling to continue to provide more scheduling opportunities for outpatient services, not currently scheduled through this team.
- Review ability to work with community physicians and patients to service needs in the area.
- Aggressively market services as we continue to expand and plan for growth and new technology. It's imperative we remain competitive with technology.
- Explore possibility in 3-5 year for combining outpatient Nuclear Medicine needs with Kaweah Health Diagnostic Center (KHDC) to create one outpatient area for all Nuclear Medicine Services with the inpatient area remaining, as we continue to work on length of stay issues at the main campus. This will enable staffing efficiencies with cross coverage for nuclear medicine and PET/CT, as well as enhance patient satisfaction for our outpatients
- Review the possibility in 3-5 years for creating a women's center, to include the breast center, obstetrical ultrasound and additional services specifically designed for women and their families.

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Radiology Services - *Summary*

FY2021

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
43,742	$13,881,704	$5,147,798	$8,733,906	$6,065,663
▲ 1%	▲ 5%	▼ -6%	▲ 13%	▲ 30%

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

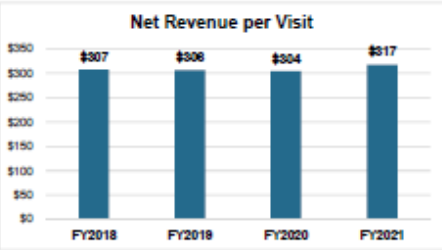
METRICS BY SERVICE LINE - FY 2021

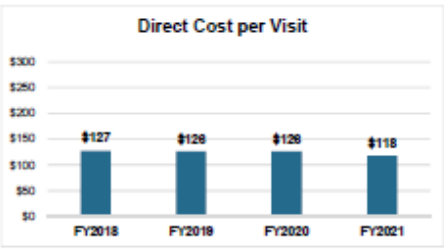
SERVICE LINE	Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME	CONTRB MARGIN per VISIT
MRI Kaweah Health Img Ctr	3,591	$2,711,890	$450,962	$2,260,927	$1,885,403	$630
Breast Center Kaweah Health Img Ctr	9,294	$2,763,313	$1,142,274	$1,621,040	$1,127,686	$174
CT Scan Kaweah Health Img Ctr	3,783	$1,963,810	$621,162	$1,342,648	$947,589	$355
Ultrasound Kaweah Health Img Ctr	6,686	$1,359,467	$419,541	$939,926	$747,340	$141
PET Scan Kaweah Health Img Ctr	867	$1,713,753	$755,809	$957,944	$845,401	$1,105
Diag Imaging Kaweah Health Img Ctr	9,060	$1,175,800	$660,339	$515,462	$61,715	$57
Ultrasound Downtown Campus	1,137	$502,965	$149,410	$353,554	$289,381	$311
Diag Imaging South Campus	7,589	$615,451	$389,274	$226,178	$35,565	$30
Nuclear Medicine Downtown Campus	822	$594,711	$336,628	$258,083	$75,039	$314
CT Scan Downtown Campus	202	$209,754	$69,351	$140,403	$24,461	$695
MRI Downtown Campus	93	$85,910	$24,908	$61,003	$45,139	$656
Diagnostic Imaging Downtown Campus	230	$149,403	$89,249	$60,155	$25,838	$262
Diag Img UCC Demaree Walk-in	388	$35,476	$38,891	($3,415)	($20,433)	($9)
Radiology Services Total	43,742	$13,881,704	$5,147,798	$8,733,906	$6,065,663	$200

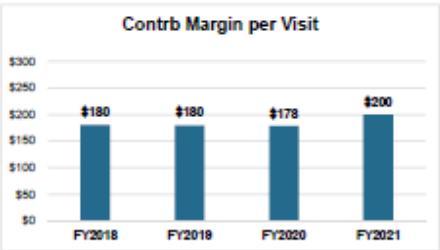
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	42,748	43,430	43,273	43,742	▲ 1%	
Net Revenue	$13,143,509	$13,274,910	$13,160,055	$13,881,704	▲ 5%	
Direct Cost	$5,434,430	$5,465,417	$5,451,638	$5,147,798	▼ -6%	
Contribution Margin	$7,709,078	$7,809,493	$7,708,416	$8,733,906	▲ 13%	
Indirect Cost	$2,089,623	$1,953,595	$3,040,831	$2,668,244	▼ -12%	
Net Income	$5,619,455	$5,855,899	$4,667,585	$6,065,663	▲ 30%	
Net Revenue per Visit	$307	$306	$304	$317	▲ 4%	
Direct Cost per Visit	$127	$126	$126	$118	▼ -7%	
Contrb Margin per Visit	$180	$180	$178	$200	▲ 12%	

GRAPHS







Note: All visits with a primary service of Radiology. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Radiology Services - Summary

FY2021

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

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43,742	$13,881,704	$5,147,798	$8,733,906	$6,065,663
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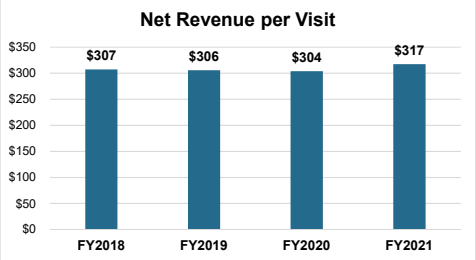
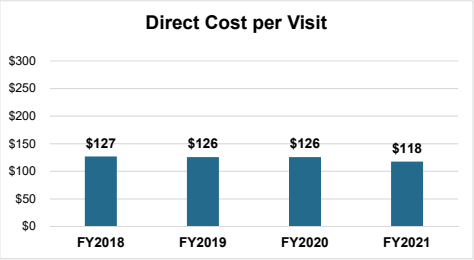
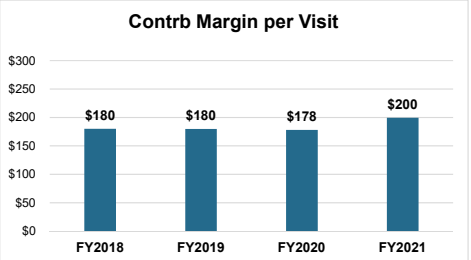
Net Income	$5,619,455	$5,855,899	$4,667,585	$6,065,663	▲ 30%	
Net Revenue per Visit	$307	$306	$304	$317	▲ 4%	
Direct Cost per Visit	$127	$126	$126	$118	▼ -7%	
Contrb Margin per Visit	$180	$180	$178	$200	▲ 12%	

GRAPHS







Note: All visits with a primary service of Radiology. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Radiology Services - MRI Kaweah Health Imaging Center

FY2021

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

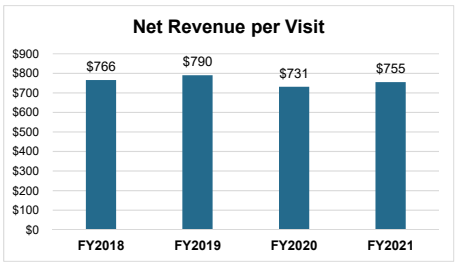
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
3,591	$2,711,890	$450,962	$2,260,927	$1,885,403
▼ -2%	▲ 1%	▲ 2%	▲ 1%	▲ 3%

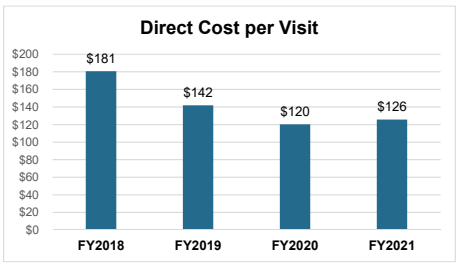
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

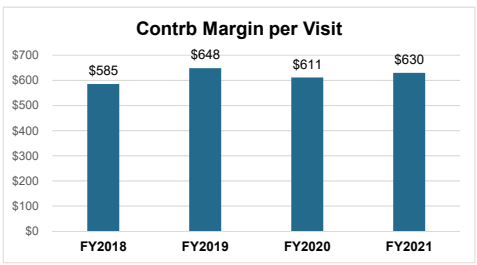
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	3,031	3,366	3,668	3,591	▼ -2%	
Net Revenue	$2,320,750	$2,659,828	$2,682,848	$2,711,890	▲ 1%	
Direct Cost	$547,495	$477,457	$440,768	$450,962	▲ 2%	
Contribution Margin	$1,773,255	$2,182,371	$2,242,080	$2,260,927	▲ 1%	
Indirect Cost	$324,426	$241,449	$407,089	$375,525	▼ -8%	
Net Income	$1,448,829	$1,940,922	$1,834,991	$1,885,403	▲ 3%	
Net Revenue per Visit	$766	$790	$731	$755	▲ 3%	
Direct Cost per Visit	$181	$142	$120	$126	▲ 5%	
Contrb Margin per Visit	$585	$648	$611	$630	▲ 3%	

TRENDED GRAPHS

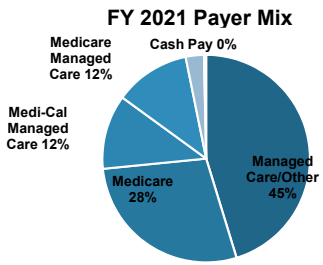


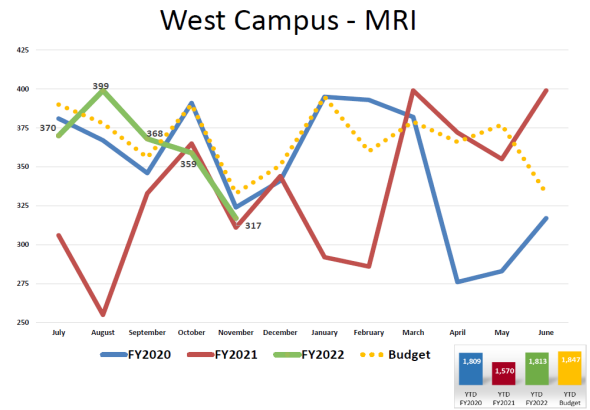




PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	46%	51%	48%	45%
Medicare	30%	26%	28%	28%
Medi-Cal Managed Care	12%	9%	12%	12%
Medicare Managed Care	8%	10%	9%	12%
Work Comp	2%	3%	2%	3%
Cash Pay	1%	0%	1%	0%





Note: All visits with a primary service of Radiology and secondary service of MRI KDIC . This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Radiology Services - Breast Center Kaweah Health Imaging

FY2021

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

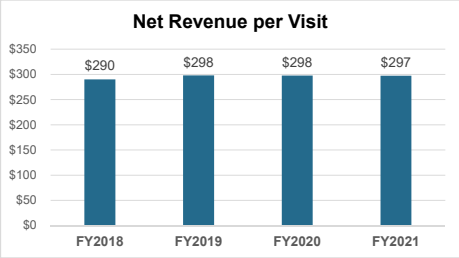
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
9,294	$2,763,313	$1,142,274	$1,621,040	$1,127,686
▲ 6%	▲ 6%	▼ -7%	▲ 17%	▲ 44%

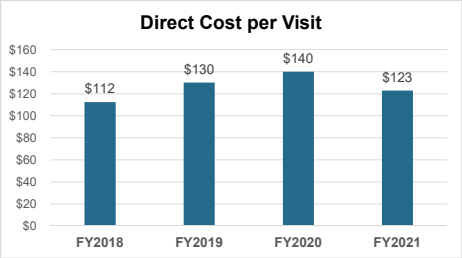
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

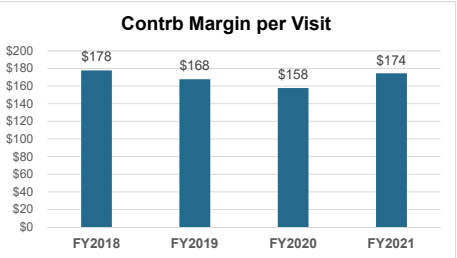
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	10,615	9,960	8,791	9,294	▲ 6%	
Net Revenue	$3,080,533	$2,966,869	$2,617,559	$2,763,313	▲ 6%	
Direct Cost	$1,193,703	$1,296,238	$1,230,368	$1,142,274	▼ -7%	
Contribution Margin	$1,886,829	$1,670,631	$1,387,190	$1,621,040	▲ 17%	
Indirect Cost	$443,084	$374,696	$602,951	$493,353	▼ -18%	
Net Income	$1,443,745	$1,295,936	$784,239	$1,127,686	▲ 44%	
Net Revenue per Visit	$290	$298	$298	$297	▶ 0%	
Direct Cost per Visit	$112	$130	$140	$123	▼ -12%	
Contrb Margin per Visit	$178	$168	$158	$174	▲ 11%	

TRENDED GRAPHS

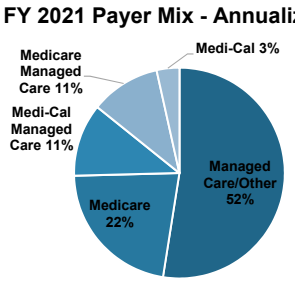


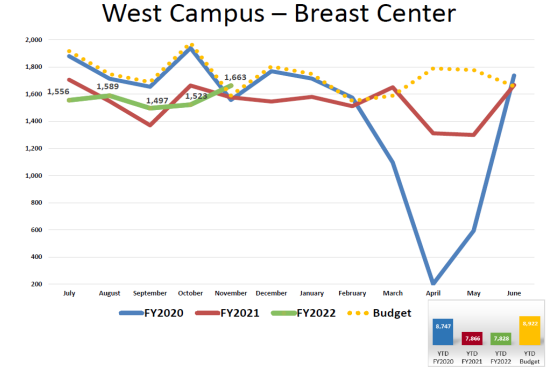




PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	49%	51%	51%	52%
Medicare	22%	23%	23%	22%
Medi-Cal Managed Care	16%	13%	11%	11%
Medicare Managed Care	6%	7%	9%	11%
Medi-Cal	6%	5%	5%	3%





Note: All visits with a primary service of Radiology and secondary service of Breast Center KDIC. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Radiology Services - CT Scan Kaweah Health Imaging Center

FY2021

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

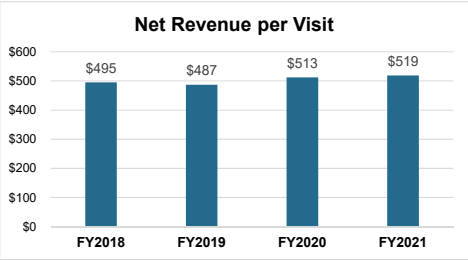
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
3,783	$1,963,810	$621,162	$1,342,648	$947,589
▲ 4%	▲ 6%	▲ 16%	▲ 2%	▲ 8%

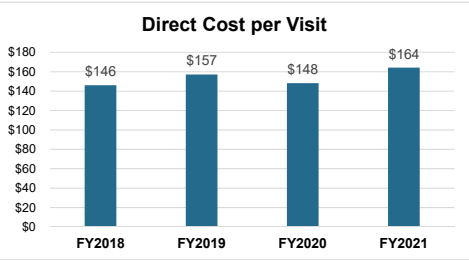
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

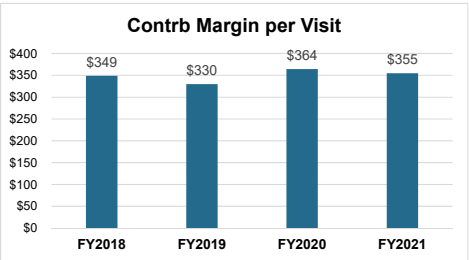
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	2,921	3,463	3,626	3,783	▲ 4%	
Net Revenue	$1,446,016	$1,687,222	$1,858,457	$1,963,810	▲ 6%	
Direct Cost	$426,661	$544,470	$537,408	$621,162	▲ 16%	
Contribution Margin	$1,019,355	$1,142,753	$1,321,049	$1,342,648	▲ 2%	
Indirect Cost	$243,028	$282,041	$443,326	$395,059	▼ -11%	
Net Income	$776,328	$860,712	$877,724	$947,589	▲ 8%	
Net Revenue per Visit	$495	$487	$513	$519	▲ 1%	
Direct Cost per Visit	$146	$157	$148	$164	▲ 11%	
Contrb Margin per Visit	$349	$330	$364	$355	▼ -3%	

TRENDED GRAPHS

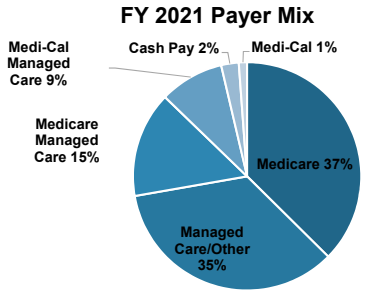


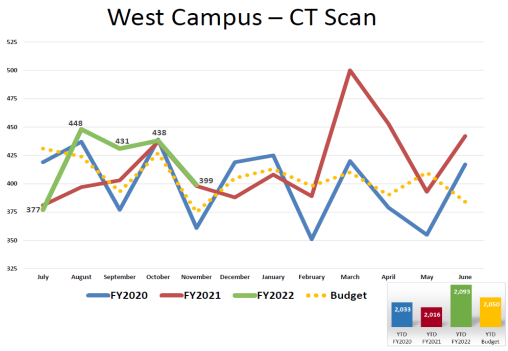




PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Medicare	41%	43%	39%	37%
Managed Care/Other	36%	34%	34%	35%
Medicare Managed Care	10%	13%	15%	15%
Medi-Cal Managed Care	11%	8%	10%	9%
Cash Pay	0%	1%	2%	2%
Medi-Cal	1%	1%	1%	1%





Note: All visits with a primary service of Radiology and secondary service of CT Scan KDIC. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emergency Department).

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

Outpatient Radiology Services - PET Scan Kaweah Health Imaging Center

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

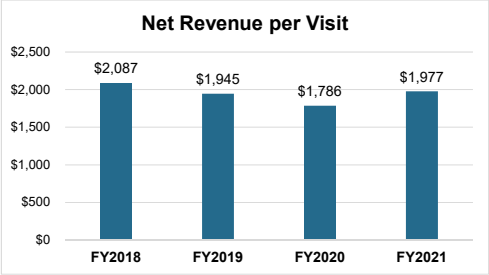
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
867	$1,713,753	$755,809	$957,944	$845,401
▲ 4%	▲ 15%	▼ -6%	▲ 40%	▲ 49%

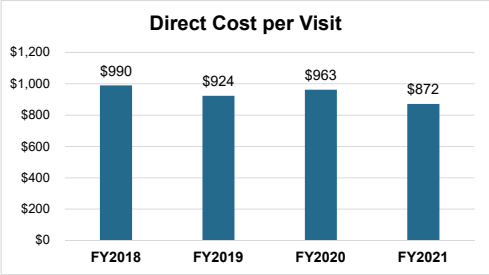
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

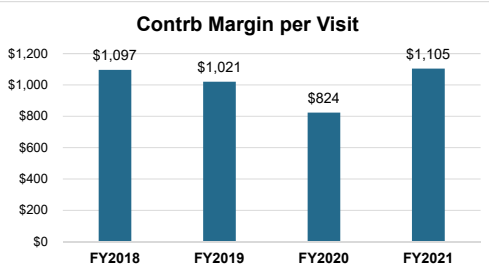
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	784	837	831	867	▲ 4%	
Net Revenue	$1,636,128	$1,627,825	$1,484,479	$1,713,753	▲ 15%	
Direct Cost	$776,208	$773,280	$800,130	$755,809	▼ -6%	
Contribution Margin	$859,920	$854,546	$684,349	$957,944	▲ 40%	
Indirect Cost	$73,154	$62,906	$118,805	$112,543	▼ -5%	
Net Income	$786,766	$791,640	$565,544	$845,401	▲ 49%	
Net Revenue per Visit	$2,087	$1,945	$1,786	$1,977	▲ 11%	
Direct Cost per Visit	$990	$924	$963	$872	▼ -9%	
Contrb Margin per Visit	$1,097	$1,021	$824	$1,105	▲ 34%	

TRENDED GRAPHS

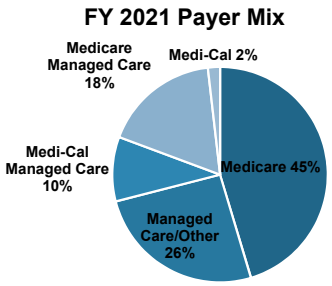






PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Medicare	50%	49%	46%	45%
Managed Care/Other	24%	25%	24%	26%
Medi-Cal Managed Care	16%	14%	13%	10%
Medicare Managed Care	8%	11%	15%	18%
Medi-Cal	1%	1%	2%	2%



Note: All visits with a primary service of Radiology and secondary service of PET Scan KDIC. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Emerg
There is one exception: Pet Scan activity in the Cardiology Clinic has been included in this report. This business represents approximately 100 visits per year.

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Radiology Services - Ultrasound Kaweah Health Imaging Center

FY2021

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

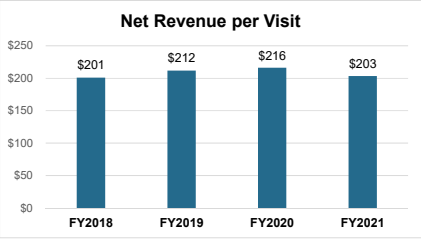
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
6,686	$1,359,467	$419,541	$939,926	$747,340
▲ 22%	▲ 14%	▲ 8%	▲ 18%	▲ 30%

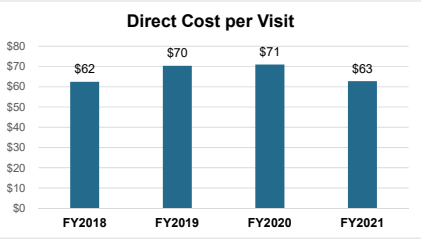
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

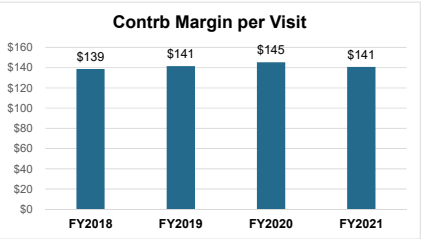
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	5,495	5,362	5,496	6,686	▲ 22%	
Net Revenue	$1,104,244	$1,135,121	$1,188,004	$1,359,467	▲ 14%	
Direct Cost	$343,118	$377,130	$389,872	$419,541	▲ 8%	
Contribution Margin	$761,126	$757,991	$798,132	$939,926	▲ 18%	
Indirect Cost	$144,664	$146,946	$222,672	$192,587	▼ -14%	
Net Income	$616,461	$611,045	$575,460	$747,340	▲ 30%	
Net Revenue per Visit	$201	$212	$216	$203	▼ -6%	
Direct Cost per Visit	$62	$70	$71	$63	▼ -12%	
Contrb Margin per Visit	$139	$141	$145	$141	▼ -3%	

TRENDED GRAPHS

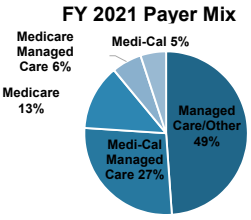


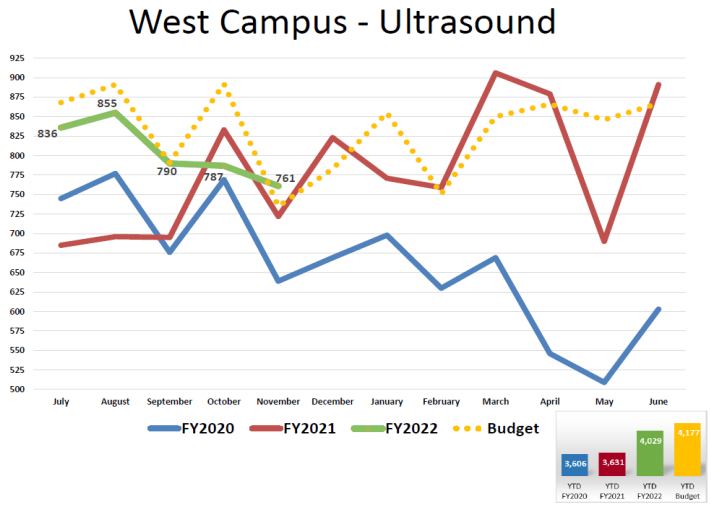




PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	50%	53%	52%	49%
Medi-Cal Managed Care	21%	18%	20%	27%
Medicare	15%	16%	16%	13%
Medicare Managed Care	5%	5%	6%	6%
Medi-Cal	8%	7%	6%	5%





Note: All visits with a primary service of Radiology and secondary service of Ultrasound KDIC. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, ED

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

Outpatient Radiology Services - Diagnostic Imaging Kaweah Health Imaging Center

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

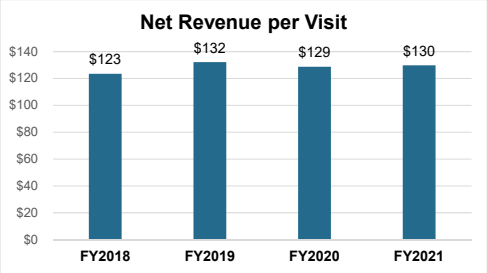
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
9,060	$1,175,800	$660,339	$515,462	$61,715
▼ -1%	▶ 0%	▼ -7%	▲ 11%	▲ 203%

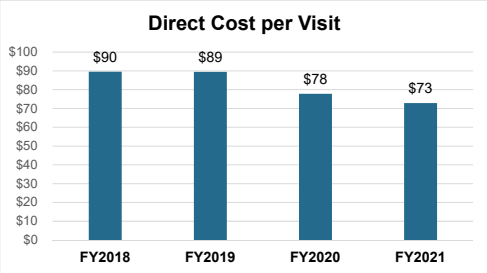
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

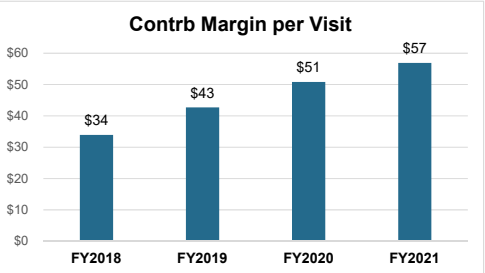
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	9,685	9,185	9,163	9,060	▼ -1%	
Net Revenue	$1,196,067	$1,213,878	$1,179,031	$1,175,800	▶ 0%	
Direct Cost	$867,311	$821,653	$713,016	$660,339	▼ -7%	
Contribution Margin	$328,756	$392,225	$466,016	$515,462	▲ 11%	
Indirect Cost	$322,836	$305,523	$526,008	$453,746	▼ -14%	
Net Income	$5,920	$86,703	($59,993)	$61,715	▲ 203%	
Net Revenue per Visit	$123	$132	$129	$130	▲ 1%	
Direct Cost per Visit	$90	$89	$78	$73	▼ -6%	
Contrb Margin per Visit	$34	$43	$51	$57	▲ 12%	

TRENDED GRAPHS

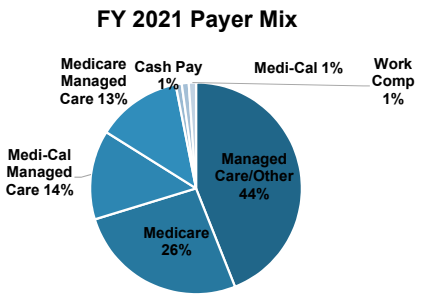






PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	42%	44%	43%	44%
Medicare	28%	29%	27%	26%
Medi-Cal Managed Care	18%	14%	14%	14%
Medicare Managed Care	9%	10%	12%	13%
Medi-Cal	1%	1%	1%	1%
Cash Pay	1%	1%	1%	1%
Work Comp	1%	1%	1%	1%



Note: All visits with a primary service of Radiology and secondary of Diagnostic Imaging KDIC. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, Em

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Radiology Services - Ultrasound Downtown Campus

FY2021

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

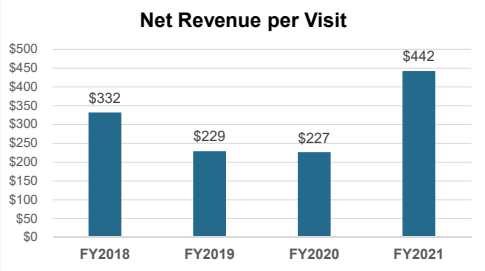
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
1,137	$502,965	$149,410	$353,554	$289,381
▼ -32%	▲ 32%	▶ 0%	▲ 53%	▲ 78%

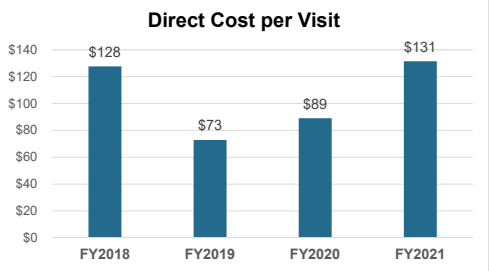
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

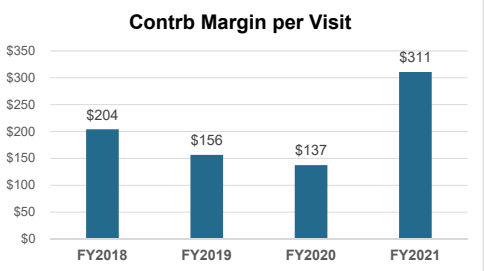
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	392	1,457	1,681	1,137	▼ -32%	
Net Revenue	$130,153	$333,928	$380,788	$502,965	▲ 32%	
Direct Cost	$50,061	$106,076	$149,670	$149,410	▶ 0%	
Contribution Margin	$80,092	$227,853	$231,118	$353,554	▲ 53%	
Indirect Cost	$29,734	$61,951	$68,310	$64,173	▼ -6%	
Net Income	$50,358	$165,902	$162,807	$289,381	▲ 78%	
Net Revenue per Visit	$332	$229	$227	$442	▲ 95%	
Direct Cost per Visit	$128	$73	$89	$131	▲ 48%	
Contrb Margin per Visit	$204	$156	$137	$311	▲ 126%	

TRENDED GRAPHS

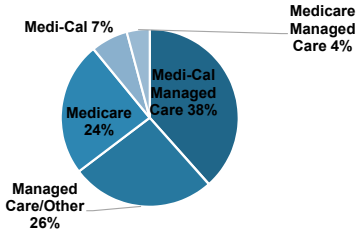






PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Medi-Cal Managed Care	33%	47%	47%	38%
Managed Care/Other	30%	19%	19%	26%
Medicare	17%	18%	14%	24%
Medi-Cal	12%	13%	15%	7%
Medicare Managed Care	1%	2%	4%	4%
Cash Pay	2%	1%	1%	1%



Note: All visits with a primary service of Radiology and secondary service of Ultrasound Downtown Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Ur

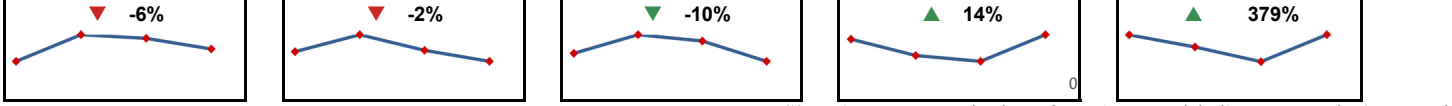
KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Radiology Services - Diag Imaging South Campus

FY2021

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
7,589	$615,451	$389,274	$226,178	$35,565
▼ -6%	▼ -2%	▼ -10%	▲ 14%	▲ 379%

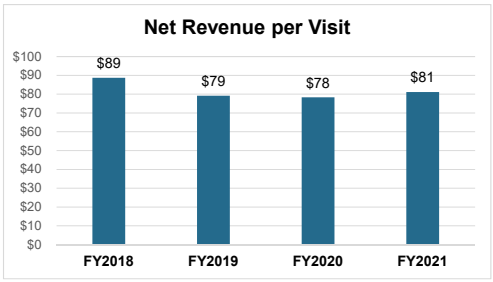


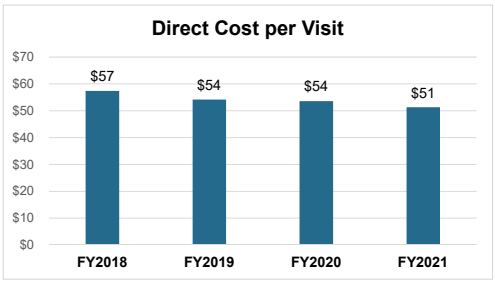
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

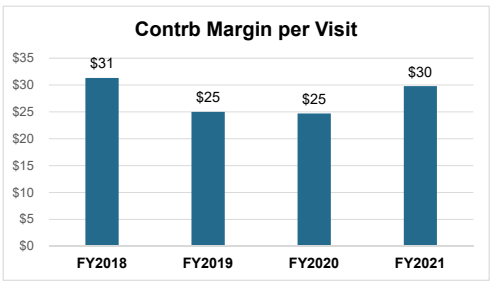
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	7,072	8,181	8,031	7,589	▼ -6%	
Net Revenue	$627,234	$647,856	$628,958	$615,451	▼ -2%	
Direct Cost	$405,695	$443,163	$430,457	$389,274	▼ -10%	
Contribution Margin	$221,539	$204,693	$198,501	$226,178	▲ 14%	
Indirect Cost	$186,187	$191,337	$211,239	$190,613	▼ -10%	
Net Income	$35,351	$13,355	($12,738)	$35,565	▲ 379%	
Net Revenue per Visit	$89	$79	$78	$81	▲ 4%	
Direct Cost per Visit	$57	$54	$54	$51	▼ -4%	
Contrb Margin per Visit	$31	$25	$25	$30	▲ 21%	

TRENDED GRAPHS

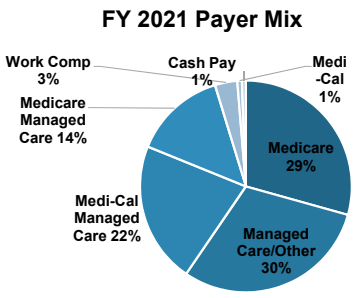






PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Medicare	33%	34%	32%	29%
Managed Care/Other	38%	30%	30%	30%
Medi-Cal Managed Care	13%	20%	20%	22%
Medicare Managed Care	10%	12%	13%	14%
Work Comp	4%	2%	4%	3%
Medi-Cal	1%	1%	1%	1%
Cash Pay	1%	1%	1%	1%



Note: All visits with a primary service of Radiology and secondary service of Outreach Img South Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urger

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

Outpatient Radiology Services - Nuclear Medicine Downtown Campus

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

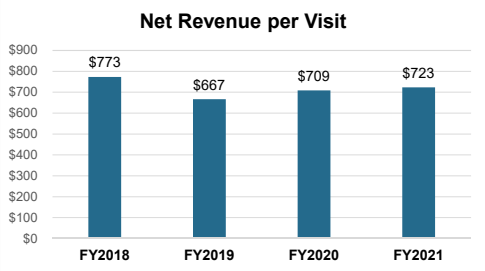
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
822	$594,711	$336,628	$258,083	$75,039
▼ -9%	▼ -7%	▼ -33%	▲ 85%	▲ 183%

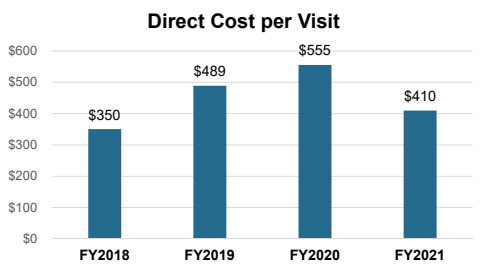
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

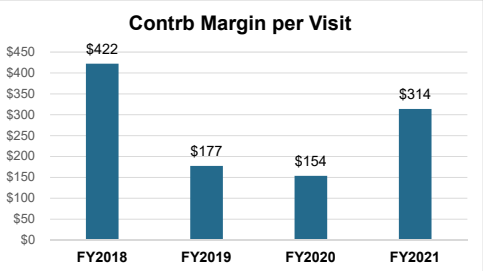
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	1,053	921	906	822	▼ -9%	
Net Revenue	$813,741	$613,906	$642,327	$594,711	▼ -7%	
Direct Cost	$369,012	$450,470	$502,959	$336,628	▼ -33%	
Contribution Margin	$444,729	$163,436	$139,368	$258,083	▲ 85%	
Indirect Cost	$120,705	$129,728	$229,562	$183,044	▼ -20%	
Net Income	$324,024	$33,708	($90,194)	$75,039	▲ 183%	
Net Revenue per Visit	$773	$667	$709	$723	▲ 2%	
Direct Cost per Visit	$350	$489	$555	$410	▼ -26%	
Contrb Margin per Visit	$422	$177	$154	$314	▲ 104%	

TRENDED GRAPHS

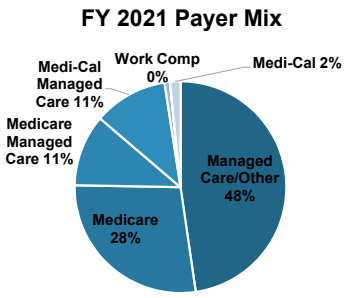






PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	47%	44%	45%	48%
Medicare	30%	35%	30%	28%
Medicare Managed Care	7%	7%	11%	11%
Medi-Cal Managed Care	14%	11%	12%	11%
Cash Pay	1%	1%	1%	1%
Work Comp	0%	1%	0%	0%
Medi-Cal	1%	1%	1%	2%



Note: All visits with a primary service of Radiology and secondary service of NM Downtown Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Car

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Radiology Services - CT Scan Downtown Campus

FY2021

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

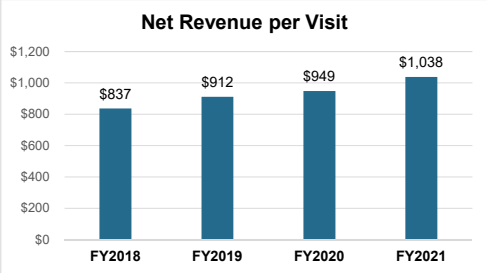
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
202	$209,754	$69,351	$140,403	$24,461
▲ 5%	▲ 15%	▲ 24%	▲ 11%	▼ -8%

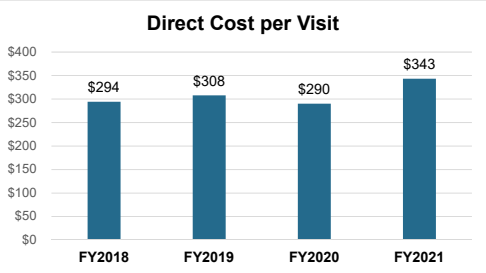
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

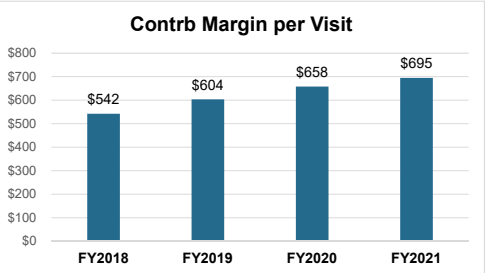
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	554	173	192	202	▲ 5%	
Net Revenue	$463,430	$157,747	$182,116	$209,754	▲ 15%	
Direct Cost	$163,017	$53,290	$55,731	$69,351	▲ 24%	
Contribution Margin	$300,414	$104,457	$126,385	$140,403	▲ 11%	
Indirect Cost	$93,990	$104,457	$126,385	$140,403	▲ 11%	
Net Income	$206,423	$24,352	$26,542	$24,461	▼ -8%	
Net Revenue per Visit	$837	$912	$949	$1,038	▲ 9%	
Direct Cost per Visit	$294	$308	$290	$343	▲ 18%	
Contrb Margin per Visit	$542	$604	$658	$695	▲ 6%	

TRENDED GRAPHS

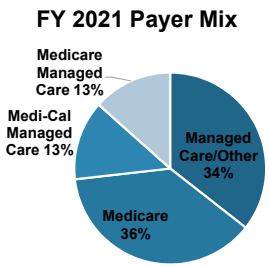






PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	29%	34%	34%	34%
Medicare	44%	41%	36%	36%
Medi-Cal Managed Care	14%	16%	14%	13%
Medicare Managed Care	9%	4%	13%	13%
Medi-Cal	2%	2%	2%	2%
Cash Pay	1%	2%	1%	1%



Note: All visits with a primary service of Radiology and secondary service of CT Scan Downtown Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent

KAWEAH HEALTH ANNUAL BOARD REPORT

Outpatient Radiology Services - MRI Downtown Campus

FY2021

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

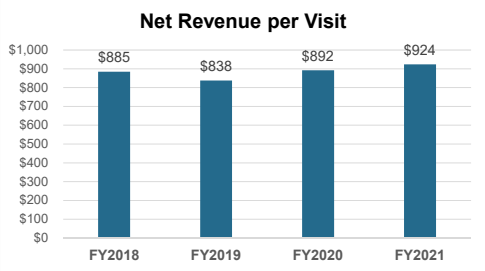
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
93	$85,910	$24,908	$61,003	$45,139
▼ -31%	▼ -29%	▼ -25%	▼ -30%	▼ -30%

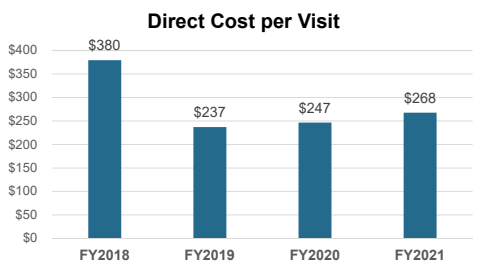
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

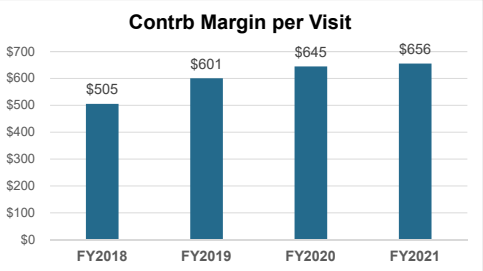
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	82	100	135	93	▼ -31%	
Net Revenue	$72,549	$83,793	$120,387	$85,910	▼ -29%	
Direct Cost	$31,120	$23,714	$33,303	$24,908	▼ -25%	
Contribution Margin	$41,429	$60,080	$87,083	$61,003	▼ -30%	
Indirect Cost	$18,957	$16,614	$22,598	$15,864	▼ -30%	
Net Income	$22,472	$43,465	$64,485	$45,139	▼ -30%	
Net Revenue per Visit	$885	$838	$892	$924	▲ 4%	
Direct Cost per Visit	$380	$237	$247	$268	▲ 9%	
Contrb Margin per Visit	$505	$601	$645	$656	▲ 2%	

TRENDED GRAPHS

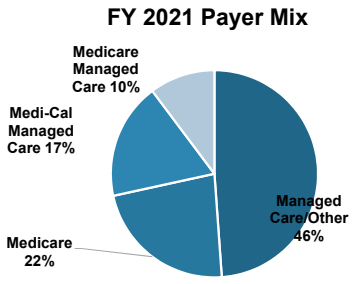






PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	51%	55%	51%	46%
Medicare	24%	27%	22%	22%
Medi-Cal Managed Care	16%	9%	19%	17%
Medicare Managed Care	5%	6%	7%	10%
Work Comp	1%	3%	1%	2%



Note: All visits with a primary service of Radiology and secondary service line of MRI Downtown Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgen

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

Outpatient Radiology Services - Diagnostic Imaging Downtown Campus

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

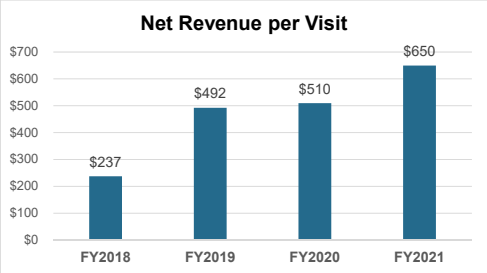
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
230	$149,403	$89,249	$60,155	$25,838
▼ -25%	▼ -4%	▼ -28%	▲ 86%	▲ 278%

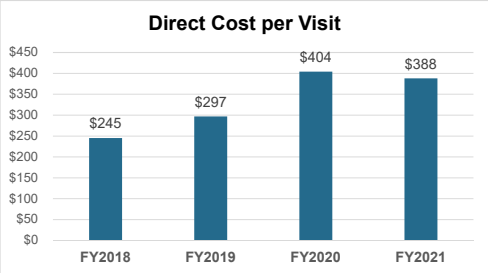
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

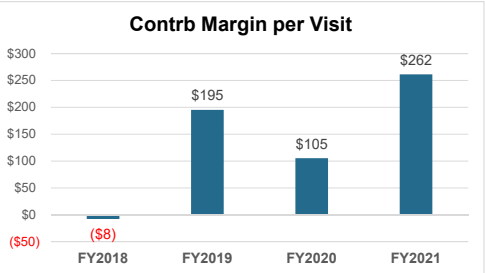
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	1,064	275	307	230	▼ -25%	
Net Revenue	$252,664	$135,395	$156,420	$149,403	▼ -4%	
Direct Cost	$261,029	$81,696	$124,096	$89,249	▼ -28%	
Contribution Margin	($8,365)	$53,699	$32,324	$60,155	▲ 86%	
Indirect Cost	$88,857	$30,134	$46,799	$34,317	▼ -27%	
Net Income	($97,222)	$23,565	($14,475)	$25,838	▲ 278%	
Net Revenue per Visit	$237	$492	$510	$650	▲ 27%	
Direct Cost per Visit	$245	$297	$404	$388	▼ -4%	
Contrb Margin per Visit	($8)	$195	$105	$262	▲ 148%	

TRENDED GRAPHS

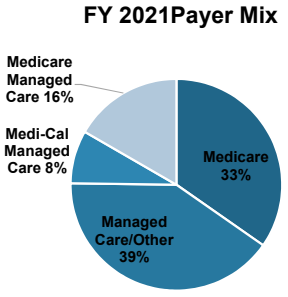






PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Medicare	39%	36%	32%	33%
Managed Care/Other	34%	41%	38%	39%
Medi-Cal Managed Care	10%	9%	12%	8%
Medicare Managed Care	12%	11%	12%	16%
Medi-Cal	1%	2%	1%	1%
Cash Pay	1%	0%	2%	1%
Work Comp	3%	1%	2%	1%



Note: All visits with a primary service of Radiology and secondary service of Diag Img DT Campus. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Care, I

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2021

Outpatient Radiology Services - Diagnostic Imaging UCC Demaree (Walk-in Radiology)

KEY METRICS - FY 2021 BASED ON THE TWELVE MONTHS ENDED JUNE 30, 2021

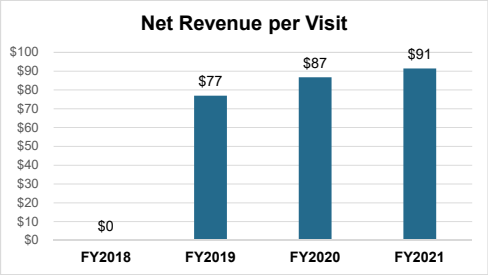
Patient Visits	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
388	$35,476	$38,891	($3,415)	($20,433)
▼ -13%	▼ -8%	▼ -11%	▲ 34%	▼ -1%

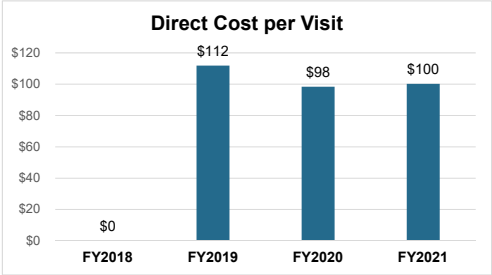
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

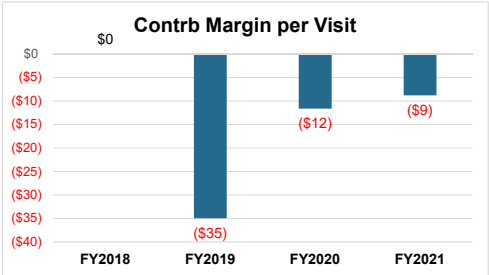
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Visits	0	150	446	388	▼ -13%	
Net Revenue	$0	$11,542	$38,681	$35,476	▼ -8%	
Direct Cost	$0	$16,782	$43,860	$38,891	▼ -11%	
Contribution Margin	$0	($5,240)	($5,179)	($3,415)	▲ 34%	
Indirect Cost	$0	$5,814	$15,086	$17,017	▲ 13%	
Net Income	$0	($11,054)	($20,265)	($20,433)	▼ -1%	
Net Revenue per Visit	$0	$77	$87	$91	▲ 5%	
Direct Cost per Visit	$0	$112	$98	$100	▲ 2%	
Contrb Margin per Visit	$0	($35)	($12)	($9)	▲ 24%	

TRENDED GRAPHS

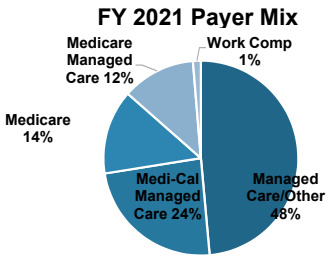






PAYER MIX - 4 YEAR TREND (VISIT VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021
Managed Care/Other	0%	47%	43%	48%
Medi-Cal Managed Care	0%	21%	24%	24%
Medicare	0%	24%	20%	14%
Medicare Managed Care	0%	5%	9%	12%
Work Comp	0%	1%	2%	1%
Work Comp	0%	1%	2%	1%



Note: All visits with a primary service of Radiology and secondary service of Dig Img UCC Demaree. This excludes visits with Radiology services performed as a part of another outpatient service line (eg. Urgent Car

Environment of Care
3rd Quarter Report
July 1, 2021 through September 30, 2021
Presented by

Maribel Aguilar, Safety Officer
559-624-2381

SAFETY (Employee Health)

Third Quarter 2021

Performance Standard: Reduce Occupational Safety & Health Administration (OSHA) recordable work related injury cases by 10% from 2020.
Goal: No more than 421 recordable workplace injuries in 2021 (105 per qtr.)
Status: Goal met for 3rd Quarter 2021: 48 OSHA Reportable Injuries.
Sponsor: Sarah Amend
Plan for Improvement: (Summary)

1. Implement same day on-site investigation with employee (performed by Employee Health)
2. Work with Infection Prevention (IP) to reduce COVID exposure/claims
3. Employee Health Services (EHS) to meet with department managers with greater than 3 OSHA recordable in the last 24 months
4. Increase sharps education in employee orientation
5. Implement workplace ergonomic evaluations (performed by Employee Health: Physical Therapy Assistant)

Evaluation:

- 48 OSHA recordable injuries in Qtr. 3-2021 , plus 34 Covid 19 claims
- Covid 19 vaccination began 12/18/20, boosters available now
- Provided 2 ergo evaluations
- 2021 Sharps Exposure-Quarter 3—18 total (2-GME)
- Influenza vaccination rate 20-21 84% (98% 2019) 2021/22 Flu Clinics began Oct 2021

Type of injury	Q1	Q2	Q3	Q4	Totals 2021	Totals 2020	Per 1000 employees	Annualized # of injuries
Total Incidents	178	73	133		384	759	25.82	512
Covid 19+	50	3	34		87	271	0.58	116
OSHA recordable	**60**	**54**	**48**		**162**	**467**	**9.32**	**216**
Lost time cases	90	42	122		254	378	0.58	338
Strain/sprain	30	32	23		85	101	5.83	113
Sharps Exp	23	15	18		56	76	2.91	74
# EE end of QTR	5150	5139	5152					

- **Detailed Plan for Improvement:**
- Continue to work with Infection Prevention to decrease Covid 19+ exposures/ claims by Health Care Workers in 4th qtr. of 2021.
- Identify employees with ≥ 3 OSHA recordable injuries in last 2 year -EHS speaks with managers directly noting any trends per employee and/or injuries.
- Same day on-site incident investigation with employee. Follow-up with manager for prevention opportunities and/or process changes and policy review. Investigation/ follow-up may include photos, video and interview of witnesses/ manager.
- Increase Sharps education in General Orientation by Infection Prevention and Manager orientation by Employee Health Services. Demonstrate correct sharps activation in new hire physicals with all employees handling sharps.
- Utilize Physical Therapy Assistants in Employee Health for Ergonomic evaluations, evaluate for proper body mechanics to prevent injury, stretching exercises and equipment recommendations to ensure safety with our jobs.

SAFETY (Risk Management)

Third Quarter 2021

Performance Standard: No patient death or serious disability associated with a fall while cared for in a Kaweah Health Facility.
Goal: 100% Compliance (0 events)
Status: Goal met for 3rd Quarter 2021
Sponsor: Evelyn McEntire

Evaluation:

There were no incidents of patient death or serious disability associated with a fall while being cared for in a Kaweah Health (KH) 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.

Detailed Plan for Improvement:

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

Continue to monitor.

SAFETY (Infection Prevention)

Third Quarter 2021

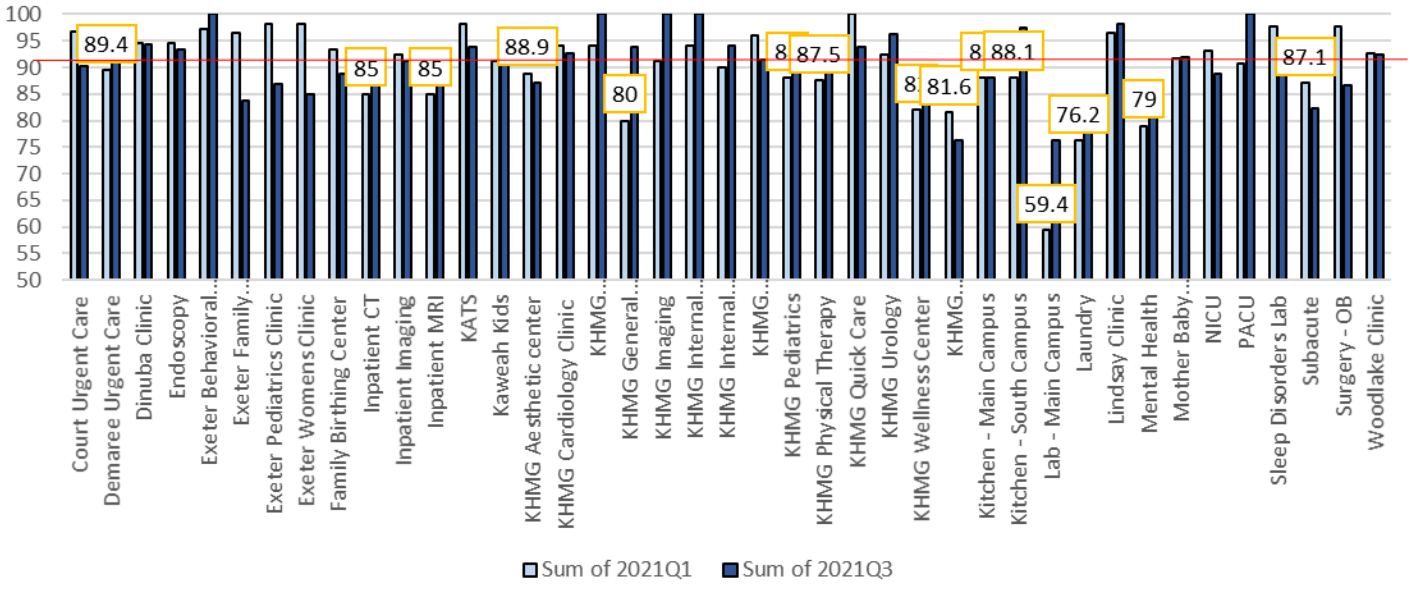
Performance Standard: Departments demonstrate compliance with Infection Prevention performance measures/criteria during bi-annual audits
Goal: Minimum of 90% compliance per department
Status: Goal not met for 3rd Quarter 2021: Overall compliance 88.7%.
Sponsor: Shawn Elkin
Plan for Improvement: (Summary)
1. IP to require non-compliant departments to submit Corrective Action Plan.

Evaluation:

Overall compliance rate for comprehensive rounds in Q3 2021: 88.7% compliance.

Elements with lowest overall compliance for Q3:

1. Use of unapproved products.
2. Damaged furniture and adhesive (source of potential contamination).
3. Mechanical equipment cleanliness.
4. Solid bottoms on supply carts/shelving.
5. Overflowing trash.
6. Medication refrigerators temperature logs missing dates or documentation of follow up for out of range findings.
7. Kitchen food storage labeling of contents, and separation of clean/dirty items.



Plan for Improvement:

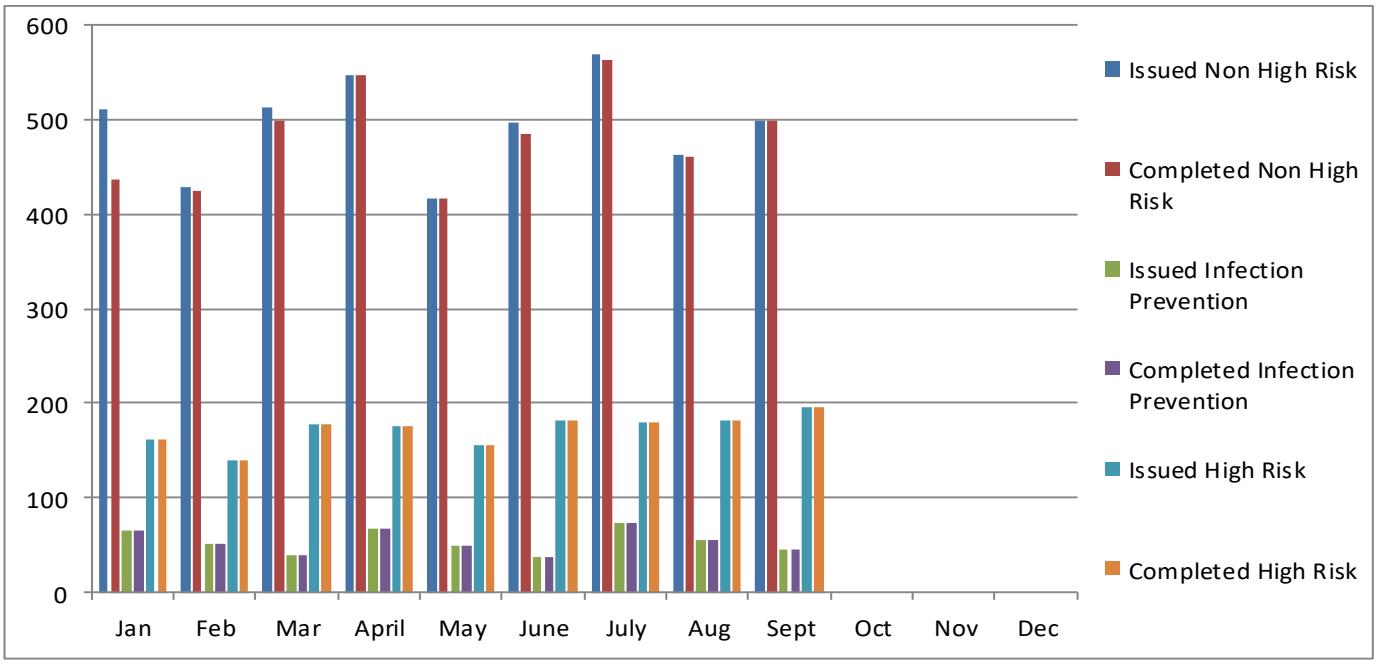
Action plans from each area requested for items out of compliance. Leaders of the area are required to submit in writing their actions to correct the items out of compliance. Infection Prevention will follow up with manager or director as appropriate.

Collaboration with Emergency Department leadership for improvement and follow up on Q3 compliance findings.

UTILITIES MANAGEMENT

Third Quarter 2021

Performance Standard: High Risk, Low Risk, Infection Control Preventive Maintenance to be completed on time
Goal: 100% Compliance (no missed PM's)
Status: Goal not met for 3rd Quarter 2021 (2253/2263 completed on time: 99.6%)
Sponsor: Steve Gloeckler
Plan for Improvement: (Summary)
1. Continue to work with Nursing to improve access to Mineral King (MK) North & South patient rooms.



Evaluation Summary:
For 2021 Q3: 2253 of 2263 preventative maintenance work orders completed on time.

PM Completion %				
	Non-High Risk	**Infection Prevention**	**High Risk**	**Q3 Summary**
July	98.9%	100%	100%	99.3%
August	99.4%	98.2%	100%	99.4%
September	100%	100%	100%	100%
Q3 Summary:	99.4%	99.4%	100%	99.6%

1) Non-High Risk: Achieved 100% compliance in September
2) Infection Prevention: Missed goal by 1 PM, completed 1 day after deadline.

Plan for Improvement:
Improvement plan implemented with Nursing continues to be effective in improving completion percentage. Continue to utilize and refine.

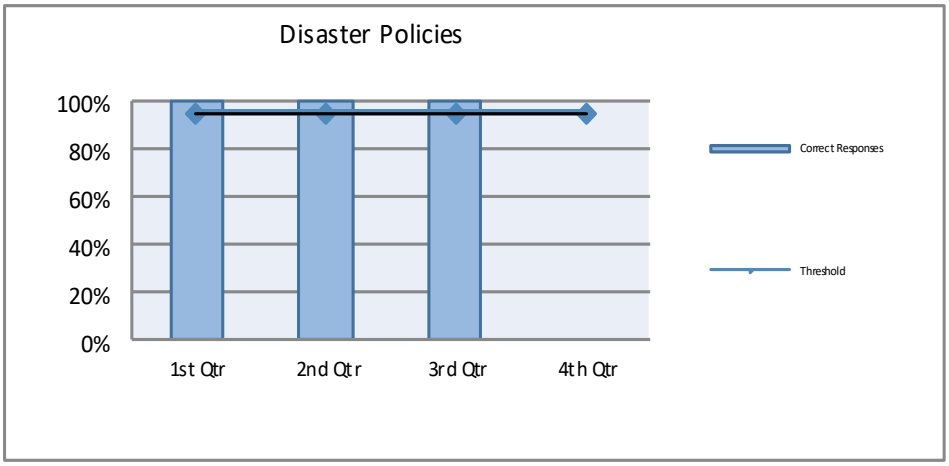
EMERGENCY PREPAREDNESS

Third Quarter 2021

Performance Standard: Employees able to provide correct responses related to Emergency Preparedness questions.
Goal: 100% Compliance (all employees surveyed answered correctly)
Status: Goal met for 3rd Quarter 2021
Sponsor: Maribel Aguilar

Evaluation:
Fifty departments were surveyed in the 3rd quarter. In all departments surveyed staff where able to verbalize location of disaster policies, which resulted in a 100% compliance rate.

95% minimum performance level was met for this quarter.



Detailed Plan for Improvement:
In each department visited there was knowledge of Disaster Policies.

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

LIFE SAFETY

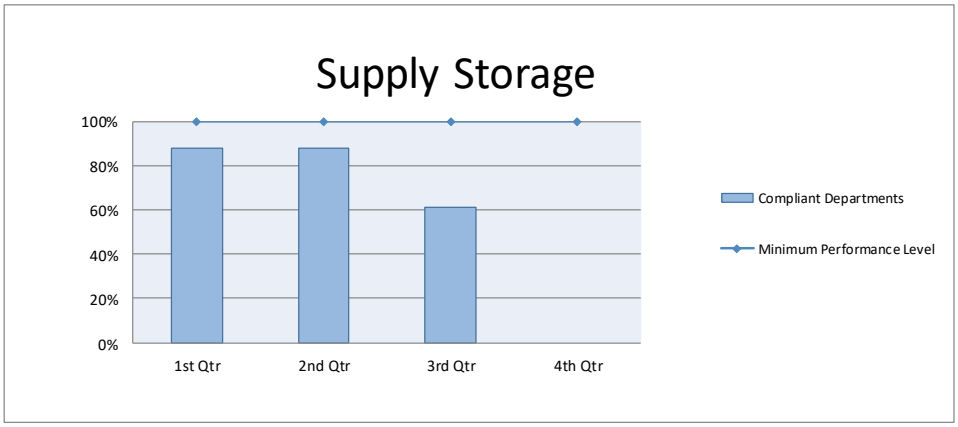
Third Quarter 2021

Performance Standard: Equipment & Supplies stored in accordance with Safety requirements.
Goal: 100% Compliance (no storage compliance issues)
Status: Goal not met for 3rd Quarter 2021; 38/50 areas surveyed were compliant 61%
Sponsor: Maribel Aguilar
Plan for Improvement: (Summary)

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

Evaluation:
Fifty departments were surveyed in the 3rd quarter. Of the 38 departments, 15 were found to be non-compliant with storage. This resulted in 61% compliance rate.

Minimum Performance Level was not met during this quarter.



Detailed Plan for Improvement:

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

Departments not in compliance this quarter include: 3S, 3W, Broderick, Pediatrics, Endoscopy, Exeter Clinic, Lindsay Clinic, CVICU, Visalia Dialysis, MRI, Sterile Processing, SRCC Medical Oncology, SRCC Imaging, Lab, and Lifestyle Center.

SECURITY

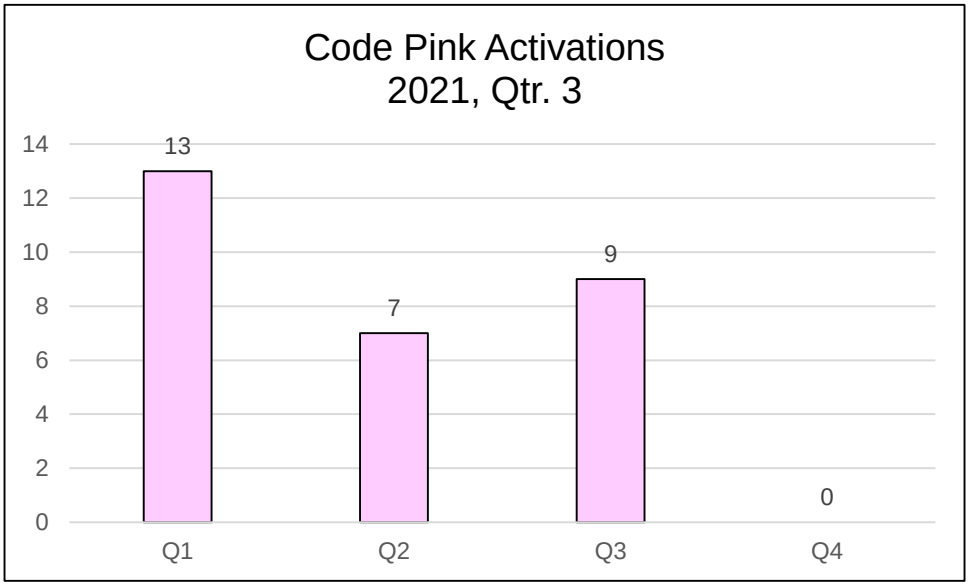
Third Quarter 2021

Performance Standard: Reduce false "Code Pink" Activations by 75% from 2020
Goal: No more than 12 false "Code Pink" activations in 2021 (3 per qtr.) (New goal for 2021)
Status: Goal not met for 3rd Quarter 2021: 9 false "Code Pink" activations
Sponsor: Miguel Morales
Plan for Improvement: (Summary)

1. Adjust alarm sensor range to prevent false alarms (completed: April 7, 2021)
2. Install "Alert" Sensors to "beep" as someone begins to leave the "secure" area
3. Install visual indicators (floor tape) to show where the alarms will sound. (Completed)
4. Security to meet with Maternal Child Health leaders to discuss staff errors.

Evaluation:
In year 2020 the Medical Center experienced 48 ***false*** Code Pink activations. In the 3rd quarter of 2021, the Maternal-child Health Program experienced 9 ***false*** Code Pink activations. All 9 events were due to staff error- forgetting to deactivate the Hugs tag or putting the tag in transport mode when moving the child from one unit to another, or upon discharge.

80% reduction of ***false*** Code Pink activations was achieved in the 3rd quarter - Goal **Met**.



Plan for Improvement: The majority of ***false*** Code Pink activations are due to staff forgetting to deactivate or to set the HUGS transmitter in transport when moving the child/newborn from the home unit to the transport unit.

Opportunities:

Meeting with Maternal Child Health leaders to discuss solutions to be scheduled.

Completed Opportunities:

Floor tape (CAUTION ALARM WILL SOUND) was installed in Labor and Delivery, OB-OR and Mother-baby units on August 5, 2021. The caution tape will serve as a visual identifier to parents on the units and also for staff when moving infant patients through the unit or when transferring between units.

Anthony Bishop (ISS) will work with TRL to install ALERT receivers as an early warning device. Anthony Bishop had the HUGS service company (TRL) perform a function test of 2E10 and PEDS RM1, the two areas that were identified as problematic by the respective unit managers. The Pediatrics RM 1 issue was resolved by tuning the coverage area closer to ceiling level to prevent false alarms from inside the room. The Labor and Delivery RM 10 issue was not duplicated; however, the field outside the room does trigger the HUGS system to activate. Placing the vinyl tape as a visual indicator will help as a boundary visual indicator.

Security Department provided Maternal-child Health leaders with a flyer to help educate staff.

SECURITY

Third Quarter 2021

Performance Standard: Reduce Workplace Violence Events
Goal: TBD (new)
Status: Workplace Violence events increased significantly organization wide.
Sponsor: Chris Luttrell
Plan for Improvement: **(Summary)**

1. Re-convene Workplace Violence Prevention Team (first meeting held June 7, 2021)
2. Expand use of "Aggressive Patient" Alert System (first meeting August 2nd, 2021)
3. Safety Team to utilize 6 Sigma (DMAIC principles; Define, Measure, Analyze, Improve and Control) to perform case review of Midas Workplace Violence Events. Findings to be shared with Leadership & Staff.

Evaluation:
Workplace violence events increased significantly organization wide from the previous quarter. WPV events in the Emergency Department have increased from 16 events to 45 total events. WPV events on 4 South (main campus) increased from 3 to 18. There was an overall decrease in WPV events at Mental Health by 2 events.

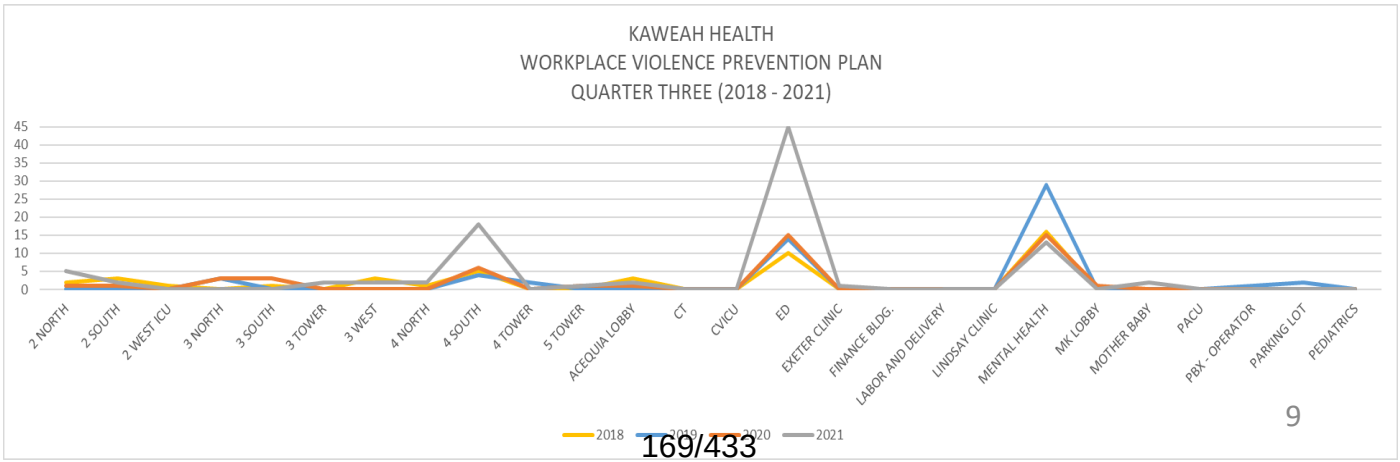
Detailed Plan for Improvement:

1.Increase safety rounding by Safety Specialist to include off shift rounding on units. .

2. Release Workplace Violence Data in Patient Safety newsletter.

3. Conduct CPI instruction with more Workplace Violence Event examples.

4. The Safety Department will continue the Midas Workplace Violence case review where event factors are identified and discussed in order to mitigate future events and to offer staff options to better manage assaultive events and to minimize employee injuries. Factors will be communicated to leadership.



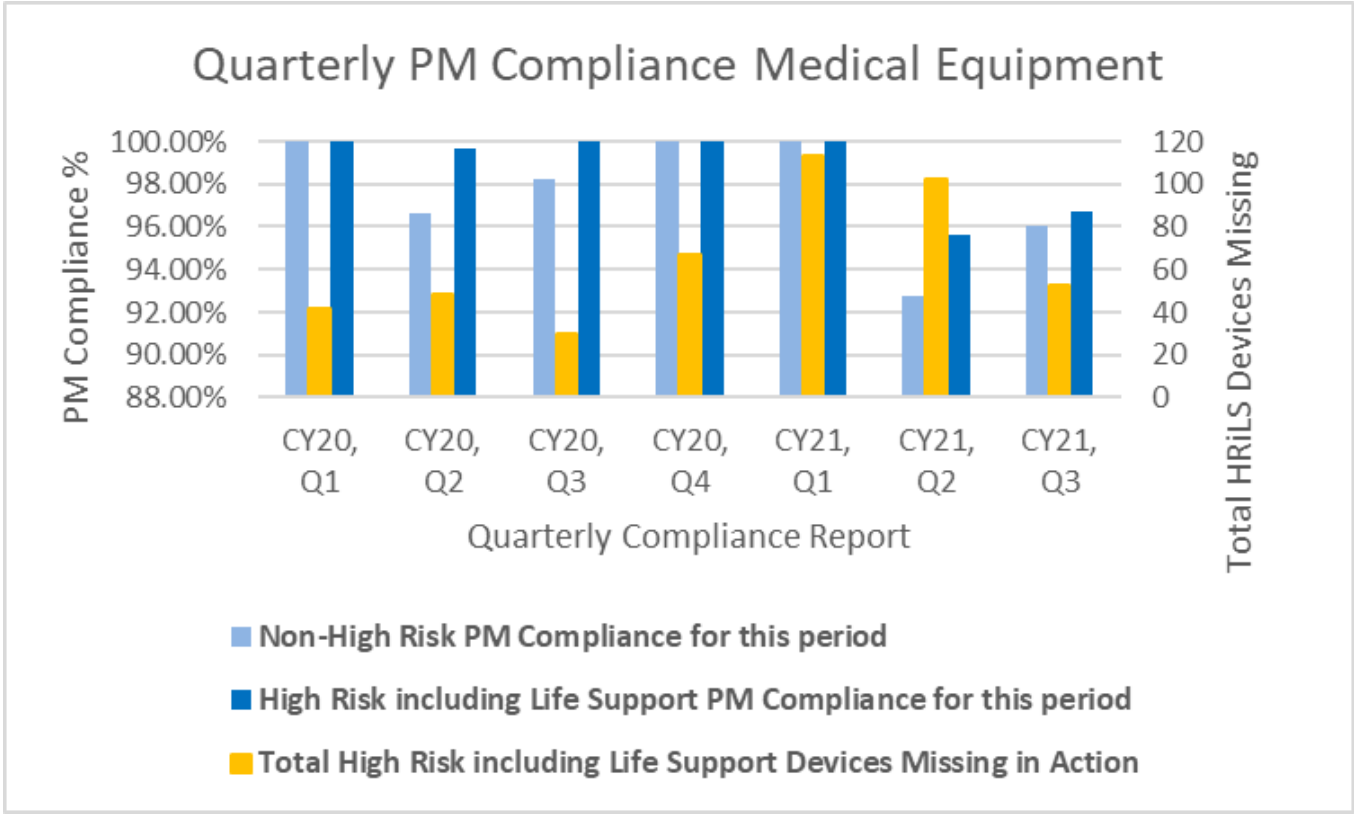
MEDICAL EQUIPMENT

Third Quarter 2021

Performance Standard: Medical Equipment Preventive Maintenance to be completed on time
Goal: 100% Compliance (0 missed PM's)
Status: Goal not met for 3rd Quarter 2021: 1819/1890 completed on time: 96% compliance which is an increase in compliance from previous quarter.
Sponsor: Paul Gatley

Evaluation:
For the reporting quarter, CY 2021, Q3 (Jul-Sep), There are 1890 Devices that were available to receive Preventive Maintenance and 1819 of those devices received Preventive Maintenance as scheduled.

PM Compliance for Non-High Risk Devices is 96.10% and **does not meet the 100% Compliance Goal**.
PM Compliance for High Risk Including Life Support Devices is 96.70% and **does not meet the 100% Compliance Goal**.



Detailed Plan for Improvement:

The Department posted two job openings during CY21 Q2 to fill vacancies. One was filled during the third Quarter on August 8th. The second was hired on October 3rd. A third position will be requested in late October. Filling these three positions will return staffing to Q2 of CY20 staffing levels. Requesting Department Managers to review the devices in their areas to report PM stickers that are over due to Clinical Engineering so the device may be serviced quickly and placed into the PM completed category as per policy EOC-6001. Training new staff to increase productivity has already begun and is already showing improved compliance and lower device missing counts. Department is on track to achieve 100% compliance by November 2021 if not before.

Policy Number: CP.02	Date Created: 07/06/2021
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Amy Valero (Compliance Manager), Ben Cripps (VP Chief Compliance/Risk Offcr)	
Review of Billing Practices	

Purpose: To ~~minimize~~ mitigate the risks associated with improper claims and billing practices., ~~Kaweah Delta Health Care District (herein after referred to as Kaweah Health)("Kaweah HealthDelta") will take extensive measures in the preparation and submission of billing claim forms for reimbursement.~~

Policy: Kaweah HealthDelta will establish coding and billing policies, procedures, and practices that comply with relevant legal and regulatory requirements. Kaweah HealthDelta will conduct periodic coding and billing reviews to monitor compliance.

Procedure:

I. Kaweah HealthDelta shall establish mechanisms to review the coding and billing processes, policies, and procedures that affect the billing and coding for all areas that provide billing-related services. In addition, Kaweah HealthDelta shall follow the following processes:

A. All new or revised billing and coding policies and procedures will be submitted to the Compliance Department for review and approval.

B. Periodic coding and billing reviews shall be coordinated by Compliance and completed by outside consultants or internal staff based on the specific needs.

1. Random account selections and/or targeted reviews (when appropriate) will be utilized by Compliance based on the identified focus for each review.

2. Audit results and reports will be shared with appropriate area Management for follow-up, education, and remediation (when appropriate).

3. In situations where non-compliance is identified during the course of a review, the Compliance Department will follow the investigation and resolution processes outlined in CP.05 Compliance and Privacy Issues Investigation and Resolution to resolve the matter.

4. Audit results and reports (when appropriate) will be reported to the Audit and Compliance Committee.

C. If coding and/or billing Management initiates internal reviews in the course of their routine monitoring activity, the results must be communicated to the Compliance Department for review and evaluation.

D. All consultants evaluating billing or coding compliance must be engaged through the Compliance Department. When appropriate, the Compliance Department will work with Legal Counsel to engage the consultants.

II. Kaweah HealthDelta shall assume the following practices to protect against improper billings to government programs.

A. Medically Necessary Services
Kaweah HealthDelta shall regularly conduct audits ~~maintain procedures~~ to demonstrate that services provided to beneficiaries and claimed for reimbursement are medically necessary, as defined by government program regulations or payer contracts.

B. Acquisition Costs
Kaweah HealthDelta shall regularly conduct audits to~~maintain procedures to~~ confirm that billing programs accurately calculate the appropriate acquisition costs as required by government programs.

C. Research Grants
Kaweah HealthDelta shall maintain procedures to verify that any funds provided by Kaweah HealthDelta to support health care research are provided in a manner that clearly separates such payments from any referrals received by Kaweah HealthDelta, from any entity or physician, who may be a recipient of such funds, or who is affiliated with the recipient of such funds.

Kaweah HealthDelta shall comply with the terms of grants with regards to billing third-party payers.

D. Education
The Compliance Department will provide annual education about the applicable laws and regulations pertaining to billing. It is the responsibility of the department leaders to identify employees who should be educated and trained.

E. Preventive Compliance
The Compliance Department will review and distribute California Department of Public Health (CDPH) All Facility Letters (AFL), Medicare and Medi-Cal Monthly Bulletins, Office of Inspector General

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(OIG) Monthly Audit Plan Updates, and California State Senate and Assembly Bill Updates to areas potentially affected by the regulatory change and identify potential current/future risk. The Compliance department will monitor and track process changes related to regulatory requirements.

F. Operational Compliance

The Compliance Department shall identify high-risk departments and hold monthly meetings to discuss regulations, policies, auditing and monitoring, and educational efforts within the departments.

Co-Payment Waiver

Kaweah DeltaHealth shall maintain procedures, including training programs for employees involved in marketing and reimbursement operations, to assure Kaweah HealthDelta's co-payment collection policies for government-funded health care programs comply with applicable regulations.

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

Policy Number: CP.02	Date Created: 03/02/2017
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: 08/28/2018
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (VP Chief Compliance/Risk Offcr)	

Review of Billing Practices

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

Purpose: To minimize the risk associated with improper claims and billing practices, Kaweah Delta Health Care District ("Kaweah Delta") will take extensive measures in the preparation and submission of billing claim forms for reimbursement.

Policy: Kaweah Delta will establish coding and billing policies, procedures, and practices that comply with relevant legal and regulatory requirements. Kaweah Delta will conduct periodic coding and billing reviews to monitor compliance.

Procedure:

I. Kaweah Delta shall establish mechanisms to review the coding and billing processes, policies, and procedures that affect the billing and coding for all areas that provide billing-related services. In addition, Kaweah Delta shall follow the following processes:

A. All new or revised billing and coding policies and procedures will be submitted to the Compliance Department for review and approval.

B. Periodic coding and billing reviews shall be coordinated by Compliance and completed by outside consultants or internal staff based on the specific needs.

1. Random account selections and/or targeted reviews (when appropriate) will be utilized by Compliance based on the identified focus for each review.

2. Audit results and reports will be shared with appropriate area Management for follow-up, education, and remediation (when appropriate).

3. In situations where non-compliance is identified during the course of a review, the Compliance Department will follow the investigation and resolution processes outlined in CP.05 Compliance and Privacy Issues Investigation and Resolution to resolve the matter.

4. Audit results and reports (when appropriate) will be reported to the Audit and Compliance Committee.

C. If coding and/or billing Management initiates internal reviews in the course of their routine monitoring activity, the results must be

communicated to the Compliance Department for review and evaluation.

D. All consultants evaluating billing or coding compliance must be engaged through the Compliance Department. When appropriate, the Compliance Department will work with Legal Counsel to engage the consultants.

II. Kaweah Delta shall assume the following practices to protect against improper billings to government programs.

A. Medically Necessary Services
Kaweah Delta shall maintain procedures to demonstrate that services provided to beneficiaries and claimed for reimbursement are medically necessary, as defined by government program regulations or payer contracts.

B. Acquisition Costs
Kaweah Delta shall maintain procedures to confirm that billing programs accurately calculate the appropriate acquisition costs as required by government programs.

C. Research Grants
Kaweah Delta shall maintain procedures to verify that any funds provided by Kaweah Delta to support health care research are provided in a manner that clearly separates such payments from any referrals received by Kaweah Delta, from any entity or physician, who may be a recipient of such funds, or who is affiliated with the recipient of such funds.

Kaweah Delta shall comply with the terms of grants with regards to billing third-party payers.

D. Education
The Compliance Department will provide annual education about the applicable laws and regulations pertaining to billing. It is the responsibility of the department leaders to identify employees who should be educated and trained.

Co-Payment Waiver
Kaweah Delta shall maintain procedures, including training programs for employees involved in marketing and reimbursement operations, to assure Kaweah Delta's co-payment collection policies for government-funded health care programs comply with applicable regulations.

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

Policy Number: CP.05	**Date Created: 07/06/2021**
Document Owner: Lisa Wass (Compliance Analyst)	**Date Approved: Not Approved Yet**
Approvers: Board of Directors (Administration), Compliance Committee, Amy Valero (Compliance Manager), Ben Cripps (VP Chief Compliance/Risk Offcr)	
Compliance and Privacy Issues Investigation and Resolution	

Purpose: To establish a Compliance Program in which all issues are handled consistently to ensure integrity of the Program and all matters receive appropriate attention and resolution. ~~The Kaweah Delta Health Care District (herein after referred to as Kaweah Health) Compliance Program shall review and investigate all compliance and/or privacy issues or concerns. All issues shall be handled consistently to ensure integrity of the Program and that all matters receive appropriate attention and resolution. The following policy provides guidance for resolution of compliance and/or privacy issues identified from any source.~~

Policy: Investigations of suspected illegal, unethical, abusive conduct, ~~or~~ wrongdoing, or non-compliance with laws, regulations, accreditation requirements and/or Kaweah ~~Delta~~Health policies and procedures shall be conducted by the appropriate person as determined by the Vice President & Chief Compliance and Risk ~~and Privacy~~ Officer (VPCCRO) (~~CPO~~) and the Kaweah ~~Delta~~Health Compliance Advocate.

Process:

I. Issues shall be investigated when one or more of the following criteria are met:

A. Non-routine subpoena or search warrant received from a governmental or regulatory agency.

B. Outside regulatory site visit or audit resulting in deficiencies and/or citations, not including routine responses to the California Department of Health Care Services (CDPH).

C. Correspondence received from a governmental entity or government contractor regarding actual or potential billing errors or quality of care issues.

D. ~~Indication~~ Allegation or indication from any source (including the Anonymous Information Line) that a regulation or policy ~~may have~~ has been violated.

E. Indication from any source that overpayments have been received by Kaweah ~~Delta~~Health.

F. Indication from any source that current procedures or processes may result in a violation, or create a compliance risk due to ineffectiveness or lack of controls.

G. ~~Processes not working effectively~~Ineffective processes that create actual or potential billing errors or other compliance risks~~issues~~.

H. Concern raised regarding potential breaches of patient privacy, medical record security, or identity theft.

I. Request made by a member of the Leadership and/or Executive Team.

J. Request made by the Audit and Compliance Committee, Compliance Advocate, or a Board member.

K. Any other concern of suspected illegal, unethical, abusive ~~conduct or wrongdoing~~conduct, wrongdoing, or non-compliance with laws, regulations, accreditation requirements and/or Kaweah ~~Delta~~Health policies and procedures not otherwise identified above.

II. The following steps shall be used in an internal investigation when a concern is identified or reported:

A. The VPCCRO~~PO~~ (or designee) will investigate the concern to determine how the potential problem was identified and designate the person who will oversee the investigation. When necessary, the appropriate Leadership and/or Executive Team members shall be notified of the potential concern.

1. Issues that are strictly operational in nature shall be referred back to the appropriate Leadership and Executive Team members for review and investigation. Once complete, the Leadership and Executive Team member shall provide a summary of the resolution to the ~~CPO-~~ VPCCRO (or designee).
2. Safety issues shall be referred to the Safety Officer with notification to the appropriate Executive Team member. Once complete, the Safety Officer shall provide a summary of the resolution to the ~~CPO~~VPCCRO (or designee).
3. Personnel issues shall be referred to Human Resources with notification to the appropriate Executive Team member. Once complete, the Human Resources representative shall provide a summary of the resolution to the ~~CPO~~ VPCCRO (or designee).
4. Quality of care issues shall be referred to Patient Safety and Quality Department with notification to the appropriate Executive Team member. Once complete, the Patient Safety and Quality

representative shall provide a summary of the resolution to the ~~CPO~~VPCCRO (or designee).

~~4.~~5. Risk Management issues shall be referred to the Risk Management Department. Once complete, the Risk Management representative shall provide a summary of the resolution to the VPCCRO (or designee).

~~5.~~6. Other issues shall be investigated by the ~~CPO~~VPCCRO (or designee) with notification to the appropriate Executive Team member.

B. The ~~CPO~~VPCCRO (or designee) will contact the Kaweah ~~Delta~~Health Compliance Advocate to invoke attorney-client privilege, as appropriate, in situations where a potential violation has been identified which could result in governmental intervention, self-reporting and/or re-payments to a third- party payer. In situations where the Kaweah ~~Delta~~Health Compliance Advocate invokes attorney-client privilege for investigation of an issue, all meetings, discussions and investigation activities related to that issue shall take place in the presence of, or under the direction of, the Kaweah ~~Delta~~Health Compliance Advocate or ~~CPO~~VPCCRO.

C. When necessary, the ~~CPO~~ VPCCRO (or designee) will place the issue on the Compliance Issue Log reviewed quarterly by the Audit and Compliance Committee and the Board. If ~~it~~ the matter is a privacy concern~~issue~~ or other compliance matter not requiring inclusion on the Compliance Issue Log, the ~~CPO~~ VPCCRO (or designee) will document and log the concern for tracking and reporting purposes.

D. The ~~CPO~~ VPCCRO (or designee) will determine the appropriate steps to investigate the issue and initiate these steps as soon as possible. The ~~CPO~~ VPCCRO (or designee) will ensure Leadership places an immediate stop to any practice violating any federal or state law or regulation and/or accreditation standard; specifically those impacting billing or coding processes.

E. The ~~CPO~~ VPCCRO (or designee) will discuss the issue with the appropriate Leadership and/or Executive Team members.

F. When appropriate, the ~~CPO~~ VPCCRO (or designee) will retain outside opinions, other experts, or consultants, to evaluate the information and provide guidance or recommendations.

G. The ~~CPO~~ VPCCRO (or designee) will initiate specific steps to review the issue. These may include, but are not limited to:

1. Review relevant policies and procedures.
2. Identify and interview staff who may have knowledge of the problem. Analyze past history relevant to the problem.
3. Research applicable laws.
4. Review claims/medical records in question.
5. Review relevant documents and files.
6. Complete audits of patient records and system access.

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H. The ~~CPO~~ VPCCRO (or designee) will document all steps taken in the investigation and resolution of the issue, including interview/meeting notes, summaries of reviews, completed copies of policies, or other relevant documents and other pertinent information related to the issue.

I. The ~~CPO~~ VPCCRO (or designee) will determine the appropriate course of action:

1. Refer concerns about performance actions of specific individuals to Leadership and Human Resources.
2. Work with appropriate Leadership and/or Executive Team members to implement new processes, policies and procedures, education, or other steps to ensure the problem does not persist or reoccur.
3. Confirm the re-billing or repayment of any specific claims where a billing/payment error has been identified. If it is determined that an overpayment has been received from Medicare, the overpayment must be reported and returned to the appropriate agency within 60 days after the date on which the overpayment ~~was~~ amount is identified, or the date any corresponding cost report is due, if applicable. Failure to submit a timely report and return the overpayment may lead to False Claims Act liability. See CP.13 Federal and State False Claims Act and Employee Protection Provisions for additional information.
4. Determine if self-disclosure and restitution is necessary and, if so, work with the Kaweah ~~DeltaHealth~~ Compliance Advocate and appropriate Executive Team member to make prompt restitution to the appropriate health care program/third-party payer.
5. Schedule future monitoring and review activity to mitigate any future reoccurrence. The final resolution of the issue will be reported to the appropriate Executive Team member, the Audit and Compliance Committee, the Chief Executive Officer (CEO), and Board (when appropriate). The length of the investigation and final resolution will vary depending on the complexity and risk associated with the issue.

III. When an investigation is initiated based upon a report of a problem by an employee, the C~~CPO~~ VPCCRO (or designee) will provide a summary of the final resolution to that employee. If the employee still has concerns, the following steps will be used:

A. The ~~CPO~~ VPCCRO will report the continuing concern to the Audit and Compliance Committee.

B. The ~~CPO~~ VPCCRO or Compliance Advocate will contact the employee to request a written statement of their ongoing concerns.

C. The ~~CPO~~ VPCCRO will prepare a written response to the employees concerns.

D. The Audit and Compliance Committee will review the written statement and respond and instruct the ~~CPO~~ VPCCRO whether to continue or to close the investigation.

E. A letter will be sent from the Compliance Advocate on behalf of the Audit and Compliance Committee to the employee stating the final decision of the Audit and Compliance Committee.

IV. When an investigation is initiated concerning a potential breach of patient confidentiality or inappropriate access to medical records the ~~CPO~~ VPCCRO (or designee) will follow Kaweah ~~Delta~~Health Administrative Policy AP.108 Patient Privacy Administrative and Compliance Requirements.

A. When required by Federal and State law, the Compliance Department will make the necessary notifications to the patient and Federal/State agencies.

Exceptions:

Notification may be delayed if it would impede a criminal investigation, cause damage to national security, or cause harm to the patient.

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

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Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: CP.05	Date Created: 03/02/2017
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: 08/28/2018
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (VP Chief Compliance/Risk Offcr)	

Compliance and Privacy Issues Investigation and Resolution

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

Purpose: The Kaweah Delta Health Care District ("Kaweah Delta") Compliance Program shall review and investigate all compliance and/or privacy issues or concerns. All issues shall be handled consistently to ensure integrity of the Program and that all matters receive appropriate attention and resolution. The following policy provides guidance for resolution of compliance and/or privacy issues identified from any source.

Policy: Investigations of suspected illegal, unethical, abusive conduct or wrongdoing, or non-compliance with laws, regulations, accreditation requirements and/or Kaweah Delta policies and procedures shall be conducted by the appropriate person as determined by the Compliance and Privacy Officer (CPO) and the Kaweah Delta Compliance Advocate.

Process:

I. Issues shall be investigated when one or more of the following criteria are met:

A. Non-routine subpoena or search warrant received from a governmental or regulatory agency.

B. Outside regulatory site visit or audit resulting in deficiencies and/or citations, not including routine responses to the California Department of Health Care Services (CDPH).

C. Correspondence received from a governmental entity or government contractor regarding actual or potential billing errors or quality of care issues.

D. Indication from any source (including the Anonymous Information Line) that a regulation or policy may have been violated.

E. Indication from any source that overpayments have been received by Kaweah Delta.

F. Indication from any source that current procedures or processes may result in a violation, or create a compliance risk due to ineffectiveness or lack of controls.

G. Processes not working effectively that create actual or potential billing errors or other compliance issues.

H. Concern raised regarding potential breaches of patient privacy, medical record security, or identity theft.

I. Request made by a member of the Leadership and/or Executive Team.

J. Request made by the Audit and Compliance Committee, Compliance Advocate, or a Board member.

K. Any other concern of suspected illegal, unethical, abusive conduct or wrongdoing, or non-compliance with laws, regulations, accreditation requirements and/or Kaweah Delta policies and procedures not otherwise identified above.

II. The following steps shall be used in an internal investigation when a concern is identified or reported:

A. The CPO (or designee) will investigate the concern to determine how the potential problem was identified and designate the person who will oversee the investigation. When necessary, the appropriate Leadership and/or Executive Team members shall be notified of the potential concern.

1. Issues that are strictly operational in nature shall be referred back to the appropriate Leadership and Executive Team members for review and investigation. Once complete, the Leadership and Executive Team member shall provide a summary of the resolution to the CPO (or designee).

2. Safety issues shall be referred to the Safety Officer with notification to the appropriate Executive Team member. Once complete, the Safety Officer shall provide a summary of the resolution to the CPO (or designee).

3. Personnel issues shall be referred to Human Resources with notification to the appropriate Executive Team member. Once complete, the Human Resources representative shall provide a summary of the resolution to the CPO (or designee).

4. Quality of care issues shall be referred to Patient Safety and Quality Department with notification to the appropriate Executive Team member. Once complete, the Patient Safety and Quality representative shall provide a summary of the resolution to the CPO (or designee).

5. Other issues shall be investigated by the CPO (or designee) with notification to the appropriate Executive Team member.

B. The CPO (or designee) will contact the Kaweah Delta Compliance Advocate to invoke attorney-client privilege, as appropriate, in situations where a potential violation has been identified which could result in governmental intervention, self-reporting and/or re-payments to a third-party payer. In situations where the Kaweah Delta Compliance Advocate invokes attorney-client privilege for investigation of an issue, all meetings, discussions and investigation activities related to that issue shall take

place in the presence of, or under the direction of, the Kaweah Delta Compliance Advocate or CPO.

C. When necessary, the CPO (or designee) will place the issue on the Compliance Issue Log reviewed quarterly by the Audit and Compliance Committee and the Board. If it is a privacy issue or other compliance matter not requiring inclusion on the Compliance Issue Log, the CPO (or designee) will document and log the concern for tracking and reporting purposes.

D. The CPO (or designee) will determine the appropriate steps to investigate the issue and initiate these steps as soon as possible. The CPO (or designee) will ensure Leadership places an immediate stop to any practice violating any federal or state law or regulation and/or accreditation standard; specifically those impacting billing or coding processes.

E. The CPO (or designee) will discuss the issue with the appropriate Leadership and/or Executive Team members.

F. When appropriate, the CPO (or designee) will retain outside opinions, other experts, or consultants, to evaluate the information and provide guidance or recommendations.

G. The CPO (or designee) will initiate specific steps to review the issue. These may include, but are not limited to:

1. Review relevant policies and procedures.
2. Identify and interview staff who may have knowledge of the problem. Analyze past history relevant to the problem.
3. Research applicable laws.
4. Review claims/medical records in question.
5. Review relevant documents and files.
6. Complete audits of patient records and system access.

H. The CPO (or designee) will document all steps taken in the investigation and resolution of the issue, including interview/meeting notes, summaries of reviews completed copies of policies, or other relevant documents and other pertinent information related to the issue.

I. The CPO (or designee) will determine the appropriate course of action:

1. Refer concerns about performance actions of specific individuals to Leadership and Human Resources.
2. Work with appropriate Leadership and/or Executive Team members to implement new processes, policies and procedures, education, or other steps to ensure the problem does not persist or reoccur.
3. Confirm the re-billing or repayment of any specific claims where a billing/payment error has been identified. If it is determined that an overpayment has been received from Medicare, the overpayment must be reported and returned to the appropriate agency within 60 days after the date on which the overpayment was identified, or the date

any corresponding cost report is due, if applicable. Failure to submit a timely report and return the overpayment may lead to False Claims Act liability. See CP.13 Federal and State False Claims Act and Employee Protection Provisions for additional information.

4. Determine if self-disclosure and restitution is necessary and, if so, work with the Kaweah Delta Compliance Advocate and appropriate Executive Team member to make prompt restitution to the appropriate health care program/third-party payer.
5. Schedule future monitoring and review activity to mitigate any future reoccurrence. The final resolution of the issue will be reported to the appropriate Executive Team member, the Audit and Compliance Committee, the Chief Executive Officer (CEO), and Board (when appropriate). The length of the investigation and final resolution will vary depending on the complexity and risk associated with the issue.

III. When an investigation is initiated based upon a report of a problem by an employee, the CPO (or designee) will provide a summary of the final resolution to that employee. If the employee still has concerns, the following steps will be used:

A. The CPO will report the continuing concern to the Audit and Compliance Committee.

B. The CPO or Compliance Advocate will contact the employee to request a written statement of their ongoing concerns.

C. The CPO will prepare a written response to the employees concerns.

D. The Audit and Compliance Committee will review the written statement and respond and instruct the CPO whether to continue or to close the investigation.

E. A letter will be sent from the Compliance Advocate on behalf of the Audit and Compliance Committee to the employee stating the final decision of the Audit and Compliance Committee.

IV. When an investigation is initiated concerning a potential breach of patient confidentiality or inappropriate access to medical records the CPO (or designee) will follow Kaweah Delta Administrative Policy AP.108 Patient Privacy Administrative and Compliance Requirements.

A. When required by Federal and State law, the Compliance Department will make the necessary notifications to the patient and Federal/State agencies.

Exceptions:

Notification may be delayed if it would impede a criminal investigation, cause damage to national security, or cause harm to the patient.

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

Policy Number: CP.06	Date Created: 02/02/2021
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Amy Valero (Compliance Manager), Ben Cripps (VP Chief Compliance/Risk Offcr)	
Compliance Program Education	

Purpose: ~~The Kaweah Delta Health Care District (herein after referred to as Kaweah Health) ("Kaweah Delta") Compliance Program shall~~To educate employees and physicians on the medical staff about the Kaweah ~~Delta~~ Health Compliance Program on topics including, but not limited to, Code of Conduct, Patient Privacy regulations, False Claims Act (FCA), Anti-Kickback Statute (AKS), STARK, Criminal Health Care Fraud Statute, Federal Exclusion Statute, and Civil Monetary Penalties (CMP) Laws.

Policy: All employees shall receive mandatory Compliance and Privacy training upon hire, and annually thereafter. All employees and Medical Staff physicians will receive ongoing education on relevant compliance and Patient Privacy topics. Employees working within the Revenue Cycle shall receive ~~more~~ additional focused education related to their function and responsibility.

Process:

I. **New Employee Orientation** – The Vice President & Chief Compliance ~~and Privacy~~ and Risk Officer (VPCCRO) (or designee) will provide live, in-person training to all new employees at New Employee General Orientation. Training content shall include an overview of the Kaweah ~~Delta~~ Health Compliance Program, Code of Conduct, Patient Privacy regulations, FCA, AKS, STARK, Criminal Health Care Fraud Statute, Exclusion Statute, CMP Laws, and other topics as deemed necessary.

II. **Medical Staff Orientation –** New Medical Staff physicians will be oriented to the Kaweah ~~Delta~~ Health Compliance Program through the Medical Staff Orientation Process. Training content shall include an overview of the Kaweah ~~Delta~~ Health Compliance Program, Code of Conduct, Patient Privacy regulations, FCA, AKS, STARK, Criminal Health Care Fraud Statute, Exclusion Statute, CMP Laws, and other topics as deemed necessary.

III. **New Manager Orientation –** New managers shall meet with the VPCCRO ~~Chief Compliance and Privacy Officer~~ (or designee) to receive a more detailed understanding of the Kaweah ~~Delta~~ Health Compliance Program. The training will also include a review of the manager's responsibility for compliance education and reporting.

IV. **New Board Member Orientation –** New Board Members will meet with the VPCCRO ~~Chief Compliance and Privacy Officer~~ to receive a comprehensive overview of the Kaweah ~~Delta~~ Health Compliance Program. The training will also include a review of the Board ~~members~~member's responsibility for compliance.

V. **Continuing Education** - All employees shall receive on-going education about relevant compliance topics including updates to the Compliance Program, Code of Conduct, new laws and regulations, or new Compliance and Privacy policies and procedures. The ways in which information and education shall be provided include:

A. Compliance and Privacy Mandatory Annual Training (MAT) shall be completed by all employees. Failure to complete MAT will result in disciplinary action pursuant to Kaweah Health's Human Resources Policy HR.216 Progressive Discipline.

B. Relevant compliance topics included periodically via the Kaweah ~~Delta~~ Health Communication Boards, all staff e-mail communications, the employee newsletter, and the Medical Staff newsletter.

C. Periodically, Compliance staff may attend department staff meetings to present relevant compliance and privacy topics as required by law, the VPCCRO ~~Compliance and Privacy Officer~~, or at the request of Department Management.

~~C.~~D. Each department/area will identify a representative to serve as their Area Compliance Expert (ACE). These individuals will help support their management by providing compliance and privacy related education on an on-going basis at their department/area staff meetings. Relevant topics will include identified ~~high-risk~~high-risk areas for compliance or information on new laws or regulations.

~~VI.~~ **Focused Education** - Employees working in Patient Access, Patient Accounting, Health Information Management, Clinical Documentation Improvement, and Case Management participate in the development and ongoing management of Operational Compliance Committee, focused on the discussion of regulations, policies, auditing and monitoring, and educational efforts within the departments; including the development and implementation of dashboards designed to develop focused goals and measure effectiveness of each committee. ~~Employees working in Patient Access, Patient Accounting, Health Information Management, Clinical Documentation Improvement, and Case Management shall receive specific compliance education relevant to their function and responsibilities. Annually, Management of these areas shall provide the education content and attendance records to the VPCCRO Compliance and Privacy Officer (or designee) for review.~~

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~~VII.~~VI.

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Policy Number: CP.06	Date Created: 02/28/2017
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: 05/31/2018
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (VP Chief Compliance/Risk Offcr)	

Compliance Program Education

Purpose: The Kaweah Delta Health Care District ("Kaweah Delta") Compliance Program shall educate employees and physicians on the medical staff about the Kaweah Delta Compliance Program on topics including, but not limited to, Code of Conduct, Patient Privacy regulations, False Claims Act (FCA), Anti-Kickback Statute (AKS), STARK, Criminal Health Care Fraud Statute, Federal Exclusion Statute, and Civil Monetary Penalties (CMP) Laws.

Policy: All employees shall receive mandatory Compliance and Privacy training upon hire, and annually thereafter. All employees and Medical Staff physicians will receive ongoing education on relevant compliance and Patient Privacy topics. Employees working within the Revenue Cycle shall receive more focused education related to their function and responsibility.

Process:

I. **New Employee Orientation** – The Compliance and Privacy Officer (or designee) will provide live, in-person training to all new employees at New Employee General Orientation. Training content shall include an overview of the Kaweah Delta Compliance Program, Code of Conduct, Patient Privacy regulations, FCA, AKS, STARK, Criminal Health Care Fraud Statute, Exclusion Statute, CMP Laws, and other topics as deemed necessary.

II. **Medical Staff Orientation** – New Medical Staff physicians will be oriented to the Kaweah Delta Compliance Program through the Medical Staff Orientation Process. Training content shall include an overview of the Kaweah Delta Compliance Program, Code of Conduct, Patient Privacy regulations, FCA, AKS, STARK, Criminal Health Care Fraud Statute, Exclusion Statute, CMP Laws, and other topics as deemed necessary.

III. **New Manager Orientation** – New managers shall meet with the Compliance and Privacy Officer (or designee) to receive a more detailed understanding of the Kaweah Delta Compliance Program. The training will also include a review of the manager's responsibility for compliance education and reporting.

IV. **New Board Member Orientation** – New Board Members will meet with the Compliance and Privacy Officer to receive a comprehensive overview of the

Kaweah Delta Compliance Program. The training will also include a review of the Board members responsibility for compliance.

V. **Continuing Education** - All employees shall receive on-going education about relevant compliance topics including updates to the Compliance Program, Code of Conduct, new laws and regulations, or new Compliance and Privacy policies and procedures. The ways in which information and education shall be provided include:

A. Compliance and Privacy Mandatory Annual Training (MAT) shall be completed by all employees. Failure to complete MAT will result in disciplinary action pursuant to Progressive Discipline.

B. Relevant compliance topics included periodically via the Kaweah Delta Communication Boards, all staff e-mail communications, the employee newsletter, and the Medical Staff newsletter.

C. Periodically, Compliance staff may attend department staff meetings to present relevant compliance and privacy topics as required by law, the Compliance and Privacy Officer, or at the request of Department Management.

VI. **Focused Education** - Employees working in Patient Access, Patient Accounting, Health Information Management and Case Management shall receive specific compliance education relevant to their function and responsibilities. Annually, Management of these areas shall provide the education content and attendance records to the Compliance and Privacy Officer (or designee) for review.

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

Policy Number: CP.07	Date Created: 02/02/2021
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Amy Valero (Compliance Manager), Ben Cripps (VP Chief Compliance/Risk Offcr)	

Excluded Individuals/Entities

Office of Inspector General/Department of Health and Human Services

Purpose: To establish procedures to prevent Kaweah Delta Health Care District's (herein after referred to as Kaweah Health)'s (Kaweah Health) ("Kaweah Delta") hiring, employing, contracting with and/or giving the provision of Medical Staff privileges to anyone excluded from participation in a Federal or State Health Care Program.

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Policy: All current and prospective new employees, independent contractors, vendors, suppliers, consultants, and Medical Staff members shall be searched against the Department of Health and Human Services/Office of Inspector General's List of Excluded Individuals/Entities (OIG) and the General Systems Administration (GSA) list of Excluded Individuals/Entities based on the frequency outlined in this policy.

Definition of an Excluded Person:

An excluded person can be an employee, independent contractor, vendor, supplier, consultant, Medical Staff members, or entity who has been identified bye the Federal or State government as committing an act that excludes the individual/entity from participating in a Federal or State health care program, or Federal/State procurement. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person.

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Procedure:

I. Vendors/Suppliers/Contracted Services

A. Before entering into a contract or agreement, the person responsible for executing or renewing the contract shall ensure that the proposed vendor or supplier is not an Excluded Person/Entity. If the vendor or supplier is excluded from participation in a Federal or State Health Care Program, a contract shall not be executed.

All new or renewed contracts shall ~~have~~contain a ~~clause which~~clause, ~~which~~ require~~s~~ing the vendor to immediately notify Kaweah ~~Delta~~ Health ~~immediately~~ should they become ineligible / excluded ~~to participate~~from participating in a Federal or State Health Care Program. The contract shall also specify Kaweah ~~Delta's~~Health's authority to immediately terminate the agreement in the event the vendor becomes excluded. See AP69 Requirement for Contracting with Outside Service Providers. All executed agreements shall be retained in the Contract Management System.

B. The Director of Finance (or designee) shall search the OIG/GSA List quarterly to ensure that any Kaweah ~~Delta~~ Health vendor/supplier is not an Excluded Person/Entity. Any vendor found to be excluded shall be immediately notified and their contract with Kaweah Health~~Delta~~ terminated.

~~B.~~C. Any providers not credentialed with Kaweah Health, but whose patients utilize Kaweah Health for the fulfillment of services (Laboratory, Imaging, etc.) will be searched for on the OIG list to validate exclusion status. A third-party vendor will maintain the monthly monitoring of non-credentialed providers. Orders for non-credentialed providers who are found to be excluded will not be accepted at Kaweah Health for the fulfillment of medical services.

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Documentation of the review shall be forwarded to the Compliance Department and may be in the format in Exhibit A or other such format as agreed to by the Vice President & Chief Compliance ~~and Risk~~and ~~Privacy~~ Officer (VPCCRO) or designee.

II. Medical Staff /Allied Health Staff

A. Before approving a physician for Medical Staff privileges or authorizing an allied health staff person to provide services, the Medical Staff Director (or designee) shall ensure that the individual is not an Excluded Person. If a physician or allied health professional is identified on the OIG/GSA Exclusion Lists, Medical Staff privileges/authorization to provide services shall not be granted. Any physician or aAllied ~~h~~Health ~~p~~Professional with a change in status, such as an exclusion from Federal or State Health Care participation, shall immediately report such change to the Kaweah ~~Delta~~ Health (VPCCRO)~~Compliance Officer~~ and Medical Staff Office.

B. The Director of the Medical Staff Office (or designee) shall search the OIG/GSA list monthly to ensure that any Kaweah DeltaHealth Medical Staff or Aallied ~~h~~Health ~~p~~Professional is not an Excluded Person. In the event a physician or aAllied ~~h~~Health ~~p~~Professional is on the OIG/GSA

Exclusion List, Medical Staff privileges/authorization to provide services shall be immediately revoked.

Documentation of the review shall be forwarded quarterly to the VPCCROChief Compliance and Privacy Officerr (or designee) and may be in the format in Exhibit A or other such format as agreed to by the VPCCROCompliance and Privacy Officer.

III. Employment Applicants

A. Prior to making an offer of employment or contract, Human Resources staff shall search the OIG/GSA List to ensure that the applicant is not an Excluded Person. In the event the applicant is on the OIG/ GSA List, no offer of employment or contract shall be made.

IV. Kaweah HealthDelta Employees

A. The OIG/GSA and State Exclusion Lists shall be searched monthly to determine if a Kaweah Delta Health employee has been identified as an Excluded Person. The review will also evaluate any published legal or license activity that might affect a person's status for their California licensure. Human Resources will be immediately notified of any potential situations that require further review and evaluation.

B. In the event an employee is identified as an Excluded Person, the Vice President ofChief Human Resources Officer will review the finding and report the outcome of the review to the VPCCROCompliance and Privacy Officer. Confirmation of the "excluded" status is cause for immediate termination of employment with Kaweah DeltaHealth.

V. Investigations of Excluded Person(s)

A. In the event that an Excluded Person/party is identified, the Compliance Department will conduct an investigation following CP.05 Compliance and Privacy Issues Investigation and Resolution.

B. In the event that an Excluded Person/party is identified, Insurance Plan Sponsors and/or Payor will be notified (when appropriate).

EXHIBIT A

Verification of review of OIG and GSA List of Excluded Individuals/Entities

Review completed for: _____

Vendors, Medical and Allied Health Staff, Consultants, Staff)

Review completed on: _____

(Date)

I certify that this review has been completed and no Excluded Individuals/Entities were found.

Signature: _____

Print Name: _____

I certify that this review has been completed and the following Individuals/Entities were found:

_____ _____

_____ _____

Signature: _____

Print Name: _____

Please forward the completed form to the VPCCRQ~~Compliance and Privacy Officer~~ or designee

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

Policy Number: CP.07	Date Created: 02/28/2017
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: 05/31/2018
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (VP Chief Compliance/Risk Offcr)	

Excluded Individuals/Entities

Office of Inspector General/Department of Health and Human Services

Purpose: To establish procedures to prevent Kaweah Delta Health Care District's ("Kaweah Delta") hiring, employing, contracting with and/or giving the provision of Medical Staff privileges to anyone excluded from participation in a Federal or State Health Care Program.

Policy: All current and prospective new employees, independent contractors, vendors, suppliers, consultants, and Medical Staff members shall be searched against the Department of Health and Human Services/Office of Inspector General's List of Excluded Individuals/Entities (OIG) and the General Systems Administration (GSA) list of Excluded Individuals/Entities based on the frequency outlined in this policy.

Definition of an Excluded Person:

An excluded person can be an employee, independent contractor, vendor, supplier, consultant, Medical Staff members, or entity who has been identified be the Federal or State government as committing an act that excludes the individual/entity from participating in a Federal or State health care program, or Federal/State procurement. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person.

Procedure:

I. Vendors/Suppliers/Contracted Services

A. Before entering into a contract or agreement, the person responsible for executing or renewing the contract shall ensure that the proposed vendor or supplier is not an Excluded Person/Entity. If the vendor or supplier is excluded from participation in a Federal or State Health Care Program, a contract shall not be executed.

All new or renewed contracts shall have a clause which requires the vendor to notify Kaweah Delta immediately should they become ineligible to participate in a Federal or State Health Care Program. The contract shall also specify Kaweah Delta's authority to immediately terminate the agreement in the event the vendor becomes excluded. See Requirement for Contracting with Outside Service Providers. All executed agreements shall be retained in the Contract Management System.

B. The Director of Finance (or designee) shall search the OIG/GSA List quarterly to ensure that any Kaweah Delta vendor/supplier is not an Excluded Person/Entity. Any vendor found to be excluded shall be immediately notified and their contract with Kaweah Delta terminated.

Documentation of the review shall be forwarded to the Compliance Department and may be in the format in Exhibit A or other such format as agreed to by the Compliance and Privacy Officer or designee.

II. Medical Staff /Allied Health Staff

A. Before approving a physician for Medical Staff privileges or authorizing an allied health staff person to provide services, the Medical Staff Director (or designee) shall ensure that the individual is not an Excluded Person. If a physician or allied health professional is identified on the OIG/GSA Exclusion Lists, Medical Staff privileges/authorization to provide services shall not be granted. Any physician or allied health professional with a change in status, such as an exclusion from Federal or State Health Care participation, shall immediately report such change to the Kaweah Delta Compliance Officer and Medical Staff Office.

B. The Director of the Medical Staff Office (or designee) shall search the OIG/GSA list monthly to ensure that any Kaweah Delta Medical Staff or allied health professional is not an Excluded Person. In the event a physician or allied health professional is on the OIG/GSA Exclusion List, Medical Staff privileges/authorization to provide services shall be immediately revoked.

Documentation of the review shall be forwarded quarterly to the Compliance and Privacy Officer (or designee) and may be in the format in Exhibit A or other such format as agreed to by the Compliance and Privacy Officer.

III. Employment Applicants

A. Prior to making an offer of employment or contract, Human Resources staff shall search the OIG/GSA List to ensure that the applicant is not an

Excluded Person. In the event the applicant is on the OIG/ GSA List, no offer of employment or contract shall be made.

IV. Kaweah Delta Employees

A. The OIG/GSA and State Exclusion Lists shall be searched monthly to determine if a Kaweah Delta employee has been identified as an Excluded Person. The review will also evaluate any published legal or license activity that might affect a person's status for their California licensure. Human Resources will be immediately notified of any potential situations that require further review and evaluation.

B. In the event an employee is identified as an Excluded Person, the Vice President of Human Resources will review the finding and report the outcome of the review to the Compliance and Privacy Officer. Confirmation of the "excluded" status is cause for immediate termination of employment with Kaweah Delta.

V. Investigations of Excluded Person(s)

A. In the event that an Excluded Person/party is identified, the Compliance Department will conduct an investigation following Compliance and Privacy Issues Investigation and Resolution.

B. In the event that an Excluded Person/party is identified, Insurance Plan Sponsors and/or Payor will be notified (when appropriate).

EXHIBIT A

Verification of review of OIG and GSA List of Excluded Individuals/Entities

Review completed for: _____

Vendors, Medical and Allied Health Staff, Consultants, Staff)

Review completed on: _____

(Date)

I certify that this review has been completed and no Excluded Individuals/Entities were found.

Signature: _____

Print Name: _____

I certify that this review has been completed and the following Individuals/Entities were found:

_____ _____

_____ _____

Signature: _____

Print Name: _____

Please forward the completed form to the Compliance and Privacy Officer

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

Policy Number: CP.08	Date Created: 07/06/2021
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Amy Valero (Compliance Manager), Ben Cripps (VP Chief Compliance/Risk Offcr)	

Governmental Payer Regulatory Updates

Purpose: To define the process used to identify and disseminate regulatory updates to the appropriate Department(s) and to provide a mechanism to evaluate and assess the effects and to implement regulatory changes and requirements that apply to Kaweah Delta Health Care District ("Kaweah ~~Delta~~Health") operations.

Policy: It is the policy of Kaweah ~~Delta~~Health that regulatory updates will be distributed to and reviewed by appropriate department management and staff. All applicable changes will be implemented in compliance with all governmental rules and regulations.

Process:

I. The Compliance Department is responsible for coordinating the distribution, tracking, and monitoring of all regulatory updates~~. The Compliance Department will access the regulatory updates using the appropriate state and federal governmental web sites~~. Regulatory changes will be reviewed monthly to ~~determine~~ evaluate the content~~s~~ of the regulatory update and to determine the appropriate area(s) and Management to whom the ~~material~~information applies. As necessary, the Compliance Department will work with the applicable area to assess the regulatory update.

II. ~~Once assigned by t~~The Compliance Department will distribute~~, Management will receive a copy of the regulatory update. T~~the regulatory update, ~~will be~~ accompanied by a copy of the assignment log identifying the required response.

IV. Topics involving representatives from multiple areas shall collaborate~~should work in collaboration with the assigned departments, and the Compliance Department as necessary~~, in the assessment and implementation of any corrective action or response.~~n.~~

V. ~~In some cases, certain r~~Regulatory updates ~~may~~that do not directly apply to Kaweah ~~Delta~~Health operations~~. In such cases, the Compliance Department~~ will be documented as the non-applicable~~ility.~~

VI. Regulatory updates requiring a response will be evaluated by Management. The response must include a comprehensive assessment of the issue and identify an action plan, risk level, and follow-up/monitoring (as appropriate). The evaluation and response must be completed in its entirety and returned to the Compliance Department within 15 calendar days from the date of distribution (unless otherwise communicated).

VII. As necessary, the appropriate member of the Executive Team and/or the Audit and Compliance Committee Meeting will be notified of Management failing to provide timely response.

VIII. Management of all areas affected by or involved with the regulatory updates affecting billing and coding will ensure that appropriate education and training are provided to all applicable staff.

"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."

Kaweah Health
MORE THAN MEDICINE. LIFE.

Subcategories of Department Manuals not selected.

Policy Number: CP.08	**Date Created: 03/01/2017**
Document Owner: Lisa Wass (Compliance Analyst)	**Date Approved: 08/28/2018**
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (VP Chief Compliance/Risk Offcr)	

Governmental Payer Regulatory Updates

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

Purpose: To define the process used to identify and disseminate regulatory updates to the appropriate Department(s) and to provide a mechanism to evaluate and assess the effects and to implement regulatory changes and requirements that apply to Kaweah Delta Health Care District ("Kaweah Delta") operations.

Policy: It is the policy of Kaweah Delta that regulatory updates will be distributed to and reviewed by appropriate department management and staff. All applicable changes will be implemented in compliance with all governmental rules and regulations.

Process:

I. The Compliance Department is responsible for coordinating the distribution, tracking, and monitoring of regulatory updates. The Compliance Department will access the regulatory updates using the appropriate state and federal governmental web-sites. Regulatory changes will be reviewed monthly to determine the contents of the regulatory update and to determine the appropriate area(s) and Management to whom the material applies. As necessary, the Compliance Department will work with the applicable area to assess the regulatory update.

II. Once assigned by the Compliance Department, Management will receive a copy of the regulatory update. The regulatory update will be accompanied by a copy of the assignment log identifying the required response.

IV. Topics involving representatives from multiple areas should work in collaboration with the assigned departments, and the Compliance Department as necessary, in the assessment and implementation of any corrective action.

V. In some cases, certain regulatory updates may not directly apply to Kaweah Delta operations. In such cases, the Compliance Department will document the non-applicability.

VI. Regulatory updates requiring a response will be evaluated Management. The response must include a comprehensive assessment of the issue and identify an action plan, risk level, and follow-up/monitoring (as appropriate). The evaluation and response must be completed in its entirety and returned

to the Compliance Department within 15 days from the date of distribution (unless otherwise communicated).

VII. As necessary, the appropriate member of the Executive Team and/or the Audit and Compliance Committee Meeting will be notified of Management failing to provide timely response.

VIII. Management of all areas affected by or involved with the regulatory updates affecting billing and coding will ensure that appropriate education and training are provided to all applicable staff.

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

Policy Number: CP.10	Date Created: 02/02/2021
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Amy Valero (Compliance Manager), Ben Cripps (VP Chief Compliance/Risk Offcr)	
Compliance Reviews and Assessments	

Purpose: To outline and evaluate the process of performing audits and/or monitoring to measure compliance and assist in process improvement.

Policy: Kaweah Delta Health Care District (herein after referred to as Kaweah Health) ~~("Kaweah Delta")~~ acknowledges its responsibility to detect and prevent illegal, unethical, and abusive conduct. The Kaweah ~~Delta~~Health Compliance Program shall complete auditing and monitoring activities on a regular basis to evaluate compliance with specific laws, regulations, accreditation requirements and/or Kaweah ~~Delta~~Health policies and procedures. The Compliance Program shall evaluate and assess compliance risk through ongoing risk assessment process. The Compliance Program shall also audit and/or monitor high-risk areas and changing government standards or industry practices on a regular basis.

Process:

I. **Closed Compliance Issues** – Risk areas identified for closed compliance issues will be evaluated and prioritized. Auditing and monitoring activities will be completed periodically based on the recommendation of the Vice President & ~~Chief~~ Compliance and Risk ~~and Privacy~~ Officer (VPCCRO) to the Audit and Compliance Committee. Follow-up audits or monitoring activity will be completed by Compliance staff or may be referred to Internal Audit. Reviews requiring independent detailed claim or record reviews will be completed by Compliance staff or contracted external audit firm.

II. **Risk Prevention and Identification** – The ~~Chief Compliance Officer~~VPCCRO (or designee) will review risk areas identified by the Office of Inspector General (OIG), Centers for Medicare and Medicaid Services (CMS), Medi-Cal, California Department of Public Health (CDPH), and other government agencies and audit contractors. Particular focus will be given to

risk areas involving complex processes and to those areas new to Kaweah ~~Delta~~Health operations.

III. **Billing and Coding Reviews** – Billing, coding and medical record reviews will be completed periodically as outlined in CP.02 Review of Billing Practices . The results of these reviews shall be monitored by the ~~Chief Compliance and Privacy Officer~~VPCCRO (or designee) and reported to the Audit and Compliance Committee.

IV. **Corrective Action Monitoring** – The Compliance and/or Internal Audit staff shall also audit and monitor processes in risk areas where compliance investigations have been completed and corrective actions implemented. Periodic monitoring of these risk areas will be used to validate the effectiveness of corrective actions and continued compliance.

V. **Suspected Wrongdoing** – When an assessment identifies suspected wrongdoing, possible fraud and abuse, or non-compliance with laws, regulations, accreditation requirements and/or Kaweah ~~Delta~~Health policies and procedures, a ~~more~~ thorough investigation will be initiated pursuant to Compliance Policy Compliance and Privacy Issues Investigation and Resolution.

VI. **Recommended Audit and Monitoring Procedures** – Assignments of audit staff will be based on the particular expertise required to fully audit the specific area or standard being evaluated. All analysis and documentation related to each unscheduled audit shall be compiled at the direction of the ~~Chief Compliance and Privacy Officer~~VPCCRO and/or legal counsel and shall be treated as attorney-client work product (when appropriate).

All audit reports shall be completed in a timely fashion, reported to the Audit and Compliance Committee, and at a minimum include the following information:

(1) Audit objectives and scope;
(2) Audit procedures employed;
(3) Results obtained;
(4) Conclusions concerning accomplishment of the audit objectives;
(5) Details concerning any deficiencies noted; and
(6) Recommendations for corrective action or improvement.

Policy Number: CP.10	Date Created: 03/01/2017
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: 05/31/2018
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (VP Chief Compliance/Risk Offcr)	

Compliance Reviews and Assessments

Purpose: To outline and evaluate the process of performing audits and/or monitoring to measure compliance and assist in process improvement.

Policy: Kaweah Delta Health Care District ("Kaweah Delta") acknowledges its responsibility to detect and prevent illegal, unethical, and abusive conduct. The Kaweah Delta Compliance Program shall complete auditing and monitoring activities on a regular basis to evaluate compliance with specific laws, regulations, accreditation requirements and/or Kaweah Delta policies and procedures. The Compliance Program shall evaluate and assess compliance risk through ongoing risk assessment process. The Compliance Program shall also audit and/or monitor high-risk areas and changing government standards or industry practices on a regular basis.

Process:

I. **Closed Compliance Issues** – Risk areas identified for closed compliance issues will be evaluated and prioritized. Auditing and monitoring activities will be completed periodically based on the recommendation of the Compliance and Privacy Officer to the Audit and Compliance Committee. Follow-up audits or monitoring activity will be completed by Compliance staff or may be referred to Internal Audit. Reviews requiring independent detailed claim or record reviews will be completed by Compliance staff or contracted external audit firm.

II. **Risk Prevention and Identification** – The Compliance Officer (or designee) will review risk areas identified by the Office of Inspector General (OIG), Centers for Medicare and Medicaid Services (CMS), Medi-Cal, California Department of Public Health (CDPH), and other government agencies and audit contractors. Particular focus will be given to risk areas involving complex processes and to those areas new to Kaweah Delta operations.

III. **Billing and Coding Reviews** – Billing, coding and medical record reviews will be completed periodically as outlined in CP.02 Review of Billing Practices . The results of these reviews shall be monitored by the Compliance and Privacy Officer (or designee) and reported to the Audit and Compliance Committee.

IV. **Corrective Action Monitoring –** The Compliance and/or Internal Audit staff shall also audit and monitor processes in risk areas where compliance investigations have been completed and corrective actions implemented. Periodic monitoring of these risk areas will be used to validate the effectiveness of corrective actions and continued compliance.

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VI. **Recommended Audit and Monitoring Procedures** – Assignments of audit staff will be based on the particular expertise required to fully audit the specific area or standard being evaluated. All analysis and documentation related to each unscheduled audit shall be compiled at the direction of the Compliance and Privacy Officer and/or legal counsel and shall be treated as attorney-client work product (when appropriate).

All audit reports shall be completed in a timely fashion, reported to the Audit and Compliance Committee, and at a minimum include the following information:

(1) Audit objectives and scope;
(2) Audit procedures employed;
(3) Results obtained;
(4) Conclusions concerning accomplishment of the audit objectives;
(5) Details concerning any deficiencies noted; and
(6) Recommendations for corrective action or improvement.

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Kaweah Delta Health Care District dba Kaweah Health
Board of Directors
Job Description: Board President

1. Keep the mission of the organization at the forefront and articulates it as the basis for all Board action.
2. Understands and communicates the roles and function of the Board, committees, medical staff, and management.
3. Understands and communicates individual Board member, Board leader, and committee chair responsibilities and accountability.
4. Acts as a liaison between the Board, management, and medical staff.
5. Plans agendas.
6. Presides over the meetings of the Board.
7. Presides over or attends other Board, medical staff, and other organization meetings.
8. Enforces Board and hospital bylaws, rules, and regulations (such as conflict of interest and confidentiality policies).
9. Appoints Board committee chairs and members in a consistent and systematic approach.
10. Acts as a liaison between and among other Boards in the healthcare system.
11. Establishes Board goals and objectives and translates them into annual work plans.
12. Directs the committees of the Board, ensuring that the committee work plans flow from and support the hospital and Board goals, objectives, and work plans.
13. Provides orientation, training, and mentorship for new Board members.
14. Arranges continuing education for the Board.
15. Builds cohesion among the leadership team of the Board President, CEO, and medical staff leaders.
16. Leads the CEO performance objective and evaluation process.
17. Plans for Board leadership succession.

_____ _____

President, Board of Directors Date
Kaweah Delta Health Care District

~~07/27/2020~~01/01/2022

Kaweah Delta Health Care District dba Kaweah Health
Board of Directors
Job Description: Board Vice President

In addition to meeting all of the responsibilities of a member of the Board, the Board Vice President understands the responsibilities of the Board President (chair) and the Secretary/Treasurer and is available to perform these duties in the Chair's or Secretary/Treasurer's absence.

_____ _____

Vice President, Board of Directors
Kaweah Delta Health Care District

Date

~~07/27/2020~~01/01/2022

Kaweah Delta Health Care District dba Kaweh Health
Board of Directors
Job Description: Individual Board Member

As Boards of directors have basic collective responsibilities, Board members are also entrusted with individual responsibilities as a part of Board membership. The obligations of Board service are considerable; they extend well beyond any basic expectations of attending meetings. Individual Board members are expected to meet higher standards of personal conduct on behalf of their organization than what is usually expected of other types of volunteers.

Yet, despite all these "special" responsibilities, Board members as individuals have no special privileges, prerogatives, or authority; they must meet in formal session to negotiate and make corporate decisions. The undertaking of serving as a Board member is a complex one indeed.

Considering the complexities of Board membership, a clear statement of individual Board member responsibilities adapted to the organization's needs and circumstances can service many purposes including clarifying expectation before candidate's files for a seat that is up for election on the Kaweah Delta Board of Directors.

GENERAL EXPECTATIONS

- Knowing the organization's mission, purposes, goals, policies, programs, services, strengths, and needs.
- Performing the duties of Board membership responsibly and conforming to the level of competence expected from Board members as outlined in the duties of care, loyalty, and obedience as they apply to nonprofit Board members.
- Serving in leadership positions and undertaking special assignments willingly and enthusiastically.
- Avoiding prejudiced judgments on the basis of information received from individuals and urging those with grievances to follow established policies and procedures through their supervisors. (All matters of potential significance should be called to the attention of the executive and the Board's elected leader as appropriate.)
- Following trends in the organization's field of interest.
- Bringing good will and a sense of humor to the Board's deliberations.

MEETINGS

- Preparing for and participating in Board and committee meetings, including appropriate organizational activities.
- Asking timely and substantive questions at Board and committee meetings consistent with the Board member's conscience and convictions, while at the same time supporting the majority decision on issues decided by the Board.
- Maintaining confidentiality of the Board's executive sessions, and speaking for the Board or organization only when authorized to do so.
- Suggesting agenda items periodically for Board meetings; review and approval, of committee meeting agendas, by the committee chair to ensure that significant, policy-related matters are addressed.

RELATIONSHIP WITH STAFF

- Counseling the chief executive as appropriate and supporting him or her through often difficult relationships with groups or individuals.
- Avoiding asking for special favors of the staff, including special requests for extensive information, without at least prior consultation with the chief executive, Board or appropriate committee chairperson.

AVOIDING CONFLICTS

- Serving the organization as a whole rather than any special interest group or constituency. Regardless of whether or not the Board member was invited to fill a vacancy reserved for a certain constituency or organization, his/her first obligation is to avoid any preconception that he/she "represents" anything but the organization's best interests.
- Avoiding even the appearance of a conflict of interest that might embarrass the Board or the organization; disclosing any possible conflicts to the Board in a timely fashion.
- Maintaining independence and objectivity and doing what a sense of fairness, ethics, and personal integrity dictate, even though not necessarily being obliged to do so by law, regulation, or custom.
- Never accepting (or offering) favors or gifts from (or to) anyone who does business with the organization.
- The Board shall assess the adequacy of its conflict-of-interest/confidentiality policies and procedures at least every two years.

FIDUCIARY RESPONSIBILITIES

- Exercising prudence with the Board in the control and transfer of funds.
- Faithfully reading and understanding the organization's financial statements and otherwise helping the Board fulfill its fiduciary responsibility.

_____ _____

Board of Directors Date
Kaweah Delta Health Care District

Kaweah Delta Health Care District dba Kaweah Health
Board of Directors
Job Description: Hospital Board of Directors

PRIMARY RESPONSIBILITY - This Board's primary responsibility is to develop and follow the organization's mission statement, which leads to the development of specific policies in the four key areas of:

1. Quality Performance
2. Financial Performance
3. Planning Performance
4. Management Performance

The Board accomplishes the above by adopting specific outcome targets to measure the organization's performance. To accomplish this, the Board must:

- Establish policy guidelines and criteria for implementation of the mission. The Board also reviews the mission statements of any subsidiary units to ensure that they are consistent with the overall mission.
- Evaluate proposals brought to the Board to ensure that they are consistent with the mission statement. Monitor programs and activities of the hospital and subsidiaries to ensure mission consistency.
- Periodically review, discuss, and if necessary amend the mission statement to ensure its relevance.

QUALITY PERFORMANCE RESPONSIBILITIES - This Board has the final moral, legal, and regulatory responsibility for everything that goes on in the organization, including the quality of services provided by all individuals who perform their duties in our facilities or under Board sponsorship. To exercise this quality oversight responsibility, the Board must:

- Understand and acknowledge responsibility for the actions of all physicians, nurses, and other individuals who perform their duties in the organization's facilities.
- Review and carefully discuss quality reports that provide comparative statistical data about services, and set measurable policy targets to ensure continual improvement in quality performance.
- Carefully review recommendations of the medical staff regarding new physicians who wish to practice in the organization and are familiar with the termination and fair hearing policies.
- Reappoint individuals to medical staff using comparative outcome data to evaluate how they have performed since their last appointment.
- Appoint physicians to governing body committees and seek physician participation in the governance process to assist the Board in its patient quality-assessment responsibilities.
- Fully understand the Board's responsibilities and relationships with the medical staff and maintain effective mechanisms for communicating with them.
- Regularly receive and discuss malpractice data reflecting the organization's experience and the experience of individual physicians who have been appointed to the medical staff.

- The governing body shall adopt a Performance Improvement Plan and Risk Management Plan for the District and shall provide for resources and support systems to ensure that the plans can be carried out.
- Regularly receive and discuss data about medical staff to assure that future staffing will be adequate in terms of ages, numbers, specialties, and other demographic characteristics.
- Ensure that management reviews and assesses the attitudes and opinions of those who work in the organization to identify strengths, weaknesses, and opportunities for improvement.
- Monitor programs and services to ensure that they comply with policies and standards relating to quality.
- Take corrective action when appropriate and necessary to improve quality performance.

FINANCIAL PERFORMANCE RESPONSIBILITIES - Our Board has ultimate responsibility for the financial soundness of the organization. To accomplish this we:

- Annually review and approve the overall financial plans, budgets, and policies for implementation of those plans and budgets on a short and long term basis. The plan must include and identify in detail the objective of, and the anticipated sources of financing for each anticipated capital expenditure:
- Approve an annual audited financial statement prepared by a major accounting firm and presented directly to the Board of Directors.
- Approve any specific expenditure in excess of $75,000, which is not included in the annual budget
- Approve financial policies, plans, programs, and standards to ensure preservation and enhancement of our assets and resources.
- Monitor actual performance against budget projections and review and adopt ethical financial policies and guidelines.
- Review major capital plans proposed for the organization and its subsidiaries.
- Approve all contracts, whether directly, or by authority delegated to a committee or to the Chief Executive Officer or his designee(s)

PLANNING PERFORMANCE RESPONSIBILITIES - The Board has the final responsibility for determining the future directions that the organization will take to meet the community's health needs. To fulfill this responsibility, the Board must:

- Review and approve a comprehensive strategic plan and supportive policy statements.
- Develop long term capital expenditure plans as a part of its long range strategic planning.
- Determine whether or not the strategic plan is consistent with the mission statement.
- Assess the extent to which plans meet the strategic goals and objectives that have been previously approved.
- Periodically review, discuss, and amend the strategic plan to ensure its relevance for the community.
- Regularly review progress toward meeting goals in the plan to assess the degree to which the organization is meeting its mission.

- Annually, the governing body shall meet with the leaders of the Medical Staff to review and analyze the health care services provided by the District and to discuss long range planning for the District.

MANAGEMENT PERFORMANCE RESPONSIBILITES - The Board is the final authority regarding oversight of management performance by our Chief Executive Officer and support staff. To exercise this authority, the Board must:

- Recruit, employ, and regularly evaluate the performance of our Chief Executive Officer.
- Evaluate the performance of the CEO annually using goals and objectives agreed upon with the CEO at the beginning of the evaluation cycle.
- Communicate regularly with the CEO regarding goals, expectations, and concerns.
- Periodically survey CEO employment arrangements at comparable organizations to assure the reasonableness and competitiveness of our compensation package.
- Periodically review management succession plans to ensure leadership continuity.
- Establish specific performance policies which provide the CEO with a clear understanding of what the Board expects, and update these policies based on changing conditions.

The Board is also responsible for managing its own governance affairs in an efficient and successful way. To fulfill this responsibility, the Board must:

- Members of the governing body are elected by the public and, accordingly, are judged on their individual performance by the electorate.
- Maintain written conflict-of-interest policies that include guidelines for the resolution of existing or apparent conflicts of interest.
- Participate both as a Board and individually in orientation programs and continuing education programs both within the organization and externally. As such, the District shall reimburse reasonable expenses for both in-state and out-of-state travel for such educational purposes.
- Periodically review Board structure to assess appropriateness of size, diversity, committees, tenure, and turnover of officers and chairpersons.
- Assure that each Board member understands and agrees to maintain confidentiality with regard to information discussed by the Board and its committees.
- Assure that each Board member understands and agrees to adhere to the Brown Act ensuring that Board actions be taken openly and that deliberations be conducted openly.
- Adopt, amend, and if necessary repeal the articles and bylaws of the organization.
- Maintain an up-to-date Board policy manual, which includes specific policies covering oversight responsibilities in the area of quality performance, financial performance, strategic planning performance, and management performance.
- To review the District's Mission, Vision & Pillars statements every two years.

_____ _____

Board of Directors Date
Kaweah Delta Health Care Directors

Kaweah Delta Health Care District dba Kaweah Health
Board of Directors
Job Description: Board Secretary/Treasurer

1. The Secretary/Treasurer shall act as the Secretary for the Board of Directors of Kaweah Delta Health Care District dba Kaweah Health, and in so doing shall:
    a. maintain minutes of all meetings of the Board of Directors;
    b. be responsible for the custody of all records and for maintaining records of the meetings;
    c. be assured that an agenda is prepared for all meetings.
2. The Secretary/Treasurer shall be custodian of all funds of Kaweah Delta Health Care District as well as the health care facilities operated by the District.
3. The Secretary/Treasurer shall assure that administration is using proper accounting systems; that this is a true and accurate accounting of the transactions of the District; that these transactions are recorded and accurate reports are regularly reported to the Board of Directors.
4. The Secretary/Treasurer, in conjunction with the Board Audit and Compliance Committee, shall see that a major accounting firm provides ongoing overview and scrutiny of the fiscal aspects of the District, and shall further assure that an annual audit is prepared by a major accounting firm and presented directly to the Board of Directors.

_____ _____

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

Kaweah Delta Health Care District Bylaws

Article I The District and Its Mission

Section 1 Kaweah Delta Health Care District dba Kaweah Health is a community venture, operating under the authority granted through the California Health and Safety Code as a health care district. The purpose of the District is to provide quality health care within defined areas of expertise. It is the intent of the District that no person shall be denied emergency admission or emergency treatment based upon ability to pay. It is further the intent of the District that no person shall be denied admission or treatment based upon race, color, national origin, ethnic, economic, religious or age status or on the basis of sexual preference. The medical welfare of the community and its particular health needs will be fulfilled to the capacity of the District's financial limitations.

Section 2 Kaweah Delta Health Care District operates under the authority of California Code for a health care district. {California Health & Safety Code – Division 23 – Hospital Districts – Sections 32000-32492} As such, Kaweah Delta Health Care District is publicly owned and operates as a non-profit entity.

Section 3 As permitted by law, the District may, by resolution of the Board, conduct any election by all-mailed ballots pursuant to Division 4 (commencing with Section 4,000) of the California Elections Code.

Section 4 The Mission of Kaweah Delta Health Care District is; Health is our passion. Excellence is our focus. Compassion is our promise.

Section 5 The Vision of Kaweah Delta Health Care District is: To be your world-class healthcare choice, for life.

Section 6 The Pillars of Kaweah Delta Health Care District are:

1. Achieve outstanding community health
2. Deliver excellent service
3. Provide an ideal work environment
4. Empower through education
5. Maintain financial strength

Section 7 The mission, vision, and pillars of the District support the safety and quality of care, treatment, and service. {Joint Commission Standard LD.02.01.01}

Section 8 The Code of Conduct of Kaweah Delta Health Care District is a commitment to ethical and legal business practices, integrity, accountability, and excellence. The Code is a founding document of the Compliance Program, developed to express Kaweah Health's understanding and obligation to comply with all applicable laws and regulations. {Joint Commission Standard LD.04.01.01}

Article II The Governing Body

Section 1 The Governing Body of the Kaweah Delta Health Care District is a Board of Directors constituted by the five (5) publicly elected directors, who are elected by zone, each for four (4) year terms, with two (2) being elected on staggered terms and three (3) being elected two (2) years later on staggered terms. {Health and Safety Code 32100} The election of the directors is to conform with the applicable California Code. {Government Code 1780} This publicly elected Governing Body is responsible for the safety and quality of care, treatment, and services, establishes policy, promotes performance improvement, and provides for organizational management and planning {Joint Commission Standard LD.1.10}~~.~~

Section 2 The Governing Body, in accordance with applicable California Code, adopts the Bylaws of the organization.

Section 3 The principal office of Kaweah Delta Health Care District is located at Kaweah Health Medical Center - Acequia Wing, Executive Offices, 400 West Mineral King Avenue, Visalia, CA 93291. Correspondence to the Board should be addressed to the Board of Directors at this address. Kaweah Health also maintains a Web site at www.kaweahhealth.org. All noticed meeting agendas and supporting materials for Board meetings and Board committee meetings can be obtained at **www.kaweahhealth.org/About-Us/Board-of-Directors**.

Section 4 The duties and the responsibilities of the Governing Body are:

PRIMARY RESPONSIBILITY - This Board's primary responsibility is to develop and follow the organization's mission statement, which leads to the development of specific policies in the four key areas of:

A. Quality Performance
B. Financial Performance
C. Planning Performance
D. Management Performance

The Board accomplishes the above by adopting specific outcome targets to measure the organization's performance. To accomplish this, the Board must:

1) Establish policy guidelines and criteria for implementation of the mission. The Board also reviews the mission statements of any subsidiary units to ensure that they are consistent with the overall mission.
2) Evaluate proposals brought to the Board to ensure that they are consistent with the mission statement. Monitor programs and activities of the hospital and subsidiaries to ensure mission consistency.
3) Periodically review, discuss, and if necessary, amend the mission statement to ensure its relevance.

A. QUALITY PERFORMANCE RESPONSIBILITIES - This Board has the final moral, legal, and regulatory responsibility for everything that goes on in the organization, including the quality of services provided by all individuals who perform their duties in the organization's facilities or under Board sponsorship. To exercise this quality oversight responsibility, the Board must:

1) Understand and accept responsibility for the actions of all physicians, nurses, and other individuals who perform their duties in the organization's facilities.
2) Review and carefully discuss quality reports that provide comparative statistical data about services, and set measurable policy targets to ensure continual improvement in quality performance.
3) Carefully review recommendations of the Medical Staff regarding new physicians who wish to practice in the organization and be familiar with the termination and fair hearing policies.
4) Reappoint individuals to the Medical Staff using comparative outcome data to evaluate how they have performed since their last appointment.
5) Appoint physicians to governing body committees and seek physician participation in the governance process to assist the Board in its patient quality-assessment responsibilities.
6) Fully understand the Board's responsibilities and relationships with the Medical Staff and maintain effective mechanisms for communicating with them.
7) Regularly receive and discuss malpractice data reflecting the organization's experience and the experience of individual physicians who have been appointed to the Medical Staff.
8) Adopt a Performance Improvement Plan and Risk Management Plan for the District and provide for resources and support systems to ensure that the plans can be carried out.
9) Regularly receive and discuss data about the Medical Staff to assure that future staffing will be adequate in terms of ages, numbers, specialties, and other demographic characteristics.
10) Ensure that management reviews and assesses the attitudes and opinions of those who work in the organization to identify strengths, weaknesses, and opportunities for improvement.
11) Monitor programs and services to ensure that they comply with policies and standards relating to quality.
12) Take corrective action when appropriate and necessary to improve quality performance.

B. FINANCIAL PERFORMANCE RESPONSIBILITIES - This Board has the ultimate responsibility for the financial soundness of the organization. To accomplish this the Board must:

1) Annually review and approve the overall financial plans, budgets {Joint Commission Standard LD.04.01.03}, and policies for implementation of those plans and budgets on a short and long-term basis. The plan must include and identify in detail the objective of, and the anticipated sources of financing for each anticipated capital expenditure:
2) Approve an annual audited financial statement prepared by a major accounting firm and presented directly to the Board of Directors.
3) Approve any specific expenditure in excess of $75,000, which is not included in the annual budget.
4) Approve financial policies, plans, programs, and standards to ensure preservation and enhancement of the organization's assets and resources.
5) Monitor actual performance against budget projections and review and adopt ethical financial policies and guidelines.
6) Review major capital plans proposed for the organization and its subsidiaries.

C. PLANNING PERFORMANCE RESPONSIBILITIES - The Board has the final responsibility for determining the future directions that the organization will take to meet the community's health needs. To fulfill this responsibility, the Board must:

1) Review and approve a comprehensive strategic plan and supportive policy statements.
2) Develop long term capital expenditure plans as a part of its long range strategic planning.
3) Determine whether or not the strategic plan is consistent with the mission statement.
4) Assess the extent to which plans meet the strategic goals and objectives that have been previously approved.
5) Periodically review, discuss, and amend the strategic plan to ensure its relevance for the community.
6) Regularly review progress towards meeting goals in the plan to assess the degree to which the organization is meeting its mission.
7) Annually meet with the leaders of the Medical Staff to review and analyze the health care services provided by Kaweah Health and to discuss long range planning for Kaweah Health.

D. MANAGEMENT PERFORMANCE RESPONSIBILITES - The Board is the final authority regarding oversight of management performance by our Chief Executive Officer. To exercise this authority, the Board must:

1) Oversee the recruitment, employment, and regular evaluations of the performance of the Chief Executive Officer.
2) Evaluate the performance of the CEO annually using goals and objectives agreed upon with the CEO at the beginning of the evaluation cycle.

3) Communicate regularly with the CEO regarding goals, expectations, and concerns.

4) Periodically survey CEO at comparable organizations to assure the reasonableness and competitiveness of our compensation package.

5) Periodically review management succession plans to ensure leadership continuity.

6) Ensure the establishment of specific performance policies which provide the CEO with a clear understanding of what the Board expects, and ensure the update of these policies based on changing conditions.

E. The Board is also responsible for managing its own governance affairs in an efficient and successful way. To fulfill this responsibility, the Board must:

1) Evaluate Board performance bi-annually. Members of the governing body are elected by the public and, accordingly, are judged on their individual performance by the electorate.

2) Maintain written conflict-of-interest policies that include guidelines for the resolution of existing or apparent conflicts of interest. {Board of Directors policy BOD.05 – Conflict of Interest}

3) Participate both as a Board and individually in orientation programs and continuing education programs both within the organization and externally. As such, the District shall reimburse reasonable expenses for both in-state and out-of-state travel for such educational purposes. {Board Of Directors policy BOD.06 – Board Reimbursement for Travel and Service Clubs} {Health and Safety Code 32103}

4) Periodically review Board structure to assess appropriateness of size, diversity, committees, tenure, and turnover of officers and chairpersons.

5) Assure that each Board member understands and agrees to maintain confidentiality with regard to information discussed by the Board and its committees.

6) Assure that each Board member understands and agrees to adhere to the Brown Act ensuring that Board actions be taken openly, as required, and that deliberations be conducted openly, as required.

7) Adopt, amend, and, if necessary, repeal the articles and bylaws of the organization.

8) Maintain an up-to-date Board policy manual, which includes specific policies covering oversight responsibilities in the area of quality performance, financial performance, strategic planning performance, and management performance.

9) Review Kaweah Health's Mission, Vision & Pillar statements every two years.

Section 5 The Board of Directors of the Kaweah Delta Health Care District shall hold regular meetings at a meeting place ~~on the premises of the~~within the jurisdiction of the Kaweah Delta Health Care District on the fourth Wednesday

of each month, as determined by the Board of Directors each month. {Health and Safety Code 32104}

The Board of Directors of the Kaweah Delta Health Care District may hold a special meeting of the Board of Directors as called by the President of the Board or in his/her absence the Vice President. In the absence of these officers of the Board a special meeting may be called by a majority of the members of the Board. A special meeting requires a 24-hour notice before the time of the meeting. {Government Code 54956}

Meetings of the Board of Directors shall be noticed and held in compliance with the applicable California Code for Health Care Districts. {The Ralph M. Brown Act - Government Code 54950}

Sections 32100.2 and 32106 of the Health and Safety Code of the State of California, as amended, indicate the attendance and quorum requirements for members of the Board of Directors of any health care district in the State of California. For general business the Board may operate under the rules of a small committee, however, upon the request of any member of the Governing Body immediate implementation of the Standard Code of Parliamentary Procedure (Roberts Rules of Order) shall be adopted for the procedure of that meeting.

Section 6 The President of the Board of Directors shall appoint the committees of the Board and shall appoint the Chairperson and designate the term of office in a consistent and systematic approach. All committees of the Governing Body shall have no more than two (2) members of the Governing Body upon the committee and both Board members shall be present prior to the Board committee meeting being called to order. All committees of the Governing Body shall serve as extensions of the Governing Body and report back to the Governing Body for action.

The President of the Board of Directors may appoint, with concurrence of the Board of Directors, any special committees needed to perform special tasks and functions for the District.

Any special committee shall limit its activities to the task for which it was appointed, and shall have no power to act, except as specifically conferred by action of the Board of Directors.

The Chief of Staff shall be notified and shall facilitate Medical Staff participation in any Governing Board Committee that deliberates the discharge of Medical Staff responsibility.

The standing committees of the Governing Body are:

A. Academic Development

The members of this committee shall consist of two (2) Board members, Chief Executive Officer (CEO), Director of Graduate Medical Education, Director of Pharmacy, and any other members designated by the Board President.

This committee will provide Board direction and leadership for the Graduate Medical Education Program, the Pharmacy Residency Program, and achievement of Kaweah Health's foundational Pillar "Empower through Education".

B. Audit and Compliance

The members of this committee shall consist of two (2) Board members (Board President or Secretary/Treasurer shall be a standing member of this committee), CEO, Chief Financial Officer (CFO), ~~,~~ Vice President, Chief Compliance and Risk Officer, Internal Audit Manager, Compliance Manager, legal counsel, and any other members designated by the Board President. The Committee will engage an outside auditor, meet with them pre audit and post audit, and review the audit log of the Internal Audit Manager. The Committee will examine and report on the manner in which management ensures and monitors the adequacy of the nature, extent and effectiveness of compliance, accounting and internal control systems. The Committee shall oversee the work of those involved in the financial reporting process including the Internal Audit Manager and the outside auditors, to endorse the processes and safeguards employed by each. The Committee will encourage procedures and practices that promote accountability among management, ensuring that it properly develops and adheres to a compliant and sound system of internal controls, that the Internal Audit Manager objectively assesses management's accounting practices and internal controls, and that the outside auditors, through their own review, assess management and the Internal Audit Manager's practices. This committee shall supervise all of the compliance activities of the District, ensuring that Compliance and Internal Audit departments effectively facilitate the prevention, detection and correction of violations of law, regulations, and/or District policies. The Vice President, Chief Compliance and Risk Officer will review and forward to the full Board a written Quarterly Compliance Report.

This committee, on behalf of the Board of Directors, shall be responsible for overseeing the recruitment, employment, evaluation and dismissal of the Vice President, Chief Compliance and Risk Officer. These responsibilities shall be performed primarily by the CEO and/or the CEO's designees, but final decisions on such matters shall rest with this committee, acting on behalf of the full Board.

C. Community-Based Planning

The members of this committee shall consist of two (2) Board members {Board President or Secretary/Treasurer shall be a standing member of this committee}, CEO, Facilities Planning Director and any other members designated by the Board President as they deem appropriate to the topic(s) being considered: community leaders including but not limited to City leadership, Visalia Unified School District (VUSD) leadership, College Of the Sequoias leadership, County Board of Supervisors, etc.

The membership of this committee shall meet with other community representatives to develop appropriate mechanisms to provide for efficient implementation of current and future planning of the organization's facilities and services and to achieve mutual goals and objectives.

D. Finance / Property, Services & Acquisitions

The members of this committee shall consist of two (2) Board members - (Board President or Secretary/Treasurer will be a standing member of this committee), CEO, CFO, Chief Strategy Officer, Facilities Planning Director, and any other members designated by the Board President.

This committee will oversee the financial health of the District through careful planning, allocation and management of the District's financial resources and performance. To oversee the construction, improvement, and maintenance of District property as well as the acquisition and sale of property which is essential for the Health Care District to carry out its mission of providing high-quality, customer-oriented, and financially-strong healthcare services.

E. Governance & Legislative Affairs

The members of this committee shall consist of two (2) Board members {Board President or the Board Secretary/Treasurer}, CEO and any other members designated by the Board President. Committee activities will include: reviewing Board committee structure, calendar, bylaws and, planning the bi-annual Board self-evaluation, and monitor conflict of interest. Legislative activities will include: establishing the legislative program scope & direction for the District, annually review appropriation request to be submitted by the District, effectively communicating and maintaining collegial relationships with local, state, and nationally elected officials.

F. Human Resources

The members of this committee shall consist of two (2) Board members, CEO, Chief Human Resources Officer, Chief Nursing Officer (CNO) and any other members designated by the Board President. This committee shall review and approve all personnel policies. This committee shall annually review and recommend changes to the Salary and Benefits Program, the Safety Program and the Workers' Compensation Program. This committee will annually review the workers compensation report, competency report & organizational development report.

G. Information Systems

The members of this committee shall consist of two (2) Board members, CEO, CFO, CNO, Chief Information Officer (CIO), Medical Director of Informatics, and any other members designated by the Board President. This committee shall supervise the Information Systems projects of the District.

H. Marketing and Community Relations

The members of this committee shall consist of two (2) Board members and CEO, Chief Strategy Officer, Marketing Director, and any other members designated by the Board President.

This committee shall oversee marketing and community relations activities in the District in order to increase the community's awareness of available services and to improve engagement with the population we serve. Additionally, create a brand that builds preference for Kaweah Health in the minds of consumers and creates a public image that instills trust, confidence, and is emblematic of Kaweah Health's mission and our vision to become "world-class". Further develops and fosters a positive perception that will attract the highest caliber of employees and medical staff

I. Patient Experience

The members of this committee shall consist of two (2) Board members and Chief Human Resources Officer, Director of Patient Experience, Director of Emergency Services, and any other members designated by the Board President.

This committee will work with the patient experience team and leadership to develop a patient experience strategy to ensure that patient experiences are meeting the Mission and Vision of Kaweah Health and its foundational Pillar "Deliver excellent service".

J. Quality Council

The members of this committee shall consist of two (2) Board members, CEO or designate, , CNO, Chief Quality Officer, Chief of the Medical Staff, chair of the Professional Staff Quality Committee (Prostaff), Medical Directors of Quality and Patient Safety, Director of Quality and Patient Safety, Director of Risk Management, and members of the Medical Staff as designated by the Board.

This committee shall review and recommend approval of the annual Quality Improvement (QI) plan and Patient Safety plans to the Board of Directors, determine priorities for improvement, monitor key outcomes related to Quality Focus Team activities, evaluate clinical quality, patient safety, and patient satisfaction, monitor and review risk management activities and outcomes, evaluate the effectiveness of the performance improvement program, foster commitment and collaboration between the District and Medical Staff for continuous improvement, and review all relevant matters related to Quality within the institution, including Performance Improvement, Peer Review, Credentialing/Privileging and Risk Management..

K. Strategic Planning

The members of this committee shall consist of two (2) Board members, CEO, Chief Strategy Officer, other Executive Team members, Medical Staff Officers, Immediate past Chief of Staff along with other members of the Medical Staff as designated by the Board and the CEO.

This committee shall review the budget plan, review the strategic plan and organize objectives, review changes or additions to service lines.

The Strategic Planning Committee will provide oversight and forward to the full Board the following reports:

1. Review of the Strategic Plan Annually
2. Strategic Plan initiatives progress and follow-up bi-monthly to full Board.

L. Independent Committees

The following independent committees may have Board member participation.

1. Cypress Company, LLC
2. Graduate Medical Education Committee (GMEC)
3. Joint Conference
4. Kaweah Health Medical Group
5. Kaweah Health Hospital Foundation
6. Quail Park {All entities}
7. Retirement Plans' Investment Committee
8. Sequoia Integrated Health, LLC
9. Sequoia Surgery Center, LLC
10. Sequoia Regional Cancer Center – Medical & Radiation, LLC
11. Tulare Kings Cancer (TKC) Development, LLC
    - The Board President shall serve as General Manager for TKC Development, LLC.
12. 202 W. Willow – Board of Owners
13. Central Valley Health Care Alliance - JPA

M. Medical Affairs

1) A member of the Board, as appointed by the President, shall also serve on the following Medical Staff Committees:
   a) Joint Conference Committee - This committee shall regularly meet to discuss current issues/concerns with Medical Staff, Board, and Administration.
   b) Credentials Committee - The Board shall participate in this committee to observe the Medical Staff process.

Section 7 The Governing Body Bylaws:

The Governing Body Bylaws and any changes thereto may be adopted at any regular or special meeting by a legally constituted quorum of the Governing Body. All portions of Governing Body Bylaws must be in compliance with applicable California Code, which is the ruling authority.

Any member of the Governing Body may request a review for possible revision of the Bylaws of the organization.

The Chief Executive Officer and the Governing Body shall review the Bylaws and recommend appropriate changes every year.

Section 8 Members of the Governing Body shall annually sign a job description which outlines the duties and responsibilities of the Governing Body members including but not limited to adherence to the Board conflict of interest policy {Board of Directors policy - BOD5 – Conflict of Interest}, confidentiality, and the Brown Act.

Section 9 Members of the Governing Body are publicly elected. The members of the Governing Body are expected to participate actively in the functions of the Governing Body and its committees and to serve the constituency who elected them. Notwithstanding any other provision of law, the term of any member of the board of directors shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive meetings of the board and the board by resolution declares that a vacancy exists on the board. {Health and Safety Code 32100.2}

Section 10 The Chief Executive Officer shall provide an orientation program to all newly elected members of the Governing Body. {Board of Directors policy – BOD1 – Orientation of a New Board Member} All members of the Board of Directors shall be provided with current copies of the District Bylaws and the Medical Staff Bylaws and any revisions of these Bylaws.

Section 11 All members of the Governing Body shall be provided with a copy of the Bylaws which govern the Board of Directors, a job description for the District Governing Body and the Board President or Individual Board Member as applicable.

Article III Officers of the Board

Section 1 The offices of President, Vice President, and Secretary/Treasurer shall be selected at the first regular meeting in December of a non-election year of the District. To hold the office of President, Vice President, or Secretary/Treasurer, a Board member must have at least one year of service on the Board of Directors. These officers shall hold office for a period of two (2) years or until the successors have been duly elected (or in the case of an unfulfilled term, appointed) and qualified. The officer positions shall be by election of the Board itself.

Section 2 The duties and responsibilities of the Governing Body President are:

A. Keep the mission of the organization at the forefront and articulates it as the basis for all Board action.

B. Understand and communicate the roles and functions of the Board, committees, Medical Staff, and management.

C. Understand and communicate individual Board member, Board leader, and committee chair responsibilities and accountability.

D. Act as a liaison between the Board, management, and Medical Staff.

E. Plan agendas.

F. Preside over the meetings of the Board.

G. Preside over or attend other Board, Medical Staff, and other organization meetings.

H. Enforce Board and hospital bylaws, rules, and regulations (such as conflict of interest and confidentiality policies).

I. Appoint Board committee chairs and members in a consistent and systematic approach.

J. Act as a liaison between and among other Boards in the healthcare system.

K. Direct the committees of the Board, ensuring that the committee work plans flow from and support the hospital and Board goals, objectives, and work plans.

L. Provide orientation for new Board members and arrange continuing education for the Board.

M. Ensure effective Board self-evaluation.

N. Build cohesion among the leadership team of the Board President, CEO, and Medical Staff leaders.

O. Lead the CEO performance objective and evaluation process.

Section 3 The duties and responsibilities of the Governing Body Vice President are:

A. The Vice President shall act as President in the absence of the President or the Secretary/Treasurer in the absence of the Secretary/Treasurer, and so acting shall have all the responsibility and authority of that position.

Section 4 The Secretary/Treasurer shall act as the Secretary for the Board of Directors of Kaweah Delta Health Care District and in so doing shall:

A. maintain minutes of all meetings of the Board of Directors;

B. be responsible for the custody of all records and for maintaining records of the meetings;

C. be assured that an agenda is prepared for all meetings.

Section 5 The Secretary/Treasurer shall be custodian of all funds of Kaweah Delta Health Care District as well as the health care facilities operated by the District. The Secretary/Treasurer shall assure that administration is using proper accounting systems; that this is a true and accurate accounting of the transactions of the District; that these transactions are recorded and accurate reports are regularly reported to the Board of Directors. The Secretary/Treasurer in conjunction with the Board Audit and Compliance Committee shall see that a major accounting firm provides ongoing overview and scrutiny of the fiscal ~~aspects~~ assets of the District, and shall further assure that an annual audit is prepared by a major accounting firm and presented directly to the Board of Directors.

Article IV The Medical Staff

Section 1 The Governing Body shall appoint the Medical Staff composed of licensed physicians, surgeons, dentists, podiatrists, clinical psychologists, and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) duly licensed by the State of California. {Health and Safety Code of the State of California, Section 32128} The Governing Body, upon consideration of the recommendations of the Medical Staff coming from the Medical Executive Committee, through the Credentials Committee, affirms or denies appointment and privileges to the Medical Staff of Kaweah Delta Health Care District in accordance with the procedure for appointment and reappointment of medical staff as provided by the standards of the Joint Commission on Accreditation of Healthcare Organizations. {Joint Commission Standard MS.01.01.01} The Board of Directors shall reappoint members to the Medical Staff every two (2) years, as set forth in the Medical Staff Bylaws. The Governing Body requires that an organized Medical Staff is established within the District and that the Medical Staff submits their Bylaws, Rules and Regulations and any changes thereto, to the Governing Body for approval.

Section 2 Members of the Medical Staff are eligible to run in public election for membership on the Governing Body in the same manner as other individuals.

Section 3 All public meetings of the Governing Body may be attended by members of the Medical Staff. The Chief of Staff of Kaweah Delta Health Care District shall be notified and invited to each regular monthly meeting of the Governing Body and the Chief of Staff's input shall be solicited with respect to matters affecting the Medical Staff.

Section 4 The Chief of Staff of Kaweah Delta Health Care District shall be invited to all meetings of the Governing Body at which credentialing decisions are made concerning any member of the Medical Staff of Kaweah Health Medical Center or at which quality assurance reports are given concerning the provision of patient care at Kaweah Health Medical Center. Quality assurance reports shall be made to the Board periodically. Credentialing decisions shall be scheduled on an as-needed basis. The Chief of Staff shall be encouraged to advise the Board on the content and the quality of the presentations, and to make recommendations concerning policies and procedures, the improvement of patient care and/or the provision of new services by the District.

Annually, the Governing Body shall meet with leaders of the Medical Staff to review and analyze the health care services provided by the District and to discuss long range planning as noted in Article II, Section 4, Item C7.

Section 5 **The District has an organized Medical Staff that is accountable to the Governing Body. {Joint Commission Standard LD.01.05.01}** The organized Medical Staff Executive Committee shall make recommendations directly to the Governing Body for its approval. Such recommendations shall pertain to the following:

A. the structure of the Medical Staff;

B. the mechanism used to review credentials and delineate clinical privileges;

C. individual Medical Staff membership;

D. specific clinical privileges for each eligible individual;

E. the organization of the performance improvement activities of the Medical Staff as well as the mechanism used to conduct, evaluate, and revise such activities;

F. the mechanism by which membership on the Medical Staff may be terminated;

G. the mechanism for fair hearing procedures.

Section 6 The Governing Body shall act upon recommendations concerning Medical Staff appointments, re-appointments, termination of appointments, and the granting or revision of clinical privileges within 120 days following the regular monthly meeting of the Governing Body at which the recommendations are presented through the Executive Committee of the organized Medical Staff.

Section 7 The Governing Body requires that only a member of the organized Medical Staff with admitting privileges at Kaweah Health Medical Center may admit a patient to Kaweah Health Medical Center and that such individuals may practice only within the scope of the privileges granted by the Governing Body and that each patient's general medical condition is the responsibility of a qualified physician of the Medical Staff.

Section 8 The Governing Body requires that members of the organized Medical Staff and all Allied Health Practitioners (including Physician Assistants, Nurse Practitioners and Nurse Midwives) maintain current professional liability insurance with approved carriers and in the amounts of $1,000,000/$3,000,000 (per occurrence / annual aggregate) or such other amounts as may be established by the Governing Body by resolution.

Section 9 The Governing Body holds the Medical Staff responsible for the development, adoption, and annual review of its own Medical Staff Bylaws, Rules and Regulations that are consistent with Kaweah Health policy, applicable codes, and other regulatory requirements. Neither the Medical Staff nor The Governing Body may make unilateral amendments to the Medical Staff Bylaws or the Medical Staff Rules and Regulations.

The Medical Staff Bylaws and the Rules and Regulations adopted by the Medical Staff, and any amendments thereto, are subject to, and effective upon, approval of the Governing Body, such approval not to be unreasonably withheld.

Section 10 The Medical Staff is responsible for establishing the mechanism for the selection of the Medical Staff Officers, Medical Staff Department Chairpersons, and Medical Staff Committee Chairpersons.

This mechanism will be included in the Medical Staff Bylaws.

Section 11 The Governing Body requires the Medical Staff and the Management to review and revise all department policies and procedures as often as needed. Such policies and procedures must be reviewed at least every three (3) years.

In adherence with Title 22, {70203} Policies relative to medical service {those preventative, diagnostic and therapeutic measures performed by or at the request of members of the organized medical staff} shall be approved by the governing body as recommended by the Medical Staff.

In adherence with Title 22, {70213} Nursing Service Policies for patient care shall be developed, maintained and implemented by nursing services; policies which involve the Medical Staff shall be reviewed and approved by the Medical Staff prior to implementation.

Section 12 Individuals who provide patient care services (other than District staff members), but who are not subject to the Medical Staff privilege delineation process, shall submit their credentials to the Interdisciplinary Practice Committee of the Medical Staff which shall, via the Executive Committee, transmit its recommendations to the Governing Body for approval or disapproval.

Section 13 The quality of patient care services provided by individuals who are not subject to Medical Staff privilege delineation process, shall be included as a portion of the District's Performance Improvement program.

Section 14 The Governing Body specifies that under the privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA), the Medical Staff and the District are in an Organized Health Care Arrangement (OHCA). The OHCA is a clinically integrated care setting in which individuals receive heath care from more than one provider and the providers hold themselves out to the public as participating in a joint arrangement. The Medical Staff is in an OHCA with the District for care provided at District facilities. This joint arrangement is disclosed to the patients in the Notice of Privacy Practices given to patients when they access care at any of the District's facilities.

Article V Joint Committees

Section 1 The President of the Governing Body or a member of the Board appointed by the President shall participate, along with the CEO, in the Joint Conference Committee, which is a committee of the Medical Staff. This committee shall serve as a systematic mechanism for communication between members of the Governing Body, Administration, and members of the Medical Staff. Specifically, issues which relate to quality of patient care shall be regularly addressed. Additionally, other matters of communication which are of importance to maintaining a sound working relationship between the Governing Body and the Medical Staff shall be discussed. The minutes, if any, shall be kept by the organized Medical Staff under the direction of its President. The proceedings and records of this committee are protected by Section 1157 of the evidence Code.

Article VI Chief Executive Officer

Section 1 The Governing Body shall be solely responsible for appointment or dismissal of the Chief Executive Officer. {Board of Directors policy – BOD2 – Chief Executive Officer (CEO) Transition}

Section 2 The Governing Body shall assure that the Chief Executive Officer is qualified for their responsibilities through education and/or experience. {Board of Directors policy – BOD3 – Chief Executive Officer (CEO) Criteria}

Section 3 The Chief Executive Officer shall act on behalf of the Governing Body in the overall management of the District.

Section 4 In the absence of the Chief Executive Officer, a Vice President designated by the Chief Executive Officer or by the President of the Governing Body shall assume the responsibilities of this position. The Governing Body retains final authority to name the person to act during the absence or incapacity of the Chief Executive Officer.

Section 5 Annually the Governing Body shall meet in Executive session to monitor the performance of the Chief Executive Officer. The conclusions and recommendations from this performance evaluation will be transmitted to the Chief Executive Officer by the Governing Body.

Section 6 The Chief Executive Officer shall select, employ, control, and have authority to discharge any employee of the District other than any individual with the title or equivalent function of Vice President, or Board Clerk. Employment of new personnel shall be subject to budget authorization granted by the Board of Directors.

Section 7 The Chief Executive Officer shall organize, and have the authority to reorganize the administrative structure of the District, below the level of CEO, subject to the limitations set forth in in Section 6 above. The District's organizational chart shall reflect that the Vice President, Chief Compliance and Risk Officer has direct, solid-line reporting relationships to the Board (functional) and to the CEO (administrative).

Section 8 The Chief Executive Officer shall report to the Board at regular and special meetings all significant items of business of Kaweah Delta Health Care District and make recommendations concerning the disposition thereof.

Section 9 The Chief Executive Officer shall submit regularly, in cooperation with the appropriate committee of the Board, periodic reports as required by the Board.

Section 10 The Chief Executive Officer shall attend all meetings of the Board when possible and shall attend meetings of the various committees of the Board when so requested by the committee chairperson.

Section 11 The Chief Executive Officer shall serve as a liaison between the Board and the Medical Staff. The Chief Executive Officer shall cooperate with the Medical Staff and secure like cooperation on the part of all concerned with rendering professional service to the end that patients may receive the best possible care.

Section 12 The Chief Executive Officer shall make recommendations concerning the purchase of equipment and supplies and the provision of services by the District, considering the existing and developing needs of the community and the availability of financial and medical resources.

Section 13 The Chief Executive Officer shall keep abreast and be informed of new developments in the medical and administrative areas of hospital administration.

Section 14 The Chief Executive Officer shall oversee the physical plants and ground and keep them in a good state of repair, conferring with the appropriate committee of the Board in major matters, but carrying out routine repairs and maintenance without such consultation.

Section 15 The Chief Executive Officer shall supervise all business affairs such as the records of financial transactions, collections of accounts and purchase and issuance of supplies, and be certain that all funds are collected and expended to the best possible advantage.

Section 16 The Chief Executive Officer shall supervise the preservation of the permanent medical records of the District and act as overall custodian of these records.

Section 17 The Chief Executive Officer shall keep abreast of changes in applicable laws and regulations and shall insure that a District compliance program, appropriate educational programs, and organizational memberships are in place to carry out this responsibility.

Section 18 The Chief Executive Officer shall be responsible for assuring the organization's compliance with applicable licensure requirements, laws, rules, and regulations, and for promptly acting upon any reports and/or recommendations from authorized agencies, as applicable.

Section 19 The Chief Executive Officer will ensure that the business of the Health Care District is conducted openly and transparently, as required by law.

Section 20 The Chief Executive Officer will oversee the activities of the Health Care District's community relations committees to ensure meaningful participation of community members and communication of the input and recommendation from the committee to the Board and to organization's management.

Section 21 The Chief Executive Officer shall perform any special duties assigned or delegated to them by the Board.

Article VII The Health Care District Guild

Section 1 The Governing Body recognizes the Kaweah Delta Health Care District Guild in support of the staff and patients of the District.

Section 2 The Chief Executive Officer is charged with effecting proper integration of the Guild within the framework of the organization.

Article VIII Performance Improvement (PI)

Section 1 The Governing Body requires that the Medical Staff and the Health Care District staff implement and report on the activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care within the District.

Section 2 The Governing Body, through the Chief Executive Officer, shall support these activities and mechanisms.

Section 3 The Governing Body shall adopt a Performance Improvement Plan and Risk Management Plan for the District and shall provide for resources and support systems to ensure that the plans can be carried out.

Section 4 The Governing Body requires that a complete and accurate medical record shall be prepared and maintained for each patient; that the medical record of the patient shall be the basis for the review and analysis of quality of care. The Governing Body holds the organized Medical Staff responsible for self-governance with respect to the professional work performed in the hospital and for periodic meetings of the Medical Staff to review and analyze at regular intervals their clinical experience. Results of such review will be reported to the Governing body at specific intervals defined by the Board.

Section 5 The quality assurance mechanisms within any of the District's facilities shall provide for monitoring of patient care processes to assure that patients with the same health problem are receiving the same level of care within the District.

Article IX Conflict of Interest

Section 1 The Administration Policy Manual of Kaweah Delta Health Care District and the Board of Directors Policy Manual has a written Conflict of Interest Policy {Administrative Policy AP23 and Board of Directors Policy BOD5}, which requires the completion and filing of a Conflict of Interest Statement disclosing financial interests that may be materially affected by official actions and provides that designated staff members must disqualify themselves from acting in their official capacity when necessary in order to avoid a conflict of interest. The requirements of this policy are additional to the provisions of Government Code § 87100 and other laws pertaining to conflict of interest; and nothing herein is intended to modify or abridge the provisions of the policies of Kaweah Delta Health Care District which apply to:

A. members of the Governing Body,
B. the executive staff,
C. employees who hold designated positions identified in Exhibit "A" of the District Conflict of Interest Code.

Section 2 Each member of the Governing Body, specified executives, and designated employees must file an annual Conflict of Interest Statement as required by California Government Code – Section 87300-87313.

Section 3 The Board shall assess the adequacy of its conflict-of-interest/confidentiality policies and procedures {Board of Directors Policy - BOD5 - and Administrative Policy 23 – Conflict of Interest} at least every two years.

Article X Indemnification of Directors, Officers, and Employees

Section 1 Actions other than by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any proceeding (other than an action by or in the right of the District to procure a judgment in its favor) by reason of the fact that such person is or was a director, officer or employee of the District, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with such proceeding if that person acted in good faith and in a manner that the person reasonably believed to be in the best interest of the District and, in the case of a criminal proceeding, had no reasonable cause to believe the conduct of that person was unlawful. The termination by any proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in the manner that the person reasonably believed to be in the best interests of the District person's conduct was unlawful.

Section 2 Actions by the District. The District shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending, or completed action by or in the right of the District to procure a judgment in its favor by reason of the fact that such person is or was a director, officer, or employee of the District, against expenses actually and reasonably incurred by such person in connection with the defense or settlement of that action, if such person acted in good faith, in a manner such person believed to be in the best interest of the District and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under a similar circumstance.

No indemnification shall be made under this Section:

A. with respect to any claim, issue or matter as to which such person has been adjudged to be liable to the District in their performance of such person's duty to the District, unless and only to the extent that the court in which that proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the expenses which the court shall determine;

B. of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval;

C. of expenses incurred in defending a threatened or pending action that is settled or otherwise disposed of without court approval.

Section 3 Successful defense by director, officer, or employee. To the extent that a director, officer or employee of the District has been successful on the merits in defense of any proceeding referred to in Section 1 or Section 2 of this Article X, or in defense of any claim, issue or matter therein, the director, officer or employee shall be indemnified as against expenses actually and reasonably incurred by that person in connection therewith.

Section 4 Required approval. Except as provided in Section 3 of this Article, any indemnification under this Article shall be made by the District only if authorized in the specific case, upon a determination that indemnification of the officer, director or employee is proper in the circumstances because the person has met the applicable standard of conduct set forth in Sections 2 and 3 of this Article X, by one of the following:

A. a majority vote of a quorum consisting of directors who are not parties to the proceeding; or

B. the court in which the proceeding is or was pending, on application made by the District or the officer, director or employee, or the attorney or other person rendering services in connection with the defense, whether or not such other person is opposed by the District.

Section 5 Advance of expenses. Expenses incurred in defending any proceeding may be advanced by the District before the final disposition of the proceeding upon receipt of an undertaking by or on behalf of the officer, director or employee to repay the amount of the advance unless it shall be determined ultimately that the officer, director or employee is entitled to be indemnified as authorized in this Article.

Section 6 Other contractual rights. Nothing contained in this Article shall affect any right to indemnification to which persons other than directors and officers of this District may be entitled by contract or otherwise.

Section 7 Limitations. No indemnification or advance shall be made under this Article except as provided in Section 3 or Section 4, in any circumstance where it appears:

A. that it would be inconsistent with the provision of the Articles, a resolution of the Board, or an agreement in effect at the time of accrual of the alleged cause of action asserted in the proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification; or

B. that it would be inconsistent with any condition expressly imposed by a court in approving a settlement.

Section 8 Insurance. If so desired by the Board of Directors, the District may purchase and maintain insurance on behalf of any officer, director, employee or agent of the corporation, insuring against any liability asserted against or incurred by the director, officer, employee or agent in that capacity or arising out of the person's status as such, whether or not the District would have the power to indemnify the person against that liability under the provisions of this Article.

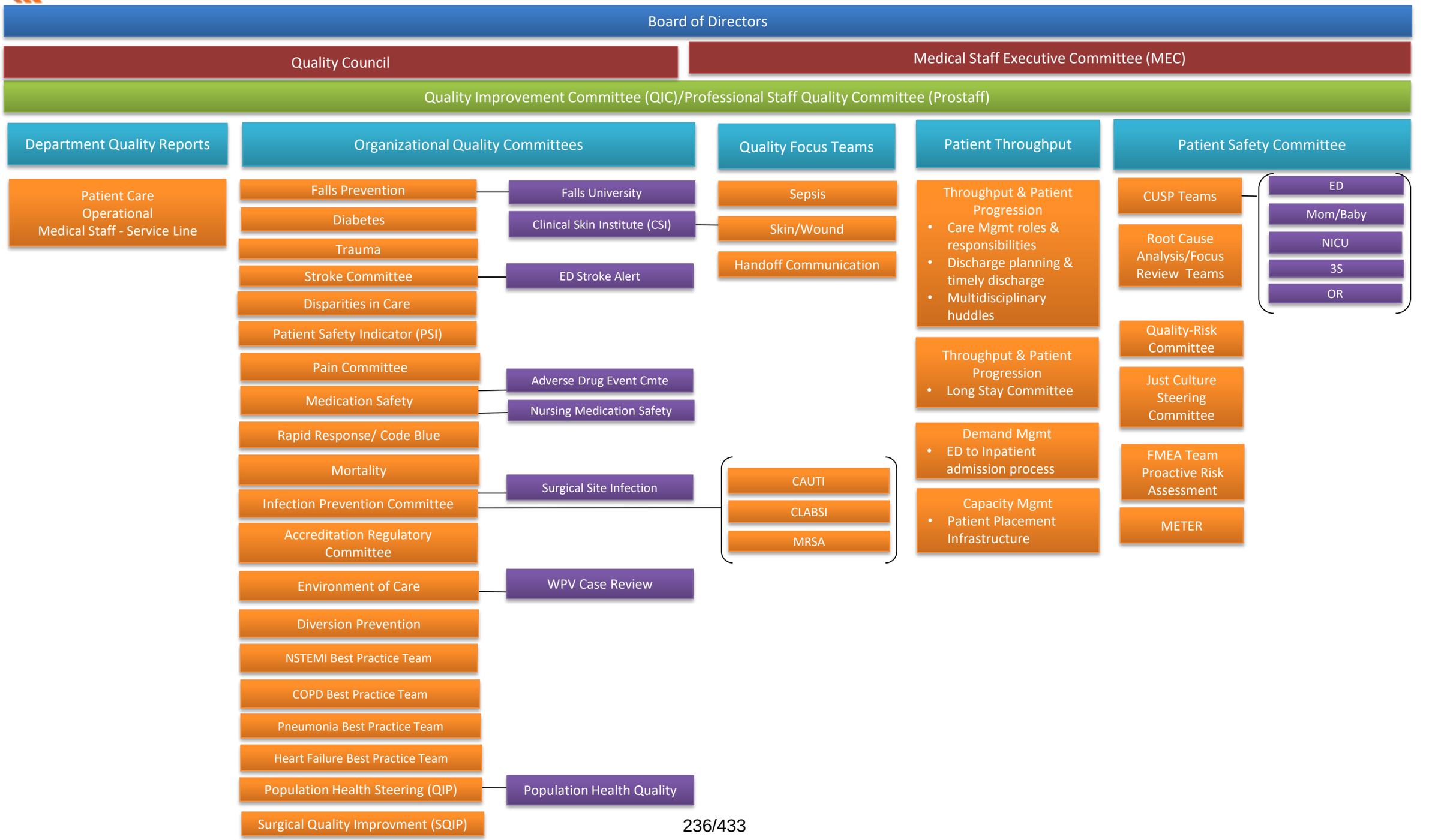
If any article, section, sub-section, paragraph, sentence, clause or phrase of these Bylaws is for any reason held to be in conflict with the provisions of the Health and Safety Code of the State of California, such conflict shall not affect the validity of the remaining portion of these Bylaws.

These Bylaws for Kaweah Delta Health Care District are adopted, as amended, this ~~20th~~ 26th day of ~~December, 2021~~January, 2022.

President
Kaweah Delta Health Care District

Secretary/Treasurer
Kaweah Delta Health Care District

Kaweah Health Annual Review - Clinical Quality Improvement Committees & Teams 2022 (Reporting structure noted in QIC/Prostaff schedules)



Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
2022 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review

Quality Initiative	Type	Priority Category	Key Considerations	Measures of Success	Assigned Leader(s)
Patient Safety Committee	Org Oversight Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• Responsible per AP.175 Patient Safety Plan • Oversees Midas Event Triage and Ranking Committee (METER) and Quality-Risk Committee (QRC) • Oversees all action plans related to Root Cause Analysis and Focus Review teams • Oversees safety culture improvement action plan including Just Culture	• As determined by individual action plans • Reportable never events • Measure reports by subcommittee listed below	Director of Quality and Patient Safety
Midas Event Triage & Ranking Committee (METER)	Patient Safety Subcommittee	☒ High Risk ☒ Problem Prone ☒ High Volume	• Objective: Rank and Triage Events through a multidisciplinary team daily so that immediate notification of high risk events can be made to Medical Staff Leadership and Hospital Leadership • Events are reviewed daily Monday through Friday (weekend events reviewed Monday with RM notification processes in place on weekends) • Events are triaged using a criticality matrix in which members of the committee would come to consensus on event scoring	• Volume and severity of events; events escalated	• Director of Risk Management
Quality-Risk Committee	Patient Safety Subcommittee	☒ High Risk ☒ Problem Prone ☒ High Volume	• Reviews Midas event reports weekly to identify trends • High Risk Process Review (HiPR) Under review by Quality Improvement Committee (QIC) which Targets regular standardized review of seven high risk processes (proposal includes ability to revise list of targeted processes by Patient Safety Committee (PSC)). High risk processes include those identified by regulatory entities (The Joint Commission (TJC)), and/or identified as high risk by current Quality and Risk processes.	• Volume and significance of events, reports submitted anonymously • Specific event types trended and reported to the committee as identified New proposed HiPR process includes: • Event reports/ analysis, root cause analysis (RCA) and Focused Review (FR) data • Other quality data utilized specific to the topic (ie. restraint use as documented in Cerner)	• Directors of Risk Management and Quality & Patient Safety

Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
2022 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review

Just Culture Steering	Patient Safety Subcommittee, Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• Key strategy in organization safety culture improvement action plan • National Quality Forum (NQF) safe practice included in Leapfrog Safety Grade	• Just Culture measures included in the Safety Attitudes Questionnaire (SAQ)	Manager of Organizational Development
Medication Safety	Org Oversight Committee; includes Medication Reconciliation Outstanding Health Outcomes (OHO) Strategic Initiative	☒ High Risk ☒ Problem Prone ☒ High Volume	• Oversees the Medication Error Reduction Program (MERP) per CA state requirements • Oversees Nursing Medication Safety Task Force QI work • Medication Reconciliation (inpatient) (Outstanding Health Outcome Strategic Measure). TJC National Patient Safety Goal (NPSG)	• Several measures monitored as determined annually by the committee through the MERP and Adverse Drug Event (ADE) committee work. Examples include antidote administration rates, bar code medication administration rates, reducing ADEs. • Medication Reconciliation measures include: Home medication list review of high risk patients; Complete initial home medication review within 24 hrs of admission	Director of Pharmacy
Adverse Drug Event (ADE) Committee	Org Sub-Committee Medication Safety	☒ High Risk ☒ Problem Prone ☒ High Volume	• Reviews, tracks and trends and resolves (or escalates) adverse drug event Midas reports	• ADE volume and tracked trends as reported to Medication Safety Committee	Medication Safety Coordinator
Team Rounding	OHO Strategic Initiative	☒ High Risk ☒ Problem Prone ☒ High Volume	• Identified by Strategic planning group as a contributing factor to increased LOS, and decreased teamwork climate	• TBD by team	VP of Medical Education
Sepsis QFT	OHO Strategic Initiative Quality Focus Team (QFT)	☒ High Risk ☒ Problem Prone ☒ High Volume	• Established QFT since 2016 • High volume diagnosis, high mortality rates nationally (problem prone) • Centers for Medicare and Medicaid Services (CMS) SEP-1 bundle compliance publically reported on CMS care compare website	• SEP-1 Bundle compliance • LOS • Mortality	Medical Director of Quality & Patient Safety; Director of Quality and Patient Safety

Annual Review of Quality (AP.41) and Patient Safety Plan (AP.175)
2022 Quality and Patient Safety Initiatives & Quality Focus Team (QFT) Review

Handoff Communication QFT	Quality Focus Team (QFT)	☒ High Risk ☒ Problem Prone ☒ High Volume	• QFT established in 2018; QI work recommended by TJC in a Sentinel Event Alert issued in September 2017. • Several sources indicate need for improvement work (ie. trended event reports, sentinel event data, and external literature) o Midas Event volume – Handoff category: 2019 = 65, 2020 = 30, 2021 = 27, 0 harm	• Defective rate through TJC's survey tool • Midas event "Handoff" category volume & significance	Director of Cardiac Critical Care
Hospital Acquired Pressure Injury (HAPI) QFT	Quality Focus Team (QFT)	☒ High Risk ☒ Problem Prone ☐ High Volume	• PSI3 (HAPI) is a component of Leapfrog Safety Score & CMS public report • Mandated reporting to California Department of Public Health (CDPH)	• Percent of patients with stage 2+ • Proportion of HAPIs that are device related	Director of Care Management
Central Line Associated Blood Stream Infection (CLABSI) QFT	OHO Strategic Initiative, QFT	☒ High Risk ☒ Problem Prone ☐ High Volume	• CMS Value-Based Purchasing (VBP) and star rating Measure • Leapfrog safety grade metric • TJC National Patient Safety Goal	• Standardized Infection Ratio (SIR) • Bundle compliance measures	Director of Renal Services
Catheter Associated Urinary Tract Infection (CAUTI) QFT	OHO Strategic Initiative, QFT	☒ High Risk ☒ Problem Prone ☐ High Volume	• CMS VBP and star rating Measure • Leapfrog safety grade metric • TJC National Patient Safety Goal	• Standardized Infection Ratio (SIR) • Bundle compliance measures	Director of Post-Surgical Care
Methicillin-Resistant Staphylococcus Aureus (MRSA) QFT	OHO Strategic Initiative, QFT	☒ High Risk ☒ Problem Prone ☐ High Volume	• CMS VBP and star rating Measure • Leapfrog safety grade metric • TJC National Patient Safety Goal	• Standardized Infection Ratio (SIR) • Decolonization process measures, ATP testing	Director of Environmental Services
Heart Failure - Best Practice Team	OHO Strategic Initiative, Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• CMS VBP and star rating Measure • High volume medical diagnosis • CMS Readmission Reduction Program population	• Observed/expected (o/e) mortality and risk adjusted readmission rates • examples of key performance indicators (KPI) include discharge medication, and inpatient medication management	Director of Medical Surgical Services; Medical Director of Best Practice Teams

Pneumonia - Best Practice Team	OHO Strategic Initiative, Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• CMS VBP and star rating Measure • High volume medical diagnosis • CMS Readmission Reduction Program population	• o/e mortality and risk adjusted readmission rates • examples of key performance indicators (KPI) Antibiotic medication timing and route, and power plan usage	Director of Rehabilitation; Medical Director of Best Practice Teams
NSTEMI - Best Practice Team	OHO Strategic Initiative, Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• CMS VBP and star rating Measure • High volume medical diagnosis • CMS Readmission Reduction Program population	• o/e mortality and risk adjusted readmission rates • examples of key performance indicators (KPI) include medication management and diagnostic testing	Director of Cardiovascular Services; Medical Director of Best Practice Teams
COPD - Best Practice Team	OHO Strategic Initiative, Org Committee	☒ High Risk ☒ Problem Prone ☐ High Volume	• CMS VBP and star rating Measure • CMS Readmission Reduction Program population	• o/e mortality and risk adjusted readmission rates • examples of key performance indicators (KPI) include diagnostic studies, immunization, and discharge education	Director of Respiratory Services; Medical Director of Best Practice Teams
Falls University	Org Committee	☒ High Risk ☒ Problem Prone ☐ High Volume	• Nursing sensitive quality indicator • Case reviews of fall events and collection an dissemination of contribution factors data	• Total falls and injury falls; contributing factors	Director of Nursing Practice
Diabetes	Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• High volume, high risk volume patient population	• Hypo and Hyperglycemia rates	Director of Nursing practice, Medical Director of Quality & Patient Safety
Trauma Quality Program	Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• Trauma program oversight and QI work related to ACS trauma designation	• Various measures through data registry including documentation of assessment findings, airway management, timeliness of diagnostic studies, timeliness of	Director of Trauma Program, Medical Director of Trauma

				surgical intervention, mortality rates	
Stroke Quality Program	Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• The Joint Commission (TJC) certified program • High risk population • Oversees work of the ED Stroke Alert sub task force	• Various measure through American Heart/Stroke Association including medication management, discharge indicators, timeliness of diagnostics studies and assessments	Manager of Stroke Program and Medical Director of Stroke Program
Disparities in Care	Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• National and ACGME initiative • TJC Sentinel Event issued January 2022	• Measures to identify disparities in care in key population • Uses REaL data (Race, Ethnicity and Language) in data analysis on population incidence, readmissions and mortality	VP of Medical Education and VP of Post-Acute and Ancillary Services
Patient Safety Indicator (PSI) Committee	Org Committee	☒ High Risk ☒ Problem Prone ☐ High Volume	• Review of coded complications of the surgical population • Reported on CMS Care Compare website • Component of CMS star rating, VBP program	• PSI rates	Medical Director of Surgical Quality, Director of Quality and Patient Safety
Surgical Quality Committee (SQIP)	Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• Oversees implementation of Enhanced Recovery After Surgery (ERAS) program (evidenced based care targeted at the surgical population • Oversees PSI (coded complications of care)	• ERAS measures • PSI measures	Director of Surgical Services, Medical Director of Surgical Quality
Pain Committee	Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• TJC Standards for organization leadership oversight and data requirements	• Measures of pain assessment, effectiveness and safety • Opioid prescribing	Director of Quality & Patient Safety, Medical Director of Quality and Patient Safety
Population Health Steering Committee	Org Oversight Committee; Medication Reconciliation OHO Initiative	☒ High Risk ☒ Problem Prone ☒ High Volume	• Quality Incentives Program (QIP) previously Public Hospital Redesign & Incentives Program (PRIME) • Oversees Population Health Quality Committee work	• A total of 20 measures primary care reported for the QIP program, of which 50% must be selected	Director of Population Health

			• Medication Reconciliation a TJC National Patient Safety Goal (NPSG)	from the Priority Measures Set per DHCS • OHO measure -Outpatient medication reconciliation within 30 days post discharge from acute care	
Rapid Response/Code Blue	Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• TJC data monitoring requirements	• Several measures as submitted to American Heart Association registry including volume, location and outcome	Director of Critical Care Services
Mortality	Org Committee	☒ High Risk ☒ Problem Prone ☐ High Volume	• Review of unexpected deaths for follow up with quality of care concerns, coding or documentation	• Rates of cases with quality of care concerns, coding or documentation	Medical Director of Quality and Patient Safety
Infection Prevention Committee	Org Oversight Committee	☒ High Risk ☒ Problem Prone ☐ High Volume	• Oversees the Infection Prevention Plan • Oversees Surgical Site Infection task force • Oversees regulatory compliance with IP standards	• Several measures monitored through quarterly dashboard including surgical site infection rates, ventilator associated events, line infection rates, MRSA.	Manager of Infection Prevention, Medical Director of Infection Prevention
Accreditation Regulatory Committee	Org Oversight Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• Oversees compliance with regulatory standards and plans of correction	• Various measures determined by plans of correction • Regular tracer data for compliance with regulatory standards	Director of Quality & Patient Safety
Environment of Care Committee	Org Oversight Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• Oversees the EOC Plan and Workplace Violence Program (CA state mandate) • Oversees compliance with EOC regulatory standards	• Various measures including preventive maintenance completion rates, workplace violence, and employee injury rates.	Safety Officer
Diversion Prevention Committee	Org Committee	☒ High Risk ☒ Problem Prone ☐ High Volume	• Oversees plan of correction and improvement work related to prevention of opioids and propofol	• Several measures determined by plan of correction including chain	Director of Risk Management and Director of Critical Care Services

			• Oversees knowledge and education initiatives related to diversion prevention	of custody, rendering propofol useless. • Staff knowledge on diversion prevention survey results	
Patient Throughput	Org Committee	☒ High Risk ☒ Problem Prone ☒ High Volume	• Steering committee that oversees work of 4 sub-groups: • Throughput & Patient Progression o Care Mgmt roles & responsibilities o Discharge planning & timely discharge o Multidisciplinary huddles • Throughput & Patient Progression o Long Stay Committee • Demand Mgmt o ED to Inpatient admission process • Capacity Mgmt o Patient Placement Infrastructure • Project work will include a proactive risk assessment (FMEA) to be reviewed by Patient Safety Committee	• Various throughput measures included time to provider, time from door to admit, time from admit to arrival on unit. • Several processes measures reported through each sub-group	Executive Team

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

Policy Number: AP41	Date Created: Not Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: 05/25/2021
Approvers: Board of Directors (Administration)	

Quality Improvement Plan

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

I. Purpose

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

II. Scope

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

III. Structure and Accountability

Board of Directors

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

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

Quality Council

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

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

Medical Staff

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

Quality Improvement Committee (QIC)

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

The QIC shall have primary responsibility for the following functions:

1. **Health Outcomes:** The QIC shall assure that there is measureable improvement in indicators with a demonstrated link to improved health outcomes. Such indicators include but are not limited to measures reported to the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), and other quality indicators, as appropriate.

2. **Quality Indicators:**
   a. The QIC shall oversee measurement, and shall analyze and track quality indicators and other aspects of performance. These indicators shall measure the effectiveness and safety of services and quality of care.
   b. The QIC shall approve the specific indicators used for these purposes along with the frequency and detail of data collection.
   c. The Board shall ratify the indicators and the frequency and detail of data collection used by the program.

3. **Prioritization:** The QIC shall prioritize quality improvement activities to assure that they are focused on high- risk, high- volume, or problem-prone areas. It shall focus on issues of known frequency, prevalence or severity and shall give precedence to issues that affect health

outcomes, quality of care and patient safety. The QIC is responsible to establish organizational Quality Focus Teams who:

a. Are focused on enterprise-wide high priority, high risk, problem prone QI issues
b. May require elevation, escalation and focus from senior leadership
c. Have an executive team sponsor
d. Are chaired by a Director or Vice President
e. May have higher frequency of meetings as necessary to focus work and create sense of urgency.
f. Report quarterly into the QAPI program

4. **Improvement:** The QIC shall use the analysis of the data to identify opportunities for improvement and changes that will lead to improvement. The QIC will also oversee implementation of actions aimed at improving performance.

5. **Follow- Up:** The QIC shall assure that steps are taken to improve performance and enhance safety are appropriately implemented, measured and tracked to determine that the steps have achieved and sustained the intended effect.

6. **Performance Improvement Projects:** The QIC shall oversee quality improvement projects, the number and scope of which shall be proportional to the scope and complexity of the hospital's services and operations. The QIC must also ensure there is documentation of what quality improvement projects are being conducted, the reasons for conducting those projects, and the measureable progress achieved on the projects.

Medical Executive Committee

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

Nursing Practice Improvement Council

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

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

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

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

Methodologies:

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

- Model for Improvement (FOCUS Plan-Do-Study-Act [PDSA] cycles)
- Six Sigma: Six Sigma is a method of improvement that strives to decrease variation and defects with the use of the DMAIC roadmap.
- Lean: is an approach that drives out waste and improves efficiency in work processes so that all work adds value with the use of the DMAIC roadmap.

1. The **FOCUS-Plan, Do, Check, Act (PDCA)** methodology is utilized to plan, design, measure, assess and improve functions and processes related to patient care and safety throughout the organization.

   - **F—Find** a process to improve
   - **O—Organize** effort to work on improvement
   - **C—Clarify** knowledge of current process
   - **U---Understand** process variation
   - **S—Select** improvement

   - **Plan:**

     - Objective and statistically valid performance measures are identified for monitoring and assessing processes and outcomes of care including those affecting a large percentage of patients, and/or place patients at serious risk if not performed well, or performed when not indicated, or not performed when indicated; and/or have been or likely to be problem prone.

     - Performance measures are based on current knowledge and clinical experience and are structured to represent cross-departmental, interdisciplinary processes, as appropriate.

- **Do:**
  - Data is collected to determine:
    - Whether design specifications for new processes were met
    - The level of performance and stability of existing processes
    - Priorities for possible improvement of existing processes
- **Check:**
  - Assess care when benchmarks or thresholds are reached in order to identify opportunities to improve performance or resolve problem areas
- **Act:**
  - Take actions to correct identified problem areas or improve performance
  - Evaluate the effectiveness of the actions taken and document the improvement in care
  - Communicate the results of the monitoring, assessment and evaluation process to relevant individuals, departments or services

3. DMAIC (Lean Six Sigma): DMAIC is an acronym that stands for Define, Measure, Analyze, Improve, and Control. It represents the five phases that make up the road map for Lean Six Sigma QI initiatives.

- **Define** the problem, improvement activity, opportunity for improvement, the project goals, and customer (internal and external) requirements. QI tools that may be used in this step include:
  - Project charter to define the focus, scope, direction, and motivation for the improvement team
  - Process mapping to provide an overview of an entire process, starting and finishing at the customer, and analyzing what is required to meet customer needs
- **Measure** process performance.
  - Run/trend charts, histograms, control charts
  - Pareto chart to analyze the frequency of problems or causes
- **Analyze** the process to determine root causes of variation and poor performance (defects).
  - Root cause analysis (RCA) to uncover causes
  - Failure mode and effects analysis (FMEA) for identifying possible product, service, and process failures

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

IV. Confidentiality

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

V. Annual Evaluation

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

VI. Attachments

Components of the Quality Improvement and Patient Safety Plan:

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

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

Policy Number: AP175	Date Created: Not Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: 05/25/2021
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	

Patient Safety Plan

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I. Purpose

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

II. Scope

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

III. Structure and Accountability

A. Board of Directors

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

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

B. Quality Council

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

C. Patient Safety Committee

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

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

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

D. Medication Safety Quality Focus Team

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

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

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

IV. Organization and Function

A. The mechanism to insure all components of the organization are integrated into the program is through a collaborative effort of multiple disciplines. This is accomplished by:

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

3. Communication between the Patient Safety Officer and the Chief Operating Officer to assure a comprehensive knowledge of not only clinical, but also environmental factors involved in providing an overall safe environment.
4. Reporting of patient safety and operational safety measurements/activity to the performance improvement oversight committees, Professional Services Quality Committee "Prostaff" and Quality Improvement Committee (QIC). Prostaff is a multidisciplinary medical staff committee composed of various key organizational leaders including: Medical Executive Committee members, Chief Executive Officer, Chief Operating Officer, Chief Medical Officer/Chief Quality Officer, Chief Nursing Officer, Member of the Board of Directors, and Directors of Nursing, Performance Improvement, Risk Management, and Pharmacy. QIC is a multidisciplinary committee comprised of various key organizational leaders including the CEO, CNO, CIO, CFO, VP of Human Resources, VP Surgical Services, VP of Post Acute Care and Ancillary Services, Directors of Quality & Patient Safety, Risk Management, and Nursing Practice and the manager of Infection Prevention.
5. Graduate Medical Education
    i. Graduate Medical Education (Designated Institutional Official (DIO), faculty and residents, are involved in achieving quality and patient safety goals and improving patient care through several venues including but not limited to:
        1. Collaboration between Quality and Patient Safety Department, Risk Management, and GME Quality Subcommittee
        2. GME participation in Quality Improvement Committee and Patient Safety Committee
        3. GME participation in KDHCD quality committees and root cause analysis (including organizational dissemination of lessons learned)

B. The mechanism for identification and reporting a Sentinel Event/other medical error will be as indicated in Organizational Policies AP87. Any root cause analysis of hospital processes conducted on either Sentinel Events or near misses will be submitted for review/recommendations to the Patient Safety Committee, Professional Staff Quality Committee and Quality Council.

C. As this organization supports the concept that events most often occur due to a breakdown in systems and processes, staff involved in an event with an adverse outcome will be supported by:

1. A non-punitive approach without fear of reprisal (just culture concepts).
2. Voluntary participation into the root cause analysis for educational purposes and prevention of further occurrences.
3. Resources such as Pastoral Care, Social Services, or EAP should the need exist to counsel the staff
4. Safety culture staff survey (i.e. the Safety Attitudes Questionnaire) administered at least every 2 years to targeted staff and providers.

D. As a member of an integrated healthcare system and in cooperation with system initiatives, the focus of Patient Safety activities include processes that are high risk, high volume or problem prone, and may include:

1. Adverse Drug Events
2. Nosocomial Infections
3. Decubitus Ulcers
4. Blood Reactions
5. Slips and Falls
6. Restraint Use
7. Serious Event Reports
8. DVT/PE

E. A proactive component of the program includes the selection at least every 18 months of a high risk or error prone process for proactive risk assessment such as a Failure Modes Effects Analysis (FMEA), ongoing measurement and periodic analysis. The selected process and approach to be taken will be approved by the Patient Safety Committee and Quality Council.

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

F. Methods to assure ongoing inservices, education and training programs for maintenance and improvement of staff competence and support to an interdisciplinary approach to patient care is accomplished by:

1. Providing information and reporting mechanisms to new staff in the orientation training.
2. Providing ongoing education in organizational communications such as newsletters and educational bundles.
3. Obtaining a confidential assessment of staff's willingness to report medical errors at least once every two years.

G. Internal reporting – To provide a comprehensive view of both the clinical and operational safety activity of the organization:

1. The minutes/reports of the Patient Safety Committee, as well as minutes/reports from the Environment of Care Committee will be submitted through the Director of Performance Improvement and Patient Safety to the Professional Staff Quality Committee.
2. These monthly reports will include ongoing activities including data collection, analysis, and actions taken and monitoring for the effectiveness of actions.
3. Following review by Professional Staff Quality Committee, the reports will be forwarded to Quality Council.

H. The Patient Safety Officer or designee will submit an Annual Report to the KDHCD Board of Directors and will include:

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

V. Evaluation and Approval

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

VI. Confidentiality

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

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

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

Kaweah Health

Provider Name: _____ Date: _____

Please Print

NURSE PRACTITIONER / PHYSICIAN ASSISTANT

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

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

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 (For PA's granted privileges prior to March 2016 that are not certified by the NCCPA: Must provide 100 CMEs within the last 2 year period, 50 of which must be category I, as defined by the NCPPA for Certification); **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 (may include telehealth):	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 Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: **__Dinuba __Exeter __Lindsay __Tulare __Woodlake __SHWC – Willow __Dialysis Clinic __Hospice __Chronic Disease Management Center __Wound Care Center __Sequoia Cardiology Clinic __Neuroscience Center**	☐

Kaweah Health

Provider Name: _____ Date: _____

Please Print

ADVANCED INPATIENT PRIVILEGES

Initial FPPE is deemed to have been satisfied based on succesful completion of a preceptorship at Kaweah Health 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	☐
☐	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	☐
☐	Radiologic procedures of the genitourinary and gastrointestinal tracts	5 in the last 2 years	5 in the last 2 years	5 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 *(may not perform opening and/or closing surgical procedures at or below the fascia on a patient under anesthesia without the personal presence of a supervising physician and surgeon).*	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	☐

Kaweah Health

Provider Name: _____ Date: _____

Please Print

☐	Uncomplicated Ventilator Management	5 in the last 2 years	5 in the last 2 years	2 concurrent	☐

ADVANCED OUTPATIENT PRIVILEGES

FPPE requirement waived if provider has successfully completed training (preceptorship) at Kaweah Health 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 retrospective 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	A minimum of 3-month training period with a	10 in the last 2 years	A minimum of 10 (including Core)	☐

Provider Name: _____ Date: _____

Please Print

	therapy, oral radioactive administration and atrontium beta-irradiation application	radiation oncologist OR previous experience.			

ADDITIONAL PRIVILEGES					
Request	**Procedure**	**Initial Criteria**	**Renewal Criteria**	**FPPE Requirements**	**Approve**
☐	Performance of Procedures under fluoroscopic guidance	Meet Initial Criteria AND Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	None	☐

Acknowledgment of Practitioner:

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

(a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) I may participate in the Kaweah Health Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.

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

_____ _____

Advanced Practice Provider Signature *Date*

_____ _____

Supervising/Collaborating Physician Signature *Date*

DEPARTMENT CHAIR SIGNATURE(S) :

_____ _____

Department of Cardiovascular Services *Date*

_____ _____

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

_____ _____

Department of Family Medicine *Date*

_____ _____

Department of Internal Medicine *Date*

_____ _____

Department of OB/GYN *Date*

_____ _____

Department of Pediatrics *Date*

Provider Name: _____ Date: _____
Please Print

_____ _____
Department of Psychiatry & Neurosciences *Date*

_____ _____
Department of Radiology *Date*

_____ _____
Department of Surgery *Date*

Rehabilitation Quality Report

January 2022

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.

Acronyms

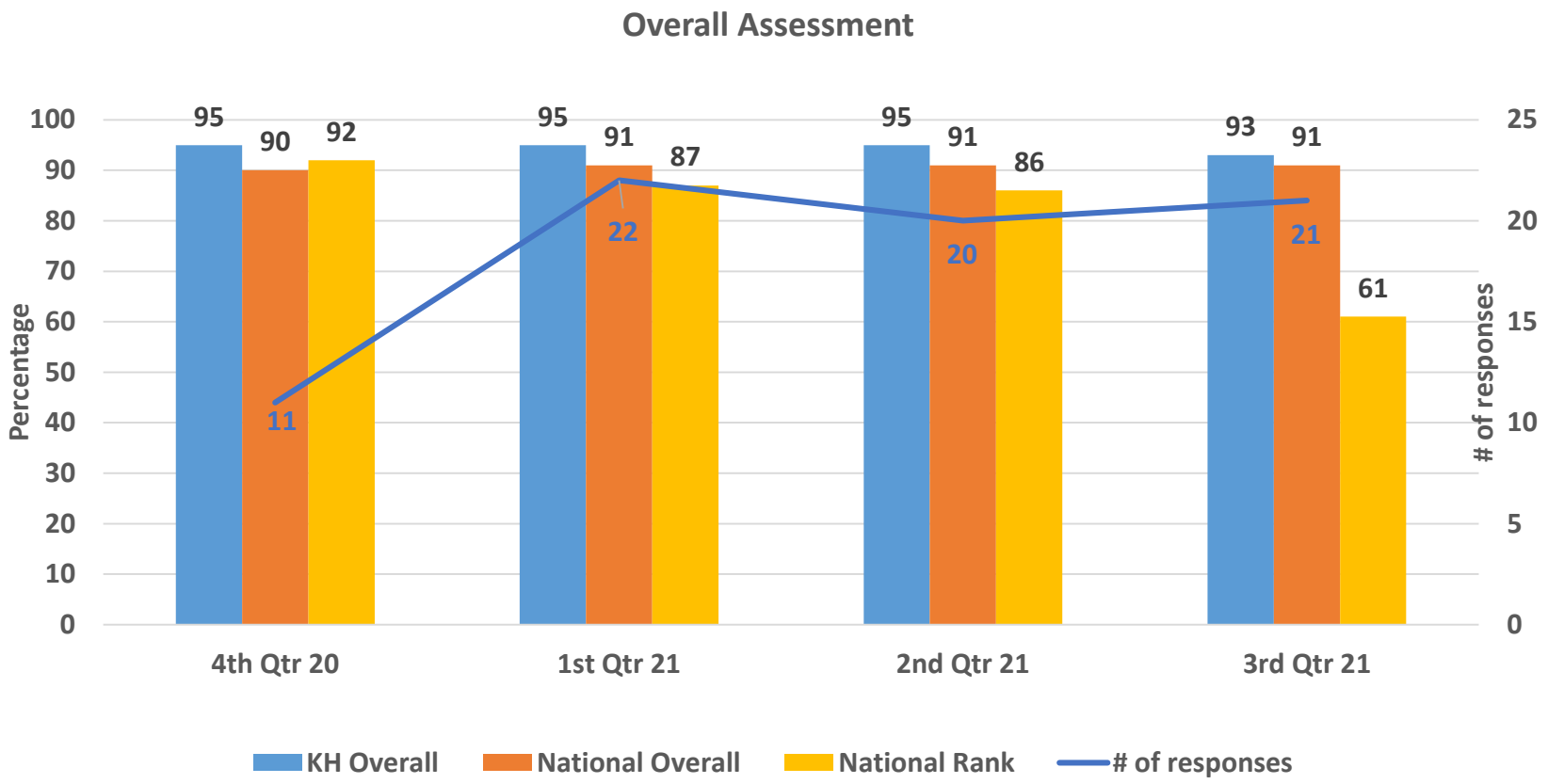
CARF	Commission on Accreditation of Rehabilitation Facilities
CAUTI	Catheter Associated Urinary Tract Infection
CLABSI	Central Line Associated Blood Stream Infection
HAPI	Hospital Acquired Pressure Injury
LOC	Level of consciousness
NDNQI	National Database of Nursing Quality Indicators
NHSN	National Healthcare Safety Network
SNF	Skilled Nursing f\Facility
SBO	Small Bowel Obstruction
SOB	Shortness of Breath

Rehabilitation Hospital

Established May 1994

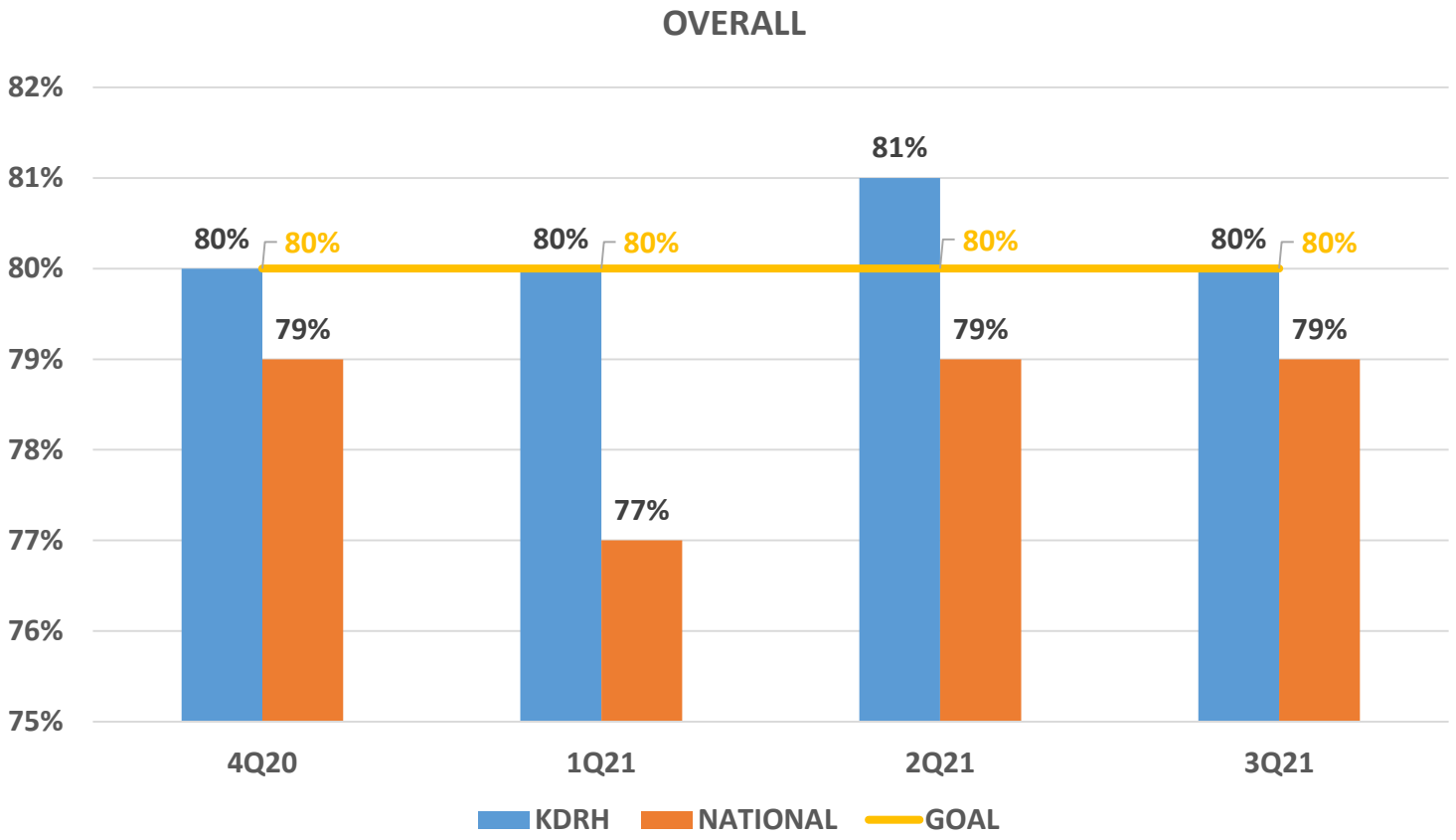
- CARF Accreditation
- 45 bed
- Budgeted census 18
- Physical, Occupational and Speech Therapy
- 3 hours per day
- Specific criteria for admission
  - Diagnosis and medical necessity
  - Discharge plan

Patient Satisfaction



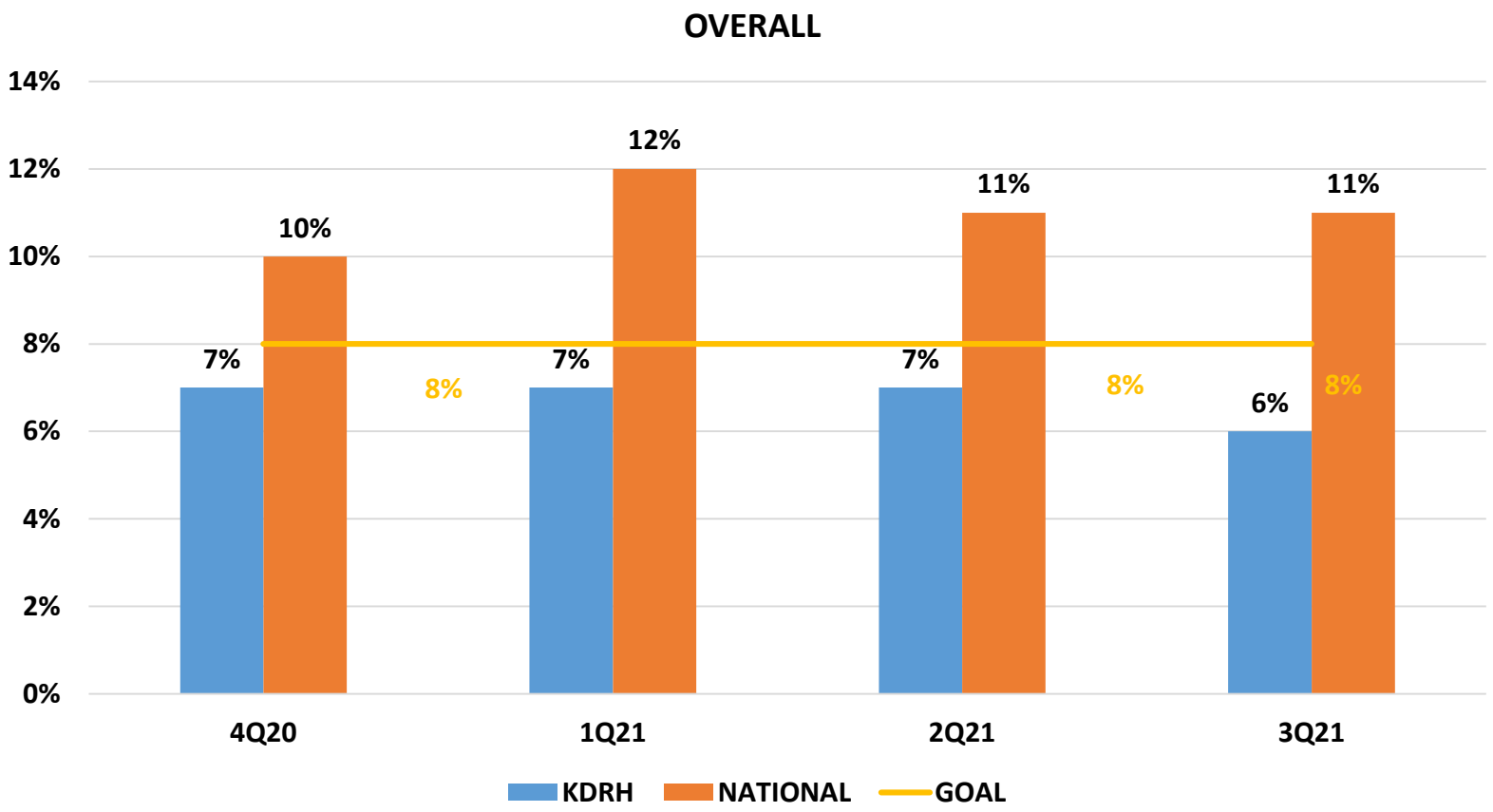
- Press Ganey
- 40 questions
- Patient Satisfaction Committee
  - Staff driven
  - Develop action plans

Discharge to Community



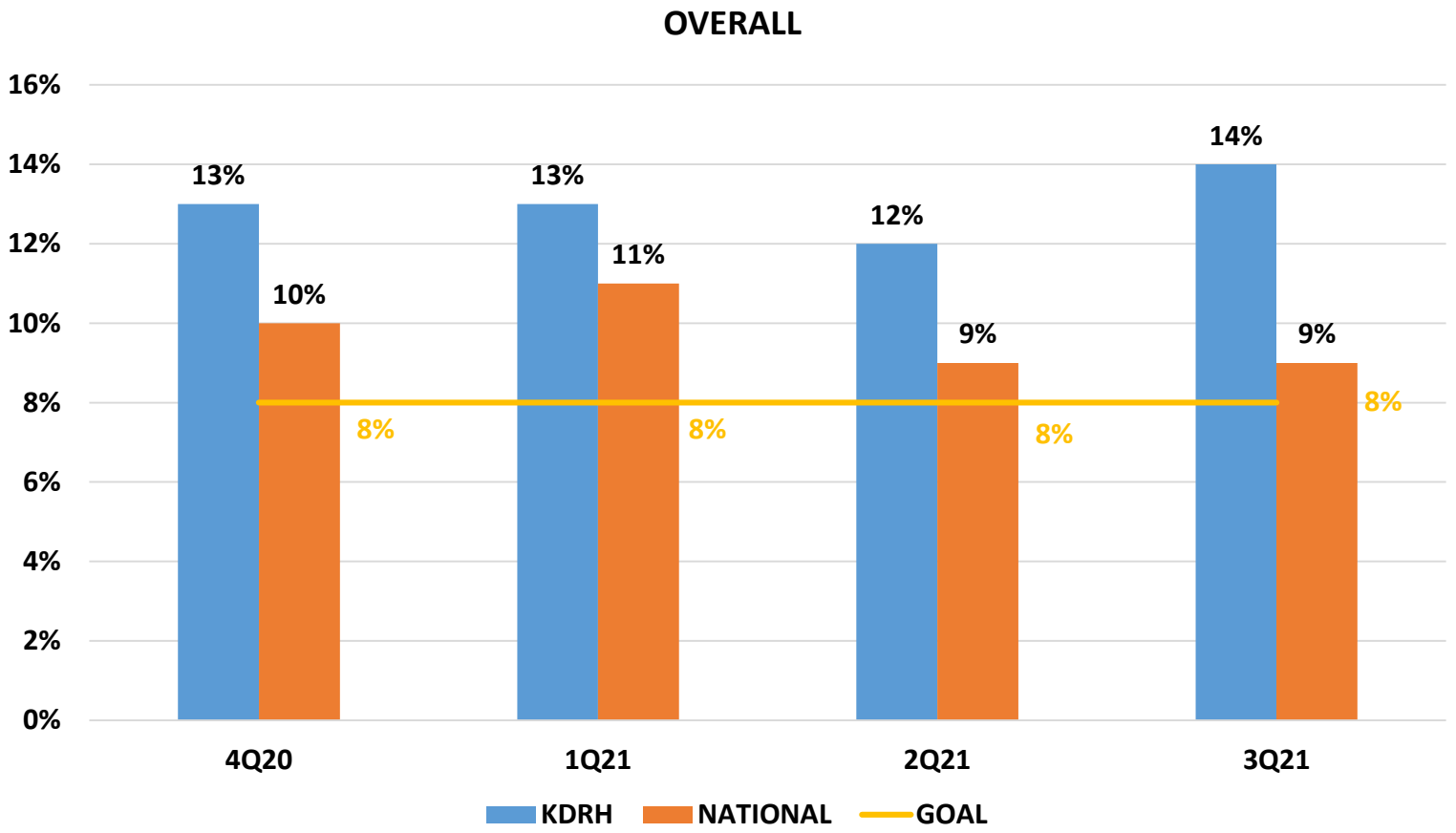
- Patients returning home
  - independently
  - with family
- Higher is better
- Meeting Goal
- Better than the Nation

Discharge to Long Term Care



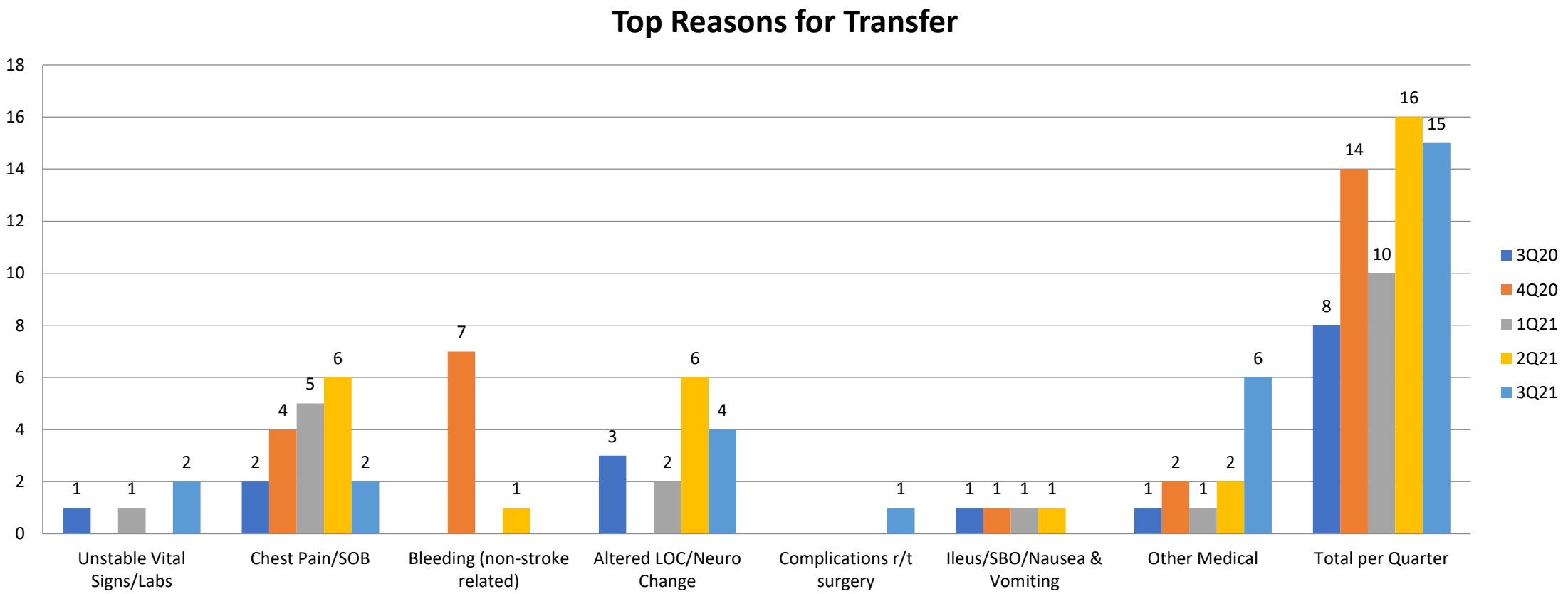
- SNF instead of home
- Lower is better
- Meeting Goal
- Better than the Nation

Discharge to Acute



- Lower is better
- Not meeting Goal
- Worse than the Nation
  - Decreased onset days
  - Increased complexity
  - Medical Center census

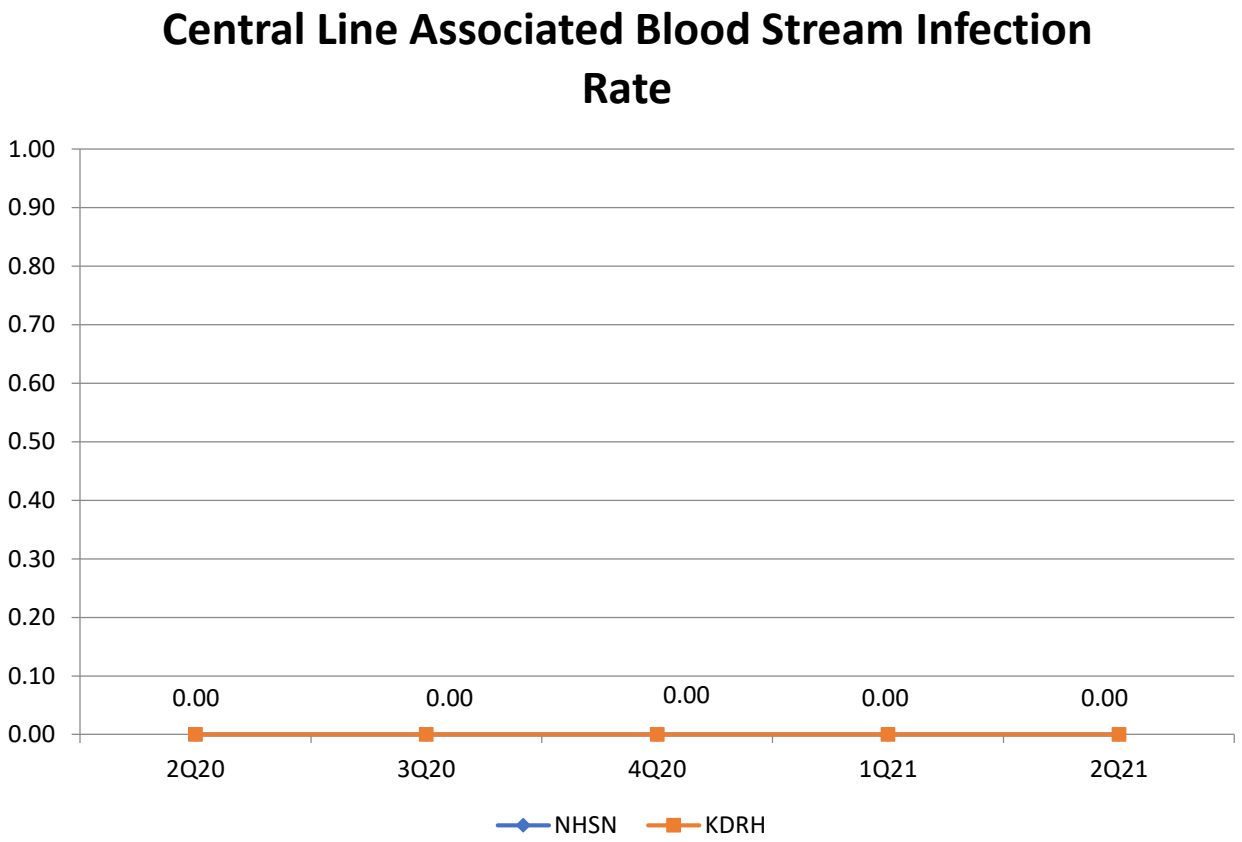
Reasons for Transfer



Quality Indicators

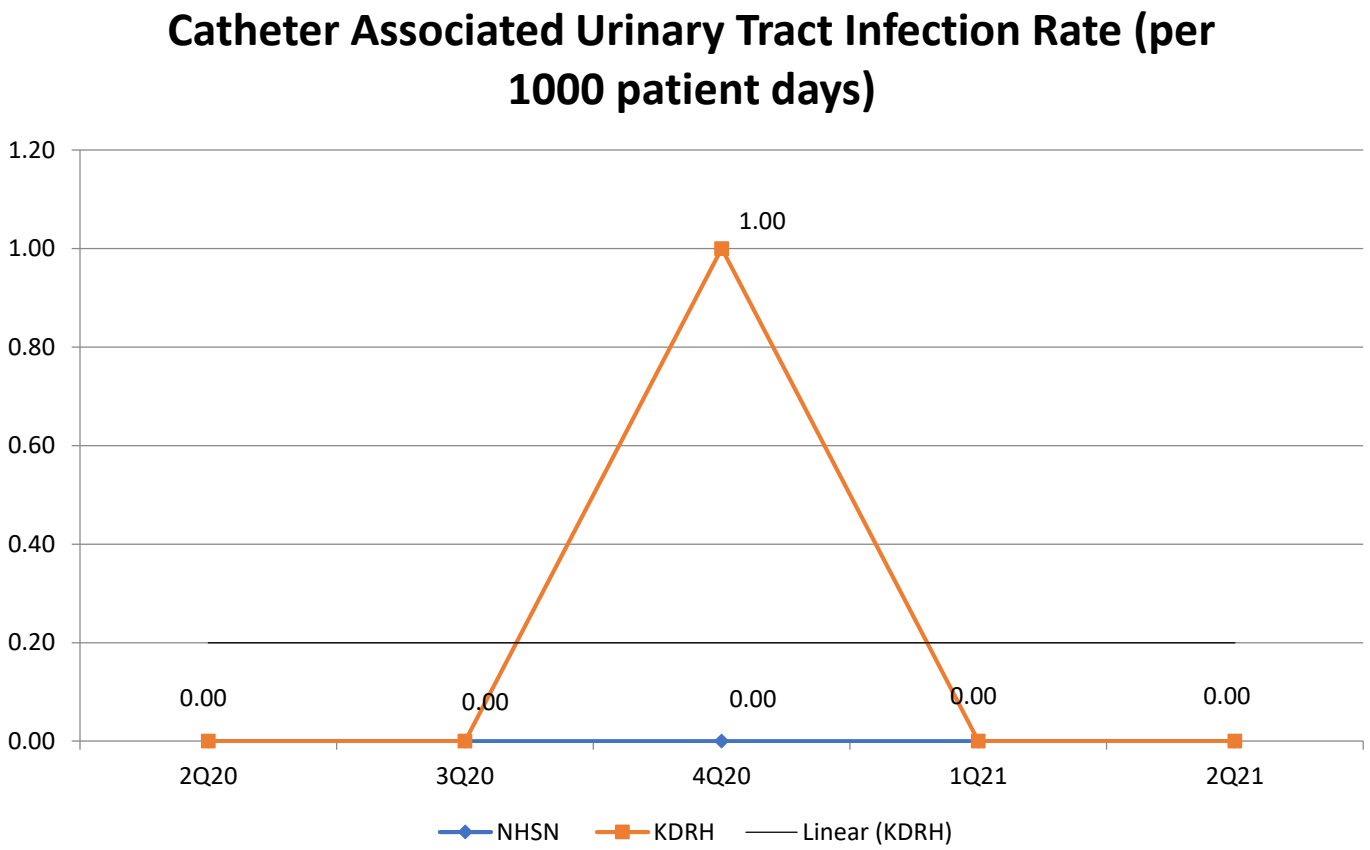
January 2022

CLABSI



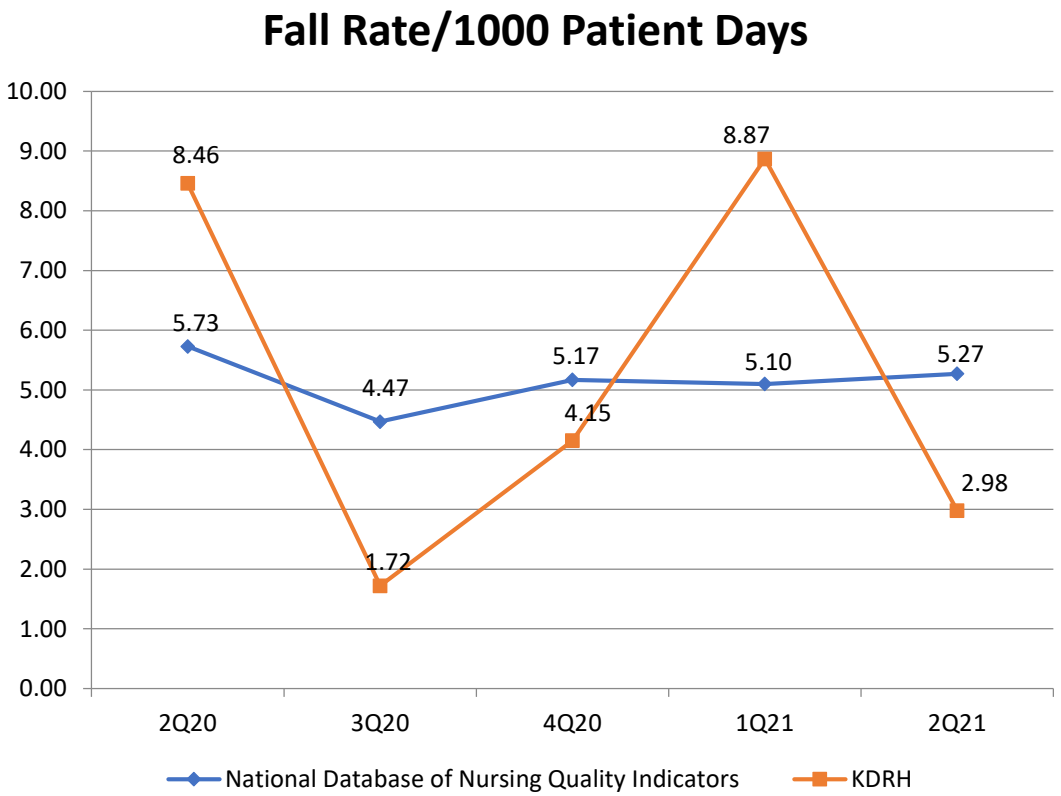
- Low # of central lines on Rehab unit

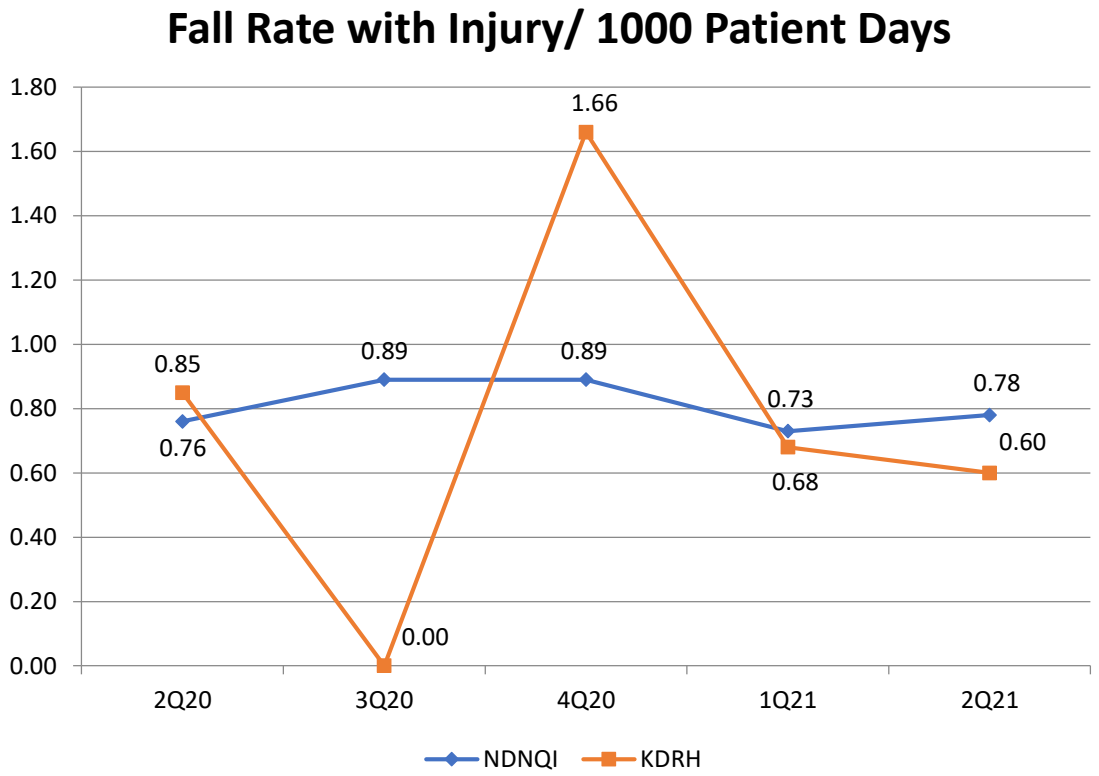
CAUTI



- Each CAUTI is reviewed with Infection Prevention and committee.

FALL RATE





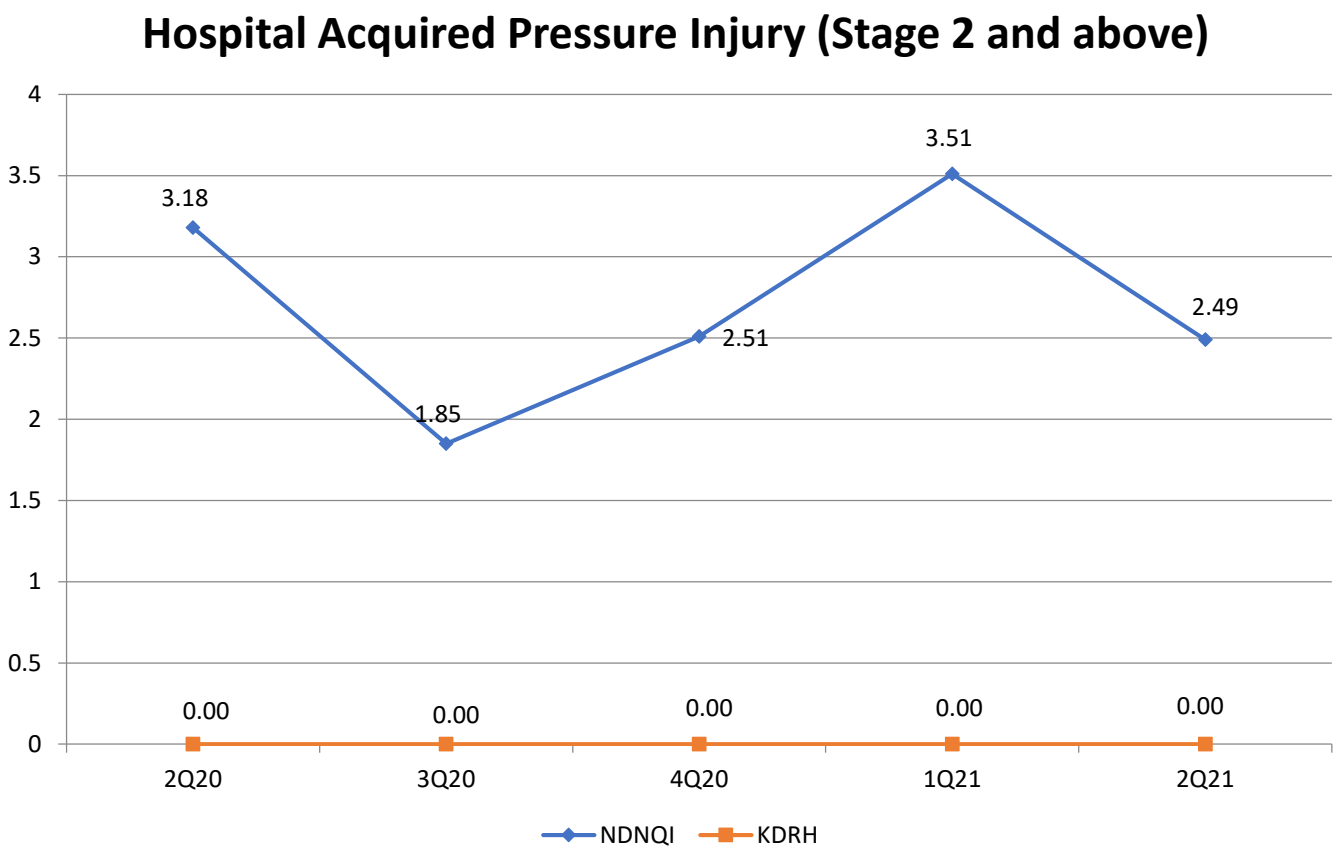
* National Standard is Acute Hospital Quality Indicator

SafeGait

1st of its kind in California

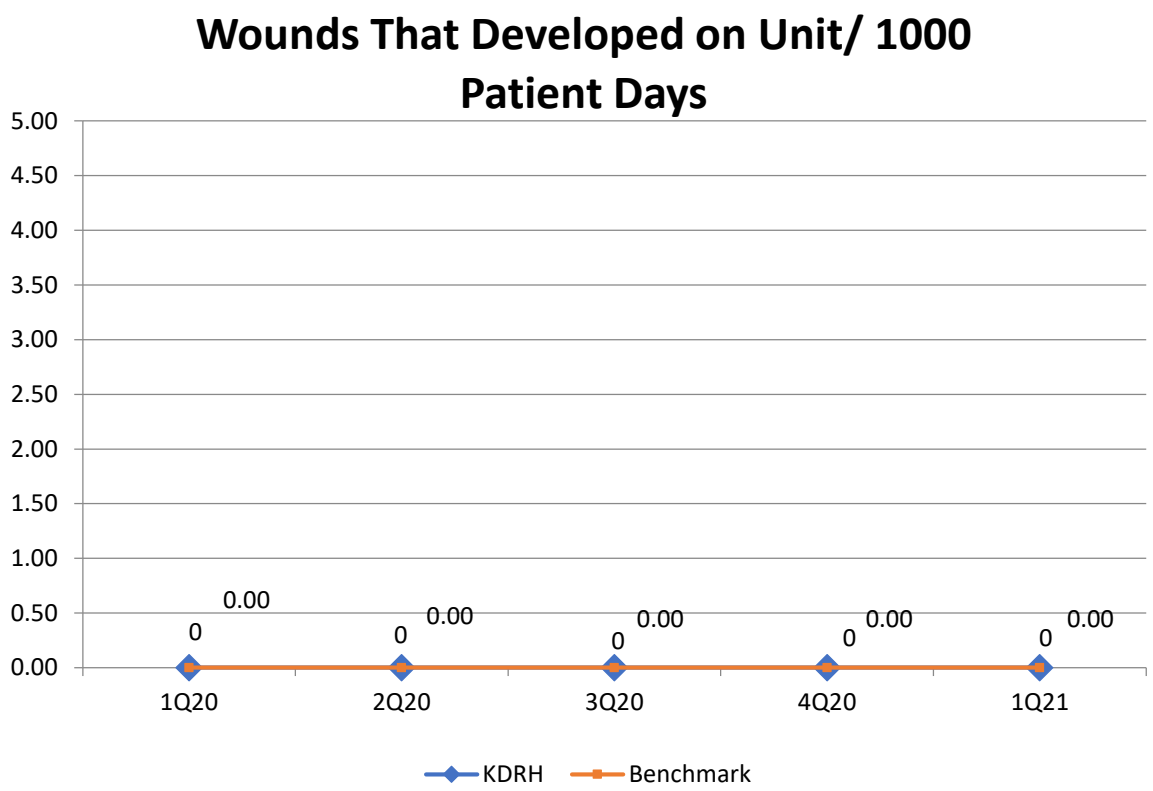
- Improved Patient Outcomes and Function
- Safer Patient Handling
- Dynamic Fall Protection and Fall Recovery
- Reduces Length of Hospital Stay
- Patient Specific Data to Show Progress

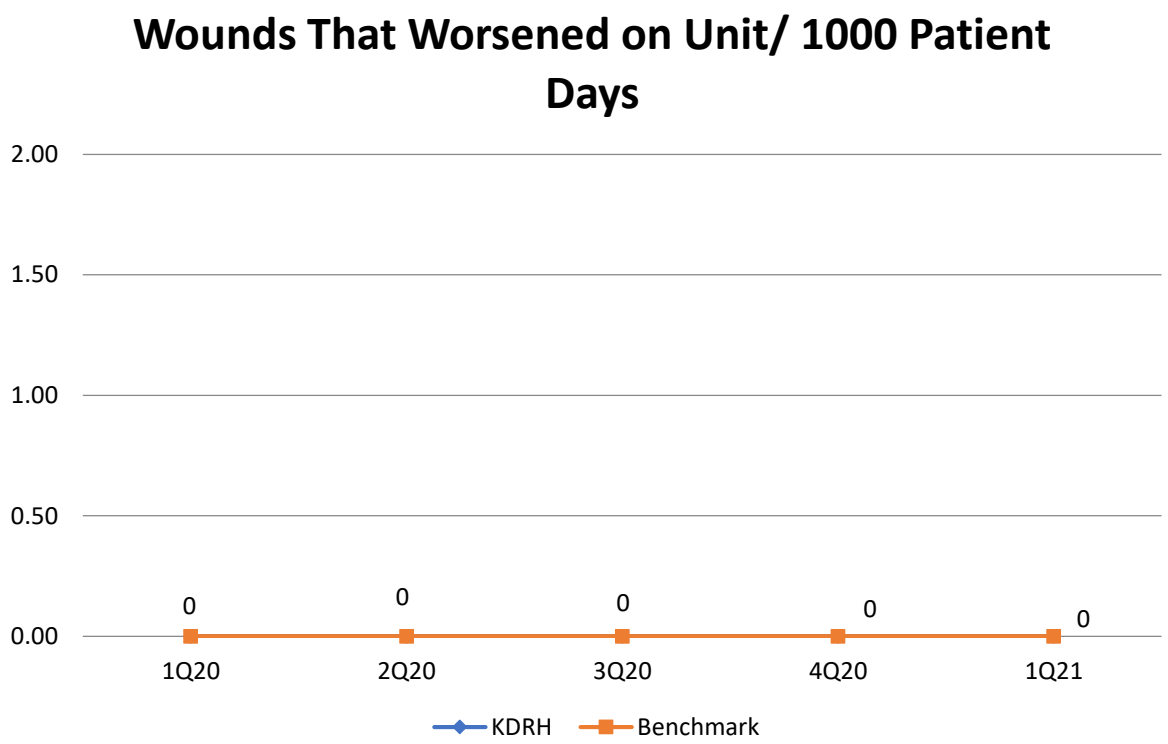
HAPI



- No pressure injuries

WOUNDS


Wounds That Developed on Unit/ 1000 Patient Days
5.00
4.50
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
0
0.00
0
0.00
0
0.00
0
0.00
0
0.00
1Q20
2Q20
3Q20
4Q20
1Q21
KDRH
Benchmark


Wounds That Worsened on Unit/ 1000 Patient Days
2.00
1.50
1.00
0.50
0.00
0
0
0
0
0
1Q20
2Q20
3Q20
4Q20
1Q21
KDRH
Benchmark

Live with passion.

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

Kaweah Health

Rehabilitation Quality Report

Acronyms

CARF	Commission on Accreditation of Rehabilitation Facilities
CAUTI	Catheter Associated Urinary Tract Infection
CLABSI	Central Line Associated Blood Stream Infection
HAPI	Hospital Acquired Pressure Injury
LOC	Level of consciousness
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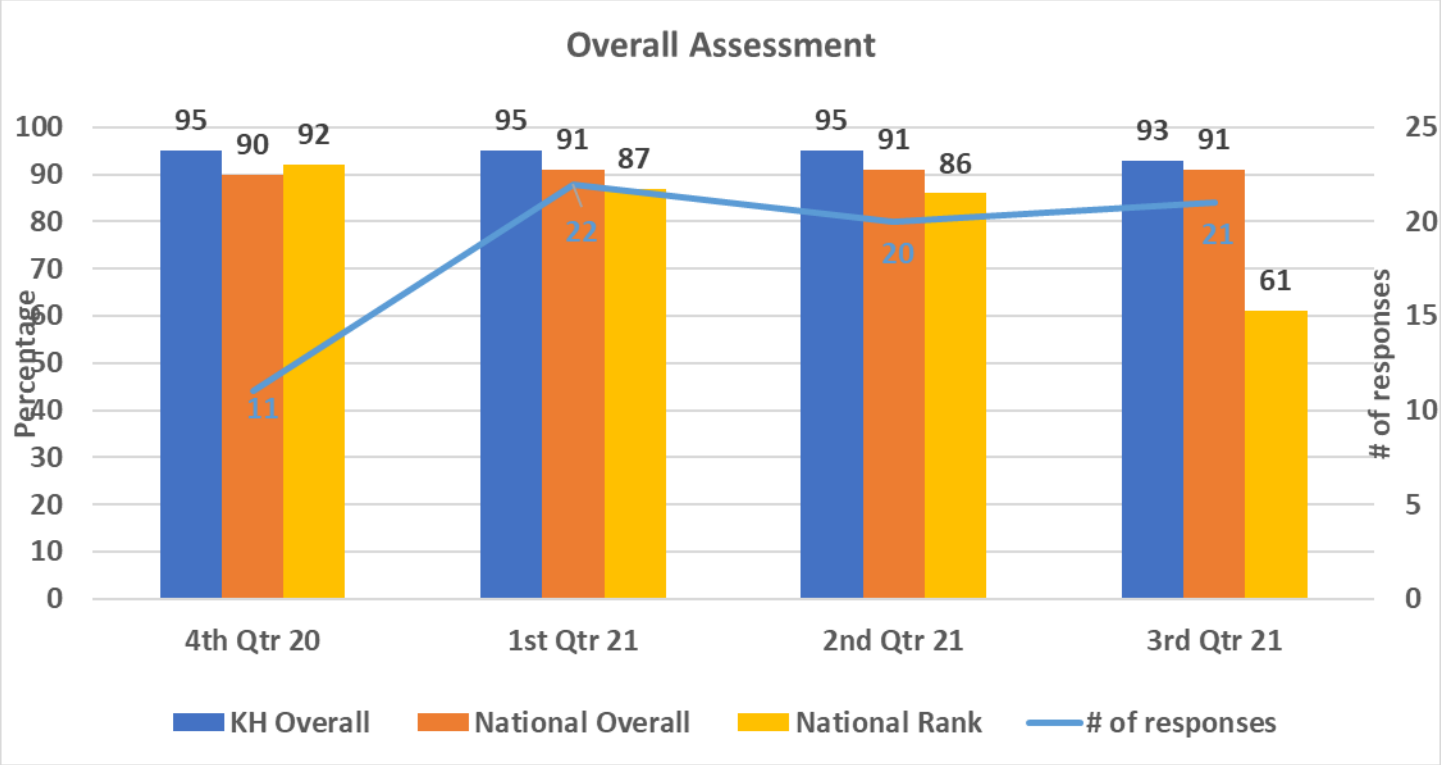
NHSN	National Healthcare Safety Network
SNF	Skilled Nursing Facility
SBO	Small Bowel Obstruction
SOB	Shortness of Breath

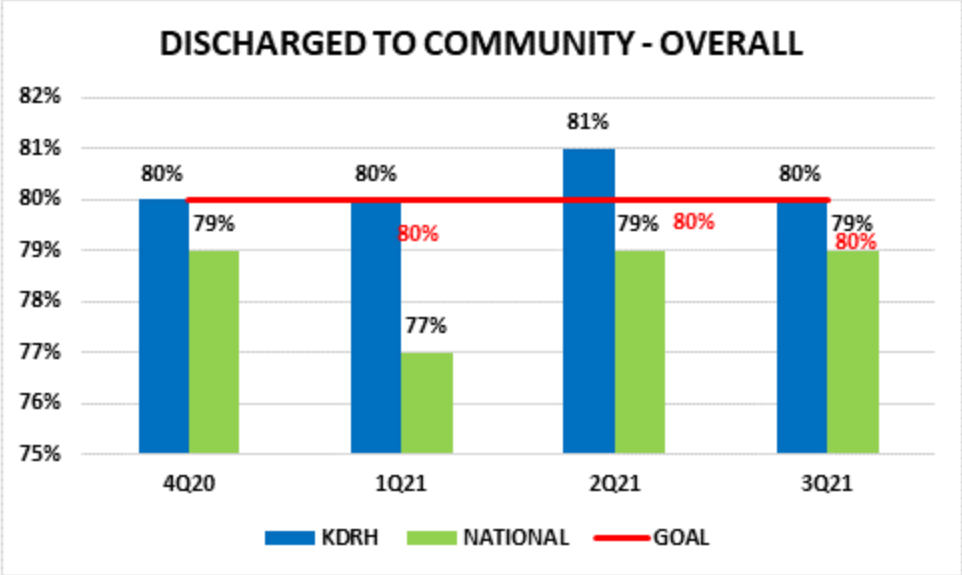
Unit/Department: Rehabilitation Services **Pro Staff Report Date:** Nov 2021

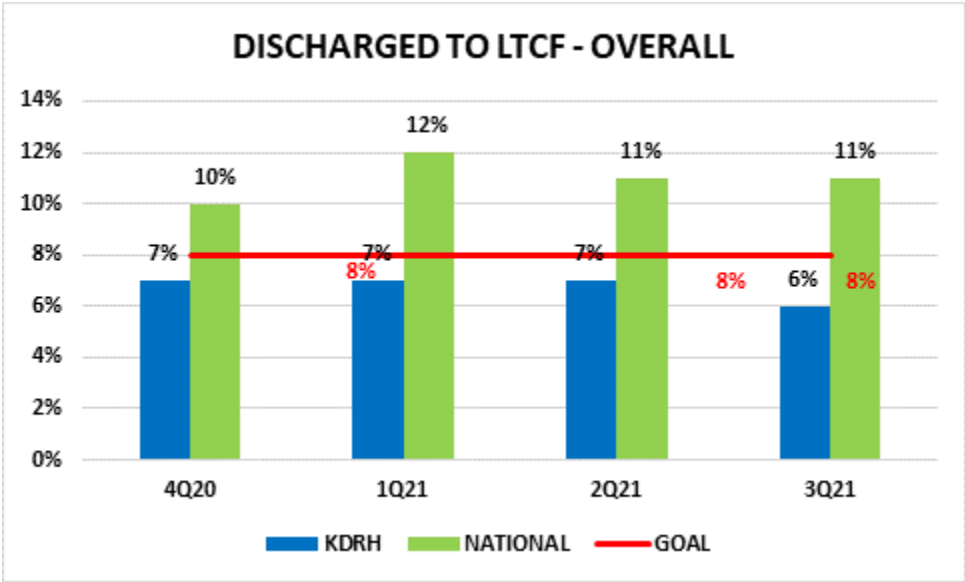
Measure Objective/Goal:
Acute rehabilitation program evaluation, including patient satisfaction, clinical quality including functional outcomes and referral review
Date range of data evaluated: Rehab report 2nd and 3rd quarter of 2021

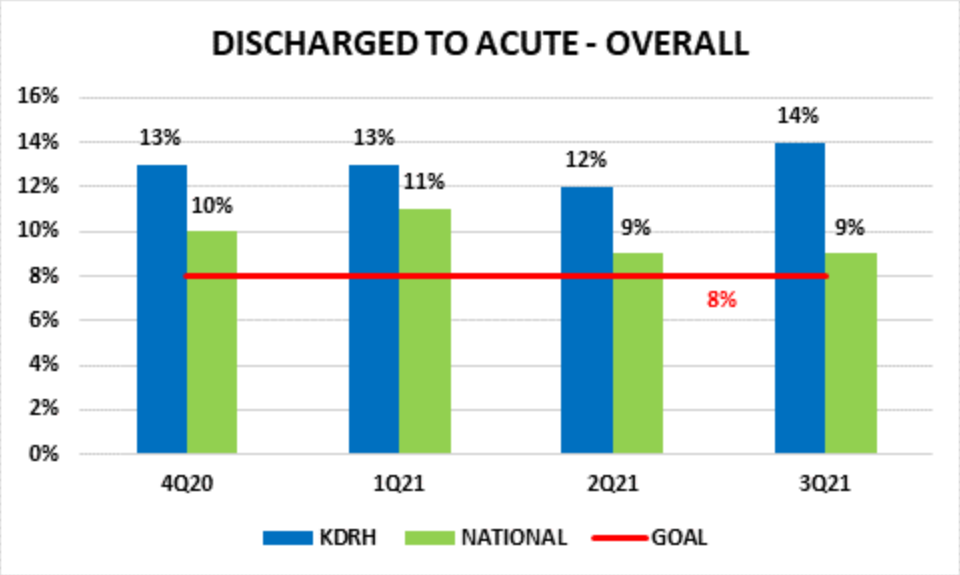
Analysis of all measures/data: (Include key findings, improvements, opportunities)
Patient satisfaction: Mean score for the overall assessment of care was 93 in the 3rd quarter of 2021, placing the program in the 91st percentile. Scores have shown a steady positive trend over the past 4 quarters, a slight dip in this quarter likely related to the recent surge of the COVID pandemic.



Outcomes: 80% of patients returned to community in the 3rd quarter 2021, matching the national average of 80%. Skilled Nursing Facility discharges were 6% compared to national average of 11%. Acute care discharges were 14%, above the national average of 9%. Overall outcomes remain positive, with a small increase in acute care transfers over the last quarter – we continue to see an overall higher patient acuity during the recent surge in the COVID pandemic – both patients recovering from COVID in the rehab setting, as well as the acceptance of patients earlier in their recovery from other conditions to alleviate pressures in the medical center during the height of the pandemic.

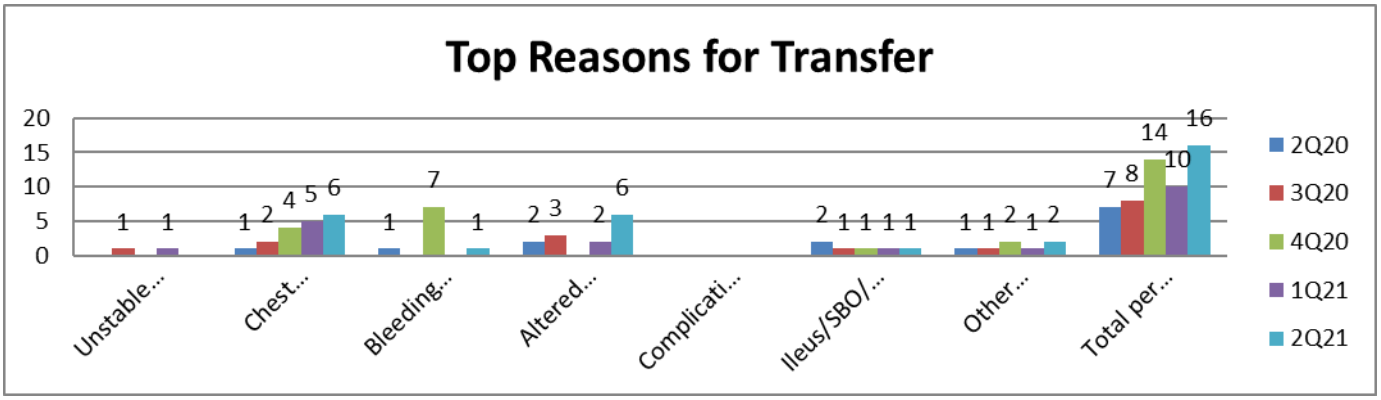

DISCHARGED TO COMMUNITY - OVERALL
82%
81%
80%
79%
78%
77%
76%
75%
80%
79%
80%
80%
77%
81%
79%
80%
80%
79%
80%
4Q20
1Q21
2Q21
3Q21
KDRH
NATIONAL
GOAL


DISCHARGED TO LTCF - OVERALL
14%
12%
10%
8%
6%
4%
2%
0%
7%
10%
7%
8%
12%
7%
11%
8%
6%
11%
8%
4Q20
1Q21
2Q21
3Q21
KDRH
NATIONAL
GOAL



Transfer of Care Analysis

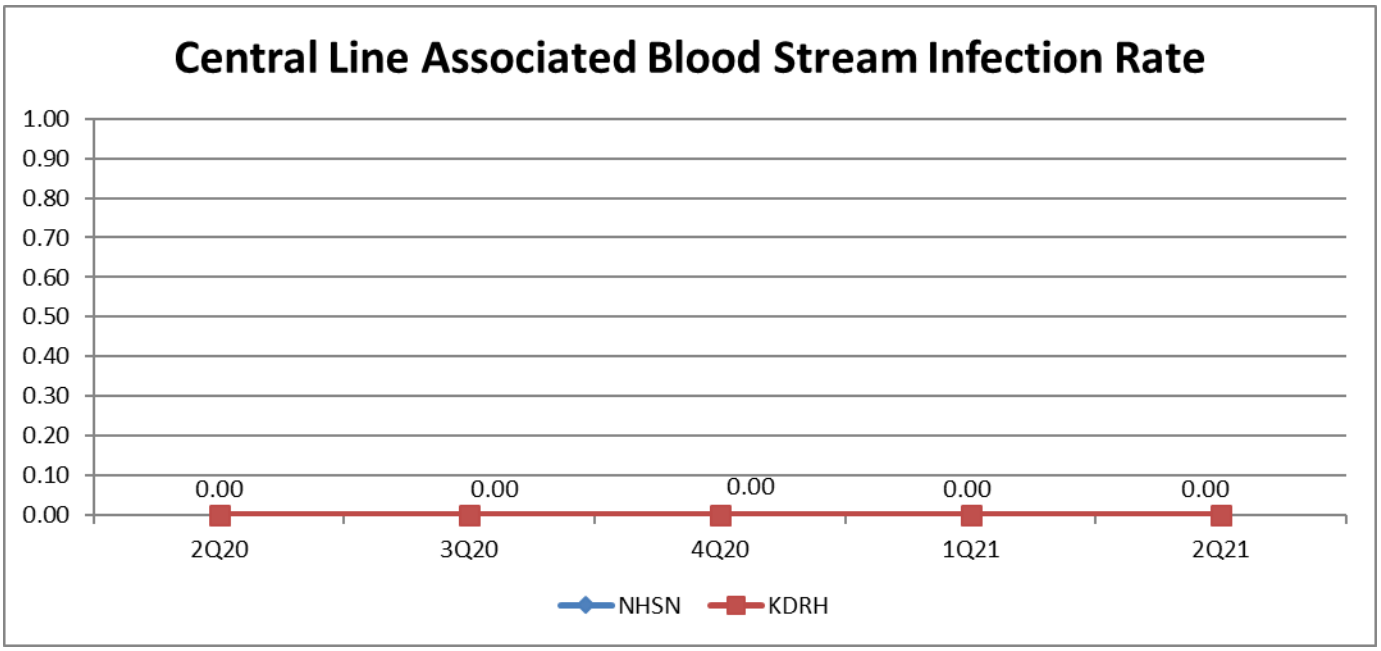
There were 16 patients sent to the ER/Acute. Due to implementation of NIHSS, patients are identified earlier and the trend is still upward. During this quarter, increase in census and admitting more patients seeing an increase in high-risk patients including Covid patients. There was not a standard of anti-coagulation therapy and seeing an increase in respiratory events. All appropriate transfers due to diagnosis and treatment plans. Patients had significant co-morbidities.

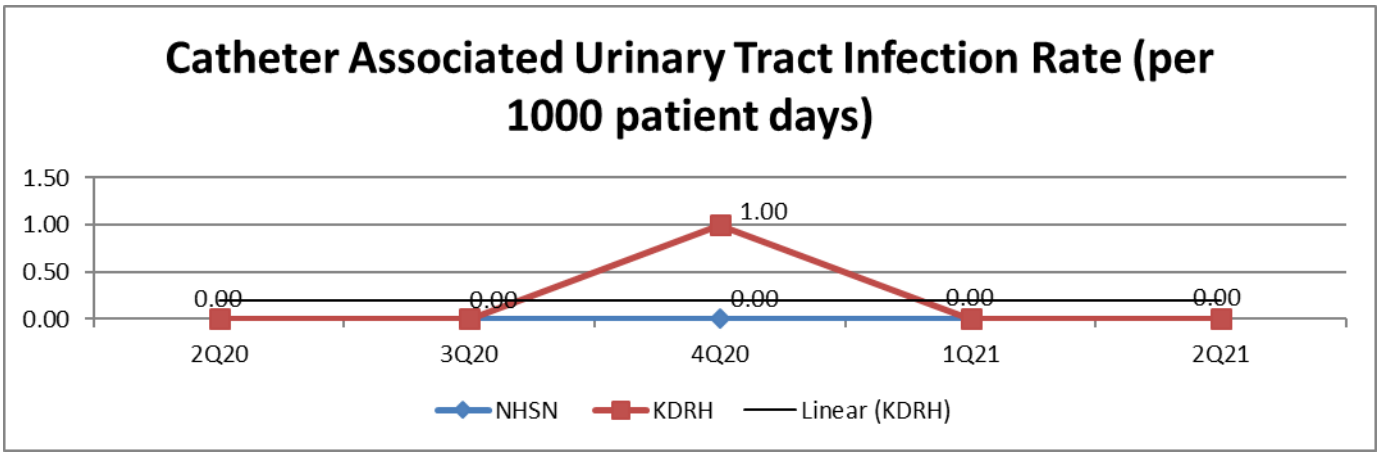


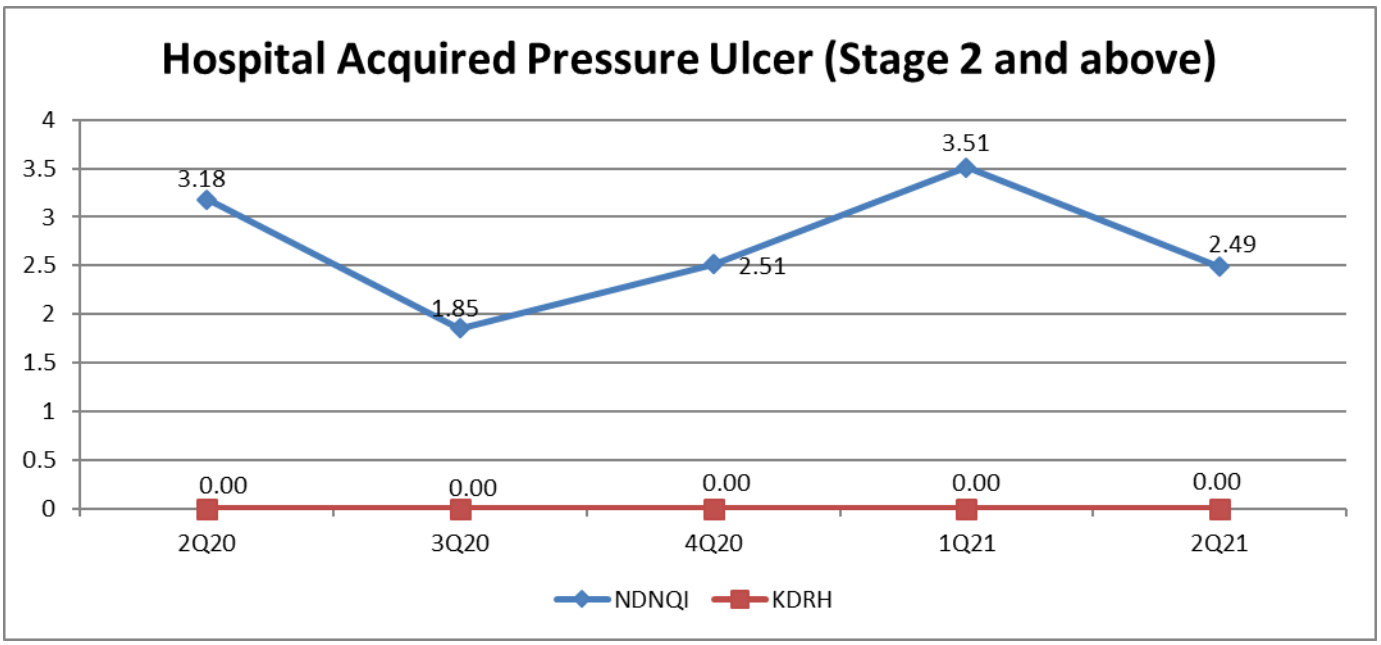
<u>If improvement opportunities identified, provide action plan and expected resolution date:</u>

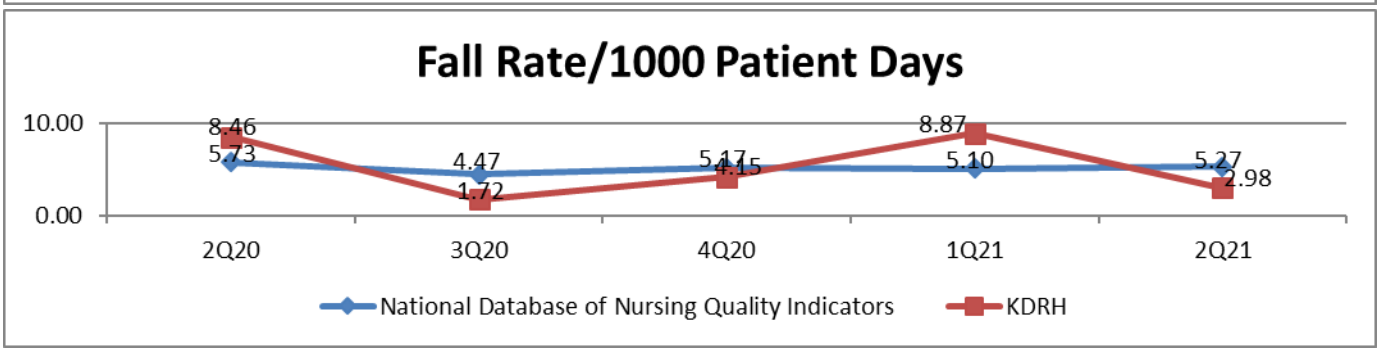
Patient satisfaction is maintaining above the 90th percentile, so initiatives in place will continue, including a survey during the patient's stay to help surface issues that can be addressed while the patient is still on site, therapists' use of a goal board to assist in patient engagement in setting and reviewing their goals, and use white noise machines to assist with reducing noise complaints. Clinical outcomes continue to be strong, continue to monitor closely to confirm that recent increases in acute care transfers are reflective of the pandemic.

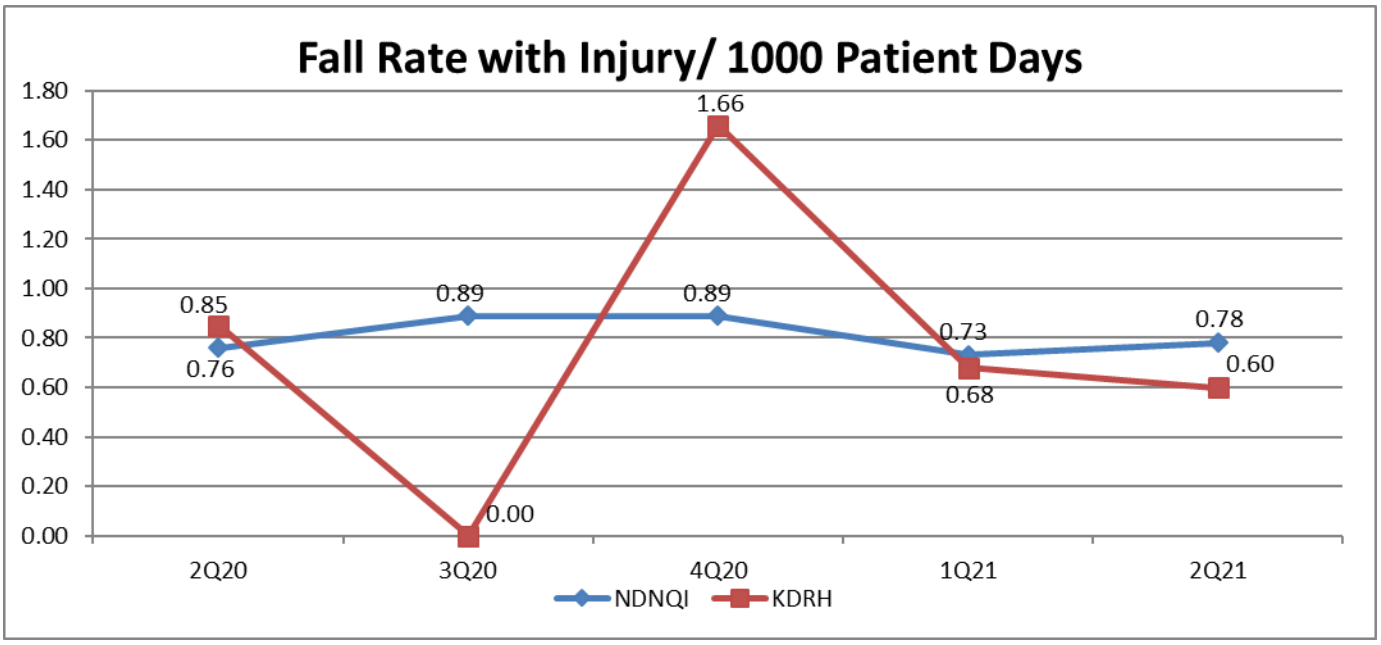
Measure Objective/Goal:
Nursing indicators relative to NDNQI
Date range of data evaluated: 1st and 2nd quarter 2021
Analysis of all measures/data: (Include key findings, improvements, opportunities)
Kaweah Delta Rehab had zero incidence of central line blood stream infections, hospital acquired pressure ulcer stage II or above and CAUTI. Fall rate per 1000 patient days was below NDNQI benchmarks in 1Q21 and in 2Q21, 5 falls (3 unwitnessed). There was one minor injury (bruise on cheek).




Catheter Associated Urinary Tract Infection Rate (per 1000 patient days)
1.50
1.00
0.50
0.00
0.00
0.00
1.00
0.00
0.00
0.00
2Q20
3Q20
4Q20
1Q21
2Q21
NHSN
KDRH
Linear (KDRH)


Hospital Acquired Pressure Ulcer (Stage 2 and above)
4
3.5
3
2.5
2
1.5
1
0.5
0
3.18
1.85
2.51
3.51
2.49
0.00
0.00
0.00
0.00
0.00
2Q20
3Q20
4Q20
1Q21
2Q21
NDNQI
KDRH


Fall Rate/1000 Patient Days
10.00
0.00
8.46
5.73
4.47
1.72
5.17
4.15
8.87
5.10
5.27
2.98
2Q20
3Q20
4Q20
1Q21
2Q21
National Database of Nursing Quality Indicators
KDRH



If improvement opportunities identified, provide action plan and expected resolution date:
Continue existing initiatives for CAUTI with renewed focus on GEMBA rounds, peri care and bathing as well as focus on validation of CNA transfer competency has helped reduce avoidable falls.

Submitted by Name: Molly Niederreiter **Date Submitted:** November 10, 2021

KAWEAH DELTA HEALTH CARE DISTRICT (the "District")
FINANCE DIVISION MEMORANDUM

TO: Finance Committee, Board of Directors, Chief Executive Officer and Executive Team

FROM: Malinda Tupper, Chief Financial Officer
Jennifer Stockton, Director of Finance

DATE: January 17, 2022

SUBJECT: 2022 Refunding Revenue Bonds Preliminary Resolution

On January 26, 2022, the District's Board of Directors (the "Board") will be asked to approve Resolution No. 2145 authorizing certain officers of the District to take steps necessary for the issuance of refunding revenue bonds (the "2022 Refunding Bonds") in an amount necessary to provide for the refunding of all of the District's outstanding 2017 Revenue Bonds, Series A&B (the "2017 Bonds"). **Adoption of this resolution does not give management the authority to issue the 2022 Refunding Bonds as final authority for issuance of the 2022 Refunding Bonds is expected to be sought at a future Board meeting on either February 23rd or March 23rd, and will be contingent upon the facts, circumstances and conditions that exist at that time.**

Information regarding the 2017 Bonds is provided below as background information:

	2017 Bonds
Outstanding Par Amount	$30,699,000
Interest Rate	3.24%
Final Bond Maturity	June 1, 2031
Use of Funds	Refi 2006 & 2011B Bonds
Refunding Type	Current Refunding
Call Premium	3.00%

Management believes that favorable tax-exempt interest rates are currently available that offer the District an opportunity to generate significant debt service savings as compared with debt service associated with the 2017 Bonds. While interest rates for underwritten bonds are not determined until the bonds are actually sold, the current interest rate environment suggests a possible weighted-average interest rate of approximately 1.53% for underwritten bonds and approximately 1.87% for a private placement for a 9-year maturity based upon discussions with knowledgeable underwriting firms. We will work to secure a commitment from one or more bank purchaser(s) or an acceptable underwriting syndicate to purchase the 2022 Refunding Bonds. Without increasing the average weighted maturity of the 2017 Bonds, we estimate that net debt service savings over the remaining life of the 2017 Bonds, based on current market conditions, to be approximately $2.8 million (approximately $2.5 million on a net present-value basis) or 8.25% of the par amount of debt being refunded, based on current market conditions. This estimated savings, if achieved, would reduce the District's annual debt service by approximately $310,000. We will evaluate both a public offering and a private placement of the 2022 Refunding Bonds on a parallel basis and determine whether a private placement or a public offering would be more advantageous for the District.

The following summarizes the purpose and general content of the preliminary resolution to be reviewed by the Board on January 26, 2022.

Resolution No. 2145 - The preliminary resolution allows management of the District to proceed forward with the proposed refinancing and is preliminary to the final resolution planned to be considered for approval by the Board at its meeting in February 23rd or March 23rd, subject to the facts, circumstances and conditions that exist at that time. This preliminary resolution describes the use of proceeds of the 2022 Refunding Bonds, establishes a limit as to the principal amount of bonds authorized to be issued and establishes a not-to-exceed final maturity for the 2022 Refunding Bonds. The preliminary resolution authorizes the President of the Board, the District's Chief Executive Officer, its Chief Financial Officer, and/or its Director of Finance to take any and all necessary action needed to carry out the intended purposes of this preliminary resolution but it does not commit the District to sell bonds.

For any questions regarding the documents, please contact Malinda Tupper at 624-4065 or Jennifer Stockton at 624-5536.

KAWEAH DELTA HEALTH CARE DISTRICT

RESOLUTION NO. 2145

A RESOLUTION OF THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT AUTHORIZING CONSIDERATION FOR THE ISSUANCE OF REVENUE REFUNDING BONDS PURSUANT TO THE CALIFORNIA HEALTH AND SAFETY CODE AND THE CALIFORNIA GOVERNMENT CODE.

WHEREAS, the Board of Directors (the "**Board**") of Kaweah Delta Health Care District (the "**District**") is authorized to issue its revenue refunding bonds pursuant to the Local Health Care District Law of the State of California, as set forth in the California Health and Safety Code, and the California Government Code to provide funds for refunding the outstanding aggregate principal amount of the Kaweah Delta Health Care District (Tulare County, California) Revenue Refunding Bonds, Series 2017A and the Kaweah Delta Health Care District (Tulare County, California) Revenue Refunding Bonds, Series 2017B, each issued on April 13, 2017 and maturing through June 1, 2031 (the "**Bonds to be Refunded**"), and the payment of costs of issuance thereof,

NOW, THEREFORE, BE IT RESOLVED by the Board as follows:

Section 1. The District is a local health care district and a political subdivision organized and existing pursuant to the Local Health Care District Law of the State of California as set forth in Sections 32000 *et. seq.* of the California Health and Safety Code. The District currently owns and operates hospitals and other health care facilities within and outside the boundaries of the District in Tulare County, California and in Kings County, California.

Section 2. The Board has received information indicating that it may be in the best interests of the District to issue its Kaweah Delta Health Care District (Tulare County, California) Revenue Refunding Bonds, Series 2022 (the "**Series 2022 Refunding Bonds**") to provide funds for the current refunding of the outstanding aggregate principal amount of the Bonds to be Refunded and paying the costs of issuance of the Series 2022 Refunding Bonds. The information suggests that the Series 2022 Refunding Bonds would generate both overall and present value debt service savings for the District. The Series 2022 Refunding Bonds would be issued pursuant to a Resolution of the Board Authorizing the Issuance and Sale of its Kaweah Delta Health Care District (Tulare County, California) Revenue Refunding Bonds, Series 2022, the Execution and Delivery of a Depository Trust Agreement, and certain related matters (collectively, the "**Authorization**"), and would be secured by and payable from a revenue fund pledge of the District, and would have such terms, conditions and provisions, as set forth in the Authorization.

Section 3. If authorized and issued, the Series 2022 Refunding Bonds and all obligations of the District with respect thereto would be and remain special obligations of the District payable from a revenue fund pledge of the District.

Section 4. If authorized and issued, the Series 2022 Refunding Bonds would be secured by a revenue fund pledge of the District. No recourse could be had for the payment of the principal of or interest on the Series 2022 Refunding Bonds or for any claim based thereon against any member, officer or employee of the District or any person executing the Series 2022 Refunding Bonds.

Section 5. If authorized and issued, i) the principal amount of the Series 2022 Refunding Bonds would not exceed the amount necessary to provide for the refunding of the Bonds to be Refunded and the costs of issuing the Series 2022 Refunding Bonds, and ii) the final maturity of the Series 2022 Refunding Bonds would not exceed June 1, 2031.

Section 6. The President of the Board, the Chief Executive Officer, the Chief Financial Officer and the Director of Finance for the District, and such other District personnel as may be directed by any of the foregoing are each hereby authorized, empowered and directed, for and on behalf of the District, to take any and all actions necessary or appropriate in order to further the intent of this Resolution.

Section 7. This Resolution will take effect immediately.

THE FOREGOING RESOLUTION WAS PASSED AND ADOPTED by the Board of Directors of Kaweah Delta Health Care District on January 26, 2022, by the following vote:

AYES: Directors: _____

NOES: Directors: _____

ABSENT: _____

_____
David Francis
President, Board of Directors
Kaweah Delta Health Care District

Attest:

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

SOURCES AND USES OF FUNDS

Kaweah Delta Health Care District
(Tulare County, California)
Revenue Refunding Bonds, Series 2022
--Preliminary, subject to change--

Dated Date	06/01/2022
Delivery Date	06/01/2022

Sources:	
Bond Proceeds:	
Par Amount	26,985,000.00
Premium	4,988,290.65
	31,973,290.65

Uses:	
Refunding Escrow Deposits:	
Cash Deposit	31,619,970.00
Delivery Date Expenses:	
Cost of Issuance	350,000.00
Other Uses of Funds:	
Additional Proceeds	3,320.65
	31,973,290.65

BOND PRICING

Kaweah Delta Health Care District
(Tulare County, California)
Revenue Refunding Bonds, Series 2022
--Preliminary, subject to change--

Bond Component	Maturity Date	Amount	Rate	Yield	Price	Premium (-Discount)
Serial Bonds:						
	06/01/2023	330,000	4.000%	0.510%	103.476	11,470.80
	06/01/2024	340,000	4.000%	0.640%	106.666	22,664.40
	06/01/2025	1,775,000	4.000%	0.780%	109.529	169,139.75
	06/01/2026	1,525,000	4.000%	0.960%	111.901	181,490.25
	06/01/2027	365,000	4.000%	1.120%	113.966	50,975.90
	06/01/2028	265,000	4.000%	1.230%	115.974	42,331.10
	06/01/2029	4,185,000	4.000%	1.320%	117.863	747,566.55
	06/01/2030	8,930,000	4.000%	1.380%	119.779	1,766,264.70
	06/01/2031	9,270,000	4.000%	1.440%	121.536	1,996,387.20
		26,985,000				4,988,290.65

Dated Date	06/01/2022	
Delivery Date	06/01/2022	
First Coupon	12/01/2022	
Par Amount	26,985,000.00	
Premium	4,988,290.65	
Production	31,973,290.65	118.485420%
Underwriter's Discount		
Purchase Price	31,973,290.65	118.485420%
Accrued Interest		
Net Proceeds	31,973,290.65	

BOND SUMMARY STATISTICS

Kaweah Delta Health Care District
(Tulare County, California)
Revenue Refunding Bonds, Series 2022
--Preliminary, subject to change--

Dated Date	06/01/2022
Delivery Date	06/01/2022
Last Maturity	06/01/2031
Arbitrage Yield	1.360594%
True Interest Cost (TIC)	1.360594%
Net Interest Cost (NIC)	1.506042%
All-In TIC	1.528781%
Average Coupon	4.000000%
Average Life (years)	7.412
Weighted Average Maturity (years)	7.480
Duration of Issue (years)	6.597
Par Amount	26,985,000.00
Bond Proceeds	31,973,290.65
Total Interest	8,000,600.00
Net Interest	3,012,309.35
Total Debt Service	34,985,600.00
Maximum Annual Debt Service	9,658,000.00
Average Annual Debt Service	3,887,288.89

Bond Component	Par Value	Price	Average Coupon	Average Life	Average Maturity Date	Duration	PV of 1 bp change
Serial Bonds	26,985,000.00	118.485	4.000%	7.412	10/29/2029	6.597	20,878.15
	26,985,000.00			7.412			20,878.15

	TIC	All-In TIC	Arbitrage Yield
Par Value	26,985,000.00	26,985,000.00	26,985,000.00
+ Accrued Interest			
+ Premium (Discount)	4,988,290.65	4,988,290.65	4,988,290.65
- Underwriter's Discount			
- Cost of Issuance Expense		-350,000.00	
- Other Amounts			
Target Value	31,973,290.65	31,623,290.65	31,973,290.65
Target Date	06/01/2022	06/01/2022	06/01/2022
Yield	1.360594%	1.528781%	1.360594%

BOND DEBT SERVICE

Kaweah Delta Health Care District
(Tulare County, California)
Revenue Refunding Bonds, Series 2022
--Preliminary, subject to change--

Period Ending	Principal	Coupon	Interest	Debt Service
06/01/2023	330,000	4.000%	1,079,400	1,409,400
06/01/2024	340,000	4.000%	1,066,200	1,406,200
06/01/2025	1,775,000	4.000%	1,052,600	2,827,600
06/01/2026	1,525,000	4.000%	981,600	2,506,600
06/01/2027	365,000	4.000%	920,600	1,285,600
06/01/2028	265,000	4.000%	906,000	1,171,000
06/01/2029	4,185,000	4.000%	895,400	5,080,400
06/01/2030	8,930,000	4.000%	728,000	9,658,000
06/01/2031	9,270,000	4.000%	370,800	9,640,800
	26,985,000		8,000,600	34,985,600

SAVINGS

Kaweah Delta Health Care District
(Tulare County, California)
Revenue Refunding Bonds, Series 2022
--Preliminary, subject to change--

Date	Prior Debt Service	Refunding Debt Service	Savings	Present Value to 06/01/2022 @ 2.0000000%
06/01/2023	1,719,647.60	1,409,400.00	310,247.60	303,719.08
06/01/2024	1,719,157.60	1,406,200.00	312,957.60	300,289.43
06/01/2025	3,138,922.40	2,827,600.00	311,322.40	292,782.02
06/01/2026	2,815,901.60	2,506,600.00	309,301.60	285,146.78
06/01/2027	1,598,045.60	1,285,600.00	312,445.60	282,366.09
06/01/2028	1,480,611.60	1,171,000.00	309,611.60	274,239.26
06/01/2029	5,390,158.40	5,080,400.00	309,758.40	268,911.81
06/01/2030	9,968,308.40	9,658,000.00	310,308.40	264,157.07
06/01/2031	9,950,271.20	9,640,800.00	309,471.20	258,478.63
	37,781,024.40	34,985,600.00	2,795,424.40	2,530,090.17

Savings Summary

PV of savings from cash flow	2,530,090.17
Plus: Refunding funds on hand	3,320.65
Net PV Savings	2,533,410.82

SUMMARY OF REFUNDING RESULTS

Kaweah Delta Health Care District
(Tulare County, California)
Revenue Refunding Bonds, Series 2022
--Preliminary, subject to change--

Dated Date	06/01/2022
Delivery Date	06/01/2022
Arbitrage yield	1.360594%
Escrow yield	0.000000%
Value of Negative Arbitrage	
Bond Par Amount	26,985,000.00
True Interest Cost	1.360594%
Net Interest Cost	1.506042%
Average Coupon	4.000000%
Average Life	7.412
Weighted Average Maturity	7.480
Par amount of refunded bonds	30,699,000.00
Average coupon of refunded bonds	3.240000%
Average life of refunded bonds	7.120
Remaining weighted average maturity of refunded bonds	7.120
PV of prior debt to 06/01/2022 @ 2.000000%	33,197,443.77
Net PV Savings	2,533,410.82
Percentage savings of refunded bonds	8.252421%
Percentage savings of refunding bonds	9.388219%

PRIOR BOND DEBT SERVICE

Kaweah Delta Health Care District
(Tulare County, California)
Revenue Refunding Bonds, Series 2022
--Preliminary, subject to change--

Period Ending	Principal	Coupon	Interest	Debt Service	Annual Debt Service
12/01/2022			497,323.80	497,323.80	
06/01/2023	725,000	3.240%	497,323.80	1,222,323.80	1,719,647.60
12/01/2023			485,578.80	485,578.80	
06/01/2024	748,000	3.240%	485,578.80	1,233,578.80	1,719,157.60
12/01/2024			473,461.20	473,461.20	
06/01/2025	2,192,000	3.240%	473,461.20	2,665,461.20	3,138,922.40
12/01/2025			437,950.80	437,950.80	
06/01/2026	1,940,000	3.240%	437,950.80	2,377,950.80	2,815,901.60
12/01/2026			406,522.80	406,522.80	
06/01/2027	785,000	3.240%	406,522.80	1,191,522.80	1,598,045.60
12/01/2027			393,805.80	393,805.80	
06/01/2028	693,000	3.240%	393,805.80	1,086,805.80	1,480,611.60
12/01/2028			382,579.20	382,579.20	
06/01/2029	4,625,000	3.240%	382,579.20	5,007,579.20	5,390,158.40
12/01/2029			307,654.20	307,654.20	
06/01/2030	9,353,000	3.240%	307,654.20	9,660,654.20	9,968,308.40
12/01/2030			156,135.60	156,135.60	
06/01/2031	9,638,000	3.240%	156,135.60	9,794,135.60	9,950,271.20
	30,699,000		7,082,024.40	37,781,024.40	37,781,024.40

SUMMARY OF BONDS REFUNDED

Kaweah Delta Health Care District
(Tulare County, California)
Revenue Refunding Bonds, Series 2022
--Preliminary, subject to change--

Bond	Maturity Date	Interest Rate	Par Amount	Call Date	Call Price
Series 2017, TERM31:					
	06/01/2023	3.240%	725,000	06/01/2022	103.000
	06/01/2024	3.240%	748,000	06/01/2022	103.000
	06/01/2025	3.240%	2,192,000	06/01/2022	103.000
	06/01/2026	3.240%	1,940,000	06/01/2022	103.000
	06/01/2027	3.240%	785,000	06/01/2022	103.000
	06/01/2028	3.240%	693,000	06/01/2022	103.000
	06/01/2029	3.240%	4,625,000	06/01/2022	103.000
	06/01/2030	3.240%	9,353,000	06/01/2022	103.000
	06/01/2031	3.240%	9,638,000	06/01/2022	103.000
			30,699,000		

ESCROW REQUIREMENTS

Kaweah Delta Health Care District
(Tulare County, California)
Revenue Refunding Bonds, Series 2022
--Preliminary, subject to change--

Period Ending	Principal Redeemed	Redemption Premium	Total
06/01/2022	30,699,000	920,970.00	31,619,970.00
	30,699,000	920,970.00	31,619,970.00

DISCLOSURE

Kaweah Delta Health Care District
(Tulare County, California)
Revenue Refunding Bonds, Series 2022
--Preliminary, subject to change--

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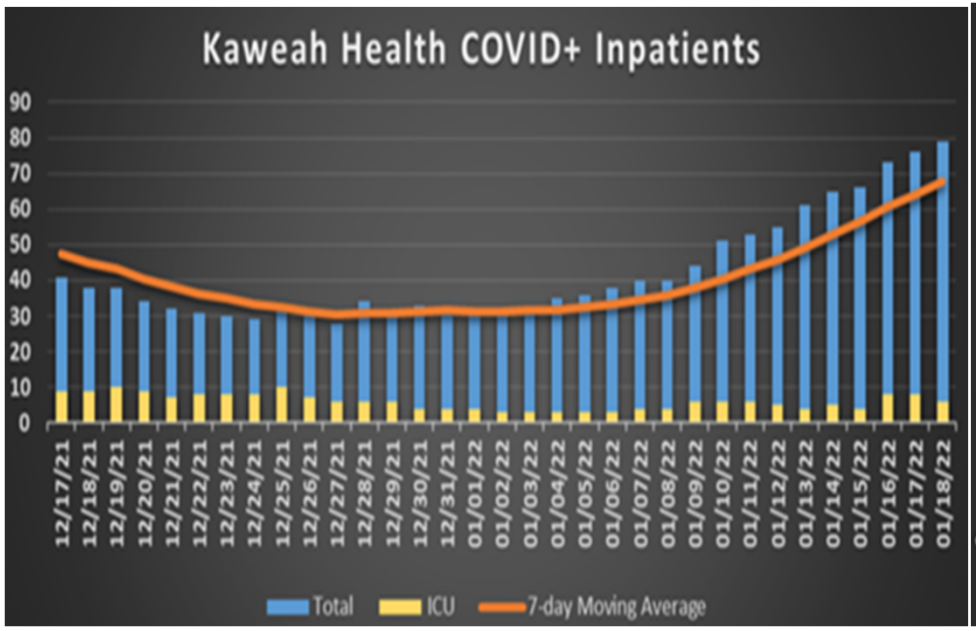
CFO Financial Report
January 18, 2022

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.


Kaweah Health COVID+ Inpatients
90
80
70
60
50
40
30
20
10
0
12/17/21
12/18/21
12/19/21
12/20/21
12/21/21
12/22/21
12/23/21
12/24/21
12/25/21
12/26/21
12/27/21
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12/29/21
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12/31/21
01/01/22
01/02/22
01/03/22
01/04/22
01/05/22
01/06/22
01/07/22
01/08/22
01/09/22
01/10/22
01/11/22
01/12/22
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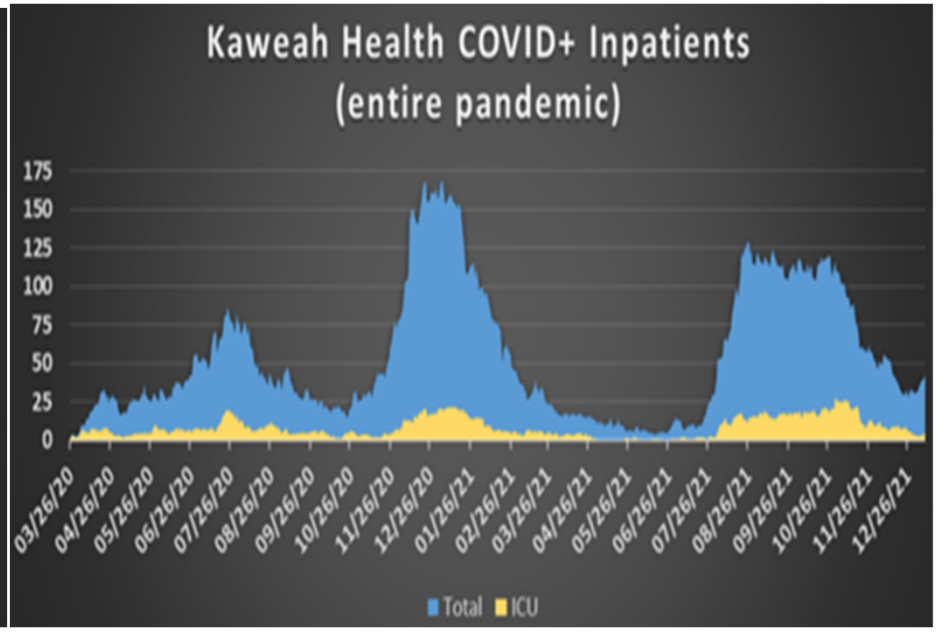
01/16/22
01/17/22
01/18/22
Total
ICU
7-day Moving Average


Kaweah Health COVID+ Inpatients
(entire pandemic)
175
150
125
100
75
50
25
0
03/26/20
04/26/20
05/26/20
06/26/20
07/26/20
08/26/20
09/26/20
10/26/20
11/26/20
12/26/20
01/26/21
02/26/21
03/26/21
04/26/21
05/26/21
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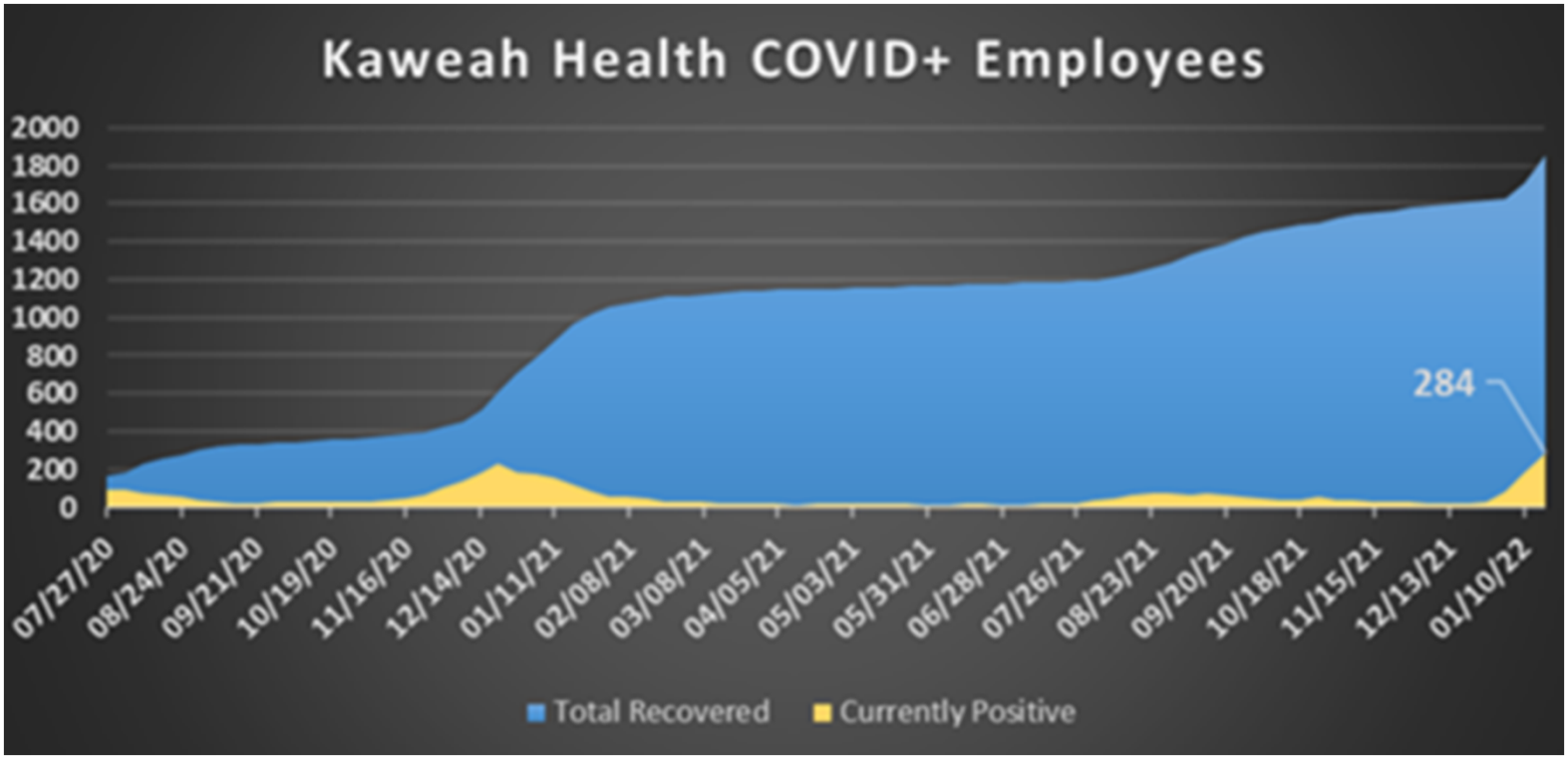
09/26/21
10/26/21
11/26/21
12/26/21
Total
ICU


Kaweah Health COVID+ Employees
2000
1800
1600
1400
1200
1000
800
600
400
200
0
284
07/27/20
08/24/20
09/21/20
10/19/20
11/16/20
12/14/20
01/11/21
02/08/21
03/08/21
04/05/21
05/03/21
05/31/21
06/28/21
07/26/21
08/23/21
09/20/21
10/18/21
11/15/21
12/13/21
01/10/22
Total Recovered
Currently Positive

COVID-19 Financial Activity

HHS Extended the public health emergency (PHE) for another 90 days through 4/16/22. A number of regulatory flexibilities, including post-acute payments, a 6.2% Medicaid payment boost and Medicare telehealth waivers are tied to the PHE.

In December, it was announce that the 2% sequestration to our Medicare payments would follow the following schedule.

- No payment adjustment (reduction) through March 31, 2022
- 1% payment adjustment April 1 – June 30, 2022
- 2% payment adjustment beginning July 1, 2022

Round 4 Stimulus Funds - On September 10th, the U.S. Department of Health and Human Services announced it will allocate $25.5 billion in additional COVID-19 relief funding for Providers. Hopefully funding will occur before the new calendar year. There remains $20B left for a potential 5th round.

Allocation method

$17B from the Provider Relief Fund - Pending

- 75% will be based on Revenue Losses and COVID-19 related expenses: Large providers will receive minimum payment amount that is based on their loss revenues and expenses. (Qtrs.3&4 2020 & Qtr.1 2021) Medium and small providers will receive a base payment plus a supplement
- 25% will be used for bonus payments to providers based on the amount and type of services delivered to Medicaid, Children's Health Insurance Program, and Medicare patients. Providers who serve any patients living in rural areas and who meet the eligibility requirement will receive a minimum payment

$8.5B from the American Rescue Plan – 11/23 Received $5,837,002

- Providers who service Medicaid, CHIP and Medicare patients who live in rural communities, as defined by the Federal Office of Rural Health Policy are eligible. Payments will be based on the amount and type of services provided to rural patients.

Financial Analysis - COVID-19 Inpatients

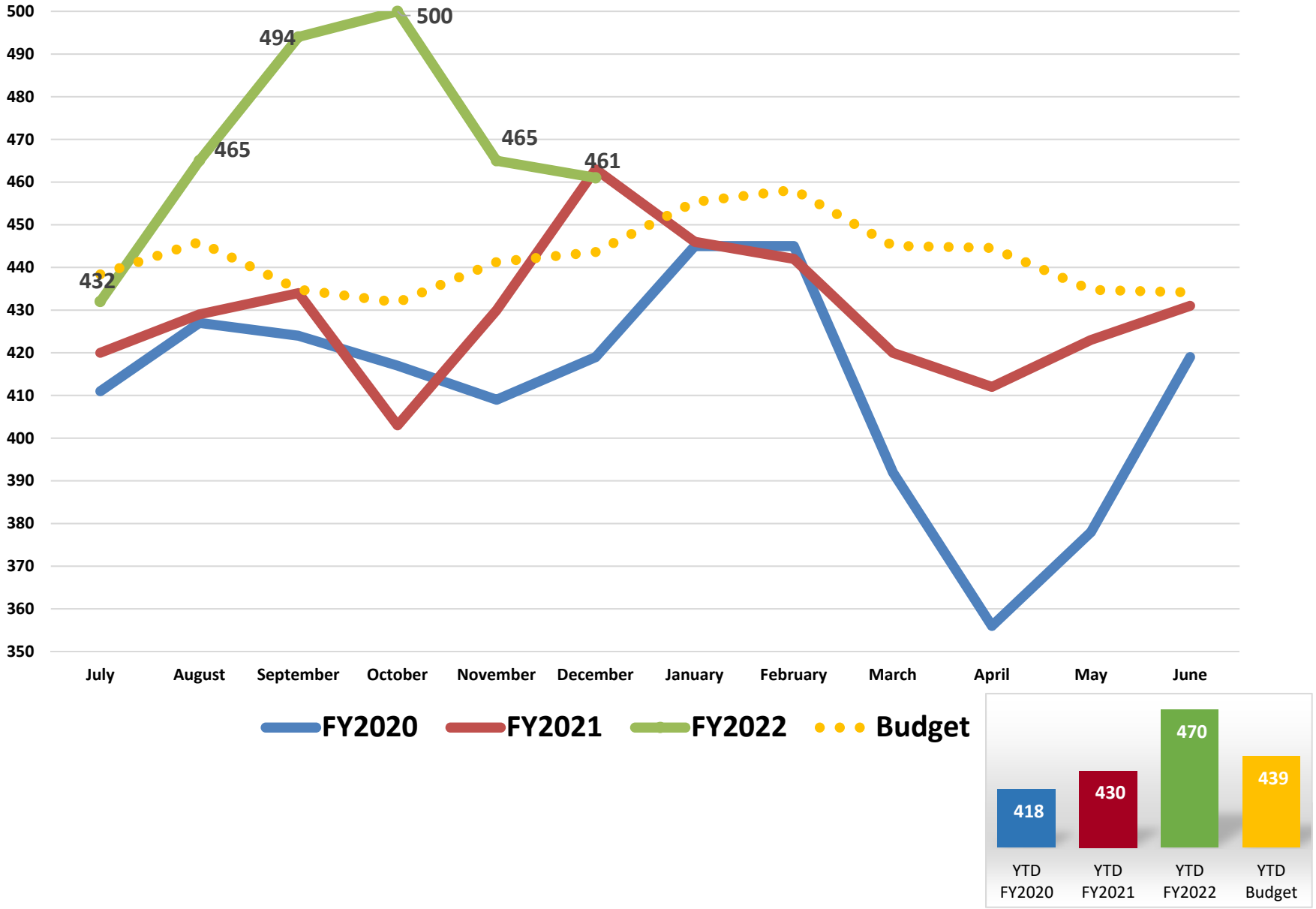
January 2020 - December 2021 Discharged COVID Inpatients

Payer Group	Patient Volume	% of Total Visits	ALOS	GMLOS	Est. Net Revenue	Direct Cost	Contribution Margin	Net Income
Medicare	1929	47%	10.5	5.7	$44,075,287	$44,450,931	($375,644)	($12,652,881)
Commercial/Other	890	22%	9.8	6.0	$32,247,167	$21,306,831	$10,940,336	$5,300,586
Medi-Cal Managed Care	846	21%	9.4	5.6	$20,013,867	$19,077,990	$935,876	($4,168,771)
Medi-Cal	378	9%	10.9	5.6	$6,158,882	$8,325,133	($2,166,251)	($4,473,907)
Work Comp	34	1%	16.5	7.8	$2,088,613	$1,820,942	$267,671	($191,809)
Cash Pay	29	1%	5.4	4.8	$0	$284,497	($284,497)	($363,574)
Tulare County	1	0%	7.0	4.9	$9,219	$6,840	$2,379	$199
Grand Total	**4,107**	**100%**	**10.1**	**5.7**	**$104,593,034**	**$95,273,165**	**$9,319,869**	**($16,550,157)**
			Typical Contribution Margin on 4,107 Inpatient visits				**$12,304,572**	
			LOS GAP	**4.4**		**Difference**	**($2,984,703)**	

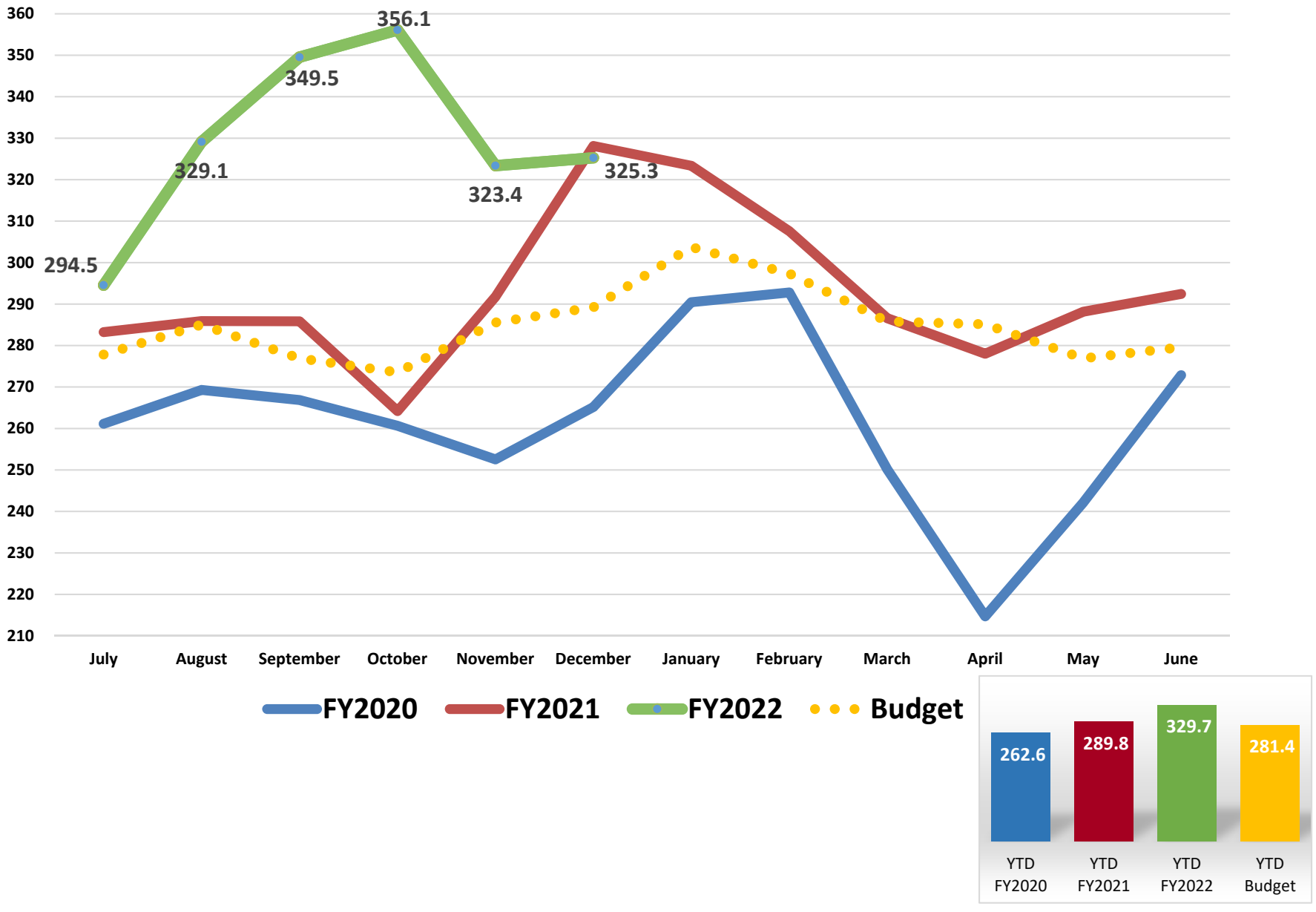
COVID IMPACT (000's)

	March 2020 - Dec 2021
Operating Revenue	
Net Patient Service Revenue	**$1,070,566**
Supplemental Gov't Programs	115,791
Prime Program	22,689
Premium Revenue	106,931
Management Services Revenue	64,093
Other Revenue	41,137
Other Operating Revenue	350,640
Total Operating Revenue	**1,421,203**
Operating Expenses	
Salaries & Wages	604,749
Contract Labor	22,929
Employee Benefits	102,165
Total Employment Expenses	**729,843**
Medical & Other Supplies	238,788
Physician Fees	182,118
Purchased Services	35,142
Repairs & Maintenance	49,002
Utilities	13,666
Rents & Leases	11,292
Depreciation & Amortization	58,248
Interest Expense	12,236
Other Expense	37,161
Humana Cap Plan Expenses	62,672
Management Services Expense	63,181
Total Other Expenses	**763,502**
Total Operating Expenses	**1,493,346**
Operating Margin	**($72,143)**
Stimulus Funds	$54,544
Operating Margin after Stimulus	**($17,599)**
Nonoperating Revenue (Loss)	19,062
Excess Margin	**$1,464**

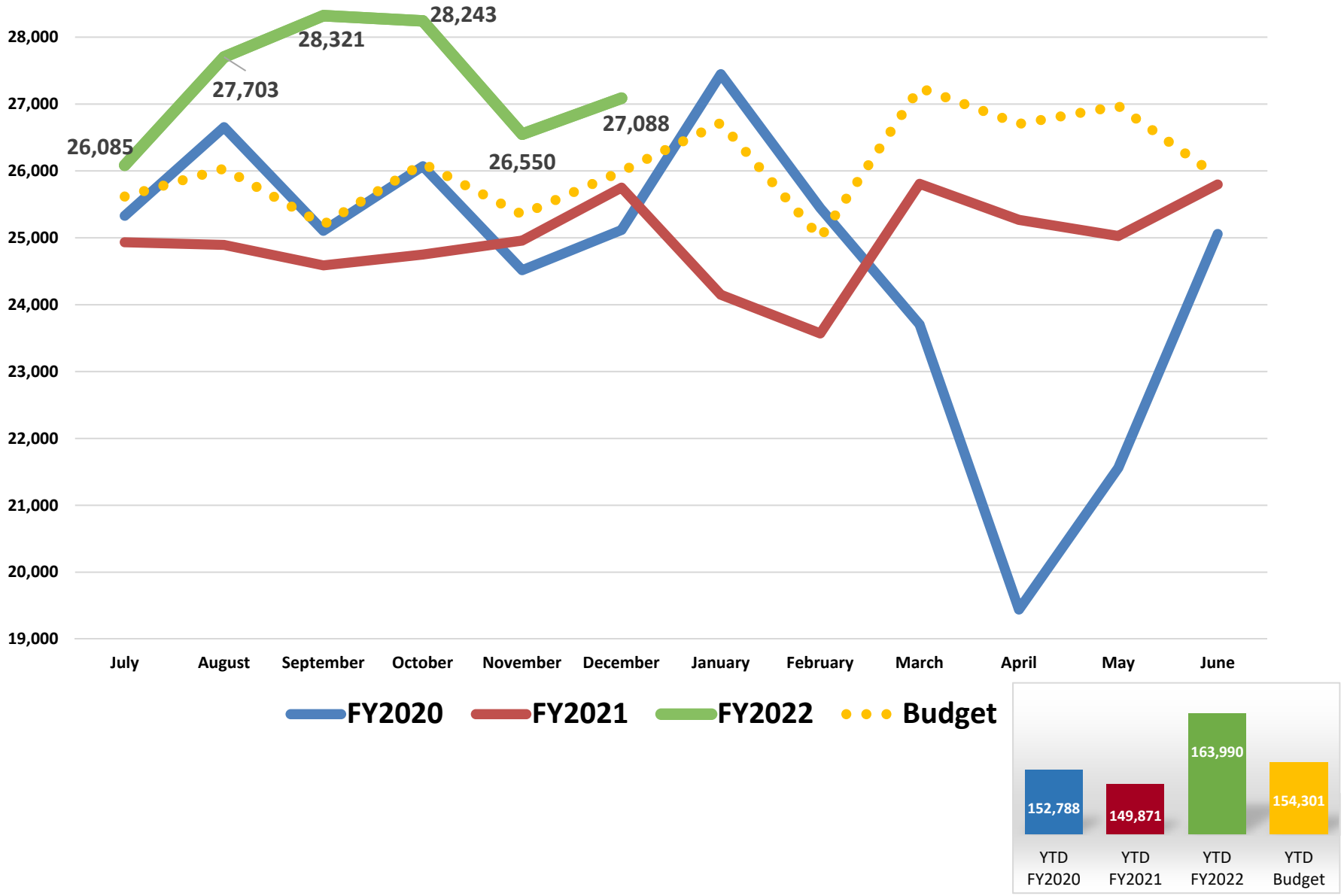
Average Daily Census



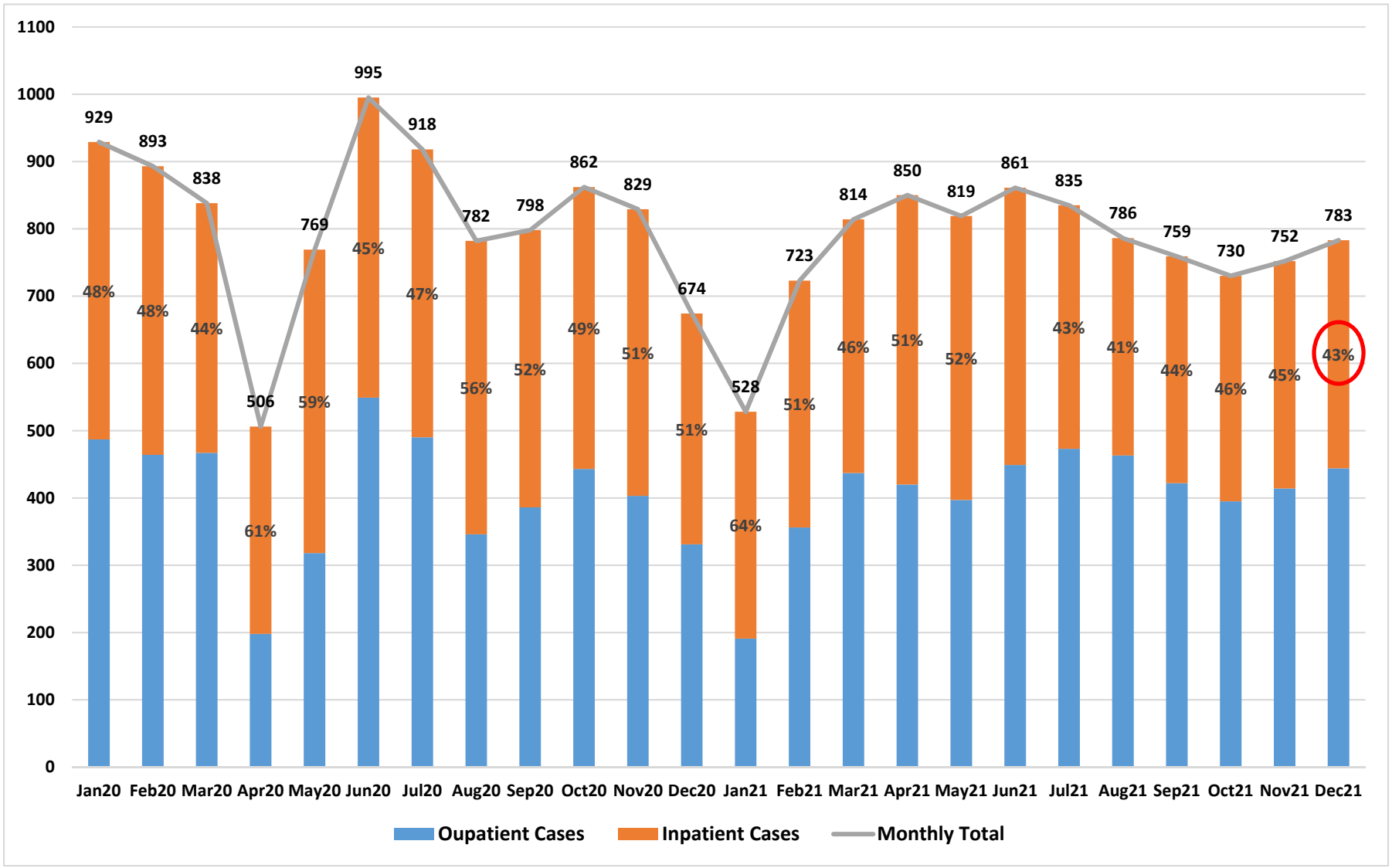
Medical Center – Average Daily Census



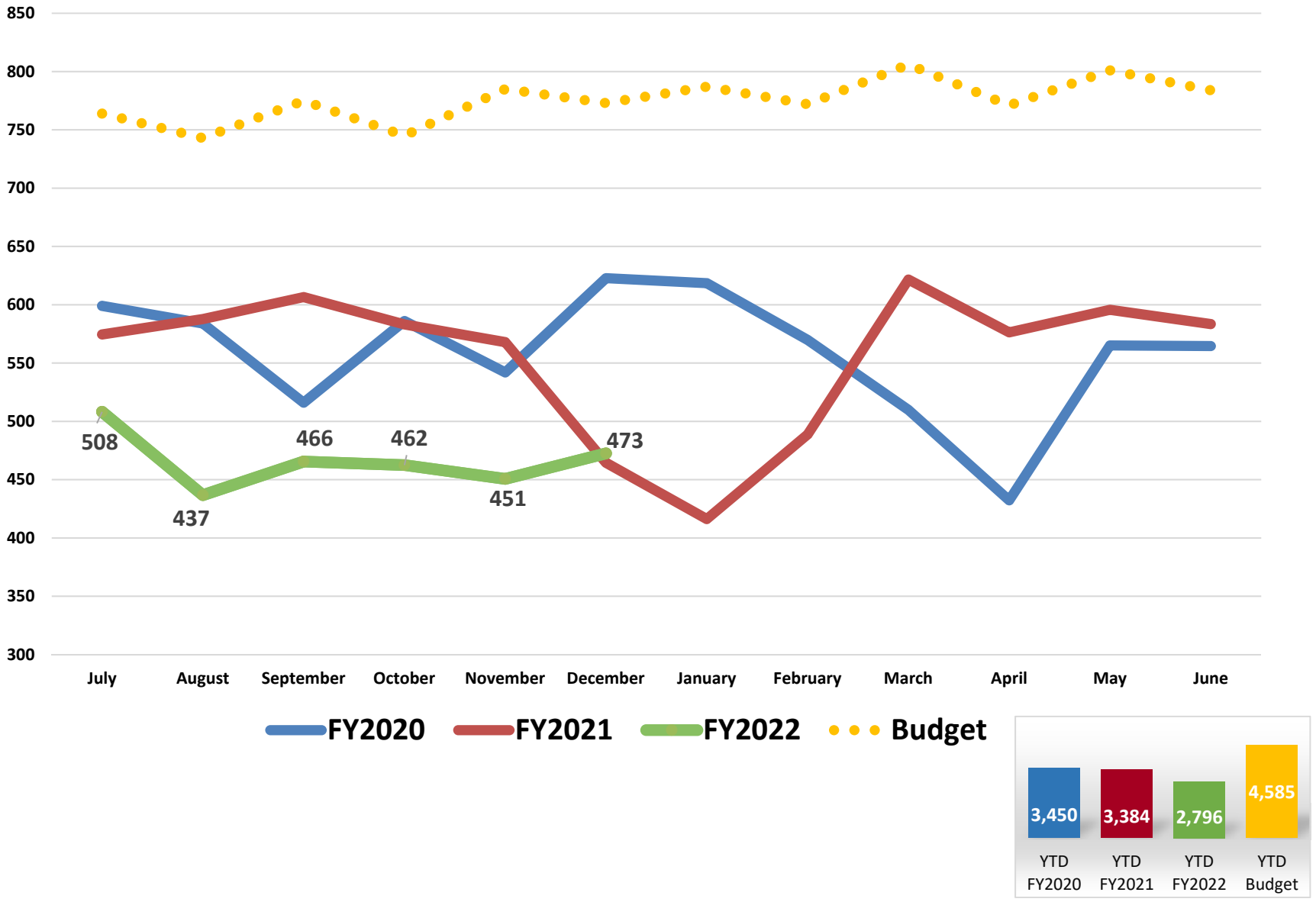
Adjusted Patient Days



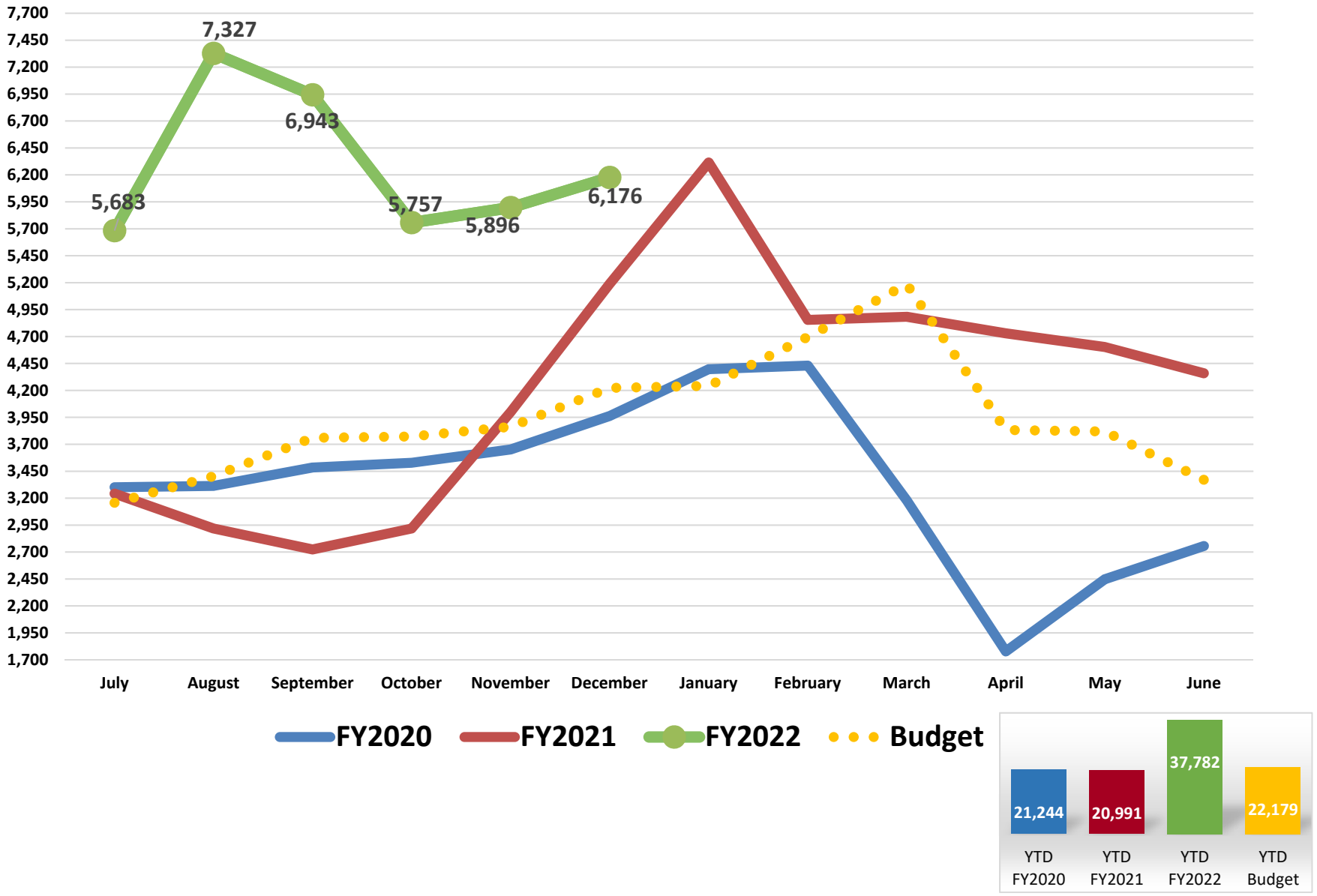
Surgery Volume



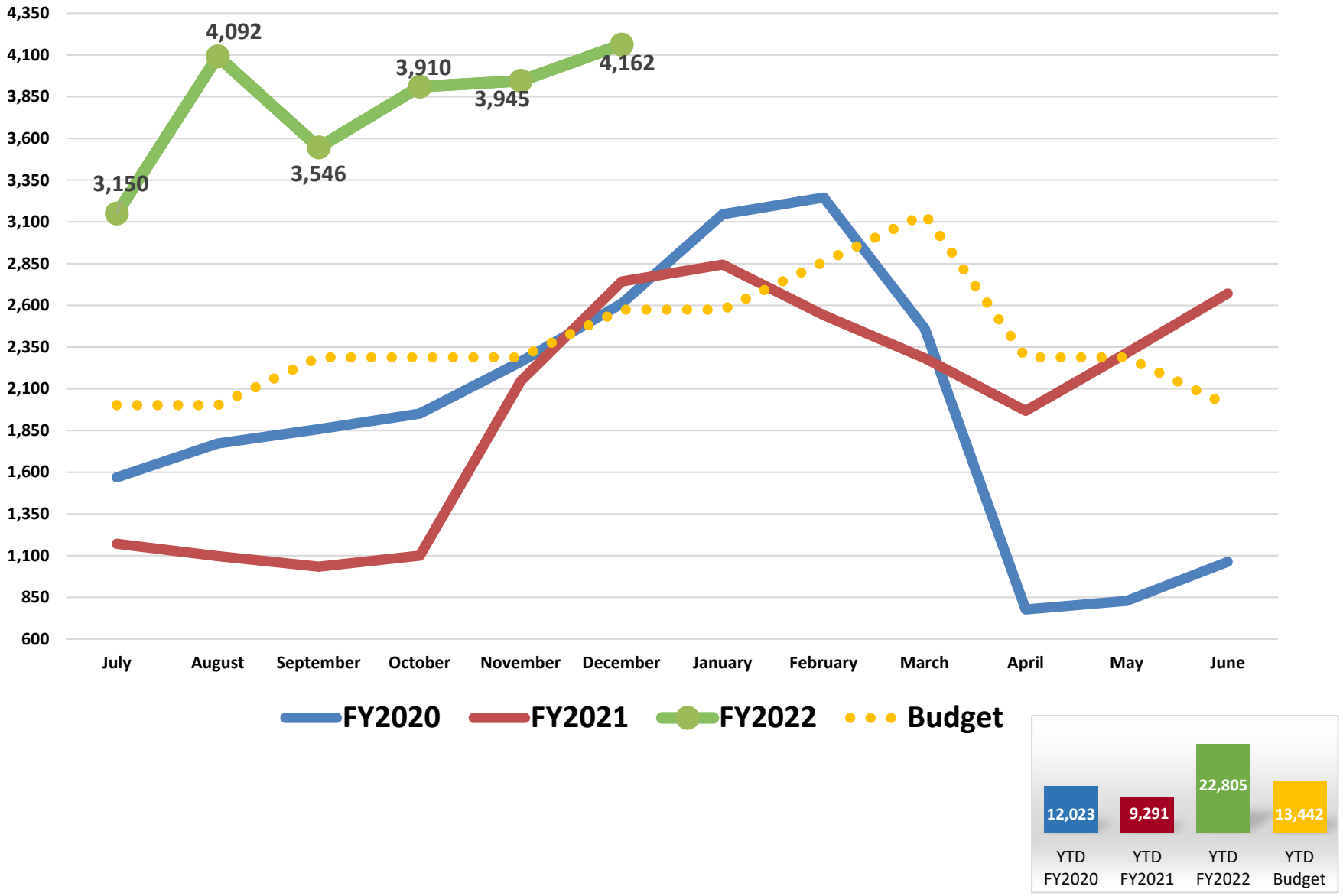
Surgery (IP Only) – 100 min units



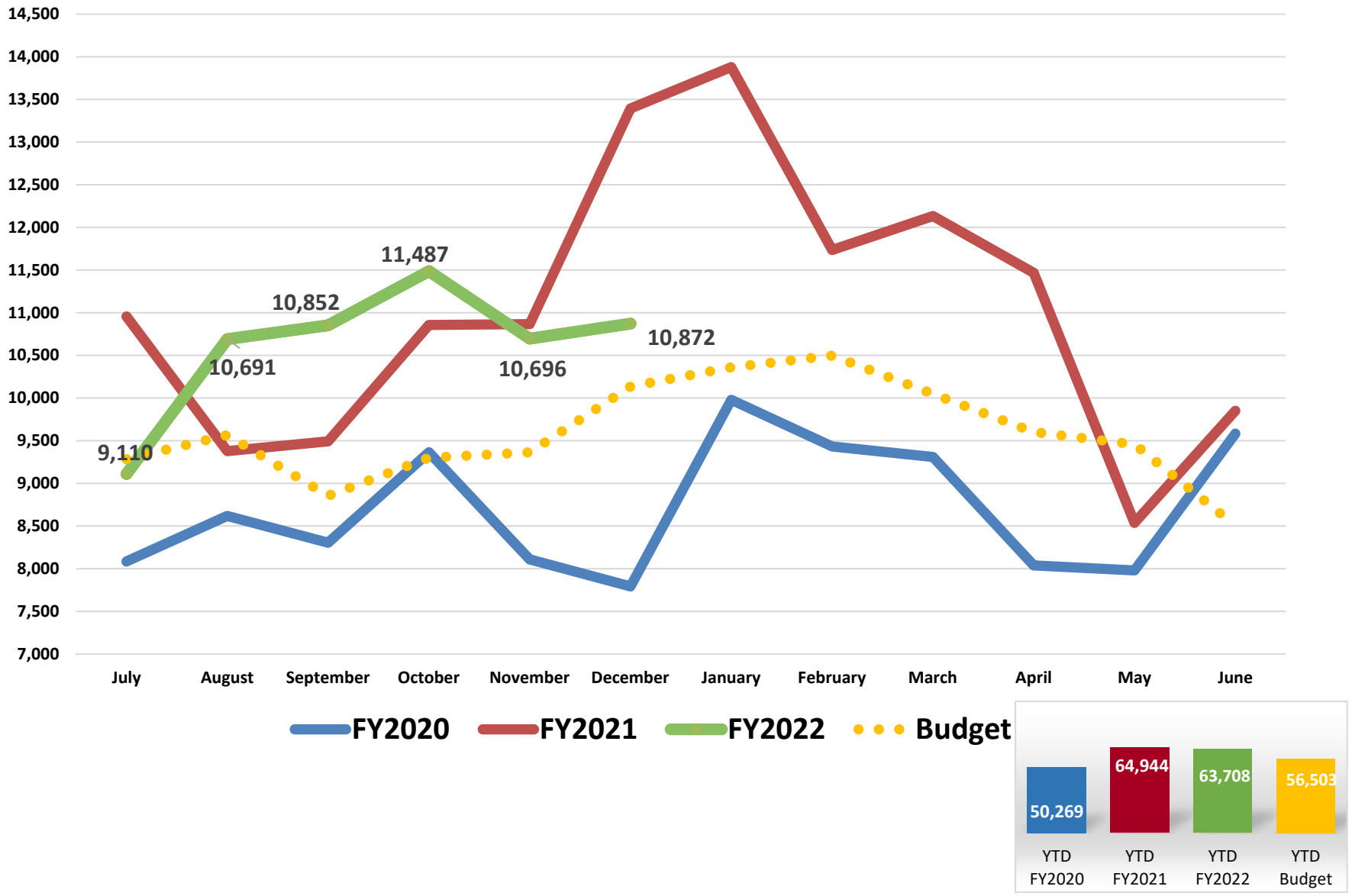
Urgent Care – Court Total Visits



Urgent Care – Demaree Total Visits



Rural Health Clinic Registrations



Statistical Results – Fiscal Year Comparison (Dec)

	Actual Results			Budget	Budget Variance	
	Dec 2020	Dec 2021	% Change	Dec 2021	Change	% Change
Average Daily Census	**464**	**461**	**(0.7%)**	**444**	**18**	**3.9%**
KDHCD Patient Days:						
Medical Center	10,172	10,083	(0.9%)	8,966	1,117	12.5%
Acute I/P Psych	1,297	1,233	(4.9%)	1,443	(210)	(14.6%)
Sub-Acute	959	889	(7.3%)	951	(62)	(6.5%)
Rehab	387	475	22.7%	540	(65)	(12.0%)
TCS-Ortho	422	306	(27.5%)	421	(115)	(27.3%)
TCS	424	315	(25.7%)	516	(201)	(39.0%)
NICU	288	444	54.2%	350	94	26.9%
Nursery	440	550	25.0%	565	(15)	(2.7%)
Total KDHCD Patient Days	**14,389**	**14,295**	**(0.7%)**	**13,752**	**543**	**3.9%**
Total Outpatient Volume	**51,305**	**46,190**	**(10.0%)**	**47,657**	**(1,467)**	**(3.1%)**

Statistical Results – Fiscal Year Comparison (Jul-Dec)

	Actual Results			Budget	Budget Variance	
	FYTD 2021	FYTD 2022	% Change	FYTD 2022	Change	% Change
Average Daily Census	**430**	**469**	**9.2%**	**439**	**30**	**6.8%**
KDHCD Patient Days:						
Medical Center	53,333	60,643	13.7%	51,769	8,874	17.1%
Acute I/P Psych	8,243	6,926	(16.0%)	8,632	(1,706)	(19.8%)
Sub-Acute	5,504	5,109	(7.2%)	5,656	(547)	(9.7%)
Rehab	2,367	2,958	25.0%	3,407	(449)	(13.2%)
TCS-Ortho	2,021	2,127	5.2%	2,449	(322)	(13.1%)
TCS	2,374	2,429	2.3%	3,016	(587)	(19.5%)
NICU	2,414	2,990	23.9%	2,463	527	21.4%
Nursery	2,845	3,189	12.1%	3,443	(254)	(7.4%)
Total KDHCD Patient Days	**79,101**	**86,371**	**9.2%**	**80,835**	**5,536**	**6.8%**
Total Outpatient Volume	**254,436**	**282,623**	**11.1%**	**282,865**	**(242)**	**(0.1%)**

Other Statistical Results – Fiscal Year Comparison (Dec)

	Actual Results				Budget	Budget Variance	
	Dec 2020	Dec 2021	Change	% Change	Dec 2021	Change	% Change
Adjusted Patient Days	**25,827**	**27,088**	**1,261**	**4.9%**	**26,817**	**271**	**1.0%**
Outpatient Visits	**51,305**	**46,190**	**(5,115)**	**(10.0%)**	**47,657**	**(1,467)**	**(3.1%)**
Urgent Care - Demaree	2,743	4,162	1,419	**51.7%**	2,574	1,588	**61.7%**
Cath Lab Minutes (IP & OP)	248	337	89	**35.9%**	407	(70)	**(17.2%)**
Endoscopy Procedures (I/P & O/P)	425	552	127	**29.9%**	415	137	**33.0%**
KHMG RVU	26,118	31,804	5,686	**21.8%**	32,394	(590)	**(1.8%)**
OB Deliveries	342	413	71	**20.8%**	379	34	**9.0%**
Urgent Care - Court	5,188	6,176	988	**19.0%**	4,223	1,953	**46.2%**
Infusion Center	337	383	46	**13.6%**	421	(38)	**(9.0%)**
Surgery Minutes-General & Robotic (I/P & O/P)	883	995	112	**12.7%**	1,367	(372)	**(27.2%)**
O/P Rehab Units	17,429	19,217	1,788	**10.3%**	18,344	873	**4.8%**
Radiology/CT/US/MRI Proc (I/P & O/P)	15,257	15,965	708	**4.6%**	15,116	849	**5.6%**
ED Total Registered	6,275	6,485	210	**3.3%**	6,836	(351)	**(5.1%)**
GME Clinic visits	1,018	1,039	21	**2.1%**	1,120	(81)	**(7.2%)**
Physical & Other Therapy Units	16,892	17,182	290	**1.7%**	19,309	(2,127)	**(11.0%)**
Dialysis Treatments	1,592	1,545	(47)	**(3.0%)**	1,878	(333)	**(17.7%)**
Hospice Days	4,554	4,406	(148)	**(3.2%)**	4,250	156	**3.7%**
Home Health Visits	2,930	2,808	(122)	**(4.2%)**	2,897	(89)	**(3.1%)**
RHC Registrations	13,394	10,872	(2,522)	**(18.8%)**	10,135	737	**7.3%**
Radiation Oncology Treatments (I/P & O/P)	2,244	1,785	(459)	**(20.5%)**	2,316	(531)	**(22.9%)**

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

	Actual Results				Budget	Budget Variance	
	FY 2021	FY 2022	Change	% Change	FY 2022	Change	% Change
Adjusted Patient Days	**149,976**	**163,996**	**14,020**	**9.3%**	**160,644**	**3,352**	**2.1%**
Outpatient Visits	**254,436**	**282,623**	**28,187**	**11.1%**	**282,865**	**(242)**	**(0.1%)**
Urgent Care - Demaree	9,291	22,805	13,514	**145.5%**	13,442	9,363	**69.7%**
Urgent Care - Court	20,991	37,782	16,791	**80.0%**	22,179	15,603	**70.4%**
Infusion Center	1,864	2,454	590	**31.7%**	2,392	62	**2.6%**
Radiology/CT/US/MRI Proc (I/P & O/P)	89,672	99,657	9,985	**11.1%**	91,388	8,269	**9.0%**
ED Total Registered	36,861	40,480	3,619	**9.8%**	42,369	(1,889)	**(4.5%)**
OB Deliveries	2,208	2,419	211	**9.6%**	2,381	38	**1.6%**
Physical & Other Therapy Units	101,481	105,854	4,373	**4.3%**	113,822	(7,968)	**(7.0%)**
O/P Rehab Units	114,212	117,929	3,717	**3.3%**	115,260	2,669	**2.3%**
Endoscopy Procedures (I/P & O/P)	3,041	3,132	91	**3.0%**	3,181	(49)	**(1.5%)**
KHMG RVU	204,798	209,069	4,271	**2.1%**	230,403	(21,334)	**(9.3%)**
GME Clinic visits	6,757	6,802	45	**0.7%**	7,433	(631)	**(8.5%)**
Hospice Days	25,847	25,539	(308)	**(1.2%)**	24,408	1,131	**4.6%**
Cath Lab Minutes (IP & OP)	1,978	1,951	(27)	**(1.4%)**	2,364	(413)	**(17.5%)**
RHC Registrations	64,944	63,708	(1,236)	**(1.9%)**	56,503	7,205	**12.8%**
Home Health Visits	17,990	16,852	(1,138)	**(6.3%)**	17,438	(586)	**(3.4%)**
Surgery Minutes-General & Robotic (I/P & O/P)	6,240	5,822	(418)	**(6.7%)**	8,049	(2,227)	**(27.7%)**
Dialysis Treatments	10,274	9,304	(970)	**(9.4%)**	11,084	(1,780)	**(16.1%)**
Radiation Oncology Treatments (I/P & O/P)	13,128	11,817	(1,311)	**(10.0%)**	14,174	(2,357)	**(16.6%)**

Trended Financial Comparison (000's)

Kaweah Delta Health Care District

Trended Income Statement (000's)

Adjusted Patient Days	*25,750*	*24,148*	*23,570*	*25,807*	*25,268*	*25,026*	*25,797*	*26,085*	*27,703*	*28,321*	*28,243*	*26,550*	*27,088*
	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Operating Revenue													
Net Patient Service Revenue	**$50,409**	**$49,949**	**$44,505**	**$56,144**	**$52,593**	**$50,531**	**$43,233**	**$51,502**	**$49,714**	**$57,879**	**$55,674**	**$54,846**	**$51,115**
Supplemental Gov't Programs	3,979	4,822	5,279	5,279	4,990	4,990	6,845	4,286	4,286	4,286	4,383	11,778	10,297
Prime Program	429	713	358	715	4,872	715	721	667	667	667	667	667	667
Premium Revenue	4,318	4,690	5,027	4,894	4,710	5,036	6,584	4,902	5,425	5,163	5,156	5,054	5,173
Management Services Revenue	2,583	2,867	2,430	3,303	3,301	2,877	3,251	3,172	3,298	3,523	3,137	2,690	2,921
Other Revenue	2,008	1,022	1,425	2,915	1,810	2,074	2,188	2,009	2,348	1,873	2,250	1,974	2,300
Other Operating Revenue	13,317	14,115	14,519	17,106	19,684	15,692	19,589	15,036	16,024	15,513	15,592	22,162	21,358
Total Operating Revenue	**63,726**	**64,064**	**59,024**	**73,250**	**72,277**	**66,223**	**62,822**	**66,537**	**65,737**	**73,391**	**71,266**	**77,008**	**72,473**
Operating Expenses													
Salaries & Wages	28,026	28,111	25,134	28,879	26,741	27,786	26,249	27,474	28,198	31,872	30,538	28,408	29,967
Contract Labor	303	226	1,404	887	1,694	1,169	2,080	1,116	1,358	1,721	1,872	1,745	3,238
Employee Benefits	5,969	5,671	5,027	5,739	8,650	5,087	(7,812)	4,087	3,878	4,728	4,217	3,481	4,161
Total Employment Expenses	**34,298**	**34,008**	**31,565**	**35,505**	**37,084**	**34,042**	**20,517**	**32,678**	**33,434**	**38,321**	**36,627**	**33,634**	**37,366**
Medical & Other Supplies	11,492	12,014	9,685	10,923	11,011	10,170	11,772	9,596	13,004	11,942	11,714	10,623	10,687
Physician Fees	8,024	8,421	8,484	8,278	8,320	7,754	8,207	7,922	8,527	7,736	9,674	10,261	9,479
Purchased Services	1,628	1,935	1,507	1,538	1,520	1,383	2,697	1,100	1,368	1,680	1,683	1,565	1,745
Repairs & Maintenance	2,146	2,192	2,115	2,019	2,544	2,282	2,319	2,074	2,425	2,425	2,702	2,330	2,331
Utilities	439	537	467	523	630	729	1,175	688	740	696	860	760	654
Rents & Leases	504	546	519	487	535	489	504	475	519	487	474	522	505
Depreciation & Amortization	2,458	2,451	2,423	2,412	2,413	2,923	3,924	2,635	2,632	2,636	2,634	2,636	2,631
Interest Expense	555	555	555	555	555	555	666	555	646	499	501	500	498
Other Expense	1,610	1,808	1,280	2,762	1,840	1,537	2,053	1,450	1,466	1,641	1,563	1,557	1,804
Humana Cap Plan Expenses	2,935	2,217	2,707	3,164	3,771	3,780	3,018	3,472	2,503	3,642	3,982	3,130	2,902
Management Services Expense	2,876	2,860	2,256	3,531	3,088	2,892	3,521	2,768	3,115	3,734	2,988	2,628	2,462
Total Other Expenses	**34,668**	**35,536**	**31,998**	**36,191**	**36,227**	**34,493**	**39,856**	**32,735**	**36,945**	**37,116**	**38,774**	**36,512**	**35,698**
Total Operating Expenses	**68,965**	**69,544**	**63,562**	**71,696**	**73,310**	**68,535**	**60,373**	**65,413**	**70,379**	**75,437**	**75,402**	**70,146**	**73,064**
Operating Margin	**($5,240)**	**($5,480)**	**($4,538)**	**$1,554**	**($1,033)**	**($2,312)**	**$2,449**	**$1,124**	**($4,642)**	**($2,046)**	**($4,136)**	**$6,862**	**($591)**
Stimulus Funds	$0	$5,758	$3,460	$3,449	$920	$1,076	$525	$0	$438	$0	$137	$6,542	$0
Operating Margin after Stimulus	**($5,240)**	**$278**	**($1,078)**	**$5,003**	**($113)**	**($1,236)**	**$2,974**	**$1,124**	**($4,204)**	**($2,046)**	**($3,999)**	**$13,404**	**($591)**
Nonoperating Revenue (Loss)	1,963	605	513	(1,182)	1,725	753	248	582	552	(388)	595	587	2,495
Excess Margin	**($3,276)**	**$883**	**($565)**	**$3,821**	**$1,612**	**($483)**	**$3,222**	**$1,706**	**($3,651)**	**($2,434)**	**($3,404)**	**$13,991**	**$1,904**

December Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	Dec 2020	Dec 2021	Dec 2021	Change	% Change
Operating Revenue					
Net Patient Service Revenue	**$50,409**	**$51,115**	**$52,685**	**($1,571)**	**(3.0%)**
Other Operating Revenue	13,317	21,358	15,438	5,920	38.3%
Total Operating Revenue	**63,726**	**72,473**	**68,124**	**4,349**	**6.4%**
Operating Expenses					
Employment Expense	34,298	37,366	33,055	4,311	13.0%
Other Operating Expense	34,668	35,698	34,620	1,078	3.1%
Total Operating Expenses	**68,965**	**73,064**	**67,675**	**5,389**	**8.0%**
Operating Margin	**($5,240)**	**($591)**	**$449**	**($1,040)**	
Stimulus Funds	0	0	101	(101)	
Operating Margin after Stimulus	**($5,240)**	**($591)**	**$550**	**($1,141)**	
Non Operating Revenue (Loss)	1,963	2,495	542	1,953	
Excess Margin	**($3,276)**	**$1,904**	**$1,092**	**$813**	

Operating Margin %	**(8.2%)**	**(0.8%)**	**0.7%**
OM after Stimulus%	**(8.2%)**	**(0.8%)**	**0.8%**
Excess Margin %	**(5.0%)**	**2.5%**	**1.6%**
Operating Cash Flow Margin %	**(3.5%)**	**3.5%**	**5.7%**

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

	Actual Results FYTD Jul-Dec		Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	FYTD2022	Change	% Change
Operating Revenue					
Net Patient Service Revenue	**$297,420**	**$320,729**	**$316,864**	**$3,865**	**1.2%**
Other Operating Revenue	79,613	106,120	91,983	14,138	15.4%
Total Operating Revenue	**377,033**	**426,849**	**408,846**	**18,003**	**4.4%**
Operating Expenses					
Employment Expense	196,162	212,071	196,047	16,024	8.2%
Other Operating Expense	200,715	217,780	208,506	9,274	4.4%
Total Operating Expenses	**396,877**	**429,851**	**404,553**	**25,298**	**6.3%**
Operating Margin	**($19,844)**	**($3,002)**	**$4,293**	**($7,295)**	
Stimulus Funds	17,274	6,679	602	6,077	
Operating Margin after Stimulus	**($2,571)**	**$3,677**	**$4,896**	**($1,219)**	
Nonoperating Revenue (Loss)	4,798	4,424	2,944	1,480	
Excess Margin	**$2,228**	**$8,101**	**$7,840**	**$261**	

Operating Margin %	**(5.3%)**	**(0.7%)**	**1.1%**
OM after Stimulus%	**(0.7%)**	**0.9%**	**1.2%**
Excess Margin %	**0.6%**	**1.8%**	**1.9%**
Operating Cash Flow Margin %	**(0.4%)**	**3.7%**	**5.8%**

December Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Dec 2020	Dec 2021	% Change	Dec 2021	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$50,409**	**$51,115**	**1.4%**	**$52,685**	**($1,571)**	**(3.0%)**
Supplemental Gov't Programs	3,979	10,297	158.8%	4,426	5,872	132.7%
Prime Program	429	667	55.4%	679	(13)	(1.9%)
Premium Revenue	4,318	5,173	19.8%	5,165	8	0.2%
Management Services Revenue	2,583	2,921	13.1%	3,082	(161)	(5.2%)
Other Revenue	2,008	2,300	14.5%	2,086	214	10.3%
Other Operating Revenue	13,317	21,358	**60.4%**	15,438	5,921	38.4%
Total Operating Revenue	**63,726**	**72,473**	**13.7%**	**68,123**	**4,350**	**6.4%**
Operating Expenses						
Salaries & Wages	28,026	29,967	6.9%	27,940	2,027	7.3%
Contract Labor	303	3,238	969.9%	524	2,714	517.9%
Employee Benefits	5,969	4,161	(30.3%)	4,591	(430)	(9.4%)
Total Employment Expenses	**34,298**	**37,366**	**8.9%**	**33,055**	**4,311**	**13.0%**
Medical & Other Supplies	11,492	10,687	(7.0%)	10,383	304	2.9%
Physician Fees	8,024	9,479	18.1%	7,984	1,495	18.7%
Purchased Services	1,628	1,745	7.2%	1,347	397	29.5%
Repairs & Maintenance	2,146	2,331	8.6%	2,461	(129)	(5.3%)
Utilities	439	654	49.0%	604	50	8.3%
Rents & Leases	504	505	0.1%	510	(5)	(1.0%)
Depreciation & Amortization	2,458	2,631	7.0%	2,850	(218)	(7.7%)
Interest Expense	555	498	(10.2%)	614	(116)	(18.9%)
Other Expense	1,610	1,804	12.0%	1,917	(113)	(5.9%)
Humana Cap Plan Expenses	2,935	2,902	(1.1%)	2,902	0	0.0%
Management Services Expense	2,876	2,462	(14.4%)	3,049	(587)	(19.3%)
Total Other Expenses	**34,668**	**35,698**	**3.0%**	**34,620**	**1,078**	**3.1%**
Total Operating Expenses	**68,965**	**73,064**	**5.9%**	**67,675**	**5,389**	**8.0%**
Operating Margin	**($5,240)**	**($591)**	**88.7%**	**$448**	**($1,039)**	**(232%)**
Stimulus Funds	0	0	0.0%	101	(101)	(100%)
Operating Margin after Stimulus	**($5,240)**	**($591)**	**88.7%**	**$550**	**($1,141)**	**(207%)**
Nonoperating Revenue (Loss)	1,963	2,495	27.1%	542	1,953	361%
Excess Margin	**($3,276)**	**$1,904**	**(158%)**	**$1,092**	**$813**	**74.5%**

Operating Margin %	**(8.2%)**	**(0.8%)**		**0.7%**
OM after Stimulus%	**(8.2%)**	**(0.8%)**		**0.8%**
Excess Margin %	**(5.0%)**	**2.5%**		**1.6%**
Operating Cash Flow Margin %	**(3.5%)**	**3.5%**		**5.7%**

YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Dec			Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	% Change	FYTD2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$297,420**	**$320,729**	**7.8%**	**$316,864**	**$3,865**	**1.2%**
Supplemental Gov't Programs	23,874	39,317	64.7%	26,553	12,764	48.1%
Prime Program	2,573	4,000	55.4%	4,033	(33)	(0.8%)
Premium Revenue	26,148	30,873	18.1%	30,722	151	0.5%
Management Services Revenue	16,138	18,740	16.1%	18,294	446	2.4%
Other Revenue	10,879	13,190	21.2%	12,381	809	6.5%
Other Operating Revenue	79,613	106,120	**33.3%**	91,983	14,138	15.4%
Total Operating Revenue	**377,033**	**426,849**	**13.2%**	**408,846**	**18,003**	**4.4%**
Operating Expenses						
Salaries & Wages	161,252	176,469	9.4%	165,747	10,722	6.5%
Contract Labor	2,317	11,050	376.8%	3,083	7,967	258.4%
Employee Benefits	32,592	24,552	(24.7%)	27,217	(2,664)	(9.8%)
Total Employment Expenses	**196,162**	**212,071**	**8.1%**	**196,047**	**16,024**	**8.2%**
Medical & Other Supplies	65,579	67,565	3.0%	62,933	4,632	7.4%
Physician Fees	47,226	53,600	13.5%	49,919	3,681	7.4%
Purchased Services	8,648	9,139	5.7%	7,997	1,142	14.3%
Repairs & Maintenance	12,673	14,287	12.7%	14,443	(156)	(1.1%)
Utilities	3,331	4,399	32.0%	4,005	393	9.8%
Rents & Leases	3,113	2,981	(4.2%)	3,073	(92)	(3.0%)
Depreciation & Amortization	15,101	15,804	4.7%	15,735	69	0.4%
Interest Expense	3,331	3,198	(4.0%)	3,647	(449)	(12.3%)
Other Expense	9,311	9,482	1.8%	11,385	(1,904)	(16.7%)
Humana Cap Plan Expenses	16,102	19,632	21.9%	17,272	2,360	13.7%
Management Services Expense	16,300	17,693	8.5%	18,097	(404)	(2.2%)
Total Other Expenses	**200,715**	**217,780**	**8.5%**	**208,506**	**9,274**	**4.4%**
Total Operating Expenses	**396,877**	**429,851**	**8.3%**	**404,553**	**25,298**	**6.3%**
Operating Margin	**($19,844)**	**($3,002)**	**84.9%**	**$4,293**	**($7,295)**	**(170%)**
Stimulus Funds	17,274	6,679	(61.3%)	602	6,077	1009%
Operating Margin after Stimulus	**($2,570)**	**$3,677**	**243%**	**$4,896**	**($1,219)**	**(24.9%)**
Nonoperating Revenue (Loss)	4,798	4,424	(7.8%)	2,944	1,480	50.3%
Excess Margin	**$2,228**	**$8,101**	**264%**	**$7,840**	**$261**	**3.3%**

Operating Margin %	**(5.3%)**	**(0.7%)**		**1.1%**
OM after Stimulus%	**(0.7%)**	**0.9%**		**1.2%**
Excess Margin %	**0.6%**	**1.8%**		**1.9%**
Operating Cash Flow Margin %	**(0.4%)**	**3.7%**		**5.8%**

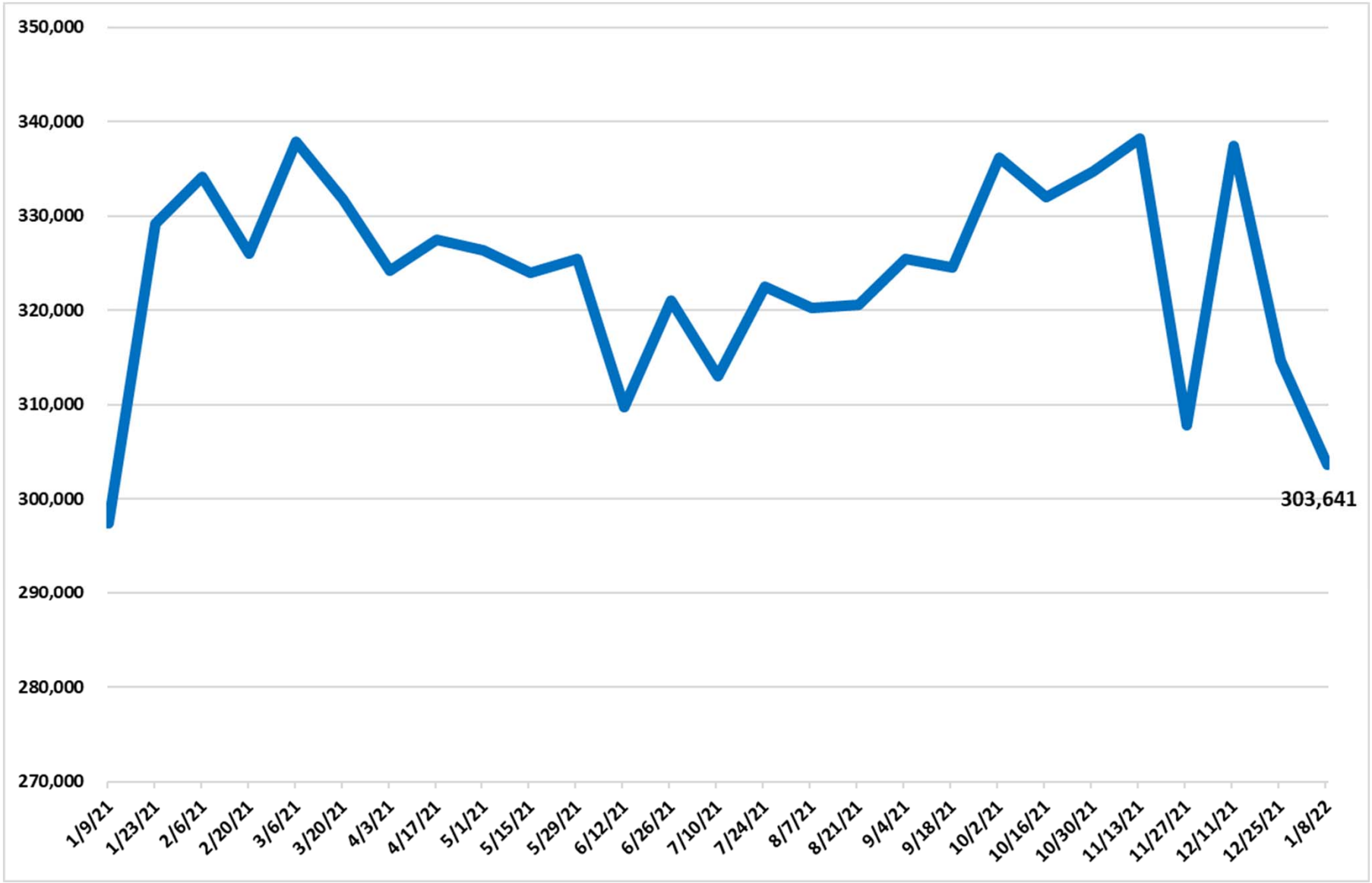
Kaweah Health Medical Group
Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July - Dec			Budget FYTD	Budget Variance	FYTD
	Dec 2020	Dec 2021	% Change	Dec 2021	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$23,620**	**$24,183**	**2.4%**	**$26,904**	**($2,721)**	**(10.1%)**
Other Operating Revenue	275	891	223.9%	424	468	110%
Total Operating Revenue	**23,895**	**25,074**	**4.9%**	**27,328**	**(2,254)**	**(8.2%)**
Operating Expenses						
Salaries & Wages	5,594	5,762	3.0%	6,266	(503)	(8.0%)
Contract Labor	0	0	0.0%	0	0	0.0%
Employee Benefits	1,057	844	(20.2%)	1,022	(179)	(17.5%)
Total Employment Expenses	**6,651**	**6,606**	**(0.7%)**	**7,288**	**(682)**	**(9.4%)**
Medical & Other Supplies	3,488	3,514	0.7%	3,481	33	0.9%
Physician Fees	13,078	14,580	11.5%	15,187	(607)	(4.0%)
Purchased Services	447	508	13.7%	427	81	19.0%
Repairs & Maintenance	1,208	1,068	(11.6%)	1,369	(301)	(22.0%)
Utilities	238	249	4.5%	279	(30)	(10.9%)
Rents & Leases	1,375	1,258	(8.5%)	1,298	(41)	(3.1%)
Depreciation & Amortization	516	395	(23.4%)	550	(155)	(28.2%)
Interest Expense	2	1	(62.6%)	1	0	31.3%
Other Expense	586	684	16.6%	849	(165)	(19.5%)
Total Other Expenses	**20,937**	**22,255**	**6.3%**	**23,441**	**(1,186)**	**(5.1%)**
Total Operating Expenses	**27,588**	**28,861**	**4.6%**	**30,729**	**(1,868)**	**(6.1%)**
Stimulus Funds	0	101	0.0%	0	101	0.0%
Excess Margin	**($3,693)**	**($3,686)**	**0.2%**	**($3,401)**	**($285)**	**(8.4%)**
Excess Margin %	**(15.5%)**	**(14.7%)**		**(12.4%)**		

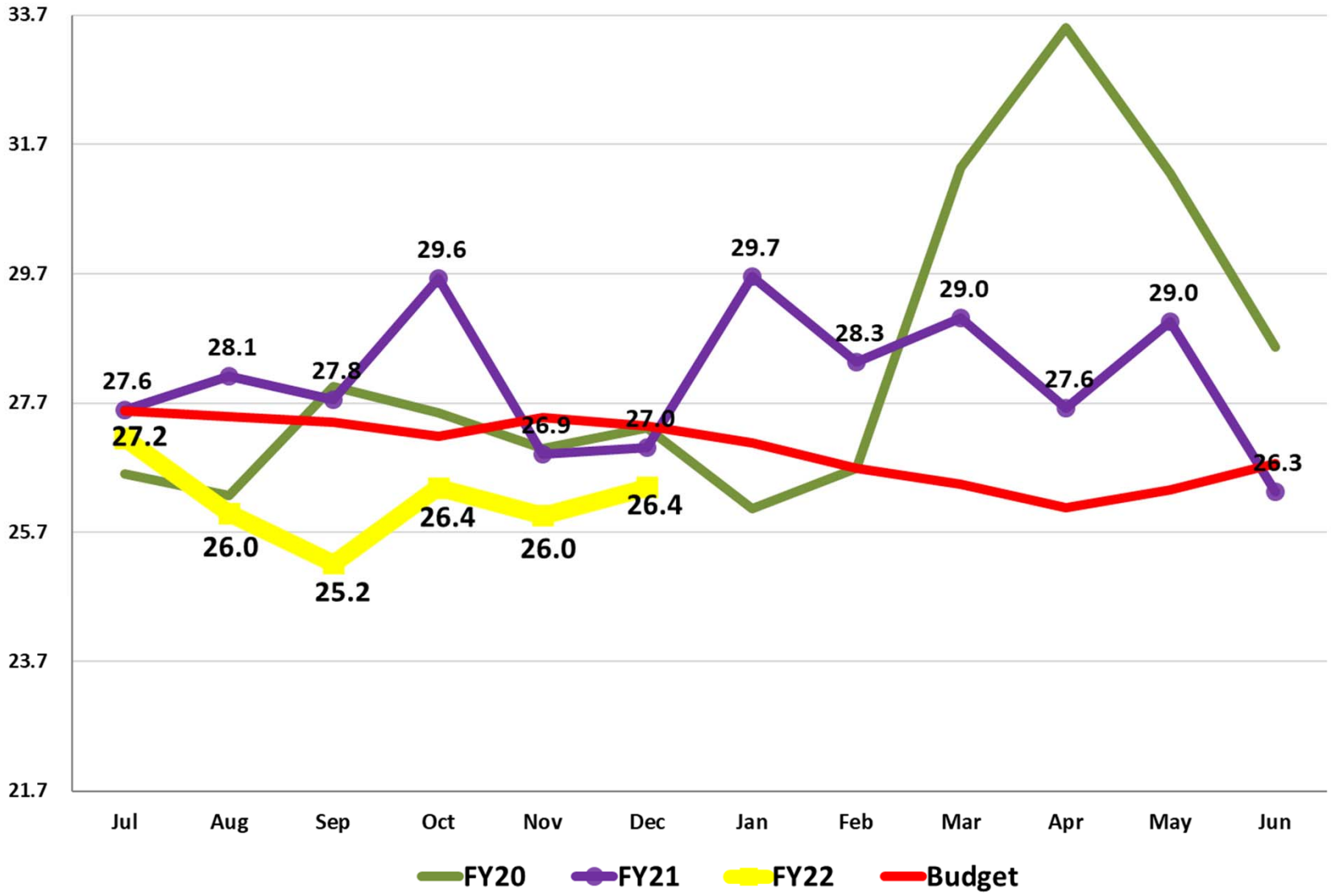
Month of December - Budget Variances

- **Net Patient Revenues:** Net patient revenue fell short of budget by $1.6M (3.0%) primarily due to lower discharges (higher lengths of stay) and lower surgical services than budgeted.
- **Supplemental Gov't Programs:** The $5.9M increase over budget is due to $5.2M of unanticipated Medi-Cal disproportionate share catch-up payments from American Rescue Plan Funds relating to FY20 and FY21.
- **Salaries and Contract Labor**: We experienced an unfavorable budget variance of $4.7M in December. The unfavorable variance is primarily due to the higher patient volume as well as the rates associated with contract labor hours ($2.7M) and shift bonuses ($1.6M)
- **Employee Benefits:** The primary reason for the $430K favorable variance is due to lower employee pension and health insurance cost. We are trending lower than budget in FY2021.
- **Physician Fees:** Physician fees exceeded budget by $1.5M primarily due to the increased patient volume at the Urgent Care centers and the Dinuba RHC as well as lower professional collections and locum costs related to a few physician contracts.

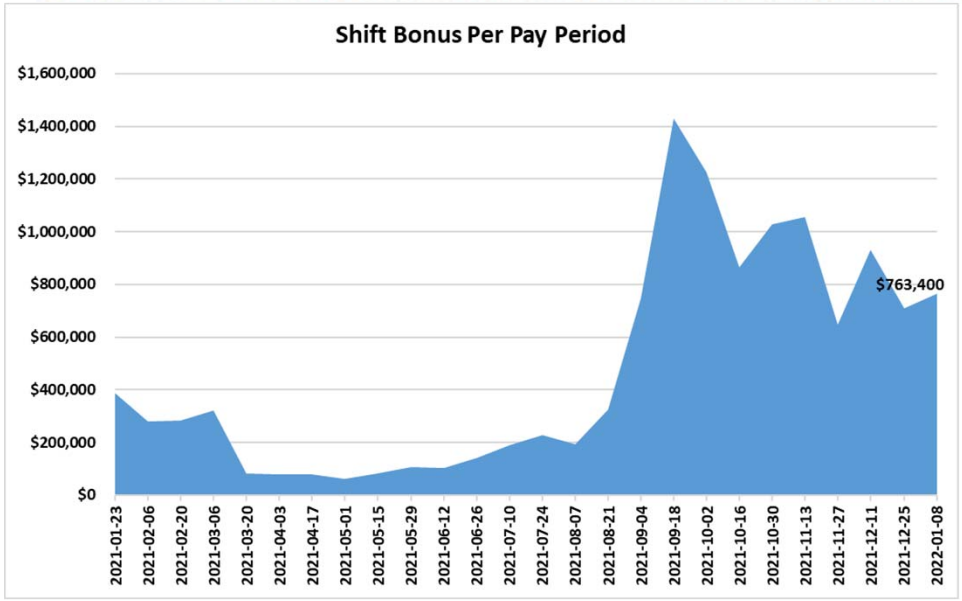
Productive Hours

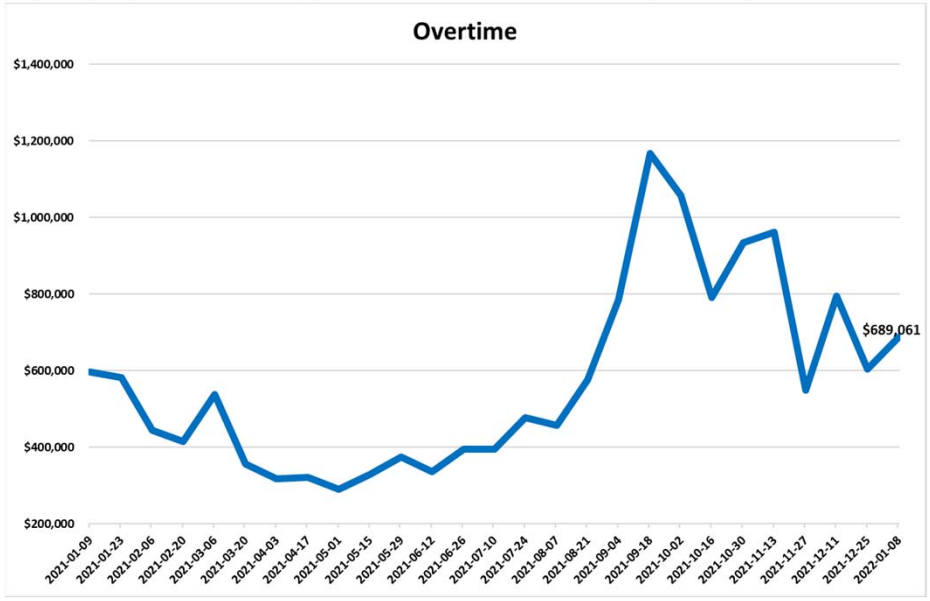


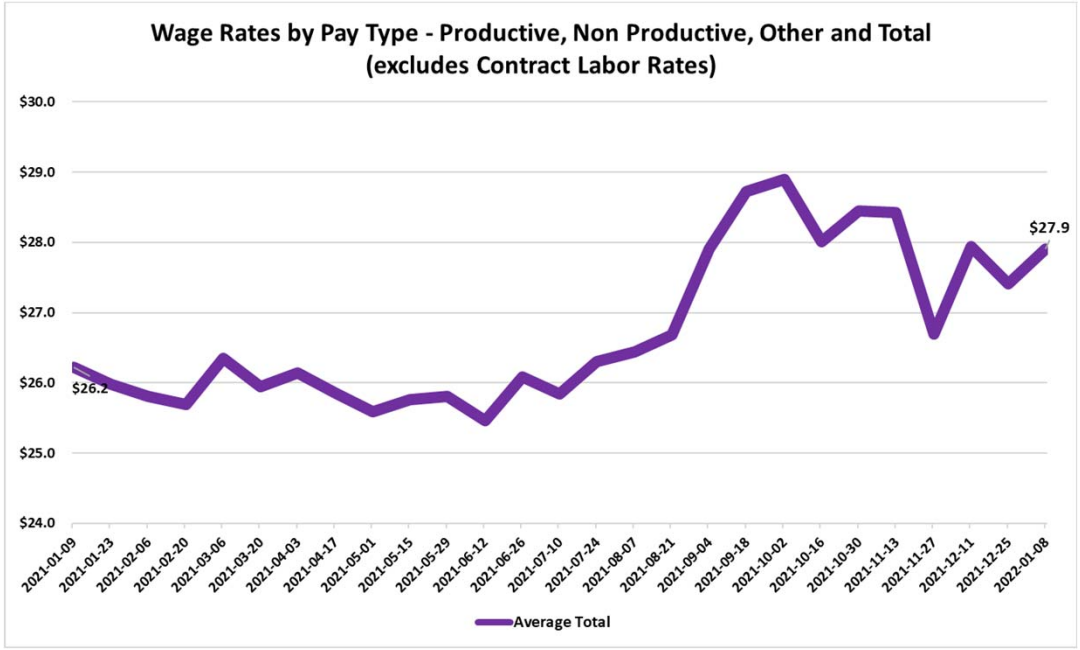
Productivity: Worked Hours/Adjusted Patient Days



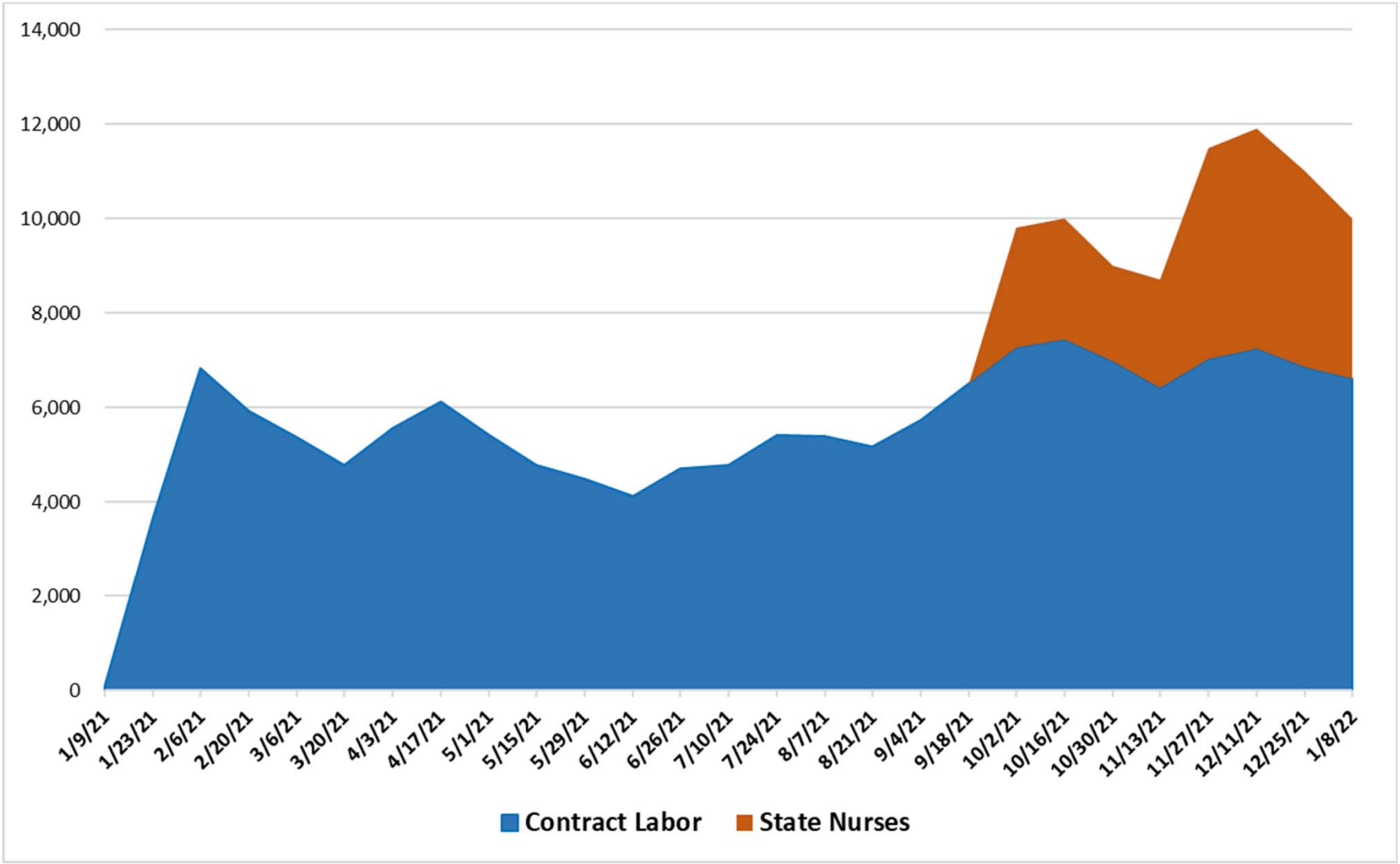
Premium & Extra Pay Impact on Rates

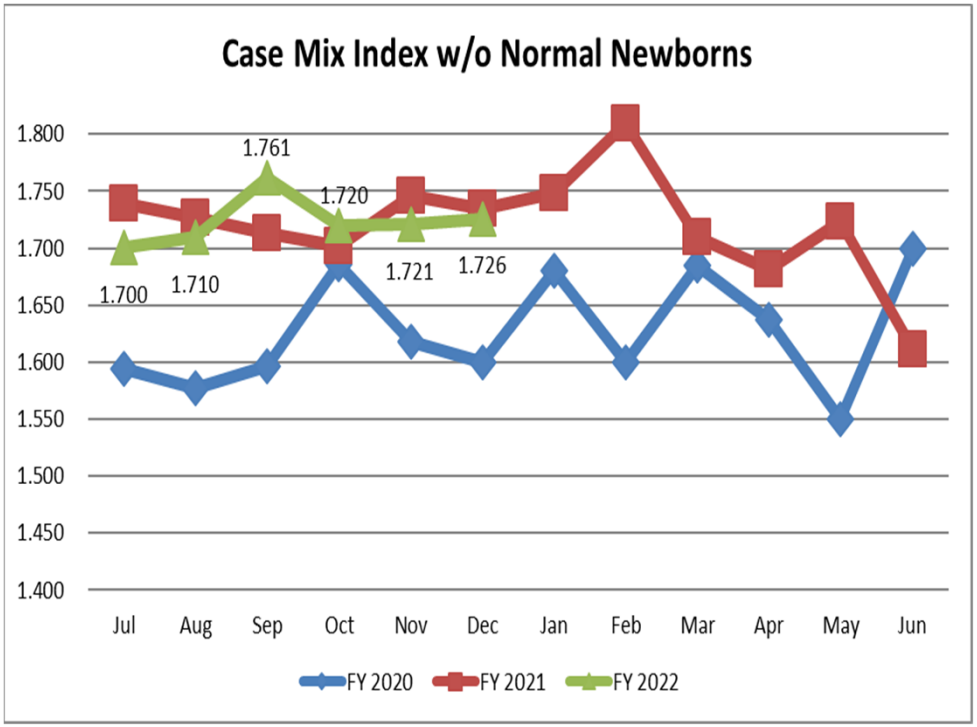






Contract Labor Hours




Case Mix Index w/o Normal Newborns
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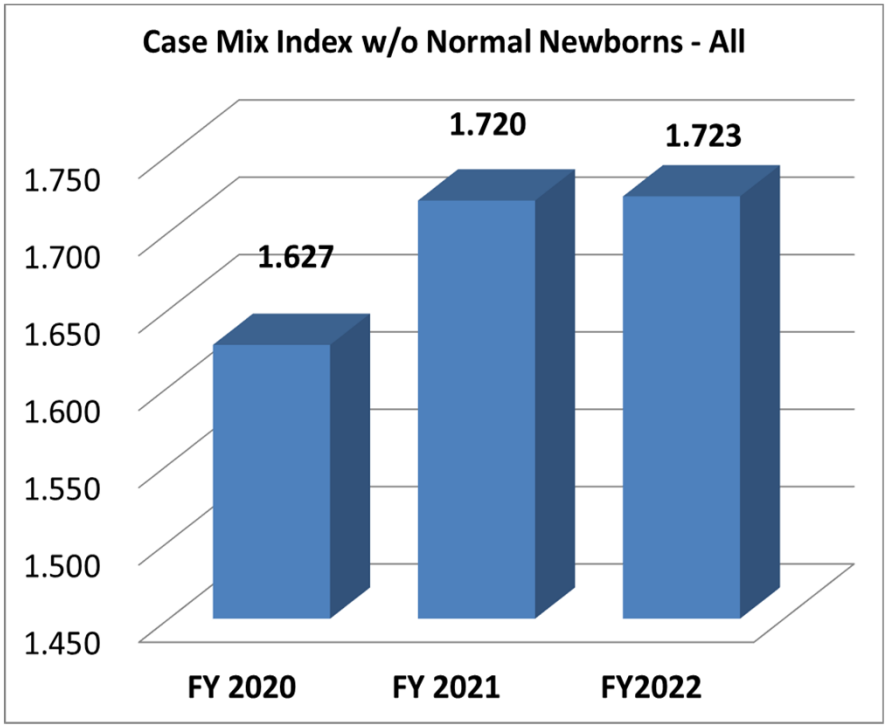
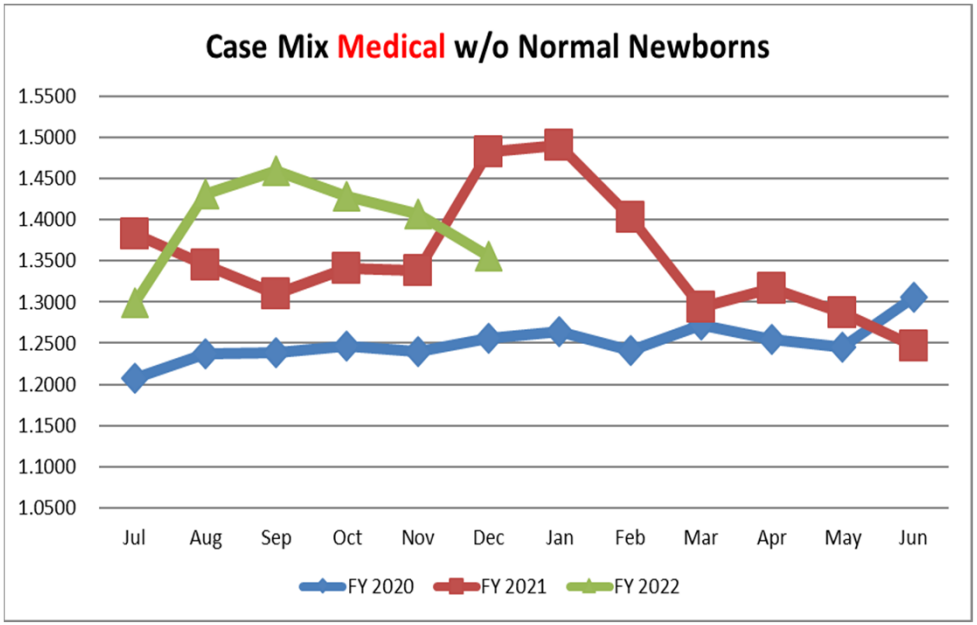
1.700
1.650
1.600
1.550
1.500
1.450
1.400
1.700
1.710
1.761
1.720
1.721
1.726
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2020
FY 2021
FY 2022


Case Mix Index w/o Normal Newborns - All
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.627
1.720
1.723
FY 2020
FY 2021
FY2022


Case Mix Medical w/o Normal Newborns
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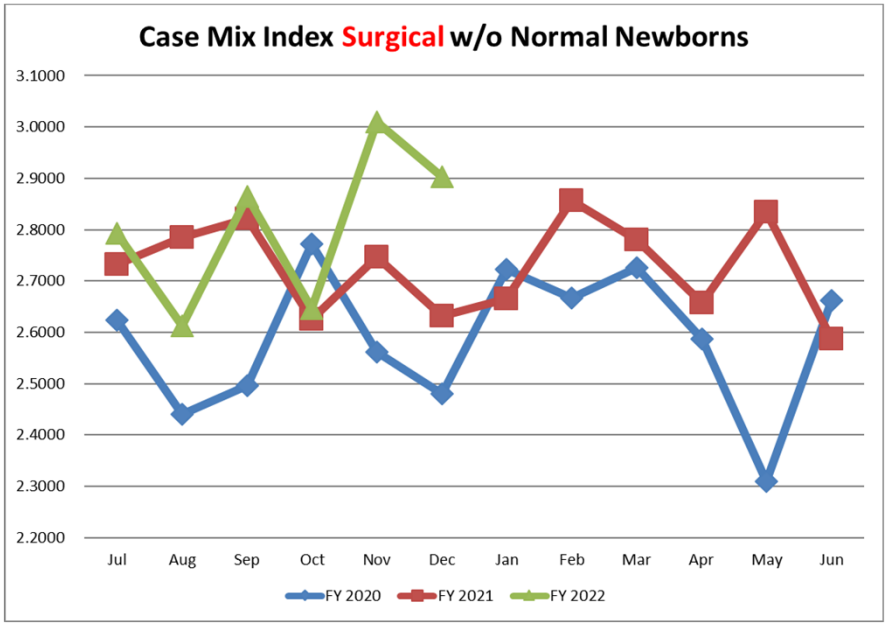
1.5000
1.4500
1.4000
1.3500
1.3000
1.2500
1.2000
1.1500
1.1000
1.0500
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2020
FY 2021
FY 2022


Case Mix Index Surgical w/o Normal Newborns
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3.0000
2.9000
2.8000
2.7000
2.6000
2.5000
2.4000
2.3000
2.2000
Jul
Aug
Sep
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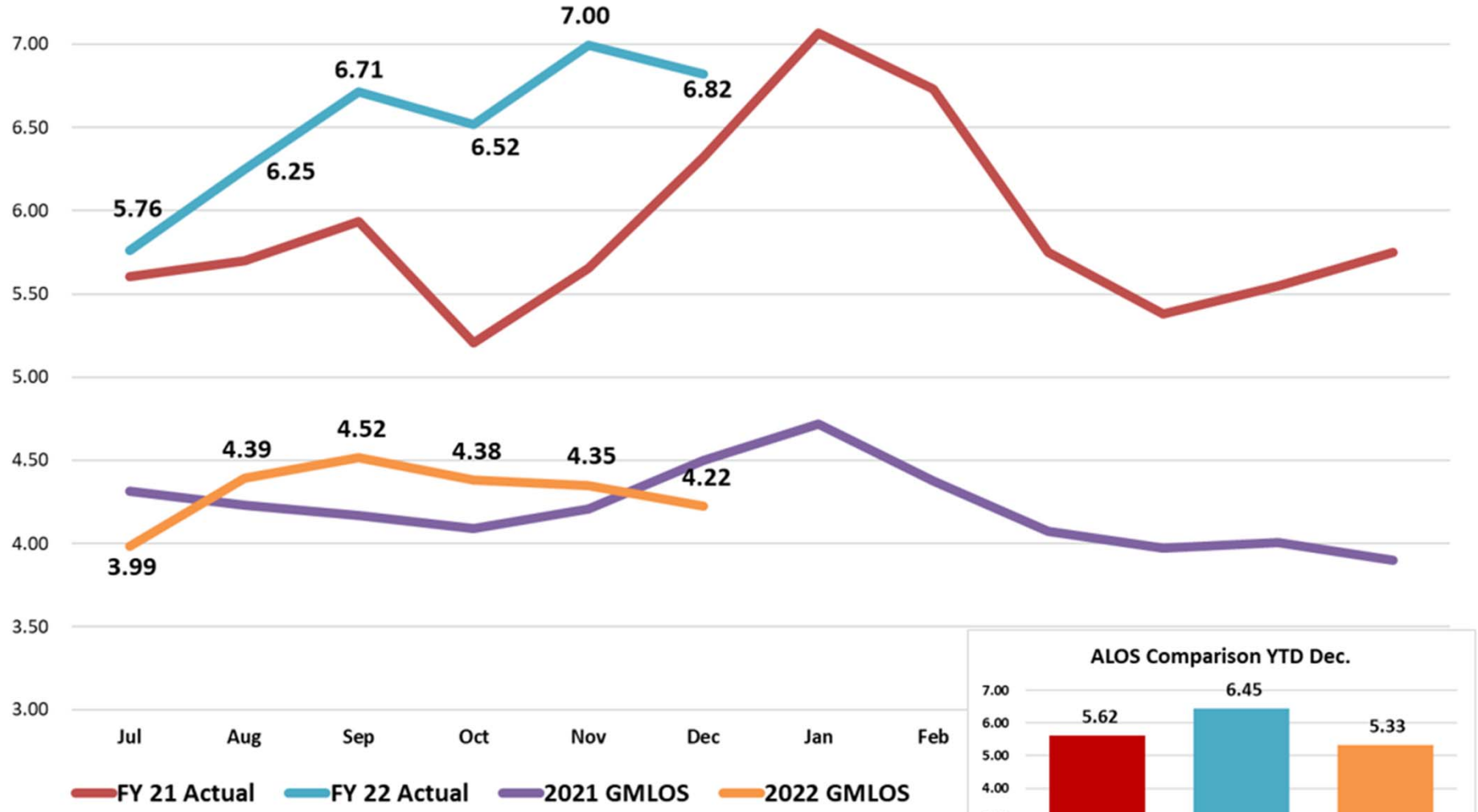
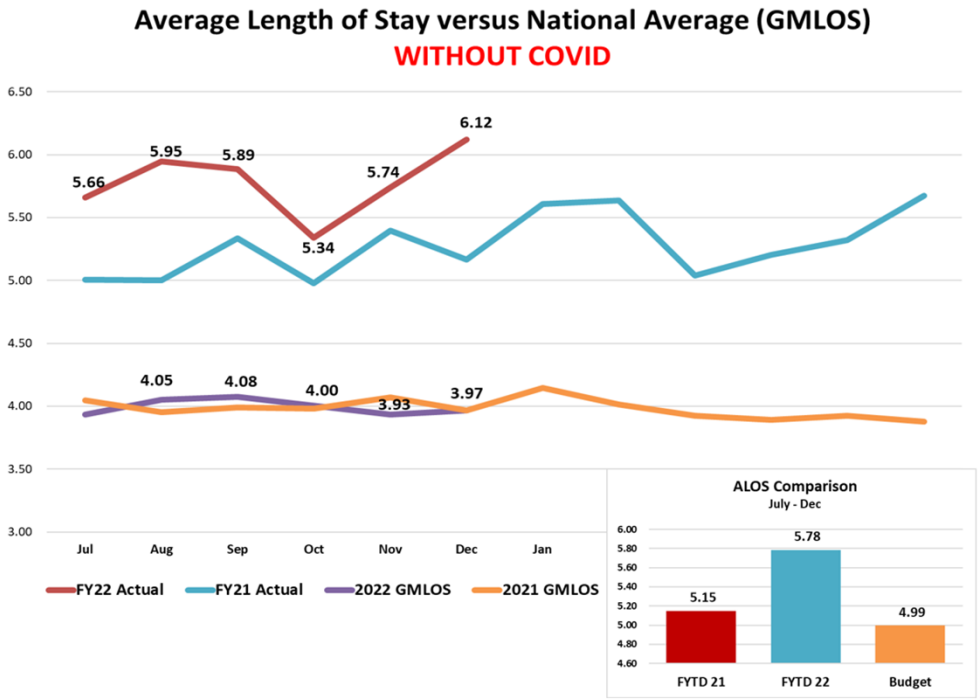
May
Jun
FY 2020
FY 2021
FY 2022

Average Length of Stay versus National Average (GMLOS)

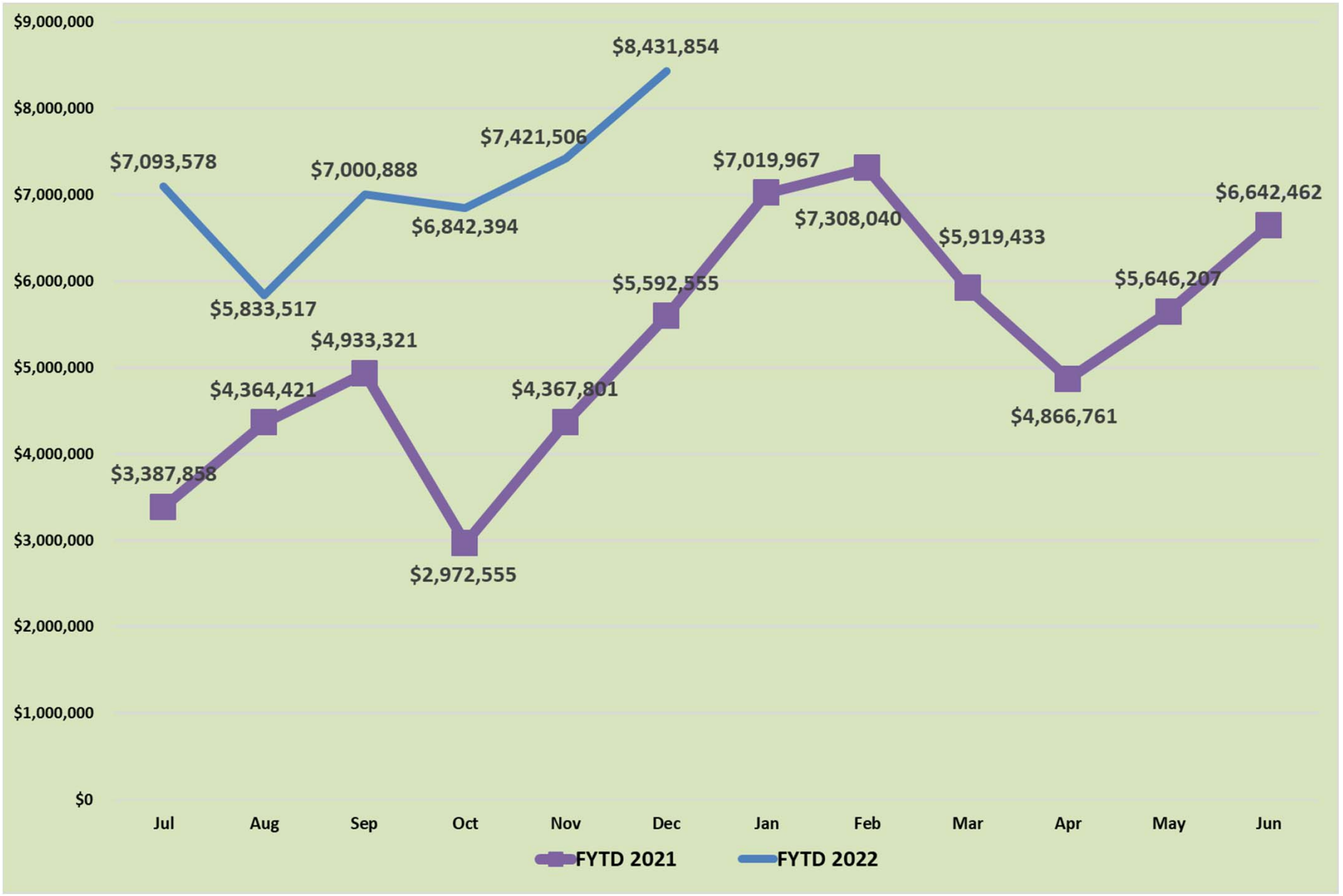


Average Length of Stay versus National Average (GMLOS)

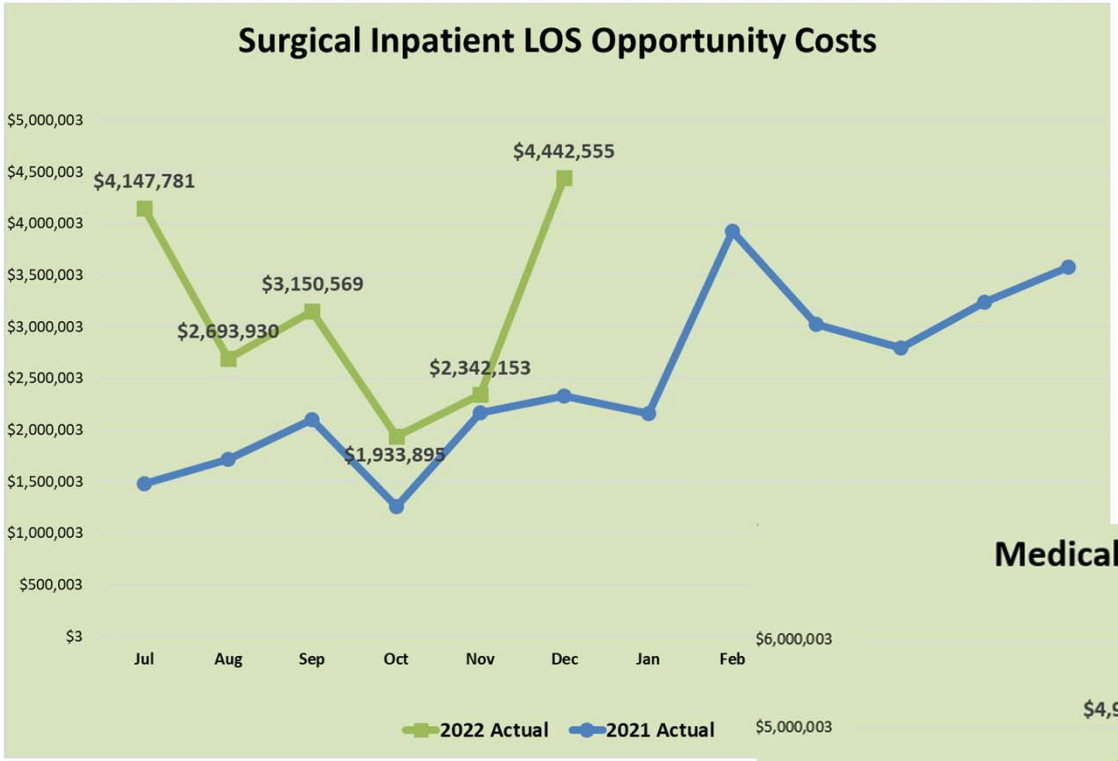
	Including COVID Patients			Excluding COVID Patients				
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP	Gap Diff	%
Mar-20	5.20	4.04	1.16	5.16	4.03	1.13	0.03	2%
Apr-20	5.30	4.25	1.05	5.19	4.17	1.03	0.02	2%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50	4.98	3.95	1.03	0.47	31%
Jul-20	5.60	4.31	1.29	5.01	4.05	0.96	0.33	25%
Aug-20	5.70	4.23	1.47	5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76	5.33	3.99	1.34	0.42	24%
Oct-20	5.20	4.09	1.11	4.98	3.98	1.00	0.11	10%
Nov-20	5.66	4.21	1.45	5.40	4.07	1.33	0.12	8%
Dec-20	6.32	4.50	1.82	5.16	3.97	1.19	0.63	34%
Jan-21	7.07	4.72	2.35	5.61	4.14	1.47	0.89	38%
Feb-21	6.73	4.38	2.35	5.64	4.01	1.63	0.72	31%
Mar-21	5.75	4.07	1.68	5.04	3.92	1.12	0.56	33%
Apr-21	5.38	3.97	1.41	5.20	3.89	1.31	0.10	7%
May-21	5.55	4.01	1.54	5.32	3.92	1.40	0.14	9%
Jun-21	5.75	3.90	1.85	5.67	3.88	1.79	0.06	3%
Jul-21	5.76	3.99	1.77	5.66	3.94	1.72	0.05	3%
Aug-21	6.25	4.39	1.86	5.95	4.05	1.90	(0.04)	-2%
Sep-21	6.71	4.52	2.19	5.89	4.08	1.81	0.38	17%
Oct-21	6.52	4.38	2.14	5.34	4.00	1.34	0.80	37%
Nov-21	7.00	4.32	2.68	5.74	3.93	1.81	0.87	32%
Dec-21	6.82	4.22	2.60	6.12	3.97	2.15	0.45	17%
Average	**5.96**	**4.23**	**1.73**	**5.37**	**4.00**	**1.37**	**0.36**	**21%**

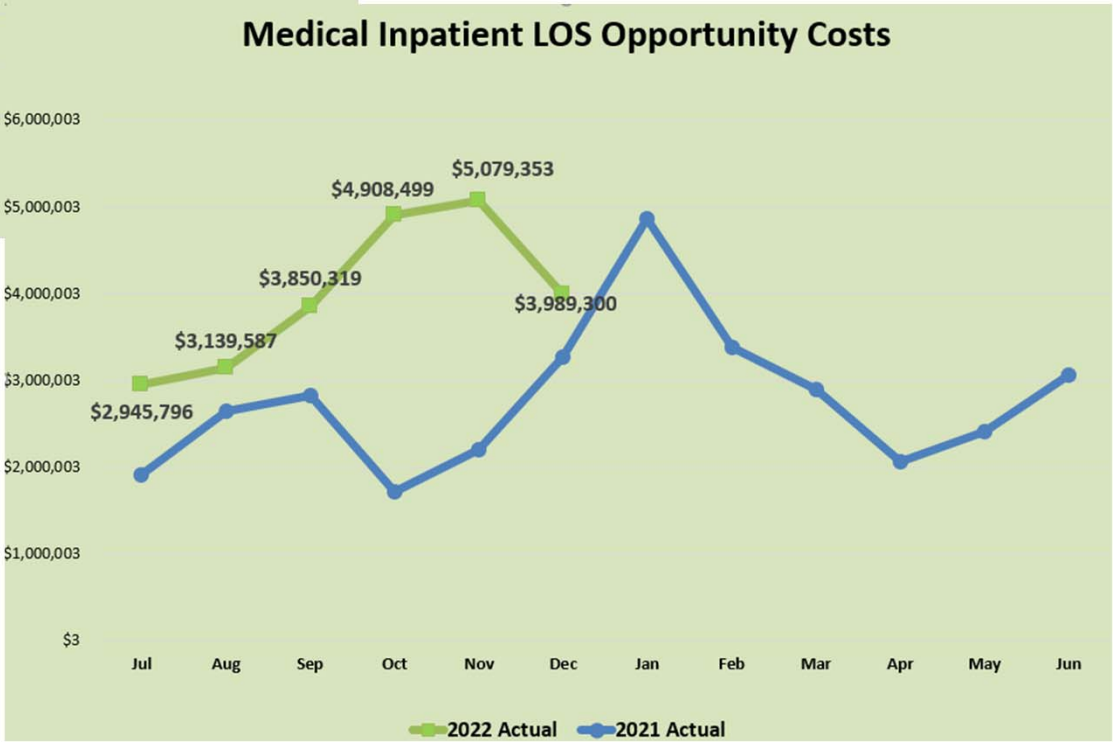


Opportunity Cost of Reducing LOS to National Average - $62.7M FY21

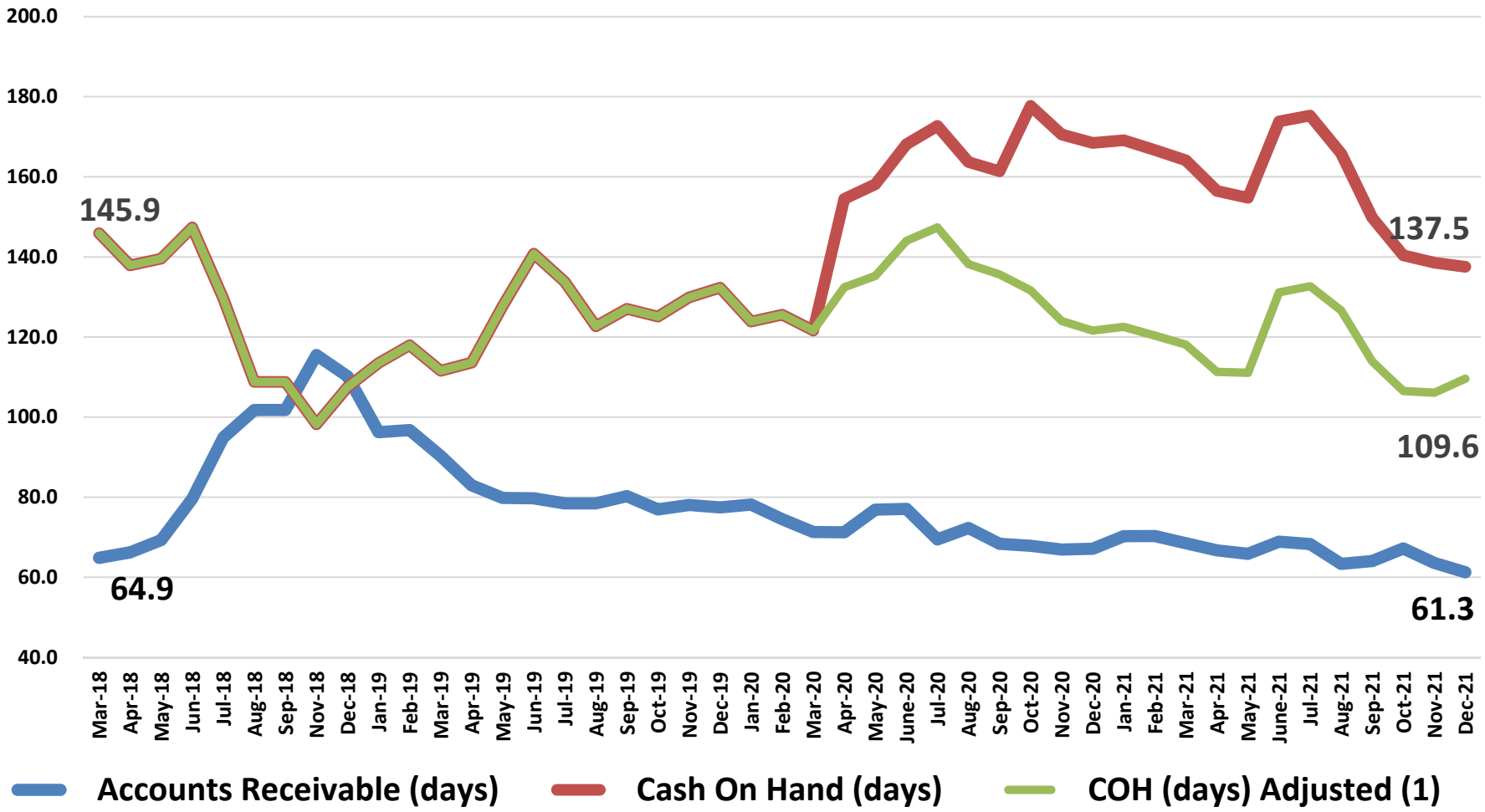


Surgical Versus Medical Grouping – Opportunity Costs





Trended Liquidity Ratios



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

KAWEAH DELTA HEALTH CARE DISTRICT
RATIO ANALYSIS REPORT
DECEMBER 31, 2021

	Current Month Value	Prior Month Value	June 30, 2021 Audited Value	2020 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	1.6	1.5	1.2	1.5	**1.7**	1.8
Accounts Receivable (days)	61.3	63.6	67.0	47.2	**46.3**	45.9
Cash On Hand (days)	137.5	138.6	173.3	334.8	**261.4**	207.2
Cushion Ratio (x)	19.6	19.5	22.9	45.9	**28.8**	19.0
Average Payment Period (days)	73.4	78.9	93.2	100.5	**89.4**	95.2
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	138.7%	139.4%	164.4%	285.0%	**200.8%**	149.7%
Debt-To-Capitalization	31.0%	31.0%	31.2%	24.8%	**31.7%**	40.1%
Debt-to-Cash Flow (x)	4.3	4.4	4.6	2.4	**3.0**	3.9
Debt Service Coverage	3.1	3.0	2.9	7.5	**5.2**	3.7
Maximum Annual Debt Service Coverage (x)	3.1	3.0	2.9	6.6	**4.4**	3.0
Age Of Plant (years)	14.1	14.0	13.5	10.6	**11.8**	12.9
PROFITABILITY RATIOS						
Operating Margin	(.7%)	(.8%)	(3.5%)	2.2%	**1.4%**	0.6%
Excess Margin	1.8%	1.7%	1.5%	6.3%	**4.8%**	3.0%
Operating Cash Flow Margin	3.7%	3.7%	1.4%	7.4%	**7.6%**	6.2%
Return on Assets	1.7%	1.5%	1.3%	4.4%	**3.8%**	2.8%

Reforecasting

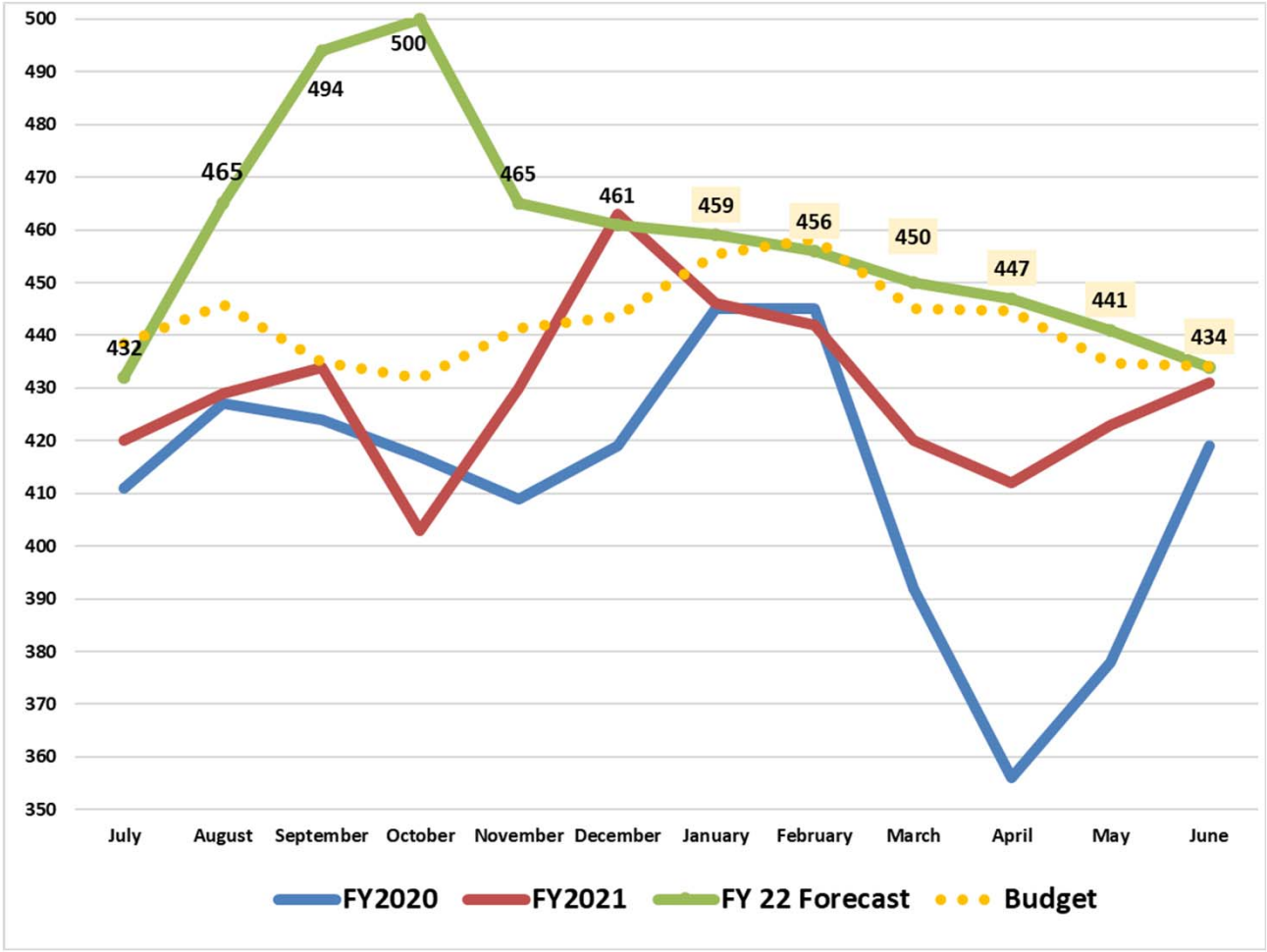
Q3 and Q4 FY2022

Quarter 2 | Forecast Variances to Actual

	Actual	Forecast	Actual - Forecast Variance		
	Q2	Q2	Change	% Change	
Operating Revenue (000's)					
Net Patient Service Revenue	$161,635	$159,480	$2,155	1%	
Other Operating Revenue	59,112	46,361	12,751	22%	Unanticipated Supplemental Funding
Total Operating Revenue	**220,747**	**205,841**	**14,906**	**7%**	
Operating Expenses					
Employment Expense	107,627	111,944	(4,317)	(4%)	Continuation of State Workers
Other Operating Expense	110,984	109,656	1,328	1%	Physician fee Impact of higher volume in Clinics
Total Operating Expenses	**218,611**	**221,600**	**(2,989)**	**(1%)**	
Operating Margin	**$2,136**	**(15,759)**	**$17,895**		
Stimulus Funds	6,542	0	6,542		Did not forecast Federal Funding until 2022
Operating Margin after Stimulus	**$8,678**	**(15,759)**	**$24,437**		
Nonoperating Income					
Nonoperating Revenue (Loss)	587	389	198		
Excess Margin	**$9,265**	**(15,370)**	**$24,635**		

Key Statistical Indicators | COVID Inpatient Impact

COVID Impact on Average Daily Census – FY22 Q3 and Q4 forecasted



Primary Forecast Adjustments | Quarters 3 & 4

- **Net Patient Service Revenue:** Re-forecasted surgeries slightly down which was offset by an increase in inpatients days and outpatient clinics
- **Salaries and Wages:** Adjustments made due to volume changes and the continued need for shift bonus as well as the trend in the market rate increases which have been higher than originally forecasted
- **Contract Labor:** Current trend in staffing shortages creating stronger need for contract labor than originally forecasted
- **Medical & Other Supplies**: Adjustments made based on volume changes
- **Physician Fees:** Higher fees forecasted due to increase in volume at clinics
- **Provider Relief Funds** are estimated at $5M in January totaling 11.7M for the FY. This was previously forecasted at $9M

FY2022| Forecast Variances to Original Budget

	Forecast Original	Forecast #2	Budget	Forecast #2 - Budget Variance		
	FY22	FY22	FY22	Change	% Change	
Operating Revenue (000's)						
Net Patient Service Revenue	$626,544	$636,024	$634,620	$1,404	0%	
Other Operating Revenue	187,973	202,732	187,973	14,759	8%	Unanticipated Supplemental Funding
Total Operating Revenue	**$816,087**	**$838,756**	**$822,593**	**$16,163**	**2%**	
Operating Expenses						
Employment Expense	416,390	424,346	390,522	33,824	9%	Higher employment costs due to staffing shortages creating need for shift bonuses and higher market rates
Other Operating Expense	429,670	432,845	418,897	13,948	3%	Higher costs due to COVID, not achieving all the budgeted LOS/Efficiency savings, Supply cost increases, Physician fees and Humana Cap plan expenses
Total Operating Expenses	**$846,060**	**$857,191**	**$809,419**	**$47,772**	**6%**	
Operating Margin	**($29,973)**	**($18,436)**	**$13,174**	**($31,610)**		
Stimulus Funds	9,438	11,679	1,195	10,484		Did not forecast Federal Funding at time of budget
Operating Margin after Stimulus	**($20,535)**	**($6,757)**	**$14,369**	**($21,126)**		
Nonoperating Income	4,166	7,829	4,568	3,261		
Excess Margin	**($16,369)**	**$1,072**	**$18,937**	**($17,865)**		

Forecasted Changes (000's) | FY 2022 Quarters 3 & 4

	Actual		Forecast				
	Q1	Q2	Q3	Q4	FY22	Budget FY22	$ Change
Operating Revenue							
Net Patient Service Revenue	**$159,094**	**$161,635**	**$159,488**	**$155,807**	**$636,024**	**$634,620**	**$1,404**
Supplemental Gov't Programs	12,859	26,458	13,277	13,277	65,870	53,106	12,764
Prime Program	2,000	2,000	1,973	1,995	7,967	8,000	(33)
Premium Revenue	15,490	15,383	17,584	17,711	66,168	66,017	151
Management Services Revenue	9,992	8,748	8,948	9,048	36,736	36,290	446
Other Revenue	6,230	6,960	6,351	6,450	25,991	24,560	1,431
Other Operating Revenue	46,571	59,549	48,132	48,480	202,732	187,973	14,759
Total Operating Revenue	**205,665**	**221,184**	**207,620**	**204,287**	**838,756**	**822,593**	**16,163**
Operating Expenses							
Salaries & Wages	87,545	88,924	89,002	85,359	350,830	330,396	20,434
Contract Labor	4,195	6,855	6,400	4,800	22,250	6,204	16,046
Employee Benefits	12,693	11,859	13,264	13,451	51,267	53,922	(2,655)
Total Employment Expenses	**104,433**	**107,638**	**108,666**	**103,610**	**424,346**	**390,522**	**33,824**
Medical & Other Supplies	34,542	33,023	34,486	32,315	134,366	125,503	8,863
Physician Fees	24,185	29,415	25,274	24,731	103,606	99,783	3,823
Purchased Services	4,147	4,992	3,918	3,960	17,017	15,866	1,151
Repairs & Maintenance	6,923	7,364	7,211	7,222	28,719	28,699	20
Utilities	2,124	2,275	1,574	1,740	7,713	7,308	405
Rents & Leases	1,481	1,500	1,561	1,552	6,094	6,169	(75)
Depreciation & Amortization	7,902	7,902	8,776	9,092	33,672	33,552	120
Interest Expense	1,699	1,499	1,784	1,803	6,785	7,234	(449)
Other Expense	4,558	4,924	5,611	5,673	20,766	22,630	(1,864)
Humana Cap Plan Expenses	9,618	10,014	9,455	9,527	38,614	36,254	2,360
Management Services Expense	9,617	8,076	8,852	8,950	35,495	35,899	(404)
Total Other Expenses	**106,796**	**110,984**	**108,500**	**106,565**	**432,845**	**418,897**	**13,948**
Total Operating Expenses	**211,229**	**218,622**	**217,166**	**210,174**	**857,191**	**809,419**	**47,772**
Operating Margin	**(5,564)**	**2,562**	**(9,546)**	**(5,887)**	**(18,436)**	**13,174**	**(31,610)**
Stimulus Funds	**438**	**6,241**	**5,000**	**0**	**11,679**	**1,195**	**10,484**
Operating Margin after Stimulus	**(5,126)**	**8,803**	**(4,546)**	**(5,887)**	**(6,757)**	**14,369**	**(21,126)**
Nonoperating Revenue (Loss)	746	3,678	1,437	1,968	7,829	4,568	3,261
Excess Margin	**(4,380)**	**12,481**	**(3,109)**	**(3,920)**	**1,072**	**18,937**	**(17,865)**

Bond Covenant Forecast (consolidated financial statements)

	Annualized			
	Jun-21	Dec-21	FY22 Budget	FY22 Projection
DAYS CASH ON HAND COMPUTATION				
Cash, cash equivalents and board designated funds	$ 387,774,000	$ 332,565,810	$ 358,183,100	$ 292,829,472
Total operating expenses	$ 804,384,156	$ 852,694,328	$ 809,419,000	$ 857,191,280
Less depreciation and amortization	(31,645,725)	(31,350,344)	(33,552,000)	(33,552,000)
Adjusted operating expenses	$ 772,738,431	$ 821,343,984	$ 775,867,000	$ 823,639,280
Number of days in the period	365	365	365	365
Average daily adjusted operating expenses	$ 2,117,092	$ 2,250,257	$ 2,125,663	$ 2,256,546
Days cash on hand	**183.2**	**147.8**	**168.5**	**129.8**
Requirement Measured at 6/30				**90**
LONG-TERM DEBT SERVICE COVERAGE RATIO CALCULATION				
Net income (loss)	$ 12,413,788	$ 16,069,720	$ 18,937,000	$ 1,072,309
Depreciation and amortization	31,645,725	31,350,344	33,552,000	33,552,000
Interest (non-GO)	6,770,637	6,344,189	7,234,000	7,234,000
GO Bond tax revenue (net of interest)	(1,792,963)	(1,760,986)	(1,780,916)	(1,780,916)
Net income available for debt service	$ 49,037,187	$ 52,003,267	$ 57,942,084	$ 40,077,393
Maximum annual debt service (without GO bonds)	$ 16,967,599	$ 16,967,599	$ 16,967,599	$ 16,967,599
Long-term debt service coverage ratio	**2.89**	**3.06**	**3.41**	**2.36**
Requirement:				
Measured at 12/31 and 6/30 - if below must fund Reserve Fund ($17M)				**1.35**
Measured at 6/30 - if below must employ independent consultant or have 75 days cash on hand				**1.25**
After compliance with independent consultant recommendations (or with 75 days COH) - not below				**1.10**

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2021 & 2022

	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
2021													
Jul-20	47,402	13,608	61,009	32,213	7,807	10,036	13,502	63,559	(2,550)	4,542	1,993	(4.2%)	3.0%
Aug-20	48,393	13,339	61,732	32,203	8,699	10,720	14,744	66,366	(4,634)	4,444	(191)	(7.5%)	(0.3%)
Sep-20	48,769	13,548	62,317	32,837	6,871	11,619	14,643	65,971	(3,654)	3,138	(515)	(5.9%)	(0.8%)
Oct-20	51,454	13,083	64,537	33,385	7,746	10,713	15,033	66,876	(2,339)	5,177	2,837	(3.6%)	4.1%
Nov-20	50,994	12,719	63,713	31,225	8,079	10,999	14,837	65,140	(1,427)	2,807	1,380	(2.2%)	2.1%
Dec-20	50,409	13,317	63,726	34,298	8,024	11,492	15,152	68,965	(5,240)	1,963	(3,276)	(8.2%)	(5.0%)
Jan-21	49,949	14,115	64,064	34,008	8,421	12,014	15,101	69,544	(5,480)	6,363	883	(8.6%)	1.3%
Feb-21	44,505	14,519	59,024	31,565	8,484	9,685	13,829	63,562	(4,538)	3,973	(565)	(7.7%)	(0.9%)
Mar-21	56,144	17,106	73,250	35,505	8,278	10,923	16,990	71,696	1,554	2,267	3,821	2.1%	5.1%
Apr-21	52,593	19,684	72,277	37,084	8,320	11,011	16,895	73,310	(1,033)	2,645	1,612	(1.4%)	2.2%
May-21	50,531	15,692	66,223	34,042	7,754	10,170	16,569	68,535	(2,312)	1,829	(483)	(3.5%)	(0.7%)
Jun-21	45,033	20,967	66,000	21,557	8,207	12,067	20,023	61,854	4,146	773	4,919	6.3%	7.4%
2021 FY Total	**$ 596,175**	**$ 181,697**	**$ 777,872**	**$ 389,923**	**$ 96,690**	**$ 131,449**	**$ 187,317**	**$ 805,379**	**$ (27,507)**	**$ 39,921**	**$ 12,414**	**(3.5%)**	**1.5%**
2022													
Jul-21	51,502	15,035	66,537	32,678	7,922	9,596	15,217	65,413	1,124	582	1,706	1.7%	2.5%
Aug-21	49,714	16,024	65,737	33,434	8,527	13,004	15,414	70,379	(4,642)	990	(3,651)	(7.1%)	(5.5%)
Sep-21	57,879	15,513	73,391	38,332	7,736	11,942	17,438	75,448	(2,056)	(388)	(2,445)	(2.8%)	(3.3%)
Oct-21	55,674	15,592	71,266	36,627	9,674	11,714	17,386	75,402	(4,136)	732	(3,403)	(5.8%)	(4.8%)
Nov-21	54,846	22,162	77,008	33,634	10,261	10,623	15,629	70,146	6,862	7,129	13,991	8.9%	18.2%
Dec-21	51,115	21,358	72,473	37,366	9,479	10,687	15,532	73,064	(591)	2,495	1,904	(0.8%)	2.6%
2022 FY Total	**$ 320,729**	**$ 105,683**	**$ 426,412**	**$ 212,071**	**$ 53,600**	**$ 67,565**	**$ 96,616**	**$ 429,851**	**$ (3,439)**	**$ 11,540**	**$ 8,101**	**(0.8%)**	**1.8%**
FYTD Budget	**316,864**	**92,585**	**409,449**	**196,047**	**49,919**	**62,933**	**95,655**	**404,553**	**4,896**	**2,944**	**7,840**	**1.2%**	**1.9%**
Variance	**$ 3,865**	**$ 13,098**	**$ 16,964**	**$ 16,024**	**$ 3,681**	**$ 4,632**	**$ 961**	**$ 25,298**	**$ (8,335)**	**$ 8,596**	**$ 261**		
Current Month Analysis													
Dec-21	**$ 51,115**	**$ 21,358**	**$ 72,473**	**$ 37,366**	**$ 9,479**	**$ 10,687**	**$ 15,532**	**$ 73,064**	**$ (591)**	**$ 2,495**	**$ 1,904**	**(0.8%)**	**2.5%**
Budget	**52,685**	**15,539**	**68,225**	**33,055**	**7,984**	**10,383**	**16,253**	**67,675**	**550**	**542**	**1,092**	**0.8%**	**1.6%**
Variance	**$ (1,571)**	**$ 5,819**	**$ 4,248**	**$ 4,311**	**$ 1,495**	**$ 304**	**$ (721)**	**$ 5,389**	**$ (1,141)**	**$ 1,954**	**813**		

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2021 & 2022

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
2021														
Jul-20	13,016	420	24,934	52.2%	76.8%	1,901	1,292	313	403	2,549	68.0%	16.5%	21.2%	134.1%
Aug-20	13,296	429	24,893	53.4%	75.7%	1,944	1,294	349	431	2,666	66.5%	18.0%	22.2%	137.1%
Sep-20	13,024	434	24,587	53.0%	75.6%	1,984	1,336	279	473	2,683	67.3%	14.1%	23.8%	135.3%
Oct-20	12,478	403	24,749	50.4%	74.2%	2,079	1,349	313	433	2,702	64.9%	15.1%	20.8%	130.0%
Nov-20	12,898	430	24,958	51.7%	74.0%	2,043	1,251	324	441	2,610	61.2%	15.8%	21.6%	127.7%
Dec-20	14,389	464	25,827	55.7%	75.2%	1,952	1,328	311	445	2,670	68.0%	15.9%	22.8%	136.8%
Jan-21	14,002	452	24,471	57.2%	75.5%	2,041	1,390	344	491	2,842	68.1%	16.9%	24.1%	139.2%
Feb-21	12,388	442	23,578	52.5%	77.3%	1,888	1,339	360	411	2,696	70.9%	19.1%	21.8%	142.8%
Mar-21	13,030	420	25,820	50.5%	74.9%	2,174	1,375	321	423	2,777	63.2%	14.7%	19.5%	127.7%
Apr-21	12,361	412	25,268	48.9%	75.8%	2,081	1,468	329	436	2,901	70.5%	15.8%	20.9%	139.4%
May-21	13,115	423	25,026	52.4%	76.4%	2,019	1,360	310	406	2,739	67.4%	15.3%	20.1%	135.6%
Jun-21	12,916	431	25,797	50.1%	79.6%	1,746	836	318	468	2,398	47.9%	18.2%	26.8%	137.4%
2021 FY Total	**156,913**	**430**	**300,105**	**52.3%**	**75.9%**	**1,987**	**1,299**	**322**	**438**	**2,684**	**65.4%**	**16.2%**	**22.0%**	**135.1%**
2022														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
Aug-21	14,401	465	27,703	52.0%	77.3%	1,795	1,207	308	469	2,540	67.3%	17.2%	26.2%	141.6%
Sep-21	14,824	494	28,321	52.3%	75.0%	2,044	1,353	273	422	2,664	66.2%	13.4%	20.6%	130.4%
Oct-21	15,505	500	28,243	54.9%	75.8%	1,971	1,297	343	415	2,670	65.8%	17.4%	21.0%	135.4%
Nov-21	13,958	465	26,550	52.6%	74.8%	2,066	1,267	386	400	2,642	61.3%	18.7%	19.4%	127.9%
Dec-21	14,295	461	27,088	52.8%	76.4%	1,887	1,379	350	395	2,697	73.1%	18.5%	20.9%	142.9%
2022 FY Total	**86,371**	**469**	**163,996**	**52.7%**	**75.9%**	**1,956**	**1,293**	**327**	**412**	**2,621**	**66.1%**	**16.7%**	**21.1%**	**134.0%**
FYTD Budget	**80,835**	**439**	**160,644**	**50.3%**	**75.5%**	**1,972**	**1,220**	**311**	**392**	**2,467**	**61.9%**	**15.8%**	**19.9%**	**127.7%**
Variance	**5,536**	**30**	**3,352**	**2.3%**	**0.4%**	**(17)**	**73**	**16**	**20**	**154**	**4.3%**	**1.0%**	**1.2%**	**6.3%**
Current Month Analysis														
Dec-21	**14,295**	**461**	**27,088**	**52.8%**	**76.4%**	**1,887**	**1,379**	**350**	**395**	**2,697**	**73.1%**	**18.5%**	**20.9%**	**142.9%**
Budget	**13,752**	**444**	**26,817**	**51.3%**	**75.7%**	**1,965**	**1,233**	**298**	**387**	**2,498**	**62.7%**	**15.2%**	**19.7%**	**128.5%**
Variance	**543**	**18**	**271**	**1.5%**	**0.6%**	**(78)**	**147**	**52**	**7**	**199**	**10.4%**	**3.4%**	**1.2%**	**14.5%**

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

	Dec-21	Nov-21	Change	% Change	Jun-21 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	$ 14,708	$ 18,775	$ (4,068)	-21.66%	$ 30,081
Current Portion of Board designated and trusted assets	16,614	15,444	1,170	7.57%	13,695
Accounts receivable:					
Net patient accounts	125,241	131,985	(6,744)	-5.11%	121,553
Other receivables	23,383	26,302	(2,919)	-11.10%	16,048
	148,624	158,287	(9,663)	-6.10%	137,601
Inventories	12,611	12,071	540	4.47%	10,800
Medicare and Medi-Cal settlements	51,837	54,241	(2,405)	-4.43%	37,339
Prepaid expenses	12,385	11,445	939	8.21%	12,210
Total current assets	256,778	270,265	(13,486)	-4.99%	241,726
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	310,097	304,604	5,494	1.80%	349,933
Revenue bond assets held in trust	22,304	22,301	3	0.02%	22,271
Assets in self-insurance trust fund	2,046	2,080	(34)	-1.64%	2,073
Total non-current cash and investments	334,447	328,984	5,463	1.66%	374,277
CAPITAL ASSETS					
Land	17,542	17,542	-	0.00%	17,542
Buildings and improvements	385,109	384,707	402	0.10%	384,399
Equipment	318,407	318,401	6	0.00%	316,636
Construction in progress	58,283	57,196	1,086	1.90%	53,113
	779,341	777,847	1,494	0.19%	771,690
Less accumulated depreciation	442,613	440,073	2,540	0.58%	427,307
	336,729	337,774	(1,045)	-0.31%	344,383
Property under capital leases -					
less accumulated amortization	(2)	61	(63)	-102.84%	376
Total capital assets	336,727	337,835	(1,108)	-0.33%	344,759
OTHER ASSETS					
Property not used in operations	1,610	1,614	(4)	-0.26%	1,635
Health-related investments	5,337	5,404	(67)	-1.25%	5,216
Other	12,160	12,161	(2)	-0.02%	11,569
Total other assets	19,106	19,180	(74)	-0.38%	18,419
Total assets	947,059	956,264	(9,205)	-0.96%	979,182
DEFERRED OUTFLOWS	(36,021)	(35,991)	(30)	0.08%	(35,831)
Total assets and deferred outflows	**$ 911,038**	**$ 920,273**	**$ (9,235)**	**-1.00%**	**$ 943,351**

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION

	Dec-21	Nov-21	Change	% Change	Jun-21 (Audited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	$ 92,251	$ 92,095	$ 156	0.17%	$ 114,900
Accrued payroll and related liabilities	61,652	73,879	(12,226)	-16.55%	71,537
Long-term debt, current portion	11,227	11,239	(12)	-0.10%	11,128
Total current liabilities	165,131	177,213	(12,082)	-6.82%	197,565
LONG-TERM DEBT, less current portion					
Bonds payable	248,440	248,492	(52)	-0.02%	250,675
Capital leases	102	96	6	6.12%	123
Total long-term debt	248,542	248,588	(46)	-0.02%	250,797
NET PENSION LIABILITY	(34,518)	(32,477)	(2,041)	6.28%	(22,273)
OTHER LONG-TERM LIABILITIES	33,457	33,099	358	1.08%	30,894
Total liabilities	412,611	426,422	(13,811)	-3.24%	456,983
NET ASSETS					
Invested in capital assets, net of related debt	101,944	103,016	(1,072)	-1.04%	107,949
Restricted	37,892	33,483	4,409	13.17%	31,668
Unrestricted	358,590	357,351	1,240	0.35%	346,751
Total net position	498,427	493,850	4,577	0.93%	486,368
Total liabilities and net position	**$ 911,038**	**$ 920,273**	**$ (9,235)**	**-1.00%**	**$ 943,351**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2021

Board designated funds	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
LAIF		0.21	Various			81,608,166	
CAMP		0.05	CAMP			26,953,118	
PFM	31846V203	0.01	Money market			1,546,656	
Wells Cap	31846V203	0.01	Money market			66,288	
PFM	24-Jul-20	0.57	Municipal	Mississippi ST		300,000	
PFM	12-Feb-21	0.86	MTN-C	Goldman Sachs		205,000	
Wells Cap	8-Apr-21	0.30	Municipal	Foothill Ca		850,000	
PFM	2-Jun-21	0.75	U.S. Govt Agency	US Treasury Bill		1,000,000	
PFM	10-Jun-21	2.13	U.S. Govt Agency	US Treasury Bill		1,200,000	
PFM	17-Jun-21	1.50	U.S. Govt Agency	US Treasury Bill		425,000	
Wells Cap	25-Jan-22	2.79	ABS	FHLMC		143,502	
Wells Cap	1-Aug-22	1.93	Municipal	Ohlone Ca Cmnty		800,000	
Wells Cap	1-Aug-22	2.30	Municipal	Poway Ca Unif Sch		565,000	
PFM	25-Aug-22	2.31	ABS	FHLMC		390,000	
Wells Cap	26-Sep-22	2.00	MTN-C	Paccar Financial Mtn		375,000	
Wells Cap	27-Oct-22	2.70	MTN-C	Citigroup		750,000	
Wells Cap	1-Nov-22	1.71	Municipal	Oregon ST		1,000,000	
Wells Cap	30-Nov-22	2.00	U.S. Govt Agency	US Treasury Bill		870,000	
PFM	2-Dec-22	2.04	CD	Dnb Bank Asa Ny CD		630,000	
PFM	15-Dec-22	3.02	ABS	Toyota Auto		42,760	
PFM	15-Dec-22	2.70	MTN-C	Intel Corp		415,000	
PFM	27-Dec-22	2.28	U.S. Govt Agency	FNMA		310,105	
PFM	31-Dec-22	2.13	U.S. Govt Agency	US Treasury Bill		1,180,000	
Wells Cap	17-Jan-23	0.25	MTN-C	John Deere Mtn		725,000	
PFM	31-Jan-23	1.75	U.S. Govt Agency	US Treasury Bill		1,200,000	
Wells Cap	31-Jan-23	2.38	U.S. Govt Agency	US Treasury Bill		350,000	
Wells Cap	28-Feb-23	2.63	U.S. Govt Agency	US Treasury Bill		2,100,000	
Torrey Pines Bank	5-Mar-23	0.35	CD	Torrey Pines Bank		3,052,688	
PFM	17-Mar-23	0.59	CD	Credit Suisse Ag CD		665,000	
Wells Cap	1-Apr-23	1.85	Municipal	San Diego County		1,275,000	
Wells Cap	15-Apr-23	1.27	Municipal	San Diego Ca		1,300,000	
PFM	20-Apr-23	0.13	Supra-National Age	Intl Bk		620,000	
PFM	20-Apr-23	0.38	U.S. Govt Agency	FHLMC		1,325,000	
PFM	24-Apr-23	2.88	MTN-C	Bank of America		640,000	
PFM	11-May-23	1.14	MTN-C	Chevron Corp		250,000	
Wells Cap	11-May-23	0.75	MTN-C	Apple, Inc		800,000	
PFM	15-May-23	0.13	U.S. Govt Agency	US Treasury Bill		200,000	
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill		1,100,000	
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill		1,000,000	
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill		630,000	
Wells Cap	15-May-23	3.10	MTN-C	State Street Corp		359,000	
Wells Cap	16-May-23	2.66	MTN-C	Bank of Ny Mtn		300,000	
Wells Cap	22-May-23	0.25	U.S. Govt Agency	FNMA		700,000	
PFM	24-May-23	0.50	Supra-National Age	Inter Amer Bk		915,000	
PFM	3-Jun-23	0.80	MTN-C	Amazon Com Inc		445,000	
PFM	8-Jun-23	0.80	MTN-C	Paccar Financial Mtn		140,000	
PFM	30-Jun-23	0.13	U.S. Govt Agency	US Treasury Bill		2,100,000	
PFM	1-Jul-23	1.09	Municipal	Port Auth NY		245,000	
Wells Cap	1-Jul-23	1.89	Municipal	San Francisco		1,070,000	
PFM	5-Jul-23	0.70	MTN-C	John Deere Mtn		230,000	
PFM	5-Jul-23	0.70	MTN-C	John Deere Mtn		295,000	
PFM	10-Jul-23	0.25	U.S. Govt Agency	FNMA		1,710,000	
Wells Cap	15-Jul-23	0.65	MTN-C	Intuit Inc		800,000	
PFM	24-Jul-23	2.91	MTN-C	Goldman Sachs		900,000	
PFM	25-Jul-23	3.20	ABS	FHLMC		10,875	
PFM	1-Aug-23	2.00	Municipal	Chaffey Ca		265,000	
PFM	1-Aug-23	2.00	Municipal	San Diego Ca Community		165,000	
PFM	1-Aug-23	1.97	Municipal	Tamalpais Ca Union		370,000	
Wells Cap	1-Aug-23	0.98	Municipal	Carson Ca Redev Ag		300,000	
Wells Cap	1-Aug-23	1.30	Municipal	Desert Sands Ca		315,000	
Wells Cap	1-Aug-23	0.58	Municipal	Palomar Ca		700,000	
Wells Cap	1-Aug-23	0.68	Municipal	Upper Santa Clara		1,100,000	
Wells Cap	11-Aug-23	0.43	MTN-C	Chevron USA Inc		1,300,000	
PFM	21-Aug-23	0.74	ABS	GM Fin Auto Lease		215,000	
Wells Cap	31-Aug-23	2.75	U.S. Govt Agency	US Treasury Bill		1,240,000	
PFM	1-Sep-23	2.13	Municipal	San Jose Ca Ref		765,000	
Wells Cap	8-Sep-23	0.25	U.S. Govt Agency	FHLMC		500,000	
PFM	20-Sep-23	3.45	MTN-C	Toyota Motor		550,000	
PFM	30-Sep-23	1.38	U.S. Govt Agency	US Treasury Bill		905,000	
PFM	10-Oct-23	3.63	MTN-C	American Honda Mtn		395,000	
PFM	16-Oct-23	0.00	ABS	Nissann Auto Lease		245,000	
Wells Cap	31-Oct-23	3.00	U.S. Govt Agency	US Treasury Bill		550,000	
PFM	13-Nov-23	0.54	MTN-C	Bristol Myers Squibb		280,000	
PFM	15-Nov-23	0.25	U.S. Govt Agency	US Treasury Bill		1,000,000	
PFM	15-Nov-23	2.51	ABS	Capital One Prime		157,030	
PFM	15-Nov-23	0.25	U.S. Govt Agency	US Treasury Bill		350,000	
PFM	24-Nov-23	0.25	Supra-National Age	Intl Bk		1,265,000	

PFM	25-Nov-23	3.06	U.S. Govt Agency	FHLMC	415,000
Wells Cap	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill	145,000
Wells Cap	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill	700,000
PFM	4-Dec-23	0.25	U.S. Govt Agency	FHLMC	595,000
PFM	31-Dec-23	2.25	U.S. Govt Agency	US Treasury Bill	2,195,000
Wells Cap	1-Jan-24	2.12	Municipal	New York ST	585,000
PFM	15-Jan-24	0.13	U.S. Govt Agency	US Treasury Bill	910,000
PFM	23-Jan-24	3.50	MTN-C	PNC Financial	395,000
PFM	25-Jan-24	0.40	ABS	BMW Auto Leasing LLC	215,000
PFM	25-Jan-24	0.53	MTN-C	Morgan Stanley	335,000
Wells Cap	31-Jan-24	2.50	U.S. Govt Agency	US Treasury Bill	3,575,000
Wells Cap	2-Feb-24	0.35	MTN-C	Paccar Financial Mtn	1,000,000
Wells Cap	8-Feb-24	0.35	MTN-C	National Rural	1,400,000
PFM	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	1,470,000
PFM	7-Mar-24	2.90	MTN-C	Merck Co Inc.	405,000
PFM	7-Mar-24	3.25	MTN-C	Unilever Capital	200,000
PFM	15-Mar-24	2.95	MTN-C	Pfizer Inc.	465,000
PFM	16-Mar-24	0.70	MTN-C	JP Morgan	215,000
PFM	18-Mar-24	0.75	MTN-C	Schwab Charles	90,000
Wells Cap	18-Mar-24	0.75	MTN-C	Schwab Charles	1,625,000
Wells Cap	22-Mar-24	0.75	MTN-C	Verizon	730,000
PFM	25-Mar-24	3.35	U.S. Govt Agency	FNMA	315,550
PFM	1-Apr-24	3.38	MTN-C	Mastercard Inc.	395,000
PFM	5-Apr-24	0.73	MTN-C	Morgan Stanley	230,000
Wells Cap	5-Apr-24	0.73	MTN-C	Morgan Stanley	700,000
PFM	15-Apr-24	3.70	MTN-C	Comcast Corp	395,000
PFM	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn	170,000
Wells Cap	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn	1,000,000
PFM	30-Apr-24	2.00	U.S. Govt Agency	US Treasury Bill	1,285,000
Wells Cap	30-Apr-24	2.25	U.S. Govt Agency	US Treasury Bill	500,000
Wells Cap	1-May-24	0.36	Municipal	Wisconsin ST	1,320,000
Wells Cap	1-May-24	0.43	Municipal	Wisconsin ST	500,000
PFM	12-May-24	0.45	MTN-C	Amazon Com Inc	250,000
Wells Cap	12-May-24	0.45	MTN-C	Amazon Com Inc	875,000
PFM	15-May-24	0.55	MTN-C	JP Morgan	195,000
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	950,000
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	425,000
Wells Cap	15-May-24	0.58	Municipal	University Ca	1,000,000
PFM	20-May-24	0.00	ABS	GM Fin Auto Lease	445,000
Wells Cap	20-May-24	0.00	ABS	GM Fin Auto Lease	1,175,000
PFM	28-May-24	0.70	MTN-C	Astrazeneca LP	300,000
Wells Cap	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	3,710,000
Wells Cap	1-Jun-24	0.59	Municipal	Orange Ca	500,000
Wells Cap	1-Jun-24	0.64	Municipal	Torrance Ca	1,450,000
PFM	15-Jun-24	0.25	U.S. Govt Agency	US Treasury Bill	865,000
Wells Cap	15-Jun-24	0.52	Municipal	Louisiana ST	500,000
Wells Cap	30-Jun-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Jul-24	1.96	Municipal	Arizona ST	675,000
PFM	1-Jul-24	2.00	Municipal	Connecticut ST	150,000
PFM	1-Jul-24	0.62	Municipal	Wisconsin ST	470,000
Wells Cap	1-Jul-24	0.63	Municipal	El Segundo Ca	510,000
Wells Cap	1-Jul-24	5.00	Municipal	Los Angeles Calif Ca	1,500,000
PFM	15-Jul-24	0.00	MTN-C	Nissan Auto	149,230
PFM	30-Jul-24	2.40	MTN-C	US Bancorp	415,000
PFM	1-Aug-24	0.51	Municipal	Maryland ST	355,000
PFM	1-Aug-24	2.05	Municipal	San Diego Ca Community	80,000
PFM	1-Aug-24	0.70	Municipal	San Juan Ca	195,000
PFM	1-Aug-24	2.02	Municipal	Tamalpais Ca Union	305,000
PFM	9-Aug-24	0.75	ABS	American Honda Mtn	190,000
PFM	12-Aug-24	0.75	ABS	BMW US Cap LLC	120,000
PFM	12-Aug-24	0.75	ABS	BMW US Cap LLC	220,000
PFM	12-Aug-24	0.63	MTN-C	Unilever Capital	100,000
PFM	15-Aug-24	2.30	MTN-C	Honeywell	330,000
PFM	15-Aug-24	2.15	MTN-C	Paccar Financial Mtn	210,000
Wells Cap	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000
PFM	30-Aug-24	1.75	MTN-C	Walt Disney Co	780,000
PFM	10-Sep-24	0.63	MTN-C	Deere John Mtn	85,000
Wells Cap	13-Sep-24	0.60	MTN-C	Caterpillar Finl Mtn	500,000
PFM	14-Sep-24	0.61	MTN-C	Nestle Holdings	640,000
PFM	23-Sep-24	0.50	Supra-National Age	Inter Amer Bk	870,000
PFM	15-Oct-24	0.70	ABS	Toyota Auto Recvs	320,000
PFM	18-Oct-24	0.37	ABS	Honda Auto	375,000
PFM	24-Oct-24	2.10	MTN-C	Bank of NY	150,000
PFM	25-Oct-24	0.85	MTN-C	Bank of Ny Mtn	390,000
PFM	25-Oct-24	0.00	ABS	BMW Vehicle Owner	169,767
PFM	30-Oct-24	0.78	MTN-C	Citigroup Inc	445,000
PFM	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Wells Cap	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000
PFM	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	850,000
Wells Cap	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000
Wells Cap	15-Nov-24	1.60	ABS	Capital One Prime	835,424
PFM	30-Nov-24	1.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	30-Nov-24	1.50	U.S. Govt Agency	US Treasury Bill	700,000

Wells Cap	5-Dec-24	4.02	MTN-C	JP Morgan	1,050,000
Wells Cap	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000
PFM	15-Dec-24	0.00	ABS	Hyundai Auto	290,000
Wells Cap	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000
Wells Cap	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	7-Jan-25	1.63	U.S. Govt Agency	FNMA	1,510,000
Wells Cap	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000
Wells Cap	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000
PFM	25-Jan-25	0.53	U.S. Govt Agency	FHLMC	333,759
PFM	12-Feb-25	1.50	U.S. Govt Agency	FHLMC	1,000,000
PFM	13-Feb-25	1.80	MTN-C	Toyota Motor	420,000
PFM	14-Feb-25	1.75	MTN-C	Novartis Capital	425,000
PFM	20-Feb-25	0.00	MTN-C	Verizon Owner	455,000
PFM	1-Mar-25	2.90	MTN-C	Lockheed Martin	205,000
PFM	1-Mar-25	5.00	Municipal	California ST	185,000
PFM	15-Mar-25	0.00	ABS	Carmax Auto Owner	280,000
PFM	1-Apr-25	3.25	MTN-C	General Dynamics	395,000
Wells Cap	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000
PFM	14-Apr-25	0.50	U.S. Govt Agency	FHLB	1,340,000
PFM	22-Apr-25	0.63	U.S. Govt Agency	FNMA	1,530,000
PFM	1-May-25	0.98	MTN-C	Citigroup Inc	440,000
Wells Cap	1-May-25	0.74	Municipal	San Diego County	300,000
PFM	11-May-25	1.13	MTN-C	Apple, Inc	655,000
PFM	15-May-25	0.93	Municipal	University Calf Ca	185,000
Wells Cap	15-May-25	0.00	ABS	Toyota Auto Recvs	1,000,000
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000
PFM	1-Jun-25	1.35	MTN-C	Honeywell	180,000
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	725,000
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	275,000
Wells Cap	1-Jun-25	0.92	Municipal	Connecticut ST	400,000
PFM	17-Jun-25	0.50	U.S. Govt Agency	FNMA	1,800,000
Wells Cap	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000
Wells Cap	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000
PFM	1-Jul-25	0.77	Municipal	Wisconsin ST	440,000
PFM	21-Jul-25	0.50	ABS	GM Financial	100,000
PFM	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	520,000
Wells Cap	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000
PFM	31-Jul-25	0.25	U.S. Govt Agency	US Treasury Bill	185,000
PFM	1-Aug-25	0.77	Municipal	Los Angeles Ca	335,000
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000
PFM	15-Aug-25	0.78	ABS	Carmax Auto Owner	215,000
PFM	15-Aug-25	0.62	ABS	Kubota Credit	195,000
PFM	15-Aug-25	3.88	MTN-C	Bristol Myers Squibb	102,000
Wells Cap	15-Aug-25	0.00	ABS	Honda Auto Rec Own	1,350,000
Wells Cap	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000
Wells Cap	31-Aug-25	0.25	U.S. Govt Agency	US Treasury Bill	250,000
Wells Cap	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000
PFM	15-Sep-25	0.00	ABS	Hyundai Auto	190,000
PFM	15-Sep-25	3.88	MTN-C	Abbott Laboratories	195,000
Wells Cap	15-Sep-25	0.36	ABS	John Deere Owner	685,000
Wells Cap	15-Sep-25	0.50	ABS	Santander Drive	1,800,000
PFM	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	835,000
Wells Cap	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000
Wells Cap	25-Sep-25	0.98	MTN-C	Bk of America	1,300,000
Wells Cap	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000
Wells Cap	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000
PFM	17-Nov-25	0.56	ABS	Kubota Credit	165,000
Wells Cap	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	1,200,000
Wells Cap	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	1,350,000
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	140,000
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	445,000
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	950,000
PFM	31-Dec-25	2.63	U.S. Govt Agency	US Treasury Bill	2,000,000
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	285,000
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	435,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,900,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	450,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,875,000
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	550,000
Wells Cap	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	240,000
Wells Cap	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000
Wells Cap	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	280,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	600,000

PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000	
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
Wells Cap	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,210,000	
Wells Cap	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000	
Wells Cap	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000	
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	405,000	
PFM	16-Nov-26	0.00	ABS	Capital One Multi	640,000	
Wells Cap	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	1,100,000	
Wells Cap	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	900,000	
PFM	15-Sep-28	0.00	MTN-C	Discover Card Exe	495,000	
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	500,000	
PFM	20-Jul-32	0.00	ABS	Toyota Lease Owner	235,000	
						$ 290,705,917

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2021

	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
Self-insurance trust							
Wells Cap			Money market		110900	1,312,186	
Wells Cap			Fixed income - L/T		152300	2,004,238	
							3,316,424
2012 revenue bonds							
US Bank			Project fund		152438	-	
US Bank			Principal/Interest payment fund		142112	2,320,677	
							2,320,677
2015A revenue bonds							
US Bank			Principal/Interest payment fund		142115	175,384	
							175,384
2015B revenue bonds							
US Bank			Principal/Interest payment fund		142116	345,082	
US Bank			Project Fund		152442	11,677,509	
							12,022,592
2017A/B revenue bonds							
US Bank			Principal/Interest payment fund		142117	465,002	
							465,002
2017C revenue bonds							
US Bank			Principal/Interest payment fund		142118	2,190,692	
							2,190,692
2020 revenue bonds							
Signature Bank			Project Fund		152446	10,626,200	
US Bank			Principal/Interest payment fund		142113	520,720	
							11,146,920
2014 general obligation bonds							
LAIF			Interest Payment fund		152440	1,523,811	
							1,523,811
Operations							
Wells Fargo Bank	(Checking)	0.16	Checking		100000	(2,300,294)	
Wells Fargo Bank	(Savings)	0.16	Checking		100500	5,907,808	
						3,607,514	
Payroll							
Wells Fargo Bank	(Checking)	0.16	Checking		100100	(144,648)	
Wells Fargo Bank	(Checking)	0.16	Checking	Flexible Spending	100201	661,375	
Wells Fargo Bank	(Checking)	0.16	Checking	HSA	100200	4,679	
Wells Fargo Bank			Checking	Resident Fund	100205	1,900	
Bancorp	(Checking)		Checking		100202	46,769	
						570,074	
							4,177,588
					Total investments		**$ 328,045,008**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2021

Kaweah Delta Medical Foundation

Wells Fargo Bank		Checking	100050		**$ 9,350,676**

Sequoia Regional Cancer Center

Wells Fargo Bank	(Medical)	Checking	100535	$ 227,705	
					$ 227,705

Kaweah Delta Hospital Foundation

VCB Checking	Investments	100501	$ 928,876	
Various	S/T Investments	142200	6,978,076	
Various	L/T Investments	142300	11,573,215	
Various	Unrealized G/L	142400	3,605,194	
				$ 23,085,360

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	$ 232,859,752	142100	
Committed for capital	26,662,670	142100	
	259,522,422		
GO Bond reserve - L/T	1,992,658	142100	
401k Matching	4,735,542	142100	
Cost report settlement - current	2,135,384	142104	
Cost report settlement - L/T	1,312,727	142100	
	3,448,111		
Development fund/Memorial fund	104,184	112300	
Workers compensation - current	5,625,000	112900	
Workers compensation - L/T	15,278,000	113900	
	20,903,000		
	$ 290,705,917		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	$ 46,769	0.0%		46,769	0.0%
CAMP	26,953,118	8.2%		26,953,118	9.1%
Local Agency Investment Fund (LAIF)	81,608,166	24.9%		81,608,166	27.7%
Local Agency Investment Fund (LAIF) - GOB Tax Rev	1,523,811	0.5%	1,523,811	-	0.0%
Wells Cap	94,665,638	28.9%	3,316,424	91,349,214	31.0%
PFM	87,742,731	26.7%		87,742,731	29.8%
Torrey Pines Bank	3,052,688	0.9%		3,052,688	1.0%
Wells Fargo Bank	4,130,819	1.3%		4,130,819	1.4%
Signature Bank	10,626,200	3.2%	10,626,200		0.0%
US Bank	17,695,068	5.4%	17,695,068		0.0%
Total investments	$ 328,045,008	100.0%	$ 33,161,503	$ 294,883,505	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2021

Investment summary of surplus funds by type:		**Investment Limitations**	
Negotiable and other certificates of deposit	$ 4,347,688	$ 88,465,000	(30%)
Checking accounts	4,177,588		
Local Agency Investment Fund (LAIF)	81,608,166	65,000,000	
CAMP	26,953,118		
Medium-term notes (corporate) (MTN-C)	44,130,230	88,465,000	(30%)
U.S. government agency	89,359,414		
Municipal securities	25,635,000		
Money market accounts	1,612,944	58,977,000	(20%)
Asset Backed Securties	13,389,358	58,977,000	(20%)
Supra-National Agency	3,670,000	88,465,000	(30%)
	$ 294,883,505		

Return on investment:

Current month	**2.15%**
Year-to-date	**1.17%**
Prospective	**0.82%**
LAIF (year-to-date)	**0.21%**
Budget	**1.65%**

Fair market value disclosure for the quarter ended December 31, 2021 (District only):	**Quarter-to-date**	**Year-to-date**
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	$ 3,889,251
Change in unrealized gain (loss) on investments (income statement effect)	$ 1,736,344	$ 998,374

Investment summary of CDs:

Credit Suisse Ag CD	$ 665,000
Dnb Bank Asa Ny CD	630,000
Torrey Pines Bank	3,052,688
	$ 4,347,688

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2021

Investment summary of asset backed securities:

American Honda Mtn	$	190,000
BMW Vehicle Owner		169,767
BMW Auto Leasing LLC		215,000
BMW US Cap LLC		340,000
Capital One Multi		640,000
Capital One Prime		992,454
Carmax Auto Owner		1,470,000
FHLMC		544,377
Gm Fin Auto Lease		1,835,000
Gm Financial		100,000
Honda Auto		375,000
Honda Auto Rec Own		1,350,000
Hyundai Auto		480,000
John Deere Owner		685,000
Kubota Credit		360,000
Nissann Auto Lease		245,000
Santander Drive		1,800,000
Toyota Auto		42,760
Toyota Auto Recvs		1,320,000
Toyota Lease Owner		235,000
	$	13,389,358

Investment summary of medium-term notes (corporate):

Abbott Laboratories	$	195,000
Amazon Com Inc		1,570,000
American Express Co		445,000
American Honda Mtn		395,000
Apple, Inc		1,455,000
Astrazeneca LP		565,000
Bank of America		640,000
Bank of NY		150,000
Bank of NY Mtn		1,860,000
Bk of America		1,300,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		382,000
Caterpillar Finl Mtn		2,170,000
Chevron Corp		250,000
Chevron USA Inc		1,300,000
Citigroup		750,000
Citigroup Inc		885,000
Comcast Corp		395,000
Deere John Mtn		85,000
Discover Card Exe		495,000
Emerson Electric Co		265,000
Exxon Mobil		1,320,000
General Dynamics		395,000
Goldman Sachs		1,105,000
Honeywell		510,000
IBM Corp		410,000
Intel Corp		415,000
Intuit Inc		800,000
John Deere Mtn		1,750,000
JP Morgan		2,875,000
Lockheed Martin		610,000
Mastercard Inc.		395,000
Merck Co Inc.		405,000
Morgan Stanley		1,265,000
National Rural		1,400,000
Nestle Holdings		640,000
Nissan Auto		149,230
Novartis Capital		425,000
Paccar Financial Mtn		1,725,000
Pfizer Inc.		465,000
PNC Financial		395,000
Procter Gamble Co		1,300,000
Schwab Charles		1,715,000
State Street Corp		359,000
Toyota Motor		2,370,000
Unilever Capital		300,000
US Bancorp		415,000
US Bank NA		1,400,000
Verizon		730,000
Verizon Owner		455,000
Walt Disney Co		780,000
	$	44,130,230

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
December 31, 2021

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	$	11,375,655
Federal Home Loan Bank (FHLB)		1,865,000
Federal Home Loan Mortgage Corp (FHLMC)		7,773,759
US Treasury Bill		68,345,000
	$	89,359,414

Investment summary of municipal securities:

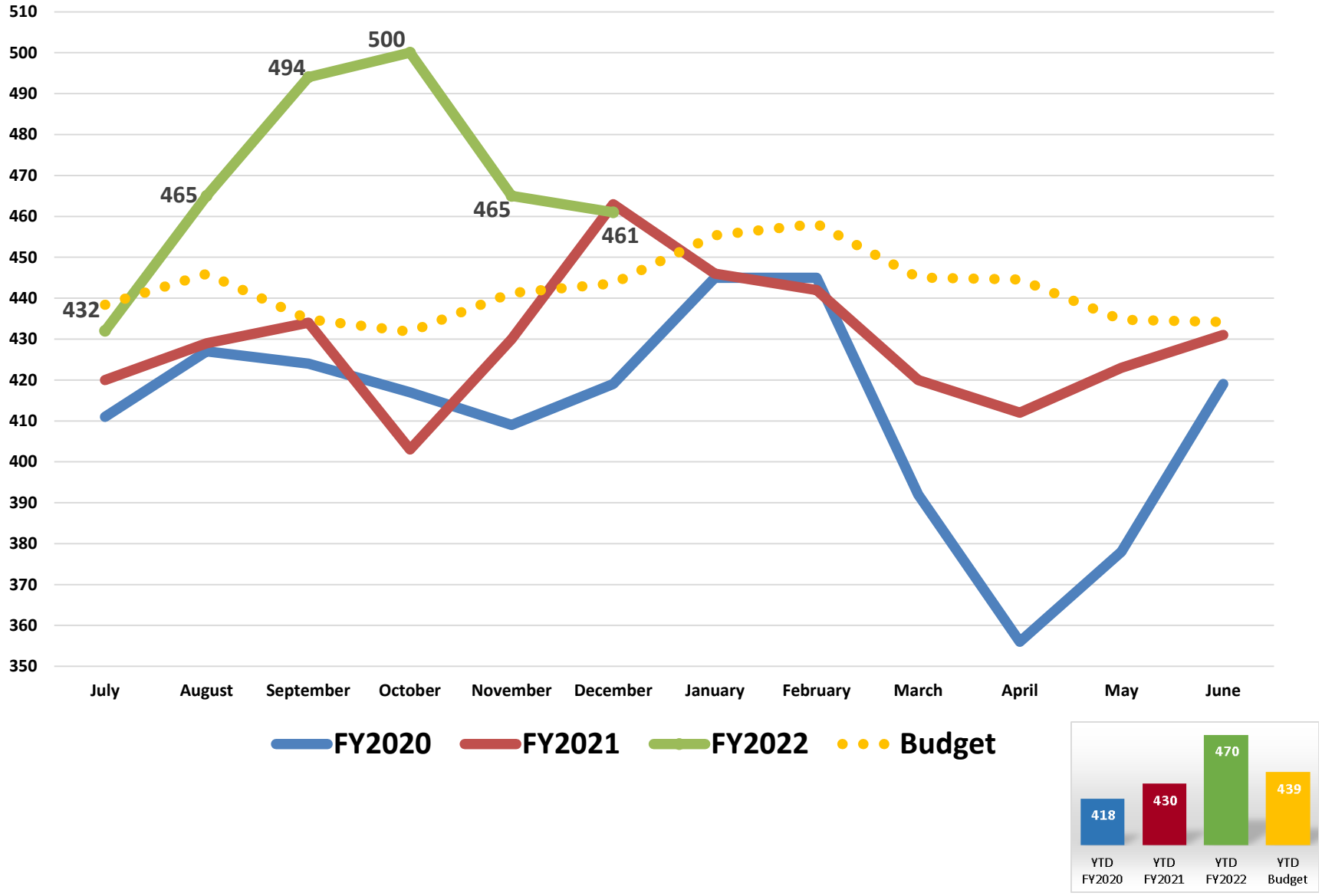
Arizona ST	$	675,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California ST		185,000
Carson Ca Redev Ag		300,000
Chaffey Ca		265,000
Connecticut ST		550,000
Desert Sands Ca		315,000
El Segundo Ca		510,000
Florida ST		600,000
Foothill Ca		850,000
Los Angeles Ca		605,000
Los Angeles Calif Ca		1,500,000
Louisiana ST		500,000
Maryland ST		355,000
Mississippi ST		300,000
New York ST		585,000
Ohlone Ca Cmnty		800,000
Orange Ca		500,000
Oregon ST		1,000,000
Palomar Ca		700,000
Port Auth NY		245,000
Poway Ca Unif Sch		565,000
San Diego Ca		1,300,000
San Diego Ca Community		245,000
San Diego County		1,575,000
San Francisco		1,070,000
San Jose Ca Ref		765,000
San Juan Ca		385,000
Tamalpais Ca Union		675,000
Torrance Ca		1,450,000
University Ca		1,000,000
University Calf Ca		185,000
Upper Santa Clara		1,100,000
Wisconsin ST		2,730,000
	$	25,635,000

Investment summary of Supra-National Agency:

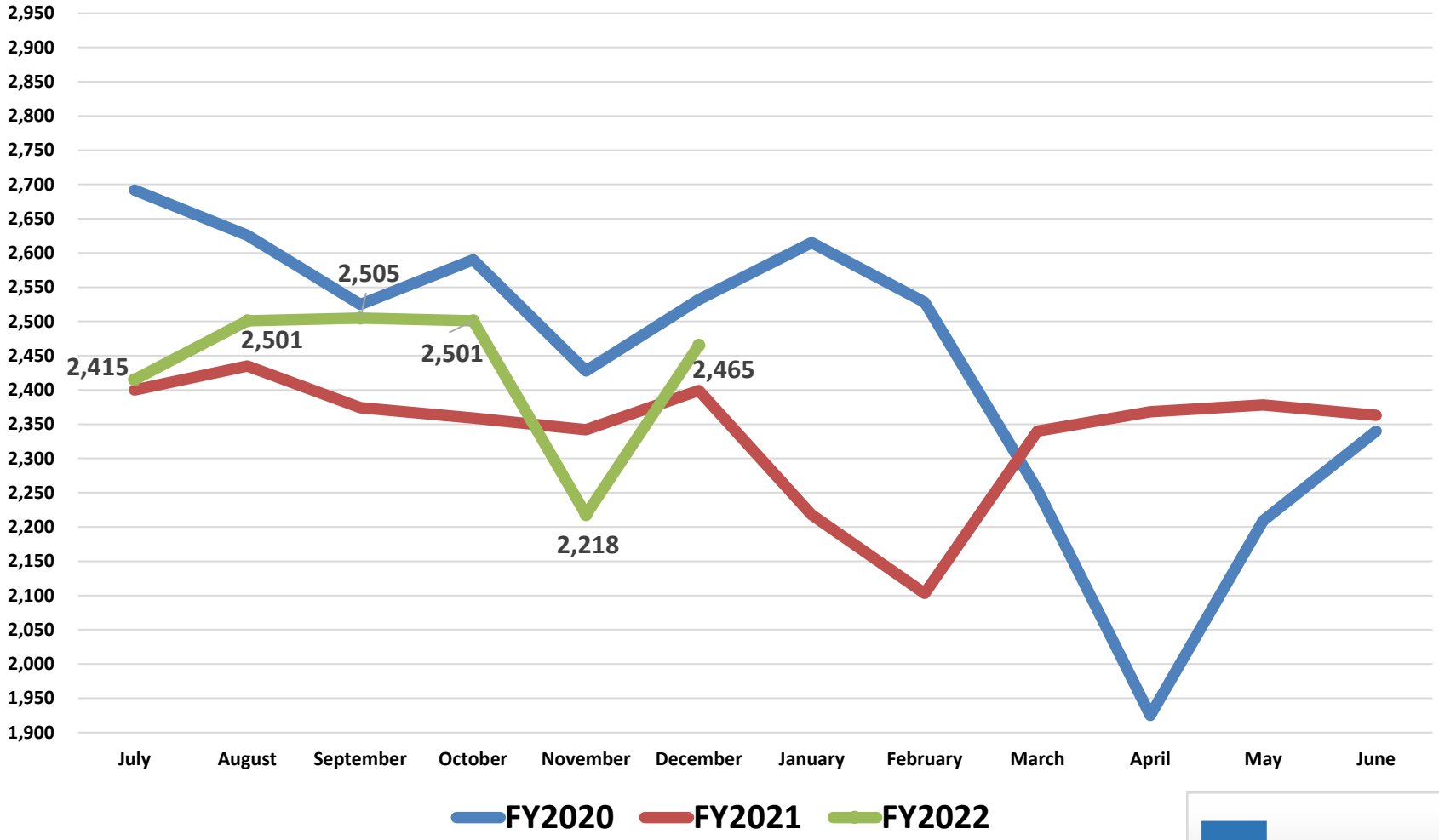
Inter Amer Bk	$	1,785,000
Intl Bk	$	1,885,000
	$	3,670,000

Statistical Report
January 2021

Average Daily Census



Admissions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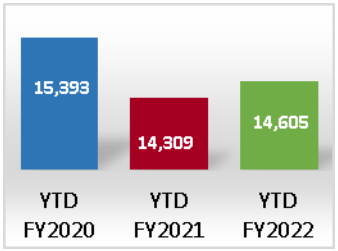
2,505
2,501
2,501
2,415
2,465
2,218
July
August
September
October
November
December
January
February
March
April
May
June
FY2020
FY2021
FY2022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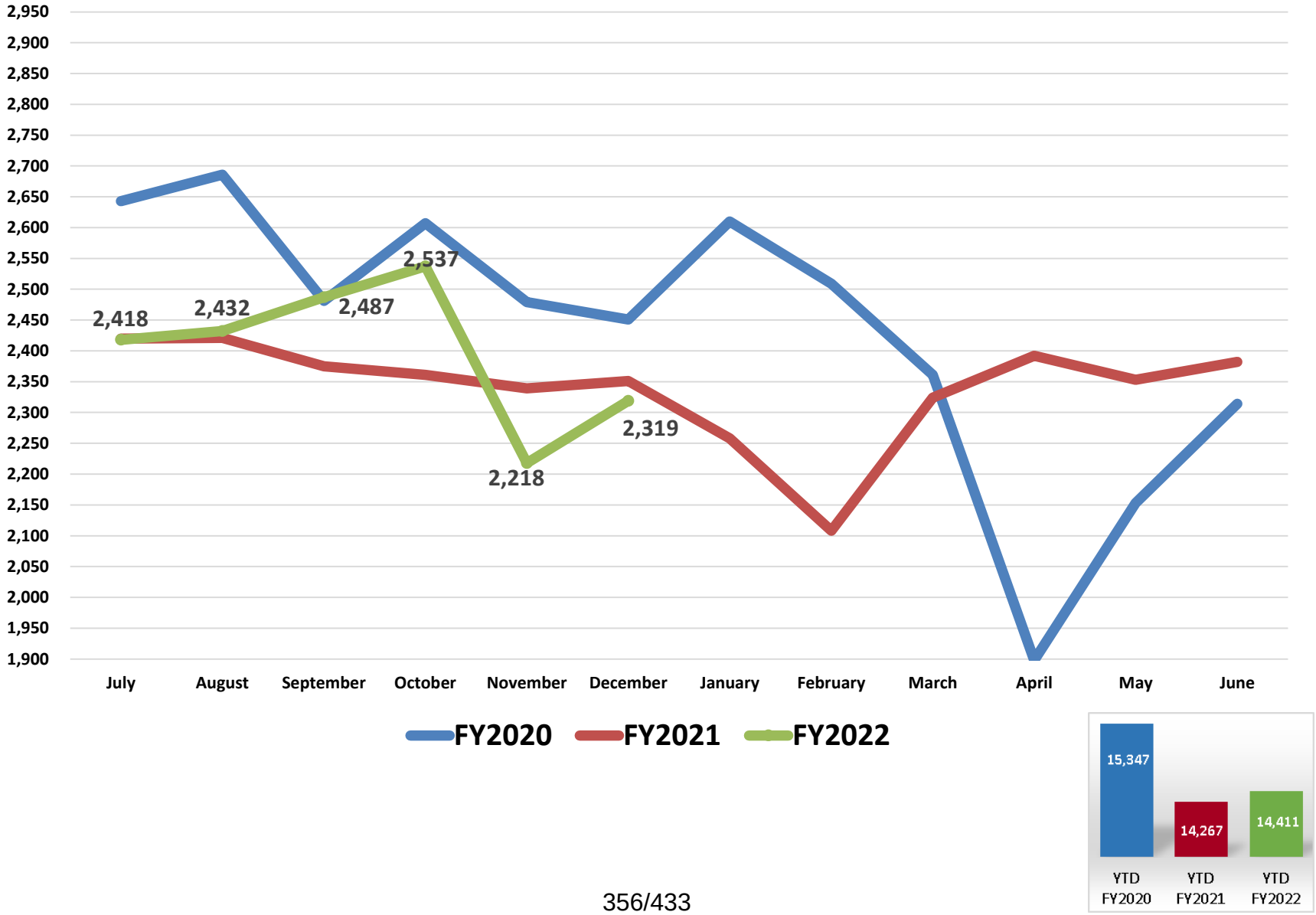
14,605
YTD FY2020
YTD FY2021
YTD FY2022

Discharges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December
January
February
March
April
May
June
FY2020
FY2021
FY2022
15,347
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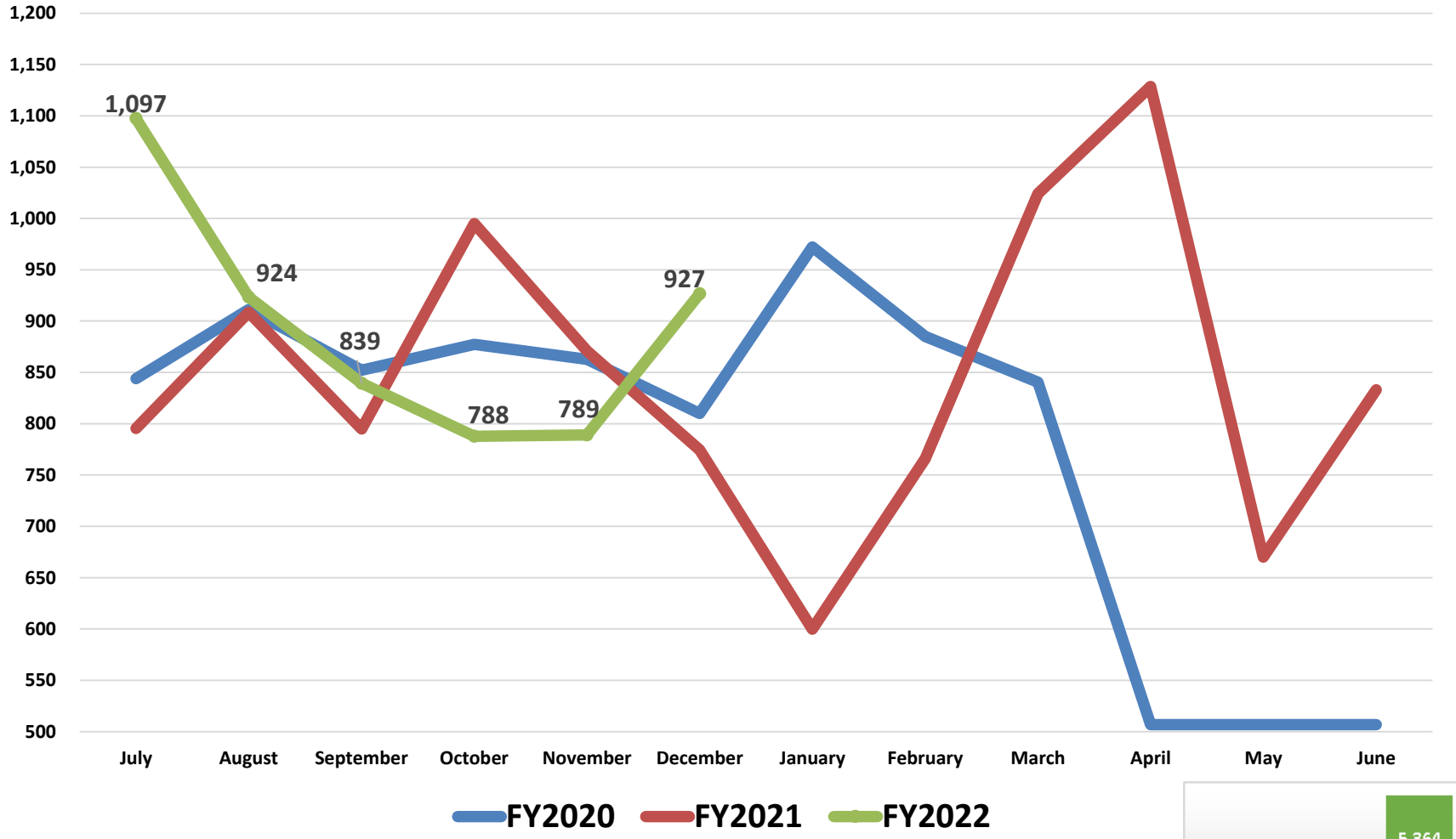
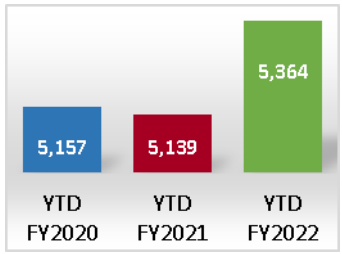
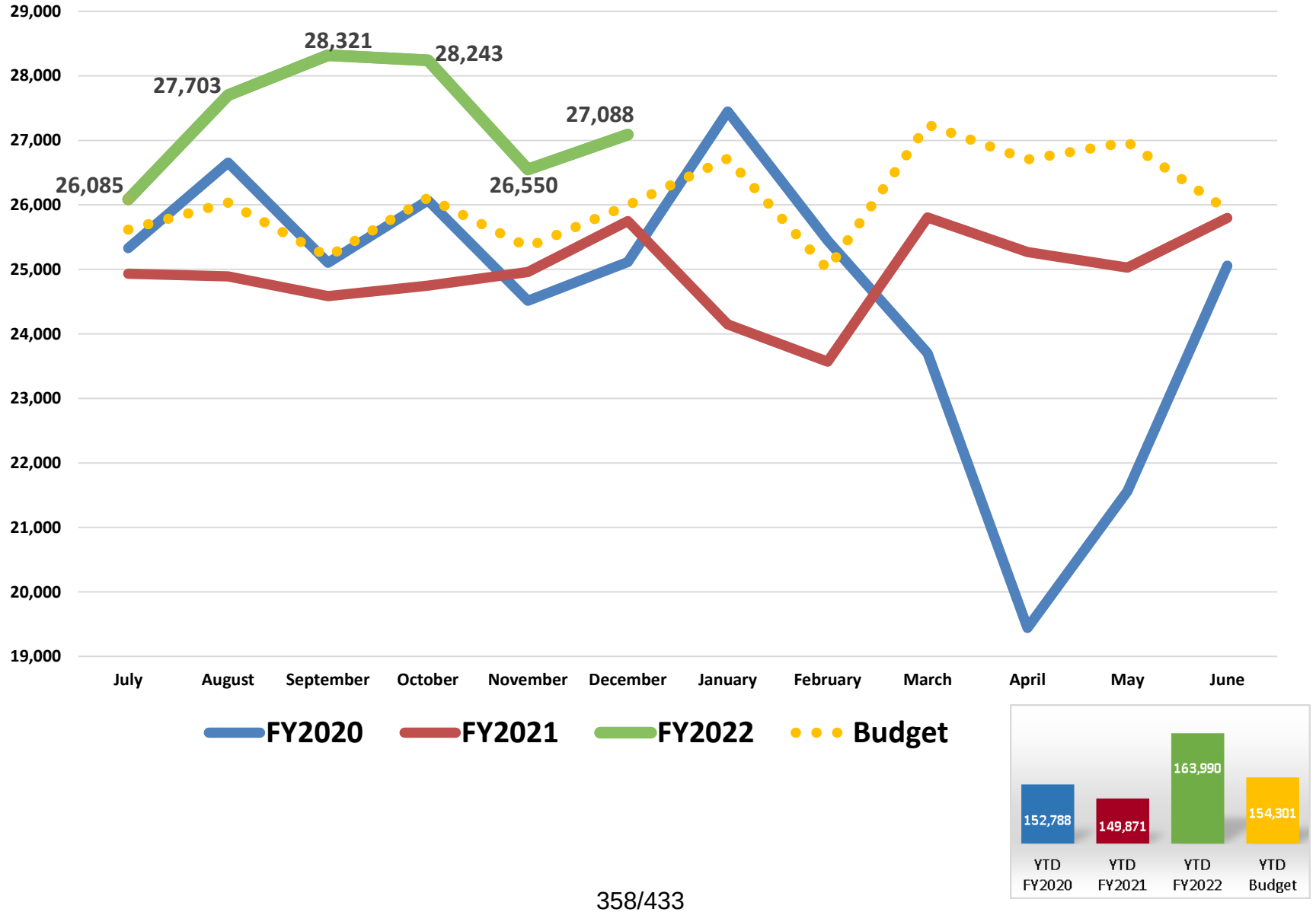
YTD FY2020
YTD FY2021
YTD FY2022

Observation Days

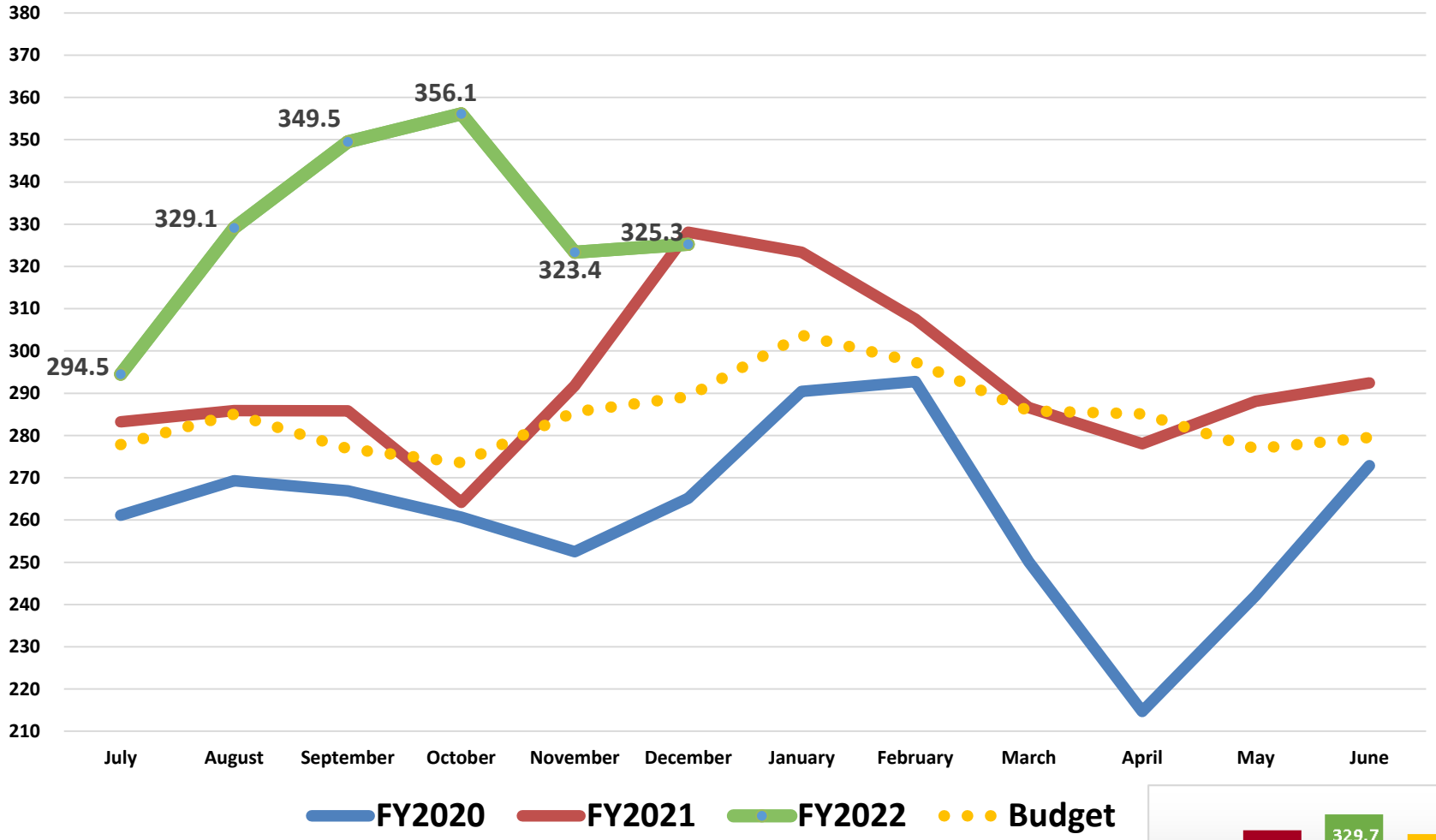


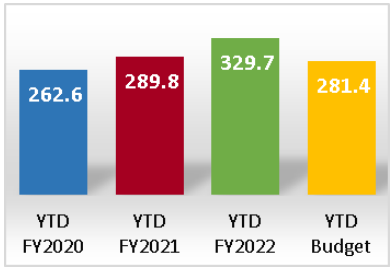


Adjusted Patient Days

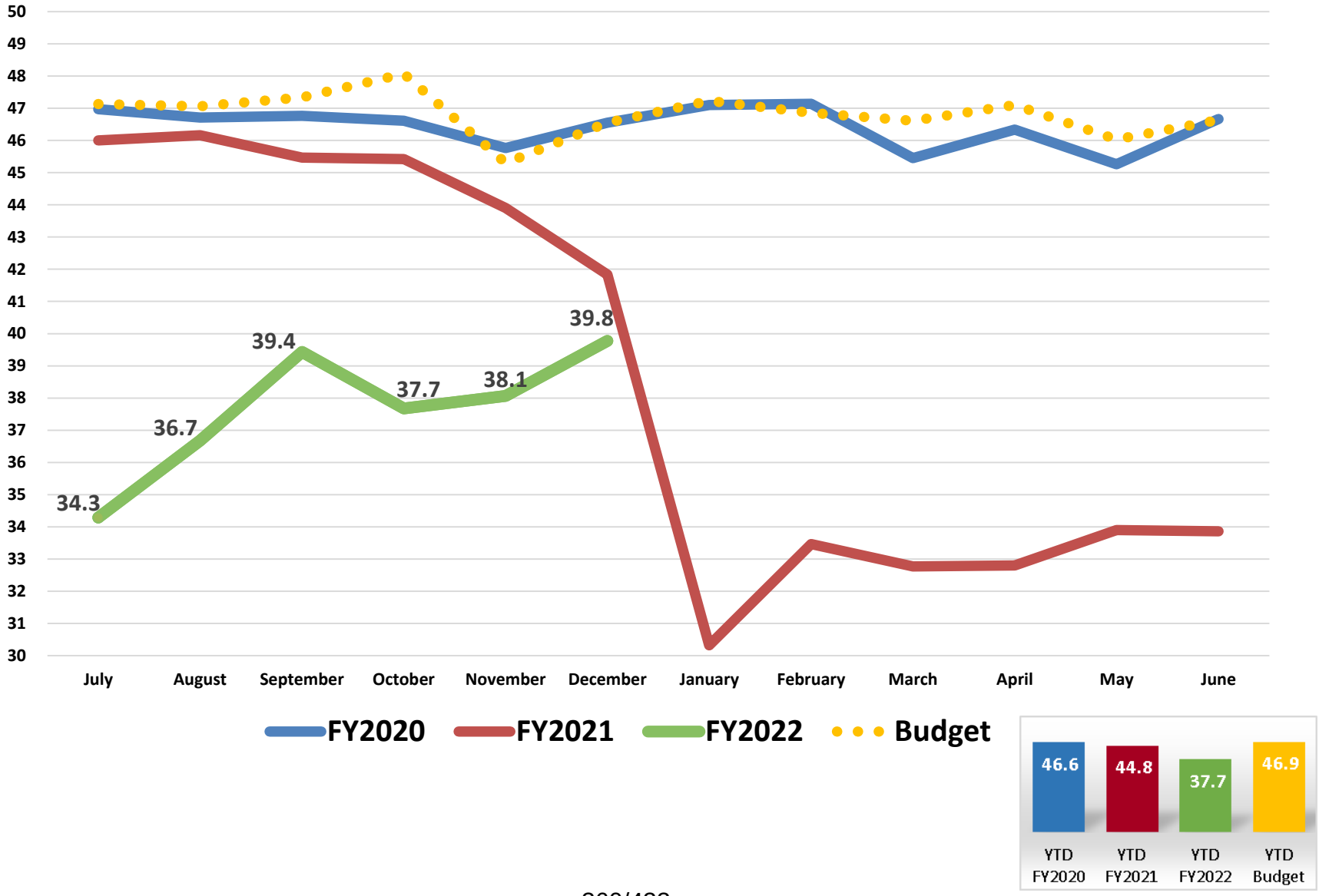


Medical Center – Avg. Patients Per Day

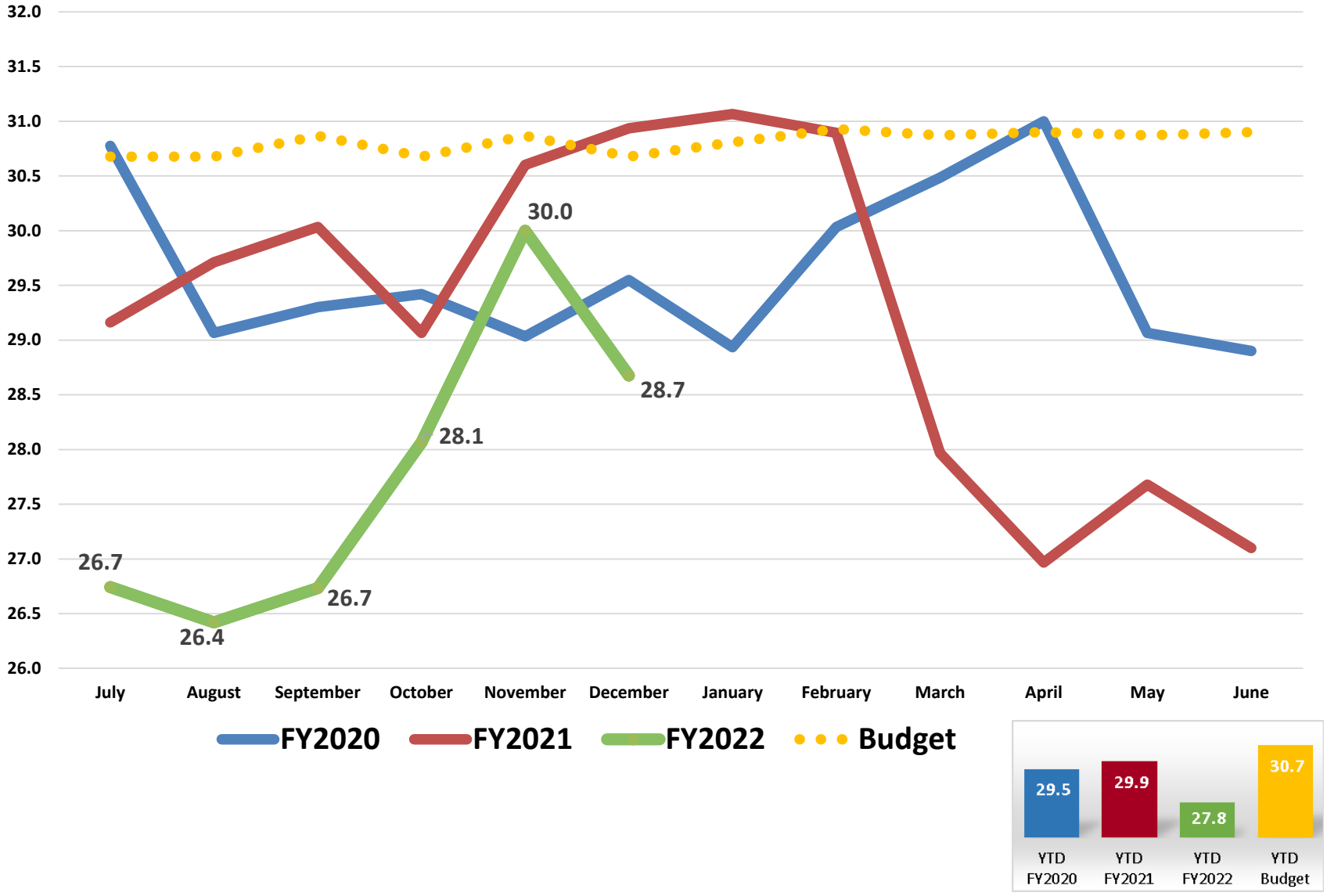




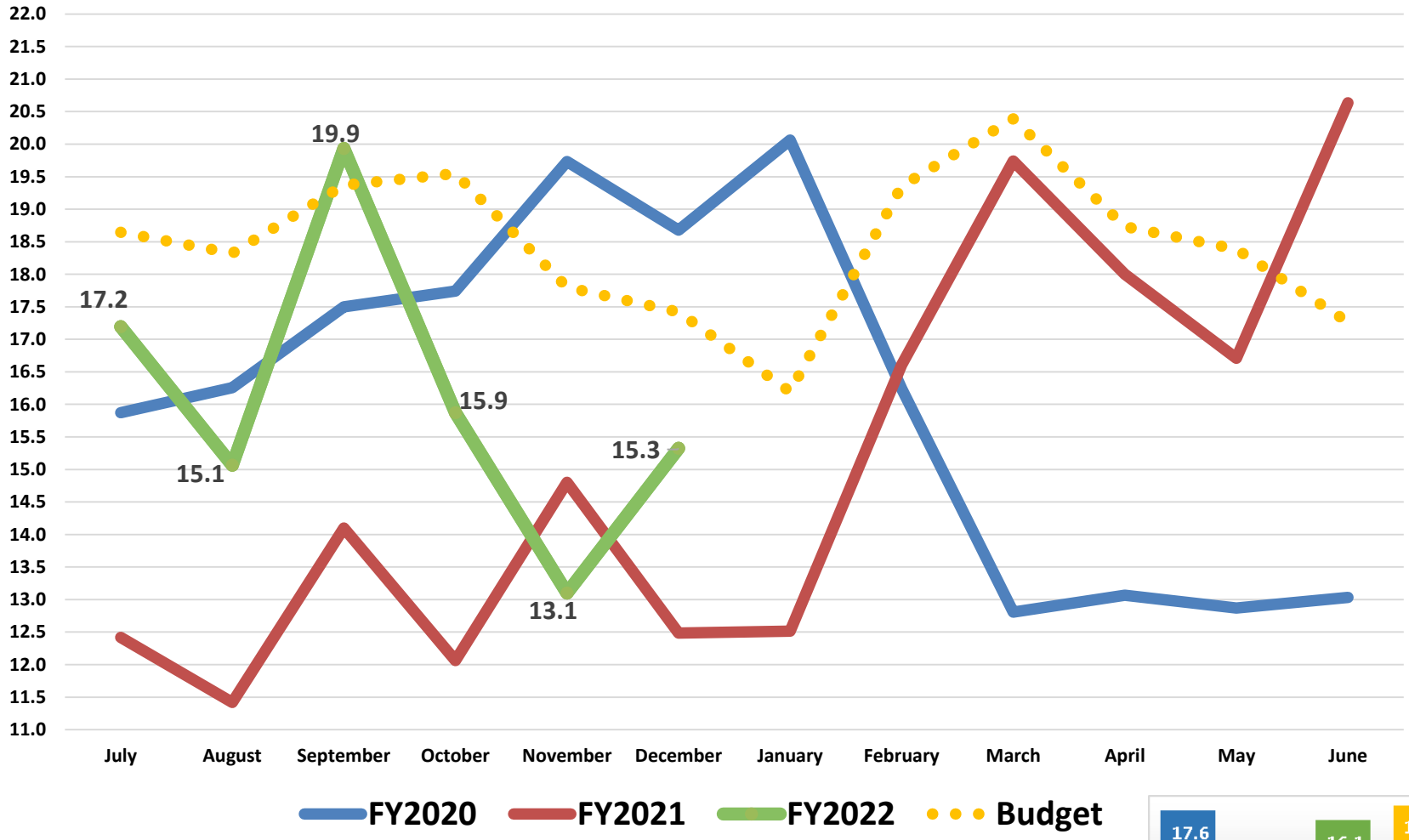
Acute I/P Psych - Avg. Patients Per Day

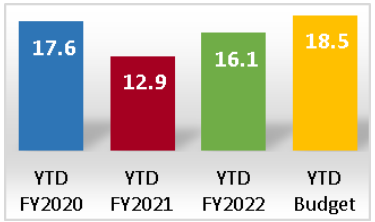


Sub-Acute - Avg. Patients Per Day

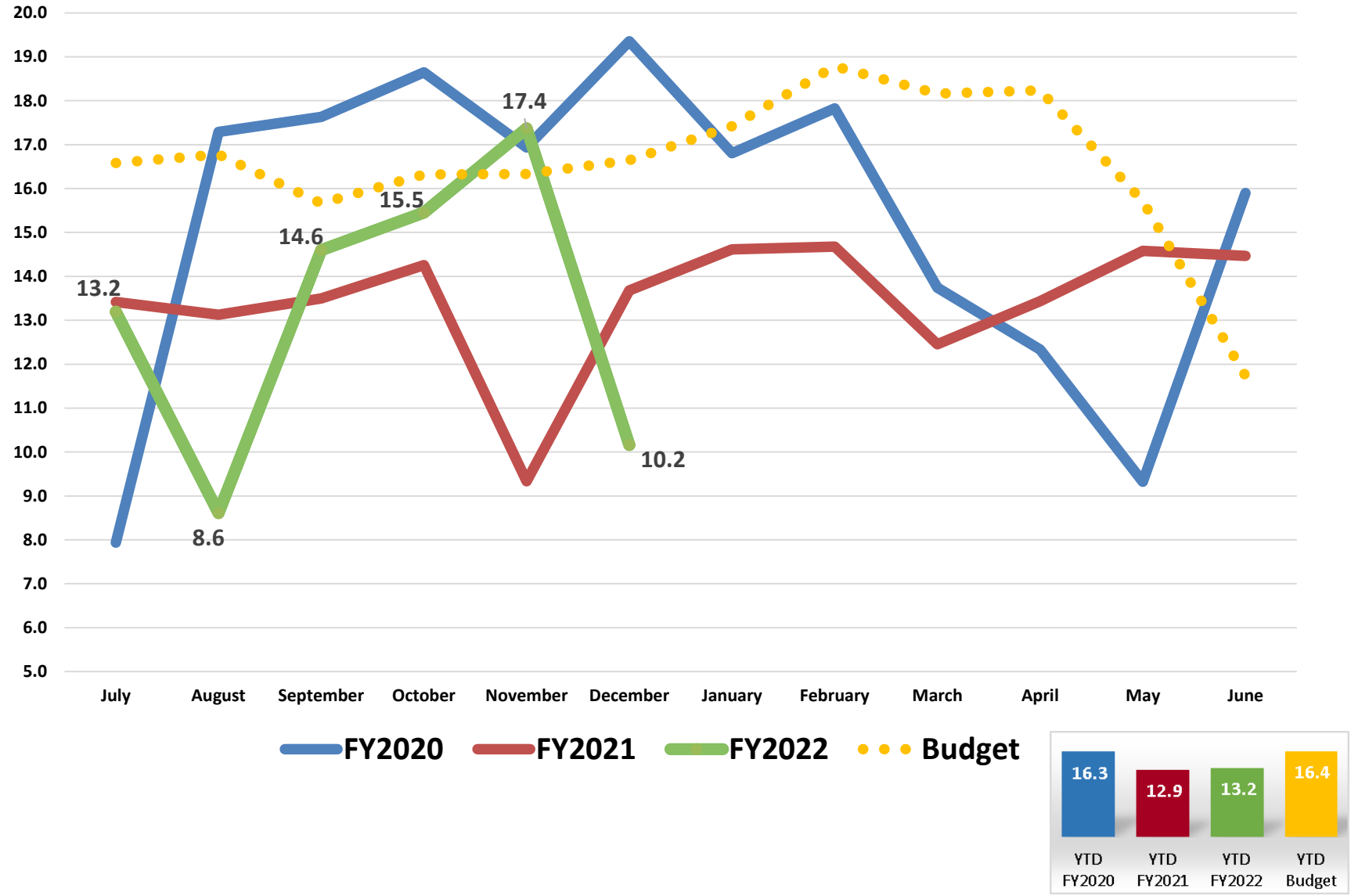


Rehabilitation Hospital - Avg. Patients Per Day

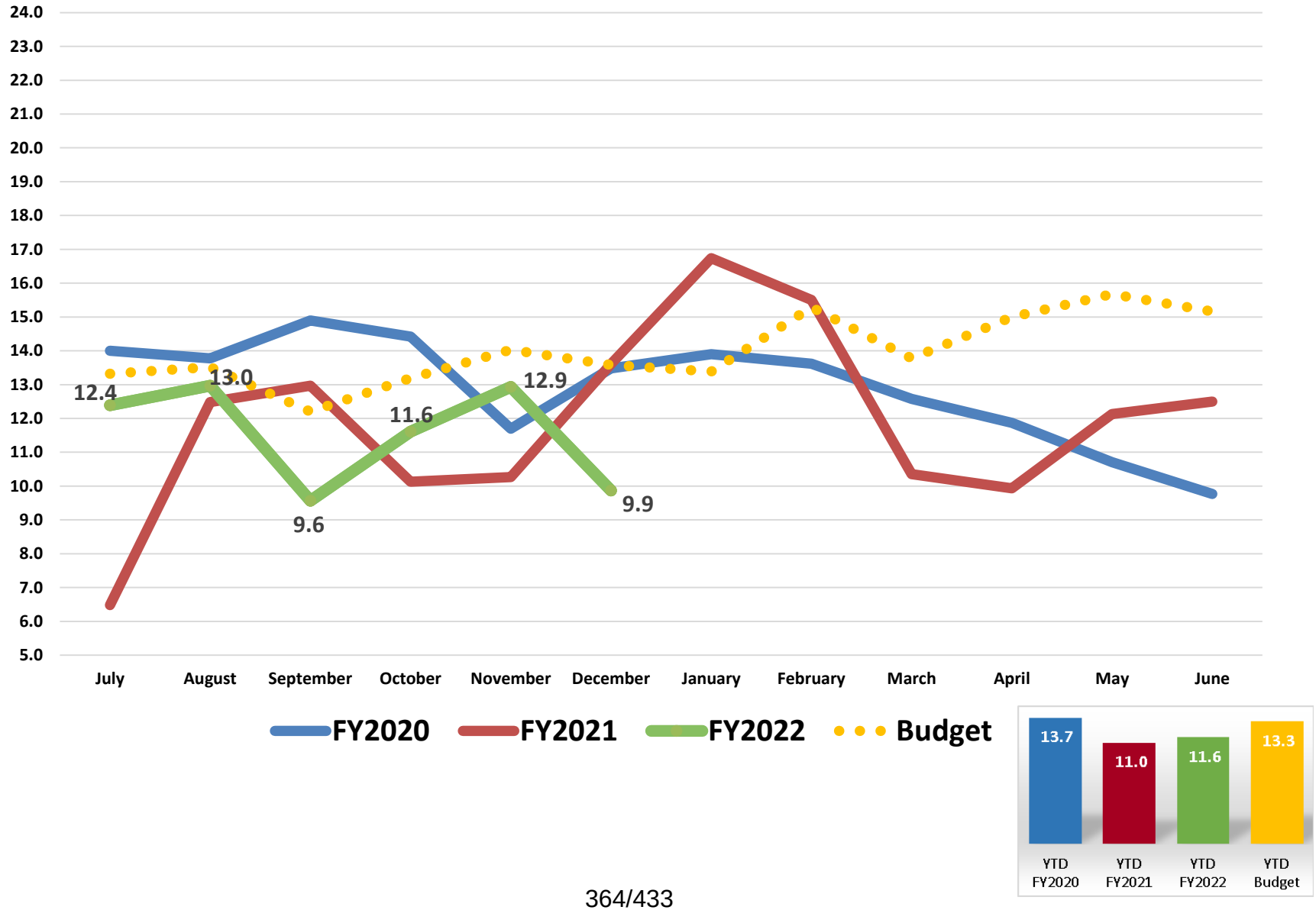




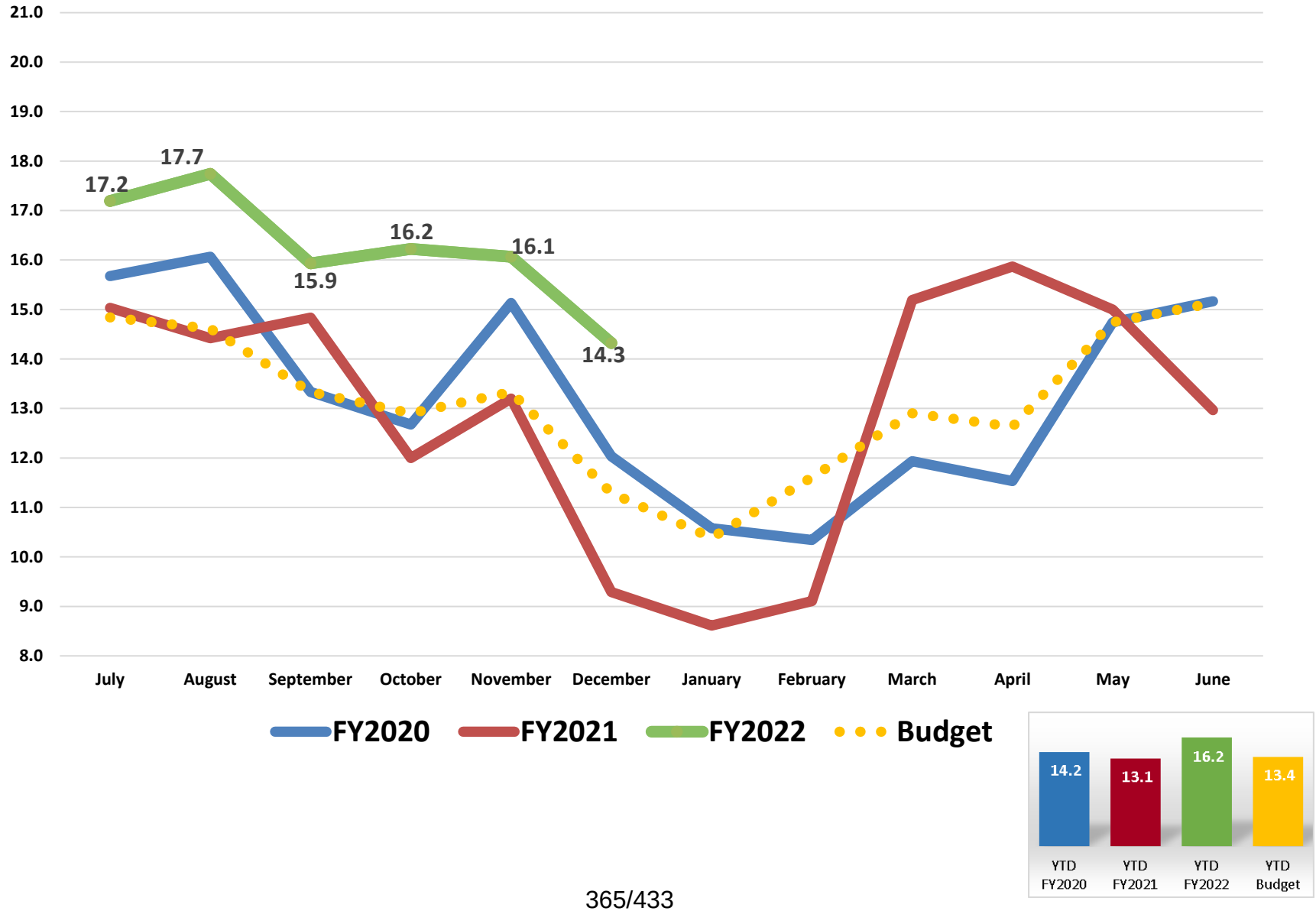
Transitional Care Services (TCS) - Avg. Patients Per Day



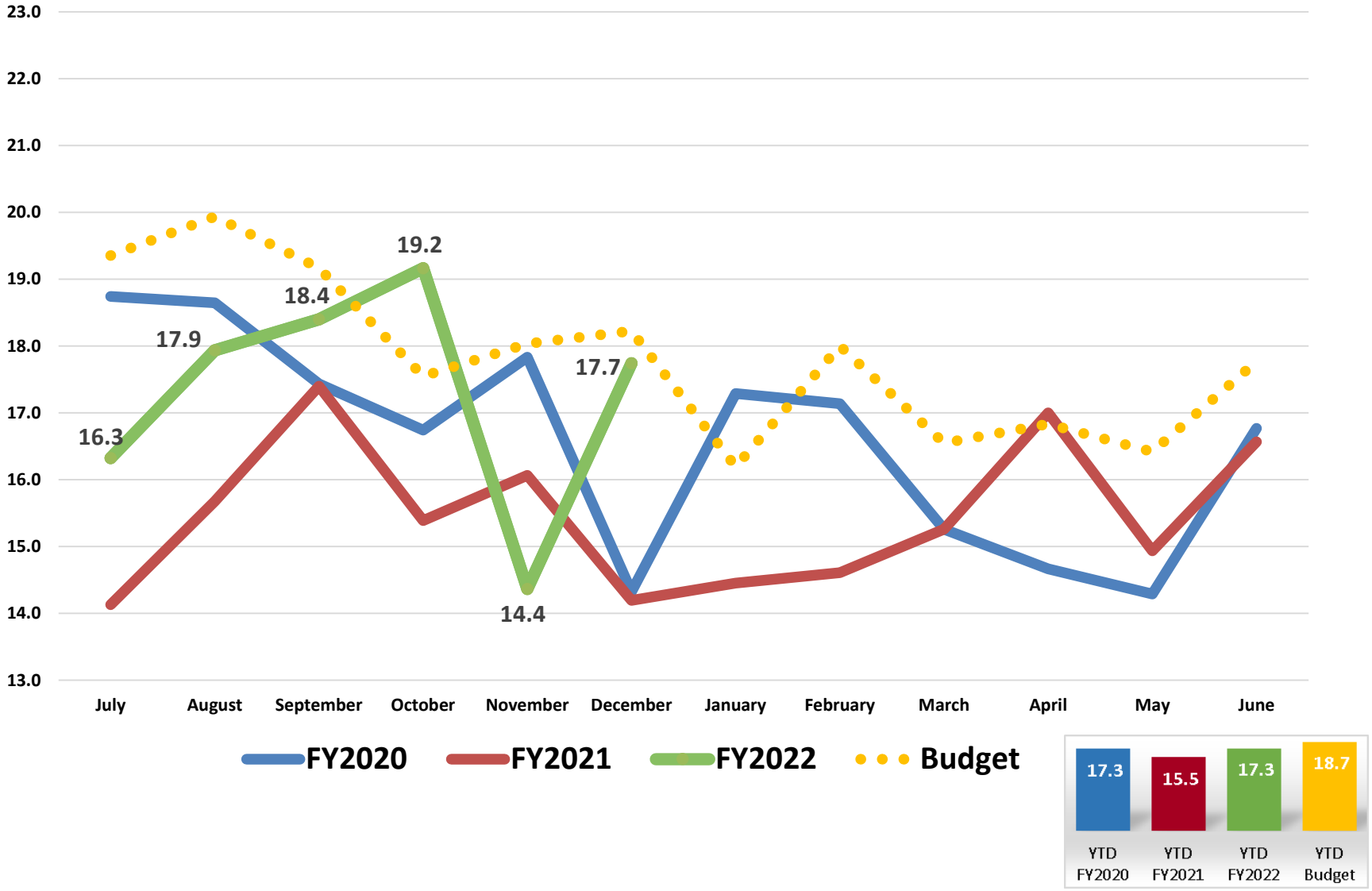
TCS Ortho - Avg. Patients Per Day



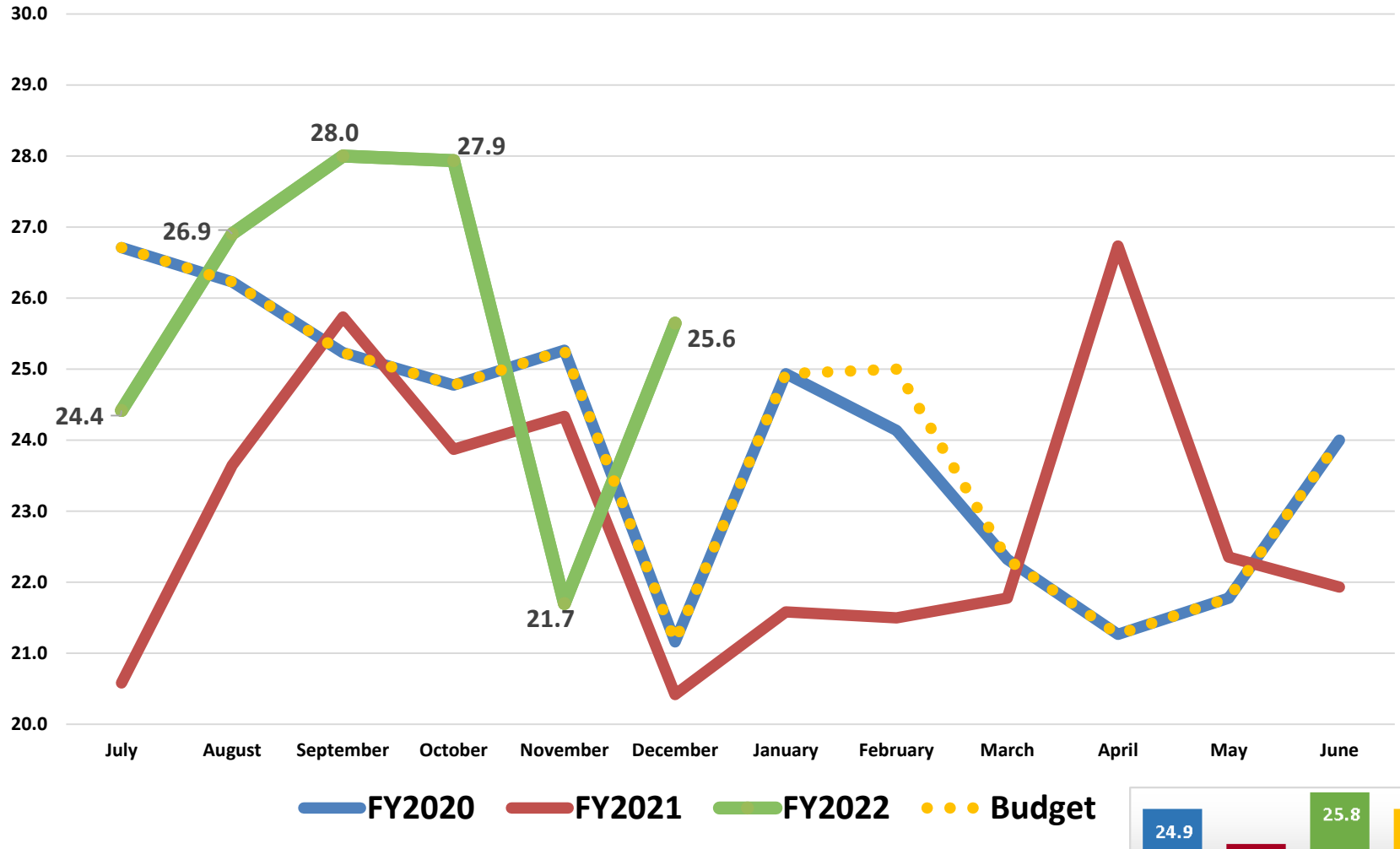
NICU - Avg. Patients Per Day

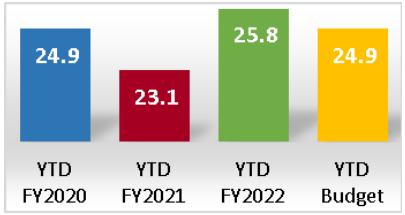


Nursery - Avg. Patients Per Day

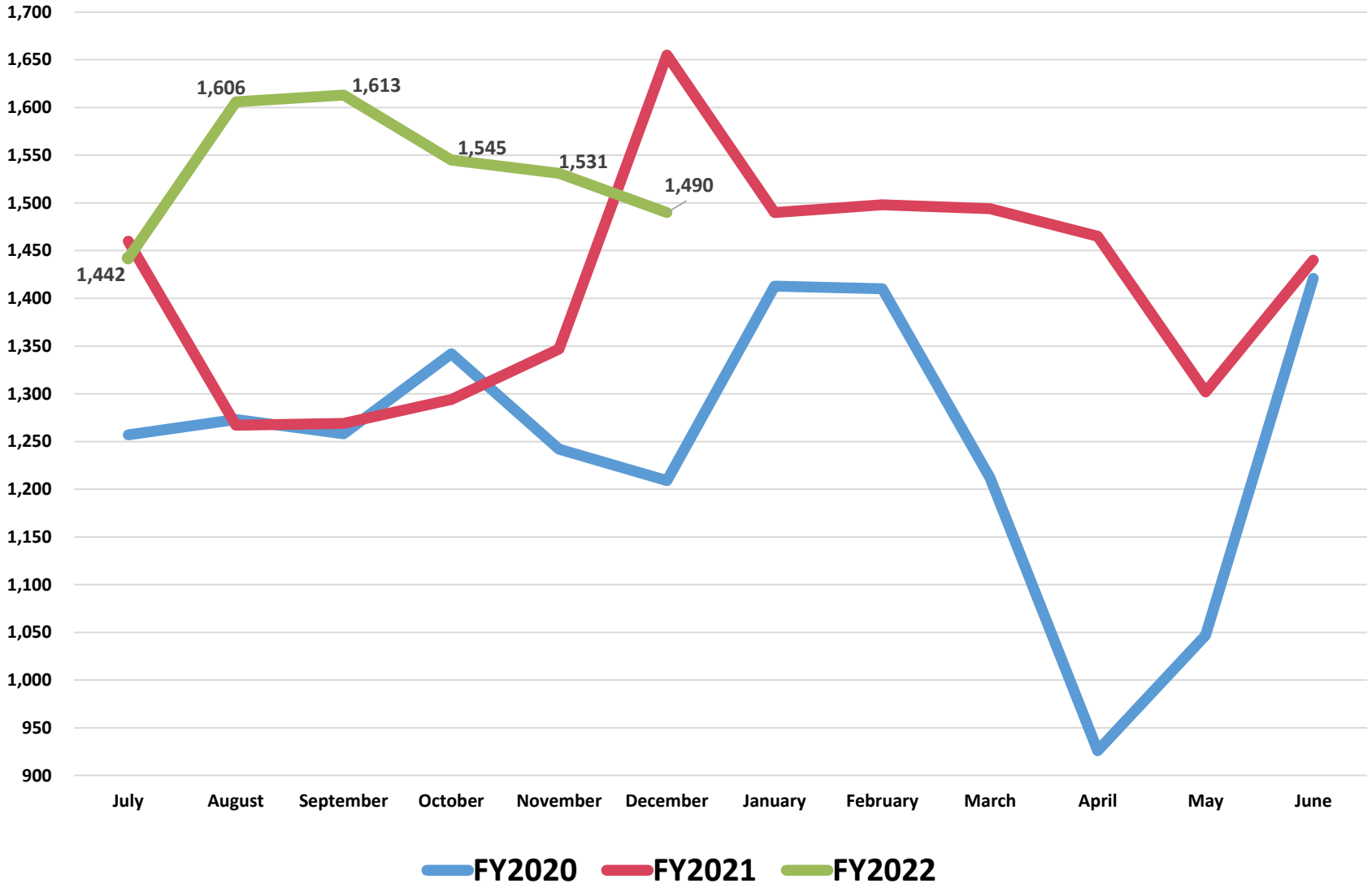


Obstetrics - Avg. Patients Per Day

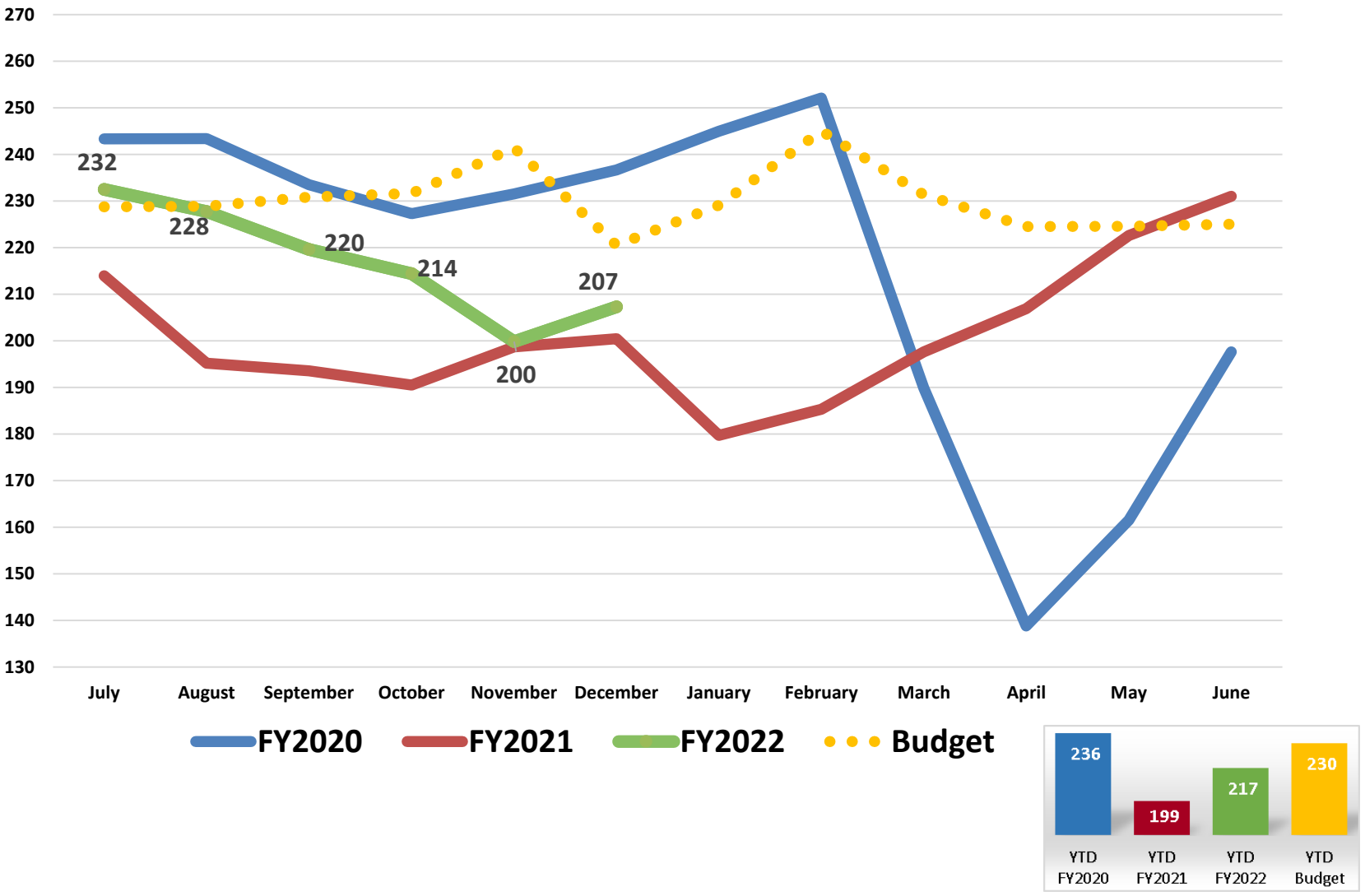




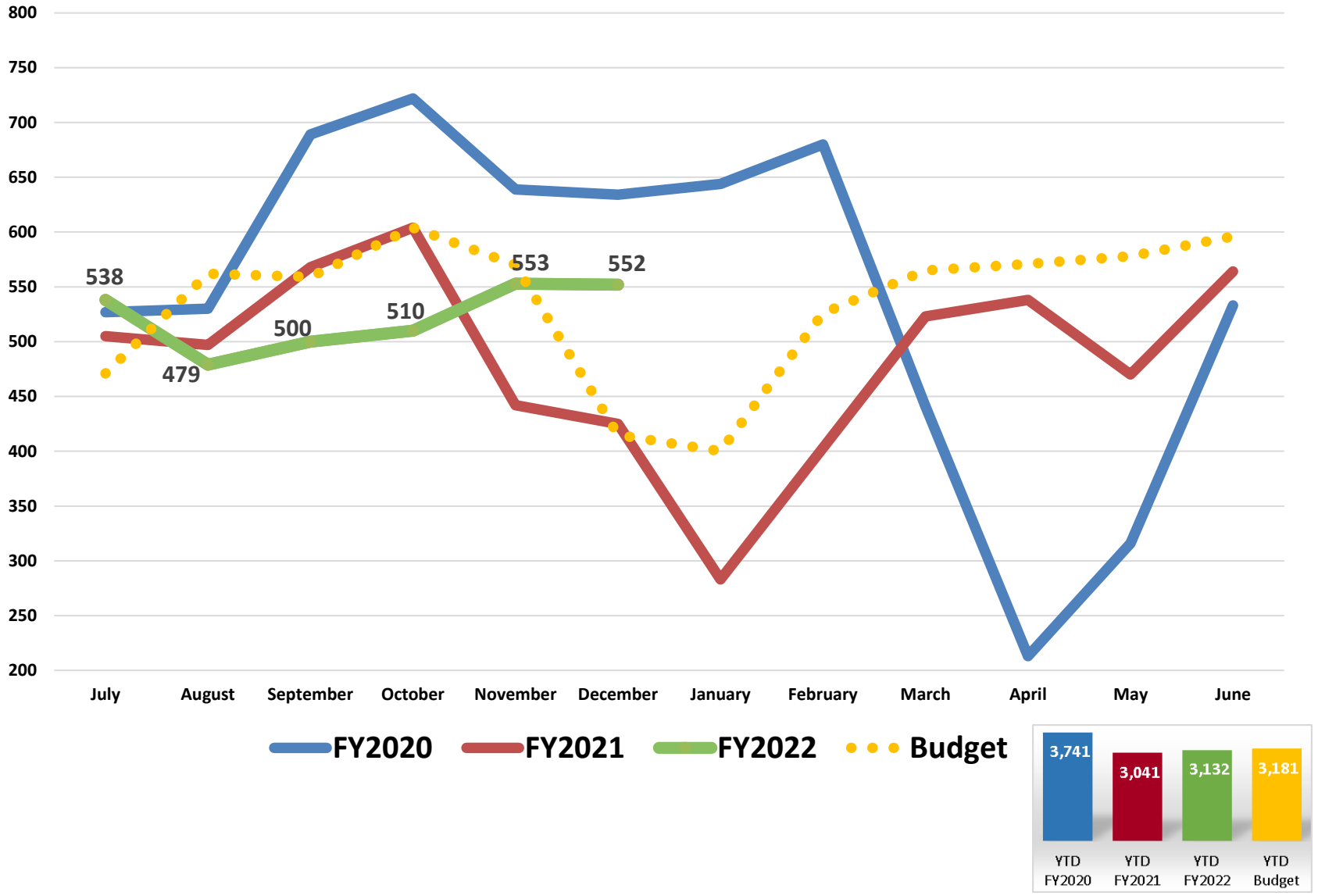
Outpatient Registrations per Day



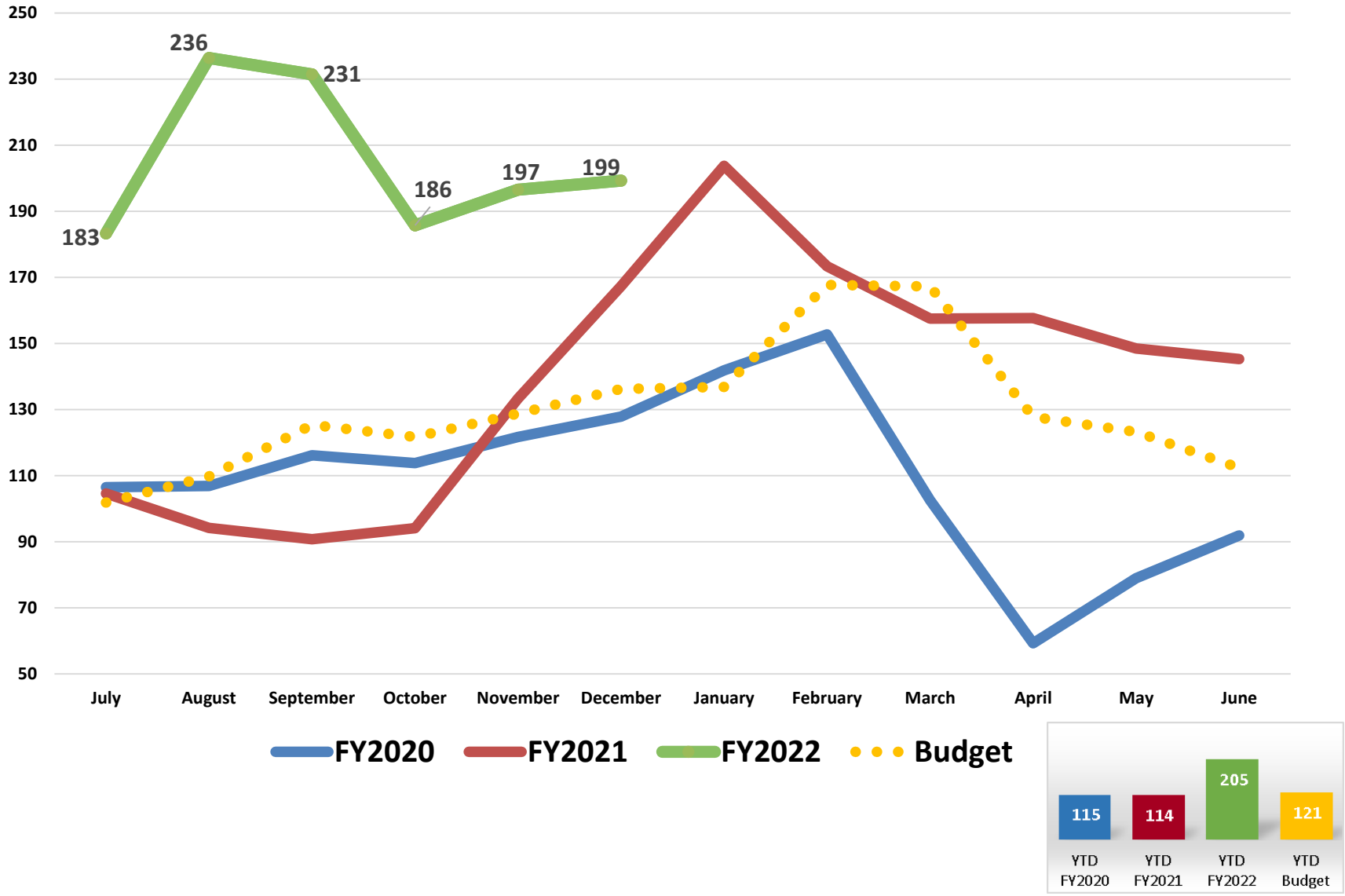
Emergency Dept – Avg Treated Per Day



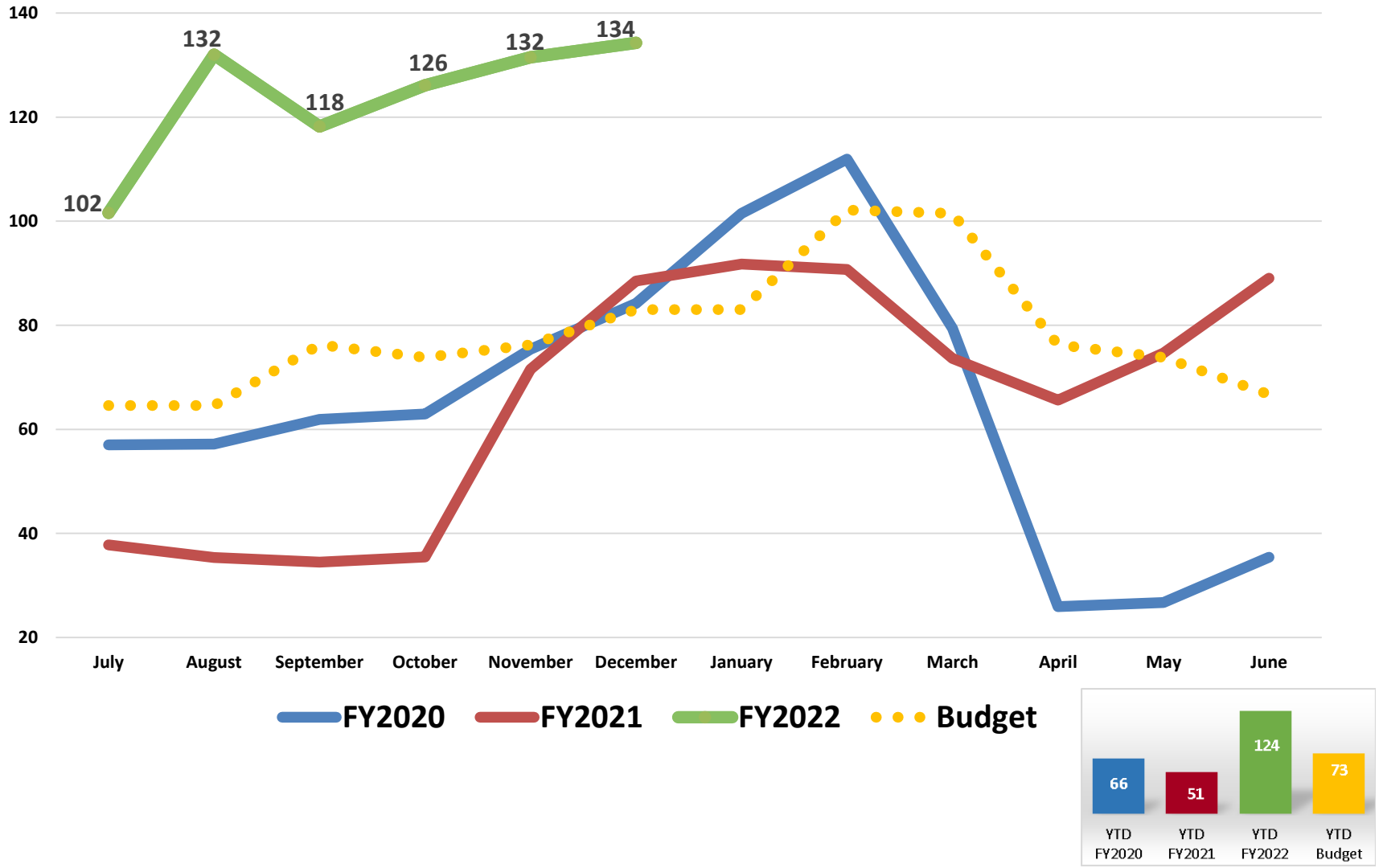
Endoscopy Procedures



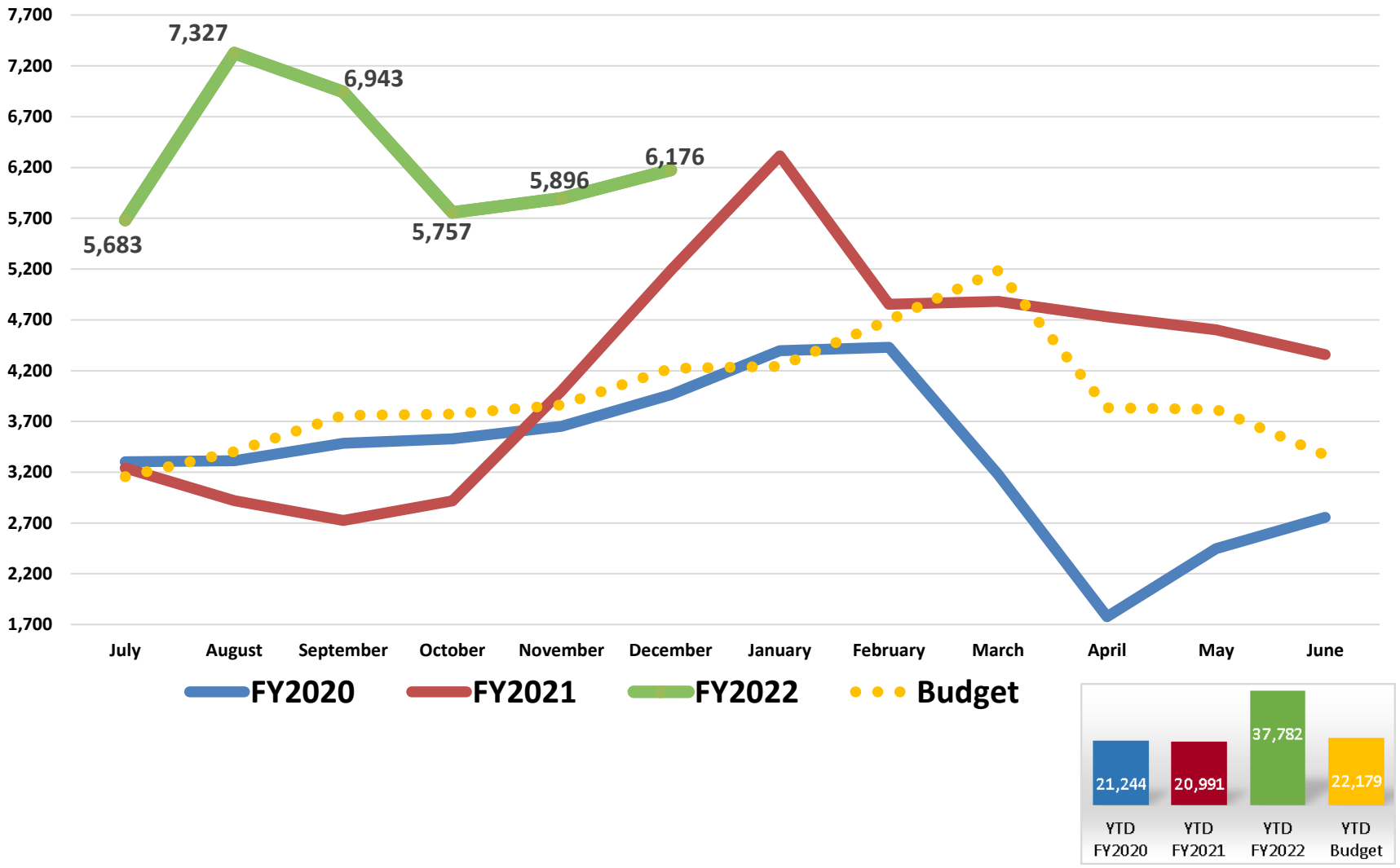
Urgent Care – Court Average Visits Per Day



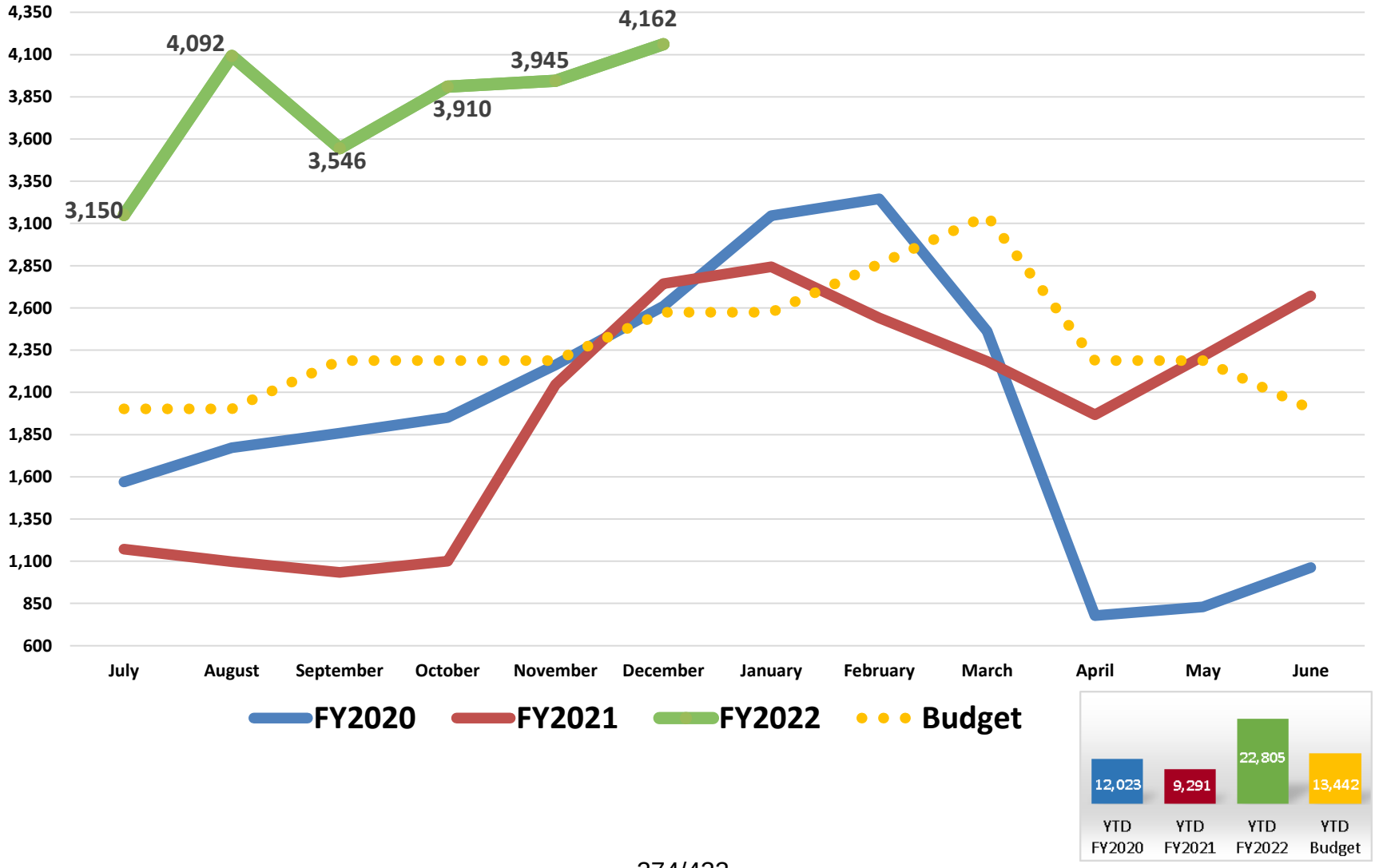
Urgent Care – Demaree Average Visits Per Day



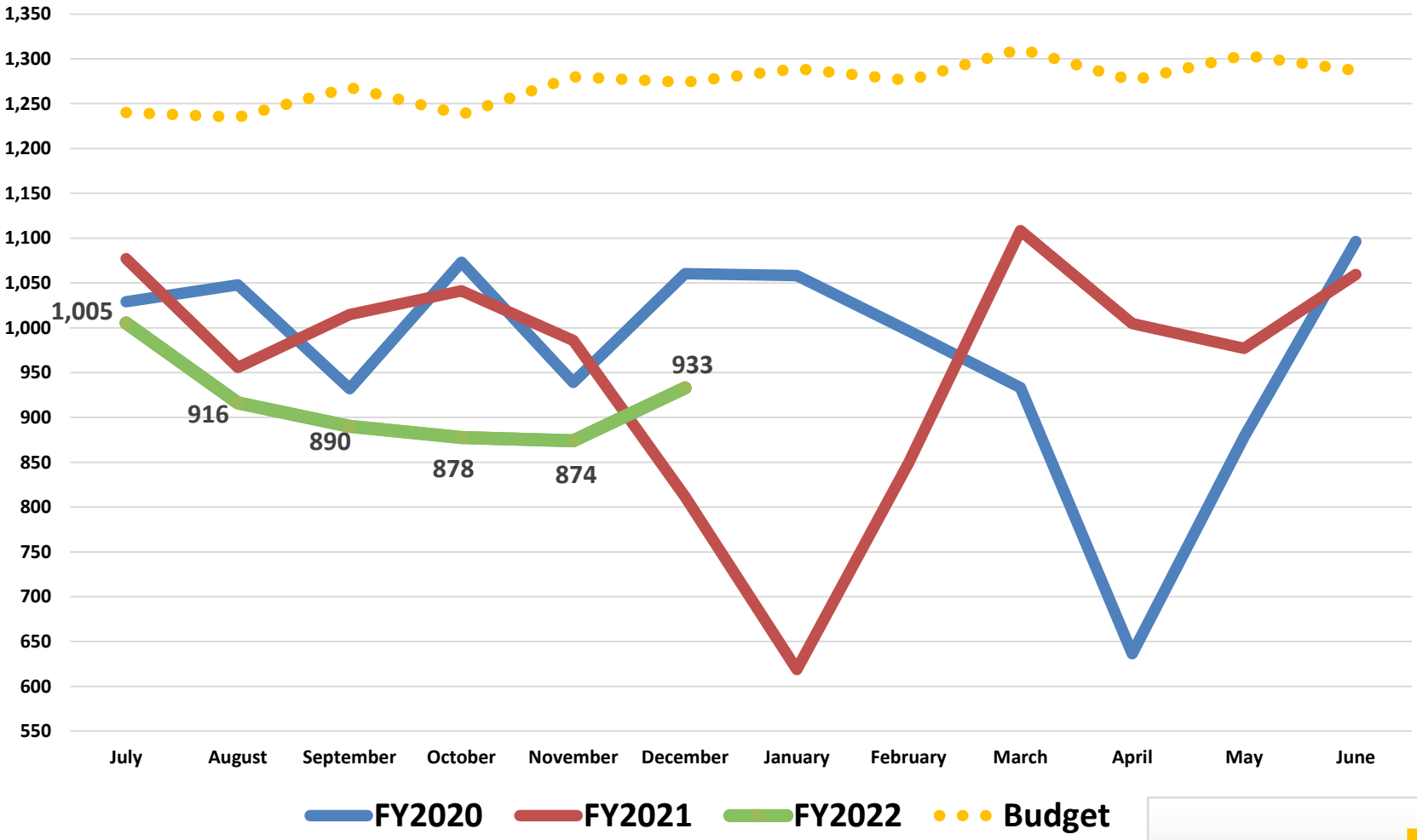
Urgent Care – Court Total Visits

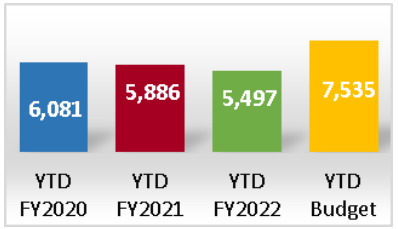


Urgent Care – Demaree Total Visits

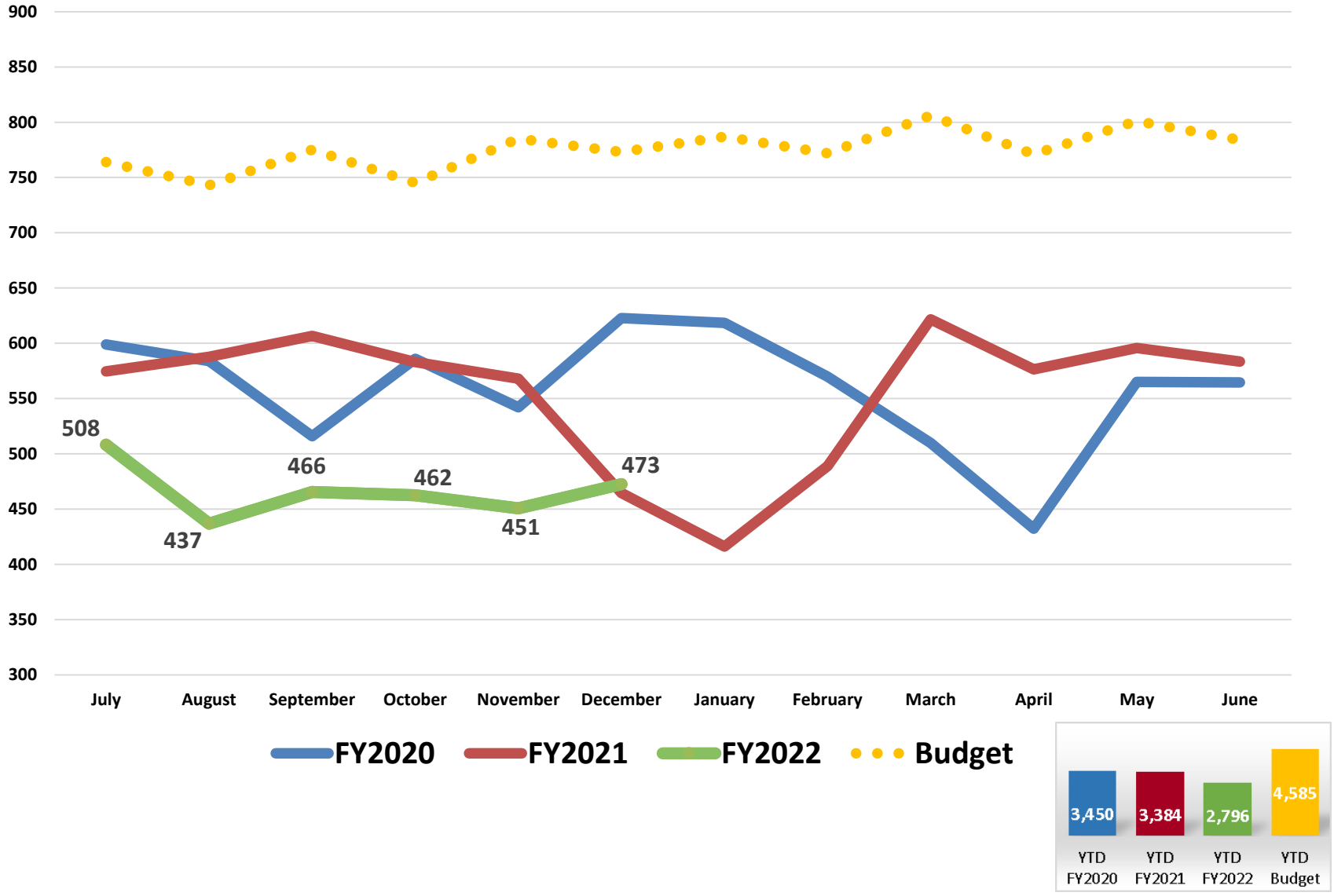


Surgery (IP & OP) – 100 Min Units

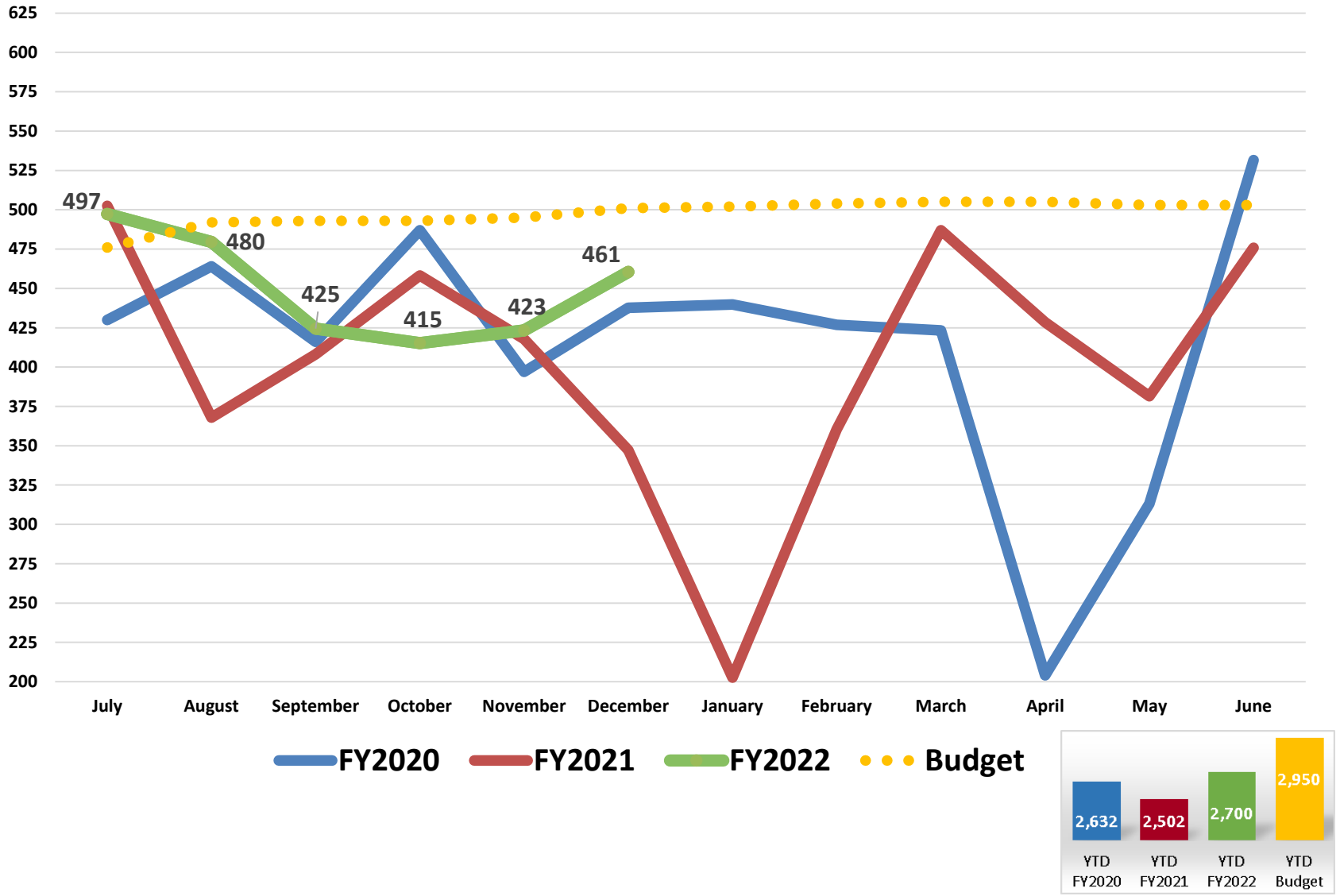




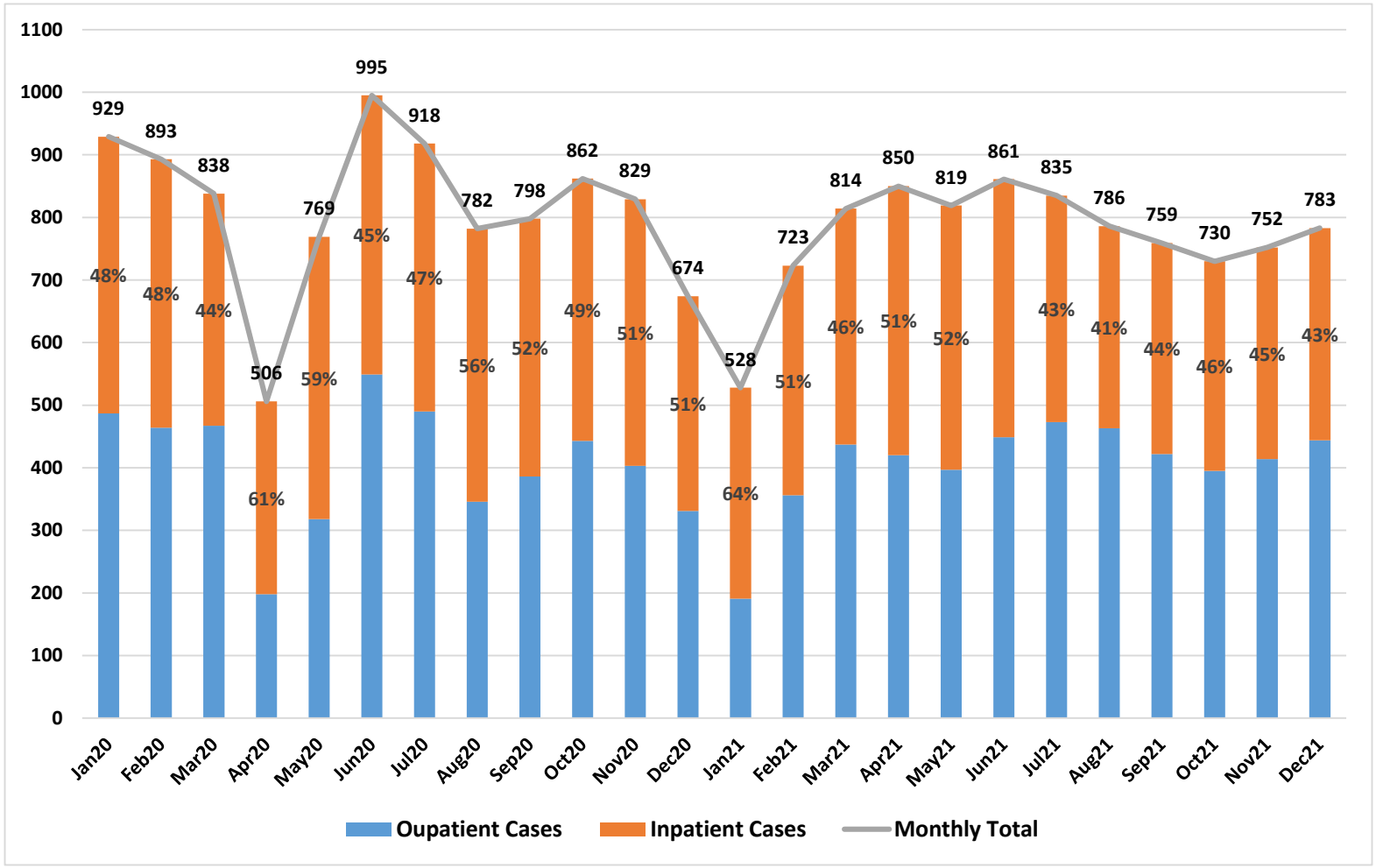
Surgery (IP Only) – 100 Min Units



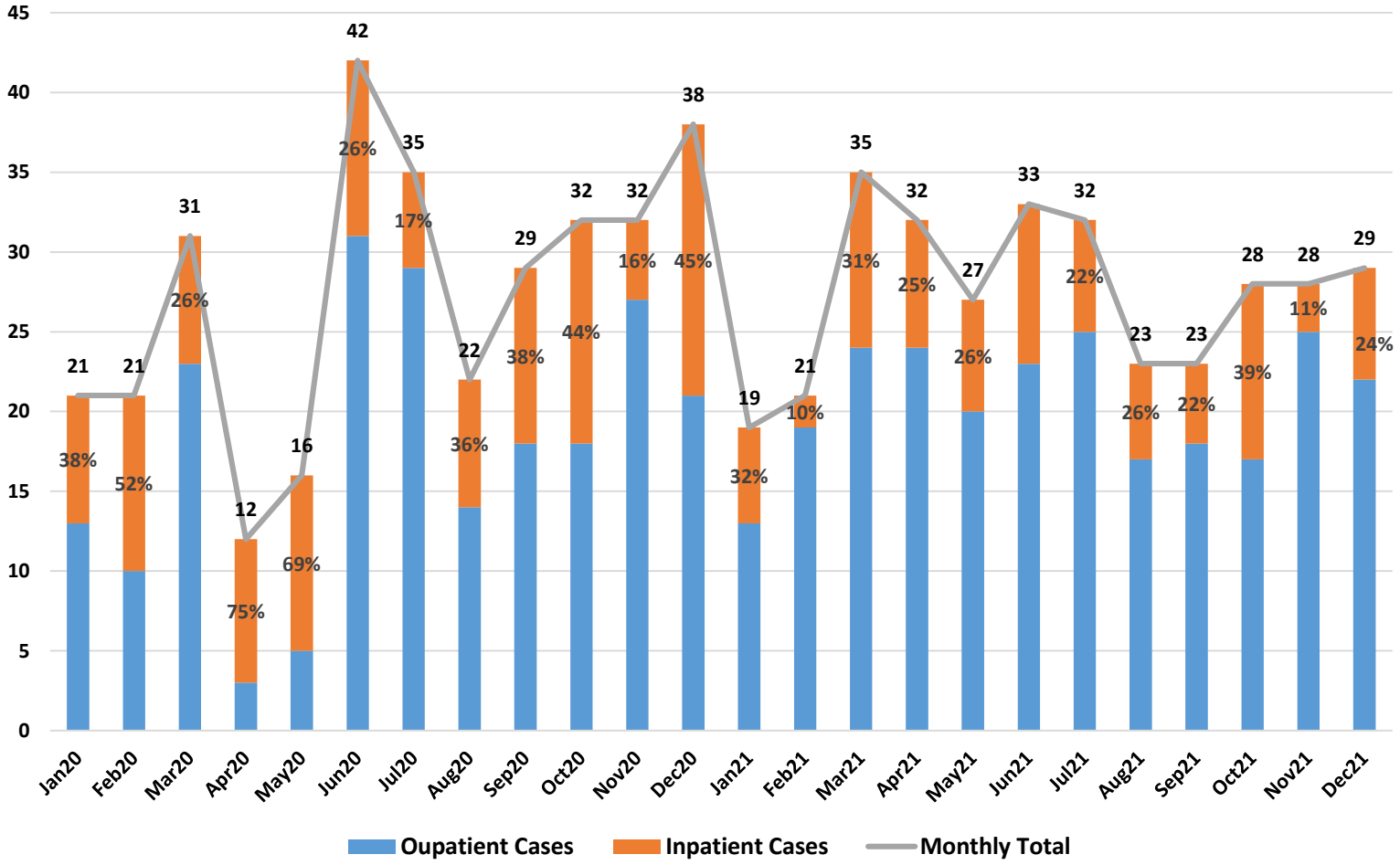
Surgery (OP Only) – 100 Min Units



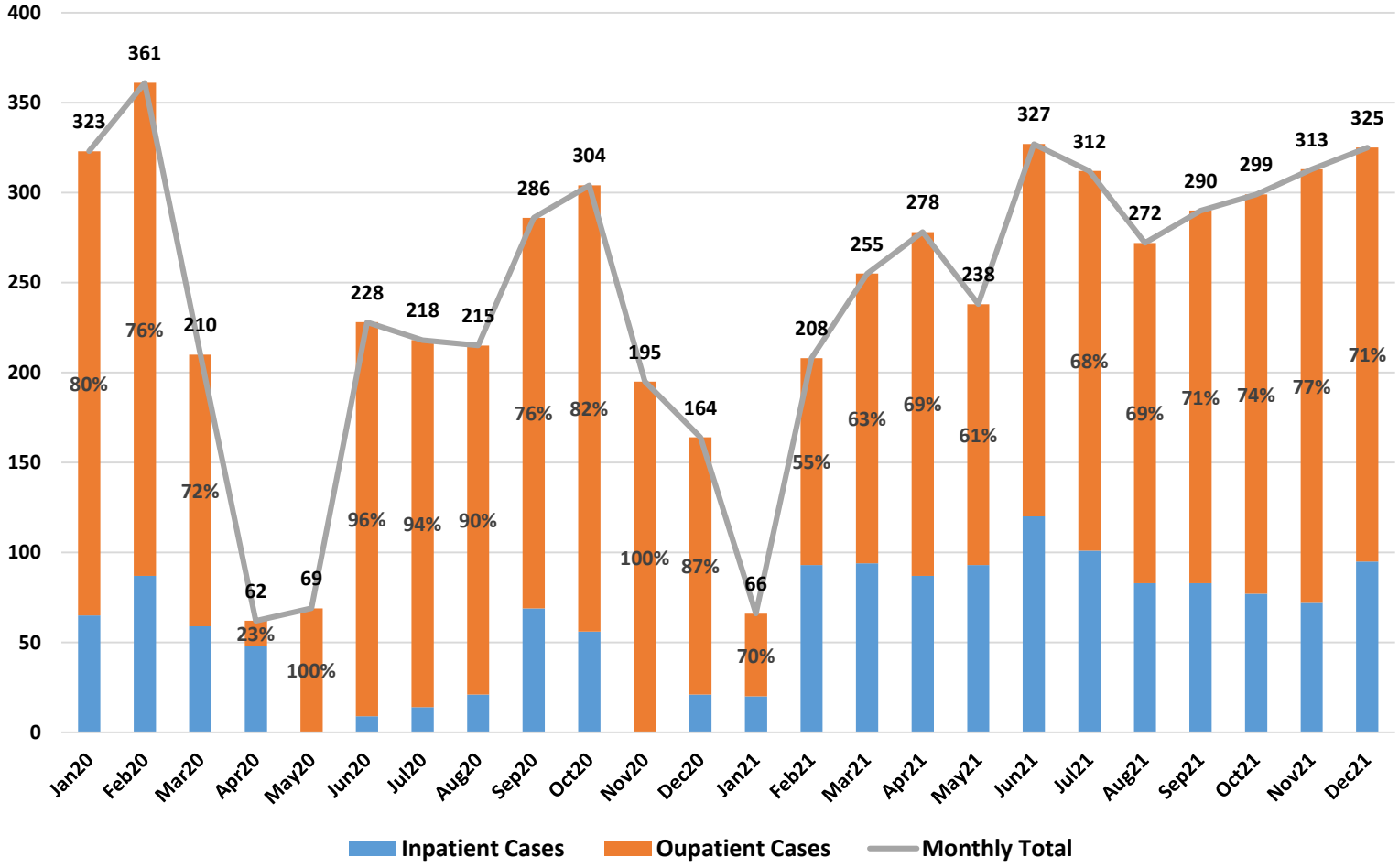
Surgery Cases



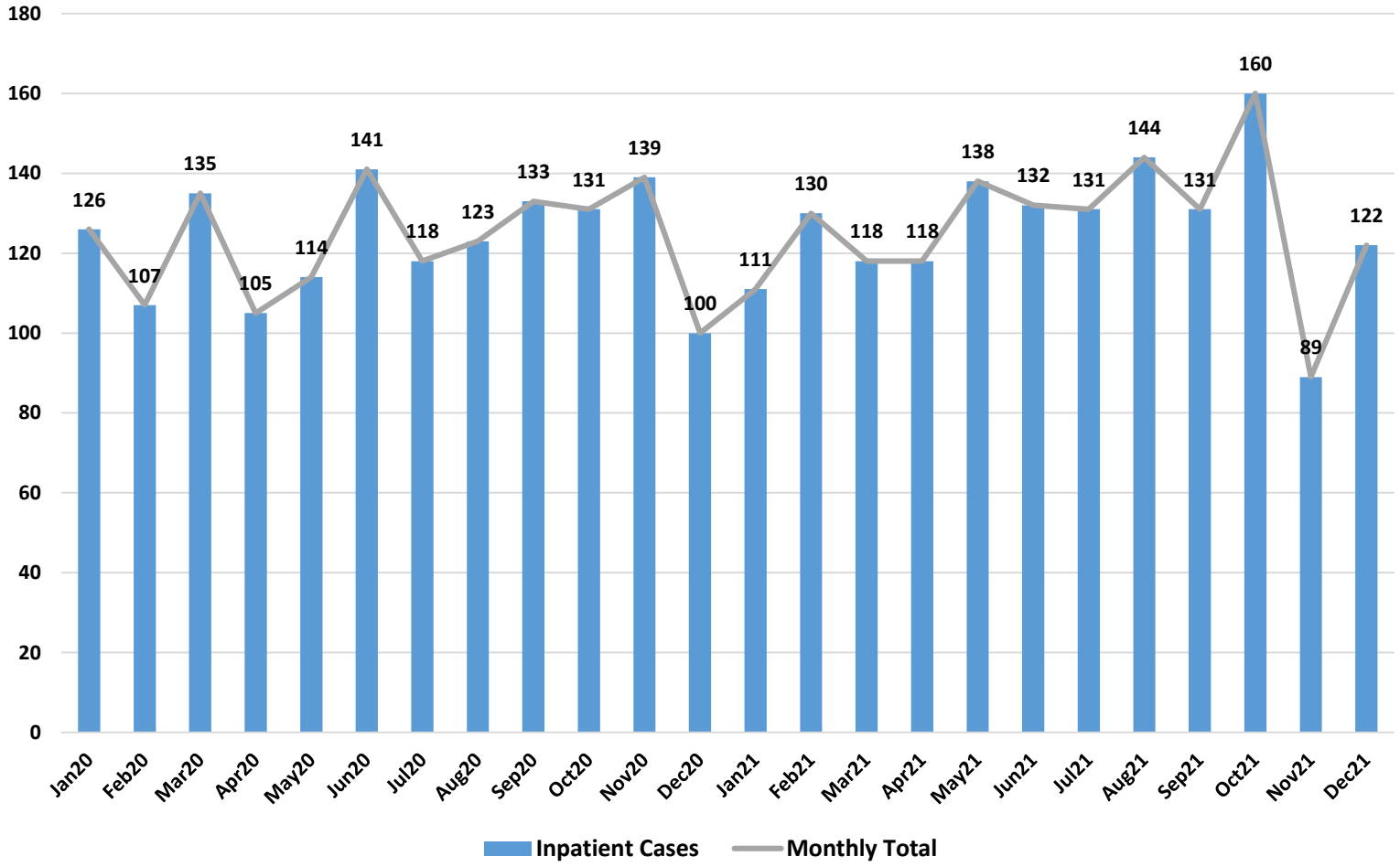
Robotic Cases



Endo Cases (Endo Suites)



OB Cases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100
111
130
118
118
138
132
131
144
131
160
89
122
Jan20
Feb20
Mar20
Apr20
May20
Jun20
Jul20
Aug20
Sep20
Oct20
Nov20
Dec20
Jan21
Feb21
Mar21
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Aug21
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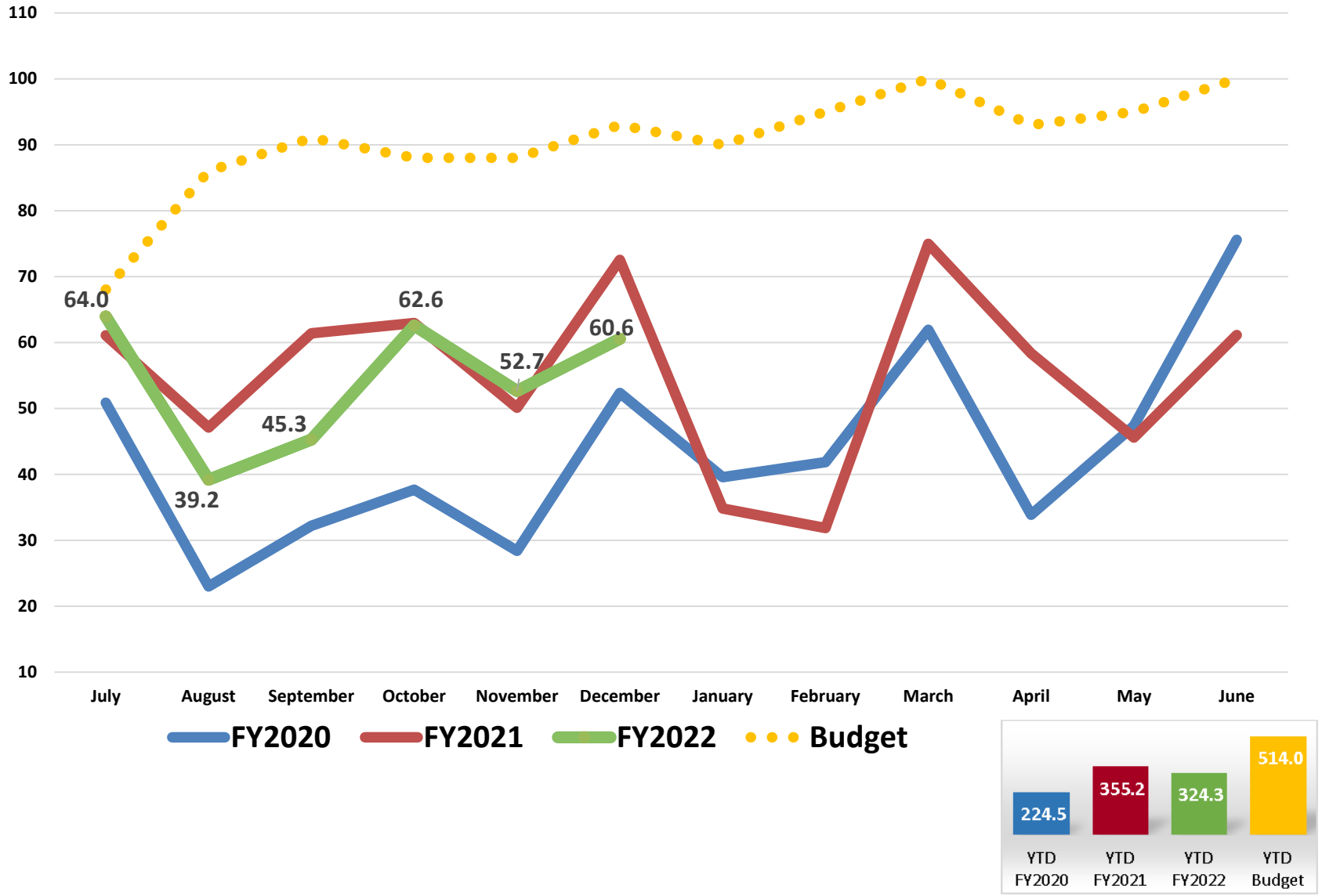
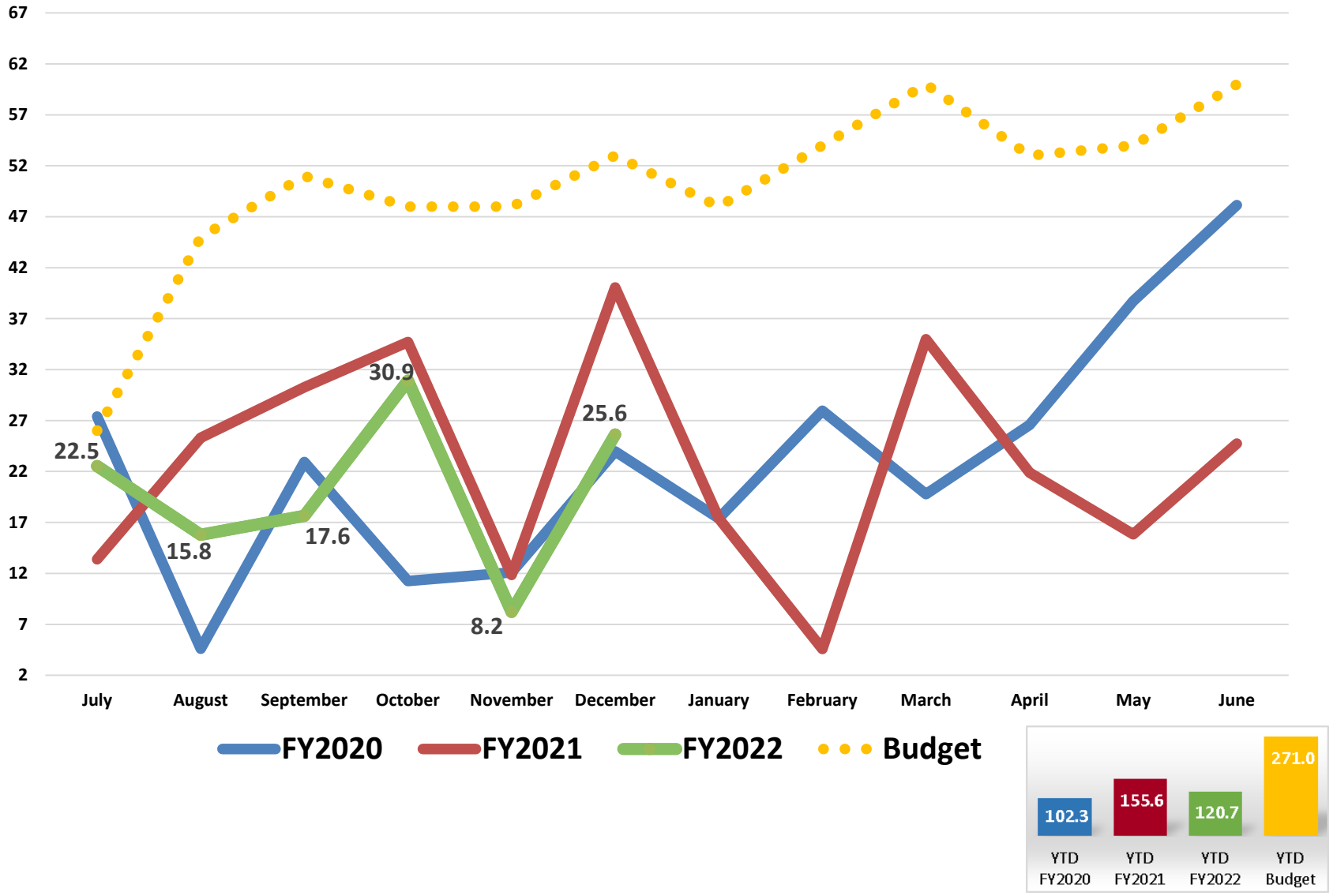
Oct21
Nov21
Dec21
Inpatient Cases
Monthly Total

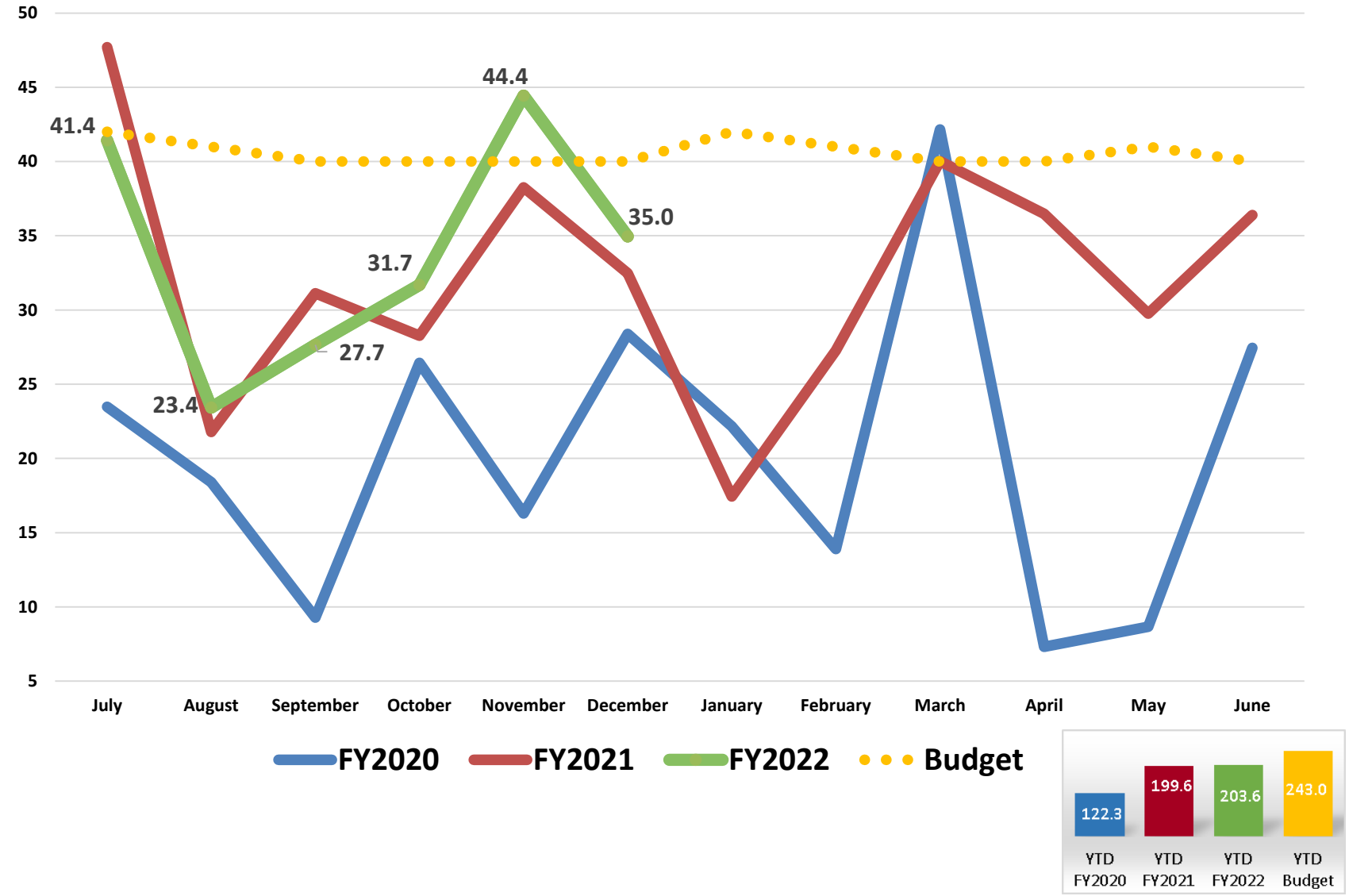
Robotic Surgery (IP & OP) – 100 Min Units



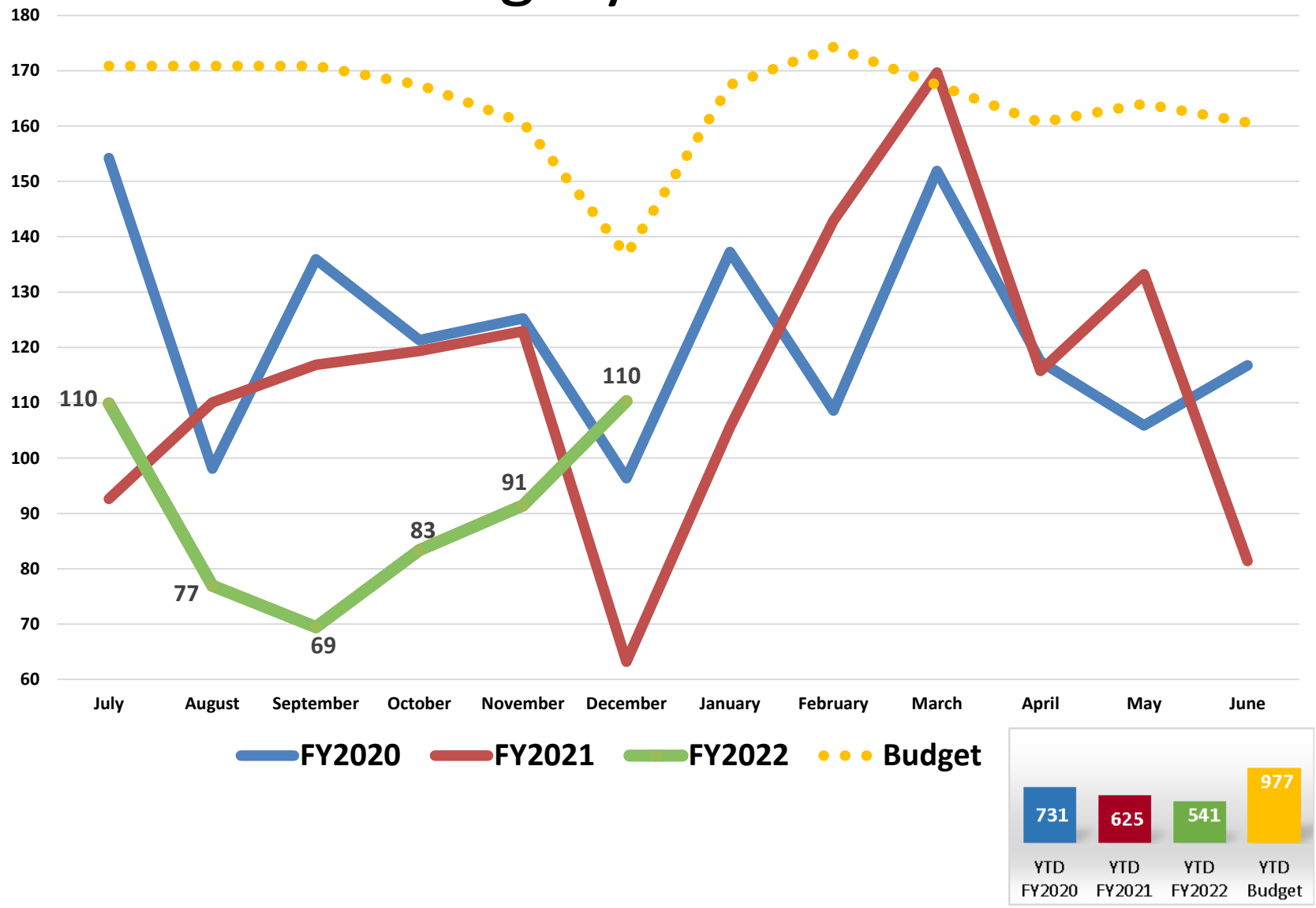
Robotic Surgery (IP Only) – 100 Min Units



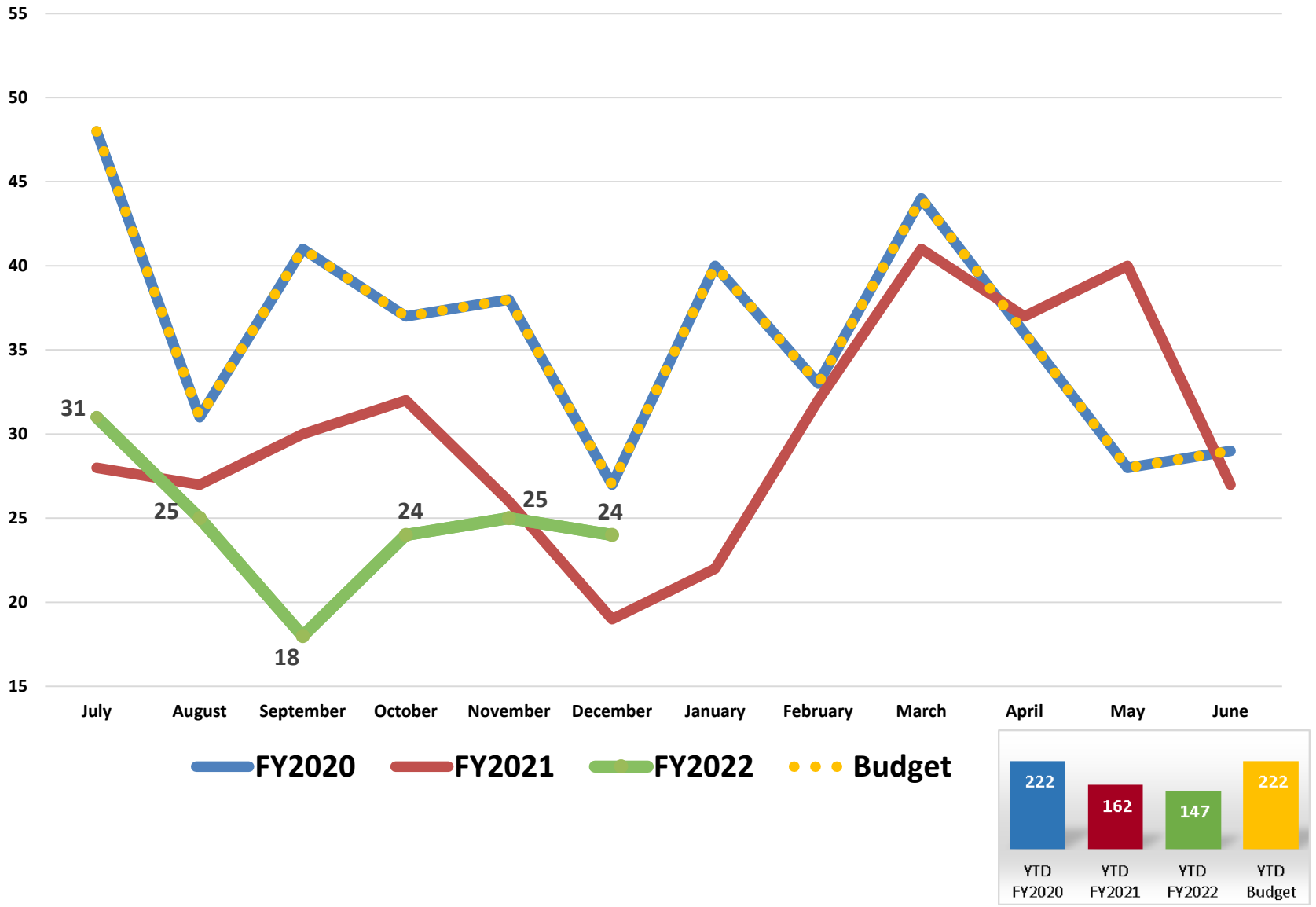
Robotic Surgery (OP Only) – 100 Min Units



Cardiac Surgery – 100 Min Units

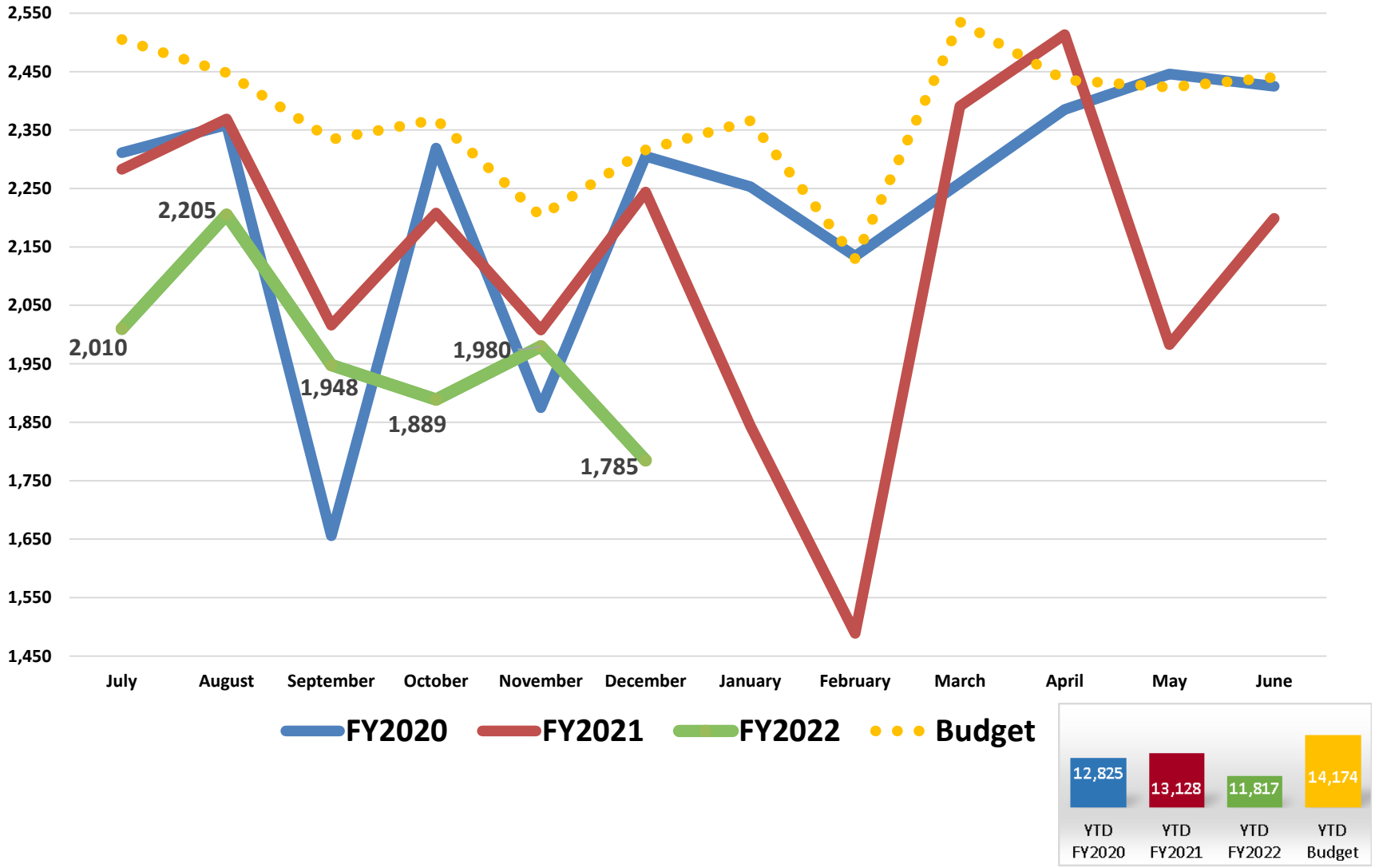


Cardiac Surgery – Cases

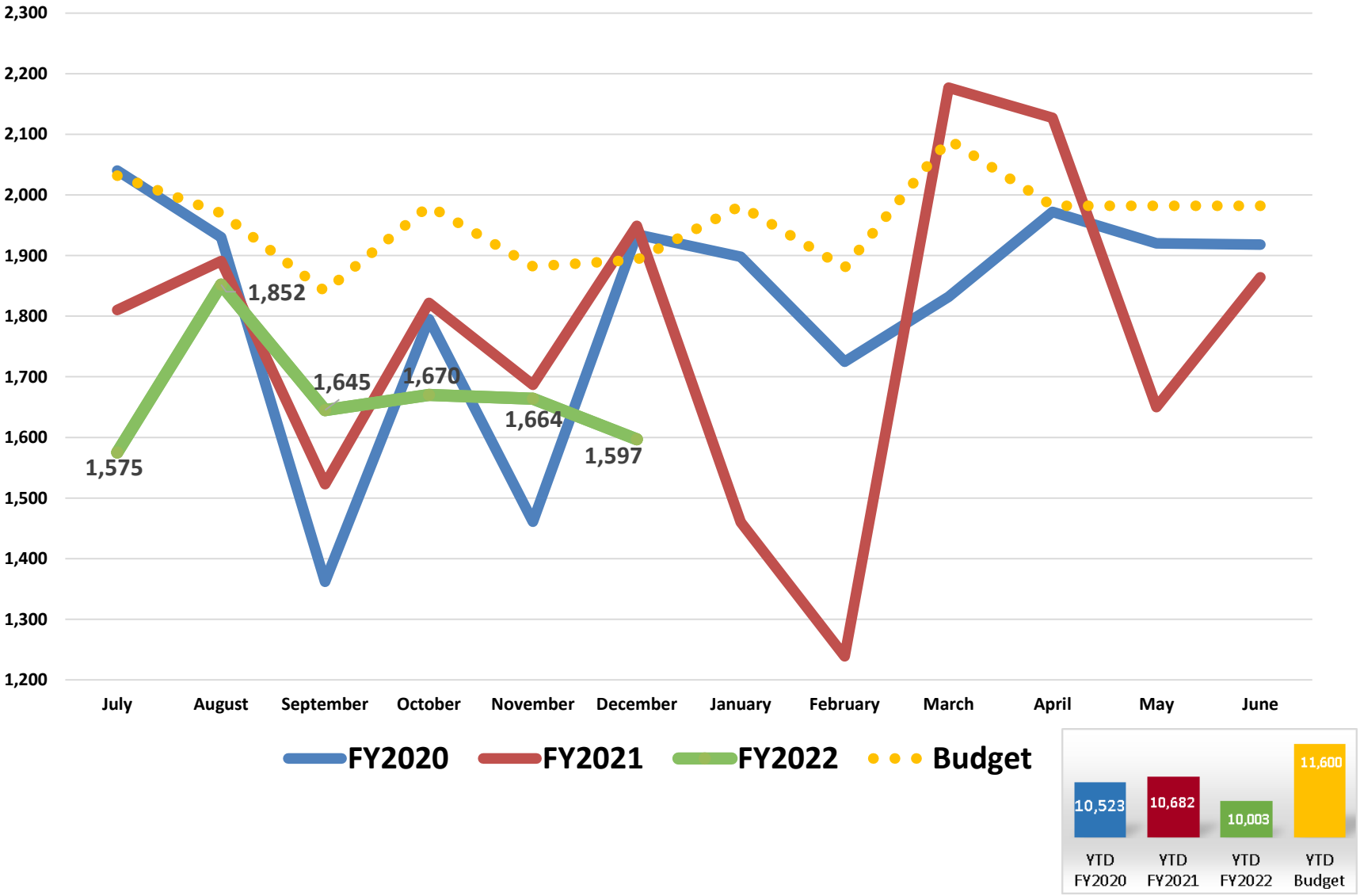


Radiation Oncology Treatments

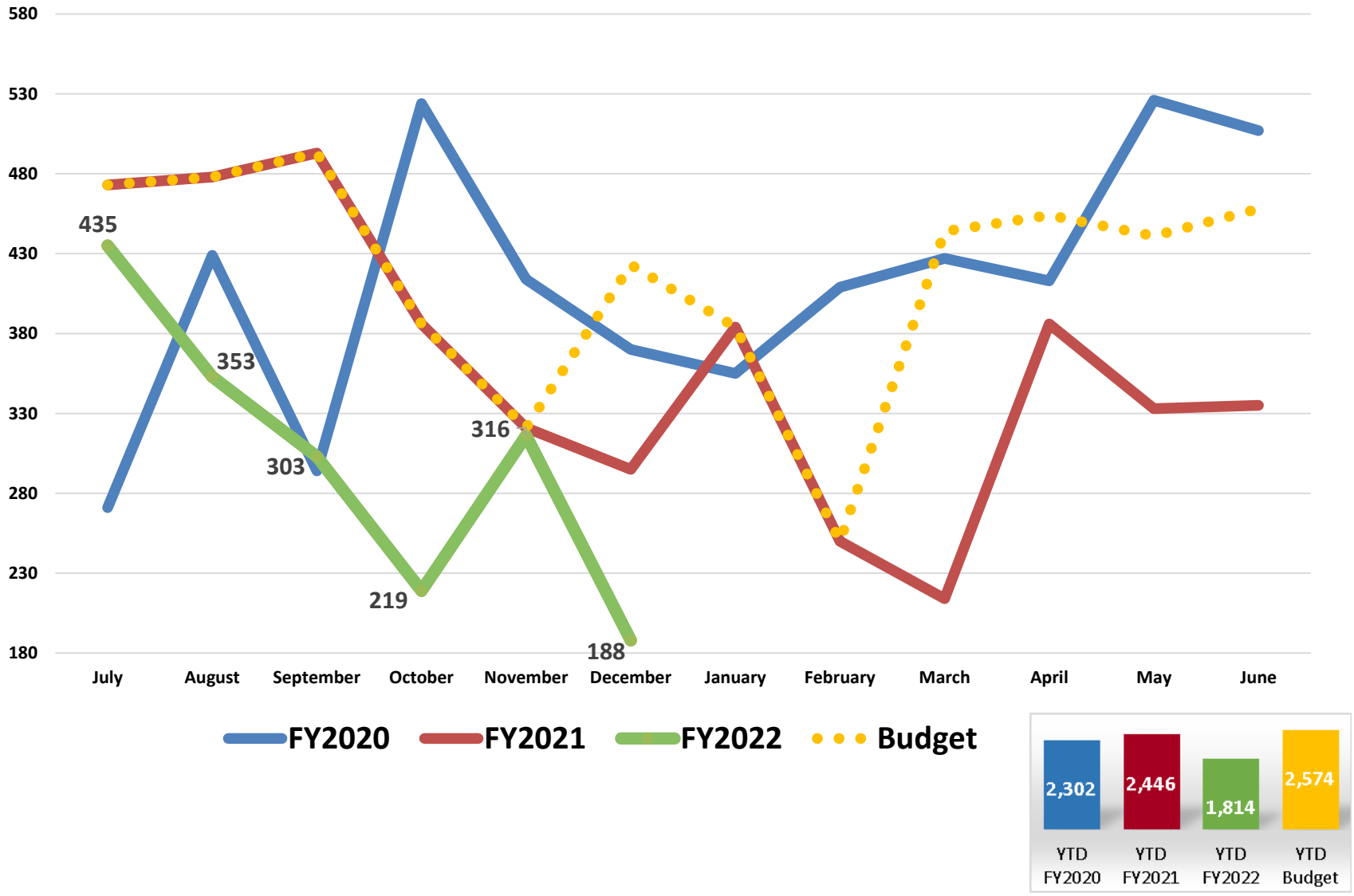
Hanford and Visalia



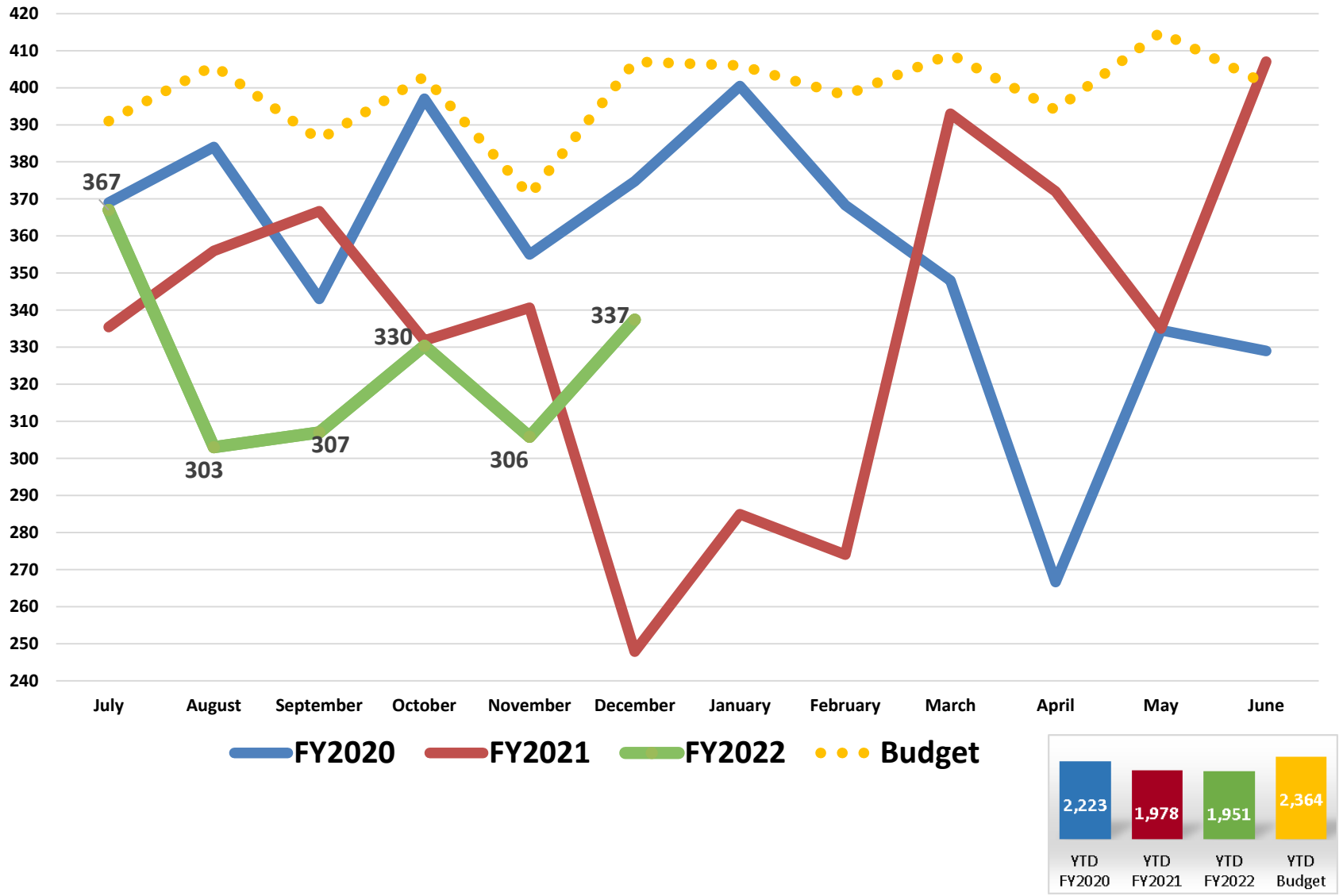
Radiation Oncology - Visalia



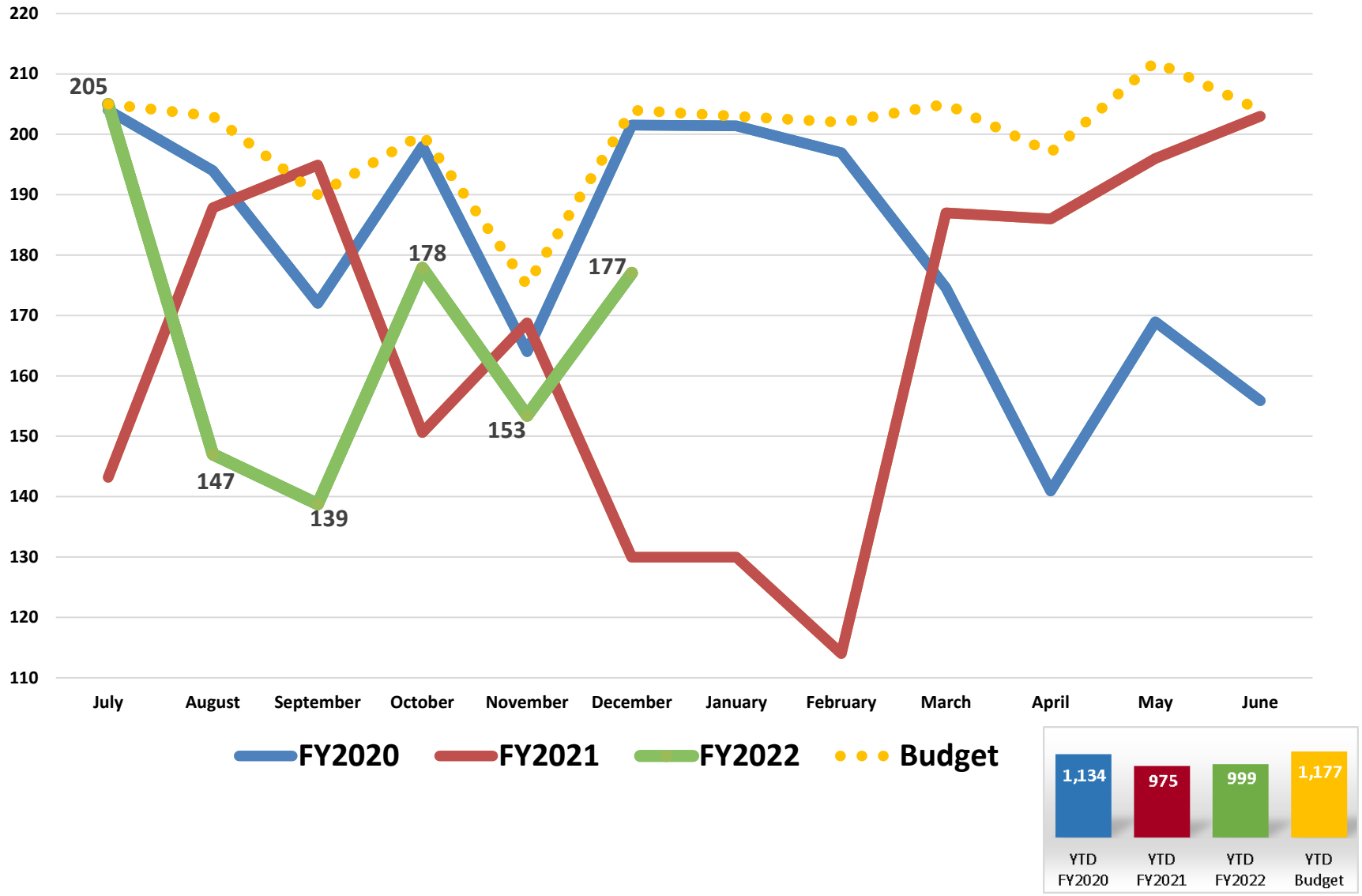
Radiation Oncology - Hanford



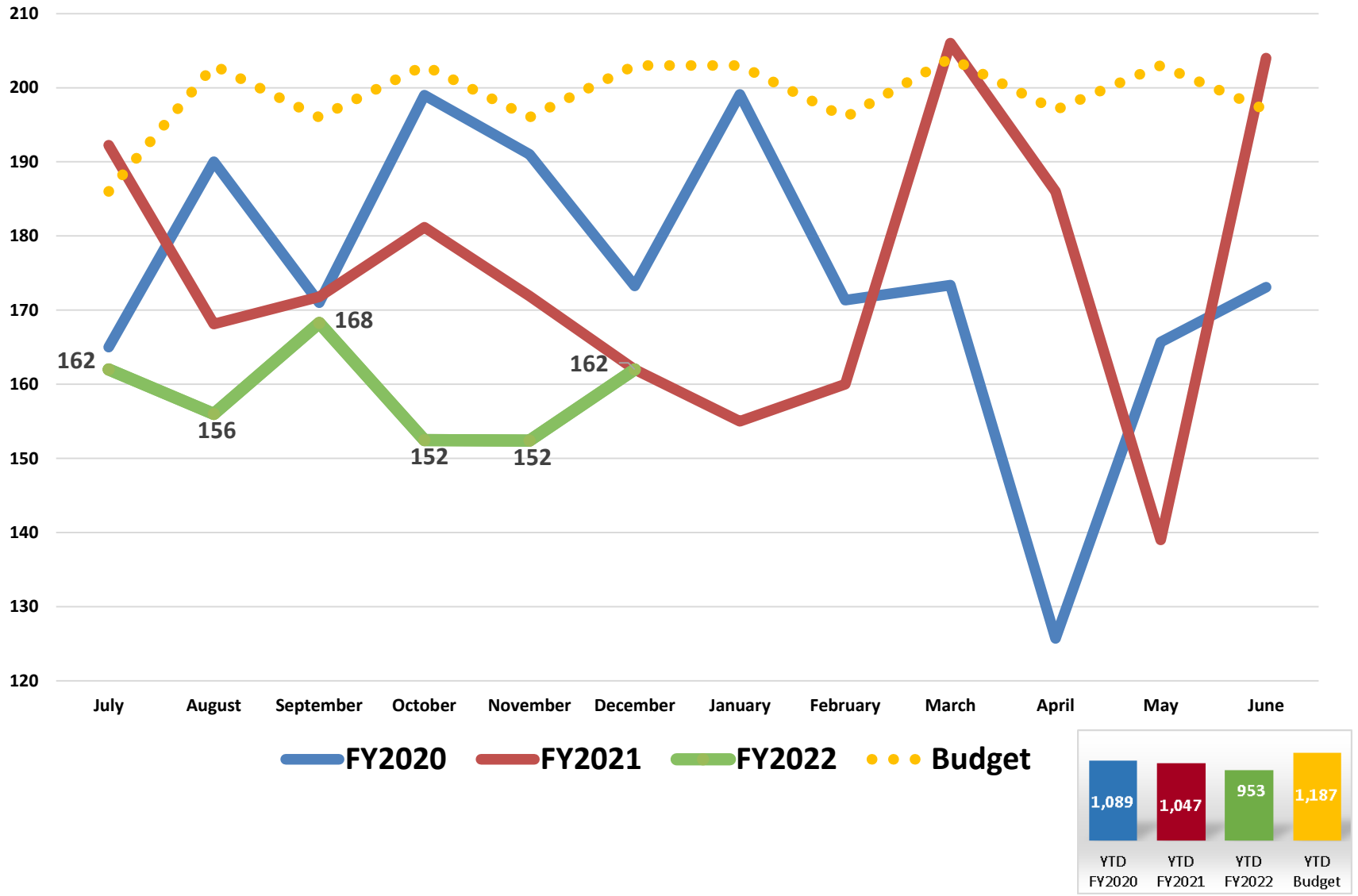
Cath Lab (IP & OP) – 100 Min Units



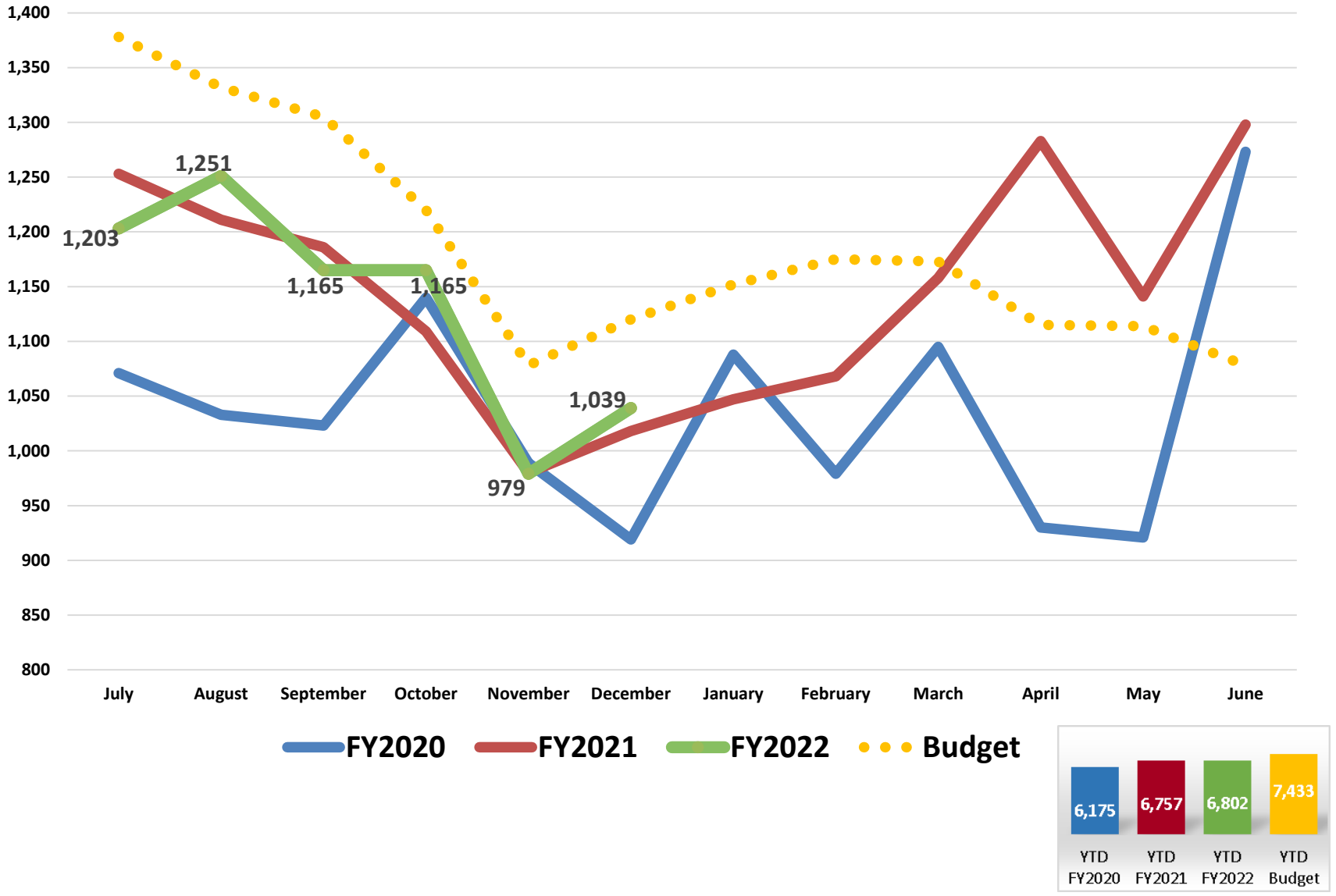
Cath Lab (IP Only) – 100 Min Units



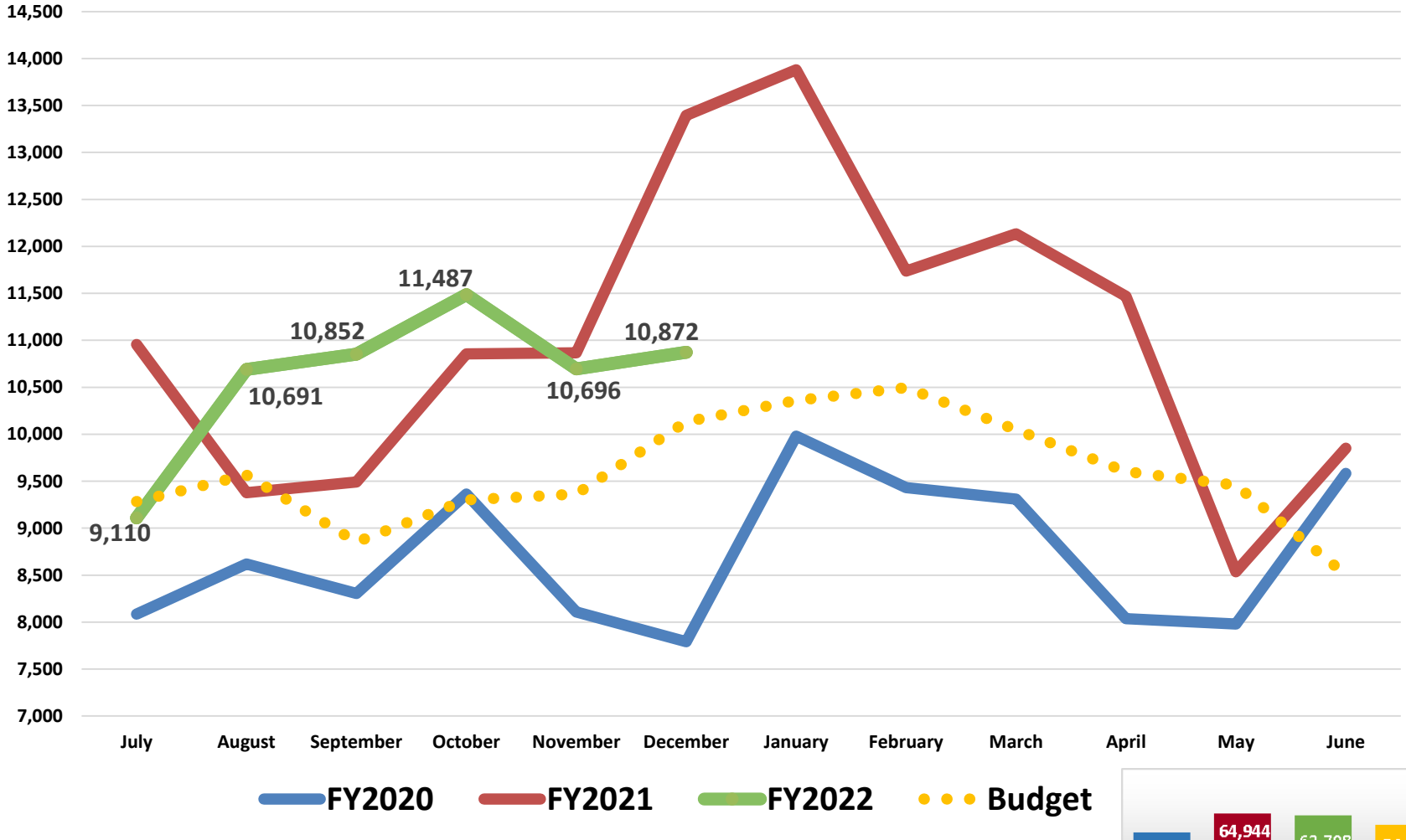
Cath Lab (OP Only) – 100 Min Units

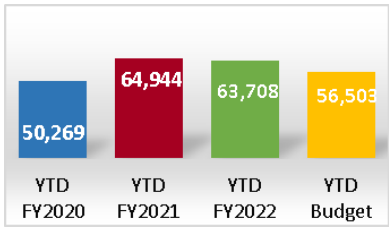


GME Family Medicine Clinic Visits

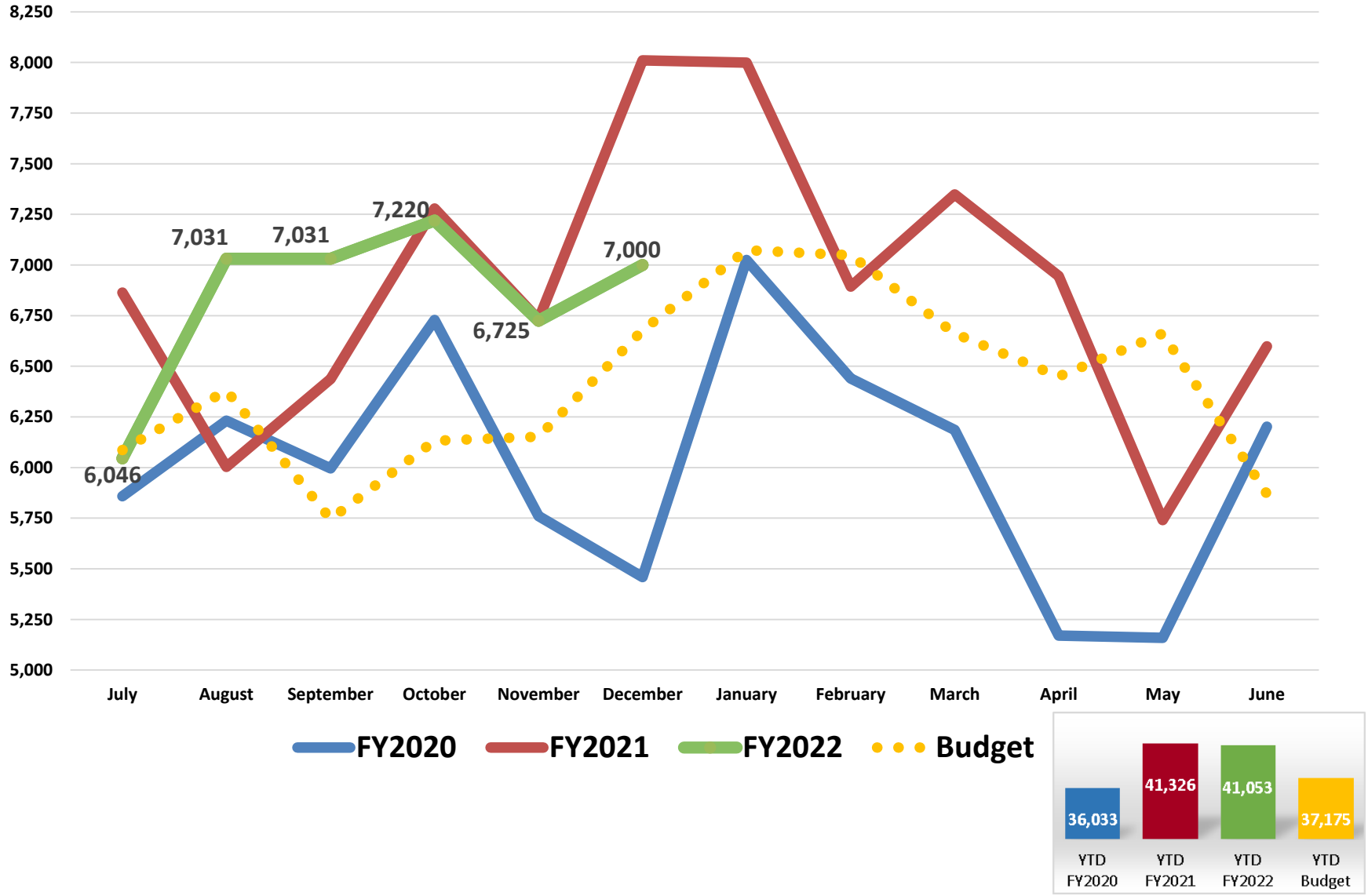


Rural Health Clinic Registrations

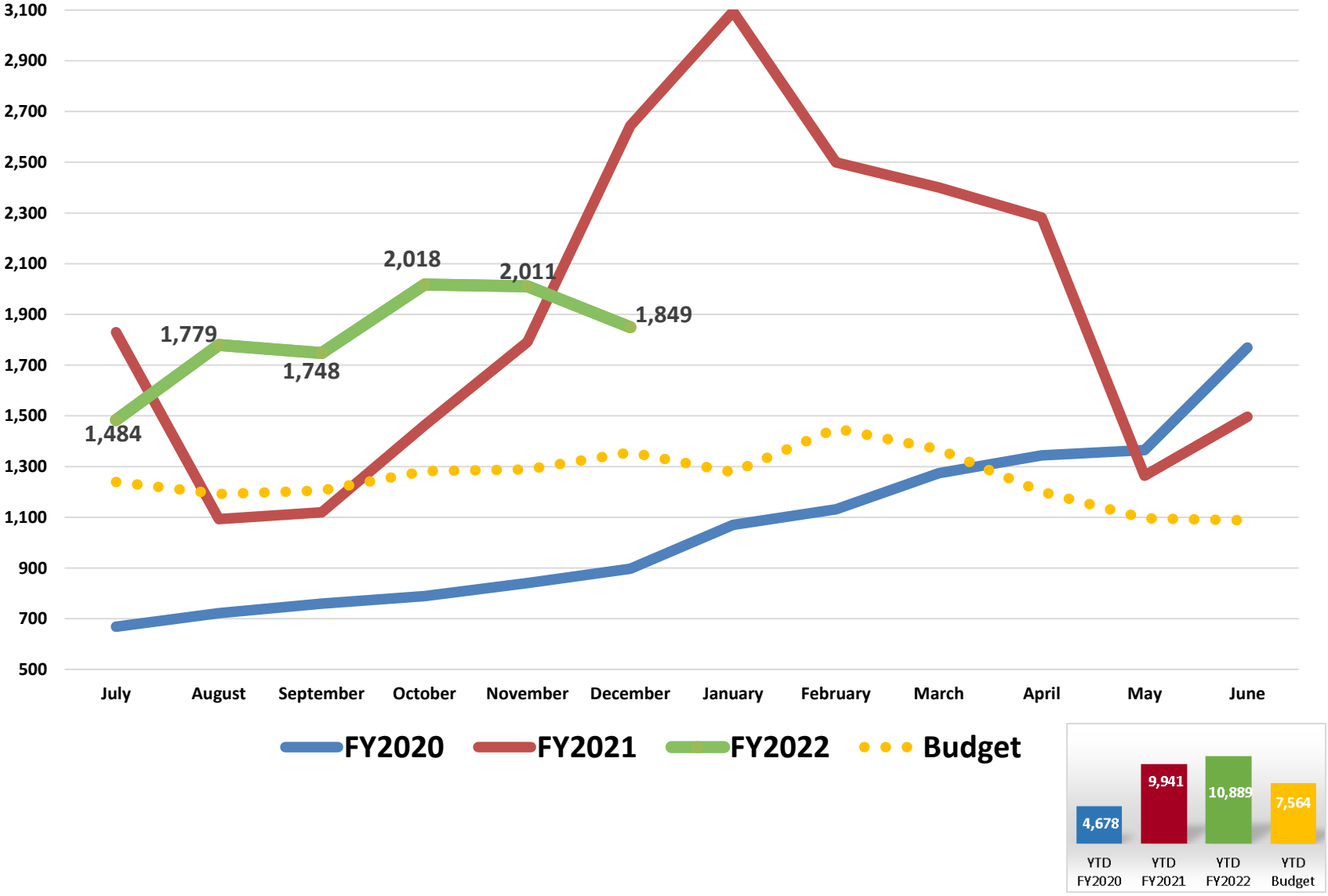




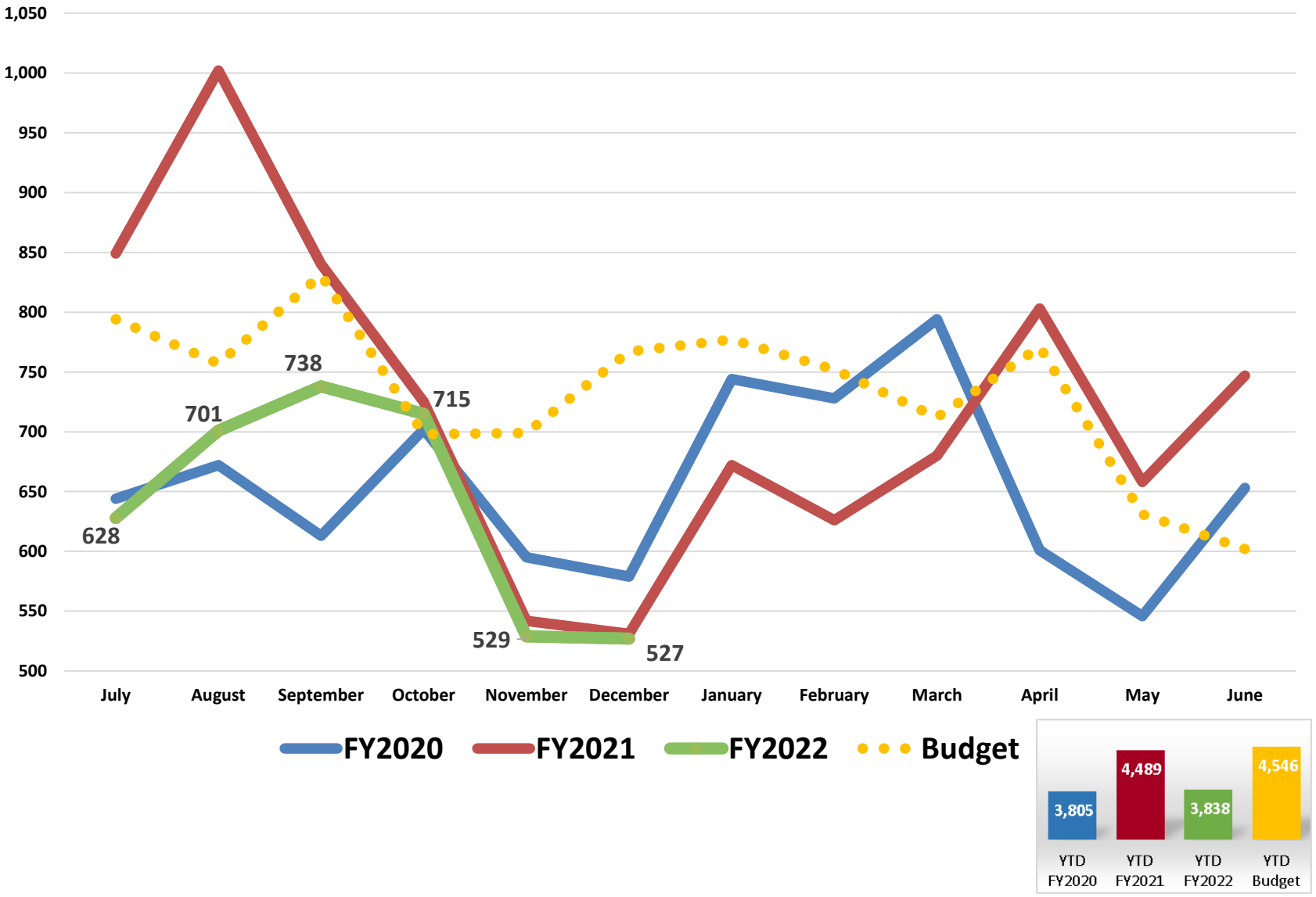
Exeter RHC - Registrations



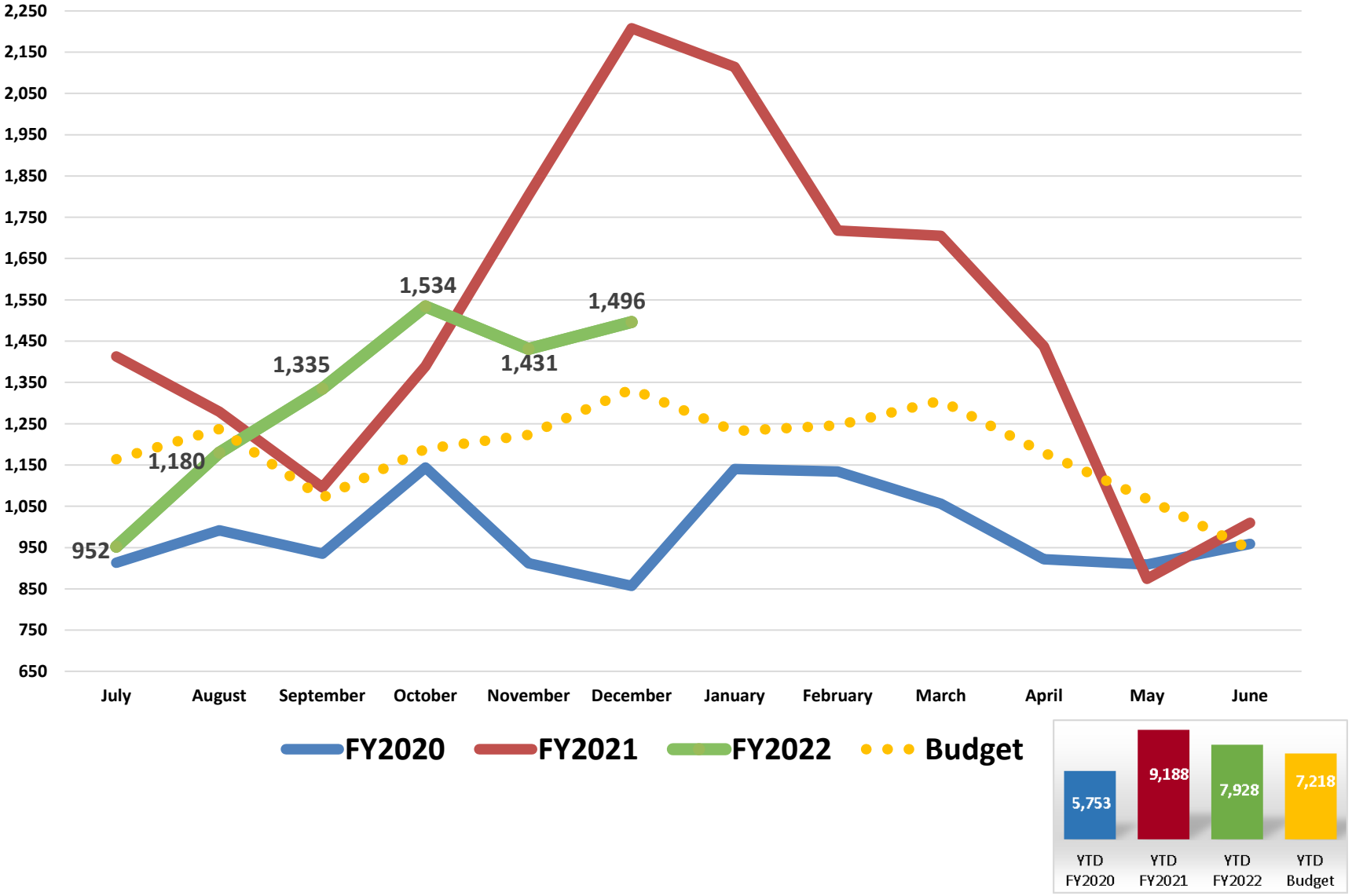
Lindsay RHC - Registrations



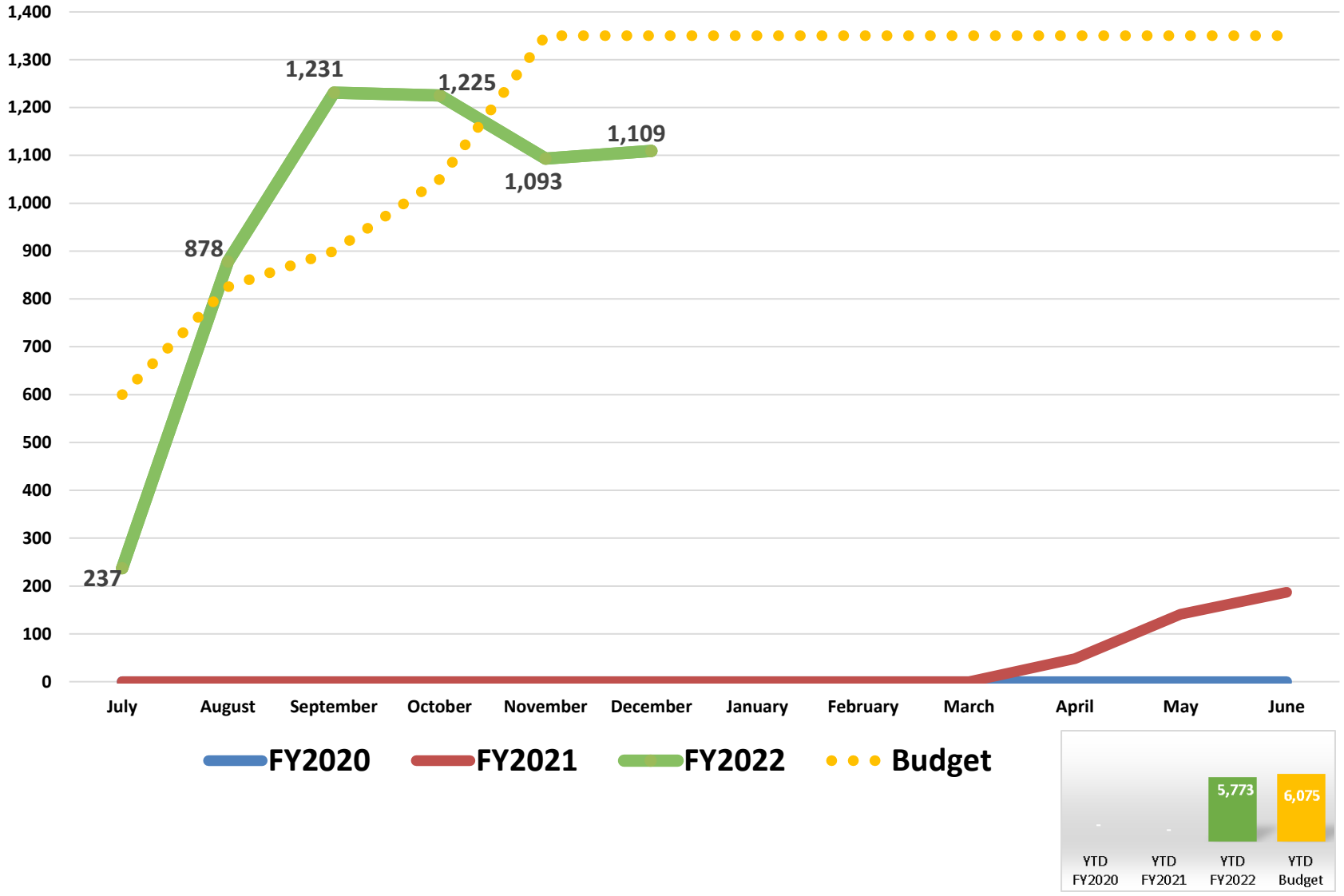
Woodlake RHC - Registrations



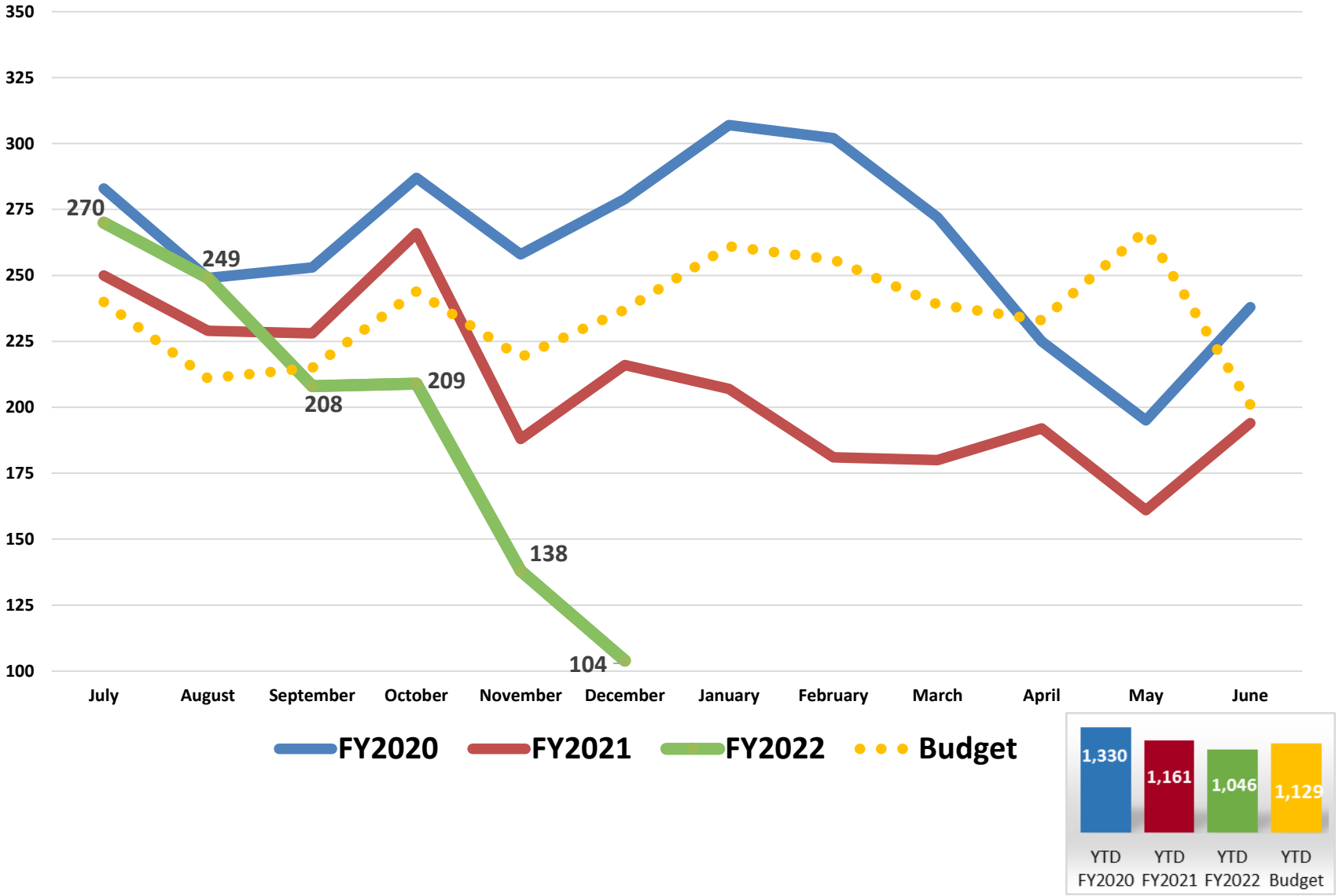
Dinuba RHC - Registrations



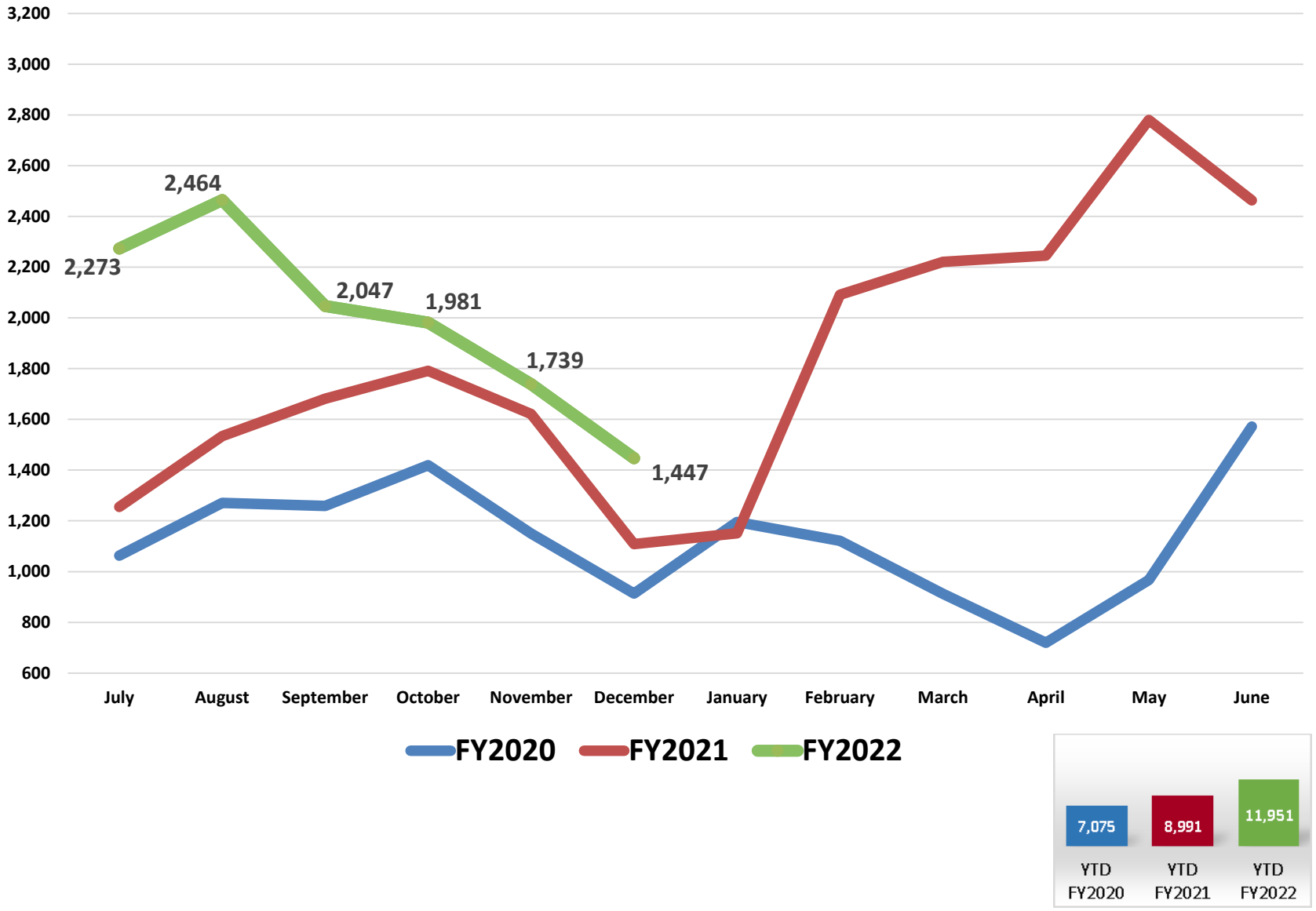
Tulare RHC - Registrations



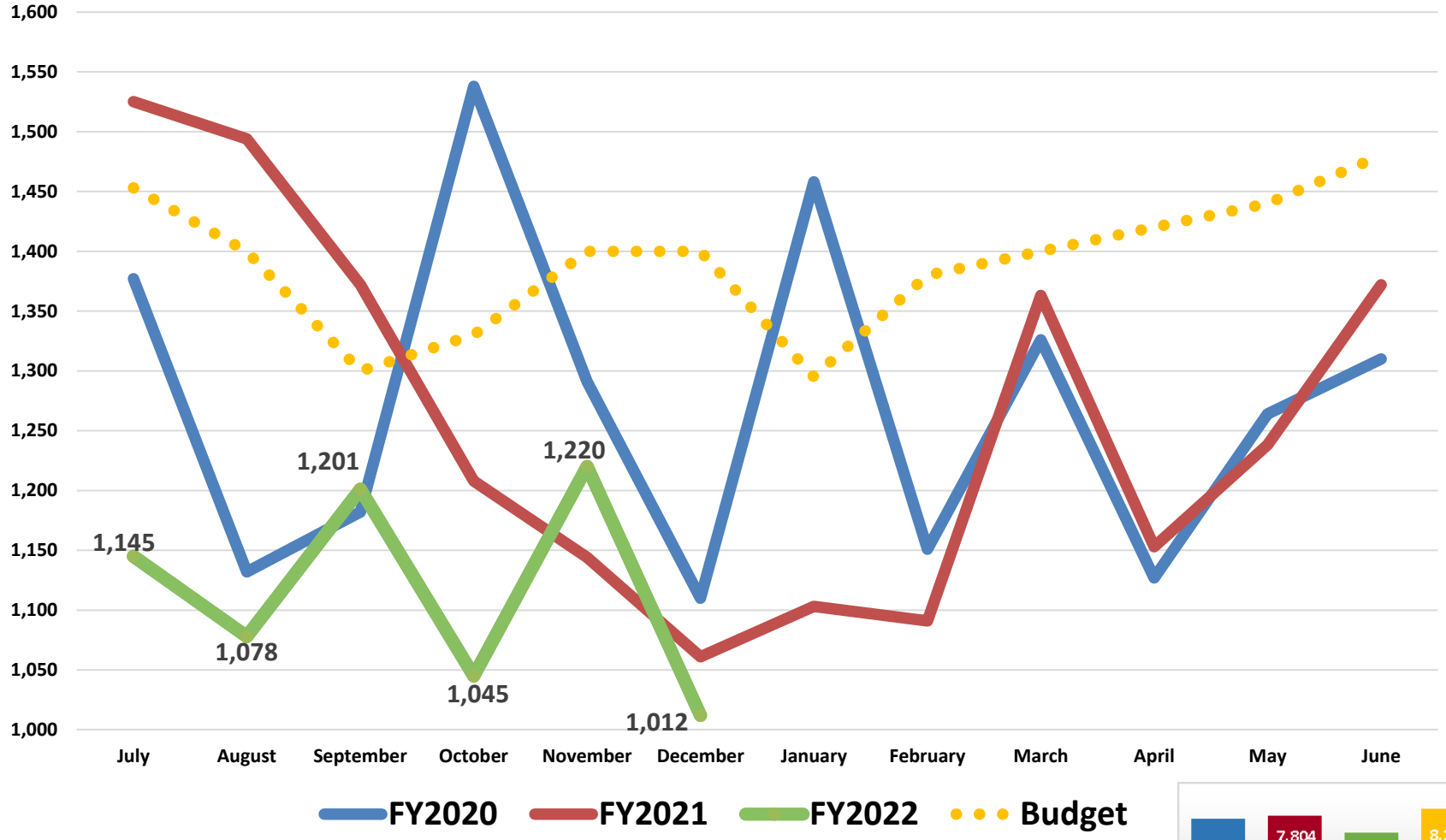
Neurosurgery Clinic - Registrations

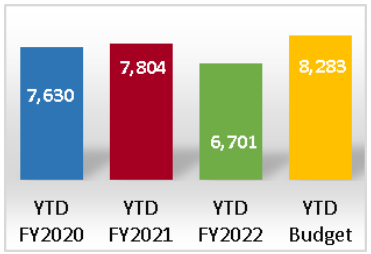


Neurosurgery Clinic - wRVU's

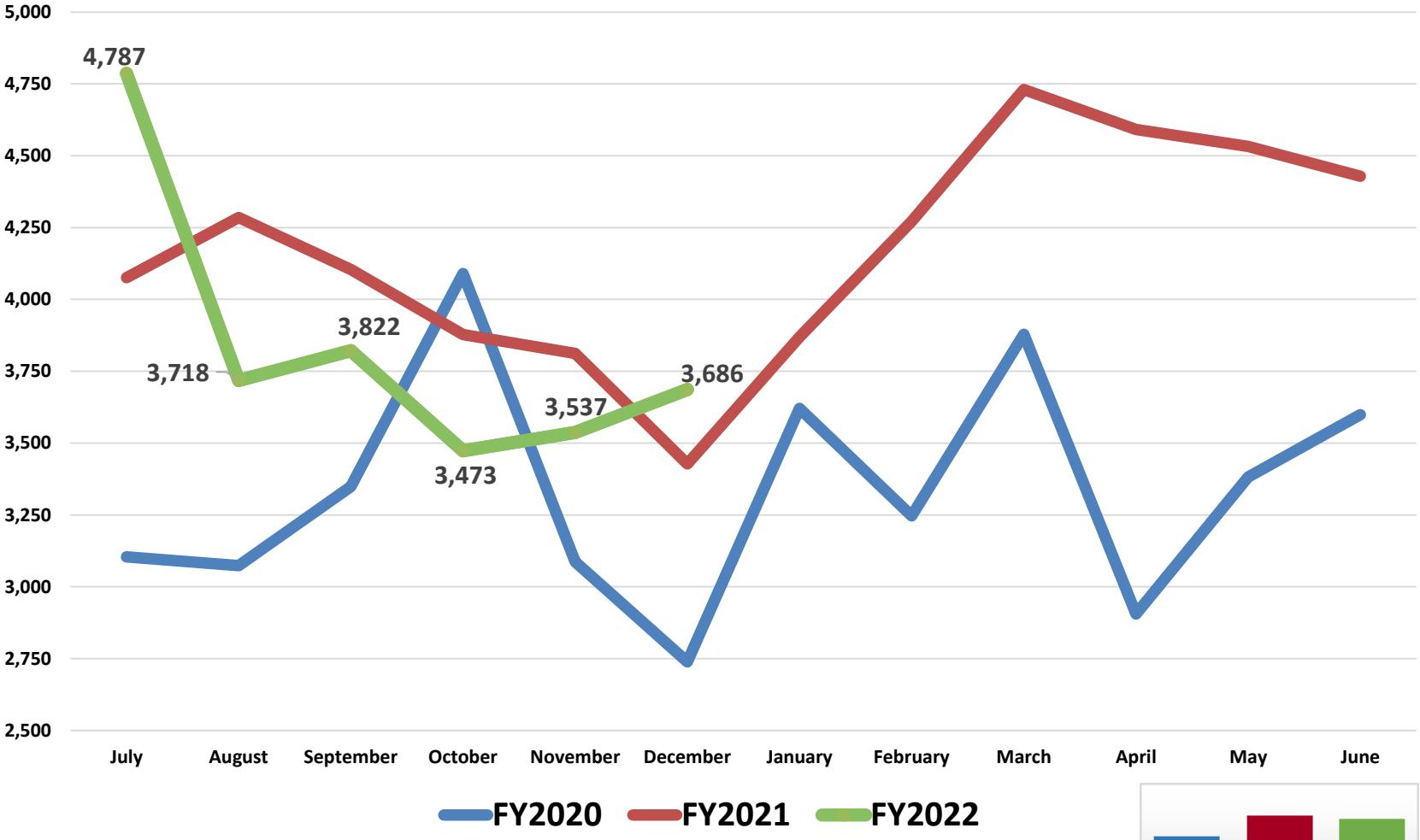


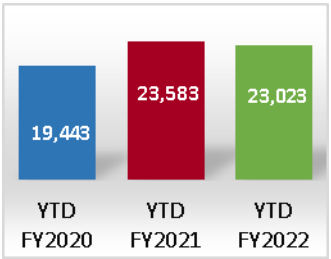
Sequoia Cardiology - Registrations



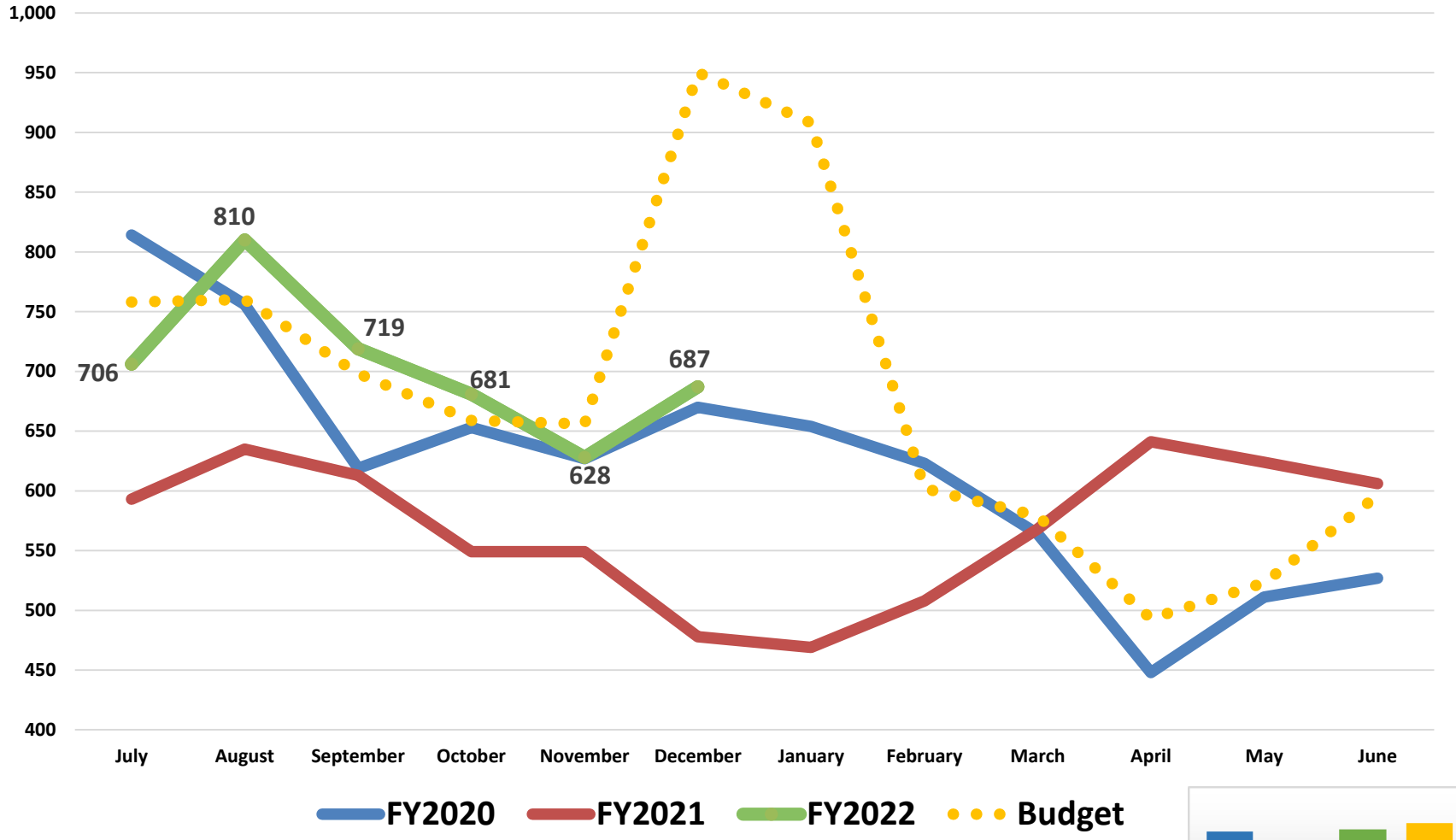


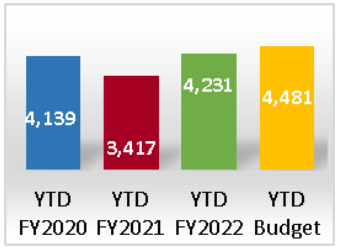
Sequoia Cardiology – wRVU's



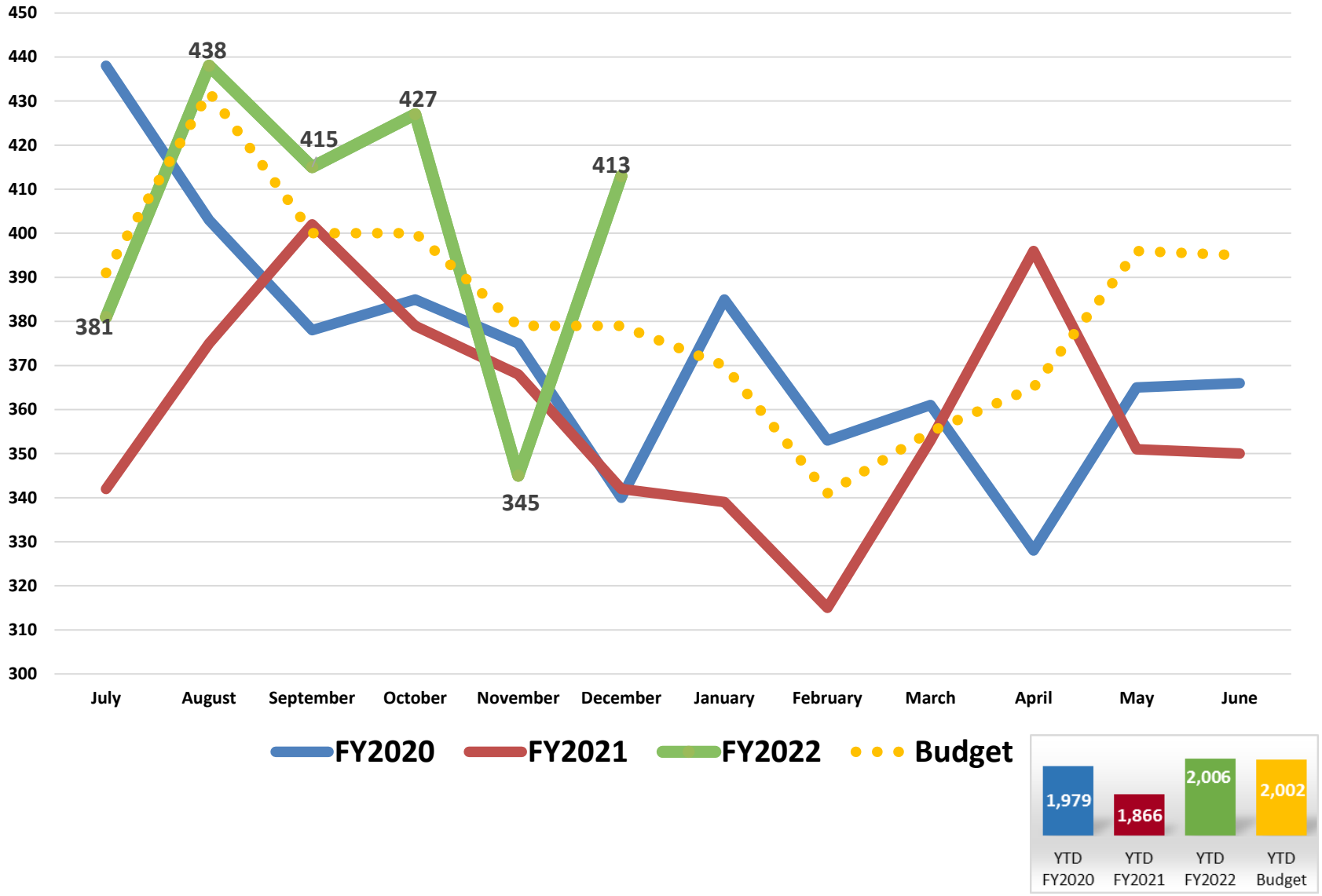


Labor Triage Registrations





Deliveries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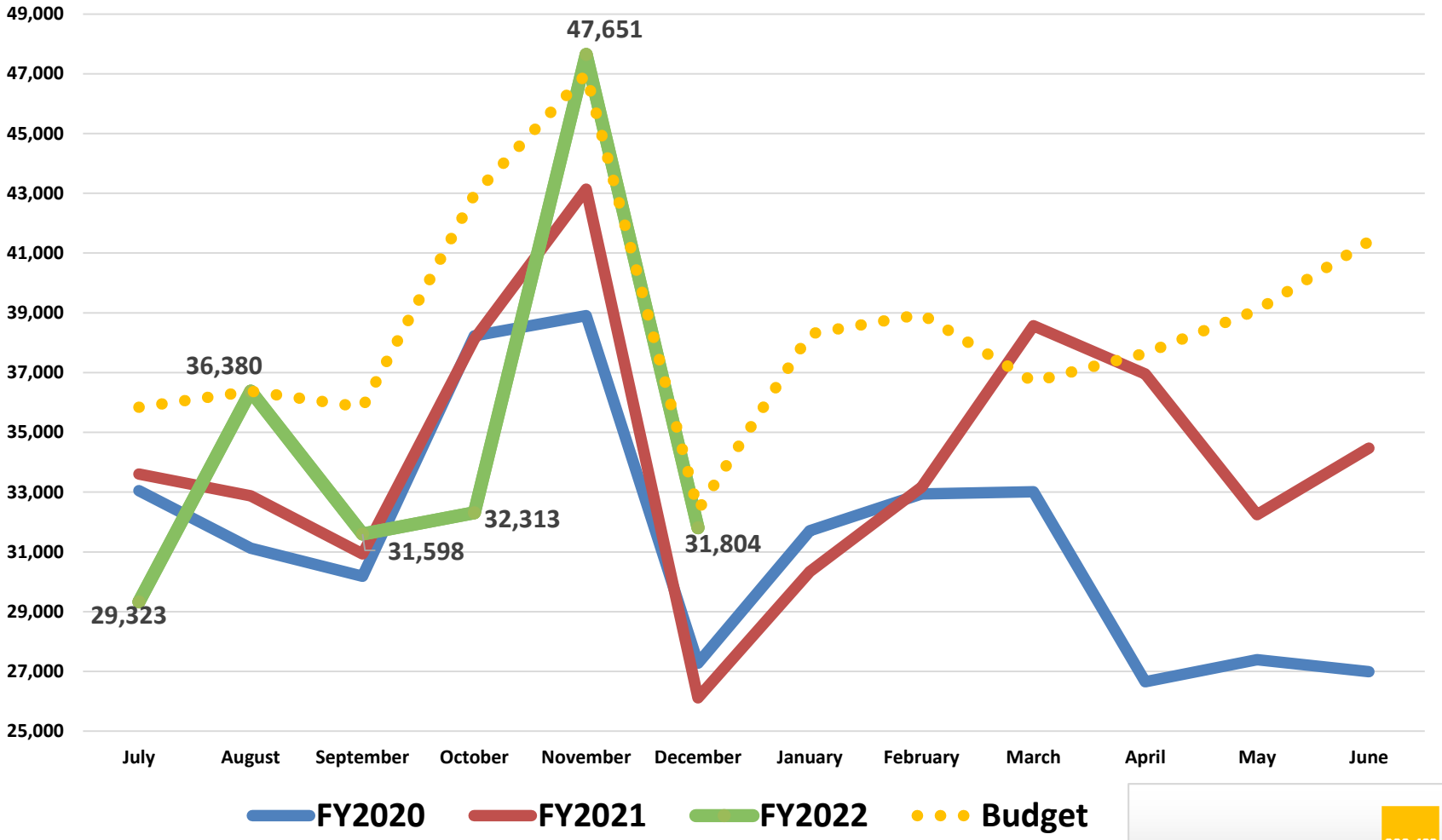
440
430
420
410
400
390
380
370
360
350
340
330
320
310
300
July
August
September
October
November
December
January
February
March
April
May
June
438
415
427
413
381
345
FY2020
FY2021
FY2022
Budget
1,979
1,866
2,006
2,002
YTD FY2020
YTD FY2021
YTD FY2022
YTD Budget

KHMG RVU's


49,000
47,000
45,000
43,000
41,000
39,000
37,000
35,000
33,000
31,000
29,000
27,000
25,000
July
August
September
October
November
December
January
February
March
April
May
June
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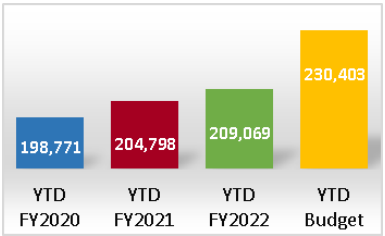
36,380
32,313
31,598
31,804
29,323
FY2020
FY2021
FY2022
Budget


198,771
204,798
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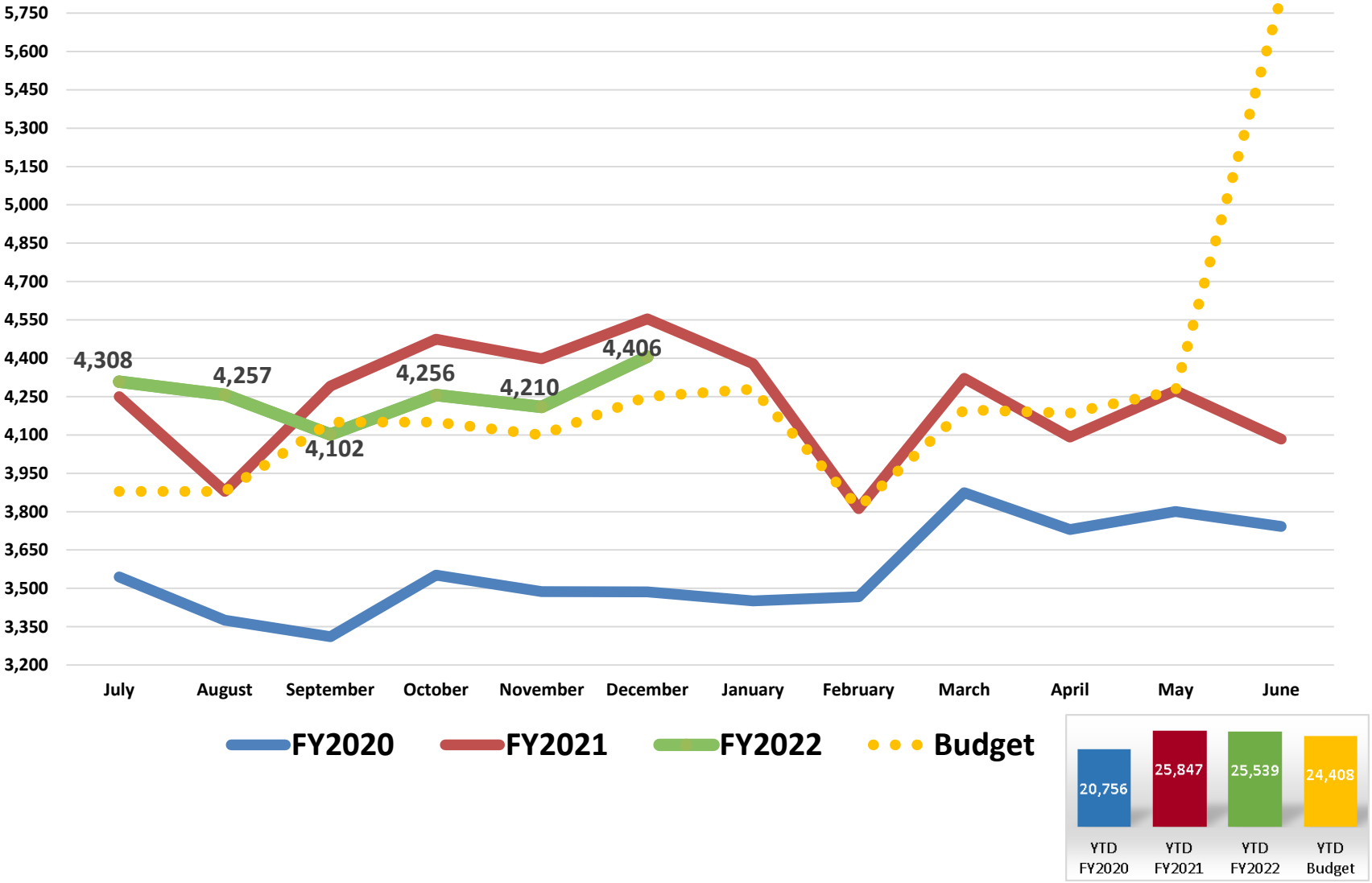
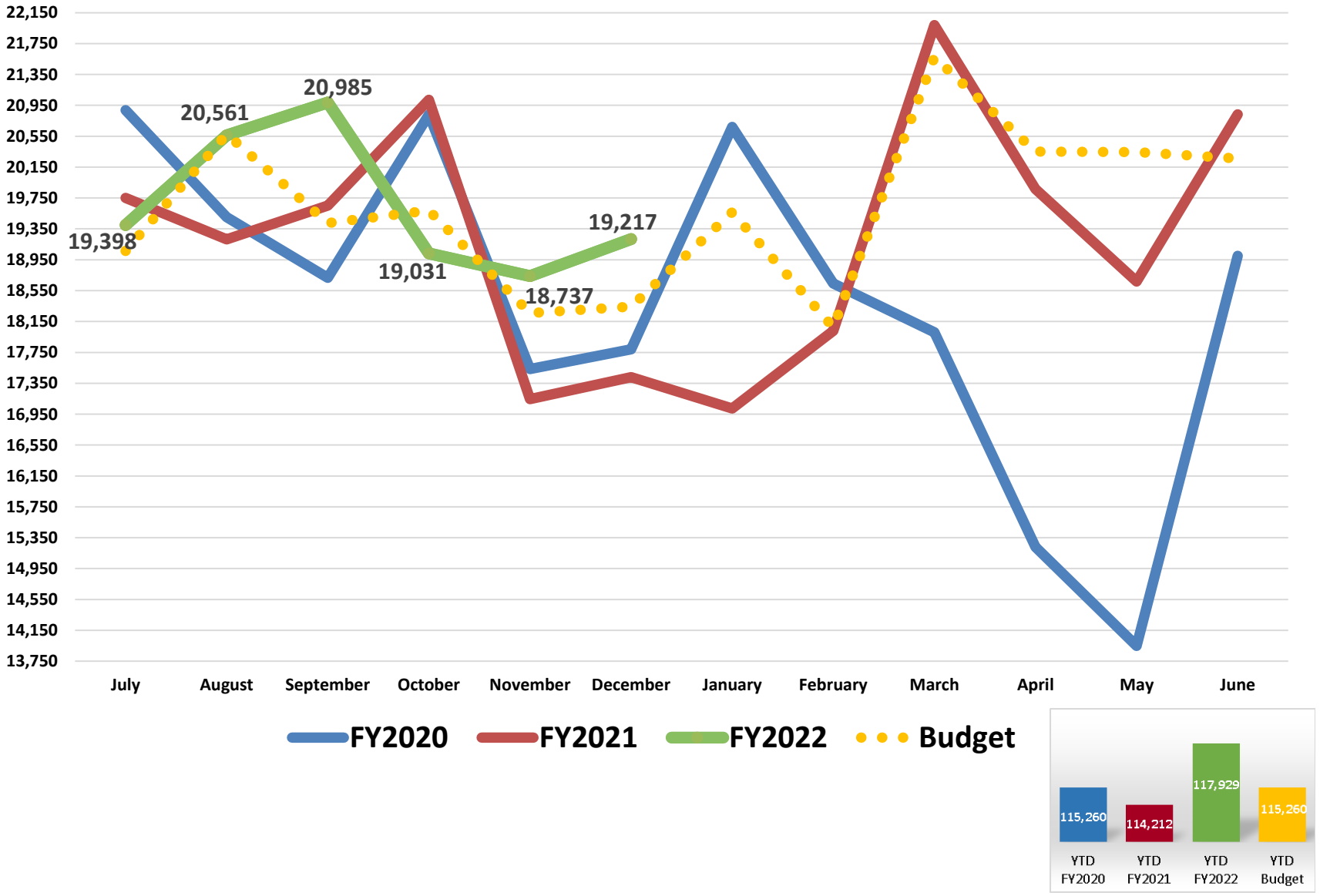
230,403
YTD FY2020
YTD FY2021
YTD FY2022
YTD Budget

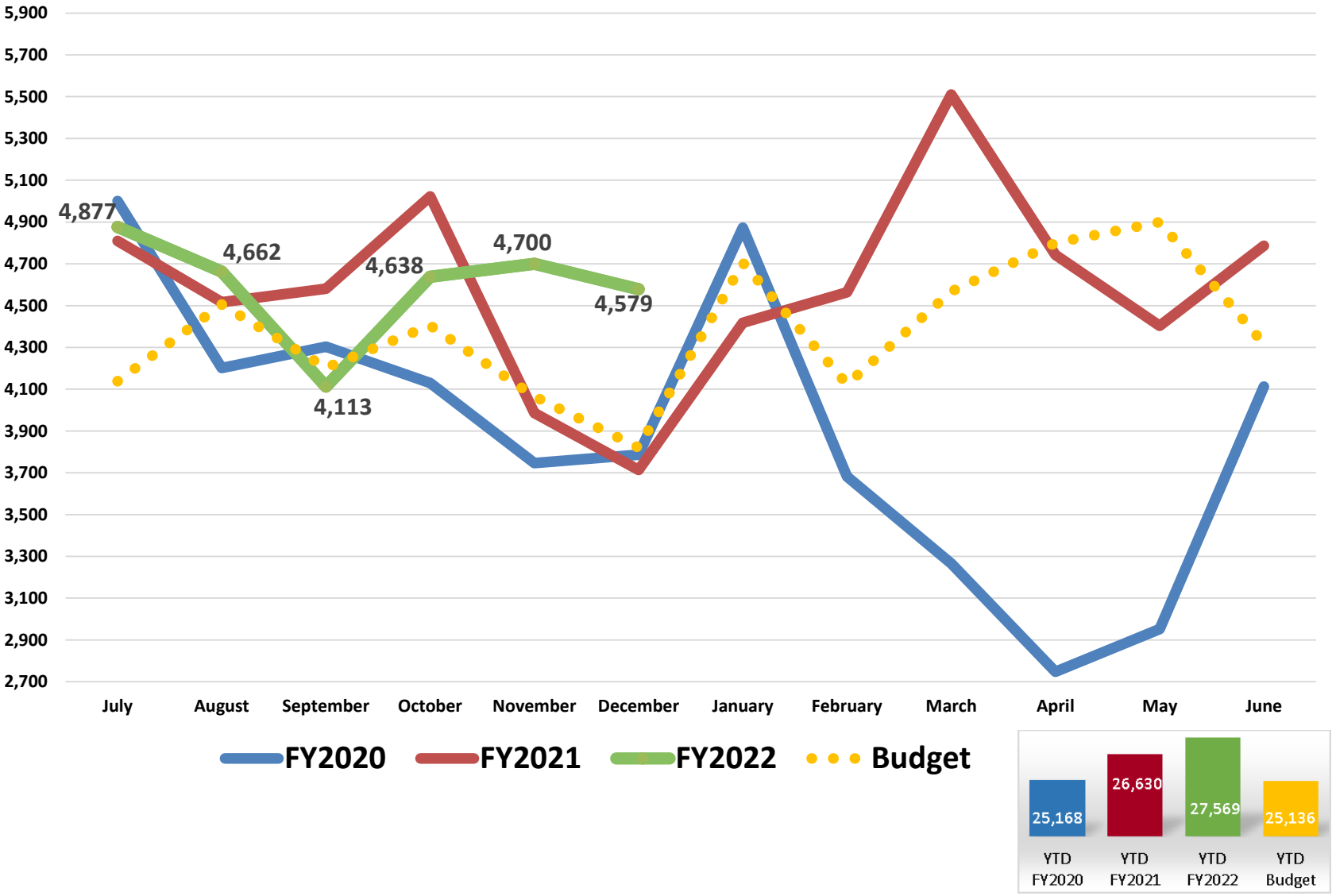
Hospice Days



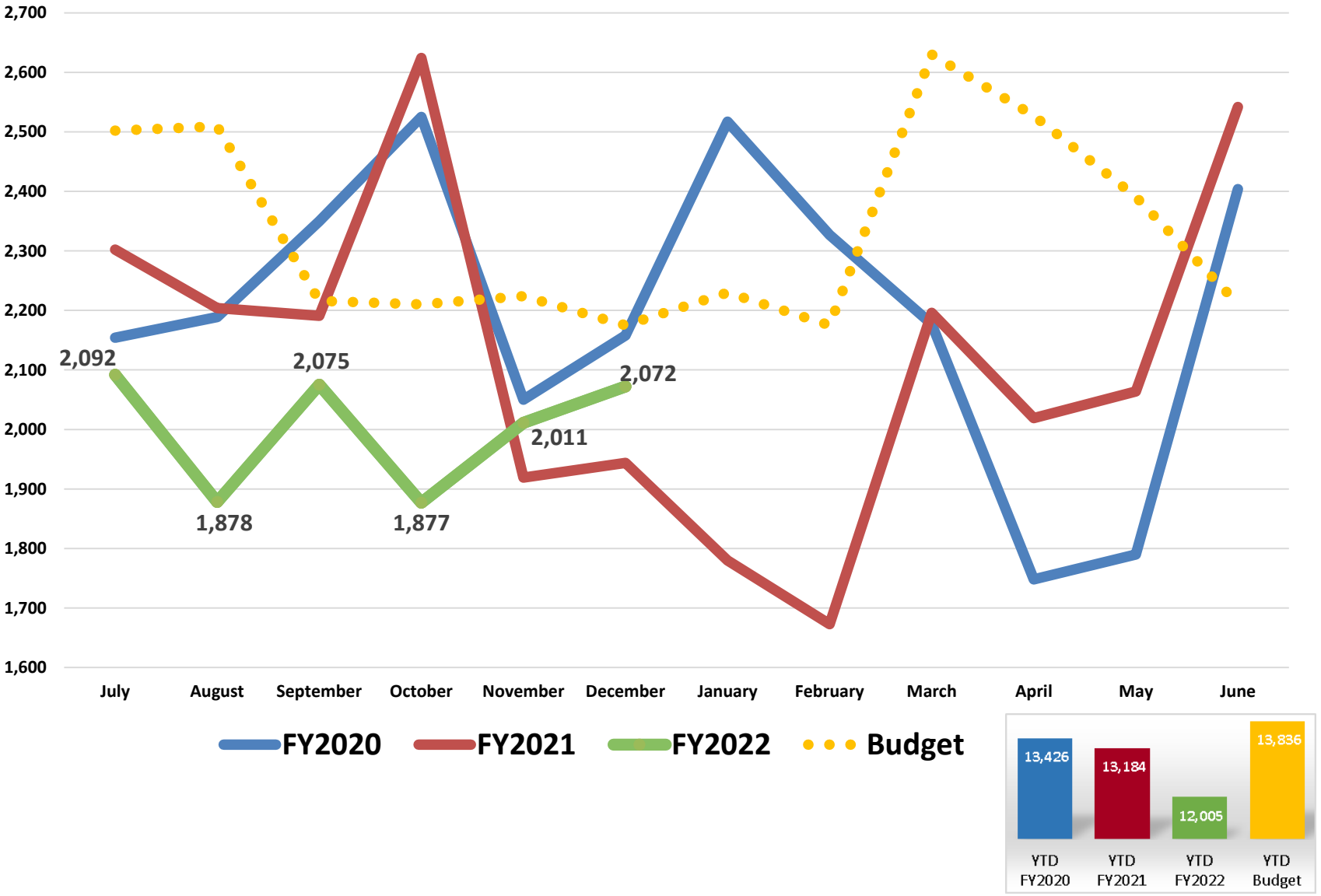
All O/P Rehab Services Across District



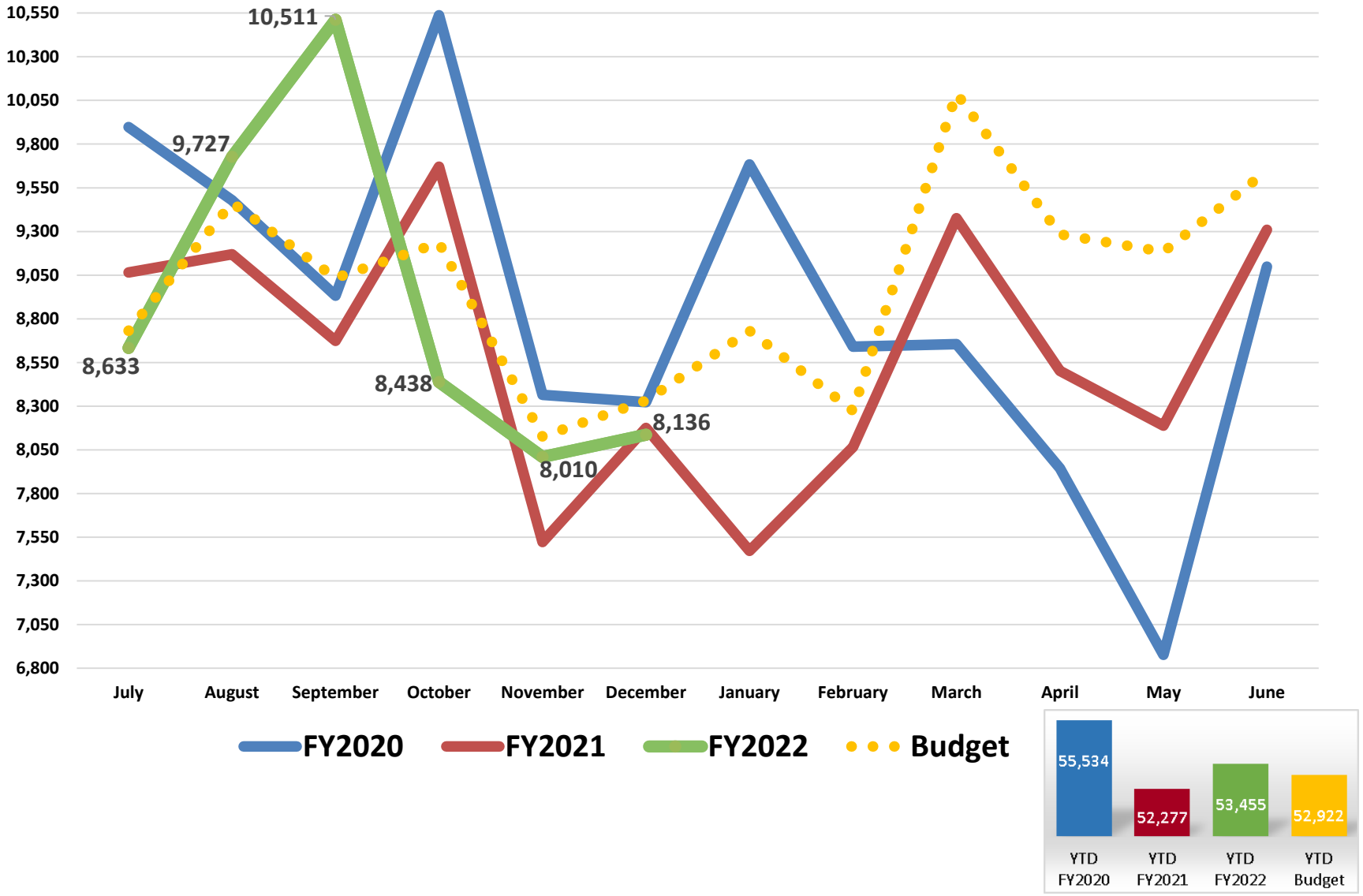
O/P Rehab Services



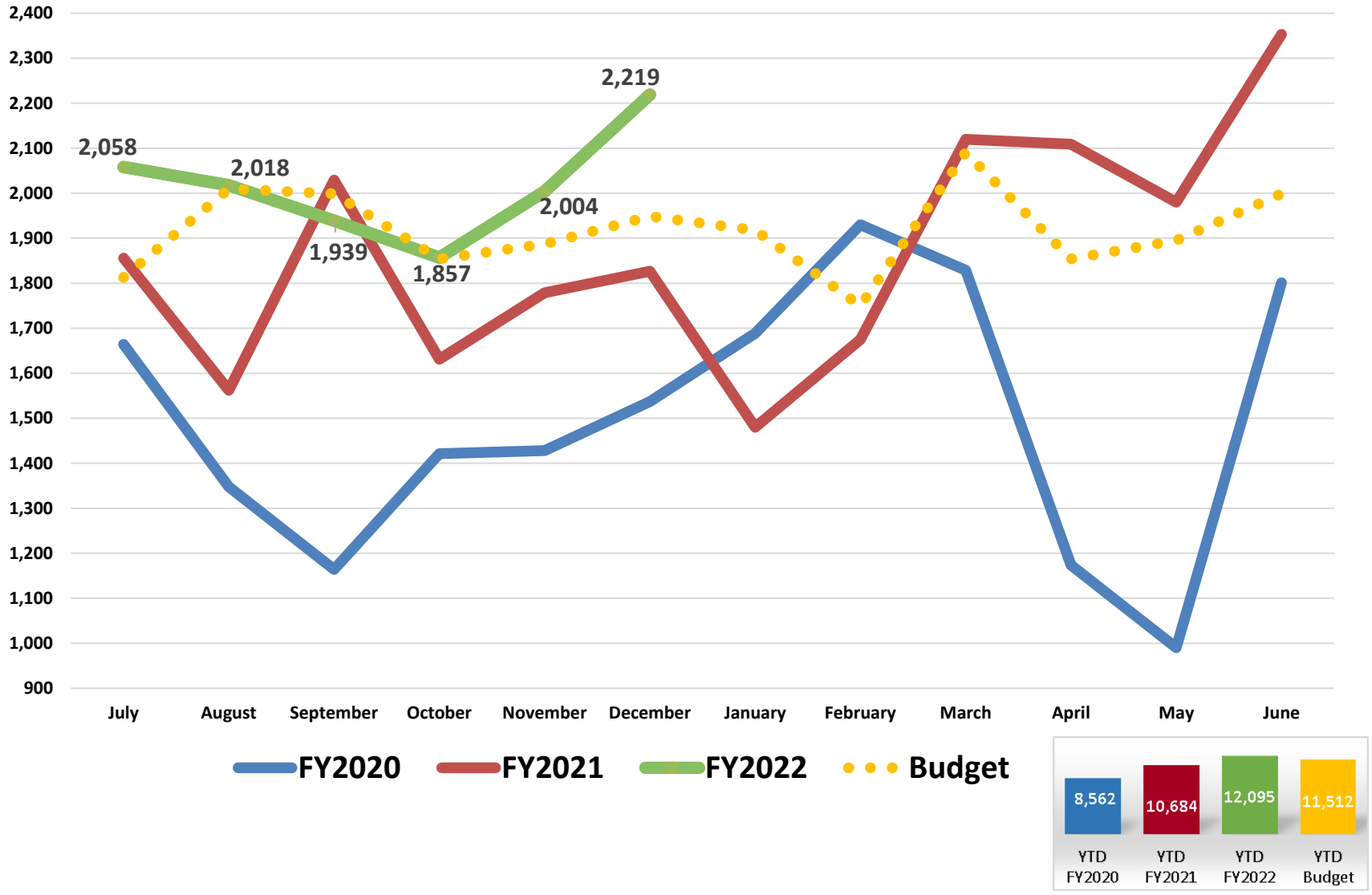
O/P Rehab - Exeter



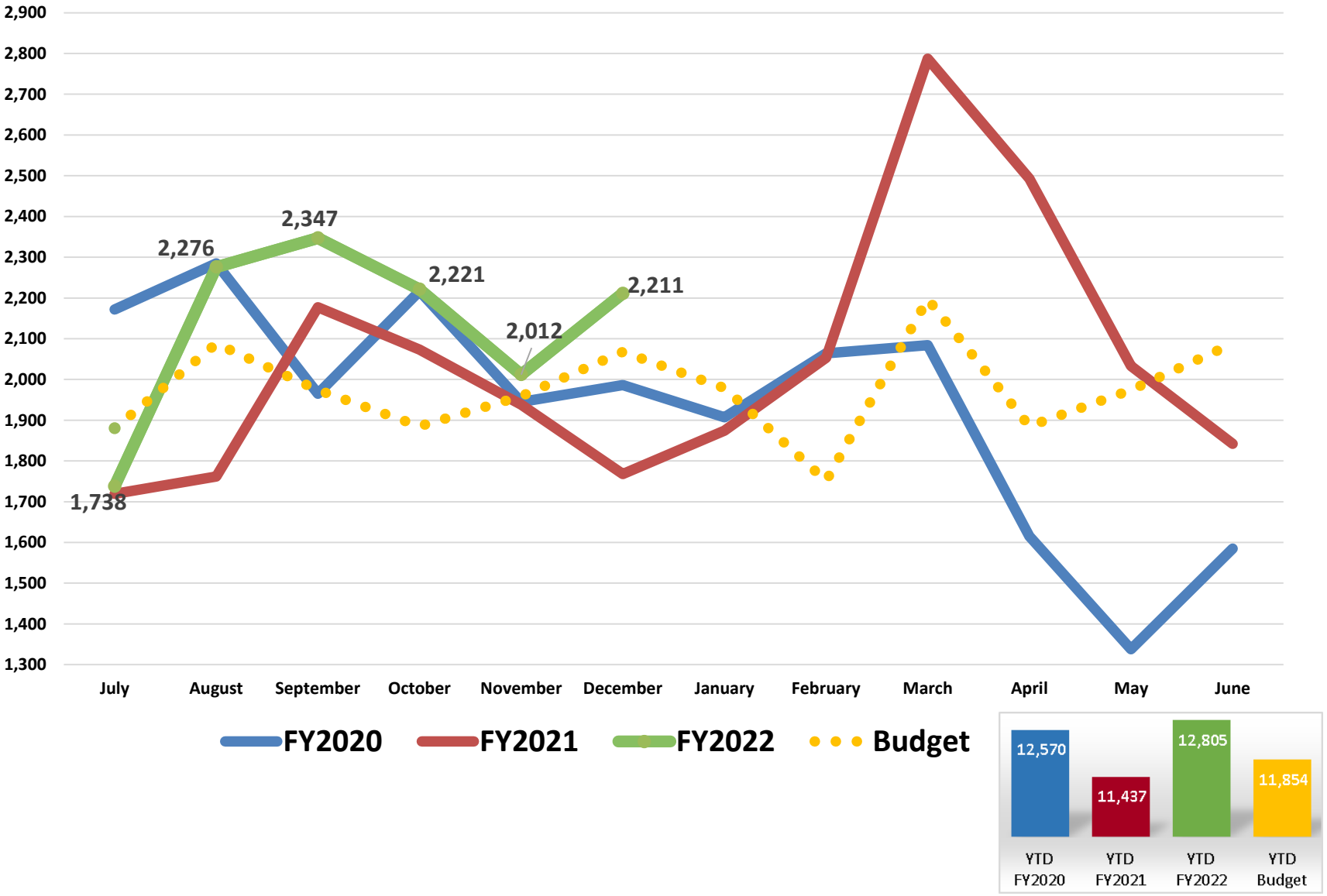
O/P Rehab - Akers



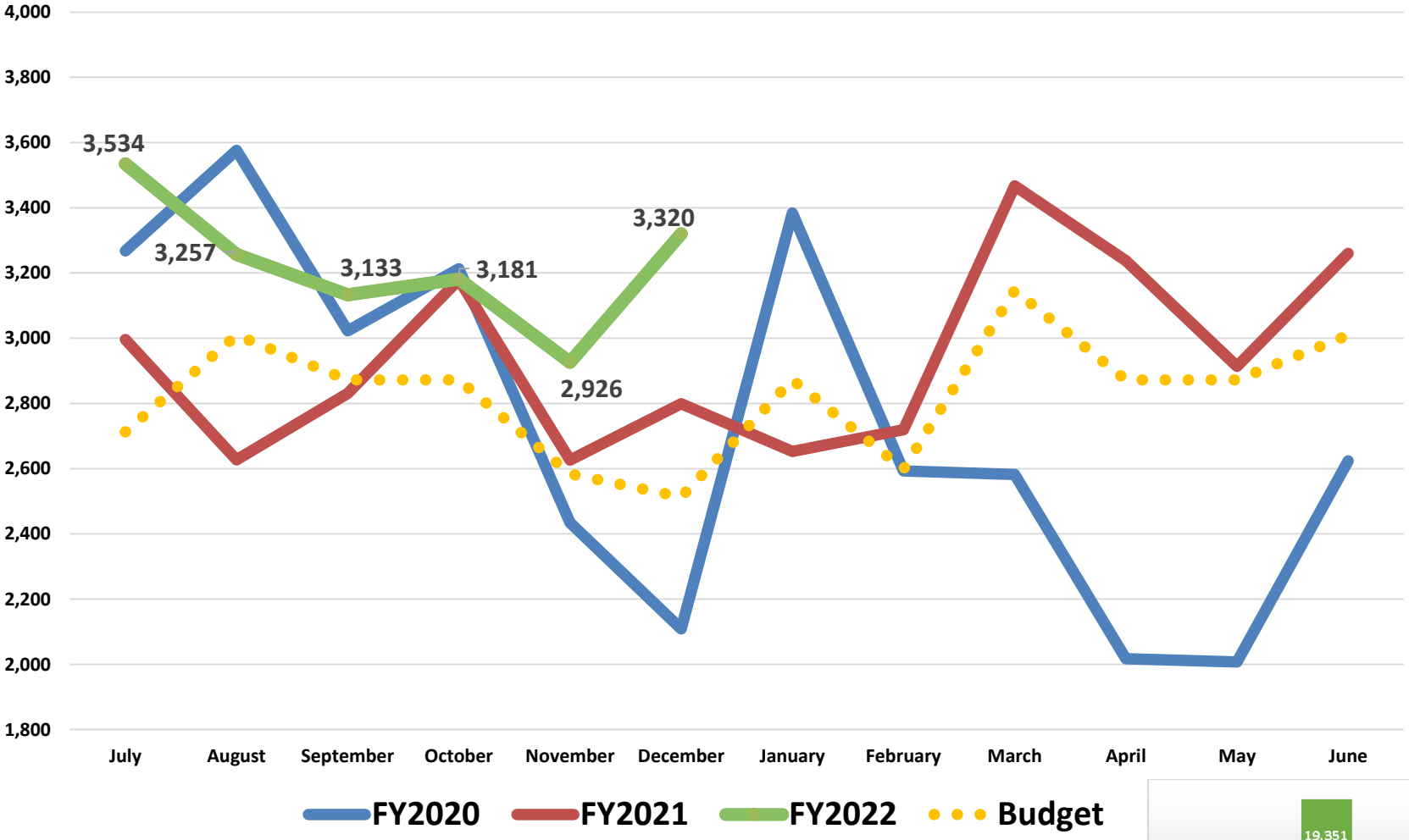
O/P Rehab - LLOPT

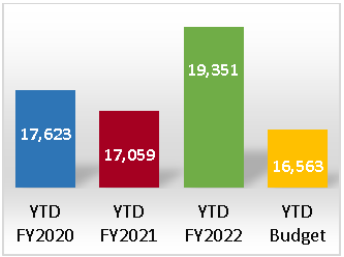


O/P Rehab - Dinuba

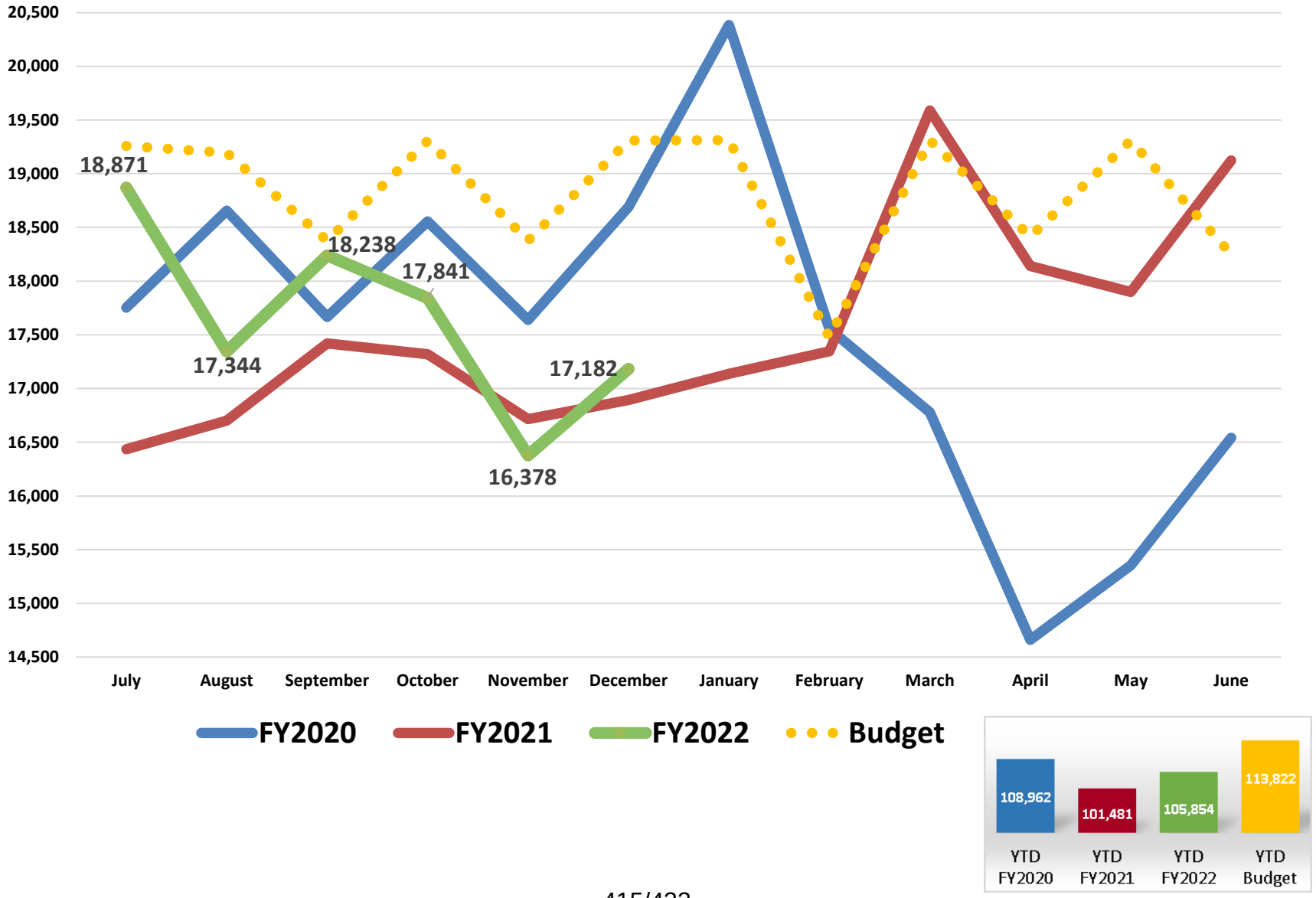


Therapy - Cypress Hand Center

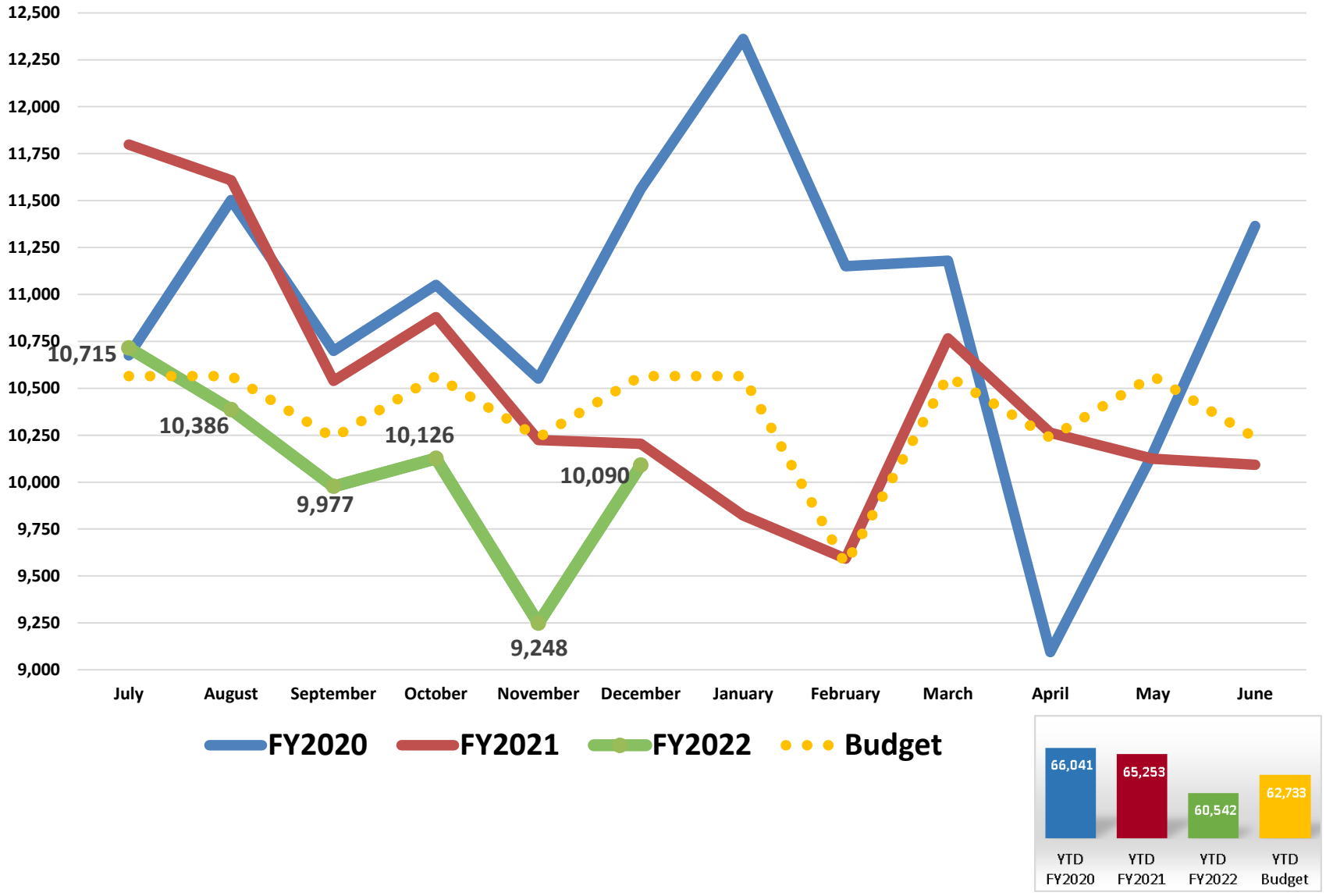




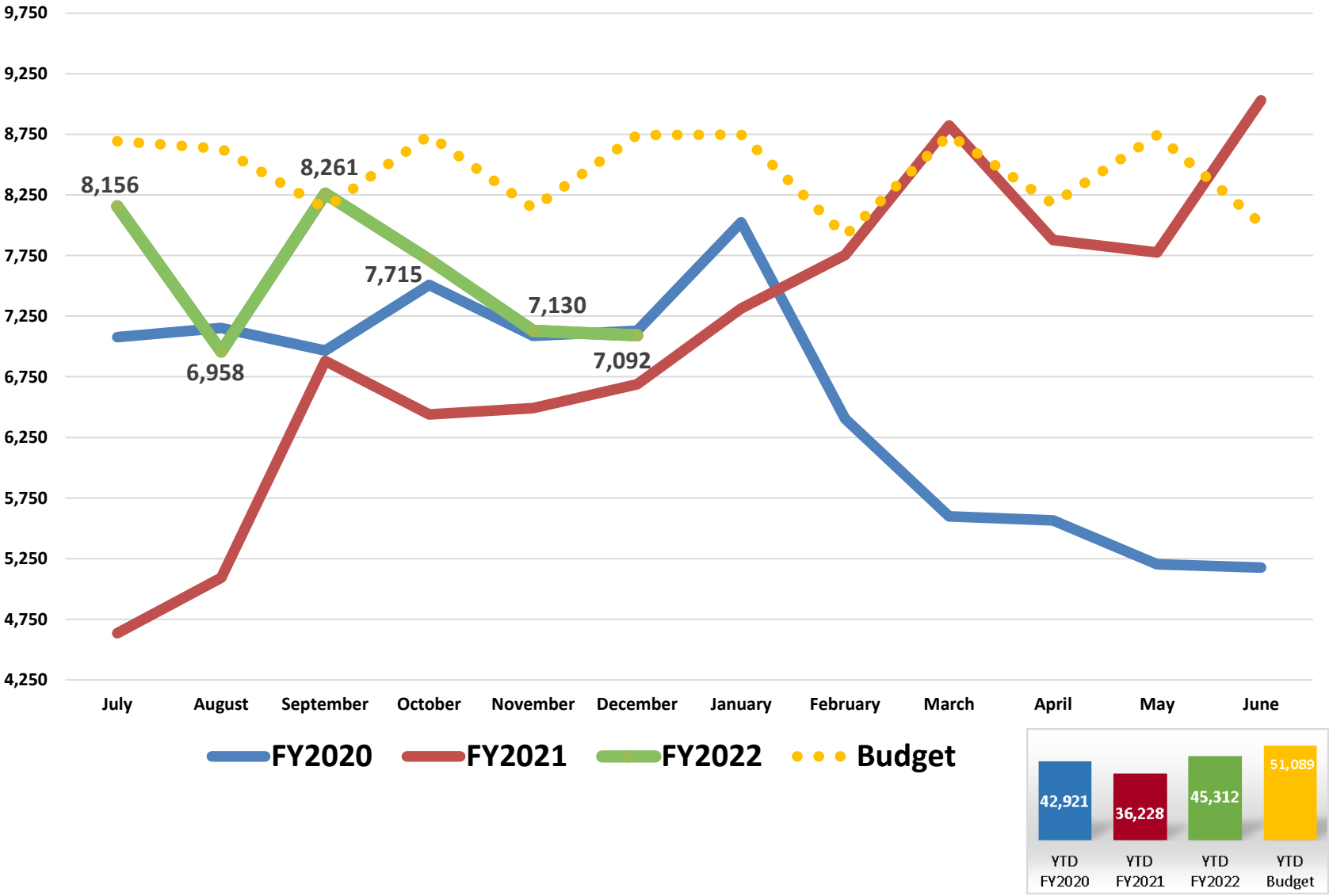
Physical & Other Therapy Units (I/P & O/P)



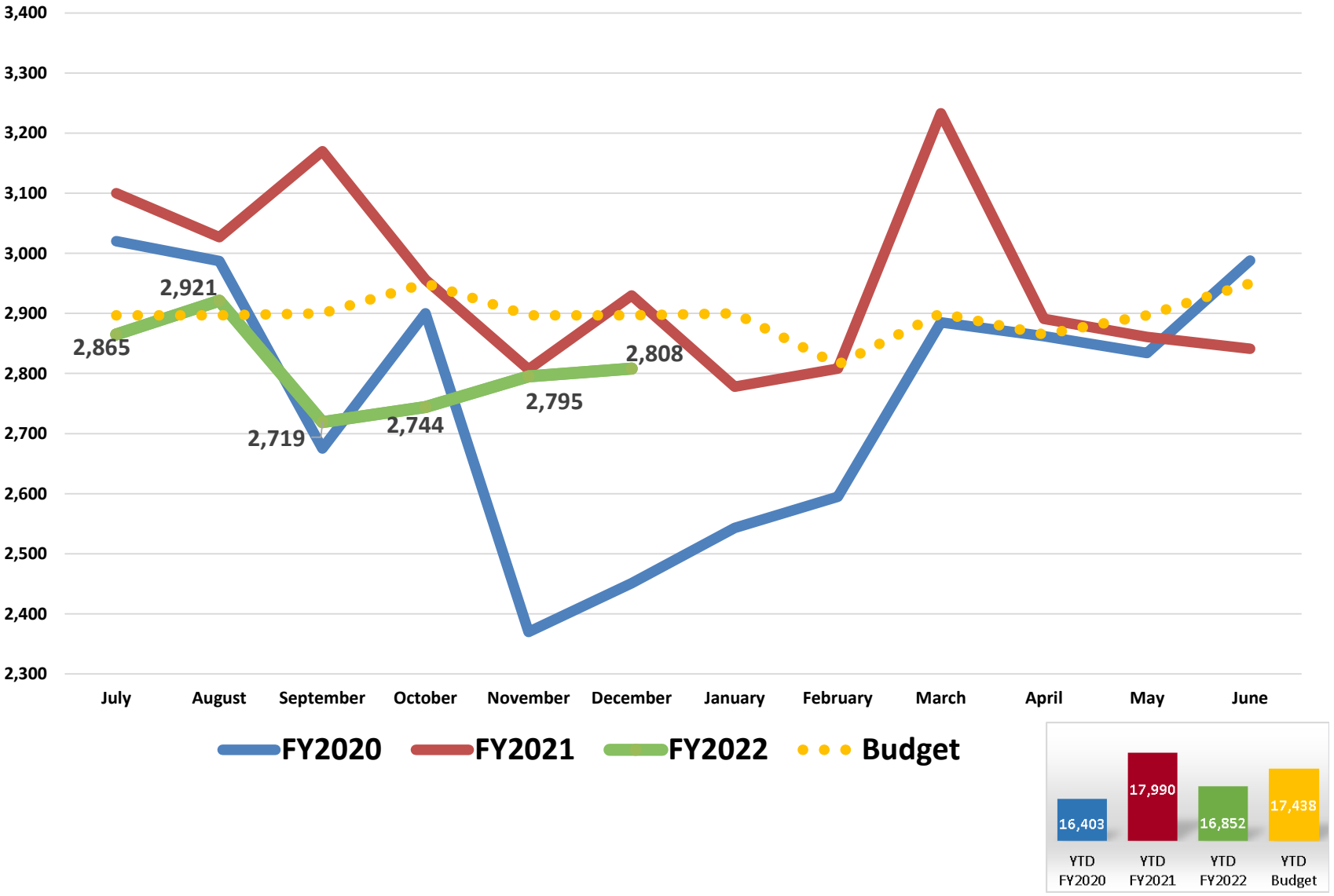
Physical & Other Therapy Units (I/P & O/P)-Main Campus



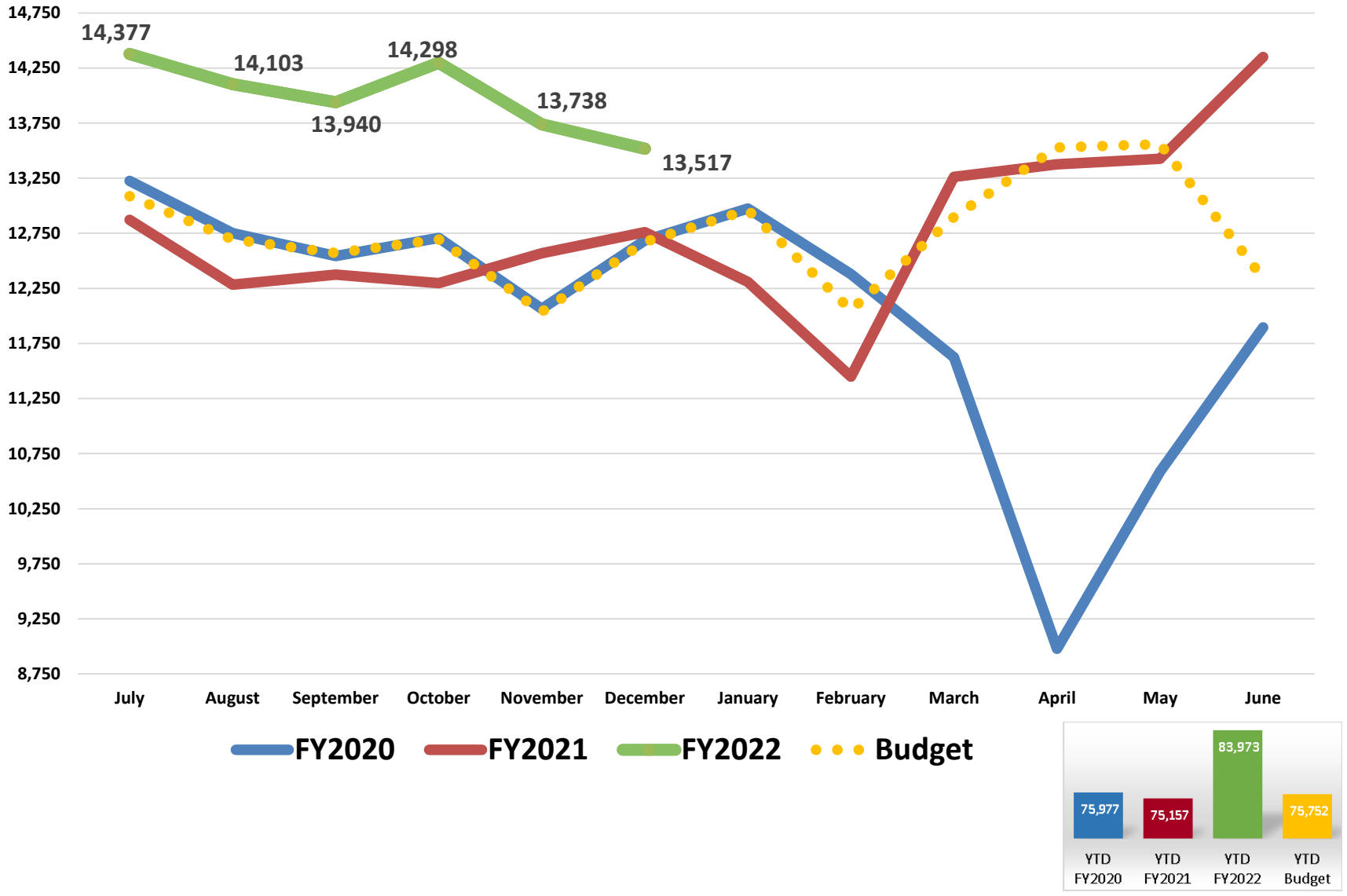
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



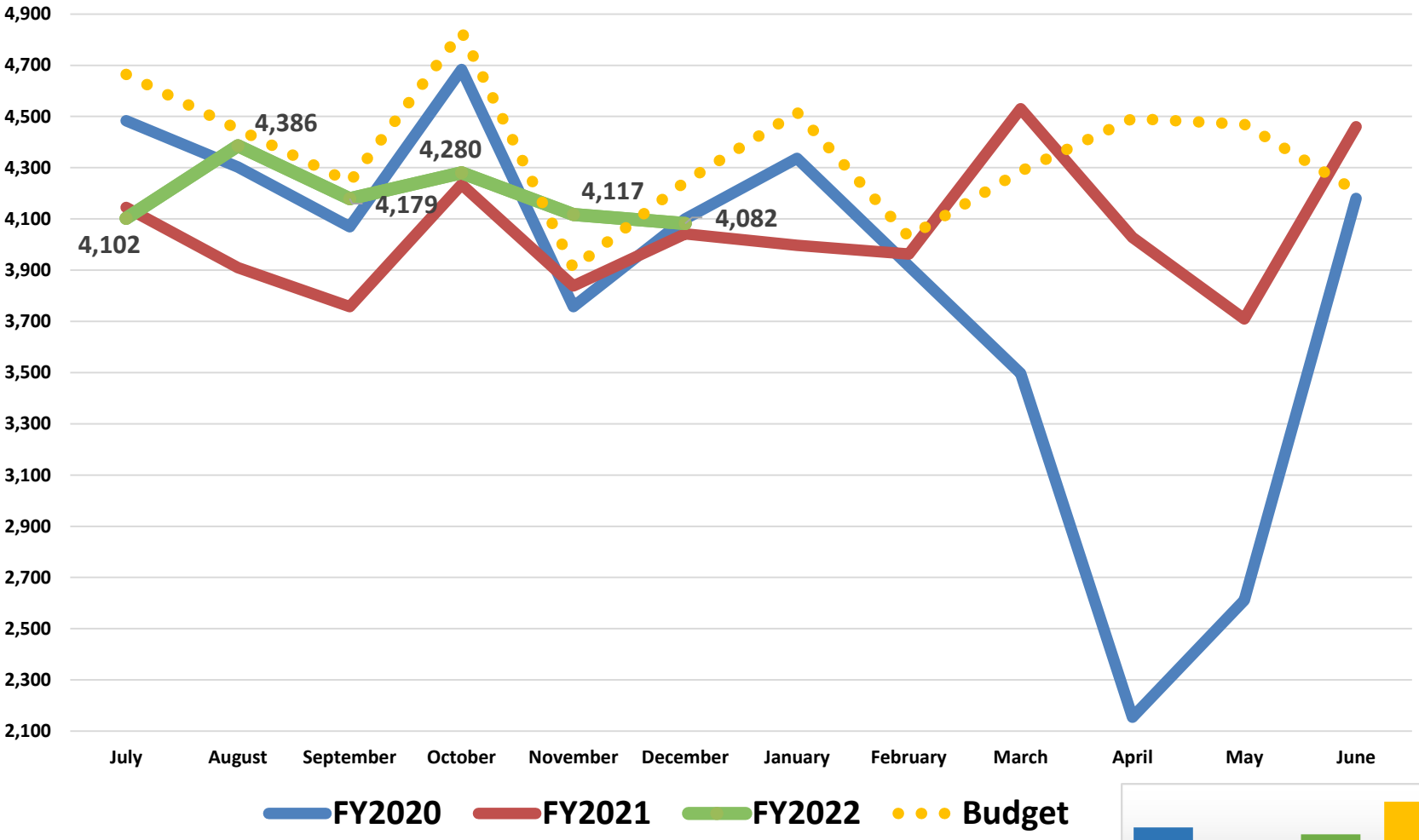
Home Health Visits

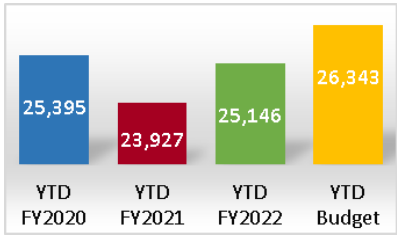


Radiology – Main Campus

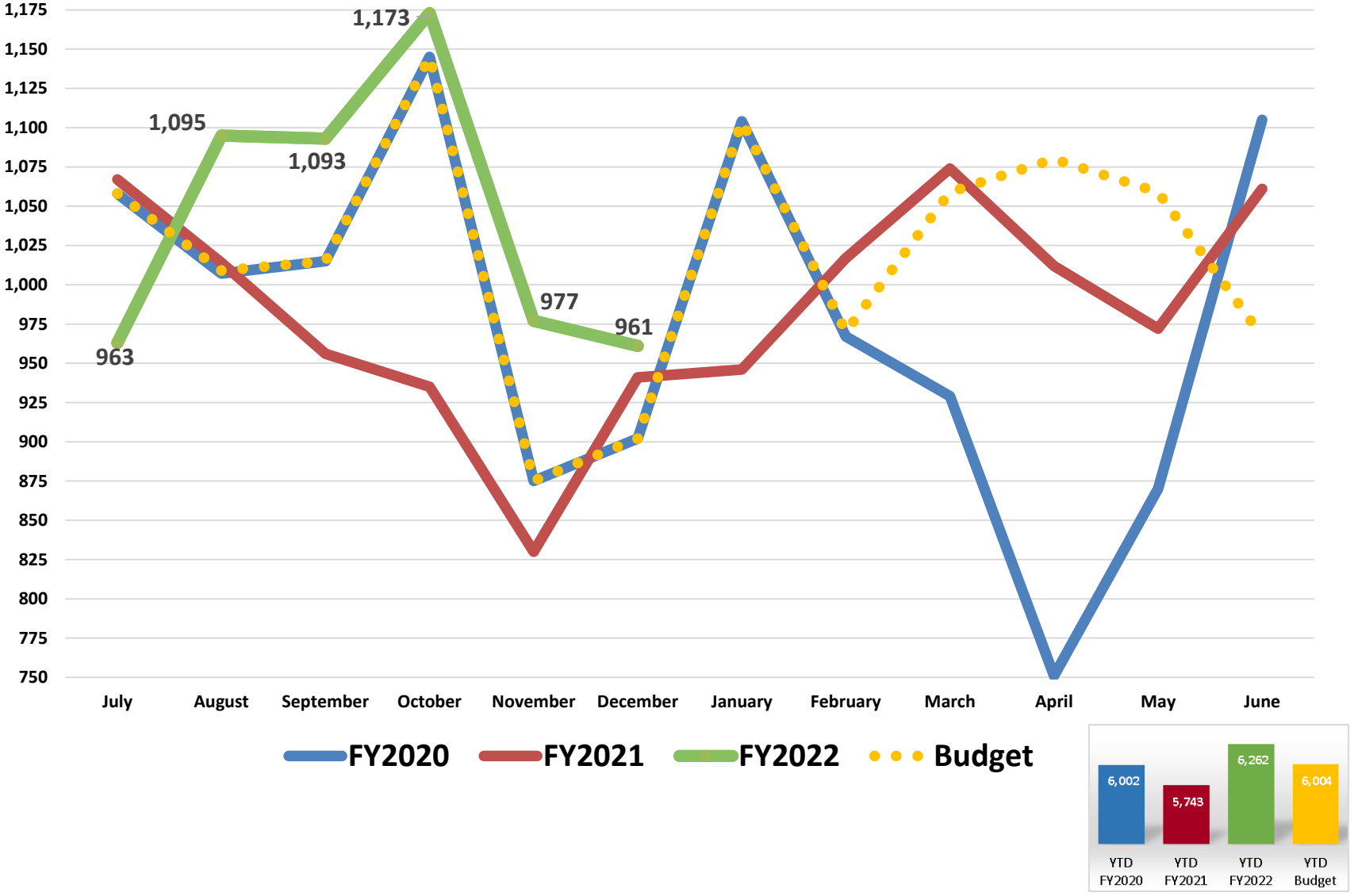


Radiology – West Campus Imaging

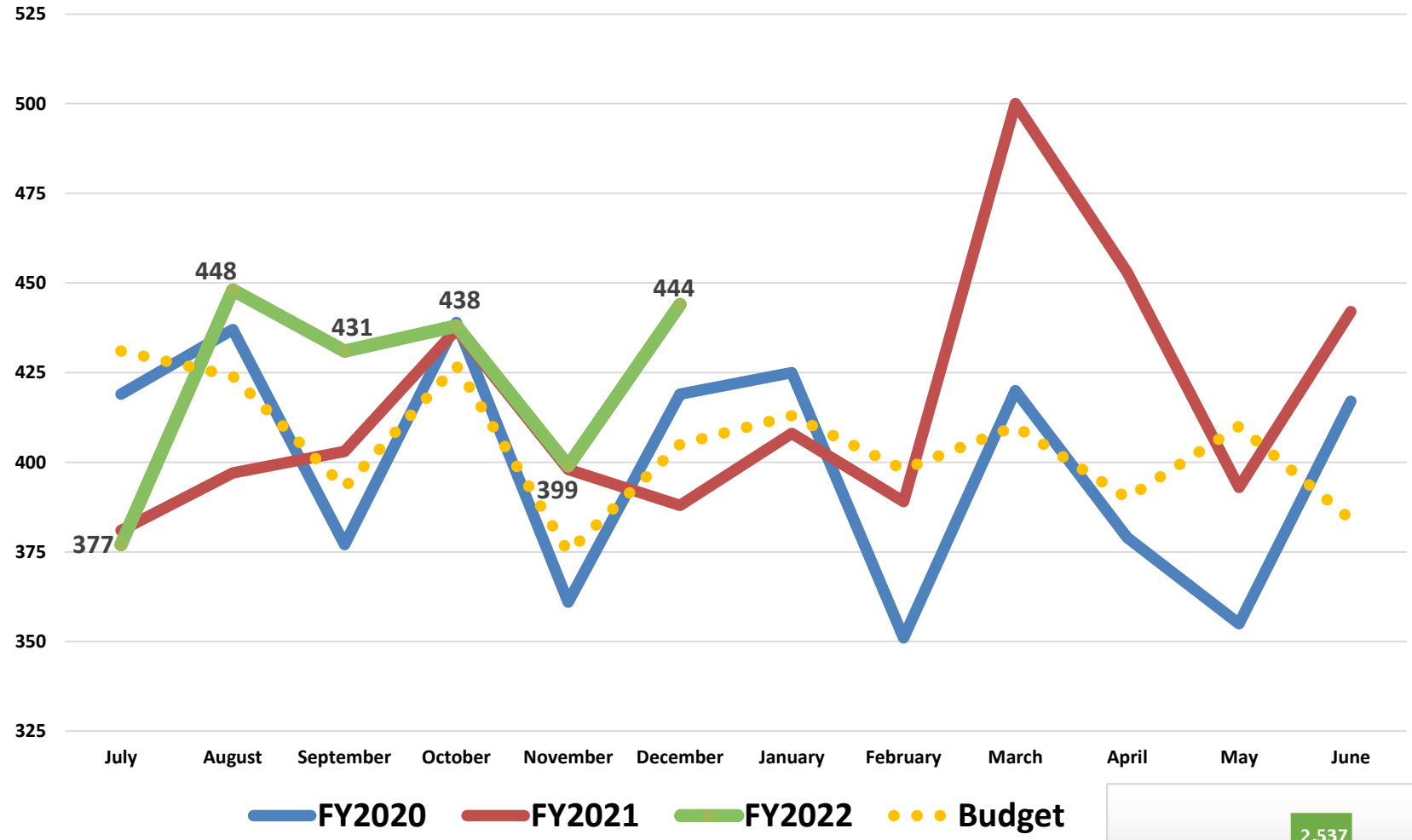


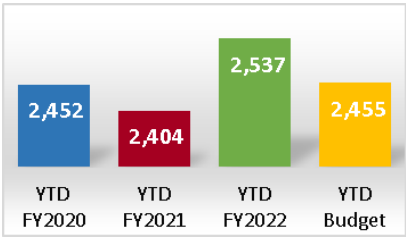


West Campus – Diagnostic Radiology

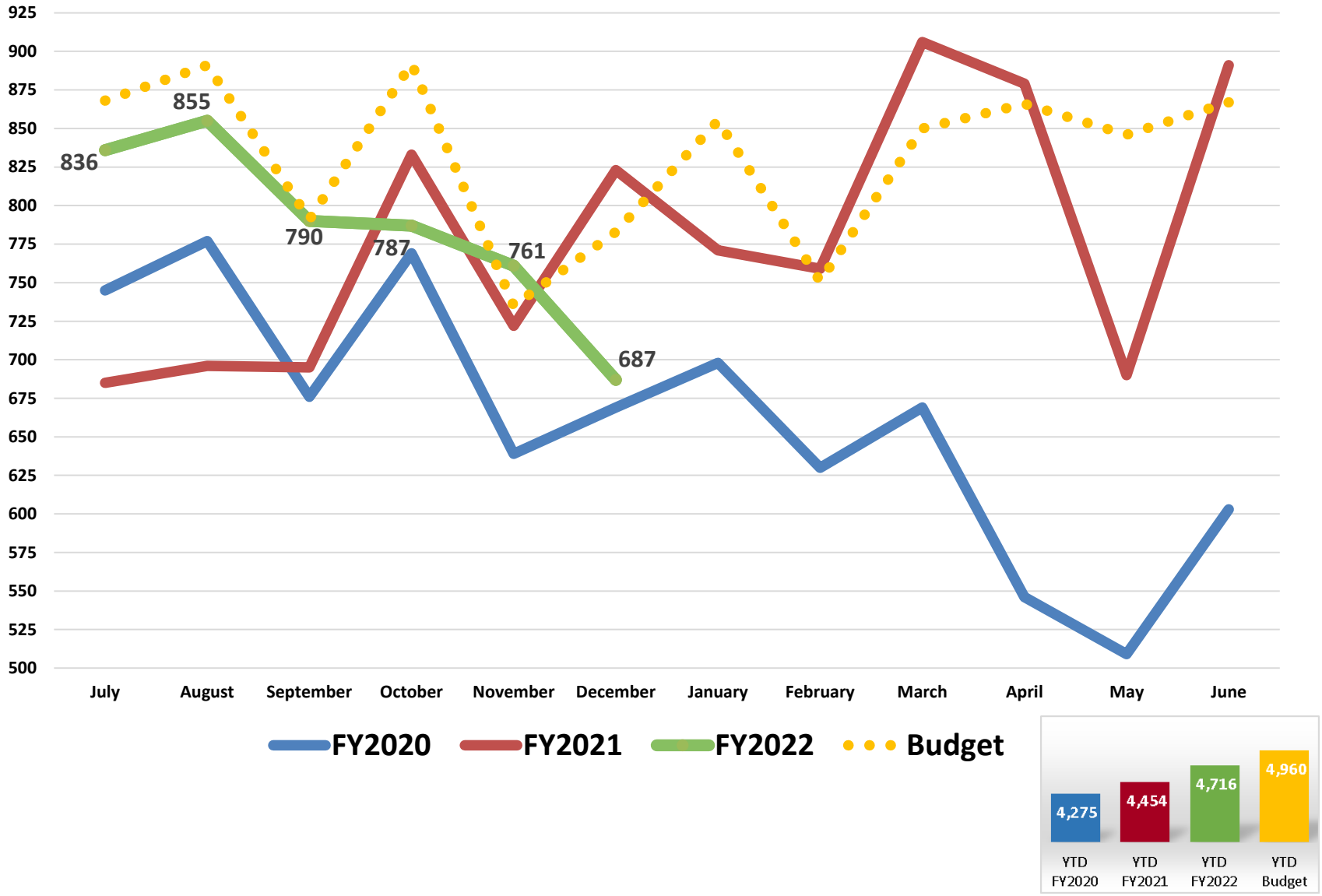


West Campus – CT Scan

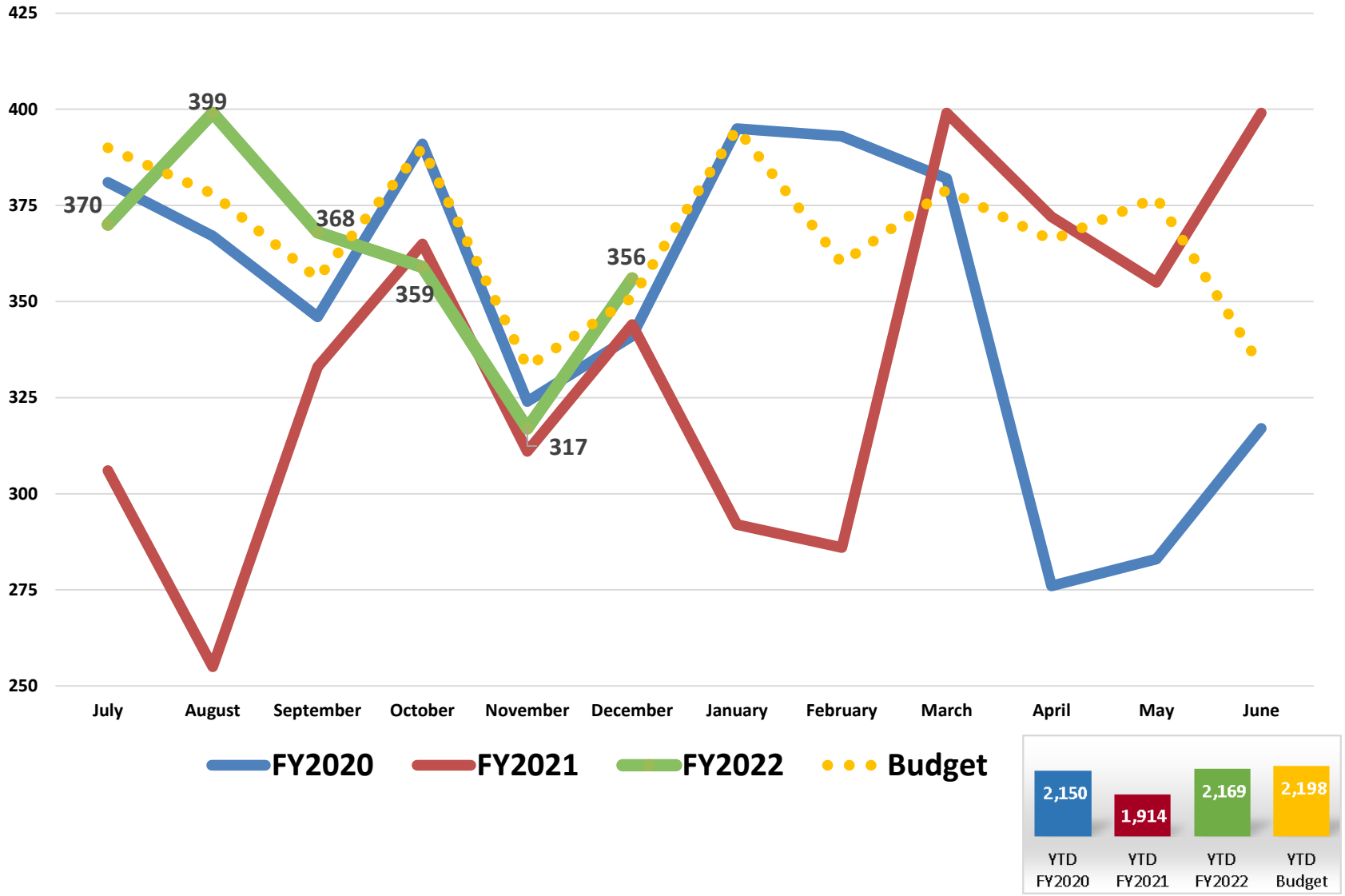




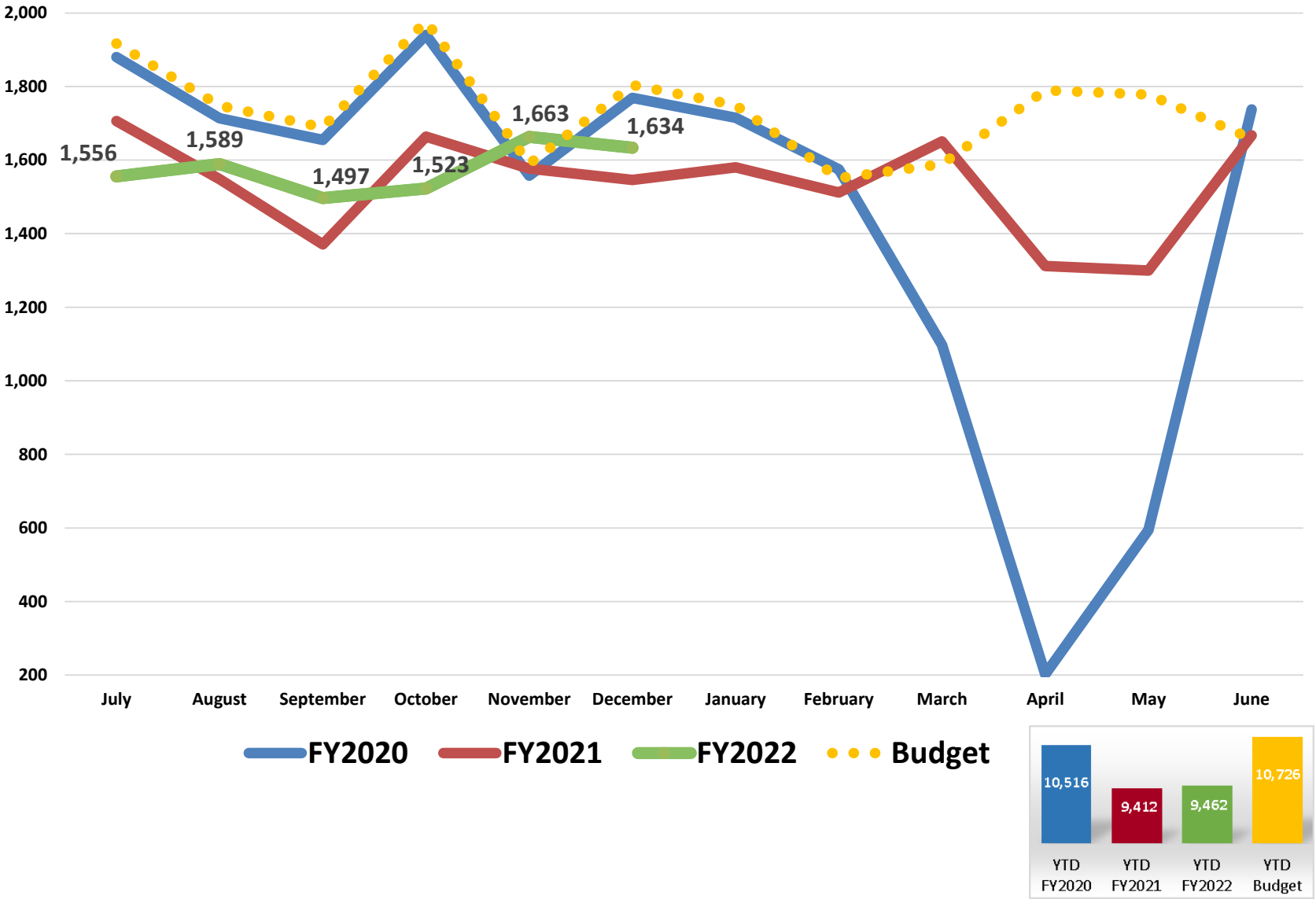
West Campus - Ultrasound



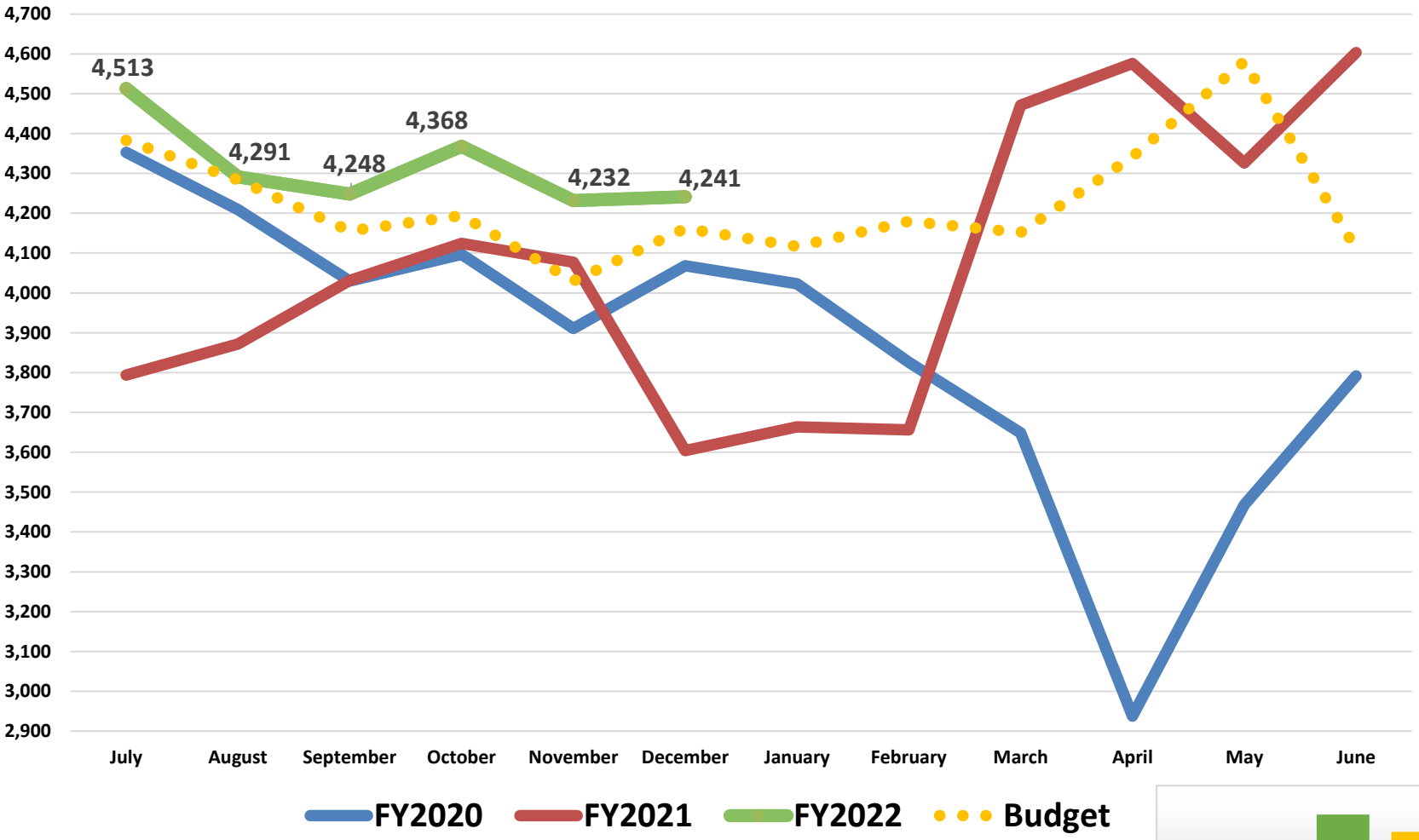
West Campus - MRI

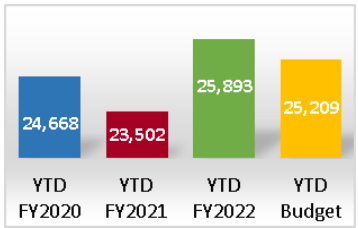


West Campus – Breast Center

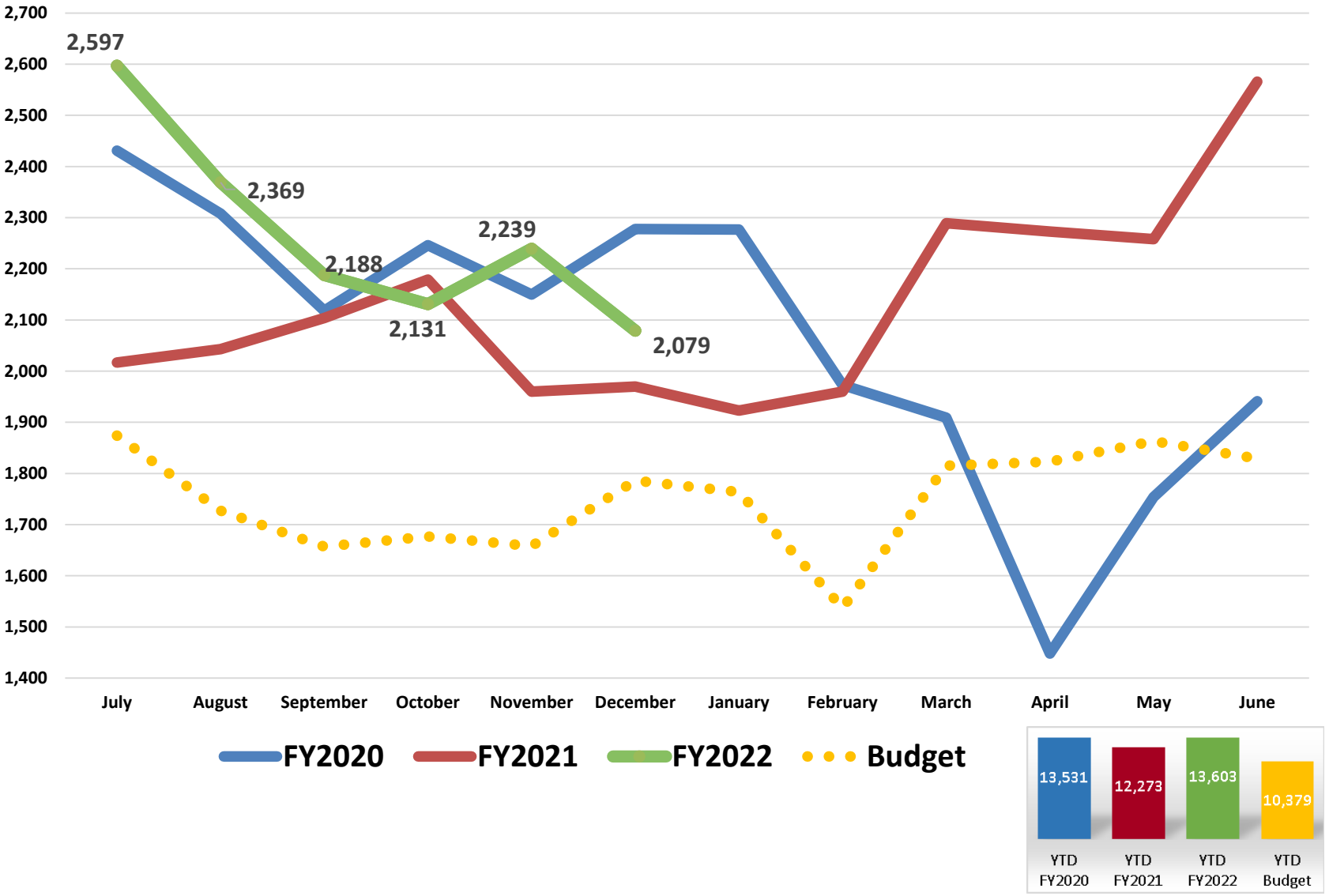


Radiology all areas – CT

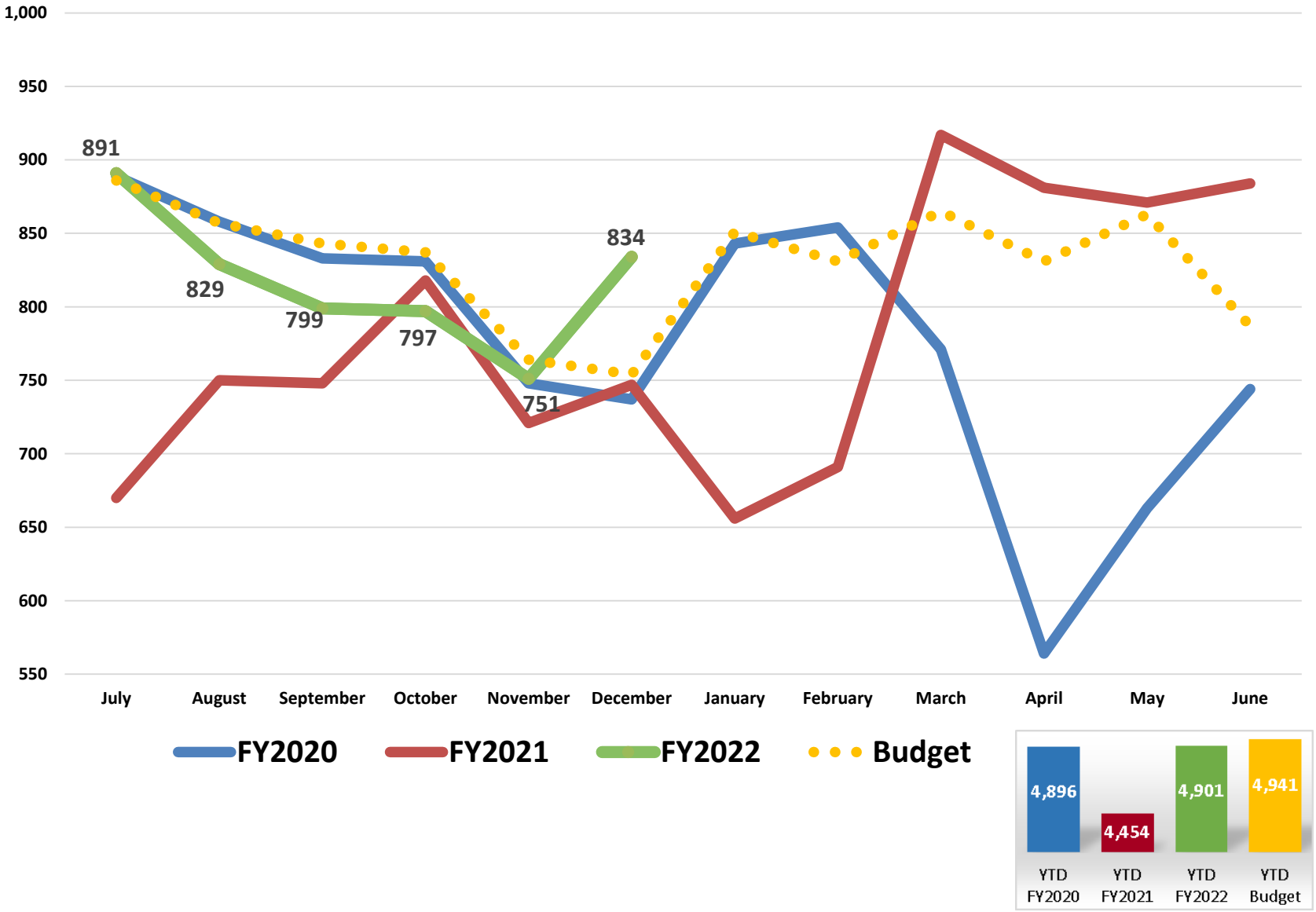




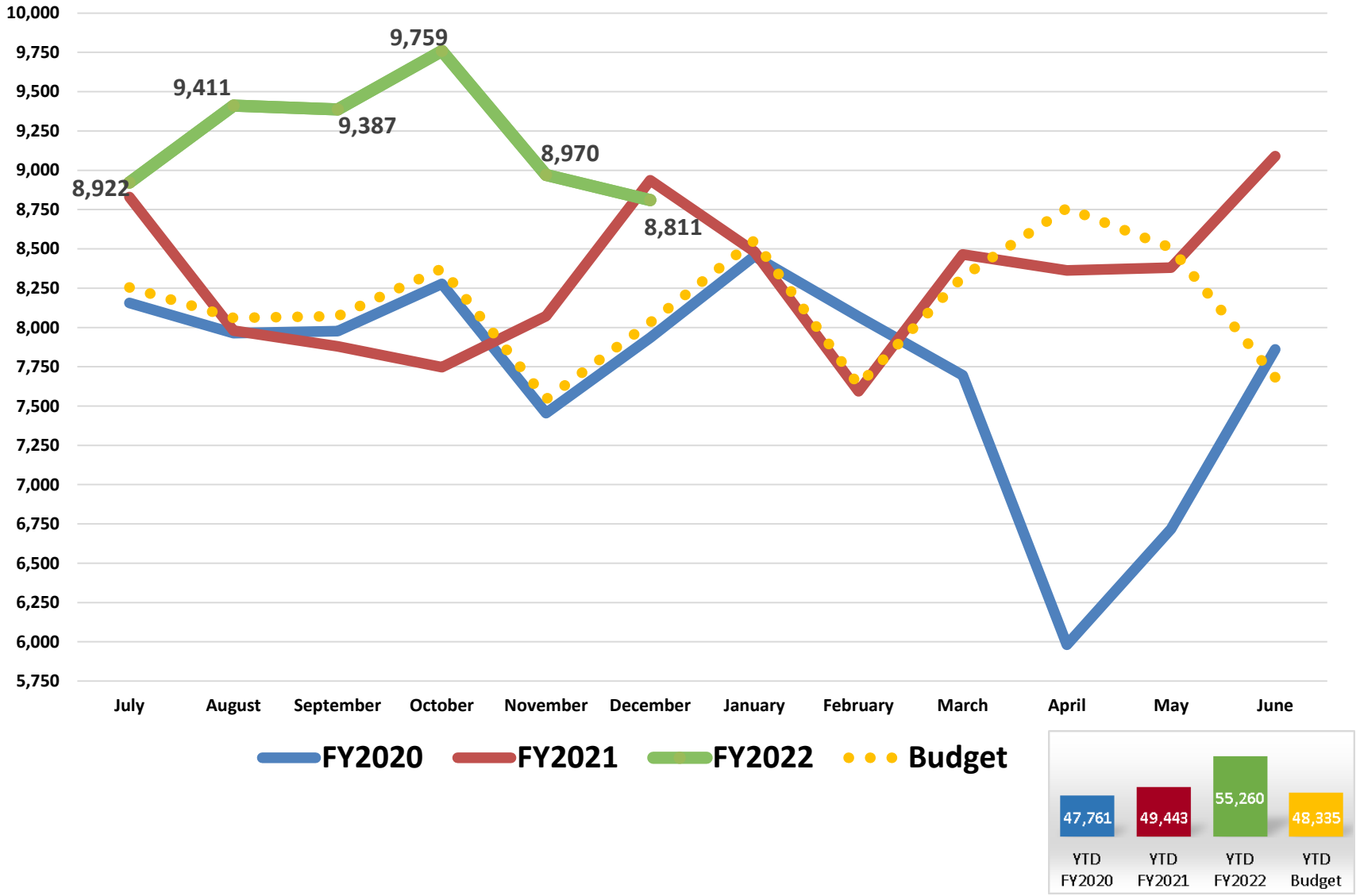
Radiology all areas – Ultrasound



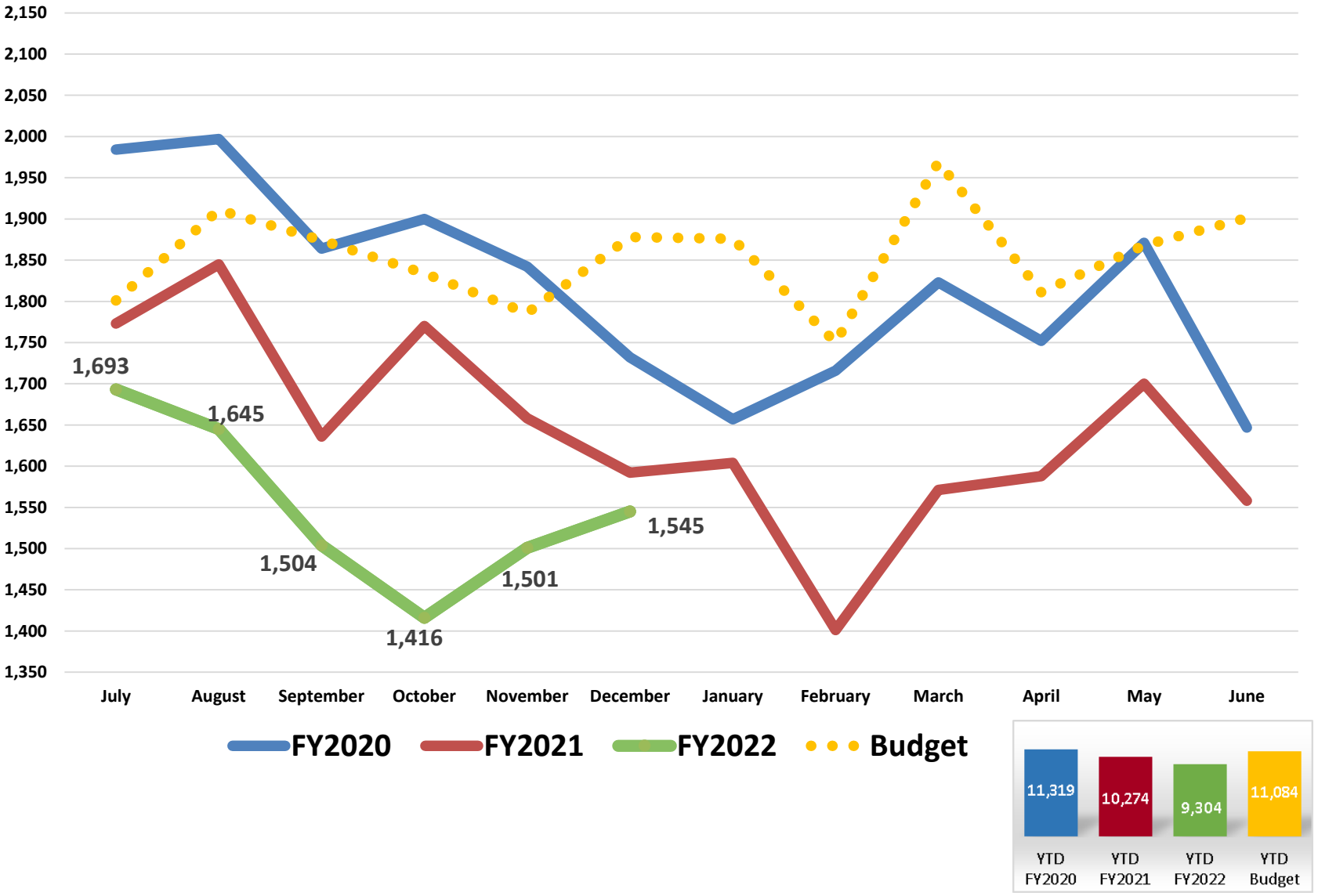
Radiology all areas – MRI



Radiology Modality – Diagnostic Radiology

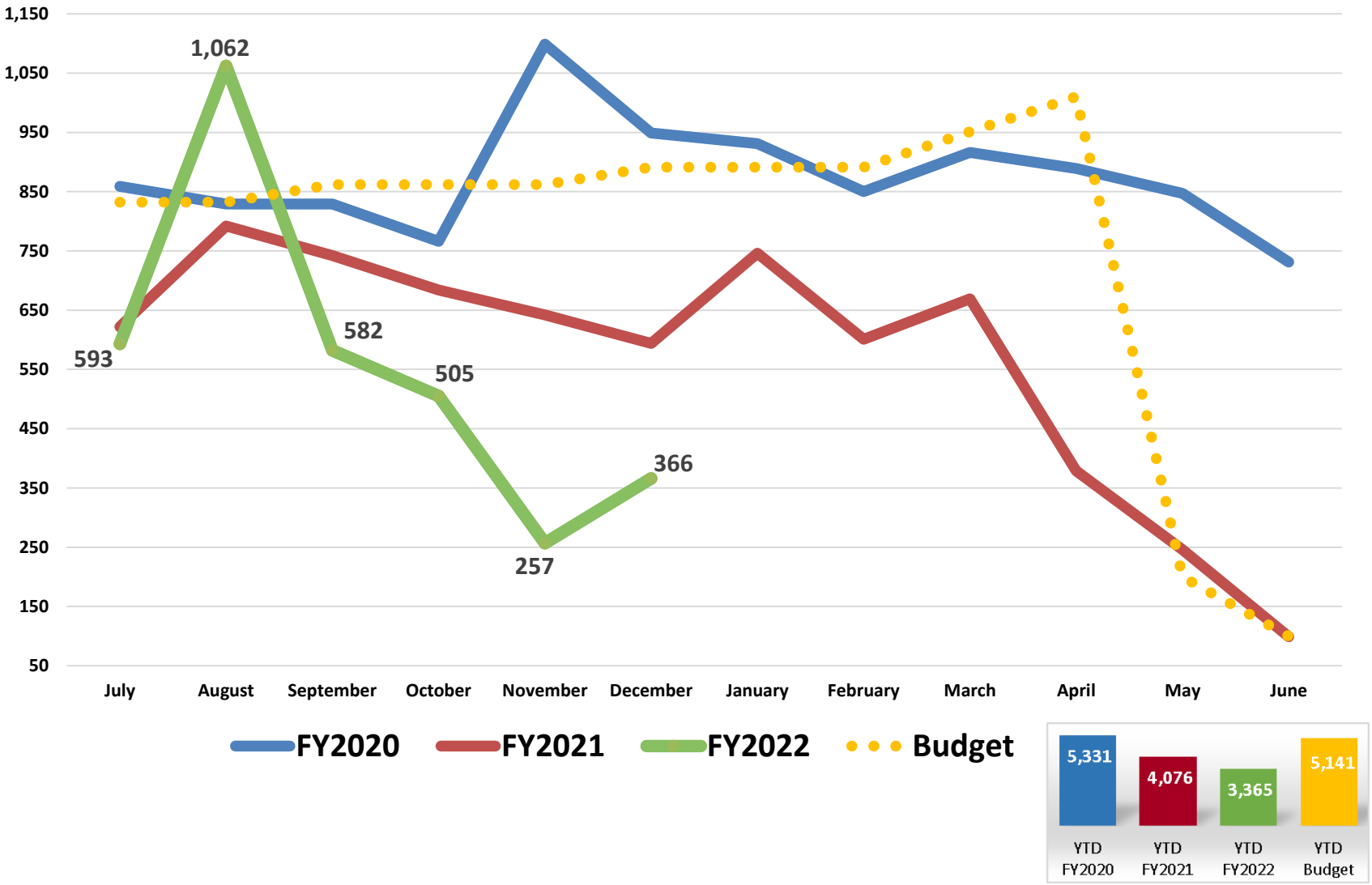


Chronic Dialysis - Visalia



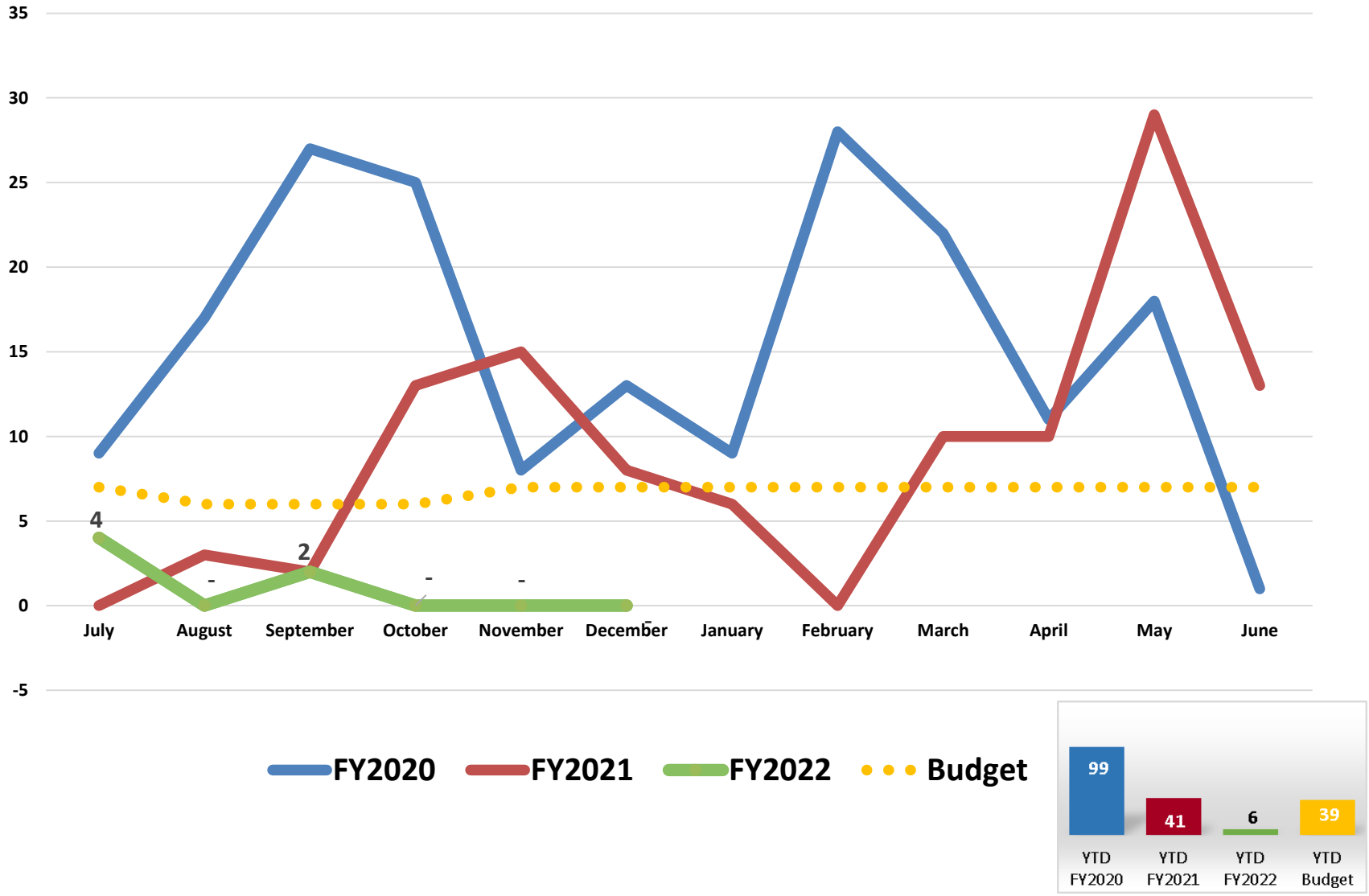
CAPD/CCPD – Maintenance Sessions

(Continuous peritoneal dialysis)



CAPD/CCPD – Training Sessions

(Continuous peritoneal dialysis)



Infusion Center – Outpatient Visits