May 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 May 25, 2022 beginning at 4:30PM in open session; at 4:31PM in a closed session pursuant to Health and Safety Code 1461 and 32155; at 4:45PM an open session and immediately following the 4:45PM open session, a closed meeting pursuant to Government Code 54957(b)(1) and 54957.6.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
Mike Olmos, Secretary/Treasurer

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 May 25, 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. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD Chief of Staff*
   - 4.2. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee –– *Monica Manga, MD Chief of Staff*
   - 4.3. **Approval of the closed meeting minutes** – April 27, 2022.

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

   Action Requested – Approval of the May 25, 2022 closed meeting agenda.
5. **ADJOURN**

CLOSED MEETING AGENDA {4:31PM}

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

   Monica Manga, MD Chief of Staff
3. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.
   Monica Manga, MD Chief of Staff
4. **APPROVAL OF THE CLOSED MEETING MINUTES** – April 27, 2022

   Action Requested – Approval of the closed meeting minutes – April 27, 2022.
5. **ADJOURN**

OPEN MEETING AGENDA {4:45PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the 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 April 27 and May 17, 2022 open minutes.

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

   Action Requested – Approval of the open meeting minutes April 27 and May 17, 2022 open board of directors meeting minutes.
6. **RECOGNITIONS** – *Director Olmos*

   6.1. Presentation of Resolution 2162 to Minerva Aceves, in recognition as the Kaweah Health World Class Employee of the Month recipient – May 2022.

6.2. Presentation of Resolution 2164 - Recognition of the Patient Safety Hero of the Year award to Barbara Roldan for exceptional work in patient safety.

6.3. Presentation of Resolution 2165 - Recognition of the Patient Safety Hero of the Year award to Sunny Attygalle for exceptional work in patient safety.

7. INTRODUCTIONS – New Directors

7.1. Melissa Quinonez, Director of Mental Health Services

7.2. Leah Daugherty, Director ISS Clinical Informatics

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.
Jag Batth, Chief Operating Officer; The Chartis Group: Mark Krivopal and Martha Bailey

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 May 25, 2022 Consent Calendar.

11.1. REPORTS

A. Physician Recruitment
B. Cardiothoracic Surgery
C. Inpatient Cardiology
D. Outpatient Cardiac Catheterization Lab

11.2. Approval of Resolution 2163 ordering even-year Board of Directors election; consolidation of elections; and specifications of the election order.

11.3. Approval of Resolution 2161 relative to the application for assistance under the Emergency Rural Health Care (ERHC) Program.

11.4. Approval of the Kaweah Delta Health Care District and Yosemite Pathology Medical Group exclusive provider agreement for anatomic pathology services effective August 4, 2022, reviewed and supported by the Medical Executive Committee (05/18/22).

11.5. Strategic Plan quarterly update for 3rd quarter fiscal year 2022.

12. **QUALITY REPORT – Cardiac Surgery** – A review of key quality measures through the Society of Thoracic Surgery, and associated action plans related to the quality of care for the cardiac surgical population.

Fred Mayer, MD and Tracy Salsa, Director of Cardiovascular Srevice Line

13. **QUALITY REPORT – Surgical Quality Improvement** – A review of key indicators and actions related to the quality of care for the surgical population.

LaMar Mack, MD and Brian Piearcy, Director of Surgical Services

14. **MENTAL HEALTH SERVICES GRANT** – Review and discussion relative to a State grant opportunity for adult mental health services including proposed plans and financial pro forma.
Marc Mertz – Chief Strategy Officer

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

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

15. **ANNUAL INSTITUTIONAL REVIEW** – Graduate Medical Education annual institutional review.

Lori Winston, MD, FACEP, Chief Medical Education Officer, Designated Institutional Official

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

Malinda Tupper – Chief Financial Officer

17. REPORTS

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

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

18. APPROVAL OF CLOSED AGENDA AS FOLLOWS: Closed Meeting Agenda – Immediately following the 4:45PM open session

- **CEO Evaluation** – Discussion of with the Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1) – *Gary Herbst, CEO, Rachele Berglund, Legal Counsel & Board of Directors*
- **Conference with Labor Negotiator** – Discussion with Agency Designated Representative Rachele Berglund regarding terms for Chief Executive Officer contract pursuant to Government Code 54957.6.

19. ADJOURN

CLOSED MEETING AGENDA

1. CALL TO ORDER

2. **CEO EVALUATION** – Discussion of with the Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1) – *Gary Herbst, CEO, Rachele Berglund, Legal Counsel & Board of Directors*

3. **CONFERENCE WITH LABOR NEGOTIATOR** – Discussion with Agency Designated Representative Rachele Berglund regarding terms for Chief Executive Officer contract pursuant to Government Code 54957.6.

4. ADJOURN

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

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY MAY 25, 2022

CLOSED MEETING SUPPORTING DOCUMENTS

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KDHCD - BOARD OF DIRECTORS MEETING

WEDNESDAY MAY 25, 2022

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KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

WEDNESDAY MAY 25, 2022

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PAGES 7-19

RESOLUTION 2162

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT are recognizing Minerva Aceves, with the Service Excellence Award for the Month of May 2022, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 25th day of May 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Minerva Aceves is one of the SW at the dialysis center. She has worked in the dialysis field for many years and is a wealth of knowledge and a resource for everyone at the dialysis center. Her focus is to be a patient advocate and support the clinical staff in providing the best care possible. She is quick to respond to situations needing her attention and quickly resolves issues. Staff look to her as a leader in the dialysis center. She is an integral part of the interdisciplinary team and goes above and beyond to help the dialysis center meet goals and provide excellent patient care. Patients are very comfortable with her, she easily develops rapport and is consistent in her follow through. This has helped her build trust with patients and staff and created an environment where patients are successful in meeting their goals and staff feel comfortable enlisting her help when issues arise. She is able to provide coaching when appropriate to help other staff elevate their care of patients and approach situations with compassion and positivity. We are very fortunate to have her as part of our team.

RESOLUTION 2164

WHEREAS, KAWEAH DELTA HEALTH CARE DISTRICT dba KAWAH HEALTH, is recognizing Barbara Roldan with the Patient Safety Hero of the Year award for 2022, and,

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

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

PASSED AND APPROVED this 25th day of May 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

RESOLUTION 2165

WHEREAS, KAWEAH DELTA HEALTH CARE DISTRICT dba KAWAH HEALTH, is recognizing Sunny Attygalle with the Patient Safety Hero of the Year award for 2022, and,

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

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

PASSED AND APPROVED this 25th day of May 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Patient Throughput Initiative Update

Board of Directors

May 25th, 2022

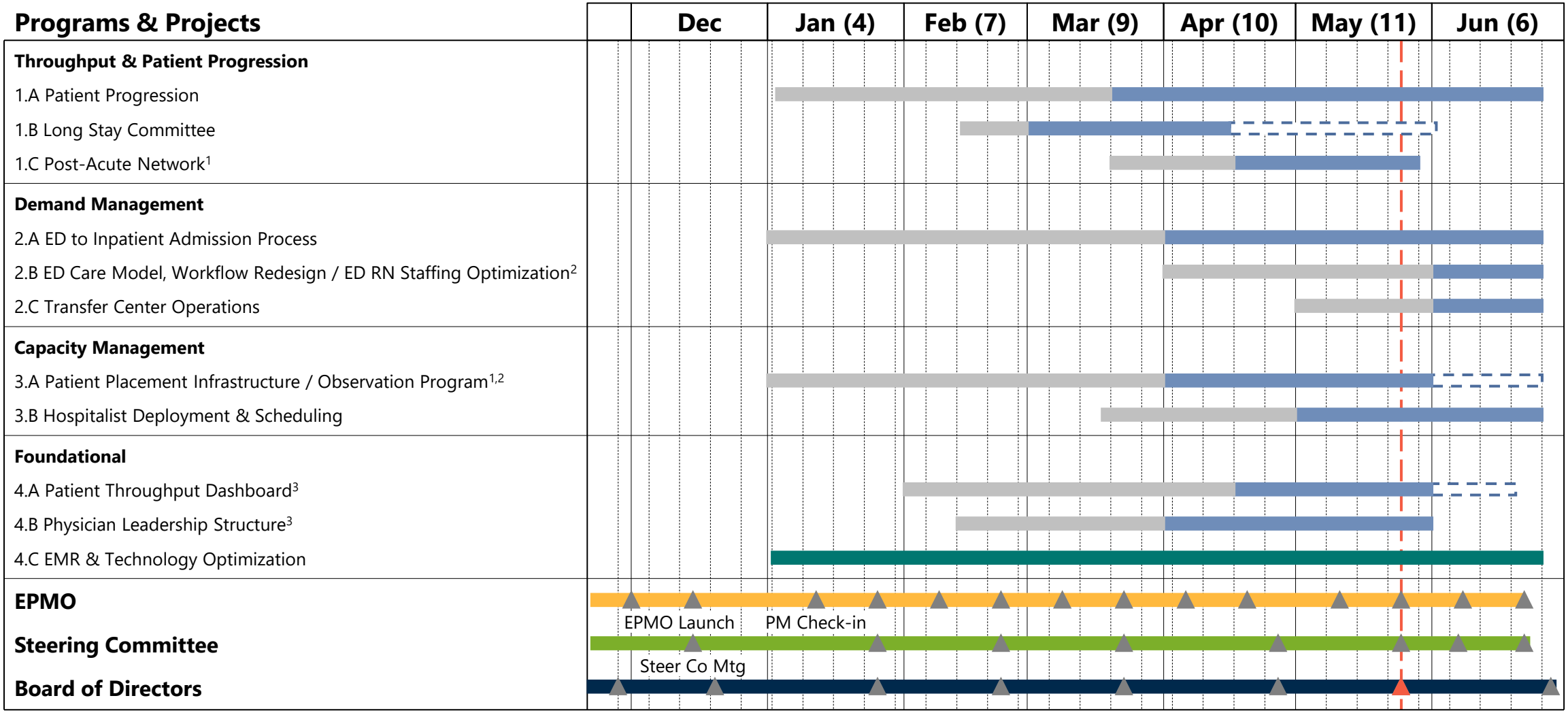
THE CHARTIS GROUP

Kaweah Health
MORE THAN MEDICINE. LIFE.

Agenda

1. **Project Updates**
2. **Transition Planning**
3. **April Performance Scorecard**
4. **What's Planned for June**

Implementation Timeline



Notes: [1]Accelerated project timeline, [2]Consolidated projects, [3]Accelerated project kickoff

Patient Progression

Project Kicked-off 1/11/22

Team Rounds Implementation Timeline

Key: ★ Meeting

Key Activities	Week 0	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Pre-Work & Education	★										
Launch											
Implementation & Training		★		★		★					
Feedback & Optimization								★		★	

Pre-Work & Education

- Learn team rounds goals, processes, and scripting through implementation packet
- Shadow 2N rounds to see team rounds in action
- Review PDD Methodology

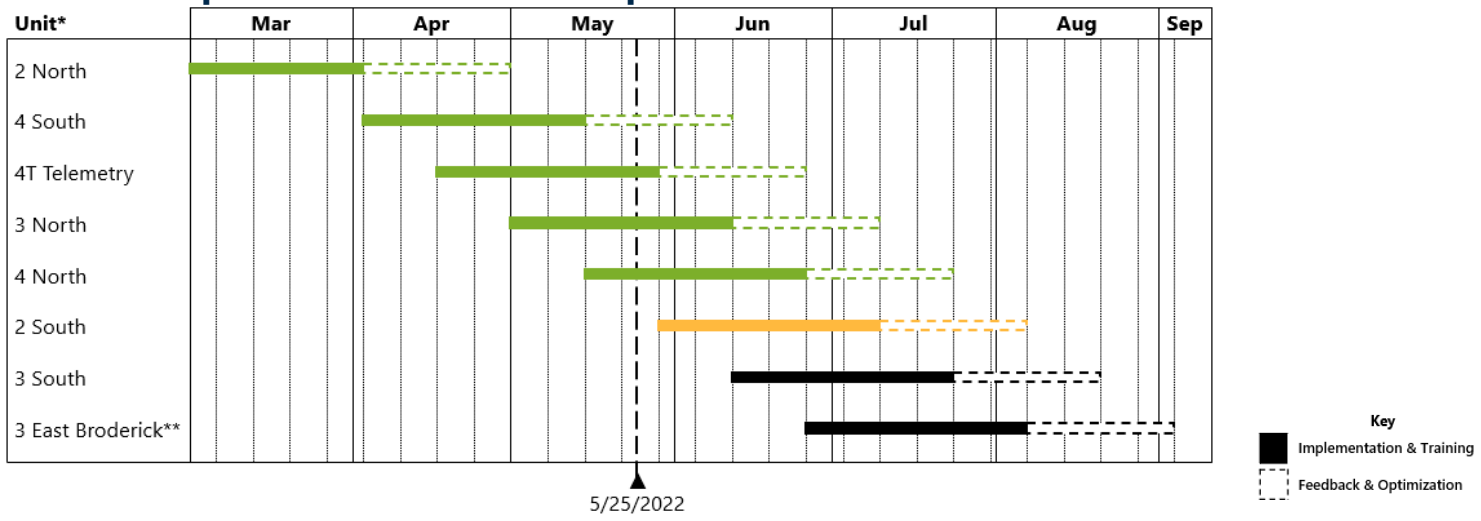
Launch, Implementation, & Training

- Launch Team Rounds
- Refine processes as team learns processes
- Solicit feedback from role-based champions
- Track progress to Discharge Before Noon goals

Feedback & Optimization

- Finalize processes based on learnings from initial launch
- Track progress to Discharge Before Noon goals

Updated Team Rounds Implementation Timeline



PROJECT OBJECTIVE

- **Problem** – Care team **roles and responsibilities are not aligned**; current huddles and rounds **do not meet the needs** of the care team members to achieve multidisciplinary approach to care facilitation and timely discharges
- **Solution** – **Leverage 2 North (2N) Team Rounds Pilot** to launch rounds across the hospital and **clearly delineate care team roles and responsibilities**

PROGRESS TO-DATE

- Finalized **updated implementation plan and timeline** for Team Rounds Pilot with 2 North team, nursing and physician leadership
- **Implemented 2N improvement initiatives** and **launched rounds** on **4 South, 4 Tower, 3 North and 4 North**
- Developed **Anticipated Date of Discharge (ADD)** training
- **Developed unit-based scorecards** for key metrics

NEXT STEPS

- **Launch team rounds** on remaining med / surg units
- **Implement hospital huddle** to proactively identify and resolve patient throughput issues

Unit-Level Performance

% of Discharges Before Noon (DBN)

Key
<10%
10%-14%
>14%

The percentage of discharges before noon increased from 10.7% in March to 11.4% in April. The team will continue tracking unit level performance and on May 31st integrate identification of potential discharges before noon into night shift workflows.

Type	Unit	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	CY21	CY22 YTD	Avg. DC/ Month
Med / Surg	1 East	15.9%	23.8%	16.7%	33.3%	55.6%	33.3%	18.2%	47.4%	13.9%	23.1%	38.5%	33.3%	21.2%	26.0%	10.7%	25.0%	28.1%	21.7%	33
	2 North	12.2%	9.7%	6.5%	14.8%	6.0%	5.3%	5.6%	9.3%	5.5%	6.8%	12.4%	10.3%	7.7%	11.5%	12.4%	13.2%	8.7%	11.1%	174
	2 South	9.8%	8.6%	9.1%	7.1%	8.9%	5.2%	9.4%	5.8%	5.8%	8.5%	7.1%	11.9%	11.7%	9.5%	6.7%	8.9%	8.1%	9.3%	111
	3 North	10.7%	14.3%	10.5%	14.2%	13.0%	12.2%	13.2%	10.0%	4.4%	6.8%	10.4%	18.4%	9.2%	9.9%	13.5%	8.5%	11.8%	10.3%	172
	3 South	16.3%	15.5%	15.6%	14.9%	13.1%	12.8%	12.2%	10.7%	12.6%	9.7%	10.4%	15.4%	11.5%	15.8%	6.6%	9.6%	13.3%	10.7%	171
	4 North	8.0%	6.5%	4.0%	5.6%	9.4%	9.8%	4.9%	6.2%	4.7%	9.6%	7.6%	4.6%	7.8%	6.3%	3.6%	6.3%	6.7%	5.8%	129
	4 South	6.1%	12.7%	8.4%	6.6%	8.5%	7.6%	8.3%	9.1%	11.9%	9.1%	2.4%	17.2%	4.2%	8.3%	6.9%	6.2%	9.0%	6.3%	154
	4T Tele	5.3%	9.8%	7.1%	7.4%	9.6%	7.4%	7.3%	6.5%	6.3%	4.6%	7.0%	6.6%	6.6%	5.2%	6.3%	10.4%	7.1%	7.2%	131
	BP	22.1%	10.3%	18.9%	10.7%	16.9%	17.2%	13.3%	18.8%	8.5%	15.1%	23.4%	23.5%	18.1%	22.6%	20.4%	16.5%	16.6%	17.0%	73
	Peds	19.1%	3.0%	0.0%	N/A	27.8%	13.0%	33.3%	16.7%	16.7%	25.0%	0.0%	N/A	0.0%	12.5%	60.0%	N/A	15.6%	15.8%	17
ICU	3W ICCU	35.7%	16.1%	18.2%	33.3%	9.7%	14.3%	10.7%	14.3%	21.1%	8.7%	17.1%	12.9%	18.9%	35.3%	10.8%	21.4%	17.9%	21.3%	30
	ICCU	27.3%	17.3%	7.8%	13.6%	9.9%	9.0%	12.0%	19.0%	25.5%	20.4%	13.2%	15.6%	17.5%	9.1%	21.3%	19.8%	15.4%	17.0%	59
	CVICU	23.3%	15.4%	41.7%	33.3%	15.8%	9.1%	15.8%	19.2%	20.0%	10.7%	23.7%	24.3%	35.9%	13.5%	10.0%	10.3%	20.6%	18.5%	27
	ICU	25.6%	34.2%	18.5%	33.3%	12.9%	34.6%	22.9%	16.7%	31.7%	40.5%	37.8%	29.7%	24.3%	22.9%	27.3%	29.0%	28.6%	25.7%	34
Overall / Total		13.3%	12.5%	10.3%	12.1%	11.0%	10.3%	9.9%	11.4%	9.9%	10.8%	11.8%	14.9%	11.6%	12.7%	10.7%	11.4%	11.5%	11.6%	1,315

Unit-Level Performance

Observed-to-Expected Length of Stay (O/E LOS)

Key
>1.7
1.32 -1.7
<1.32

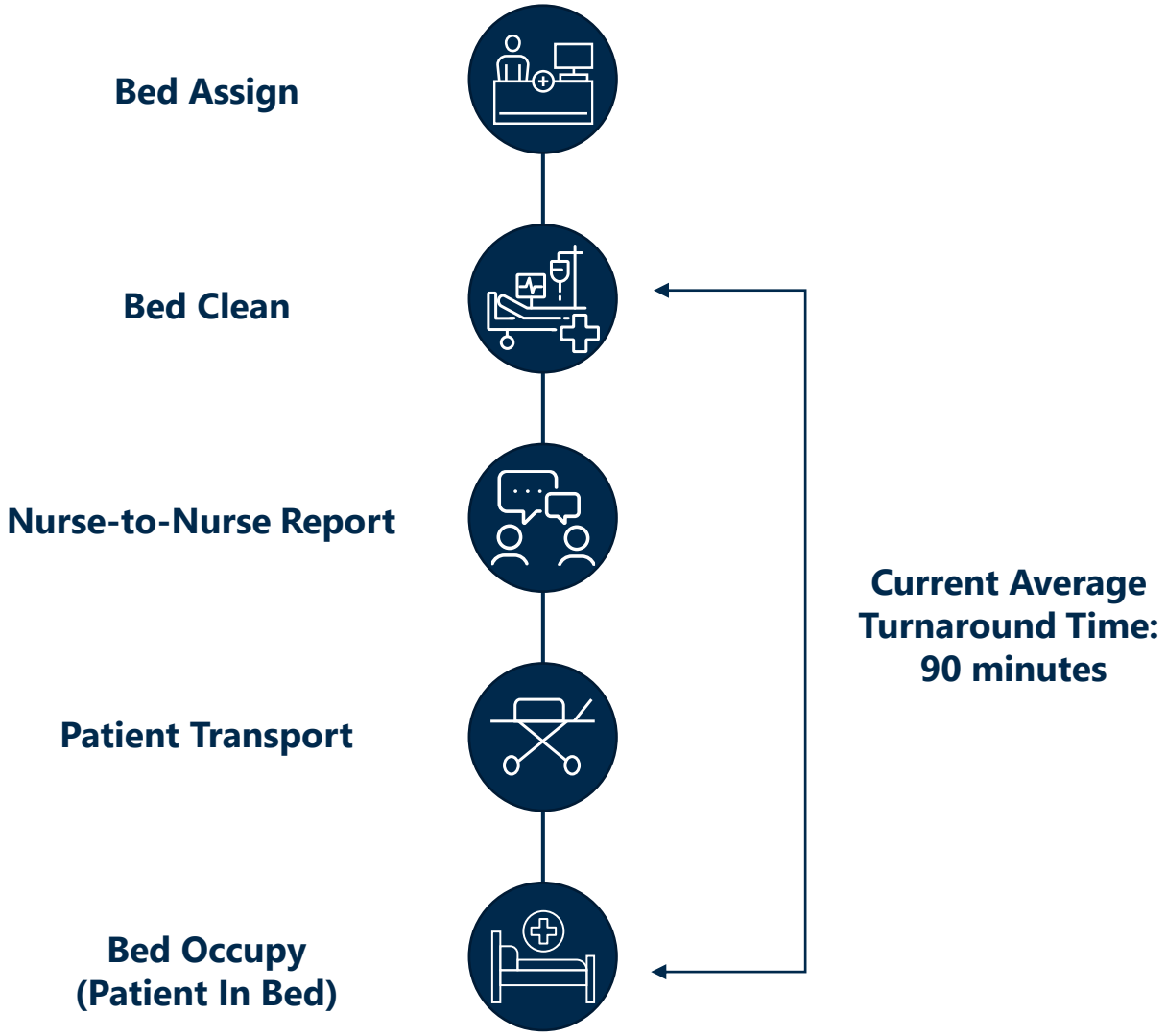
The observed-to-expected length of stay improved overall from 1.67 in March to 1.48 in April. The team will continue monitoring unit level performance to track progress on the units that have launched team rounds.

Type	Unit	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	CY21	CY22 YTD	Avg. DC/ Month
Med / Surg	1 East	0.72	0.55	0.30	0.37	0.35	0.34	0.36	0.36	0.39	0.37	0.35	0.34	0.36	0.37	0.34	0.31	0.43	0.36	33
	2 North	1.43	1.37	1.31	1.17	1.56	1.34	1.51	1.68	1.60	1.50	1.66	1.71	1.69	1.72	1.82	1.48	1.49	1.67	174
	2 South	1.72	1.61	1.80	1.24	1.17	1.30	1.26	1.22	1.31	1.22	1.62	1.58	1.23	1.36	1.59	1.35	1.43	1.37	111
	3 North	1.36	1.41	1.16	1.41	1.41	1.56	1.55	1.30	1.41	2.05	1.64	1.69	1.14	1.38	1.68	1.69	1.47	1.46	172
	3 South	1.62	1.83	1.68	1.60	1.75	1.82	1.42	1.83	1.71	1.75	1.95	1.91	1.91	2.02	1.88	1.64	1.73	1.86	171
	4 North	1.37	1.51	1.50	1.54	1.38	1.27	1.55	1.36	1.76	1.59	1.93	1.66	1.67	2.01	1.85	1.44	1.53	1.74	129
	4 South	1.60	1.70	1.81	1.59	1.65	1.62	1.67	1.68	1.64	2.10	1.99	2.09	2.16	1.98	2.03	1.80	1.75	1.98	154
	4T Tele	1.37	1.41	1.24	1.33	1.35	1.47	1.71	1.50	1.73	1.18	1.37	1.55	1.51	1.71	1.66	1.44	1.42	1.58	131
	BP	0.98	0.98	0.93	0.80	0.80	1.07	0.88	1.01	1.18	1.03	0.88	1.01	1.26	1.06	0.95	0.90	0.97	1.04	73
	Peds	1.17	0.79	0.79	N/A	1.20	0.95	0.44	1.44	1.11	0.87	0.63	N/A	1.00	1.18	1.09	0.45	1.05	1.12	17
ICU	3W ICCU	1.81	2.50	2.00	1.17	1.68	1.64	1.57	1.85	1.20	1.56	1.64	2.00	1.13	1.75	1.14	1.34	1.72	1.35	30
	ICCU	1.90	2.11	1.00	1.23	0.94	1.18	1.09	1.07	1.64	1.35	1.51	1.57	1.37	1.47	1.62	1.18	1.39	1.40	59
	CVICU	0.89	0.93	0.76	1.23	1.32	0.99	0.96	1.09	0.97	1.33	1.75	1.77	1.60	1.18	1.25	1.47	1.23	1.40	27
	ICU	1.72	1.60	1.34	1.19	0.71	2.29	1.33	1.05	1.58	1.64	1.92	1.28	1.46	1.35	1.69	1.11	1.52	1.41	34
Overall / Total		**1.47**	**1.54**	**1.42**	**1.37**	**1.41**	**1.48**	**1.47**	**1.43**	**1.52**	**1.52**	**1.67**	**1.66**	**1.49**	**1.56**	**1.67**	**1.48**	**1.50**	**1.55**	**1,315**

ED to Inpatient Admission Process

Project Kicked-off 1/11/22

ED to Inpatient Admission Process: Bed Assign & Clean to Bed Occupy



PROJECT OBJECTIVE

- **Problem** – Once a patient is assigned to a bed and the bed is cleaned, it can take upwards of **90 minutes for the patient to arrive** to the receiving unit
- **Solution** – Develop a **goal for bed assign & clean to bed occupy turnaround time** and **set clear expectations** with ED and inpatient nursing staff

PROGRESS TO-DATE

- Proposed goal of 60 minutes and stretch goal of 45 minutes for **average turnaround time** (in minutes) from bed assign & clean to bed occupy by receiving unit level of care
- **Drafted guiding principles and reviewed supporting tools** to facilitate nurse-to-nurse handoff between the Emergency Department (ED) and inpatient units

NEXT STEPS

- Finalize and **rollout guiding principles** and supporting tools to ED and **inpatient unit nursing and hospital unit clerks**
- Develop **patient placement dashboard** including bed request to bed assign and bed assign & clean to bed occupy by receiving unit to drive continuous improvements

ED to Inpatient Turnaround Times

Average Time: Bed Assign & Clean to Bed Occupy (Minutes)

Current performance is close to 90 minutes. To support improved Emergency Department (ED) patient throughput and inpatient progression of care, project team proposed goal of 60 minutes and stretch goal of 45 minutes. This would support overall goal to decrease ED boarding time.

Receiving Unit Level of Care	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	CY21	CY22 YTD	Total
Medical / Surgical	83.9	87.7	79.5	84.0	84.8	93.9	84.5	91.6	89.1	110.7	106.6	91.4	106.8	94.1	90.8	90.3	90.5	95.2	**91.6**
Intermediate Critical Care Unit	91.6	79.3	81.3	85.2	80.5	85.3	88.4	89.5	92.3	107.9	96.4	87.5	96.8	91.5	88.2	78.7	88.9	89.5	**89.0**
Intensive Care Unit	78.2	71.8	76.5	66.4	68.2	78.8	72.6	78.2	74.9	73.9	76.1	63.9	78.4	84.5	65.0	64.7	73.4	73.6	**73.5**
Total	**85.1**	**84.6**	**79.7**	**82.8**	**82.6**	**90.6**	**84.3**	**90.1**	**88.5**	**107.1**	**102.1**	**88.3**	**101.5**	**92.6**	**88.1**	**86.1**	**88.7**	**92.1**	**89.5**

Goal = 60 minutes

Stretch Goal = 45 minutes

Long Stay Committee

3/8/22 Weekly Meeting Go-Live

Percent of Average Daily Census with Length of Stay >10 Days

Unit	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	CY2021	CY22 YTD
1 East	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2 North	27%	14%	10%	13%	16%	22%	22%	21%	22%	20%	22%	26%	21%	25%	31%	23%	20%	25%
2 South	32%	30%	34%	9%	6%	8%	6%	18%	20%	20%	34%	19%	19%	25%	18%	16%	19%	19%
3 North	21%	20%	13%	19%	21%	28%	26%	22%	30%	34%	24%	32%	30%	28%	37%	34%	24%	32%
3 South	20%	27%	21%	28%	29%	22%	13%	24%	25%	23%	34%	31%	37%	41%	31%	33%	25%	36%
3 W ICCU	41%	46%	35%	31%	36%	33%	29%	31%	31%	36%	38%	37%	36%	44%	34%	41%	36%	39%
4 North	29%	21%	26%	17%	19%	21%	23%	24%	28%	31%	37%	30%	44%	38%	27%	38%	26%	37%
4 South	24%	22%	26%	25%	22%	16%	16%	25%	30%	27%	31%	30%	33%	49%	35%	29%	24%	36%
4T Tele	17%	14%	14%	21%	23%	18%	28%	31%	25%	18%	20%	27%	25%	31%	25%	20%	21%	25%
5T ICCU	29%	18%	13%	20%	17%	15%	23%	18%	26%	50%	37%	25%	26%	32%	24%	15%	25%	24%
3E Brod	2%	1%	0%	0%	1%	1%	0%	3%	7%	2%	0%	1%	5%	2%	1%	1%	2%	2%
CVICU	23%	33%	30%	36%	33%	25%	33%	32%	30%	36%	48%	34%	27%	29%	41%	36%	33%	33%
ICU	71%	42%	33%	40%	19%	39%	25%	38%	56%	67%	64%	43%	41%	41%	35%	27%	46%	36%
Peds	9%	3%	0%	7%	9%	1%	10%	6%	9%	4%	3%	6%	0%	2%	0%	2%	6%	1%
Total	26%	22%	20%	20%	20%	19%	19%	22%	25%	27%	30%	26%	26%	29%	27%	26%	23%	24%

POST-GO-LIVE OPTIMIZATION

- Continue to streamline meeting logistics, Case Manager report out on all pts 10+ days, and scripting is focused on **barriers to discharge**
- **Piloted report out on patients with a length of stay of 5-8 days**
- Piloted **use of the Throughput Rounding Tool** by Case Managers for Long Stay Committee (LSC) cases
- Assigned owners to workgroups and developed **detailed project plans around identified strategic initiatives**
- Developed education regarding LSC member roles and **feedback loop for improvements** to Case Managers

STRATEGIC TAKEAWAYS *(preliminary)*

- Develop task lists and assign to various committee members for follow up
- Optimize **financial counseling** / application facilitation processes for pending Medi-Cal cases
- Develop ongoing **pro-active relationships with skilled nursing facility** (SNF) leadership in community
- Engage **behavioral health and psychiatry**
- Explore **alternative** resources

NEXT STEPS

- Continue to **refine Committee processes** and identify immediate follow-up items and strategic takeaways

Post-Acute Care Network

Project Kicked-off 04/01/22

Inpatient Discharge Volume, % of Total, ALOS, GMLOS, O/E LOS By Discharge Disposition
January 2021 – February 2022

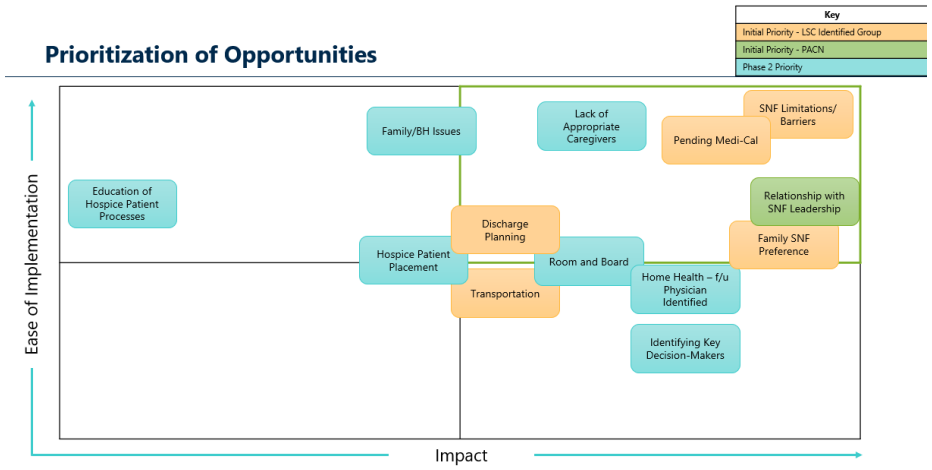
Discharge Disposition	Discharges	% of Total	ALOS	GMLOS	O/E LOS
Home (Routine)	9,451	50%	4.04	3.68	1.11
Home w/ Home Health Care	3,246	17%	6.91	4.58	1.52
SNF	2,461	13%	10.59	4.60	2.32
Expired	1,249	7%	10.94	6.53	1.69
Rehab	583	3%	10.74	5.32	2.03
Left against Medical Advice	564	3%	3.83	3.85	1.00
Hospice - Home	437	2%	8.23	4.47	1.85
Other Acute Hospital	280	1%	8.10	4.92	1.65
Other Discharge	464	2%	9.88	5.07	1.96
Total	18,735	100%	6.37	4.27	1.50

Source: Encounter Data Jan 2021- Feb 2022 Excludes: Mother/Babv. Behavioral Health. and Pediatrics

Inpatient Discharges Requiring Post Acute Care Support Volume, % of Total, ALOS, GMLOS, O/E LOS
January 2021 – February 2022

Metrics	Patients Requiring PAC Support
Discharges	7,471
% of Total	40%
ALOS	8.73
GMLOS	4.68
O/E LOS	1.88

Prioritization of Opportunities



Key Metric Definitions

Metrics	Definition
Discharges	Count of patients discharged
% of Total	% of discharges requiring post-acute care
ALOS	Average length of stay
GMLOS	Geometric mean length of stay / expected length of stay based on final diagnosis related group
O/E LOS	Ratio of observed or ALOS to expected length of stay

PROJECT OBJECTIVE

- **Problem** – Relationship with post-acute care partners is fragmented; requirements are not evenly understood or implemented creating barriers to discharge
- **Solution – Build stronger ties with post-acute care** partners; evaluate post-acute care **transition processes**; create **education for Case Management**; develop **escalation processes**

PROGRESS TO-DATE

- **Developed prioritized list of opportunities**; leveraged work from Long Stay Committee project
- Launched **workgroups to address key barriers** to discharge; developed education for Case Managers
- **Drafted current state workflows** for post-acute care network
- **Met with leaders from Skilled Nursing Facilities (SNFs)** to understand needs, share challenges, and strengthen connections

NEXT STEPS

- Initiate **quarterly meetings** with local SNF leadership in July and hold **monthly Post-Acute Care Transitions team meetings** to track progress
- **Finalize current state workflows**
- **Launch phase 2 opportunities** identified by committee

Transition Planning

Draft Transition Plan

Project	Status	Transition Date	KH Team Lead(s)	Other Key Stakeholders	PM Support	Notes
Patient Progression	❑ In Progress	4th Week of June	Rebekah & Dee	Emma		
Long Stay Committee	✓ Transitioned	2nd Week of March	Rebekah & Kim	Malinda	Suzy	Coordination w/ Post-Acute Network
Post-Acute Network	✓ Transitioned	4th Week of May	Tiffany & Elisa	Rebekah & Kim	Diana	Coordination w/ Long Stay Committee
ED to Inpatient Admission Process	❑ In Progress	4th Week of June	Michelle & Rebekah	Dr. Seng	JC	
ED RN Staffing Optimization	✓ Transitioned	4th Week of April	Michelle			
ED Care Model Redesign	❑ In Progress	4th Week of June	Dr. Seng & Michelle		JC	Coordination w/ ED Remediation Plan
Transfer Center Operations	❑ In Progress	4th Week of June	Dee & Dr. Kahwaji	Rebekah		
Patient Placement Infrastructure	❑ In Progress	4th Week of June	Kari & Kassie	Emma & Dee		Pending Observation Program
Observation Program	❑ In Progress	4th Week of June	Keri & Jag			
Hospitalist Deployment & Scheduling	❑ In Progress	4th Week of June	Dr. Said & Dr. Patel	Emma		Pending Patient Placement Infrastructure
Patient Throughput Dashboard	❑ In Progress	2nd Week of June	Julie & Jerry	Malinda & Doug		
Physician Leadership Structure	❖ Ongoing	Ongoing	Gary & Dr. Manga			

Draft Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

				Current Performance Compared to Baseline					
Metric	**Patient Type**	**Definition**	**Goal**	**Jan - Nov '21 Baseline (Monthly Average or Median)**	**Dec '21**	**Jan '22**	**Feb '22**	**Mar '22**	**Apr '22**
Observation Average Length of Stay (Obs ALOS) *(Lower is better)*	**Overall**	Average length of stay (hours) for observation patients	**TBD**	**TBD**	TBD	TBD	TBD	TBD	TBD
Inpatient Average Length of Stay (IP ALOS) *(Lower is better)*	**Overall**	Average length of stay (days) for inpatient discharges	**5.64**	**6.31**	7.03	6.11	6.54	6.59	5.87
	Non-COVID		**N/A**	**5.62**	6.31	5.71	5.78	5.72	5.74
	COVID		**N/A**	**10.63**	13.77	6.27	9.19	20.32	15.33
Inpatient Observed-to-Expected Length of Stay *(Lower is better)*	**Overall**	ALOS / geometric mean length of stay for inpatient discharges	**1.32**	**1.48**	1.65	1.48	1.56	1.67	1.48*
% of Discharges Before 12 PM *(Higher is better)*	**Overall**	% of inpatients discharged before 12 PM	**35%**	**11.5%**	15.1%	11.9%	12.7%	10.9%	11.4%
Surgical Backfill Volume *(Higher is better)*	**Overall**	Incremental inpatient elective surgical cases over baseline; pending established baseline	**TBD**	**TBD**	TBD	TBD	TBD	TBD	TBD
Discharges	**Overall**	Count of IP & observation discharges	**N/A**	**TBD**	TBD	TBD	TBD	TBD	TBD
	Inpatient-Non-COVID	Count of non-COVID IP discharges	**N/A**	**1,264**	1,218	1,092	984	1,280	1,291
	Inpatient-COVID	Count of COVID IP discharges	**N/A**	**197**	130	299	282	81	18
	Observation	Count of observation discharges	**N/A**	**TBD**	TBD	TBD	TBD	TBD	TBD

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

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

Draft Performance Scorecard

Leading Performance Metrics – Emergency Department

Metric	Patient Type	Definition	Goal	Current Performance Compared to Baseline: Jan - Nov '21 Baseline (Monthly Average or Median)	Dec '21	Jan '22	Feb '22	Mar '22*	Apr '22
ED Boarding Time *(Lower is better)*	**Overall**	Median time (minutes) for admission order written to check out for inpatients and observation patients	**286**	**336**	727	998	1,085	375	330
	Inpatients	Median time (minutes) for admission order written to check out for admitted patients	**287**	**338**	721	983	1,070	375	329
	Observation Patients	Median time (minutes) for admission order written to check out for observation patients	**259**	**304**	1,110	1,284	1,295	444	416
ED Admit Hold Volume *(Lower is better)*	**Overall**	Count of patients (volume) with ED boarding time	**N/A**	**1,028**	1,185	1,245	1,139	1,147	1,146
	Overall >4 Hours	Count of patients (volume) with ED boarding time ≥ 4 hours	**N/A**	**640**	902	1,061	951	750	727
ED Average Length of Stay (ED ALOS) *(Lower is better)*	**Overall**	Median ED length of stay (minutes) for admitted and discharged patients	**N/A**	**347**	352	362	422	359	357
	Discharged Patients	Median ED length of stay (minutes) for discharged patients	**214**	**268**	264	276	310	277	277
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	**612**	**720**	1,127	1,449	1,538	738	704
	Observation Patients	Median ED length of stay (minutes) for observation patients	**577**	**679**	1,272	1,524	1,569	839	801
ED Visits	**Overall**	Count of ED visits	**N/A**	**5,596**	5,339	5,975	4,956	5,513	5,584
	Discharged	Count of ED visits for discharged patients	**N/A**	**3,998**	3,801	4,431	3,546	3,971	4,056
	Inpatients	Count of ED Visits for admitted patients	**N/A**	**1,216**	1,229	1,312	1,129	1,165	1,144
	Observation Patients	Count of ED Visits for observation patients	**N/A**	**380**	313	231	278	377	384

***Previous month to be updated for admitted patients to align with exclusion criteria

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

What's Planned for June

1. **Finalize Patient Placement Infrastructure and Transfer Center Operations project recommendations**
2. **Continue ED MD Staffing Optimization / Care Model Redesign**
3. **Transition Performance Scorecard to internal HealtheAnalytics platform**
4. **Collaborate with project teams to finalize transition plans**

Appendix

Progress Report

Project				
Overarching	**Patient Progression**	**ED to Inpatient Admission Process**	**Patient Placement Infrastructure**	**ED RN Staffing Optimization / Care Model Redesign**
• Held Weekly Keri & Jag Update Meeting (4) • Held Weekly Enterprise Project Management Office (EPMO) Meeting (2) • Provided Biweekly Executive Team (ET) Updates (2)	• Launched Team Rounds on 3 North and 4 North • Supported 5/17 Cerner Go-Live for CareView boards, CapMan (Capacity Management), and Transfer Center Modules • Met with Dr. Patel to Discuss Plan to Integrate Family HealthCare Network (FHCN) Hospitalists into Team Rounds • Met with VP of Medical Education and Director of Clinical Education to Discuss Anticipated Discharge Date (ADD) Education • Distributed Education Around Unit-Based Discharge Before Noon Dashboard • Continued Alignment with Cerner Team • Held Team Leads Meeting (2) • Observed 4 Tower Team Rounds	• Met with Team to Identify Next Areas of Focus from FMEA (Failure Mode and Effects Analysis) Scoring • Determined Goal for Bed Clean to Bed Occupied Turnaround Time • Held Emergency Department (ED) Primary Care Physician (PCP) Meeting • Drafted Guiding Principles to Facilitate Nurse-to-Nurse Handoff Between the ED and Inpatient Units • Met with Team Leads to Identify Next Areas of Focus (2) • Held Design Session (2)	• Met with Project Team and Nursing Directors to Continue Patient Aggregation and Service Selection (PASS) Analytics Discussion and Develop Primary and Secondary Placements (3) • Shared Future State Scenarios 4.0 and 4.1 • Held Team Leads Meeting (2)	• Partnered with ED Director to Developing Strategies for ED Registered Nurse (RN) Staffing Optimization • Develop Plan to Align ED Provider Staffing Optimization Plan with RN Optimization Plan • Conducted ED Observations

Progress Report

Project					
Long Stay Committee	**Observation Program**	**Post-Acute Network**	**Physician Leadership Structure**	**Hospitalist Deployment**	**Patient Throughput Dashboard**
• Provided Project Management (PM) Support and Feedback to Internal Consulting Team • Reported Out on Patients with a Length of Stay (LOS) 5-8 Days • Piloted Use of the Throughput Rounding Tool (TRT) for Long Stay Patients • Met With Project Team and Continue To Refine Long Stay Committee (LSC) Approach (3) • Held Design & Implementation Session	• Shared Consolidation of Observation Services Recommendations with Executive Sponsors • Identified Data Discrepancy and Met with Kaweah Health (KH) Finance Key Stakeholders to Understand & Resolve Issue (2)	• Revised Current State Process Flow • Met with Team Leads to Discuss Strategy for Design Session • Developed Prioritized List of Opportunities • Launched Workgroups to Address Key Barriers to Discharge • Developed Education for Case Managers • Met with Leaders from Skilled Nursing Facilities (SNFs) • Established Bi-Weekly Recap Meeting with Team Leads • Held Design Session (1)	• Held Meetings With Medical Executive Committee (MEC) Members and Discussed Next Steps • Met with Key Medical Group Leadership	• Reviewed Patient Placement Matrix with Nursing Directors • Developed List of Key Stakeholders • Assessed Valley Hospitalist and Family Health Care Network (FHCN) Hospitalist Current State Deployment & Staffing	• Developed List of Project Metric Definitions and Inclusion/Exclusion Criteria • Developed Transition Plan, Timeline and Approach for Performance Scorecard • Met with Key Data Stakeholders to Progress Transition (2)

Physician Recruitment and Relations

Medical Staff Recruitment Report - May 2022

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

Date prepared: 5/19/2022

Central Valley Critical Care Medicine	
Intensivist	2

Delta Doctors Inc.	
OB/Gyn	1

Frederick W. Mayer MD Inc.	
Cardiothoracic Surgery	2

Kaweah Health Medical Group	
Audiology	1
Dermatology	2
Endocrinology	1
Family Medicine	3
Gastroenterology	2
Neurology	1
Orthopedic Surgery (Hand)	1
Otolaryngology	2
Pulmonology	1
Radiology - Diagnostic	1
Rheumatology	1
Urology	3

Oak Creek Anesthesia	
Anesthesia - Critical Care	1
Anesthesia - General	4
Anesthesia - Obstetrics	1
CRNA	3.5

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	2
Pediatric Cardiology	1

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Anesthesia	Oak Creek Anesthesia	Aijaz, M.D.	Tabish	08/23	Medicus Firm - 5/1/22	Currently under review
Anesthesia	Oak Creek Anesthesia	Kim, D.O.	Christopher	08/23	Medicus Firm - 3/16/22	Currently under review
Anesthesia	Oak Creek Anesthesia	Olalemi, M.D.	Hafeez	08/23	Comp Health - 5/10/22	Currently under review
Anesthesia	Oak Creek Anesthesia	Sanguino, M.D.	Luis	08/23	Curative - 3/30/22	Virtual Visit Pending
Anesthesia	Oak Creek Anesthesia	Sinha, M.D.	Ashish	05/22	Medicus Firm - 2/16/22	Site Visit: 4/5/22; Hospital credentialing in progress
Anesthesia - Cardiac	Oak Creek Anesthesia	Nagm, M.D.	Hussam	06/22	Direct/Referral	Site Visit: 11/9/21; Tentative Start Date: 6/1/22
Anesthesia - Critical Care	Oak Creek Anesthesia	Tsytsikova, M.D.	Libby	08/22	Medicus Firm - 3/2/22	Site Visit: 5/9/22; Offer pending
Cardiothoracic Surgery	Independent	Williams, M.D.	Julio	08/22	Direct - 4/19/22	Initial Screening: 4/22/22
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Havlicak	Ashley	01/23	Direct/Referral	Offer extended; contract under review
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Liu	Jia	03/23	Comp Health - 5/16/22	Currently under review
Certified Registered Nurse Anesthetist (Part-Time)	Oak Creek Anesthesia	Mendoza	Mayra	ASAP	Direct	Hospital credentialing in progress
Chief Medical Officer/Medical Director	Kaweah Health Medical Group	Quackenbush, M.D.	Todd	ASAP	Direct - 3/1/22	Interview: 3/28/22; Offer accepted; contract in process
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; Start Date: 8/1/22
Hospitalist	Valley Hospitalist Medical Group	Kaur, M.D.	Kamalmeet	08/22	Direct	Offer accepted; Tentative Start Date: August 2022
Intensivist	Central Valley Critical Care Medicine	Athale, M.D.	Janhavi	09/22	Comp Health - 1/6/22	Offer extended; contract under review
Intensivist	Central Valley Critical Care Medicine	De Freese, M.D.	Marissa	TBD	Direct/referral - 1/18/22	Site visit pending dates
Intensivist	Central Valley Critical Care Medicine	Sourial, M.D.	Mina	09/22	PracticeMatch - 4/11/22	Offer pending
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; Tentative Start Date: August 2022
Medical Oncology	Sequoia Oncology Medical Associates	Mohammadi, M.D.	Oranus	08/23	PracticeMatch - 3/31/22	Phone Interview: 4/18/22
Medical Oncology	Sequoia Oncology Medical Associates	Palla, M.D.	Amruth	08/22	Direct/referral - 1/26/22	Site visit pending dates (Nov/Dec 2022 - Tentative)

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Neonatology	Valley Children's	Agrawal, M.D.	Pulak	08/23	Valley Children's - 5/14/22	Site visit pending
Neonatology	Valley Children's	Al Kanjo, M.D.	Mohamed	08/23	Valley Children's - 3/14/22	Site Visit: 4/7/22; Offer pending
Neonatology	Valley Children's	Nwokidu-Aderibigbe, M.D.	Uche	08/23	Valley Children's - 5/14/22	Site visit pending
Neonatology	Valley Children's	Sharma, M.D.	Amit	TBD	Valley Children's - 3/1/22	Site Visit: 3/29/22; Offer extended
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
Nephrology	Independent	Sourial, M.D.	Maryanne	ASAP	Direct - Dr. Mina Sourial's spouse	Site Visit: 5/13/22
Pediatric Cardiology	Valley Children's	Ozdemir, M.D.	Ege	08/22	Valley Children's - 3/1/22	Site Visit: 3/23/22; Offer extended
Pediatric Hospitalist	Valley Children's	Mittal, M.D.	Daaman	07/22	Valley Children's - 2/17/22	Site visit: 2/21/22; Offer accepted; Start Date: 8/1/22
Pediatrics	Kaweah Health Medical Group	Galindo, M.D.	Ramon	09/22	Direct/referral - 6/28/21	Site visit: 9/14/21; Offer accepted; Tentative Start Date: 08/2022
Pediatrics	Kaweah Health Medical Group	Renn, M.D.	Caitlin	05/22	LocumTenens.com	Offer accepted; Start Date: 5/23/22
Physical Therapist	Kaweah Health Medical Group	Mendes	Alan	ASAP	Indeed - 4/27/22	Offer extended
Physical Therapist	Kaweah Health Medical Group	Stirling	Michael	ASAP	CliniPost - 4/27/22	Phone Interview: 5/3/22 at 8:30AM
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; Will decide on location in November 2022.
Urology	Kaweah Health Medical Group	Aram, M.D.	Pedram	07/23	PracticeMatch - 3/1/22	Site Visit: 5/26/22

REPORT TO THE BOARD OF DIRECTORS

Inpatient Cardiothoracic Surgeries

Christine Aleman – Director, Cardiovascular Operations (559) 624-2696
May 25, 2022

Summary Issue/Service Considered

The past year brought many changes to the Cardiac program. In January of 2022 we parted ways with Golden State Cardiac and entered partnership with Dr. Fred Mayer. With his assistance we are rebuilding the program. Under Dr. Mayer's guidance, surgical volumes are starting to increase.

Historically our Cardiothoracic Surgery Program has had a negative contribution margin. Financially, this year the program had a positive contribution margin of $1362 per case.

Quality/Performance Improvement Data

- 5th consecutive year - Healthgrades 50 Best Cardiac Surgery
- Our cardiac Same Day Admission process was highlighted in the Cleveland Clinic CardiacConsult magazine publication.
    - Since the implementation in 2021 our program has steadily increased the number of cases that are admitted same day.
    - Previously patients were admitted the day before surgery occupying an inpatient bed. Elimination of this practice has increased bed availability for our hospital.
-

Policy, Strategic or Tactical Issues

- Through collaboration with Cardiac Surgeons, we are actively working on efficiencies to decrease length of stay.
- Engaging with our affiliate team at Cleveland Clinic, we are improving processes to increase patient throughput across the continuum of care.
- Continue to work with Cardiothoracic Surgeons to streamline supply usage and expenses

Recommendations/Next Steps

- Case volumes will continue to be a key performance indicator for program success.
    - Cultivating relationships between the cardiologists that refer cases to the CT Surgeons will be a point of focus as the program rebuilds.
- Opportunity for decreasing Length of Stay (LOS)

    - Implementation of Heart Operations Team (HOT) to focus on barriers within cardiovascular continuum of care.
        - This is a collaborative team approach between Surgeons, Directors, Managers, Educators, and Nurse Practitioners.
- Implement a post cardiac patient and family class, “What to Expect After Discharge”, making their transition to home easier.

Approvals/Conclusions

Physician engagement and collaboration is steadily increasing. Our collective focus is on improving patient safety while remaining fiscally responsible. Despite challenges from this past year, our program remains award winning and is a vital service to our community.

REPORT TO THE BOARD OF DIRECTORS

Cardiothoracic Surgery Clinic (7424)

Tracy M. Salsa RN BSN MBA
Director of Cardiovascular Service Line & Cardiology Co-Management Program
624-4919

May 2022

Summary Issue/Service Considered

Kaweah Health opened this newly added outpatient clinic January 17, 2022. Prior to this date, Kaweah Health cardiothoracic surgery patients received professional services from previously contracted physician group, which operated independently. Expenses for newly opened KH CTS Clinic are now separated from physician fees. Prior to Jan 2022, expenses for this service line were transferred to 7423.

Quality/Performance Improvement Date

Quality is our top priority. Our team at this clinic is new to KH. The team has been orientated to KH processes, workflows and policies. Main focus at current time is turnaround time for referrals. Our goal is within the same week for a new referral. We are meeting this goal 98% of the time. Starting in June, another focus is complete registration thus reducing bill holds. As this service line grows, other quality and performance improvement metrics will be set and monitored.

Policy, Strategic or Tactical Issues

With the operations at the clinic up and running, following are focused areas:

- Recruitment of CT surgeons
- Marketing plan for CT Surgery
- Monitor & analyze Clarify data for market share, leakage, and opportunities
- Billing process with contracted billing company results in minimal bill holds due to complete registration/insurance authorization documentation and timely collections for professional services

Recommendations/Next Steps

As this service line grows as a KH entity, we have the ability to quickly pivot to ensure the above focus/metrics are met and even exceeded. CT surgeon recruitment is key as well as increasing referral volume. Elective CT surgery referrals are integral to growing this service line. Continue monitoring Clarify data will assist in target marketing efforts.

Approvals/Conclusions

The CT Surgery service line has experienced a change in CT surgeons. Quality of care and outcomes have remained unchanged despite these changes. Our focus remains on providing world class care to our CT surgery patients, a personal touch in the clinic for consultative, pre-operative and post-operative care.

KAWEAH HEALTH ANNUAL BOARD REPORT

Cardiovascular Services - Inpatient Cardiothoracic Surgeries

FY2022 Annualized

KEY METRICS - FY 2022 Annualized on the Nine Months Ended March 31, 2022

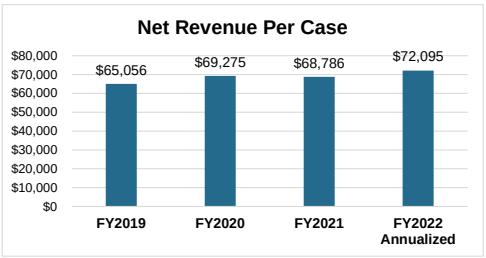
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
215	$15,476,416	$15,184,076	$292,340	($3,779,260)
▼ -27%	▼ -23%	▼ -25%	▲ 367%	▲ 27%

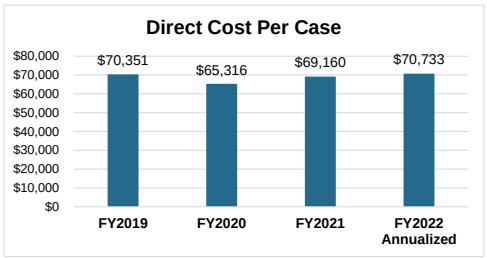
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

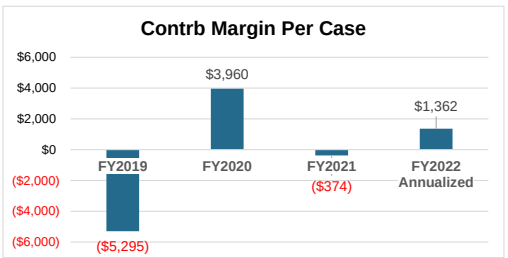
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	304	340	293	215	▼ -27%	
Patient Days	3,905	3,779	3,654	2,896	▼ -21%	
ALOS	12.85	11.11	12.47	13.49	▲ 8%	
GM LOS	9.49	9.36	9.30	9.06	-3%	
Opportunity Days	3.36	1.75	3.17	4.43	▲ 40%	
Net Revenue	$19,777,120	$23,553,638	$20,154,170	$15,476,416	▼ -23%	
Direct Cost	$21,386,681	$22,207,298	$20,263,744	$15,184,076	▼ -25%	
Contribution Margin	($1,609,561)	$1,346,340	($109,574)	$292,340	▲ 367%	
Indirect Cost	$5,270,580	$5,877,766	$5,046,905	$4,071,600	▼ -19%	
Net Income	($6,880,141)	($4,531,426)	($5,156,479)	($3,779,260)	▲ 27%	
Net Revenue Per Case	$65,056	$69,275	$68,786	$72,095	▲ 5%	
Direct Cost Per Case	$70,351	$65,316	$69,160	$70,733	▲ 2%	
Contrb Margin Per Case	($5,295)	$3,960	($374)	$1,362	▲ 464%	

PER CASE TRENDED GRAPHS

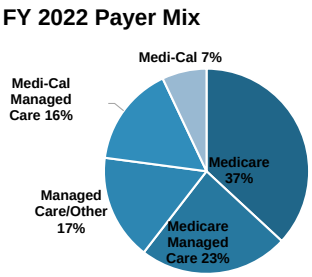






PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	39%	39%	43%	37%
Medicare Managed Care	20%	17%	18%	23%
Managed Care/Other	20%	22%	19%	17%
Medi-Cal Managed Care	12%	14%	15%	16%
Medi-Cal	5%	7%	5%	7%



Notes:
1. Source: Inpatient Service Line Report
Selection Criteria: Inpatient Surgeon Specialty = Cardiothoracic Surgery

REPORT TO THE BOARD OF DIRECTORS

Inpatient Cardiology

Christine Aleman, MSN, RN – Director, Cardiovascular Operations (559) 624-2696
Kassie Waters, BSN, MPA – Director, Cardiac Critical Care (559) 624-2466
Emma Mozier, MSN, RN, CNML– Director of Medical Surgical Services (559) 624-2825

May 25, 2022

Summary Issue/Service Considered

Inpatient cardiology which consists of inpatient Cardiac Cath Lab (35%), heart failure, acute myocardial infarction (AMI) and cardiac arrhythmias, had a positive contribution margin of $12.6 million which is 13% less than the previous year. Decreased patient volumes and increased direct costs for contract labor has affected the overall contribution margin.

Quality/Performance Improvement Data

Best Practice Teams for Acute MI and Heart Failure

- Collaborative effort between physicians and nursing to ensure evidence based best practices are being implemented.

Patient Engagement Scores

- Cardiac Surgery and cardiac interventional patients are primarily discharged via 4T. Patient engagement scores exceed goals in 5 of 10 categories.
- A comprehensive patient education resource was implemented in April 2022.
  - Our affiliation with Cleveland Clinic helped us to produce an easy to follow guide for our patients and their families as they prepare for Cardiac Surgery.
  - This binder of resources sets expectations throughout the patient's cardiac care, from pre-surgery appointments to cardiac rehab.

Policy, Strategic or Tactical Issues

Decrease in length of stay through numerous throughput initiatives.

Rapid Improvement Team

- This multi-disciplinary team was formed in January 2022 for early identification of barriers to patient discharge

Recommendations/Next Steps

- Continue to refine the build of our Rapid Improvement Team to evaluate discharge process and long term patients.

- Implementation of Patient Tracking boards in order to identify three patient discharges by noon.

Approvals/Conclusions

Cardiovascular Services continues to perform well. The service line is on track to end FY 2022 with a healthy contribution margin of $23 million. We will continue to grow the service line with new process, increased patient volumes, all while rebuilding our cardiothoracic surgical program.

KAWEAH HEALTH ANNUAL BOARD REPORT

Cardiovascular Services - Inpatient Summary

FY2022 Annualized

KEY METRICS - FY 2022 Annualized on the Nine Months Ended March 31, 2022

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
2,743	$61,648,999	$48,709,136	$12,939,863	$1,908
▼ -8%	▼ -9%	▼ -7%	▼ -16%	▼ -100%

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

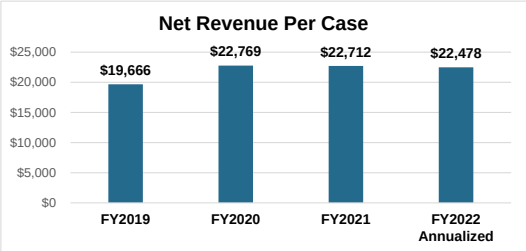
METRICS BY SERVICE LINE - FY 2022 ANNUALIZED

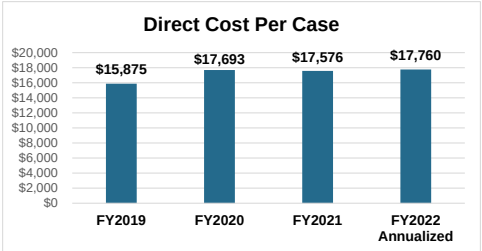
SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Inpatient Cardiology	2,528	$46,172,583	$33,525,060	$12,647,523	$3,781,168
Inpatient Cardiothoracic Surgeries	215	$15,476,416	$15,184,076	$292,340	($3,779,260)
Inpatient Cardiovascular Services Total	2,743	$61,648,999	$48,709,136	$12,939,863	$1,908

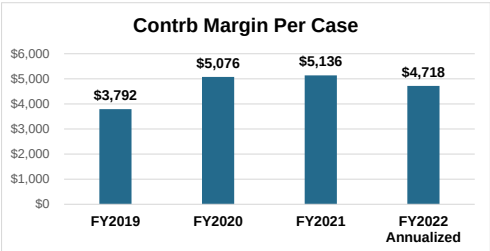
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	3,813	3,357	2,996	2,743	▼ -8%	
Patient Days	18,848	16,840	15,828	15,428	▼ -3%	
ALOS	4.94	5.02	5.28	5.63	▲ 6%	
Net Revenue	$74,987,605	$76,435,990	$68,045,045	$61,648,999	▼ -9%	
Direct Cost	$60,530,454	$59,396,786	$52,657,742	$48,709,136	▼ -7%	
Contribution Margin	$14,457,151	$17,039,204	$15,387,303	$12,939,863	▼ -16%	
Indirect Cost	$16,897,866	$17,026,519	$14,111,705	$12,937,955	▼ -8%	
Net Income	($2,440,715)	$12,685	$1,275,598	$1,908	▼ -100%	
Net Revenue Per Case	$19,666	$22,769	$22,712	$22,478	▼ -1%	
Direct Cost Per Case	$15,875	$17,693	$17,576	$17,760	▲ 1%	
Contrb Margin Per Case	$3,792	$5,076	$5,136	$4,718	▼ -8%	

GRAPHS







Note: FY2022 is annualized in graphs and throughout the analysis
Source: Inpatient Service Line Reports
Criteria: Inpatient Cardiothoracic Surgeries and Cardiology Service Line

KAWEAH HEALTH ANNUAL BOARD REPORT

Cardiovascular Services - Inpatient Cardiology Service Line

FY2022 Annualized

KEY METRICS - FY 2022 Annualized on the Nine Months Ended March 31, 2022

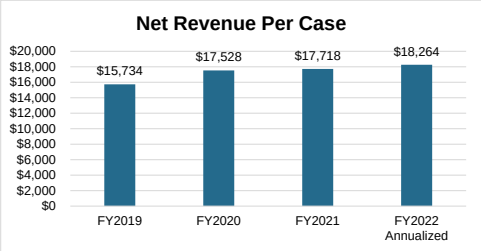
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
2,528	$46,172,583	$33,525,060	$12,647,523	$3,781,168
▼ -6%	▼ -4%	▲ 3%	▼ -18%	▼ -41%

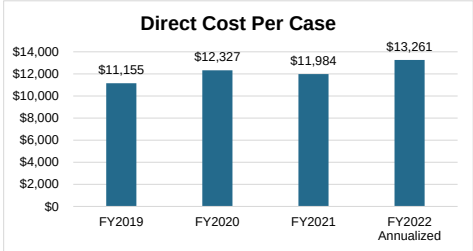
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

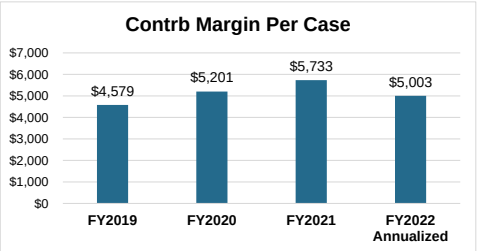
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	*Annualized FY2022 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	3,509	3,017	2,703	2,528	▼ -6%	
Patient Days	14,943	13,061	12,174	12,532	▲ 3%	
ALOS	4.26	4.33	4.50	4.96	▲ 10%	
GM LOS	3.33	3.45	3.46	3.38	-2%	
Opportunity Days	0.93	0.88	1.04	1.58	▲ 51%	
Net Revenue	$55,210,485	$52,882,352	$47,890,875	$46,172,583	▼ -4%	
Direct Cost	$39,143,773	$37,189,488	$32,393,998	$33,525,060	▲ 3%	
Contribution Margin	$16,066,712	$15,692,864	$15,496,877	$12,647,523	▼ -18%	
Indirect Cost	$11,627,286	$11,148,753	$9,064,800	$8,866,355	▼ -2%	
Net Income	$4,439,426	$4,544,111	$6,432,077	$3,781,168	▼ -41%	
Net Revenue Per Case	$15,734	$17,528	$17,718	$18,264	▲ 3%	
Direct Cost Per Case	$11,155	$12,327	$11,984	$13,261	▲ 11%	
Contrb Margin Per Case	$4,579	$5,201	$5,733	$5,003	▼ -13%	

PER CASE TRENDED GRAPHS

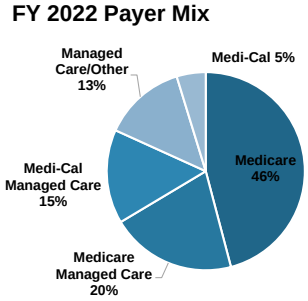






PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	51%	46%	47%	46%
Medicare Managed Care	14%	16%	16%	20%
Medi-Cal Managed Care	18%	16%	18%	15%
Managed Care/Other	12%	16%	13%	13%
Medi-Cal	5%	5%	6%	5%



Notes:
Source: Inpatient Service Line Report
Selection Criteria: Inpatient Service Line - Cardiology

REPORT TO THE BOARD OF DIRECTORS

Outpatient Cardiac Catheterization Lab

Christine Aleman, MSN, RN – Director, Cardiovascular Operations (559) 624-2696
May 25, 2022

Summary Issue/Service Considered

Continued effects of COVID are reflective of a 13% decrease in patient volume. Despite this decrease in volume, the contribution margin remains high at $8 Million this past fiscal year. Transcatheter Aortic Valve Replacement (TAVR) case volumes are at a four year high with a positive contribution margin. Also, staff retention in the Cath Lab continues to remain stable with no reliance on contract labor.

Quality/Performance Improvement Data

- Same Day Discharge for elective cardiac interventions continues to increase. We are above the national goal. We have been able to increase bed availability during these times of high patient capacity.
- Our national ranking for our Door to Balloon time is currently greater than the 50th percentile. The decrease in DTB time has been a collaborative effort between the Emergency Room physicians and Cardiologists.
- Radial approach continues to be a focus for our cardiac program. The overall patient experience is directly affected by our continued efforts to increase the use of Radial access: Increased patient comfort, decreased recovery time, immediate ability to sit up and eat after procedure, etc.
- Implementation of Mobile Supply Chain (automated inventory control system) has resulted in a 15% decline in overall expense cost.

Policy, Strategic or Tactical Issues

We have a goal to expand cardiac procedures available to our community. The expansion of the Structural Heart Program to include left atrial appendage occlusion (LAO) is an identified need. The LAO procedure is designed to eliminate the need for oral anticoagulation medication for a specific patient population.

Recommendations/Next Steps

Continue to support a collaborative environment between physicians and staff.
Utilization of our affiliation with Cleveland Clinic to improve efficiencies within the Cath Lab

Approvals/Conclusions

The Cath Lab team, physicians and staff, have faced the many challenges of COVID. Our cardiovascular team works together effectively to consistently provide world-class care to our patients. We are always seeking new and innovative ways to care for our community.

REPORT TO THE BOARD OF DIRECTORS

Cardiology Center, Diagnostic Center and Non-invasive Cardiology

Tracy M. Salsa RN BSN MBA
Director of Cardiovascular Service Line & Cardiology Co-Management Program
624-4919

May 2022

Summary Issue/Service Considered

Kaweah Health Cardiology Center (formerly Sequoia Cardiology Clinic) volumes had slight decrease early in FY22 but now up 3% (this also includes Diagnostic Center 7561 due to shared office space & some shared expenses; Diagnostic Center was moved in Oct. 2020 from 202 W. Willow building to the Cardiology Center). Please note this fiscal narrative combines the Cardiology Center (7088), Diagnostic Center (7561) and Non-invasive Cardiology (7560).

Board report changes/highlights

- Clinic volumes are up 3% over FY21
- Strong Contribution Margin (CM) with an increase of 21% from FY21; CM per case steadily increasing year-over-year now at $82 per case (highest within the last 4 years) which is a 17% increase from FY21
- Net income increased by 43% due to consolidation of non-invasive cardiology service line into the cardiology center location
- Direct cost per case decreased -3% from FY22
- Payor mix similar to FY21 with slight increase in Managed Care Medicare showing an increase in payment trend & CM per case; Medicare remains at 37% with an increasing payment trend and decreasing costs and a stronger CM per case

- Cheryl Clark (Manager) continues to work with the Cleveland Clinic on our Intersocietal Accreditation Committee (IAC) Certification of our Non-Invasive Cardiology Lab (includes Diagnostic Center)
  - Our monthly Quality and Education Conference with Continuing Education Units (CEU) has been reinstated (was on-hold due to pandemic)
- We have solidified Nurse Practitioner support for IP testing for the following:
  - Stress Testing
  - Bubble Studies
  - Image enhancement (Definity) studies
  - Chemical Stress Testing
  - Tilt Table Exams

This has allowed us to improve throughput for these exams, improve quality of imaging, and potentially assist with decreasing LOS.

- We continue our collaboration with Valley Children's Hospital to enhance our care of our neonatal and pediatric populations here at Kaweah Health.

Quality/Performance Improvement Data

Clinic/Diagnostic Center/Non-invasive Cardiology has implemented:

1. Remote monitoring of pacemakers so patients do not need to come into clinic as often to have their device interrogated. Remote monitoring can be done three times a year and in-person once. The majority of pacemaker patients are monitored remotely. This improves patient throughput in the clinic allowing for other visit volume. Remote monitoring also increases quality of care due to close to real-time monitoring of an event (Cloud based storage utilized).
2. Event monitoring is being performed by BioTel Heart and iRhythm Technologies (Zio patch) for cardiac event monitoring. BioTel Heart utilizes a holter monitor; iRhythm Technologies utilizes the Zio patch (a self-adhesive patch that patient places and removes). Both have their benefits (holter monitor for 30-day monitoring; Zio patch for 72 hours up to 14 days for monitoring; Zio patch report read via an app so faster turnaround time for a physician read study; holter needs to be charged vs. Zio patch doesn't need charging and is a one-time use). This has decreased wait time for getting this type of monitoring done. By utilizing these companies, Kaweah Health Cardiology Center has complete oversight of this monitoring and allows for no outsourcing the monitoring to a different entity.
3. Registered echo technicians administering Definity (image enhancer) – this results in improved patient throughput, better quality of images/tests, less labor costs, increase in number of tests performed, and prevents patients from repeat testing due to poor image quality.
4. No show rate for Cardiology Center = 12%. This remains a high priority focus of clinic staff. Earlier in the FY, staff resources were able to proactively make appointment reminder phone calls (automated system in place but that has shown not to be effective in reducing the no show rate; text messages implemented as well but what is ideal is a personal call so if patient has to rescheduled while on the phone, this can happen thus opening a visit space for someone else). The clinic no longer has the ability to do this due to limited staffing resources thus the No Show rate has increased.
5. Diagnostic Center No Show rate = 21% up from FY21. New process already implemented – utilizing sonographers to make day before appointment reminder calls. Sonographers that have a No Show during the day utilize this time slot to make appointment reminder calls for the next day's scheduled patients. If patient needs to reschedule, the sonographer is able to reschedule the patient while on that phone call. Will monitor progress and re-evaluate plan if no improvement shown over the next 90 days.

Diagnostic Center No Show rate data:

Jan-22				Apr-22		
Row Labels	Count of EncNo			Row Labels	Count of EncNo	
Attended	547			Attended	648	
Canceled	113	21%		Canceled	70	11%
No Show	88	16%		No Show	139	21%
Scheduled	1			(blank)	1	
(blank)	1			Grand Total	858	
Grand Total	750					
Feb-22						
Row Labels	Count of EncNo					
Attended	623					
Canceled	103	17%				
No Show	114	18%				
Scheduled	2					
Grand Total	842					
Mar-22						
Row Labels	Count of EncNo					
Attended	748					
Canceled	83	11%				
No Show	222	30%				
Scheduled	1					
(blank)	1					
Grand Total	1055					
Overall no show rate		21%				

6.Retrospective review of overall turnaround time (TAT) for echocardiograms: Goal from echocardiographs performed to final report by cardiologist is <12 hours. Current TAT for 2021 is 79% compared to our goal of 85%. Some of this was a result of cardiologist restrictive call being relaxed during the COVID pandemic. We will remain steadfast in our commitment to work collaboratively with our Medical Director and Cardiologists to not only meet but also exceed our desired goal of 85%. Also evaluating reasonable goal due to on-call cardiologist schedule as it exists today vs. having designated cardiologist assigned to echocardiogram reads.

Overall Inpatient Echo Interpretation Turnaround Time

2021

(Study completed/final report less than 12 hours. (Benchmark 85%)

	# done	<12hrs	% <12hrs	Total Hrs	Mean TAT hrs
JAN	705	558	**79%**	7186	**10**
FEB	653	470	**72%**	7787	**12**
MAR	770	589	**76%**	7904	**10**
Q1	**2128**	**1617**	**76%**	**22877**	**11**
APR	774	581	**75%**	8551	**11**
MAY	804	590	**73%**	9024	**11**
JUN	767	576	**75%**	7838	**10**
Q2	**2345**	**1747**	**74%**	**25413**	**11**
JUL	742	562	**76%**	8093	**11**
AUG	664	508	**77%**	7635	**11**
SEP	634	452	**71%**	7748	**12**
Q3	**2040**	**1522**	**75%**	**23476**	**12**
OCT	659	505	**77%**	8511	**13**
NOV	602	450	**75%**	7745	**13**
DEC	736	538	**73%**	8559	**12**
Q4	**1997**	**1493**	**75%**	**24815**	**12**
	8510	**6379**	**75%**	**96581**	**11**

Policy, Strategic or Tactical Issues

Now that our cardiology clinic includes our diagnostic center, continued focus on growing our market share for non-invasive testing (i.e. stress testing, echocardiograms) continues. Also continued focus on growing our nuclear medicine program (SPECT and PET). Our sonographer team at the Diagnostic Center are all registered which has been a goal for a few years. We continue our affiliation with Cleveland Clinic, incorporating evidence-based care, maximizing our purchasing relationships to decrease costs, and shape clinical policies and workflows centered on world-class service to our patients. Non-invasive Cardiology/Diagnostic Center remains focused on obtaining accreditation through the Intersocietal Accreditation Commission (IAC). All sonographers must achieve certification in echocardiography prior to application submission for this accreditation. This remains in progress – two staff at this time need certification and are working towards taking and passing the registry exam in order for KH to apply for this accreditation (requires a survey) for FY23. In addition to this requirement, unanimous

engagement/support from all interpreting cardiologists in achieving IAC quality measures and maintenance equates to 15 echocardiogram-related CMEs every three years (IAC required).

Recommendations/Next Steps

Several focused areas:

- Increase productivity by reducing check-in time (Clockwise system utilized for this purpose however a large majority of patients do not use it; will continue encouragement by staff to patients to use this system to improve patient experience related to check-in time)
- Increase patient satisfaction – have encountered challenges with the clinic's phone tree system (the Cardiology Center averages over 4500 incoming calls per week; this does not include the Diagnostic Center incoming or outgoing call volume nor the Cardiology Center outgoing call volume); this remains a focus for FY23
- Decrease errors in information collected at front desk during check-in
- Decrease no show rate
- Utilize Clarify to help identify trends in market share/referral patterns
- Continue offering telehealth visits for patients that prefer not to be seen in person (if clinically appropriate)
- Explore IV certification for registered sonographers to free-up RN/LVN time
- Successful acquisition of Intersocietal Accreditation Committee (IAC) Certification.
- Registered cardiac sonographers to complete competencies for administration of image enhancement agent (Definity)
- Implement retrospective review of echocardiograms for report variability, report timeliness, completeness, ejection fraction (EF) and/or regurgitation/stenosis correlation with other modalities (requirement for IAC certification)
- Continue to increase the volume of echocardiography for quality review; Cleveland Clinic recommendation is to review approximately 2% of all completed echocardiograms with feedback given to sonographers as well as interpreting cardiologist
- Implement monthly report of turnaround time from ordered test to when sonographer completed final report; Goal is 48 hours as per the American Society of Echocardiography.

Approvals/Conclusions

The Cardiology Center and Diagnostic Center continue to demonstrate sustainability within the confines of the challenges of COVID19 has continued to bring to healthcare. Our partnership with Sequoia Cardiology Medical Group (SCMG) remains strong with strategic initiatives aligned. SCMG added Dr. Atul Singla, a structural heart/cardiologist interventionalist in Jan. 2021. Dr. Singla has quickly established himself in the community as a leader in cardiac care and has steadily increased his monthly patient volume. Kaweah Health Cardiology Clinic continues offering world-class cardiology services in one location.

The Non-invasive Cardiology service line continues to evaluate and implement process improvements designed to enhance patient and physician satisfaction through increased quality, efficiency and productivity. This also includes efficiencies surrounding reduction in length of stay, when applicable. The team remains committed to the delivery of the highest quality of care with uncompromising service excellence.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2022 Annualized

Cardiovascular Services - Outpatient Summary

KEY METRICS - FY 2022 Annualized on the Nine Months Ended March 31, 2022

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
29,193	$28,138,589	$18,013,240	$10,125,349	$6,151,827
▲ 2%	▼ -5%	▼ -3%	▼ -8%	▼ -8%

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

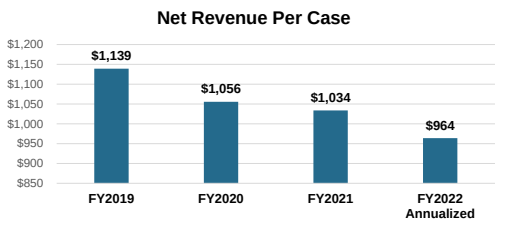
METRICS BY SERVICE LINE - FY 2022 ANNUALIZED

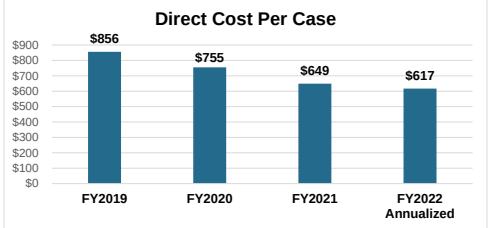
SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Outpatient Cardiac Cath Lab	2,491	$20,005,751	$12,061,843	$7,943,908	$5,162,420
Outpt. Cardiology Clinic & Non-Inv. Cardi	26,703	$8,132,839	$5,951,397	$2,181,441	$989,407
Outpatient Cardiovascular Services Total	29,193	$28,138,589	$18,013,240	$10,125,349	$6,151,827

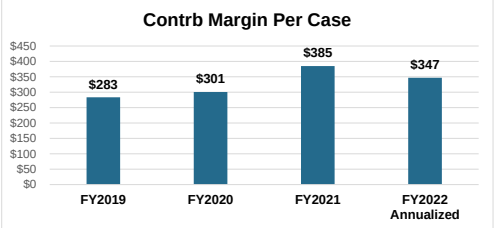
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	20,574	25,109	28,750	29,193	▲ 2%	
Net Revenue	$23,435,917	$26,504,734	$29,720,660	$28,138,589	▼ -5%	
Direct Cost	$17,603,597	$18,957,418	$18,656,606	$18,013,240	▼ -3%	
Contribution Margin	$5,832,320	$7,547,316	$11,064,054	$10,125,349	▼ -8%	
Indirect Cost	$3,666,941	$4,626,764	$4,398,015	$3,973,523	▼ -10%	
Net Income	$2,165,379	$2,920,552	$6,666,039	$6,151,827	▼ -8%	
Net Revenue Per Case	$1,139	$1,056	$1,034	$964	▼ -7%	
Direct Cost Per Case	$856	$755	$649	$617	▼ -5%	
Contrb Margin Per Case	$283	$301	$385	$347	▼ -10%	

GRAPHS







Note: FY2022 is annualized in graphs and throughout the analysis
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line (Cardiac Cath Lab, Cardiology Clinic and Non-Invasive Cardiology)

KAWEAH HEALTH ANNUAL BOARD REPORT

Cardiovascular Services - OP Cardiac Cath Lab

FY2022 Annualized

KEY METRICS - FY 2022 Annualized on the Nine Months Ended March 31, 2022

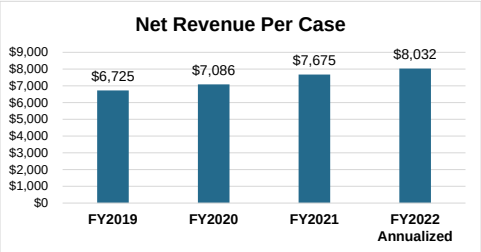
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
2,491	$20,005,751	$12,061,843	$7,943,908	$5,162,420
▼ -13%	▼ -9%	▼ -5%	▼ -14%	▼ -14%

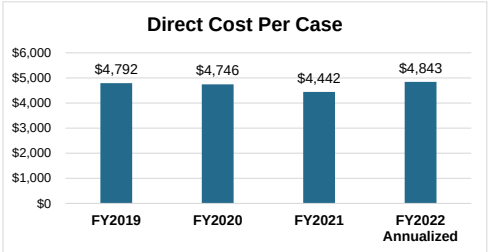
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

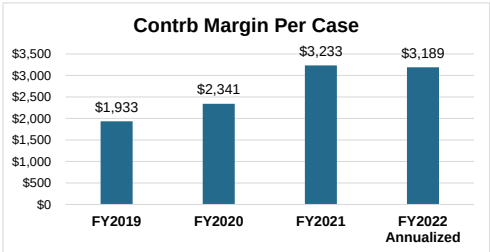
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	2,751	2,821	2,863	2,491	▼ -13%	
Net Revenue	$18,501,426	$19,990,643	$21,973,878	$20,005,751	▼ -9%	
Direct Cost	$13,184,083	$13,387,082	$12,718,838	$12,061,843	▼ -5%	
Contribution Margin	$5,317,343	$6,603,561	$9,255,040	$7,943,908	▼ -14%	
Indirect Cost	$2,966,645	$3,304,706	$3,278,726	$2,781,488	▼ -15%	
Net Income	$2,350,698	$3,298,855	$5,976,314	$5,162,420	▼ -14%	
Net Revenue Per Case	$6,725	$7,086	$7,675	$8,032	▲ 5%	
Direct Cost Per Case	$4,792	$4,746	$4,442	$4,843	▲ 9%	
Contrb Margin Per Case	$1,933	$2,341	$3,233	$3,189	▼ -1%	

PER CASE TRENDED GRAPHS

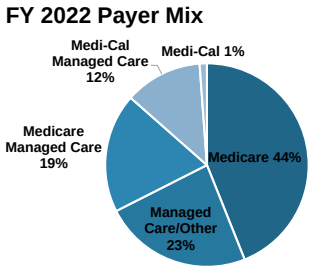


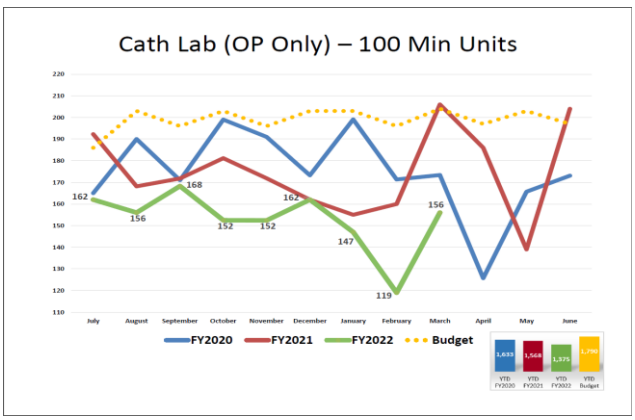




PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	48%	46%	45%	44%
Managed Care/Other	24%	23%	23%	23%
Medicare Managed Care	15%	17%	20%	19%
Medi-Cal Managed Care	12%	13%	12%	12%
Medi-Cal	1%	1%	1%	1%





Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Line Cardiac Cath Lab

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2022 Annualized

Cardiolovascular Services - Outpatient Cardiology Clinic & Non-Invasive Cardiology

KEY METRICS - FY 2022 Annualized on the Nine Months Ended March 31, 2022

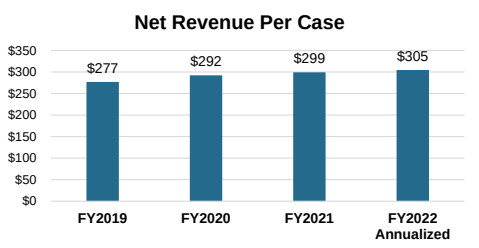
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
26,703	$8,132,839	$5,951,397	$2,181,441	$989,407
▲ 3%	▲ 5%	▶ 0%	▲ 21%	▲ 43%

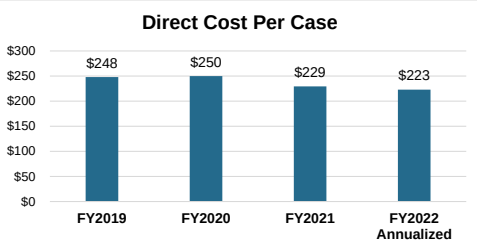
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

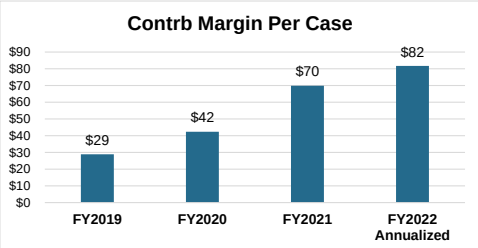
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	17,823	22,288	25,887	26,703	▲ 3%	
Net Revenue	$4,934,491	$6,514,091	$7,746,782	$8,132,839	▲ 5%	
Direct Cost	$4,419,514	$5,570,336	$5,937,768	$5,951,397	▶ 0%	
Contribution Margin	$514,977	$943,755	$1,809,014	$2,181,441	▲ 21%	
Indirect Cost	$700,296	$1,322,058	$1,119,289	$1,192,035	▲ 6%	
Net Income	($185,319)	($378,303)	$689,725	$989,407	▲ 43%	
Net Revenue Per Case	$277	$292	$299	$305	▲ 2%	
Direct Cost Per Case	$248	$250	$229	$223	▼ -3%	
Contrb Margin Per Case	$29	$42	$70	$82	▲ 17%	

PER CASE TRENDED GRAPHS

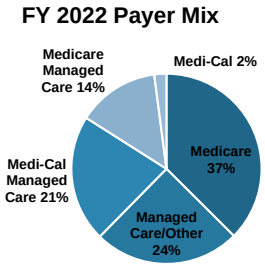






PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	43%	40%	37%	37%
Managed Care/Other	22%	22%	23%	24%
Medi-Cal Managed Care	19%	22%	23%	21%
Medicare Managed Care	10%	11%	12%	14%
Medi-Cal	3%	3%	2%	2%



Notes:
Source: Outpatient Service Line Reports
Criteria: Outpatient Service Linea: Non-Invasive Cardiology & Sequoia Cardiology Clinic

(Adopt and file with the County Registrar of Voters
NO LATER THAN JULY 1, 2022)

BEFORE THE BOARD OF DIRECTORS OF THE

Kaweah Delta Health Care District

Resolution Ordering Even-Year Board of Directors)		
Election; Consolidation of Elections; and)		RESOLUTION
Specifications of the Election Order)		NO. 2163

WHEREAS, California Elections Code requires a general district election be held in each district to choose a successor for each elective officer whose term will expire on the first Friday in December following the election to be held on the first Tuesday after the first Monday in November in each even-numbered year; and

WHEREAS, other elections may be held in whole or in part of the territory of the district, and it is to the advantage of the district to consolidate pursuant to Elections Code Section 10400; and

WHEREAS, Elections Code Section 10520 requires each district involved in a general election to reimburse the county for the actual costs incurred by the county elections official in conducting the election for that district; and

WHEREAS, Elections Code Section 13307(3c) requires that before the nominating period opens, the governing body must determine whether a charge shall be levied against each candidate submitting a candidate's statement to be sent to the voters; and

WHEREAS, Elections Code Section 12112 requires the elections official of the principal county to publish a notice of the election once in a newspaper of general circulation in the district;

NOW, THEREFORE, IT IS ORDERED that an election be held within the territory included in this district on the 8th day of November, 2022, for the purpose of electing members to the board of directors of said district in accordance with the following specifications:

SPECIFICATIONS OF THE ELECTION ORDER

1. The Election shall be held on Tuesday, the 8th day of November, 2022. The purpose of the election is to choose members of the board of directors for the **following seats** (list offices and terms):

Zone 2 - 12/02/22 - 12/06/26

Zone 4 - 12/02/22-12/06/26

2. This governing board hereby requests and consents to the consolidation of this election with other elections which may be held in whole or in part of the territory of the district, as provided in Elections Code 10400.

3. The district will reimburse the county for the actual cost incurred by the county elections official in conducting the general district election upon receipt of a bill stating the amount due as determined by the elections official.

4. The district has determined that the Candidate (District or Candidate) will pay for the Candidate's Statement. The Candidate's Statement will be limited to 200 words.

5. The district directs that the County Registrar of Voters of the principal county publish the notice of election in the **following newspaper**, which is a newspaper of general circulation that is regularly circulated in the territory: The Visalia Times Delta and The Fresno Bee

THE FOREGOING RESOLUTION WAS ADOPTED upon motion of Director _____, seconded by Director _____, at a regular meeting on this 25th day of May, 2022, by the following vote:

AYES :_____

NAYS :_____

ABSENT:_____

_____

(Secretary of said District)

KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS

RESOLUTION 2161

APPLICATION FOR ASSISTANCE UNDER THE EMERGENCY RURAL HEALTH CARE (ERHC) PROGRAM

WHEREAS, Kaweah Delta Health Care District was notified of the conditions to be met before further consideration is given to the application for assistance under the Emergency Rural Health Care (ERHC) Program.

WHEREAS, Kaweah Delta Health Care District was notified by the United States Department of Agriculture (USDA) that the application can be processed on the basis of a USDA Rural Development grant not to exceed $998,220. Funds for this project are provided by the Rural Housing Services (RHS).

WHEREAS, as a condition to apply for the grant, the Board of Directors must authorize the execution of form RD1942-46 "Letter of Intent to Meet Conditions" and Form RD1940-1 "Request for Obligation of Funds" and all other documents required by USDA Rural Development; and

NOW, THEREFORE BE IT RESOLVED, The Board of Directors hereby approves all documentation required for the application submission of the Emergency Rural Health Care Grant to Kaweah Delta Health Care District – for Telemedicine; Van; Staffing.

THE FOREGOING RESOLUTION WAS PASSED AND ADOPTED by the Board of Directors of Kaweah Delta Health Care District on September 25, 2022 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

_____
David Francis
President, Board of Directors

Attest:

_____
Michael Olmos
Secretary/Treasurer, Board of Directors

KAWEAH DELTA HEALTH CARE DISTRICT
AND
YOSEMITE PATHOLOGY MEDICAL GROUP

EXCLUSIVE PROVIDER AGREEMENT FOR ANATOMIC PATHOLOGY SERVICES

This Exclusive Provider Agreement ("Agreement"), made and executed at Visalia, California, and effective **August 4, 2022**, is made by and between **KAWEAH DELTA HEALTH CARE DISTRICT**, a local health care district organized and existing pursuant to California Health and Safety Code Sections 32000 et seq. (hereafter referred to as "DISTRICT"), and **YOSEMITE PATHOLOGY MEDICAL GROUP**, INC., a California professional corporation (hereafter referred to as "YPMG"). DISTRICT and YPMG are sometimes referred to collectively in this Agreement as the "Parties." This Agreement is made on the basis of the following recitals:

BACKGROUND

A. DISTRICT is the operator of acute health care facilities, including Kaweah Health Medical Center ("Hospital"), an acute care hospital in Visalia, California, in which there is a Clinical Laboratory. DISTRICT also operates (or plans to operate) facilities at the Kaweah Health skilled nursing and subacute facilities on the South Campus, 1633 South Court Street, Visalia, California; Kaweah Health Rehabilitation Hospital, 840 South Akers Road, Visalia, California; Kaweah Health Mental Health Hospital, 100 South Akers Road, Visalia, California; rural health clinics in Exeter, Woodlake, Dinuba and Lindsay, California; Urgent Care Centers located at 1633 South Court Street, Visalia, California, 3600 W. Flagstaff Street, Visalia, California; and a Family Medicine Clinic located at 202 Willow Street, Visalia, California. All of the foregoing facilities are hereafter collectively referred to as the "Facilities." All of the Facilities require clinical laboratory and anatomic pathology services. The Facilities do not include clinics operated by Kaweah Health Medical Foundation, which include Visalia Medical Clinic.

B. YPMG is a California professional corporation, a privately owned physician medical group ("Physician Members"). YPMG also may employ other physicians ("Physician Contractors") who are members of the Medical Staff, who, together with the Physician Members, are duly qualified to provide the services contemplated by this Agreement.

C. DISTRICT, in accordance with its Bylaws administered through its Board of Directors, has determined that the best interests of patients, insofar as the quality of medical care is concerned, and insofar as the future quality of medical care and the availability of clinical laboratory and anatomic pathology services at DISTRICT is concerned, shall be served by having YPMG exclusively provide for the medical direction of the Clinical Laboratory Department

("Department"), and by having YPMG exclusively provide professional and technical anatomic pathology services at Department and YPMG's anatomic clinical laboratory.

D. It is anticipated that this exclusive contract with YPMG will facilitate the administration of the Department and the training of personnel therein, will enhance interdepartmental communications at DISTRICT, will simplify and permit more flexibility in scheduling, will promote better availability of clinical laboratory and anatomic pathology services, will enhance convenience to and safety of patients, will encourage more efficient use of equipment and personnel, and will ultimately lower the cost of clinical laboratory and anatomic pathology services for the patients of DISTRICT.

Therefore, in consideration of the mutual covenants and conditions contained herein, the Parties agree as follows:

Section 1. Anatomic Pathology Services

1.1. Anatomic Pathology Services Provided. YPMG agrees to provide DISTRICT with the complete anatomic pathology services required by DISTRICT and its Medical Staff for the Facilities. YPMG shall provide these anatomic pathology services in a manner sufficient to meet the needs of the patients of DISTRICT as requested by DISTRICT and its Medical Staff. YPMG shall provide the anatomic pathology services at Department and at YPMG's anatomic clinical laboratory. YPMG shall ensure that all anatomic pathology services conform at all times with Medical Staff requirements and with DISTRICT policies relative to the provision of such services to patients. YPMG shall not be required to perform any autopsy if it determines in its professional discretion and in consultation with the member of the Medical Staff requesting the autopsy that the autopsy would not be appropriate.

1.2. Accrediting and Licensing Standards.

1.2.1. YPMG and its Physician Members and Physician Contractors must at all times (i) be authorized or licensed to practice medicine in the State of California, and in good standing with Medical Board of California; (ii) meet the requirements for approval by the Joint Commission, the College of American Pathologists and such other national and state accrediting or licensing entities which are concerned with the activities and operation of independent anatomic pathology services in the State of California; (iii) be participating providers in the Medicare and California Medi-Cal programs, and not be excluded from participation in any state or federal health care program; and (iv) otherwise possess the qualifications necessary to provide the services contemplated by this Agreement.

1.2.2. YPMG shall ensure that, at all times during this Agreement, its anatomic clinical laboratory is (i) duly licensed by the California Department of Public Health ("CDPH") under the California Clinical Laboratory Law, (ii) certified under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), and (iii) complies with all laws and regulations applicable to licensed clinical laboratories,

including but not limited to, CLIA and the requirements of DPH. YPMG shall ensure that all services provided in its anatomic clinical laboratory comply with the standards of the relevant payment program, including the appropriate level of physician supervision.

1.3. **Reporting Responsibilities.** The responsibilities of YPMG shall include reporting results to DISTRICT, its Medical Staff, and other appropriate personnel. YPMG shall promptly provide all necessary written reports, including reports of examinations, reports of the volume of services provided to DISTRICT, and such other reports as may be reasonably requested by DISTRICT or its Medical Staff.

1.4. **Professional Fees**. The services provided by YPMG under this Exclusive Provider Agreement, which are to be paid for by DISTRICT, are in the nature of technical laboratory services for Medicare patients of the DISTRICT. YPMG will separately bill and collect from payors for professional and technical fees for services provided to inpatients and outpatients, excluding technical fees to Medicare patients. The fees to be charged to DISTRICT by YPMG for technical anatomic pathology services provided to Medicare patients of the DISTRICT shall be as set forth in Section 0. YPMG shall adhere to the Centers for Medicare and Medicaid Services and other federal and state regulatory billing requirements. In the event that either Party discovers a billing discrepancy, the Party shall immediately report to the other in writing. In the event that regulatory agencies impose penalties upon DISTRICT for non-compliance with claims/billing procedures, YPMG agrees to share in the financial exposure equally if YPMG's actions contributed in any way to the non-compliance. YPMG will not be responsible for technical charges incurred at other institutions for services for DISTRICT.

1.5. **Entering and Reporting Charges.** YPMG shall be responsible for entering charges for the anatomic pathology technical services performed for each Medicare patient into the Hospital Information System (HIS). Such charges shall be entered daily. At the end of each month, YPMG shall submit to DISTRICT's business office a summary of the charges for anatomic pathology technical services performed for the month. DISTRICT has no obligation to provide billing services for these professional medical or technical services of non-Medicare inpatients, nor does DISTRICT have any liability for the payment for these services.

1.6. **Existing Clinical Laboratory Department Premises.** During the term of this Agreement and any extensions hereto, DISTRICT will continue to provide to or on behalf of YPMG at DISTRICT's sole cost and expense the use of the Department's premises located in, on or about HOSPITAL as currently used in connection with the Department and as expanded as may be reasonably necessary in the future for the safe and efficient operation of the Department and the provision of anatomic pathology services to patients at Facilities. YPMG shall inform DISTRICT as to future increased needs for Department premises. DISTRICT shall not refuse the use of additional premises to YPMG where the denial of such additional use would be unreasonable, and would hinder or lessen the quality of patient care.

1.7. **Use of Premises.** YPMG shall use the Department's premises solely for the practice of anatomic pathology and related procedures provided by the Department under this Agreement and the administrative and clerical activities attendant to that practice. No part of the premises shall be used at any time by YPMG or anyone else as an office for the general practice of medicine unless a separate agreement is reached by the Parties to that effect.

1.8. **Composition of Physician Contractors.** So long as YPMG continues to provide the coverage and other obligations called for herein, YPMG shall be primarily responsible for determining the number of physicians necessary to meet clinical laboratory and pathology requirements of DISTRICT's patient load. The composition of Physician Members and Physician Contractors may change with DISTRICT's approval, which approval shall not be unreasonably withheld, at the discretion of YPMG so long as new pathologists shall be members of or eligible for appointment to the Medical Staff pursuant to the application provisions contained in the Medical Staff Bylaws, and shall acquire membership to the Medical Staff, and so long as changes in the composition of Physician Members and Physician Contractors do not cause disruption within the Department and do not unfairly discriminate against current Physician Members.

1.9. **Courier Services**. YPMG shall provide courier services to transport pathology samples between HOSPITAL and YPMG's anatomic clinical laboratory. YPMG shall provide routine collections at HOSPITAL at least two (2) times daily, and more frequently if necessary to preserve specimens or provide stat services.

Section 2: Relationship of the Parties

2.1. **Independent Contractors.** In the performance of the work, duties and obligations and in the exercise of the rights granted under this Agreement, it is understood and agreed that YPMG Physician Members and its Physician Contractors are at all times acting and performing as independent contractors with respect to DISTRICT in providing anatomic pathology services pursuant to this Agreement.

2.2. **Supervision of Clinical Laboratory and Pathology Services.** It is the Parties' intention that DISTRICT will not exercise control or direction over the manner and means by which YPMG Physician Members or its Physician Contractors shall perform and administer anatomic pathology services; provided, however, that YPMG shall perform the obligations and responsibilities hereunder and function at all times in accordance with approved methods and practices in the professional specialty of pathology services and in accordance with the Rules and Regulations applicable to the Department, and with applicable laws, regulations and standards. It is the responsibility of YPMG to assure that the work and services covered by this Agreement are performed by YPMG Physician Members and its Physician Contractors in a competent, efficient and satisfactory manner and in accordance with all applicable law.

1. **2.3.** **No Referrals**. In keeping with the parties' intention to comply with the Physician Self-Referral Law, the parties agree that neither YPMG nor any of its Physician Members

and/or Physician Contractors shall make any referrals to YPMG's laboratory for pathology services for HOSPITAL inpatients other than referrals made pursuant to consultations with non-YPMG physicians on Hospital's Medical Staff. Further, the parties agree that all services provided by YPMG pursuant to this Agreement shall be performed directly by or under the appropriate supervision of a YPMG Physician Member or Physician Contractor.

Section 3: Exclusive Contract

3.1. During the term of this Agreement and any extensions hereto, YPMG shall have the sole and exclusive right and responsibility for the provision of the anatomic pathology services described in this Agreement in or about the Facilities and any other DISTRICT sites that are added as Facilities by written agreement of the Parties, and to, or on behalf of, patients of DISTRICT at the Facilities. It is the intent of the Parties hereto, by the provision of the exclusive authority and responsibility to YPMG, to promote and enhance the quality of patient care and the quality of the delivery of anatomic pathology services at DISTRICT through the establishment of known standards for the operation of the Department, and to accomplish all of this DISTRICT will not cause or permit any other persons or entities to provide any such anatomic pathology services for the Facilities, except as expressly permitted by this Agreement or other written agreement between DISTRICT and YPMG (it being acknowledges that clinics operated by Kaweah Health Medical Foundation, including Visalia Medical Clinic, are not DISTRICT Facilities for purposes of this Agreement).

Section 4: Equipment

4.1. DISTRICT shall, at its sole expense, maintain Hospital Equipment and shall, within a reasonable time, replace any portion thereof that becomes worn out or obsolete with equipment similar or better in character and utility to that being replaced.

4.2. YPMG shall be solely responsible for equipping, maintaining and operating its anatomic pathology laboratory at its own expense.

Section 5: Billing and Compensation

5.1. **Professional Billing.** DISTRICT shall not be responsible for the payment of professional fees payable to YPMG for rendering pathology services to inpatients and outpatients of DISTRICT. Rather, YPMG's fees for professional services rendered to patients of DISTRICT shall be billed directly by YPMG to patients for whom the services were rendered, or their respective third-party payors. Nothing herein shall be construed to cause YPMG to violate any federal or state laws concerning the establishment of fees. YPMG shall be responsible for billing directly to patients or their respective third-party payors for professional services rendered by YPMG and DISTRICT shall have no interest in or responsibility with respect thereto, or for the collection of said fees.

5.2. **Technical Charges.** YPMG acknowledges that they are an integral part of DISTRICT billing because YPMG defines the technical procedure billed by DISTRICT for anatomic pathology services to Medicare patients. The technical services component for anatomic pathology services rendered to Medicare patients shall be billed by DISTRICT and the collection thereof shall be the sole responsibility of DISTRICT. DISTRICT shall pay YPMG for technical anatomic pathology services provided to Medicare patients of the DISTRICT at the rates set forth in Exhibit "A", which shall remain in effect for the term of this Agreement. To the extent that new procedures are required, YPMG will work with DISTRICT to establish the new charges and reimbursement rates.

5.3. **Compensation for Anatomic Pathology Services.** YPMG shall receive as compensation for the anatomic pathology technical services provided to Medicare patients of the DISTRICT the total of its fees as billed to DISTRICT pursuant to Paragraph 0. Payment of the total monthly charges shall be made by DISTRICT on or before the tenth (10th) day of the month following the month in which the summary of charges has been prepared and delivered to DISTRICT. YPMG agrees to look solely to DISTRICT for payment for anatomic pathology technical services provided to Medicare patients of DISTRICT, and that Medicare or other payment made to DISTRICT for such services discharges the liability of the beneficiary or any other person to pay for those services. In addition to such fees based on individual procedures, DISTRICT shall pay YPMG a fixed fee of $3,000.00 per autopsy performed that may be requested by DISTRICT's Medical Staff.

Section 6: General Provisions

6.1. **Term of Agreement.** This Exclusive Provider Agreement shall be effective for a period of three (3) years, commencing on August 4th, 2022, and ending on July 31st, 2025, provided, however, that either Party shall have the right to terminate this Agreement, for any reason, upon ninety (90) days written notice to the other. In the event DISTRICT seeks to terminate this Agreement without cause, such action must first be reviewed and approved by the Medical Executive Committee of the Medical Staff and the Board of Directors of DISTRICT as provided in Section 7.11-5 of the Medical Staff Bylaws. Following a termination pursuant to this Paragraph 0, the parties shall not enter into a new agreement for the services provided herein or reinstate this Agreement on different financial terms within one (1) year of the Effective Date or any subsequent amendment of the financial terms, whichever date is later.

6.2. Termination for Cause.

6.2.1. Either Party hereto may terminate this Agreement in the event of a material breach of its terms by the other Party (other than as set forth below), provided, however, that no such termination shall occur unless the Party who desires to terminate gives the other Party at least thirty (30) days written notice of such material breach, and such breach is not cured within said thirty (30) days or longer period. Such notice shall specify with reasonable certainty the nature and extent of the material breach complained of.

6.2.2. District may terminate this Agreement in any of the following events, unless, (A) in the case of an event relating to a Physician Member or Contractor described in clause 6.2.2.1, 6.2.2.2, 6.2.2.3, 6.2.2.4, or 6.2.2.5 below, he or she is promptly removed from service hereunder, and (B) the event (or the removal of service of a Physician Member or Contractor) does not substantially impair the ability of YPMG to provide the services required by this Agreement:

6.2.2.1. The termination of service under this Agreement of a Physician Member or Physician Contractor, or the permanent disability of a Physician Member or Physician Contractor. For the purposes of this subparagraph, "permanent disability" shall include, but not be limited to, any period of one hundred twenty (120) or more consecutive days during which a Physician Member or Physician Contractors is unable to perform the services hereunder. In the interim period before such termination, DISTRICT shall have the right to obtain, on its own, services of pathologists in a *locum tenens* capacity.

6.2.2.2. The revocation or suspension of the license of a Physician Member or Physician Contractor of YPMG to practice medicine as issued by the California Medical Board in the State of California.

6.2.2.3. YPMG or a Physician Member or Physician Contractor is excluded from participation in a government health care program, or ceases to be a participating provider in the Medicare or California Medi-Cal program.

6.2.2.4. The loss of or suspension from membership on the Medical Staff of HOSPITAL of a Physician Member or Physician Contractor of YPMG for just cause after appropriate hearing procedures in accordance with the Bylaws of the Medical Staff of HOSPITAL and other applicable Rules and Regulations and other applicable law.

In addition, the Medical Executive Committee of the Medical Staff may by a vote of the majority of its members present and voting, ask DISTRICT to give YPMG written notice stating the Medical Executive Committee is not satisfied with the performance by YPMG Physician Members or any Physician Contractors of YPMG. Promptly the Chief Operating Officer (or delegate) shall make himself available for the purpose of meeting with YPMG to review the reasons for dissatisfaction and means for curing the same. No sooner than thirty (30) days after the giving of the original notice, the Medical Executive Committee of the Medical Staff, by a majority vote of its members present and voting, may, if not then satisfied, request to terminate the Agreement. Termination under this provision shall be effective no earlier than thirty (30) days after notice to YPMG to that effect.

6.3. **<u>Notification by YPMG</u>**. YPMG shall promptly notify DISTRICT of any of the following:

6.3.1. YPMG or any Physician Member or Physician Contractor ceases to comply with the requirements of this Agreement, including those set forth in Section 1.2 (Standards)

and Section 6.20 (Insurance Obligations), or any representation of YPMG set forth in this Agreement ceases to be true;

6.3.2. Any event described in Section 6.2 (Termination for Cause) occurs;

6.3.3. YPMG or any Physician Member or Physician Contractor becomes the subject of any suit, action or other legal proceeding arising out of the provision of services under this Agreement, or is required to pay damages or any other amount in any malpractice action by way of judgment or settlement;

6.3.4. YPMG or any Physician Member or Physician Contractor becomes the subject of any disciplinary proceeding or action before any state's medical board or similar agency responsible for professional standards or behavior, or is charged with or convicted of a felony or any criminal offense related to the provision of health care;

6.4. Any act of nature or any other event occurs which has a material adverse effect on YPMG's ability to perform the services required by this Agreement. **As Needed Review.** Provided YPMG continues to perform satisfactorily under this Agreement, and contingent upon YPMG's continued positive performance and continued responsiveness, the Parties will meet only on an "as needed" basis to evaluate YPMG's performance for purposes of advising the Board of Directors of DISTRICT regarding:

6.4.1. Medical Staff satisfaction with the performance of YPMG under this Agreement; and

6.4.2. Completion of all continuous quality improvement activities.

6.5. **Survival.** Upon any termination of this Agreement, neither party shall have further rights against, or obligations to, the other party except with respect to any rights or obligations accruing prior to the date and time of termination and any obligations, promises, or arrangements which expressly extend beyond the termination, including, but not limited to, the following: Section 6.1 and 6.2 (Term and Termination); Section 6.6 (Medical Staff Membership); Section 6.9 (Dispute Resolution); Section 6.10 (Records Retention and Availability); Section 6.11 (Confidentiality); Section 6.22 (Indemnification); and Section 6.24 (HIPAA).

6.6. **Medical Staff Membership and Clinical Privileges of YPMG Physicians.** Each of the Physician Members of YPMG has executed this Agreement acknowledging that this Agreement is not with any individual Physician Member(s) of YPMG but rather is with YPMG. Except as specifically recited herein, this Agreement is not intended to confer any contractual rights on any individuals who currently are under contract with YPMG in any capacity. YPMG acknowledges that upon termination of this Agreement for any cause or reason, the clinical privileges of each Physician Member and Physician Contractor to provide the services contemplated by this Agreement at the Facilities shall forthwith terminate without right to hearing or other procedures under the Medical Staff Bylaws; and

YPMG shall obtain an acknowledgement of this provision from each Physician Member and Contractor.

6.7. **Non-Assignability.** Except as otherwise provided under this Agreement, the respective rights and responsibilities of YPMG are not assignable and are not delegable. Any assignment or delegation of rights or duties under this Agreement by YPMG without the prior written approval of DISTRICT shall, at the election of DISTRICT, be null and void and shall be a basis for immediately terminating this Agreement. The decision to declare an assignment or delegation null and void, and/or to terminate this Agreement because of an unauthorized assignment or delegation is a matter solely within the discretion of DISTRICT.

6.8. **Notice.** Notice to either Party may be given by the other in writing, personally delivered or deposited in the United States mail, postage prepaid and addressed to the appropriate Party as follows:

To DISTRICT:

Jag Batth
Chief Operating Officer
Kaweah Delta Health Care District
400 West Mineral King Avenue
Visalia, CA 93291

To YPMG:

Yosemite Pathology Medical Group
4301 N Star Way
Modesto, CA 95356

With a copy to each of the following:

Kaweah Delta Health Care District
Attn: Ben Cripps, CCRO
400 West Mineral King Avenue
Visalia, CA 93291

Herr Pedersen Berglund
Attn: Rachele Berglund
100 Willow Plaza, Suite 300
Visalia, CA 93291

Either Party may change its address for notice purposes by giving notice of such change in the manner set forth above.

6.9. **Mandatory Dispute Resolution.** In the event that there is any dispute between the Parties with respect to the terms, covenants or responsibilities under this Agreement, such dispute shall be discussed by YPMG with the Chief Operating Officer of DISTRICT. If still unresolved, the dispute shall be referred to the Medical Executive Committee of the Medical Staff which, in turn, shall make a recommendation to the Board of Directors of DISTRICT for final resolution. Any disputes concerning the standards of professional practice or the quality of services furnished by YPMG or any of its physicians shall be

referred to the Medical Executive Committee of the Medical Staff, which shall make a recommendation to the Board of Directors of DISTRICT for final resolution. The Board of Directors of DISTRICT shall, within a reasonable time, notify YPMG of its decision with regard to any matter submitted to it with a recommendation by the Medical Executive Committee in accordance with the requirements of this paragraph. The Parties agree that no litigation may be commenced regarding the terms and conditions of this Agreement until the administrative remedy described in this paragraph has been exhausted.

6.10. **Records Retention and Availability.** As applicable under the Omnibus Reconciliation Act of 1980 (42 CFR, Part 420), the following shall apply: to assure DISTRICT reimbursement for payments made hereunder as part of its reasonable cost of furnishing services under the Medicare program, it is understood that if YPMG, any Physician Member, or any Physician Contractor is determined to be a subcontractor under the provision of subparagraph (I) of section 1861 (v)(I) of the Social Security Act as added by section 952 of the Omnibus Reconciliation Act of 1980 (the "Act"), YPMG will, until the expiration of four (4) years after the termination of this Agreement make available, upon request by the Secretary, or upon request by the Comptroller General or any of their duly authorized representatives, this Agreement and YPMG's books, documents and records as may be necessary to certify the nature and extent of the costs incurred hereunder by DISTRICT. This requirement shall be a part of any subcontract between YPMG and a related organization as defined by the Act.

6.11. **Confidentiality.** YPMG understands and acknowledges that YPMG shall have access to confidential information ("*Confidential Information*") concerning DISTRICT's business and that YPMG has a duty at all times not to use such information in competition with DISTRICT or to disclose such information or permit such information to be disclosed to any other person, firm, corporation, entity or third party, during the term of this Agreement or at any time thereafter. For purposes of this Agreement, Confidential Information shall include, without limitation, any and all secrets or confidential technology, proprietary information, customer or patient lists, trade secrets, records, notes, memoranda, data, ideas, processes, methods, techniques, systems, formulas, patents, models, devices, programs, computer software, writings, research, personnel information, customer or patient information, plans or any other information of whatever nature in the possession or control of DISTRICT that is not generally known or available to members of the general public or the medical profession, including any copies, worksheets or extracts from any of the above. YPMG further agrees that if this Agreement is terminated for any reason, YPMG shall neither take nor retain, without prior written authorization from DISTRICT, originals or copies of any records, papers, programs, computer software, documents, x-rays or other imaging materials, slides, medical data, medical records, patient lists, fee books, files or any other matter of whatever nature which is or contains Confidential Information. This Section shall survive the termination or expiration of this Agreement.

6.12. **Partial Invalidity.** If any provision of this Agreement is determined to be unlawful or unenforceable, the remaining portions of this Agreement shall continue in full force and effect.

6.13. **Regulatory Amendment.** The Parties acknowledged that various regulatory and governmental organizations oversee and regulate the operation of DISTRICT and YPMG. The Parties therefore agree to take such actions as may be necessary and proper from time to time to modify this Agreement in order to achieve their mutual goals and to afford the Parties ease of operation within the various regulatory and governmental systems.

6.14. **Binding on Heirs and Successors.** This Agreement shall be binding on and shall be for the benefit of the Parties hereto and their respective successors and assigns.

6.15. **Attorneys' Fees.** In the event either Party commences litigation arising out of this Agreement, the prevailing Party shall recover from the other Party all costs and attorneys' fees incurred in the prosecution or defense of such action.

6.16. **Integrated Instrument.** This Agreement contains the entire understanding of the Parties hereto and supersedes any prior written or oral agreements between them concerning the subject matter contained herein. There are no representations, agreements or understandings, whether oral or written, between the Parties hereto relating to the subject of this Agreement that are not fully expressed or referenced herein.

6.17. **Amendments.** The terms and conditions of this Agreement may be modified only by a writing signed by both Parties hereto.

6.18. **Compliance with Laws.** DISTRICT and YPMG agree to comply with all applicable statutes and regulations, both state and federal, governing the operation and administration of DISTRICT, as well as standards set forth by the Joint Commission.

6.18.1 In addition to the obligations of the Parties to comply with applicable federal, state and local laws respecting the conduct of their respective businesses and professions, DISTRICT and YPMG each acknowledge that they are subject to certain federal and state laws governing the referral of patients which are in effect or will become effective during the term of this Agreement. These laws include:

6.18.1.1. Prohibition on payments for referral or to induce the referral of patients (California Business and Professions Code §650; California Labor Code §3215; and the Medicare/Medicaid Fraud and Abuse Law, §1128B of the Social Security Act); and

6.18.1.2. Prohibition on the referral of patients by a physician for certain designated health care services to an entity with which the physician (or his/her immediate family) has a financial relationship (California Business and Professions Code §§650.01 and 650.02, applicable to all other patient referrals within the State; and §1877 of the Social Security Act, applicable to referrals of Medicare and Medi-Cal patients).

6.18.2. Nothing in this Exclusive Provider Agreement is intended or shall be construed to require either Party to violate the California or federal laws described in Paragraph 0, and this Agreement shall not be interpreted to:

6.18.2.1. Require any Physician Member or Physician Contractor of YPMG to make referrals to DISTRICT, be in a position to make or influence referrals to DISTRICT, or otherwise generate business for DISTRICT.

6.18.2.2. Restrict any Physician Member or Physician Contractor of YPMG from establishing staff privileges at, referring any patient to, or from otherwise generating any business for any other entity of that person's choosing.

6.18.2.3. Provide for payments in excess of the fair market value or comparable compensation paid to physicians for the administrative services in comparable locations and circumstances.

6.18.3. In the event of any changes in law or regulations implementing or interpreting the Internal Revenue Act or the Medicare and Medicaid Patient Protection Act of 1987, including the adoption or amendment of Medicare Fraud and Abuse Safe Harbor Regulations, or in the event of changes to any other federal or state law relating to the subject matter of such Acts, to fraud and abuse, or to payment-for-patient referral, including the laws referenced in Paragraph 0, the Parties shall use all reasonable efforts to revise this Agreement to conform and comply with such changes.

6.19. **O.I.G. Contracting Exclusion.** YPMG represents that it is not on the General Services Administration's list of Parties excluded from federal procurement programs and is not debarred by the U.S. Food and Drug Administration. DISTRICT shall not knowingly form a contract with, purchase from, or enter into any business relationship with, any individual or business entity that is publicly listed by a federal agency as debarred, suspended, or proposed for debarment. In the event that YPMG is on the excluded list or is debarred, this Agreement is hereby terminated for breach.

6.20. **YPMG's Insurance Obligations.** YPMG shall keep continuously in force during the entire term of this Agreement a medical professional liability and general liability policy with minimum limits of liability of one million dollars/three million dollars ($1,000,000.00/$3,000,000.00) covering YPMG and its Physician Members and Physician Contractors for services provided under this Agreement. Insurer shall have a Certificate of Authority by the California Insurance Commissioner. A Certificate of Insurance shall be issued to DISTRICT, upon request, stipulating that DISTRICT shall be provided with advance written notice of any coverage changes or cancellation of the policy. If covered by a "claims made" form, YPMG shall obtain extended reporting malpractice coverage ("tail") coverage for the professional liability portion with liability limits of one million dollars/three million dollars ($1,000,000.00/$3,000,000.00) for a period of not less than five (5) years. If the contract is terminated, YPMG shall provide a certificate demonstrating the continuance of coverage for DISTRICT, upon request.

6.21. **District's Insurance Obligations.** DISTRICT shall, at its own expense, maintain professional liability insurance or self-insurance coverage with limits acceptable to YPMG. DISTRICT shall provide YPMG, upon request, with a certificate of insurance. DISTRICT

shall, at its own expense, provide insurance coverage in amounts satisfactory to YPMG with respect to YPMG's administrative duties under this Agreement. It is understood by both Parties that DISTRICT is self-insured for professional and public liability.

6.22. **Indemnification.** Each party shall defend, indemnify and hold the other party, its officers, directors, employees and agents harmless from and against any and all liability, loss, expense, attorneys' fees or claims for injury or damages arising out of its own performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees or claims for injury or damages are caused by or result from the negligent acts or omissions of itself, its officers, directors, employees or agents. This Section shall survive the expiration or earlier termination of this Agreement.

6.23. **Professional and Administrative Responsibility.** DISTRICT retains professional and administrative responsibility for the services provided by YPMG as stipulated in this Agreement. DISTRICT retains responsibility for evaluating the services provided by YPMG.

6.24. **HIPAA.** YPMG shall comply with DISTRICT's health information privacy and security policies and procedures, with its notice of privacy practices, and with the health information privacy and security provisions of the Health Information Portability and Accountability Act of 1996 (HIPAA), and the privacy, security and breach notification regulations issued thereunder (45 CFR Parts 160 and 164). In furtherance of the foregoing:

6.24.1. YPMG agrees to conduct business with DISTRICT in accordance with all applicable laws and regulations, including HIPAA and the regulations promulgated thereunder. YPMG further agrees to comply with all policies and procedures adopted by DISTRICT related to use and disclosure of Protected Health Information.

6.24.2. Disclosure by DISTRICT to YPMG of any Protected Health Information will be made for the sole purpose of helping DISTRICT carry out its healthcare functions and to allow YPMG to perform its obligations pursuant to this Agreement. Protected Health Information will not be disclosed for independent use by YPMG. YPMG represents and warrants that Protected Health Information will be used only to complete its obligations pursuant to this Agreement, and as may otherwise be required by law.

6.24.3. YPMG represents and warrants that all Protected Health Information will be safeguarded and protected from misuse and/or disclosure, and that upon YPMG's knowledge of any misuse or improper disclosure of such Protected Health Information, YPMG will take immediate steps to stop such impermissible use or disclosure and to prevent further dissemination and misuse of such Protected Health Information. YPMG further represents and warrants any use or disclosure of Protected Health Information not provided for by this Agreement will be immediately reported to DISTRICT when YPMG becomes aware.

6.24.4. Any breach by YPMG of the obligations under the confidentiality provisions of this Agreement and/or HIPAA will be grounds for immediate contract termination at the discretion of DISTRICT.

6.24.5. YPMG represents and warrants any Physician Members, Physician Contractors, agents, or employees to whom YPMG may provide Protected Health Information, agree to the same restrictions and conditions that apply to YPMG with respect to Protected Health Information. YPMG further agrees to incorporate in any and all agreement(s) with subcontractor(s) a provision naming DISTRICT as an intended third-party beneficiary with respect to the enforcement of, and right to benefit from, the subcontractor's covenants regarding the use and disclosure of Protected Health Information.

6.24.6. YPMG agrees to make available Protected Health Information in accordance with the requirements of 45 C.F.R. Sections 164.524, 164.526, 164.528.

6.24.7. YPMG agrees to make available to the Secretary of Health and Human Services, or any designated representative thereof, any and all internal policies, books and records relating to the use and disclosure of Protected Health Information for the purposes of determining DISTRICT's compliance with HIPAA.

6.24.8. YPMG agrees that upon termination of this Agreement, YPMG will return or destroy all Protected Health Information, and YPMG agrees to refrain from maintaining any copies of such Protected Health Information in any form. The provisions of this Agreement regarding uses and disclosures of Protected Health Information will continue beyond termination of this Agreement.

6.24.9. Notwithstanding any other provision of this Agreement to the contrary, if any, nothing in this Agreement, or in the Parties' course of dealings, will be construed as conferring any third-party beneficiary status on any person or entity not named a party to this Agreement.

6.25. Tax-Exempt Financing Provisions.

6.25.1. The rates charged by YPMG for professional services shall be approved by the DISTRICT, except for YPMG's reasonable and customary rates consistent with those negotiated with third-party health plans.

6.25.2. YPMG agrees that it is not entitled to and will not take any tax position that is inconsistent with being a service provider to the DISTRICT with respect to the Department. For example, YPMG shall not claim any depreciation or amortization deduction, investment tax credit, or deduction for any payment as rent with respect to the Department.

6.26. Force Majeure. Neither party shall be liable nor deemed to be in default for any delay or failure in performance under the Agreement or other interruption of service or employment deemed resulting, directly or indirectly, from: Acts of God; acts of civil or military

authority; acts of terrorism, bioterrorism, or public enemy; bomb threats; computer virus; epidemic; power outage; acts of war; accidents; fires; explosions; earthquakes; floods; failure of transportation, machinery, or supplies; vandalism; strikes or other work interruptions by DISTRICT'S employees; or any similar or dissimilar cause beyond the reasonable control of either party. Both parties shall, however, make good faith efforts to perform under this Agreement in the event of any such circumstance.

6.27. **Legal Counsel.** Each party understands the advisability of seeking legal counsel and financial/tax advice and has exercised its own judgment in this regard.

[Signature Page Follows]

IN WITNESS WHEREOF, the Parties hereto have duly executed this Agreement effective the date first written above.

KAWEAH DELTA HEALTH CARE DISTRICT:

DATE: _____ BY: _____
Jag Batth, Chief Operating Officer

YOSEMITE PATHOLOGY MEDICAL GROUP:

DATE: _____ BY: _____

KAWEAH DELTA HEALTH CARE DISTRICT
AND
YOSEMITE PATHOLOGY MEDICAL GROUP

EXCLUSIVE PROVIDER AGREEMENT FOR
ANATOMIC PATHOLOGY SERVICES

EXHIBIT "A"
Charges for Pathology Services

CPT	Amount	CPT	Amount
G0416	$ 163.29	88311	$ 7.69
88104	$ 36.83	88312	$ 79.75
88108	$ 38.71	88313	$ 63.45
88112	$ 35.89	88331	$ 37.45
88160	$ 42.47	88332	$ 22.11
88161	$ 44.66	88333	$ 29.62
88162	$ 68.65	88334	$ 17.54
88172	$ 17.72	88341	$ 55.76
88173	$ 80.27	88342	$ 61.27
88177	$ 6.58	88344	$ 122.03
88300	$ 9.89	88358	$ 83.19
88302	$ 22.73	88360	$ 73.17
88304	$ 27.74	88361	$ 70.98
88305	$ 31.19	88364	$ 95.73
88307	$ 188.04	88365	$ 125.66
88309	$ 268.23	88368	$ 87.44
		88369	$ 76.61

Strategic Plan

Quarterly Update for Q3 Fiscal Year 2022
Presentation to the Board of Directors

May 25, 2022

Strategic Plan Quarterly Updates

- At the end of each fiscal quarter, the Board of Directors will receive an report presenting Kaweah Health's efforts and progress related to the Strategic Plan
  - The goal of this report is to increase accountability and ensure that the Board is able to monitor performance throughout the year rather than waiting until the end of the fiscal year.
- The first component of the quarterly report is a 3-page Framework document that provides an overview of the entire Strategic Plan, including the six FY2022 Initiatives.
  - The Framework lists the Strategic and Metrics for each Initiative
  - Performance on the Metrics is indicated using a red/yellow/green methodology
- For each of the six Initiatives, the report includes a section containing:
  - A 1-2 page(s) report that tracks monthly performance on the Initiative's Metrics.
  - For each of the Strategies associated with the Initiative, the report contains a 1-page "four corners" report that indicates goals, objectives, deliverables, barriers, the execution plan, accomplishments, and next steps

Strategic Plan Quarterly Updates

- Every other month, the Board receives a detailed presentation regarding one of the six Initiatives during the regular Board meeting.
- This month, the Strategic Growth and Innovation Initiative leaders are scheduled to present their detailed presentation for their Initiative.

FY22 Quarter 3 Framework

Kaweah Health Strategic Plan Framework 2022-2024

Our Mission
(*The reason we exist*)

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

Our Vision
(*What we aspire to be*)

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

Our Pillars

Achieve ***outstanding community health***

Deliver ***excellent service***

Provide an ***ideal work environment***

Empower through ***education***

Maintain ***financial strength***

Strategic Initiative	Strategies/ Tactics	Metrics

Organizational Efficiency and Effectiveness
Increase the efficiency and the effectiveness of the organization *to reduce costs, lower length of stay, and improve processes.*
	• Utilize the Resource Effectiveness Committee (REC) structure to implement patient flow processes that are effective and efficient to lower the overall length of stay (LOS).
	• Utilize the work of the Operating Room (OR) Efficiency and the OR Governance Committees to improve OR Room Utilization and achievement of defined OR metrics.
	• Analyze and identify waste, and cost savings with purchase services and specialty surgical implants.
		• Reduce Length of Stay
		  • ALOS (Non Covid) 7/1/21-12/31/21 within 1.0 days of the GMLOS
		  • ALOS (Non Covid) 1/1/22-6/30/22 within .75 days of the GMLOS
		• Increase Operating Room Block Time Utilization to 60%
		• Identify $350K savings in Spine and Trauma Implant purchases and contracts
		• Identify $1M savings through consolidation of purchases services

Outstanding Health Outcomes
To consistently deliver high quality care *across the health care continuum*
	• CAUTI, CLABSI/MRSA Quality Focus Teams
	• Daily catheter and central line Gemba rounds
	• Enhanced daily huddles, education/awareness, culture of culturing
	• Vascular access team, TPN utilization
	• Sepsis Coordinators
	• Multidisciplinary Quality Focus Team
	• Enhanced diagnostic specific workgroups/committees
	• Expand palliative medicine
	• Utilize the work of the pharmacy team to improve and achieve the medication-related metrics in the inpatient setting
	• Utilize the work of the Clinic Network and Population Health teams to improve and achieve the defined quality metrics in the outpatient setting
	• Multidisciplinary team rounding
		• Standardized Infection Ratio (SIR) CAUTI, CLABSI, MRSA (CMS Data)
		  • CAUTI ≤ 0.676
		  • CLABSI ≤ 0.596
		  • MRSA ≤ 0.727
		• Percent Sepsis Bundle Compliance (SEP-1) (CMS Data) - ≥75%
		• Hospital Readmissions (%)
		  • AMI –11.01
		  • COPD –12.87
		  • HF – 14.58
		  • PN Viral/Bacterial –11.30
		• Decrease Mortality Observed/Expected Rates
		  • AMI - 0.71
		  • COPD –1.92
		  • HF –1.42
		  • PN Bacterial –1.48
		  • PN Viral –1.07
		• Home Medication List Review of High Risk Patients – 100%
		• Complete Initial Home Medication List w/in 24 hours of Inpatient Admission – Develop a report and establish the baseline data.
		• Outpatient Medication Reconciliation w/in 30 days post discharge - 44%
		• Team Round Implementation – Design and Roll out for 2 units

Better than target; at target; worse than target; pending/in process

Kaweah Health Strategic Plan Framework 2022-2024

Our Mission
(*The reason we exist*)

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

Our Vision
(*What we aspire to be*)

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

Our Pillars

Achieve ***outstanding community health***

Deliver ***excellent service***

Provide an ***ideal work environment***

Empower through ***education***

Maintain ***financial strength***

Strategic Initiative	Strategies/ Tactics	Metrics
Patient and Community Experience *Develop and implement strategies to deliver World-Class experience*	• Develop plan to achieve HCAHPS physician communication goals • Develop plan to achieve HCAHPS nursing communication goals • Develop standard contract language for medical director/groups to align with KH goals • Evaluate and add signage (wayfinding) in the Medical Center • Review, analyze, and prioritize system enhancements tools for implementation	• Define "World-Class" Experience by 9/1/21 • Achieve Overall Rating Goal on HCAHPS Survey: FY22 76.5% • Achieve Overall Rating Goal on ED CAHPS Survey: FY22 70% • Achieve the 50th percentile on physician communication scores – 79.6% • Achieve the 50th percentile on nursing communication scores – 80% • System enhancements – Review, analyze, prioritize by 9/1/21 • Decrease lost belongings by 25% - 147 incidents per year • Decrease internal patient complaints by 25% collectively - 225

Empower Through Education
Implement initiatives to develop the healthcare team *and attract and retain the very best talent in support of our mission.*
	• Increase CME/CEU offerings and educational courses
	• Improve the resiliency of the Kaweah Health Team
	• Increase and improve leadership education
	• Increase internal promotions and retention of leaders
	• Increase nursing cohorts
	• Implementation of rural track training programs
	• Increase Volunteerism throughout Kaweah Health
		• Finish build out of Lippincott System then assess for growth opportunities
		• Develop Schwarz Round program
		• Increase and improve leadership education
		  • EE – I respect my manager – 4.47
		  • EE – My director treats me with respect – 4.22
		  • EE – My manager is a good communicator – 4.18
		  • EE – My director is a good communicator – 4.05
		• Increase internal promotions and retention of leaders
		  • EE – This organization provides career development opportunities – 3.76
		  • Promotions – 90%
		  • Retention – 100%
		• Add nursing seats - +53 seats
		• Develop Child Adolescent (FY22)
		• Increase volunteers (+150 Adult/+200Student)

Better than target; at target; worse than target; pending/in process

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Maintain ***financial strength***

Strategic Initiative	Strategies/ Tactics	Metrics

Ideal Work Environment
Foster and support healthy and desirable working environments *for our Kaweah Health Teams*
	• Decrease new hire turnover
	• Increase Kaweah Health Team Member Satisfaction
	• Decrease employee turnover
	• I get the training I need to do a good job
	• The Kaweah Health Team works well together
		• New hire turnover – 12%
		• Kaweah Health Team Member Satisfaction
		  • EE – Weighted Average of 27 – 4.08
		  • PE – Overall I am satisfied working at Kaweah Health – 3.99
		  • RE – TBD
		• Decrease employee turnover – 13%
		• I Get the Training I need to Do a Good Job
		  • EE – I get the tools and resources I need to provide the best care/services for our customers/patients – 4.01
		  • EE – I get the training I need to do a good job – 3.96
		  • PE – I get the tools and resources I need to provide the best care/services for our customers/patients – 3.69
		  • RE – TBD
		• Kaweah Health Team Works Well Together
		  • EE – My unit/department works well together – 4.30
		  • EE – Employees in my unit/department help others accomplish their work – 4.25
		  • EE – Communication between shifts is effective in my unit/department – 4.08
		  • EE – Employees in my unit/department treat each other with respect – 4.21
		  • PE – Different departments work well together at Kaweah Health – 3.93
		  • RE – TBD

Strategic Growth and Innovation ***Grow intelligently*** *by expanding existing services, adding new services, and serving new communities. Find new ways to do things to* ***improve efficiency and effectiveness.***	• Physician Recruitment and Retention • Inpatient Growth • Outpatient Growth • Facility Modernization • Improve Community Engagement • Innovation	• New physicians in the market - 20 • Inpatient Market Share (FPSA) – 62.0% • Annual Ambulatory Visits – 582,534 • Best Image and Reputation Score (via NRC Health) – 26.0

Better than target; at target; worse than target; pending/in process

FY22 Quarter 3 Strategic Growth and Innovation

Strategic Growth and Innovation Metric Performance

Charter Measures	Goal	Baseline	Jan-22	Feb-22	Mar-22	Comments
Inpatient Market Share (OSHPD: FPSA)	62.0%	59.9%	n/a	n/a	n/a	Available Annually
Ambulatory Visits (582,534 annual)	48,545/month	47,396/month	52,067	46,123	50,395	Averaging 50,807 per month YTD
New Physicians in the Market	20	n/a	4	3	4	On pace for 20 this FY
Best Image and Reputation Score (NRC Health)	26.0	22.9	15.4	32.7	13.8	2020 Score was 22.9

All Measures Per Strategy Summary

Physician Recruitment and Retention	Goal	Baseline	Jan-22	Feb-22	Mar-22	Comments
Number of new primary care physicians	5	n/a	1	1	1	Annual goal of 5 has been met
Number of new specialty physicians	15	n/a	3	2	3	10 recruited YTD
Physician retention rate (includes retirement)	85%	Unknown	n/a	n/a	n/a	Available Annually; Was not measured in 2020
Percentage of KH graduating residents staying in the Valley	50%	40%	n/a	n/a	n/a	Available Annually

Inpatient Growth	Goal	Baseline	Jan-22	Feb-22	Mar-22	Comments
Cardiac Surgery Cases (432 annual)	36/Month	30/month	14	19	28	Averaging 23 cases/month for the FY
IP Market Share in Secondary Service Area	30.0%	28.5%	n/a	n/a	n/a	Available Annually
IP Market Share in Primary Service Area	79.0%	77.9%	n/a	n/a	n/a	Available Annually
Annual IP Surgical Cases (8,358 annual)	697/Month	416/Month	339	345	410	Averaging 351 cases per month for the FY

Outpatient Growth	Goal	Baseline	Jan-22	Feb-22	Mar-22	Comments
Additional Approved Ambulatory Locations	1	n/a	0	0	0	Visalia Industrial Park
Ambulatory Visits (582,534 annual)	48,545/month	47,396/month	52,067	46,123	50,395	Averaging 50,807 per month YTD
OP Surgery Cases (5,419 annual)	452/month	412/month	393	391	546	On target for the year
SRCC Volume (Visalia + Hanford 4,877 annual)	406/month	462/month	392	392	450	Above target for the year

Better than target; at target; worse than target; pending/in process

Strategic Growth and Innovation Metric Performance

All Measures Per Strategy Summary (continued)						
Modernization of Facilities	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Board Decision Regarding Master Plan	Achieve	n/a				Achieved in December 2021
Approve Development of Gateway	Achieve	n/a				Carried over to next FY
Improve Community Engagement	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Best Image and Reputation Score (NRC Health)	26.0	22.9	15.4	32.7	13.8	24.9 for the YTD
Public Support for Bond Survey Results	TBD	n/a	TBD	TBD	TBD	
Innovation	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Telehealth Visits (50,000 annual)	4,167/month	8,830/month	15,367	11,096	6,764	Averaging 10,921 per month YTD
ET/Board Approved Patient Access Center Plan	Achieve	n/a				Carried over to next FY

Better than target; at target; worse than target; pending/in process

Strategic Growth & Innovation- Physician Recruitment and Retention
Champions: Brittany Taylor

Problem / Goals & Objectives

Problem Statement: Tulare and Kings Counties are underserved based on the ratio of physicians to the population

Goals and Objectives: Recruit 20 new physicians (15 specialists and 5 primary care) to the market during FY2022. New physicians are counted when they sign a contract.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Recruitment of key specialties consistent with the Board-approved recruitment plan	*7/1/21*	*6/30/22*	*Brittany*	●
2	Monitor the market for opportunities to acquire medical practices	*7/1/21*	*6/30/22*	*Brittany*	●
3	Enhancement of the physician liaison program	*7/1/21*	*6/30/22*	*Brittany*	●
4	Enhanced physician onboarding and retention	*7/1/21*	*12/31/21*	*Brittany*	●
5	New surgeon development program	*7/1/21*	*12/31/21*	*Brittany*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
Highly competitive national market; challenges recruiting to the Valley; financial resources

Deliverables:
New physicians in the market

Accomplishments / Next Steps

Accomplishments:
- Primary care physicians signed: Drs. Galindo, Orozco, Edmonds, Alosh, and Sarrami
- Specialists signed: Drs. Eskandari, Singla, Nagm, Nguyen, Kaur, Obad, Berg, Nram
- Developed host family program for incoming residents- Launch June 2022
- Organized new resident reception for June 30th

Next Steps:
- Continue improving liaison activity tracking and reporting
- Work with community advisory group to enhance physician onboarding process
- Develop the new surgeon development program

Strategic Growth & Innovation- Inpatient Growth
Champions: Jag Batth, Karen Tellalian, Laura Florez-McCusker

Problem / Goals & Objectives

Problem Statement: In the last year, Kaweah Health's market share has been flat in the PSA and has declined in the SSA.

Goals and Objectives: Grow our inpatient volumes, particularly the surgical cases, with an emphasis on key service lines and our expanded service area.

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Reopen two ORs on the 2nd floor of Mineral King	*7/1/21*	*12/31/21*	*Jag and Kevin Morrison*	●
2	Increase surgical volumes through promotion of services and physicians via marketing, social media, and physician liaisons	*7/1/21*	*6/30/22*	*Brittany, Laura, and Karen*	●
3	Growth in key service lines	*7/1/21*	*6/30/22*	*Jag, Brittany, Laura, and Karen*	●
4	Add new services (e.g. bariatrics, colorectal surgery, electrophysiology, etc.)	*7/1/21*	*12/31/21*	*Jag and Marc*	●
5	Conduct feasibility analysis and design process for conversion of inpatient rehab beds to skilled nursing beds	*7/1/21*	*12/31/21*	*Jag, Kevin, and Marc*	●
6	Expand endoscopy access	*7/1/21*	*12/31/21*	*Jag and Marc*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
- Increasingly competitive market
- Physician and employee staffing shortages, particularly in anesthesia
- Changes in physician contracting (e.g. Golden State)

Deliverables:
Increase inpatient volumes

Accomplishments / Next Steps

Accomplishments:
- Added Dr. Kyle Ota (colorectal surgery)
- New physician liaison activity reports are being provided to service line leaders
- Signed agreement with USC Urology to increase call coverage and IP services

Next Steps:
- Continue discussions with physicians to bring new services to Kaweah Health
- Continue discussions with academic medical centers regarding staffing of cardiothoracic surgery
- Expanding recruitment of anesthesia providers

Strategic Growth & Innovation- Outpatient Growth
Champions: Ryan Gates, Paul Schofield, Karen Tellalian, Laura Florez-McCusker

Problem / Goals & Objectives

Problem Statement: The ambulatory market has become significantly more competitive. Kaweah Health needs to ensure that we have a comprehensive outpatient network that is convenient to patients.

Goals and Objectives: Increase access to outpatient care in locations that are convenient to our community.

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Establish an ambulatory strategy committee to develop a growth strategy, including site prioritization and financial planning	*7/1/21*	*12/31/21*	*Marc*	●
2	Develop a plan for a new specialty clinic in Visalia	*7/1/21*	*6/30/22*	*Marc*	●
3	Renovate the Court Street clinic space (using BHI funding)	*7/1/21*	*6/30/22*	*Ryan, Marc, Kevin*	●
4	Expand infusion center space and operating hours	*7/1/21*	*6/30/22*	*Marc and Kevin*	●
5	Expansion of SRCC services and equipment (2nd TrueBeam) and the growth of oncology market share in Tulare and Kings Counties	*7/1/21*	*6/30/22*	*Jag, Marc, and Kevin*	●
6	Aggressive marketing and promotion campaigns for our locations and services	*7/1/21*	*6/30/22*	*Karen, Laura, Ryan, & Paul*	●
7	Add specialists to the RHCs and SHWC, including behavioral health	*7/1/21*	*6/30/22*	*Ryan*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
Increasingly competitive market; physician and employee staffing shortages; capital limitations; FQHC and RHC designation delays; BHI funds no longer allocated to Court Street project

Deliverables:
Increase outpatient volumes

Accomplishments / Next Steps

Accomplishments:
- Annual clinic, SRCC, and telehealth volumes all above budget
- TrueBeam project plan complete
- Ongoing discussions with radiation oncologists regarding expanding SRCC services
- Infusion center architectural design approved by City
- New marketing campaigns intiated. Grant received for promotion of vaccines in our RHCs
- RHC status confirmed for Tulare Clinic
- More than 12 specialties scheduled to start seeing patients in Tulare RHC
- Signed agreement with USC Urology to increase ambulatory urology services at Specialty Clinic and RHC

Next Steps:
- Secure FQHC status

Strategic Growth & Innovation- Modernization of Facilities
Champions: Kevin Morrison

Problem / Goals & Objectives

Problem Statement: A number of Kaweah Health's facilities are either aged or no longer have the capacity to serve our patients and/or employees.

Goals and Objectives: Update our facilities to create a better patient experience and to provide our employees and medical staff with a better work environment.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Complete master facility plan for replacement of Mineral King wing	*7/1/21*	*12/31/21*	*Kevin and Marc*	🟡
2	Develop long-term plan for all Kaweah Health facilities, including funding capacity and strategy	*7/1/21*	*6/30/22*	*Kevin and Marc*	🟢
3	Add conference rooms space to downtown campus	*7/1/21*	*6/30/22*	*Kevin and Marc*	🟢
4	Renovate Mineral King lobby and café	*7/1/21*	*6/30/22*	*Kevin, Lawrence, and Marc*	🟢
5	Evaluate solar, electric vehicle charging stations, recycling, and other alternative energy opportunities	*7/1/21*	*6/30/22*	*Kevin and Marc*	🟢

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
Increasingly competitive market; capital limitations; OSPHD requirements

Deliverables:
Enhanced facilities

Accomplishments / Next Steps

Accomplishments:

- Community and employee engagement surveys regarding Master Facility Plan
- Plan completed and budget funding secured for additional conference rooms in Acequia and SSB
- Architecural design of Mineral King lobby project underway
- Purchased 3 new electric vehicles for the Security team using grant funds
- More than 1,000 new signs installed across the organization
- Design completed and permiting underway for Visalia Industrial Park clinic (KHMG)
- Ordered electric vehicle charging stations for physician lot

Next Steps:

- Expand community engagement regarding master facility plan
- RBB to complete master facility plan and cost estimates
- Engage financial consultant to discuss funding strategies
- Achitectural design and approval for projects

Strategic Growth & Innovation- Community Engagement
Champions: Deborah Volosin

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to continue to increase its engagement with our community.

Goals and Objectives: Continue and expand our efforts to engage our community so that we can better serve their health and wellness needs, and to gain the community's insights and support regarding our initiatives. Seek ways to expand our current reach and gain more widespread feedback and outreach.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Use NRC Health tool to assess public perception; share data with Executive Team	*7/1/21*	*10/31/21*	*Marc & Deborah*	●
2	Add new Community Advisory Committees and members, including a Latino committee	*9/1/21*	*12/31/21*	*Deborah & Kelsie*	●
3	Educate the community regarding the need to replace the Mineral King wing through focus groups, town halls, the website, social media and other media to gain support	*9/1/21*	*6/30/22*	*Deborah, Laura, Karen, Gary, & Marc*	●
4	Restart speakers bureau, including master facility planning presentations	*9/1/21*	*6/30/22*	*Deborah*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
Need to gain public support for major initiatives. COVID continues to make meeting with the public challenging.

Deliverables:
Increase the number of community members engaged with KH.

Accomplishments / Next Steps

Accomplishments:

- Surveyed employees, medical staff, and Advisors/Ambasadors regarding Mineral King replacement options
- Latino Community Advisory Committee launched and meeting regularly.
- Developed website to educate community regarding master facility plan.
- Newspaper articles regarding modernization efforts have raised public awareness and provided opportunities for education

Next Steps:

- Launch a comprehensive campaign (e.g. small groups, radio, TV, print, town halls, webinars, direct mail, emails, website, social media, etc.) to educate the community regarding the master facility plan and our need to replace the MK Wing and modernize our facilities
- Revitalizing Community Engagement program by inviting large number of new members; conduct new member orientation

Strategic Growth & Innovation- Innovation
Champions: Doug Leeper, Malinda Tupper, Ryan Gates, Marc Mertz

Problem / Goals & Objectives

Problem Statement: To be successful in a dynamic and challenging healthcare industry, Kaweah Health must find new ways of doing things and approaching problems.

Goals and Objectives: Create, develop, and implement new processes, systems, or services, with the aim of improving efficiency, effectiveness, or competitive

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Form a committee to explore the organization's enhanced data analytic needs and capabilities	*7/1/21*	*10/31/21*	*Marc*	●
2	Evaluate development of a hospital-at-home service	*7/1/21*	*12/31/21*	*Marc, Keri, Malinda, & Ryan*	●
3	Expand telehealth services	*7/1/21*	*6/30/22*	*Ryan, Doug, & Paul*	●
4	Begin the multi-year process of creating a central patient access center	*7/1/21*	*6/30/22*	*Ryan & Doug*	●
5	Develop strategies to compete, or partner, with market disruptors such as Amazon, Wal-Mart, CVS, Walgreens, telehealth providers, and others	*7/1/21*	*6/30/22*	*Marc*	●
6	Explore alternative funding opportunities to enable Kaweah Health to provide community health services	*7/1/21*	*6/30/22*	*Malinda, Ryan, & Marc*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
New technology/tools can be expensive. KH has limited staff resources to implement new solutions.

Deliverables:
Improved efficiency; greater access to Kaweah Health services; increased volumes

Accomplishments / Next Steps

Accomplishments:

- Received grant to support telehealth and patient access center software
- Held half-day planning session for patient navigation program
- Worked with Huron and Chartis consulting firms on volume and financial projections for Hospital at Home program
- ET has started reviewing business intelligence requests, staffing, and capabilities

Next Steps:

- Continue evaluation of the hospital at home model; plan to apply for non-comital CMS waiver

FY22 Quarter 3 Organizational Efficiency and Effectiveness

Organizational Efficiency and Effectiveness Metrics Performance

Charter Measures	Goal	Baseline	Jan-22	Feb-22	Mar-22	Comments
Reduce LOS (Non COVID patients)	1.0 GMLOS (7/1-12/31) .75 GMLOS (1/1-6/30)	1.50 days	2.01 days	2.04 days	1.80 days	
Increase OR Block Time Utilization	60% (FY22)	42%	38%	43%	49%	
Review of Spine an Trauma Implant Purchases and Contracts	$350,000 reduction (FY22)	$3,400,000 annual spend	Annual	Annual	Annual	
Consolidation of Purchased Services	$1,000,000 reduction (FY22)	$34,200,000 annual spend	Annual	Annual	Annual	

All Measures Per Strategy Summary

Resource Effectiveness Committee	Goal	Baseline	Jan-22	Feb-22	Mar-22	Comments
Reduce LOS (Non COVID patients)	1.0 GMLOS (7/1-12/31) .75 GMLOS (1/1-6/30)	1.50 days	2.01 days	2.04 days	1.80 days	
Discharge Ready by 1000	25.6% of patients	21.33%	24.26%	22.56%	23.84%	
Patients leaving the unit by 1200	2.06 of patients	1.72%	8.18%	9.29%	10.09%	
Supply Management and Standardization	**Goal**	**Baseline Spend**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Review of Spine an Trauma Implant Purchases and Contracts	$350,000 reduction (FY22)	$3,400,000 (4/20-3/21)	Annual	Annual	Annual	
Consolidation of Purchased Services	$1,000,000 reduction (FY22)	$34,200,000 (4/20-3/21)	Annual	Annual	Annual	
Operating Room Efficiency/Capacity	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Block time Utilization Rate Increased	60% (FY22)	42%	38%	43%	49%	
Reduction in daily average first case delay minutes	Reduce daily average first case delay minutes to **25.88** or less per day **by 1/1/22** through fiscal year end.	35.88/day	34.71/day	34.74/day	34.61/day	
Physician wait time between cases defined as surgery stop time in previous case to start time of next case	Reduce physician wait time to **72** minutes or less **by 1/1/22** through fiscal year end.	80 minutes	79 minutes	80 minutes	75 minutes	

Better than target; at target; worse than target; pending/in process

Reduce Length of Stay (LOS)
Champions: Kassie Waters & Rebekah Foster

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to reduce the gap between the geometric mean length of stay (GMLOS) for Non- COVID patients and the actual length of stay (ALOS) for Non-COVID patients.

Goals and Objectives: Reduce ALOS (Non COVID) to within 1.0 of the GMLOS for the period of 7/1/21-12/31/21 and within .75 GMLOS for the period of 1/1/22-6/30/22

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Anticipated Discharge Date being rolled out to providers to use GMLOS as well as pts current condition to determine a realistic discharge date for each patient. Will be discussed during multidisciplinary rounds	*5/2/22*	*7/1/22*	*Kassie Waters & Rebekah Foster*	●
2	ISS to include length of stay and expected length of stay data to nurse and provider common landing pages in Cerner. Goal is for all staff to know expected length of stay at all times. GMLOS now added to banner bar and will be rolled out in May.	*10/7/21*	*5/2/22*	*Lacey Jensen & Kassie Waters*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Critical Case Management staffing levels. Total of 13 case managers to cover 13 floors per day. Standard staffing is 24 per day. Travel, RN, and LVN positions are posted.
- High Covid patient census.

Deliverables:

- ISS to include length of stay and expected length of stay data to nurse and provider on common landing pages in Cerner. The goal is to have clear visualization of expected length of stay at all times.

Accomplishments / Next Steps

Accomplishments:

- Started Long Stay Committee in March 2022 for all patients with 10+ day stays. Multidisciplinary team working to identify barriers and work on tasks and trends that surface through meeting.
- Case Management continues to hire new staff to fill open positions on med/surg units.
- Increasing the number of complex CMs to assist with patients who have long LOS and have complex discharge barriers and needs. Have increased the complex care team from 1 to 3 CMs who will be starting in May 2022.

Next Steps:

- TRT tool used as mode of communication for CM staff for complex patients as well as for Long stay committee. This will go live in May 2022.
- Rebekah Foster and Elisa Venegas will be going out into the community to meet with local SNFs to identify barriers and provide education on what is needed from us to ensure more timely discharges. 6 of the 12 SNFs have responded with dates set to go visit.

Discharge Ready By 1000 & Discharged By 1200
Champions: Kassie Waters & Rebekah Foster

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to reduce the gap between the geometric mean length of stay (GMLOS) for Non- COVID patients and the actual length of stay (ALOS) for Non-COVID patients.

Goals and Objectives: Increase the percent of patients that are discharge ready by 1000 to 25.60% of daily discharges. Increase the percent of patients leave the unit once discharged by 1200 to 2.07%

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Pilot Multidisciplinary discharge rounds on 2N, now rolling out to all M/S units to discuss goals of care, treatment plan for the day and anticipated discharge date.	*2/1/2022*	*7/1/2022*	*Kassie Waters & Rebekah Foster*	●
2	ISS to include length of stay and expected length of stay data to nurse and provider common landing pages in Cerner. Goal is for all staff to know expected length of stay at all times. GMLOS now added to banner bar and will be rolled out in May.	*10/7/21*	*5/2/22*	*Lacey Jensen & Kassie Waters*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Skilled nursing and home health discharges on average take 6 hours to be discharge.
- Patient transportation not ready.

Deliverables:

- TBD

Accomplishments / Next Steps

Accomplishments:

- Multidisciplinary rounds started back in February on 2N, now up and running on 3 floors with all M/S going live by end of June. Provider, CM, CN and bedside nurse round on each patient for the hospitalists physicians. Other provider groups will be starting discussions on how to make this work for them later in May 2022.

Next Steps:

- Dashboards to be rolled out with Careview board on 2N, 4S and 4T to facilite visual discharge information including Anticipated Discharge Date (ADD) which will be determined in multidisciplinary rounds daily. Visual cues for barriers available for providers, bedside staff and CM to see.

Home Today Not Tomorrow → eliminate "just one more day stay".

Supply Management and Standardization-Trauma and Spinal Implants
Champions: Steve Bajari, Adam Chavez and Robert Hernandez

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to identify opportunities to reduce costs related to Spinal and Trauma implants. Total spend on these implants was 3.4 million dollars from April 2020 through March 2021.

Goals and Objectives: Reduce Spinal and Trauma implant costs by $350,000 in this fiscal year.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Create and publish two RFPs, one for Trauma and one for Spine with deadline for questions and submissions.	*7/21/21*	*8/17/21*	*Steve, Adam and Robert*	●
2	New contract Go-Live Zimmer - Trauma	*10/1/21*	*10/1/21*	*Steve Adam and Robert*	●
3	New contract Go-Live Depuy – Trauma	11/1/21	12/1/21	*Steve Adam and Robert*	●
4	New contract Go-Live Stryker – Trauma	12/1/21	12/3/21	*Steve Adam and Robert*	●
5	New contract Go-Live Globus – Spine	12/1/21	12/3/21	*Steve Adam and Robert*	●
6	New contract Go-Live Medtronic - Spine	12/1/21	1/14/22	*Steve Adam and Robert*	●
7	New contract Go-Live Sequoia Surgical – Spine	12/1/21	1/14/22	*Steve Adam and Robert*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Will Physicians support changing vendors to achieve savings?

Accomplishments / Next Steps

Accomplishments:

- Current pricing extended for Depuy through 6/30/22
- Signed a new 3 year contract with Depuy. Price locked for 1 year at Tier 2. 3/4/21

Next Steps:

- Work on conversion to lowest cost vendors.
- Track savings. Most changes started after Nov.1

Supply Management and Standardization-Purchased Services
Champions: Steve Bajari and the Materials Management team

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to identify opportunities to reduce costs related to Purchased Services. Total spend on Purchased Services was $34,000,000 from April 2020 through March 2021.

Goals and Objectives:
Reduce Purchased Services spend by $1,000,000.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Meet with vendors to help with plan creation, benchmarking and potential help complete projects	*2/1/21*	*10/1/21*	*Steve and Adam*	●
2	Send data for analysis to our vendors partners	11/1/21	1/17/21	Steve, Adam, Harry, and Sharon	●
3	Savings projects are ongoing. Laundry, ISS, EVS, Maintenance, Finance – Calculated savings is roughly $310,000 to date.	7/1/21	6/30/22	Materials Management	●
4					
5					
6					

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Challenges in recruiting a qualified Contract Agent to fill the open position that was vacated on 8/6/21. Finding external and experienced candidates has proven challenging.
- The current rise in COVID will slow progress on contract negotiations.
- Senior Buyer start date has shift to a later date as we have run into additional staffing challenges. 2/22 and 3/22.

Accomplishments / Next Steps

Accomplishments:

- Captured contract savings in several categories.
- Promoted our Senior Buyer into the contracting role.
- Data sent to vendor partners for analysis on 1/18/22.

Next Steps:

- Review data analysis March 2022.
- Create projects and track savings.

OR Efficiency and Capacity-Block Time Utilization
Champions: Brian Piearcy, Amanda Tercero, Jag Batth

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to increase Block Time Utilization in the Main OR from the baseline of 42%.

Goals and Objectives: Increase Block Time Utilization to 60% effective 1/1/22.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Provided current surgeons with more block and assigned new surgeons with block time.	*10/2020*	*11/2021*	*OR Leadership*	●
2	Sending daily emails to the surgeons offices and to the surgeons providing them open block time weekly.	*Started 4/2021*	*Ongoing*	*All Surgeons and Surgeon Offices*	●
3	O.R. Governance Discussion and Review of Utilization data.	*6/1/21*	*Ongoing*	*O.R. Governance*	●
4	Letters sent to surgeons quarterly with block utilization and first case delay data. The letter includes the criteria to keep assigned block and that it will be removed if they fall below 50% utilization.	*6/17/21*	*Ongoing*	*All surgeons*	●
5	Department Leadership and the O.R. Governance have reviewed an automated system for "in" time tracking, automated communication, and provides up to date data. The system is called **Tagnos** and will be budgeted for next FY.	*Depends on Approval*		*OR Governance and OR Leadership*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Admissions has lowered scheduling levels. Pre-COVID we would admit 10-15 patients/day and now limited to 8/day.
- OR Room closures due to various construction projects in the department.
- Anesthesia Staffing and Surgery staffing. Very few applicants and no travelers.

Accomplishments / Next Steps

Accomplishments:

- 9/23/21- O.R. Governance reviewed block utilization and removed a surgeons block who has not done a case in over a year and a half. The block time was given to a new surgeon.
- Surgeons being held accountable for underutilized block time.

Next Steps:

- Continue to monitor block utilization and enforce expectations.
- Seeking approval for OR Efficiency System (Tagnos)

OR Efficiency and Capacity-First Case Delays
Champions: Brian Piearcy, Amanda Tercero, Jag Batth

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to reduce the daily average minutes related to first case delays in the Main OR from the baseline of 35.88 minutes per day.

Goals and Objectives:Decrease the daily average minutes related to first case delays by 10 minutes effective 1/1/22.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Ongoing monitoring of first case delay data by the OR Governance Committee with development of appropriate next steps based on the data	*Ongoing*		*OR Governance*	●
2	Work with HIM and Risk Management related to the 24 hour update elements. This causes frequent delays with providers.	*11/21*		*OR Leadership, HIM, Risk Management*	●
3	Work toward electronic consent process to prevent incomplete and/or lost consent forms.	*April 2022*		*OR Leadership, ISS*	●
4	Explore development of an anesthesia clinic to decrease delays with patients who need additional testing or review prior to the procedure.	*Long Term Goal*		*OR Leadership, Anesthesia*	●
5	Continual education to surgeon offices regarding authorization	*Ongoing*		*OR Leadership*	●

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

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Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Surgeons late for their first case of the day.
- Patients are not fully "worked up" before they arrive at the hospital.
- 24° update. We need a simpler way for surgeons to sign off on the 24update.

Accomplishments / Next Steps

Accomplishments:

- Quarterly meeting established with the Vascular Surgeons.
- The three surgeons with the highest first case delays met with the OR Governance Committee in November. They did not have any first case delays in December.
- Electronic orders and scanning of paperwork for KATS and Pre-op was implemented. The department use to be half paper orders
- Canceleing cases that do not have authorization prior to the KATS appointment.

Next Steps:

- O.R. Governance will continue to review first case start delay data and remove morning block time for physicians who fall out of compliance.
- The O.R. Governance Committee will continue to monitor first case delays and remove morning block time where appropriate.
- The O.R. Governance is in the process of creating stricter guidelines for the surgeons to follow on First Case Delays.
- Develop an easier process for physicians to complete 24 hour updates.
- Develop a process for electronic consent documentation. This will allow surgeons to complete the consent in office without having to fax the consent to the hospital. Electronic consents will decrease the number of lost consent forms and related delays for nursing to have to complete a new consent form.

OR Efficiency and Capacity-Physician Wait Times
Champions: Brian Pieracy, Amanda Tercero, Jag Batth

Problem / Goals & Objectives

Problem Statement: Kaweah Health needs to reduce the physician wait times between cases, as defined by surgery stop time in previous case to start time of the next case, from the baseline of 80 minutes.
Goals and Objectives: Decrease physician wait times between cases by 10% effective 1/1/22. From baseline of 80 minutes to 72 minutes or less.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Update surgeon preference cards. Develop committee to review and update the over 1,000 preference cards.	*May 12th, 1st meeting.*	*TBD*	*OR Leadership and Preference Card Task Force*	🔴
2	Increase staff levels in larger surgical cases.	*Budgeted FY 23'*	*TBD*	*OR Leadership*	🔴
3	Create plan for staging of case carts and removal of dirty case carts for timely turnover of room and availability of surgery staff.	*This will start post construction projects (around June/July)*	*On Hold*	*OR Leadership*	🔴
4	Implement daily 14:30 huddles to review next day cases to ensure supplies, instruments, equipment and implants are available. This reduces last minute delays related to these items.	*Ongoing*	*Ongoing*	*OR Leadership*	🟢
5	Revamped surgery scheduling forms to allow to reduce questions that could delay cases.	*Completed*	*Completed*	*OR Leadership, Surgery Scheduling*	🟢
6	Created par levels and standardized supply carts to reduce delays related to missing supplies.	*Completed*	*Completed*	*OR Leadership, Central Supply*	🟢

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Ongoing construction limiting the number of rooms available and impacting the normal paths for patients, staff, equipment and supplies.
  - Urology Bed Replacement project is to be completed by the beginning of May, the room has been closed since June 2021.
  - OR Light Replacement Project to begin after OSPHP approval.
  - Sterile Processing Department construction underway. Relocation of aspects of this service impact efficiency.
- Currently have RN and Surgical Tech Travelers helping with LOAs, new orientees, and openings.
- Lack of immediate storage space due to construction.

Accomplishments / Next Steps

Accomplishments

- Continue to reduce the physician non operative/wait time each month
- Implemented various changes related to supplies, case carts and equipment to reduce delays that occur when these items are not readily available for cases.

Next Steps:

- When staffing is available, change the nurse ratio for larger rooms to 3 nurses per 2 rooms.
- Revamp the Preference Card Task Force to standardize and maintain all preference cards.
- Purchase an Instrument Tracking System. This will help decrease time in looking for instrumentation for procedures. We are at the beginning phases of the project with a completion date of 6-9 months due to the size of the hospital.
- Hire 3 Aide positions to focus on supply management in the OR. This allows staff to have what they need for every case, it will decrease pay.

FY22 Quarter 3 Outstanding Health Outcomes

Outstanding Health Outcomes Metrics Performance

All Measures Per Strategy Summary						
Standardized Infection Ration (SIR)	**Goal**	**Baseline**	**FYTD Jan-21**	**FYTD Feb-21**	**FYTD Mar-21**	**Comments**
Standard Infection Ration (SIR) CAUTI, CLABSI, MRSA (CMS Data)	CAUTI ≤ 0.676	CAUTI 0.84	1.600	1.180	1.22	
	CLABSI ≤ 0.596	CLABSI 1.33	1.261	1.054	1.093	
	MRSA ≤ 0.727	MRSA 2.53	2.293	1.894	1.704	
Sepsis Bundle Compliance (SEP-1)	**Goal**	**Baseline**	**FYTD Jan-21**	**FYTD Feb-21**	**FYTD Mar-21**	**Comments**
Sepsis Bundle Compliance (SEP-1) %	≥75%	75% (July-Dec2020)	73.00%	74.00%	74.00%	
Mortality and Readmissions	**Goal**	**Baseline**	**FYTD Jan-21**	**FYTD Feb-21**	**FYTD Mar-21**	**Comments**
Hospital Readmissions % (CMS Data)	AMI (non-STEMI) – 11.01	AMI – 12.34	N/A	N/A	9.43% (5/53)	
	COPD – 12.87	COPD – 16.09	N/A	N/A	25.93% (7/27)	
	HF – 14.58	HF – 18.22	N/A	N/A	12.32% (17/138)	
	PN Viral/Bacterial – 11.30	PN Viral/Bacterial – 14.13	N/A	N/A	15.70% (19/121)	
Decrease Mortality Rates	AMI (non-STEMI) - 0.71	AMI - 0.75	N/A	N/A	0.98 (n=38)	
	COPD – 1.92	COPD – 2.40	N/A	N/A	1.87 (n=35)	
	HF – 1.42	HF – 1.78	N/A	N/A	0.87 (160)	
	PN Bacterial – 1.48	PN Bacterial – 1.85	N/A	N/A	0.98 (n=28)	
	PN Viral - 1.07	PN Viral – 1.34	N/A	N/A	1.38 (n=86)	
Medication Measures	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Home Medication List Review of High Risk (HR) Patients (inpatient admission)	100%	57% (Avg Oct 2020 and Feb 2021)	100%	100%	100%	
Complete Initial Home Medication Review w/in 24 hours of Inpatient Admission	Develop a report and establish the baseline data.	N/A	In Progress	In Progress	In Progress	
Outpatient Medication Reconciliation w/in 30 days Post Discharge (MRP)	44%	N/A	TBD	TBD	TBD	
Team Round Implementation	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Team Round Implementation	Design & Pilot on 1-2 units	1 Unit - MICU				COMPLETED

Better than target; at target; worse than target; pending/in process

Standard Infection Ratio (SIR): CAUTI, CLABSI & MRSA
Champions: Sandy Volchko

Problem / Goals & Objectives

Problem Statement: Healthcare acquired infections (HAIs) such as CAUTI, CLABSI and MRSA are often preventable complications of hospitalization. HAIs impact patient outcomes such as length of stay, can lead to death, and also increase costs of care.

Goals and Objectives: Reduce HAIs to the national 50th percentile in FTY22 as reported by the Centers for Medicare and Medicade Services.

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
COVID-19 population; care processes affecting ability to apply best practices to prevent CAUTI & CLABSI.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Execute QI strategies identified during the CAUTI Kaizen Reboot initiative focused on executing protocols/orders and cleanliness (CAUTI Quality Focus Team)	*10/1/21*	*7/31/22*	*Kari Knudsen*	●
2	Baseline data collection, policy/process review for peripheral IV use in patients with central lines	*10/1/21*	*11/30/21*	*Amy Baker/ Quality*	●
3	"ICU Forum" session with front line ICU RNs to learn barriers/concerns in preventing CAUTI and CLABSI in the COVID-19 population	*11/1/2021*	*1/24/22*	*Amy Baker, Shannon Cauthen, Kari Knudsen*	●
4	Culture of culturing – multidisciplinary task force addressing pan culture rates and repeat cultures through data analysis, case reviews and provider group engagement	*11/1/2021*	*3/30/22*	*Kari Knudsen*	●
5	Establish MRSA Quality Focus Team to move improvement strategies to a dedicated team. Strategies include: 1) Hand Hygiene, 2) Decolonization (ICU & 4N Standardized procedure trial), 3) environment and equipment cleaning	*11/31/21*	*Ongoing*	*Tendai Zinyemba*	●

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

Accomplishments / Next Steps

Accomplishments:

- Gemba rounds occurring daily (line rounds) with bedside RNs, educators, nurse manager, advanced practice RN, and infection prevention; moving from manual gemba data entry to electronic via my rounding app.
- Compliance with best practices to prevent CAUTI & CLABSIs calculated monthly in Gemba dashboards and sent to leadership monthly for review and staff dissemination
- Letter to providers who were involved with a CAUTI event
- New vendor for catheter supplies obtained resulting in consistency in supply; New alternatives to catheter products trials
- CLABSI Peripheral IV QI - evaluated "just in case lines" and care practices
- Large data set and analysis provided to culture of culturing task force to optimize data driven decision making and provider engagement
- MRSA electronic dashboard developed, evaluated current process performance in MRSA decolonization and team working on QI strategies.

Next Steps: See Plan

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

Problem / Goals & Objectives

Problem Statement: Non-compliance with SEP-1 bundle can lead to less than optimal outcomes for patients, such as increased mortality rates. SEP-1 is publically reported on CareCompare.gov and impacts public perception of care provided.

Goals and Objectives: Increase SEP-1 bundle compliance to overall 75% compliance rate for FY22 thorugh innovative improvement strategies based on root causes.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Root cause re-identification of bundle non-compliance	*11/1/21*	*11/30/21*	*Quality & P/S*	●
2	Develop and execute Sepsis bundle Simulation training for Emergency Medicine and Family Medicine residents	*12/1/21*	*3/31/22*	*Quality & P/S*	●
3	Optimizing sepsis alert RN provider notification process	*12/15/21*	*4/30/22*	*Quality & P/S*	●
4	Evaluating options to optimize the sepsis alert functionality in Cerner/algorithm	*12/1/21*	*6/30/22*	*Quality & P/S, ISS*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Complexity of CMS SEP-1 measure
- Challenges to alter the sepsis alert Cerner algorithm

Deliverables:

- Root Cause Analysis & QI strategies.
- SEP-1 Sepsis EM GME Simulation program

Accomplishments / Next Steps

Accomplishments:

- Sepsis “catch up” (SEP-1A) power plan developed to aid in ordering bundle elements when patient does not present in a clear septic situation
- Dot phrases implemented to assist in documentation of sepsis (once ruled out)
- Detailed data retrieved on consistency with notifying a provider when a sepsis alert is triggered in Cerner. Re-initiation of required sepsis education
- 19 improvement strategies implemented over 18 months (through FY21)

Next Steps: See Plan

Mortality and Readmissions
Champions: Sandy Volchko

Problem / Goals & Objectives

Problem Statement: Mortality and readmission rates for Heart Failure (HF), Pneumonia (PN), Chronic Obstructive Pulmonary Disease (COPD), and Acute Myocardial Infartion (AMI) are higher than desired rates.

Goals and Objectives: Reduce observed/expected mortality, through application of standardized best practices, by 20% (5% for AMI) and reduce readmissions by 20% (10% for COPD) by end of FY22.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Key performance indicators (KPIs) under development for each population	*9/24/21*	*11/1/21*	*BPT Core Teams*	●
2	Dashboard development	*11/1/21*	*12/31/21*	*BPT Core Teams*	●
3	Review current state	*11/1/21*	*1/31/22*	*BPT Core Teams*	●
4	Improvement work on KPIs	*11/1/21*	*Ongoing*	*BPT Core Teams*	●
5	Cal Poly Industrial Engineering program (healthcare elective class) performing data analysis on readmissions to disseminate to teams (includes analysis to identify disparities in care)	*1/10/22*	*4/30/22*	*Sandy Volchko*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Data queries into HealtheAnalytics so that dashboards can be developed and disseminated to teams

Deliverables:

- Population specific dashboards
- Care Pathways

Accomplishments / Next Steps

Accomplishments:

- Medical Director of Best Practice Teams in place.
- Clinical Practice Guidelines selected for each population
- Key performance indicators selected for each team
- Data definitions complete, data queries to build dashboards sent to ISS for processing

Next Steps:

- Teams reviewing and aligning best practice guidelines, existing care pathways and power plans
- Each team working on improving KPI performance specific to their population of interest

Medication Measures
Champions: Sonia Duran-Aguilar

Problem / Goals & Objectives

Problem Statement: Inaccurate medication list in medical record may contribute to increased length of stay, readmissions, and untoward patient health outcomes.

Goals and Objectives:
Improve the accuracy of the home medication list by inpatient and outpatient care teams to prevent untoward health outcomes.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	ISS to validate Home Medication Review Report, will adjust to include 24 hour timeframe	*9/1/21*	*10/1/21*	*ISS*	●
2	Nursing leadership to review baseline performance	*9/30/21*	*4/1/22*	*Kari*	●
3	Modify report, as needed	*11/1/21*	*3/1/22*	*ISS*	●
4	Nursing leadership to establish reasonable Goal for FY22 given recent refinement	*9/30/21*	*6/1/22*	*TBD*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
Refine Complete Initial Home Medication Review Measure to align with Nursing Policy for Admission HX within 24 hours

- Lacking Baseline Data

Deliverables:
Report to measure performance

Accomplishments / Next Steps

Accomplishments:

- Addition of 2.5 Pharmacy Technicians and weekend coverage support increase in performance for Home Medication List Review
- Use of Ambulatory Medication Reconciliation education and CERNER optimization June 2021, led to increase in performance.
- Report modification complete.
- Report modified and shared with the team.

Next Steps:

- Nursing leaders to establish goals for units.

Team Round Implementation
Champions: Dr. Lori Winston

Problem / Goals & Objectives

Problem Statement: Lack of clear communication between care providers create suboptimal work environment and can lead to increased length of stay, readmissions, and untoward patient health outcomes.

Goals and Objectives:
To design and pilot team rounds to improve work environment, patient care and outcomes by enhancing coordination of care, communication, and culture among the health care team.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Review MICU Rounding Process Outline	*9/28/21*	*11/1/21*	*Emma and Kari*	●
2	Review best practices for Team Rounding	*9/28/21*	*11/30/21*	*Dr. Winston Emma, Kari*	●
3	Decision on pilot unit	*9/28/21*	*10/30/21*	*Dr. Winston, Emma, Kari*	●
4	Develop process tool	*10/13/21*	*12/30/21*	*Group*	●
5	Develop metrics data	*10/13/21*	*12/30/21*	*Group*	●
6	Roll out with one unit in early 2022 and measure for six months	*1/1/22*	*6/30/22*	*Group*	●

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

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Critical Issues / Deliverables

Critical Issues (ie. Barriers):
- Existing rounds. Need to ensure it is not duplicative.
- Staff shortages (case management)

Deliverables:
- Team Round process and plan
- Outcomes measures

Accomplishments / Next Steps

Accomplishments:
- Nursing leaders identified to support designing the process
- Two hospitalists identified as physician champions
- Identified 2N as the unit to pilot
- Develop clear scripts, rounding tool for consistency
- Explore documentation tool (paper vs software)
- Identified metrics to measure to track success of the program
- Create a dashboard for metrics tracking

Next Steps:
- Assess team round impact and monitor performance metrics

FY22 Quarter 3 Patient and Community Experience

Patient and Community Experience Metrics Performance

All Measures Per Strategy Summary						
World-Class Service	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Define "World-Class Experience"	Define by 9/1/21	N/A				COMPLETED
Achieve Overall Rating Goal on HCAHPS Survey	76.5%, 68th Percentile	74.80%	69.50%	63.31%	80.52%	
Achieve Overall Rating Goal on ED CAHPS Survey	70.0% , 50th Percentile	66.60%	46.15%	41.17%	70.84%	
Physician Communication	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Develop standard contract language for medical director/groups to align with KD goals	Added to contract renewals by 12/31/21	N/A				Evaluated the action step, not appropriate in the contract. This will be included as annual goals for the group.
Develop plan to achieve HCAHPS physician communication goals	Plan developed by 9/1/21	N/A				COMPLETED
	Plan implemented by 11/1/21	N/A				COMPLETED
Achieve the 50th percentile on physician communication scores	82.00%	79.60%	76.70%	77.80%	82.03%	
Nursing Communication	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Develop plan to achieve HCAHPS nursing communication goals	Plan developed by 9/1/21	N/A				COMPLETED
	Plan implemented by 11/1/21	N/A				COMPLETED
	Compliance audit for 3 months > 90%	N/A	8.61%	19.72%	11.67%	
Achieve the 50th percentile on nursing communication scores	80.00%	78.60%	76.40%	72.20%	80.43%	
Enhancement of Systems and Environment	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Evaluate and Add Signage (Wayfinding) Internal/External	Internal signage and community wayfinding completed by 12/31/21	N/A				COMPLETED
System enhancements	1) Review, analyze, prioritize by 9/1/21	N/A				COMPLETED
	2) Hold stakeholder demo by 11/1/21	N/A				COMPLETED
	3) Implementation plan developed by 2/1/22	N/A				COMPLETED
Decrease lost belongings by 25%	147	CY2020 - 196	12	5	5	Target </= 12/mth
Decrease internal patient complaints by 25% collectively: Nursing Care Physician Care Communication	225	CY2020 – 300	7	3	4	Target </= 18/mth

Better than target; at target; worse than target; pending/in process

World-Class Services
Champions: Ed Largoza

Problem / Goals & Objectives

Problem Statement: Employees throughout the organization have a different definition of "World-Class".

Goals and Objectives: Develop strategics that provide our health care team the tools they need to deliver a world-class health care experience.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Develop World-Class definition for ET review and feedback	*7/1/21*	*10/1/21*	*Ed and Dianne*	●
2	Develop Kaweah Service Standards for ET review an d feedback	*7/1/21*	*10/1/21*	*Ed and Dianne*	●
3	Meet with a workgroup of staff from different disciplines	*10/1/21*	*11/1/21*	*Ed and Dianne*	●
4	Leadership Training	*2/1/22*	*2/28/22*	*Organizational Development*	●
5	All team member training	*3/1/22*	*5/1/22*	*Organizational Development*	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Competing priorities
- Best practices need full adoption
- Long waits in the Emergency Department

Deliverables:

- "World-Class" definition
- Kaweah Service Standards

Accomplishments / Next Steps

Accomplishments:

- Developed 'World-Class' definition
- Developed Service Standards
- Trialed Patient Service Navigators (PSNs)

Next Steps:

- Consider adopting communication framework
- Train leadership, employees, & providers on service standards
- Evaluate PSNs for deployment in other areas

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

Physician Communication
Champions: Dr. Steven Carstens & Ed Largoza

Problem / Goals & Objectives

Problem Statement: Based on Patient Experience Score and feedback from healthcare team, improvement is needed in physician communication with patients and family.

Goals and Objectives: To reach the 50th percentile in physician communication on HCAHPS survey. Provide team members tools and processes to improve communication with patients and family.

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Draft proposed standard contract language to align with KH goals to be added to physician contracts	*7/1/21*	*9/1/21*	*Teresa and Dr. Carstens*	●
2	Approve contract language & accountability	*10/1/21*	*12/31/21*	*Dr. Carstens*	●
3	Add contract language upon contract renewals or amendments	*1/1/22*	*12/31/22*	*Contract owners*	●
4	Increase awareness of patient experience feedback with medical staff	*11/1/21*	*Ongoing*	*Dr. Carstens and Ed*	●
5	Ongoing education on enhanced communication with patients and family	*Ongoing*	*Ongoing*	*Dr. Carstens*	●

On target / not yet started (not due); delay/slight concern; off target/serious concerns; task no longer applicable

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
- Competing Priorities
- Need to set expectations and education for physicians
- Varying level of awareness and engagement
- Evaluated the incorporation of standard contract language and determined not appropriate to be placed in the contract. This will be included as annual goals for the group.

Deliverables:
- Physician communication improvement plan

Accomplishments / Next Steps

Accomplishments:
- Oriented Medical Director of Physician Engagement *(Patient Experience Data, Best Practices, Strengths, Weaknesses, Opportunities, Threats)*
- Provided individual and group data to Valley Hospitalists, Family Health Care Network and General Surgery groups
- Developed the physician communication action plan
- Rolled out education on physician scripting

Next Steps:
- Develop plan to increase aware of patient experience feedback
- Pilot Sit For A Bit

Nursing Communication Champions: Nursing Directors

Problem / Goals & Objectives

Problem Statement: Based on Patient Experience Score and feedback from healthcare team, improvement is needed in nursing communication with patients and family.

Goals and Objectives: To reach the 50th percentile in nursing communication on HCAHPS survey. Provide team members tools and processes to improve communication with patients and family.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Develop plan with the nursing leaders to improve nursing communication	*8/1/21*	*9/1/21*	*Keri*	●
2	Roll-out plan for communication boards	*8/1/21*	*9/30/21*	*Keri*	●
3	Education to staff on use of communication boards	*9/1/21*	*10/1/21*	*Keri*	●
4	Communication Board Compliance Audit for 3 months post go-live (> than 90% compliance)	*10/4/21*	*2/4/22*	*Keri*	●
5	Review and plan for development of communication skills to include narrating care, handling conflicts	*9/2/21*	*1/31/22*	*Keri*	●
6	Review of Leader Rounds expectation	*6/1/21*	*7/1/21*	*Keri*	●
7	Implement Leader Rounds	*7/1/21*	*9/1/21*	*Keri*	●
8	Leader Rounds Compliance Audit for 3 months (> than 90%)	*10/4/21*	*2/4/22*	*Keri*	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Competing priorities
- Staffing shortages

Deliverables:

- Communication Plan

Accomplishments / Next Steps

Accomplishments:

- Selected Focuses
  - Leaders Rounding on Patients
  - Use of Communication Whiteboards
- Employee Rounds initiated in all areas
- Health Care Team Bedside Rounds (final unit rollout by end of June)

Next Steps:

- Incorporate Service Standards at the Unit Level
  - Clinical Service Standards
  - Communication Framework

Enhancements of Systems & Environment - Technology
Champion: Luke Schnieder

Problem / Goals & Objectives

Problem Statement: Opportunity to incorporate more technology into workflows around patient access and communication.

Goals and Objectives: Explore and implement software solutions to enhance ability to communicate with patients (i.e.: add appointment reminder texting, improve access to patient records, and education).

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Review and prioritize system enhancements	*7/1/21*	*7/30/21*	*Luke*	●
2	FY22 Develop one slide with project timeline	*8/24/21*	*9/1/21*	*Luke*	●
3	FY23 Schedule stakeholder demo in October 2021 to present Kyruus and Tonic	*8/24/21*	*10/30/21*	*Luke and Diana*	●
4	Review and decision on solutions	*11/1/21*	*11/30/21*	*Luke*	●
5	FY23 Outpatient (ED) Education through Digital Signage	*11/1/21*	*2/1/22*	*Luke*	●
6	FY23 Inpatient Education (GetWell and Other systems)	*11/1/21*	*2/1/22*	*Luke*	●
7	Research additional education tools in the patient experience network	*11/1/21*	*2/1/22*	*Ed*	●

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

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Critical Issues / Deliverables

Critical Issues (ie. Barriers):
- FY23 Outpatient Digital Education and FY23 IP Education explored but budget constraints and workload prevent implementation

Deliverables:

Accomplishments / Next Steps

Accomplishments:
- Implemented new patient portal
- Selected technology improvements
  - Texting capability for scheduling appointments
- Patient experience network education tools

Next Steps:
- Well Health Go Live-June 2022
- Marketing of New Patient Portal-September 2022

Enhancements of Systems & Environment - Place

Champions: Tendai Zinyemba, Lawrence Headley, Kevin Morrison & Ed Largoza

Problem / Goals & Objectives

Problem Statement: Downtown campus can be challenging for visitors & patients to navigate. Environment of Mineral King Wing of downtown campus has need for updating and for enhancing cleanliness.

Goals and Objectives: Fewer lost visitors and patients at the downtown campus. Improved perceptions of patients, visitors, employees, and providers of the medical center.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Internal Wall Striping	*7/1/21*	*9/1/21*	*Ed*	🟢
2	Internal Maps	*7/1/21*	*10/1/21*	*Ed*	🟢
3	Internal Signage	*7/1/21*	*3/1/22*	*Ed*	🟡
4	External Wayfinding	*12/1/21*	*4/29/22*	*Ed*	🟡
5	Develop 24/7 dispatch team for EVS, Laundry, and Transport	*7/1/21*	*11/1/21*	*Tendai*	🟢
6	Add more trash receptacles	*8/1/21*	*3/1/22*	*Tendai*	🟡
7	Refurbishing high traffic areas	*9/1/21*	*6/30/22*	*Kevin*	🟡

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Staffing challenges
- Adoption of new processes

Deliverables:

- Updated internal maps
- Wall striping
- Trash receptacles
- Refurbished areas

Accomplishments / Next Steps

Accomplishments:

- Installed wall striping to assist in wayfinding
- Increased rounding on units with lower performance on cleanliness
- Refinished flooring & assessed need for interior trashcans
- Launch 24/7 EVS-Laundry-Transport dispatch team

Next Steps:

- Coordinate internal signage
- Improve external wayfinding
- Enhance taste & temperature of food
- Refurbish Cafeteria bathrooms 4Q FY22
- Refurbish 2 South 2Q FY22
- Launch Comfort Cart
- Launch Patient Education videos

Enhancements of Systems & Environment – Managing Belongings

Champion: Ed Largoza

Problem / Goals & Objectives

Problem Statement: Inconsistent handling of patients' belongings leads to items being misplaced or lost.

Goals and Objectives: Decrease the number of lost belongings.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Education flyers developed and sent to clinical/ancillary teams	*7/1/21*	*10/5/21*	*Ed*	●
2	Update EHR Form to streamline documentation	*7/1/21*	*2/28/22*	*Ed*	●
3	Software implementation for tracking and communication	*1/10/22*	*1/10/22*	*Ed*	●
4	Seek a dedicated department for lost and found	*11/1/21*	*4/1/22*	*Ed*	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Inconsistent documentation and labeling
- Limited visitors & staffing shortages

Deliverables:

- Improved documentation form of valuables/belongings.
- Software solution implementation.

Accomplishments / Next Steps

Accomplishments:

- Rolled out job-specific expectations
- Focused on labeling and documentation
- Software tracking and communication training completed and implemented

Next Steps:

- Update EHR form to streamline documentation
- Identify dedicated department to oversee lost & found

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

FY22 Quarter 3 Empower Through Education

Empower Through Education Metrics Performance

Increase CME Offerings and Educational Programs	Goal	Baseline	Jan-22	Feb-22	Mar-22	Comments
Gage current state of Lippincott system and ensure application is being utilized to its fullest	Finish buildout of Lippincott System	N/A	In Progress	In Progress	In Progress	
Improve the Resiliency of the Kaweah Health Team	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Deploy Schwartz Rounds in the organization	Research and plan for the deployment of Schwartz Rounds	N/A	In Progress	In Progress	In Progress	Will run
Increase and Improve Leadership Education	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
EE - I respect my manager	4.47	4.47 (90th Percentile)	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - My director treats me with respect	4.55	4.18	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - My manager is a good communicator	4.18	4.12	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - My director is a good communicator	4.05	3.99	In Progress	In Progress	In Progress	Pulse survey end of FY
Increase Internal Promotions/Retention of Leaders	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
EE - This organization provides career development opportunities	3.76	3.70	In Progress	In Progress	In Progress	Pulse survey end of FY
Increase internal promotions and retention	77% Promotions 85% Retention	75% Promotions 82% Retention	In Progress	In Progress	In Progress	Pulse survey end of FY
Increase Nursing Cohort Seats	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Increase nursing cohort seats	+52 Seats	0 Seats	xx	xx	xx	
Implementation of Rural Track Training Programs	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Implement Child Adolescent Program	Implementation	N/A	Complete	Complete	Complete	**Complete**
Expand Volunteer Programs	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Increase the number of volunteers at Kaweah Health	Student +200 Guild/Adult +150	N/A	In Progress	In Progress	In Progress	
Drug Diversion	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
100% drug diversion education compliance	100%	97.42%	N/A	N/A	100%	**Complete**

Better than target; at target; worse than target; pending/in process

Increase CME/CE Offerings and Educational Programs
Champions: Amy Shaver

Problem / Goals & Objectives

Problem Statement: Participation and regularity of grand rounds is not consistent. Kaweah Health can always be offering more educational programs and opportunities.

Goals and Objectives:
Increase the consistency and participation of grand rounds, along with increasing the number of CME and CEUs offered at Kaweah Health through the buildout of the Lippincott System and offering more educational opportunities.

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
- N/A

Deliverables
- N/A

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Physician Faculty Offerings (PFO) Team to be engaged for current practices and future growth	1/1/22	TBD	Amy	●
2	Assessment of current CME Offerings with Clinical Education Department	10/1/21	TBD	Amy	●

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

Accomplishments / Next Steps

Accomplishments:
- ATLS classes are now being offered to non-KH employees

Next Steps:
- Lippincott Professional Development
- Lippincott Advisor
- Lippincott Procedures
- Lippincott Blended Learning
- Lippincott Learning

Improve the Resiliency of the Kaweah Health Team
Champions: Kent Mishler

Problem / Goals & Objectives

Problem Statement: The Kaweah Health team has gone through a couple of tough years. Building up and maintaining the spirits and resiliency is mandatory to ensure healthy team members capable of delivering world class care and services.

Goals and Objectives: Introduce and establish a plan for Schwartz rounds to help teams deal with difficult situations and provide in the moment support.

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Explore implementation of Schwartz Rounds at Kaweah Health	10/1/21	6/30/22	Kent	●
2	Develop plan for implementation	1/1/22	6/30/22	Kent	●
3	Identify measurements for success/identify metrics that demonstrates effectiveness of Schwartz Rounds	1/1/22	6/30/22	Kent	●
4	Sign contract with Schwartz Center	1/1/22	6/30/22	Kent	●
5	Schwartz Rounds implementation at Kaweah Health	1/1/22	6/30/22	Kent	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
- N/A

Deliverables:
- N/A

Accomplishments / Next Steps

Accomplishments:
- Resiliency topic has been added to leadership meetings
- Chaplain has been added to ED for full time support for patients, guests, and staff

Next Steps:
- Committee being formed interdisciplinary committee
- Potential to hold 1-2 official Schwartz Rounds at Kaweah Health this FY

Increase and Improve Leadership Education
Champions: Dianne Cox

Problem / Goals & Objectives

Problem Statement: Increase the number of educational courses and programs completed by individual leaders.

Goals and Objectives: To increase the effectiveness of leadership, Kaweah Health will increase the number of mandatory and non-mandatory trainings, programs, and classes for leaders.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Charge Nurse development program is being created	11/1/21	4/1/22	Kari/Lacey	●
2	LEAD Academy	1/1/22	6/31/22	HR	●
3	Pulse Survey June 2022	6/2022	6/2022	HR	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
- N/A

Deliverables:
- N/A

Accomplishments / Next Steps

Accomplishments:
- LinkedIn Learning is now mandatory for managers, directors, VPs
- Labor Relations, Kaweah University program, launched 2/1/22

Next Steps:
- Charge Nurse Development conference to be released in March
- Relaunch to complete existing LEAD Academy cohort from 2020
- LEAD Academy is receiving a refresh and will then be available to current and future leaders
- Pulse survey to be developed by HR/Press Ganey
- Launching Just Culture certification program in May 2022

Increase Internal Promotions/Retention of Leaders
Champions: Dianne Cox

Problem / Goals & Objectives

Problem Statement: Employee Engagement scores for career development opportunities are low suggesting the Kaweah Health team would like to see more opportunities, along with internal promotions, which in turn will increase retention

Goals and Objectives: Develop consistent and sustainable succession planning and mentorship programs throughout Kaweah Health. Improve employee satisfaction and perception of career internal promotions (75%) and retention (82%).

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Develop and deploy Kaweah Health mentorship program	10/1/21	3/31/22	Amy/ Committee	●
2	Develop Kaweah Health succession planning framework	12/1/21	6/30/22	Hannah/ Committee	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- N/A

Deliverables:

- N/A

Accomplishments / Next Steps

Accomplishments:

- Subcommittee for mentorship program has been developed and best practices are being identified
- Internal Promotions: Goal 75%, Current 90%
- Retention: Goal 82%, Current 100%

Next Steps:

- Succession Planning framework due 6/30/2022
- Researching in-house technology for capturing Succession Planning
- Develop how to be mentor education by 3/31
- Assign new/newly promoted leaders as of 1/1/2022 a mentor (if not already done)

Increase Nursing Cohorts Seats
Champions: Dianne Cox

Problem / Goals & Objectives

Problem Statement: Kaweah Health has grown larger and faster than the local educational organizations. More opportunities need expansion here starting with RN seats in our local schools; new schools should consider the need in our local communities.

Goals and Objectives: Expand nursing cohorts by +52 seats and increase partnerships with schools in the community.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Determine how to incorporate offerings to non-Kaweah Health employees	11/1/21	FY23	HR	●
3	Partnership with COS – 20 part time seats	11/17/21	6/30/22	HR	●
4	Partnership with San Joaquin Valley College – 6 seats	3/15/21	TBD	HR	●
5	Partnership with Unitek – 40 seats	11/17/21	6/30/22	HR	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- N/A

Deliverables:

- N/A

Accomplishments / Next Steps

Accomplishments:

- ATLS classes now being offered to non-Kaweah clinicians

Next Steps:

- Need to connect with SJVC for update on 6 seats
- COS Part-Time RN program approved, with over 60 nominations received from leaders. COS will select final candidates (maybe 10 from us) and the program starts in May.
- Unitek Program slated to begin this calendar year in Visalia.

Implementation of Rural Track Training Programs
Champions: Amy Shaver, Dr. Winston

Problem / Goals & Objectives

Problem Statement: Child adolescent and child psychiatry programs are needed in the valley

Goals and Objectives: Implement a Child and Adolescent Psychiatry program at the rural health clinics to improve access to behavioral health services.

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- N/A

Deliverables:

- N/A

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Child adolescent program			GME	●
2	Internal Medicine Program			GME	●

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

Accomplishments / Next Steps

Accomplishments:

- Child adolescent program has been launched

Next Steps:

Expand Volunteer Programs
Champions: Kent Mishler

Problem / Goals & Objectives

Problem Statement: Volunteer engagement has declined with the pandemic. Kaweah Health relies on a strong volunteer program to continue to spark career path engagement and to provide world class service.

Goals and Objectives: Increase volunteerism throughout Kaweah Health by increasing +200 Student and +150 Guild/Adult in FY22 and +150 Student and +200 Guild/Adult in FY23.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Continue to identify students to volunteer	12/1/21	TBD	Kent	●
2	Explore potential volunteers from Cutler/Orosi	12/1/21	TBD	Kent	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- COVID

Deliverables:

- N/A

Accomplishments / Next Steps

Accomplishments:

- 7/1/2021 - 12/31/2021, 149 Adult Volunteer inquiries and 113 onboarded for a 74% success 105 Adult Volunteers active and enrolled on average each month
- 29 in the queue to onboard on average each month
- Hours for the same time period were 6,353. Using an hourly rate of $25 per hour, that could equate to $150k for the first half of FY22

Next Steps:

- 11 Cutler/Orosi volunteers, more expected
- Upcoming speaking event with Cutler/Orosi
- Expecting 23 students from Visalia high schools

Drug Diversion Education
Champions: Clinical Education

Problem / Goals & Objectives

Problem Statement: In every organization, drug diversion is a potential threat to patient and team member safety. The best line of defense against drug diversion is education and awareness.

Goals and Objectives: Along with the new drug diversion tools and tracking mechanisms that have been deployed, the education and awareness of all Kaweah Health team members is the best line of defense. 100% compliance on educational modules is the goal.

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- N/A

Deliverables:

- N/A

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	100% drug diversion education compliance	12/1/21	6/30/22	Clin Ed	●

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

Accomplishments / Next Steps

Accomplishments:

- Bluesight software deployed
- MyNetLearning module has been assigned to all KH team members

Next Steps:

- Employee Relations department is contacting employees and non-employees as they return from leave to complete training

FY22 Quarter 3 Ideal Work Environment

Ideal Work Environment Metrics Performance

Decrease New Hire Turnover Rate	Goal	Baseline	Jan-22	Feb-22	Mar-22	Comments
Decrease new hire turnover rate	12%	13%	XX%	XX%	XX%	
Kaweah Health Team Members Satisfaction	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
EE - Weighted average of 27	4.08	4.04	In Progress	In Progress	In Progress	Pulse survey 6/2022
PE - Overall I am satisfied working at Kaweah Health	3.99	3.97	In Progress	In Progress	In Progress	Pulse survey 6/2022
RE - TBD	TBD	TBD				
Decrease Employee Turnover Rate	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
Decrease Employee Turnover Rate	13%	14%	XX%	XX%	XX%	
I Get the Training I need to Do a Good Job	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
EE - I get the tools and resources I need to provide the best care/services for our customers/patients	4.01	3.97	In Progress	In Progress	In Progress	Pulse survey 6/2022
EE - I get the training I need to do a good job	3.96	3.92	In Progress	In Progress	In Progress	Pulse survey 6/2022
PE - I get the tools and resources I need to provide the best care/services for our customers/patients	9.69	3.67	In Progress	In Progress	In Progress	Pulse survey 6/2022
RE - TBD	TBD	TBD				
Kaweah Health Team Works Well Together	**Goal**	**Baseline**	**Jan-22**	**Feb-22**	**Mar-22**	**Comments**
EE - My unit/department works well together	4.01	3.97	In Progress	In Progress	In Progress	Pulse survey 6/2022
EE - Employees in my unit/department help others accomplish their work	3.96	3.92	In Progress	In Progress	In Progress	Pulse survey 6/2022
EE - Communication between shifts is effective in my unit/department	3.69	3.67	In Progress	In Progress	In Progress	Pulse survey 6/2022
EE - Employees in my unit/department treat each other with respect	4.21	4.17	In Progress	In Progress	In Progress	Pulse survey 6/2022
PE - Different departments work well together at Kaweah Health	3.93	3.91	In Progress	In Progress	In Progress	Pulse survey 6/2022
RE - TBD	TBD	TBD				

Better than target; at target; worse than target; pending/in process

New Hire Turnover Rate

Champions: Dan Allain, Raleen Larez

Problem / Goals & Objectives

Problem Statement: Kaweah Health is facing the same challenges as many employers in the labor market and needs to respond accordingly through enhanced training and onboarding checkpoints to welcome staff.

Goals and Objectives: Decrease new hire turnover to 12%, by improving the onboarding process, recognizing new employees for outstanding work, and ensuring leader's accountability to new employees.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Pulse Survey with questions focused on retention (6 months?) ***Complete***	2021	1/2022	Hannah and HR	●
2	30/60/90 day touch points, Manager/Director/VP ***Complete***	2021	1/2022	Jamie	●
3	New Hire VP quarterly Luncheon and Recognition ***Complete***	2021	6/2022	VPs	●
4	Standardized Onboarding at the unit level – training and education to be included ***Complete***	2021	6/2022	Hannah	●
5	Evaluate use of sign-on bonus with retention guideline based on staged payouts ***Complete***	2021	6/2022	HR	●
6	Pulse and stay survey at 1st year anniversary ***Complete***	2021	3/2022	Hannah and HR	●

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Have not met 12% goal – information to be shared with Retention Committee starting April 2022

Deliverables:

- VPs sending welcome cards to new hires
- Most positions now receiving sign-on bonus; amounts greater than $2,500 have work commitment
- Stay surveys have started to roll-out starting March 2022

Accomplishments / Next Steps

Accomplishments:

Next Steps:

Kaweah Health Team Member Satisfaction
Champions: Dan Allain, Raleen Larez

Problem / Goals & Objectives

Problem Statement: Kaweah Health staff satisfaction is below goal and initiatives are in the works to address concerns around retention.

Goals and Objectives: Utilizing the Employee Engagement, Physician Engagement, and Resident surveys, gauge the satisfaction of the entire Kaweah Health Team. Improve the survey scores to:

- EE – Weighted average of 27 – 4.08
- PE – Overall I am satisfied working at Kaweah Health – 3.99

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Cascading information/knowledge, review communication strategies, staff meetings mandatory ***Complete***	2021	6/2022	VPs	🟢
2	Communication, timely responses, weekly summary updates, email etiquette	TBD	TBD	HR	🟡
3	Staff participation and input with department processes and changes, along with employee engagement group participation	2021	6/2022	Dan/ Raleen	🟢
4	On time performance evaluations	2021	6/2022	VPs/ Directors	🟢
5	Measure through pulse survey ***Complete***	2021	6/2022	Hannah/ HR	🟢

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Have not developed communication ettiquete rules

Deliverables:

- Monthly leadership meetings distributed for communintaion updates; communication board updates; in-person staff meetings to resume
- Reports are being generated for Exec Team to follow up on timeline performance evaluations

Accomplishments / Next Steps

Next Steps:

- Staff participation and input will be evaluated in June 2022 Pulse Survey; Goal for directors in 2022

Decrease Employee Turnover
Champions: Dan Allain, Raleen Larez

Problem / Goals & Objectives

Problem Statement: Kaweah Health is facing employment challenges in recruitment and retention and more focus on retention is critical.

Goals and Objectives: Develop tools, assessments, and programs to increase employee retention and decrease the overall Kaweah Health Team member turnover rate to 13%.

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Provide initial and refresher training on Just Culture awareness/Safety	2021	6/2022	Hannah	●
2	Develop real time Recognition Program ***Complete***	2021	6/2022	Dan/ Raleen	●
3	Stay Interviews, Press Ganey Pulse Survey ***Complete***	2021	3/2022	Hannah and HR	●
4	A day in the life of an employee ***Complete***	2021	6/2022	Execs Rounding/ Shadowing	●
5	Evaluate annually and as market dictates, Wage, benefits, retention bonus	2021	6/2022	HR	●
6	What's working? - Survey	2021	6/2022	HR	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):
N/A

Deliverables/Goals:
- Kaweah Health offering more recognition programs through Employee Connection Team than ever before
- Stay surveys have started to roll-out starting March 2022
- Executive rounding has included shadowing

Accomplishments / Next Steps

Accomplishments:

Next Steps:
- Just Culture Certification to kickoff in FY23

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

I Get the Training I Need to Do a Good Job
Champions: Dan Allain, Raleen Larez

Problem / Goals & Objectives

Problem Statement: The most recent Employee Engagement survey suggested there was room for improvement in ensuring Kaweah Health team members have the tools and equipment they need to provide world class services.

Goals and Objectives: Utilize the Employee Engagement, Physician Engagement, and Resident surveys, gauge the satisfaction of the entire Kaweah Health Team. Improve the survey scores to:

- EE – I get the training I need to do a good job – 3.96
- EE – I get the tools and resources I need to provide the best care/services for our customers/patients – 4.01
- PE - I get the tools and resources I need to provide the best care/services for our customers/patients – 4.01

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Assess initial and ongoing training and equipment needs, at hire and annually	2021	6/2022	HR	●
2	Train on new equipment, procedures, and processes before implementation Develop Educational bundles and roll out prior to implementation of new process, products or equipment	2021	6/2022	Unit Directors and Unit educators	●
3	Assess trends in Midas/events reported to Risk to determine focus of the educational topics ***Canceled***	2021	6/2022	Dan/ Raleen	●
4	Success measured through our pulse survey	2021	6/2022	HR/ Hannah	●

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- Midas does not provide an option to pull reports based on topic. This process will have to remain manual

Deliverables:

N/A

Accomplishments / Next Steps

Next Steps:

- Pulse survey to better understand needs of team members and where training/tools may be lacking

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

Kaweah Health Team Works Well Together
Champions: Dan Allain, Raleen Larez

Problem / Goals & Objectives

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

Goals and Objectives: Utilizing the Employee Engagement, Physician Engagement, and Resident surveys, gauge how well the Kaweah Health Team works together. Improve the survey scores to:

- EE – My unit/department works well together – 4.30
- EE – Employees in my unit/department help others accomplish their work – 4.25
- EE – Communication between shifts is effective in my unit/department – 4.08
- EE – Employees in my unit/department treat each other with respect – 4.21
- PE – Different departments work well together at Kaweah Health – 3.93

Plan

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

#	Task	Start Date	Due Date	Who	Status R/Y/G
1	Engage (focus groups) What are individual's definition or perception of working well together? Use open ended questions in a Pulse Survey	TBD	TBD	HR	🟡
2	Engage and collaborate with all stakeholders on decision making and process changes, physician, nursing, etc. – Will launch committee with results to identify action items and develop smaller focus groups	TBD	TBD	HR	🟡
3	Civility training: being civil with each other, professionalism and collegial interaction training ***Complete***	2021	6/2022	HR	🟢
4	Setting parameters for conversations to be effective, de-escalation of argumentative communications ***Complete***	2021	6/2022	HR	🟢
5	Hardwire SBAR usage as best practice throughout organization ***Canceled***	2021	6/2022	HR/Clinical Leadership	🟢
6	Pulse survey to measure progress	2021	6/2022	HR	🟢

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- SBAR process being revamped as part of organizational throughput initiative

Deliverables:

- HR/Raleen now offering weekly training to leaders on employee relations, civility, difficult conversations

Accomplishments / Next Steps

Next Steps:

- Service Standards to be developed and rolled out FY23

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

Live with passion.

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

Cardiac Surgery Data Quality Analysis

Q3 2020 → Q2 2021

Risk Adjusted Data

Green = Better or Equal to the STS National Average

Red = Worse than the STS National Average

Gray = Non-Risk Adjusted Value (for Reference only)

DATA ANALYSES BY THE SOCIETY OF THORACIC SURGEONS NATIONAL ADULT CARDIAC SURGERY DATABASE

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.

Duke Clinical Research Institute
DUKE UNIVERSITY MEDICAL CENTER

Star Ratings 2020
Isolated Coronary Artery Bypass Grafting

Star Ratings are only calculated ending Q2 & Q4 each year

The Society of Thoracic Surgeons

STS CABG Composite Quality Rating
Participant: 30045
STS Period Ending Jun 2021

Domain	Rating	Participant		STS				
		Score	98% CI	Score	Min - Max	10th	50th	90th
Overall	★★	**96.96%**	(96.10-97.70)	**96.79%**	(91.04-98.98)	95.30%	96.95%	98.06%
Absence of Mortality	★★	**97.72%**	(96.61-98.58)	**97.54%**	(92.00-99.32)	96.28%	97.70%	98.60%
Absence of Morbidity	★★	**88.98%**	(86.55-91.20)	**89.42%**	(74.39-96.26)	85.06%	89.83%	93.24%
Use of IMA	★★	**99.00%**	(98.06-99.62)	**99.36%**	(80.47-99.99)	98.63%	99.63%	99.90%
Medications	★★★	**98.44%**	(97.28-99.27)	**94.30%**	(45.31-99.96)	86.59%	96.90%	99.46%

★ Worse than Expected. Participant's performance is significantly worse than expected for their specific case-mix.

★★ As Expected. Participant's performance is not statistically different than expected for their specific case-mix.

★★★ Better than Expected. Participant's performance is significantly better than expected for their specific case-mix.

Kaweah Health

STAR RATINGS 2020
AORTIC VALVE REPLACEMENT

STAR RATINGS ARE ONLY CALCULATED ENDING Q2 & Q4 EACH YEAR

The Society of Thoracic Surgeons

STS AVR Composite Quality Rating
Participant: 30045
STS Period Ending Jun 2021

Domain	Rating	Participant		STS				
		Score	95% CI	Score	Min - Max	10th	50th	90th
Overall	★★	**95.45%**	(92.97-97.26)	**95.39%**	(85.27-98.60)	93.11%	95.70%	97.28%
Absence of Mortality	★★	**98.02%**	(96.31-99.09)	**97.80%**	(93.02-99.40)	96.65%	97.96%	98.76%
Absence of Morbidity	★★	**89.26%**	(84.54-92.99)	**89.93%**	(77.51-95.90)	86.34%	90.25%	93.10%

★ Worse than Expected. Participant's performance is significantly worse than expected for their specific case-mix.

★★ As Expected. Participant's performance is not statistically different than expected for their specific case-mix.

★★★ Better than Expected. Participant's performance is significantly better than expected for their specific case-mix.

Kaweah Health

STAR RATINGS 2020
CABG W/ AORTIC VALVE REPLACEMENT

STAR RATINGS ARE ONLY CALCULATED ENDING Q2 & Q4 EACH YEAR

The Society of Thoracic Surgeons

STS AVR + CABG Composite Quality Rating
Participant: 30045
STS Period Ending Jun 2021

Domain	Rating	Participant		STS				
		Score	95% CI	Score	Min - Max	10th	50th	90th
Overall	★★	**92.90%**	(89.64-95.40)	**92.20%**	(79.35-97.47)	88.61%	92.63%	95.23%
Absence of Mortality	★★	**96.29%**	(93.35-98.22)	**96.02%**	(86.94-99.01)	93.79%	96.34%	97.85%
Absence of Morbidity	★★	**84.09%**	(77.53-89.45)	**83.23%**	(65.03-93.39)	77.26%	83.71%	88.60%

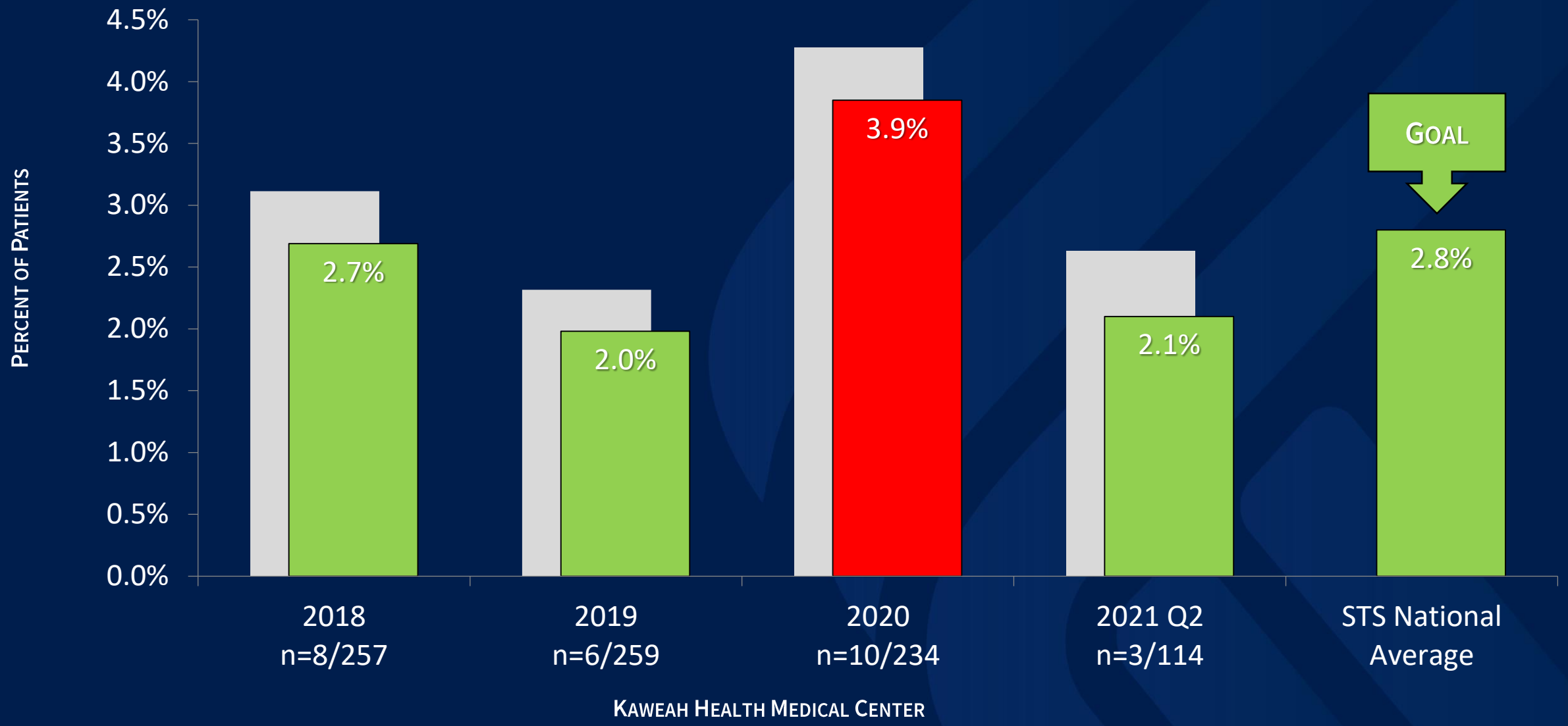
★ Worse than Expected. Participant's performance is significantly worse than expected for their specific case-mix.

★★ As Expected. Participant's performance is not statistically different than expected for their specific case-mix.

★★★ Better than Expected. Participant's performance is significantly better than expected for their specific case-mix.

Kaweah Health

All Operative Mortality[1]
Risk Adjusted in Color



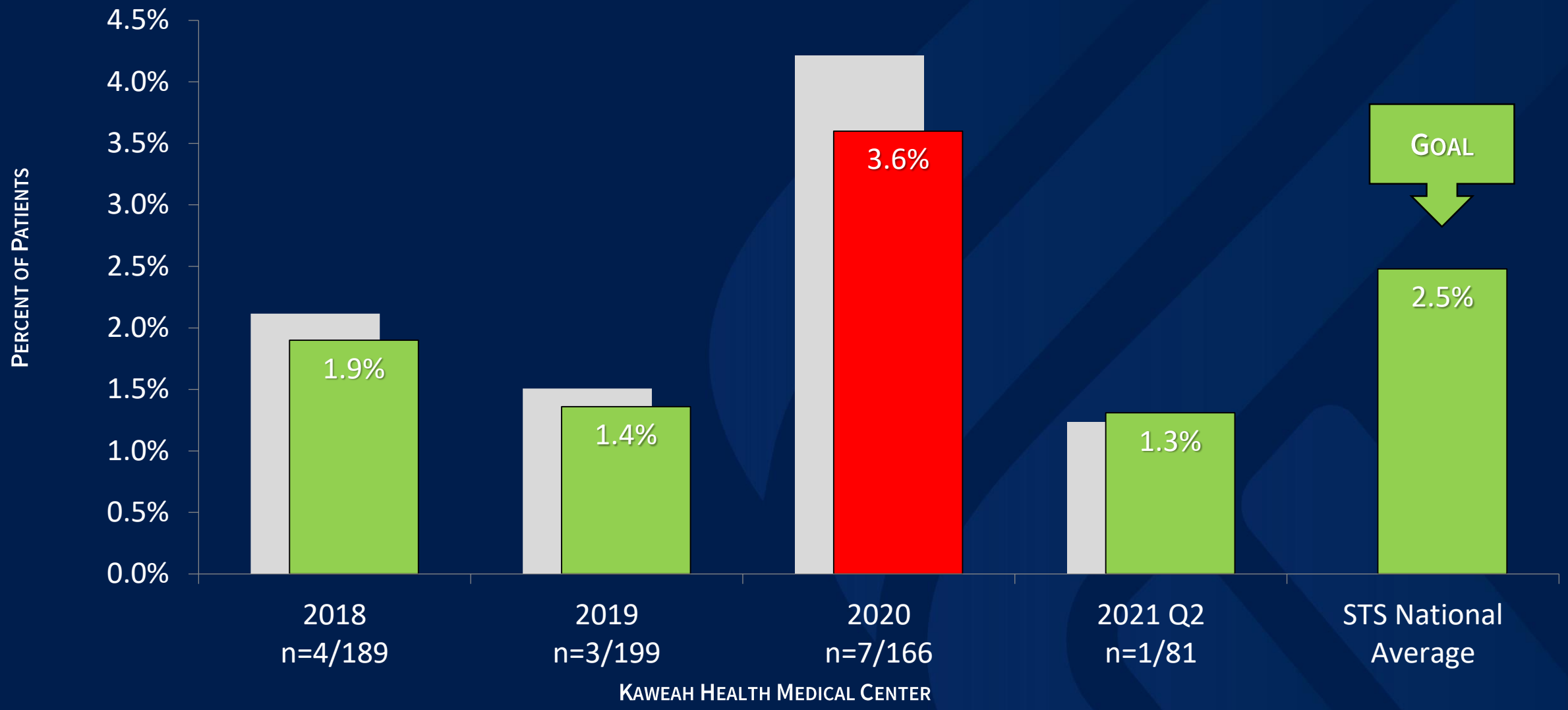
Kaweah Health Medical Center

2021 Risk-adjusted O/E = 0.8

*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021

[1] Includes all 7 Major Procedure Categories (CABG, AVR, AVR+CABG, MVR, MVR+CABG, MVP, MVP+CABG)
Excludes Other category procedures, Q3-2020 forward COVID+ pt.'s Excluded

CABG Operative Mortality
Risk Adjusted in Color

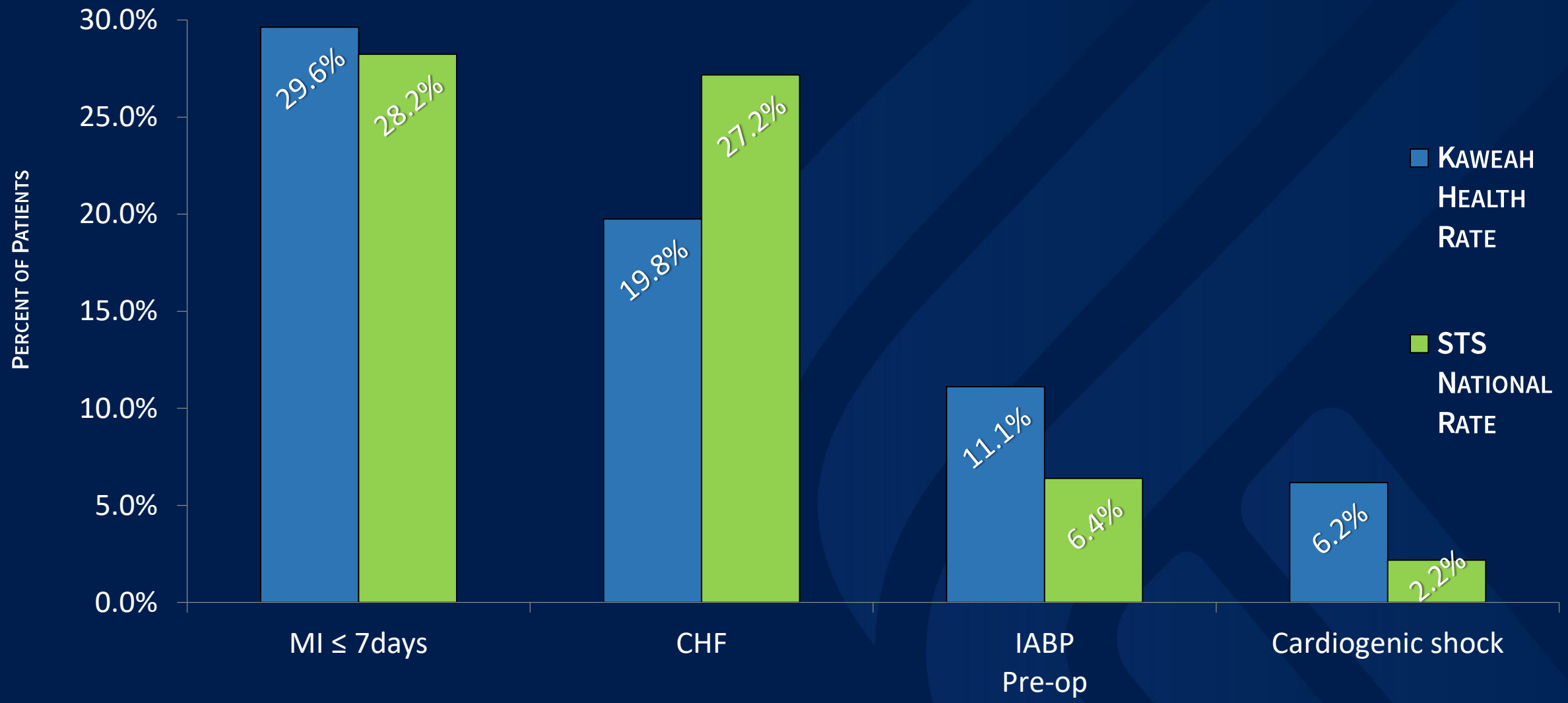


2021 Risk-adjusted O/E = 0.5

*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021

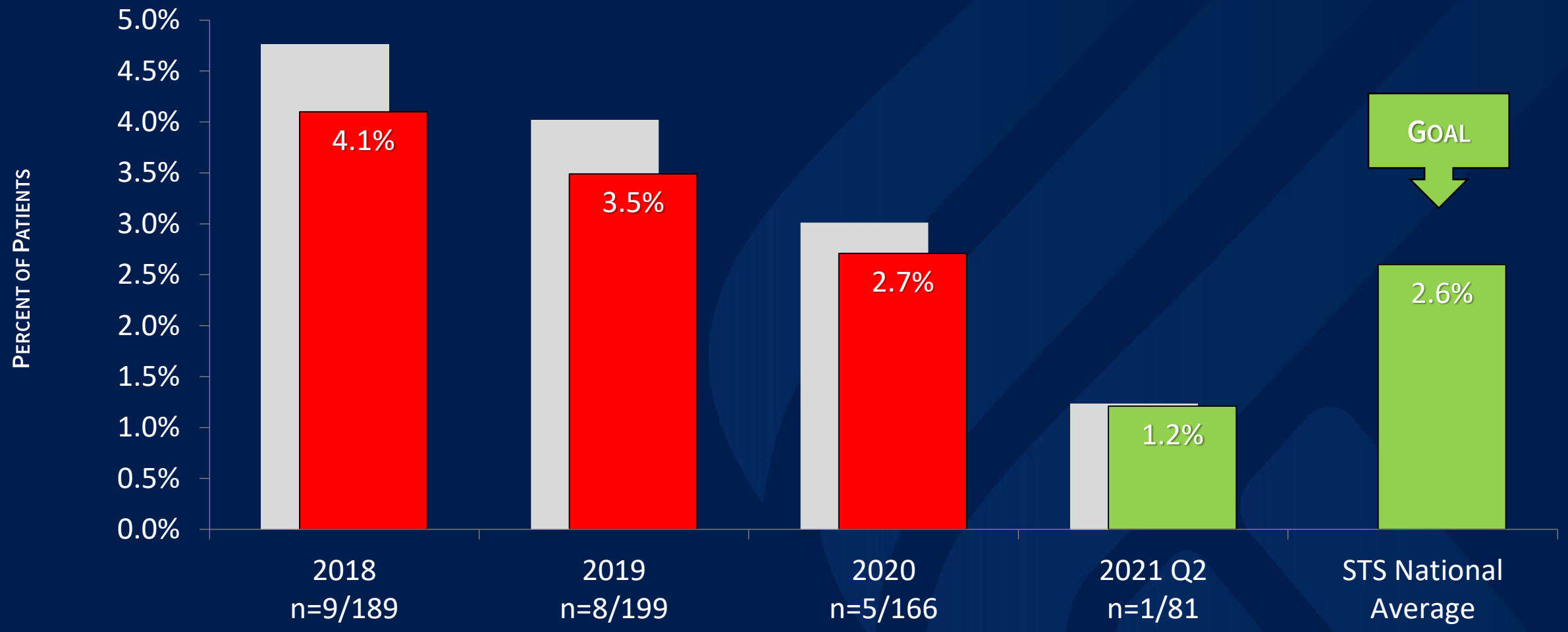
Q3-2020 forward COVID+ pt.'s Excluded.

Kaweah Health Pt. Populations



*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021– Isolated CABG cases ONLY

CABG Re-Operation[1]
Risk Adjusted in Color



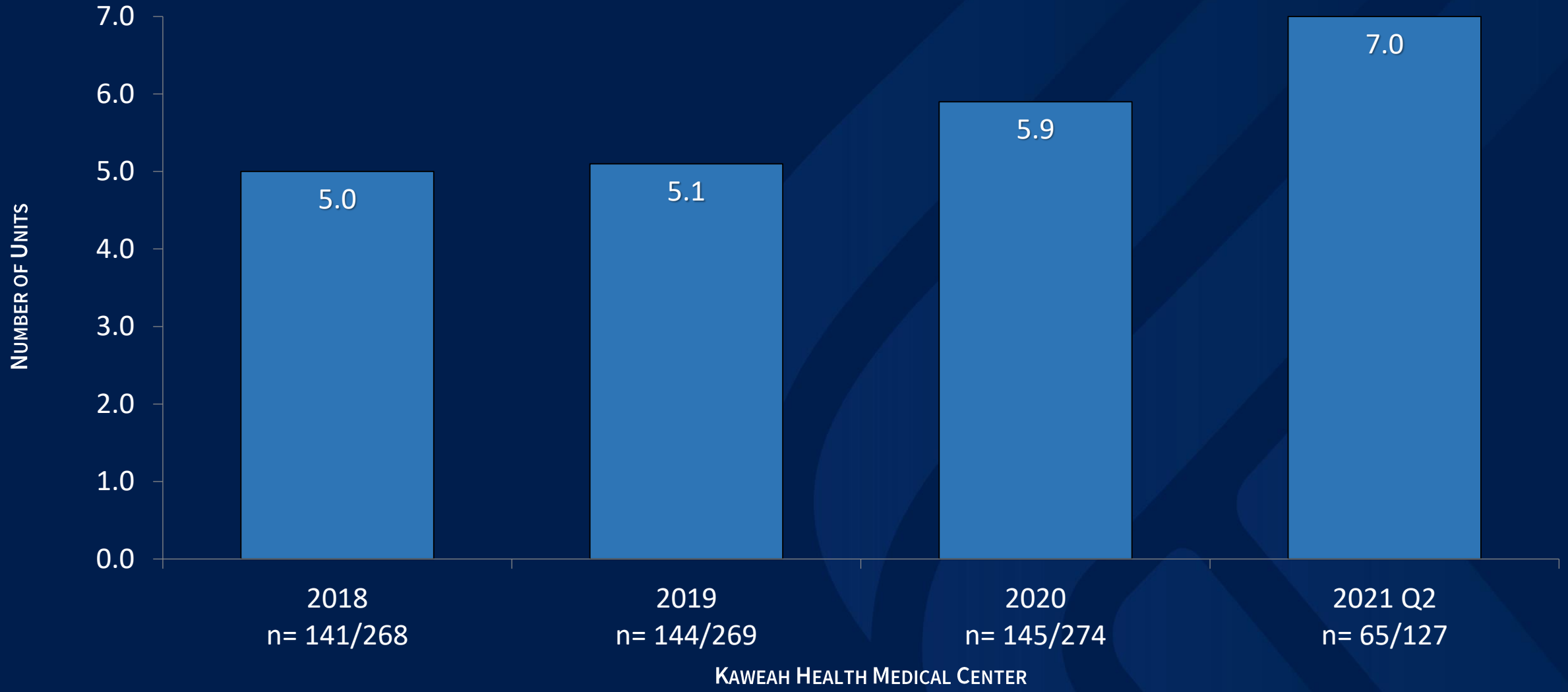
Kaweah Health Medical Center

2021 Risk-adjusted O/E = 0.46

*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021

[1]Surgeries include Reoperation for bleeding/tamponade, valvular dysfunction, unplanned coronary artery intervention, aortic reintervention or other cardiac reason, Q3-2020 forward COVID+ pt.'s Excluded.

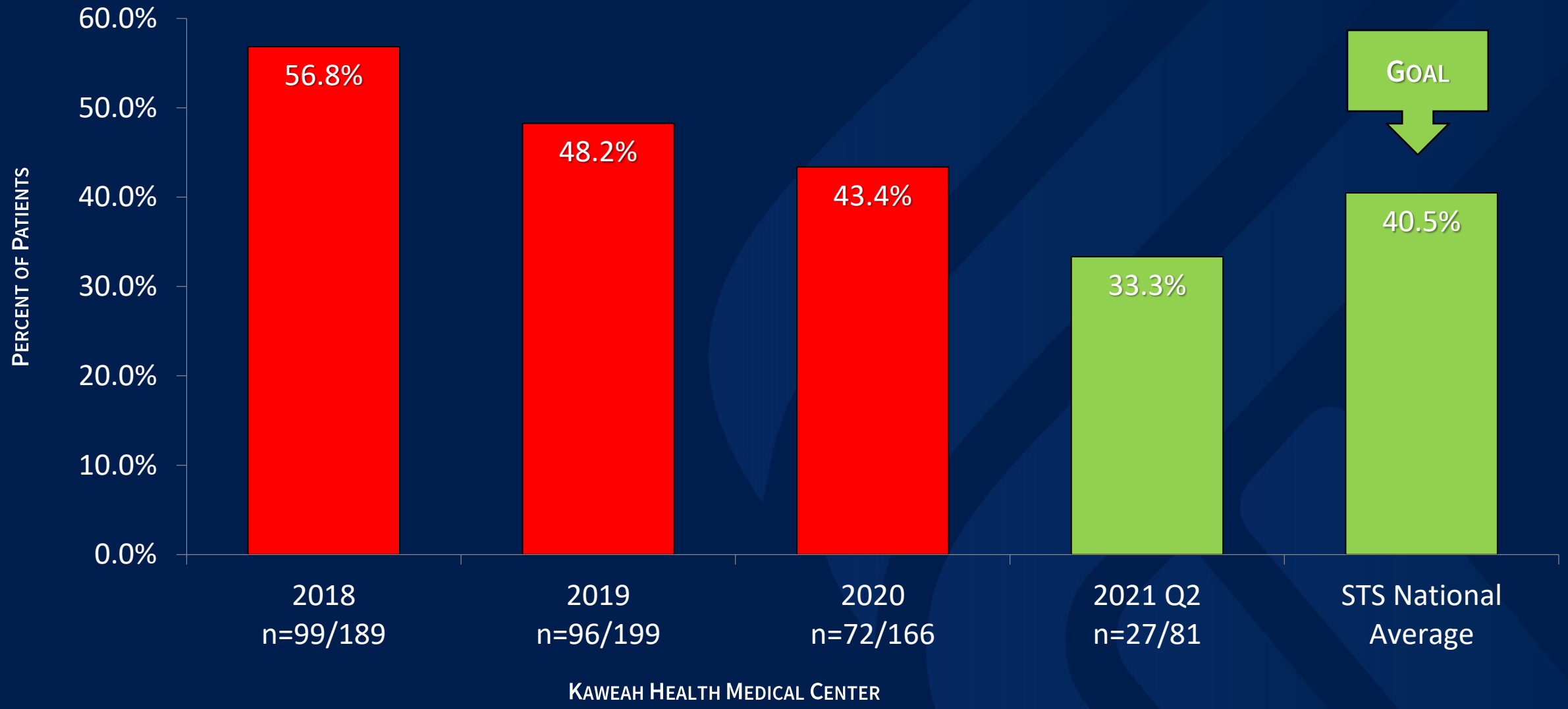
Blood Usage - Average Units / Pt. receiving products[1] (No National Comparison Data)



[1] All STS surgeries – Includes any blood products given Intra-op and Post-op (Excludes patients that did not receive any blood products; excludes pre-op Hgb<8, Emergent/Salvage, COVID+)

*Data is not reported on the STS National Outcomes Report

CABG Intra & Post-Op Blood Product Usage[1]

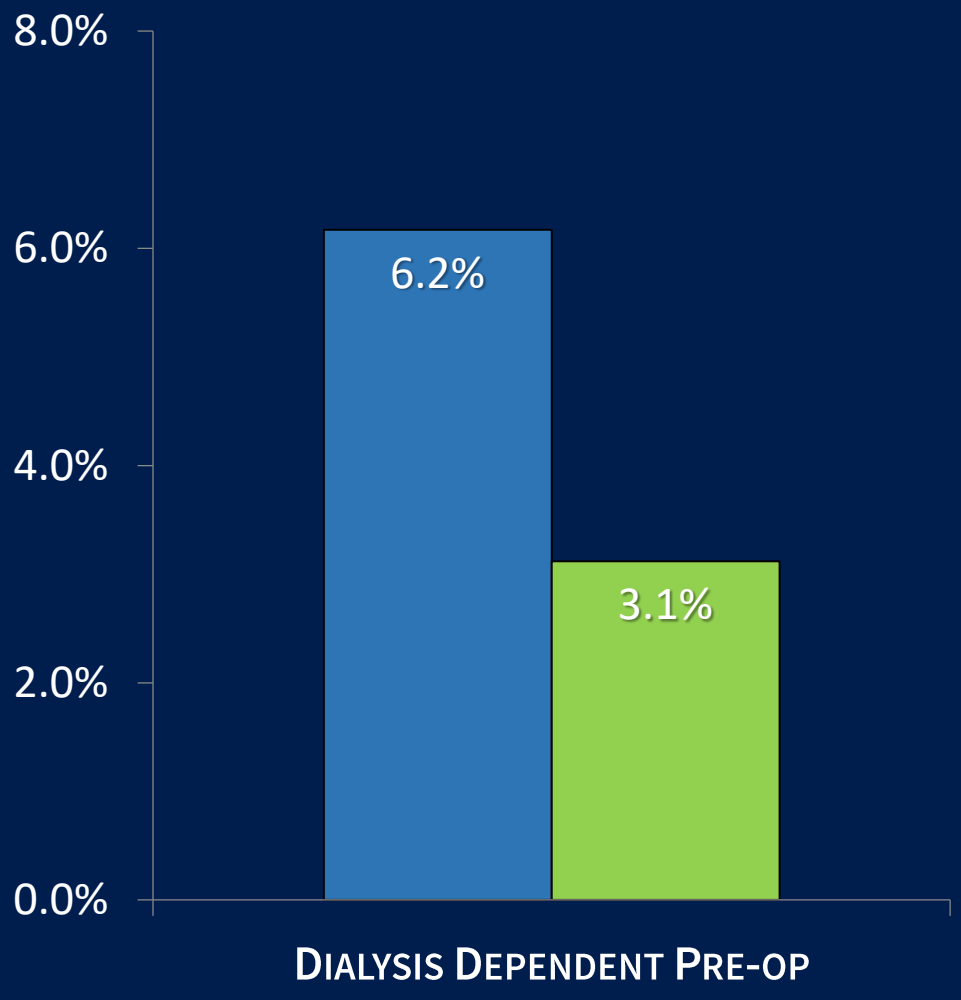


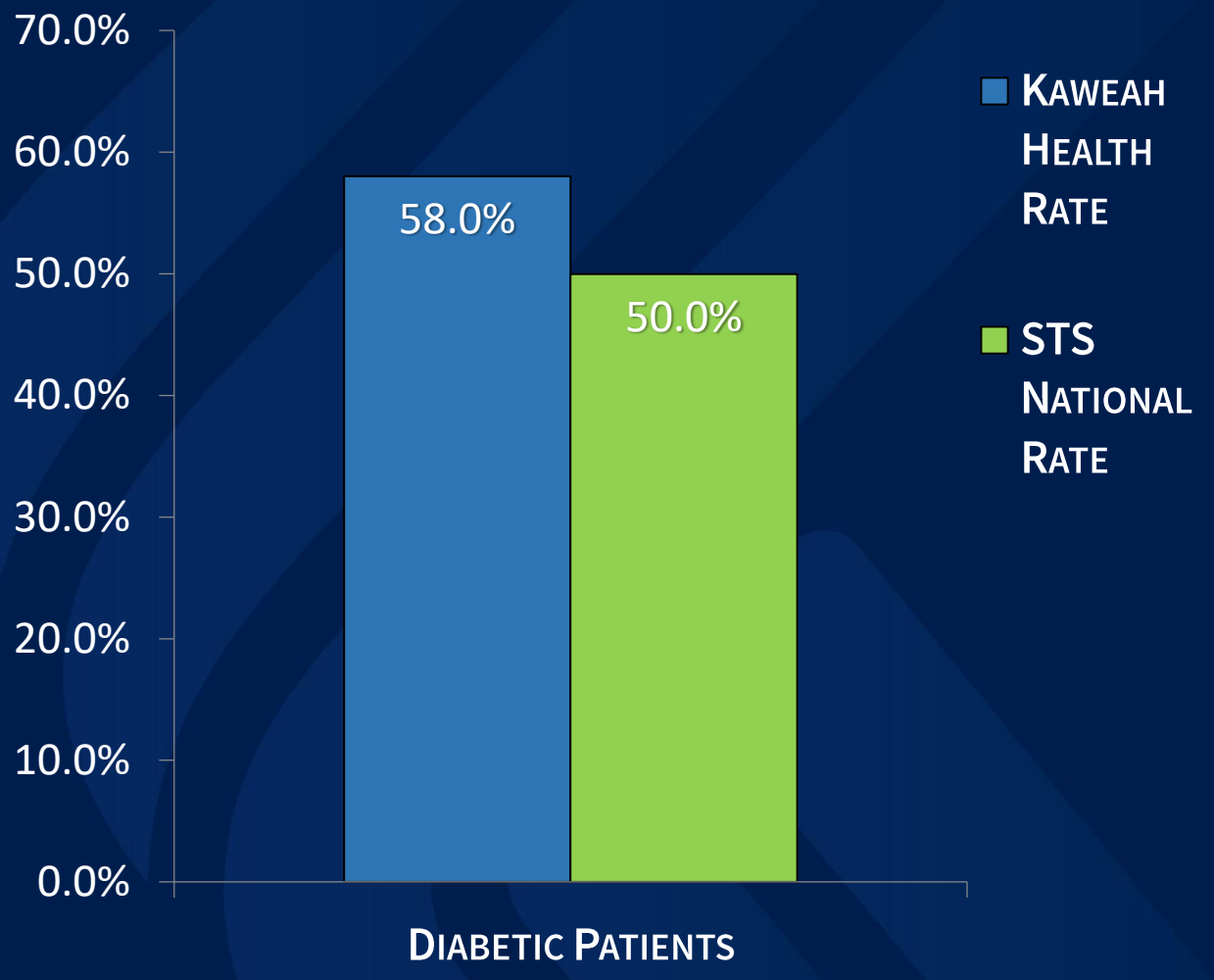
2021 O/E = 0.8

*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021

[1]Surgeries where at least one unit of Red Blood Cells, Fresh Frozen Plasma, Platelets or Cryoprecipitate was given Intra-and/or Post-operatively. Q3-2020 forward COVID+ pt.'s Excluded.

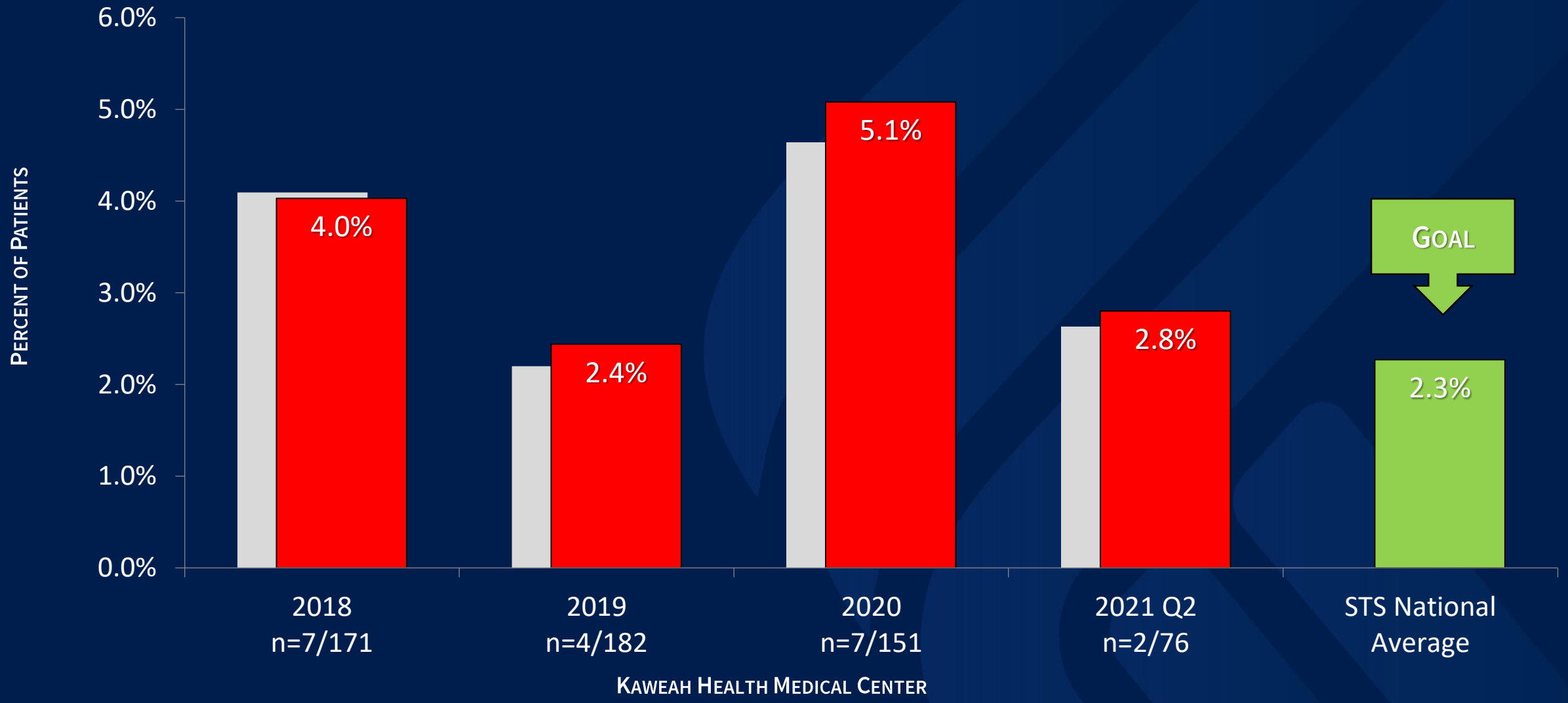
Kaweah Health Pt. Populations





*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021- Isolated CABG cases ONLY

CABG Post-Op Renal Failure[1]
Risk Adjusted in Color

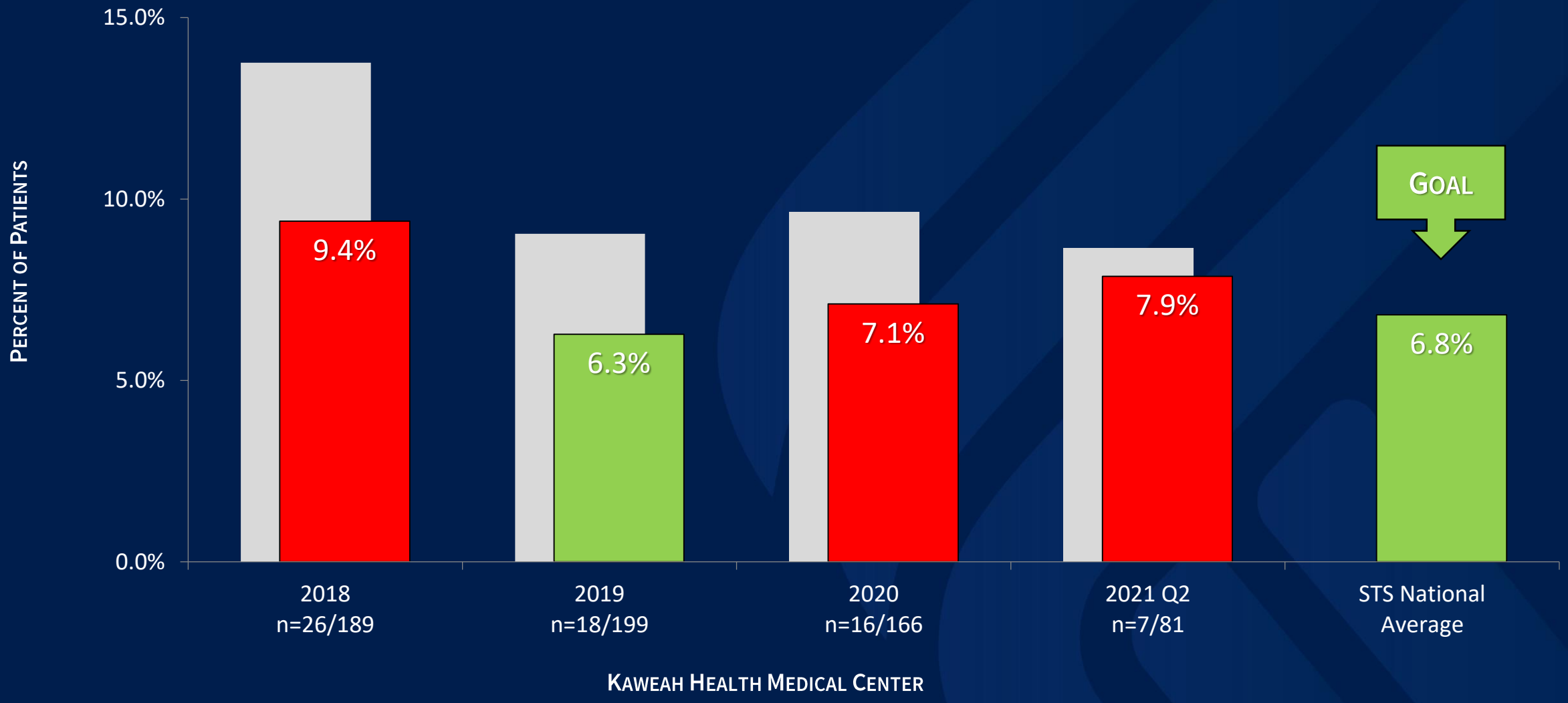


2021 Risk-adjusted O/E = 1.2

*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021

[1] Excludes patients with preoperative dialysis or preoperative Creatinine ≥ 4, Q3-2020 forward COVID+ pt.'s Excluded.

CABG Prolonged Ventilation
Risk Adjusted in Color

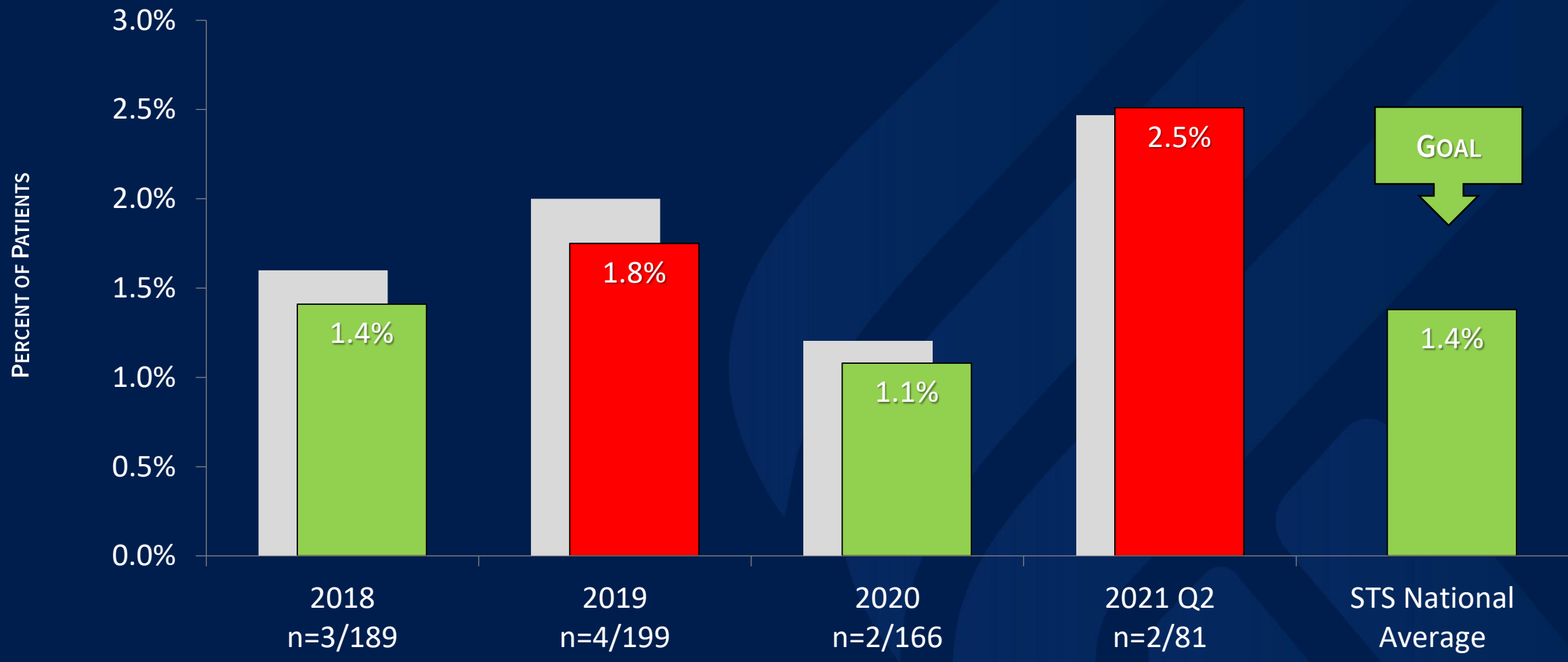


2021 Risk-adjusted O/E = 1.15

*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021

Q3-2020 forward COVID+ pt.'s Excluded.

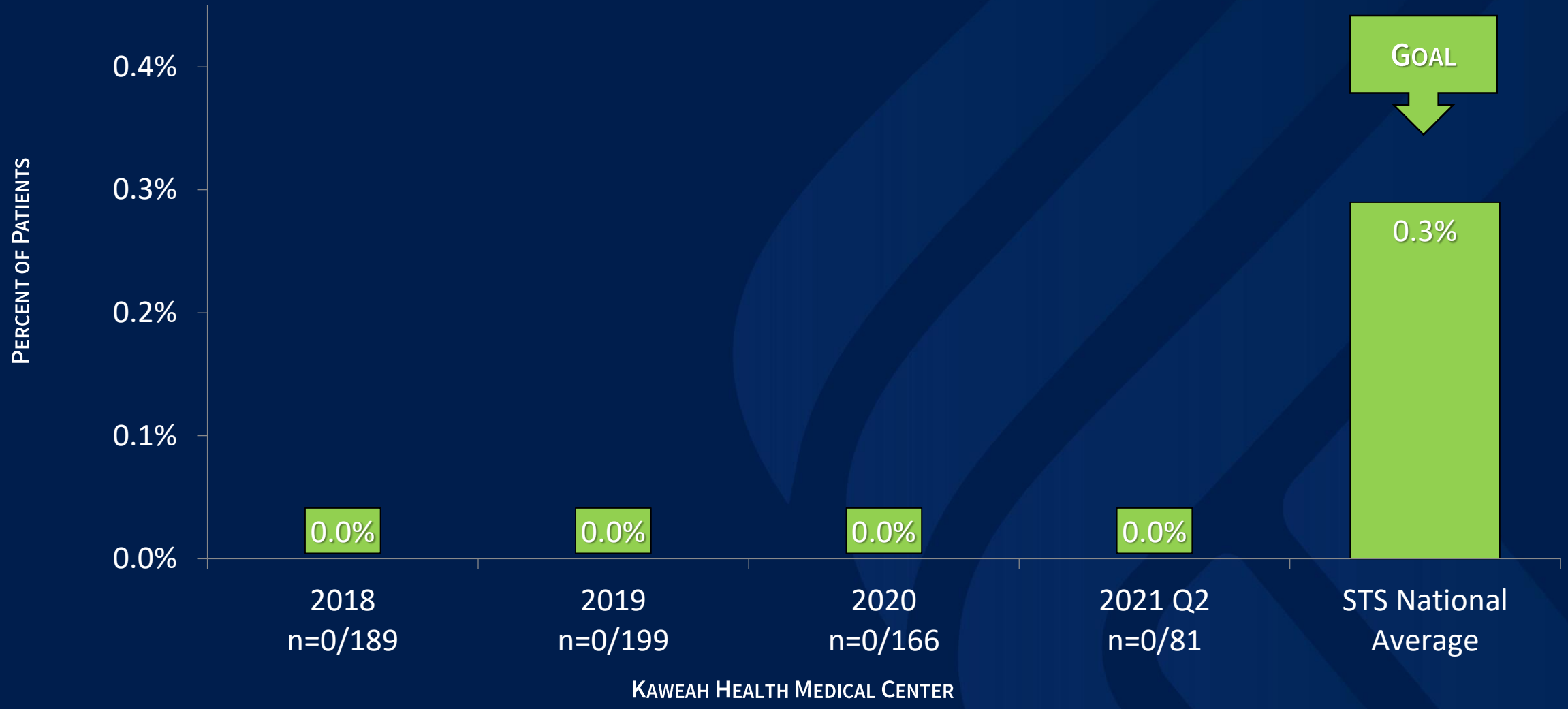
CABG Post Op Permanent Stroke
Risk Adjusted in Color



Kaweah Health Medical Center

2021 Risk-adjusted O/E = 1.8
*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021
Q3-2020 forward COVID+ pt.'s Excluded.

CABG Post Op Deep Sternal Wound Infection
Risk Adjusted in Color

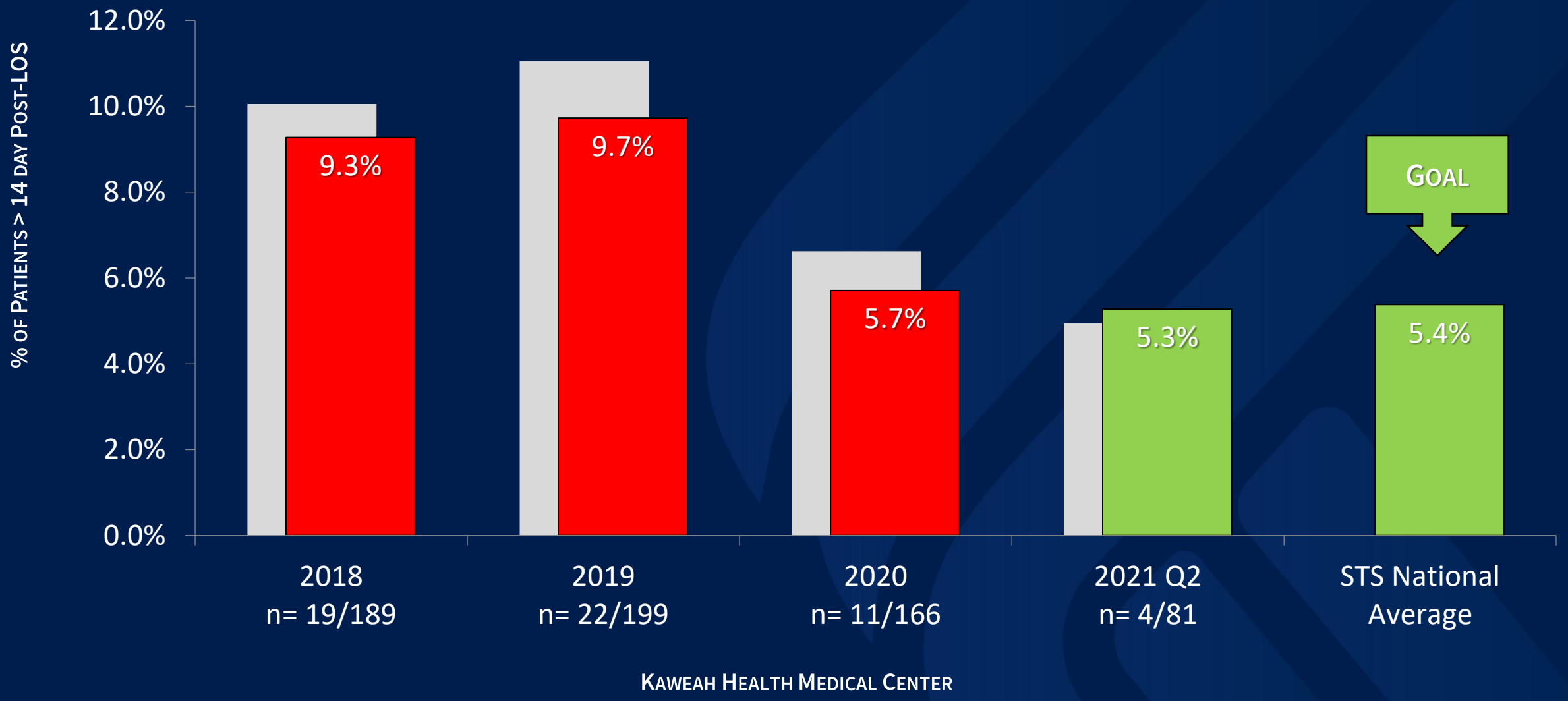


2021 Risk-adjusted O/E = 0

*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021

Q3-2020 forward COVID+ pt.'s Excluded.

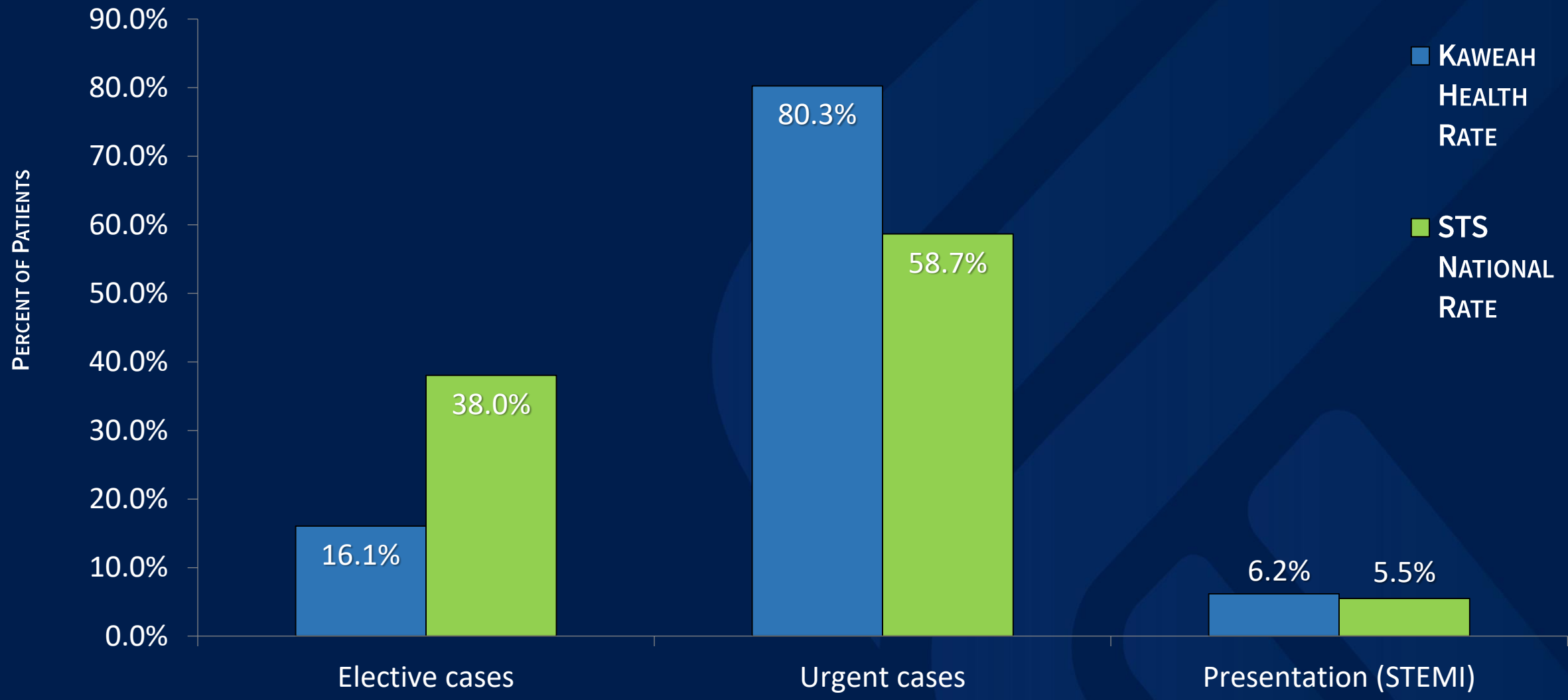
CABG Post Op Length of Stay >14 Days
Risk Adjusted in Color



Kaweah Health Medical Center

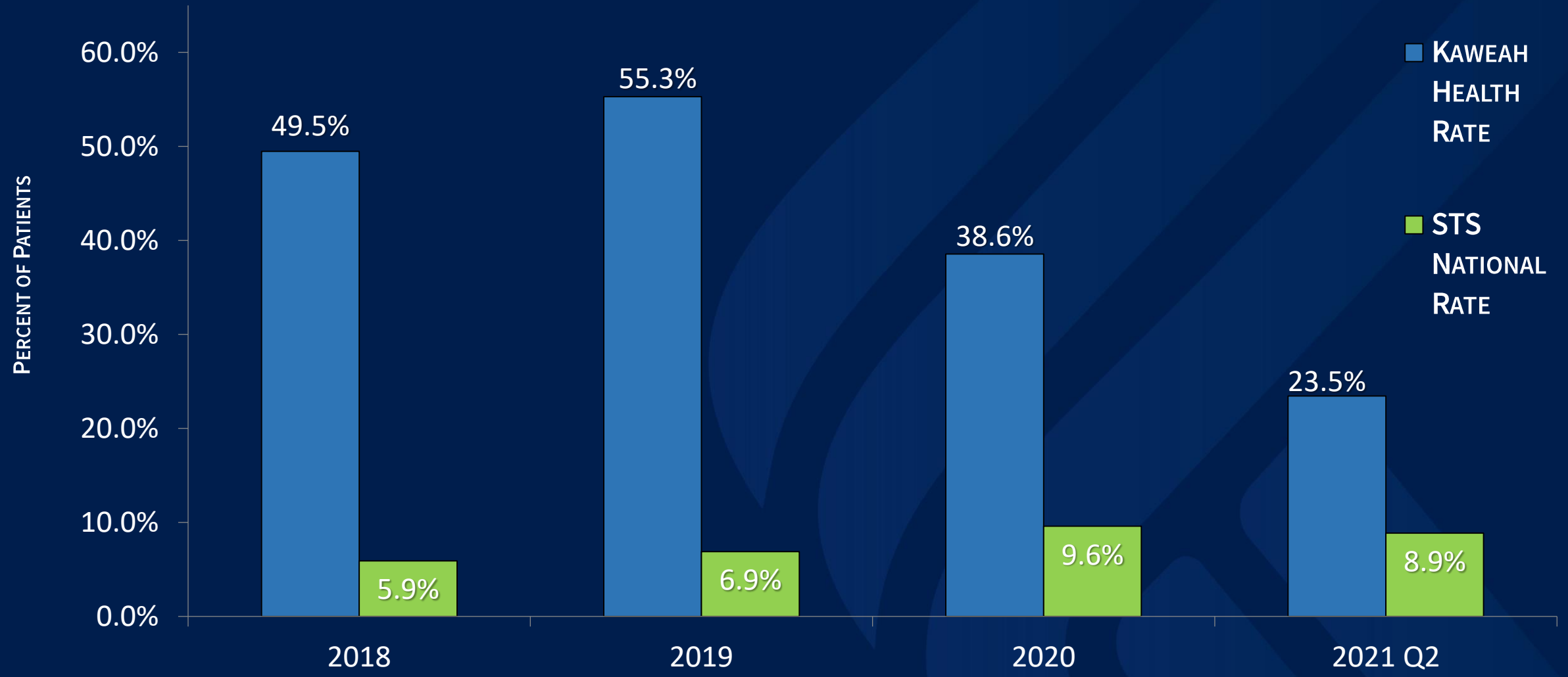
2021 Risk-adjusted O/E = 1.0
*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021
Post-operative Length of Stay: Long Stay is greater than 14 days (PLOS > 14 Days), Q3-2020 forward COVID+ pt.'s Excluded.

Kaweah Health Pt. Populations



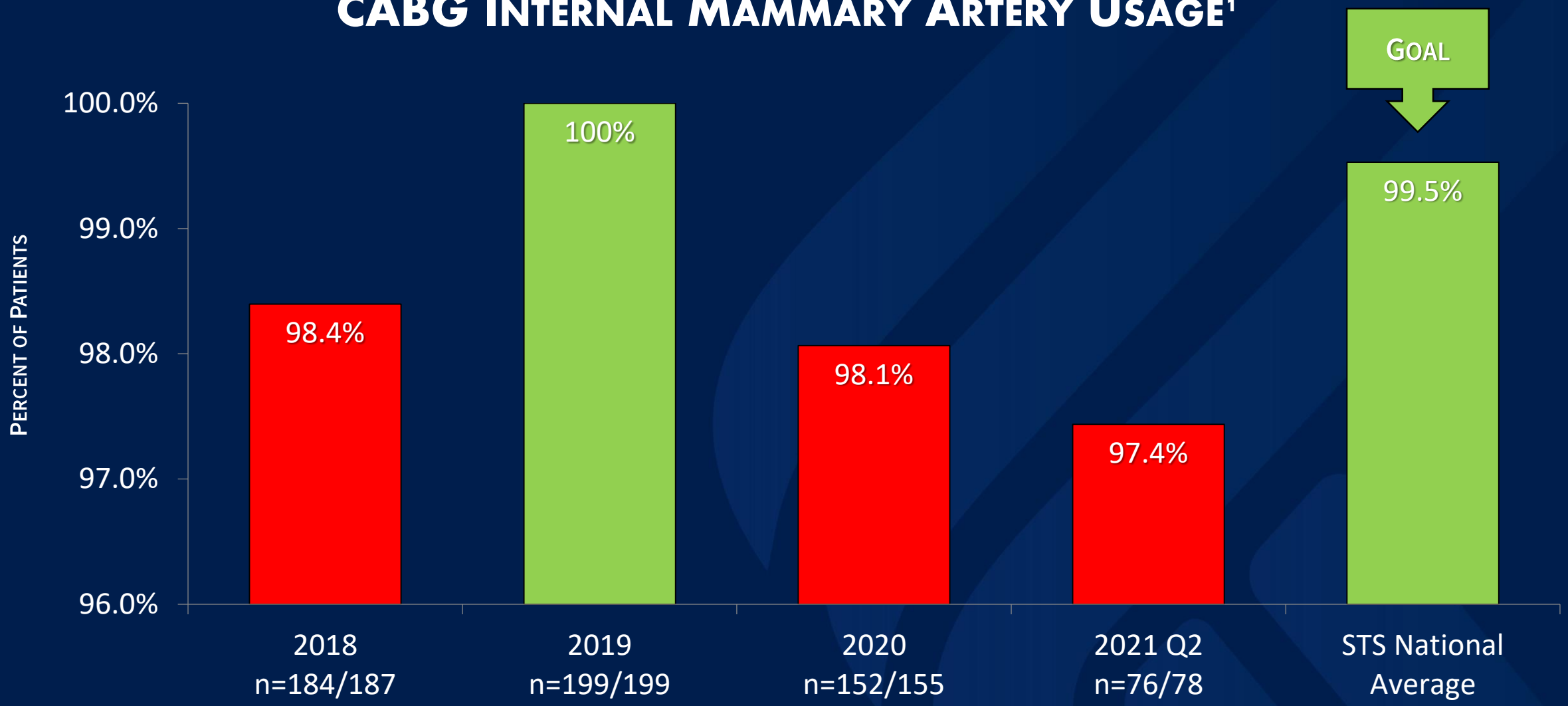
*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021– Isolated CABG cases ONLY

Kaweah Health Radial Artery Usage



*STS National Average Comparison reporting period - 1/1 through 12/31 of each year – Isolated CABG cases ONLY

CABG Internal Mammary Artery Usage[1]



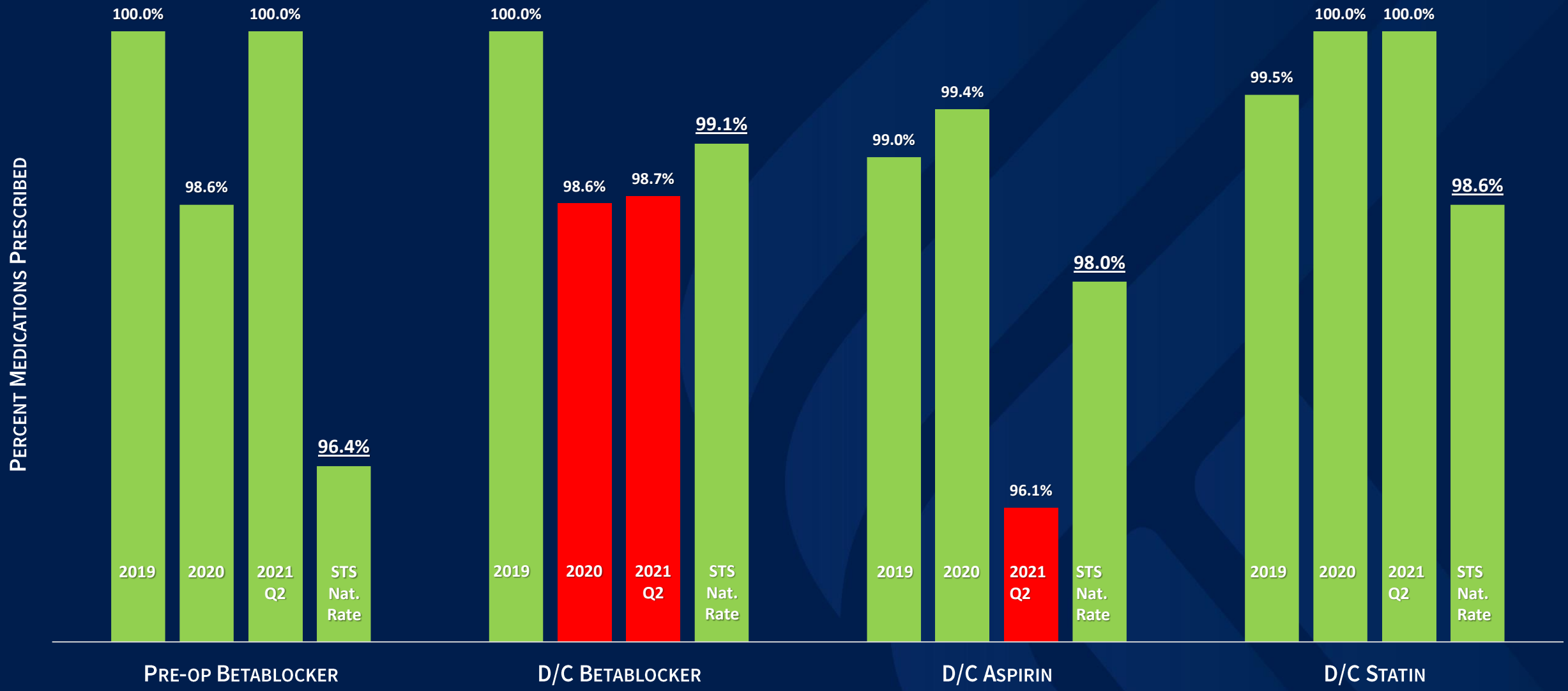
Kaweah Health Medical Center

2021 O/E = 1.0

*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021

[1]Surgeries where at least one internal mammary artery, left or right, was used as a bypass graft. Excludes emergent or salvage cases, No LAD disease, previous thoracic or cardiac surgery, subclavian stenosis or Hx of mediastinal radiation. Q3-2020 forward COVID+ pt.'s Excluded.

CABG Prescribed Medications Pre-op & Discharge



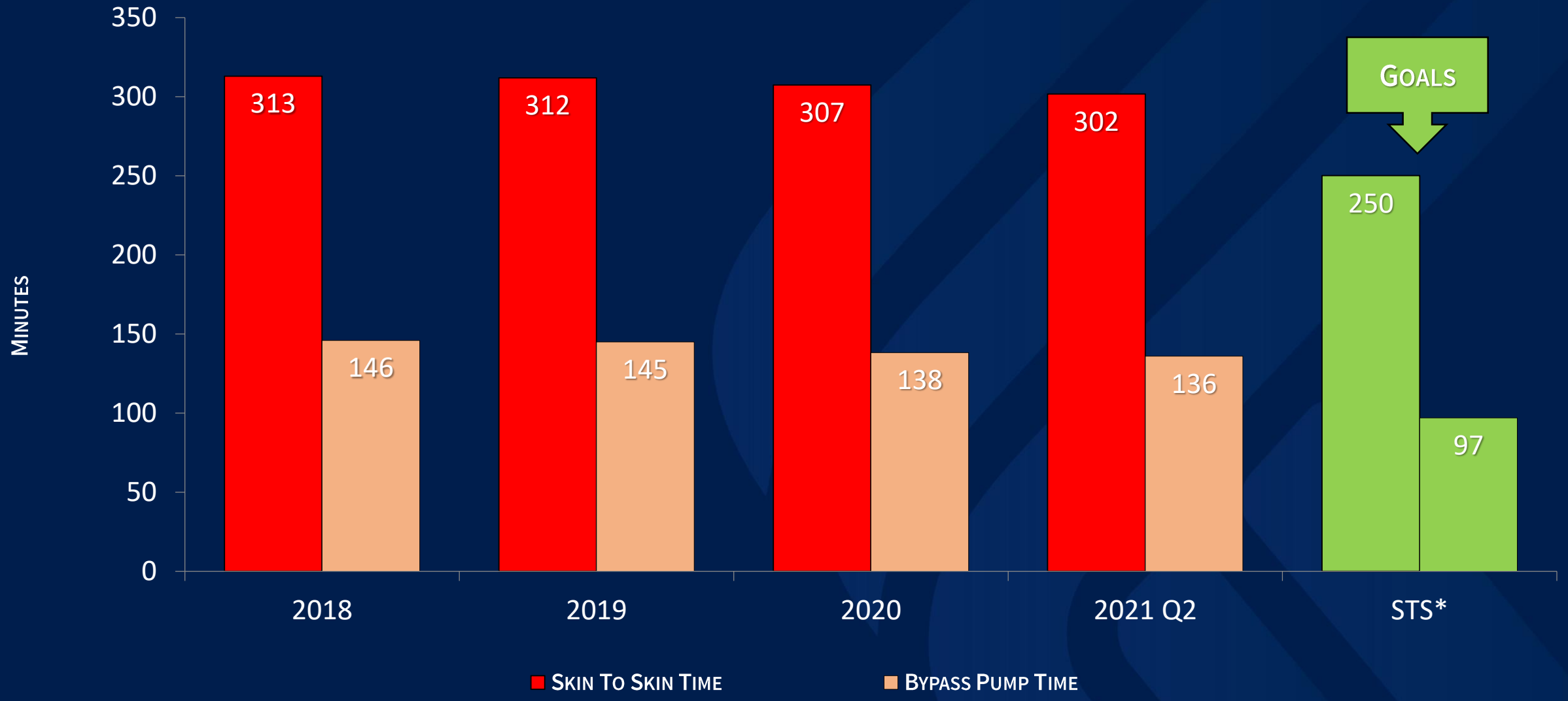
2021 O/E = 1.0

*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021

Performance is measured by the proportion of patients who receive all of the perioperative medications for which the patient is eligible . The required perioperative medications are: 1) preoperative beta blockade therapy; 2) discharge anti-platelet medication; 3) discharge beta blockade therapy; and 4) discharge anti-lipid medication.

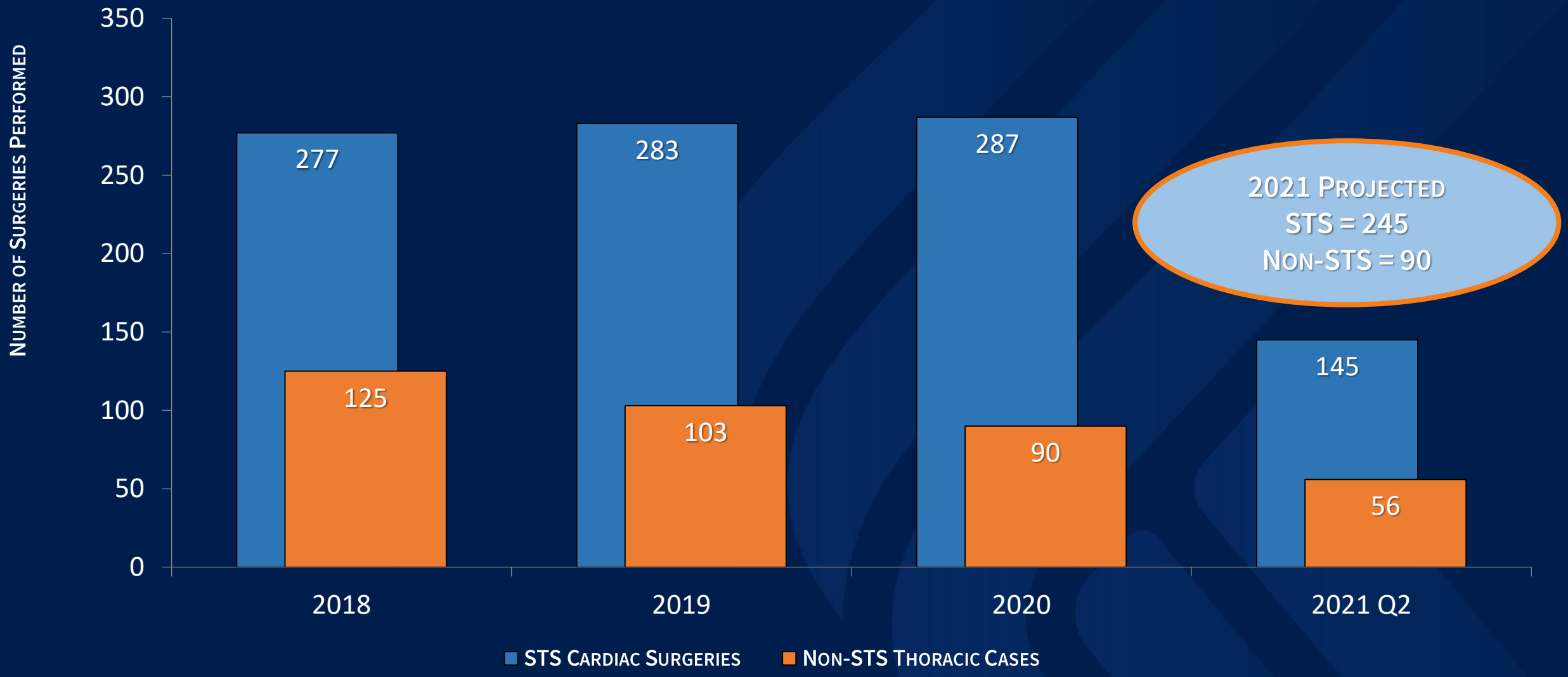
Note: patients who die prior to discharge are not eligible for discharge medications; contraindicated medications are considered non-eligible.

CABG Skin-to-Skin and Bypass Pump Durations



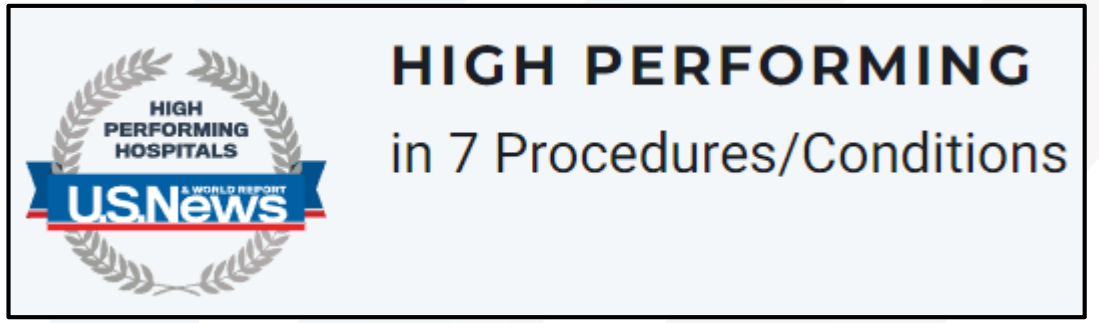
2021 O/E Skin Times = 1.2
2021 O/E Pump Times = 1.4
*STS National Average Comparison reporting period 01/01/2021 through 06/30/2021

Kaweah Health Cardiothoracic Surgery Volumes[1]



[1] Cardiac surgery as defined per STS database. Includes all 7 Major Procedure Categories (CABG, AVR, AVR+CABG, MVR, MVR+CABG, MVP, MVP+CABG) + Other Heart only procedures.

U.S. News & World Report



- Kaweah Health Medical Center recognized for being "Regionally Ranked" in California among the Best Hospitals in the Central Valley. Only two institutions among the 46 Central Valley Hospitals and Clinics reviewed by U.S. News & World Report accomplished this standing
- Kaweah Health achieved the **Highest Score** for Hospitals within 100 miles for *Cardiology & Heart Surgery*
- Kaweah Health earned **High Performing** as a *Heart Failure* and *Heart Attack treatment center*
- Kaweah Health *Cardiology & Heart Surgery* scored **Above Average** in 30-Day survival after being admitted relative to other hospitals treating similarly complex conditions

Resource 12/10/2021: https://health.usnews.com/best-hospitals/area/ca/kaweah-delta-health-care-district-6933850

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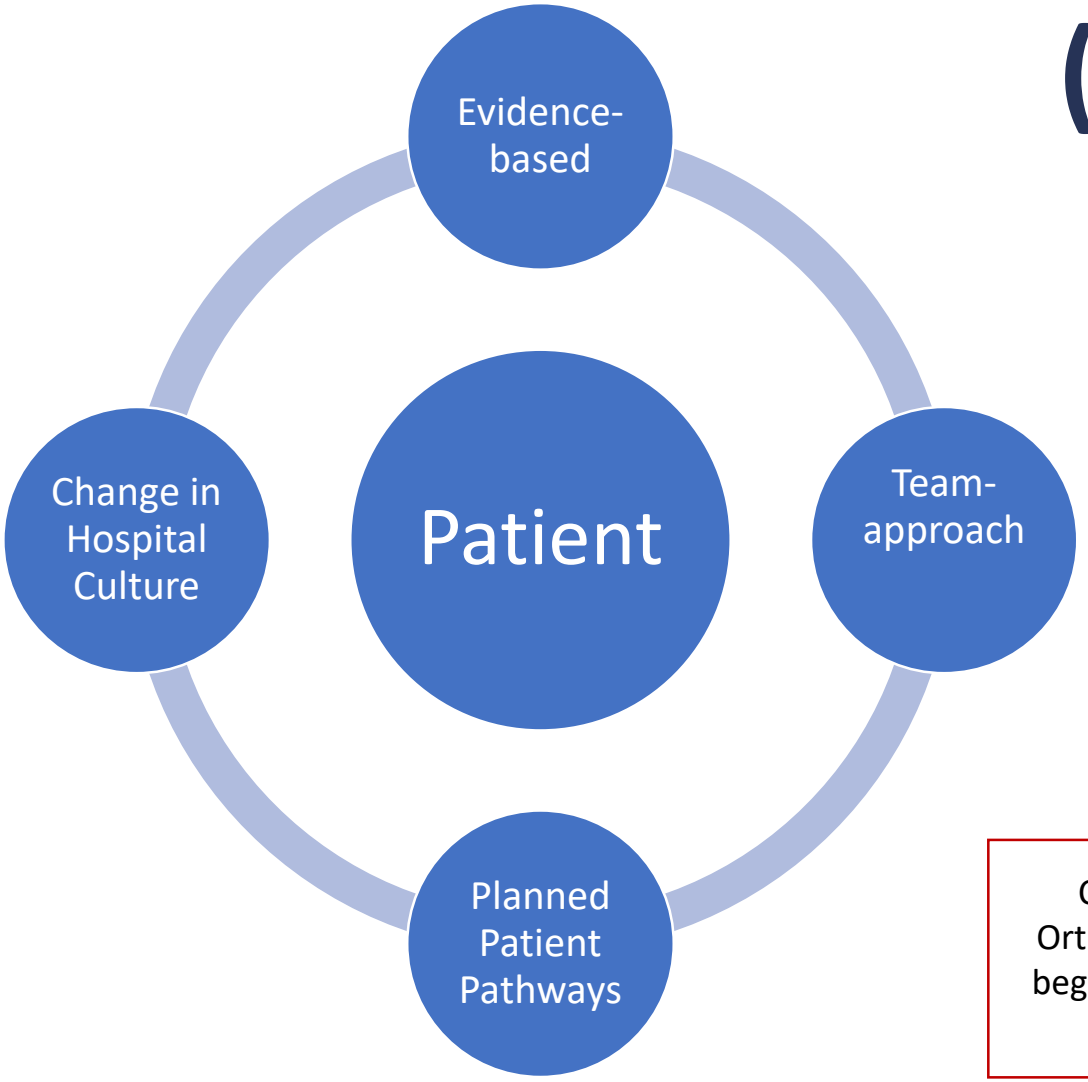
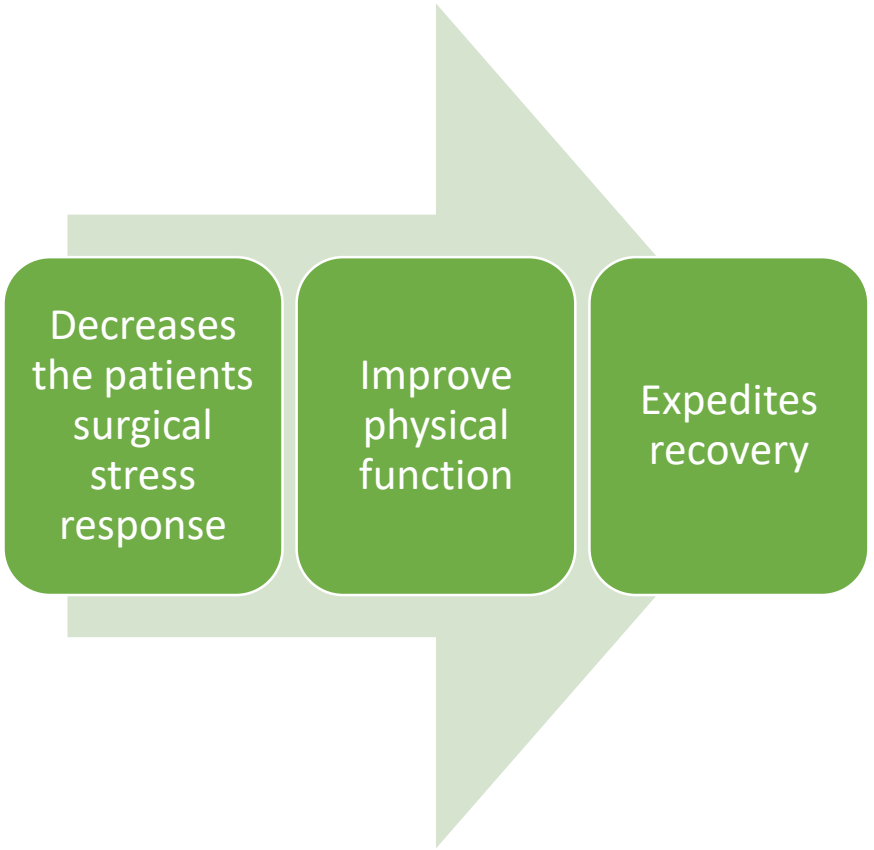
Surgical Quality Improvement Program (SQIP) Report

Surgical Quality Improvement Program

- Is a program designed to help improve quality across the surgical patients care.
- It assesses structures to enable quality data to drive our improvement processes.
- Utilize MIDAS automated electronic surgical quality and the National Healthcare Safety Network (NHSN) surgical site infection data to populate an overall dashboard to track and trend.

Enhanced Recovery After Surgery (ERAS)





Colorectal Surgery, Orthopedic Surgery, and beginning phases of GYN Surgery

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Surgical Quality Dashboard- Monthly Update

ERAS Elective Colorectal (n=)	ISCR Benchmark	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Total
		4	3	6	4	2	3		2	2	2	2	8	8	Median
Preop Oral Antibiotics	64.06%	25%	33%	20%	75%	0%	33%	no cases	100%	50%	100%	100%	38%	88%	44%
Multi-modal Pain Management	81.39%	75%	100%	60%	25%	100%	100%	no cases	100%	100%	100%	100%	100%	100%	100%
Postop VTE Chemoprophylaxis	84.39%	50%	33%	100%	75%	100%	100%	no cases	100%	100%	100%	100%	100%	88%	100%
Postop Mobilization	68.42%	25%	100%	60%	75%	100%	0%	no cases	50%	100%	50%	100%	88%	100%	81%
Postop Intake of Liquids	82.85%	50%	100%	80%	75%	100%	100%	no cases	100%	100%	50%	100%	63%	100%	100%
Foley Removal	95.46%	50%	66%	80%	75%	100%	100%	no cases	0%	50%	50%	0%	88%	75%	71%

*note: ERAS Ortho go-live March 2022 -all qualifying cpt codes for ortho cases reviewed to obtain baseline Nov 21-Feb 22
(only includes pts admitted to inpatient unit post op)

ERAS Ortho (n=)	ISCR Benchmark	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
		12	16	12	13	22	Median
Perioperative Antibiotics		100%	100%	100%	100%	100%	100%
Multi-modal Pain Management		100%	100%	100%	100%	95%	100%
Postop VTE Chemoprophylaxis		91%	100%	100%	86%	86%	91%
Postop Mobilization		91%	100%	92%	100%	100%	100%
Postop Intake of Liquids		100%	93%	83%	86%	82%	86%
Foley Removal		75%	93%	100%	88%	89%	89%

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Surgical Quality Dashboard

CMS Patient Safety Indicators (PSIs) Perioperative Complications of Care per 1,000 discharges	CMS Benchmark	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Total	Feb 2021-Feb 2022 W/O Covid Total
PSI 4 - Death with serious treatable complication	161.73	294.11 5/17	125.00 2/16	285.71 6/21	125.00 2/16	272.73 5/22	227.27 5/22	166.67 3/18	500 6/19	315.79 6/19	307.69 4/13	357.14 5/14	250 2/8	66.67 1/15	248.83 53/213	240.20 49/204
PSI 5- Retained surgical item	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PSI 9 - Perioperative Hemorrhage or Hematoma	2.60	0.00	3.37 1/297	0.00	3.3 1/303	0.00	3.76 1/266	0.00	4.88 1/205	7.81 2/256	0.00	0.00	4.07 1/246	0.00	2.07 7/3376	1.83 6/3275
PSI 10 - Postoperative Kidney Injury	1.32	0.00	0.00	0.00	18.35 2/109	0.00	0.00	0.00	0.00	0.00	17.24 1/58	11.77 1/85	0.00	0.00	3.63 4/1102	3.64 4/1097
PSI 11-Postoperative Respiratory Failure	7.88	12.20 1/82	19.23 2/104	8.85 1/113	47.62 5/105	0.00	21.74 2/92	13.33 1/75	21.28 1/47	13.33 1/75	18.18 1/55	11.24 1/89	12.99 1/77	11.77 1/55	16.42 18/1096	16.50 18/1091
PSI 12- Perioperative PE/VTE	3.86	7.22 2/277	0.00	9.46 3/317	0.00	9.71 3/309	10.24 3/293	7.84 2/255	8.97 2/223	7.61 2/263	4.81 1/208	10.35 3/290	0.00	7.97 2/251	6.47 23/3557	4.65 16/3439
PSI 13 Postoperative Sepsis	5.23	0.00	0.00	0.00	9.26 1/108	10.42 1/96	10.42 1/96	0.00	23.26 1/43	0.00	0.00	35.29 3/85	12.66 1/79	0.00	7.27 8/1100	7.29 8/1096
PSI 14 Postoperative Wound Dehiscence	0.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PSI 15 - Accidental Puncture or Laceration	1.29	0.00	0.00	0.00	0.00	3.52 1/284	3.85 1/260	4.63 1/216	0.00	0.00	0.00	4.20 1/238	5.18 1/193	5.05 1/198	1.98 6/3035	2.09 6/2866

Patient Safety Indicators (PSI's)

- Claims-based quality measures (ICD-10 Billing Codes)

- Provides information on potentially avoidable safety events that represent opportunities for improvement in the delivery of care. More specifically, they focus on potential in-hospital complications and adverse events following surgeries and procedures.

- SQIP is in partnership with the Quality Department and the PSI Committee to monitor Patient Safety Indicator events and trends. **Currently monitoring nine (9) indicators** along with Surgical Site Infections.
  - PSI cases reviewed for coding and documentation accuracy and clinical quality opportunities.

- Current priority work in **Pulmonary Embolism/Deep Vein Thrombosis (PE/DVT)** prevention processes.

Surgical Site Infections (SSIs)

Surgical Site Infections (SSI)	CMS Benchmark	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Total
SSI Colon	Actual	0	1	0	0	2	2	0	1	0	2	1	0	0	9
	Predicted (benchmark)	0.911	1.354	0.949	0.721	0.99	0.814	0.475	0.773	0.781	0.746	1.163	1.143	0.84	11.66
SSI Abdomnimal Hysterectomy	Actual	0	1	0	0	0	1	0	0	0	0	0	0	0	2
	Predicted (benchmark)	0.11	0.315	0.169	0.114	0.217	0.12	0.187	0.073	0.102	0.056	0.03	0.128	0.17	1.621

- **Surgical Site Infection data:**
  - SSI Colon:
    - We are better than predicted with 9 cases within the last calendar year, February 2021-February 2022.
  - SSI Abdominal Hysterectomy:
    - We have had 2 within the same time frame and none in the last 6 months.

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Behavioral Health Continuum Infrastructure Program (BHCIP)

Phase 3b Grant Application

5/25/2022

kaweahhealth.org

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Contents

BHCIP Phase 3b Funding Opportunity

Grant Info

- Fill out gaps in the Behavioral Health Continuum
- $15-$20M available in the Valley for *Launch Ready* projects to build infrastructure for adult psychiatric facilities

Timeline

BHCIP Phase 3b Funding Opportunity

Requirements

- Match
  - Private: 25%
  - Public/County etc: 10%
  - Can be land or other “In Kind” contribution
- No financial or any other type of agreement required from County
- Priority given to projects that can start within 6 months from award
- Must guarantee to operate for the useful life of the project

BHCIP Phase 3b - Proposed Plan

Location

- Akers/Tulare
- ~15,000sqft

Services

- Crisis Stabilization Unit (CSU)
- Electroconvulsive Therapy (ECT) Suite
- Partial Hospitalization/Intensive Outpatient Program (PHP/IOP)

Benefits

- Building/site would allow for addition of other services (PHP/IOP, MHRC) in future round(s)
- Allows for the future development of a comprehensive adult behavioral health campus
- Community/Patients
- Kaweah-ED/ medical center, etc.
- County support

BHCIP Phase 3b - Proposed Plan

BHCIP Phase 3b – Proposed Projects

- **Crisis Stabilization Unit (CSU)**
  - "Psych ED" or "Psych UC"
  - 24/7 facility
  - 23 hour maximum stay
  - Only requires County designation (no major licensing required)
- **Electroconvulsive Therapy (ECT)**
  - Most effective treatment for depression
  - Will no longer need Sequoia Surgery Center support
  - Core requirement for residency program
- **PHP / IOP**
  - Partial hospitalization/Intensive Outpatient Program
  - Medi-Cal, Medicare, and Private Pay
  - Reduce re-hospitalizations - CalAIM/ECM

Combined volumes will be reported in the grant

BHCIP Phase 3b – Pro Forma (CSU Only)

Staffing / Services

- Staff coverage for 16 beds 24 hours per day
- 24/7 coverage
  - Nurses
  - Security
  - Psychiatry
- 12 hours/day, 7 days/week
  - Case management
  - Therapy
- Medications
- Labs outsourced to ED

BHCIP Phase 3b – Pro Forma (CSU Only)

Financials

- Direct facility cost – 7,000sqft
- Reimbursement is by the Hour
  - Maximum hourly rate = $131
- Breakeven Point
  - Patients = 11.53/day
  - LOS = average 10 hours billable service per patient
- Approximate Medication Cost
  - $41/day per patient

Projected Volumes

- Report Data from 4/1/2021 – 3/31/2022
- ED Patients with Mental Health Diagnosis
  - Average of 14 patients per day
  - Average LOS of 12.6 hours per visits
- Other Community Patients

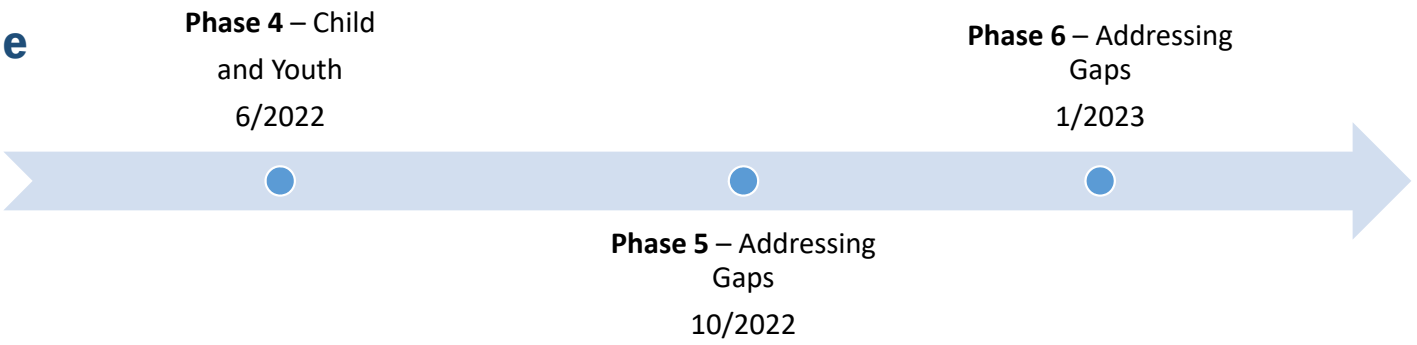
BHCIP Phase 3b – Pro Forma Summary

KAWEAH HEALTH
ADULT CRISIS STABILIZATION UNIT

	Projected				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Available Beds	16	16	16	16	16
Average Patients per Day	11.53	11.53	11.53	11.53	11.53
Average Length of Stay (Hours)	10	10	10	10	10
Percent Occupancy	30.0%	30.0%	30.0%	30.0%	30.0%
Annual Billed Hours	42,085	42,085	42,085	42,085	42,085
Reimbursement per Billed Hour	$ 131	$ 131	$ 131	$ 131	$ 131
Net Revenue	$ 5,513,070	$ 5,513,070	$ 5,513,070	$ 5,513,070	$ 5,513,070
Direct Expenses:					
Salaries	$ 2,441,940	$ 2,503,143	$ 2,565,641	$ 2,629,819	$ 2,695,600
Benefits	586,066	600,754	615,754	631,157	646,944
Physician fees	1,082,430	1,082,430	1,082,430	1,082,430	1,082,430
Supplies and pharmaceuticals	226,759	233,243	239,973	246,852	253,988
Facility Expense	169,414	173,650	177,991	182,441	187,002
Depreciation expense	113,850	113,850	113,850	113,850	113,850
Patient access and billing	140,887	144,409	148,019	151,719	155,512
Total Direct Expense	4,761,345	4,851,479	4,943,657	5,038,268	5,135,326
Contribution Margin	$ 751,724	$ 661,591	$ 569,412	$ 474,801	$ 377,743
Indirect Expense:					
Support Services Overhead Allocation	$ 538,852	$ 552,323	$ 566,131	$ 580,285	$ 594,792
Excess of Patient Revenues over Expenses	$ 212,872	$ 109,268	$ 3,281	$ (105,483)	$ (217,049)

BHCIP Future Funding Opportunities

Application Timeline



Phase 4 Plan Ideas

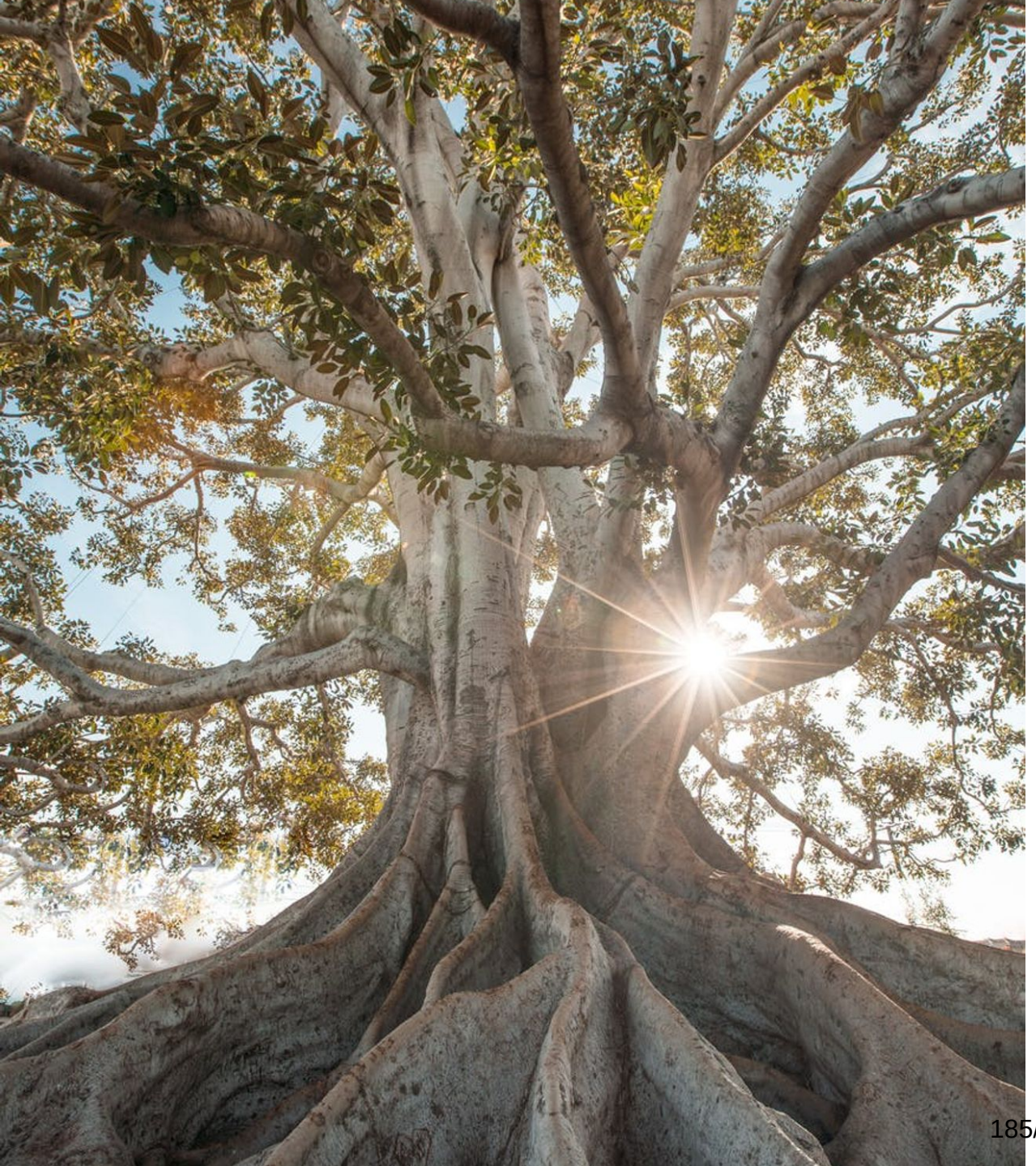
- Comprehensive C&A mental health campus- Inpatient, CRT, PHP-IOP, etc.

Phase 5 Plan Idea

- MHRC

Phase 6 Plan Idea

- Community Advisory Committee recommendations
- County Needs Assessment



GRADUATE MEDICAL EDUCATION ANNUAL INSTITUTIONAL REVIEW

Academic Year 2020-2021

RETENTION RATE - 42% (49/118)

Anesthesiology

0% (0/2)

General Surgery

17% (1/6)

Emergency Medicine

38%(21/55)

Family Medicine

44%(17/39)

Psychiatry

63%(10/16)

PIPELINES

- Doctors Academy

  Farmersville & Cutler Orosi High Schools

- No college relationship

- Undergraduate Medical Education

  USC - Street Medicine

  UC Davis - Reach

  CHSU - Clovis

FORMAL AFFILIATIONS

13/48 (27%) of the newly matched interns rotated at Kaweah as a medical student

Medical Student Required Clerkships

2 students in Psychiatry, 2 in OB/Gyn, 2 in Family Medicine, plus electives + Neurology development

Medical Student Required Clerkship

1 student in Surgery, adding 1 Psychiatry, plus REACH program

Medical Student Required Clerkships

1 student in Surgery & Psychiatry, MS4 EM & ICU, plus electives

Kaweah Health Residents Go

Surgery for burn & transplant, Anesthesiology for Critical Care Anesthesiology

THANK YOU
TO THE
ACADEMIC
DEVELOPMENT
BOARD
COMMITTEE

Ambar Rodriguez

Lynn H Mirviss RN

Gary Herbst

Lacey Jensen RN

Amy Shaver

Jacob Kirkorowicz MD

RESIDENCY PROGRAMS' ACGME STATUS

ANESTHESIOLOGY - INITIAL ACCREDITATION W/ WARNING

TRANSITIONAL YEAR - CONTINUED ACCREDITATION

SURGERY - CONTINUED ACCREDITATION

EMERGENCY MEDICINE - CONTINUED ACCREDITATION W/ 1 AREA OF CONCERN - RESIDENT SURVEY DOWNTREND

PSYCHIATRY - CONTINUED ACCREDITATION

FAMILY MEDICINE - CONTINUED ACCREDITATION

ANESTHESIOLOGY

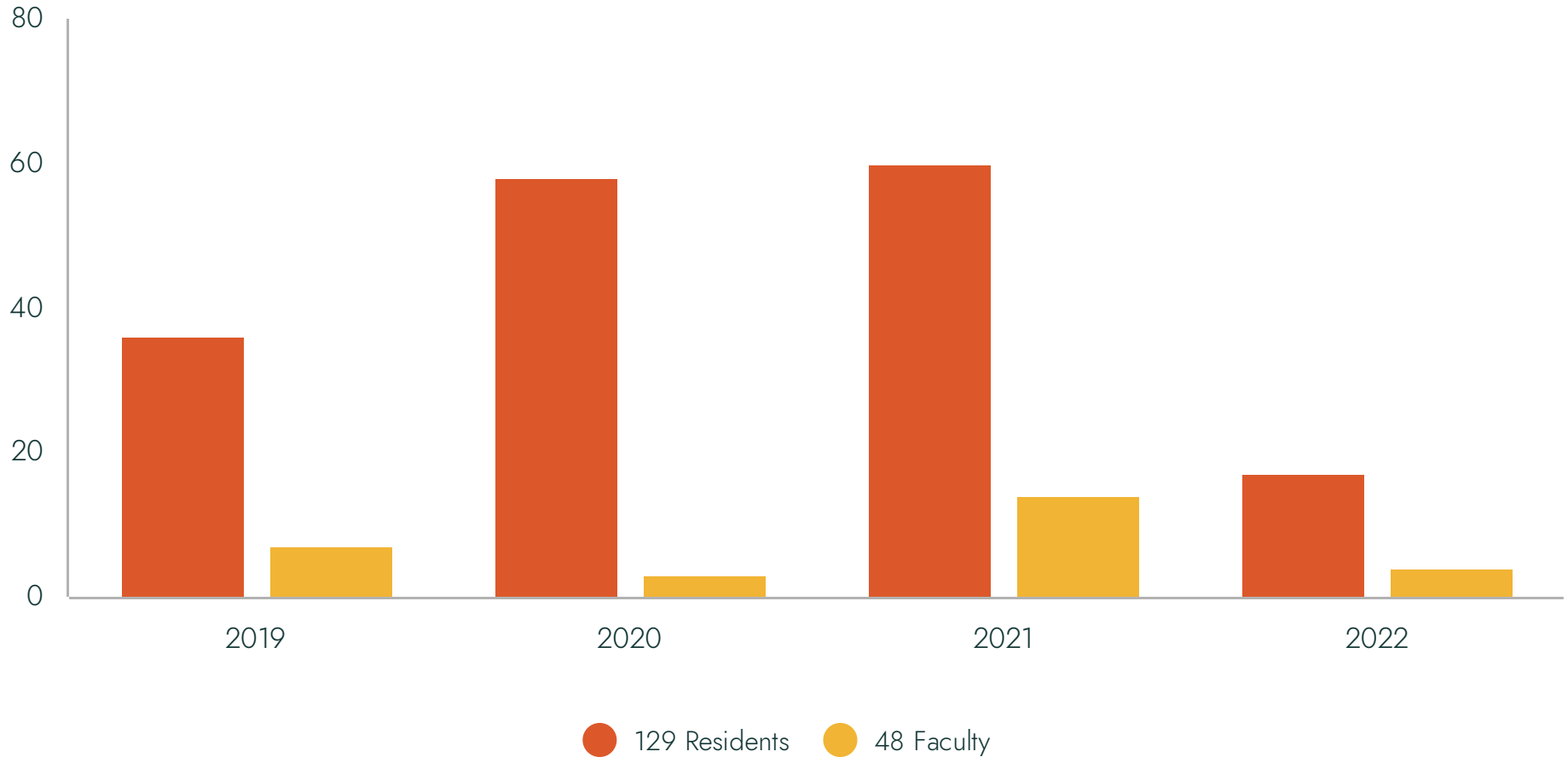
CITATION: INTERNAL MEDICINE STRATEGIC AFFILIATION - SVMC JPA

AREAS OF CONCERN:

1. Curriculum organization - only Dr. Morell, recruiting OB anes faculty
2. Faculty Certification - Dr. Villaluz pain clinic, changed to Dr. Deroee
3. Faculty member interest in education - short staffing has led to a lack of prioritizing education
4. Faculty Scholarly Activity - "...focus on increasing scholarly activity across a larger number of faculty members" 3 by Dr. Villaluz this year
5. Coercion for extended call - policy changed
6. Resident survey - Ability to raise concerns without fear
7. Resident survey - Participation in adverse event analysis

At the time of the next review (4/23), the program's accreditation status will be in jeopardy if these areas have not been addressed satisfactorily and/or other major areas warranting citation develop

MIDAS EVENTS REPORTED BY GME RESIDENTS AND FACULTY

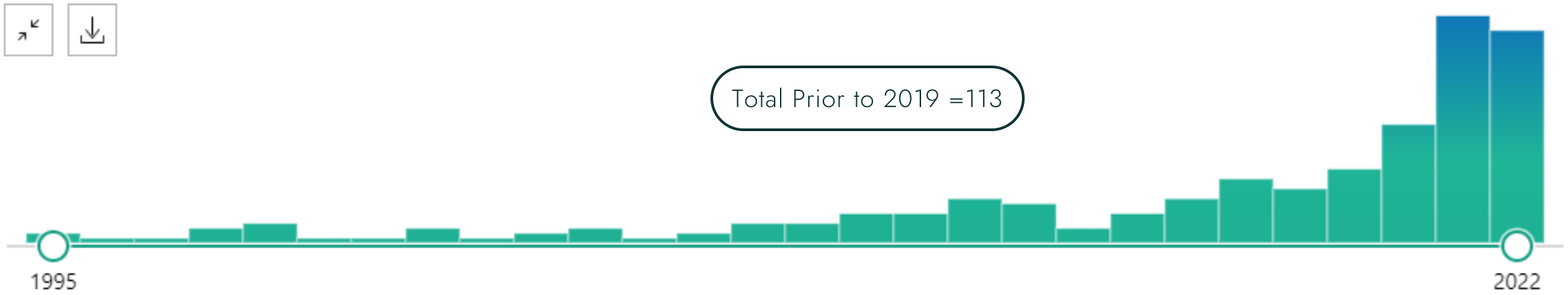


OFFICE OF RESEARCH

Number of Kaweah Health Publications Annually

Research Workshops
Many Projects Ongoing
Flexible with COVID
Research Symposium May 12, 2022

2021 = 45
2022 = 42...



GOALS FOR LAST ACADEMIC YEAR INCLUDED:

1. Bolster Faculty Development
2. Integrate GME more into the Institution
3. Growth

FACULTY DEVELOPMENT


DOCTOR
FACULTY


Antifragility
Repairing the healthcare team

The Fraying of the Social Contract?

EMPOWER THROUGH EDUCATION

Nursing school cohorts, Simulation, Certification courses, Mentorship/Succession planning programs, Community partnerships, Pipeline programs, Street/Event medicine, Team Rounding


WE ARE STILL GROWING
Partnership with SVMC
Grants
Neurology
New funding opportunities
Diversity & Inclusion strategies

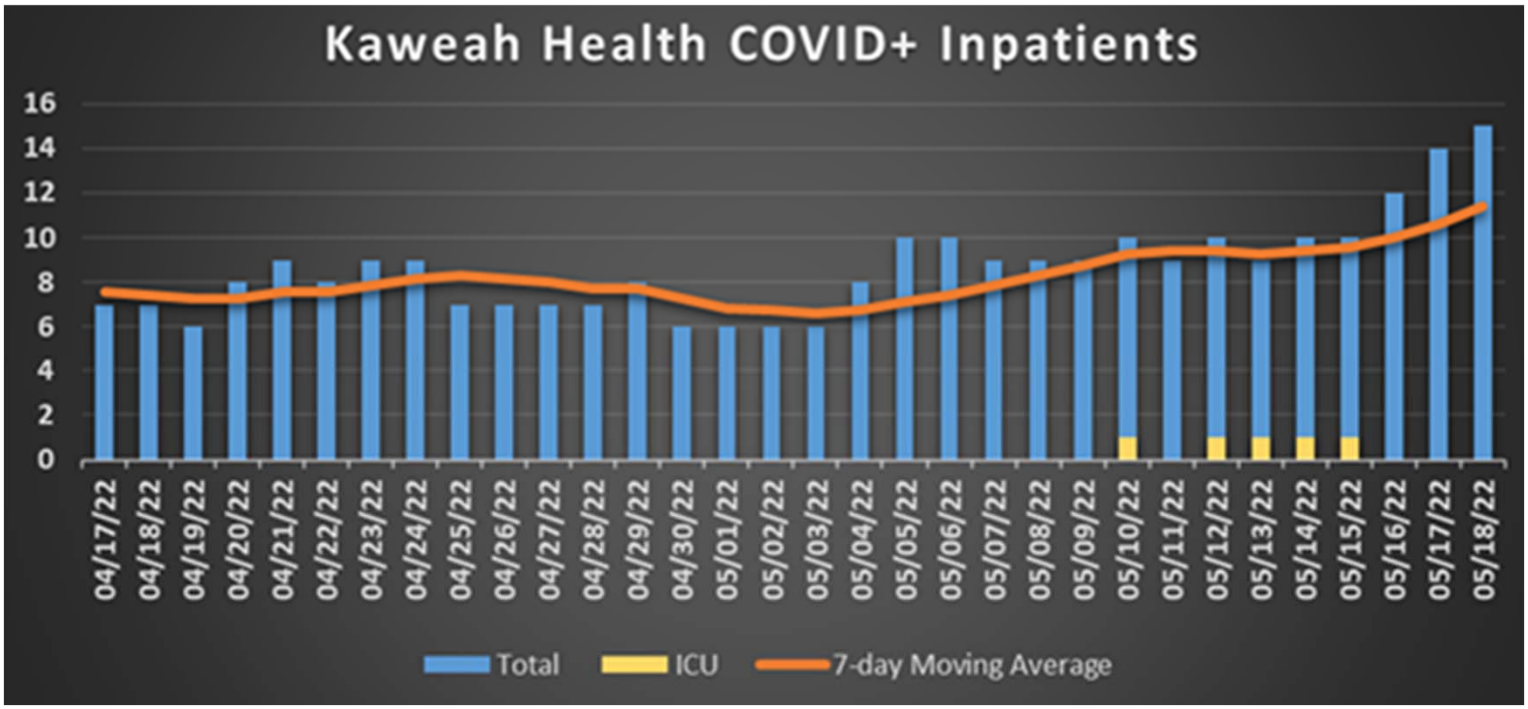

The End

CFO Financial Report

May 19, 2022

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.


Kaweah Health COVID+ Inpatients
16
14
12
10
8
6
4
2
0
04/17/22
04/18/22
04/19/22
04/20/22
04/21/22
04/22/22
04/23/22
04/24/22
04/25/22
04/26/22
04/27/22
04/28/22
04/29/22
04/30/22
05/01/22
05/02/22
05/03/22
05/04/22
05/05/22
05/06/22
05/07/22
05/08/22
05/09/22
05/10/22
05/11/22
05/12/22
05/13/22
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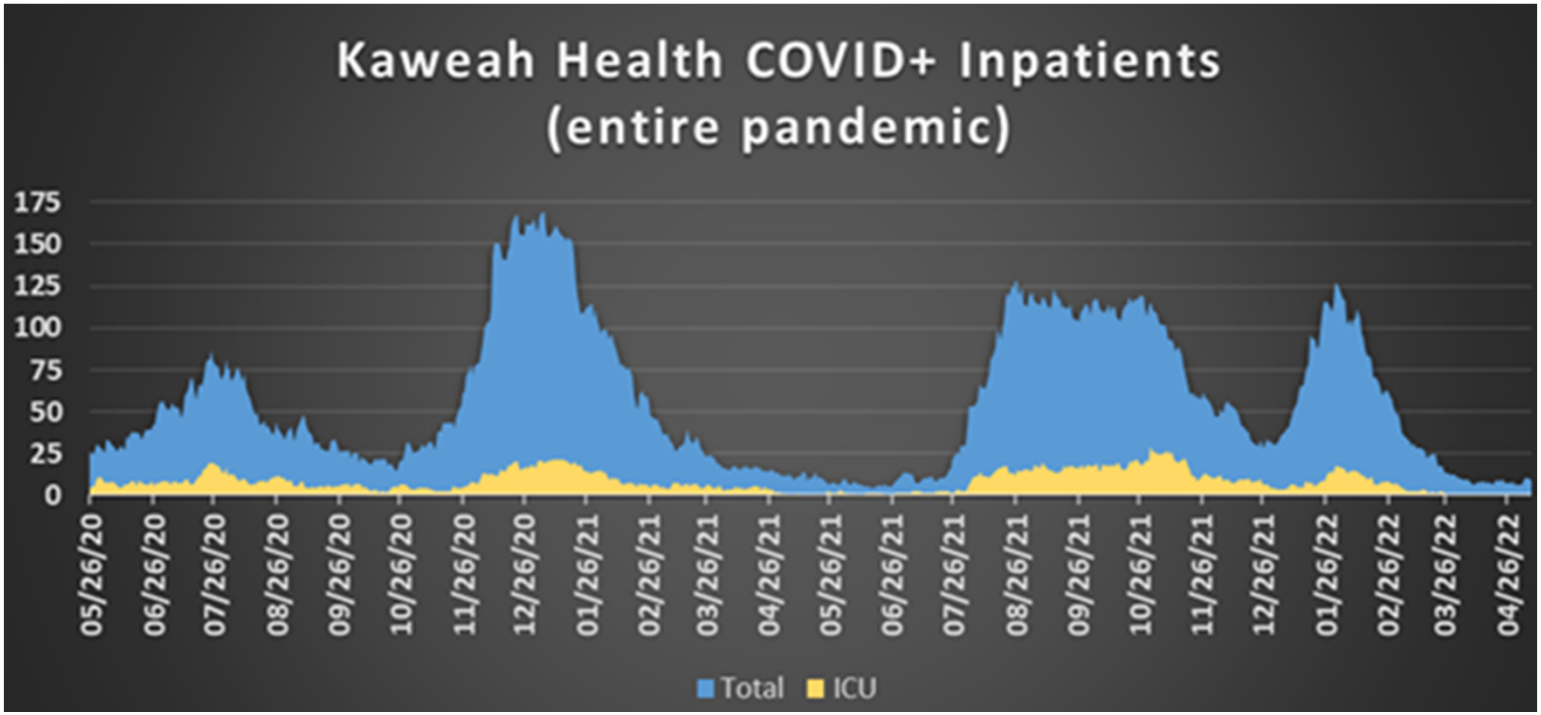
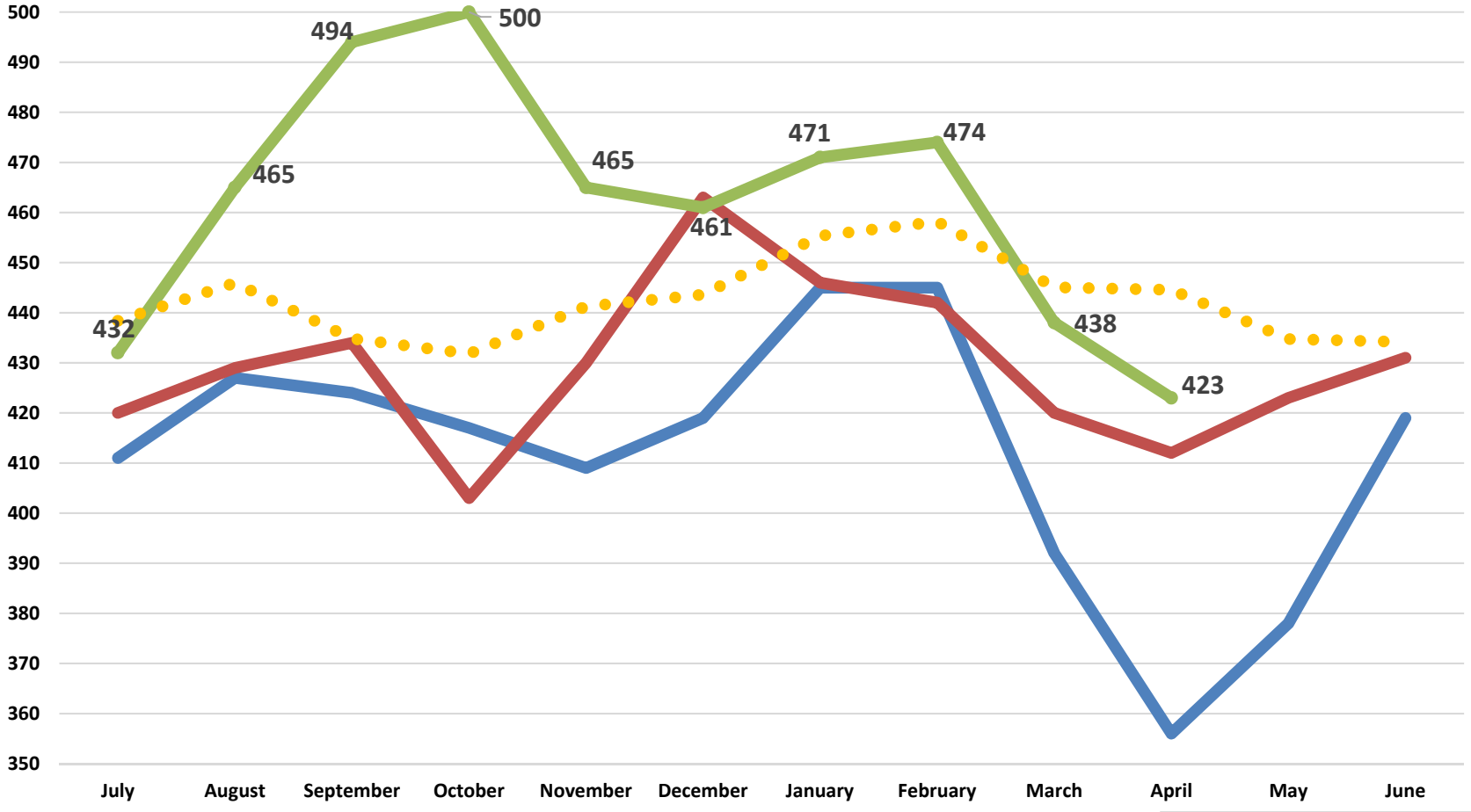
05/15/22
05/16/22
05/17/22
05/18/22
Total
ICU
7-day Moving Average

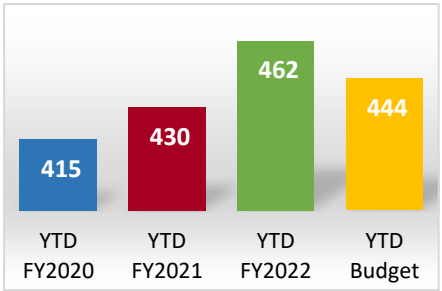

Kaweah Health COVID+ Inpatients
(entire pandemic)
175
150
125
100
75
50
25
0
05/26/20
06/26/20
07/26/20
08/26/20
09/26/20
10/26/20
11/26/20
12/26/20
01/26/21
02/26/21
03/26/21
04/26/21
05/26/21
06/26/21
07/26/21
08/26/21
09/26/21
10/26/21
11/26/21
12/26/21
01/26/22
02/26/22
03/26/22
04/26/22
Total
ICU

COVID IMPACT (000's)

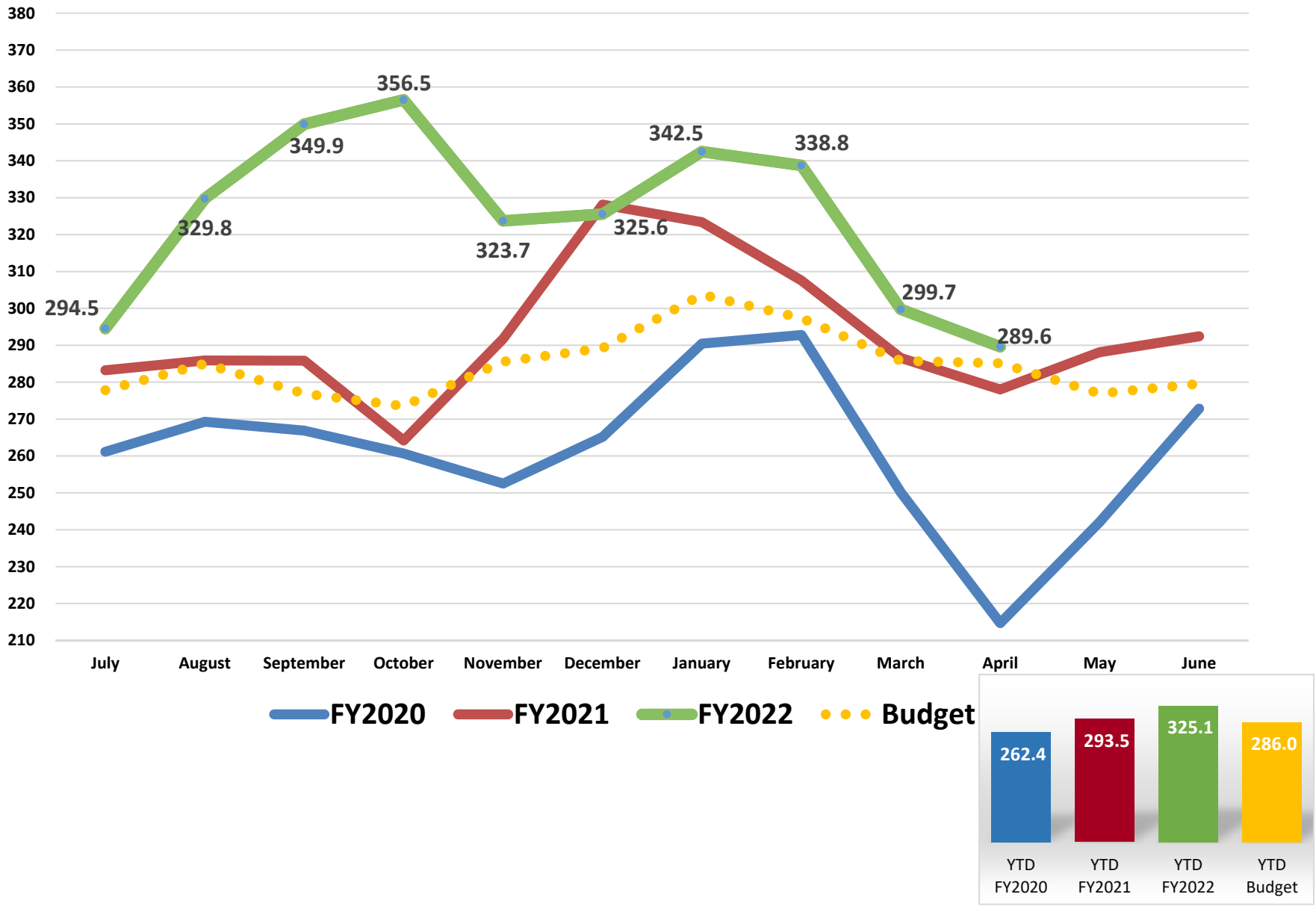
	March 2020 - Apr 2022
Operating Revenue	
Net Patient Service Revenue	**$1,277,729**
Supplemental Gov't Programs	137,928
Prime Program	27,974
Premium Revenue	133,662
Management Services Revenue	75,412
Other Revenue	50,705
Other Operating Revenue	425,680
Total Operating Revenue	**1,703,322**
Operating Expenses	
Salaries & Wages	720,943
Contract Labor	38,851
Employee Benefits	123,830
Total Employment Expenses	**883,625**
Medical & Other Supplies	281,971
Physician Fees	218,015
Purchased Services	41,133
Repairs & Maintenance	58,369
Utilities	16,631
Rents & Leases	13,379
Depreciation & Amortization	68,728
Interest Expense	14,904
Other Expense	44,928
Humana Cap Plan Expenses	76,225
Management Services Expense	74,969
Total Other Expenses	**909,250**
Total Operating Expenses	**1,792,875**
Operating Margin	**($89,553)**
Stimulus Funds	$63,982
Operating Margin after Stimulus	**($25,571)**
Nonoperating Revenue (Loss)	9,940
Excess Margin	**($15,632)**

Average Daily Census

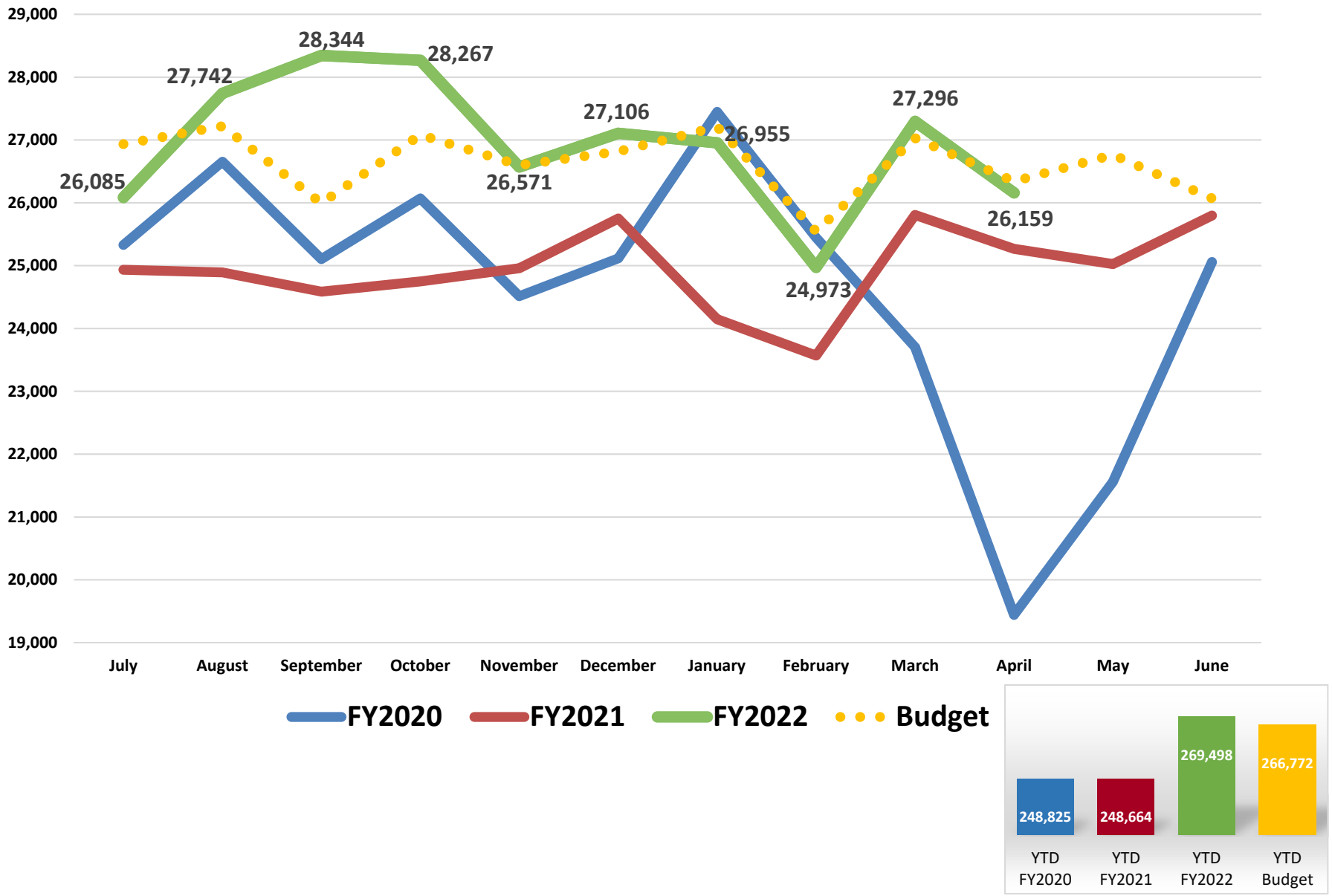




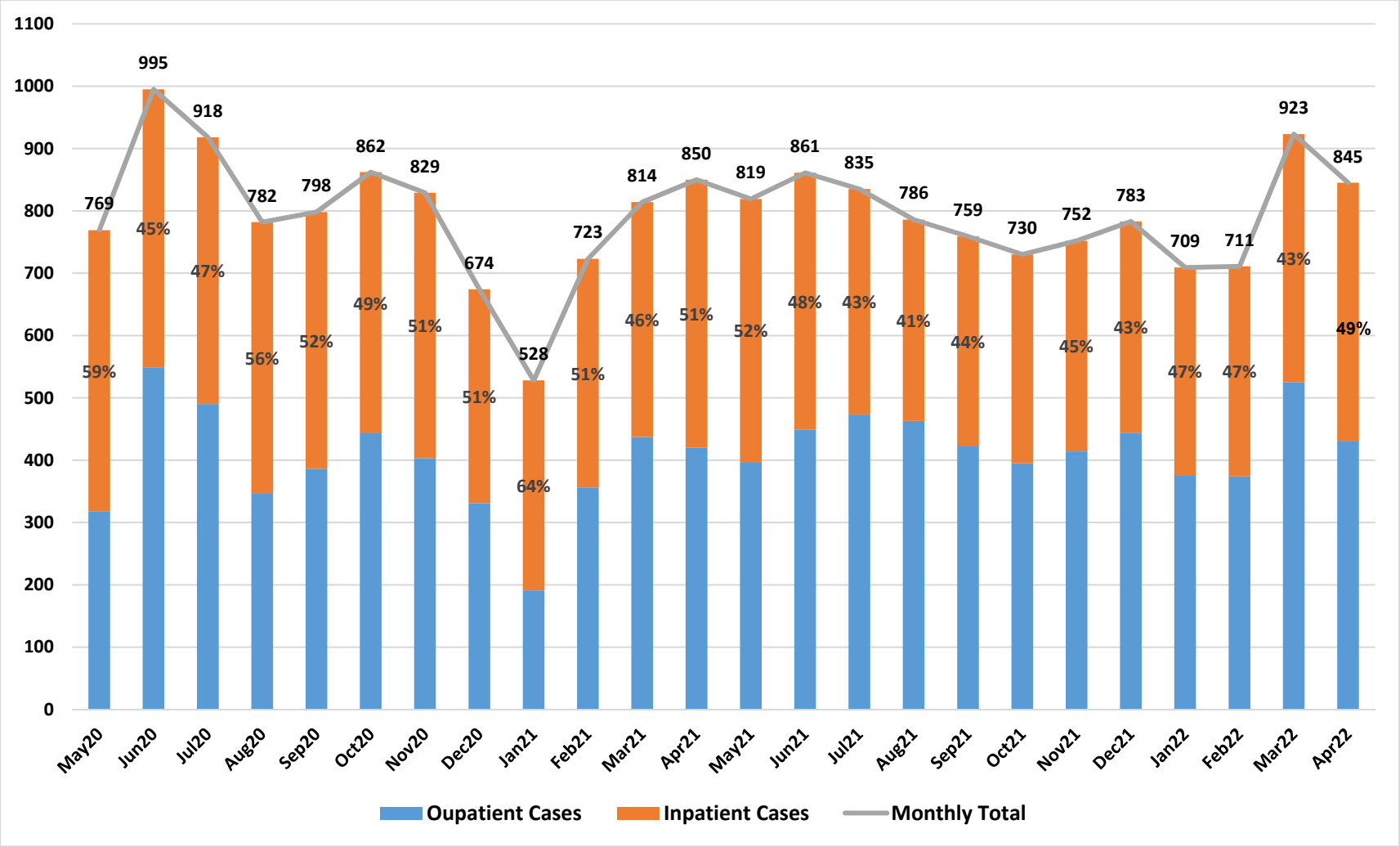
Medical Center – Avg. Patients Per Day



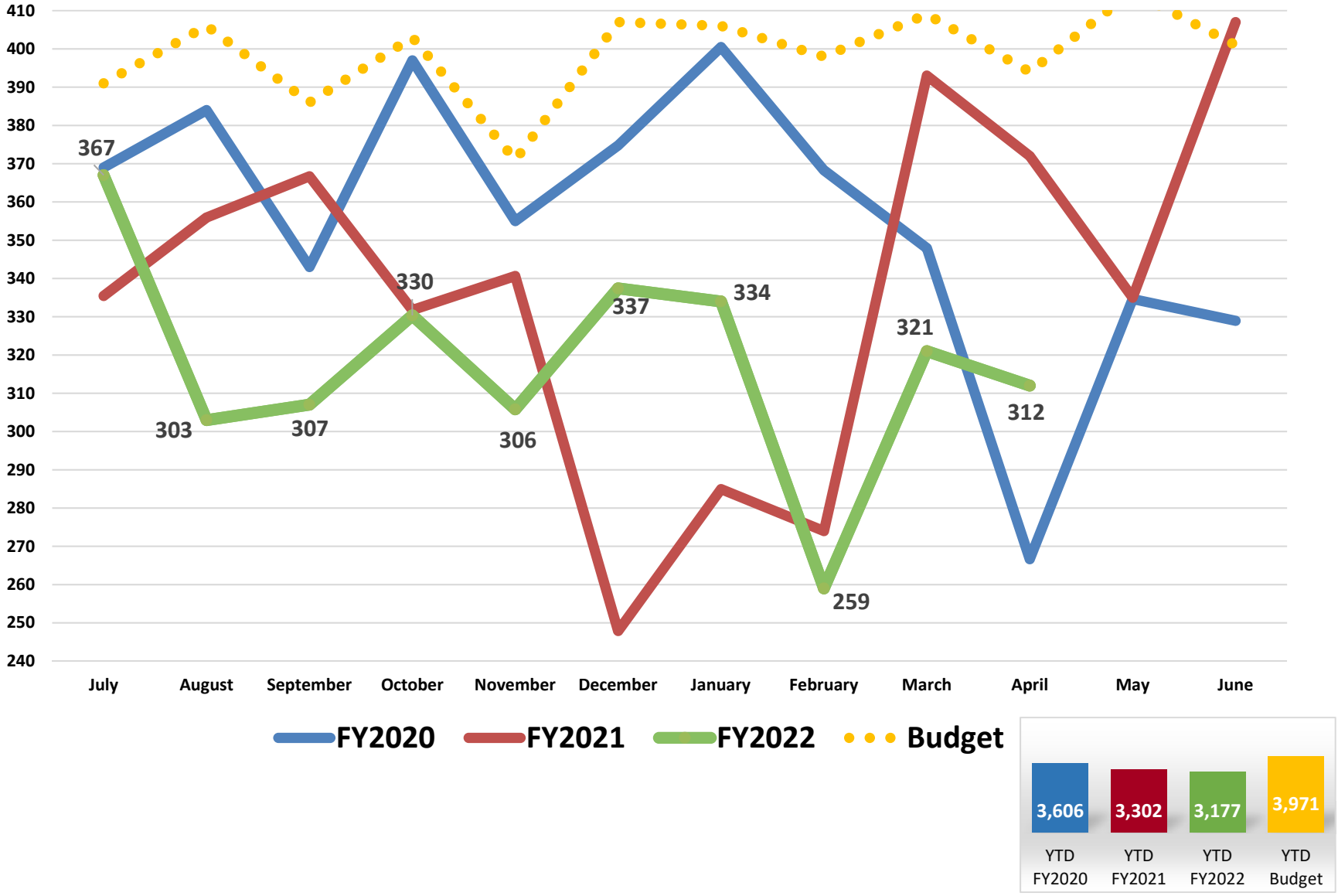
Adjusted Patient Days



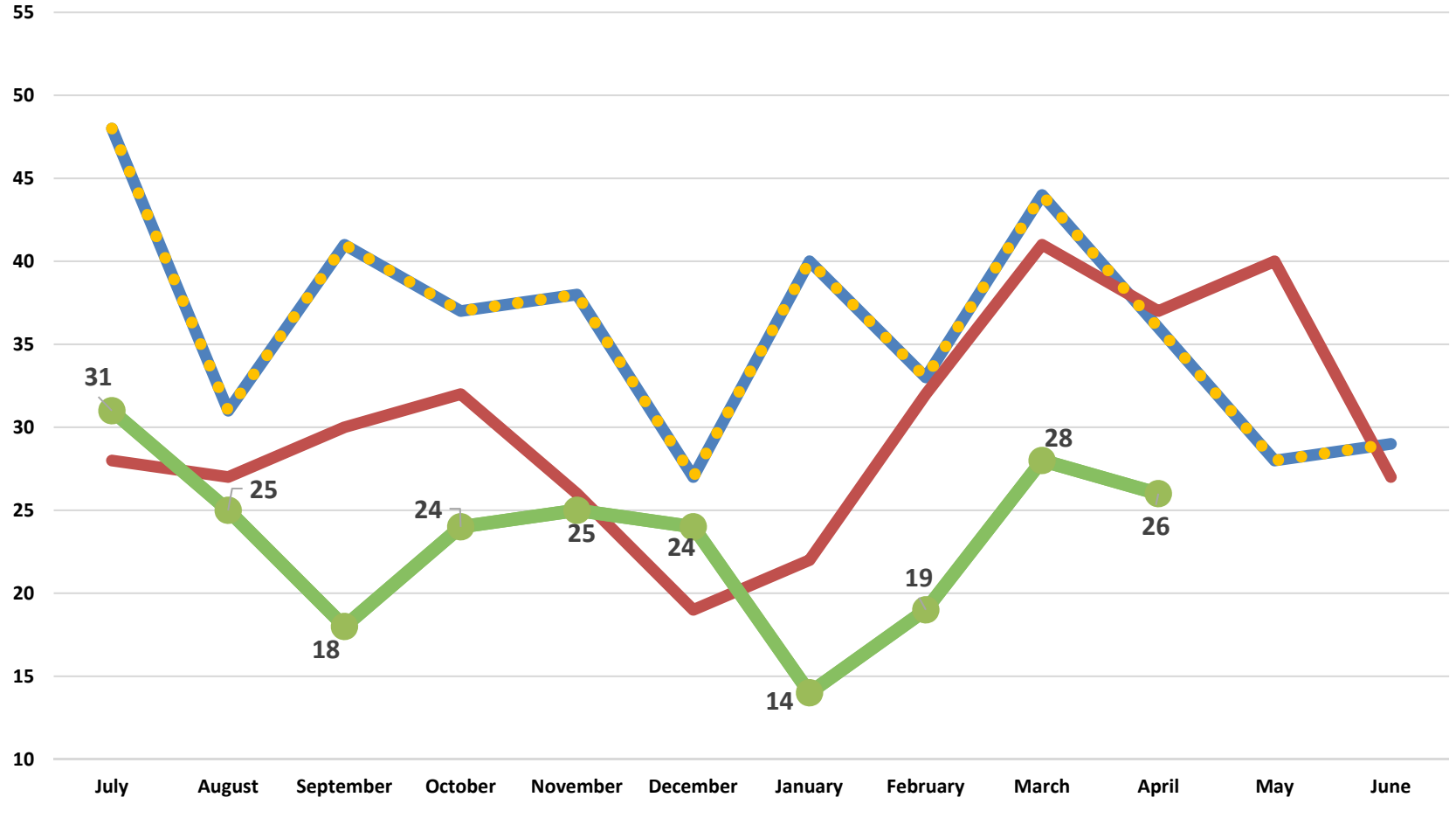
Surgery Cases

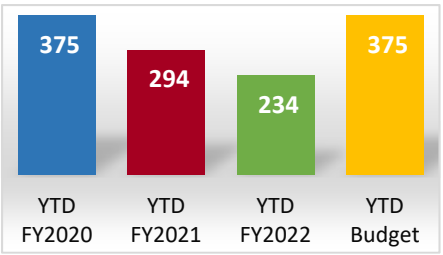


Cath Lab (IP & OP) – 100 Min Units

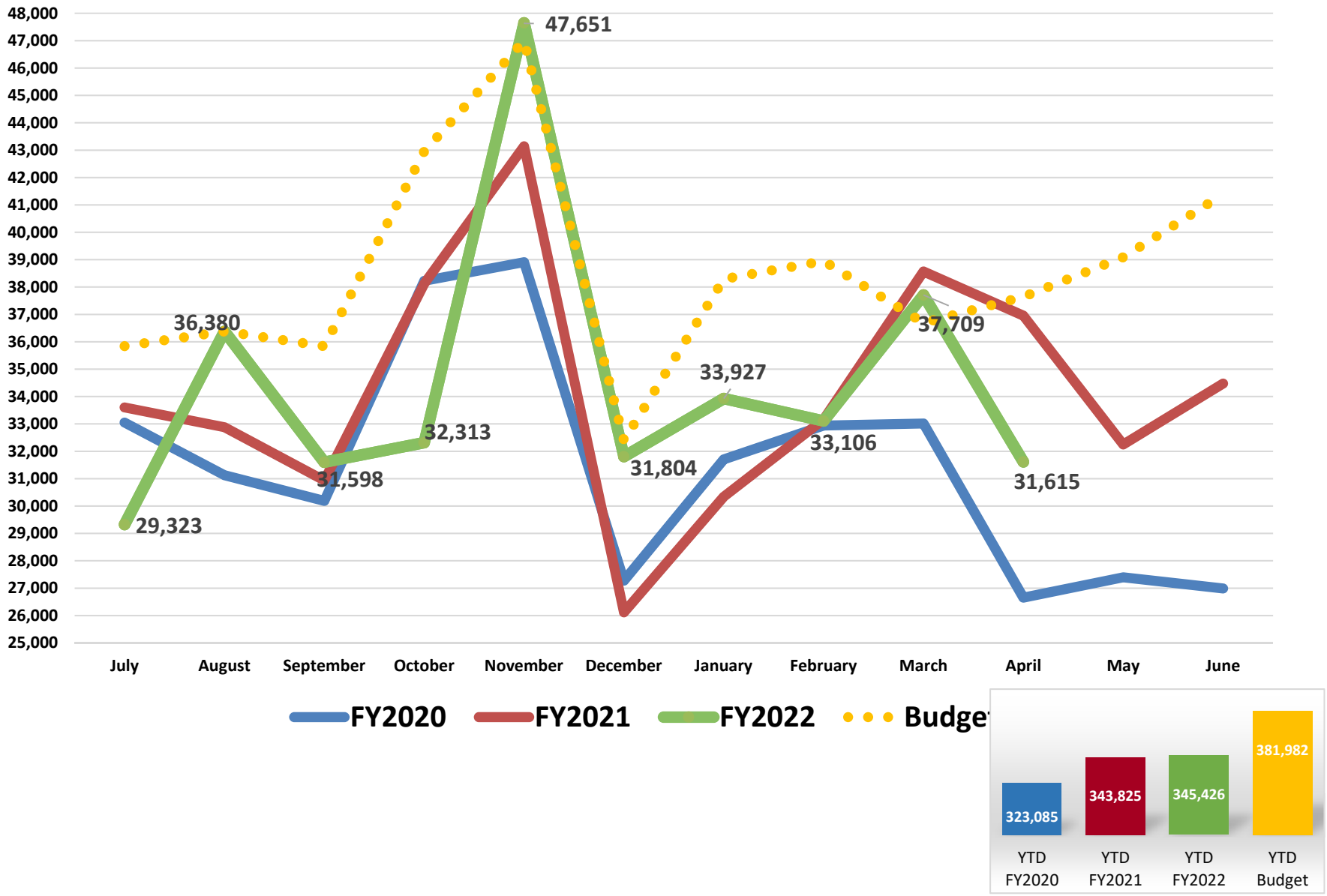


Cardiac Surgery – Cases





KHMG RVU's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FY2021
FY2022
Budge
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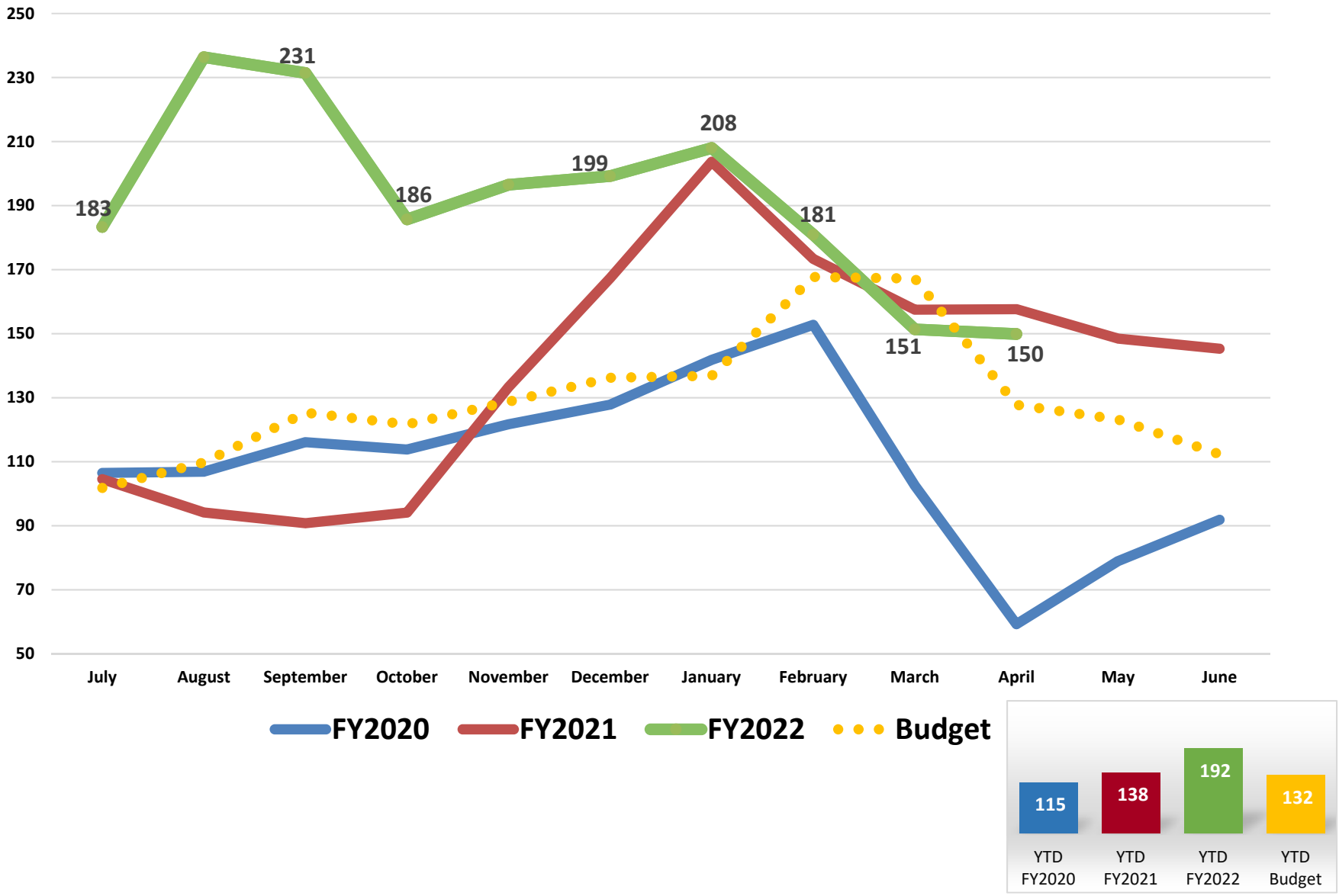
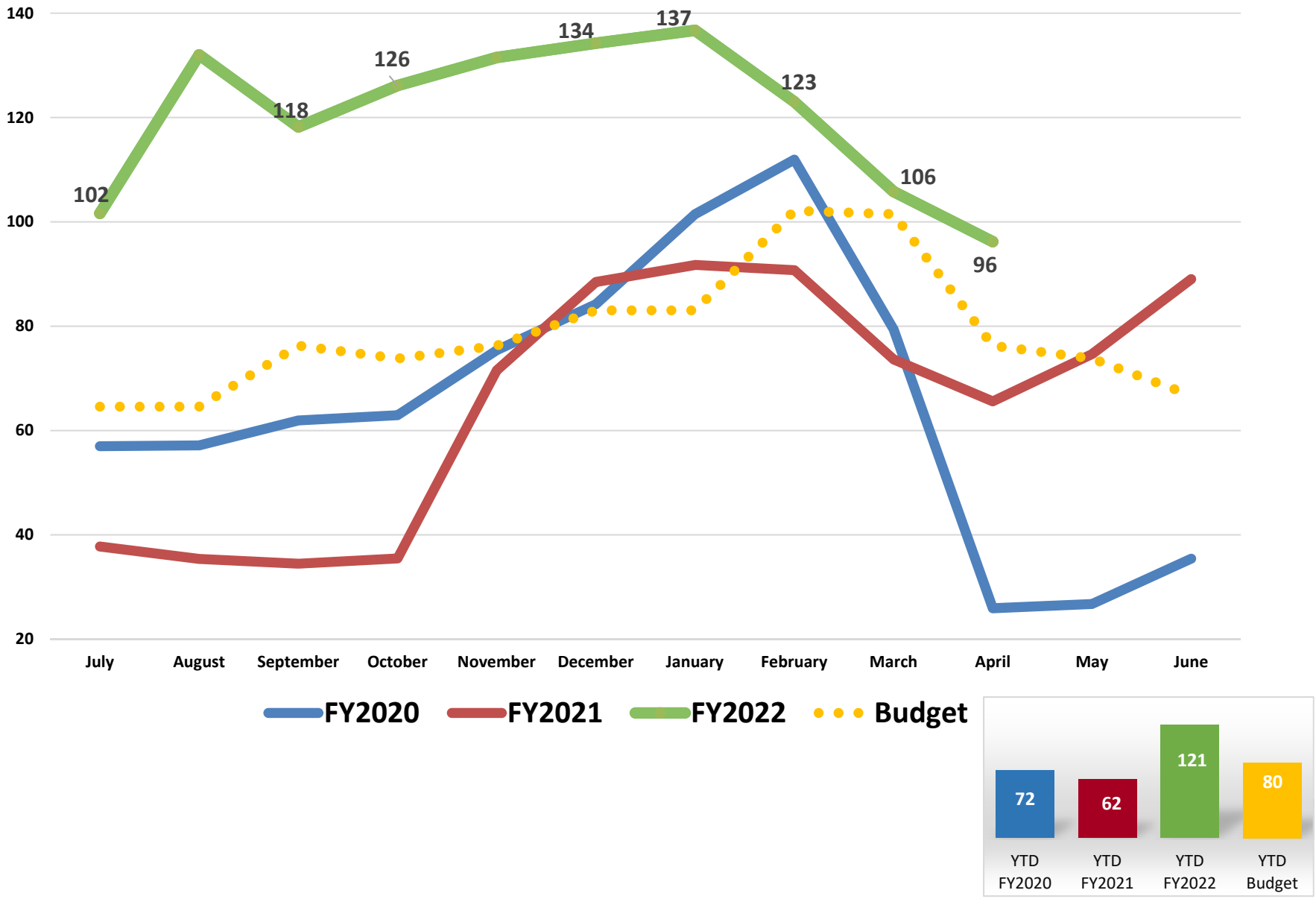
345,426
323,085
YTD FY2020
YTD FY2021
YTD FY2022
YTD Budget

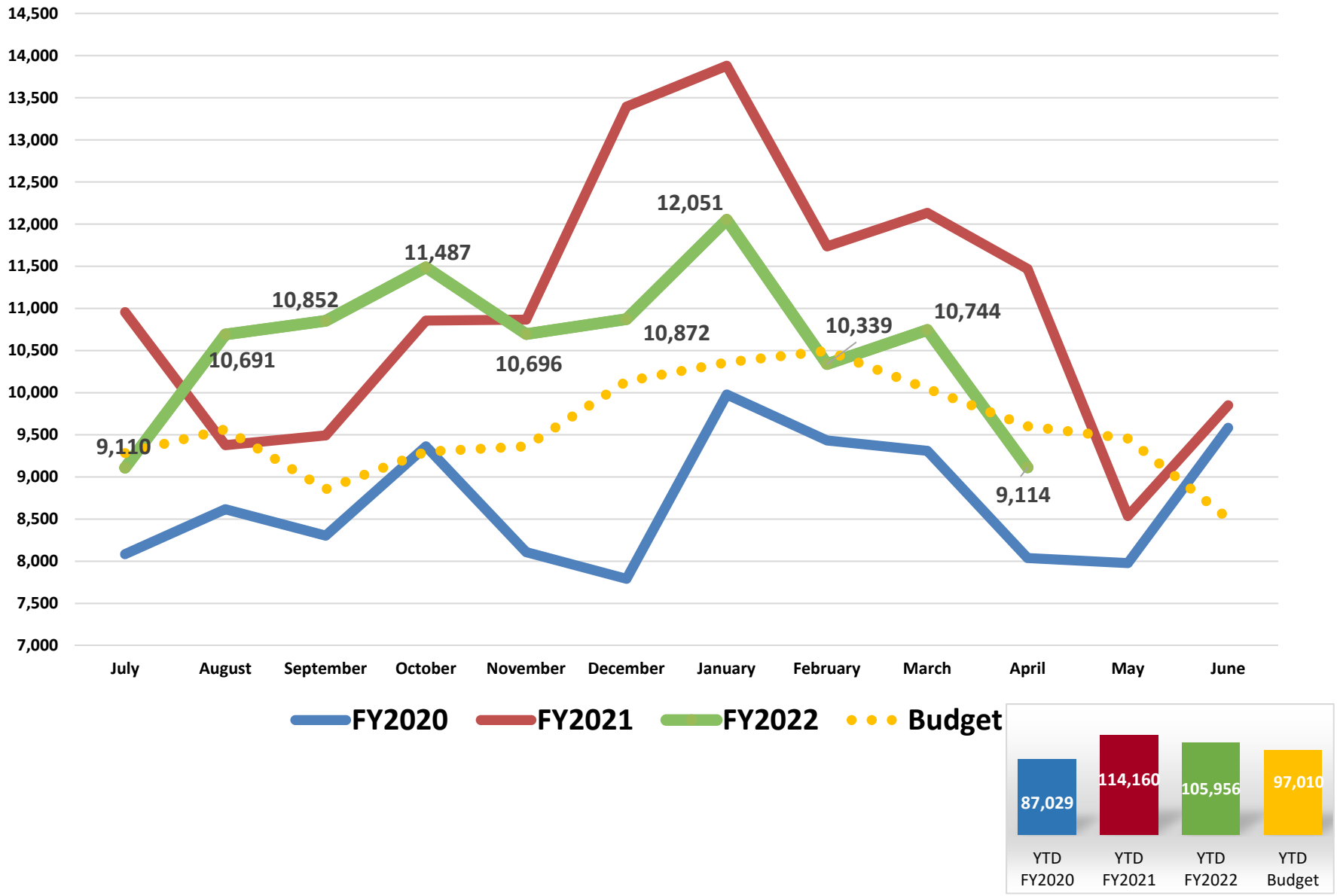
Urgent Care – Court Average Visits Per Day



Urgent Care – Demaree Average Visits Per Day



Rural Health Clinic Registrations



Statistical Results – Fiscal Year Comparison (April)

	Actual Results			Budget	Budget Variance	
	Apr 2021	Apr 2022	% Change	Apr 2022	Change	% Change
Average Daily Census	**412**	**423**	**2.7%**	**445**	**(21)**	**(4.8%)**
KDHCD Patient Days:						
Medical Center	8,341	8,688	4.2%	8,554	134	1.6%
Acute I/P Psych	984	1,227	24.7%	1,413	(186)	(13.2%)
Sub-Acute	809	764	(5.6%)	927	(163)	(17.6%)
Rehab	540	474	(12.2%)	562	(88)	(15.7%)
TCS-Ortho	298	354	18.8%	450	(96)	(21.3%)
TCS	403	467	15.9%	547	(80)	(14.6%)
NICU	476	303	(36.3%)	379	(76)	(20.1%)
Nursery	510	421	(17.5%)	505	(84)	(16.6%)
Total KDHCD Patient Days	**12,361**	**12,698**	**2.7%**	**13,337**	**(639)**	**(4.8%)**
Total Outpatient Volume	**43,950**	**42,600**	**(3.1%)**	**46,119**	**(3,519)**	**(7.6%)**

Statistical Results – Fiscal Year Comparison (Jul-Apr)

	Actual Results			Budget	Budget Variance	
	FYTD 2021	FYTD 2022	% Change	FYTD 2022	Change	% Change
Average Daily Census	**431**	**462**	**7.4%**	**444**	**19**	**4.2%**
KDHCD Patient Days:						
Medical Center	89,194	98,791	10.8%	86,925	11,866	13.7%
Acute I/P Psych	12,120	11,787	(2.7%)	14,266	(2,479)	(17.4%)
Sub-Acute	9,008	8,293	(7.9%)	9,361	(1,068)	(11.4%)
Rehab	4,372	4,839	10.7%	5,645	(806)	(14.3%)
TCS-Ortho	3,593	3,462	(3.6%)	4,169	(707)	(17.0%)
TCS	4,027	4,053	0.6%	5,192	(1,139)	(21.9%)
NICU	3,883	4,363	12.4%	3,889	474	12.2%
Nursery	4,685	4,991	6.5%	5,467	(476)	(8.7%)
Total KDHCD Patient Days	**130,882**	**140,579**	**7.4%**	**134,914**	**5,665**	**4.2%**
Total Outpatient Volume	**432,834**	**468,435**	**8.2%**	**467,343**	**1,092**	**0.2%**

Other Statistical Results – Fiscal Year Comparison (Apr)

	Actual Results				Budget	Budget Variance	
	Apr 2021	Apr 2022	Change	% Change	Apr 2022	Change	% Change
Adjusted Patient Days	**25,268**	**26,159**	**890**	**3.5%**	**26,334**	**(175)**	**(0.7%)**
Outpatient Visits	**43,950**	**42,600**	**(1,350)**	**(3.1%)**	**46,119**	**(3,519)**	**(7.6%)**
Urgent Care - Demaree	1,968	2,886	918	**46.6%**	2,288	598	**26.1%**
Endoscopy Procedures (I/P & O/P)	538	582	44	**8.2%**	571	11	**1.9%**
ED Visit	6,267	6,720	453	**7.2%**	6,735	(15)	**(0.2%)**
Dialysis Treatments	1,588	1,661	73	**4.6%**	1,811	(150)	**(8.3%)**
Surgery Minutes (I/P & O/P)	1,062	1,077	15	**1.4%**	1,369	(292)	**(21.3%)**
Hospice Days	4,092	4,114	22	**0.5%**	4,185	(71)	**(1.7%)**
Radiology/CT/US/MRI Proc (I/P & O/P)	16,092	16,177	85	**0.5%**	16,234	(57)	**(0.4%)**
Infusion Center	378	375	(3)	**(0.8%)**	417	(42)	**(10.1%)**
Urgent Care - Court	4,730	4,497	(233)	**(4.9%)**	3,833	664	**17.3%**
Physical & Other Therapy Units	18,141	17,132	(1,009)	**(5.6%)**	18,414	(1,282)	**(7.0%)**
Home Health Visits	2,891	2,729	(162)	**(5.6%)**	2,865	(136)	**(4.7%)**
O/P Rehab Units	19,866	18,739	(1,127)	**(5.7%)**	20,350	(1,611)	**(7.9%)**
Radiation Oncology Treatments (I/P & O/P)	2,513	2,279	(234)	**(9.3%)**	2,436	(157)	**(6.4%)**
KHMG RVU	36,955	31,615	(5,340)	**(14.5%)**	37,644	(6,029)	**(16.0%)**
GME Clinic visits	1,283	1,084	(199)	**(15.5%)**	1,115	(31)	**(2.8%)**
Cath Lab Minutes (IP & OP)	372	312	(60)	**(16.1%)**	394	(82)	**(20.8%)**
OB Deliveries	396	330	(66)	**(16.7%)**	365	(35)	**(9.6%)**
RHC Registrations	11,468	9,114	(2,354)	**(20.5%)**	9,602	(488)	**(5.1%)**

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

	Actual Results				Budget	Budget Variance	
	FY 2021	FY 2022	Change	% Change	FY 2022	Change	% Change
Adjusted Patient Days	**249,235**	**269,563**	**20,328**	**8.2%**	**266,716**	**2,847**	**1.1%**
Outpatient Visits	**432,834**	**468,435**	**35,601**	**8.2%**	**467,343**	**1,092**	**0.2%**
Urgent Care - Demaree	18,927	36,654	17,727	**93.7%**	24,310	12,344	**50.8%**
Urgent Care - Court	41,773	58,485	16,712	**40.0%**	40,134	18,351	**45.7%**
Infusion Center	3,264	3,990	726	**22.2%**	4,061	(71)	**(1.7%)**
ED Visit	60,122	66,767	6,645	**11.1%**	70,239	(3,472)	**(4.9%)**
Radiology/CT/US/MRI Proc (I/P & O/P)	150,531	163,460	12,929	**8.6%**	153,489	9,971	**6.5%**
OB Deliveries	3,611	3,789	178	**4.9%**	3,812	(23)	**(0.6%)**
Endoscopy Procedures (I/P & O/P)	4,788	5,014	226	**4.7%**	5,243	(229)	**(4.4%)**
O/P Rehab Units	191,121	193,962	2,841	**1.5%**	194,823	(861)	**(0.4%)**
Physical & Other Therapy Units	173,695	174,937	1,242	**0.7%**	188,336	(13,399)	**(7.1%)**
KHMG RVU	343,825	345,427	1,602	**0.5%**	381,982	(36,555)	**(9.6%)**
Hospice Days	42,451	42,592	141	**0.3%**	40,887	1,705	**4.2%**
Surgery Minutes (I/P & O/P)	10,020	9,943	(77)	**(0.8%)**	13,579	(3,636)	**(26.8%)**
GME Clinic visits	11,313	11,040	(273)	**(2.4%)**	12,048	(1,008)	**(8.4%)**
Dialysis Treatments	16,438	15,654	(784)	**(4.8%)**	18,490	(2,836)	**(15.3%)**
Cath Lab Minutes (IP & OP)	3,302	3,117	(185)	**(5.6%)**	3,971	(854)	**(21.5%)**
Home Health Visits	29,700	27,772	(1,928)	**(6.5%)**	28,918	(1,146)	**(4.0%)**
Radiation Oncology Treatments (I/P & O/P)	21,365	19,966	(1,399)	**(6.5%)**	23,641	(3,675)	**(15.5%)**
RHC Registrations	114,160	105,956	(8,204)	**(7.2%)**	97,010	8,946	**9.2%**

Trended Financial Comparison (000's)

Kaweah Delta Health Care District

Trended Income Statement (000's)

Adjusted Patient Days	*25,268*	*25,026*	*25,797*	*26,085*	*27,742*	*28,344*	*28,267*	*26,571*	*27,106*	*26,955*	*24,973*	*27,296*	*26,159*
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Operating Revenue													
Net Patient Service Revenue	**$52,593**	**$50,531**	**$43,233**	**$51,502**	**$49,714**	**$57,879**	**$55,674**	**$54,846**	**$51,115**	**$56,862**	**$47,933**	**$52,555**	**$49,729**
Supplemental Gov't Programs	4,990	4,990	6,845	4,286	4,286	4,286	4,383	11,778	10,297	4,383	5,579	5,192	6,983
Prime Program	4,872	715	721	667	667	667	667	667	667	3,285	667	667	667
Premium Revenue	4,710	5,036	6,584	4,902	5,425	5,163	5,156	5,054	5,173	5,272	6,574	5,772	9,112
Management Services Revenue	3,301	2,877	3,251	3,172	3,298	3,523	3,137	2,690	2,921	2,536	2,910	2,988	2,885
Other Revenue	1,810	2,074	2,188	2,009	2,348	1,873	2,250	1,974	2,300	1,993	1,796	1,990	3,789
Other Operating Revenue	19,684	15,692	19,589	15,036	16,024	15,513	15,592	22,162	21,358	17,469	17,526	16,609	23,436
Total Operating Revenue	**72,277**	**66,223**	**62,822**	**66,537**	**65,737**	**73,391**	**71,266**	**77,008**	**72,473**	**74,331**	**65,459**	**69,164**	**73,165**
Operating Expenses													
Salaries & Wages	26,741	27,786	26,249	27,474	28,198	31,872	30,538	28,408	29,967	29,407	27,297	30,503	28,987
Contract Labor	1,694	1,169	2,080	1,116	1,358	1,721	1,872	1,745	3,238	4,958	3,882	1,299	5,784
Employee Benefits	8,650	5,087	(7,812)	4,087	3,878	4,728	4,217	3,481	4,161	4,566	4,923	6,119	6,057
Total Employment Expenses	**37,084**	**34,042**	**20,517**	**32,678**	**33,434**	**38,321**	**36,627**	**33,634**	**37,366**	**38,931**	**36,102**	**37,920**	**40,828**
Medical & Other Supplies	11,011	10,170	11,772	9,596	13,004	11,942	11,714	10,623	10,687	10,913	10,406	11,180	10,685
Physician Fees	8,320	7,754	8,207	7,922	8,527	7,736	9,674	10,261	9,479	9,210	8,812	9,045	8,829
Purchased Services	1,520	1,383	2,697	1,100	1,368	1,680	1,683	1,565	1,745	1,261	1,511	1,304	1,914
Repairs & Maintenance	2,544	2,282	2,319	2,074	2,425	2,425	2,702	2,330	2,331	2,324	2,588	2,251	2,204
Utilities	630	729	1,175	688	740	696	860	760	654	753	736	723	753
Rents & Leases	535	489	504	475	519	487	474	522	505	528	525	515	519
Depreciation & Amortization	2,413	2,923	3,924	2,635	2,632	2,636	2,634	2,636	2,631	2,614	2,634	2,583	2,649
Interest Expense	555	555	666	555	646	499	501	500	498	655	671	671	671
Other Expense	1,840	1,537	2,053	1,450	1,466	1,641	1,563	1,557	1,804	2,110	1,731	2,019	1,907
Humana Cap Plan Expenses	3,771	3,780	3,018	3,472	2,503	3,642	3,982	3,130	2,902	2,327	2,617	5,196	3,413
Management Services Expense	3,088	2,892	3,521	2,768	3,115	3,734	2,988	2,628	2,462	2,570	2,835	3,003	3,380
Total Other Expenses	**36,227**	**34,493**	**39,856**	**32,735**	**36,945**	**37,116**	**38,774**	**36,512**	**35,698**	**35,266**	**35,066**	**38,491**	**36,924**
Total Operating Expenses	**73,310**	**68,535**	**60,373**	**65,413**	**70,379**	**75,437**	**75,402**	**70,146**	**73,064**	**74,197**	**71,168**	**76,412**	**77,752**
Operating Margin	**($1,033)**	**($2,312)**	**$2,449**	**$1,124**	**($4,642)**	**($2,046)**	**($4,136)**	**$6,862**	**($591)**	**$134**	**($5,709)**	**($7,247)**	**($4,588)**
Stimulus Funds	$920	$1,076	$525	$0	$438	$0	$137	$6,542	$0	$0	$93	$9,345	$0
Operating Margin after Stimulus	**($113)**	**($1,236)**	**$2,974**	**$1,124**	**($4,204)**	**($2,046)**	**($3,999)**	**$13,404**	**($591)**	**$134**	**($5,616)**	**$2,098**	**($4,588)**
Nonoperating Revenue (Loss)	1,725	753	248	582	552	(388)	595	587	2,495	568	693	(9,815)	(568)
Excess Margin	**$1,612**	**($483)**	**$3,222**	**$1,706**	**($3,651)**	**($2,434)**	**($3,404)**	**$13,991**	**$1,904**	**$702**	**($4,924)**	**($7,718)**	**($5,156)**

April Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	Apr 2021	Apr 2022	Apr 2022	Change	% Change
Operating Revenue					
Net Patient Service Revenue	**$52,593**	**$49,729**	**$52,665**	**($2,932)**	**(5.6%)**
Other Operating Revenue	19,684	23,436	15,974	7,462	46.7%
Total Operating Revenue	**72,277**	**73,165**	**68,639**	**4,526**	**6.6%**
Operating Expenses					
Employment Expense	37,084	40,828	32,673	8,156	25.0%
Other Operating Expense	36,227	36,924	34,920	2,004	5.7%
Total Operating Expenses	**73,310**	**77,752**	**67,593**	**10,159**	**15.0%**
Operating Margin	**($1,033)**	**($4,588)**	**$1,046**	**($5,634)**	
Stimulus Funds	920	0	98	(98)	
Operating Margin after Stimulus	**($113)**	**($4,588)**	**$1,144**	**($5,732)**	
Non Operating Revenue (Loss)	1,725	(568)	389	(956)	
Excess Margin	**$1,612**	**($5,156)**	**$1,532**	**($6,688)**	

Operating Margin %	**(1.4%)**	**(6.3%)**	**1.5%**
OM after Stimulus%	**(0.2%)**	**(6.3%)**	**1.7%**
Excess Margin %	**2.2%**	**(7.1%)**	**2.2%**
Operating Cash Flow Margin %	**2.7%**	**(1.7%)**	**6.7%**

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

	Actual Results FYTD Jul-Apr		Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	FYTD2022	Change	% Change
Operating Revenue					
Net Patient Service Revenue	**$500,611**	**$527,808**	**$529,281**	**($1,473)**	**(0.3%)**
Other Operating Revenue	145,038	181,161	155,795	25,366	16.3%
Total Operating Revenue	**645,649**	**708,968**	**685,076**	**23,893**	**3.5%**
Operating Expenses					
Employment Expense	334,323	365,853	325,282	40,571	12.5%
Other Operating Expense	340,667	363,528	348,344	15,184	4.4%
Total Operating Expenses	**674,990**	**729,381**	**673,626**	**55,755**	**8.3%**
Operating Margin	**($29,341)**	**($20,412)**	**$11,450**	**($31,862)**	
Stimulus Funds	30,860	16,117	995	15,122	
Operating Margin after Stimulus	**$1,519**	**($4,295)**	**$12,445**	**($16,740)**	
Nonoperating Revenue (Loss)	6,458	(4,697)	4,770	(9,467)	
Excess Margin	**$7,977**	**($8,993)**	**$17,214**	**($26,207)**	

Operating Margin %	**(4.5%)**	**(2.9%)**	**1.7%**
OM after Stimulus%	**0.2%**	**(0.6%)**	**1.8%**
Excess Margin %	**1.2%**	**(1.2%)**	**2.5%**
Operating Cash Flow Margin %	**0.2%**	**1.7%**	**6.6%**

April Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Apr 2021	Apr 2022	% Change	Apr 2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$52,593**	**$49,729**	**(5.4%)**	**$52,665**	**($2,936)**	**(5.6%)**
Supplemental Gov't Programs	4,990	6,983	39.9%	4,426	2,558	57.8%
Prime Program	4,872	667	(86.3%)	658	9	1.4%
Premium Revenue	4,710	9,112	93.4%	5,890	3,223	54.7%
Management Services Revenue	3,301	2,885	(12.6%)	2,983	(98)	(3.3%)
Other Revenue	1,810	3,789	109.3%	2,019	1,770	87.7%
Other Operating Revenue	19,684	23,436	**19.1%**	15,974	7,462	46.7%
Total Operating Revenue	**72,277**	**73,165**	**1.2%**	**68,639**	**4,526**	**6.6%**
Operating Expenses						
Salaries & Wages	26,741	28,987	8.4%	27,662	1,325	4.8%
Contract Labor	1,694	5,784	241.5%	516	5,268	1021.0%
Employee Benefits	8,650	6,057	(30.0%)	4,494	1,563	34.8%
Total Employment Expenses	**37,084**	**40,828**	**10.1%**	**32,673**	**8,156**	**25.0%**
Medical & Other Supplies	11,011	10,685	(3.0%)	10,330	355	3.4%
Physician Fees	8,320	8,829	6.1%	8,312	518	6.2%
Purchased Services	1,520	1,914	25.9%	1,304	610	46.8%
Repairs & Maintenance	2,544	2,204	(13.4%)	2,370	(166)	(7.0%)
Utilities	630	753	19.5%	510	242	47.5%
Rents & Leases	535	519	(3.0%)	524	(6)	(1.1%)
Depreciation & Amortization	2,413	2,649	9.8%	2,987	(337)	(11.3%)
Interest Expense	555	671	21.0%	595	76	12.9%
Other Expense	1,840	1,907	3.6%	1,871	36	2.0%
Humana Cap Plan Expenses	3,771	3,413	(9.5%)	3,167	246	7.8%
Management Services Expense	3,088	3,380	9.5%	2,951	429	14.5%
Total Other Expenses	**36,227**	**36,924**	**1.9%**	**34,920**	**2,004**	**5.7%**
Total Operating Expenses	**73,310**	**77,752**	**6.1%**	**67,593**	**10,159**	**15.0%**
Operating Margin	**($1,033)**	**($4,588)**	**344%**	**$1,046**	**($5,634)**	**(539%)**
Stimulus Funds	920	0	(100%)	98	(98)	(100%)
Operating Margin after Stimulus	**($113)**	**($4,588)**	**3953%**	**$1,144**	**($5,732)**	**(501%)**
Nonoperating Revenue (Loss)	1,725	(568)	(133%)	389	(956)	(246%)
Excess Margin	**$1,612**	**($5,156)**	**(420%)**	**$1,532**	**($6,688)**	**(437%)**

Operating Margin %	**(1.4%)**	**(6.3%)**		**1.5%**
OM after Stimulus%	**(0.2%)**	**(6.3%)**		**1.7%**
Excess Margin %	**2.2%**	**(7.1%)**		**2.2%**
Operating Cash Flow Margin %	**2.7%**	**(1.7%)**		**6.7%**

YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Apr			Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	% Change	FYTD2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$500,611**	**$527,808**	**5.4%**	**$529,281**	**($1,473)**	**(0.3%)**
Supplemental Gov't Programs	44,247	61,455	38.9%	44,255	17,200	38.9%
Prime Program	9,231	9,285	0.6%	6,663	2,622	39.4%
Premium Revenue	45,469	57,604	26.7%	54,196	3,408	6.3%
Management Services Revenue	28,039	30,060	7.2%	30,225	(165)	(0.5%)
Other Revenue	18,052	22,758	26.1%	20,456	2,302	11.3%
Other Operating Revenue	145,038	181,161	**24.9%**	155,795	25,366	16.3%
Total Operating Revenue	**645,649**	**708,968**	**9.8%**	**685,076**	**23,893**	**3.5%**
Operating Expenses						
Salaries & Wages	270,116	292,663	8.3%	275,085	17,578	6.4%
Contract Labor	6,528	26,973	313.2%	5,165	21,807	422.2%
Employee Benefits	57,679	46,217	(19.9%)	45,031	1,186	2.6%
Total Employment Expenses	**334,323**	**365,853**	**9.4%**	**325,282**	**40,571**	**12.5%**
Medical & Other Supplies	109,212	110,749	1.4%	104,687	6,062	5.8%
Physician Fees	80,729	89,496	10.9%	83,155	6,341	7.6%
Purchased Services	18,921	15,130	(20.0%)	13,212	1,918	14.5%
Repairs & Maintenance	21,543	23,654	9.8%	23,924	(270)	(1.1%)
Utilities	5,489	7,364	34.2%	6,091	1,273	20.9%
Rents & Leases	5,199	5,069	(2.5%)	5,171	(102)	(2.0%)
Depreciation & Amortization	24,799	26,284	6.0%	27,472	(1,188)	(4.3%)
Interest Expense	5,550	5,867	5.7%	6,025	(158)	(2.6%)
Other Expense	17,002	17,250	1.5%	18,813	(1,563)	(8.3%)
Humana Cap Plan Expenses	24,189	33,185	37.2%	29,894	3,291	11.0%
Management Services Expense	28,034	29,481	5.2%	29,899	(419)	(1.4%)
Total Other Expenses	**340,667**	**363,528**	**6.7%**	**348,344**	**15,184**	**4.4%**
Total Operating Expenses	**674,990**	**729,381**	**8.1%**	**673,626**	**55,755**	**8.3%**
Operating Margin	**($29,341)**	**($20,412)**	**30.4%**	**$11,450**	**($31,862)**	**(278%)**
Stimulus Funds	30,860	16,117	(47.8%)	995	15,122	1520%
Operating Margin after Stimulus	**$1,519**	**($4,295)**	**383%**	**$12,445**	**($16,740)**	**(134%)**
Nonoperating Revenue (Loss)	6,458	(4,697)	(173%)	4,770	(9,467)	(199%)
Excess Margin	**$7,977**	**($8,993)**	**(213%)**	**$17,214**	**($26,207)**	**(152%)**

Operating Margin %	**(4.5%)**	**(2.9%)**		**1.7%**
OM after Stimulus%	**0.2%**	**(0.6%)**		**1.8%**
Excess Margin %	**1.2%**	**(1.2%)**		**2.5%**
Operating Cash Flow Margin %	**0.2%**	**1.7%**		**6.6%**

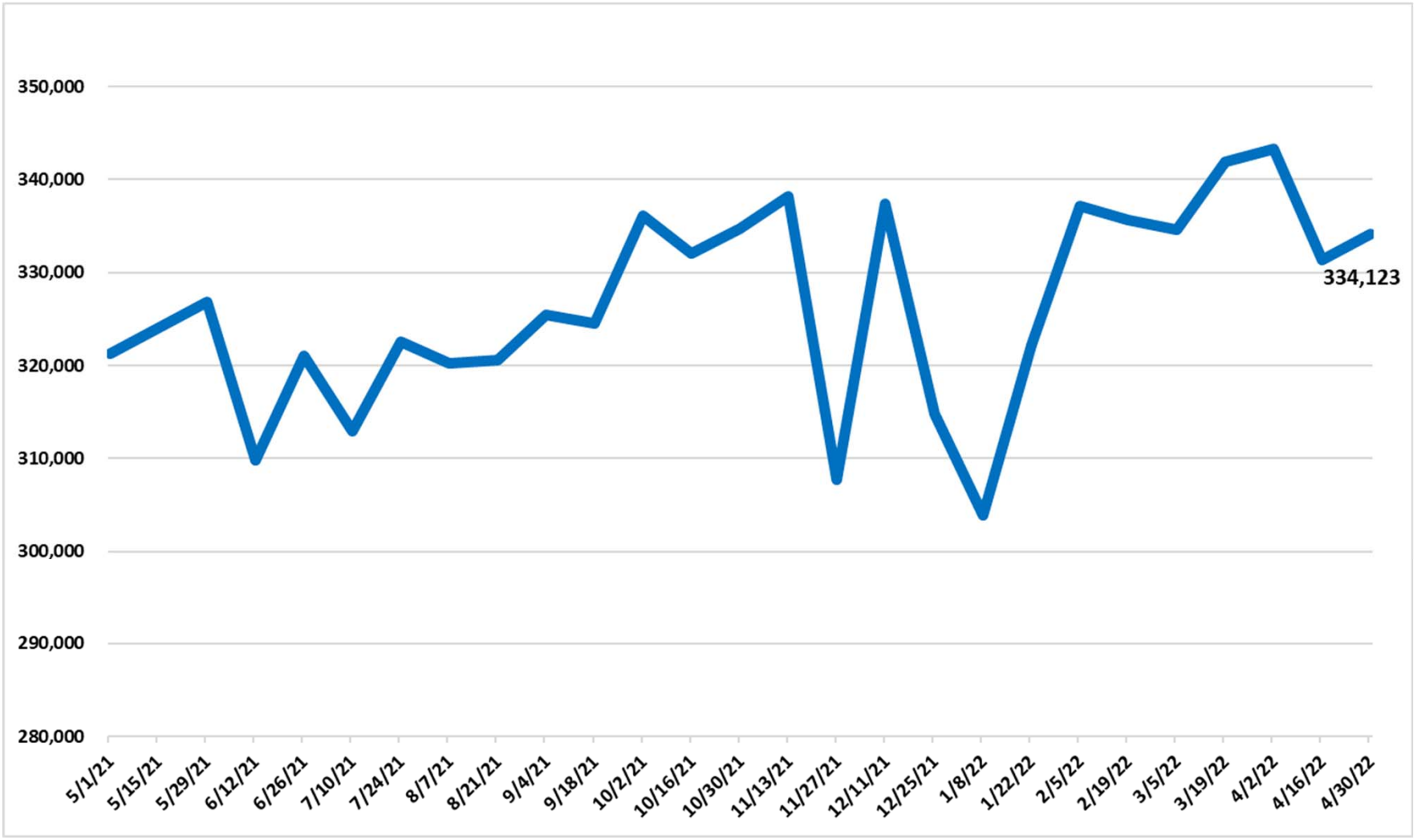
Kaweah Health Medical Group
Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July – Apr			Budget FYTD	Budget Variance FYTD	
	Apr 2021	Apr 2022	% Change	Apr 2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$39,474**	**$40,072**	**1.5%**	**$44,101**	**($4,030)**	**(9.1%)**
Other Operating Revenue	1,126	1,393	23.8%	700	693	98.9%
Total Operating Revenue	**40,600**	**41,465**	**2.1%**	**44,802**	**(3,337)**	**(7.4%)**
Operating Expenses						
Salaries & Wages	9,498	9,880	4.0%	10,346	(466)	(4.5%)
Contract Labor	0	0	0.0%	0	0	0.0%
Employee Benefits	1,891	1,596	(15.6%)	1,688	(91)	(5.4%)
Total Employment Expenses	**11,390**	**11,477**	**0.8%**	**12,034**	**(557)**	**(4.6%)**
Medical & Other Supplies	5,437	5,309	(2.3%)	5,725	(416)	(7.3%)
Physician Fees	22,240	24,431	9.9%	25,083	(652)	(2.6%)
Purchased Services	717	833	16.2%	705	128	18.1%
Repairs & Maintenance	2,005	1,865	(7.0%)	2,281	(415)	(18.2%)
Utilities	364	372	2.1%	402	(31)	(7.7%)
Rents & Leases	2,331	2,106	(9.6%)	2,164	(58)	(2.7%)
Depreciation & Amortization	793	642	(19.1%)	917	(275)	(30.0%)
Interest Expense	3	1	(73.8%)	1	(0)	(13.2%)
Other Expense	1,079	1,096	1.6%	1,403	(307)	(21.9%)
Total Other Expenses	**34,967**	**36,655**	**4.8%**	**38,681**	**(2,026)**	**(5.2%)**
Total Operating Expenses	**46,357**	**48,132**	**3.8%**	**50,715**	**(2,583)**	**(5.1%)**
Stimulus Funds	0	194	0.0%	0	194	0.0%
Excess Margin	**($5,757)**	**($6,473)**	**(12.4%)**	**($5,913)**	**($560)**	**(9.5%)**
Excess Margin %	**(14.2%)**	**(15.6%)**		**(13.2%)**		

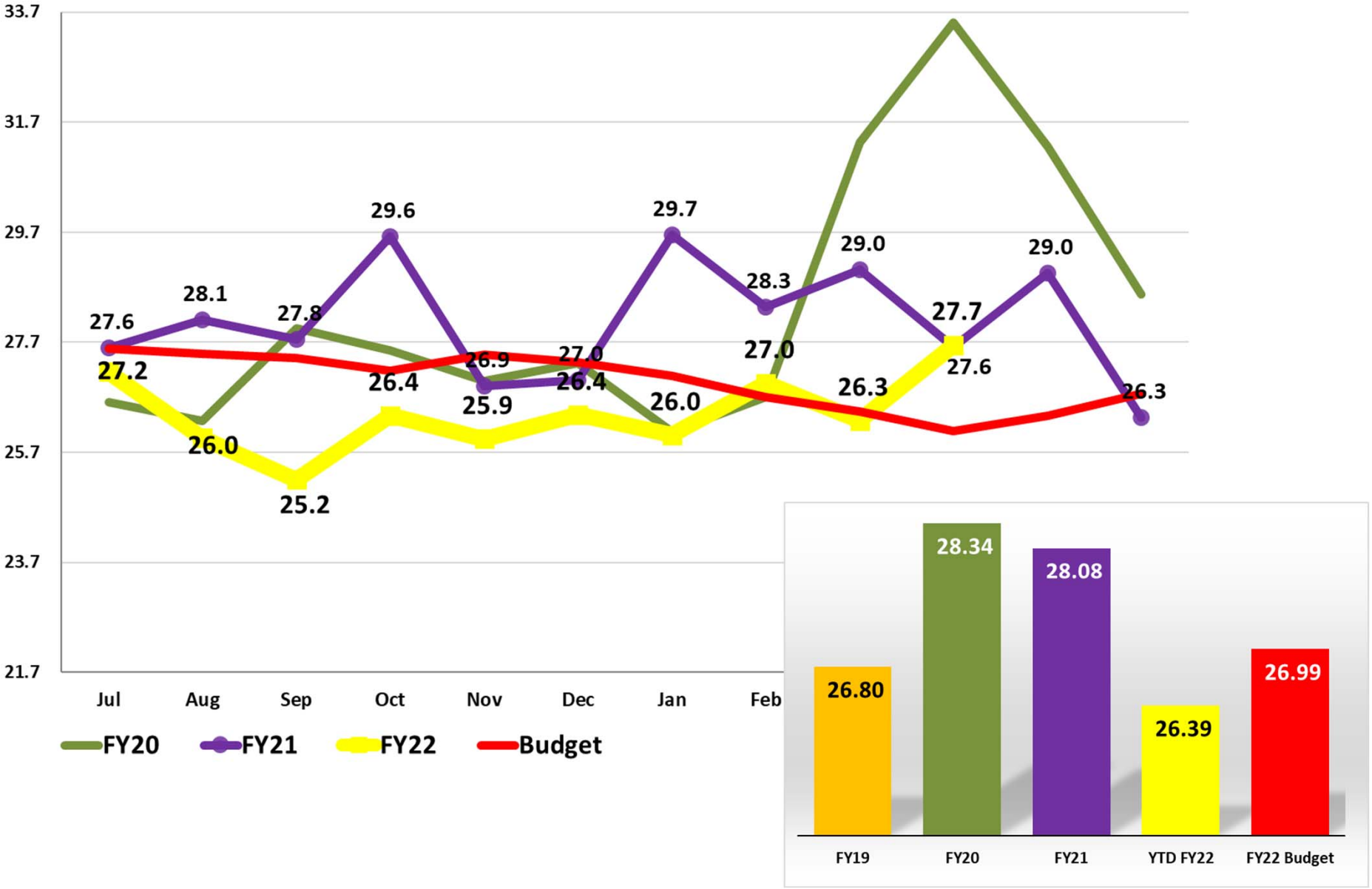
Month of April - Budget Variances

- **Net Patient Revenues:** Net patient revenue fell short of budget by $2.9M (5.6%) primarily due to less revenue recognized on an adjusted patient day basis. This was mainly due to less inpatient cases overall, and less surgeries and cardiac catheterization procedures than expected in April.
- **Supplemental Program Revenue:** In April we recognized $2.6M of additional revenue related to the FY21 fee-for-service IGT program.
- **Premium Revenue:** Exceeded budget in April as we recorded a $2.9M increase in premium revenue due to the 2021 annual settlement and Mid-year settlement for 2022 as well as a $400k reinsurance payment.
- **Salaries and Contract Labor**: We experienced an unfavorable budget variance of $6.6M in April. The unfavorable variance is primarily due to the amount of contract labor utilized during the month ($5.3M) and shift bonuses ($1.4M) paid in April.
- **Employee Benefits:** Benefits expense exceeded budget by $1.6M primarily due to the increased cost of employee health insurance claims as well as the timing of the 401k match accrual (three pay periods in April).

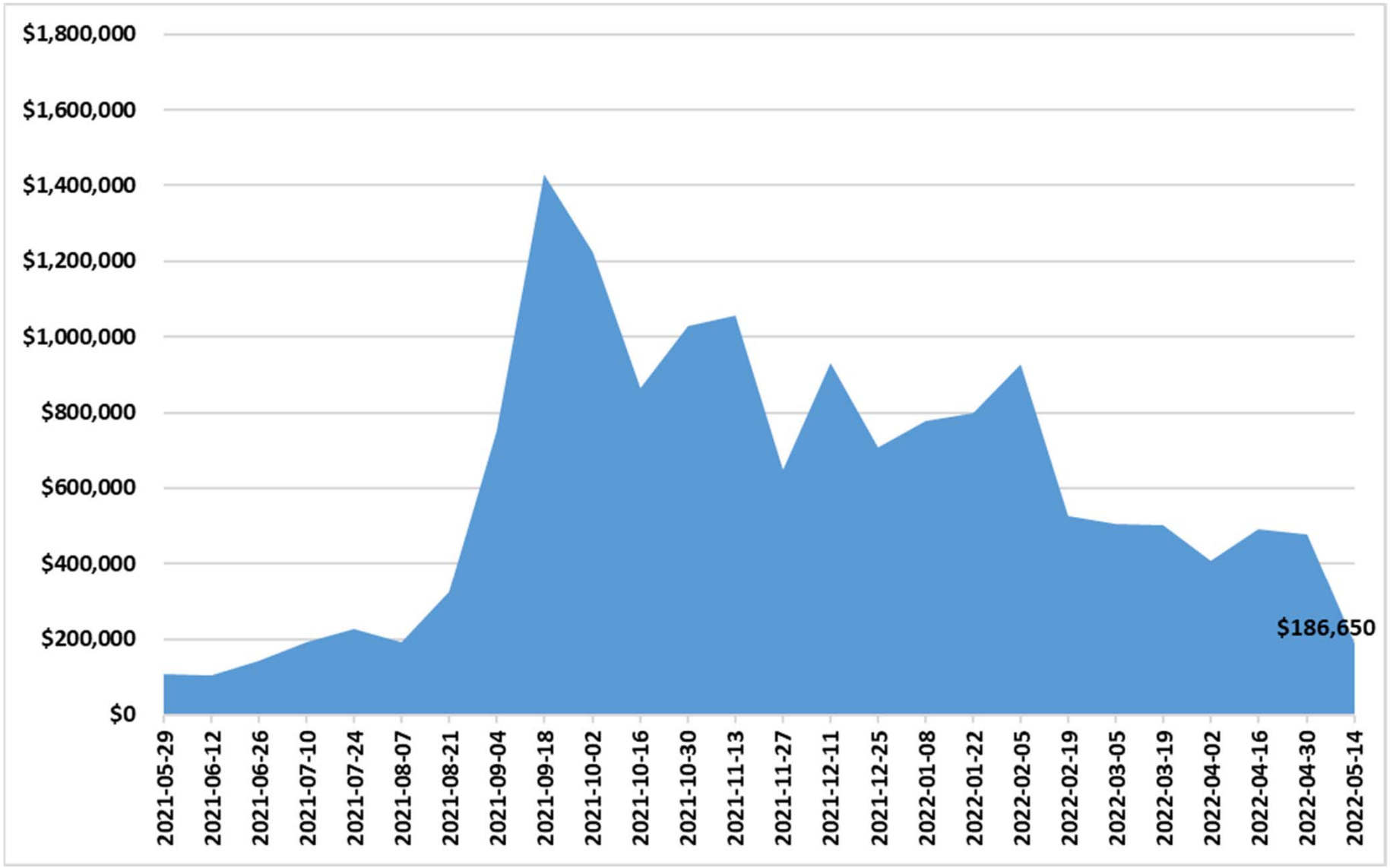
Productive Hours



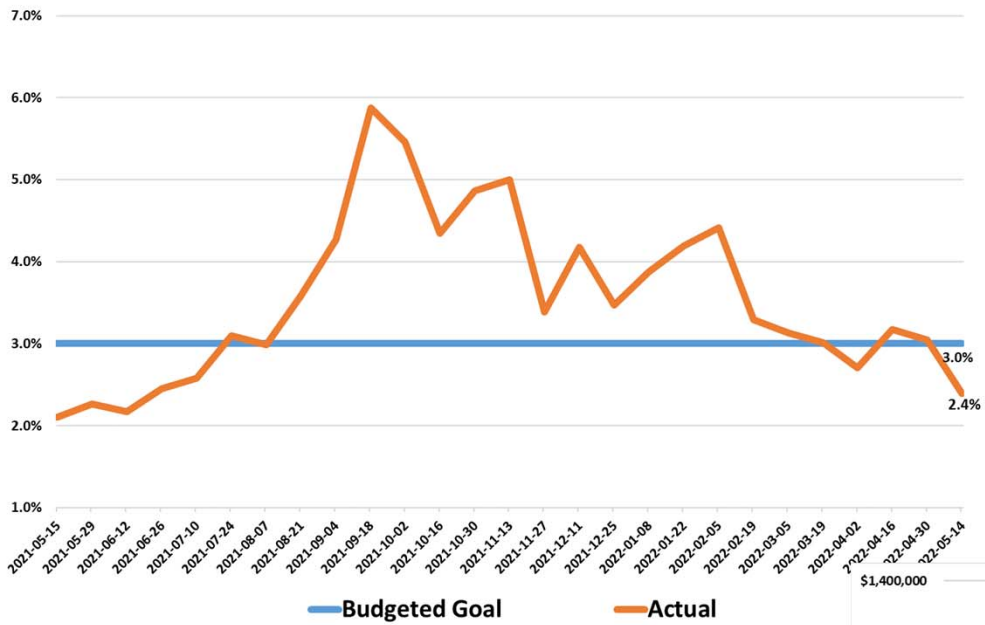
Productivity: Worked Hours/Adjusted Patient Days

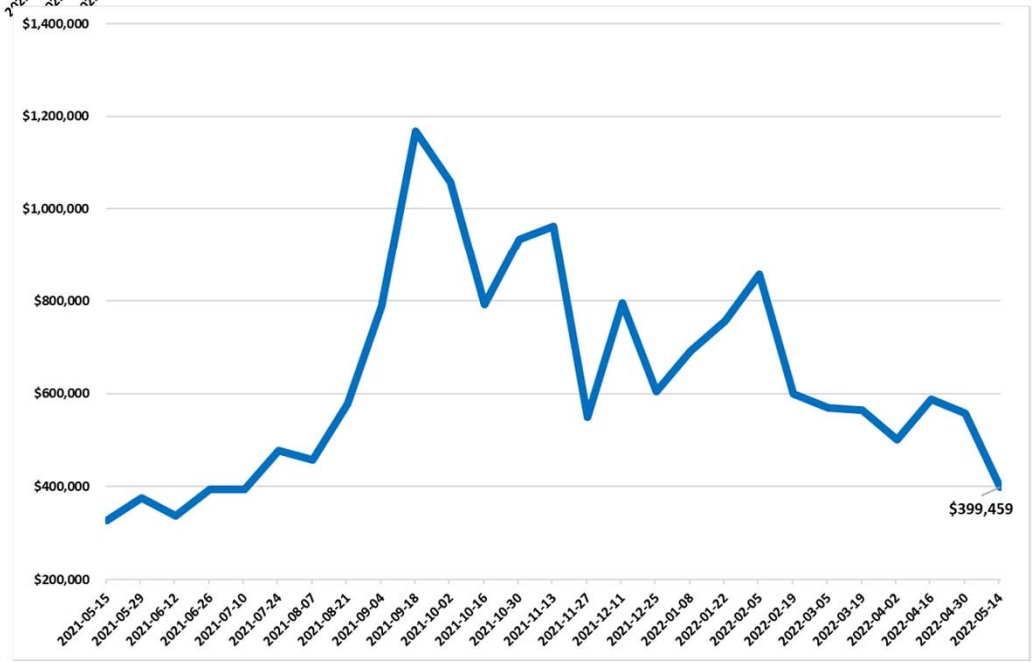


Shift Bonus

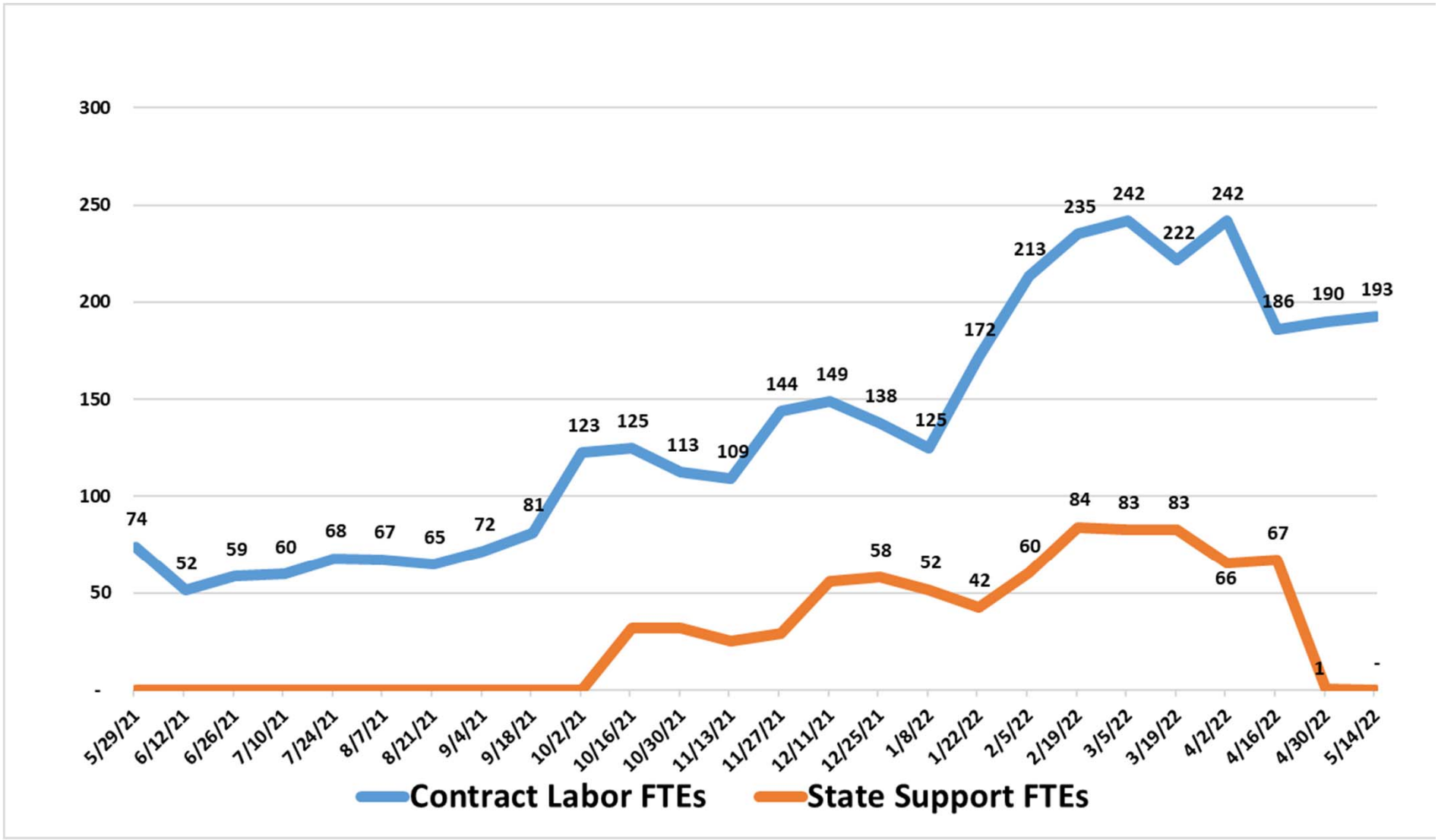

$1,800,000
$1,600,000
$1,400,000
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$0
$186,650
2021-05-29
2021-06-12
2021-06-26
2021-07-10
2021-07-24
2021-08-07
2021-08-21
2021-09-04
2021-09-18
2021-10-02
2021-10-16
2021-10-30
2021-11-13
2021-11-27
2021-12-11
2021-12-25
2022-01-08
2022-01-22
2022-02-05
2022-02-19
2022-03-05
2022-03-19
2022-04-02
2022-04-16
2022-04-30
2022-05-14

Overtime as a % of Productive Hours and $

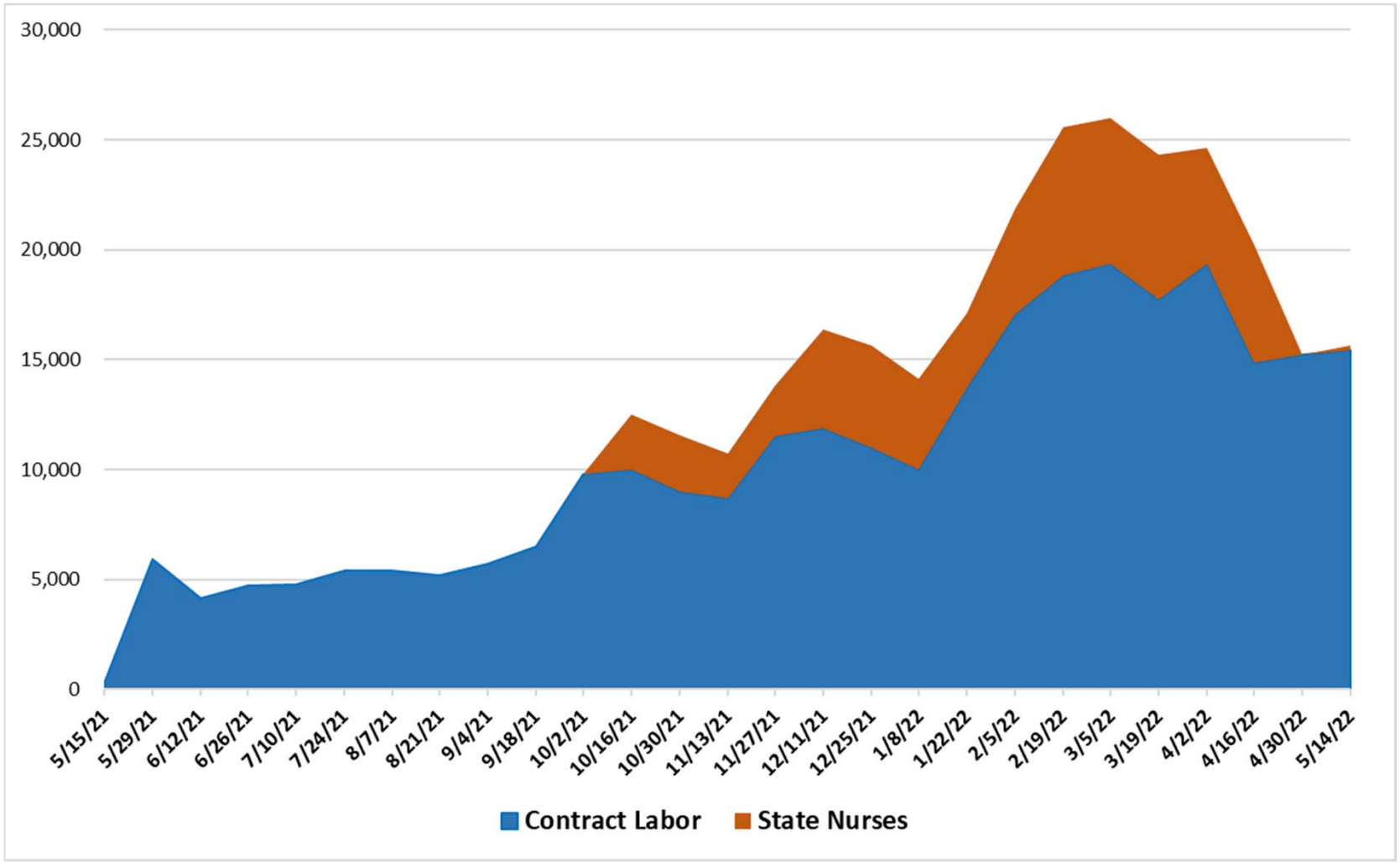


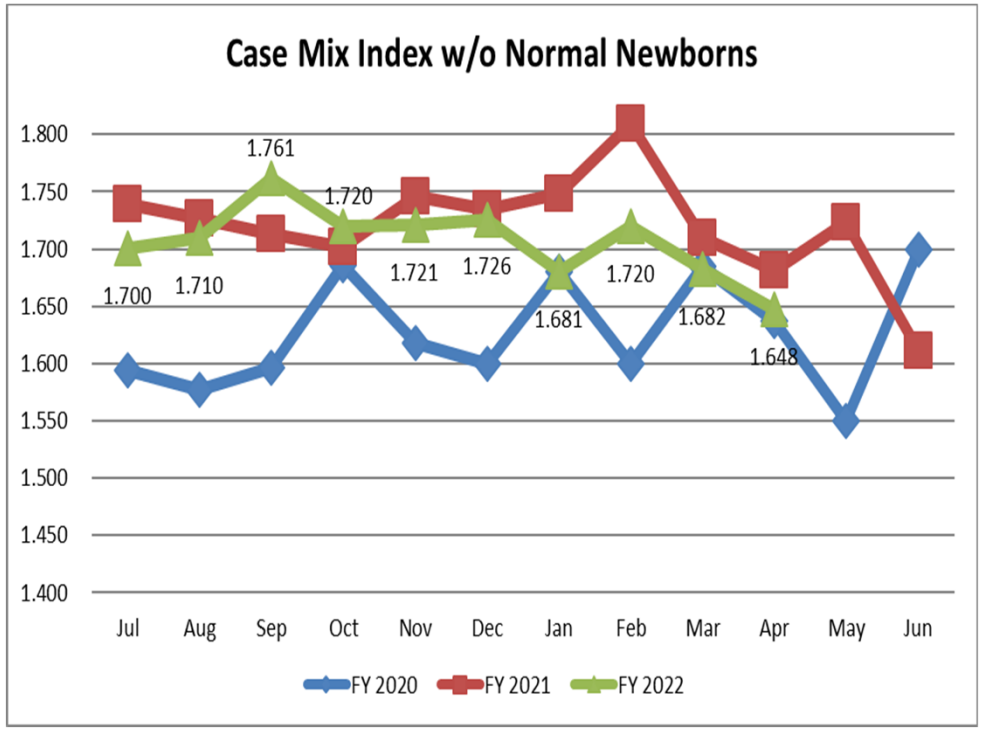


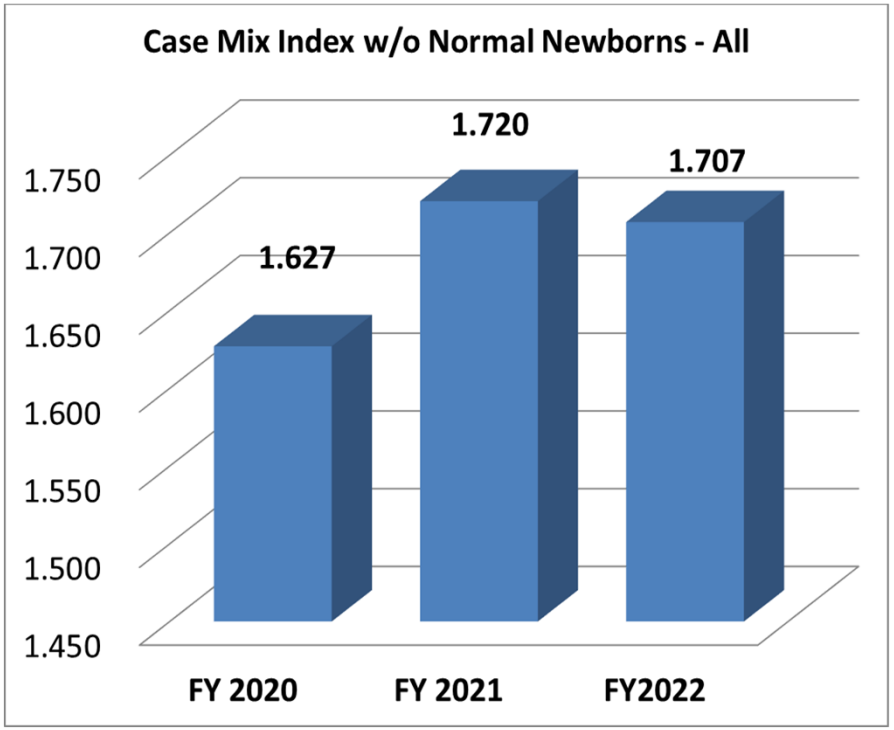
Contract Labor Full Time Equivalents (FTEs)

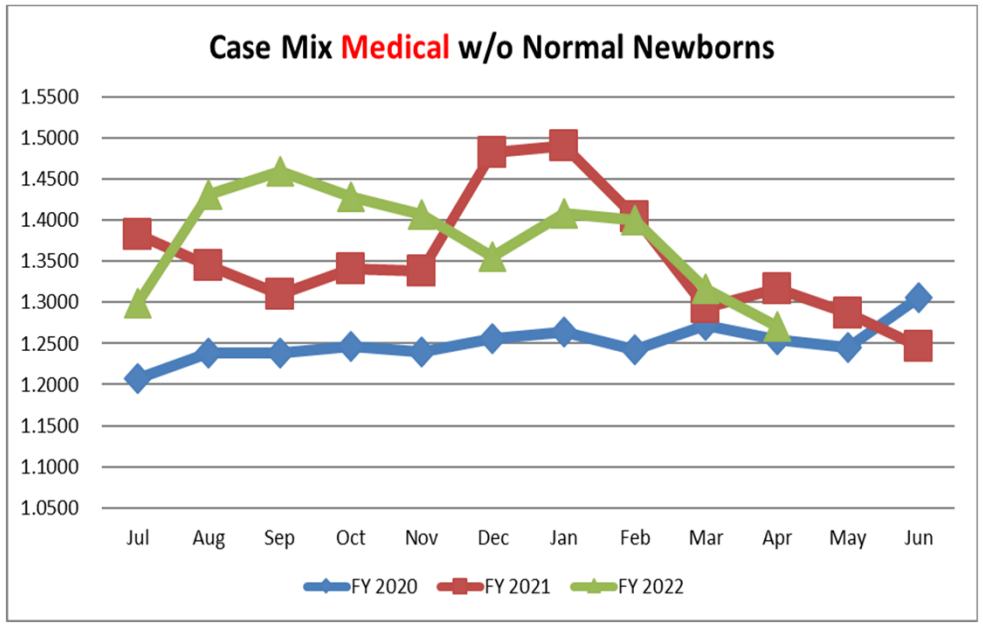


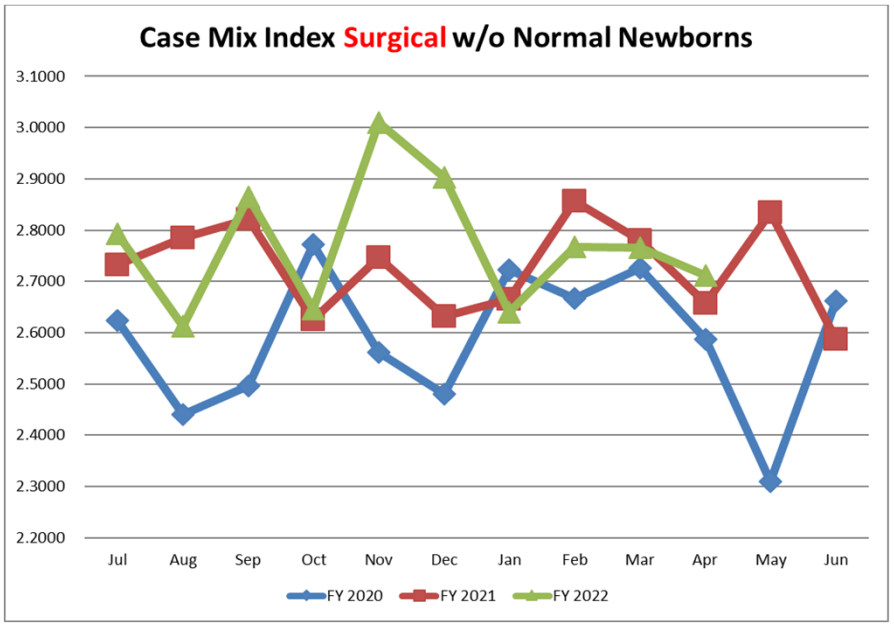
Contract Labor Hours



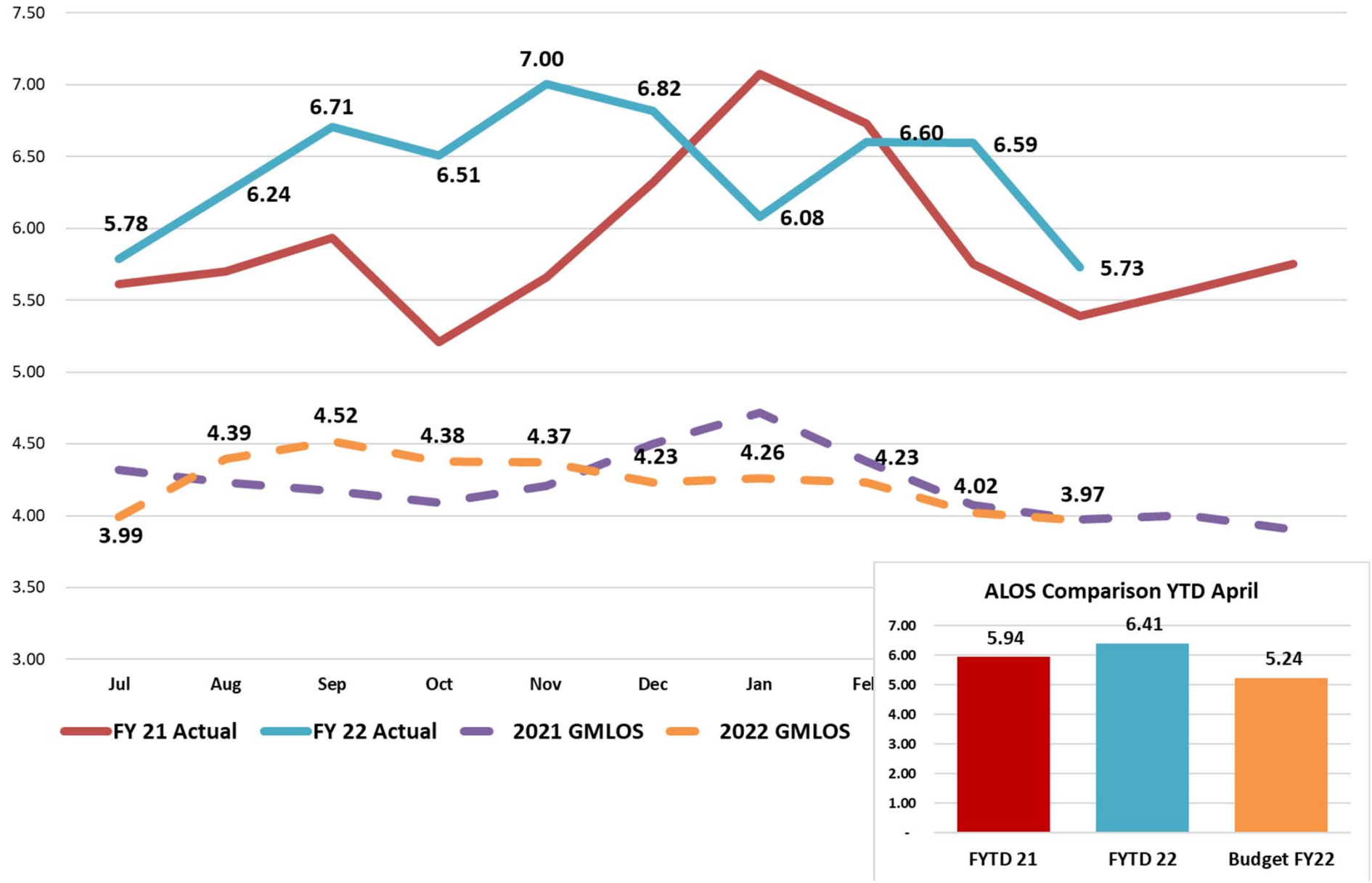

Case Mix Index w/o Normal Newborns
1.800
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.400
1.700
1.710
1.761
1.720
1.721
1.726
1.681
1.720
1.682
1.648
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2020
FY 2021
FY 2022


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
1.707
FY 2020
FY 2021
FY2022


Case Mix Medical w/o Normal Newborns
1.5500
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
3.1000
3.0000
2.9000
2.8000
2.7000
2.6000
2.5000
2.4000
2.3000
2.2000
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2020
FY 2021
FY 2022

Average Length of Stay versus National Average (GMLOS)

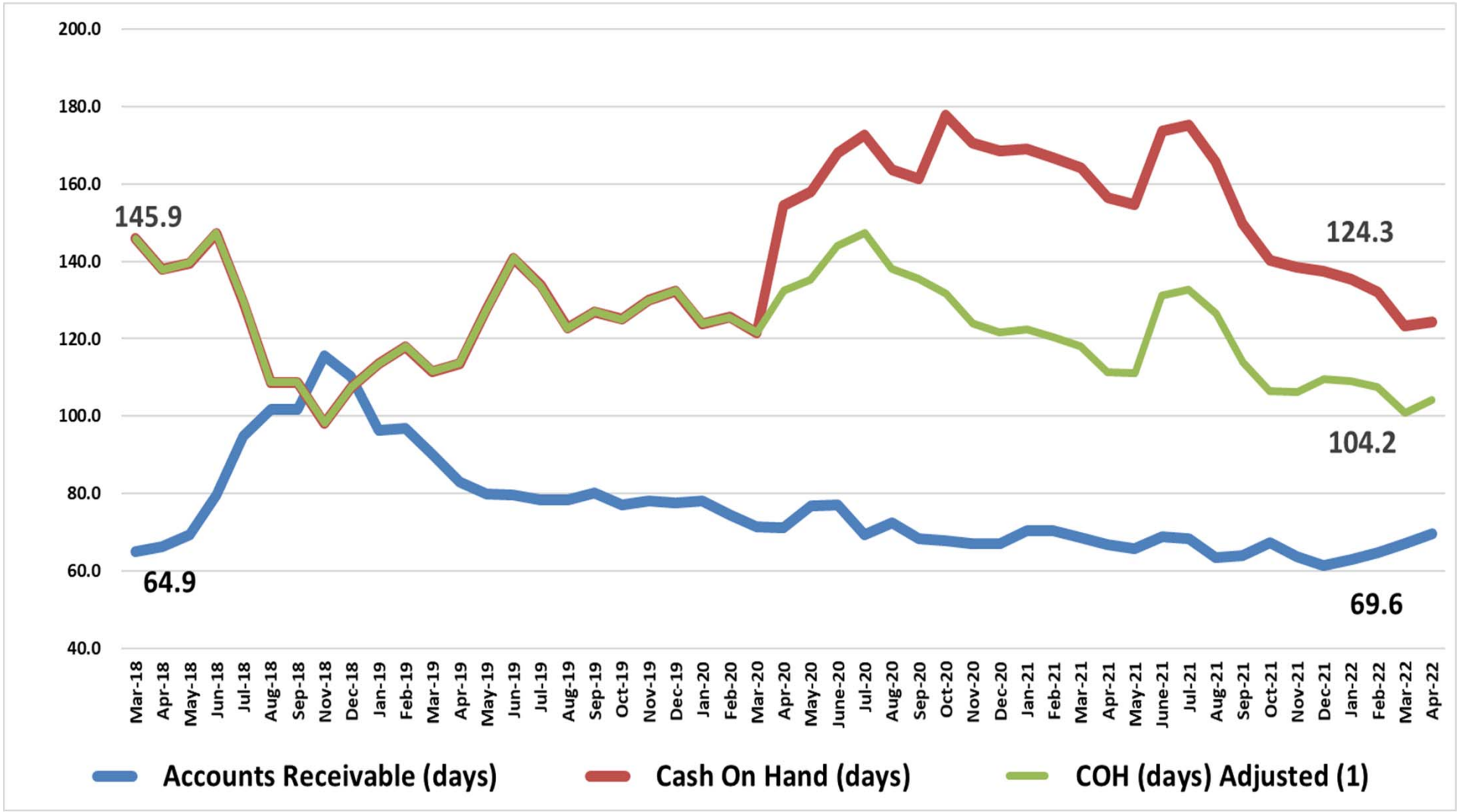


Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients				Excluding COVID Patients				
	ALOS	GMLOS	GAP		ALOS	GMLOS	GAP	Gap Diff	%
Mar-20	5.20	4.04	1.16		5.17	4.03	1.14	0.02	2%
Apr-20	5.30	4.25	1.05		5.20	4.17	1.03	0.02	1%
May-20	5.25	4.16	1.09		4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50		4.98	3.95	1.03	0.47	31%
Jul-20	5.61	4.32	1.29		5.01	4.05	0.96	0.33	25%
Aug-20	5.70	4.23	1.47		5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76		5.33	4.00	1.33	0.43	24%
Oct-20	5.20	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	4.15	1.46	0.90	38%
Feb-21	6.73	4.37	2.36		5.64	4.01	1.63	0.73	31%
Mar-21	5.75	4.07	1.68		5.04	3.92	1.12	0.56	33%
Apr-21	5.39	3.98	1.41		5.21	3.89	1.32	0.09	7%
May-21	5.56	4.00	1.56		5.33	3.92	1.41	0.15	10%
Jun-21	5.75	3.90	1.85		5.67	3.88	1.79	0.06	3%
Jul-21	5.78	3.99	1.79		5.68	3.94	1.74	0.05	3%
Aug-21	6.24	4.39	1.85		5.95	4.05	1.90	(0.05)	-3%
Sep-21	6.71	4.52	2.19		5.88	4.08	1.80	0.39	18%
Oct-21	6.51	4.38	2.13		5.33	4.00	1.33	0.80	38%
Nov-21	7.00	4.37	2.63		5.75	3.95	1.80	0.83	32%
Dec-21	6.82	4.23	2.59		6.12	3.98	2.14	0.45	17%
Jan-22	6.08	4.26	1.82		5.96	3.97	1.99	(0.17)	-9%
Feb-22	6.60	4.23	2.37		5.86	3.82	2.04	0.33	14%
Mar-22	6.59	4.02	2.57		5.66	3.89	1.77	0.80	31%
Apr-22	5.73	3.97	1.76		5.61	3.95	1.66	0.10	6%
Average	**6.00**	**4.21**	**1.79**		**5.43**	**3.99**	**1.45**	**0.34**	**19%**

Opportunity Cost of Reducing LOS to National Average - $62.7M FY21

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

APRIL 30, 2022

	Current Month Value	Prior Month Value	June 30, 2021 Audited Value	2020 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	1.7	1.7	1.2	1.5	**1.7**	1.8
Accounts Receivable (days)	69.6	67.0	67.0	47.2	**46.3**	45.9
Cash On Hand (days)	124.3	123.4	173.3	334.8	**261.4**	207.2
Cushion Ratio (x)	18.2	17.9	22.9	45.9	**28.8**	19
Average Payment Period (days)	68.9	67.2	93.2	100.5	**89.4**	95.2
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	129.0%	126.9%	164.4%	285.0%	**200.8%**	149.7%
Debt-To-Capitalization	31.8%	31.5%	31.2%	24.8%	**31.7%**	40.1%
Debt-to-Cash Flow (x)	8.6	7.1	4.6	2.4	**3**	3.9
Debt Service Coverage	1.5	1.9	2.9	7.5	**5.2**	3.7
Maximum Annual Debt Service Coverage (x)	1.5	1.9	2.9	6.6	**4.4**	3
Age Of Plant (years)	14.4	14.3	13.5	10.6	**11.8**	12.9
PROFITABILITY RATIOS						
Operating Margin	(2.9%)	(2.5%)	(3.5%)	2.2%	**1.4%**	0.6%
Excess Margin	(1.2%)	(.6%)	1.5%	6.3%	**4.8%**	3.0%
Operating Cash Flow Margin	1.7%	2.0%	1.4%	7.4%	**7.6%**	6.2%
Return on Assets	(1.2%)	(.6%)	1.3%	4.4%	**3.8%**	2.8%

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	21,796	72,911	37,366	9,479	10,687	15,532	73,064	(153)	2,057	1,904	(0.2%)	2.6%
Jan-22	56,862	17,469	74,331	38,931	9,210	10,913	15,143	74,197	134	568	702	0.2%	0.9%
Feb-22	47,933	17,525	65,458	36,102	8,812	10,406	15,848	71,168	(5,710)	787	(4,924)	(8.7%)	(7.5%)
Mar-22	52,555	16,609	69,164	37,920	9,045	11,180	18,266	76,412	(7,247)	(470)	(7,717)	(10.5%)	(11.2%)
Apr-22	49,729	23,436	73,165	40,828	8,829	10,685	17,410	77,752	(4,588)	(568)	(5,156)	(6.3%)	(7.0%)
2022 FY Total	**$ 527,808**	**$ 181,161**	**$ 708,968**	**$ 365,853**	**$ 89,496**	**$ 110,749**	**$ 163,283**	**$ 729,381**	**$ (20,412)**	**$ 11,420**	**$ (8,992)**	**(2.9%)**	**(1.2%)**
FYTD Budget	**529,281**	**156,790**	**686,071**	**325,282**	**83,155**	**104,687**	**160,502**	**673,626**	**12,445**	**4,770**	**17,214**	**1.8%**	**2.5%**
Variance	**$ (1,473)**	**$ 24,371**	**$ 22,898**	**$ 40,571**	**$ 6,341**	**$ 6,062**	**$ 2,781**	**$ 55,755**	**$ (32,857)**	**$ 6,650**	**$ (26,207)**		
Current Month Analysis													
Apr-22	**$ 49,729**	**$ 23,436**	**$ 73,165**	**$ 40,828**	**$ 8,829**	**$ 10,685**	**$ 17,410**	**$ 77,752**	**$ (4,588)**	**$ (568)**	**$ (5,156)**	**(6.3%)**	**(7.1%)**
Budget	**52,665**	**16,072**	**68,737**	**32,673**	**8,312**	**10,330**	**16,279**	**67,593**	**1,144**	**389**	**1,532**	**1.7%**	**2.2%**
Variance	**$ (2,936)**	**$ 7,364**	**$ 4,428**	**$ 8,156**	**$ 518**	**$ 355**	**$ 1,131**	**$ 10,159**	**$ (5,732)**	**$ (956)**	**(6,688)**		

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	14,421	465	27,742	52.0%	77.3%	1,792	1,205	307	469	2,537	67.3%	17.2%	26.2%	141.6%
Sep-21	14,836	495	28,344	52.3%	75.0%	2,042	1,352	273	421	2,662	66.2%	13.4%	20.6%	130.4%
Oct-21	15,518	501	28,267	54.9%	75.8%	1,970	1,296	342	414	2,667	65.8%	17.4%	21.0%	135.4%
Nov-21	13,969	466	26,571	52.6%	74.8%	2,064	1,266	386	400	2,640	61.3%	18.7%	19.4%	127.9%
Dec-21	14,305	461	27,106	52.8%	76.4%	1,886	1,378	350	394	2,695	73.1%	18.5%	20.9%	142.9%
Jan-22	14,611	471	26,955	54.2%	74.3%	2,109	1,444	342	405	2,753	68.5%	16.2%	19.2%	130.5%
Feb-22	13,263	474	24,973	53.1%	75.8%	1,919	1,446	353	417	2,850	75.3%	18.4%	21.7%	148.5%
Mar-22	13,570	438	27,296	49.7%	76.7%	1,925	1,389	331	410	2,799	72.2%	17.2%	21.3%	145.4%
Apr-22	12,698	423	26,159	48.5%	77.0%	1,901	1,561	338	408	2,972	82.1%	17.8%	21.5%	156.4%
2022 FY Total	**140,579**	**462**	**269,563**	**52.2%**	**75.9%**	**1,958**	**1,357**	**332**	**411**	**2,706**	**69.3%**	**17.0%**	**21.0%**	**138.2%**
FYTD Budget	**134,914**	**444**	**266,716**	**50.6%**	**75.6%**	**1,984**	**1,220**	**312**	**393**	**2,499**	**61.5%**	**15.7%**	**19.8%**	**127.3%**
Variance	**5,665**	**19**	**2,847**	**1.6%**	**0.3%**	**(26)**	**138**	**20**	**18**	**207**	**7.9%**	**1.2%**	**1.2%**	**10.9%**
Current Month Analysis														
Apr-22	**12,698**	**423**	**26,159**	**48.5%**	**77.0%**	**1,901**	**1,561**	**338**	**408**	**2,972**	**82.1%**	**17.8%**	**21.5%**	**156.4%**
Budget	**13,337**	**445**	**26,334**	**50.6%**	**75.6%**	**2,000**	**1,241**	**316**	**392**	**2,584**	**62.0%**	**15.8%**	**19.6%**	**128.3%**
Variance	**(639)**	**(21)**	**(175)**	**(2.1%)**	**1.4%**	**(99)**	**320**	**22**	**16**	**388**	**20.1%**	**2.0%**	**1.9%**	**28.0%**

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

	Apr-22	Mar-22	Change	% Change	Jun-21 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	$ 13,840	$ 16,298	$ (2,458)	-15.08%	$ 30,081
Current Portion of Board designated and trusted assets	23,208	21,637	1,570	7.26%	13,695
Accounts receivable:					
Net patient accounts	131,453	128,358	3,095	2.41%	121,553
Other receivables	22,280	15,376	6,904	44.90%	16,048
	153,733	143,735	9,998	6.96%	137,601
Inventories	11,841	12,203	(362)	-2.97%	10,800
Medicare and Medi-Cal settlements	50,243	60,031	(9,788)	-16.30%	37,339
Prepaid expenses	12,953	11,300	1,654	14.63%	12,210
Total current assets	265,818	265,203	615	0.23%	241,726
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	294,768	279,403	15,365	5.50%	349,933
Revenue bond assets held in trust	14,120	22,316	(8,196)	-36.73%	22,271
Assets in self-insurance trust fund	1,944	1,941	3	0.17%	2,073
Total non-current cash and investments	310,832	303,659	7,173	2.36%	374,277
CAPITAL ASSETS					
Land	17,542	17,542	-	0.00%	17,542
Buildings and improvements	386,079	385,255	824	0.21%	384,399
Equipment	321,066	320,802	264	0.08%	316,636
Construction in progress	58,248	58,162	87	0.15%	53,113
	782,936	781,761	1,175	0.15%	771,690
Less accumulated depreciation	452,781	450,206	2,576	0.57%	427,307
	330,154	331,555	(1,401)	-0.42%	344,383
Property under capital leases -					
less accumulated amortization	(238)	(180)	(58)	32.03%	376
Total capital assets	329,917	331,376	(1,459)	-0.44%	344,759
OTHER ASSETS					
Property not used in operations	1,593	1,597	(4)	-0.27%	1,635
Health-related investments	5,053	5,110	(56)	-1.10%	5,216
Other	12,828	12,592	236	1.87%	11,569
Total other assets	19,473	19,298	175	0.91%	18,419
Total assets	926,040	919,536	6,504	0.71%	979,182
DEFERRED OUTFLOWS	(36,142)	(36,112)	(30)	0.08%	(35,831)
Total assets and deferred outflows	**$ 889,898**	**$ 883,424**	**$ 6,474**	**0.73%**	**$ 943,351**

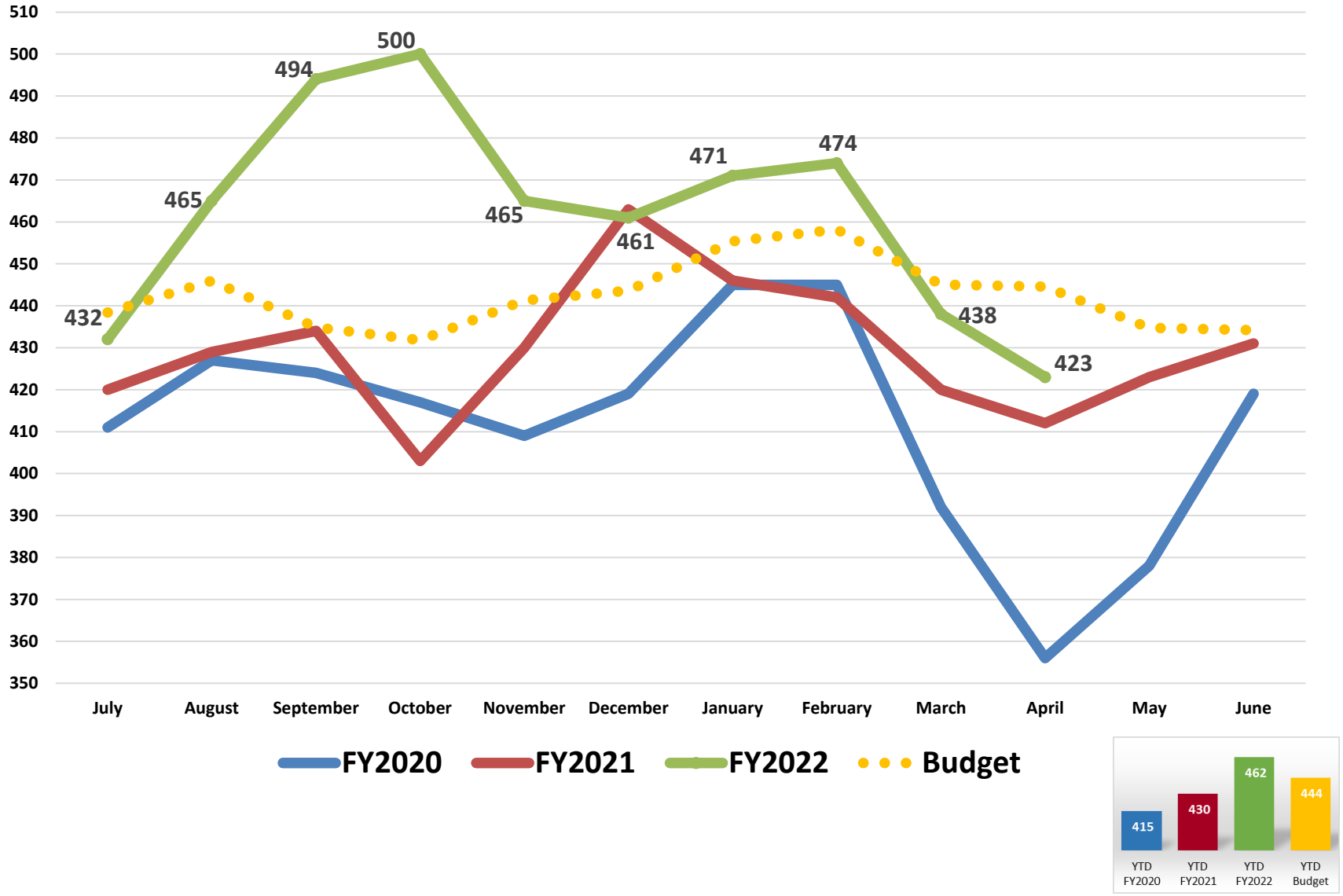
KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION (000's)

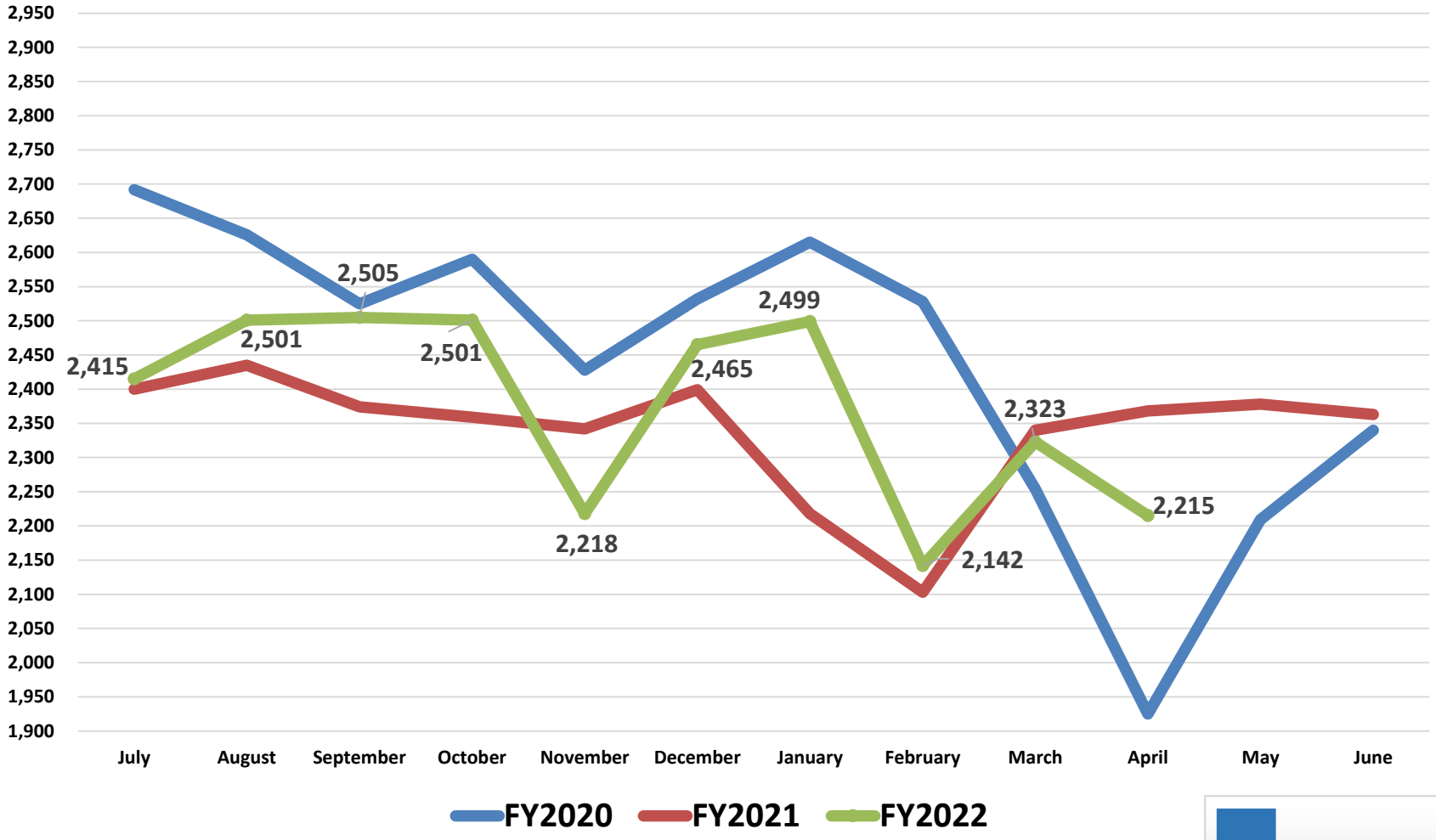
	Apr-22	Mar-22	Change	% Change	Jun-21
					(Audited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	$ 79,060	$ 76,825	$ 2,235	2.91%	$ 114,900
Accrued payroll and related liabilities	69,076	65,903	3,173	4.81%	71,537
Long-term debt, current portion	11,216	11,216	-	0.00%	11,128
Total current liabilities	159,351	153,943	5,408	3.51%	197,565
LONG-TERM DEBT, less current portion					
Bonds payable	248,191	248,248	(57)	-0.02%	250,675
Capital leases	98	98	-	0.00%	123
Notes payable	7,816	-	7,816	#DIV/0!	-
Total long-term debt	256,105	248,346	7,759	3.12%	250,797
NET PENSION LIABILITY	(42,681)	(40,640)	(2,041)	5.02%	(22,273)
OTHER LONG-TERM LIABILITIES	35,026	34,584	442	1.28%	30,894
Total liabilities	407,801	396,233	11,568	2.92%	456,983
NET ASSETS					
Invested in capital assets, net of related debt	87,110	96,734	(9,624)	-9.95%	107,949
Restricted	41,729	40,098	1,631	4.07%	31,668
Unrestricted	353,258	350,360	2,898	0.83%	346,751
Total net position	482,097	487,191	(5,095)	-1.05%	486,368
Total liabilities and net position	**$ 889,898**	**$ 883,424**	**$ 6,474**	**0.73%**	**$ 943,351**

Statistical Report
May 2022

Average Daily Census



Admissions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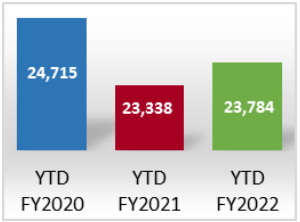
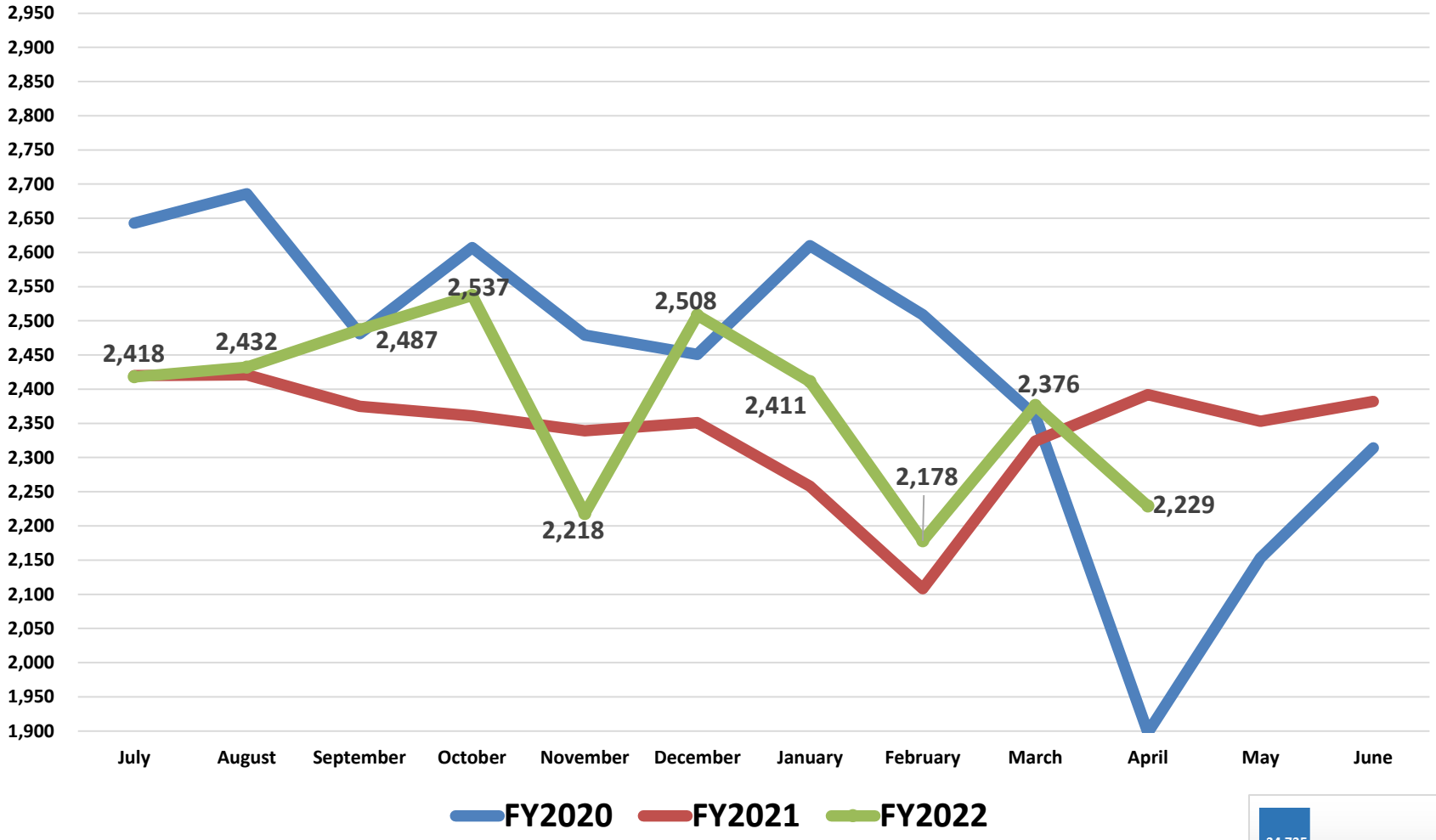
1,950
1,900
2,505
2,415
2,501
2,501
2,218
2,499
2,465
2,323
2,142
2,215
July
August
September
October
November
December
January
February
March
April
May
June
FY2020
FY2021
FY2022


24,715
23,338
23,784
YTD FY2020
YTD FY2021
YTD FY2022

Discharges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2,537
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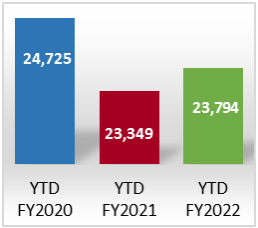
July
August
September
October
November
December
January
February
March
April
May
June
FY2020
FY2021
FY2022


24,725
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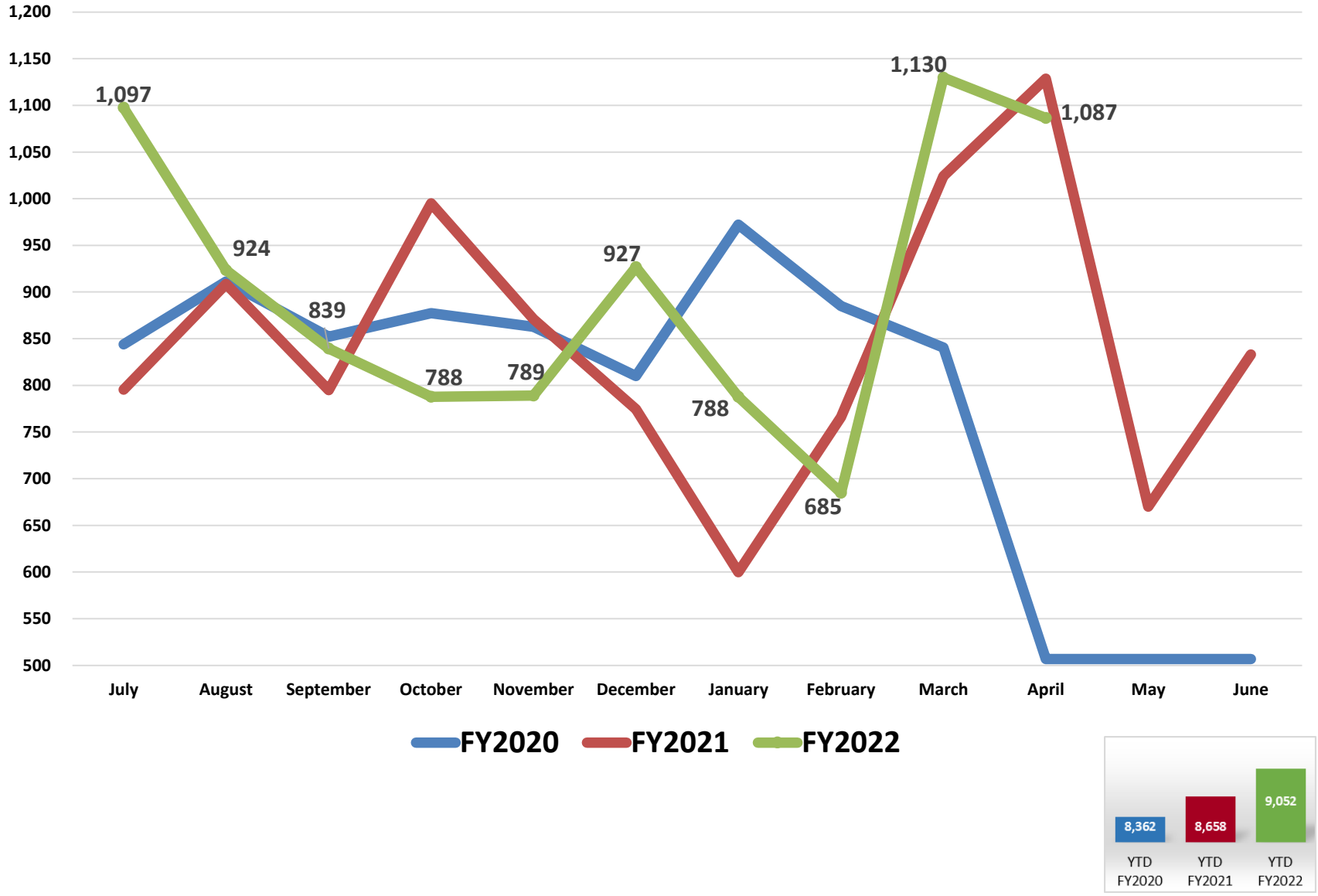
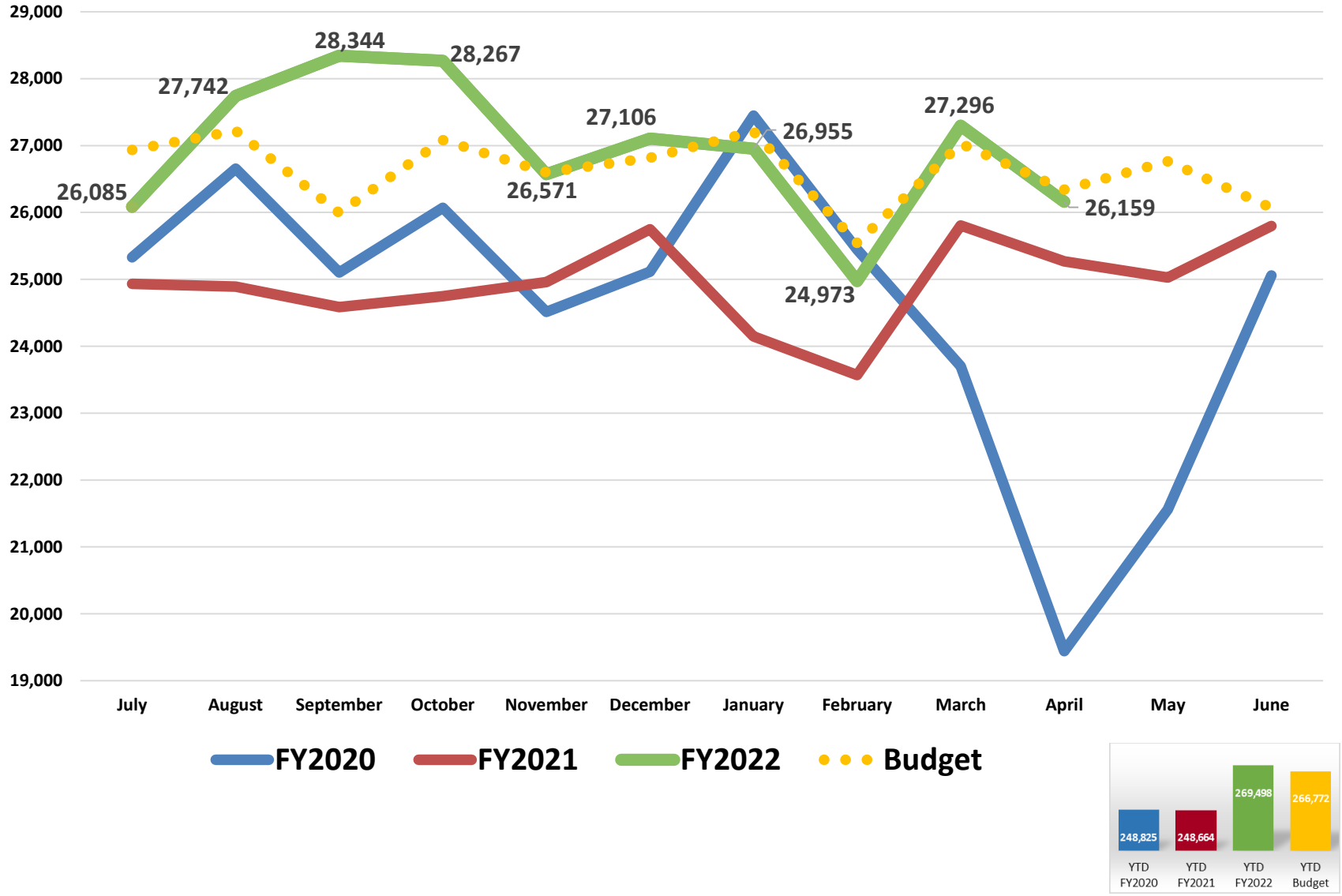
23,794
YTD FY2020
YTD FY2021
YTD FY2022

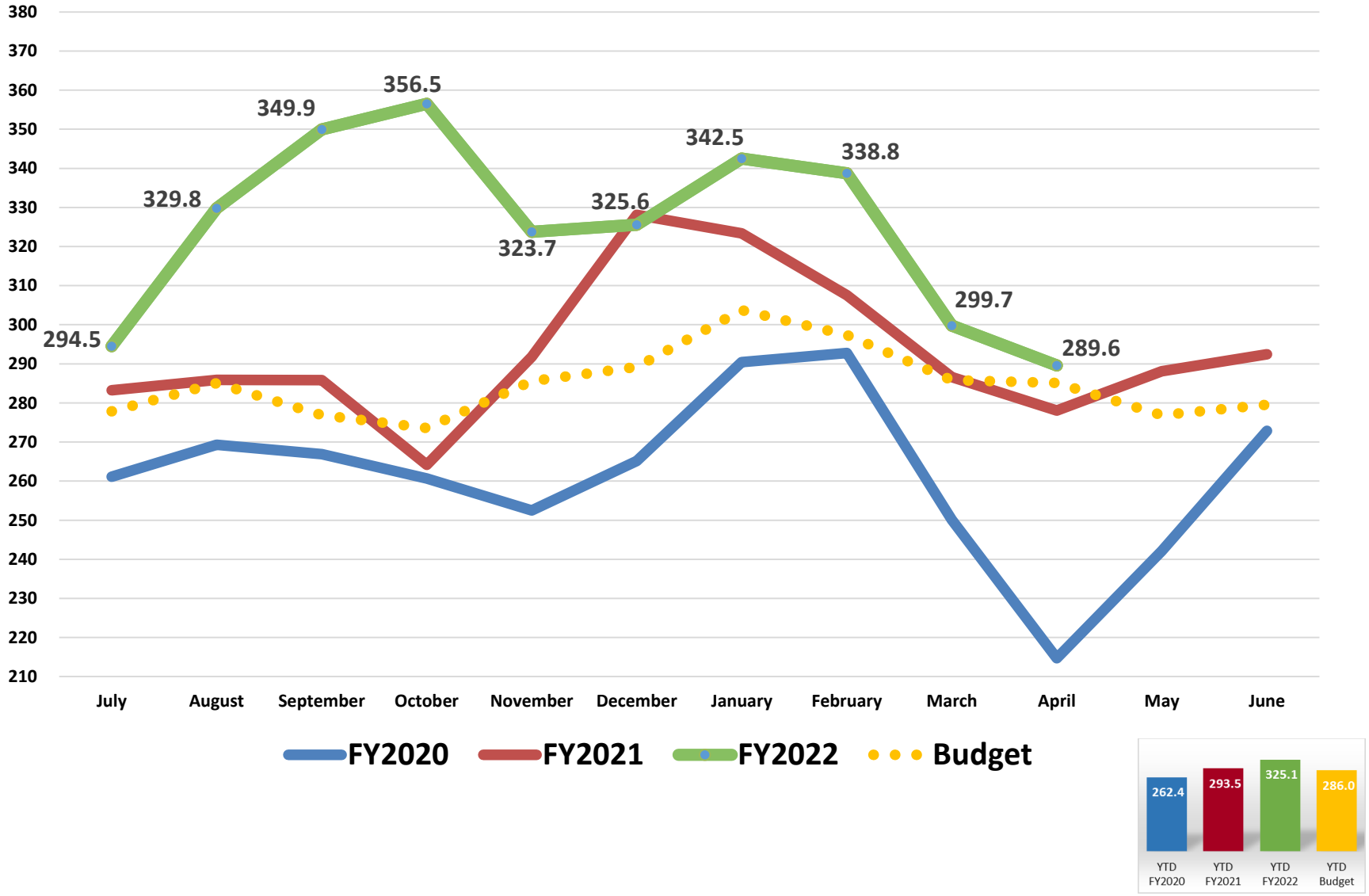
Observation Days



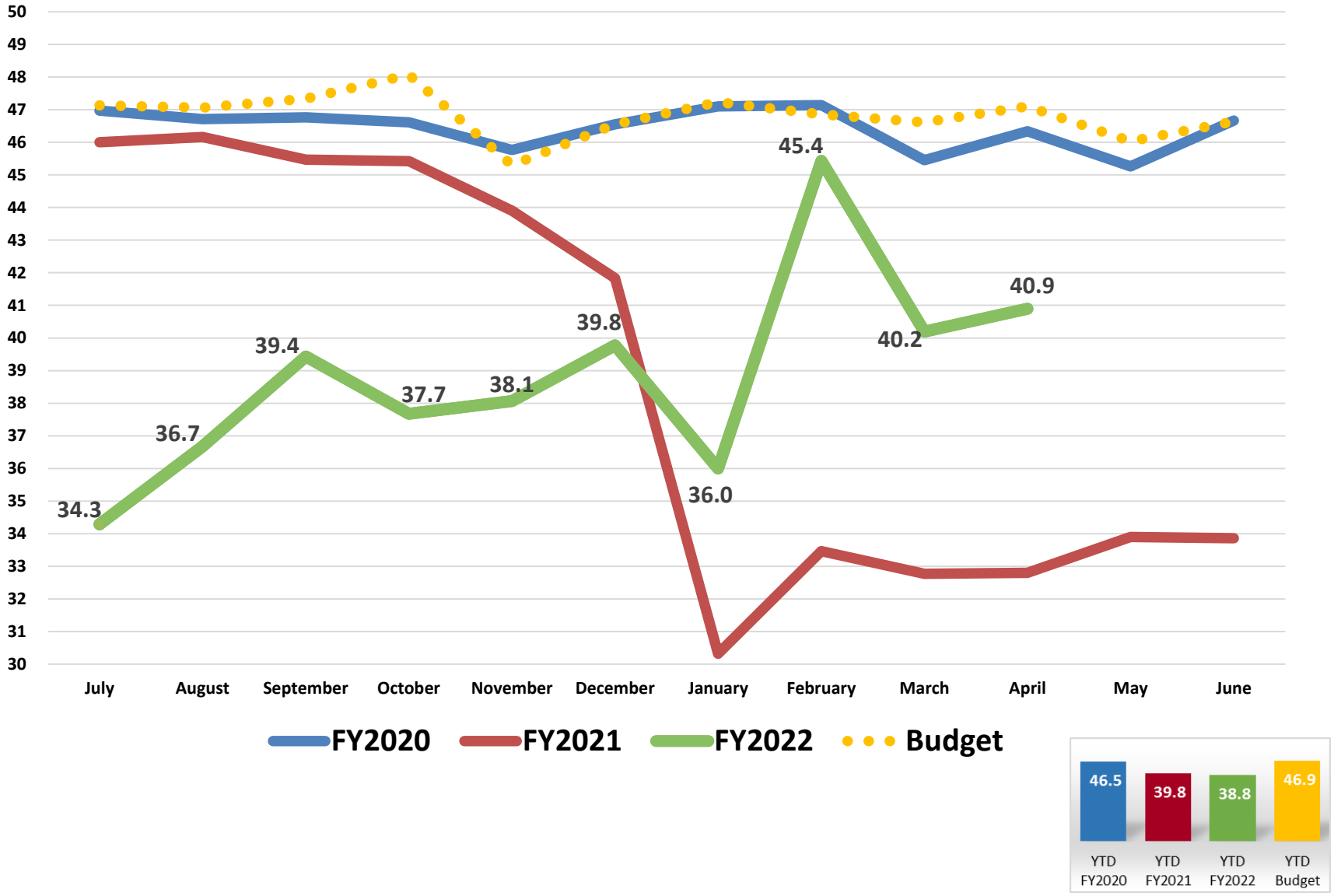
Adjusted Patient Days



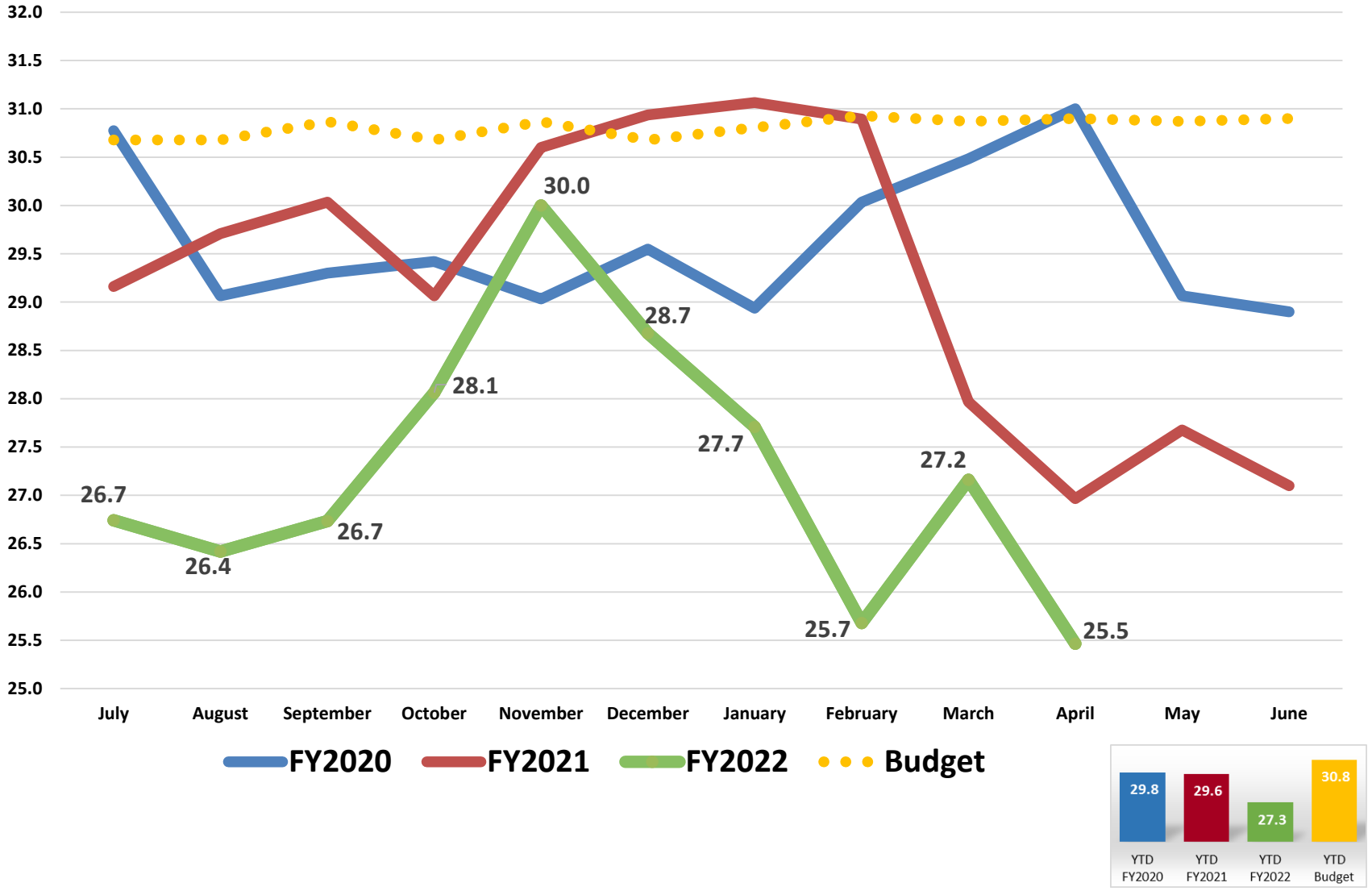
Medical Center – Avg. Patients Per Day



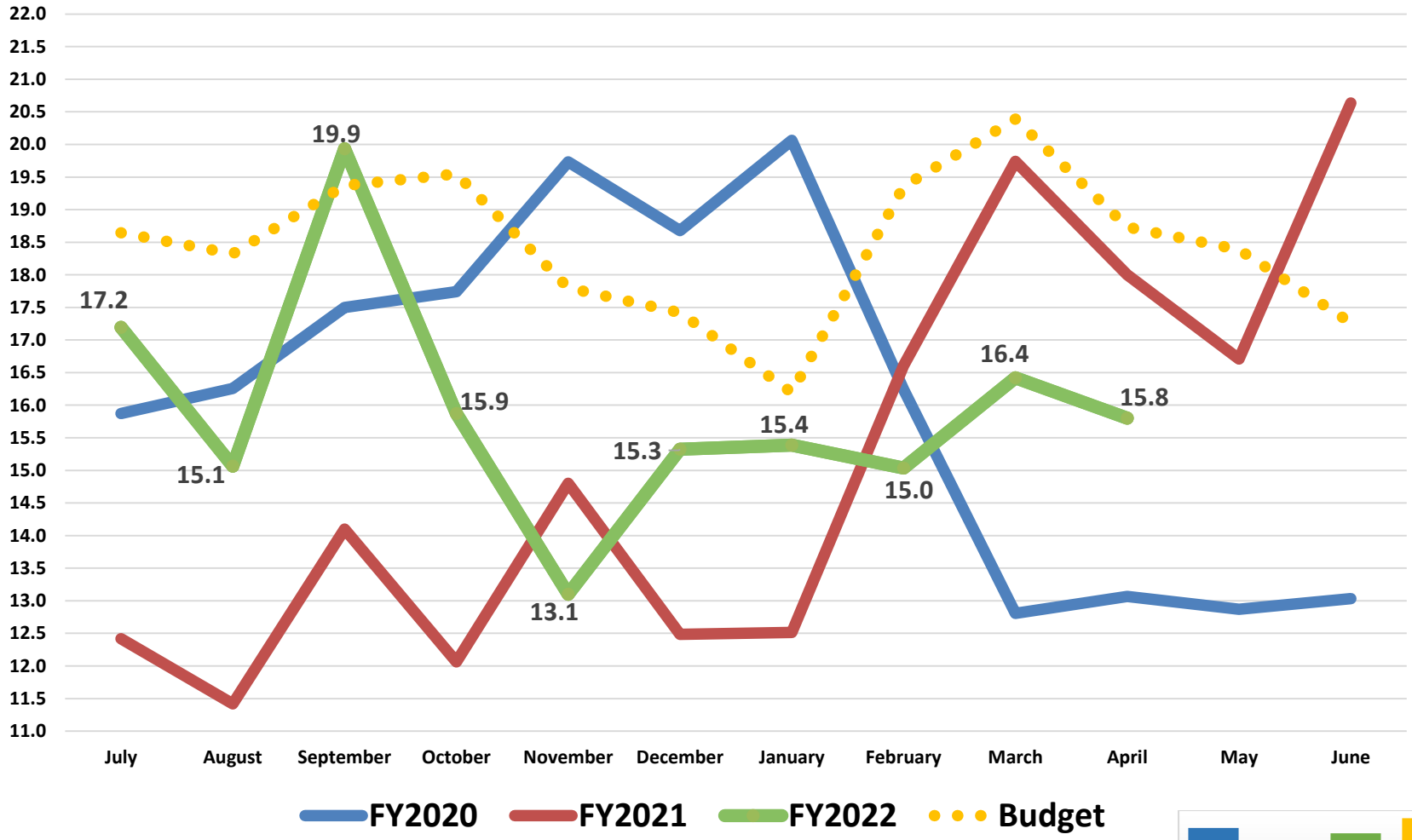
Acute I/P Psych - Avg. Patients Per Day

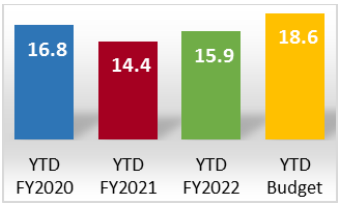


Sub-Acute - Avg. Patients Per Day

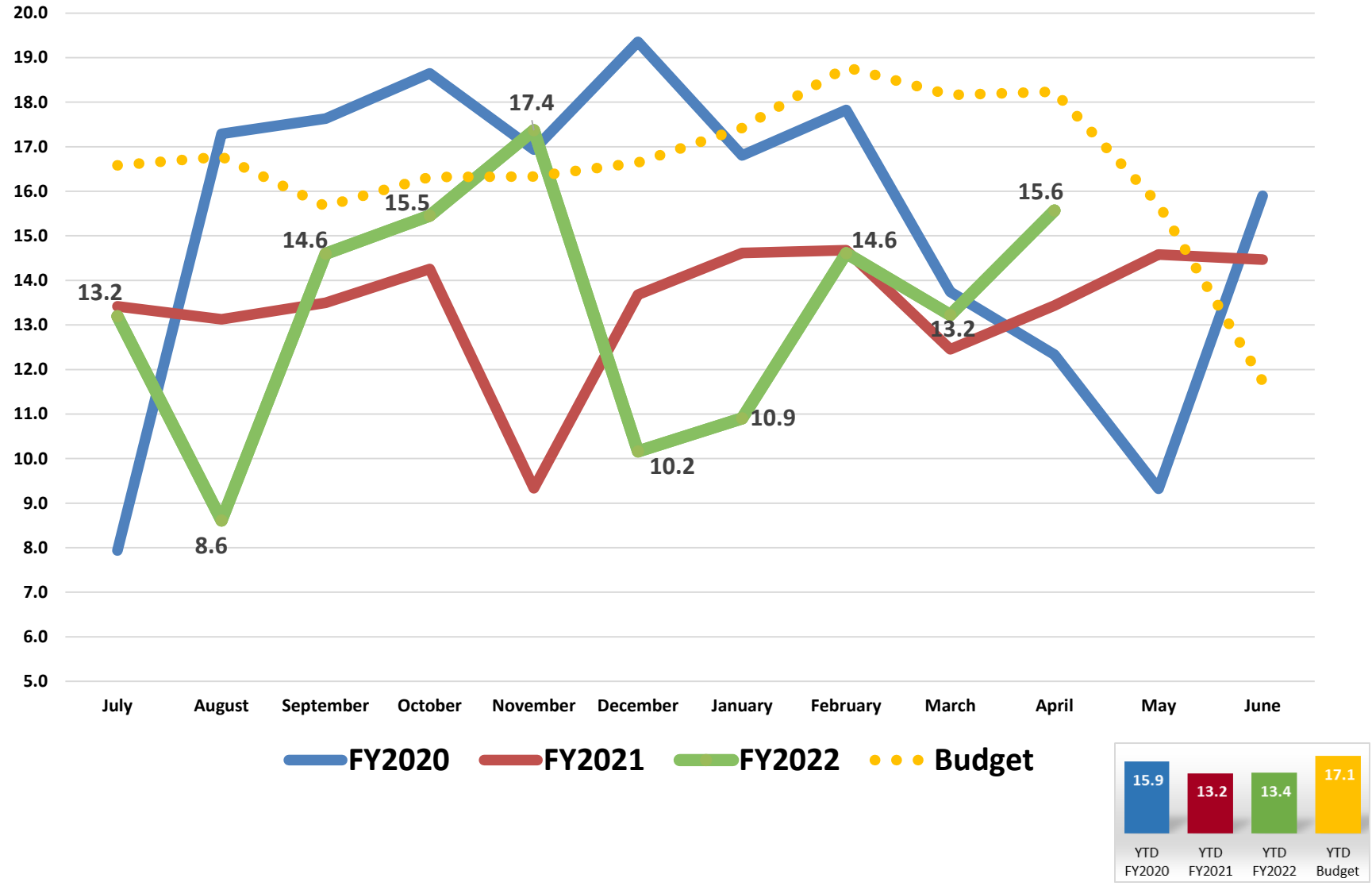


Rehabilitation Hospital - Avg. Patients Per Day

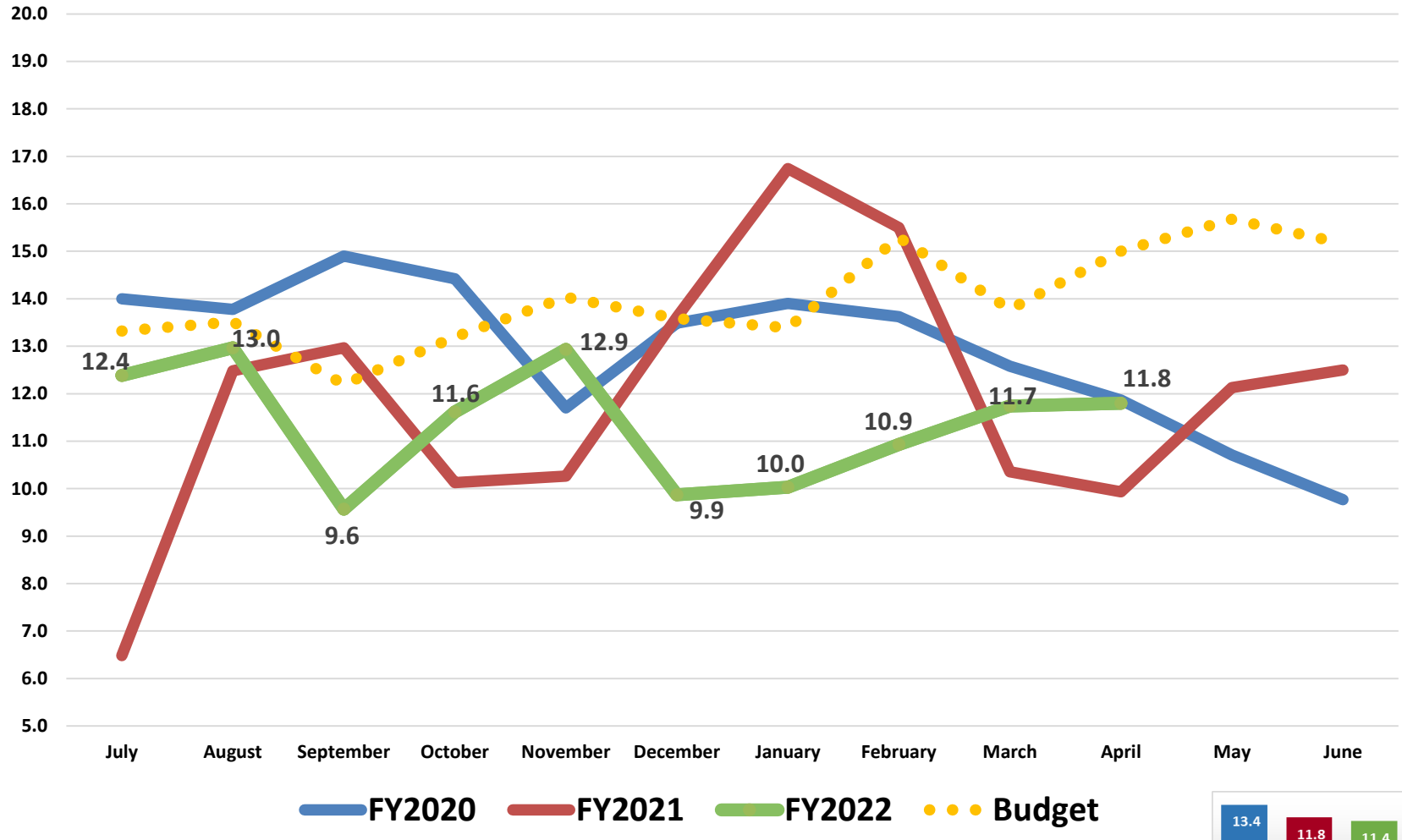


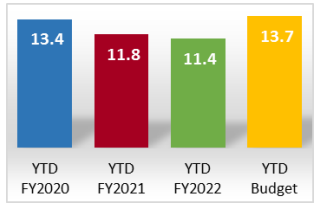


Transitional Care Services (TCS) - Avg. Patients Per Day

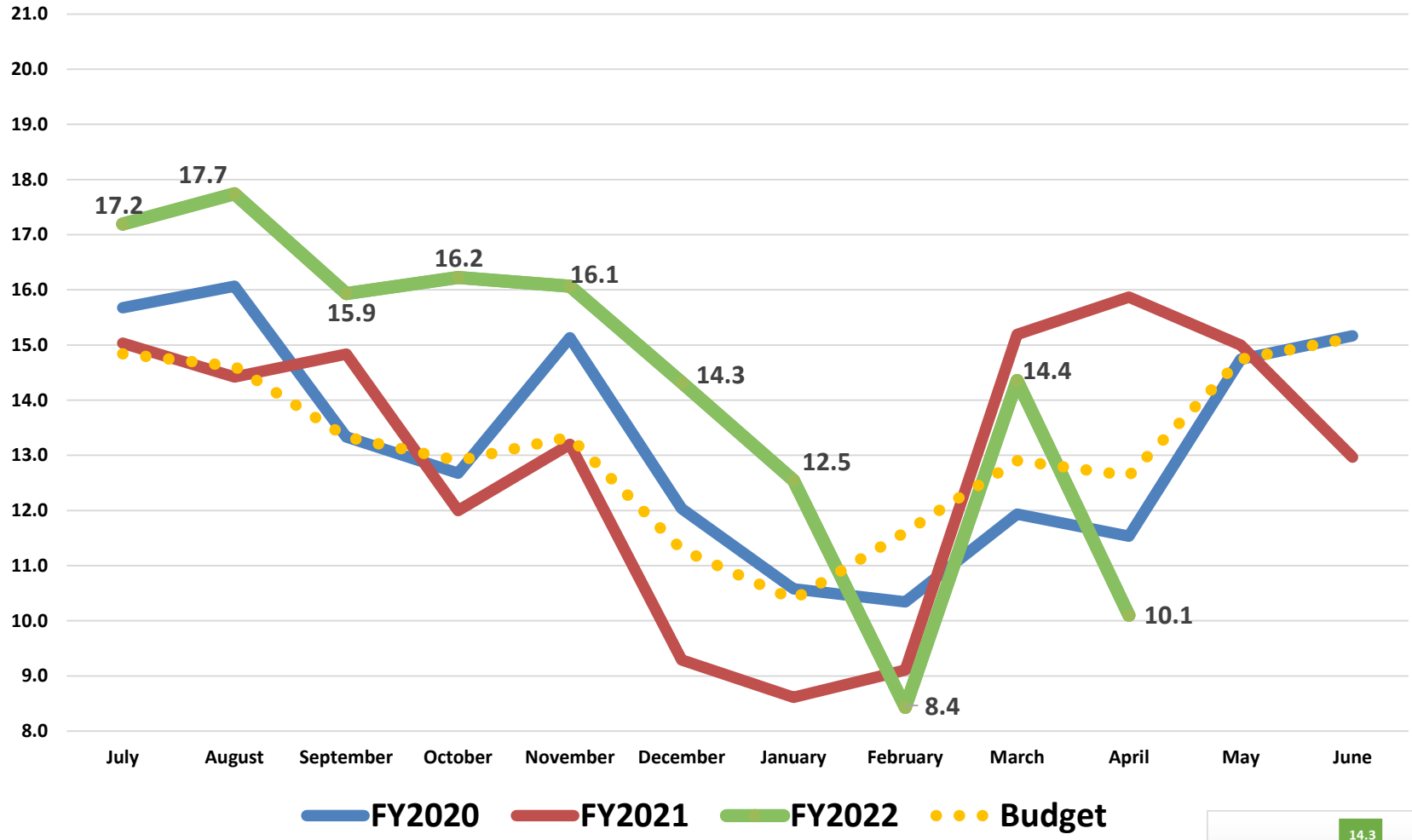


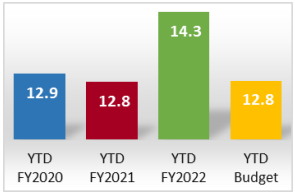
TCS Ortho - Avg. Patients Per Day



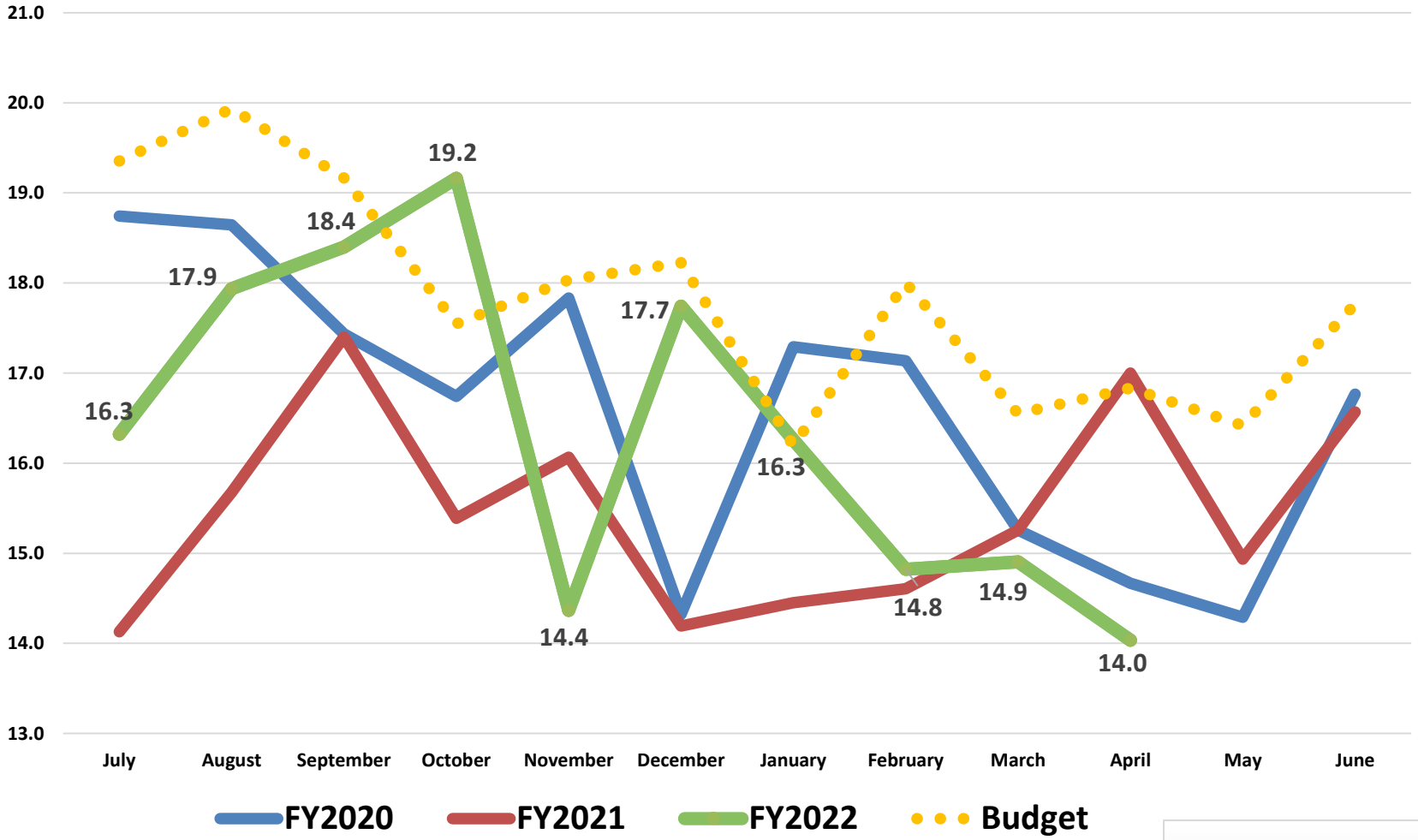


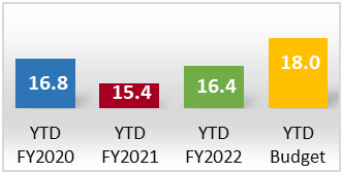
NICU - Avg. Patients Per Day



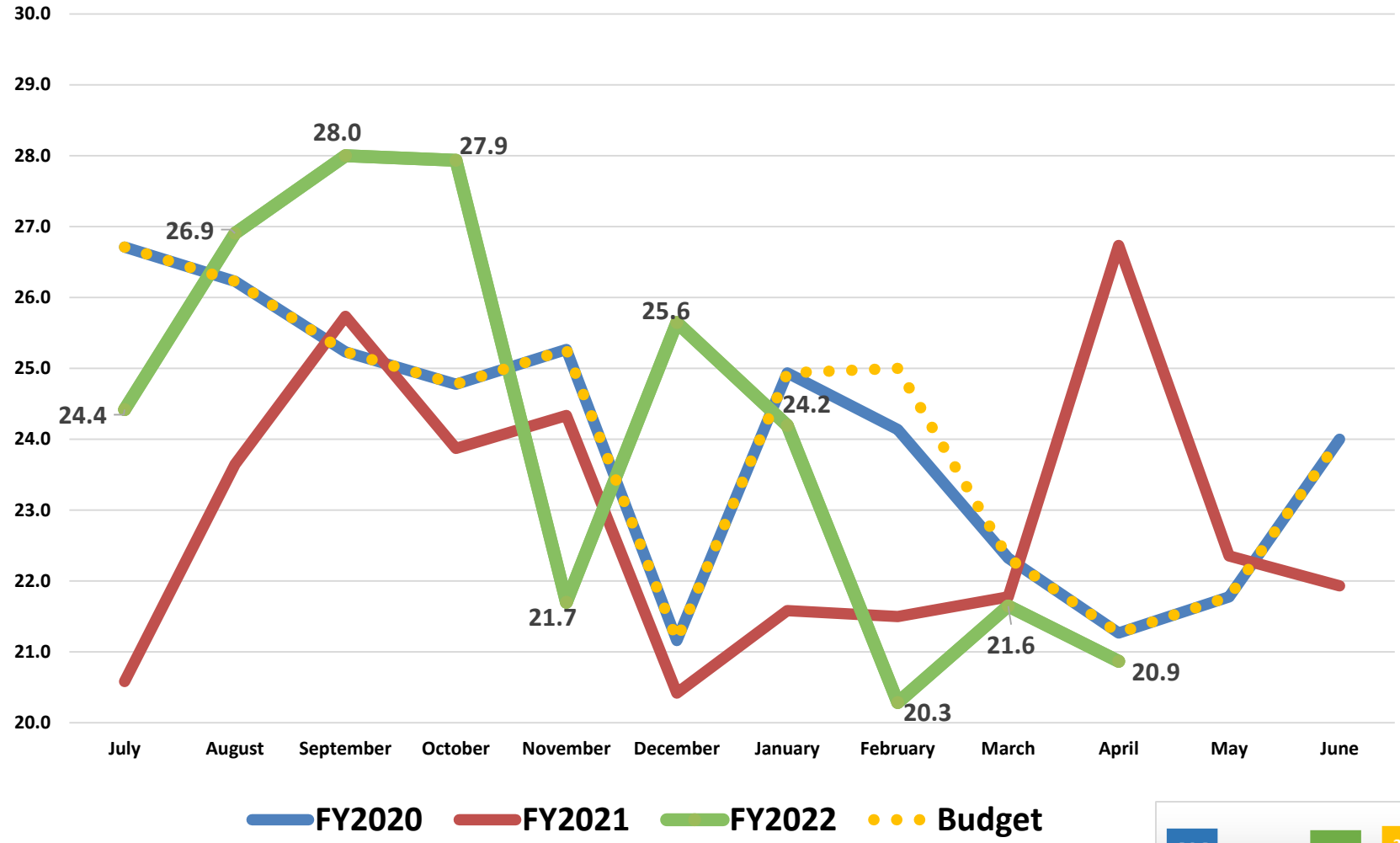


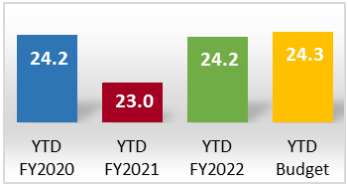
Nursery - Avg. Patients Per Day



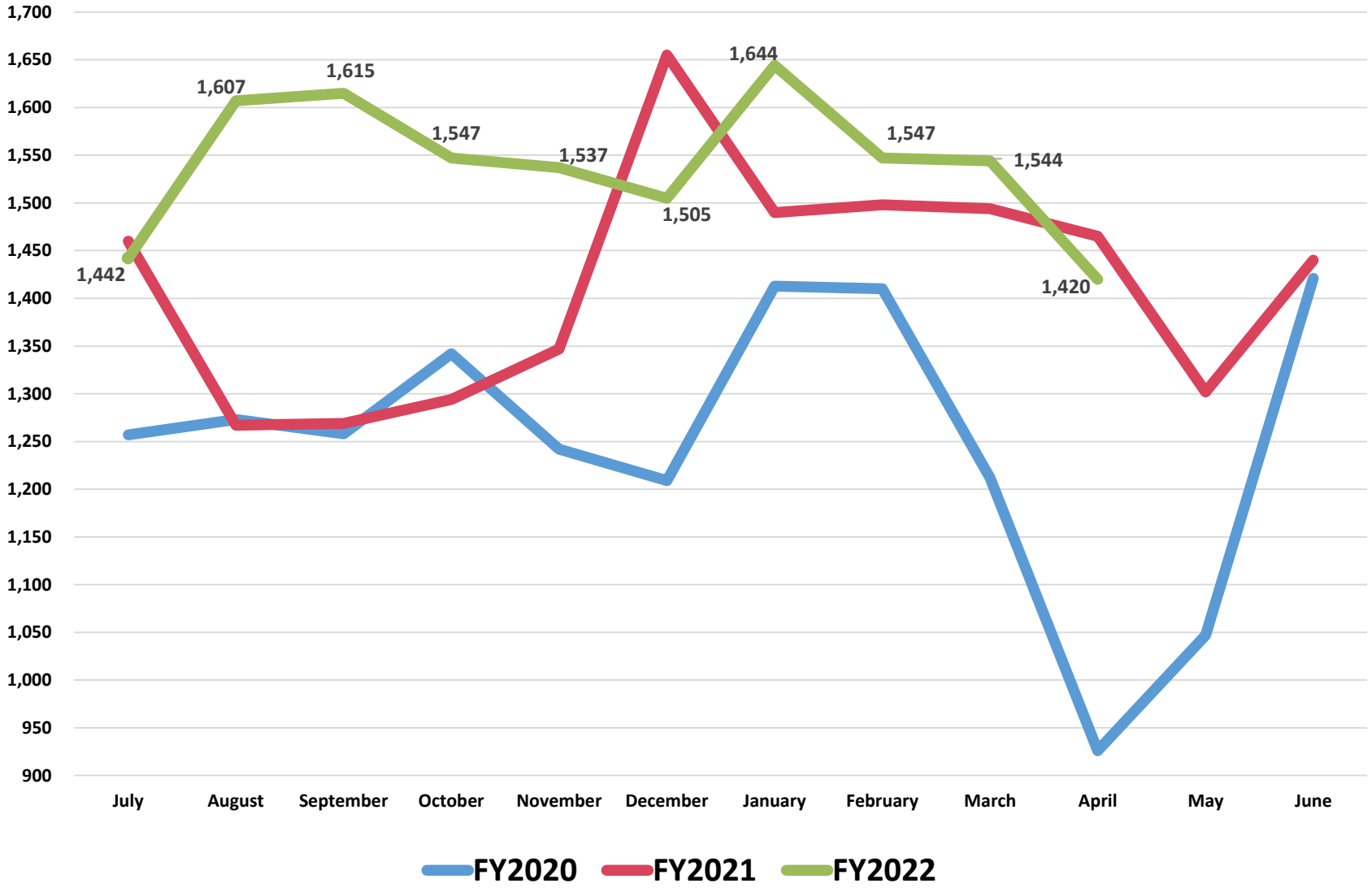


Obstetrics - Avg. Patients Per Day

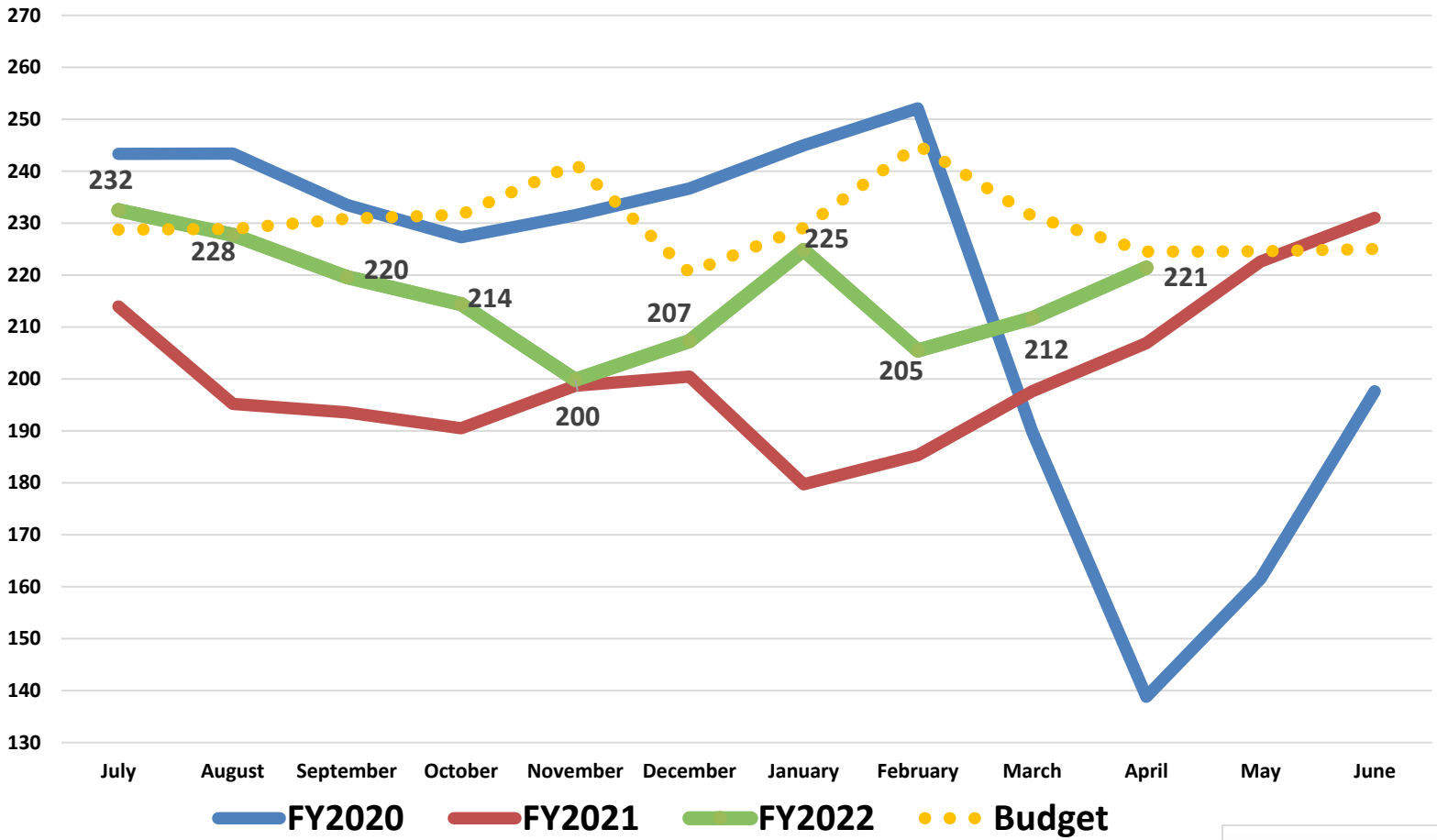


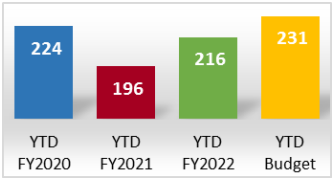


Outpatient Registrations per Day

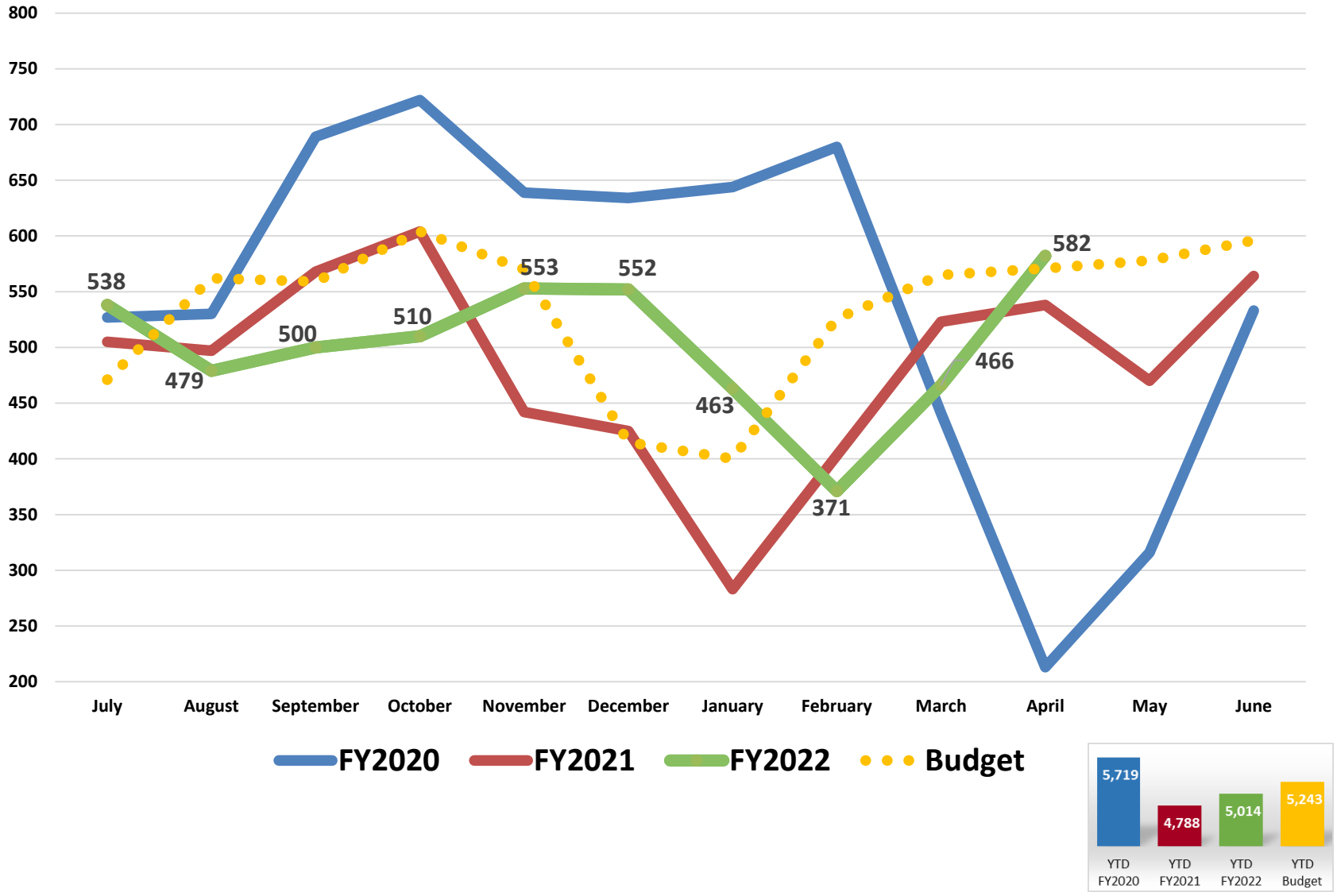


Emergency Dept – Avg Treated Per Day

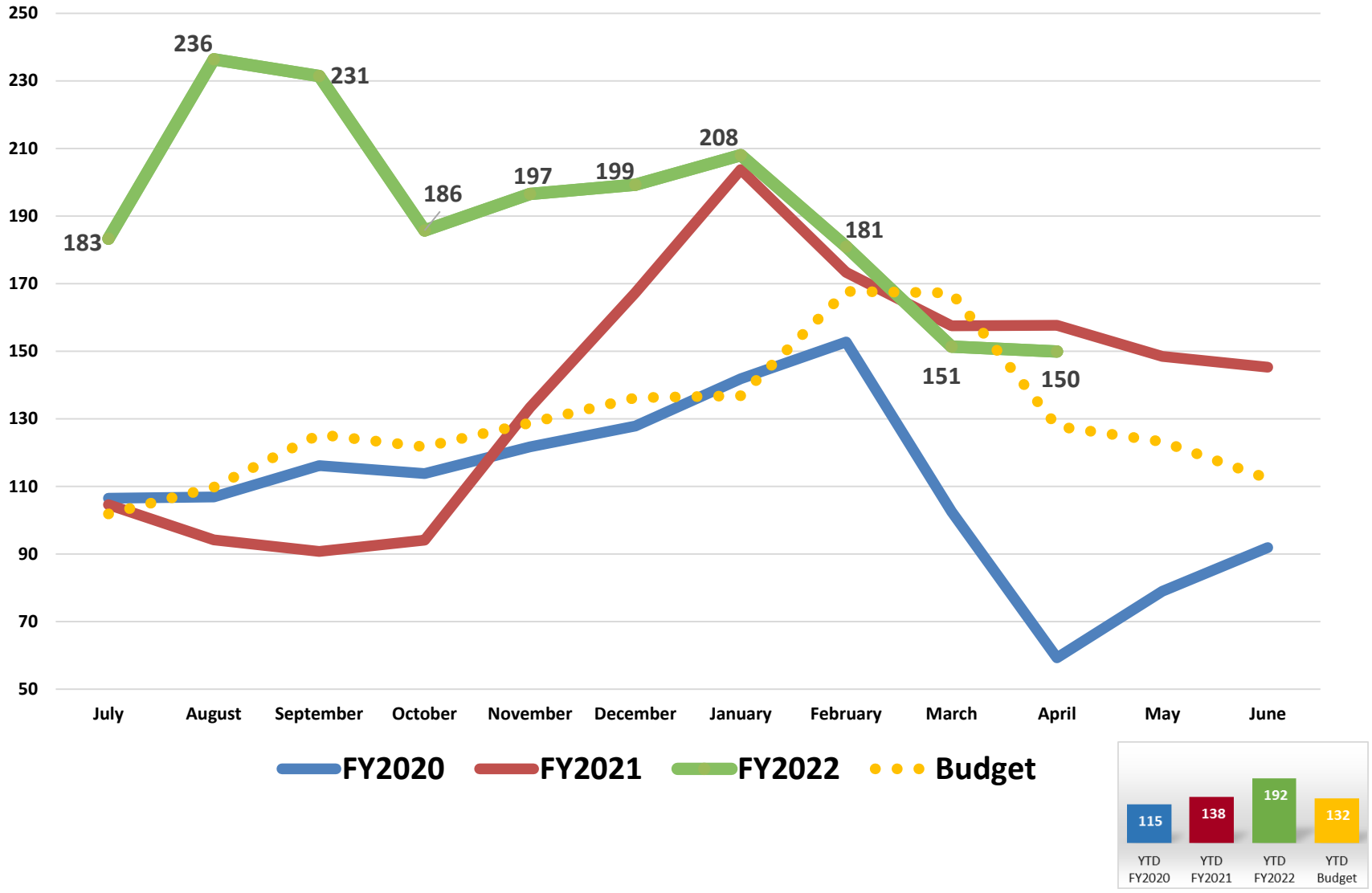




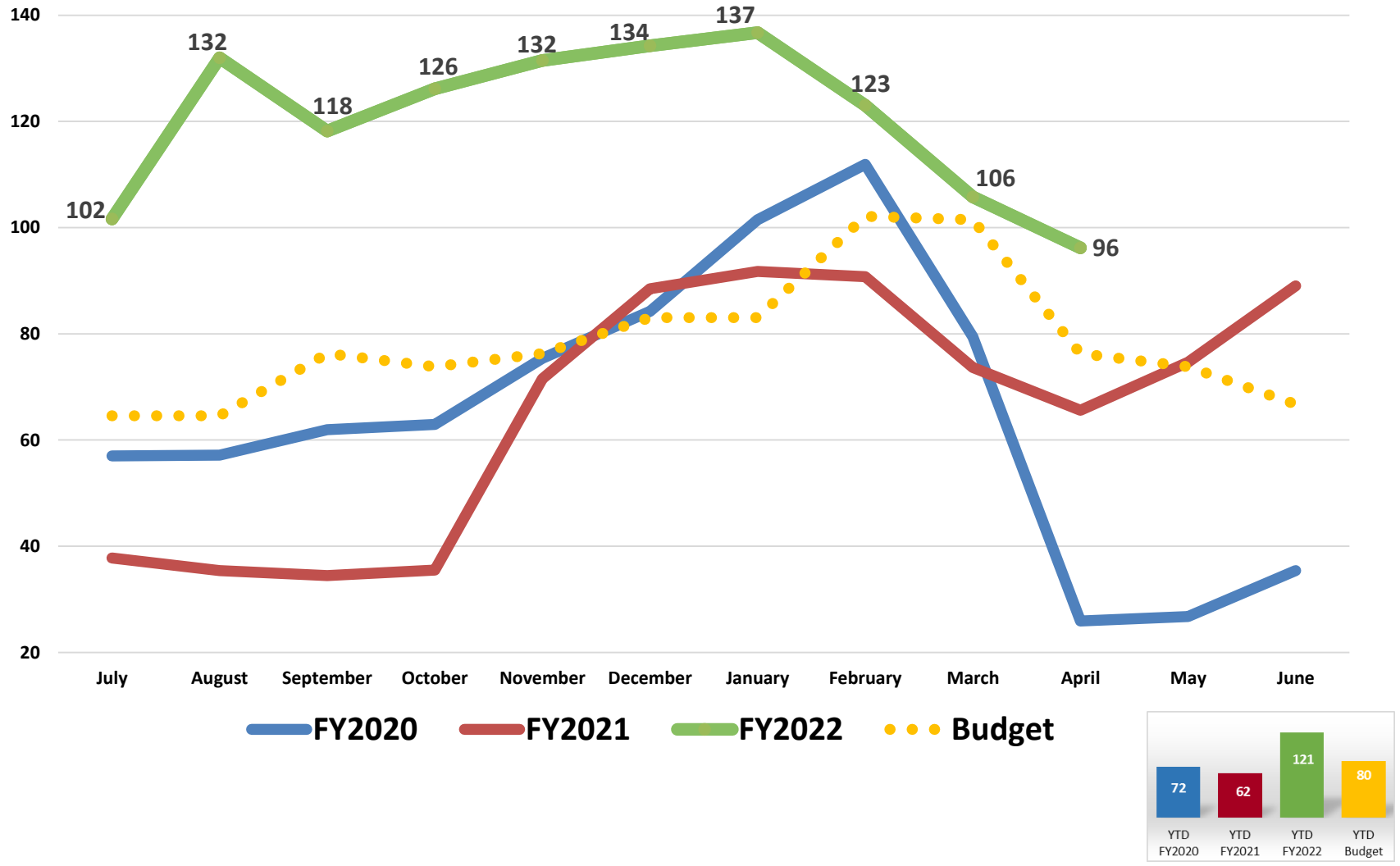
Endoscopy Procedures



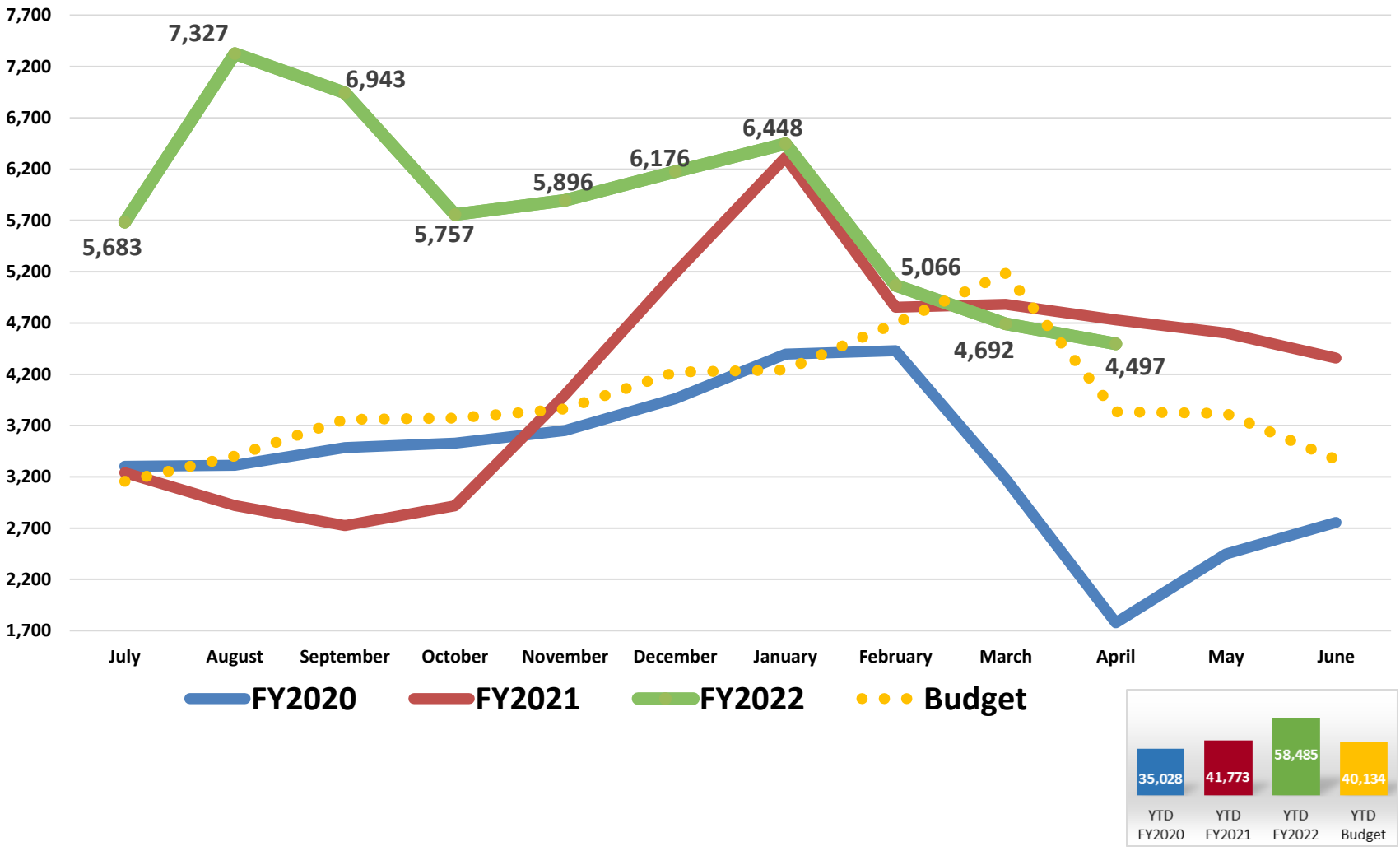
Urgent Care – Court Average Visits Per Day



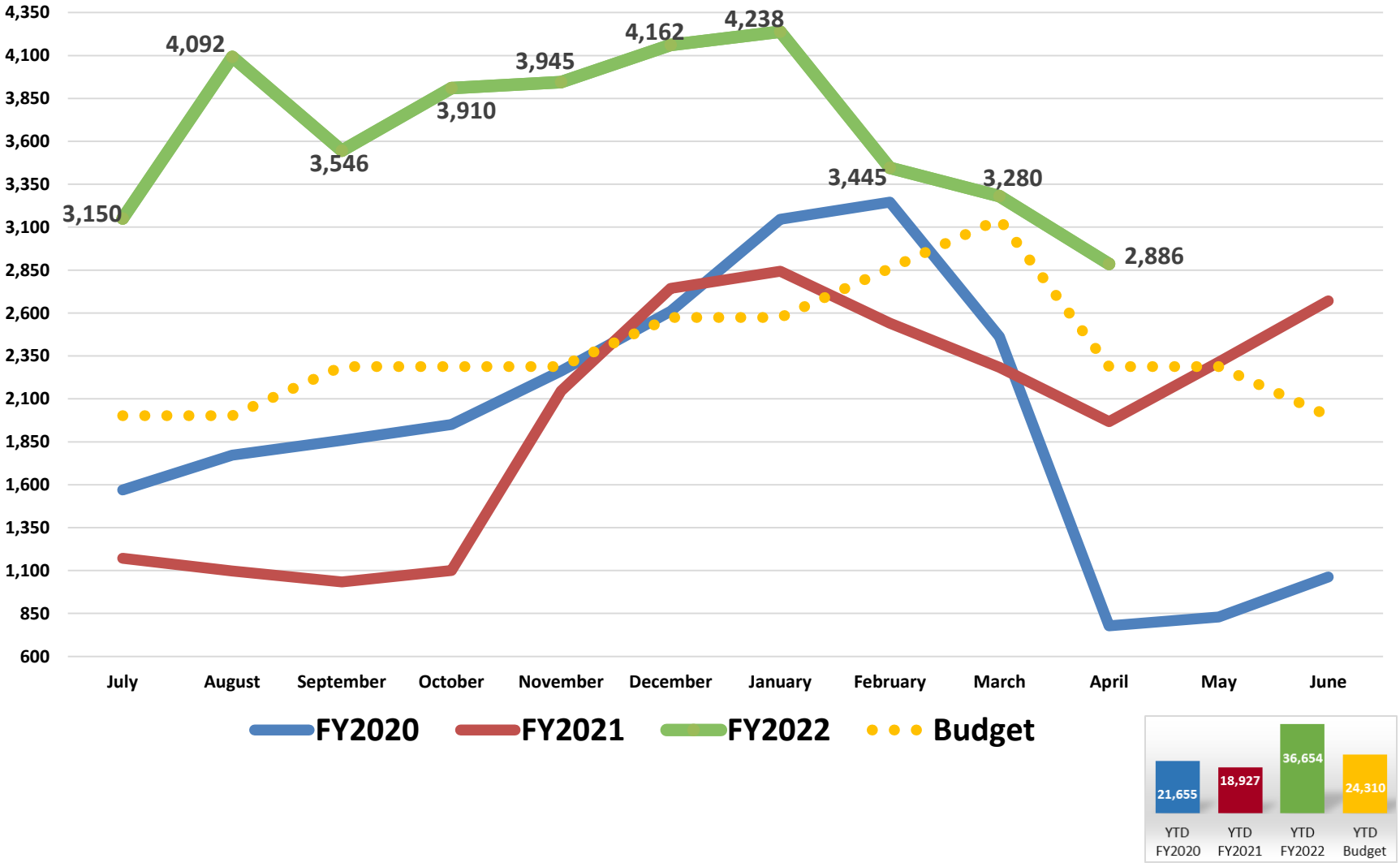
Urgent Care – Demaree Average Visits Per Day



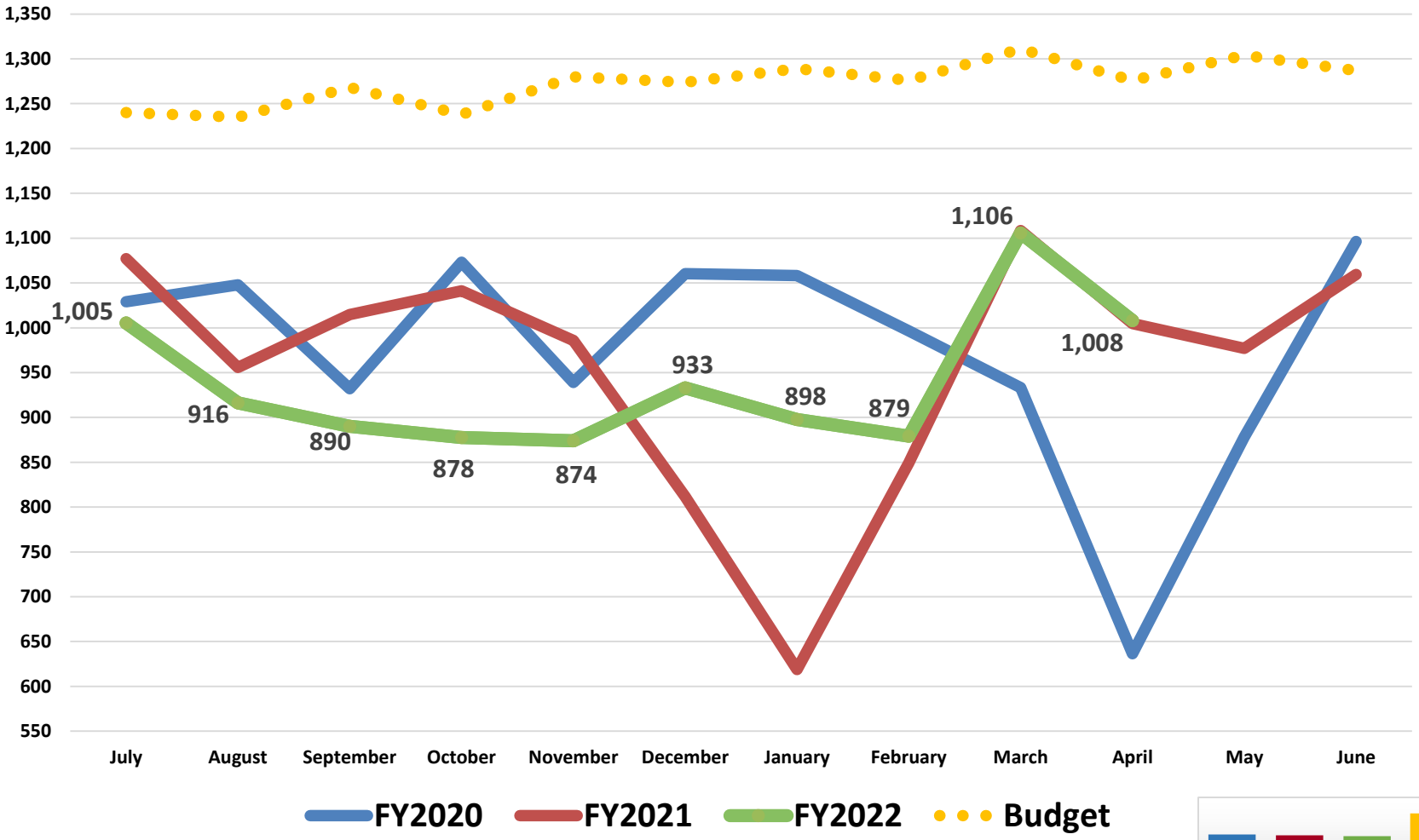
Urgent Care – Court Total Visits

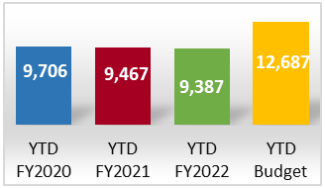


Urgent Care – Demaree Total Visits

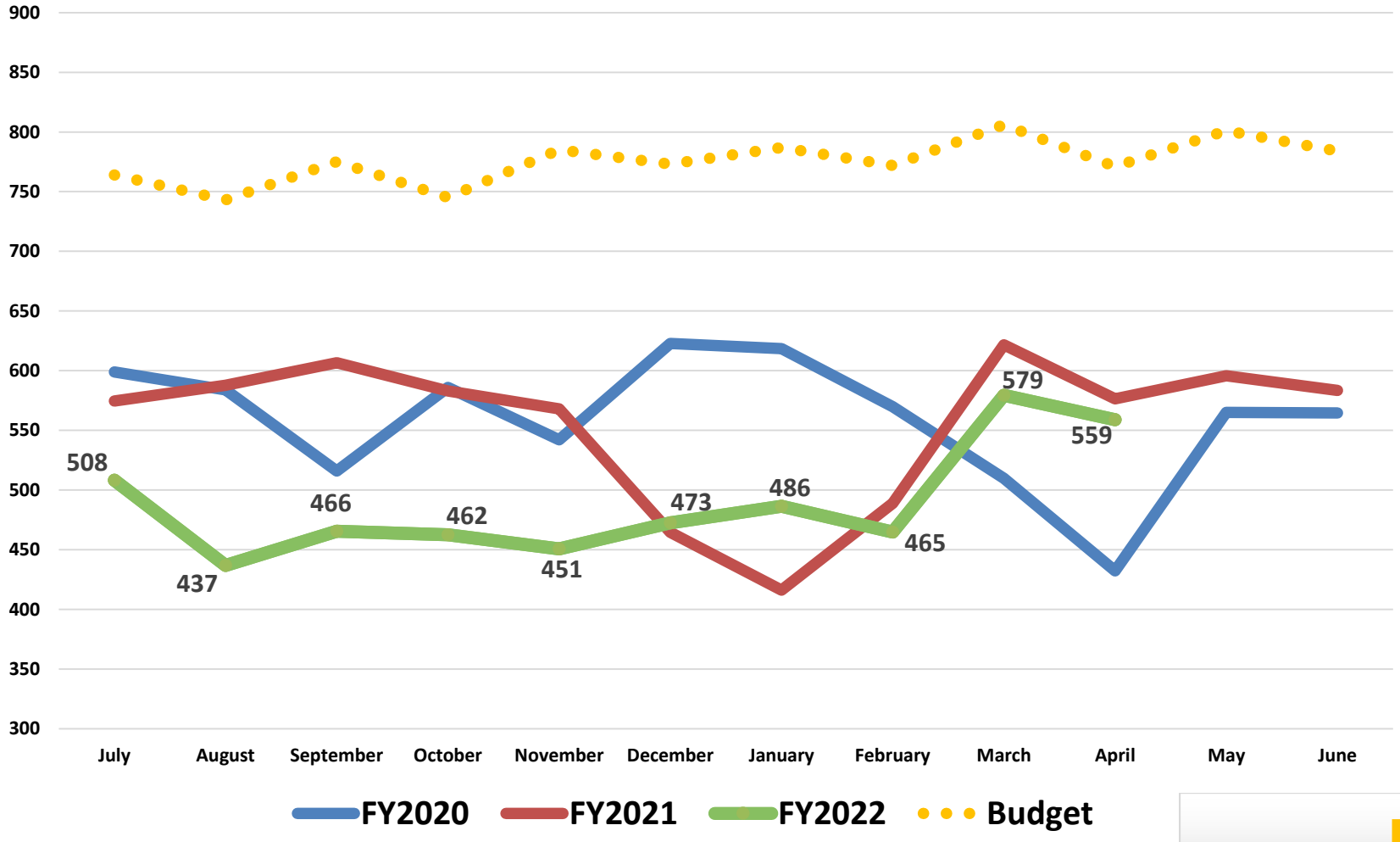


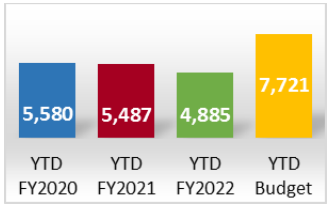
Surgery (IP & OP) – 100 Min Units



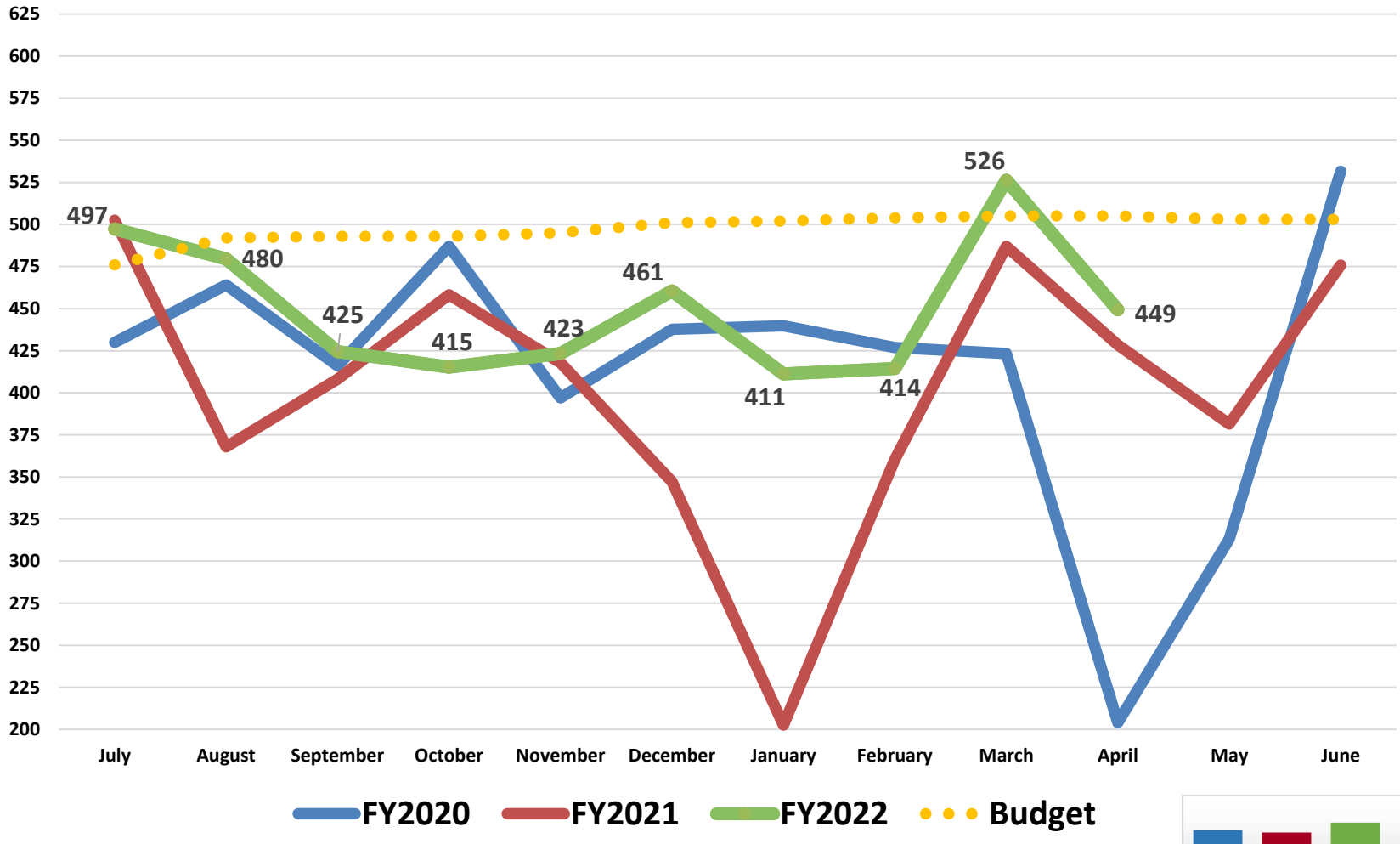


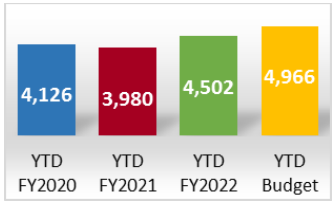
Surgery (IP Only) – 100 Min Units



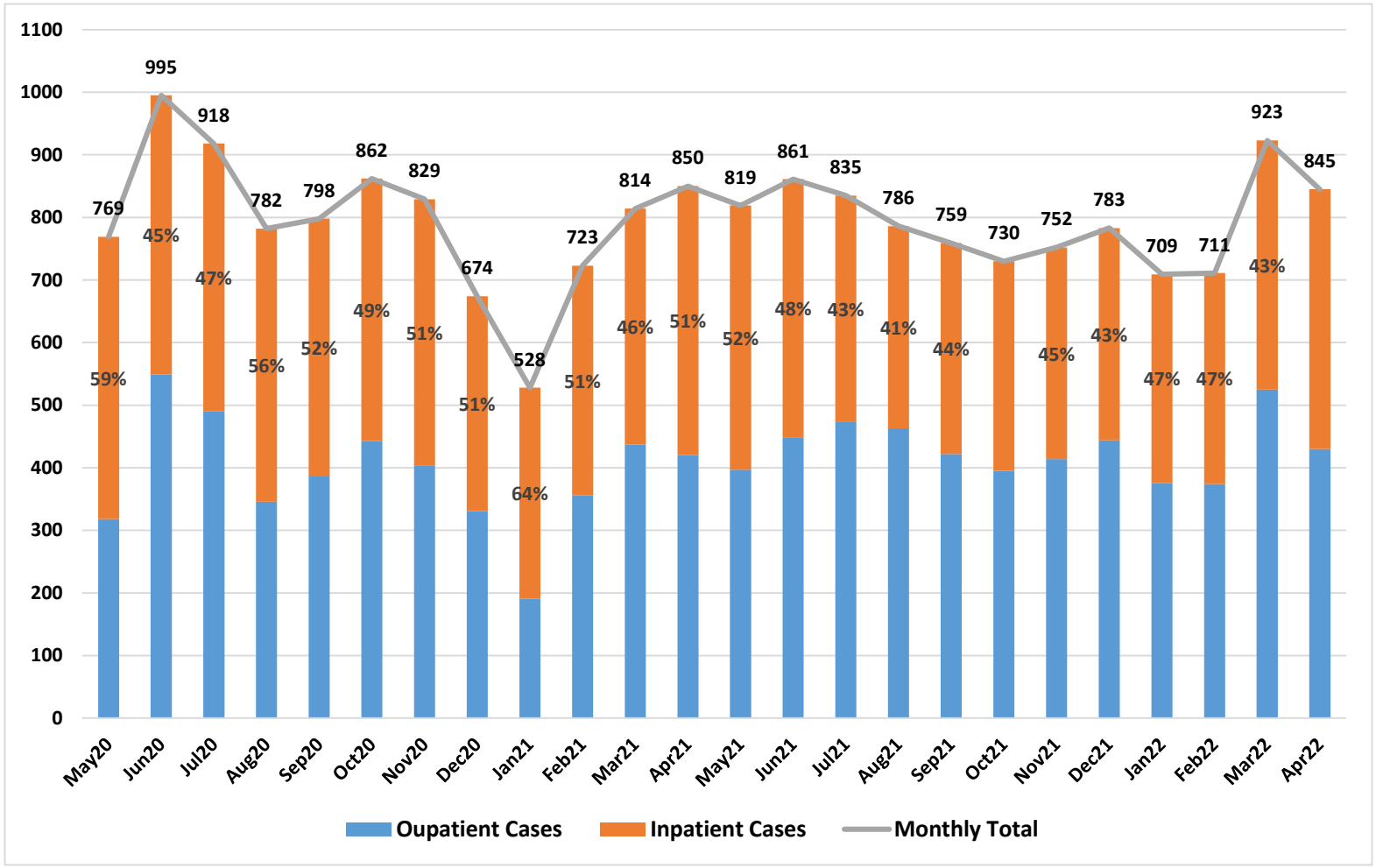


Surgery (OP Only) – 100 Min Units

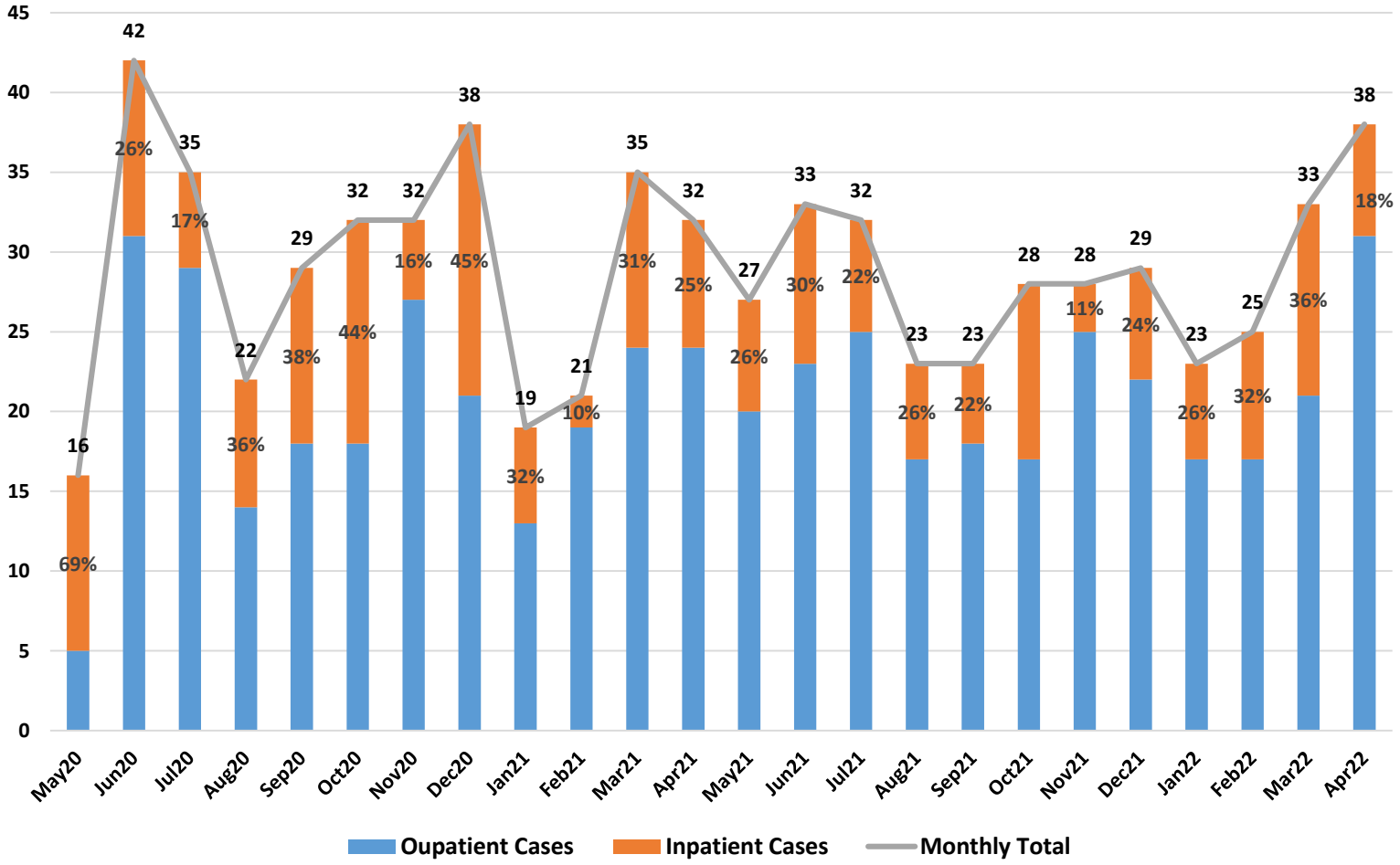




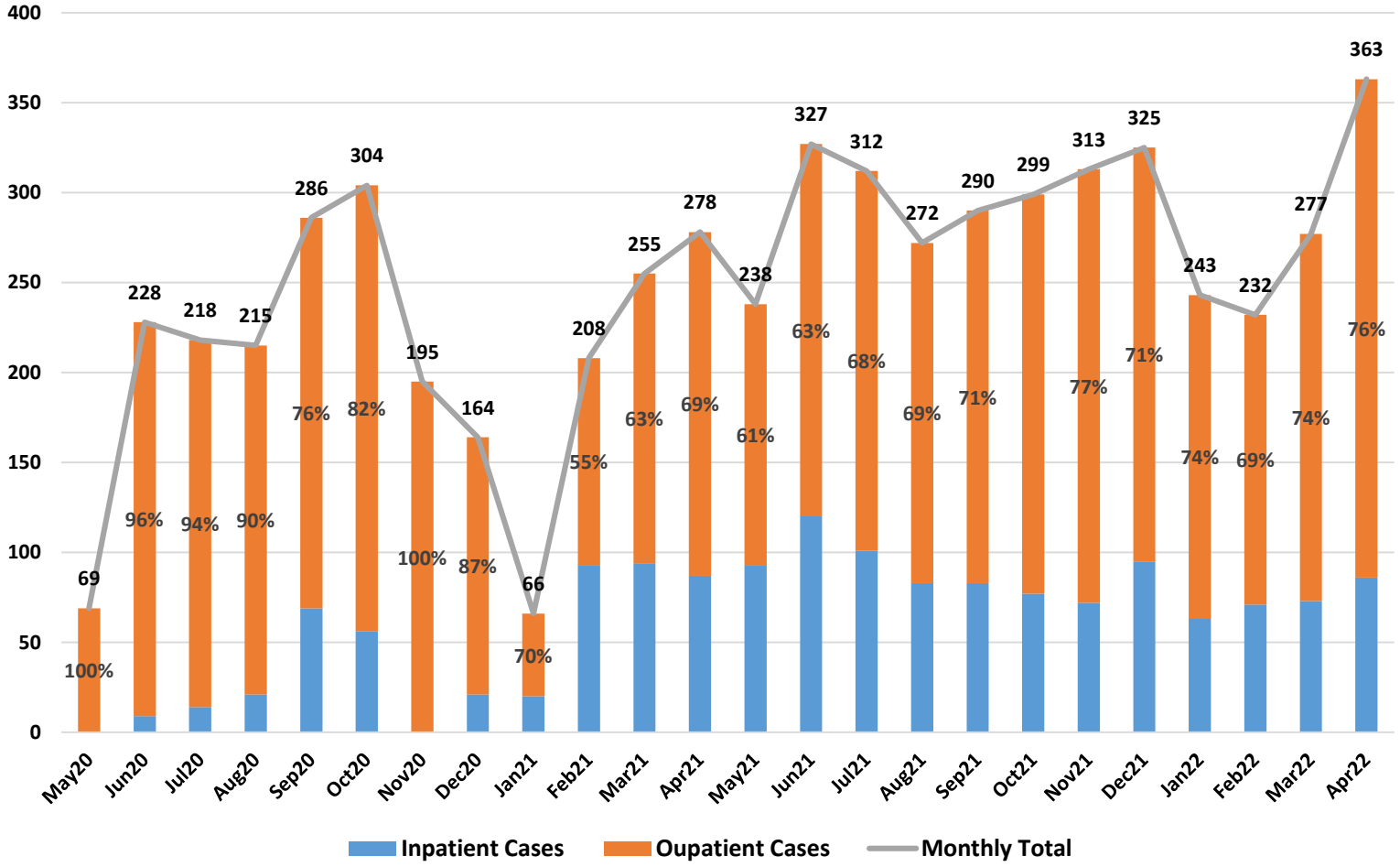
Surgery Cases



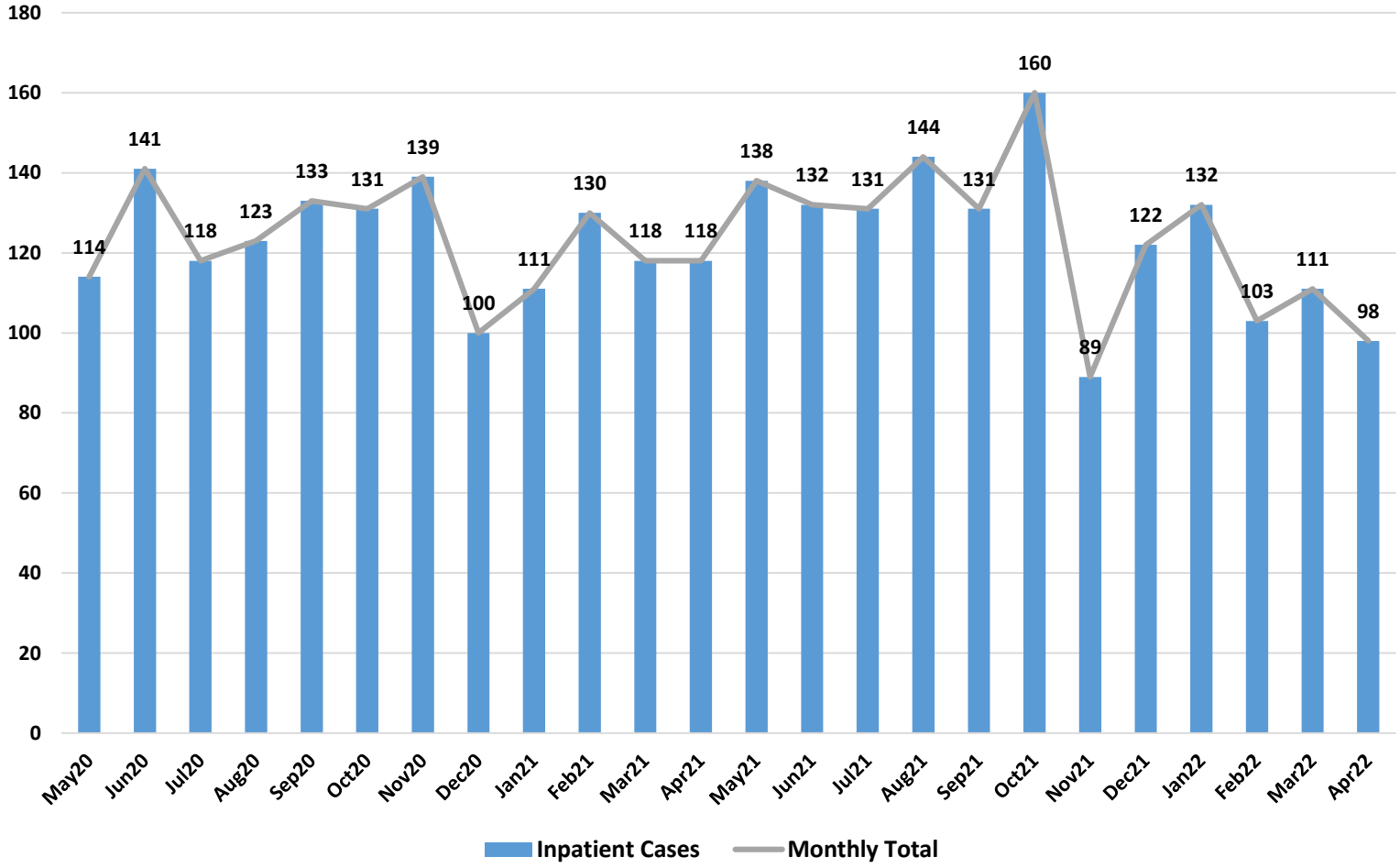
Robotic Cases



Endo Cases (Endo Suites)



OB Cases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118
138
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131
144
131
160
89
122
132
103
111
98
May20
Jun20
Jul20
Aug20
Sep20
Oct20
Nov20
Dec20
Jan21
Feb21
Mar21
Apr21
May21
Jun21
Jul21
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Dec21
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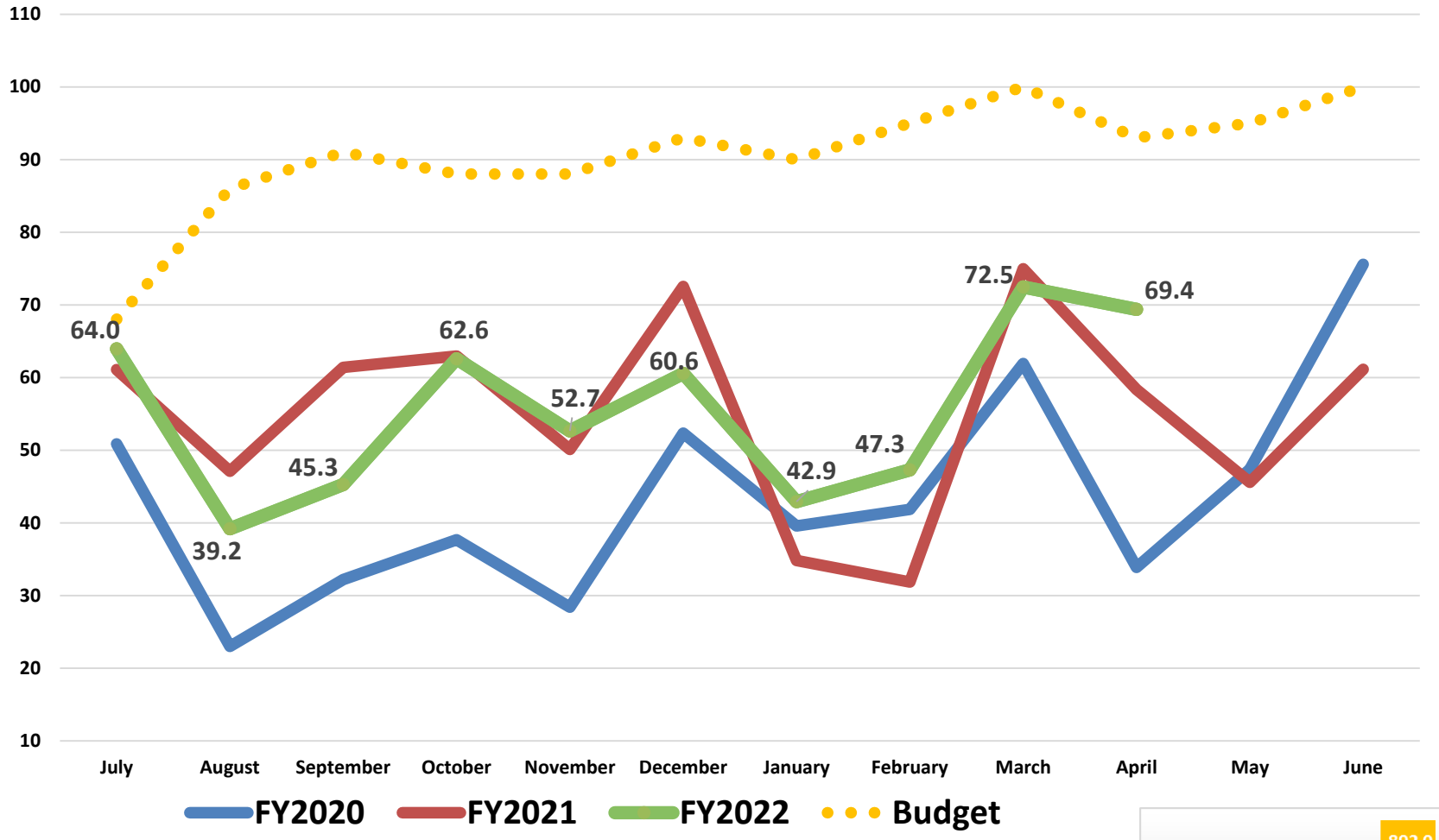
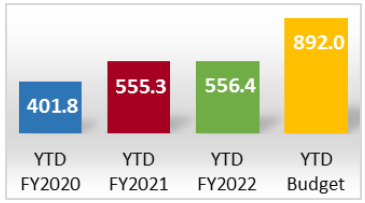
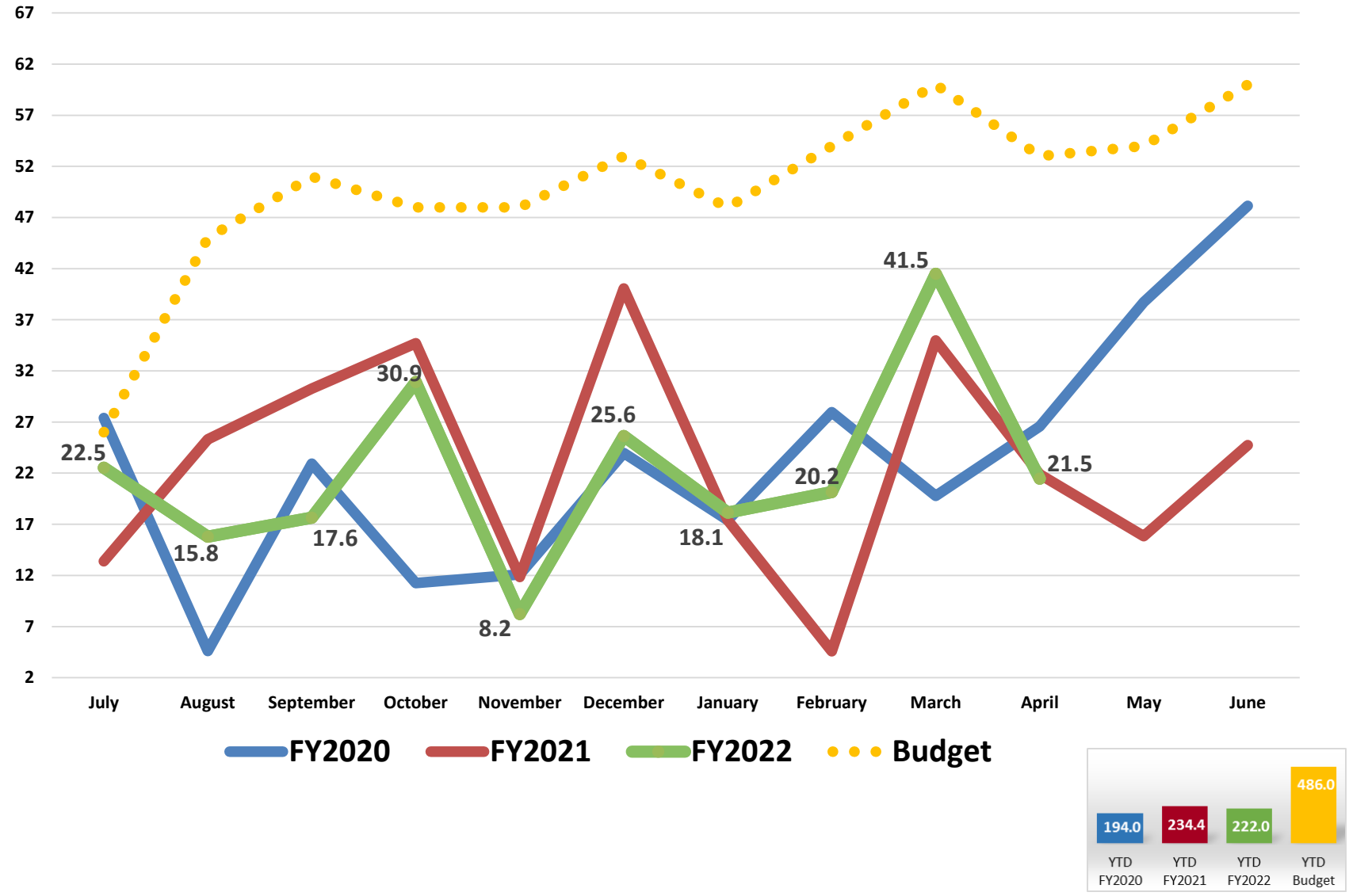
Feb22
Mar22
Apr22
Inpatient Cases
Monthly Total

Robotic Surgery (IP & OP) – 100 Min Units

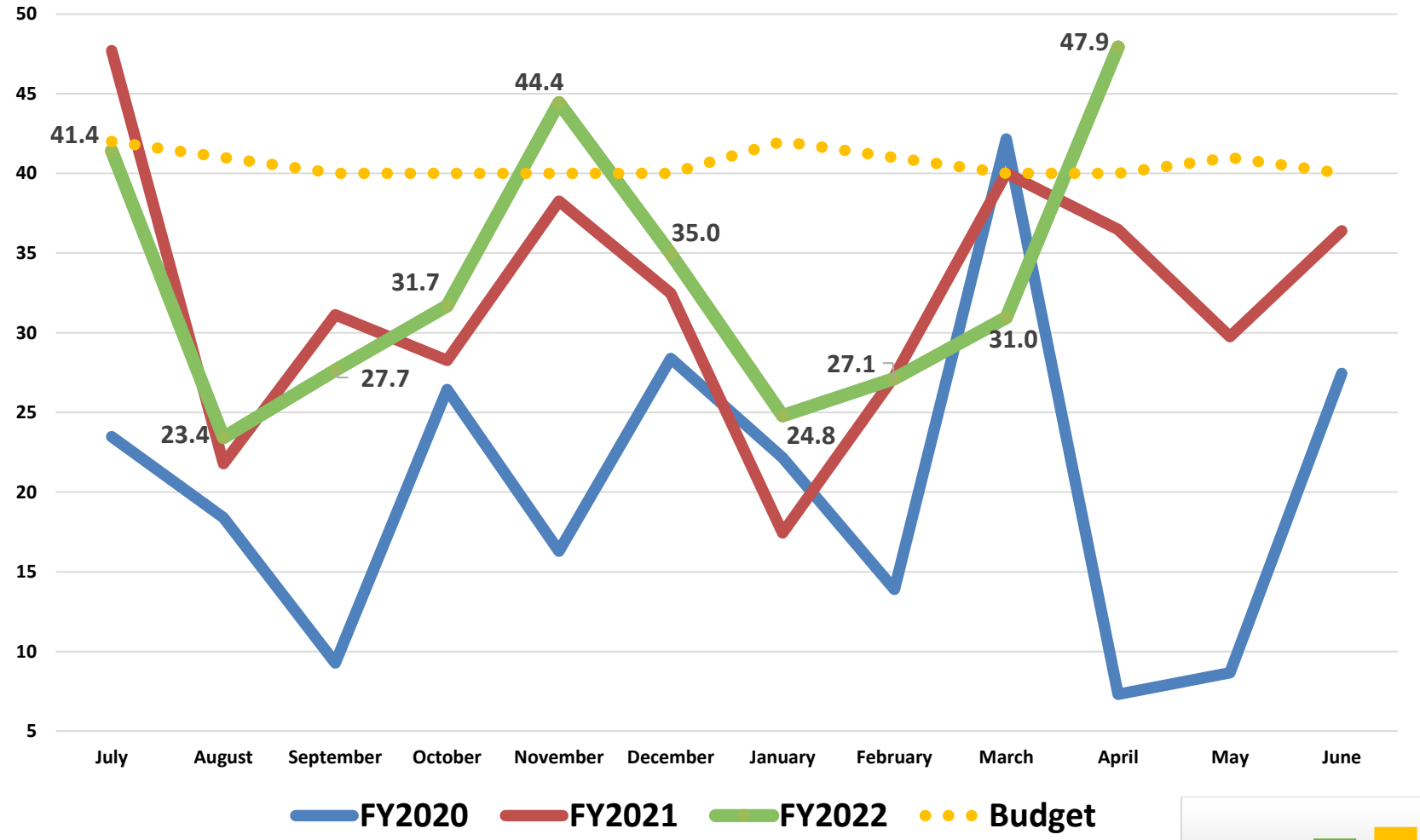


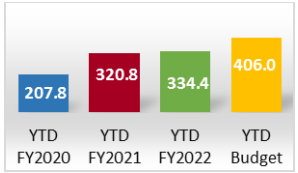


Robotic Surgery (IP Only) – 100 Min Units

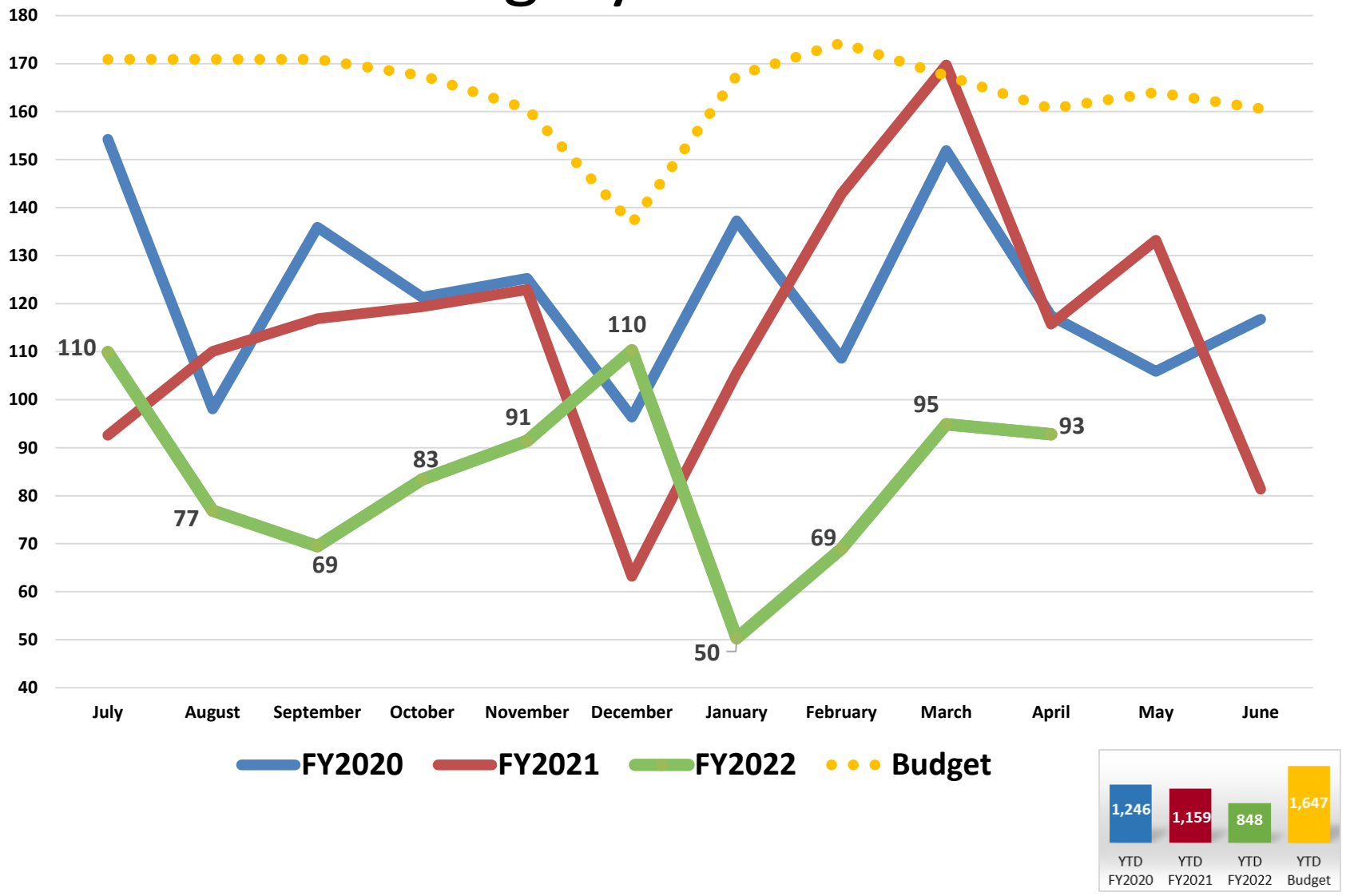


Robotic Surgery (OP Only) – 100 Min Units

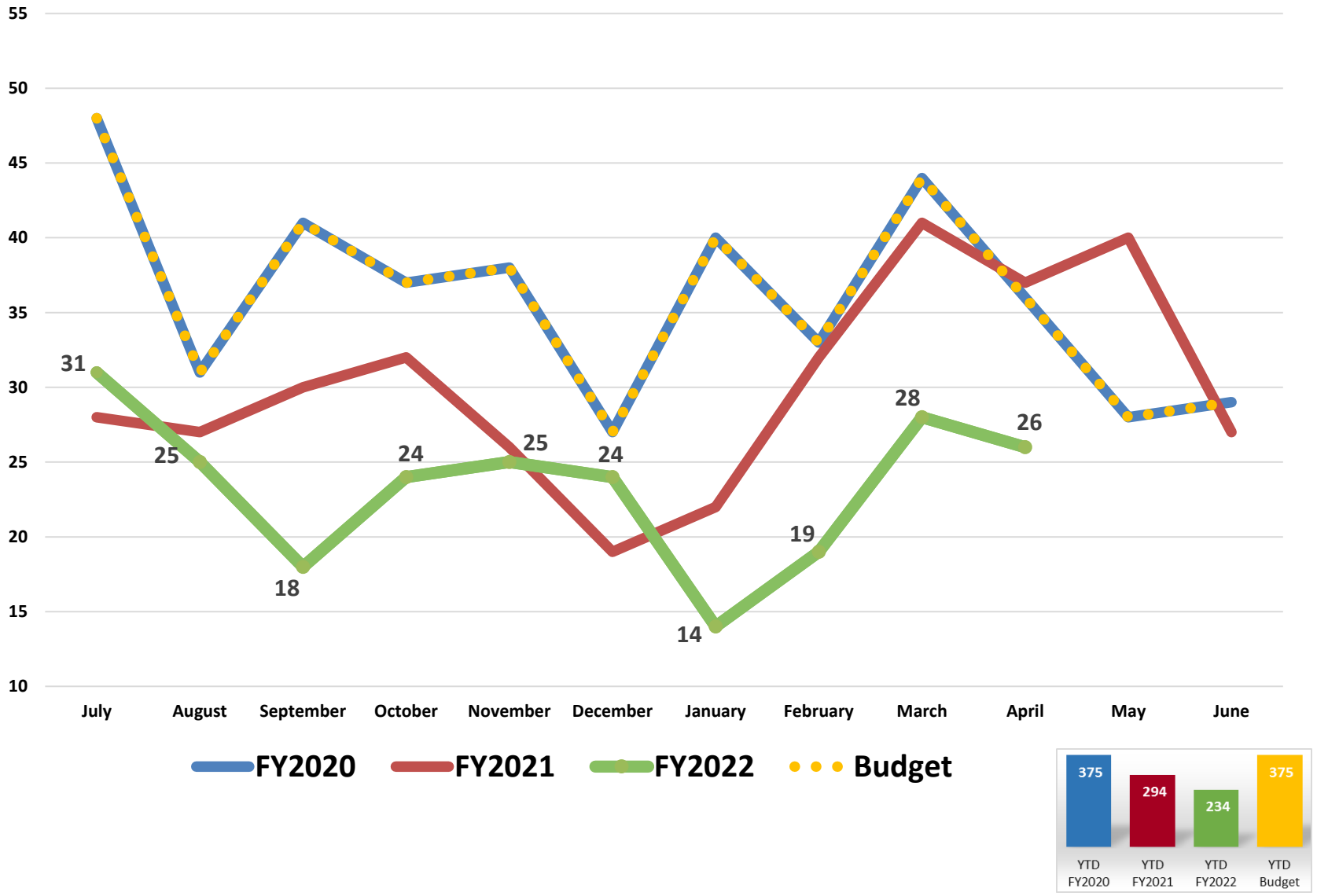




Cardiac Surgery – 100 Min Units

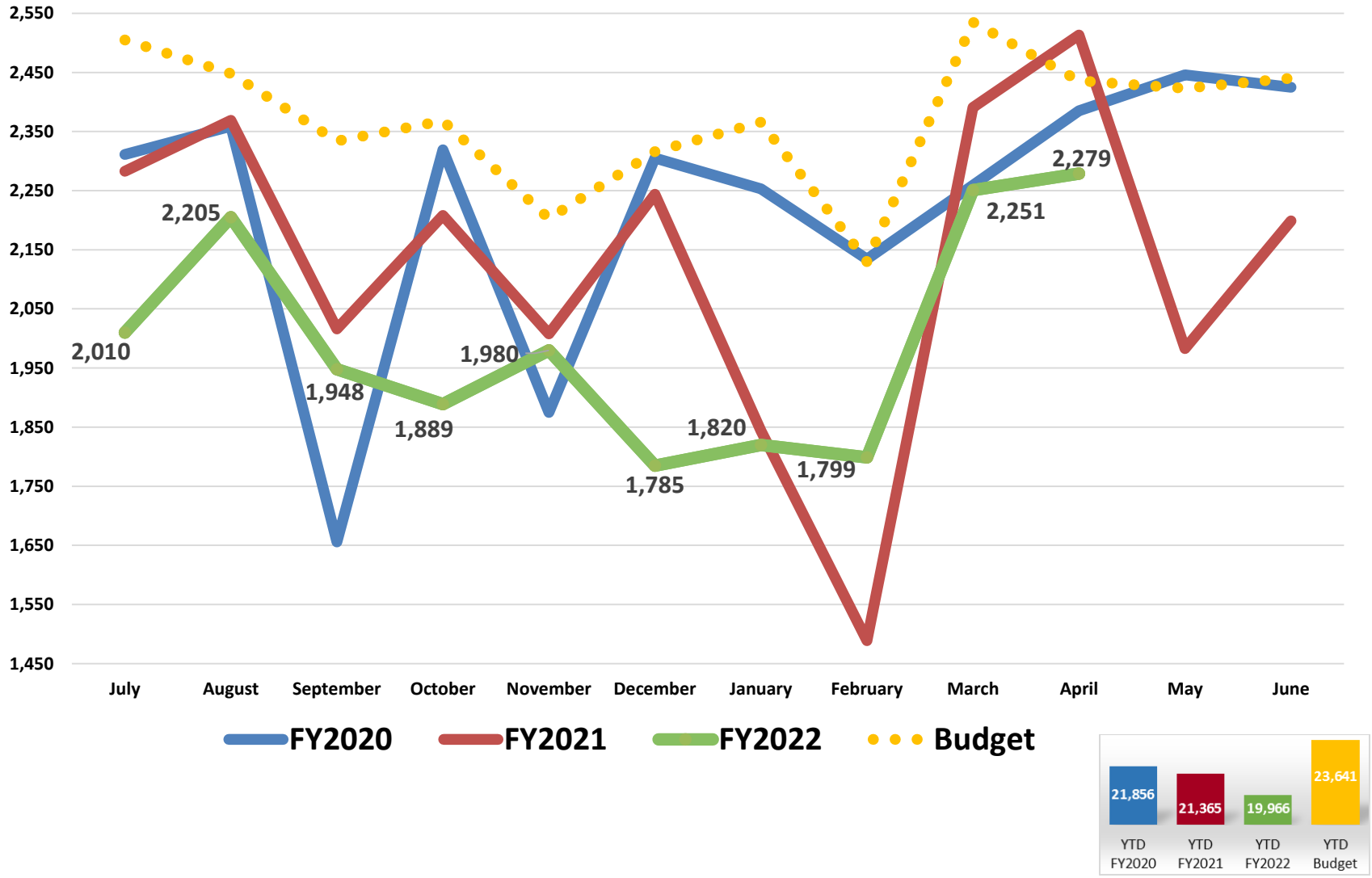


Cardiac Surgery – Cases

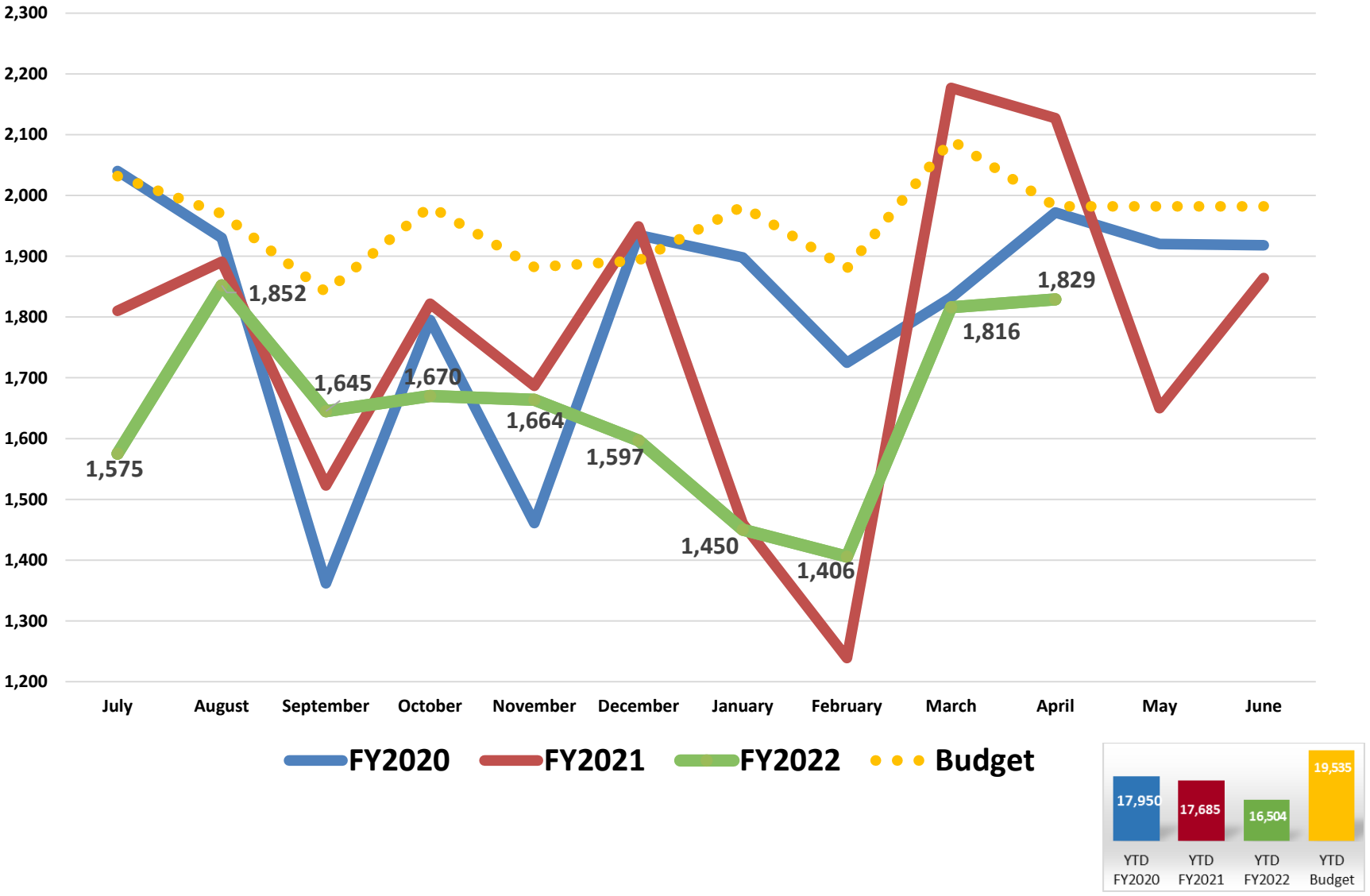


Radiation Oncology Treatments

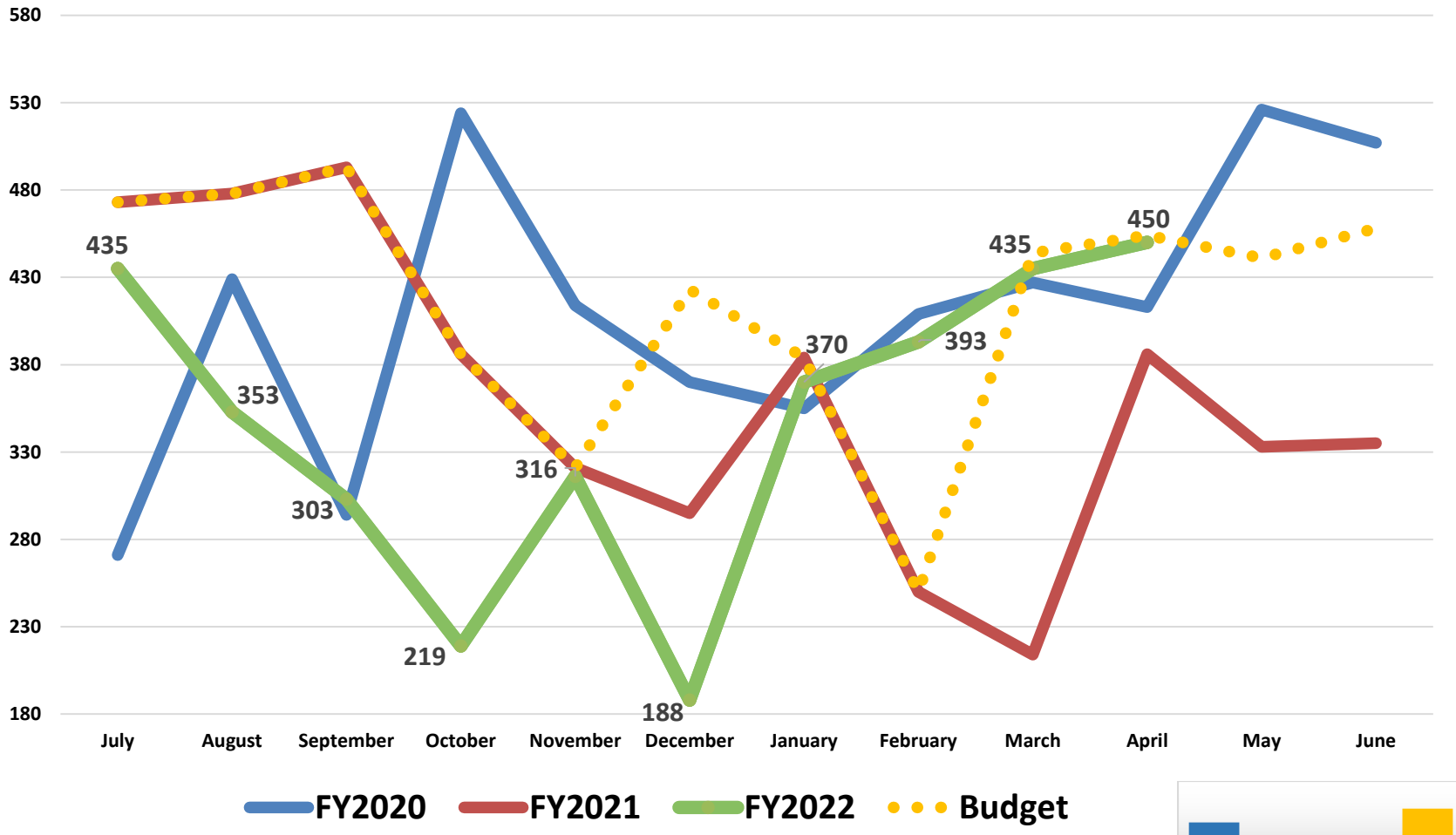
Hanford and Visalia

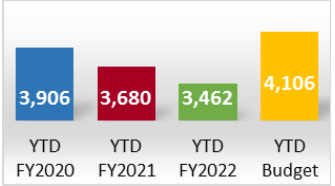


Radiation Oncology - Visalia

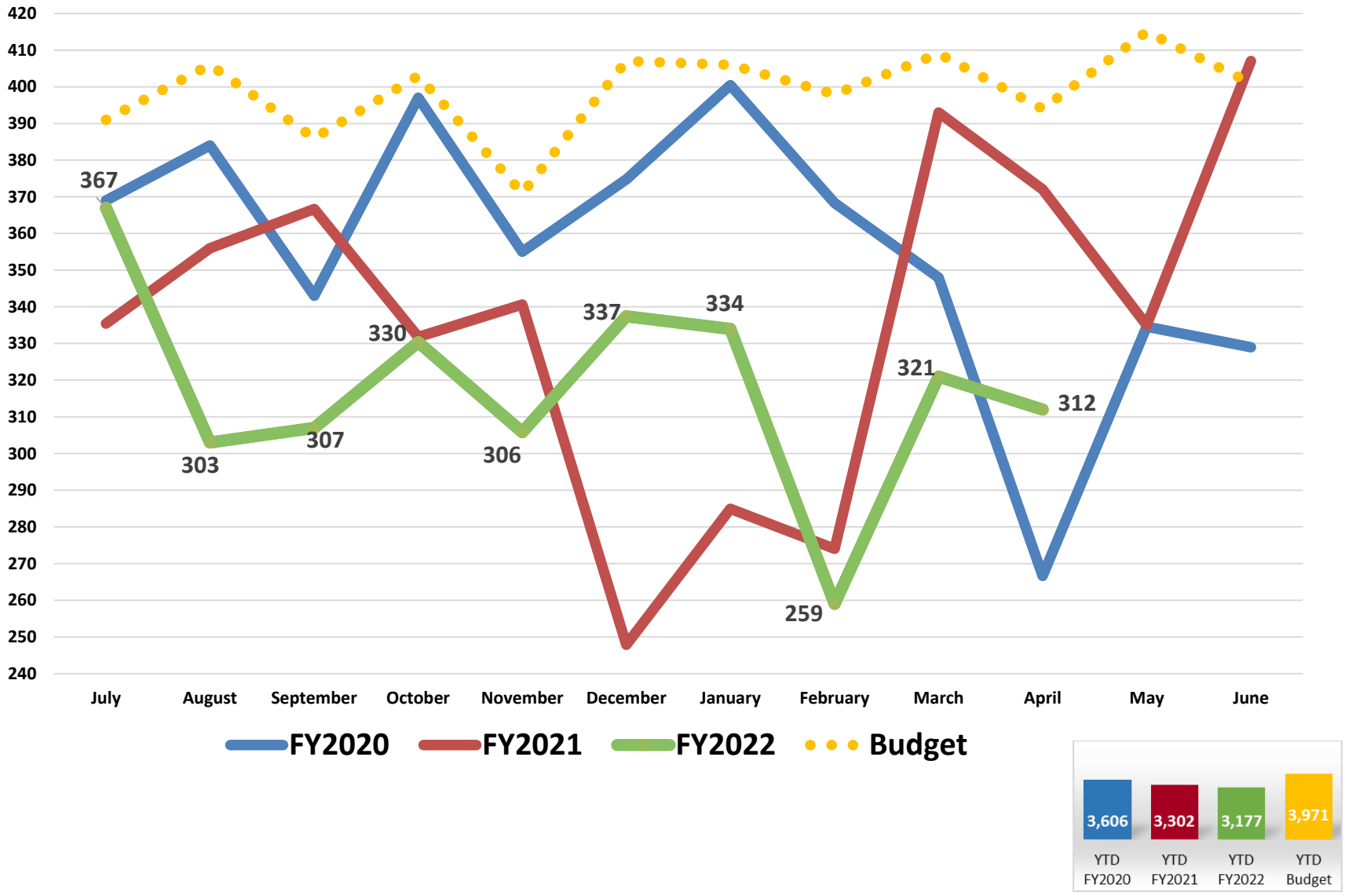


Radiation Oncology - Hanford

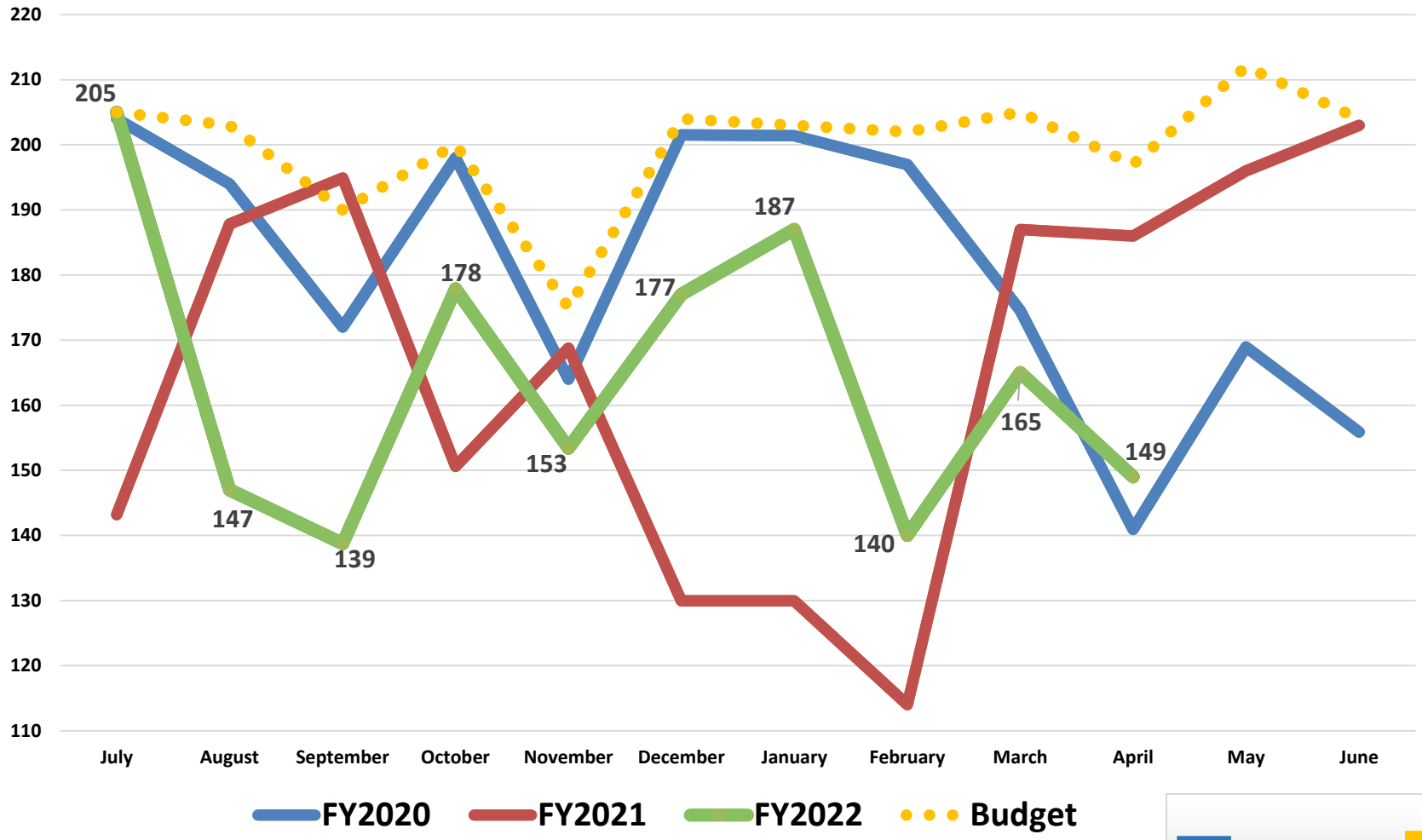


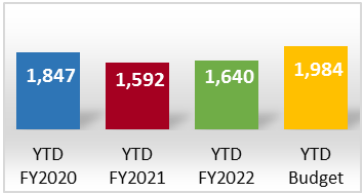


Cath Lab (IP & OP) – 100 Min Units

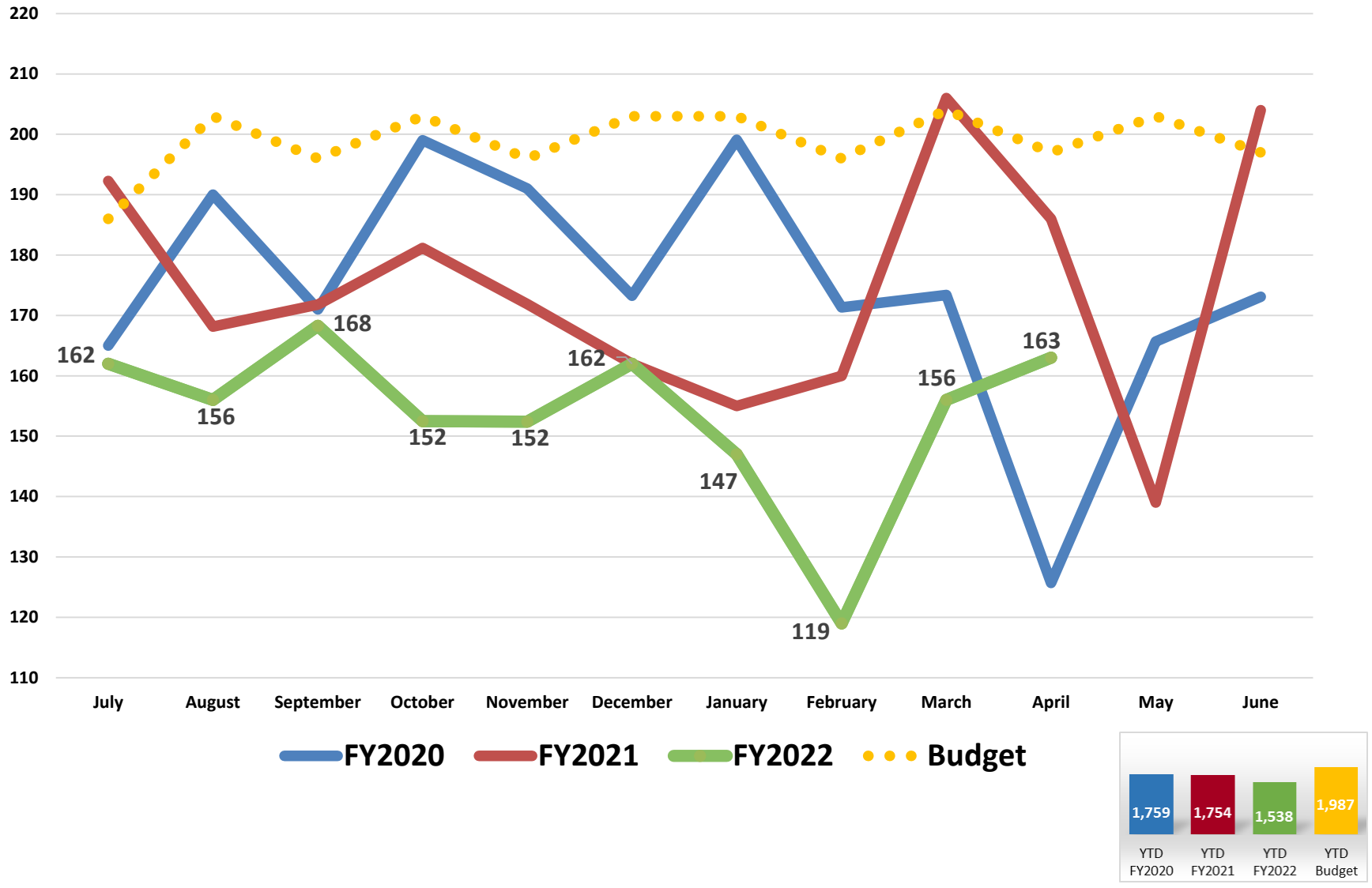


Cath Lab (IP Only) – 100 Min Units

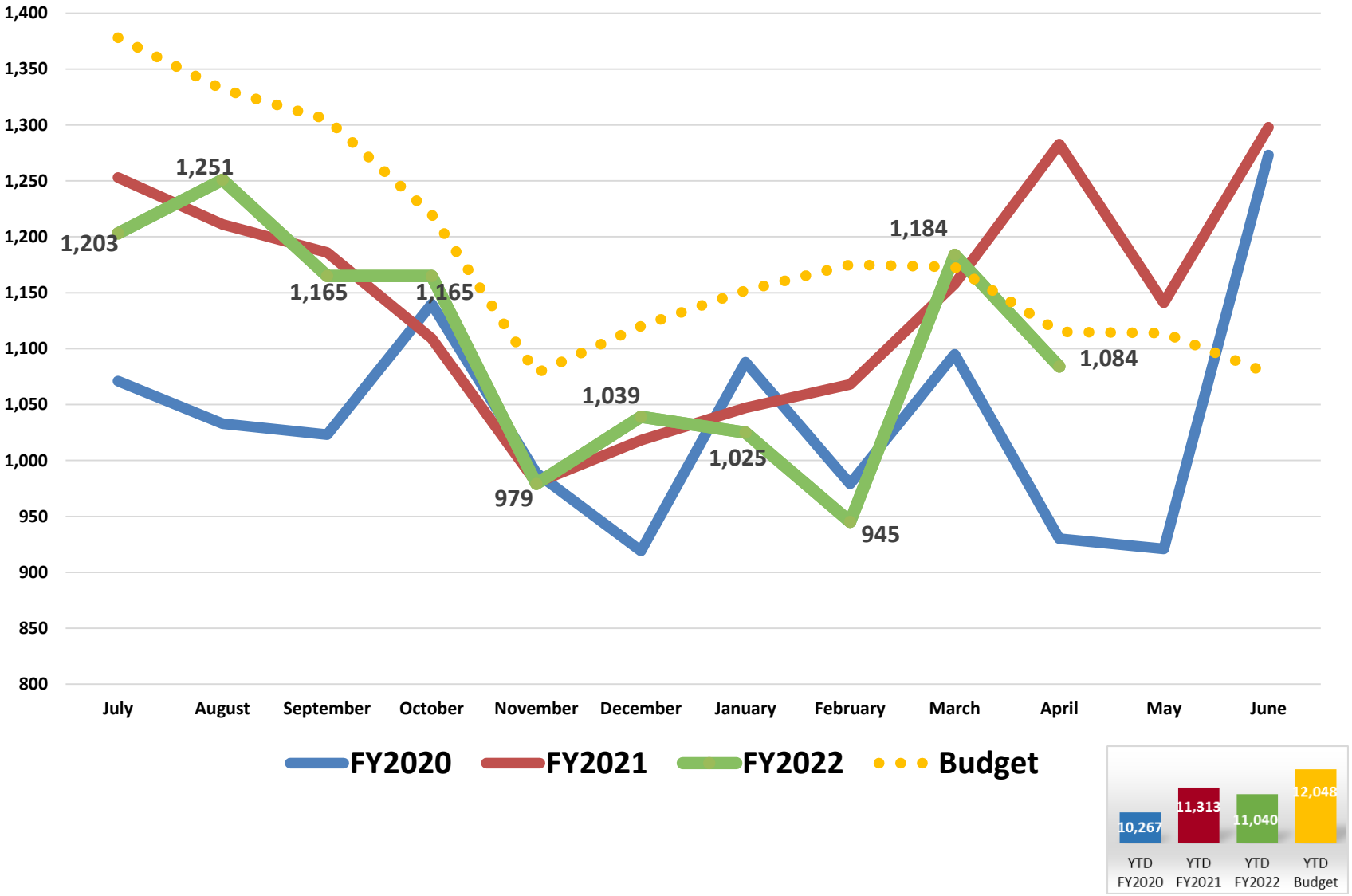




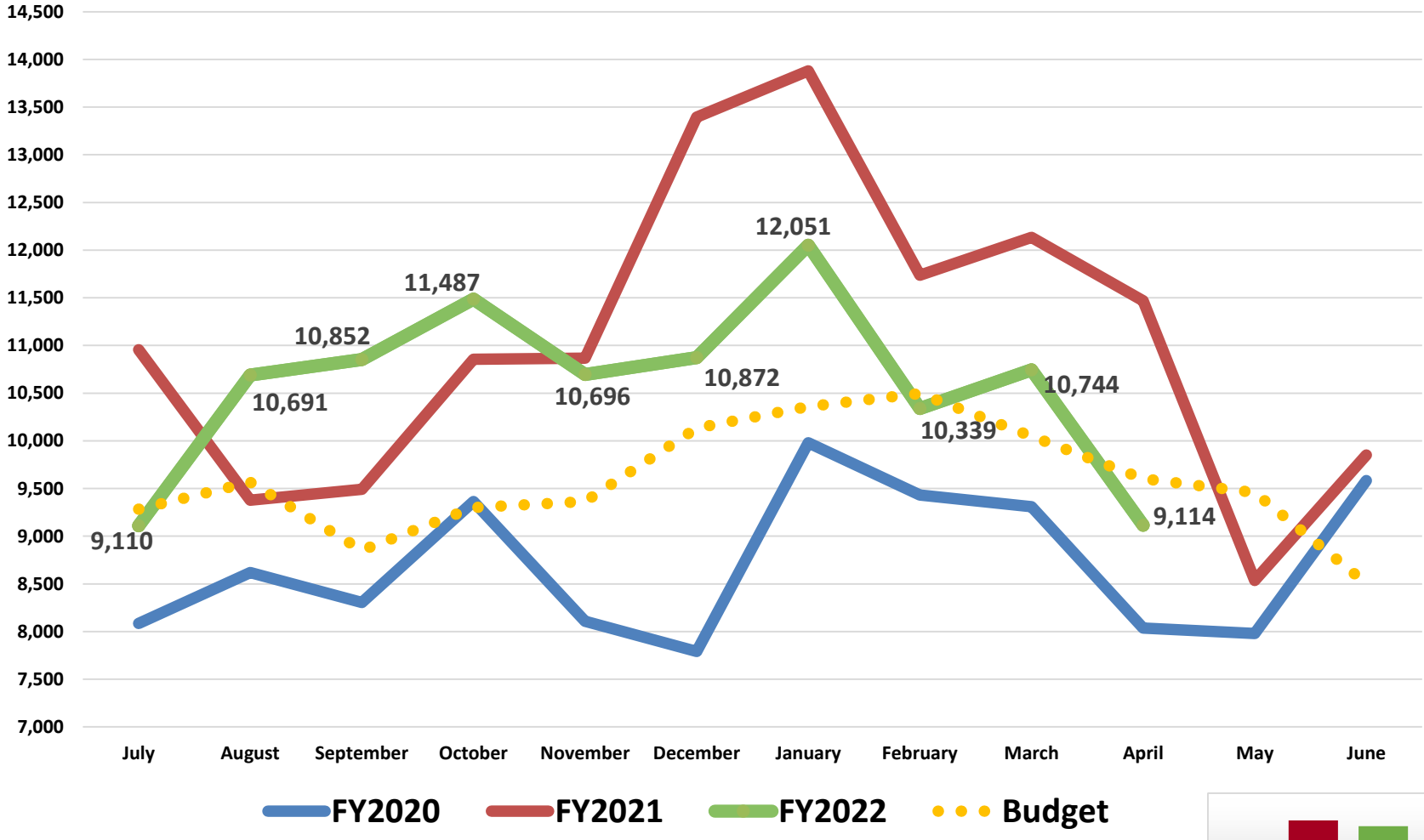
Cath Lab (OP Only) – 100 Min Units

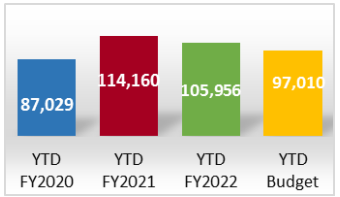


GME Family Medicine Clinic Visits

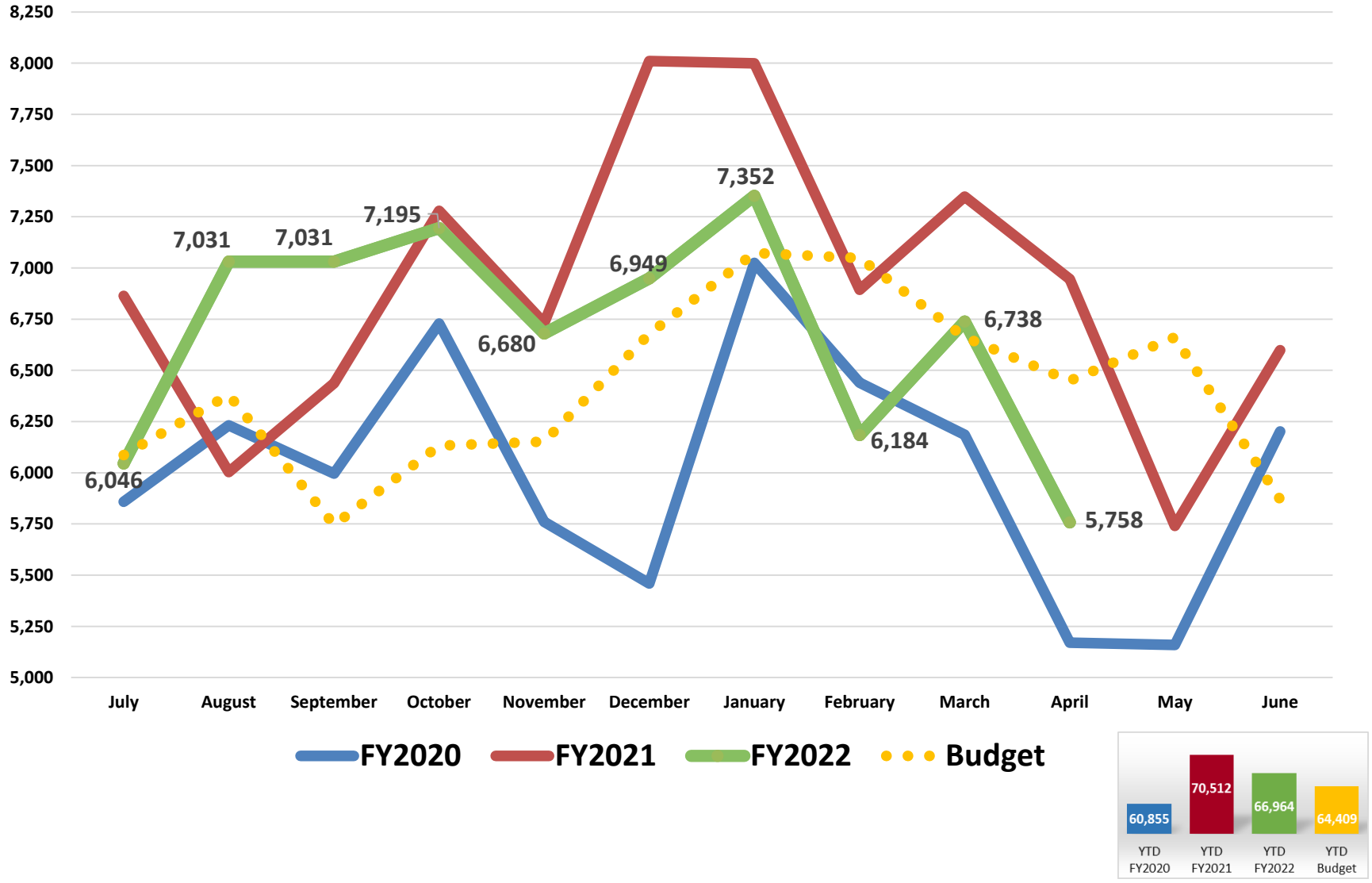


Rural Health Clinic Registrations

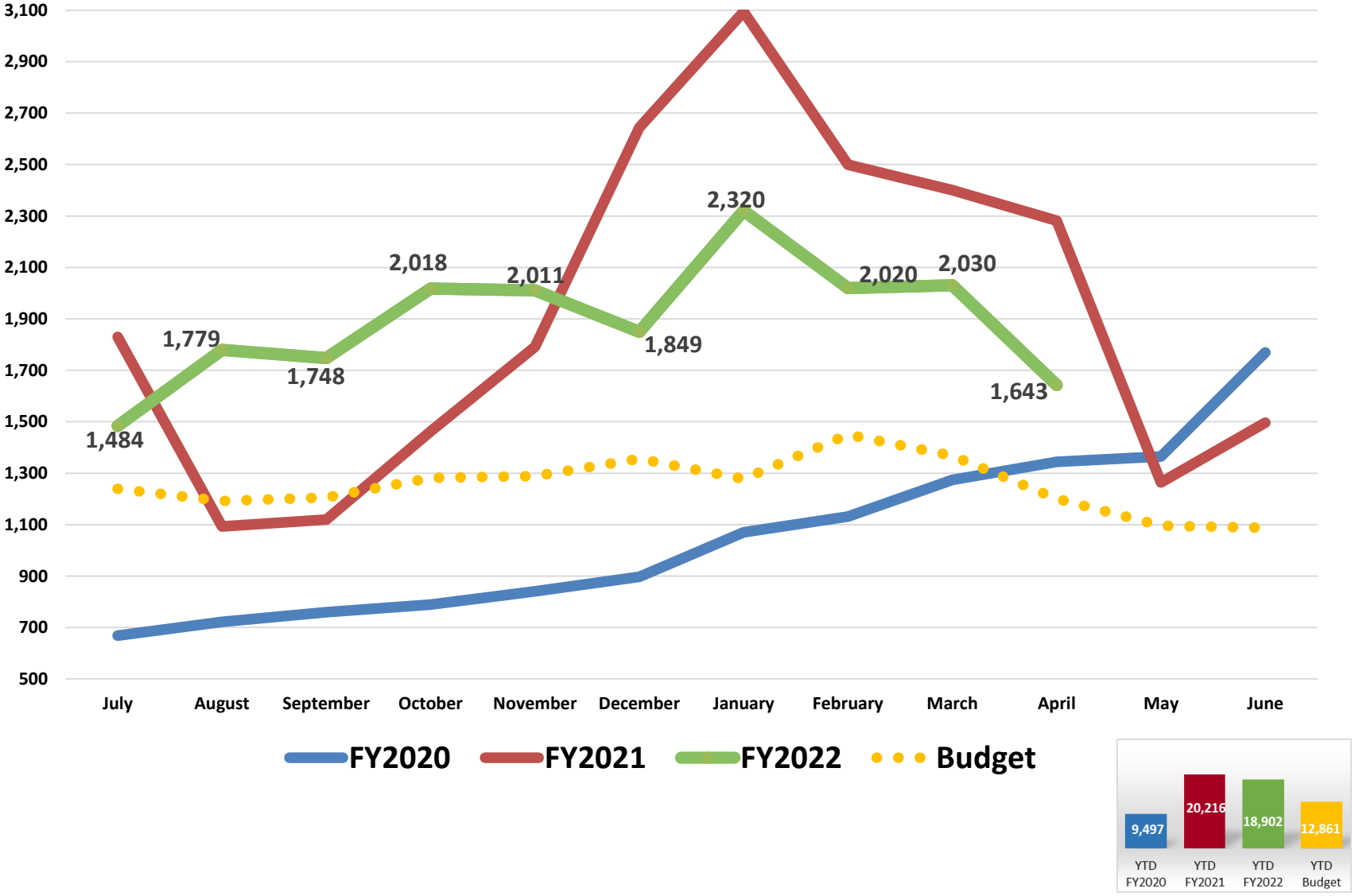




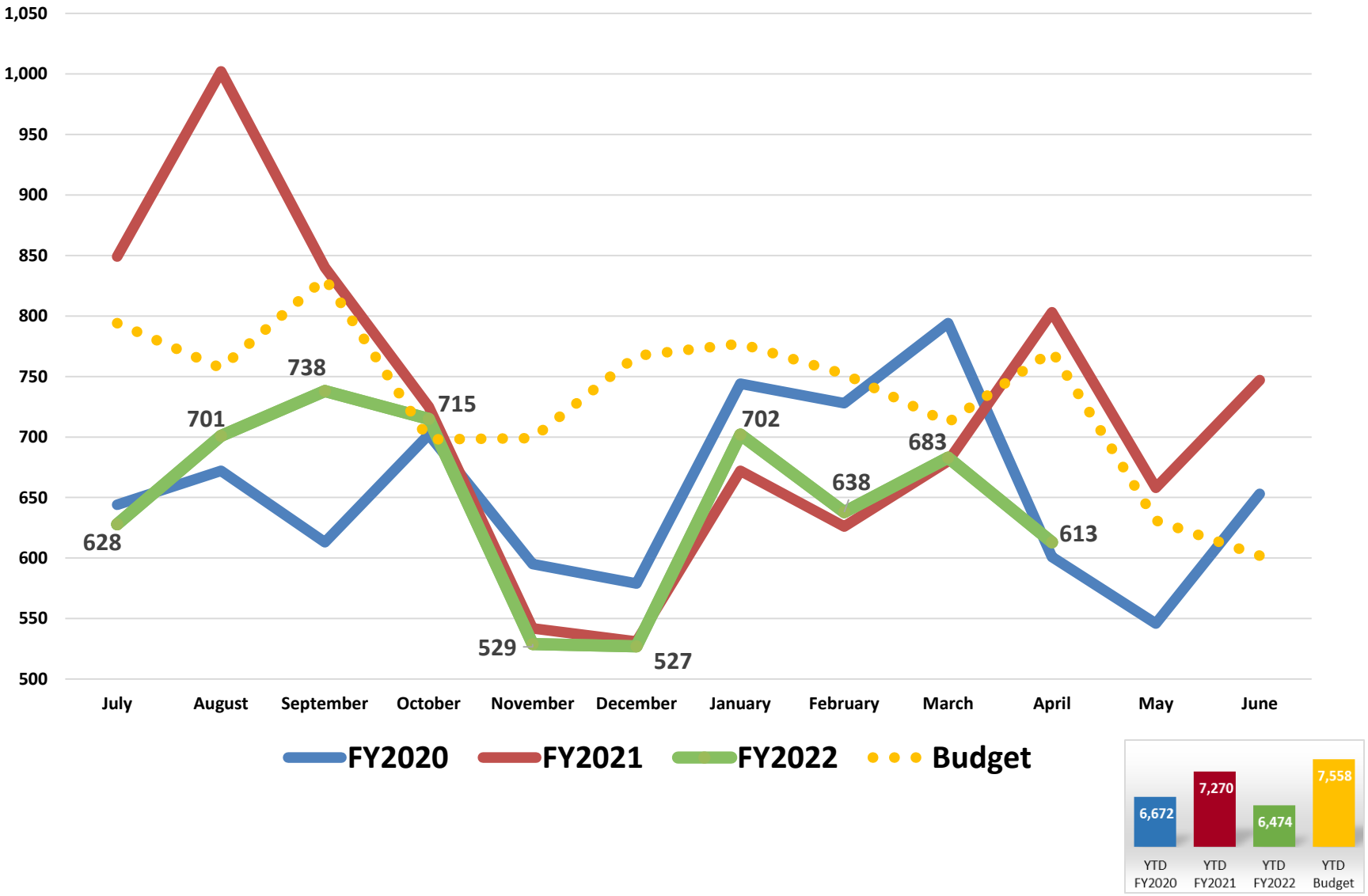
Exeter RHC - Registrations



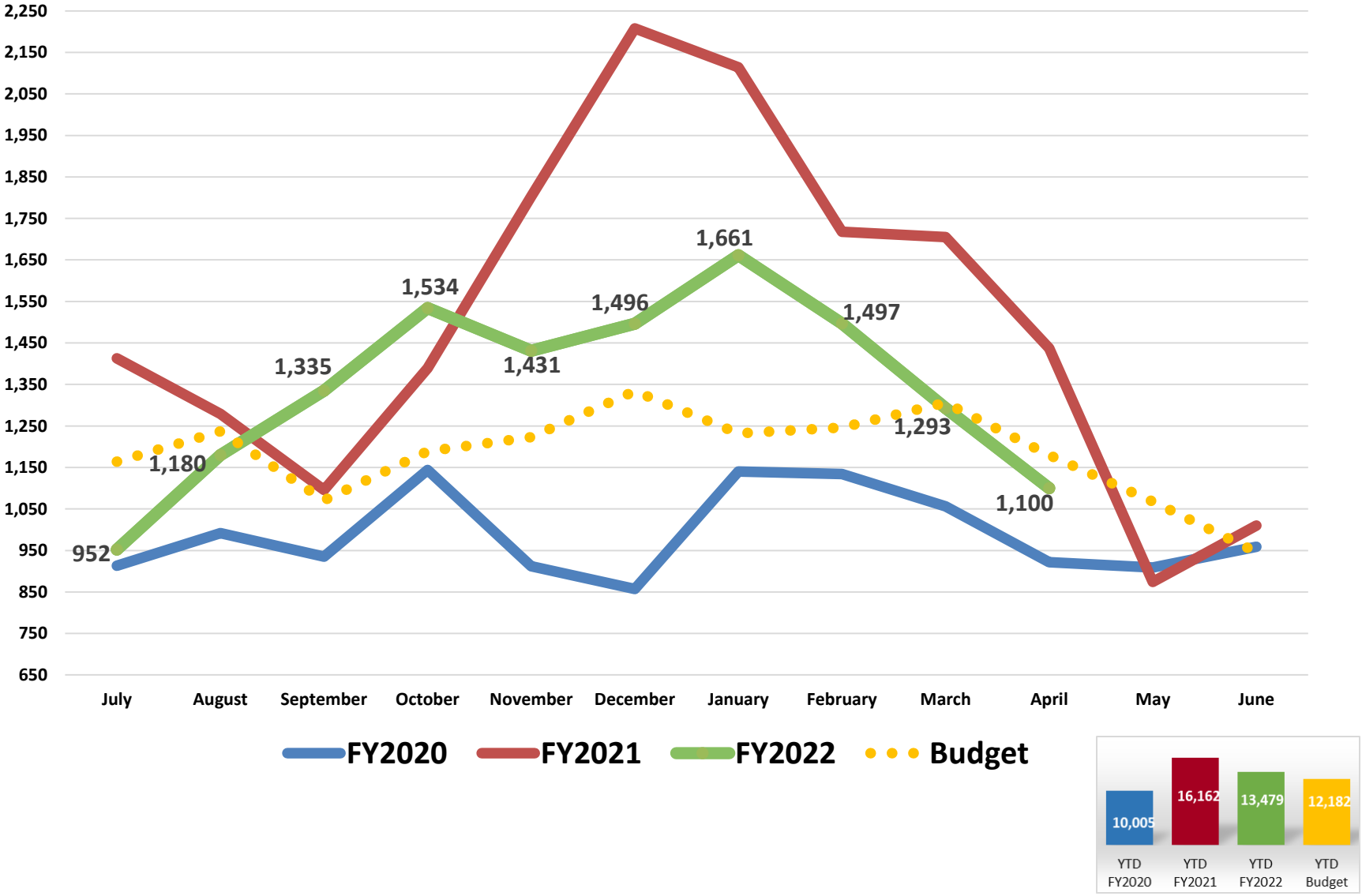
Lindsay RHC - Registrations



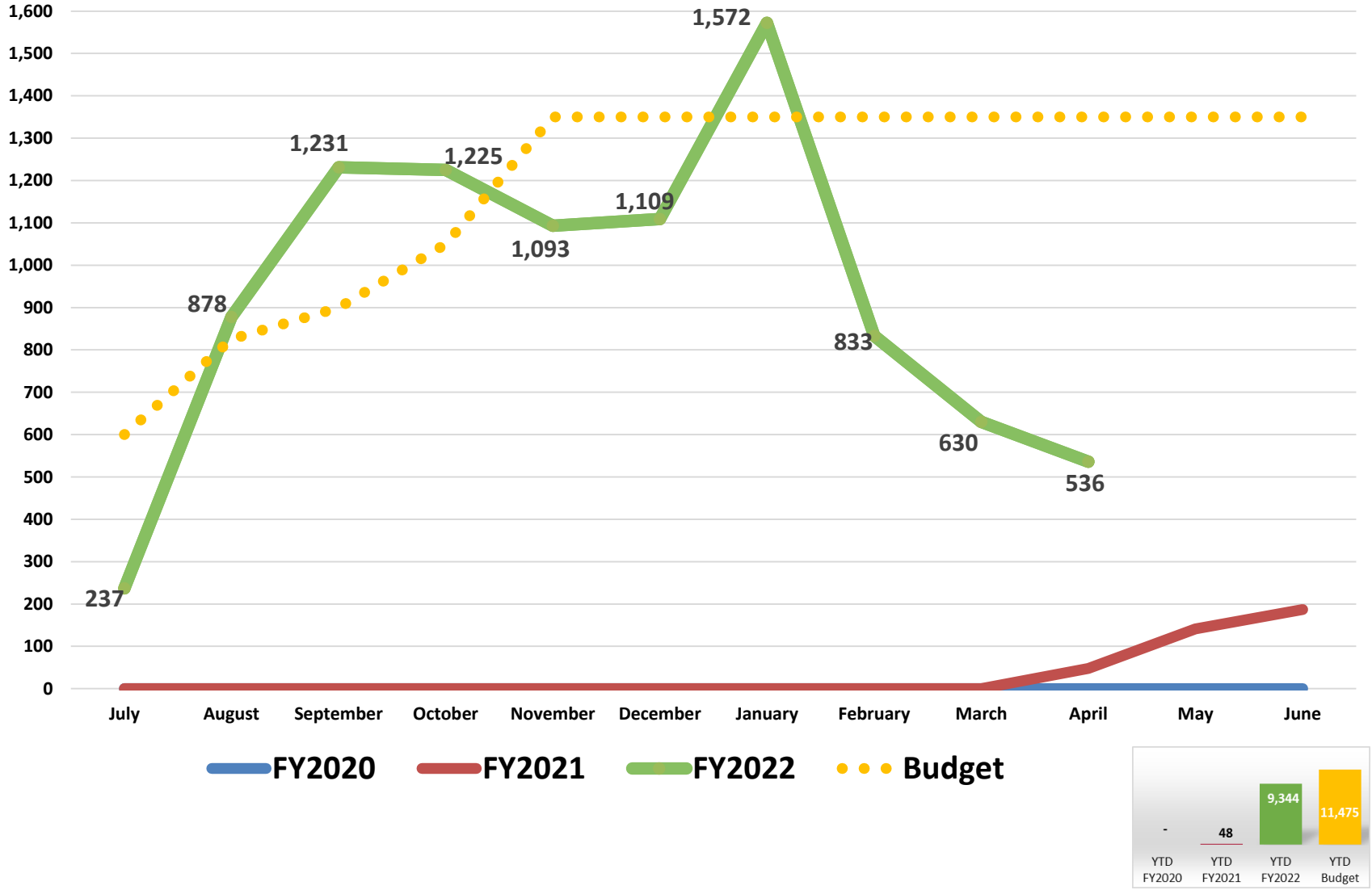
Woodlake RHC - Registrations



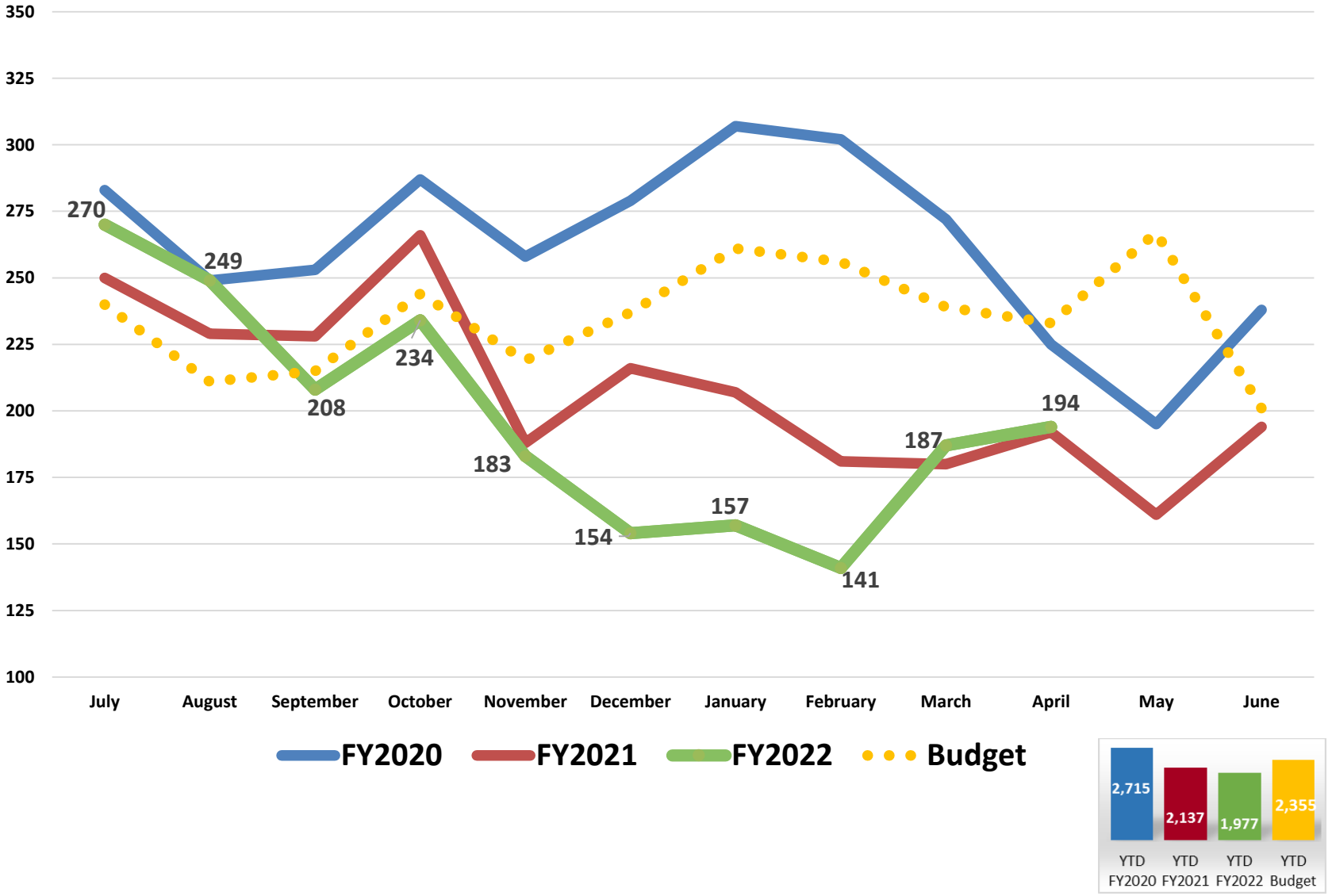
Dinuba RHC - Registrations



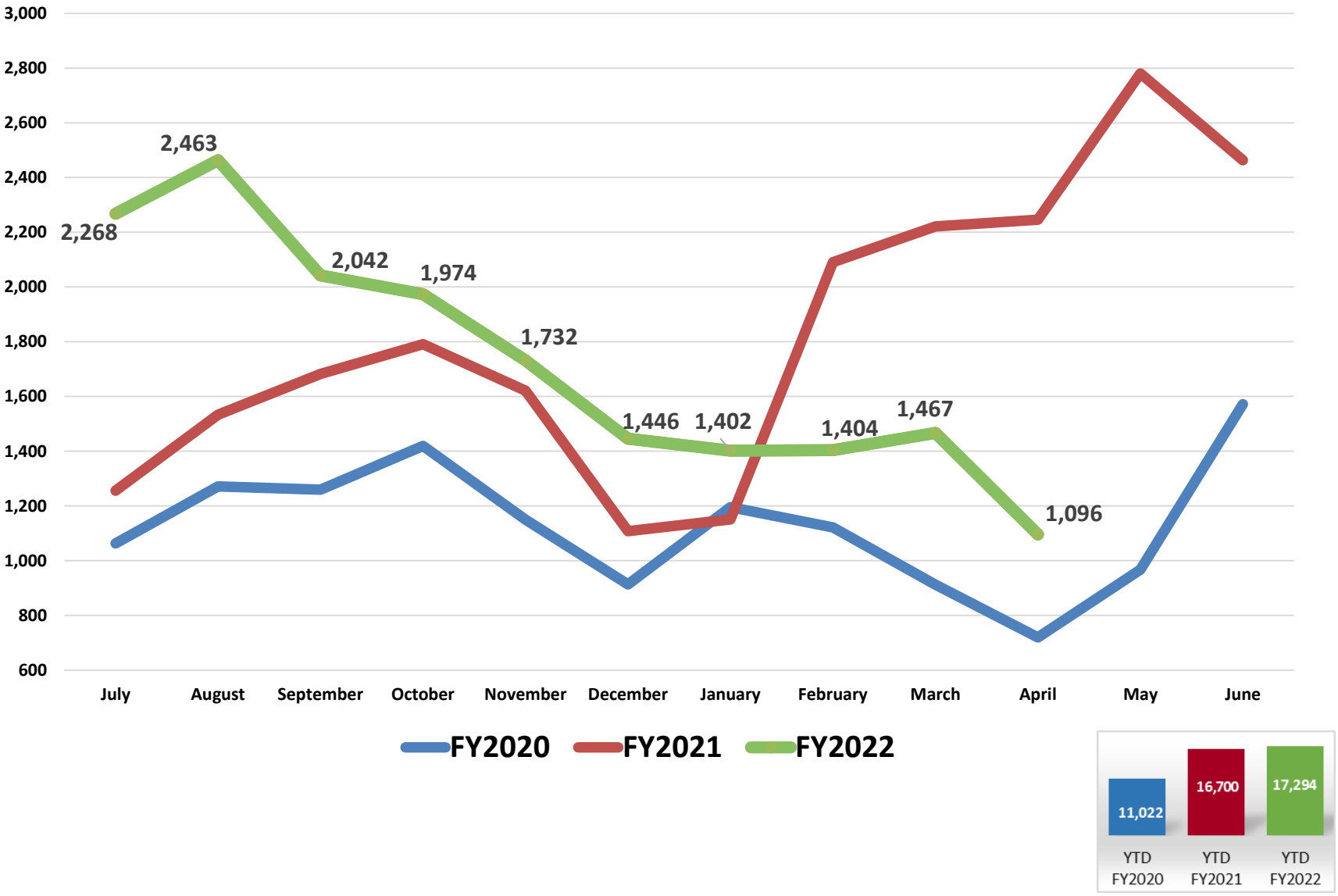
Tulare RHC - Registrations



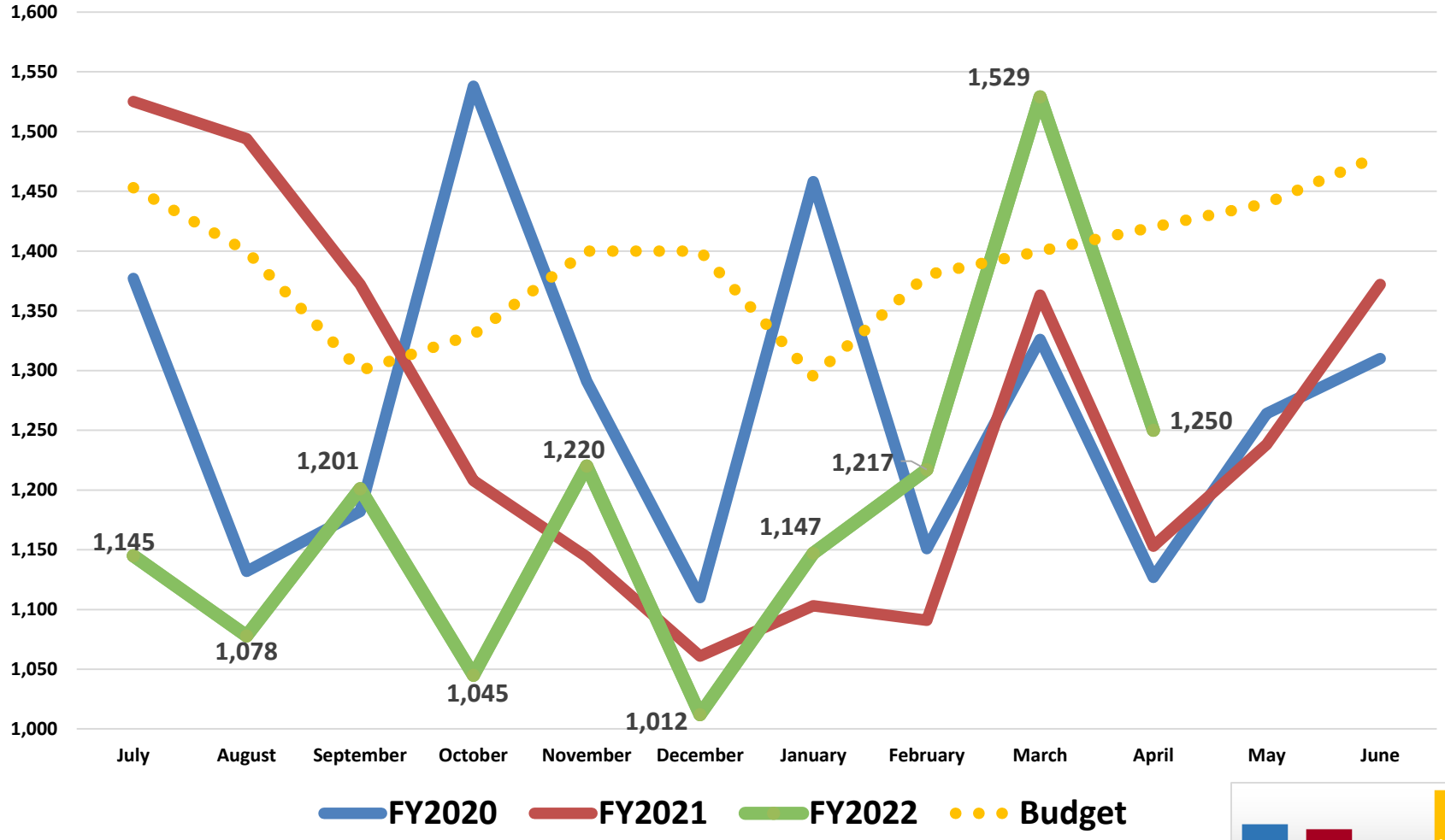
Neurosurgery Clinic - Registrations

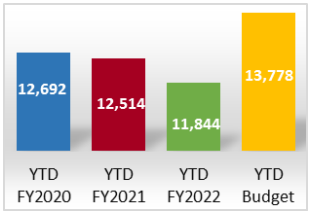


Neurosurgery Clinic - wRVU's

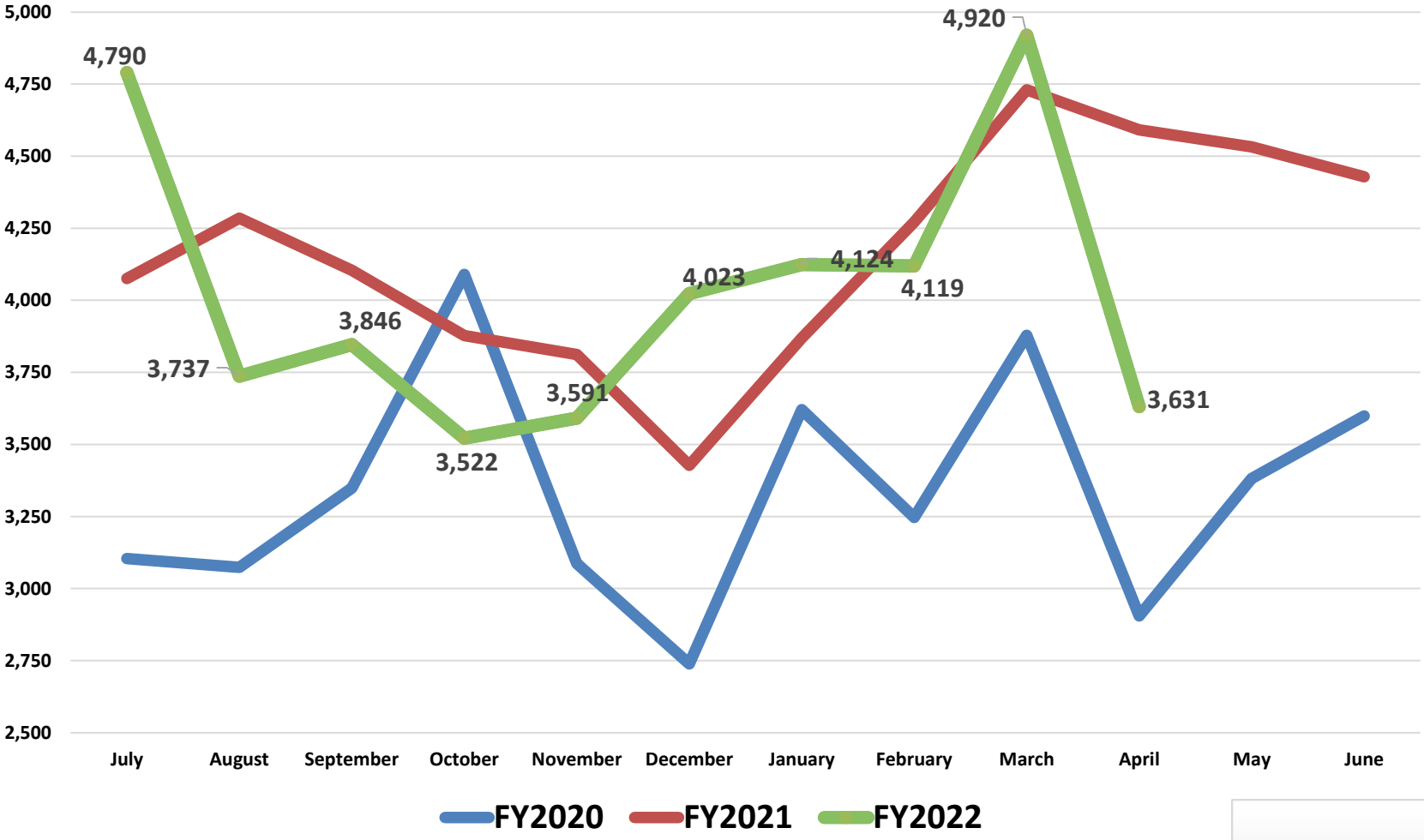


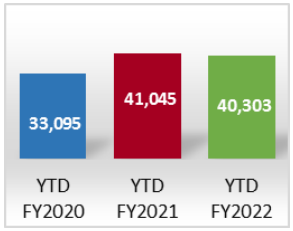
Sequoia Cardiology - Registrations



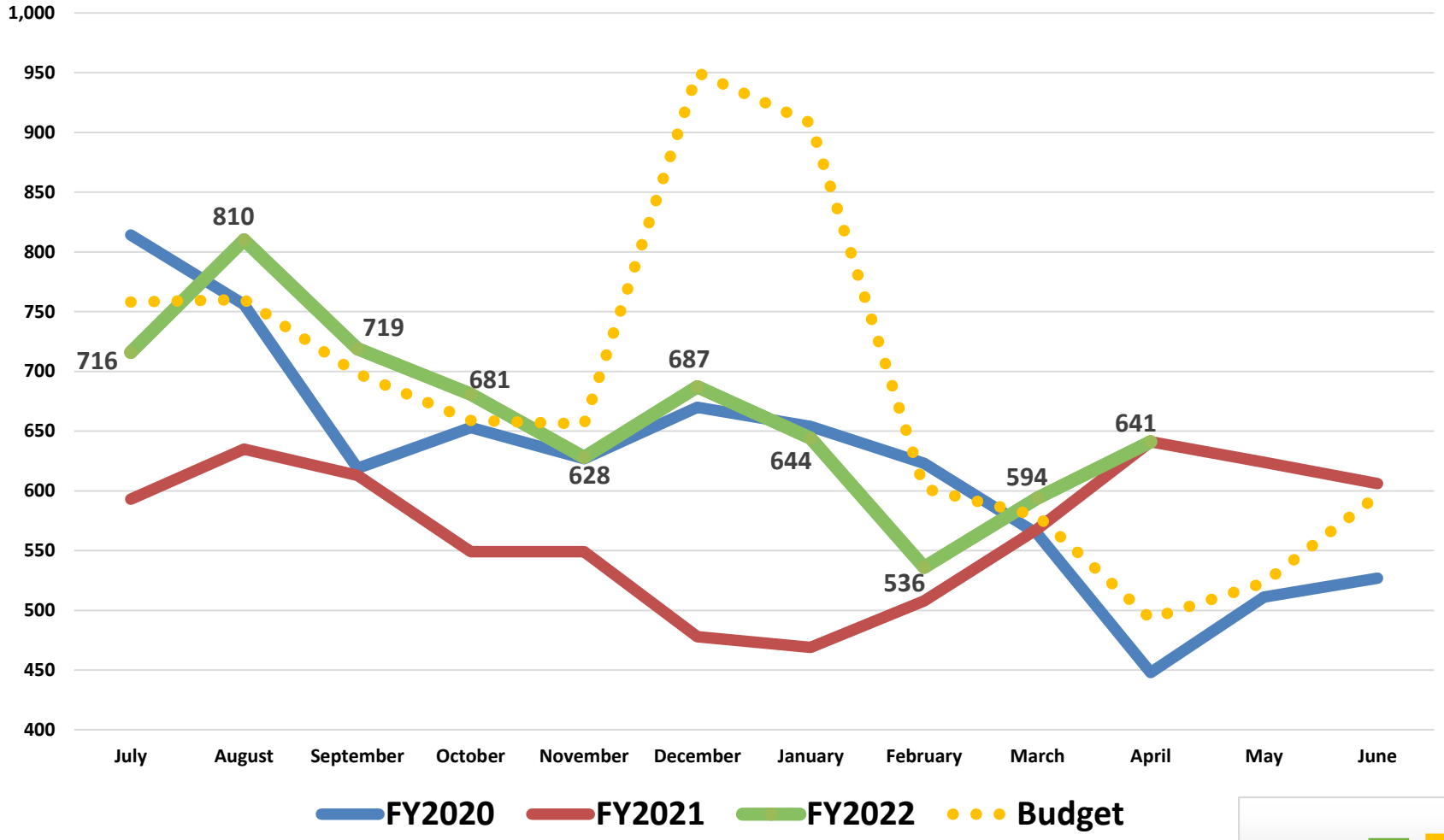


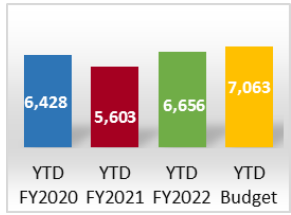
Sequoia Cardiology – wRVU's



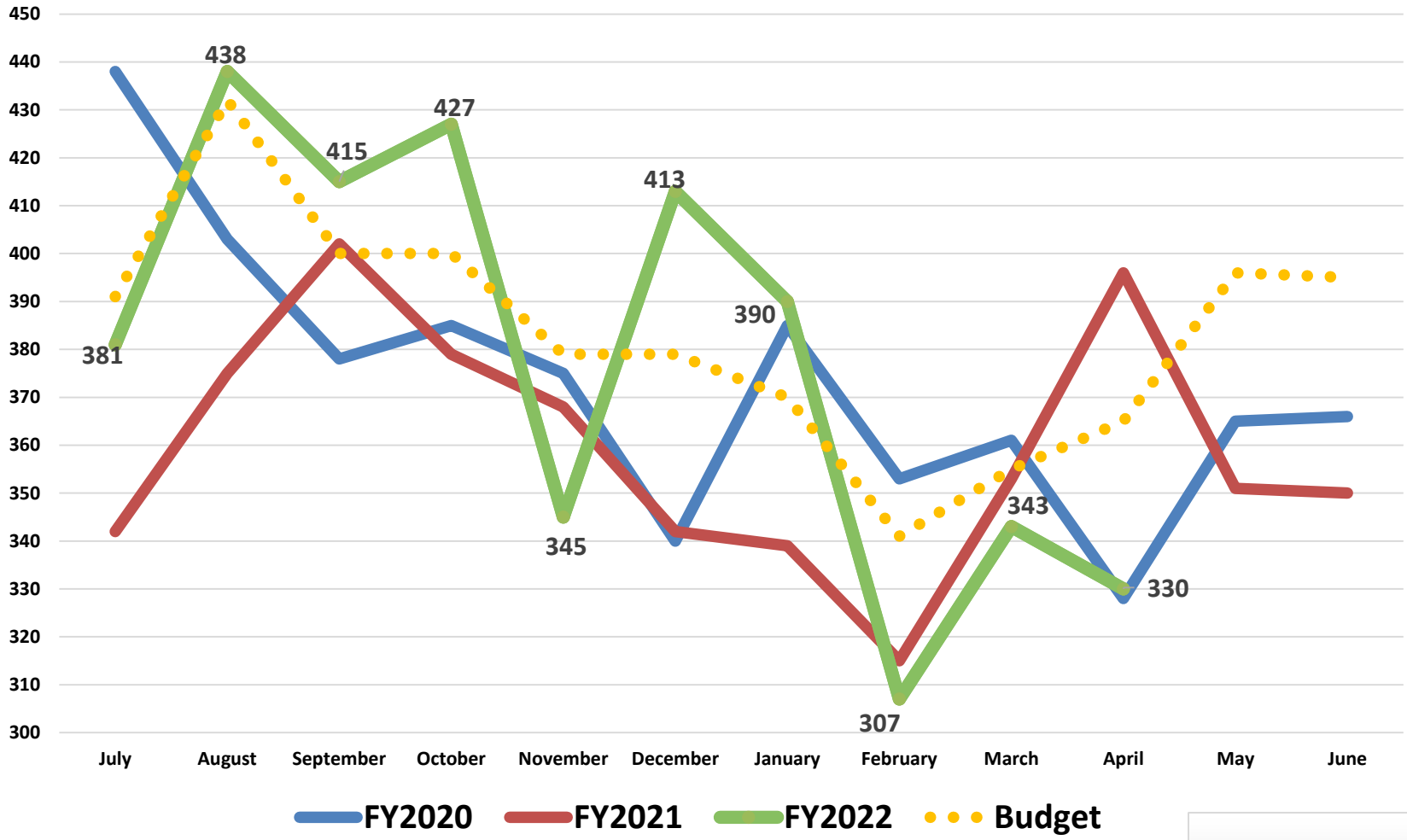


Labor Triage Registrations





Deliveries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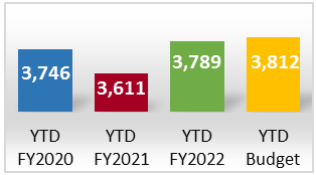
381
345
307
343
330
July
August
September
October
November
December
January
February
March
April
May
June
FY2020
FY2021
FY2022
Budget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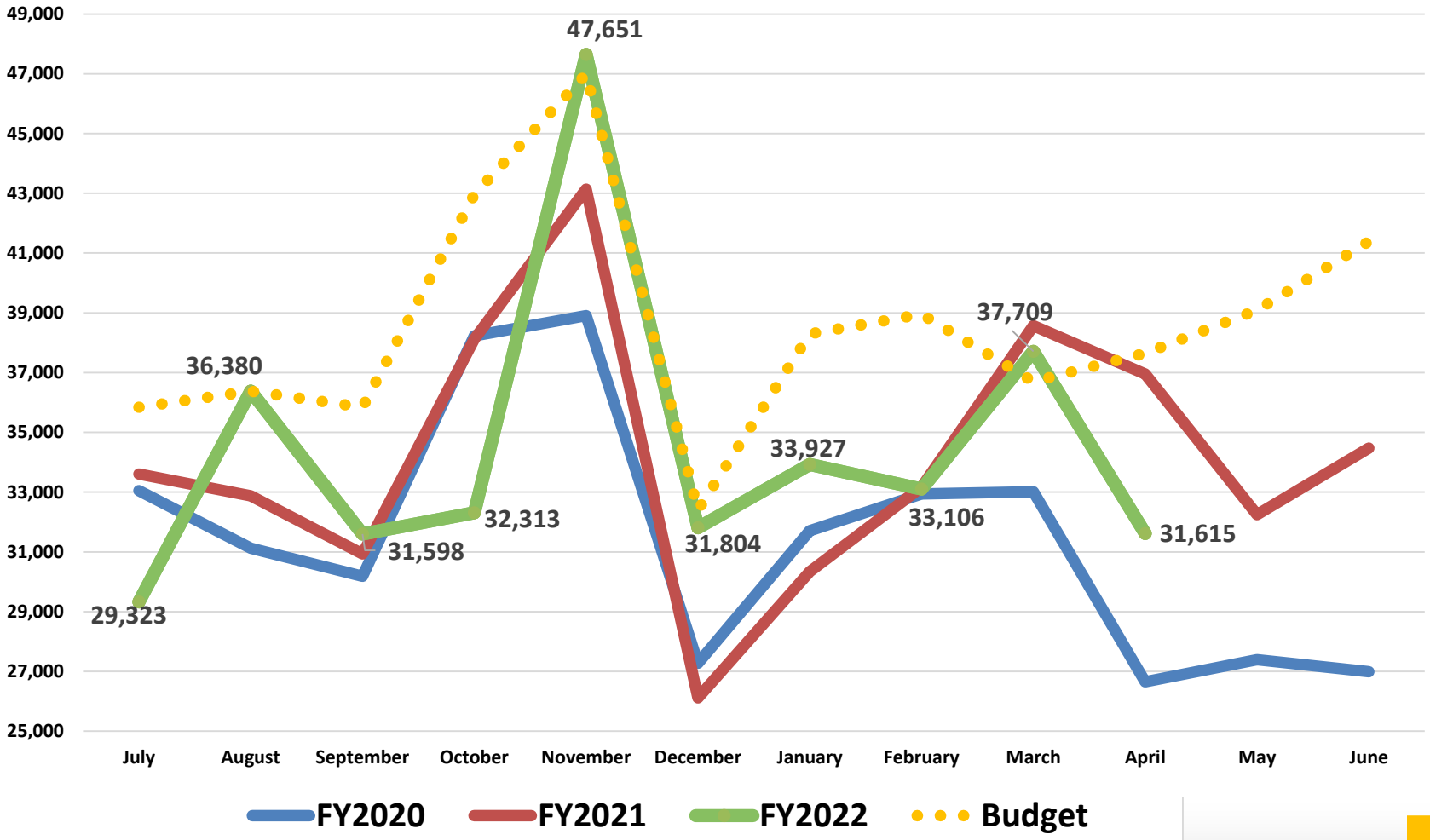
YTD FY2020
YTD FY2021
YTD FY2022
YTD Budget

KHMG RVU's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47,000
45,000
43,000
41,000
39,000
37,000
35,000
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29,000
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July
August
September
October
November
December
January
February
March
April
May
June
47,651
36,380
37,709
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31,598
31,804
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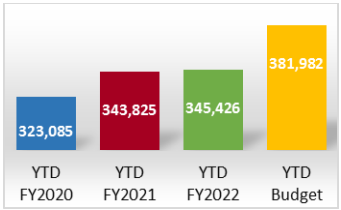
29,323
FY2020
FY2021
FY2022
Budget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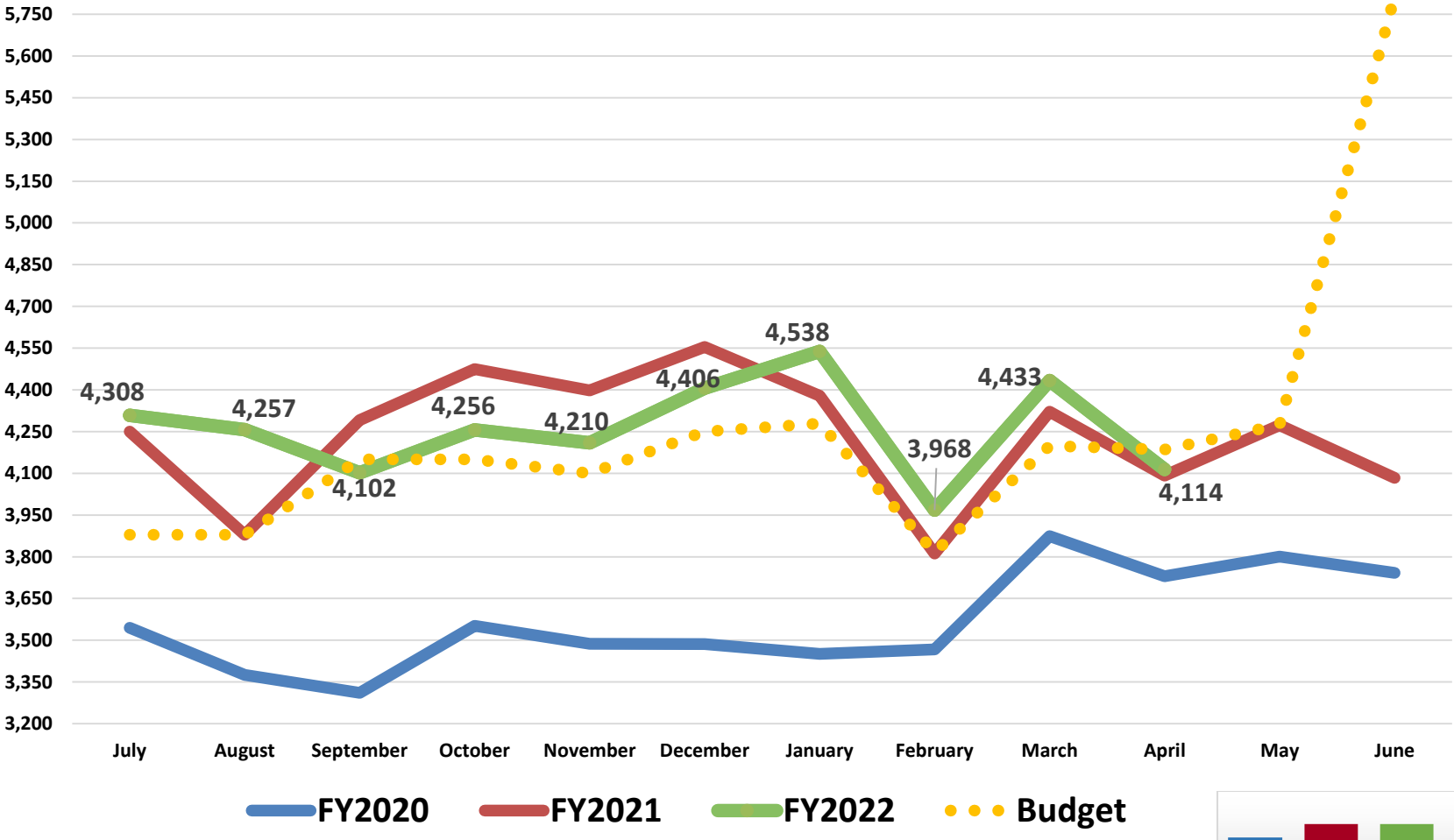
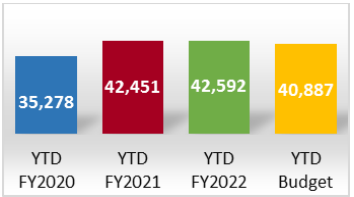
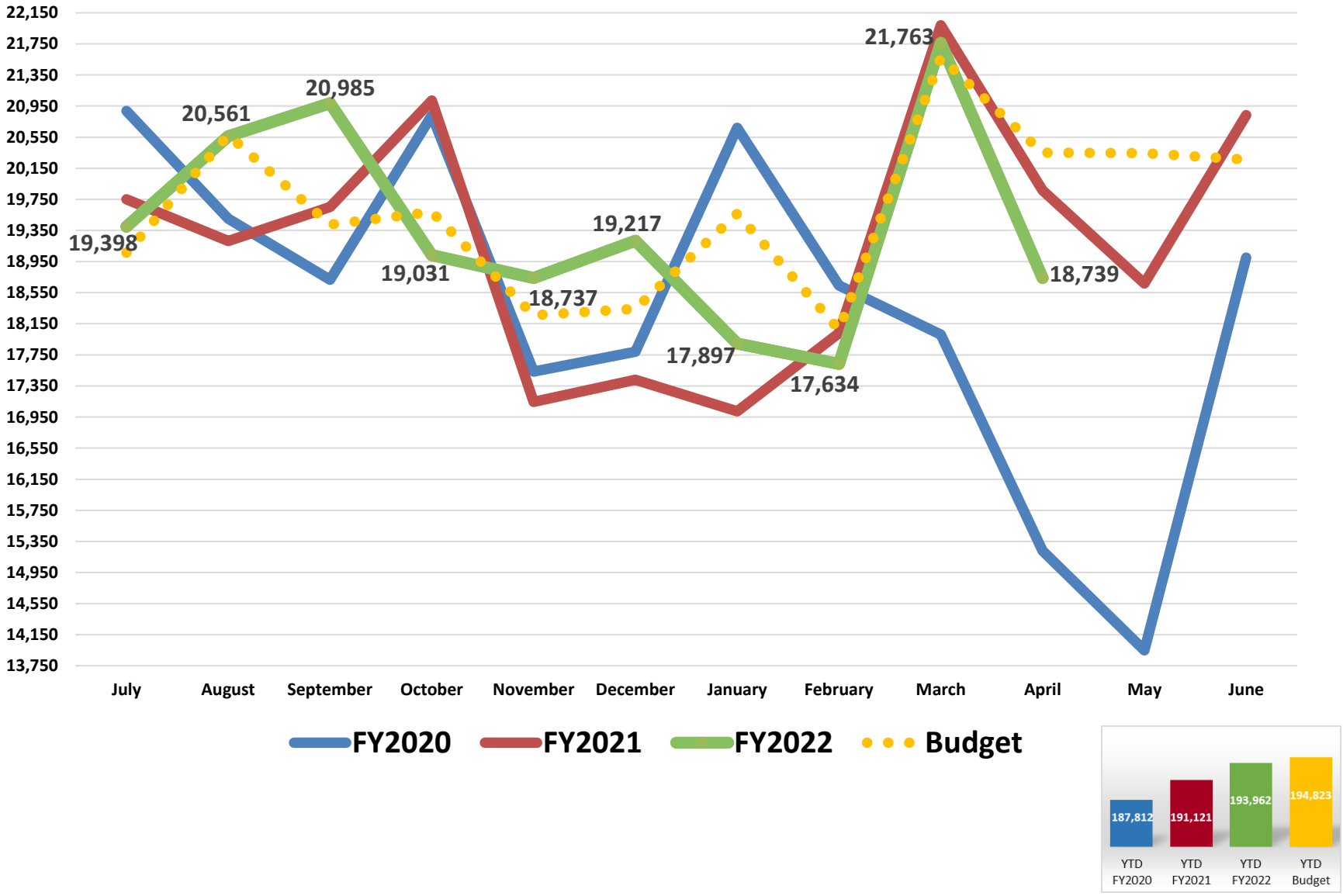
YTD FY2020
YTD FY2021
YTD FY2022
YTD Budget

Hospice Days

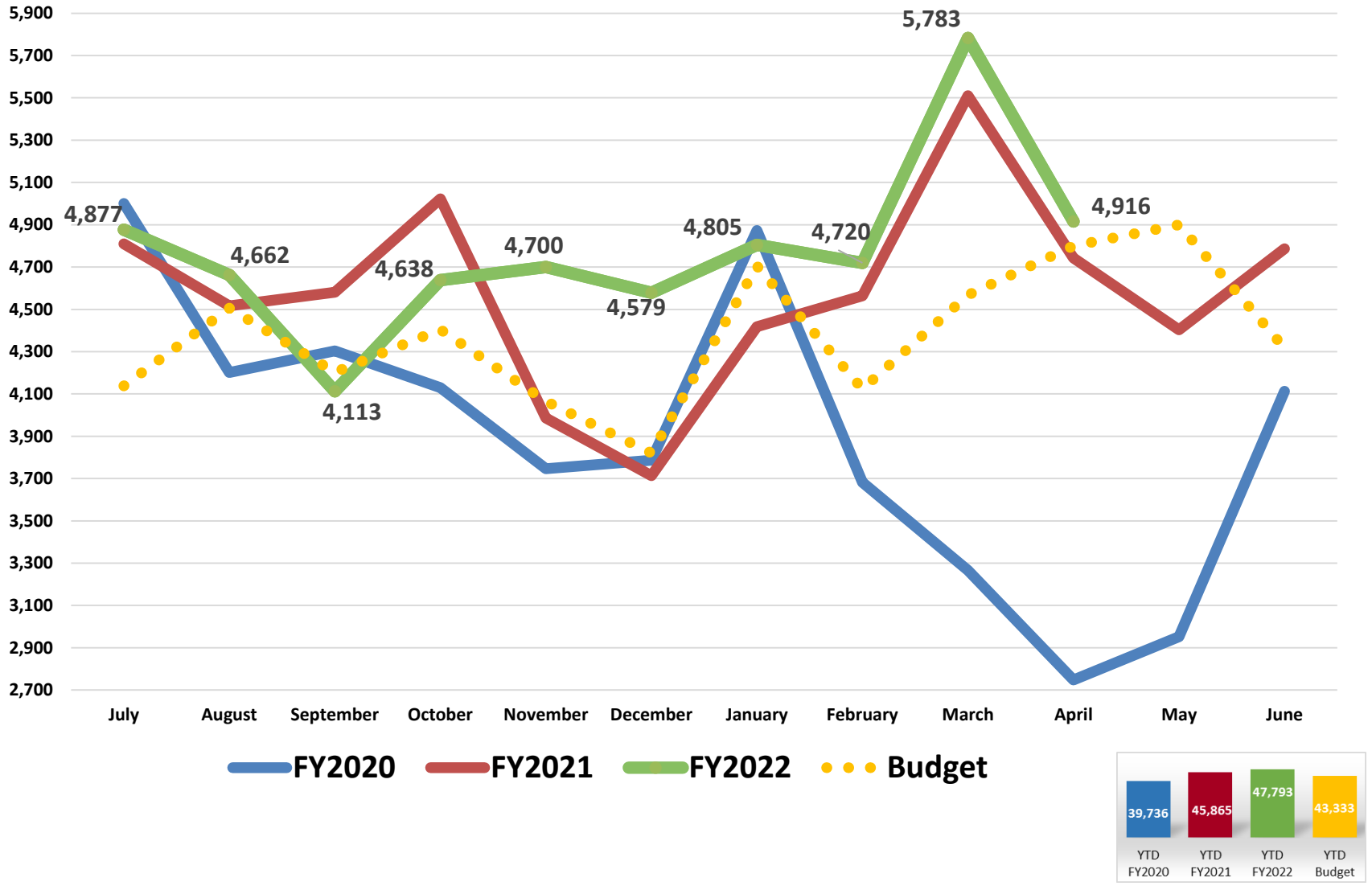




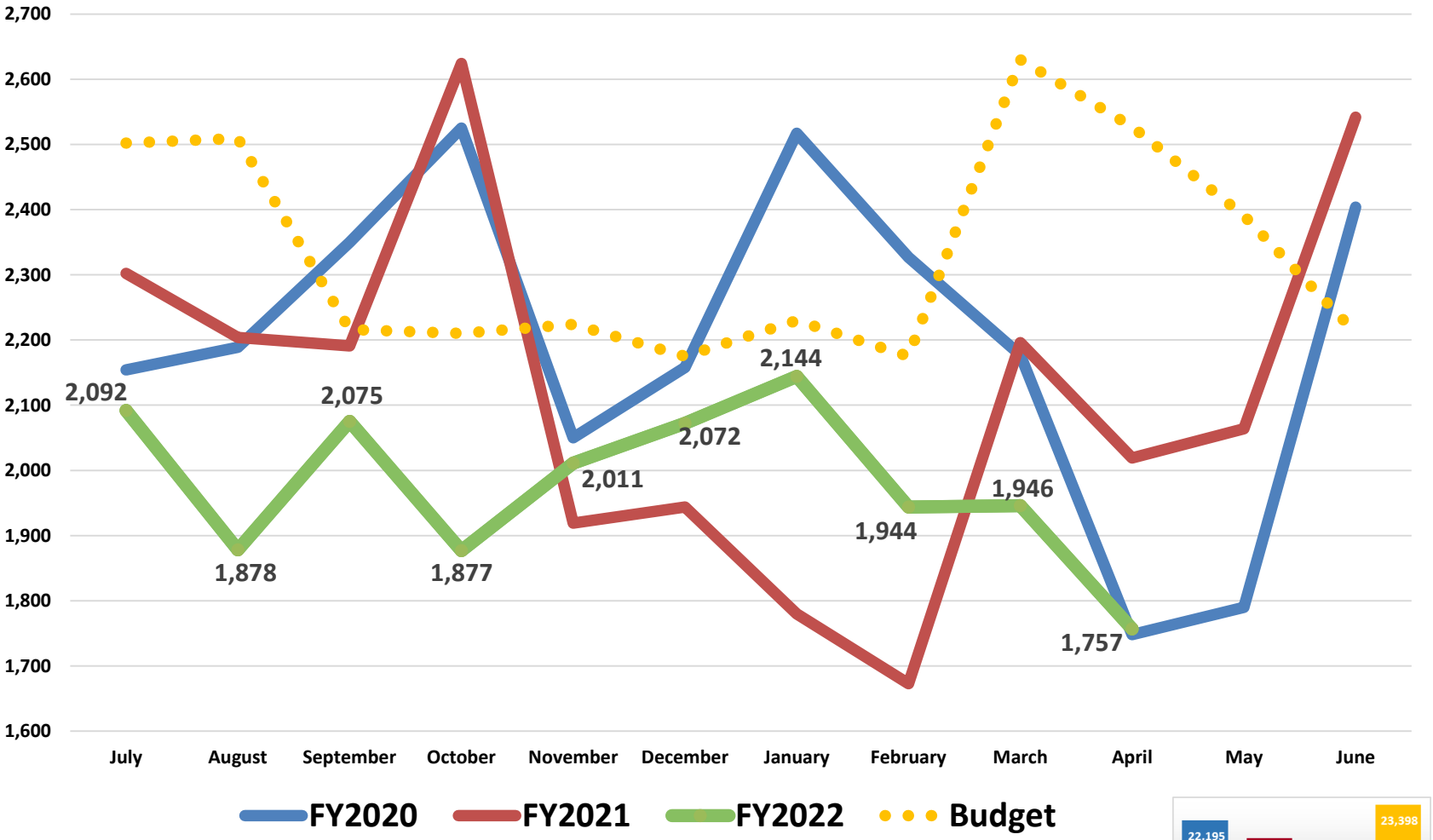
All O/P Rehab Services Across District

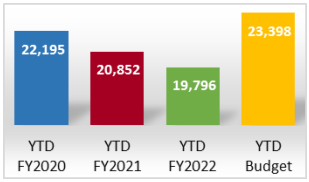


O/P Rehab Services

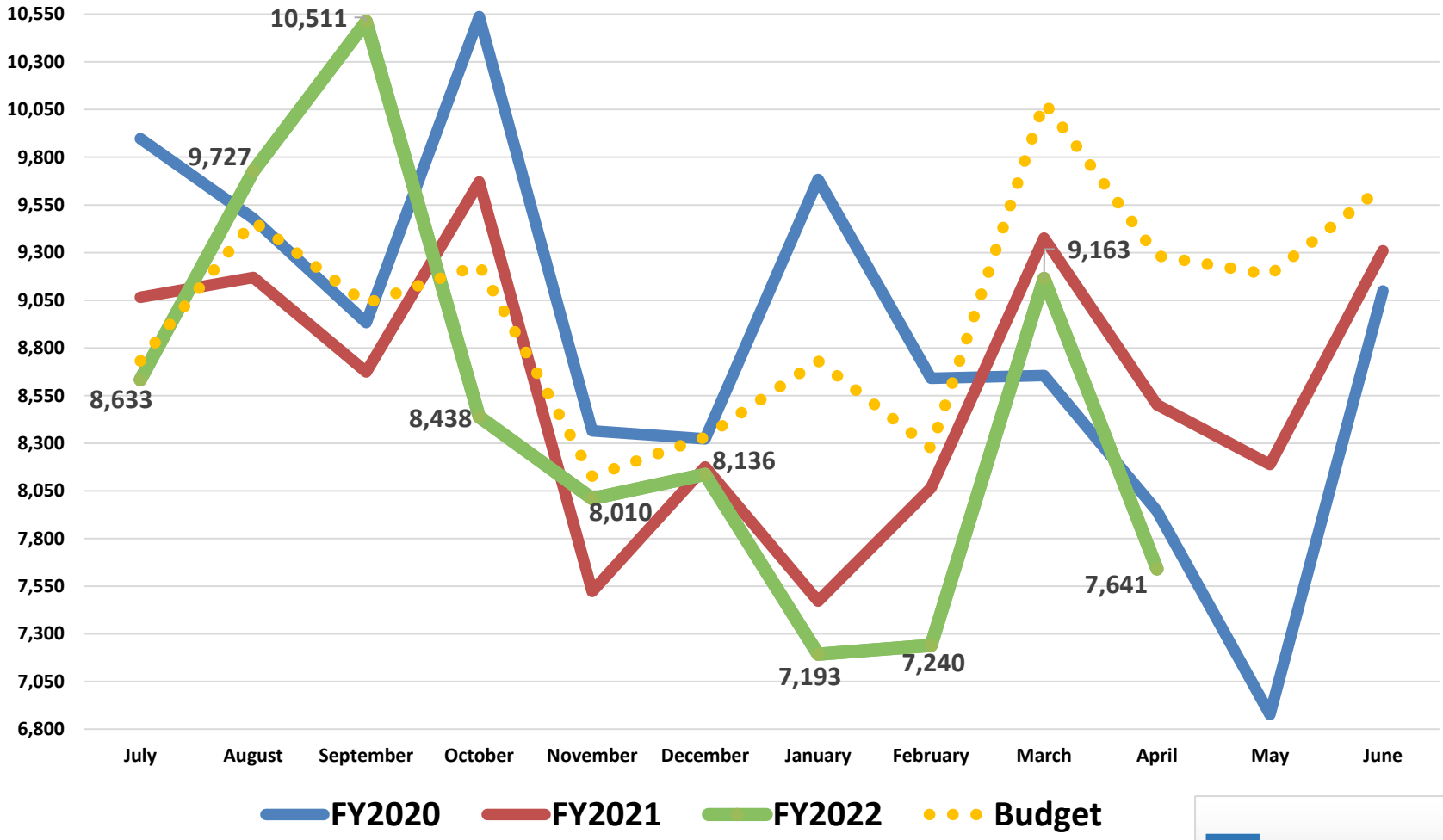


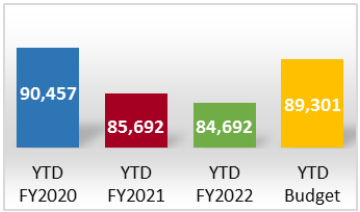
O/P Rehab - Exeter



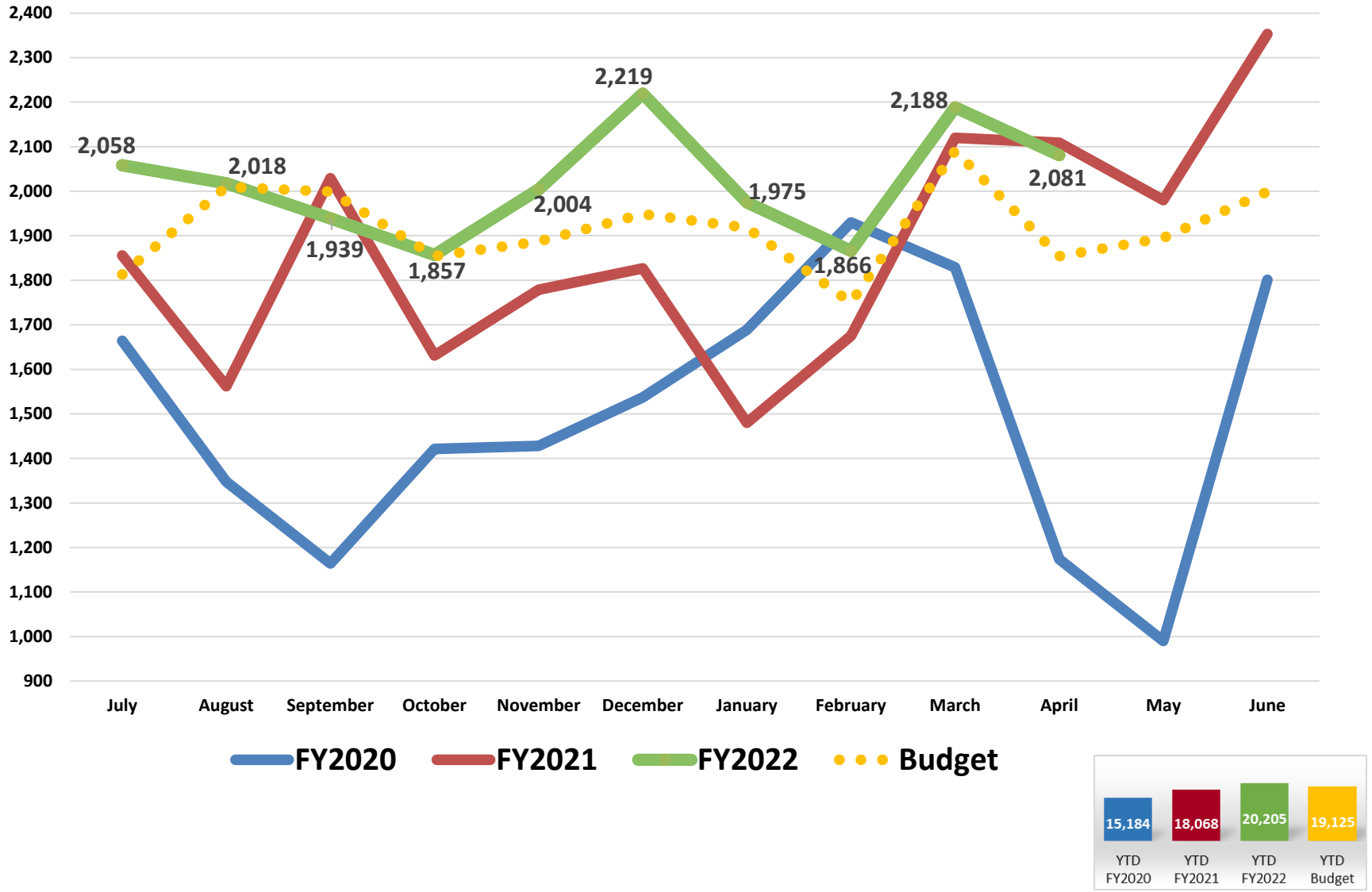


O/P Rehab - Akers

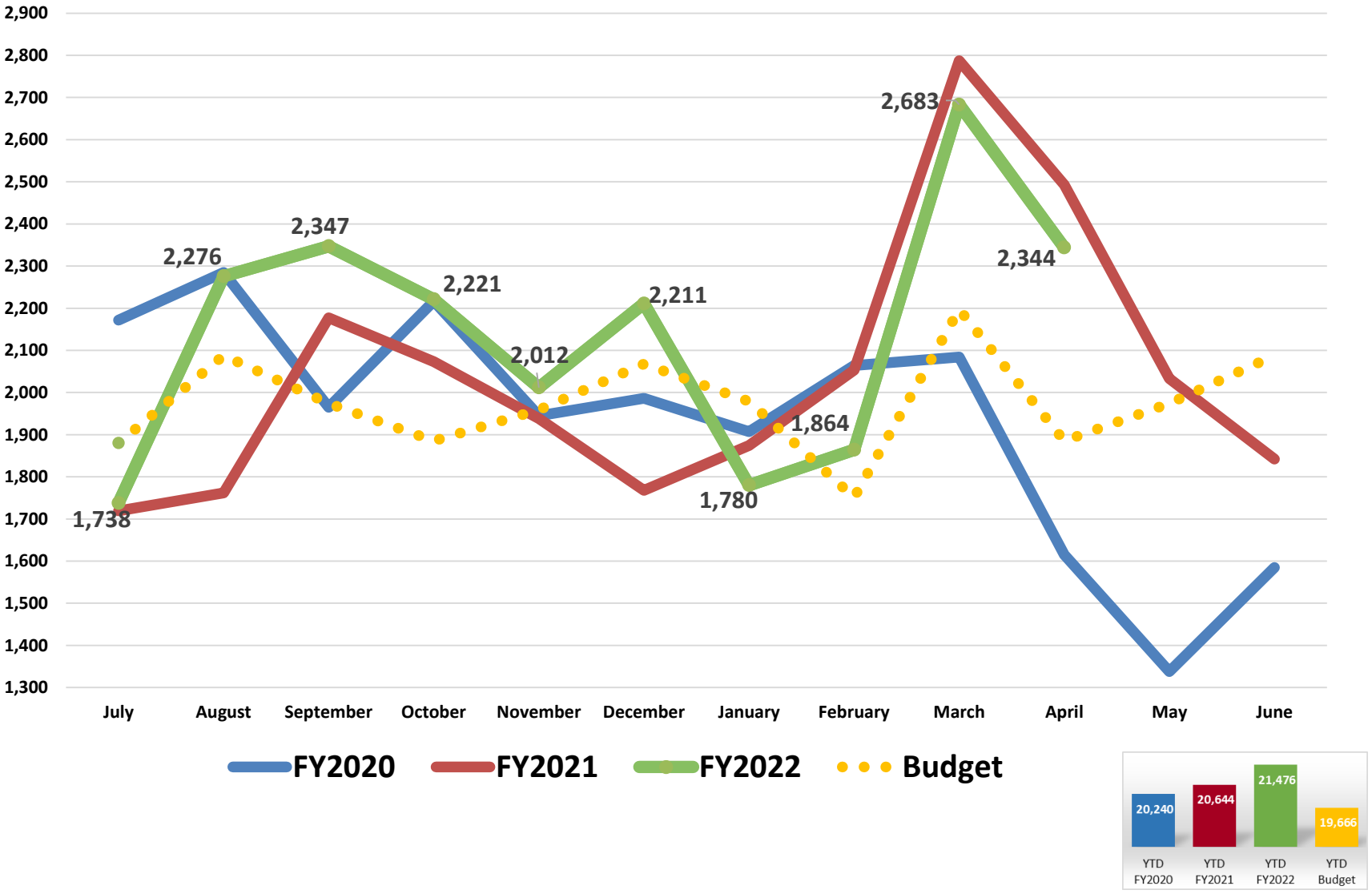




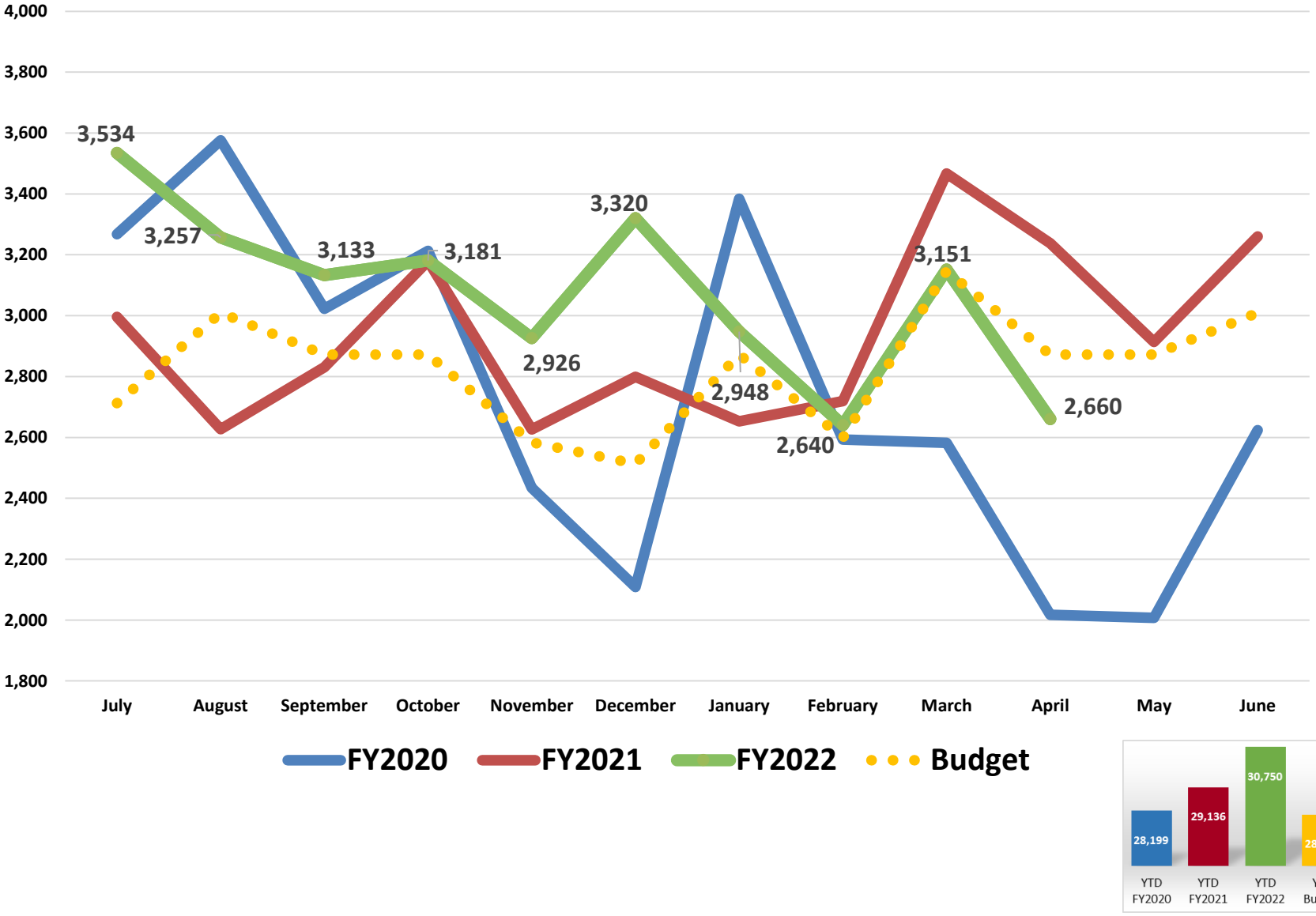
O/P Rehab - LLOPT



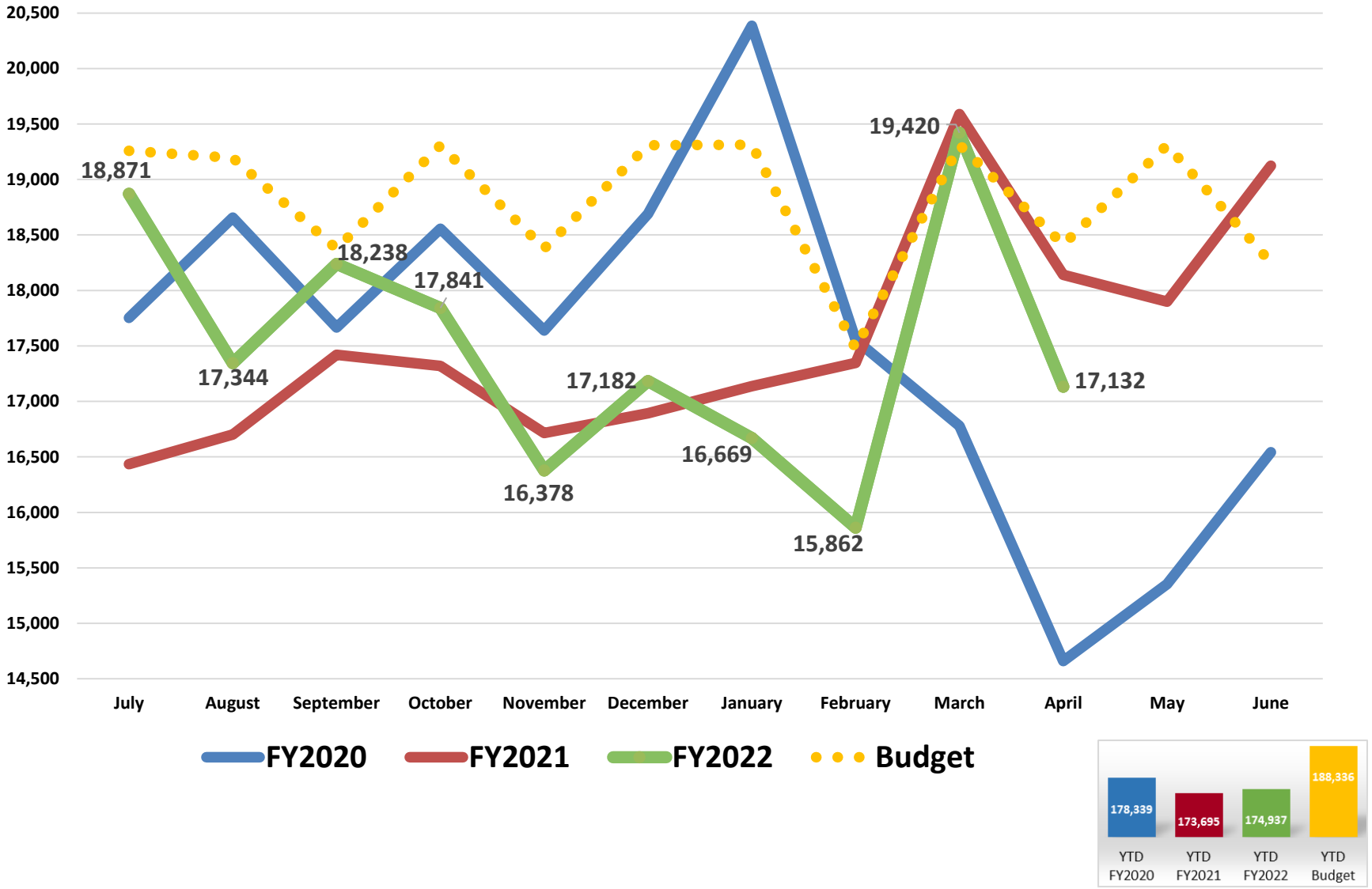
O/P Rehab - Dinuba



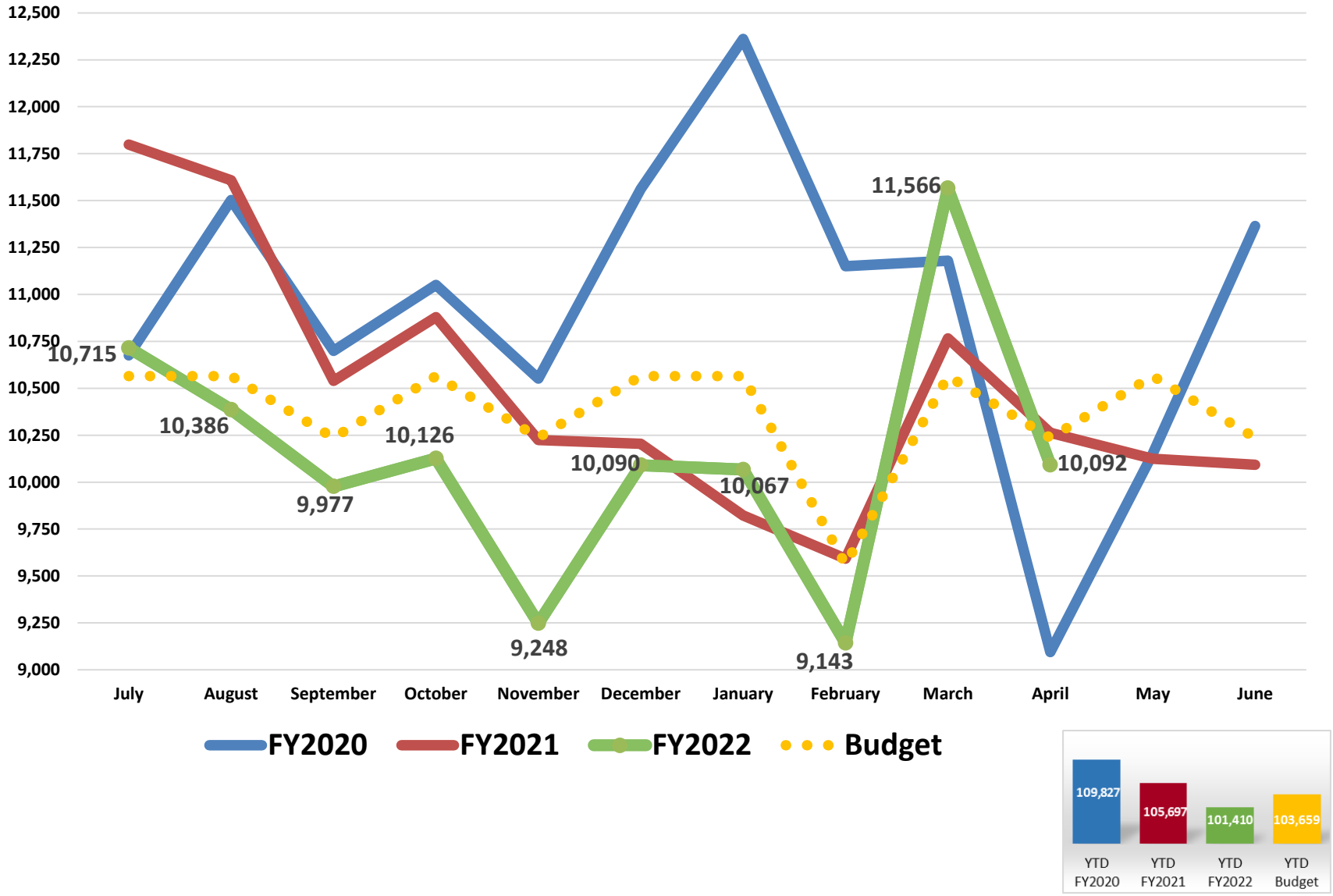
Therapy - Cypress Hand Center



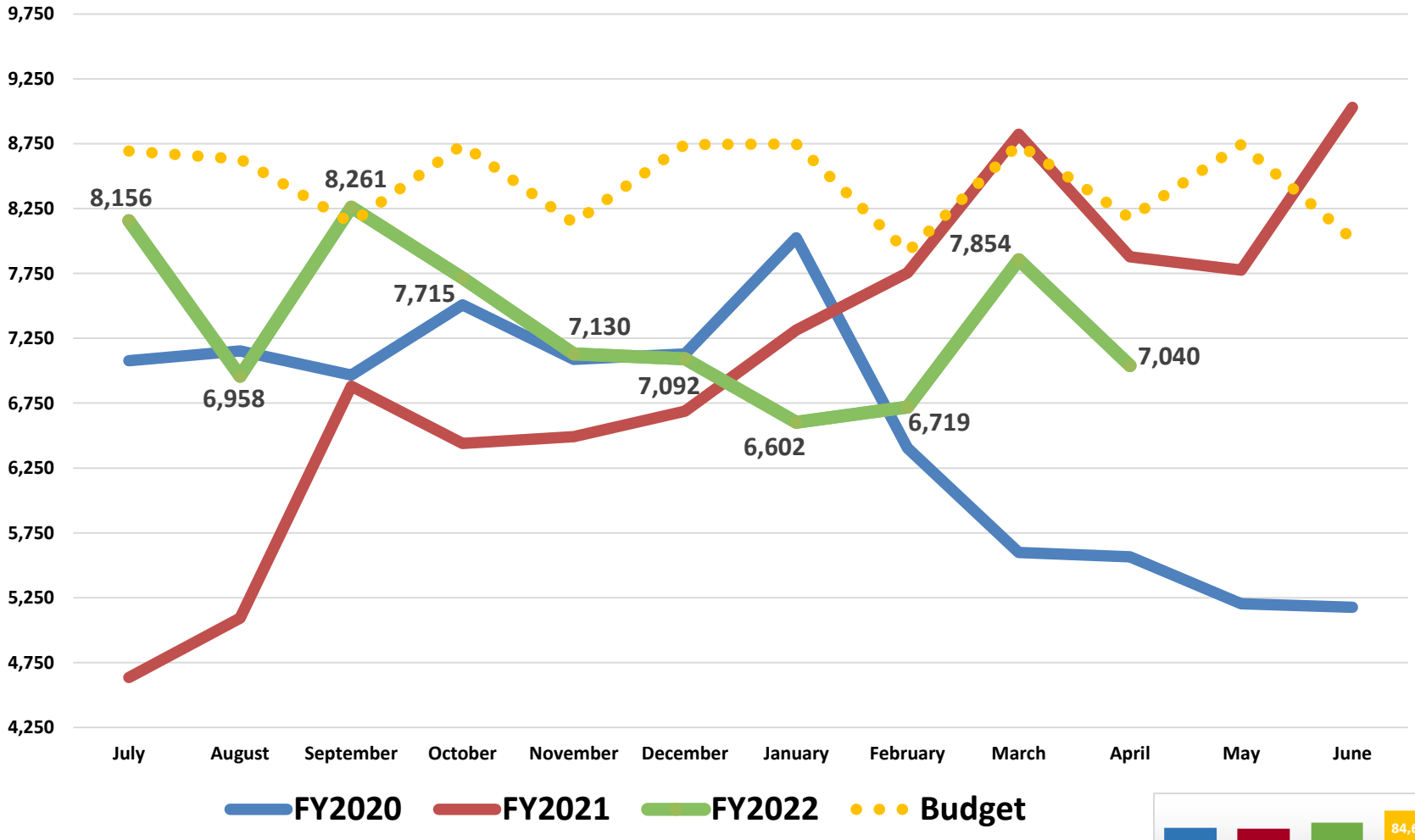
Physical & Other Therapy Units (I/P & O/P)

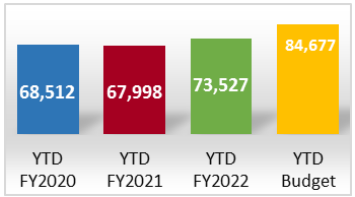


Physical & Other Therapy Units (I/P & O/P)-Main Campus

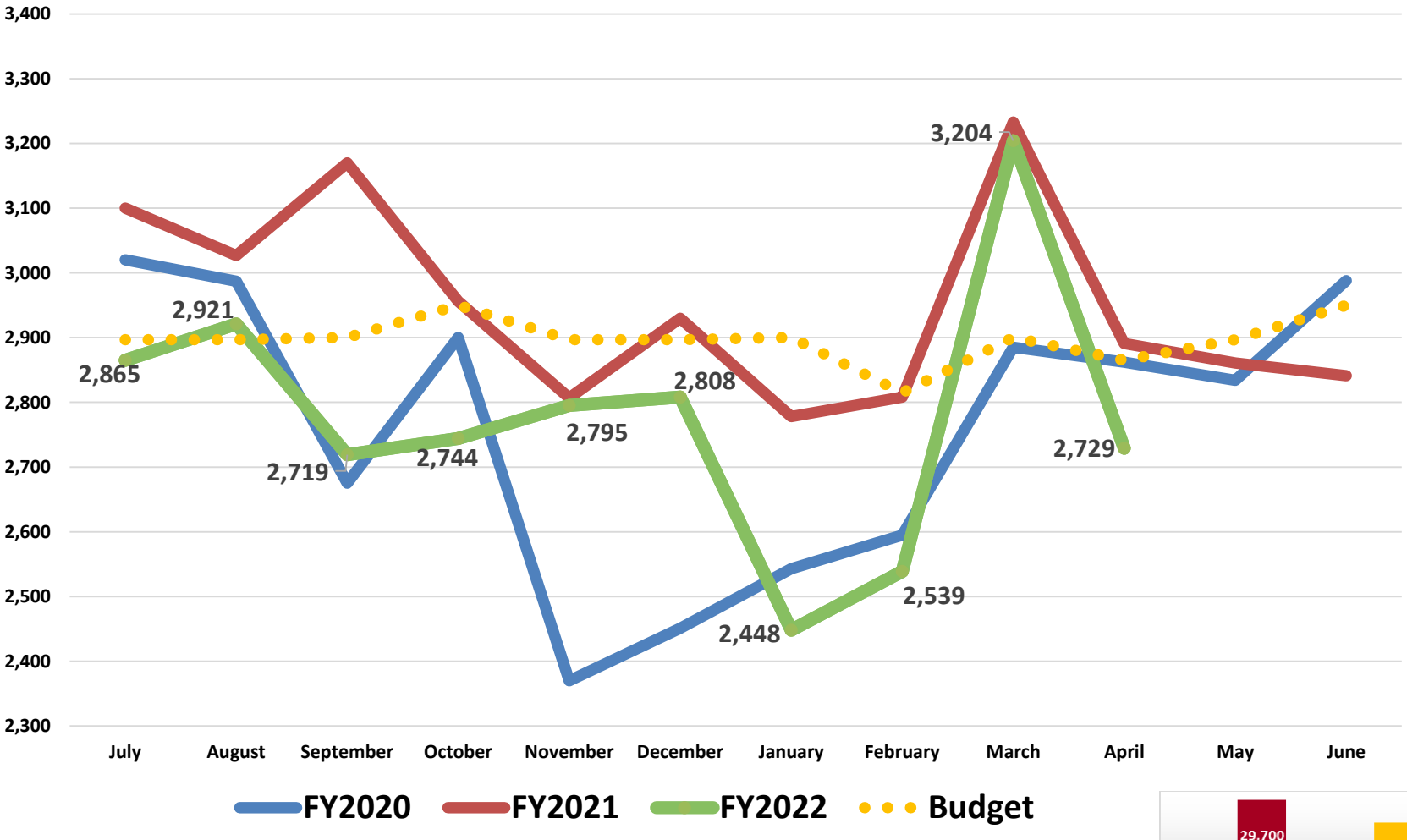


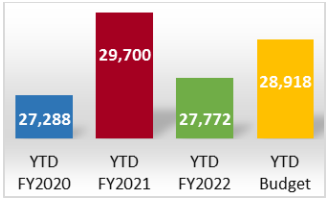
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



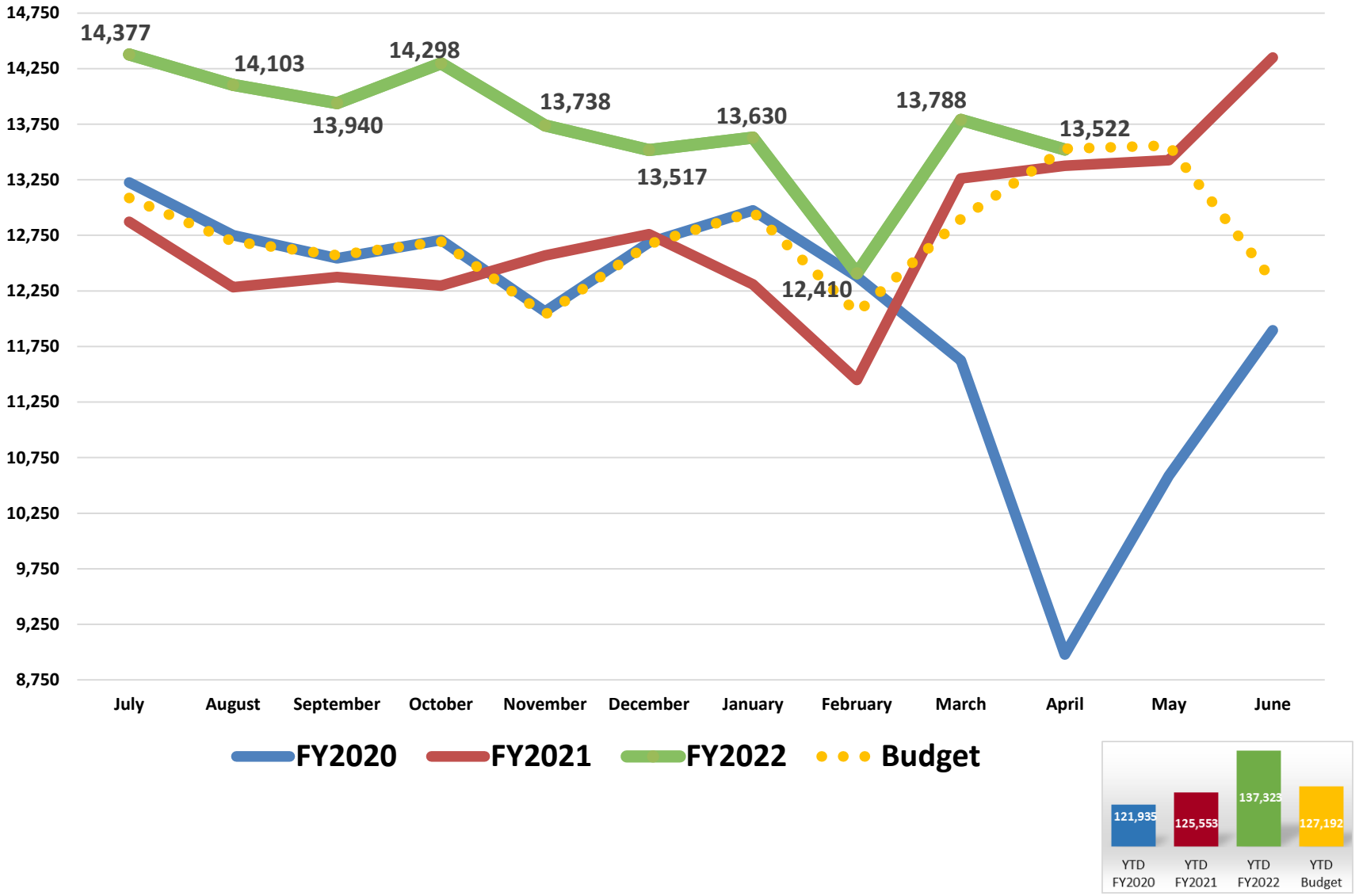


Home Health Visits

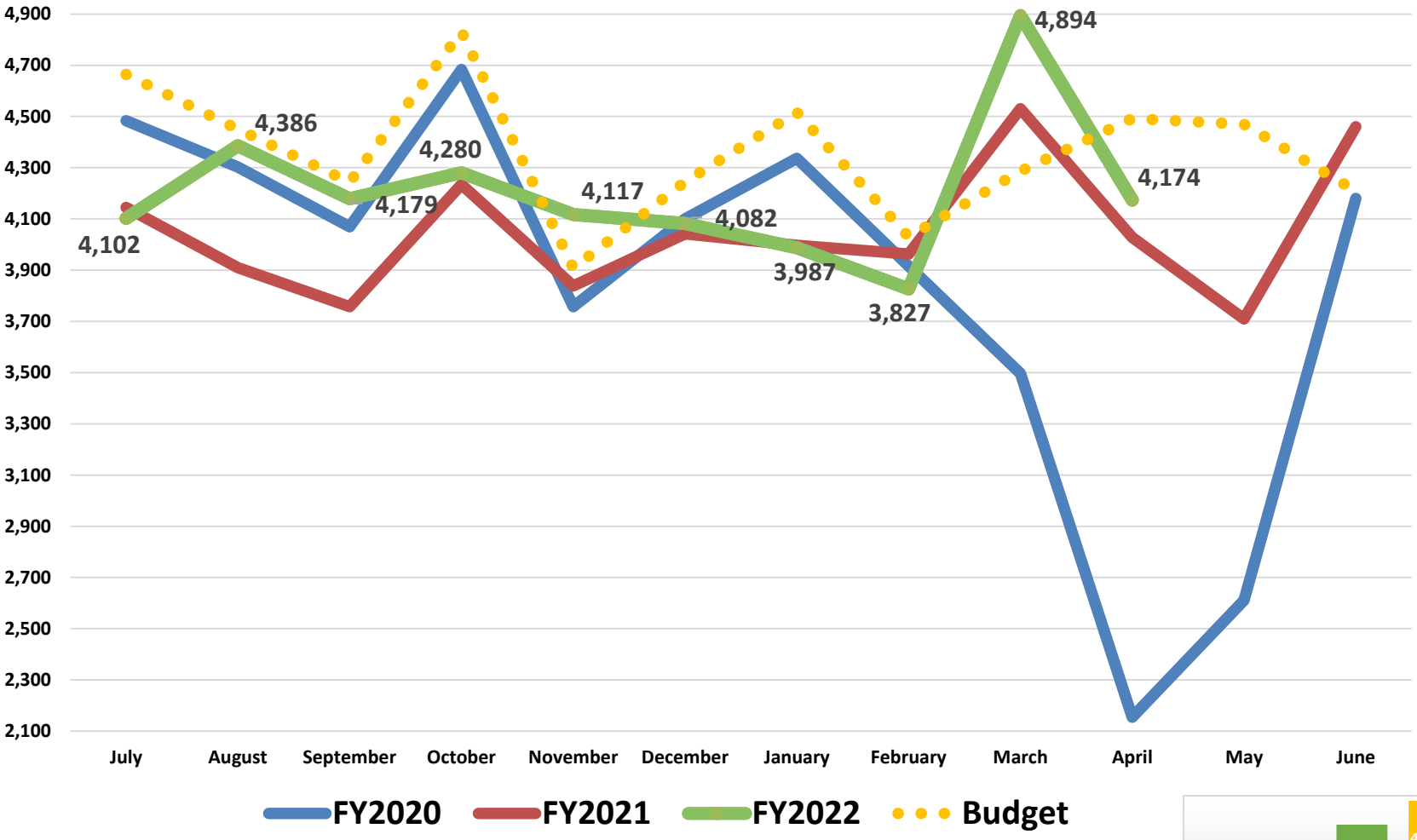


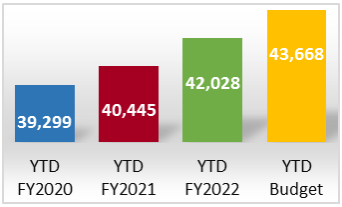


Radiology – Main Campus

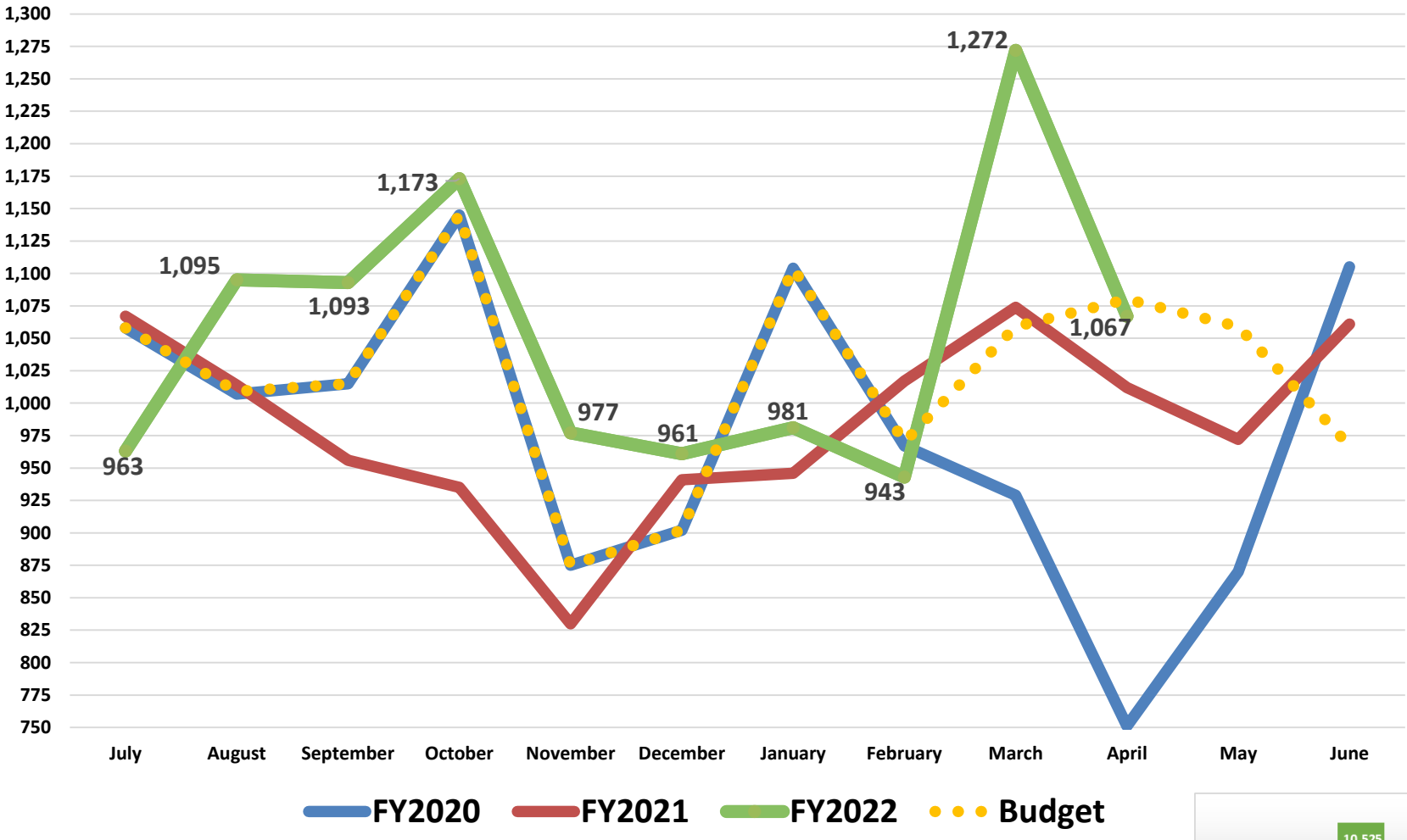


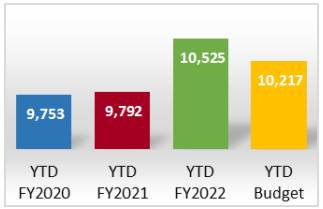
Radiology – West Campus Imaging



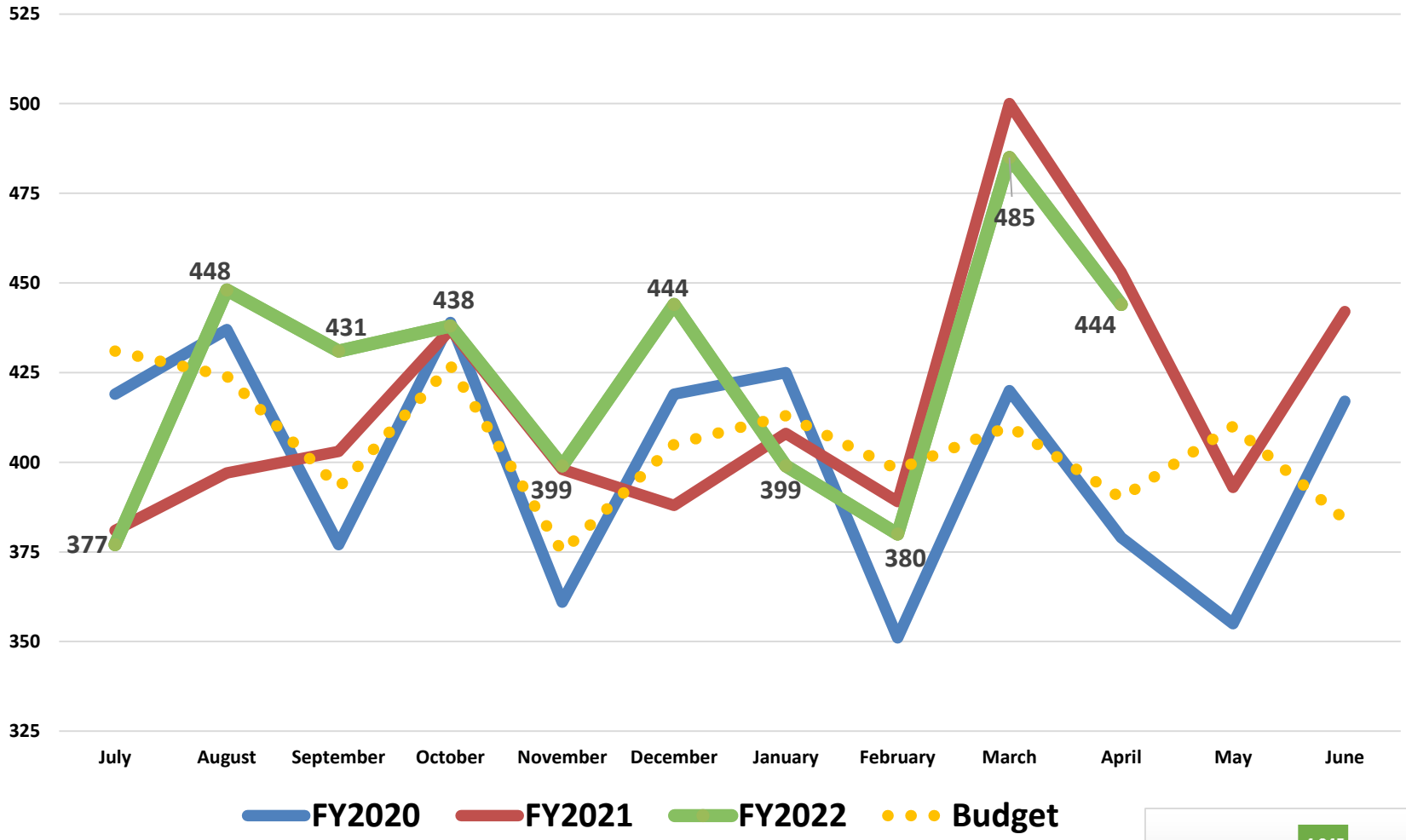


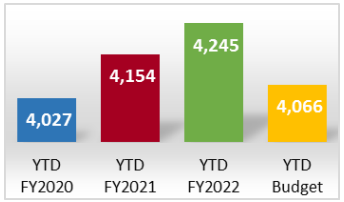
West Campus – Diagnostic Radiology



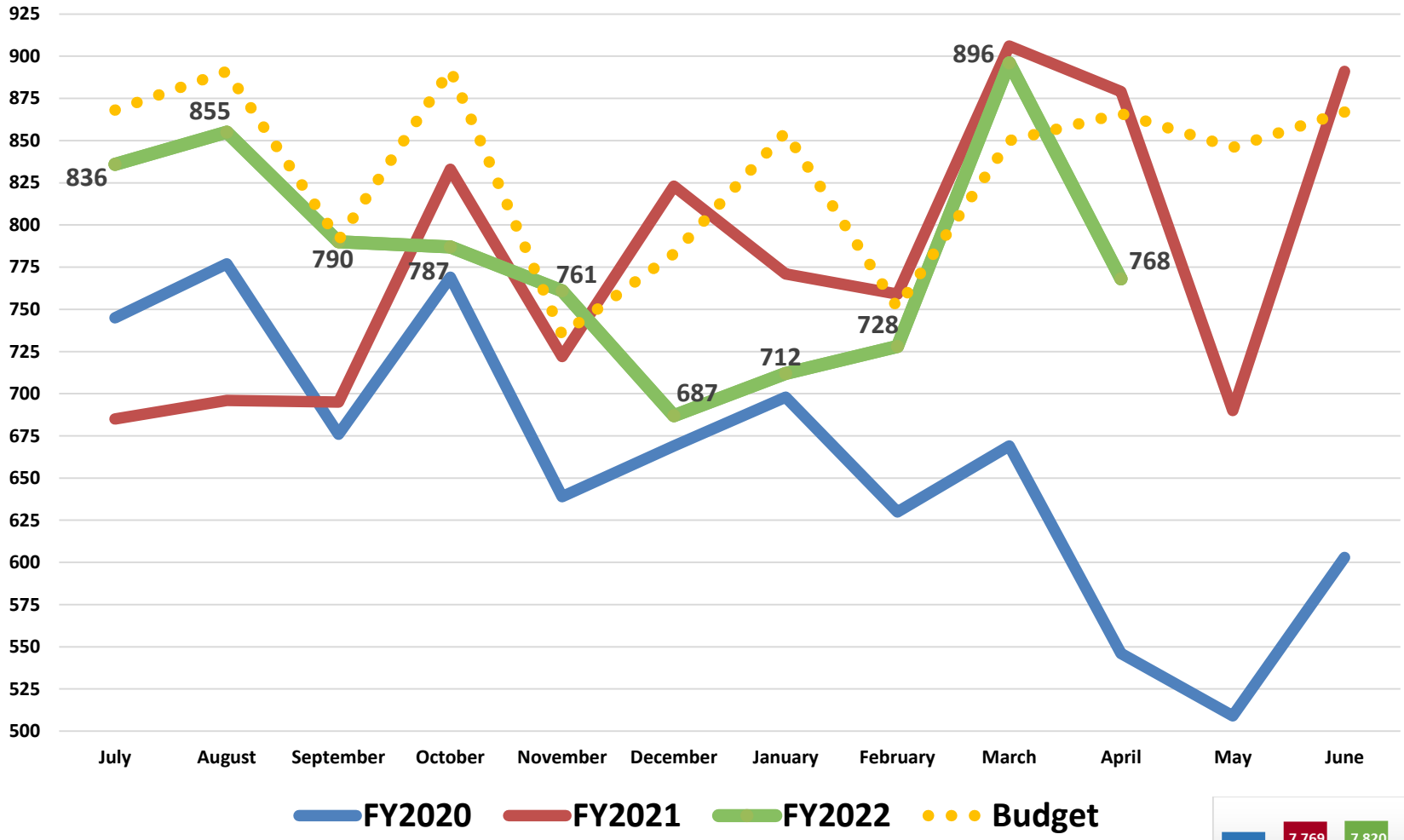


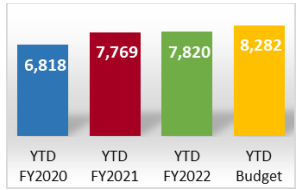
West Campus – CT Scan



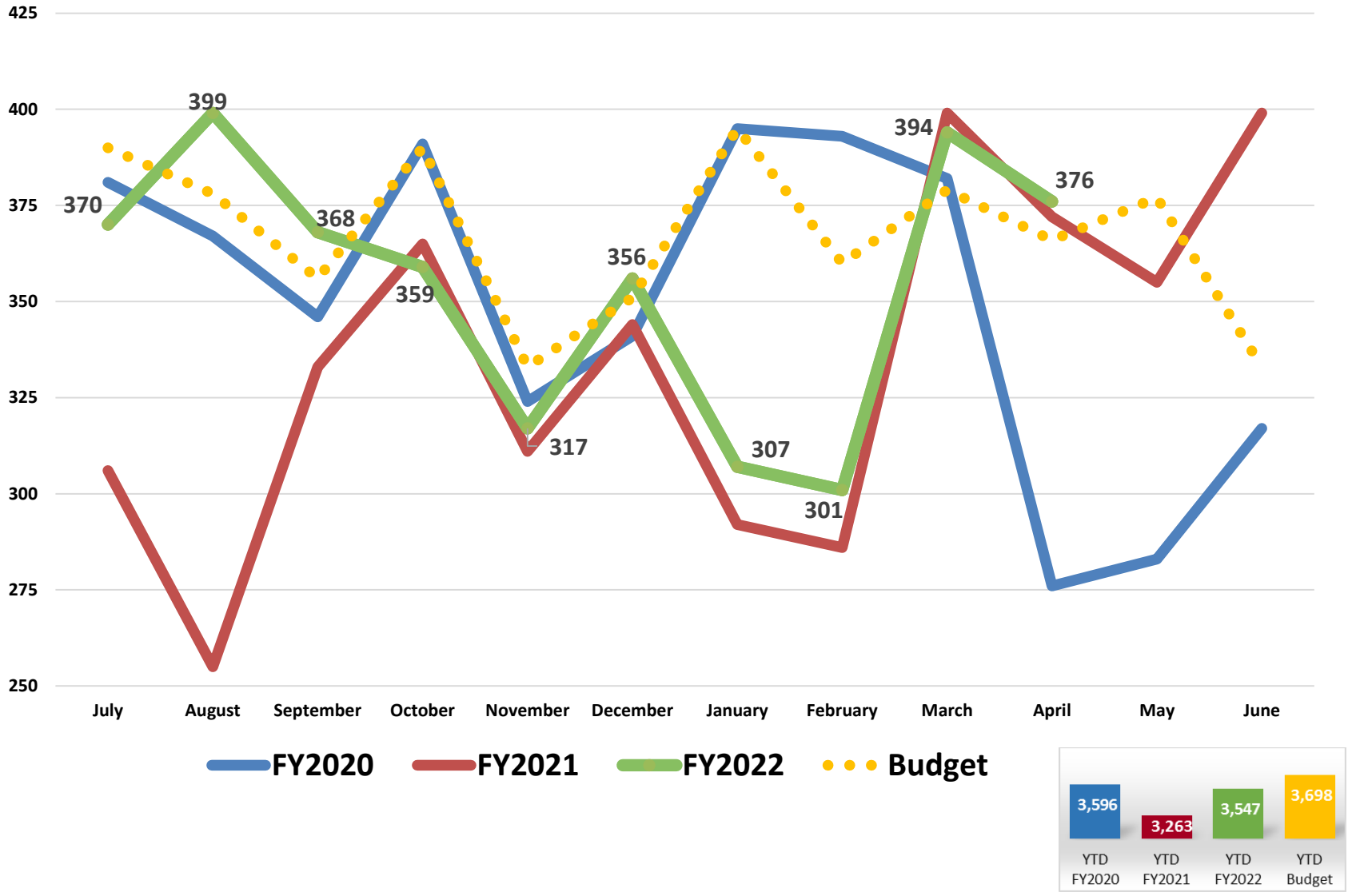


West Campus - Ultrasound

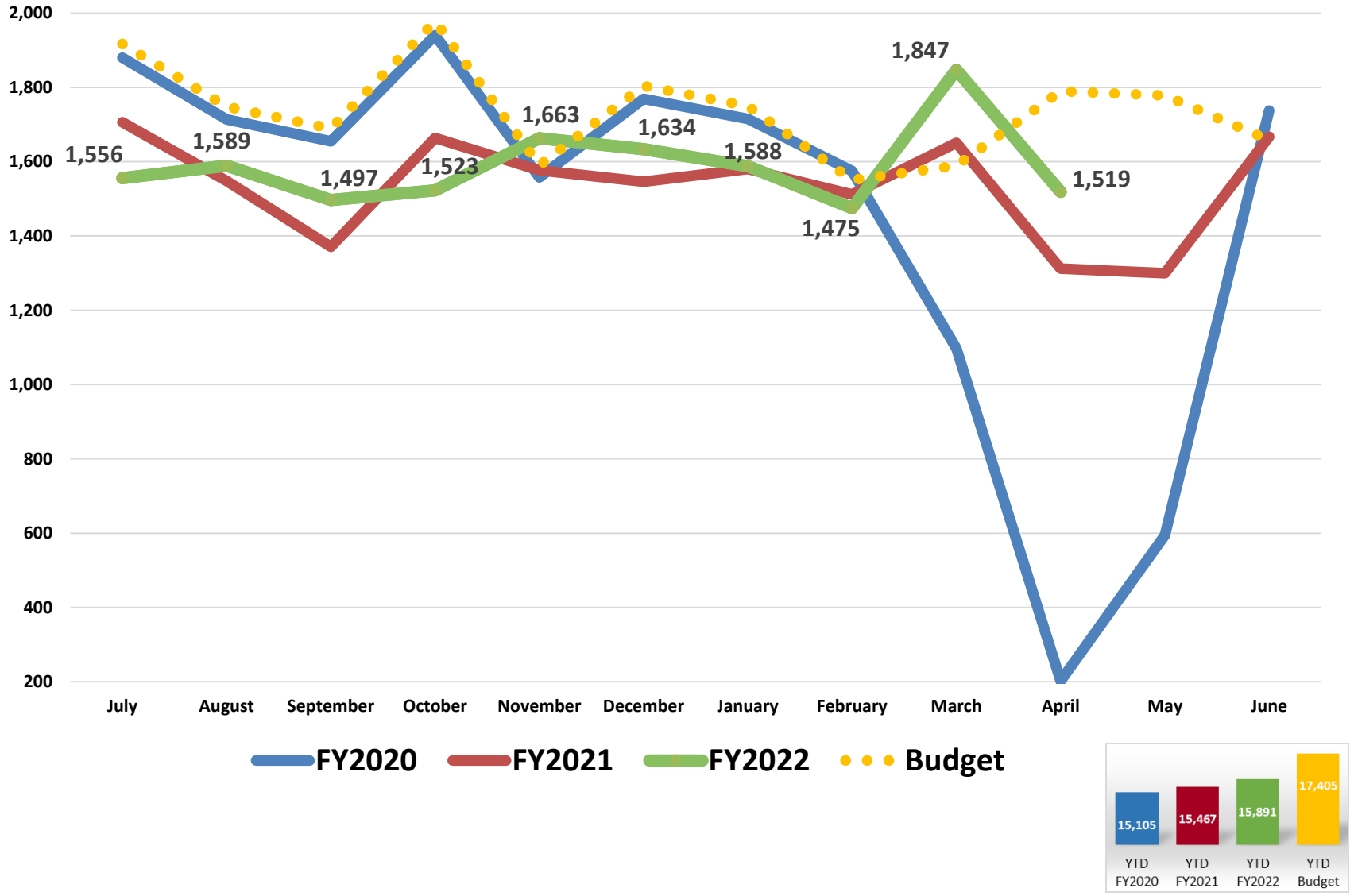




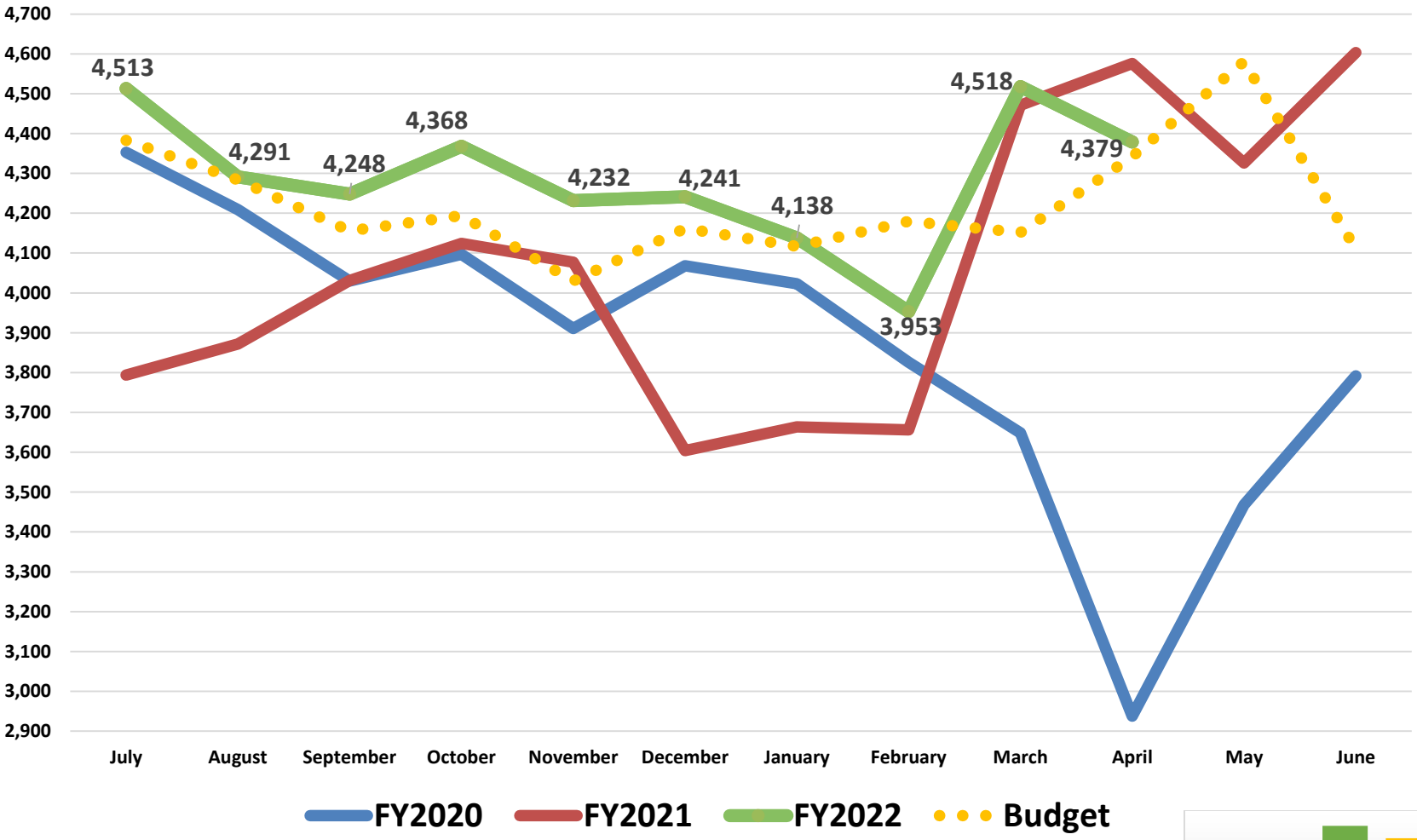
West Campus - MRI

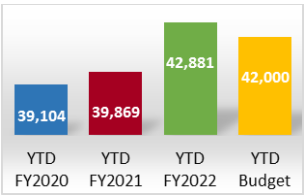


West Campus – Breast Center

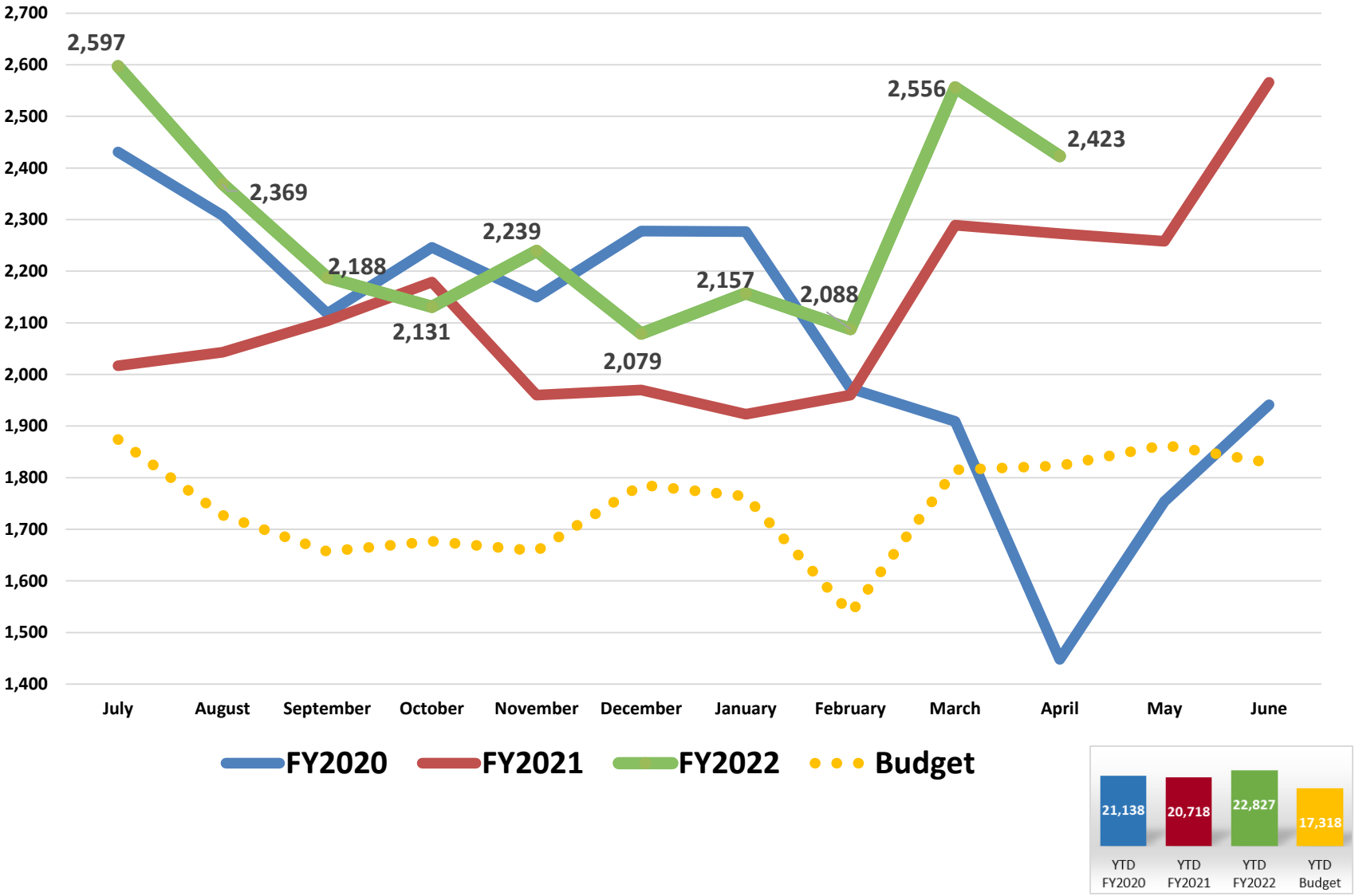


Radiology all areas – CT

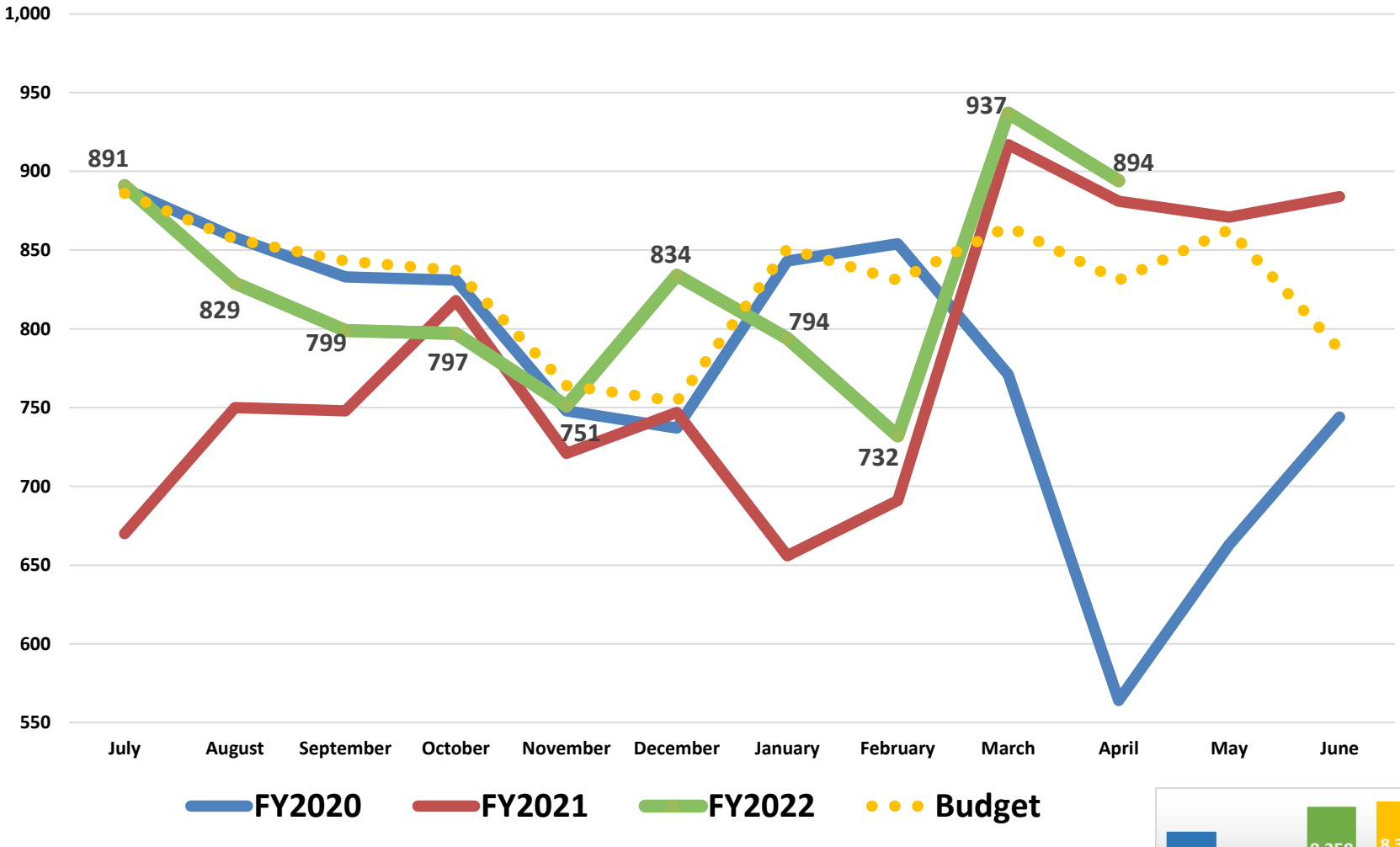


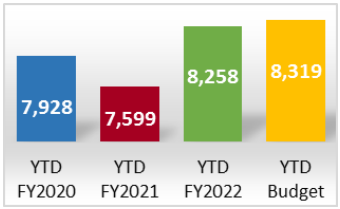


Radiology all areas – Ultrasound

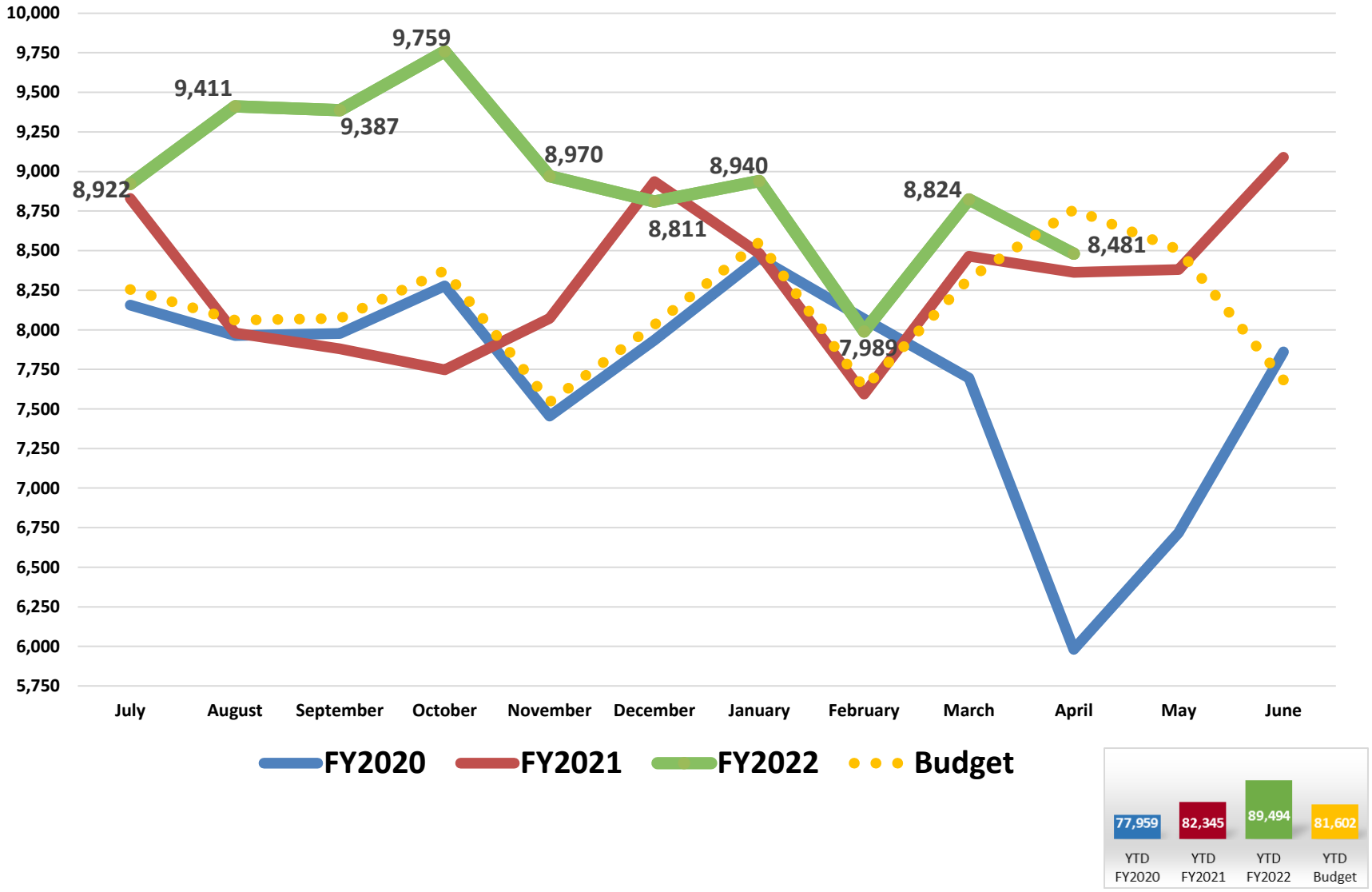


Radiology all areas – MRI

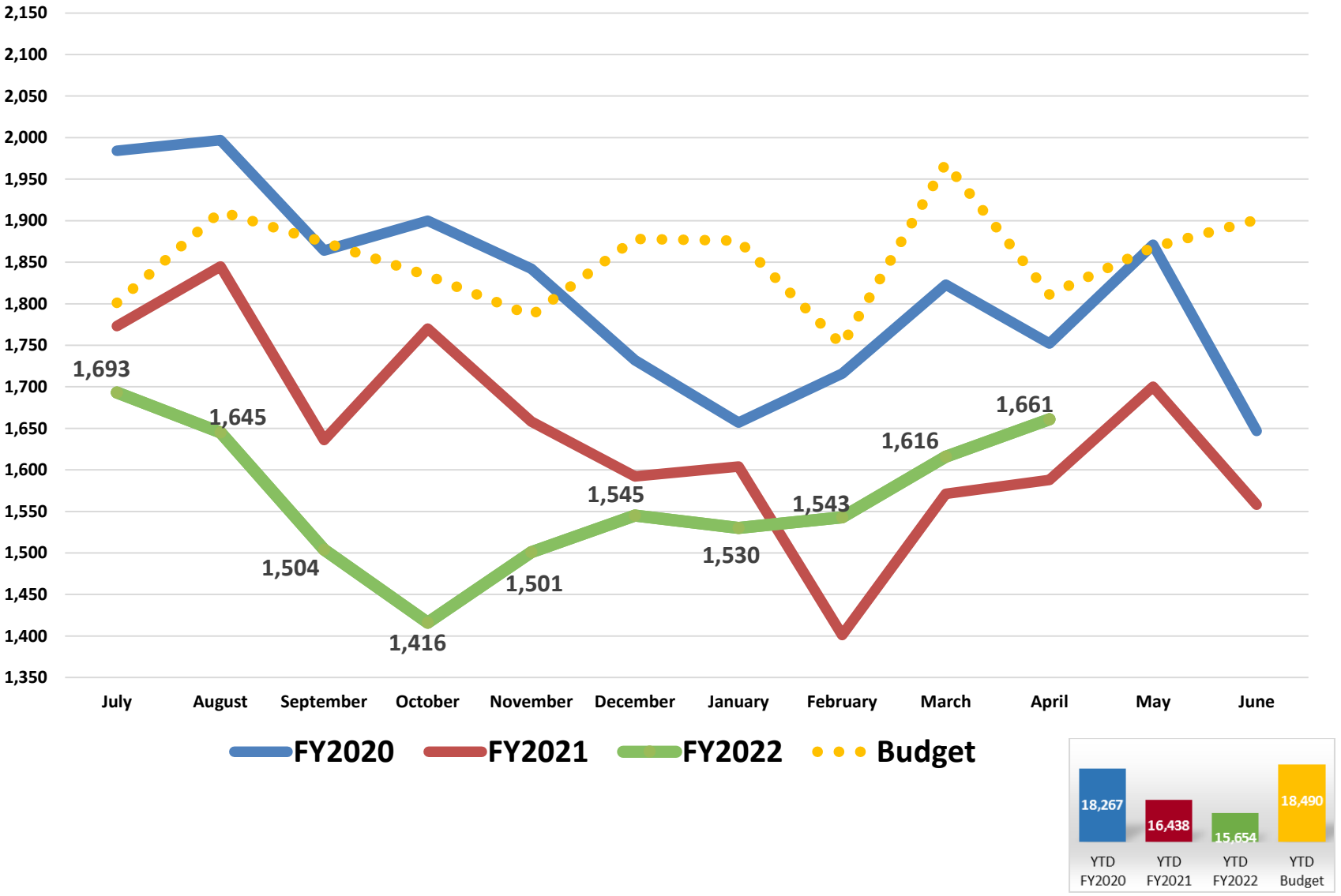




Radiology Modality – Diagnostic Radiology

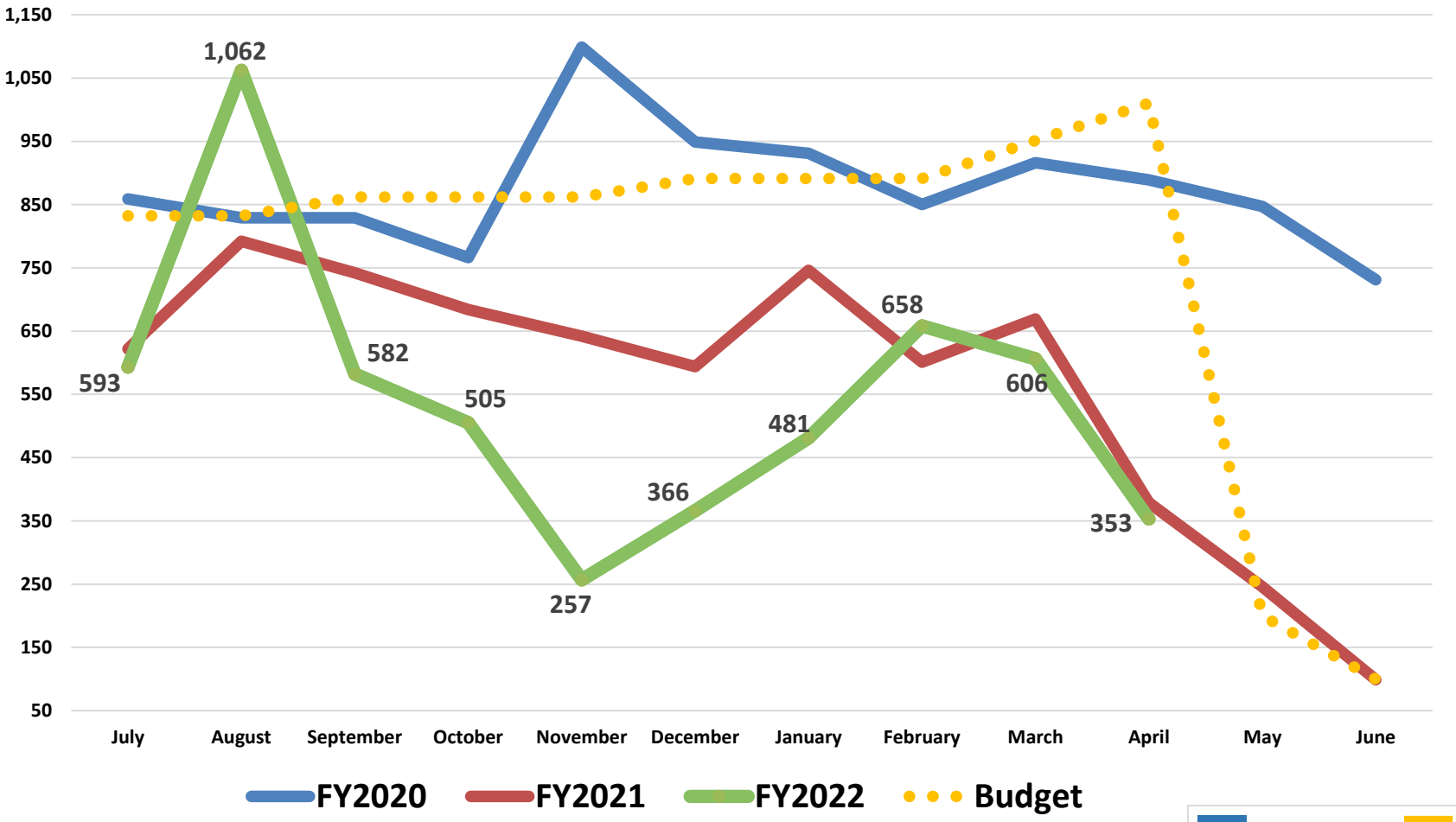


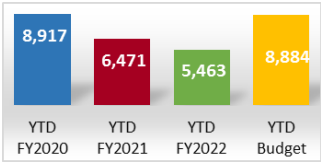
Chronic Dialysis - Visalia



CAPD/CCPD – Maintenance Sessions

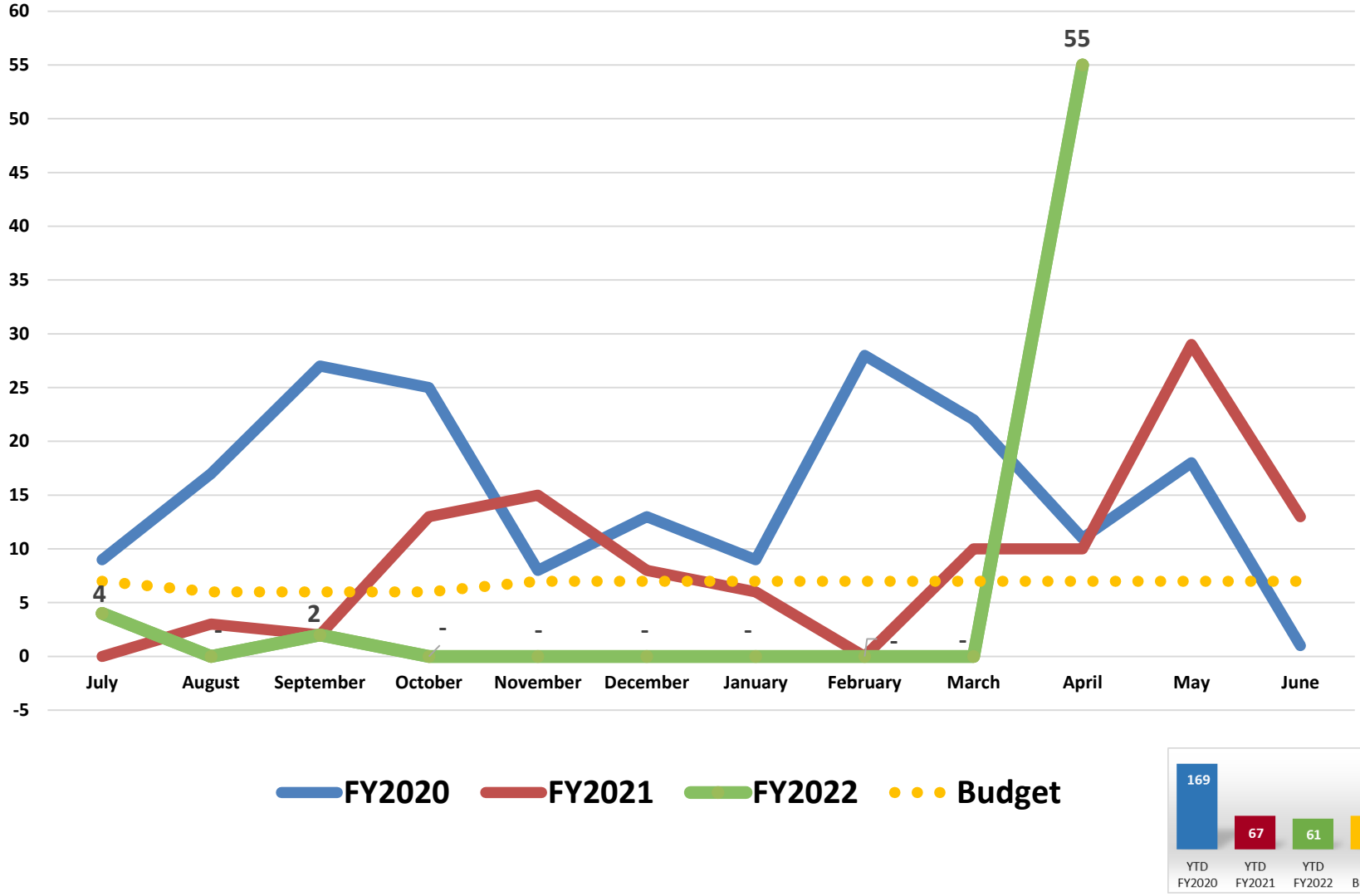
(Continuous peritoneal dialysis)





CAPD/CCPD – Training Sessions

(Continuous peritoneal dialysis)



Infusion Center – Outpatient Visits