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

Oncology Services

Lucile Gibbs, Director of Oncology Business Services, 559.624.3257
Gordon Ah Tye, Director of Imaging and Radiation Oncology Services, 559.624.2345
04-22-2009

Summary Issue/Service Considered

The District's oncology service line represents a continuum of shared program services provided by physicians, Kaweah Delta Health Care District (KDHCD), Hanford Community Medical Center (HCMC) and outside agencies through Sequoia Regional Cancer Center (SRCC), KDHCD acute inpatient and hospice outpatient programs, Cancer Registry, Tumor Board, Cancer Committee, and the American Cancer Society (ACS). The service line includes both local and regional outpatient medical and radiation oncology services in Visalia and Hanford.

Quality/Performance Improvement Data

1. Our next survey by the American College of Surgeons (ACOS) Commission on Cancer is scheduled for June 9th 2009. In preparation for the survey we under went a mock survey in March 2009. The mock surveyor of the Kaweah Delta Cancer Program (KDCP) identified some areas, for additional work, of commendation, and potential of commendation. KDCP is working with the mock surveyor as well as two Certified Tumor Registrars in order to prepare for our scheduled survey. Please review attached Primary Site Table and graphs prepared by the KDHCD Cancer Registry. This information will be included in the KDCP Annual Report that is currently in progress. Upon completion, the Annual Report will be available online.
    - Collected the pertinent data on 948 cases for 2007, of those 798 were analytic cases. Review of the cancer cases for 2007 revealed that our highest diagnosis was breast cancer followed by lung, colon and prostate.
    - Maintained a follow-up rate of 92.3% with the minimum standard at 80% for all eligible analytic patients from the cancer registry date. Maintained a follow-up rate of 93.3% with the minimum standard of 90% for all eligible analytic patients diagnosed within the last five years, or from the cancer registry reference date, which ever is shorter. Follow-up continues to be an essential part of data collection for determining the outcome in the treatment of cancer, which is used to set the "National Standard of Care".
    - Continued remote case abstracting in order to enable the registry to improve the timeliness of reporting of analytical cases from 89% to 99%.
    - Implemented quality assurance review of case abstracting in response to the findings of the reabstracting audit performed by the California Cancer Registry. This review will ensure that the Cancer Registry achieves and maintains at least a 97% accuracy rate of reported treatment data items and non-treatment data items.

- Implemented remote case finding process in order to enable the registry to reduce the overall process from 20 days per month to 4 days per month.
- Streamlined the weekly Tumor Board preparation process. Reduced preparation time from 4 days to 2 days.
- Continued "Quality Improvement Study" utilizing our patient satisfaction survey. All responses are tracked, addressed as needed and reported at Cancer Committee meetings.

2. Sequoia Regional Cancer Center (SRCC) continues to progress with the integration of the oncology service line. During the past year the following was achieved.

- In 2008 we completed necessary construction and the purchase of Image Guided Radiation Therapy (IGRT) system. This includes the complex installation of supportive software programs. Installation dates were for January and February of 2009.
- Continued to develop the utilization of our patient care coordinator for SRCC services in Visalia and Hanford. Also filled our dietary services position for our oncology patient needs.
- Initiated a second RN to Radiation Oncology to enhance patient services with more invasive treatment procedures, and in assisting the oncologists.
- Ongoing support of internal dosimetry trainee to encourage promotion from within.

Policy, Strategic or Tactical Issues

1. Maintain current high standard and accreditation with ACOS.

2. Focus on continued development of a strong regional presence in the oncology market in both Tulare and Kings Counties.

- Differentiate from competitors' oncology services available for patients. Focus on customer satisfaction.
- Continue to support a seamless environment and optimize access for patients and physician.
- Maintain and nurture the "physician to physician" contact that has resulted in increased referrals in Tulare County.
- Maintain active role in Hanford Community Medical Center Tumor Board meetings.
- Improve efficiency of care and patient throughput.
- Continue to refine the patient care coordination function as well as monitor patient satisfaction.
- Increase physician and staff satisfaction.

3. Explore potential relationships with institutions to provide information about the availability of cancer-related clinical trials.

4. Investigate potential relationships with institutions to achieve the ACOS Community Hospital Comprehensive Cancer Program required percentage of cases that are cancer-related clinical trials on an annual basis.

Recommendations/Next Steps

1. Continue high standards of Cancer Registry and Tumor Board including community education.
    - Increase referral base in Hanford and surrounding areas.
    - Increase "physician to physician" contact in Hanford.
    - Develop medical education seminars in conjunction with Hanford Community Medical Center.
2. Continue to monitor customer satisfaction.
    - Develop and incorporate "Strive for Five" patient satisfaction in all areas of SRCC.
    - Survey patients and families for current satisfaction and identify opportunities for improvement.
    - Survey physicians and employees in order to identify opportunities for improvement.
3. Explore potential relationships with institutions.

Approvals/Conclusions

While we continue to work to address the strategic opportunities accessible to us and put into practice the various recommendations identified and listed above, our primary focus will be to continue to fully integrate our service line, create and maintain a seamless environment for our patients, improve our regional presence, and attain and preserve a meaningful profit margin.

Kaweah Delta Health Care District

Report to the Board of Directors

Financial/Statistic Information

	SRCC - MO	SRCC - RO	TKC LEASING	KDHCD SUPP SERV	HOSPICE OF TULARE CTY	INPATIENT ONCOLOGY ACUTE CARE	INPATIENT ONCOLOGY SKILLED NURSING	TOTAL
Comparison of two six-month periods financial performance for CY 2008								
Comparing January - June 2008 to July - December 2008								
Mgmt Services Revenue - incr. (decr.)	$ (90,494)	$ (598,632)						$ (689,126)
Lease Revenue - incr. (decr.)			74,767					74,767
Support Service Revenue - incr. (decr.)				(19,447)				(19,447)
Interest Revenue - incr. (decr.)	578	747		(5,656)				(4,331)
Net Patient Revenue - incr. (decr.)					159,894	(106,691)	90,796	143,999
Other Revenue - incr. (decr.)	907	(22,535)		(11,512)				(33,140)
Total Operating Revenue - incr. (decr.)	(89,009)	(620,420)	74,767	(36,615)	159,894	(106,691)	90,796	(527,278)
Total Expenses - incr. (decr.)	(172,468)	(3,413)	(13,470)	(26,920)	(71,102)	704,639	45,975	463,241
Net income before minority interest expense	83,459	(617,007)	88,237	(9,695)	230,996	(811,330)	44,821	(990,519)
Minority interest expense (incr. (decr.)	45,902	(154,252)	22,059	-	-	-	-	(86,290)
Net income after minority interest expense	$ 37,557	$ (462,755)	$ 66,178	$ (9,695)	$ 230,996	$ (811,330)	$ 44,821	$ (904,229)

Kaweah Delta Health Care District

Report to the Board of Directors

Financial/Statistic Information

Actual - For the period January 1, 2008 to June 30, 2008:

	SRCC - MO	SRCC - RO	TKC LEASING	KDHCD SUPP SERV	HOSPICE OF TULARE CTY	INPATIENT ONCOLOGY ACUTE CARE	INPATIENT ONCOLOGY SKILLED NURSING	TOTAL
Mgmt Services Revenue	$ 8,487,130	$ 4,029,596						$ 12,516,726
Lease Revenue			1,238,879					1,238,879
Support Service Revenue				180,228				180,228
Interest Revenue	5,176	(724)		18,222				22,674
Net Patient Revenue					1,071,306	4,590,953	194,400	5,856,659
Other Revenue	10,629	200,524		13,444				224,597
Total Operating Revenue	8,502,935	4,229,396	1,238,879	211,894	1,071,306	4,590,953	194,400	20,039,763
Total Expenses	8,494,665	2,958,766	995,223	168,410	1,260,854	4,693,105	279,105	18,850,128
Net income before minority interest expense	8,270	1,270,630	243,656	43,484	(189,548)	(102,152)	(84,705)	1,189,635
Minority interest expense	4,549	317,658	60,914	-	-	-	-	383,120
Net income after minority interest expense	$ 3,722	$ 952,973	$ 182,742	$ 43,484	$ (189,548) **(1)**	$ (102,152)	$ (84,705)	$ 806,515

(1) A check from the Hospice of Tulare County Foundation in the amount of $271,331 to subsidize expenses for FY 2008 was received and recorded in November 2008. Information was not available at year-end to record an accrual in the proper fiscal year.

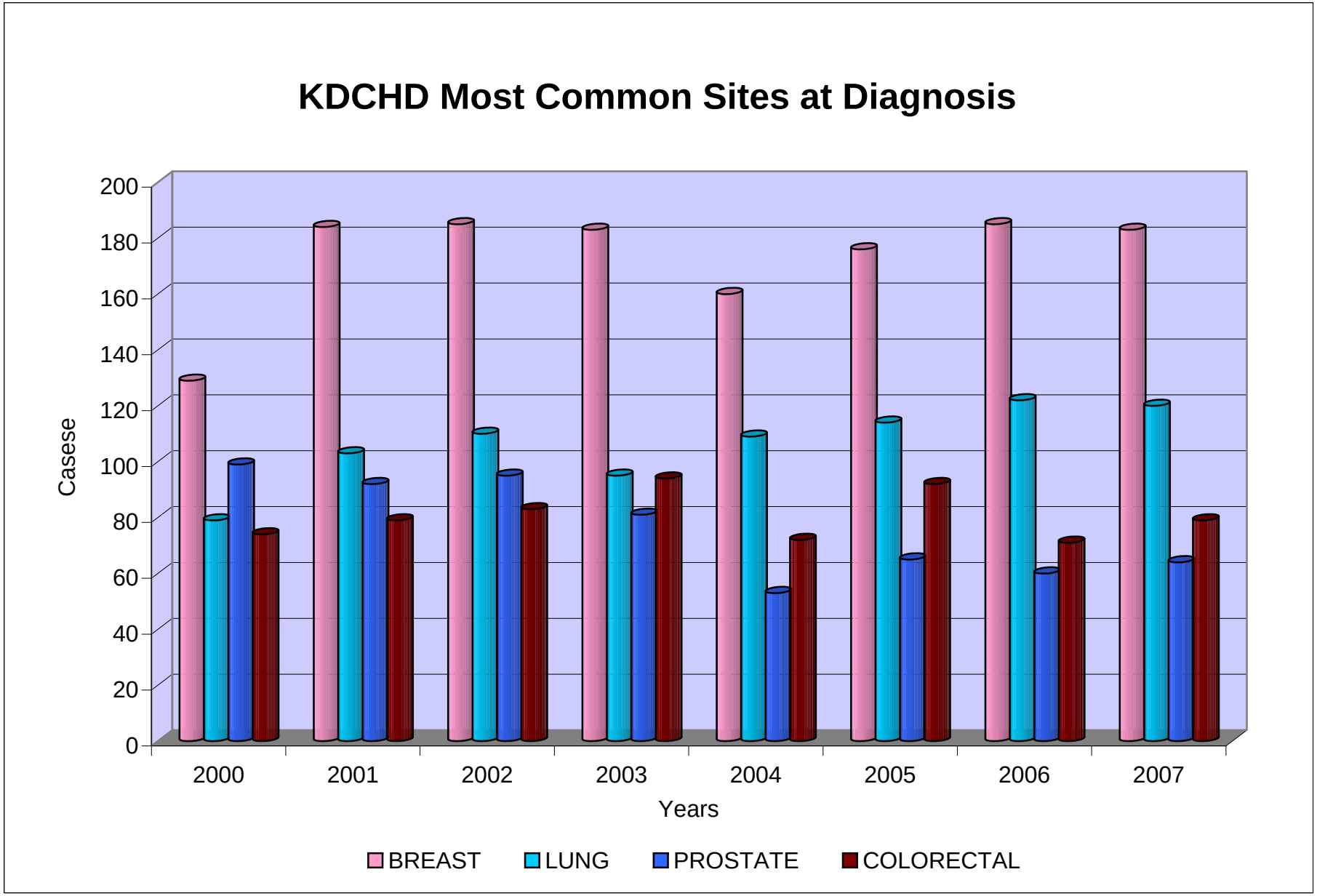
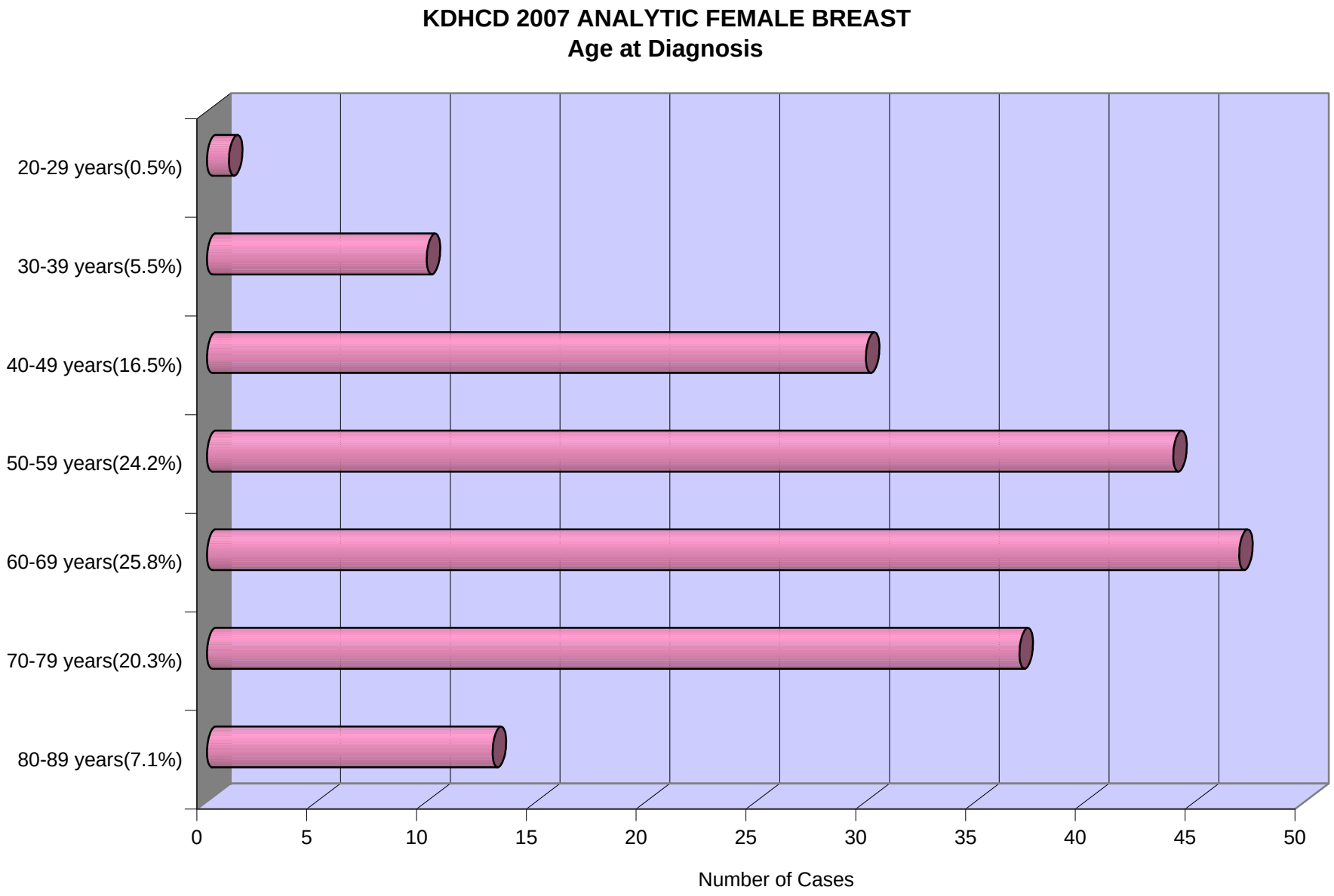
Kaweah Delta Health Care District

Report to the Board of Directors

Financial/Statistic Information

	SRCC - MO	SRCC - RO	TKC LEASING	KDHCD SUPP SERV	HOSPICE OF TULARE CTY	INPATIENT ONCOLOGY ACUTE CARE	INPATIENT ONCOLOGY SKILLED NURSING	TOTAL
Actual - For the period July 1, 2008 to December 31, 2008:								
Mgmt Services Revenue	$ 8,396,636	$ 3,430,964						$ 11,827,600
Lease Revenue			1,313,646					1,313,646
Support Service Revenue				160,781				160,781
Interest Revenue	5,754	23		12,566				18,343
Net Patient Revenue					1,231,200	4,484,262	285,196	6,000,658
Other Revenue	11,536	177,989		1,932	271331 **(1)**			462,788
Total Operating Revenue	8,413,926	3,608,976	1,313,646	175,279	1,502,531	4,484,262	285,196	19,783,816
Total Expenses	8,322,197	2,955,353	981,753	141,490	1,189,752	5,397,744	325,080	19,313,369
Net income before minority interest expense	91,729	653,623	331,893	33,789	312,779	(913,482)	(39,884)	470,447
Minority interest expense	50,451	163,406	82,973	-	-	-	-	296,830
Net income after minority interest expense	$ 41,278	$ 490,217	$ 248,920	$ 33,789	$ 312,779	$ (913,482)	$ (39,884)	$ 173,617

(1) $271,331 received from the Hospice of Tulare County Foundation to subsidize the expenses for FY 2008. This revenue will not be included in evaluating the need for subsidizing current year expenses.


KDCHD Most Common Sites at Diagnosis
Casese
200
180
160
140
120
100
80
60
40
20
0
2000
2001
2002
2003
2004
2005
2006
2007
Years
BREAST
LUNG
PROSTATE
COLORECTAL

Frequency Tabulation Report