



February 21, 2020

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 5:30PM on Monday, February 24, 2020 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue}.

The Board of Directors of the Kaweah Delta Health Care District will meet in a closed Board of Directors meeting at 5:31PM on Monday, February 24, 2020 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue} pursuant to Government Code 54956.9(d)(2), Health and Safety Code 32155 and 1461.

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 6:00PM on Monday, February 24, 2020 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue}.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT

David Francis, Secretary/Treasurer

A handwritten signature in black ink that reads 'Cindy Moccio'.

Cindy Moccio - Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

Governing Board

Legal Counsel

Executive Team

Chief of Staff

www.kaweahdelta.org



KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS MEETING

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

Monday February 24, 2020

OPEN MEETING AGENDA {5:30PM}

1. CALL TO ORDER
2. APPROVAL OF AGENDA
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **APPROVAL OF THE CLOSED AGENDA – 5:31PM**
 - 4.1. **Approval of closed meeting minutes** – January 27, 2020.
 - 4.2. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 18 Cases – *Ben Cripps, Chief Compliance Officer, Dennis Lynch, Legal Counsel*
 - 4.3. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Byron Mendenhall, MD Chief of Staff*
 - 4.4. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Byron Mendenhall, MD Chief of Staff*
5. ADJOURN

CLOSED MEETING AGENDA {5:31PM}

1. CALL TO ORDER
2. **APPROVAL OF CLOSED MEETING MINUTES** – [January 27, 2020](#)

Action Requested – Approval of the closed meeting minutes – January 27, 2020

Wednesday, February 24, 2020

Page 1 of 5

*Herb Hawkins – Zone I
Board Member*

*Lynn Havard Mirviss – Zone II
Vice President*

*Garth Gipson – Zone III
Board Member*

*David Francis – Zone IV
Secretary/Treasurer*

*Nevin House – Zone V
President*

2/257

MISSION: *Health is our Passion. Excellence is our Focus. Compassion is our Promise.*

3. **[CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION](#)** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 18 Cases
Ben Cripps, Chief Compliance Officer, Dennis Lynch, Legal Counsel
4. **[CREDENTIALING](#)** - Medical Executive Committee requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval pursuant to Health and Safety Code 1461 and 32155
Byron Mendenhall, MD Chief of Staff
5. **[QUALITY ASSURANCE](#)** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee
Byron Mendenhall, MD Chief of Staff
6. **ADJOURN**

OPEN MEETING AGENDA {6:00PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [January 27, 2020](#) meeting minutes.
Action Requested – Approval of the open meeting minutes – January 27, 2020 open board of directors meeting minutes.
6. **RECOGNITIONS** – *Nevin House*
 - 6.1. Presentation of [Resolution 2068 to Renee Gutierrez](#), Cook-Food and Nutrition Services, Service Excellence Award for January 2020.
 - 6.2. Presentation of [Resolution 2070 to Lily Thompson](#), CNA, ICCU-13, Service Excellence Award for February 2020.
 - 6.3. Presentation of [Resolution 2071 to Corazon Gaspar, RN](#), retiring from duty at Kaweah Delta after 34 years of service.
 - 6.4. Presentation of [Resolution 2072 to Steve Hensley](#), Director of Respiratory Services, retiring from duty at Kaweah Delta after 41 years of service.

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

7.1. REPORTS

- A. [Medical Staff Recruitment](#)
- B. [Compliance](#)
- C. [Mental Health](#)
- D. [Respiratory Services](#)
- E. [Sleep Disorders Center](#)
- F. [Sequoia Surgery Center](#)

7.2. POLICIES

- A. **[ADMINISTRATIVE](#)**
 - 1. [Cash Control](#) AP146 Revised
 - 2. [Code of Ethical Behavior](#) AP70 Revised
 - 3. [Property Acquisition, Sales, and Leasing](#) AP181 New
 - 4. [Quality Improvement Plan](#) AP.41 Revised
 - 5. Patient Safety Plan AP.175 Reviewed

7.3. BOARD COMMITTEE MINUTES;

- A. [Finance, Property, Services, and Acquisition Committee \(01/23/2020\)](#)
- B. [Marketing and Public Affairs Committee \(02/05/2020\)](#)

7.4. Approval of [Resolution 2073 in recognition of Pam Rosenberger](#), retiring from duty at Kaweah Delta after 18 years of service.

7.5. Approval of the Kaweah Delta [Compliance Program Work Plan calendar year 2020](#) as reviewed and supported for Board approval at the February 2020 Audit and Compliance Committee meeting.

7.6. Approval of the [Audit and Compliance Committee Mission and Purpose](#) as reviewed and approved at the February 2020 Audit and Compliance Committee meeting.

7.7. Approval of the [Audit Program Work Plan calendar year 2020](#) as reviewed and supported for Board approval at the February 2020 Audit and Compliance Committee meeting.

7.8. Kaweah Delta Health Care, Inc. Board - Request for replacement of Dr. Craig Calloway, who has resigned from the Kaweah Delta Health Care, Inc. Board with Dr. Ralph Kingsford to serve out the remainder of Dr. Calloway’s term which expires on 10/31/2020.

7.9. Recommendation from the Medical Executive Committee (FEBRUARY 2020)

- A. Privilege forms
 - 1) [Sequoia Health and Wellness Outpatient Medicine \(new\)](#)
 - 2) [APP Emergency Medicine. Urgent \(revised\)](#)
 - 3) [Podiatry \(revised\)](#)
 - 4) [Emergency Medicine \(revised\)](#)

- B. [Medical Staff Bylaws and Rules and Regulations \(revised\)](#)
- C. Medical Staff Policy
 - 1) [MS50 Late Career Policy \(Revised\)](#)

Recommended Action: Approve the February 24, 2020 Consent Calendar.

8. [QUALITY REPORT – Rapid Response Team](#) – A review of key measures and action items associated with rapid response processes.

Jon Knudsen, Director of Critical Care Services and Thomas Gray, M.D., Quality and Patient Safety Medical Director

9. [CLEVELAND CLINIC](#) – Status of implementation plans and opportunities relative to the Kaweah Delta affiliation with Cleveland Clinic Heart and Vascular Institute.

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

10. **REBRANDING** – Review and discussion relative to the proposed rebranding plan for Kaweah Delta,

Gary Herbst, CEO & Marc Mertz, VP & Chief Strategy Officer

Action Requested: Approval of the rebranding plan as reviewed and approved by the Marketing and Public Affairs Committee, February 2020, to be budgeted and funded from the Fiscal Year 20/21 budget.

11. [FINANCIALS](#) – Review of the most current fiscal year 2020 financial results.

Malinda Tupper, VP & Chief Financial Officer

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

Byron Mendenhall, MD, Chief of Staff

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

13. REPORTS

- 13.1. Chief of Staff – Report relative to current Medical Staff events and issues.
Byron Mendenhall, MD, Chief of Staff
- 13.2. Chief Executive Officer Report -Report relative to current events and issues.
Gary Herbst, Chief Executive Officer
- Legislative Updates
 - Federally Qualified Health Center
 - Town Hall Meeting – February 27th
 - Cardiac Reunion and Art Show – February 28th
 - Health Grades Awards - 2020
- 13.3. Board President - Report relative to current events and issues.
Nevin House, Board President
- [March 2020 Board meeting agenda items](#)

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.

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

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PAGES 7-28

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MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

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MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

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MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

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MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

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MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

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MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

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CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KDHCD - BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

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MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

BOARD OF DIRECTORS MEETING – CLOSED SESSION

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CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

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MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

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KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY FEBRUARY 24, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 7-28

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MONDAY FEBRUARY 24, 2020

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PAGES 7-28

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JANUARY 29, 2019 5:30PM, IN THE MAYNARD FAUGHT CONFERENCE ROOM, SEQUOIA REGIONAL CANCER CENTER, NEVIN HOUSE PRESIDING

PRESENT: Directors Havard Mirviss, Hawkins, House & Francis; H. Lively, Immediate Past Chief of Staff; G. Herbst, CEO; T. Rayner, SVP & COO; R. Sawyer, VP & CNO, M. Tupper, VP & CFO; D. Cox, VP of Human Resources, M. Mertz, VP of Strategic Planning and Business Development, D. Leeper, VP & CIO; E. McEntire, Director of Risk Management; D. Lynch, Legal Counsel, C. Moccio, Recording.

ABSENT: Director Gipson

The meeting was called to order at 5:36PM by Director House.

Director House asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

Director House called for the approval of the closed agenda.

APPROVAL OF THE CLOSED AGENDA – 5:31PM

- 4.1. **Approval of closed meeting minutes** – December 18, 2019, January 8, 2020.
- 4.2. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 3 Cases –*Dennis Lynch, Legal Counsel*
- 4.3. **Conference with Legal Counsel** – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – *Dennis Lynch, Legal Counsel & Evelyn McEntire, Director of Risk Management*
 - A. Grant v KDHCDC – Case#280250
 - B. Hadley v KDHCDC– Case # 19CECG03805
 - C. Hernandez v KDHCDC – Case #280745
 - D. Delgado v KDHCDC – CASE #280865
 - E. Gilbert v KDHCDC – CASE #19CECG02595
 - F. Foster v KDHCDC – CASE# 280726
 - G. Valdovinos v KDHCDC – CASE# 279423
 - H. Richards v KDHCDC – CASE #280708
- 4.4. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 31 Cases - *Evelyn McEntire, Director of Risk Management & Dennis Lynch, Legal Counsel*
- 4.5. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Evelyn McEntire, Director of Risk Management*
- 4.6. **Credentialing** - Medical Executive Committee requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval

pursuant to Health and Safety Code 1461 and 32155 – *Harry Lively, MD, Immediate Past Chief of Staff.*

- 4.7. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Harry Lively, MD, Immediate Past Chief of Staff.*

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

ADJOURN - Meeting was adjourned at 5:31PM

Nevin House, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JANUARY 29, 2019 5:30PM, IN THE MAYNARD FAUGHT CONFERENCE ROOM, SEQUOIA REGIONAL CANCER CENTER, NEVIN HOUSE PRESIDING

PRESENT: Directors Havard Mirviss, Hawkins, House & Francis; H. Lively, Immediate Past Chief of Staff; G. Herbst, CEO; T. Rayner, SVP & COO; R. Sawyer, VP & CNO, M. Tupper, VP & CFO; D. Cox, VP of Human Resources, M. Mertz, VP of Strategic Planning and Business Development, D. Leeper, VP & CIO; E. McEntire, Director of Risk Management; D. Lynch, Legal Counsel, C. Moccio, Recording.

ABSENT: Director Gipson

The meeting was called to order at 6:20PM by Director House.

Director House entertained a motion to approve the agenda.

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

PUBLIC/MEDICAL STAFF PARTICIPATION

- Joselyn Recendez spoke in support of banning vaping products in Visalia, requested that the Board support their cause by submitting a letter to the City of Visalia.

CLOSED SESSION ACTION TAKEN: Approval of the closed meeting minutes – December 18, December 30, 2019 and January 8, 2020.

RECOGNITIONS – Presentation of Resolution 2068 to Renee Gutierrez, Cook-Food and Nutrition Services, Service Excellence Award for January 2020.

- Postponed to February 2020

OPEN MINUTES – Request for approval of the – December 18, December 30, 2019 and January 8, 2020 open board of directors meeting minutes.

MMSC (Francis/Hawkins) to approve the open minutes from the December 18, December 30, 2019 and January 8, 2020 open board of directors meeting. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson

The Board meeting was adjourned at 6:23pm and the TEFRA hearing was called to order.

Ms. Tupper read the following statement which was also projected on a screen during the hearing: This hearing is being conducted as outlined in the notice of public hearing regarding financing plan for Kaweah Delta Health Care District. This hearing is to offer a venue for interested members of the public to express their views regarding the issuance

of the transaction and the nature of the improvements and projects for which the financing funds will be allocated. Persons who wish to make a brief statement during the hearing regarding the projects may do so at this time.

Director House asked if there were any public comment relative to the TEFRA hearing. No Comments.

Adjourned 6:26PM

Kaweah Delta Board meeting back in open session at 6:27PM

2020 BOND FINANCING - Review of Resolution 2066, a resolution of the Board of Directors of Kaweah Delta Health Care District authorizing the issuance of its revenue bonds, Series 2020, and the execution and delivery of an eleventh supplemental indenture, an escrow deposit agreement and certain related matters (copy attached to the original of these minutes and considered a part thereof) - Malinda Tupper, VP & Chief Financial Officer, Jennifer Stockton, Director of Finance

MMSC (Havard Mirviss/Francis) to approve Resolution 2066, a resolution of the Board of Directors of Kaweah Delta Health Care District authorizing the issuance of revenue bonds pursuant to the local health care district law and chapters 3 and 6, part 1, division 2, title 5 of the California Government Code. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson

2020 BOND FINANCING - Review of (TEFRA) Resolution 2067, a resolution of the Board of Directors of Kaweah Delta Health Care District approving the issuance of its revenue bonds, Series 2020 (copy attached to the original of these minutes and considered a part thereof) - Malinda Tupper, VP & Chief Financial Officer, Jennifer Stockton, Director of Finance

MMSC (Hawkins/Havard Mirviss) to approve Resolution 2067, a resolution of the Board of Directors of Kaweah Delta Health Care District approving the issuance of its revenue bonds, Series 2020. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson

CONSENT CALENDAR – Director House entertained a motion to approve the consent calendar with the removal of the following items; 10.1C and 10.3A.

MMSC (Havard Mirviss/Hawkins) to approve the consent calendar with the removal of items; 10.1C {Report – Medical Imaging Services} and 10.3A {Board Committee Minutes – Quality Council}. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson

10.1. REPORTS

- A. Medical Staff Recruitment
- B. Risk Management
- C. Medical Imaging Services
- D. Pathology & Lab

10.2. POLICIES

- A. ADMINISTRATIVE
 - 1. Travel, Per Diem & Other Employee Reimbursement AP.19 Revised
 - 2. Access to Legal Counsel AP.57 Revised
 - 3. Compliance with EMTALA AP.98 Revised
 - 4. Advanced Directives AP.112 Revised
 - 5. Suspected Illegal Substances AP.139 Revised
 - 6. Professional and Service Club District Reimbursed Memberships AP.105 Reviewed
 - 7. Proper Addressing of US Mail AP.94 Delete
- 10.3. BOARD COMMITTEE MINUTES;
 - A. Quality Council
- 10.4. Approval of Resolution 2069 rejection of claim – Thyssenkrupp vs. Kaweah Delta Health Care District.
- 10.5. Recommendation from the Medical Executive Committee (DECEMBER 2019)
 - A. Privilege forms
 - 1) Cardiovascular Medicine (revised)
 - 2) Sequoia Health Wellness Out Patient
 - 3) Street Medicine – addition to all privilege forms
 - B. Rules & Regs Revision
 - 1) 3.4 Delinquent Medical Records
 - 2) Automatic Suspension Privilege Criteria – Revised

10.1C {Report – Medical Imaging Services}

- Discussion relative to CT needs in the District. Discussion relative to pursuit of a 3rd CT and the age of our existing CT’s in use.

10.3A {Board Committee Minutes – Quality Council}

- Discussion relative to infection ratios and initiatives we are putting in place to improve our quality outcomes.

MMSC {Havard Mirviss/Hawkins} to approve 10.1C {Report – Medical Imaging Services} and 10.3A {Board Committee Minutes – Quality Council}. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson

KAWEAH DELTA MEDICAL FOUNDATION – Annual review of Kaweah Delta Medical Foundation (copy attached to the original of these minutes and considered a part thereof) - Paul Schofield, CEO and Coby LaBlue, CFO – Kaweah Delta Medical Foundation

QUALITY REPORT – EMERGENCY DEPARTMENT – A review of key measures and actions associated with quality of care and services in the Emergency Department (copy attached to the original of these minutes and considered a part thereof) - Tom Siminski, Emergency Department Director and Sakona Seng, D.O., Medical Director of Emergency Medicine.

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

CREDENTIALING – Harry Lively, MD – Immediate Past Chief of Staff - Medical Executive Committee request that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval.

Director House requested a motion for the approval of the credentials report {copy attached to the original of these minutes and considered a part thereof}.

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

CALIFORNIA HEALTH COLLABORATIVE - Follow-up from December 18th Board meeting – discussion and response relative to requested letter to the City of Visalia relative to protecting the youth of Visalia from vaping and smoking - *Board of Directors*

- Discussion regarding clarification of letter of support that is being requested from the Board – the ban of flavor products for vaping or all tobacco products for vaping and clarification if this ban is for only near school or for the entire City of Visalia. Discussion of how this issue is related to the Mission and Pillars of the Medical Center.

MMSC (House/Francis) to submit a letter to the City of Visalia supporting an ordinance relative to the banning of flavored vaping products and devices within 1,000 feet of youth sensitive areas in the City of Visalia. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson.

BOARD BYLAWS – Review and approval of proposed Bylaws changes from the December 30, 2019 Board of Directors meeting to add two additional Board Committees; Academic Development and Patient Experience (copy attached to the original of these minutes and considered a part thereof) - *Board of Directors*

MMSC (Havard Mirviss/Francis) to approve the Board Bylaws including the addition of two Board Committees; Academic Development and Patient Experience. This was supported unanimously by those present. Vote: Yes – House, Havard Mirviss, Hawkins, House, and Francis Absent - Gipson.

CHIEF OF STAFF REPORT – Report from Harry Lively, MD – Immediate Past Chief of Staff

- No report.

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

- We recently celebrated our staff with our annual service awards luncheon honoring staff with 15 year or more years of service.
- Commendation to the Laboratory who recently passed their College of American Pathologists (CAP) survey.
- Federally Qualified Health Clinic (FQHC) – On Friday January 24th we submitted to HRSA the application to become an FQHC look-a-like.

BOARD PRESIDENT REPORT – Report from Nevin House, Board President:

- Street Medicine – We have a new van for street medicine that is in the physicians' parking lot.
- Chapel – Request for consideration of a new chapel in any new bed towers that are developed. Proposed that we need to renovate the current chapel and publicize it more so visitors and patients know that we have a chapel.
- Public Involvement – Proposed that we should have a deaf translator at hospital events so that community members who are deaf can participate if they would like to attend.
- February 2020 Board meeting agenda – Discussion of having a special board meeting relative to the master planning discussion rather than having it prior to the regular board meeting.
- Mr. House noted that Garth Gipson, our new Board member, regretfully could not attend tonight's meeting as he had an out of town commitment prior to his appointment to the Board.

APPROVAL OF CLOSED AGENDA AS FOLLOWS: Closed Meeting Agenda – Immediately following the open session

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

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

Adjourn - Meeting adjourned at 8:40PM

Nevin House, Board President
Kaweah Delta Health Care District and the Board of Directors
Thereof

ATTEST:

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

Renee Gutierrez has just been nominated for the SERVICE EXCELLENCE AWARD by Tina Alafa

BEHAVIORAL STANDARDS OF PERFORMANCE:

Compassionate Service: Renee is always so delightful and pleasant to everyone who comes through the display cooking line

Commitment to Colleagues: Renee realizes that as an employee, we have a limited time for break. She always serves us with diligence and a smile. If there is a delay in getting the food to us, she is always very apologetic, I absolutely love seeing her at the grill, she always has a smile to share.

COMMENTS:

She is an amazing cook, always pleasant to chat with, very personable and seems to enjoy her job. I have been in line waiting when she had no help refilling the supplies at her station, and she was apologetic and truly concerned about our wait in line. She is a true asset to us all and the perfect reflection of Kaweah Care!

SUPERVISOR:
Raymond Shiu



RESOLUTION 2070

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT are recognizing Lily Thompson, with the Service Excellence Award for the Month of February 2020, 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 Lily Thompson for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 24th day of February 2020 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

1683 lithomps shdunn "Lily Thompson has just been nominated for the SERVICE EXCELLENCE AWARD by Shannon Cauthen

BEHAVIORAL STANDARDS OF PERFORMANCE:

- Compassionate Service:
- Personal Ownership:
- Professional Image:
- Commitment to Colleagues:

COMMENTS:

Lily comes from a terrific family of healthcare professionals- all dedicated to their careers, their patients, and their families. Lily is no exception. Lily is a CNA in the Cardiovascular ICCU. This small 6-bed unit packs quite the punch. The patients are often very sick and very tasky. Fresh from open heart surgery, they still have multiple lines and tubes, require sternal precautions and get out of bed many times a day. All of this translates to hard work for the nursing staff, especially the CNAs.

Lily is thoughtful and inclusive in the delivery of her nursing care. She can routinely be observed filling out the white boards at the start of her shift, then moving on to patient rounds, meal trays, vitals, baths, call lights, talking to families and assisting the nurses in anyway needed. She is careful, considerate, and a terrific patient advocate. Just recently, while I was rounding in the unit, I stopped in to check on her when I noticed she had been floated to the CVICU. Just a few moments later, Lily pulled me aside to point out a safety concern that she thought warranted discussion- and she was absolutely right!

Beyond the wonderful traits listed above, Lily is a dedicated employee. She is always on time, always dressed professionally, and is the perfect example of a committed employee. You see, what sets Lily apart, is the fact that she is not only a devoted KD employee, but also a devoted mother to her 2 children. Lily's son suffers from a chronic disease that requires a lot of love, energy, and dedication from Lily. Somehow, Lily manages to give equally of herself to her children and her patients. If she needs time away from work to care for her son, she always makes up her hours by working extra to compensate for her time away. Even more than that, she comes to work and ALWAYS puts her best foot forward. She treats all of her patients as though they are her family. She brings with her a sense of peace and reassurance.

I really want the KD family to know how fortunate we are to have someone so equally committed to her family and her patients. We, as a CVICCU family, are fortunate to work with and witness her positivity

and grace on a daily basis. I wish the entire district had the privilege to work with someone like Lily! We just love her and are so proud of the outstanding person that she is!

SUPERVISOR:

Shannon Cauthen

This entry has been submitted to HR for consideration."



RESOLUTION 2071

WHEREAS, Corazon Gaspar, RN, is retiring from duty at Kaweah Delta Health Care District after 34 years of service; and,

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

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Corazon Gaspar, RN for 34 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 24th day of February 2020 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 2072

WHEREAS, Steve Hensley, is retiring from duty at Kaweah Delta Health Care District after 41 years of service; and,

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

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Steve Hensley for 41 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 24th day of February 2020 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

Kaweah Delta Physician Recruitment and Relations Medical Staff Recruitment Report - February 2020

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

Date prepared: 2/18/20

Central Valley Critical Care Medicine	
Hospitalist	4
Intensivist	2

Delta Doctors Inc.	
OB/Gyn	2
Laborist	1

Kaweah Delta Faculty Medical Group	
Family Medicine Associate Program Director	1
Family Medicine Core Faculty	1

Key Medical Associates	
Internal Medicine/Family Medicine	2
Hospitalist	1

Other Recruitment	
Orthopedic Surgery - Hand	1
Palliative Medicine	1

Somnia	
Anesthesiology - Cardiac	1

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

Valley Hospitalist Medical Group	
GI Hospitalist	2

Visalia Medical Clinic (Kaweah Delta Medical Foundation)	
Dermatology	2
Family Medicine	3
Gastroenterology	2
Internal Medicine	3
Neurology	1
OB/GYN	3
Orthopedic Surgery	1
Otolaryngology	2
Pediatrics	1
Radiology - Diagnostic	1
Rheumatology	1
Urology	3

Candidate Activity								
Specialty/Position	Group	Last Name	First Name	Availability	Board Certification	CA Licensed	Referral Source	Current Status
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Bland, D.O.	Scott	08/21	American Board of Family Medicine, Eligible	None	Direct - 9/15/19	Pending site visit in Summer 2020
Family Medicine	Key Medical Associates	Dougherty, MD	Michael	07/21	American Board of Family Medicine, Eligible	None	Key Medical Associates - 12/12/19	Site visit: 12/13/19; Offer extended
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/ Key Medical Associates	Kim, M.D.	Matthew	07/20	American Board of Family Medicine, Eligible	Active	Direct - Current KDH Resident	Site visit pending dates
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/ Kaweah Delta Faculty Medical Group	Schultheiss, MD	Christine	08/20	American Board of Family Medicine, Certified	None	Physician Empire - 1/27/2020	Currently under review
Family Medicine	Delta Doctors, Inc.	Macias, M.D.	Lea	10/20	American Board of Family Medicine, Eligible	Active	Direct - Current KDH Resident	Site Visit: 11/25/19; Offer accepted
Family Medicine - Program Director	Kaweah Delta Faculty Medical Group	Martinez, M.D.	Mario	05/20	American Board of Family Medicine, Certified	Active	Internal Referral	Site Visit: 11/22/19; Offer accepted
Family Medicine	Key Medical Associates	Janvelian, M.D.	Vladimir	09/20	American Board of Family Medicine, Eligible	Active	Carson Kolb - 11/28/18	Site Visit: 2/15/19; Offer accepted; Start date pending
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Patty, M.D.	Christina	08/20	American Board of Family Medicine, Eligible	Active	Direct - Local Candidate	Site Visit: 2/5/19; Offer accepted; Start Date: 8/31/20
Hospitalist	Central Valley Critical Care Medicine	Diramerian, M.D.	Liza	08/20	TBD	None	Referral - Dr. Umer Hayyat	Site Visit: 12/17/19; Offer pending
Hospitalist	Central Valley Critical Care Medicine	Kim, M.D.	Erica	08/20	American Board of Internal Medicine, Eligible	Active	Vista Staffing - 1/8/2020	Site visit pending dates
Hospitalist	Central Valley Critical Care Medicine	McIntyre, M.D.	Alexia	08/20	TBD	None	Vista Staffing - 1/4/2020	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Shah, M.D.	Vatsal	08/20	American Board of Internal Medicine, Eligible	None	Vista Staffing - 1/3/20	Site Visit: 2/24/2020
Hospitalist	Key Medical Associates	Jamil, M.D.	Asma	07/20	TBD	Active	KMA - 1/13/2020	Site visit: 1/24/2020

Candidate Activity								
Specialty/Position	Group	Last Name	First Name	Availability	Board Certification	CA Licensed	Referral Source	Current Status
Hospitalist	Key Medical Associates	Pursley, M.D.	Sarah	08/20	American Board of Family Medicine, Eligible	None	KMA - 1/2/2020	Site Visit: 1/10/2020
Hospitalist	Central Valley Critical Care Medicine	Hayyat, M.D.	Umer	08/20	American Board of Internal Medicine, Eligible	In progress	Practice Link	Site Visit: 8/14/19; Offer accepted
Hospitalist	Central Valley Critical Care Medicine	Upton, M.D.	Tracy	08/20	American Board of Internal Medicine, Eligible	Active	Vista Staffing - 9/12/19	Site Visit: 10/17/19; Offer accepted
Intensivist	Central Valley Critical Care Medicine	Aboud, M.D.	Hussain	08/20	American Board of Internal Medicine, Certified; Critical Care Medicine, Eligible	None	PracticeLink - 12/9/19	Site Visit: 1/31/20; References Requested
Intensivist	Central Valley Critical Care Medicine	Arab, M.D.	Talal	08/20	American Board of Internal Medicine, Certified	None	Vista Staffing - 1/18/20	Site visit pending dates
Intensivist	Central Valley Critical Care Medicine	Emami, M.D.	Nader	07/20	American Board of Internal Medicine, Certified; Critical Care Medicine, Eligible	None	Comp Health 10/1/19	Site visit pending dates
Intensivist	Central Valley Critical Care Medicine	Kelker, M.D.	Tariq	TBD	American Board of Surgery - General, Certified; American Board of Critical Care, Eligible - results pending	Active	MDstaffers - 10/11/19	Site visit pending dates
Intensivist	Central Valley Critical Care Medicine	Matthews, M.D.	Lawrence	08/20	American Board of Internal Medicine, Certified; American Board of Critical Care, Eligible	None	Direct - PracticeLink 12/31/2019	Site visit pending dates
Intensivist	Central Valley Critical Care Medicine	John, D.O.	Avinaj	08/21	TBD	None	Vista Staffing - 10/25/19	Site visit: 12/13/19; Offer accepted
Intensivist	Central Valley Critical Care Medicine	Rubinchkova, M.D.	Yelena	05/19	American Board of Internal Medicine, Eligible	None	Fidelis Partners - 8/14/19	Site Visit: 10/21/19; offer accepted
Internal Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Malik, M.D.	Sara	08/21	American Board of Internal Medicine, Eligible	None	Direct - Dr. Umer Hayyat's spouse	Pending site visit in Spring 2020

Candidate Activity								
Specialty/Position	Group	Last Name	First Name	Availability	Board Certification	CA Licensed	Referral Source	Current Status
Neonatology	Valley Children's Hospital	Ali, M.D.	Anum	08/20	American Board of Pediatrics, Certified	None	Valley Children's - 12/10/2020	Site Visit: 12/17/20
Neonatology	Valley Children's Hospital	Chouthai, M.D.	Nitin	TBD	American Board of Pediatrics - Neonatology, Certified	None	Valley Children's - 1/21/2020	Site Visit: 2/21/2020
Neonatology	Valley Children's Hospital	Ibonia, M.D.	Katrina	03/20	American Board of Pediatrics; Neonatal-Perinatal, Certified	Active	Valley Children's - 8/1/2019	Site Visit: 8/27/19; Offer accepted; Start date: 3/9/20
Neurology	Kaweah Delta Medical Center	Bajwa, M.D.	Sami	07/20	American Board of Psychiatry and Neurology, Certified; Vascular Neurology, Eligible; Clinical Neurophysiology/EEG, Eligible	Active	Direct - Referred by Dr. Ahmer Khalid, Adult Hospitalist	Site visit pending dates
OB/GYN	Delta Doctors, Inc.	Guerrero-Hall, M.D.	Karla	07/20	TBD	None	Pacific Companies - 2/4/2020	Site visit pending dates
Orthopedic Surgery - Hand	Orthopaedic Associates Medical Clinic, Inc.	Seiler, M.D.	Lucas	07/20	American Board of Orthopaedic Surgery, Eligible	Active	Direct - Referred by Orthopaedic & Associates Medical Clinic, Inc.	Site visit: 2/10/20
Otolaryngology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Badran, M.D.	Karam	08/20	American Board of Otolaryngology – Head and Neck Surgery, Eligible	Active	Fidelis Partners - 8/8/2019	Site Visit: 10/14/19; Offer extended
Otolaryngology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Neel, M.D.	Gregory	08/20	American Board of Otolaryngology – Head and Neck Surgery, Eligible	None	AAO-HNS Job Posting	Site Visit: 1/31/20; Offer extended
Otolaryngology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Roos, D.O.	Jason	05/20	American Osteopathic Board of Otolaryngology, Certified	In progress	Direct	2nd Site Visit: 1/27/20; Offer accepted
Pediatric Hospitalist	Valley Children's Hospital	Goodrich, M.D.	John	TBD	American Board of Pediatrics, Certified	Active	Valley Children's - 2/3/2020	Site Visit: 3/16/2020
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Currie, D.O.	Kristen	03/20	American Board of Pediatrics, Certified	In progress	Practice Match - 9/17/19	Site Visit: 10/28/19 Offer accepted; Start date: 3/16/20

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Board Certification	CA Licensed	Referral Source	Current Status
Radiation Oncology	Sequoia Radiation Oncology Medical Associates	Chang, D.O.	Tangel	05/20	American Board of Radiology - Radiation Oncology, Certified	Active	ASTRO Conference 2017	Site Visit: 10/7/19; 2nd visit: 10/28/19; Offer accepted
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Akhtar, M.D.	Hadi	08/21	TBD	None	PracticeLink - 1/31/2020	Currently under review
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Glass, M.D.	Michael	ASAP	American Board of Urology, Certified	None	Fidelis Partners - 2/12/2020	Currently under review
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Talanki, M.D.	Varun	08/21	TBD	None	HealthCareers - 1/24/2020	Pending phone interview with Dr. Ford



COMPLIANCE PROGRAM ACTIVITY REPORT – Open Meeting
Ben Cripps, Compliance and Privacy Officer
November 2019 through January 2020

EDUCATION

Live Presentations by Compliance Department –

- Compliance and Patient Privacy – New Hire Orientation
- Compliance and FairWarning – Kaweah Delta Medical Foundation
- Compliance and Patient Privacy – Management Orientation
- Compliance and Patient Privacy – Patient Financial Services

Written Communications sent from Compliance Department – Bulletin Board / All Staff Communication

- Privacy Matters Article – “You’ve Been Given a FairWarning”
- Compliance Matters Article – “False Claims Act”
- Privacy Matters Article/Compliance Matters Article – “Privacy and Compliance in the Healthcare Setting”

PREVENTION AND DETECTION

- **California Department of Public Health (CDPH) All Facility Letters (AFL)** – Review and distribute AFL’s to areas potentially affected by regulatory changes; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk
- **Medicare and Medi-Cal Monthly Bulletins** – Review and distribute bulletins to areas potentially affected by the regulatory change; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk
- **Office of Inspector General (OIG) Monthly Audit Plan Updates** – Review and distribute OIG Audit Plan issues to areas potentially affected by audit issue; department responses reviewed and tracked to identify potential current/future risk
- **California State Senate and Assembly Bill Updates** – Review and distribute legislative updates to areas potentially affected by new or changed bill; department responses reviewed and tracked to address regulatory change and identify potential current/future risk
- **Patient Privacy Walkthrough** – Monthly observations of privacy practices throughout Kaweah Delta; issues identified communicated to area Management for follow-up and education
- **User Access Privacy Audits** – Daily monitoring of user access to identify potential privacy violations
- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG Exclusion List review and attestations
- **Medicare PEPPER Report Analysis** – Quarterly review of Medicare Inpatient Rehabilitation, Hospice, Mental Health, and Acute Inpatient PEPPER statistical reports to identify outlier and/or areas of risk; evaluate with Kaweah Delta leadership quarterly at PEPPER Review meeting
- **2020 Centers for Medicare and Medicaid Services (CMS) Final Rule** – Review and distribution of the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), Inpatient Psychiatric Facility (IPF), Inpatient Rehabilitation Facility (IRF), Home Health and Hospice,

and Physician Fee Schedule (PFS) policy and payment updates; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk

OVERSIGHT, RESEARCH & CONSULTATION

- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts
- **Medicare Recovery Audit Contractor (RAC) and Medicare Probe Audit Activity** – Records preparation, tracking, appeal timelines, and reporting
- **Licensing Applications** – Forms preparation and submission of licensing application to the California Department of Public Health (CDPH); ongoing communication and follow-up regarding status of pending applications
- **Federally Qualified Health Center (FQHC)** – Participation in current and future state planning/working sessions; ongoing regulatory counsel and support, evaluating impact and identifying risk mitigation strategies; policy manual review in progress
- **KD Hub Non-Employee User Access** – Oversight and administration of non-employee user onboarding, privacy education, and user profile tracking; evaluate, document, and respond to requests for additional system access; on-going management of approximately 950 non-employee KD Hub users
- **Kaweah Delta Medical Foundation (KDMF) FairWarning User Access Implementation** – Oversight and administration of the FairWarning implementation at KDMF
- **Marketing Phone Call Scam** – Research and consultation; a reported marketing scheme where an individual was using Kaweah Delta as a sales tool to get businesses to place ads
- **Billing for Discarded Drugs** – Research and consultation; clarification of regulatory guidance concerning the billing of discarded drugs; recommendation provided to Pharmacy following a review of the Medicare Claims Processing Manual
- **Physician Signature Requirements** – Research and consultation; clarification of regulatory guidance concerning physician signature requirements on physician orders; recommendation provided to Radiology following a review of the regulatory guidelines
- **Important Message from Medicare (IMM) and Detailed Notice of Discharge** – Research and consultation; clarification of regulatory guidance concerning the IMM form requirements; recommendation provided to Case Management following a review of the regulations and consultation with California Hospital Association
- **Bedside Procedure Documentation Requirements** – Research and consultation; clarification of the documentation requirements of bedside procedures; recommendation provided to the Health Information Management (HIM) Coding Leadership following a review of regulatory requirements
- **Street Medicine Program** – Research and consultation; participation in current and future state planning/working sessions; ongoing regulatory counsel and support, evaluating impact and identifying risk mitigation strategies; recommendations provided for the collection and maintenance of appropriate patient documentation and policy manual
- **Revolution Monitoring** – Research and consultation; support provided to The Foundation for Medical Care (TFMC) Leadership on billing concern; review, consultation, and remediation of all reported concerns

AUDITING AND MONITORING

- **Overlapping Claims** – A review of thirty-five (35) randomly selected encounters for May 2018 to July 2019 noted a 97% compliance rate for the appropriate submission of claims for overlapping services (same date of services). Patient Accounting has corrected and reprocessed the one (1) claim submitted in error resulting in an overpayment to Kaweah Delta.
- **Outpatient Nuclear Medicine Probe Audit** – Noridian (Medicare Claims Administrator) initiated a pre-payment Targeted Probe and Educate (TPE) review of Nuclear Medicine claims. Kaweah Delta was selected for the review based on data analysis indicating increased utilization compared to the previous utilization period. Phase I commenced August 2019, focusing on Tomographic Imaging. The results of the review are pending.
- **Outpatient Physical Therapy Probe Audit** – Noridian (Medicare Claims Administrator) initiated a new pre-payment Targeted Probe and Educate (TPE) review of Outpatient Physical Therapy claims. Kaweah Delta was selected for the review based on data analysis indicating increased utilization compared to the previous utilization period. Phase I commenced October 2019, focusing on Therapeutic Exercise. Phase I review has completed in January 2020 noting a 91.3% payment compliance rate, with one claim noted as an under-payment. Based on the findings, Noridian has determined that our facility will not proceed to the next round of the TPE process.

REPORT TO THE BOARD OF DIRECTORS

Kaweah Delta Mental Health Hospital (KDMH)

Jaime Hinesly, LMFT
Interim Director of Mental Health Services, x3361
February 24, 2020

Summary Issue/Service Considered

CENSUS	KDMH has successfully maintained an average daily census (ADC) of 46.74 for 48 staffed beds (of 63 total licensed beds), against a budget of 47.62.
LEADERSHIP	Mary Laufer, DNP, RN, NE-BC accepted the position of Director for Nursing Practice effective December 15, 2019. Jaime Hinesly, LMFT is the Interim Director of Mental Health Services. She has worked with Kaweah Delta Mental Health Hospital in various management roles for the past ten years and has been working closely with our physician team throughout this time.
MED STAFF	This year, the District served a notice of no cause termination of Agreement effective May 18, 2020 to our contracted physician group Aligned TeleHealth (ATH). After careful consideration, a Request for Proposal of Psychiatric Services was posted. Interested parties submitted proposals, gave presentations and ultimately, Kaweah Delta Healthcare District (KDHCD) chose Precision Psychiatric Services, Inc. (Precision) to enter contract negotiations with to provide psychiatry services for KDHCD. Precision is a physician owned group spearheaded by Harjeet Brar, MD based in Bakersfield, CA. The decision to contract with this group gives KDHCD the opportunity to work more closely with our current psychiatrists with a more local and mental health services approach to making decisions about the care of KDHCD's psychiatric patients.
GME	Our residency program continues to grow and now stretches from inpatient psychiatric services, consult liaison, KDHCD outpatient services, as well as, Kaweah Delta operated Suboxone Clinic. This is KDHCD's effort to address the growing opioid addiction issue in our valley.

Quality/Performance Improvement Data

CORE MEASURES	We continue to participate in Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures, receiving our full market basket payment for collection and submission of data. We continue to meet our internal benchmarks with variance to benchmark occurring immediately after introduction of new measures until template and processes are hardwired. Our seclusion & restraint use continues downward trend as result of introduction of Wellness & Recovery model of care.
CUSP	Led by staff nurses, our Comprehensive Unit-based Safety Program (CUSP) continues to meet monthly, bringing nursing, and other clinical staff together with residents and attending psychiatrists to review outcome/event data and

explore evidence-based practice improvement opportunities.

Notably, this year, our CUSP team problem-solved our lost patient belongings concern. The team initiated an inventory handoff form to improve communication between shifts and more accurately account for patient belongings. Since started, our frequency of missing patient belongings has decreased by more than 60%.

SUICIDE RISK We were surveyed by The Joint Commission this year. Some recommendations were made on improving our mitigation of risk level for patients who are deemed at high or moderate risk for suicide while staying at our hospital. Led by a small team of our leaders and staff, we restructured our assessment of patients at risk for suicide to include an evidence based full assessment and screening called “The Columbia Suicide Severity Rating Scale”. We also instituted a process with our social work team that provides assurance that each of these patients will leave KDMHH with a “My Safety Plan” in hand.

Policy, Strategic or Tactical Issues

COMMUNITY Our mental health team of Mary Laufer, Jaime Hinesly and Dr. Bagga gave a number of presentations related to mental health services to the Community Advisory Committee “Healthcare for Today and Tomorrow”. From those presentations, a prioritized list of recommendations was generated. Over the next five years, we will be focusing on three projects. Increased availability of outpatient services for both Medi-cal and private insured patients. Working with the Community and other associated organizations to analyze the feasibility of establishing a Crisis Stabilization Unit (CSU) to improve mental health patient outcomes while reducing the use of the ED for mental health crisis intervention and psych inpatient recidivism. Lastly, the use of Electroconvulsive Therapy (ECT) for treatment of severe depression and severe depression accompanied by psychosis is being explored

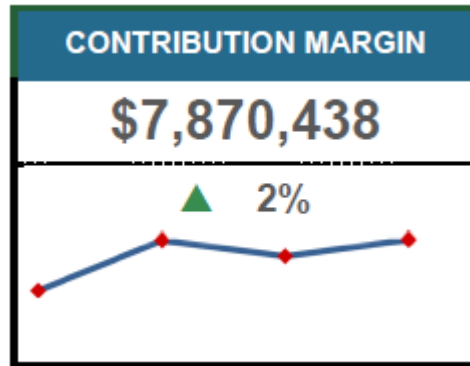
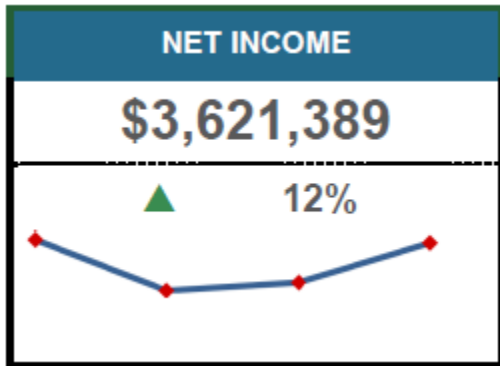
Recommendations/Next Steps

PARTNERSHIP Continue to focus on profitability of Mental Health Service line through collaboration with Patient Accounting, Finance and Case Management departments to refine processes to reduce opportunities of payers to deny claims for reimbursement. Continue to partner with GME to support ongoing development of psychiatric residency program. Continue to partner with Tulare County to evaluate and develop new opportunities for community services as financially feasible to include a CSU, ECT and Outpatient psych services to support population health management

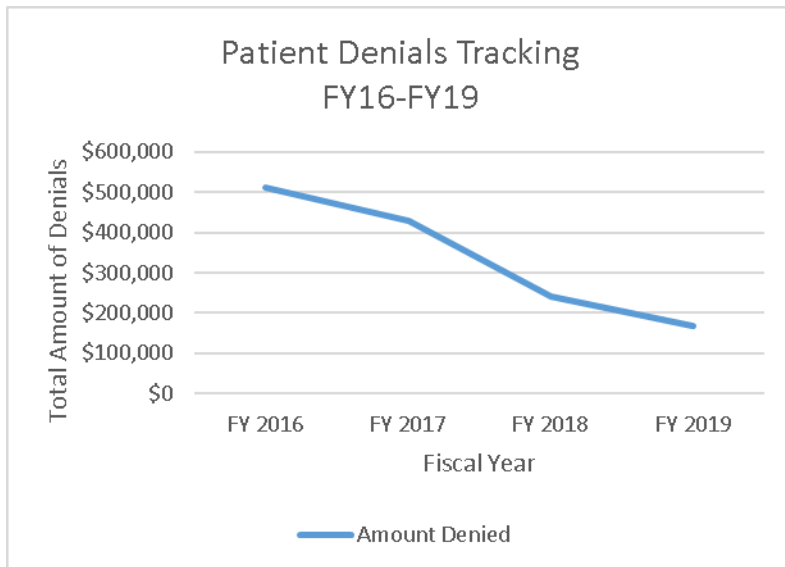
Approvals/Conclusions

Though this has been a very busy year in the Mental Health Hospital with continued focus on refining business practice to reduce exposure to uncompensated care and meet budgeted average daily census, we were successful in streamlining a few of our procedures and this

shows in our increased net income by 12% for a total of \$3,621,389 and overall contribution margin up by 2% for a total of \$7,870,438.



Finally, we have implemented new processes to improve our tracking and reduction of hospital reimbursement denials. Our incidence of payment denials continues to decline from \$511,511 in FY2016, to \$168,450 in FY2019.



KDHCD ANNUAL BOARD REPORT

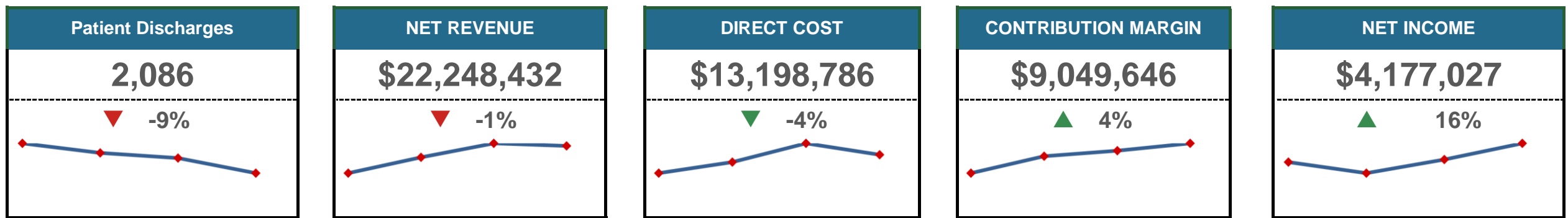
Mental Health Services- Summary

FY2020 Annualized

Note: Includes discharges at the Downtown and West Campus locations

Board Meeting - February 24, 2020

KEY METRICS -- FY 2020 ANNUALIZED ON THE FIVE MONTHS ENDED NOVEMBER 30, 2019



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

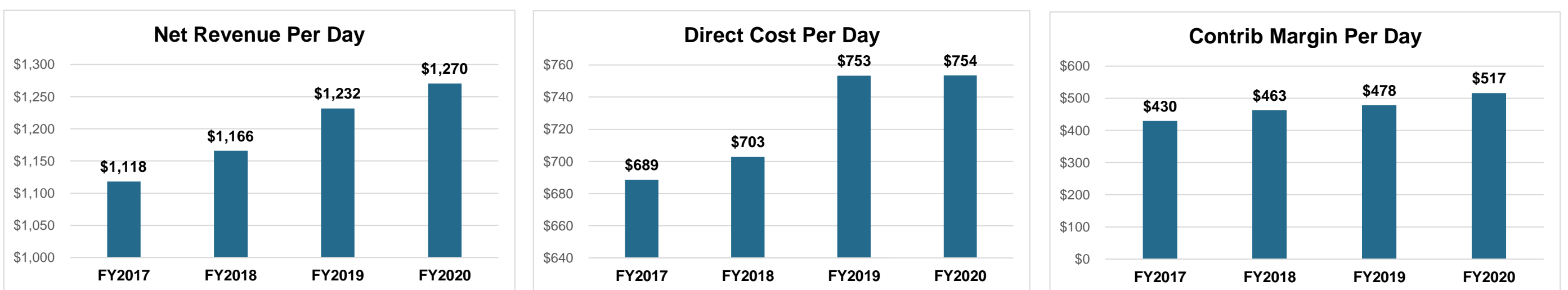
METRICS BY SERVICE LINE - FY 2020 ANNUALIZED

SERVICE LINE	PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Inpatient Acute Psych/Drug Abuse	274	\$2,852,796	\$1,673,587	\$1,179,209	\$555,638
Mental Health Hospital	1,812	\$19,395,636	\$11,525,198	\$7,870,438	\$3,621,389
Mental Health Totals	2,086	\$22,248,432	\$13,198,786	\$9,049,646	\$4,177,027

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2017	FY2018	FY2019	FY2020	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	2,503	2,371	2,295	2,086	▼ -9%	
Patient Days	17,946	18,296	18,222	17,515	▼ -4%	
ALOS	7.2	7.7	7.9	8.4	▲ 6%	
Net Revenue	\$20,068,056	\$21,328,369	\$22,445,695	\$22,248,432	▼ -1%	
Direct Cost	\$12,357,331	\$12,859,224	\$13,728,668	\$13,198,786	▼ -4%	
Contribution Margin	\$7,710,725	\$8,469,145	\$8,717,027	\$9,049,646	▲ 4%	
Indirect Cost	\$4,212,830	\$5,382,720	\$5,128,549	\$4,872,619	▼ -5%	
Net Income	\$3,497,895	\$3,086,425	\$3,588,478	\$4,177,027	▲ 16%	
Net Revenue Per Day	\$1,118	\$1,166	\$1,232	\$1,270	▲ 3%	
Direct Cost Per Day	\$689	\$703	\$753	\$754	▶ 0%	
Contrib Margin Per Day	\$430	\$463	\$478	\$517	▲ 8%	

GRAPHS



Note: FY2020 is annualized in graphs and throughout the analysis

KDHCD ANNUAL BOARD REPORT

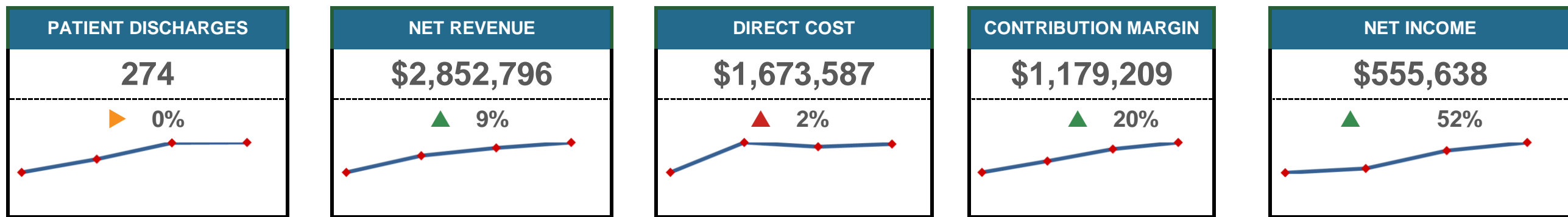
FY2020 Annualized

Mental Health Services - Inpatient Acute Psych/Drug Abuse

Note: All Inpatient discharges from the downtown campus, having a service line of Acute Psych/Drug Abuse.

Board Meeting - February 24, 2020

KEY METRICS - FY 2020 ANNUALIZED ON THE FIVE MONTHS ENDED NOVEMBER 30, 2019

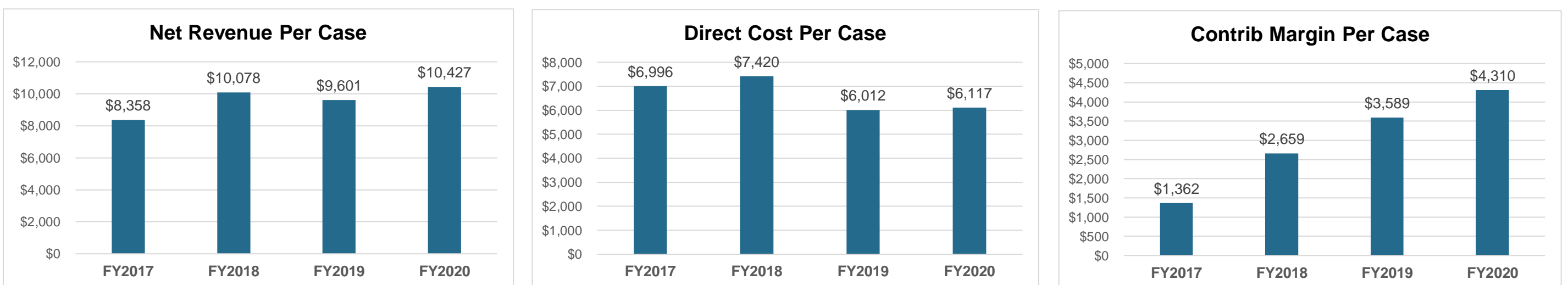


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2017	FY2018	FY2019	FY2020	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	191	228	273	274	0%	
Patient Days	1,037	1,287	1,161	1,262	9%	
ALOS	5.4	5.6	4.3	4.6	8%	
Net Revenue	\$1,596,413	\$2,297,895	\$2,621,083	\$2,852,796	9%	
Direct Cost	\$1,336,291	\$1,691,656	\$1,641,260	\$1,673,587	2%	
Contribution Margin	\$260,122	\$606,239	\$979,823	\$1,179,209	20%	
Indirect Cost	\$417,206	\$659,164	\$613,073	\$623,570	2%	
Net Income	(\$157,084)	(\$52,925)	\$366,750	\$555,638	52%	
Net Revenue Per Case	\$8,358	\$10,078	\$9,601	\$10,427	9%	
Direct Cost Per Case	\$6,996	\$7,420	\$6,012	\$6,117	2%	
Contrib Margin Per Case	\$1,362	\$2,659	\$3,589	\$4,310	20%	

PER CASE TRENDED GRAPHS

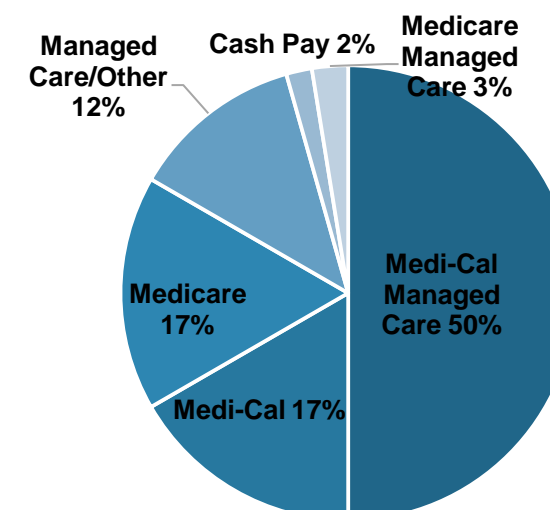


Note: FY2020 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND

PAYER	FY2017	FY2018	FY2019	FY2020
Medi-Cal Managed Care	36%	46%	45%	50%
Medi-Cal	17%	12%	18%	17%
Medicare	23%	18%	16%	17%
Managed Care/Other	11%	14%	14%	12%
Cash Pay	2%	1%	3%	2%
Medicare Managed Care	7%	5%	3%	3%
Work Comp	0%	0%	0%	0%
County Indigent	5%	3%	0%	0%

FY 2020 PAYOR MIX - Annualized



Note: FY 2020 is annualized in graphs and throughout the analysis
 Source: Inpatient Service Line Report
 Source: Inpatient Service Line - Acute Psych & Drug Abuse

KDHCD ANNUAL BOARD REPORT

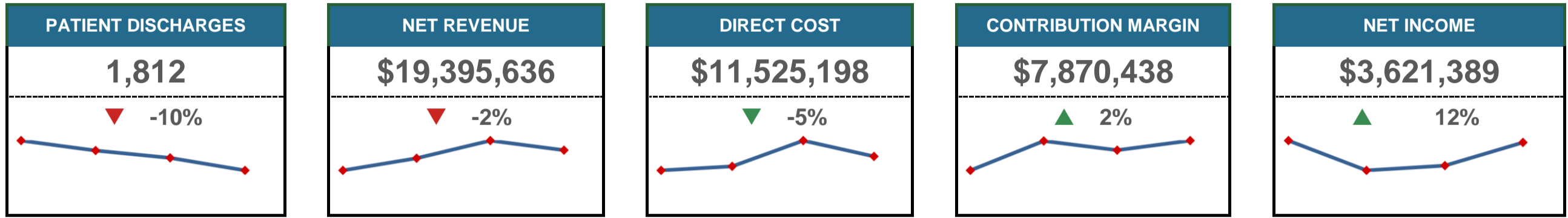
Mental Health Services - *Mental Health Hospital*

FY2020 Annualized

Note: All discharges at the Mental Health Hospital West Campus Location. This excludes visits with Psych services performed at a different location.

Board Meeting - February 24, 2020

KEY METRICS - FY 2020 ANNUALIZED ON THE FIVE MONTHS ENDED NOVEMBER 30, 2019

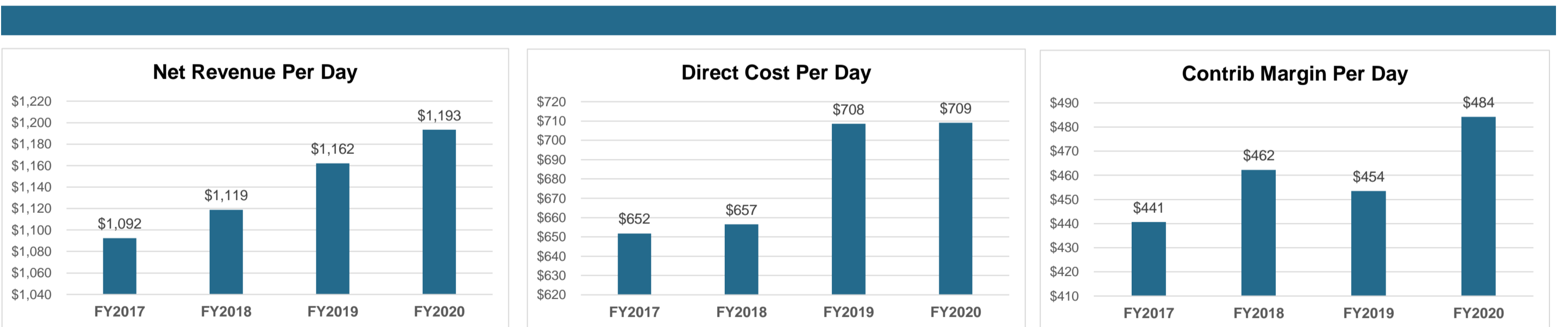


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2017	FY2018	FY2019	FY2020	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	2,312	2,143	2,022	1,812	▼ -10%	
Patient Days	16,909	17,009	17,061	16,253	▼ -5%	
ALOS	7.3	7.9	8.4	9.0	▲ 6%	
Net Revenue	\$18,471,643	\$19,030,474	\$19,824,612	\$19,395,636	▼ -2%	
Direct Cost	\$11,021,040	\$11,167,568	\$12,087,408	\$11,525,198	▼ -5%	
Contribution Margin	\$7,450,603	\$7,862,906	\$7,737,204	\$7,870,438	▲ 2%	
Indirect Cost	\$3,795,624	\$4,723,556	\$4,515,476	\$4,249,049	▼ -6%	
Net Income	\$3,654,979	\$3,139,350	\$3,221,728	\$3,621,389	▲ 12%	
Net Revenue Per Day	\$1,092	\$1,119	\$1,162	\$1,193	▲ 3%	
Direct Cost Per Day	\$652	\$657	\$708	\$709	▶ 0%	
Contrib Margin Per Day	\$441	\$462	\$454	\$484	▲ 7%	

PER CASE TRENDED GRAPHS

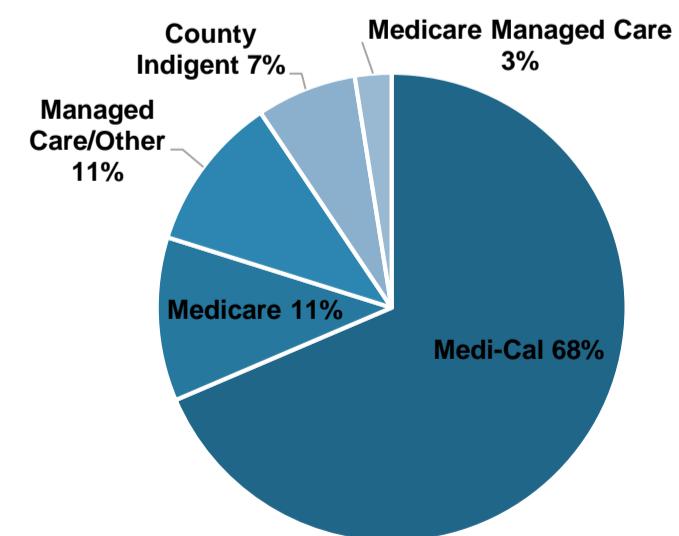


Note: FY2020 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND

PAYER	FY2017	FY2018	FY2019	FY2020
Medi-Cal	73%	70%	72%	68%
Medicare	13%	15%	12%	11%
Managed Care/Other	11%	10%	11%	11%
County Indigent	2%	2%	4%	7%
Medicare Managed Care	2%	2%	1%	3%
Medi-Cal Managed Care	0%	0%	0%	0%
Work Comp	0%	0%	0%	0%
Cash Pay	0%	0%	0%	0%

FY 2020 Payer Mix - Annualized



KDHCD ANNUAL BOARD REPORT

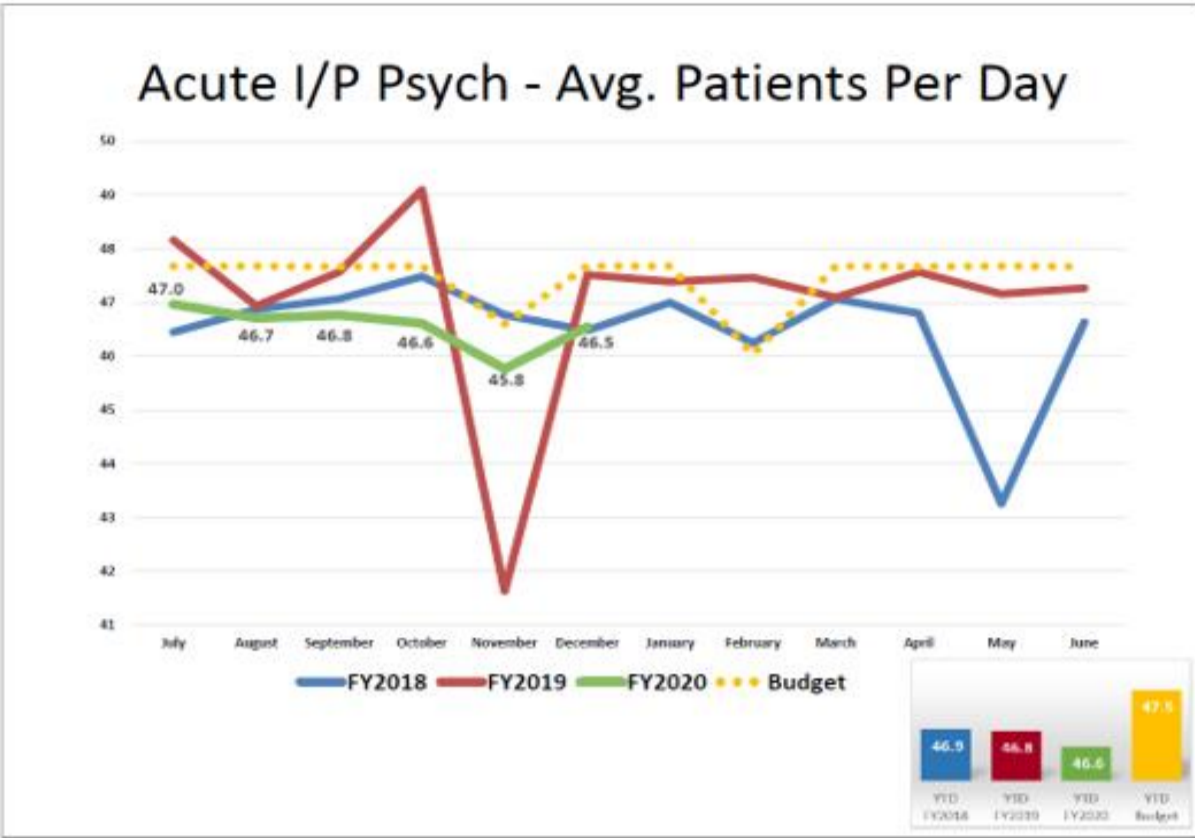
Mental Health Services - *Mental Health Hospital*

FY2020 Annualized

Note: All discharges at the Mental Health Hospital West Campus Location. This excludes visits with Psych services performed at a different location.

Board Meeting - February 24, 2020

KEY METRICS - FY 2020 ANNUALIZED ON THE FIVE MONTHS ENDED NOVEMBER 30, 2019



Note: FY 2020 is annualized in graphs and throughout the analysis
 Source: Inpatient Service Line Report , Avg Patients Per Day slide
 Source: Mental Health Hospital West Campus Location and Stat Slide Report

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

Respiratory Services

Steven L. Hensley, RN, RRT, Director, (559) 624-2427
Wendy Jones BS, RRT, RPFT, Manager, (559) 624-2329
February 2020

Summary Issue/Service Considered

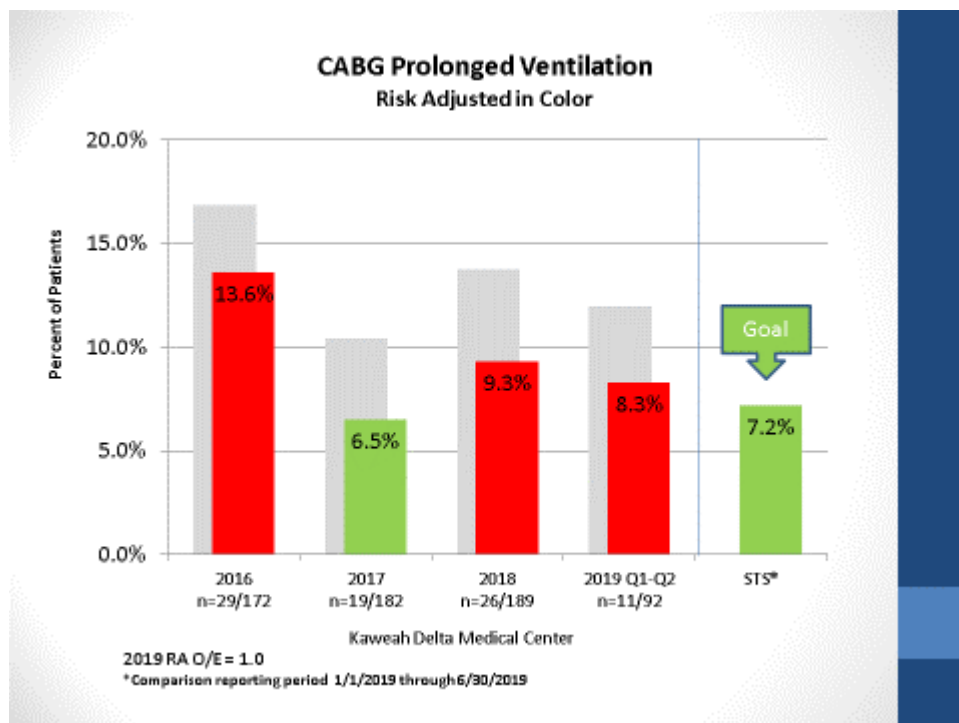
1. Respiratory Services will continue to provide/support primary and advanced respiratory care services emphasizing stabilization, maintenance, and restorative goal driven patient care.
2. As active and vital members of acute, emergent, critical, sub-acute and rehabilitative care teams, we continue to work jointly with physicians, nurses, Allied Health Leaders, and the Executive Team to assure the provision of:
 - High Quality Care
 - Optimal Patient safety
 - Service excellence
 - Optimal health outcomes
 - Financial Stability
 - Cultural change resulting in establishing and maintaining ideal work environments for our staffs and physicians.
3. Specific Clinical Focus:
 - In collaboration with our Critical Care Intensivists and RNs, we will continue to dedicate our full attention on utilization of our Ventilator Associated Events (VAE) bundle as a means to continue to reduce ventilator days associated with hospital acquired infections.
 - Continue to work collaboratively with Rapid Response Team (RRT) to:
 - * Decrease RRT response time
 - * Decrease code blue events
 - * Decrease transfers to higher levels of care
 - * Provide optimal care and patient safety by improving our knowledge and assessment skills through routine and frequent utilization of our 10 signs of vitality initiative.
 - * Support Clinical Lab Technicians with performing ABG draws PRN during when certified Lab Technicians are not available during RRTs.
 - Continue to actively support our Intensivist group while enculturating necessary change to assure a continuum of care and service excellence is sustained.
 - Continue to work collaboratively with our Neonatologists and nursing staffs in the provision of clinical excellence resulting in optimal patient outcomes in our Neonatal population.
 - Provide necessary resources to develop a Chronic Obstructive Pulmonary Disease (COPD) management program within our acute care setting which will then transition to our Chronic Disease Management Clinic with the goal of lowering 30 day readmissions and geographic length of stays.

- Continue to support integration of Respiratory Care Practitioners (RCP's) into the expanding Emergency Department staffing mix to provide advanced clinical expertise to the ED team.
- Focus on “preventative care measures” as a platform driving respiratory health for our community through education and outreach opportunities.
- Continue to support respiratory care education for our Residents.

Quality/Performance Improvement Data

The following Quality measures are in place:

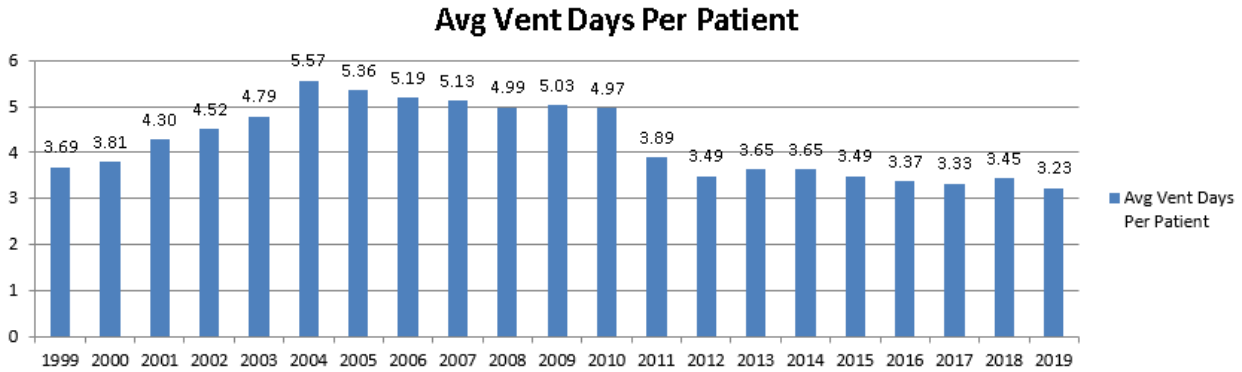
- Respiratory Care practitioners continue to work closely with Anesthesia, Cardiac Surgeons, Intensivists, and nursing staff on rapidly weaning patients post-coronary artery bypass graft (CABG) surgery in 24 hours or less. While we continue to improve we remain relentless in our pursuit and commitment to achieving The Society of Thoracic Surgeons (STS) national benchmark of 7.2%. As a direct result of our collaboration and commitment we have improved in 2019 to 8.3% which is within 1.1% of achieving the STS benchmark.



- **Average Ventilator Days Per Patient**

As a continuing reflection of the success of our collaboration with our multidisciplinary critical care team we continue to support and champion our Ventilator Acquired Pneumonia (VAP) bundle as key to continuing success with:

- Decreasing Ventilator Days
- Increase throughput
- Improving patient safety by rapid weaning and extubation
- Reduction in hospital acquired infections
- Reducing overall Hospital Length of Stay
- Reducing Direct Expense when possible



Policy, Strategic or Tactical Issues

Ideal Work Environment:

1. Provide staff with continuing education through the American Association for Respiratory Care (AARC) to help fulfill license requirements while advancing clinical knowledge in pursuit of best practices.
2. Encourage staff to advance their education by offering loan repayment for baccalaureate level achievement.
3. Provide staff with educational resources culminating in RRT-ACCS or RRT-NPS credentials.
4. Reward and recognize staff for living our Mission and Vision Statements.
5. Work collaboratively with our Medical Director on developing Respiratory Care policies, procedures and processes designed to standardize/optimize best evidence based respiratory care throughout the District.
6. Maintain an internal per diem pool of RCP's to support fluctuations in staffing in an effort to maintain uncompromising high quality care while optimizing our financial performance.
7. Develop a self-scheduling model as requested on the employee satisfaction survey.
8. Develop a clinical ladder for professional advancement based on established standards.

Service Excellence:

1. Daily rounding with staff to identify top patient care priorities with a goal of care planning to assure patient expectation are achieved and optimal outcomes met.
2. Celebrate staff achievements/contributions/recognition for supporting our Mission, Values, Goals and Behavioral Standards of Performance.
3. Weekly "newsletter" from Manager informing staff of current events/education opportunities and staff recognition.

Quality Outcomes:

1. Continue to support VAE improvement process.
2. Work collaboratively with District Leaders on hardwiring Kaweah Care initiatives
3. Continue to support/manage our quality initiatives resulting in our exceeding HCAPS benchmarks.

Financial Strength:

1. Manage personnel resources and supply utilization to achieve productivity/financial goals set forth during the annual budget development process.
2. Continue to monitor and assess technological/professional advancements that add value, operational efficiency and have potential to increase profitability.
3. Validate value in all aspects of care and service.

Recommendations/Next Steps

1. Continue to recognize and reward staffs for walking the talk.
2. Development of education program for managing COPD in our acute care population that will transition to our Chronic Disease Management Clinic.
3. Challenge every RCP with developing two cost saving initiatives per year.
4. Develop a plan to move all CRTs to RRT credential.

Conclusions

Although faced with wide variations in patient care demands our respiratory care service continues to provide exceptional acute, critical, emergent, rehabilitative, and Sub-Acute Care for the communities we serve.

Top priorities for 2020:

- Staff recognition, reward, satisfaction, education and professional development.
- Continue to work with the physician group from Valley Children's Hospital to advance our expertise with caring for our pediatric population.
- Continue to support our Intensivist group through sustaining strong working relationships, shared vision, and standardized ventilator management.
- Sustain optimal clinical care and expertise designed to enhance Physician satisfaction and collaboration.
- Closely monitor vital clinical indicators/core measures to assure optimal patient safety, outcomes, experiences, operational efficiency and profitability.
- Continue to emphasize our professional paradigm shift to preventative health care management of Cardio-Pulmonary Disease for the communities we serve.

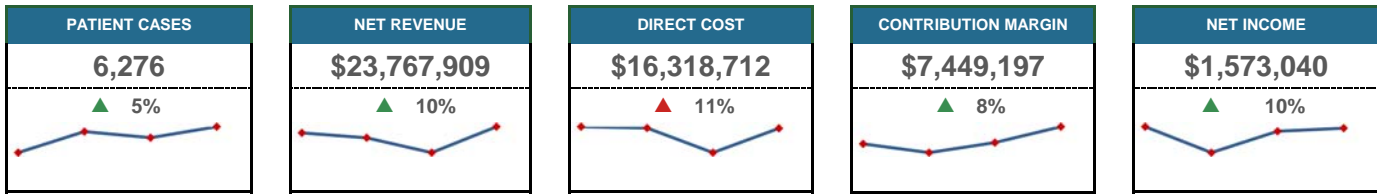
KDHCD ANNUAL BOARD REPORT

Respiratory Services - Summary

FY2020 Annualized

* FY 2020 Annualized on the 6 months ended December 31, 2019

KEY METRICS - FY 2020 ANNUALIZED



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

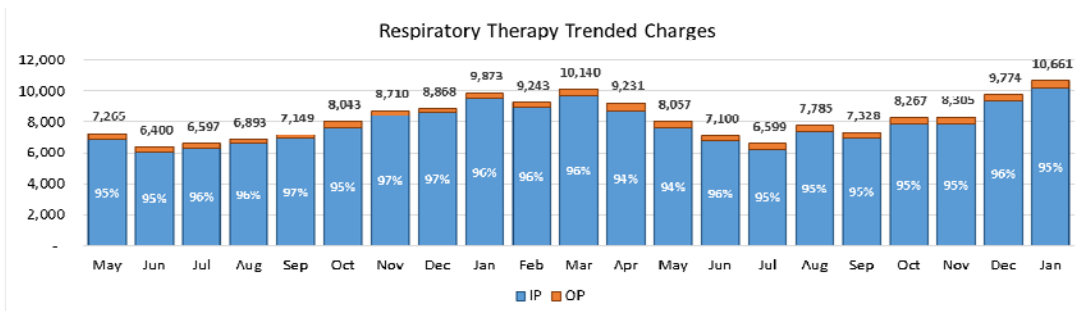
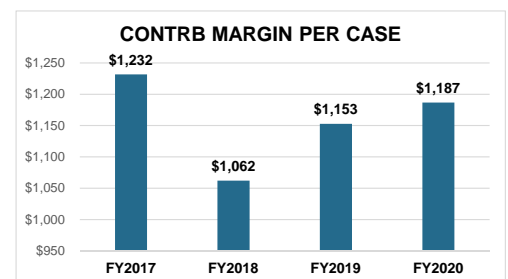
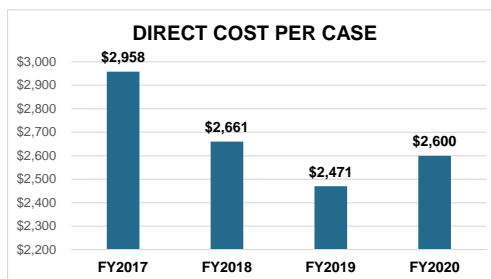
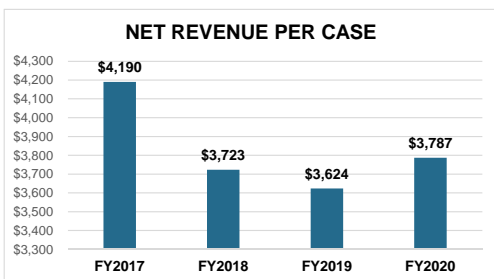
METRICS BY SERVICE LINE - FY 2020 ANNUALIZED

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
PULMONARY INPATIENT	1,956	\$21,613,426	\$14,749,155	\$6,864,271	\$1,570,285
PULMONARY FUNCTION OUTPATIENT	1,258	\$332,944	\$135,416	\$197,528	\$113,521
OUTPATIENT EEG	364	\$77,969	\$89,068	(\$11,099)	(\$35,795)
SLEEP DISORDERS CENTER OUTPATIENT	2,698	\$1,743,570	\$1,345,073	\$398,497	(\$74,972)
RESPIRATORY SERVICES TOTAL	6,276	\$23,767,909	\$16,318,712	\$7,449,197	\$1,573,040

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2017	FY2018	FY2019	FY2020	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	5,551	6,139	5,970	6,276	▲ 5%	
NET REVENUE	\$23,259,783	\$22,856,409	\$21,633,413	\$23,767,909	▲ 10%	
DIRECT COST	\$16,421,611	\$16,335,072	\$14,750,156	\$16,318,712	▲ 11%	
CONTRIBUTION MARGIN	\$6,838,172	\$6,521,337	\$6,883,257	\$7,449,197	▲ 8%	
INDIRECT COST	\$5,197,049	\$6,066,213	\$5,452,174	\$5,876,157	▲ 8%	
NET INCOME	\$1,641,123	\$455,124	\$1,431,083	\$1,573,040	▲ 10%	
NET REVENUE PER CASE	\$4,190	\$3,723	\$3,624	\$3,787	▲ 5%	
DIRECT COST PER CASE	\$2,958	\$2,661	\$2,471	\$2,600	▲ 5%	
CONTRB MARGIN PER CASE	\$1,232	\$1,062	\$1,153	\$1,187	▲ 3%	

GRAPHS



Note: Selection Criteria: Kaweah Delta Medical Center Inpatient Pulmonary Service Line and Outpatient Service Line 1 Respiratory Services.

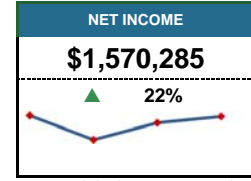
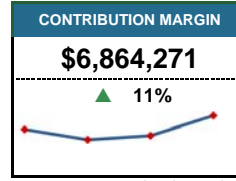
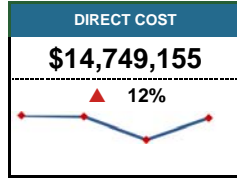
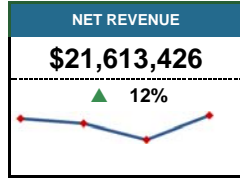
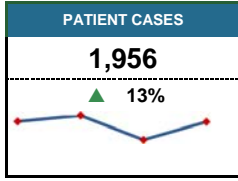
KDHCD ANNUAL BOARD REPORT

Respiratory Services - Pulmonary

FY2020 Annualized

* FY 2020 Annualized on the 6 months ended December 31, 2019

KEY METRICS - FY 2020 ANNUALIZED

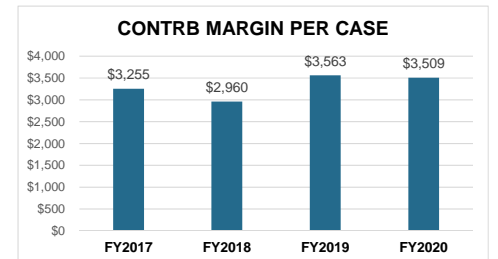
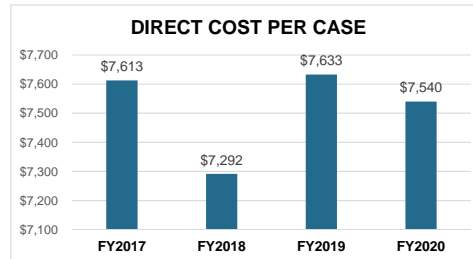
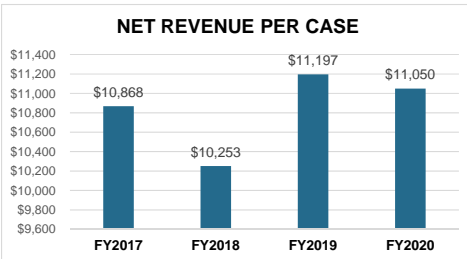


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2017	FY2018	FY2019	FY2020	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	1,961	2,036	1,731	1,956	▲ 13%	
PATIENT DAYS	9,539	9,535	7,916	8,284	▲ 5%	
ALOS	4.86	4.68	4.57	4.23	▼ -8%	
NET REVENUE	\$21,312,794	\$20,874,144	\$19,381,703	\$21,613,426	▲ 12%	
DIRECT COST	\$14,928,874	\$14,846,901	\$13,213,539	\$14,749,155	▲ 12%	
CONTRIBUTION MARGIN	\$6,383,919	\$6,027,242	\$6,168,164	\$6,864,271	▲ 11%	
INDIRECT COST	\$4,766,775	\$5,519,898	\$4,884,904	\$5,293,986	▲ 8%	
NET INCOME	\$1,617,145	\$507,345	\$1,283,260	\$1,570,285	▲ 22%	
NET REVENUE PER CASE	\$10,868	\$10,253	\$11,197	\$11,050	▼ -1%	
DIRECT COST PER CASE	\$7,613	\$7,292	\$7,633	\$7,540	▼ -1%	
CONTRB MARGIN PER CASE	\$3,255	\$2,960	\$3,563	\$3,509	▼ -2%	

PER CASE TRENDED GRAPHS

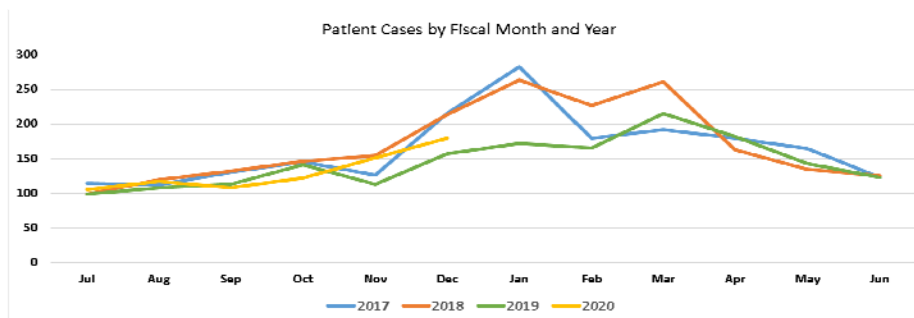
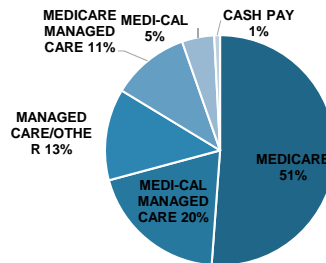


Note: FY2020 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND

PAYER	FY2017	FY2018	FY2019	FY2020
MEDICARE	55%	56%	54%	51%
MEDI-CAL MANAGED CARE	19%	18%	19%	20%
MANAGED CARE/OTHER	12%	9%	9%	13%
MEDICARE MANAGED CARE	9%	12%	11%	11%
MEDI-CAL	4%	4%	5%	5%
CASH PAY	0%	1%	0%	1%
WORK COMP	0%	0%	0%	0%
TULARE COUNTY	0%	0%	0%	0%

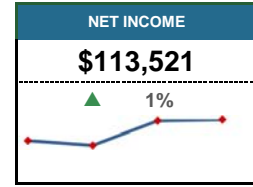
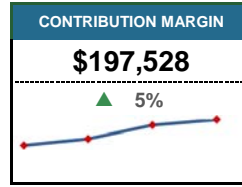
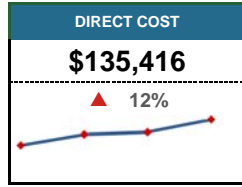
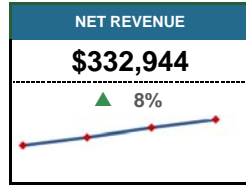
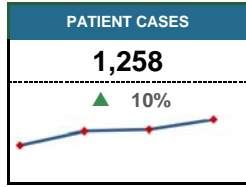
FY 2020 PAYOR MIX - Annualized



Note: Customized annualization numbers were calculated to account for seasonality during flu season that occurs in the second half of the fiscal year. The volume trend for the current fiscal year was applied, which was a 7.0% increase in patient cases and a 4.5% decrease in days, measured between July - December of 2019 versus July - December of 2018. A three year average for charges, net patient revenue and costs were then multiplied by the volume projections for the latter half of FY 2020.

* FY 2020 Annualized on the 6 months ended December 31, 2019

KEY METRICS - FY 2020 ANNUALIZED

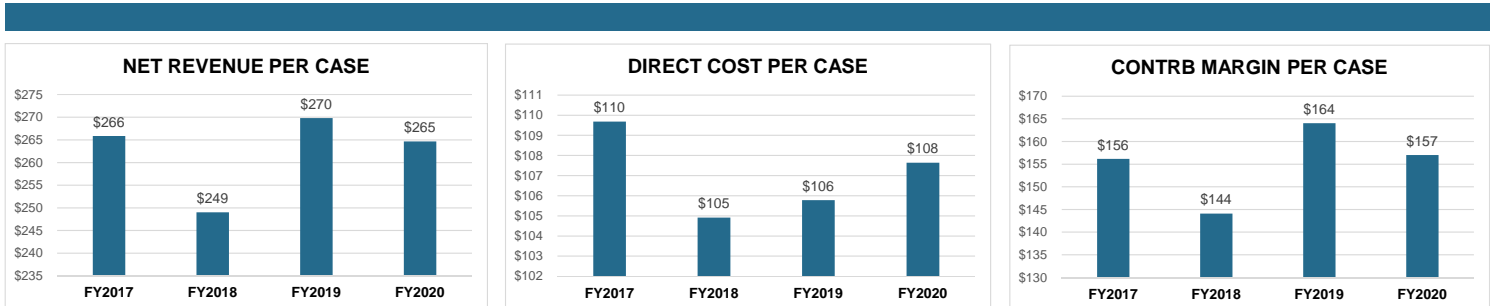


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2017	FY2018	FY2019	FY2020	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	964	1,127	1,143	1,258	▲ 10%	
NET REVENUE	\$256,292	\$280,654	\$308,422	\$332,944	▲ 8%	
DIRECT COST	\$105,735	\$118,246	\$120,913	\$135,416	▲ 12%	
CONTRIBUTION MARGIN	\$150,557	\$162,408	\$187,509	\$197,528	▲ 5%	
INDIRECT COST	\$60,584	\$77,851	\$75,345	\$84,006	▲ 11%	
NET INCOME	\$89,973	\$84,557	\$112,164	\$113,521	▲ 1%	
NET REVENUE PER CASE	\$266	\$249	\$270	\$265	▼ -2%	
DIRECT COST PER CASE	\$110	\$105	\$106	\$108	▲ 2%	
CONTRB MARGIN PER CASE	\$156	\$144	\$164	\$157	▼ -4%	

PER CASE TRENDED GRAPHS

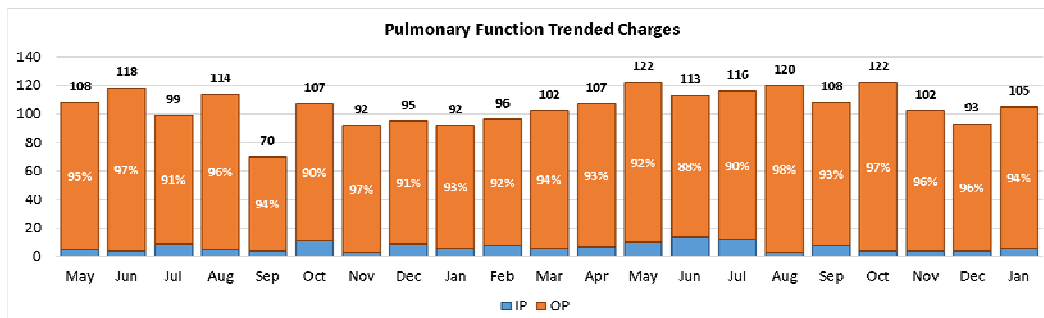
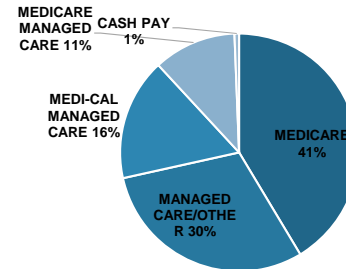


Note: FY2020 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND

PAYER	FY2017	FY2018	FY2019	FY2020
MEDICARE	45%	46%	40%	41%
MANAGED CARE/OTHER	32%	27%	32%	30%
MEDI-CAL MANAGED CARE	12%	15%	15%	16%
MEDICARE MANAGED CARE	10%	11%	12%	11%
CASH PAY	0%	0%	0%	1%
MEDI-CAL	1%	0%	0%	0%
WORK COMP	0%	0%	1%	0%
TULARE COUNTY	0%	0%	0%	0%

FY 2020 PAYOR MIX - Annualized



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

Sleep Disorders Center

Steven L. Hensley, RN, RRT, Director, (559) 624-2427
Eric Altamirano, RPSGT, RCP, Manager (559) 624-6797
February 2020

Summary Issue/Service Considered

1. Continue to develop and achieve optimum balance of priorities that provide and sustain high quality care, outstanding service, regulatory compliance and profitability while sustaining an Ideal Work Environment.
2. Ensuring our Sleep Disorders Center continues to provide a full complement of sleep testing services that support the needs of our communities as a District Center of Excellence.
3. Continue to support/provide education for our community, physicians and residents regarding the benefits of preventative management of sleep disorders to mitigate long term risks associated with developing heart failure, hypertension, diabetes, and kidney disease in our at risk populations.

Analysis of Financial/Statistical Data:

While Sleep Disorders Center financial results are currently down slightly from FY 2019, the two-year results for the Sleep Disorders Center show a 5% increase in volumes, a 19% increase in contribution margin and an improved net loss. At the same time, Home Sleep Testing has increased over time but is holding steady at approximately 30% to 40% of the business. On the payer side, Sleep Disorders Center saw a reduction in Medi-Cal Managed Care business in FY 2019, but currently back at FY 2018 levels. Managed Care patients continue to hold a strong 40% of the volume, while Medicare volumes are trending down slightly.

Quality/Performance Improvement Data

The following Quality measures have been developed based on American Academy of Sleep Medicine (AASM) standards to ensure the highest quality care is delivered to patients with sleep disordered breathing.

Monitoring and Reporting: The Sleep Center Performance Improvement (PI) program monitors and reports the following biannually to our Prostaff Committee:

Report Timeliness:

Time from the date of study to the date of dictation. The Sleep Disorder Center (SDC) standard is 15 days or less. The PI threshold for total timeliness is $\geq 90\%$

Hook Up Procedure:

Quality of electrode/ sensor application and the resulting quality of signal acquisition. The PI threshold for hook up quality is $\geq 90\%$ for all American Board of Sleep Medicine (ABSM) cases.

Adequacy of Positive Airway Pressure (PAP) Titration:

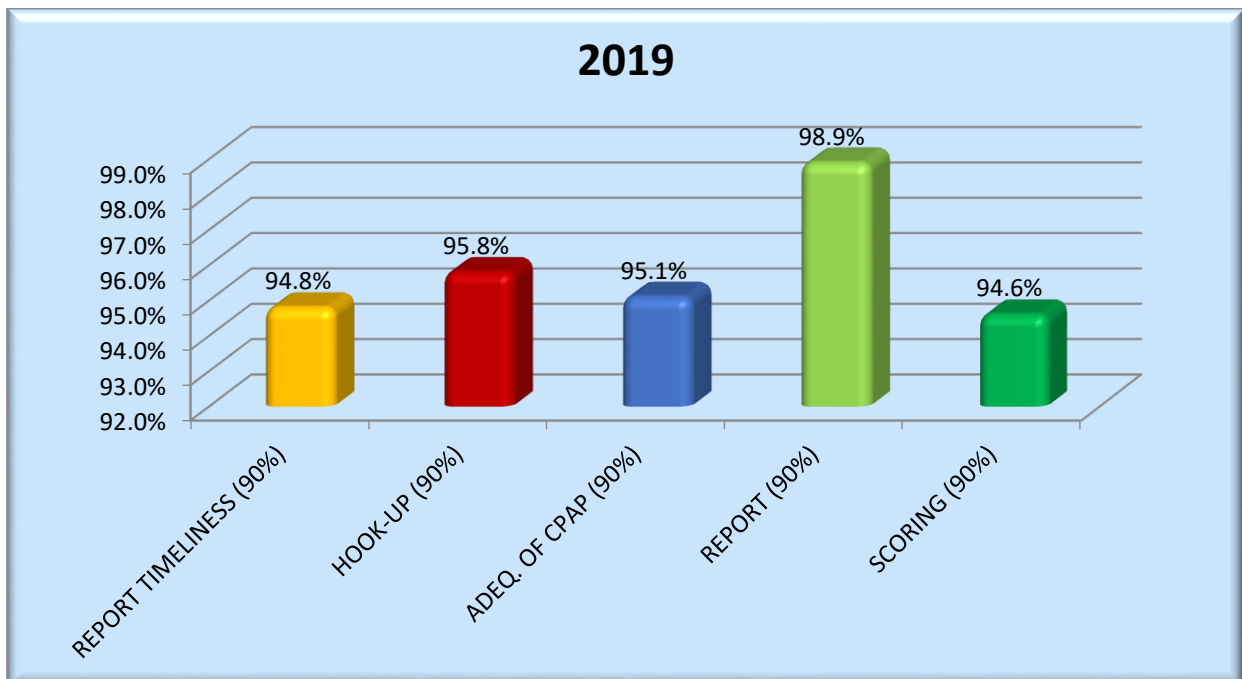
Patients receive expert assessment and intervention with optimal application of PAP ranges to correct obstructive sleep disorders. The Performance Improvement (PI) threshold for adequacy of PAP titration is $>90\%$ as established by the ABSM.

Reporting:

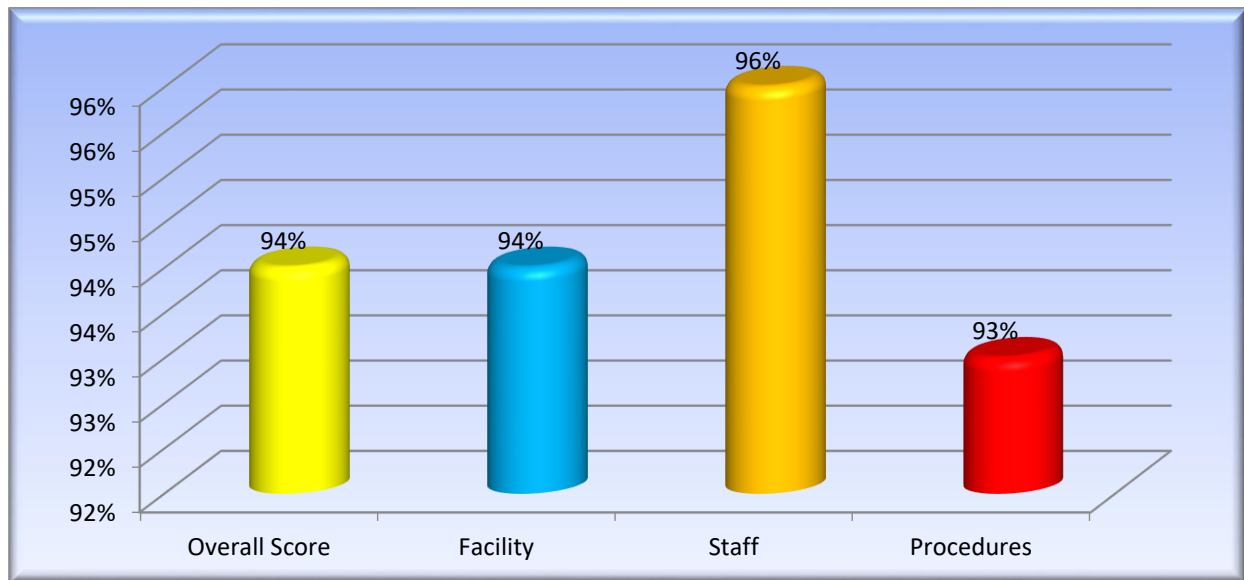
There must be correlation between the preliminary technical report generated by the Sleep Technologist and the final report generated by the scoring Sleep Physician specific to the severity of sleep disordered breathing. The PI threshold for agreement is $>90\%$ as established by the ABSM.

Scoring:

All sleep studies will be assessed for quality of signals/data, sleep staging, event recognition, appropriateness of interventions and identification of sleep disordered breathing with severity by Certified Technical and Professional Staffs. The PI threshold for the quality of technical scoring is $>90\%$ as established by the ABSM.



Monitoring and Reporting: Sleep Center Patient Satisfaction Program, consists of a satisfaction survey that is mailed to every sleep center patient. We monitor and report quarterly on the following:



Facility Score: Accessibility, cleanliness, amenities and comfort of the sleep center. Threshold score is >90%

Staff Score: Staff friendliness, attentiveness, professionalism and knowledge of the service provided center. Threshold score is >90%

Procedure: Scheduling, technical explanation, testing procedure. Threshold score is >90%

Policy, Strategic or Tactical Issues

1. Continue to monitor and implement latest Centers for Medicare & Medicaid Services (CMS) reimbursement guidelines.
2. Carefully monitor overall polysomnography reimbursement in an effort to sustain profitability including the monitoring and efficient management of Medi-Cal (payer) sources
3. Continue to stay abreast of Home Sleep Study trends and potential impact on In-Lab testing
4. Medical Director will continue to be actively engaged in educating both our community and the providers we serve.
5. Initiate plan for application for AASM Recertification starting June 2021 with final reaccreditation in March 2022.

Recommendations/Next Steps

1. Continue to provide an ideal work environment for staff.
2. Develop and maintain an efficient budget that allows for both high quality diagnostic services, excellent patient outcomes and increased profitability.

3. Continue to meet or exceed quality benchmarks.
4. Maintain and or implement new practice standards set forth by the AASM.
5. Continue to work closely with our Medical Director in the ongoing development, planning and implementation of sleep disorder services that optimize diagnostic evaluation, treatment and preventative health care for our community.
6. Continue to respond to Medicare/Medi-Cal initiatives related to reimbursement for sleep testing at the State and National levels in order to optimally align our services with financial viability.

Conclusions

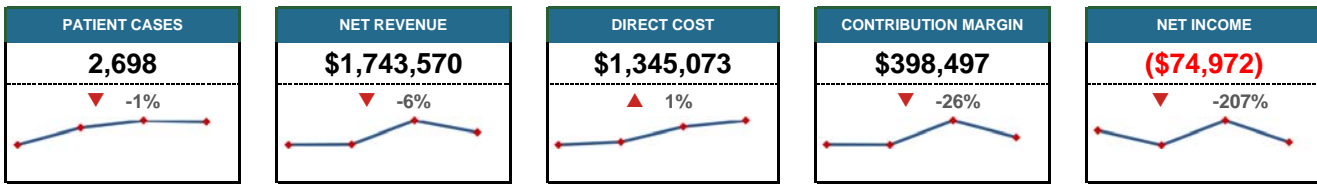
1. Continue working to overcome financial challenges with identified payer groups.
2. Home Sleep Testing growth has stabilized for 2018, 2019 at or near 1000 studies annually.
3. In lab testing volumes continue to remain stable even with our increasing Home Sleep Testing, increasing insurance standards and increased volume.
4. Sustain staff job satisfaction score at 92% or greater
5. Maintain patient experience scores >90%

Top Priorities for 2020:

- Patient and Provider satisfaction.
- Staff recognition, job satisfaction, reward, education and professional development
- Continue the provision of highest quality sleep testing in the Valley.
- Focus on Physician education (Medical staff/GME) specific to Sleep Medicine.
- Focus on preventative medicine specific to Sleep Disordered Breathing.
- Remain provider of choice for sleep testing.
- Continue to improve financial strength through further expansion of our HST program.
- Acquire and gain the confidence of new referral sources within our community

* FY 2020 Annualized on the 6 months ended December 31, 2019

KEY METRICS - FY 2020 ANNUALIZED

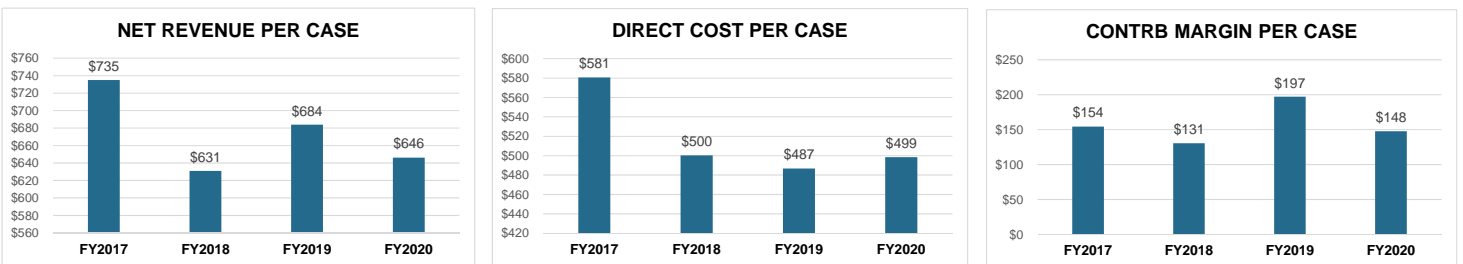


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2017	FY2018	FY2019	FY2020	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	2,196	2,566	2,726	2,698	-1%	
NET REVENUE	\$1,614,064	\$1,619,168	\$1,864,219	\$1,743,570	-6%	
DIRECT COST	\$1,275,014	\$1,283,788	\$1,326,866	\$1,345,073	1%	
CONTRIBUTION MARGIN	\$339,050	\$335,381	\$537,353	\$398,497	-26%	
INDIRECT COST	\$336,081	\$431,585	\$467,083	\$473,469	1%	
NET INCOME	\$2,969	(\$96,205)	\$70,271	(\$74,972)	-207%	
NET REVENUE PER CASE	\$735	\$631	\$684	\$646	-6%	
DIRECT COST PER CASE	\$581	\$500	\$487	\$499	2%	
CONTRB MARGIN PER CASE	\$154	\$131	\$197	\$148	-25%	

PER CASE TRENDED GRAPHS

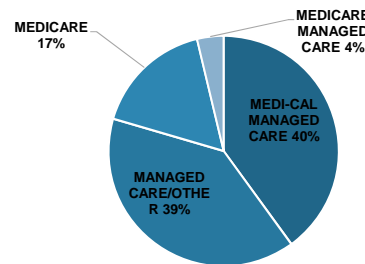


Note: FY2020 is annualized in graphs and throughout the analysis

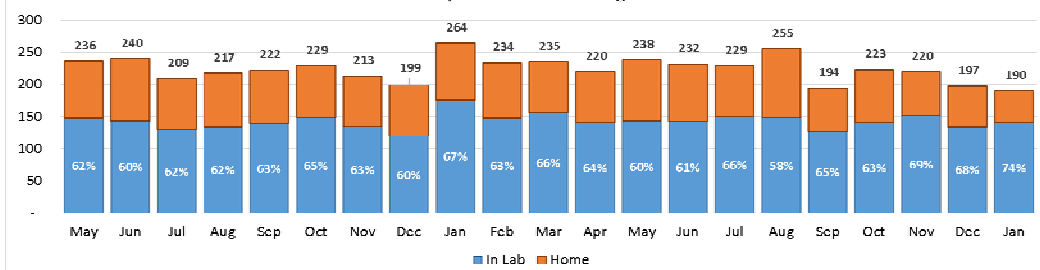
PAYER MIX - 4 YEAR TREND

PAYER	FY2017	FY2018	FY2019	FY2020
MEDI-CAL MANAGED CARE	34%	39%	29%	40%
MANAGED CARE/OTHER	40%	34%	44%	39%
MEDICARE	21%	22%	22%	17%
MEDICARE MANAGED CARE	4%	3%	4%	4%
CASH PAY	0%	0%	0%	0%
MEDI-CAL	1%	1%	0%	0%
WORK COMP	1%	0%	0%	0%
TULARE COUNTY	0%	0%	0%	0%

FY 2020 PAYOR MIX - Annualized

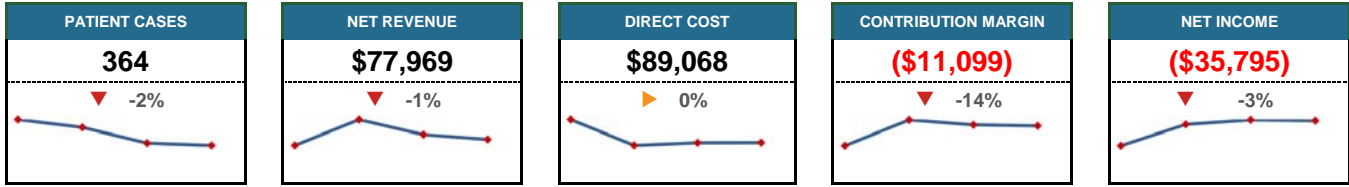


Sleep Lab Trended Charges



* FY 2020 Annualized on the 6 months ended December 31, 2019

KEY METRICS - FY 2020 ANNUALIZED

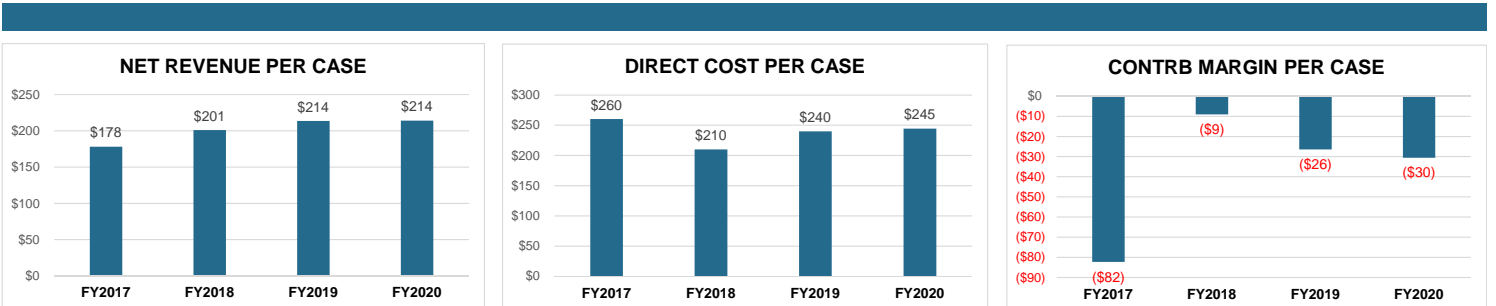


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2017	FY2018	FY2019	FY2020	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	430	410	370	364	-2%	
NET REVENUE	\$76,634	\$82,443	\$79,068	\$77,969	-1%	
DIRECT COST	\$111,988	\$86,137	\$88,838	\$89,068	0%	
CONTRIBUTION MARGIN	(\$35,354)	(\$3,694)	(\$9,770)	(\$11,099)	-14%	
INDIRECT COST	\$33,609	\$36,879	\$24,842	\$24,696	-1%	
NET INCOME	(\$68,963)	(\$40,573)	(\$34,612)	(\$35,795)	-3%	
NET REVENUE PER CASE	\$178	\$201	\$214	\$214	0%	
DIRECT COST PER CASE	\$260	\$210	\$240	\$245	2%	
CONTRB MARGIN PER CASE	(\$82)	(\$9)	(\$26)	(\$30)	-15%	

PER CASE TRENDED GRAPHS

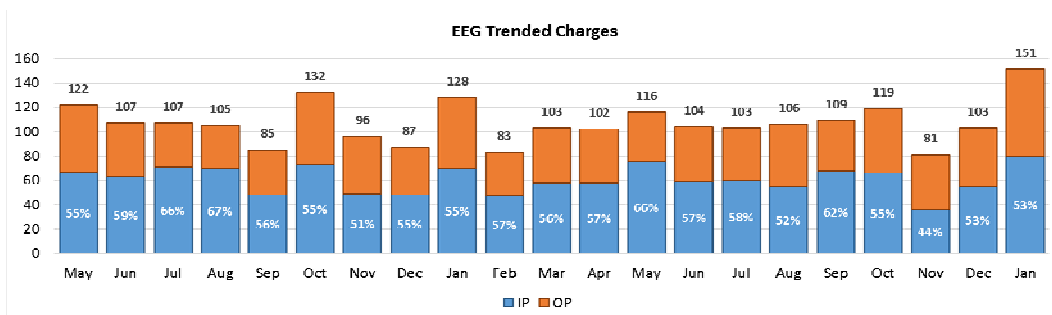
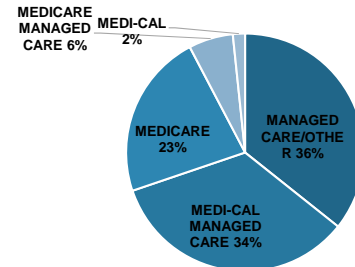


Note: FY2020 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND

PAYER	FY2017	FY2018	FY2019	FY2020
MANAGED CARE/OTHER	26%	35%	39%	36%
MEDI-CAL MANAGED CARE	42%	34%	29%	34%
MEDICARE	25%	25%	23%	23%
MEDICARE MANAGED CARE	5%	6%	7%	6%
MEDI-CAL	2%	0%	1%	2%
CASH PAY	0%	0%	1%	0%
WORK COMP	0%	0%	0%	0%
TULARE COUNTY	0%	0%	0%	0%

FY 2020 PAYOR MIX - Annualized



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

**Sequoia Surgery Center
February 2020**

**Gary Herbst, CEO
624-2330**

Summary Issue/Service Considered

Sequoia Surgery Center (SSC), a California limited liability company (LLC), was formed on August 1, 2010 upon the merger of Cypress Surgery Center (CSC) and the Center for Ambulatory Medicine & Surgery (CAMS). SSC operates a four-suite ambulatory surgery center, performing approximately 5,600 outpatient surgeries and endoscopic procedures each year. Surgery services include orthopedics, general, gynecological, urological, plastic, podiatric, pain management and ENT. SSC gastroenterologists also perform a significant number of endoscopic procedures at the Center, primarily colonoscopies, which accounted for approximately 28% of SSC's annual case volume in 2019.

SSC is owned by seventeen (17) surgeons and Kaweah Delta Health Care District. SSC is owned 69.4% by physicians and 30.6% by the District. SSC is governed and managed by a formal Board of LLC members, including the District, elected to the Board by the LLC members, and is jointly chaired by Drs. Alex Lechtman and Burton Redd. Director Herb Hawkins serves as the District representative on the SSC Board of Members. Anesthesiology services are provided by independent anesthesiologists. Dr. Burton Redd, orthopedic surgeon, serves as SSC's Medical Director, and Tricia Vetter, a former charge nurse with Kaweah Delta Health Care District, was recently appointed as the Center's new Administrator during 2019 (replacing Gina Mayo who retired during the year).

In conjunction with the merger of CSC and CAMS, CSC created a separate limited liability company, Cypress Company, LLC (CyCo), to which it transferred all real estate assets (land and building), along with the associated mortgage debt, as well as cash, accounts receivable and certain debt incurred with the buy-out of partner interests. CyCo leases the surgery facility to SCC under a long-term operating lease. CyCo is owned by ten (10) surgeons (all former members of CSC) and Kaweah Delta Health Care District. CyCo is owned 60.0% by physicians and 40.0% by the District.

Financial/Statistical Information

January 1 to December 31 (Compiled Financial Statements):

Year	Case Volume	Net Revenue	Operating Costs	Net Income
2019	5,583	\$11,995,271	\$10,178,721	\$1,816,550
2018	5,004	10,684,620	9,352,295	1,332,325

Quality/Performance Improvement Data

1. SSC is fully accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). AAAHC awards three-year accreditations similar to the JCAHO. SSC was last surveyed by AAAHC in October 2017, and is preparing for an expected re-accreditation survey, likely to occur during the latter part of this year. There are a number of Environment of Care matters identified during the last survey (generally all related to electrical infrastructure) that are currently being addressed by management and our expected to be fully resolved by survey time.

Policy, Strategic or Tactical Issues

1. SSC's primary competition for outpatient surgery includes the District, Sierra Pacific Orthopedic Center (Fresno), and private physician offices.
2. SSC's primary strategy for growing and retaining its business is to selectively offer ownership interests to active, community surgeons with an interest in actively managing and using the Center. Additionally, SSC management and physician leaders actively reach out to new physicians that enter the marketplace, offering SSC as an alternative to Kaweah Delta and other surgical facilities. During this past year, SSC sold ownership interests to the following physicians: Seth Criner, orthopedic surgeon; Jason Mihalcin, orthopedic surgeon; Kyle Potts, general surgeon; and Kazi Rahman podiatrist. Dr. Jim Guadagni and Dr. Don Schengel, orthopedic surgeons, sold their ownership interests back to SSC in connection with their retirements.
3. During this past year, SSC discovered the presence of significant water damage to its facility's roof, walls and internal infrastructure, apparently caused by flaws in the original design and construction of the facility, and engaged Seals Construction to complete the necessary repairs and renovations. At a total cost of approximately \$1.0 million, the work has been fully completed. Citizens' Business Bank financed the project with a line of credit secured by the real estate and personal guarantees of the physician owners of CyCo. CyCo was solely responsible for the cost of these repairs.
4. In conjunction with item #3, SSC and CyCo have also been evaluating the physical expansion of its facility to create a dedicated comprehensive outpatient GI center. This interest and opportunity was solidified by Kaweah Delta's decision to not build a free-standing GI Center on the west side of its downtown hospital campus but rather to pursue a joint-venture expansion with SSC and CyCo. After considerable study and

analysis, the SSC and CyCo owners have recently agreed to modify their original plans for a new endoscopy center and are now supporting the construction of a new 4-suite ambulatory surgical center to be located approximately 30 feet from the current SSC facility. This facility is projected to cost approximately \$13.0 million and will add 16,000 square feet to the SSC/CyCo campus. Citizen's Business Bank has agreed to provide both the construction and permanent financing. Plans are currently being developed with the Darden architectural firm. It is likely that the physician owners will invest a minimum of \$800,000 in the project and will look to Kaweah Delta to fund the remaining \$1.8 million of equity investment required by the Bank, thereby increasing Kaweah Delta's ownership stake above its current 40%.

Recommendations/Next Steps/Approvals/Conclusions

SSC will continue to emphasize high-quality, customer-oriented, and personal outpatient surgery services to physicians and patients of Visalia with the objective of differentiating itself from the more institutional feel of a large hospital system. It will actively evaluate opportunities to recruit new physicians to its Center and offer membership ownership opportunities when appropriate. It will continue to evaluate low margin services and replace them with high margin services. It will continue to evaluate opportunities to reduce supply costs through consolidation or change of vendors and more efficient utilization and it will focus on improving overall economies of scale made possible by the merger of CSC and CAMS. Lastly, SSC and CyCo will move forward with the development of a new ASC addition to their campus which will also include the offering of new equity ownership opportunities to SSC physicians not currently invested in CyCo.

Policy Submission Summary

Manual Name: Administrative Policy			Date: February 2020
Support Staff Name: Cindy Moccio			
Policy/Procedure Title	#	Status (New, Revised, Reviewed, Deleted)	Name and Phone # of person who wrote the new policy or revised an existing policy
Cash Control	AP146	Revised	Malinda Tupper
Code of Ethical Behavior	AP70	Revised	Ben Cripps
Property Acquisition, Sales, and Leasing	AP181	New	Marc Mertz
Quality Improvement Plan	AP41	Revised	Sandy Volchko
Patient Safety Plan	AP75	Reviewed	Sandy Volchko



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

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

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

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

PROCEDURE:

I. Dual Custody/Segregation of Duties

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

II. Currency Verification

- a. In all instances, verification of currency in accordance with the Currency Verification policy, AP 144.
- III. Authorization of Employees to Accept Payments
- a. Leadership can submit a request through HR Online to grant security access to the current payment system for authorized employees.
 - b. Each employee must complete cash controls training and testing via HR Online, prior to obtaining authorization to accept payments.
- IV. Security of Keys, Passwords and Safe Combinations
- a. Employees accepting payments are required to sign an agreement form, which states they will not share safe combinations, keys or passwords with other staff members.
 - b. A blank copy of the agreement is available on the KDNET in the Cash Control section of Department Policies.
 - c. When an employee separates from the organization, their Director or Manager will ensure to revoke the employee's system access and passwords, in a timely manner and collect all keys to cash boxes, drawers or cash rooms. If keys are uncollectable, locks must be re-keyed to safeguard District assets and safe combinations will change in a timely manner when an employee with the combination separates the facility.
- V. Physical Security of Cash Drawers and Payments
- a. All payments received in the District, must be placed in a lockable cash drawer immediately after receipt.
 - i. Each cash drawer must be locked and secured at all times
 - ii. The key to the cash drawers should be limited to the individual the drawer is assigned to
 - iii. If a cash drawer is inside a locked file cabinet or office, personnel who have keys to the cash drawer should not have keys to the file cabinet or office.
 - iv. Cash drawers shall not be shared amongst individuals concurrently. Failure to adhere to this protocol may result in disciplinary action.
- VI. Security of Drop Safes
- a. Working security cameras are installed and monitored in areas where safes are located.
 - b. If a security risk has been identified by members of Leadership, additional security cameras are installed
 - i. If a security camera is not available, the safe must be located in a high traffic area for visibility.
 - ii. If the safe is located in a closed room or office, the individual with the combination to the safe must not have a key to the room or be allowed unsupervised access to the room
- VII. Transportation of District Funds
- a. Locked security bags are to be used at all times when transporting money from one area to another.

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

VIII. Frequency of Deposits

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

IX. Safe Drop Logs

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

X. Change Funds

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

XI. Notifications

- a. Communication should occur immediately when one of the following instances occur:
 - i. Changes in the courier schedule
 - ii. An absence of personnel whose absence will impact cash controls or delay drops
 - iii. A missed pick-up from a courier
 - iv. Cash or other payments have been identified as missing
 - v. Suspicion of inappropriate cash handling activities
 - vi. At the Department Director's discretion.
- b. If a cash drawer has a shortage or overage, staff should notify their Leadership immediately. Failure to adhere to this process may result in disciplinary action.

XII. Reconciliation, Reviews and Audits

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

XIII. Returns and Refunds

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

REFERENCE: Cash Receipts Policy AP.121

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



Policy Number: AP70	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Code of Ethical Behavior	

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

POLICY: The Governing Board of Kaweah Delta Health Care District (“Kaweah Delta”) has established this statement of organizational ethics in recognition of the institution’s responsibility to its patients, employees, physicians, and the community it serves. It is the responsibility of every member of this hospital community – governing board member, administration, medical staff members, and employees – to act in a manner that is consistent with this policy and its supporting policies. The behavior of all members of this hospital community will be guided by the following principles:

1. All patients, employees, physicians, and visitors deserve to be treated with dignity, respect, and courtesy.
2. Kaweah Delta will fairly and consistently represent itself and its capabilities.
3. Kaweah Delta will provide services to meet the identified needs of its patients and will constantly seek to avoid providing those services that are unnecessary or ineffective.
4. Kaweah Delta will observe a uniform standard of care throughout the organization.
5. Kaweah Delta will promote the delivery of high quality and cost effective healthcare.
6. Kaweah Delta’s Code of Conduct reflects Kaweah Delta’s commitment to providing high quality services to its patients, and its commitment to ethical and legal business practices.

PROCESS: The District will constantly strive to follow and expand on these principles.

I. Admissions, transfer, and discharge

Regardless of the settings in which this organization provides patient services, we will follow well-designed standards of care based upon patient needs. We will provide services only to those patients for whom this organization can safely provide care. Even as we work to provide care in a more economical manner to patients and providers, we will strive to provide care that meets Kaweah Delta’s own standards of quality. Written criteria will guide caregivers in deciding to admit, treat, transfer, or discharge patients.

We will not turn patients away who are in need of Kaweah Delta services because they are unable to pay or because of any other factor that is substantially unrelated to patient care.

Conversely, employees may not provide clinical treatment to individuals who are not Kaweah Delta patients (co-workers, family members). Except in emergent situations when delegation of treatment is not possible, employees must transfer treatment/care of their family to a co-worker. Examples of inappropriate acts include:

- Employees providing treatment to a co-worker who is not a registered Kaweah Delta patient
- Misappropriation of Kaweah Delta resources (using supplies, tests, and medications for personal use)
- Conducting a lab draw for your spouse on a unit instead of referring your spouse to the lab draw station
- Drawing your spouses lab at home and bringing it to the facility for testing

II. Marketing

Kaweah Delta will fairly and accurately represent itself and its capabilities.

III. Respect for the patient

We will treat all patients with dignity, respect, and courtesy. All patients (or their significant others) will be involved – to the extent that is practical and possible – in decisions regarding the care that we deliver. We will inform patients about alternative therapies and the risks associated with the care we offer them. We will seek to understand and respect their objectives for care. We will communicate openly and honestly with patients, their family members and/or the person they designate as their caregiver.

IV. Resolution of conflict in patient care decisions

We recognize that conflicts might arise among those who participate in hospital and patient care decisions. Whether this conflict is between members of the administration, medical staff, employees, or governing board members, or between patient caregivers and the patients, we will seek to fairly and objectively resolve all conflicts. In cases where mutual satisfaction cannot be achieved, it is the policy of this Board to involve the Administrator On Call or the Director of Risk Management to oversee resolution of the conflict. (See AP.08 Complaint and Grievance Policy). Other staff and second opinions will be involved as needed to pursue a mutually satisfactory resolution.

V. Recognition of potential conflicts of interest

We understand that the potential for conflict of interest exists for decision makers at all levels throughout Kaweah Delta – including governing board members, administration, the medical staff, and all other employees. It is Kaweah Delta's policy to request the disclosure of potential conflicts of interest so that any appropriate action be taken to ensure that the conflict does not inappropriately influence important decisions.

Governing Board members, administration, and medical staff leaders are required to submit an annual disclosure form and to disclose potential conflicts related to decisions that arise during the course of a year. The Executive Leadership, Governing Board or the Medical Executive Committee will review potential conflicts and take appropriate action. In the event a potential conflict of interest has a direct impact on patient care, the institution may convene an Ethics Committee meeting to assist in the resolution of the issue.

VII. Fair billing practice

Kaweah Delta will invoice patients or third parties only for services actually provided to patients, and will provide assistance to patients seeking to understand the cost of their care. The District will attempt to resolve questions and objections of patients while considering the institution's best interests as well.

VIII. Confidentiality

Kaweah Delta recognizes the extreme need to maintain the confidentiality of patient-related information as well as other information. As such, patient information will not be shared in an unauthorized manner, and sensitive information concerning personnel and management issues will be maintained in the strictest confidence and accessible only to those individuals authorized to review and act upon such information.

IX. Integrity

Clinical decision making is based on patient need without regard to how the hospital compensates its leaders, managers, clinical staff, and licensed independent practitioners.

Underlying each of the above principles is our overall commitment to act with integrity in all of Kaweah Delta's activities and to treat employees, patients, visitors, physicians and the many constituents we serve with utmost respect. Kaweah Delta's Code of Conduct is a real expression of Kaweah Delta's commitment to integrity, accountability and excellence. The Code establishes the variety of legal, professional and ethical standards that govern and regulate the work of Kaweah Delta, its employees, physicians and volunteers.

X. Related policies and documents

1. The following related policies and procedures and other documents provide further and specific guidance for ethical conduct at Kaweah Delta Health Care District: Advance Directives; AP.112
2. Bioethics Committee; AP.097
3. Patient Self-Determination Act and Self-Directives; AP.055
4. Patient Placement Guidelines; AP.115
5. Public Release of Patient Information; AP.103
6. Public Relations, Marketing and Media Relations; AP.006
7. Patient Privacy/Use and Disclosure of Patient Information; AP.107
8. Conflict of Interest; AP.023
9. Complaint and Grievance Management; AP.008

10. Organ and Tissue Donation; CP.49
11. Review of Billing Practices; CP.02
12. Patient Rights and Responsibilities; AP.053
13. Discharge Planning; CC.03
14. Plan for Provision of Patient Care
15. Chain of Command for Resolving Clinical Issues; NS.05
16. Withholding/Withdrawing Life-Sustaining, Pre-Hospital; DNR PR.02
17. District Mission and Vision Statements
18. Do not Resuscitate; PR;02
19. Informed Consent Verification; PR.05
20. Complaint and Grievance Policy; AP.08
21. Vendor Relationships and Conflict of Interest; AP.40
22. Compliance Program Administration; CP.01
23. Code of Conduct
24. Anti-Harassment and Abusive Conduct
25. Behavioral Standards of Performance

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



Policy Number: AP181	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
<p align="center">Approvers: Board of Directors (Administration), Executive Team A, Marc Mertz (VP Strategic Planning/Bus Dev)</p>	
<p align="center">Property Acquisition, Sales, and Leasing</p>	

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

Policy:

This policy provides guidelines for the purchase, sale, and leasing of real property, which is essential to Kaweah Delta carrying out its mission of providing high quality, customer-oriented, and financially strong healthcare services.

Parties Involved:

The Vice President of Strategic Planning and Development shall work with the Director of Community Engagement on property acquisitions, sales, and leases. The Compliance Officer will be involved with real estate contracts that involve physicians, and the Director of Facilities and Director of Facilities Planning will be consulted to determine the need and feasibility of property acquisitions.

Procedure:

- I. For Kaweah Delta Property Acquisitions
 - a. Kaweah Delta identifies potential property and notifies the Strategic Planning and Development Department.
 - b. A Kaweah Delta representative, currently the Director of Community Engagement, conducts background investigation of property, including preliminary appraisals, fair market value, and feasibility studies.
 - c. If property meets the mission of the organization, the representative will present the property to the Executive Team and/or Capital Committee for further review, order an appraisal, and request a Finance, Property, Services and Acquisitions Board Sub-Committee meeting to review the potential property with the committee. If the committee agrees to move forward with the purchase of the property, the property acquisition recommendation will then move forward for approval by the Board of Directors. (ref. EOC Policy 1008)
 - d. Once the appraisal, prepared by a licensed appraiser, is received, it can be used to negotiate the sales price and for the purpose of preparing an official written offer.

- e. The Kaweah Delta representative can officially make a written offer, and, with final approval of terms by the Board of Directors, management can enter into a purchase/sale agreement to acquire the property.
- f. Shortly before property purchase is complete, the Facilities Department and Risk Management Department will be notified of the close of escrow date as the property will need to be added to the Kaweah Delta insurance policy, maintenance contracts, and security rounds. (*Fill out utility transfer and insurance forms*)

For bare land purchases consider:

Soil study for hazardous material
Drainage study/flood zone documentation

For building purchases consider:

HVAC assessment	OSHPD 3 compliance assessment
Plumbing assessment- fiber optic scope all drain lines	Exterior lighting assessment
Electric assessment- panel condition & capacity	Landscaping/irrigation assessment
Foundation assessment/structural assessment	Asbestos assessment
Exterior finish assessment (<i>paint, stucco, brick, etc.</i>)	Lead paint assessment
Parking assessment	Hazardous materials assessment
Pests/termites/vermin assessment	Exterior lighting assessment
Roof assessment	Landscaping/irrigation assessment
Gutter assessment	Structural assessment
Windows assessment	Appliance assessment
	Life Safety assessment (<i>sprinklers, smoke detectors, etc</i>)

II. Procedures for Kaweah Delta Property Sales:

- a. Kaweah Delta identifies potential property that needs to be sold and notifies the Strategic Planning and Development Department.
- b. A Kaweah Delta representative, currently the Director of Community Engagement, conducts background investigation of property, including preliminary appraisals, fair market value, and feasibility studies.
- c. A Kaweah Delta representative will request a Finance, Property, Services and Acquisitions Board Sub-Committee meeting to review the potential property sale with the committee. If the committee agrees to move forward with the sale of the property, the property acquisition recommendation will then move forward for approval by the Board of Directors.

- d. Once the appraisal, prepared by a licensed appraiser, is received, it can be used to list the property with a licensed agent or to negotiate the sales price with a potential buyer.
- e. Once an offer is received from a potential buyer, the Kaweah Delta representative will take the offer to the Finance, Property, Services, and Acquisitions Board Sub-Committee for review. If the committee agrees to the terms of the sale, they will forward their recommendation to the Board of Directors for final approval.
- f. Shortly before property sale is complete, the Facilities Department and Risk Management Department will be notified of close of escrow date as the property will need to be removed from the Kaweah Delta insurance policy, maintenance contracts, and security rounds. (*Fill out utility transfer and insurance forms*)

III. Procedures for Kaweah Delta Property Leases:

- a. Kaweah Delta identifies a department or clinic that needs space and notifies the Strategic Planning and Business Development Department.
- b. A Kaweah Delta representative, currently the Director of Community Engagement, will work with the department looking for space and will conduct a background investigation of available property for lease to determine feasibility and fair market value. Once fair market value is determined, the Kaweah Delta representative will consult with Kaweah Delta's legal counsel and can begin negotiating the lease directly with the property owner. If the lease is not budgeted, the representative will take it to the Capital Committee and/or Executive Team for approval before engaging with legal counsel.
- c. If the owner of the property is a physician, the Kaweah Delta Compliance Officer and Kaweah Delta's legal council must review the terms of the lease to ensure all legalities are met.
- d. The Kaweah Delta representative will negotiate terms of the lease and facilitate ratification of contract with all contracts being approved and signed by the Vice President of Strategic Planning and Business Development.
- e. Once the lease is ratified and approved, the Finance Department will add the lease to their contract software and notify the Kaweah Delta representative 90 days prior to any deadline associated with the lease. (*Cancellation, renewal, modification, etc.*)
- f. Shortly before property lease is complete, the Facilities Department and Risk Management Department will be notified of the contract commencement date as the property will need to be added to the Kaweah Delta insurance policy, maintenance contracts, and security rounds. (*Fill out utility transfer and insurance forms*)



Policy Number: AP41	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Quality Improvement Plan	

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

I. Purpose

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

II. Scope

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

**III. Structure and Accountability
Board of Directors**

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

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

Quality Council

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

Medical Staff

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

appropriate functioning of the Medical Staff committees. "Prostaff" provides oversight for medical staff quality functions including peer review.

Professional Staff Quality Improvement Committee (QIC) - "Prostaff": The Prostaff Committee QIC has responsibility for oversight of organizational performance improvement. Membership includes key organizational leaders including the Medical Director of Quality and Patient Safety or Chief Quality Officer, Chief Operating Officer, Chief Nursing Officer, Assistant Chief Nursing Officer, Directors of Quality and Patient Safety, Nursing Practice, and Risk Management; Manager of Quality and Patient Safety and Manager of Infection Prevention. ing: Medical Executive Committee members, Medical Director of Quality and Patient Safety, Chief Executive Officer, Chief Operating Office, Chief Medical Officer/Chief Quality Officer, Chief Nursing Officer, member of the Board of Directors, and Directors of Nursing, Quality and Patient Safety, Risk Management and Pharmacy. This committee reports to Prostaff and the Quality Council.

The QIC Prostaff Committee shall have primary responsibility for the following functions:

1. **Health Outcomes:** The QIC Prostaff Committee shall assure that there is measureable improvement in indicators with a demonstrated link to improved health outcomes. Such indicators include but are not limited to measures reported to the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), and other quality indicators, as appropriate.
2. **Quality Indicators:**
 - a. The QIC Prostaff Committee shall oversee measurement, and shall analyze and track quality indicators and other aspects of performance. These indicators shall measure the effectiveness and safety of services and quality of care.
 - b. The Prostaff Committee QIC shall approve the specific indicators used for these purposes along with the frequency and detail of data collection.
 - c. The Board shall ratify the indicators and the frequency and detail of data collection used by the program.
3. **Prioritization:** The QIC Prostaff Committee shall prioritize performance quality improvement activities to assure that they are focused on high- risk, high- volume, or problem- prone areas. It shall focus on issues of known frequency, prevalence or severity and shall give precedence to issues that affect health outcomes, quality of care and patient safety. The QIC is responsible to establish organizational Quality Focus Teams who:
 - a. Are focused on enterprise-wide high priority, high risk, problem prone QI issues
 - b. May require elevation, escalation and focus from senior leadership
 - c. Have an executive team sponsor
 - d. Are chaired by a Director or Vice President
 - e. May have higher frequency of meetings as necessary to focus work and create sense of urgency
 - f. Report quarterly into the QAPI program
4. **Improvement:** The QIC Prostaff Committee shall use the analysis of the data to identify opportunities for improvement and changes that will lead to improvement. The QIC Prostaff Committee will also oversee implementation of actions aimed at improving performance.

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- 5. **Follow- Up:** The QIC Prostaff Committee shall assure that steps are taken to improve performance and enhance safety are appropriately implemented, measured and tracked to determine that the steps have achieved and sustained the intended effect.
- 6. **Performance Improvement Projects:** The QIC Prostaff Committee shall oversee performancequality improvement projects, the number and scope of which shall be proportional to the scope and complexity of the hospital's services and operations. The QIC Prostaff Committee must also ensure there is documentation of what quality improvement projects are being conducted, the reasons for conducting those projects, and the measureable progress achieved on the projects.

Medical Executive Committee

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

Nursing Practice Improvement Council

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

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

Graduate Medical Education

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

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

Methodologies:

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

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

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

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- **F—Find** a process to improve
- **O—Organize** effort to work on improvement
- **C—Clarify** knowledge of current process
- **U—Understand** process variation
- **S—Select** improvement
- **Plan:**
 - Objective and statistically valid performance measures are identified for monitoring and assessing processes and outcomes of care including those affecting a large percentage of patients, and/or place patients at serious risk if not performed well, or performed when not indicated, or not performed when indicated; and/or have been or likely to be problem prone.
 - Performance measures are based on current knowledge and clinical experience and are structured to represent cross-departmental, interdisciplinary processes, as appropriate.
- **Do:**
 - Data is collected to determine:
 - ◆ Whether design specifications for new processes were met
 - ◆ The level of performance and stability of existing processes
 - ◆ Priorities for possible improvement of existing processes
- **Check:**
 - Assess care when benchmarks or thresholds are reached in order to identify opportunities to improve performance or resolve problem areas
- **Act:**
 - Take actions to correct identified problem areas or improve performance
 - Evaluate the effectiveness of the actions taken and document the improvement in care
 - Communicate the results of the monitoring, assessment and evaluation process to relevant individuals, departments or services

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

- Define the problem, improvement activity, opportunity for improvement, the project goals, and customer (internal and external) requirements. QI tools that may be used in this step include:
 - Project charter to define the focus, scope, direction, and motivation for the improvement team

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- o Process mapping to provide an overview of an entire process, starting and finishing at the customer, and analyzing what is required to meet customer needs
- **Measure** process performance.
 - o Run/trend charts, histograms, control charts
 - o Pareto chart to analyze the frequency of problems or causes
- **Analyze** the process to determine root causes of variation and poor performance (defects).
 - o Root cause analysis (RCA) to uncover causes
 - o Failure mode and effects analysis (FMEA) for identifying possible product, service, and process failures
- **Improve** process performance by addressing and eliminating the root causes.
 - o Pilot improvements and small tests of change to solve problems from complex processes or systems where there are many factors influencing the outcome
 - o Kaizen event to introduce rapid change by focusing on a narrow project and using the ideas and motivation of the people who do the work
- **Control** the improved process and future process performance.
 - o Quality control plan to document what is needed to keep an improved process at its current level
 - o Statistical process control (SPC) for monitoring process behavior
 - o Mistake proofing (poka-yoke) to make errors impossible or immediately detectable

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IV. Confidentiality

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

V. Annual Evaluation

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

VI. Attachments-- Components of the Quality Improvement and Patient Safety Plan:

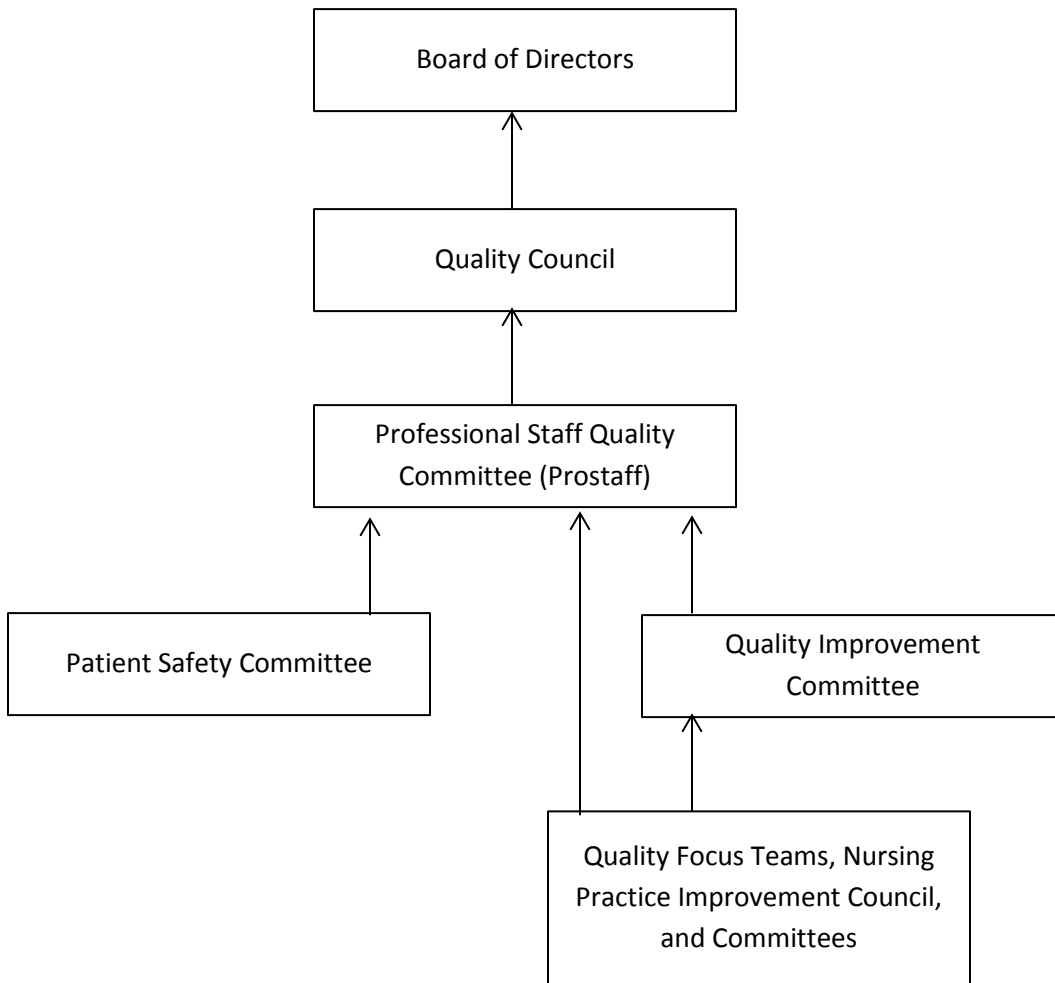
- Attachment 1: Quality Improvement Committee Structure
- Attachment 2: KDHCD- Prostaff Reporting Documents
- Attachment 3: 2019-2020 Value Based Purchasing (VBP) Objectives

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard

of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

Attachment 1

Kaweah Delta Healthcare District
Quality Reporting Structure



Attachment 2

KDHCD – QUALITY IMPROVEMENT COMMITTEE REPORTING DEPARTMENTS

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

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

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

~~2018-2019~~ 2019-2020 Value Based Purchasing (VBP) Objectives

A. Patient Experience of Care Domain (25% of VBP)

Hospital Consumer Assessment of Healthcare Providers & Systems Survey (HCAHPS)

Objectives for patient experience of care:

Organizational goal to be at or above 76.5 % for the year in overall rating of hospital

B. Clinical Care Domain (25% of VBP)

Acute myocardial infarction (AMI) 30-day mortality rate

Heart failure (HF) 30-day mortality rate

Pneumonia (PN) 30-day mortality rate

Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Complication Rate

Objectives for Clinical Care Domain:

KDHCD 30- day AMI mortality rate to be no different or better than the National rate

KDHCD 30- day HF mortality rate to be no different or better than the National rate

KDHCD 30- day PN mortality rate to be no different or better than the National rate

KDHCD THA/TKA Complication reate to be no different or better than the National rate

rate

C. Patient Safety Domain (25% of VBP):

Healthcare Associated Infections:

- CLABSI-central line associated infection
- CAUTI-catheter associated urinary tract infection
- SSI-surgical site infections for colon and abdominal hysterectomy
- C difficile
- MRSA

PC-01 Elective Delivery Prior to 39 Completed Weeks of Gestation (EED)

Objectives for Complication/Patient Safety:

To reduce Healthcare associated infection rates and EED to be no different or better than the National rate

C. Efficiency Measures Domain (25% of VBP)

MSPB-1 Medicare spending per beneficiary

Objectives for Efficiency Measure:

KDHCD MSPB to be no different or better than the National rate

E. KDHCD objectives for Core Measures not captured in VBP are to perform within the CMS standards of excellence (top 10% decile).

Finance, Property, Services, and Acquisition Committee

Thursday January 23, 2020

Executive Office Conference Room – Kaweah Delta Medical Center

Directors: Directors: Dave Francis (chair) & Nevin House; Thomas Rayner, SVP & Chief Operating Officer; Malinda Tupper, VP & Chief Financial Officer; Jennifer Stockton, Director of Finance; Doug Leeper, VP & CIO; Marc Mertz, VP of Strategic Planning/Business Development; Julieta Moncada, Director of Facilities Planning; Paul Schofield & Coby LaBlue; Kelsie Davis, Recording

Called to order at 2:30PM

Public Participation – None.

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

- Operating revenue is on budget.
- Review of the budget highlights.
- Decrease in Mother Baby.
 - Marc Mertz is to pull the statistics in the last six months to compare against other hospitals.
- Revenue is favorable due to recognition of income from joint ventures and retail pharmacy revenue.
 - Director House asked that we explore 24-hour pharmacy in Visalia.

KAWEAH DELTA MEDICAL FOUNDATION – Annual review of Kaweah Delta Medical Foundation (copy attached to the original of these minutes and considered a part thereof) - *Paul Schofield, CEO and Coby LaBlue, CFO*

- Review of the Visalia Medical Clinic Board Report.

2020 BOND FINANCING – Review of Resolution 2066 (copy attached to the original of these minutes and considered a part thereof) –*Malinda Tupper, VP & Chief Financial Officer, Jennifer Stockton, Director of Finance*

- Review of the 2020 bond highlights.
- Review of proposed action.
- Jennifer requested that this go to the Board on January 29 to get authorization on the issuance of Resolution No. 2066 and Resolution No. 2067.
- Committee supported this going to the full Board.

TULARE CLINIC– Status report relative to the development of the Tulare Clinic – Marc Mertz, Vice President of Strategic Planning and Business Development and Julieta Moncada, Facilities Planning Director.

- Reviewed of the timeline for Tulare Clinic and next steps.

2015B REVENUE BOND STATUS REPORT – Status report and next steps for projects (copy attached to the original of these minutes and considered a part thereof) – *Julieta Moncada, Facilities Planning Director*

- Review of the 2015B revenue bond status report.

Adjourned at 3:58PM

Dave Francis, Chair

Marketing & Public Affairs Committee
Wednesday, February 5, 2020
Kaweah Delta Medical Center – 400 West Mineral King Avenue
Mineral King- Blue Room

ATTENDING: Directors Nevin House (Chair) and Garth Gipson; Gary Herbst, Chief Executive Officer; Marc Mertz, Vice President of Strategic Planning & Business Development; Dru Quesnoy, Director of Marketing; Laura Florez-McCusker, Director of Media Relations; Jennifer Corum, Senior Marketing Specialist; Raymond Macareno, Senior Communications Specialist; Melissa Withnell, Communications Specialist; Jennifer Manduffie, Senior Graphic Designer; Yolanda Chavez, Senior Graphic Designer; Paul Schofield, Chief Executive Officer of Visalia Medical Clinic; and Kelsie Davis, recording.

Called to order at 2:05PM

Review of Marketing and Public Affairs Committee Mission and Purpose- Nevin House, Chair

- Director House read aloud the attached Kaweah Delta Marketing and Public Affairs Committee mission and purpose.
- Gary noted that that this mission and purpose needs to be completely rewritten.
- Director House gave management an opportunity to go back, redraft, and review this mission and purpose document. Review with Director House when done and then bring back to the next committee meeting for adoption.

Discussion of communicating Board activity to the public- Nevin House, Chair

- Director House noted that the public does not even know there is a board of directors at Kaweah Delta. Director House asked how we could get the word out there that we do have a board of directors.
- The committee had further discussion and decided to do more social media posts board members are to note those presentations that positive impact are to be posted on social media.

Rebranding Update- Marc Mertz, Vice President of Strategic Planning and Business Development

- Gary gave background on how we got to the present with our rebranding. Gary noted we are at the stage now where we have to make a decision to go forward with the rebranding knowing the cost and timelines.
- Director House asked if we could potentially look into corporate funding.
- Gary asked both board members if we could build this into the budget for FY 2021. To begin implementation on or about July 1.
- Directors House and Gipson both supported this ask and request that this topic of Rebranding go to the Board of Directors Meeting in February for action.

Marketing Update- Dru Quesnoy, Director of Marketing

- Jennifer Corum reviewed the attached presentation briefly as the meeting was ending.

Social Media Update- Laura Florez-McCusker, Director of Media Relations

- This topic was diverted to next month.

Media Relations Update- Laura Florez-McCusker, Director of Media Relations

- This topic was diverted to next month.

Community Engagement Update- Deborah Volosin, Director of Community Relations

- Deborah gave a brief update on our next Town Hall meeting that is being sponsored by our Board Vice President, Lynn Havard Mirviss. This Town Hall meeting will be at COS Ponderosa lecture hall.
- Deborah also noted that we are the primary sponsor this year for the Ag Show.

Adjourned- 3:40pm

Nevin House, Chair

THESE COMMITTEE MINUTES WERE APPROVED FOR DISTRIBUTION TO THE BOARD BY THE COMMITTEE CHAIR ON XX-XX-XXXX.



RESOLUTION 2073

WHEREAS, Pam Rosenberger, is retiring from duty at Kaweah Delta Health Care District after 18 years of service; and,

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

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Pam Rosenberger for 18 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 24th day of February 2020 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

**Kaweah Delta Health Care District
Compliance Program Work Plan
Calendar Year 2020**

Compliance Oversight and Management

Written Standards and Policies and Procedures

Complete comprehensive review of the Compliance Program - Program Effectiveness Tool

- Review Risk Assessment Process and Cycle
- Review/Revise Compliance Program Communication Plan
- Compliance Plan Assessments - Benchmarking
- Perception of Compliance Program - Survey Employees
- Evaluate Training Effectiveness
- Review Effectiveness of Reporting and Investigation Process

Implement Leadership Attestation Process for High Risk Areas

Implement Compliance 360 Contracting Tool

Comprehensive Review of all Privacy Policies

Compliance Policy Review and Updates (as necessary)

- Develop Attorney-Client Privilege Policy
- Develop Overpayment Policy

Affiliated Entities:

Kaweah Delta Medical Foundation (KDMF)

- Compliance Program Effectiveness Review
- Comprehensive Policy Review/Management - Revision and Implementation
- Release of Information Process Standardization
- Forms Review and Standardization

Sequoia Health and Wellness Centers (SHWC)

- On-Site Visits (OSV) Preparation
- Policy Implementation and Review
- Implement Compliance Program and Evaluate Effectiveness

STARK and Anti-Kickback Oversight

Medical Staff Non-Monetary Compensation Review

Physician Payment Testing Review (annual)

Physician Contracts Billing and Collection Audits (external)

Physician Contract Compliance Audits

Physician Non-Monetary Compensation

Fair Market Value Oversight:

- Update and Distribute Medical Director Rates / Grid
- Contract Renewals and Amendments / FMV Analysis

Licensing and Certification

Annual Hospital License Renewal

Hospice and Home Health License Renewal

New Licensures (as necessary)

SHWC FQHC Designation/Other FQHC Sites

Reporting

Investigate and Respond to Reported Concerns (Internal and Confidential Compliance Line Calls and Reports)

Employee Reporting and Whistleblower Protection Education

REVIEWS AND AUDITS:

Internal:

Review of Advanced Beneficiary Notices and Processes

Conditions of Admission (COA) / Forms at Rehab

OIG Audit - Patient Accounting

High Dollar Radiology Tests (OIG)

Medicare Important Message

**Kaweah Delta Health Care District
Compliance Program Work Plan
Calendar Year 2020**

Qualified Medicare Beneficiary Program Billing Review (OA Indicator)
MOON Observation Notice
Medicare Secondary Payer (Claims and Questionnaire)
Patient Status (OIG WP 9)
End Stage Renal Disease (ESRD) AKI Billing (Code 84)
Permanent Cardiac Pacemakers (KX Modifier)
End Stage Renal Disease (ESRD) Standing Orders Submitted beyond 12 Months
Device Replacement Billing Condition Codes 49 or 50
Resident Evaluation and Management Documentation and Coding
Invoice Price Required for Skin Substitute Codes
Application Code for Prefabricated Splints
Physician Reappointments
Modifier 50
Review of Medicare Facet Joint Procedures
Medicare Part B Payments for Laboratory Services
Outpatient Prospective Payment System and Physician Fee Schedule (CQ/CO Modifiers)

External:

MRA Business Solutions / PPS / Maxim

- 1 Cath Lab (KX Modifier)
- 2 Inpatient/Outpatient Surgeries (30/25)
- 3 TBD
- 4 TBD
- 5 TBD
- 6 TBD

PATIENT PRIVACY:

Daily FairWarning Access Audits
Develop Implementation Plan Based on 2019 Phase 2 OCR Audit Gap Analysis
Federal and State Breach Reporting/Plan of Correction
Patient Privacy Walkthrough (All Campuses)
Business Associate Agreement Review/Questionnaire
Develop ZixCorp Email Encryption Monitoring Process
Review Health Information Management Release of Information and Disclosure Process
Create Privacy Manual (include policies and forms)
Review eFax number/assignments
Update/Renewal of Non-Employee User Access Forms and Education

EDUCATION:

New Hire Employee Orientation - Day 1
 Temporary/Volunteer/Non-Employee Orientation
New Manager Orientation
GME Resident Orientation
Nursing Education: Patient Privacy Potpourri
Monthly Communi-K Articles
Board Education - Board and Compliance Committee Topics
Area Specific Education:
 Health Information Management (HIM)
 Patient Accounting
 Patient Access
 Case Management
 Sequoia Surgery Center
 Hospital Guild
 KDMF
 Sequoia Health and Wellness Centers - Family Medicine Center

**Kaweah Delta Health Care District
Compliance Program Work Plan
Calendar Year 2020**

PREVENTION AND MONITORING:

Service Line Review of Medi-Cal Bulletins and Local Coverage Determinations
Coordination of RAC/Governmental Audits
Review / Assign / Distribute Monthly Governmental Payer Bulletins (Monthly)
OIG Exclusion List Attestations (Physician / Vendors) (Quarterly)
Complete Quarterly Review and Summary of PEPPER Report (Quarterly)
Annual Sign Review
Prepare 2021 Plan Year Risk Assessment; Review of 2021 CMS Final Rule
Review OIG Work Plan Monthly (Monthly)
Monitor Corrective Action Activities of Compliance Log Issues
Home Health/Home Infusion Pharmacy - New Payment Methodology
Inpatient Medicare Claims (Exhausted Part A Benefits)
Department Review of Billing Manuals / Local Coverage Determinations (LCDs)
Evaluate Compliance Resources throughout the Organization

Research and Consultation

New & Existing Regulations
Patient Privacy
Mental Health
Consent / EMTALA
Ethics
New Service Lines

Committee Participation / Oversight

Accreditation and Regulation Committee
Case Management Committee
Bioethics Committee
Quality Counsel
Institutional Review Board
340b Leadership Committee
FQHC Core Team

Risk Monitoring

Nurse Practitioner Billing in Provider Based Departments
Physician Documentation – Lack of correct and compliant elements for the documents - Signing, Completion, Missing Elements
Frequency of use of Code 44 related to patients moved from Inpatient Status to Observation



COMPLIANCE AND AUDIT COMMITTEE

MISSION AND PURPOSE: To promote an organizational culture that encourages ethical conduct and a commitment to compliance with laws, rules, and regulations and provide oversight of the structure and operation of the Compliance and Internal Audit Programs.

To assist Kaweah Delta's Board of Directors in fulfilling its responsibility for the oversight and governance of Compliance Program Administration, Kaweah Delta's Audited Financial Statements, systems of internal controls over financial reporting, operations, and audit processes, both internal and external.

Kaweah Delta's Board of Directors is committed to full implementation of effective Compliance and Internal Audit Programs. Creating and reinforcing compliance and a system of appropriate internal controls is a priority of the Board of Directors, Chief Executive Officer, Compliance and Privacy Officer, Director of Internal Audit, and Senior Management.

AUTHORITY: The Compliance and Audit Committee has the authority to conduct or authorize investigations into matters within The Committee's scope of responsibilities, retain independent counsel, consultants or other resources to assist in investigations and audits, seek information it requires from employees or external parties, and to meet with Kaweah Delta Officers, consultants, or outside counsel as needed.

COMPOSITION: The Compliance and Audit Committee is comprised of the following Members:

- Board Members (2) – The Board President or Secretary/Treasurer and Board Member Appointee
- Senior Leadership – Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, and Chief Nursing Officer
- Legal Counsel/Compliance Advocate – Dennis Lynch
- Compliance and Privacy Officer
- Director of Internal Audit
- Compliance Manager

MEETINGS: The Committee shall meet at regularly scheduled intervals, with the authority to convene additional meetings as necessary. The Committee is authorized to request attendance from members of Management or others to provide information that would be relevant to The Committee.

The Committee may meet in executive session when necessary and permissible by applicable laws.

SPECIFIC RESPONSIBILITIES:

1. Review developments with regard to the Compliance and Internal Audit Programs to enable The Committee to make recommendations to the Board of Directors when appropriate
2. Provide oversight as needed to ensure that the Compliance and Internal Audit Programs effectively facilitate the prevention and/or detection of violations of law, regulations, and Kaweah Delta policies
3. Ensure autonomy of the Compliance Officer and the Director of Internal Audit and review resources assigned to the Compliance and Internal Audit Programs to assess their adequacy relative to the program's effectiveness
4. Ensure annual review of the Office of Inspector General's Work Plan and other relevant resources to identify potential risk areas and assess their impact on the Kaweah Delta
5. Monitor physician relationships and payments made to physicians to ensure appropriateness and compliance with laws and regulations
6. Convene the Executive Fair Market Value Committee, a sub Committee of the Compliance Committee, as necessary to ensure that physician contracts are established within fair market value
7. Review the Compliance and Internal Audit Annual Plans, activities, staffing and structure; ensure that the Compliance Officer and Director of Internal Audit's access to information, data and systems is not restricted or limited in any way
8. Select or dismiss independent accountants for the Kaweah Delta Financial Statement Audits (subject to approval by the Kaweah Delta Board of Directors); review and approve fees paid to independent accountants; approve or disapprove consulting services provided by independent accountants to ensure independence and objectivity
9. Meet with the independent accountants prior to, during, and after the annual audit to evaluate, understand and report to the Board on the various aspects and findings of the audit as follows:
 - a. Audit scope and procedural plans
 - b. Significant areas of risk and exposure and management's actions to minimize them
 - c. Adequacy of Kaweah Delta's internal controls, including computerized information system controls and security

- d. Significant audit findings and recommendations made by the independent accountants
 - e. The annual Audited Financial Statements, related Footnotes Disclosure, and the Independent Accountant's Report thereon
 - f. The independent auditor's qualitative judgments about the appropriateness, not just the acceptability, of accounting principles and financial disclosures and how aggressive (or conservative) the accounting principles and underlying estimates are or should be
 - g. Any serious difficulties or disputes with management encountered during the course of the audit
10. Reviews and evaluates management's written response to the independent accountants' management letter. Instructs the Director of Internal Audit to confirm complete implementation of any Management action required by external auditor's Management Letter
 11. Review legal and regulatory matters that may have a material effect on the organization's financial position, financial statements, and/or reputation
 12. Monitor effectiveness and timeliness of responses to identified issues
 13. Monitor education, training, and preventive activities
 14. Review and evaluate the effectiveness of the Kaweah Delta Compliance and Internal Audit Programs
 15. Recommend, review, and approve revisions to the Compliance Program's Code of Conduct and Compliance and Internal Audit Policies Manual
 16. Report Committee actions and recommendations to the Kaweah Delta's Board of Directors

Presented to the Compliance and Audit Committee on February 18, 2020 for approval.

Proposed Annual Audit Plan January 2020-December 2020

Suzy Plummer, Director of Audit and Consulting Services



2020 Planned Audits and Reviews

- Denials Management, Underpayment and Write Off Processes-KD and KDMF
- 401k-VCP Focus
- Leaves of Absence Processes and Compliance
- Purchasing and Inventory Management-KD and KDMF
- Cash Controls - KD and KDMF
- Physician Contracting
- Benefit Administration



2020 Audit Support and Cycled Audit Areas

- Resource Effectiveness Committee-Cost Savings Initiatives
- Employee Expense Audit
- Conflict of Interest Review
- Kaweah Kids Billing Audit



Name: _____ Date: _____

Please Print

Advanced Practice Provider – Outpatient Medicine (Sequoia Health & Wellness Clinic)

Privileges requested for the following location(s):

Outpatient Facilities – Sequoia Health & Wellness Clinic:

Please specify location:

___ **Family Medicine Clinic** ___ **Urgent Care - Court** ___ **Urgent Care - Demaree**

ADVANCED PRACTICE PROVIDER – OUTPATIENT SERVICES

Initial Criteria

Physician Assistant: Completion of an ARC-PA approved program; Current licensure to practice as a PA by the State of California; Current certification by the NCCPA (*certification must be obtained within one year of completion of educational program*); **OR**

Nurse Practitioner: Completion of a master’s/post-masters or doctorate degree in an nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NPs specialty area; current certification by the ANCC or AANP **OR** certification of the ANCC in acute care, adult or family practice (*certification must be obtained within one year of completion of educational program*) **AND**

Certifications: BLS or ACLS and full schedule California DEA

Clinical Experience: Documentation of patient care for 50 patients in the past two years **OR** completion of training program within the last 12 months

Renewal Criteria: Documentation of patient care for 50 patients in the past 2 years **AND** maintenance of current certification by NCCPA, ANCC, or AANP

FPPE: Up to 10 cases by Direct Observation and/or Retrospective Chart Review at the supervising physicians discretion

Request	GENERAL CORE PRIVILEGES	Approve
<input type="checkbox"/>	<ul style="list-style-type: none"> • Perform Medical Screening Exam (MSE)/ History & Physicals • Prescribe & Administer medications per formulary of designated certifying board • Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures • Counsel and instruct patients, families, and caregivers as appropriate • Direct care as specified by medical staff-approved protocols; • Initiate appropriate referrals; • Record progress notes; • Order and initial interpretation of diagnostic testing and therapeutic modalities; • Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient’s response to therapy, changes in condition, and to therapeutic interventions • Implement therapeutic intervention for specific conditions when appropriate • Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses; • Venous punctures for blood sampling and cultures; • Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; superficial surgical procedures • Removal of drains, sutures, staples, & packing 	<input type="checkbox"/>
<input type="checkbox"/>	Adult: Patients >18 years of age	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric: Well newborn up to 18 years of age	<input type="checkbox"/>

ADVANCED PRIVILEGES

Request	Procedure	Criteria	Renewal Criteria	FPPE	Approve
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Name: _____ Date: _____

Please Print

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

Acknowledgment of Practitioner:

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

Name: _____ Date: _____

Please Print

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

Advanced Practice Provider Signature _____
Date

Primary Supervising/Collaborating Physician Signature _____
Date

DEPARTMENT CHAIR SIGNATURE:

Department of Cardiovascular Services _____
Date

Department of Critical Care, Pulmonary & Hospitalist _____
Date

Department of Family Medicine _____
Date

Department of Internal Medicine _____
Date

Department of Pediatrics _____
Date



Advanced Practice Provider - Emergency Medicine/Urgent Care

Provider Name: _____ Date: _____

Please Print

Advanced Practice Provider – Emergency Medicine & Urgent Care

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

ADVANCED PRACTICE PROVIDER EMERGENCY MEDICINE & URGENT CARE		
Initial Criteria		
<p>Physician Assistant: Completion of an ARC-PA approved program; Current certification by the NCCPA (<i>Obtain certification within one year of completion of PA program</i>); Current licensure to practice as a PA by the California board of medicine; OR</p> <p>Nurse Practitioner: Completion of a master’s/post-masters or doctorate degree in an nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NPs specialty area; current certification by the ANCC or AANP (<i>Obtain certification within one year of completion of Masters/Doctorate program</i>)</p> <p>Certification: Current, full schedule DEA license; AND Urgent Care: BLS OR ACLS Emergency Department: ACLS & PALS (Must obtain within 12 months of hire)</p> <p>Current Clinical Experience: Documentation of patient care for 100 patients in the past two years OR completion of NP/PA training program within the last 12 months.</p> <p>Renewal Criteria: Documentation of patient care for 100 patients in the past 24 months AND maintenance of current certification by NCCPA, ANCC, or AANP; AND full schedule DEA license; AND Urgent Care: BLS OR ACLS; Emergency Department: ACLS& PALS</p> <p>FPPE: A minimum of 5 cases by Direct Observation and retrospective Chart Review (proctor may require additional review)</p>		
Request	CORE PRIVILEGES	Approve
	Includes care for patients of all ages and procedures on the following list and such other procedures that are extensions of the same techniques and skills:	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Perform H&Ps OR Medical Screening Exam (MSE); • Prescribe & Administer medications per formulary of designated certifying board • Write Discharge Instructions • Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures • Counsel/ instruct patients, families, & caregivers • Order and initial interpretation of diagnostic testing and therapeutic modalities • Implement therapeutic intervention for specific conditions per Emergency Room protocol • Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses; • Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; • Removal of drains, sutures, staples, & packing • Apply/remove cast; diagnosis/treatment and strapping of sprains; splinting and reduction of simple fractures and dislocations; • Application of traction;; removal of foreign body; incision and drainage; • Simple laceration repair (not requiring plastics intervention); nasal packing; excision of simple skin lesion; removal of impacted cerumen; insertion/removal of drains or packing; nail trephination & removal; excision of thrombosed hemorrhoids; • Tonometry / Wood’s & Slit Lamp exam of the eye 	<input type="checkbox"/>
<input type="checkbox"/>	<p>Additional Core for Emergency Medicine Privileges:</p> <ul style="list-style-type: none"> • Direct care per Emergency Room protocol • eFAST examination • Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient’s response to therapy, changes in condition, and to therapeutic interventions • Insert and remove nasogastric tube; provide tracheostomy care • Itraosseaus Line insertion with EZ-10 • Perform other emergency treatment per protocol • Remove arterial catheters 	<input type="checkbox"/>

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Advanced Practice Provider - Emergency Medicine/Urgent Care

Provider Name: _____ Date: _____

Please Print

EMERGENCY MEDICINE ADVANCED PRIVILEGES

Initial FPPE is deemed to have been satisfied based on successful completion of a preceptorship at KDHCD

Approval w/ Direct Supervision: Applicants that have been granted a privilege with direct supervision are undergoing a KDHCD preceptorship. The applicant will be granted independent practice of the privilege once the preceptorship has concluded and gone through the approval process.

Request	Procedure	Criteria for Independent	Renewal Criteria	FPPE Requirements	Approve w/ Direct Supervision	Approve - Independent
<input type="checkbox"/>	Lumbar Puncture	3 procedures in the last 2 years	3 procedures in the last 2 years	2 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	5 procedures in the last 2 years	5 procedures in the last 2 years	Minimum of 2 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Chest Tubes	5 procedures in the last two years.	5 procedures in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal intubation	10 procedures in the last two years.	8 procedures in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of central venous access or dialysis catheters	5 procedures in the last 2 years	5 procedures in the last 2 years	Minimum of 2 concurrent – any site	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Arthrocentesis & Joint aspiration	2 procedures in the last 2 years	2 procedures in the last 2 years	1 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ultrasound guided paracentesis	5 procedures in the last 2 years	5 procedures in the last 2 years	5 concurrent	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledgment of Practitioner:

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

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Advanced Practice Provider Signature

Date

Supervising Physician Signature

Date

Department of Emergency Medicine Chair Signature

Date

Privileges in Podiatry

 Name: _____
Please Print

PODIATRY PRIVILEGES – Criteria
<p>Education: DPM; AND successful completion of a podiatric medicine residency program from an accredited American College of Podiatric Medicine AND Current certification or active participation in the examination process leading to certification within 5 years by the American Board of Podiatric Medicine, American Board of Podiatric Surgery or American Board of Foot and Ankle Surgery (applicants completing training prior to 1968 will be grandfathered in)</p> <p>Initial Clinical Experience: Documentation of at least 50 podiatric procedures in the past 2 years or successful completion of a podiatric medicine residency program in the past 12 months</p> <p>Renewal Criteria: A minimum of 50 podiatric procedures in the last 2 years AND Maintain current certification or active participation in the examination process leading to Certification by the American Board of Podiatric Surgery.</p> <p>FPPE Requirements: Direct observation of five (5) procedures with concurrent chart review (may include advanced procedures – excluding hyperbaric)</p>

PODIATRY CORE PRIVILEGES		
Request	Procedure	Approve
<input type="checkbox"/>	<p>Core Privileges include:</p> <ul style="list-style-type: none"> • Evaluate, diagnose, consult, perform H&P and provide surgical and non-surgical treatment/care to patients of all ages presenting with illnesses, injuries and disorders of the foot, and ankle, including basic fore foot and rear foot procedures and tendon repair and transfer. • Wound Care: Surgical debridement of wounds, transcutaneous oximetry interpretation, complicated wound management, local and regional anesthesia, wound biopsy and preparation of wound bed and application of skin substitute. 	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)	<input type="checkbox"/>

ADVANCED PROCEDURES					
(Must meet Core Privileges Criteria and Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship, or other acceptable experience.)					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE Requirements	Approve
<input type="checkbox"/>	Ankle arthroscopy	Documentation of training and a minimum of 2 procedures in the last 2 years.	Documentation of a minimum of 2 procedures in the last 2 years.	Direct observation of first case with concurrent chart review	<input type="checkbox"/>
<input type="checkbox"/>	Complex Rear Foot/Ankle	Documentation of training and a minimum of 5 procedures in the last 2 years.	Documentation of a minimum of 5 procedures in the last 2 years.	Direct observation of first case with concurrent chart review	<input type="checkbox"/>
<input type="checkbox"/>					<input type="checkbox"/>
<input type="checkbox"/>	Complex External Fix	Documentation of training and a minimum of 2 procedures in the last 2 years.	Documentation of a minimum of 2 procedures in the last 2 years.	Direct observation of first case with concurrent chart review	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbarics Supervision (limited to wounds below the knee). Treatment of conditions requiring hyperbaric oxygen delivery at the KDHC wound center.	Completion of 40 hour Hyperbaric Course approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) and 20 procedures in the last two years.	20 procedures in the last 2 years.	Direct observation of the first two cases with concurrent chart review	<input type="checkbox"/>

ADDITIONAL PRIVILEGES					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE Requirements	Approve
<input type="checkbox"/>	<p>Outpatient Services at a Kaweah Delta Health Care District Rural Health Clinic. Please identify: ___ Dinuba ___ Exeter ___ Lindsay ___ Woodlake ___ Family Medicine Clinic ___ Chronic Disease Management Center</p>	Meets Core Privilege Criteria AND Contract for services with Kaweah Delta Health Care District or KDHC ACGME Family Medicine Program	Maintain initial criteria	None	<input type="checkbox"/>
<input type="checkbox"/>	Administration of Procedural Sedation	Must successfully pass KDHC Sedation/Analgesia (Procedural	Must successfully pass KDHC	None	<input type="checkbox"/>

		Sedation) Exam	Sedation/Analgesia (Procedural Sedation) Exam		
<input type="checkbox"/>	Supervision of a technologist using fluoroscopy equipment	Meet Initial Criteria AND Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	None	<input type="checkbox"/>

Acknowledgment of Practitioner:

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

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

Name: _____
Print

Signature: _____
Applicant *Date*

Signature: _____
Department of Surgery Chair *Date*

Privileges in Emergency Medicine

Name: _____

Please Print

EMERGENCY MEDICINE PRIVILEGES - INITIAL CRITERIA

Education: M.D. or D.O. and successful completion of an ACGME or AOA accredited residency/fellowship in emergency medicine **AND** Current certification or active participation in the examination process leading to certification in Emergency Medicine by the ABEM or AOBEM, with certification obtained within 5 years of completion of residency. (Physicians on staff prior to 2015, not fulfilling the Emergency Board Certification requirement, are grandfathered in under their specialty Board Certification.)
OR Physicians licensed in California and enrolled in the 3rd or last year of an ACGME accredited Residency Program can apply for privileges to work under the indirect supervision of a Board Certified physician. (*PGY3 or above may not moonlight at sites that are part of their training rotation, or supervise other learners*)

Certifications: ACLS, ATLS, and PALS or APLS. *Required ONLY for physicians not Board Certified or not actively participating in the examination process leading to certification by the ABEM or AOBEM in Emergency Medicine.*

Current Initial Clinical Criteria: A minimum of 1 year of continuous, full time experience in an emergency department, to include completion of the final year of residency training.

FPPE Requirement: Concurrent and/or retrospective review of the first 5 cases.

Renewal Criteria: Minimum of 600 hours in an Emergency Department required in the past two years

CORE PRIVILEGES

Request	Procedure	Approve
<input type="checkbox"/>	<p>Core Privileges include:</p> <ul style="list-style-type: none"> Assess, work up and perform differential diagnosis by means of H&P, medical decision making, laboratory and/or other studies, ECG's and diagnostic imaging; Provide services necessary to ameliorate minor illnesses or injuries; AND stabilizing treatment to patients who present with major illnesses or injuries and determine whether more definitive services are necessary. Administration of Procedural Sedation <p><i>Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.</i></p>	<input type="checkbox"/>

ADDITIONAL PRIVILEGES

Request	Procedure	Initial Criteria	Renewal	FPPE	Approve
<input type="checkbox"/>	Emergency Ultrasound, Basic-Core applications; which includes Aorta, <u>Trans Thoracic Echocardiography</u> Cardiac, Trans Thoracic, EFAST, DVT, Pregnancy, Biliary, Urinary tract, Soft Tissue/ <u>Musculoskeletal, Bowel, and</u> Ocular <u>and procedural guidance</u>	1) Board Certified in Emergency Medicine OR board eligible and actively pursuing Certification 2) Completion of an ACGME/ AOA approved residency training program that included training specific to point of care ultrasound within the past 2 years; OR 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation. If training was completed more than 2 years ago for (#2 or #3), documentation required for a minimum of 25 point of care ultrasound exams in the past 2 years <u>or a total of 150 ultrasounds if seeking global ultrasound privileges.</u>	Maintain EM Board Certification	3-retrospective reviews via Q-Path-2 <u>reviewed exams per each application</u> Not required for KDHCD EM Residency graduates within last 2 years.	<input type="checkbox"/>
<input type="checkbox"/>	Emergency Ultrasound, Advanced applications: (Check request) <input type="checkbox"/> DVT <input type="checkbox"/> Endovaginal US for ovarian torsion/mass <input type="checkbox"/> Scrotal US for torsion/flow/mass <input type="checkbox"/> Adnexal US for mass/flow/torsion <input type="checkbox"/> Bowel US to include appendicitis, bowel obstruction, pyloric stenosis and diverticulitis <u>Transcranial</u>	1) Board Certified in Emergency Medicine OR 2) Completion of an ACGME/ AOA approved residency training program that included training specific to point of care ultrasound or an EM Ultrasound Fellowship; OR 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation. AND documentation of 25 successful procedures for each application requested.	5 procedures per application in 2 years	3-retrospective reviews for each application via Q-Path-2 <u>Reviewed exams per each application</u>	<input type="checkbox"/>
<input type="checkbox"/>	Trans Esophageal Echo- c ardiography (TEE): Limited to <u>use during CPR or in intubated patients when TTE does not provide adequate views</u> <u>Patients undergoing CPR to evaluate for</u> 1) reversible causes (pericardial tamponade, pulmonary embolism, valve pathology) 2) to visualize and confirm the location	1) Completion of an ACGME or AOA approved residency training program that included training specific to TEE; OR 2) Credentialed in <u>Basic Emergency Ultra-Sound TTE and;</u> 3) Completion of 2 or more hours of TEE specific CME, <u>or didactics, or including</u> web based resources <u>i.e., http://pic.med.utoronto.ca/TEE/index.htm</u> AND 10	Minimum of 525 procedures in the past 24 months <u>2 years of which up to 15 may be done in SimLab.</u>	5-2 direct and or over reads, at the discretion of the proctor.	<input type="checkbox"/>

February 10, 2020

Attached are the Medical Staff Approved Proposed Bylaws & Rules and Regulations Revisions forwarded to the Board of Directors

Vote Statistics:

Sent to Active Medical Staff Members (357)

Bylaws 7.F

Approve	94.17 %	(97)
Not Approve	5.83%	(6)

Rules & Regulations 3.4.

Approve	83.51%	(81)
Not Approve	16.49%	(16)

**ARTICLE 7
ADVANCED PRACTICE PROVIDERS**

7.F. AUTOMATIC SUSPENSION

An APP's privileges shall be automatically suspended, without review under Section 7.H or any other section of these Bylaws, for the same reasons that apply to Medical Staff members in Section 8.E. In addition, the APP's privileges shall be automatically suspended without review in the event:

- (a) The Medical Staff membership or clinical privileges of ~~the~~all Supervising Physician~~(s)~~ is terminated,~~whether such termination is voluntary or involuntary~~; or
- (b) ~~All~~The Supervising Physicians no longer agrees to act as the Supervising Physician for any reason~~s~~; or
- ~~(b)(c)~~ (c) ~~The~~ relationship between the APP and all ~~the~~ Supervising Physicians is otherwise terminated,~~regardless of the reason~~.

In the event of (a), ~~or~~ (b), or (c), the APP will have thirty (30) days from the date of the automatic suspension to submit notice of a new Supervising Physician, to include appropriate documentation, or the APP's privileges shall be automatically terminated without review under Section 7.H or any other section of these Bylaws.

***Rationale:** APP should not be suspended if their Supervisor is suspended and they have multiple supervising physicians.*

ARTICLE III

MEDICAL RECORDS

3.4. Delinquent Medical Records:

- (b) Notification: If a medical record is incomplete ~~or non-compliant as defined in section 3 of Medical Staff Rules and Regulations~~ seven days following discharge, the HIM Department will notify the practitioner in writing of the delinquency and that his or her clinical privileges are at risk of automatic ~~relinquishment/suspension. Such notice will be given to the practitioner at least five days in advance and, if not completed, his or her privileges will be automatically relinquished~~ in accordance with the Medical Staff ~~Credentials Policy/Bylaws~~.
- (c) Enforcement: Failure to ~~complete medical records within 5 days of being notified/comply with the completion of medical records after the above notification requirements have been met~~ will result in automatic ~~relinquishment/suspension~~ of all clinical privileges in accordance with the Medical Staff ~~Credentials Policy/Bylaws, Section Article 6E8.E.1.~~
- (d) Automatic Relinquishment/Suspension Procedures: In the event that an automatic ~~relinquishment/suspension~~ occurs, the HIM Department, under the direction of the HIM Committee, will be responsible for notifying the Chief of Staff, the Emergency Department, nursing administration, and other key departments of all automatic ~~relinquishment/suspensions~~. The practitioner will be responsible for transferring the care of any patients that he or she may have in the District to a practitioner who has appropriate clinical privileges. If the practitioner is unable or fails to appropriately transfer the care of his or her patients, the Chief of Staff will assign the care of such patients to a practitioner(s) who has appropriate clinical privileges.
- (e) Reinstatement After Relinquishment/Suspension: Any practitioner who ~~relinquishes~~ has his or her clinical privileges ~~suspended~~ as a result of medical record delinquencies must complete all delinquent and pending delinquent medical records. The ~~physician/practitioner~~ must ~~contact/notify~~ the ~~HIM/Health Information~~ Department ~~(HIM) and notify them~~ of completion of all records. Once ~~verified by HIM~~ verifies that all medical records have been completed, a reinstatement will be ~~issued/processed~~. ~~The individual may not be granted any temporary privileges while the application is being processed.~~
- (f) If the medical record deficiencies are not resolved within 60 days of notification or the individual has not requested reinstatement within 60 days of the date of the automatic suspension, the individual shall be deemed to have voluntarily resigned from the Medical Staff. Special ~~n~~Notice of the voluntary resignation shall be given to the affected individual/physician, and regular notice of this occurrence will be given to the MEC, CEO, and Board.

|
Rationale: Update terms to reflect current bylaws; add automatic resignation process when records have been delinquent for 60 days with no contact from practitioner, which mirrors current process for Medical Staff Automatic Resignations.



Policy Number: MS 50	Date Created: 01/14/2020
Document Owner: April McKee (Medical Staff Coordinator)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Medical Executive Committee, April McKee (Medical Staff Coordinator), Cindy Moccio (Board Clerk/Exec Assist-CEO), Teresa Boyce (Director of Medical Staff Svcs)	
Late Career Policy	

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

Policy:

The purpose of this policy is to

- ensure patients receive safe, high quality medical care
- identify issues that may be pertinent to the health and clinical practice of medical staff members
- support members of the medical staff; and
- apply Medical Staff evaluation criteria objectively, equitably, respectfully, and confidentially

Any practitioner age 75 or older during the month of their appointment or reappointment to the Medical Staff will obtain as part of the application process, documentation of their health status from ~~their~~ a primary care provider (PCP), approved by the Medical Staff Officers. If the Department Chair, Credentials Committee or Medical Executive Committee deems appropriate, they may request that any practitioner, regardless of age, provide similar documentation at the time of appointment or reappointment.

Procedure:

- I. Notification of the practitioner
 - a. With initial or reappointment notification, the practitioner will be provided a copy of this policy and informed that
 - i. ~~The applicant must provide a statement of health status or progress note from their primary care provider written within the last three months;~~ return the “Release of Information” form (Attachment C) with the completed application/reapplication to the Medical Staff Office.
 - ii. Upon receipt of the Release of Information form from the applicant, the Medical Staff Office will provide
 1. The applicant with contact information of the PCP available to perform a health screening exam.
 2. The PCP with a cover letter, blank questionnaire (Attachments A & B), the signed release of information form, and a copy of the applicants requested privileges.

~~iii.~~ The applicant will be responsible for making an appointment with the approved PCP.

~~iv.~~ the application will be deemed incomplete without the receipt of the completed questionnaire from the PCP. information required

If, due to inaction by the applicant, the assessment from the ~~primary care provider PCP~~ is delayed such that an application for reappointment remains incomplete and cannot be considered by the Department Chair, Well Being Committee, Credentials Committee, Medical Executive Committee, and Board of Directors before the end of the member's current term, the application will be deemed withdrawn and the practitioner's appointment and/or privileges will lapse at the end of the current term without any procedural rights under Article 9 of the Medical Staff Bylaws.

II. Processing the Assessment from the Primary Care Provider

- a. After completion of the applicant's health screening the PCP will return a completed questionnaire to the Medical Staff Office. The practitioner will submit a health assessment from their primary care provider completed within the preceding three months to the Medical Staff Office.—This information will be kept confidential and forwarded to the Well Being Committee for evaluation.
 - i. If the health document identifies health conditions that may interfere with the practitioner's ability to safely and competently exercise the privileges requested, the Well Being Committee will meet with the provider to discuss concerns and possible options. At this time the practitioner may choose to modify the privileges requested and re-submit to the Medical Staff Office (this would not require a report to the NPDB or an 805 report).
 - ii. If additional evaluation is warranted the Well Being Committee will assist the practitioner in obtaining the appropriate evaluation(s).

III. Outcomes of Review sent to the Credentials Committee:

- a. No known concerns: If the findings do not identify potential patient care concerns, the results will be filed in a confidential file maintained by the Medical Staff Services Department, and the Credentials File will only reflect that the assessment process has been completed with no significant concerns identified. The appointment process will proceed as specified in the Medical staff Bylaws.
- b. Concerns: If the findings identify potential patient care concerns and the practitioner, after meeting with the Well Being Committee elects not to modify the privileges requested, the Department Chair and the Credentials Committee will, on a confidential basis, evaluate the Well Being Committee's recommendation in addition to the entire contents of the (re)application file. A representative of the committee, the Department Chair or Chief of Staff will meet with the practitioner to discuss alternative practice patterns or modification of requested privileges. *The goal of such discussion is to be supportive and respectful of the practitioner and to suggest resources to assist the practitioner.*
- c. Practitioner Rights: If the Credentials Committee recommends denial of some or all privileges requested, or that certain conditions or restrictions be placed

on privileges, and if that recommendation is approved by the MEC, the practitioner will be entitled to the procedural rights in Article 9 of the Medical Staff Bylaws.

- IV. Throughout this process the intent of each step is to enhance quality healthcare, protect patient safety and, provide support to the practitioner by assisting in any resulting changes in practice patterns or transitions.

References:

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

ATTACHMENT A

Primary Care Physician Questionnaire (to be completed by your Primary Care Physician)

Patient Name: _____ DOB: _____

I attest that I have performed a comprehensive history and physical examination on this practitioner, and that I have reviewed the clinical privileges requested by this practitioner.

- In the history and physical examination the practitioner has no apparent findings that would necessarily preclude the practitioner from performing the privileges requested.
 - Agree: _____ Disagree: _____ If disagree, please elaborate below:

- In tests and studies performed on the practitioner, the practitioner has no apparent findings that would necessarily preclude the practitioner from performing the privileges requested.
 - Agree: _____ Disagree: _____ If disagree, please elaborate below:

- Do you have any recommendation for further study or evaluation?
 - No: _____ Yes: _____
If yes, please elaborate below: _____

- Additional Comments:
 - _____

ATTACHMENT B

Sample cover letter to PCP

CONFIDENTIAL PEER REVIEW INFORMATION
Protected by California Evidence Code §1157

[DATE]

RE: History and Physical Examination

Dear Dr. _____,

The Medical Staff of Kaweah Delta Health Care District, as part of its efforts to protect both patients and practitioners, requires a comprehensive history and physical examination of practitioners applying or reapplying for clinical privileges beyond the age of seventy-five (75). Important components of this assessment include a review of systems that addresses functional status, and comprehensive sensory examination including tests of hearing, visual acuity with eye chart and exam, and a thorough neurological examination including a mini mental status examination. The elements of the examination should be modified as appropriate to address the age, clinical condition, medical problems and the clinical privileges requested by the practitioner. Included is a copy of the clinical privileges requested by the practitioner.

Please review the practitioner's clinical privileges before conducting your examination.

In order to respect the confidentiality of the practitioner's medical information, please submit only the form that is enclosed. The form is to be returned to the Kaweah Delta Health Care District Medical Staff Services Department (see enclosed envelope). As noted on the form, the Medical Staff is interested only in, and should only receive a detailed report on, those aspects of the practitioner's health, if any, that have the potential to adversely affect the practitioner's ability to safely perform the requested privileges or that document the practitioner's ability to perform the privileges. You may supply additional information that you feel would be beneficial to the Medical Staff in this assessment, such as if you feel additional studies or further evaluation is indicated. The report is confidential and will be provided to the Medical Staff Wellness Committee.

ATTACHMENT C

Sample Release

CONFIDENTIAL PEER REVIEW INFORMATION
Protected by California Evidence Code §1157

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize _____ to release information of my health evaluation, and to provide information regarding my present medical condition and fitness to perform the duties identified on the enclosed privilege form to Stephen Smith, M.D., Chair of the Well Being Committee.

Print Name

Signature

Date

Reports are to be mailed to

Kaweah Delta Health Care District
Medical Staff Office
%Teresa Boyce
400 Mineral King Ave
Visalia, CA 93291

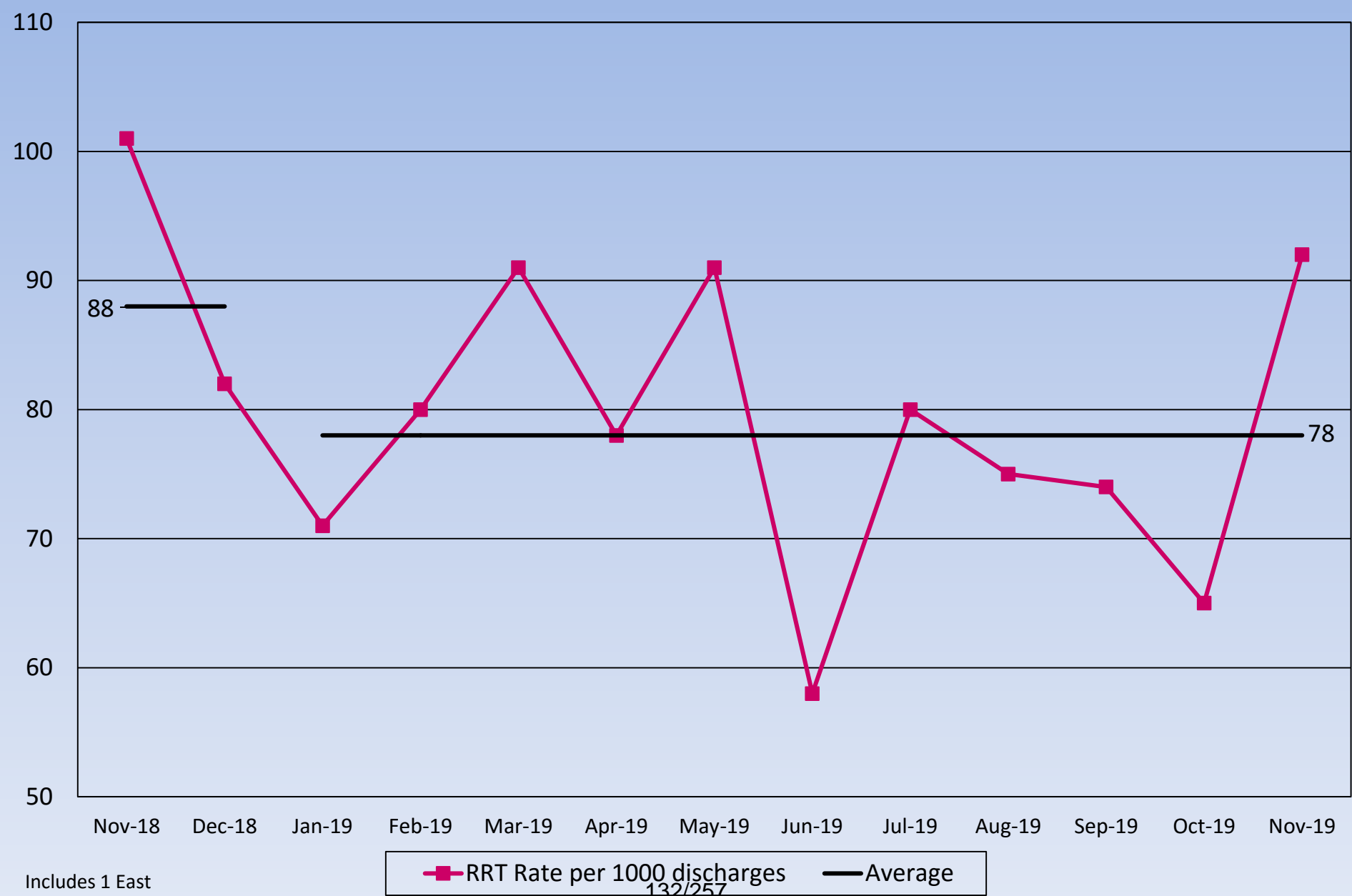


Rapid Response Team (RRT) Quality Report

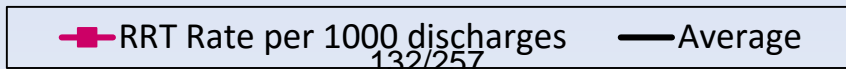
February 2020

KAWEAH DELTA HEALTH CARE DISTRICT

RRTs per 1000 Patient Discharge Days



Includes 1 East

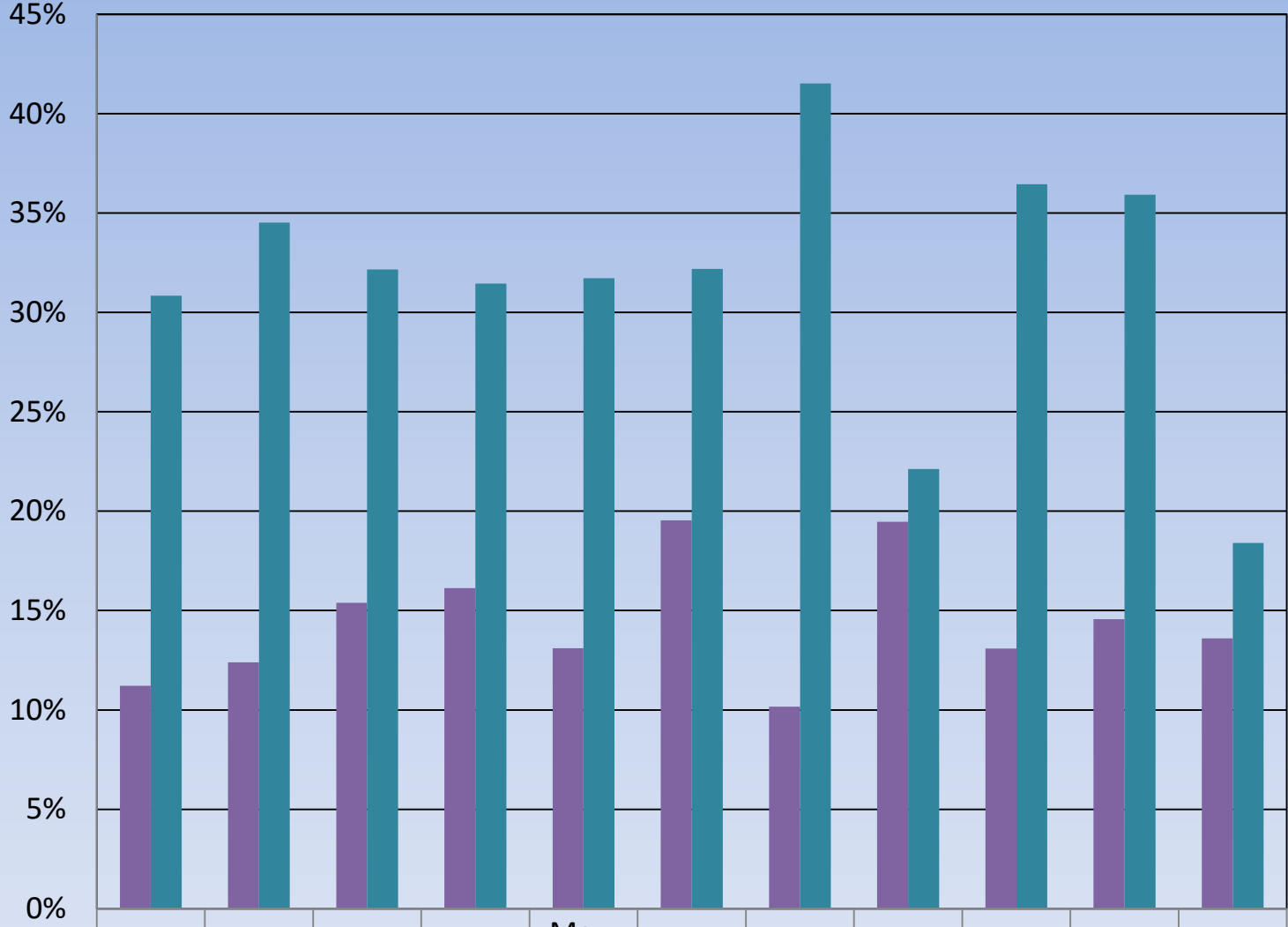


132/257

Alert Location	Q 1 2019	Q 2 2019	Q 3 2019	Oct-19	Nov-19	Totals
KDMC 3W	83	79	64	21	31	278
KDMC 4S	52	51	57	15	20	195
KDMC 3N	46	39	33	4	5	127
KDMC 3S	35	40	36	11	16	138
KDMC 2N	32	34	33	18	9	126
KDMC 14	28	30	28	6	8	100
KDMC 4N	24	27	36	5	16	108
KDMC 2S	21	17	13	8	6	65
KDMC CV	14	13	12	8	6	53
KDMC 1E	14	12	12	6	3	47
KDMC IC	10	9	9	0	5	33
KDMC BP	4	4	5	1	0	14
RRT Tracked Total	363	355	338	103	125	1284
KDMC CVOR/Cath lab	7	6	0	4	1	18
Labor Triage/ Mother Baby	6	5	4	3	1	19
KDMC 2E	3	5	2	2	3	15
Surgery (Pre/Post op)	3	3	7	1	0	14
KDMC ED	1	2	0	0	0	3
KDMC CT/radiology	0	1	0	0	0	1
KDMC Pediatric	0	0	0	0	0	0
Endoscopy	0	3	1	0	0	4
RRT Not Tracked Total	20	25	14	10	5	74

133/267

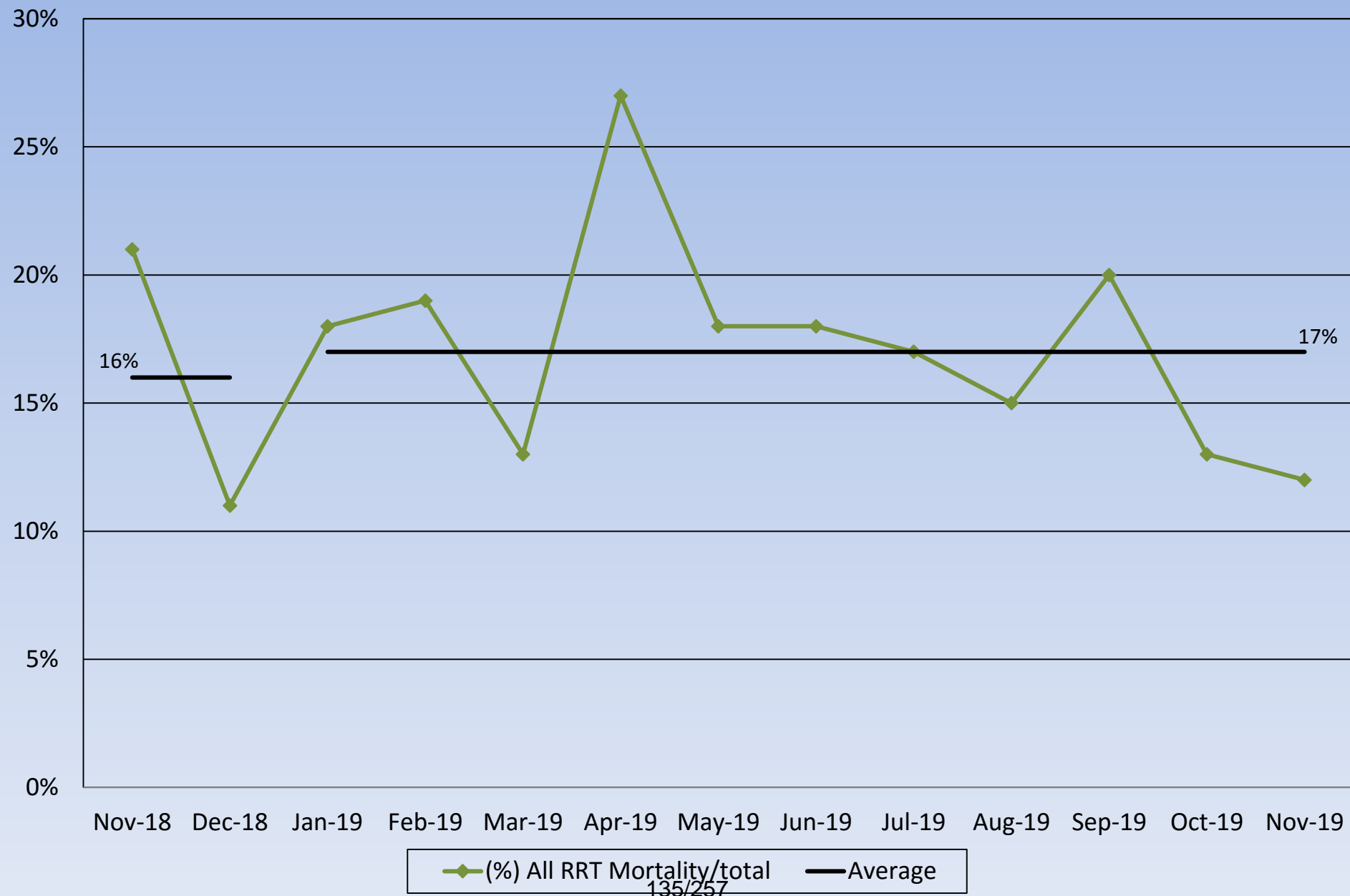
Disposition of RRT



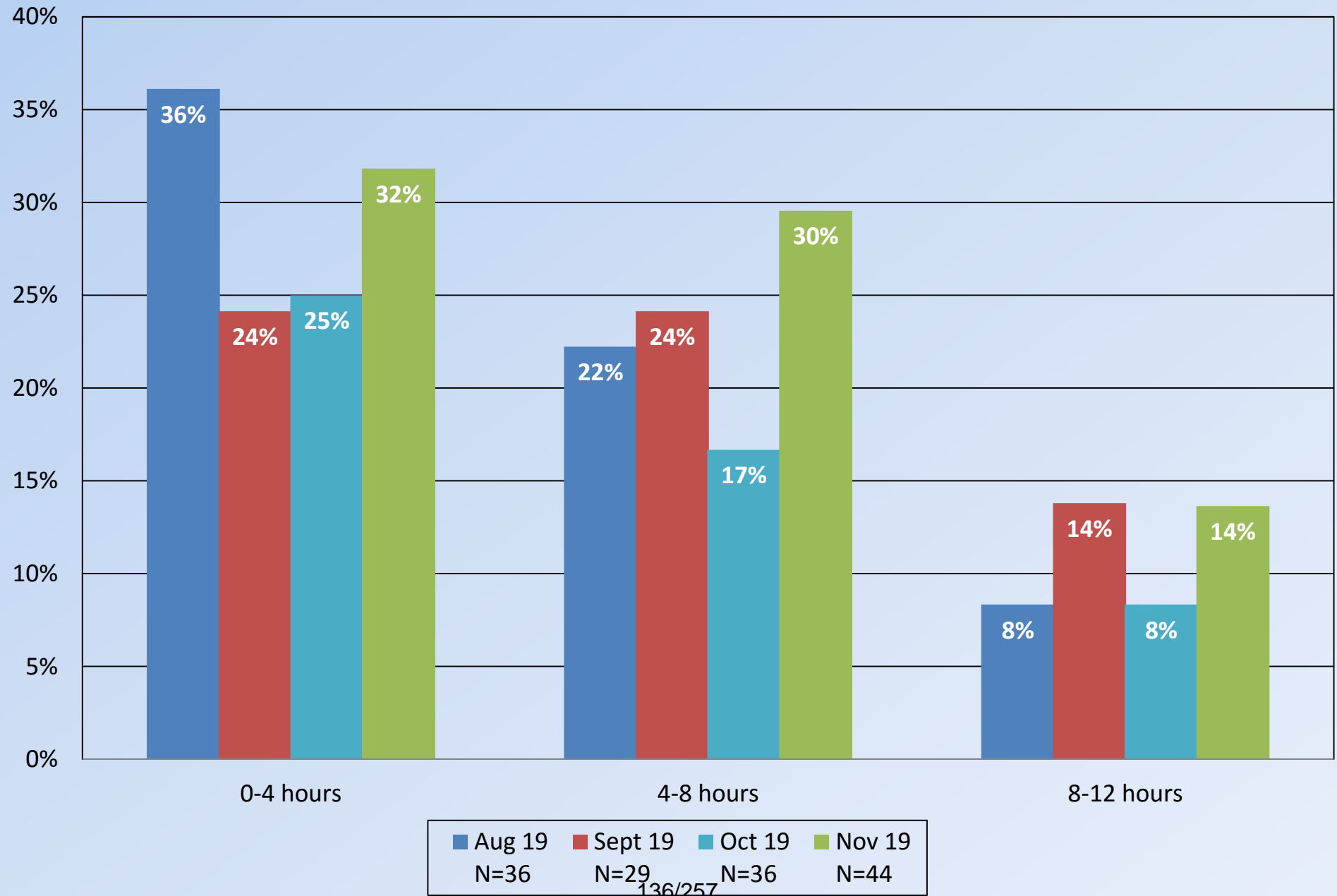
■ (%) Transferred to ICU/CVICU
■ (%) Transferred to ICCU

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
(%) Transferred to ICU/CVICU	11%	12%	15%	16%	13%	20%	10%	19%	13%	15%	14%
(%) Transferred to ICCU	31%	35%	32%	31%	32%	32%	42%	22%	36%	36%	18%

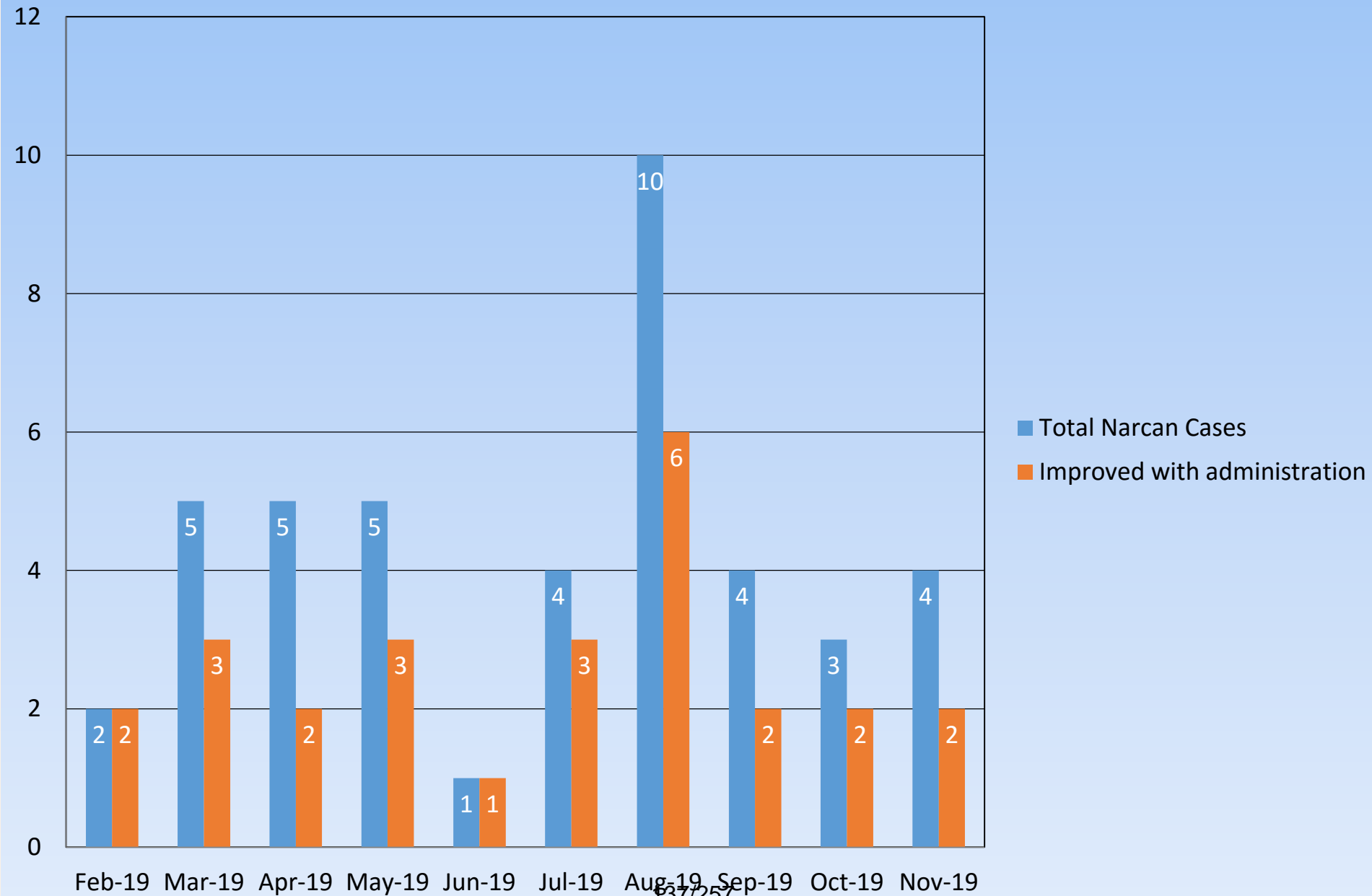
RRTs Mortality



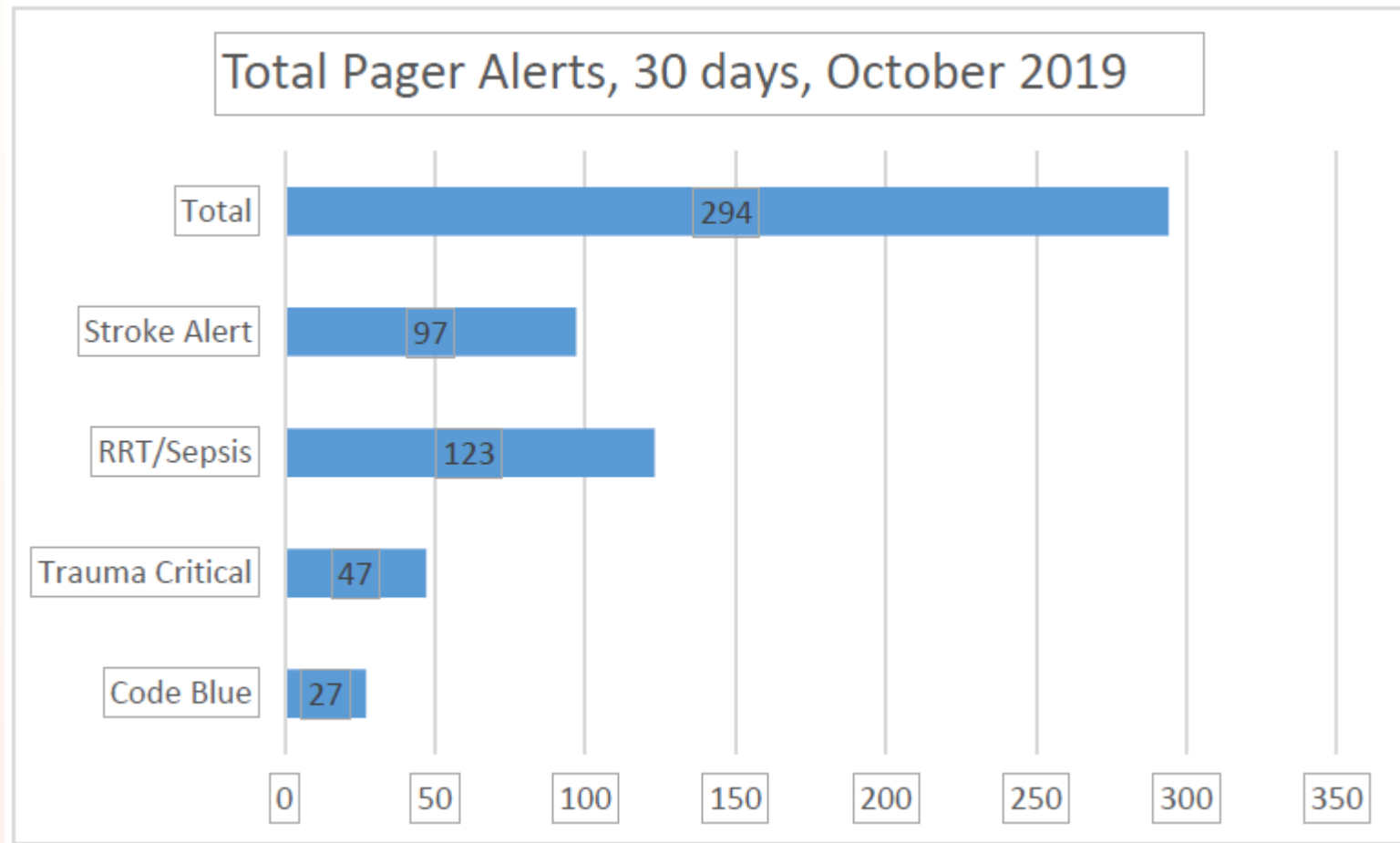
RRTs after Admit from Emergency Department

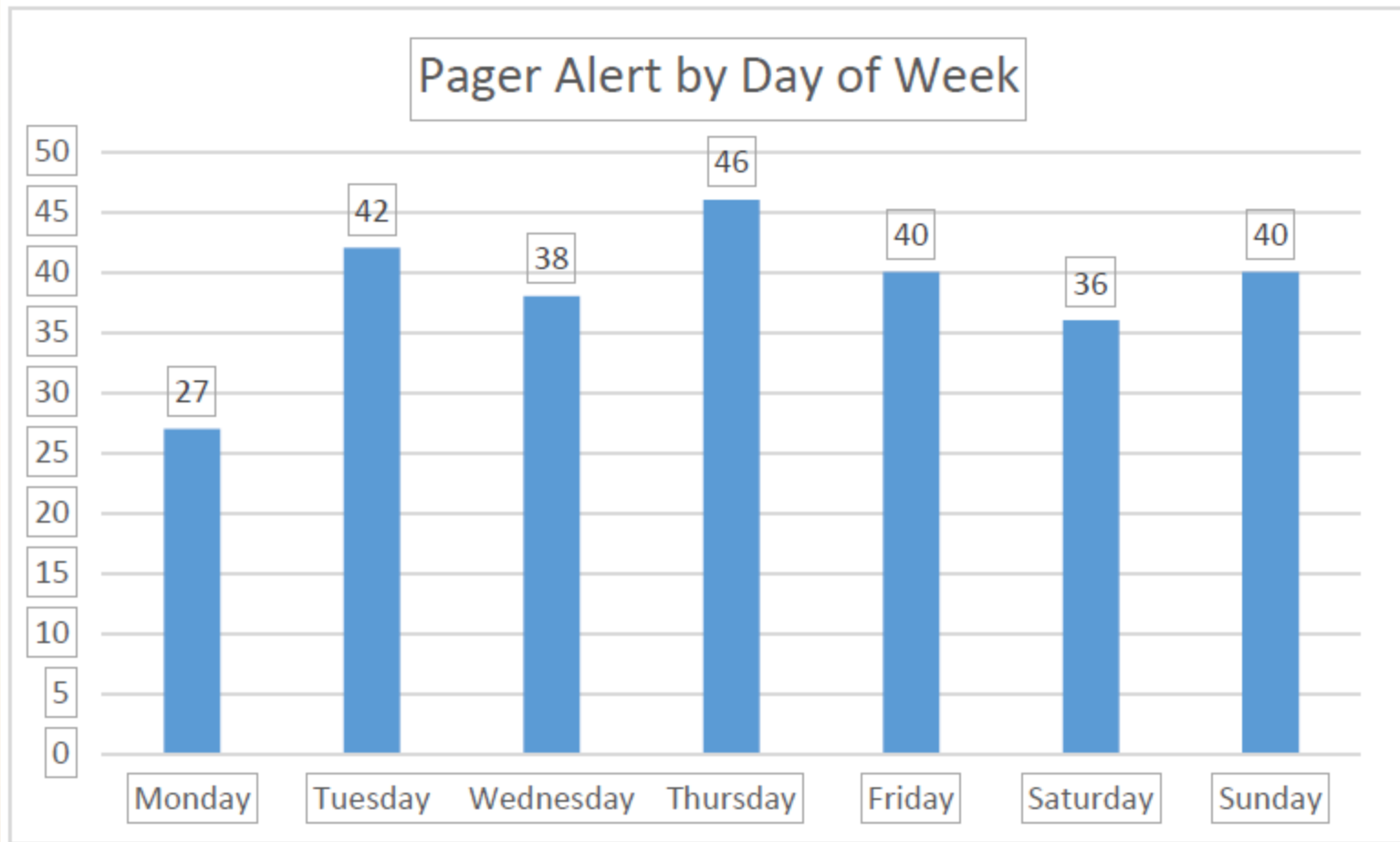


Narcan Administration during RRTs



RRT Paging Types





** 60 average incoming phone calls per day (every 24 minutes)



Moving forward

- Required rotation for residents
- New medical director (Dr. Mike Tang)
- RRT nurses:
 - On quality committees
 - Rounding on post transfer ICU patients
 - Closing the loop after RRT activation with med/surg staff
 - Participating with Dr. Kim Sokol's mock codes



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

Cardiovascular Services

Barry Royce, Director of Cardiovascular Service Line & Co Management Program
February 2020

Summary Issue/Service Considered

- Cleveland Clinic Affiliation – Quarterly Summary

Quality/Performance Improvement Data

- CC reviews our data, which we also submit to a National Data Base, and they compare it to their data and like CC Affiliates. This data identify trends and areas for improvement.
- We also have meetings quarterly with CVOR and Cath Lab Medical Staff to discuss outcomes, data, and opportunities for improvement. To date we have had three meetings with the surgical group and one with the Cardiology group. One additional meeting/review with each group Surgery [CVOR] and Cath Lab will be in March and April.
- Deep dive review with physician leadership continues for items that are on the strategic plan. Progress on each initiative has begun and monthly updates take place internally with KDH Staff and Physician Leadership.
- Physician and Executive Leadership Steering Committee members have met twice to review current state of Strategic Plan and discuss actions for keeping momentum as we work to target specific initiatives.

Policy, Strategic or Tactical Issues

- Additional cardiologists and cardiothoracic surgeons allows for the expansion of primary and secondary markets.
- Administrative leaders from all areas are meeting on a regular basis to discuss strategic plan.
- We have also begun to have some Same Day Admissions for Cardiac Surgery
- Marketing Slide Show

Recommendations/Next Steps

- We still need to complete a financial review; a plan will be put in place over the next quarter.
- Quarterly quality meeting with Cleveland Clinic for CT Surgery and cardiac lab.
- Strategic physician recruitment i.e. Electro-physiology and Imaging
- Grand Rounds session is scheduled for Feb 20th with a Cleveland Clinic Cardiothoracic Surgeon. Topic will be on the identifying trends for early cardiovascular treatment for our patient communities. Audience will be Department of Cardiovascular Services at KDH and to referring Primary Care providers in the surrounding communities.

Approvals/Conclusions

- Dr. Carrizo has started and Cardio-Thoracic Surgical volume has increased from 27 cases in December to 40 cases in January; 29 of those cases are Cardiac. We will continue to monitor this trend.
- Increased access and efficiencies in the cardiovascular area (new block schedule) has decreased our Acute Myocardial Infarction Length of Stay (LOS) has decreased by 0.75 days. We continue to monitor this trend.
- All site reviews are completed. We are waiting for final reports.
- We have increased our Same Day Discharges (SDD) from 25 in 3 months to 36 in the past 3 months, increasing our Inpatient bed capacity.
- Outcomes books have arrived
- We hit our first “Green” level in years, last quarter, on our device documentation

M O R E T H A N M E D I C I N E . L I F E .



CLEVELAND CLINIC MARKETING SUMMARY

In affiliation with



ANNOUNCEMENT

Initial announcement made at Kaweah Delta on January 25, 2019. We had a full house for our press conference and streamed live on several platforms. This event was the springboard for all of our marketing.



PRESS RELEASES

We have sent a series of press releases since the initial press conference and formal announcement to continue to educate and engage our community on the affiliation.

KAWEAH DELTA LAUNCHES AFFILIATION WITH COUNTRY'S NO. 1 HEART HOSPITAL, CLEVELAND CLINIC

Aug 21, 2019

Kaweah Delta launches affiliation with country's No. 1 Heart Hospital, Cleveland Clinic

Affiliation aims to advance cardiovascular care in Central Valley

VISALIA, CA – Kaweah Delta has joined forces with Cleveland Clinic's Heart & Vascular Institute, the No. 1 ranked heart program in the U.S., in an effort to help further elevate services for people seeking cardiovascular care in the Central Valley.

As an affiliate, the two organizations will stay independent and physicians and staff of Kaweah Delta's heart program will remain the same. However, the affiliation will give Kaweah Delta access to best practices that have helped the Ohio-based Cleveland Clinic's heart program achieve *U.S. News & World Report's* No. 1 cardiology and heart surgery ranking since 1995. The announcement was made Jan. 25 at press conference in front of more than 100 people at Kaweah Delta in Visalia., Calif.

"It is an honor to be chosen by the Cleveland Clinic as an affiliate and we know the relationship will be mutually beneficial," said Gary Herbst, Chief Executive Officer of Kaweah Delta, noting that in 2019 Kaweah Delta was named one of America's 50 Best Hospitals™ for Cardiac Surgery and one of America's 100 Best Hospitals™ for Cardiac Care by Healthgrades. "For the past 34 years, we have provided heart care to our community and kept people close to home with great results, but we know that having this world-renowned peer organization will help us further elevate the care that we provide our community."

Additionally, as affiliates, Kaweah Delta and Cleveland Clinic's heart program will share best practices in patient care, outcomes measurement, quality reporting and clinical research. In addition, physician teams from both entities will collaborate to accelerate advances in heart care treatments and protocols. Medical staff members of Kaweah Delta's heart program were very supportive of the affiliation, said Harry Lively, M.D., Chief of Medical Staff at Kaweah Delta.

"We have a strong cardiovascular program, and this relationship will help us take it to the next level," Dr. Lively said. "The best get better by collaborating and learning from each other. Collaborating with a proven national performer will accelerate our progress toward having a world-class heart program here in Visalia to benefit people throughout the region."

Jeffrey Rich, MD, chairman of strategic operations at Cleveland Clinic's Miller Family Heart & Vascular Institute said the affiliation will elevate care for patients in the Central Valley. "Our affiliation will give Kaweah Delta access to the best practices, which will further strengthen their cardiac care," Dr. Rich said. "Treating patients with cardiovascular disease is complex. Our affiliation with Kaweah Delta will advance heart care in Tulare County."

The formal affiliation will be beneficial in a variety of ways, said Regina Sawyer, D.N.P., Vice President and Chief Nursing Officer of Kaweah Delta. "It has truly been rewarding working with the Cleveland Clinic physicians and staff over the past three years. I look forward to renewed energy and to our continued partnership through formal affiliation," Sawyer said.

Benefits of the affiliation to Kaweah Delta patients and doctors include access to new treatments and technologies, opportunities to collaborate with Cleveland Clinic in medical research, sharing of care pathways, quality processes, outcomes data analysis and medical education opportunities, Herbst said.

"Collaboration and partnership is one of Kaweah Delta's founding principles, and this relationship with Cleveland Clinic further demonstrates the value of that philosophy," Herbst said. "The way forward in health care is through alliances that enable sharing of resources, knowledge and skills."

About Cleveland Clinic

Cleveland Clinic is a nonprofit multispecialty academic medical center that integrates clinical and hospital care with research and education. Located in Cleveland, Ohio, it was founded in 1921 by four renowned physicians with a vision of providing outstanding patient care based upon the principles of cooperation, compassion and innovation. Cleveland Clinic has pioneered many medical breakthroughs, including coronary artery bypass surgery and the first face transplant in the United States. *U.S. News & World Report* consistently names Cleveland Clinic as one of the nation's best hospitals in its annual "America's Best Hospitals" survey. Among Cleveland Clinic's 52,000 employees are more than 3,600 full-time salaried physicians and researchers and 14,000 nurses, representing 140 medical specialties and subspecialties. Cleveland Clinic's health system includes a 165-acre main campus near downtown Cleveland, 11 regional hospitals, more than 150 northern Ohio outpatient locations – including 18 full-service family health centers and three health and wellness centers – and locations in Weston, Fla.; Las Vegas, Nev.; Toronto, Canada; Abu Dhabi, UAE; and London, England. In 2017, there were 7.6 million outpatient visits, 229,000 hospital admissions and 207,000 surgical cases throughout Cleveland Clinic's health system. Patients came for treatment from every state and 185 countries. Visit us at clevelandclinic.org. Follow us at twitter.com/ClevelandClinic. News and resources available at newsroom.clevelandclinic.org.



SIGNAGE

On each campus we have installed this large 4 x 8 foot billboard announcing the affiliation. They have a huge presence on each campus.

We've also printed and distributed large banners, light box panels, countertop plexi signs, window clings and more to display in various departments, at special events and other installations.

**NOW AFFILIATED WITH
THE NO. 1 PROGRAM IN
HEART CARE**



In affiliation with



NOW AFFILIATED WITH THE
NATION'S NO. 1 PROGRAM IN

HEART CARE



Kaweah Delta announces
a new affiliation with
Cleveland Clinic's Heart &
Vascular Institute, ranked
#1 in the nation for heart
care since 1995 by U.S.
News & World Report.



In affiliation with



LEARN MORE >> Kaweahdelta.org/clevelandclinic

ADDITIONAL SIGNAGE

BOULEVARD BANNERS

**NOW
AFFILIATED
WITH THE
NO. 1
PROGRAM IN**

**HEART
CARE**

In affiliation with

Cleveland Clinic
Heart and Vascular Institute

**NOW
AFFILIATED
WITH THE
NATION'S
NO. 1
PROGRAM*
IN**

**HEART
CARE**

* Cleveland Clinic's Heart & Vascular
Institute, ranked #1 in the nation
for heart care since 1995
by U.S. News & World Report.

PULL-UP BANNERS

NOW AFFILIATED WITH THE
NATION'S NO. 1 PROGRAM IN

HEART CARE

Kaweah Delta announces a new affiliation with
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1995 by U.S. News & World Report.

In affiliation with

Cleveland Clinic
Heart and Vascular Institute

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LIGHT BOX DISPLAY

PLEXI DISPLAYS

NOW AFFILIATED WITH THE
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WINDOW CLINGS

NOW AFFILIATED WITH THE
NATION'S NO. 1 PROGRAM IN

HEART CARE

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LEARN MORE >> Kaweahdelta.org/clevelandclinic

In affiliation with

Cleveland Clinic
Heart and Vascular Institute



EDUCATION + ADVERTISING

We developed these flyers for distribution, internally and externally, in order to educate our staff and community about the affiliation and its importance.

These designs were also reiterated into:

- 22 x 28 posters, throughout all campuses
- Print advertising in local newspapers, magazines and specialty publications
- Announcements with all of our local Chambers of Commerce (Visalia, Tulare, Exeter, Dinuba and TK Hispanic)

**NOW AFFILIATED WITH THE
NATION'S NO. 1 PROGRAM IN
HEART
CARE**

Kaweah Delta announces a new affiliation with Cleveland Clinic's Heart & Vascular Institute, ranked #1 in the nation for heart care since 1995 by U.S. News & World Report.

LEARN MORE >> Kaweahdelta.org/clevelandclinic



In affiliation with



Kaweah Delta is now affiliated with **THE NO. 1 HEART** program in the nation.

For more than 34 years, Kaweah Delta's heart program has been a leader in the Central Valley. In 2019, we were named one of America's best 50 Best Hospitals™ for Cardiac Surgery and one of America's 100 Best Hospitals™ for Cardiac Care, according to a national study released by Healthgrades. Now, we are proudly affiliated with The Cleveland Clinic's heart program. This affiliation will be mutually beneficial for both parties and the patients we care for. Kaweah Delta will remain independent and physicians and staff who currently care for our patients in these programs remain the same.

This affiliation will improve patient care and make the latest heart treatments available close to home, improving the overall heart health of our community.

What will this affiliation provide patients?

- Access to best practices that have helped The Cleveland Clinic's heart program achieve U.S. News & World Report's No. 1 heart care ranking since 1995.
- The ability to stay close to home for heart care by local heart specialists collaborating with The Cleveland Clinic's heart program on the latest treatments available.
- Cardiovascular specialists partnering on the latest research and protocols.
- Collaboration between The Cleveland Clinic Heart & Vascular Institute and Kaweah Delta staff when dealing with complex medical situations using the newest technologies and innovations.
- Even more experts weighing in on the best treatment for each case.
For more information, visit www.kaweahdelta.org/clevelandclinic



In affiliation with



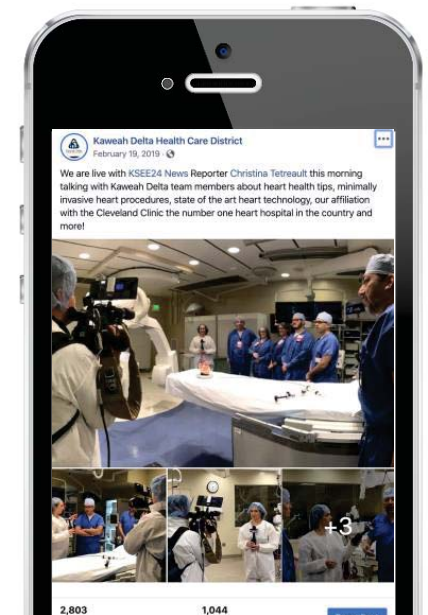
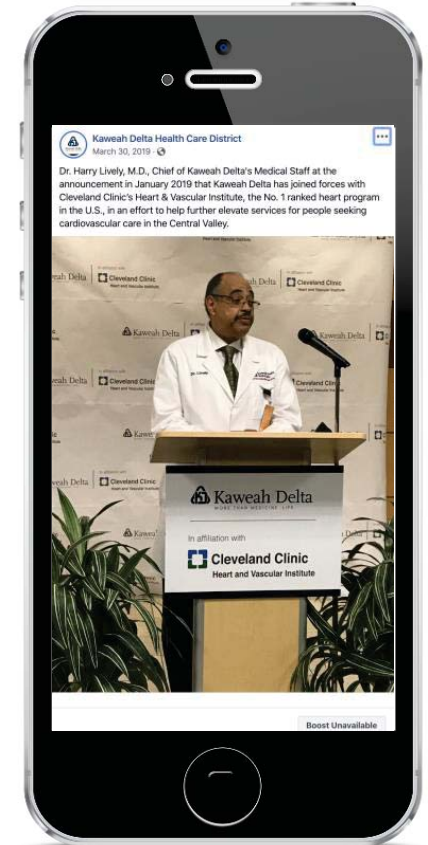
HEART CARE

VIDEO: DIGITAL & SOCIAL MEDIA

We developed :15 second and :30 second videos to share on digital, social and website platforms in order to build excitement and increase engagement.

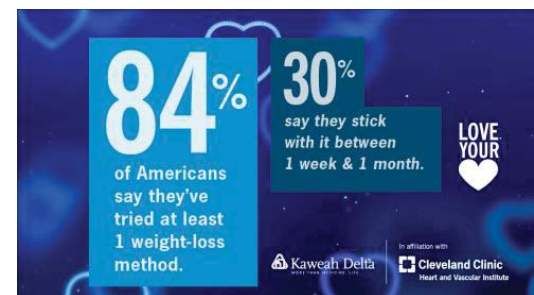
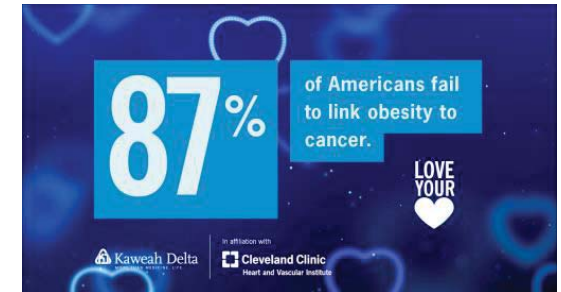
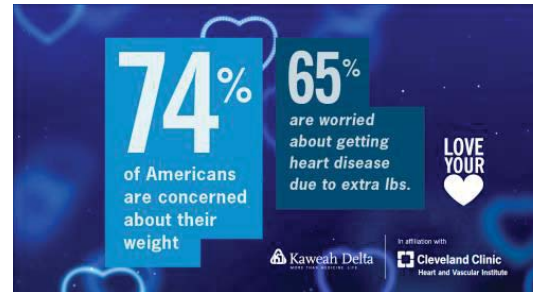
SOCIAL MEDIA

We have had ongoing social media campaigns and support for the affiliation on Facebook, Twitter, Instagram and YouTube.



HEART MONTH

We utilized the campaign created by Cleveland Clinic with the logo lock up in order to share on social and digital platforms.





RADIO COMMERCIALS

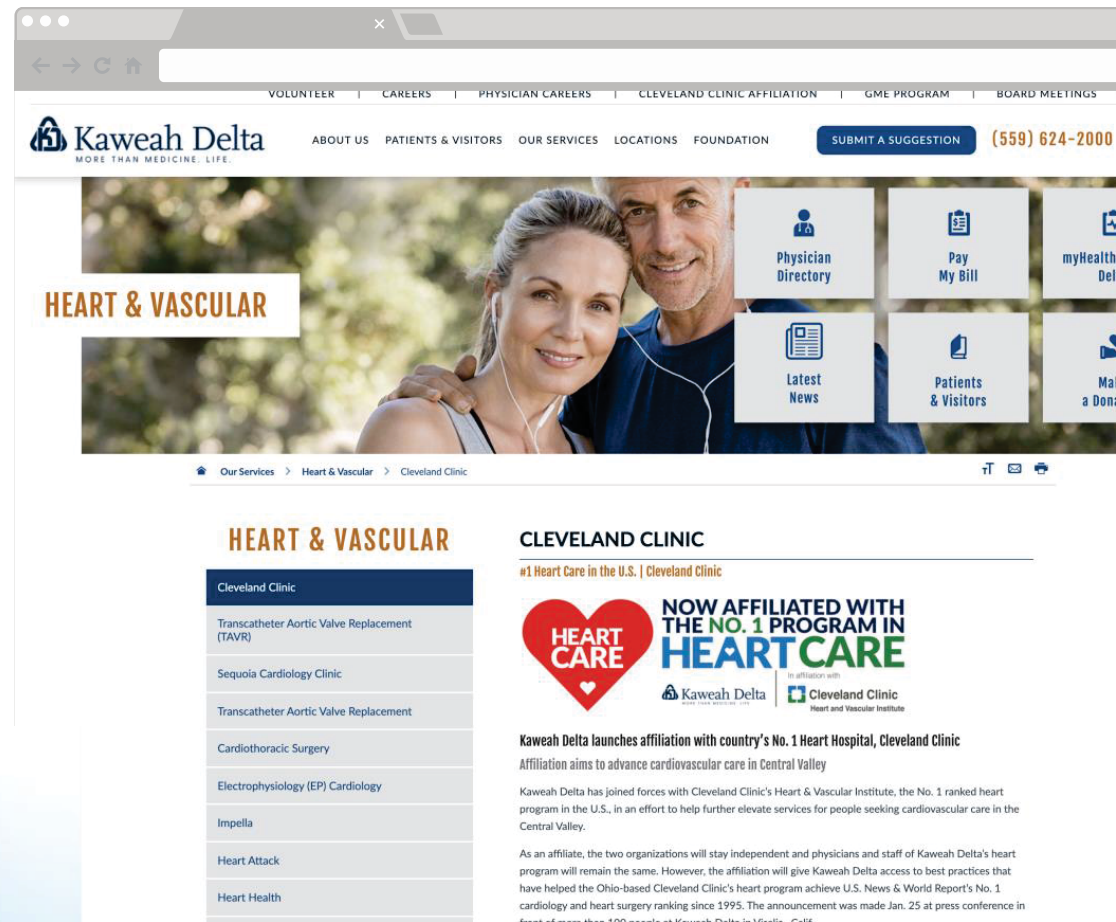
We broadcast with 12 major radio stations throughout the Central Valley, whose reach covers well over a hundred-mile radius from North to South Valley and out to the coastline.

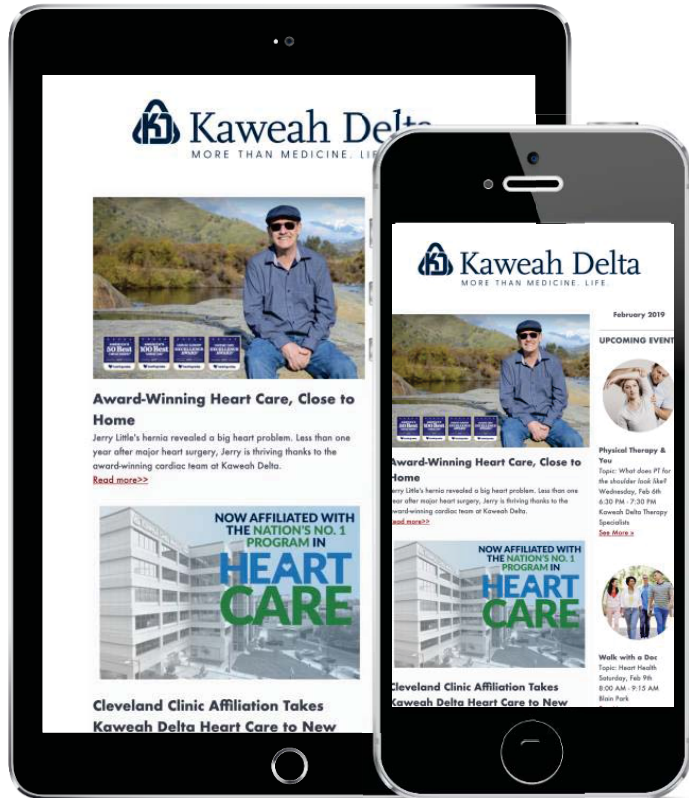


WEBSITE SUPPORT

From the announcement of the affiliation on, the campaign has had front and center placement on the Home Page of our website. It's also been a featured carousel (the slider images at the top). We have a custom landing page with further details the affiliation and have linked our digital campaigns to it.

Home Page Carousel





EMAIL CAMPAIGNS

We have huge email engagement numbers and have worked hard to continue to utilize a marketing automation platform to connect with our patients and contact. The affiliation was part of our regular monthly eblast which goes to 57,000+ contacts, as well as to our targeted campaign for those “at risk” for a cardiovascular encounter.

*Utilizing Healthgrades data and predictive algorithms to categorize risk.

KAWEAH DELTA

CARDIAC SPECIAL
EDITION | 2019

Vital Signs

NEWS, INFORMATION & INSPIRING STORIES

STORIES
FROM THE
heart

NOW AFFILIATED
WITH THE NATION'S
NO. 1 PROGRAM IN
**HEART
CARE**

 Kaweah Delta | In affiliation with  Cleveland Clinic
Heart and Vascular Institute

[LEARN MORE >>](#)

 Kaweah Delta
KAWEAHDELTA.ORG

155/257

VITAL SIGNS: SPECIAL EDITION

We publish our own magazine three times a year, called Vital Signs. In Feb 2019 we released a Cardiac Special Edition that went into detail about the affiliation of Cleveland Clinic and information about our cardiac programs.



TWO THOUSAND NINETEEN

kaweah delta
SHARE
YOUR
HEART
ART CONTEST

IN HONOR OF CARDIAC MONTH, LET'S PUT OUR HEARTS ON DISPLAY AT KAWEAH DELTA. DEPARTMENTS ARE INVITED TO SUBMIT "HEART ART" WHICH WILL BE PUT ON DISPLAY DURING OUR HEART MONTH CELEBRATION.

RECEPTION AND VOTING:

FOR STAFF:
**THURSDAY,
FEBRUARY 21**

ACEQUIA WING LOBBY

FOR COMMUNITY:
**FRIDAY,
FEBRUARY 22**

VISALIA CONVENTION CENTER

**HEART ART
GUIDELINES:**
QUESTIONS? 624-5283

- Can be made of paper, glass, wood, cement, photos, clay, almost anything!
- Should be no larger than 18 inches wide or 18 inches tall.
- Can include a message of hope, or theme related to your department.
- Submit by Thursday, February 14th to the Marketing Department.

CARDIAC REUNION EVENT

Each year we hold a large cardiac reunion event which invites our patients, physicians and staff to come and celebrate together, learn about new things happening in our heart and vascular programs and to reunite with the teams that helped keep their hearts beating. It grows exponentially.

We have over 300 people in 2019, where we announced the affiliation once more and shared more about the importance of it with our patients, families and providers.



We're reaching new heights in **heart care.**

Kaweah Delta is proudly
affiliated with Cleveland Clinic,
the nation's leader in heart care.

Cleveland Clinic's Heart & Vascular Institute, ranked #1 in the nation
for heart care since 1995 by U.S. News & World Report.



In affiliation with



LEARN MORE

kaweahdelta.org/clevelandclinic

THE PRESENT

We are currently at work on a large new
campaign to continue to better engage with
and educate our community about our
unique and powerful affiliation with
Cleveland Clinic



We're reaching new heights in

VIDEO

We developed this short video for sharing on digital and social, as well as on our website. Metrics from our previous marketing campaigns has shown that our audience responds and engages with video most.

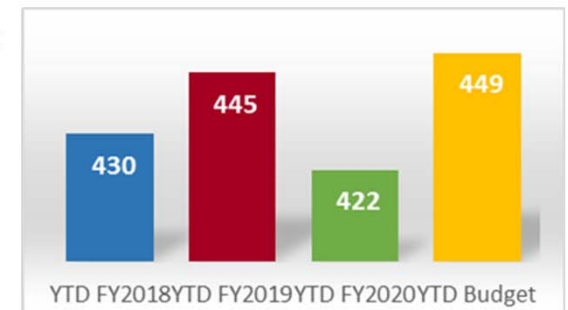
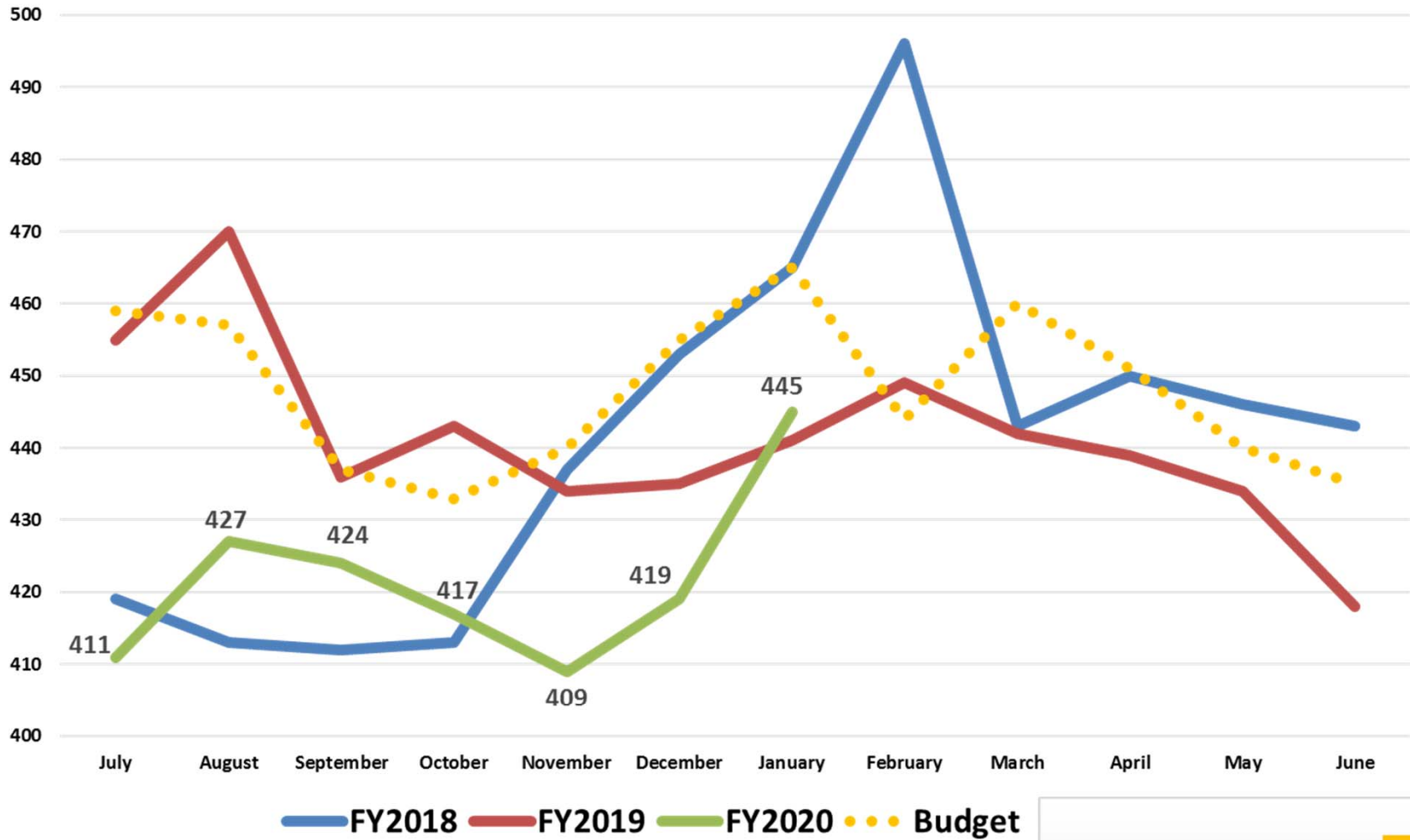
M O R E T H A N M E D I C I N E . L I F E .

CFO Financial Report

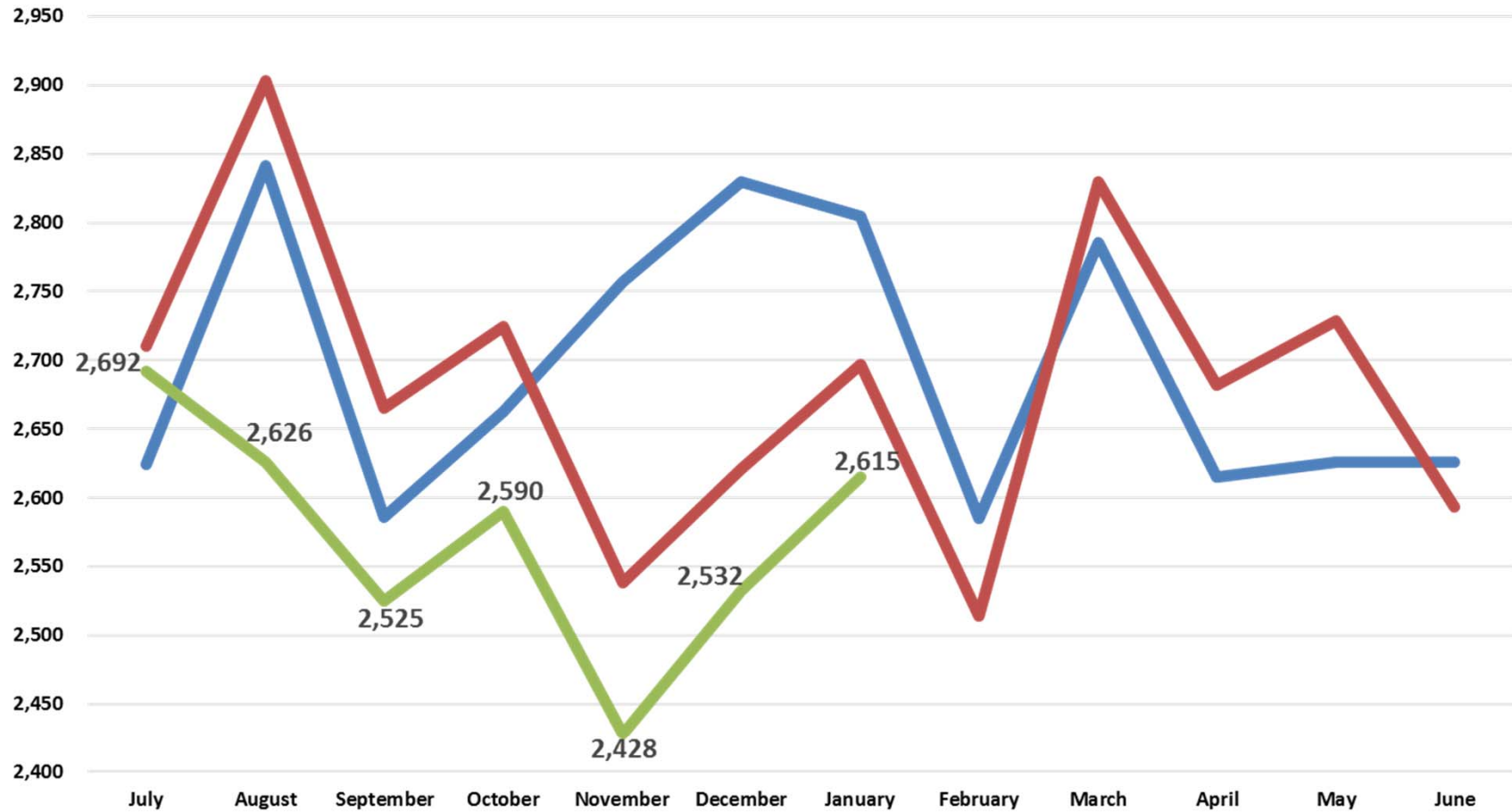
February 24, 2020



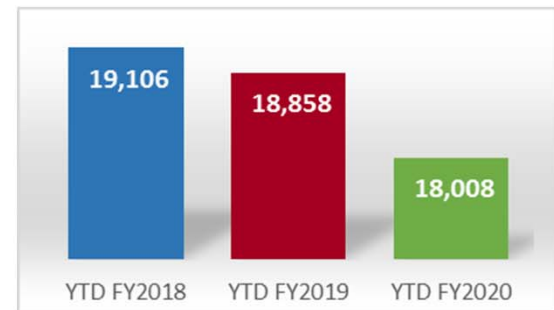
Average Daily Census



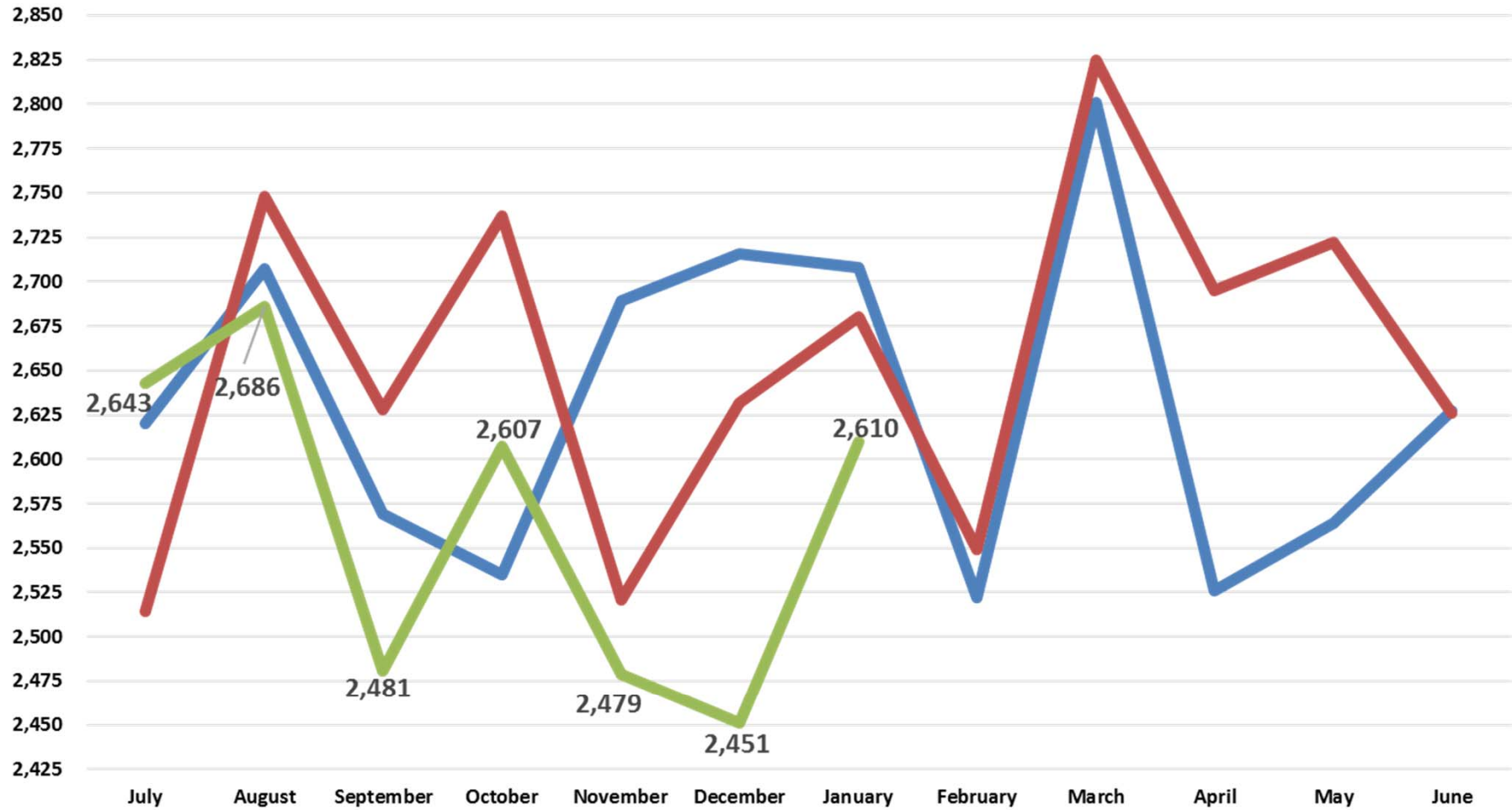
Admissions



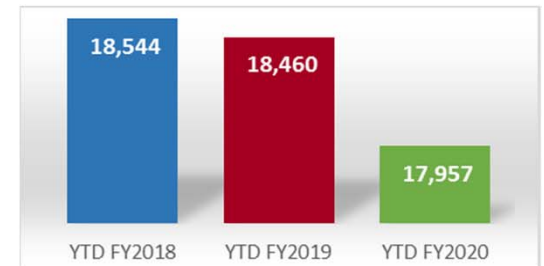
— FY2018 — FY2019 — FY2020



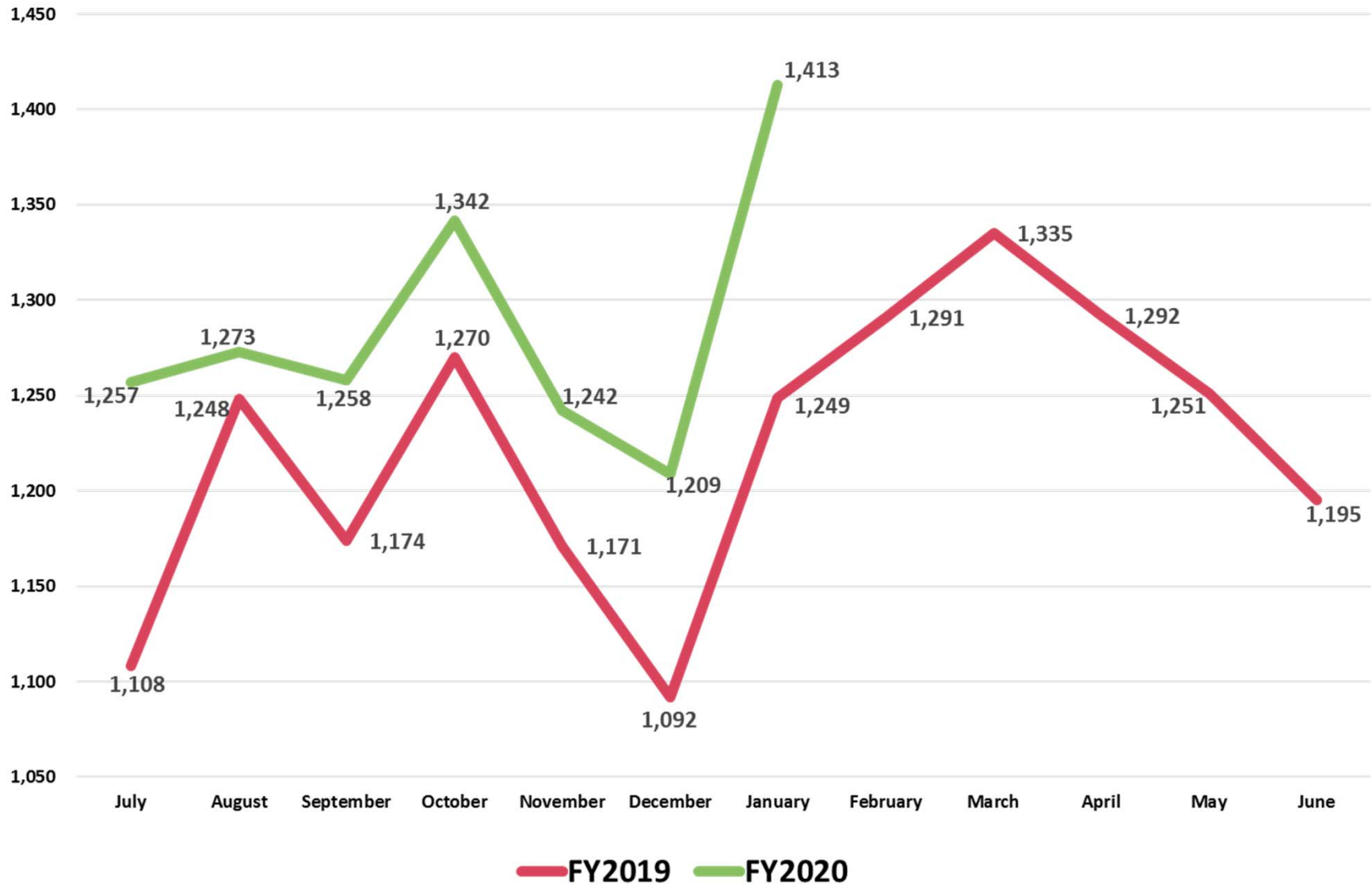
Discharges



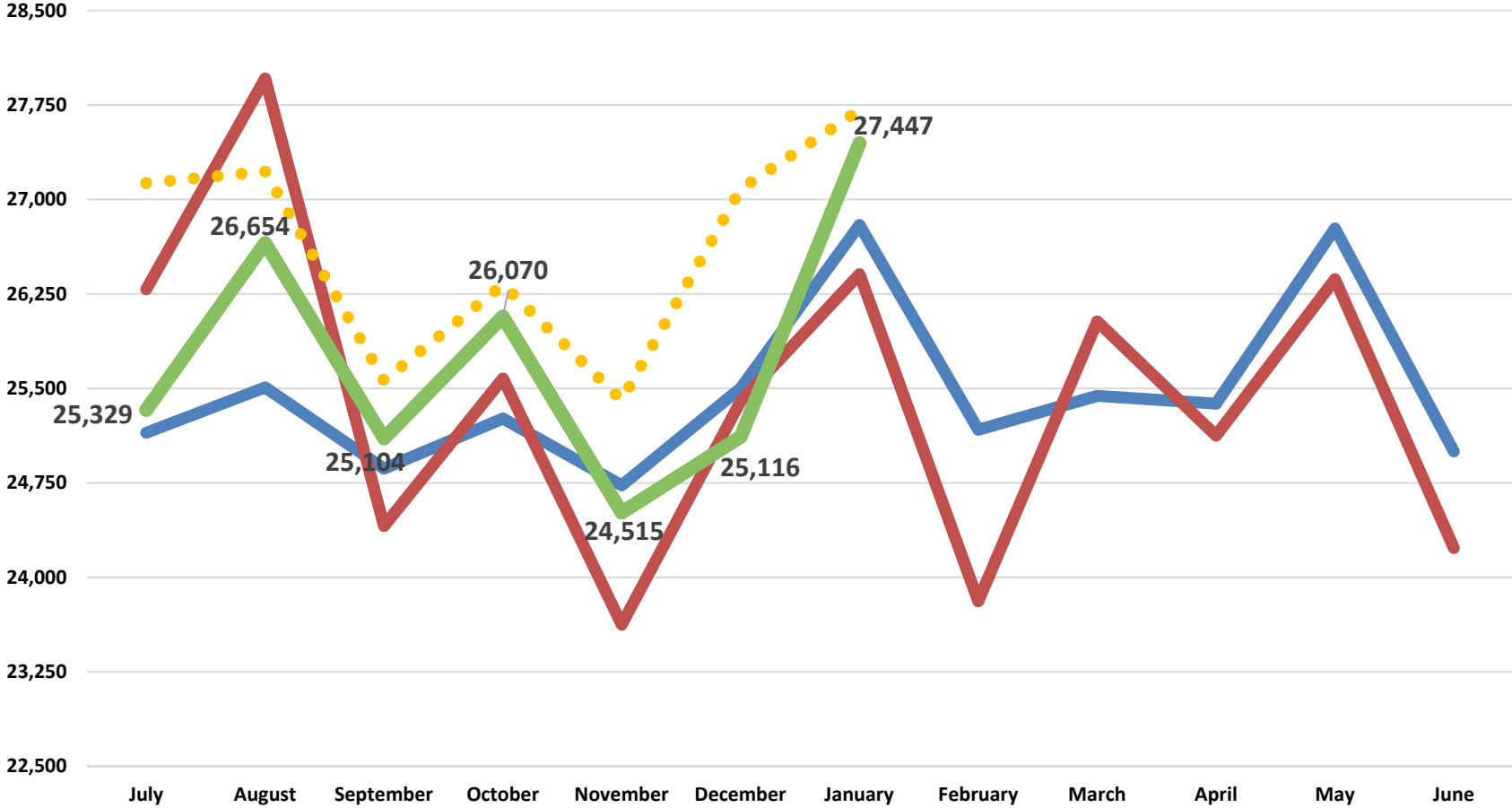
— FY2018 — FY2019 — FY2020



Outpatient Registrations per Day



Adjusted Patient Days



— **FY2018**
 — **FY2019**
 — **FY2020**
 ●●● **Budget**



Other Statistical Results – Fiscal Year Comparison (January)

	Actual Results				Budget	Budget Variance	
	Jan 2019	Jan 2020	Change	% Change	Jan 2020	Change	% Change
Adjusted Patient Days	26,407	27,447	1,040	3.9%	27,708	(261)	(1.0%)
Outpatient Visits	38,719	43,803	5,084	13.1%	41,081	2,722	6.6%
Endoscopy Procedures <small>(I/P & O/P)</small>	357	644	287	80.4%	357	287	44.6%
Urgent Care - Demaree	1,931	3,146	1,215	62.9%	2,369	777	24.7%
Physical & Other Therapy Units	17,568	20,385	2,817	16.0%	17,755	2,630	12.9%
ED Total Registered	6,770	7,705	935	13.8%	8,219	(514)	(6.7%)
Home Infusion Days	10,485	11,271	786	7.5%	11,420	(149)	(1.3%)
Radiology/CT/US/MRI Proc <small>(I/P & O/P)</small>	14,604	15,596	992	6.8%	15,342	254	1.6%
Urgent Care - Court	4,130	4,397	267	6.5%	4,818	(421)	(9.6%)
Cath Lab Minutes (IP & OP)	384	400	16	4.2%	394	6	1.5%
Radiation Oncology Treatments <small>(I/P & O/P)</small>	2,166	2,253	87	4.0%	2,035	218	9.7%
Surgery Minutes-General & Robotic <small>(I/P & O/P)</small>	1,057	1,097	40	3.8%	1,207	(110)	(10.0%)
KDMF RVU	31,234	31,705	471	1.5%	35,106	(3,401)	(10.7%)
OB Deliveries	383	385	2	0.5%	424	(39)	(10.1%)
Home Health Visits	2,545	2,543	(2)	(0.1%)	2,692	(149)	(5.9%)
Hospice Days	3,495	3,451	(44)	(1.3%)	3,583	(132)	(3.8%)
O/P Rehab Units	21,641	20,669	(972)	(4.5%)	21,596	(927)	(4.5%)
GME Clinic visits	994	845	(149)	(15.0%)	1,240	(395)	(46.7%)
Dialysis Treatments	2,039	1,657	(382)	(18.7%)	1,923	(266)	(16.1%)

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

	Actual Results				Budget	Budget Variance	
	FY 2019	FY 2020	Change	% Change	FY 2020	Change	% Change
Adjusted Patient Days	179,668	180,231	564	0.3%	186,441	(6,210)	(3.3%)
Outpatient Visits	255,327	276,314	20,987	8.2%	270,902	5,412	2.0%
Urgent Care - Demaree	9,066	15,169	6,103	67.3%	13,254	1,915	14.4%
Endoscopy Procedures (I/P & O/P)	3,236	4,385	1,149	35.5%	3,236	1,149	35.5%
Home Health Visits	16,558	18,946	2,388	14.4%	18,517	429	2.3%
KDMF RVU	207,463	230,476	23,013	11.1%	233,330	(2,854)	(1.2%)
Radiation Oncology Treatments (I/P & O/P)	13,843	15,078	1,235	8.9%	14,245	833	5.8%
ED Total Registered	48,736	51,755	3,019	6.2%	54,027	(2,272)	(4.2%)
Physical & Other Therapy Units	121,986	129,347	7,361	6.0%	126,710	2,637	2.1%
Hospice Days	22,911	24,207	1,296	5.7%	23,588	619	2.6%
Radiology/CT/US/MRI Proc (I/P & O/P)	102,491	106,452	3,961	3.9%	107,396	(944)	(0.9%)
Surgery Minutes-General & Robotic (I/P & O/P)	7,150	7,401	251	3.5%	8,470	(1,069)	(12.6%)
Cath Lab Minutes (IP & OP)	2,551	2,623	72	2.8%	2,753	(130)	(4.7%)
GME Clinic visits	6,926	6,967	41	0.6%	8,600	(1,633)	(19.0%)
O/P Rehab Units	135,677	135,929	252	0.2%	144,142	(8,213)	(5.7%)
Home Infusion Days	78,395	77,883	(512)	(0.7%)	78,383	(500)	(0.6%)
Dialysis Treatments	13,543	12,976	(567)	(4.2%)	12,774	202	1.6%
OB Deliveries	2,913	2,704	(209)	(7.2%)	2,968	(264)	(8.9%)
Urgent Care - Court	29,636	25,641	(3,995)	(13.5%)	29,655	(4,014)	(13.5%)

January Financial Comparison (000's)

	Actual Results			Budget	Budget Variance		Explanation
	Jan 2019	Jan 2020	% Change	Jan 2020	Change	% Change	
Operating Revenue							
Net Patient Service Revenue	44,312	52,382	18.2%	52,459	(\$76)	(0.1%)	See highlights slide
Supplemental Gov't Programs	9,058	5,367	(40.7%)	4,319	1,048	24.3%	
Prime Program	997	905	(9.2%)	905	0	0.0%	
Premium Revenue	3,385	4,145	22.5%	4,428	(284)	(6.4%)	
Management Services Revenue	3,102	2,848	(8.2%)	3,147	(299)	(9.5%)	
Other Revenue	1,636	2,039	24.6%	1,793	246	13.7%	
Other Operating Revenue	18,178	15,305	(15.8%)	14,594	711	4.9%	
Total Operating Revenue	62,489	67,687	8.3%	67,052	635	0.9%	
Operating Expenses							
Salaries & Wages	24,505	27,060	10.4%	26,060	1,000	3.8%	See highlights slide
Contract Labor	1,138	617	(45.8%)	352	265	75.4%	
Employee Benefits	8,646	7,222	(16.5%)	6,178	1,044	16.9%	See highlights slide
Total Employment Expenses	34,290	34,899	1.8%	32,590	2,309	7.1%	
Medical & Other Supplies	8,909	11,127	24.9%	9,518	1,609	16.9%	See highlights slide
Physician Fees	6,624	7,653	15.5%	7,864	(211)	(2.7%)	
Purchased Services	2,929	3,602	23.0%	3,300	301	9.1%	
Repairs & Maintenance	2,050	2,396	16.9%	2,242	154	6.9%	
Utilities	383	439	14.6%	508	(69)	(13.6%)	
Rents & Leases	427	568	33.0%	531	37	7.0%	
Depreciation & Amortization	2,528	2,472	(2.2%)	2,681	(209)	(7.8%)	
Interest Expense	462	468	1.4%	524	(56)	(10.6%)	
Other Expense	1,286	1,822	41.7%	1,797	25	1.4%	
Management Services Expense	3,040	2,702	(11.1%)	3,097	(395)	(12.8%)	
Total Operating Expenses	62,927	68,148	8.3%	64,653	3,495	5.4%	
Operating Margin	(\$438)	(\$461)	(5.2%)	\$2,399	(\$2,860)	(119.2%)	
Nonoperating Revenue (Loss)	460	682	48.3%	670	12	1.7%	
Excess Margin	\$22	\$221	(903.0%)	\$3,069	(\$2,848)	(92.8%)	

Operating Margin %	(0.7%)	(0.7%)		3.6%
Excess Margin %	0.0%	0.3%		4.5%

YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Jan			Budget FYTD	Budget Variance FYTD	
	FYTD2019	FYTD2020	% Change	FYTD2020	Change	% Change
Operating Revenue						
Net Patient Service Revenue	328,549	355,587	8.2%	358,333	(\$2,746)	(0.8%)
Supplemental Gov't Programs	33,529	30,747	(8.3%)	30,234	513	1.7%
Prime Program	9,820	7,271	(26.0%)	6,336	935	14.8%
Premium Revenue	21,422	27,140	26.7%	25,416	1,725	6.8%
Management Services Revenue	18,461	19,039	3.1%	18,865	175	0.9%
Other Revenue	14,176	13,101	(7.6%)	12,446	656	5.3%
Other Operating Revenue	97,407	97,299	(0.1%)	93,297	4,003	4.3%
Total Operating Revenue	425,956	452,886	6.3%	451,629	1,257	0.3%
Operating Expenses						
Salaries & Wages	168,233	179,247	6.5%	178,867	380	0.2%
Contract Labor	8,813	6,975	(20.9%)	2,223	4,752	213.7%
Employee Benefits	43,858	44,688	1.9%	42,824	1,865	4.4%
Total Employment Expenses	220,903	230,911	4.5%	223,914	6,997	3.1%
Medical & Other Supplies	68,371	69,076	1.0%	65,661	3,415	5.2%
Physician Fees	48,594	52,064	7.1%	55,338	(3,274)	(5.9%)
Purchased Services	20,527	25,056	22.1%	20,504	4,551	22.2%
Repairs & Maintenance	14,679	15,132	3.1%	15,673	(541)	(3.4%)
Utilities	3,430	3,653	6.5%	3,523	130	3.7%
Rents & Leases	3,540	3,694	4.3%	3,718	(24)	(0.6%)
Depreciation & Amortization	17,625	17,393	(1.3%)	17,943	(551)	(3.1%)
Interest Expense	3,173	3,118	(1.7%)	3,666	(548)	(14.9%)
Other Expense	10,754	11,674	8.5%	12,462	(788)	(6.3%)
Management Services Expense	18,118	18,680	3.1%	18,565	115	0.6%
Total Operating Expenses	429,716	450,451	4.8%	440,968	9,483	2.2%
Operating Margin	(\$3,759)	\$2,435	164.8%	\$10,662	(\$8,226)	(77.2%)
Nonoperating Revenue (Loss)	3,696	8,716	135.9%	4,656	4,060	87.2%
Excess Margin	(\$64)	\$11,151	17,572.0%	\$15,317	(\$4,166)	(27.2%)
Operating Margin %	(0.9%)	0.5%		2.4%		
Excess Margin %	(0.0%)	2.4%		3.4%		

Kaweah Delta Medical Foundation

Fiscal Year Financial Comparison (000's)

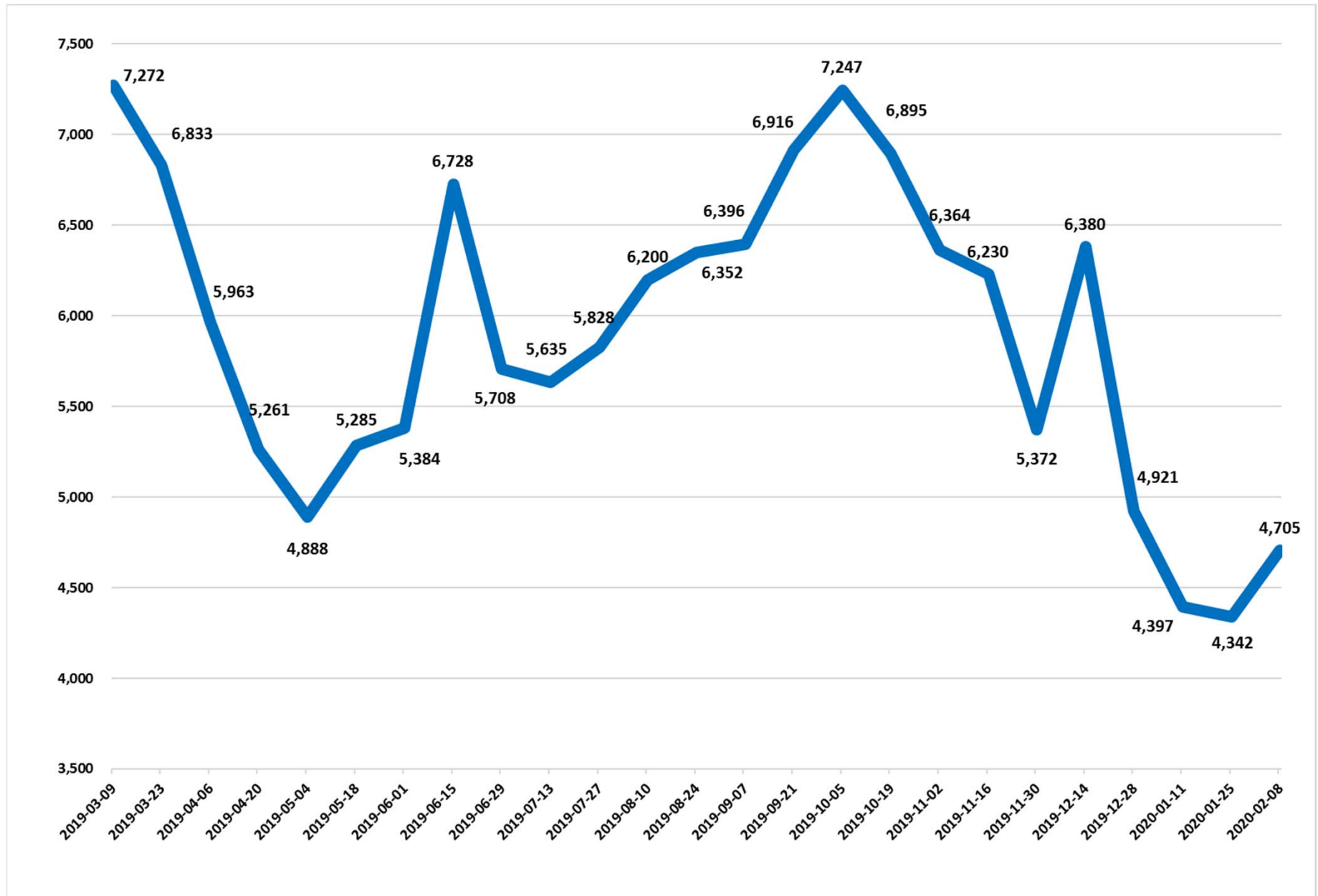
	Actual Results FYTD January			Budget FYTD	Budget Variance FYTD	
	Jul - Jan 2019	Jul - Jan 2020	% Change	Jul - Jan 2020	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$25,177	\$26,097	3.7%	\$27,614	(\$1,517)	(5.5%)
Other Operating Revenue	436	389	(10.7%)	371	18	4.9%
Total Operating Revenue	25,613	26,486	3.4%	27,985	(1,499)	(5.4%)
Operating Expenses						
Salaries & Wages	6,710	6,776	1.0%	7,126	(350)	(4.9%)
Contract Labor	90	48	(46.9%)	0	48	0.0%
Employee Benefits	1,656	1,695	2.3%	1,697	(2)	(0.1%)
Total Employment Expenses	8,456	8,519	0.7%	8,823	(304)	(3.4%)
Medical & Other Supplies	3,593	3,531	(1.7%)	3,700	(168)	(4.6%)
Physician Fees	12,637	14,145	11.9%	15,011	(867)	(5.8%)
Purchased Services	678	691	1.9%	379	311	82.0%
Repairs & Maintenance	1,136	1,191	4.8%	1,530	(339)	(22.2%)
Utilities	268	225	(16.0%)	247	(22)	(8.8%)
Rents & Leases	1,579	1,606	1.7%	1,674	(68)	(4.1%)
Depreciation & Amortization	684	620	(9.4%)	616	4	0.6%
Interest Expense	14	8	(46.2%)	14	(6)	(45.2%)
Other Expense	929	1,045	12.5%	1,074	(30)	(2.7%)
Total Operating Expenses	29,974	31,580	5.4%	33,068	(1,488)	(4.5%)
Excess Margin	(\$4,361)	(\$5,094)	(16.8%)	(\$5,083)	(\$10)	(0.2%)
Excess Margin %	(17.0%)	(19.2%)		(18.2%)		

Highlights – Budget Variances

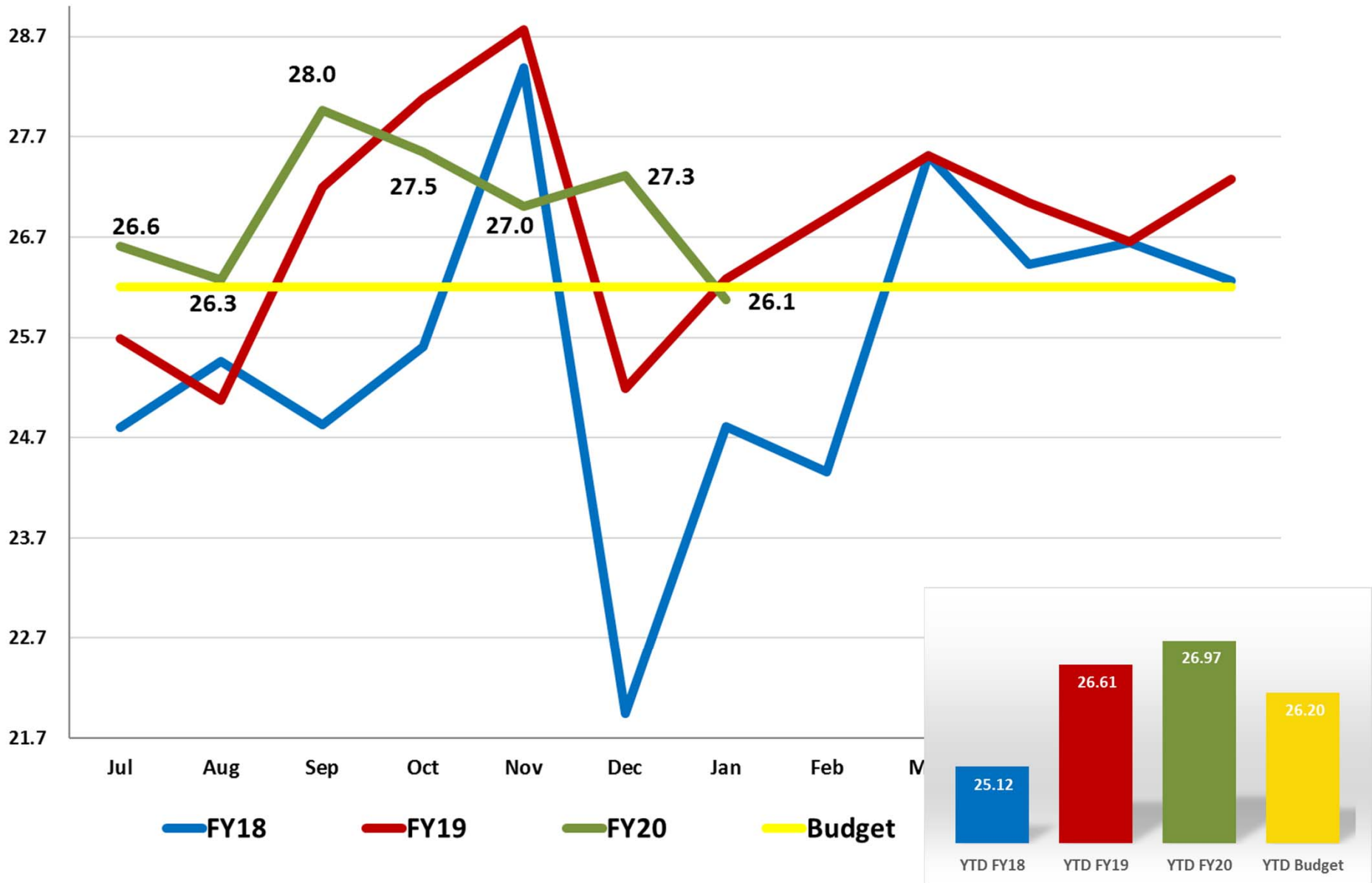
January

- **Net Patient Revenue:** Even though inpatient volume was .9% higher than prior year, it was still under budget by 4.2%. This was offset somewhat by strong outpatient volume compared to budget resulting in an unfavorable variance of \$76K (0.1%)
- **Salaries & Wages:** The unfavorable variance of \$1M in January is primarily due to the additional costs of our retention bonus of \$447K and more than expected worked hours. The budget also included \$606K of budget efficiencies that have not been fully realized. The areas that are over budget are primarily in the nursing areas and a result of the focused efforts on nurse to patient ratios as well as some unfavorable departmental variances in our productivity ratios.
- **Employee Benefits:** \$1M unfavorable variance in January is due to an \$841K increase in health benefits due to high claims experience that exceeded our IBNR estimate –no stop loss. In addition, our FICA expense is \$194K higher with the new calendar year. This difference will decrease as high wage earners hit their annual cap over the year.
- **Medical & Other Supplies:** The \$1.6M unfavorable variance is primarily due to an increase in our Surgical/Medical supplies. The departments that experienced the largest increase are Lab \$248K, Surgery \$127K and ED \$114K. Some of these increases have to do with increased volume, timing, as well as not fully realizing the budgeted savings due to in efficiencies. In addition, our pharmaceutical costs are over budget by \$385K due to higher volume as well as an increase in our retail pharmacy of \$89K however, the related revenue is up \$193K.

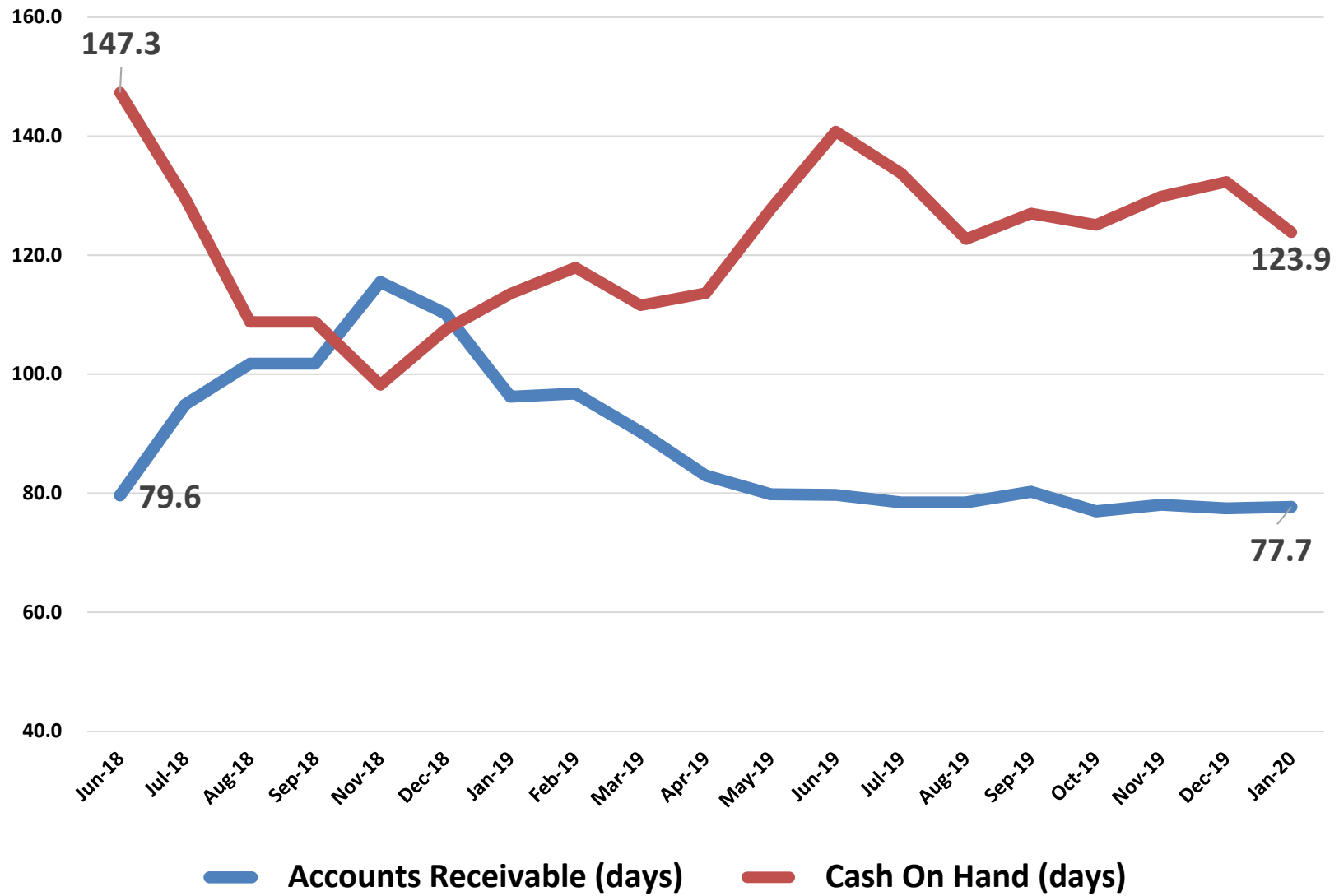
Contract Labor Hours

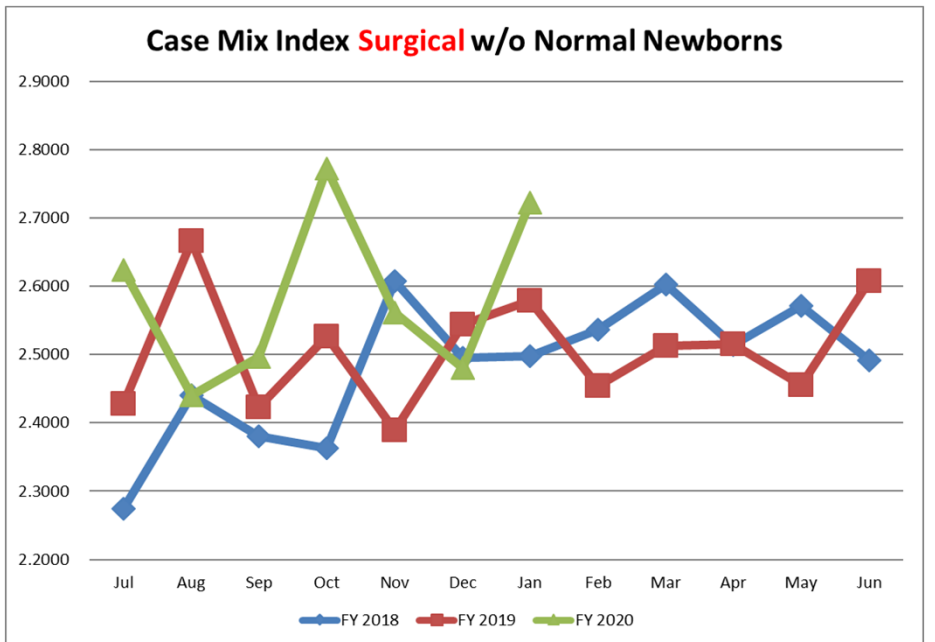
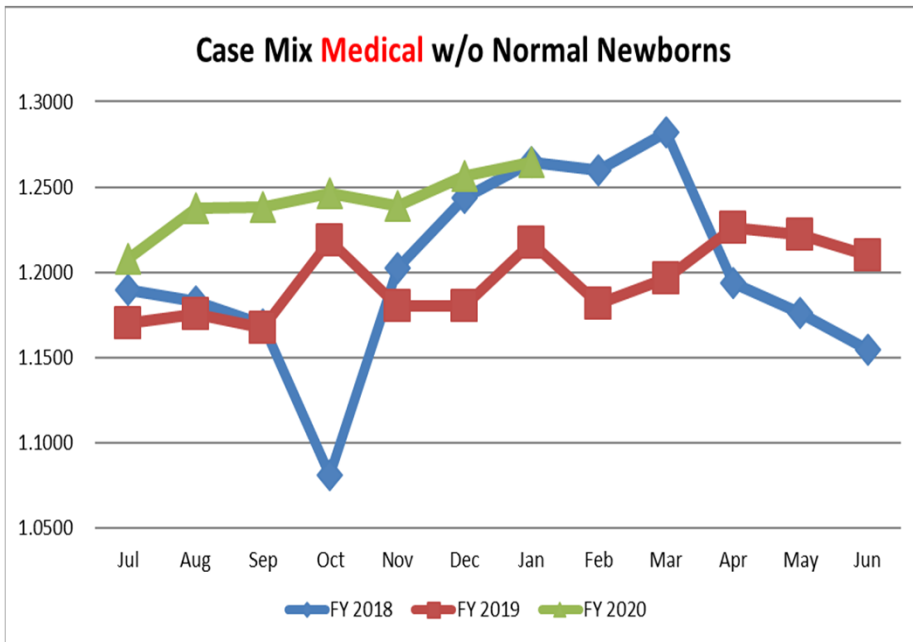
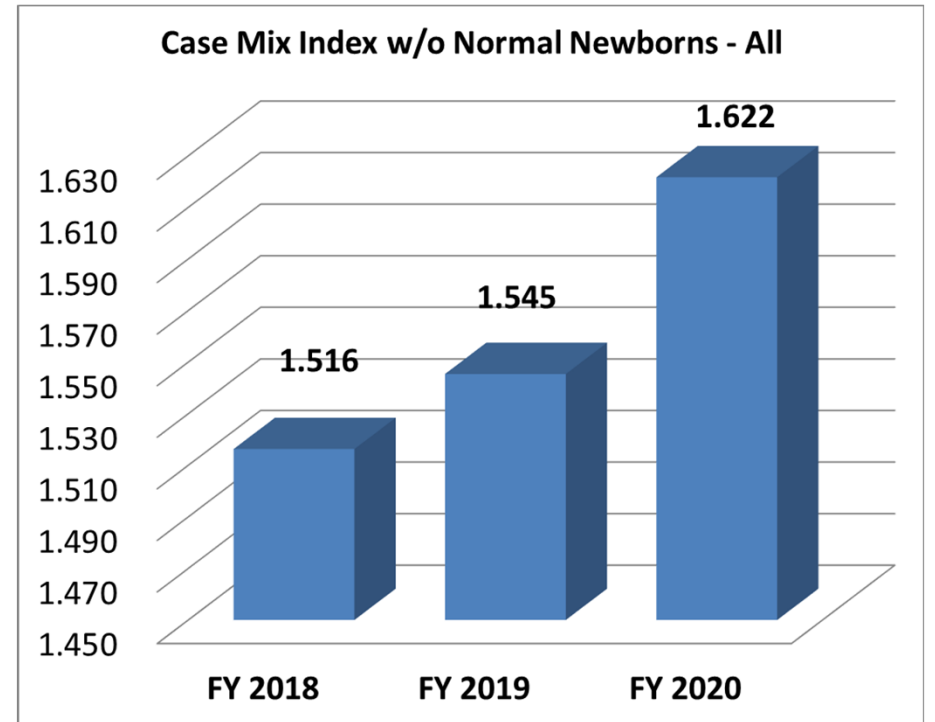
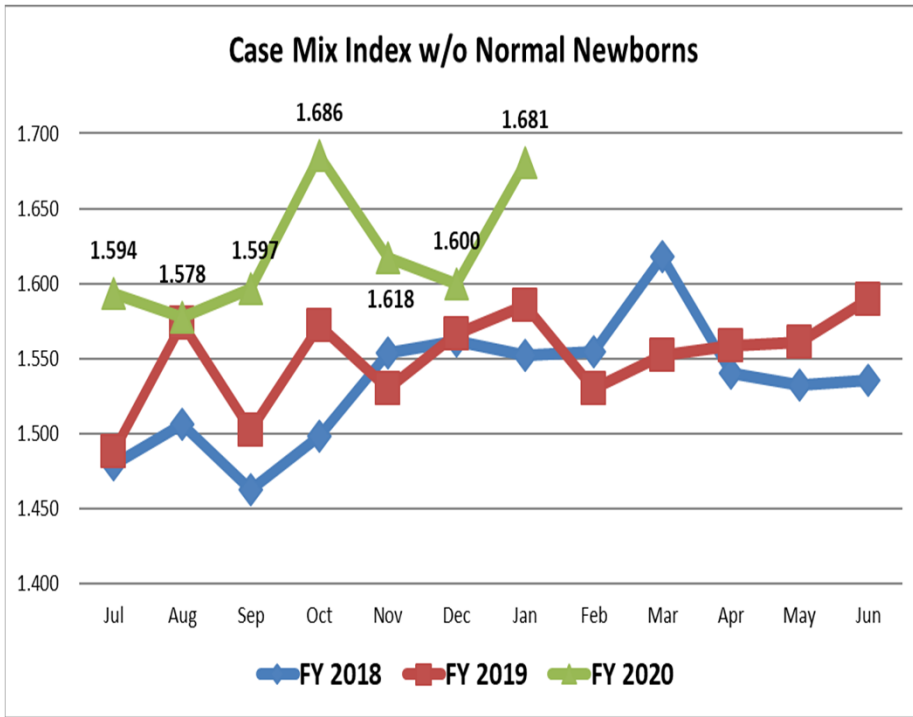


Productivity: Worked Hours/Adjusted Patient Days



Trended Liquidity Ratios





KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED INCOME STATEMENT (000's)
FISCAL YEAR 2019 & 2020

Fiscal Year	Operating Revenue			Operating Expenses							Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense	Operating Expenses Total							
2019															
Jul-18	49,124	11,390	60,514	30,147	6,300	9,585	12,701	58,733	1,781	434	2,215	2.9%	3.6%		
Aug-18	52,124	11,439	63,563	31,602	7,668	10,624	12,980	62,874	689	482	1,171	1.1%	1.8%		
Sep-18	46,634	11,659	58,293	29,835	6,524	8,862	13,361	58,582	(289)	912	624	(0.5%)	1.1%		
Oct-18	48,769	11,644	60,413	32,849	7,145	9,867	13,066	62,927	(2,514)	345	(2,169)	(4.2%)	(3.6%)		
Nov-18	43,870	18,365	62,235	31,066	7,310	10,195	13,900	62,470	(235)	449	214	(0.4%)	0.3%		
Dec-18	43,717	14,732	58,449	31,115	7,023	10,329	12,736	61,202	(2,754)	614	(2,140)	(4.7%)	(3.6%)		
Jan-19	44,312	18,178	62,489	34,290	6,624	8,909	13,104	62,927	(438)	460	22	(0.7%)	0.0%		
Feb-19	45,261	15,334	60,595	30,249	6,989	9,473	13,280	59,991	604	565	1,169	1.0%	1.9%		
Mar-19	48,012	18,073	66,085	32,229	6,775	9,219	13,606	61,830	4,255	3,325	7,580	6.4%	10.9%		
Apr-19	45,828	17,318	63,146	31,272	7,105	9,209	15,748	63,334	(188)	604	416	(0.3%)	0.7%		
May-19	47,078	18,515	65,594	32,104	8,403	9,728	13,265	63,501	2,093	585	2,678	3.2%	4.0%		
Jun-19	47,183	24,376	71,558	29,357	7,655	6,865	15,114	58,992	12,566	3,562	16,128	17.6%	21.5%		
2019 FY Total	\$ 561,911	\$ 191,023	\$ 752,933	\$ 376,115	\$ 85,521	\$ 112,866	\$ 162,861	\$ 737,363	\$ 15,570	\$ 12,337	\$ 27,907	2.1%	3.6%		
2020															
Jul-19	51,799	13,802	65,601	32,948	7,266	8,683	13,597	62,494	3,107	744	3,852	4.7%	5.8%		
Aug-19	50,243	13,937	64,181	33,307	7,284	9,986	14,583	65,160	(980)	662	(318)	(1.5%)	(0.5%)		
Sep-19	48,185	13,994	62,179	31,582	7,486	8,571	14,182	61,822	356	4,429	4,785	0.6%	7.2%		
Oct-19	52,165	13,896	66,061	33,546	8,287	10,551	14,477	66,862	(801)	774	(27)	(1.2%)	(0.0%)		
Nov-19	49,354	12,823	62,177	31,690	6,974	9,635	13,616	61,916	261	699	960	0.4%	1.5%		
Dec-19	51,458	13,542	65,001	32,939	7,113	10,521	13,476	64,049	951	726	1,678	1.5%	2.6%		
Jan-20	52,382	15,305	67,687	34,899	7,653	11,127	14,469	68,148	(461)	682	221	(0.7%)	0.3%		
2020 FY Total	\$ 355,587	\$ 97,299	\$ 452,886	\$ 230,911	\$ 52,064	\$ 69,076	\$ 98,400	\$ 450,451	\$ 2,435	\$ 8,716	\$ 11,151	0.5%	2.4%		
FYTD Budget	358,333	93,297	451,629	223,914	55,338	65,661	96,054	440,968	10,662	4,656	15,317	2.4%	3.4%		
Variance	\$ (2,746)	\$ 4,003	\$ 1,257	\$ 6,997	\$ (3,274)	\$ 3,415	\$ 2,345	\$ 9,483	\$ (8,226)	\$ 4,060	\$ (4,166)				
Current Month Analysis															
Jan-20	\$ 52,382	\$ 15,305	\$ 67,687	\$ 34,899	\$ 7,653	\$ 11,127	\$ 14,469	\$ 68,148	\$ (461)	\$ 682	\$ 221	(0.7%)	0.3%		
Budget	52,459	14,594	67,052	32,590	7,864	9,518	14,681	64,653	2,399	670	3,069	3.6%	4.5%		
Variance	\$ (76)	\$ 711	\$ 635	\$ 2,309	\$ (211)	\$ 1,609	\$ (212)	\$ 3,495	\$ (2,860)	\$ 12	\$ (2,848)				

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2019 & 2020

Fiscal Year	Patient Days	ADC	Adjusted		DFR & Bad Debt %	Net Patient	Personnel	Physician	Supply	Total	Personnel	Physician	Supply	Total
			Patient Days	I/P Revenue %		Revenue/ Adjusted Patient Day	Expense/ Adjusted Patient Day	Fees/ Adjusted Patient Day	Expense/ Adjusted Patient Day	Expense/ Adjusted Patient Day	Expense/ Adjusted Patient Day	Net Patient Revenue	Net Patient Revenue	Net Patient Revenue
2019														
Jul-18	14,096	455	26,287	53.6%	72.4%	1,869	1,147	240	365	2,234	61.4%	12.8%	19.5%	119.6%
Aug-18	14,569	470	28,016	52.0%	76.0%	1,861	1,128	274	379	2,244	60.6%	14.7%	20.4%	120.6%
Sep-18	13,052	435	24,371	53.6%	73.5%	1,914	1,224	268	364	2,404	64.0%	14.0%	19.0%	125.6%
Oct-18	13,744	443	25,579	53.7%	73.5%	1,907	1,284	279	386	2,460	67.4%	14.7%	20.2%	129.0%
Nov-18	13,013	434	23,625	55.1%	74.9%	1,857	1,315	309	432	2,644	70.8%	16.7%	23.2%	142.4%
Dec-18	13,497	435	25,399	53.1%	76.2%	1,721	1,225	277	407	2,410	71.2%	16.1%	23.6%	140.0%
Jan-19	13,671	441	26,407	51.8%	76.9%	1,678	1,299	251	337	2,383	77.4%	14.9%	20.1%	142.0%
Feb-19	12,584	449	23,811	52.8%	75.9%	1,901	1,270	294	398	2,519	66.8%	15.4%	20.9%	132.5%
Mar-19	13,707	442	26,032	52.7%	76.9%	1,844	1,238	260	354	2,375	67.1%	14.1%	19.2%	128.8%
Apr-19	13,162	439	25,125	52.4%	76.9%	1,824	1,245	283	367	2,521	68.2%	15.5%	20.1%	138.2%
May-19	13,440	434	26,367	51.0%	75.3%	1,785	1,218	319	369	2,408	68.2%	17.8%	20.7%	134.9%
Jun-19	12,547	418	24,234	51.8%	75.6%	1,947	1,211	316	283	2,434	62.2%	16.2%	14.6%	125.0%
2019 FY Total	161,082	441	305,353	52.8%	75.4%	1,840	1,232	280	370	2,415	66.9%	15.2%	20.1%	131.2%
2020														
Jul-19	12,744	411	25,329	50.3%	73.8%	2,045	1,301	287	343	2,467	63.6%	14.0%	16.8%	120.6%
Aug-19	13,240	427	26,654	49.7%	74.8%	1,885	1,250	273	375	2,445	66.3%	14.5%	19.9%	129.7%
Sep-19	12,712	424	25,104	50.6%	74.1%	1,919	1,258	298	341	2,463	65.5%	15.5%	17.8%	128.3%
Oct-19	12,924	417	26,070	49.6%	74.6%	2,001	1,287	318	405	2,565	64.3%	15.9%	20.2%	128.2%
Nov-19	12,260	409	24,515	50.0%	74.4%	2,013	1,293	285	393	2,526	64.2%	14.1%	19.5%	125.5%
Dec-19	12,993	419	25,116	51.7%	73.8%	2,049	1,311	283	419	2,550	64.0%	13.8%	20.4%	124.5%
Jan-20	13,799	445	27,447	50.3%	75.3%	1,908	1,271	279	405	2,483	66.6%	14.6%	21.2%	130.1%
2020 FY Total	90,672	422	180,231	50.3%	74.4%	1,973	1,281	289	383	2,499	64.9%	14.6%	19.4%	126.7%
FYTD Budget	96,679	450	186,441	51.9%	74.3%	1,922	1,201	297	352	2,447	62.5%	15.4%	18.3%	123.1%
Variance	(6,007)	(28)	(6,209)	(1.5%)	0.1%	51	80	(8)	31	53	2.5%	(0.8%)	1.1%	3.6%
Current Month Analysis														
Jan-20	13,799	445	27,447	50.3%	75.3%	1,908	1,271	279	405	2,483	66.6%	14.6%	21.2%	130.1%
Budget	14,404	465	27,708	52.0%	74.0%	1,893	1,176	284	344	2,356	62.1%	15.0%	18.1%	123.2%
Variance	(605)	(20)	(261)	(1.7%)	1.4%	15	95	(5)	62	127	4.5%	(0.4%)	3.1%	6.9%

**KAWEAH DELTA HEALTH CARE DISTRICT
RATIO ANALYSIS REPORT
JANUARY 31, 2020**

	Current Month Value	Prior Month Value	June 30, 2019 Audited Value	2018 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.8	2.8	2.0	1.6	1.9	2.1
Accounts Receivable (days)	77.7	77.4	79.6	47.6	45.9	44.4
Cash On Hand (days)	123.9	132.3	147.3	257.6	215.1	158.0
Cushion Ratio (x)	15.8	18.0	18.2	36.2	22.5	14.4
Average Payment Period (days)	45.5	45.4	52.6	73.1	59.2	59.2
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	104.2%	117.6%	114.2%	228.8%	167.7%	119.7%
Debt-To-Capitalization	32.5%	31.1%	33.6%	26.9%	32.2%	40.4%
Debt-to-Cash Flow (x)	4.6	4.1	4.5	2.3	2.9	3.8
Debt Service Coverage	3.3	3.5	3.5	6.6	5.2	3.3
Maximum Annual Debt Service Coverage (x)	3.1	3.5	3.6	6.6	4.7	3.2
Age Of Plant (years)	13.1	13.0	13.3	10.3	11.8	12.1
PROFITABILITY RATIOS						
Operating Margin	0.5%	0.8%	3.3%	3.2%	2.2%	0.7%
Excess Margin	2.4%	2.8%	3.6%	7.0%	5.0%	2.6%
Operating Cash Flow Margin	5.1%	5.3%	7.6%	9.1%	8.5%	6.8%
Return on Assets	2.1%	2.4%	3.1%	5.0%	3.9%	2.6%

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

	Jan-20	Dec-19	Change	% Change	Jun-19 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 9,751	\$ 18,191	\$ (8,439)	-46.39%	\$ 4,220
Current Portion of Board designated and trusted assets	15,048	13,907	1,142	8.21%	12,577
Accounts receivable:					
Net patient accounts	141,805	139,339	2,466	1.77%	146,605
Other receivables	12,609	10,797	1,812	16.78%	13,907
	154,414	150,136	4,278	2.85%	160,512
Inventories	10,525	10,166	359	3.53%	10,479
Medicare and Medi-Cal settlements	54,100	48,332	5,768	11.93%	30,759
Prepaid expenses	10,599	11,159	(560)	-5.02%	11,510
Total current assets	254,438	251,890	2,547	1.01%	230,057
NON-CURRENT CASH AND INVESTMENTS - less current portion					
Board designated cash and assets	250,672	256,884	(6,212)	-2.42%	278,883
Revenue bond assets held in trust	45,872	30,839	15,032	48.74%	33,569
Assets in self-insurance trust fund	4,267	4,256	10	0.24%	4,209
Total non-current cash and investments	300,811	291,980	8,830	3.02%	316,662
CAPITAL ASSETS					
Land	16,989	16,989	(0)	0.00%	16,137
Buildings and improvements	361,146	361,100	46	0.01%	356,887
Equipment	276,470	275,073	1,397	0.51%	275,513
Construction in progress	55,944	51,225	4,719	9.21%	42,299
	710,549	704,387	6,162	0.87%	690,836
Less accumulated depreciation	372,203	369,835	2,367	0.64%	357,681
	338,346	334,551	3,795	1.13%	333,155
Property under capital leases - less accumulated amortization	2,674	2,750	(76)	-2.75%	3,204
Total capital assets	341,021	337,302	3,719	1.10%	336,359
OTHER ASSETS					
Property not used in operations	1,707	1,712	(4)	-0.25%	3,724
Health-related investments	7,615	7,450	165	2.22%	7,537
Other	10,620	10,456	164	1.57%	9,706
Total other assets	19,942	19,617	325	1.66%	20,967
Total assets	916,211	900,789	15,422	1.71%	904,045
DEFERRED OUTFLOWS	(2,572)	(2,568)	(3)	0.13%	(2,340)
Total assets and deferred outflows	\$ 913,640	\$ 898,221	\$15,419	1.72%	\$ 901,705

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

	Jan-20	Dec-19	Change	% Change	Jun-19 (Audited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 31,014	\$ 26,728	\$ 4,286	16.03%	\$ 35,319
Accrued payroll and related liabilities	51,604	55,517	(3,913)	-7.05%	59,163
Long-term debt, current portion	8,983	8,330	652	7.83%	9,360
Total current liabilities	91,600	90,575	1,025	1.13%	103,842
LONG-TERM DEBT, less current portion					
Bonds payable	270,658	256,560	14,098	5.49%	258,553
Capital leases	25	61	(36)	-58.73%	174
Total long-term debt	270,683	256,621	14,062	5.48%	258,727
NET PENSION LIABILITY	28,207	28,642	(435)	-1.52%	31,249
OTHER LONG-TERM LIABILITIES	32,152	31,669	483	1.53%	28,647
Total liabilities	422,642	407,507	15,136	3.71%	422,465
NET ASSETS					
Invested in capital assets, net of related debt	110,579	106,575	4,004	3.76%	105,427
Restricted	33,466	32,239	1,227	3.81%	30,090
Unrestricted	346,953	351,900	(4,947)	-1.41%	343,722
Total net position	490,997	490,714	283	0.06%	479,239
Total liabilities and net position	\$ 913,640	\$ 898,221	\$15,419	1.72%	\$ 901,705

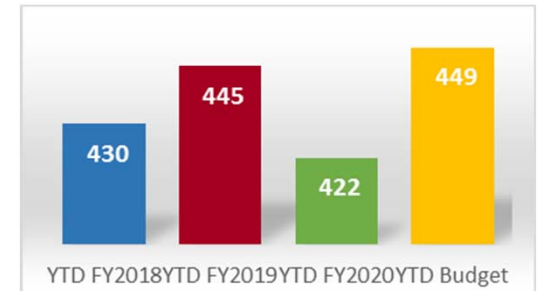
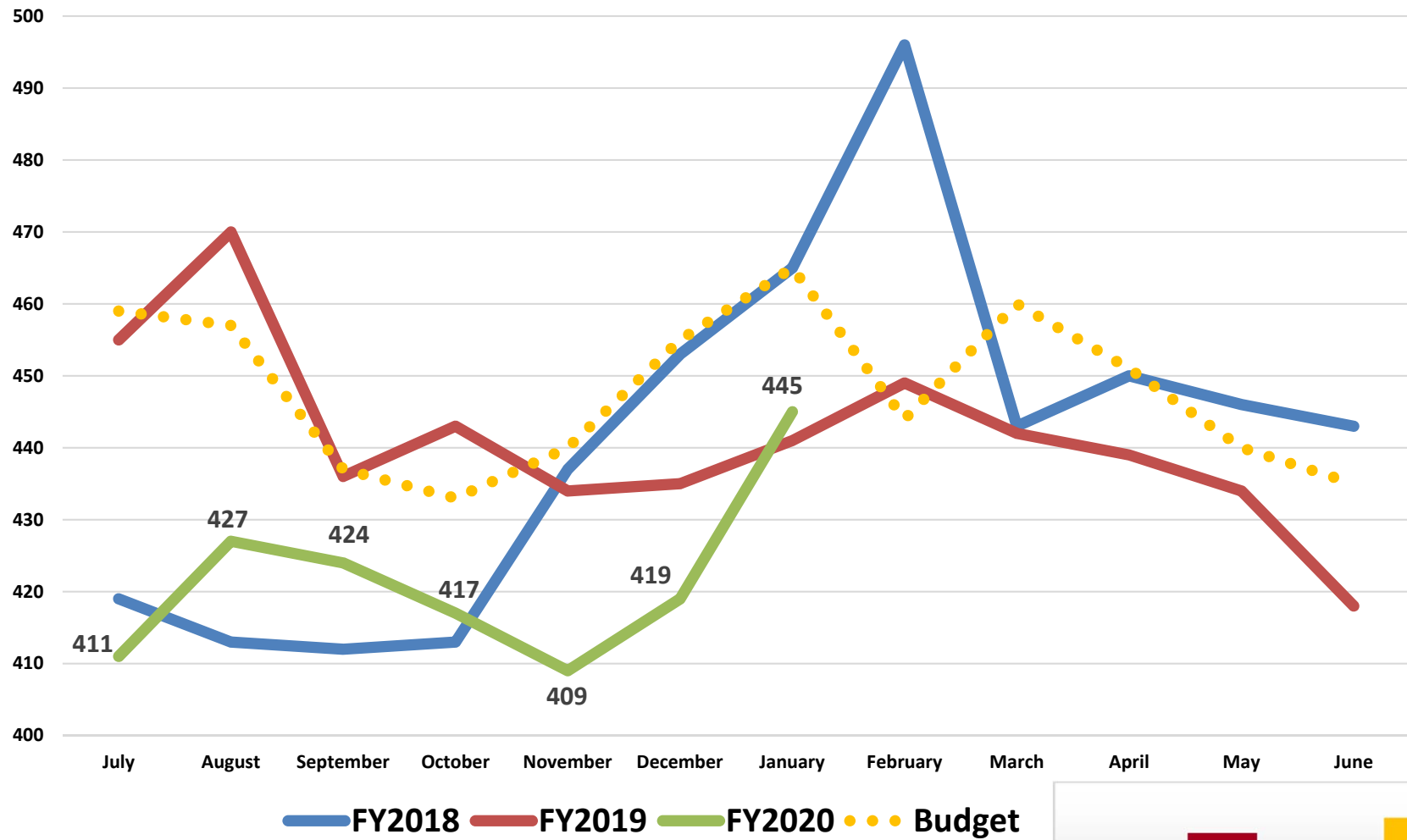
M O R E T H A N M E D I C I N E . L I F E .

Statistical Report

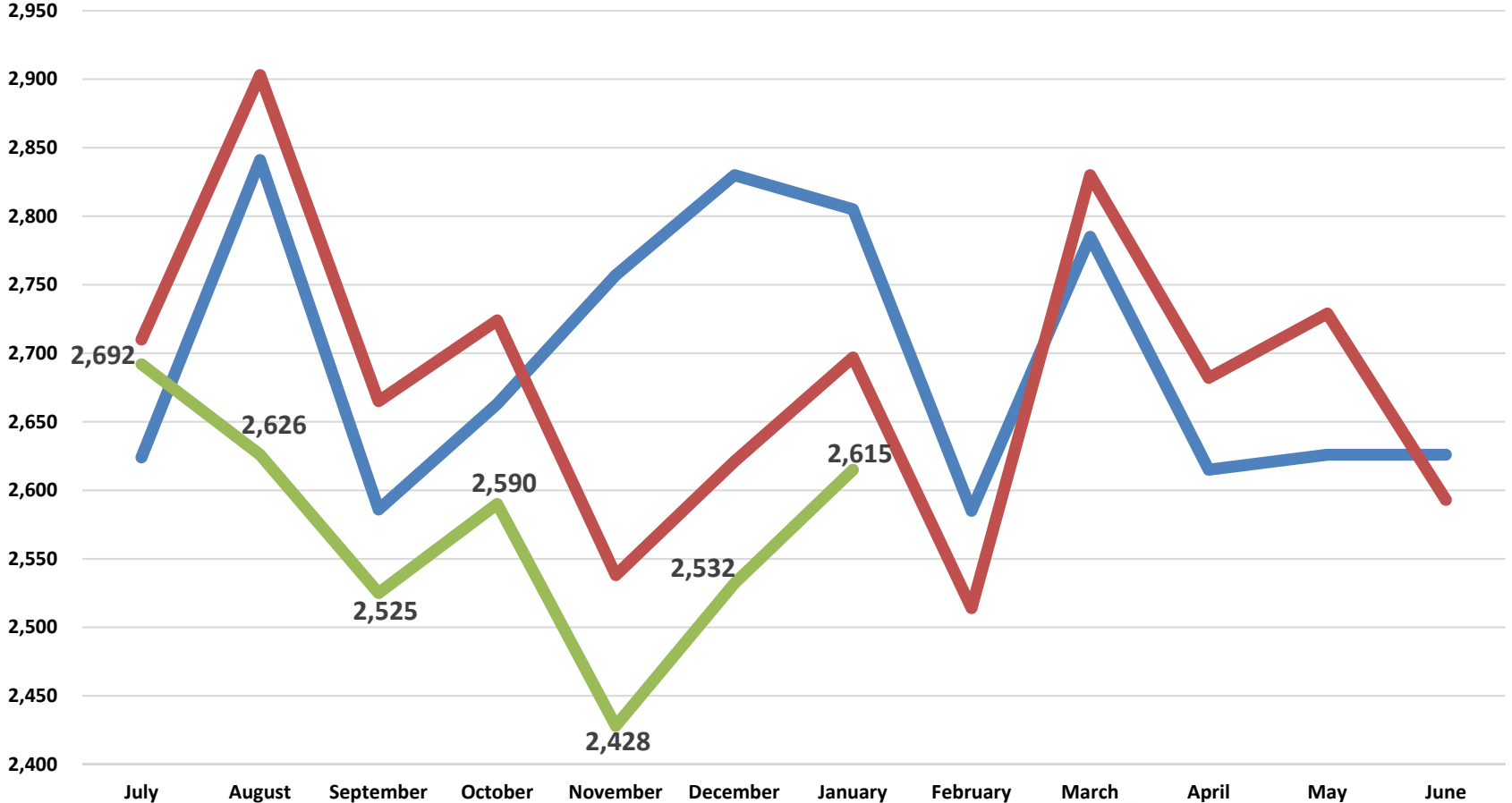
February 24, 2020



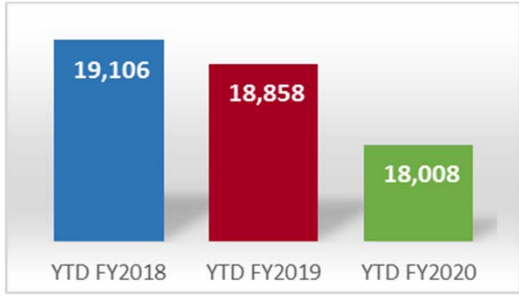
Average Daily Census



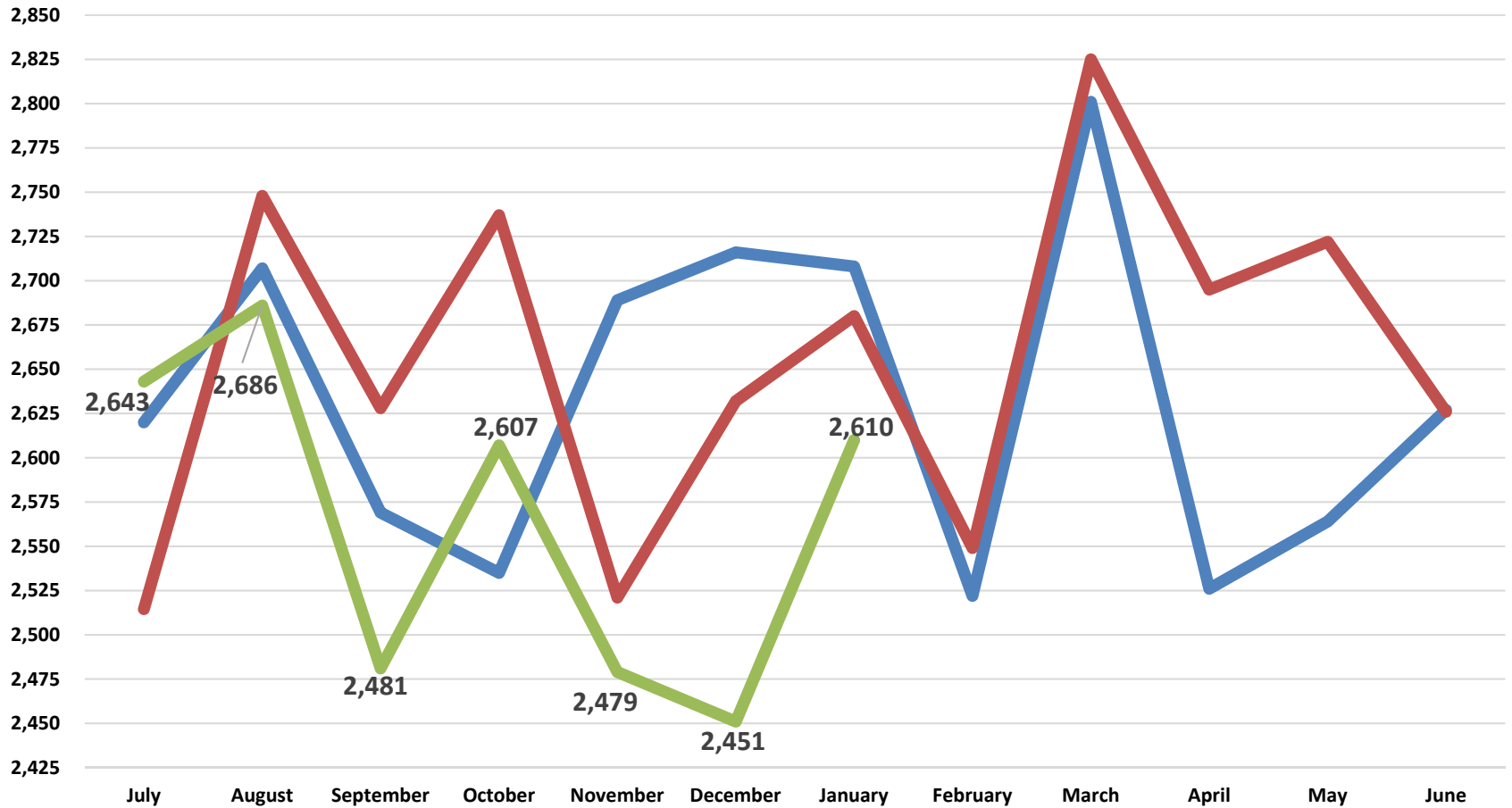
Admissions



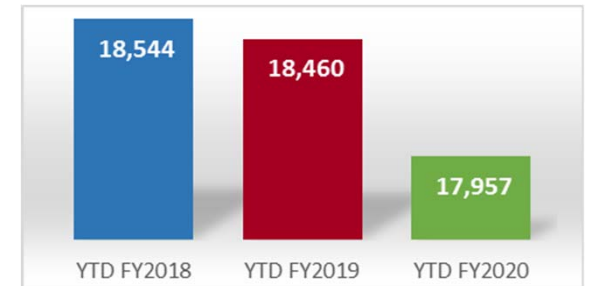
— FY2018 — FY2019 — FY2020



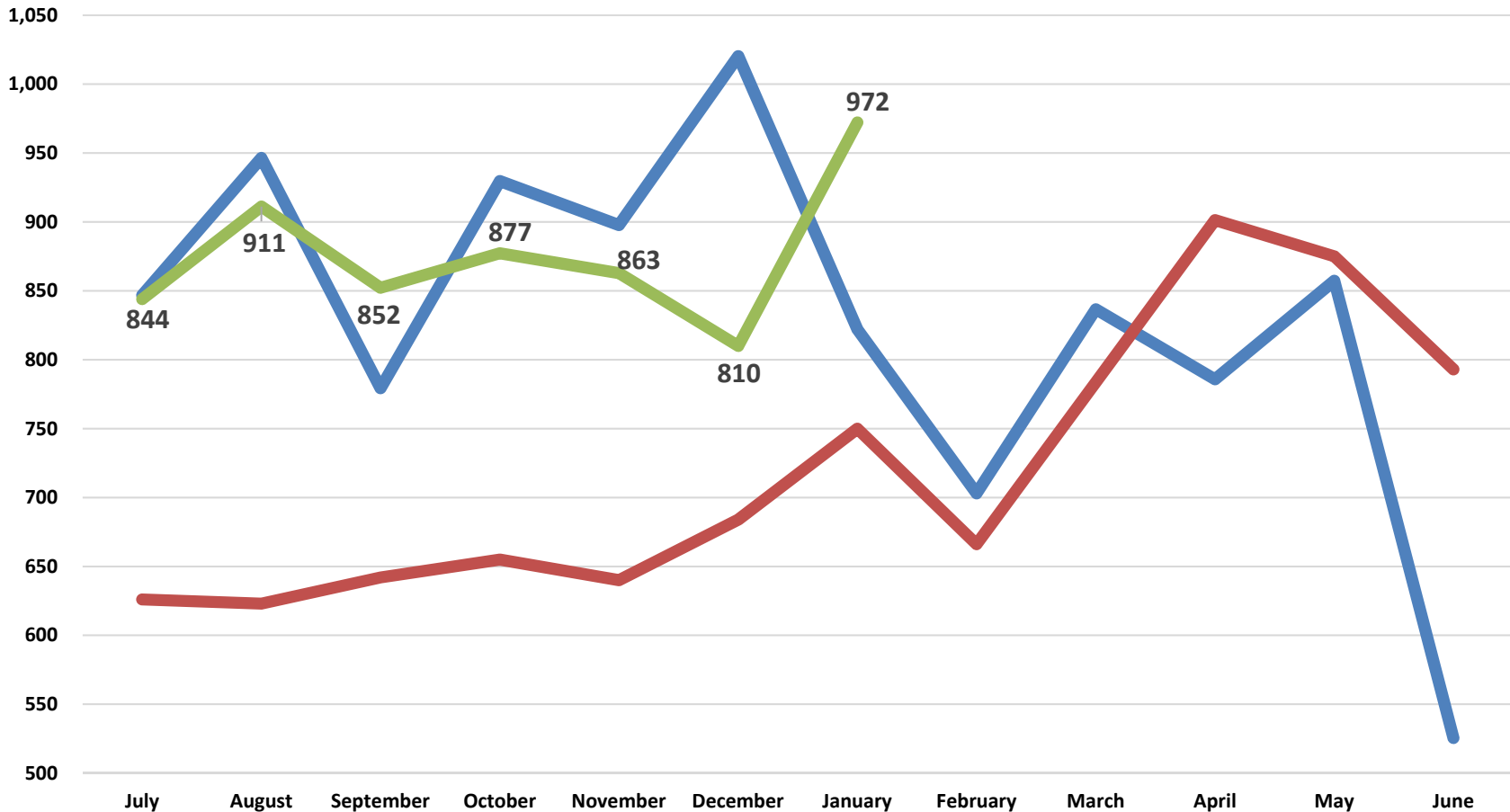
Discharges



— FY2018 — FY2019 — FY2020



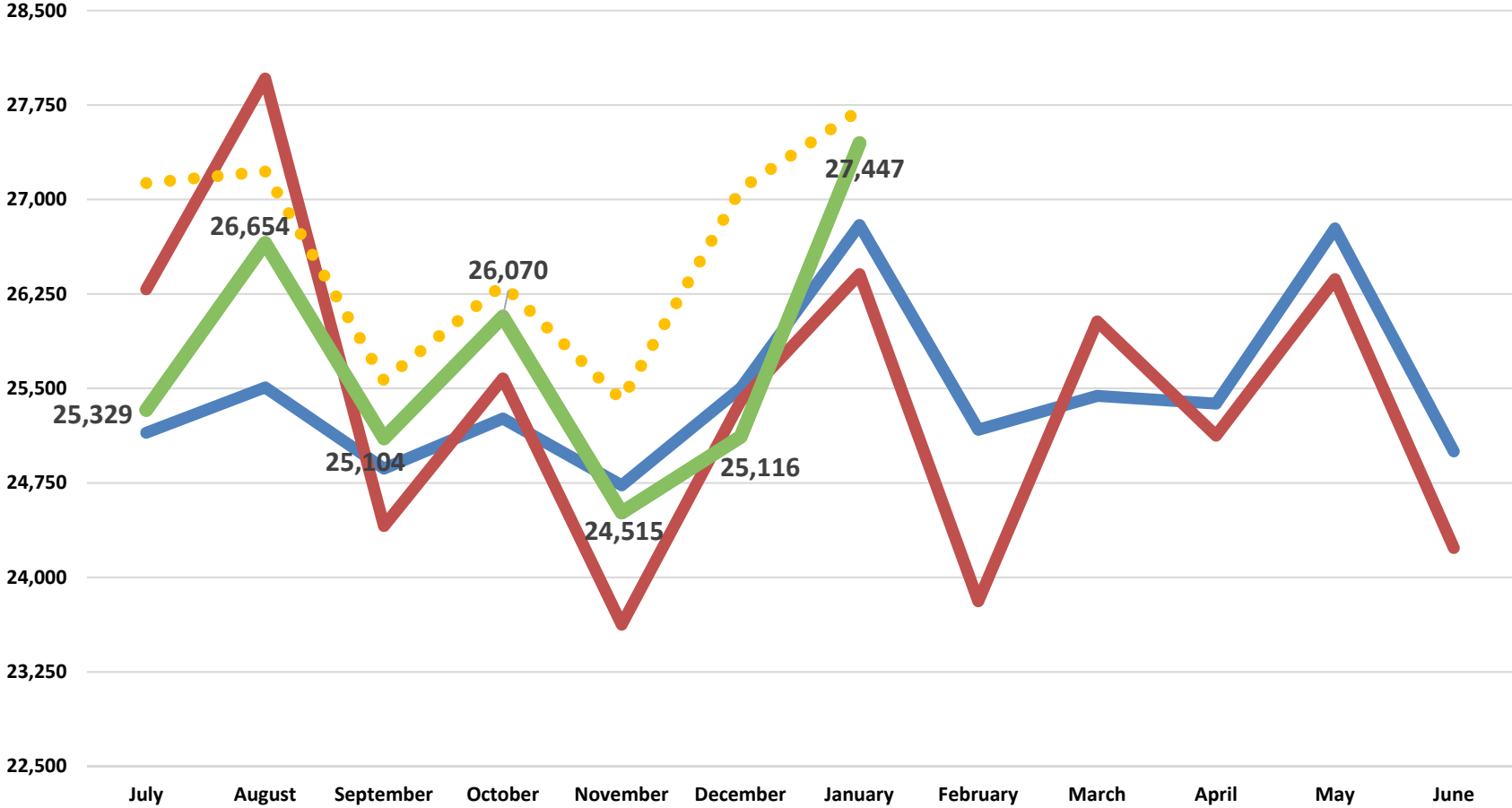
Observation Days



— FY2018 — FY2019 — FY2020



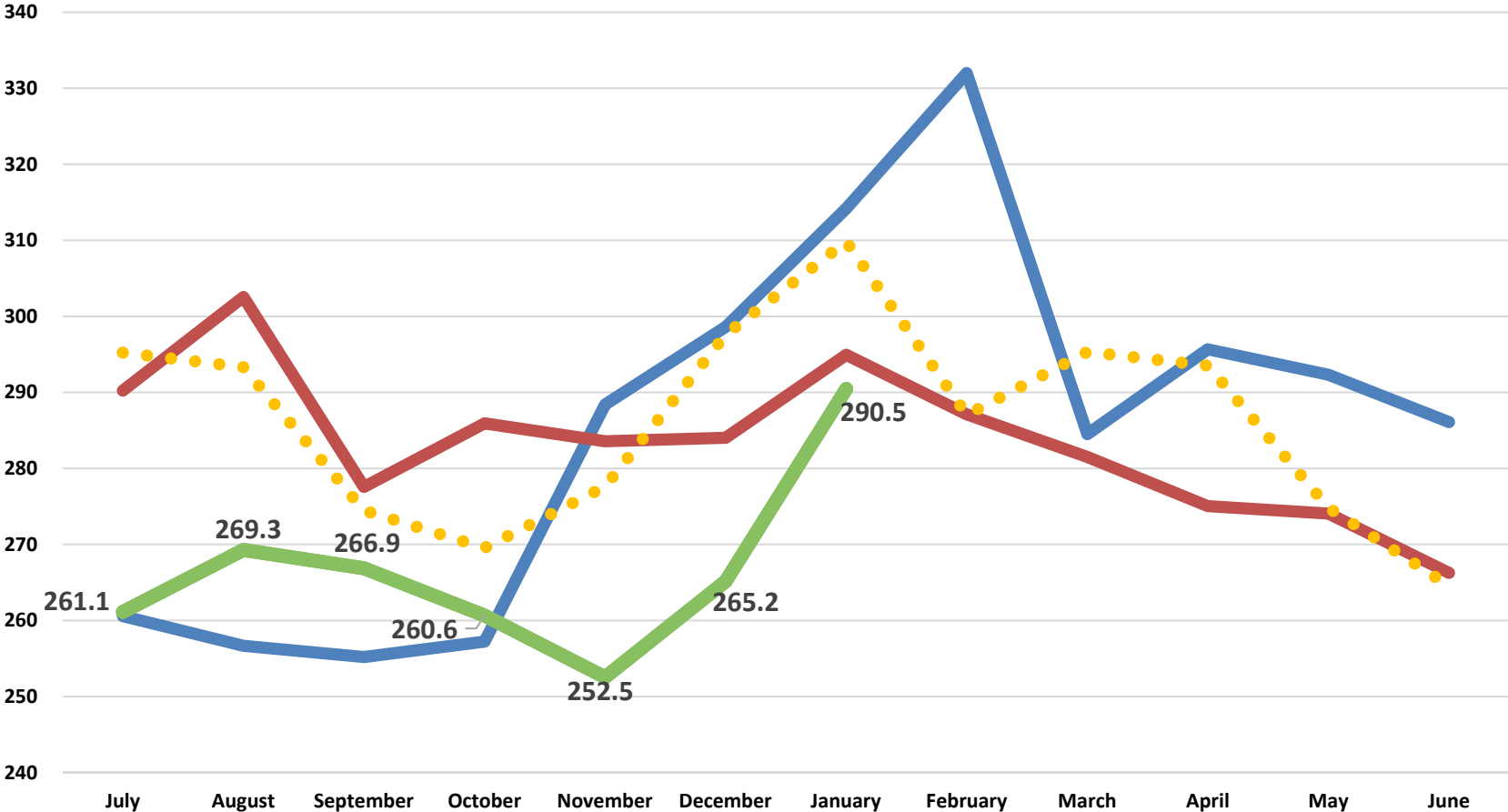
Adjusted Patient Days



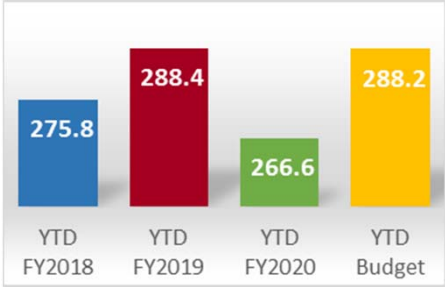
— **FY2018**
 — **FY2019**
 — **FY2020**
 ••• **Budget**



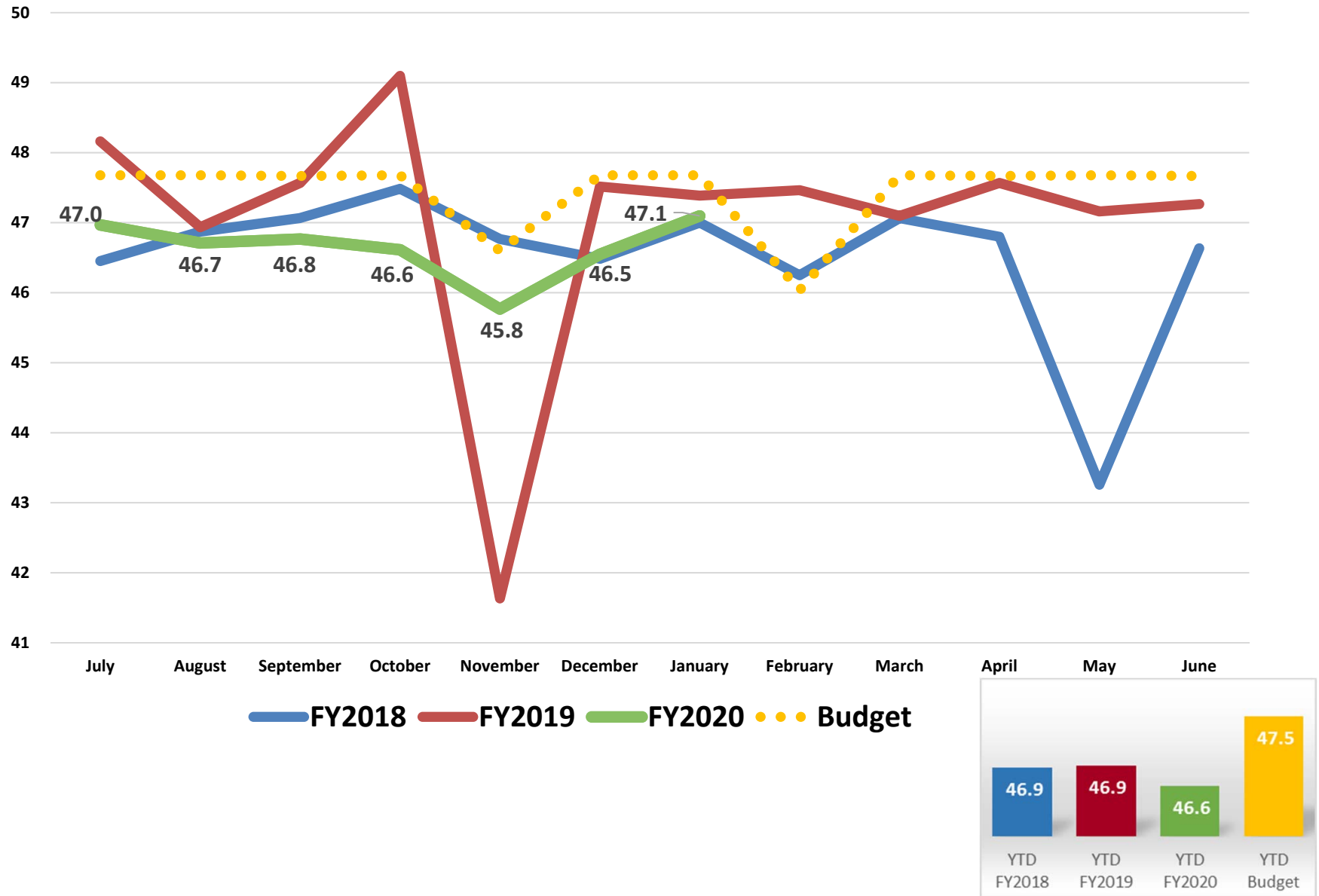
Medical Center – Avg. Patients Per Day



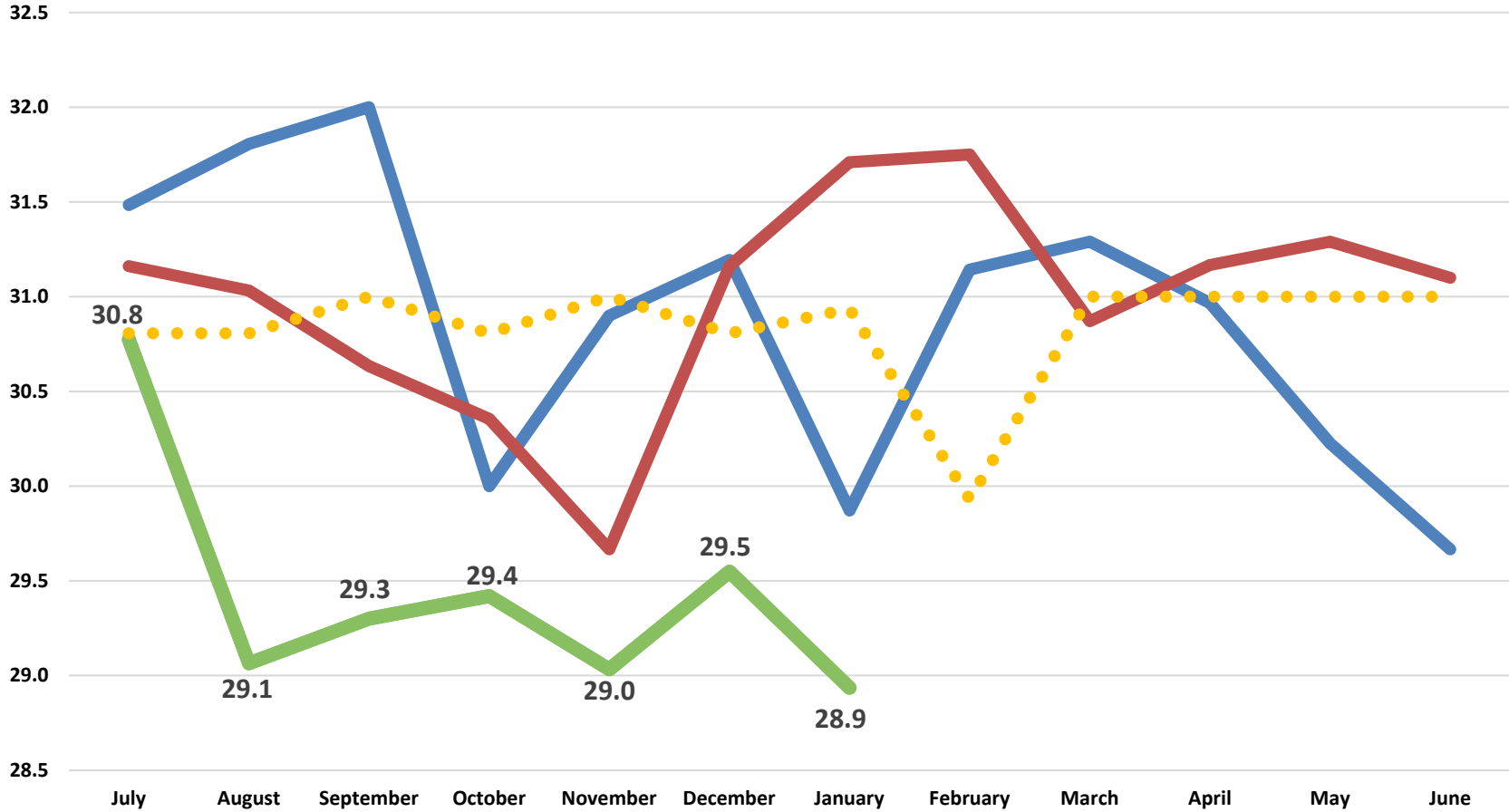
— **FY2018**
— **FY2019**
— **FY2020**
●●● **Budget**



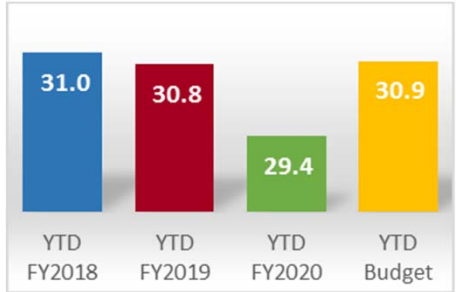
Acute I/P Psych - Avg. Patients Per Day



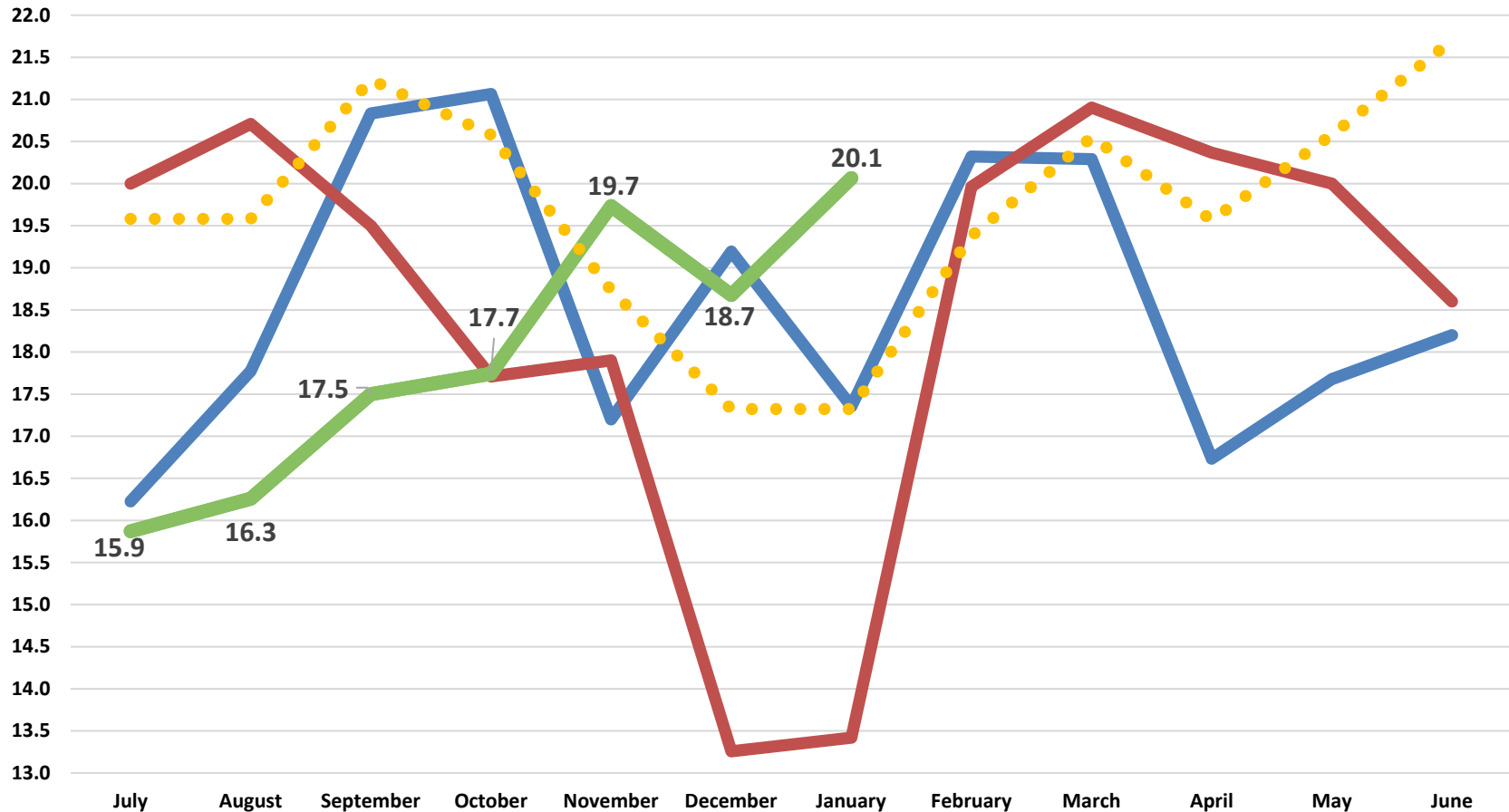
Sub-Acute - Avg. Patients Per Day



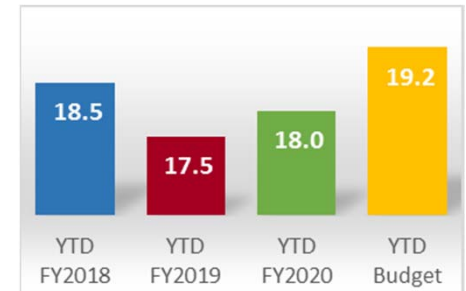
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



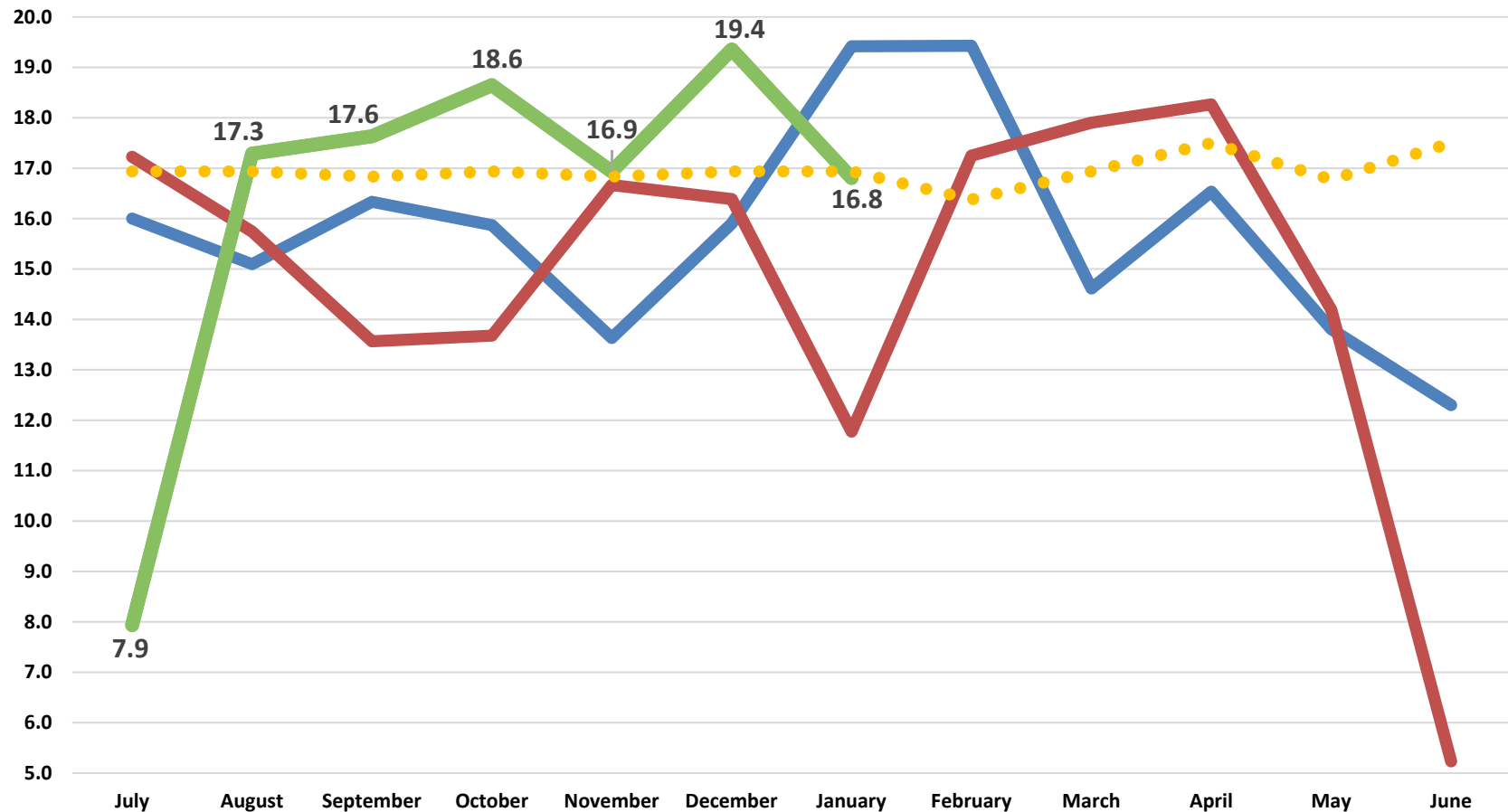
Rehabilitation Hospital - Avg. Patients Per Day



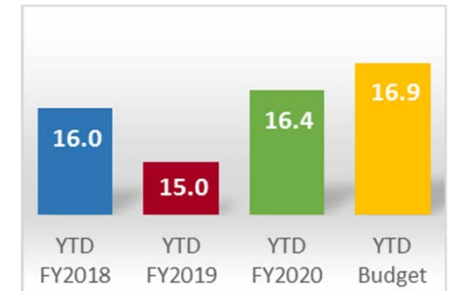
— FY2018 — FY2019 — FY2020 ••• Budget



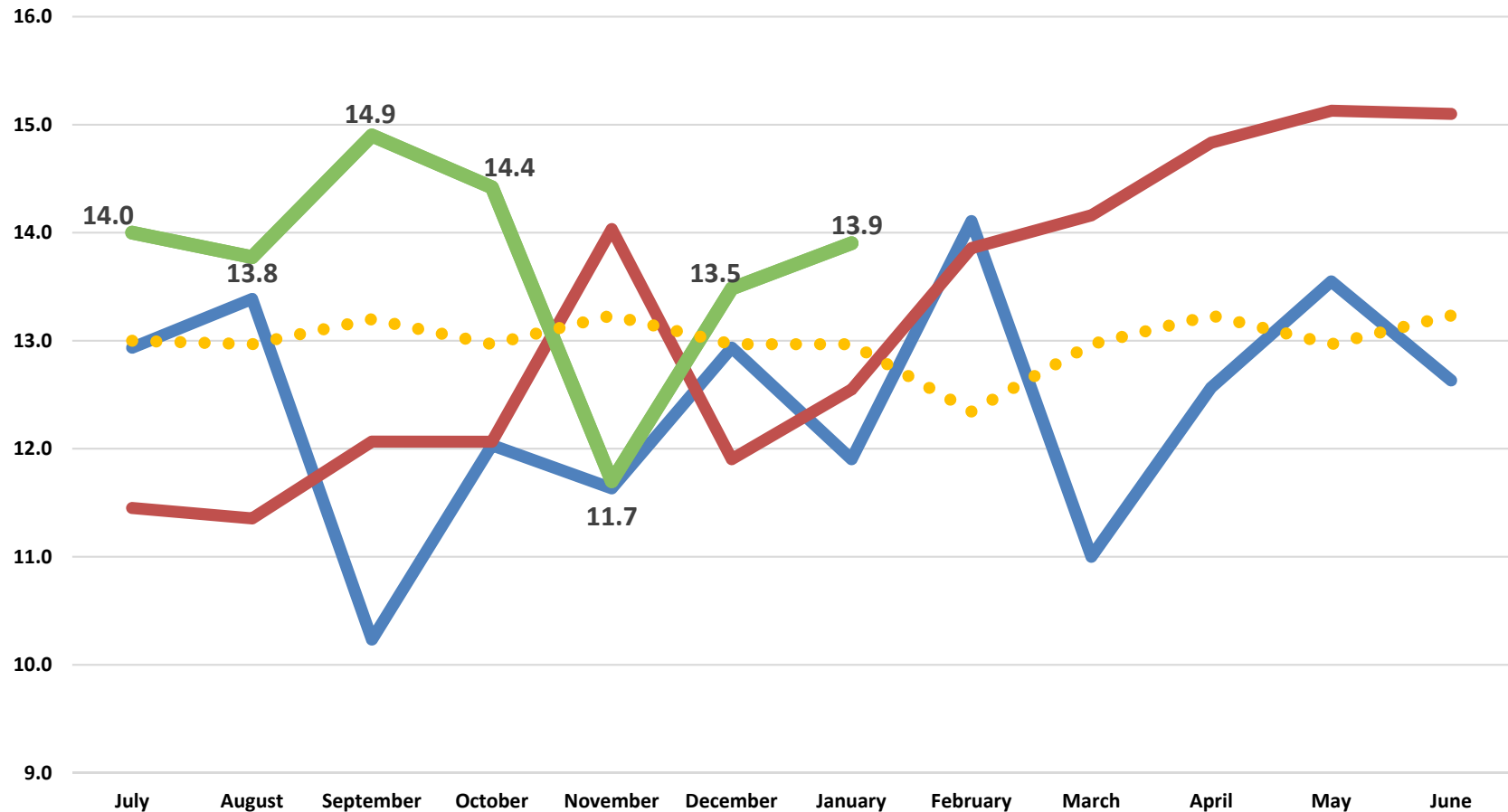
Transitional Care Services (TCS) - Avg. Patients Per Day



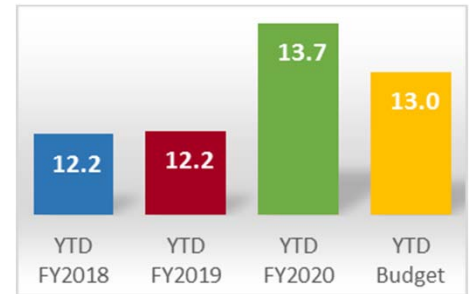
— FY2018 — FY2019 — FY2020 ••• Budget



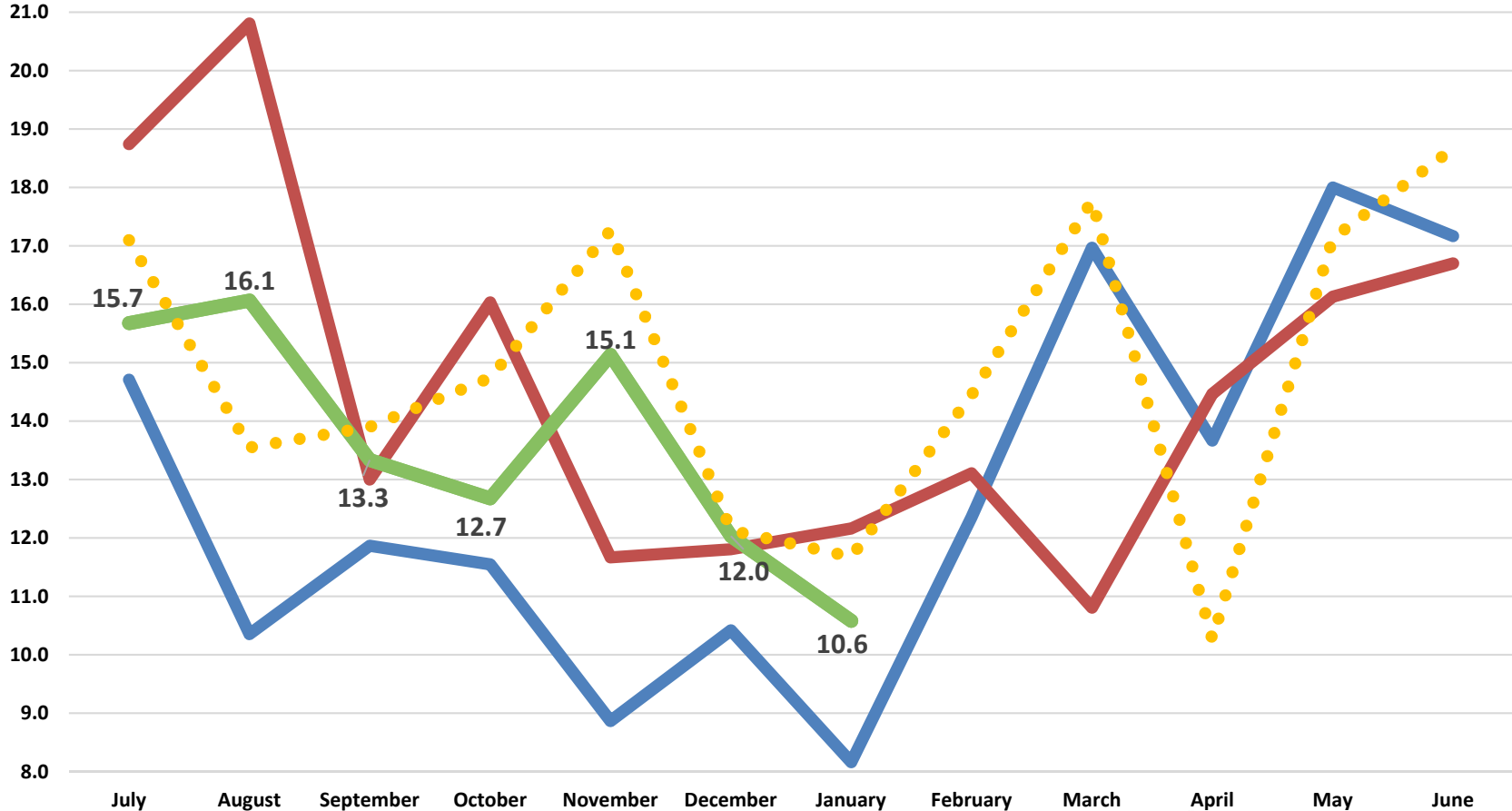
TCS Ortho - Avg. Patients Per Day



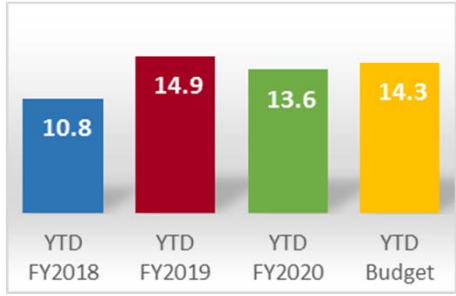
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



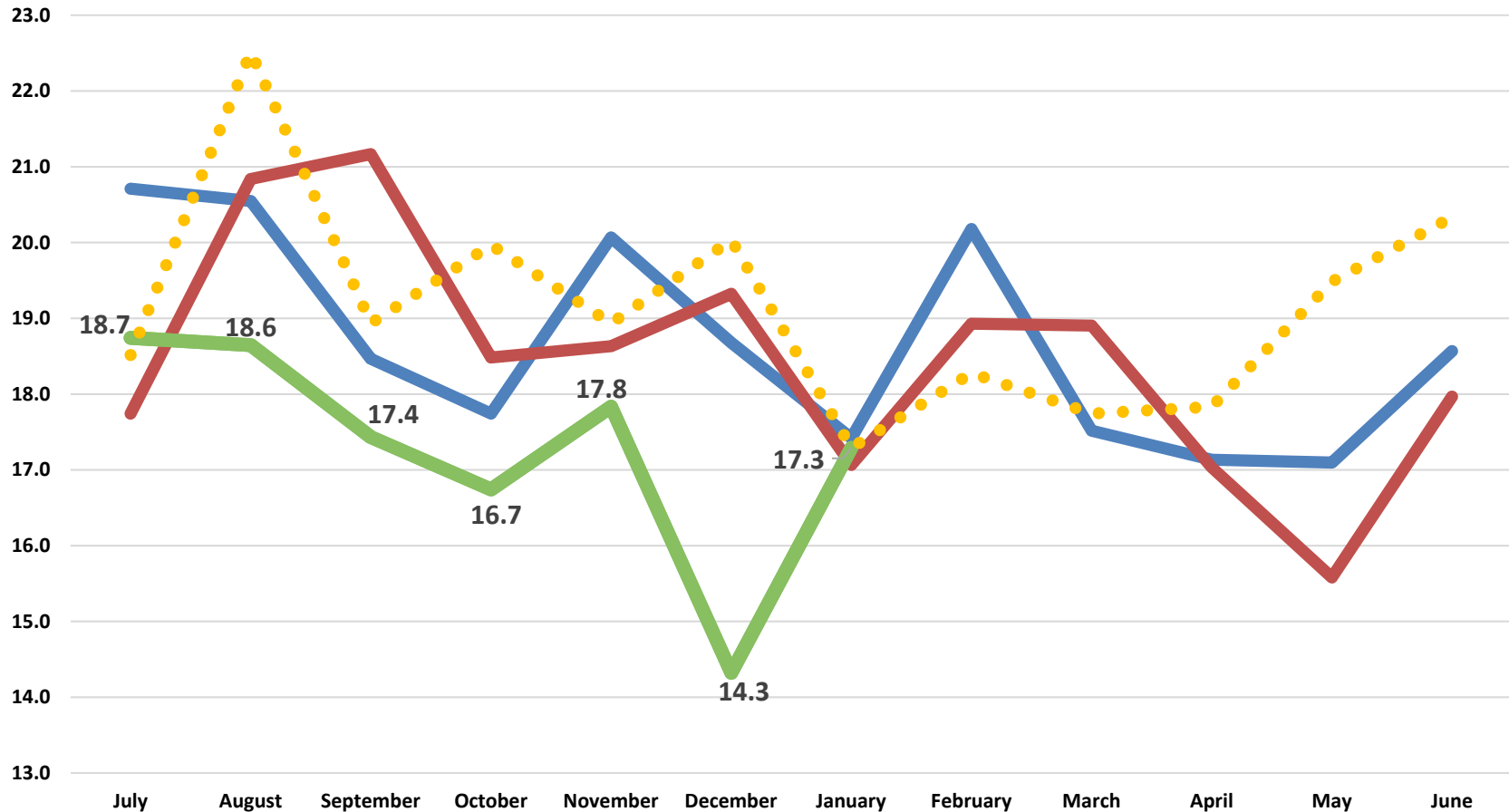
NICU - Avg. Patients Per Day



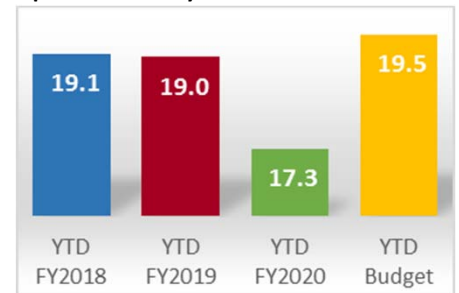
— FY2018
 — FY2019
 — FY2020
 ••• Budget



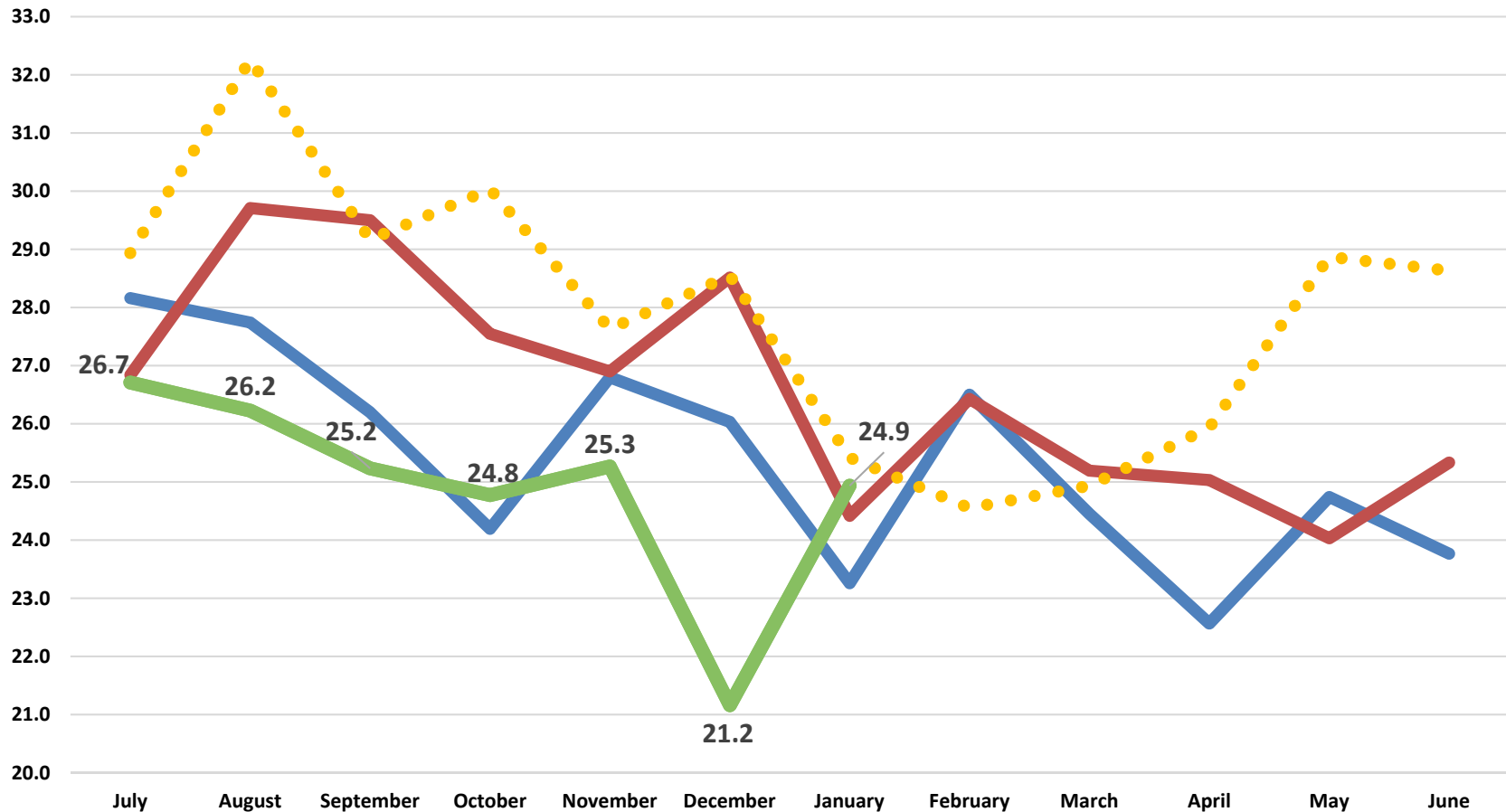
Nursery - Avg. Patients Per Day



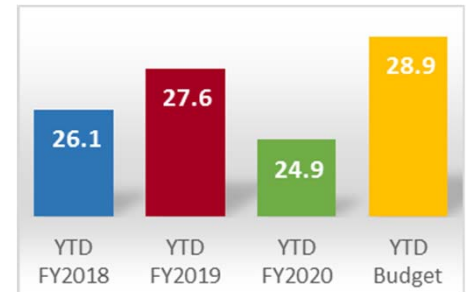
— FY2018
 — FY2019
 — FY2020
 ••• Budget



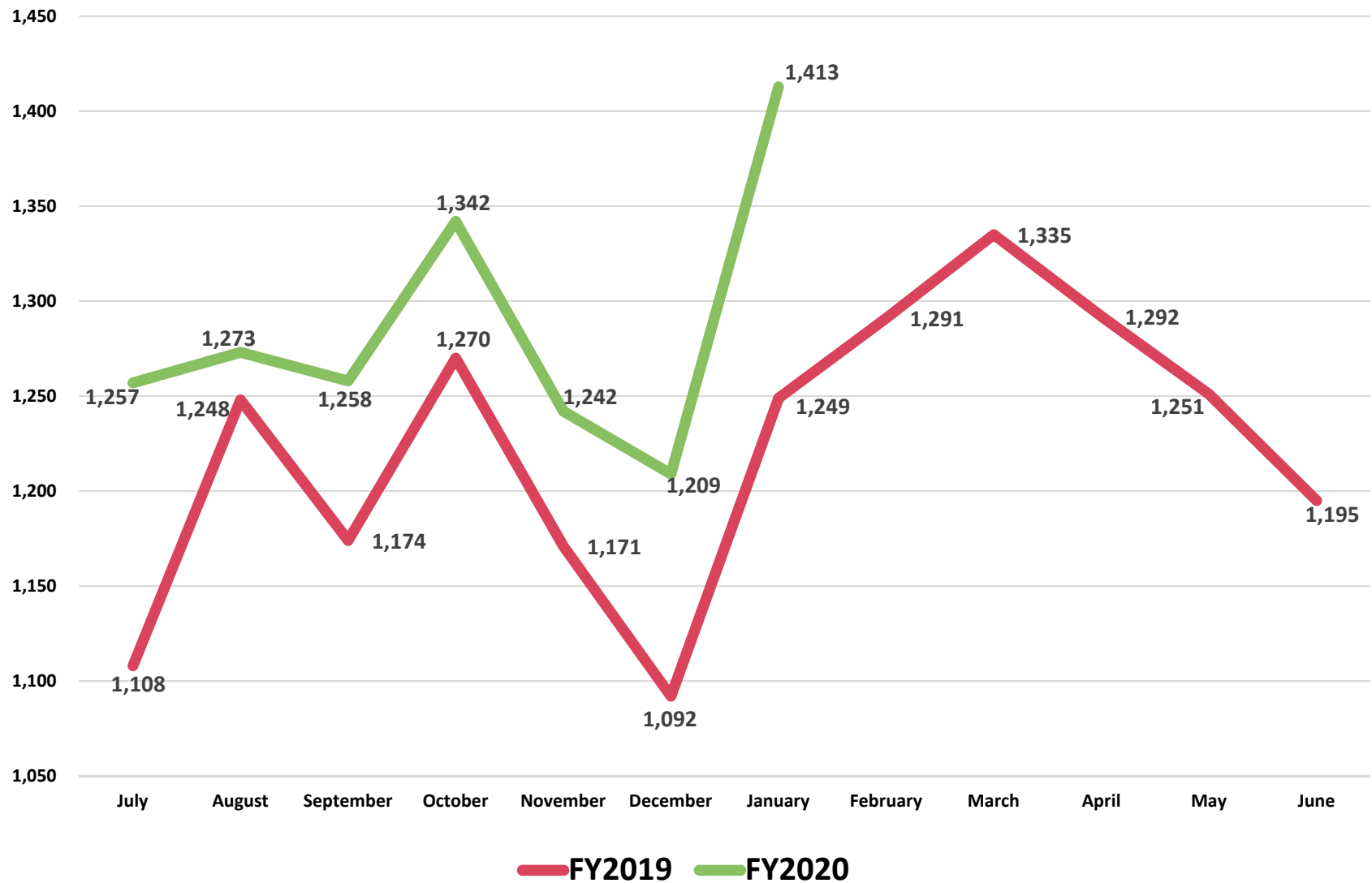
Obstetrics - Avg. Patients Per Day



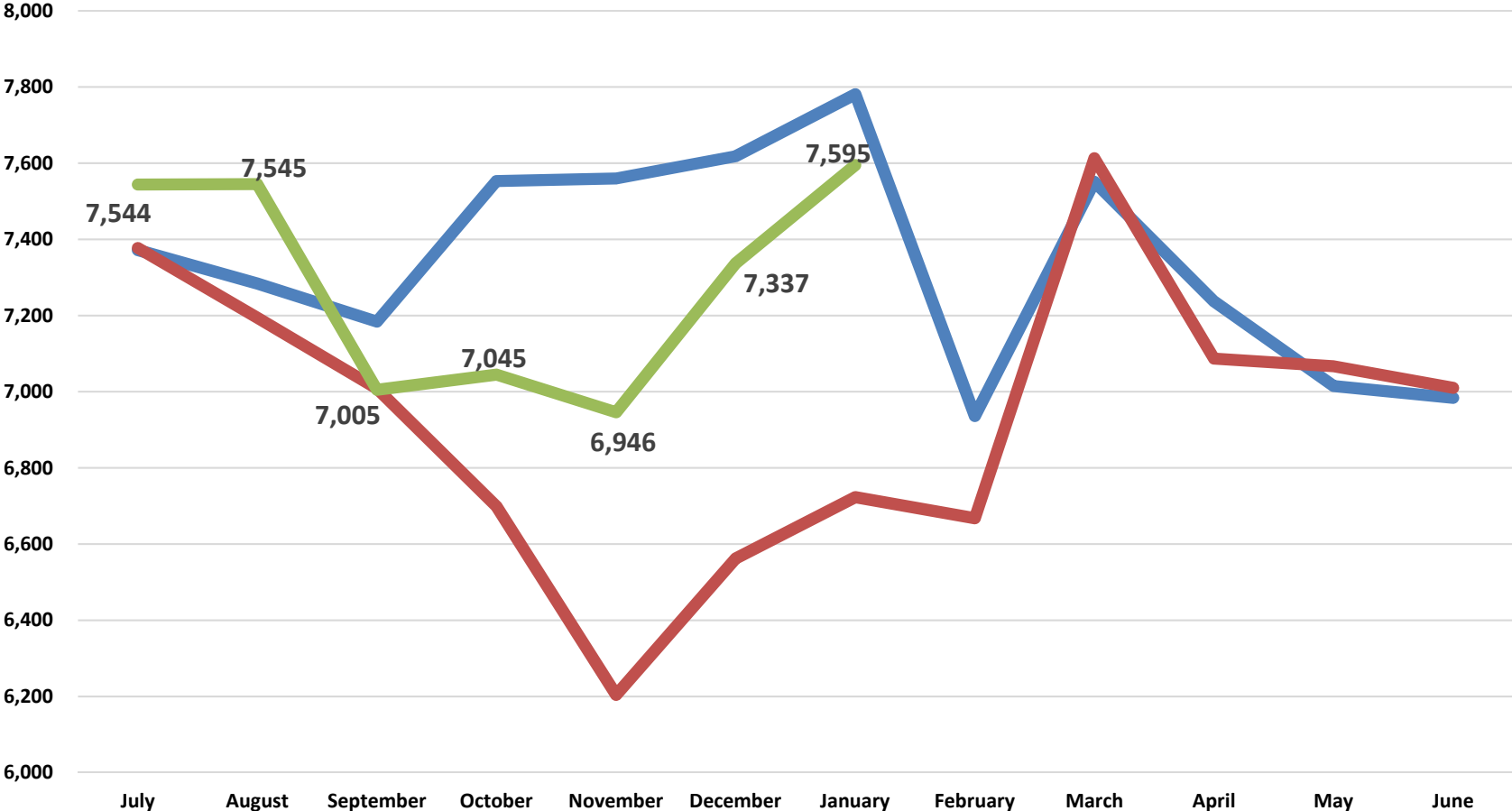
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



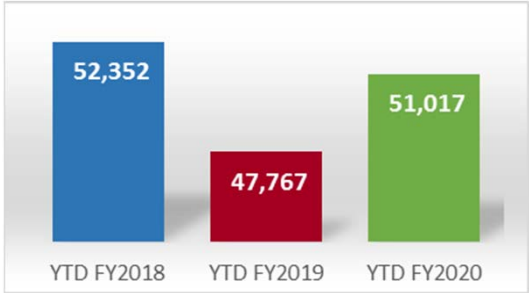
Outpatient Registrations per Day



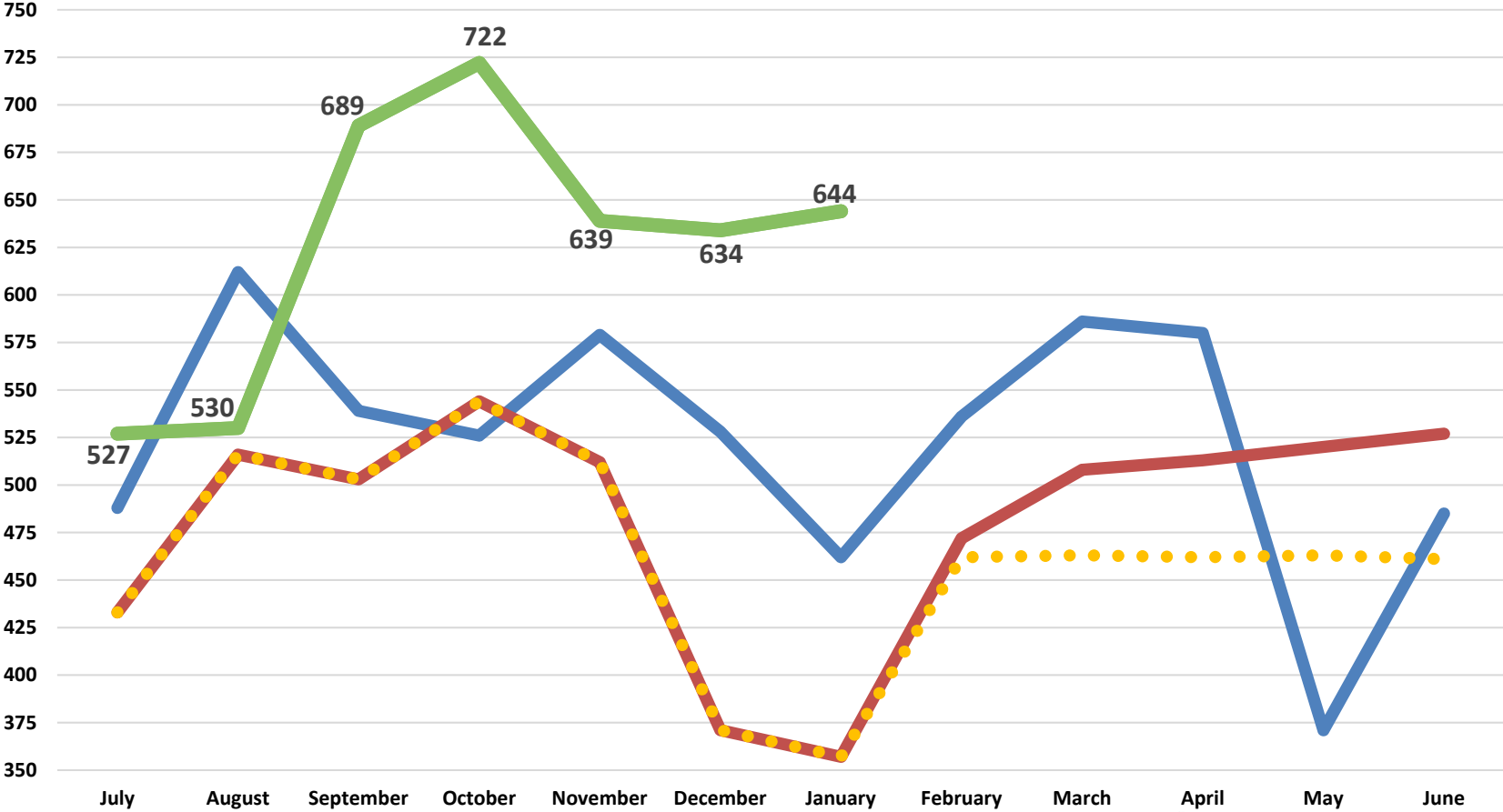
Emergency Department – Total Treated



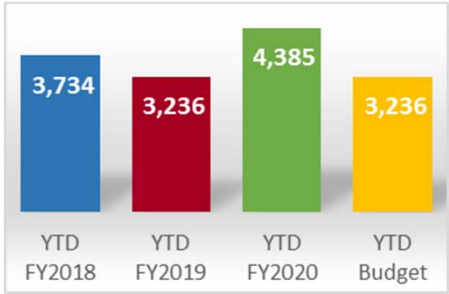
— FY2018 — FY2019 — FY2020



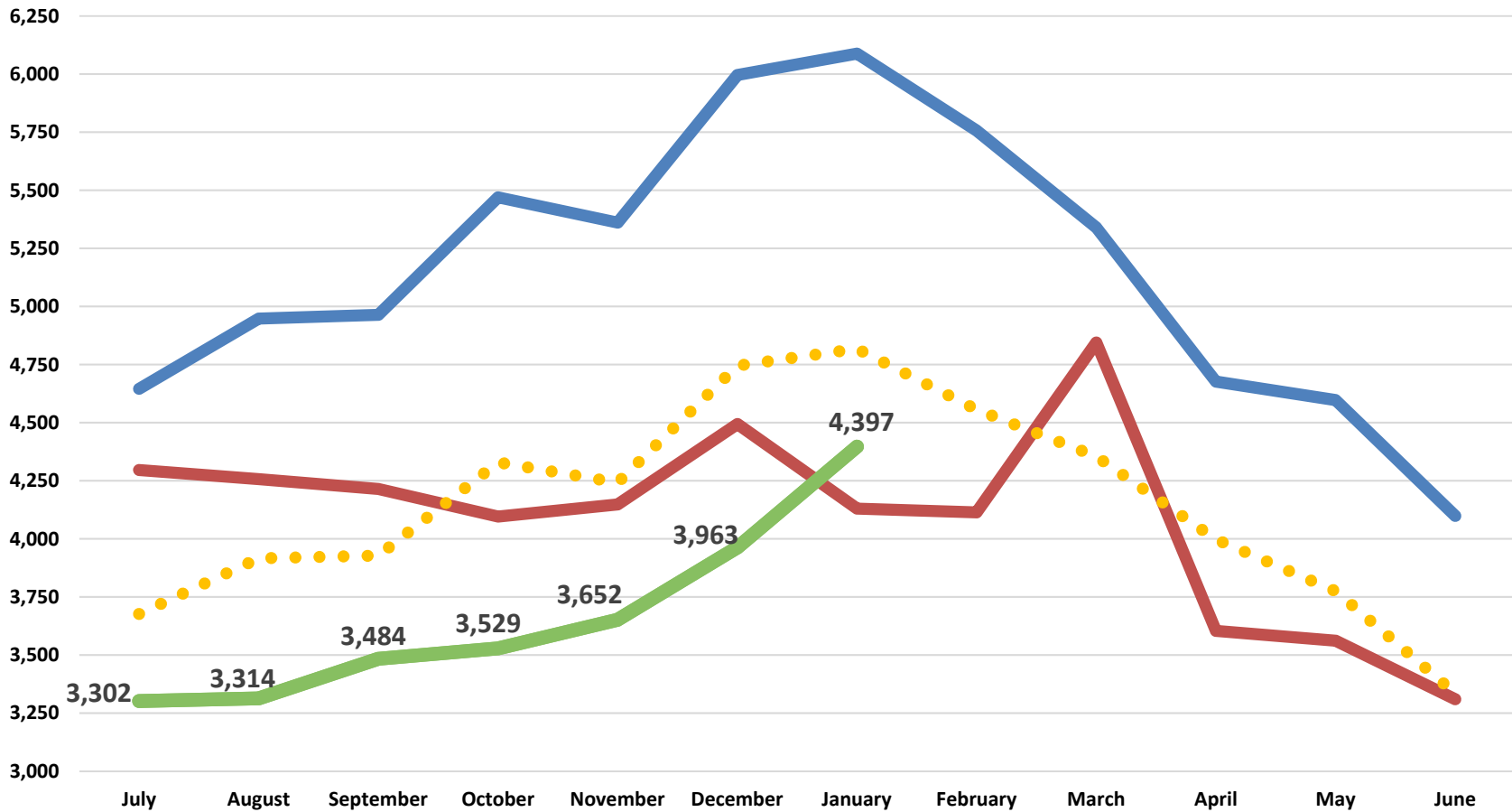
Endoscopy Procedures



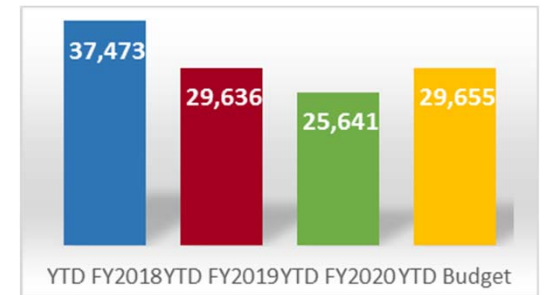
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



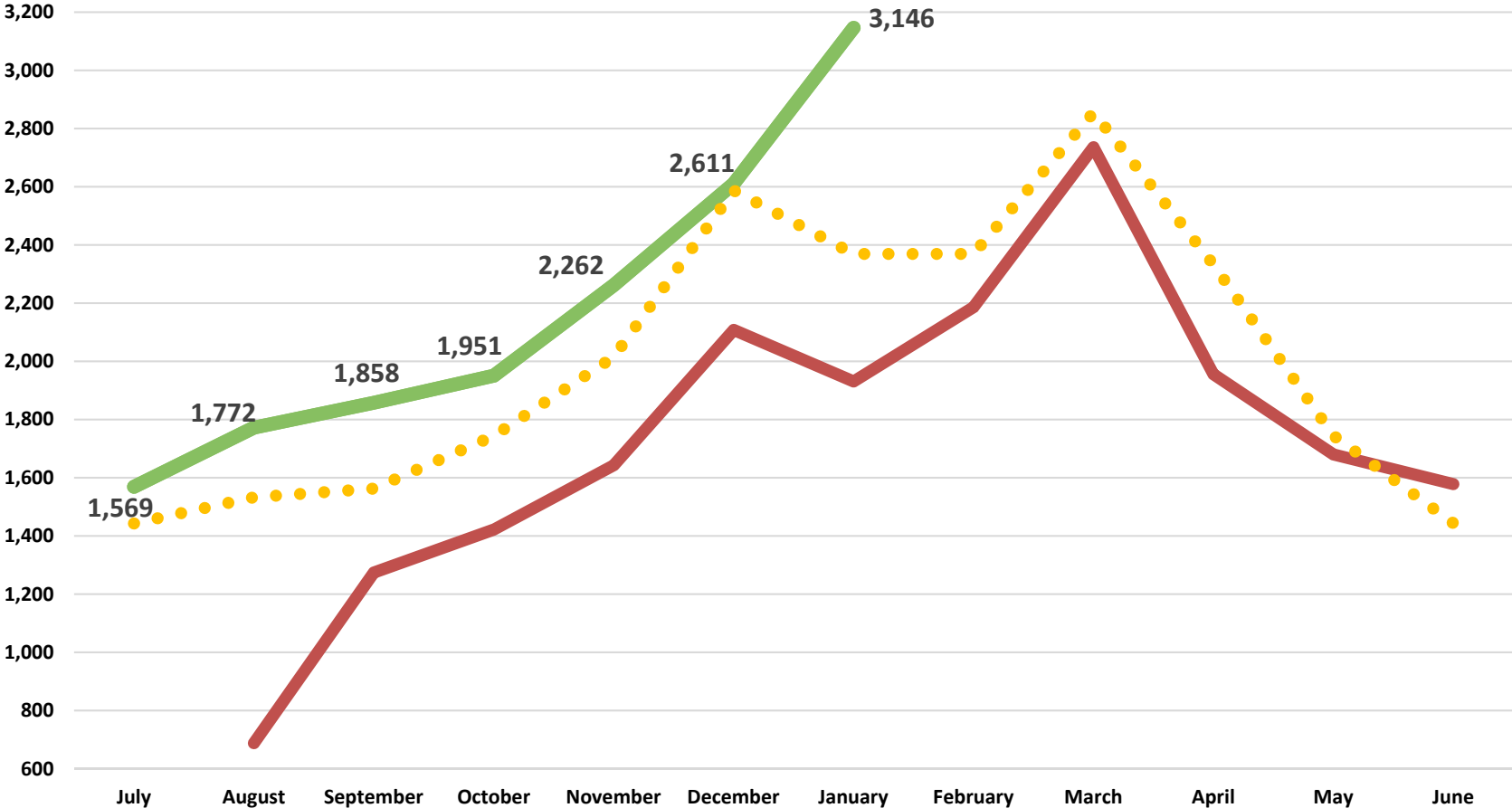
Urgent Care – Court Visits



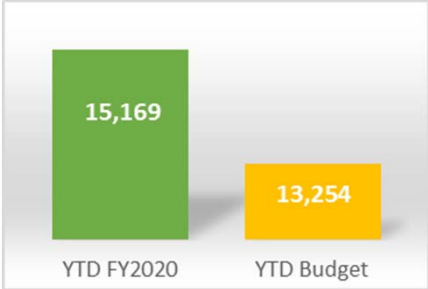
— **FY2018**
— **FY2019**
— **FY2020**
●●● **Budget**



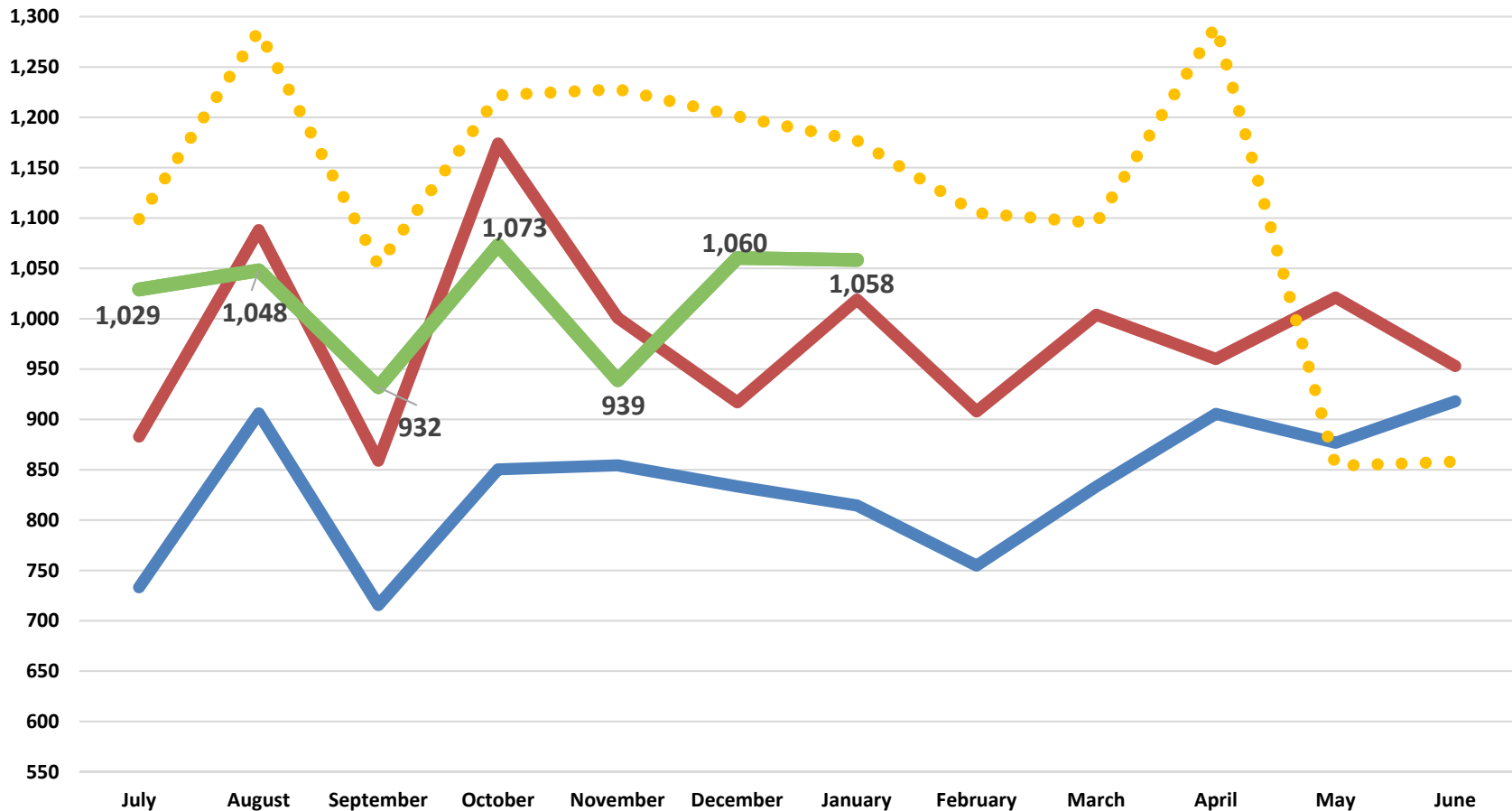
Urgent Care – Demaree Visits



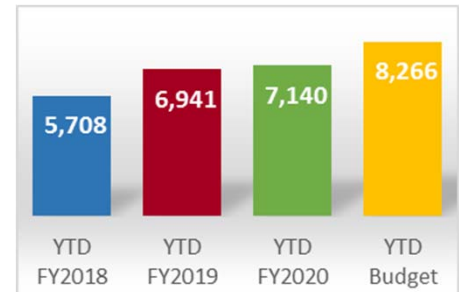
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



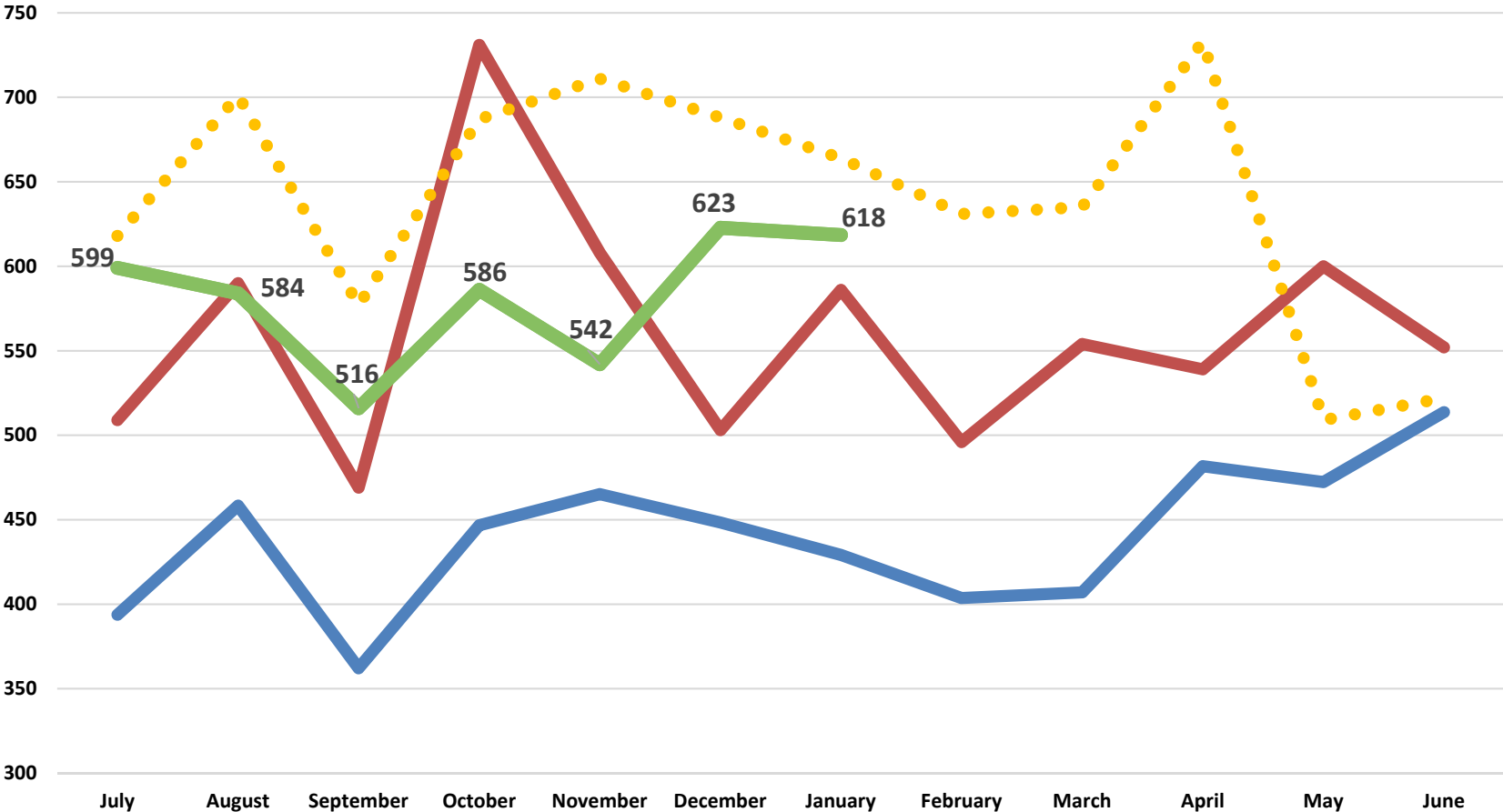
Surgery (IP & OP) – 100 Min Units



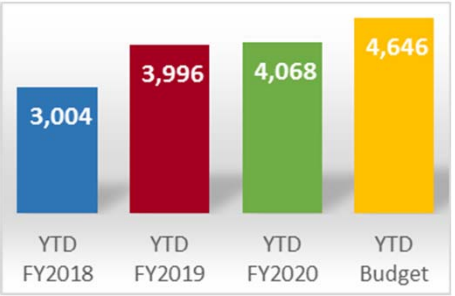
— FY2018
 — FY2019
 — FY2020
 ••• Budget



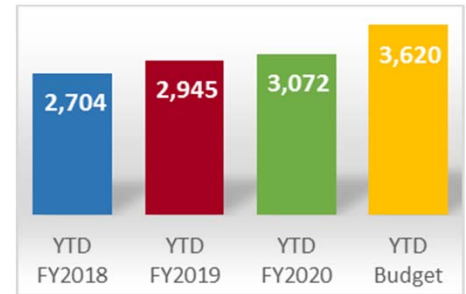
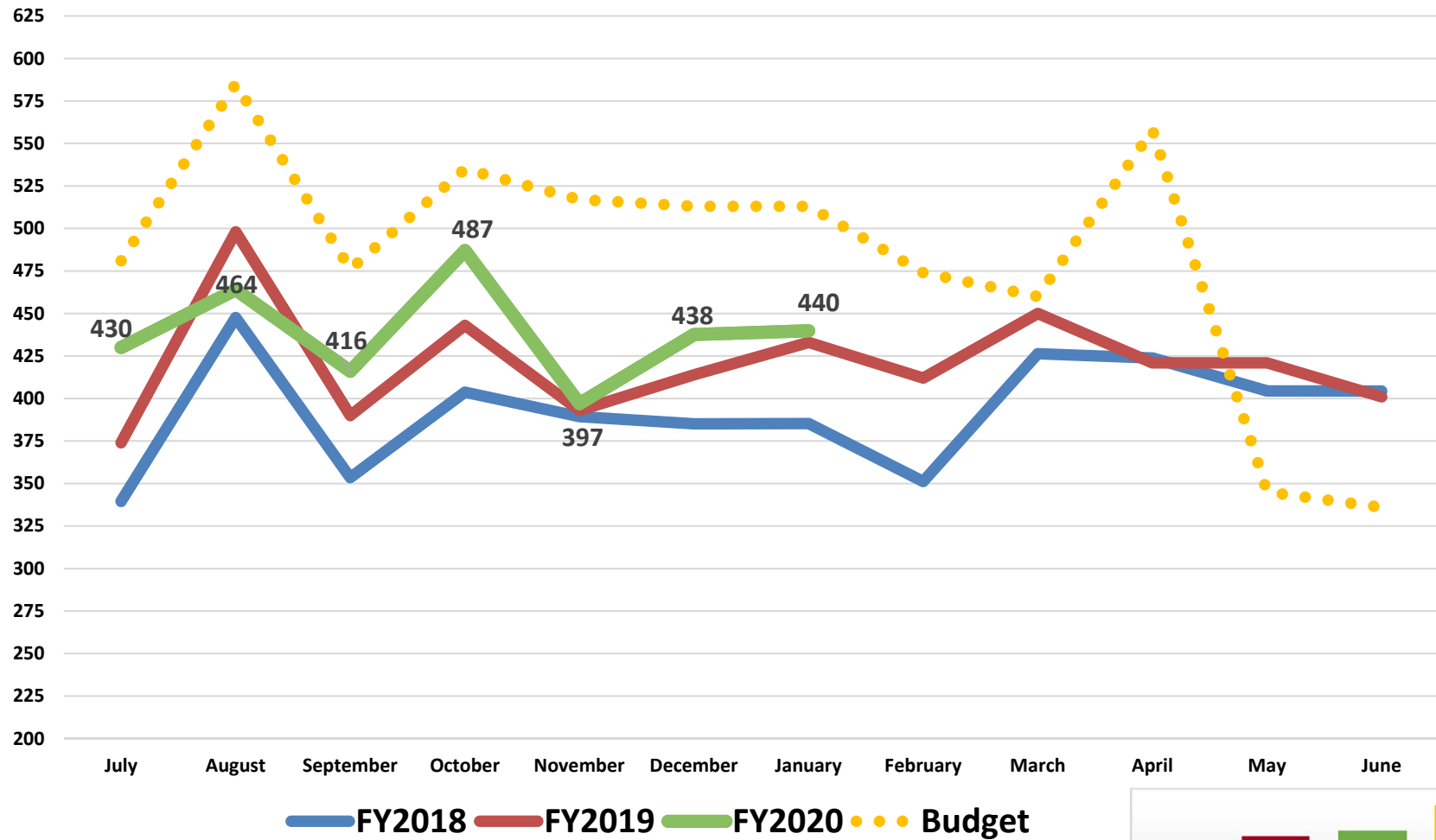
Surgery (IP Only) – 100 Min Units



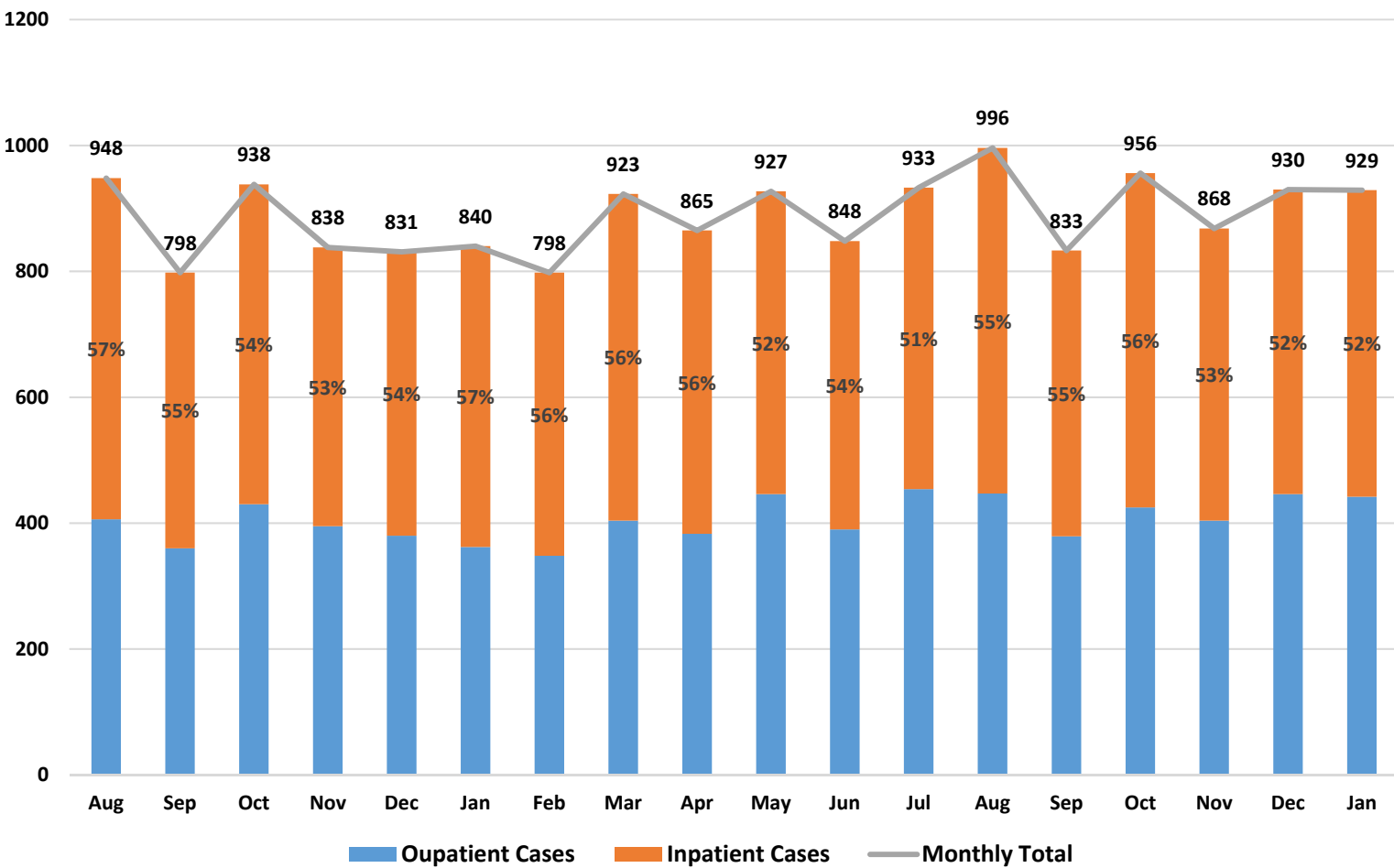
— FY2018
 — FY2019
 — FY2020
 ••• Budget



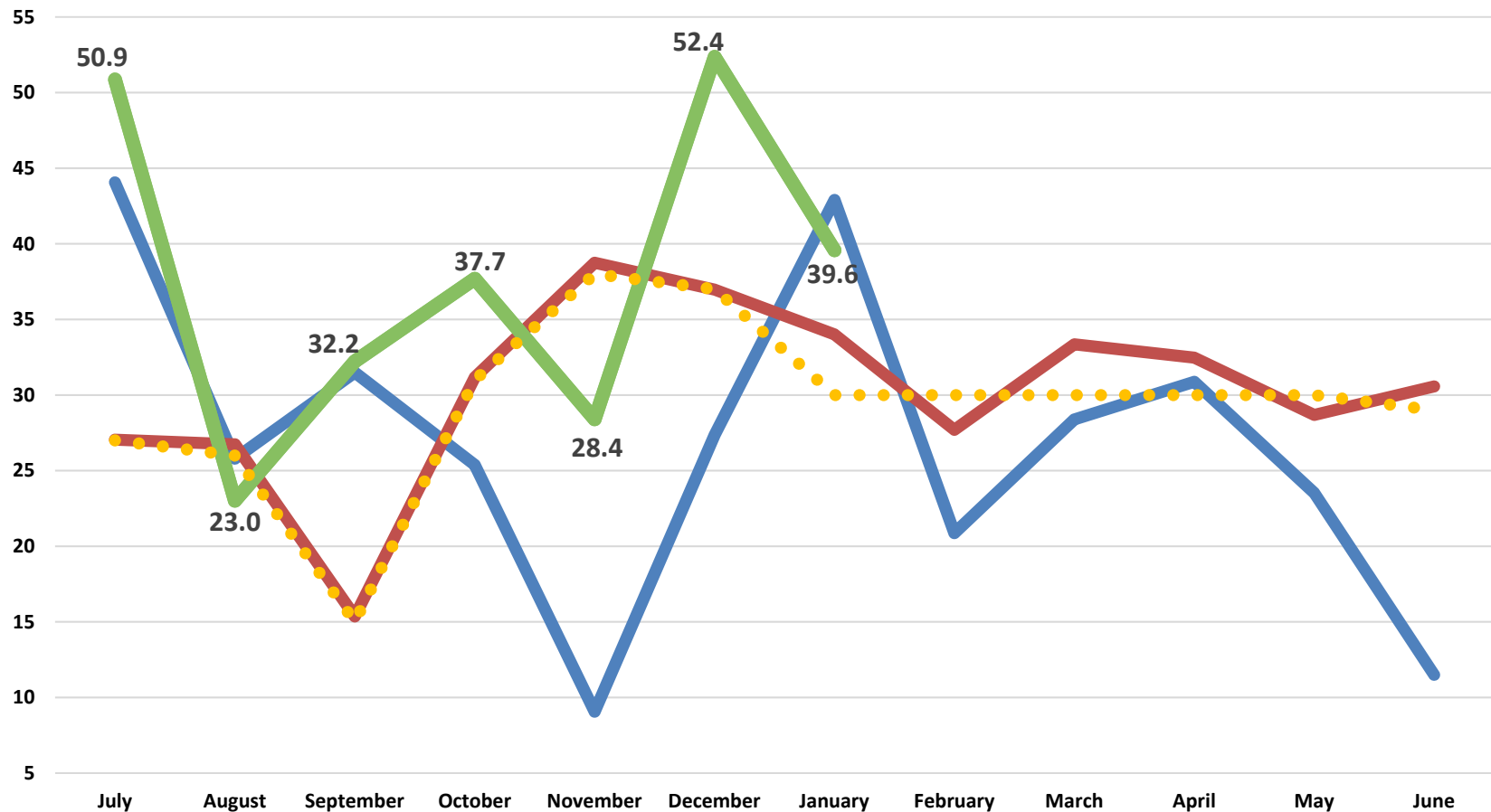
Surgery (OP Only) – 100 Min Units



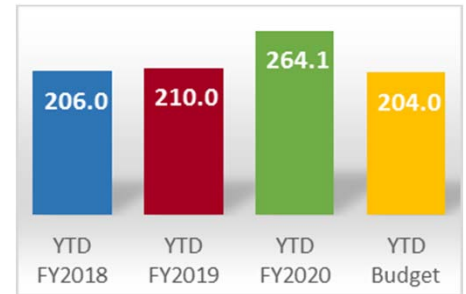
Surgery (IP & OP) - Cases



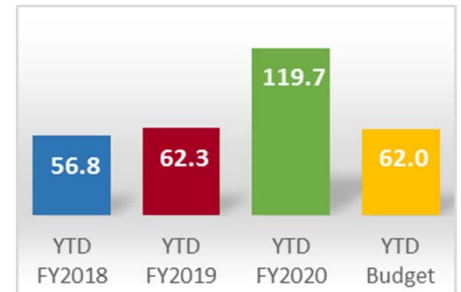
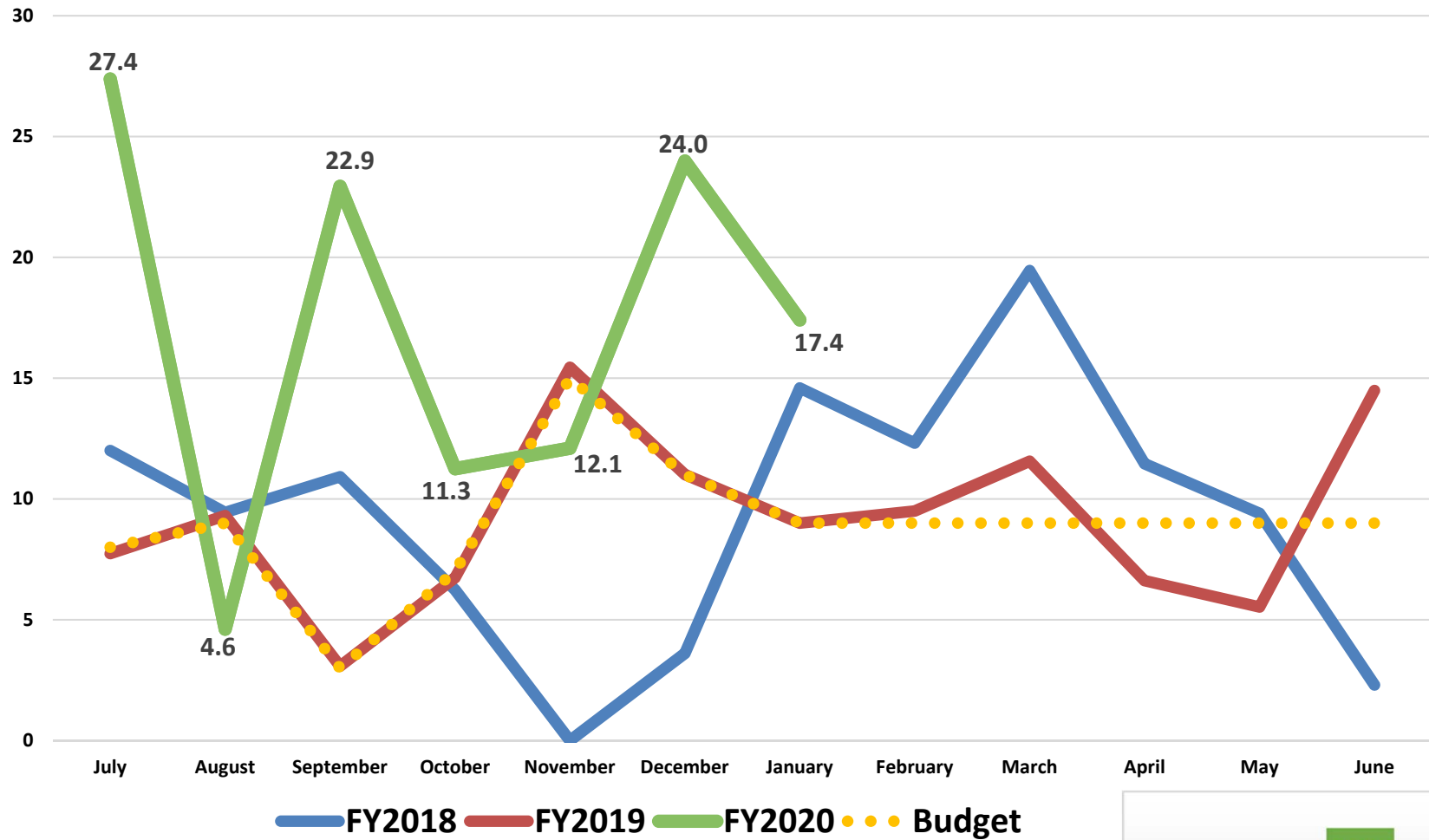
Robotic Surgery (IP & OP) – 100 Min Units



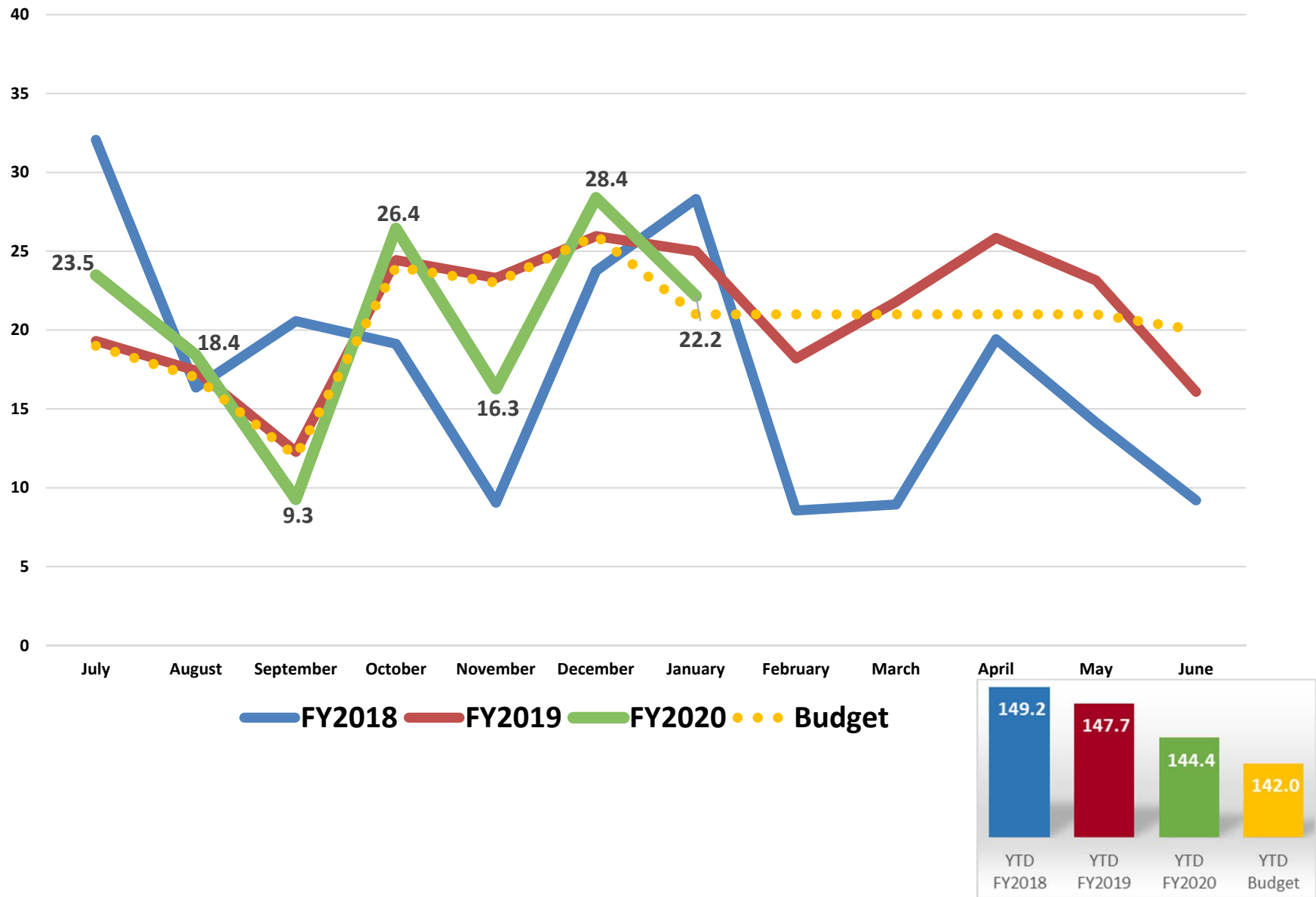
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



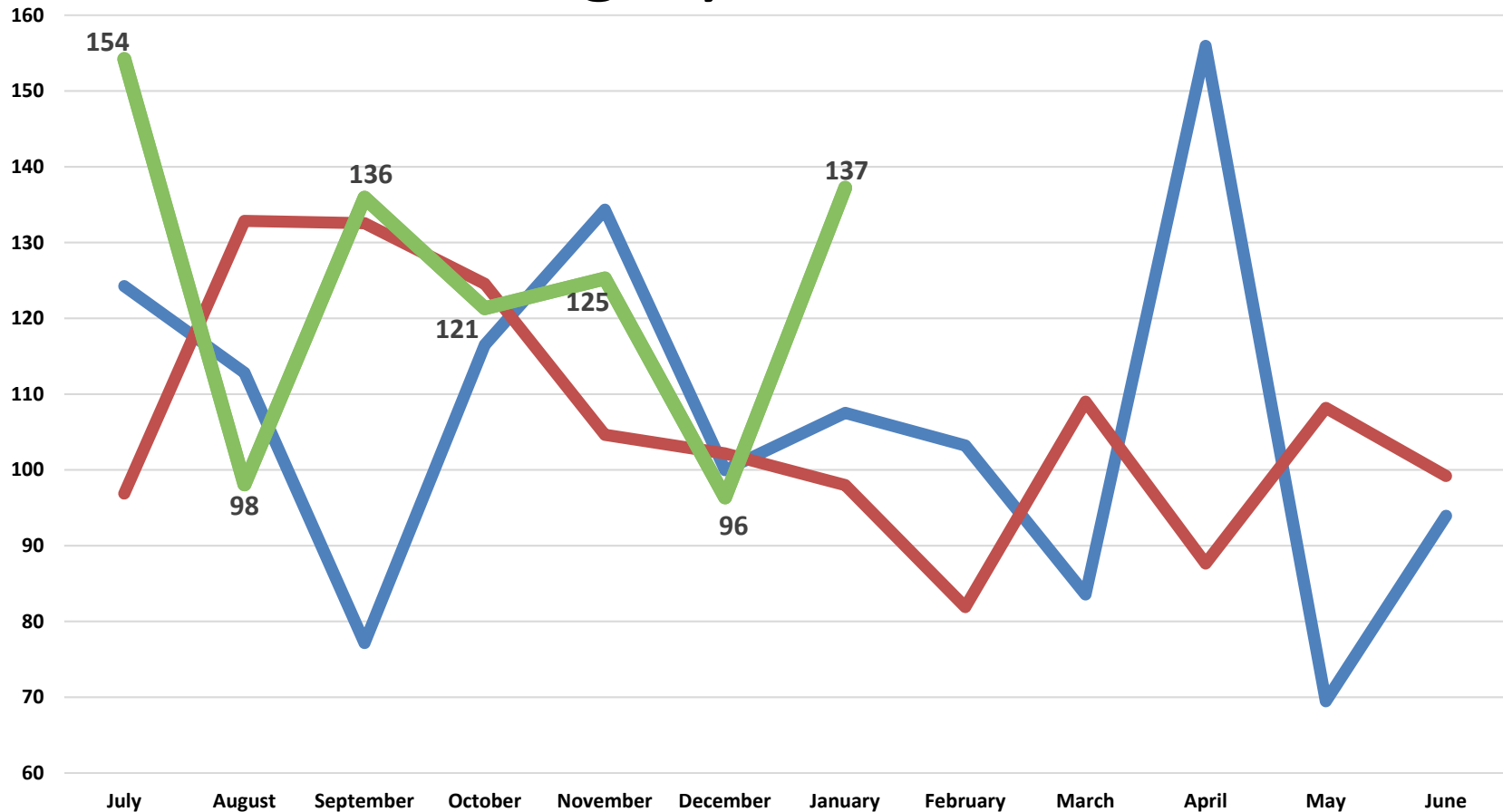
Robotic Surgery (IP Only) – 100 Min Units



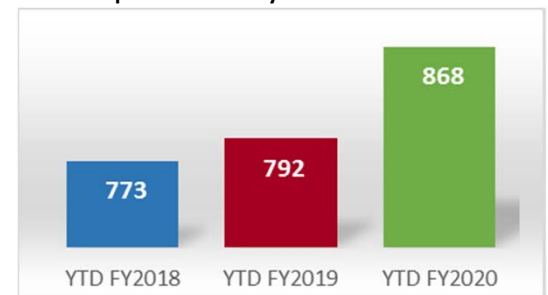
Robotic Surgery (OP Only) – 100 Min Units



Cardiac Surgery – 100 Min Units

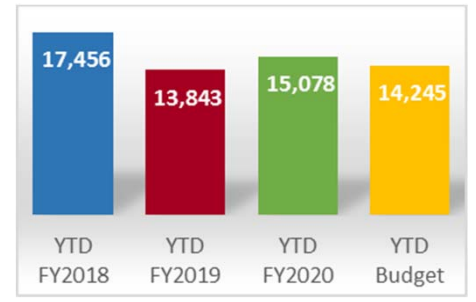
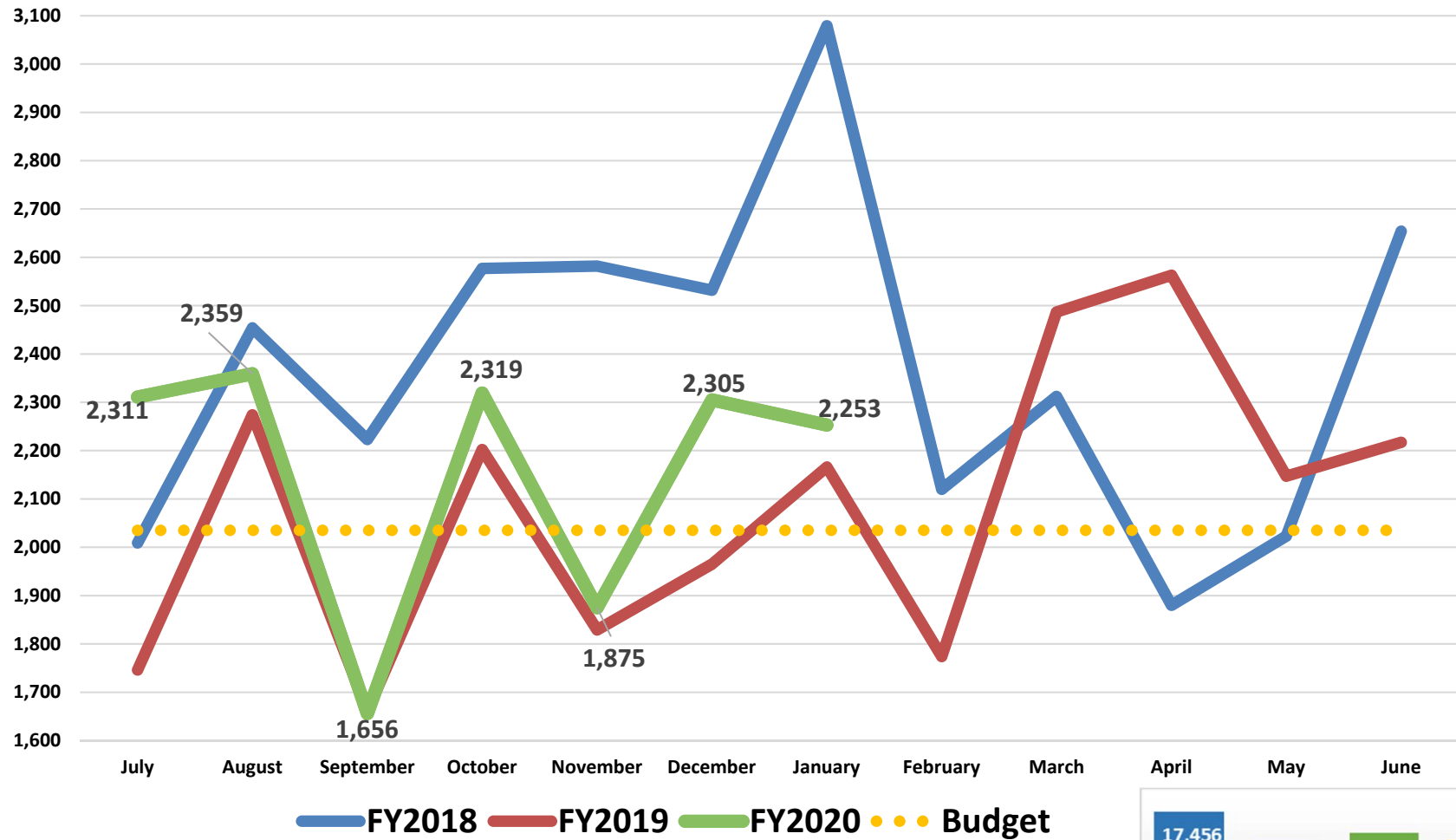


— FY2018 — FY2019 — FY2020

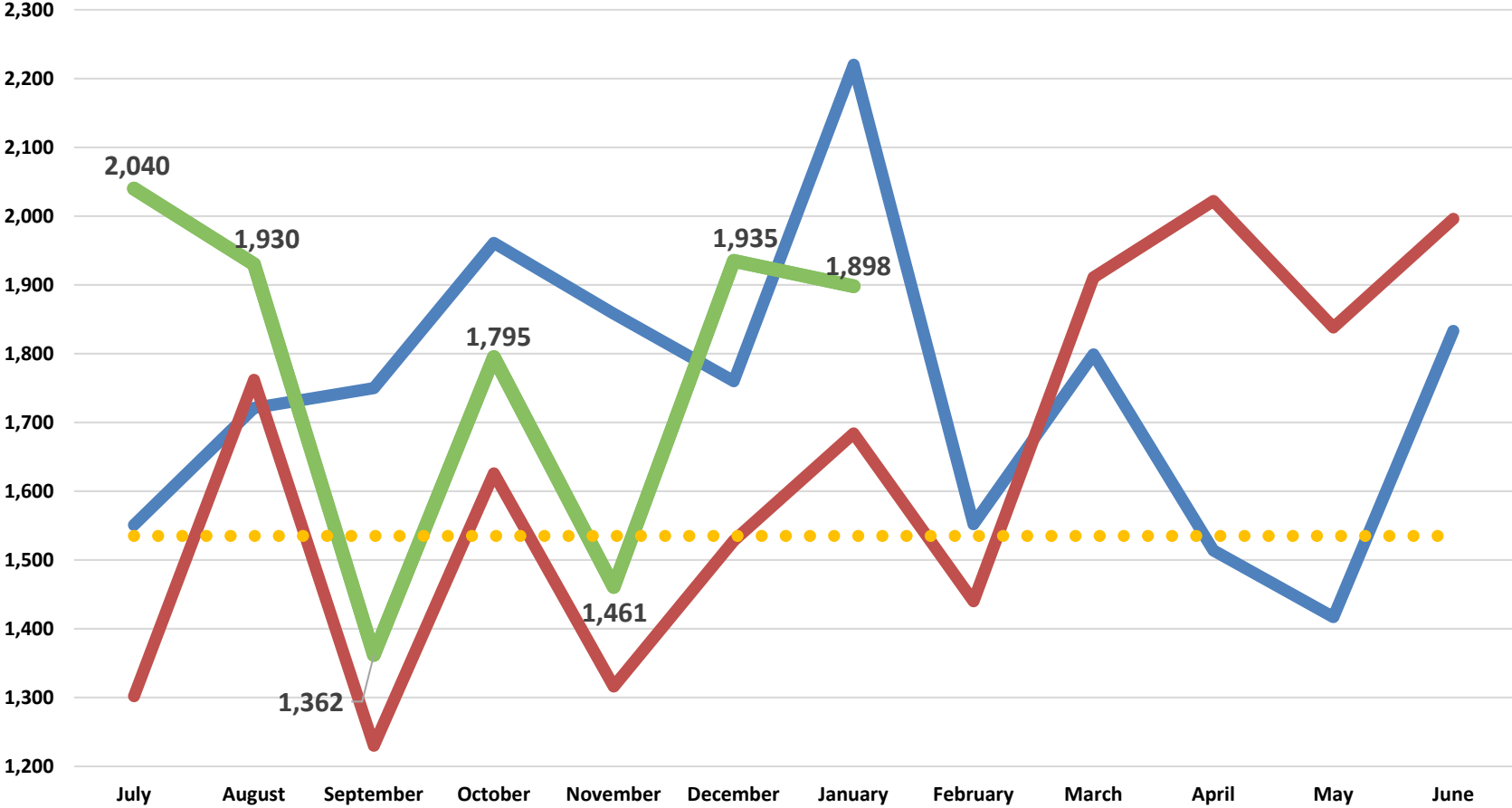


Radiation Oncology Treatments

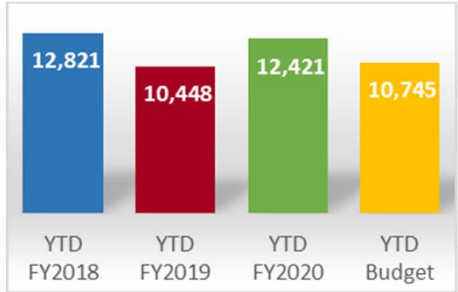
Hanford and Visalia



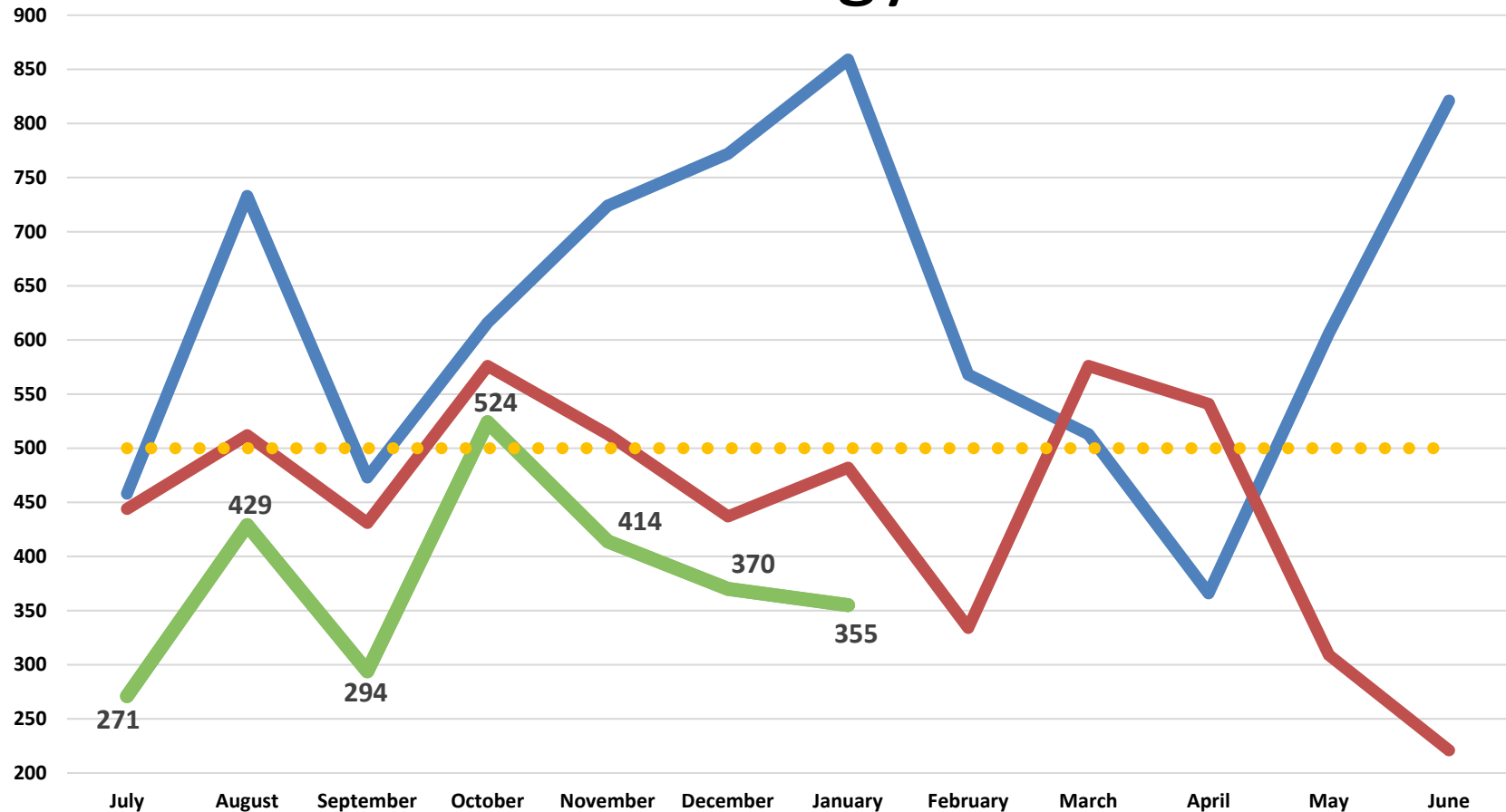
Radiation Oncology - Visalia



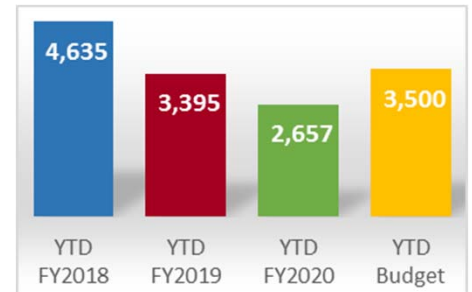
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



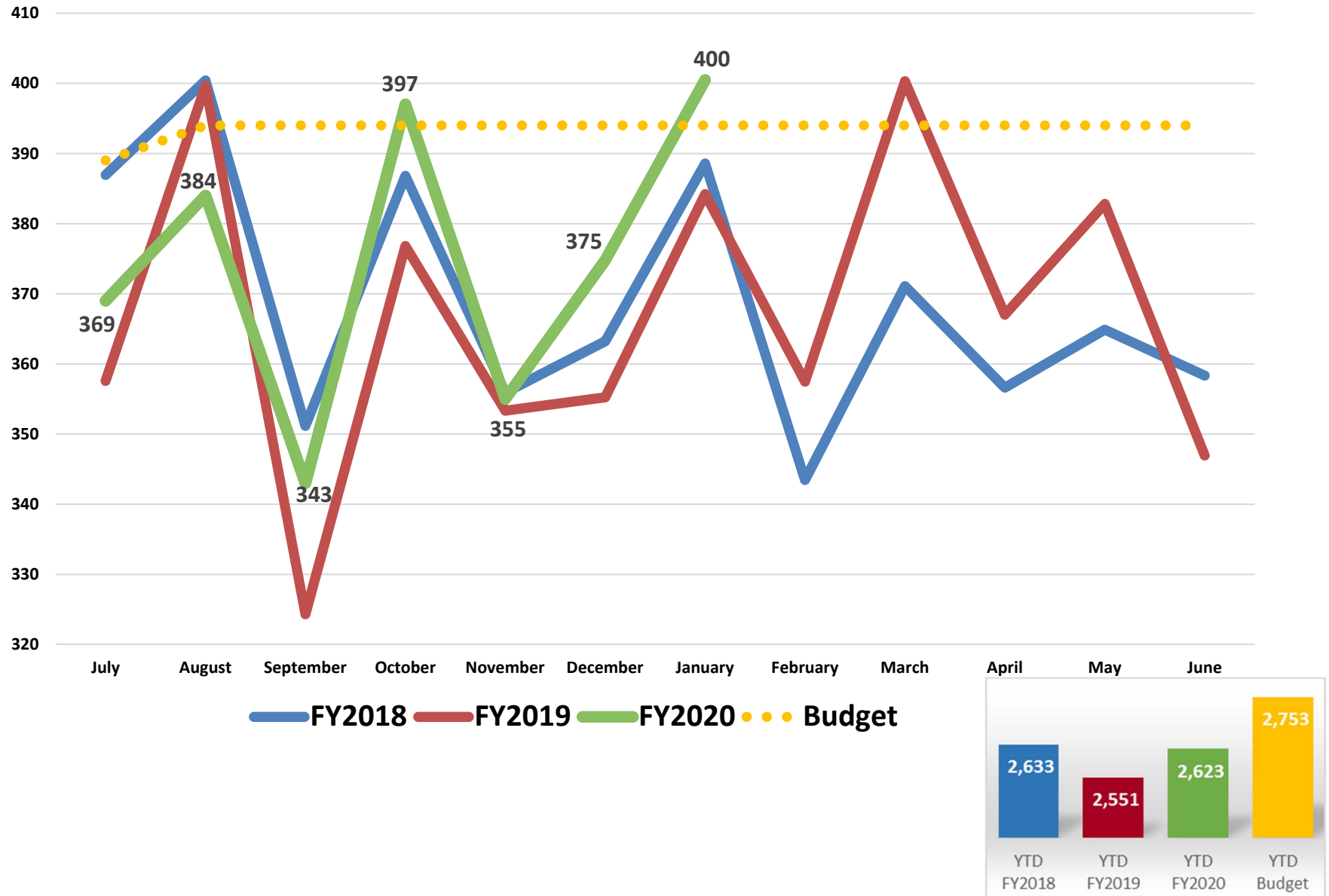
Radiation Oncology - Hanford



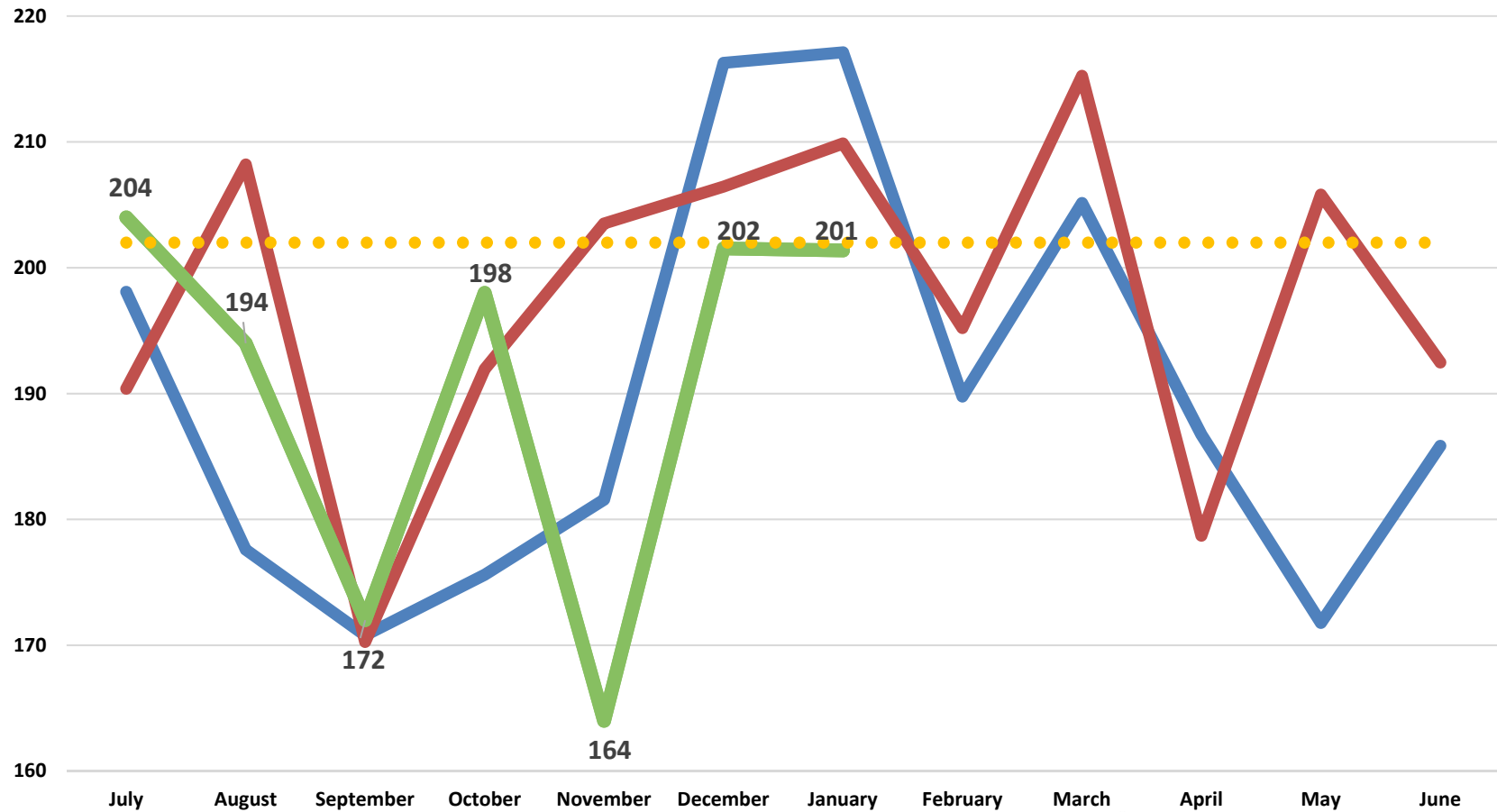
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



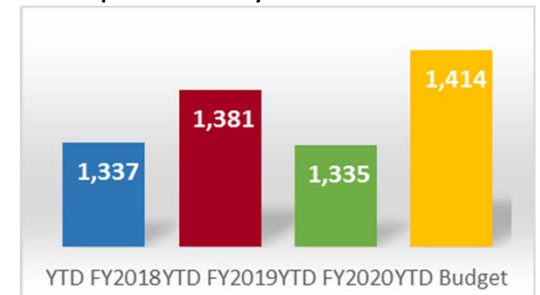
Cath Lab (IP & OP) – 100 Min Units



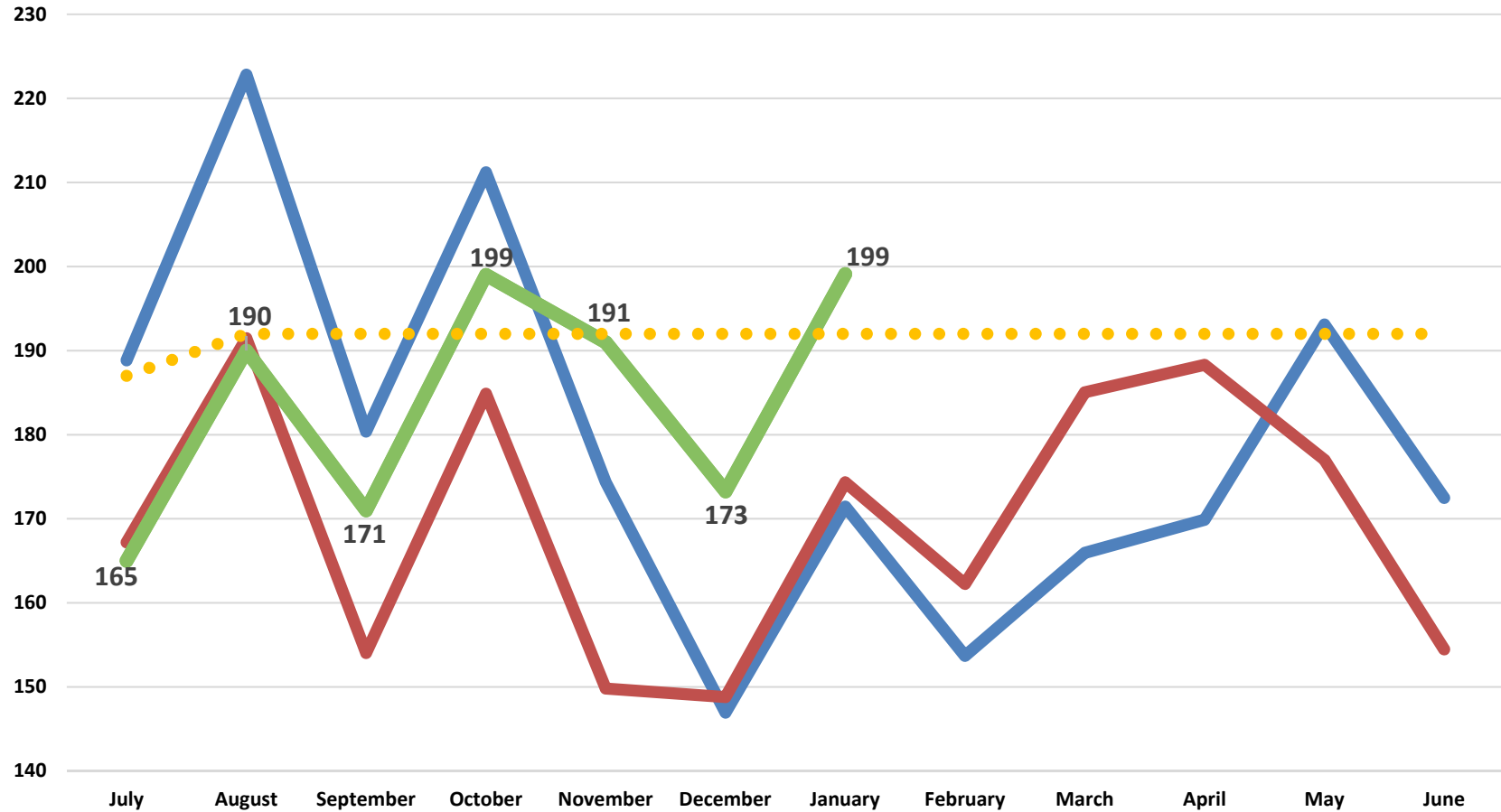
Cath Lab (IP Only) – 100 Min Units



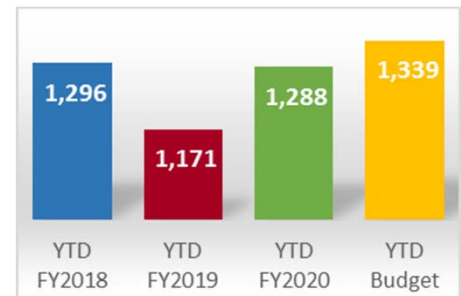
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



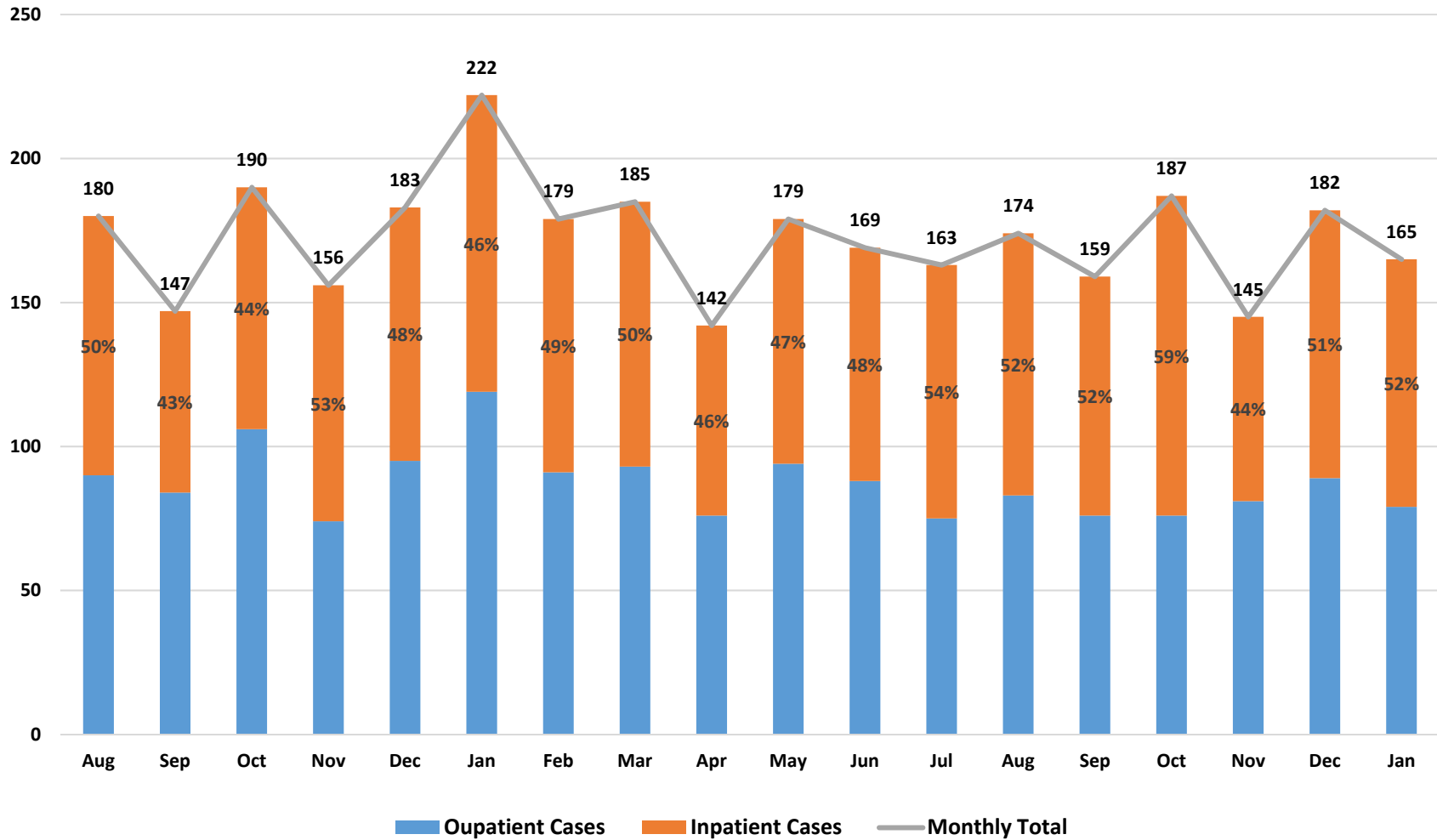
Cath Lab (OP Only) – 100 Min Units



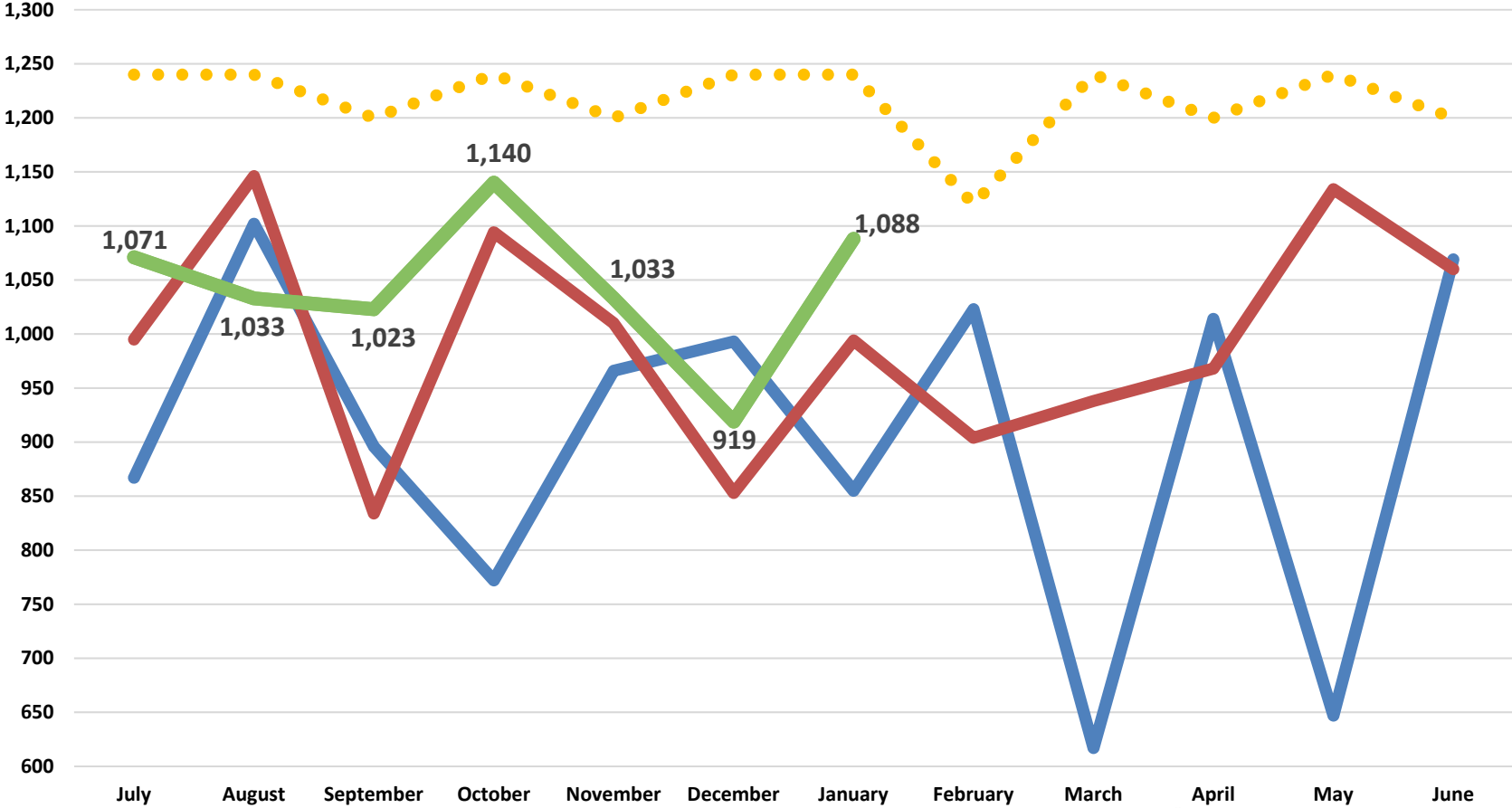
— FY2018 — FY2019 — FY2020 ••• Budget



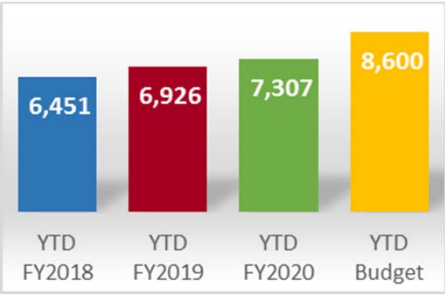
Cath Lab (IP & OP) - Patients



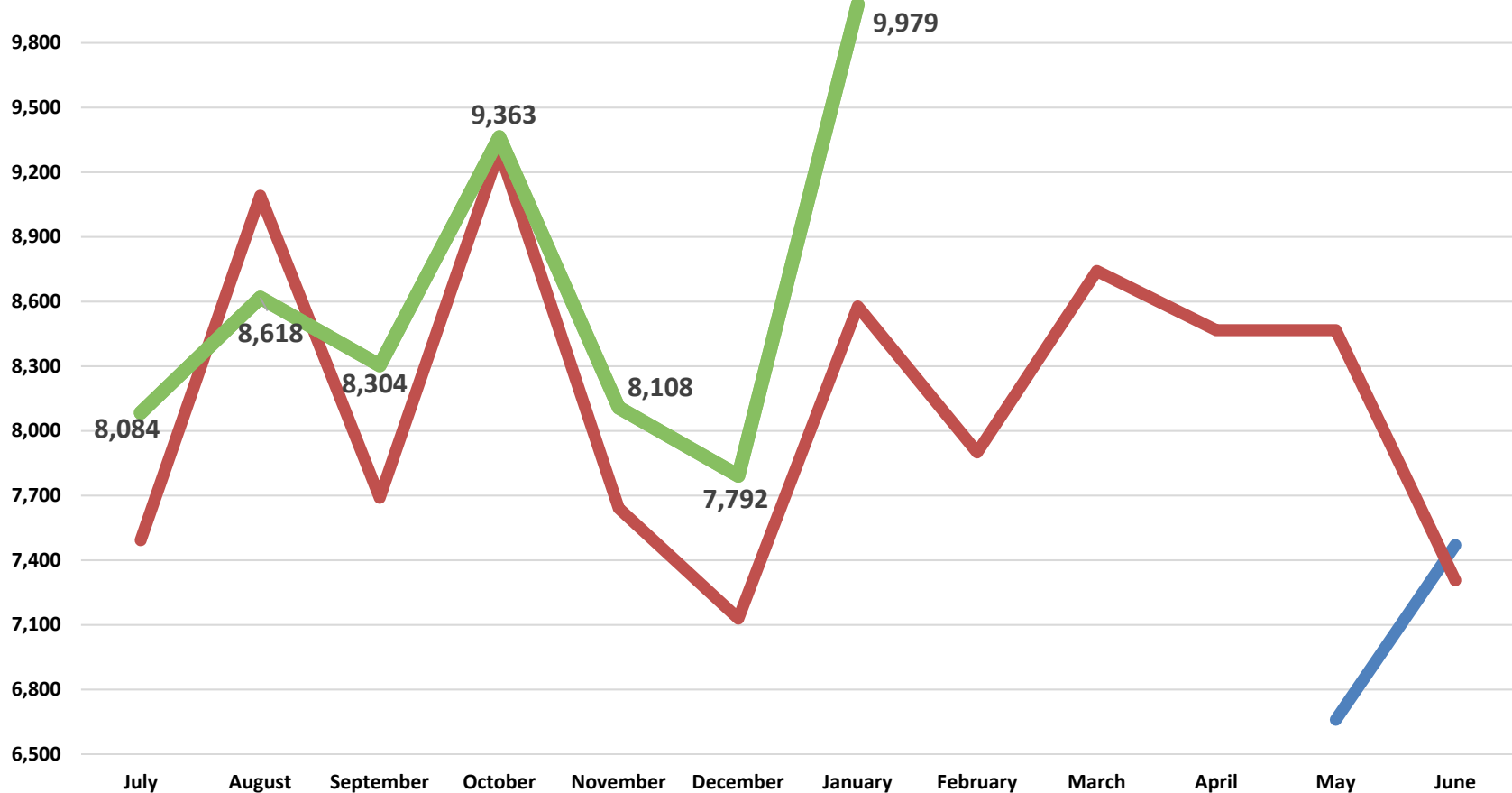
GME Family Medicine Clinic Visits



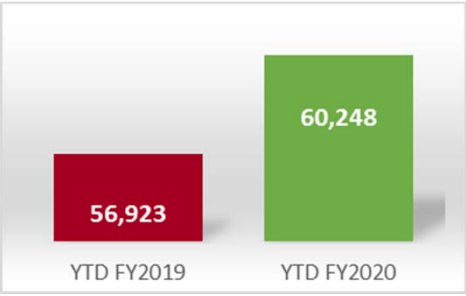
— FY2018
 — FY2019
 — FY2020
 ●● Budget



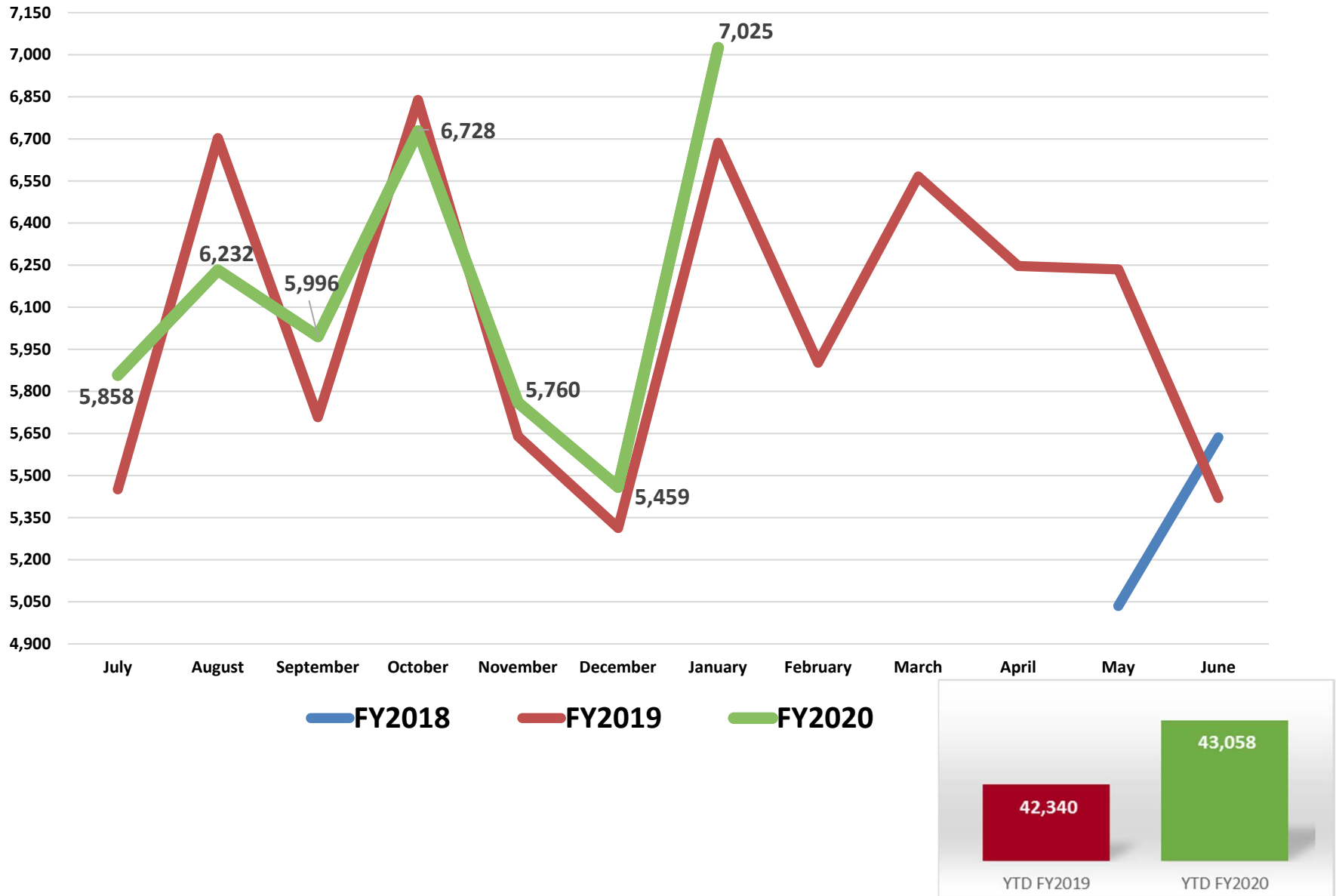
Rural Health Clinic Registrations



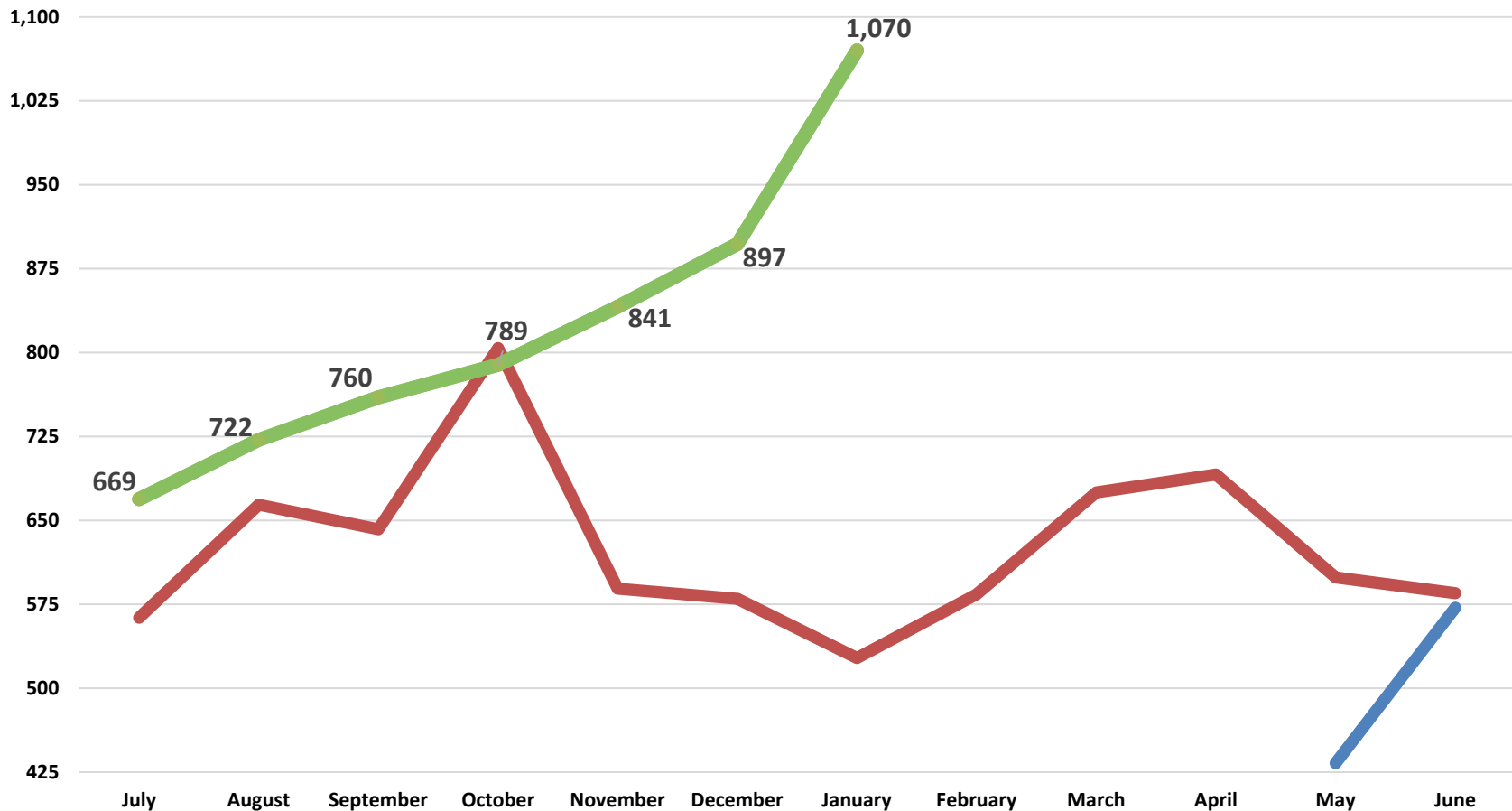
— **FY2018**
 — **FY2019**
 — **FY2020**



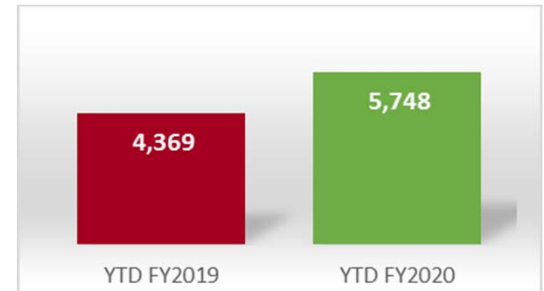
Exeter RHC - Registrations



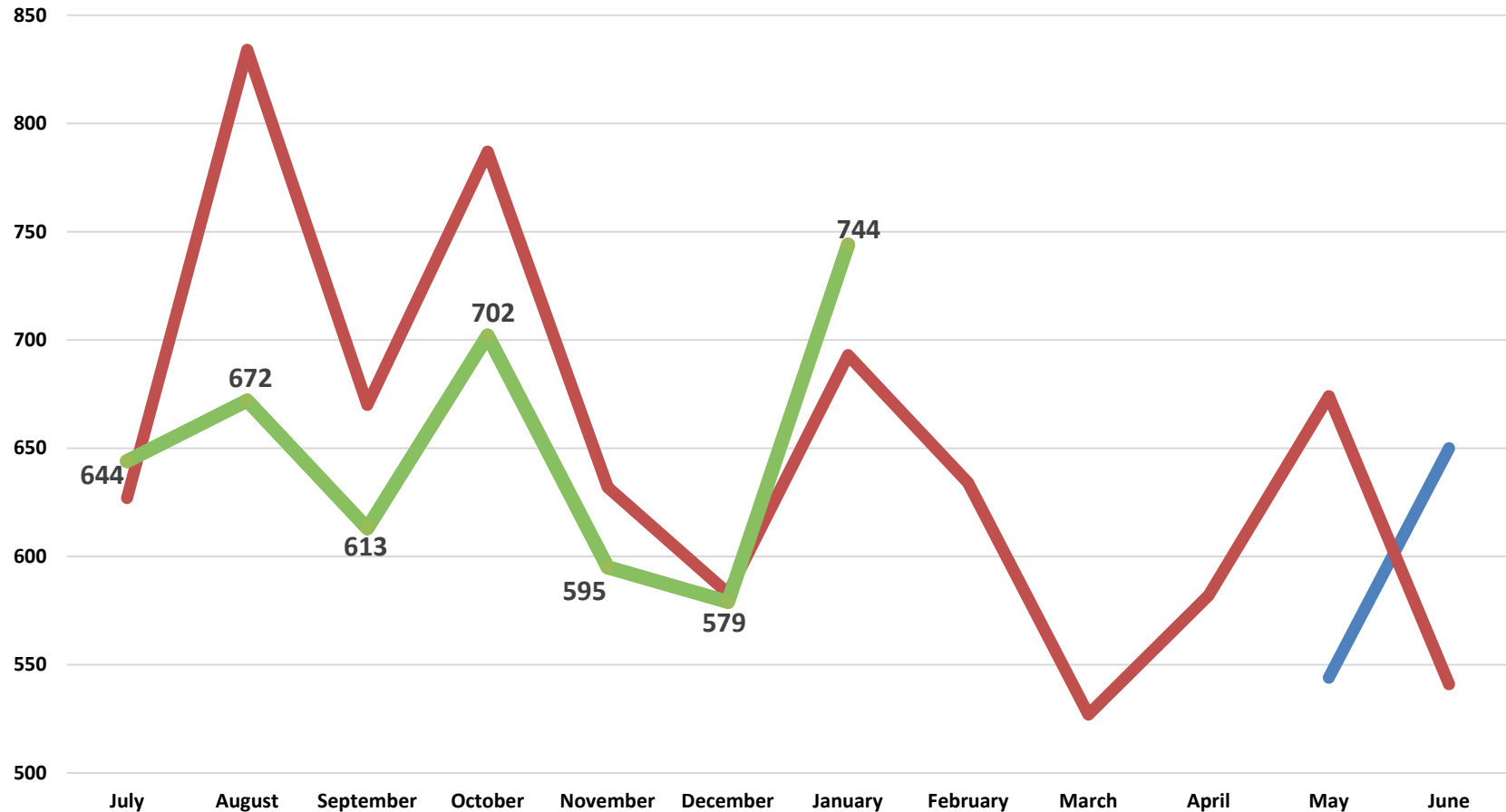
Lindsay RHC - Registrations



— **FY2018**
 — **FY2019**
 — **FY2020**



Woodlake RHC - Registrations



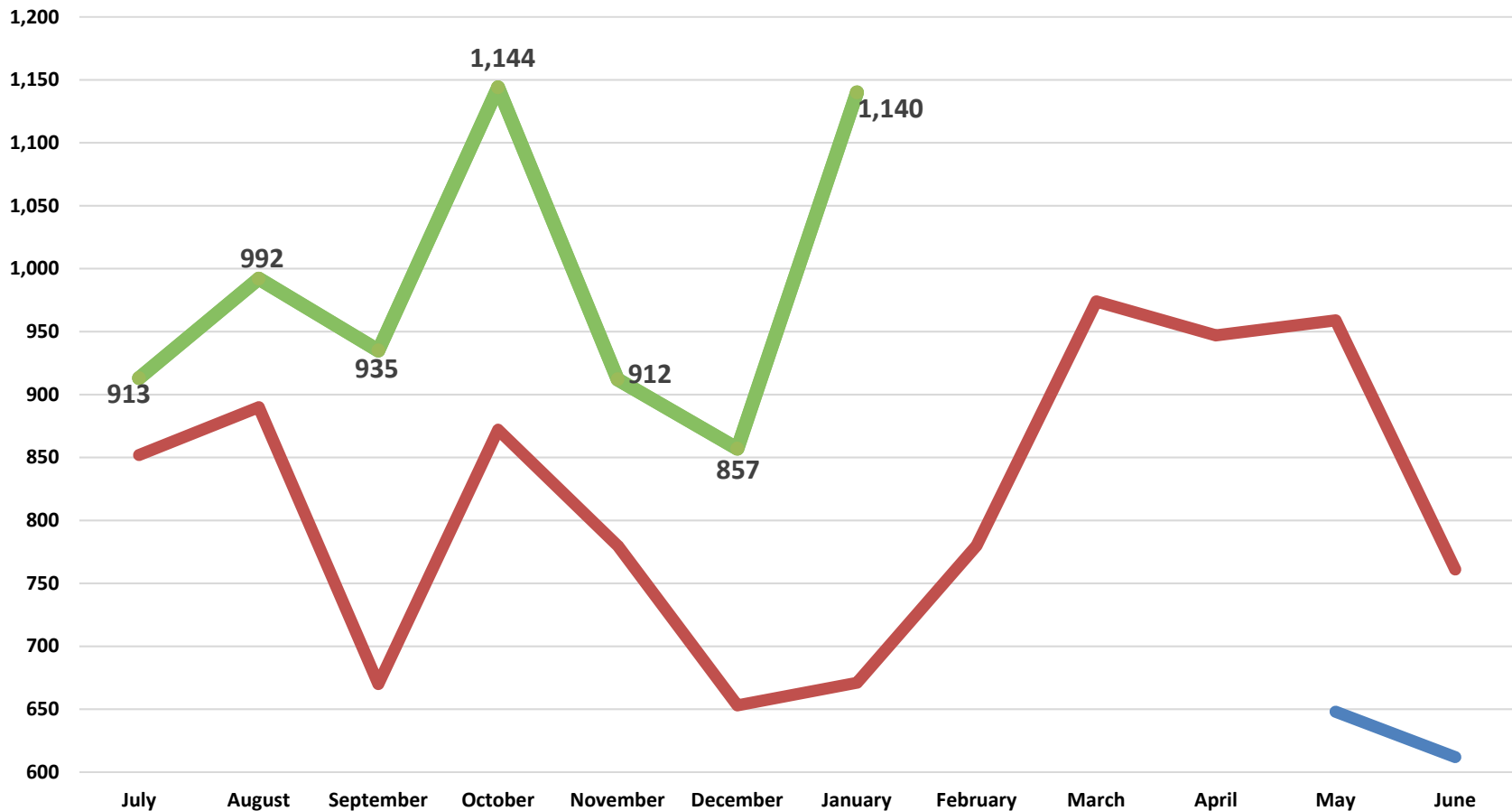
FY2018

FY2019

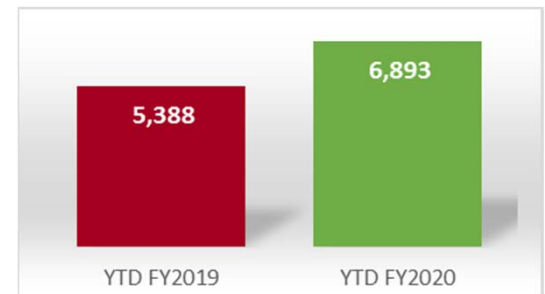
FY2020



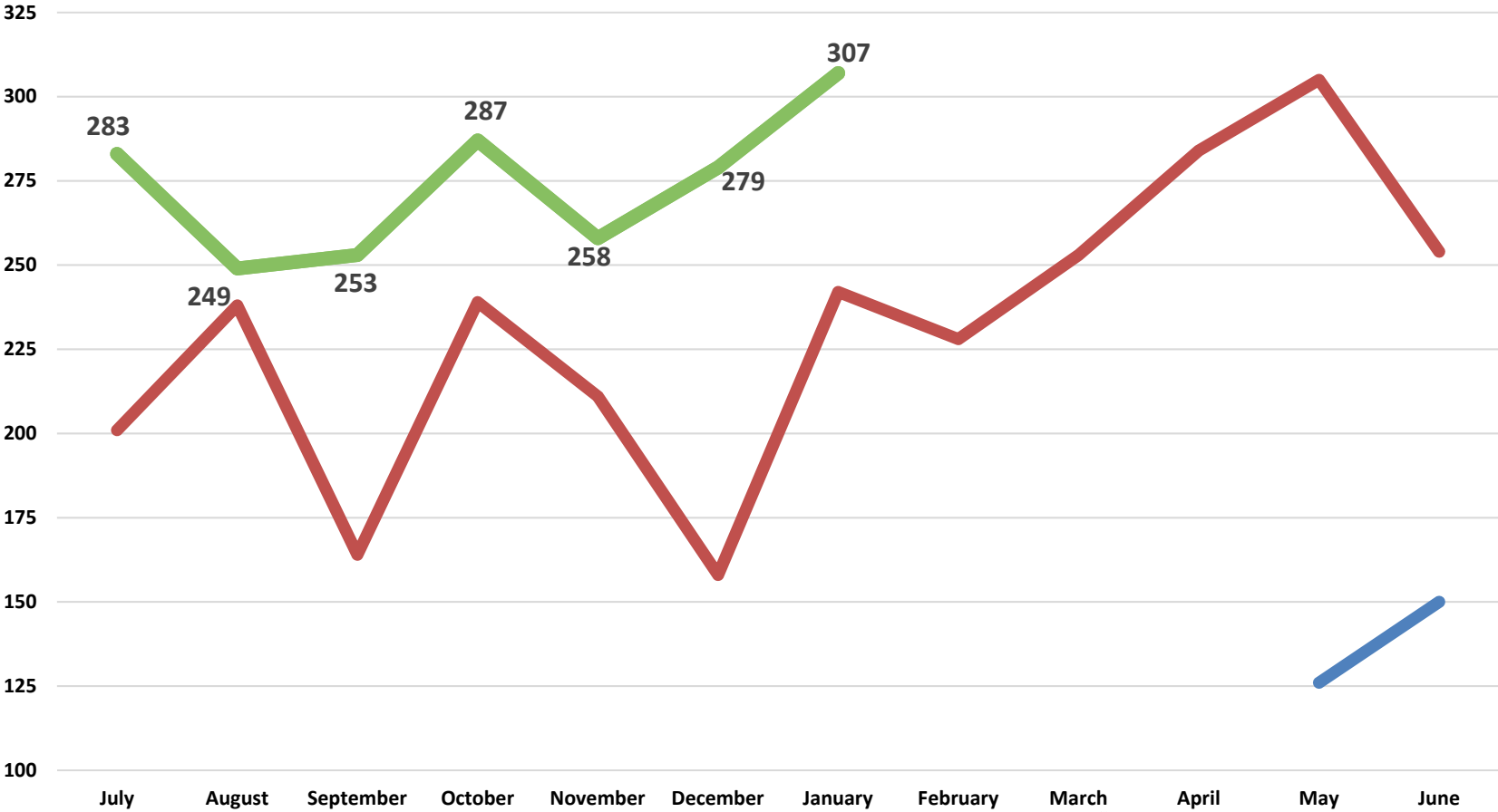
Dinuba RHC - Registrations



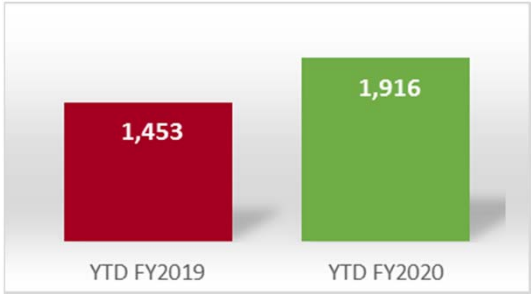
FY2018 **FY2019** **FY2020**



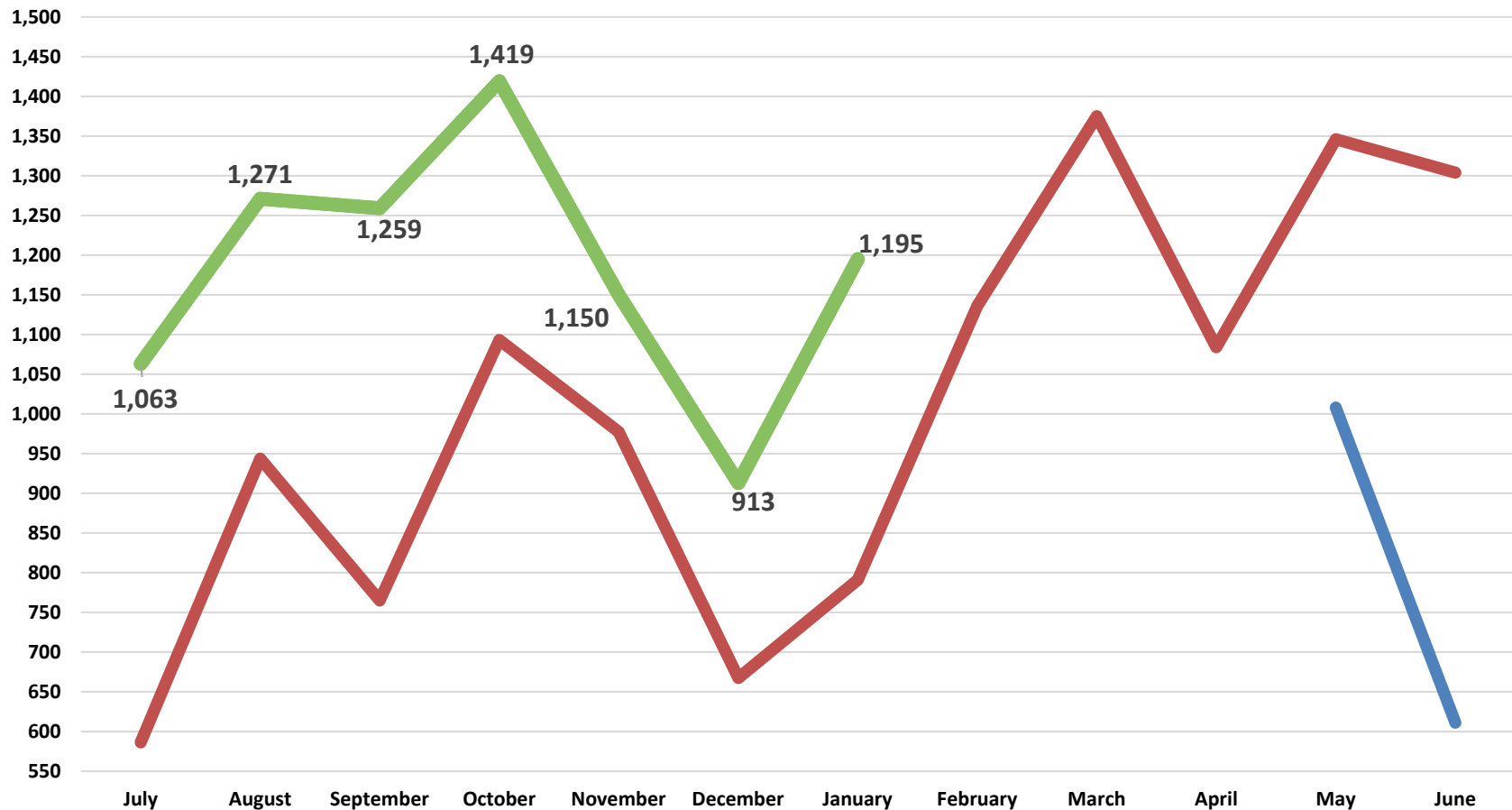
Neurosurgery Clinic - Registrations



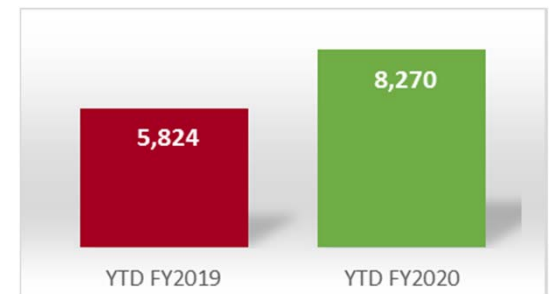
— FY2018 — FY2019 — FY2020



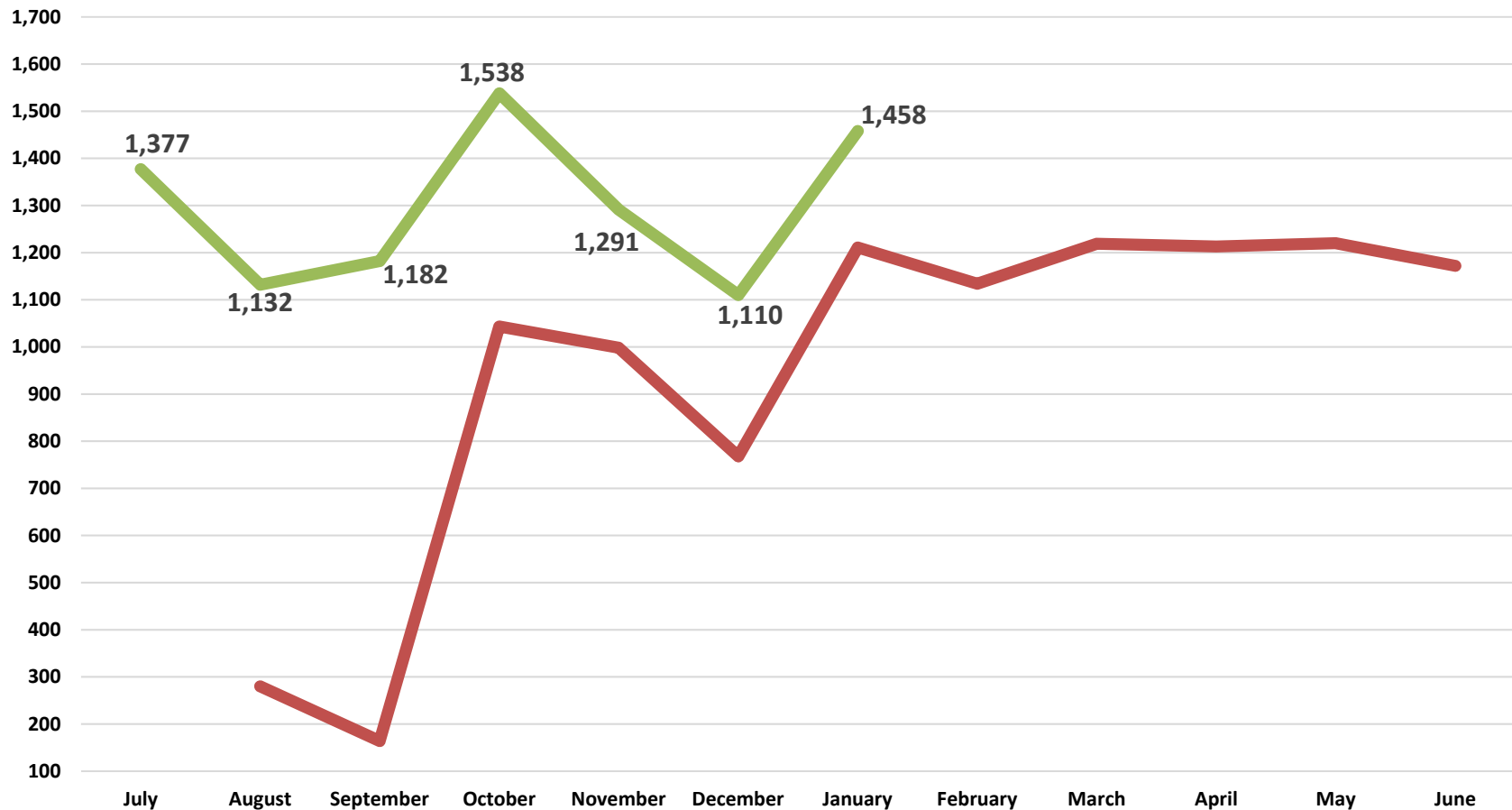
Neurosurgery Clinic - wRVU's



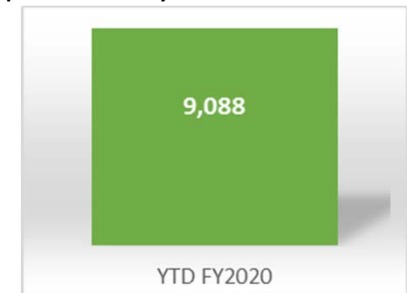
— FY2018 — FY2019 — FY2020



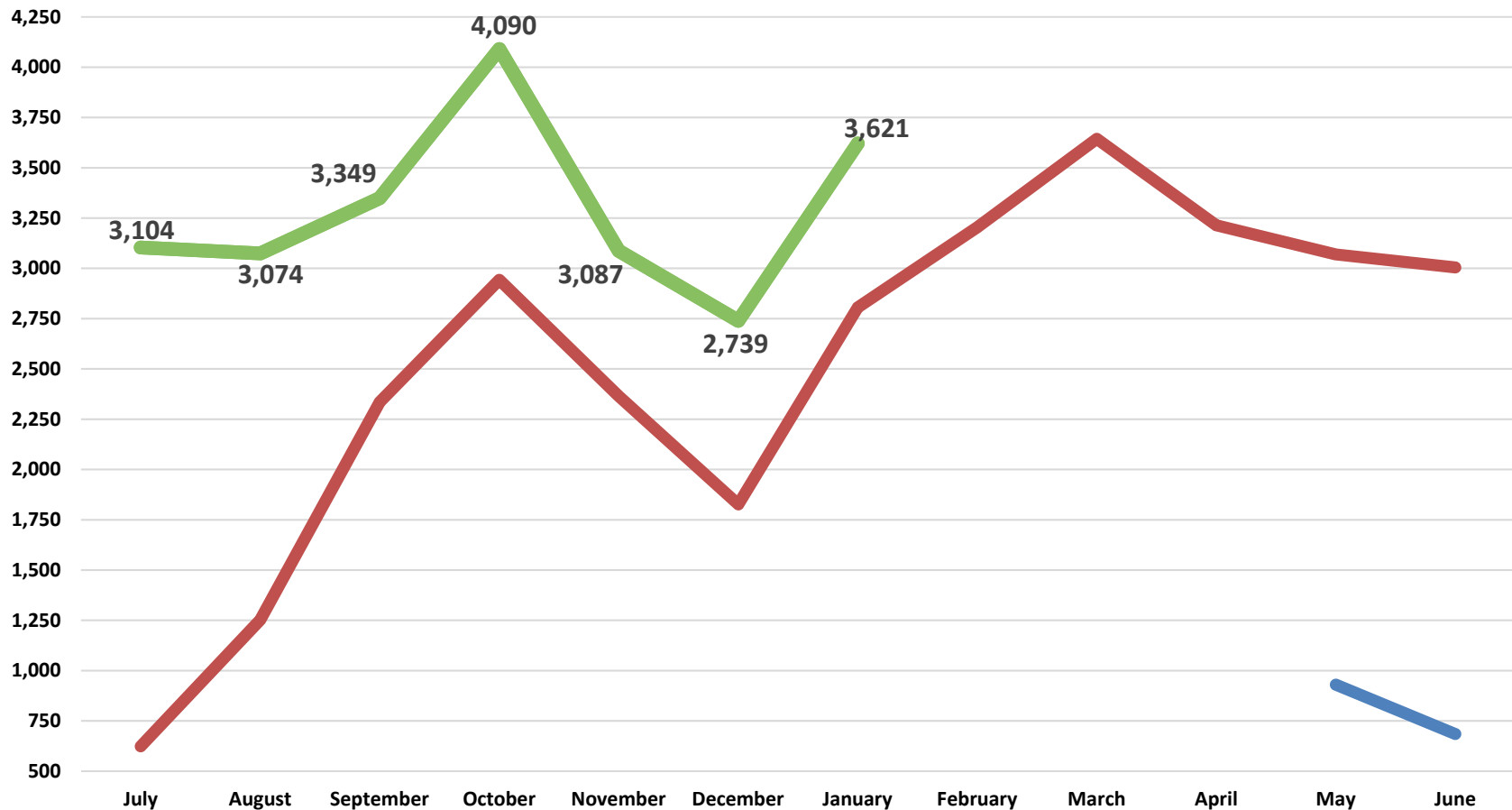
Sequoia Cardiology - Registrations



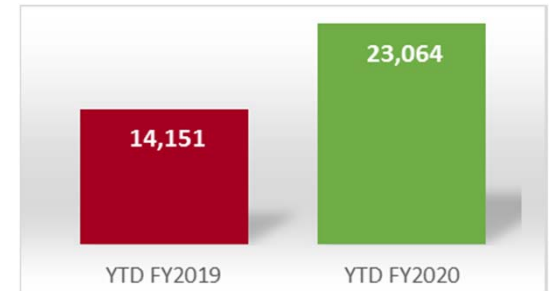
— FY2019 — FY2020



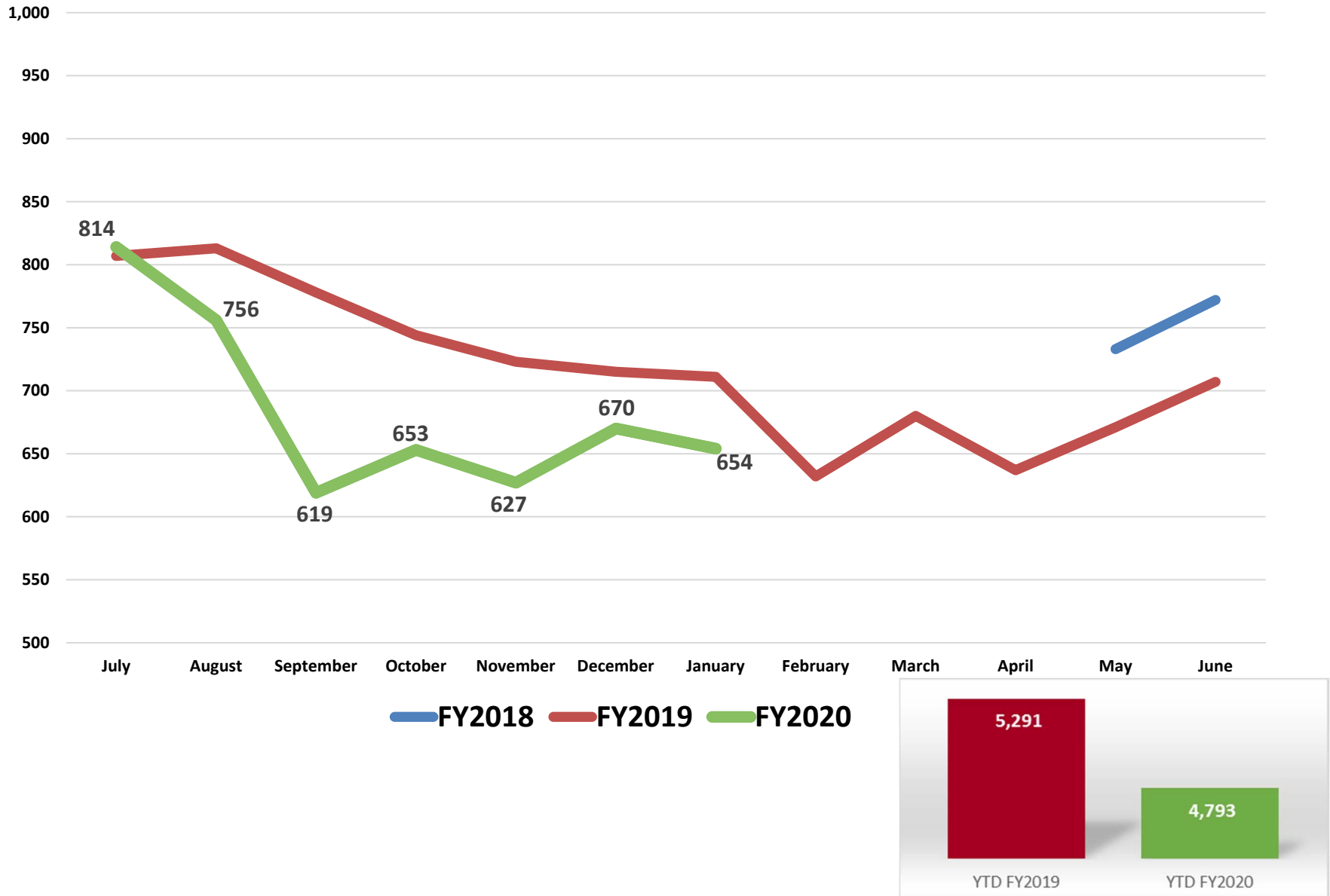
Sequoia Cardiology – wRVU's



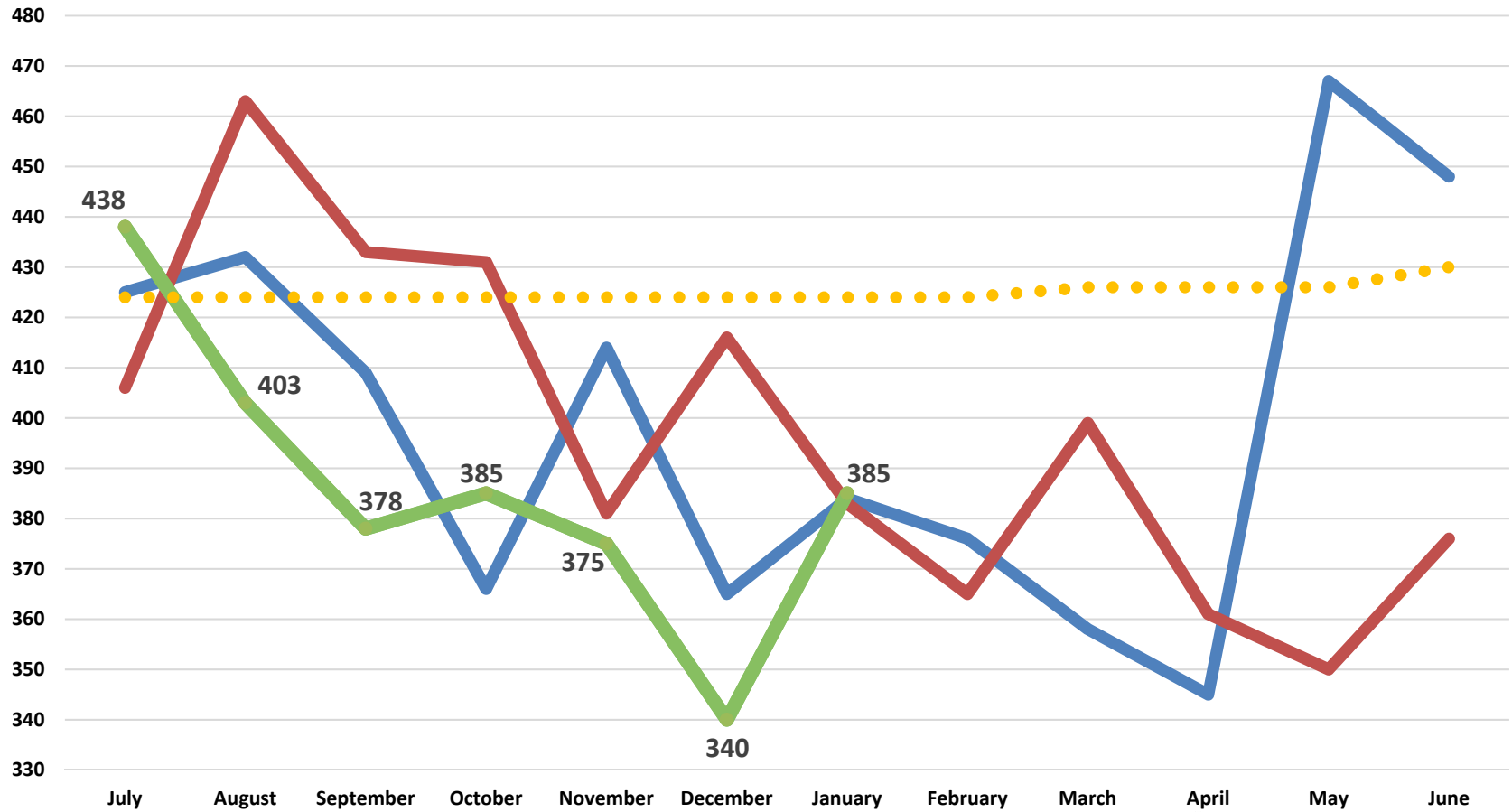
— FY2018 — FY2019 — FY2020



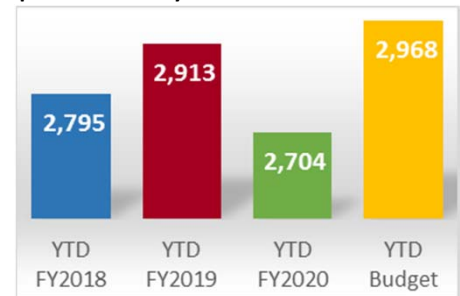
Labor Triage Registrations



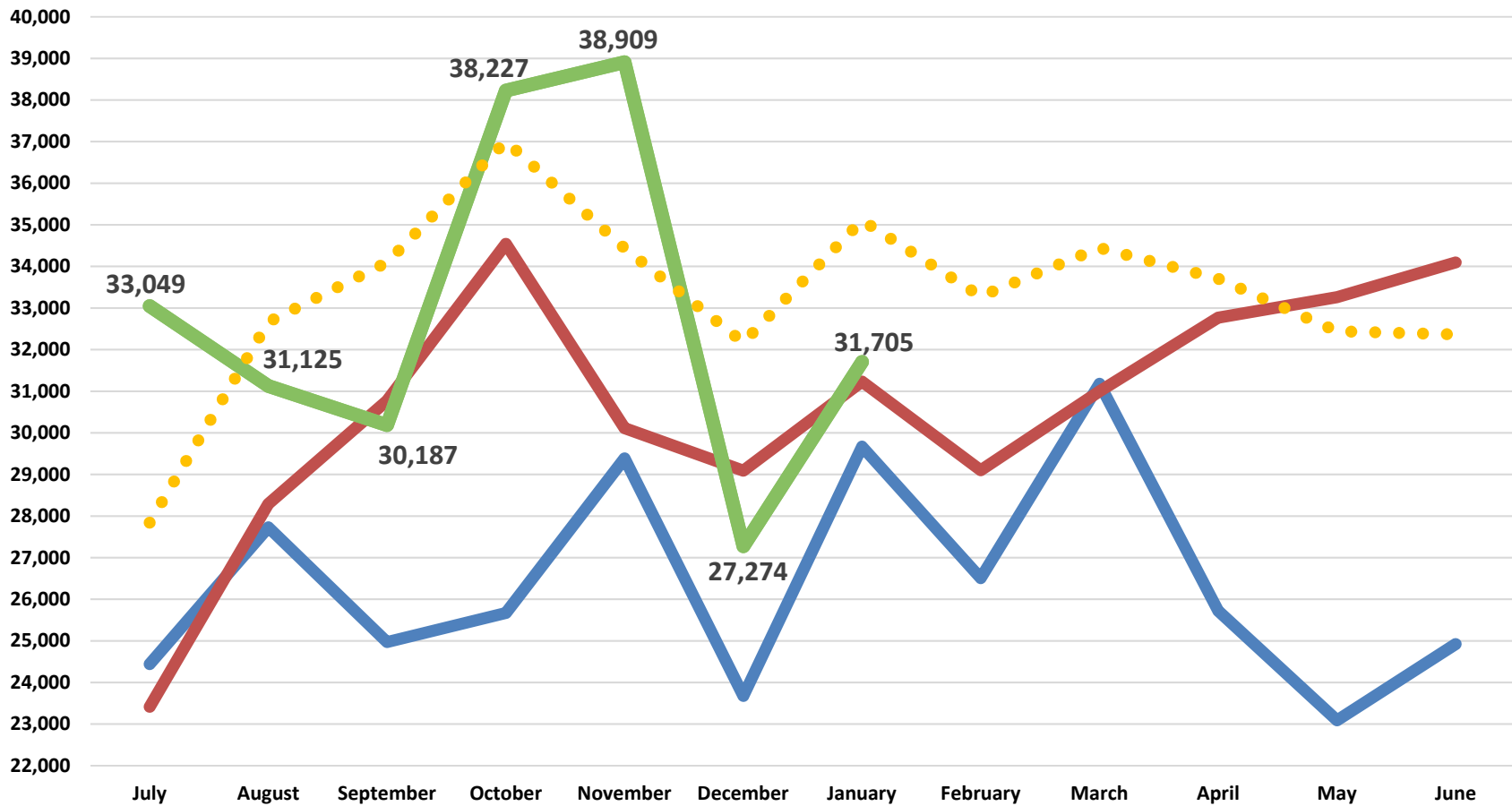
Deliveries



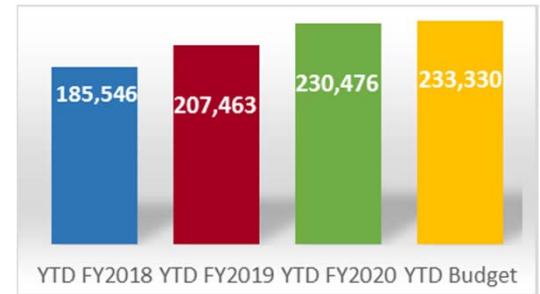
— **FY2018**
 — **FY2019**
 — **FY2020**
 ●●● **Budget**



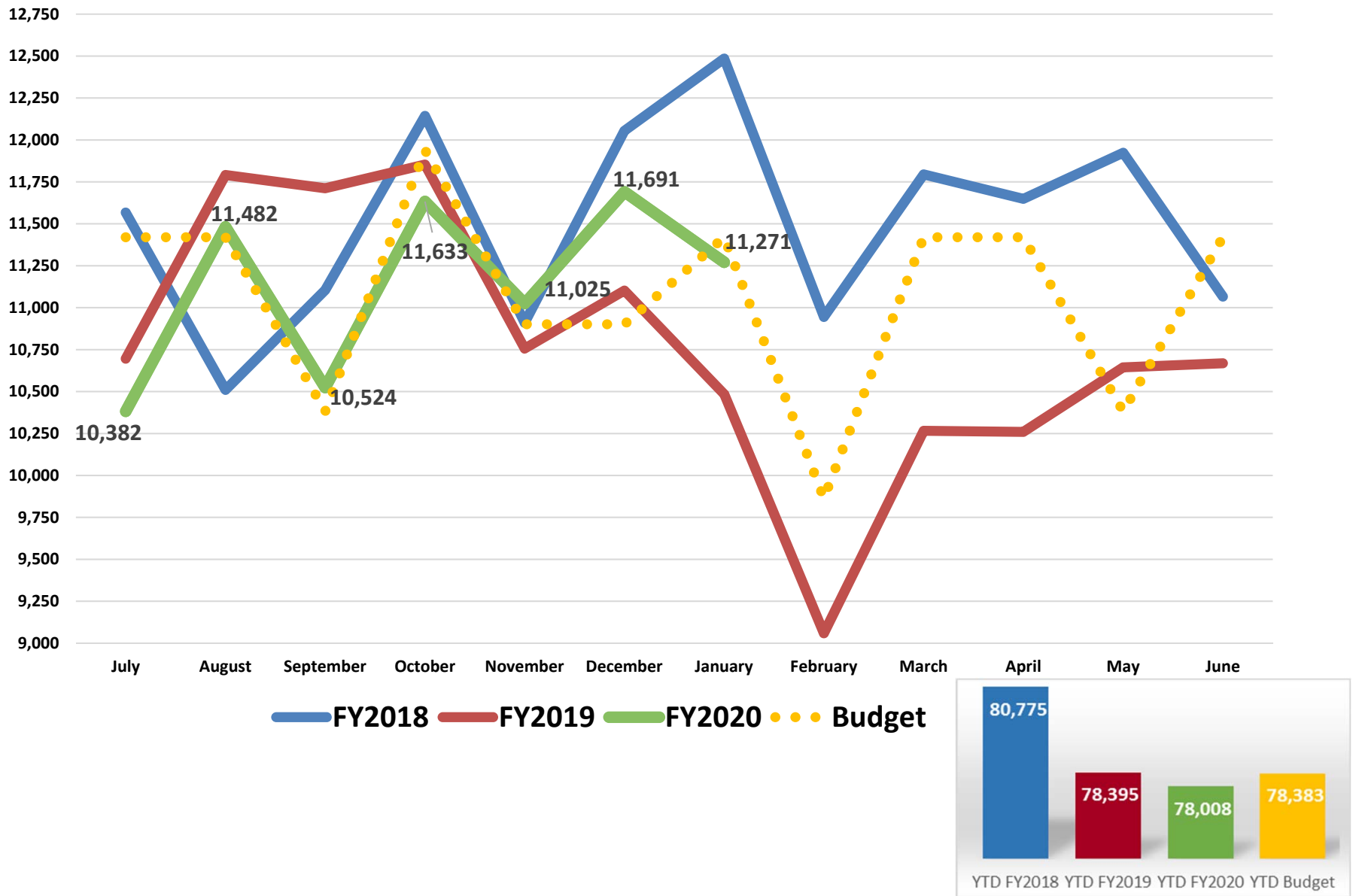
KDMF RVU's



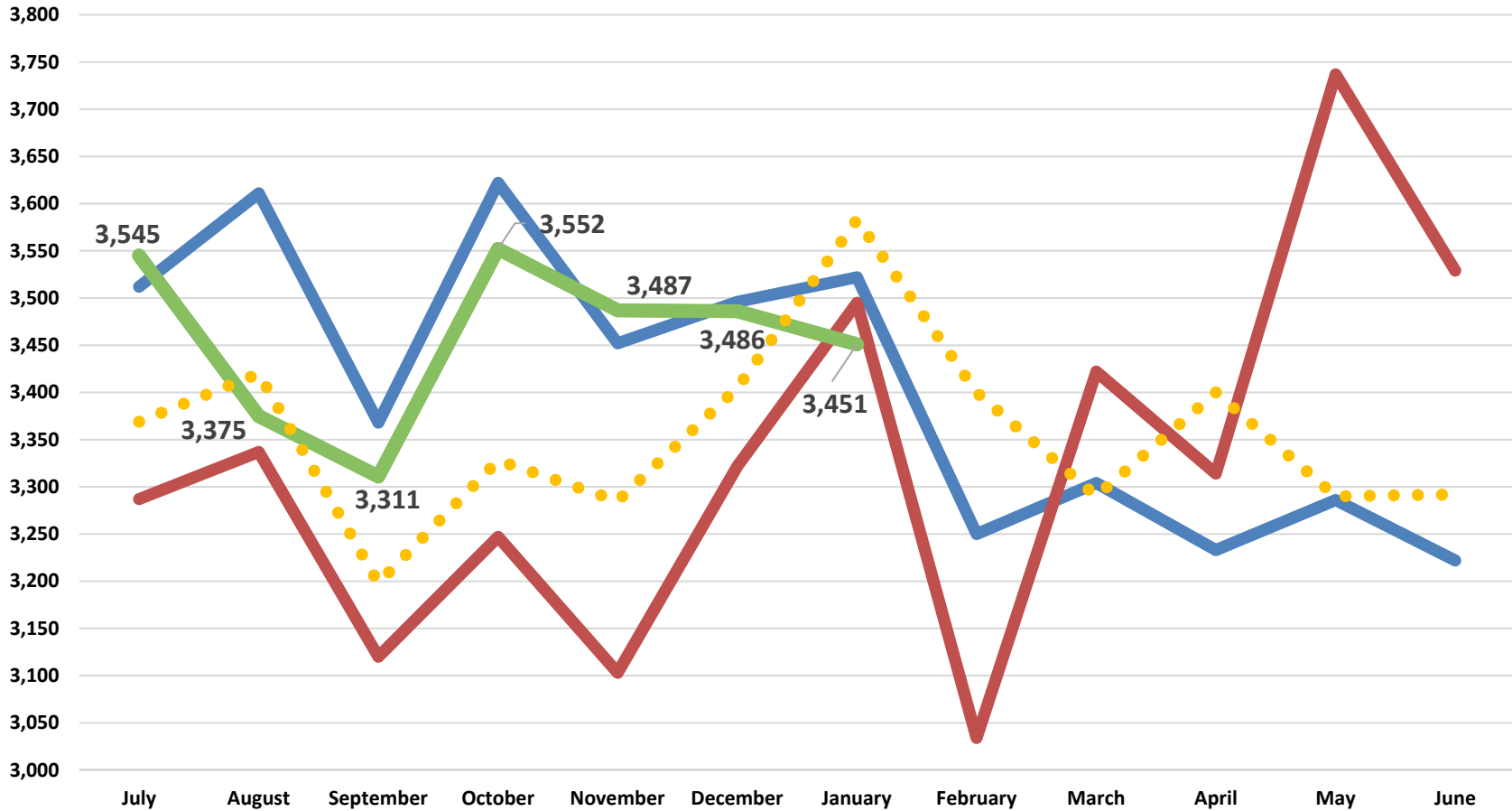
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



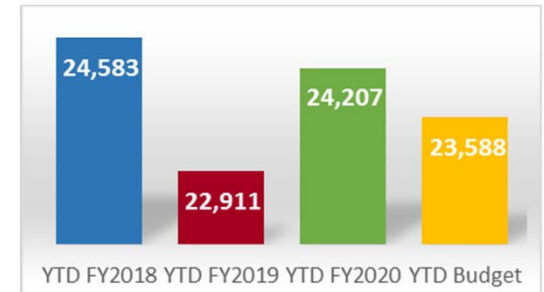
Home Infusion Days



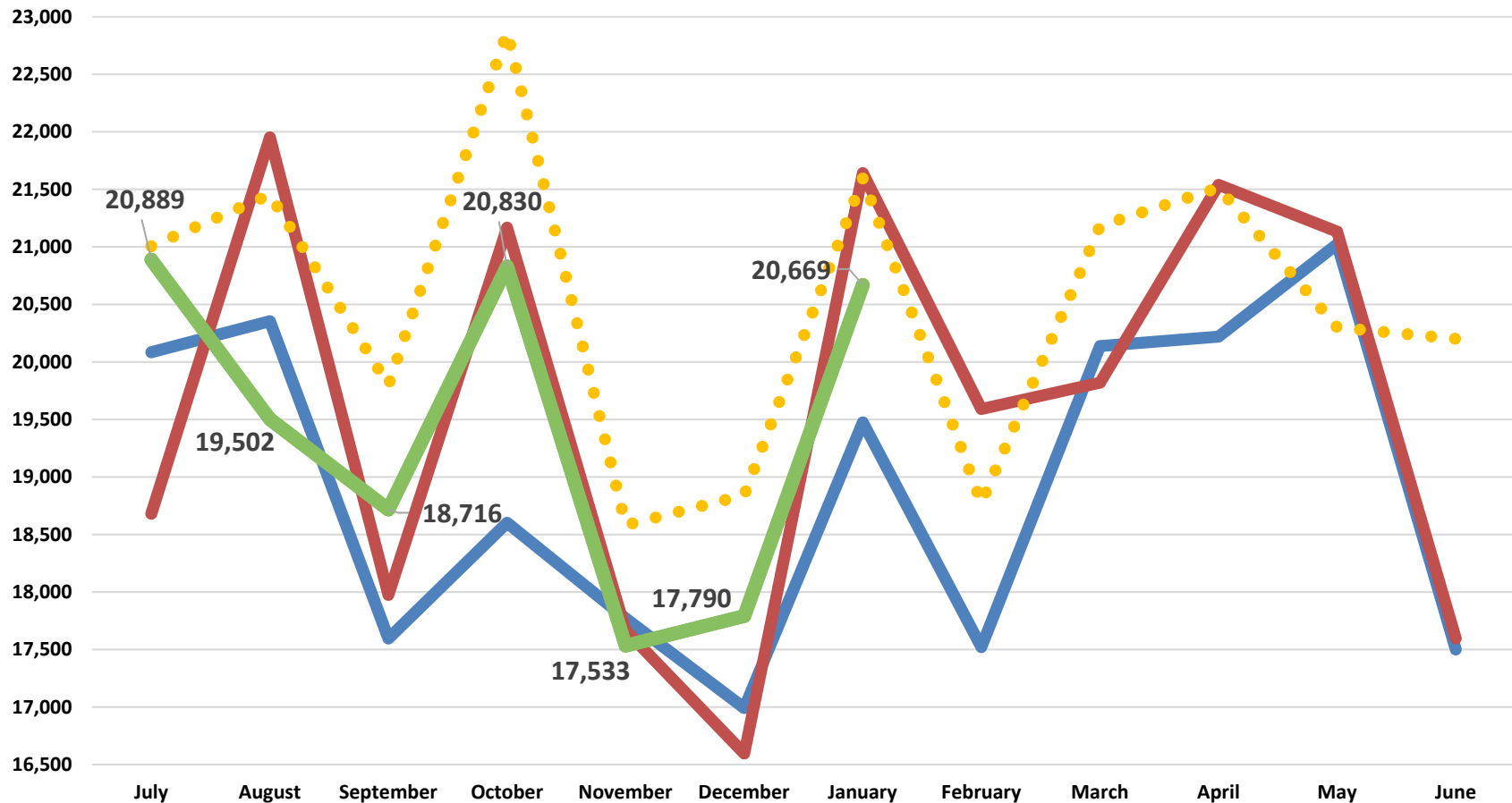
Hospice Days



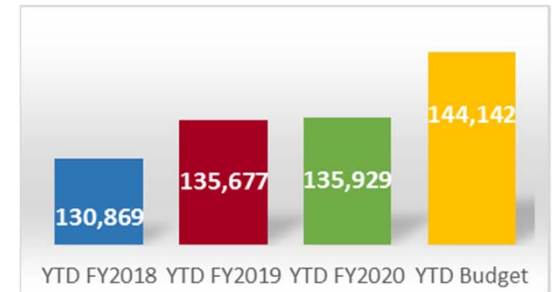
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



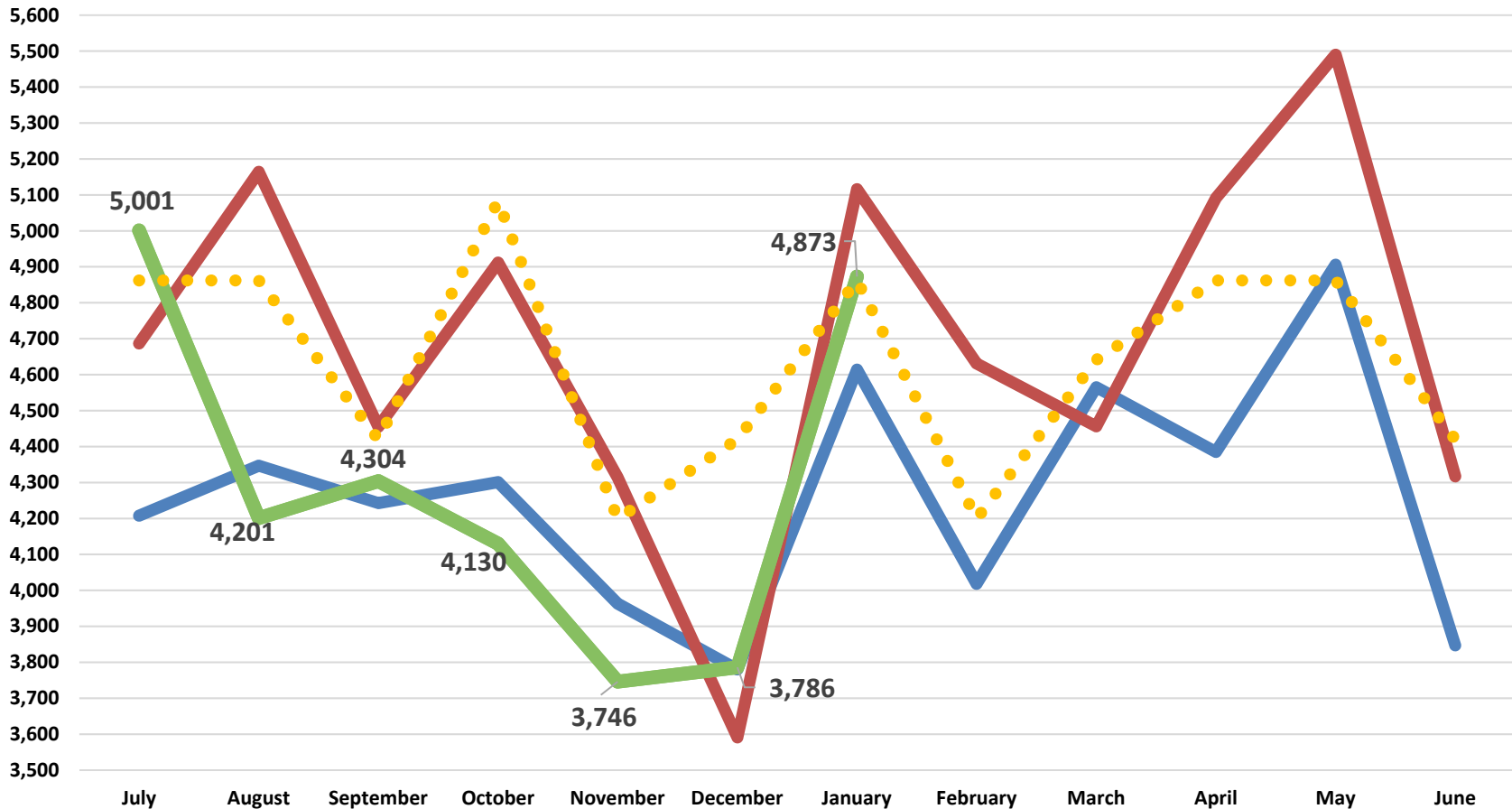
All O/P Rehab Services Across District



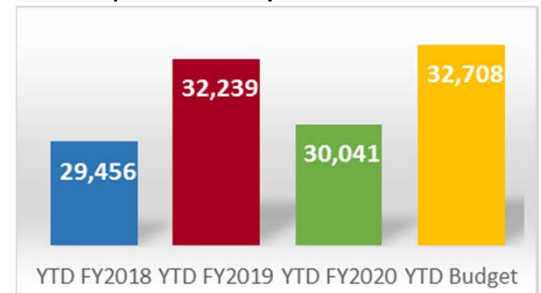
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



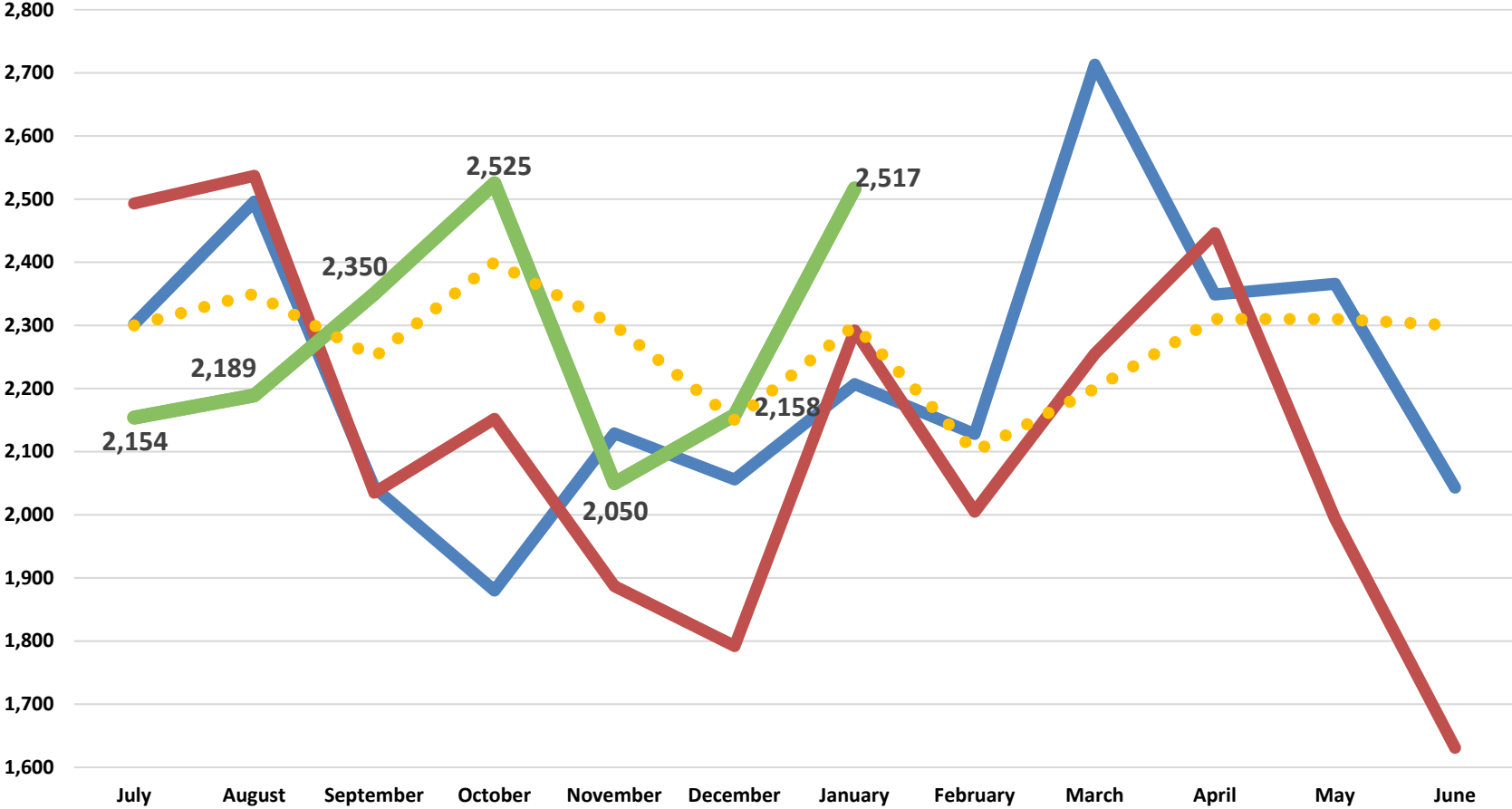
O/P Rehab Services



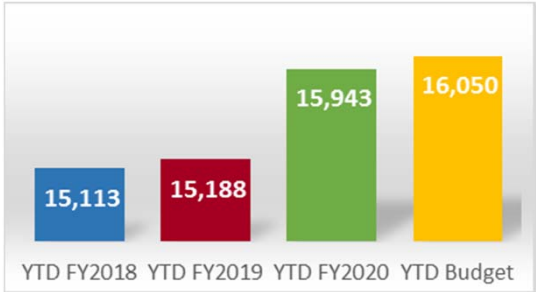
— FY2018 — FY2019 — FY2020 ••• Budget



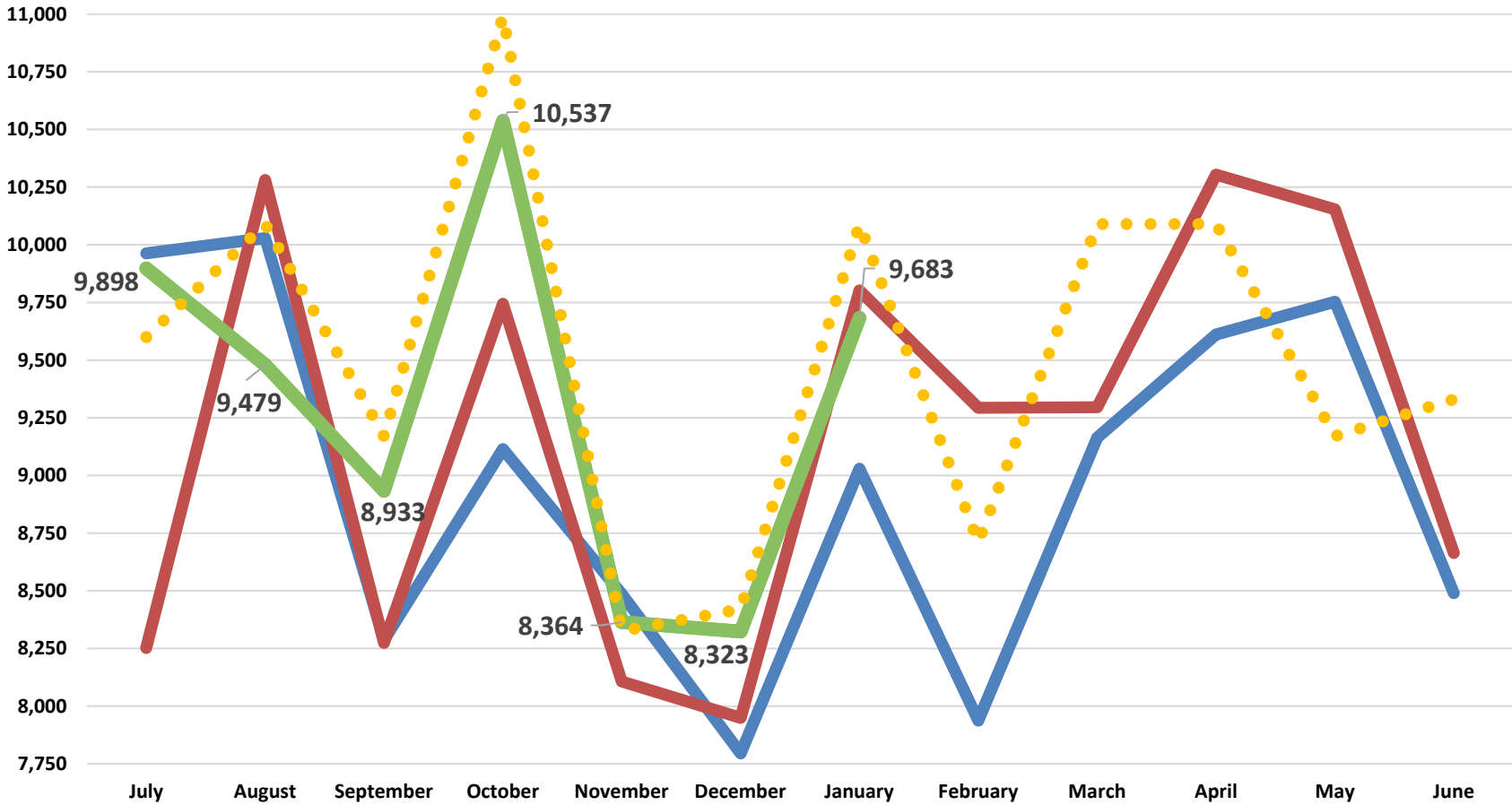
O/P Rehab - Exeter



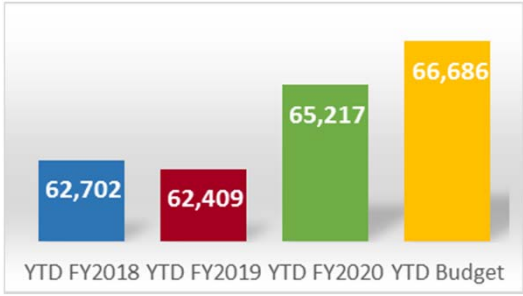
— FY2018
 — FY2019
 — FY2020
 ••• Budget



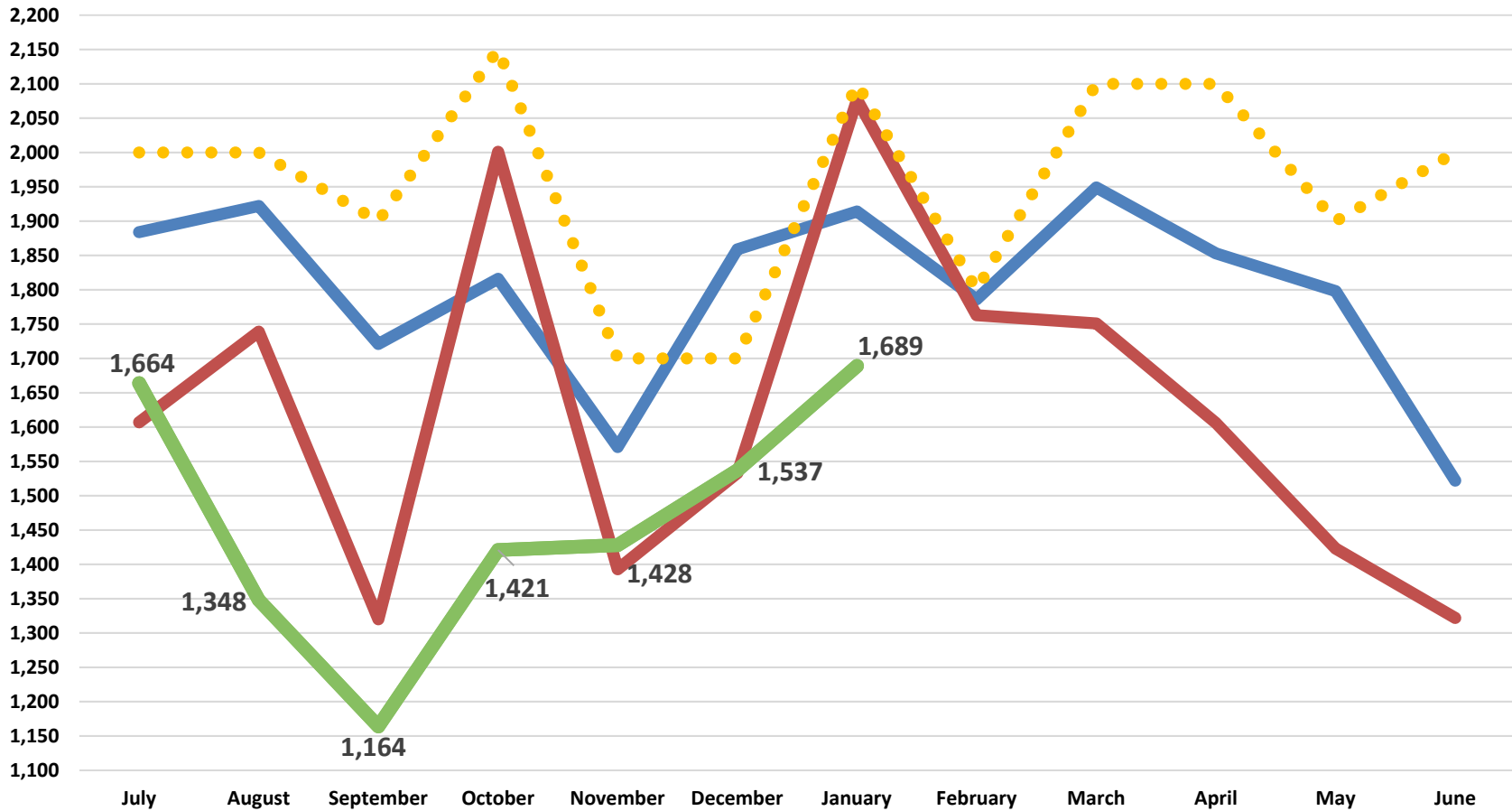
O/P Rehab - Akers



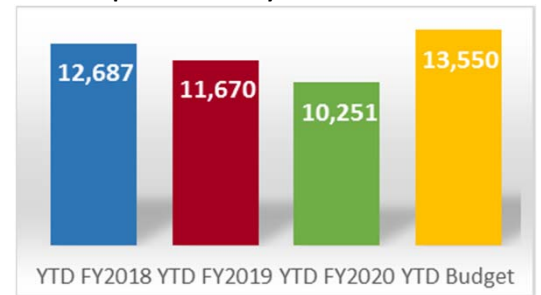
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



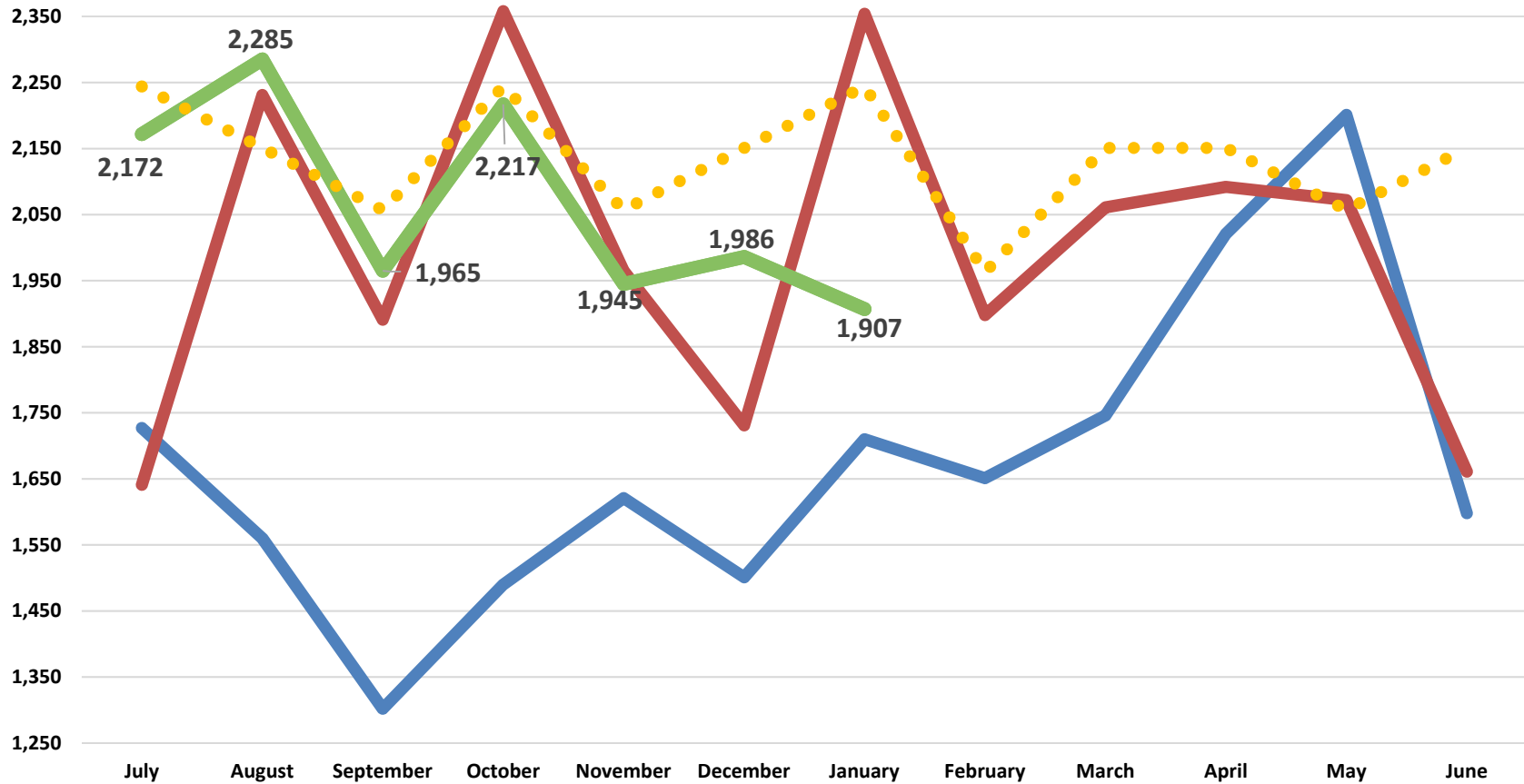
O/P Rehab - LLOPT



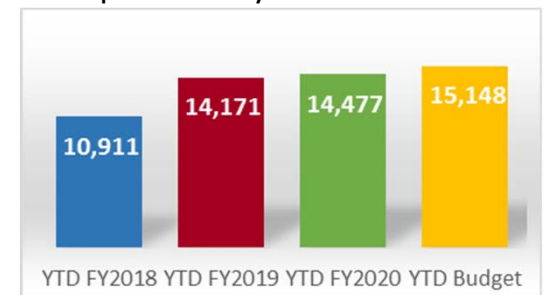
— FY2018
 — FY2019
 — FY2020
 ●● Budget



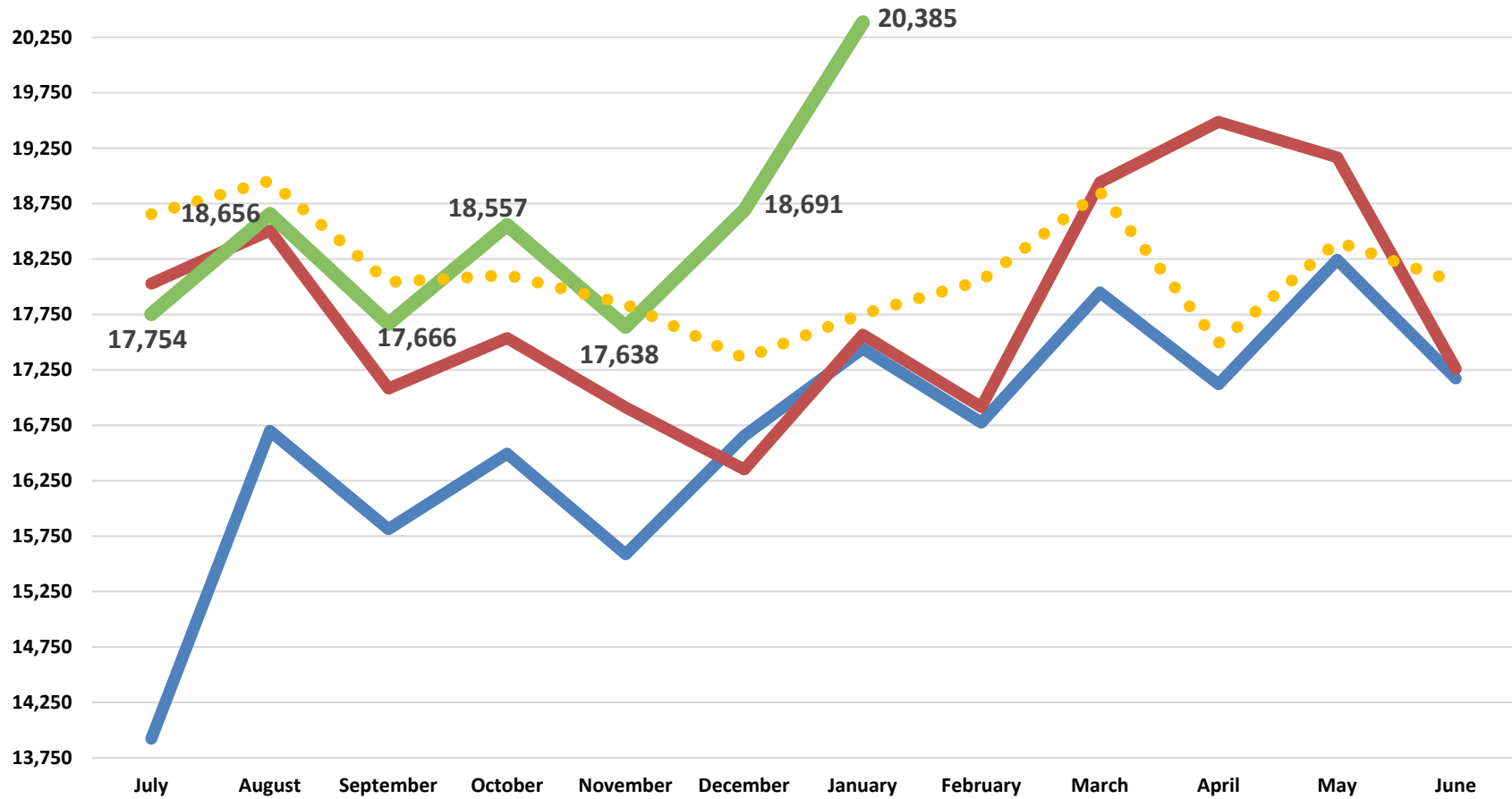
O/P Rehab - Dinuba



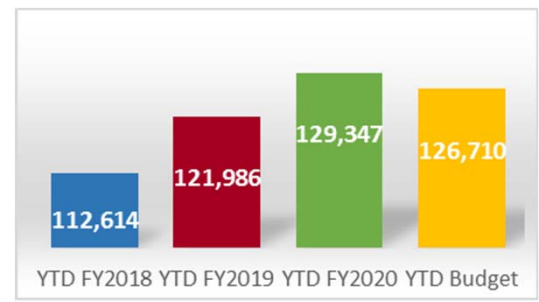
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



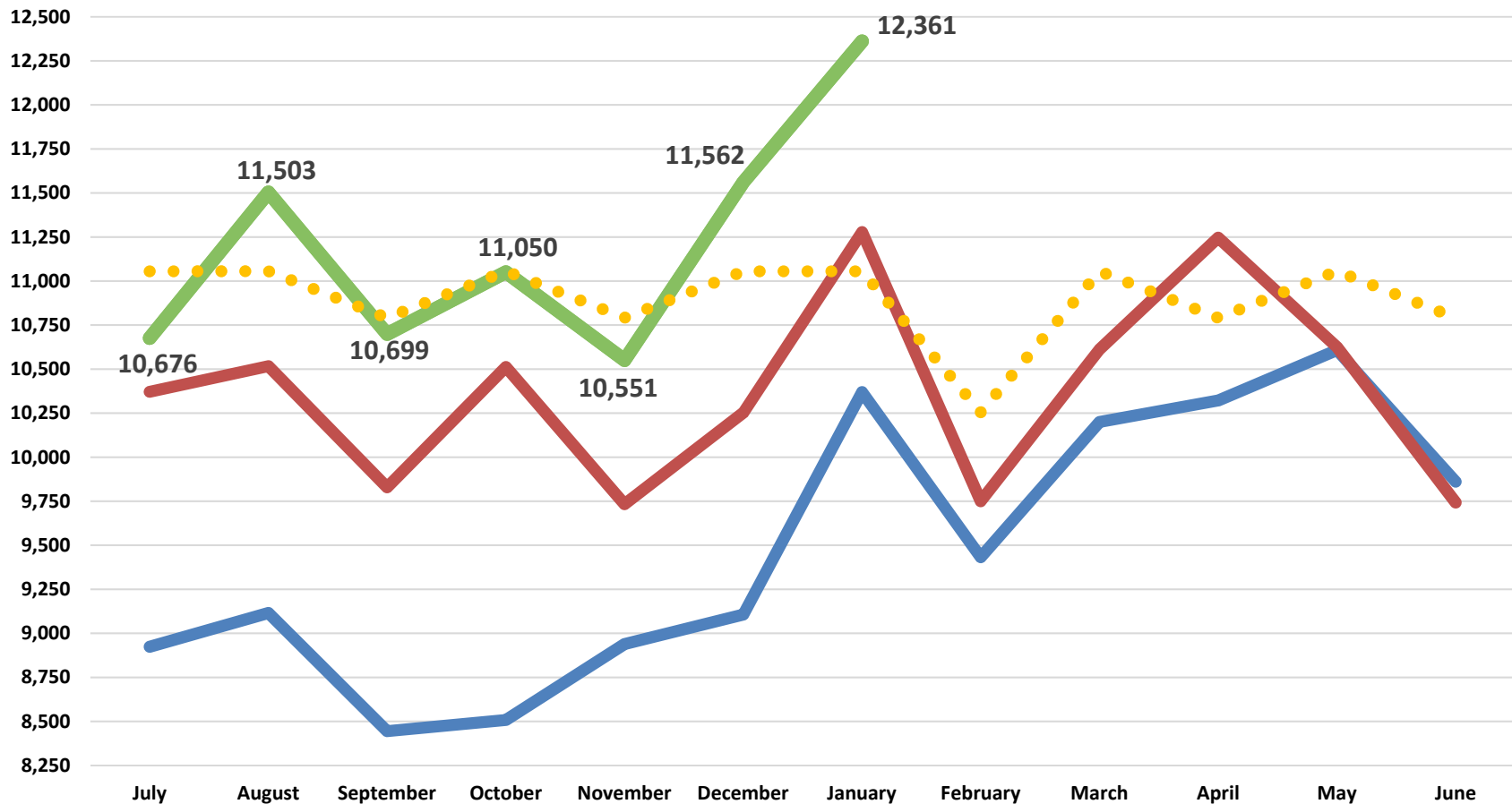
Physical & Other Therapy Units (I/P & O/P)



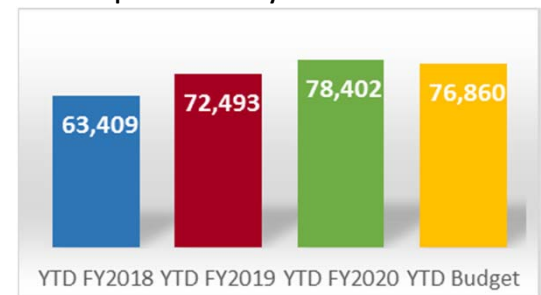
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



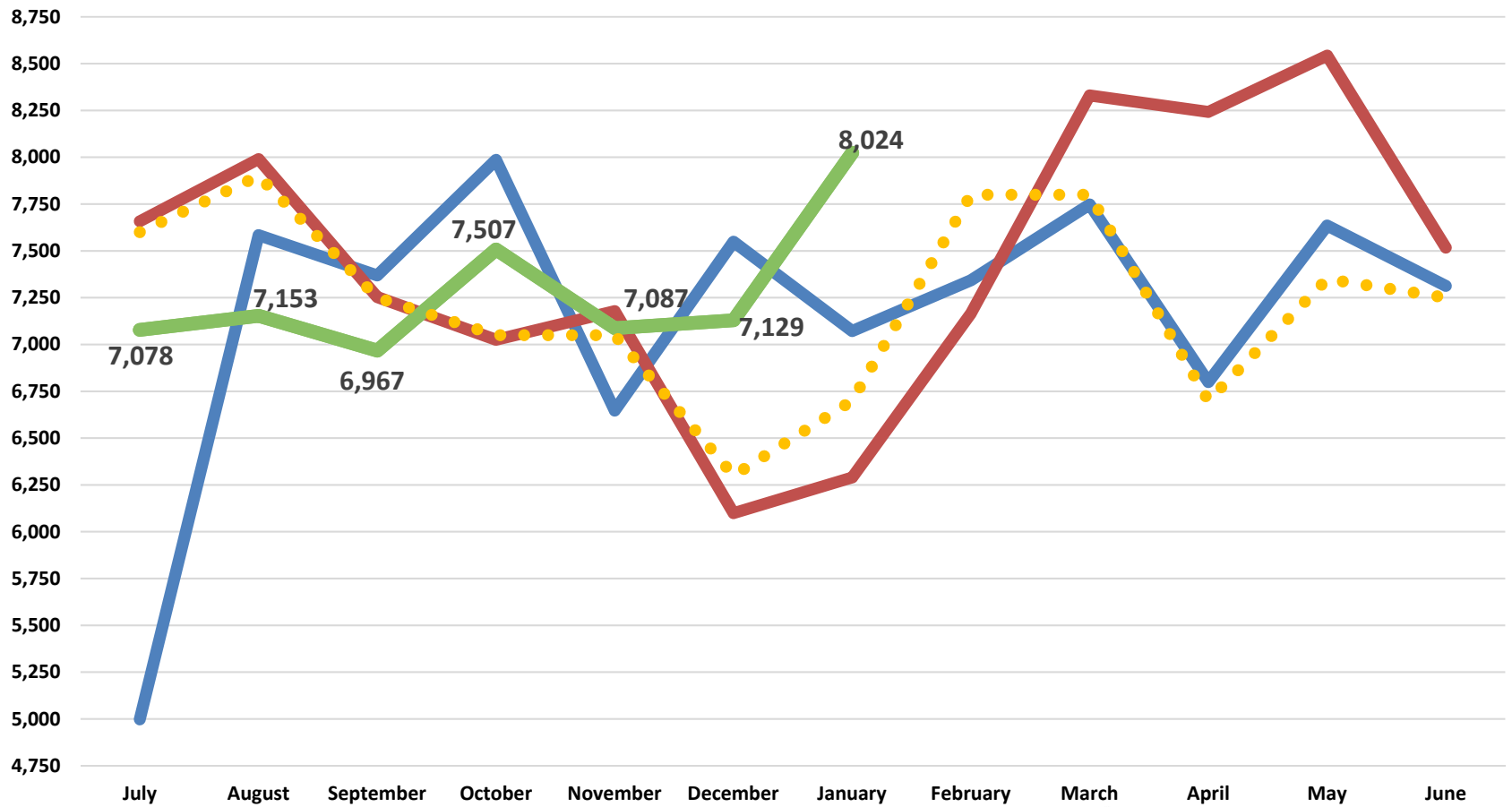
Physical & Other Therapy Units (I/P & O/P)-Main Campus



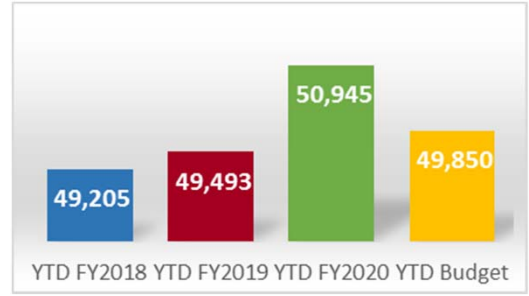
— FY2018 — FY2019 — FY2020 ••• Budget



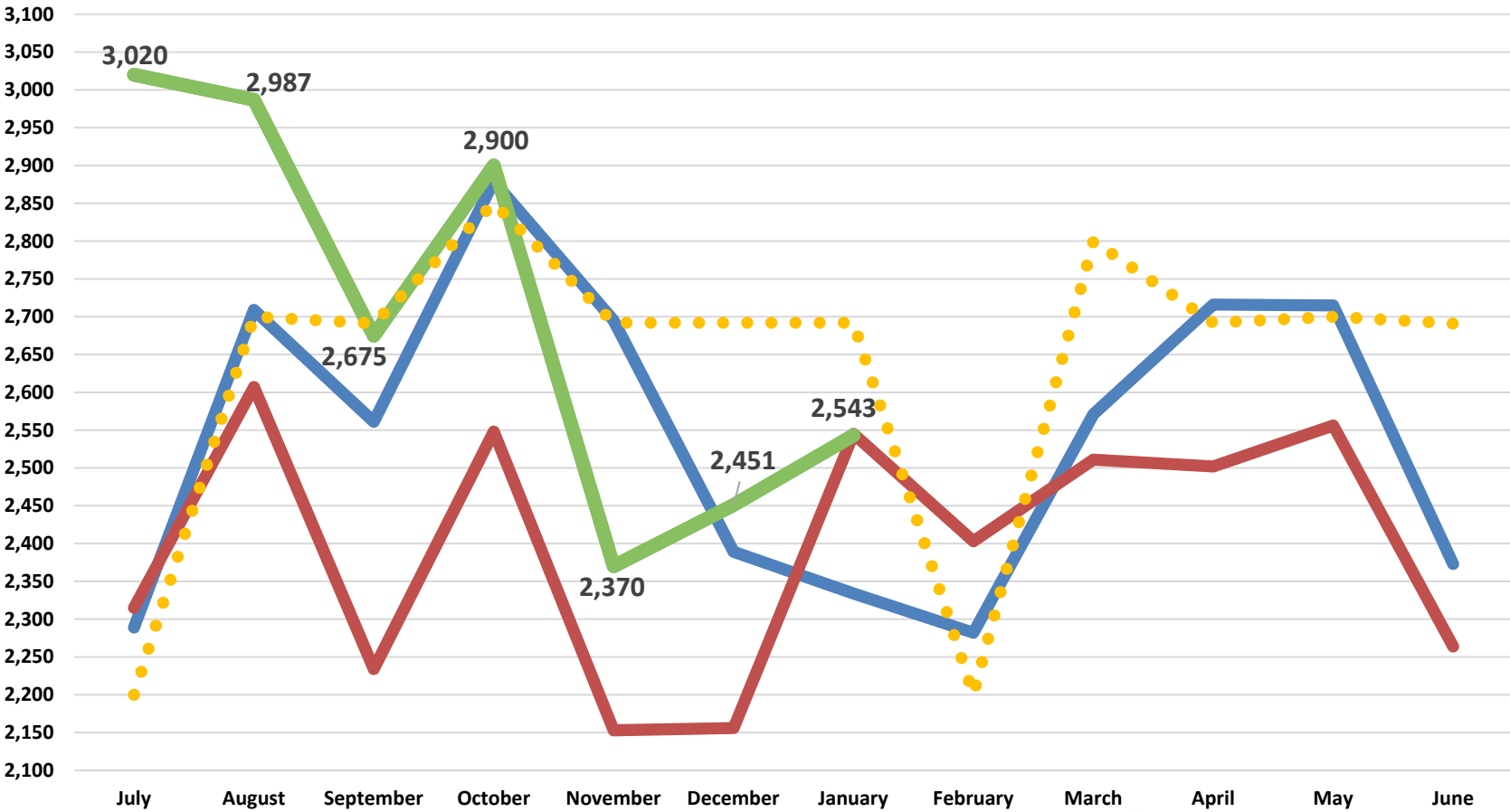
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



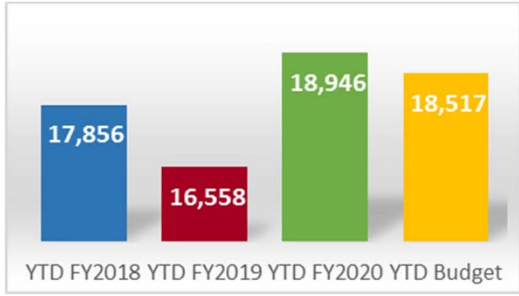
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



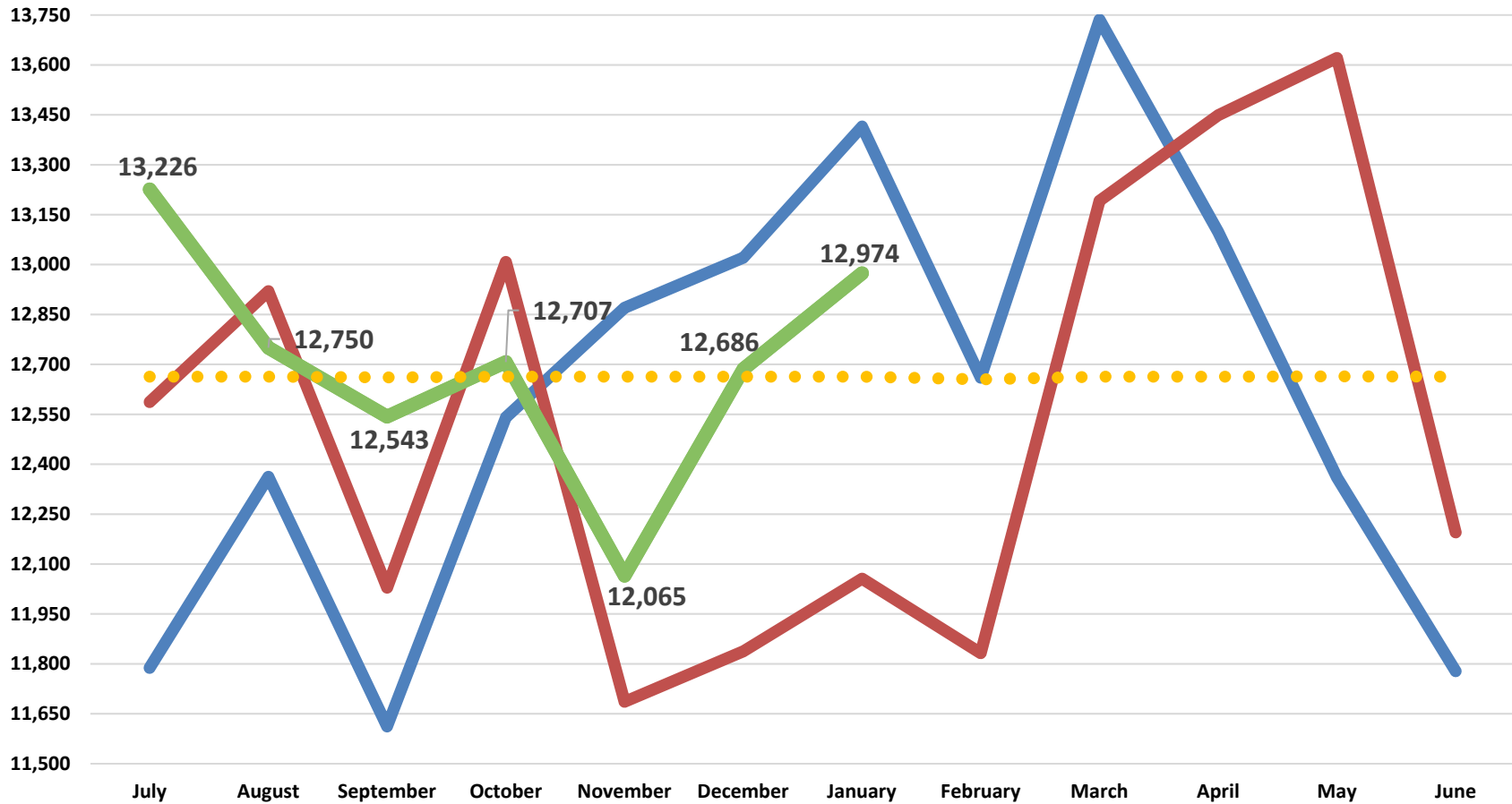
Home Health Visits



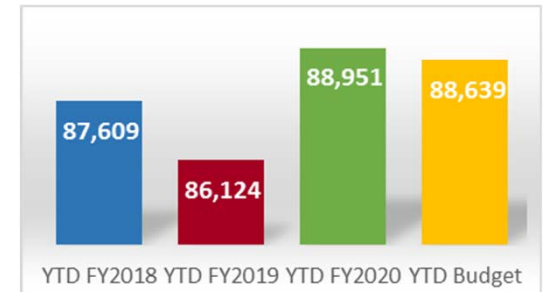
— FY2018 — FY2019 — FY2020 ••• Budget



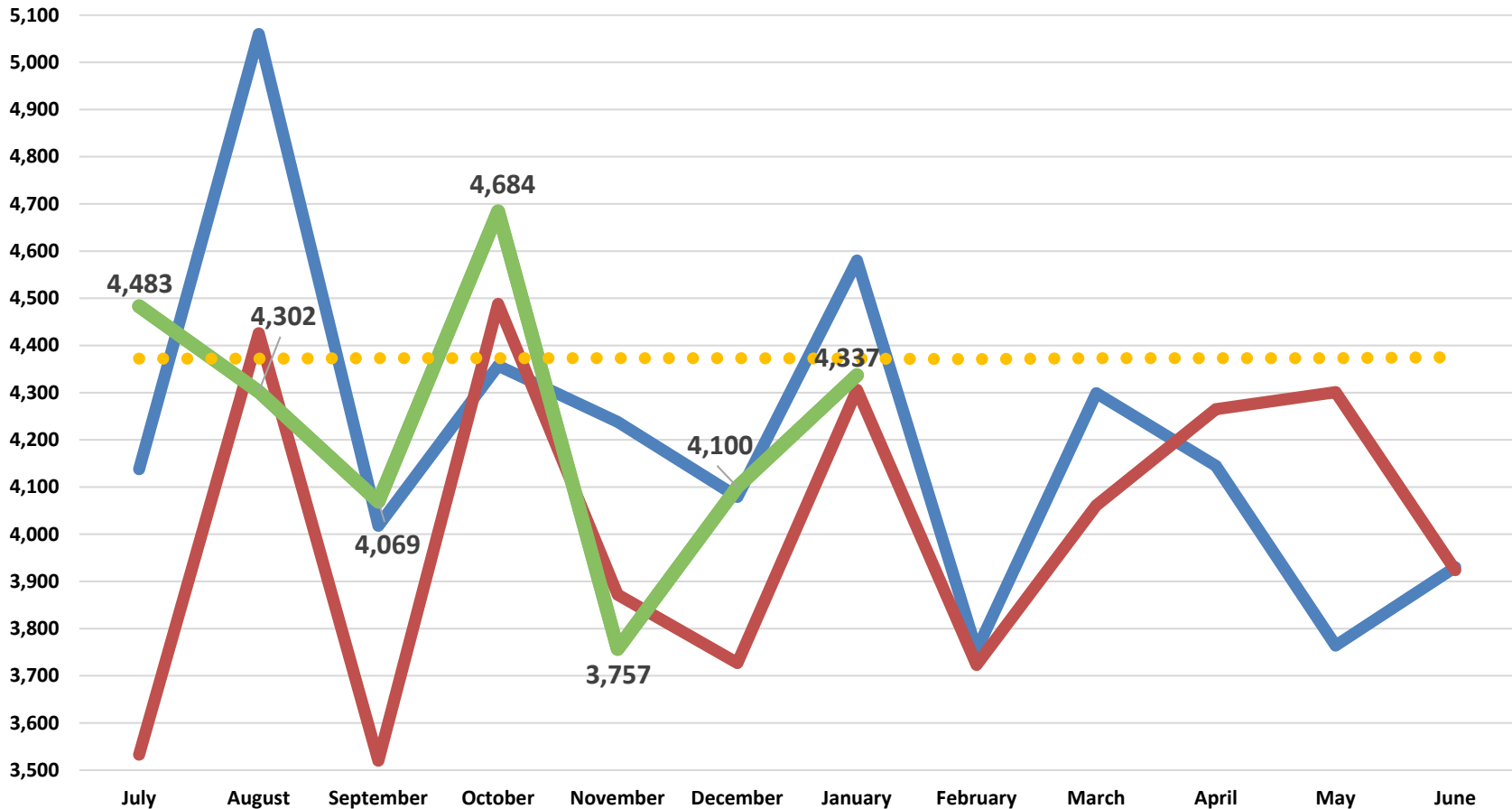
Radiology – Main Campus



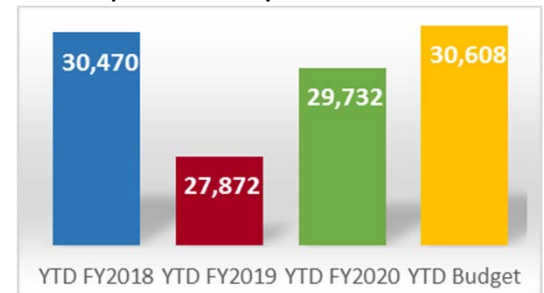
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



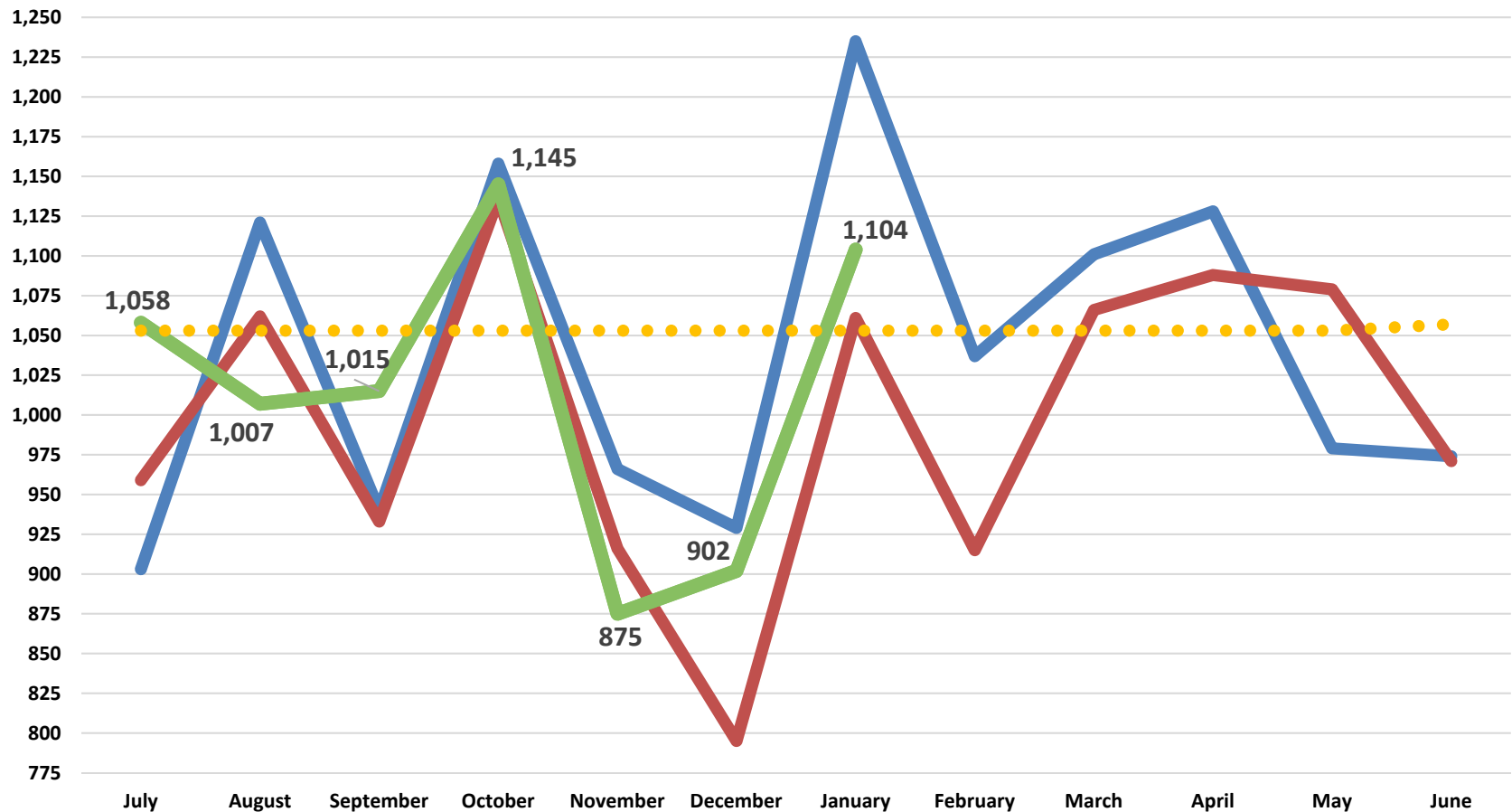
Radiology – West Campus Imaging



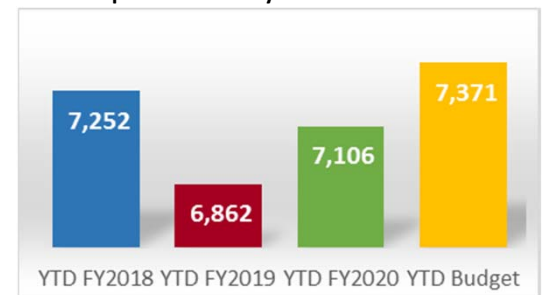
— FY2018 — FY2019 — FY2020 ●●● Budget



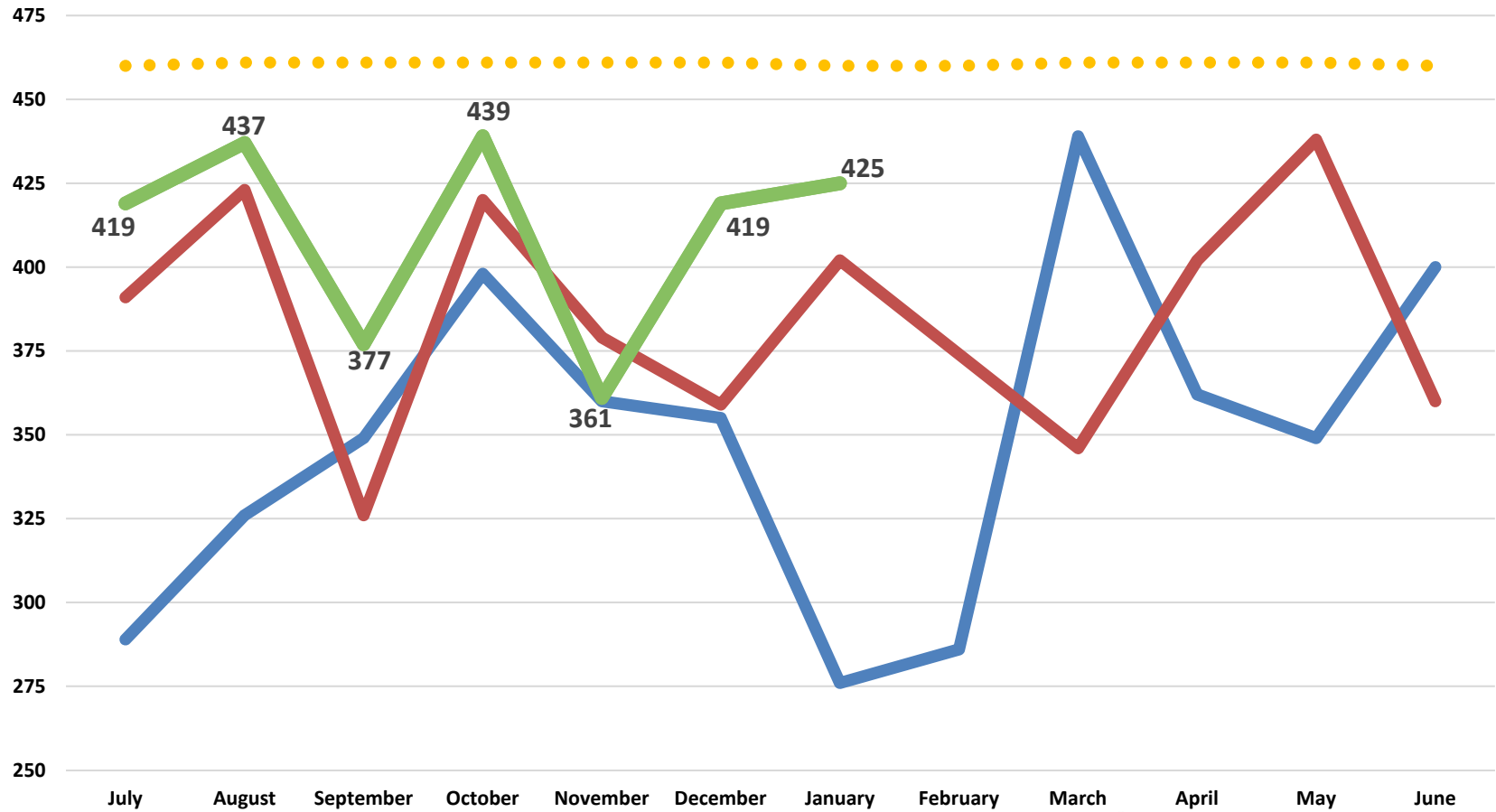
West Campus – Diagnostic Radiology



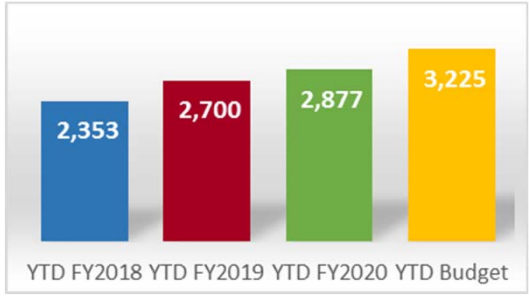
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



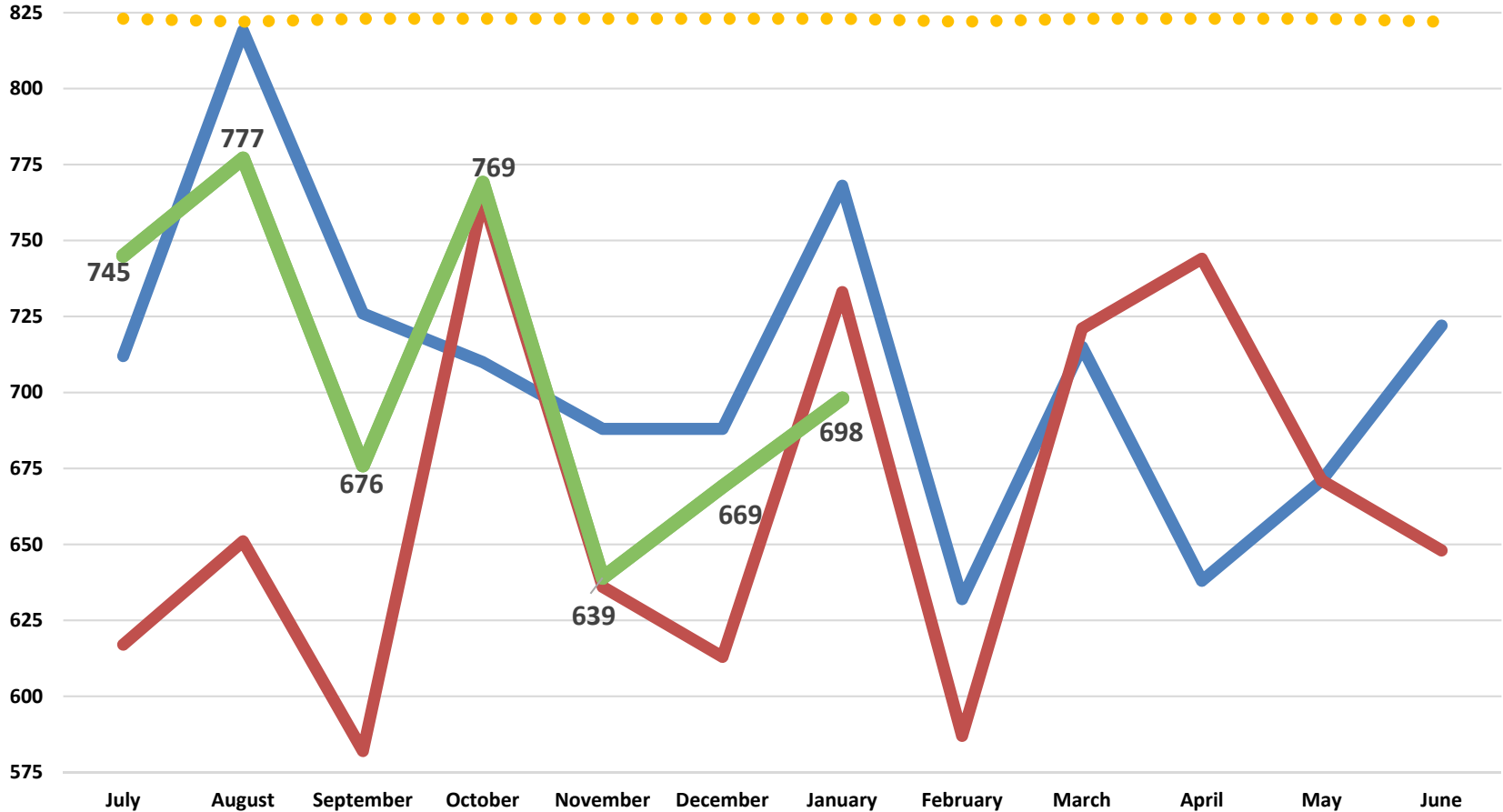
West Campus – CT Scan



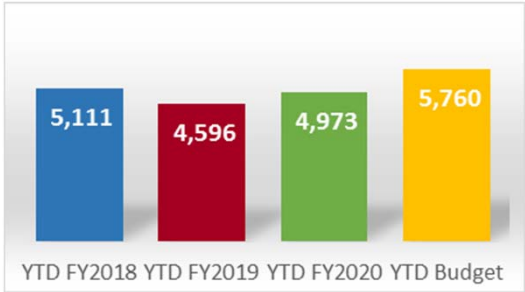
— **FY2018**
 — **FY2019**
 — **FY2020**
 ●●● **Budget**



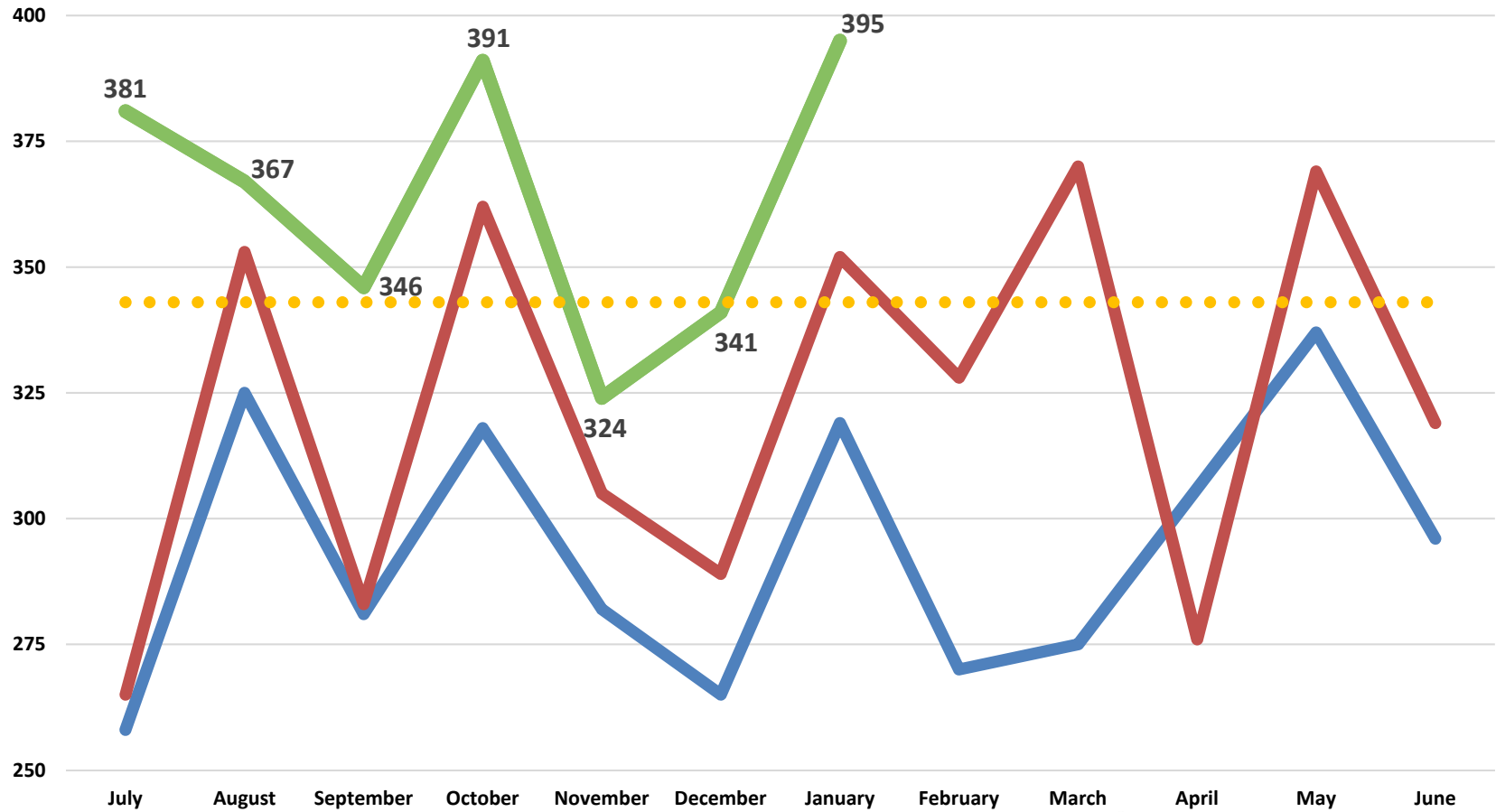
West Campus - Ultrasound



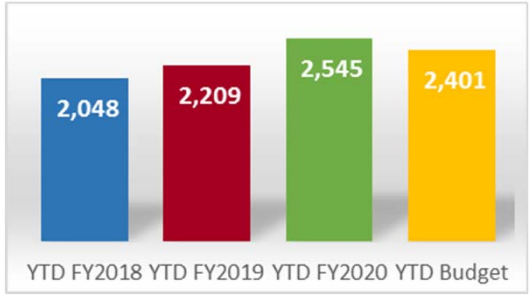
— **FY2018**
 — **FY2019**
 — **FY2020**
 ●●● **Budget**



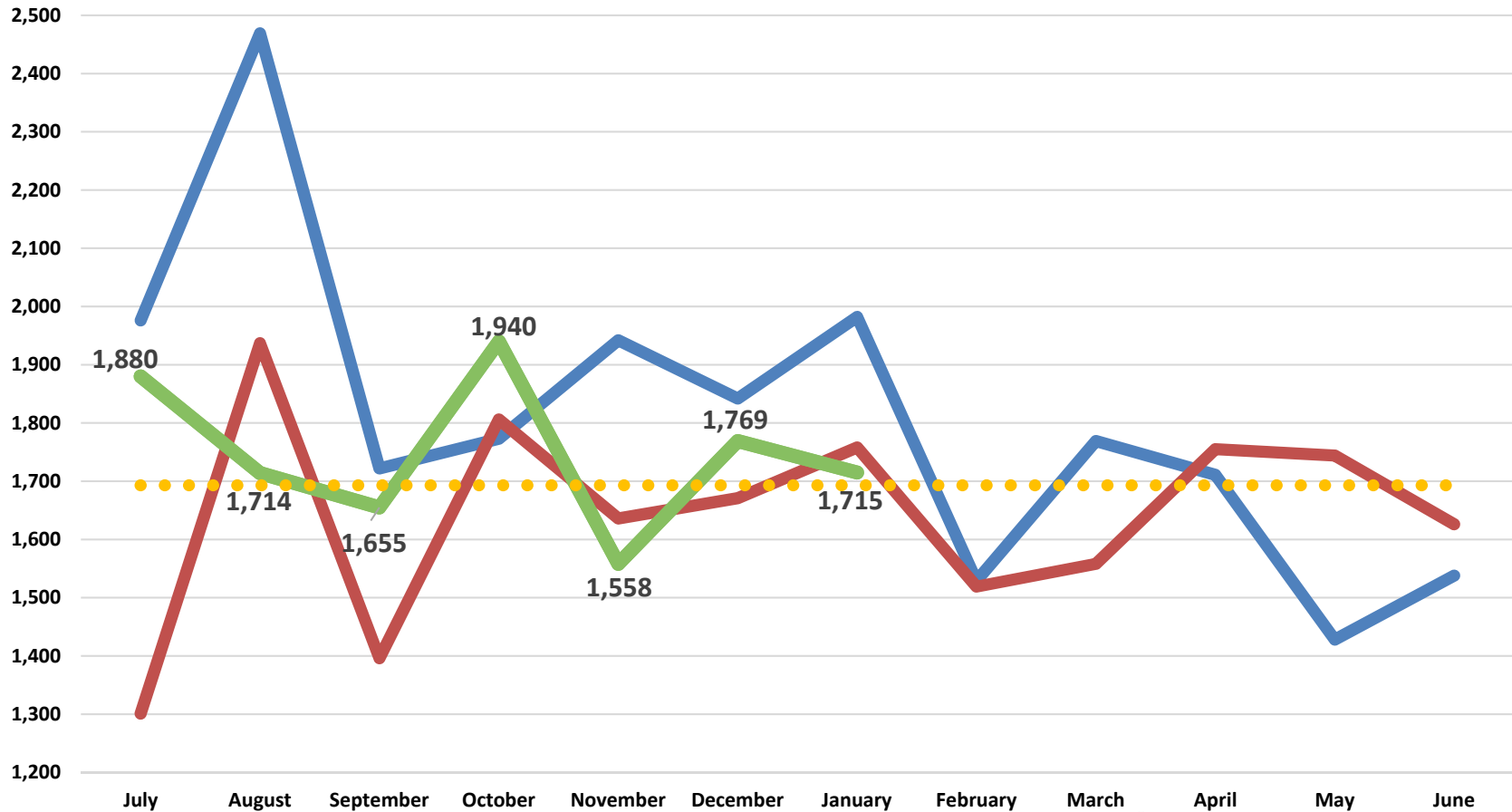
West Campus - MRI



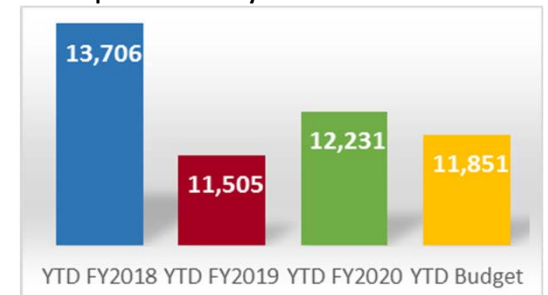
— **FY2018**
 — **FY2019**
 — **FY2020**
 ●●● **Budget**



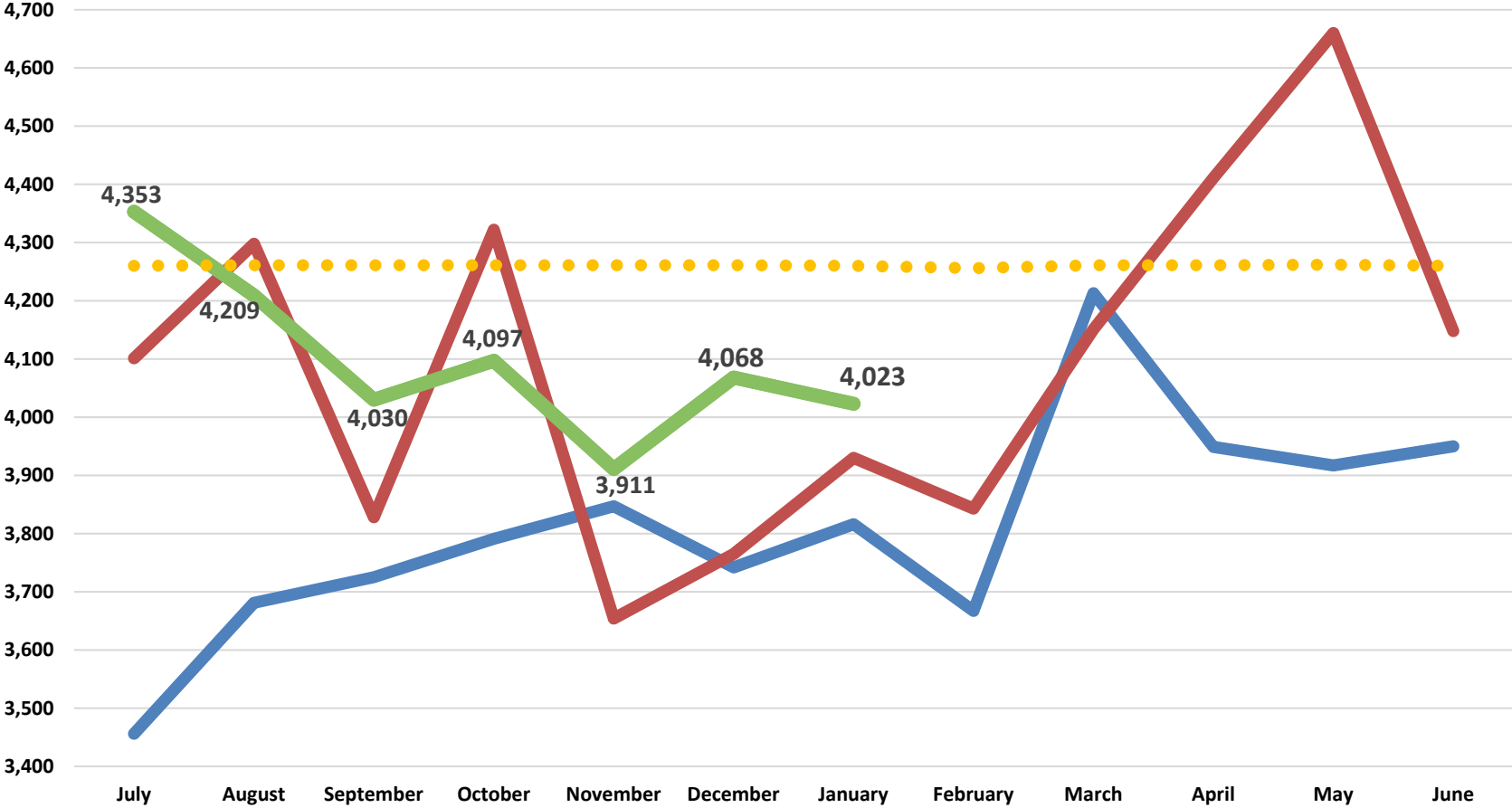
West Campus – Breast Center



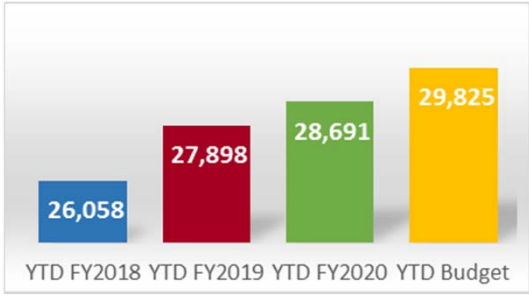
— **FY2018**
 — **FY2019**
 — **FY2020**
 ●●● **Budget**



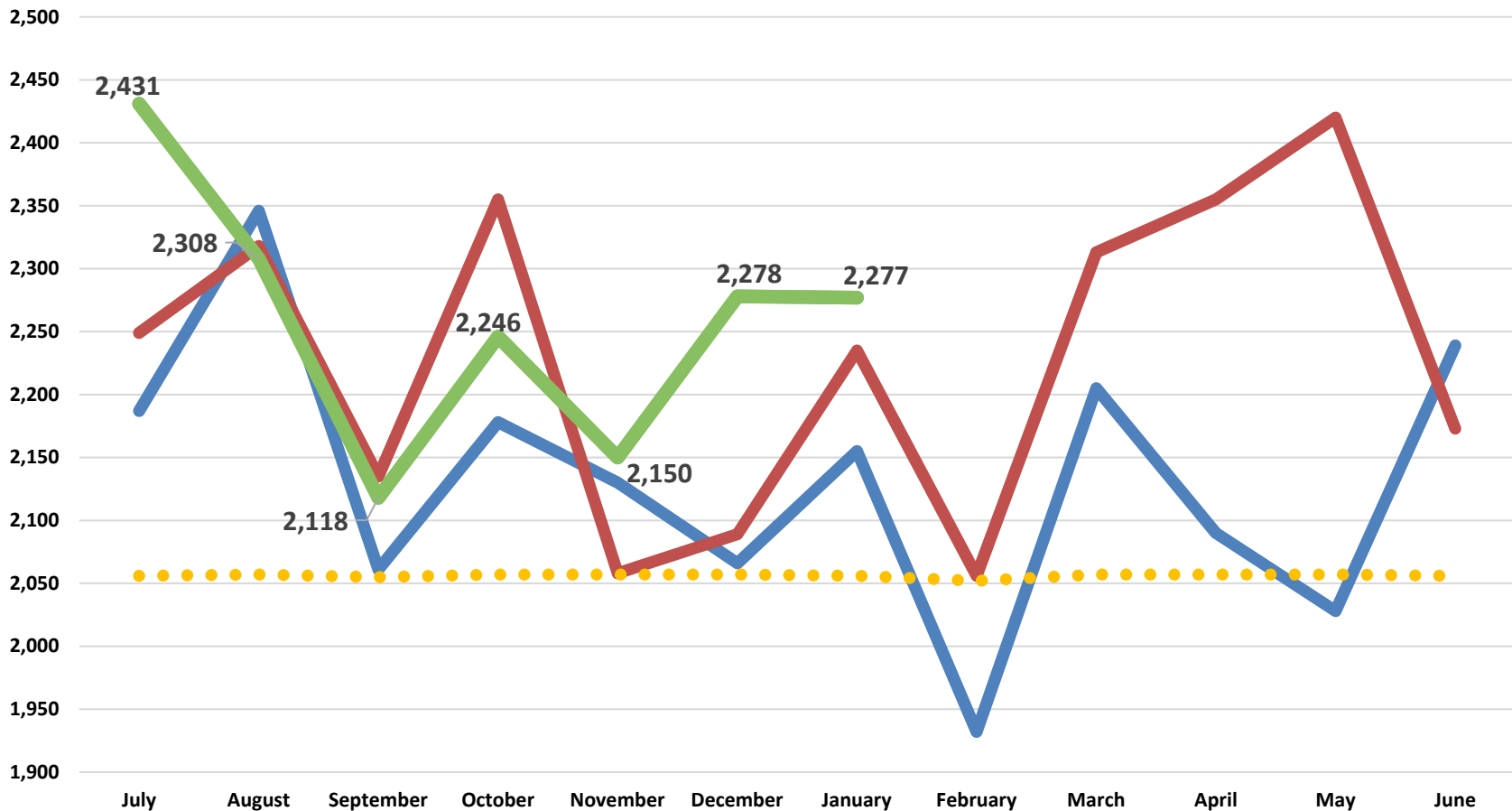
Radiology all areas – CT



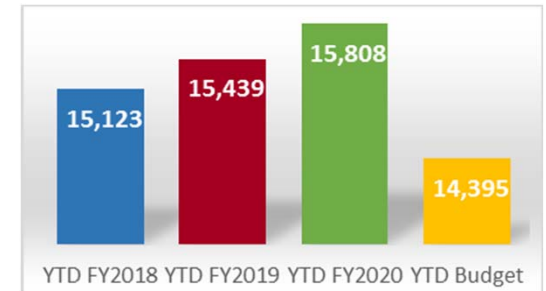
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



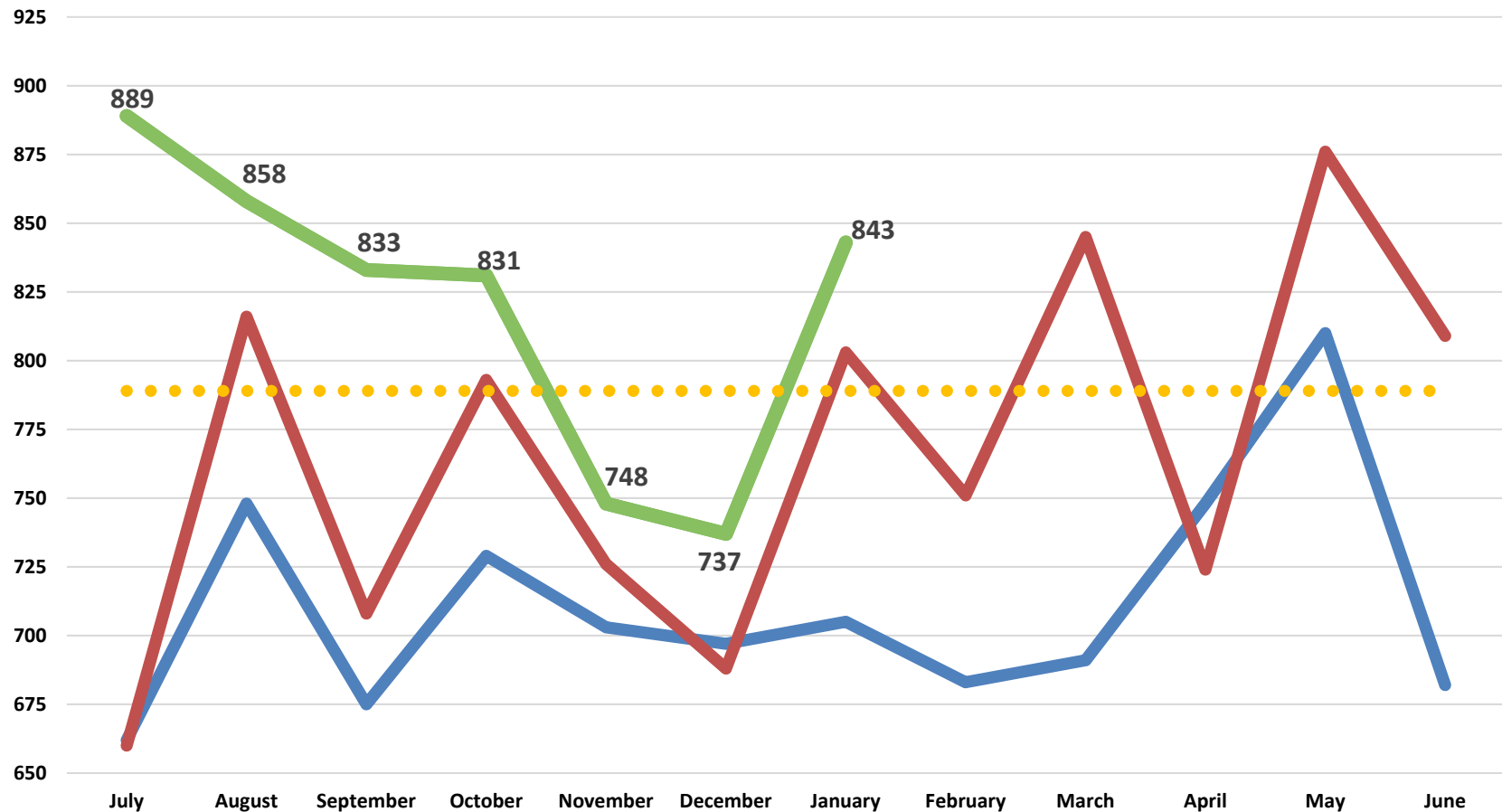
Radiology all areas – Ultrasound



— FY2018
 — FY2019
 — FY2020
 ●●● Budget



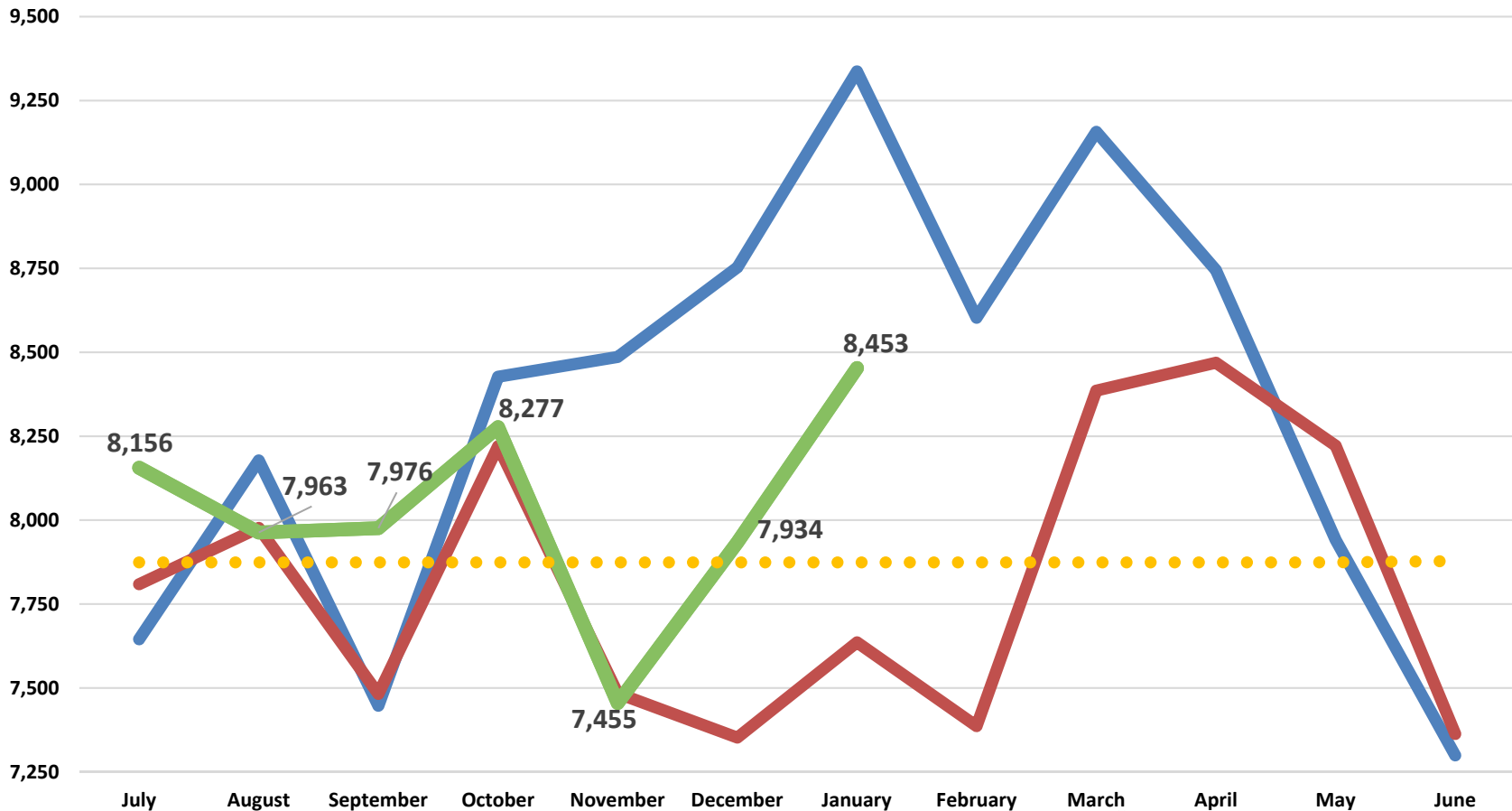
Radiology all areas – MRI



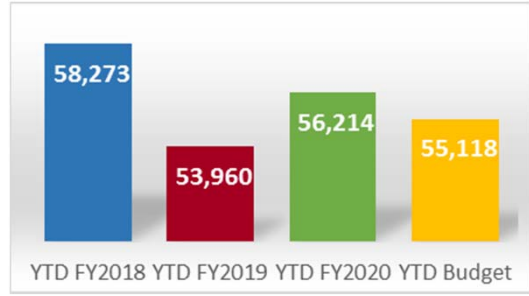
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



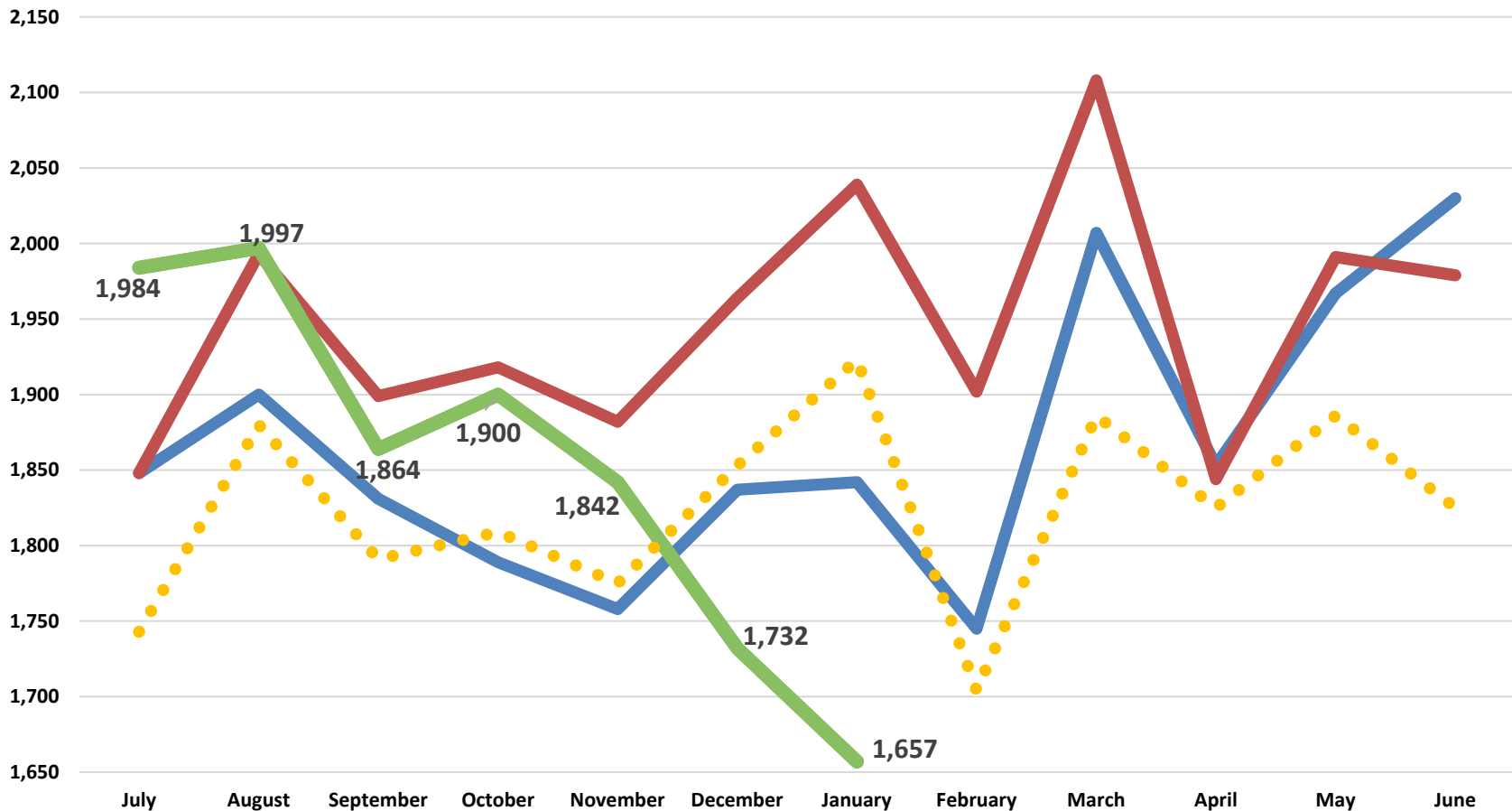
Radiology Modality – Diagnostic Radiology



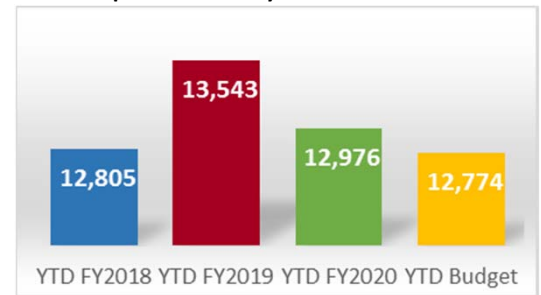
— FY2018
 — FY2019
 — FY2020
 ●●● Budget



Chronic Dialysis - Visalia

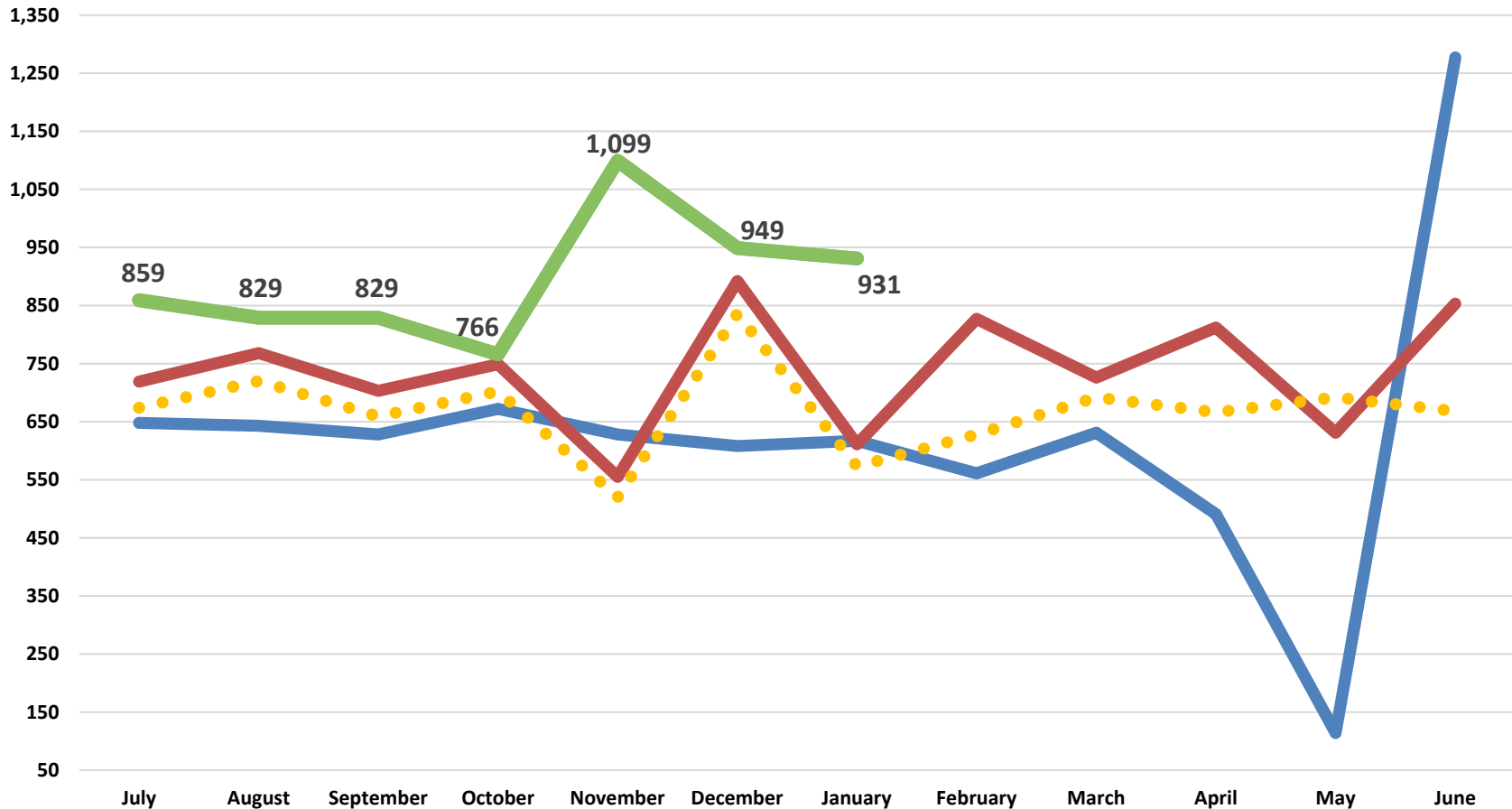


— FY2018
 — FY2019
 — FY2020
 ••• Budget

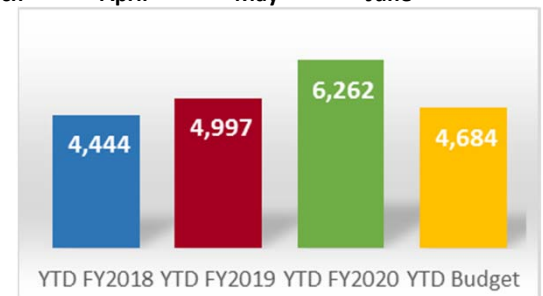


CAPD/CCPD – Maintenance Sessions

(Continuous peritoneal dialysis)

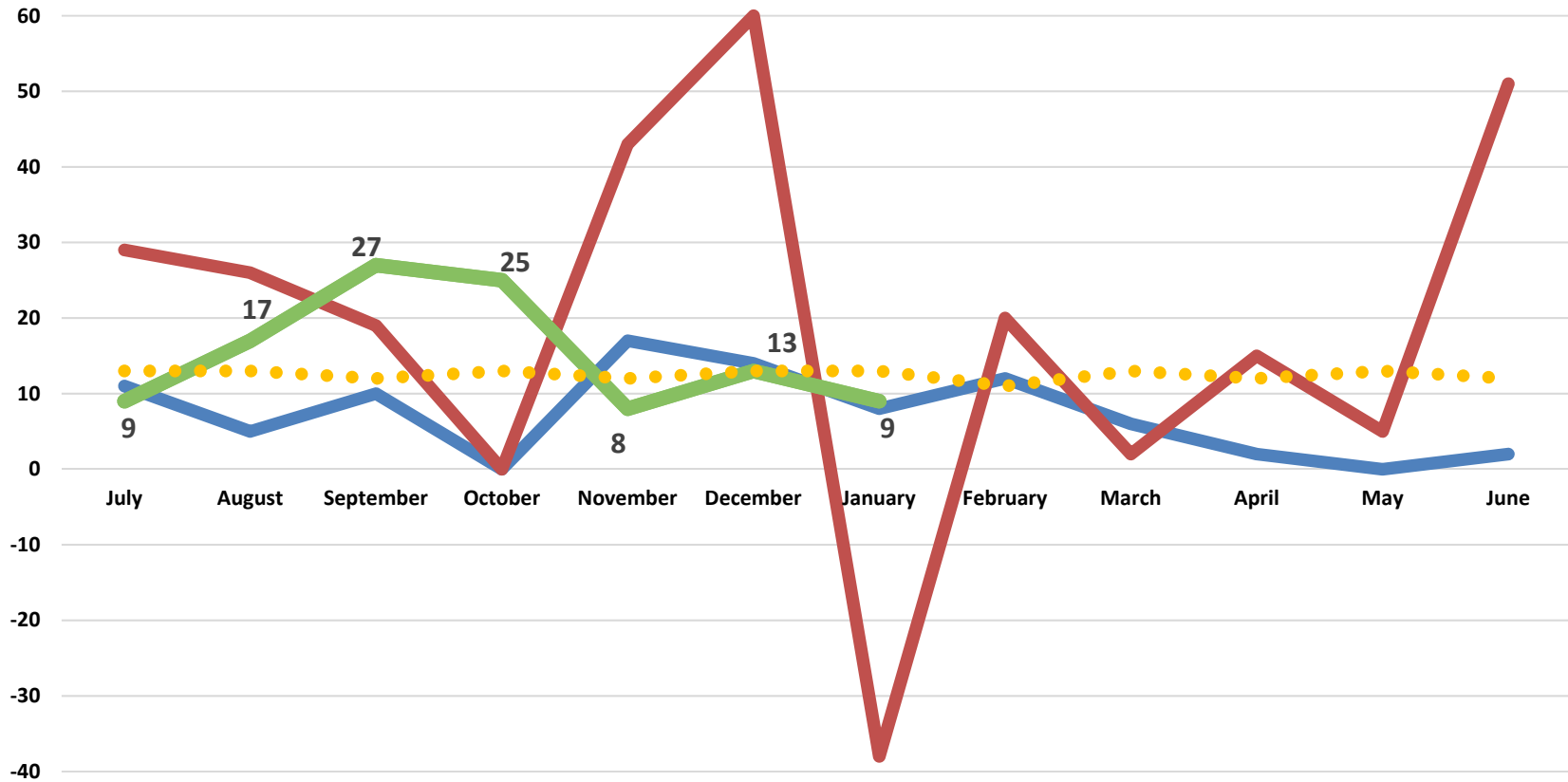


— FY2018 — FY2019 — FY2020 ••• Budget

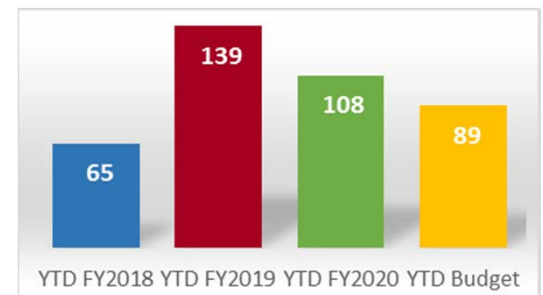


CAPD/CCPD – Training Sessions

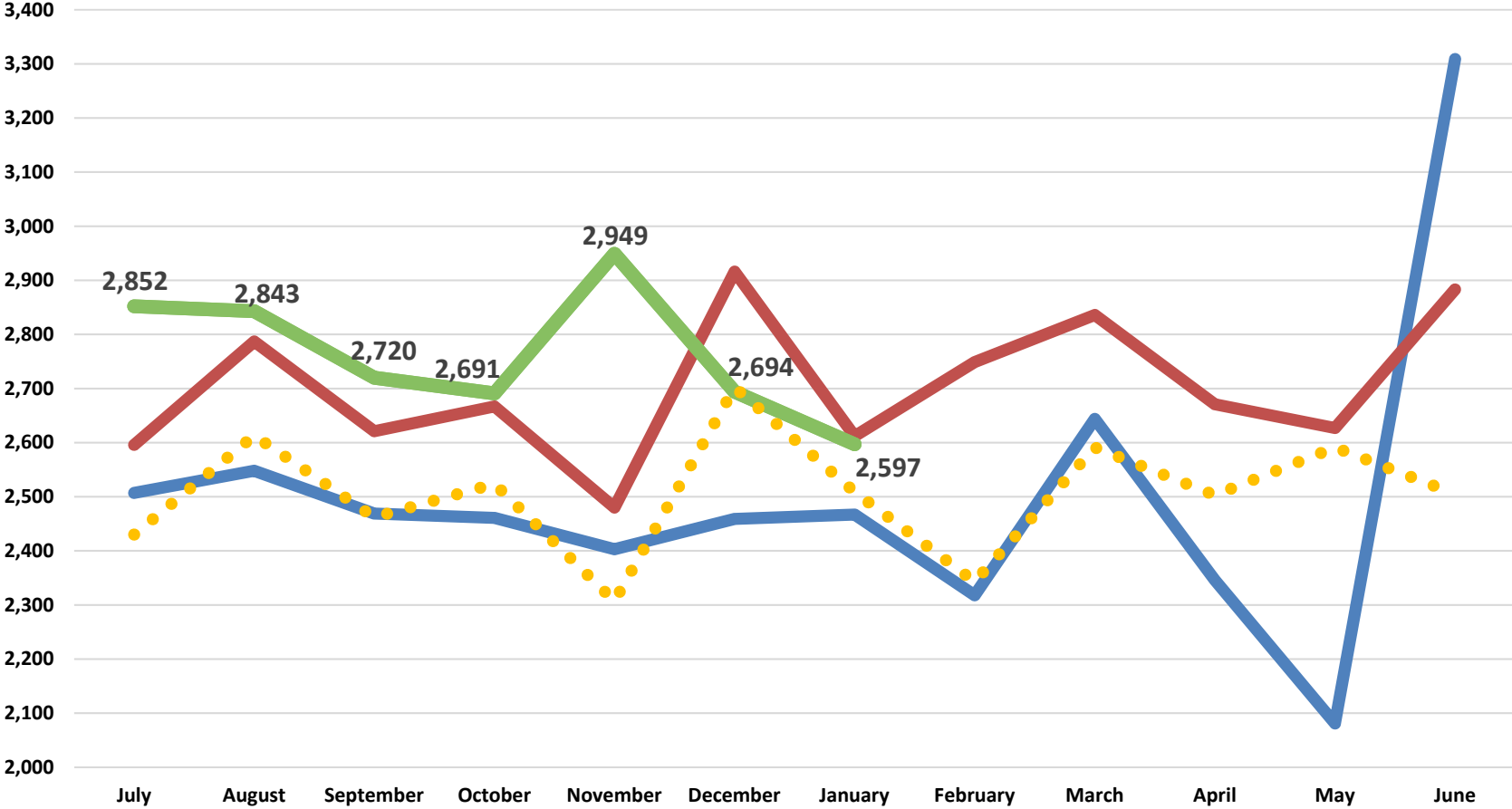
(Continuous peritoneal dialysis)



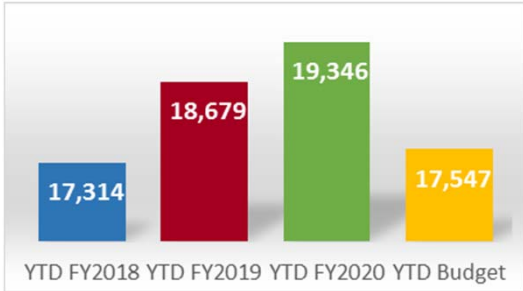
— FY2018
 — FY2019
 — FY2020
 ••• Budget



All CAPD & CCPD



— FY2018
 — FY2019
 — FY2020
 ●●● Budget



KAWEAH DELTA BOARD OF DIRECTORS MEETING: MARCH 23, 2020

Credentials {Medical Staff Office} *

Quality Report: Value Based Purchasing {Sandy & Dr. Gray}

Strategic Plan: Strategic Growth and Innovation {Marc & Coby}

Central Valley Healthcare Alliance {Marc Mertz & David Francis}

Community Engagement – Quarterly Report {Deborah Volosin}

Finance Report: {Malinda Tupper}

Medical Staff Recruitment {Brittany Taylor} {C}

Investment report {Jennifer Stockton} {C}

Hospice {Lizabeth McClain}{C}

Subacute {Lisa Harrold}{C}

Oncology Services {Lucile Gibbs, Renee Lauck, Jon Knudsen, Emma Mozier}
{Hematology, Oncology Medical, Outpatient Kaweah Medical Oncology,
Radiation Oncology Hanford, Radiation Oncology Visalia} {C}

Transitional Care Srvs (TCS) {Lisa Harrold} {C}

Performance Improvement Dashboard {M. Pliskin} {C}

Medical Executive Report {MS Office} {C}

Policy Approvals {C}