



July 18, 2019

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Board of Directors meeting at 4:00PM on Monday July 22, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue}.

The Board of Directors of the Kaweah Delta Health Care District will meet in a closed Board of Directors meeting at 5:30PM on Monday July 22, 2019 in the Kaweah Delta Medical Center Blue Room {Mineral King Wing – 400 West Mineral King Avenue} pursuant to Government Code 54956.9(d)(1), Government Code 54956.9(d)(2), Government Code 54956.8, Health and Safety Code 32155, and Health and Safety Code 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 July 22, 2019 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.kawahdelta.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
Nevin House, 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.kawahdelta.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 July 22, 2019

OPEN MEETING AGENDA {4:00PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **MASTER PLANNING** – Review and discussion of master planning process and options for Kaweah Delta Health Care District.

Kevin Boots, Senior Vice President – RBB Architects, Inc.

5. **APPROVAL OF THE CLOSED AGENDA – 5:00PM**

- 5.1. **Conference with Legal Counsel – Existing Litigation** – Pursuant to Government Code 54956.9(d)(1) – Dennis Lynch, *Legal Counsel* & Evelyn McEntire, *Director of Risk Management*
 1. Borges – Case VCU278212
 2. Sansom – Case VCU27873
 3. Ibarra – Case VCU278288
- 5.2. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 15 Cases - *Evelyn McEntire, Director of Risk Management* & *Dennis Lynch, Legal Counsel*
- 5.3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee – *Evelyn McEntire, Director of Risk Management*

- 5.4. **Credentialing** - Medical Executive Committee (June 2019) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Byron Mendenhall, MD, Chief of Staff*
- 5.5. **Conference with Real Property Negotiator {Government Code Section 54956.8}**: Property: APN 172-010-034. Negotiating party: Kaweah Delta Health Care District: Deborah Volosin and Marc Mertz and Kyle Rhinebeck, Zeeb Commercial – price and terms - *Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development*
- 5.6. **Approval of closed meeting minutes** – June 24, 2019.

6. ADJOURN

CLOSED MEETING AGENDA {5:00PM}

1. CALL TO ORDER

2. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION – Pursuant to Government Code 54956.9(d)(1).

- a) Borges – Case VCU278212
- b) Sansom – Case VCU27873
- c) Ibarra – Case VCU278288

Dennis Lynch, Legal Counsel & Evelyn McEntire, Director of Risk Management

3. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 15 Cases

Evelyn McEntire, Director of Risk Management & Dennis Lynch, Legal Counsel

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

Evelyn McEntire, Director of Risk Management

5. CREDENTIALING - Medical Executive Committee (June 2019) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval pursuant to Health and Safety Code 1461 and 32155

Byron Mendenhall, MD, Chief of Staff

6. **CONFERENCE WITH REAL PROPERTY NEGOTIATOR** {Government Code Section 54956.8}:
Property: APN 172-010-034. Negotiating party: Kaweah Delta Health Care District:
Deborah Volosin and Marc Mertz and Kyle Rhinebeck, Zeeb Commercial – price and terms
- *Deborah Volosin, Director of Community Engagement and Marc Mertz, Vice President of Strategic Planning and Business Development*
7. **APPROVAL OF CLOSED MEETING MINUTES – June 24, 2019.**
Action Requested – Approval of the closed meeting minutes – June 24, 2019.
8. **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 for approval of the [June 24, 2019 open board of directors meeting minutes](#).
Action Requested – Approval of the open meeting minutes – June 24, 2019 open board of directors meeting minutes.
6. **RECOGNITIONS** – *David Francis*
 - 6.1. Presentation of Resolution 2040 to [Darius Mendoza](#) - Service Excellence Award – July 2019.
7. **CONSENT CALENDAR** - *All matters under the Consent Calendar will be approved by one motion, unless a Board member request separate action on a specific item.*
 - 7.1. **REPORTS**
 - A. [Medical Staff Recruitment](#)
 - B. [Cardiovascular Services](#)
 - C. [Risk Management](#)
 - D. [Medical Education](#)
 - E. [Environment of Care](#)

7.2. POLICIES

A. ADMINISTRATIVE

1. [American and California State Flags](#) AP.80 Revised
2. [Patient Personal Property and Valuables](#) AP.159 Revised
3. [Records Retention and Destruction](#) AP.75 Revised
4. [Utilization Review Plan Acute Services](#) AP.111 Revised
5. Communication with law enforcement regarding requests for information and requests to interview interrogate a patient AP.07 Reviewed
6. Nursing Practice: Shared Governance & Decision Making AP.157 Reviewed
7. Visiting Regulations for Kaweah Delta Health Care District AP.119 Reviewed

7.3. RECOMMENDATION FROM THE MEDICAL EXECUTIVE COMMITTEE (JUNE 2019)

A. Privilege Forms

- 1) [Critical Care, Pulmonary & Sleep Medicine](#)

7.4. Approve of [Resolution 2037 rejecting the application](#) for leave to present a late claim for Yolanda Rodriguez vs. Kaweah Delta Health Care District.

7.5. [Approve Resolution 2038](#), a Resolution of the Board of Directors, Kaweah Delta Health Care District, directing Tulare County, California, to levy a tax to pay the principal of an interest on general obligation bonds for the fiscal year beginning July 1, 2019 and ending June 30, 2020.

7.6. Approve Resolution [2039 for Pam Harder](#), Bio-Behavioral Therapist, retiring from Kaweah Delta after fifteen (15) years of service.

7.7. Approval of [corporate banking resolution](#) for authorized signers and account agreement with BBVA USA.

Recommended Action: Approve the July 22, 2019 Consent Calendar.

8. [QUALITY – STROKE PROGRAM](#) - A review of quality measures and action plans associated with the stroke population.

Sean Oldroyd, DO, Stroke Program Director, Cheryl Smit, RN, Stroke Program Manager

9. [FOOD AND NUTRITION SERVICES](#) – Introduction of leadership team of the Food and Nutrition Services department and current initiatives.

Lawrence Headley, RD, Director of Food and Nutrition Services

10. [FINANCIALS](#) – Review of the most current fiscal year 2019 financial results.

Malinda Tupper, VP & Chief Financial Officer

- 11. 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 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 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.

12. REPORTS

- 12.1. Chief of Staff**– Report relative to current Medical Staff events and issues.

Byron Mendenhall, MD, Chief of Staff

- 12.2. Executive Report** -Report relative to current events and issues.

Thomas Rayner, Senior Vice President & Chief Operating Officer

- Medi-Cal DSH
- Area wage index
- Legislative Visits
 - Devin Mathis – July 29th
 - Shannon Grove – August 6th
- Federally Qualified Health Clinic (FQHC) update

- 12.3. Board President** - Report relative to current events and issues.

Lynn Havard Mirviss, Board President

ADJOURN

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



KAWEAH DELTA MEDICAL CENTER REPLACEMENT HOSPITAL MASTER PLANNING SERVICES

July 22, 2019

MP Conceptual / Programmatic Phase

Data Collection

Needs Projections

Functional Questionnaires

Structural Analysis of MK

Space Program

Conceptual Cost

Report & Presentation to Committee

MP Schematic Design

Design Phase

Cost Estimate

Report & Presentation to Committee



MASTER PLAN COMPONENTS

MP Design Development

Design Development

Options

Cost Estimate

Report & Presentation to Committee

MP Final Phase

Complete Design

Phasing Studies

Cost Estimate

Final Report & Presentation to
Committee

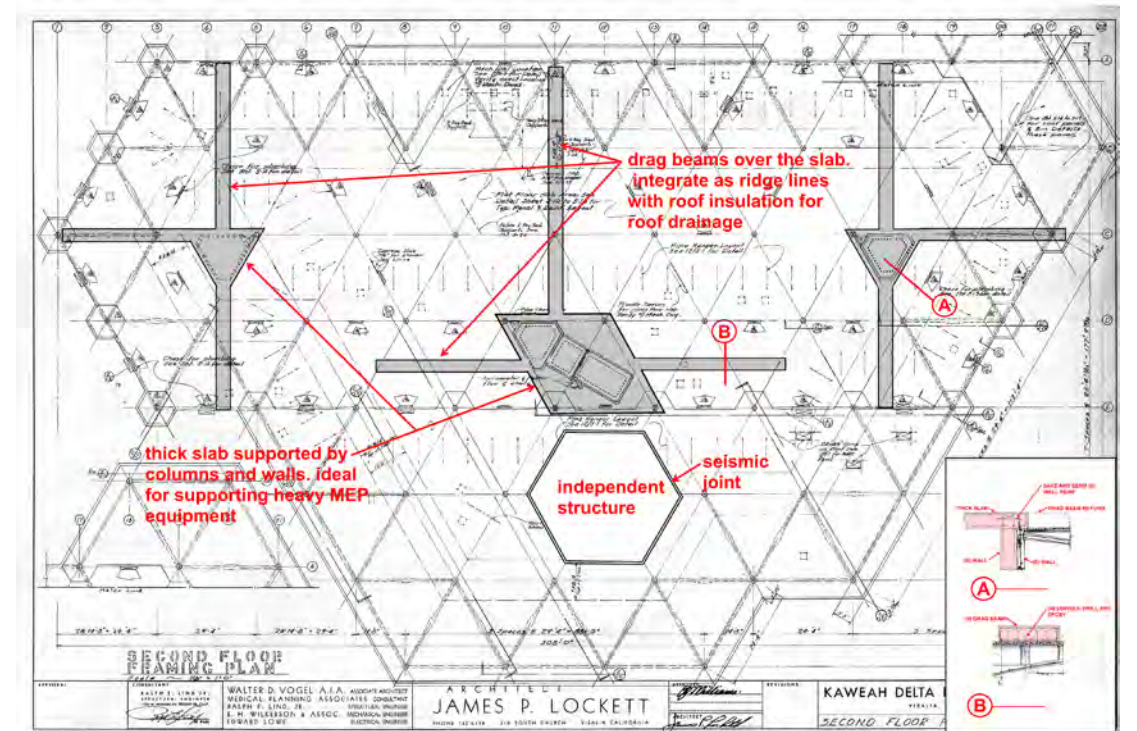
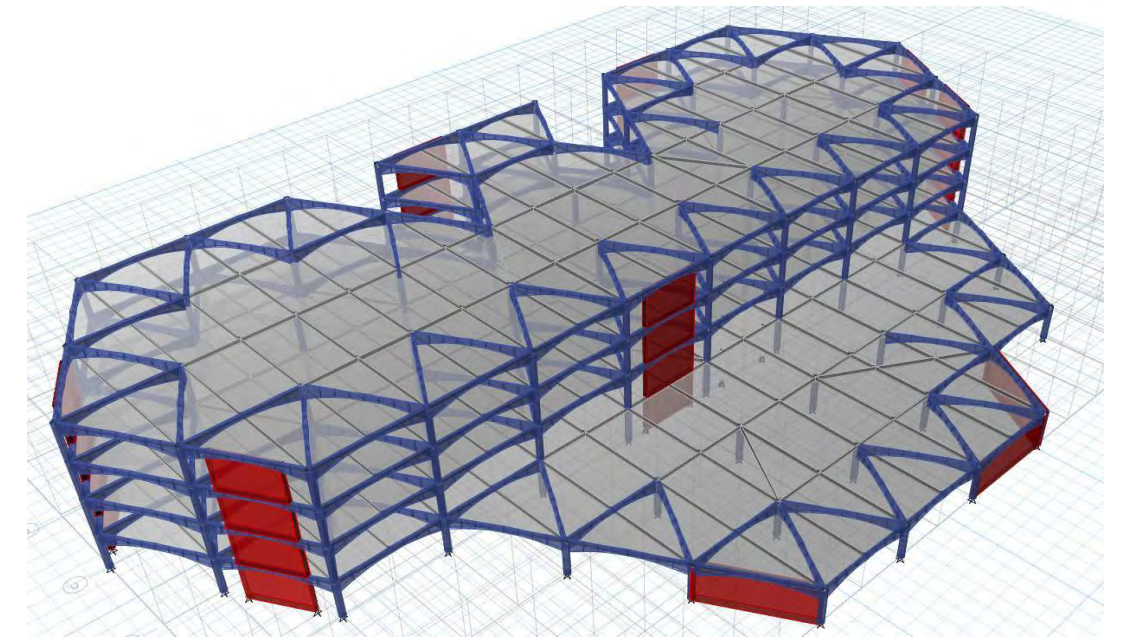


MASTER PLAN COMPONENTS

PARALLEL STRUCTURAL ANALYSIS

MINERAL KING STRUCTURAL ANALYSIS – FLOOR REMOVAL: STATUS

- COMPLETED THE FOLLOWING ANALYTICAL STUDIES:
 - BASELINE RETROFIT (CONVENTIONAL SHEAR WALLS)
 - REMOVAL OF 2 FLOORS
 - REMOVAL OF ALL UPPER FLOORS, LEAVE GROUND FLOOR
 - OTHER STUDIES OF RETROFIT OPTIONS
- FINDINGS:
 - TECHNICALLY FEASIBLE IF ASSUMPTIONS ARE VALIDATED/ACCEPTED BY OSHPD
 - VERY CHALLENGING TO ACHIEVE FLOOR REMOVAL IN REALITY
 - PATIENT IMPACT/STAFF IMPACT
 - INFECTION CONTROL CHALLENGES
 - LONG DURATION AND HIGH COST OF COMPLEXITY



MATERIAL TESTING AND CONDITION ASSESSMENT: STATUS

- OSHPD APPROVAL OF BOTH MATERIAL TESTING AND CONDITION ASSESSMENT
 - FROM SEISMIC COMPLIANCE UNIT
- NEXT STEPS:
 - OBTAIN APPROVAL FROM OSHPD VIA RAPID REVIEW TO OBTAIN AND TEST CORE SAMPLES (REVIEW IN PROGRESS)
 - TAKE CONCRETE CORE SAMPLES (MAX OF 10)
 - REVIEW TEST RESULTS
 - IF ACCETABLE, CONTINUE.
 - IF UNACCEPTABLE, STOP.



BLD-01031 - Original Building

This letter constitutes a written approval of the MTCAP as proposed and does not authorize or approve any omission or deviation from applicable regulations that address fire life safety issues. Should conditions develop that are not covered by the approved documents, a change order detailing and specifying the required work must be submitted for our review and approval.

Subject: Kaweah Delta Medical Center - #12601
400 West Mineral King - Visalia, CA 93291
Application #SER-2018-00134 – SPC 4D MTCAP

We have reviewed the Material Testing and Condition Assessment Program (MTCAP) revision dated April 30, 2019 as partial satisfaction of the SPC-4D requirements of SB 1953 for the following building:

BLD-01031 - Original Building

This letter constitutes a written approval of the MTCAP as proposed and revised. Our approval does not authorize or approve any omission or deviation from applicable regulations nor does it address fire life safety issues. Should conditions develop that are not covered by the approved documents, a change order detailing and specifying the required work must be submitted for our review and approval.

If you need further information regarding SB1953, you may visit our web site at www.oshpd.ca.gov/fdd, or you can contact me at Alireza.Asgari@oshpd.ca.gov, or by phone at (916) 440-8473.

Sincerely,

Alireza Asgari, Ph.D., S.E.
Senior Structural Engineer
Seismic Compliance Unit

cc: Julieta Moncada - Kaweah Delta Health Care District
File

MATERIAL TESTING AND CONDITION ASSESSMENT: STATUS

- BIG PICTURE APPROACH
 - IN DEPTH ANALYTICAL MODELING AND SCALE COMPENENT TESTING HAS NOT STARTED.
 - TESTING WILL NOT COMMENCE IF CORE SAMPLES AND CONDITION ASSESSMENTS ARE NOT FAVORABLE
 - THIS PROGRAM IS BEING EXECUTED INCREMENTALLY
 - PROGRAM CAN STOP AT ANY TIME



BLD-01031 - Original Building

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Sincerely,

Alireza Asgari, Ph.D., S.E.
Senior Structural Engineer
Seismic Compliance Unit

cc: Julieta Moncada - Kaweah Delta Health Care District
File

SPC/NPC/2030 COMPLIANCE

- CALIFORNIA HOSPITAL ASSOCIATION (CHA) WORKING THE POLITICAL SIDE TO REWORK SB-1953
 - RAND STUDY COMMISSIONED (2019)
 - CHA WORKING ON DRAFT LEGISLATION COMPLIANCE REQUIREMENTS
 - HAVE NOT SEEN PROPOSAL
 - DO NOT KNOW IF THIS WILL BE ACCEPTED
- NPC-4D OSHPD ACCEPTED
- NPC-3 STILL HAS TO HAPPEN BY 2030,
- MORE TIME TO DO NPC-4
 - NEED EMERGENCY PREPAREDNESS PLAN AND SHOW PROGRESS OVER TIME
- NPC WORK SHOULD PROGRESS SOON. 2024 FIRST NPC-3 DEADLINE



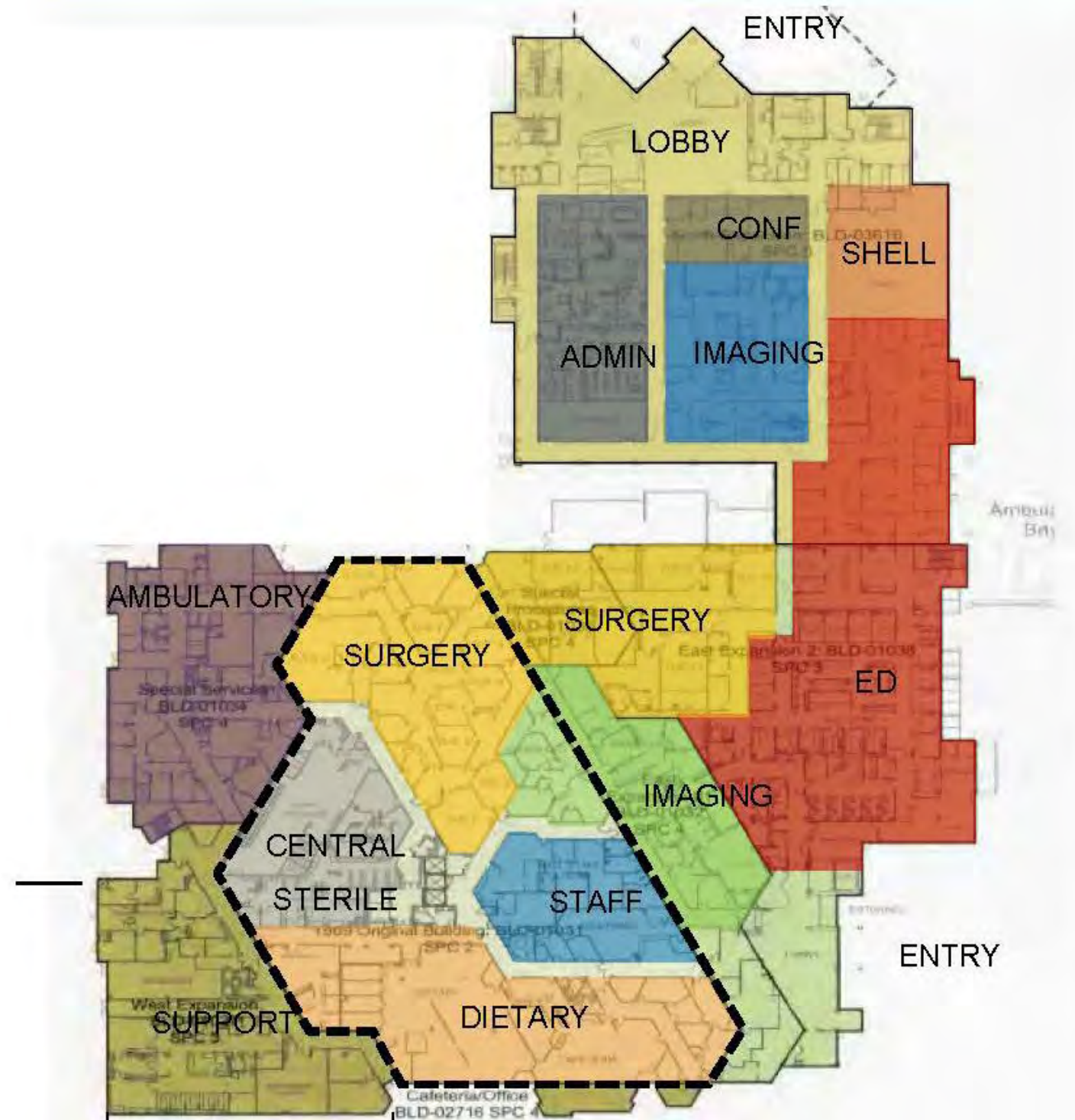
Updating the Costs of Compliance for California's Hospital Seismic Safety Standards

Benjamin Lee Preston, Tom LaTourrette, James R. Broyles, R. J. Briggs,
David Catt, Christopher Nelson, Jeanne S. Ringel, Daniel A. Waxman

MASTER PLAN PROCESS

Data Collection

Existing data helps identify code and space deficiencies that impact the new master plan.



MASTER PLAN PROCESS

Summary Outputs

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

Bed Need Impact by Scenario

(all scenarios shown)

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

Facility: Mercy Hospital & Health Services
Project: Mercy Hospital - Replacement Hospital
Scenario: 2013 Master Plan - REVISED 12/23/03 - Created on 12/23/2003

Service Line: Patient Care Unit - Medical/Surg

Please describe the services provided by this unit. Include services that will be discontinued?

Medical and surgical patient care.

Enter the volume information that describes the expected

Annual number of admissions

8119

Average length of stay (in days)

3.5

Bed turnaround time (in hours)

1

Planned occupancy rate

75

In which of the following ways will nursing care be organized?

Case Management

Yes No

Functional Team

Yes No

Primary Nursing

Yes No

Modular Nursing

Yes No

Describe any other ways nursing care will be organized.

A modified team approach is utilized. A charge nurse leads CNA's.

Will the nursing unit be organized into specialized services?

Yes No

Revised: Oct 2003

Friday

Project Delivery Model - Functional Questionnaire -

Func

Facility: Mercy Hospital & Health Services
Project: Mercy Hospital - Replacement Hospital
Scenario: 2013 Master Plan - REVISED 12/23/03 - Created on 12/23/2003

Service Line: Patient Care Unit - Medical/Surg

Will the nursing unit be organized by acuity / level of care?

Yes No

Are special care units available within the hospital or within the immediate surveillance and treatment of severely ill patients?

Yes No

Have criteria been established to govern the transfer of patients?

Yes No

Which of these settings will be used to provide care for terminally ill patients?

Hospital

Yes No

Community based care

Yes No

What material movement / supply distribution systems will be utilized?

Will a pneumatic tube system be used?

Yes No

What type of medication system will be implemented?

Unit dose, Pyxis, 3-day computer generated MARS.

How will medications be requisitioned / delivered?

Computerized ordering with subsequent delivery through pneumatic tube.

What has the history of utilization been? Are patient days and/or admissions increasing or decreasing?

The trend for the "medical" aspect is increasing with a rise in average days of stay and a decrease in the number of surgical cases being classified as medical. For the new facility, the community will have a physician owned surgery of surgical cases performed at our acute care facility. In reviewing the community campuses, it should be noted that 3West and 2nd Floor have recent months there has been an increasing number of medical overflow availability on the "medical" floors, 1st-IDC and 2West - CC. The patient overflow and true telemetry patients.

Revised: Oct 2003

Friday, February 13, 2004

Project Delivery Model - Functional Questionnaire -

Functional Programming Questionnaire

Facility: Mercy Hospital & Health Services
Project: Mercy Hospital - Replacement Hospital
Scenario: 2013 Master Plan - REVISED 12/23/03 - Created on 12/23/2003 12:39:28 PM

Service Line: Patient Care Unit - Medical/Surg

Does any particular part of this service show an unusual trend? If yes, please describe.

Longer stay, High rate TB, MASA, Isolation need long term patient courtyard.

Describe any factors that you believe will significantly change utilization.

The opening of this new facility may increase admissions, however this increase in the community's populations should generally be a healthy young population and not the normal balance through the spectrum of ages as in typical city growth.

What diagnostic / therapeutic procedures will be performed on the unit?

Only bedside procedures that are currently performed, such as the insertion of chest tubes and routine peritoneal dialysis. No new or additional procedures are foreseen.

What is the nursing service organizational structure of the institution (centralized vs. decentralized)? Will there be head nurses, supervisors, patient care coordinators, etc.

The structure of the nursing organizational chart within the unit will be Director - Supervisor - Shift Charge Nurses - Staff with LVN's and CNA's. Ideally, Unit Preceptors and Unit Clinicians will be employed to promote education of the staff and patients.

Will staff be assigned to one particular unit? Or, will they relieve patient load on other nursing units?

Assigned to one unit

Yes No

Working on various units

Yes No

What is your planned nurse to bed staffing ratio? (Please enter the number of beds that 1 nurse will be working i.e. If your Staffing Ratio is 1 to 4 please enter 4)

5

Describe the process of how specimens will be collected and sent to the clinical laboratory.

Dependent upon source of the specimen, it may be collected by laboratory personnel, respiratory personnel, nursing or medical staff. The transport may be via volunteers, staff and pneumatic tube device.

When will nurses accompany patients (check all that apply)?

Surgical patients TO the operating room

Yes No

Revised: Oct 2003

Friday, February 13, 2004

Version: 03.1

FUNCTIONAL QUESTIONNAIRE EXAMPLE

Acute Rehab Unit
Administration
Admitting
Behavioral Health
Cardiology Special
Procedures
Central Plant
Central Sterile
Dietary
Emergency
Endoscopy
EVS
Facilities-BioMed
ICU

Imaging
Laboratory
Laundry
Materials Management
Med Surg
Medical Oncology
Medical Records
NICU
Pediatrics
Pharmacy
PICU

Public Areas
Rehabilitation Services
Respiratory Therapy
Surgery
Telemetry
Women's Children LDR
Women's Children Newborn
Nursery

FUNCTIONAL QUESTIONNAIRE RESPONSES

Project #: NCAL_MMC Rep **Project Title:** Mercy Hospital - Replacement Hospital **Project Sponsor:**

Facility: Mercy Hospital & Health Services **Scenario:** 2013 Master Plan

Space Description	Guidelines			Project Totals				Remarks
	Quantity	Area (SF)	Total	Quantity	Area (SF)	Total	Variance	
<u>Patient Care Unit - Medical/Surg</u>								
Primary Activity Areas								
Patient Room - Private	88.8	180	15,984.8	79	180	14,220.0	1765	
- Armoire/Wardrobe	88.8	20	1,776.1	79	20	1,580.0	196	
- Family Area	88.8	40	3,552.2	79	40	3,160.0	392	
- Toilet/Shower [A]	88.8	80	7,104.4	79	50	3,950.0	3154	
- Vestibule	88.8	50	4,440.2	79	30	2,370.0	2070	entry alcove
Patient Room - Isolation	15	180	2,700.0	6	180	1,080.0	1620	
- Anteroom	15	60	900.0	6	60	360.0	540	
- Armoire/Wardrobe	15	40	600.0	6	40	240.0	360	
- Family Area	15	40	600.0	6	40	240.0	360	
- Toilet/Shower [A]	15	100	1,500.0	6	50	300.0	1200	
- Vestibule	15	50	750.0	6	30	180.0	570	entry alcove
Patient Room - Semi Private	0	260	0.0	0	260	0.0	0	
- Armoire/Wardrobe	0	40	0.0	0	40	0.0	0	
- Family Area	0	40	0.0	0	40	0.0	0	
- Toilet/Shower [A]	0	100	0.0	0	100	0.0	0	
- Vestibule	0	50	0.0	0	50	0.0	0	entry alcove
Bedside Charting	88.8	10	888.0	85	10	850.0	38	
Consultation	1	100	100.0	1	100	100.0	0	
Exam/Treatment	1	100	100.0	1	100	100.0	0	typically omitted when a unit has all private room.
Treatment Room	0	120	0.0	0	120	0.0	0	
Patient Lounge / Dayroom	1	1332.07	1,332.1	3	200	600.0	732	One per flr. 120 NSF min; provide approximately 15 NSF per bed
Resource Library	1	100	100.0	1	100	100.0	0	Resource library/Conference
Shower / Bath - Pt [A]	7	100	700.0	7	0	0.0	700	VERIFY 1 minimum; one per 12 bedsw if not provided with each patient room
Imaging Suite	0	320	0.0	0	320	0.0	0	

SPACE PROGRAM EXAMPLE



Designing realistic and affordable solutions that improve the quality of care, enhance patient outcomes, and maximize ROI, while reducing construction and operational costs.

Lean Design

PROJECT VISION

Option 1 - Budget Estimate		CONSTRUCTION			PROJECT SOFT COSTS					TOTAL	
Concept / Masterplan Estimate		GSF	\$/GSF	Total Construction (2018 Costs)	Fees and Management	FF&E	Medical Equipment	Communications, Security & Technology	Construction & Project Contingency	Total Soft Costs	Total Project
BUILDINGS											
1.0	New Inpatient Tower	146,400	\$1,035.00	\$151,524,000	\$26,516,700	\$13,637,160	\$37,881,000	\$18,940,500	\$24,849,936	\$121,825,296	\$273,349,296
2.0	New Inpatient Tower - Shelled Floor	22,400	\$486.00	\$10,886,400	\$1,905,120				\$1,279,152	\$3,184,272	\$14,070,672
3.0	Central Utility Plant Building	7,000	\$1,786	\$12,500,000	\$2,187,500	\$731,250		\$1,015,625	\$1,643,438	\$5,577,813	\$18,077,813
4.0	Central Utility Plant Utilities			\$2,000,000	\$350,000				\$235,000	\$585,000	\$2,585,000
SITE											
5.0	Site Preparation and Clearing	80,000	\$15.00	\$1,200,000	\$210,000				\$141,000	\$351,000	\$1,551,000
6.0	Site Improvements	42,000	\$107.14	\$4,500,000	\$787,500			\$365,625	\$565,313	\$1,718,438	\$6,218,438
7.0	Site Utilities	70,000	\$19.29	\$1,350,000	\$236,250				\$158,625	\$394,875	\$1,744,875
8.0	Off-Site			\$400,000	\$70,000				\$47,000	\$117,000	\$517,000
9.0	Surface Parking Lot 80 Cars	24,000	\$33.75	\$810,000	\$141,750				\$95,175	\$236,925	\$1,046,925
TOTAL BULDINGS + SITE				\$185,170,400	\$32,404,820	\$14,368,410	\$37,881,000	\$20,321,750	\$29,014,638	\$133,990,618	\$319,161,018
RENOVATIONS											
10.0	Renovations at Connection to Existing Buildings	37,000	\$769.23	\$28,461,538	\$4,980,769	\$1,665,000	\$4,625,000	\$2,312,500	\$4,204,481	\$17,787,750	\$46,249,288
11.0	New Tunnel Under Existing Compliant Tower			\$2,000,000	\$350,000				\$235,000	\$585,000	\$2,585,000
TOTAL BULDINGS + SITE + RENOVATIONS (2018 COSTS)				\$215,631,938	\$37,735,589	\$16,033,410	\$42,506,000	\$22,634,250	\$33,454,119	\$152,363,368	\$367,995,306
12.0	Cost Escalation to Mid Point of Construction 06/2021 @ 6% Per Year										\$66,239,155
TOTAL BULDINGS + SITE + RENOVATIONS (2021 COSTS)											\$434,234,462
13.0	Cost Escalation to Mid Point of Construction 06/2022 (Additional Year) @ 6% Per Year										\$26,054,068
TOTAL BULDINGS + SITE + RENOVATIONS (2022 COSTS)											\$460,288,529

CONCEPTUAL COSTS EXAMPLE



KAWEAH DELTA SITE ANALYSIS – LOOKING NORTH-EAST



KAWEAH DELTA SITE ANALYSIS – LOOKING NORTH-WEST



KAWEAH DELTA SITE ANALYSIS – LOOKING SOUTH-WEST



KAWEAH DELTA SITE ANALYSIS – LOOKING SOUTH-EAST

Google earth

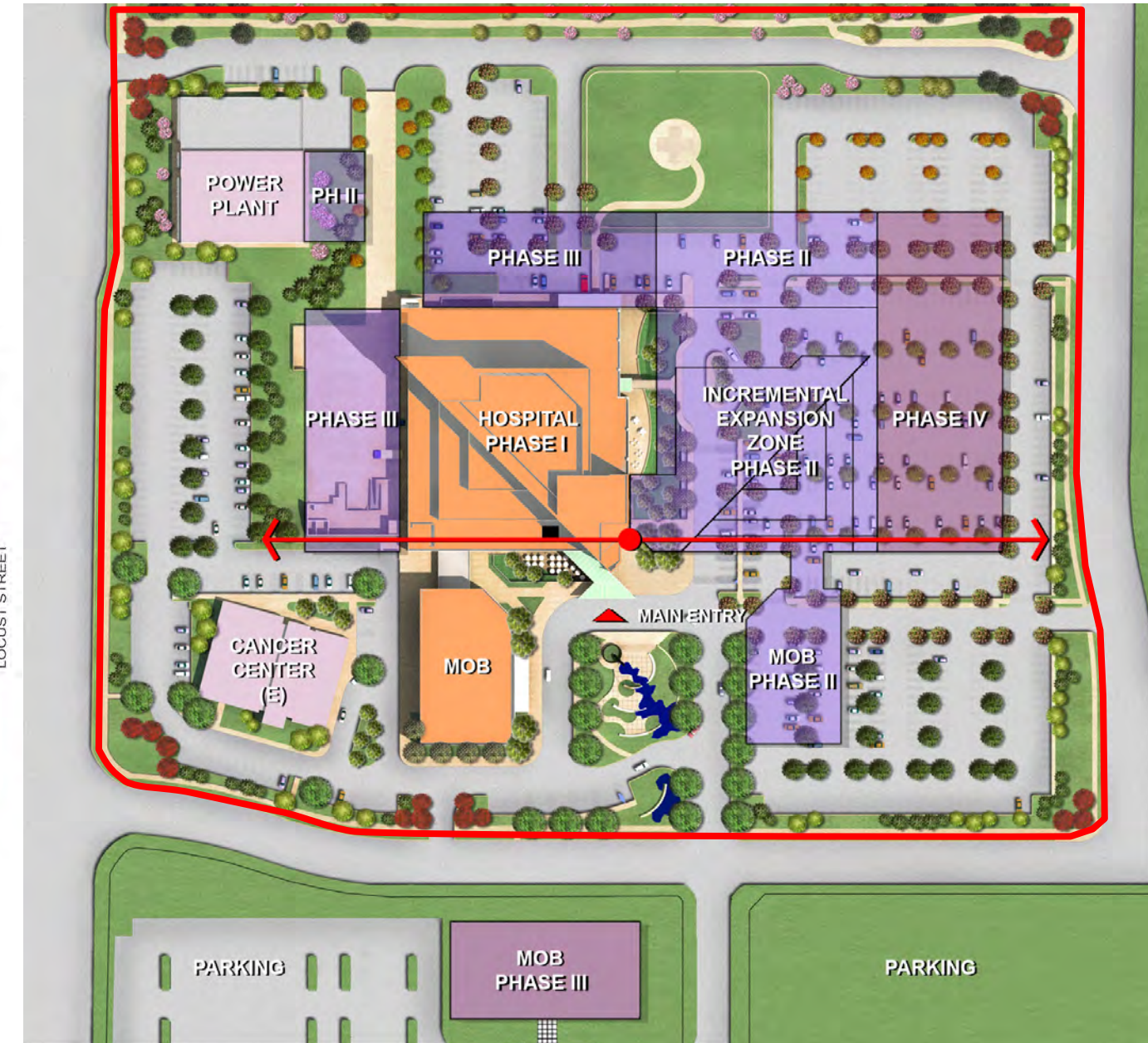
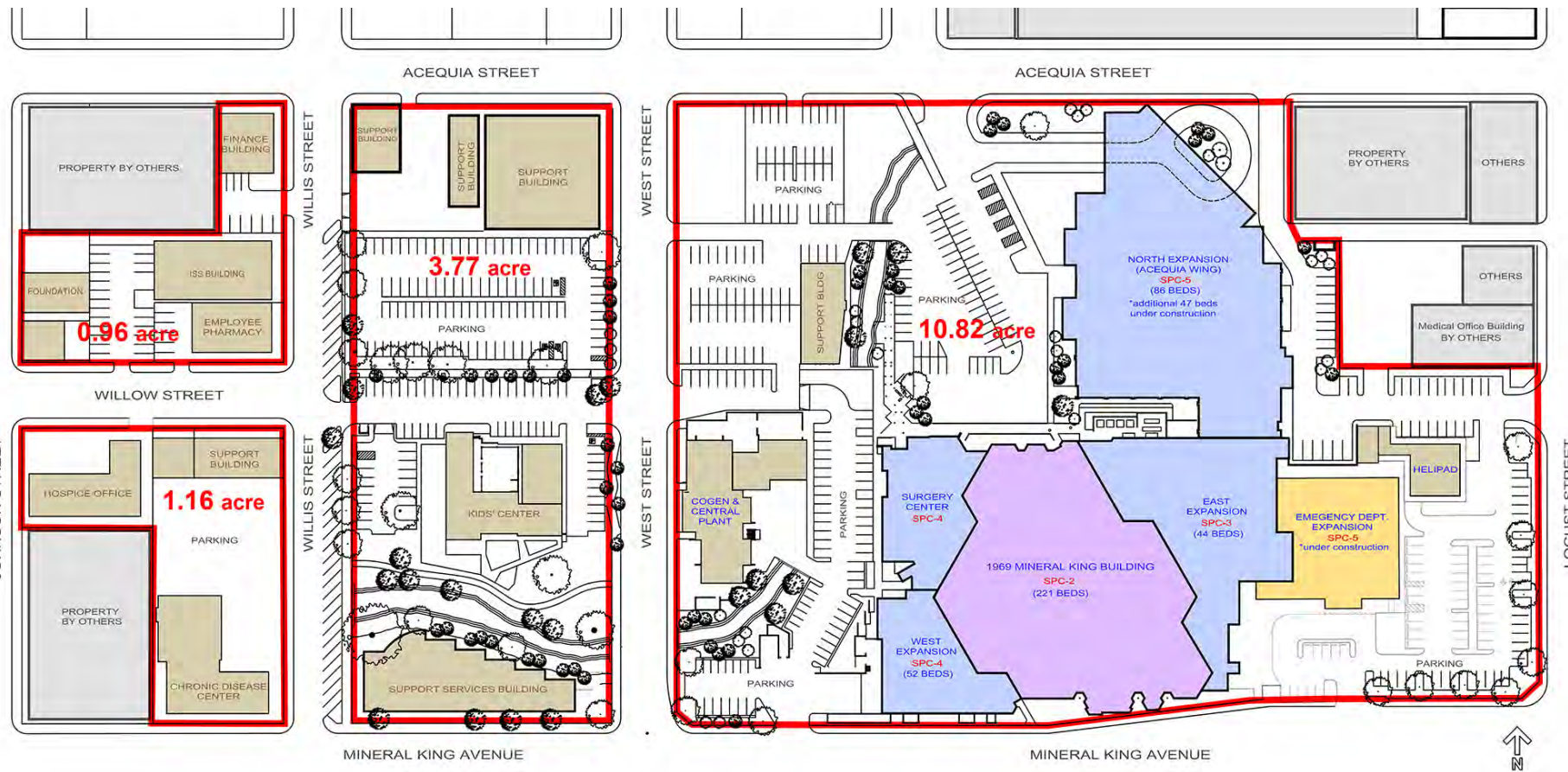
Image Landsat / Copernicus
Data SIO, NOAA, U.S. Navy, NGA, GEBCO

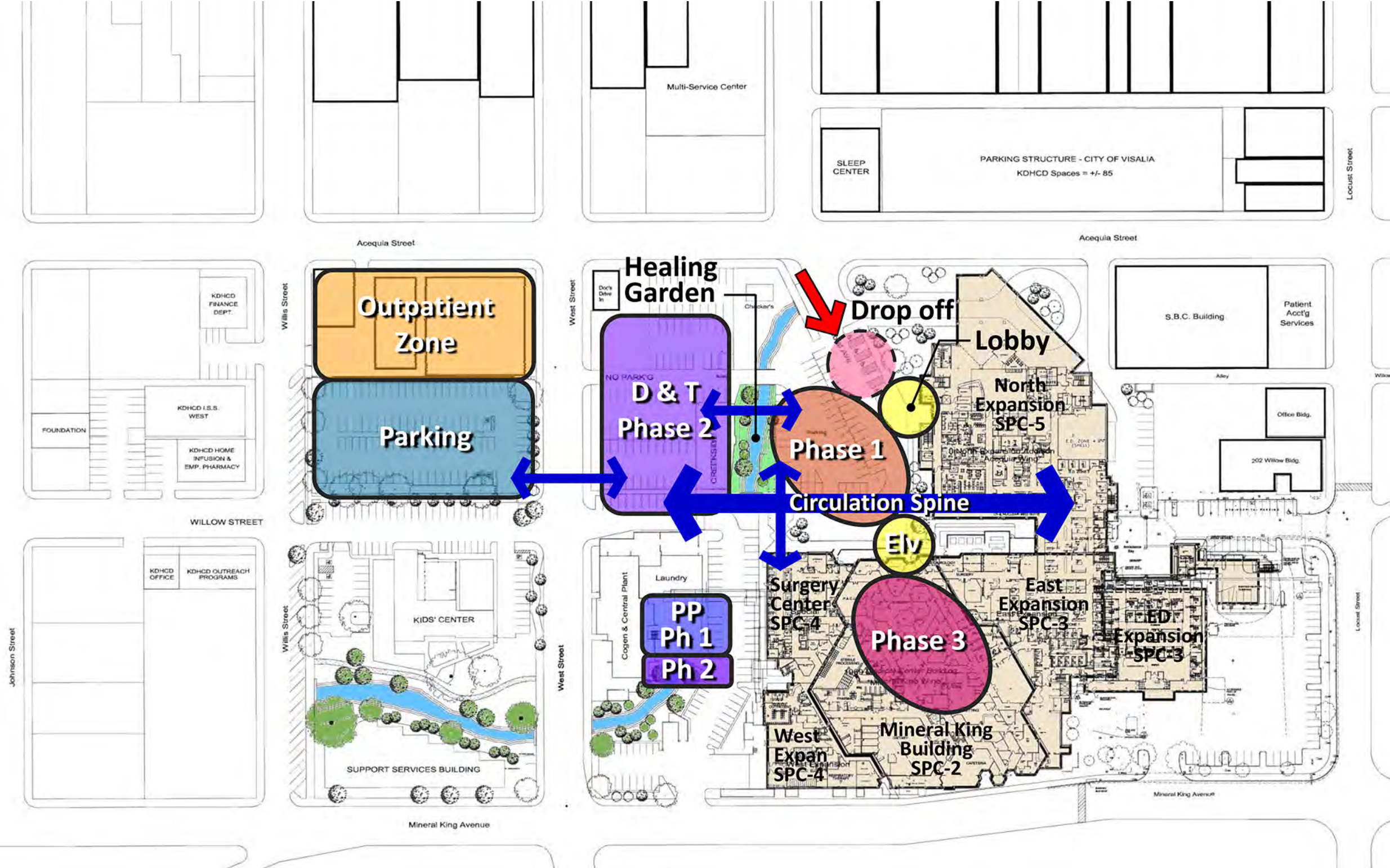
Kaweah Delta Medical Center

Mercy Medical Center Merced

Total 16.77 acres

Total 19.67 acres

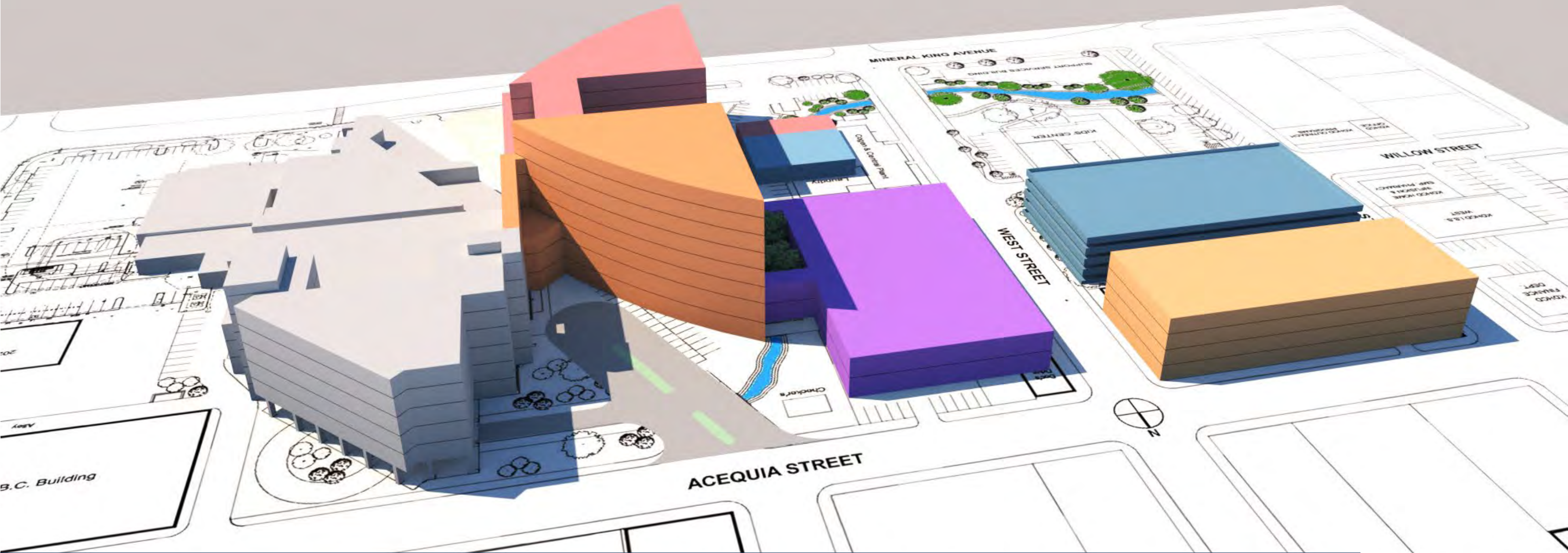




KAWEAH DELTA SITE ANALYSIS



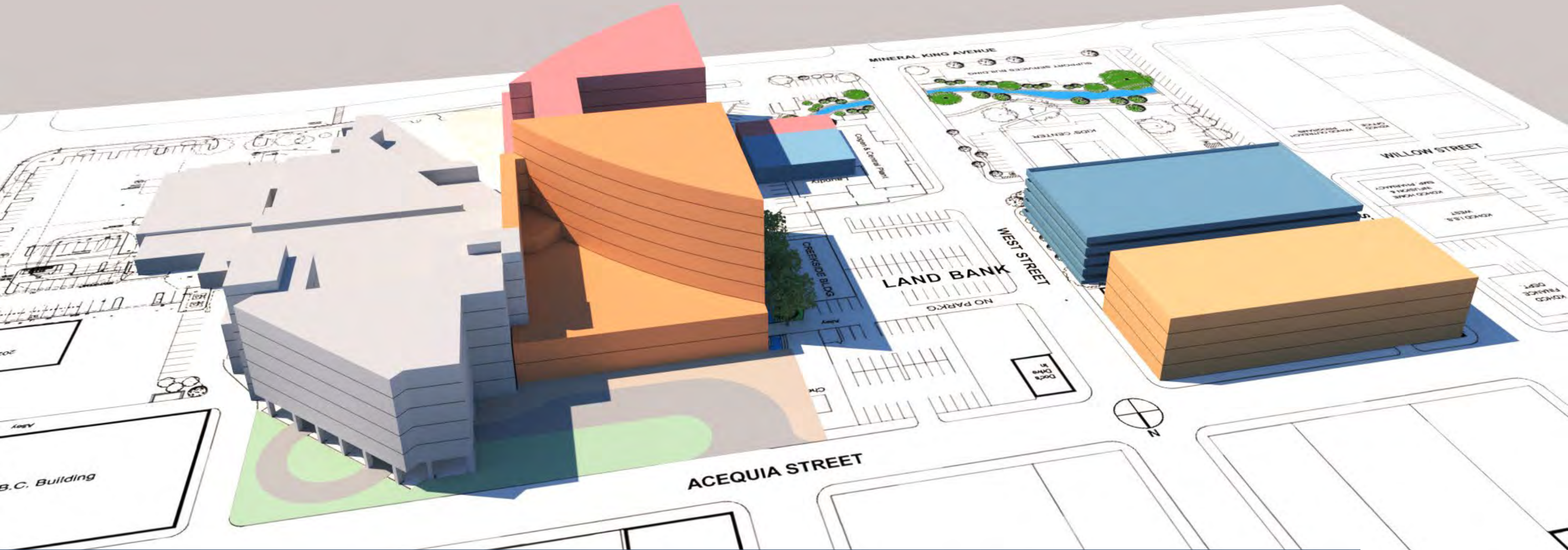
SITE ANALYSIS – OPTION 1



KAWEAH DELTA SITE ANALYSIS – OPTION 1



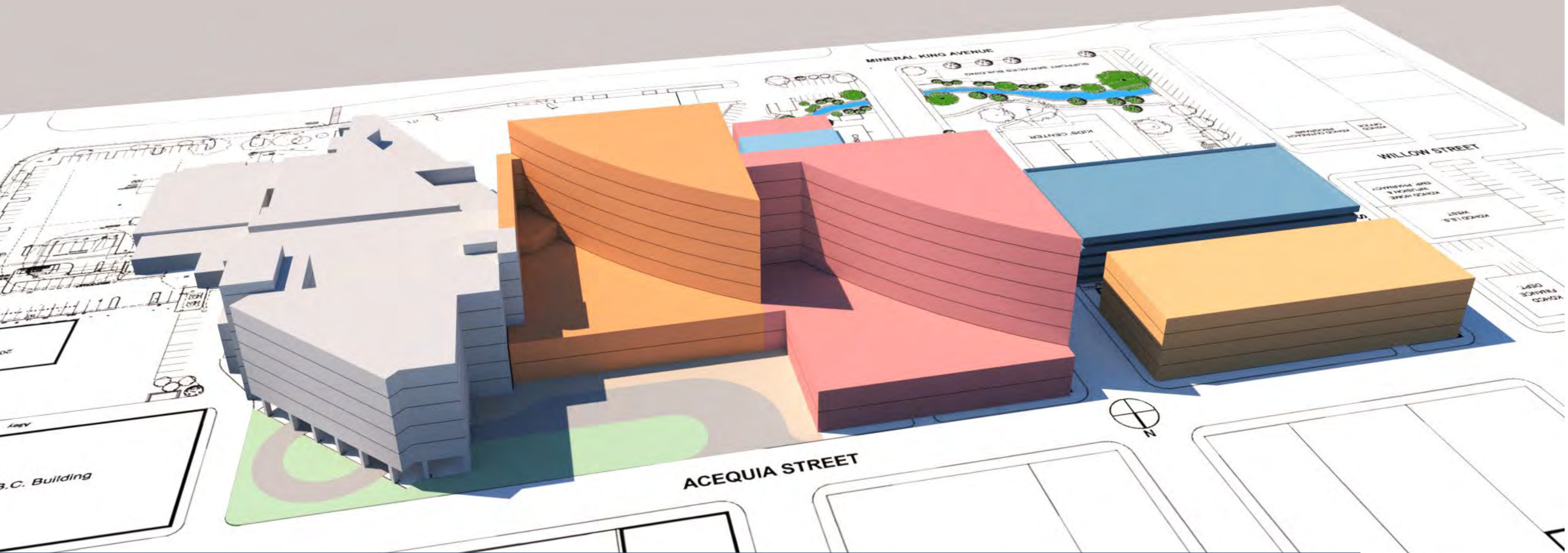
SITE ANALYSIS – OPTION 2



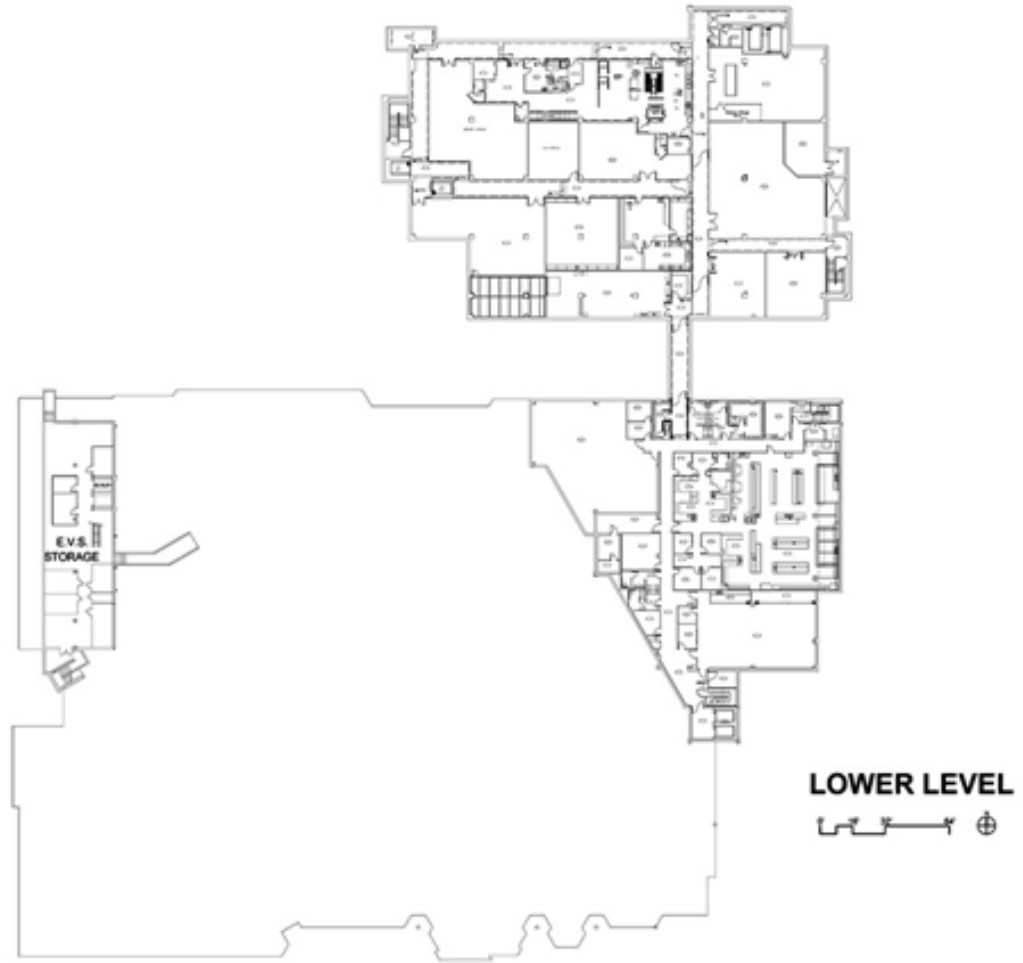
KAWEAH DELTA SITE ANALYSIS – OPTION 2



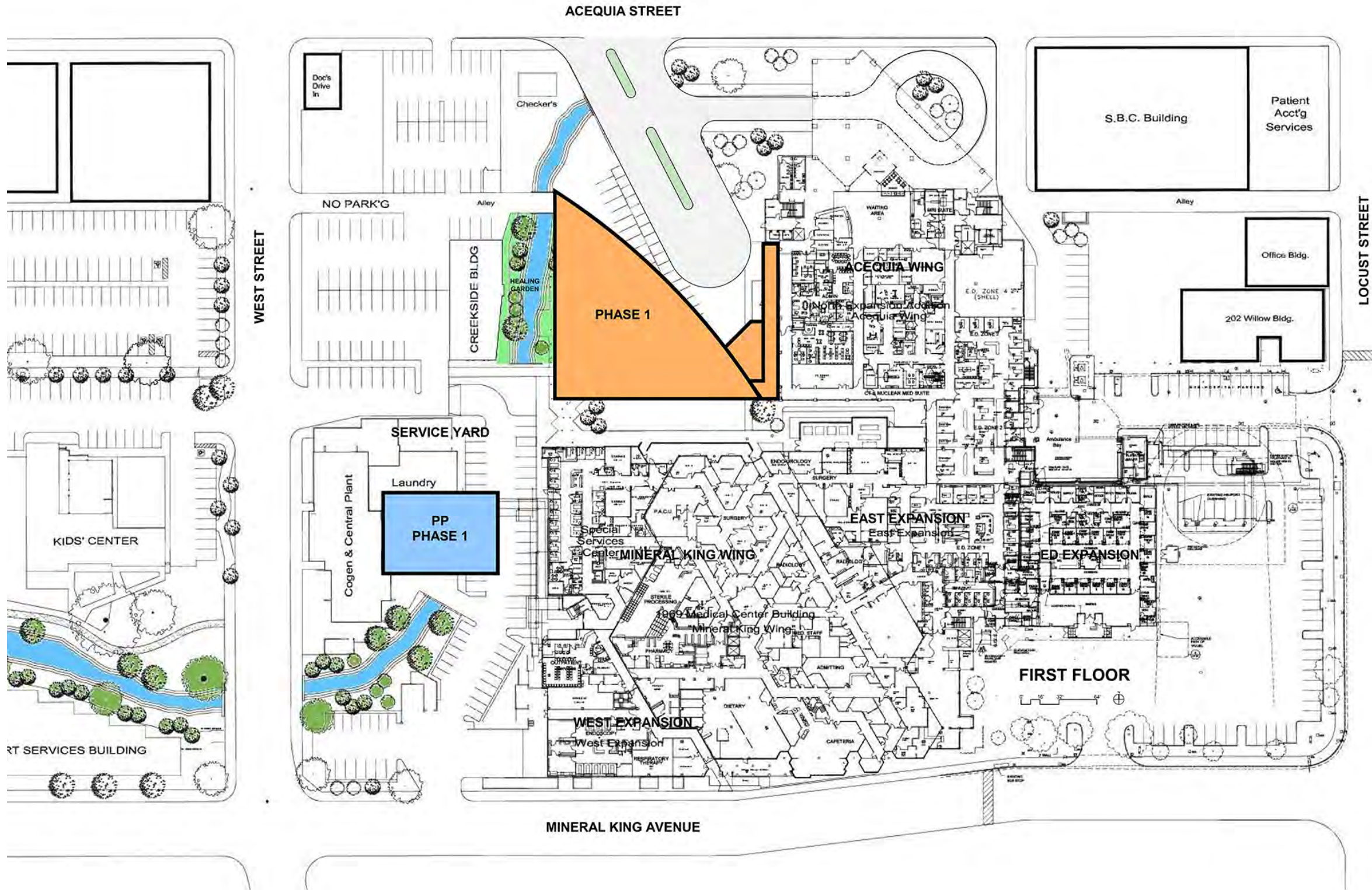
SITE ANALYSIS – OPTION 3



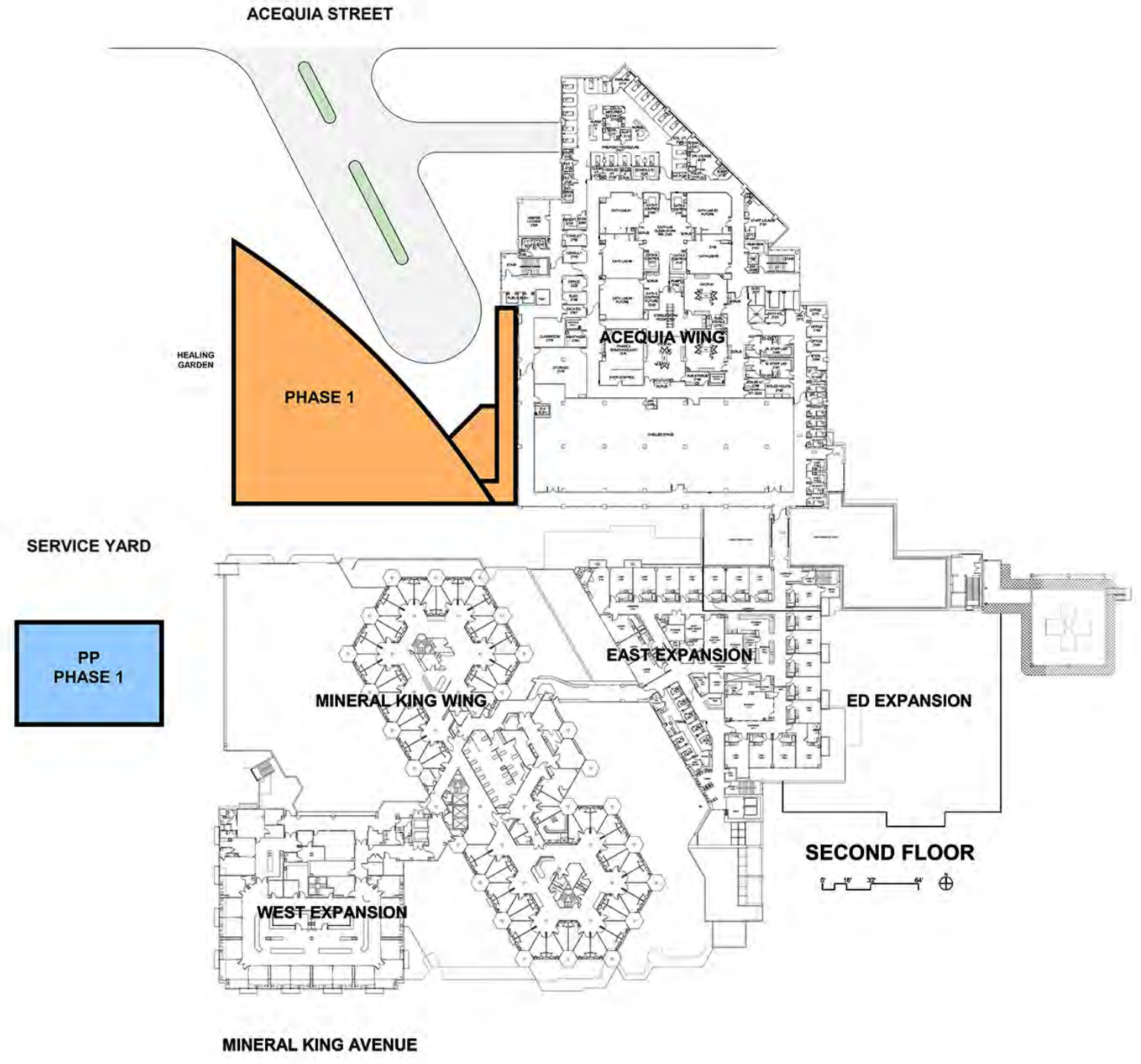
SITE ANALYSIS – OPTION 3



KAWEAH DELTA SITE ANALYSIS – PHASE 1 & EXISTING



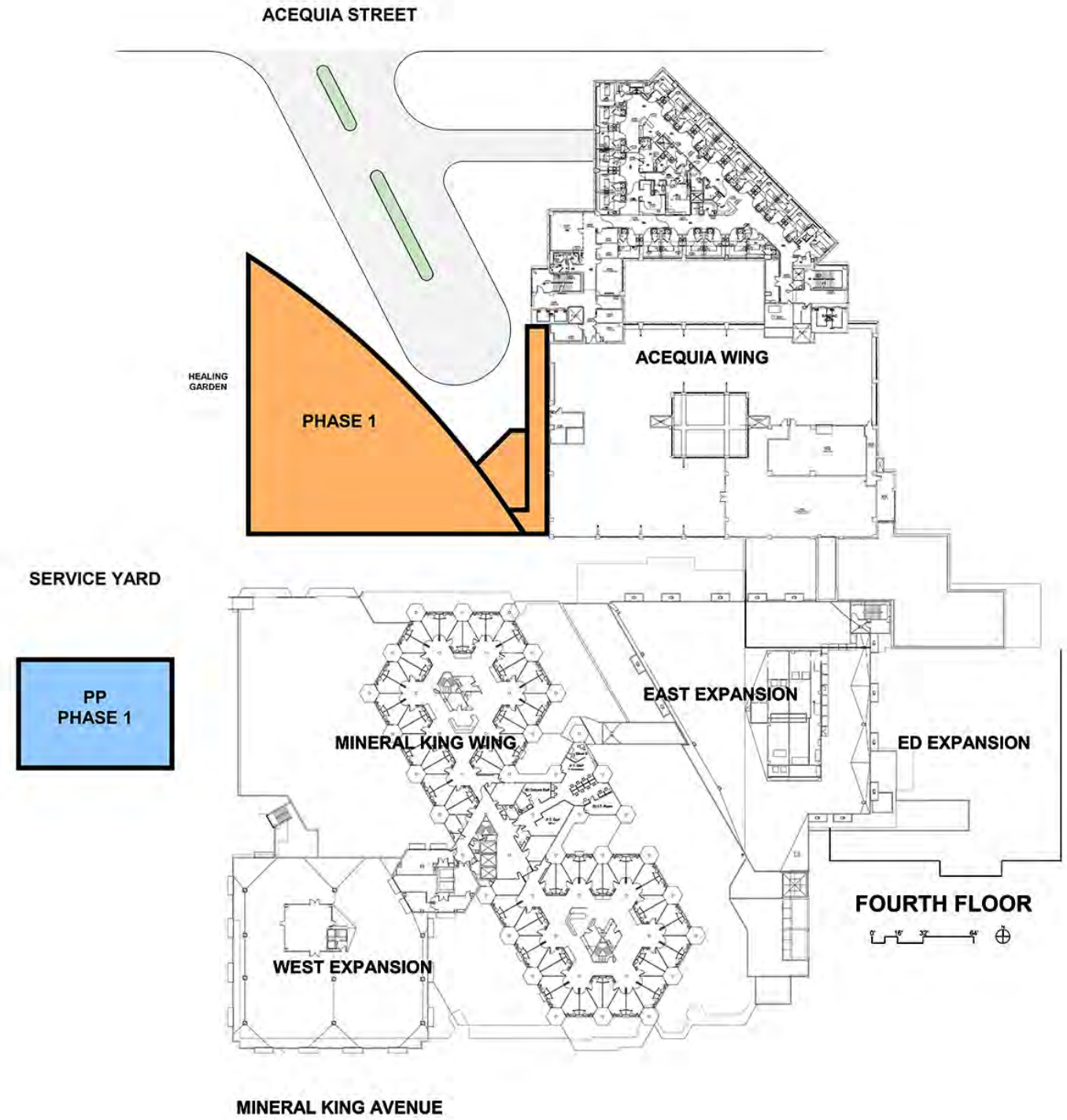
KAWEAH DELTA SITE ANALYSIS – PHASE 1 & EXISTING



KAWEAH DELTA SITE ANALYSIS – PHASE 1 & EXISTING



KAWEAH DELTA SITE ANALYSIS – PHASE 1 & EXISTING



KAWEAH DELTA SITE ANALYSIS – PHASE 1 & EXISTING

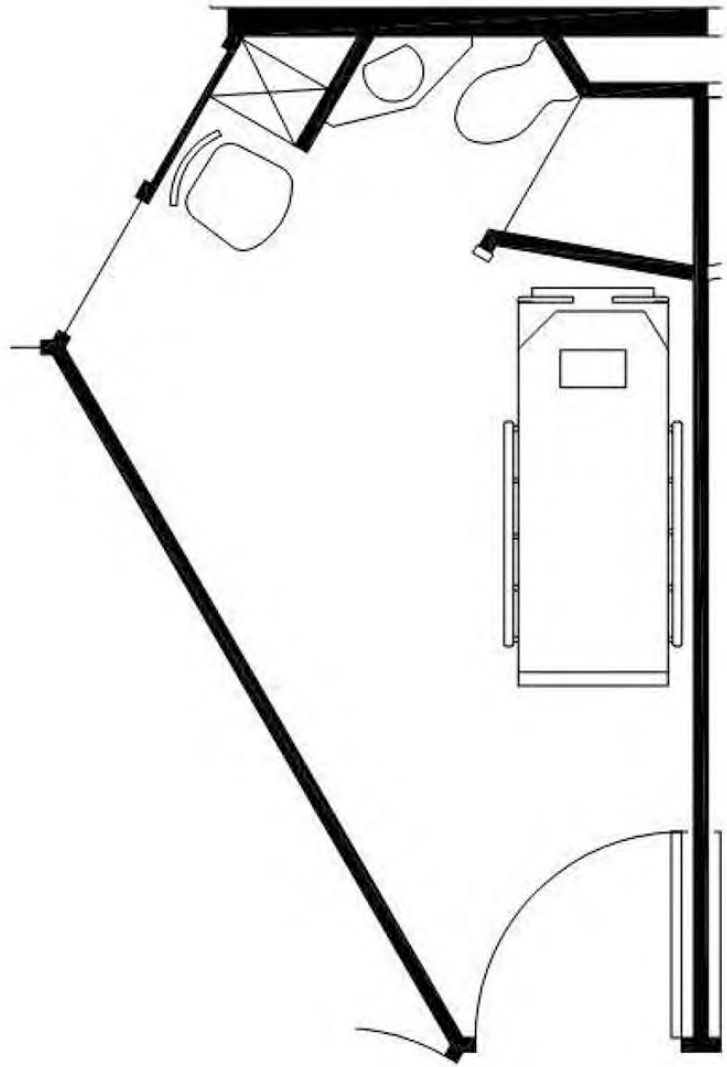
Task	Start	Finish	Q4'18		Q1'19			Q2'19			Q3'19			Q4'19			Q1'20
			Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
MP CONCEPT / PROGRAMATIC DESIGN PHASE	11/15/18	8/1/19															
MP SCHEMATIC DESIGN PHASE	8/5/19	10/28/19															
MP DESIGN DEVELOPMENT PHASE	10/28/19	11/29/19			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

PROJECT SCHEDULE

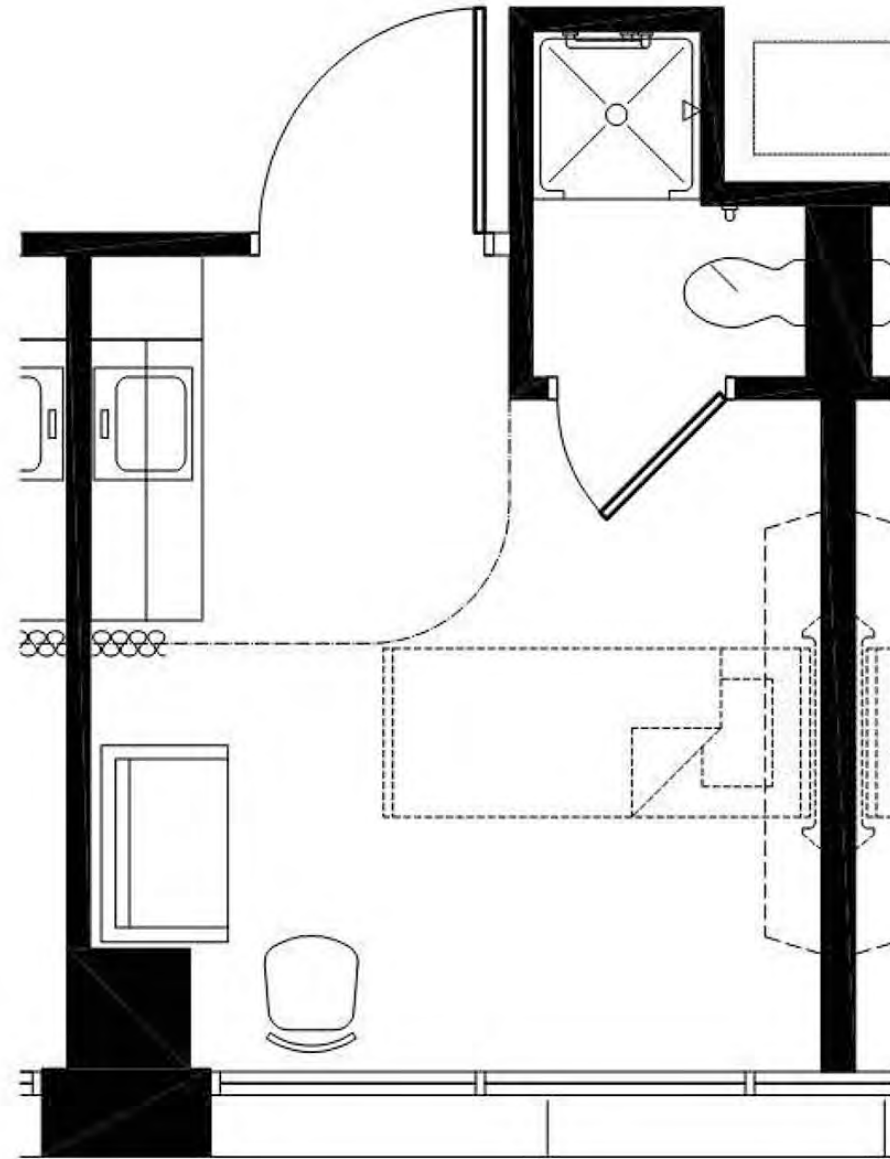
Task	Start	Finish	May					June					July					August			
FUNCTIONAL QUESTIONNAIRES	4/29/19	6/14/19																			
Prepare and Issue Questionnaires to Users	4/29/19	5/3/19																			
Users Complete Questionnaires	5/6/19	6/14/19																			
Review Format of Response	6/17/19	6/21/19				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

PROJECT SCHEDULE

INPATIENT ROOM ANALYSIS



**PATIENT ROOM FLOOR PLAN
MINERAL KING WING**

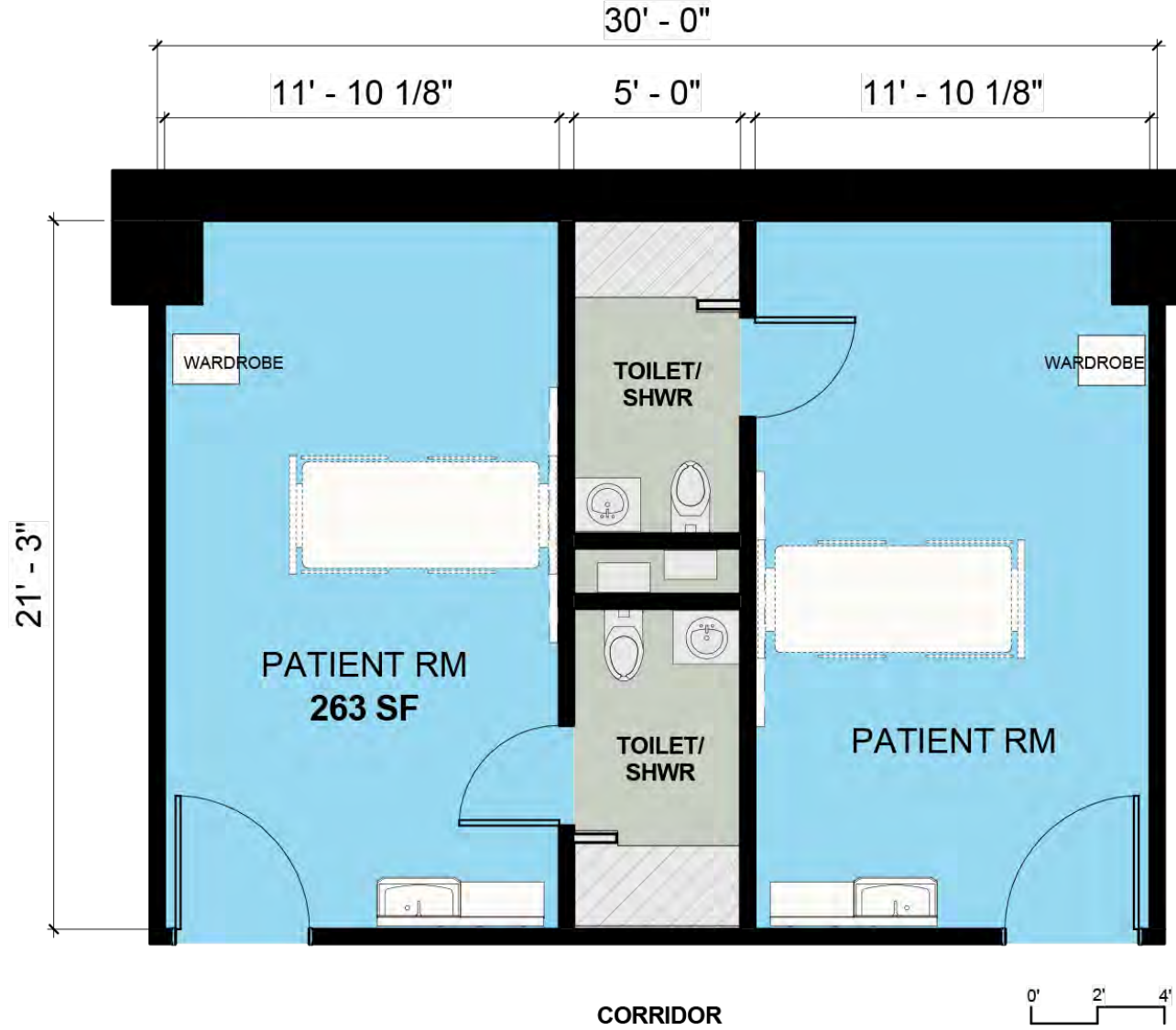


**PATIENT ROOM FLOOR PLAN
ACEQUIA WING**



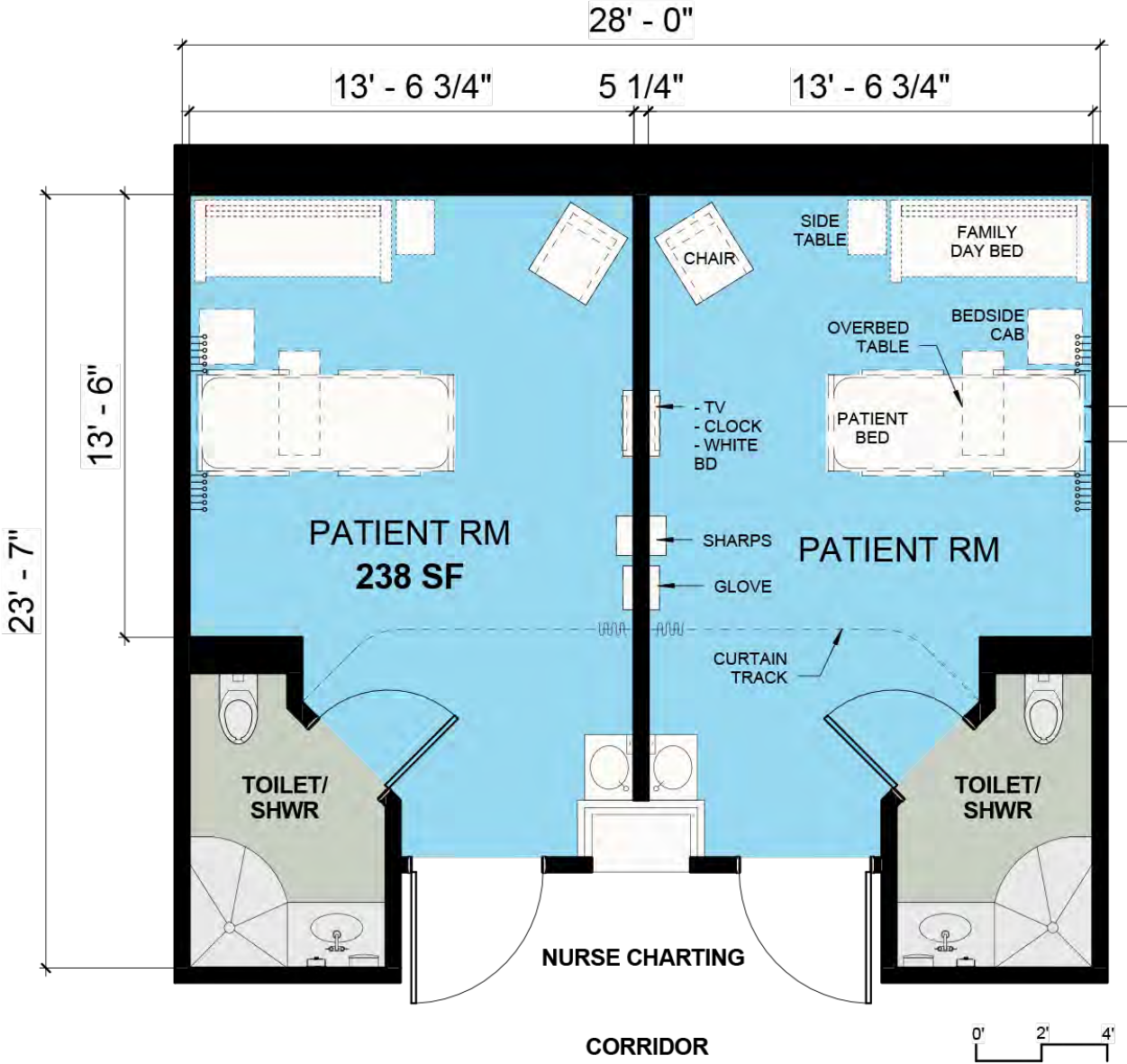
RFP

RBB Proposed



NET AREAS

PATIENT ROOM:	250 SF
TOILET ROOM:	46 SF
TOTAL:	296 SF



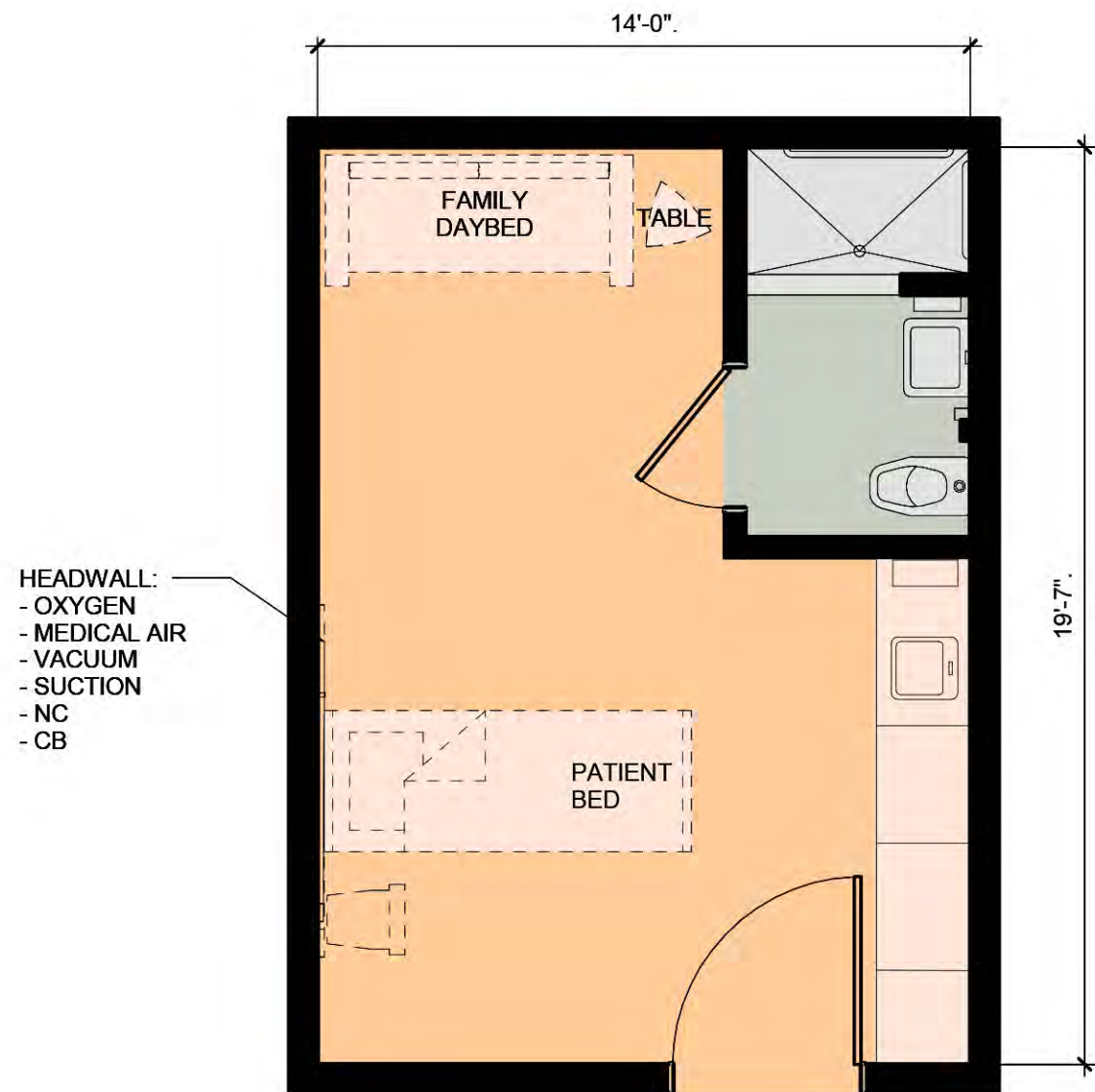
NET AREAS

PATIENT ROOM:	238 SF
TOILET ROOM:	45 SF
TOTAL:	283 SF



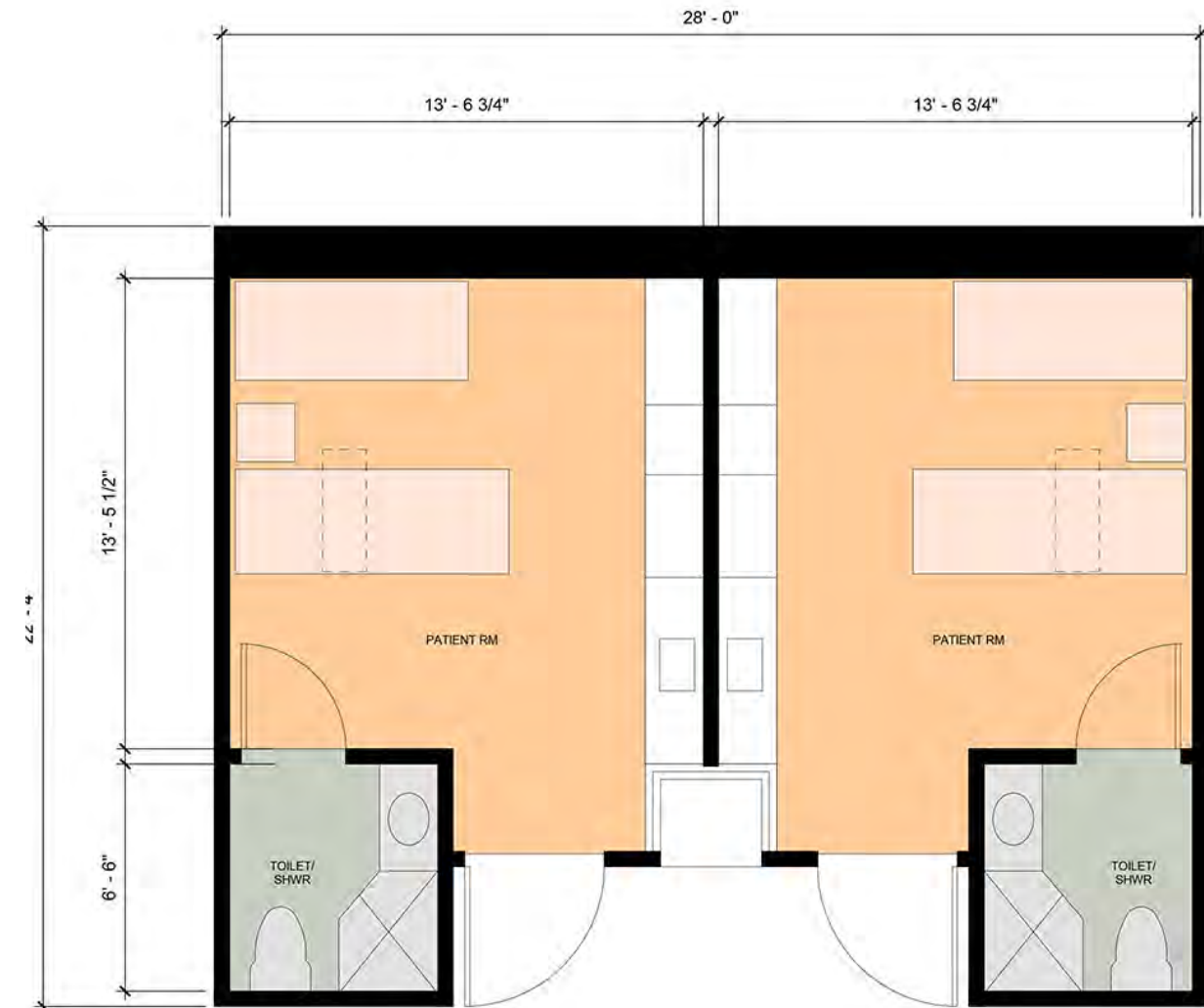
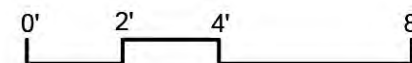
Ronald Reagan UCLA Medical Center

Harbor UCLA



NET AREAS

PATIENT ROOM: 227 SF
TOILET ROOM: 40 SF
TOTAL: 267 SF



NET AREAS

PATIENT ROOM: 200 SF
TOILET ROOM: 40 SF
TOTAL: 240 SF

NURSING UNIT CONFIGURATION STUDIES

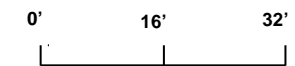


34 Med/Surg Beds
 (28 Private & 6 Semiprivate)
 Rooms at 13'-0" on center

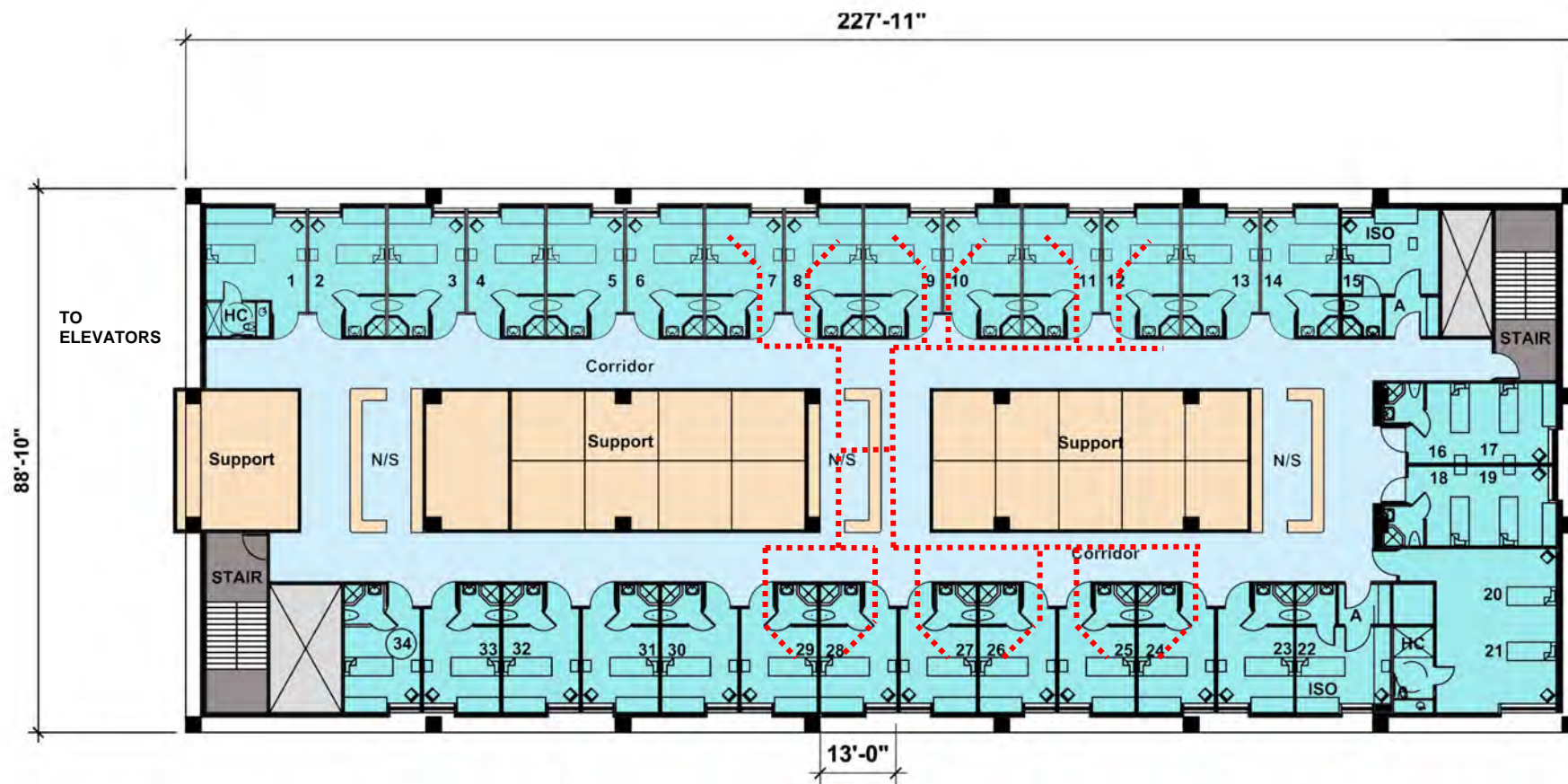
Patient Room NSF=185 SF
 Unit Area = 21.7 K GSF
 Area per Bed = 639 SF
 Support Area = 4,473 SF
 Support/ Bed = 131 SF/Bed
 Total Circulation = 5,571 SF
 Circul / Bed = 164 SF/ Bed
 Average Dist.
 N/S to patient = 66'-3"

L-SHAPE CONCEPT

Typical Patient Floor



RBB ARCHITECTS INC

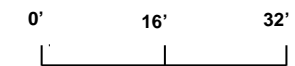


34 Med/Surg Beds
(28 Private & 6 Semiprivate)
Rooms at 13'-0" on center

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

RECTANGULAR CONCEPT

Typical Patient Floor



RBB ARCHITECTS INC

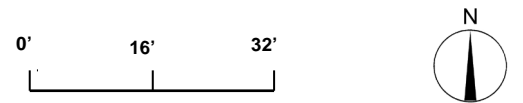


34 Med/Surg Beds
 (28 Private & 6 Semiprivate)
 Rooms at 13'-0" on center

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

TRIANGULAR CONCEPT

Typical Patient Floor



RBB ARCHITECTS INC



PATIENT CARE UNIT COMPARISON

34 bed Nursing unit (28 Private, 6 Semiprivate) w/13'-0" on center rooms

	"L" SHAPE	RECTANGLE	TRIANGLE
Unit Area of 34 Beds	21,700 GSF	20,190 GSF	19,000 GSF
Patient Room Size	185 SF	185 SF	193 SF
Area per Bed	639 SF	594 SF	559 SF
Triangle Unit Area Savings	2,700 SF	1,190 SF	
Support Area	4,473 SF	4,473 SF	4,473 SF
Support / Bed	131 SF/ Bed	131 SF/ Bed	131 SF/ Bed
Total Circul.	5,571 SF	4,986 SF	4,639 SF
Cicul. / Bed	164 SF/ Bed	147 SF	136 SF/ B
Average dist. N/S to patient	66'-3"	60'-4"	51'-8"

- Unit area excludes elevator lobby

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

TOTAL FLOOR GROSS SF: 22,233 BGSF

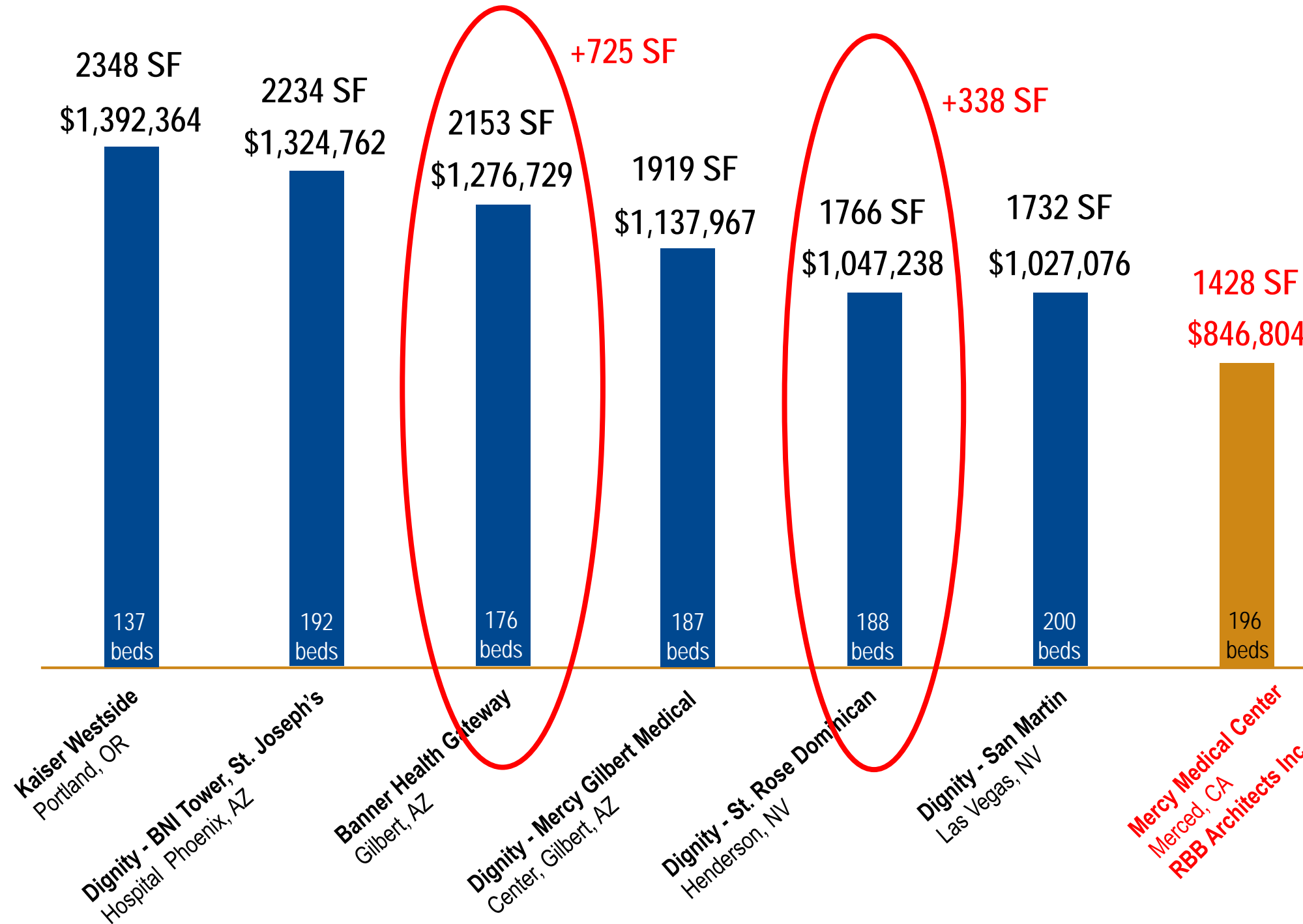
18,230 DGSF / 31 BEDS = 588 SF/BED

TOTAL SUPPORT: 3,078 SF

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



CONSTRUCTION COST PER BED COMPARISON



- 7 new green field hospitals
- All private beds
- Construction costs equalized for comparison at **\$593/SF**
- Average cost savings **\$354,219 / bed**
- **Total savings \$69,426,924**



KAWEAH DELTA MEDICAL CENTER REPLACEMENT HOSPITAL MASTER PLANNING SERVICES

MAY 8, 2019

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY JULY 22, 2019

CLOSED MEETING SUPPORTING DOCUMENTS

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KDHCD - BOARD OF DIRECTORS MEETING

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JUNE 24, 2019 5:30PM, IN THE KAWEAH DELTA MEDICAL CENTER MINERAL KING WING BLUE ROOM, LYNN HAVARD MIRVISS PRESIDING

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

The meeting was called to order at 5:30PM by Director Havard Mirviss.

Director Havard Mirviss asked for approval of the agenda.

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

Public participation – none

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

APPROVAL OF THE CLOSED AGENDA – 5:31PM

- 4.1. Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(1) – 1 Case - Dennis Lynch, Legal Counsel
- 4.2. Credentialing - Medical Executive Committee (May 2019) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – Byron Mendenhall, MD, Vice Chief of Staff
- 4.3. Approval of closed meeting minutes – May 29, 2019.

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

Adjourn - Meeting was adjourned at 5:31PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JUNE 24, 2019 6:00PM, IN THE KAWEAH DELTA MEDICAL CENTER MINERAL KING WING BLUE ROOM, LYNN HAVARD MIRVISS PRESIDING

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

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

Director Havard Mirviss entertained a motion to approve the agenda.

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

PUBLIC/MEDICAL STAFF PARTICIPATION – None

CLOSED SESSION ACTION TAKEN: Approval of the closed meeting minutes – May 29, 2019.

OPEN MINUTES – Request for approval of the May 29, 2019 and June 3, 2019 open board of directors meeting minutes.

MMSC (Francis/Hawkins) to approve of the open minutes – May 29 and June 3, 2019. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipkind, and Francis

RECOGNITIONS – Lynn Havard Mirviss

- Presentation of Resolution 2032 to Kelly Gentner - Service Excellence Award – June 2019 (copy attached to the original of these minutes and considered a part thereof).
- Presentation of Resolution 2033 to Ed Richert, Director of EAP, retiring from duty at Kaweah Delta after twenty-six (26) years of service (copy attached to the original of these minutes and considered a part thereof).
- Presentation of Resolution 2034 to Brenda Hudson, EAP Counselor, retiring from duty after eighteen (18) years of service (copy attached to the original of these minutes and considered a part thereof).
- Presentation of Resolution 2035 to Jody Kitchen, Secretary III – EAP, retiring from duty after twenty-one (21) years of service (copy attached to the original of these minutes and considered a part thereof).

CONSENT CALENDAR – Director Havard Mirviss entertained a motion to approve the consent calendar. Dennis Lynch requested the removal of item 6.3, Director House requested the removal of items 6.1B, 6.1C, and 6.1D.

MMSC (House/Francis) to approve the consent calendar with the removal of item 6.1B {Reports – Cardiology Service Line}, 6.1C {Reports – Non-Invasive Cardiology} and, 6.1D {Reports – Surgery}, and 6.3 {Approval of the Chief of Staff Agreement between Kaweah

Delta Health Care District and Byron Mendenhall, MD effective July 1, 2019 through June 30, 2021}. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis

6.1. REPORTS

- A. Medical Staff Recruitment
- B. Cardiology Service Line
- C. Non-Invasive Cardiology
- D. Surgery
- E. Anesthesia
- F. Environment of Care

6.2. POLICIES

A. ADMINISTRATIVE

1. Physician Recruitment Policy AP.126 Reviewed

B. ENVIRONMENT OF CARE

1. Disruption of Services, Telephone EOC 1044 Revised
 2. Emergency Operations Plan EOC 2000 Revised
 3. Emergency Department Security EOC 3007 Revised
 4. Fire Prevention Management Plan EOC 5000 Revised
 5. Clinical Engineering Management Plan EOC 6001 Revised
 6. Hospital Electrical Safety Policy for Personal Items EOC 6015 Revised
 7. Retirement/Deletion of Medical Equipment from MEM Program EOC 6018 Revised
 8. Utilities Management Plan EOC 7001 Revised
 9. Medical Equipment-Healthcare Device Modification Policy EOC 6003 Reviewed
 10. Non Healthcare District Equipment Preventative Maintenance and Repair Policy EOC 6012 Reviewed
 11. Safe Medical Device Act/Medical Device Tracking and Reporting Policy EOC 6009 Reviewed

C. HUMAN RESOURCES

1. Personal Leave of Absence HR.148 Revised
 2. Leaves of Absence HR.243 Revised
 3. Employee Emergency Relief HR.173 Revised
 4. Extended Illness Bank (EIB) Donations HR.239 Revised
 5. Paid Time Off (PTO) Cash Out HR.241 Revised
 6. Professional Licensure and Certification HR.47 Reviewed
 7. Payment of Wages HR.65 Reviewed
 8. Telecommuting HR.74 Reviewed
 9. Computer and Communication Devices and Social Media Code of Conduct HR.236 Reviewed
 10. Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace Healthy Families Act of 2014 HR.234 Reviewed

- 6.3. Approval of the Chief of Staff Agreement between Kaweah Delta Health Care District and Byron Mendenhall, MD effective July 1, 2019 through June 30, 2021.
- 6.4. Approval of recommended revisions to the Medical Staff Bylaws and the Medical Staff Rules and Regulations.
- 6.5. **RECOMMENDATION FROM THE MEDICAL EXECUTIVE COMMITTEE (JUNE 2019).**
 - A. Privilege Forms
 - 1. Anesthesia
 - 2. Certified Registered Nurse Anesthetist
 - 3. Emergency Medicine
 - B. Statement of the Medical Executive Committee's support of the Trauma Program - "Resolved, that the Kaweah Delta Medical Center Medical Executive Committee supports verification as Level III trauma center by the American College of Surgeons. The MEC commits to maintain the high standards needed to provide optimal care of all trauma patients. The multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions."
- 6.6. Approval of Resolution 2036 rejecting the application for leave to present a late claim for Bob Sansom vs. Kaweah Delta Health Care District.

6.3 {Approval of the Chief of Staff Agreement between Kaweah Delta Health Care District and Byron Mendenhall, MD effective July 1, 2019 through June 30, 2021}.

- Director Havard Mirviss noted that the removal of section 5.2.3 is being requested from the agreement submitted to the Board for approval.

6.1B {Reports – Cardiology Service Line}

- Discussion relative to the cause for the drop in net income. It was noted there are several factors that contributed to the decrease in income; contract labor, employee retention, and supply costs. Staffing cost has improved as the department has reduced the number of travelers from 15 down to 1.
- Discussion relative to the cardiac surgery financials – this will return to the Board next month with a comparison from 2017, 2018, and 2019 with a detailed explanation.

6.1D {Reports - Surgery}

- Discussion relative to the outpatient surgery reduction. Management noted that we are reviewing outpatient cases to ensure that these are appropriate to be performed in the hospital vs. a surgery center. A detailed analysis to improve the income in this service line is in process.

MMSC (House/Hipskind) to approve items 6.1B {Reports – Cardiology Service Line}, 6.1C {Reports – Non-Invasive Cardiology} and, 6.1D {Reports – Surgery}, and 6.3 {Approval of the Chief of Staff Agreement between Kaweah Delta Health Care District and Byron Mendenhall, MD effective July 1, 2019 through June 30, 2021} as amended. This was

supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipskind, and Francis

PRESS GANEY EMPLOYEE SURVEY – Review and discussion of the results of the 2019 Kaweah Delta Employee Survey -*Press Ganey Associates, Inc. – Murat Philippe* (copy attached to the original of these minutes and considered a part thereof).

- Mr. Herbst noted that the final action plan will return to the Board for their approval.

QUALITY – Infection Prevention - Review of key infection prevention measures and action plans - *Shawn Elkin, MPA, BSN, RN, PHN, CIC* (copy attached to the original of these minutes and considered a part thereof).

STRATEGIC PLAN – High performing outpatient delivery network – Review of strategic charter and summary - *Malinda Tupper, VP & CFO, and Ryan Gates, Director of Population Health Management* (copy attached to the original of these minutes and considered a part thereof).

CERNER – Progress report – 1-year post conversion to Cerner {verbal report} - *Doug Leeper, Vice President & Chief Information Officer and Dr. Roger Haley*

- Cerner went live just over a year ago - we branded it as KDHub at Kaweah Delta.
- The single biggest challenge was the ambulatory clinics, they are doing better however, we are still working on making the system more efficient.
- Revenue cycle was a far bigger struggle than we expected. Cash on hand is going up and days in accounts receivable are starting to go down. We are not where we need to be but we are much better than where it was.
- Dr. Haley reviewed the physician landscape. Hugh changes for the medical staff and as we are identifying things that challenges, we are working on resolving those issues to make the system easier to use. We have an Electronic Medical Record (EMR) work governance to work on issues and requests and there are processes in place prior to putting a request or process into action. We are implementing a secure texting application for nurses and physicians to securely text patient information. Another system being added is electronic prescriptions.
- Mr. Leeper noted that we had an upgrade in May that was focused towards the outpatient setting. In July there will be an upgrade to improve the referral process.
- Doug thanked the physician leadership for allowing them to attend medical staff meetings to get feedback and give feedback. Also thanked the Board and Executive Team for their support through the transition to Cerner.

MASTER PLANNING STEERING COMMITTEE – Progress report on the master plan - *Thomas Rayner, SVP & COO and Julieta Moncada, Facilities Planning Director* (copy attached to the original of these minutes and considered a part thereof).

- Director Francis requested that the Board get more information about what is happening throughout this process.
- Julietta noted that the plan is to report at the end of each phase to the Board.

- Gary noted that the time between phases is long and we can inform the Board about the progress through each phase.
- Director House agreed that he also wants more than reports after decisions have been made, the Board should be involved in these decisions.
- Gary noted that he, Tom, and Julieta will meet and determine a better way to communicate this information to the Board.

CENTRAL VALLEY HEALTHCARE ALLIANCE – Progress report on the Central Valley Healthcare Alliance activities - *David Francis, Chair & Marc Mertz, Secretary – Central Valley Healthcare Alliance*

- Marc Mertz updated the Board relative to the activities of the Central Valley Healthcare Alliance (CVHA):
 - Bladder scanner purchase agreement has been signed with the CVHA.
 - Negotiation in process for a volume savings for Medline gloves.
 - Waiting for a proposal from MMS Instrument Repair.
 - There are several potential joint efforts being working on by Kaweah Delta and Sierra View. There are many great potential opportunities.

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

2019/2020 ANNUAL OPERATING AND CAPITAL BUDGET – Review of the annual operating and capital budget as reviewed by the Board of Director’s Finance, Property Services, and Acquisition Committee - *Malinda Tupper –Vice President & Chief Financial Officer and Jennifer Stockton, Director of Finance* (copy attached to the original of these minutes and considered a part thereof).

MMSC (Hawkins/Francis) Approval of the 2019/2020 Annual Operating and Capital Budget. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, Hipkind, and Francis

CEP AMERICA-CALIFORNIA CONTRACT – Review and requested approval of agreement regarding extension of agreements entered into as of July 1, 2019 between Kaweah Delta Health Care District and CEP America-California dba Vituity - *Dennis Lynch, Legal Counsel* (copy attached to the original of these minutes and considered a part thereof).

- Director Hipkind left the room for the discussion of the contract. Mr. Lynch informed the Board that the contract is with CEP “Vituity” and they determine whom from their organization will carry out the contracts. Dr. Hipkind is not contracting directly with the District – Mr. Lynch wanted to ensure that the Board has been given full knowledge of Director Hipkind’s participation relative to this contract.

MMSC (House/Hawkins) Approval of the Kaweah Delta Health Care District CEP America-California agreement regarding extension of agreements effective July 1, 2019 authorizing the agreement in good faith and finding that the contract is fair to Kaweah Delta and in its best interest. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Hawkins, House, and Francis Absent – Director Hipkind

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

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

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

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

Director Hipkind returned to the meeting.

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

MMSC (Hipkind/House) Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the Executive Committee of the Medical Staff, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges,

advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff, excluding Emergency Medicine Providers as highlighted on Exhibit A (copy attached to the original of these minutes and considered a part thereof), be approved or reappointed (as applicable), to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files. Vote: Director Havard Mirviss, House, Hawkins, Francis & Hipkind – Yes.

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

- No report.

CHIEF EXECUTIVE OFFICER REPORT – Report from Gary Herbst, CEO

- No report.

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

- Director Havard Mirviss commended the staff who formed and are working at the Tuesday morning farmers market on the West Campus.

Adjourn - Meeting was adjourned at 9:49PM

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

ATTEST:

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

Darius Mendoza

Recipient: Darius Mendoza, RN, Charge Nurse, Acute Psych (10 Years)

Nominated by: Hilary Christian

COMMENTS:

To Darius, I know that I have given you my thanks already - but I realized that I have been incredibly lazy on giving Kaweah Cares and for you, I feel like deserve it the most. You're genuinely the most caring, selfless, vigilant, protective, and hardworking, committed, loyal, and just straight dependable Nurse I have ever encountered (and probably will ever encounter). You deserve so much more than what words can express, so I am sorry if this doesn't seem like much; but to you, THANK YOU!! You put 200% into your work and I appreciate the heck out of you; you're always ready for the worst and react as those someone is about to be hit by a drunk driver. It's insane and just incredible. I am not exaggerating, I promise; You are genuinely like a guardian angel. You can handle whatever obstacles come your way and you care so much about safety with both staff and making sure the patients are being safely de-escalated. I can't express my gratitude enough and I hope that you continue to be a Charge, because you exceed the expectations of what a Charge Nurse entails and I wanted to give you my upmost respect and recognition through here :) Darius, you're a hero - Thank you :)!

SUPERVISOR: Melissa Quinonez

Resolution 2040 Service Excellence July 2019



RESOLUTION 2040

WHEREAS, the Department Heads of the KAWEAH DELTA HEALTH CARE DISTRICT are recognizing Darius Mendoza, RN, Charge Nurse, Acute Psych with the Service Excellence Award for the Month of July 2019, for consistent outstanding performance, and,

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

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

PASSED AND APPROVED this 22nd day of July 2019 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Kaweah Delta Physician Recruitment Open Position Snapshot - July 2019

Prepared by: Brittany Taylor, Senior Physician Recruiter btaylor@kdhcd.org - (559)624-2899

Date prepared: 7/18/2019

Bryson Cancer Center	
Medical Oncologist	1
Nurse Practitioner	1

Central Valley Critical Care Medicine	
Hospitalist	3
Intensivist	4
Nocturnist	2

Delta Doctors Inc.	
Adult Primary Care	1
OB/Gyn	2

IQ Surgical Associates	
GI Hospitalist	3

Key Medical Associates	
Adult Primary Care	2
Endocrinology	1
Gastroenterology	1
Hospitalist	1

Orthopedics	
Orthopedic Surgery - Hand	1

Sequoia Radiation Oncology Medical Associates	
Radiation Oncology	1

Somnia	
Anesthesiology - Cardiac/General	1
Anesthesiology - Regional	1

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

Visalia Medical Clinic (Kaweah Delta Medical Foundation)	
Adult Primary Care	1
Dermatology	2
Gastroenterology	2
OB/GYN	3
Orthopedic Surgery	1
Otolaryngology	1
Pediatrics	2
Psychiatry	2
Radiology - Diagnostic	1
Rheumatology	1
Urology	1
Palliative Medicine	2

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

Candidate Activity								
Specialty	Group	Last Name	First Name	Availability	Board Certification	CA Licensed	Referral Source	Current Status
Anesthesiology - Pain	Somnia	Sandhu, M.D.	Navpark	05/19	American Board of Anesthesiology, Certified	Active	Somnia	Contract in process
Cardiothoracic Surgery	Golden State Cardiac & Thoracic Surgery	Carrizo, M.D.	Gonzalo	10/19	American Board of Thoracic Surgery, Certified	Active	Cleveland Clinic Foundation affiliate job posting - 7/27/18	Start Date pending finalized contract
Endocrinology	Key Medical Associates	Chahal, M.D.	Rajinder	TBD	American Board of Internal Medicine, Certified	Active	Internal Referral	Site Visit: 7/2/19; Offer pending
Endocrinology/Hospitalist	Key Medical Associates	Panach	Kamaldeep "Kim"	08/19	American Board of Internal Medicine, Certified; Endocrinology, Certified	Active	HealthCareers	Site Visit: 7/1/19; Offer extended
Family Medicine	Key Medical Associates	Janvelian, M.D.	Vladimir	07/20	American Board of Family Medicine, Eligible	None	Carson Kolb - 11/28/18	Site visit: 12/5/18; 2nd Site visit: 3/15/19; Offer accepted
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Arellano-Banoni, M.D.	Gisela	10/19	American Board of Family Medicine, Certified	Active	Internal Referral	Site Visit: 7/25/19
Family Medicine/Associate Program Director	Kaweah Delta Faculty Medical Group	Ersland, M.D.	Brooke	TBD	American Board of Family Medicine, Certified	None	Internal Referral	Site visit pending dates
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Myrick, M.D., Ph.D.	Leila	07/20	American Board of Family Medicine, Eligible	None	Practice Match (Email)	Site Visit: 7/9/19
Family Medicine	Delta Doctors, Inc.	Amari, M.D.	Ahmed	09/19	American Board of Family Medicine, Eligible	None	Internal Referral	Site Visit: 2/15/19; Offer accepted; Tentative Start Date: 9/13/19
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
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Quakenbush, M.D.	Todd	9/3/2019	American Board of Family Medicine, Certified	Active	Fidelis Partners - 4/16/19	Offer accepted; Start Date: 9/3/19
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Chen, M.D.	Vida	08/21	American Board of Internal Medicine, Diplomate	Active	Fidelis Partners - 6/28/19	Site visit pending

Candidate Activity

Specialty	Group	Last Name	First Name	Availability	Board Certification	CA Licensed	Referral Source	Current Status
Gastroenterology	Key Medical Associates	Jaafar, M.D.	Imad	08/20	American Board of Internal Medicine, Certified	None	2019 DDW Career Fair	Site Visit: 7/27/19
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Shah, D.O.	Keval	01/20	American Osteopathic Board of Internal Medicine, Certified; Gastroenterology, Certified	Active	Direct Candidate	Site Visit: 7/13/19
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Hsueh, M.D.	William	8/7/2019	American Board of Internal Medicine, Certified	Active	Fidelis Partners - 7/25/17	Site Visit: 11/10/17; offer accepted; Start Date: 9/2019
Hematology/Oncology	Bryson Cancer Center	Ilyas, M.D.	Omer	10/19	American Board of Internal Medicine, Certified	None	Spouse joining FHNC	Site Visit: 6/27-28/2019; Offer pending
Hospitalist	Central Valley Critical Care Medicine	Fayezizadeh, M.D.	Mojtaba	08/20	American Board of Internal Medicine, Eligible	None	Doc Café - 7/3/2019	Site visit pending dates
Hospitalist	Central Valley Critical Care Medicine	Malik, D.O.	Ankit	ASAP	American Board of Family Medicine, Certified	Active	Association posting response - 3/6/19	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Pollack, M.D.	Tal	12/19	American Board of Internal Medicine, Certified	None	Vista Staffing - 4/23/2019	Site visit pending dates in August
Hospitalist	Central Valley Critical Care Medicine	Ramakuri, M.D.	Monica	10/2019	American Board of Internal Medicine, Eligible	None	Vista Staffing - 6/7/2019	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Shurbaji, M.D.	Adam	TBD	American Board of Internal Medicine, Eligible	Active	CareerMD Career Fair - Fresno, CA	Site visit: 7/16/19
Hospitalist	Key Medical Associates	Thussu, M.D.	Neelesh	09/19	American Board of Internal Medicine, Eligible	Active	Carson Kolb - 3/2019	Site Visit: 3/22/19; Offer accepted; Tentative start date: 10/1/19
Hospitalist	Central Valley Critical Care Medicine	Abdelmisseh, M.D.	Mariam	07/19	American Board of Family Medicine, Eligible	Active	Vista Staffing	Site Visit: 10/2/18; offer accepted; Start Date: 7/24/19
Hospitalist	Valley Hospitalist Medical Group	Khalid, M.D.	Ahmer	8/15/2019	American Board of Family Medicine, Eligible	Active	KD Family Medicine Resident	Offer accepted; Start Date: 8/15/19
Hospitalist	Valley Hospitalist Medical Group	Reddy, M.D.	Sandhya	9/1/2019	American Board of Internal Medicine, Eligible	Active	Internal Referral	Offer accepted; Start Date: 9/1/19

Candidate Activity

Specialty	Group	Last Name	First Name	Availability	Board Certification	CA Licensed	Referral Source	Current Status
Hospitalist	Valley Hospitalist Medical Group	Tedaldi, M.D.	Michael	8/1/2019	American Board of Internal Medicine, Eligible	Active	Spouse KD General Surgery resident; Direct contact - 11/10/17	Site Visit: 11/14/17; offer accepted; Start Date: 8/1/19
Intensivist	Central Valley Critical Care Medicine	Aftab, M.D.	Waqas	07/19	American Board of Internal Medicine, Certified; Nephrology, Certified; Critical Care. Eligible	Active	Candidate applied directly - 1/3/19	Site Visit: 3/16/19; Offer pending
Intensivist	Central Valley Critical Care Medicine	Sazgar, M.D.	Sasan	07/20	American Board of Internal Medicine, Certified	Active	HealthCareers	Site Visit Pending
Internal Medicine	Key Medical Associates	Al-Khayyat, M.D.	Mohammed	07/20	TBD	None	Carson Kolb	Site Visit: 5/29/19; offer pending
Internal Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Shams, M.D.	Sharminah	8/1/2019	American Board of Internal Medicine, Certified	Active	Returning physician	Offer accepted; Start Date: 8/1/19
Interventional Radiology	Mineral King Radiology Group	Valles, M.D.	Francisco	8/15/2019	American Board of Radiology, Eligible	Active	Fidelis Partners - 11/30/18	Offer accepted; Start Date: 8/15/19
Maternal Fetal Medicine	Valley Children's Hospital	Acosta, M.D.	Reinaldo	TBD	American Board of Obstetrics & Gynecology, Certified; American Board of Obstetrics & Gynecology - Maternal Fetal Medicine - Certified	Active	Valley Children's - 7/11/2019	Site visit pending dates
Maternal Fetal Medicine	Valley Children's Hospital	Steller, M.D.	Jonathan	07/20	American Board of Pediatrics, Certified	Active	Valley Children's - 4/1/2019	Site Visit: 5/06/19; Offer pending
Maternal Fetal Medicine - Medical Director	Valley Children's Hospital	Hole, D.O.	James	TBD	American Board of Obstetrics and Gynecology, Certified	None	Valley Children's - 4/3/19	Site Visit: 5/3/19; Offer accepted; Start Date: 9/23/19
Neonatology	Valley Children's Hospital	Box, M.D.	David	08/20	TBD	None	Valley Children's - 4/20/19	Site Visit: 5/13/19; Offer pending
Neonatology	Valley Children's Hospital	Hanna, M.D.	Mina	TBD	American Board of Pediatrics, Certified	None	Valley Children's - 5/6/2019	Site Visit: 5/20/19
Neonatology	Valley Children's Hospital	Patel, M.D.	Shalinkumar	TBD	American Board of Pediatrics, Certified	None	Valley Children's - 5/6/2019	Site Visit: 5/14/19; Offer pending

Candidate Activity								
Specialty	Group	Last Name	First Name	Availability	Board Certification	CA Licensed	Referral Source	Current Status
Neonatology	Valley Children's Hospital	Reed, M.D.	Benjamin	TBD	American Board of Pediatrics, Certified	None	Valley Children's - 5/6/2019	Site Visit: 5/24/19; Offer extended
Neonatology	Valley Children's Hospital	Gerard, M.D.	Kimberley	01/20	American Board of Pediatrics, Eligible	Active	Valley Children's - 11/28/18	Site Visit: 1/11/19; Tentative start date: 1/6/20; Assigned to KD full-time
Neonatology	Valley Children's Hospital	Aboaziza, M.D.	Ahmad	06/19	American Board of Pediatrics, Certified	Active	Internal Referral - 8/31/18	Site Visit: 11/06/18; offer accepted, tentative start date: 9/9/19; Assigned to KD full-time
Orthopedic Surgery - Spine	Orthopaedic Associates	Daniels, M.D.	Mathias	TBD	American Board of Orthopedic Surgery, Certified	Active	Fidelis Partners - 3/28/19	Site visit: 6/27/19; Offer accepted
Orthopedic Surgery - Adult Reconstruction	Orthopaedic Associates	Kim, D.O.	Jun	09/19	American Board of Orthopedic Surgery, Eligible	Active	Internal Referral - 12/11/17	Site visit: 3/1/18; offer accepted; Start date: 9/3/19
Pediatric Hospitalist	Valley Children's Hospital	Valladares, M.D.	Enrique	07/19	American Board of Pediatrics, Eligible	Active	Valley Children's - 8/15/18	Site Visit: 8/24/18; offer accepted
Pediatrics	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Garcia, M.D.	Hector	01/20	American Board of Pediatrics, Certified	None	Fidelis Partners - 4/30/19	Site Visit: 5/31/19; Offer extended
Podiatry	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Ghai, D.P.M.	Ajay	9/3/2019	American Board of Podiatric Medicine, Eligible	Active	Direct candidate - 8/1/2018	Site Visit: 9/27/18; offer accepted; Start Date: 9/3/19
Radiation Oncology	Sequoia Radiation Oncology Medical Associates	Chang, D.O.	Tangel	01/20	American Board of Radiology - Radiation Oncology, Certified	Active	ASTRO Conference 2017	Site visit pending
Radiology - Diagnostic	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Nasehi, M.D.	Leyla	07/20	American Board of Radiology, Eligible	Active	Practice Match (text)	Site visit pending
Radiology - Diagnostic	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Shah, D.O.	Deeshali	01/20	American College of Osteopathic Radiology, Certified	Active	Direct candidate	Site visit: 7/13/19
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Myers, M.D.	Frank	08/20	TBD	Active	Physician Empire - 7/9/19	Currently under review

Candidate Activity

Specialty	Group	Last Name	First Name	Availability	Board Certification	CA Licensed	Referral Source	Current Status
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Yang, M.D.	Hailiu	07/20	American Board of Urology, Eligible 2020	None	Fidelis Partners - 6/11/19	Phone Interview: 6/25/19 - 2PM; Site visit pending

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

Cardiovascular Services

Christine Aleman RN, MSN, Director of Cardiovascular Operations
July 2019

Summary Issue/Service Considered

- Continue to provide compassionate and professional care for our patients, physicians and staff.
- Maintain the highest quality care, compliance and profitability while sustaining and ideal work environment

Quality/Performance Improvement Data

Cardiac Cath Lab:

- Partnership with Cleveland Clinic focusing on quality, efficiency, and service line expansion.
- Increase radial access vs. femoral approach from 1% to 35%
 - Decrease risk of bleeding
 - Faster recovery and early mobility
 - Improve patient experience
- Initiate same day discharge for patients who have percutaneous coronary intervention (PCI)

Cardiothoracic Surgery:

- Continue participation with Society of Thoracic Surgery (STS)
- Recipient of Healthgrades Cardiac Care Excellence Award 2018
- Named among the top 5 percent in the nation for Cardiac Surgery 2018

Policy, Strategic or Tactical Issues

- Additional cardiologists and cardiothoracic surgeons allows for the expansion of primary and secondary markets.
- Decrease length of stay by increasing access and efficiencies in the cardiovascular area.

Recommendations/Next Steps

- Annual strategic planning sessions to define opportunities for cardiovascular growth.
- Quarterly quality meeting with Cleveland Clinic for CT Surgery and cardiac lab.
- Strategic physician recruitment.

Approvals/Conclusions

The projected annual contribution margin for Cardiac Catheterization Lab is \$11.1 million, down 10% over FY18. While the contribution margin is strong, there was a decrease per case of \$444. This can be attributed to an increase in direct cost due to a heavy influence of contract labor which was identified and has since been resolved.

The Cardiac Surgery Service line has a long history of poor performance due to a high population of Medicare patients with an overall net revenue per case of \$62,900. The direct cost per case is \$69,900 resulting in a loss per case of \$6,700. For FY19, there was a 12% increase in direct cost per case which can be attributed to an increase in room cost and an increase in OR/ Anesthesia cost. Opportunities for FY20 would be increased patient volume and a decrease in length of stay by implementing same day admit for cardiac surgery patients.

The Cardiac Catheterization Lab is dependent on the existence of the Cardiac Surgery Service line. In order to perform percutaneous interventions (PCI) in the Cardiac Catheterization Lab, open heart surgery must be available. Overall, the cardiovascular program fulfills a critical need for our community that we serve.

Next Steps: Cleveland Clinic will perform a financial audit of Cardiovascular Services starting with Open Heart Surgery due to be completed by mid – November. Our recent affiliation with Cleveland Clinic has allowed us to leverage better pricing with our current vendors resulting in a \$1.5 million savings in supply costs.

**Kaweah Delta Health Care District
Annual Report to the Board of Directors
Financial & Statistical Information**

Cardiac Catheterization

Christine Aleman

June 2019

Service Line Report Data: Fiscal Year 2019 - Annualized Ten Months Ended April 30, 2019

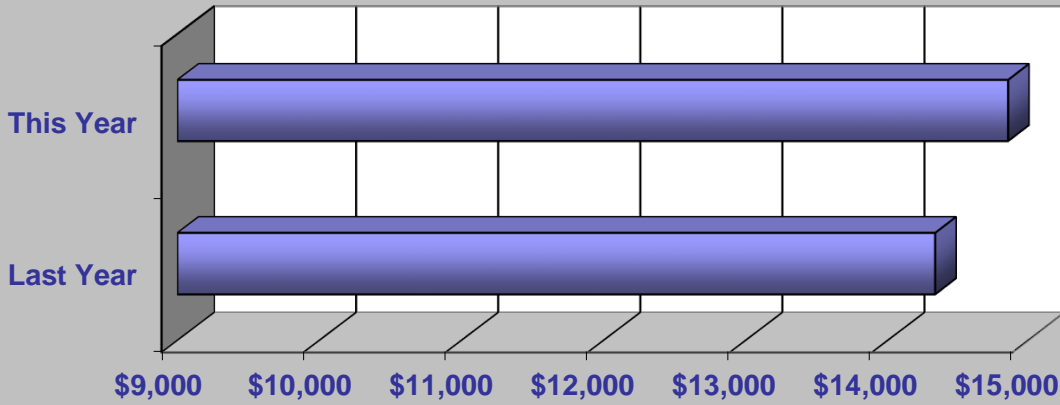
Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Cardiac Cath Procedures - I/P	1,500	\$44,469,753	\$33,332,058	\$11,137,695	\$8,666,307	\$2,471,388
Cardiac Cath Procedures - O/P	2,766	\$18,913,483	\$14,094,712	\$4,818,771	\$2,965,497	\$1,853,274
Grand Total	4,266	\$63,383,236	\$47,426,770	\$15,956,466	\$11,631,804	\$4,324,662
<i>Per Case</i>		<i>14,858</i>	<i>11,117</i>	<i>3,740</i>	<i>2,727</i>	<i>1,014</i>

Service Line Report Data: Fiscal Year 2018

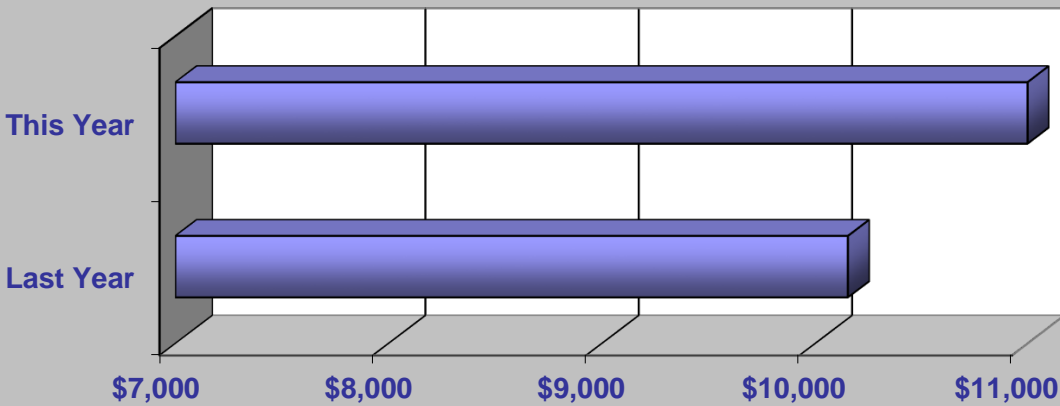
Service	Patient Cases	Net Revenue	Direct Costs	Contribution Margin	Indirect Costs	Net Income
Cardiac Cath Procedures - I/P	1,447	\$39,750,133	\$27,403,015	\$12,347,118	\$7,424,719	\$4,922,399
Cardiac Cath Procedures - O/P	2,849	\$21,833,812	\$16,207,941	\$5,625,871	\$3,733,265	\$1,892,606
Grand Total	4,296	\$61,583,945	\$43,610,956	\$17,972,989	\$11,157,984	\$6,815,005
<i>Per Case</i>		<i>14,335</i>	<i>10,152</i>	<i>4,184</i>	<i>2,597</i>	<i>1,586</i>

Increase (Decrease)	(30)	\$1,799,291	\$3,815,814	(\$2,016,523)	\$473,820	(\$2,490,343)
<i>Per Case</i>		<i>3.6%</i>	<i>9.5%</i>	<i>-10.6%</i>		

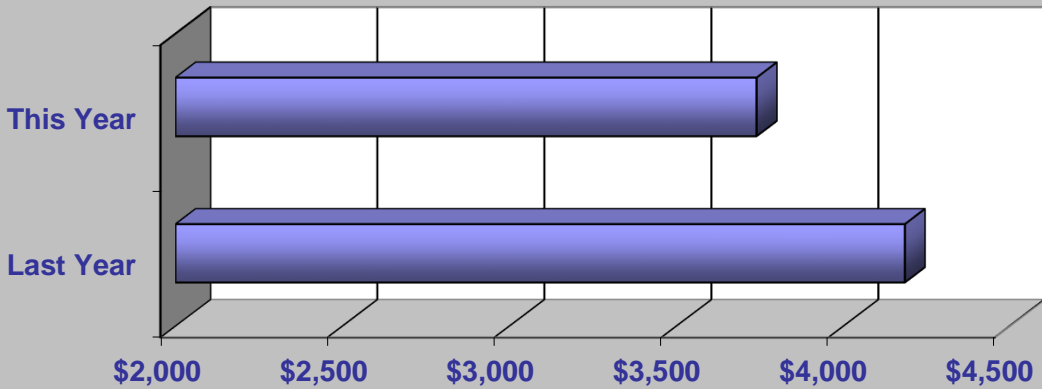
Net Revenue Per Case



Direct Cost Per Case



Contribution Margin Per Case



Last Year This Year

Net Revenue Per Case	\$14,335	\$14,858
Direct Cost Per Case	\$10,152	\$11,117
Contribution Margin Per Case	\$4,184	\$3,740

**Kaweah Delta Health Care District
Annual Report to the Board of Directors
Financial & Statistical Information**

Cardiac Surgery

Christine Aleman

June 2019

Service Line Report Data: Fiscal Year 2019 - Annualized Ten Months Ended April 30, 20

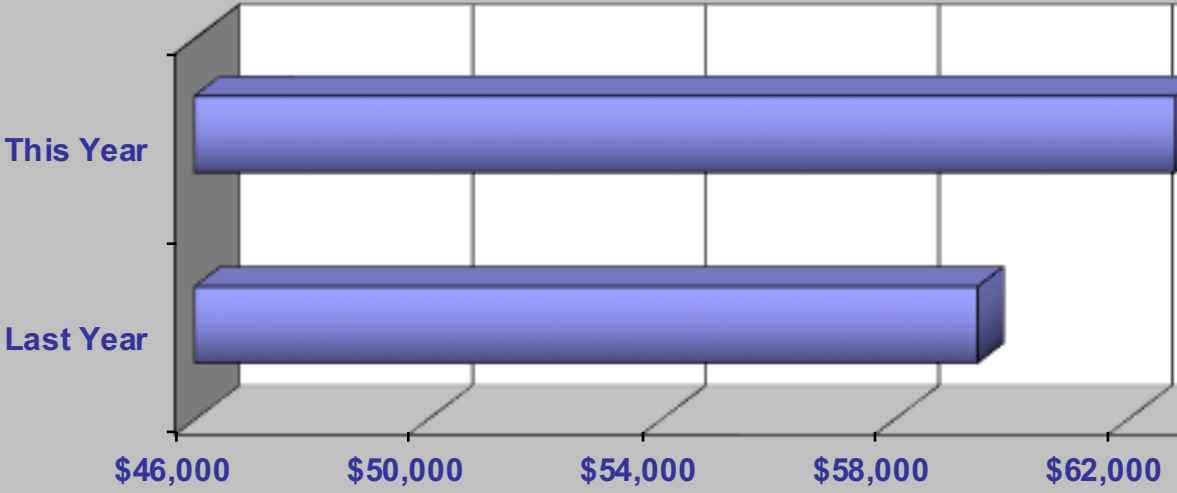
Service	Patient Cases	Patient Days	ALOS	Net Revenue	Direct Costs
Cardiac Surgery	238	2,920	12.27	\$14,953,903	\$16,543,165
Grand Total	238	2,920	12.27	\$14,953,903	\$16,543,165
<i>Per Case</i>				62,832	69,509

Service Line Report Data: Fiscal Year 2018

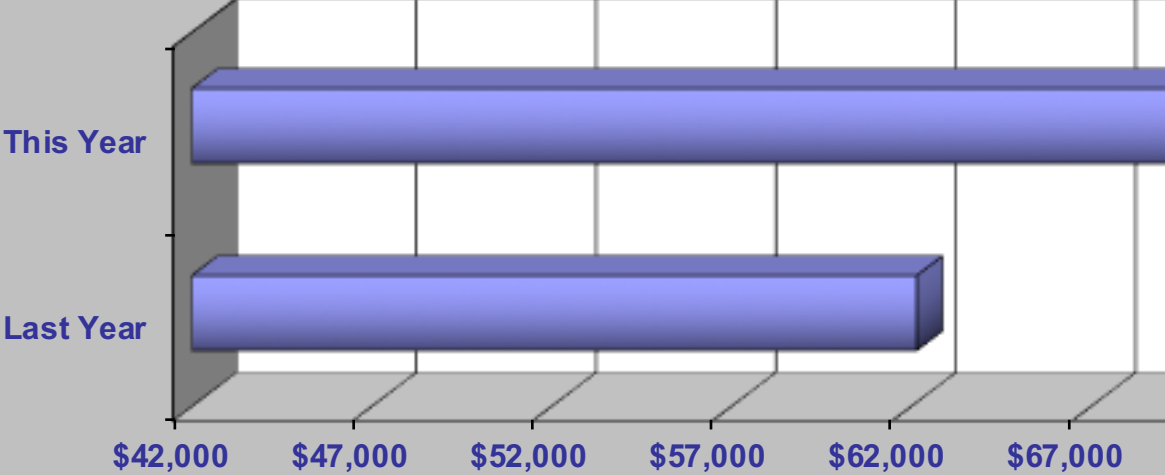
Service	Patient Cases	Patient Days	ALOS	Net Revenue	Direct Costs
Cardiac Surgery	273	3,152	11.55	\$16,224,742	\$16,967,307
Grand Total	273	3,152	11.55	\$16,224,742	\$16,967,307
<i>Per Case</i>				59,431	62,151

Increase (Decrease)	(35)	(232)	0.72	(\$1,270,839)	(\$424,142)
<i>Per Case</i>				5.7%	11.8%

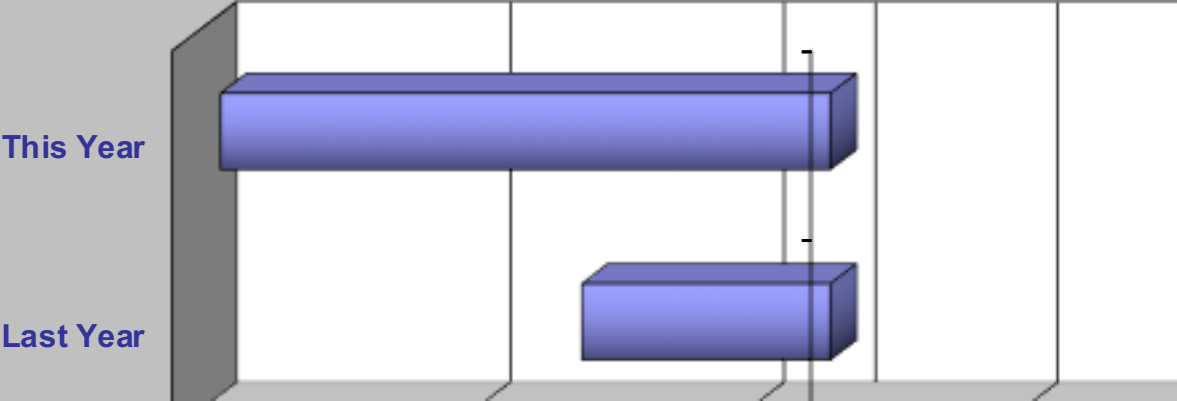
Net Revenue Per Case



Direct Cost Per Case



Contribution Margin Per Case



(\$7,000)

(\$4,000)

(\$1,000)

\$2,000

	<u>Last Year</u>	<u>This Year</u>
Net Revenue Per Case	\$59,431	\$62,832
Direct Cost Per Case	\$62,151	\$69,509
Contribution Margin Per Case	(\$2,720)	(\$6,678)



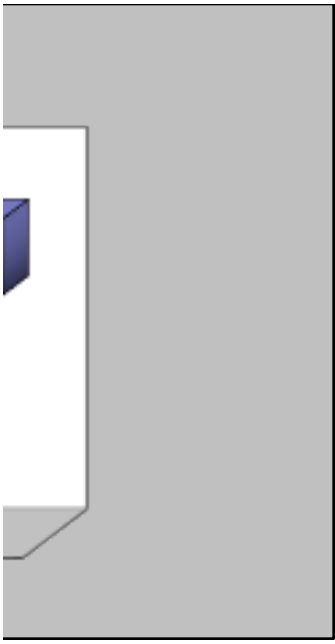
19

Contribution Margin	Indirect Costs	Net Income
(\$1,589,262)	\$4,045,249	(\$5,634,511)
(\$1,589,262)	\$4,045,249	(\$5,634,511)
(6,678)	16,997	(23,674)



Contribution Margin	Indirect Costs	Net Income
(\$742,565)	\$4,188,955	(\$4,931,520)
(\$742,565)	\$4,188,955	(\$4,931,520)
(2,720)	15,344	(18,064)

(\$846,697)	(\$143,706)	(\$702,991)
145.5%		







Risk Management Report – Open

2nd Quarter 2019

July 22, 2019

Evelyn McEntire

Director of Risk Management

KAWEAH DELTA HEALTH CARE DISTRICT

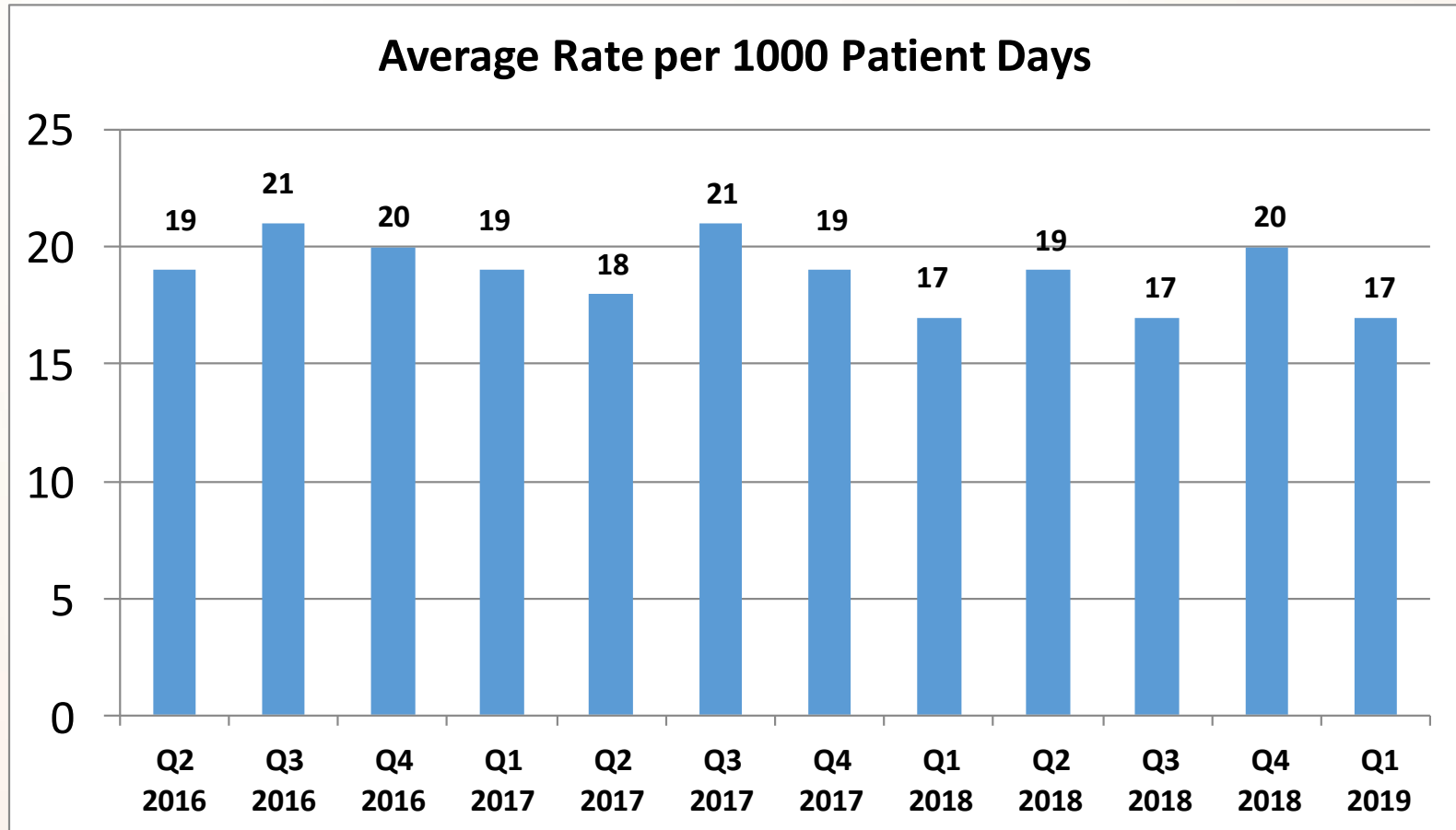
Risk Management Goals

1. Promote a safety culture as a proactive risk reduction strategy.
2. Reduce frequency and severity of harm (patient and non-patient).
 - Zero incidents of “never events”
3. Reduce frequency and severity of claims.



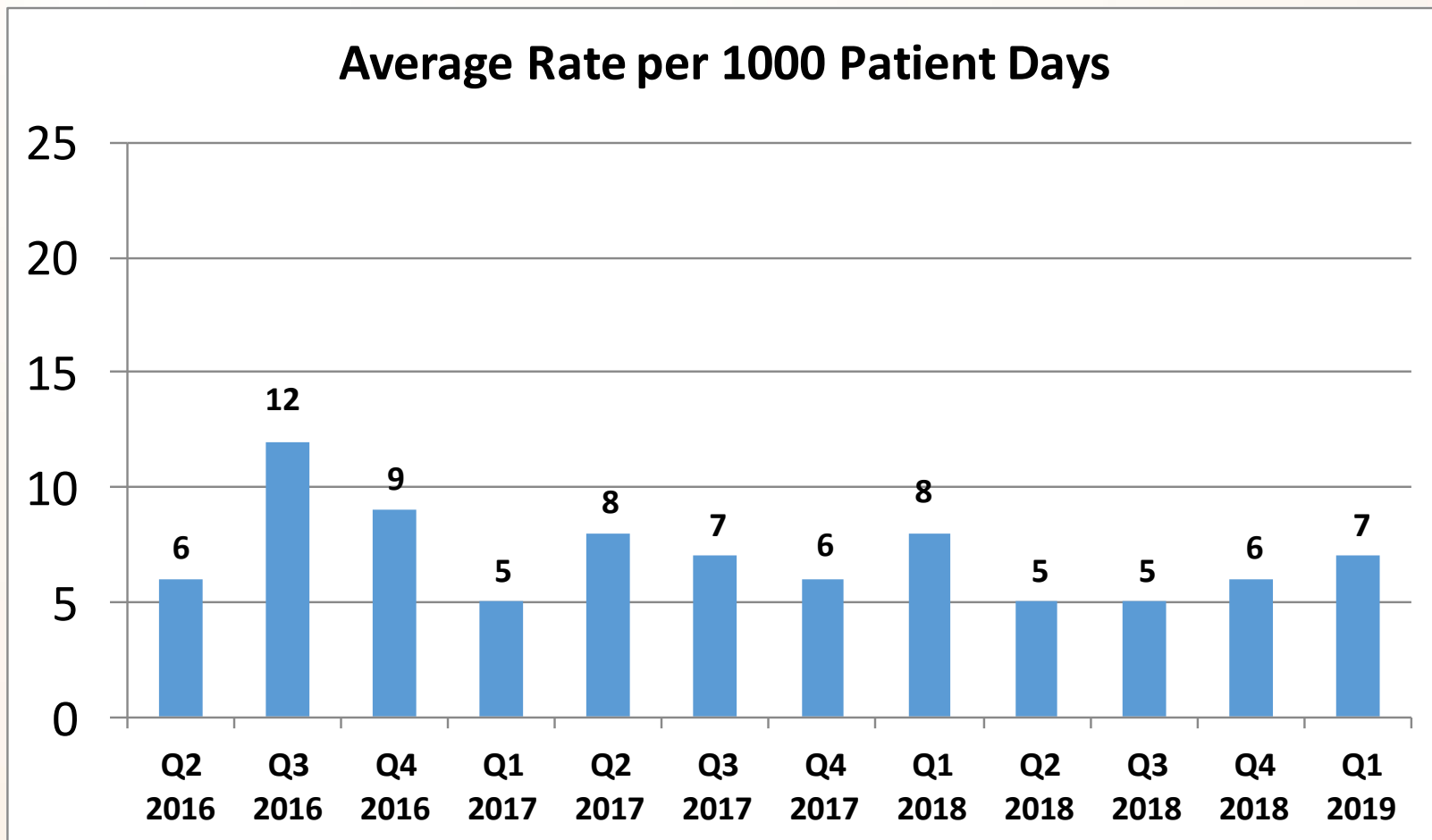
Acute Care Event Reports

2016 - 2019



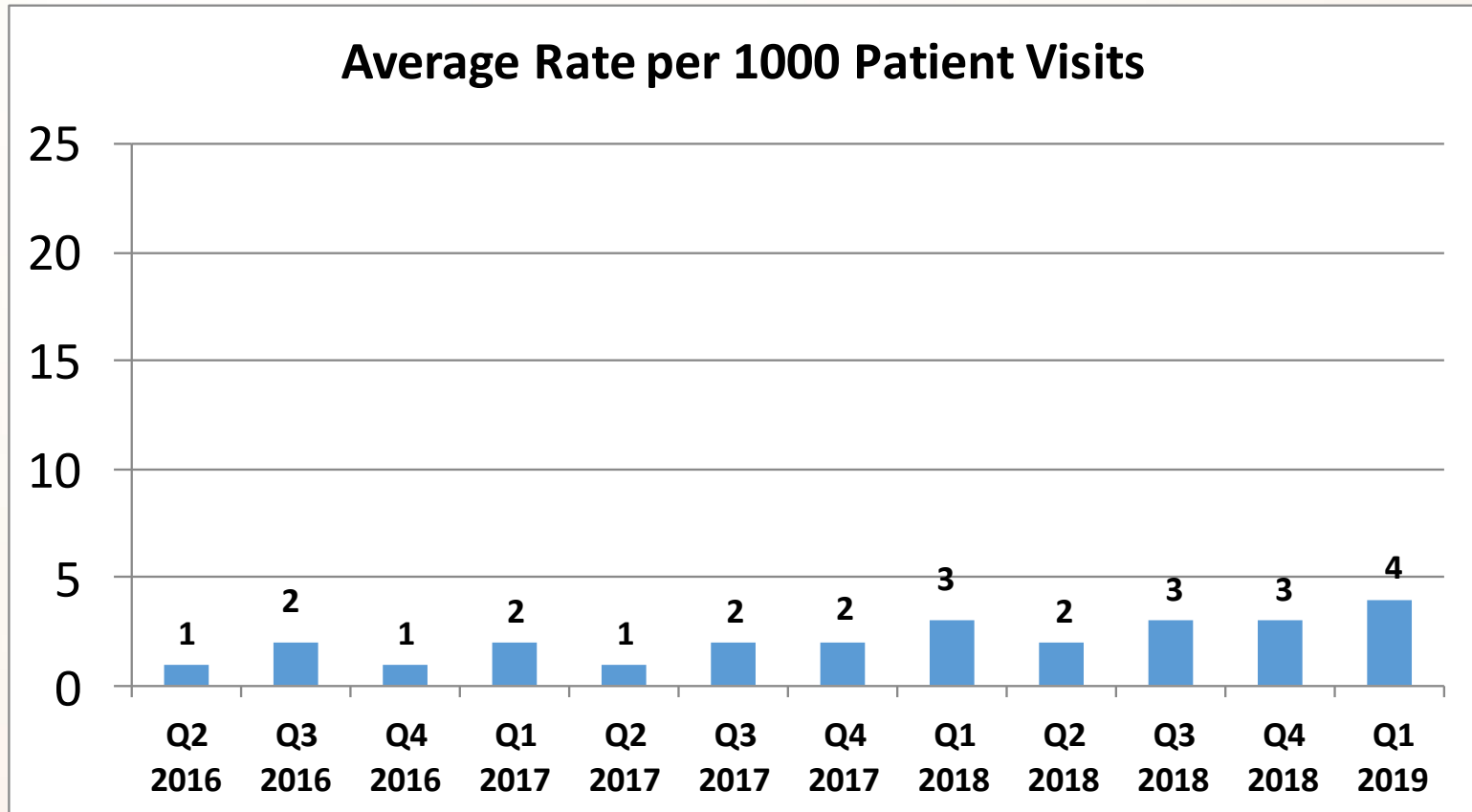
Sub Acute Event Reports

2016-2019



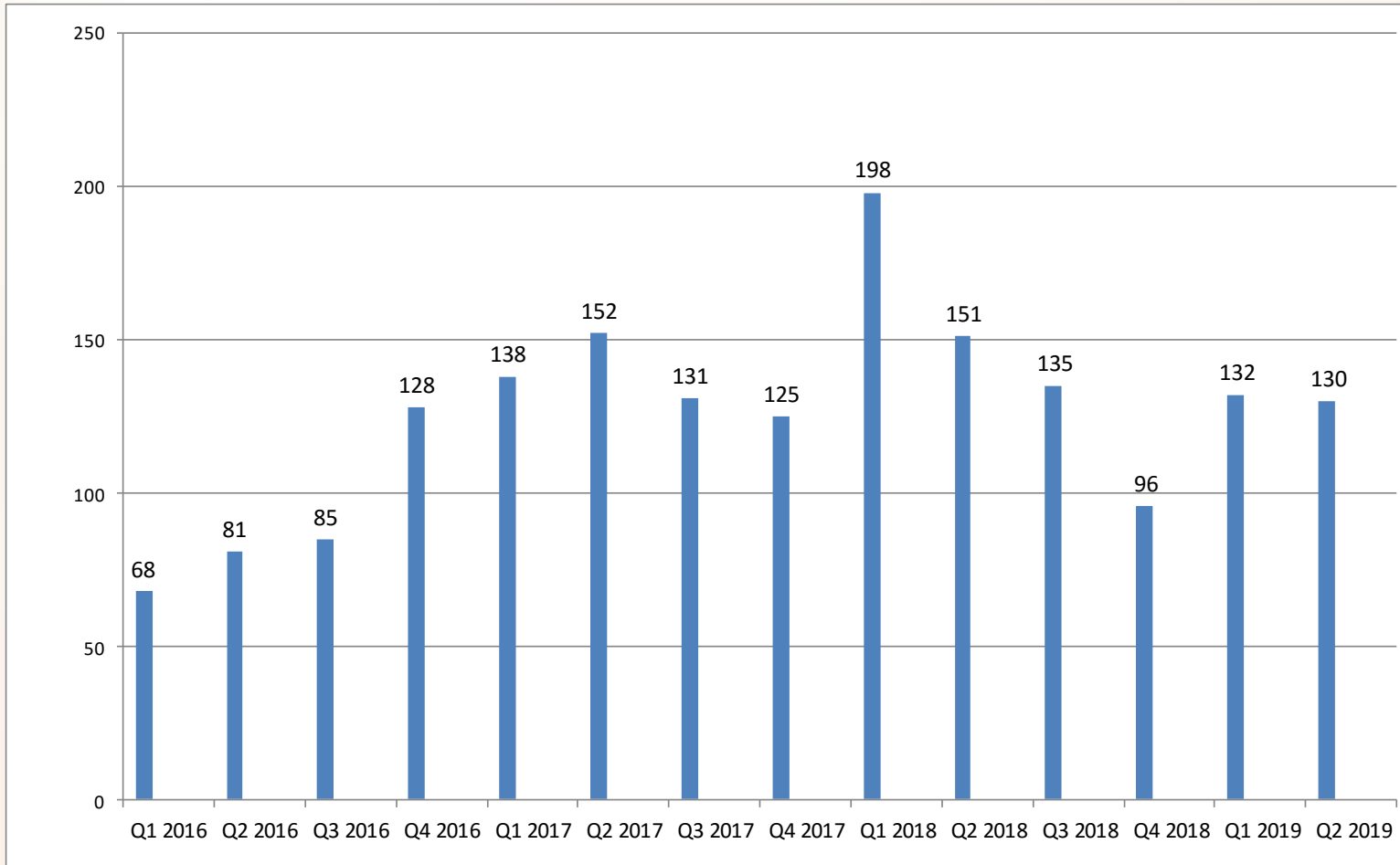
Outpatient Event Reports

2016-2019



Complaints & Grievances

2016-2019

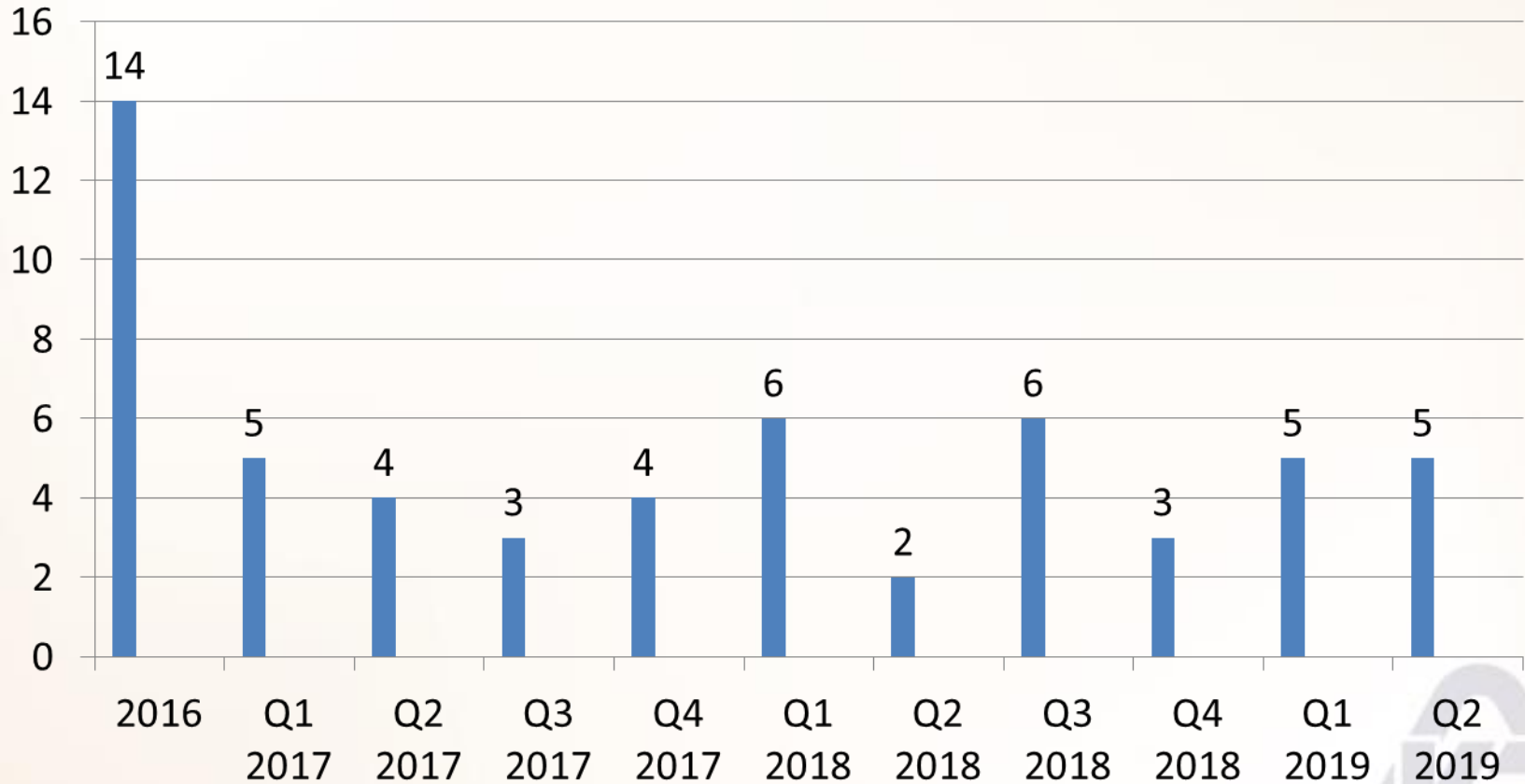


Trends:

- Lost Belongings
- Nursing Care
- Physician Care

Claims Frequency CY 2016 – 2019

Average of Claims/Year = 15



Current Topics of Focus

- Proactive risk assessment of Exeter Bio-Behavior Clinic
- Proactive risk assessment of inpatient pharmacy clean room
- Proactive risk assessment of Urgent Care Centers
- Workplace violence post-incident evaluation



KAWEAH DELTA HEALTH CARE DISTRICT

Continuing Medical Education Program

Annual Report to the Board of Directors July 2018 – June 2019

Mark Sobers, MD

Chair, CME Committee

(805) 551-4437

Adam Gabel

CME Coordinator, Quality Dept

(559) 624-2595

**Kaweah Delta Health Care District
2018 - 2019 Continuing Medical Education Program Summary**

Mission Statement

Kaweah Delta Health Care District's Continuing Medical Education Program is committed to achieving documented improvements in physician competence, performance, and patient outcomes and to provide appropriate activities to reach this goal. Outcomes for individual activities and regularly scheduled series are assessed through measures of change in competence, intent to change practice, self-reported change in practice, objective change in practice and patient health outcomes. Outcomes are used to assess impact and identify future education needs in a cycle of ongoing continuous improvement.

Summary

The CME Program had a very successful year in 2018 -2019. In collaboration with the Quality and Patient Safety Department, opportunities for improvement were identified in patient safety, patient satisfaction, and patient outcomes. In 100 percent of 2018 CME activities, greater than 88 percent of attendees stated the learning objectives were met. The CME Program proudly partnered with the Tulare County Health and Human Services Agency to offer a CME activity on Sexually Transmitted Diseases in January 2019. Tulare County Medical Society was also used as a joint provider for a couple CME Activities. The 2018 Norm Sharrer Symposium focus was on Sepsis. Kaweah Delta's 2019 Patient Safety Symposium was held on March 22nd, Just Culture, provided valuable knowledge and insight into achieving high reliability through culture, teamwork and systems thinking. There were 310 attendees and 16 of them were Kaweah Delta physicians.

Our ongoing conferences are some of our best attended events and help maintain accreditation in several areas such as Critical Care and Tumor Board. In addition to the 10 Regularly Scheduled Series events throughout multiple departments, the CME Program provided 10 CME one-time events at KDHCD. More than 3,100 physicians and licensed professionals participated in events this year.

The program's focus for 2019 will be to continue to provide quality education to Medical Staff on activities based on Kaweah Delta's performance and quality measures. The goals of the CME Committee are continued focus in the areas of Stroke, Diabetes, Cardiovascular Health and Women's Services. This year, the CME program successfully received reaccreditation for 4 years.

2018 CME Program Evaluation

Course Information	Course Date, Time and Location	Learning Need Identified Through:	Course Objectives Fully Met	Course Objectives Partially Met
Hospice/Palliative Care Dr. Marconi	January 11 th , 2018 6:00 – 7:30 pm Visalia Country Club	Data: Hospice Source: Dr. Marconi	95%	5%
2018 Pt Safety Symposium: High Reliability Through: Culture, Teamwork, and Systems Thinking Julia Slininger, RN, Rory Jaffe, MD, MBA, Melinda Sawyer, MSN	February 5 th , 2018 8-2:30PM Visalia Convention Center	Data: SAQ Source: Quality and Patient Safety	94%	6%
The Mother-to-Baby Legacy Janet Delgado, PhD, Deborah Robinson, MSN, Fernando Pineda, CMI	March 15 th , 2018 8:00 am – 3:00 PM Tulare, CA	Data: Outside Organization Source: Tulare County Breastfeeding Coalition	N/A	N/A
Advancing Acute Stroke Treatment Dr. Brian Walcott, Dr. Jonathan Russin, Dr. Jonathan Marehbian	June 7 th , 2018 6:00 – 8:00 PM Blue Room	Data: Stroke Program Source: Stroke Program	92%	8%
Direct Oral Anticoagulants: A Call for Caution Sara Stephens, PharmD, Samantha Yeates, PharmD, Diep Phan, PharmD	August 23, 2018 6:00 – 8:00 PM Blue Room	Data: Pharmacy Team Source: Data from Pharmacy	96%	4%
Tulare County Diabetes Symposium	September 24 th , 2018 4:00 – 8:00 PM Visalia Convention Center	Data: ADA Standards of Diabetes	79%	21%

Dr. Charles Y. Liu, Dr. Monica Manga, Ryan Gates, PharmD, Jennifer Mosst, PhD		Source: Tulare County Alliance for the management and Education of Diabetes (TAME)		
Medical Staff Leadership Boot Camp Dr. Jon Burroughs	October, 13 th , 2018 8:00 am-3:00 pm Monterey Plaza Hotel	Data: Performance Standards Source: KD Medical Staff	88%	12%
37th Annual Norman Sharrer Symposium: Surviving Sepsis Dr. John Hipskind, Dr. Hany Nasr and Dr. Eric Morell	October 4 th , 2018 6-8:30PM Visalia Convention Center	Data: Quality and Patient Safety/Leapfrog Source: Quality and Patient Safety	95%	5%
Understanding the Role of Medication Assisted Treatment (MAT) in Opioid Use Disorder Dr. Gurpreet Sandhu	October 18 th , 2018 6:00 – 8:00 pm Visalia Convention Center	Data: HRSA, AHRQ, and PRIME initiatives Source: Office of Research and Grants	N/A	N/A
Extracorporeal Membrane Oxygenation Dr. Mohamed Fayed, Dr. Eyad Almasri, Dr. Timothy Evans	November 1 st , 2018 6:00 – 7:30 pm Acequia Conference Room	Data: UCSF Source: Internal Medicine	96%	4%

Regularly Scheduled Series	Frequency of Meeting	Course Objectives Fully Met %	Course Objectives Partially Met %
Cardiovascular Grand Rounds	Monthly	93%	7%
Cardiology Morbidity & Mortality Conference	Monthly – Third Wednesday	94%	6%
Critical Care Morbidity & Mortality Conference	Monthly – Third Monday	94%	6%
Faculty Development Committee	Ad Lib	93%	7%

Radiology Morbidity & Mortality Conference	Monthly	N/A	N/A
Multidisciplinary Grand Rounds	Ad Lib	94%	6%
Cardiovascular QA/QI	Quarterly	89%	11%
NICU M&M	Quarterly	100%	0%
Practice Based Learning Surgical Grand Rounds	Weekly- Every Tuesday	99%	1%
Trauma Grand Rounds	Monthly - First Tuesday	99%	1%
Tumor Board	Weekly - Every Tuesday	94%	6%



**Environment of Care
1st Quarter Report
January 1, 2019 through March 31, 2019
Presented by
Maribel Aguilar, Safety Officer**

**Kaweah Delta Healthcare District
Performance Monitoring 1st Quarter 2019**

EOC Component:

SAFETY

Performance Standard:

Employee Health: The objective is to reduce Occupational Safety & Health Administration (OSHA) recordable work related injuries/illness cases by 10% from the year 2018.

Goal: Reduce OSHA Recordable Injuries by 10% in 2019.

Minimum Performance Level: Reduce OSHA Recordable Injuries by 10% in 2019.

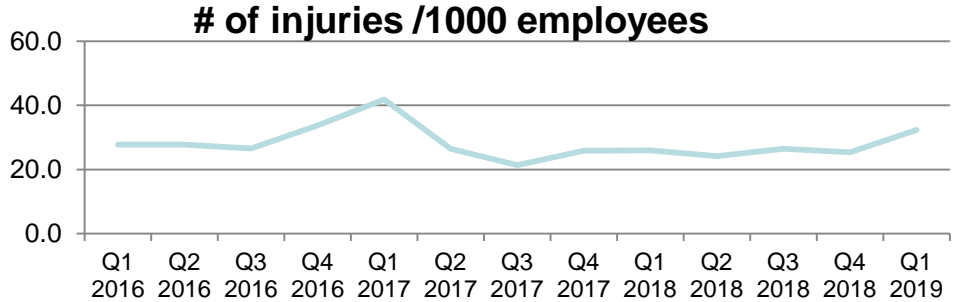
Evaluation:

There were 58 Occupational Safety & Health Administration (OSHA) reportable injuries during the 1st quarter 2019.

We review the departments that have had over 3 OSHA recordable injuries in a quarter and send a report to managers. Environmental Services, Security, GME, Emergency Medicine and GME-Surgery all had 3 or more injuries during 1st Quarter 2019.

Provided 22 ergonomic evaluations in 1st quarter to prevent cumulative trauma injuries/claims.

Goal for 1st quarter was not met.



Type of injury	Q1	Q2	Q3	Q4	Totals 2019	Annual % chg	Totals 2018	Per 1000 employees
Total Accidents	158				158	30.3%	485	32.36
OSHA recordable	58				58	-2.5%	238	11.88
Lost time cases	39				39	5.4%	148	7.99
Strain/sprain	26				26	-7.1%	112	5.33
Bruise/Contusion	7				7	0.0%	28	1.43
Cum Trauma	0				0	-100.0%	9	0.00
Sharps Exp	18				18	-14.3%	84	3.69
BBF Splash	1				1	-73.3%	15	0.20
# EE end of QTR	4882							

Plan for Improvement

- Identify employees with 3 or more OSHA recordable (2 employees) injuries in last 2 years. Identify trends and educational opportunities. Detail sent to Managers/Directors to determine prevention opportunities, re-education and/or re-training.
- Departments with 3 or more OSHA recordable injuries in Qtr. 1 2019, 4- EVS, Security, GME- Emergency Medicine and GME- Surgery.
- Same day on-site incident investigation and follow-up with manager for prevention opportunities and/or process changes. Investigation may include photos, video and interview of witnesses/ manager.
- Utilize physical therapy assistant in Employee Health for work site evaluations, evaluate for proper body mechanics to prevent injury, stretching exercises and equipment recommendations to ensure safety with our jobs.

OSHA reportable injuries and illnesses are as follows:

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

EOC Component:

EMERGENCY PREPAREDNESS

Performance Standard:

During routine hazard surveillance rounds employees will be queried regarding their role during Hospital Codes. They will be able to verbalize their roll during a Code Red, Code Pink, Code Purple, and Code Triage.

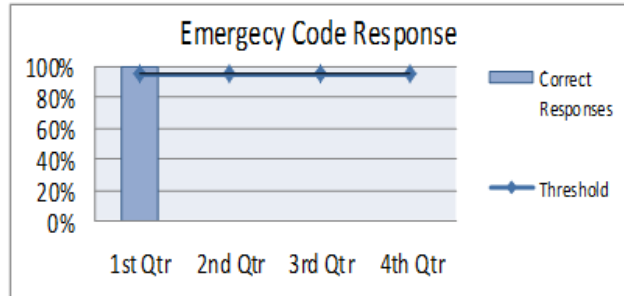
Goal: 100% Compliance.

Minimum Performance Level: Employees able to answer correctly 95% of the time.

Evaluation:

Twenty departments were surveyed in the 1st quarter. In all departments surveyed staff were able to verbalize their role during an internal disaster, which resulted in a 100% compliance rate.

95% minimum performance level was met for this quarter.



Plan for Improvement:

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

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

EOC Component:

SAFETY

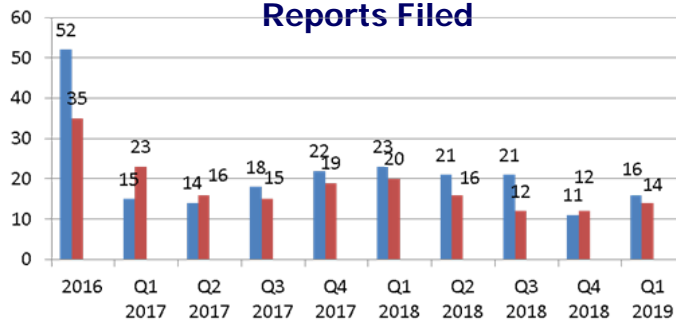
Performance Standard:

Risk Management: Non-patient injuries will be monitored to identify the need for further training and/or procedural changes on completing occurrence reports.

Goal: Reporting of non-patient safety related events will increase by 10% by the end of 2019.

Minimum Performance Level: Increase by 10% from baseline.

Risk Management – Non-Patient Safety Reports Filed



District Except TLC
TLC Event Report

Evaluation:

There were 30 non-patient safety reports filed during the 1st quarter 2019.

Two incidents resulting in serious injuries were sustained. Goal is currently not being met.

Plan for Improvement:

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

TLC Types of Events:

Falls related to pool and Rockwall padding

District Type of Events:

Slip and Fall
Self-trips

134/268

EOC Component:

SECURITY

Performance Standard:

Kaweah Delta has adopted the *Non-Violent Crisis Intervention* training from the Crisis Prevention Institute in response to the Cal/OSHA Workplace Violence mandate. The Security Department is tracking *assaultive* incidents that originates from the Emergency Department and the Acute Psych Hospital to determine effectiveness of crisis intervention program with the goal of proactively being able to identify early warning signs of aggressive behavior and early intervention to decrease preventable assaults.

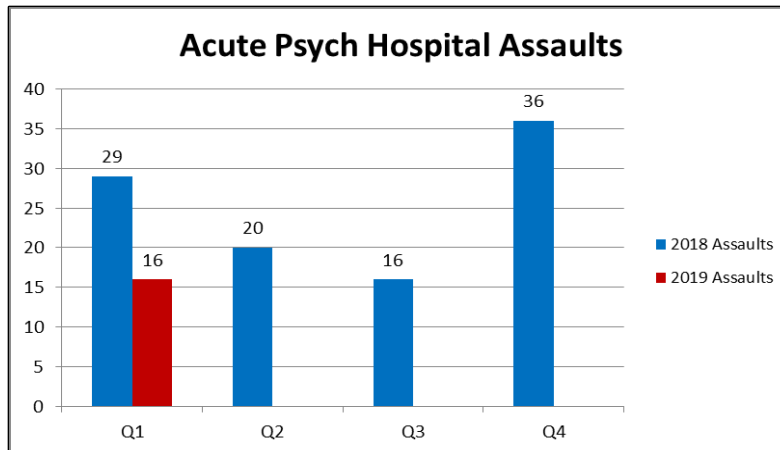
Evaluation:

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

Acute Psych Hospital

Average patient days = 1,419
We had 16 assault in 1st quarter 2019 compared 28 to in 1st quarter 2018.
Goal is met for this quarter.

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



Plan for Improvement:

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

EOC Component:

HAZARDOUS MATERIALS

Performance Standard:

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

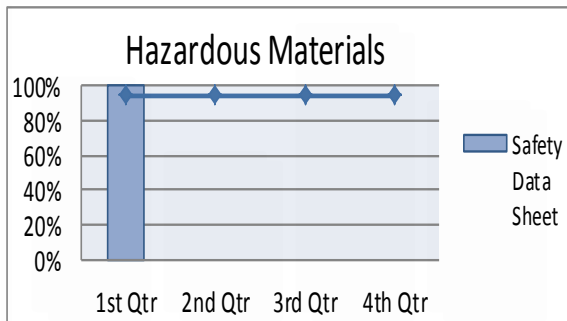
Evaluation:

Twenty departments were surveyed in the 1st Qtr. Of the departments checked 20/20 departments were compliant.
This resulted in a 100% compliance rating.

95% Minimum Performance Level was met for this Quarter.

Goal: 100% compliance.

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



Plan for Improvement:

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

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

EOC Component:

SAFETY

Performance Standard:

Risk Management: No patient death or serious disability* associated with a fall while being cared for in a KDHC facility.

Goal: 100% Compliance.

Minimum Performance Level: 100% Compliance.

Evaluation:

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

The Minimum Performance Level was met for this standard.

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

Plan for Improvement:

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

Continue to monitor.

EOC Component:

UTILITIES MANAGEMENT

Performance Standard:

Critical utility systems preventive maintenance will be performed on a regular basis.

Goal: 100% of critical utility systems will be serviced and/or inspected quarterly.

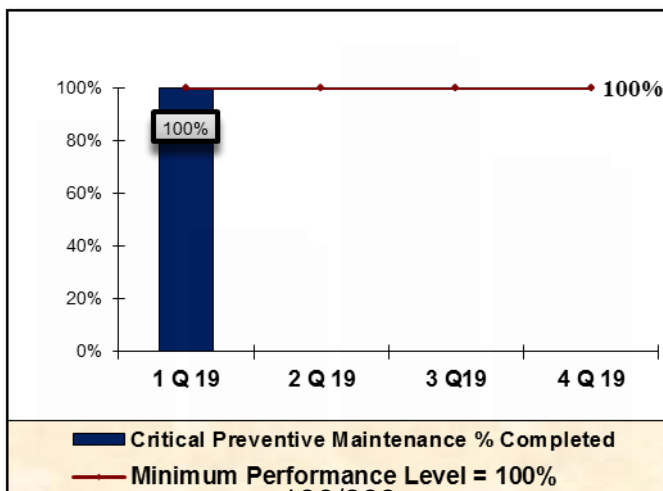
Minimum Performance Level: 100% of critical utility systems will be serviced and/or inspected quarterly.

Evaluation:

There were 314/314 critical utility preventative maintenance work orders completed. The compliance rate for the 1st quarter was 100%.

The Minimum Performance Level was met.

**Critical PM Completion Rate
All Campuses**



Plan for Improvement:

Maintenance management will be monitoring the completion of critical utility preventative maintenance each month to insure completion as scheduled on a quarterly basis.

Continue to monitor.

EOC Component:

Performance Standard:

SAFETY

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

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

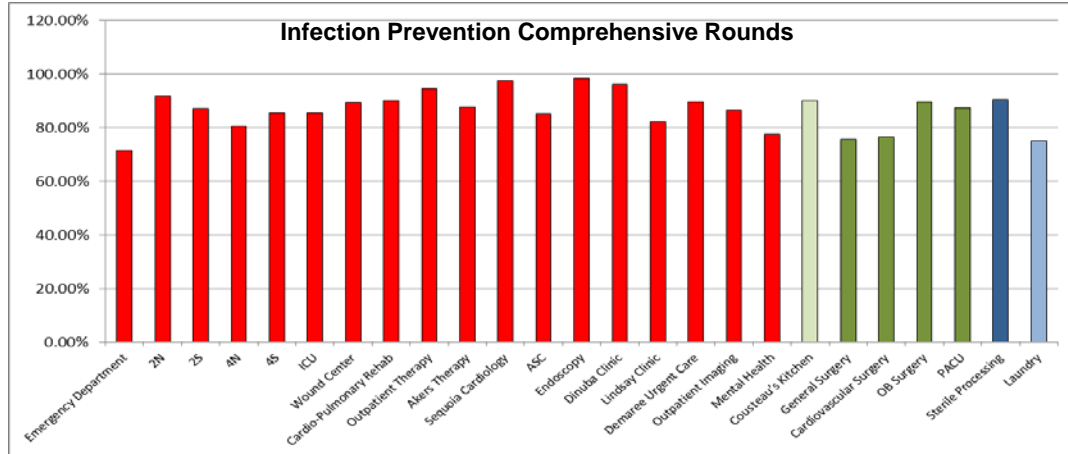
Goal: Units will demonstrate 100% compliance with IP best practices

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

Evaluation:

During the 1st quarter 2N, Cardiopulmonary Rehab., Outpatient Therapy, Sequoia Cardiology, Endoscopy, Dinuba Clinic, Rehab Kitchen achieved over 90% compliance with Infection Prevention Practices

Minimum Performance Level was not met.



Plan for Improvement:

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

EOC Component:

FIRE PREVENTION/LIFE SAFETY

Performance Standard:

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

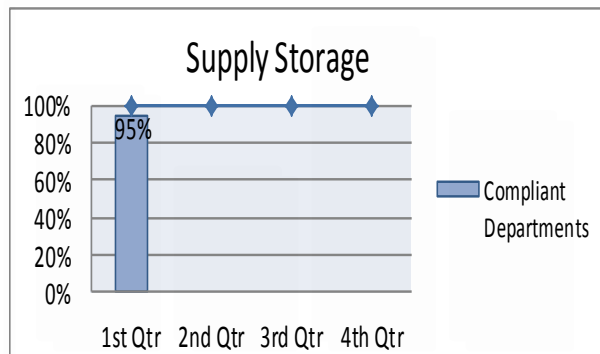
Goal: 100% of departments inspected will be compliant.

Minimum Performance Level: 100% of department inspected will be compliant.

Evaluation:

Twenty departments were surveyed in the 1st quarter. In 1 of the departments inspected supplies were found to be stored too close to the ceiling (18" clearance required). This resulted in an 95% compliance rate.

Minimum Performance Level was not achieved during this quarter.



Plan for Improvement:

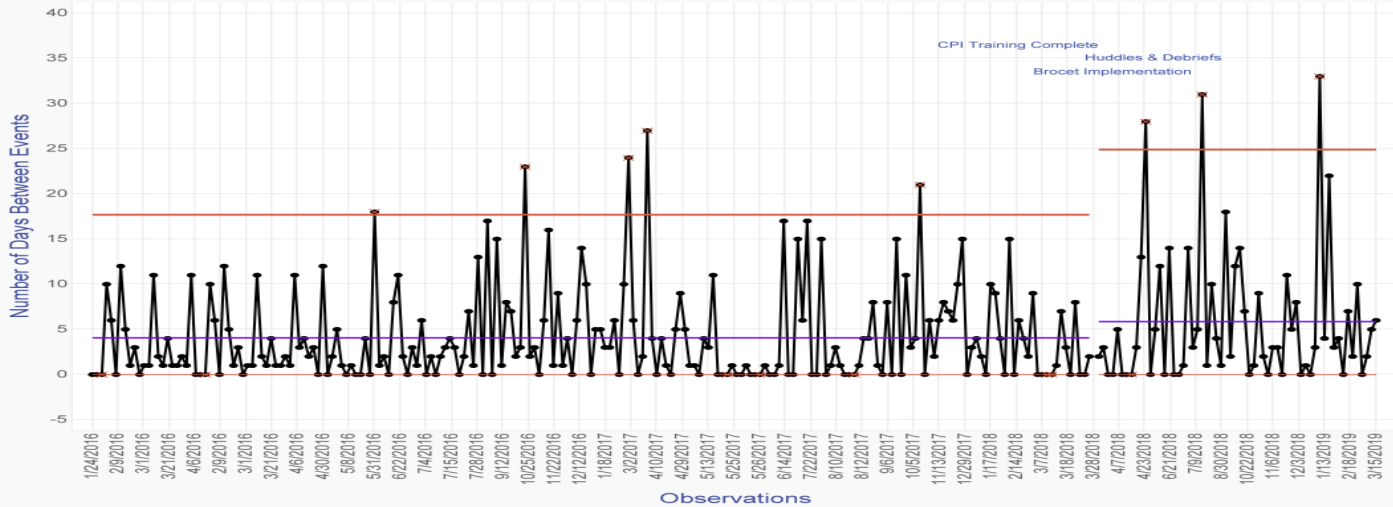
We will continue to monitor through hazard surveillance and report to appropriate director and VP. Non compliant departments will be sent reminder email regarding storage and proper clearance.

Continue to monitor through rounding during hazard surveillance.

Workplace Violence Prevention

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

Days Between ED WPV Events GChart



Days between ED WPV events has increased by 1.79 days (44%) since ED 100% completion with CPI, Broset implementation and rounding by KD Safety Specialist. Mean days between ED WPV events July 2016 to March 2018 were 4.07 days. After 100% of staff received CPI training (and Broset and rounding interventions) the days between ED WPV events increased to 5.86 (This is an estimated reduction in 27 WPV events annually). ED WPV events per 1,000 patient visits indicates that although some improvement has been made change in the process has not quite occurred. **COSTS:** 13% of ED WPV events result in an employee health claim. The average cost per claim for an ED WPV event is \$3,002 for medical expenses and \$13,269 for days lost/restricted. As of January 2019 the average days between events has decreased by 1.79 days. Annualized this is an avoidance of 27 WPV or 4 avoided employee health claims related to WPV. Annualized savings of \$65,084.

Root Cause Analysis

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

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

Project Prioritization Matrix

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

138/268

EOC Component:

Performance Standard:

CLINICAL ENGINEERING

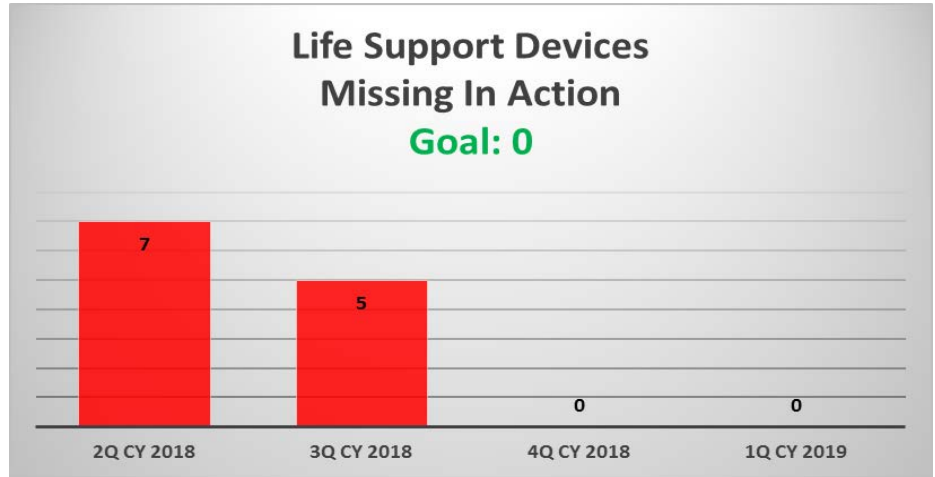
Identify the number of Medical Equipment defined as **Missing In Action (MIA)** for preventive maintenance that are **Life Support** for action by EOC.

Goal: Attain zero (0) Life Support Devices as defined by EOC policy 6001.

Minimum Performance Level: 0 MIA Life Support Devices

Evaluation:

0 Life Support Devices are MIA and assumed lost. **Goal of 0 Life Support Devices in a MIA status: MET**



EOC Component:

Performance Standard:

CLINICAL ENGINEERING

The Clinical Engineering Department will complete preventative maintenance for all 12184 assigned preventative maintenance tasks as required per policy EOC 6001.

Goal: 100% Compliance Minimum Performance Level: 100% Compliance

Medical Equipment Preventative Maintenance Compliance

Evaluation:

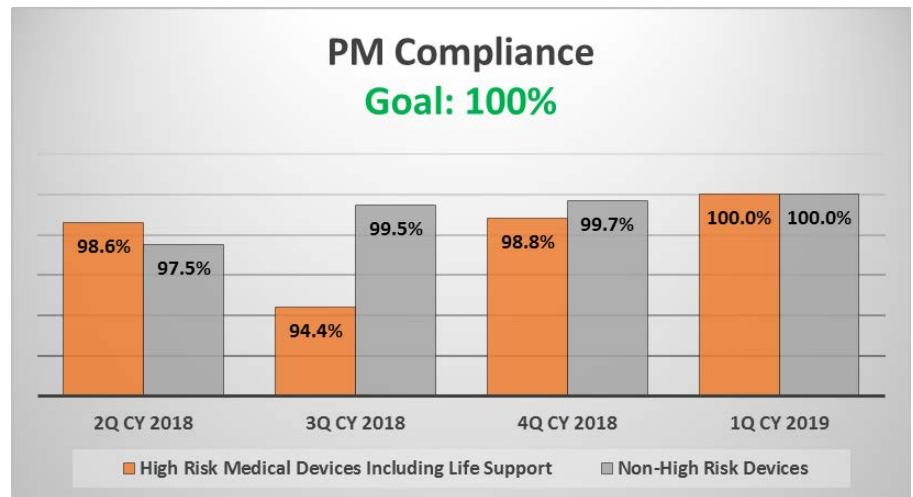
PM Compliance:

High Risk (including Life Support): 100.0%

Non-High Risk: 100.0%

Minimum Performance: **100% Compliance:**

Met



Policy Submission Summary

Manual Name: Administrative Policy			Date: July 2019
Support Staff Name: Cindy Moccio			
Policy/Procedure Title	#	Status (New, Revised, Reviewed, Deleted)	Name and Phone # of person who wrote the new policy or revised an existing policy
American and California State Flags	AP.80	Revised	Julieta Moncada 624-2385
Patient Personal Property and Valuables	AP.159	Revised	Ed Largoza 624-5051 Evelyn McEntire 624-5241
Records Retention and Destruction	AP.75	Revised	Ben Cripps 624-5006
Utilization Review Plan Acute Services	AP.111	Revised	Keri Noeske 624-5916
Communication with law enforcement regarding requests for information and requests to interview interrogate a patient	AP.07	Reviewed	
Nursing Practice: Shared Governance & Decision Making	AP.157	Reviewed	
Visiting Regulations for Kaweah Delta Health Care District	AP.119	Reviewed	



Policy Number: AP80	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
American and California State Flags	

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

POLICY: American and California State flags may be flown at Kaweah Delta Health Care District facilities under the direction of Administration and in compliance with authorization by the Chief Executive Officer.

PROCEDURE:

- I. American and California State flags flown at KDHCD facilities shall be neat and clean and shall be replaced when tattered and/or worn.
- II. American and California State flags may be flown at all hours and during inclement weather provided they are appropriately lighted. Where lighting is not possible, American and California State flags shall be lowered, folded, and placed in a safe and secure area by no later than sundown each day.
- III. American and California State flags may be flown at half-mast only with authorization of the President of the United States, the Governor of the State of California, or the District Board of Directors.
 - A. It is the policy of the Chief Executive Officer to allow the flag to be flown at half-mast only when a significant community event has occurred which calls for such action.

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Policy Number: AP159	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Patient Personal Property and Valuables	

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

Purpose: To establish a system for the custody and safekeeping of patient personal property during a patient’s stay at Kaweah Delta Health Care District (KDHCD) excluding the Kaweah Delta Mental Health Hospital, which has a policy specific to its service area.

Definitions: Personal property – items or objects that belong to a patient and are retained in their possession during their hospital stay. Valuables – personal property such as money, credit cards, cell phones, dentures, hearing aids, glasses, or jewelry, or that which would be considered a loss if misplaced.

Policy:

1. Patients should be actively encouraged to send personal property home.
2. As part of the patient’s admission process, Patient Access staff will review the release of responsibility and liability for personal property and valuables with the patient, and/or the patient’s legal representative. Upon request staff will provide them with a copy of the ***Patient Personal Property and Valuables Policy***.
3. Patient Access staff will obtain from the patient or the patient’s legal representative’s signature on the Conditions of Admission (COA) form indicating acknowledgment that the management of personal belongings has been explained to him or her.
4. The RN and/or designee admitting the patient is responsible for making sure that the **Valuables/Belongings List** is completed upon admission.
 - a. Money, jewelry and other valuables should be sent to the safe
 - b. Medications should be sent to pharmacy
 - c. Weapons, drugs, and drug paraphernalia should be sent to security
 - d. Assistive devices needed by the patient should be documented such as dentures, glasses, hearing aids, and prosthetics.

- e. The patient or the patient's legal representative will sign and date the form acknowledging that the inventoried items are correct as listed;
 - f. A staff member will witness the signature;
5. KDHCDC is not responsible for any personal property brought into the hospital after admission.
6. KDHCDC may provide storage containers and/or "Personal Property" bags to patients electing to retain personal property at the bedside. This is a courtesy and does not constitute KDHCDC acceptance of responsibility for retained items.
7. It is the responsibility of the patient and/or the patient's representative to make sure personal property such as dentures, glasses, and hearing aids are placed in the protective containers when not in use.
 - a. KDHCDC will not be responsible for the loss or damage of such items.
8. Personal property will accompany the patient when transferred between units and KDHCDC staff will make all reasonable efforts to assist the patient in moving these items upon transfer.
9. Medications
 - a. Medications brought in by patients are to be sent home, unless the physician orders medication from home to be administered or kept in the service area. (Refer to District Policy CP .66 Patient's Personal Medications).
 - b. A patient's personal medications will be secured by the hospital pharmacy if they cannot be returned to the family or legal representative (Refer to District Policy CP .66 Patient's Personal Medications).
10. Valuables may be locked in the hospital's safe in accordance with CA Civil Code §1860.
 - a. Items should be placed in a Patient Belongings Envelope. Items should be described as they appear without making assumptions, e.g. a diamond ring should be documented as "yellow metal band and clear stone". Any documentation of the property description should avoid indication of its value.
 - b. The hospital statutory limit of liability for loss/damage to deposited items will be \$500.
 - c. The hospital may release such deposited items to the patient's representative if the patient is unable to personally retrieve personal property or valuables upon discharge.
11. At discharge: Nursing staff should check the patient room to ensure personal property has gone home with the patient.
 - a. Personal property left behind should be placed in a "Personal Property" Bag labeled with the patient's name and submitted to the Lost & Found for

storage. Valuables such as money or jewelry should be sent to the Patient Access Department for deposit into the safe. .

- b. After thirty (30) days has elapsed and the items have not been retrieved, they will be donated to a charitable organization or discarded.

12. At discharge, items locked in the safe will be retrieved:

- a. During business hours: the patient, patient's representative will go to Patient Access.
- b. During non-business hours: the House Supervisor will be called and will retrieve the Patient Belongings Envelope from the safe.

13. Weapons

Whenever a Staff member discovers a weapon on a patient or visitor, they should immediately notify Security staff. Security staff are the only staff permitted to handle patient property related to weapons and/or firearms (Please refer to Security policy 129).

1. The security staff will notify the shift lead or request a secondary Officer to assist with managing the weapon discovery.

16. Risk Management will determine liability in claims submitted for lost or damaged personal property.

- a. No promises of reimbursement or replacement of lost or damaged property should ever be made.

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Policy Number: AP75	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Records Retention and Destruction	

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

POLICY: Kaweah Delta Health Care District will retain all pertinent records that pertain to all District operations in accordance with state and federal statute of limitations and regulatory retention requirements.

A “record” is defined as any “document, book, paper, photograph, recording or other material regardless of physical form or characteristics, made or received pursuant to law or in connection with the transaction of “official business.” This definition includes those records created, used and maintained in electronic form.

PROCEDURE:

1. Medical Records

- A. Medical records on adults, minors and emancipated minors shall be maintained and retained in accordance with state and federal records retention requirements.
- B. Records may be kept in either paper or electronic format. Where an electronic format exists, the paper format may be destroyed in accordance with Procedure IX Destruction upon Expiration or Electronic Storage.

2. Master Patient Index

Master Patient Index shall be maintained permanently either electronically or in hard copy format.

3. Tumor Registry Reports (Abstracts), Birth Logs, Emergency Room Logs

Tumor Registry Reports (Abstracts), Birth Logs, and Emergency Room Logs shall be maintained permanently.

4. Surgery Logs, Radiology Films

- A. Surgery Logs and Radiology films or digital images shall be maintained for a period of ten(10) years following the date of service and 25 years for minors.
- B. Port films for radiation oncology shall be maintained permanently.

5. **Annual Reports to Governmental Agencies**

Annual reports to governmental agencies shall be permanently maintained.

6. **Utilization Review Worksheets, Physician Certification and Recertification**

Utilization Review Worksheets, Physician Certification and Recertification, shall be maintained for a period of six (6) years.

7. **Medical Staff Records and Reports**

Medical Staff Committee Reports/Minutes, Physician Files, Physician Continuing Educational Records, Physician Agreements, Physician Applications for Privileges that have been rejected and allied health professional files shall be maintained permanently.

8. **Financial Records**

All financial records shall be maintained in accordance with the California Hospital Association Record and Retention Schedule, current edition.

9. **Contracts and Grants**

Contract and Grant terms should be carefully reviewed to determine whether they contain any record retention obligations. Financial, statistical and non expendable property records and any other records pertinent to U.S. Department of Health and Human Services must be retained for three years from the date of submission of the final expenditure report, or until resolution of any litigation and federal audit findings.

10. **Destruction upon Expiration or Electronic Storage**

Upon expiration of the record retention period or electronic storage, the record may be destroyed by shredding. Shredding authorization shall be under the authority of the Director of Medical Records. Certifications of destruction shall be provided by the shredding service and shall be maintained as a permanent record.

11. **Electronic mail (email)**

Active electronic mail (email) on the District servers will be archived, retained and purged following these specific timeframes. All email will be retained based on the following guidelines except in situations where a Legal Hold has been requested by the Compliance Officer, Director of Risk Management, or Vice President of Human Resources (see below):

Retention within Microsoft User Outlook Accounts (Exchange Server):

- 6 years of Inbox and Personal Folders
- 2 years of Sent Items
- 2 years of Deleted Items

- Terminated employees - 1 year (all folders) from the date of termination

Retention within email archive

- 6 years, all folders, all employees (active and terminated)

A Legal Hold refers to the suspension of normal disposition procedures in the event of pending or actual litigation or investigation. In situations where District Legal Counsel has requested a Legal Hold, the Compliance Officer, Director of Risk Management, or Vice President of Human Resources will work directly with the Information System Services Management to impose and withdraw (when appropriate) the Legal Hold.

The Information Systems Services (ISS) Department has implemented timely and accurate backup processes that enable systems and data are backed up on a consistent and routine basis and that data is retrievable. See ISS Policy ISSW.2 – Information Systems Backup and Restores. Multiple copies of the email will be retained both at onsite and offsite locations.

12. References and Resources:

The following sources were used as references: The California Hospital Association Consent Manual, current edition; the California Hospital Association Records Retention Schedule, current edition and the California Department of Public Health Title 22. The California Hospital Association Record and Data Retention Schedule can be found on the following link:

<http://kdcentral.kdhcd.org/departments/8700/>

It is the Department Director's responsibility, where the California Hospital Association Record Retention Schedule is not specific enough or the law is unclear, to consult with the Director of Health Information Management (HIM), the Director of Risk Management, or the Compliance and Privacy Officer for further guidance.

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Policy Number: AP111	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Utilization Review Plan Acute Services	

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POLICY: The Board of Directors of Kaweah Delta Health Care District empowers the Chief Executive Officer to ensure that the District has in effect a utilization review (UR) plan that provides for the review of services furnished by the District and by members of the Medical Staff to patients entitled to benefits under the Medicare and Medicaid (Medi-Cal) programs.

DEFINITION: Utilization Review is the process by which the care and services provided to Medicare / Medicaid (Medi-Cal) beneficiaries are reviewed for appropriateness, medical necessity, and whether the services meet professionally recognized standards of health care.

Medicare Provision: Medicare is a federal insurance program providing a wide range of benefits for specific period of time through providers participating in the program. Benefits are payable for most people over age 65, Social Security beneficiaries under 65 entitled to disability benefits, and individuals needing renal dialysis or renal transplantation. Payment for services is made by the federal government through a designated fiscal intermediary.

Section 1802 of the Social Security Act provides that any individual entitled to Medicare may obtain health services from any institution qualified to participate in Medicare.

Medicaid Provision: Medicaid is a state program that provides medical services to clients of the state public assistance program and, at the state’s option, other needy individuals. Services must be furnished in certified Medicare institutions.

Method of payment includes: TAR (Treatment Authorization Request).

REGULATIONS:

42 CFR Ch IV Part 456 Utilization Control (Medicaid)
 Social Security Act Title XVIII § 1861 Utilization Review
 42 CFR Ch IV Part 482 Condition of Participation: Utilization Review 482.30
 § 2496 Utilization Review State Operations Manual (CMS-Pub. 7)
 § 3420 Utilization Review Plan, Medicare Intermediary Manual, Part 3 (CMS – Pub. 13-3)

STANDARD 1

Utilization Review Committee (aka Case Management Committee (CMC))

A. Case Management Committee (CMC)

A medical staff committee under Article X of the KDHCD Medical Staff Bylaws.

Purpose: Review Beneficiaries of Medicare and Medi-Cal for:

1. Medical Necessity of Admissions
2. Appropriateness of the Setting
3. Medical Necessity of Extended Stays
4. Medical Necessity of Professional Services

B. Composition of the CMC

The CMC consist of two or more practitioners to carry out the UR function. At least two of the members must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in Medicare COP 482.12(c)(1). The UR committee must be a staff committee of the District.

C. The CMC reviews or Sub-committee review may not be conducted by any individual who:

1. Has a direct financial interest (for example, an ownership interest) in the District or;
2. Was professionally involved in the care of the patient whose case is being reviewed.

D. The Case Management Committee will meet at a minimum quarterly.

STANDARD 2: Scope and frequency of review.

A. Admissions to the District may be reviewed:

1. Before admission during the Pre-Admission process with Patient Access or Benefits Staff or the Surgery Scheduler.

2. At time of admission by the Admissions Coordinator, ED Case Manager, or Transfer Center RN.
 3. After hospital admission by the Case/Utilization Management Department.
- B. Reviews may be conducted on a sample basis.
- C. The District is reimbursed under the prospective payment system (42 CFR Part 413); therefore, review of duration of stays and review of professional services occur.
- D. Duration reviews are outliers. Outliers are defined as those cases that have either an extremely long length of stay (day outlier) or extremely high costs (cost outlier) when compared to most discharges classified in the same DRG (42 CFR 476.1).

The CMC identifies acute stay outliers by DRG. The CMC designates Case Management staff to review the patient stays concurrently to justify receipt of additional per diem payments that may be made by the fiscal intermediary.

The Case/Utilization Management staff verifies:

- 1) The medical necessity and appropriateness of the admission and outlier services in the context of the entire stay;
- 2) Referring to the CMC those cases that do not meet
 - (i) InterQual Level of Care Acute Criteria for Medicare or
 - (ii) Medi-Cal Criteria Manual

At the District, a length of stay (LOS) outlier will be those with a LOS beyond the GMLOS plus seven (7) days. These cases will be reviewed by the LOS Committee as needed. This committee is comprised of, but not limited to the COO, CNO, , Case Management Physician Advisor, Director of Case Management (or Manager), Compliance Officer, , Patient Access, Nursing, Risk Management, Manager of Patient and Family Services and the Community Outreach representative.

E. Cost Outliers

Cases identified as cost outlier cases may lose or change their cost outlier status if, as a result of review, the DRG assignment is changed.

Concurrent review for medical necessity of stay will be not less than every third day.

CMC department staff and LOS Committee will review patients with charges greater than \$100,000.00 and which no longer meets medical necessity for continued stay. This constitutes review of professional services.

- F. Significant Outliers will be reviewed by the LOS Committee and reported to the CMC for peer review.

STANDARD 2a: Scope and frequency of review

The acute rehabilitation program at Kaweah Delta Rehabilitation Hospital (KDRH) follows District utilization review processes utilizing acute rehabilitation criteria. Additional utilization review processes specific to the acute rehabilitation program include:

- A. Multidisciplinary review of a sample of acute rehabilitation outlier cases. Criteria for selection:
 - 1. Cases that have exceeded the target length of stay for the assigned case mix group by 20% or more.
 - 2. Cases chosen for presentation may have other distinguishing characteristics related to diagnosis, discharge plan, treatment plan, or outcome that merit further review.
- B. Concurrent and closed record review to include application of admission and continued stay criteria for medical necessity within the acute rehabilitation program.

STANDARD 3: Determination regarding admissions or continued stays.

- A. Determining that an admission or continued stay is not medically necessary may be made by one member of the CMC if he/she is a doctor of medicine or osteopathy.

Primary Review is delegated by the CMC to staff trained in InterQual Acute Criteria.

A Secondary Review is the result of the admission or continued stay criteria not being met. Secondary review is conducted as outlined in the Case Management Department Policy Manual.

If the attending physician disagrees with the outcome of the secondary review, an opportunity for the physician to present his/her reviews and any additional information relation to the patient's needs for admission or extended stay to the Case Management physician advisor for further consideration.

- B. Determination that admission or continued stay is not medically necessary:

1. The CMC consults with the practitioner or practitioners responsible for the care of the patient.
2. If the attending physician contests the CMC or subgroup findings, or if he presents additional information relating to the patient's need to extended stay, at least one additional physician member of the committee must review the case.
3. If two CMC physician members determine that the patient's stay is not medically necessary or appropriate after considering all the evidence, their determination becomes final.
4. Written notification of this decision is sent to the attending physician, patient (or next of kin), facility administrator and the single state agency no later than 2 days after such final decision and in no event later than 3 working days after the end of the assigned extended day period. When possible, written notification should be received by all involved parties within the stated time period. Verbal notification may precede written notification.
5. In no case may a non-physician make a final determination that a patient's stay is not medically necessary or appropriate.
6. If, after referral of a questioned case to the CMC or subcommittee, the physician reviewer determines that an admission or extended stay is justified, the attending physician shall be so notified and an appropriate date for subsequent extended stay review will be selected and noted on the patient's record.

STANDARD 4: Extended Stay Review

- A. KDHCDC is paid under the prospective payment system. The CMC must review all cases reasonably assumed to be outlier cases.

The hospital is not required to review an extended stay that does not exceed the outlier threshold for the diagnosis.

- B. The CMC or subcommittee must make the periodic review no later than 7 days after the day required in the UR plans.

STANDARD 5: Review of Professional Services

- A. The CMC must review professional services provided, to determine medical necessity and to promote the most efficient use of available health facilities and services.

Professional services include more than physicians' services. The aspects of care rendered by laboratory personnel, physical therapists, nurses, etc are also considered.

The review includes:

1. Medical necessity
2. Efficient use of available health facilities and services

STANDARD 6: Readmissions

- A. Readmission review involves admissions to an acute, general, short-term hospital occurring less than 30 days from the date of discharge from the same or another acute, general, short-term hospital. Neither the day of discharge nor the day of admission is counted when determining whether a readmission has occurred.
- B. Readmissions will be reported to CMC with report of analysis of the situation ie. Cause, extent of problem. Reviews that question quality of care will be referred to Peer Review, Performance Improvement, Risk management, or Compliance as appropriate.

STANDARD 7: Methodology of reviews, reports.

- A. The CMC will oversee the operation of the Case Management Department by approving the Policy and Procedure Manual.

STANDARD 8: Criteria for determination of medical necessity will be InterQual.

STANDARD 9: The UR Plan will be reviewed annually and will be updated at least every 3 years. The CMC, MEC, and the Executive Team shall approve policy changes.

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Privileges in Critical Care, Pulmonary & Sleep Medicine

Name: _____

Please Print

CRITICAL CARE CORE PRIVILEGES

Education & Training: M.D. or D.O. and Successful completion of an ACGME or AOA accredited program in the relevant medical specialty **AND** Successful completion of an accredited fellowship in critical care medicine and/or current subspecialty certification or active participation in the examination process leading to subspecialty certification in critical care medicine by the ABMS or AOA Boards within the timeframe determined by the certifying board

Current Clinical Competence: Documentation of provision of inpatient care to at least fifty (50) patients in the CCU over the past 24 months or completion of residency or clinical fellowship within the past 12 months.

OR *CA licensed physicians involved in their 2nd or 3rd year Critical Care Fellowship Program

Renewal Criteria: Minimum 60 cases required in the past two years **AND** Maintain current certification or active participation in the examination process leading to certification in Critical Care Medicine by the ABMS or AOA Board.

FPPE Requirement: Minimum of 8 of the following cases reviewed concurrently or retrospectively, To include: 5 diverse admissions

Request	Procedure	Approve
<input type="checkbox"/>	<p>Privileges include: Privileges to evaluate, diagnose, perform history and physical exam, provide treatment or consultation to patients 14 years of age and older, with multiple organ dysfunction and in need of critical care AND</p> <ul style="list-style-type: none"> • Airway management, including intubation • Arterial puncture and cannulation • Cardiopulmonary resuscitation • Cardioversion and defibrillation • Central venous and pulmonary artery catheter insertion • Lumbar puncture • Needle and tube thoracostomy • Paracentesis • Thoracentesis • Tracheostomy/cricothyroidotomy, emergency • Transthoracic Echocardiography 	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (Must request and maintain inpatient contact volume for Courtesy or Active Staff Status)	<input type="checkbox"/>

**ADVANCED PRIVILEGES
(Must meet the criteria for Critical Care Core Privileges)**

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Flexible Therapeutic bronchoscopy	Documentation of 5 procedures in the last 2 years.	5 procedures in the last 2 years.	Minimum of 2 cases concurrently	<input type="checkbox"/>
<input type="checkbox"/>	Pericardiocentesis, emergency	Documentation of 5 procedures in the last 2 years.	5 procedures in the last 2 years.	Minimum of 2 cases concurrently	<input type="checkbox"/>

PULMONARY CORE PRIVILEGES

Education & Training: M.D. or D.O. and Successful completion of an ACGME or AOA-accredited fellowship in pulmonary medicine. **AND** ACLS Certification unless boarded in Critical Care **AND** Current certification or active participation in the examination process leading to certification in Pulmonary Disease OR Critical Care by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine within the timeframe determined by the certifying board

Current Clinical Competence: Documentation of provision of inpatient care to at least fifty (50) patients over the past 24 months or completion of residency or clinical fellowship within the past 12 months.

OR *CA licensed physicians involved in their 2nd or 3rd year Pulmonary Fellowship Program

Renewal Criteria: Minimum ~~400~~ 50 cases required in the past two years **AND** Maintenance of certification or active participation in the examination process leading to certification in Pulmonary Disease OR Critical Care by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine **AND** ACLS Certification unless boarded in Critical Care.

FPPE Requirements: Minimum of 5 diverse admissions concurrently or retrospectively (Critical Care Core can be counted)

Request	Procedure	Approve
<input type="checkbox"/>	<p>Core Privileges include: Evaluate, diagnose, consult, perform history and physical exam, and provide treatment and consultation to patients with disorders chest or thorax AND</p> <ul style="list-style-type: none"> • Airway Management, including intubation • Arterial puncture and cannulation • Central venous and pulmonary artery catheter insertion • Inhalation challenge studies • Pulmonary function testing interpretation • Thoracentesis and related procedures 	<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (Must request and maintain inpatient contact volume for Courtesy or Active Staff Status)	<input type="checkbox"/>

**ADVANCED PRIVILEGES
(Must meet the criteria for Pulmonary Core Privileges)**

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Flexible diagnostic bronchoscopy with Transbronchial biopsies	Documentation of 5 procedures in the last 2 years.	5 procedures in the last 2 years.	Minimum of 3 cases concurrently	<input type="checkbox"/>
<input type="checkbox"/>	Flexible diagnostic bronchoscopy with Endobronchial biopsies	Documentation of 5 procedures in the last 2 years.	5 procedures in the last 2 years.	Minimum of 3 cases concurrently	<input type="checkbox"/>

SLEEP MEDICINE CORE PRIVILEGES					
<p>Education & Training: M.D. or D.O. and Successful completion of an ACGME or AOA-accredited fellowship in sleep medicine, AND ACLS Certification unless boarded in Critical Care AND/OR Current sub-specialty certification or active participation in the examination process leading to certification within the time frame determined by the certifying board in Sleep Medicine by the by the relevant ABMS board or completion of a CAQ by the relevant AOA board. Current certification by the AASM is acceptable for applicants who became certified prior to 2007.</p> <p>Current Clinical Competence: <u>Documentation of provision of care to at least fifty (50) patients over the past 24 months or completion of residency or clinical fellowship within the past 12 months.</u></p> <p>Renewal Criteria: Minimum of 400<u>50</u> cases required in the past two years AND Maintenance of certification or active participation in the process leading to certification in Sleep Medicine OR completion of a CAQ by the relevant AOA board. Current certification by the AASM is acceptable for applicants who became certified prior to 2007 AND Documentation of 10 Cat I or II CME hours in sleep medicine.</p> <p>FPPE Requirements: Minimum of 3 cases reviewed concurrently or retrospectively</p>					
Request	Procedure	Approve			
<input type="checkbox"/>	<p>Core Privileges include: Evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with conditions or sleep disorders AND</p> <ul style="list-style-type: none"> • Actigraphy • Home/ambulatory testing • Maintenance of wakefulness testing • Monitoring with interpretation of EKGs, electroencephalograms, electro-oculographs, electromyographs, flow, oxygen saturation, leg movements, thoracic and abdominal movement, and CPAP/BI-PAP titration <ul style="list-style-type: none"> • Multiple sleep latency testing • Oximetry • Polysomnography (including sleep stage scoring) • Sleep log interpretation 	<input type="checkbox"/>			
<input type="checkbox"/>	Admitting Privileges (Must request and maintain inpatient contact volume for Courtesy or Active Staff Status)	<input type="checkbox"/>			
ADVANCED PRIVILEGES (Must meet the criteria for Sleep Medicine Core Privileges)					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	<u>Polysomnography (including sleep stage scoring)</u>	<u>Documentation of 400 in the last 2 years.</u>	<u>400 in the last 2 years.</u>	<u>Minimum of 20 cases concurrently</u>	<input type="checkbox"/>
ADDITIONAL PRIVILEGES (Must also meet the Criteria Above)					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Administration of Moderate Sedation	Successful completion of KDHCD sedation exam	Successful completion of KDHCD sedation exam	None	<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous tracheostomy	Documentation of training and 10 procedures in the last 2 years	Minimum of 5 cases required in last 2 years	5 direct observation	<input type="checkbox"/>
<input type="checkbox"/>	Fluoroscopy Privileges	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit AND pass KD annual safe fluoroscopy practices exam within 3 weeks of granting privilege	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit AND pass KD annual safe fluoroscopy practices exam	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) **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.

Signature: _____
Applicant
Date

Signature: _____
Department of Critical Care, Pulmonology, Adult Hospitalist Medicine Chairman _____
Date

RESOLUTION 2037

WHEREAS, a claim on behalf of Yolanda Rodriguez has been presented on July 22, 2019 to the Board of Directors of the Kaweah Delta Health Care District,

IT IS HEREBY RESOLVED AS FOLLOWS:

1. The aforementioned claim is hereby rejected.
2. In accordance with Government Code Section 913, the Secretary of the Board of Directors is hereby directed to give notice of rejection of said claim to Law Offices of Jordon Brown, in the following form:

"Notice is hereby given that the claim which you presented to the Board of Directors of the Kaweah Delta Health Care District on June 5, 2019, was rejected by the Board of Directors on July 22, 2019."

WARNING

"Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately."

PASSED AND ADOPTED by unanimous vote of those present at a regular meeting of the Board of Directors of the Kaweah Delta Health Care District on July 22, 2019.

President, Kaweah Delta Health Care District

ATTEST:

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

/cm



July 22, 2019

**Sent Via Certified Mail
No. 7016034000002569951
Return Receipt Requested**

Law Offices of Jordan Brown
119 South Church Street
Visalia, CA 93291

NOTICE OF ACTION ON APPLICATION FOR LATE CLAIM RELIEF (Gov. Code sec. 911.4)

To Yolanda Rodriguez and attorney Jordan Brown:

NOTICE IS HEREBY GIVEN that your application, which you presented on June 5, 2019, for leave to present a claim after expiration of the time allowed by law for doing so was **denied** on July 22, 2019.

WARNING

If you wish to file a court action on this matter, you must first petition the appropriate court for an order relieving you from the provisions of Government Code 945.4 (claims presentation requirement). See Government Code Section 946.6. Your petition must be filed with the court within six (6) months after the date, set forth above, on which your application for leave to present a late claim was denied.

You may seek the advice of an attorney of your choice in connection with this matter. If you wish to consult an attorney, you should do so immediately.

Sincerely,

Nevin House
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

**BOARD OF DIRECTORS
KAWEAH DELTA HEALTH CARE DISTRICT**

RESOLUTION 2038

**A RESOLUTION DIRECTING TULARE COUNTY, CALIFORNIA, TO
LEVY A TAX TO PAY THE PRINCIPAL OF AND INTEREST ON
GENERAL OBLIGATION BONDS OF THE DISTRICT.**

WHEREAS, by Resolution No. 1312 (the "*Ballot Resolution*") adopted by the Board of Directors of Kaweah Delta Health Care District (the "*Board*") on July 22, 2003, the Board determined and declared that public interest and necessity demanded the acquisition, construction and/or reconstruction, improvement and equipping of additional health care facilities to expand Kaweah Delta Hospital of Kaweah Delta Health Care District (the "*District*"); and

WHEREAS, by the Ballot Resolution, the Board duly called an election to be held on November 4, 2003, for the purpose of submitting to the electors of the District a proposition to incur bonded indebtedness to finance all works, property, parking and structures necessary or convenient for the acquisition, improvement, construction and/or reconstruction of an expansion to Kaweah Delta Hospital, as more fully defined herein (the "*Project*"); and

WHEREAS, an election was held in the District on November 4, 2003, for the purpose of submitting to the qualified voters of the District a proposition for incurring bonded indebtedness of the District in the aggregate principal amount not to exceed \$51,000,000 to finance the Project; and

WHEREAS, the Registrar of Voters of Tulare County, California, duly canvassed the return of said election and, as the result of such canvass, certified to the Board that more than two-thirds of the votes cast on said proposition favored the incurring of such bonded indebtedness; and

WHEREAS, in 2004, the District issued its General Obligation Bonds, Election of 2003, Series 2004 (the "*2004 Bonds*") in the aggregate principal amount of \$51,000,000 for the purposes authorized and on the conditions set forth in Ordinance No. 04-02 (the "*Ordinance*"); and

WHEREAS, on January 6, 2014, the Board adopted Resolution No. 1795 authorizing the issuance of its General Obligation Refunding Bonds, Series 2014 (the "*2014 Bonds*") in an amount sufficient to provide for the advance refunding and redemption, on August 1, 2014, of the 2004 Bonds maturing on or after August 1, 2015; and

WHEREAS, on January 30, 2014, the Board issued its 2014 Bonds in the aggregate principal amount of \$48,906,000 pursuant to Chapter 4, Division 23 (Sections

32300 *et seq.*) of the California Health & Safety Code (the “*Authorizing Law*”), Chapter 3, Part 1, Division 2, Title 5 of the California Government Code and Resolution No. 1795;

WHEREAS, pursuant to the Authorizing Law, the District is authorized to direct Tulare County, California, in which jurisdiction the District is located (the “*County*”), to levy an *ad valorem* tax on all property within the District for the purpose of paying the principal and interest coming due on the 2014 Bonds,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF KAWEAH DELTA HEALTH CARE DISTRICT AS FOLLOWS:

Section 1. Recitals. All of the recitals herein are true and correct. To the extent that the Recitals relate to findings and determinations of the Board, the Board declares such findings or determinations to be made hereby.

Section 2. Tax Levy. For the purpose of paying the principal of and interest on the 2014 Bonds, and subject to the provisions below, the Board hereby directs the County to levy and collect, in each successive fiscal year, commencing with the District's fiscal year beginning July 1, 2019, and ending June 30, 2020 a tax sufficient to pay the annual interest on the 2014 Bonds as the same becomes due and also such part of the principal thereof as becomes due before the proceeds of a tax levied at the time for making the next general tax levy can be made available for the payment of such interest or principal. Attached to this Resolution as Exhibit A is the annual debt service schedule for the 2014 Bonds. Attached to this Resolution as Exhibit B is the property tax rate set by the Board for the fiscal year ending June 30, 2020.

The levy of taxes for the 2014 Bonds takes into account amounts on deposit in the General Obligation Refunding Bond Fund of the District established pursuant to Resolution No. 1795 of the District to pay debt service on the 2014 Bonds during such year as estimated by the Chief Financial Officer.

Said tax shall be in addition to all other taxes levied for District purposes, shall be levied and collected by the County at the same time and in the same manner as other taxes of the District are levied and collected, and shall be used only for the payment of the 2014 Bonds, and the interest thereon.

Pursuant to Sections 32127 and 32204 of the California Health & Safety Code, all taxes collected by the County pursuant to this Section 2 shall be paid into the treasury of the District and deposited forthwith in a special account of the District as set forth in Resolution No. 1795 of the District.

Section 3. Request for Necessary County Actions. The Board of Supervisors, the Treasurer, the Tax Collector, the Auditor and other officials of the County are hereby requested to take and authorize such actions as may be necessary pursuant to law to provide for the levy and collection of a property tax on all taxable property within the District sufficient to provide for the payment of all principal of, redemption premium (if any), and interest on the 2014 Bonds, as the same shall become due and payable, and

to transfer the tax receipts from such levy to the District for deposit into the District's General Obligation Refunding Bond Fund. The Chief Financial Officer is hereby authorized and directed to deliver certified copies of this Resolution to the clerk of the Board of Supervisors of the County, and the Treasurer, Tax Collector and Auditor of the County.

Section 4. Ratification. All actions heretofore taken by officials, employees and agents of the District with respect to the request and direction for the tax levy described herein are hereby approved, confirmed and ratified.

Section 5. General Authority. The President of the Board, the Secretary/Treasurer, the Chief Executive Officer and the Chief Financial Officer, and their respective designees, are each hereby authorized, empowered and directed in the name and on behalf of the District to take any and all steps, which they or any of them might deem necessary or appropriate in order to ensure that the County levies and collects the property taxes as described herein and otherwise to give effect to this Resolution.

Section 6. This Resolution shall take effect immediately upon enactment.

THE FOREGOING RESOLUTION WAS PASSED AND ADOPTED by the Board of Directors of Kaweah Delta Health Care District on July 22, 2019, by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

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

Attest:

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

EXHIBIT A

BOND DEBT SERVICE

Kaweah Delta Health Care District of Tulare County, California
 General Obligation Refunding Bonds, Series 2014
 (Refunds Series 2004 G.O. Bonds)
 FINAL

Period Ending	Principal	Coupon	Interest	Debt Service	Annual Debt Service
08/01/2014			956,281.17	956,281.17	956,281.17
02/01/2015			950,997.85	950,997.85	
08/01/2015	1,089,000	** %	950,997.85	2,039,997.85	2,990,995.70
02/01/2016			930,734.35	930,734.35	
08/01/2016	1,193,000	** %	930,734.35	2,123,734.35	3,054,468.70
02/01/2017			908,535.15	908,535.15	
08/01/2017	1,301,000	** %	908,535.15	2,209,535.15	3,118,070.30
02/01/2018			884,325.80	884,325.80	
08/01/2018	1,412,000	** %	884,325.80	2,296,325.80	3,180,651.60
02/01/2019			858,044.95	858,044.95	
08/01/2019	1,530,000	** %	858,044.95	2,388,044.95	3,246,089.90
02/01/2020			829,571.50	829,571.50	
08/01/2020	1,651,000	** %	829,571.50	2,480,571.50	3,310,143.00
02/01/2021			798,844.10	798,844.10	
08/01/2021	1,779,000	** %	798,844.10	2,577,844.10	3,376,688.20
02/01/2022			765,734.30	765,734.30	
08/01/2022	1,913,000	** %	765,734.30	2,678,734.30	3,444,468.60
02/01/2023			730,134.10	730,134.10	
08/01/2023	2,054,000	** %	730,134.10	2,784,134.10	3,514,268.20
02/01/2024			691,907.70	691,907.70	
08/01/2024	2,211,000	** %	691,907.70	2,902,907.70	3,594,815.40
02/01/2025			650,759.75	650,759.75	
08/01/2025	2,380,000	** %	650,759.75	3,030,759.75	3,681,519.50
02/01/2026			606,469.35	606,469.35	
08/01/2026	2,550,000	** %	606,469.35	3,156,469.35	3,762,938.70
02/01/2027			559,011.15	559,011.15	
08/01/2027	2,725,000	** %	559,011.15	3,284,011.15	3,843,022.30
02/01/2028			508,297.60	508,297.60	
08/01/2028	2,917,000	** %	508,297.60	3,425,297.60	3,933,595.20
02/01/2029			454,010.45	454,010.45	
08/01/2029	3,113,000	4.090%	454,010.45	3,567,010.45	4,021,020.90
02/01/2030			390,349.60	390,349.60	
08/01/2030	3,328,000	4.090%	390,349.60	3,718,349.60	4,108,699.20
02/01/2031			322,292.00	322,292.00	
08/01/2031	3,547,000	4.090%	322,292.00	3,869,292.00	4,191,584.00
02/01/2032			249,755.85	249,755.85	
08/01/2032	3,803,000	4.090%	249,755.85	4,052,755.85	4,302,511.70
02/01/2033			171,984.50	171,984.50	
08/01/2033	4,066,000	4.090%	171,984.50	4,237,984.50	4,409,969.00
02/01/2034			88,834.80	88,834.80	
08/01/2034	4,344,000	4.090%	88,834.80	4,432,834.80	4,521,669.60
	48,906,000		25,657,470.87	74,563,470.87	74,563,470.87

EXHIBIT B

TAX RATE FOR FISCAL YEAR 2019-2020

.018136 per \$100 of assessed value



RESOLUTION 2039

WHEREAS, Pam Harder, Bio-Behavioral Therapist, is retiring from duty at Kaweah Delta Health Care District after 15 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 Harder for 15 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 22nd day of July 2019 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

***KAWEAH DELTA HEALTH CARE DISTRICT
FINANCE DIVISION MEMORANDUM***

TO: Board of Directors, Chief Executive Officer

FROM: Jennifer Stockton, Director of Finance
Malinda Tupper, Chief Financial Officer

DATE: July 15, 2019

SUBJECT: BBVA USA Commercial Card Account Agreement Authorization

The following Resolution and Authorization will establish signing authority for a Commercial Card Account Agreement with BBVA USA and will allow authorized signers as listed to negotiate the agreement and perform transactions related to the agreement.

BBVA USA (formerly BBVA Compass) is a private placement holder of both the District's 2017C Revenue Bonds and 2014 General Obligation Bonds. The Commercial Card Agreement will allow the District to utilize a Virtual Card program for the payment of certain vendor payables that is estimated to generate approximately \$200,000 annually in rebates. The agreement will also allow the District to utilize BBVA's credit card program for corporate purposes if management chooses to do so.

For any questions regarding the documents, please contact Jennifer Stockton at 624-5536.

CERTIFIED COPY OF RESOLUTIONS AND AUTHORIZATION

Full Legal Name Kaweah Delta Health Care District

Form of Entity (check one):

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> Other: <u>Local Agency - government</u>

Date Resolution and Authorization Adopted: 7/22/2019

I. Commercial Card Services

RESOLVED, that the Authorized Representatives named in Section II are authorized on behalf of the Business and in the name of the Business: (1) to negotiate and procure from BBVA USA (the "Bank") a commercial card account and receive related services; (2) to execute and deliver to the Bank such commercial card agreements or other evidences of indebtedness of the Business for monies borrowed (with fees and interest) and services received, as the Bank may require, and to execute and deliver from time to time renewals, amendments, modifications or extensions of such agreements or other evidences of indebtedness; (3) to convey, grant, assign, transfer, pledge, mortgage, grant a security interest in, or otherwise hypothecate and deliver by such instruments in writing or otherwise as may be demanded by the Bank, any instruments, accounts receivables, deposit accounts, inventory, equipment, general intangibles, warehouse receipts, bills of lading, stock, bonds, chattel paper, real property or any other personal property now or hereafter owned or acquired by the Business as may be required by the Bank to secure the payment of any notes or other indebtedness of the Business to the Bank, whether arising pursuant to this resolution or otherwise, and to discount and rediscount the same; (4) to waive demand, presentment, protest, notice of protest and notices of non-payment, intent to accelerate and acceleration; and (5) to perform all acts and execute and deliver all instruments which the Bank may deem necessary and desirable to carry out the purposes of this resolution;

II. Authorized Representatives

RESOLVED, the full name, title, and genuine signature of each person authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate his or her authority on behalf of Business with respect to any accounts or services provided to Business by Bank as described in the resolutions set forth in this document is immediately below (each, an "**Authorized Representative**"):

NAME	TITLE	SIGNATURE
<u>Malinda Tupper</u>	<u>Chief Financial Officer</u>	_____
<u>Gary Herbst</u>	<u>Chief Executive Officer</u>	_____
<u>Nevin House</u>	<u>Secretary/Treasurer</u>	_____
_____	_____	_____

III. Power to Act

RESOLVED, the undersigned certifies that there are no limits to undersigned's powers to adopt this authorization and to attest that the resolutions stated herein are accurate and that this Business Resolution is in conformity with the provisions of the organizational instruments, which include the charters, bylaws, and the operating, partnership, shareholder, management or similar agreements by which Business or the undersigned party may be bound and does not violate the provisions thereof.;

IV. Prior Acts

RESOLVED, all previous acts of or on behalf of Business as provided for above, if any, are hereby ratified, approved and confirmed;

RESOLVED, that any and all prior resolutions adopted by the Business and delivered to the Bank as governing operation of the accounts and services, are in full force and effect, as supplemented or modified by these resolutions; and

RESOLVED, these resolutions and authorizations shall remain in full force and effect until written notice in a form acceptable to Bank of their rescission or modification certified by the appropriate authorized individual(s) applicable to Business has been received by Bank and Bank has had a reasonable time to act on said change. Receipt of such notice shall not affect any action taken by Bank prior thereto, and Bank shall be held harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the acts or instructions of any individual so certified or authorized in these resolutions to sign by delegation of authority in accordance herewith or refusing to honor any signature not so certified or authorized.

CERTIFICATION

I, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of Business and that such resolutions and authorizations are in full force and effect and have not been amended or rescinded.

In witness whereof, I have hereunto subscribed my name and affixed the seal of the Business on July 22, 2019.

(Affix Seal here, if available)

By _____(Signature)

Name _____

Title _____



Stroke

Quality

Update

July 2019

KAWEAH DELTA HEALTH CARE DISTRICT

Stroke Program Leadership

Sean Oldroyd, DO

Stroke Program Medical Director

Cheryl Smit, RN

Stroke Program Manager

Zoltan Mocsary, MD

Stroke Program In-Patient Medical Director



Abbreviations Used During this Presentation

- TJC = The Joint Commission
- AHA/ASA = American Heart Association; American Stroke Association
- GWTG = Get with the Guidelines
- EMS = Emergency Medical Services
- ED = Emergency Department
- ICU = Intensive Care Unit
- TIA = Transient Ischemic Attack
- Dc = Discharge
- rt-PA or Alteplase = thrombolytic therapy “clot busting medication”
- CT/CTA = Computed tomography scan/computed tomography angiography
- CMS = Centers for Medicare and Medicaid Services
- VTE = Venous thromboembolism
- LDL = low-density lipoproteins
- NIHSS = National Institutes of Health Stroke Scale



Primary Stroke Certification through The Joint Commission (TJC)

- 2 year certification cycle
- Initial accreditation March 9, 2018
 - 100% compliant with all Standards; No plans for improvement requested
- Recertification survey window January 25, 2020 through April 24, 2020
 - 7 day notice prior to survey
 - 1 surveyor for a 1 day survey



Key Initiatives to Improve Time to Thrombolytic Therapy

TJC and AHA/ASA's expectation is to administer thrombolytics (Alteplase) within 60 minutes 50% of the time for all patients who meet criteria. January 2019: Door to Alteplase <45 minutes.

Initiatives:

- Designated Stroke Team Lead in the ED
- Stroke Packet with documents needed for timely administration of thrombolytic therapy
- Patients go directly to CT from Triage or EMS after a brief physician evaluation
- Decreased images on CT/CTA scans
- Radiologist calls Stroke Team Lead when CT read and if a large vessel occlusion is found on CTA images

172/268

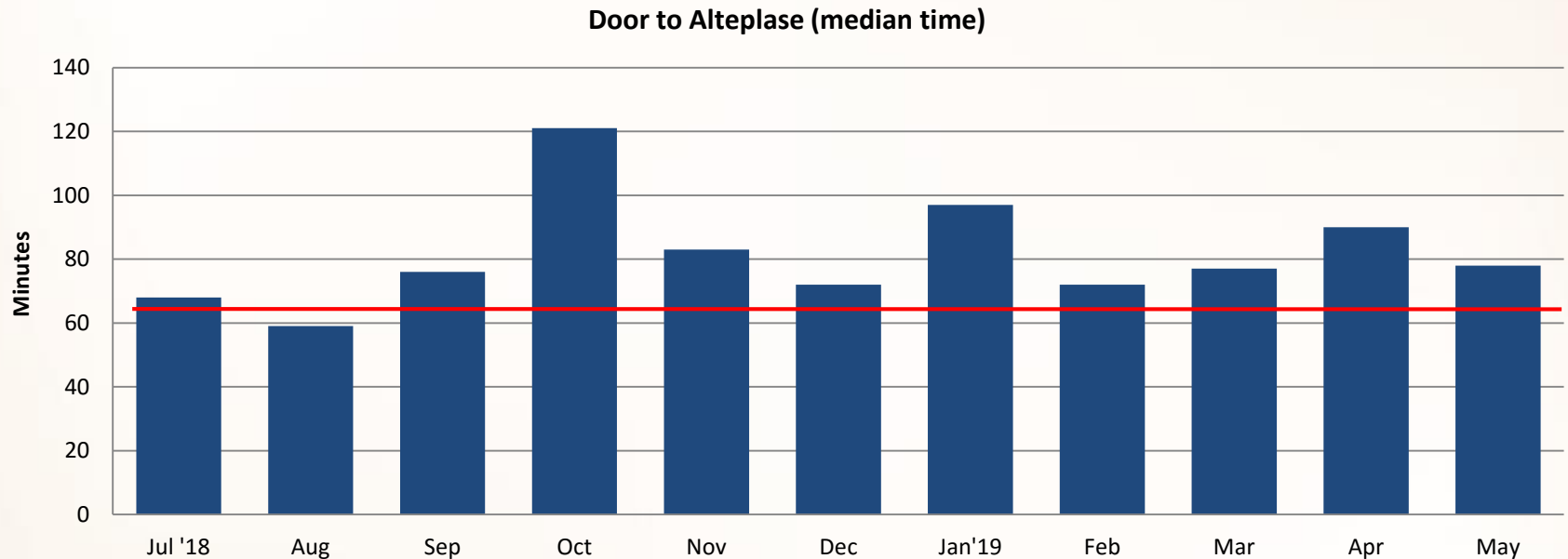
Key Initiatives to Improve Time to Thrombolytic Therapy

Initiatives (continued)

- Patient immediately evaluated by Resident/Physician upon return from CT
- 24/7 interpreter services available in the ED
- Staff, Physician, Resident and EMS education on stroke alert process
- Follow up communication with key stakeholders after thrombolytic therapy

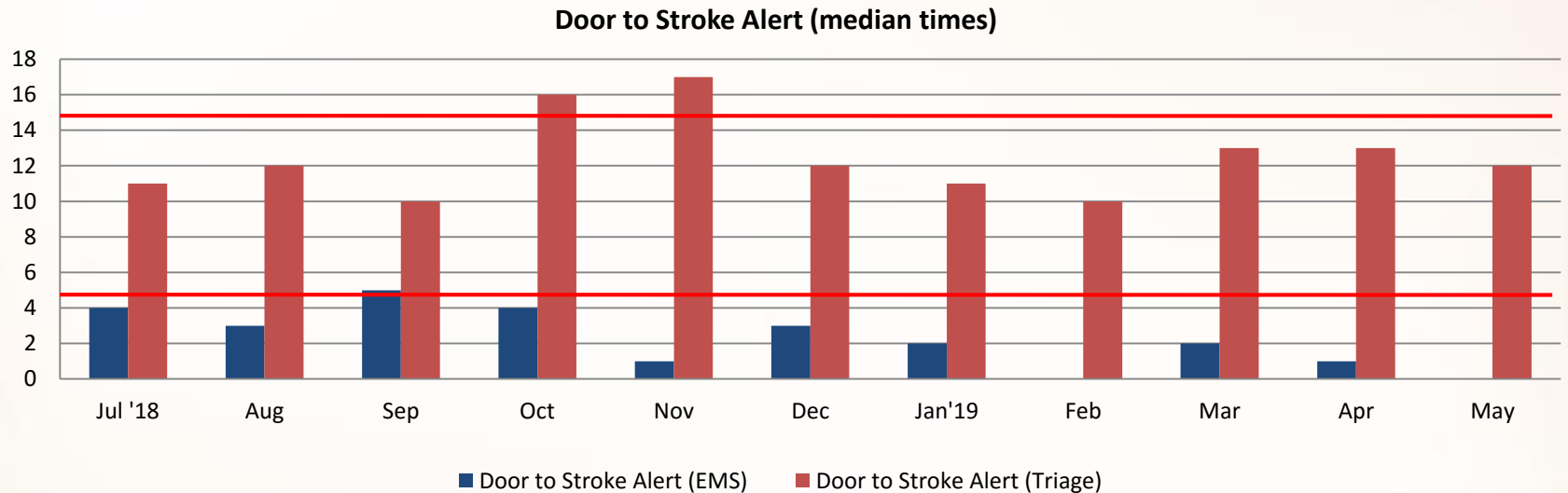


2017-2018 ED Stroke Alert Dashboard



The data in this graph includes all Alteplase patients, no exclusion criteria. TJC expectation is that IV thrombolytics are given within 60 minutes to eligible patients who present for stroke care at least 50% of the time. 2019 AHA/ASA has set new IV thrombolytic goal time to 45 minutes at least 75% of the time. To meet this goal, changes to the stroke alert process <4 hours have been made.

2017-2018 ED Stroke Alert Dashboard

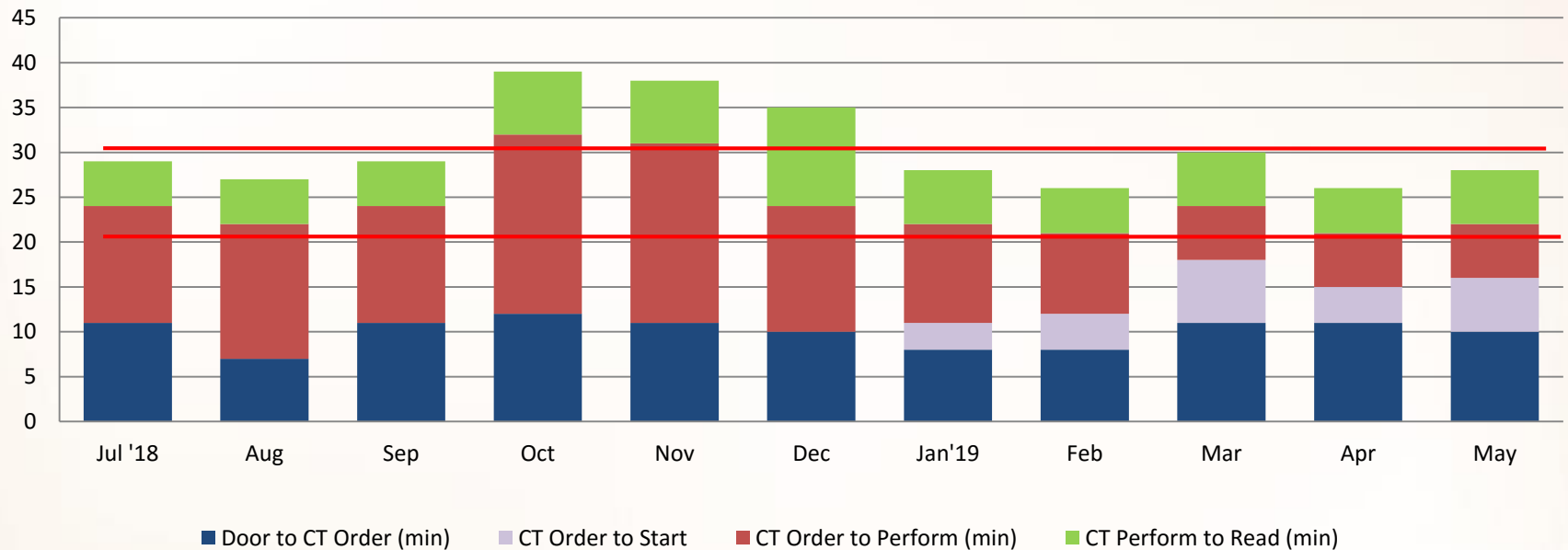


Per ED Stroke Alert process; stroke alerts should be called within 5 minutes of EMS arrival and within 10 minutes if arriving through triage. Door to stroke alert times have improved over the last several months as a result of key initiatives made in the ED:

- Educational sessions with local EMS agencies on stroke assessments and KDH's stroke alert process.
- Collaboration between the ED and EMS personnel on alerts called prior to arrival.
- The majority of stroke alerts brought in through EMS are called "prior to arrival" which explains to 0 minutes from door to alert for EMS

2017-2018 ED Stroke Alert Dashboard

Door to CT Times (median times)



CMS and TJC expectation is that the CT will be performed by 20 minutes and read by 45 minutes of arrival. KDH's new CT read time goal has been set as 30 minutes. Starting 2019; tracking of CT start times will be included in this measurement. start time is define by the first CT images in Synapse.

Stroke Program Dashboard

		2018												2018 Year	2019			
	Bench- marks	J	F	M	A	M	J	J	A	S	O	N	D		Jan	Feb	Mar	Apr
Grouping of Stroke Patients																		
Ischemic		37	35	37	28	54	40	40	47	31	30	39	41	459	30	42	39	43
Hemorrhagic		8	12	14	4	5	6	7	13	9	9	8	5	100	4	10	10	9
TIA (in-patient and observation)		46	46	54	44	61	41	49	53	59	53	55	54	615	37	50	69	52
Transfers to Higher Level of Care (Ischemic)		2	2	6	0	0	2	2	1	3	4	3	6	31	2	2	3	3
Transfers to Higher Level of Care (Hemorrhagic)		1	1	1	1	1	0	0	1	1	1	1	0	9	1	1	2	1
% of tPA - Inpatient & Transfers		21%	19%	14%	11%	13%	12%	7%	10%	26%	6%	5%	11%	13%	16%	14%	14%	13%
Total # of Pts who rec'd tPA (Admitted Patients)		7	7	1	2	6	5	2	4	6	1	1	2	44	4	4	4	4
Total # of Pts who rec'd tPA (& Transferred Out)		1	0	5	1	1	0	1	1	3	1	2	3	19	1	2	2	2
TOTAL NUMBER OF PATIENTS		94	96	112	77	121	89	98	115	103	97	106	106	1214	74	105	123	108
Rate of hemorrhagic complications for tPA pts	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Appropriate vital sign monitoring post tPA	90%	71%	83%	86%	100%	57%	80%	100%	80%	86%	100%	100%	100%	87%	50%	50%	57%	66%
Core Measure: OP-23 Head CT/MRI Results	99.2%	33%	NA	100%	NA	100%	100%	100%	50%	33%	100%	50%	20%	58%	NA	50%	100%	100%
% tPA Arrive by 2 Hrs; Treat by 3 Hrs. (GWTG)	85%	100%	67%	100%	100%	100%	100%	50%	83%	100%	100%	100%	80%	93.5%	100%	100%	83%	100%
% Early Antithrombotics *by end of day 2 (GWTG)	85%	100%	97%	100%	100%	95%	100%	98%	97%	98%	100%	100%	100%	98.6%	100%	100%	100%	100%
% VTE Prophylaxis *by day after admit (GWTG)	85%	100%	100%	100%	100%	87%	92%	90%	84%	90%	94%	88%	95%	93.0%	100%	100%	100%	100%
% Antithrombotic ordered at Dc (GWTG)	85%	100%	100%	100%	100%	98%	100%	98%	98%	98%	97%	98%	100%	98.9%	100%	97%	100%	98%
% Anticoag for afib/flutter ordered at Dc (GWTG)	85%	71%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.7%	80%	89%	100%	100%
% Smoking Cessation GWTG)	85%	90%	93%	86%	100%	85%	10%	91%	95%	92%	100%	94%	100%	93.9%	100%	100%	100%	100%
% LDL or ND - Statin ordered at Dc (GWTG)	85%	95%	100%	100%	98%	95%	98%	100%	90%	98%	100%	96%	100%	97.3%	100%	100%	100%	100%
% Dysphagia Screen prior to po intake (GWTG)	75%	75%	98%	87%	91%	87%	90%	91%	90%	90%	89%	94%	94%	89.4%	100%	93%	94%	88%
% Stroke Education Provided (GWTG)	75%	96%	100%	100%	100%	86%	77%	82%	93%	100%	100%	96%	85%	92.6%	88%	91%	84%	89%
% Rehab Considered (GWTG)	75%	100%	100%	100%	100%	100%	100%	100%	98%	97%	96%	97%	100%	99.1%	97%	100%	100%	100%
% tPA Given within 60 min; all who Rec'd (GWTG)	75%	33%	75%	50%	NA	100%	100%	100%	75%	NA	NA	100%	100%	76.2%	100%	25%	25%	100%
% LDL Documented (GWTG)	75%	83%	98%	94%	95%	91%	85%	90%	88%	85%	95%	91%	100%	91.1%	92%	88%	100%	96%
Intensive Statin Therapy (GWTG)	75%	89%	100%	89%	90%	71%	58%	88%	79%	57%	58%	81%	75%	77.0%	91%	82%	90%	89%
% tPA Arrive by 3.5 Hrs; Treat by 4.5 Hrs (GWTG)	75%	100%	80%	100%	100%	100%	100%	67%	83%	100%	100%	100%	80%	95.2%	100%	80%	86%	100%
% NIHSS Reported (GWTG)	75%	97%	100%	100%	96%	98%	100%	97%	95%	100%	96%	97%	98%	97.9%	97%	98%	97%	100%
% Appropriate stroke order set used (In-Patient)	90%	81%	93%	96%	96%	NA	84%	92%	92%	86%	90%	90%	94%	82.8%	90%	97%	97%	94%
% Appropriate stroke order set used (ED)	90%	69%	91%	80%	82%	NA	80%	78%	89%	88%	85%	85%	84%	75.9%	85%	92%	90%	92%
Hemorrhagic		13.86	6.11	7	8.75	9.8	7.75	7.29	6.29	7.14	16	14.5	12	9.7%	13.5	10.8	6.86	13.88
Ischemic		5.08	4.79	3.61	3.96	5.28	5.67	5.81	5.76	5.54	4.62	5.46	4.31	4.9%	5.61	6.42	5.06	5.1

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Vital Sign and Neuro check monitoring after Alteplase

	Bench- marks	2018												2018 Year	2019			
		J	F	M	A	M	J	J	A	S	O	N	D		Jan	Feb	March	April
Grouping of Stroke Patients																		
Ischemic		37	35	37	28	54	40	40	47	31	30	39	41	459	30	42	39	43
Hemorrhagic		8	12	14	4	5	6	7	13	9	9	8	5	100	4	10	10	9
tPA (in-patient and observation)		46	46	54	44	61	41	49	53	59	53	55	54	615	37	50	69	52
Transfers to Higher Level of Care (Ischemic)		2	2	6	0	0	2	2	1	3	4	3	6	31	2	2	3	3
Transfers to Higher Level of Care (Hemorrhagic)		1	1	1	1	1	0	0	1	1	1	1	0	9	1	1	2	1
Transfers - Door to Transfer Times (Medium)	2 hrs.																	
% of tPA Inpatient & Transfers		21%	19%	14%	11%	13%	12%	7%	10%	26%	6%	7%	11%	13%	16%	14%	14%	13%
Total # of Pts who rec'd tPA (Admitted Patients)		7	7	1	2	6	5	2	4	6	1	1	2	44	4	4	4	4
Total # of Pts who rec'd tPA (& Transferred Out)		1	0	5	1	1	0	1	1	3	1	2	3	19	1	2	2	2
TOTAL NUMBER OF PATIENTS		94	96	112	77	121	89	98	115	103	97	106	106	1214	74	105	123	108
Rate of hemorrhagic complications for tPA pts	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Appropriate vital sign monitoring post tPA	90%	71%	83%	86%	100%	57%	80%	100%	80%	86%	100%	100%	100%	87%	50%	50%	57%	67%

Vital signs and neuro checks are to be completed after the initiation of Alteplase: q 15 minutes x2 hours, q30 minutes x6 hours, then q 1 hour x16 hours. The expectation is that we are 90% compliant with this metric. Working closely with ED and ICU leadership the last several months on various actions needed for improvement in this area

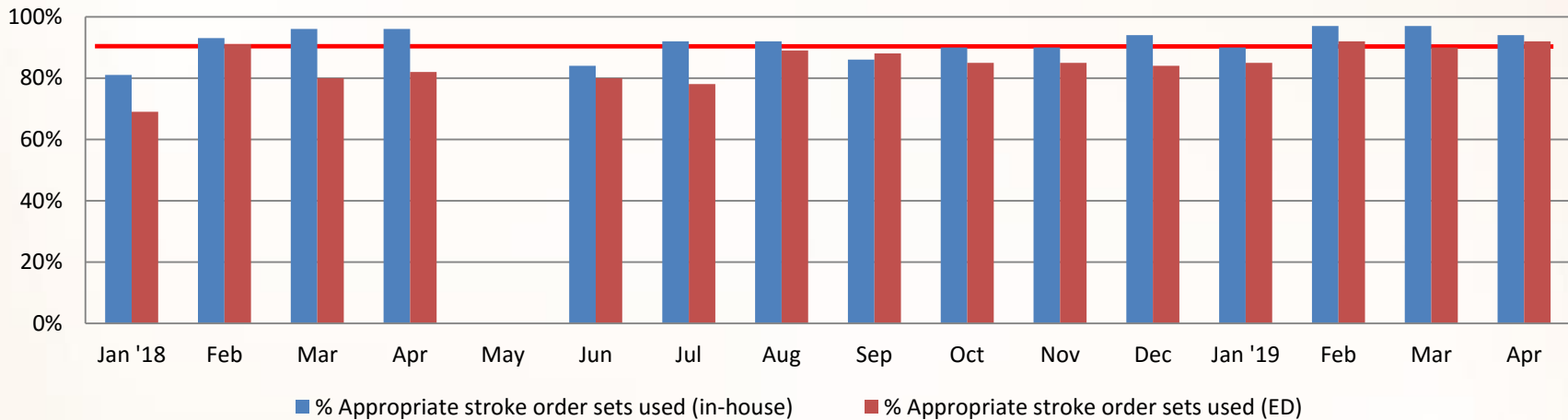
Action plans:

- Bedside handoff communication between the ED and ICU RN
- Key staff member education with staff member involved in missing elements



Stroke Admission Order Set Compliance

Physician Order Set Compliance



The stroke order sets used are evidence based set forth by the American Heart Association/American Stroke Association. In February 2017, the Medical Executive Committee (MEC) mandated that the medical staff use evidence based order sets when available. Compliance with order set usage for both in-house and ED had declined slightly after Cerner implementation in May 2018. As of 2019; overall compliance has been good.

- Education provided to physician if no order set used
- Notification to Hospitalist/Intensivist leadership and Stroke Medical Director if a physician is noncompliant

Stroke Program Initiatives

- ED Stroke alert process changed in December 2018 as a result of AHA/ASA new guidelines for ischemic stroke patients (Jan 2018)
 - Stroke Alerts are now called for patients with “last known well” <16 hours
 - Enhanced imaging to evaluate if patients are candidates for endovascular treatment. This requires a transfer to a tertiary care center
 - Door to CT perform time decreased from 25 minutes to 20 minute goal
 - Door to Transfer goal is 120 minutes



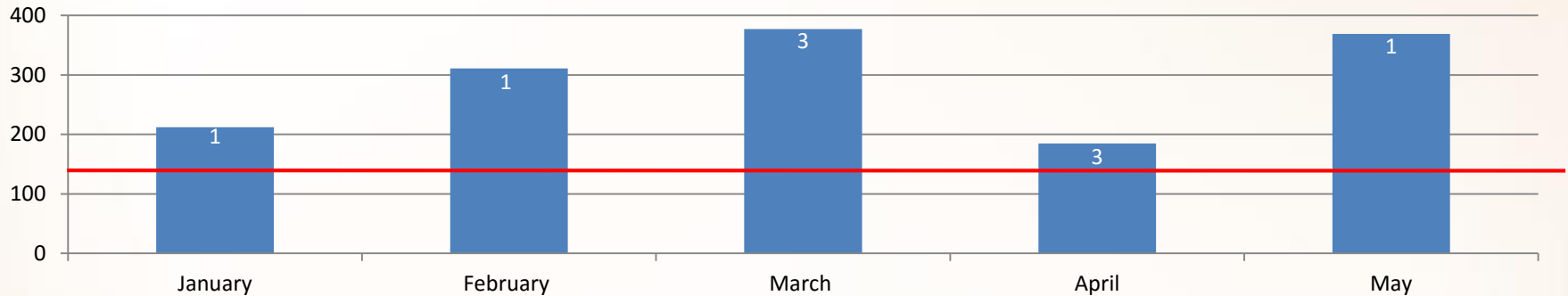
Stroke Program Initiatives

- Transfer Process
 - November 2018: Transfer Task Force has been established and includes all key stakeholders; Skylife, EMS, ED and Case Management.
 - January 2019: TJC added new metrics on door to transfer times. Door to transfer goal <120 minutes.
 - Hemorrhage
 - IV Alteplase and Transfer “drip and ship”
 - Large Vessel Occlusion and Endovascular Eligible
 - Large Vessel Occlusion and Not Endovascular Eligible
 - No Large Vessel Occlusion and Not Endovascular Eligible



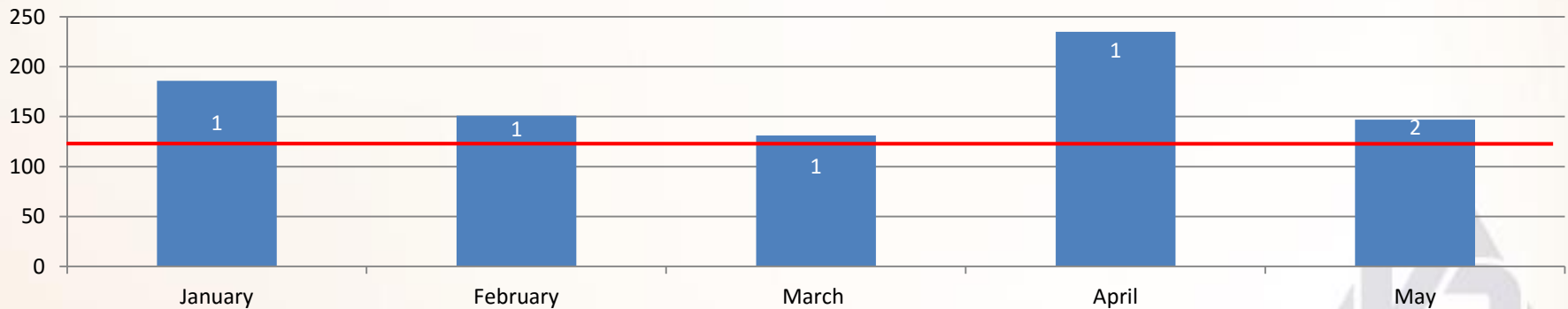
Transfer Dashboard

Hemorrhagic Stroke and Transfer



New TJC metric as of January 2019. TJC expectation is that if patients require transfer to a tertiary center that the door to transfer should be <120 minutes. Only a few hemorrhagic patients are transferred out for other procedures not done at KDH, specifically coiling/clipping of aneurysms or bleeds. A Transfer Task Force has been set up to help streamline the process.

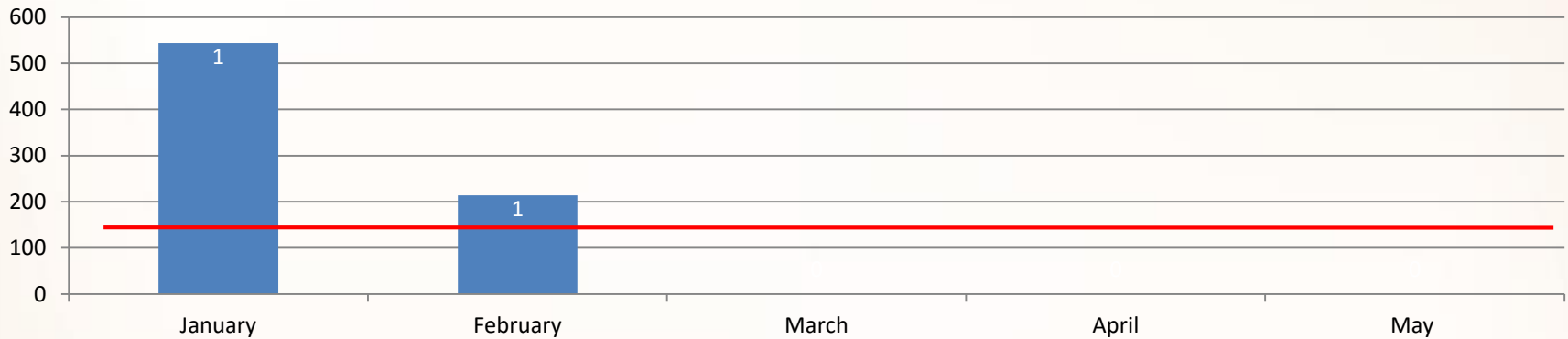
IV Alteplase and Transfer



New TJC metric as of January 2019. TJC expectation is that if patients require transfer to a tertiary center that the door to transfer should be <120 minutes. These are considered our "drip and ship" cases. Transfers for ischemic strokes occur primarily if a large vessel occlusion is noted on CTA that would be eligible for endovascular treatment. A Transfer Process Task Force has been set up to help streamline the process.

Transfer Dashboard

No IV Alteplase, LVO Eligible



New TJC metric as of January 2019. TJC expectation is that patients requiring transfer to a tertiary care center that the door to transfer should be less than 120 minutes. This cohort of patients have a large vessel occlusion that would be eligible for endovascular treatment and do not meet criteria for Alteplase administration. A Transfer Task Force has been set up to help streamline the process. Jan-1, Feb-1, Mar-0, Apr-0, and May 0.



Stroke Program Initiatives

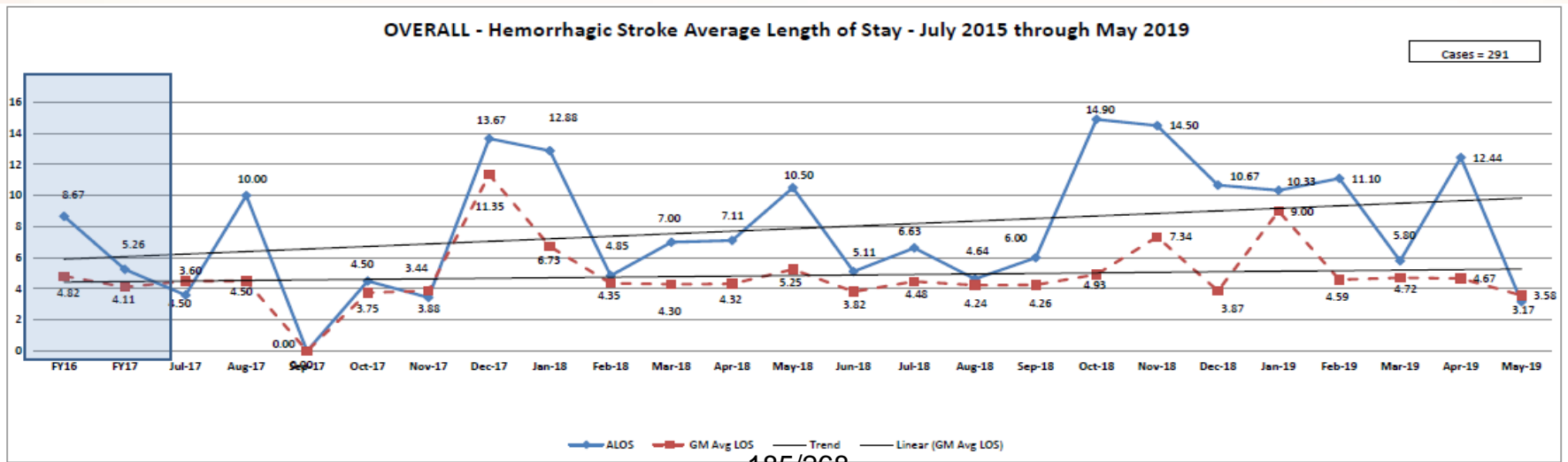
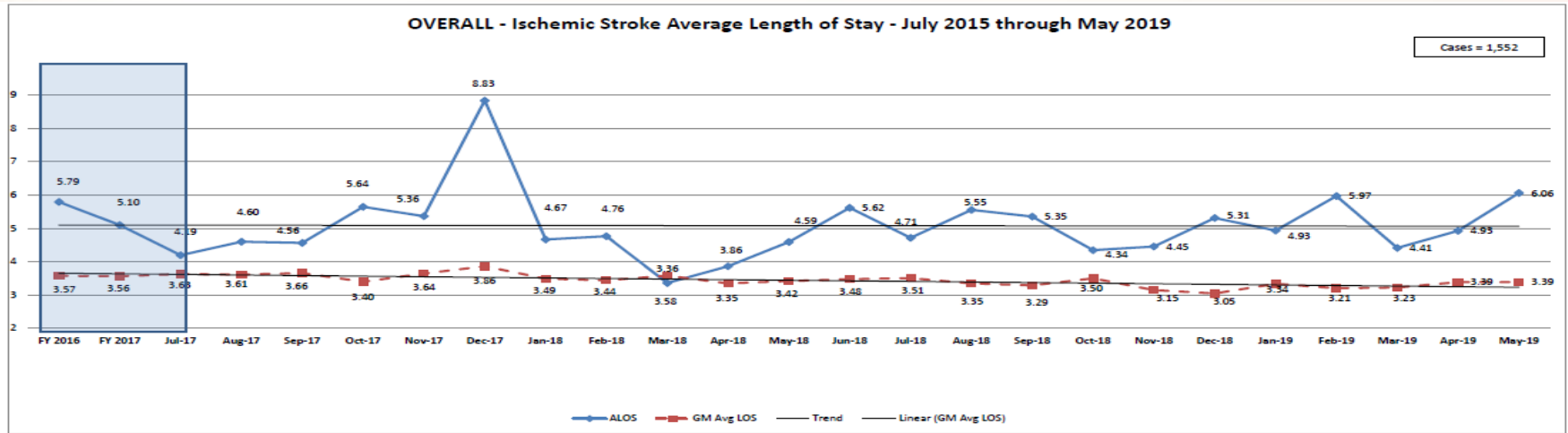
- Improve Stroke Length of Stay (LOS)
 - Stroke Throughput Task Force

ACTION ITEMS:

- Staff and Physicians focus on: “Can this procedure be done on an out-patient basis?”
- Additional Neurology coverage (support Dr. Pantera)
- Discharge process/education started the night prior to discharge (preferably at time of admit)
- Have data readily available of barriers to timely discharge



Stroke Program Initiatives



Stroke Program

Performance Improvement Initiatives

Fiscal Year 2019

- Focused Stroke Performance Improvement Projects for FY 2019
 - Nutritional support for patients who fail swallow evaluations
 - Transfer process
 - Dysphagia screening process
 - Door to thrombolytic (Alteplase) timing
 - Post Alteplase monitoring
 - NIHSS (National Institutes of Health Stroke Scale) consistency/compliance
 - Nursing neurological assessment process



KDHCD Stroke Program Awards



**The Joint
Commission®**



**American Heart
Association®
American Stroke
Association®**

CERTIFICATION

Meets standards for

Primary Stroke Center





KAWEAH DELTA HEALTH CARE DISTRICT

Food & Nutrition Services Board of Directors Presentation

July 2019

Presented By: Lawrence Headley RD



Our Vision

**We believe in the Ability of Food
to Nourish
to Sustain
and to Restore**



Introduction of Management Team

- **Kris Daugherty, MS RD, Clinical Nutrition Manager**
- **Bernadith Lacson, NDTR, Patient Services Manager**
- **Sonia Sanchez, Retail Manager**
- **Raymond “Ray” Shiu, Executive Chef**



Kris Daugherty, MS RD



- **6½ Years with Kaweah Delta Health Care District**
 - **Currently Clinical Nutrition Manager February 2019**
 - **Former Interim Director, Patient Services Manager**
- **25+ years in the Nutrition Profession**
- **Additional Qualifications**
 - **Nutrition Education Specialist, Kaiser Permanente**
 - **Media Representative for Kaiser Permanente**
 - **Adjunct Nutrition Faculty, Bakersfield College**

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Bernadith Lacson, NDTR



- Kaweah Delta Health Care District- Patient Services Manager
May 2019
- Additional Qualifications
 - Morrison Healthcare
 - Senior Food Services Director, Alta Bates Summit Medical Center Sutter Alta Bates campus, Berkeley, CA
 - Systems Director, Alta Bates Summit Medical Center Sutter Summit campus, Oakland, CA
 - Financial Analyst/ QA Trombley Region
 - Doctors Hospital Food Services Director, San Pablo and Pinole Hospital
 - Serve Safe Certified Instructor & Registered Proctor

Sonia Sanchez



- **14½ years with Kaweah Health Care District**
- **Currently Retail Manager April 2019**
- **Formally a Cashier, and Catering Coordinator**
- **Formally Food & Nutrition Services Lead**
- **Formally Retail Supervisor**
- **Additional Qualifications**
 - **Formally Manager at Wendy's San Diego CA**

Raymond “Ray” Shiu



- **Currently Executive Chef- Kaweah Delta Health Care District, April 2019**
- **Additional Qualifications**
 - **Formally with Morrison Healthcare at Community Regional Medical Center, Fresno CA**
 - **Worked at Numerous restaurants in the Bay Area**
 - **Formally Owner of Purple Potato, Hanford CA**
 - **Worked at the Hong Kong family owned restaurant in Hanford from 1973-2012**

Initiatives Underway

- **New Patient Menu, Implemented July 2019**
 - Two separate meal selections each day for our patients.
 - Daily Cold Option
 - Always available
 - Nutrition Hosts Meal Selection with Patients
 - Patient Rounding, Ongoing
 - Goal 50%tile by End of Year
- **Revised Doctors' and Cafeteria Menu May 2019.**
 - More vegetarian options and comfort foods
- **Daily Cafeteria Display Meal**
- **Siren Grill Opened May 2019 Daily Specials**
- **Employee Rounding, Ongoing**



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

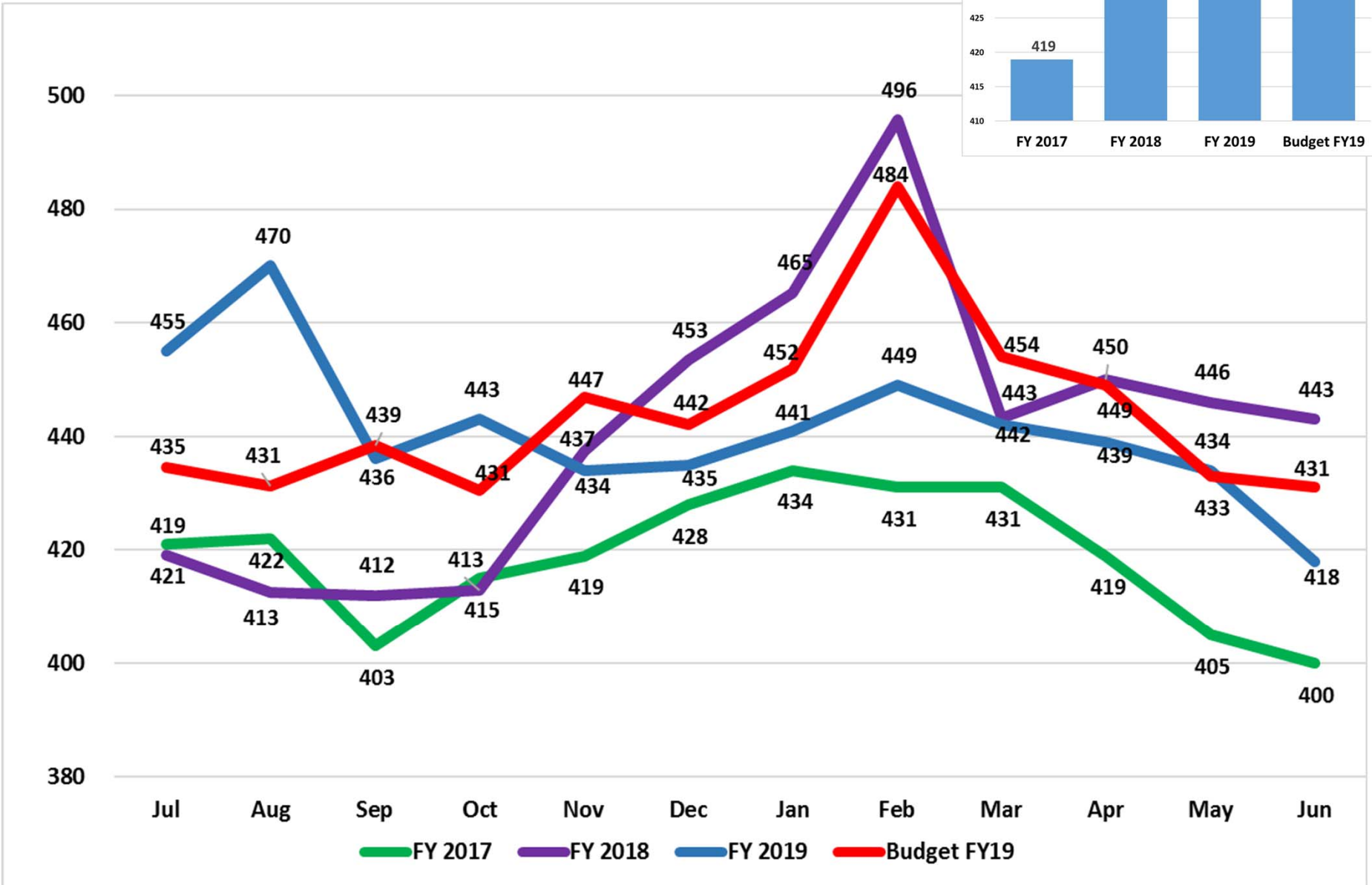
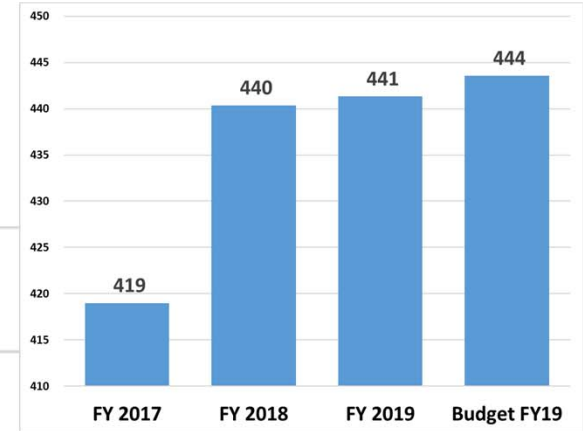
CFO Financial Report

July 18, 2019

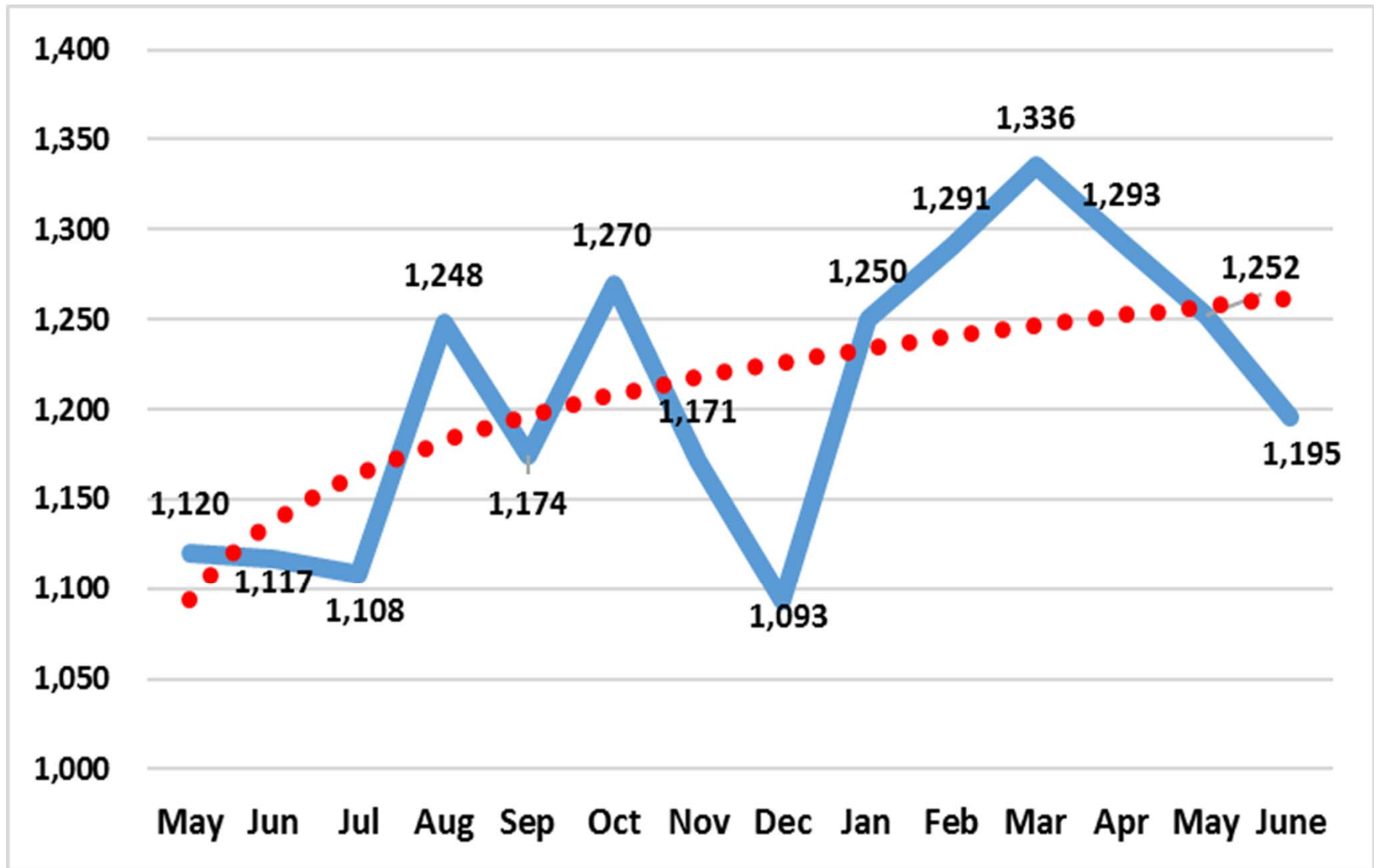


Kaweah Delta
HEALTH CARE DISTRICT

Average Daily Census



Outpatient Registrations per Day



Statistical Results – Fiscal Year Comparison (June)

	Actual Results			Budget	Budget Variance	
	Jun 2018	Jun 2019	% Change	Jun 2019	Change	% Change
Average Daily Census	441	418	(5.2%)	431	(12)	(2.9%)
KDHCD Patient Days:						
Medical Center	8,583	7,988	(6.9%)	8,054	(66)	(0.8%)
Acute I/P Psych	1,399	1,418	1.4%	1,448	(30)	(2.1%)
Sub-Acute	890	933	4.8%	943	(10)	(1.1%)
Rehab	546	558	2.2%	593	(35)	(5.9%)
TCS-Ortho	379	453	19.5%	370	83	22.4%
TCS	369	157	(57.5%)	549	(392)	(71.4%)
NICU	515	501	(2.7%)	390	111	28.5%
Nursery	557	539	(3.2%)	571	(32)	(5.6%)
Total KDHCD Patient Days	13,238	12,547	(5.2%)	12,918	(371)	(2.9%)
Total Outpatient Volume	11,593	11,687	0.8%	13,066	(1,379)	(10.6%)

Statistical Results – Fiscal Year Comparison (Jul-Jun)

	Actual Results			Budget	Budget Variance	
	FY 2018	FY 2019	% Change	FY 2019	Change	% Change
Average Daily Census	440	441	0.2%	444	(2)	(0.5%)
KDHCD Patient Days:						
Medical Center	103,945	103,523	(0.4%)	103,324	199	0.2%
Acute I/P Psych	16,976	17,184	1.2%	17,380	(196)	(1.1%)
Sub-Acute	11,270	11,311	0.4%	11,327	(16)	(0.1%)
Rehab	6,775	6,756	(0.3%)	7,118	(362)	(5.1%)
TCS-Ortho	4,527	4,816	6.4%	4,439	377	8.5%
TCS	5,740	5,409	(5.8%)	6,588	(1,179)	(17.9%)
NICU	4,688	5,343	14.0%	4,758	585	12.3%
Nursery	6,813	6,740	(1.1%)	6,967	(227)	(3.3%)
Total KDHCD Patient Days	160,734	161,082	0.2%	161,901	(819)	(0.5%)
Total Outpatient Volume	144,424	144,271	(0.1%)	152,462	(8,191)	(5.4%)

Other Statistical Results – Fiscal Year Comparison (June)

	Jun 2018	Jun 2019	Change	% Change
Adjusted Patient Days	24,831	24,234	(597)	(2.4%)
Outpatient Visits	11,593	11,687	94	0.8%
Urgent Care - Demaree	0	1,578	1,578	100.0%
KDMF RVU	24,923	34,093	9,170	36.8%
Hospice Days	3,222	3,529	307	9.5%
Endoscopy Procedures (I/P & O/P)	485	527	42	8.7%
Home Health Visits	2,373	2,532	159	6.7%
Surgery Minutes (I/P & O/P)	929	983	54	5.8%
Radiology/CT/US/MRI Proc (I/P & O/P)	14,170	14,493	323	2.3%
O/P Rehab Units	17,500	17,595	95	0.5%
Physical & Other Therapy Units	17,174	17,260	86	0.5%
GME Clinic visits	1,069	1,060	(9)	(0.8%)
ED Visit	7,208	7,119	(89)	(1.2%)
Dialysis Treatments	2,030	1,979	(51)	(2.5%)
Home Infusion Days	11,067	10,669	(398)	(3.6%)
Cath Lab Minutes (IP & OP)	18,908	17,572	(1,336)	(7.1%)
OB Deliveries	448	376	(72)	(16.1%)
Radiation Oncology Treatments (I/P & O/P)	2,654	2,217	(437)	(16.5%)
Urgent Care - Court	4,099	3,310	(789)	(19.2%)

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

	FY 2018	FY 2019	Change	% Change
Adjusted Patient Days	305,158	305,353	195	0.1%
Outpatient Visits	144,424	144,271	(153)	(0.1%)
Urgent Care - Demaree	0	19,202	19,202	100.0%
Surgery Minutes (I/P & O/P)	10,314	12,150	1,836	17.8%
KDMF RVU	317,774	367,674	49,900	15.7%
GME Clinic visits	10,821	11,930	1,109	10.2%
Physical & Other Therapy Units	199,875	213,759	13,884	6.9%
Home Health Visits	30,513	32,091	1,578	5.2%
Dialysis Treatments	22,407	23,367	960	4.3%
O/P Rehab Units	227,269	235,352	8,083	3.6%
OB Deliveries	4,789	4,764	(25)	(0.5%)
Radiology/CT/US/MRI Proc (I/P & O/P)	179,922	178,852	(1,070)	(0.6%)
Hospice Days	40,878	39,947	(931)	(2.3%)
Home Infusion Days	138,154	129,293	(8,861)	(6.4%)
ED Visit	91,943	84,834	(7,109)	(7.7%)
Endoscopy Procedures (I/P & O/P)	6,292	5,776	(516)	(8.2%)
Cath Lab Minutes (IP & OP)	244,355	220,782	(23,573)	(9.6%)
Radiation Oncology Treatments (I/P & O/P)	28,445	25,031	(3,414)	(12.0%)
Urgent Care - Court	61,946	49,071	(12,875)	(20.8%)

June Financial Results Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Jun 2018	Jun 2019	% Change	Jun 2019	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$46,256	\$47,025	1.7%	\$49,750	(\$2,726)	(5.5%)
Supplemental Gov't Programs	12,286	9,530	(22.4%)	3,608	5,921	164.1%
Prime Program	3,353	5,480	63.4%	997	4,483	449.7%
Premium Revenue	4,551	4,620	1.5%	3,264	1,356	41.6%
Management Services Revenue	2,183	2,364	8.3%	2,406	(42)	(1.7%)
Other Revenue	2,487	2,001	(19.5%)	1,578	423	26.8%
Other Operating Revenue	24,860	23,995	(3.5%)	11,853	12,142	102.4%
Total Operating Revenue	71,116	71,019	(0.1%)	61,603	9,416	15.3%
Operating Expenses						
Salaries & Wages	24,155	24,004	(0.6%)	23,211	794	3.4%
Contract Labor	1,903	948	(50.2%)	296	652	220.3%
Employee Benefits	4,971	4,012	(19.3%)	5,986	(1,974)	(33.0%)
Total Employment Expenses	31,029	28,964	(6.7%)	29,493	(529)	(1.8%)
Medical & Other Supplies	8,658	7,115	(17.8%)	9,141	(2,026)	(22.2%)
Physician Fees	6,325	7,807	23.4%	6,805	1,002	14.7%
Purchased Services	4,596	4,103	(10.7%)	3,084	1,019	33.1%
Repairs & Maintenance	2,167	2,450	13.1%	2,127	323	15.2%
Utilities	495	456	(8.0%)	483	(27)	(5.6%)
Rents & Leases	514	585	13.8%	544	41	7.5%
Depreciation & Amortization	3,123	2,863	(8.3%)	3,493	(629)	(18.0%)
Interest Expense	359	437	21.9%	501	(63)	(12.6%)
Other Expense	3,279	1,493	(54.5%)	1,758	(265)	(15.1%)
Management Services Expense	2,168	2,747	26.7%	2,362	385	16.3%
Total Operating Expenses	62,713	59,020	(5.9%)	59,790	(769)	(1.3%)
Operating Margin	\$8,403	\$11,999	42.8%	\$1,813	\$10,186	561.7%
Nonoperating Revenue (Loss)	502	3,562	609.9%	709	2,853	402.4%
Excess Margin	\$8,905	\$15,561	74.7%	\$2,522	\$13,039	516.9%
Operating Margin %	11.8%	16.9%		2.9%		
Excess Margin %	12.5%	21.9%		4.1%		

YTD Financial Results Comparison (000's)

	Actual Results FYTD July-June			Budget FYTD	Budget Variance FYTD	
	Jun 2018	Jun 2019	% Change	Jun 2019	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$568,097	\$561,753	(1.1%)	\$604,844	(\$43,091)	(7.1%)
Supplemental Gov't Programs	41,227	76,471	85.5%	43,300	33,171	76.6%
Prime Program	20,444	17,717	(13.3%)	11,964	5,753	48.1%
Premium Revenue	33,880	40,871	20.6%	35,931	4,940	13.7%
Management Services Revenue	28,767	31,751	10.4%	29,268	2,483	8.5%
Other Revenue	19,856	23,865	20.2%	18,417	5,448	29.6%
Other Operating Revenue	144,175	190,675	32.3%	138,880	51,795	37.3%
Total Operating Revenue	712,272	752,428	5.6%	743,724	8,704	1.2%
Operating Expenses						
Salaries & Wages	268,250	287,902	7.3%	286,822	1,080	0.4%
Contract Labor	10,017	14,997	49.7%	3,672	11,325	308.4%
Employee Benefits	71,210	72,823	2.3%	72,755	68	0.1%
Total Employment Expenses	349,476	375,722	7.5%	363,250	12,473	3.4%
Medical & Other Supplies	110,389	113,115	2.5%	112,962	154	0.1%
Physician Fees	75,049	85,673	14.2%	82,306	3,367	4.1%
Purchased Services	39,726	39,802	0.2%	35,593	4,208	11.8%
Repairs & Maintenance	24,002	26,414	10.0%	25,569	845	3.3%
Utilities	5,509	5,642	2.4%	5,875	(233)	(4.0%)
Rents & Leases	5,753	6,117	6.3%	6,529	(412)	(6.3%)
Depreciation & Amortization	25,681	30,851	20.1%	33,808	(2,957)	(8.7%)
Interest Expense	4,866	5,453	12.1%	6,007	(554)	(9.2%)
Other Expense	19,933	17,247	(13.5%)	21,386	(4,139)	(19.4%)
Management Services Expense	28,241	31,359	11.0%	28,740	2,619	9.1%
Total Operating Expenses	688,624	737,394	7.1%	722,025	15,369	2.1%
Operating Margin	\$23,647	\$15,034	(36.4%)	\$21,699	(\$6,665)	(30.7%)
Nonoperating Revenue (Loss)	3,706	12,306	232.1%	6,295	6,011	95.5%
Excess Margin	\$27,353	\$27,340	(0.0%)	\$27,994	(\$654)	(2.3%)

Operating Margin %	3.3%	2.0%		2.9%
Excess Margin %	3.8%	3.6%		3.8%

Kaweah Delta Medical Foundation

Fiscal Year Financial Comparison (000's)

	Actual Results FYTD July-June			Budget FYTD	Budget Variance FYTD	
	Jun 2018	Jun 2019	% Change	Jun 2019	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$39,020	\$44,110	13.0%	\$45,779	(\$1,669)	(3.6%)
Other Revenue	352	773	119.4%	417	356	85.4%
Total Operating Revenue	39,372	44,883	14.0%	46,196	(1,313)	(2.8%)
Operating Expenses						
Salaries & Wages	10,130	11,474	13.3%	11,425	49	0.4%
Contract Labor	42	143	242.6%	0	143	0.0%
Employee Benefits	2,656	2,898	9.1%	2,903	(6)	(0.2%)
Total Employment Expenses	12,828	14,514	13.1%	14,328	186	1.3%
Medical & Other Supplies	5,121	6,369	24.4%	5,856	513	8.8%
Physician Fees	19,640	22,550	14.8%	22,773	(223)	(1.0%)
Purchased Services	1,258	1,336	6.2%	1,367	(31)	(2.3%)
Repairs & Maintenance	2,009	1,868	(7.0%)	2,055	(187)	(9.1%)
Utilities	364	406	11.6%	458	(52)	(11.4%)
Rents & Leases	2,502	2,701	8.0%	2,908	(207)	(7.1%)
Depreciation & Amortization	1,141	1,270	11.3%	1,037	233	22.4%
Interest Expense	32	22	(30.6%)	38	(16)	(41.5%)
Other Expense	1,373	1,737	26.5%	1,259	478	38.0%
Total Operating Expenses	46,267	52,772	14.1%	52,079	694	1.3%
Excess Margin	(\$6,895)	(\$7,889)	(14.4%)	(\$5,883)	(\$2,006)	(34.1%)
Excess Margin %	(17.5%)	(17.6%)		(12.7%)		

Discussion Year End Impacts FY 19

Prime High Performing Metrics **\$4,120,804**

Inventory Impact from OR, CVOR, Cath Lab **\$2,156,942**

Humana MA Year End Settlement **\$955,000**

Workers Compensation Accrual Adjustment **\$1,391,566**

Reduction Pension Expense **\$1,511,188**

Total Possible **\$10,135,500**

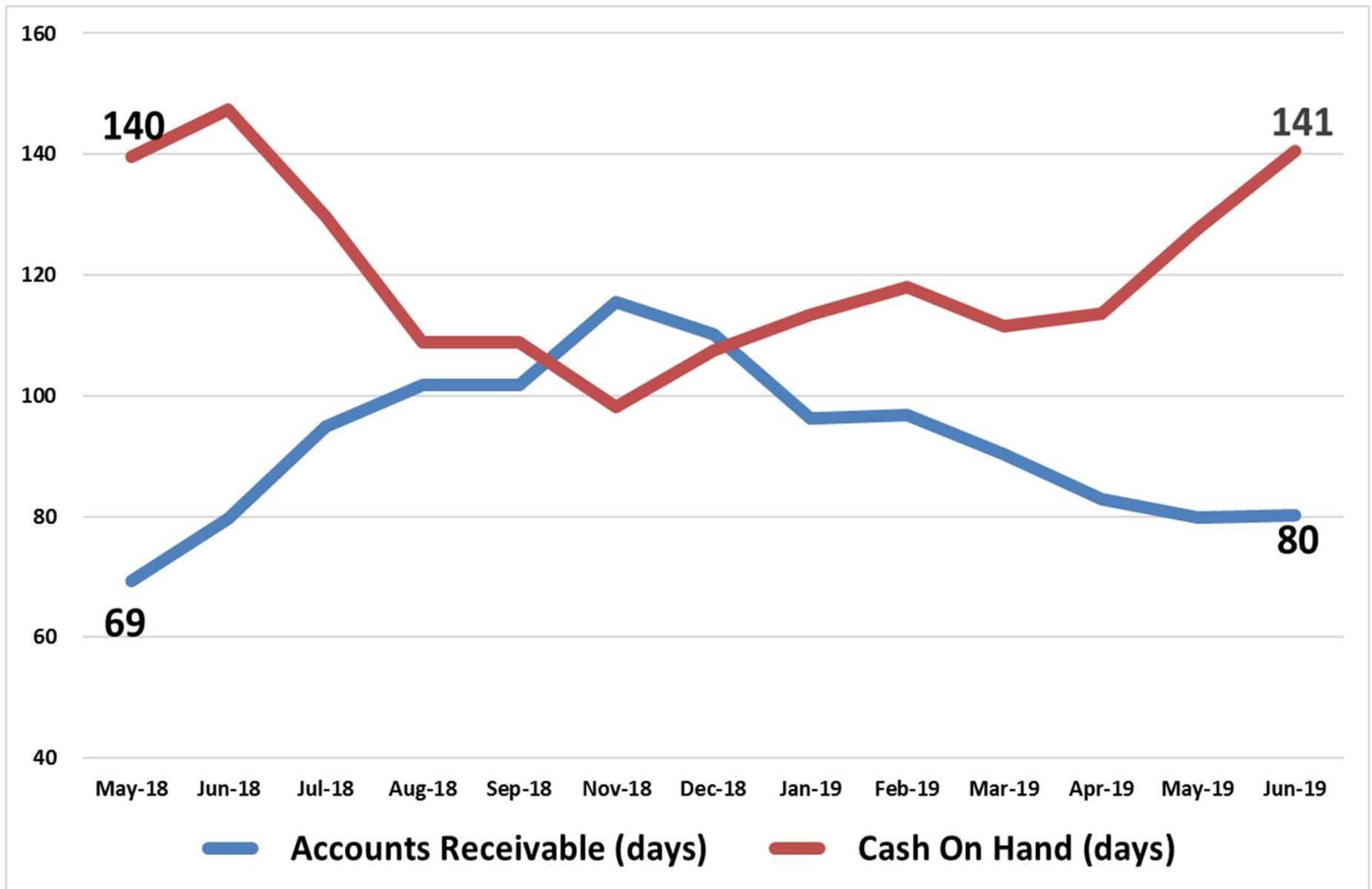
FY 19 Budget Variance Personnel Expenses (000s)

	FY 19 Actual	FY 19 Budget	Variance	% Change
Total Personnel Expense	\$375,722	\$363,250	\$12,473	3.40%
New positions and service lines			\$5,790	
Differences in Premium Pay – such as Contract Labor and OT			\$5,533	
Cerner: Increase in FTE's			\$1,150	
			\$12,473	

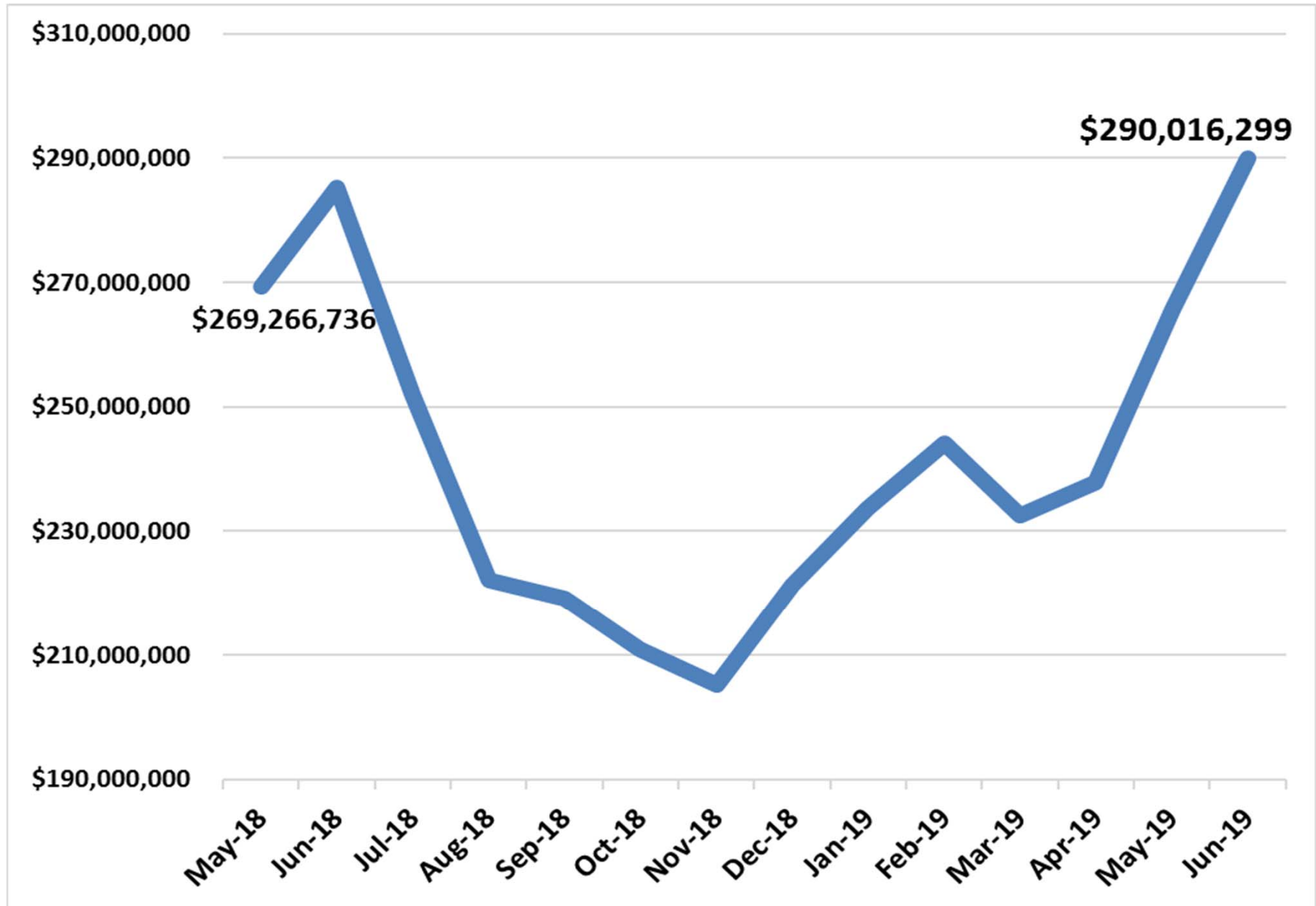
FY 19 Budget Variance Other Operating Expense (000s)

	FY 19 Actual	FY 19 Budget	Variance	% Change
Total Other Operating Expense	\$361,672	\$358,775	\$2,897	0.8%
Increase in Physician Fees			\$3,367	
Increase in Purchased Svc–Coding(Cerner)			\$1,985	
Increase in Purchased Svc–ISS(Cerner)			\$1,643	
Increase in Humana MA Cost of Claims			\$864	
Increase in IT Repair Service Contract			\$845	
Increase in Other			\$314	
Decreases in Travel/Education/Office Supplies			(\$1,342)	
Decrease in Professional Liability Insurance			(\$1,822)	
Decrease in Depreciation			(\$2,957)	
			\$2,897	

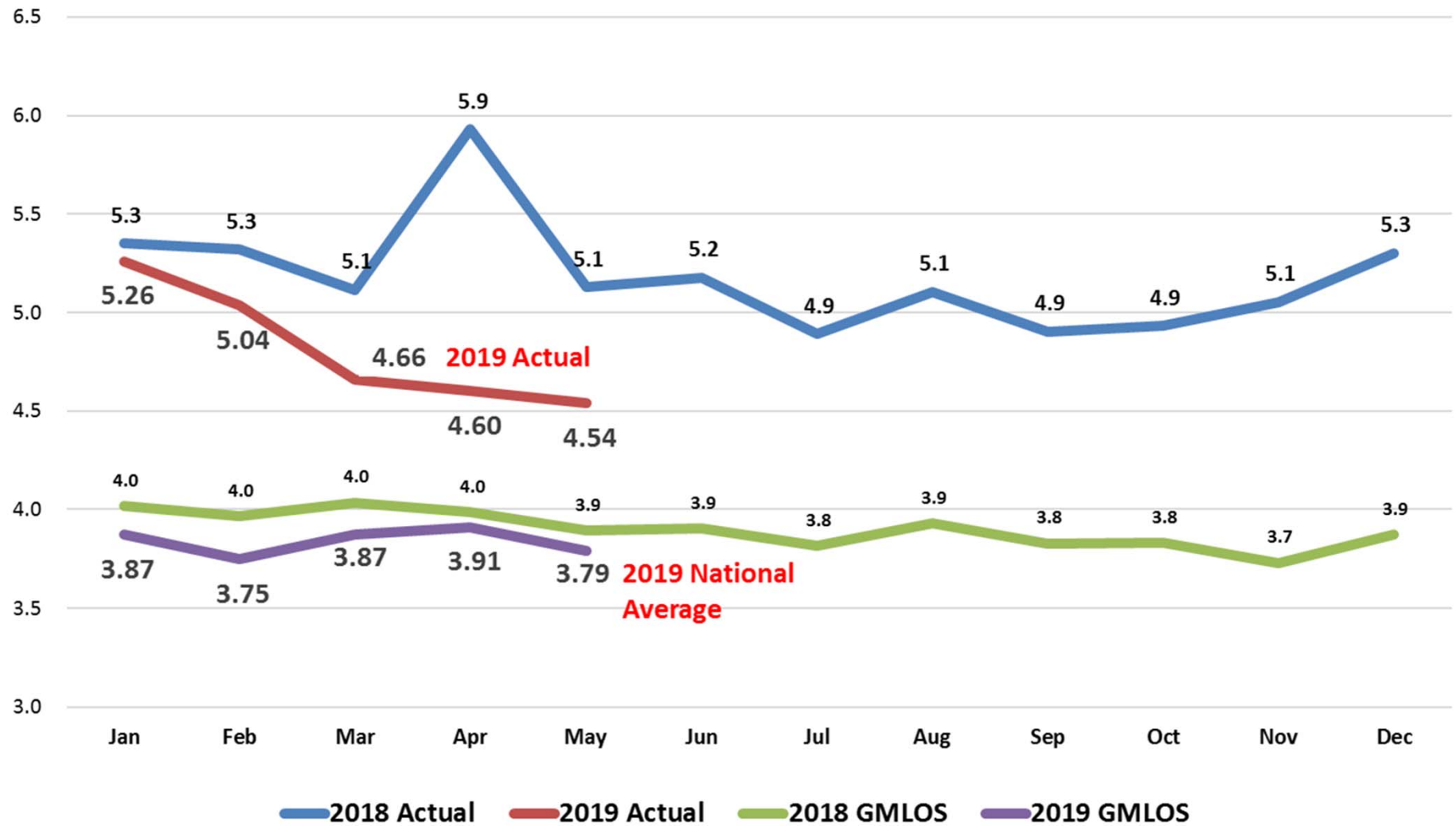
Days in Cash & Days in Accounts Receivable

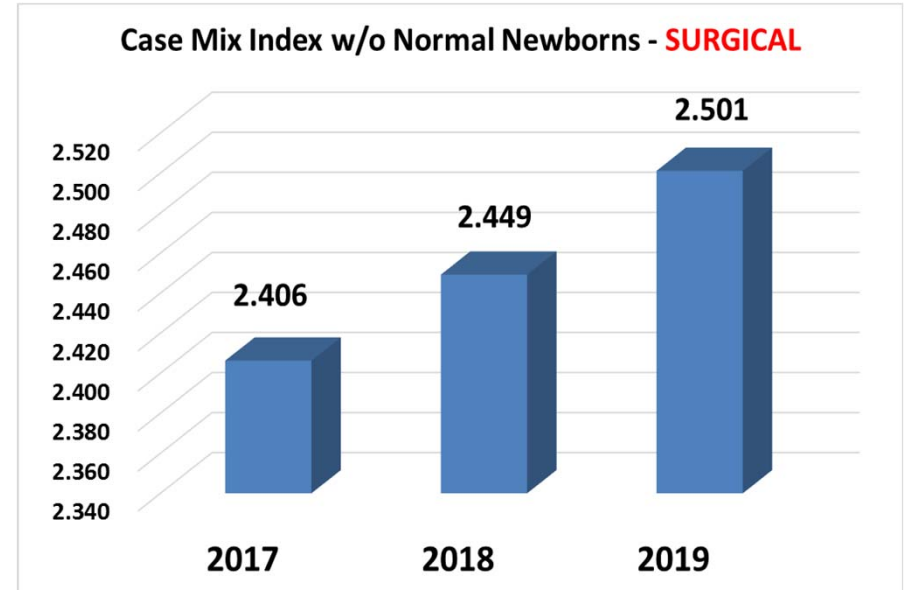
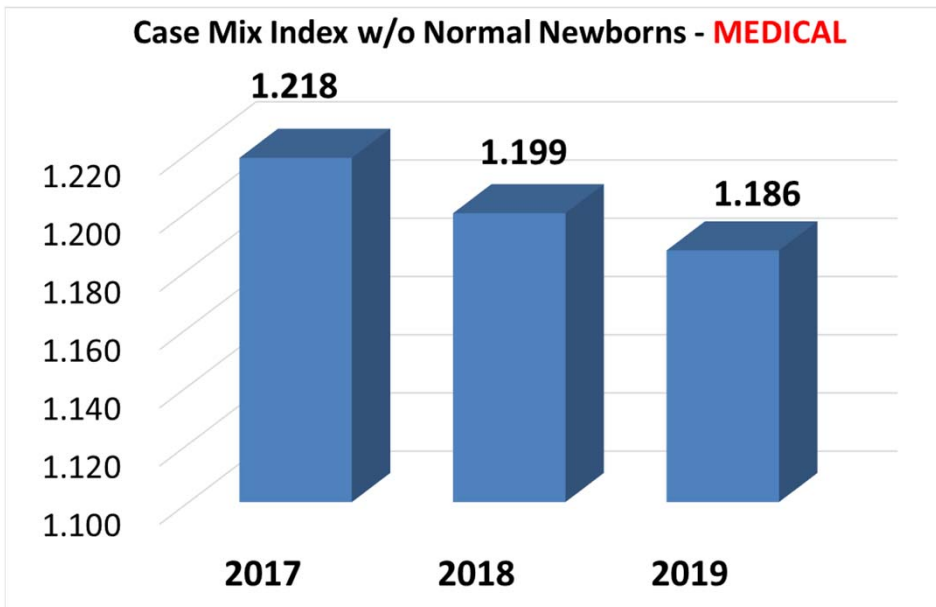
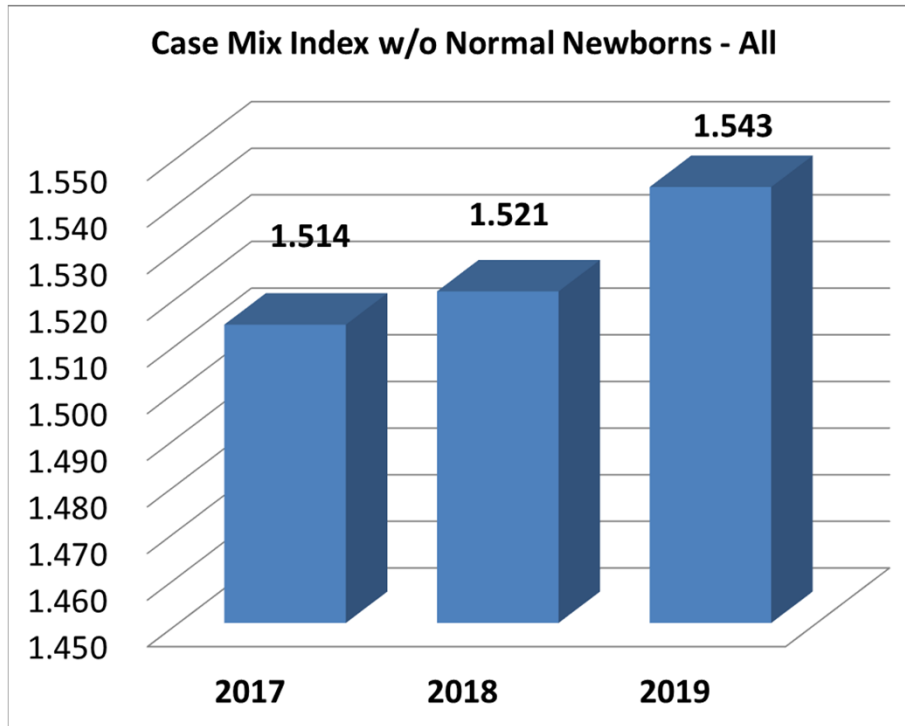


Surplus Cash



Average Length of Stay versus National Average (GMLOS)





KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2018 & 2019

Fiscal Year	Operating Revenue			Operating Expenses					Operating Expenses Total	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							
2018														
Jul-17	45,574	9,538	55,112	27,540	5,046	8,360	11,461	52,407	2,705	492	3,197	4.9%	5.8%	
Aug-17	45,582	10,283	55,865	27,549	5,506	8,905	12,236	54,197	1,669	462	2,131	3.0%	3.8%	
Sep-17	43,354	10,246	53,599	27,950	5,505	8,372	11,751	53,577	22	855	877	0.0%	1.6%	
Oct-17	46,452	17,695	64,146	29,020	6,309	8,908	12,147	56,384	7,762	378	8,140	12.1%	12.7%	
Nov-17	50,375	9,591	59,965	29,430	6,430	9,654	12,441	57,955	2,010	541	2,551	3.4%	4.3%	
Dec-17	49,412	8,979	58,391	27,470	6,035	9,768	12,155	55,428	2,963	(326)	2,637	5.1%	4.5%	
Jan-18	50,813	9,879	60,692	29,912	6,289	10,672	12,175	59,047	1,645	612	2,256	2.7%	3.7%	
Feb-18	46,636	9,308	55,944	28,254	6,600	9,212	11,136	55,202	742	666	1,408	1.3%	2.5%	
Mar-18	49,209	10,487	59,696	32,141	7,348	9,693	13,554	62,736	(3,040)	(1,621)	(4,660)	(5.1%)	(7.8%)	
Apr-18	45,936	13,610	59,546	30,332	6,715	8,948	13,107	59,103	443	583	1,026	0.7%	1.7%	
May-18	48,498	9,700	58,198	28,849	6,939	9,240	14,847	59,875	(1,677)	562	(1,115)	(2.9%)	(1.9%)	
Jun-18	46,257	24,860	71,116	31,029	6,325	8,658	16,702	62,713	8,403	502	8,905	11.8%	12.5%	
2018 FY Total	\$ 568,097	\$ 144,175	\$ 712,272	\$ 349,476	\$ 75,049	\$ 110,389	\$ 153,711	\$ 688,624	\$ 23,647	\$ 3,706	\$ 27,353	3.3%	3.8%	
2019														
Jul-18	49,124	11,390	60,514	30,147	6,300	9,585	12,701	58,733	1,781	434	2,215	2.9%	3.7%	
Aug-18	52,124	11,471	63,594	31,602	7,668	10,624	12,980	62,874	721	451	1,171	1.1%	1.8%	
Sep-18	46,634	11,659	58,293	29,835	6,524	8,862	13,361	58,582	(289)	912	624	(0.5%)	1.1%	
Oct-18	48,769	11,646	60,414	32,849	7,145	9,867	13,066	62,927	(2,513)	343	(2,169)	(4.2%)	(3.6%)	
Nov-18	43,870	18,365	62,235	31,066	7,310	10,195	13,900	62,470	(235)	449	214	(0.4%)	0.3%	
Dec-18	43,717	14,732	58,449	31,115	7,023	10,329	12,736	61,202	(2,753)	613	(2,140)	(4.7%)	(3.7%)	
Jan-19	44,312	18,178	62,489	34,290	6,624	8,909	13,104	62,927	(438)	460	22	(0.7%)	0.0%	
Feb-19	45,261	15,334	60,595	30,249	6,989	9,473	13,280	59,991	604	565	1,169	1.0%	1.9%	
Mar-19	48,012	18,073	66,085	32,229	6,775	9,219	13,608	61,832	4,253	3,328	7,580	6.4%	11.5%	
Apr-19	45,828	17,318	63,146	31,272	7,105	9,209	15,748	63,334	(188)	604	416	(0.3%)	0.7%	
May-19	47,078	18,515	65,594	32,104	8,403	9,728	13,265	63,501	2,093	585	2,678	3.2%	4.1%	
Jun-19	47,025	23,995	71,019	28,964	7,807	7,115	15,134	59,020	11,999	3,562	15,561	16.9%	21.9%	
2019 FY Total	\$ 561,753	\$ 190,675	\$ 752,428	\$ 375,722	\$ 85,673	\$ 113,115	\$ 162,883	\$ 737,394	\$ 15,034	\$ 12,306	\$ 27,340	2.0%	3.6%	
FYTD Budget	604,844	138,880	743,724	363,250	82,306	112,962	163,507	722,025	21,699	6,295	27,994	2.9%	3.8%	
Variance	\$ (43,091)	\$ 51,795	\$ 8,704	\$ 12,473	\$ 3,367	\$ 154	\$ (624)	\$ 15,369	\$ (6,665)	\$ 6,011	(654)			
Current Month Analysis														
Jun-19	\$ 47,025	\$ 23,995	\$ 71,019	\$ 28,964	\$ 7,807	\$ 7,115	\$ 15,134	\$ 59,020	\$ 11,999	\$ 3,562	\$ 15,561	16.9%	21.9%	
Budget	49,750	11,853	61,603	29,493	6,805	9,141	14,351	59,790	1,813	709	2,522	2.9%	4.1%	
Variance	\$ (2,726)	\$ 12,142	\$ 9,416	\$ (529)	\$ 1,002	\$ (2,026)	\$ 783	\$ (769)	\$ 10,186	\$ 2,853	13,039			

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2018 & 2019

Fiscal Year	Patient Days	ADC	Adjusted	I/P	DFR &	Net Patient	Personnel	Physician	Supply	Total	Personnel	Physician	Supply	Total
			Patient Days	Revenue %	Bad Debt %	Revenue/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Fees/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Expense/ Ajusted Patient Day	Expense/ Net Patient Revenue	Fees/ Net Patient Revenue	Expense/ Net Patient Revenue	Expense/ Net Patient Revenue
2018														
Jul-17	12,992	419	25,148	51.7%	72.8%	1,812	1,095	201	332	2,084	60.4%	11.1%	18.3%	115.0%
Aug-17	12,788	413	25,508	50.1%	73.9%	1,787	1,080	216	349	2,125	60.4%	12.1%	19.5%	118.9%
Sep-17	12,360	412	24,864	49.7%	72.9%	1,744	1,124	221	337	2,155	64.5%	12.7%	19.3%	123.6%
Oct-17	12,802	413	25,261	50.7%	73.8%	1,839	1,149	250	353	2,232	62.5%	13.6%	19.2%	121.4%
Nov-17	13,124	437	24,731	53.1%	71.6%	2,037	1,190	260	390	2,343	58.4%	12.8%	19.2%	115.0%
Dec-17	14,056	453	25,502	55.1%	73.4%	1,938	1,077	237	383	2,173	55.6%	12.2%	19.8%	112.2%
Jan-18	14,425	465	26,797	53.8%	73.4%	1,896	1,116	235	398	2,204	58.9%	12.4%	21.0%	116.2%
Feb-18	13,882	496	25,172	55.1%	73.2%	1,853	1,122	262	366	2,193	60.6%	14.2%	19.8%	118.4%
Mar-18	13,741	443	25,441	54.0%	73.9%	1,934	1,263	289	381	2,466	65.3%	14.9%	19.7%	127.5%
Apr-18	13,502	450	25,380	53.2%	74.4%	1,810	1,195	265	353	2,329	66.0%	14.6%	19.5%	128.7%
May-18	13,824	446	26,770	51.6%	73.6%	1,812	1,078	259	345	2,237	59.5%	14.3%	19.1%	123.5%
Jun-18	13,238	441	24,831	53.3%	72.3%	1,863	1,250	255	349	2,526	67.1%	13.7%	18.7%	135.6%
2018 FY Total	160,734	440	305,158	52.7%	73.3%	1,862	1,145	246	362	2,257	61.5%	13.2%	19.4%	121.2%
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%	75.7%	1,940	1,195	322	294	2,435	61.6%	16.6%	15.1%	125.5%
2019 FY Total	161,082	441	305,353	52.8%	75.4%	1,840	1,230	281	370	2,415	66.9%	15.3%	20.1%	131.3%
FYTD Budget	161,901	444	314,363	51.5%	72.5%	1,924	1,156	262	359	2,365	60.1%	13.6%	18.7%	119.4%
Variance	(819)	(2)	(9,010)	1.3%	2.9%	(84)	75	19	11	50	6.8%	1.6%	1.5%	11.9%
Current Month Analysis														
Jun-19	12,547	418	24,234	51.8%	75.7%	1,940	1,195	322	294	2,435	61.6%	16.6%	15.1%	125.5%
Budget	12,918	431	25,984	49.7%	72.3%	1,915	1,135	262	352	2,467	59.3%	13.7%	18.4%	120.2%
Variance	(371)	(12)	(1,750)	2.1%	3.3%	26	60	60	(58)	(32)	2.3%	2.9%	(3.2%)	5.3%

KAWEAH DELTA HEALTH CARE DISTRICT

RATIO ANALYSIS REPORT

JUNE 30, 2019

	Current Month Value	Prior Month Value	June 30, 2018 Audited Value	2017 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.2	2.6	2.0	1.7	1.9	2.1
Accounts Receivable (days)	79.8	79.8	79.6	48.4	48.4	46.5
Cash On Hand (days)	140.7	127.7	147.3	264.6	226.5	156.5
Cushion Ratio (x)	18.5	16.9	18.2	36.6	23.9	13.8
Average Payment Period (days)	50.9	47.5	52.6	75.0	59.6	59.6
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	120.4%	107.2%	114.2%	217.6%	169.6%	111.7%
Debt-To-Capitalization	31.1%	32.3%	33.6%	26.0%	32.9%	39.3%
Debt-to-Cash Flow (x)	3.6	4.9	4.5	2.2	3.0	4.5
Debt Service Coverage	4.0	3.1	3.5	7.1	5.4	3.0
Maximum Annual Debt Service Coverage (x)	4.0	3.0	3.6	6.4	4.7	2.8
Age Of Plant (years)	12.1	12.1	13.3	10.1	11.6	12.1
PROFITABILITY RATIOS						
Operating Margin	2.0%	0.4%	3.3%	3.5%	2.3%	(.4%)
Excess Margin	3.6%	1.7%	3.6%	6.6%	5.2%	1.9%
Operating Cash Flow Margin	6.8%	5.3%	7.6%	9.2%	8.6%	6.0%
Return on Assets	3.0%	1.4%	3.1%	5.3%	4.0%	1.7%

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

	Jun-19	May-19	Change	% Change	Jun-18 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 4,062	\$ 11,765	\$ (7,703)	-65.5%	\$ 5,325
Current Portion of Board designated and trusted assets	12,577	20,352	(7,775)	-38.2%	12,643
Accounts receivable:					
Net patient accounts	146,605	145,502	1,103	0.8%	138,502
Other receivables	13,907	17,658	(3,751)	-21.2%	7,863
	160,512	163,159	(2,647)	-1.6%	146,365
Inventories	10,479	8,786	1,693	19.3%	8,408
Medicare and Medi-Cal settlements	30,759	35,061	(4,302)	-12.3%	20,088
Prepaid expenses	10,878	9,299	1,579	17.0%	10,967
Total current assets	229,267	248,422	(19,155)	-7.7%	203,796
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	278,429	246,249	32,179	13.4%	272,414
Revenue bond assets held in trust	33,569	33,889	(320)	-1.0%	57,845
Assets in self-insurance trust fund	4,209	4,642	(433)	-9.3%	4,607
Total non-current cash and investments	316,207	284,781	31,426	11.0%	334,866
CAPITAL ASSETS					
Land	16,137	16,137	-	0.0%	15,869
Buildings and improvements	356,887	355,910	977	0.3%	343,422
Equipment	275,513	273,967	1,547	0.6%	265,819
Construction in progress	42,299	40,894	1,406	3.4%	25,196
	690,836	686,907	3,929	0.6%	650,306
Less accumulated depreciation	357,681	354,911	2,770	0.8%	328,323
Property under capital leases -					
less accumulated amortization	3,204	3,280	(76)	-2.3%	4,123
Total capital assets	336,359	335,275	1,084	0.3%	326,106
OTHER ASSETS					
Property not used in operations	3,724	3,731	(7)	-0.2%	3,796
Health-related investments	7,606	7,399	207	2.8%	6,252
Other	9,706	8,798	908	10.3%	8,337
Total other assets	21,036	19,927	1,109	5.6%	18,385
Total assets	902,869	888,405	14,464	1.6%	883,154
DEFERRED OUTFLOWS					
Total assets and deferred outflows	\$ 905,757	\$ 891,331	\$ 14,426	1.6%	\$ 886,498

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION (in 000's)

	Jun-19	May-19	Change	% Change	Jun-18 (Audited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 35,104	\$ 32,023	\$ 3,081	9.6%	\$ 44,529
Accrued payroll and related liabilities	59,163	56,201	2,963	5.3%	46,064
Long-term debt, current portion	9,360	8,668	692	8.0%	8,976
Total current liabilities	103,627	96,892	6,735	6.9%	99,569
LONG-TERM DEBT, less current portion					
Bonds payable	258,553	264,473	(5,920)	-2.2%	266,631
Capital leases	174	15	159	1049.0%	2,156
Total long-term debt	258,727	264,488	(5,761)	-2.2%	268,787
NET PENSION LIABILITY	36,084	37,871	(1,787)	-4.7%	40,902
OTHER LONG-TERM LIABILITIES	28,647	29,058	(411)	-1.4%	26,768
Total liabilities	427,085	428,309	(1,224)	-0.3%	436,026
NET ASSETS					
Invested in capital assets, net of related debt	105,427	99,627	5,800	5.8%	110,175
Restricted	29,792	37,761	(7,969)	-21.1%	29,668
Unrestricted	343,453	325,634	17,819	5.5%	310,627
Total net position	478,672	463,022	15,650	3.4%	450,471
Total liabilities and net position	\$ 905,757	\$ 891,331	\$ 14,426	1.6%	\$ 886,498

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2019**

<u>Board designated funds</u>	<u>CUSIP</u>	<u>Maturity Date</u>	<u>Yield</u>	<u>Investment Type</u>	<u>G/L Account</u>	<u>Amount</u>	<u>Total</u>
LAIF			2.43	Various		53,454,481	
CAMP			2.48	CAMP		40,084,170	
Wells Cap	31846V203		0.02	Money market		40,806	
PFM	31846V203		0.02	Money market		842,339	
PFM	3136AQDQ0	25-Sep-19	1.65	ABS	FNMA	1,658	
PFM	22549LFR1	7-Feb-20	2.67	CD	Credit Suisse	750,000	
PFM	06417GU22	5-Jun-20	3.08	CD	Bank of Nova	1,600,000	
PFM	437076BQ4	5-Jun-20	1.80	MTN-C	Home Depot Inc	425,000	
PFM	47788NAC2	15-Jun-20	1.25	ABS	John Deere	11,323	
PFM	24422ETS8	22-Jun-20	1.95	MTN-C	John Deere	200,000	
PFM	02665WBT7	20-Jul-20	2.00	MTN-C	American Honda Mtn	420,000	
PFM	94974BGM6	22-Jul-20	1.41	MTN-C	Wells Fargo Company	1,150,000	
PFM	96121T4A3	3-Aug-20	2.05	CD	Westpac Bking CD	1,570,000	
PFM	14913Q2A6	4-Sep-20	1.85	MTN-C	Caterpillar Finl Mtn	670,000	
PFM	44930UAD8	15-Sep-20	1.56	ABS	Hyundai Auto	10,045	
PFM	86565BPC9	16-Oct-20	3.39	CD	Sumito MTSU	805,000	
PFM	037833DJ6	13-Nov-20	2.00	MTN-C	Apple, Inc	900,000	
PFM	87019U6D6	16-Nov-20	2.27	CD	Swedbank	1,800,000	
PFM	4581X0CD8	15-Dec-20	2.13	Supra-National Age	Inter Amer Dev Bk	1,800,000	
PFM	24422ETZ2	8-Jan-21	2.35	MTN-C	John Deere	750,000	
PFM	44932HAB9	20-Jan-21	1.80	MTN-C	IBM	900,000	
PFM	89238MAD0	16-Feb-21	1.73	ABS	Toyota Auto Recvs	112,511	
PFM	882508AY0	12-Mar-21	2.75	MTN-C	Texas Instruments	180,000	
PFM	13063DGA0	1-Apr-21	2.80	Municipal	California ST	530,000	
PFM	22535CDU2	2-Apr-21	2.83	CD	Credit Agricole CD	825,000	
PFM	44891EAC3	15-Apr-21	1.29	ABS	Hyundai Auto	193,692	
PFM	06406FAA1	15-Apr-21	2.50	MTN-C	Bank of NY	900,000	
PFM	61746BEA0	21-Apr-21	2.50	MTN-C	Morgan Stanley	450,000	
PFM	61746BEA0	21-Apr-21	2.50	MTN-C	Morgan Stanley	450,000	
PFM	0258M0EB1	5-May-21	2.25	MTN-C	American Express	450,000	
PFM	05531FAV5	10-May-21	2.05	MTN-C	BB T Corp	450,000	
PFM	857477AV5	19-May-21	1.95	MTN-C	State Street Corp	245,000	
PFM	91159HHA1	24-May-21	4.13	MTN-C	US Bancorp	900,000	
PFM	34531EAD8	15-Jun-21	1.67	ABS	Ford Credit Auto	194,048	
PFM	3130A8QS5	14-Jul-21	1.13	U.S. Govt Agency	FHLB	950,000	
PFM	459058GH0	23-Jul-21	2.75	Supra-National Age	Intl Bk	1,800,000	
PFM	43811BAC8	15-Aug-21	1.87	ABS	Honda Auto	638,212	
PFM	44931PAD8	16-Aug-21	1.76	ABS	Hyundai Auto	287,776	
PFM	312904EY7	15-Sep-21	6.72	ABS	FHLMC	998	
PFM	68389XBK0	15-Sep-21	1.90	MTN-C	Oracle Corp	900,000	
PFM	17275RBJ0	20-Sep-21	1.85	MTN-C	Cisco Systems Inc	800,000	
PFM	713448DL9	6-Oct-21	1.70	MTN-C	Pepsico Inc	1,320,000	
PFM	47788BAD6	15-Oct-21	1.82	ABS	John Deere	275,579	
PFM	912828T67	31-Oct-21	1.25	U.S. Govt Agency	US Treasury Bill	290,000	
PFM	912828F96	31-Oct-21	2.00	U.S. Govt Agency	US Treasury Bill	1,520,000	
PFM	89237RAD0	15-Nov-21	2.00	ABS	Toyota Auto Recvs	250,000	
PFM	912828U65	30-Nov-21	1.75	U.S. Govt Agency	US Treasury Bill	2,000,000	
PFM	02007FAC9	15-Dec-21	1.75	ABS	Ally Auto	289,986	
PFM	912828G87	31-Dec-21	2.13	U.S. Govt Agency	US Treasury Bill	3,600,000	
PFM	912828wj5	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	1,800,000	
PFM	20030NBV2	15-Jan-22	1.63	MTN-C	Comcast Corp	450,000	
PFM	89238KAD4	18-Jan-22	1.93	ABS	Toyota Auto	625,000	
PFM	594918BA1	12-Feb-22	2.38	MTN-C	Microsoft Corp	450,000	
PFM	25468PDQ6	4-Mar-22	2.45	MTN-C	Walt Disney Co	375,000	
PFM	693476BN2	8-Mar-22	3.30	MTN-C	PNC Funding Corp	494,000	
PFM	02007YAC8	15-Mar-22	1.99	ABS	Ally Auto	694,670	
PFM	34532AAD5	15-Mar-22	2.01	ABS	Ford Credit Auto	945,000	
PFM	05531FAX1	1-Apr-22	2.75	MTN-C	BB T Corp	450,000	
PFM	172967LG4	25-Apr-22	2.75	MTN-C	Citigroup	1,000,000	
PFM	912828SV3	15-May-22	1.75	U.S. Govt Agency	US Treasury Bill	2,300,000	
PFM	911312BC9	16-May-22	2.35	MTN-C	United Parcel	450,000	
PFM	06051GHH5	17-May-22	3.50	MTN-C	Bank of America	300,000	
PFM	09247XAJ0	1-Jun-22	3.38	MTN-C	Blackrock Inc.	395,000	
PFM	912828L24	31-Aug-22	1.88	U.S. Govt Agency	US Treasury Bill	2,000,000	
PFM	89236TEC5	8-Sep-22	2.15	MTN-C	Toyota Motor	450,000	
PFM	912828W9	30-Sep-22	1.88	U.S. Govt Agency	US Treasury Bill	750,000	
PFM	89231AAD3	15-Dec-22	3.02	ABS	Toyota Auto	915,000	

**KAWEAH DELTA HEALTH CARE DISTRICT
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PFM	458140AM2	15-Dec-22	2.70	MTN-C	Intel Corp	415,000
PFM	912828N30	31-Dec-22	2.13	U.S. Govt Agency	US Treasury Bill	1,810,000
PFM	02007JAC1	17-Jan-23	3.00	ABS	Ally Auto	965,000
PFM	58772RAD6	17-Jan-23	3.03	ABS	Mercedes Benz Auto	565,000
PFM	17305EGK5	20-Jan-23	2.49	ABS	Citibank Credit	1,900,000
PFM	912828P38	31-Jan-23	1.75	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	88573YAX9	15-Mar-23	2.25	MTN-C	3M Company	540,000
PFM	084670BR8	15-Mar-23	2.75	MTN-C	Berkshire Hathaway	370,000
PFM	06051GGK9	24-Apr-23	2.88	MTN-C	Bank of America	640,000
PFM	912828VB3	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	1,400,000
PFM	912828VB3	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	1,100,000
PFM	912828VB3	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	36255JAD6	16-May-23	3.02	ABS	GM Financial	415,000
PFM	46625HRL6	18-May-23	2.70	MTN-C	JP Morgan	1,000,000
PFM	931142EK5	26-Jun-23	3.40	MTN-C	Walmart Inc.	800,000
PFM	38141GWM2	24-Jul-23	2.91	MTN-C	Goldman Sachs	900,000
PFM	3137FKK39	25-Jul-23	3.20	ABS	FHLMC	336,260
PFM	89236TFN0	20-Sep-23	3.45	MTN-C	Toyota Motor	550,000
PFM	02665WCQ2	10-Oct-23	3.63	MTN-C	American Honda Mtn	395,000
PFM	912828T91	31-Oct-23	1.63	U.S. Govt Agency	US Treasury Bill	4,280,000
PFM	14042WAC4	15-Nov-23	2.51	ABS	Capital One Prime	480,000
PFM	912828V23	31-Dec-23	2.25	U.S. Govt Agency	US Treasury Bill	3,000,000
PFM	3135GOV34	5-Feb-24	2.50	U.S. Govt Agency	FNMA	1,110,000
PFM	3130AFW94	13-Feb-24	2.50	U.S. Govt Agency	FHLB	1,220,000
PFM	912828G00	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	3,425,000
PFM	58933YAU9	7-Mar-24	2.90	MTN-C	Merck Co Inc.	405,000
PFM	717081ES8	15-Mar-24	2.95	MTN-C	Pfizer Inc.	465,000
PFM	57636QAB0	1-Apr-24	3.38	MTN-C	Mastercard Inc.	395,000
PFM	912828X70	30-Apr-24	2.00	U.S. Govt Agency	US Treasury Bill	1,700,000
Torrey Pines Bank		5-Mar-20	1.00	CD	Torrey Pines Bank	3,007,562
Wells Cap	857477AS2	18-Aug-20	2.55	MTN-C	State Street Corp	830,000
Wells Cap	053015AD5	15-Sep-20	2.25	MTN-C	Automatic Data	800,000
Wells Cap	38141GVP6	15-Sep-20	2.75	MTN-C	Goldman Sachs	350,000
Wells Cap	91324PDC3	15-Oct-20	1.95	MTN-C	Unitedhealth Group	595,000
Wells Cap	92826CAB8	14-Dec-20	2.20	MTN-C	Visa Inc	700,000
Wells Cap	92826CAB8	14-Dec-20	2.20	MTN-C	Visa Inc	400,000
Wells Cap	45950KCM0	25-Jan-21	2.25	Supra-National Age	Intl Bk	750,000
Wells Cap	037833BS8	23-Feb-21	2.25	MTN-C	Apple, Inc	615,000
Wells Cap	882508AY0	12-Mar-21	2.75	MTN-C	Texas Instruments	630,000
Wells Cap	83191GAD1	15-Mar-21	1.71	ABS	Smart Trust	457,822
Wells Cap	912828Q37	31-Mar-21	1.25	U.S. Govt Agency	US Treasury Bill	935,000
Wells Cap	13063DAC2	1-Apr-21	2.63	Municipal	California ST High	1,250,000
Wells Cap	78605QAF4	1-Apr-21	3.54	Municipal	Sacramento Ca Public	1,200,000
Wells Cap	89236TEU5	13-Apr-21	2.95	MTN-C	Toyota Motor	350,000
Wells Cap	89236TEU5	13-Apr-21	2.95	MTN-C	Toyota Motor	600,000
Wells Cap	06051GFW4	19-Apr-21	2.63	MTN-C	Bank of America	435,000
Wells Cap	06051GFW4	19-Apr-21	2.63	MTN-C	Bank of America	600,000
Wells Cap	61746BEA0	21-Apr-21	2.50	MTN-C	Morgan Stanley	750,000
Wells Cap	69353REW4	29-Apr-21	2.15	MTN-C	PNC Bank	525,000
Wells Cap	69353REW4	29-Apr-21	2.15	MTN-C	PNC Bank	400,000
Wells Cap	3135G0K69	6-May-21	1.25	U.S. Govt Agency	FNMA	700,000
Wells Cap	90290AAC1	17-May-21	1.70	ABS	USAA Auto Owner	207,237
Wells Cap	14913Q2W8	17-May-21	2.65	MTN-C	Caterpillar Finl Mtn	700,000

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Wells Cap	31677QBG3	14-Jun-21	2.25	MTN-C	Fifth Third Bank	800,000
Wells Cap	912828S27	30-Jun-21	1.00	U.S. Govt Agency	US Treasury Bill	400,000
Wells Cap	797669XU7	1-Jul-21	2.39	Municipal	San Francisco	935,000
Wells Cap	GN3135082	17-Aug-21	1.25	U.S. Govt Agency	FNMA	1,400,000
Wells Cap	3135G0N82	17-Aug-21	1.25	U.S. Govt Agency	FNMA	1,500,000
Wells Cap	78355HKC2	1-Sep-21	2.25	MTN-C	Ryder System Inc	420,000
Wells Cap	912828U65	30-Nov-21	1.75	U.S. Govt Agency	US Treasury Bill	1,160,000
Wells Cap	912828U81	31-Dec-21	2.00	U.S. Govt Agency	US Treasury Bill	1,225,000
Wells Cap	3133EJ5P0	18-Jan-22	2.60	U.S. Govt Agency	FFCB	250,000
Wells Cap	06406RAA5	7-Feb-22	2.60	MTN-C	Bank of NY	1,000,000
Wells Cap	9128286C9	15-Feb-22	2.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Wells Cap	9128286C9	15-Feb-22	2.50	U.S. Govt Agency	US Treasury Bill	500,000
Wells Cap	912828W55	28-Feb-22	1.88	U.S. Govt Agency	US Treasury Bill	390,000
Wells Cap	478160CD4	3-Mar-22	2.25	MTN-C	Johnson Johnson	500,000
Wells Cap	3135GOT45	5-Apr-22	1.88	U.S. Govt Agency	FNMA	920,000
Wells Cap	9128286M7	15-Apr-22	2.25	U.S. Govt Agency	US Treasury Bill	900,000
Wells Cap	637432NM3	25-Apr-22	2.40	MTN-C	National Rural	950,000
Wells Cap	38141GWC4	26-Apr-22	3.00	MTN-C	Goldman Sachs	440,000
Wells Cap	912828X47	30-Apr-22	1.88	U.S. Govt Agency	US Treasury Bill	800,000
Wells Cap	91412HDJ9	15-May-22	3.28	Municipal	Univ Of CA	400,000
Wells Cap	22160KAK1	18-May-22	2.30	MTN-C	Costco Wholesale	1,000,000
Wells Cap	191216CF5	25-May-22	2.20	MTN-C	Coca Cola Co	500,000
Wells Cap	912828XW5	30-Jun-22	1.75	U.S. Govt Agency	US Treasury Bill	660,000
Wells Cap	9128282S8	31-Aug-22	1.75	U.S. Govt Agency	US Treasury Bill	590,000
Wells Cap	3135G0T78	5-Oct-22	2.00	U.S. Govt Agency	FNMA	950,000
Wells Cap	172967LQ2	27-Oct-22	2.70	MTN-C	Citigroup	750,000
Wells Cap	9128283C2	31-Oct-22	2.00	U.S. Govt Agency	US Treasury Bill	3,150,000
Wells Cap	912828M80	30-Nov-22	2.00	U.S. Govt Agency	US Treasury Bill	2,770,000
Wells Cap	9128283U2	31-Jan-23	2.38	U.S. Govt Agency	US Treasury Bill	350,000
Wells Cap	9128284A5	28-Feb-23	2.63	U.S. Govt Agency	US Treasury Bill	2,100,000
Wells Cap	43814WAC9	20-Mar-23	2.83	ABS	Honda Auto	1,135,000
Wells Cap	3133EKR00	14-Jun-22	1.88	U.S. Govt Agency	FFCB	2,600,000
Wells Cap	313380GJ0	9-Sep-22	2.00	U.S. Govt Agency	FHLC	300,000
Wells Cap	3137APP61	25-Jan-22	2.79	ABS	FHLMC	1,600,000
Wells Cap	3137BFDQ1	25-Sep-21	2.99	ABS	FHLMC	1,300,000
Wells Cap	912828XT2	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	4,350,000
Wells Cap	9128286M7	15-Apr-22	2.25	U.S. Govt Agency	US Treasury Bill	2,600,000
Wells Cap	02582JHZ6	15-Dec-23	2.99	ABS	American Express	1,410,000
Wells Cap	05522RCY2	17-Jul-23	2.70	ABS	Bank of America	1,400,000
Wells Cap	808513AW5	21-May-21	3.25	MTN-C	Charles Schwab Corp	1,300,000
Wells Cap	17305EGK5	20-Jan-23	2.49	ABS	Citibank Credit	1,700,000
Wells Cap	17325FAV0	19-Feb-22	3.17	MTN-C	Citibank	500,000
Wells Cap	24422ETF6	8-Jan-21	2.55	MTN-C	John Deere	1,300,000
Wells Cap	46625HJD3	24-Jan-22	4.50	MTN-C	JP Morgan	1,300,000
Wells Cap	65479GAD1	15-Mar-23	3.06	ABS	Nissan Auto	1,700,000
Wells Cap	89231PAD0	15-Mar-23	3.18	ABS	Toyota Auto	1,400,000
Wells Cap	90331HPC1	23-May-22	2.65	MTN-C	US Bank NA	1,300,000
Wells Cap	92349GAA9	20-Dec-23	2.33	ABS	Verizon Owner Trust	600,000
Wells Cap	92348XAC9	20-Apr-23	3.38	ABS	Verizon Owner Trust	600,000
Wells Cap	47789JAD8	17-Jul-23	2.91	ABS	John Deere	400,000
Wells Cap	9128284X5	31-Aug-23	2.75	U.S. Govt Agency	US Treasury Bill	1,240,000
Wells Cap	9128285K2	31-Oct-23	3.00	U.S. Govt Agency	US Treasury Bill	550,000
Wells Cap	14042WAC4	15-Nov-23	2.51	ABS	Capital One Prime	900,000
Wells Cap	912828U57	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill	700,000
Wells Cap	9128285Z9	31-Jan-24	2.50	U.S. Govt Agency	US Treasury Bill	3,575,000
Wells Cap	9128288G0	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill	2,825,000
Wells Cap	912828W71	31-Mar-24	2.13	U.S. Govt Agency	US Treasury Bill	260,000
Wells Cap	912828W71	31-Mar-24	2.13	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	9128286R6	30-Apr-24	2.25	U.S. Govt Agency	US Treasury Bill	500,000
Wells Cap	912828XT2	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	500,000
Wells Cap	798754DL8	1-Oct-26	8.00	Municipal	San Marcos Ca Redevel	1,185,000

\$ 265,640,175

**KAWEAH DELTA HEALTH CARE DISTRICT
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		Maturity Date	Yield	Investment Type	G/L Account	Amount	Total
<u>Self-insurance trust</u>							
Wells Cap				Money market	110900	594,742	
Wells Cap				Fixed income - L/T	152300	<u>4,115,342</u>	4,710,084
<u>2012 revenue bonds</u>							
US Bank				Principal/Interest payment fund	142112	<u>367,254</u>	367,254
<u>2015A revenue bonds</u>							
US Bank				Principal/Interest payment fund	142115	<u>141,765</u>	141,765
<u>2015B revenue bonds</u>							
US Bank				Principal/Interest payment fund	142116	353,437	
US Bank				Project Fund	152442	<u>33,447,969</u>	33,801,406
<u>2017A/B revenue bonds</u>							
US Bank				Principal/Interest payment fund	142117	<u>130,235</u>	130,235
<u>2017C revenue bonds</u>							
US Bank				Principal/Interest payment fund	142118	<u>193,448</u>	193,448
<u>2014 general obligation bonds</u>							
LAIF				Interest Payment fund	152440	<u>3,270,938</u>	3,270,938
<u>Operations</u>							
Wells Fargo Bank		(Checking)	0.20	Checking	100000	(1,397,211)	
Wells Fargo Bank		(Savings)	0.20	Checking	100500	1,341,461	
						(55,750)	
<u>Payroll</u>							
Wells Fargo Bank		(Checking)	0.20	Checking	100100	(55,908)	
Wells Fargo Bank		(Checking)	0.20	Checking	100201	37,521	
Wells Fargo Bank				Checking	100205	1,574	
Bancorp		(Checking)		Checking	100202	35,989	
						19,176	(36,574)
Total investments						\$	<u>308,218,731</u>

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2019**

Kaweah Delta Medical Foundation

Wells Fargo Bank	Checking	10050	\$	<u>2,511,082</u>
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Sequoia Regional Cancer Center

Wells Fargo Bank (Medical)	Checking	100535	\$	67,911
Wells Fargo Bank (Radiation)	Checking	100530		-
				\$ <u>67,911</u>

Kaweah Delta Hospital Foundation

VCB Checking	Investments	100501	\$	634,794
Various	S/T Investments	142200		4,818,078
Various	L/T Investments	142300		10,570,776
Various	Unrealized G/L	142400		<u>1,495,068</u>
				\$ <u>17,518,716</u>

Summary of board designated funds:

Plant fund:

Uncommitted plant funds	\$ 234,715,001		142100
Committed for capital	<u>19,218,993</u>		142100
	253,933,994		
GO Bond reserve - L/T	2,014,220		142100
401k Matching	(13,874,334)		142100
Cost report settlement - current	2,135,384		142104
Cost report settlement - L/T	<u>1,312,727</u>		142100
	3,448,111		
Development fund/Memorial fund	104,184		112300
Workers compensation - current	5,390,000		112900
Workers compensation - L/T	<u>14,624,000</u>		113900
	20,014,000		
	\$ <u>265,640,175</u>		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	\$ 35,989	0.0%		35,989	0.0%
CAMP	40,084,170	13.0%		40,084,170	15.1%
Local Agency Investment Fund (LAIF)	53,454,481	17.3%		53,454,481	20.1%
Local Agency Investment Fund (LAIF) - GOB Tax Rev	3,270,938	1.1%	3,270,938	-	0.0%
Wells Cap	90,770,949	29.5%	4,710,084	86,060,865	32.4%
PFM	83,033,097	26.9%		83,033,097	31.3%
Torrey Pines Bank	3,007,562	1.0%		3,007,562	1.1%
Wells Fargo Bank	(72,563)	0.0%		(72,563)	0.0%
US Bank	34,634,108	11.2%	34,634,108		0.0%
Total investments	\$ 308,218,731	100.0%	\$ 42,615,130	\$ 265,603,601	100.0%

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2019**

<u>Investment summary of surplus funds by type:</u>		<u>Investment Limitations</u>
Negotiable and other certificates of deposit	\$ 10,357,562	\$ 79,681,000 (30%)
Checking accounts	(36,574)	
Local Agency Investment Fund (LAIF)	53,454,481	65,000,000
CAMP	40,084,170	
Medium-term notes (corporate) (MTN-C)	45,489,000	79,681,000 (30%)
U.S. government agency	80,605,000	
Municipal securities	5,500,000	
Money market accounts	883,145	53,121,000 (20%)
Asset Backed Securities	24,916,817	53,121,000 (20%)
Supra-National Agency	4,350,000	79,681,000 (30%)
	<u>\$ 265,603,601</u>	

Return on investment:

Current month	<u><u>2.06%</u></u>
Year-to-date	<u><u>1.55%</u></u>
Prospective	<u><u>2.37%</u></u>
LAIF (year-to-date)	<u><u>2.26%</u></u>
Budget	<u><u>1.66%</u></u>

Material current-month nonroutine transactions:

Sell/Called/Matured:	FFCB, \$1,400,000, 1.750%
	FHLB, \$980,000, 1.375%
	US Treasury, \$700,000, 1.125%
	US Treasury, \$875,000, 1.375%
	US Treasury, \$1,055,000, 1.375%
	US Treasury, \$1,900,000, 1.375%
	US Treasury, \$400,000, 1.375%
	US Treasury, \$950,000, 1.50%
	US Treasury, \$150,000, 1.625%
	US Treasury, \$600,000, 1.750%
	BP T Corp, \$1,280,000, 2.625%
	JP Morgan, \$910,000, 2.40%
	Nissan Auto, \$781,122.89, 1.740%
	Nordea Bk Ab CD, \$1,800,000, 2.720%
Buy:	FFCB, \$2,600,000, 2.991%
	FHLB, \$300,000, 2.00%
	FHLMC, \$1,600,000, 2.789
	FHLMC, \$1,300,000, 2.991%
	US Treasury, \$4,350,000, 2.00%
	US Treasury, \$2,600,000, 2.25%
	American Express, \$1,410,000, 2.990%
	Bank of America, \$1,400,000, 2.70%
	Charles Schwab Corp, \$1,300,000, 3.250%
	Citibank Credit, \$1,700,000, 2.490%
	Ctibank NA, \$500,000, 3.165%
	John Deere Mtn, \$1,300,000, 2.55%
	JP Morgan, \$1,300,000, 4.50%
	Nissan Auto, \$1,700,000, 3.06%
	Toyota Auto, \$1,400,000, 3.18%
	US Bank, \$1,300,000, 2.65%
	Verizon Owner Trust, \$600,000, 2.33%
	US Treasury, \$1,800,000, 2.50%

Fair market value disclosure for the quarter ended June 30, 2019 (District only):

	<u>Quarter-to-date</u>	<u>Year-to-date</u>
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	\$ 1,980,535
Change in unrealized gain (loss) on investments (income statement effect)	\$ 2,207,331	\$ 5,679,178

**KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2019**

Investment summary of CDs:

Bank of Nova	1,600,000
Credit Agricole CD	825,000
Credit Suisse	750,000
Sumito Mtsu	805,000
Swedbank	1,800,000
Torrey Pines Bank	3,007,562
Westpac Bking CD	1,570,000
	<u>\$ 10,357,562</u>

Investment summary of asset backed securities:

Ally Auto	\$ 1,949,656
American Express	1,410,000
Bank of America	1,400,000
Capital One Prime	1,380,000
Citibank Credit	3,600,000
FHLMC	3,237,258
FNMA	1,658
Ford Credit Auto	1,139,048
GM Financial	415,000
Honda Auto	1,773,212
Hyundai Auto	491,513
John Deere	686,902
Mercedes Benz Auto	565,000
Nissan Auto	1,700,000
Smart Trust	457,822
Toyota Auto	2,940,000
Toyota Auto Recvcs	362,511
Verizon Owner Trust	1,200,000
USAA Auto Owner	207,237
	<u>\$ 24,916,817</u>

Investment summary of medium-term notes (corporate):

American Express	\$ 450,000
American Honda Mtn	815,000
Apple, Inc	1,515,000
Automatic Data	800,000
Bank of America	1,975,000
Bank of NY	1,900,000
BB T Corp	900,000
Berkshire Hathaway	370,000
Blackrock Inc.	395,000
Caterpillar Finl Mtn	1,370,000
Charles Schwab Corp	1,300,000
Cisco Systems Inc	800,000
Citibank	500,000
Citigroup	1,750,000
Coca Cola Co	500,000
Comcast Corp	450,000
Costco Wholesale	1,000,000
Fifth Third Bank	800,000
Goldman Sachs	1,690,000
Home Depot Inc	425,000
IBM	900,000
Intel Corp	415,000
John Deere	2,250,000
Johnson Johnson	500,000
JP Morgan	2,300,000
Mastercard Inc.	395,000
Merck Co Inc.	405,000
Microsoft Corp	450,000
Morgan Stanley	1,650,000
National Rural	950,000
Oracle Corp	900,000
Pepsico Inc	1,320,000
Pfizer Inc.	465,000
PNC Bank	925,000
PNC Funding Corp	494,000
Ryder System Inc	420,000
State Street Corp	1,075,000
Texas Instruments	810,000
Toyota Motor	1,950,000
Unitedhealth Group	595,000
United Parcel	450,000
US Bancorp	900,000
US Bank NA	1,300,000
Visa Inc	1,100,000
Walmart Inc.	800,000
Walt Disney Co	375,000
Wells Fargo Company	1,150,000
3M Company	540,000
	<u>\$ 45,499,268</u>

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
June 30, 2019

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	\$ 6,580,000
Federal Home Loan Bank (FHLB)	2,470,000
Federal Farmers Credit Bank (FFCB)	2,850,000
US Treasury Bill	68,705,000
	<u>\$ 80,605,000</u>

Investment summary of municipal securities:

California ST High	\$ 1,250,000
California ST	530,000
Sacramento Ca Public	1,200,000
San Francisco	935,000
San Marcos Ca Redev	1,185,000
Univ Of CA	400,000
	<u>\$ 5,500,000</u>

Investment summary of Supra-National Agency:

Intl Bk	\$ 2,550,000
Inter Amer Dev Bk	1,800,000
	<u>\$ 4,350,000</u>

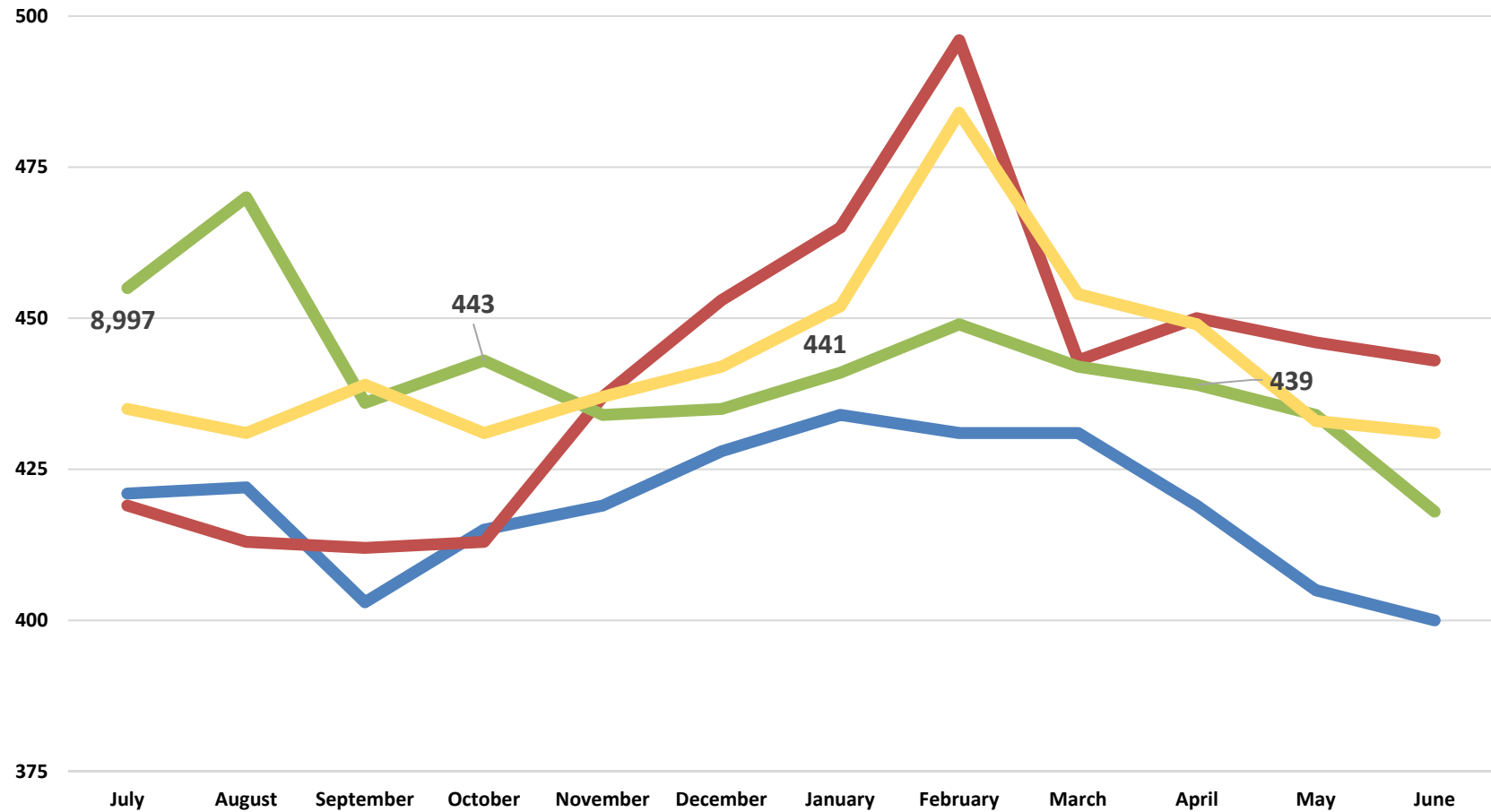
M O R E T H A N M E D I C I N E . L I F E .

Statistical Report

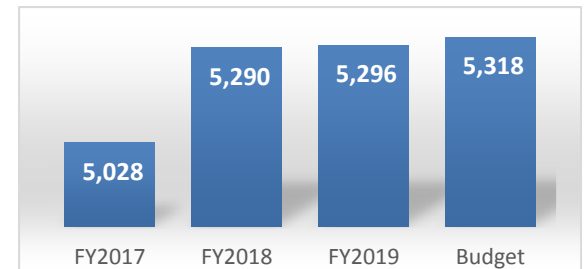
June 18, 2019



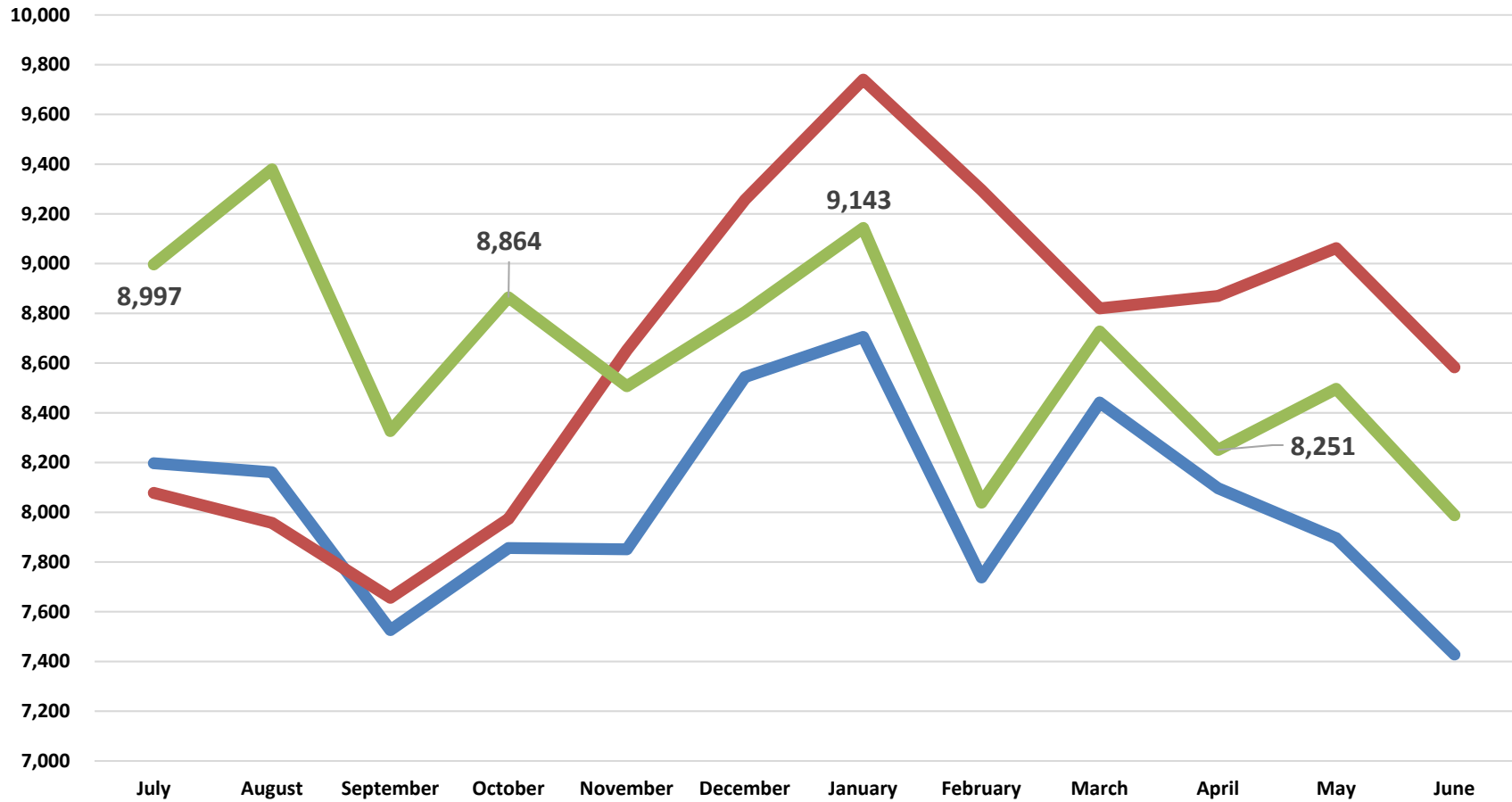
Average Daily Census



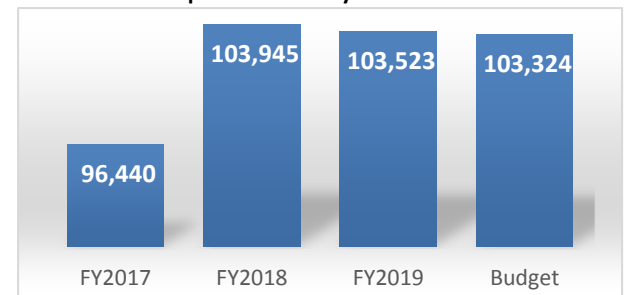
— 2017 — 2018 — 2019 — Budget



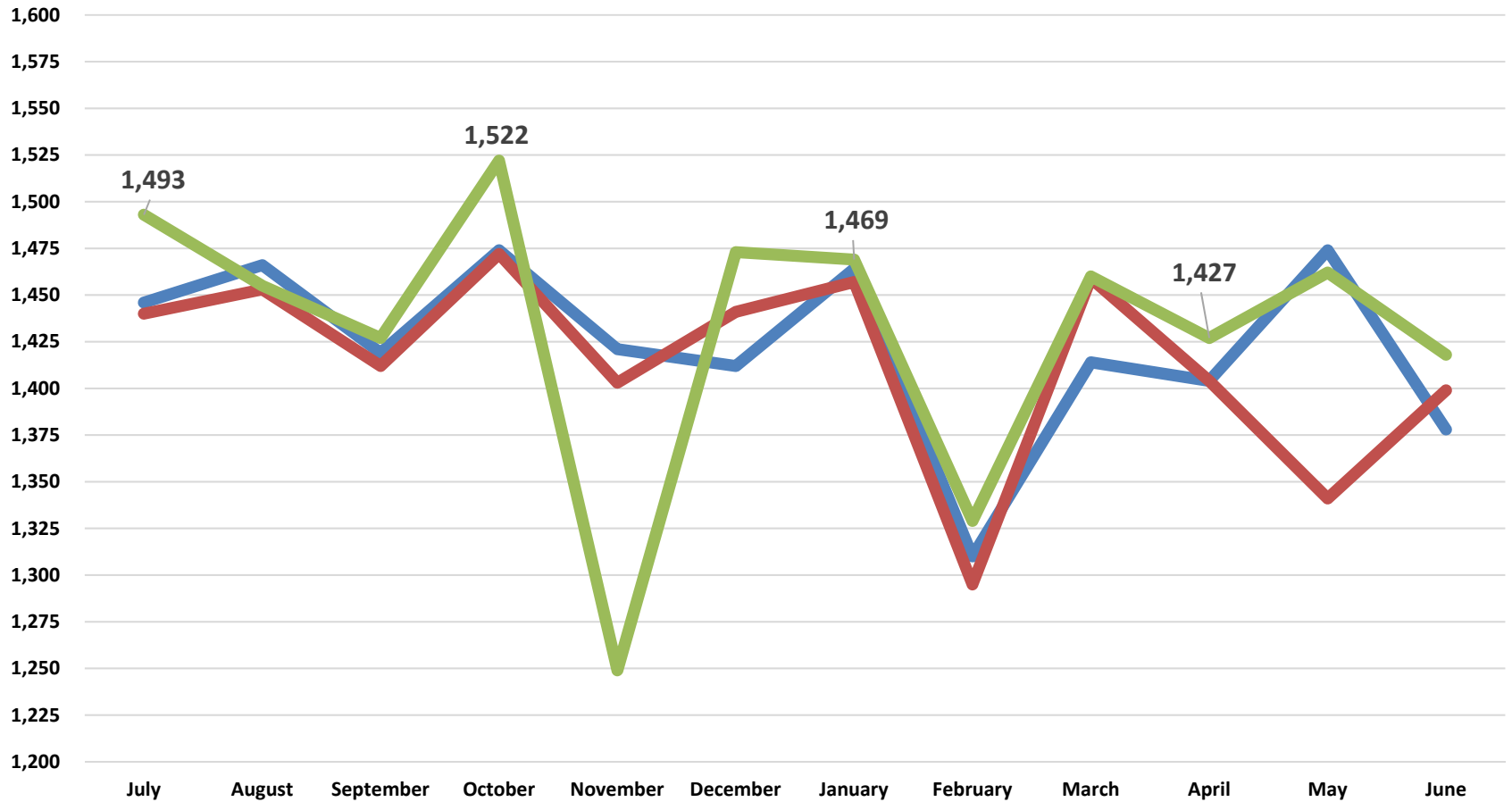
Medical Center Patient Days



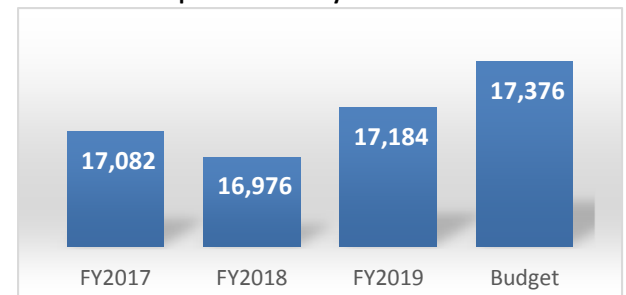
— 2017 — 2018 — 2019



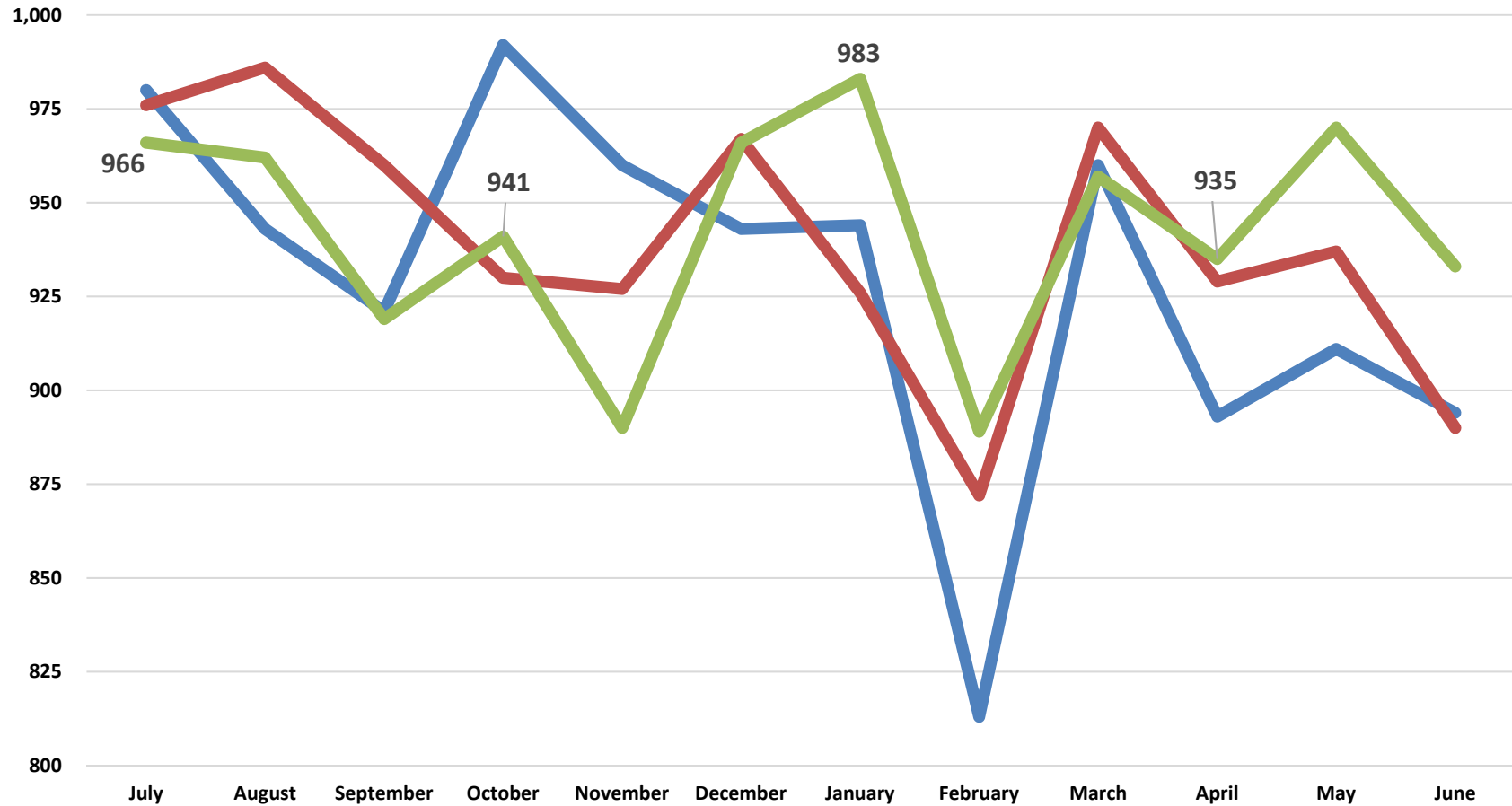
Acute I/P Psych Patient Days



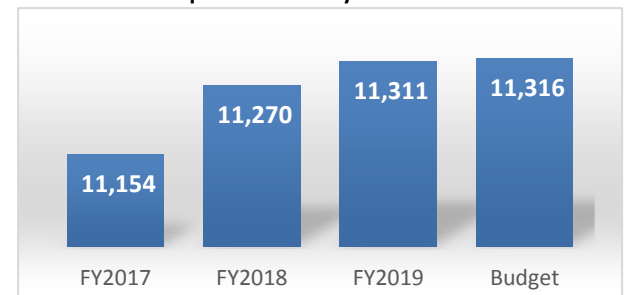
— 2017 — 2018 — 2019



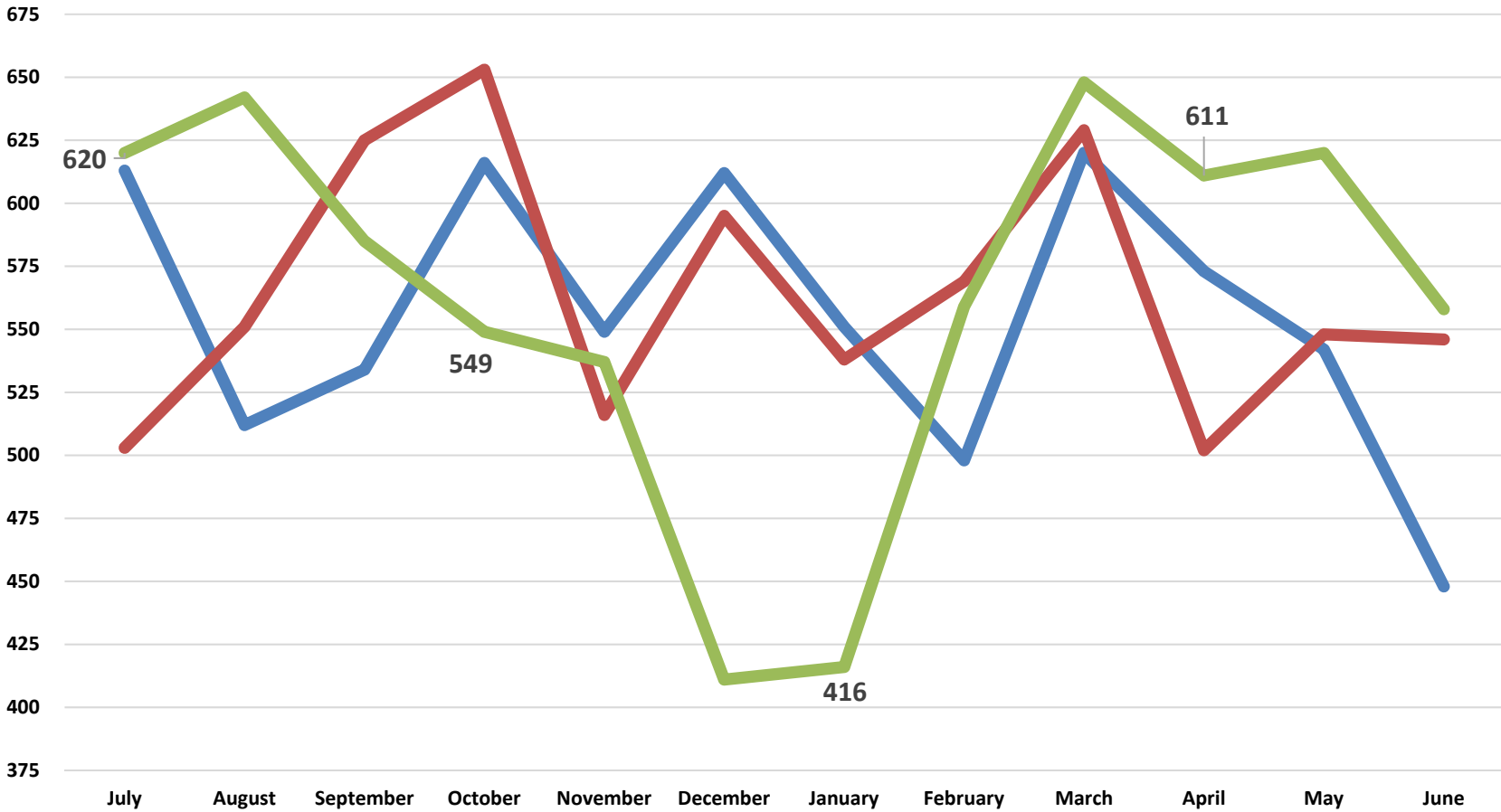
Sub-Acute Patient Days



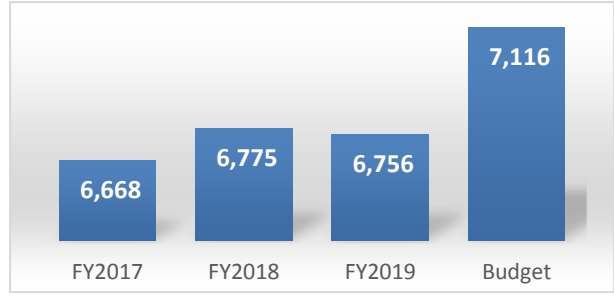
— 2017 — 2018 — 2019



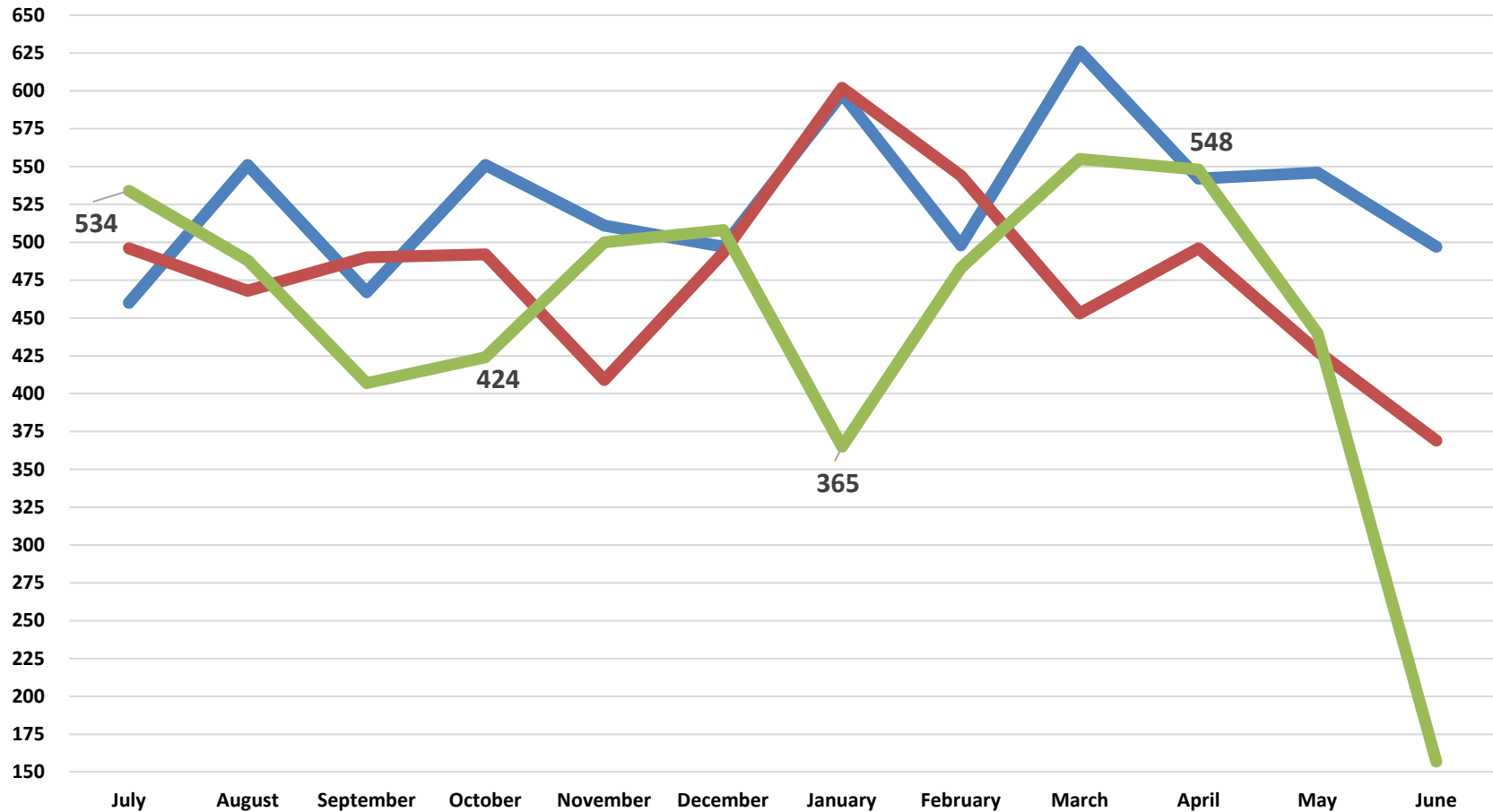
Rehabilitation Hospital Patient Days



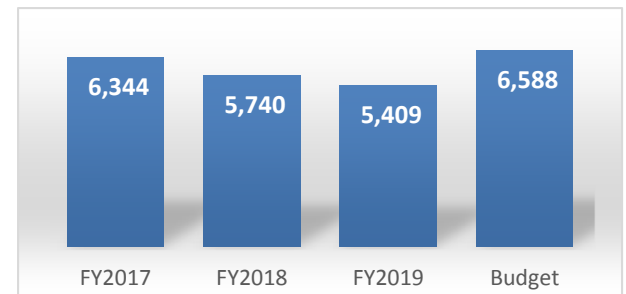
— 2017 — 2018 — 2019



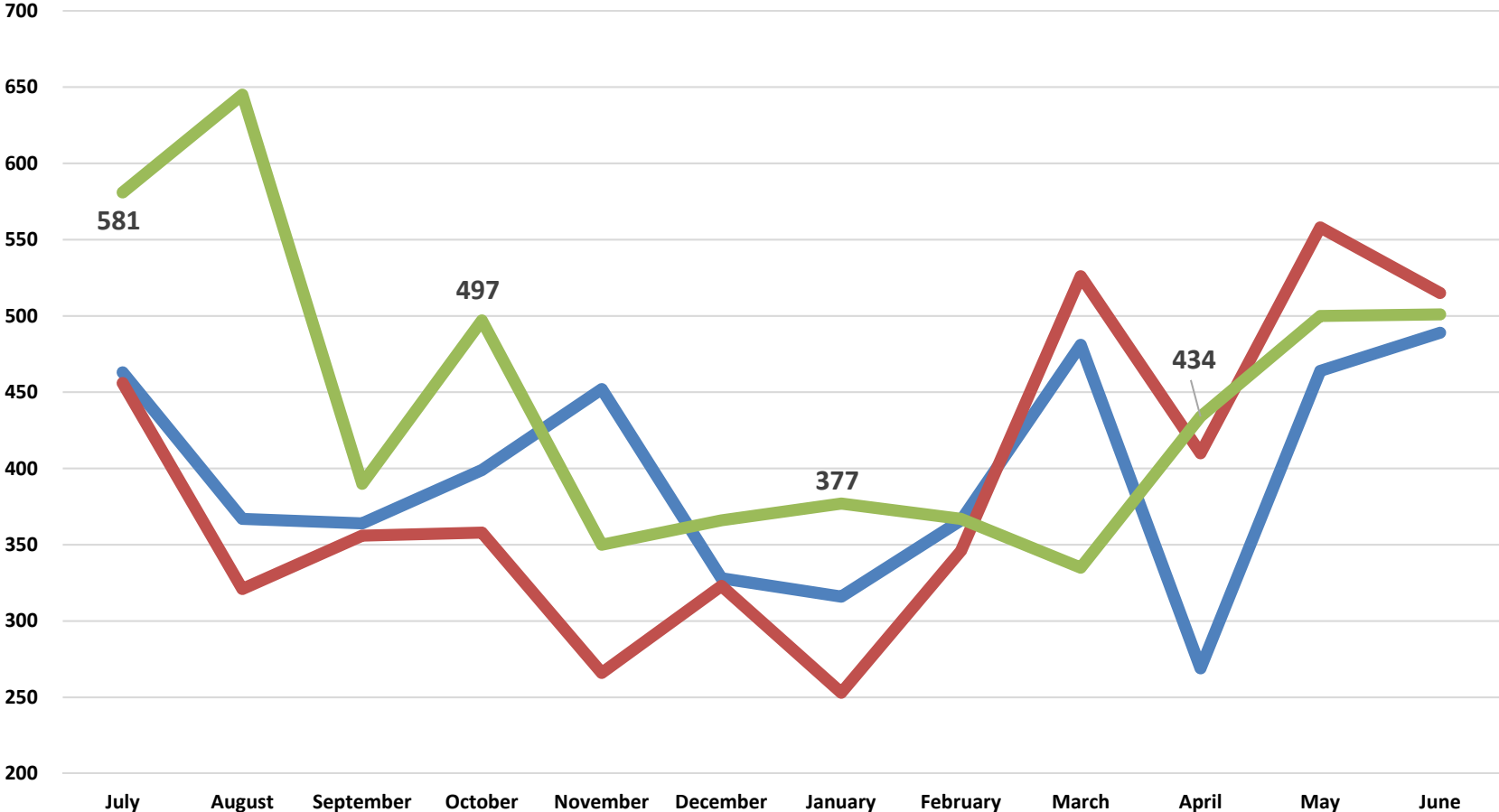
Transitional Care Services (TCS) Patient Days



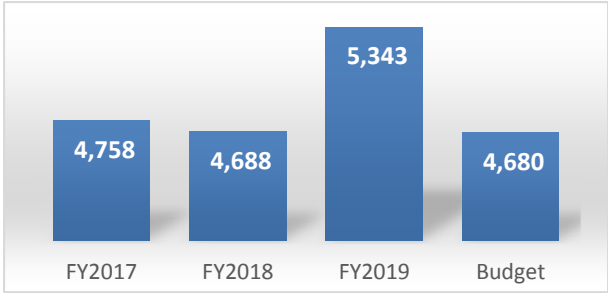
— 2017 — 2018 — 2019



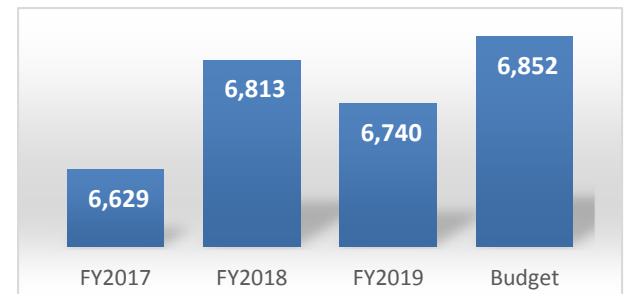
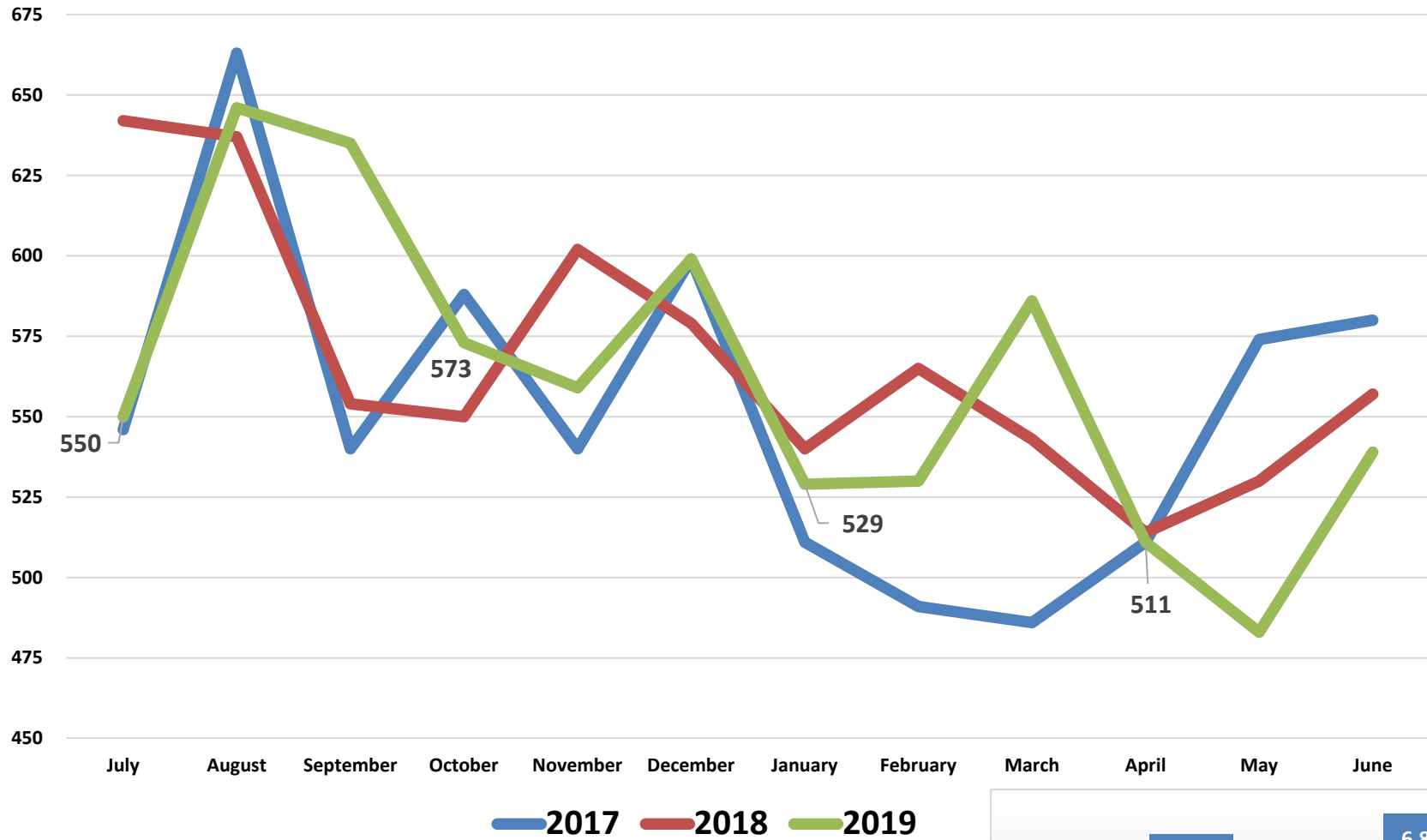
NICU Patient Days



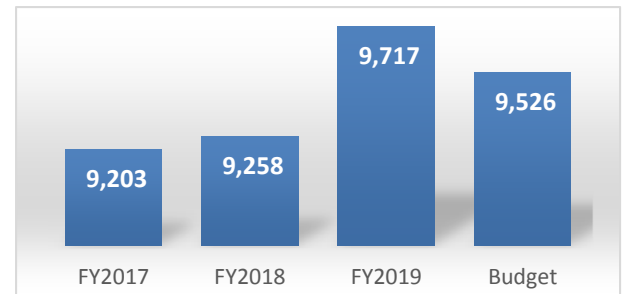
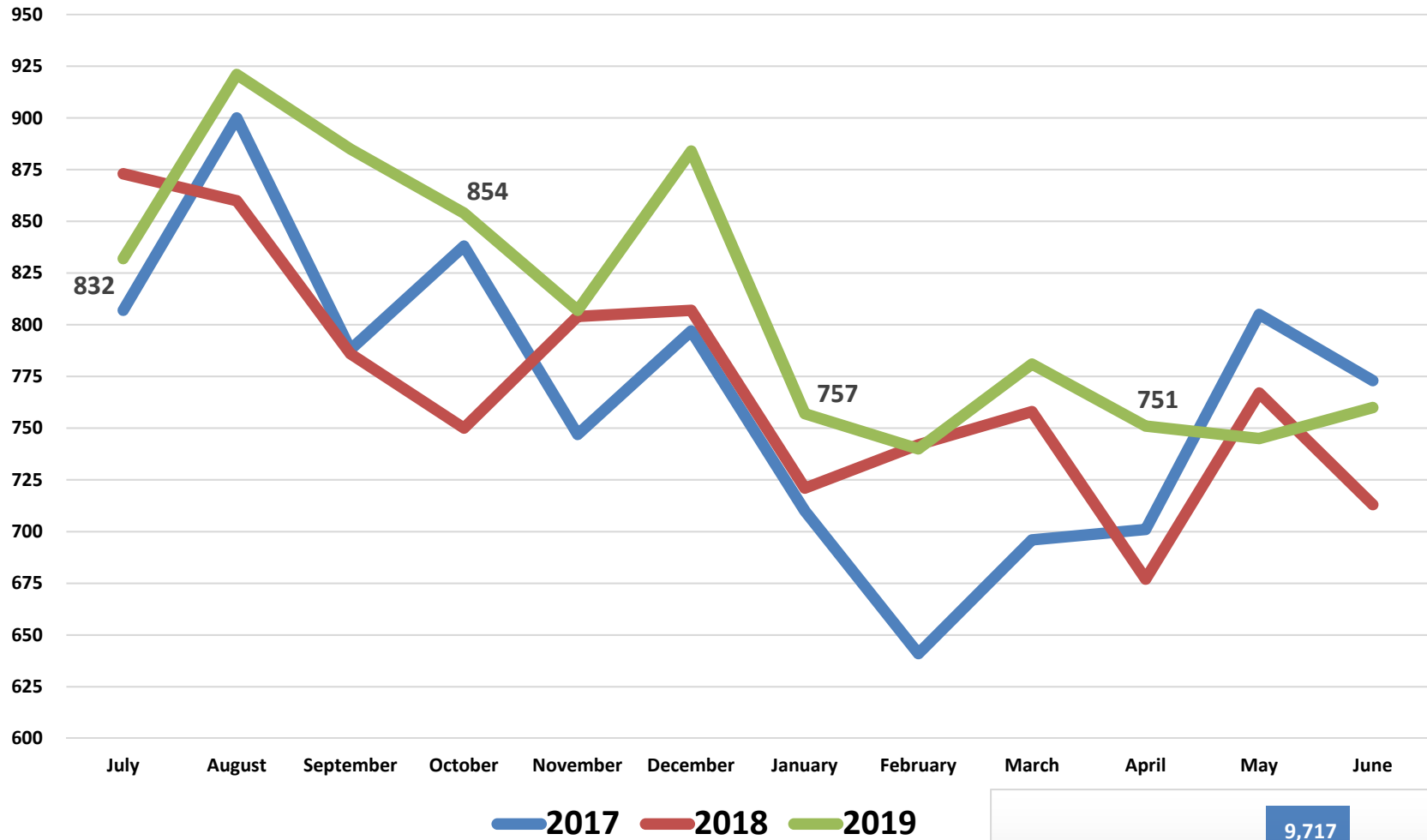
— 2017 — 2018 — 2019



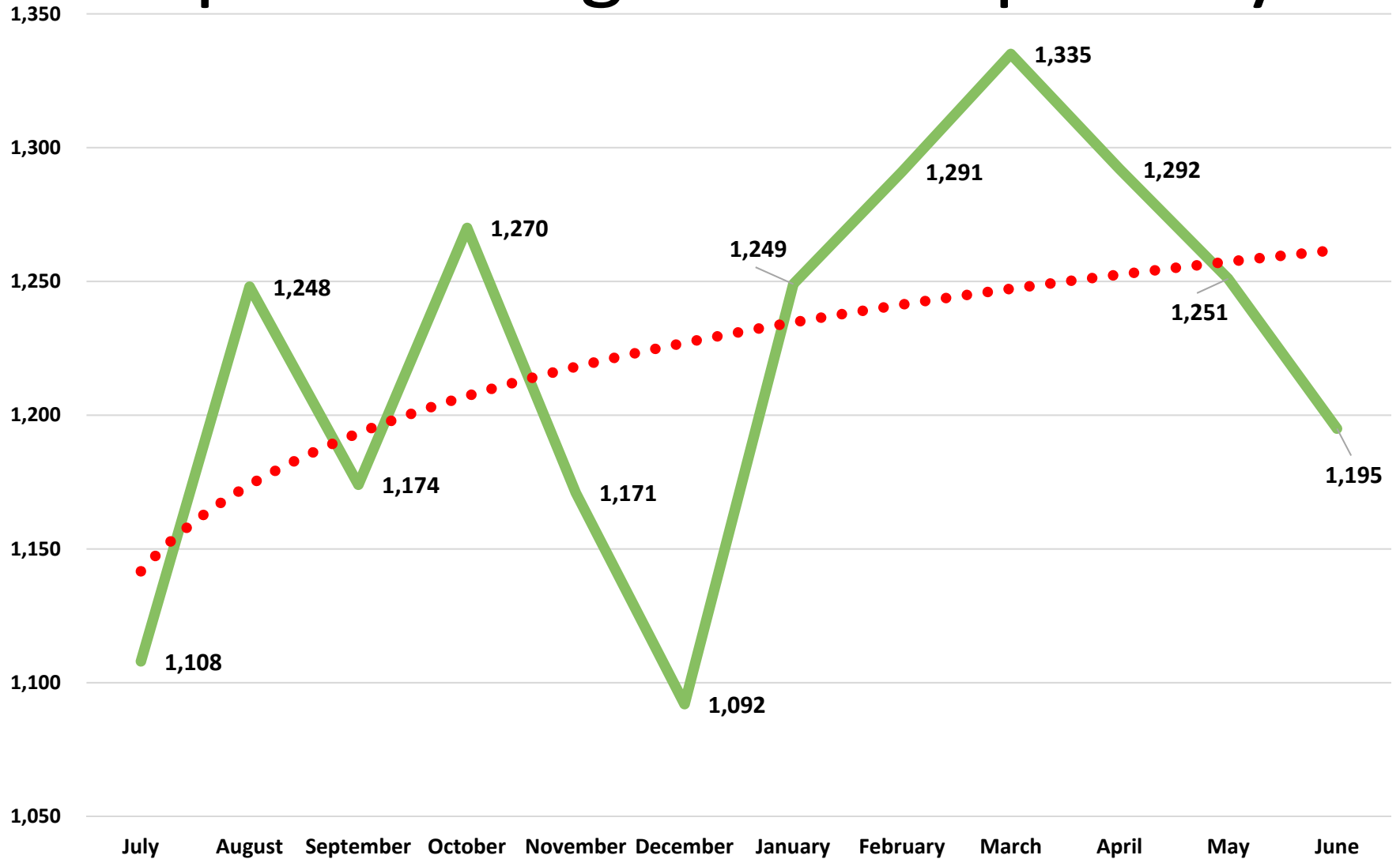
Nursery Patient Days



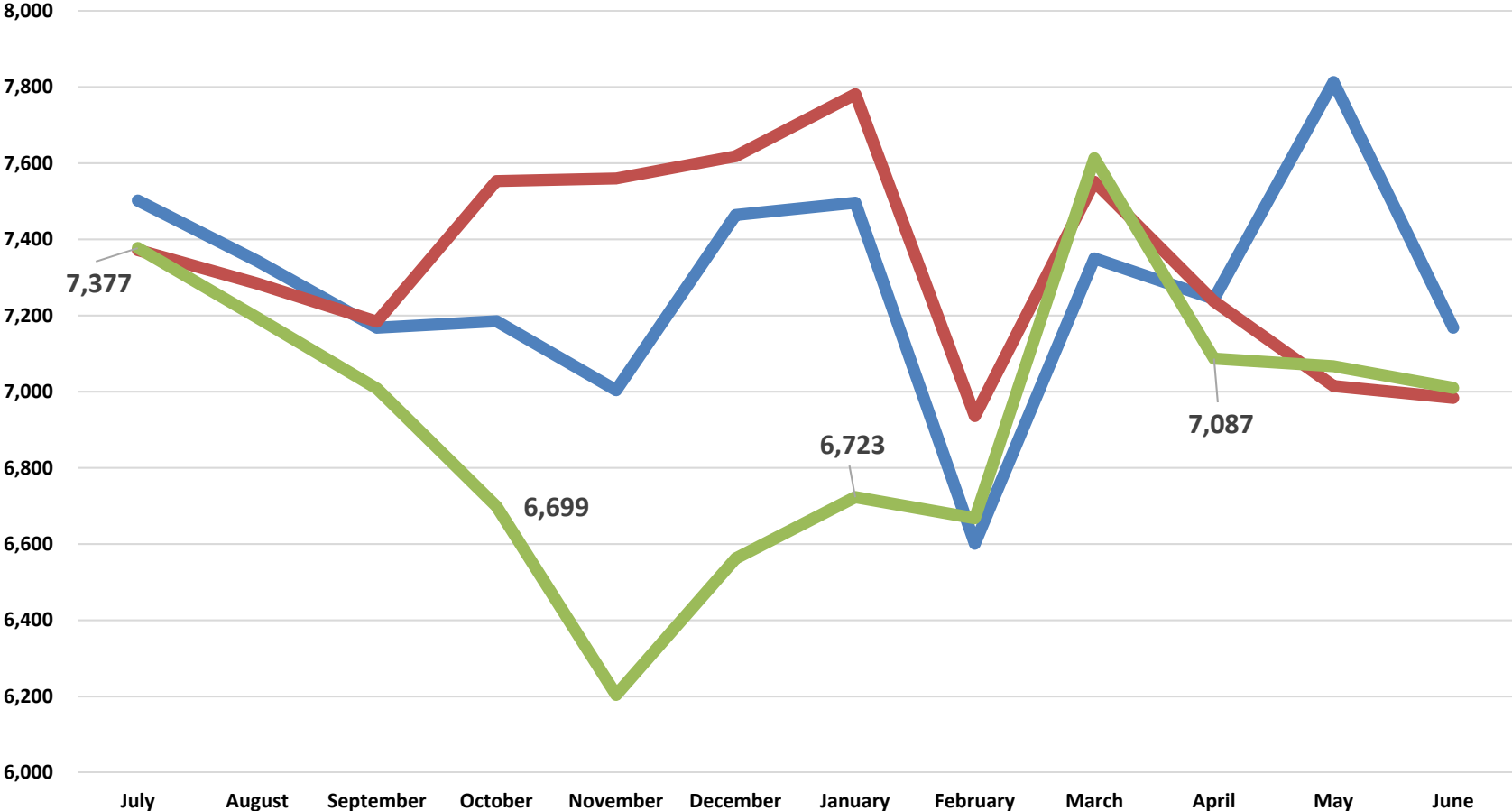
Obstetrics Patient Days



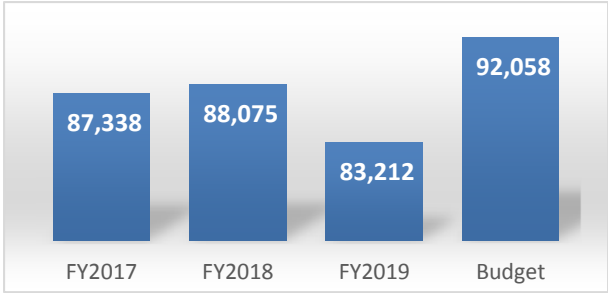
Outpatient Registrations per Day



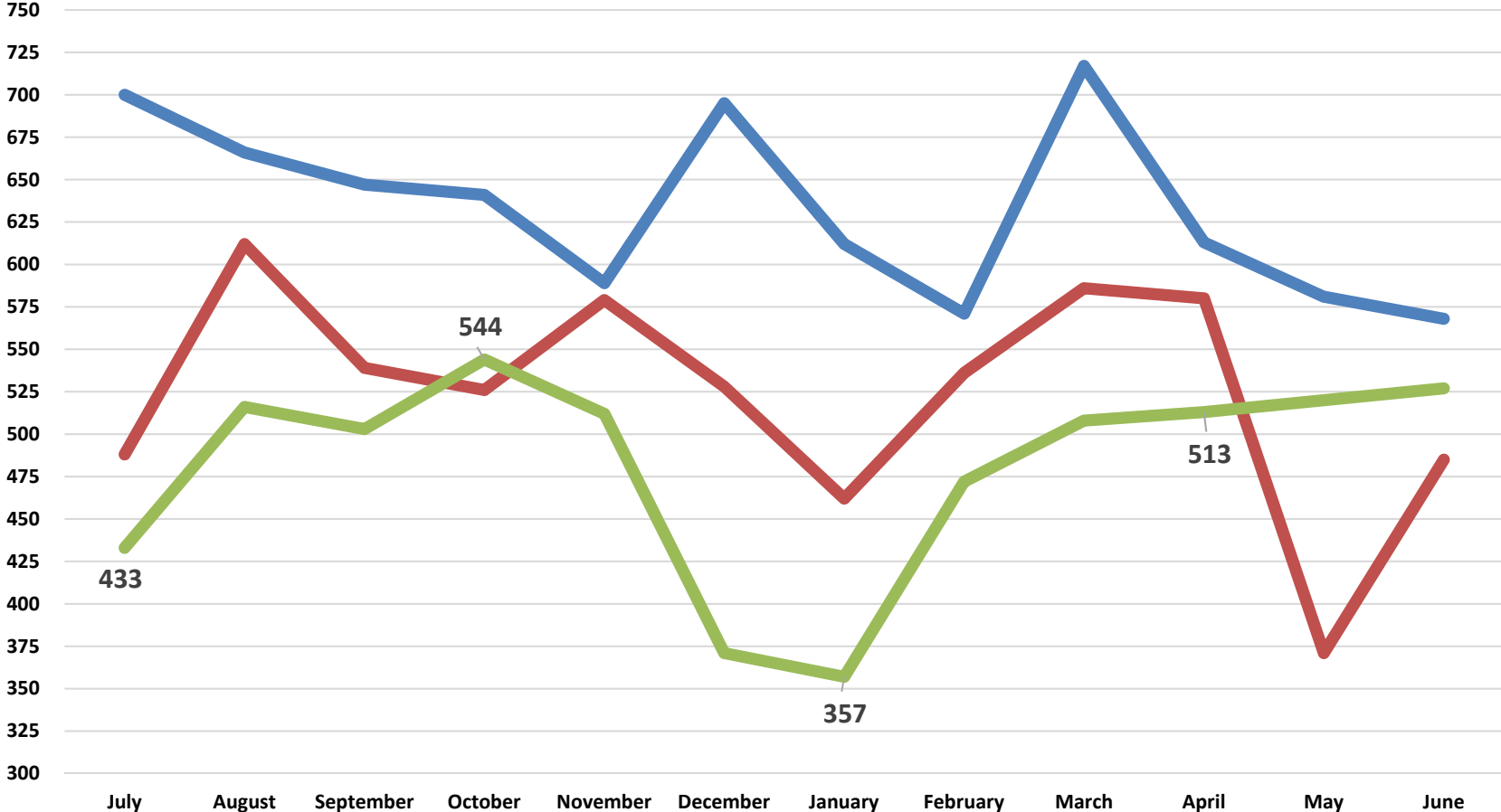
Emergency Department – Total Treated



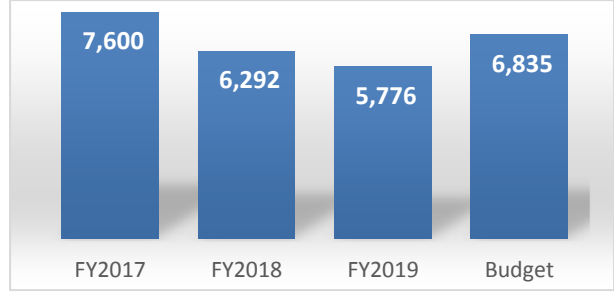
— 2017 — 2018 — 2019



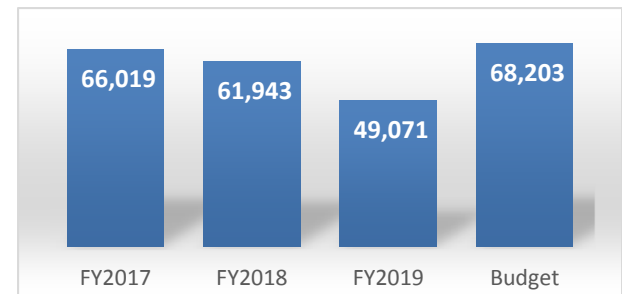
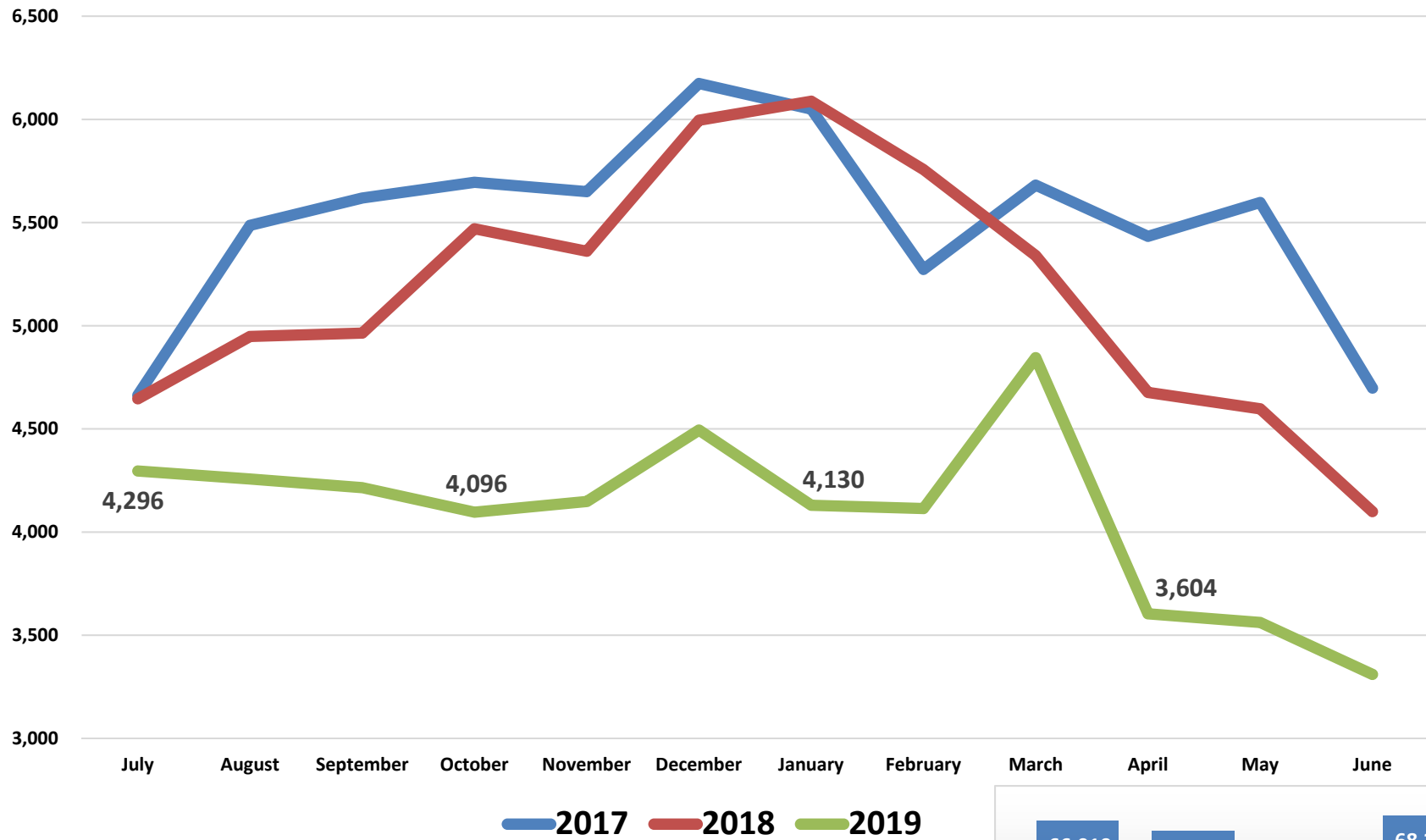
Endoscopy Procedures



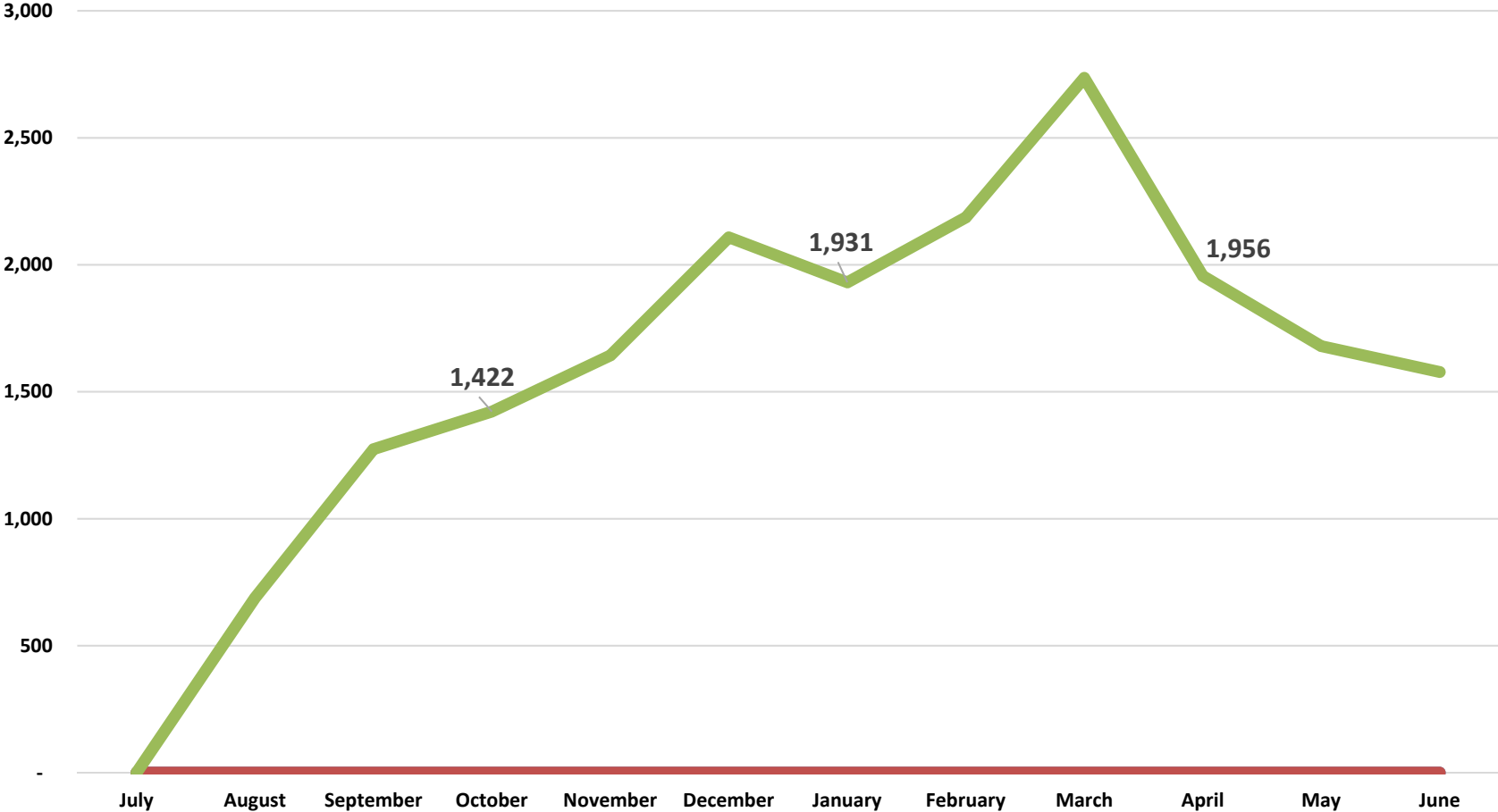
— 2017 — 2018 — 2019



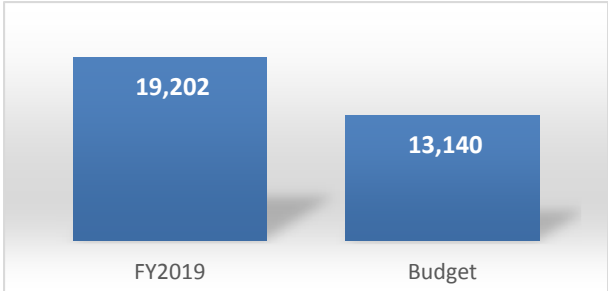
Urgent Care – Court Visits



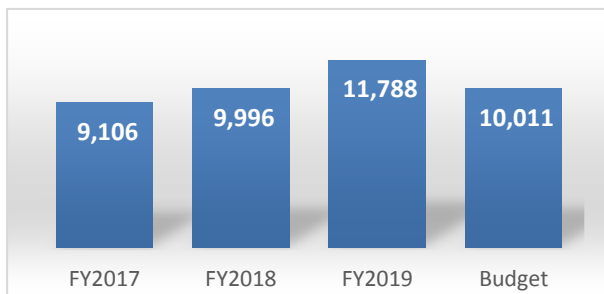
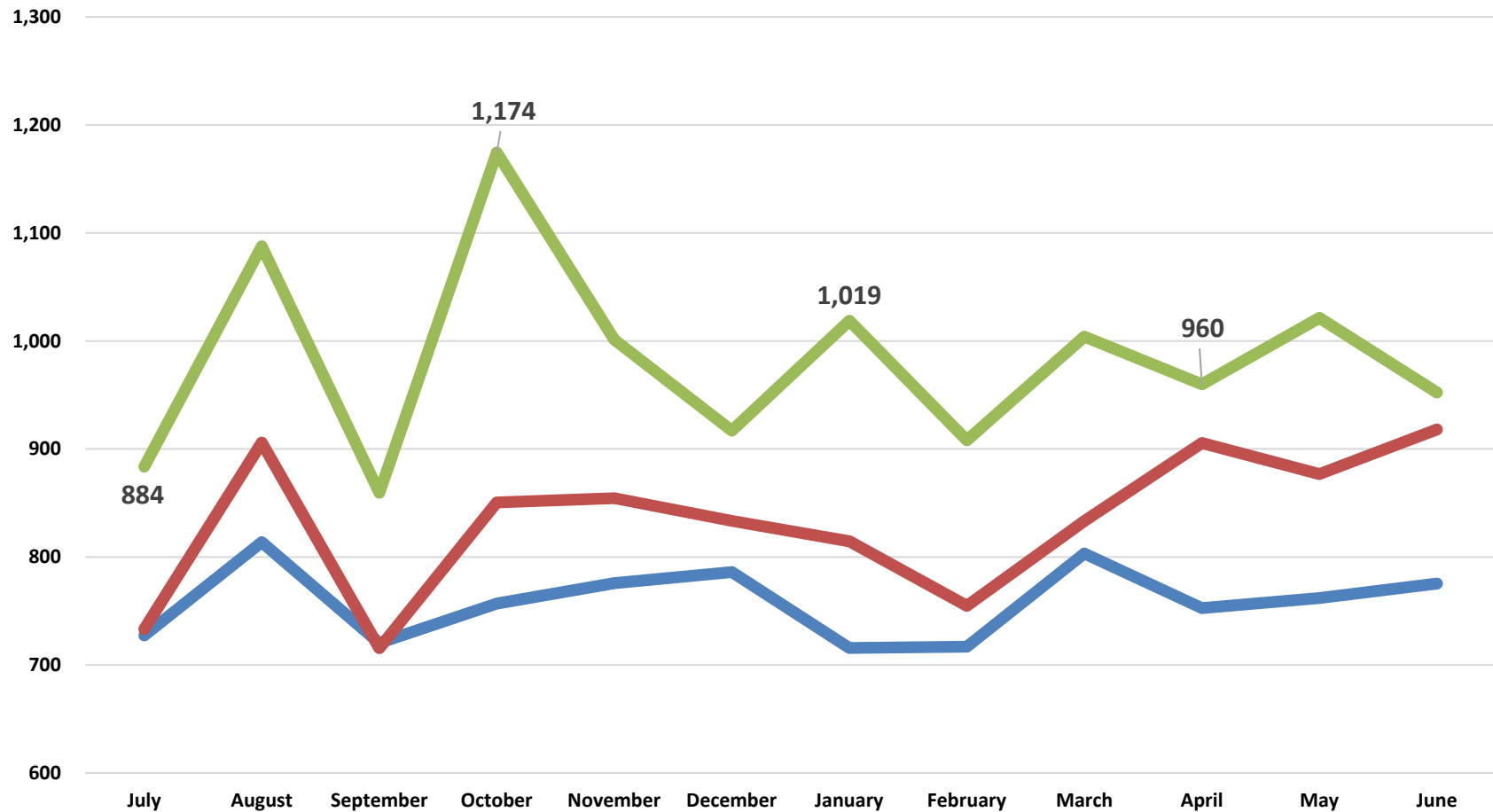
Urgent Care – Demaree Visits



— 2017 — 2018 — 2019



Surgery Minutes

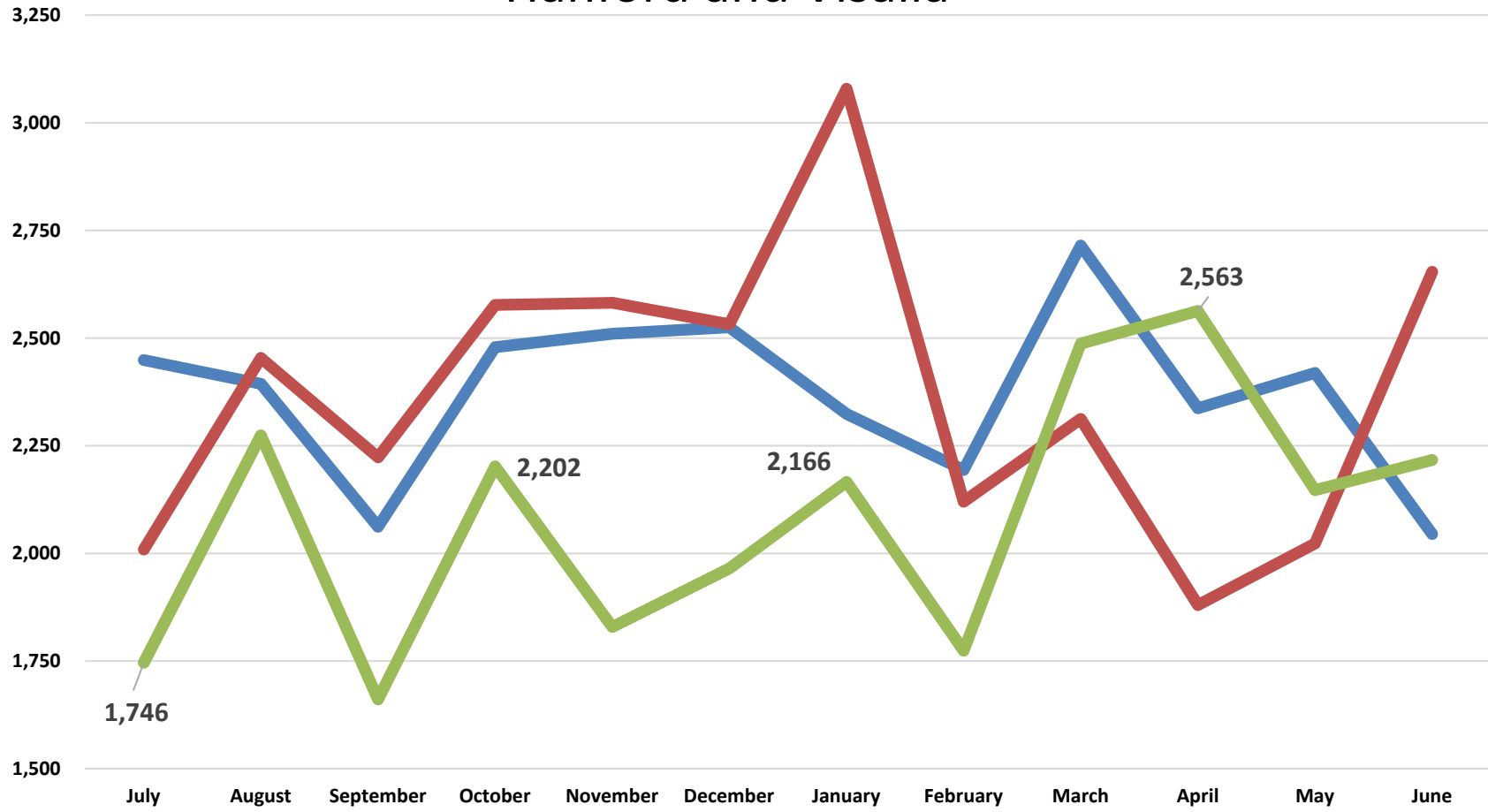


— 2017 — 2018 — 2019

	FY 18 Jul-June	FY 19 Jul-June	Change	% Change
Surgeries - IP Cases	3,821	4,656	799	22%
Surgeries - OP Cases	5,523	5,662	136	3%
Total Surgery Cases	9,344	10,318	974	10%

Radiation Oncology Treatments

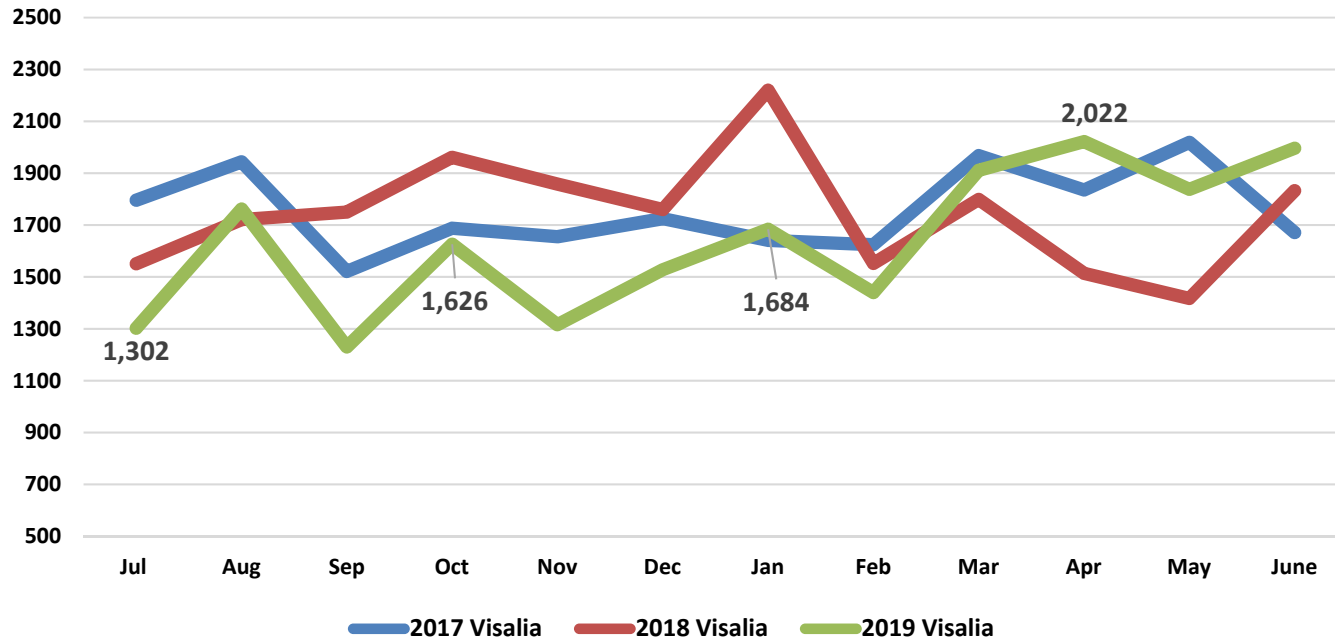
Hanford and Visalia



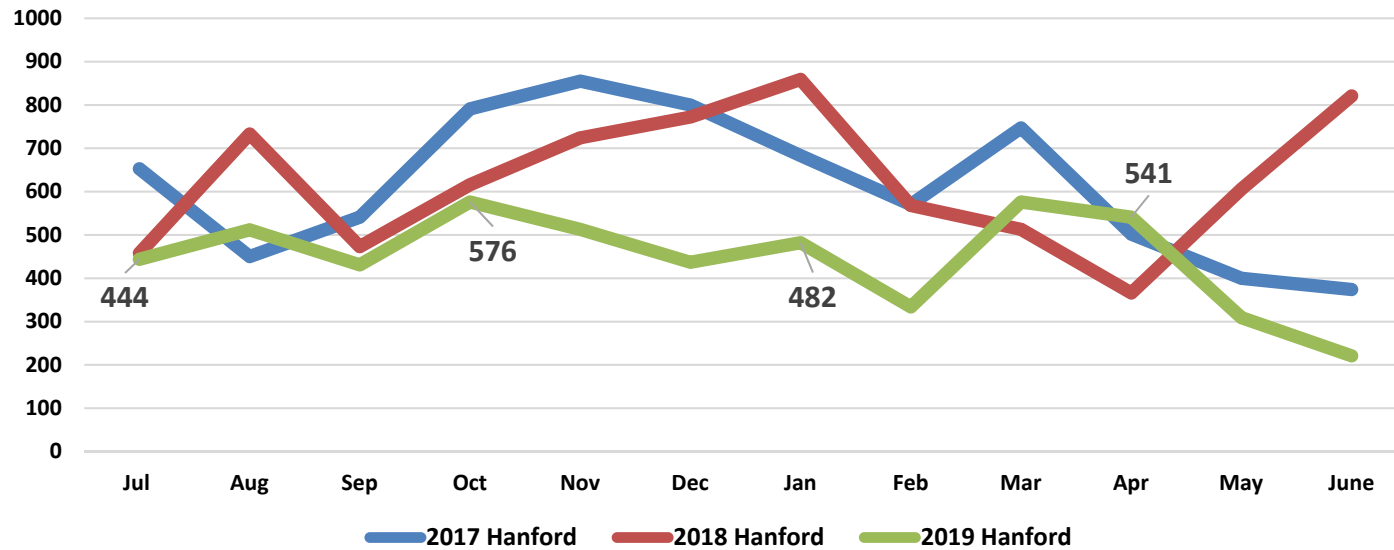
— 2017 — 2018 — 2019

	Combined	Hanford	Visalia
	YTD	YTD	YTD
FY2017	28,453	7,366	21,087
FY2018	28,445	7,509	20,936
FY2019	25,031	5,376	19,655
Budget	30,367	8,065	22,302

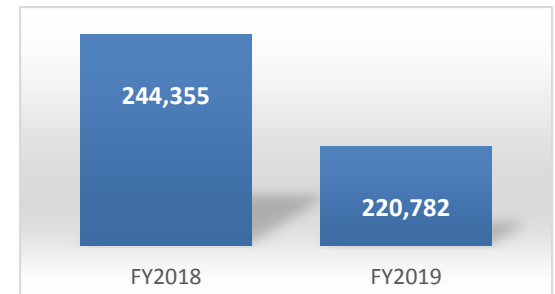
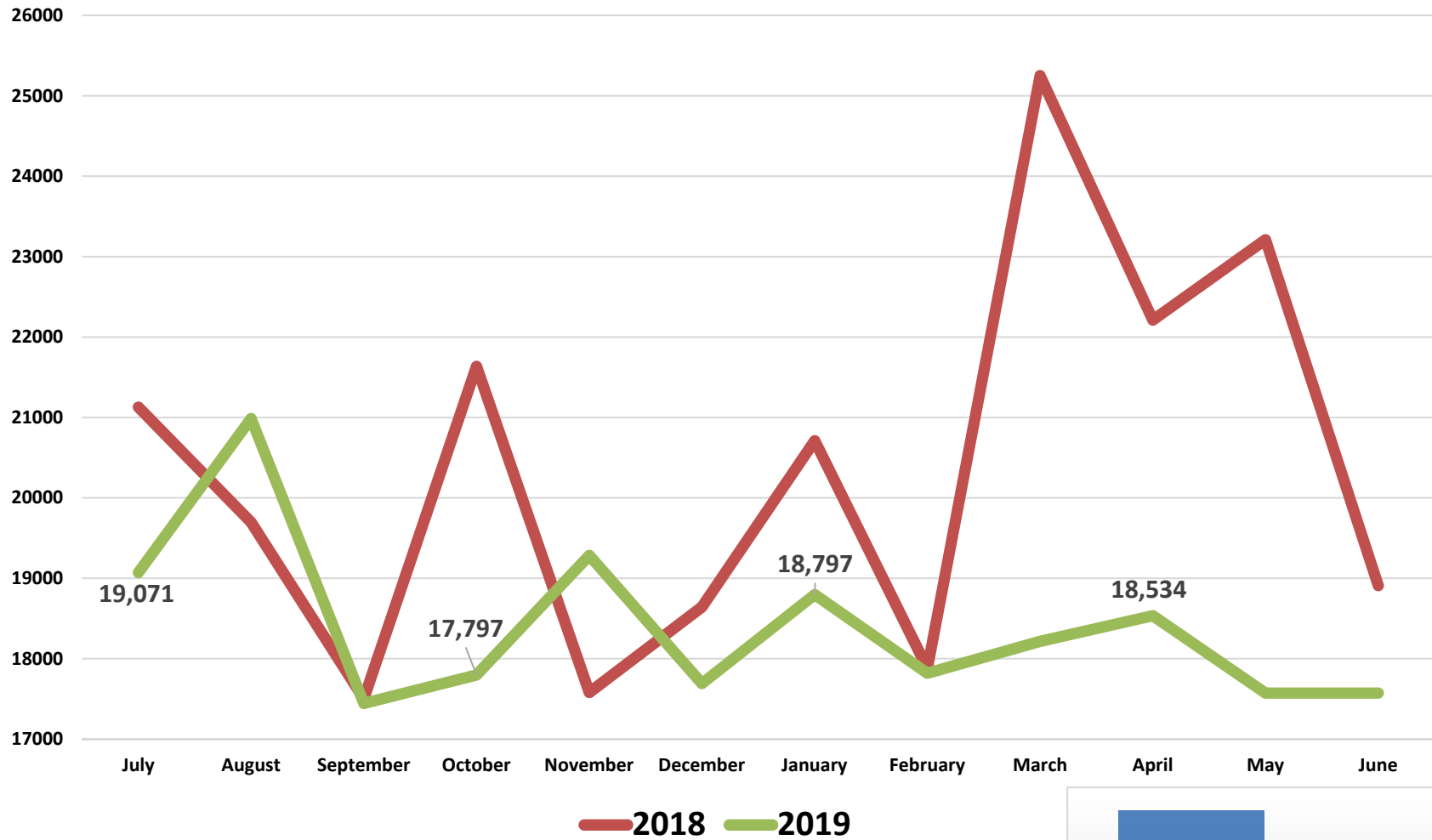
Radiation Oncology Visalia Treatments



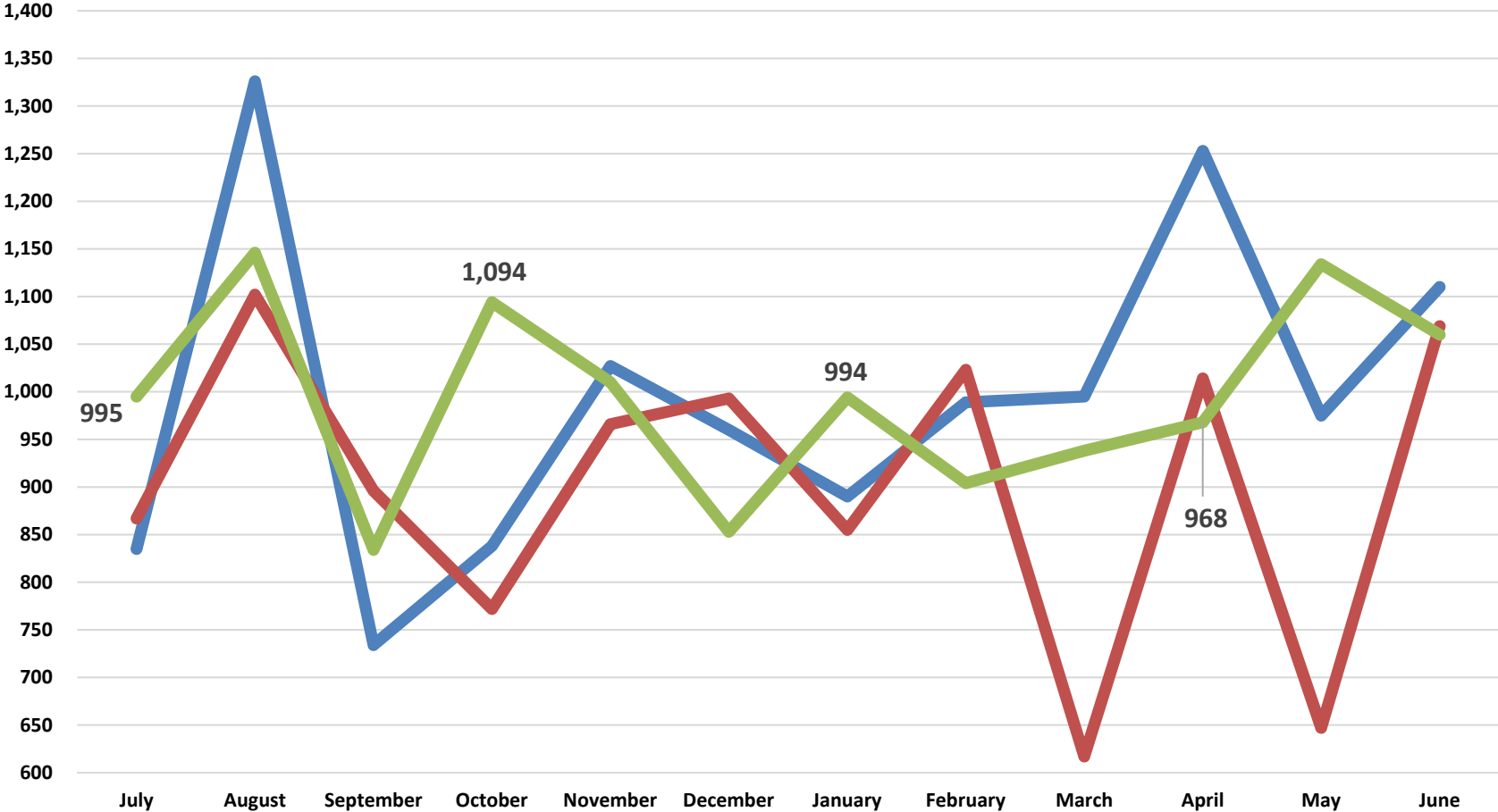
Radiation Oncology Hanford Treatments



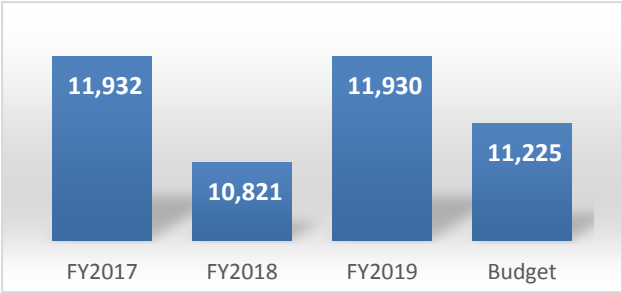
Cath Lab Minutes



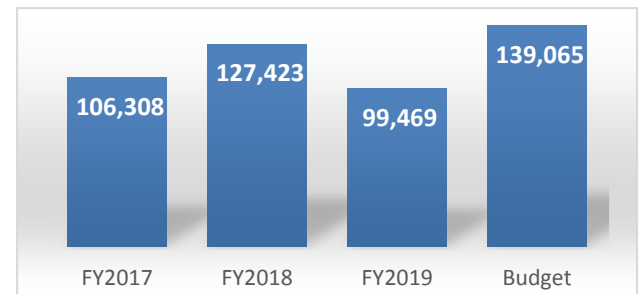
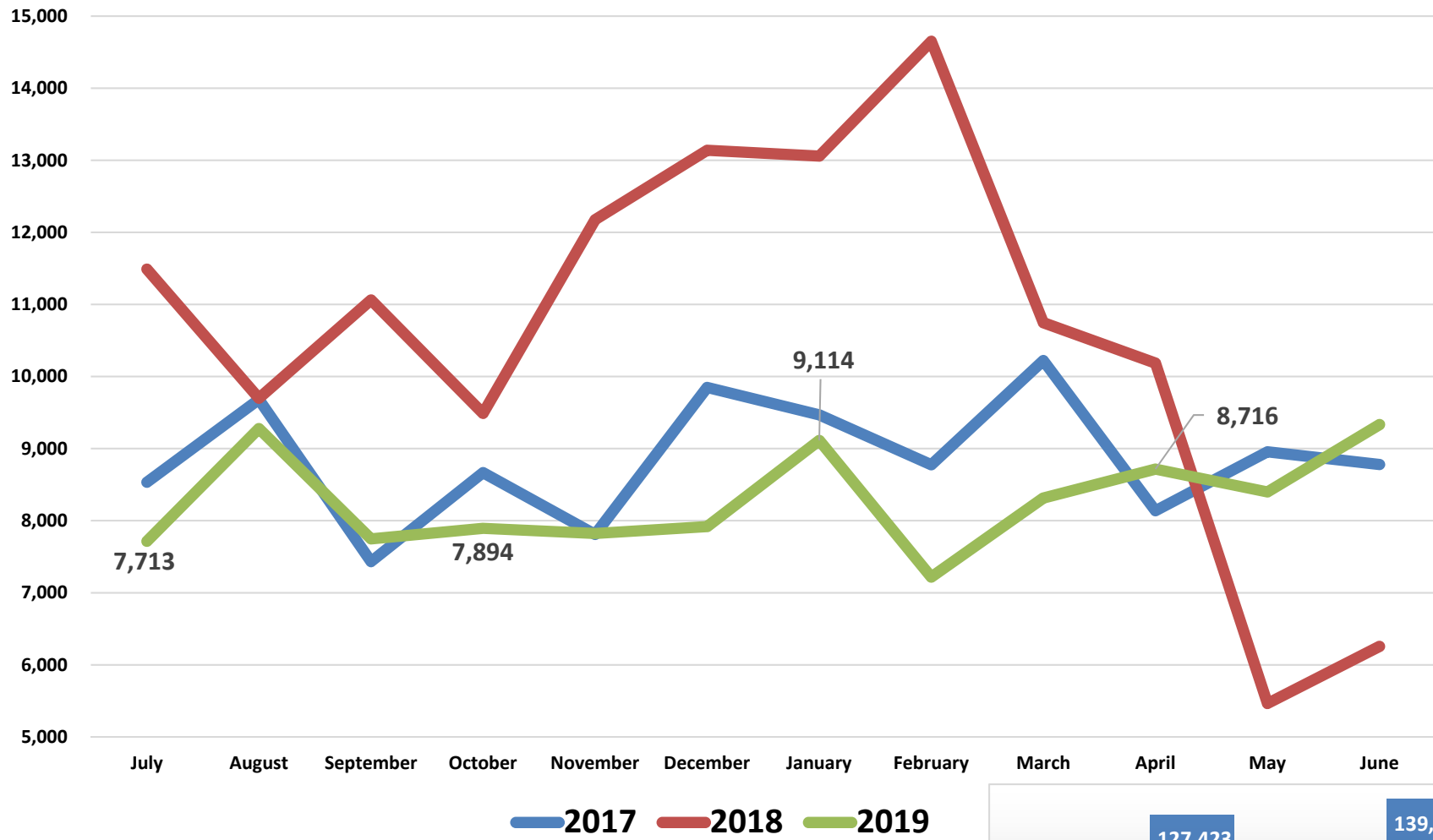
GME Family Medicine Clinic Visits



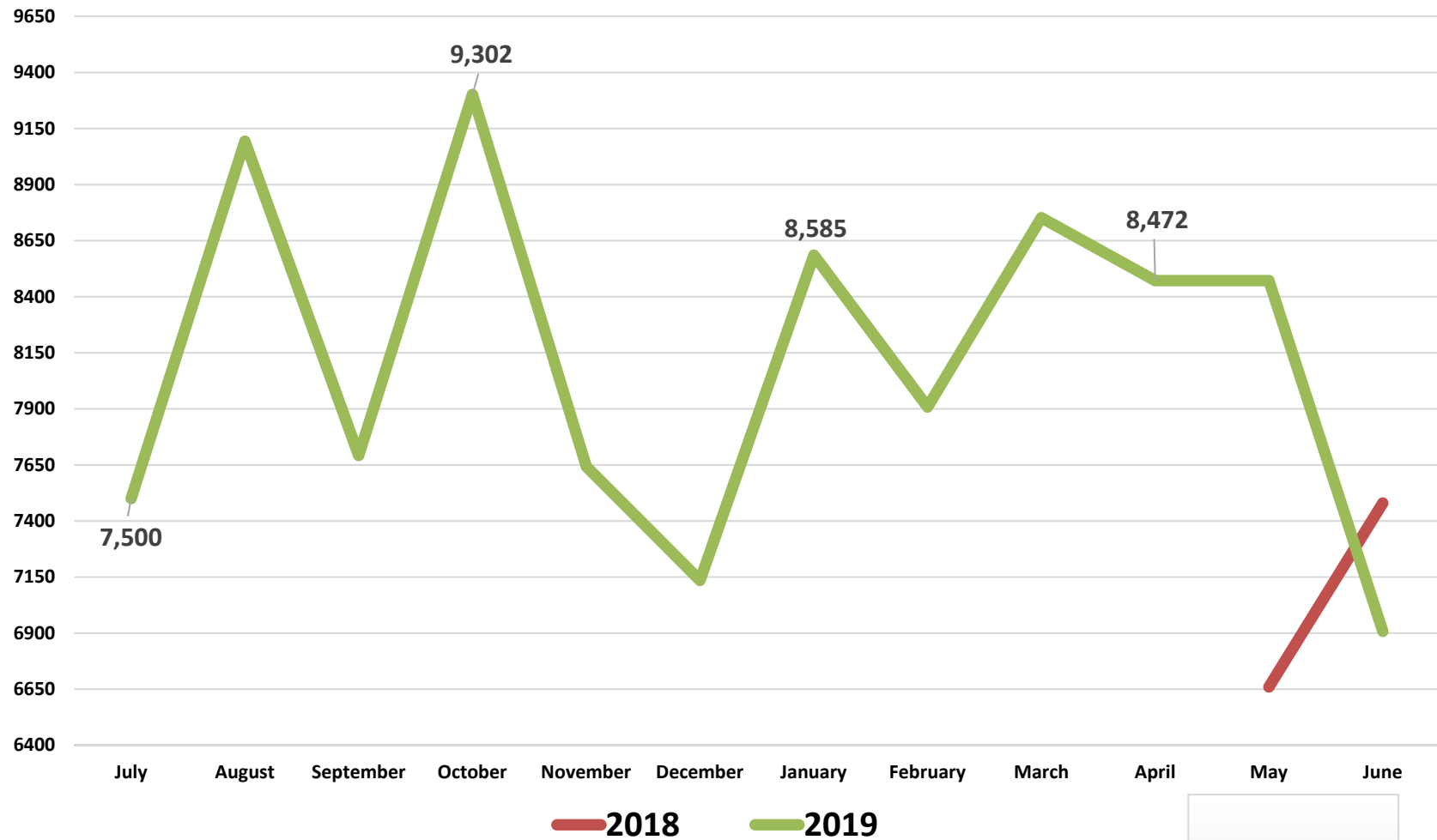
— 2017 — 2018 — 2019



Rural Health Clinic Procedures

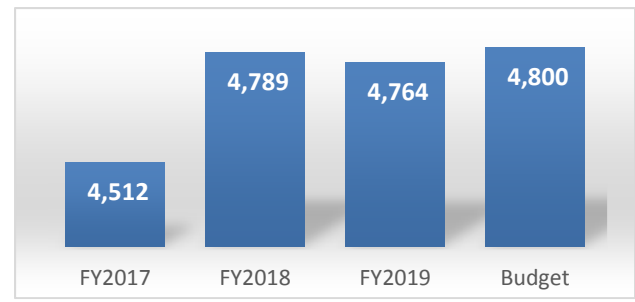
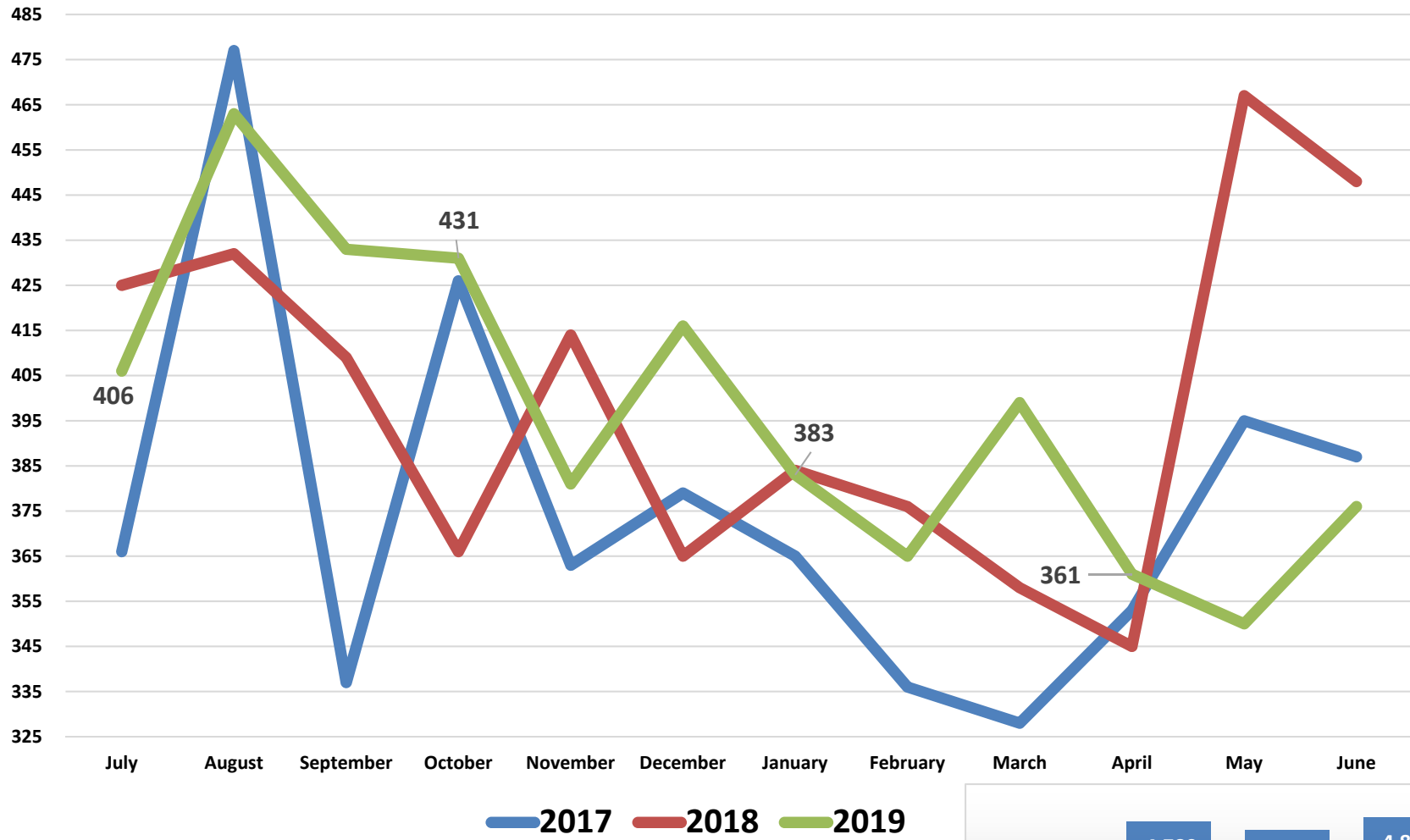


Rural Health Clinics Registrations

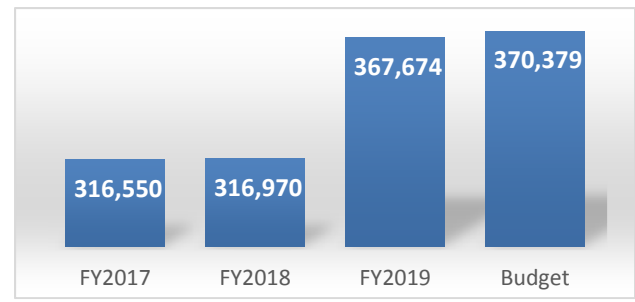
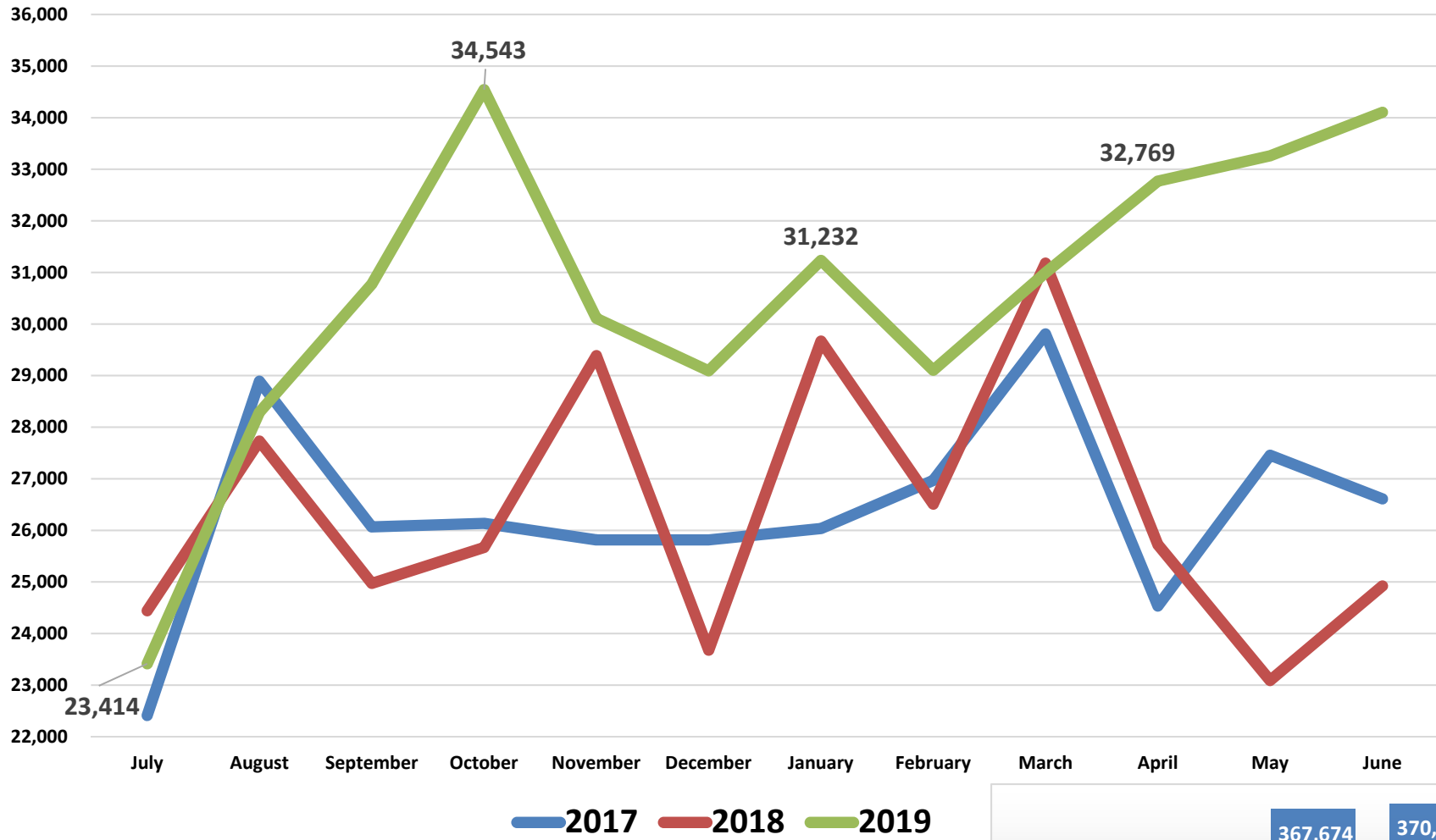


97
,4
62
FY2019

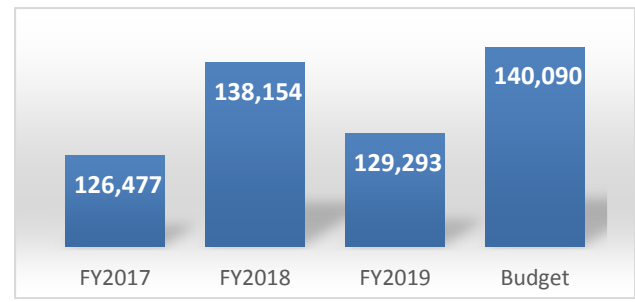
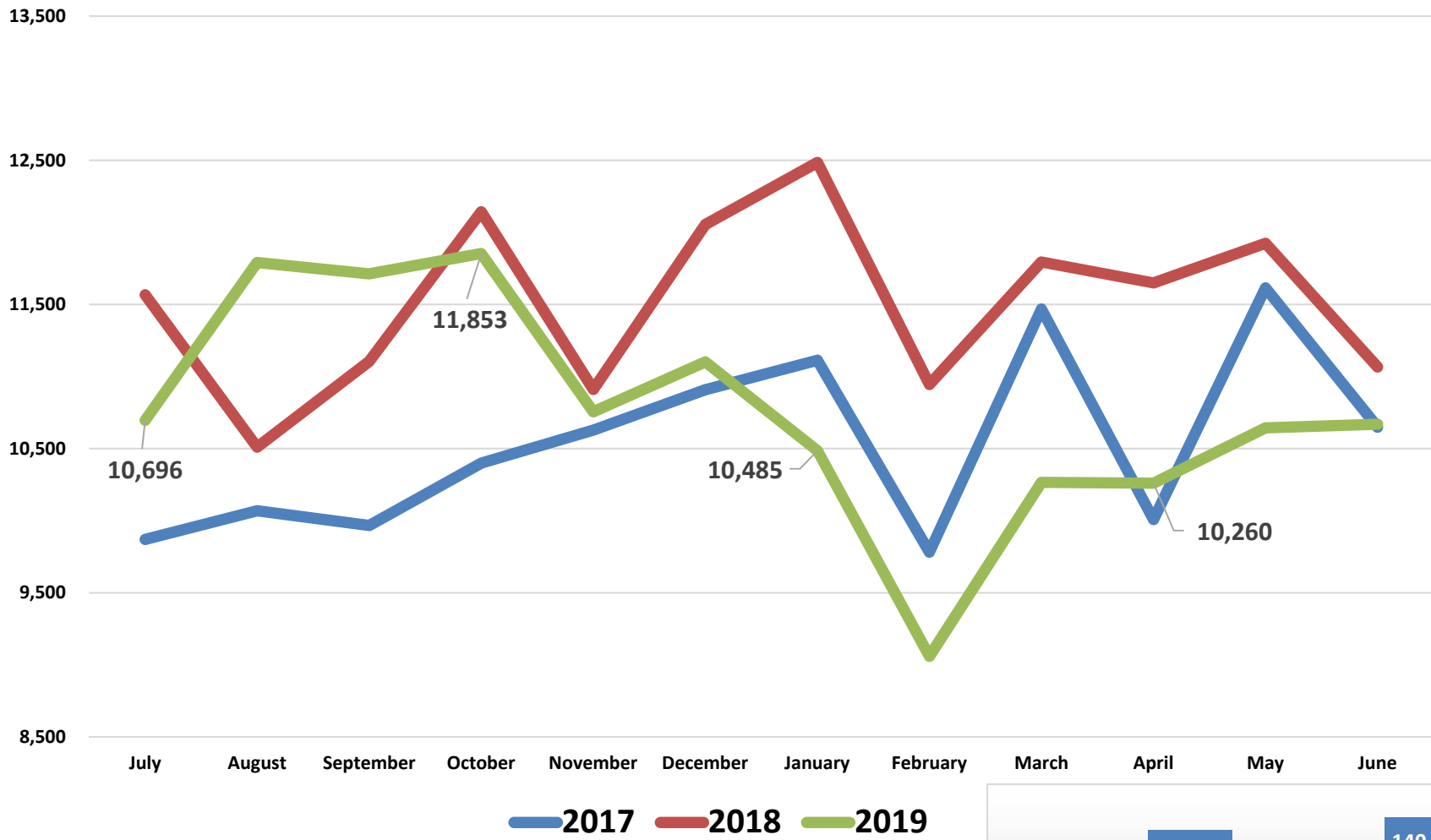
Deliveries



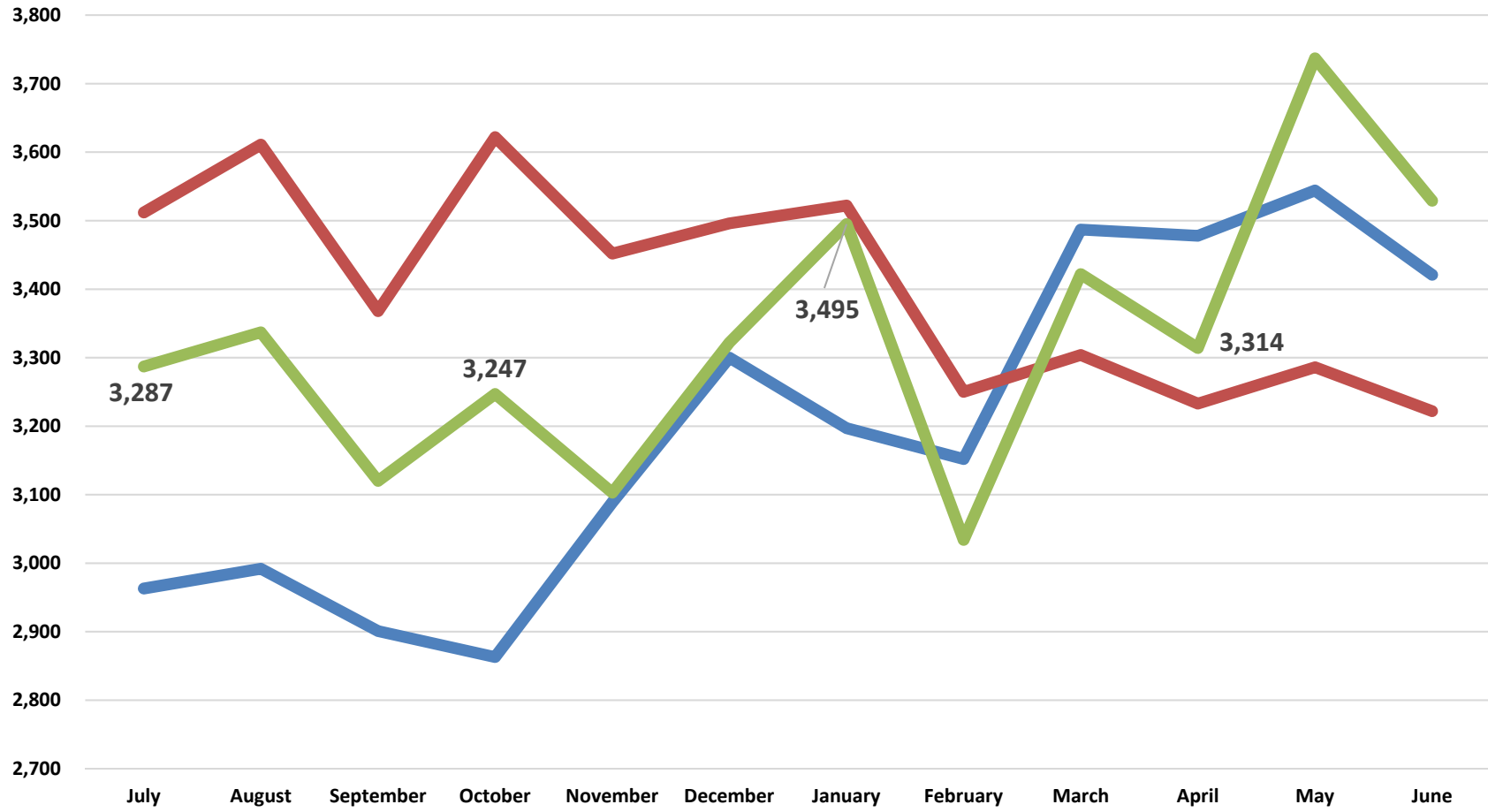
KDMF RVU's



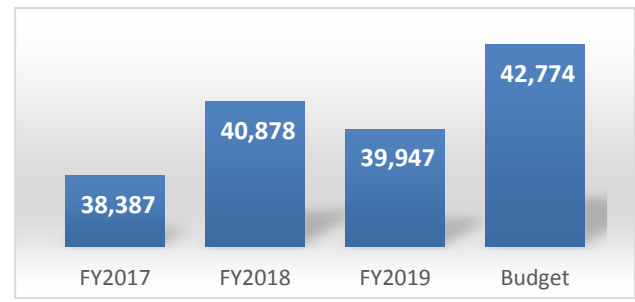
Home Infusion Days



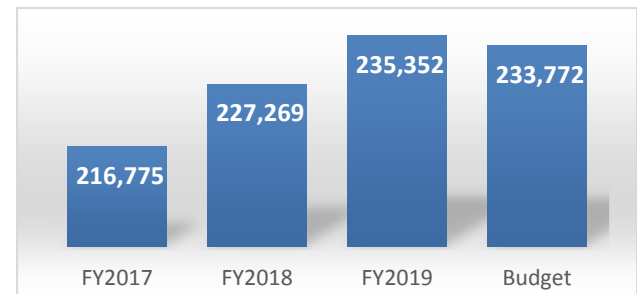
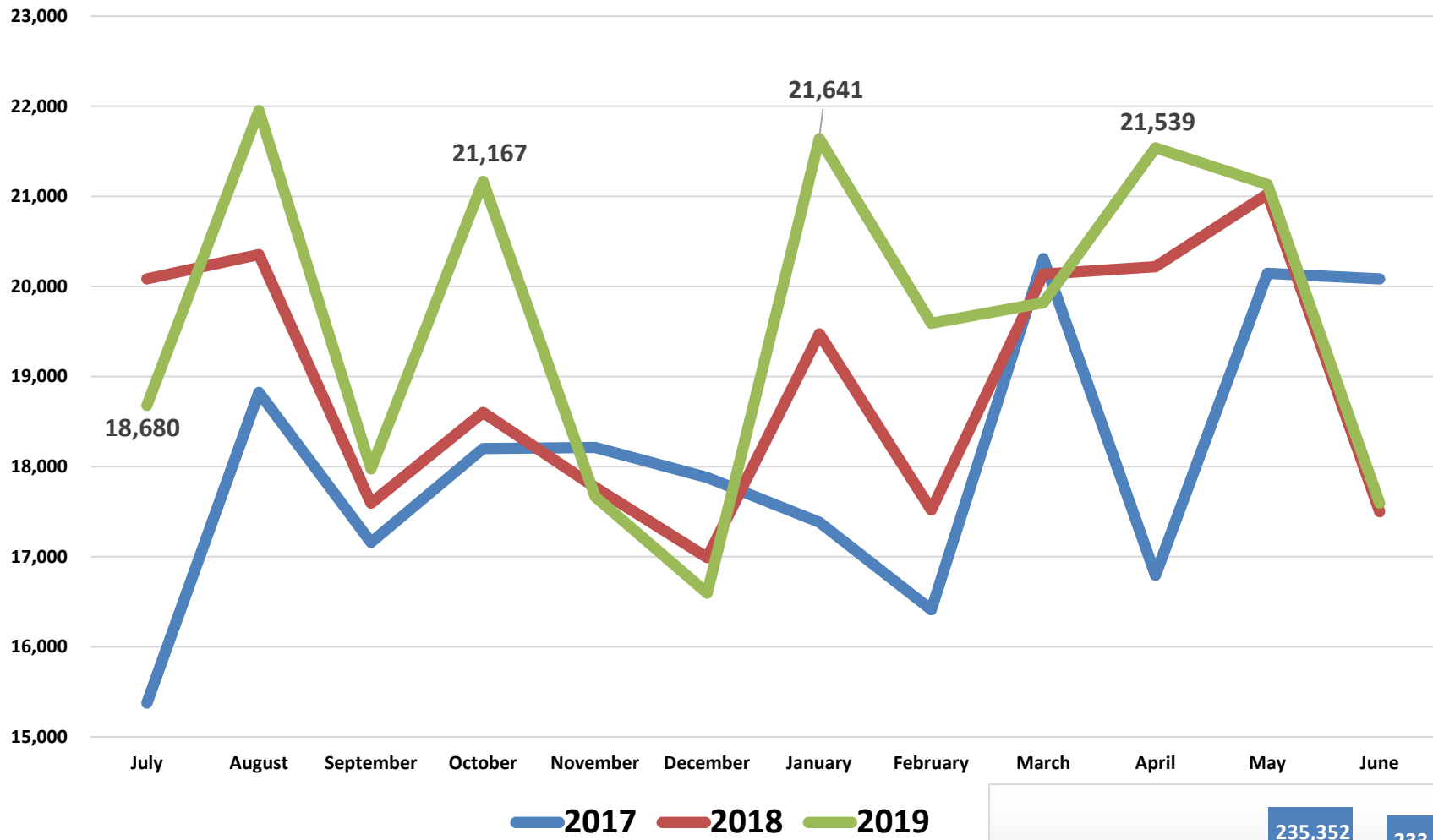
Hospice Days



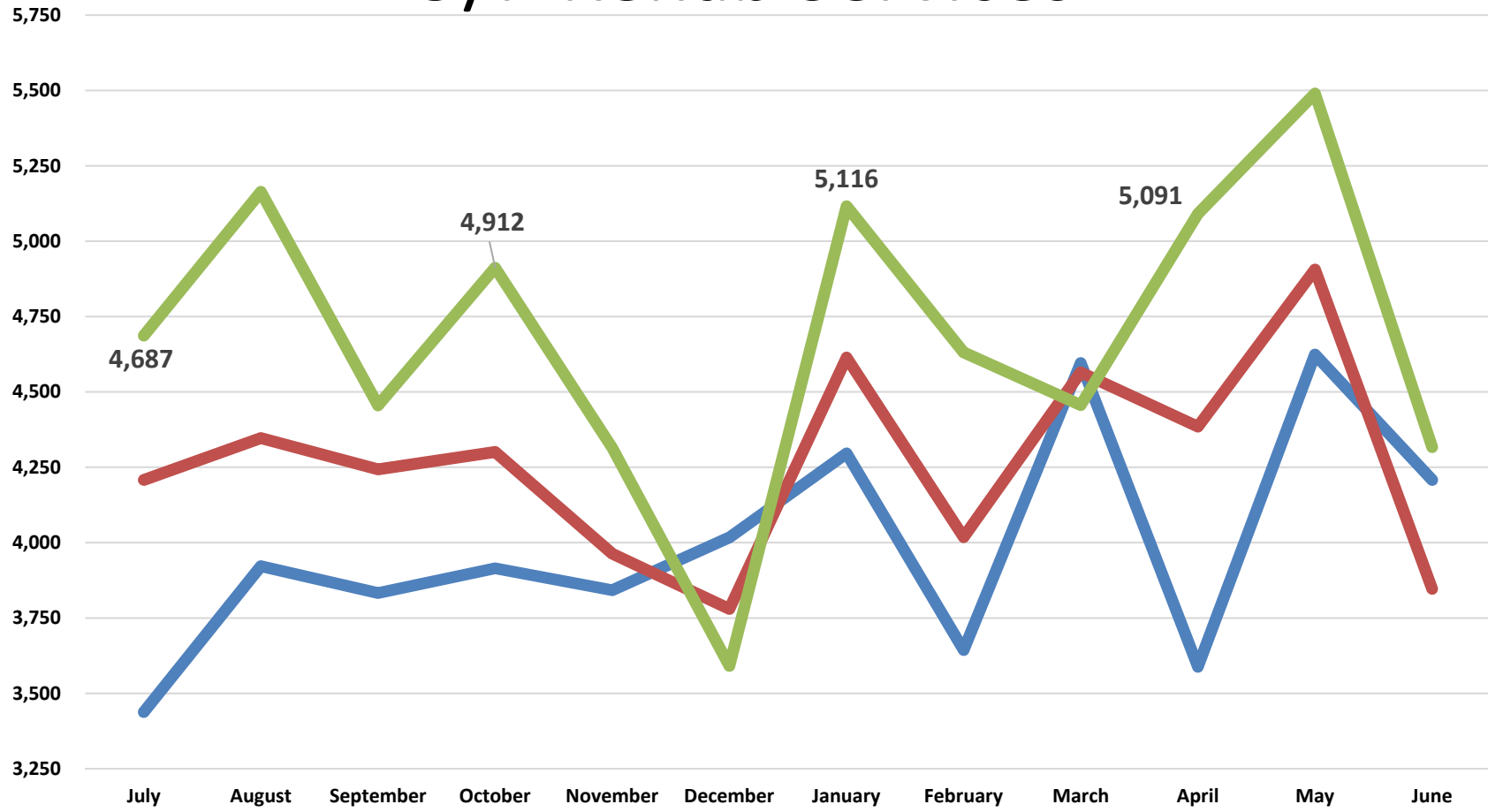
— 2017 — 2018 — 2019



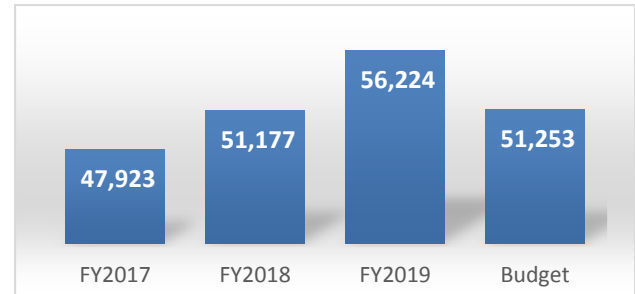
All O/P Rehab Services Across District



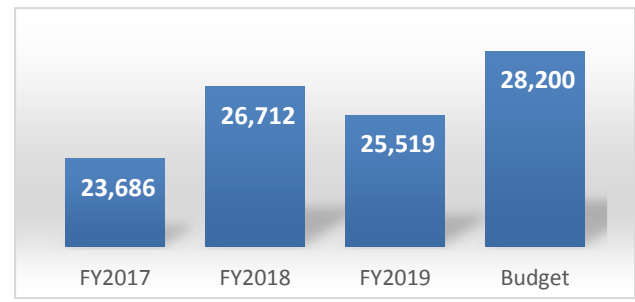
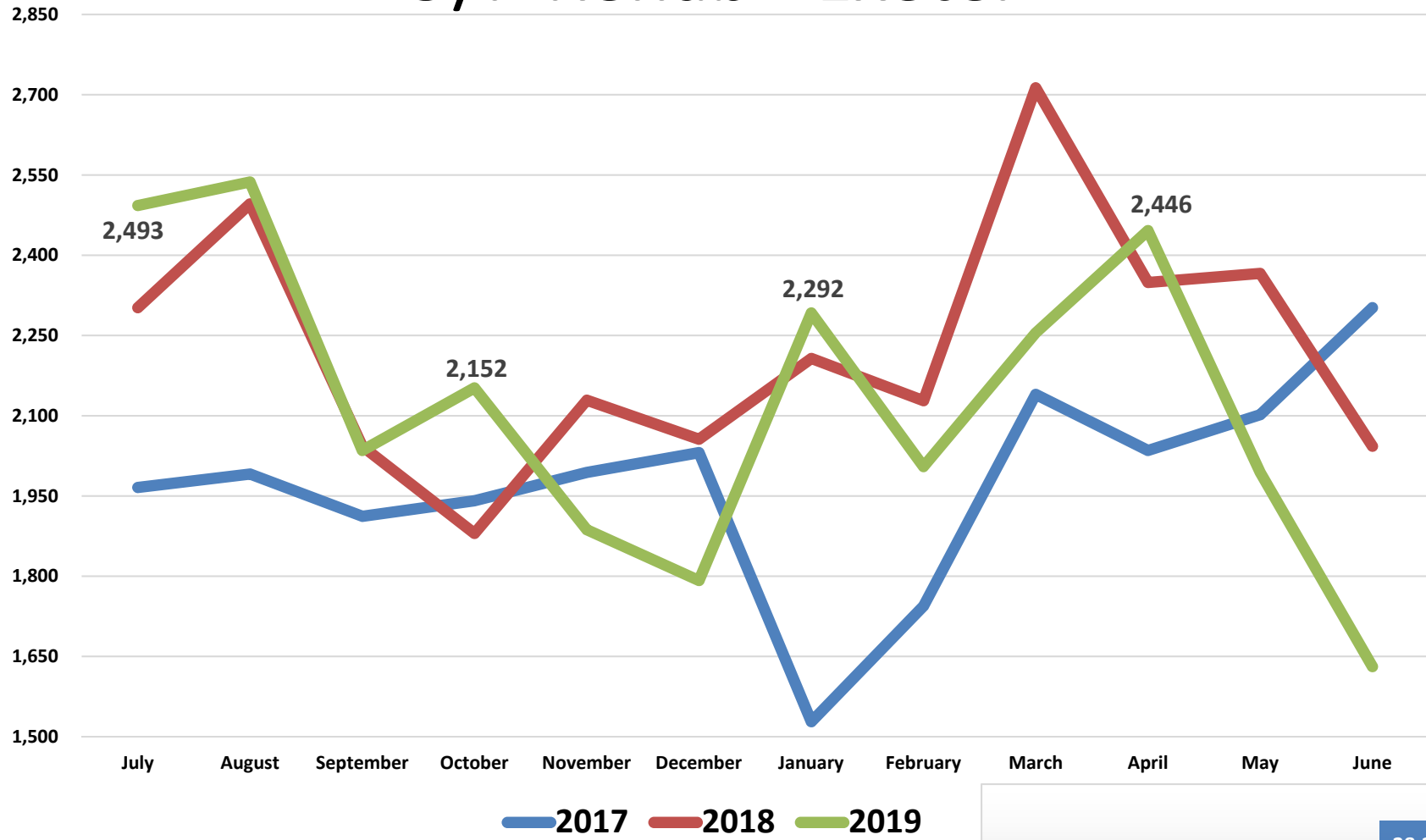
O/P Rehab Services



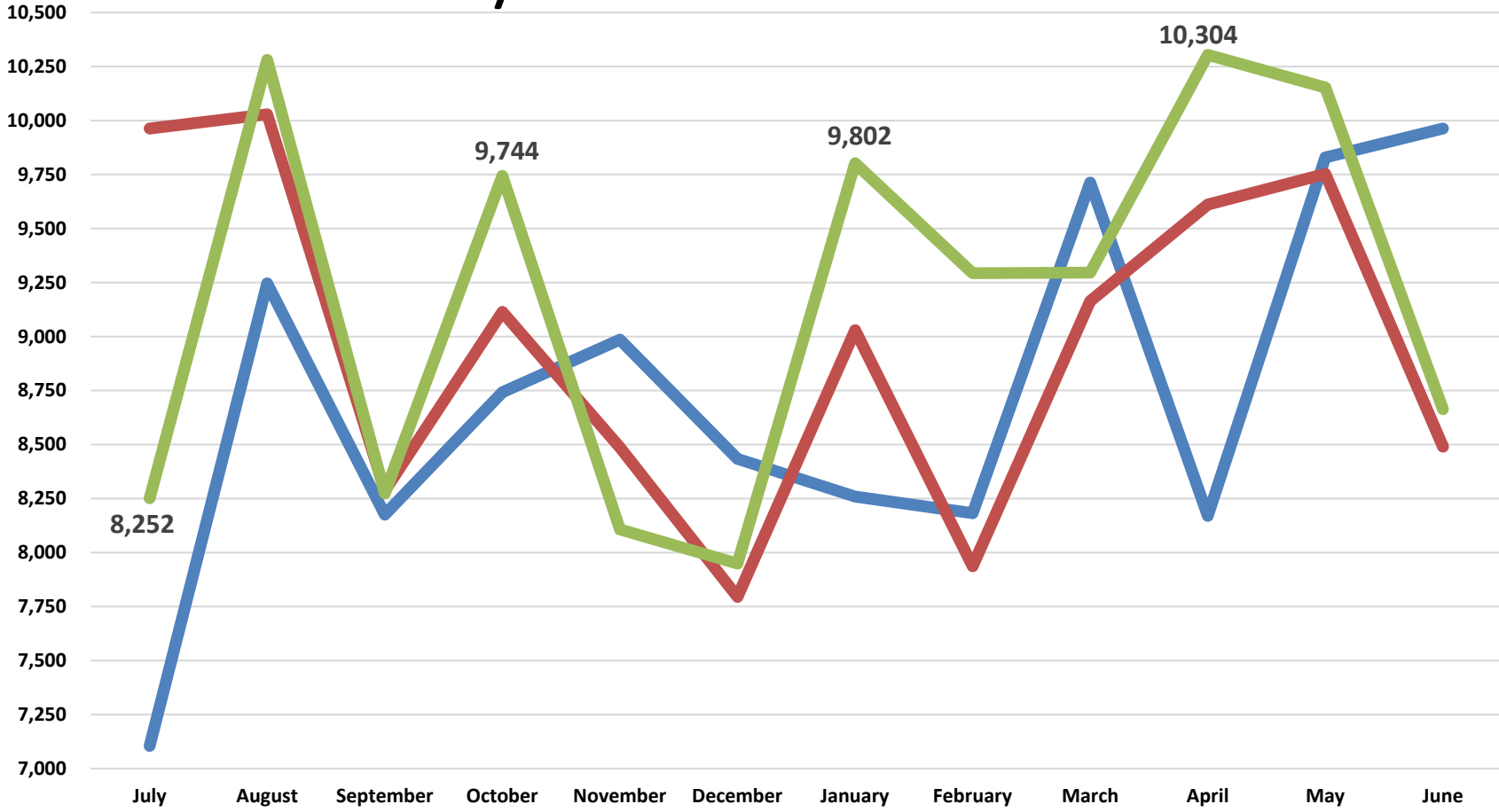
— 2017 — 2018 — 2019



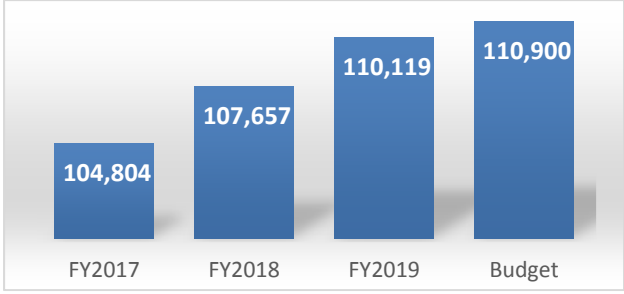
O/P Rehab - Exeter



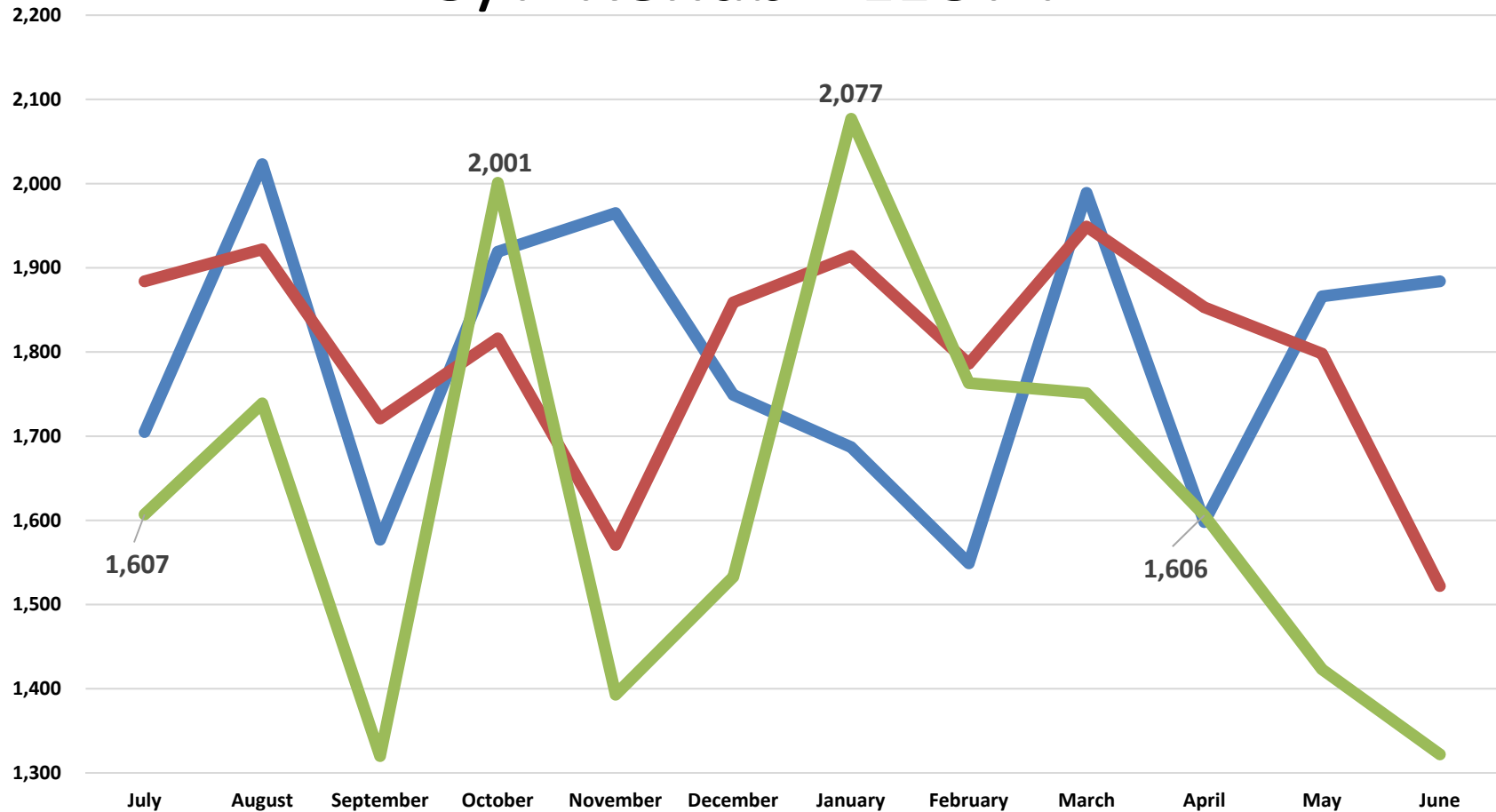
O/P Rehab - Akers



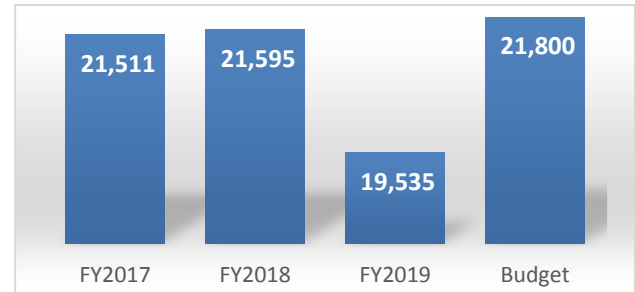
— 2017 — 2018 — 2019



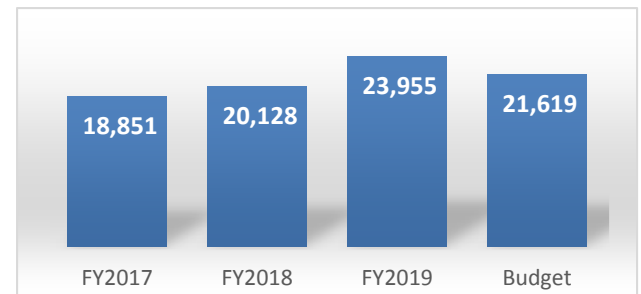
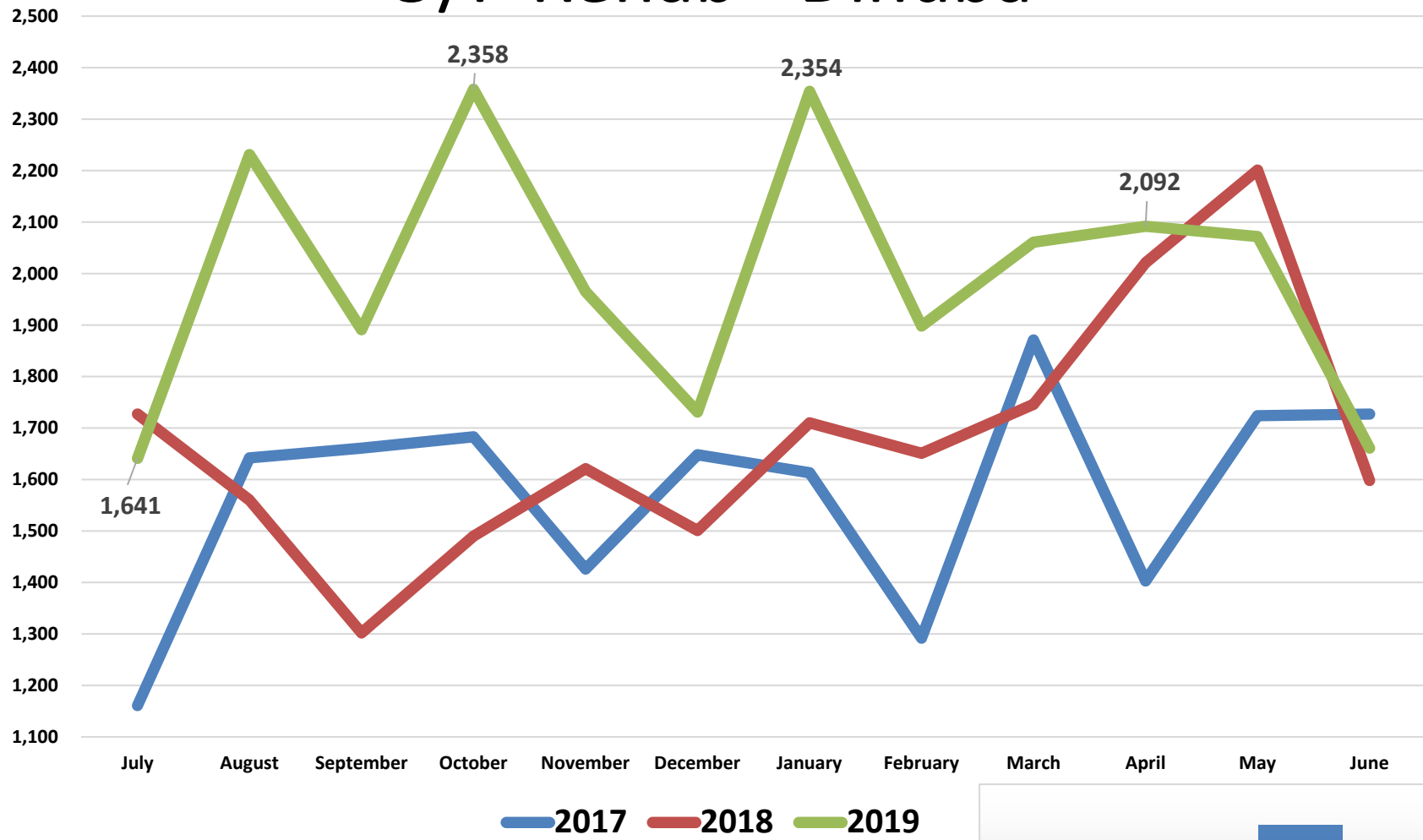
O/P Rehab - LLOPT



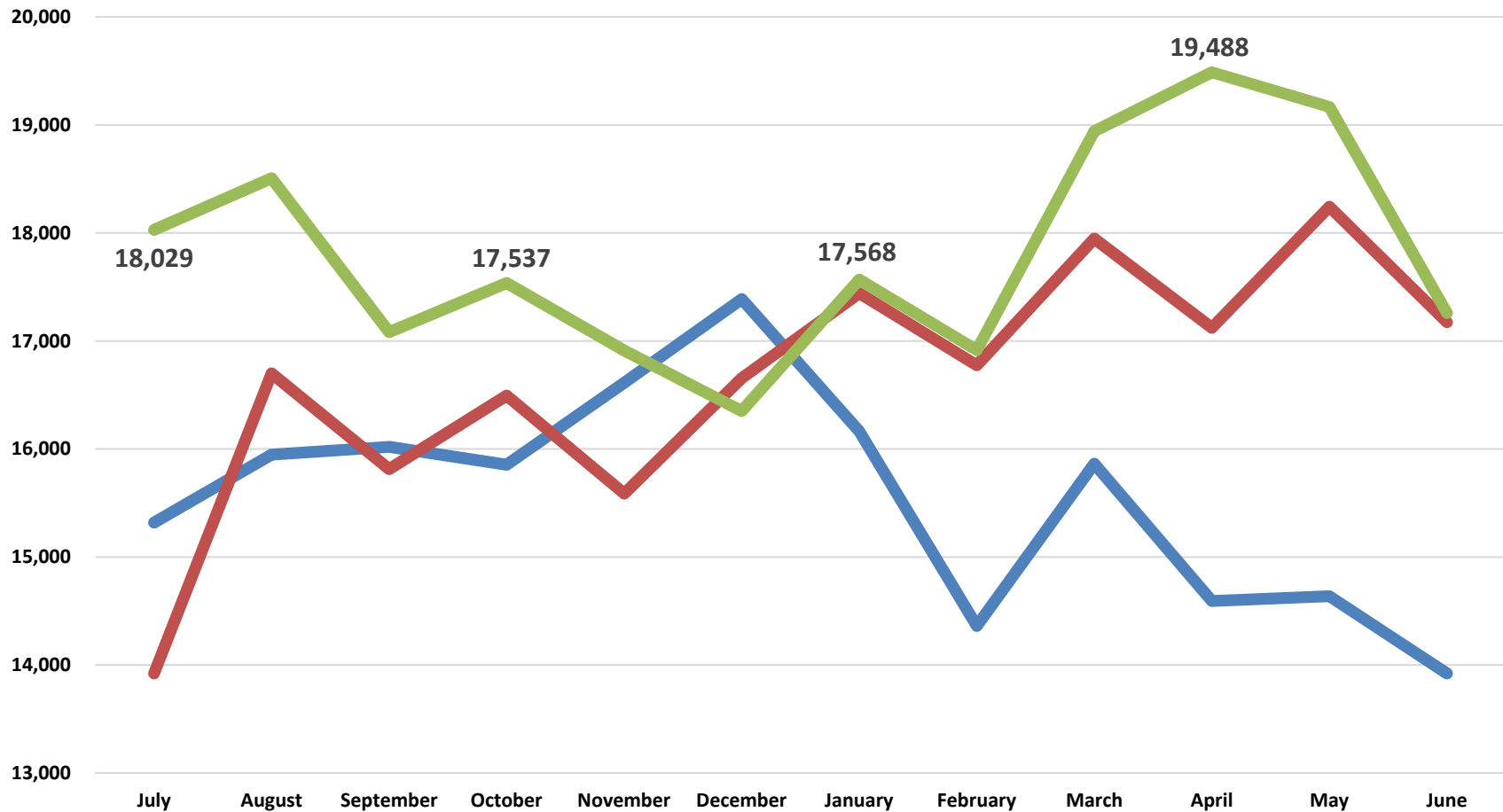
— 2017 — 2018 — 2019



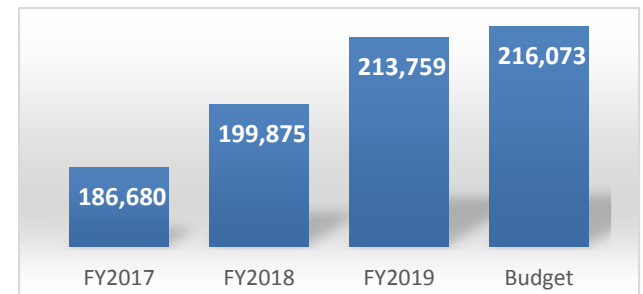
O/P Rehab - Dinuba



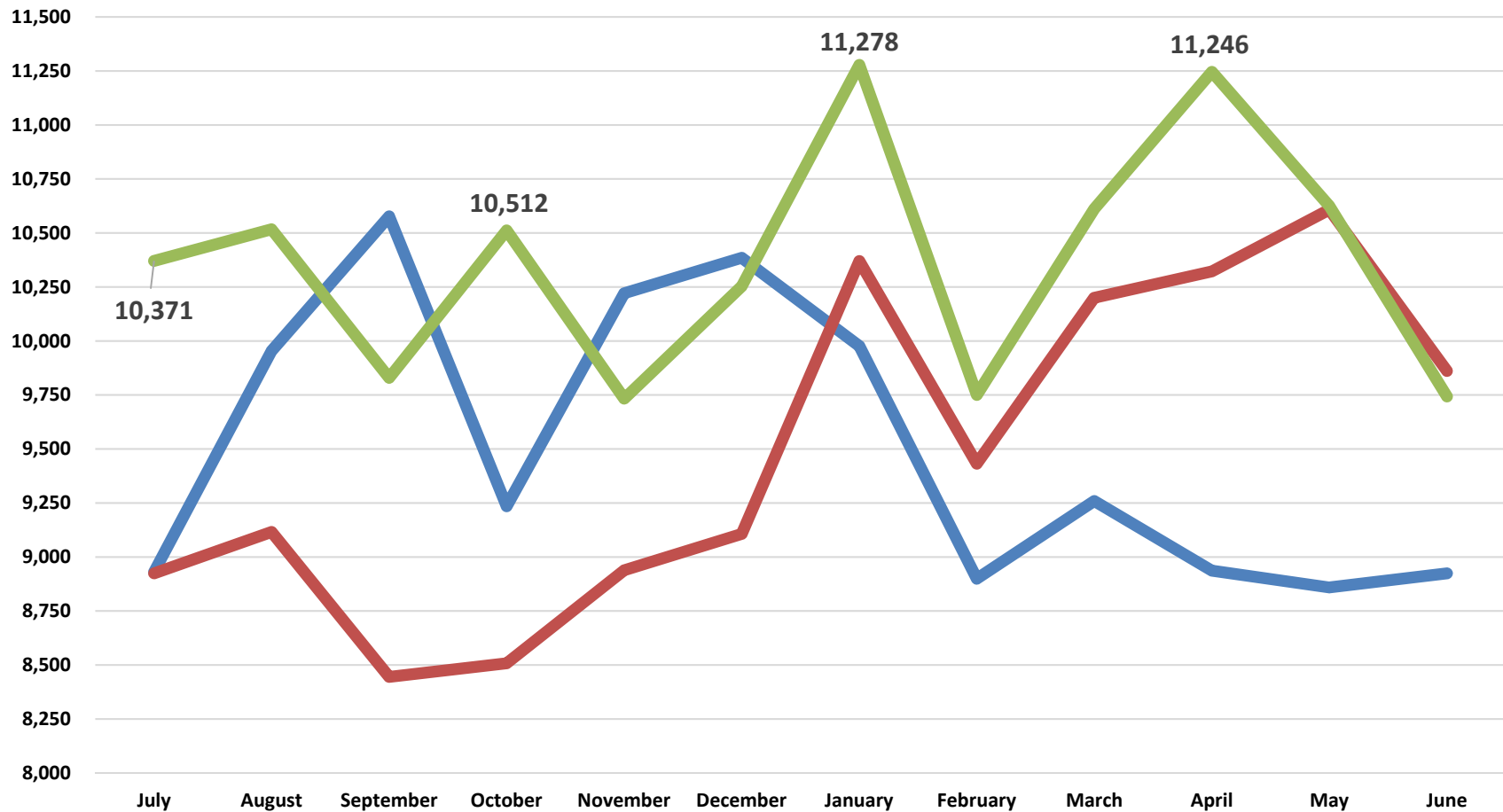
Physical & Other Therapy Units (I/P & O/P)



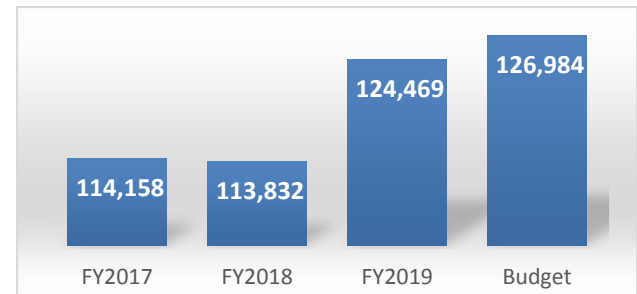
— 2017 — 2018 — 2019



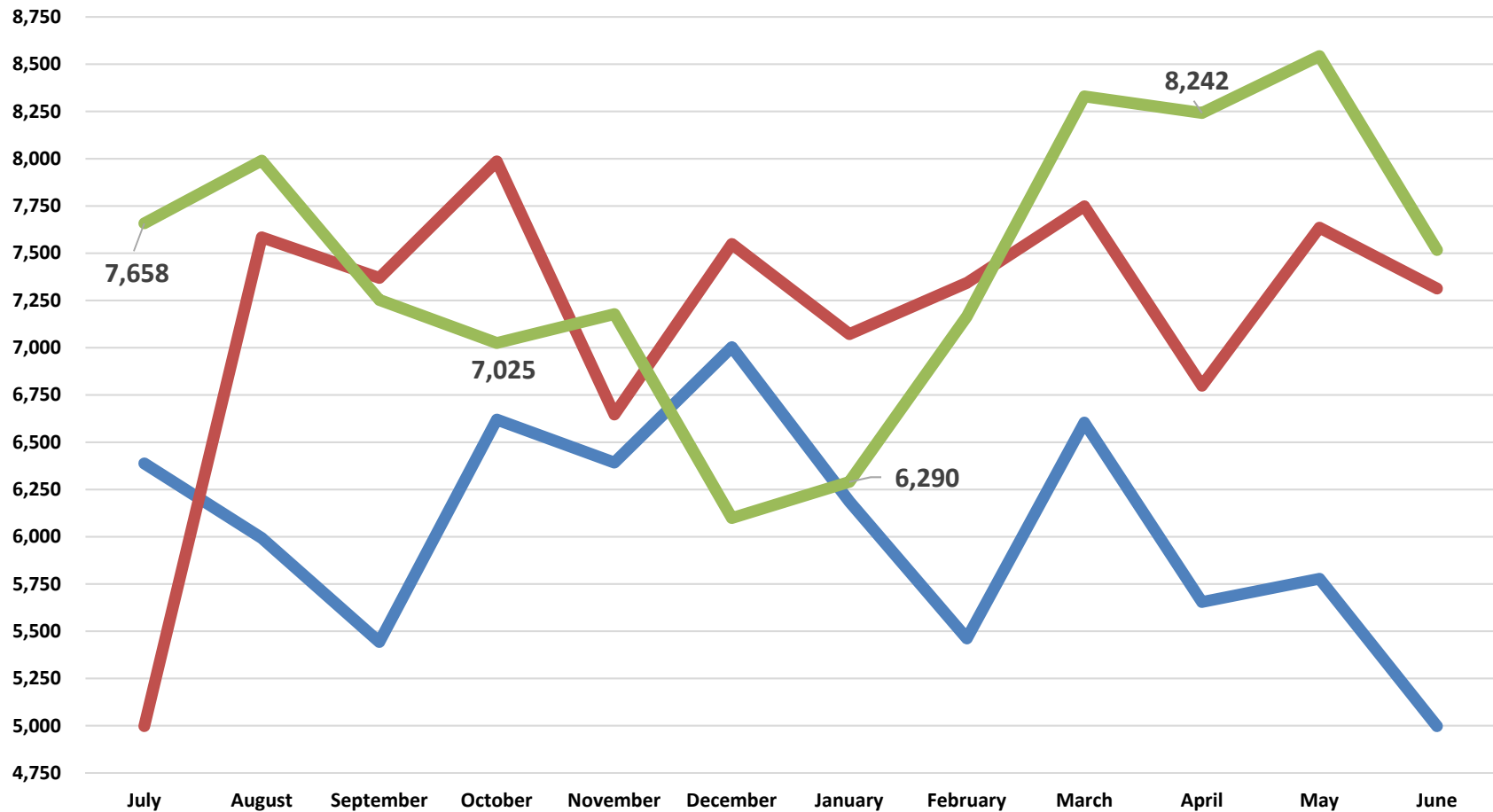
Physical & Other Therapy Units (I/P & O/P)-Main Campus



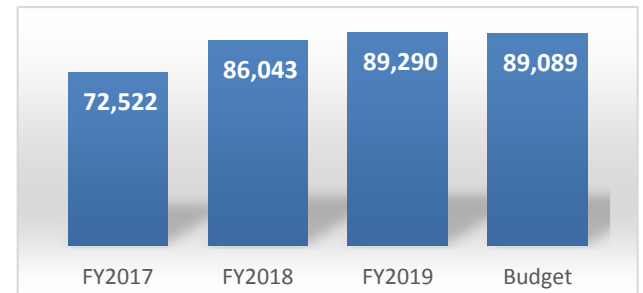
— 2017 — 2018 — 2019



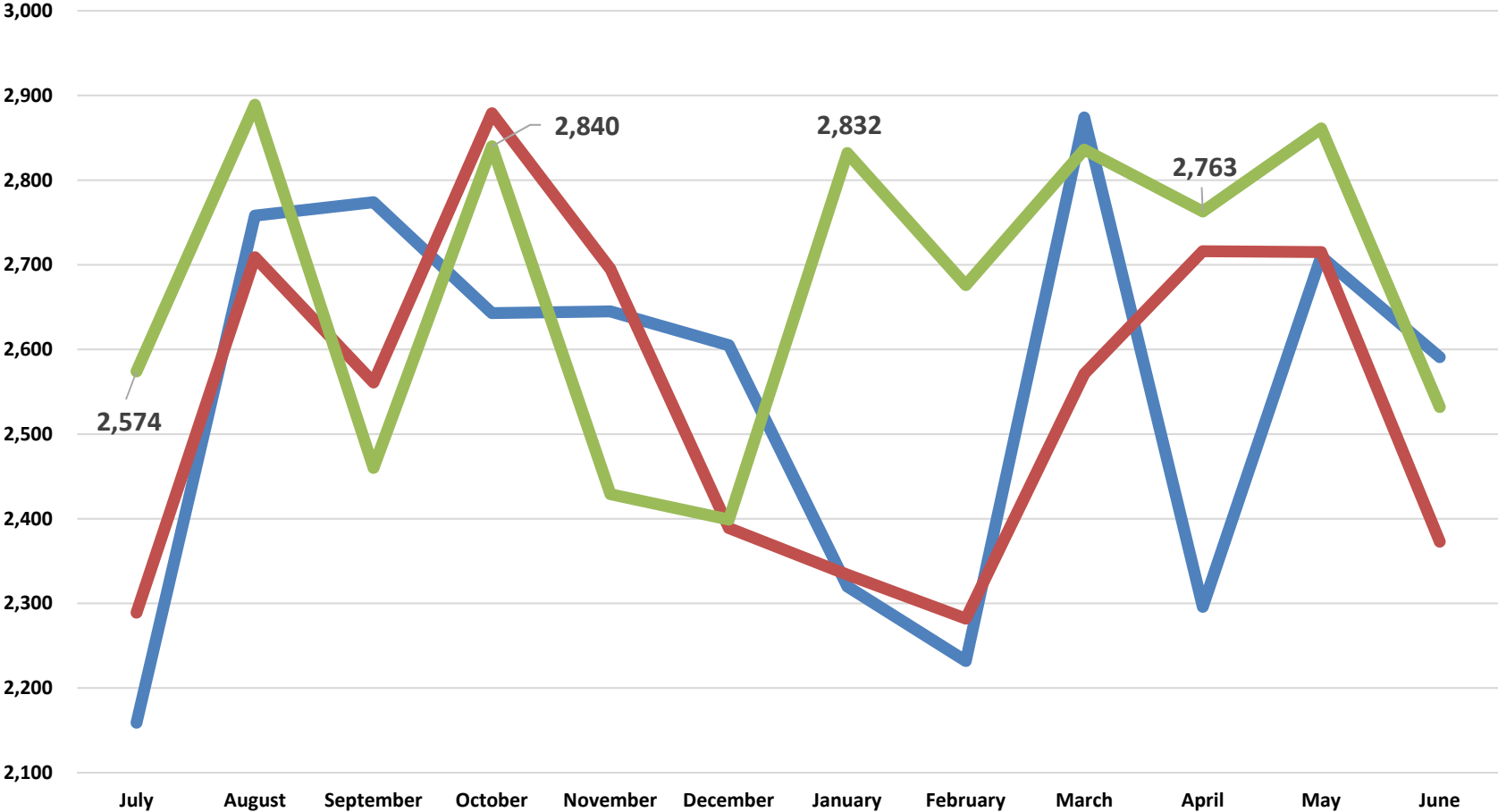
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



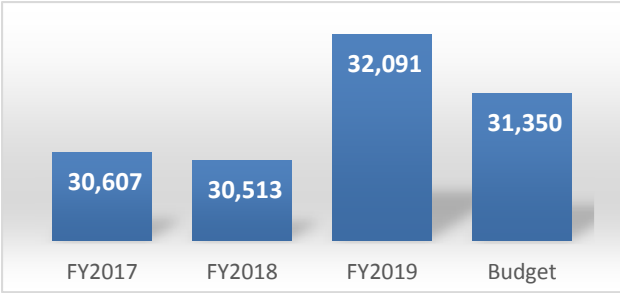
— 2017 — 2018 — 2019



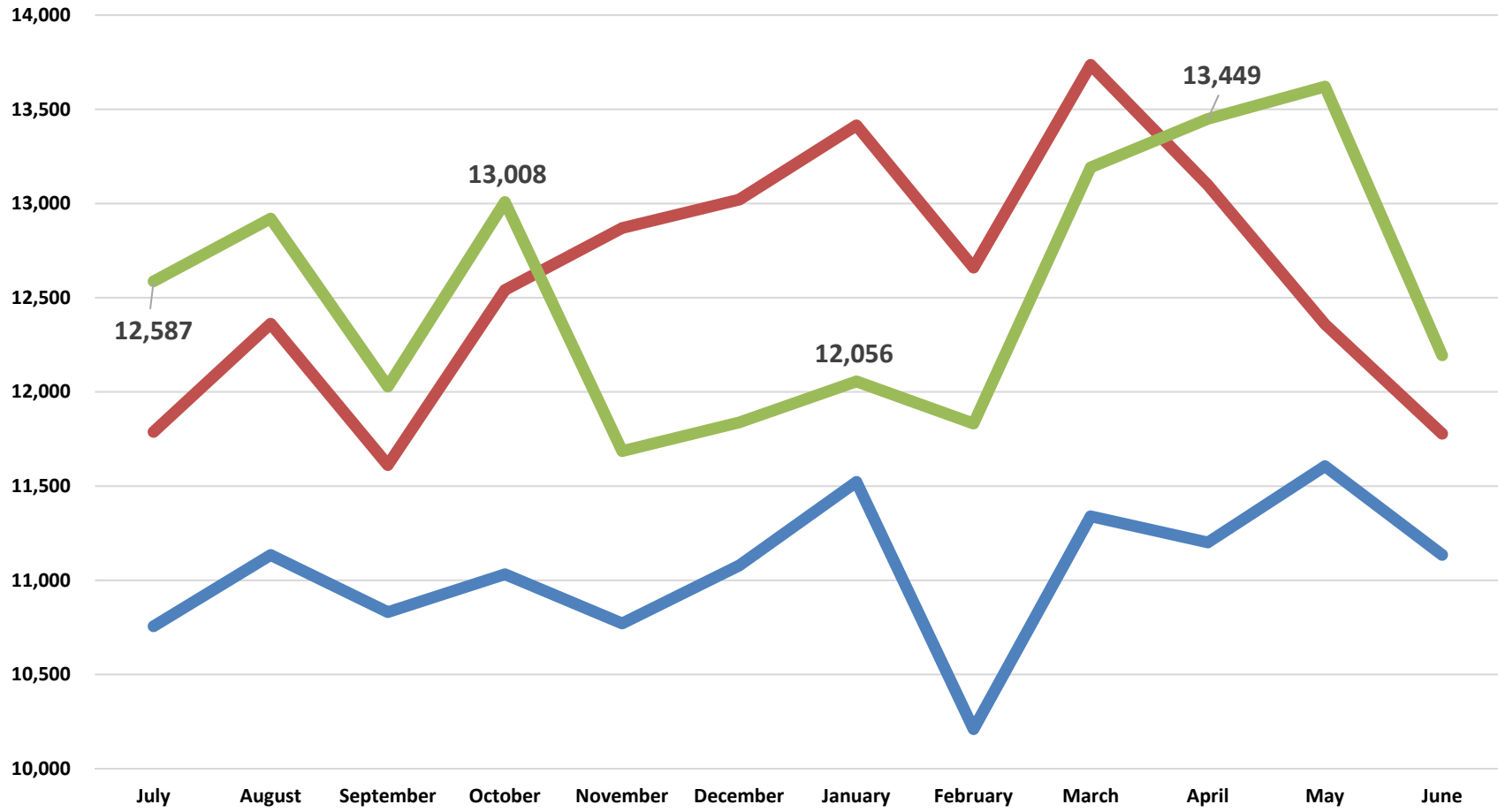
Home Health Visits



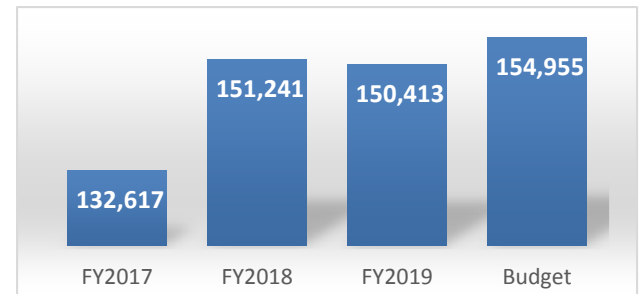
— 2017 — 2018 — 2019



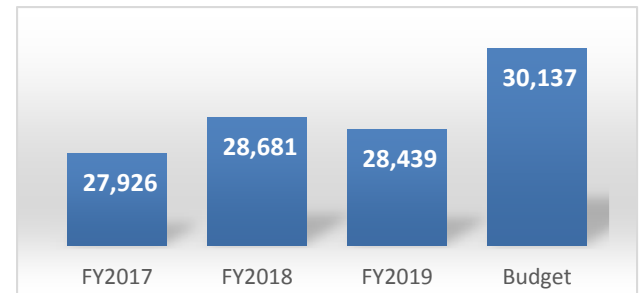
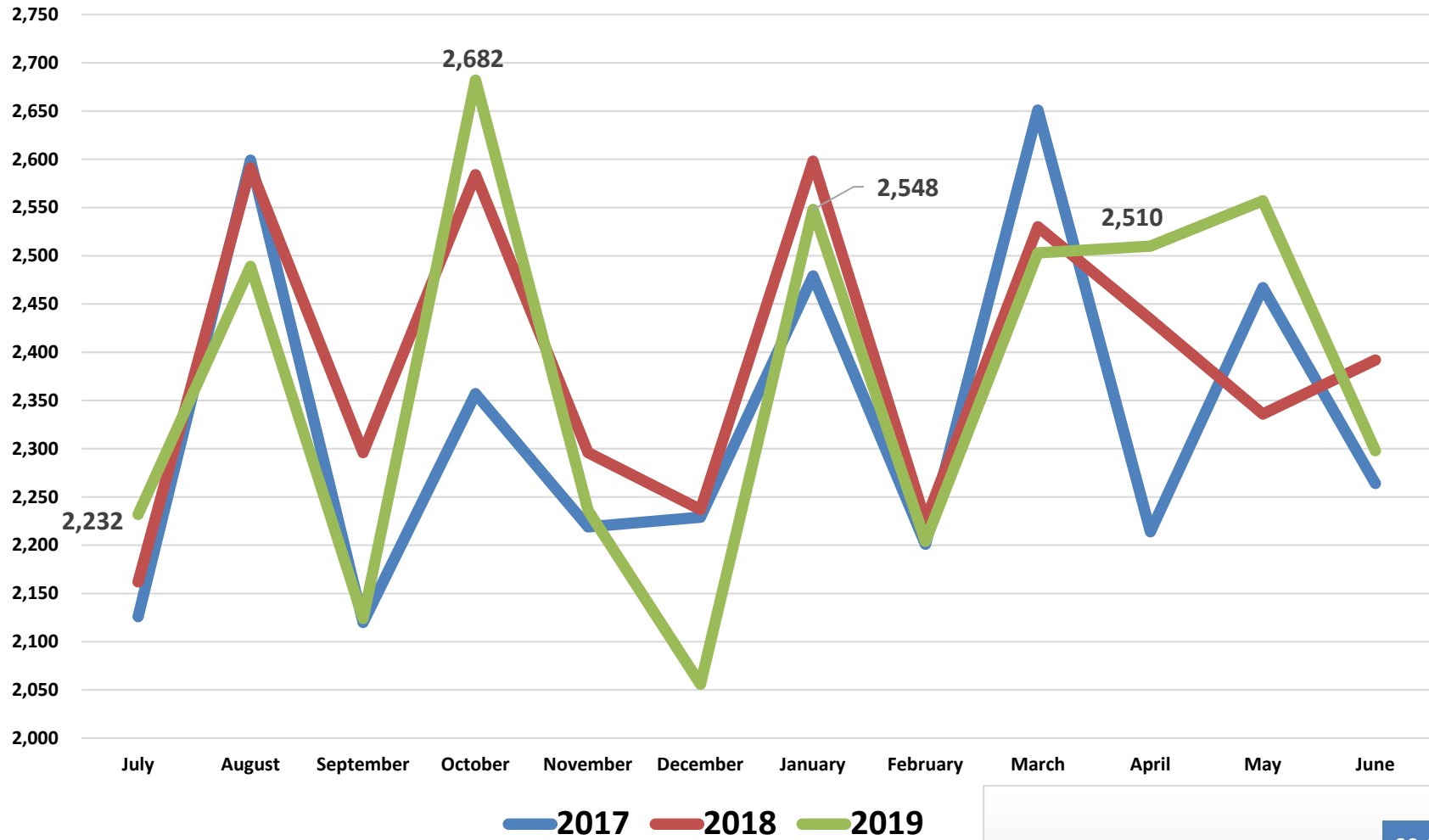
Radiology – Main Campus



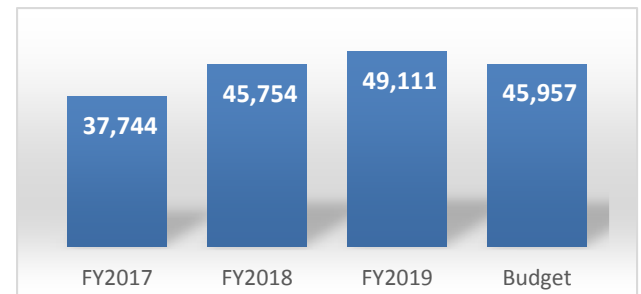
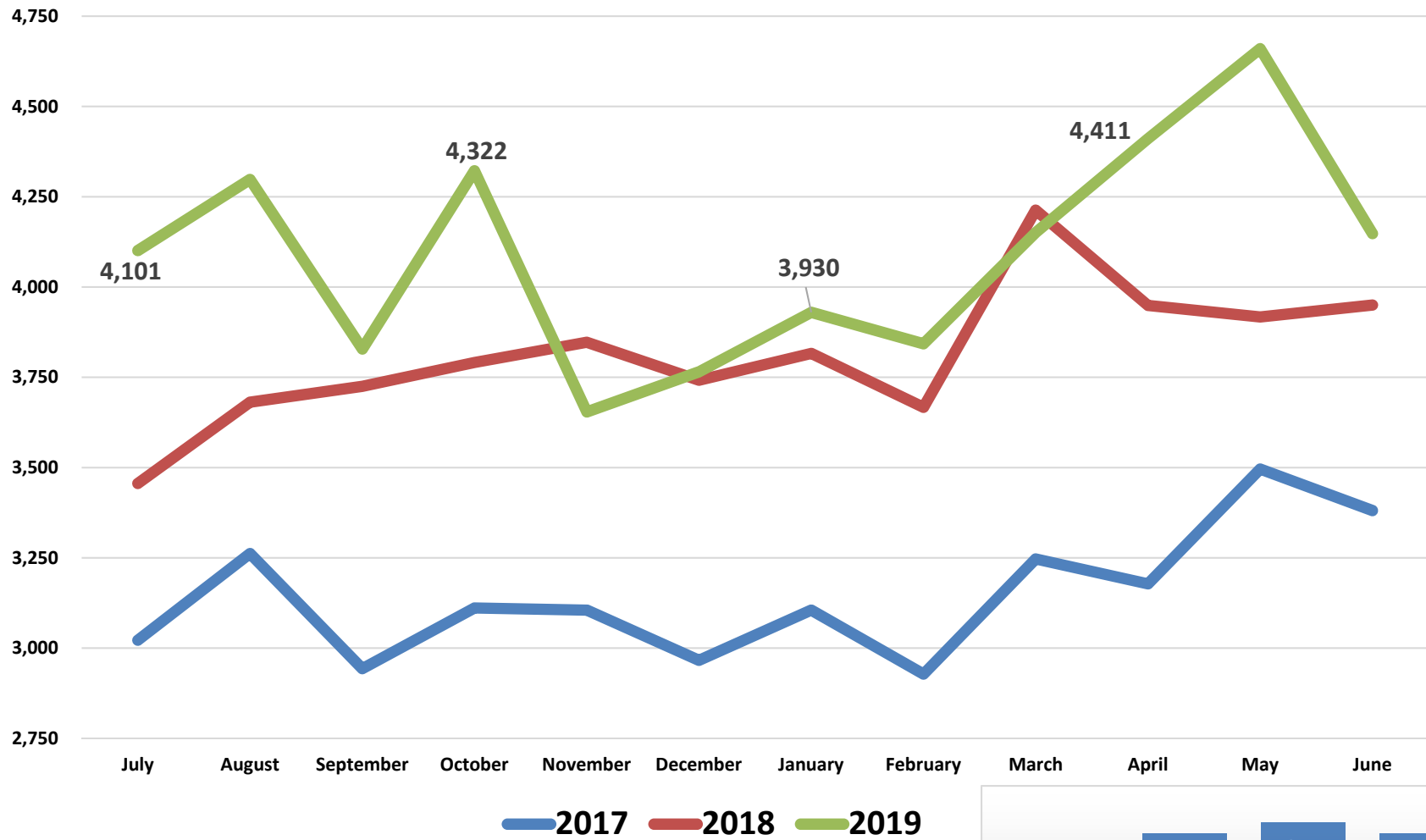
— 2017 — 2018 — 2019



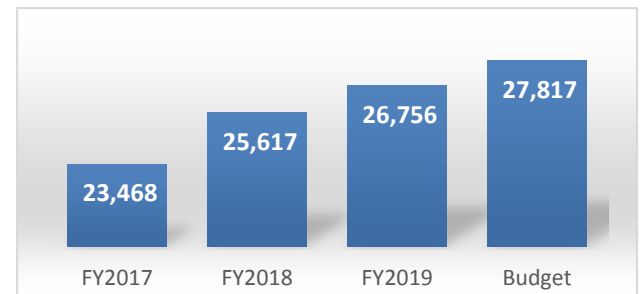
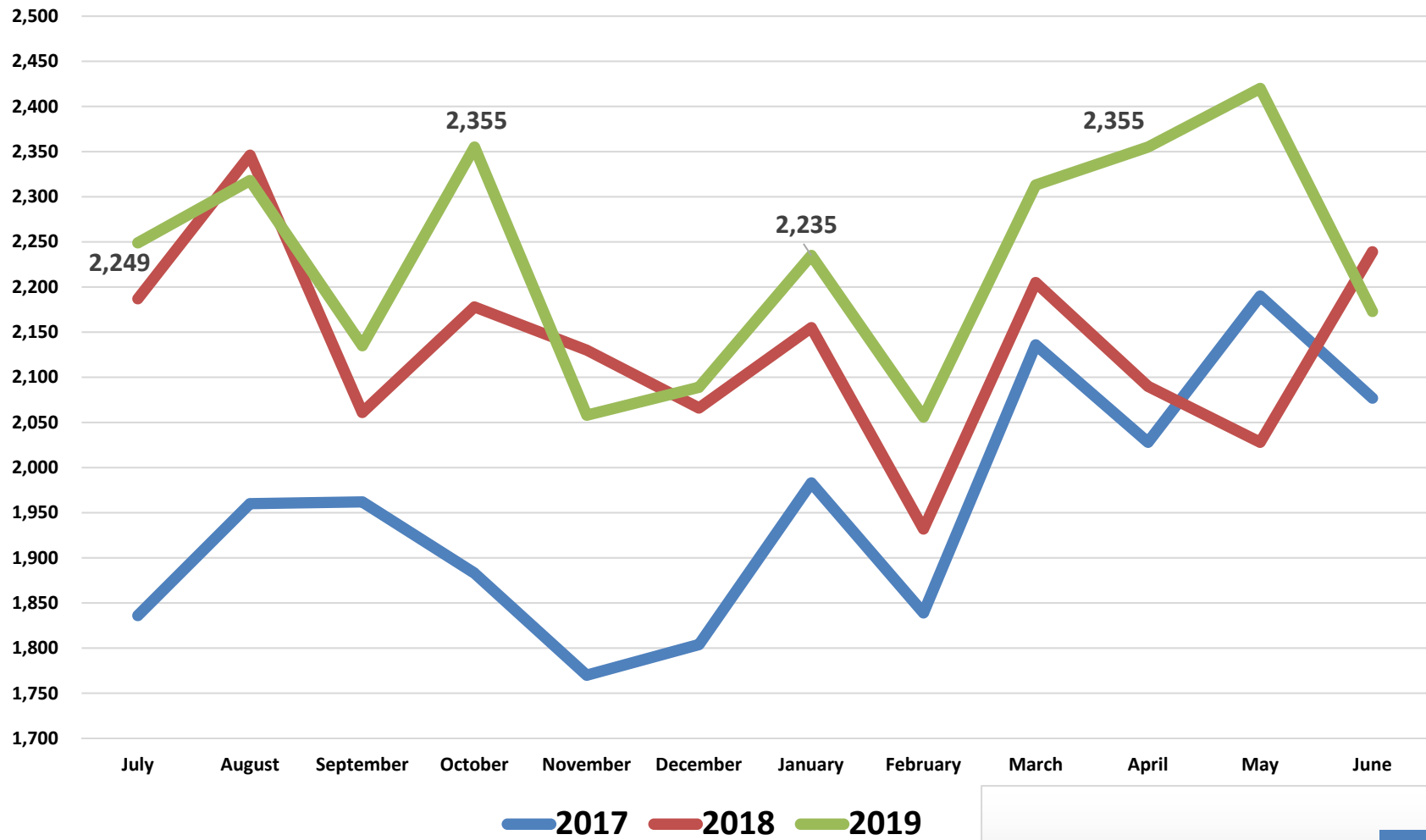
Radiology – Sequoia Imaging Center



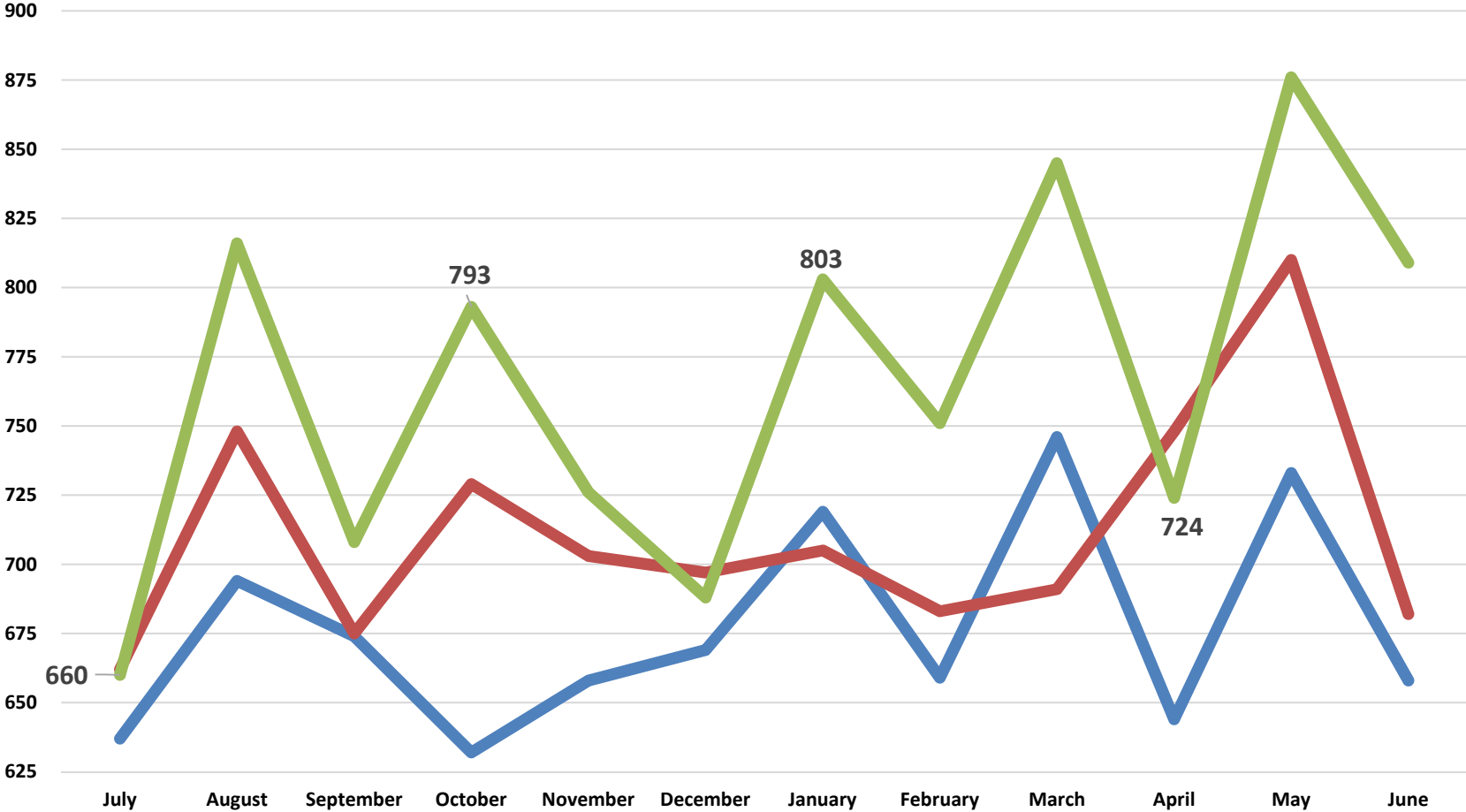
Radiology Modality – CT



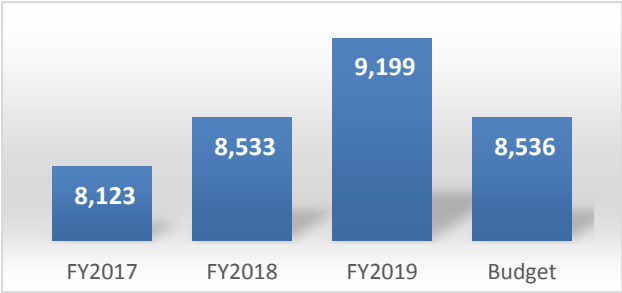
Radiology Modality – Ultrasound



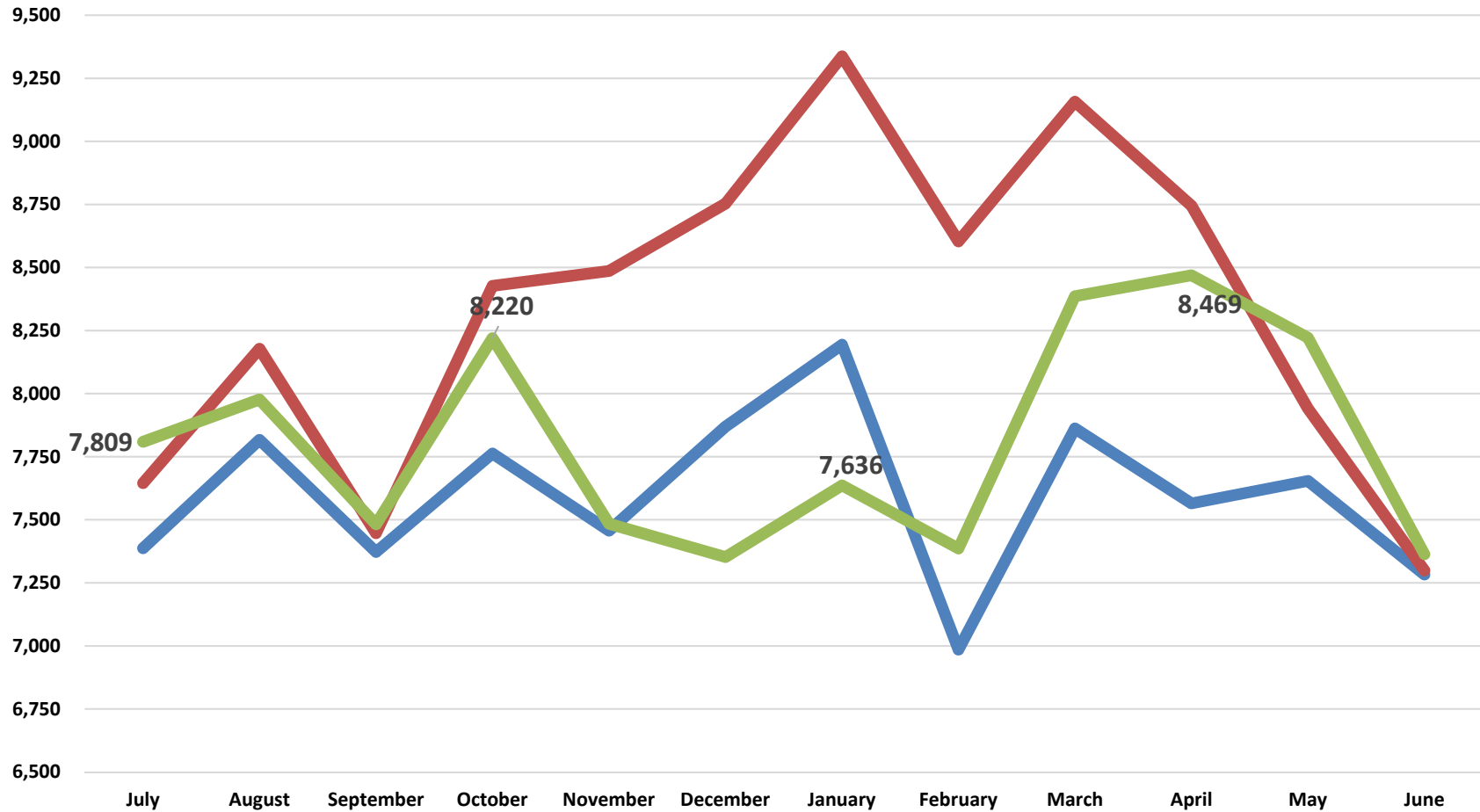
Radiology Modality – MRI



— 2017 — 2018 — 2019



Radiology Modality – Diagnostic Radiology



— 2017 — 2018 — 2019

