February 18, 2022

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday February 23, 2022 beginning at 4:30PM in open session followed by a closed session beginning at 4:31PM pursuant to Government 54956.9(d)(2) and Health and Safety Code 1461 and 32155 followed by an open session at 5:00PM.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT
Mike Olmos, Secretary/Treasurer

Cindy Moccio

Cindy Moccio
Board Clerk / Executive Assistant to CEO

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

KAWEAH DELTA HEALTH CARE DISTRICT
BOARD OF DIRECTORS MEETING

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

Wednesday February 23, 2022

OPEN MEETING AGENDA {4:30PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.
4. **APPROVAL OF THE CLOSED AGENDA – 4:31PM**
   - 4.1. **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 4 Cases **–** *Ben Cripps, Vice President, Chief Compliance, Risk Officer and Rachele Berglund, Legal Counsel*
   - 4.2. **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case **-** *Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel*
   - 4.3. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD Chief of Staff*
   - 4.4. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee –– *Monica Manga, MD Chief of Staff*
   - 4.5. **Approval of the closed meeting minutes** – January 26, 2022.

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

   Action Requested – Approval of the February 23, 2022 closed meeting agenda.
5. **ADJOURN**

CLOSED MEETING AGENDA {4:31PM}

1. **CALL TO ORDER**
2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 4 Cases**.**

   Ben Cripps, Vice President, Chief Compliance, Risk Officer and Rachele Berglund, Legal Counsel
3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case

   Evelyn McEntire, Director of Risk Management and Rachele Berglund, Legal Counsel
4. **CREDENTIALING** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155.

   Monica Manga, MD Chief of Staff
5. **QUALITY ASSURANCE** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee*.*
   Monica Manga, MD Chief of Staff
6. **APPROVAL OF THE CLOSED MEETING MINUTES** – January 26, 2022

   Action Requested – Approval of the closed meeting minutes – January 26, 2022.
7. **ADJOURN**

OPEN MEETING AGENDA {5:00PM}

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 it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.

4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.

5. **OPEN MINUTES** – Request approval of the January 24th, January 26th, and February 9th 2022 open minutes.

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

   Action Requested – Approval of the open meeting minutes – January 24th, January 26th, and February 9th 2022 open *board of directors meeting minutes.*

6. **RECOGNITIONS** – *Director David Francis*
   - **6.1.** Presentation of Resolution 2147 to Michelle Phillips, Graduate Medical Education (GME) Program Coordinator, in recognition as the World Class Employee of the Month recipient – February 2022.
   - **6.2.** Presentation of Resolution 2148 to Olivia Madrigal, Sequoia Regional Cancer Center Billing/Coding Specialist, retiring from Kaweah Delta Health Care District dba Kaweah Health after 32 years of service.
   - **6.3.** Presentation of Resolution 2150 to Patricia Turner, Laboratory Section Chief, Clinical Laboratory, retiring from Kaweah Delta Health Care District dba Kaweah Health after 32 years of service.
   - **6.4.** Presentation of Resolution 2149 to Daniel Allain, Vice President Cardiac & Surgical Services, retiring from Kaweah Delta Health Care District dba Kaweah Health after 20 years of service.

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

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

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

   Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provision al status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provision al status and release from proctoring and resignations has been predicated upon the required reviews,

including all supporting documentation, Be it therefore resolved that the following medical staff be approved or reappointed (as applicable), as attached, to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files.

9. **CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues.

Monica Manga , MD Chief of Staff

10. **PATIENT THROUGHPUT PERFORMANCE** - Review of patient throughput performance improvement progress report.

Keri Noeske, RN, BSW, DNP, Vice President & Chief Nursing Officer; The Chartis Group: Mark Krivopal

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

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

Action Requested – Approval of the February 23, 2022 Consent Calendar.

11.1. REPORTS

A. Medical Staff Recruitment
B. Mental Health
C. Oncology Services
D. Sequoia Regional Cancer Center Radiation/Medical Oncology, TKC Development
E. Compliance

11.2. Approval of Resolution 2152 to Laura Dill, Clinical Laboratory Scientist, retiring from Kaweah Delta Health Care District dba Kaweah Health after 42 years of service.

11.3. Approval of the Application for Leave to Present Late Claim on Behalf of Claimant Kristen Whaley, dated January 12, 2022, which was presented to Kaweah Health on January 12, 2022.

11.4. Rejection of claim, Kristen Whatley vs. Kaweah Health presented to the Board of Directors of Kaweah Health on January 12, 2022.

11.5. Medical Executive Committee February 2022

A. Medical Staff Bylaws and Rules & Regulations Revisions
B. Anesthesia Privilege Form

12. **QUALITY REPORT** - Rapid Response & Code Blue Committee Quality Report – Review of key quality measures and actions focused on rapid response and code blue processes within the medical center.

    Shannon Cauthen MSN, RN, CCRN-K, Director of Critical Care Services- ICU, 3W and Nurse Practitioner Team

13. **STRATEGIC PLAN**

    13.1. **Quarterly Performance** **-** Quarterly review of the Kaweah Health Strategic Plan.
    Marc Mertz, Vice President, Chief Strategy Officer

    13.2. **Empower Through Education** – Detailed review of Strategic Plan Initiative.
    Dianne Cox, Vice President, Chief Human Resources Officer

14. **PHYSICIAN RECRUITMENT PLAN** – Board action requested relative to the Kaweah Health Physician Recruitment Plan for fiscal years 2022 and 2023 based on the Provider Needs Assessment for Kaweah Delta Health Care District presented at the September 28, 2020 Board of Director meeting.

    Marc Mertz, Vice President, Chief Strategy Officer and Brittany Taylor, Director of Physician Recruitment & Relations

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

    Action Requested – Having reviewed and analyzed the Provider Needs Assessment conducted by Sg2 in 2020, which includes a specific list of the needed physician specialties through September 2023 in communities served by the District, the Board hereby finds that it will be in the best interests of the public health of the communities served by the District to have the District provide appropriate assistance in order to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District. Therefore, the Board authorizes the District to provide the types of assistance authorized by Cal. Health & Safety Code §32121.3, to obtain licensed physicians and surgeons in the Needed Physician Specialties to practice in the communities served by the District.

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

    Malinda Tupper –Vice President & Chief Financial Officer

16. **CALIFORNIA HEALTH FACILITIES FINANCIAL AUTHORITY (CHFFA)** - Review of proposed resolution 2153 authorizing execution and delivery of a loan and security agreement, promissory note, and certain actions in connection therewith for the CHFFA non-designated public hospital bridge loan program.

    Jennifer Stockton, Director of Finance

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

Recommended Action: Approval of Resolution 2153, a resolution of Kaweah Delta Health Care District authorizing execution and delivery of a loan and security agreement, promissory note, and certain actions in connection therewith for the California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program.

17. REPORTS

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

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

18. ADJOURN

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

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MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JANUARY 24, 2022, AT 5:30PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; G. Herbst, CEO; M. Mertz, VP & Chief Strategy Officer; D. Leeper, VP & CIO; R. Gates, VP Population Health; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

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

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

REDISTRICTING PROCESS – Presentation from Redistricting Insights relative to the process that will be used for the Kaweah Delta Health Care District Board to analyze the current zones using the 2020 census data to determine if the current district zone's need to make adjustments to reflect how the local population has changed (copy attached to the original of these minutes and considered a part thereof) - *Redistricting Insights - Matt Rexroad, Chief Legal Counsel*

Director Francis noted that the first map workshop will be held on Wednesday February 9th in same location (Maynard Faught Conference Room) and at the same time (5:30pm) – public submission maps should be submitted to Matt Rexroad by noon on Monday January 31st.

ADJOURN - Meeting was adjourned at 6:30PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JANUARY 26, 2022 AT 4:30PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 4:30PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

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

PUBLIC PARTICIPATION – None

APPROVAL OF THE CLOSED AGENDA – 3:31PM

- **Conference with Legal Counsel** – Existing Litigation {Stalcup v. KDHCD Case #284918} – Pursuant to Government Code 54956.9(d)(1) – *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee –– *Ben Cripps, Vice President, Chief Compliance and Risk Officer and Evelyn McEntire, Director of Risk Management*
- **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Gary Herbst, CEO, Rachele Berglund, Legal Counsel, and Monica Manga, MD Chief of Staff*
- **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Monica Manga, MD Chief of Staff*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee –– *Monica Manga, MD Chief of Staff*
- **Conference with Legal Counsel – Anticipated Litigation –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case **–** *Dianne Cox, Vice President Chief Human Resources Officer and Rachele Berglund, Legal Counsel*
- **Approval of the closed meeting minutes** – December 20, 2021.

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

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

ADJOURN - Meeting was adjourned at 4:31PM

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

ATTEST:
Mike Olmos, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JANUARY 26, 2022 AT 5:30PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

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

The meeting was called to order at 5:46PM by Director Francis.

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

CLOSED SESSION ACTION TAKEN:

MMSC (Gipson/Havard Mirviss) to approve the closed minutes from December 20, 2021. This was supported unanimously by those present. Vote: Yes – Gipson, Olmos, Havard Mirviss, Rodriguez, and Francis

OPEN MINUTES – Request approval of the open meeting minutes from December 20, 2021.

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

MMSC (Havard Mirviss/Gipson) to approve the open minutes from December 20, 2021. This was supported unanimously by those present. Vote: Yes – Gipson, Olmos, Havard Mirviss, Rodriguez, and Francis

RECOGNITIONS – Director Gipson presented resolution 2146 to Karina Gonzalez, RN in recognition as the World Class Employee of the Month recipient – January 2022.

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

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

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

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

CHIEF OF STAFF REPORT – Report from Monica Manga, MD – Chief of Staff.

- New medical staff committee to form future leaders of the medical staff.
- Quality initiative program has been started and is working very well.

PATIENT THROUGHPUT PERFORMANCE - Review of patient throughput performance improvement progress report (copy attached to the original of these minutes and considered a part thereof) - Keri Noeske, RN, BSW, DNP, Vice President & Chief Nursing Officer; The Chartis Group: Mark Krivopal

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

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

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

QUALITY REPORT - Rehabilitation Services Quality Report – Review of key quality indicators and associated action plans for improvement focused on the rehabilitation patient population (copy attached to the original of these minutes and considered a part thereof) - Jag Batth, VP Ancillary & Post Acute Services, Molly Niederreiter, Director of Rehabilitation Services & Elisa Venegas, Director of Nursing Rehabilitation and Skilled Nursing Services.

2022 REVENUE REFUNDING BONDS PRELIMINARY RESOLUTION – Review of Resolution 2145, as reviewed and recommend for approval by the Finance, Property, Services, and Acquisition Committee on January 19, 2022, authorizing certain officers of the District to take steps necessary for the potential issuance of revenue refunding bonds (copy attached to the original of these minutes and considered a part thereof) - Malinda Tupper, Chief Financial Officer and Jennifer Stockton, Director of Finance

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

MMSC (Havard Mirviss/Gipson) to approve Resolution 2145 authorizing the President of the Board, the District's Chief Executive Officer, its Chief Financial Officer, and/or its Director of Finance to take any and all necessary action needed to prepare for the possible issuance of the 2022 Revenue Refunding Bonds, subject to the Board's approval of a final authorizing resolution.. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

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

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

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

- The Medical Center COVID admissions are continuing to escalate with 116 currently admitted and 13 holding for admission in the Emergency Department.

BOARD PRESIDENT REPORT – Report from David Francis, Board President

- Redistricting process – we have received very positive comments from the community.
- AB1234 Ethics Training due by end of 2022
- Conflict of Interest – Form 700 – Due by end of March 2022.

ADJOURN - Meeting was adjourned at 7:36PM

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

ATTEST:

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

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY FEBRUARY 9, 2022, AT 5:30PM, IN THE SEQUOIA REGIONAL CANCER CENTER MAYNARD FAUGHT CONFERENCE ROOM

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; G. Herbst, CEO; M. Mertz, VP & Chief Strategy Officer; D. Leeper, VP & CIO; R. Gates, VP Population Health; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

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

Director Francis asked for approval of the agenda.

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

PUBLIC PARTICIPATION – None.

REDISTRICTING PROCESS – Presentations from Redistricting Insights and the community relative to the first submission of draft maps using the 2020 census data to restructure the current district zone's to make adjustments using the principles of redistricting {population equality, federal voting rights act section 2, communities of interest, compactness, and contiguity}. Review and discussion relative to the five (5) submissions from Redistricting Insights and two (2) public submission (copy attached to the original of these minutes and considered a part thereof) Interactive maps can be viewed at: https://www.google.com/maps/d/u/0/edit?mid=1g4s4eWEkwi2dqUes5wja3c5qLodFETuw&usp=sharing - *Redistricting Insights – Eddy Harrity, Data Scientist*

- Discussion relative to the process of what happens after the new map is adopted and how it impacts the current Board members if there are more than one current Board member or no Board members in the new zones.
- Review and discussion of each map after its presentation.
- Following the presentation of the 2 public maps, Mr. Ruiz noted that he would like to withdraw public map submission #1.
- Following all of the presentations all those in attendance were in concurrence that the criteria map comparison chart that was used in Mr. Ruiz's presentation should be completed for all of the maps under consideration by the Board. This will be completed by Redistrict Insights and posted prior to the next workshop on March 8th.
- Director Francis noted that the second map workshop will be held on Tuesday March 8th in same location (Maynard Faught Conference Room) and at the same time (5:30pm) – public submission maps should be submitted to Matt Rexroad by noon on Friday February 25th.

ADJOURN - Meeting was adjourned at 7:00PM

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

ATTEST:

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

RESOLUTION 2147

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

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

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

PASSED AND APPROVED this 23rd day of February 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Michelle Phillips, just been recognized by, Amy Shaver on 7/30/2021

Comments: The following Employee of the Month nomination is submitted on behalf of the Psychiatry Residency Program at Kaweah Health. Nominee: Michelle Phillips, Psychiatry Residency Coordinator Michelle Phillips is the Program Coordinator for the GME Psychiatry Residency Program. In addition, she also serves as the Chair of the GME Wellness Committee. The Residents and Faculty of the Psychiatry Residency Program have the following to say about Michelle: Dr. Cory Jaques: “I couldn't possibly do my job without her. She is the heart and soul of our program, she is dedicated to the wellbeing of residents and faculty, and is an amazing champion for the principals of equity, diversity, and inclusion. She is my hero, and every day I strive to be more like her.” Dr. Samantha Kennedy: “From the moment I joined the psychiatry residency program, Michelle not only made me feel welcomed, but like I had been a part of the “family” for years! When needed, her presence is immediate! She views and addresses the needs of faculty/residents from both an administrative and personal perspective. She places the wellness of others first, is the epitome of relentless drive, and I have yet to witness ‘the bare minimum’ from Michelle. There is truly no comparing when it comes to Michelle and the weight she places on caring for her work community/family!” Dr. Rachna Kumar, Chief Resident: “Not only does she make sure we are doing enough to get through residency successfully, but she also works hard to keep improving the psychiatry program so that we are the best we can be. She approaches problems from a supportive stance and always tries to make sure our needs are met. She is a great communicator and is very responsive. She is always trying to do better and is a great role model. Most importantly, she cares so much about the well-being of all the residents and faculty. You can tell that her care is

genuine, and it means the world to us!" Dr. Matthew Bonn, Chief Resident: "Michelle is the definition of someone who goes above and beyond for her people. She never truly takes a day off, and would do anything to help us out — work related or not. She is without a doubt the backbone of the psych program. " A Psychiatry Resident: "Michelle was my first point of contact with Kaweah Delta before I even interviewed here for residency, and she exuded a warm and welcoming spirit from the very beginning. When I found out I matched here, she was available to me 24/7 with advice, support, and encouragement to help me and my family transition to the program and to Visalia. Now that I'm finally here and have had the chance to meet her in person, I'm truly amazed by and grateful for her commitment to this program and the residents. She treats me and my family like one of her own and truly cares about us, and I feel so lucky to have her guiding me through residency." A Psychiatry Resident: "Michelle is an amazing program coordinator who goes above and beyond for her department. I personally know she has single handedly prevented suicide, takes out personal time from her family to treat us like her own family and has been a great advocate for resident's mental health and equality." In addition to her roles at Kaweah Health, Michelle also serves in the following roles in our community: Board of Directors for: The Academies Charter Management Organization (TACMO), Serves on the National Coalition for Physician Wellbeing Committee A member of the Tulare County Coalition Against Human Trafficking Blue Oak Academy Parent Teacher Organization Incoming Treasurer for Soroptimist International of Visalia. Has served on the Kaweah Health Community Ambassador Team A volunteer with the No One Dies Alone (NODA) program Michelle is an outstanding team member, leader, and community member who exemplifies world class service every day. She is Kaweah Care.

RESOLUTION 2148

WHEREAS, Olivia Madrigal, Sequoia Regional Cancer Center Billing/Coding Specialist, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health after 32 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 Olivia Madrigal for 32 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 23rd day of February 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

RESOLUTION 2150

WHEREAS, Patricia Turner, Laboratory Section Chief, retiring from duty at Kaweah Delta Health Care District dba Kaweah Health, after 32 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 Patricia Turner for 32 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 23rd day of February 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

RESOLUTION 2149

WHEREAS, Daniel Allain, Vice President, Cardiac & Surgical Services,retired from duty at Kaweah Delta Health Care District after 20 years of service; and,

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

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Daniel Allain for 20 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 23rd day of February 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Patient Throughput Initiative Update

Board of Directors

February 23rd, 2022

THE CHARTIS GROUP

Kaweah Health
MORE THAN MEDICINE. LIFE.

Agenda

1. **Project Updates**
2. **Benefit Realization and Goal Setting**
3. **Next Month's Activities**

Patient Progression

Project Kicked-off 1/11/22

Working DRG / GMLOS + **Provider / Care Team Insights** =

Anticipated Discharge Date (ADD)

- Set by the physician of record after initial assessment of the patient
- Reflects when the patient is anticipated to be **clinically ready** for discharge
- Assumes the ideal recovery pathway *excluding* process barriers and delays
- Reviewed daily during patient progression huddles
- *Only* changed for clinical reasons – delays in tests, consults, etc. should be noted as reason for surpassing ADD

PROJECT OBJECTIVE

- **Problem** – "You can't manage what you can't measure"
- **Solution** – Create a working discharge goal to manage to for the care team and transparent to all

PROGRESS TO-DATE

- Developed operational workflow for identifying expected length of stay / anticipated discharge date, updating based on clinical changes, and communication to patient / family
- Aligned with the current state and future state Cerner documentation

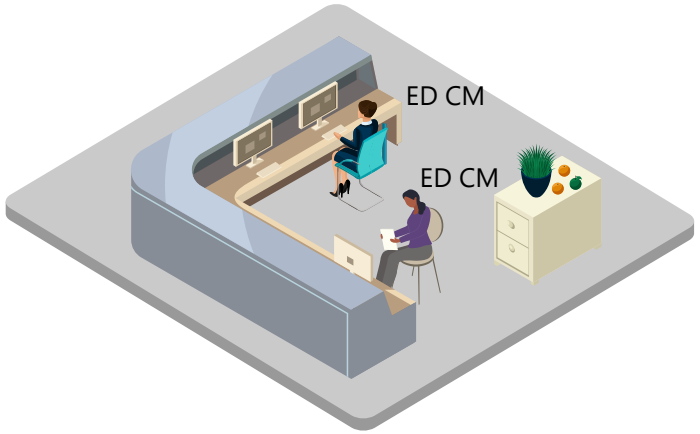
NEXT STEPS

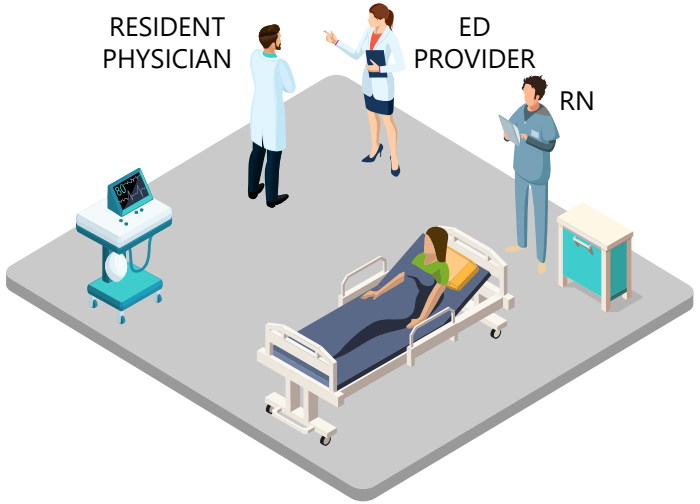
- Discuss demonstration with 2 North Team Rounds with physician and nurse leadership

ED to Inpatient Admission Process

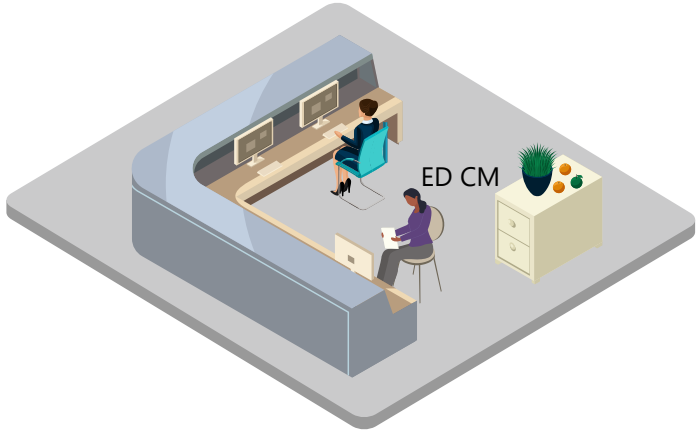
Project Kicked-off 1/11/22

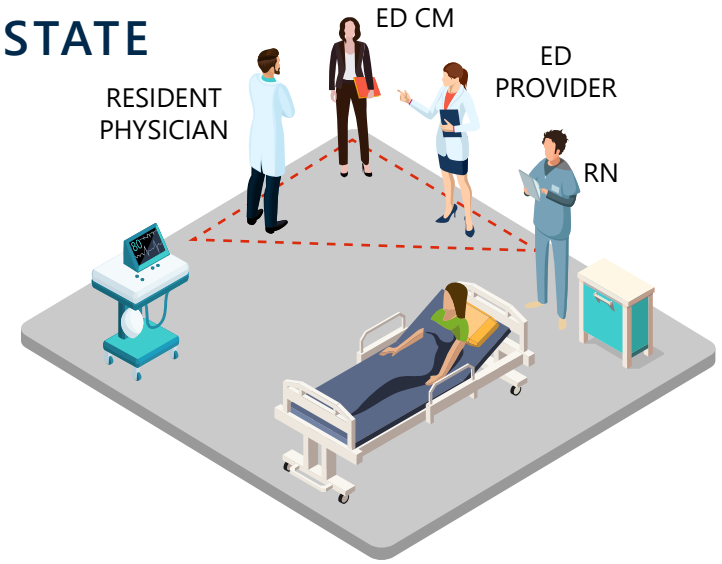
CURRENT STATE





FUTURE STATE





PROJECT OBJECTIVE

- **Problem** – Point of service real-time coordination between the ED Case Manager (CM) and ED Physician is insufficient
- **Solution** – Integrate CM into the ED Physician environment via relocation and effective alignment of role and responsibilities

PROGRESS TO-DATE

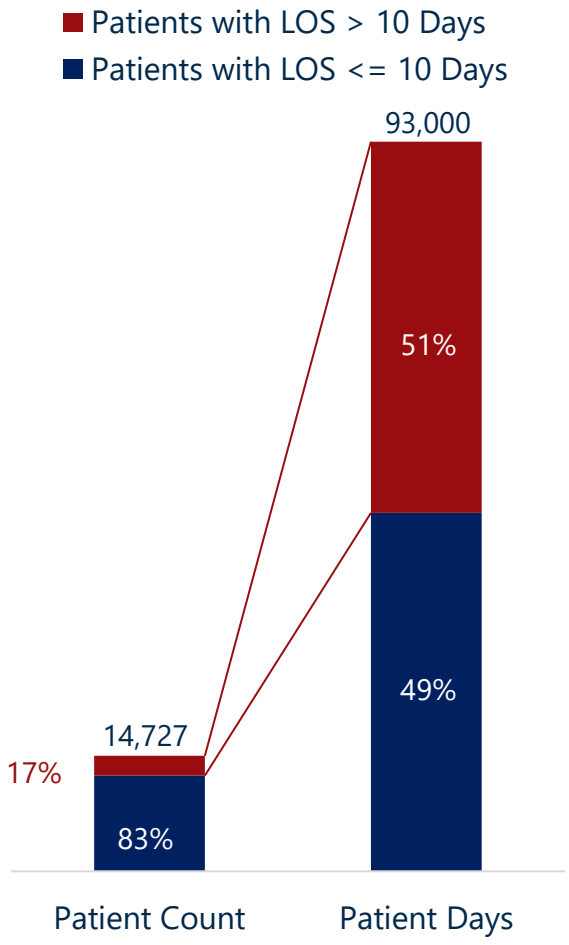
- Proposed new location for ED CM to collaborate in real-time with ED provider
- Reviewed ED CM deployment with CM leadership
- Submitted ED CM role to Staffing Committee for approval

NEXT STEPS

- Identify workspace within ED for ED CM
- Develop communication plan
- Educate residents on value add of CM role

Long Stay Committee

Project Kicked-off 2/10/22



Timeframe: 01/01/21-11/30/21

STRUCTURE AND OPERATIONS

- ❑ Identify committee leadership with holistic membership (clinicians, operators, finance)
- ❑ Create structure in agenda, report-outs, and data tracking
- ❑ Establish process, assigned responsibility and action-item owners
- ❑ Enlist additional leadership to develop escalation pathway and guidelines
- ❑ Emphasize to broader organization that reducing LOS is a collective responsibility; does not land solely on Case Managers

PROJECT OBJECTIVE

- **Problem** – A small cohort of patients (LOS >10 Days) represent a significant portion of the total patient days (51%). They have an outsized impact on bed availability and hospital resources.
- **Solution** – Develop a comprehensive committee to coordinate and guide plans for discharge for long LOS patient population

CHALLENGES

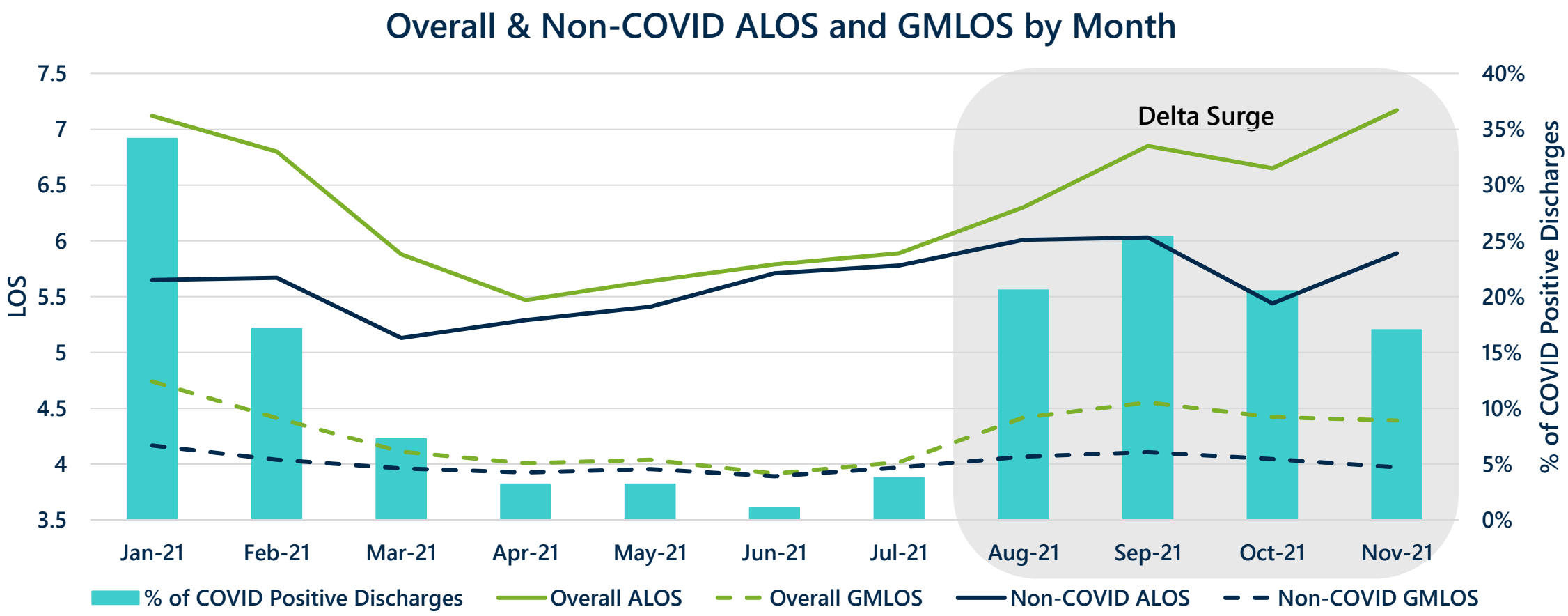
- Medically complex patients with difficult disposition plans can require incremental frontline staff time
- Recurring disposition challenges beyond small ALOS variances require creative tactical and strategic solutions across various support areas to enable progression towards discharge

HOW

- Launch new Long Stay Committee week of 3/7 and refine processes as needed in the following weeks

ALOS & GMLOS Trends for Varying Patient Populations

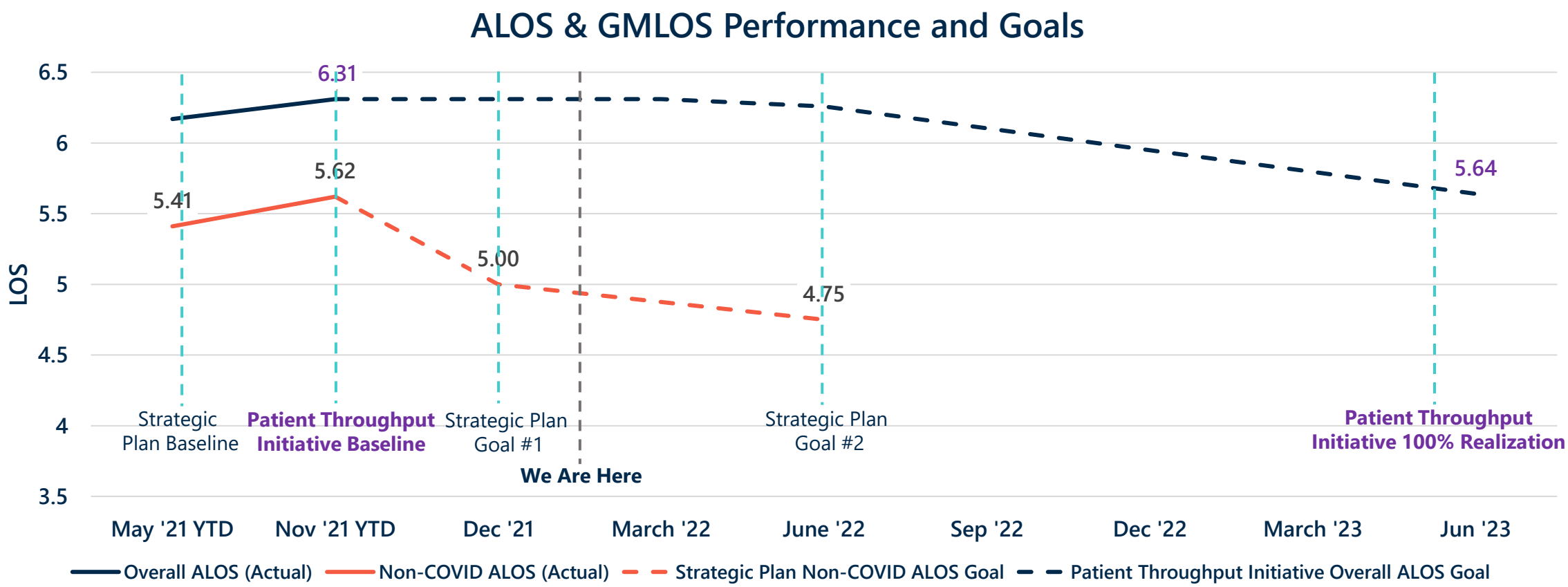
Non-COVID GMLOS remained flat, while both overall and non-COVID ALOS increased. Simultaneously, the percentage of COVID positive discharges increased toward the end of 2021 as part of the Delta surge.



Source: Encounter Data Jan-November 2021 Excludes: Mother/Baby, Behavioral Health, and Pediatrics

Benefit Realization Reconciliation

The Strategic Plan and Patient Throughput initiative address different patient populations (Non-COVID v. Overall). The current Strategic Plan has an accelerated timeline in expected realization in comparison to Patient Throughput initiative.

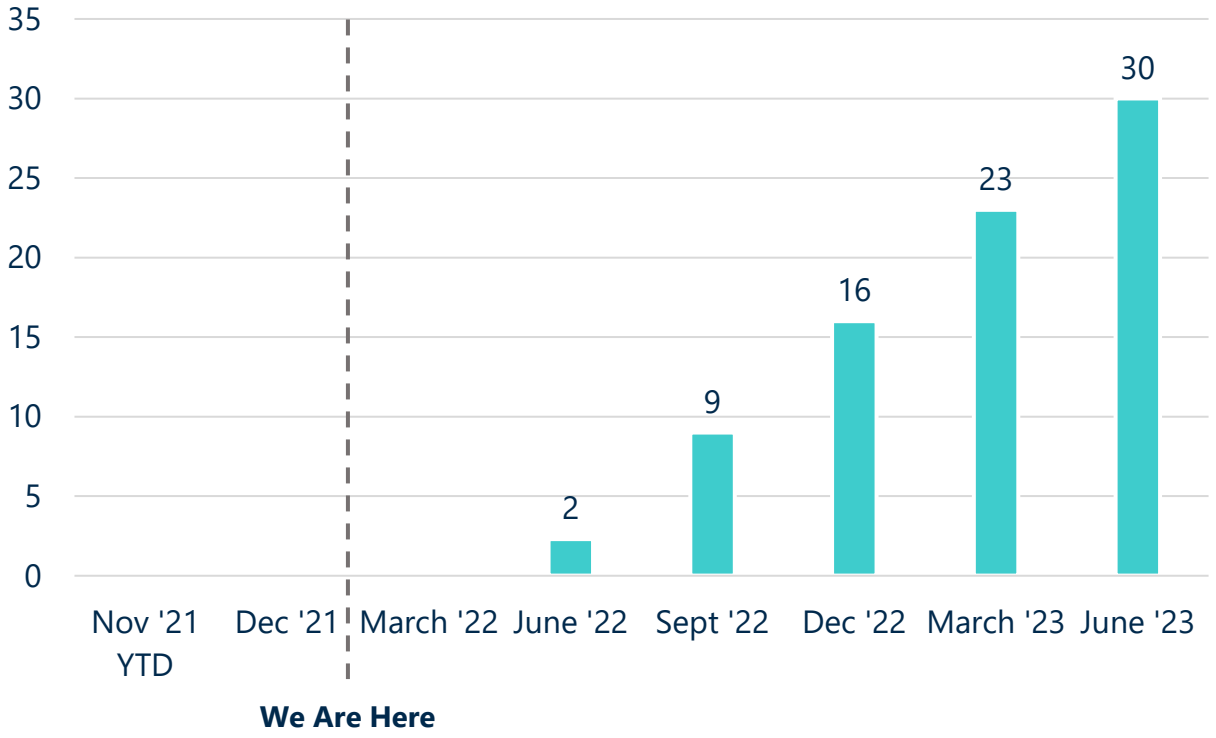


Assumptions: Utilized May '21 YTD Non-COVID LOS Patient Throughput exclusion criteria of 5.41. Strategic Plan highlighted May 2021 Non-COVID GMLOS variance within 1.25 days, pending further review with Strategy leadership. Patient Throughput initiative utilized current draft benefit realization schedule. Nov '21 YTD Overall and Non-COVID GMLOS were projected outward at current levels.

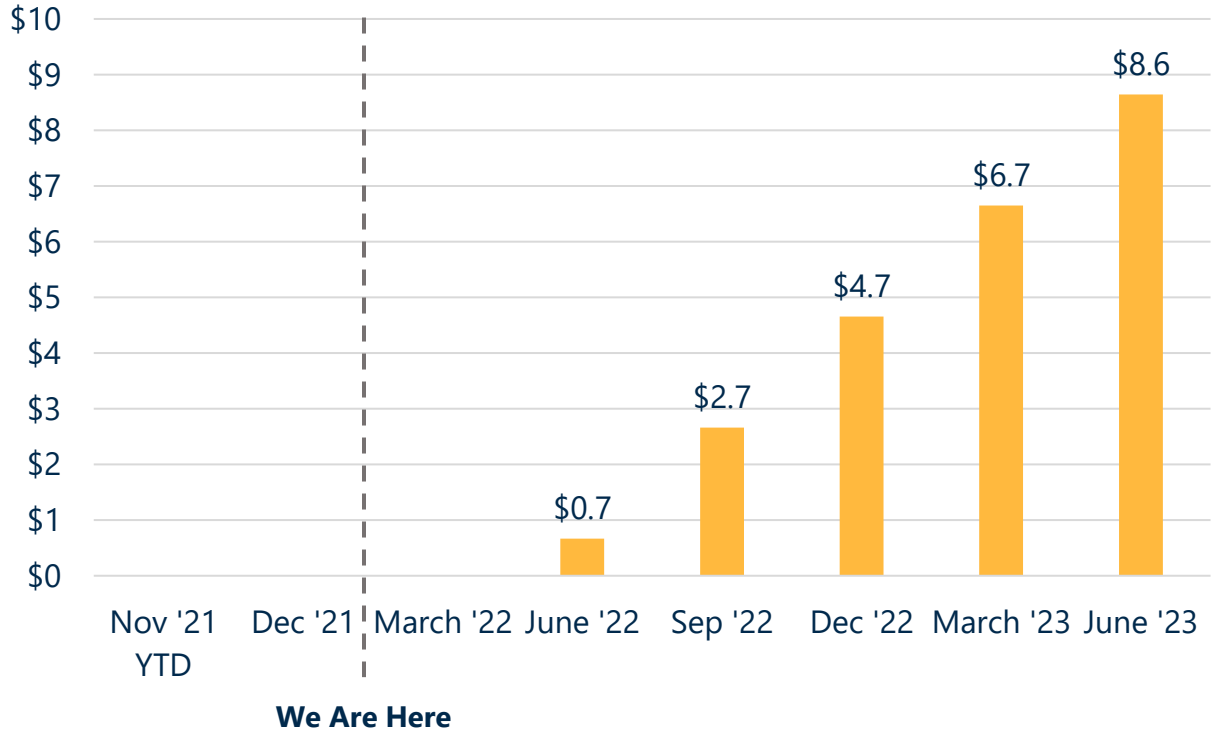
Benefit Realization Projection: Inpatient Impact

By end of FY ’23, Patient Throughput Initiative is projecting increase of 30 available beds and corresponding $8.6M of potential incremental contribution margin (annualized), based on surgical backfill.

Forecasted Bed Availability



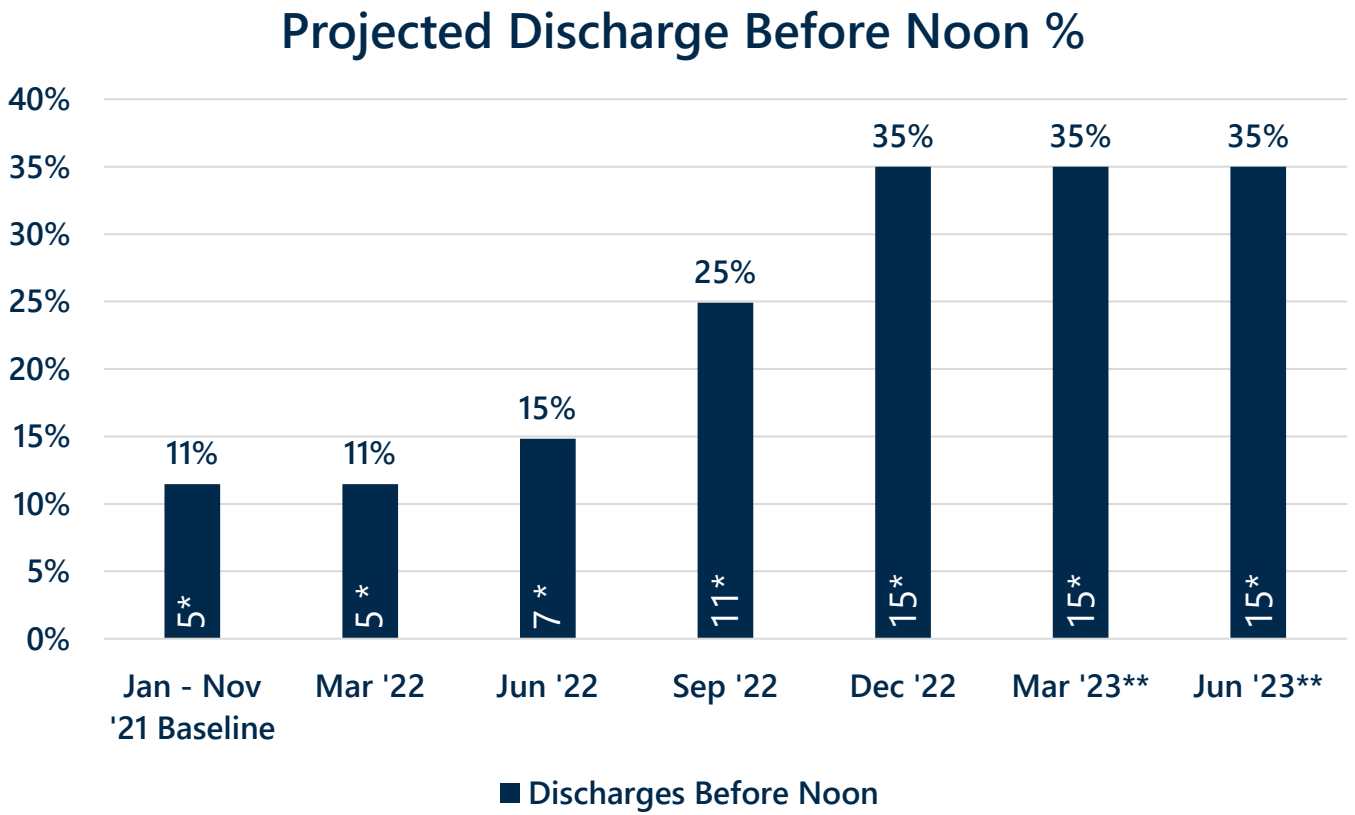
Forecasted Financial Impact ($M)



Source: Encounter Data Jan-November 2021 Excludes: Mother/Baby, Behavioral Health, and Pediatrics

Benefit Realization Projection: ED Impact

Achieving timely discharge goal of 35% could decrease inpatient LOS by an estimated ~14,200 hours annually. Assuming 75% conversion, this operational improvement could in turn decrease ED admit hold hours by ~10,700 hours or 9% annually.



~14,200 Inpatient LOS Hours Decreased
When 35% of Discharges Before Noon

75% Yield

~10,700 ED Hold Hours Decreased
of ~121,200 Total Annualized ED Hold Hours (9%)

Source: Encounter Data Jan-November 2021 Excludes: Mother/Baby, Behavioral Health, and Pediatrics. *Daily Discharges **If DBN % extends to 40% and yield extends to 85%, 12% of ED Hold Hours could decrease.

Patient Throughput Initiative and Accelerators

Patient Throughput Initiative projects are **foundational, additive**, and will provide **long-lasting benefits**. These project require **full implementation** in order to achieve **full benefit realization**. **Continuous improvement** and **intentional focus** by the leadership on further refinements will need to be sustained to achieve and maintain leading practice length of stay and patient throughput.

Patient Throughput Initiative*
❑ **Case Management Roles & Responsibilities / Discharge Planning & Timely Discharge / Multidisciplinary Huddles**
❑ Hospitalist Deployment & Scheduling
❑ **Long Stay Committee**
❑ Post-Acute Network
❑ **ED to Inpatient Admission Process**
❑ Observation Program
❑ Transfer Center Operations
❑ **Patient Placement Infrastructure**
❑ ED Care Model & Workflow Redesign
❑ ED RN Staffing Optimization
❑ **Patient Throughput Dashboard**
❑ **Physician Leadership Structure**
❑ **EMR & Technology Optimization**

Additional Improvements (<u>preliminary</u> list)
❑ Full complement of Case Management staffing, alignment of skills and maintenance of evolving competencies
❑ Consistent bedside nurse staffing (i.e., fewer travelers)
❑ Clear physician leadership positions established (complete with authority and accountability components)
❑ Full roll-out of multidisciplinary huddles across med-surg units
❑ Post-Cerner go-live EMR stabilization and optimization
❑ Dedicated and accountable administrative and clinical oversight of patient throughput and care facilitation
❑ Alignment with the annual operational goals and longer-term strategic vision

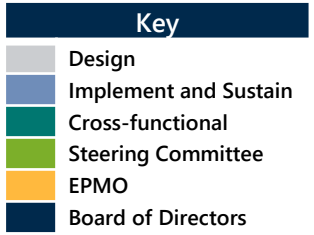
*Bold indicates projects that are in progress

What Is Planned for March

1. Progress Phase 1 Future State Design Sessions Towards Implementation
2. Validate Early Tests of Change
3. Identify Phase 2 Project Team Members and Begin Launch

Appendix

Patient Throughput Initiative



Programs & Projects	Dec	Jan (3)	Feb (4)	Mar (9)	Apr (10)	May (10)	Jun (8)
Throughput & Patient Progression							
1.A Patient Progression							
1.B Long Stay Committee							
1.C Post-Acute Network[1]							
Demand Management							
2.A ED to Inpatient Admission Process							
2.B ED Care Model, Workflow Redesign / ED RN Staffing Optimization[2]							
2.C Transfer Center Operations							
Capacity Management							
3.A Patient Placement Infrastructure / Observation Program[1,2]							
3.B Hospitalist Deployment & Scheduling							
Foundational							
4.A Patient Throughput Dashboard[3]							
4.B Physician Leadership Structure[3]							
4.C EMR & Technology Optimization							
EPMO							
Steering Committee							
Board of Directors							

EPMO Launch
PM Check-in
Steer Co Mtg
We Are Here

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

Progress Report

Since our last Board update, the Long Stay Committee project kicked-off and Chartis and project leadership developed a benefits realization approach along with corresponding goals.

Activity	Project				
	Care Management Roles & Responsibilities / Discharge Planning & Timely Discharge / Multidisciplinary Huddles	**ED to Inpatient Admission Process**	**Patient Placement Infrastructure**	**Long Stay Committee**	**Overarching**
Ad Hoc Meetings	• 2 North Team Rounds Pilot Update • Expected Discharge Date / Cerner Coordination • Rehab Liaison & IP CM Collaboration • Case Management / Social Work / Nursing Roles & Responsibilities Working Session	• FHCN & Valley Hospitalists Assignment Process	• FHCN & Valley Hospitalists Rosters	• High Dollar / In-House Review	• Data Validation • Benefit Realization & Goal Setting Discussions • Surgical Backfill Volume Discussion
Analytics		• Refreshed ED Encounter Data	• Average Daily Census & Occupancy Rates for Patient Care Units	• Length of Stay Distribution	• Benefit Realization
Prep Meetings	• Team Leads (2)	• Team Leads (2)	• Team Leads (2)	• Team Leads (2)	• Weekly Keri & Jag (5) • Biweekly ET Updates (2)
Team Meetings	• 2/8 Design Session • 2/22 Design Session	• 2/8 Design Session • 2/22 Design Session	• 2/8 Design Session • 2/23 Design Session	• 2/9 Kick-off Mtg • 2/23 Design Session	• EPMO Meeting (4)
Observations & Shadowing	• 2 North Team Rounds Pilot (2)				• Perioperative Services

Proposed Goals

Inpatient and Observation

Proposed goals for inpatient and observation patients outlined below, along with potential financial and/or operational impact. Surgical backfill volume goal is pending further discussion with surgical services leadership.

Metric	Definition	CY21 To-date Baseline	Proposed Goal	FY '23 Potential Financial / Operational Impact
Inpatient Average Length of Stay (IP ALOS) *(Lower is better)*	Average length of stay (days) for inpatient discharges	6.31	5.64 (10.7%)	• 30 beds • Availability for 5 additional discharges per day
Inpatient Observed-to-Expected Length of Stay *(Lower is better)*	ALOS / geometric mean length of stay for inpatient discharges	1.48	1.32 (10.7%)	
% of Discharges Before 12 PM *(Higher is better)*	% of inpatients discharged before 12 PM	11.5%	35%	• 9% decrease in ED boarding time
Observation Average Length of Stay (Obs ALOS) *(Lower is better)*	Average length of stay (hours) for observation patients	42.1	37.9 (10%)	• 3 beds • Availability for 2 additional observation discharges per day
Surgical Backfill Volume *(Higher is better)*	Incremental inpatient elective surgical cases over baseline; pending established baseline	*TBD*	*85% backfill of potential available beds; targeted patient populations to be determined*	• *$TBD incremental contribution margin*

Source: Encounter Data Jan-November 2021 Excludes: Mother/Baby, Behavioral Health, and Pediatrics

Proposed Goals

Emergency Department

Proposed goals for Emergency Department patients outlined below, along with potential financial and/or operational impact.

Metric	Patient Type	Definition	CY21 To-date Baseline	Proposed Goal	FY '23 Potential Financial / Operational Impact
ED Boarding Time *(Lower is better)*	**Inpatients**	Median time (minutes) for admission order written to check out for inpatients	338	287 (15%)	• ED staffing optimization • Patient satisfaction • Provider & staff satisfaction • Reduction in left without being seen
	Observation Patients	Median time (minutes) for admission order written to check out for obs. patients	304	259 (15%)	
ED Average Length of Stay (ED ALOS) *(Lower is better)*	**Discharged Patients**	Median ED length of stay (minutes) for discharged patients	268	214 (20%)	
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	720	612 (15%)	
	Observation Patients	Median ED length of stay (minutes) for observation patients	679	577 (15%)	

Source: ED Encounter Data Jan-November 2021 Excludes: Mother/Baby, Behavioral Health, and Pediatrics

Draft Performance Scorecard

Leading Performance Metrics – Inpatient & Observation

				Current Performance Compared to Baseline					
Metric	**Patient Type**	**Definition**	**Goal**	**Jan - Nov '21 Baseline**	**Dec '21**	**Jan '22**	**Feb '22**	**Mar '22**	**Apr '22**
Observation Average Length of Stay (Obs ALOS) *(Lower is better)*	**Overall**	Average length of stay (hours) for observation patients	**37.9**	**42.1**	49.1				
Inpatient Average Length of Stay (IP ALOS) *(Lower is better)*	**Overall**	Average length of stay (days) for inpatient discharges	**6.31**	**6.31**	6.35				
	Non-COVID		**N/A**	**5.62**	5.65				
	COVID		**N/A**	**10.63**	10.73				
Inpatient Observed-to-Expected Length of Stay *(Lower is better)*	**Overall**	ALOS / geometric mean length of stay for inpatient discharges	**1.32**	**1.48**	1.49				
% of Discharges Before 12 PM *(Higher is better)*	**Overall**	% of inpatients discharged before 12 PM	**35%**	**11.5%**	15.0%				
Surgical Backfill Volume *(Higher is better)*	**Overall**	Incremental inpatient elective surgical cases over baseline; pending established baseline	**TBD**	**TBD**	TBD				
Average Monthly Discharges	**Overall**	Avg. count of IP & Obs. Discharges	**N/A**	**1,691**	1,797				
	Inpatient-Non-COVID	Avg. count of non-COVID IP discharges	**N/A**	**1,057**	1,218				
	Inpatient-COVID	Avg. count of COVID IP discharges	**N/A**	**170**	130				
	Observation	Avg. count of observation discharges	**N/A**	**464**	449				

Source: Encounter Data Jan-Dec 2021 Excludes: Mother/Baby, Behavioral Health, and Pediatrics

Draft Performance Scorecard

Leading Performance Metrics – Emergency Department

Metric	Patient Type	Definition	Goal	Current Performance Compared to Baseline					
				Jan - Nov '21 Baseline	Dec '21	Jan '22	Feb '22	Mar '22	Apr '22
ED Boarding Time *(Lower is better)*	**Overall**	Median time (minutes) for admission order written to check out for inpatients and observation patients	**286**	**336**	723				
	Inpatients	Median time (minutes) for admission order written to check out for inpatients	**287**	**338**	722				
	Observation Patients	Median time (minutes) for admission order written to check out for obs. patients	**304**	**304**	1,110				
Average Monthly ED Admit Hold Volume *(Lower is better)*	**Overall**	Avg. count of patients (volume) with ED boarding time	**N/A**	**1,028**	1,189				
	Overall >4 Hours	Avg. count of patients (volume) with ED boarding time ≥ 4 hours	**N/A**	**640**	907				
ED Average Length of Stay (ED ALOS) *(Lower is better)*	**Overall**	Median ED length of stay (minutes) for admitted and discharged patients		**347**	352				
	Discharged Patients	Median ED length of stay (minutes) for discharged patients	**214**	**268**	264				
	Inpatients	Median ED length of stay (minutes) for admitted inpatients	**612**	**720**	1,128				
	Observation Patients	Median ED length of stay (minutes) for observation patients	**577**	**679**	1,272				
Average Monthly ED Visits	**Overall**	Avg. count of ED visits	**N/A**	**5,130**	5,343				
	Discharged	Avg. count of ED visits for discharged patients	**N/A**	**3,665**	3,801				
	Inpatients	Avg. count of ED Visits for admitted patients	**N/A**	**1,115**	1,229				
	Observation Patients	Avg. count of ED Visits for obs. patients	**N/A**	**349**	318				

Source: ED Encounter Data Jan-Dec 2021 Excludes: Mother/Baby, Behavioral Health, and Pediatrics

Physician Recruitment and Relations

Medical Staff Recruitment Report - February 2022

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

Date prepared: 2/15/2022

Central Valley Critical Care Medicine	
Intensivist	2

Delta Doctors Inc.	
OB/Gyn	1

Frederick W. Mayer MD Inc.	
Cardiothoracic Surgery	2

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

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

Oak Creek Anesthesia	
Anesthesia - Critical Care	1
Anesthesia - General	1
Anesthesia - Obstetrics	2
CRNA	2

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

Other Recruitment	
Neurology - Inpatient	1

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

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

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Anesthesia - Cardiac/Critical Care	Oak Creek Anesthesia	Dahl, M.D.	Aaron	TBD	Direct/Referral	Site Visit: 2/11/22
Anesthesia - Critical Care	Oak Creek Anesthesia	Nafisi, M.D.	Shahram	TBD	Medicus Firm - 1/19/22	Dr. Nafisi is evaluating area
Anesthesia - Cardiac	Oak Creek Anesthesia	Nagm, M.D.	Hussam	06/22	Direct/Referral	Site Visit: 11/9/21; Start Date: 6/1/22
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Knittel	Michael	03/22	Direct - 10/19/21	Offer accepted; Tentative Start Date: March 2022
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Lopez	Ramon	03/22	Direct - 11/2/21	Offer accepted; Tentative Start Date: March 2022
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Sobotka	Tyler	01/22	Direct - 6/1/21	Offer accepted; Start date pending license
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Rangel-Orozco, M.D.	Daniela	08/22	Kaweah Health Resident	Site Visit: 10/28/21; Offer accepted
Gastroenterology	Key Medical Associates	Eskandari, M.D.	Armen	11/21	Direct	Offer accepted; Start Date: March 2022
Hospitalist	Central Valley Critical Care Medicine	Obad, M.D.	Nashwan	ASAP	Vista Staffing Solutions - 1/10/22	Offer accepted; Tentative Start Date: 4/27/22
Intensivist	Central Valley Critical Care Medicine	Athale, M.D.	Janhavi	09/22	Comp Health - 1/6/22	Currently under review
Intensivist	Central Valley Critical Care Medicine	De Freese, M.D.	Marissa	TBD	Direct/referral - 1/18/22	Site visit pending dates
Intensivist	Central Valley Critical Care Medicine	Sinha, M.D.	Nupur	TBD	CompHealth - 10/22/21	Site Visit: 11/23/21; Offer extended
Internal Medicine/Sleep Medicine	Kaweah Health Medical Group	Sarrami, M.D.	Kayvon	08/22	Direct - 11/27/21; Fiancé is current 2nd Year Anesthesia Resident at KH.	Site Visit: 1/10/22; Offer accepted; Tentative Start Date: August 2022
Medical Oncology	Sequoia Oncology Medical Associates	Palla, M.D.	Amruth	08/22	Direct/referral - 1/26/22	Phone Interview: 2/16/22 at 6PM

Candidate Activity						
Specialty/Position	**Group**	**Last Name**	**First Name**	**Availability**	**Referral Source**	**Current Status**
Neonatology	Valley Children's	Agu, D.O.	Cindy	TBD	Valley Children's - 9/1/21	Site Visit: 9/20/21; Offer extended
Neonatology	Valley Children's	Singh, M.D.	Himanshu	08/22	Valley Children's - 3/31/21	Site Visit: 4/19/2021; Offer accepted. Start date 8/29/2022
Otolaryngology	Kaweah Health Medical Group	Chabban, M.D.	Mohammad	04/22	Curative - 1/19/22	Phone Interview pending
Otolaryngology	Kaweah Health Medical Group	Manosalva, M.D.	Rodolfo	08/22	Integro - 1/14/22	Phone Interview: 1/25/22; F/up call with group ENT pending
Pediatrics	Kaweah Health Medical Group	Galindo, M.D.	Ramon	09/22	Direct/referral - 6/28/21	Site visit: 9/14/21; Offer accepted; Tentative Start Date: 08/2022
Physician Assistant - Quick Care	Kaweah Health Medical Group	Parker, PA	Katelyn	03/22	PracticeMatch - 12/14/21	Offer accepted; Tentative Start Date: April 2022
Pulmonology	Kaweah Health Medical Group	Qarni, M.D.	Asher	06/22	Health Plus Staffing - 2/11/22	Phone Interview: 2/16/22 at 4PM
Rheumatology	Kaweah Health Medical Group	Li, M.D.	Zi Ying (Kimmie)	08/22	Direct - 11/27/21	Phone Interview: 12/15/21; Site Visit: 4/5/22

REPORT TO THE BOARD OF DIRECTORS

Kaweah Health Mental Health Hospital (KHMHH)
Kaweah Health Inpatient Acute Psych/Drug Abuse

Theresa Croushore, MHA, BSN, BA
Interim Director of Mental Health Services
559-624-3361
February 15, 2022

Summary Issue/Service Considered

SERVICE PROVIDED

The Kaweah Mental Health Hospital operates a 63 licensed bed inpatient mental health facility for severally mentally ill patients (all state conserved or committed). Most of the patients (81%) in the Mental Health Hospital are admitted through Kaweah's Emergency Department. Another 9.7% were transferred from the main hospital after medical stabilization. The population was 57.4% male, average age of 37.6 years, mostly (95%) English speaking, and about evenly distributed between Hispanic or Latino and non-Hispanic or Latino. As a result of these demographics, programming is culturally sensitive to the Hispanic population, and geared to mediate the violence tendencies of the adult male mental health patient.

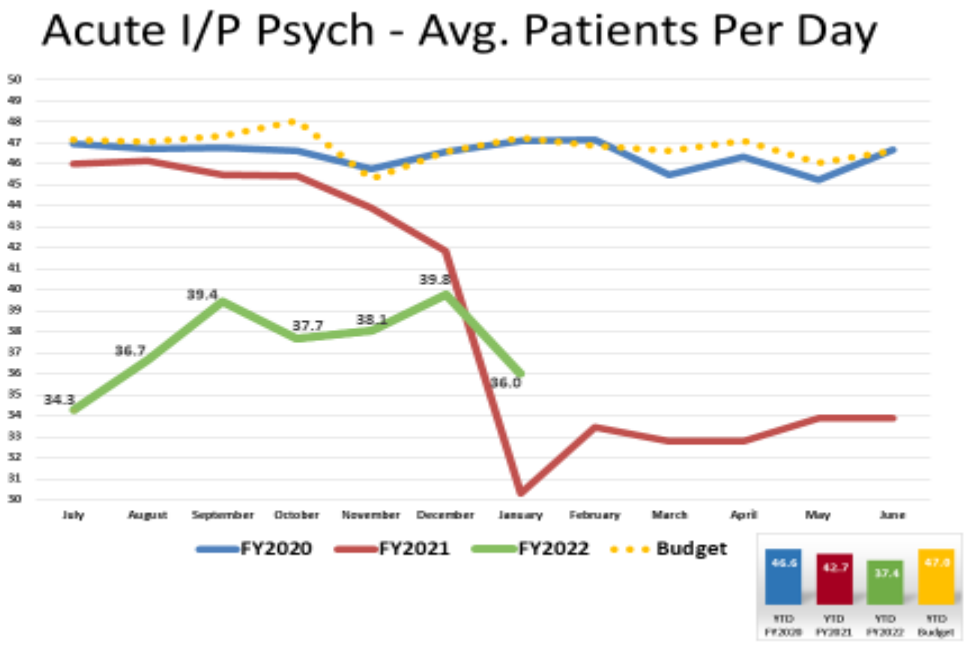
Fiscal Year 22 is projected to finish with an average daily census (ADC) of 38.1 with a total of 48 operational beds (of 63 licensed beds) at the Mental Health Hospital. This trend started with an ADC of 46.98 in FY18, 46.6 in FY19, 44.6 in FY20, to an ADC of 40.2 in FY21. This decreasing number is coupled with the fact that actual number of people served at the Mental Health Hospital has been steadily declining since a high of 2140 admissions in FY 18 to a projected 1400 this year. This is due, in part, to the concurrent increase in the ALOS from 8.4 in FY19 to a projected 9.9 for FY22.

The Inpatient Acute Psych/Drug Abuse services have seen a 19% increase in patients (a projected 55 patient increase), with a decrease in actual patient days from last year due to the decreasing LOS. This includes the transfer of Covid positive patients from the Mental Health Hospital to Acute care for quarantine.

Several factors influence these trends:

- The ongoing Covid pandemic resulting in high staff turnover and higher use of leave of absence time by staff making the average number of staffed beds just 36 for the first half of FY22.
- The lack of adequate long term placement opportunities in Tulare County for discharged patients, as evidenced by an average 23.4% readmission rate within 12 months, higher for patients with psychosis/schizophrenic diagnoses (29% annually).
-

- Necessary limited admissions to ensure safety in a congregate care setting (patients in a community living) and inability to ensure all risk of COVID transmission is mitigated.
- An increasing number of conserved patients without housing in the community results in patients being hospitalized awaiting placement for 30+ days, up to an entire year stay.



LEADERSHIP

Precision Psychiatric Services, Inc. (Precision) continues to provide psychiatry services for KHMHH, outpatient clinics, and consult services in the ED and main acute care hospital. The Consult and Liaison service has grown to 12 hours/day with an advanced practice provider or physician assistant providing services. Future plans are to staff one psychiatrist to handle the ED and one on medical floor so that consult follow-ups can be completed. This year we have added a Treatment Team to collaborate on complex cases in the medical hospital in order to address psychiatric needs.

The residency/fellowship program continues to grow and currently has 24 total residents (6 per each of 4 years plus a potential additional 3 fellows per year (for two years). The residency program has added energy, creativity, increased quality and access to care. The number of psychiatric residents and fellows has added to the collaboration with the rest of the medical staff. Two residents joined the medical staff after graduation, and two additional part-time psychiatrist have been hired to meet the growing needs. At this time, the need for a child/adolescent psychiatrist is evident and a contract addendum is being pursued.

This year a new department was created by joining Neurosciences and Psychiatry with the hope of developing an interventional psychiatry and neuroscience clinic. At this time, faculty is shared between psychiatry and neurology.

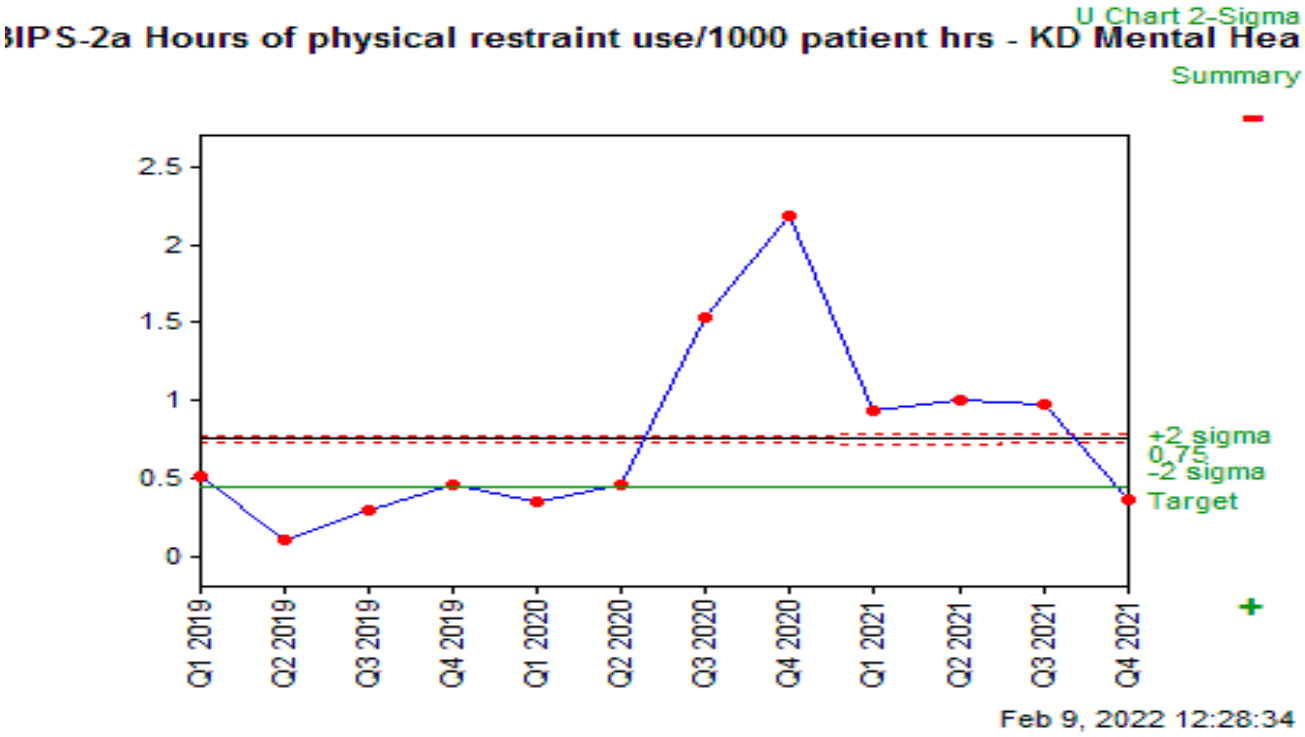
With the resignation of the Director of Mental Health Services during the 4th quarter of FY 21, Keri Noeske, CNO filled the leadership void until an Interim Director was on boarded in June 2021. The goal of the interim leadership has been to guide the new leadership team in assessing the current status of the care delivered at the facility, making recommendations and implementing an action plan to stabilize and meet both external and internal goals for the hospital.

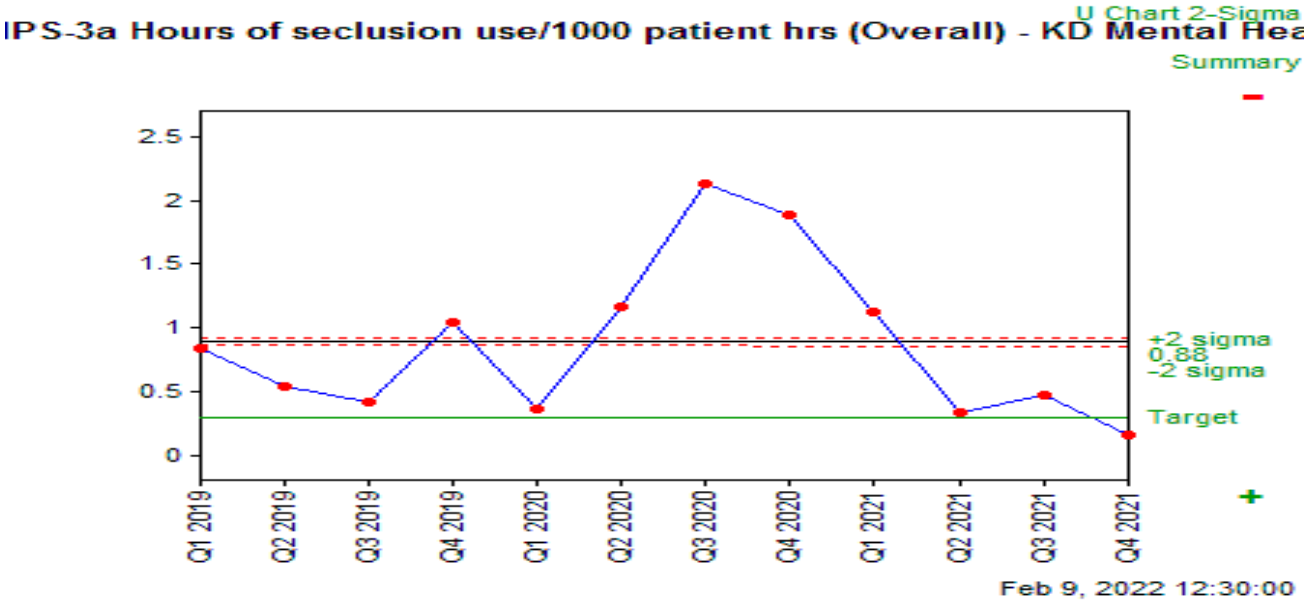
Quality/Performance Improvement Data

CORE MEASURES

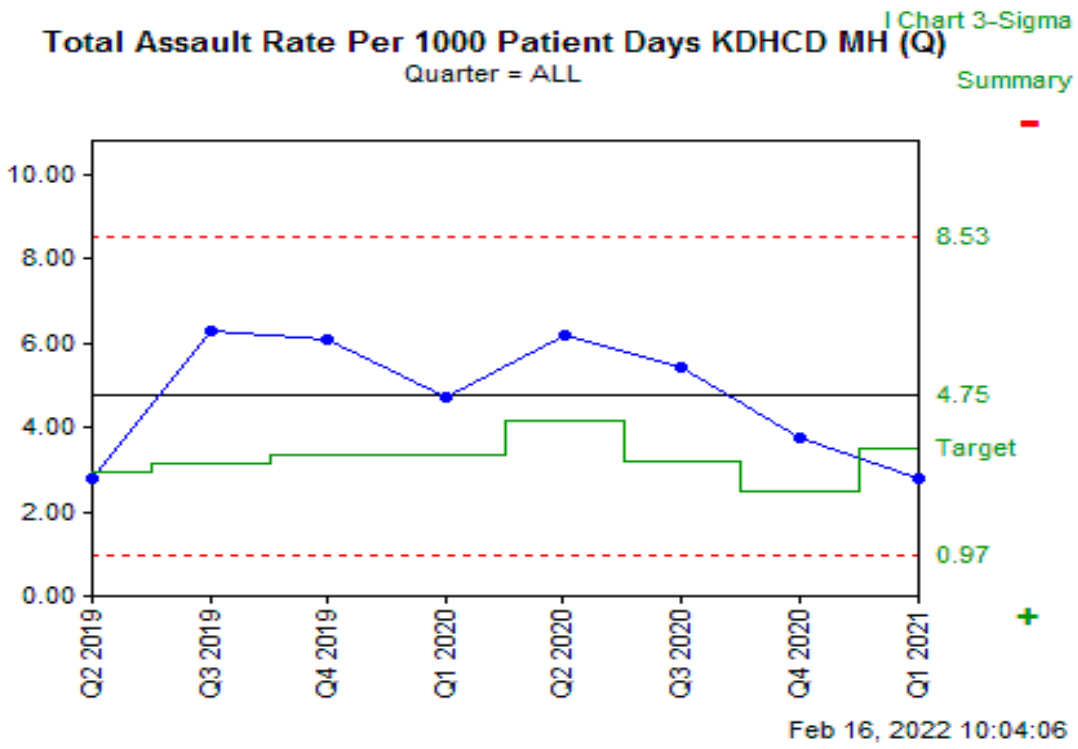
Kaweah Mental Health continues to participate in Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures, receiving our full market basket payment for collection and submission of data. A total of 14 indicators are included; Kaweah consistently meets or exceeds most of these. Areas of improvement are being dealt with using Cerner documentation applications such as hard stops and forms built to prompt data collection. It is expected these measures will be fully met in the near future.

Quality initiatives also include trending the time a patient spends in seclusion or restraint. This has been inconsistent (and continues to be so) despite evidence-based assessments, interventions and staff education. The environmental variables (roommates, lack of outdoor space, state-imposed plain décor to address safety), staff turnover (nearly 50% nursing staff is new this year), acuity of patients placed (partially resulting from the lack of adequate safe housing in the community), and the increase in drug and alcohol use in the community all contribute to the variability in restraint/seclusion use at any given time. At this point, we focus on each patient encounter to attempt to minimize this restrictive intervention, while assessing the safety of other patients and staff.





Concurrently, a reduction in reported workplace violence is becoming evident. According to reported events, there was a decrease in Workplace Violent Events in 2021 with 4.66 per 1,000 patient days. Events per 1,000 days in a month range from 1.06 to a high of 12.3, resulting in approximately 100 lost work days due to staff injury from patient violence.



The Agitation Behavioral Scale (ABS) was implemented in FY20 to assess the imminent potential for violence. Early data shows little correlation with the scoring and the use of restraint or seclusion (which is done to prevent violence). As a result, audits of the correct use and follow-through with ordered interventions is being completed. We have increased to ABS assessment from "as needed" to better objectify the assessment.

Bar code scanning for medication administration and labeling of laboratory specimens has significantly increased this year, adding to patient safety.

Policy, Strategic or Tactical Issues

DELIVER EXCELLENT SERVICE

Key advancements at Kaweah Mental Health include addressing the care culture by basing the patient care model on the Recovery Model and the Trauma Informed Care Model (both supported by the Substance Abuse and Mental Health Services Administration (SAMHSA.gov) and through staff education and coaching. We are planning to re-open the Sensory Room as an alternative to seclusion or restraint and to teach acceptable coping skills to agitated/anxious patients. Additionally, this year Kaweah Mental Health received a grant to fund an Activity Room with more active diversionary equipment (air hockey, pool table, Skee ball machine).

Infection control measures, in keeping with CDC recommendations, have been continually implemented at Kaweah Mental Health. Patients are tested for Covid 19 before admission and then periodically to assure they weren't incubating the virus at the time of the first test. If testing positive at either screen, the patients are moved to the acute care hospital for isolation and any

exposed patient retested. We have had no more than 5 Covid positive patients in the acute medical hospital at a time this year. The Mental Health hospital is prepared to open a “Covid pod” if the numbers were to increase, but doing so would limit the number of other patients that could be admitted. Mitigation strategies include limiting patients in common areas when possible, frequent cleaning and handwashing, encouraging patients to wear face coverings, limited mixing of patient groups, no visiting, and not using the common cafeteria area.

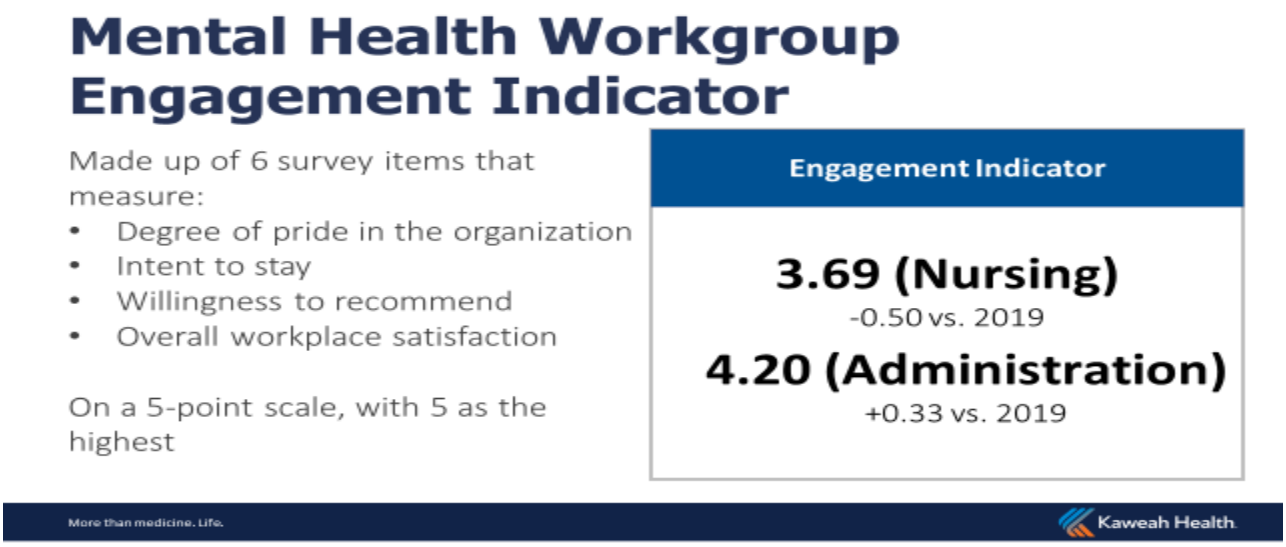
In September 2021, Disability Rights California completed a virtual site survey at Kaweah Mental Health interviewing leadership, staff and patients and reviewing selected demographic and policy/process documents. No recommendation for improvement were identified.

PROVIDE A SAFE THERAPUETIC ENVIRONMENT FOR PATIENT CARE

The physical environment at the Mental Health Hospital has also been reviewed and recommendations to reduce ligature and other safety risks and to increase the aesthetics/therapeutic milieu of the hospital are currently being worked on with the support of multiple departments. Recommendations include increased number and locations of surveillance cameras, psych-safe furniture to replace plastic seating, and artwork to reinforce the care model (such as affirmations stenciled onto the hallways/patient room walls). Additional patient phones have been requested (currently one phone for 18-22 patients is available).

PROVIDE AN IDEAL WORK ENVIRONMENT

Employee Engagement Survey results:



Top opportunities for improvement duplicated the responses from throughout Kaweah Health network for the most part. Mental Health Nursing department Engagement Indicator was lower than the overall organization, most likely due to the high turnover among nursing staff.

Turnover Experienced 12 RN resignations, 3 of which were new hires (within 12 months). IN FY 21 15 Full Time and 6 Per Diem nursing staff were hired. IN YTD22 – 19 FT and 2 PD

hired – 42 of 97 nursing staff are new employees. The 20 Social Work/Psychiatric Assessment Team staff have remained stable with the exception of LOAs.

Like most areas in healthcare, staffing has been a challenge this year. A total of 45 new staff have been hired and on boarded. Volunteers were used for non-patient care related projects. Student nurse interns have been hired to both augment staffing and to create a pipeline for future hires. The staffing skill mix was adjusted to better use the education and competency of Licensed Psychiatric Technicians and Licensed Vocational Nurses.

MAINTAIN FINANCIAL STRENGTH

Net Revenue/Expenses

Kaweah Mental Health is projected to see a 1% decrease in net revenue, following a 6% decrease in the prior year. This is in spite of a 5% increase in direct costs (down from a 9% increase in prior year. Direct costs increases are attributed solely to the cost of bonus and overtime wages necessary to staff as many beds as possible while recruiting staff, and to the physician fee collections. Kaweah has paid Precision Physician Group the contracted guaranteed income, plus additional expenses for on-call and night shift coverage, psychiatric leadership and a 13.5% profit margin. $1.1 million was projected for physician fees for FY22, with an expected offset from collections. To date, only $268,000 has been collected, leaving collections in arrears ($400,000). Over 50% of the accounts receivable are from Tulare County. Following a recent meeting with the county, a check for approximately $240,000 is expected. Going forward, meetings with Tulare County and Precision will be routinely held to improve the billing processes so that all needed information to process the claims is included.

Reimbursements for room rates reflect the increasing number of managed care payers, up 4% this year. Indigent care has remained constant.

Contribution Margin

An overall decrease of 20% contribution margin (up from a 33.5% decrease year over year in FY21) has resulted from the increased direct costs per day (salaries and bonuses) and the previously explained physician fee collections.

Reimbursement

A total of 10 write-offs ($34,658/30 days) occurred in FY21. Four of these are from one county (Stanislaus); all due to medical necessity, though the patients were committed to care. This represents a marked decrease in lost revenue from previous years.

EMPOWER THROUGH EDUCATION

A new Clinical Educator for Mental Health started part-way through 2021. Since July 2021, she has oriented 45 new nursing staff (Registered Nurses, Licensed Psychiatric Technicians, Licensed Vocational Nurses, and Mental Health Workers).

The following courses have been offered to all Mental Health Staff:

- Return to Recovery (6 hour course, mandatory for all staff)
- Mental Health Skills Fair (2 hours, mandatory for all staff)

- Monthly lectures by Residents on Mental Health topics/diagnoses (optional)
- Staffing Management (3 hours, with CEUs, for leadership staff)
- Joint Commission Standards (3 hours, for leadership staff)

Additionally, staff are compliant with mandatory CardioPulmonary Resuscitation, Crisis Prevention Institute and other computer based learning. Advanced CPI training, which includes floor containment, will be mandatory for all Mental Health staff in May 2022.

COLLABORATION WITH KAWEAH ED, ACUTE HOSPITAL AND COMMUNITY

The cooperation between various departments is essential to the safe and efficient care of the mental health patient. In order to accomplish this, a weekly Case Management meeting with psychiatrists, main hospital Patient/Family Services and Kaweah Mental Health Intake team have been set up to review patients in the medical hospital in need of psychiatric services, transfer, or placement. Continuity of care between the Emergency Department and inpatient Mental Health is increasing as working relationships are built with new management. Resources for care are made available to the Emergency Department while the patients wait assessment and disposition. Consult/liaison time in the Emergency Department has been increased, including the addition of a psychiatric PA.

The working relationship with Tulare County Mental Health/Crisis is strong and made even closer with the addition of the Behavioral Health Initiative (led by Ryan Gates, VP of Population Health), a monthly meeting with representatives from the county, the ED, Mental Health, and psychiatrists focus on removing obstacles and streamlining the referral, assessment, and disposition process. This includes a focus on the best placement option (rather than the most expeditious placement) for the chronic mental health consumer. This work-in-progress will ultimately build a continuum of mental health care in the community, of which Kaweah Health is a large contributor.

A Mental Health Strategic Planning group has met to outline potential growth opportunities for a Mental Health Service Line. Many ideas have been discussed; these will be studied for need in the community, feasibility of start-up (given the increased opportunity for grant monies), alignment with Kaweah's mission, sustainability, and impact throughout the Kaweah organization. Work has begun on this through the Behavioral Health Integration (BHI) project. Through that grant funded project, a Community Service staff has been added at the Mental Health Hospital to connect patients with community resources increase their chances of success after discharge and hopefully, decreasing the readmissions.

Recommendations/Next Steps

- Continue to partner with GME to support ongoing development of psychiatric residency program.
- Continue to partner with Tulare County to evaluate and develop new opportunities for mental health community services.
- Explore complementing the Social Services/Therapy staff with a Certified Addictions Counselor to address the growing addiction crises which affects the mental health population.
- Create a Novice to Expert curriculum for nursing staff development.

- Continue to focus on reduction of seclusion and restraint events and time.
- Decrease workplace violence events at the Mental Health Hospital.
- Increase the environmental safety by increasing CCTV cameras to all patient areas, improving the functionality of the staff alarm systems, and replacing door handles with ligature resistant lockable door handles.
- Increase the therapeutic/aesthetic environment for patient care by adding wall art, adding patient accessible phones, increase use of outdoor areas by raising fence height, repainting patient care areas, replacing outdated, broken patient day room and cafeteria furniture, enlarging cabinet to hold a larger TV (currently 42 inch) for patients and therapy use (no TVs or phones in patient rooms).
- Expand education/credentialing of inpatient and outpatient therapists to offer Dialectal Behavior Therapy (DBT).
- Reduce turnover/sustain staff to decrease need for bonus pay and overtime.
- Peruse strategies to increase physician fee collections to offset guaranteed income.
- Maintain survey readiness.

Approvals/Conclusions

Mental Health services are vitally needed in Tulare County to increase the standard of living of all residents. Ongoing expansion and improvement of services offered will continue to be the goal of the Mental Health Service Line at Kaweah Health.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2022 Annualized

Mental Health Services - Summary

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021

PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
1,760	$20,529,165	$16,278,103	$4,251,062	($1,122,348)
▼ -1%	▼ -1%	▲ 5%	▼ -20%	▼ -2224%

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

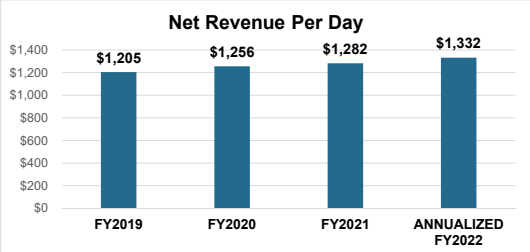
METRICS BY SERVICE LINE - FY 2022 ANNUALIZED

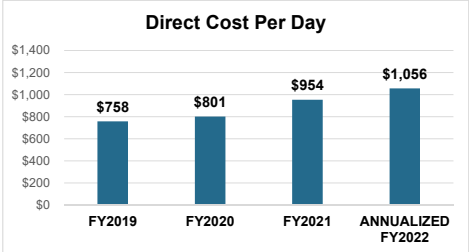
SERVICE LINE	PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Mental Health Hospital	1,408	$17,274,168	$13,973,538	$3,300,630	($1,348,554)
Inpatient Acute Psych/Drug Abuse	352	$3,254,997	$2,304,565	$950,432	$226,207
Mental Health Totals	1,760	$20,529,165	$16,278,103	$4,251,062	($1,122,348)

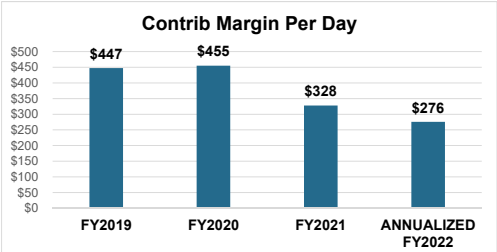
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	ANNUALIZED FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	2,294	2,029	1,776	1,760 ▼	-1%	
Patient Days	18,215	17,583	16,215	15,416 ▼	-5%	
ALOS	7.9	8.7	9.1	8.8 ▼	-4%	
Net Revenue	$21,951,710	$22,080,757	$20,787,039	$20,529,165 ▼	-1%	
Direct Cost	$13,801,655	$14,083,469	$15,470,174	$16,278,103 ▲	5%	
Contribution Margin	$8,150,055	$7,997,288	$5,316,865	$4,251,062 ▼	-20%	
Indirect Cost	$5,157,787	$5,181,223	$5,365,165	$5,373,410 ▶	0%	
Net Income	$2,992,268	$2,816,065	($48,300)	($1,122,348) ▼	-2224%	
Net Revenue Per Day	$1,205	$1,256	$1,282	$1,332 ▲	4%	
Direct Cost Per Day	$758	$801	$954	$1,056 ▲	11%	
Contrib Margin Per Day	$447	$455	$328	$276 ▼	-16%	

GRAPHS







Note: Includes discharges at the Downtown and West Campus locations
Source: Inpatient Service Line Report - Psych & Drug Abuse & Mental Health Hospital

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2022 ANNUALIZED

Mental Health Services - Mental Health Hospital

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

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021

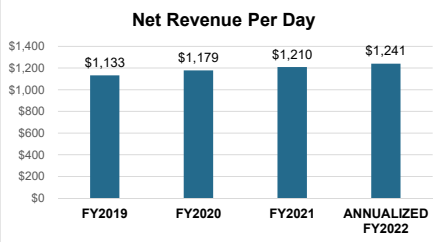
PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
1,408	$17,274,168	$13,973,538	$3,300,630	($1,348,554)
▼ -5%	▼ -3%	▲ 7%	▼ -28%	▼ -5560%

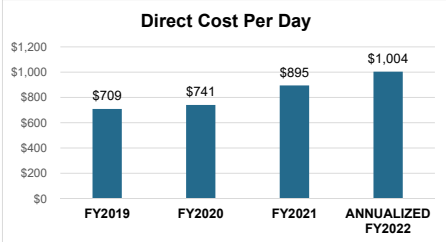
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

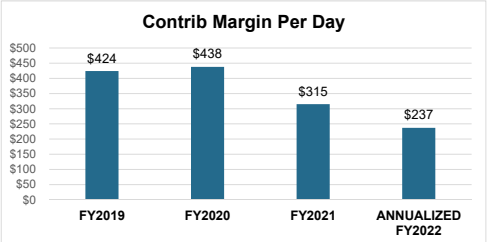
METRICS BY SERVICE LINE - FY 2022 ANNUALIZED

METRIC	FY2019	FY2020	FY2021	ANNUALIZED FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	2,021	1,766	1,479	1,408	▼ -5%	
Patient Days	17,054	16,279	14,657	13,920	▼ -5%	
ALOS	8.4	9.2	9.9	9.9	▶ 0%	
Net Revenue	$19,327,299	$19,190,532	$17,728,317	$17,274,168	▼ -3%	
Direct Cost	$12,090,849	$12,059,515	$13,112,957	$13,973,538	▲ 7%	
Contribution Margin	$7,236,450	$7,131,016	$4,615,360	$3,300,630	▼ -28%	
Indirect Cost	$4,517,460	$4,464,694	$4,590,659	$4,649,184	▲ 1%	
Net Income	$2,718,989	$2,666,323	$24,701	($1,348,554)	▼ -5560%	
Net Revenue Per Day	$1,133	$1,179	$1,210	$1,241	▲ 3%	
Direct Cost Per Day	$709	$741	$895	$1,004	▲ 12%	
Contrib Margin Per Day	$424	$438	$315	$237	▼ -25%	

PER CASE TRENDED GRAPHS

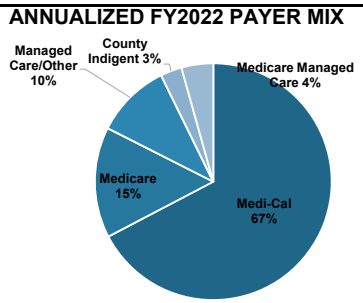






PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal	66%	70%	68%	67%
Medicare	22%	17%	18%	15%
Managed Care/Other	7%	7%	7%	10%
County Indigent	3%	4%	3%	3%
Medicare Managed Care	1%	2%	3%	4%



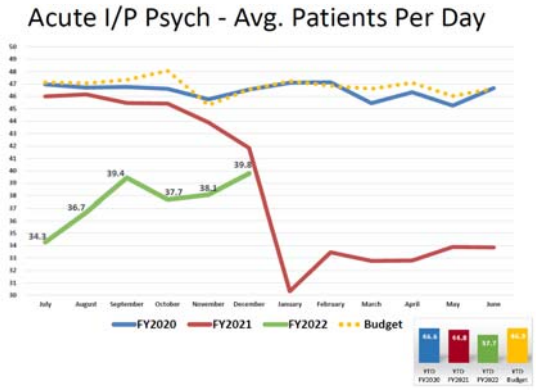
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2022 ANNUALIZED

Mental Health Services - Mental Health Hospital

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

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021



Source: Inpatient Service Line Report, Mental Health Hospital.

KAWEAH HEALTH ANNUAL BOARD REPORT

Mental Health Services - Inpatient Acute Psych/Drug Abuse

FY2022 ANNUALIZED

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021

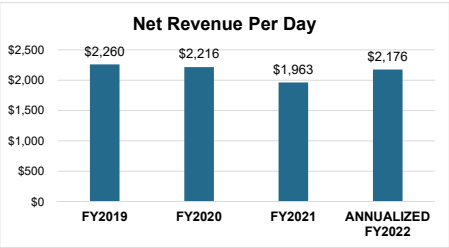
PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
352	$3,254,997	$2,304,565	$950,432	$226,207
▲ 19%	▲ 6%	▼ -2%	▲ 35%	▲ 410%

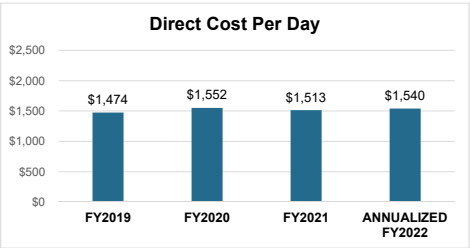
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

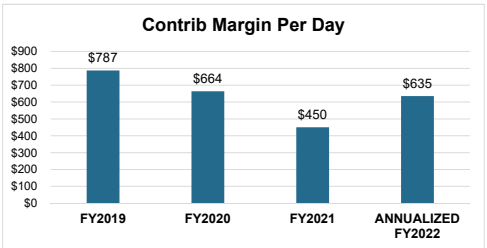
METRICS BY SERVICE LINE - FY 2022 ANNUALIZED

METRIC	FY2019	FY2020	FY2021	ANNUALIZED FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Discharges	273	263	297	352	▲ 19%	
Patient Days	1,161	1,304	1,558	1,496	▼ -4%	
ALOS	4.3	5.0	5.2	4.3	▼ -19%	
GM LOS	3.8	3.8	4.0	4.1	▲ 2%	
Net Revenue	$2,624,411	$2,890,225	$3,058,723	$3,254,997	▲ 6%	
Direct Cost	$1,710,806	$2,023,953	$2,357,217	$2,304,565	▼ -2%	
Contribution Margin	$913,606	$866,272	$701,506	$950,432	▲ 35%	
Indirect Cost	$640,326	$716,530	$774,506	$724,226	▼ -6%	
Net Income	$273,279	$149,742	($73,001)	$226,207	▲ 410%	
Net Revenue Per Day	$2,260	$2,216	$1,963	$2,176	▲ 11%	
Direct Cost Per Day	$1,474	$1,552	$1,513	$1,540	▲ 2%	
Contrib Margin Per Day	$787	$664	$450	$635	▲ 41%	
Opportunity Days	0.5	1.1	1.3	0.2	▼ -86%	

PER DAY TRENDED GRAPHS



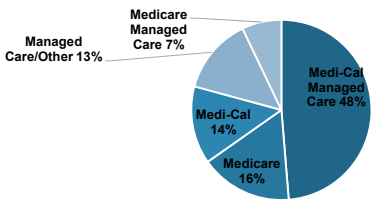




PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	41%	43%	45%	48%
Medicare	21%	19%	15%	16%
Medi-Cal	19%	21%	15%	14%
Managed Care/Other	11%	11%	12%	13%
Medicare Managed Care	5%	5%	10%	7%

ANNUALIZED FY2022 PAYER MIX



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

2021 REPORT TO THE BOARD OF DIRECTORS
SEQUOIA REGIONAL CANCER CENTER
RADIATION & ONCOLOGY SERVICES

Radiation Oncology Services
Medical-Oncology 3South

Renee S Lauck, Director, Imaging & Radiation Oncology Services (559) 624-2345
Emma Mozier, MSN, RN, CNML Director of Medical Surgical Services (559) 624-2825
February 14, 2022

Summary Issue/Service Considered

Summary of SRCC Joint Venture
Reported separately on financial Metrics report presented at finance property & Acquisition meeting 03/16/2022.

Radiation Oncology
Radiation Oncology saw a decline in revenue, mostly due to reduction of 1180 patient cases. This was down 7% from our prior year. Indirect costs are down by -21%, while direct cost is down by -2%. FY 2022 annualized to 23,634. We believe the lower volume in FY 2022 is due to our transitional year with new physicians as well as some staffing challenges. November and December accounted for low volumes including a scheduled physician locum that backed out last minute, which caused a delay in scheduling cases. Hanford SRCC continues to struggle with volume due to a lack of surgeons at Adventist. Our new group began coverage in February of 2021. Many of the new treatment protocols involve shorter courses of radiation treatments (three versus six weeks), which is in line with cancer treatments in cancer centers nationally.

Combined total for Visalia and Hanford	*FY 2020*	*FY 2021*	*Projected FY 2022;*
• Patient Treatments	26,727	25,547	23,634
• Net Revenue	$9,468,134	$8,754,048	$7,699,292
• Direct Cost	$7,343,816	$6,603,510	$6,477,484
• Contribution Margin	$2,129,376	$2,150,538	$1,221,808
• Indirect Cost	$22,680	$8,778	$6,948
• Net Income	$2,106,696	$2,141,760	$1,214,860
• Net Revenue per Treatment	$354	$343	$326
• Direct Cost per Treatment	$275	$258	$274
• Contrib Margin per Treatment	$80	$84	$52

Radiation Oncology Operational Summary
Radiation Oncology Services Include;

- External radiation treatments for inpatients at KHMC and Adventist Hospital as well as internal radiation (I-131 thyroid) for outpatients in Visalia.
- The bulk of our service is for outpatient care completed in Visalia and performed on our newest technology, the *Truebeam Linear Accelerator. 80*% of Visalia volume is accomplished on this unit.

- Comprehensive High Dose Radiation (HDR) program in Visalia for Breast is occurring. While we've seen a decline in vaginal and cervical cases, our physician group is looking into their ability to provide these services.
- Stereotactic Radiation Surgery program (SRS) provided in coordination with KHMC neurosurgery group. SRS is any cancer case where there is one lesion being treated.
- Stereotactic Body Radiation Therapy program (SBRT) has grown tremendously and includes cases that include two or more lesions. Volumes continue to increase for SRS/SBRT. These cases are highly complex while achieving great patient outcomes.
    - FY 2020 68 cases
    - FY 2021 110 cases
    - July 1, 2021 to January 31, 2022 109 cases
- Thyroid I 131 studies completed as outpatients coordinated with Nuclear Medicine at Kaweah Health Diagnostic Center.
- Xofigo treatments for prostate cancer are currently coordinated with Nuclear Medicine at Kaweah Health Diagnostic Center.

Although we've seen lower volume in our procedural Brachytherapy cases, our new physician group is committed to bringing the latest treatments and standards to SRCC comparing to those found at universities. The last year has been a year of transition, growth and collaborating with the new physician group. It will begin to bring in volume as we market our services to those who may have previously sought care out of the area.

Many cancer centers throughout the nation saw a decline during covid. As physician offices begin to see patients again for screening and annual visits, we believe we will see our volume begin to rise.

Challenges

- Department and new physician group are still learning new protocols and requirements on each side.
- ***Volume challenges***
    - One of the medical oncologists in town was not seeing any patients with covid causing those patients to go out of town if not seen by medical oncologists at SRCC.
- ***Staffing challenges***
    - One radiation therapist on long term LOA
    - Two radiation therapists resigned and moved out of the area.
    - Locum radiation therapist expense covering two of three positions
    - Coding/biller in radiation oncology of 32 years, retiring March 4, 2021. Currently training staff member as we had no qualified applicants.
    - One of the greatest challenges faced in specialty areas is replacing long term employees with new staff members. It can take years to gain efficiency when a long term employee leaves and often takes two people to replace what was done by one person.
    - Unable to find qualified candidates for radiation therapy positions.
    - Lack of surgeons in Hanford has created a decline in volume as well as patients who need to be treated in Visalia on the *TrueBeam*, due to the superior technology.

- Loss of a contracted physicist who worked to maintain mandatory monthly/quarterly quality assurance on each linear accelerator. Lived in LA and decided to stay closer to home.

Quality/Performance Improvement Data

One of our objectives over the last two years was to reduce expenses, while building world class service. Direct expense is down by $740,306 from FY 2020 to FY 2021. Indirect expense is down by $13,902.

- In 2021, we replaced our Cat Scan simulation (CT Sim) therapist, with a CT sim Technologist. The cost for this position is lower and allowed us to focus on the scheduling of CT sims in a timely manner.
- A replacement physicist hired in fall of 2019, continues to bring efficiencies, although we've experienced challenges in having only one physicist present and are looking at the ability to have two onsite as he has not been able to take time off. A physicist is a requirement for each case completed in radiation oncology and the work more complex and time consuming for physics for SRS/SBRT cases.
- We continue to contract directly with one of our very experienced travelers to provide dosimetry service remotely. This assures we have a balance of new and experienced staff. Becoming an experienced dosimetrist can take five to ten years.
- In July 2020, we reduced coverage of our staff in Hanford to part time coverage. We were fortunate enough to find staff willing to work part time, this is often a challenge for experienced professionals in radiation oncology wanting full time careers.
- SRCC continues to see an increase in highly complex cancer treatments in the valley. This includes our Stereotactic radiosurgery (SRS), Stereotactic Body Radiotherapy (SBRT) and High Dose Radiation (HDR) programs. SRS is a collaborative service with our neurosurgery group.

Policy, Strategic or Tactical Issues

Goals for the coming year will continue to include comprehensive marketing of cancer services and programs as well as marketing the install of the second *TrueBeam* and the Brainlab technology. We will be the only center in the valley with brainlab technology.

Recommendations/Next Steps

In the coming year, we will continue to focus on efficiencies within the department along with quality of services in line with world class cancer treatment.

As we implement our lung nodule screening program and install our second *TrueBeam*, we will be moving forward with the development of a nurse navigator led cancer program. This program is consistent with cancer facilities. Our goal is to help all patients diagnosed with cancer navigate through the treatment process as well as capture those patients who may have an incidental finding on a CT. The idea is to keep our patients at Kaweah, versus being left on their own to coordinate care, which can not only be overwhelming after a cancer diagnosis, but often leads to traveling out of the area upon

advice from others. We had anticipated starting earlier with the navigator position, but needed to have our lung screening program in place. Our information technology team is slated to install the program in late spring of 2022.

As our second TrueBeam and brainlab technology is scheduled to install at the end of FY 22, our physicians are committed to our community. With a second unit in Visalia, it will allow for increased efficiencies along with assuring patients can move from one unit to the other without having to be re-planned. Currently when running behind on one unit or if one machine goes down, we must create a second dosimetry plan or cancel the patients treatment for the day.

As part of our business plan last year, our goal was to work with surgeons or radiologists to place fiducial seed for radiation treatment delivery. Radiologists successfully placed seeds this year for one of our more complex cases. As we continue to increase complex services in radiation oncology, the need for a 3T MRI continues to be reviewed.

Approvals/Conclusions

Overall, FY 2021 was successful, for a year of transition, both in terms of our financial success and decreased costs. Our pursuit of exceptional world-class care is on the forefront of all we do and is something our physicians are committed to achieving. We continue to see some of the most complex cancer cases in the valley, surprising our newest physicians.

Our patients continue to give glowing surveys on care received at SRCC. Although this year has been a challenging transition with a new physician group, staff continue to feel we are moving in the right direction with new technology and state they have a feeling of moving forward with advancements in cancer care. Staff satisfaction in radiation oncology has continued to be one of our highest areas.

Our cancer program is one the community, our board of directors and Kaweah Health can be proud of.

Medical Oncology 3South

Summary Issue/Service Considered

- Oncology Services has a FY 2022 annualized contribution margin of $3.7 million and has remained stable over the last four years (with a slight upward trend). Reimbursement increases are outpacing expense increases causing a slightly better contribution margin in FY22.
- Despite declining discharge volume, patient days remain stable and we have consistent contribution margin results.
- Patient Discharges down 12% in FY 2021, and down an additional 10% in FY 2022, currently annualizing at 462 patient discharges. Patient days have remained consistent with prior year, and average length of stay (ALOS) have increased 10%.
- 3South (3S) leadership remains focused on charge nurse and staff development with specific attention to best practices to further improve the patient experience. We continue our chemo certification courses and able to graduate many RNs through the training.
- Currently working on recruitment to fill open positions, retain and maintain qualified nursing staff, and reduce contract labor. 3S is using Student Nurse Interns and Student Nurse Aides (RN students in various stages of their nursing school) as a RN recruitment method.
- Active surveillance of all quality measures with the greatest focus: Central Line Associated Blood Stream Infection (CLABSI) and Catheter Associated Urinary Tract Infection (CAUTI). 3S's CUSP team is actively engaged to discuss and find solutions for any safety concerns they may have. Also focused on Falls, Hospital Acquired Pressure Injuries- HAPI, and Hypoglycemia rates.
- A revised Comfort Focused Power Plan went live 2/1. This has been a yearlong– work in progress with tremendous support by Dr. Howard, Palliative Care Director, and the 3S Leadership team and Educator. The hope is that with the change creating more robust coverage of symptom management, any provider can comfortably start a patient on treatments while awaiting palliative consult and nursing has clear guidelines to follow while not delaying treatment to the patient.

Quality/Performance Improvement Data

CLINICAL QUALITY	Organization Wide			
	4Q20	1Q21	2Q21	3Q21
Central line associated blood stream infection (CLABSI)	0.0	0.0	0.0	0.0
Target	0.0	0.0	0.0	0.0
Catheter associated urinary tract infection (CAUTI)	0	0	0	0
Target	0.0	0.0	0.0	0.0
Falls/1000 pt days	1.13	1.48	1.08	1.82
Target	3.59	3.22	3.10	3.18
Injury Falls/1000 pt days	0.0	1.11	0.36	0.36
Target	0.64	0.52	0.55	0.63

Hypoglycemia (% Patient Days <70)	3.9	4.6	3.9	3.0
Target	3.5	3.5	3.8	3.8

3S continues to daily GEMBA rounds for all Central Lines or Urinary Catheters. If any quality items our outstanding or missed, they are followed up on immediately. The unit continues to see great results because of this work. 3S has also implemented various initiatives to reduce falls and falls with injury. One of which is an audit by the unit secretary each shift, ensuring all patients at risk have their bed alarm. Staff have commented that they appreciate the extra set of eyes and support in this way. Hypoglycemia case reviews occur as information is known. This population is a challenge given the condition of the patients but remains a focus.

Policy, Strategic or Tactical Issues

- Outpatient chemotherapy treatments continue to be deferred to primary providers if able due to the ongoing need for inpatient beds. Some infusions have continued but more specialized to bladder and multiday chemotherapy infusion treatments.
- Clinical and LOS performance are continually monitored. As barriers and themes are identified the leaders work with the respective committee groups for support. As the Chartis Groups make recommendations, 3S will be ready to implement. Unit based councils also discuss and brainstorm at the unit level to improve discharge processes, times and follow-up. Interdisciplinary approach is in place to ensure collaboration in the inpatient process for patients receiving timely access to procedures, tests and decisions.

Recommendations/Next Steps

- Maintain momentum to care and adapt to a new day with the continued COVID pandemic and the needs it brings.
- Continue to focus on quality and LOS initiatives to meet organizational goals.
- Focusing on the employee engagement pulse survey in June of 2022. Continue to work on employee engagement action plans from 2021 results.
- Work with Human Resources, Clinical Education, and the Advance Practice Nurses to onboard, support and train new and existing nurses to improve recruitment and retention.
- Promote active engagement of our physician partners to increase efficiency of care and use of resources and services while patient in our care.

Approvals/Conclusions

- Strive for overall quality outcomes and set goals to continue to improve. We still have opportunities to improve LOS as well as quality goals related to falls with injury and hypoglycemia.
- Leadership remains vigilant, reviewing budget reports and striving for financial strength within each department. This includes monitoring staff pay practices, supply management, and LOS.

- Leadership continues to work through employee engagement opportunities and provide support to frontline care staff. We value the team members and want to ensure they have the best environment to care for their patients.

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - Summary

FY2022 ANNUALIZED

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021

PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
3,164	$16,916,344	$13,211,476	$3,704,868	$1,628,090
▶ 0%	▼ -8%	▼ -4%	▼ -20%	▼ -31%

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

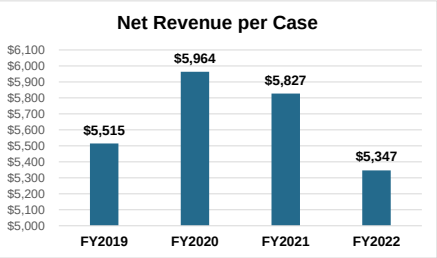
METRICS BY SERVICE LINE - FY 2022 ANNUALIZED

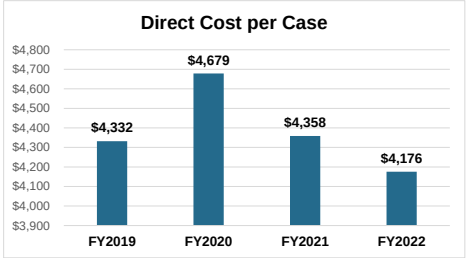
SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME	CONTRB MARGIN PER CASE
Inpatient Oncology	462	$9,133,122	$6,653,582	$2,479,540	$426,550	$5,367
SRCC Radiation Oncology Visalia	2,006	$6,617,826	$5,249,948	$1,367,878	$1,360,930	$682
SRCC Radiation Oncology Hanford	616	$1,081,466	$1,227,536	($146,070)	($146,070)	($237)
Outpatient Kaweah Medical Oncology	80	$83,930	$80,410	$3,520	($13,320)	$44
Oncology Services Total	3,164	$16,916,344	$13,211,476	$3,704,868	$1,628,090	$1,171

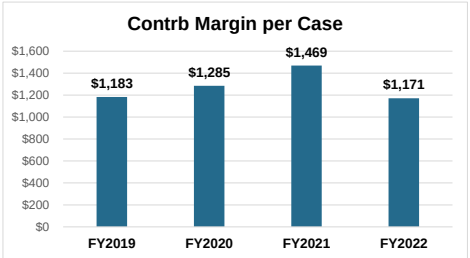
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	3,330	3,384	3,150	3,164	▶ 0%	
Net Revenue	$18,365,043	$20,180,488	$18,356,117	$16,916,344	▼ -8%	
Direct Cost	$14,425,236	$15,832,743	$13,729,068	$13,211,476	▼ -4%	
Contribution Margin	$3,939,807	$4,347,745	$4,627,049	$3,704,868	▼ -20%	
Indirect Cost	$2,440,409	$2,755,709	$2,252,244	$2,076,778	▼ -8%	
Net Income	$1,499,398	$1,592,036	$2,374,805	$1,628,090	▼ -31%	
Net Revenue per Case	$5,515	$5,964	$5,827	$5,347	▼ -8%	
Direct Cost per Case	$4,332	$4,679	$4,358	$4,176	▼ -4%	
Contrb Margin per Case	$1,183	$1,285	$1,469	$1,171	▼ -20%	

GRAPHS







KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - Inpatient Oncology

FY2022 ANNUALIZED

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021

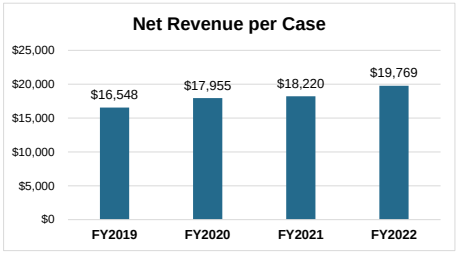
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
462	$9,133,122	$6,653,582	$2,479,540	$426,550
▼ -10%	▼ -3%	▼ -4%	▲ 1%	▲ 62%

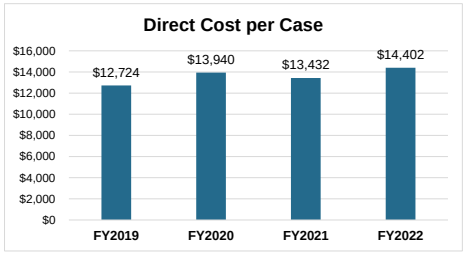
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

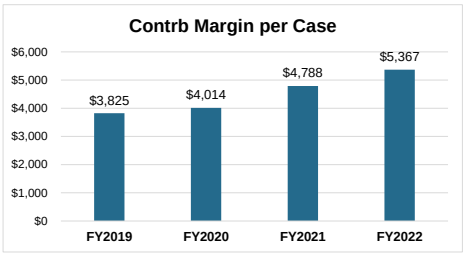
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	593	584	515	462	▼ -10%	
Patient Days	3,812	3,593	2,749	2,722	▼ -1%	
ALOS	6.43	6.15	5.34	5.89	▲ 10%	
GM LOS	4.06	4.09	4.27	4.19	▼ -2%	
Net Revenue	$9,813,098	$10,485,524	$9,383,208	$9,133,122	▼ -3%	
Direct Cost	$7,545,126	$8,141,174	$6,917,289	$6,653,582	▼ -4%	
Contribution Margin	$2,267,972	$2,344,350	$2,465,919	$2,479,540	▲ 1%	
Indirect Cost	$2,391,561	$2,665,007	$2,202,113	$2,052,990	▼ -7%	
Net Income	($123,589)	($320,657)	$263,806	$426,550	▲ 62%	
Net Revenue per Case	$16,548	$17,955	$18,220	$19,769	▲ 9%	
Direct Cost per Case	$12,724	$13,940	$13,432	$14,402	▲ 7%	
Contrb Margin per Case	$3,825	$4,014	$4,788	$5,367	▲ 12%	
Opportunity Days	2.37	2.07	1.07	1.71	▲ 59%	

PER CASE TRENDED GRAPHS



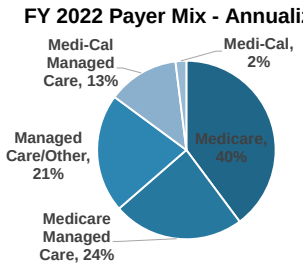




Note: FY2022 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	42%	35%	40%	40%
Medicare Managed Care	11%	16%	19%	24%
Managed Care/Other	22%	21%	19%	21%
Medi-Cal Managed Care	18%	21%	19%	13%
Medi-Cal	6%	5%	3%	2%



Selection criteria is the Inpatient Oncology Medical service line and malignant neoplasms from other service lines.

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - Outpatient Kaweah Medical Oncology

FY2022 ANNUALIZED

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021

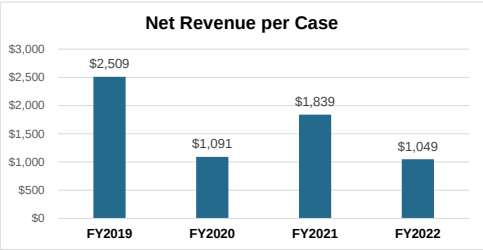
PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
80	$83,930	$80,410	$3,520	($13,320)
▼ -33%	▼ -62%	▼ -61%	▼ -67%	▲ 57%

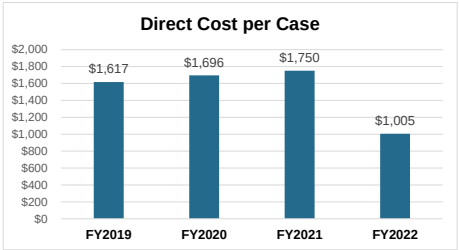
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

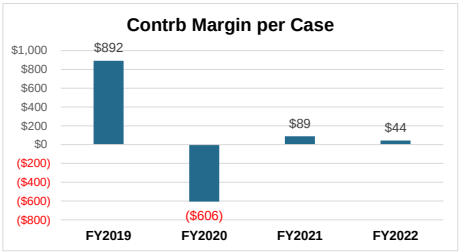
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	135	208	119	80	▼ -33%	
Net Revenue	$338,735	$226,830	$218,861	$83,930	▼ -62%	
Direct Cost	$218,311	$352,811	$208,269	$80,410	▼ -61%	
Contribution Margin	$120,424	($125,981)	$10,592	$3,520	▼ -67%	
Indirect Cost	$30,731	$68,022	$41,353	$16,840	▼ -59%	
Net Income	$89,693	($194,003)	($30,761)	($13,320)	▲ 57%	
Net Revenue per Case	$2,509	$1,091	$1,839	$1,049	▼ -43%	
Direct Cost per Case	$1,617	$1,696	$1,750	$1,005	▼ -43%	
Contrb Margin per Case	$892	($606)	$89	$44	▼ -51%	

PER CASE TRENDED GRAPHS





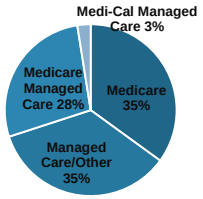


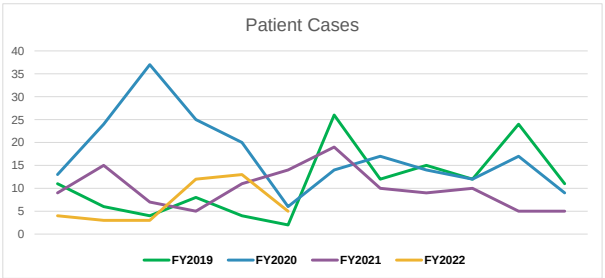
Note: FY2022 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	36%	39%	37%	35%
Managed Care/Other	36%	22%	24%	35%
Medicare Managed Care	16%	17%	18%	28%
Medi-Cal Managed Care	9%	4%	13%	3%

FY 2022 Payer Mix - Annualized





Criteria : **OP Service Line = Kaweah Medical Oncology**

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - SRCC Radiation Oncology Combined

FY2022 ANNUALIZED

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021

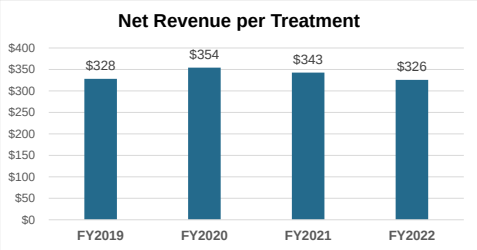
PATIENT TREATMENTS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
23,634	$7,699,292	$6,477,484	$1,221,808	$1,214,860
▼ -7%	▼ -12%	▼ -2%	▼ -43%	▼ -43%

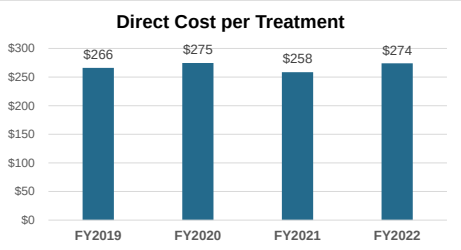
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

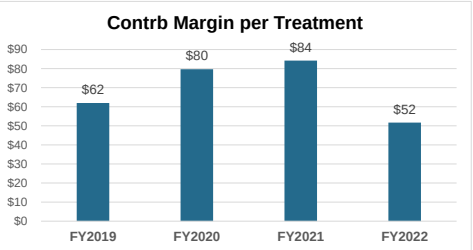
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Treatments	25,031	26,727	25,547	23,634 ▼	-7%	
Net Revenue	$8,213,210	$9,468,134	$8,754,048	$7,699,292 ▼	-12%	
Direct Cost	$6,661,799	$7,338,758	$6,603,510	$6,477,484 ▼	-2%	
Contribution Margin	$1,551,411	$2,129,376	$2,150,538	$1,221,808 ▼	-43%	
Indirect Cost	$18,117	$22,680	$8,778	$6,948 ▼	-21%	
Net Income	$1,533,294	$2,106,696	$2,141,760	$1,214,860 ▼	-43%	
Net Revenue per Treatment	$328	$354	$343	$326 ▼	-5%	
Direct Cost per Treatment	$266	$275	$258	$274 ▲	6%	
Contrb Margin per Treatment	$62	$80	$84	$52 ▼	-39%	

PER CASE TRENDED GRAPHS





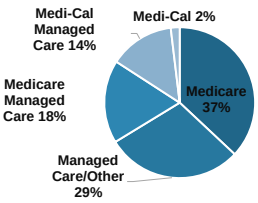


Note: FY2022 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	40%	42%	39%	37%
Managed Care/Other	33%	31%	31%	29%
Medicare Managed Care	10%	13%	15%	18%
Medi-Cal Managed Care	13%	12%	12%	14%
Medi-Cal	2%	2%	2%	2%

FY 2022 Payer Mix - Annualized

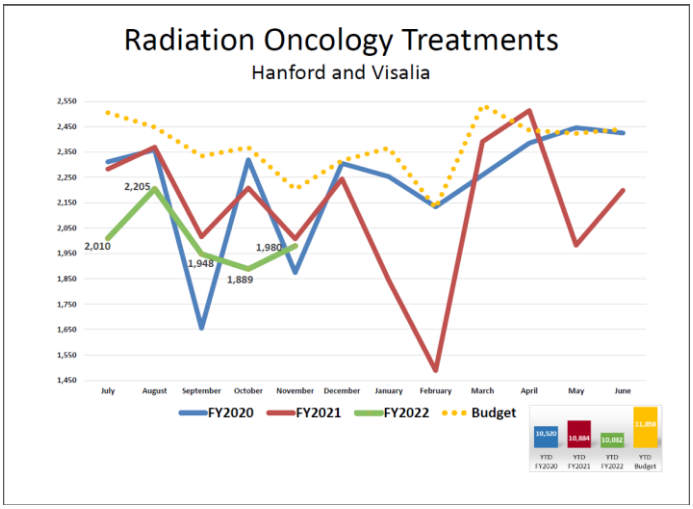


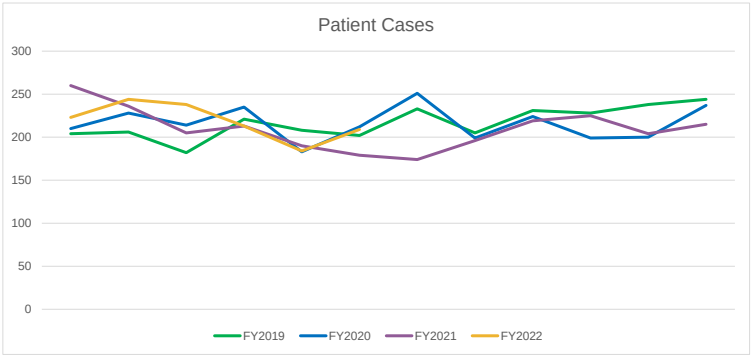
KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - SRCC Radiation Oncology Combined

FY2022 ANNUALIZED

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021





NOTE: SRCC Radiation Oncology expense includes $2 million in lease costs that a typical District department would not have. The revenue related to the lease is shown elsewhere in the District financials.

Criteria: OP encounter with Service Line1= SRCC - Radiation Oncology

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - SRCC Radiation Oncology Visalia

FY2022 ANNUALIZED

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021

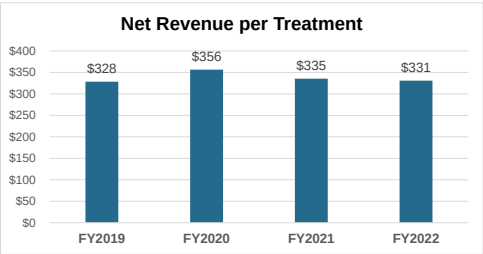
PATIENT TREATMENTS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
20,006	$6,617,826	$5,249,948	$1,367,878	$1,360,930
▼ -6%	▼ -7%	▶ 0%	▼ -26%	▼ -26%

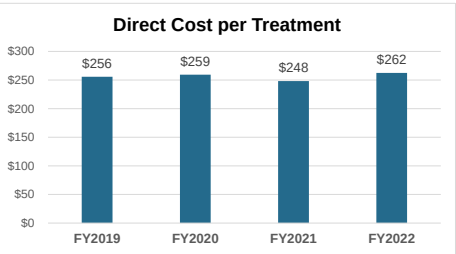
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

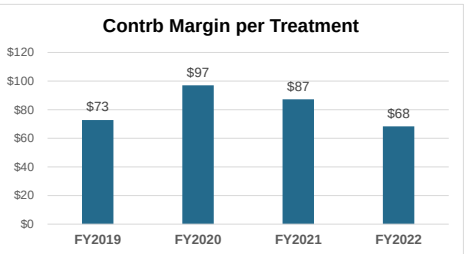
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Treatments	19,655	21,788	21,199	20,006	▼ -6%	
Net Revenue	$6,455,888	$7,766,381	$7,110,293	$6,617,826	▼ -7%	
Direct Cost	$5,025,861	$5,651,982	$5,260,034	$5,249,948	▶ 0%	
Contribution Margin	$1,430,027	$2,114,399	$1,850,259	$1,367,878	▼ -26%	
Indirect Cost	$16,480	$22,192	$8,042	$6,948	▼ -14%	
Net Income	$1,413,547	$2,092,207	$1,842,217	$1,360,930	▼ -26%	
Net Revenue per Treatment	$328	$356	$335	$331	▼ -1%	
Direct Cost per Treatment	$256	$259	$248	$262	▲ 6%	
Contrb Margin per Treatment	$73	$97	$87	$68	▼ -22%	

PER CASE TRENDED GRAPHS



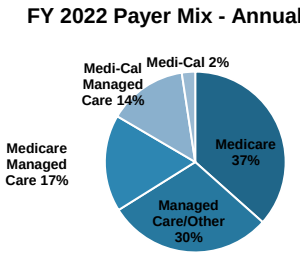




Note: FY2022 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	41%	42%	38%	37%
Managed Care/Other	33%	31%	33%	30%
Medicare Managed Care	10%	12%	15%	17%
Medi-Cal Managed Care	13%	13%	11%	14%
Medi-Cal	2%	2%	3%	2%

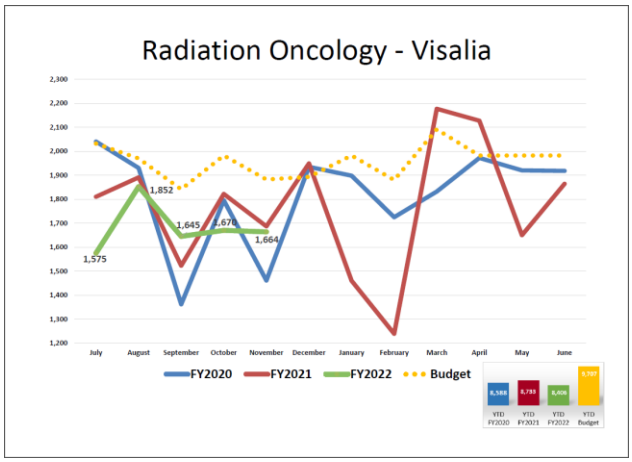


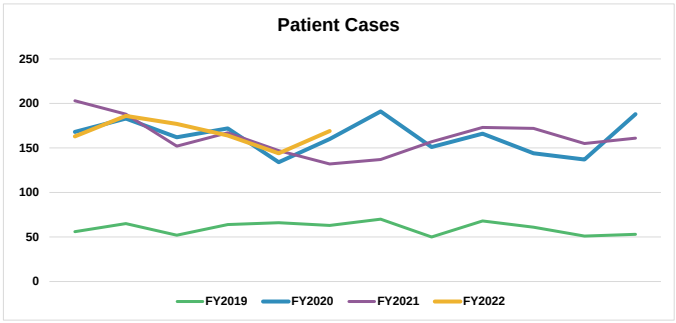
KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - SRCC Radiation Oncology Visalia

FY2022 ANNUALIZED

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021





NOTE: SRCC Radiation Oncology expense includes $2 million in lease costs that a typical District department would not have. The revenue related to the lease is shown elsewhere in the District financials.

Criteria: OP encounter with Service Line1= SRCC - Radiation Oncology and Secondary Service Line = Radiation Oncology Visalia

KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - SRCC Radiation Oncology Hanford

FY2022 ANNUALIZED

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021

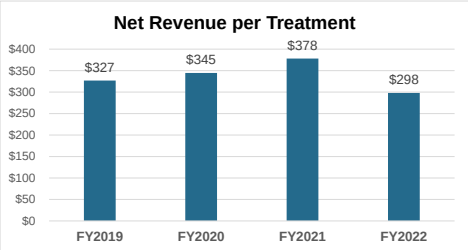
PATIENT TREATMENTS	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
3,628	$1,081,466	$1,227,536	($146,070)	($146,070)
▼ -17%	▼ -34%	▼ -9%	▼ -149%	▼ -149%

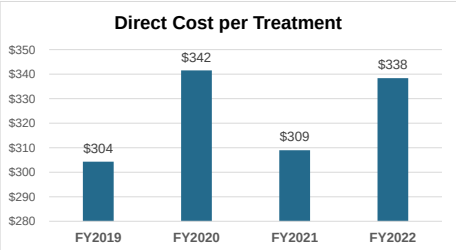
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

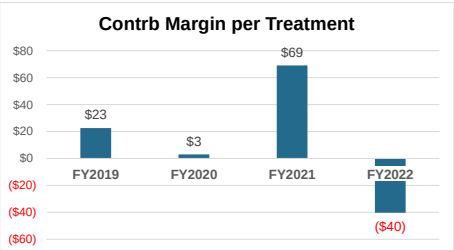
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Treatments	5,376	4,939	4,348	3,628	▼ -17%	
Net Revenue	$1,757,322	$1,701,753	$1,643,755	$1,081,466	▼ -34%	
Direct Cost	$1,635,938	$1,686,776	$1,343,476	$1,227,536	▼ -9%	
Contribution Margin	$121,384	$14,977	$300,279	($146,070)	▼ -149%	
Indirect Cost	$1,637	$488	$736	$0	▼ -100%	
Net Income	$119,747	$14,489	$299,543	($146,070)	▼ -149%	
Net Revenue per Treatment	$327	$345	$378	$298	▼ -21%	
Direct Cost per Treatment	$304	$342	$309	$338	▲ 10%	
Contrb Margin per Treatmer	$23	$3	$69	($40)	▼ -158%	

PER CASE TRENDED GRAPHS



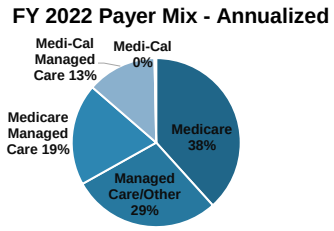




Note: FY2022 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	39%	42%	43%	38%
Managed Care/Other	34%	31%	27%	29%
Medicare Managed Care	11%	16%	13%	19%
Medi-Cal Managed Care	15%	10%	17%	13%
Medi-Cal	2%	2%	1%	0%

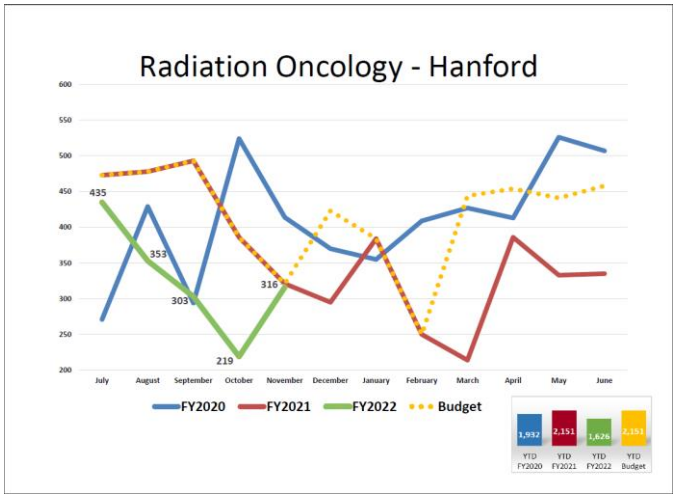


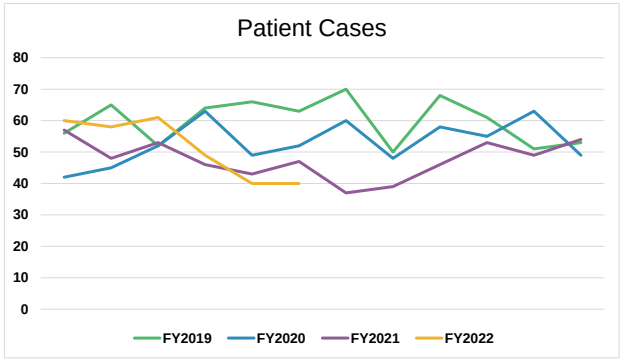
KAWEAH HEALTH ANNUAL BOARD REPORT

Oncology Services - SRCC Radiation Oncology Hanford

FY2022 ANNUALIZED

KEY METRICS - FY 2022 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2021





NOTE: SRCC Radiation Oncology expense includes $2 million in lease costs that a typical District department would not have. The revenue related to the lease is shown elsewhere in the District financials.

Criteria: OP encounter with Service Line1= SRCC - Radiation Oncology and Secondary Service Line = Radiation Oncology Hanford

REPORT TO THE BOARD OF DIRECTORS

SRCC Medical Oncology

Lucile Gibbs, Medical Oncology Projects Director, (559) 624-3257
February 16th, 2021

Summary Issue/Service Considered

SRCC Medical Oncology is a strategic member of the District's oncology service line. The District's oncology service line represents a continuum of shared medical and radiation services and programs provided by physicians, Kaweah Delta Health Care District (KDHCD), Adventist Medical Center – Hanford, and outside agencies through Sequoia Regional Cancer Center (SRCC), KDHCD acute inpatient and hospice outpatient programs, Cancer Registry, Tumor Board, Cancer Committee, and the American Cancer Society (ACS).

Quality/Performance Improvement Data

Medical Oncology: Once again, we have demonstrated our survival of the ongoing impact of the COVID-19 pandemic on medical oncology cancer services. We have faced and endured the persistent challenges in maintaining the same level of care as before the pandemic, including social distancing, staff shortage, and PPE.

We continued to utilize the most current releases of Generation 2 iKnowMed, one of the leading Medical Oncology Electronic Medical Record systems and the GE Centricity Practice Management System. We remain contracted with McKesson for pharmaceuticals and will continue to be a reference site for McKesson utilizing the most recent technology and services that includes Lynx Mobile, Generation 2 iKnowMed, PharmaServ, Clear Value Plus (CVP), and Innovative Practice Services (IPS). We also continue to work diligently toward maximizing all of our pharmaceutical rebate opportunities.

In-Office Dispensing (IOD) specialty pharmacy allows the practice to routinely capitalize on the increased availability of oral oncolytics. We remain focused on maximizing convenience, access, and financial as well as educational support for patients who receive their oral chemotherapy medications from our IOD. By dispensing from our IOD we are able to expedite patient access, reduce out-of-pocket expenses, and provide patients with a timely positive experience.

We are in the process of submitting our 2021 attestation for the Merit-based Incentive Payment System (MIPS), a Quality Reporting program for the Centers for Medicare and Medicaid (CMS), and for 2022 will continue to work with Innovative Practice Services to achieve and report the results of our goals related to Quality, Advancing Care Information, and Improvement Activities.

We continue to use the DicksonOne temperature monitoring system for our medical grade refrigerators that house our pharmaceuticals.

Policy, Strategic or Tactical Issues

We continue to participate as a strategic member in the development of a multidisciplinary approach for medical oncology, radiation oncology, surgery, imaging, and genetic counseling, to provide responsive, orchestrated cancer treatment to patients in the Tulare and Kings Counties.

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

- Differentiate from competitors' medical oncology services available for patients. Focus on customer satisfaction, high quality service and the most advanced technology.
- Continue to support a seamless environment and optimize access for patients and physician.
- Maintain and nurture the "physician to physician" contact that has resulted in increased referrals in Tulare and Kings Counties.
- Improve efficiency of care and patient throughput.
- Continue to refine the patient care coordination, authorization, and financial assistance program function as well as monitor patient satisfaction.

Recommendations/Next Steps

1. Continue KDHCD Tumor Board including community education.
    - Continue to increase referral base in Hanford and surrounding areas.
    - Continue to increase "physician to physician" contact in Hanford.
2. Continue to monitor customer satisfaction.
    - Continue to develop and incorporate "Kaweah Care, Choose Kind" in order to increase patient, physician, and employee satisfaction in all areas of SRCC.
    - Continue to survey patients and families for current satisfaction and identify opportunities for improvement.
    - Continue to survey physicians and employees in order to identify opportunities for improvement.
3. Explore potential relationships with institutions.

Approvals/Conclusions

We will continue to work to address the strategic opportunities available to us and put into practice the various recommendations identified in this report. We will remain focused on providing maximum care for our patients and continue to work toward fully integrating our service line, creating and maintaining a seamless, high quality service and environment for our patients, improving our regional presence, and attaining and preserving a meaningful profit margin.

Kaweah Health
SRCC Joint Venture

FY2019 - FY2022 Annualized

METRICS SUMMARY

	TOTAL					
MEDICAL ONCOLOGY	FY2019	FY2020	FY2021	FY2022 Annualized		%CHANGE FROM PRIOR YR
Management Services Revenue	$31,801,933	32,908,627	$34,625,494	$37,612,718	▲	9%
Management Services Expenses	$31,775,110	32,787,423	$34,784,022	$37,550,537	▲	8%
Net Income*	$26,823	121,205	($158,527)	$62,181	▲	139%
Partner(s) Share - Minority Interest	$14,753	66,663	($87,190)	$34,199	▲	139%
Kaweah Health Net Income	$12,070	$54,542	($71,337)	$27,981	▲	139%

	TOTAL					
RADIATION ONCOLOGY	FY2019	FY2020	FY2021	FY2022 Annualized		%CHANGE FROM PRIOR YR
Management Services Revenue	$8,831,513	10,013,663	$9,268,389	$8,258,232	▼	-11%
Management Services Expenses	$6,969,443	7,268,815	$6,628,973	$6,669,318	▲	1%
Net Income	$1,862,069	2,744,848	$2,639,416	$1,588,915	▼	-40%
Partner(s) Share - Minority Interest	$465,517	686,212	$659,854	$397,229	▼	-40%
Kaweah Health Net Income	$1,396,552	$2,058,636	$1,979,562	$1,191,686	▼	-40%

	TOTAL					
TKC	FY2019	FY2020	FY2021	FY2022 Annualized		%CHANGE FROM PRIOR YR
Lease Revenue	$1,891,412	1,945,488	$1,973,334	$2,058,535	▲	4%
Lease Expenses	$1,038,253	1,008,890	$998,815	$962,865	▼	-4%
Net Income	$853,159	936,598	$974,519	$1,095,670	▲	12%
Partner(s) Share - Minority Interest	$213,290	234,150	$243,630	$273,918	▲	12%
Kaweah Health Net Income	$639,869	$702,449	$730,889	$821,753	▲	12%

	TOTAL					
COMBINED TOTAL	FY2019	FY2020	FY2021	FY2022 Annualized		%CHANGE FROM PRIOR YR
Total Revenue	$42,524,858	$44,867,778	$45,867,217	$47,929,485	▲	4%
Total Expenses	$39,782,807	$41,065,128	$42,411,810	$45,182,720	▲	7%
Net Income	$2,742,051	$3,802,650	$3,455,407	$2,746,766	▼	-21%
Partner(s) Share - Minority Interest	$693,560	$987,024	$816,294	$705,345	▼	-14%
Kaweah Health Net Income	$2,048,491	$2,815,626	$2,639,114	$2,041,419	▼	-23%

***Annual net income for SRCC -MO is guaranteed at $100,000. Loss at fiscal year end is due to timing differences as net income is earned on calendar year basis.**

COMPLIANCE PROGRAM ACTIVITY REPORT – Open Meeting
Ben Cripps, Vice President & Chief Compliance and Risk Officer
November 2021 through January 2022

EDUCATION

Live Presentations

- Compliance and Patient Privacy – New Hire
- Compliance and Patient Privacy – Management Orientation
- Operational Compliance Educational Update – Kaweah Health Medical Group
- Supervisor's Meeting – Kaweah Health Medical Group
- False Claims Act – Kaweah Health Medical Group Supervisors Meeting

Written Communications – Bulletin Board / Area Compliance Experts (ACE) / All Staff

- How to report noncompliance
- Complying with Medicare Signature Requirements

PREVENTION AND DETECTION

- **California Department of Public Health (CDPH) All Facility Letters (AFL)** – Review and distribute AFLs to areas potentially affected by regulatory changes; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk

- **Medicare and Medi-Cal Monthly Bulletins** – Review and distribute bulletins to areas potentially affected by the regulatory change; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk

- **Office of Inspector General (OIG) Monthly Audit Plan Updates** – Review and distribute OIG Audit Plan issues to areas potentially affected by audit issue; department responses reviewed and tracked to identify potential current/future risk

- **California State Senate and Assembly Bill Updates** – Review and distribute legislative updates to areas potentially affected by new or changed bill; department responses reviewed and tracked to address regulatory change and identify potential current/future risk

- **Patient Privacy Walkthrough** – Monthly observations of privacy practices throughout Kaweah Health; issues identified communicated to area Management for follow-up and education

- **User Access Privacy Audits** – Daily monitoring of user access to identify potential privacy violations

- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG Exclusion List review and attestations

- **Medicare PEPPER Report Analysis** – Quarterly review of Medicare Inpatient Rehabilitation, Hospice, Mental Health, and Acute Inpatient PEPPER statistical reports to

identify outlier and/or areas of risk; evaluate with Kaweah Health leadership quarterly at PEPPER Review meeting

- **Centers for Medicare and Medicaid Services (CMS Final Rule)** – Review and distribution of the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), Inpatient Psychiatric Facility (IPF), Inpatient Rehabilitation Facility (IRF), Home Health and Hospice, and Physician Fee Schedule (PFS) policy and payment updates; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk

OVERSIGHT, RESEARCH & CONSULTATION

- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts

- **Medicare Recovery Audit Contractor (RAC) and Medicare Probe Audit Activity** – Records preparation, tracking, appeal timelines, and reporting

- **Licensing Applications** – Forms preparation and submission of licensing application to the California Department of Public Health (CDPH); ongoing communication and follow-up regarding status of pending applications

- **KD Hub Non–Employee User Access** – Oversight and administration of non-employee user onboarding, privacy education, and user profile tracking; evaluate, document, and respond to requests for additional system access; on-going management of non-employee KD Hub users; the annual renewal process with the new Compliance 360 workflow is currently in process

- **Covid-19 Incident Response** – Participation in Section Chief Meetings to advise on regulatory matters and to ensure ongoing compliance; ongoing oversight and review of Covid-19 regulatory review and response

- **Operational Compliance Committee** – Consultation, oversight, and prevention; in July 2020, the Compliance Department created the Operational Compliance Committee comprised of six (6) high-risk departments including Patient Accounting, Health Information Management, Revenue Integrity, Case Management, Patient Access and Clinical Documentation Improvement (CDI) Department, and Kaweah Health Medical Group; meetings are held monthly to discuss regulations, policies, auditing and monitoring, and educational efforts within the departments; Compliance developed and implemented the use of departmental dashboards designed to develop focused goals and measure effectiveness of the program; Kaweah Health Medical Group (KHMG) provided each departmental group specific monthly audit plans to conduct within their area and report their findings back to the Operational Compliance work group for discussion

- **Medicare Conditions of Participation (CoP) with Discharge, Transfer Notifications** – Oversight and consultation; participation in review and assessment of regulatory guidance concerning the current electronic medical record (EMR); new CoP's require hospitals to allow patients to consent to electronic notifications to be sent to the provider of their choice; a work plan was established to satisfy the requirement until the EMR system upgrade can take place; the Compliance Department is monitoring the progress and implementation of the work plan; System testing and go-live was completed on December 7th.

- **Business Associate Agreements** – Oversight; working with Materials Management to transition management of Business Associate Agreements to allow for improved tracking, monitoring, and reporting

- **EMS Article** – Research and consultation; researched the accuracy of EMTALA laws and regulations based on an EMS Article sent to Kaweah Health; the Compliance Department determined the article to be accurate at face value, but confirmed Medicare's acknowledgement for flexibility in the way in which the regulation is interpreted and enforced

- **Mammogram Issue** – Oversight, research, and consultation; Concern was raised that diagnostic mammograms were being conducted without a proper order; regulations were reviewed and concluded that a radiologist may convert an order for a screening to a diagnostic mammogram when findings indicate the need to do so in certain circumstances; information provided to Department and Coding Leadership

- **Psychology Assistants at Rural Health Clinics (RHC)** – Consultation; worked with the Rural Health Clinics to review billing regulations for psychology assistants in the RHC setting; research determined that psychology assistants may not bill in the RHC setting, as they are not one of the four (4) qualified behavioral health providers

- **Newborn Live Birth Reporting** – Research and consultation; worked with Health Information Management (HIM) and Quality Departments to review quality reporting data for newborns; research identified missing accounts; data was corrected and resubmitted

- **Cardiothoracic Surgery Clinic** – Consultation; worked with the Consulting Services team and Clinic Leadership to establish the new Kaweah Health Cardiothoracic Surgery Clinic; Compliance support included the submission of Medicare and Medi-Cal enrollment applications, creation and execution of the Exclusive Provider Agreement, and advisement/counsel on billing regulations

AUDITING AND MONITORING

- **Cardiac Cath Lab Audit –** An external coding review of twenty (20) Cardiac Cath Lab facility fee records was completed to evaluate the accuracy of ICD-10-CM diagnosis codes, CPT procedural codes, and Modifier services; the audit noted a CPT code accuracy rate of 93%; the results of the review have been shared with HIM and Cath Lab Leadership

- **Facility Outpatient Ambulatory Surgery Coding –** An external coding review of twenty-five (25) facility outpatient ambulatory surgery records were completed to evaluate accuracy of ICD-10-CM diagnosis codes, CPT procedure codes, and modifiers; the audit noted a CPT Code accuracy rate of 100%; the results of the review have been shared with HIM and Surgery Leadership

- **Inpatient Rehabilitation Coding Audit** – An external review of five (5) inpatient rehabilitation records were reviewed to evaluate the accuracy of ICD-10-CM diagnoses, etiology assignment, impairment group assignment, and tiered comorbidities; the audit noted a coding accuracy of 99%; the results of the review have been shared with HIM and Rehab Leadership

- **COVID-19 Primary Diagnosis, Secondary Pneumonia Audit –** An external review of fifty (50) inpatient COVID-19 records were completed to evaluate the accuracy of the Diagnosis Related Group (DRG) assignment, ICD-10-CM diagnosis codes, ICD-10- and PCS procedure codes; the audit noted a DRG coding accuracy rate of 100%; the results of the review have been shared with HIM Leadership

- **Modifier 50 Audit –** A review of thirty (30) encounters with multiple service dates was completed to evaluate compliance with Medicare (and coding) billing regulations for Modifier 50 and the PO Modifier; the review noted a 100% accuracy rate for Modifier 50 and a 90% accuracy rate for the PO Modifier; the three (3) errors were reviewed with Patient Accounting Leadership and affected claims were corrected and reprocessed

- **Physician Non-Monetary Compensation –** A review of calendar year 2021 non-monetary physician gifts was completed to evaluate compliance with Annual Federal Limits and Kaweah Delta Policy; the audit noted a 100% compliance rate; the results of the review were shared with Medical Staff Office Leadership

- **Physician Reappointments and Office of Inspector General (OIG) Exclusion List** – A review of thirty (30) randomly selected physician credentialing reappointments were compared to the OIG list of Excluded Individuals and Entities (LEIE) and the System for Award Management; compliance confirmed that none of the physicians included in the sampling population were identified on the LEIE; and thus, not excluded from participation in the Medicare Program

RESOLUTION 2152

WHEREAS, Laura Dill, Clinical Laboratory Scientist, is retiring from duty at Kaweah Delta Health Care District dba Kaweah Health, after 42 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 Laura Dill for 42 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 23rd day of February 2022 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

Kaweah Health
MORE THAN MEDICINE. LIFE.

February 23, 2022

Jeremy M. Dobbins
The Law Office of Jeremy M. Dobbins
1225 E. Divisadero St.
Fresno, CA 93721

RE: Notice of Granting of Application for Leave to Present Late Claim for Kristen Whaley

NOTICE IS HEREBY GIVEN that the Application for Leave to Present Late Claim on Behalf of Claimant Kristen Whaley, dated January 12, 2022, which you presented to Kaweah Health on January 12, 2022, was granted on February 23, 2022.

RE: Notice of Rejection of Claim of Kristen Whaley

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Directors of Kaweah Health on January 12, 2022 was rejected on its merits by the Board of Directors on February 23, 2022

WARNING (Pursuant to Govt. Code §913(b))

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.

Sincerely,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

February 4, 2022

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

Vote Statistics:

Sent to Active Medical Staff Members (405)

Bylaws 8.A

Approve	96.36 %	(106)
Not Approve	3.64%	(4)

Bylaws 12.G

Approve	97.03%	(98)
Not Approve	2.97%	(3)

Bylaws 15.A

Approve	96.19%	(101)
Not Approve	3.81%	(4)

Rules & Regulations 3.1.m

Approve	91.22%	(105)
Not Approve	2.78%	(3)

Rules & Regulations 4.2

Approve	97.27%	(107)
Not Approve	2.73%	(3)

ARTICLE 8
PEER REVIEW PROCEDURES FOR QUESTIONS INVOLVING MEDICAL STAFF MEMBERS

8.A. COLLEGIAL INTERVENTION

(1) This Article encourages the use of progressive steps by Medical Staff Leaders ~~and District management~~, beginning with collegial and educational efforts, to address questions relating to an individual's clinical practice and/or professional conduct. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve questions that have been raised.

(2) Collegial intervention efforts are a part of ongoing and focused professional practice evaluation activities.

(3) Collegial intervention efforts involve reviewing and following up on questions raised about the clinical practice and/or conduct of Medical Staff members and pursuing counseling, education, and related steps, such as the following:

(a) advising colleagues of all applicable policies, such as policies regarding appropriate behavior, communication issues, emergency call obligations, and the timely and adequate completion of medical records; and

(b) sharing comparative quality, utilization, and other relevant information, including any variations from clinical protocols or guidelines, in order to assist individuals to conform their practices to appropriate norms.

(4) A log of collegial intervention efforts shall be maintained. In addition, if the relevant Medical Staff Leader(s) determines that it is necessary to formally document a collegial intervention effort, such documentation shall be maintained in a confidential file. The individual shall have an opportunity to review any such documentation that is prepared and to respond in writing. The response shall be maintained in that individual's file along with the original documentation.

(5) Collegial intervention efforts are encouraged, but are not mandatory, and shall be within the discretion of the appropriate Medical Staff Leaders ~~and District management~~.

RATIONALE: Collegial interventions fall into the Medical Staff's role in oversight, counseling, and informal corrective action of members.

ARTICLE 15
CONFIDENTIALITY AND PEER REVIEW PROTECTION

15.A. CONFIDENTIALITY

Actions taken and recommendations made pursuant to these Bylaws shall be strictly confidential. Individuals participating in, or subject to, credentialing and professional practice evaluation activities shall make no disclosures of any such information (discussions or documentation) outside of committee meetings, except:

(1) when the disclosures are to a ~~nother authorized~~ member of the Medical Staff for the purpose of researching, investigating, conducting duly authorized credentialing and professional practice evaluation activities, or implementing directions from a Medical Staff committee;

~~(1)~~(2) when the disclosures are to ~~or authorized~~ a District employee who is authorized by the Medical Staff~~,~~ by way of the Medical Staff Bylaws, Rules, and/or policies to access confidential peer review information and ~~;~~ who has agreed not to further disclosure ~~maintain the confidentiality of~~ such information~~; and are for the purpose of researching, investigating, or otherwise conducting duly authorized credentialing and professional practice evaluation activities~~; or

~~(2)~~(3) when the disclosures are authorized by a Medical Staff or District policy that has been approved by the MEC.

Any breach of confidentiality shall be reviewed by the MEC and may result in a professional review action and/or appropriate legal action. Such breaches are unauthorized and do not waive the peer review privilege. Any member of the Medical Staff who becomes aware of a breach of confidentiality must immediately inform the CEO or the Chief of Staff (or the Vice Chief of Staff if the Chief of Staff is the person committing the claimed breach).

Rationale: Provide clarification as to the conditions under which Medical Staff and District personnel are authorized to receive confidential peer review information.

12.G. BEHAVIOR COMMITTEE

12.G.1 Composition:

The Behavior Committee shall consist of the officers of the Medical Staff. The Chief of Staff shall serve as chair.

12.G.2 Duties:

The Behavior Committee shall:

(a) Receive, evaluate, and Track & Trend Medical Staff behavior events.

(b) Triage events and recommend actions as outlined in MS 47 Code of Conduct policy.

Rationale: *The Behavior Committee is currently referenced in the Code of Conduct policy.*

(m) Co-Signature and Co-Documentation Requirements:

(1) Resident physicians ~~, intern physicians, and physician assistants~~ require the following documents co-signed and co-documented by a supervising attending physician within the documentation time requirements:

(i) history and physicals: within 24 hours of admission;

(ii) discharge summaries: within five days of discharge; and

(iii) anesthesia/operative/procedure reports: within 24 hours of procedure.

Resident physicians ~~The aforementioned practitioners~~ are required to document the name of the supervising attending physician in each document.

(2) Co-documentation consists of an addendum to the original document showing involvement and participation in the management of the patient. Example: "I was present with the resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note. (*add customized statement regarding the care of the patient*)."

RATIONALE:

a) Intern is not a term used at Kaweah Health.
b) The supervision requirements for physician assistants under California law has changed and the law no longer requires the supervising physician to co-sign all documentation. The requirements for "adequate supervision" must be set forth in a written physician assistant practice agreement, which can include, but are not required to include, a requirement that the supervising physician countersign of all medical records completed by the physician assistant.

4.2. Verbal Orders:

(a) A verbal order (via telephone or in person) for medication, biological, or treatment will be accepted only under circumstances when it is impractical for such order to be entered by the ordering practitioner or if a delay in accepting the order could adversely affect patient care. Examples of situations where it is appropriate to give a verbal order include when the ordering practitioner is scrubbed in a sterile procedure, is engaged in a code situation, or is operating a motor vehicle. Verbal orders should not be accepted for routine orders or for antineoplastic (chemotherapy) agents.

(b) All verbal orders will include the date and time of entry into the medical record, identify the names of the individuals who gave, received, and implemented the order, and then be authenticated with date and time by the ordering practitioner or another practitioner who is responsible for the care of the patient, as authorized by District policy and state law.

(c) Authentication of medication orders will take place by the ordering practitioner within 48 hours after the order was given. Non-medication orders will be authenticated within 5 days of patient discharge for the acute care hospital and within 30 days of discharge from long-term care.

(d) For verbal orders, the complete order will be verified by having the person receiving the information record and "read-back" the complete order.

(e) Verbal orders may be received and recorded by the following, within the scope of his or her practice and licensure: registered nurses, licensed vocational nurses, pharmacists, occupational therapists, speech therapists, respiratory therapists, physical therapists, registered technologists and trained clinical dieticians.

(f) Verbal orders in a skilled nursing unit may only be given to licensed nurses, pharmacists, physician assistants (from his or her supervising physician only), and certified respiratory therapists when the orders relate specifically to respiratory care. Such orders shall be recorded immediately in the patient's medical record by the person receiving the order and will include the date and time of the order. ~~Authentication will take place by the ordering practitioner within five days.~~

Rationale: Joint commission requires verbal and telephone orders for MEDICATIONS be authenticated within 48 hours. Our rules and regulations require ALL verbal and telephone orders to be authenticated in the acute care hospital within 48 hours, and ALL orders in long-term care to be authenticated within 5 days.
The HIM committee recommends we change the rules and regulations to reflect the joint commission standard.

Privileges in Anesthesiology

Name: _____ Date: _____

Please Print

ANESTHESIA PRIVILEGE CRITERIA

Initial Criteria: Successfully completed a post-graduate residency program in Anesthesiology approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA); **AND** Documentation of provision of inpatient care to at least 250 anesthesia patients over the past 24 months; **AND** current certification or active participation in the examination process leading to certification in Anesthesiology by the ABA or the AOBA or active participation in the examination process leading to certification in 5 years. Active enrollment in Maintenance of Certification in Anesthesiology (not required for those with lifetime certification)

Certification: ACLS

ADULT AND ADOLESCENT CORE PRIVILEGES

Request	Procedure	Renewal Criteria	FPPE	Approve
☐	• Performance of H&P; • Assessment of, consultation (may include telehealth), and preparation of patients for anesthesia; Clinical management of cardiac & pulmonary resuscitation; • Evaluation of respiratory function and application of respiratory therapy; • Monitoring and maintenance of normal physiology during the perioperative period; • Relief and prevention of pain during and following surgical, obstetrical, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, and regional anesthesia • Diagnosis and treatment of acute, chronic, and cancer-related pain • Image-guided procedures; Management of critically ill patients; • Treatment of patients for pain management (excluding chronic pain management) • Anesthetic management of patients for cardiac pacemaker and automatic implantable cardiac defibrillator placement, surgical treatment of cardiac arrhythmias, cardiac catheterization, and cardiac electrophysiological diagnostic/therapeutic procedures	Minimum of 250 cases required in the past two years AND Maintain current certification or active participation in the examination process leading to certification in Anesthesiology by the ABA or the AOBA	6 retrospective or concurrent reviews with a Minimum of one direct observation	☐

ADULT CARDIOTHORACIC CORE PRIVILEGES

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	• Performance of H&P (may include telehealth) • Anesthetic management for patients undergoing minimally invasive cardiac surgery for congenital/Non-congenital cardiac procedures including off pump procedures • Anesthetic management of patients undergoing surgery on the ascending or descending thoracic aorta requiring full cardiopulmonary bypass (CPV), left heart bypass, and/or deep hypothermic circulatory arrest • Anesthetic management of patients undergoing non cardiac thoracic surgery; Image-guided procedures • Management of intra-aortic balloon counter pulsation • Management of nonsurgical cardiothoracic patients • Management of cardiothoracic surgical patients in a critical care (ICU) setting; **Swan Ganz Catheter**; Transesophageal echocardiography (TEE) • Anesthetic Management for insertion of Ventricular Assist Devices	Initial Core Criteria **AND** Completion of Cardiac Anesthesia fellowship preferred. Documentation of a minimum of 24 months of clinical experience dedicated to the perioperative care of surgical patients with cardiovascular disease; **AND** Board Certification in Perioperative Echocardiography within 2 years of Medical Staff appointment. **AND** a minimum of 50 open heart surgeries in the past two years AND 50 TEE Procedures in the past 2 years	Minimum 50 open heart cases required in the past two years; **AND** Maintenance of Perioperative Echocardiography Board Certification ~~up to age 65~~ AND 50 TEE Procedures in the past 2 years AND Maintenance of ACLS	6 retrospective or concurrent reviews with a Minimum of one direct observation	☐

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OBSTETRIC CORE PRIVILEGES

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	• Performance of H&P; Consultation (may include telehealth) and management for pregnant patients requiring non-obstetric surgery • General anesthesia for cesarean deliver; Image-guided procedures • All types of neuraxial analgesia (including epidural, spinal and combined spinal) and different methods of maintaining analgesia such as bolus, continuous infusion, and patient-controlled epidural analgesia • Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation, and uterine curettage, as	Initial Core Criteria **AND** a minimum of 3 labor epidurals **AND** 3 spinals in the past two years	Minimum of 15 cases required in the past two years.	Minimum of 3 labor epidurals **AND** 3 spinals with direct observation	☐

	well as postpartum tubal ligation, cervical cerclage, and assisted reproductive endocrinology interventions • Interpretation of antepartum and intrapartum fetal surveillance tests				

PEDIATRIC CORE PRIVILEGES

- Performance of H&P; Consultation (may include telehealth) for medical and surgical patients; Interpretation of laboratory results
- Management of normal perioperative fluid therapy and massive fluid and/or blood loss
- Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions, including neonatal surgical emergencies, and congenital disorders
- Image-guided procedures
- Management of normal and abnormal airways

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	Pediatric Core Privileges for patients under 5 years of age	Initial Core Criteria **AND** Pediatric subspecialty training or equivalent experience ; **AND** PALS certification **AND** at least 10 pediatric procedures in the last 24 month	Minimum of 10 pediatric cases required in the past two years **AND** Maintenance of PALS certification	2 retrospective or concurrent reviews with a minimum of one direct observation	☐
☐	Pediatric Core Privileges for patients 5 years and older	Initial Core Criteria **AND** PALS certification **AND** at least 10 pediatric procedures in the last 24 month	Minimum of 5 pediatric cases required in the past two years **AND** Maintenance of PALS certification	2 retrospective or concurrent reviews with a minimum of one direct observation	☐

ADDITIONAL PRIVILEGES

	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
☐	Supervision of a technologist using fluoroscopy equipment	Current and valid Fluoroscopy supervisor and Operator Permit or a Radiology Supervisor and Operator Permit	Maintenance of Fluoroscopy Permit	None	☐
☐	Trans Thoracic Echo Cardiography (TTE)	1) Completion of an ACGME or AOA approved residency training program that included training specific to TTE; ***OR*** 2) Documentation of completion of a training course specific to point of care ultrasound that includes TTE. *(Module must be a minimum of 8 hours and include the physics of ultrasound and hands on-training.)* **AND** Documentation of a minimum of 20 TTEs **IF** training completed **prior to** the last 24 months	Minimum of 10 procedures in the past 24 months	3 direct observation **AND** 5 over-reads	☐
☐	Trans Esophageal Echo Cardiography (TEE)	1) Completion of an ACGME or AOA approved residency training program that included training specific to TEE; ***OR*** 2) Documentation of completion of a training course specific to point of care ultrasound that includes TEE. *(Module must be a minimum of 50 hours and include the physics of ultrasound and hands on-training.)* **AND** Documentation of a minimum of 50 TEEs **IF** training completed **prior to** the last 24 months	Minimum of 50 procedures in the past 24 months	5 direct observation **AND** 5 over-reads	☐
☐	Swan Ganz Catheters	1) Completion of an ACGME or AOA approved residency training program that included training specific to SGC. Document of a minimum of 12 SGC placements if training completed prior to the last 24 months; ***OR*** 2) Documentation of successful placement of 6 SGCs by direct concurrent observation of a member of the Medical Staff with SGC privileges.	Minimum of 6 procedures in the past 24 months	A minimum of 1 direct observation	☐
☐	Outpatient Services at a Kaweah Health Clinic identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: **__Dinuba __Exeter __Lindsay __Tulare __Woodlake __SHWC – Willow __Chronic Disease Management Center __Sequoia Cardiology Clinic**	Initial Core Criteria **AND** Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	None	☐

Acknowledgment of Practitioner:

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

(a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) I may participate in the Kaweah Health Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.

(c) **Emergency Privileges –** In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Name: _____
Print

Signature: _____ _____
Applicant *Date*

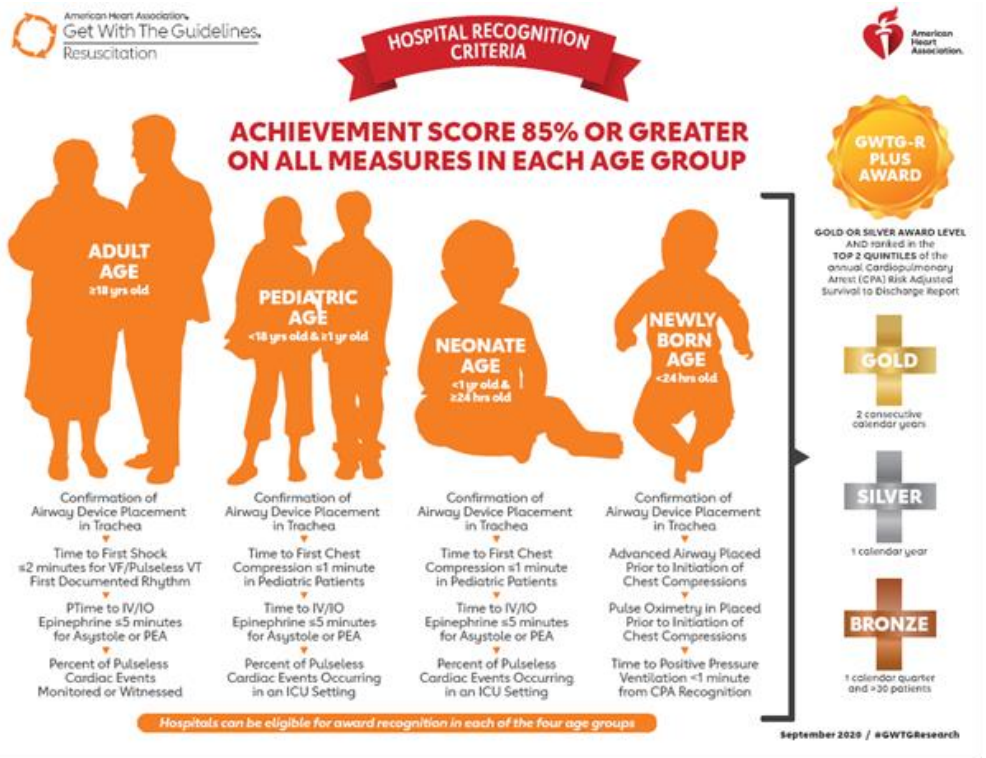
Signature: _____ _____
Department of Anesthesia Chair *Date*

RRT/Code Blue ProStaff Report Q3 2021

Shannon Cauthen and Stacey Cajimat

GWTG Resuscitation Criteria

- The RRT/Code Blue Committee has joined Get with the Guidelines (GWTG) Resuscitation, AHA's National Registry, to have access to national and state benchmarks for code blue and RRT measures.
- This information has been used to create a new RRT and Resuscitation Scorecard.
- The RRT/Code Blue Quality Focus Team (QFT) has begun measuring GWTG hospital recognition criteria benchmarks. These benchmarks will improve the quality of our codes and qualify us for awards.
    1. Confirmation of airway device placement
    2. Time to first shock (defibrillation)
    3. Time to intravenous (IV) epinephrine
    4. Percent of pulseless events monitored or witnessed



RRT and Resuscitation Quality

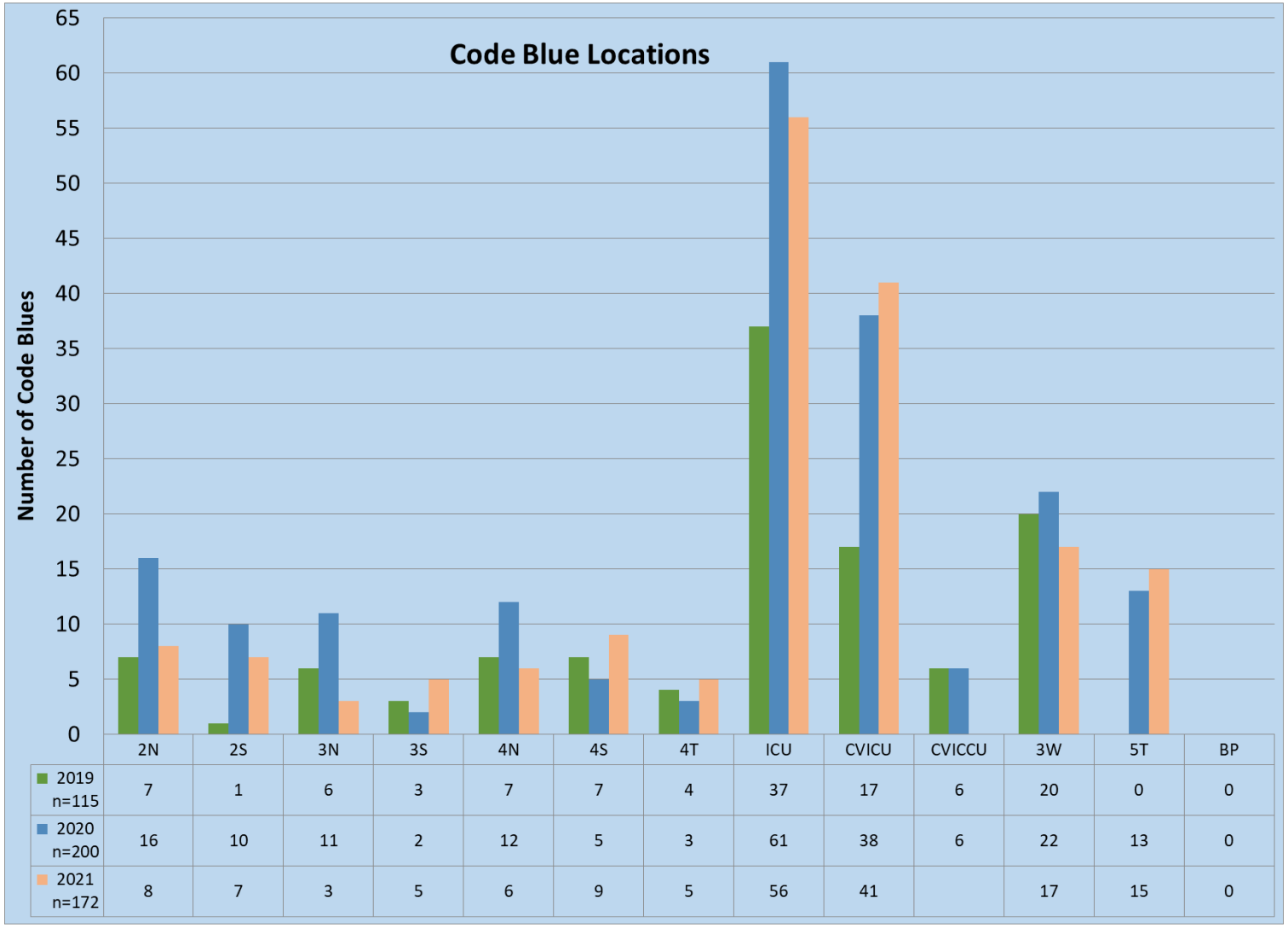
RRT and Resuscitation - Quality Scorecard

Measure Description	California Hospitals External Benchmark	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Mean YTD 2021
Code Blue Data											
Total Code Blues		27	30	17	15	12	10	16	15	30	19
Total COVID-19 Positive Code Blues		17	14	0	0	0	0	1	9	13	6
Code Blues per 1000 Discharges Med Surg		8	8	5	8	7	1	5	5	6	6
Code Blues per 1000 Discharges Critical Care		12	17	7	4	2	7	7	7	17	9
Percent of Codes in Critical Care	72% (↑ is better)	59%	50%	59%	33%	25%	90%	56%	60%	73%	56%
Code Blue: Survival to Discharge	23% (↑ is better)	11%	7%	18%	27%	25%	40%	25%	0%	7%	18%
Deaths from Cardiac Arrest		24	15	5	8	5	2	6	6	10	9
Overall Hospital Mortality per 1000 Patients		7.629	5.661	3.29	3.132	2.778	1.897	2.539	3.323	5.279	3.95
RRT Data											
RRTs per 1000 patient discharge days		131	129	109	101	117	75	82	106	145	111
RRT mortality percentage	22% (↓ is better)	40% n-70	31% n-47	20% n-22	23% n-23	15% n-18	16% n-16	20% n-22	27% n-36	33% n-61	25%
RRTs within 24 hours of Admit from ED (percentage)	15% (↓ is better)	20% n-30	16% n-26	29% n-29	28% n-28	27% n-32	29% n-30	28% n-31	16% n-22	18% n-33	23%

Green	Better than Target
Yellow	Within 10% of Target
Red	Does not meet Target

Kaweah Health

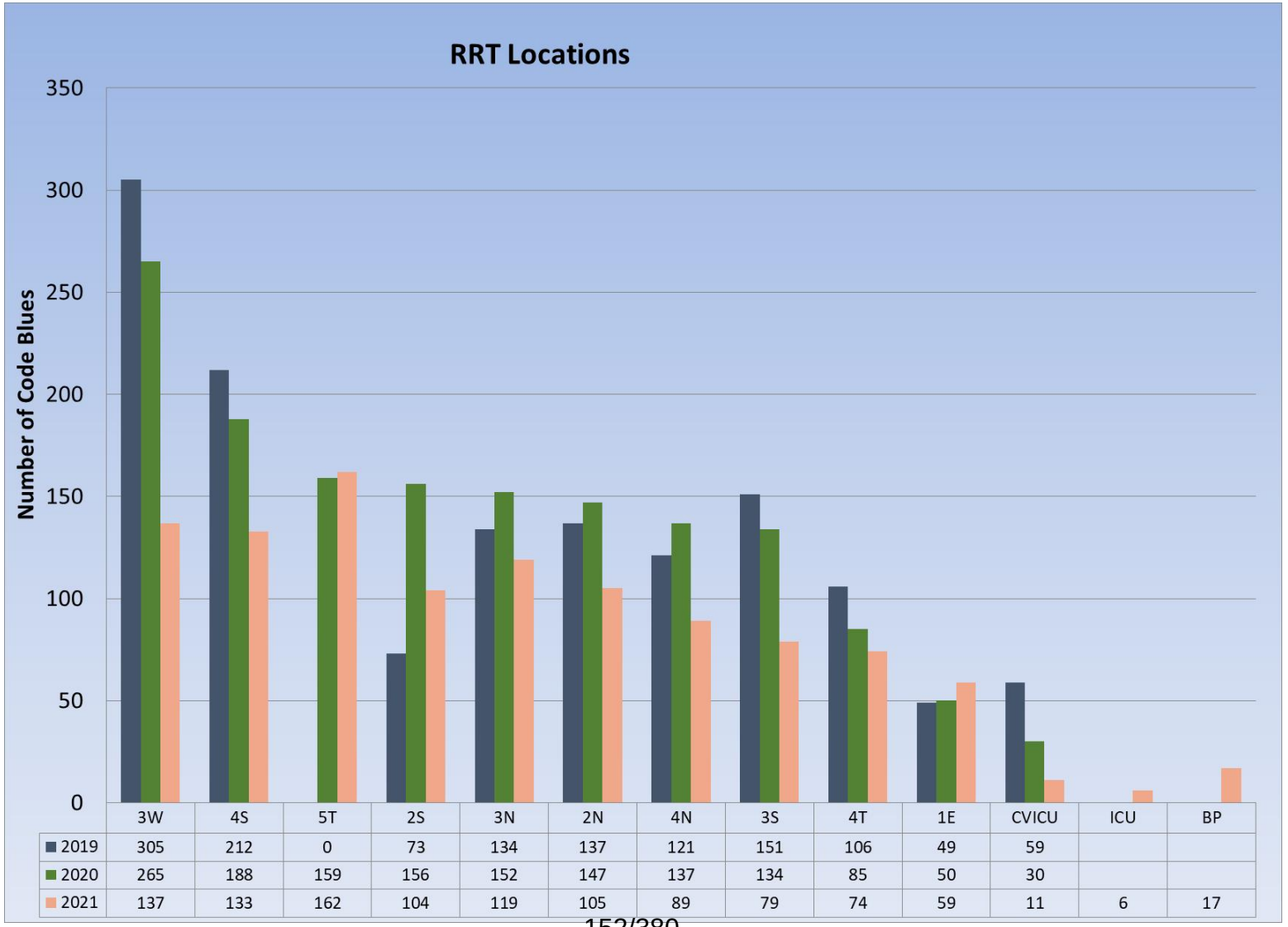
Code Blues by Location



	2N	2S	3N	3S	4N	4S	4T	ICU	CVICU	CVICCU	3W	5T	BP
2019 n=115	7	1	6	3	7	7	4	37	17	6	20	0	0
2020 n=200	16	10	11	2	12	5	3	61	38	6	22	13	0
2021 n=172	8	7	3	5	6	9	5	56	41		17	15	0

Kaweah Health

RRTs by Location



	3W	4S	5T	2S	3N	2N	4N	3S	4T	1E	CVICU	ICU	BP
2019	305	212	0	73	134	137	121	151	106	49	59		
2020	265	188	159	156	152	147	137	134	85	50	30		
2021	137	133	162	104	119	105	89	79	74	59	11	6	17

GWTG Recognition Measures

Get With the Guideline Recognition Measures (GWTG) include:

1. Time to Intravenous/ Intraosseus (IV/IO) epinephrine; target <5 minutes for asystole or Pulseless Electrical Activity (PEA) (higher is better).

    Goal: 85% compliance.
    Quarter 3 2021= 97.9%
    Cumulative CY 2021= 99.4%

2. Confirmation of airway device placement in trachea (higher is better).

    Goal: 85% compliance.
    Quarter 3 2021=95.2%
    Cumulative CY= 96.6%

3. Time to first shock; target<2 mins for Ventricular Fibrillation (Vfib) or Ventricular Tachycardia (VT) first documented rhythm (higher is better).

    Goal: 85% compliance.
    Quarter 3 2021= 85.7%
    Cumulative CY 2021= 79.2%

4. Percent Pulseless Cardiac events are monitored or witnessed (higher is better).

    Goal: 85% compliance.
    Quarter 3 2021= 64.4%
    Cumulative CY= 71.9%

**Analysis in following slides*

GWTG Analysis and Next Steps

Of the four GWTG benchmarks, we are performing well above goal in two of them; time to first IV/IO epinephrine and confirmation of airway device placement in the trachea. We are underperforming in the other two; time to first shock and percent pulseless cardiac events monitored or witnessed.

1. Time to first IV/IO epinephrine.
   -Continue efforts to maintain and secure IV/IO access for medication administration
   -Continue to correctly identify rhythm and treat with IV/IO epinephrine as indicated

2. Confirmation of airway device placement in the trachea
   -Continue to encourage use of video laryngoscope for endotracheal intubations
   -Continue to verify placement with carbon dioxide (CO_2) detector and document it on the Code Blue Record

3. Time to first shock
   -Increase bedside staff comfort with first shock/defibrillation by:
      -Enhance discussions/education around use of defibrillator
      -Training-up sessions with RRT staff to learn resuscitation equipment
      -Mock Code Blues

4. Percent of pulseless cardiac events that are monitored or witnessed
   -Identified and implemented a process for attaching rhythm strip to patient's Code Blue Record
   -Update Code Blue documentation form to include additional data points to capture witnessed event evidence

GWTG Analysis

Analysis

- Observed a direct correlation in number of COVID patients and increased volume of code blues, RRTs, and mortality which affected our code blue to survival to discharge metrics.
  - In the first 3 quarters of CY 2021, we had a total of 1,324 COVID Inpatients
    - 54 of those inpatients had a code blue and a total of 240 of the 1,324 expired for a COVID inpatient mortality rate of 18%. All of CY 2020 had a 17% COVID Inpatient mortality- with 3 months of data to be analyzed remaining in CY 2021, our mortality rate is already higher than in CY 2020.

- GWTG introduced October of 2020; energy was focused on caring for patients and pulling all resources back to the bedside. Settling into our new “normal” and we are now comfortable with the data collection elements and are working to improve processes that will yield better patient outcomes.

- Identified opportunities for improvement in two of the four metrics. Will implement the actions to improve compliance in those two metrics while also maintaining compliance to the two high-performing benchmarks.

Kaweah Health

Action Steps Progress

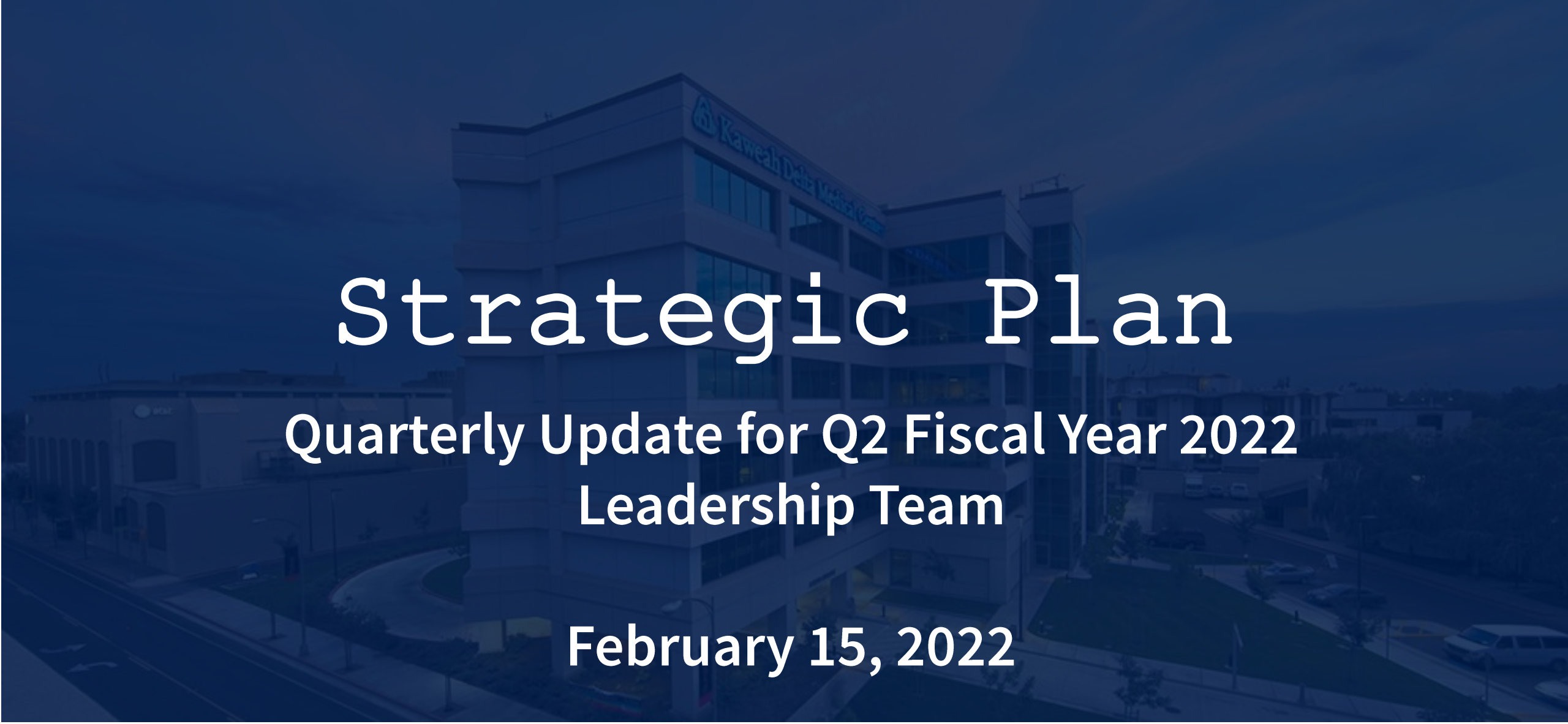
- Recruit and fill Medical Director Position- Dr. Tang left in December. In-progress
- Revise code blue form to easily capture all code blue process elements to meet GWTG standards. Point person-Abel Madrid. In-progress
- Review of Redivus Code Blue App for consistent documentation and data collection. Point person- Evan Schmidt. In-progress
- Teach nursing staff to use AED "Analyze" function in code blues. Point person-Shannon Cauthen. In-progress
- Teach TCAR (Trauma Care After Resuscitation) and CALS (Cardiac Surgery Advanced Life Support) to RRT members. In-progress
- RRT partnerships: RRT nurses paired up with floors to attend staff meetings, provide education and team build. Point Person- Nancy Murphy and Rosalinda Fernandez. In-progress.
- Formalization of non-licensed staff and family activated RRT process. On-hold.
- Re-instate hi-fidelity mock in-situ code blues. Point Person- Shannon Cauthen. On-hold.
- Routine conduction of post-event debriefing; collecting data and trending themes for educational opportunities. Complete.
- Educate House Supervisors on how to complete code blue forms (help with data collection and identifying opportunities for improvement). Complete
- Formalization of role definition of each team member of the code team using the developed assignment sheet. Complete.
- Implemented quarterly Taco 'Bout Training Up Sessions (TBTU). Dates scheduled for all of 2022. Complete.

- Barriers to Success:
  - Unable to fill Medical Director Position
  - Collecting data is very time-consuming and labor intensive (takes about 1 hour to abstract data on one code blue). Desire to have more up to date data but resources are limited.
    - Quality Focus Team is meeting quarterly instead of monthly.

Live with passion.

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

Kaweah Health



Strategic Plan

Quarterly Update for Q2 Fiscal Year 2022
Leadership Team

February 15, 2022

Kaweah Health Strategic Plan Framework 2022-2024

Our Mission
(*The reason we exist*)

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

Our Vision
(*What we aspire to be*)

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

Our Pillars

Achieve ***outstanding community health***

Deliver ***excellent service***

Provide an ***ideal work environment***

Empower through ***education***

Maintain ***financial strength***

Strategic Initiative	Strategies/ Tactics	Metrics

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

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

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

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

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

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

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Strategic Initiative	Strategies/ Tactics	Metrics

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

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

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

Strategic Plan

Quarterly Update for Q2 Fiscal Year 2022
Presentation to the Board of Directors

February 23, 2022

FY22 Quarter 2 Empower Through Education

Empower Through Education Metrics Performance

Increase CME Offerings and Educational Programs	Goal	Baseline	Oct-21	Nov-21	Dec-21	Comments
Gage current state of Lippincott system and ensure application is being utilized to its fullest	Finish buildout of Lippincott System	N/A	In Progress	In Progress	In Progress	
Improve the Resiliency of the Kaweah Health Team	**Goal**	**Baseline**	**Oct-21**	**Nov-21**	**Dec-21**	**Comments**
Deploy Schwartz Rounds in the organization	Research and plan for the deployment of Schwartz Rounds	N/A	In Progress	In Progress	In Progress	
Increase and Improve Leadership Education	**Goal**	**Baseline**	**Oct-21**	**Nov-21**	**Dec-21**	**Comments**
EE - I respect my manager	4.47	4.47 (90th Percentile)	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - My director treats me with respect	4.55	4.18	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - My manager is a good communicator	4.18	4.12	In Progress	In Progress	In Progress	Pulse survey end of FY
EE - My director is a good communicator	4.05	3.99	In Progress	In Progress	In Progress	Pulse survey end of FY
Increase Internal Promotions/Retention of Leaders	**Goal**	**Baseline**	**Oct-21**	**Nov-21**	**Dec-21**	**Comments**
EE - This organization provides career development opportunities	3.76	3.70	In Progress	In Progress	In Progress	Pulse survey end of FY
Increase internal promotions and retention	77% Promotions 85% Retention	75% Promotions 82% Retention	In Progress	In Progress	**90% Promotions** **100% Retention**	34 leadership hires since 7/1/21 - 31 internal *Better than target as of 2/1/22*
Increase Nursing Cohort Seats	**Goal**	**Baseline**	**Oct-21**	**Nov-21**	**Dec-21**	**Comments**
Increase nursing cohort seats	+52 Seats	0 Seats	In Progress	In Progress	In Progress	
Implementation of Rural Track Training Programs	**Goal**	**Baseline**	**Oct-21**	**Nov-21**	**Dec-21**	**Comments**
Implement Child Adolescent Program	Implementation	N/A	Complete	Complete	Complete	**Complete**
Expand Volunteer Programs	**Goal**	**Baseline**	**Oct-21**	**Nov-21**	**Dec-21**	**Comments**
Increase the number of volunteers at Kaweah Health	Student +200 Guild/Adult +150	N/A	In Progress	In Progress	In Progress	
Drug Diversion	**Goal**	**Baseline**	**Oct-21**	**Nov-21**	**Dec-21**	**Comments**
100% drug diversion education compliance	100%	97.42%	N/A	N/A	97.42%	

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

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

Problem / Goals & Objectives

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

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

Critical Issues / Deliverables

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

Deliverables
- N/A

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

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

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

Accomplishments / Next Steps

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

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

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

Problem / Goals & Objectives

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

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

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

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

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

Critical Issues / Deliverables

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

Deliverables:
- N/A

Accomplishments / Next Steps

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

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

Increase and Improve Leadership Education
Champions: Dianne Cox

Problem / Goals & Objectives

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

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

Critical Issues / Deliverables

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

Deliverables:
- N/A

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

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

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

Accomplishments / Next Steps

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

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

Increase Internal Promotions/Retention of Leaders
Champions: Dianne Cox

Problem / Goals & Objectives

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

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

Plan

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

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

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- N/A

Deliverables:

- N/A

Accomplishments / Next Steps

Accomplishments:

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

Next Steps:

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

Increase Nursing Cohorts Seats
Champions – Dianne Cox

Problem / Goals & Objectives

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

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

Plan

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

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- N/A

Deliverables:

- N/A

Accomplishments / Next Steps

Accomplishments:

- ATLS classes now being offered to non-Kaweah clinicians

Next Steps:

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

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

Problem / Goals & Objectives

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

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- N/A

Deliverables:

- N/A

Plan

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

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

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

Accomplishments / Next Steps

Accomplishments:

- Child adolescent program has been launched

Next Steps:

Expand Volunteer Programs
Champions: Kent Mishler

Problem / Goals & Objectives

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

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- COVID

Deliverables:

- N/A

Plan

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

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

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

Accomplishments / Next Steps

Accomplishments:

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

Next Steps:

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

Drug Diversion Education Champions: Clinical Education

Problem / Goals & Objectives

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

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

Critical Issues / Deliverables

Critical Issues (ie. Barriers):

- N/A

Deliverables:

- N/A

Plan

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

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

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

Accomplishments / Next Steps

Accomplishments:

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

Next Steps:

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

Live with passion.

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

Kaweah Health

Physician Recruitment Plan
Fiscal Years 2022 & 2023

As supported by the Provider Needs Assessment conducted by Sg2 in 2020, below is a list of the specialties included in our fiscal year 2022 & 2023 physician recruitment plan.

- Adult Hospitalist
- Anesthesiology
- Cardiothoracic Surgery
- Dermatology
- Diagnostic Radiology
- Endocrinology
- EP Cardiology
- Family Medicine
- Family Medicine Associate Program Director
- Family Medicine Core Faculty
- Gastroenterology
- Intensivist
- Internal Medicine
- Maternal Fetal Medicine
- Medical Oncology
- Neonatology
- Neurology
- OB/GYN
- Orthopedic Surgery_Hand
- Orthopedic Surgery_Trauma
- Otolaryngology
- Psychiatry
- Pulmonology
- Rheumatology
- Urology

Date Prepared: February 8, 2022
Prepared by: Brittany Taylor, Director of Physician Recruitment and Relations
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Kaweah Delta
MORE THAN MEDICINE. LIFE.

SG2
health care intelligence

Provider Needs Assessment for Kaweah Delta Medical Center

Final Report: October 1, 2020

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Purpose and Objectives

- Sg2 Consulting, a healthcare consulting firm headquartered in Chicago with regional offices in Los Angeles and Denver was retained by Kaweah Delta Medical Center ("KDMC" or "the Hospital") under the Central Valley Health Care Alliance[1] to complete a provider needs planning analysis.

Objectives

1. **Assess & Quantify** current physician/provider supply and demand for selected market-based specialties/subspecialties for seven service areas. The first three service areas include the Counties of Tulare and Kings, and the Counties combined. Three additional service area definitions were provided by the Hospital, which include the Primary Service Area, Total Service Area, and Facility Planning Service Area. The last service area is defined by KDMC's inpatient discharges which conforms to regulatory guidelines for CMS's and IRS's community physician needs service area definition. This is referred to as "GASH" (Geographic Area Served By Hospital). Refer to Appendix C pg 65 for legal definition.

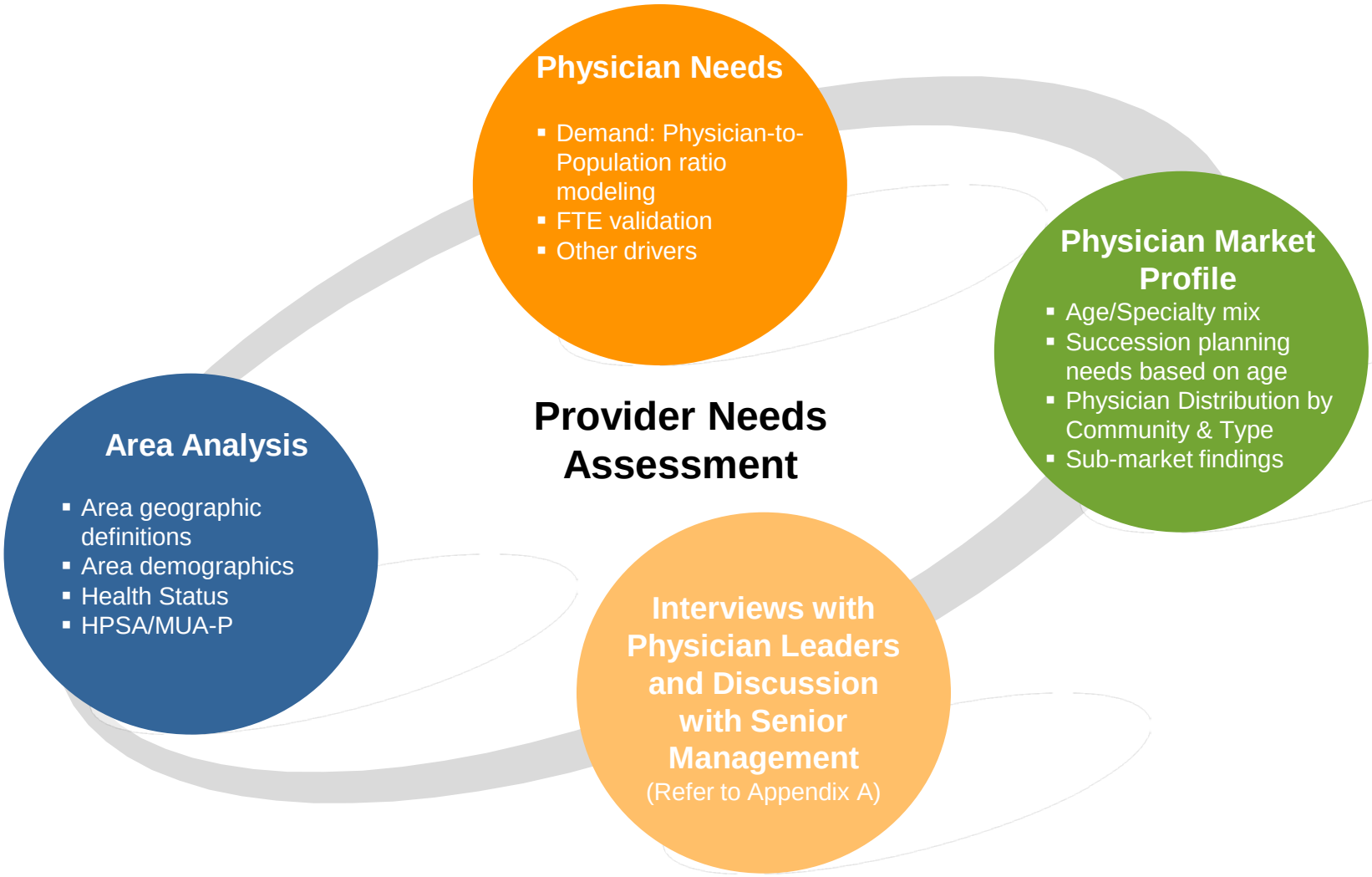
2. **Profile the physician market** to highlight market indicators that include but are not limited to depth and breadth of specialty coverage, age mix, potential succession planning needs, and other relevant areas of need going forward.

3. **Interview and obtain qualitative feedback** from physician leaders and senior leadership management regarding physician/provider manpower needs, strategic recruitment/development objectives, current environmental impacts, and other relevant issues at KDMC.

4. **Create an objective, empirically-based, and legally supportable physician recruitment platform** for the Hospital to use over the next 24 to 36 months.

[1] Joint Powers Agreement formed between Sierra View Medical Center & Kaweah Delta Medical Center

Methodology



Methodology – cont'd

- Sg2's analysis incorporated a quantitative and qualitative approach and is as follows:
  - Assess and quantify physician/provider needs in the defined service areas
    - Evaluate net needs for physicians within the Hospital's service areas listed below using physician-to-population ratio (demand) and applying against current supply using KDMC's service areas' population. (Hospital-based physicians such as anesthesiology, emergency medicine, radiology, intensivists, & hospitalists were excluded)
      1. Tulare County
      2. Kings County
      3. Tulare & Kings County combined
      4. KDMC PSA
      5. KDMC TSA
      6. KDMC FPSA
      7. Community physician needs service area. The service area is referred to as "GASH" (Geographic Area Served By Hospital).
    - A review of nationally published physician-to-population ratios such as GMENAC (Graduate Medical Education National Advisory Committee), Hicks and Glenn, Merritt Hawkins, Sg2's proprietary dataset, and other available data.
    - Determination of appropriate ratios by specialty based on market-specific factors, including managed care penetration, age/sex distribution, and regional physician practice patterns.
    - Identification of current practicing physicians within the geographic service area(s) (supply). We have estimated clinical full-time equivalent status of physicians by specialty based on knowledge of the market, feedback/information from researching and calling physician groups and individual offices, and input from KDMC's administrative staff and staff physicians during our interviews. APPs were included in primary care at 0.80 FTE for this analysis, and excluded in medical and surgical specialties.

Methodology – cont'd

- Profile physician market
  - Assessment of physician market to identify
    - Depth and breadth of specialty coverage;
    - Specialty/coverage gaps; and
    - Succession planning needs.
  - Profile physician market age by specialty.
  - Comparison of physician needs by sub-market.
  - Physician distribution by community.
- Interview and obtain qualitative feedback
  - Individual interviews were conducted with community physician leaders and senior leadership management. Refer to Appendix A on pg 58.
  - Highlight needs identified by interviewees.
- Create a medical staff development plan
  - Provide an objective recruitment plan for KDMC based on a review of pertinent internal and external planning information, relevant market information including demographics, health status, and health professional shortage area designations.

Physician Needs Indicators

The following indicators were evaluated in conjunction with assessing community ambulatory physician needs:

- Macro-level modeling: physician-to-population ratios were used for the defined service areas.
- Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P) designations.
- Extent to which needs are indicated (through discussion) based on:
  - Availability/waiting time for consumers/patients to access physician practices (primary care and across specialties) indicated through interviews.
    - Extent to which practices are closed (completely or to certain payers).
  - Clinical gaps or desire to broaden out a subspecialty.
  - Other considerations.
- Physicians slowing practices/retiring/leaving area (succession planning).
- Service line gaps/development initiatives/market share growth opportunities (ie., curbing outmigration).

Executive Summary

- KDMC's total service area has an estimated population of approximately 600,000. The sub-markets being evaluated range in population size from 388K to 600K residents.
- This area is designated as both a HPSA and MUA and is a fast-growing, young region with a high indigent population.
  - The percentage of Medi-Cal patients in the area ranges from 40% to 55% of the population.
  - The health status of the region is not favorable compared to California as a whole. Cancer and heart-related diseases are high.
- The area is surrounded by smaller acute care providers, which include Adventist Health and Sierra View Medical Center, with Kaweah being the preferred destination for care within this region.
- The physician operating landscape is a composite of several operating vehicles, providing flexibility and choice for physicians to operate under – Key Medical Associates, Visalia Medical Clinic (1206(l) medical foundation), and FQHC/RHC clinic models.
- On a geographic basis, the PSA has the highest per capita physician supply. As the geographic footprint expands, physician per capita continues to decrease at a higher rate. Care is heavily concentrated around the Hospital.

Executive Summary – cont'd

- Given the challenging market landscape (payer mix, location, etc), there are deficiencies in terms of manpower in many of the specialties in this analysis. Recruitment and retention has also been of concern and continues to be a challenge.
  - Many providers (Primary Care APPs) leave after fulfilling the requirements of their student loan forgiveness programs (typically 2-3 years).
- Aging of the physician workforce/succession planning vulnerability is a key theme for this region. While physicians in this market continue to provide care beyond the age of 65, there are anecdotes of older physicians expressing the desire to retire sooner than anticipated in response to COVID-19. The aging workforce and associated wave of potential retirements could leave the area with gaps in care.
- Specialties with particular vulnerabilities (aging workforce, supply challenges) include the following:

- Primary Care	- Oncology/Hematology	- Orthopedic Surgery
- Gastroenterology	- Urology	- ENT

Executive Summary – cont'd

- Due to low reimbursement rates, many specialists in the region are not accepting Medi-Cal beneficiaries. This has been challenging for the residents in the community and also for hospital inpatient coverage.
- Physician recruitment in the area is challenging based on national shortages of (and competition for) physicians in several specialties, financial/economic realities, and lifestyle issues.
  - When evaluating physician needs, it is important to consider whether there is enough volume to support additional physicians given the large Medi-Cal population to which private practices are closed and the financial challenges that arise in operating practices that are largely skewed toward government payors.
  - As a way to ameliorate shortages and retain physicians in the area, KDMC continues to build out residency programs. Currently, there are five programs and a transitional year program. There are anecdotal reports of success in residents (about half) staying in the community upon completion of training.
- The area is saturated with FQHCs who cater to Medi-Cal patients and care continuity has been a growing challenge. The model is very volume driven. APPs for primary care are heavily utilized under this model.

Physician Landscape Scorecard

Physician Landscape			
Indicator	**Metric**	**Rating**	**Comments**
Physician age mix assessment	➢ Average age (53-55)		➢ 30% of physician workforce is over the age of 60 ➢ Some specialties are heavily skewed towards a more senior workforce
Physician supply/availability	➢ Need indicators		➢ There are many community shortages in the area
Succession planning/high risk for departures	➢ Key specialties present with above retirement age physicians		➢ Succession planning vulnerability present within the region ➢ Many high-producing providers are operating beyond retirement age (65)
Use of APPs	➢ Extent to use of APPs		➢ PCP APPs are heavily utilized in this area ➢ 1:1 Physician to APP ➢ Medical and surgical specialties have not fully adopted the use of APPs
Physician availability to all payor type/mix	➢ Physicians/providers available to provide coverage to the population		➢ Coverage in primary care is not restricted regardless of payor type (FQHC and RHC establishments) ➢ Many community-based/private physicians do not accept Medi-Cal

Physician Landscape Scorecard – cont'd

Physician Landscape			
Indicator	**Metric**	**Rating**	**Comments**
Physician use of telemedicine	➢ Extent of use of telemedicine to provide care		➢ Telemedicine has been actively used during COVID.
Physician growth (net new providers)	➢ Recruitment ➢ Retention		➢ Recruitment – physician recruitment is challenging (location and payor mix). ➢ Retention of primary care providers has been difficult. PCP APPs are leaving after completing their student loan forgiveness obligation.
Presence of Value-based care	➢ Fee for value vs fee for service behavior ➢ Managed care coverage (Capitation/risk arrangements)		➢ Sequoia Integrated Healthcare – Medicare Advantage 15K full risk. ➢ Additional value-based delivery models are being discussed/contemplated (bundle payments, Medi-Cal cap).

Hospital Landscape Scorecard

Hospital Landscape			
Indicator	**Metric**	**Rating**	**Comments**
Hospital capacity and availability of services	➢ Occupancy rate ➢ Diversion ➢ Operating room capacity		➢ Critical care issues and OR capacity issues ➢ No diversion (emergency department volume)
Population health	➢ PCMH – primary care/disease management focus ➢ Telemedicine – both o/p and i/p ➢ Managed care ➢ Risk arrangements ➢ Clinically integrated network		➢ Kaweah application to form an FQHC integrated delivery medical home – to comprise of PCP, medical, and surgical specialist coverage ➢ SIQ – managed care full risk ➢ Moderate clinical alignment – 1206 (l) Visalia Medical Clinic fully clinically aligned (40+ providers), Key Medical Associates (growing)
Hospital and Physician Alignment/Relationship	➢ Relationship between physicians and hospital (positive/negative) ➢ Degree of physician/hospital alignment (fragmentation-silo'd/integrated)		➢ Relationship between the Hospital and the physicians has been positive. Kaweah has been flexible creating different vehicles to support physicians in the area and tightening the relationship- Delta Doctors, Key Medical Associates, Visalia Medical Clinic (employed-like), and SIQ risk arrangement ➢ The market is a hybrid - slightly more fragmented than integrated – but has made positive and progressive strides

Hospital Landscape Scorecard – cont'd

Hospital Landscape			
Indicator	**Metric**	**Rating**	**Comments**
Hospital competition	➢ Degree of competition present in the area (low/high)		➢ Low degree of competition ➢ Kaweah is the preferred hospital destination within Tulare County
Quality of care	➢ HCAHPs ➢ Timely Effective Care ➢ VBC		➢ Patient experience: 2 out of 5 stars ➢ Timely effective care: 2 out of 5 stars ➢ VBC: 2 out of 5 stars
Clinically Integrated Delivery Network	➢ Physician/Hospital Leadership ➢ Clinical Guidelines/Measurements ➢ Synchronized Data Technology ➢ Lateral or Vertical Alignment		➢ Sequoia Integrated Healthcare (Humana contract 10-15K senior lives)

Patient Population Landscape Scorecard

Patient Population Landscape			
Indicator	**Metric**	**Rating**	**Comments**
Health status	➢ Overall health of the population		➢ The health of Tulare and Kings Counties residents is not favorable. A majority of the health status metrics fall below that of State levels.
Payor mix	➢ Degree of commercial payors vs government assisted payors		➢ The area has an unfavorable payor mix and is expected to possibly worsen due to the current economic challenges our nation is facing.
Consumer accessibility to care PCP	➢ Waiting period		➢ The proliferation of FQHCs/RHCs has made primary care services more accessible to this region.
Consumer accessibility to care Medical/Surgical specialties	➢ Waiting period ➢ Network Exclusion ➢ Outmigration		➢ Access to care for commercial and Medicare patients is not of an issue. ➢ A majority of independents do not provide coverage for the Medi-Cal population.
Demographics	➢ Senior population – aging, growth ➢ Median age ➢ Population growth		➢ The area is expected to grow 3-4% within the next five years. ➢ Median age is 33.9 vs 38.1 for CA ➢ Senior cohort will experience the highest growth.
HPSA/MUA	➢ Medically underserved ➢ Health professional shortage		➢ Most of the region is HPSA/MUA designated.

Purpose, Methodology, and Background

Executive Summary

Service Area Definitions & Demographics

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Service Area Definitions Being Evaluated

- There are seven service areas being evaluated and are defined as the following:
  1. **Tulare County** area
  2. **Kings County** area
  3. **Tulare County & Kings County** combined
  4. **KDMC Strategic Service Areas (3) -** Service area definitions provided by the Hospital
     1. KDMC Primary Service Area (PSA)
     2. KDMC Total Service Area (PSA & SSA combined)
     3. KDMC Facility Planning Service Area (FPSA)
  5. **KDMC GASH (Community Provider Needs) -** Geographic Area Served By Hospital (GASH). 75% of KDMC inpatient discharges and is consistent with CMS's and IRS's legal requirement for defining community physician needs area definition. Should a hospital elect to provide income support (income guarantees, relocation payment, recruitment payment, etc.) and a need is present, monetary support is applicable.
- The following page displays the service area definitions for all sub-markets being evaluated.

KDMC Service Area Definitions

KDMC Total Service Area		
Zip Code	Community	Strategic Service Area
93603	Badger	PSA
93615	Cutler	PSA
93221	Exeter	PSA
93223	Farmersville	PSA
93227	Goshen	PSA
93235	Ivanhoe	PSA
93237	Kaweah*	PSA
93244	Lemon Cove	PSA
93646	Orange Cove	PSA
93647	Orosi	PSA
93271	Three Rivers	PSA
93277	Visalia	PSA
93290	Visalia	PSA
93291	Visalia	PSA
93292	Visalia	PSA
93278	Visalia*	PSA
93279	Visalia*	PSA
93286	Woodlake	PSA
93670	Yettem*	PSA

KDMC Total Service Area		
Zip Code	Community	Strategic Service Area
93201	Alpaugh	SSA
93202	Armona	SSA
93212	Corcoran	SSA
93618	Dinuba	SSA
93230	Hanford	SSA
93232	Hanford*	SSA
93631	Kingsburg	SSA
93242	Laton	SSA
93247	Lindsay	SSA
93628	Miramonte	SSA
93633	Miramonte	SSA
93641	Miramonte	SSA
93648	Parlier	SSA
93256	Pixley	SSA
93257	Porterville	SSA
93258	Porterville*	SSA
93675	Squaw Valley	SSA
93267	Strathmore	SSA
93666	Sultana	SSA
93270	Terra Bella	SSA
93272	Tipton	SSA
93673	Traver	SSA
93274	Tulare	SSA
93275	Tulare*	SSA
93282	Waukena	SSA

Source: KDMC 2020
*Per US Postal Service, these ZIP Codes are for Post Office

Note: TSA = PSA + SSA

KDMC Facility Planning Service Area	
Zip Code	Community
93615	Cutler
93618	Dinuba
93219	Earlimart
93221	Exeter
93223	Farmersville
93227	Goshen
93235	Ivanhoe
93247	Lindsay
93647	Orosi
93256	Pixley
93257	Porterville
93267	Strathmore
93271	Three Rivers
93272	Tipton
93673	Traver
93274	Tulare
93282	Waukena
93277	Visalia
93291	Visalia
93292	Visalia
93286	Woodlake

Source: KDMC 2020

KDMC GASH	
ZIP Code	Community
93277	Visalia
93291	Visalia
93274	Tulare
93292	Visalia
93257	Porterville
93221	Exeter
93618	Dinuba
93223	Farmersville
93247	Lindsay

Source: KDMC CY 2019

Service Area(s) Demographics Summary

- KDMC has defined three strategic service areas ranging in population size from 230K to 600K residents.
  - PSA: 229K
  - TSA: 597K
  - FPSA: 451K
- In addition, other service areas being evaluated have the following number of residents:
  - GASH: 388K
  - Tulare County: 464K
  - Kings County: 151K
- The area is predominantly Hispanic (60%-70%) followed by White (25%-30%).
- The median age of Tulare County is 33.9, compared to 38.1 for California as a whole.
- The proportion of females age 15-44 is higher in Tulare County than the State (21% vs 18%).
  - Within this subset of the female population, the median age in Tulare County is 28.8 vs 29.6 in California as a whole.
- The communities in the service areas have high-growth rates.
  - The 93291 ZIP Code (Visalia) with an estimated 60K residents is anticipated to have the highest population growth in the service area (5%) while many of the remaining communities are projected to have a 3% to 4% growth range.
- While each service area has an estimated 50% of residents under age 44, the senior population (age 65+) is projected to increase the most within the next five years.
- See Appendix C pg 60-69 for sub-market demographics and regulatory GASH definition.

Tulare County & Kings County: Health Insights

- Compared to California, residents of Tulare County and Kings County have a **lower life expectancy** and a **higher premature age-adjusted mortality.**

- Compared to California, both Counties have higher rates of:
  - Infant mortality
  - Frequent mental and physical distress
  - Food insecurity
  - Limited access to healthy foods
  - Uninsured adults

Health Indicator	Tulare County	Kings County	California
Life expectancy	**78.5**	79.7	81.6
Premature age-adjusted mortality	**360**	340	270
Infant mortality (per 1,00 live births)	**6**	5	4
Frequent physical distress	**15%**	13%	11%
Frequent mental distress	**15%**	13%	11%
Diabetes prevalence	9%	**10%**	9%
Food insecurity	13%	13%	11%
Limited access to healthy foods	**8%**	5%	3%
Uninsured adults	12%	12%	10%

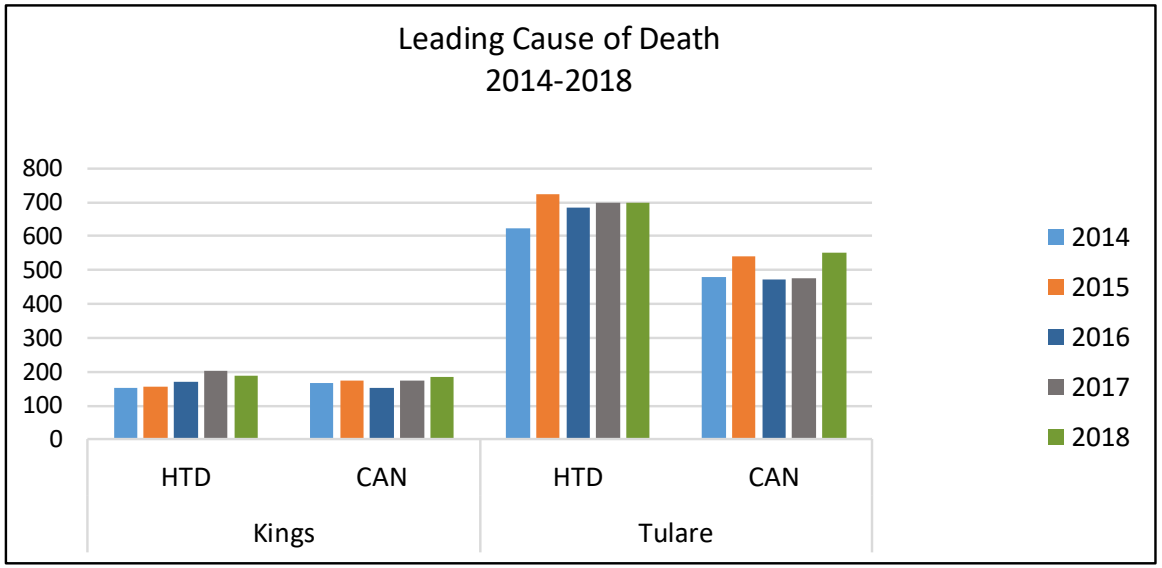
Source: County Health Rankings and Roadmaps accessed May 2020

Red text indicates below state levels; Green text indicates above state levels

Bold red indicates less desirable health indicator between Kings and Tulare County

Tulare County & Kings County: Health Insights – cont'd

The top two leading causes of death in both Counties include **heart-related diseases** and **cancer,** and are continuing to rise.



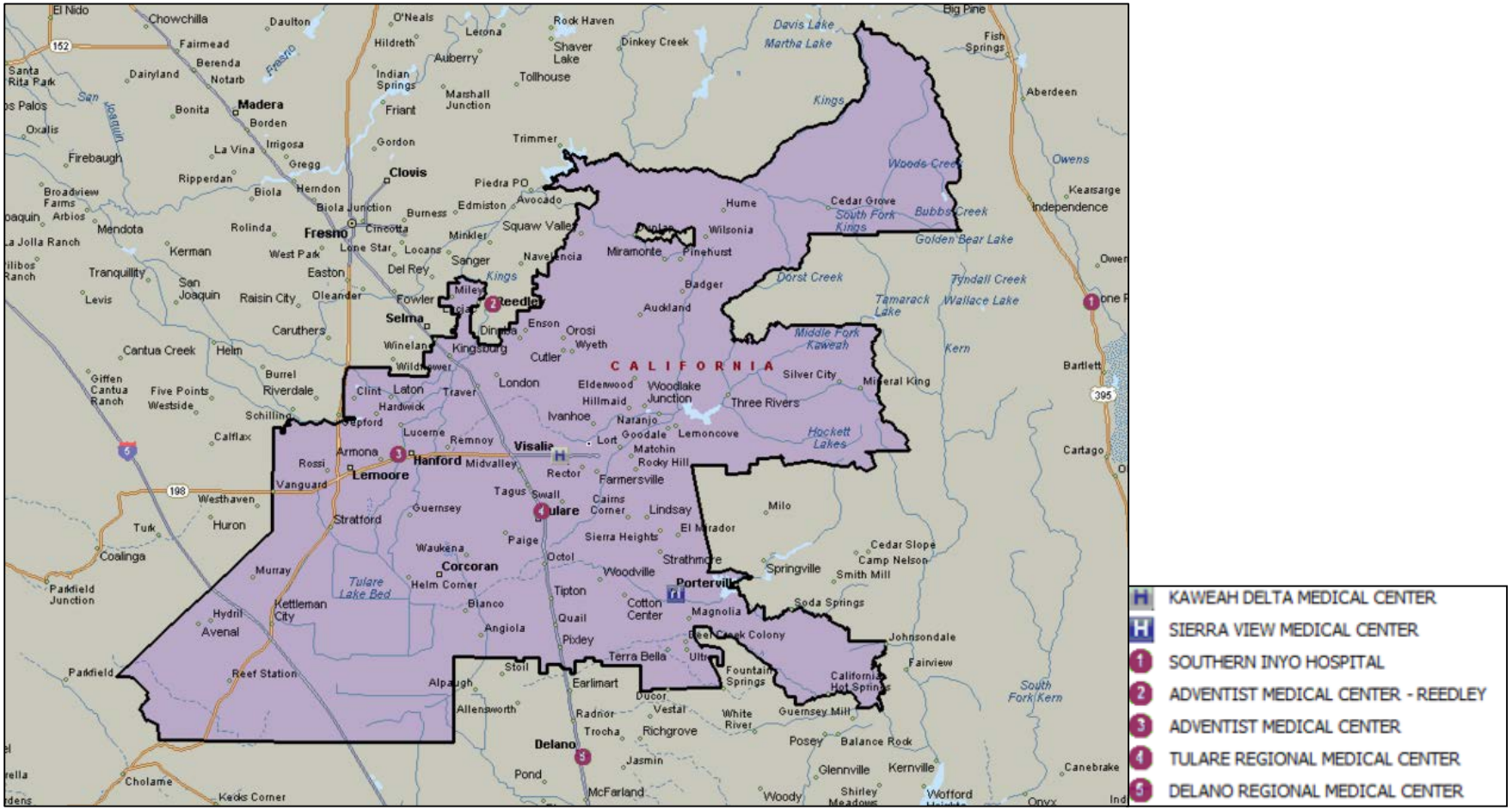
Source: California Health and Human Services Open Data Portal accessed May 2020

HTD: Disease of the Heart

CAN: Malignant Neoplasms (Cancers)

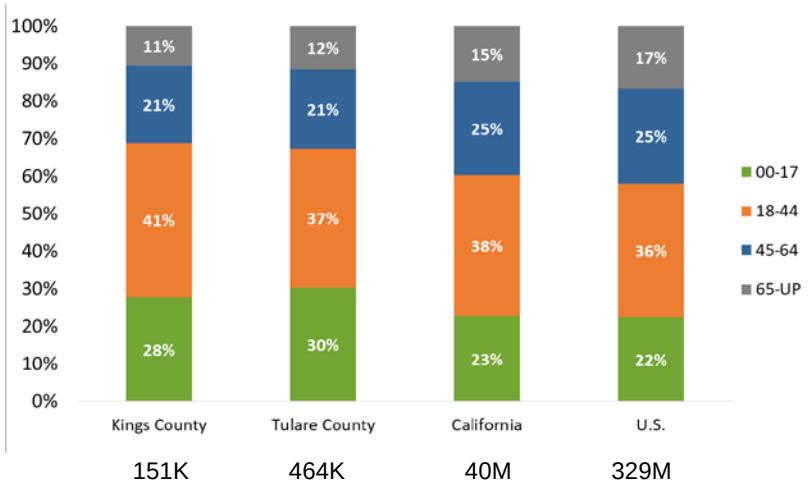
Notes: Cause-of-death between 1999 to present were coded using the Tenth Revision of the International Classification of Diseases codes (ICD-10). Counts that are less than 11 have bee excluded.

Tulare County & Kings County Area Depiction

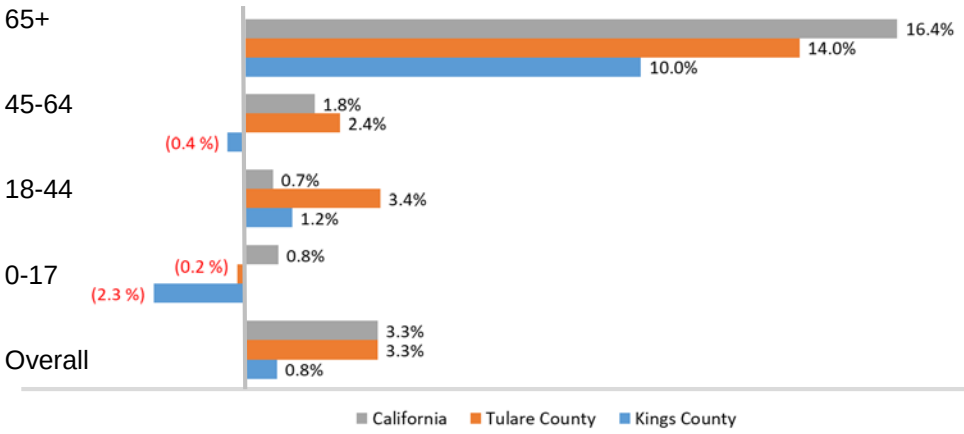


Age Profile – Tulare County & Kings County

Population by Age Cohort



% Change in Population by Age Cohort 2020 - 2025

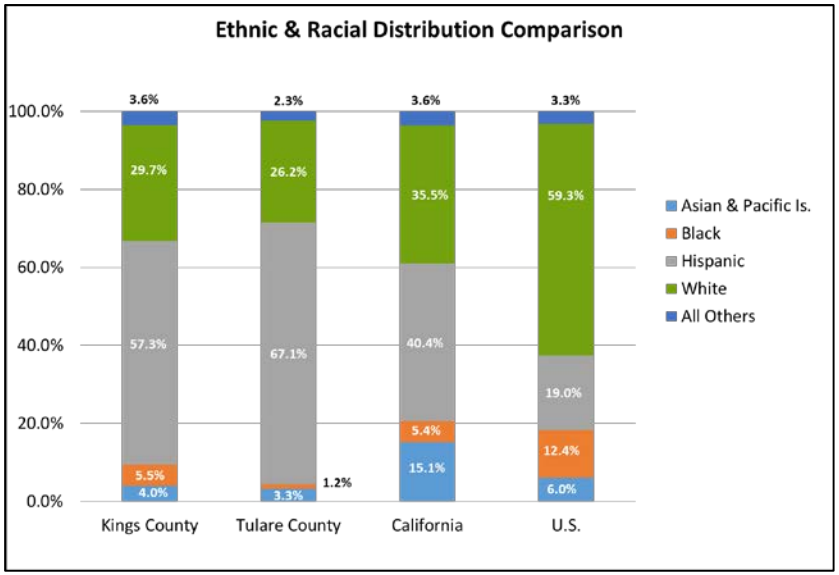


- Residents in both Tulare and Kings County are proportionally younger when compared to the State.
- Tulare County is anticipated to grow by 3% while Kings County is projected to have minimal growth (0.8%) in the next five years.
- While the age 65+ cohort comprises a small percentage of both Tulare and Kings County residents when compared to the State and Nation, this group is projected to have to highest growth (14% and 10% respectively).

Ethnic Profile – Tulare County & Kings County

Ethnic & Racial Distribution Comparison										
	Kings County			Tulare County			California			U.S.
Ethnicity/Race	2020 % of Total	2025 % of Total	Population % Change '20-'25	2020 % of Total	2025 % of Total	Population % Change '20-'25	2020 % of Total	2025 % of Total	Population % Change '20-'25	National 2020 % of Total
Asian & Pacific Is.	4.0%	4.2%	5.3%	3.3%	3.2%	2.3%	15.1%	16.1%	10.2%	6.0%
Black	5.5%	4.8%	(11.3 %)	1.2%	1.1%	(0.3 %)	5.4%	5.2%	(0.7 %)	12.4%
Hispanic	57.3%	60.5%	6.5%	67.1%	70.5%	8.6%	40.4%	41.9%	7.1%	19.0%
White	29.7%	26.9%	(8.5 %)	26.2%	22.8%	(9.9 %)	35.5%	33.0%	(3.7 %)	59.3%
All Others	3.6%	3.6%	1.4%	2.3%	2.3%	3.6%	3.6%	3.8%	8.0%	3.3%
Total	151,233	152,464	0.8%	463,814	479,324	3.3%	39,886,390	41,212,916	3.3%	100.0%

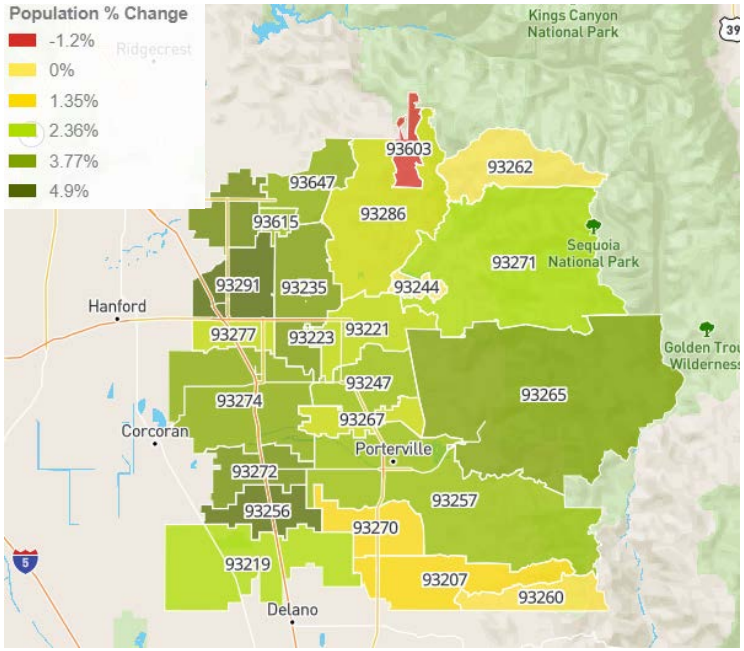
Source: Sg2 Market Demographics



- Tulare and Kings County are predominantly Hispanic (60%-70%) and White (~30%).
- Compared to California, the Hispanic population is proportionally higher in both Counties.
- The Hispanic population is projected to have the most growth in Tulare County (9%) and Kings County (7%).

Projected Growth: Tulare County

5-Year Population Growth Projected by ZIP Code



Population Growth by Age Cohort 2020 - 2025

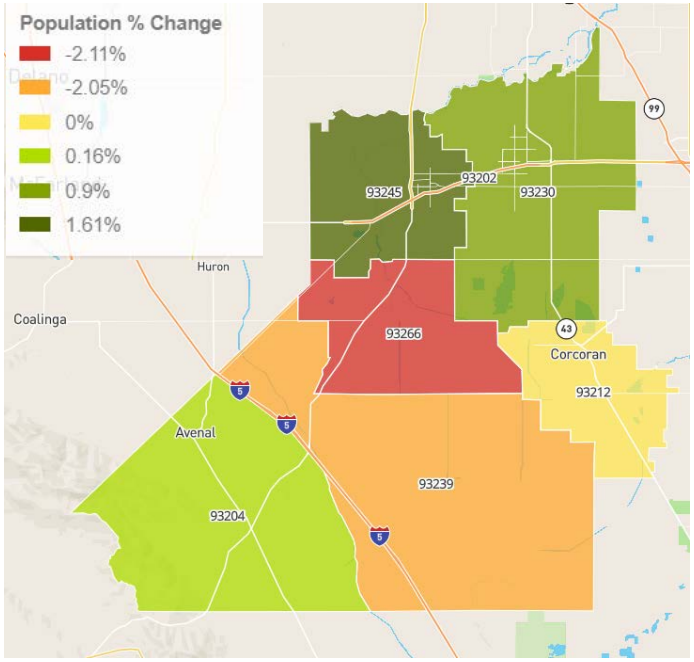
	Current Population		Population 5-Year % Change	
Age Group	Tulare County	Percent of Population	Market Growth Rates	California
0-17	140,206	30%	0%	1%
18-44	172,111	37%	3%	1%
45-64	96,891	21%	2%	2%
65-UP	54,606	12%	14%	16%
Overall	463,814	100%	3%	3%

Sg2 Market Demographics

- Tulare County is a fast-growing area.
- The 93291 ZIP Code (Visalia) with an estimated 60K residents is anticipated to have the highest population growth in the service area (5%).
- While the 65+ age cohort reflects a small segment of the population, this age cohort is projected to grow the most (14%) in the next five years.

Projected Growth: Kings County

5-Year Population Growth Projected by ZIP Code



Population Growth by Age Cohort 2020 - 2025

	Current Population		Population 5-Year % Change	
Age Group	Kings County	Percent of Population	Market Growth Rates	California
0-17	41,859	28%	-2%	1%
18-44	62,105	41%	1%	1%
45-64	31,205	21%	0%	2%
65-UP	16,064	11%	10%	16%
Overall	151,233	100%	1%	3%

Sg2 Market Demographics

- Kings County is projected to have limited growth.
- The 93245 ZIP Code (Lemoore) with an estimated 39K residents is anticipated to have the highest population growth in the service area (2%).
- While the 65+ age cohort represents a small percent of the population, this age cohort is projected to grow the most (10%) in the next five years.

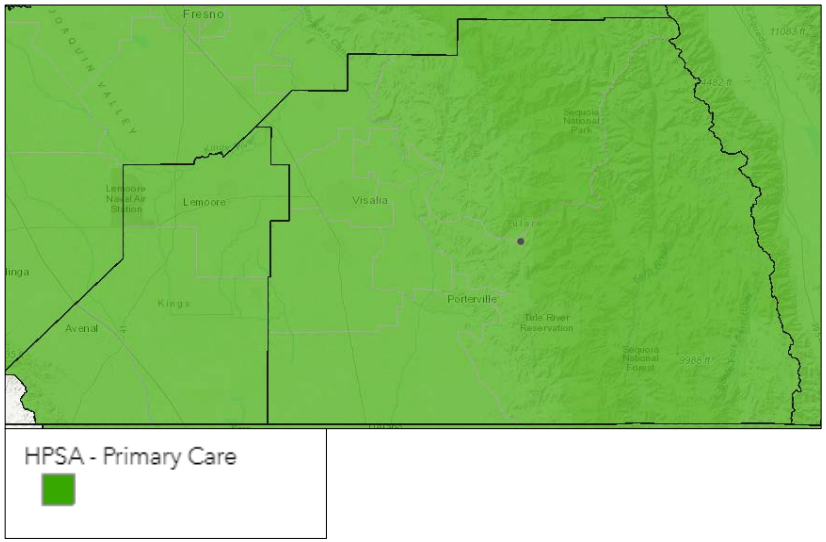
HPSA and MUA/P Designation

- Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care providers and may be geographic, demographic, or institutional.
  - The benefits of being designated a Primary HPSA region include state and federal programs providing recruitment assistance and financial incentives to providers that practice in a HPSA area.
- Designated by HRSA, Medically Underserved Areas (MUAs) are designated by HRSA as areas in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural, or linguistic barriers to healthcare.
  - The benefits of receiving a MUA/MUP designation include the eligibility to develop Community Health Centers, Migrant Health Centers, Federally Qualified Health Centers, and Rural Health Clinics, along with enhanced federal grant eligibility and a higher Medicare cap.
- Most of the communities within Kings and Tulare County, detailed on the following page, are both a HPSA-designated area and MUA/p-designated areas.

Service Area: HPSA and MUA/P Designation – cont'd

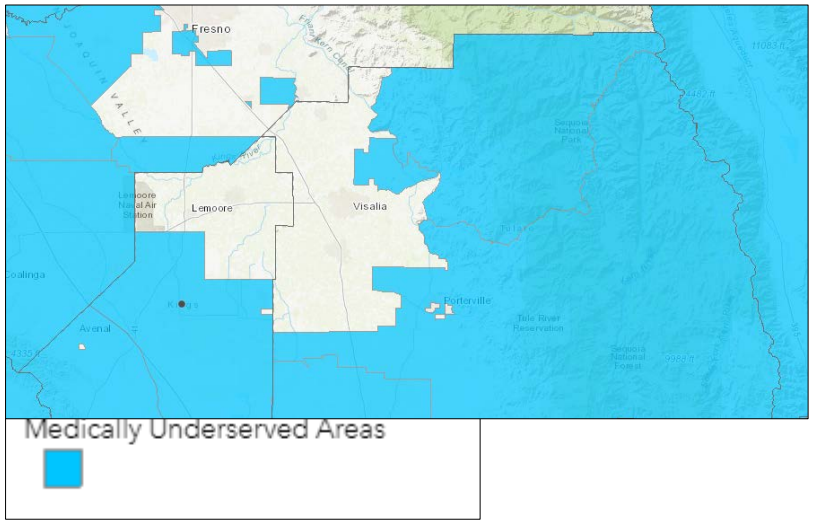
HPSA

- All of Tulare County and Kings County are HPSA-designated areas.



MUA/p

- Within Tulare County, most of the communities except for the Western region are MUA/p designated areas while most of Kings County, except for the Northeast area is a MUA/p-designated area.



Physician Needs – Summary

- The tables on the following pages illustrate physician needs by specialty for the seven service areas being evaluated.
- The following specialties present a large need across all the service areas being evaluated:
  - Cardiology
  - Dermatology
  - Endocrinology
  - ENT
  - General surgery
  - GI
  - Ob/Gyn
  - Oncology/Hematology
  - Ophthalmology
  - Orthopedics
  - Primary care
  - Psychiatry
  - Urology
- Refer to Appendix D pg 70-71 which represents physician needs excluding the Medi-Cal population.

Comparison of Physician Needs by Service Area

Specialty	Population to Support One Physician	KDMC GASH Net Need (Surplus)	Tulare County Net Need (Surplus)	Kings County Net Need (Surplus)	Tulare County & Kings County Net Need (Surplus)	KDMC PSA Net Need (Surplus)	KDMC TSA Net Need (Surplus)	KDMC FPSA Net Need (Surplus)
Primary Care								
Adult Primary Care (FM & IM)*	2,000	4.3	24.9	22.9	47.9	(44.5)	55.7	18.7
Pediatrics (General)	8,000	0.2	8.3	8.3	16.6	(1.8)	15.4	6.7
Medical								
Allergy & Immunology	75,000	(0.1)	0.9	1.7	2.7	(1.6)	2.5	0.7
Cardiology	22,000	3.4	6.9	4.7	11.5	(0.8)	10.7	6.3
- Electrophysiology	220,000	1.3	1.6	0.7	2.3	0.5	2.2	1.6
- Interventional/Invasive	63,000	0.2	1.4	1.2	2.6	(1.4)	2.3	1.2
- Medical/Non-Invasive	40,000	2.0	3.9	2.8	6.7	0.0	6.2	3.6
Dermatology	40,000	5.4	7.3	3.1	10.4	1.7	9.9	7.0
Endocrinology	60,000	3.6	4.8	2.3	7.2	1.9	6.9	4.6
Gastroenterology	40,000	3.9	5.8	2.7	8.5	0.7	8.0	5.5
Infectious Diseases	90,000	2.8	3.7	1.7	5.3	1.0	5.1	3.5
Nephrology	85,000	(9.3)	(8.4)	1.7	(6.8)	(9.1)	(7.0)	(8.6)
Neurology	44,000	1.0	2.7	2.9	5.7	(1.6)	5.3	2.5
Obstetrics/Gynecology	10,000	11.1	17.8	5.6	23.4	6.7	21.9	16.3
Oncology/Hematology	36,000	5.6	7.7	3.9	11.6	3.4	11.1	7.3
Gynecology Oncology	100,000	3.9	4.6	1.5	6.2	2.3	6.0	4.5
Physical Medicine & Rehabilitation	85,000	(0.9)	0.0	1.8	1.7	(2.6)	1.5	(0.2)
Psychiatry	20,000	7.6	11.4	1.8	13.2	(0.4)	12.3	10.8
Pulmonary Medicine	85,000	1.9	2.8	1.7	4.4	1.0	4.2	2.6
Radiation Oncology	95,000	1.3	2.1	1.6	3.7	0.6	3.5	2.0
Rheumatology	100,000	2.3	3.0	0.5	3.6	0.7	3.4	2.9
Surgical								
Surgery								
- Cardiothoracic/vascular Surgery	150,000	0.6	1.1	1.0	2.1	(0.5)	2.0	1.0
- Bariatric Surgery	100,000	3.4	4.1	1.5	5.7	1.8	5.5	4.0
- Colon & Rectal Surgery	200,000	1.9	2.3	0.8	3.1	1.1	3.0	2.3
- General Surgery	20,000	4.8	8.6	5.6	14.2	1.6	13.3	8.0
- Vascular Surgery	125,000	(0.2)	0.4	0.7	1.1	(1.1)	1.0	0.3
Neurosurgery	85,000	0.6	1.5	1.8	3.2	(1.3)	3.0	1.3
Ophthalmology	34,000	1.8	4.0	3.9	8.0	(1.5)	7.5	3.7
Orthopedic Surgery								
- General/Sports Medicine	26,000	6.6	9.5	4.3	13.9	2.5	13.2	9.1
- Foot/Ankle	295,000	1.3	1.6	0.5	2.1	0.8	2.0	1.5
- Hand Surgery	225,000	1.7	2.1	0.7	2.7	1.0	2.7	2.0
- Total Joint Reconstructive Surgery	175,000	1.5	2.0	0.9	2.8	0.6	2.7	1.9
- Trauma	160,000	2.1	2.6	0.9	3.5	1.1	3.4	2.5
Otorhinolaryngology	37,000	7.1	9.1	2.4	11.5	3.9	11.0	8.8
Plastic/Reconstructive Surgery	90,000	2.3	3.2	1.7	4.8	0.5	4.6	3.0
Spine Surgery	175,000	0.9	1.4	0.3	1.6	0.0	1.5	1.3
Urology	32,000	8.7	11.1	2.7	13.8	5.4	13.3	10.7
Service Area Population	Need	**388,430**	**463,814**	**151,233**	**615,047**	**228,808**	**597,438**	**451,460**
	Adequate Supply							

Note: Ratios rounded

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

Tulare County Physician Needs Model

Specialty	Population to Support One Physician	Tulare County: Gross Physician Need	Tulare County: FTE Physician Supply	Tulare County: Net Need (Surplus)	Tulare County: Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	231.9	207.0	24.9	89.2%
Pediatrics (General)	8,000	58.0	49.7	8.3	85.7%
Medical					
Allergy & Immunology	75,000	6.2	5.3	0.9	84.9%
Cardiology	22,000	21.1	14.2	6.9	67.4%
- Electrophysiology	220,000	2.1	0.5	1.6	23.7%
- Interventional/Invasive	63,000	7.4	6.0	1.4	81.5%
- Medical/Non-Invasive	40,000	11.6	7.7	3.9	66.4%
Dermatology	40,000	11.6	4.3	7.3	37.1%
Endocrinology	60,000	7.7	2.9	4.8	37.5%
Gastroenterology	40,000	11.6	5.8	5.8	50.3%
Infectious Diseases	90,000	5.2	1.5	3.7	28.1%
Nephrology	85,000	5.5	13.9	(8.4)	254.7%
Neurology	44,000	10.5	7.8	2.7	74.0%
Obstetrics/Gynecology	10,000	46.4	28.6	17.8	61.7%
Oncology/Hematology	36,000	12.9	5.2	7.7	40.4%
Gynecology Oncology	100,000	4.6	0.0	4.6	0.0%
Physical Medicine & Rehabilitation	85,000	5.5	5.5	0.0	100.8%
Psychiatry	20,000	23.2	11.8	11.4	50.9%
Pulmonary Medicine	85,000	5.5	2.7	2.8	49.5%
Radiation Oncology	95,000	4.9	2.8	2.1	57.4%
Rheumatology	100,000	4.6	1.6	3.0	34.5%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	3.1	2.0	1.1	64.7%
- Bariatric Surgery	100,000	4.6	0.5	4.1	10.8%
- Colon & Rectal Surgery	200,000	2.3	0.0	2.3	0.0%
- General Surgery	20,000	23.2	14.6	8.6	62.7%
- Vascular Surgery	125,000	3.7	3.3	0.4	88.9%
Neurosurgery	85,000	5.5	4.0	1.5	73.3%
Ophthalmology	34,000	13.6	9.6	4.0	70.4%
Orthopedic Surgery					
- General/Sports Medicine	26,000	17.8	8.3	9.5	46.5%
- Foot/Ankle	295,000	1.6	0.0	1.6	0.0%
- Hand Surgery	225,000	2.1	0.0	2.1	0.0%
- Total Joint Reconstructive Surgery	175,000	2.7	0.7	2.0	26.4%
- Trauma	160,000	2.9	0.3	2.6	10.3%
Otorhinolaryngology	37,000	12.5	3.4	9.1	27.1%
Plastic/Reconstructive Surgery	90,000	5.2	2.0	3.2	38.8%
Spine Surgery	175,000	2.7	1.3	1.4	49.0%
Urology	32,000	14.5	3.4	11.1	23.1%
Service Area Population		**463,814**			Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

Kings County Physician Needs Model

Specialty	Population to Support One Physician	Kings County: Gross Physician Need	Kings County: FTE Physician Supply	Kings County: Net Need (Surplus)	Kings County: Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	75.6	52.7	22.9	69.6%
Pediatrics (General)	8,000	18.9	10.6	8.3	56.1%
Medical					
Allergy & Immunology	75,000	2.0	0.3	1.7	12.4%
Cardiology	22,000	6.9	2.2	4.7	32.0%
- Electrophysiology	220,000	0.7	0.0	0.7	0.0%
- Interventional/Invasive	63,000	2.4	1.2	1.2	50.0%
- Medical/Non-Invasive	40,000	3.8	1.0	2.8	26.4%
Dermatology	40,000	3.8	0.7	3.1	18.5%
Endocrinology	60,000	2.5	0.2	2.3	7.9%
Gastroenterology	40,000	3.8	1.1	2.7	29.1%
Infectious Diseases	90,000	1.7	0.0	1.7	0.0%
Nephrology	85,000	1.8	0.1	1.7	5.6%
Neurology	44,000	3.4	0.5	2.9	14.5%
Obstetrics/Gynecology	10,000	15.1	9.5	5.6	62.8%
Oncology/Hematology	36,000	4.2	0.3	3.9	7.1%
Gynecology Oncology	100,000	1.5	0.0	1.5	0.0%
Physical Medicine & Rehabilitation	85,000	1.8	0.0	1.8	0.0%
Psychiatry	20,000	7.6	5.8	1.8	76.7%
Pulmonary Medicine	85,000	1.8	0.1	1.7	5.6%
Radiation Oncology	95,000	1.6	0.0	1.6	0.0%
Rheumatology	100,000	1.5	1.0	0.5	66.1%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	1.0	0.0	1.0	0.0%
- Bariatric Surgery	100,000	1.5	0.0	1.5	0.0%
- Colon & Rectal Surgery	200,000	0.8	0.0	0.8	0.0%
- General Surgery	20,000	7.6	2.0	5.6	26.4%
- Vascular Surgery	125,000	1.2	0.5	0.7	37.2%
Neurosurgery	85,000	1.8	0.0	1.8	0.0%
Ophthalmology	34,000	4.4	0.5	3.9	11.2%
Orthopedic Surgery					
- General/Sports Medicine	26,000	5.8	1.5	4.3	25.8%
- Foot/Ankle	295,000	0.5	0.0	0.5	0.0%
- Hand Surgery	225,000	0.7	0.0	0.7	0.0%
- Total Joint Reconstructive Surgery	175,000	0.9	0.0	0.9	0.0%
- Trauma	160,000	0.9	0.0	0.9	0.0%
Otorhinolaryngology	37,000	4.1	1.7	2.4	41.6%
Plastic/Reconstructive Surgery	90,000	1.7	0.0	1.7	0.0%
Spine Surgery	175,000	0.9	0.6	0.3	69.4%
Urology	32,000	4.7	2.0	2.7	42.3%
Service Area Population		**151,233**			Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

Tulare County & Kings County Physician Needs Model

Specialty	Population to Support One Physician	Tulare County & Kings County: Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	307.5	259.6	47.9	84.4%
Pediatrics (General)	8,000	76.9	60.3	16.6	78.4%
Medical					
Allergy & Immunology	75,000	8.2	5.5	2.7	67.1%
Cardiology	22,000	27.9	16.4	11.5	58.7%
- Electrophysiology	220,000	2.8	0.5	2.3	17.9%
- Interventional/Invasive	63,000	9.8	7.2	2.6	73.8%
- Medical/Non-Invasive	40,000	15.4	8.7	6.7	56.6%
Dermatology	40,000	15.4	5.0	10.4	32.5%
Endocrinology	60,000	10.3	3.1	7.2	30.2%
Gastroenterology	40,000	15.4	6.9	8.5	45.1%
Infectious Diseases	90,000	6.8	1.5	5.3	21.2%
Nephrology	85,000	7.2	14.0	(6.8)	193.5%
Neurology	44,000	14.0	8.3	5.7	59.4%
Obstetrics/Gynecology	10,000	61.5	38.1	23.4	61.9%
Oncology/Hematology	36,000	17.1	5.5	11.6	32.2%
Gynecology Oncology	100,000	6.2	0.0	6.2	0.0%
Physical Medicine & Rehabilitation	85,000	7.2	5.5	1.7	76.0%
Psychiatry	20,000	30.8	17.6	13.2	57.2%
Pulmonary Medicine	85,000	7.2	2.8	4.4	38.7%
Radiation Oncology	95,000	6.5	2.8	3.7	43.2%
Rheumatology	100,000	6.2	2.6	3.6	42.3%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	4.1	2.0	2.1	48.8%
- Bariatric Surgery	100,000	6.2	0.5	5.7	8.1%
- Colon & Rectal Surgery	200,000	3.1	0.0	3.1	0.0%
- General Surgery	20,000	30.8	16.6	14.2	53.8%
- Vascular Surgery	125,000	4.9	3.8	1.1	76.2%
Neurosurgery	85,000	7.2	4.0	3.2	55.3%
Ophthalmology	34,000	18.1	10.1	8.0	55.8%
Orthopedic Surgery					
- General/Sports Medicine	26,000	23.7	9.8	13.9	41.4%
- Foot/Ankle	295,000	2.1	0.0	2.1	0.0%
- Hand Surgery	225,000	2.7	0.0	2.7	0.0%
- Total Joint Reconstructive Surgery	175,000	3.5	0.7	2.8	19.9%
- Trauma	160,000	3.8	0.3	3.5	7.8%
Otorhinolaryngology	37,000	16.6	5.1	11.5	30.7%
Plastic/Reconstructive Surgery	90,000	6.8	2.0	4.8	29.3%
Spine Surgery	175,000	3.5	1.9	1.6	54.1%
Urology	32,000	19.2	5.4	13.8	27.8%
Service Area Population		**615,047**			Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

PSA Physician Needs Model

Specialty	Population to Support One Physician	KDMC PSA: Gross Physician Need	KDMC PSA: FTE Physician Supply	KDMC PSA: Net Need (Surplus)	KDMC PSA: Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	114.4	158.9	(44.5)	138.9%
Pediatrics (General)	8,000	28.6	30.4	(1.8)	106.3%
Medical					
Allergy & Immunology	75,000	3.1	4.7	(1.6)	152.4%
Cardiology	22,000	10.4	11.2	(0.8)	107.8%
- Electrophysiology	220,000	1.0	0.5	0.5	48.1%
- Interventional/Invasive	63,000	3.6	5.0	(1.4)	137.7%
- Medical/Non-Invasive	40,000	5.7	5.7	0.0	99.6%
Dermatology	40,000	5.7	4.0	1.7	69.9%
Endocrinology	60,000	3.8	1.9	1.9	49.8%
Gastroenterology	40,000	5.7	5.0	0.7	87.9%
Infectious Diseases	90,000	2.5	1.5	1.0	57.0%
Nephrology	85,000	2.7	11.8	(9.1)	438.4%
Neurology	44,000	5.2	6.8	(1.6)	130.8%
Obstetrics/Gynecology	10,000	22.9	16.2	6.7	70.8%
Oncology/Hematology	36,000	6.4	3.0	3.4	47.2%
Gynecology Oncology	100,000	2.3	0.0	2.3	0.0%
Physical Medicine & Rehabilitation	85,000	2.7	5.3	(2.6)	196.9%
Psychiatry	20,000	11.4	11.8	(0.4)	103.1%
Pulmonary Medicine	85,000	2.7	1.7	1.0	63.2%
Radiation Oncology	95,000	2.4	1.8	0.6	74.7%
Rheumatology	100,000	2.3	1.6	0.7	69.9%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	1.5	2.0	(0.5)	131.1%
- Bariatric Surgery	100,000	2.3	0.5	1.8	21.9%
- Colon & Rectal Surgery	200,000	1.1	0.0	1.1	0.0%
- General Surgery	20,000	11.4	9.8	1.6	85.7%
- Vascular Surgery	125,000	1.8	2.9	(1.1)	158.4%
Neurosurgery	85,000	2.7	4.0	(1.3)	148.6%
Ophthalmology	34,000	6.7	8.2	(1.5)	121.8%
Orthopedic Surgery					
- General/Sports Medicine	26,000	8.8	6.3	2.5	71.6%
- Foot/Ankle	295,000	0.8	0.0	0.8	0.0%
- Hand Surgery	225,000	1.0	0.0	1.0	0.0%
- Total Joint Reconstructive Surgery	175,000	1.3	0.7	0.6	53.5%
- Trauma	160,000	1.4	0.3	1.1	21.0%
Otorhinolaryngology	37,000	6.2	2.3	3.9	37.2%
Plastic/Reconstructive Surgery	90,000	2.5	2.0	0.5	78.7%
Spine Surgery	175,000	1.3	1.3	0.0	99.4%
Urology	32,000	7.2	1.8	5.4	24.5%
Service Area Population		**228,808**			Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

TSA Physician Needs Model

Specialty	Population to Support One Physician	KDMC TSA Gross Physician Need	KDMC TSA FTE Physician Supply	KDMC TSA Net Need (Surplus)	KDMC TSA Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	298.7	243.0	55.7	81.3%
Pediatrics (General)	8,000	74.7	59.3	15.4	79.4%
Medical					
Allergy & Immunology	75,000	8.0	5.5	2.5	69.0%
Cardiology	22,000	27.1	16.4	10.7	60.4%
- Electrophysiology	220,000	2.7	0.5	2.2	18.4%
- Interventional/Invasive	63,000	9.5	7.2	2.3	75.9%
- Medical/Non-Invasive	40,000	14.9	8.7	6.2	58.2%
Dermatology	40,000	14.9	5.0	9.9	33.5%
Endocrinology	60,000	10.0	3.1	6.9	31.1%
Gastroenterology	40,000	14.9	6.9	8.0	46.4%
Infectious Diseases	90,000	6.6	1.5	5.1	21.8%
Nephrology	85,000	7.0	14.0	(7.0)	199.2%
Neurology	44,000	13.6	8.3	5.3	61.1%
Obstetrics/Gynecology	10,000	59.7	37.8	21.9	63.3%
Oncology/Hematology	36,000	16.6	5.5	11.1	33.1%
Gynecology Oncology	100,000	6.0	0.0	6.0	0.0%
Physical Medicine & Rehabilitation	85,000	7.0	5.5	1.5	78.3%
Psychiatry	20,000	29.9	17.6	12.3	58.9%
Pulmonary Medicine	85,000	7.0	2.8	4.2	39.8%
Radiation Oncology	95,000	6.3	2.8	3.5	44.5%
Rheumatology	100,000	6.0	2.6	3.4	43.5%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	4.0	2.0	2.0	50.2%
- Bariatric Surgery	100,000	6.0	0.5	5.5	8.4%
- Colon & Rectal Surgery	200,000	3.0	0.0	3.0	0.0%
- General Surgery	20,000	29.9	16.6	13.3	55.4%
- Vascular Surgery	125,000	4.8	3.8	1.0	78.5%
Neurosurgery	85,000	7.0	4.0	3.0	56.9%
Ophthalmology	34,000	17.6	10.1	7.5	57.5%
Orthopedic Surgery					
- General/Sports Medicine	26,000	23.0	9.8	13.2	42.6%
- Foot/Ankle	295,000	2.0	0.0	2.0	0.0%
- Hand Surgery	225,000	2.7	0.0	2.7	0.0%
- Total Joint Reconstructive Surgery	175,000	3.4	0.7	2.7	20.5%
- Trauma	160,000	3.7	0.3	3.4	8.0%
Otorhinolaryngology	37,000	16.1	5.1	11.0	31.6%
Plastic/Reconstructive Surgery	90,000	6.6	2.0	4.6	30.1%
Spine Surgery	175,000	3.4	1.9	1.5	55.7%
Urology	32,000	18.7	5.4	13.3	28.7%
Service Area Population		**597,438**			Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

FPSA Physician Needs Model

Specialty	Population to Support One Physician	KDMC FPSA Gross Physician Need	KDMC FPSA FTE Physician Supply	KDMC FPSA Net Need (Surplus)	KDMC FPSA Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	225.7	207.0	18.7	91.7%
Pediatrics (General)	8,000	56.4	49.7	6.7	88.1%
Medical					
Allergy & Immunology	75,000	6.0	5.3	0.7	87.2%
Cardiology	22,000	20.5	14.2	6.3	69.3%
- Electrophysiology	220,000	2.1	0.5	1.6	24.4%
- Interventional/Invasive	63,000	7.2	6.0	1.2	83.7%
- Medical/Non-Invasive	40,000	11.3	7.7	3.6	68.2%
Dermatology	40,000	11.3	4.3	7.0	38.1%
Endocrinology	60,000	7.5	2.9	4.6	38.5%
Gastroenterology	40,000	11.3	5.8	5.5	51.7%
Infectious Diseases	90,000	5.0	1.5	3.5	28.9%
Nephrology	85,000	5.3	13.9	(8.6)	261.7%
Neurology	44,000	10.3	7.8	2.5	76.0%
Obstetrics/Gynecology	10,000	45.1	28.8	16.3	63.8%
Oncology/Hematology	36,000	12.5	5.2	7.3	41.5%
Gynecology Oncology	100,000	4.5	0.0	4.5	0.0%
Physical Medicine & Rehabilitation	85,000	5.3	5.5	(0.2)	103.6%
Psychiatry	20,000	22.6	11.8	10.8	52.3%
Pulmonary Medicine	85,000	5.3	2.7	2.6	50.8%
Radiation Oncology	95,000	4.8	2.8	2.0	58.9%
Rheumatology	100,000	4.5	1.6	2.9	35.4%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	3.0	2.0	1.0	66.5%
- Bariatric Surgery	100,000	4.5	0.5	4.0	11.1%
- Colon & Rectal Surgery	200,000	2.3	0.0	2.3	0.0%
- General Surgery	20,000	22.6	14.6	8.0	64.5%
- Vascular Surgery	125,000	3.6	3.3	0.3	91.4%
Neurosurgery	85,000	5.3	4.0	1.3	75.3%
Ophthalmology	34,000	13.3	9.6	3.7	72.3%
Orthopedic Surgery					
- General/Sports Medicine	26,000	17.4	8.3	9.1	47.8%
- Foot/Ankle	295,000	1.5	0.0	1.5	0.0%
- Hand Surgery	225,000	2.0	0.0	2.0	0.0%
- Total Joint Reconstructive Surgery	175,000	2.6	0.7	1.9	27.1%
- Trauma	160,000	2.8	0.3	2.5	10.6%
Otorhinolaryngology	37,000	12.2	3.4	8.8	27.9%
Plastic/Reconstructive Surgery	90,000	5.0	2.0	3.0	39.9%
Spine Surgery	175,000	2.6	1.3	1.3	50.4%
Urology	32,000	14.1	3.4	10.7	23.7%
Service Area Population		**451,460**			Need
					Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

GASH Community Physician Needs Model

Specialty	Population to Support One Physician	KDMC GASH Gross Physician Need	KDMC GASH FTE Physician Supply	KDMC GASH Net Need (Surplus)	KDMC GASH Current Supply % of Need
Primary Care					
Adult Primary Care (FM & IM)*	2,000	194.2	189.9	4.3	97.8%
Pediatrics (General)	8,000	48.6	48.4	0.2	99.7%
Medical					
Allergy & Immunology	75,000	5.2	5.3	(0.1)	101.4%
Cardiology	22,000	17.6	14.2	3.4	80.5%
- Electrophysiology	220,000	1.8	0.5	1.3	28.3%
- Interventional/Invasive	63,000	6.2	6.0	0.2	97.3%
- Medical/Non-Invasive	40,000	9.7	7.7	2.0	79.3%
Dermatology	40,000	9.7	4.3	5.4	44.3%
Endocrinology	60,000	6.5	2.9	3.6	44.8%
Gastroenterology	40,000	9.7	5.8	3.9	60.0%
Infectious Diseases	90,000	4.3	1.5	2.8	33.6%
Nephrology	85,000	4.6	13.9	(9.3)	304.2%
Neurology	44,000	8.8	7.8	1.0	88.4%
Obstetrics/Gynecology	10,000	38.8	27.7	11.1	71.3%
Oncology/Hematology	36,000	10.8	5.2	5.6	48.2%
Gynecology Oncology	100,000	3.9	0.0	3.9	0.0%
Palliative Medicine (based on senior population)	20,000	2.3	1.0	1.3	43.4%
Physical Medicine & Rehabilitation	85,000	4.6	5.5	(0.9)	120.4%
Psychiatry	20,000	19.4	11.8	7.6	60.8%
Pulmonary Medicine	85,000	4.6	2.7	1.9	59.1%
Radiation Oncology	95,000	4.1	2.8	1.3	68.5%
Rheumatology	100,000	3.9	1.6	2.3	41.2%
Surgical					
Surgery					
- Cardiothoracic/vascular Surgery	150,000	2.6	2.0	0.6	77.2%
- Bariatric Surgery	100,000	3.9	0.5	3.4	12.9%
- Colon & Rectal Surgery	200,000	1.9	0.0	1.9	0.0%
- General Surgery	20,000	19.4	14.6	4.8	74.9%
- Vascular Surgery	125,000	3.1	3.3	(0.2)	106.2%
Neurosurgery	85,000	4.6	4.0	0.6	87.5%
Ophthalmology	34,000	11.4	9.6	1.8	84.0%
Orthopedic Surgery					
- General/Sports Medicine	26,000	14.9	8.3	6.6	55.6%
- Foot/Ankle	295,000	1.3	0.0	1.3	0.0%
- Hand Surgery	225,000	1.7	0.0	1.7	0.0%
- Total Joint Reconstructive Surgery	175,000	2.2	0.7	1.5	31.5%
- Trauma	160,000	2.4	0.3	2.1	12.4%
Otorhinolaryngology	37,000	10.5	3.4	7.1	32.4%
Plastic/Reconstructive Surgery	90,000	4.3	2.0	2.3	46.3%
Spine Surgery	175,000	2.2	1.3	0.9	58.6%
Urology	32,000	12.1	3.4	8.7	27.6%
Service Area Population		**388,430**			Need Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

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Physician Market Summary

Physician Market Age Profile

The TSA has approximately 500 physicians of which an estimated 30% are over the age of 60 and the average age is 52.8. Certain specialties are vulnerable from a succession planning standpoint.

Physician Market by Type

While physician by type (PCP/medical/surgical/) are well represented, the area continues to have retention issues e.g. departures of APPs after fulfilling requirements of student loan forgiveness programs (est. 2-3 years).

Physician Distribution by Community

Physicians in the TSA are predominantly located in the Cities of Visalia, Hanford, Porterville, and Tulare.

Sub-market Physician Supply Comparison

The TSA is the most underserved service area overall while the PSA has the highest per capita physician supply.

Physician by Type

Primary Care	Medical Specialists	Surgical Specialists
210	180	90
43.8% of market	**37.5% of market**	**18.8% of market**

Physician Market Profile: Age by Specialty

Kaweah Delta Medical Center TSA
Physician Market Age Profile

Specialty	Total Physician	Average Age	Physician Age <40	41-50	51-60	61-70	71 +	Senior Workforce % Age 61+
Primary Care								
Family Practice/General Practice	98	53.7	21	22	23	20	12	33%
Internal Medicine	43	52.7	11	6	15	9	2	26%
Pediatrics	69	49.4	22	16	17	12	2	20%
Subtotal	210		54	44	55	41	16	1
Medical Specialties								
Allergy & Immunology	9	55.2	0	3	4	2	0	22%
Cardiology	20	58.5	1	4	4	10	1	55%
Dermatology	9	57.3	0	3	2	3	1	44%
Endocrinology	4	46.7	1	2	1	0	0	0%
Gastroenterology	9	59.3	1	0	1	7	0	78%
Infectious Diseases	2	54.0	0	1	1	0	0	0%
Nephrology	22	50.4	5	9	3	3	2	23%
Neurology	10	52.2	2	2	5	1	0	10%
Obstetrics/Gynecology	44	55.0	9	8	12	7	8	34%
Oncology/Hematology	7	64.6	0	0	1	5	1	86%
Physical Medicine & Rehab	10	48.3	3	2	4	1	0	10%
Psychiatry	20	49.9	4	10	2	2	2	20%
Pulmonary Medicine	7	52.1	1	2	2	2	0	29%
Radiation Oncology / Radiation Therapy	4	60.0	1	0	0	2	1	75%
Rheumatology	3	62.0	0	0	1	2	0	67%
Subtotal	180		28	46	43	47	16	35%
Surgical Specialties								
Surgery								
Cardiothoracic/vascular Surgery	2	48.5	0	2	0	0	0	0%
Bariatric Surgery	1	37.0	1	0	0	0	0	0%
General Surgery	20	49.6	3	9	3	4	1	25%
Vascular Surgery	7	45.3	3	2	2	0	0	0%
Neurosurgery	12	52.1	1	6	2	2	1	25%
Ophthalmology	15	48.5	6	3	3	2	1	20%
Orthopedic Surgery	15	52.8	4	5	1	2	3	33%
Otorhinolaryngology	8	59.9	1	1	1	4	1	63%
Plastic Surgery	3	59.3	0	1	1	0	1	33%
Urology	7	61.5	1	0	1	3	2	71%
Subtotal	90		20	29	14	17	10	30%
Physician Market Total	**480**	**52.8**	**102**	**119**	**112**	**105**	**42**	**31%**

- Specialties with an aging workforce include:
  - Primary Care
  - Cardiology
  - Dermatology
  - GI
  - OB/Gyn
  - Oncology/Hematology
  - Radiation Oncology
  - Rheumatology
  - Orthopedic Surgery
  - ENT
  - Urology

Physician Supply Service Area Comparison

Sub-market Physician Supply Comparison	KDMC					
	GASH	PSA	TSA	FPSA	Tulare County	Kings County
Population (2020)	388,430	228,808	597,438	451,460	463,814	151,233
% Pediatrics (0-17)	29.9%	29.0%	29.8%	30.3%	30.2%	27.7%
% Seniors (65+)	11.9%	12.4%	11.7%	11.6%	11.8%	10.6%
Adult PCP[(1)]						
Total FTEs	238.3	189.3	302.3	256.7	256.7	63.3
1 PCP per X Population	1,630	1,209	1,977	1,759	1,807	2,391
Medical Specialists						
Total FTEs (Current supply)	112.9	88.2	135.3	114.0	113.8	21.8
1 Medical Specialist per X Population	3,440	2,593	4,416	3,959	4,075	6,953
Surgical Specialists						
Total FTEs (Current supply)	53.3	42.1	62.1	53.3	53.3	8.8
1 Surgical Specialist per X Population	7,288	5,441	9,628	8,470	8,702	17,284

Note: Specialist counts are for specialties evaluated in this analysis versus all specialties. For example, podiatry is not

[(1)] Includes APPs

- The PSA has the highest per capita physician supply (primary care, medical specialties, and surgical specialties).
- The GASH has the second-highest per capita physician supply across primary care, medical, and surgical care.
- KDMC's TSA is the most underserved service area overall.

Comparison of Physician Needs by Service Area

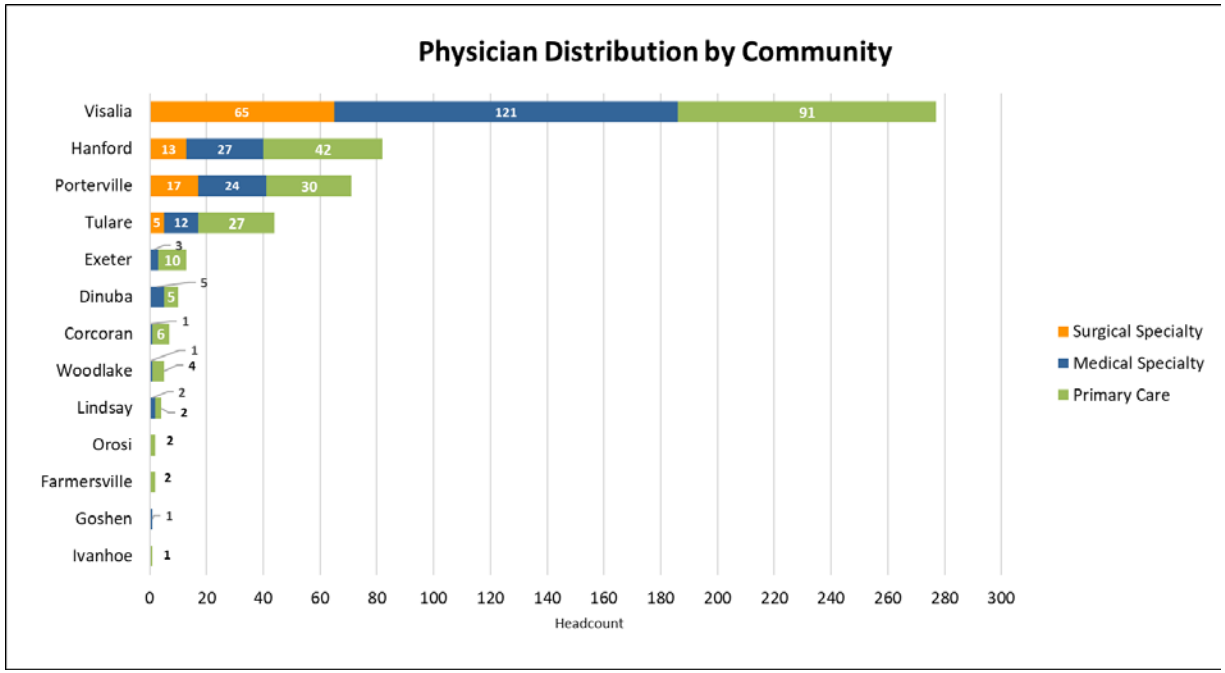
Specialty	Population to Support One Physician	KDMC GASH Net Need (Surplus)	Tulare County Net Need (Surplus)	Kings County Net Need (Surplus)	Tulare County & Kings County Net Need (Surplus)	KDMC PSA Net Need (Surplus)	KDMC TSA Net Need (Surplus)	KDMC FPSA Net Need (Surplus)
Primary Care								
Adult Primary Care (FM & IM)*	2,000	4.3	24.9	22.9	47.9	(44.5)	55.7	18.7
Pediatrics (General)	8,000	0.2	8.3	8.3	16.6	(1.8)	15.4	6.7
Medical								
Allergy & Immunology	75,000	(0.1)	0.9	1.7	2.7	(1.6)	2.5	0.7
Cardiology	22,000	3.4	6.9	4.7	11.5	(0.8)	10.7	6.3
- Electrophysiology	220,000	1.3	1.6	0.7	2.3	0.5	2.2	1.6
- Interventional/Invasive	63,000	0.2	1.4	1.2	2.6	(1.4)	2.3	1.2
- Medical/Non-Invasive	40,000	2.0	3.9	2.8	6.7	0.0	6.2	3.6
Dermatology	40,000	5.4	7.3	3.1	10.4	1.7	9.9	7.0
Endocrinology	60,000	3.6	4.8	2.3	7.2	1.9	6.9	4.6
Gastroenterology	40,000	3.9	5.8	2.7	8.5	0.7	8.0	5.5
Infectious Diseases	90,000	2.8	3.7	1.7	5.3	1.0	5.1	3.5
Nephrology	85,000	(9.3)	(8.4)	1.7	(6.8)	(9.1)	(7.0)	(8.6)
Neurology	44,000	1.0	2.7	2.9	5.7	(1.6)	5.3	2.5
Obstetrics/Gynecology	10,000	11.1	17.8	5.6	23.4	6.7	21.9	16.3
Oncology/Hematology	36,000	5.6	7.7	3.9	11.6	3.4	11.1	7.3
Gynecology Oncology	100,000	3.9	4.6	1.5	6.2	2.3	6.0	4.5
Physical Medicine & Rehabilitation	85,000	(0.9)	0.0	1.8	1.7	(2.6)	1.5	(0.2)
Psychiatry	20,000	7.6	11.4	1.8	13.2	(0.4)	12.3	10.8
Pulmonary Medicine	85,000	1.9	2.8	1.7	4.4	1.0	4.2	2.6
Radiation Oncology	95,000	1.3	2.1	1.6	3.7	0.6	3.5	2.0
Rheumatology	100,000	2.3	3.0	0.5	3.6	0.7	3.4	2.9
Surgical								
Surgery								
- Cardiothoracic/vascular Surgery	150,000	0.6	1.1	1.0	2.1	(0.5)	2.0	1.0
- Bariatric Surgery	100,000	3.4	4.1	1.5	5.7	1.8	5.5	4.0
- Colon & Rectal Surgery	200,000	1.9	2.3	0.8	3.1	1.1	3.0	2.3
- General Surgery	20,000	4.8	8.6	5.6	14.2	1.6	13.3	8.0
- Vascular Surgery	125,000	(0.2)	0.4	0.7	1.1	(1.1)	1.0	0.3
Neurosurgery	85,000	0.6	1.5	1.8	3.2	(1.3)	3.0	1.3
Ophthalmology	34,000	1.8	4.0	3.9	8.0	(1.5)	7.5	3.7
Orthopedic Surgery								
- General/Sports Medicine	26,000	6.6	9.5	4.3	13.9	2.5	13.2	9.1
- Foot/Ankle	295,000	1.3	1.6	0.5	2.1	0.8	2.0	1.5
- Hand Surgery	225,000	1.7	2.1	0.7	2.7	1.0	2.7	2.0
- Total Joint Reconstructive Surgery	175,000	1.5	2.0	0.9	2.8	0.6	2.7	1.9
- Trauma	160,000	2.1	2.6	0.9	3.5	1.1	3.4	2.5
Otorhinolaryngology	37,000	7.1	9.1	2.4	11.5	3.9	11.0	8.8
Plastic/Reconstructive Surgery	90,000	2.3	3.2	1.7	4.8	0.5	4.6	3.0
Spine Surgery	175,000	0.9	1.4	0.3	1.6	0.0	1.5	1.3
Urology	32,000	8.7	11.1	2.7	13.8	5.4	13.3	10.7
Service Area Population	Need	**388,430**	**463,814**	**151,233**	**615,047**	**228,808**	**597,438**	**451,460**
	Adequate Supply							

Note: Ratios rounded

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

*Same table as pg 20

Physician Distribution by Community



- Physicians are predominantly located within the Cities of Visalia, Hanford, Porterville, and Tulare.
- The City of Visalia has high representation of medical specialties and low representation of primary care physicians.

Physician Workforce Vulnerability Analysis

- The table on the following page highlights specialty vulnerability within the TSA based on key factors including:
  - Current need
  - Succession planning
  - Aging workforce
- The most vulnerable specialties include:
  - Primary Care
  - Gastroenterology
  - Oncology/Hematology
  - Urology
  - Orthopedic Surgery
  - ENT

Physician Workforce Vulnerability Analysis – cont'd

KDMC TSA	Total Physicians	Market Indicators			Succession Planning		
Specialty	Headcount	Current Supply % of Need	FTEs Needed*	Expressed Need through Interviews	% of Physicians Age 60+	Departure/ Retirement Expressed	Risk Level
Adult Primary Care (FM & IM)	141	81%	55.7	Yes	33%	Yes	High
Gastroenterology	9	46%	8.0	Yes	78%	Yes	High
Oncology/Hematology	7	33%	11.1	Yes	86%	Yes	High
Urology	7	29%	13.3	Yes	71%	Yes	High
Orthopedic Surgery	13	69%	24.0	Yes	38%	Yes	High
Otorhinolaryngology	8	32%	11.0	Yes	63%	Yes	High
Cardiology	20	60%	10.7	No	55%	Yes	Moderate
General Surgery[(1)]	21	56%	21.8	Yes	24%	Yes	Moderate
Radiation Oncology	4	45%	3.5	No	75%	Yes	Moderate
Dermatology	9	33%	9.9	Yes	33%	Yes	Moderate
Obstetrics/Gynecology	44	63%	21.9	Yes	27%	Yes	Moderate
Rheumatology	3	44%	3.4	Yes	67%	No	Moderate
Endocrinology	4	31%	6.9	Yes	n/a	Yes	Moderate
Psychiatry	20	59%	12.3	Yes	15%	No	Moderate
Infectious Diseases	2	22%	5.1	No	n/a	No	Moderate
Allergy & Immunology	9	69%	2.5	No	33%	Yes	Moderate
Cardiothoracic/vascular Surgery	2	50%	2.0	No	n/a	No	Low
Vascular Surgery	7	78%	1.0	No	14%	No	Low
Neurosurgery	9	57%	3.0	No	33%	Yes	Low
Pulmonary Medicine	7	40%	4.2	No	29%	No	Low
Neurology	10	61%	5.3	Yes	10%	No	Low
Ophthalmology	15	57%	7.5	No	20%	No	Low
Pediatrics (General)	69	79%	15.4	No	23%	No	Low
Physical Medicine & Rehabilitation	10	78%	1.5	No	10%	No	Low
Plastic/Reconstructive Surgery	3	30%	4.6	No	33%	Yes	Low
Nephrology	22	199%	(7.0)	No	23%	No	Low

* () indicates adequate supply
[(1)]General Surgery incudes bariatric surgery and colorectal surgery
Note: Ages for all physcians not available. The above metrics are best estiamtes with current data.

Physician Market Profile: Identified Succession Planning

- Using 65 years of age as a benchmark for retirement/practice slowdown, the following physicians should be monitored for succession planning.

Last Name	First Name	Age	Specialty
Aminian	A	70	Allergy & Immunology
Baz	Malik	69	Allergy & Immunology
Meyer	Barry	75	Cardiology
Behl	Ashok	69	Cardiology
Gupta	Vinod	69	Cardiology
Cislowski	David	68	Cardiology
Johnson	Dennis	68	Cardiology
Verma	Ashok	68	Cardiology
Lively	Harry	65	Cardiology
Whitaker	Duane	73	Dermatology
Pearson	Earl	70	Dermatology
Villard	Christopher	68	Dermatology
Garcia	Raynado	82	Family Practice/General Practice
Marconi	Ronald	77	Family Practice/General Practice
Weisenberger	John	77	Family Practice/General Practice
Castillo	Fausto	75	Family Practice/General Practice
Kumar	Ravi	75	Family Practice/General Practice
Mimura	Gary	73	Family Practice/General Practice
Pentschev	Stefan	73	Family Practice/General Practice
Evans	Thomas	72	Family Practice/General Practice
Molina	Arthur	71	Family Practice/General Practice
Nguyen	Chi	71	Family Practice/General Practice
Roach	William	71	Family Practice/General Practice
Velasco	Oscar	71	Family Practice/General Practice
Sorensen	Eric	70	Family Practice/General Practice
Krishna	Vijay	69	Family Practice/General Practice
Sidhu	Jasvir	69	Family Practice/General Practice
Espinosa	Andrea	67	Family Practice/General Practice
Metts	Julius	67	Family Practice/General Practice
Cruz	Danilo	66	Family Practice/General Practice
Kamboj	Pradeep	66	Family Practice/General Practice
Miyakawa	Jon	66	Family Practice/General Practice
Soloniuk-Tays	Gaylene	66	Family Practice/General Practice
Welden	Arnold	66	Family Practice/General Practice
Booker	John	65	Family Practice/General Practice
Perez	Raul	65	Family Practice/General Practice
Princeton	Harvard	65	Family Practice/General Practice
Shah	Harish	65	Family Practice/General Practice
Zweifler	John	65	Family Practice/General Practice

Last Name	First Name	Age	Specialty
Au	Alvin	65	Gastroenterology
Seralathan	Ramasamy	71	General Surgery
Chiu	Ching	77	Internal Medicine
Reddy	Ravindranath	76	Internal Medicine
Venkatesan	Kalpathy	69	Internal Medicine
Buttan	Vinay	68	Internal Medicine
Jindal	Rakesh	67	Internal Medicine
Woods	Robert	67	Internal Medicine
Nava	Adolph	66	Internal Medicine
Chen	Wei-Tzuoh	77	Nephrology
Heaney	David	73	Nephrology
Haley	Roger	70	Nephrology
Smith	Stephen	70	Nephrology
Thomas	Mohsen	66	Nephrology
Chahil	Boota	65	Neurology
Madsen III	Parley	72	Neurosurgery
Hoyt	Thomas	68	Neurosurgery
Acosta	Luis	77	Obstetrics/Gynecology
Salas	Jose	76	Obstetrics/Gynecology
Saljoughy	Togrol	75	Obstetrics/Gynecology
Nelson	David	72	Obstetrics/Gynecology
Pang	Kin	72	Obstetrics/Gynecology
Siddiqi	Naeem	72	Obstetrics/Gynecology
Khademi	Talaksoon	71	Obstetrics/Gynecology
Taksa	Charles	71	Obstetrics/Gynecology
Enloe	Thomas	70	Obstetrics/Gynecology
Ellsworth	Richard	69	Obstetrics/Gynecology
Hibbert	Morton	69	Obstetrics/Gynecology
Cryns	David	68	Obstetrics/Gynecology
Overton	Katherine	67	Obstetrics/Gynecology
Bryson	David	71	Oncology/Hematology
Baloch	Anwer	68	Oncology/Hematology
Havard	Robert	65	Oncology/Hematology
Kuo	Samuel	65	Oncology/Hematology
Ruda Jr	Joseph	75	Ophthalmology
Beard	Bradley	65	Ophthalmology
Ganti	Shashi	65	Ophthalmology

Last Name	First Name	Age	Specialty
Allyn	Donald	77	Orthopedic Surgery
Redd	Burton	76	Orthopedic Surgery
Tindall	Mark	72	Orthopedic Surgery
Srivastava	Pramod	66	Orthopedic Surgery
Wong	Ronald	72	Otorhinolaryngology
Stillwater	Lyle	69	Otorhinolaryngology
Calloway	Craig	68	Otorhinolaryngology
Nagrani	Kishu	77	Pediatrics
Sidharaju	Rajeswari	75	Pediatrics
Kamboj	Prem	70	Pediatrics
Zorn	Elinor	70	Pediatrics
Haack	Susan	68	Pediatrics
Sobieralski	Theodore	67	Pediatrics
Hall	Kathryn	66	Pediatrics
Hwang	A. Grace	66	Pediatrics
Resa	Ramon	66	Pediatrics
Sidhom	Niazi	66	Pediatrics
Buttan	Poonam	65	Pediatrics
Mitts	Thomas	73	Plastic Surgery
Velosa	Luis	78	Psychiatry
Castillo-Armas	Edgar	67	Psychiatry
Warner	Gregory	69	Pulmonary Medicine
Ramsinghani	Veena	73	Radiation Oncology / Radiation Therapy
Hanalla	Youssef	65	Radiation Oncology / Radiation Therapy
Kim	Owen	65	Radiation Oncology / Radiation Therapy
Boniske	Charles	68	Rheumatology
Bhardwaj	Virinder	72	Urology
Dwivedi	Rajendra	71	Urology
Hong	Tu-Hi	69	Urology

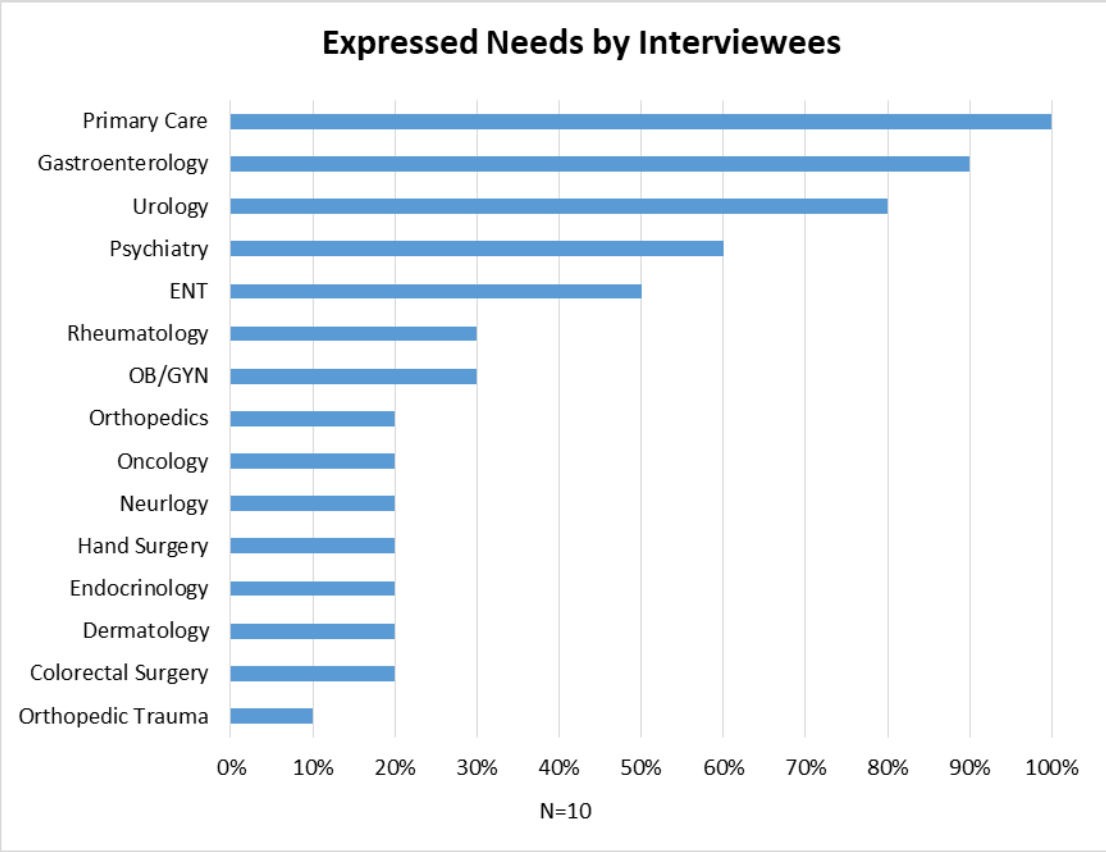
Key Findings/Reflections from Interviews

- KDMC has been and continues to pursue efforts to better meet the needs of the community.
  - The Hospital continues to build new residency programs to help alleviate the physician shortage and improve retention of physicians within the area.
    - Anecdotal reports indicate about half the residents remain in the area post-residency.
    - Residency programs have been geared towards specialties that are difficult to recruit for- e.g. behavioral health, emergency medicine, primary care, and surgery.
  - Kaweah has been flexible in creating different vehicles to support physicians and physician recruitment in the area e.g. Delta Doctors, Key Medical Associates, Visalia Medical Clinic (employed-like).
  - Despite that the area is largely FFS, KDMC has been progressive in its efforts to shift to FFV. The Hospital has created Sequoia Integrated Health to improve care quality/reduce costs under a risk-based model.
  - KDMC is exploring opportunities to build additional capacity to better accommodate growth, enhance access to care, and reduce potential leakage.

Key Findings/Reflections from Interviews – cont'd

- Many have expressed that the health of the Medi-Cal population seeking care in the FQHCs via APPs could be better managed with enhanced care continuity and potentially reduce avoidable emergency department visits.
  - Given the size of the Medi-Cal population in the area and the shift from FFS to FFV, KDMC's efforts to enter into the FQHC space will be important.
    - KDMC has applied for FQHC privilege and is exploring the ability to create a medical home – an integrated delivery model to monitor its patients throughout their continuum of care.
- Interviewees have expressed the following specialties as significant needs due to long wait and/or access issues in the following specialties:
  - Adult primary care
  - GI
  - Urology
  - Psychiatry (adult and pediatric)
  - ENT

Expressed Needs by Interviewees



Purpose, Methodology, and Background

Executive Summary

Service Area Definitions & Demographics

Community Physician Needs

Physician Market Profile

Recruitment Recommendations

Appendices

Recommendation: Physician/Provider Recruitment and Development Targets

- Based on qualitative and quantitative analysis of the service area(s) and feedback from interviews, suggested physician/provider needs by specialty are detailed on the following pages.

Recommendation: Physician/Provider Recruitment and Development Targets – cont'd

Specialty	Minimum FTEs Needed	Indicated Need Through Interviews	Potential Succession Planning Needed	Community Need for Physicians	Comments
FM/IM	3-4	✓	✓	✓	➢ Access issues ➢ Practice slow down
Dermatology	1-2	✓	✓	✓	➢ Practice slowdown
Endocrinology	1	✓	✓	✓	➢ Anticipated retirement
Gastroenterology	2-3	✓	✓	✓	➢ Access issues ➢ Anticipated retirement ➢ ED call and I/P coverage issues ➢ Medi-Cal population not being seen
OB/GYN	1-2	✓	✓	✓	➢ Need for OB/Gyns for Medi-Cal population
Palliative Medicine	1	✗	✗	✓	➢ Growing community demand ➢ Only one physician present
Psychiatry	1-2	✓	✗	✓	➢ Access issues ➢ Need for pediatric psychiatrist(s)
Rheumatology	1	✓	✓	✓	➢ Access issues ➢ Leakage

Recommendation: Physician/Provider Recruitment and Development Targets – cont'd

Specialty	Minimum FTEs Needed	Indicated Need Through Interviews	Potential Succession Planning Needed	Community Need for Physicians	Comments
Colon & Rectal Surgery	1	✓	✗	✓	➢ No physician currently present in the area
General Surgery	1-2	✓	✓	✓	➢ Access issues ➢ Growth
Orthopedic Surgery	1	✓	✓	✓	➢ Need for general and subspecialized surgeons ➢ Community leakage
ENT	1-2	✓	✓	✓	➢ Aging workforce ➢ Access and ED call issues
Urology	2-3	✓	✓	✓	➢ Aging workforce ➢ Access issues ➢ ED call and I/P coverage issues ➢ Community leakage
Neurology	1	✓	✗	✓	➢ I/P coverage issues
Cardiology: Electrophysiology	1	✗	✗	✓	➢ Additional depth and breath needed in service line

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Appendices

Appendix A: Interviewees

KDMC Interviewees	
Name	**Clinical Area/Administration**
Gary Herbst	CEO - Kaweah Delta
Dr. Bruce Hall	Internist/CMO of Kaweah Delta Medical Foundation
Marc Mertz	VP Chief of Strategy
Ryan Gates	VP of Population Health Management
Brent Boyd	CEO of Foundation for Medical Care of Tulare & Kings Counties, Inc.
Dr. Mandeep Bagga	Psychiatry
Dr. Seth Criner	Orthopedic Surgery/Trauma
Dr. Monica Manga	Internal Medicine, Vice Chief of Staff
Dr. Onsy Said	Adult Hospitalist
Dr. Lori Winston	EM/Designated Institution Officer

Appendix B: Physician Market Inventory List

- Attached separately

Appendix C: Service Area Definitions and Demographics

- The following pages provide the below details:
  - KDMC Service Area maps by sub-market (PSA, TSA & FPSA)
  - KDMC Service Area demographics by sub-market (PSA, TSA & FPSA)
  - KDMC GASH
    - Legal definition
    - Area map and area definition
    - Demographics

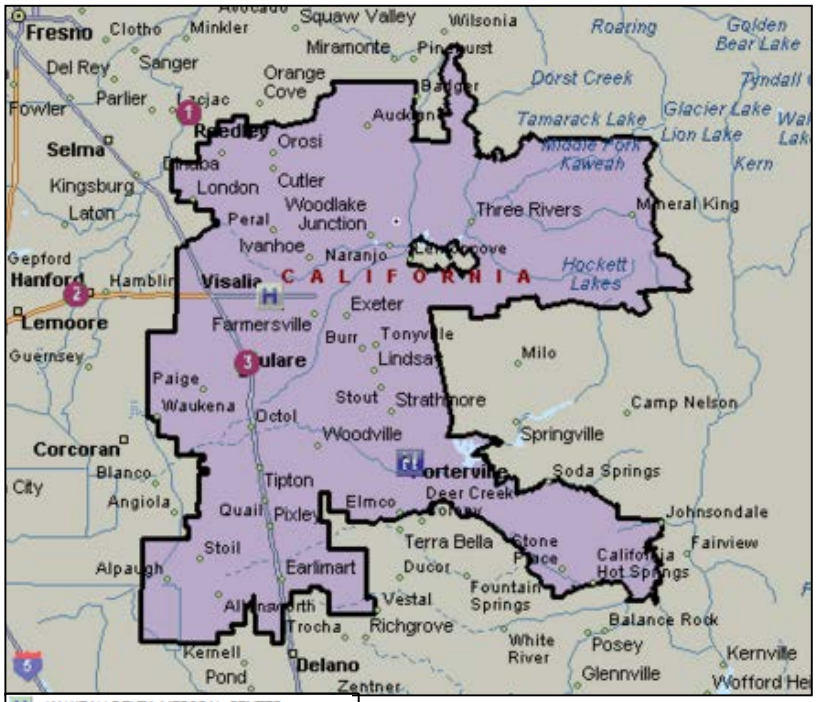
Appendix C: KDMC Service Area Definitions & Area Depictions

TSA

- KAWEAH DELTA MEDICAL CENTER
- SIERRA VIEW MEDICAL CENTER
- 1 ADVENTIST MEDICAL CENTER - REEDLEY
- 2 ADVENTIST MEDICAL CENTER
- 3 TULARE REGIONAL MEDICAL CENTER

TSA = PSA + SSA

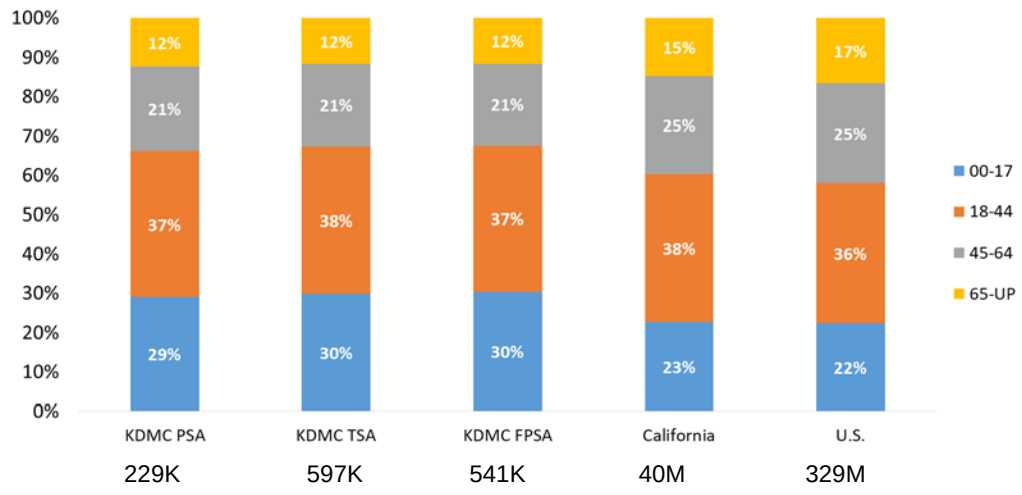
FPSA



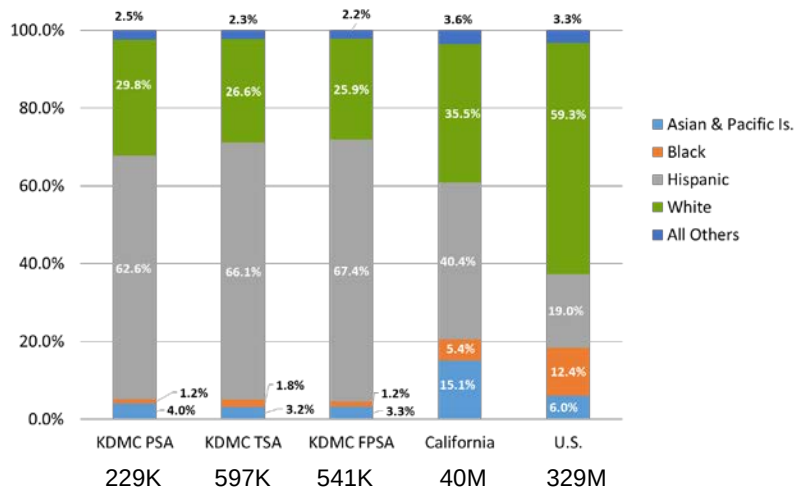
- KAWEAH DELTA MEDICAL CENTER
- SIERRA VIEW MEDICAL CENTER
- 1 ADVENTIST MEDICAL CENTER - REEDLEY
- 2 ADVENTIST MEDICAL CENTER
- 3 TULARE REGIONAL MEDICAL CENTER

Appendix C: Demographic Profile – KDMC Service Area(s)

Population by Age Cohort



Ethnic & Racial Distribution Comparison

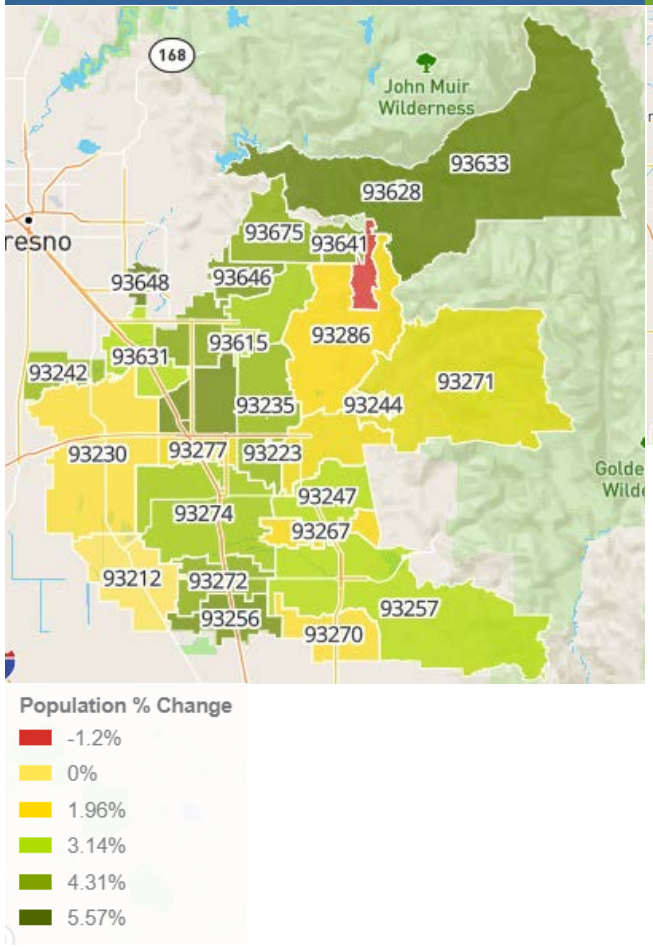


- The strategic service areas have younger populations when compared to California as a whole, and a correspondingly small segment of the senior population (65+).
- The pediatric population (age 00-17) is proportionally higher (30%) when compared to the State (23%).
- The service areas are largely Hispanic and White. Compared to the State, the Hispanic population is proportionally higher (60% to 70% vs 40%).

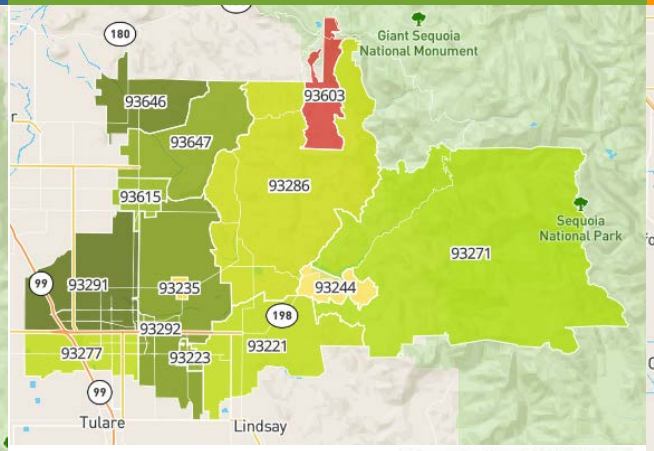
Appendix C: Projected Growth – KDMC Service Area(s)

5-Year Population Growth Projected by ZIP Code

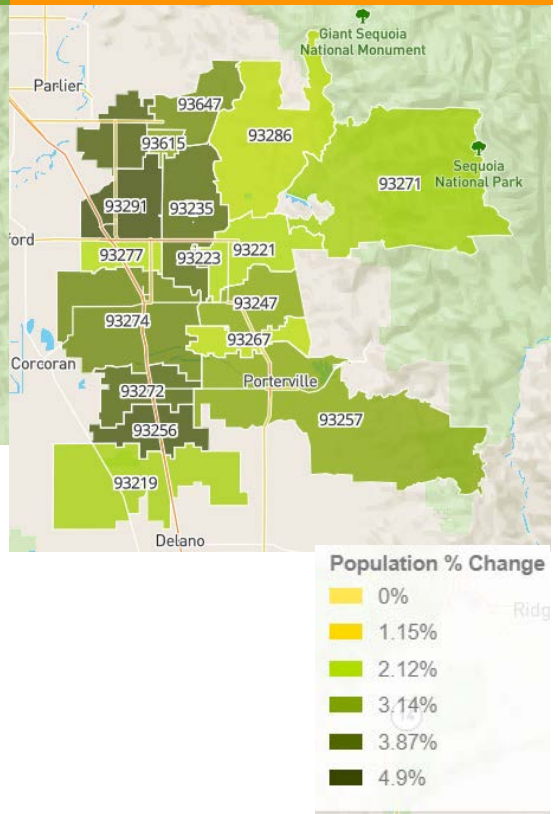
TSA



PSA



FPSA

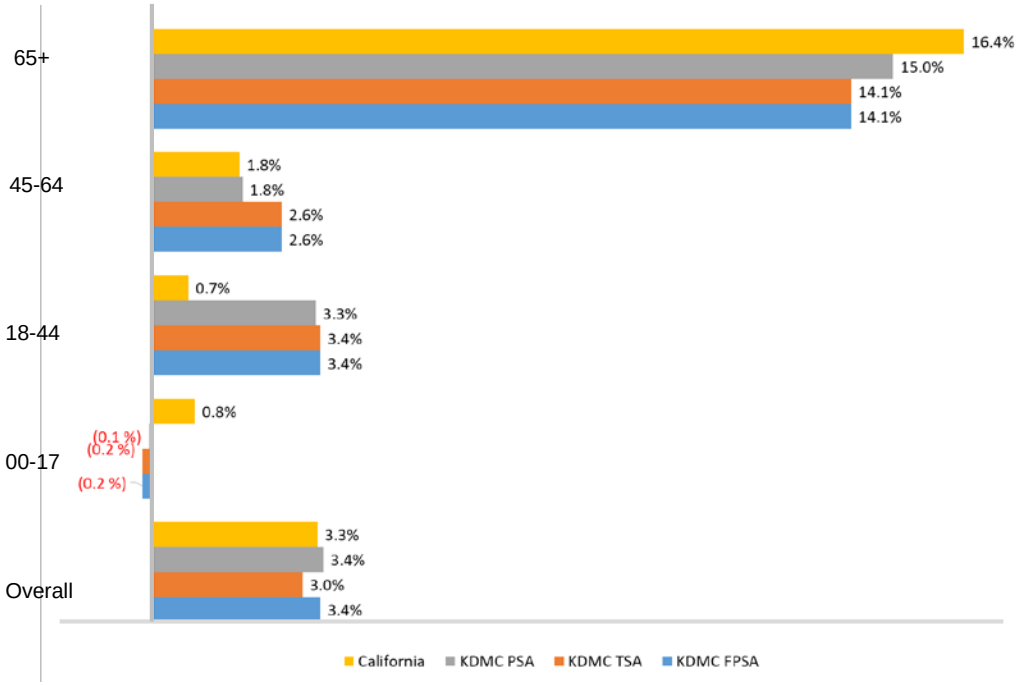


Appendix C: Projected Growth – KDMC Service Area(s) – cont'd

	Current Population		Population 5-Year % Change	
Age Group	Service Area	Percent of Population	Market Growth Rates	California
PSA				
0-17	66,411	29.0%	0%	1%
18-44	84,931	37.1%	3%	1%
45-64	49,171	21.5%	2%	2%
65-UP	28,295	12.4%	15%	16%
Overall	**228,808**	**100%**	**3%**	**3%**
TSA				
0-17	177,999	29.8%	0%	1%
18-44	224,357	37.6%	3%	1%
45-64	125,104	20.9%	2%	2%
65-UP	69,978	11.7%	13%	16%
Overall	**597,438**	**100%**	**3%**	**3%**
FPSA				
0-17	136,926	30.3%	0%	1%
18-44	168,104	37.2%	3%	1%
45-64	94,032	20.8%	3%	2%
65-UP	52,398	11.6%	14%	16%
Overall	**451,460**	**100%**	**3%**	**3%**

Sg2 Market Demographics

Population by Age Cohort
2020 - 2025

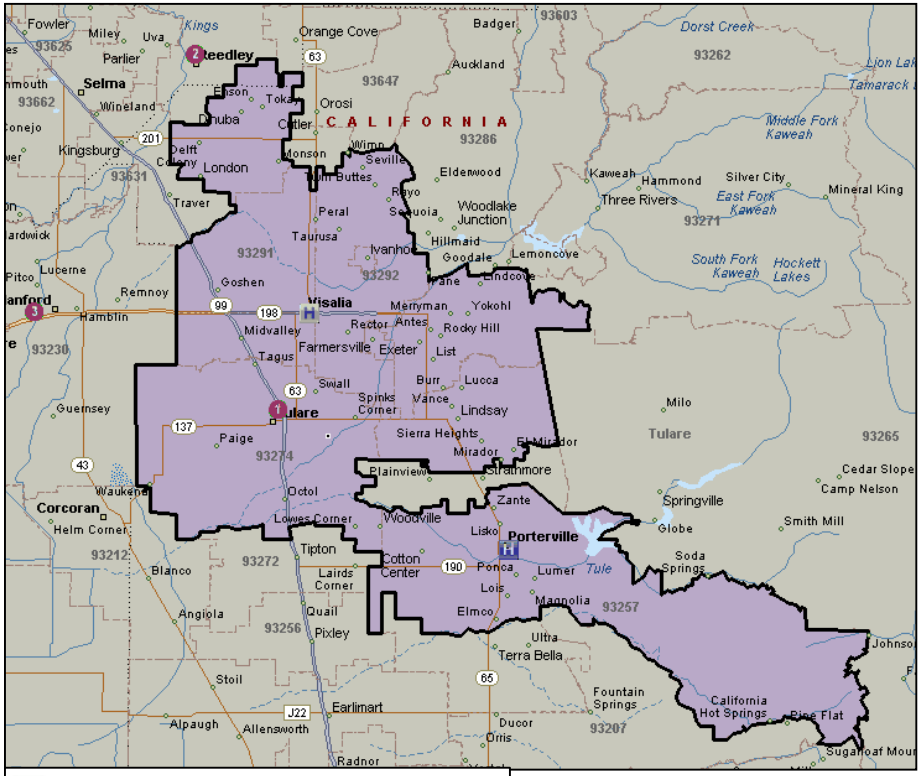


- Overall, the strategic service areas growth trends are similar to that of the State with the exception that the age 18-44 cohort and the age 45-64 cohort will grow at a more rapid rate compared to California.
- Despite the service areas being a younger population, it is the senior population that will have the biggest growth.

Appendix C: GASH Definition

- Geographic Area Served by the Hospital (GASH):
  - The Centers for Medicare & Medicaid Services' Stark Regulations (42 CFR §411.357) states:
    - (2)(i) The ‘‘geographic area served by the hospital’’ is the area composed of the lowest number of contiguous ZIP Codes from which the hospital draws at least 75 percent of its inpatients. The geographic area served by the hospital may include one or more ZIP Codes from which the hospital draws no inpatients, provided that such ZIP Codes are entirely surrounded by ZIP Codes in the geographic area described above from which the hospital draws at least 75 percent of its inpatients.
    - (2)(iii) Special optional rule for rural hospitals. In the case of a hospital located in a rural area (as defined at §411.351), the ‘‘geographic area served by the hospital’’ may also be the area composed of the lowest number of contiguous ZIP Codes from which the hospital draws at least 90 percent of its inpatients. If the hospital draws fewer than 90 percent of its inpatients from all of the contiguous ZIP Codes from which it draws inpatients, the ‘‘geographic area served by the hospital’’ may include noncontiguous ZIP Codes, beginning with the noncontiguous ZIP Code in which the highest percentage of the hospital's inpatients resides, and continuing to add noncontiguous ZIP Codes in decreasing order of percentage of inpatients.

Appendix C: KDMC GASH Definition & Area Depiction



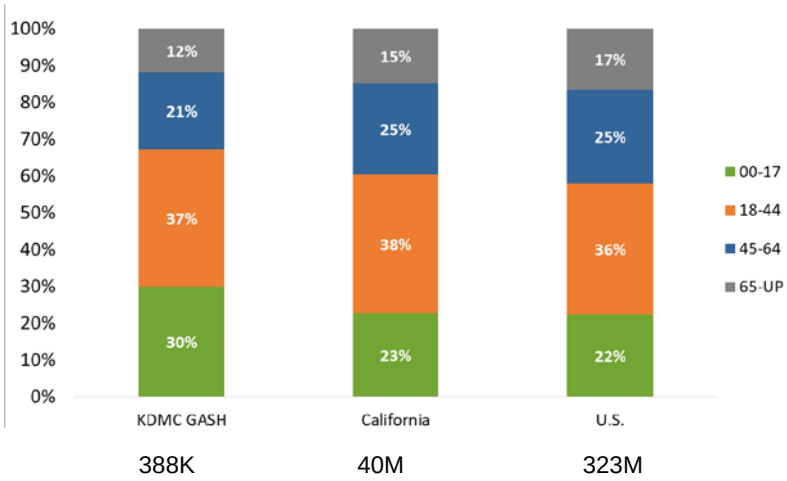
Kaweah Delta Medical Center
Patient Origin

		Inpatient Discharges		
ZIP Code	Community	Total	%	Cumulative %
93277	Visalia	4,377	15.7%	15.7%
93291	Visalia	4,362	15.7%	31.4%
93274	Tulare	4,267	15.3%	46.7%
93292	Visalia	3,177	11.4%	58.1%
93257	Porterville	1,191	4.3%	62.4%
93221	Exeter	1,138	4.1%	66.5%
93618	Dinuba	853	3.1%	69.5%
93223	Farmersville	851	3.1%	72.6%
93247	Lindsay	777	2.8%	75.4%
Subtotal		20,993	75.4%	
Other ZIPs		6,860	24.6%	
Total		**27,853**	**100.0%**	

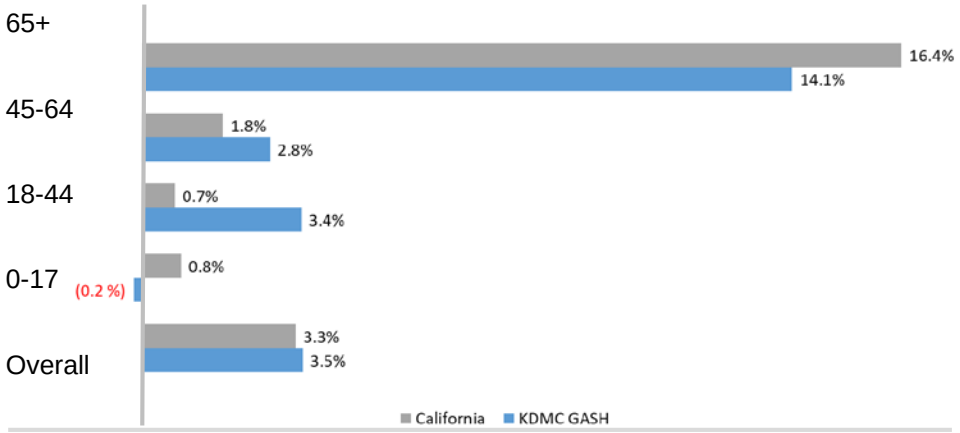
Note: Excludes normal newborns
Source: KDMC CY 2019

Appendix C: Age Profile – KDMC GASH

Population by Age Cohort



% Change in Population by Age Cohort 2020 - 2025

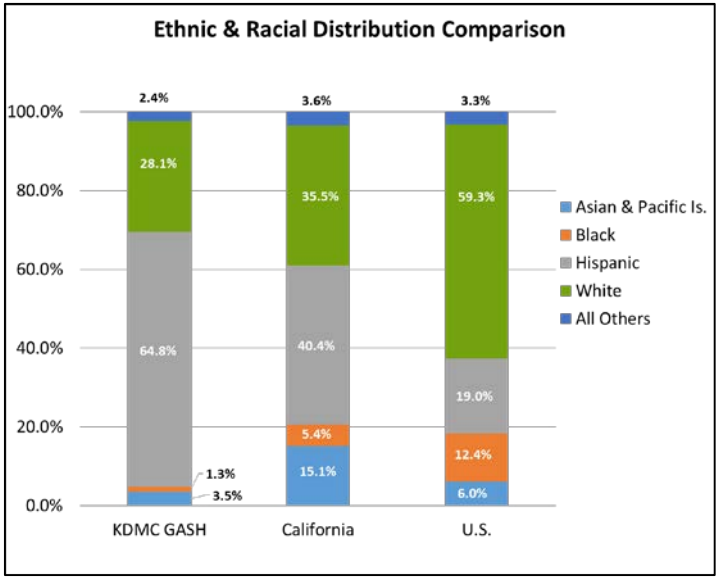


- Residents in the GASH are younger when compared to California as a whole.
- The population between the age of 18 and 64 is expected to grow at a more rapid rate compared to California.
- The senior population (age 65+) is expected to grow at a similar pace to California. However, this segment of the population comprises a small percentage of the GASH population.

Appendix C: Ethnic Profile – KDMC GASH

Ethnic & Racial Distribution Comparison							
	KDMC GASH			California			U.S.
Ethnicity/Race	2020 % of Total	2025 % of Total	Population % Change '20-'25	2020 % of Total	2025 % of Total	Population % Change '20-'25	National 2020 % of Total
Asian & Pacific Is.	3.5%	3.5%	3.3%	15.1%	16.1%	10.2%	6.0%
Black	1.3%	1.3%	0.2%	5.4%	5.2%	(0.7 %)	12.4%
Hispanic	64.8%	68.5%	9.4%	40.4%	41.9%	7.1%	19.0%
White	28.1%	24.4%	(10.1 %)	35.5%	33.0%	(3.7 %)	59.3%
All Others	2.4%	2.4%	4.0%	3.6%	3.8%	8.0%	3.3%
Total	388,430	401,921	3.5%	39,886,390	41,212,916	3.3%	100.0%

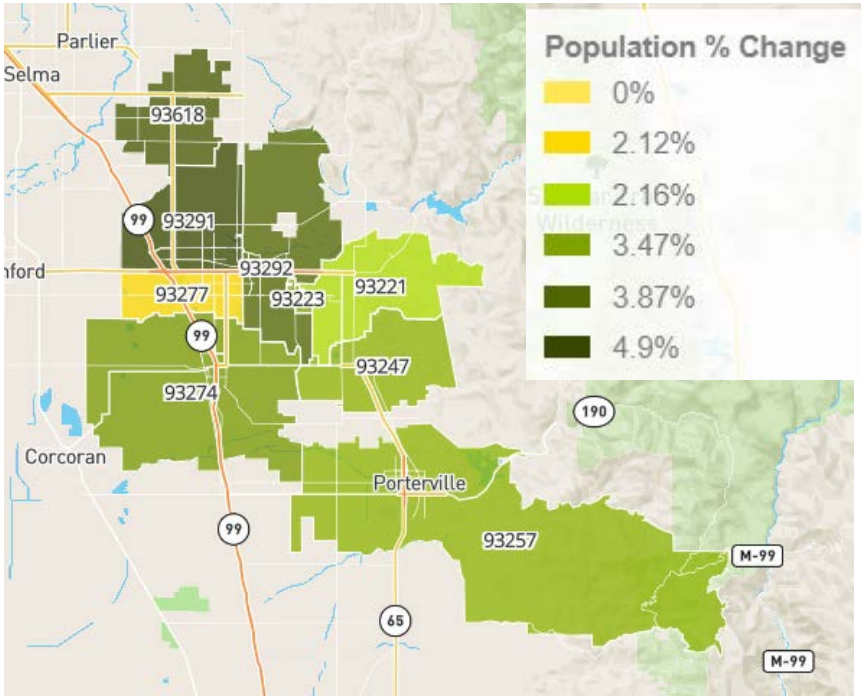
Source: Sg2 Market Demographics



- The GASH is predominantly Hispanic and White.
- The Hispanic population is proportionally higher when compared to California as a whole and will continue to grow.

Appendix C: Projected Growth – KDMC GASH

5-Year Population Growth Projected by ZIP Code



Population Growth by Age Cohort 2020 - 2025

	Current Population		Population 5-Year % Change	
Age Group	KDMC GASH	Percent of Population	Market Growth Rates	California
0-17	116,254	30%	0%	1%
18-44	144,358	37%	3%	1%
45-64	81,704	21%	3%	2%
65-UP	46,114	12%	14%	16%
Overall	388,430	100%	3%	3%

Sg2 Market Demographics

- The GASH population is young, and the area itself is rapidly growing.
- The 93291 ZIP Code (Visalia) with an estimated 60K residents is anticipated to have the highest population growth in the service area (5%).
- Despite being a young population, the senior cohort (65+) is expected to grow at almost five times the rate of the non-senior population.

Appendix D: Physician Needs Model excluding Medi-Cal

- Given that a large segment of the population is insured through Medi-Cal and not all practices accept Medi-Cal, the following pages highlight physician needs based on the exclusion of this population.
- KDMC provided the percentage of the population that is insured through Medi-Cal. As such, the needs model is reflective of this segmentation.
  - Tulare County: excludes 55% of the estimated 463K residents
  - PSA: excludes 39% of the estimated 228K residents
  - TSA: excludes 39% of the estimated 597K residents
- A majority of the specialties being evaluated are at or near adequate supply with the exception of
  - Dermatology
  - Oncology/hematology
  - General surgery
  - Orthopedics
  - ENT
  - Urology

Appendix D: Physician Needs Model excluding Medi-Cal – cont'd

		Tulare County				KDMC PSA				KDMC TSA			
Specialty	Population to Support One Physician	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need	Gross Physician Need	FTE Physician Supply	Net Need (Surplus)	Current Supply % of Need
Adult Primary Care (FM & IM)*	2,000	104.4	207.0	(102.6)	198.3%	69.8	158.9	(89.1)	227.6%	182.2	243.0	(60.8)	133.3%
Pediatrics (General)	8,000	26.1	49.7	(23.6)	190.5%	17.4	30.4	(13.0)	174.2%	45.6	59.3	(13.7)	130.2%
Medical													
Allergy & Immunology	75,000	2.8	5.3	(2.5)	188.7%	1.9	4.7	(2.8)	249.9%	4.9	5.5	(0.6)	113.2%
Cardiology	22,000	9.5	14.2	(4.7)	149.8%	6.3	11.2	(4.9)	176.7%	16.6	16.4	0.2	99.1%
- Electrophysiology	220,000	0.9	0.5	0.4	52.7%	0.6	0.5	0.1	78.8%	1.7	0.5	1.2	30.2%
- Interventional/Invasive	63,000	3.3	6.0	(2.7)	181.1%	2.2	5.0	(2.8)	225.7%	5.8	7.2	(1.4)	124.5%
- Medical/Non-Invasive	40,000	5.2	7.7	(2.5)	147.6%	3.5	5.7	(2.2)	163.4%	9.1	8.7	0.4	95.5%
Dermatology	40,000	5.2	4.3	0.9	82.4%	3.5	4.0	(0.5)	114.6%	9.1	5.0	4.1	54.9%
Endocrinology	60,000	3.5	2.9	0.6	83.4%	2.3	1.9	0.4	81.7%	6.1	3.1	3.0	51.0%
Gastroenterology	40,000	5.2	5.8	(0.6)	111.7%	3.5	5.0	(1.5)	144.2%	9.1	6.9	2.2	76.1%
Infectious Diseases	90,000	2.3	1.5	0.8	62.5%	1.6	1.5	0.1	93.5%	4.0	1.5	2.5	35.8%
Nephrology	85,000	2.5	13.9	(11.4)	566.1%	1.6	11.8	(10.2)	718.6%	4.3	14.0	(9.7)	326.5%
Neurology	44,000	4.7	7.8	(3.1)	164.4%	3.2	6.8	(3.6)	214.4%	8.3	8.3	0.0	100.2%
Obstetrics/Gynecology	10,000	20.9	28.6	(7.7)	137.0%	14.0	16.2	(2.2)	116.1%	36.4	37.8	(1.4)	103.7%
Oncology/Hematology	36,000	5.8	5.2	0.6	89.7%	3.9	3.0	0.9	77.4%	10.1	5.5	4.6	54.3%
Gynecology Oncology	100,000	2.1	0.0	2.1	0.0%	1.4	0.0	1.4	0.0%	3.6	0.0	3.6	0.0%
Physical Medicine & Rehabilitation	85,000	2.5	5.5	(3.0)	224.0%	1.6	5.3	(3.7)	322.8%	4.3	5.5	(1.2)	128.3%
Psychiatry	20,000	10.4	11.8	(1.4)	113.1%	7.0	11.8	(4.8)	169.1%	18.2	17.6	0.6	96.6%
Pulmonary Medicine	85,000	2.5	2.7	(0.2)	110.0%	1.6	1.7	(0.1)	103.5%	4.3	2.8	1.5	65.3%
Radiation Oncology	95,000	2.2	2.8	(0.6)	127.4%	1.5	1.8	(0.3)	122.5%	3.8	2.8	1.0	73.0%
Rheumatology	100,000	2.1	1.6	0.5	76.7%	1.4	1.6	(0.2)	114.6%	3.6	2.6	1.0	71.3%
Surgical													
Surgery													
- Cardiothoracic/vascular Surgery	150,000	1.4	2.0	(0.6)	143.7%	0.9	2.0	(1.1)	214.9%	2.4	2.0	0.4	82.3%
- Bariatric Surgery	100,000	2.1	0.5	1.6	24.0%	1.4	0.5	0.9	35.8%	3.6	0.5	3.1	13.7%
- Colon & Rectal Surgery	200,000	1.0	0.0	1.0	0.0%	0.7	0.0	0.7	0.0%	1.8	0.0	1.8	0.0%
- General Surgery	20,000	10.4	14.6	(4.2)	139.4%	7.0	9.8	(2.8)	140.4%	18.2	16.6	1.6	90.8%
- Vascular Surgery	125,000	1.7	3.3	(1.6)	197.6%	1.1	2.9	(1.8)	259.7%	2.9	3.8	(0.9)	128.6%
Neurosurgery	85,000	2.5	4.0	(1.5)	162.9%	1.6	4.0	(2.4)	243.6%	4.3	4.0	0.3	93.3%
Ophthalmology	34,000	6.1	9.6	(3.5)	156.4%	4.1	8.2	(4.1)	199.8%	10.7	10.1	0.6	94.2%
Orthopedic Surgery													
- General/Sports Medicine	26,000	8.0	8.3	(0.3)	103.4%	5.4	6.3	(0.9)	117.4%	14.0	9.8	4.2	69.9%
- Foot/Ankle	295,000	0.7	0.0	0.7	0.0%	0.5	0.0	0.5	0.0%	1.2	0.0	1.2	0.0%
- Hand Surgery	225,000	0.9	0.0	0.9	0.0%	0.6	0.0	0.6	0.0%	1.6	0.0	1.6	0.0%
- Total Joint Reconstructive Surgery	175,000	1.2	0.7	0.5	58.7%	0.8	0.7	0.1	87.8%	2.1	0.7	1.4	33.6%
- Trauma	160,000	1.3	0.3	1.0	23.0%	0.9	0.3	0.6	34.4%	2.3	0.3	2.0	13.2%
Otorhinolaryngology	37,000	5.6	3.4	2.2	60.3%	3.8	2.3	1.5	61.0%	9.8	5.1	4.7	51.8%
Plastic/Reconstructive Surgery	90,000	2.3	2.0	0.3	86.2%	1.6	2.0	(0.4)	129.0%	4.0	2.0	2.0	49.4%
Spine Surgery	175,000	1.2	1.3	(0.1)	109.0%	0.8	1.3	(0.5)	163.0%	2.1	1.9	0.2	91.2%
Urology	32,000	6.5	3.4	3.1	51.4%	4.4	1.8	2.6	40.1%	11.4	5.4	6.0	47.0%
Service Area Population		**208,716**			Need	**139,573**			Need	**364,437**			Need
excluding Medi-Cal population					Adequate Supply				Adequate Supply				Adequate Supply

Note: Ratios rounded.

*Primary Care Physician Supply includes APPs. APPs allocated 0.80 FTE

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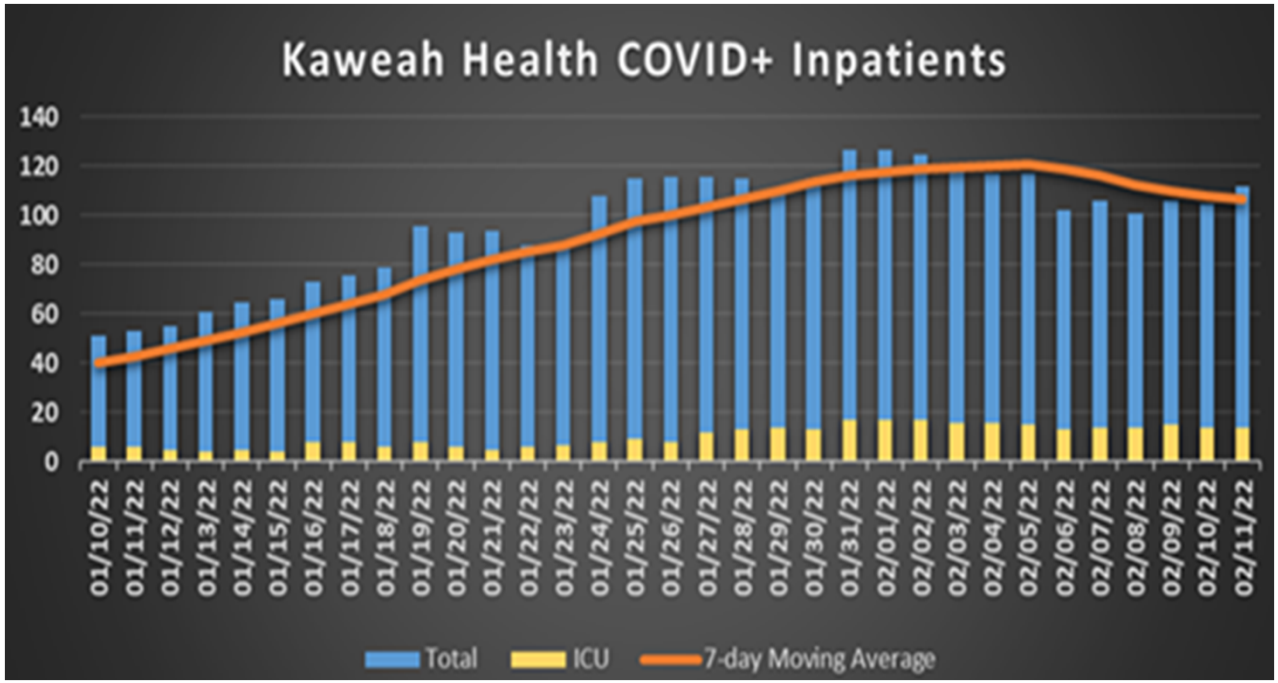
CFO Financial Report
February 16, 2022

kaweahhealth.org

Kaweah Health
MORE THAN MEDICINE. LIFE.


Kaweah Health COVID+ Inpatients
140
120
100
80
60
40
20
0
01/10/22
01/11/22
01/12/22
01/13/22
01/14/22
01/15/22
01/16/22
01/17/22
01/18/22
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02/04/22
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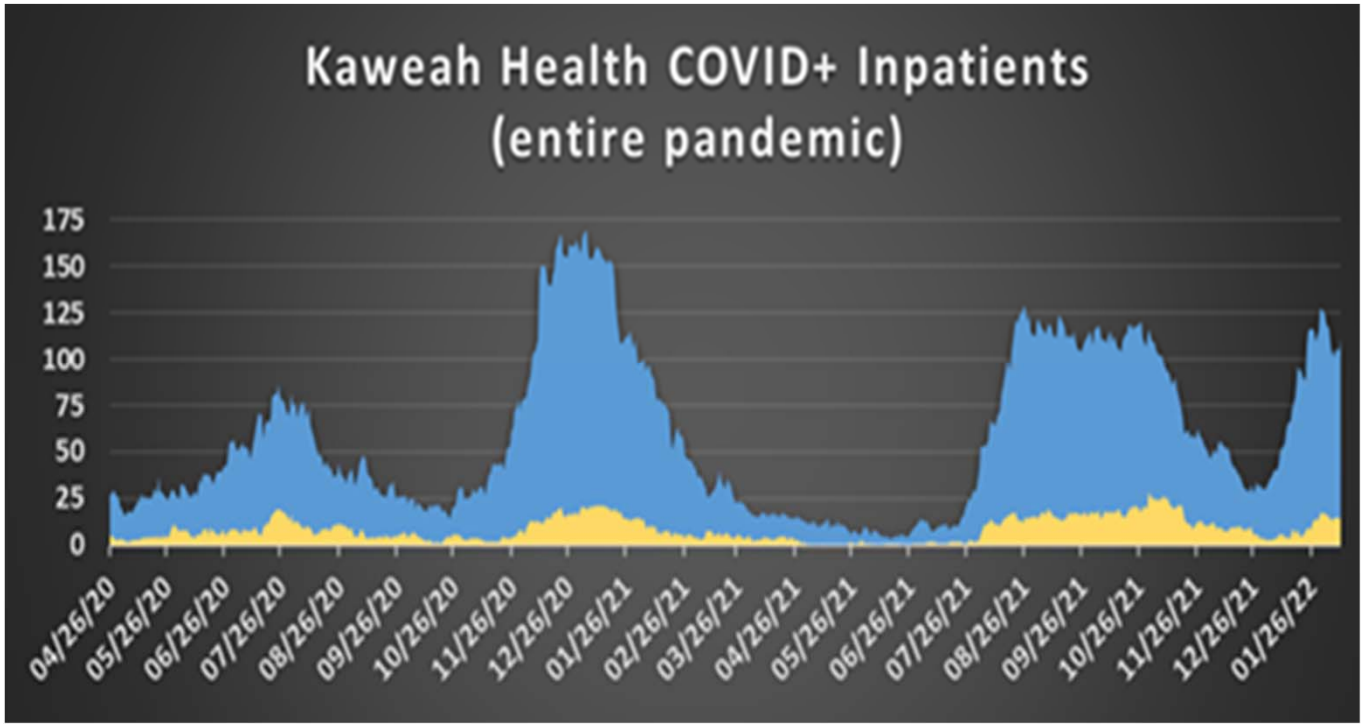
02/10/22
02/11/22
Total
ICU
7-day Moving Average


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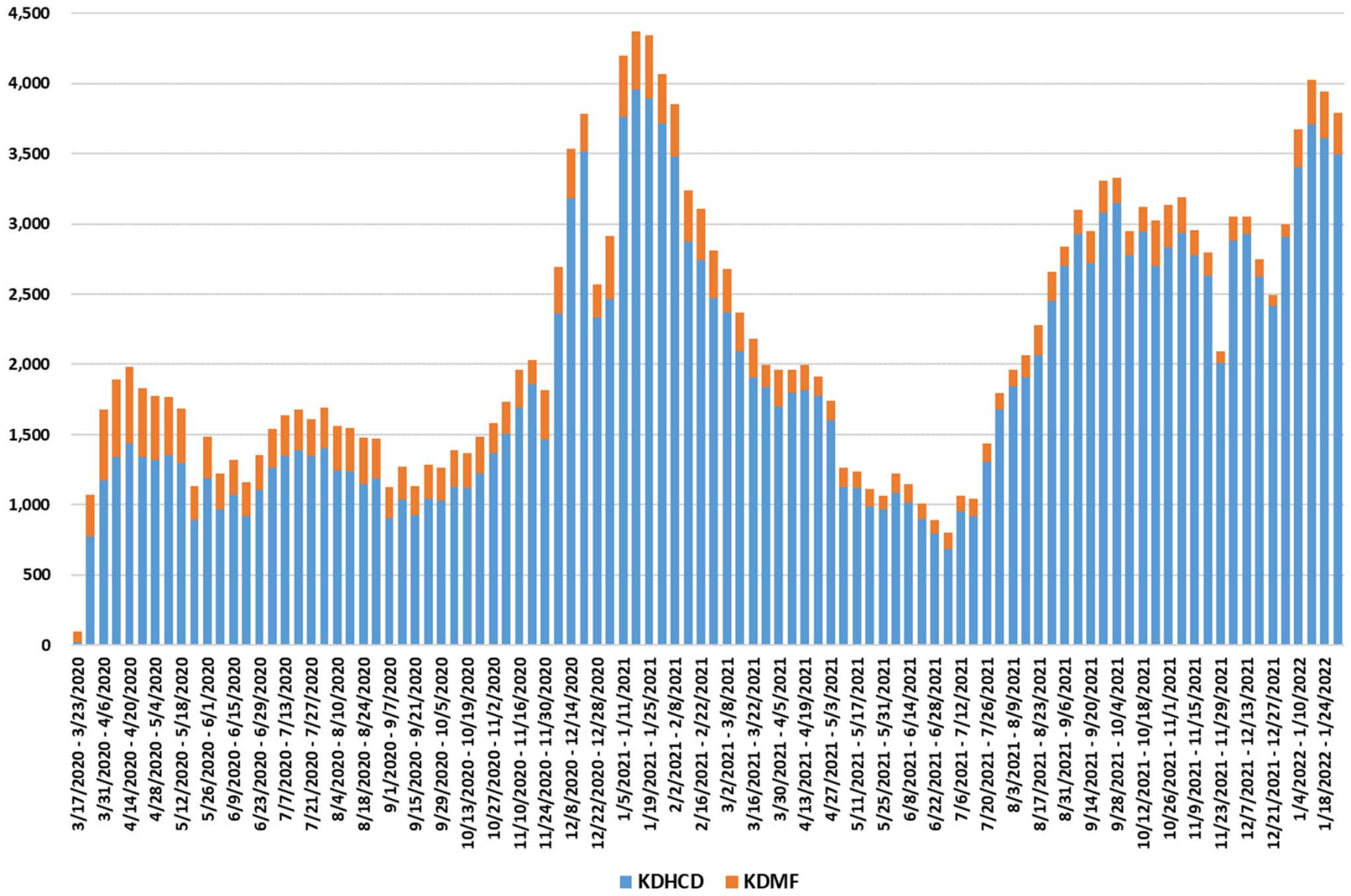
11/26/21
12/26/21
01/26/22

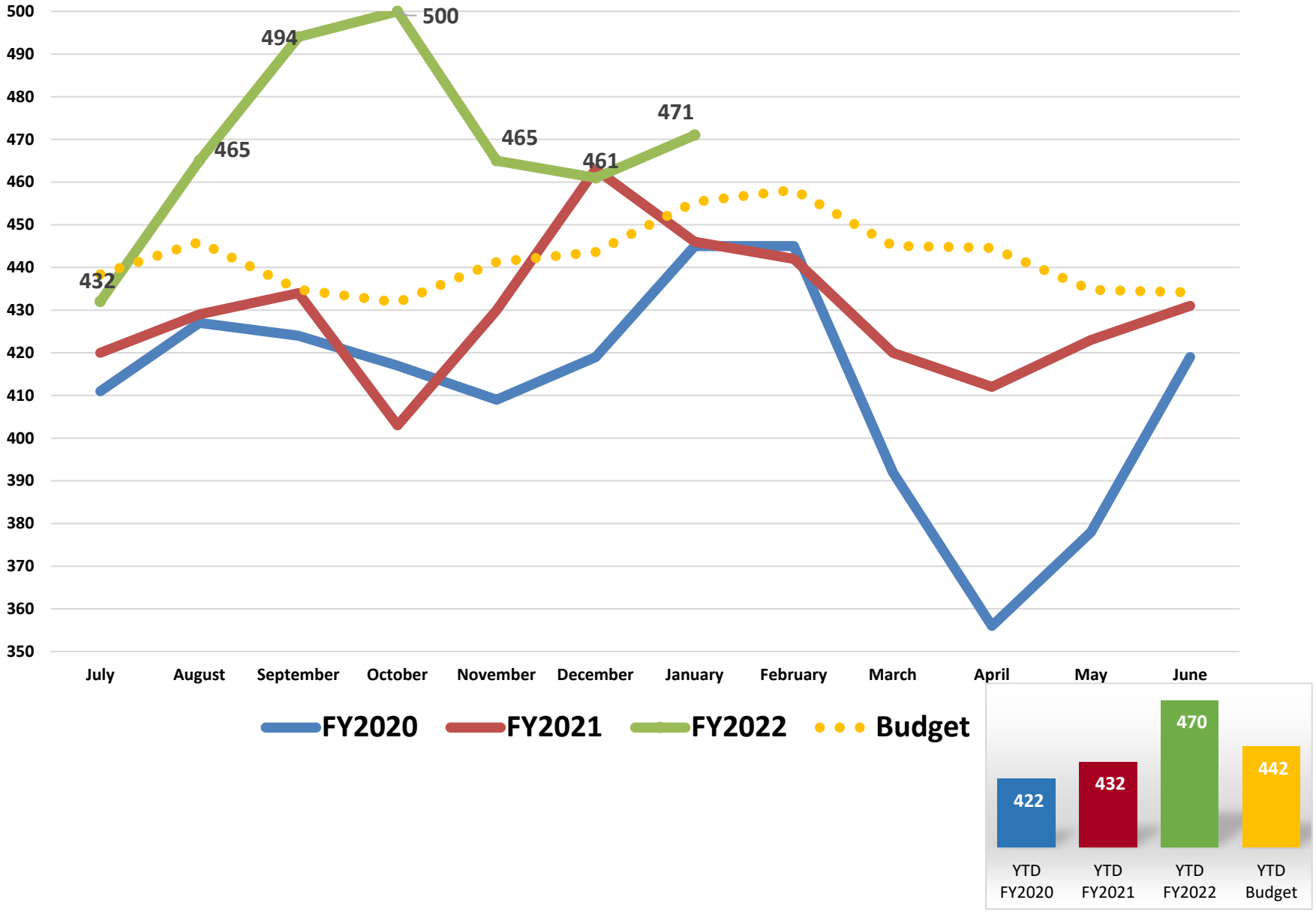
Telehealth Weekly Visits



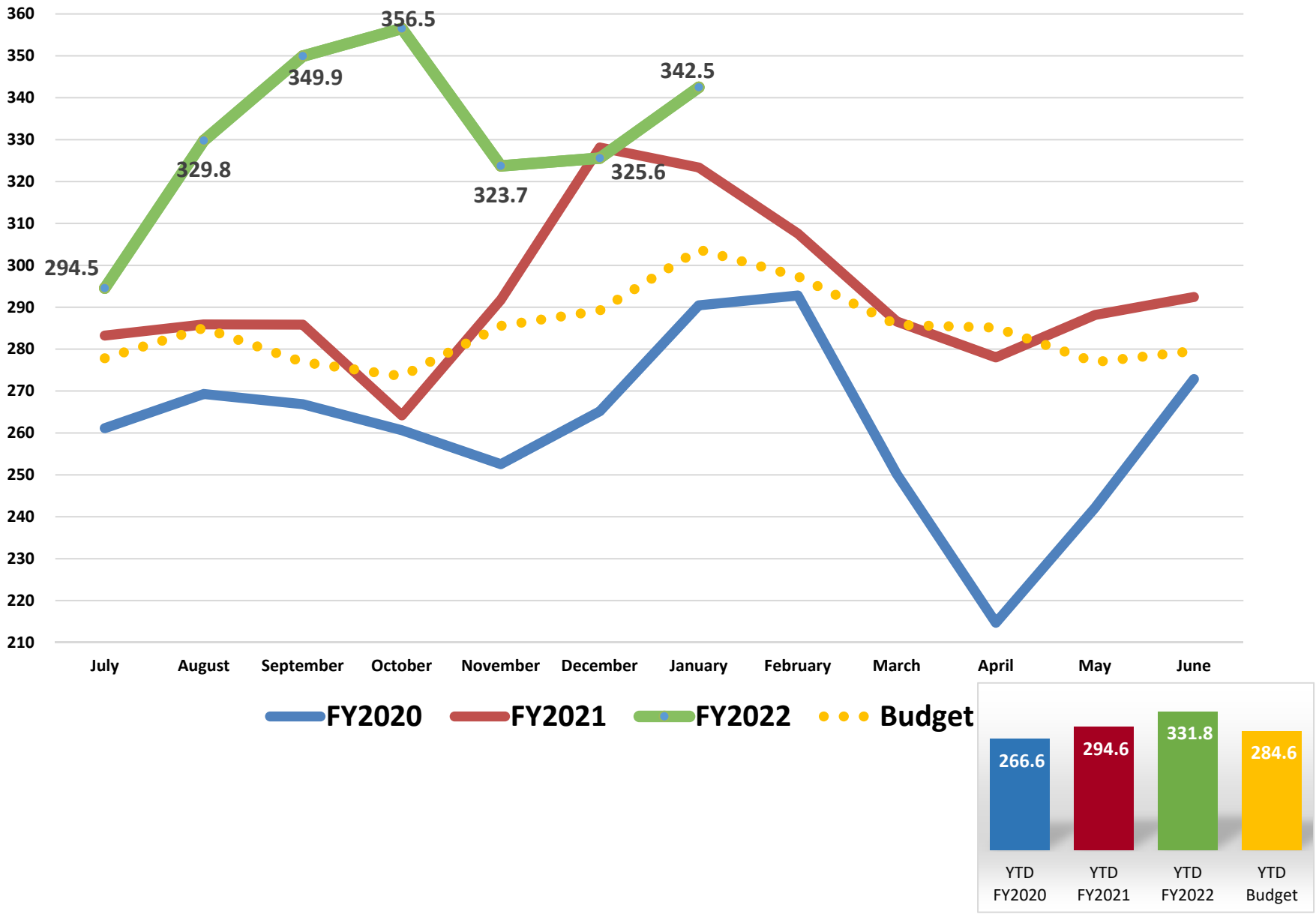
COVID IMPACT (000's)

	March 2020 - Jan 2022
Operating Revenue	
Net Patient Service Revenue	**$1,127,428**
Supplemental Gov't Programs	120,174
Prime Program	25,974
Premium Revenue	112,203
Management Services Revenue	66,629
Other Revenue	43,130
Other Operating Revenue	368,109
Total Operating Revenue	**1,495,534**
Operating Expenses	
Salaries & Wages	634,153
Contract Labor	27,887
Employee Benefits	106,731
Total Employment Expenses	**768,774**
Medical & Other Supplies	249,701
Physician Fees	191,328
Purchased Services	36,403
Repairs & Maintenance	51,326
Utilities	14,419
Rents & Leases	11,820
Depreciation & Amortization	60,862
Interest Expense	12,891
Other Expense	39,271
Humana Cap Plan Expenses	64,999
Management Services Expense	65,751
Total Other Expenses	**798,768**
Total Operating Expenses	**1,567,543**
Operating Margin	**($72,009)**
Stimulus Funds	$54,544
Operating Margin after Stimulus	**($17,465)**
Nonoperating Revenue (Loss)	19,630
Excess Margin	**$2,166**

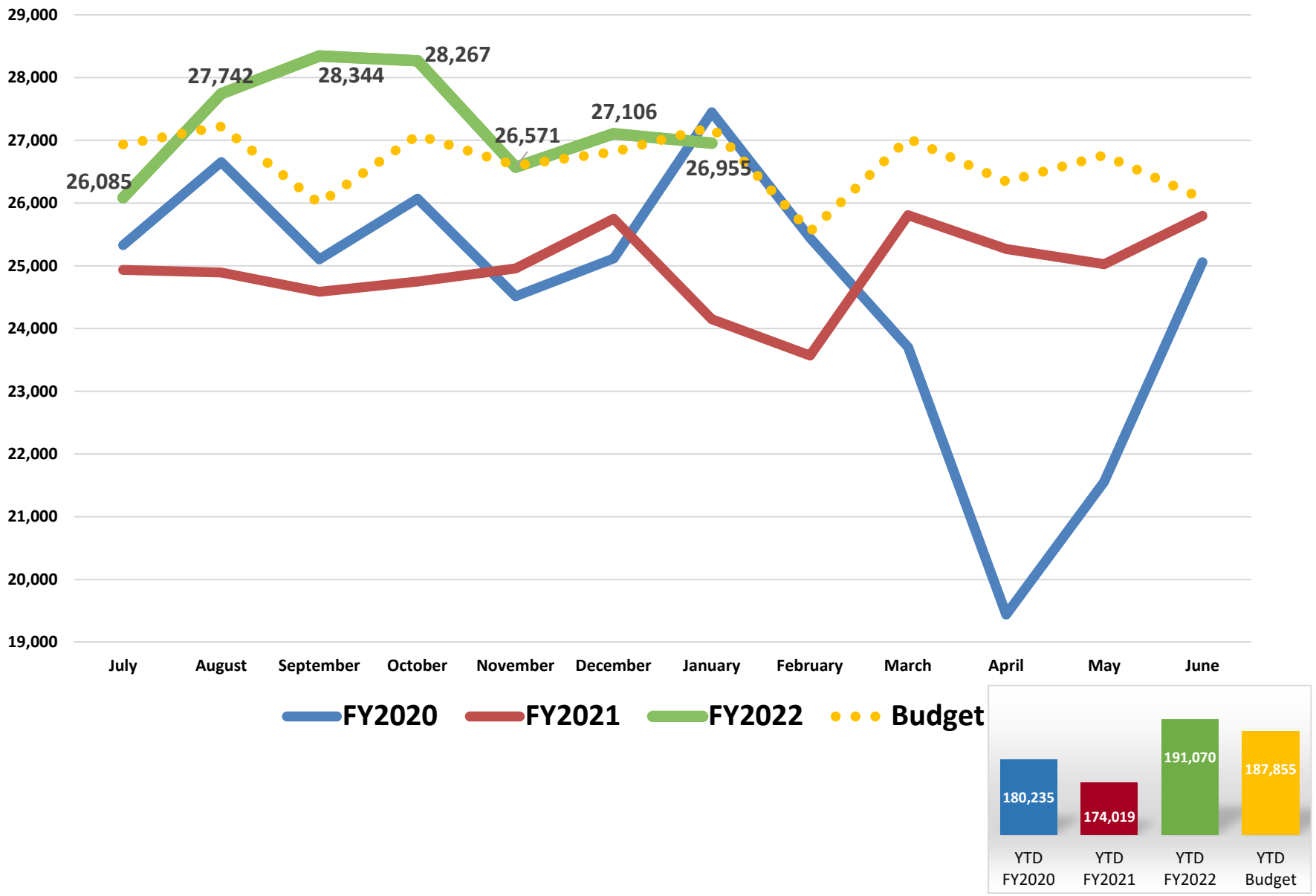
Average Daily Census



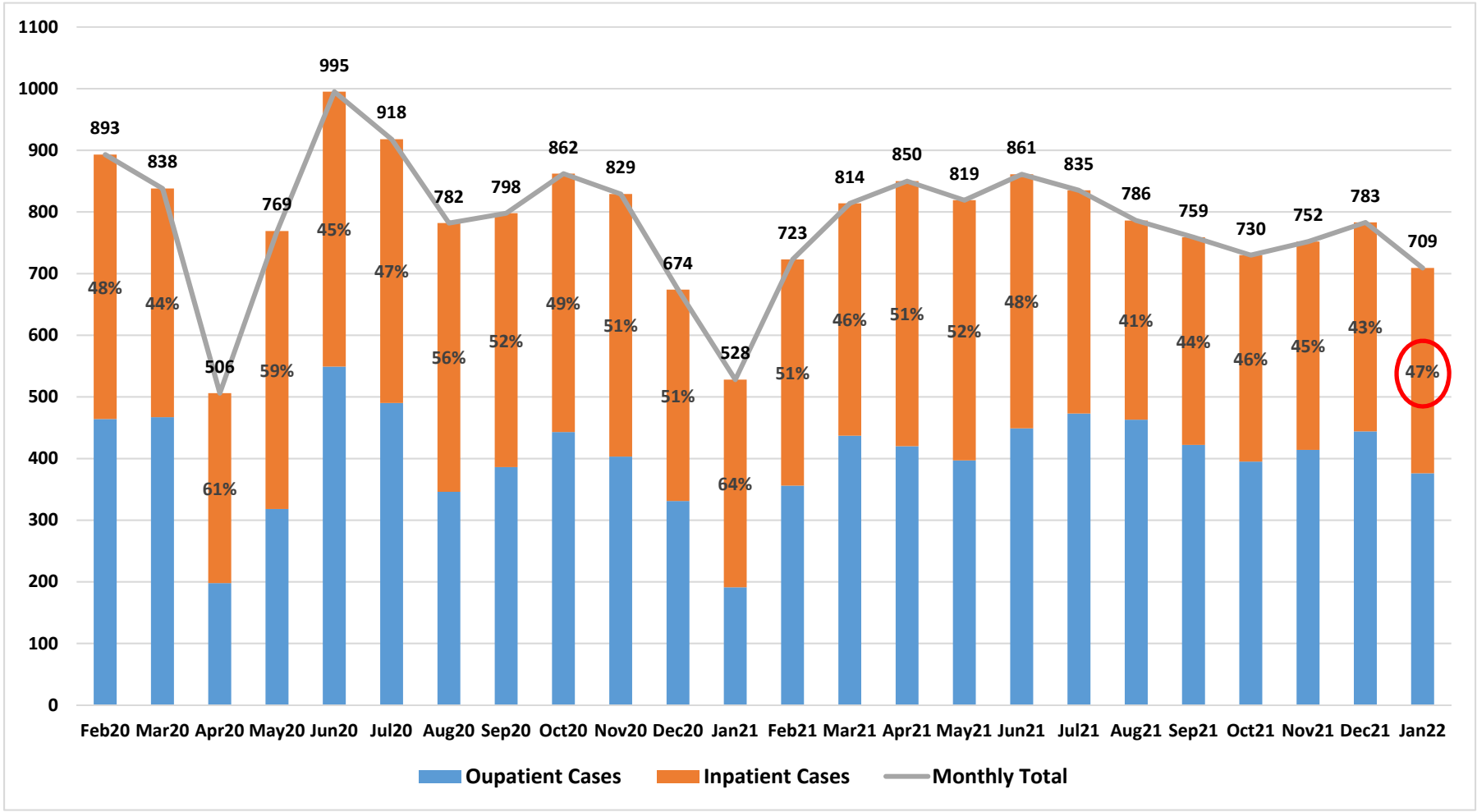
Medical Center – Average Daily Census



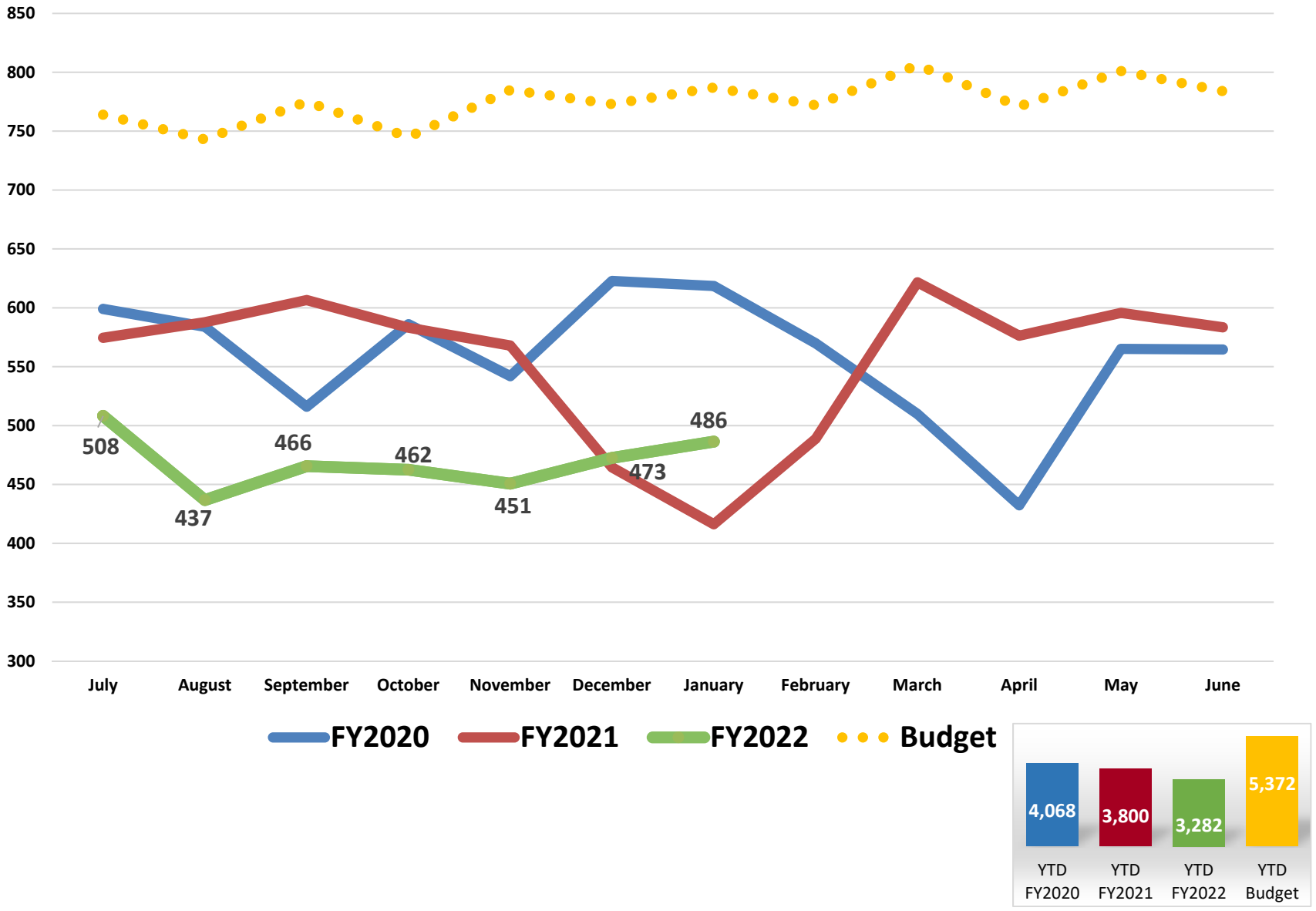
Adjusted Patient Days



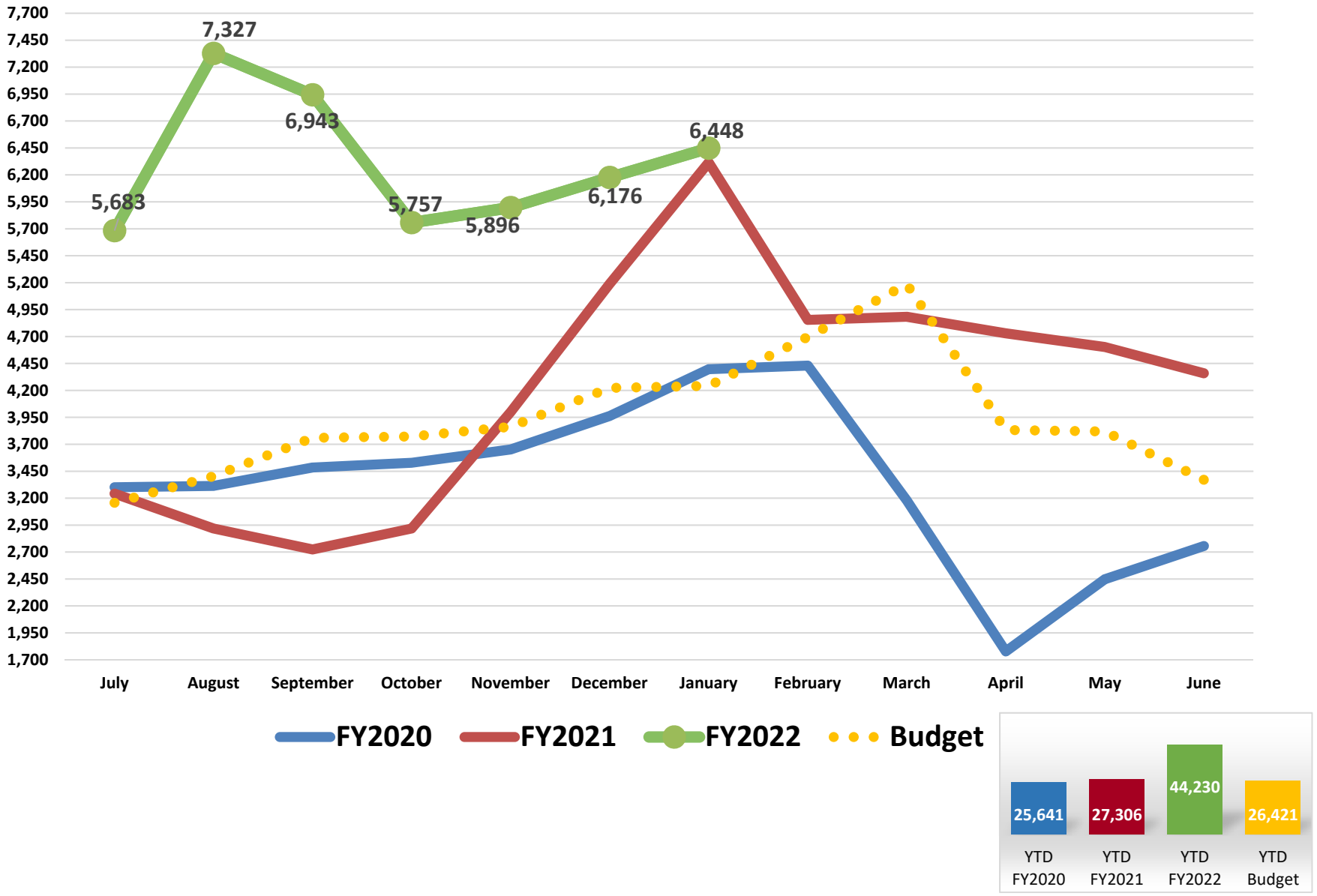
Surgery Volume



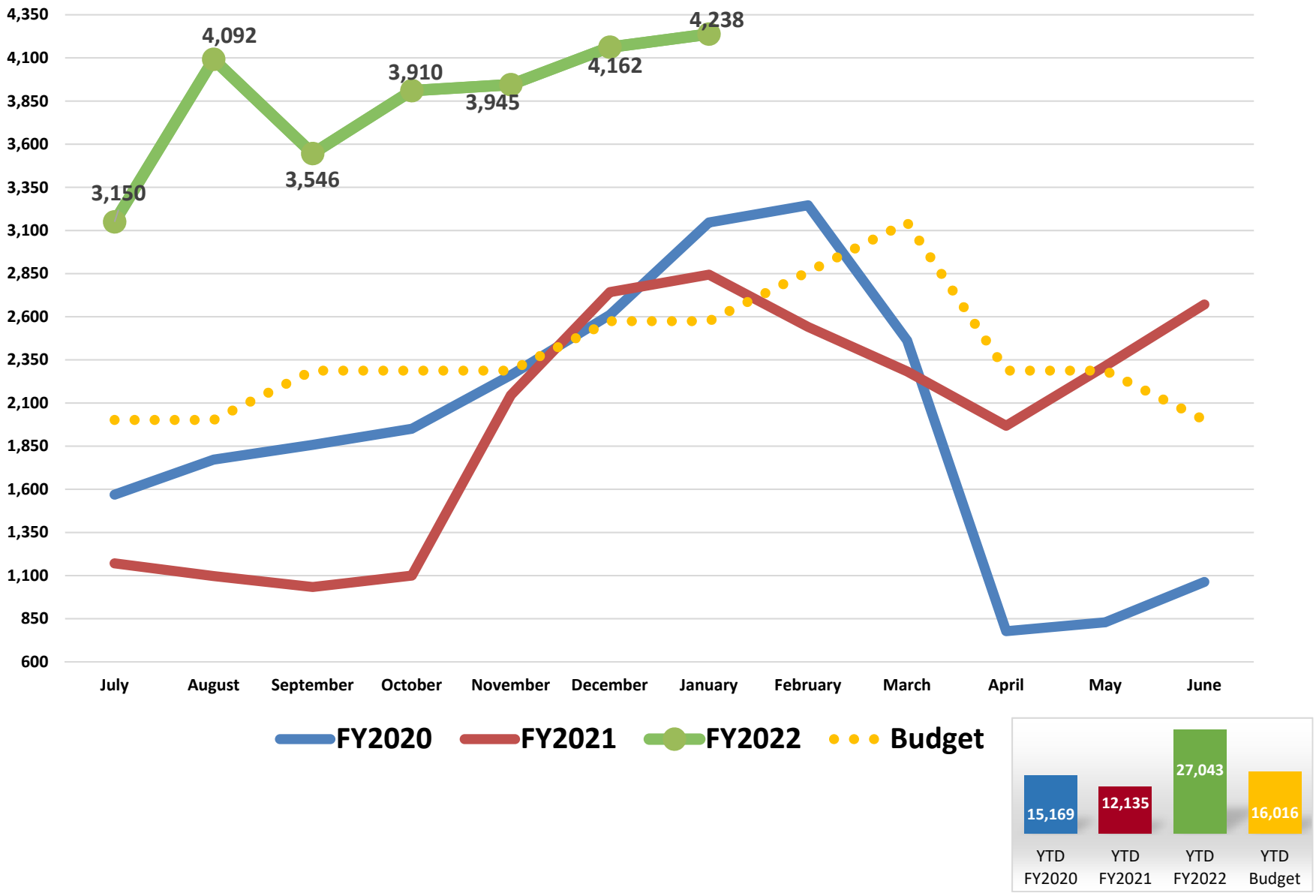
Surgery (IP Only) – 100 min units



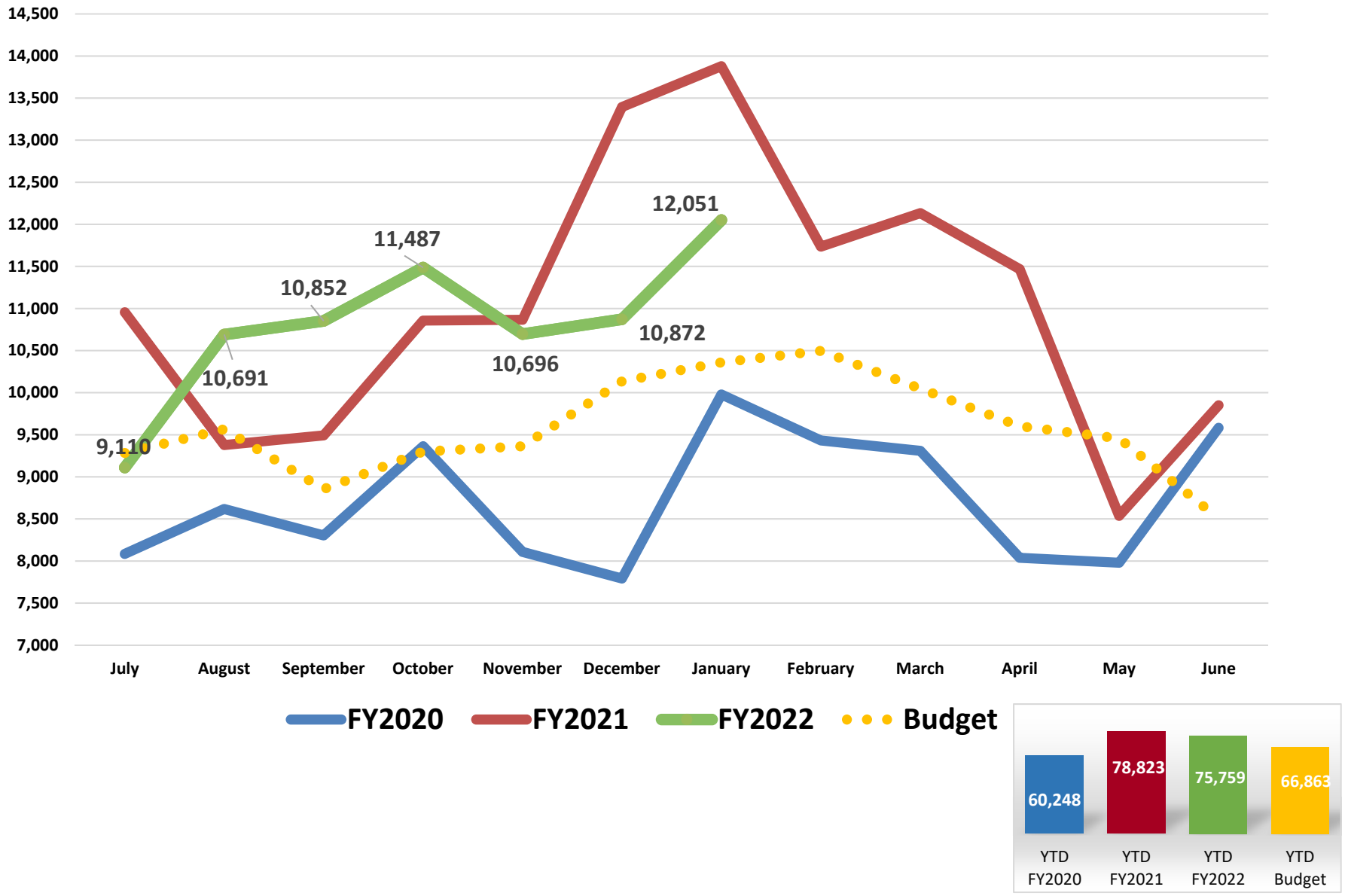
Urgent Care – Court Total Visits



Urgent Care – Demaree Total Visits



Rural Health Clinic Registrations



Statistical Results – Fiscal Year Comparison (Jan)

	Actual Results			Budget	Budget Variance	
	Jan 2021	Jan 2022	% Change	Jan 2022	Change	% Change
Average Daily Census	**452**	**471**	**4.3%**	**455**	**16**	**3.5%**
KDHCD Patient Days:						
Medical Center	10,024	10,617	5.9%	9,416	1,201	12.8%
Acute I/P Psych	940	1,116	18.7%	1,464	(348)	(23.8%)
Sub-Acute	963	859	(10.8%)	955	(96)	(10.1%)
Rehab	388	477	22.9%	502	(25)	(5.0%)
TCS-Ortho	519	311	(40.1%)	415	(104)	(25.1%)
TCS	453	338	(25.4%)	540	(202)	(37.4%)
NICU	267	389	45.7%	322	67	20.8%
Nursery	448	504	12.5%	502	2	0.4%
Total KDHCD Patient Days	**14,002**	**14,611**	**4.3%**	**14,116**	**495**	**3.5%**
Total Outpatient Volume	**46,190**	**50,530**	**9.4%**	**47,657**	**2,873**	**6.0%**

Statistical Results – Fiscal Year Comparison (Jul-Jan)

	Actual Results			Budget	Budget Variance	
	FYTD 2021	FYTD 2022	% Change	FYTD 2022	Change	% Change
Average Daily Census	**433**	**470**	**8.5%**	**442**	**28**	**6.4%**
KDHCD Patient Days:						
Medical Center	63,357	71,326	12.6%	61,185	10,141	16.6%
Acute I/P Psych	9,183	8,042	(12.4%)	10,096	(2,054)	(20.3%)
Sub-Acute	6,467	5,968	(7.7%)	6,611	(643)	(9.7%)
Rehab	2,755	3,435	24.7%	3,909	(474)	(12.1%)
TCS-Ortho	2,540	2,438	(4.0%)	2,864	(426)	(14.9%)
TCS	2,827	2,767	(2.1%)	3,556	(789)	(22.2%)
NICU	2,681	3,379	26.0%	2,785	594	21.3%
Nursery	3,293	3,693	12.1%	3,945	(252)	(6.4%)
Total KDHCD Patient Days	**93,103**	**101,048**	**8.5%**	**94,951**	**6,097**	**6.4%**
Total Outpatient Volume	**300,626**	**333,825**	**11.0%**	**330,522**	**3,303**	**1.0%**

Other Statistical Results – Fiscal Year Comparison (Jan)

	Actual Results				Budget	Budget Variance	
	Jan 2021	Jan 2022	Change	% Change	Jan 2022	Change	% Change
Adjusted Patient Days	**24,471**	**26,955**	**2,484**	**10.2%**	**27,209**	**(254)**	**(0.9%)**
Outpatient Visits	**46,190**	**50,530**	**4,340**	**9.4%**	**47,657**	**2,873**	**6.0%**
Endoscopy Procedures (I/P & O/P)	283	463	180	**63.6%**	400	63	**15.8%**
Urgent Care - Demaree	2,844	4,238	1,394	**49.0%**	2,574	1,664	**64.6%**
Surgery Minutes –General & Robotic (I/P & O/P)	653	940	287	**44.0%**	1,379	(439)	**(31.8%)**
ED Total Registered	5,598	7,105	1,507	**26.9%**	7,102	3	**0.0%**
Infusion Center	313	393	80	**25.6%**	401	(8)	**(2.0%)**
Cath Lab Minutes (IP & OP)	285	334	49	**17.2%**	406	(72)	**(17.7%)**
OB Deliveries	339	390	51	**15.0%**	370	20	**5.4%**
KHMG RVU	30,340	33,926	3,586	**11.8%**	38,293	(4,367)	**(11.4%)**
Radiology/CT/US/MRI Proc (I/P & O/P)	14,726	16,029	1,303	**8.8%**	15,731	298	**1.9%**
O/P Rehab Units	17,024	17,897	873	**5.1%**	19,564	(1,667)	**(8.5%)**
Hospice Days	4,379	4,538	159	**3.6%**	4,279	259	**6.1%**
Urgent Care - Court	6,315	6,448	133	**2.1%**	4,242	2,206	**52.0%**
Radiation Oncology Treatments (I/P & O/P)	1,844	1,820	(24)	**(1.3%)**	2,366	(546)	**(23.1%)**
GME Clinic visits	1,047	1,025	(22)	**(2.1%)**	1,152	(127)	**(11.0%)**
Physical & Other Therapy Units	17,137	16,669	(468)	**(2.7%)**	19,313	(2,644)	**(13.7%)**
Dialysis Treatments	1,604	1,530	(74)	**(4.6%)**	1,876	(346)	**(18.4%)**
Home Health Visits	2,778	2,448	(330)	**(11.9%)**	2,900	(452)	**(15.6%)**
RHC Registrations	13,879	12,051	(1,828)	**(13.2%)**	10,360	1,691	**16.3%**

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

	Actual Results				Budget	Budget Variance	
	FY 2021	FY 2022	Change	% Change	FY 2022	Change	% Change
Adjusted Patient Days	**174,379**	**191,068**	**16,689**	**9.6%**	**187,833**	**3,235**	**1.7%**
Outpatient Visits	**300,626**	**333,825**	**33,199**	**11.0%**	**330,522**	**3,303**	**1.0%**
Urgent Care - Demaree	12,135	27,043	14,908	**122.9%**	16,016	11,027	**68.8%**
Urgent Care - Court	27,306	44,230	16,924	**62.0%**	26,421	17,809	**67.4%**
Infusion Center	2,177	2,847	670	**30.8%**	2,793	54	**1.9%**
ED Total Registered	42,459	47,585	5,126	**12.1%**	49,471	(1,886)	**(3.8%)**
Radiology/CT/US/MRI Proc (I/P & O/P)	104,398	115,686	11,288	**10.8%**	107,119	8,567	**8.0%**
OB Deliveries	2,547	2,809	262	**10.3%**	2,751	58	**2.1%**
Endoscopy Procedures (I/P & O/P)	3,324	3,595	271	**8.2%**	3,581	14	**0.4%**
O/P Rehab Units	131,236	135,826	4,590	**3.5%**	134,824	1,002	**0.7%**
KHMG RVU	235,139	242,994	7,855	**3.3%**	268,696	(25,702)	**(9.6%)**
Physical & Other Therapy Units	118,618	122,523	3,905	**3.3%**	133,135	(10,612)	**(8.0%)**
Cath Lab Minutes (IP & OP)	2,263	2,285	22	**1.0%**	2,770	(485)	**(17.5%)**
GME Clinic visits	7,804	7,827	23	**0.3%**	8,585	(758)	**(8.8%)**
Hospice Days	30,226	30,077	(149)	**(0.5%)**	28,687	1,390	**4.8%**
Surgery Minutes-General & Robotic (I/P & O/P)	6,893	6,762	(131)	**(1.9%)**	9,428	(2,666)	**(28.3%)**
RHC Registrations	78,823	75,759	(3,064)	**(3.9%)**	66,863	8,896	**13.3%**
Home Health Visits	20,768	19,300	(1,468)	**(7.1%)**	20,338	(1,038)	**(5.1%)**
Dialysis Treatments	11,878	10,834	(1,044)	**(8.8%)**	12,960	(2,126)	**(16.4%)**
Radiation Oncology Treatments (I/P & O/P)	14,972	13,637	(1,335)	**(8.9%)**	16,540	(2,903)	**(17.6%)**

Trended Financial Comparison (000's)

Kaweah Delta Health Care District

Trended Income Statement (000's)

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Adjusted Patient Days	*24,148*	*23,570*	*25,807*	*25,268*	*25,026*	*25,797*	*26,085*	*27,742*	*28,344*	*28,267*	*26,571*	*27,106*	*26,955*
Operating Revenue													
Net Patient Service Revenue	**$49,949**	**$44,505**	**$56,144**	**$52,593**	**$50,531**	**$43,233**	**$51,502**	**$49,714**	**$57,879**	**$55,674**	**$54,846**	**$51,115**	**$56,862**
Supplemental Gov't Programs	4,822	5,279	5,279	4,990	4,990	6,845	4,286	4,286	4,286	4,383	11,778	10,297	4,383
Prime Program	713	358	715	4,872	715	721	667	667	667	667	667	667	3,285
Premium Revenue	4,690	5,027	4,894	4,710	5,036	6,584	4,902	5,425	5,163	5,156	5,054	5,173	5,272
Management Services Revenue	2,867	2,430	3,303	3,301	2,877	3,251	3,172	3,298	3,523	3,137	2,690	2,921	2,536
Other Revenue	1,022	1,425	2,915	1,810	2,074	2,188	2,009	2,348	1,873	2,250	1,974	2,300	1,993
Other Operating Revenue	14,115	14,519	17,106	19,684	15,692	19,589	15,036	16,024	15,513	15,592	22,162	21,358	17,469
Total Operating Revenue	**64,064**	**59,024**	**73,250**	**72,277**	**66,223**	**62,822**	**66,537**	**65,737**	**73,391**	**71,266**	**77,008**	**72,473**	**74,331**
Operating Expenses													
Salaries & Wages	28,111	25,134	28,879	26,741	27,786	26,249	27,474	28,198	31,872	30,538	28,408	29,967	29,407
Contract Labor	226	1,404	887	1,694	1,169	2,080	1,116	1,358	1,721	1,872	1,745	3,238	4,958
Employee Benefits	5,671	5,027	5,739	8,650	5,087	(7,812)	4,087	3,878	4,728	4,217	3,481	4,161	4,566
Total Employment Expenses	**34,008**	**31,565**	**35,505**	**37,084**	**34,042**	**20,517**	**32,678**	**33,434**	**38,321**	**36,627**	**33,634**	**37,366**	**38,931**
Medical & Other Supplies	12,014	9,685	10,923	11,011	10,170	11,772	9,596	13,004	11,942	11,714	10,623	10,687	10,913
Physician Fees	8,421	8,484	8,278	8,320	7,754	8,207	7,922	8,527	7,736	9,674	10,261	9,479	9,210
Purchased Services	1,935	1,507	1,538	1,520	1,383	2,697	1,100	1,368	1,680	1,683	1,565	1,745	1,261
Repairs & Maintenance	2,192	2,115	2,019	2,544	2,282	2,319	2,074	2,425	2,425	2,702	2,330	2,331	2,324
Utilities	537	467	523	630	729	1,175	688	740	696	860	760	654	753
Rents & Leases	546	519	487	535	489	504	475	519	487	474	522	505	528
Depreciation & Amortization	2,451	2,423	2,412	2,413	2,923	3,924	2,635	2,632	2,636	2,634	2,636	2,631	2,614
Interest Expense	555	555	555	555	555	666	555	646	499	501	500	498	655
Other Expense	1,808	1,280	2,762	1,840	1,537	2,053	1,450	1,466	1,641	1,563	1,557	1,804	2,110
Humana Cap Plan Expenses	2,217	2,707	3,164	3,771	3,780	3,018	3,472	2,503	3,642	3,982	3,130	2,902	2,327
Management Services Expense	2,860	2,256	3,531	3,088	2,892	3,521	2,768	3,115	3,734	2,988	2,628	2,462	2,570
Total Other Expenses	**35,536**	**31,998**	**36,191**	**36,227**	**34,493**	**39,856**	**32,735**	**36,945**	**37,116**	**38,774**	**36,512**	**35,698**	**35,266**
Total Operating Expenses	**69,544**	**63,562**	**71,696**	**73,310**	**68,535**	**60,373**	**65,413**	**70,379**	**75,437**	**75,402**	**70,146**	**73,064**	**74,197**
Operating Margin	**($5,480)**	**($4,538)**	**$1,554**	**($1,033)**	**($2,312)**	**$2,449**	**$1,124**	**($4,642)**	**($2,046)**	**($4,136)**	**$6,862**	**($591)**	**$134**
Stimulus Funds	$5,758	$3,460	$3,449	$920	$1,076	$525	$0	$438	$0	$137	$6,542	$0	$0
Operating Margin after Stimulus	**$278**	**($1,078)**	**$5,003**	**($113)**	**($1,236)**	**$2,974**	**$1,124**	**($4,204)**	**($2,046)**	**($3,999)**	**$13,404**	**($591)**	**$134**
Nonoperating Revenue (Loss)	605	513	(1,182)	1,725	753	248	582	552	(388)	595	587	2,495	568
Excess Margin	**$883**	**($565)**	**$3,821**	**$1,612**	**($483)**	**$3,222**	**$1,706**	**($3,651)**	**($2,434)**	**($3,404)**	**$13,991**	**$1,904**	**$702**

January Financial Comparison (000's)

	Actual Results		Budget	Budget Variance	
	Jan 2021	Jan 2022	Jan 2022	Change	% Change
Operating Revenue					
Net Patient Service Revenue	**$49,949**	**$56,862**	**$54,200**	**$2,662**	**4.9%**
Other Operating Revenue	14,115	17,469	16,121	1,349	8.4%
Total Operating Revenue	**64,064**	**74,331**	**70,320**	**4,011**	**5.7%**
Operating Expenses					
Employment Expense	34,008	38,931	33,734	5,197	15.4%
Other Operating Expense	35,536	35,266	35,141	125	0.4%
Total Operating Expenses	**69,544**	**74,197**	**68,875**	**5,322**	**7.7%**
Operating Margin	**($5,480)**	**$134**	**$1,445**	**($1,311)**	
Stimulus Funds	5,758	0	101	(101)	
Operating Margin after Stimulus	**$278**	**$134**	**$1,547**	**($1,413)**	
Non Operating Revenue (Loss)	605	568	542	26	
Excess Margin	**$883**	**$702**	**$2,089**	**($1,386)**	

Operating Margin %	**(8.6%)**	**0.2%**	**2.1%**
OM after Stimulus%	**0.4%**	**0.2%**	**2.2%**
Excess Margin %	**1.3%**	**0.9%**	**2.9%**
Operating Cash Flow Margin %	**(3.9%)**	**4.6%**	**7.0%**

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

	Actual Results FYTD Jul-Jan		Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	FYTD2022	Change	% Change
Operating Revenue					
Net Patient Service Revenue	**$347,369**	**$377,591**	**$371,063**	**$6,528**	**1.8%**
Other Operating Revenue	93,730	123,590	108,103	15,487	14.3%
Total Operating Revenue	**441,099**	**501,181**	**479,166**	**22,014**	**4.6%**
Operating Expenses					
Employment Expense	230,170	251,002	228,162	22,840	10.0%
Other Operating Expense	236,251	253,046	243,646	9,400	3.9%
Total Operating Expenses	**466,421**	**504,048**	**471,808**	**32,240**	**6.8%**
Operating Margin	**($25,322)**	**($2,868)**	**$7,358**	**($10,226)**	
Stimulus Funds	23,031	6,679	704	5,975	
Operating Margin after Stimulus	**($2,291)**	**$3,811**	**$8,062**	**($4,251)**	
Nonoperating Revenue (Loss)	5,401	4,992	3,486	1,506	
Excess Margin	**$3,110**	**$8,803**	**$11,548**	**($2,745)**	

Operating Margin %	**(5.7%)**	**(0.6%)**	**1.5%**
OM after Stimulus%	**(0.5%)**	**0.8%**	**1.7%**
Excess Margin %	**0.7%**	**1.7%**	**2.4%**
Operating Cash Flow Margin %	**(0.9%)**	**3.9%**	**6.3%**

January Financial Comparison (000's)

	Actual Results			Budget	Budget Variance	
	Jan 2021	Jan 2022	% Change	Jan 2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$49,949**	**$56,862**	**13.8%**	**$54,200**	**$2,662**	**4.9%**
Supplemental Gov't Programs	4,822	4,383	(9.1%)	4,426	(43)	(1.0%)
Prime Program	713	3,285	360.7%	679	2,605	383.5%
Premium Revenue	4,690	5,272	12.4%	5,847	(575)	(9.8%)
Management Services Revenue	2,867	2,536	(11.5%)	3,082	(546)	(17.7%)
Other Revenue	1,022	1,993	95.0%	2,086	(93)	(4.5%)
Other Operating Revenue	14,115	17,469	**23.8%**	16,120	1,349	8.4%
Total Operating Revenue	**64,064**	**74,331**	**16.0%**	**70,320**	**4,011**	**5.7%**
Operating Expenses						
Salaries & Wages	28,111	29,407	4.6%	28,620	787	2.7%
Contract Labor	226	4,958	2093.4%	541	4,417	816.3%
Employee Benefits	5,671	4,566	(19.5%)	4,573	(6)	(0.1%)
Total Employment Expenses	**34,008**	**38,931**	**14.5%**	**33,734**	**5,197**	**15.4%**
Medical & Other Supplies	12,014	10,913	(9.2%)	10,516	397	3.8%
Physician Fees	8,421	9,210	9.4%	8,197	1,013	12.4%
Purchased Services	1,217	1,261	3.6%	1,347	(86)	(6.4%)
Repairs & Maintenance	2,192	2,324	6.0%	2,416	(92)	(3.8%)
Utilities	537	753	40.2%	545	208	38.1%
Rents & Leases	546	528	(3.2%)	510	19	3.7%
Depreciation & Amortization	2,451	2,614	6.7%	2,884	(270)	(9.4%)
Interest Expense	555	655	18.1%	614	41	6.7%
Other Expense	1,808	2,110	16.7%	1,919	192	10.0%
Humana Cap Plan Expenses	2,935	2,327	(20.7%)	3,144	(817)	(26.0%)
Management Services Expense	2,860	2,570	(10.1%)	3,049	(479)	(15.7%)
Total Other Expenses	**35,536**	**35,266**	**(0.8%)**	**35,141**	**125**	**0.4%**
Total Operating Expenses	**69,544**	**74,197**	**6.7%**	**68,875**	**5,322**	**7.7%**
Operating Margin	**($5,480)**	**$134**	**102.5%**	**$1,445**	**($1,311)**	**(90.7%)**
Stimulus Funds	5,758	0	0.0%	101	(101)	(100.0%)
Operating Margin after Stimulus	**$278**	**$134**	**51.7%**	**$1,547**	**($1,413)**	**(91.3%)**
Nonoperating Revenue (Loss)	605	568	(6.2%)	542	26	4.8%
Excess Margin	**$883**	**$702**	**(20.5%)**	**$2,089**	**($1,386)**	**(66.4%)**

Operating Margin %	**(8.6%)**	**0.2%**		**2.1%**
OM after Stimulus%	**0.4%**	**0.2%**		**2.2%**
Excess Margin %	**1.3%**	**0.9%**		**2.9%**
Operating Cash Flow Margin %	**(3.9%)**	**4.6%**		**7.0%**

YTD Financial Comparison (000's)

	Actual Results FYTD Jul-Jan			Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	% Change	FYTD2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$347,369**	**$377,591**	**8.7%**	**$371,063**	**$6,528**	**1.8%**
Supplemental Gov't Programs	28,698	43,700	52.3%	30,979	12,722	41.1%
Prime Program	3,286	7,285	121.7%	4,712	2,573	54.6%
Premium Revenue	30,838	36,145	17.2%	36,569	(424)	(1.2%)
Management Services Revenue	19,005	21,276	12.0%	21,376	(100)	(0.5%)
Other Revenue	11,903	15,183	27.6%	14,467	716	5.0%
Other Operating Revenue	93,730	123,590	**31.9%**	108,103	15,487	14.3%
Total Operating Revenue	**441,099**	**501,181**	**13.6%**	**479,166**	**22,014**	**4.6%**
Operating Expenses						
Salaries & Wages	189,364	205,876	8.7%	192,849	13,027	6.8%
Contract Labor	2,543	16,008	529.4%	3,624	12,384	341.7%
Employee Benefits	38,263	29,119	(23.9%)	31,689	(2,571)	(8.1%)
Total Employment Expenses	**230,170**	**251,002**	**9.1%**	**228,162**	**22,840**	**10.0%**
Medical & Other Supplies	77,593	78,478	1.1%	73,449	5,029	6.8%
Physician Fees	55,647	62,809	12.9%	58,115	4,694	8.1%
Purchased Services	10,584	10,400	(1.7%)	9,344	1,056	11.3%
Repairs & Maintenance	14,865	16,611	11.7%	16,859	(248)	(1.5%)
Utilities	3,868	5,152	33.2%	4,551	601	13.2%
Rents & Leases	3,659	3,510	(4.1%)	3,583	(73)	(2.0%)
Depreciation & Amortization	17,552	18,418	4.9%	18,619	(201)	(1.1%)
Interest Expense	3,886	3,854	(0.8%)	4,261	(408)	(9.6%)
Other Expense	11,120	11,592	4.2%	13,303	(1,711)	(12.9%)
Humana Cap Plan Expenses	18,318	21,959	19.9%	20,416	1,543	7.6%
Management Services Expense	19,160	20,263	5.8%	21,146	(883)	(4.2%)
Total Other Expenses	**236,251**	**253,046**	**7.1%**	**243,646**	**9,400**	**3.9%**
Total Operating Expenses	**466,421**	**504,048**	**8.1%**	**471,808**	**32,240**	**6.8%**
Operating Margin	**($25,322)**	**($2,868)**	**88.7%**	**$7,358**	**($10,226)**	**(139.0%)**
Stimulus Funds	23,031	6,679	(71.0%)	704	5,975	848.7%
Operating Margin after Stimulus	**($2,291)**	**$3,811**	**266.3%**	**$8,062**	**($4,251)**	**(52.7%)**
Nonoperating Revenue (Loss)	5,401	4,992	(7.6%)	3,486	1,506	43.2%
Excess Margin	**$3,110**	**$8,803**	**183.0%**	**$11,548**	**($2,745)**	**(23.8%)**

Operating Margin %	**(5.7%)**	**(0.6%)**		**1.5%**
OM after Stimulus%	**(0.5%)**	**0.8%**		**1.7%**
Excess Margin %	**0.7%**	**1.7%**		**2.4%**
Operating Cash Flow Margin %	**(0.9%)**	**3.9%**		**6.3%**

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

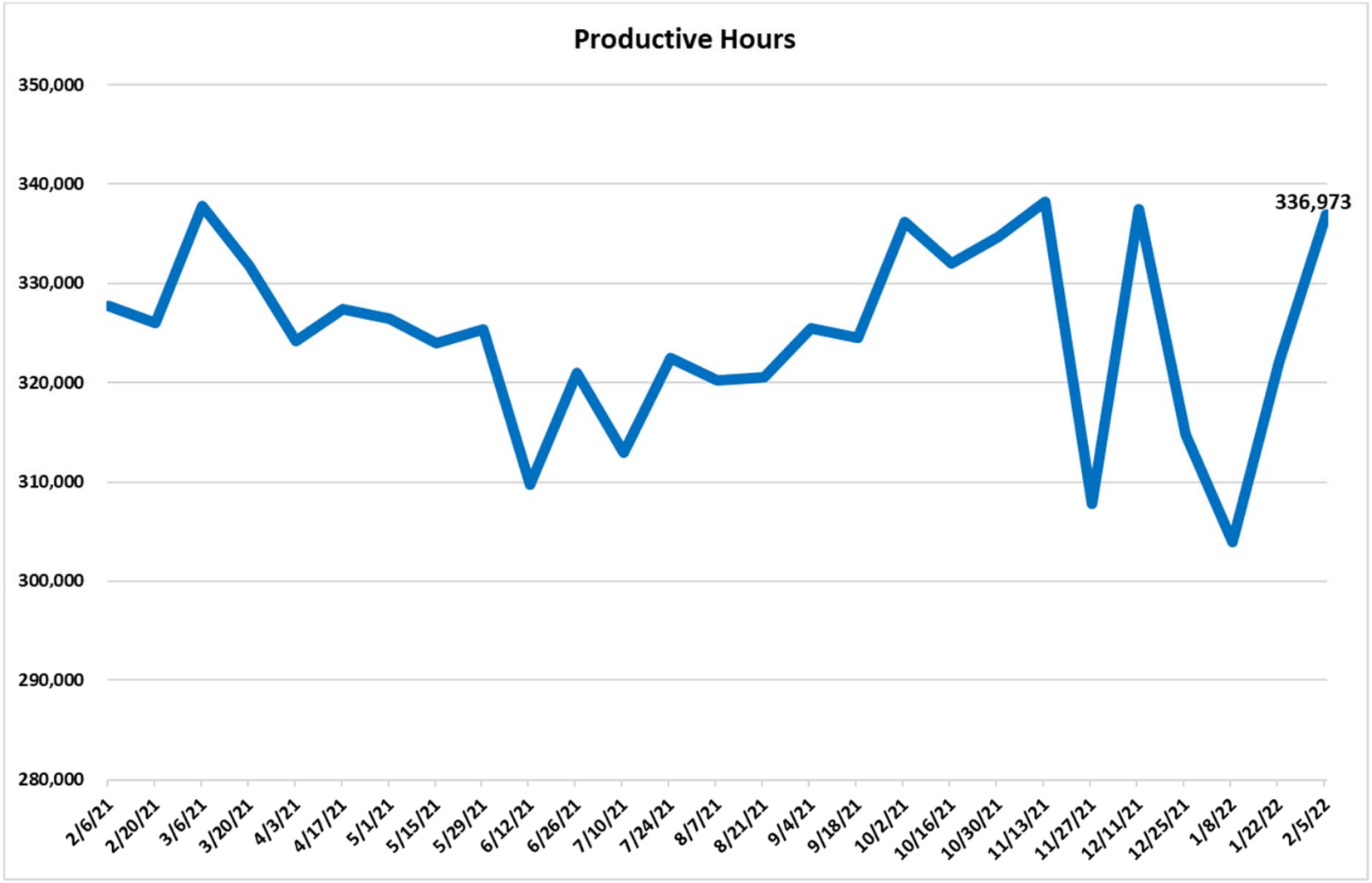
	Actual Results FYTD July – Jan			Budget FYTD	Budget Variance	FYTD
	Jan 2021	Jan 2022	% Change	Jan 2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	**$27,063**	**$28,110**	**3.9%**	**$31,260**	**($3,149)**	**(10.1%)**
Other Operating Revenue	256	949	270.2%	495	454	91.6%
Total Operating Revenue	**27,319**	**29,059**	**6.4%**	**31,755**	**(2,696)**	**(8.5%)**
Operating Expenses						
Salaries & Wages	6,536	6,747	3.2%	7,243	(496)	(6.8%)
Contract Labor	0	0	0.0%	0	0	0.0%
Employee Benefits	1,223	994	(18.7%)	1,182	(188)	(15.9%)
Total Employment Expenses	**7,759**	**7,741**	**(0.2%)**	**8,425**	**(684)**	**(8.1%)**
Medical & Other Supplies	4,039	3,833	(5.1%)	4,020	(187)	(4.7%)
Physician Fees	15,229	17,087	12.2%	17,595	(509)	(2.9%)
Purchased Services	540	582	7.8%	499	83	16.7%
Repairs & Maintenance	1,372	1,243	(9.4%)	1,597	(354)	(22.2%)
Utilities	265	275	3.5%	311	(36)	(11.7%)
Rents & Leases	1,625	1,463	(10.0%)	1,515	(52)	(3.4%)
Depreciation & Amortization	582	461	(20.8%)	642	(181)	(28.3%)
Interest Expense	2	1	(65.7%)	1	0	19.2%
Other Expense	728	772	6.0%	992	(220)	(22.2%)
Total Other Expenses	**24,382**	**25,717**	**5.5%**	**27,173**	**(1,455)**	**(5.4%)**
Total Operating Expenses	**32,141**	**33,458**	**4.1%**	**35,597**	**(2,139)**	**(6.0%)**
Stimulus Funds	0	101	0.0%	0	101	0.0%
Excess Margin	**($4,822)**	**($4,297)**	**10.9%**	**($3,842)**	**($455)**	**(11.9%)**

Excess Margin %	**(17.6%)**	**(14.8%)**		**(12.1%)**	

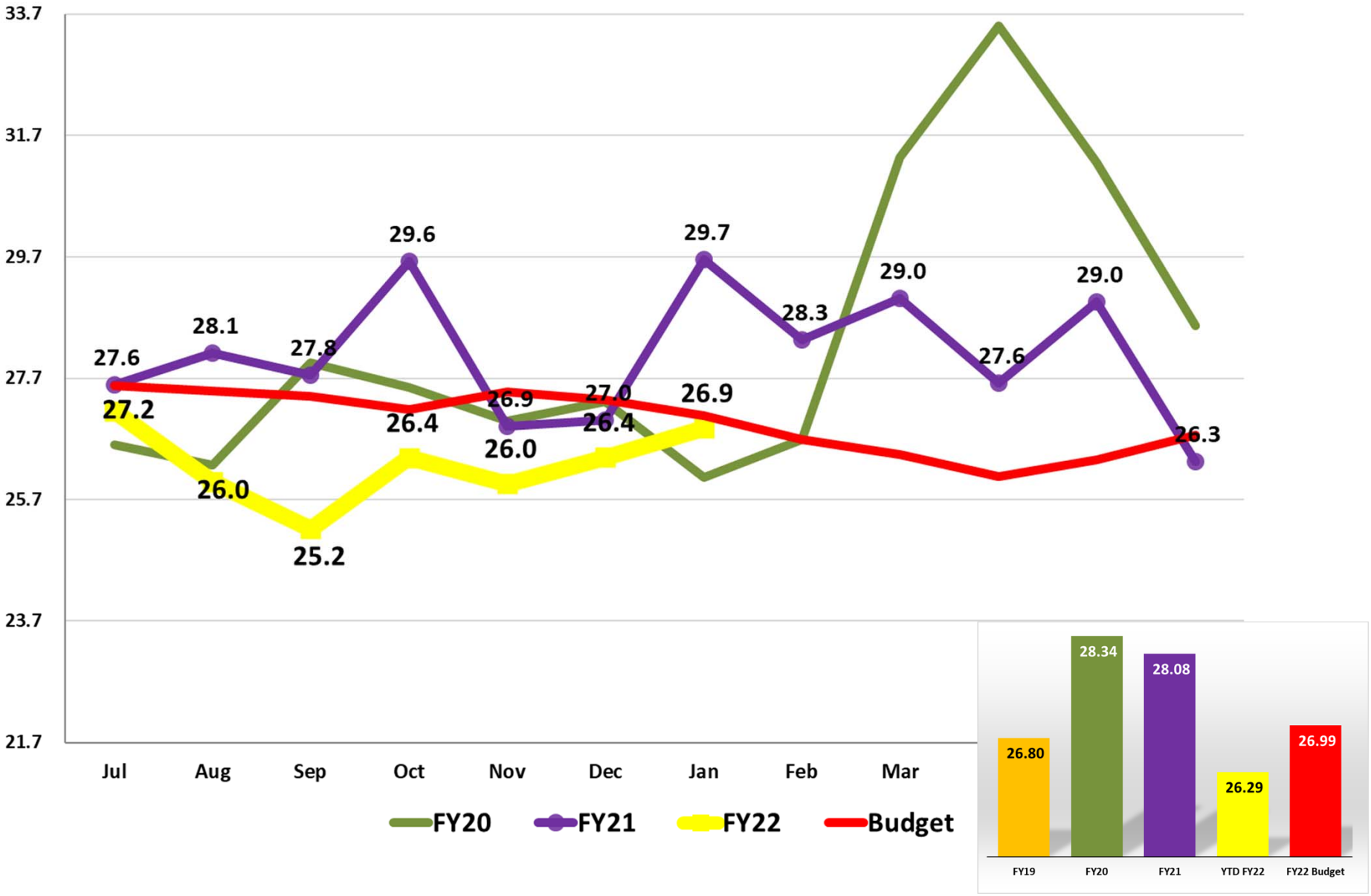
Month of January - Budget Variances

- **Net Patient Revenues:** Net patient revenue exceeded budget by $2.7M (4.9%) primarily due to a greater inpatient % of volume than expected. Also, we recorded a $1.6M increase due to an unbudgeted prior year SSI recalculation recovery.
- **Prime (QIP) Program revenue:** A $2.6M unexpected additional allocation related to the QIP 3.5 program (July 2020 to December 2020) resulted in the budget excess in this area.
- **Salaries and Contract Labor**: We experienced an unfavorable budget variance of $5.2M in January. The unfavorable variance is primarily due to the higher patient volume (with longer lengths of stay) than expected, the premium rates associated with contract labor hours ($2.6M) and shift bonuses ($1.6M) paid in January.
- **Physician Fees:** Physician fees exceeded budget by $1.0M primarily due to the increased patient volume at the Urgent Care centers and RHC's as well as lower professional collections and locum costs related to a few physician contracts.

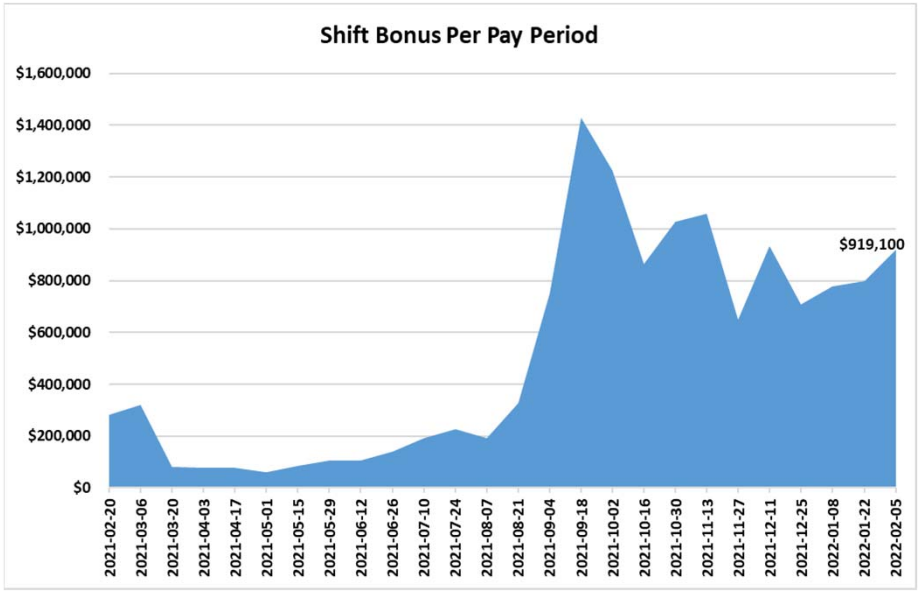
Productive Hours

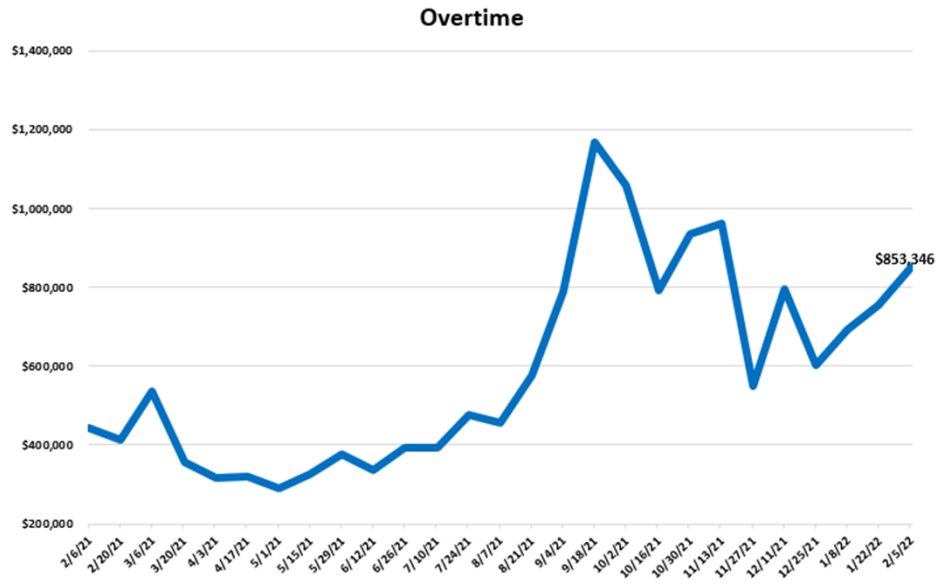


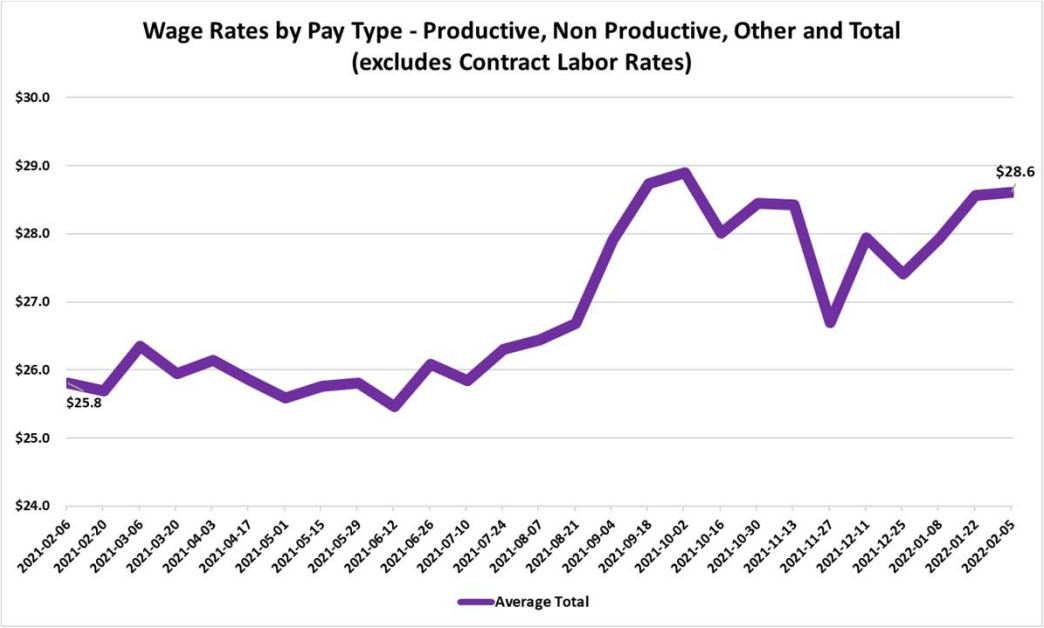
Productivity: Worked Hours/Adjusted Patient Days



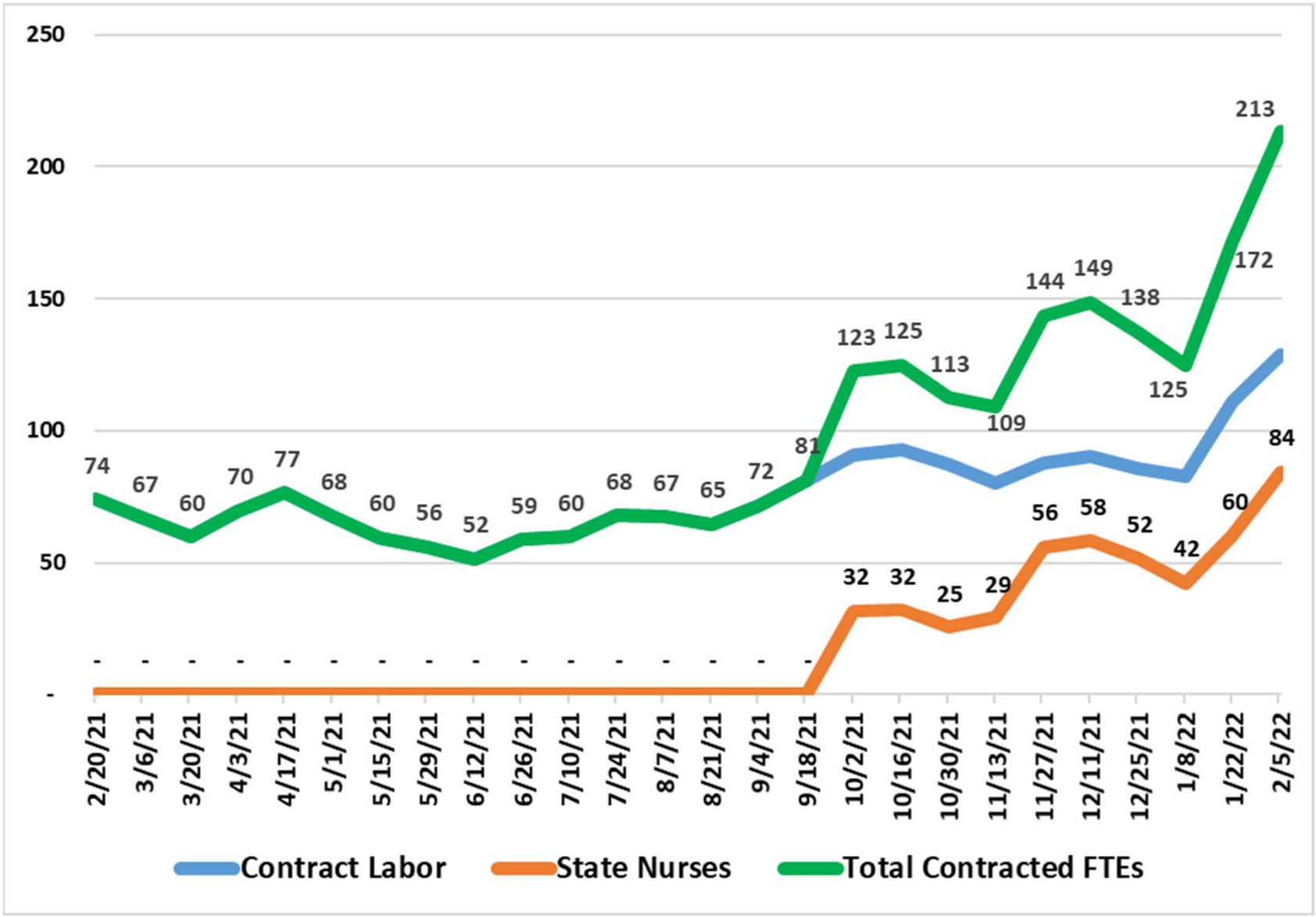
Premium & Extra Pay Impact on Rates



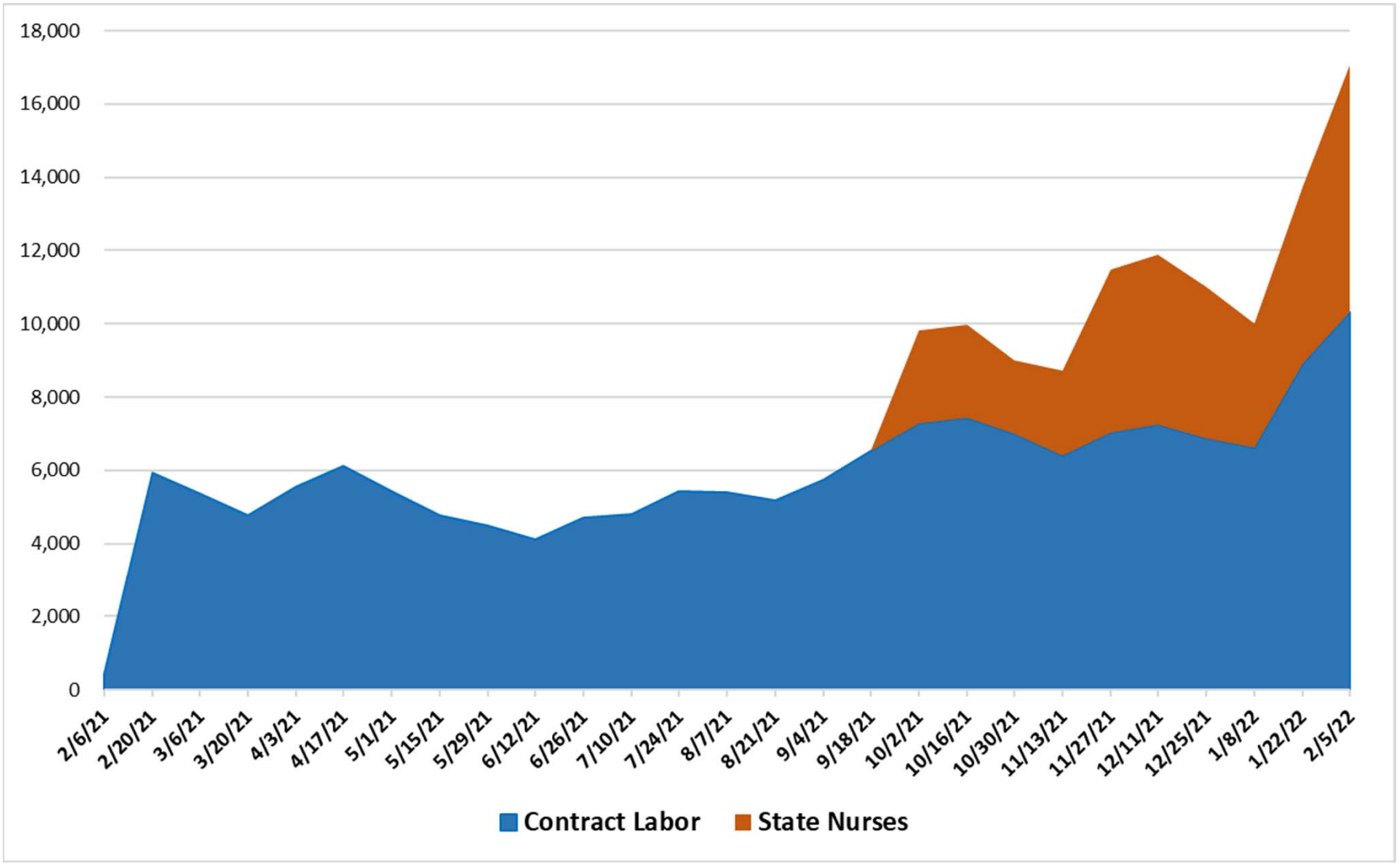




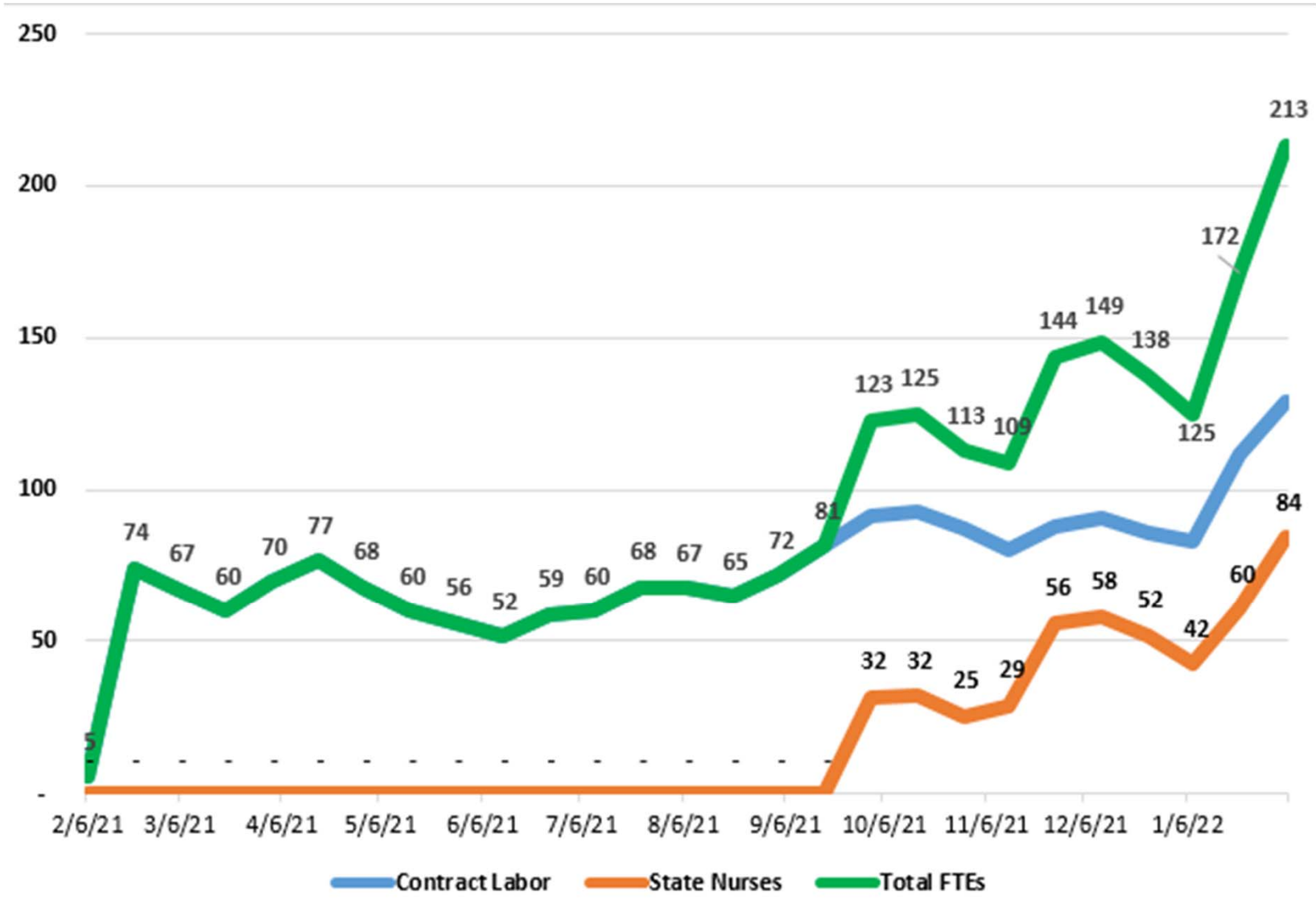
Contract Labor Full Time Equivalents (FTEs)



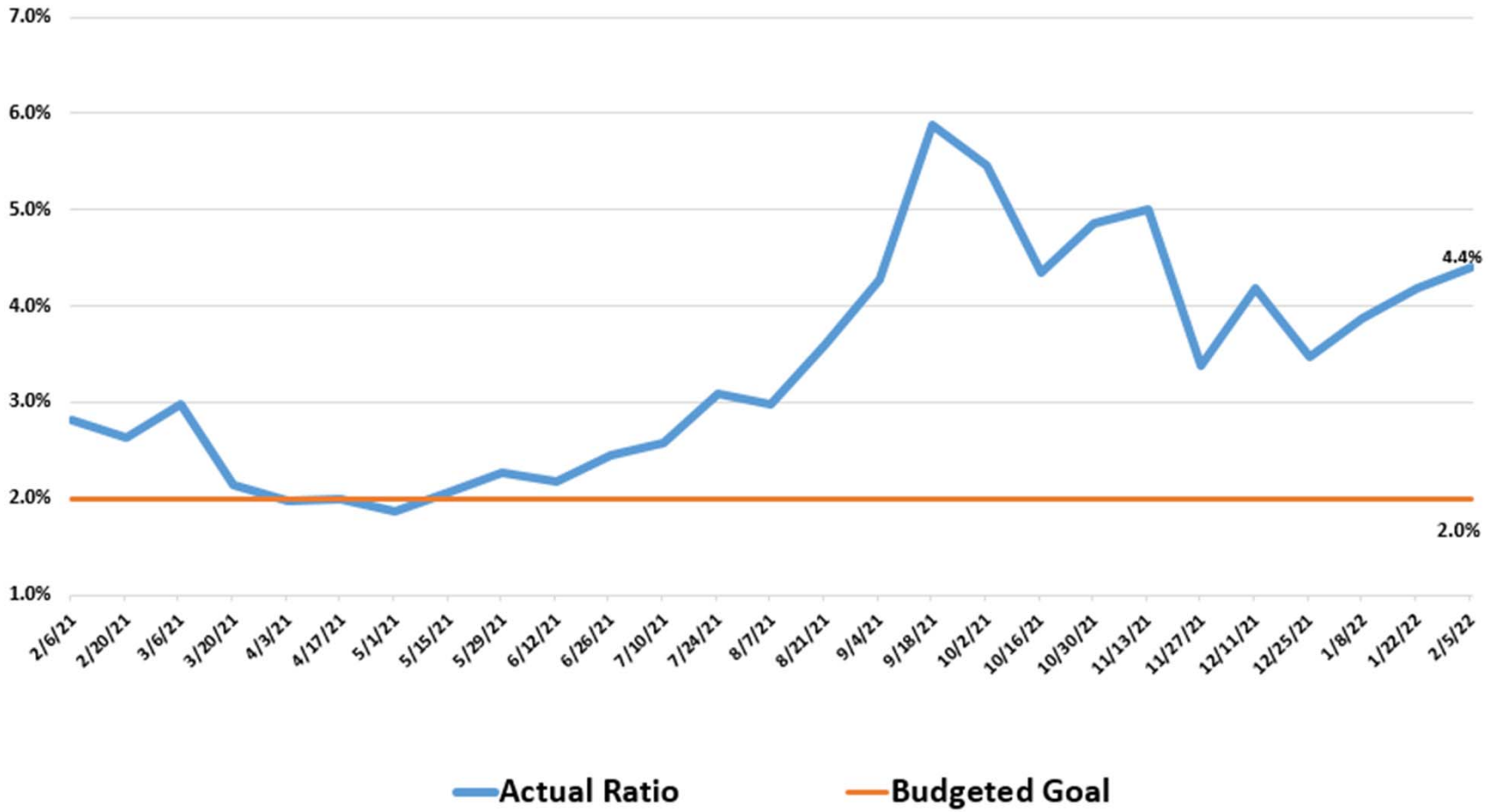
Contract Labor Hours

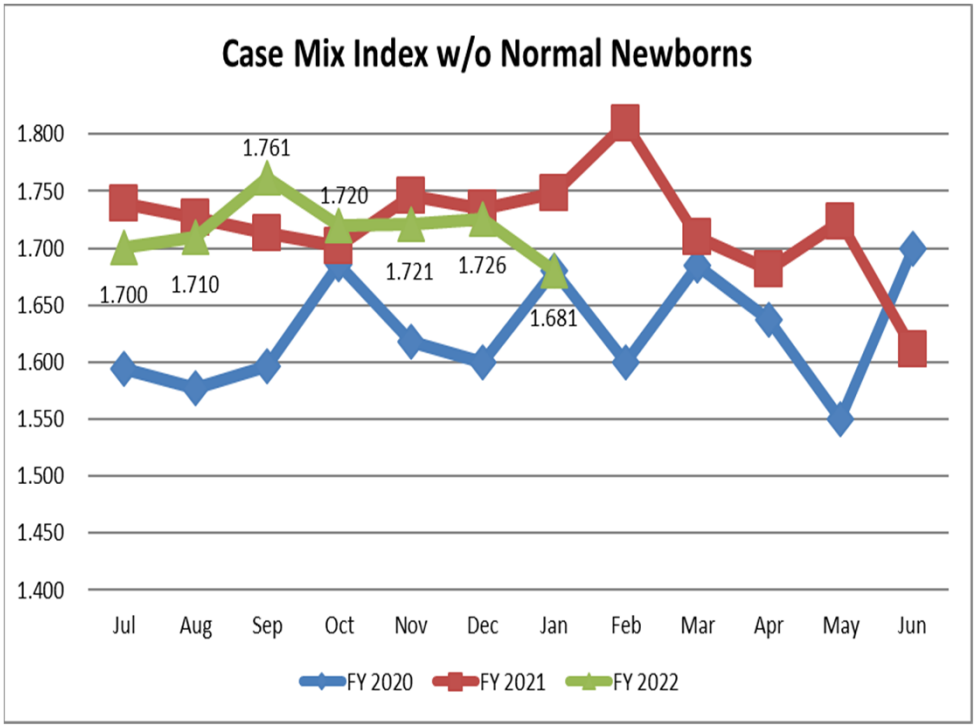


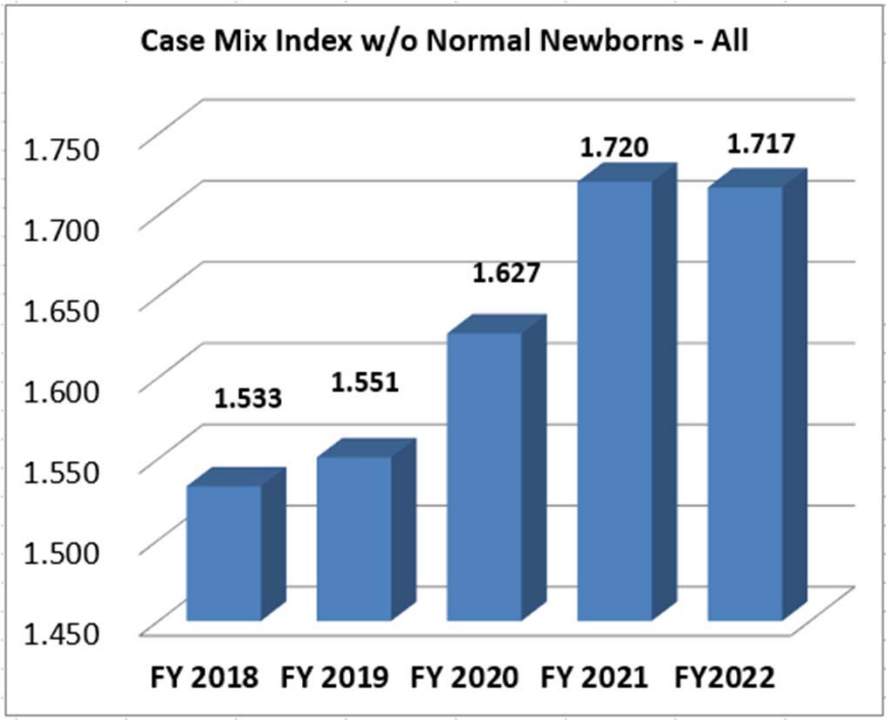
Contract Labor FTEs (Full time equivalent)

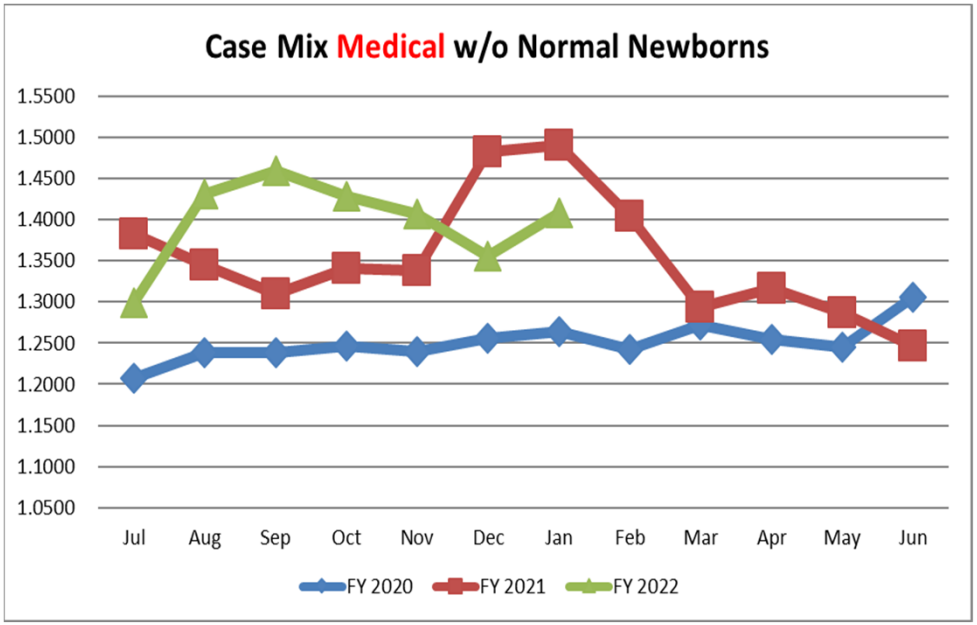


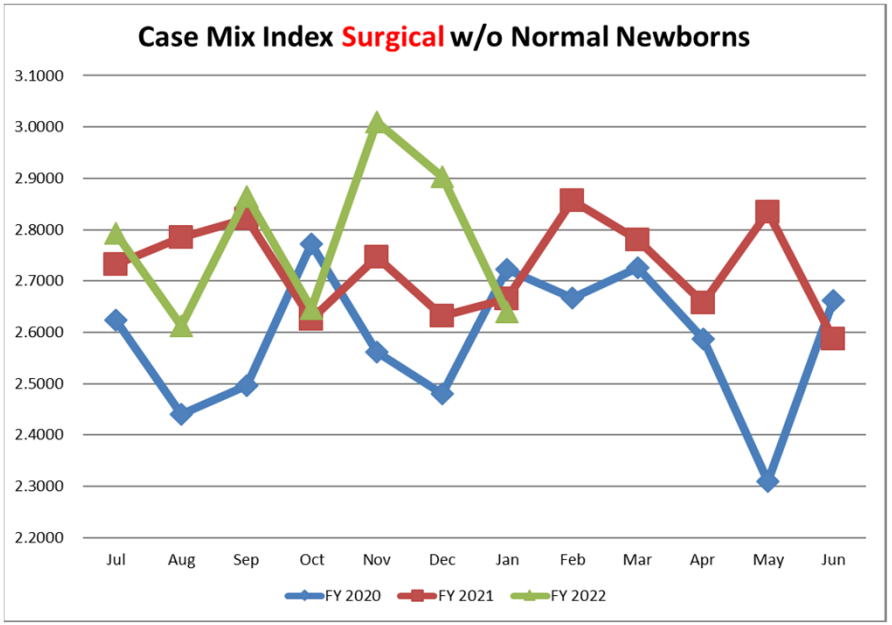
Overtime


7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
4.4%
2.0%
2/6/21
2/20/21
3/6/21
3/20/21
4/3/21
4/17/21
5/1/21
5/15/21
5/29/21
6/12/21
6/26/21
7/10/21
7/24/21
8/7/21
8/21/21
9/4/21
9/18/21
10/2/21
10/16/21
10/30/21
11/13/21
11/27/21
12/11/21
12/25/21
1/8/22
1/22/22
2/5/22
Actual Ratio
Budgeted Goal

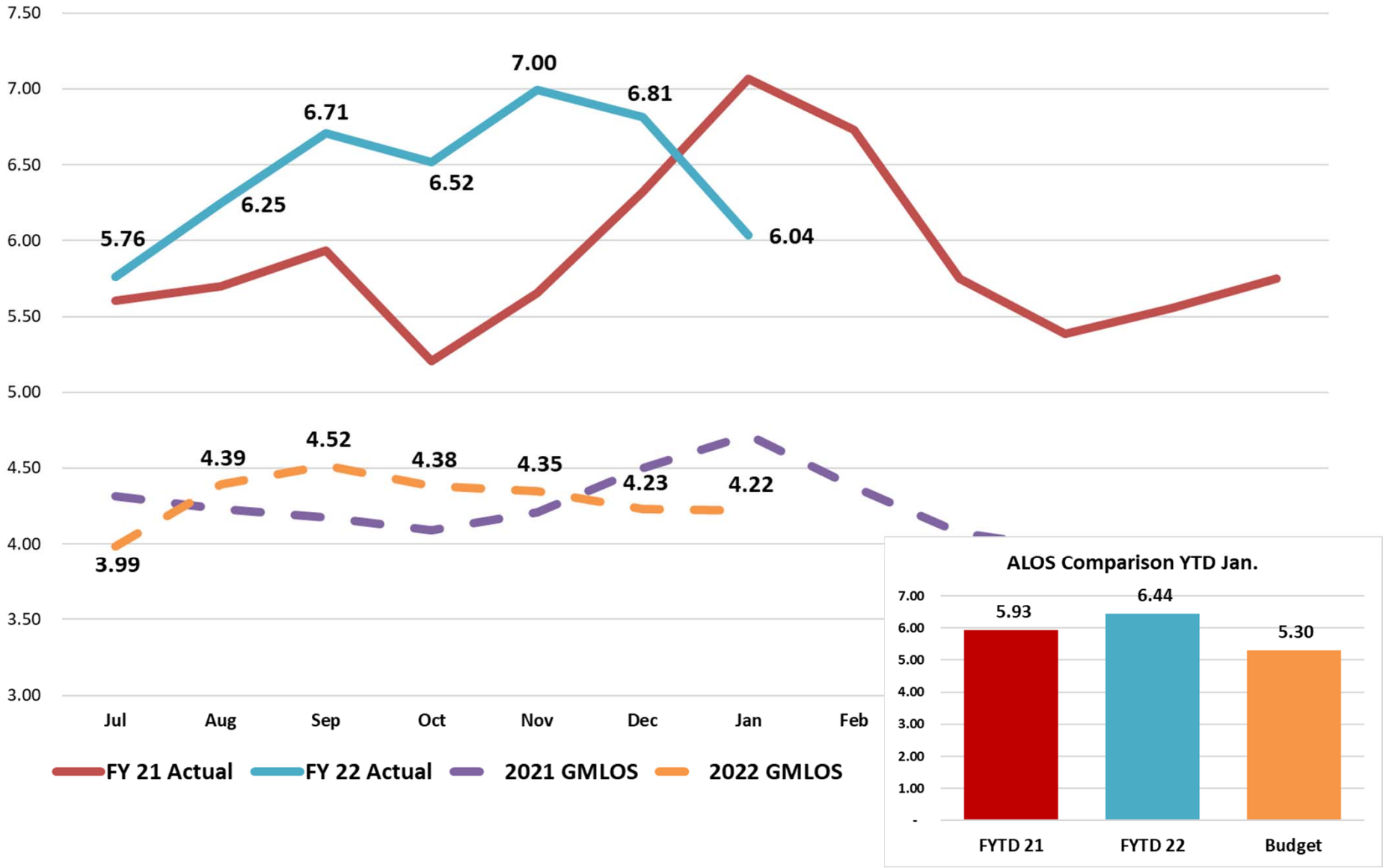

Case Mix Index w/o Normal Newborns
1.800
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.400
1.761
1.720
1.700
1.710
1.721
1.726
1.681
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2020
FY 2021
FY 2022


Case Mix Index w/o Normal Newborns - All
1.750
1.700
1.650
1.600
1.550
1.500
1.450
1.533
1.551
1.627
1.720
1.717
FY 2018
FY 2019
FY 2020
FY 2021
FY2022


Case Mix Medical w/o Normal Newborns
1.5500
1.5000
1.4500
1.4000
1.3500
1.3000
1.2500
1.2000
1.1500
1.1000
1.0500
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2020
FY 2021
FY 2022

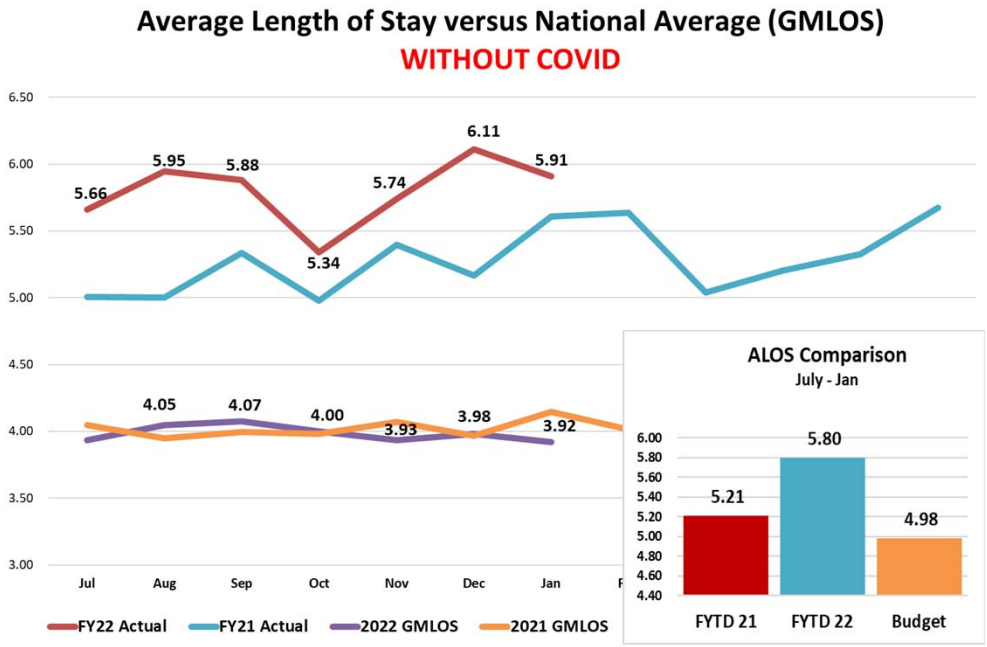

Case Mix Index Surgical w/o Normal Newborns
3.1000
3.0000
2.9000
2.8000
2.7000
2.6000
2.5000
2.4000
2.3000
2.2000
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
FY 2020
FY 2021
FY 2022

Average Length of Stay versus National Average (GMLOS)

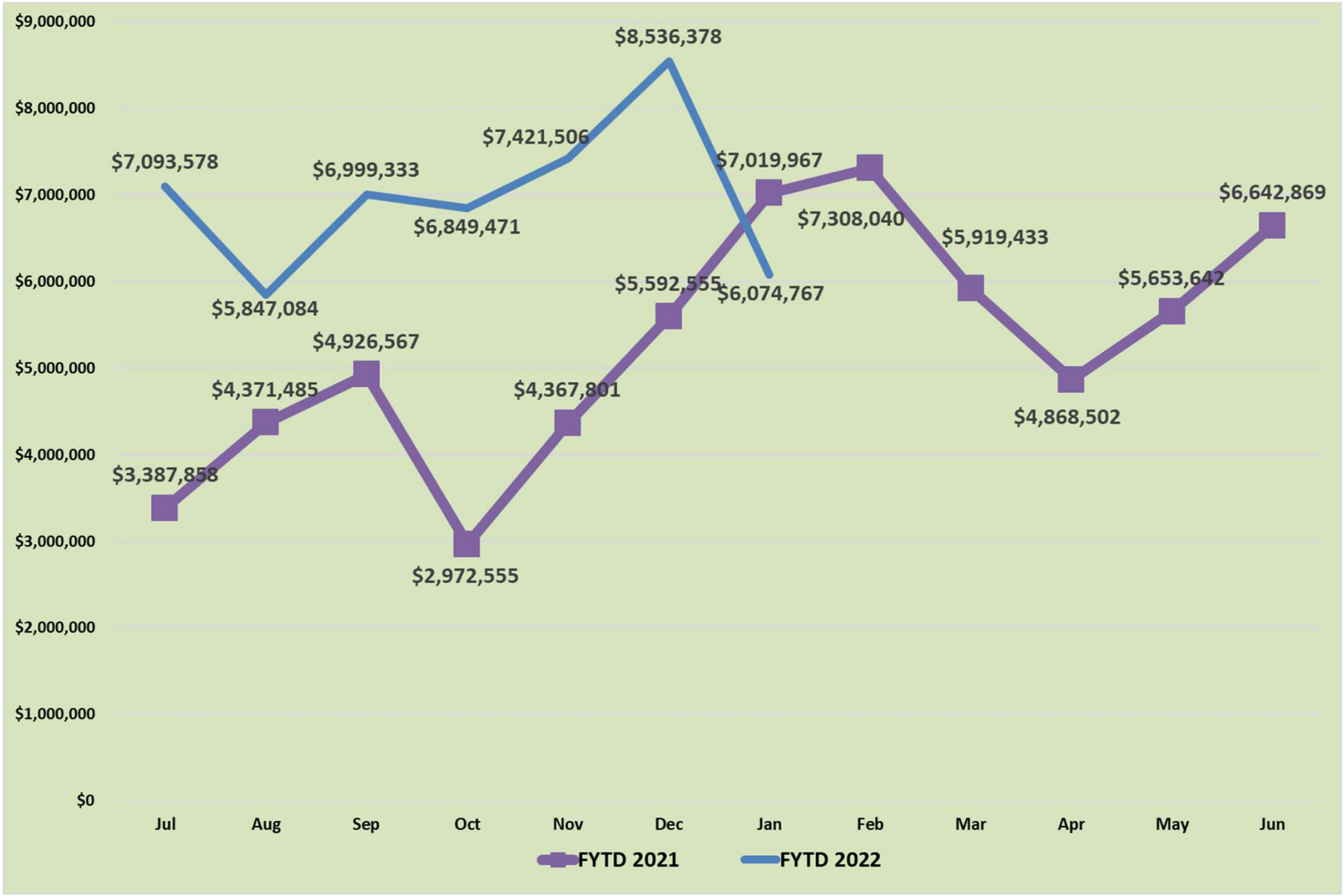


Average Length of Stay versus National Average (GMLOS)

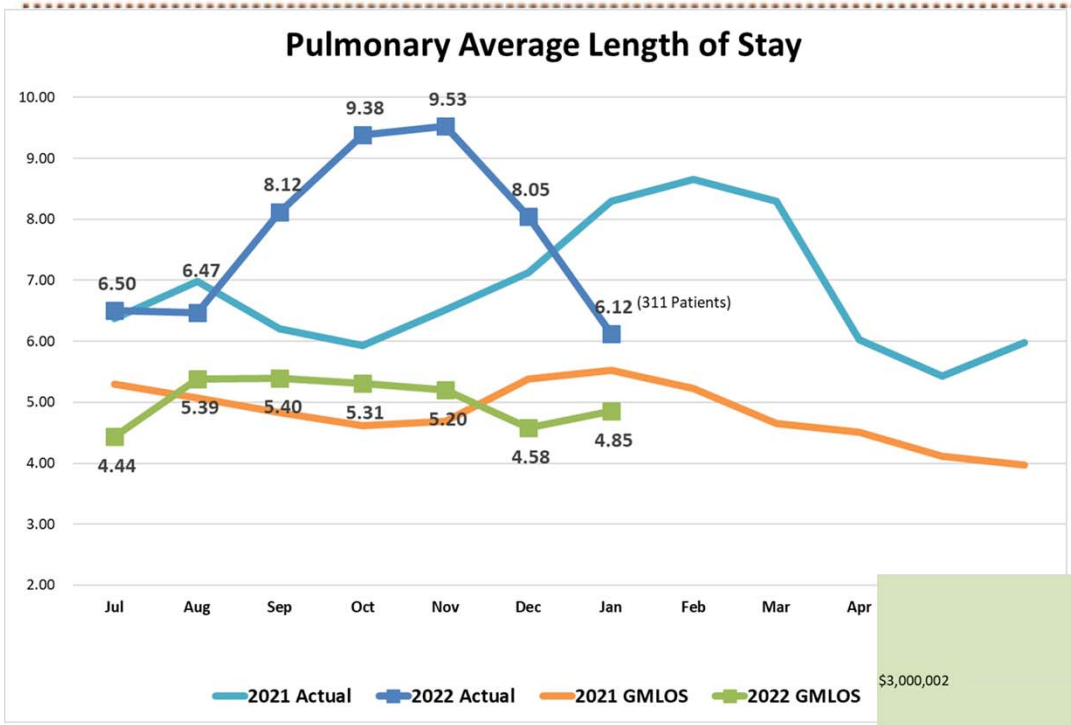
	Including COVID Patients			Excluding COVID Patients				
	ALOS	GMLOS	GAP	ALOS	GMLOS	GAP	Gap Diff	%
Mar-20	5.20	4.04	1.16	5.16	4.03	1.13	0.03	2%
Apr-20	5.30	4.25	1.05	5.19	4.17	1.03	0.02	2%
May-20	5.25	4.16	1.09	4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50	4.98	3.95	1.03	0.47	31%
Jul-20	5.60	4.31	1.29	5.01	4.05	0.96	0.33	25%
Aug-20	5.70	4.23	1.47	5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76	5.33	3.99	1.34	0.42	24%
Oct-20	5.20	4.09	1.11	4.98	3.98	1.00	0.11	10%
Nov-20	5.66	4.21	1.45	5.40	4.07	1.33	0.12	8%
Dec-20	6.32	4.50	1.82	5.16	3.97	1.19	0.63	34%
Jan-21	7.07	4.72	2.35	5.61	4.14	1.47	0.89	38%
Feb-21	6.73	4.38	2.35	5.64	4.01	1.63	0.72	31%
Mar-21	5.75	4.07	1.68	5.04	3.92	1.12	0.56	33%
Apr-21	5.38	3.97	1.41	5.20	3.89	1.31	0.10	7%
May-21	5.55	4.01	1.54	5.32	3.92	1.40	0.14	9%
Jun-21	5.75	3.90	1.85	5.67	3.88	1.79	0.06	3%
Jul-21	5.76	3.99	1.77	5.66	3.94	1.72	0.05	3%
Aug-21	6.25	4.39	1.86	5.95	4.05	1.90	(0.04)	-2%
Sep-21	6.71	4.52	2.19	5.89	4.08	1.81	0.38	17%
Oct-21	6.52	4.38	2.14	5.34	4.00	1.34	0.80	37%
Nov-21	7.00	4.35	2.65	5.74	3.93	1.81	0.84	32%
Dec-21	6.81	4.23	2.58	6.11	3.98	2.13	0.45	17%
Jan-21	6.04	4.22	1.82	5.91	3.92	1.99	(0.17)	-9%
Average	5.96	4.23	1.73	5.39	3.99	1.40	0.34	19%

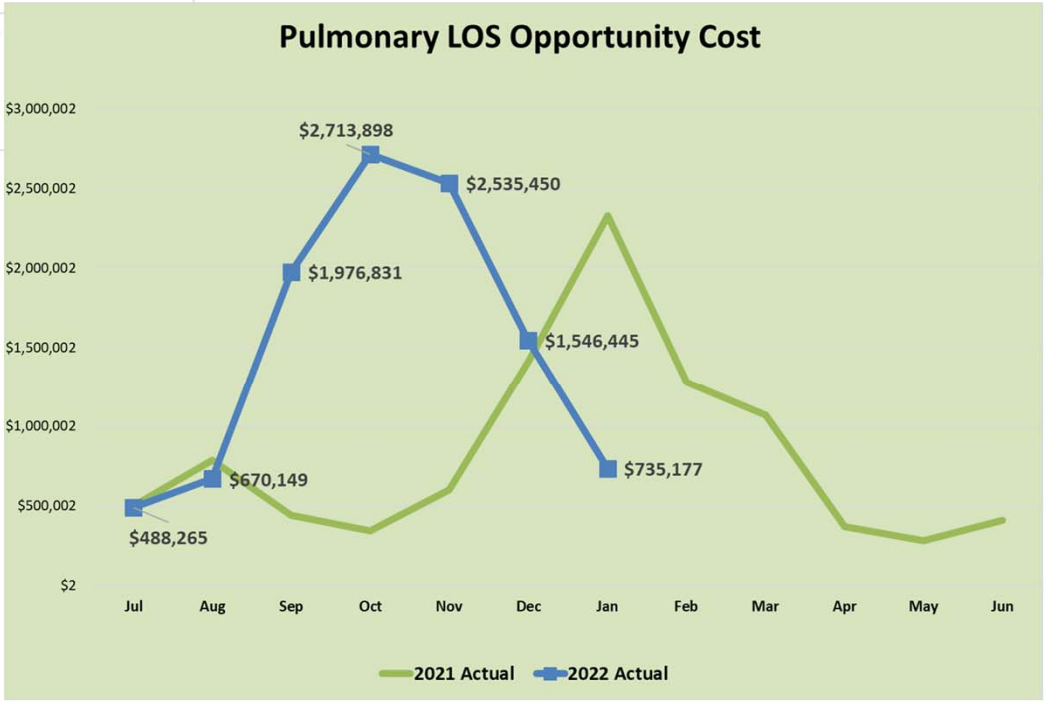


Opportunity Cost of Reducing LOS to National Average - $62.7M FY21

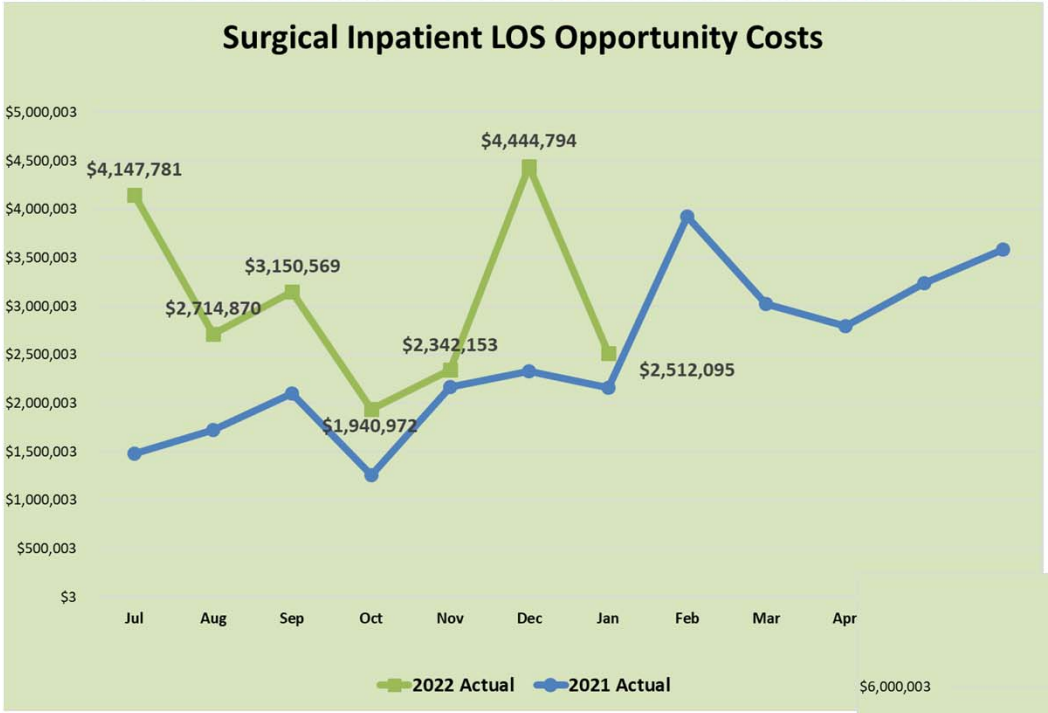


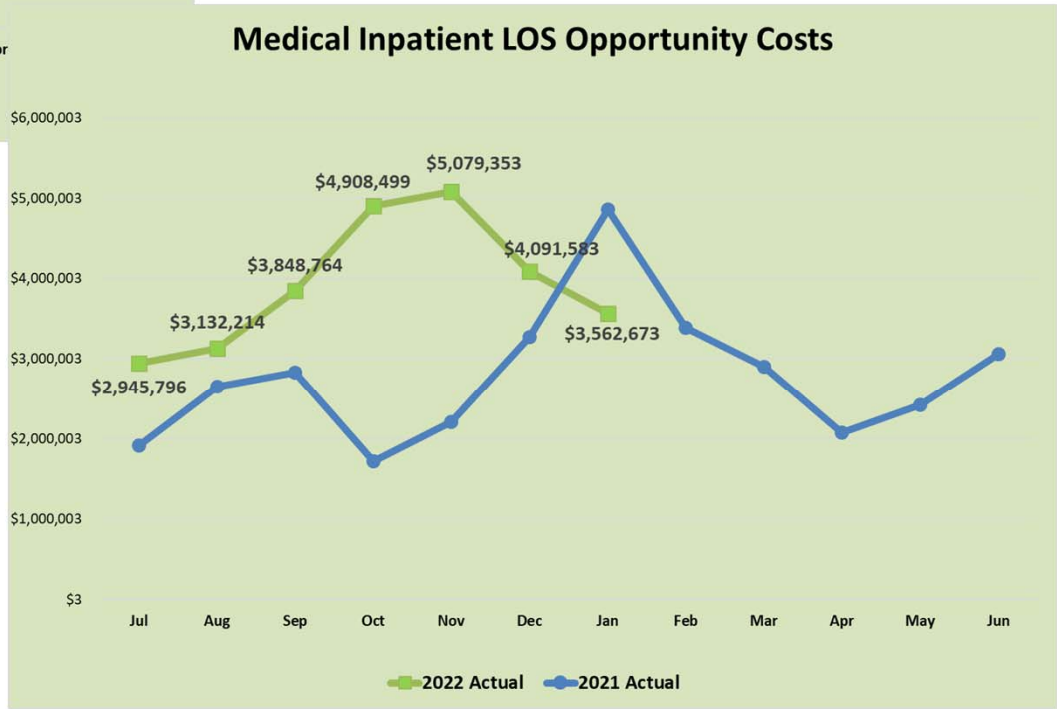
Pulmonary Decrease – Opportunity Costs



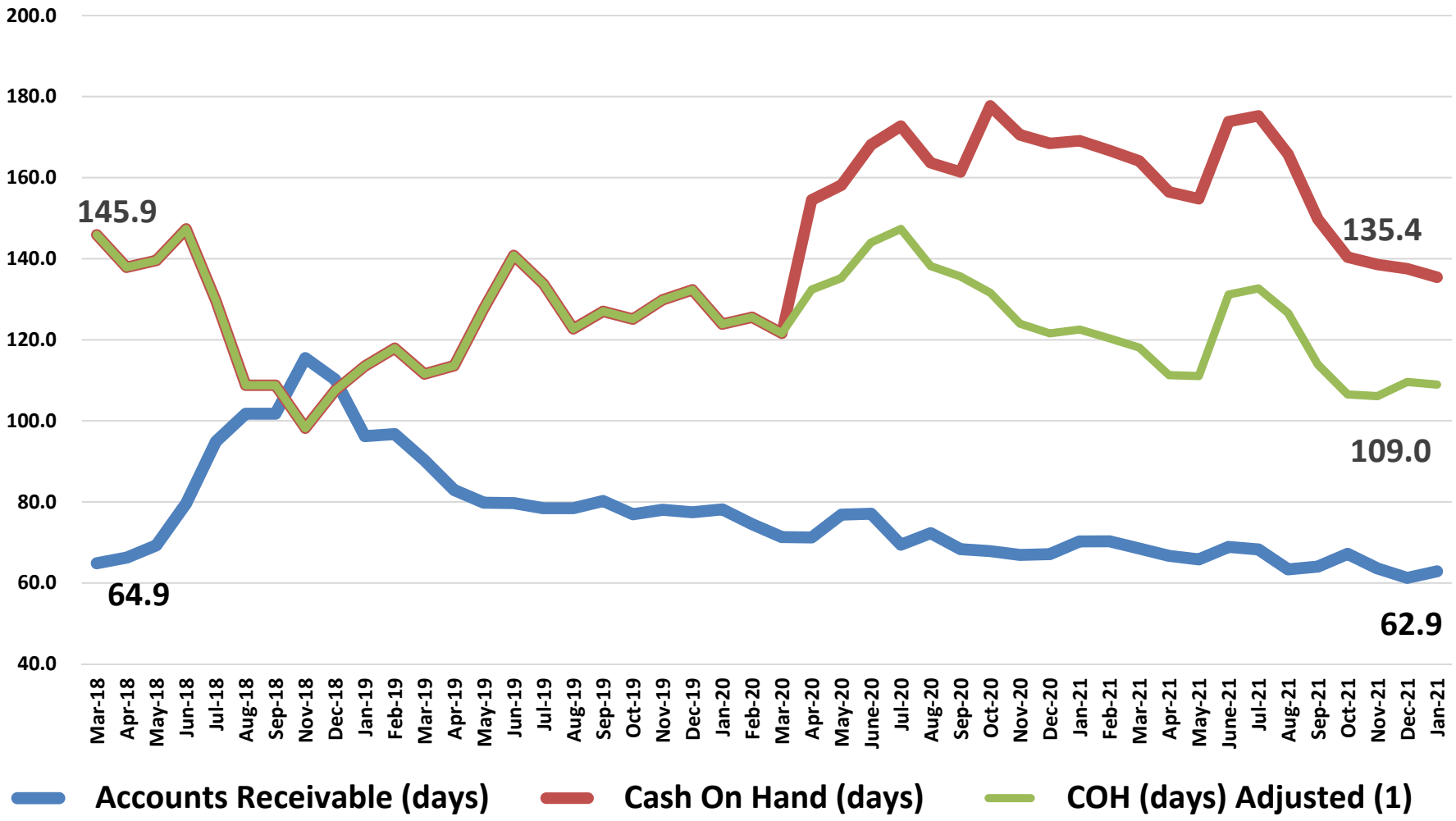


Surgical Versus Medical Grouping – Opportunity Costs





Trended Liquidity Ratios



(1) Adjusted for Medicare accelerated payments and the deferral of employer portion of FICA as allowed by the CARES act.

KAWEAH DELTA HEALTH CARE DISTRICT
RATIO ANALYSIS REPORT
JANUARY 31, 2022

	Current Month Value	Prior Month Value	June 30, 2021 Audited Value	2020 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	1.6	1.6	1.2	1.5	**1.7**	1.8
Accounts Receivable (days)	62.9	61.3	67.0	47.2	**46.3**	45.9
Cash On Hand (days)	135.4	137.5	173.3	334.8	**261.4**	207.2
Cushion Ratio (x)	19.4	19.6	22.9	45.9	**28.8**	19.0
Average Payment Period (days)	72.1	73.4	93.2	100.5	**89.4**	95.2
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	137.1%	138.7%	137.1%	285.0%	**200.8%**	149.7%
Debt-To-Capitalization	31.1%	31.0%	31.1%	24.8%	**31.7%**	40.1%
Debt-to-Cash Flow (x)	4.4	4.3	4.4	2.4	**3.0**	3.9
Debt Service Coverage	3.0	3.1	3.0	7.5	**5.2**	3.7
Maximum Annual Debt Service Coverage (x)	3.0	3.1	3.0	6.6	**4.4**	3.0
Age Of Plant (years)	14.3	14.1	14.3	10.6	**11.8**	12.9
PROFITABILITY RATIOS						
Operating Margin	(.6%)	(.7%)	(3.5%)	2.2%	**1.4%**	0.6%
Excess Margin	1.7%	1.8%	1.5%	6.3%	**4.8%**	3.0%
Operating Cash Flow Margin	3.9%	3.7%	1.4%	7.4%	**7.6%**	6.2%
Return on Assets	1.6%	1.7%	1.3%	4.4%	**3.8%**	2.8%

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2021 & 2022

	Operating Revenue			Operating Expenses									
Fiscal Year	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense	Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
2021													
Jul-20	47,402	13,608	61,009	32,213	7,807	10,036	13,502	63,559	(2,550)	4,542	1,993	(4.2%)	3.0%
Aug-20	48,393	13,339	61,732	32,203	8,699	10,720	14,744	66,366	(4,634)	4,444	(191)	(7.5%)	(0.3%)
Sep-20	48,769	13,548	62,317	32,837	6,871	11,619	14,643	65,971	(3,654)	3,138	(515)	(5.9%)	(0.8%)
Oct-20	51,454	13,083	64,537	33,385	7,746	10,713	15,033	66,876	(2,339)	5,177	2,837	(3.6%)	4.1%
Nov-20	50,994	12,719	63,713	31,225	8,079	10,999	14,837	65,140	(1,427)	2,807	1,380	(2.2%)	2.1%
Dec-20	50,409	13,317	63,726	34,298	8,024	11,492	15,152	68,965	(5,240)	1,963	(3,276)	(8.2%)	(5.0%)
Jan-21	49,949	14,115	64,064	34,008	8,421	12,014	15,101	69,544	(5,480)	6,363	883	(8.6%)	1.3%
Feb-21	44,505	14,519	59,024	31,565	8,484	9,685	13,829	63,562	(4,538)	3,973	(565)	(7.7%)	(0.9%)
Mar-21	56,144	17,106	73,250	35,505	8,278	10,923	16,990	71,696	1,554	2,267	3,821	2.1%	5.1%
Apr-21	52,593	19,684	72,277	37,084	8,320	11,011	16,895	73,310	(1,033)	2,645	1,612	(1.4%)	2.2%
May-21	50,531	15,692	66,223	34,042	7,754	10,170	16,569	68,535	(2,312)	1,829	(483)	(3.5%)	(0.7%)
Jun-21	45,033	20,967	66,000	21,557	8,207	12,067	20,023	61,854	4,146	773	4,919	6.3%	7.4%
2021 FY Total	**$ 596,175**	**$ 181,697**	**$ 777,872**	**$ 389,923**	**$ 96,690**	**$ 131,449**	**$ 187,317**	**$ 805,379**	**$ (27,507)**	**$ 39,921**	**$ 12,414**	**(3.5%)**	**1.5%**
2022													
Jul-21	51,502	15,035	66,537	32,678	7,922	9,596	15,217	65,413	1,124	582	1,706	1.7%	2.5%
Aug-21	49,714	16,024	65,737	33,434	8,527	13,004	15,414	70,379	(4,642)	990	(3,651)	(7.1%)	(5.5%)
Sep-21	57,879	15,513	73,391	38,332	7,736	11,942	17,438	75,448	(2,056)	(388)	(2,445)	(2.8%)	(3.3%)
Oct-21	55,674	15,592	71,266	36,627	9,674	11,714	17,386	75,402	(4,136)	732	(3,403)	(5.8%)	(4.8%)
Nov-21	54,846	22,162	77,008	33,634	10,261	10,623	15,629	70,146	6,862	7,129	13,991	8.9%	18.2%
Dec-21	51,115	21,358	72,473	37,366	9,479	10,687	15,532	73,064	(591)	2,495	1,904	(0.8%)	2.6%
Jan-22	56,862	17,469	74,331	38,931	9,210	10,913	15,143	74,197	134	568	702	0.2%	0.9%
2022 FY Total	**$ 377,591**	**$ 123,153**	**$ 500,744**	**$ 251,002**	**$ 62,809**	**$ 78,478**	**$ 111,759**	**$ 504,048**	**$ (3,305)**	**$ 12,108**	**$ 8,804**	**(0.7%)**	**1.7%**
FYTD Budget	**371,063**	**108,807**	**479,870**	**228,162**	**58,115**	**73,449**	**112,082**	**471,808**	**8,062**	**3,486**	**11,548**	**1.7%**	**2.4%**
Variance	**$ 6,528**	**$ 14,346**	**$ 20,873**	**$ 22,840**	**$ 4,694**	**$ 5,029**	**$ (323)**	**$ 32,240**	**$ (11,367)**	**$ 8,622**	**$ (2,745)**		
Current Month Analysis													
Jan-22	**$ 56,862**	**$ 17,469**	**$ 74,331**	**$ 38,931**	**$ 9,210**	**$ 10,913**	**$ 15,143**	**$ 74,197**	**$ 134**	**$ 568**	**$ 702**	**0.2%**	**0.9%**
Budget	**54,200**	**16,222**	**70,421**	**33,734**	**8,197**	**10,516**	**16,428**	**68,875**	**1,547**	**542**	**2,089**	**2.2%**	**2.9%**
Variance	**$ 2,662**	**$ 1,247**	**$ 3,910**	**$ 5,197**	**$ 1,013**	**$ 397**	**$ (1,285)**	**$ 5,322**	**$ (1,413)**	**$ 26**	**(1,386)**		

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2021 & 2022

Fiscal Year	Patient Days	ADC	Adjusted Patient Days	I/P Revenue %	DFR & Bad Debt %	Net Patient Revenue/ Ajusted Patient Day	Personnel Expense/ Ajusted Patient Day	Physician Fees/ Ajusted Patient Day	Supply Expense/ Ajusted Patient Day	Total Operating Expense/ Ajusted Patient Day	Personnel Expense/ Net Patient Revenue	Physician Fees/ Net Patient Revenue	Supply Expense/ Net Patient Revenue	Total Operating Expense/ Net Patient Revenue
2021														
Jul-20	13,016	420	24,934	52.2%	76.8%	1,901	1,292	313	403	2,549	68.0%	16.5%	21.2%	134.1%
Aug-20	13,296	429	24,893	53.4%	75.7%	1,944	1,294	349	431	2,666	66.5%	18.0%	22.2%	137.1%
Sep-20	13,024	434	24,587	53.0%	75.6%	1,984	1,336	279	473	2,683	67.3%	14.1%	23.8%	135.3%
Oct-20	12,478	403	24,749	50.4%	74.2%	2,079	1,349	313	433	2,702	64.9%	15.1%	20.8%	130.0%
Nov-20	12,898	430	24,958	51.7%	74.0%	2,043	1,251	324	441	2,610	61.2%	15.8%	21.6%	127.7%
Dec-20	14,389	464	25,827	55.7%	75.2%	1,952	1,328	311	445	2,670	68.0%	15.9%	22.8%	136.8%
Jan-21	14,002	452	24,471	57.2%	75.5%	2,041	1,390	344	491	2,842	68.1%	16.9%	24.1%	139.2%
Feb-21	12,388	442	23,578	52.5%	77.3%	1,888	1,339	360	411	2,696	70.9%	19.1%	21.8%	142.8%
Mar-21	13,030	420	25,820	50.5%	74.9%	2,174	1,375	321	423	2,777	63.2%	14.7%	19.5%	127.7%
Apr-21	12,361	412	25,268	48.9%	75.8%	2,081	1,468	329	436	2,901	70.5%	15.8%	20.9%	139.4%
May-21	13,115	423	25,026	52.4%	76.4%	2,019	1,360	310	406	2,739	67.4%	15.3%	20.1%	135.6%
Jun-21	12,916	431	25,797	50.1%	79.6%	1,746	836	318	468	2,398	47.9%	18.2%	26.8%	137.4%
2021 FY Total	**156,913**	**430**	**300,105**	**52.3%**	**75.9%**	**1,987**	**1,299**	**322**	**438**	**2,684**	**65.4%**	**16.2%**	**22.0%**	**135.1%**
2022														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
Aug-21	14,421	465	27,742	52.0%	77.3%	1,792	1,205	307	469	2,537	67.3%	17.2%	26.2%	141.6%
Sep-21	14,836	495	28,344	52.3%	75.0%	2,042	1,352	273	421	2,662	66.2%	13.4%	20.6%	130.4%
Oct-21	15,518	501	28,267	54.9%	75.8%	1,970	1,296	342	414	2,667	65.8%	17.4%	21.0%	135.4%
Nov-21	13,969	466	26,571	52.6%	74.8%	2,064	1,266	386	400	2,640	61.3%	18.7%	19.4%	127.9%
Dec-21	14,305	461	27,106	52.8%	76.4%	1,886	1,378	350	394	2,695	73.1%	18.5%	20.9%	142.9%
Jan-22	14,611	471	26,955	54.2%	74.3%	2,109	1,444	342	405	2,753	68.5%	16.2%	19.2%	130.5%
2022 FY Total	**101,048**	**470**	**191,068**	**52.9%**	**75.7%**	**1,976**	**1,314**	**329**	**411**	**2,638**	**66.5%**	**16.6%**	**20.8%**	**133.5%**
FYTD Budget	**94,951**	**442**	**187,833**	**50.6%**	**75.5%**	**1,975**	**1,215**	**309**	**391**	**2,469**	**61.5%**	**15.7%**	**19.8%**	**127.2%**
Variance	**6,097**	**28**	**3,235**	**2.3%**	**0.1%**	**1**	**99**	**19**	**20**	**169**	**5.0%**	**1.0%**	**1.0%**	**6.3%**
Current Month Analysis														
Jan-22	**14,611**	**471**	**26,955**	**54.2%**	**74.3%**	**2,109**	**1,444**	**342**	**405**	**2,753**	**68.5%**	**16.2%**	**19.2%**	**130.5%**
Budget	**14,116**	**455**	**27,209**	**51.9%**	**75.9%**	**1,992**	**1,240**	**301**	**386**	**2,555**	**62.2%**	**15.1%**	**19.4%**	**127.1%**
Variance	**495**	**16**	**(253)**	**2.3%**	**(1.6%)**	**117**	**204**	**40**	**18**	**197**	**6.2%**	**1.1%**	**(0.2%)**	**3.4%**

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

	Jan-22	Dec-21	Change	% Change	Jun-21 (Audited)
ASSETS AND DEFERRED OUTFLOWS					
CURRENT ASSETS					
Cash and cash equivalents	$ 9,953	$ 14,708	$ (4,755)	-32.33%	$ 30,081
Current Portion of Board designated and trusted assets	20,358	16,614	3,744	22.54%	13,695
Accounts receivable:					
Net patient accounts	129,351	125,241	4,110	3.28%	121,553
Other receivables	21,547	23,383	(1,835)	-7.85%	16,048
	150,898	148,624	2,274	1.53%	137,601
Inventories	12,746	12,611	135	1.07%	10,800
Medicare and Medi-Cal settlements	48,775	51,837	(3,062)	-5.91%	37,339
Prepaid expenses	11,547	12,385	(838)	-6.77%	12,210
Total current assets	254,277	256,778	(2,502)	-0.97%	241,726
NON-CURRENT CASH AND INVESTMENTS -					
less current portion					
Board designated cash and assets	311,414	310,097	1,316	0.42%	349,933
Revenue bond assets held in trust	22,310	22,304	6	0.03%	22,271
Assets in self-insurance trust fund	2,052	2,046	7	0.32%	2,073
Total non-current cash and investments	335,776	334,447	1,329	0.40%	374,277
CAPITAL ASSETS					
Land	17,542	17,542	-	0.00%	17,542
Buildings and improvements	385,255	385,109	145	0.04%	384,399
Equipment	319,902	318,407	1,495	0.47%	316,636
Construction in progress	57,757	58,283	(526)	-0.90%	53,113
	780,457	779,341	1,115	0.14%	771,690
Less accumulated depreciation	445,148	442,613	2,535	0.57%	427,307
	335,309	336,729	(1,420)	-0.42%	344,383
Property under capital leases -					
less accumulated amortization	(65)	(2)	(63)	3627.03%	376
Total capital assets	335,244	336,727	(1,483)	-0.44%	344,759
OTHER ASSETS					
Property not used in operations	1,605	1,610	(4)	-0.26%	1,635
Health-related investments	5,266	5,337	(71)	-1.34%	5,216
Other	12,492	12,160	333	2.74%	11,569
Total other assets	19,363	19,106	257	1.35%	18,419
Total assets	944,660	947,059	(2,399)	-0.25%	979,182
DEFERRED OUTFLOWS	(36,052)	(36,021)	(31)	0.09%	(35,831)
Total assets and deferred outflows	**$ 908,609**	**$ 911,038**	**$ (2,429)**	**-0.27%**	**$ 943,351**

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED STATEMENTS OF NET POSITION (000's)

	Jan-22	Dec-21	Change	% Change	Jun-21 (Audited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	$ 89,152	$ 92,251	$ (3,099)	-3.36%	$ 114,900
Accrued payroll and related liabilities	62,522	61,652	870	1.41%	71,537
Long-term debt, current portion	11,227	11,227	-	0.00%	11,128
Total current liabilities	162,901	165,131	(2,229)	-1.35%	197,565
LONG-TERM DEBT, less current portion					
Bonds payable	248,363	248,440	(77)	-0.03%	250,675
Capital leases	92	102	(10)	-9.91%	123
Total long-term debt	248,454	248,542	(87)	-0.04%	250,797
NET PENSION LIABILITY	(36,559)	(34,518)	(2,041)	5.91%	(22,273)
OTHER LONG-TERM LIABILITIES	34,133	33,457	676	2.02%	30,894
Total liabilities	408,930	412,611	(3,681)	-0.89%	456,983
NET ASSETS					
Invested in capital assets, net of related debt	100,528	101,944	(1,416)	-1.39%	107,949
Restricted	42,042	37,892	4,150	10.95%	31,668
Unrestricted	357,108	358,590	(1,482)	-0.41%	346,751
Total net position	499,679	498,427	1,252	0.25%	486,368
Total liabilities and net position	**$ 908,609**	**$ 911,038**	**$ (2,429)**	**-0.27%**	**$ 943,351**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2022

Board designated funds	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
LAIF		0.23	Various			80,845,257	
CAMP		0.05	CAMP			27,954,344	
PFM		0.01	Money market			900,928	
Wells Cap		0.01	Money market			91,692	
Wells Cap	8-Apr-21	0.30	Municipal	Foothill Ca		850,000	
PFM	25-Aug-22	2.31	ABS	FHLMC		390,000	
Wells Cap	27-Oct-22	2.70	MTN-C	Citigroup		750,000	
Wells Cap	1-Nov-22	1.71	Municipal	Oregon ST		1,000,000	
PFM	2-Dec-22	2.04	CD	Dnb Bank Asa Ny CD		630,000	
PFM	15-Dec-22	3.02	ABS	Toyota Auto		4,419	
PFM	27-Dec-22	2.28	U.S. Govt Agency	FNMA		309,416	
PFM	31-Dec-22	2.13	U.S. Govt Agency	US Treasury Bill		740,000	
Wells Cap	17-Jan-23	0.25	MTN-C	John Deere Mtn		725,000	
PFM	31-Jan-23	1.75	U.S. Govt Agency	US Treasury Bill		1,200,000	
Torrey Pines Bank	5-Mar-23	0.35	CD	Torrey Pines Bank		3,053,595	
PFM	17-Mar-23	0.59	CD	Credit Suisse Ag CD		665,000	
Wells Cap	1-Apr-23	1.85	Municipal	San Diego County		1,275,000	
Wells Cap	15-Apr-23	1.27	Municipal	San Diego Ca		1,300,000	
PFM	20-Apr-23	0.13	Supra-National Agen	Intl Bk		620,000	
PFM	20-Apr-23	0.38	U.S. Govt Agency	FHLMC		1,325,000	
PFM	24-Apr-23	2.88	MTN-C	Bank of America		640,000	
PFM	11-May-23	1.14	MTN-C	Chevron Corp		250,000	
Wells Cap	11-May-23	0.75	MTN-C	Apple, Inc		800,000	
PFM	15-May-23	0.13	U.S. Govt Agency	US Treasury Bill		200,000	
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill		1,100,000	
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill		1,000,000	
PFM	15-May-23	1.75	U.S. Govt Agency	US Treasury Bill		630,000	
Wells Cap	15-May-23	3.10	MTN-C	State Street Corp		359,000	
Wells Cap	16-May-23	2.66	MTN-C	Bank of Ny Mtn		300,000	
Wells Cap	22-May-23	0.25	U.S. Govt Agency	FNMA		700,000	
PFM	24-May-23	0.50	Supra-National Agen	Inter Amer Bk		915,000	
PFM	3-Jun-23	0.80	MTN-C	Amazon Com Inc		445,000	
PFM	8-Jun-23	0.80	MTN-C	Paccar Financial Mtn		140,000	
PFM	30-Jun-23	0.13	U.S. Govt Agency	US Treasury Bill		2,100,000	
PFM	1-Jul-23	1.09	Municipal	Port Auth NY		245,000	
Wells Cap	1-Jul-23	1.89	Municipal	San Francisco		1,070,000	
PFM	5-Jul-23	0.70	MTN-C	John Deere Mtn		230,000	
PFM	5-Jul-23	0.70	MTN-C	John Deere Mtn		295,000	
PFM	10-Jul-23	0.25	U.S. Govt Agency	FNMA		1,710,000	
Wells Cap	15-Jul-23	0.65	MTN-C	Intuit Inc		800,000	
PFM	24-Jul-23	2.91	MTN-C	Goldman Sachs		900,000	
PFM	25-Jul-23	3.20	ABS	FHLMC		10,848	
PFM	1-Aug-23	2.00	Municipal	Chaffey Ca		265,000	
PFM	1-Aug-23	2.00	Municipal	San Diego Ca Community		165,000	
PFM	1-Aug-23	1.97	Municipal	Tamalpais Ca Union		370,000	
Wells Cap	1-Aug-23	0.98	Municipal	Carson Ca Redev Ag		300,000	
Wells Cap	1-Aug-23	1.30	Municipal	Desert Sands Ca		315,000	
Wells Cap	1-Aug-23	0.58	Municipal	Palomar Ca		700,000	
Wells Cap	1-Aug-23	0.68	Municipal	Upper Santa Clara		1,100,000	
Wells Cap	11-Aug-23	0.43	MTN-C	Chevron USA Inc		1,300,000	
PFM	21-Aug-23	0.74	ABS	GM Fin Auto Lease		215,000	
Wells Cap	31-Aug-23	2.75	U.S. Govt Agency	US Treasury Bill		1,240,000	
PFM	1-Sep-23	2.13	Municipal	San Jose Ca Ref		765,000	
Wells Cap	8-Sep-23	0.25	U.S. Govt Agency	FHLMC		500,000	
PFM	20-Sep-23	3.45	MTN-C	Toyota Motor		550,000	
PFM	30-Sep-23	1.38	U.S. Govt Agency	US Treasury Bill		905,000	
PFM	10-Oct-23	3.63	MTN-C	American Honda Mtn		395,000	
PFM	16-Oct-23	0.00	ABS	Nissann Auto Lease		245,000	
Wells Cap	31-Oct-23	3.00	U.S. Govt Agency	US Treasury Bill		550,000	
PFM	13-Nov-23	0.54	MTN-C	Bristol Myers Squibb		280,000	
PFM	15-Nov-23	2.51	ABS	Capital One Prime		135,388	
PFM	15-Nov-23	0.25	U.S. Govt Agency	US Treasury Bill		1,000,000	
PFM	15-Nov-23	0.25	U.S. Govt Agency	US Treasury Bill		350,000	
PFM	24-Nov-23	0.25	Supra-National Agen	Intl Bk		1,265,000	
PFM	25-Nov-23	3.06	U.S. Govt Agency	FHLMC		415,000	
Wells Cap	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill		145,000	
Wells Cap	30-Nov-23	2.13	U.S. Govt Agency	US Treasury Bill		700,000	
PFM	4-Dec-23	0.25	U.S. Govt Agency	FHLMC		595,000	
PFM	31-Dec-23	2.25	U.S. Govt Agency	US Treasury Bill		2,195,000	
Wells Cap	1-Jan-24	2.12	Municipal	New York ST		585,000	
PFM	15-Jan-24	0.13	U.S. Govt Agency	US Treasury Bill		910,000	
PFM	23-Jan-24	3.50	MTN-C	PNC Financial		395,000	
PFM	25-Jan-24	0.40	ABS	BMW Auto Leasing LLC		215,000	
PFM	25-Jan-24	0.53	MTN-C	Morgan Stanley		335,000	
Wells Cap	31-Jan-24	2.50	U.S. Govt Agency	US Treasury Bill		3,575,000	
Wells Cap	2-Feb-24	0.35	MTN-C	Paccar Financial Mtn		1,000,000	
Wells Cap	8-Feb-24	0.35	MTN-C	National Rural		1,400,000	
PFM	29-Feb-24	2.38	U.S. Govt Agency	US Treasury Bill		1,470,000	

PFM	7-Mar-24	2.90	MTN-C	Merck Co Inc.	405,000
PFM	7-Mar-24	3.25	MTN-C	Unilever Capital	200,000
PFM	15-Mar-24	2.95	MTN-C	Pfizer Inc.	465,000
PFM	16-Mar-24	0.70	MTN-C	JP Morgan	215,000
PFM	18-Mar-24	0.75	MTN-C	Schwab Charles	90,000
Wells Cap	18-Mar-24	0.75	MTN-C	Schwab Charles	1,625,000
Wells Cap	22-Mar-24	0.75	MTN-C	Verizon	730,000
PFM	25-Mar-24	3.35	U.S. Govt Agency	FNMA	314,929
PFM	1-Apr-24	3.38	MTN-C	Mastercard Inc.	395,000
PFM	5-Apr-24	0.73	MTN-C	Morgan Stanley	230,000
Wells Cap	5-Apr-24	0.73	MTN-C	Morgan Stanley	700,000
PFM	15-Apr-24	3.70	MTN-C	Comcast Corp	395,000
PFM	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn	170,000
Wells Cap	26-Apr-24	0.50	MTN-C	Bank of Ny Mtn	1,000,000
PFM	30-Apr-24	2.00	U.S. Govt Agency	US Treasury Bill	1,285,000
Wells Cap	30-Apr-24	2.25	U.S. Govt Agency	US Treasury Bill	500,000
Wells Cap	1-May-24	0.36	Municipal	Wisconsin ST	1,320,000
Wells Cap	1-May-24	0.43	Municipal	Wisconsin ST	500,000
PFM	12-May-24	0.45	MTN-C	Amazon Com Inc	250,000
Wells Cap	12-May-24	0.45	MTN-C	Amazon Com Inc	875,000
PFM	15-May-24	0.55	MTN-C	JP Morgan	195,000
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	950,000
PFM	15-May-24	2.50	U.S. Govt Agency	US Treasury Bill	425,000
Wells Cap	15-May-24	0.58	Municipal	University Ca	1,000,000
PFM	20-May-24	0.00	ABS	GM Fin Auto Lease	445,000
Wells Cap	20-May-24	0.00	ABS	GM Fin Auto Lease	1,175,000
PFM	28-May-24	0.70	MTN-C	Astrazeneca LP	300,000
Wells Cap	31-May-24	2.00	U.S. Govt Agency	US Treasury Bill	3,710,000
Wells Cap	1-Jun-24	0.59	Municipal	Orange Ca	500,000
Wells Cap	1-Jun-24	0.64	Municipal	Torrance Ca	1,450,000
PFM	15-Jun-24	0.25	U.S. Govt Agency	US Treasury Bill	865,000
Wells Cap	15-Jun-24	0.52	Municipal	Louisiana ST	500,000
Wells Cap	30-Jun-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	1-Jul-24	1.96	Municipal	Arizona ST	675,000
PFM	1-Jul-24	2.00	Municipal	Connecticut ST	150,000
PFM	1-Jul-24	0.62	Municipal	Wisconsin ST	470,000
Wells Cap	1-Jul-24	0.63	Municipal	El Segundo Ca	510,000
Wells Cap	1-Jul-24	5.00	Municipal	Los Angeles Calif Ca	1,500,000
PFM	15-Jul-24	0.00	MTN-C	Nissan Auto	137,581
PFM	30-Jul-24	2.40	MTN-C	US Bancorp	415,000
PFM	1-Aug-24	0.51	Municipal	Maryland ST	355,000
PFM	1-Aug-24	2.05	Municipal	San Diego Ca Community	80,000
PFM	1-Aug-24	0.70	Municipal	San Juan Ca	195,000
PFM	1-Aug-24	2.02	Municipal	Tamalpais Ca Union	305,000
PFM	9-Aug-24	0.75	ABS	American Honda Mtn	190,000
PFM	12-Aug-24	0.75	ABS	BMW US Cap LLC	120,000
PFM	12-Aug-24	0.75	ABS	BMW US Cap LLC	220,000
PFM	12-Aug-24	0.63	MTN-C	Unilever Capital	100,000
PFM	15-Aug-24	2.30	MTN-C	Honeywell	330,000
PFM	15-Aug-24	2.15	MTN-C	Paccar Financial Mtn	210,000
Wells Cap	16-Aug-24	2.02	MTN-C	Exxon Mobil	1,320,000
PFM	30-Aug-24	1.75	MTN-C	Walt Disney Co	780,000
PFM	10-Sep-24	0.63	MTN-C	Deere John Mtn	85,000
Wells Cap	13-Sep-24	0.60	MTN-C	Caterpillar Finl Mtn	500,000
PFM	14-Sep-24	0.61	MTN-C	Nestle Holdings	640,000
PFM	23-Sep-24	0.50	Supra-National Agen	Inter Amer Bk	870,000
PFM	30-Sep-24	1.50	U.S. Govt Agency	US Treasury Bill	425,000
PFM	15-Oct-24	0.70	ABS	Toyota Auto Recvs	316,274
PFM	18-Oct-24	0.37	ABS	Honda Auto	375,000
PFM	24-Oct-24	2.10	MTN-C	Bank of NY	150,000
PFM	25-Oct-24	0.00	ABS	BMW Vehicle Owner	157,196
PFM	25-Oct-24	0.85	MTN-C	Bank of Ny Mtn	390,000
PFM	30-Oct-24	0.78	MTN-C	Citigroup Inc	445,000
PFM	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	1,500,000
Wells Cap	31-Oct-24	1.50	U.S. Govt Agency	US Treasury Bill	650,000
PFM	1-Nov-24	0.57	Municipal	Mississippi ST	300,000
PFM	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	850,000
Wells Cap	8-Nov-24	2.15	MTN-C	Caterpillar Finl Mtn	600,000
Wells Cap	15-Nov-24	1.60	ABS	Capital One Prime	775,704
PFM	30-Nov-24	1.50	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	30-Nov-24	1.50	U.S. Govt Agency	US Treasury Bill	700,000
Wells Cap	5-Dec-24	4.02	MTN-C	JP Morgan	1,050,000
Wells Cap	6-Dec-24	2.15	MTN-C	Branch Banking Trust	1,300,000
PFM	15-Dec-24	0.00	ABS	Hyundai Auto	280,190
Wells Cap	15-Dec-24	1.00	U.S. Govt Agency	US Treasury Bill	550,000
Wells Cap	31-Dec-24	1.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	7-Jan-25	1.63	U.S. Govt Agency	FNMA	1,510,000
Wells Cap	9-Jan-25	2.05	MTN-C	John Deere Mtn	500,000
PFM	10-Jan-25	1.38	Supra-National Agen	Cooperatieve	440,000
Wells Cap	15-Jan-25	1.13	U.S. Govt Agency	US Treasury Bill	3,300,000
Wells Cap	21-Jan-25	2.05	MTN-C	US Bank NA	1,400,000

Wells Cap	24-Jan-25	1.76	MTN-C	Goldman Sachs	725,000
PFM	25-Jan-25	0.53	U.S. Govt Agency	FHLMC	286,402
PFM	7-Feb-25	1.88	MTN-C	National Rural Mtn	125,000
PFM	12-Feb-25	1.50	U.S. Govt Agency	FHLMC	1,000,000
PFM	13-Feb-25	1.80	MTN-C	Toyota Motor	420,000
PFM	14-Feb-25	1.75	MTN-C	Novartis Capital	425,000
PFM	20-Feb-25	0.00	MTN-C	Verizon Owner	455,000
PFM	1-Mar-25	2.90	MTN-C	Lockheed Martin	205,000
PFM	1-Mar-25	5.00	Municipal	California ST	185,000
PFM	15-Mar-25	0.00	ABS	Carmax Auto Owner	275,457
PFM	1-Apr-25	3.25	MTN-C	General Dynamics	395,000
Wells Cap	1-Apr-25	0.88	Municipal	Bay Area Toll	250,000
PFM	14-Apr-25	0.50	U.S. Govt Agency	FHLB	1,340,000
PFM	22-Apr-25	0.63	U.S. Govt Agency	FNMA	1,530,000
PFM	1-May-25	0.98	MTN-C	Citigroup Inc	440,000
Wells Cap	1-May-25	0.74	Municipal	San Diego County	300,000
PFM	11-May-25	1.13	MTN-C	Apple, Inc	655,000
PFM	15-May-25	0.93	Municipal	University Calf Ca	185,000
Wells Cap	15-May-25	0.00	ABS	Toyota Auto Recvs	1,000,000
PFM	1-Jun-25	3.15	MTN-C	Emerson Electric Co	265,000
PFM	1-Jun-25	1.35	MTN-C	Honeywell	180,000
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	725,000
PFM	1-Jun-25	0.82	MTN-C	JP Morgan	275,000
Wells Cap	1-Jun-25	0.92	Municipal	Connecticut ST	400,000
PFM	17-Jun-25	0.50	U.S. Govt Agency	FNMA	1,800,000
Wells Cap	17-Jun-25	0.50	U.S. Govt Agency	FNMA	2,000,000
Wells Cap	30-Jun-25	0.25	U.S. Govt Agency	US Treasury Bill	350,000
PFM	1-Jul-25	1.26	Municipal	Florida ST	600,000
PFM	1-Jul-25	0.77	Municipal	Wisconsin ST	440,000
PFM	21-Jul-25	0.50	ABS	GM Financial	100,000
PFM	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	520,000
Wells Cap	21-Jul-25	0.38	U.S. Govt Agency	FHLMC	1,500,000
PFM	31-Jul-25	0.25	U.S. Govt Agency	US Treasury Bill	185,000
PFM	1-Aug-25	0.77	Municipal	Los Angeles Ca	335,000
PFM	1-Aug-25	0.85	Municipal	San Juan Ca	190,000
PFM	15-Aug-25	0.78	ABS	Carmax Auto Owner	215,000
PFM	15-Aug-25	0.62	ABS	Kubota Credit	195,000
PFM	15-Aug-25	3.88	MTN-C	Bristol Myers Squibb	102,000
Wells Cap	15-Aug-25	0.00	ABS	Honda Auto Rec Own	1,350,000
Wells Cap	25-Aug-25	0.38	U.S. Govt Agency	FNMA	1,500,000
Wells Cap	31-Aug-25	0.25	U.S. Govt Agency	US Treasury Bill	250,000
Wells Cap	4-Sep-25	0.38	U.S. Govt Agency	FHLB	525,000
PFM	15-Sep-25	0.00	ABS	Hyundai Auto	190,000
PFM	15-Sep-25	3.88	MTN-C	Abbott Laboratories	195,000
Wells Cap	15-Sep-25	0.36	ABS	John Deere Owner	685,000
Wells Cap	15-Sep-25	0.50	ABS	Santander Drive	1,800,000
PFM	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	835,000
Wells Cap	23-Sep-25	0.00	U.S. Govt Agency	FHLMC	750,000
Wells Cap	25-Sep-25	0.98	MTN-C	Bk of America	1,300,000
Wells Cap	29-Oct-25	0.55	MTN-C	Procter Gamble Co	1,300,000
Wells Cap	31-Oct-25	0.25	U.S. Govt Agency	US Treasury Bill	770,000
PFM	17-Nov-25	0.56	ABS	Kubota Credit	165,000
Wells Cap	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	1,200,000
Wells Cap	30-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	1,350,000
PFM	15-Dec-25	0.00	ABS	Carmax Auto Owner	140,000
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	445,000
PFM	31-Dec-25	0.38	U.S. Govt Agency	US Treasury Bill	950,000
PFM	31-Dec-25	2.63	U.S. Govt Agency	US Treasury Bill	2,000,000
PFM	31-Jan-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	12-Feb-26	0.86	MTN-C	Goldman Sachs	205,000
PFM	15-Feb-26	1.63	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	17-Feb-26	0.00	ABS	Carmax Auto Owner	285,000
PFM	28-Feb-26	0.50	U.S. Govt Agency	US Treasury Bill	1,500,000
PFM	31-Mar-26	0.38	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	31-Mar-26	0.75	U.S. Govt Agency	US Treasury Bill	675,000
PFM	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	435,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,900,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	450,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
Wells Cap	30-Apr-26	0.75	U.S. Govt Agency	US Treasury Bill	1,875,000
PFM	15-May-26	3.30	MTN-C	IBM Corp	410,000
PFM	28-May-26	1.20	MTN-C	Astrazeneca LP	265,000
PFM	31-May-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000
PFM	31-May-26	2.13	U.S. Govt Agency	US Treasury Bill	1,200,000
PFM	15-Jun-26	0.00	ABS	Carmax Auto Owner	550,000
Wells Cap	18-Jun-26	1.13	MTN-C	Toyota Motor	1,400,000
PFM	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	240,000
Wells Cap	30-Jun-26	0.88	U.S. Govt Agency	US Treasury Bill	1,850,000
PFM	1-Jul-26	1.46	Municipal	Los Angeles Ca	270,000
Wells Cap	1-Jul-26	1.89	Municipal	Anaheim Ca Pub	1,000,000
PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	280,000

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2022

PFM	31-Jul-26	0.63	U.S. Govt Agency	US Treasury Bill	600,000	
PFM	31-Aug-26	0.75	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	14-Sep-26	1.15	MTN-C	Caterpillar Finl Mtn	220,000	
PFM	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
Wells Cap	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,210,000	
Wells Cap	30-Sep-26	0.88	U.S. Govt Agency	US Treasury Bill	1,000,000	
PFM	1-Oct-26	2.95	MTN-C	JP Morgan	415,000	
Wells Cap	31-Oct-26	1.13	U.S. Govt Agency	US Treasury Bill	800,000	
PFM	4-Nov-26	0.02	MTN-C	American Express Co	445,000	
PFM	15-Nov-26	3.55	MTN-C	Lockheed Martin	405,000	
PFM	16-Nov-26	0.00	ABS	Capital One Multi	640,000	
Wells Cap	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	1,100,000	
Wells Cap	30-Nov-26	1.13	U.S. Govt Agency	US Treasury Bill	900,000	
PFM	15-Jan-27	1.95	MTN-C	Target Corp	115,000	
PFM	15-Jan-27	1.95	MTN-C	Target Corp	215,000	
Wells Cap	15-Jan-27	1.95	MTN-C	Target Corp	900,000	
Wells Cap	31-Jan-27	1.50	U.S. Govt Agency	US Treasury Bill	650,000	
PFM	15-Sep-28	0.00	MTN-C	Discover Card Exe	495,000	
PFM	20-Jul-32	0.00	ABS	Toyota Lease Owner	235,000	
PFM	1-Nov-25	0.38	U.S. Govt Agency	US Treasury Bill	500,000	
						$ 291,525,620

	Maturity Date	Yield	Investment Type		G/L Account	Amount	Total
Self-insurance trust							
Wells Cap			Money market		110900	1,312,186	
Wells Cap			Fixed income - L/T		152300	2,009,669	
							3,321,855
2012 revenue bonds							
US Bank			Project fund		152438	-	
US Bank			Principal/Interest payment fund		142112	2,666,306	
							2,666,306
2015A revenue bonds							
US Bank			Principal/Interest payment fund		142115	227,755	
							227,755
2015B revenue bonds							
US Bank			Principal/Interest payment fund		142116	690,125	
US Bank			Project Fund		152442	11,677,509	
							12,367,634
2017A/B revenue bonds							
US Bank			Principal/Interest payment fund		142117	603,982	
							603,982
2017C revenue bonds							
US Bank			Principal/Interest payment fund		142118	2,613,840	
							2,613,840
2020 revenue bonds							
Signature Bank			Project Fund		152446	10,631,950	
US Bank			Principal/Interest payment fund		142113	620,760	
							11,252,710
2014 general obligation bonds							
LAIF			Interest Payment fund		152440	3,862,998	
							3,862,998
Operations							
Wells Fargo Bank		0.16	Checking		100000	(1,998,929)	
Wells Fargo Bank		0.16	Checking		100500	1,572,061	
						(426,867)	
Payroll							
Wells Fargo Bank		0.16	Checking		100100	(107,355)	
Wells Fargo Bank		0.16	Checking	Flexible Spending	100201	527,071	
Wells Fargo Bank		0.16	Checking	HSA	100200	17,744	
Wells Fargo Bank			Checking	Resident Fund	100205	2,110	
Bancorp			Checking		100202	43,790	
						483,361	
							56,494
					Total investments		**$ 328,499,195**

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2022

Kaweah Delta Medical Foundation					
Wells Fargo Bank	Checking	100050			**$ 9,111,972**
Sequoia Regional Cancer Center					
Wells Fargo Bank	Checking	100535	$ 341,424		
					$ 341,424
Kaweah Delta Hospital Foundation					
VCB Checking	Investments	100501	$ 419,768		
Various	S/T Investments	142200	7,612,733		
Various	L/T Investments	142300	11,623,839		
Various	Unrealized G/L	142400	3,605,194		
					$ 23,261,533

Summary of board designated funds:

Plant fund:			
Uncommitted plant funds	$ 236,334,072	142100	
Committed for capital	23,251,862	142100	
	259,585,934		
GO Bond reserve - L/T	1,992,658	142100	
401k Matching	5,491,733	142100	
Cost report settlement - current 2,135,384		142104	
Cost report settlement - L/T 1,312,727		142100	
	3,448,111		
Development fund/Memorial fund	104,184	112300	
Workers compensation - current 5,625,000		112900	
Workers compensation - L/T 15,278,000		113900	
	20,903,000		
	$ 291,525,620		

Investment summary by institution:

	Total Investments	%	Trust Accounts	Surplus Funds	%
Bancorp	$ 43,790	0.0%		43,790	0.0%
CAMP	27,954,344	8.5%		27,954,344	9.6%
Local Agency Investment Fund (LAIF)	80,845,257	24.6%		80,845,257	27.7%
Local Agency Investment Fund (LAIF) - GOB Tax Rev	3,862,998	1.2%	3,862,998	-	0.0%
Wells Cap	95,008,251	28.9%	3,321,855	91,686,396	31.4%
PFM	87,986,028	26.8%		87,986,028	30.2%
Torrey Pines Bank	3,053,595	0.9%		3,053,595	1.0%
Wells Fargo Bank	12,704	0.0%		12,704	0.0%
Signature Bank	10,631,950	3.2%	10,631,950		0.0%
US Bank	19,100,278	5.8%	19,100,278		0.0%
Total investments	$ 328,499,195	100.0%	$ 36,917,081	$ 291,582,114	100.0%

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2022

Investment summary of surplus funds by type:			**Investment Limitations**	
Negotiable and other certificates of deposit	$	4,348,595	$ 87,475,000	(30%)
Checking accounts		56,494		
Local Agency Investment Fund (LAIF)		80,845,257	65,000,000	
CAMP		27,954,344		
Medium-term notes (corporate) (MTN-C)		45,408,581	87,475,000	(30%)
U.S. government agency		90,500,748		
Municipal securities		24,270,000		
Money market accounts		992,620	58,316,000	(20%)
Asset Backed Securties		13,095,475	58,316,000	(20%)
Supra-National Agency		4,110,000	87,475,000	(30%)
	$	291,582,114		

Return on investment:

Current month	**1.16%**
Year-to-date	**0.97%**
Prospective	**0.82%**
LAIF (year-to-date)	**0.21%**
Budget	**1.65%**

Fair market value disclosure for the quarter ended December 31, 2021 (District only):	**Quarter-to-date**	**Year-to-date**
Difference between fair value of investments and amortized cost (balance sheet effect)	N/A	$ 3,889,251
Change in unrealized gain (loss) on investments (income statement effect)	$ 1,736,344	$ 998,374

Investment summary of CDs:

Credit Suisse Ag CD	$	665,000
Dnb Bank Asa Ny CD		630,000
Torrey Pines Bank		3,053,595
	$	4,348,595

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2022

Investment summary of asset backed securities:

American Honda Mtn	$	190,000
BMW Vehicle Owner		157,196
BMW Auto Leasing LLC		215,000
BMW US Cap LLC		340,000
Capital One Multi		640,000
Capital One Prime		911,092
Carmax Auto Owner		1,465,457
FHLMC		400,848
Gm Fin Auto Lease		1,835,000
Gm Financial		100,000
Honda Auto		375,000
Honda Auto Rec Own		1,350,000
Hyundai Auto		470,190
John Deere Owner		685,000
Kubota Credit		360,000
Nissann Auto Lease		245,000
Santander Drive		1,800,000
Toyota Auto		4,419
Toyota Auto Recvs		1,316,274
Toyota Lease Owner		235,000
	$	13,095,475

Investment summary of medium-term notes (corporate):

Abbott Laboratories	$	195,000
Amazon Com Inc		1,570,000
American Express Co		445,000
American Honda Mtn		395,000
Apple, Inc		1,455,000
Astrazeneca LP		565,000
Bank of America		640,000
Bank of NY		150,000
Bank of NY Mtn		1,860,000
Bk of America		1,300,000
Branch Banking Trust		1,300,000
Bristol Myers Squibb		382,000
Caterpillar Finl Mtn		2,170,000
Chevron Corp		250,000
Chevron USA Inc		1,300,000
Citigroup		750,000
Citigroup Inc		885,000
Comcast Corp		395,000
Deere John Mtn		85,000
Discover Card Exe		495,000
Emerson Electric Co		265,000
Exxon Mobil		1,320,000
General Dynamics		395,000
Goldman Sachs		1,830,000
Honeywell		510,000
IBM Corp		410,000
Intuit Inc		800,000
John Deere Mtn		1,750,000
JP Morgan		2,875,000
Lockheed Martin		610,000
Mastercard Inc.		395,000
Merck Co Inc.		405,000
Morgan Stanley		1,265,000
National Rural		1,400,000
National Rural Mtn		125,000
Nestle Holdings		640,000
Nissan Auto		137,581
Novartis Capital		425,000
Paccar Financial Mtn		1,350,000
Pfizer Inc.		465,000
PNC Financial		395,000
Procter Gamble Co		1,300,000
Schwab Charles		1,715,000
State Street Corp		359,000
Target Corp		1,230,000
Toyota Motor		2,370,000
Unilever Capital		300,000
US Bancorp		415,000
US Bank NA		1,400,000
Verizon		730,000
Verizon Owner		455,000
Walt Disney Co		780,000
	$	45,408,581

KAWEAH DELTA HEALTH CARE DISTRICT
SUMMARY OF FUNDS
January 31, 2022

Investment summary of U.S. government agency:

Federal National Mortgage Association (FNMA)	$	11,374,346
Federal Home Loan Bank (FHLB)		1,865,000
Federal Home Loan Mortgage Corp (FHLMC)		7,726,402
US Treasury Bill		69,535,000
	$	90,500,748

Investment summary of municipal securities:

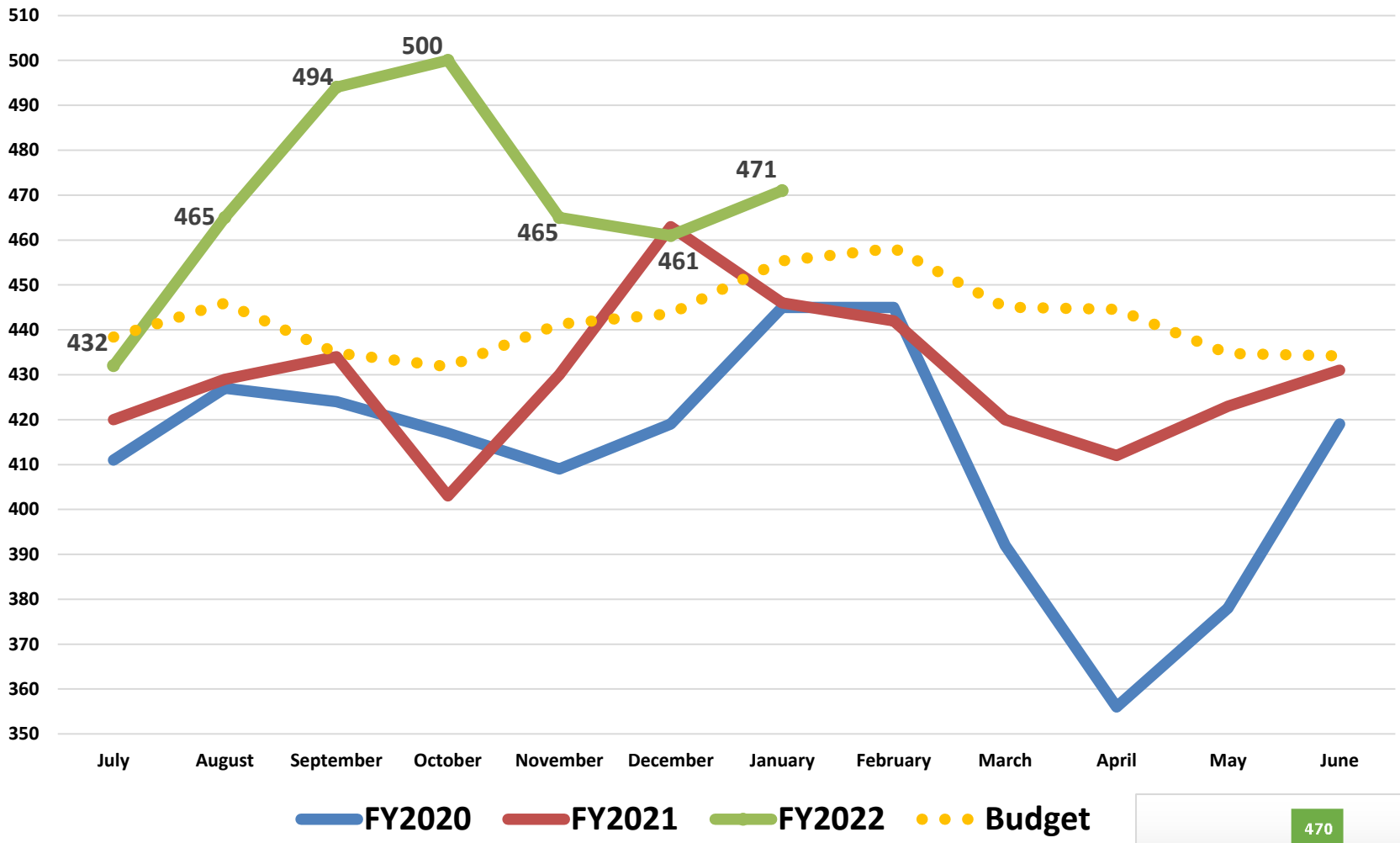
Arizona ST	$	675,000
Anaheim Ca Pub		1,000,000
Bay Area Toll		250,000
California ST		185,000
Carson Ca Redev Ag		300,000
Chaffey Ca		265,000
Connecticut ST		550,000
Desert Sands Ca		315,000
El Segundo Ca		510,000
Florida ST		600,000
Foothill Ca		850,000
Los Angeles Ca		605,000
Los Angeles Calif Ca		1,500,000
Louisiana ST		500,000
Maryland ST		355,000
Mississippi ST		300,000
New York ST		585,000
Ohlone Ca Cmnty		-
Orange Ca		500,000
Oregon ST		1,000,000
Palomar Ca		700,000
Port Auth NY		245,000
San Diego Ca		1,300,000
San Diego Ca Community		245,000
San Diego County		1,575,000
San Francisco		1,070,000
San Jose Ca Ref		765,000
San Juan Ca		385,000
Tamalpais Ca Union		675,000
Torrance Ca		1,450,000
University Ca		1,000,000
University Calf Ca		185,000
Upper Santa Clara		1,100,000
Wisconsin ST		2,730,000
	$	24,270,000

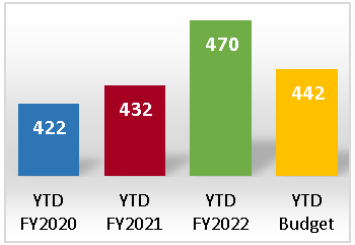
Investment summary of Supra-National Agency:

Cooperatieve	$	440,000
Inter Amer Bk	$	1,785,000
Intl Bk	$	1,885,000
	$	4,110,000

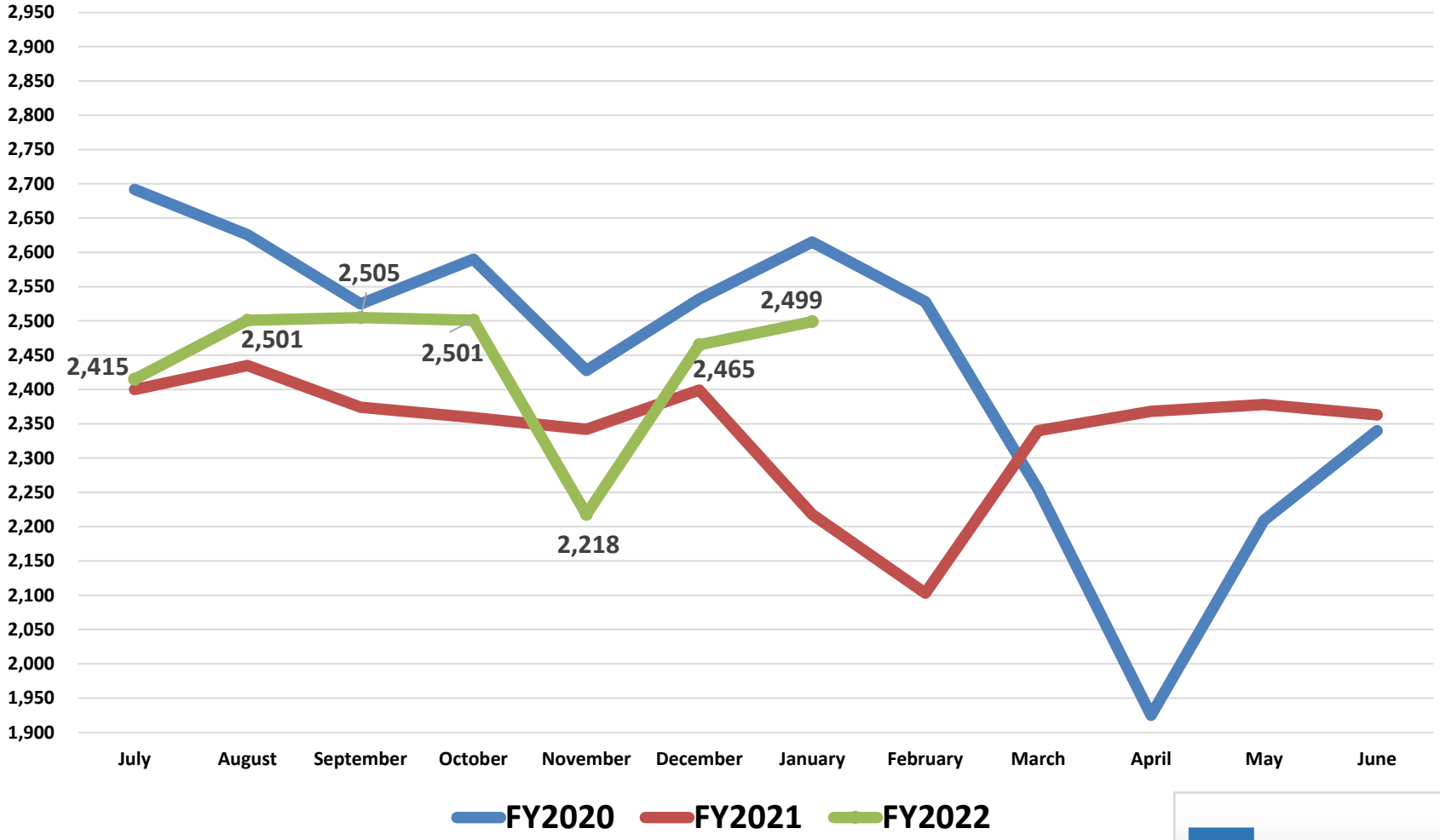
Statistical Report
February 2022

Average Daily Census





Admissions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2,415
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2,505
2,501
2,218
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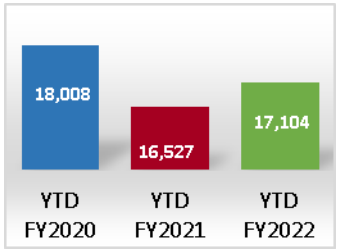
July
August
September
October
November
December
January
February
March
April
May
June
FY2020
FY2021
FY2022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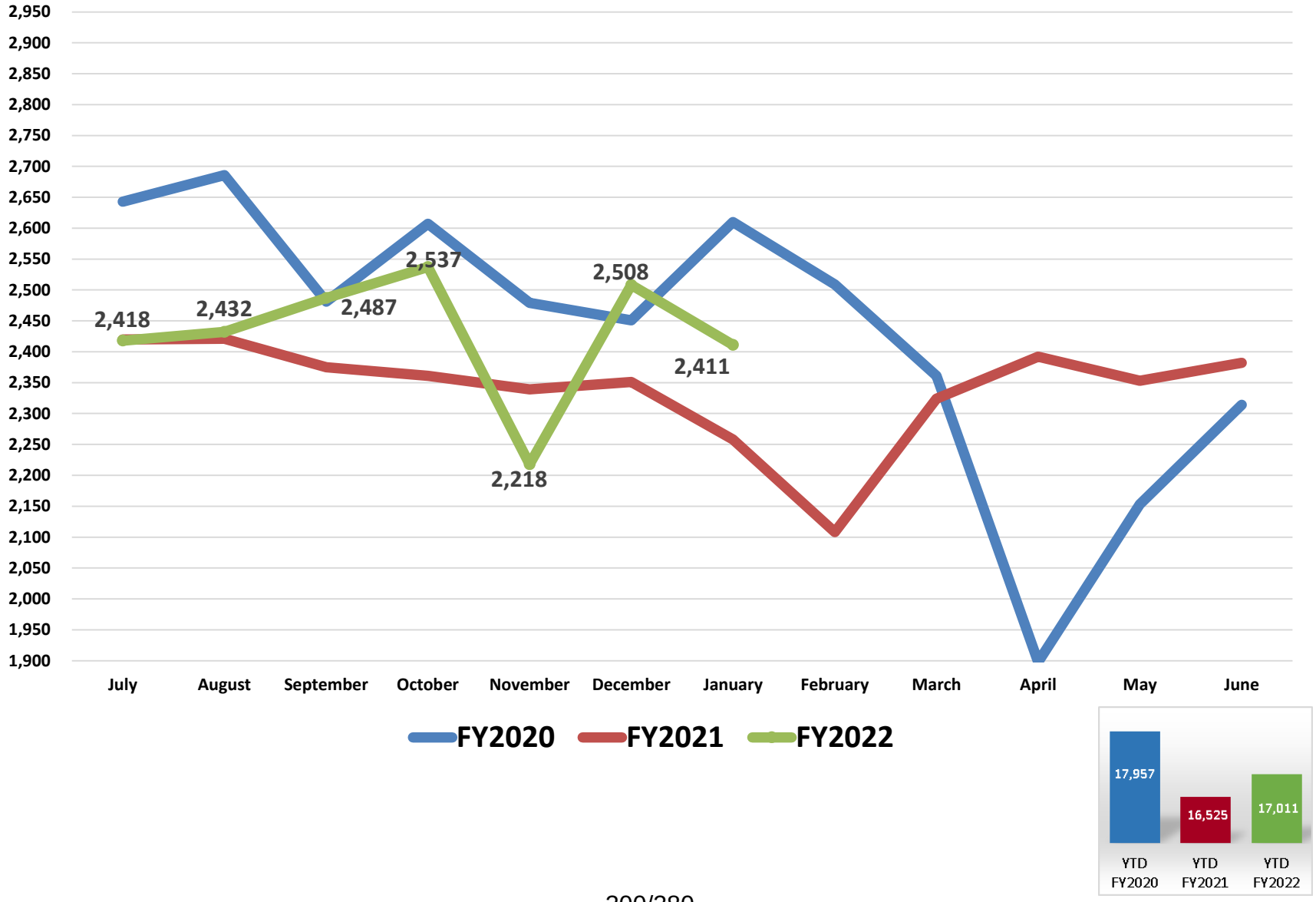
YTD FY2021
YTD FY2022

Discharges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December
January
February
March
April
May
June
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FY2021
FY2022
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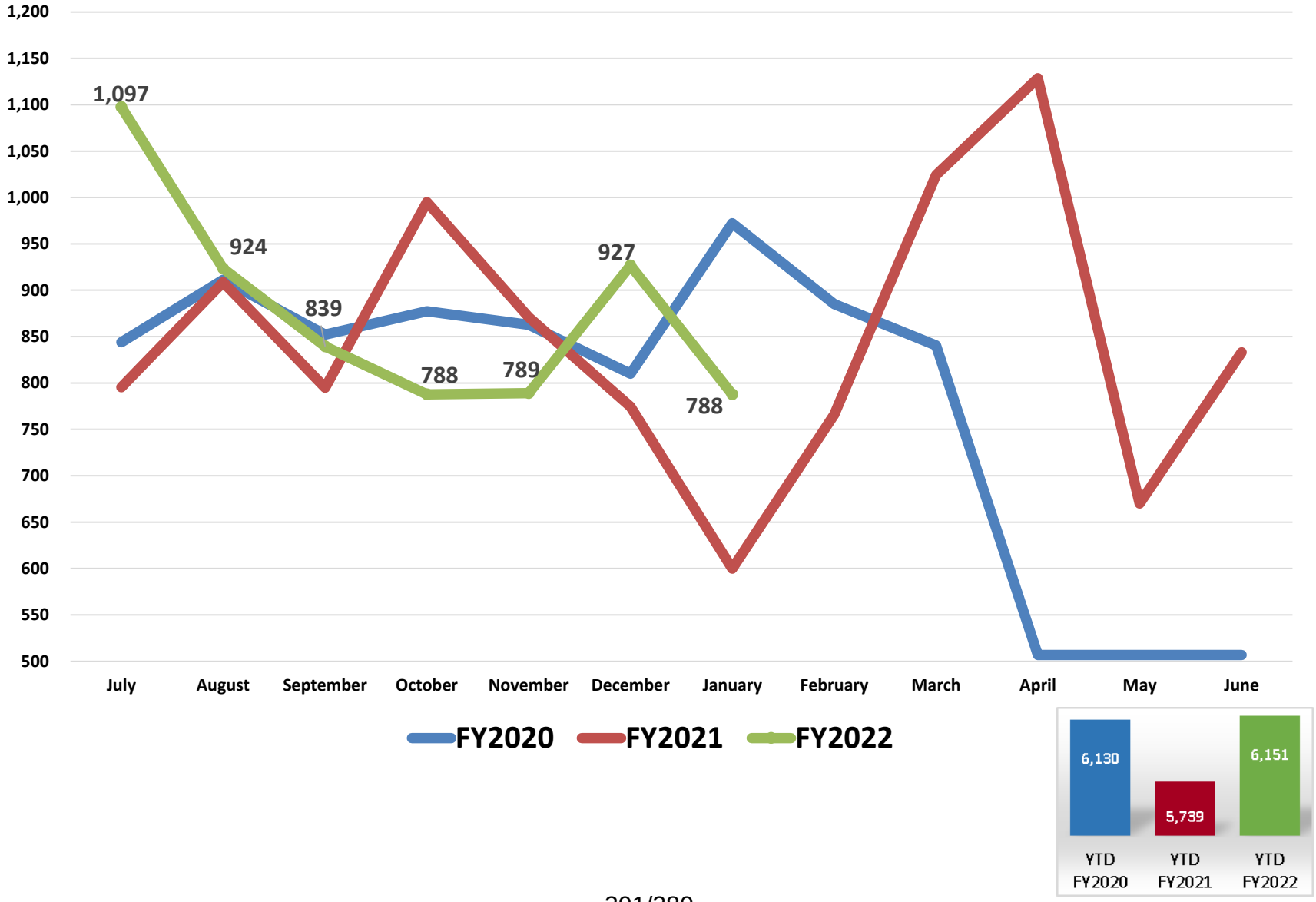
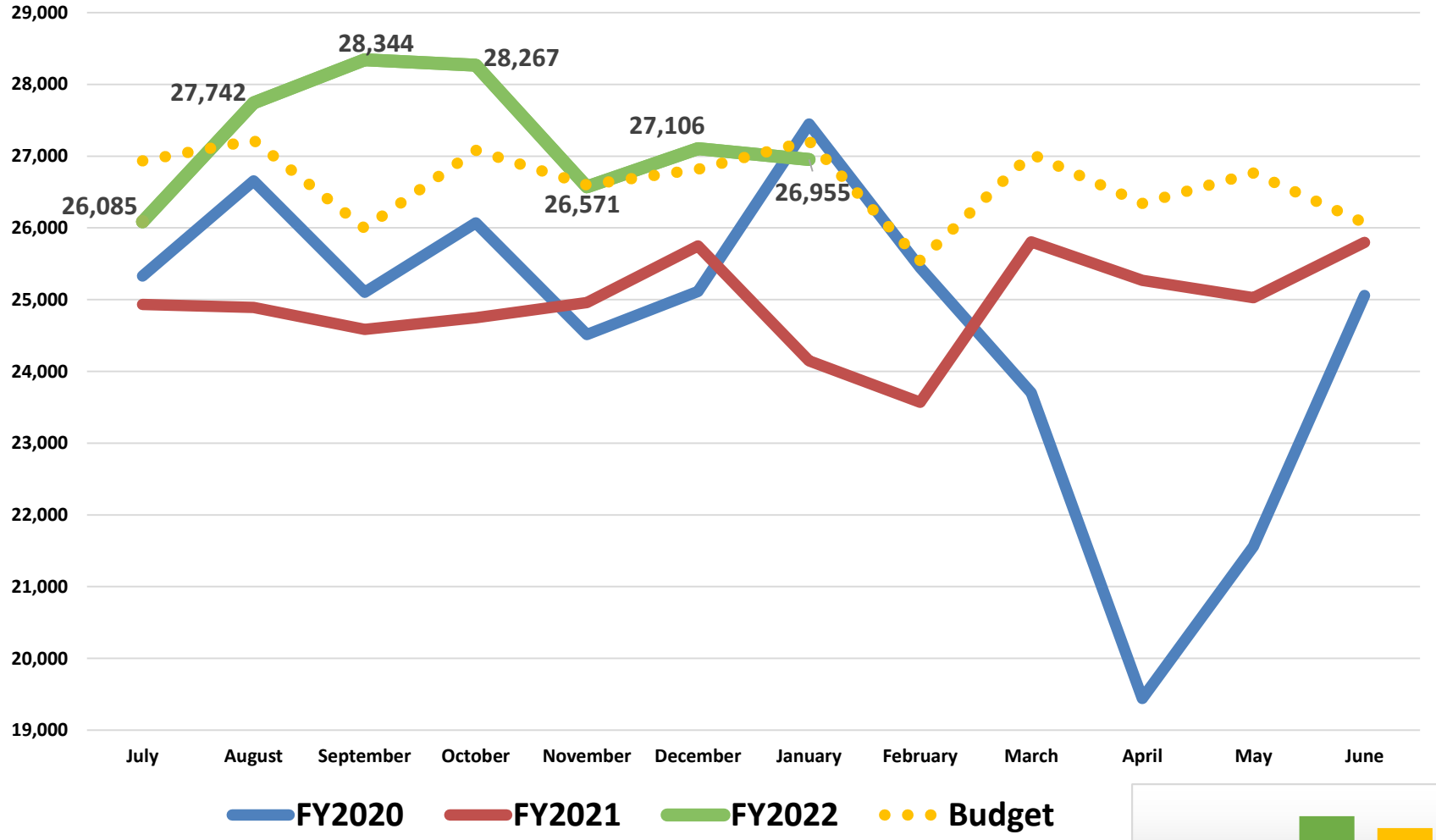
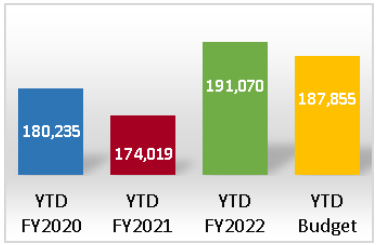
YTD FY2020
YTD FY2021
YTD FY2022

Observation Days

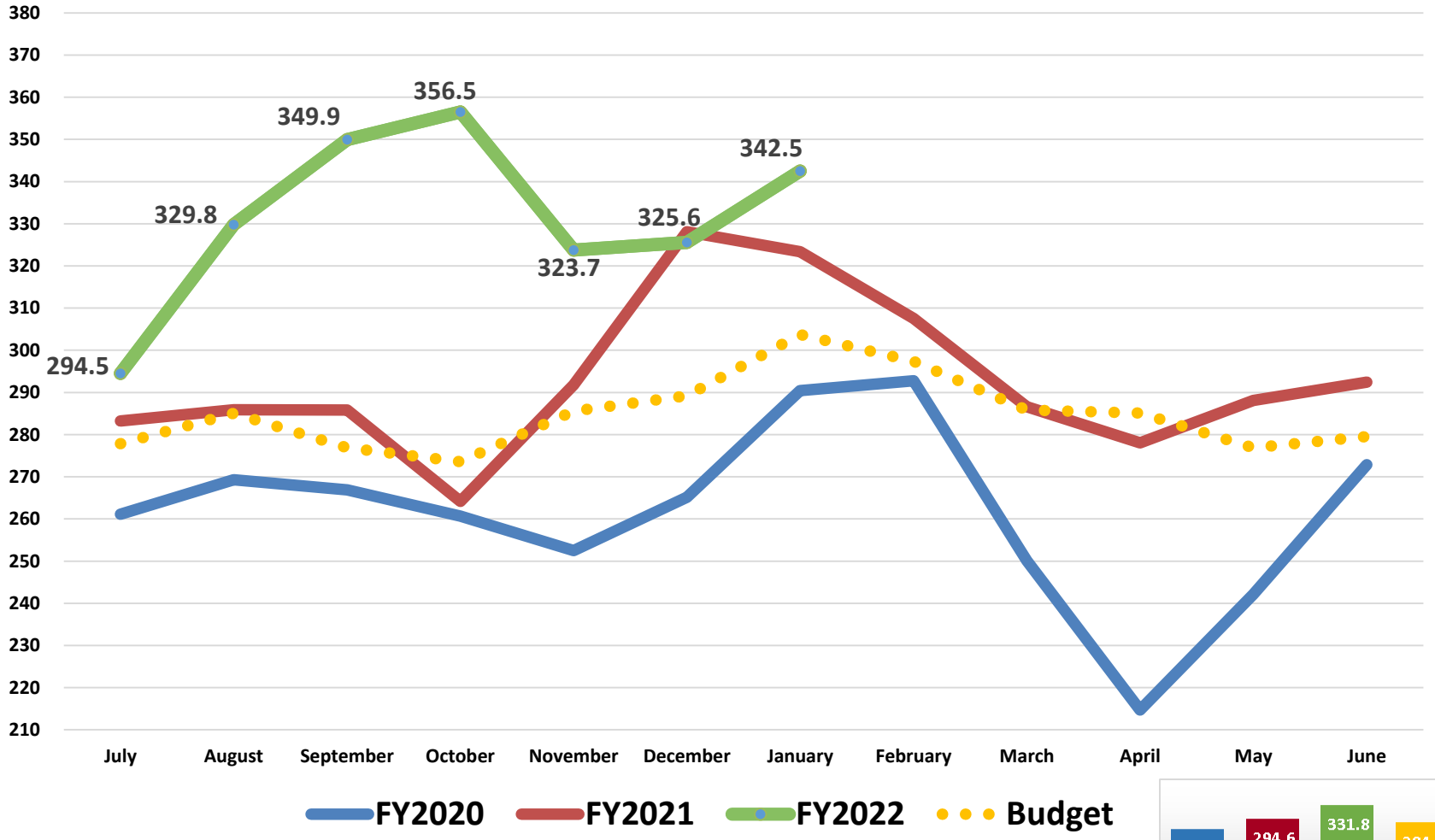


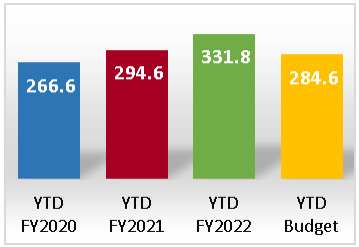
Adjusted Patient Days



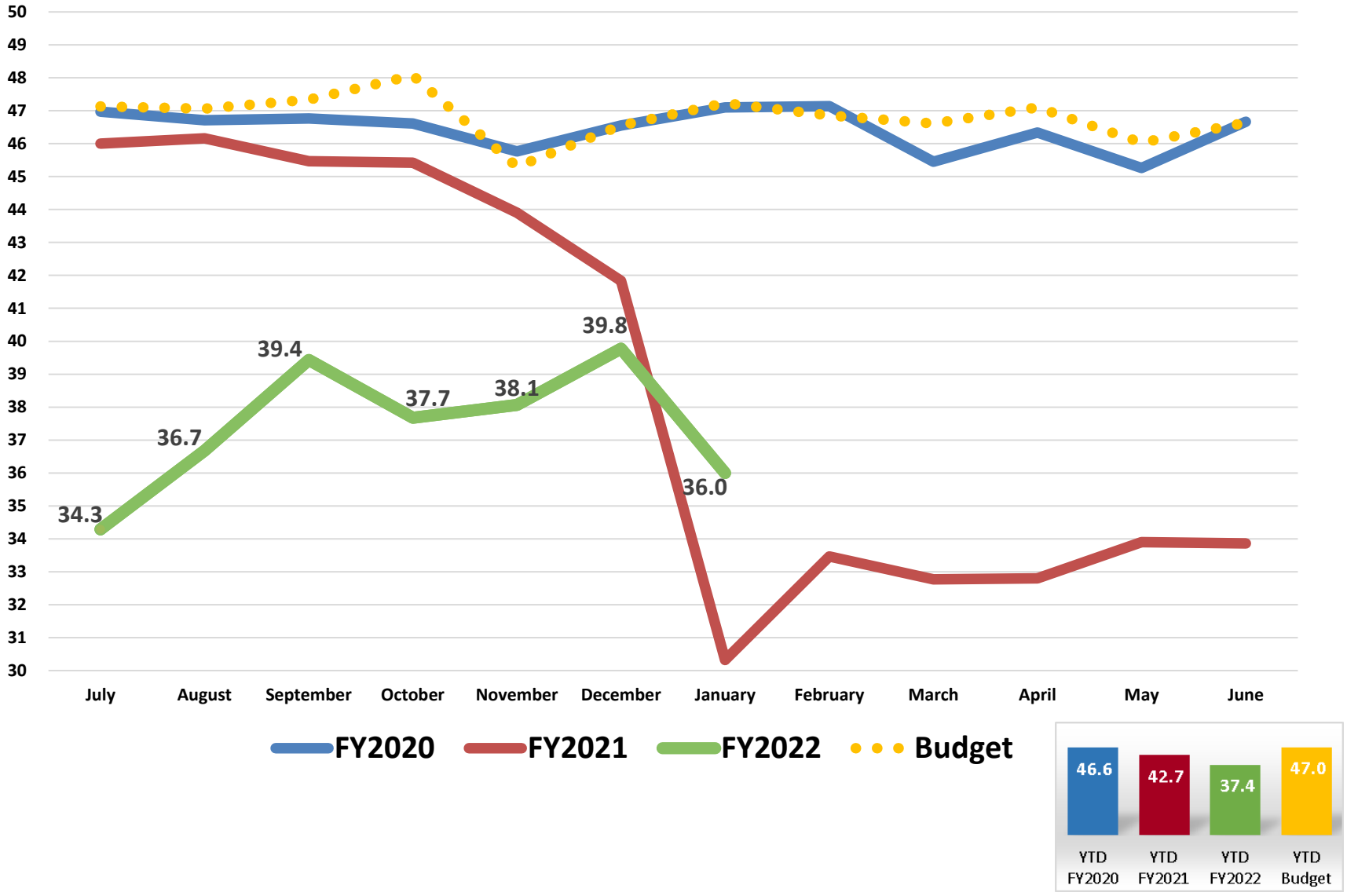


Medical Center – Avg. Patients Per Day

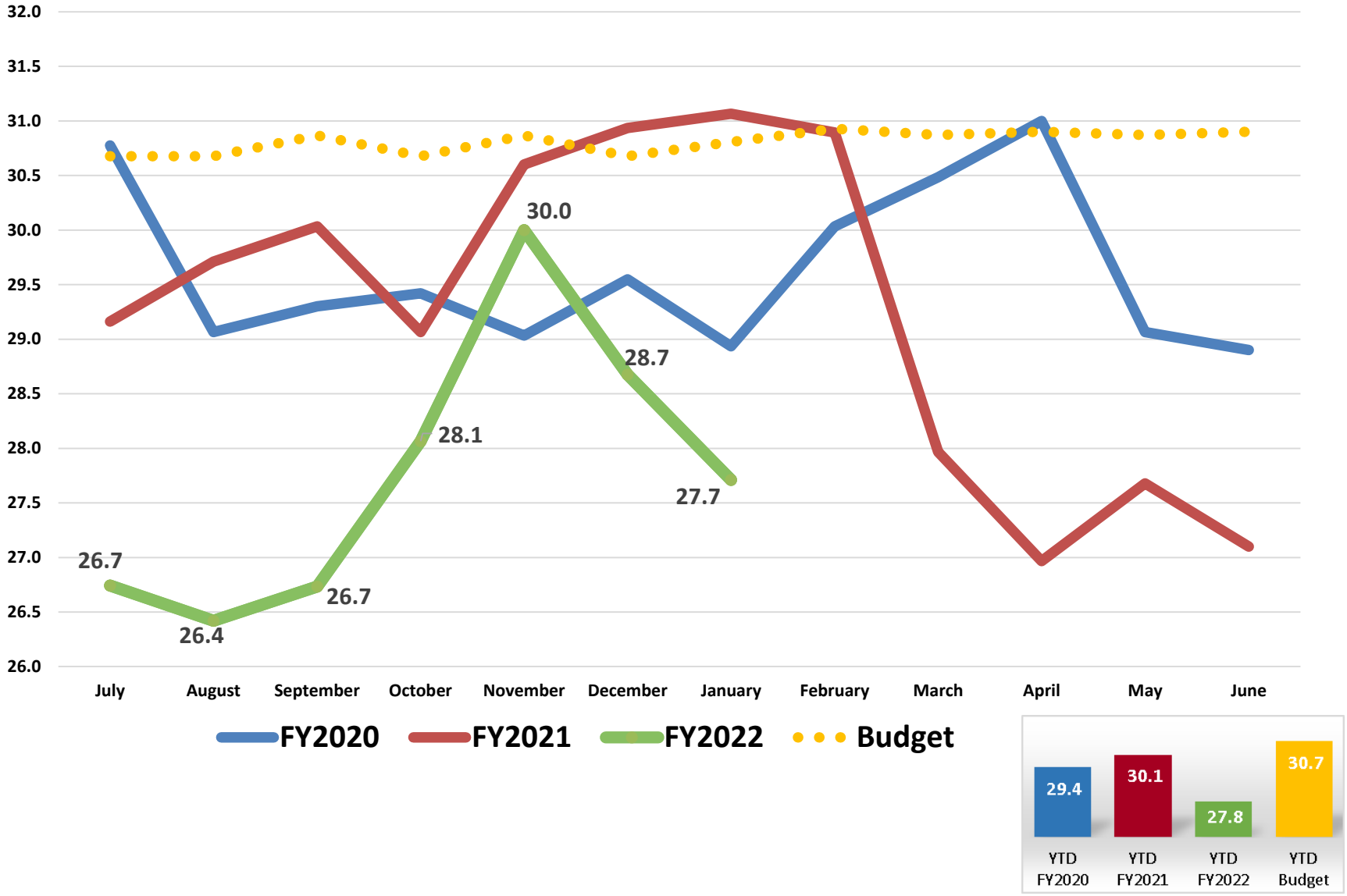




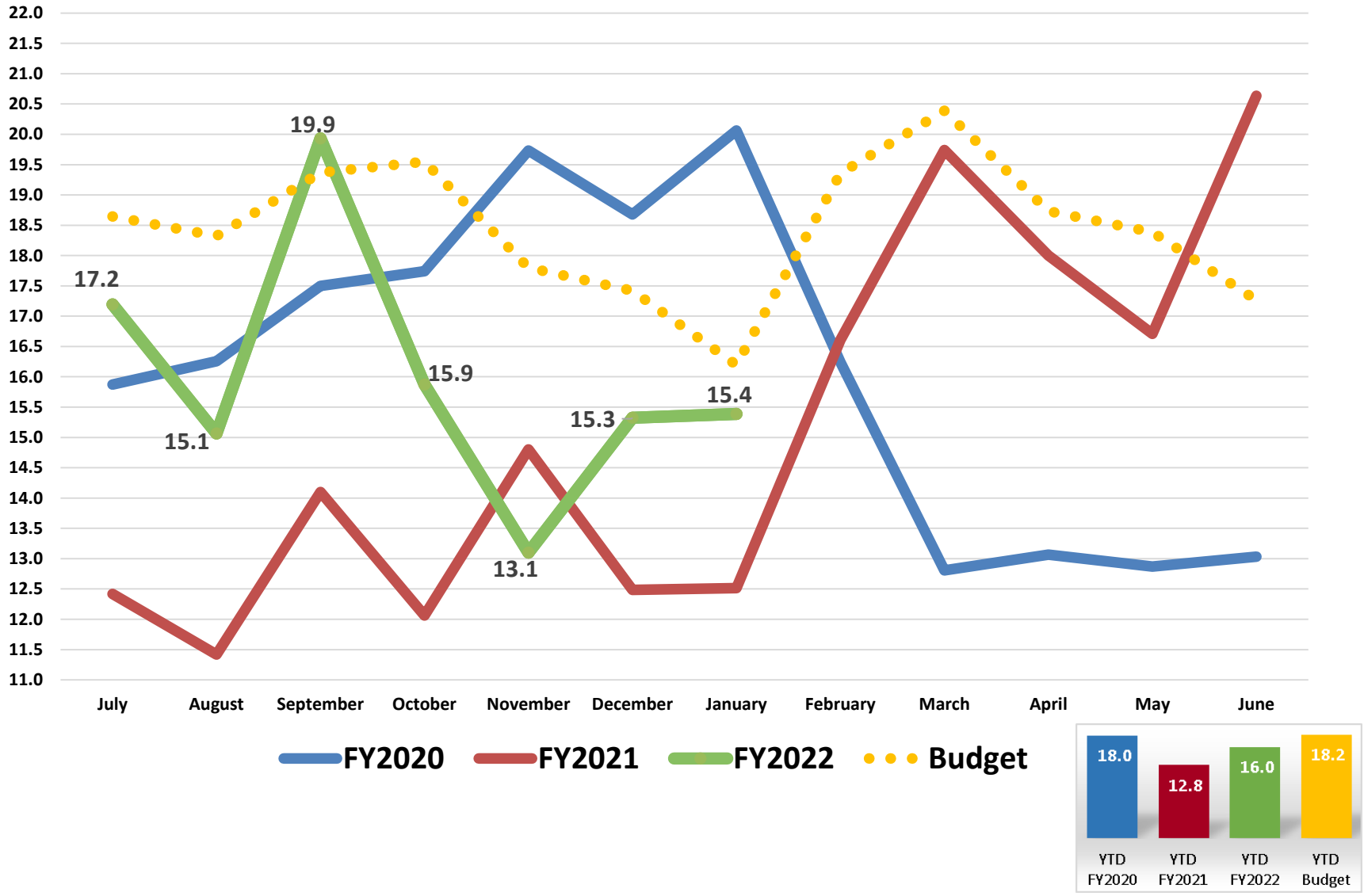
Acute I/P Psych - Avg. Patients Per Day



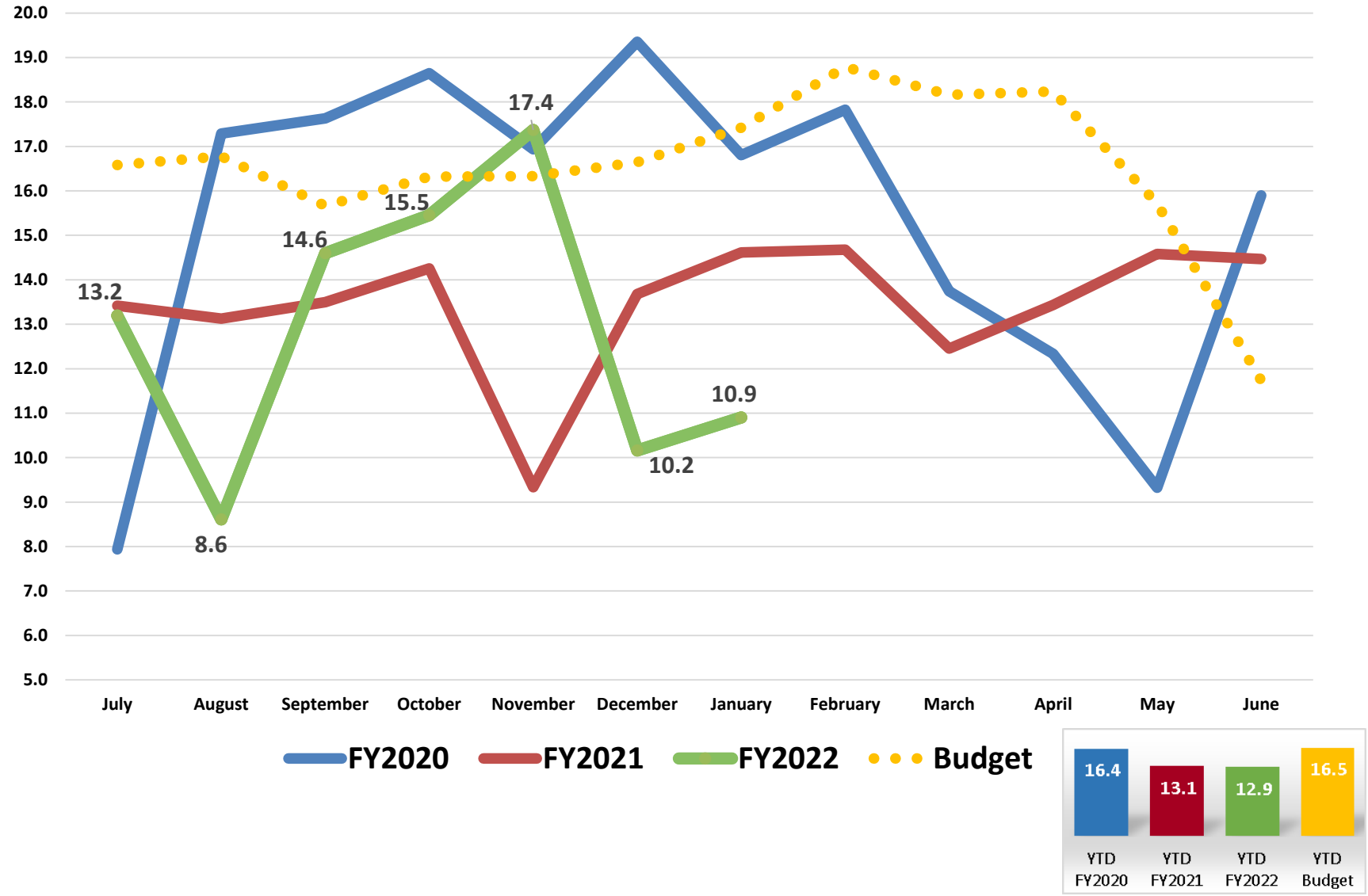
Sub-Acute - Avg. Patients Per Day



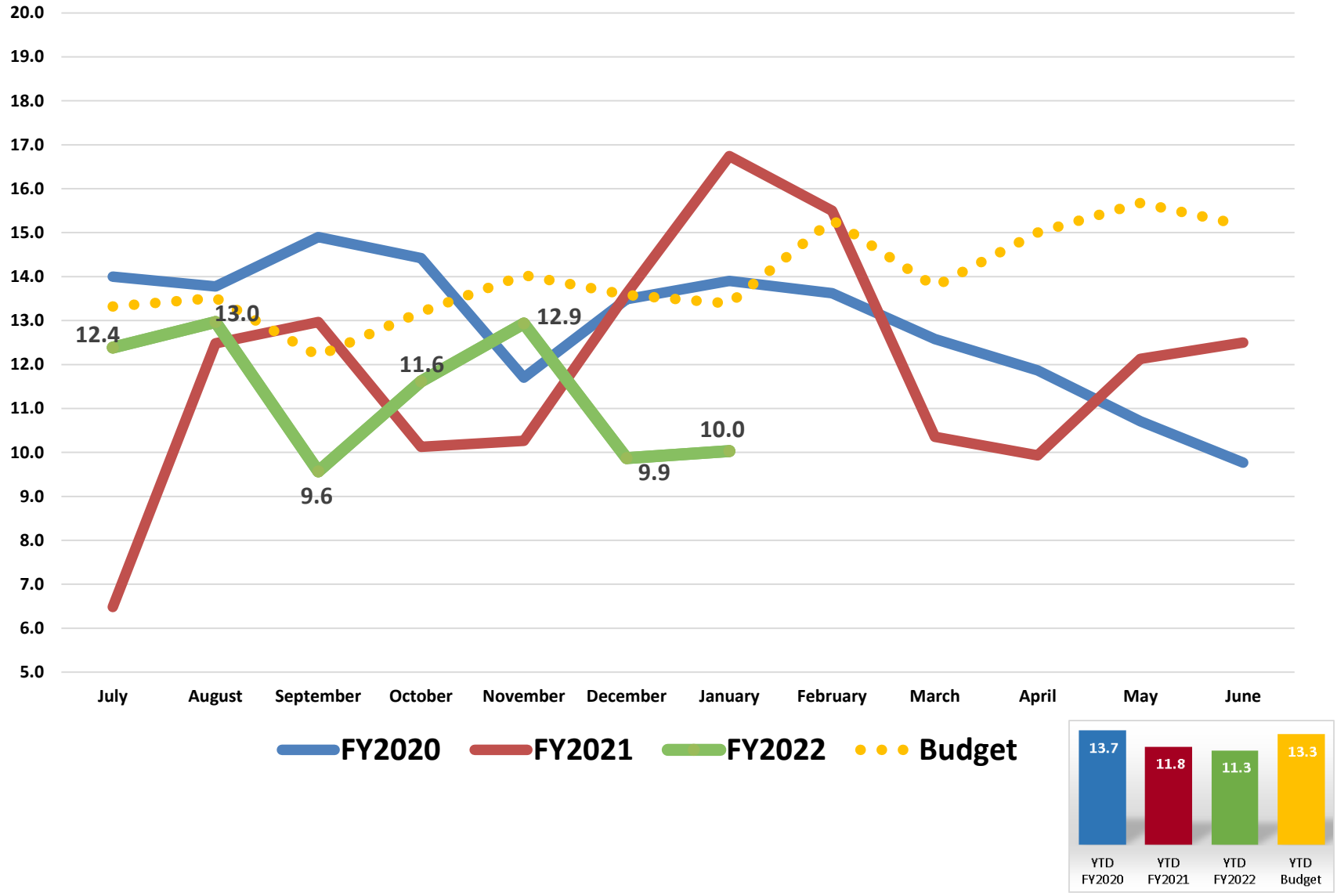
Rehabilitation Hospital - Avg. Patients Per Day



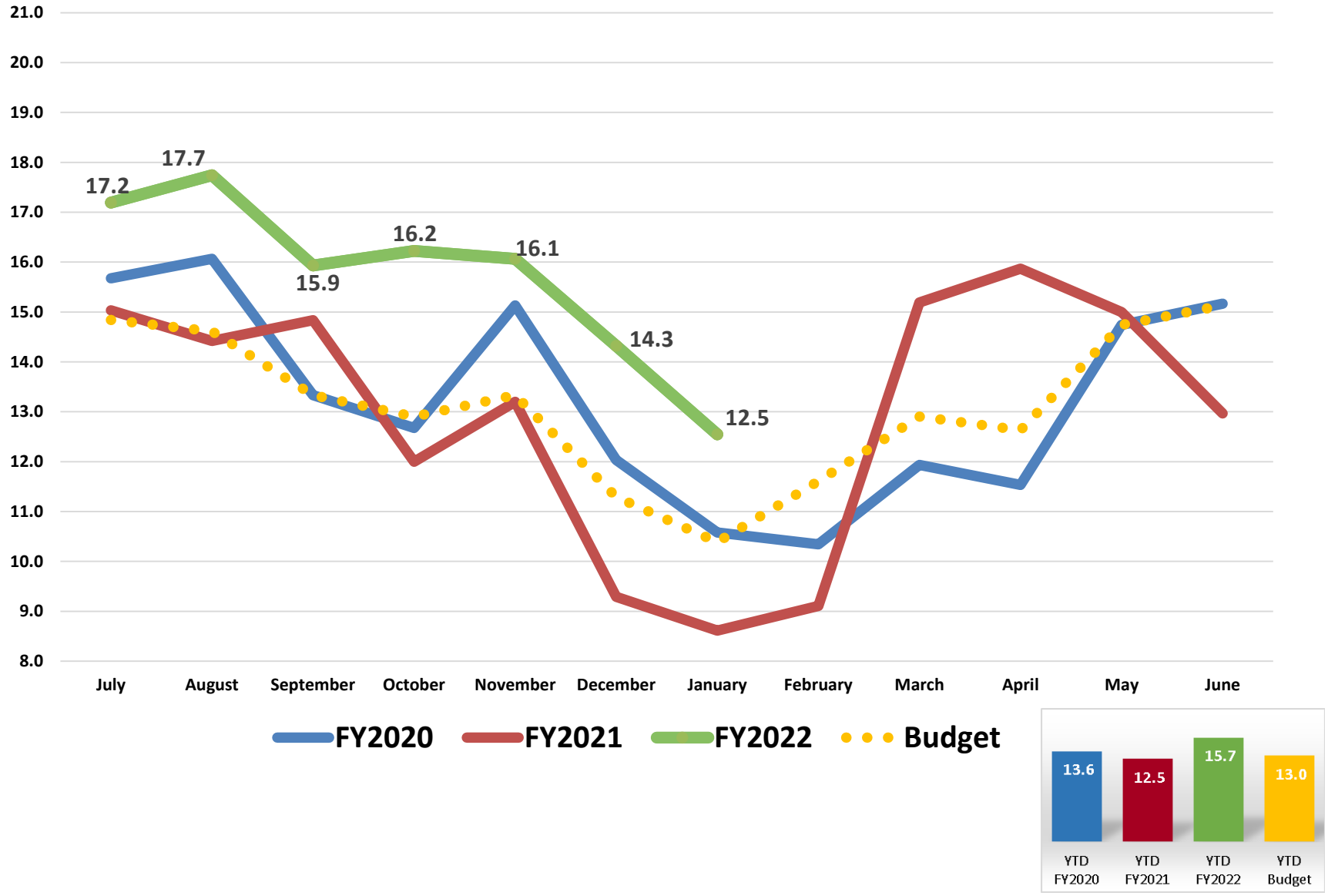
Transitional Care Services (TCS) - Avg. Patients Per Day



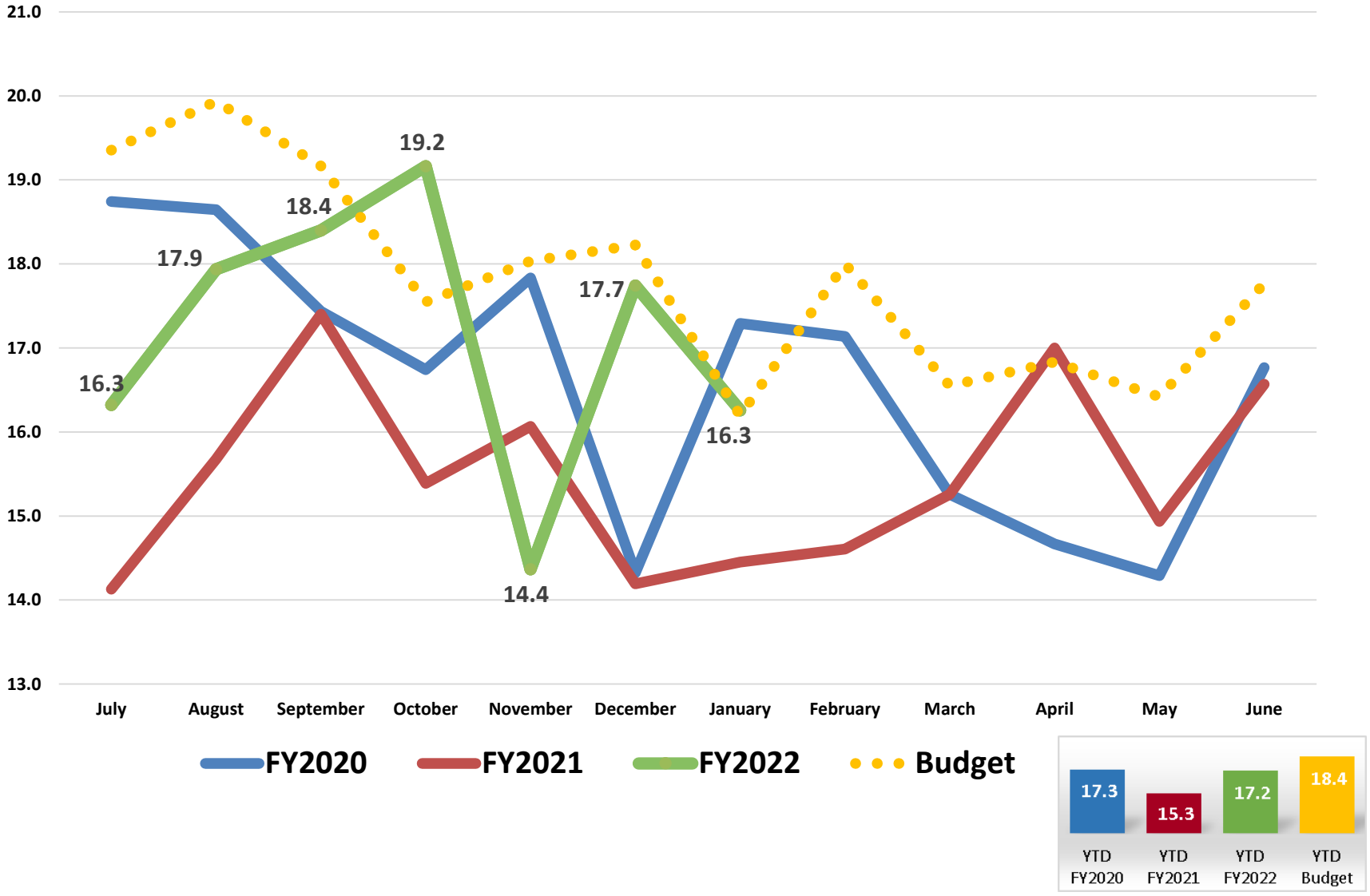
TCS Ortho - Avg. Patients Per Day



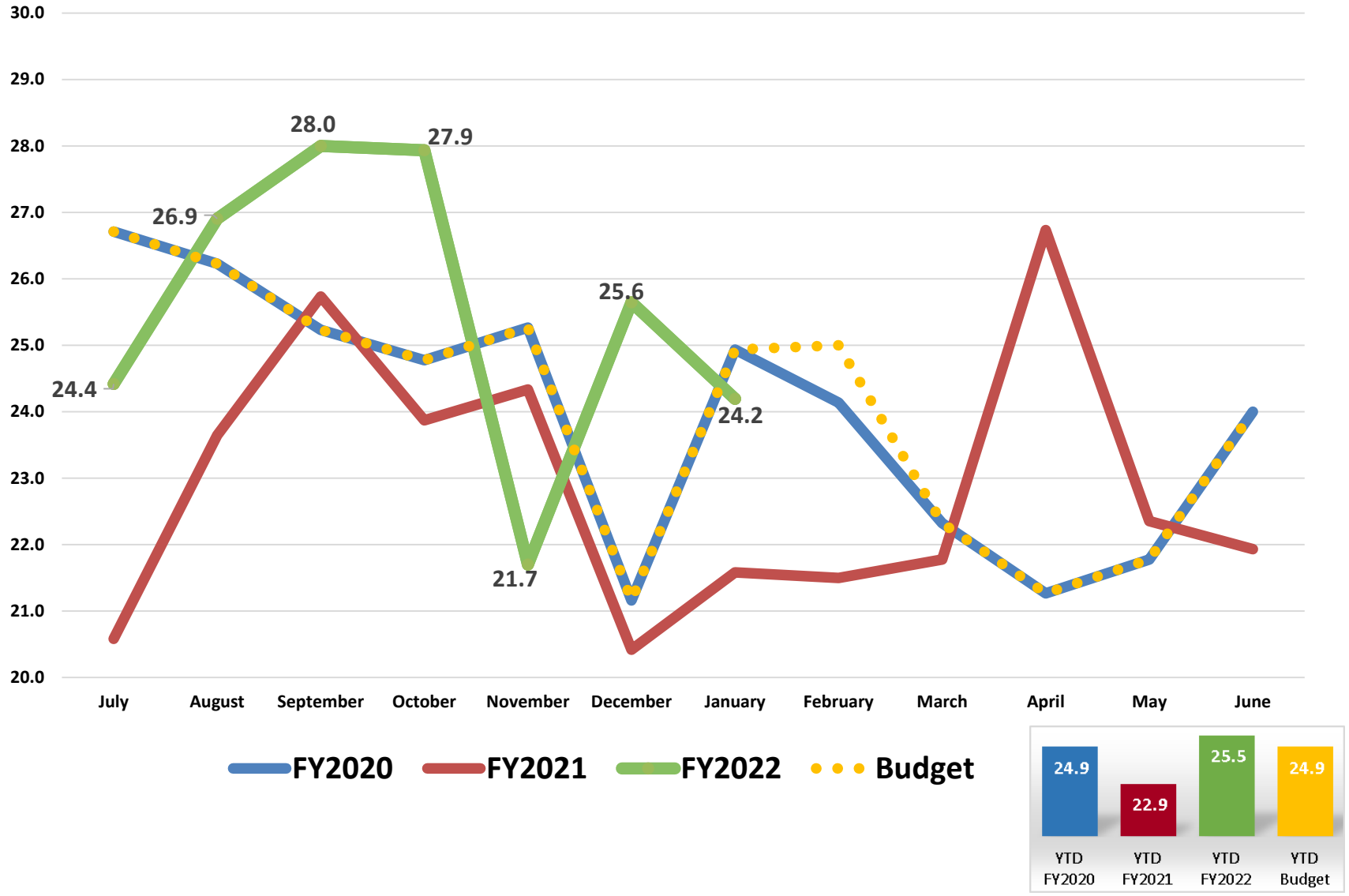
NICU - Avg. Patients Per Day



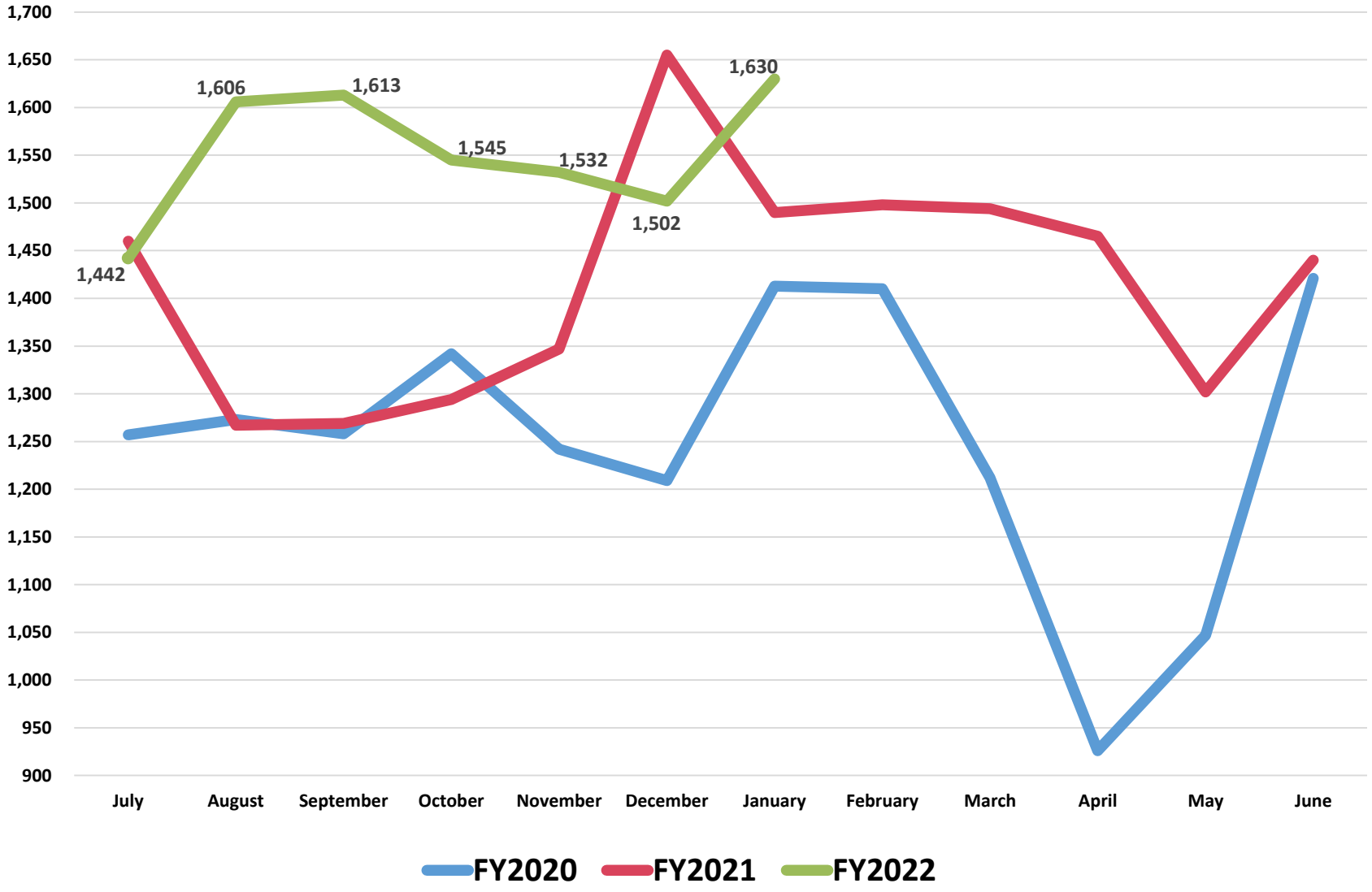
Nursery - Avg. Patients Per Day



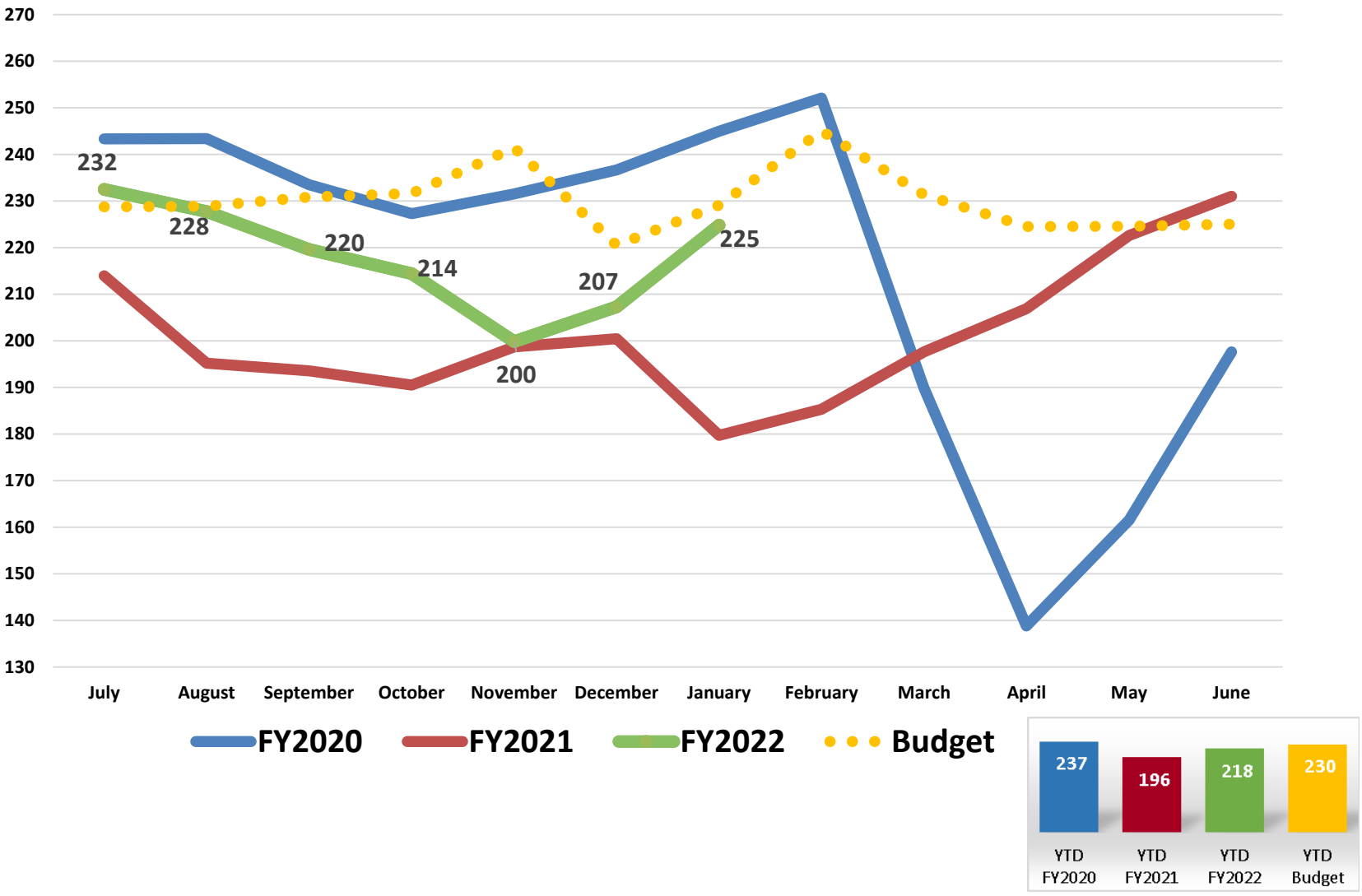
Obstetrics - Avg. Patients Per Day



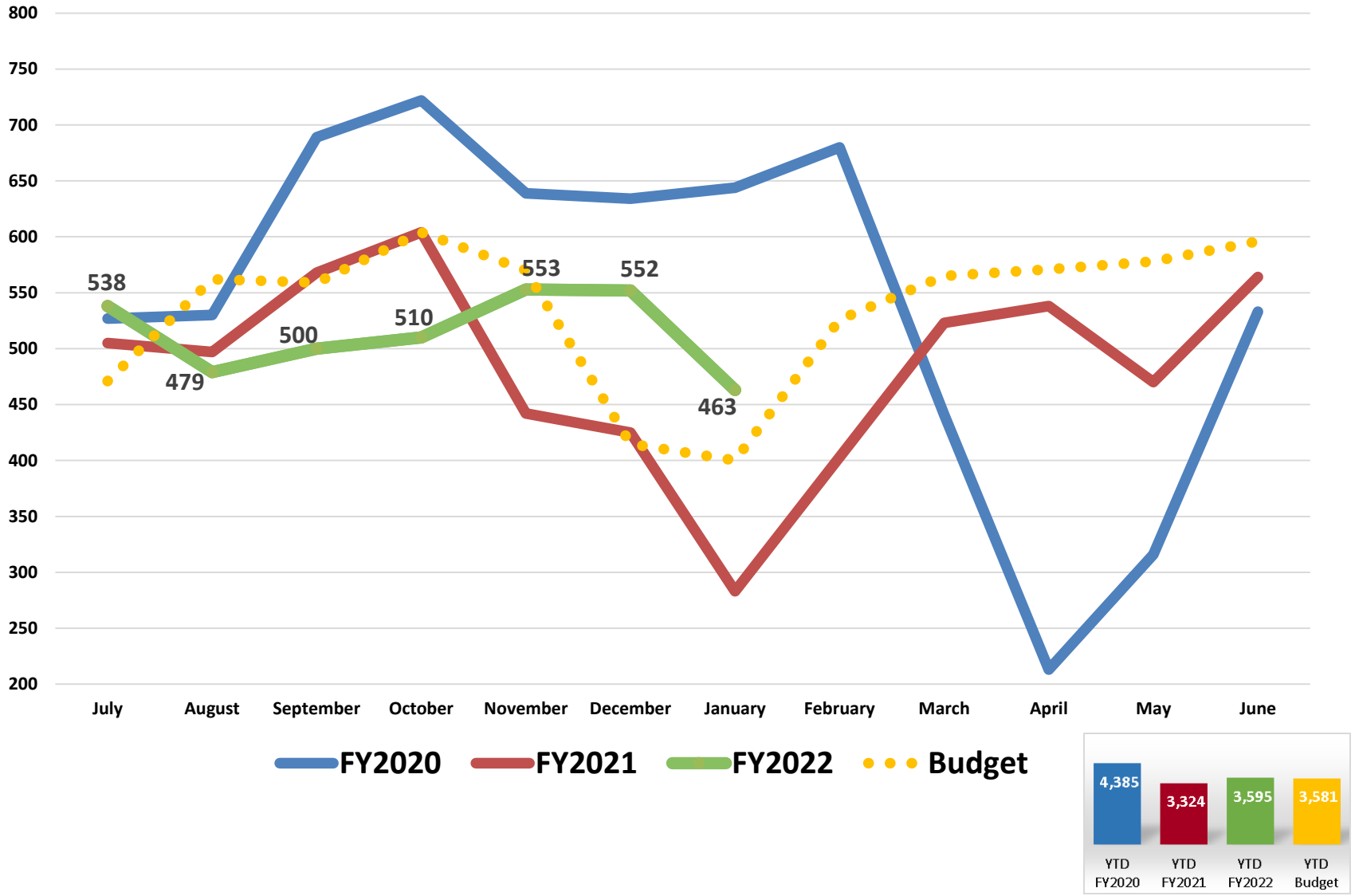
Outpatient Registrations per Day



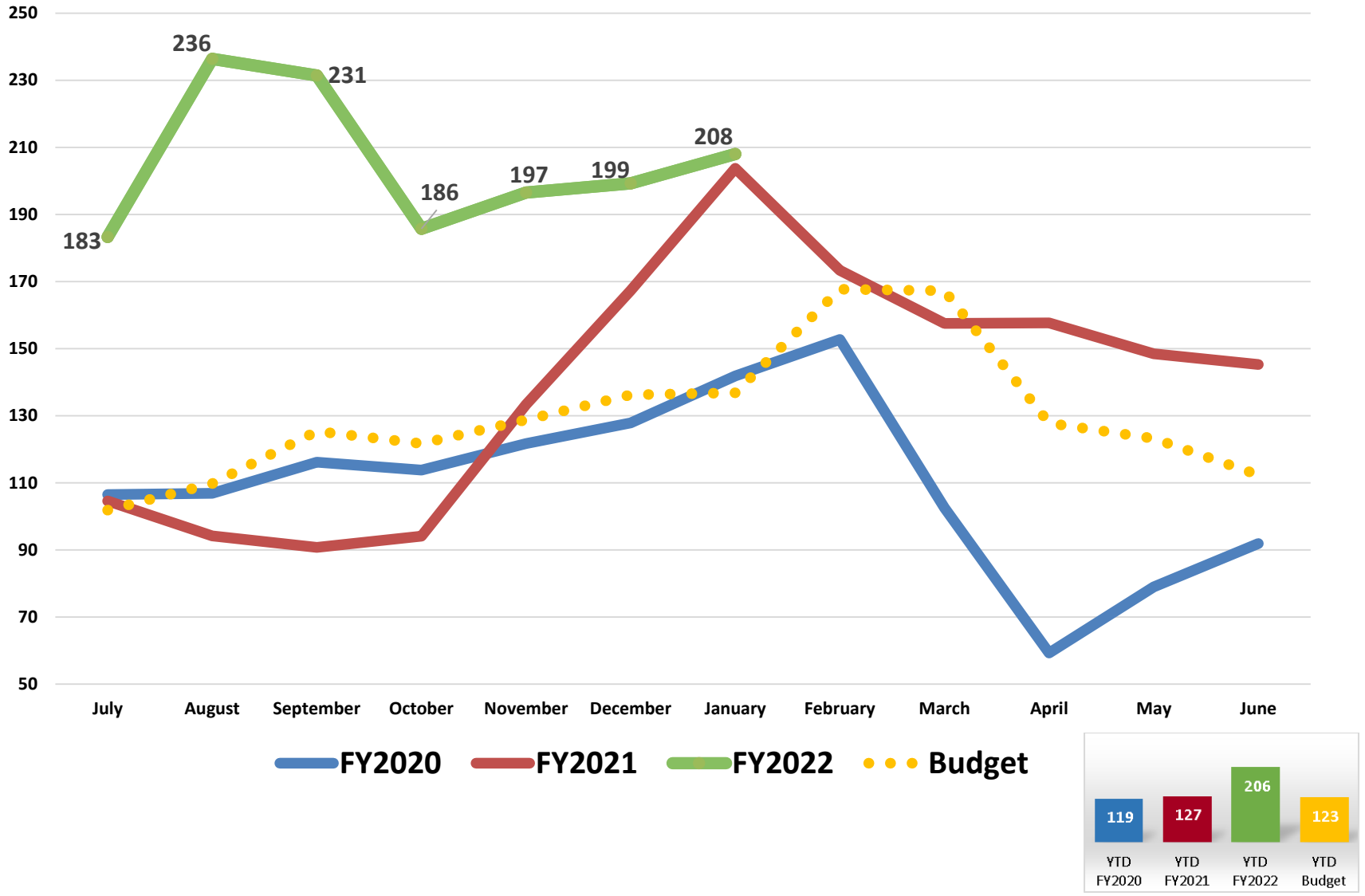
Emergency Dept – Avg Treated Per Day



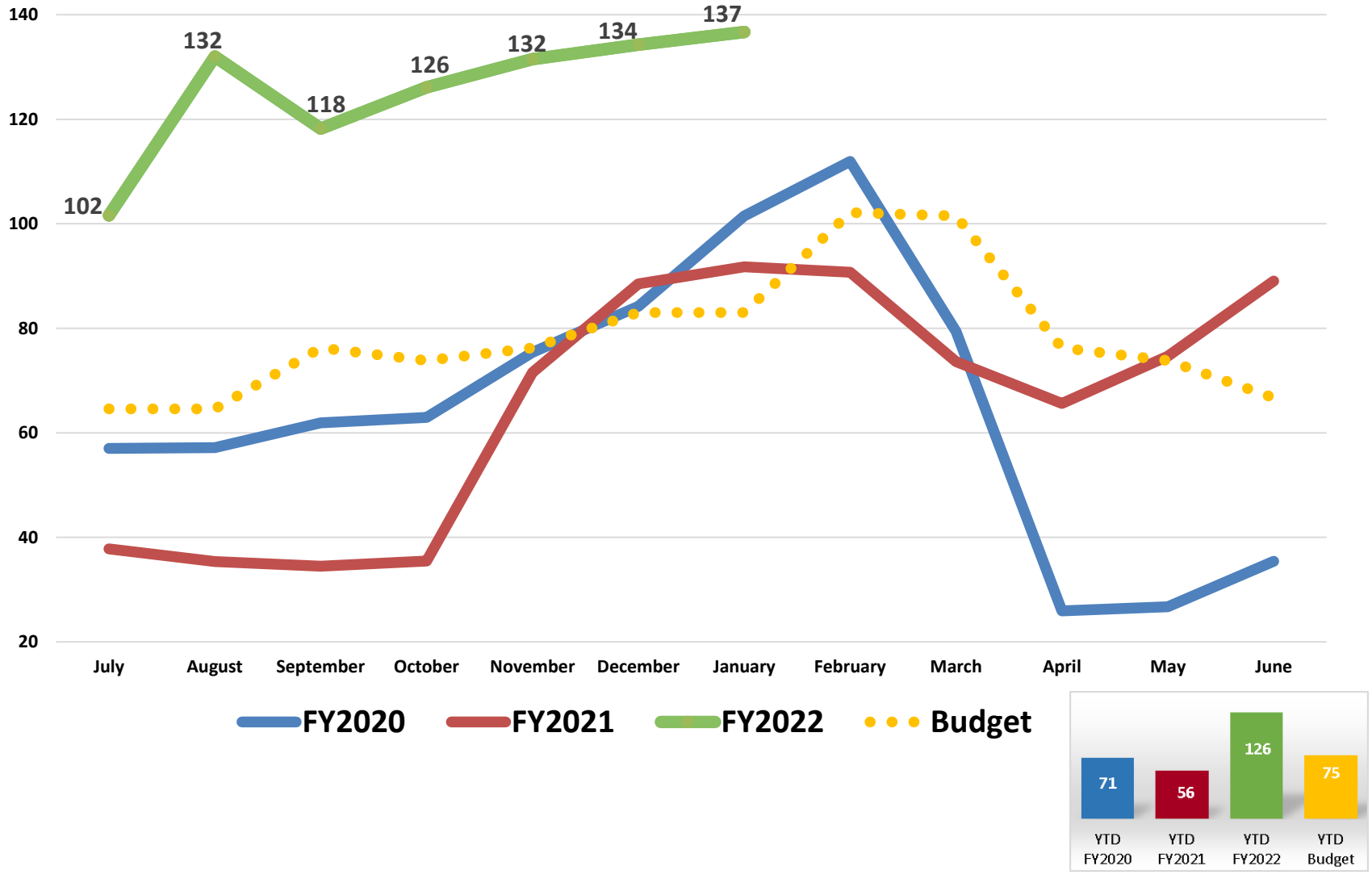
Endoscopy Procedures



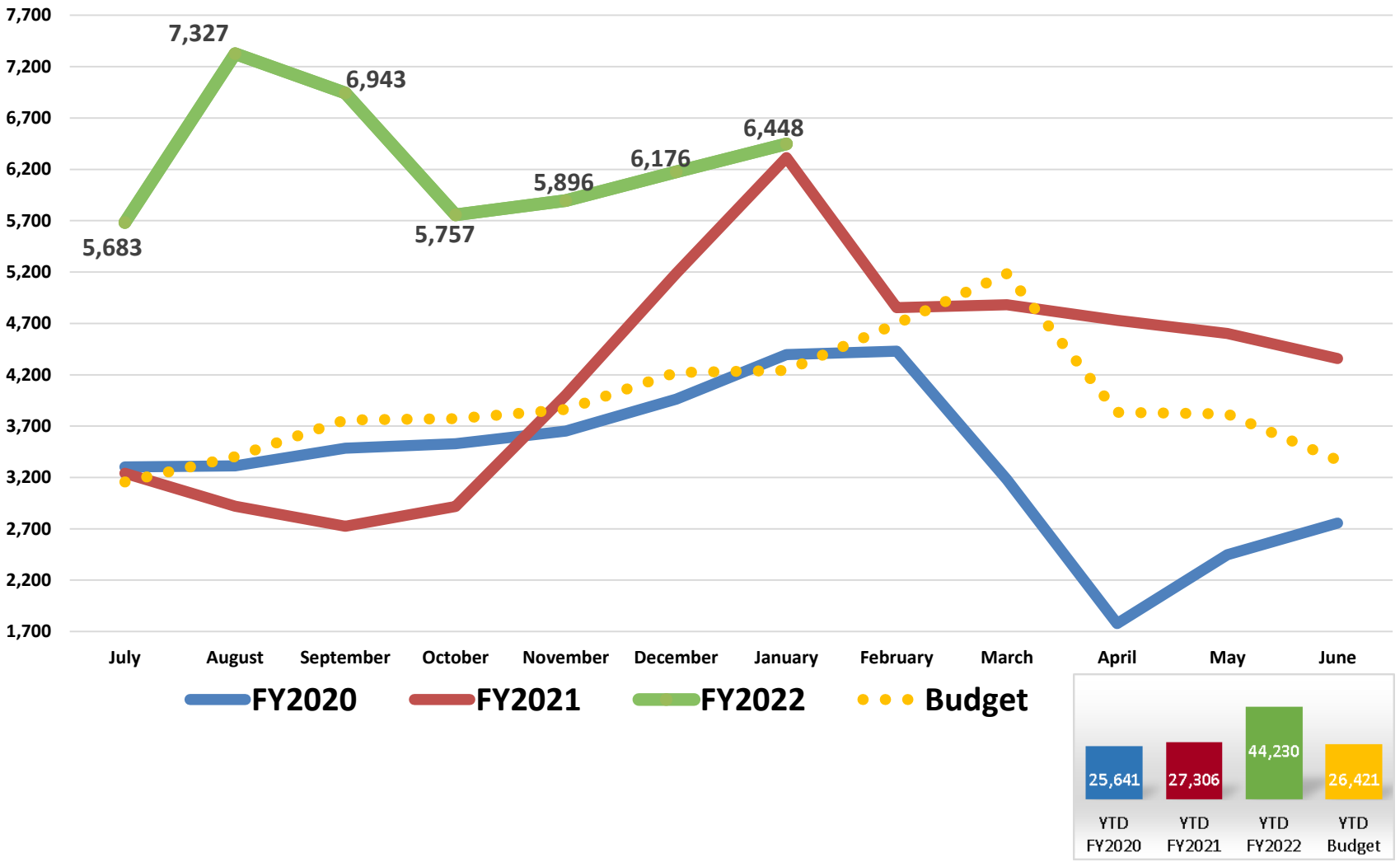
Urgent Care – Court Average Visits Per Day



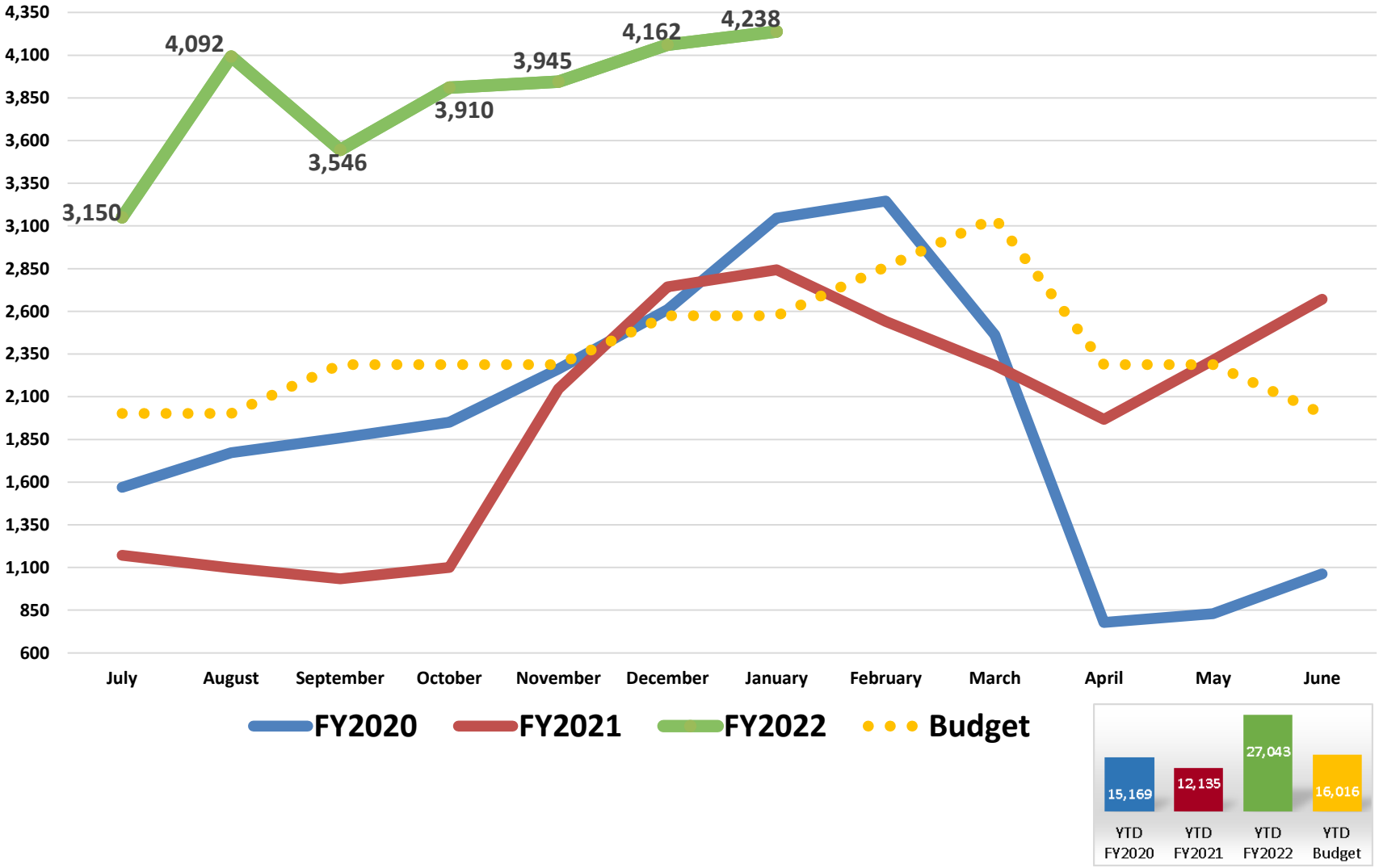
Urgent Care – Demaree Average Visits Per Day



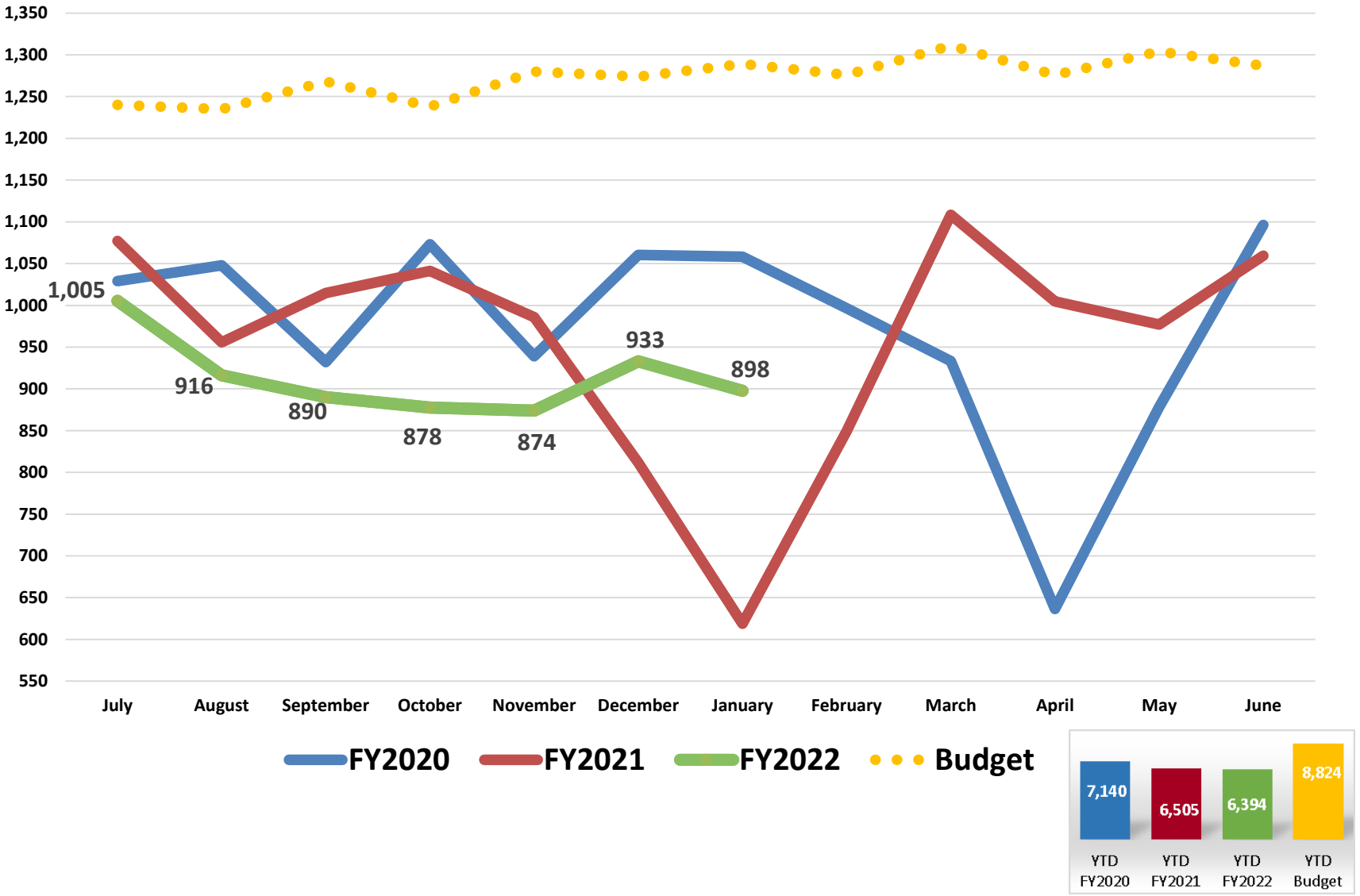
Urgent Care – Court Total Visits



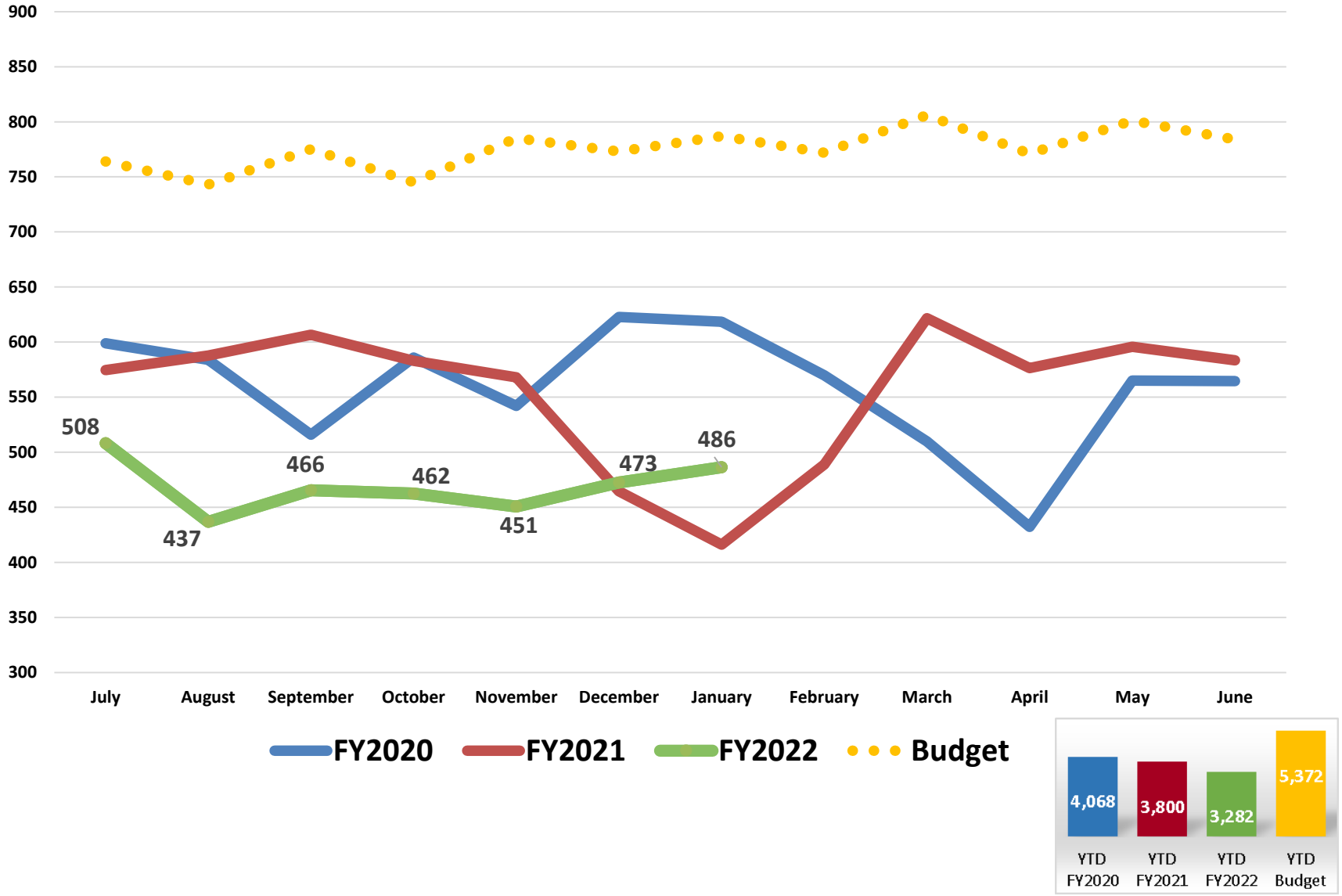
Urgent Care – Demaree Total Visits



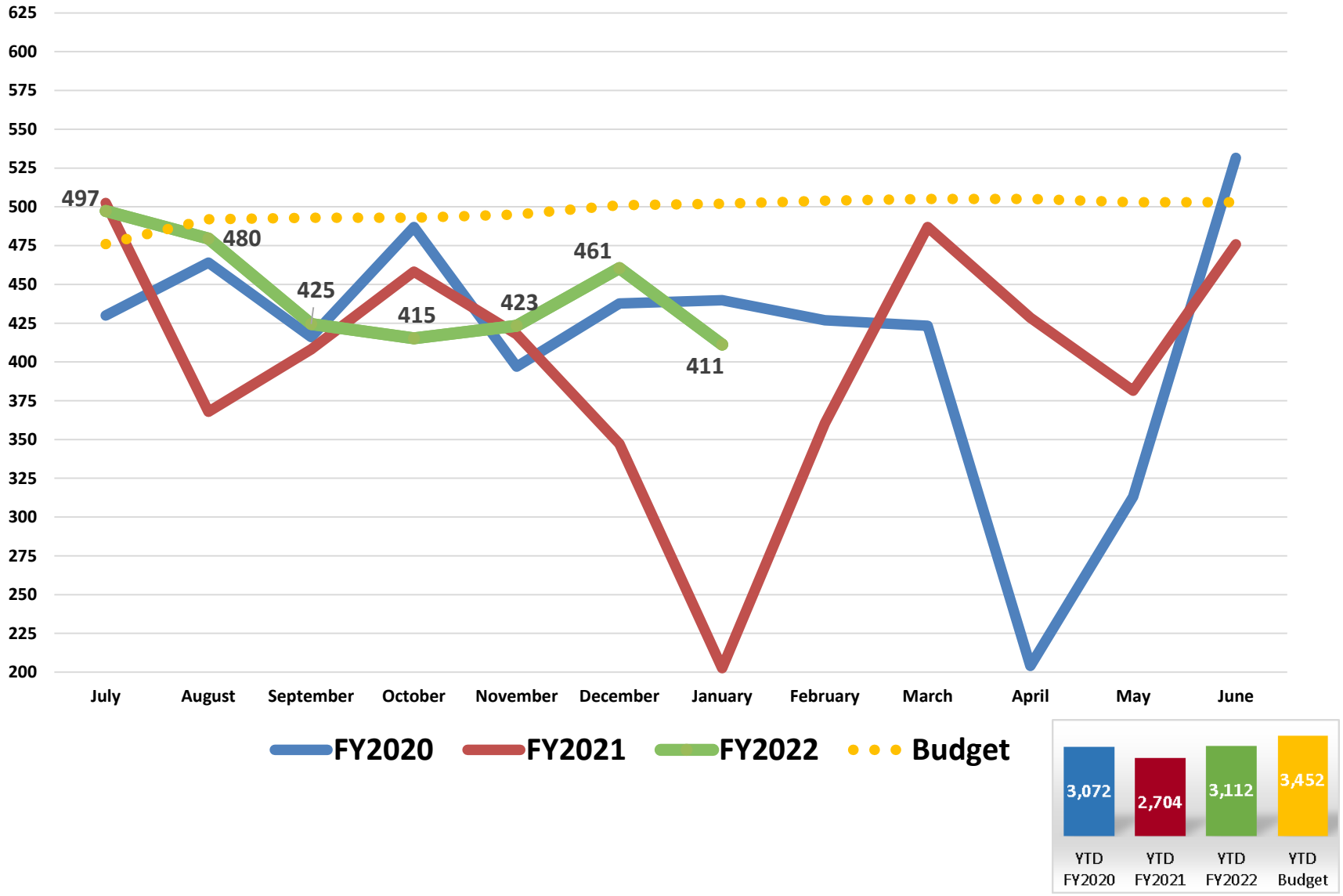
Surgery (IP & OP) – 100 Min Units



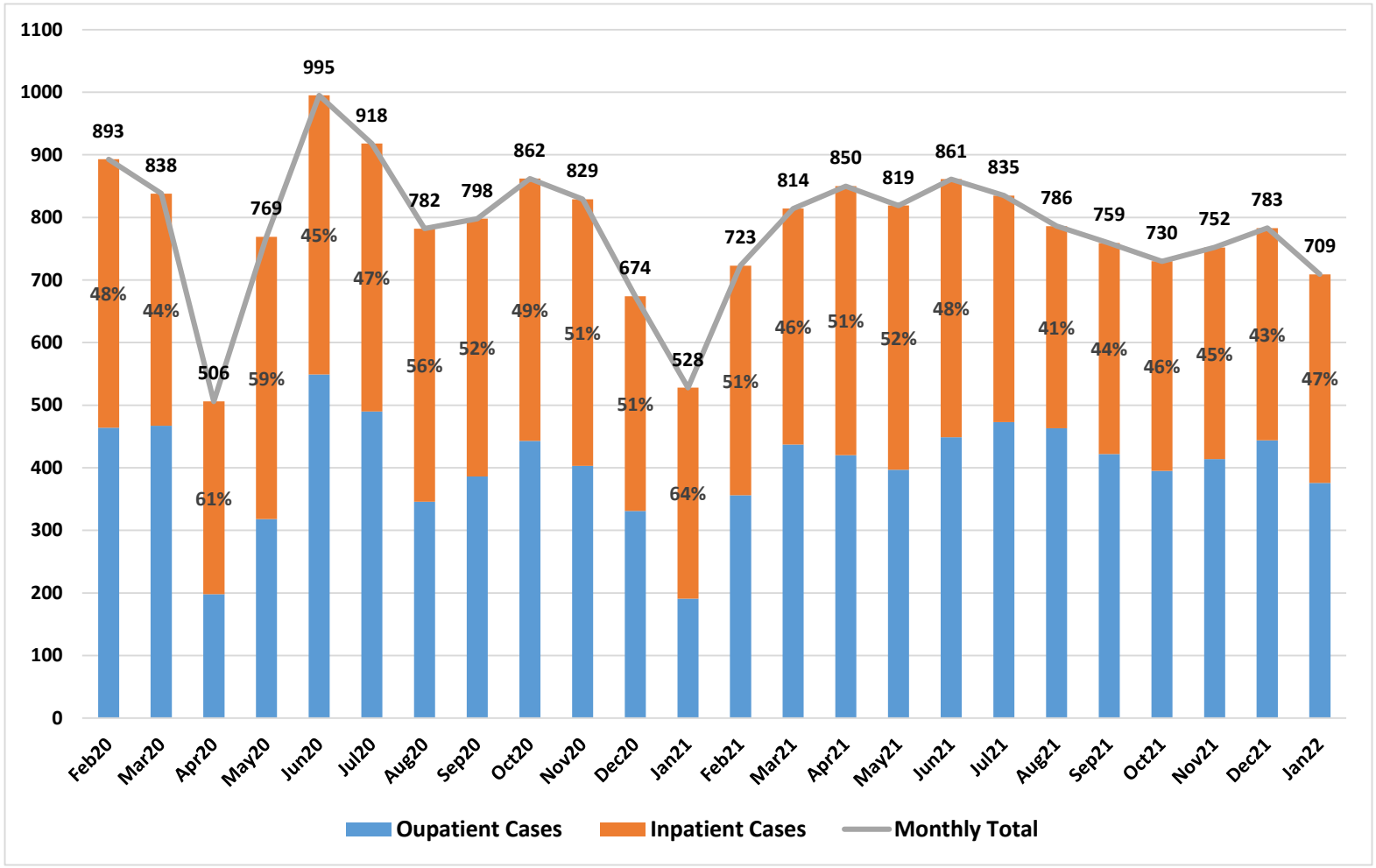
Surgery (IP Only) – 100 Min Units



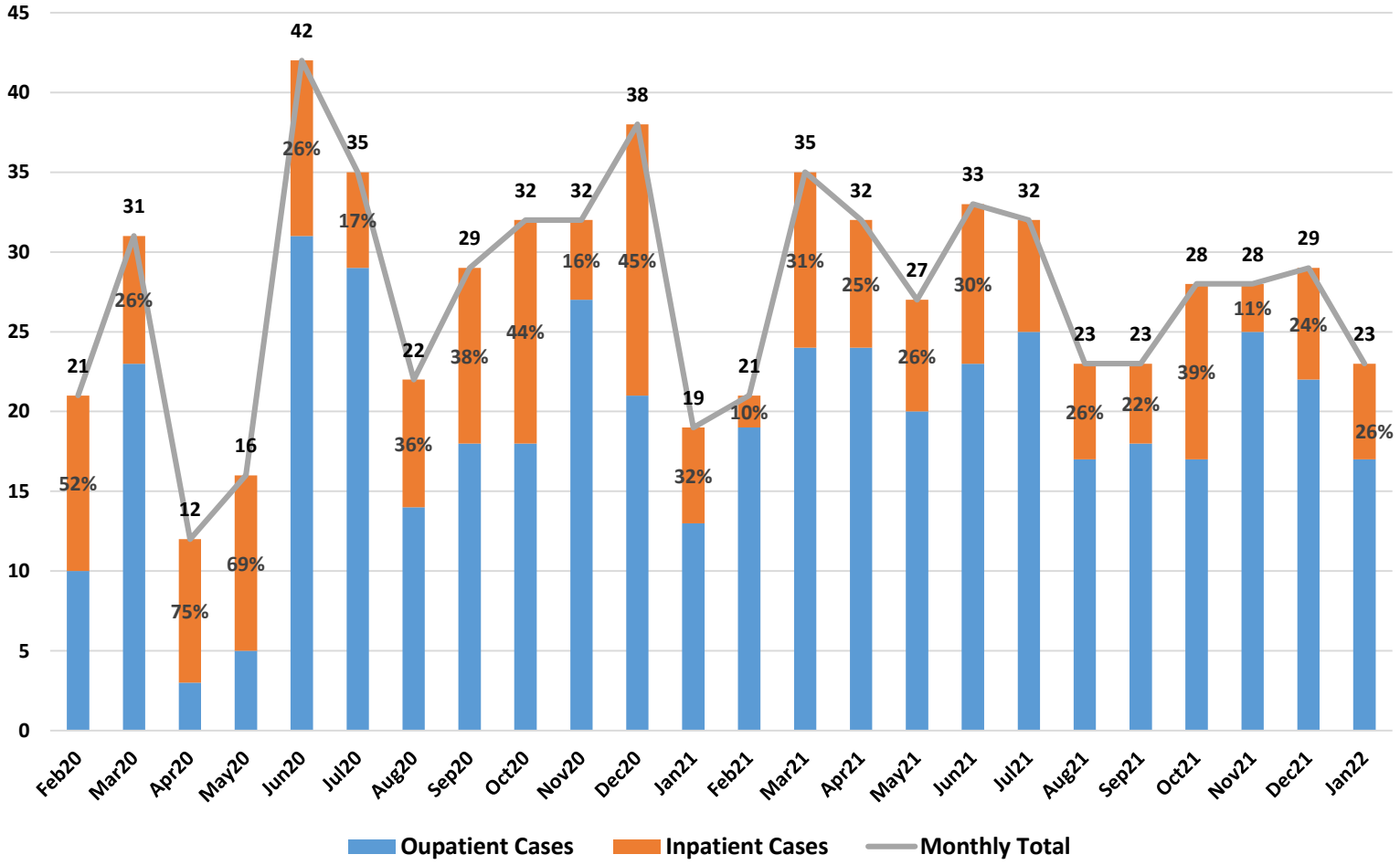
Surgery (OP Only) – 100 Min Units



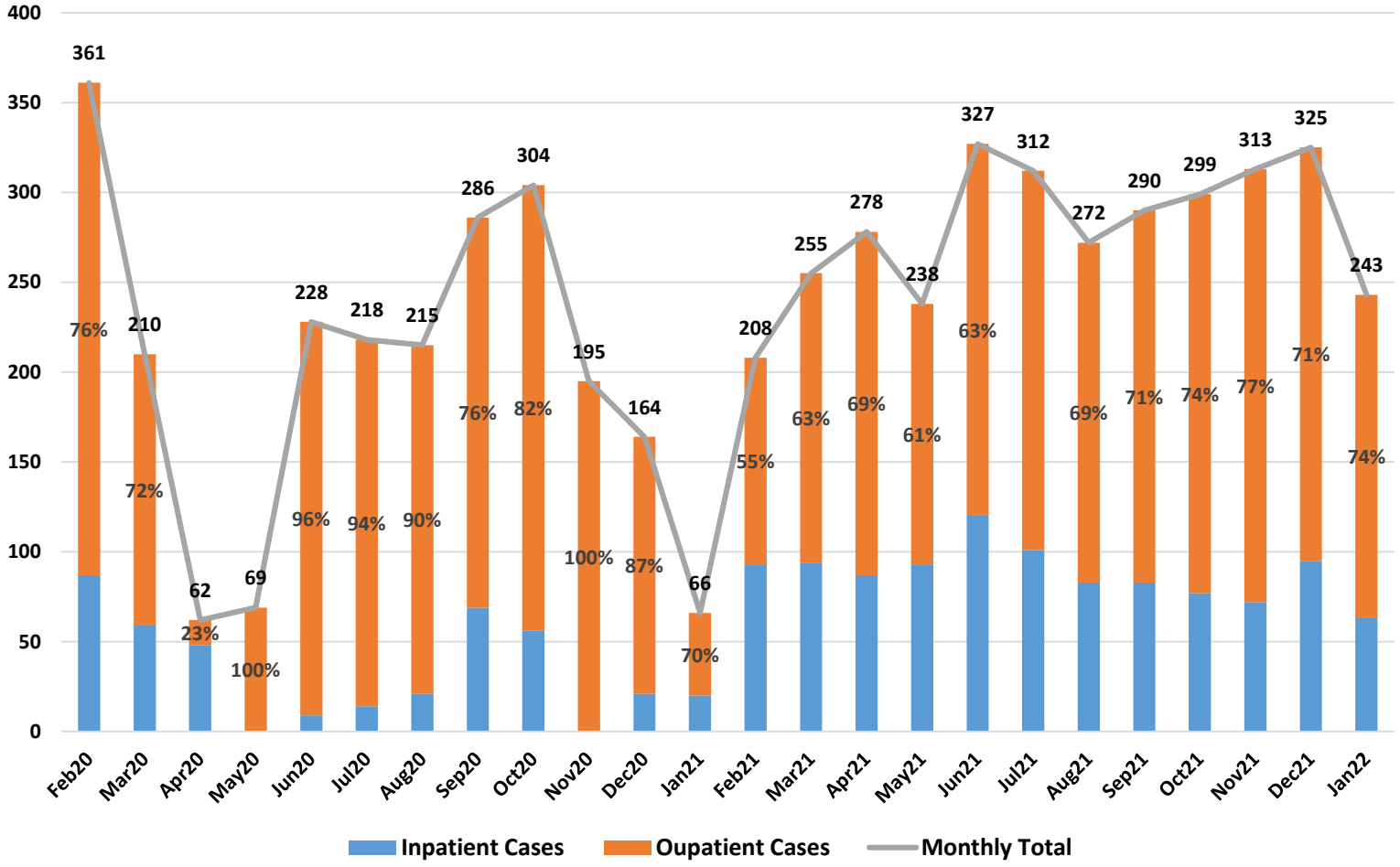
Surgery Cases



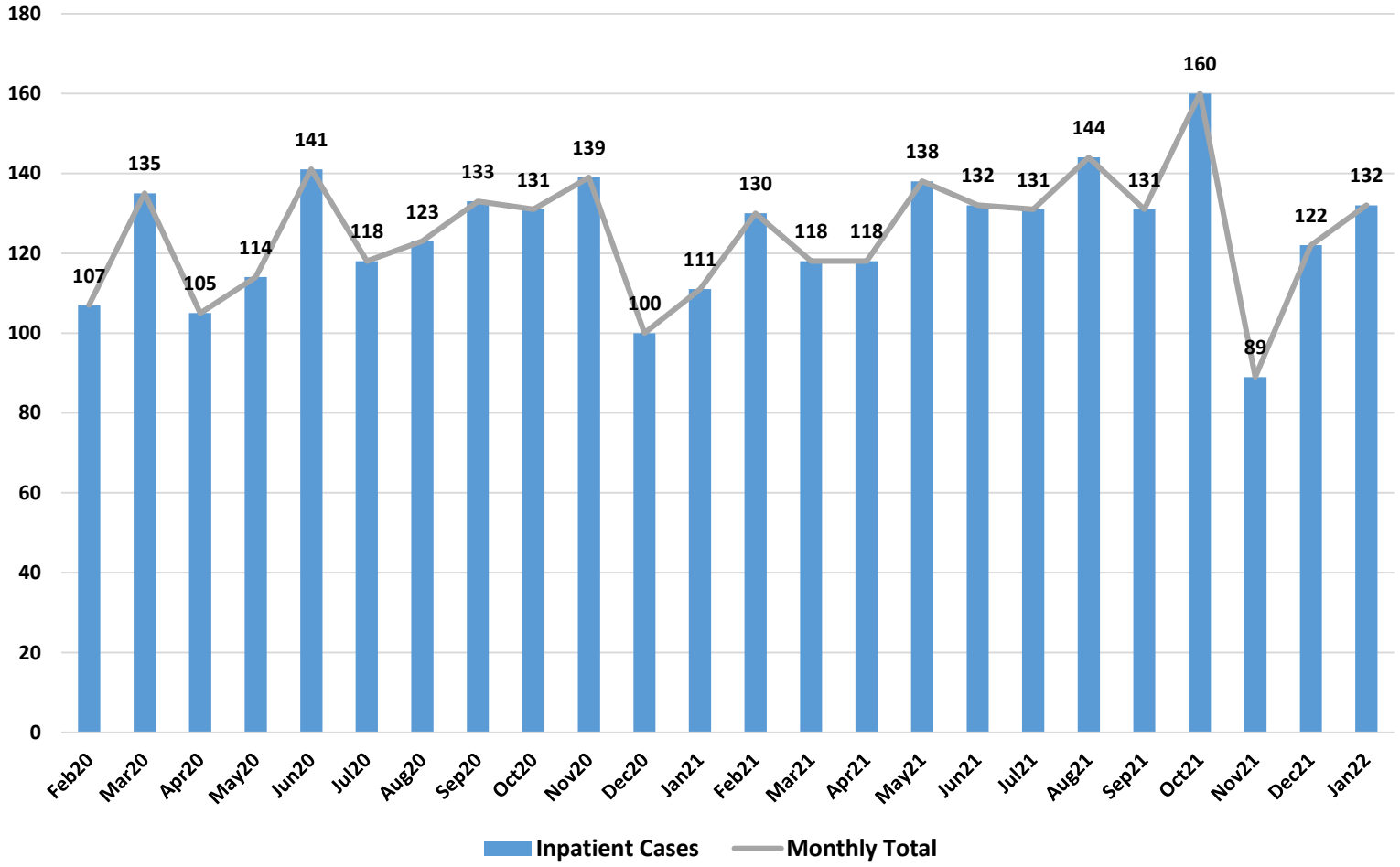
Robotic Cases



Endo Cases (Endo Suites)



OB Cases


180
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140
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111
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118
118
138
132
131
144
131
160
89
122
132
Feb20
Mar20
Apr20
May20
Jun20
Jul20
Aug20
Sep20
Oct20
Nov20
Dec20
Jan21
Feb21
Mar21
Apr21
May21
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Jul21
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Sep21
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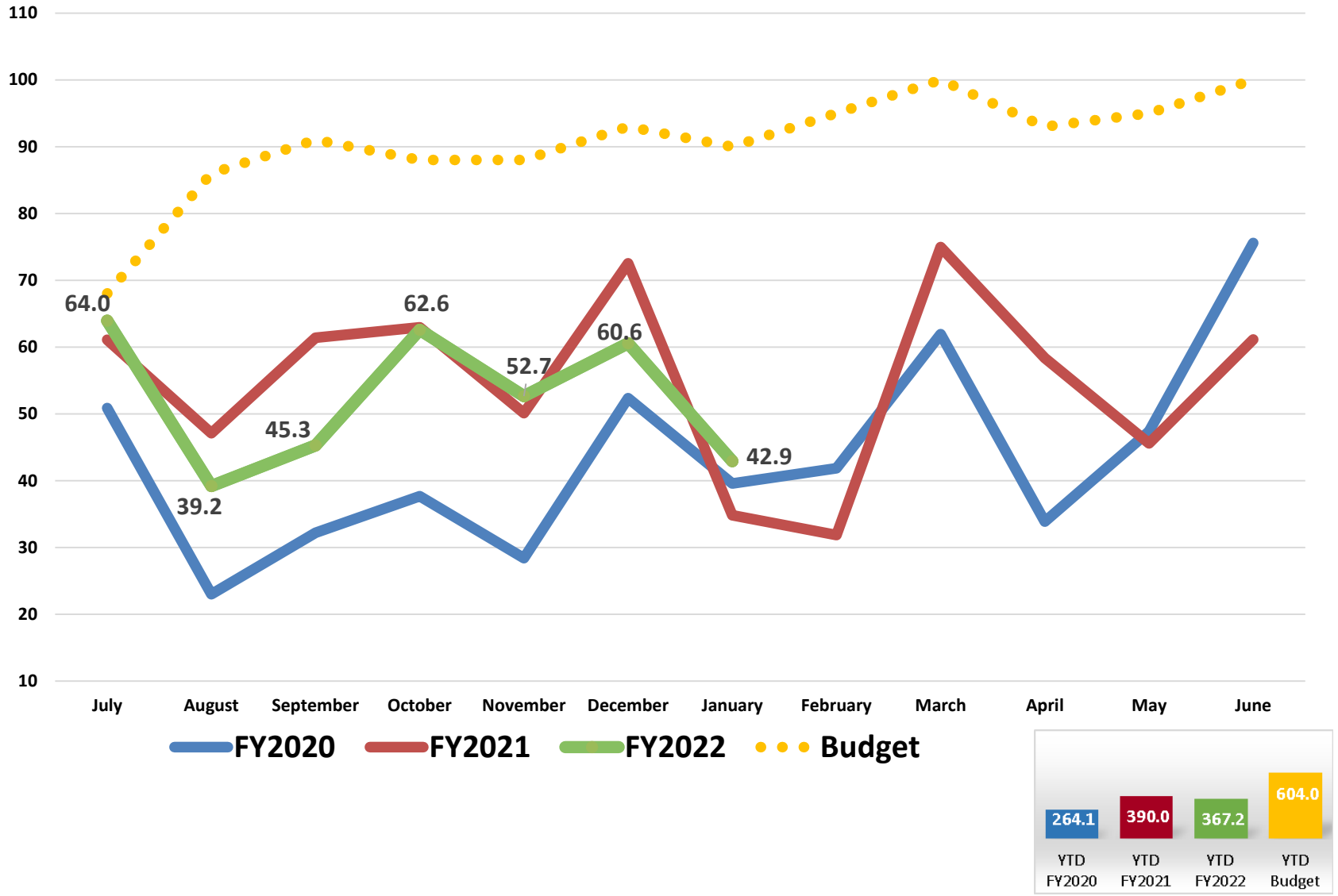
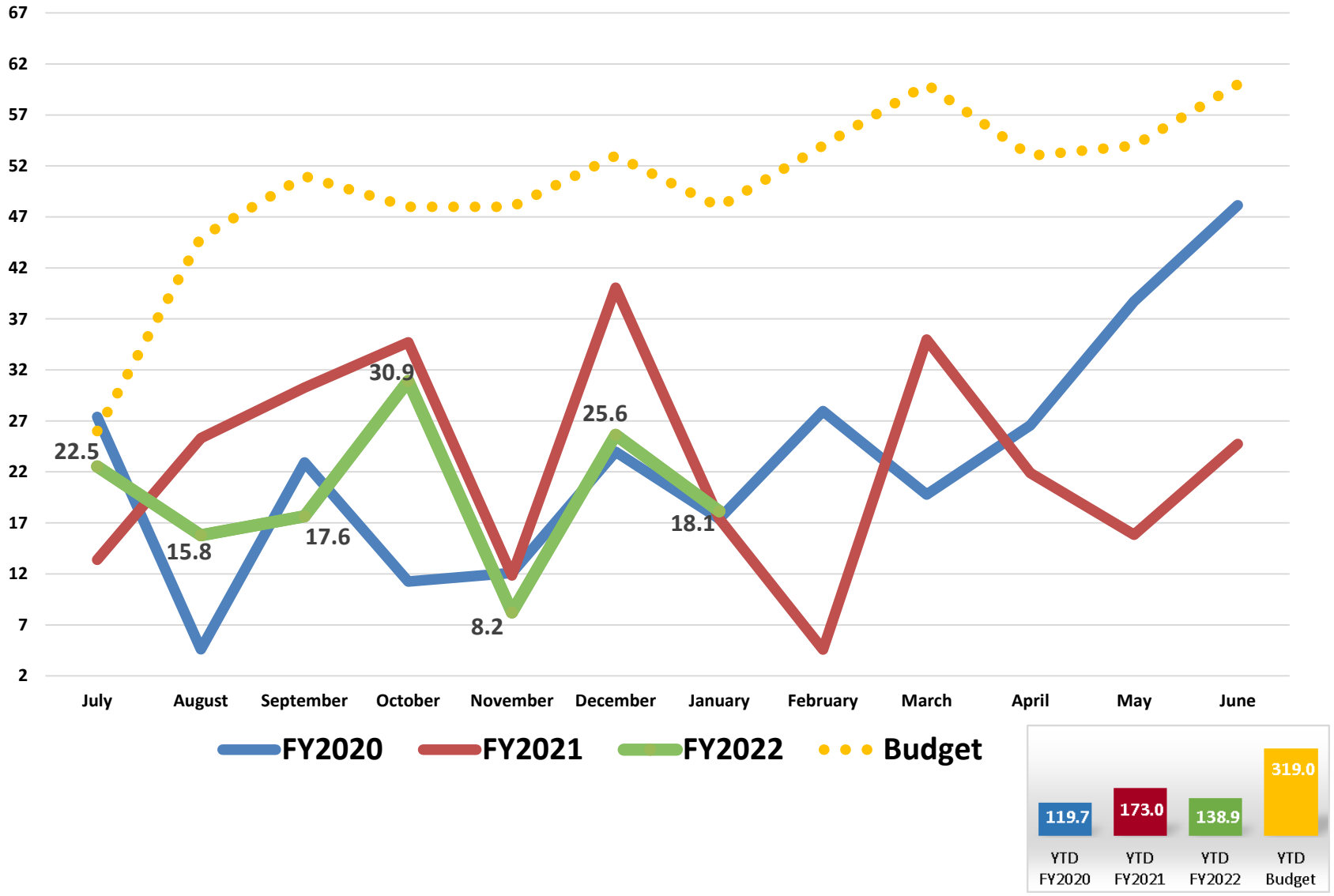
Nov21
Dec21
Jan22
Inpatient Cases
Monthly Total

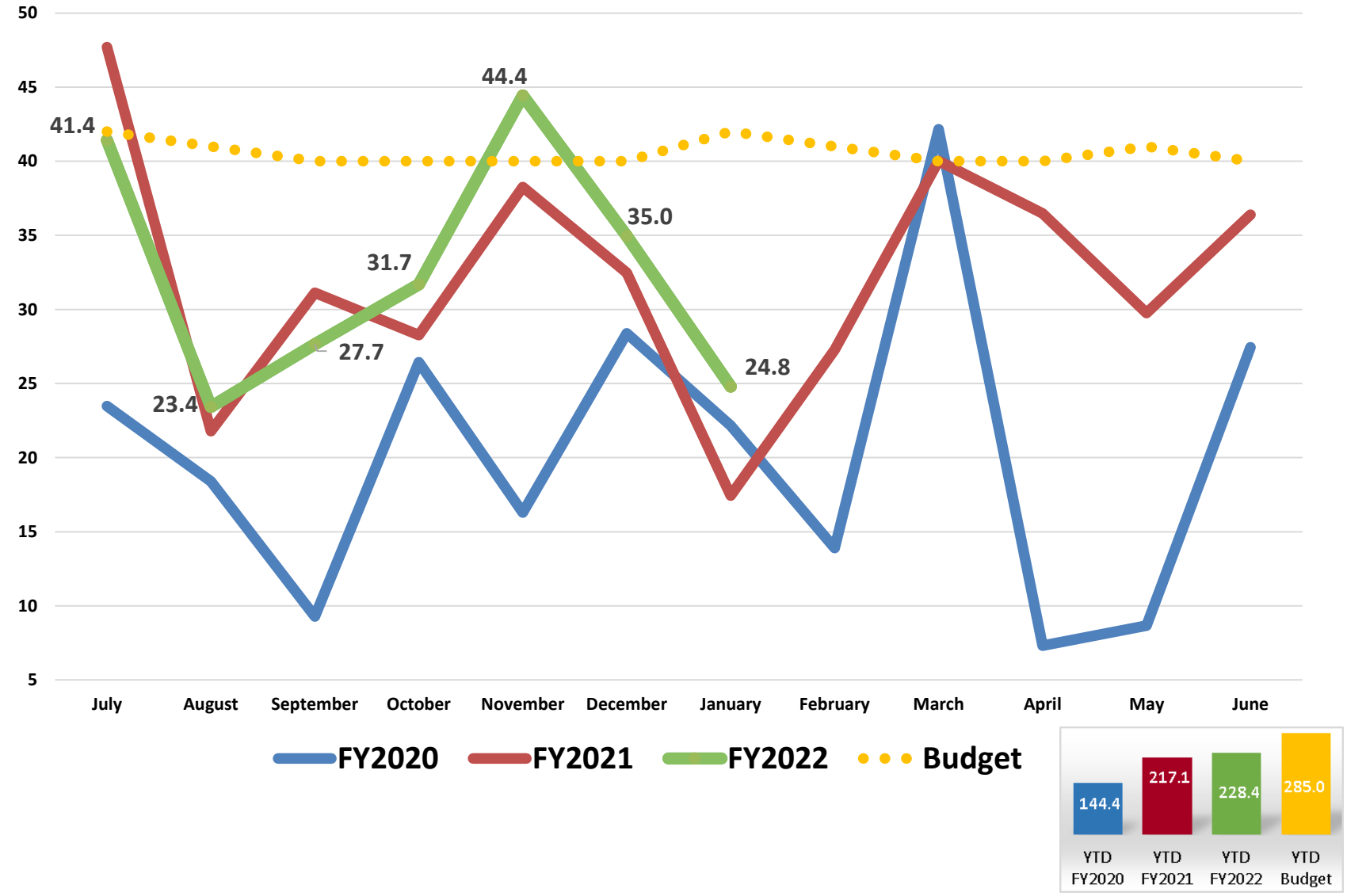
Robotic Surgery (IP & OP) – 100 Min Units



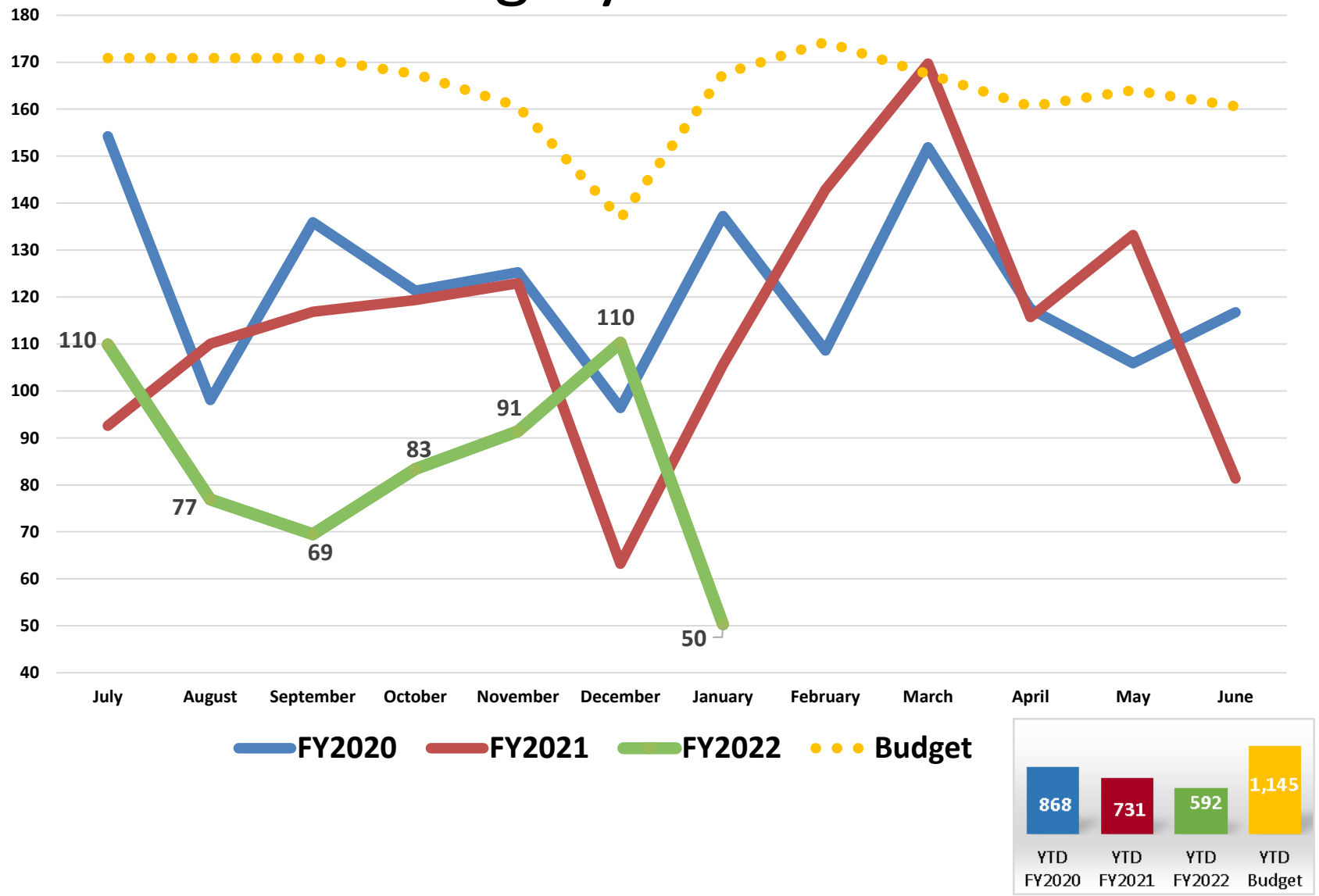
Robotic Surgery (IP Only) – 100 Min Units



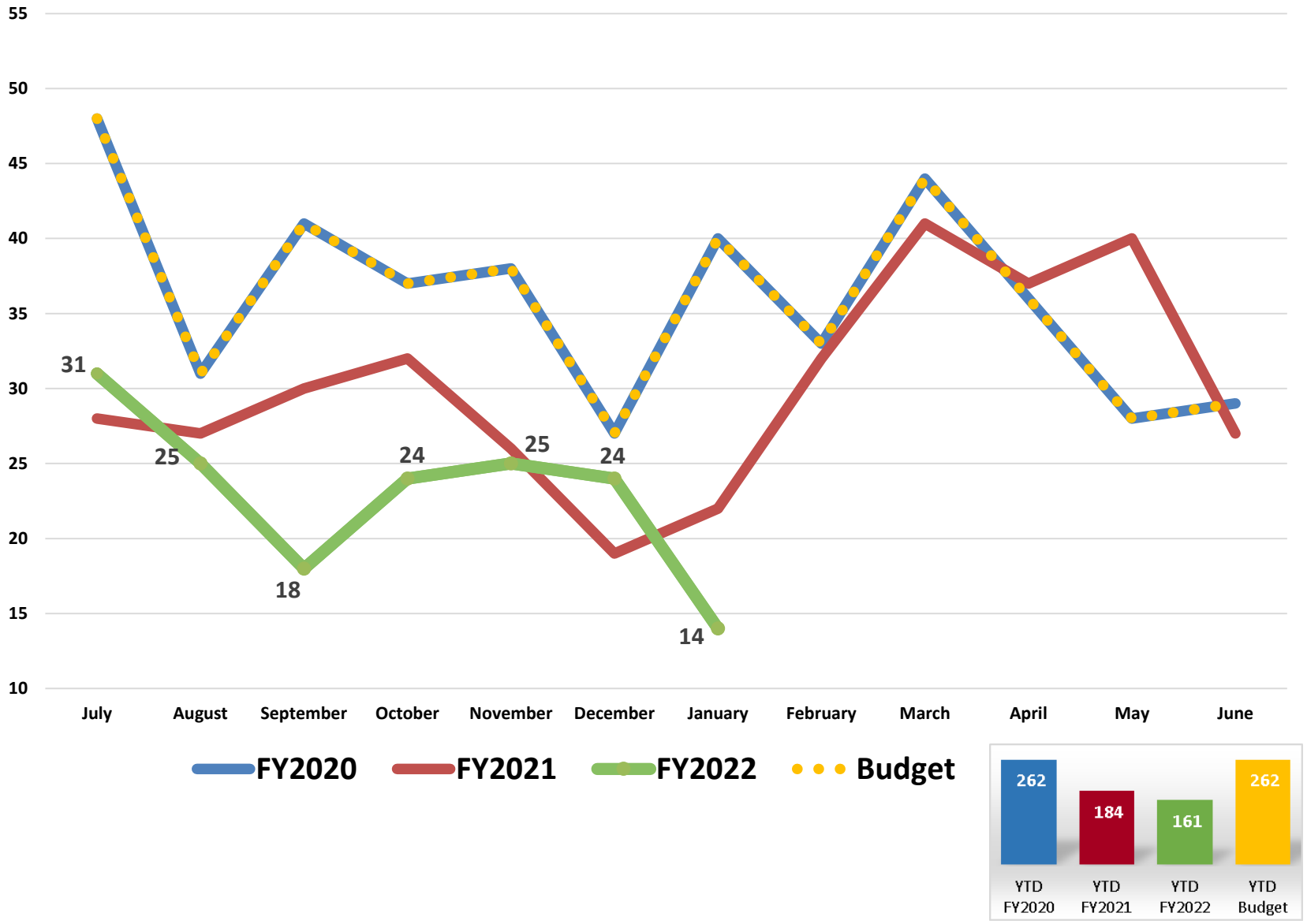
Robotic Surgery (OP Only) – 100 Min Units



Cardiac Surgery – 100 Min Units

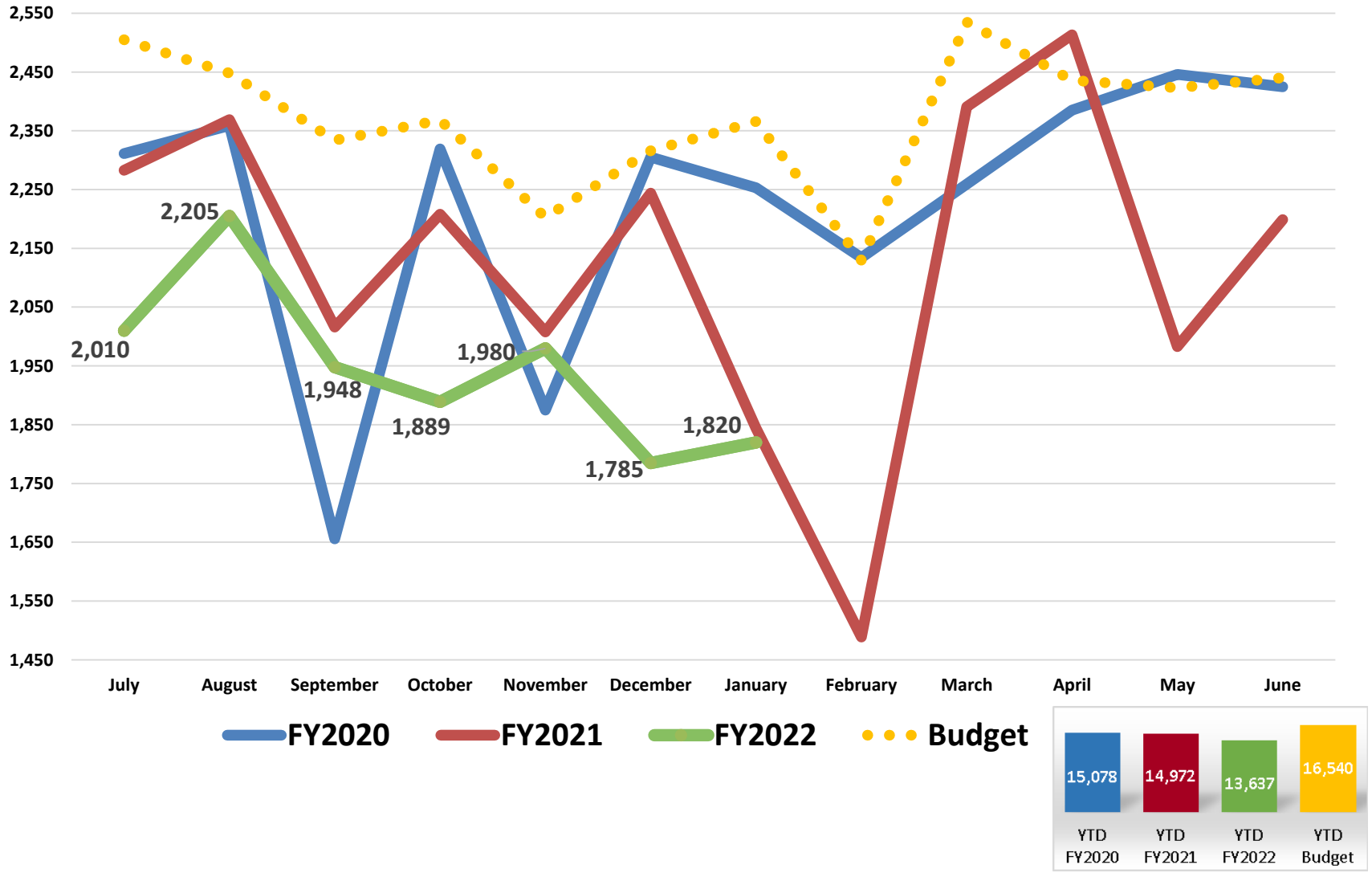


Cardiac Surgery – Cases

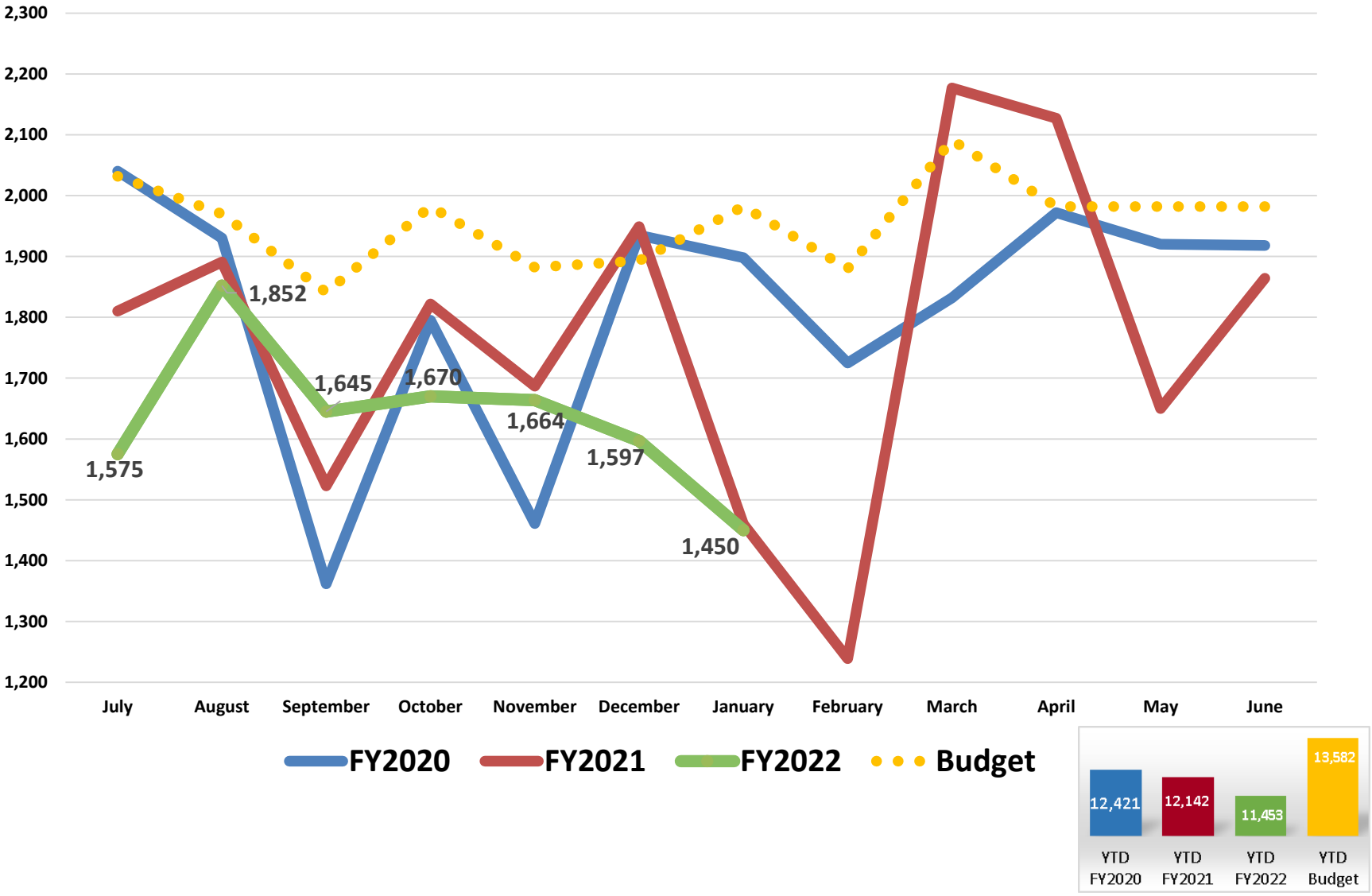


Radiation Oncology Treatments

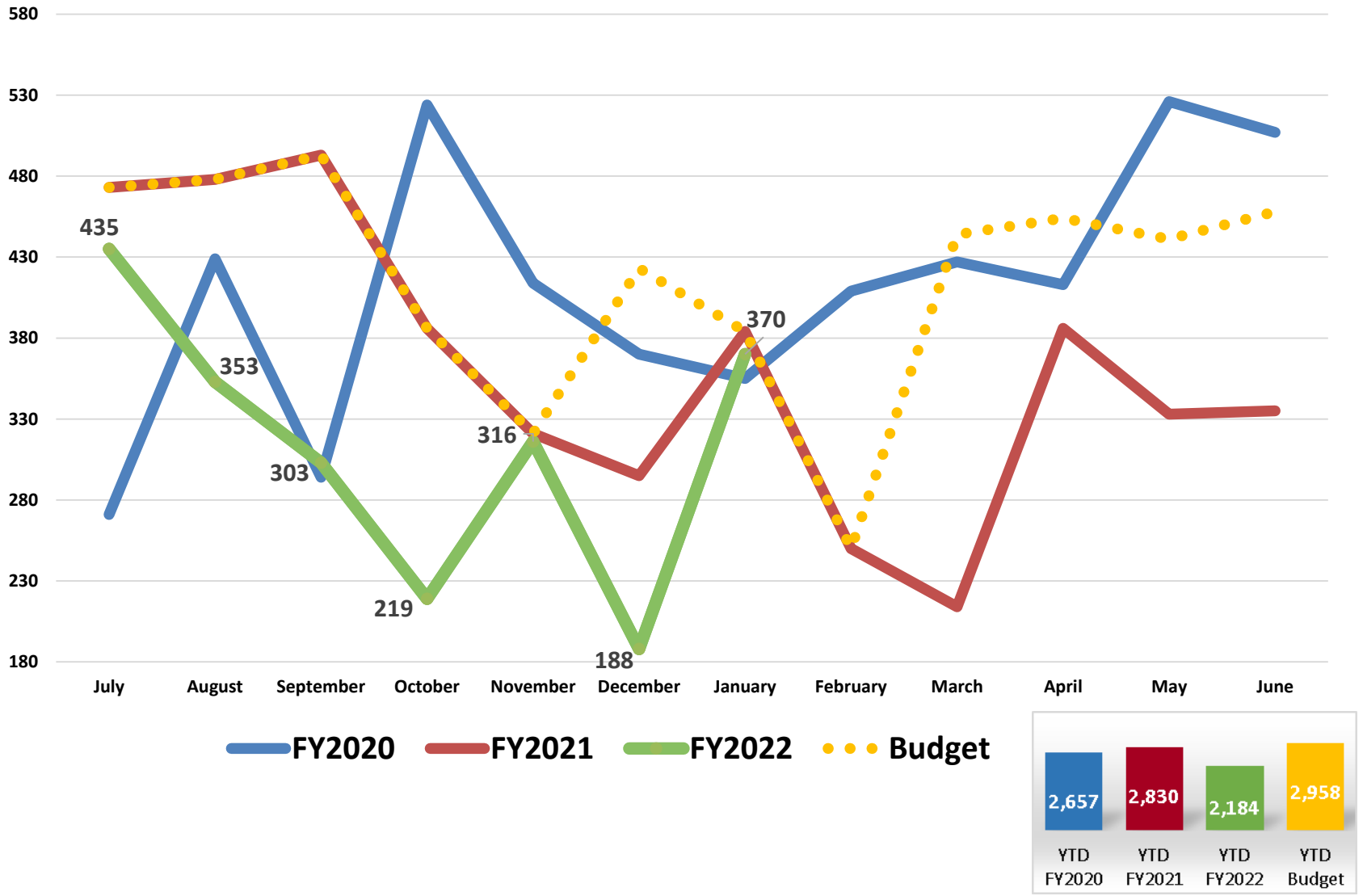
Hanford and Visalia



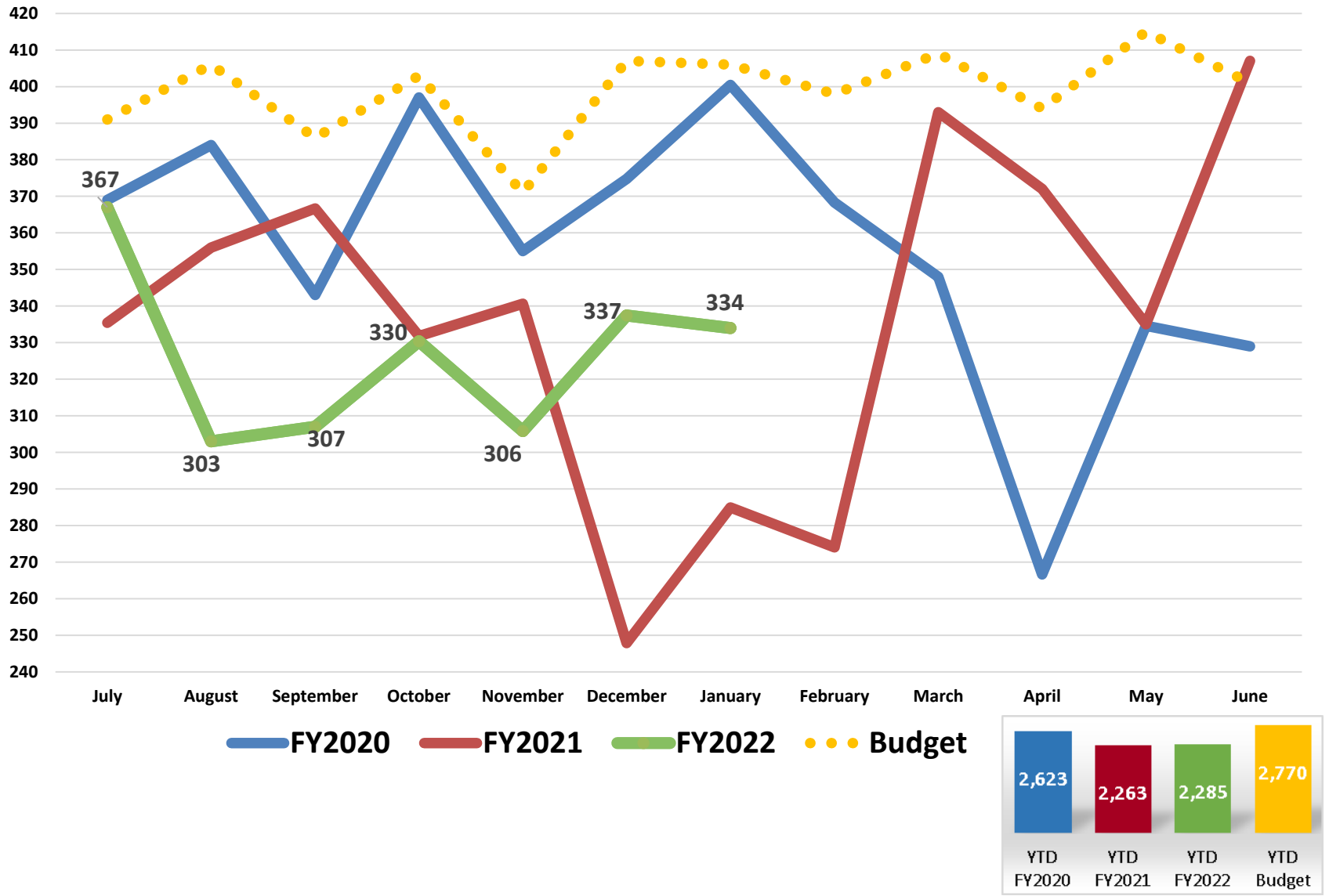
Radiation Oncology - Visalia



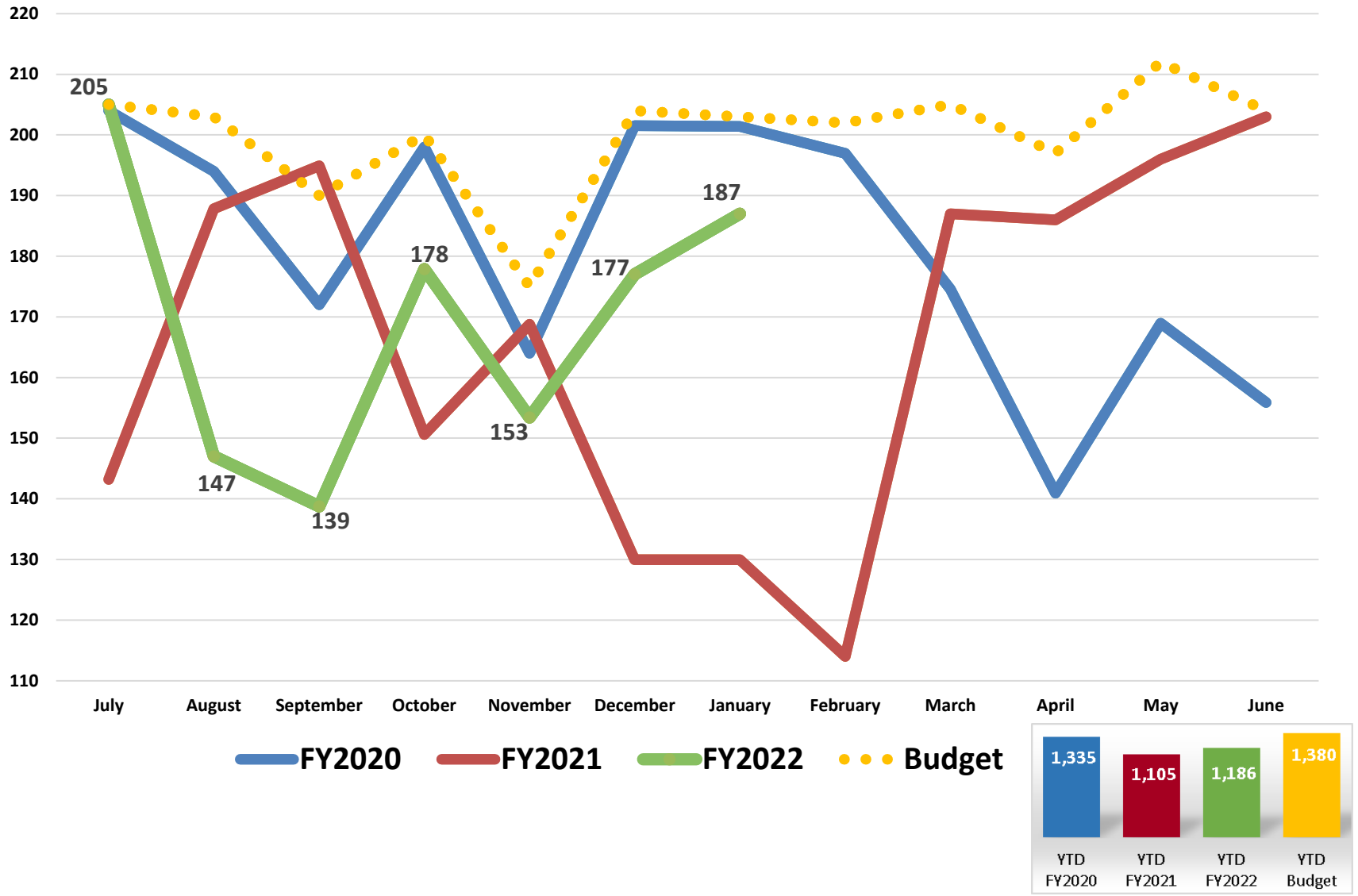
Radiation Oncology - Hanford



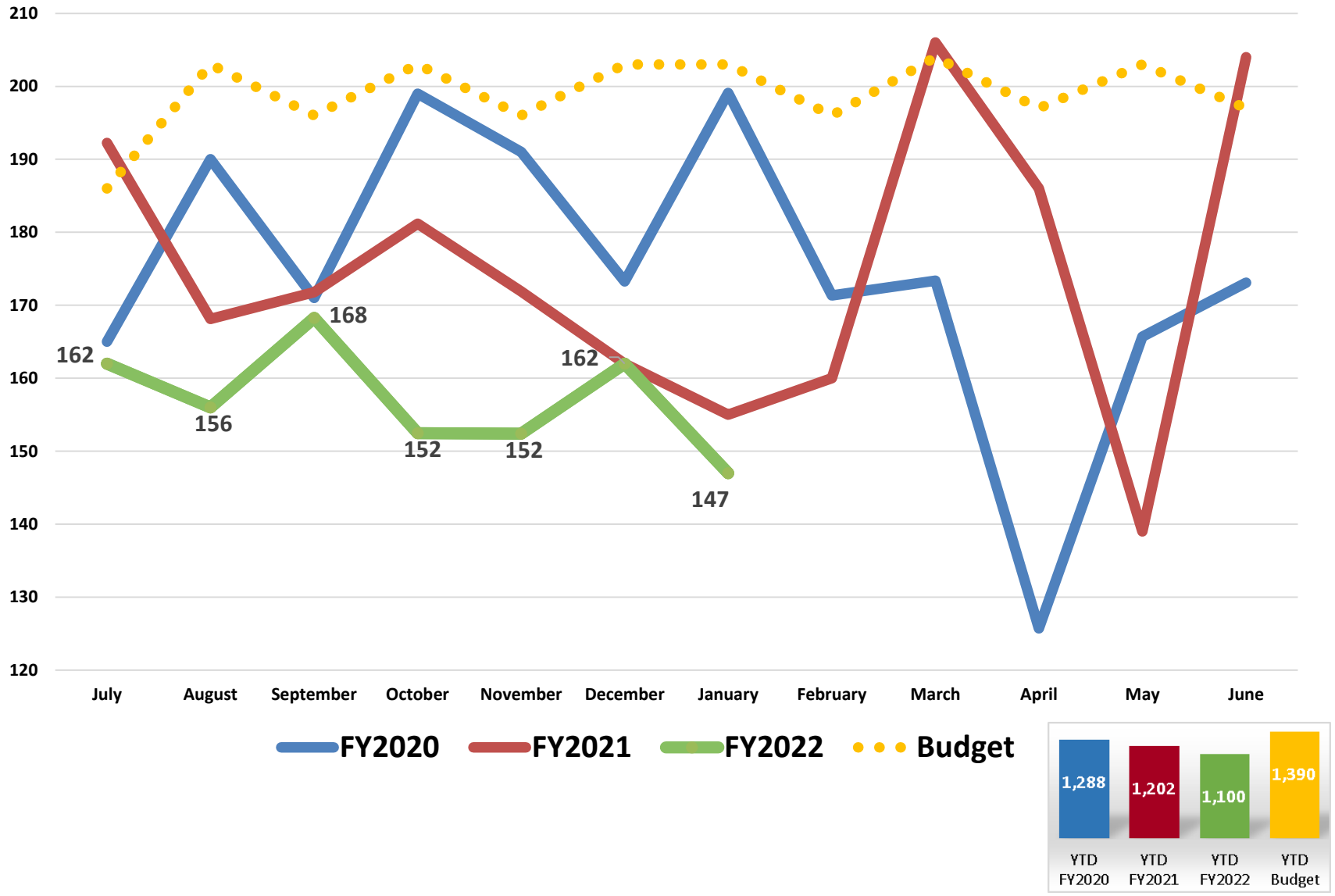
Cath Lab (IP & OP) – 100 Min Units



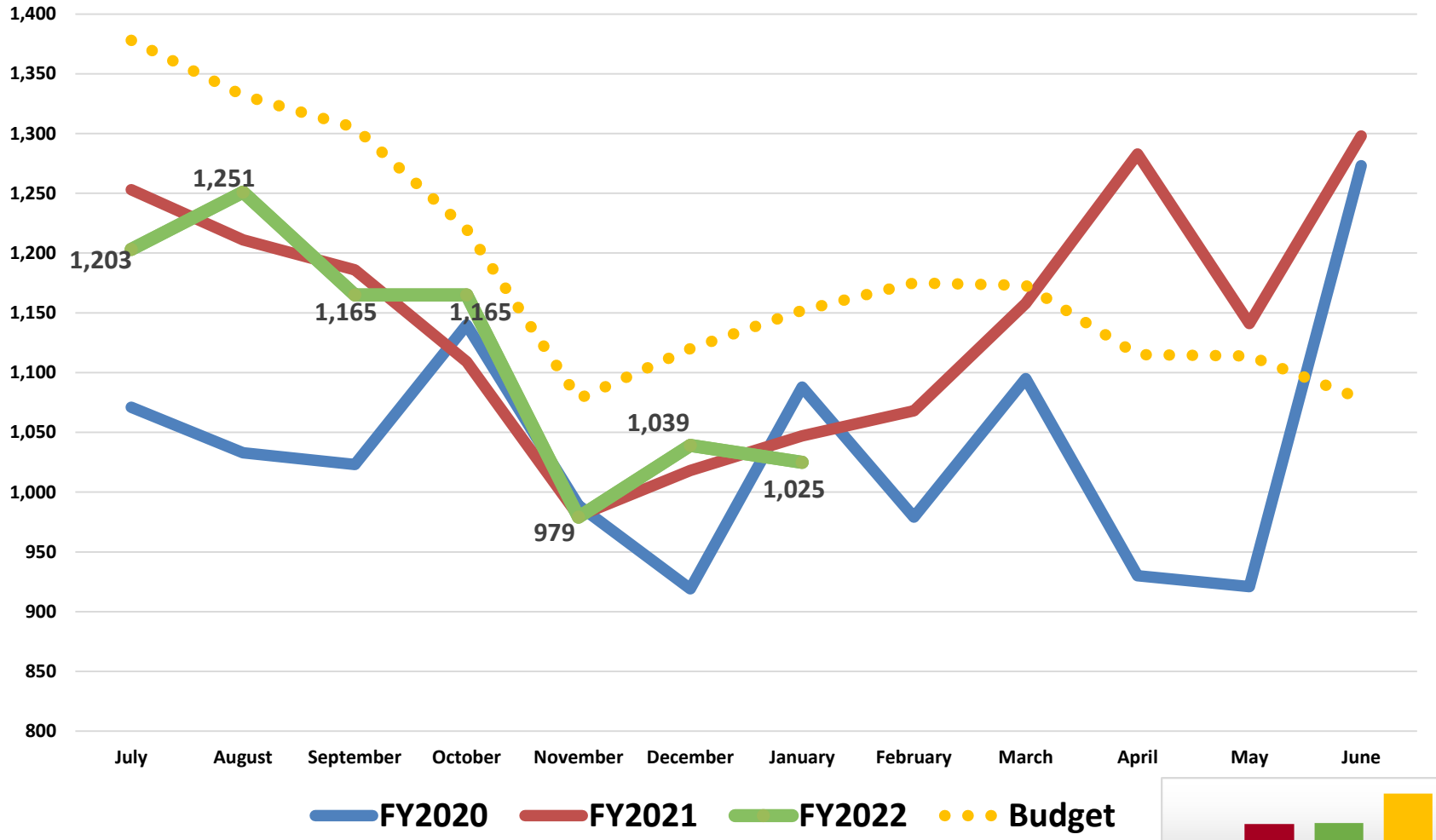
Cath Lab (IP Only) – 100 Min Units

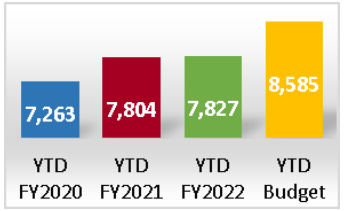


Cath Lab (OP Only) – 100 Min Units

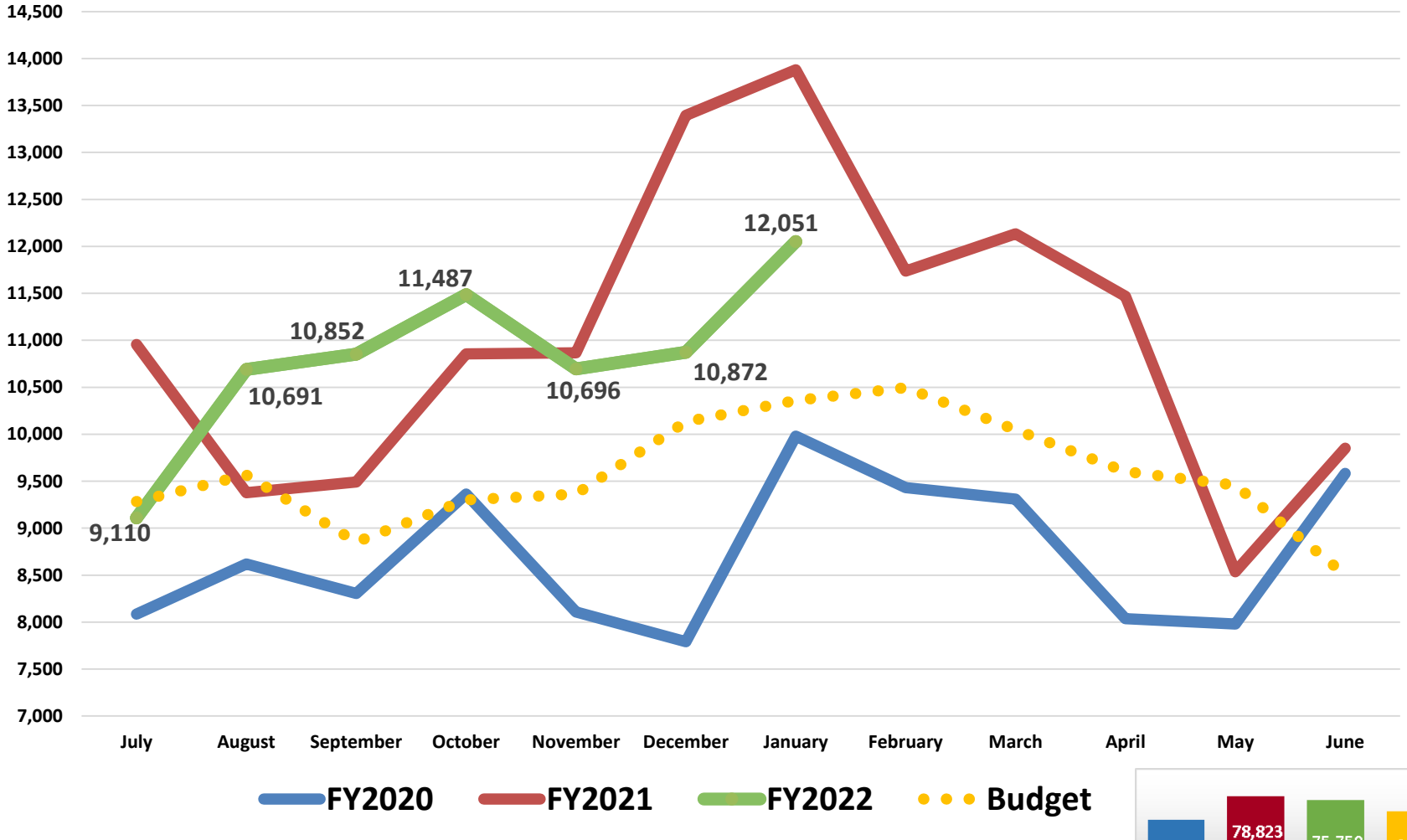


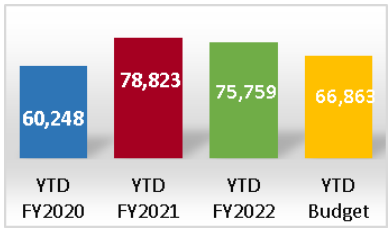
GME Family Medicine Clinic Visits



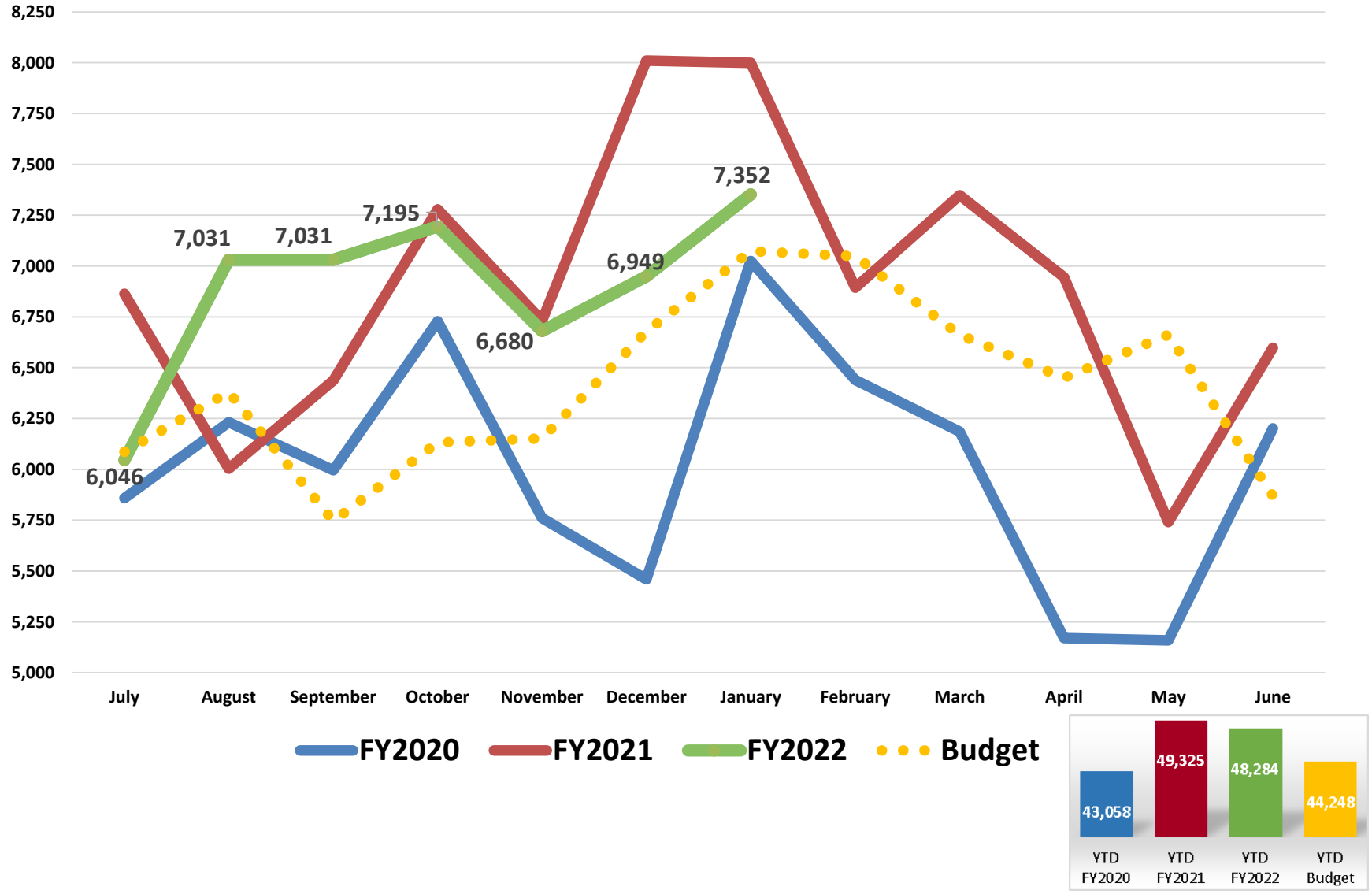


Rural Health Clinic Registrations

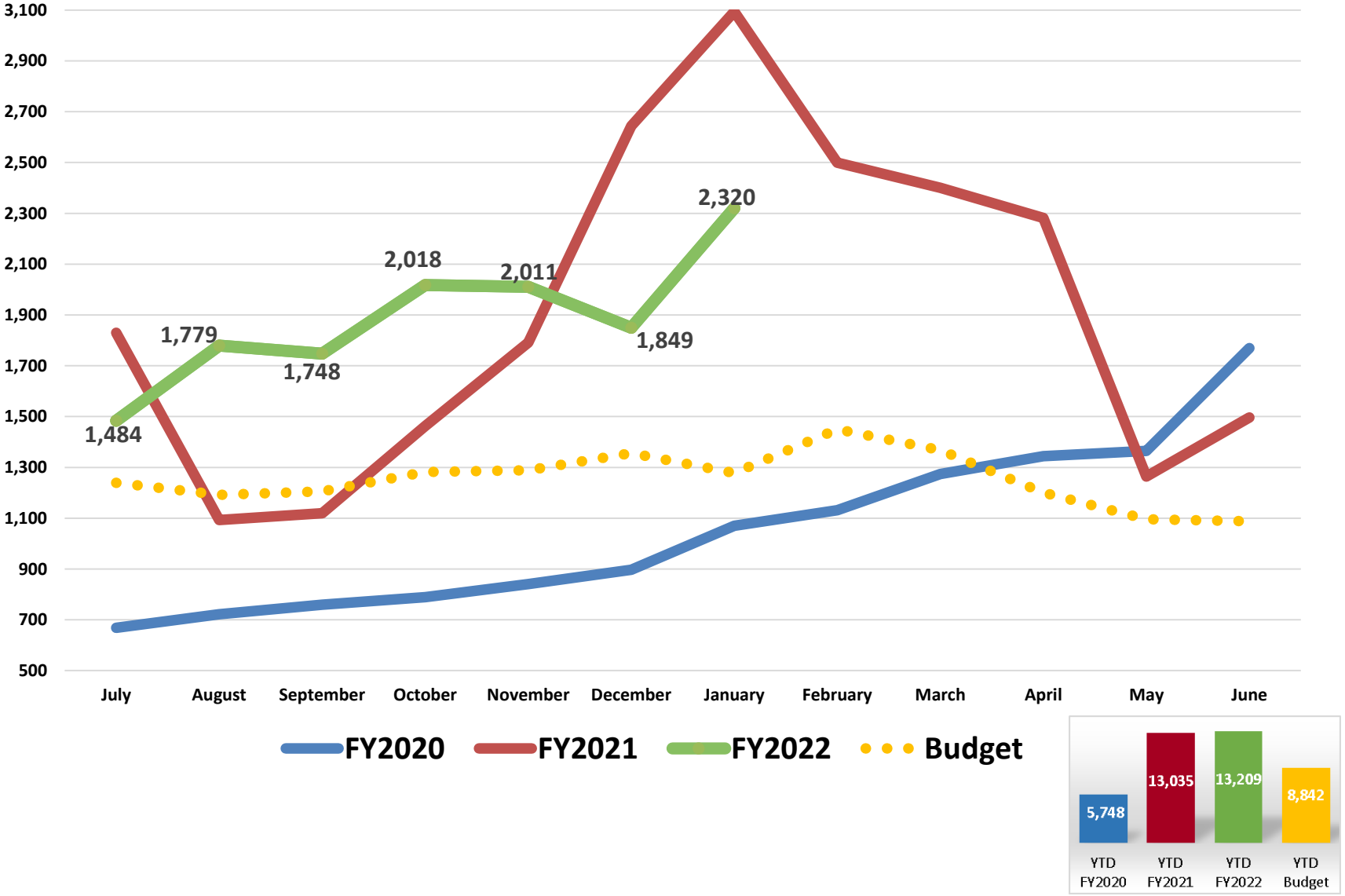




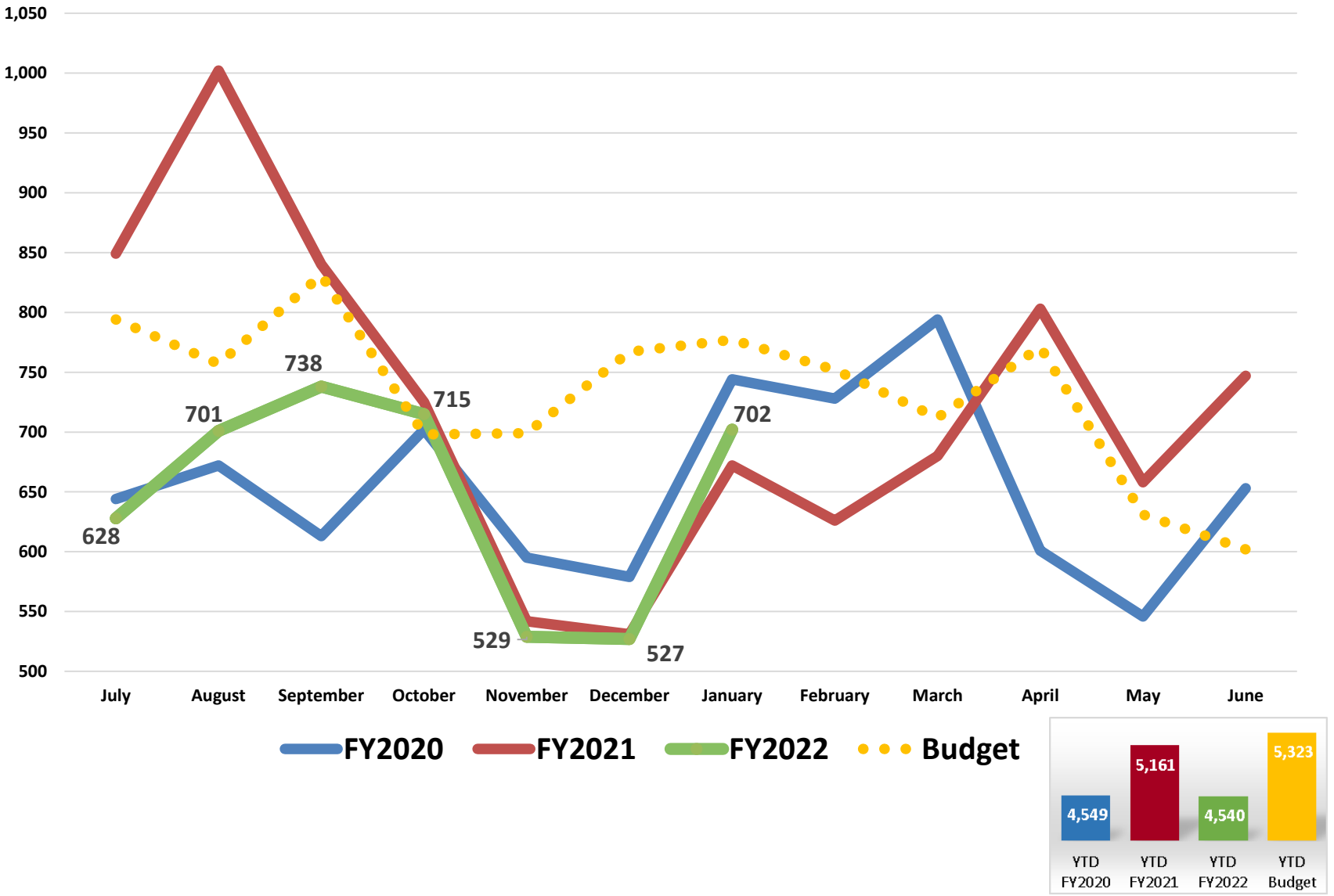
Exeter RHC - Registrations



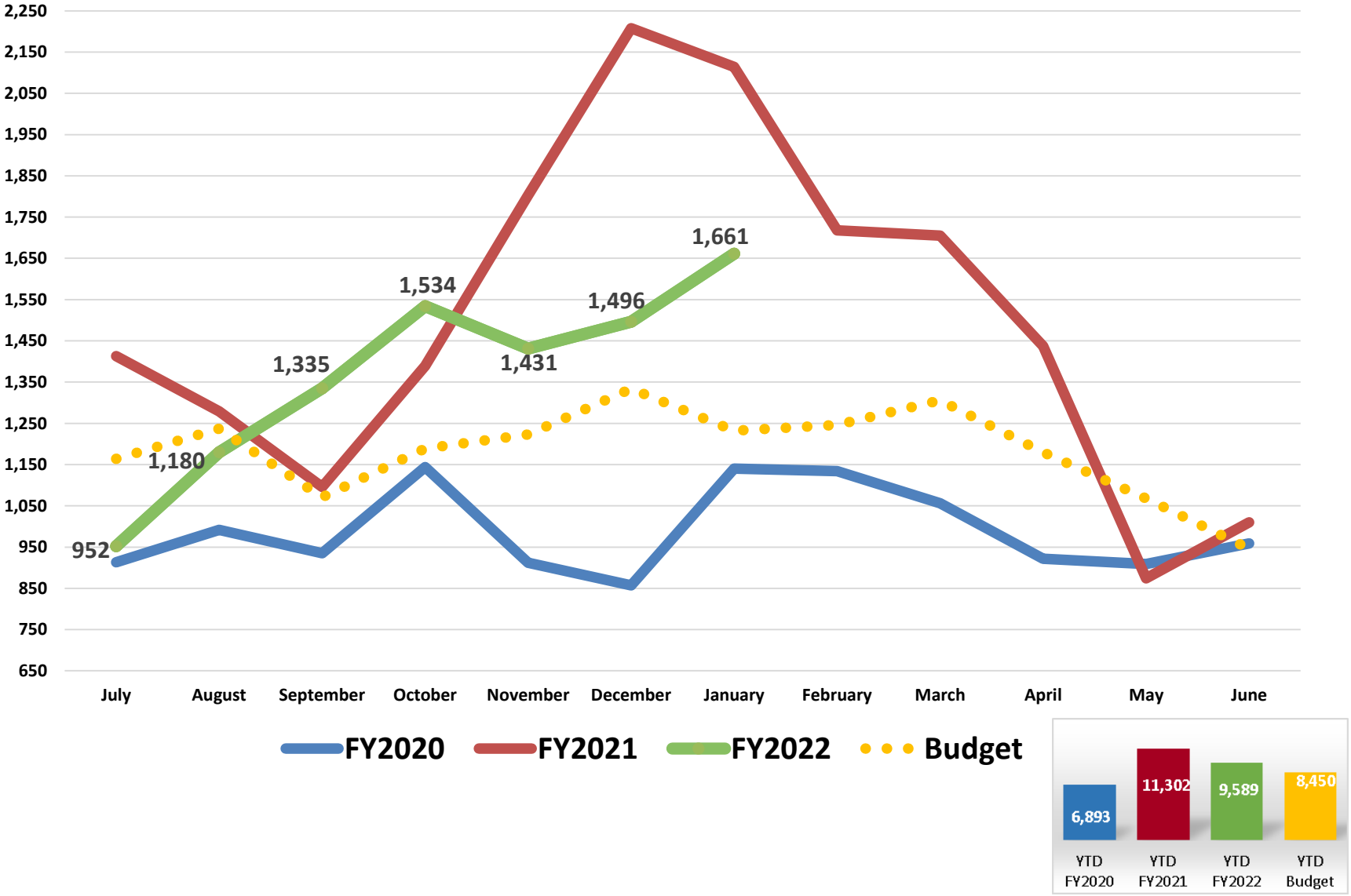
Lindsay RHC - Registrations



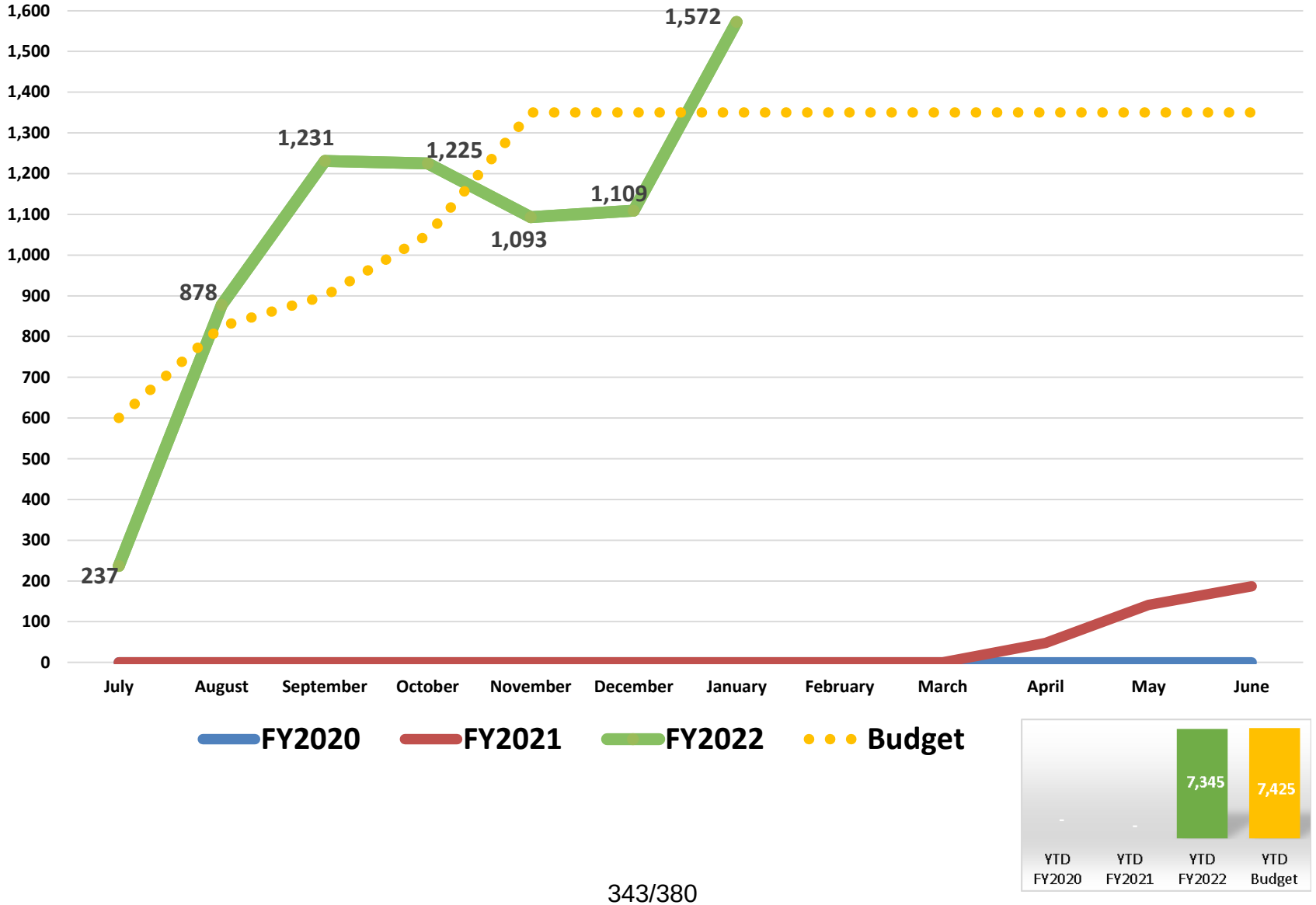
Woodlake RHC - Registrations



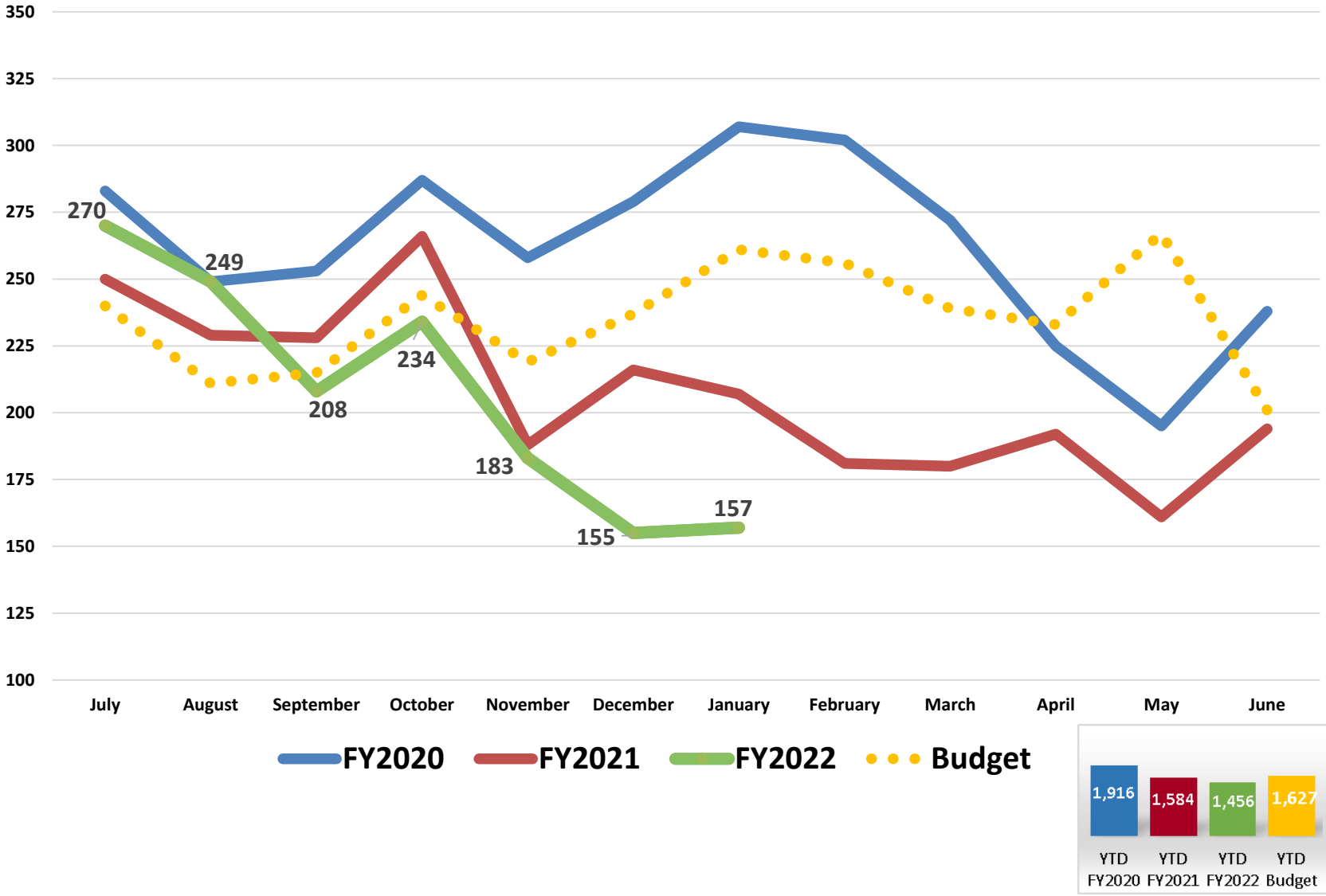
Dinuba RHC - Registrations



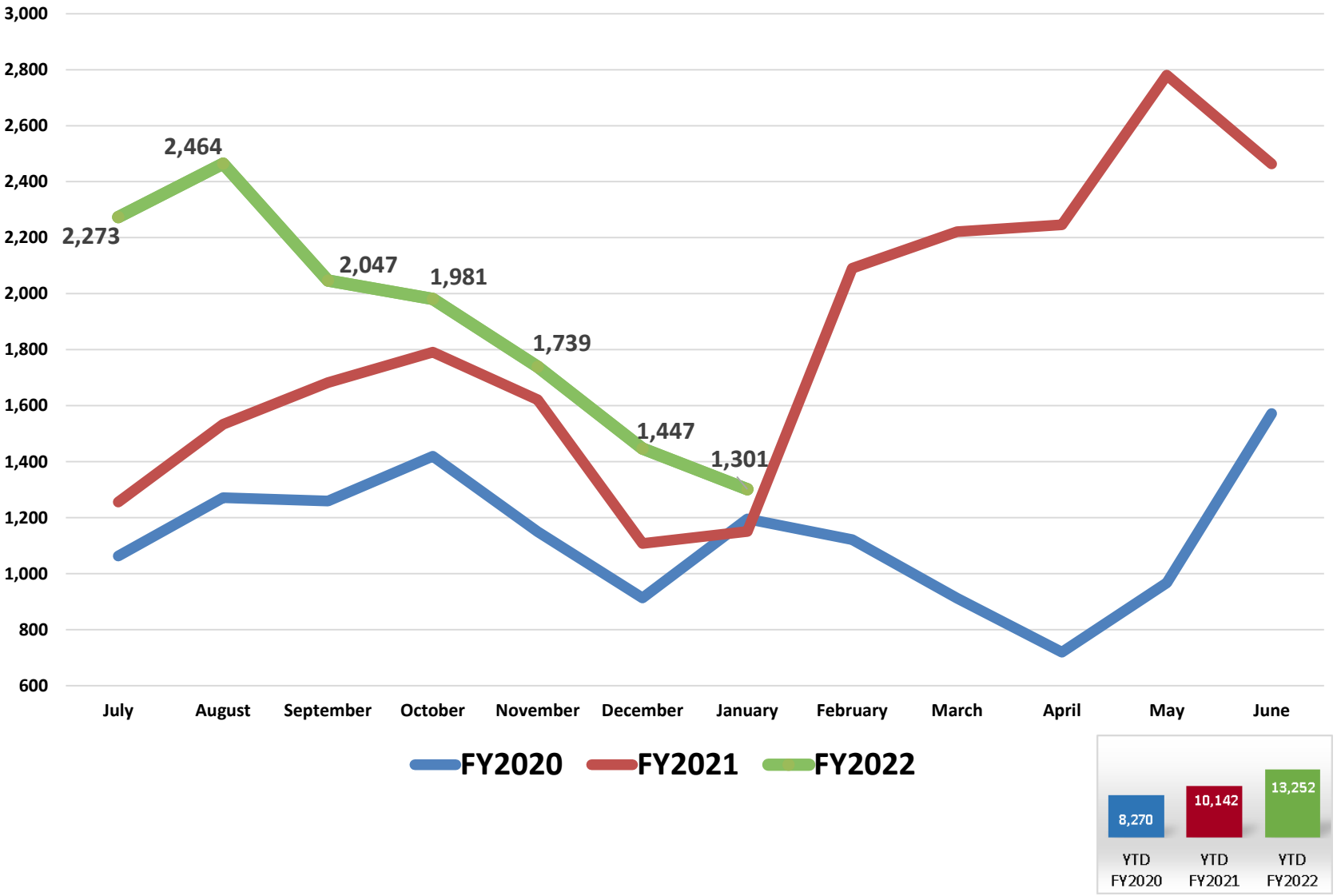
Tulare RHC - Registrations



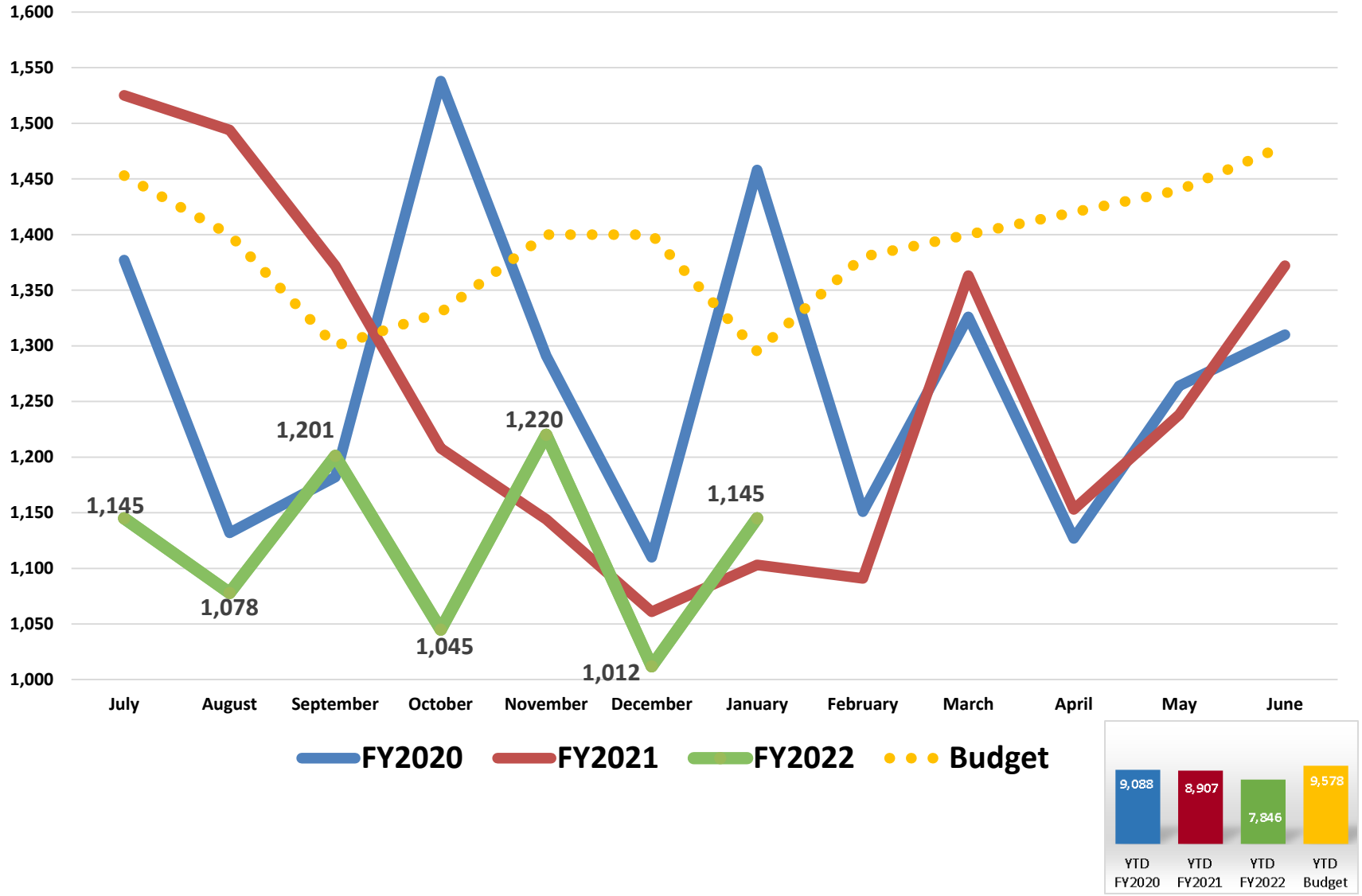
Neurosurgery Clinic - Registrations



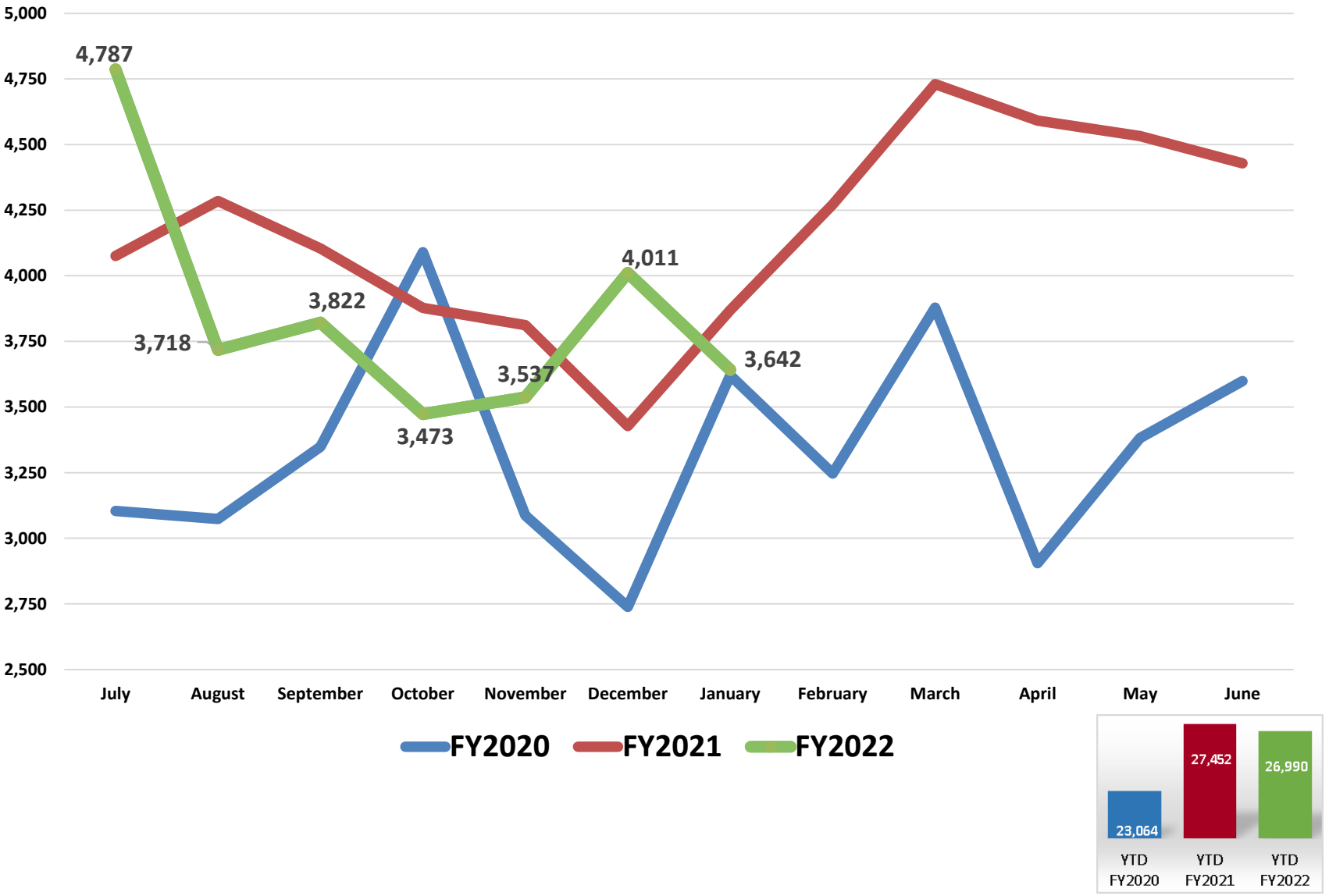
Neurosurgery Clinic - wRVU's



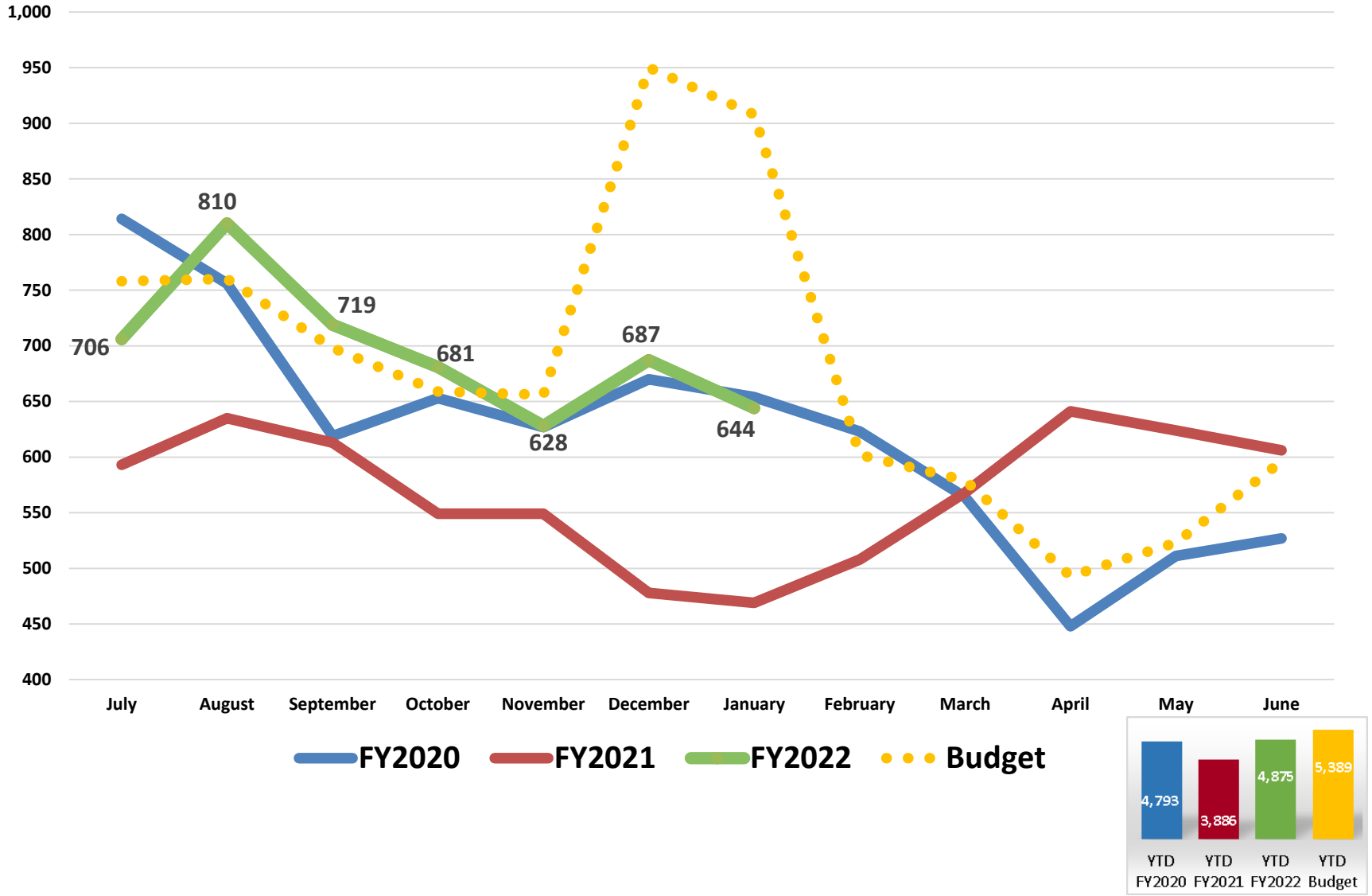
Sequoia Cardiology - Registrations



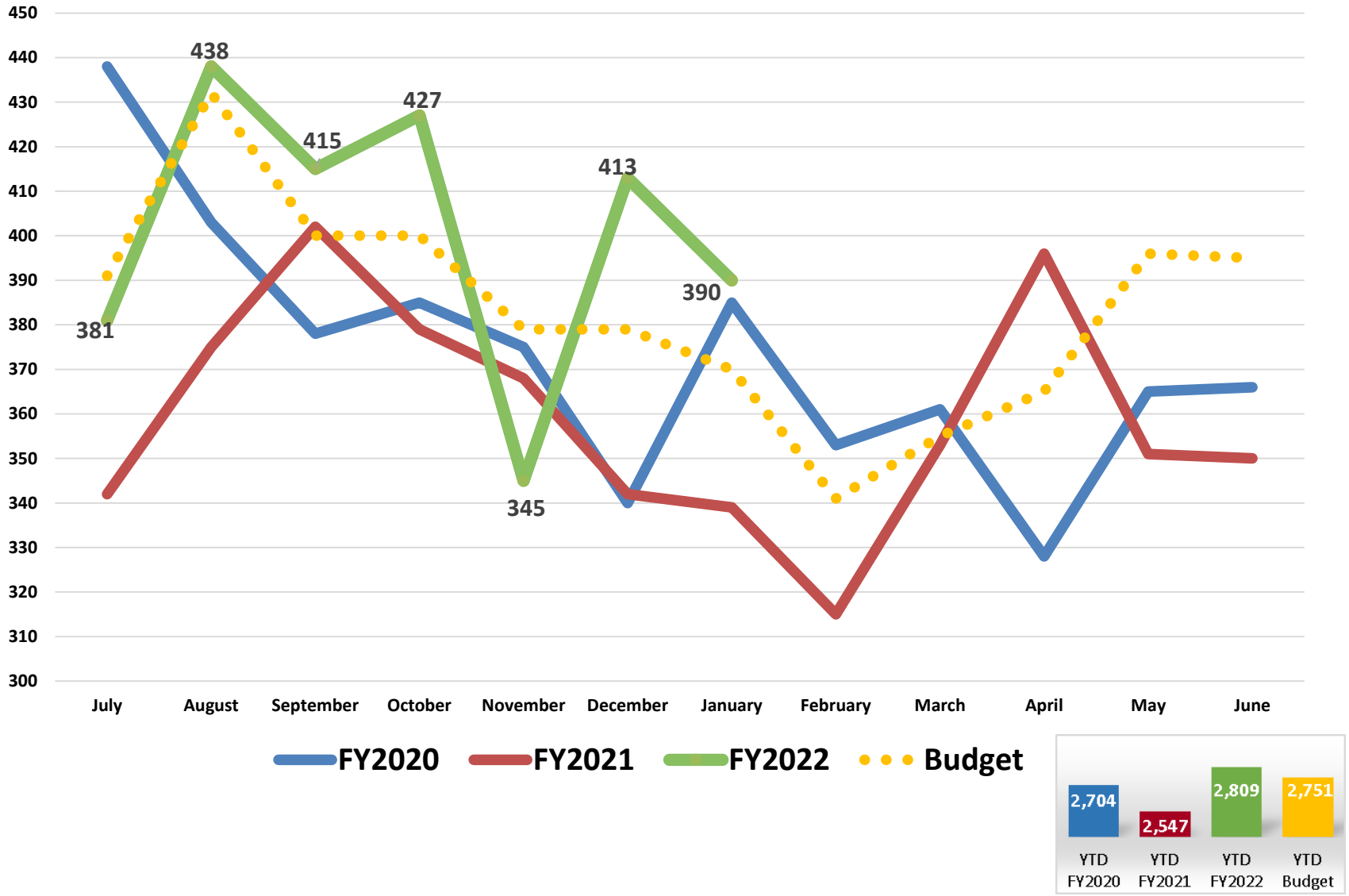
Sequoia Cardiology – wRVU's



Labor Triage Registrations



Deliveries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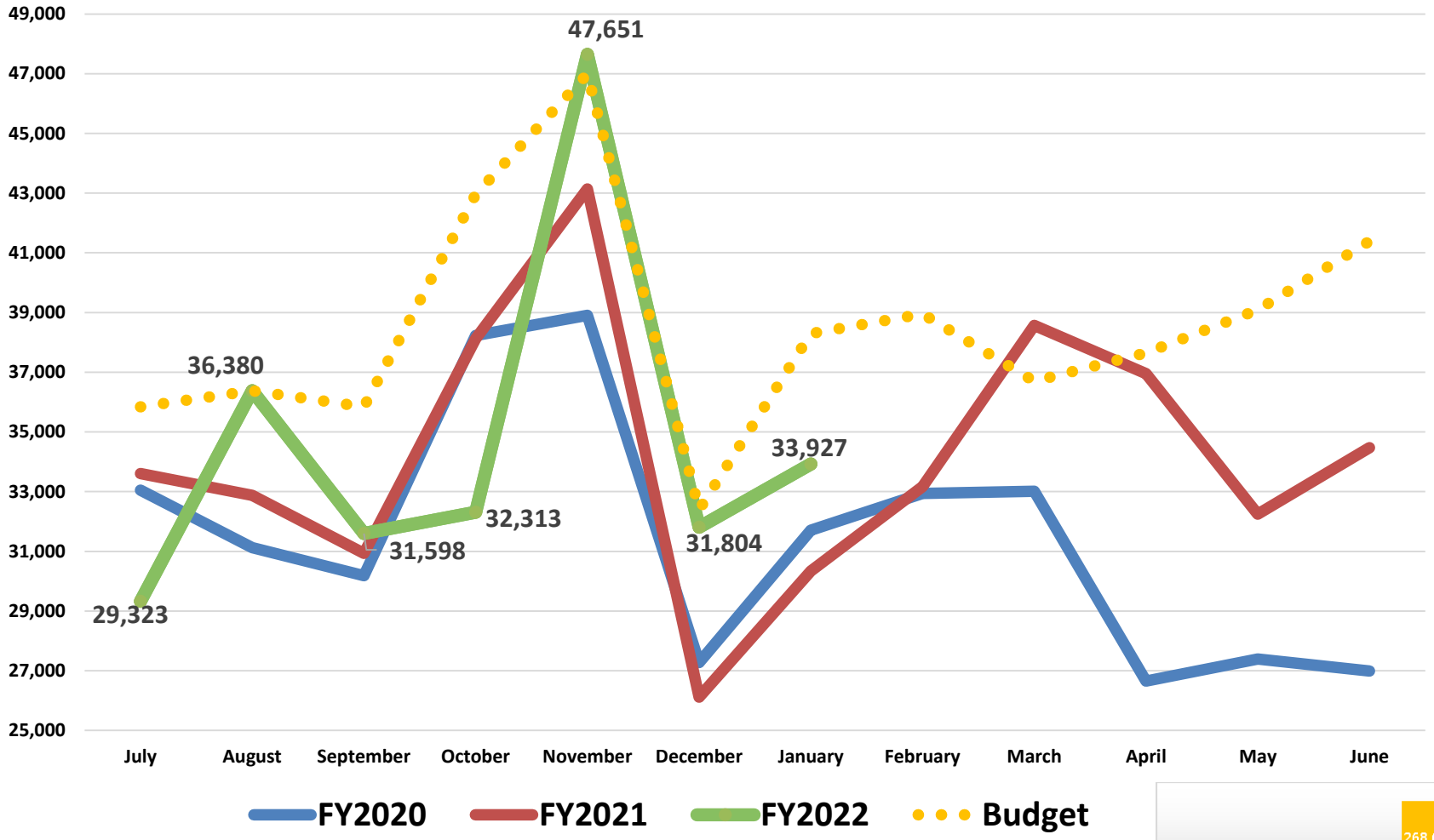
July
August
September
October
November
December
January
February
March
April
May
June
FY2020
FY2021
FY2022
Budget
2,704
2,547
2,809
2,751
YTD FY2020
YTD FY2021
YTD FY2022
YTD Budget

KHMG RVU's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47,000
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August
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October
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January
February
March
April
May
June
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33,927
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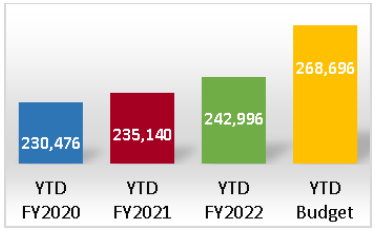
29,323
FY2020
FY2021
FY2022
Budget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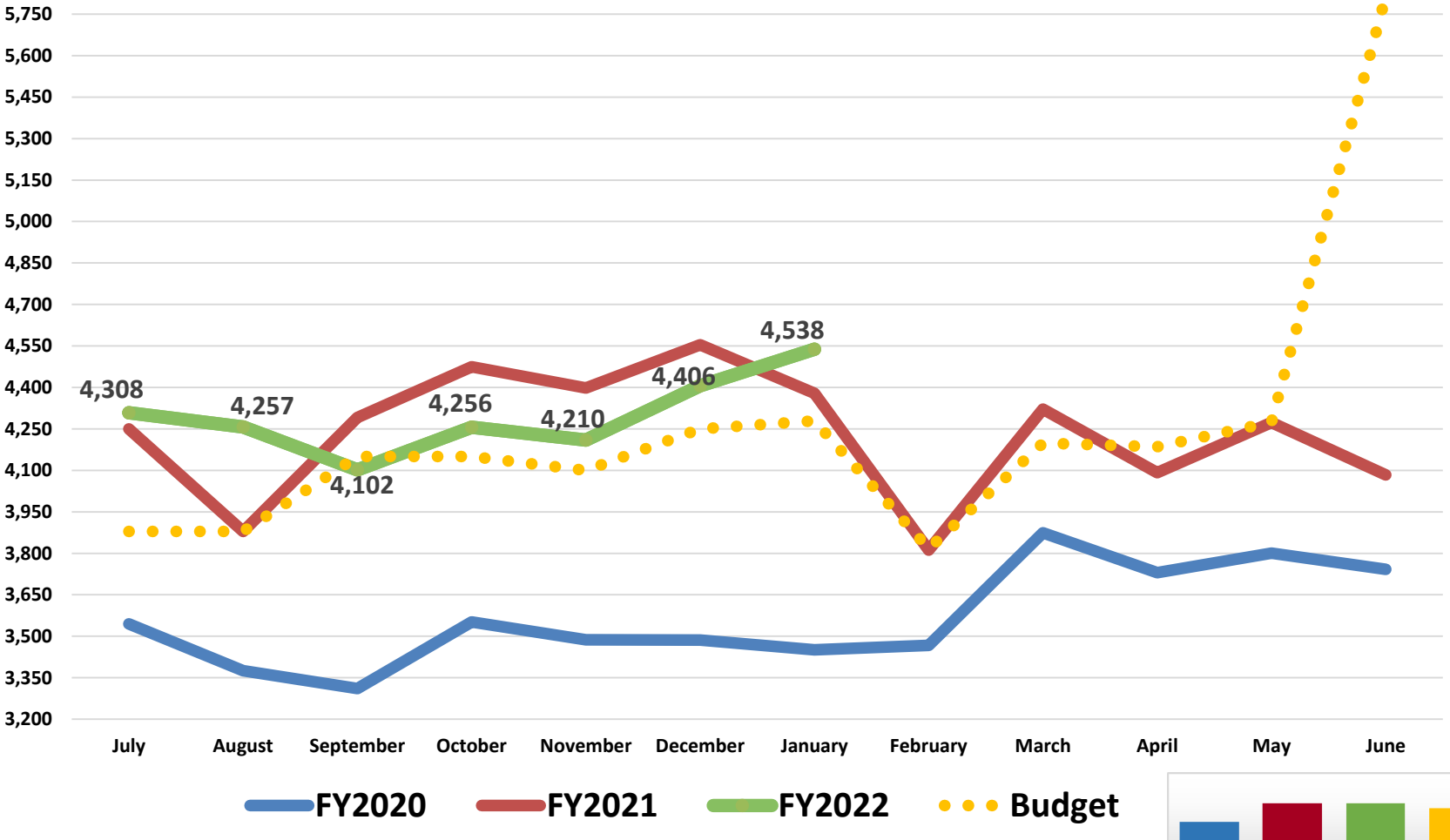
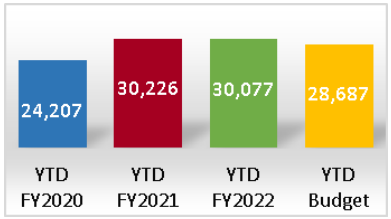
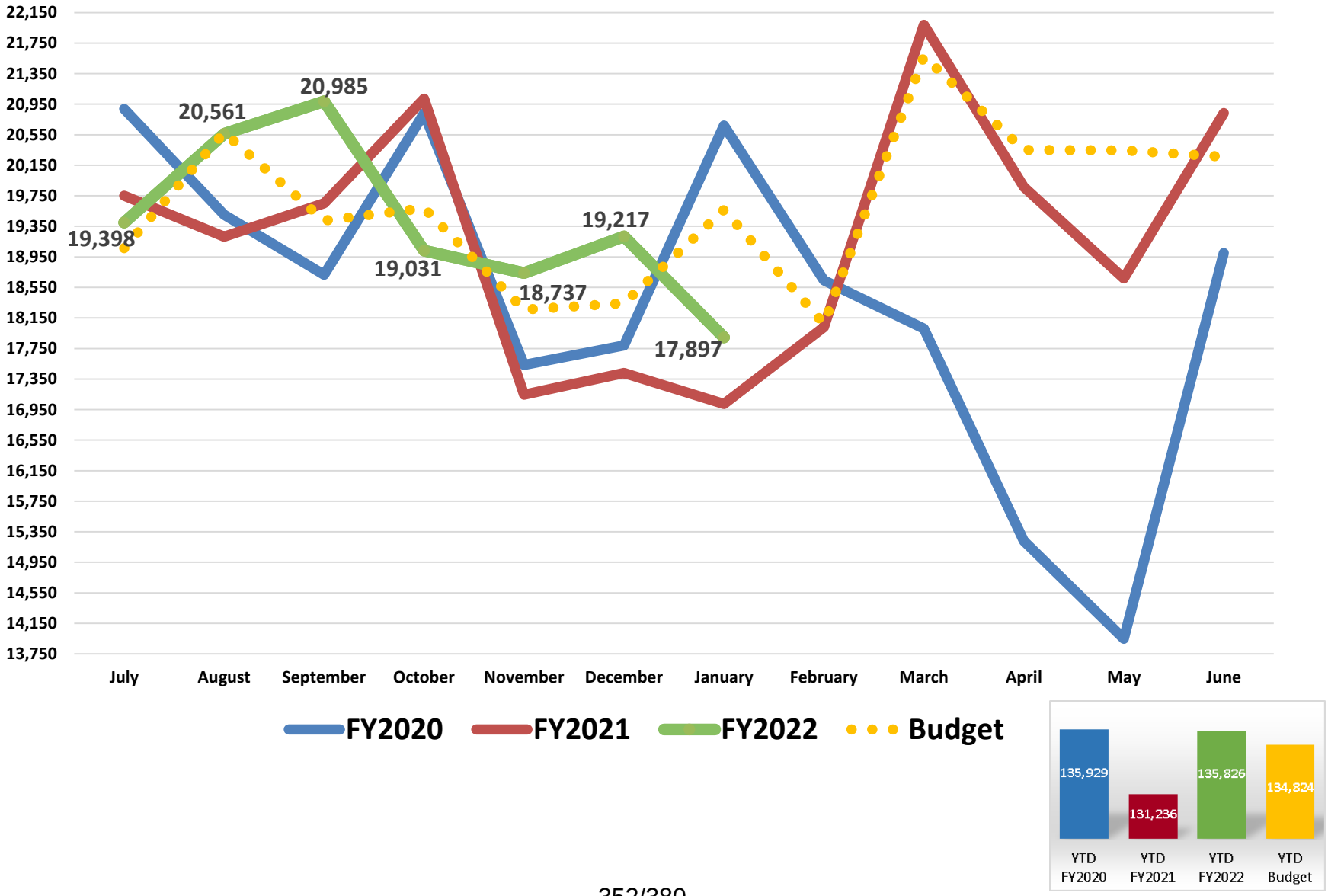
YTD FY2020
YTD FY2021
YTD FY2022
YTD Budget

Hospice Days

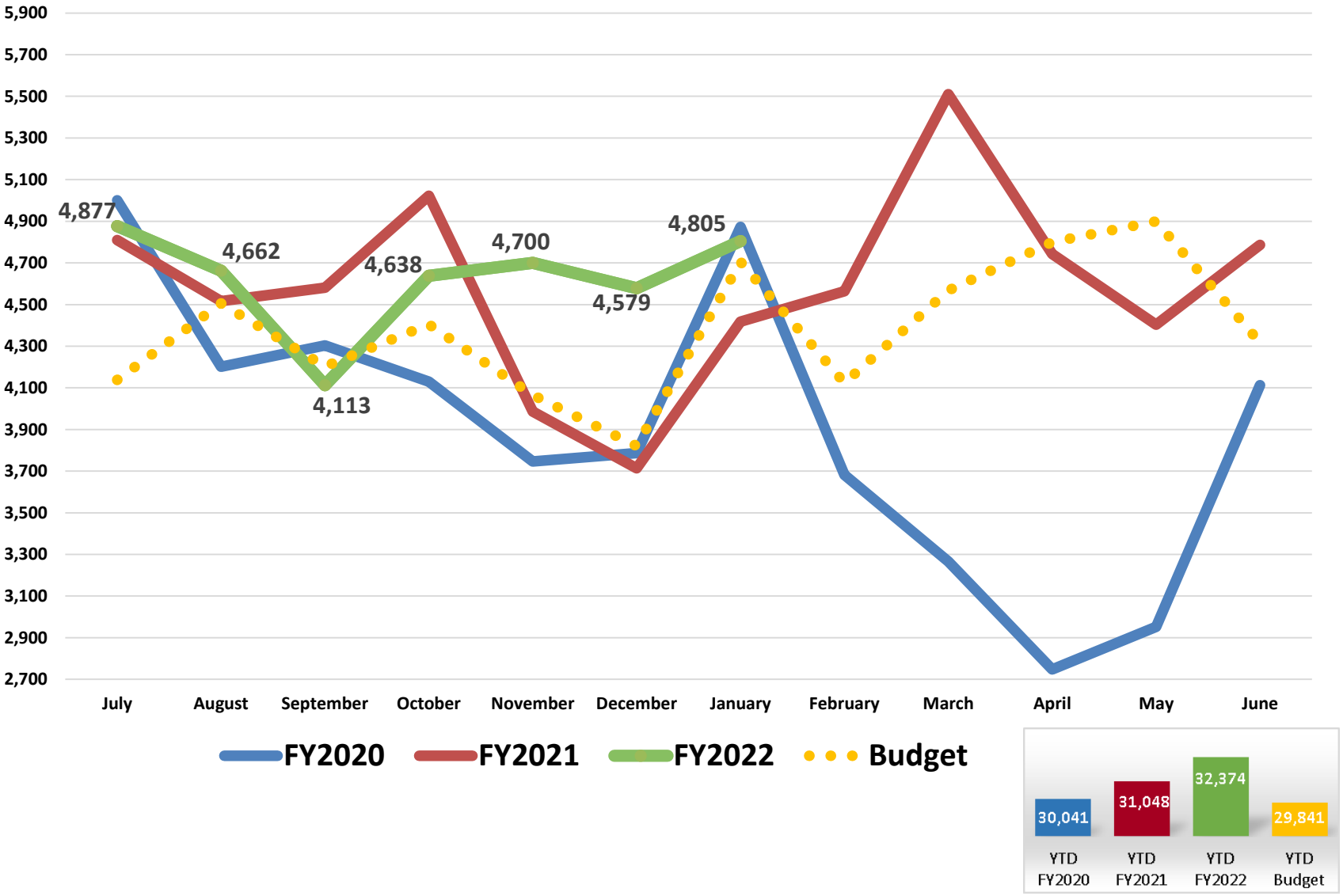




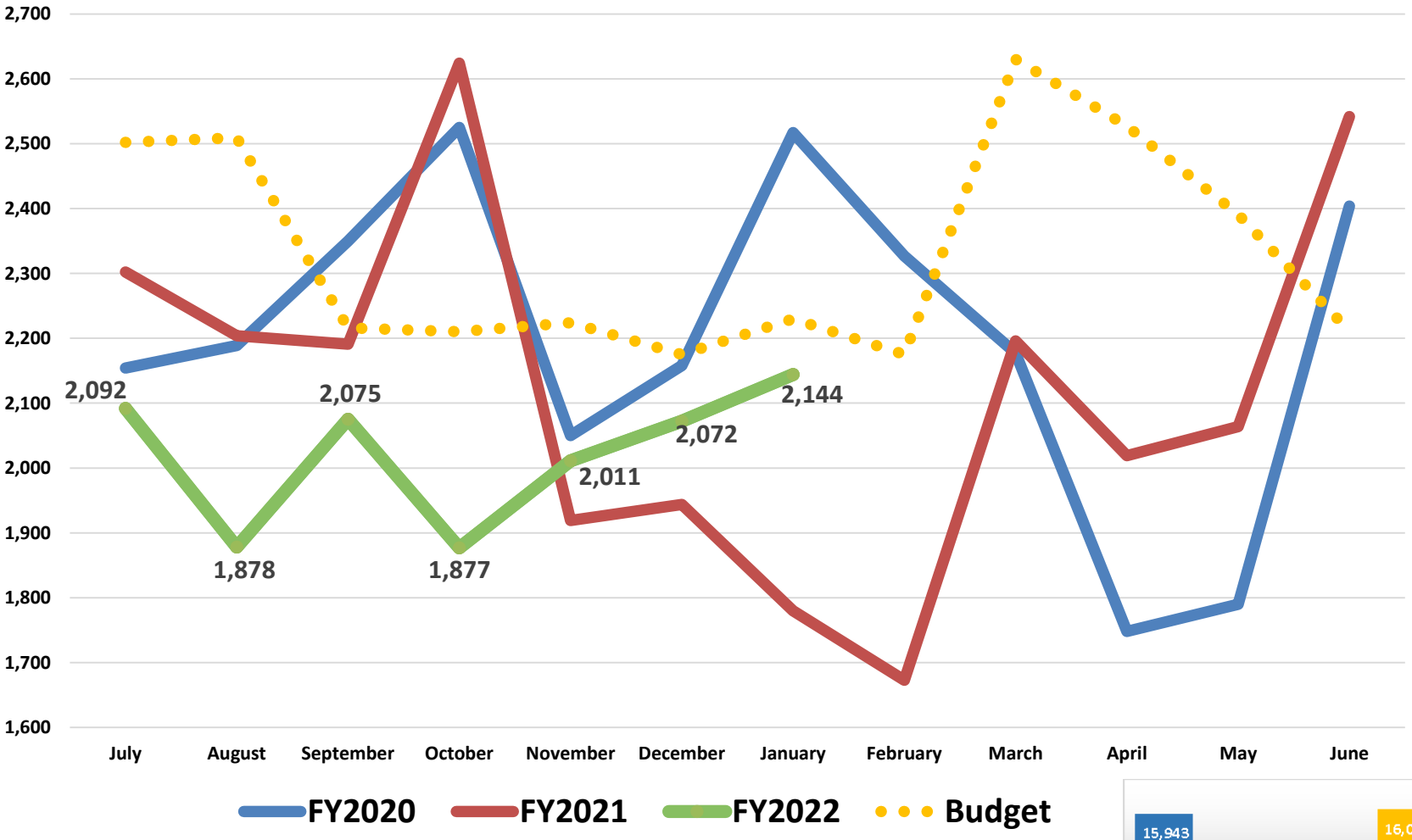
All O/P Rehab Services Across District

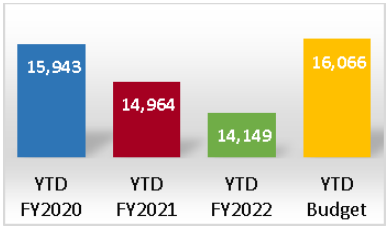


O/P Rehab Services

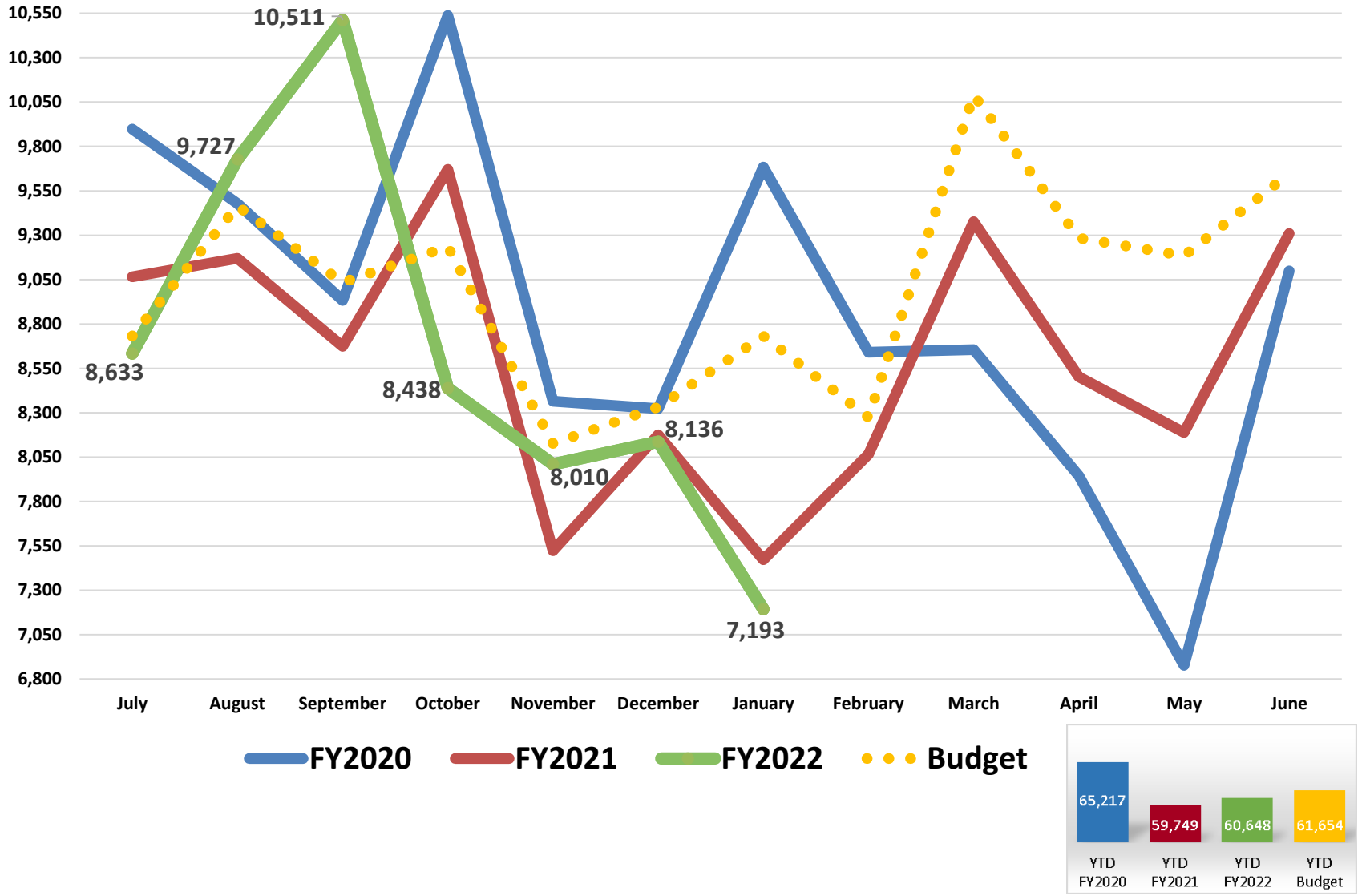


O/P Rehab - Exeter

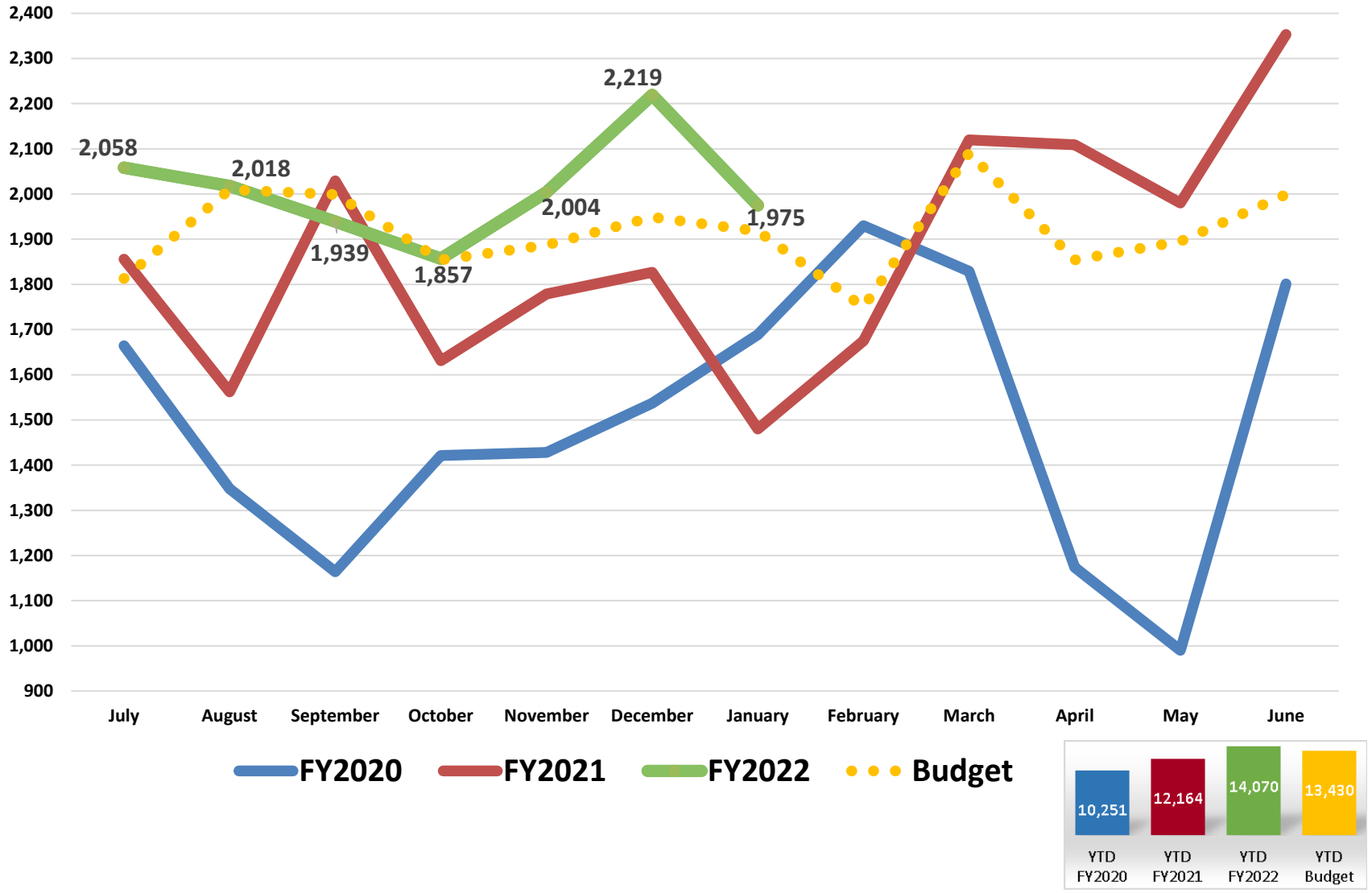




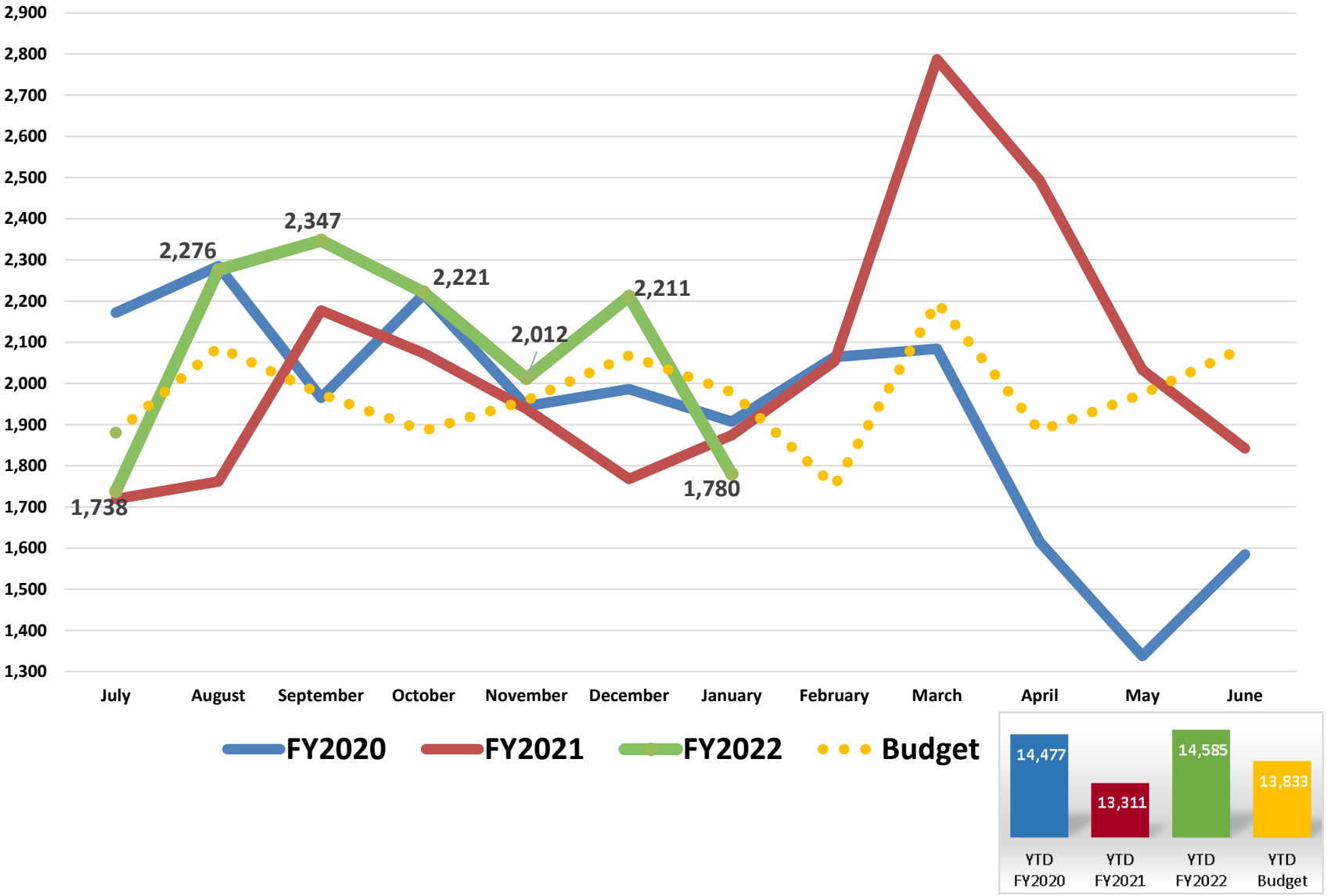
O/P Rehab - Akers



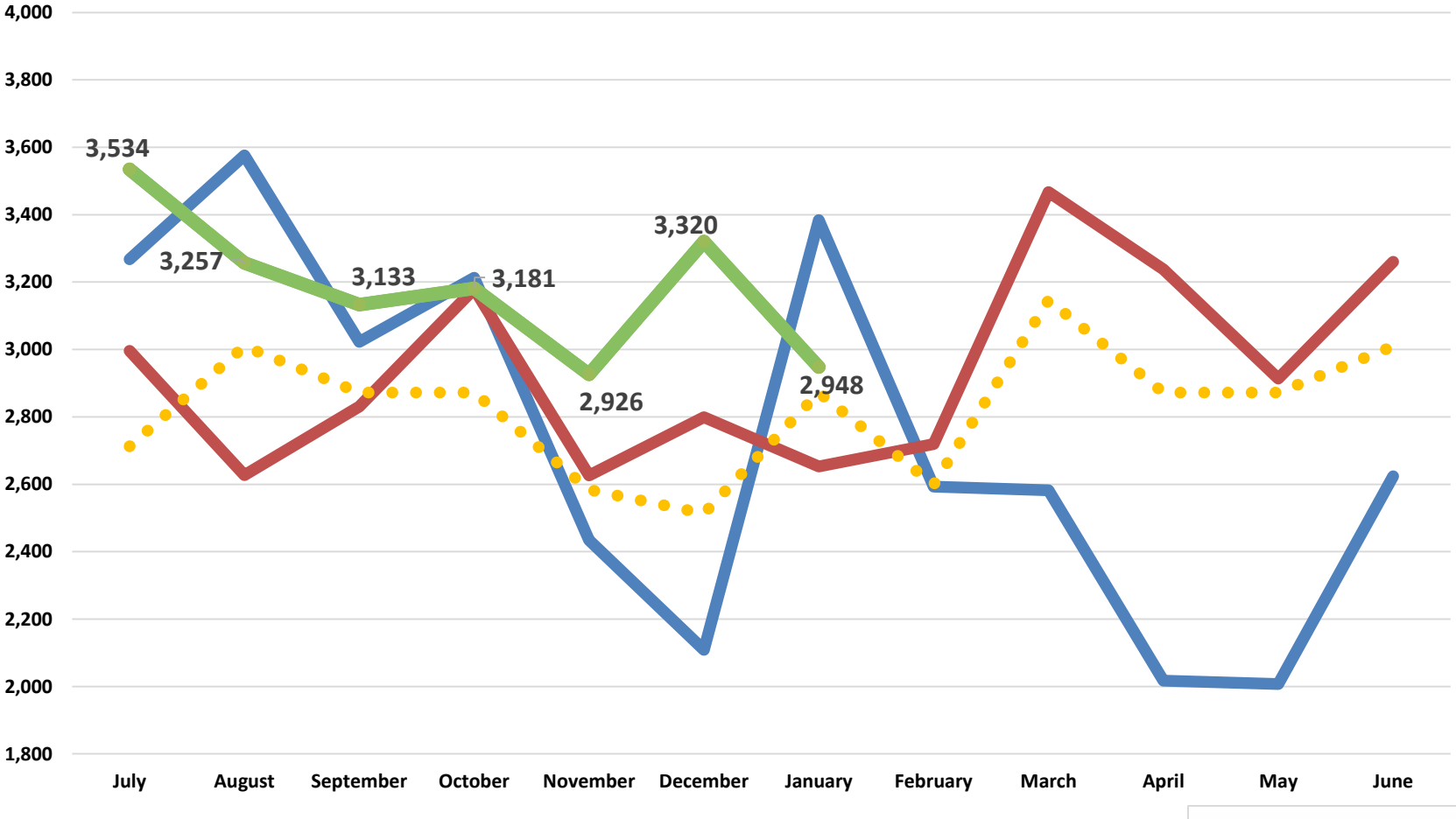
O/P Rehab - LLOPT

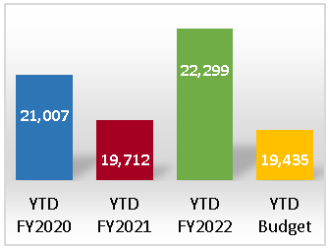


O/P Rehab - Dinuba

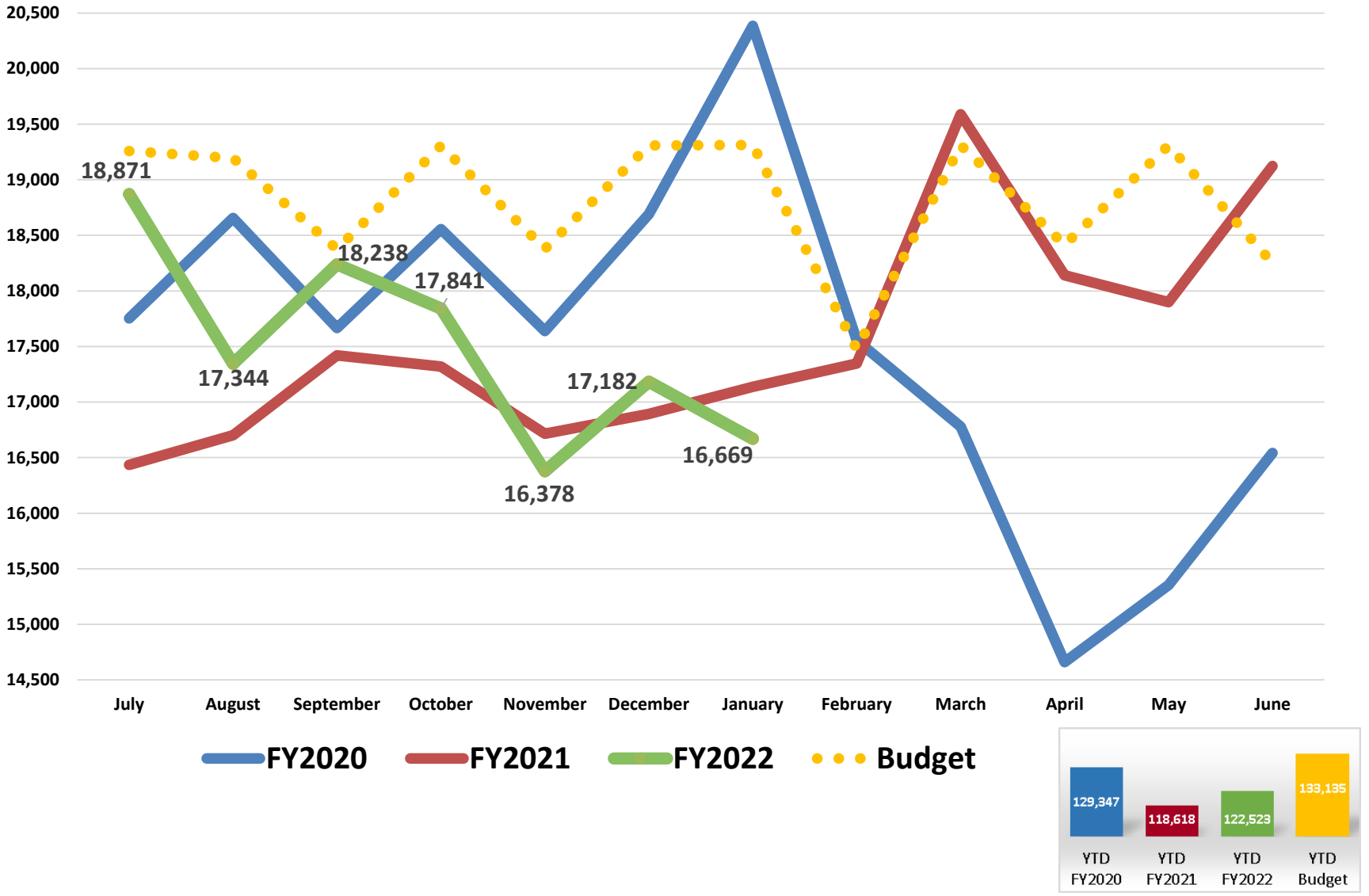


Therapy - Cypress Hand Center

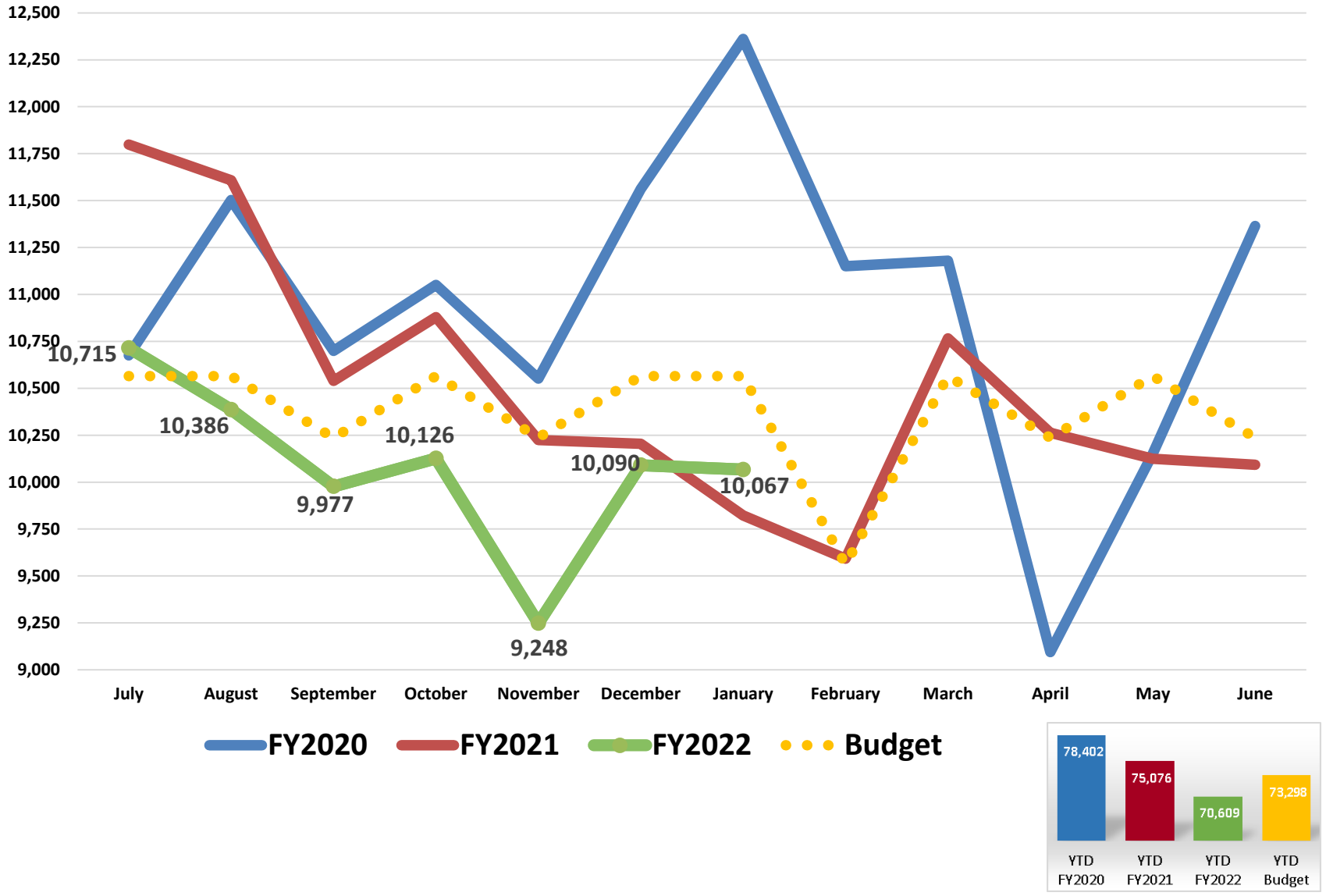




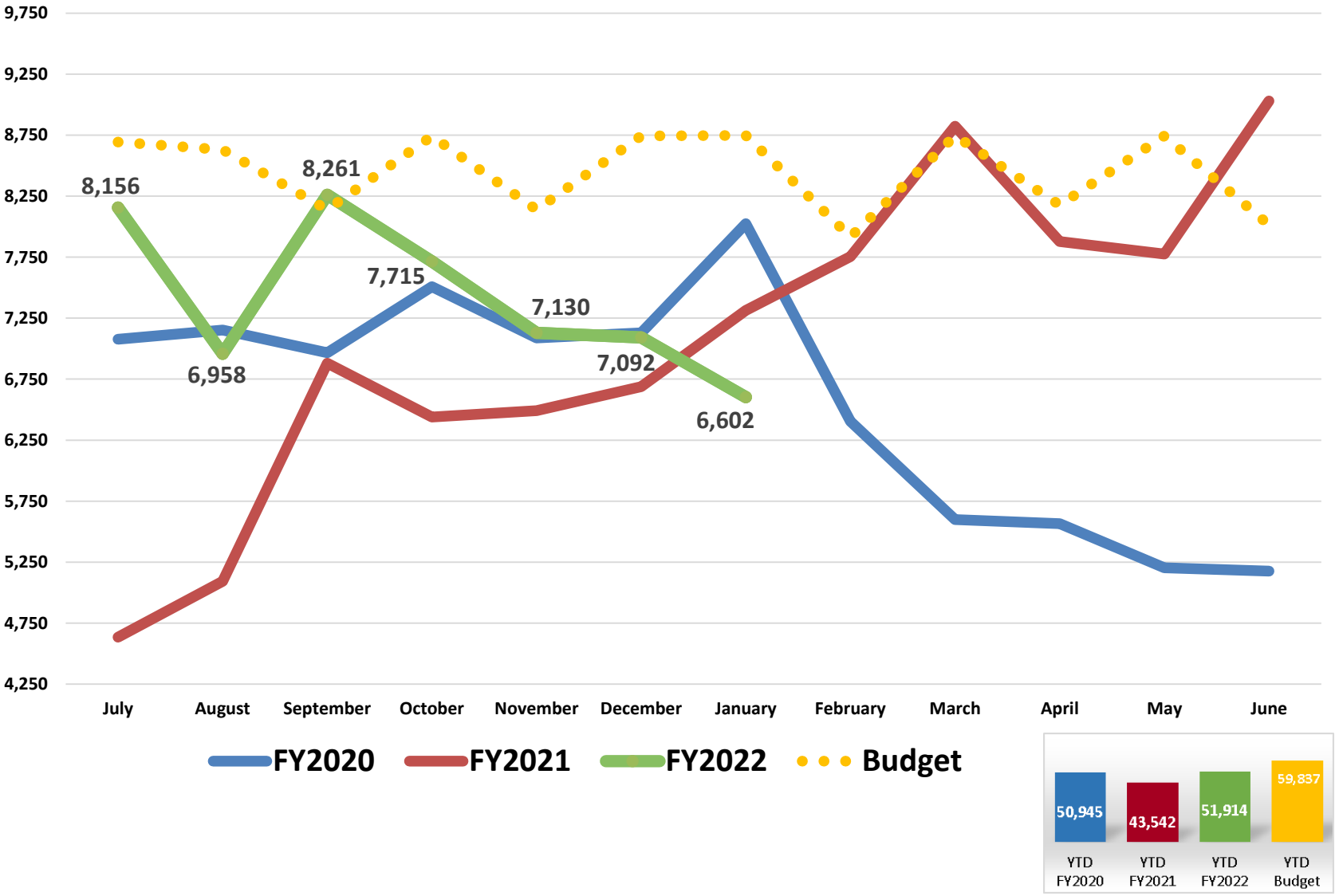
Physical & Other Therapy Units (I/P & O/P)



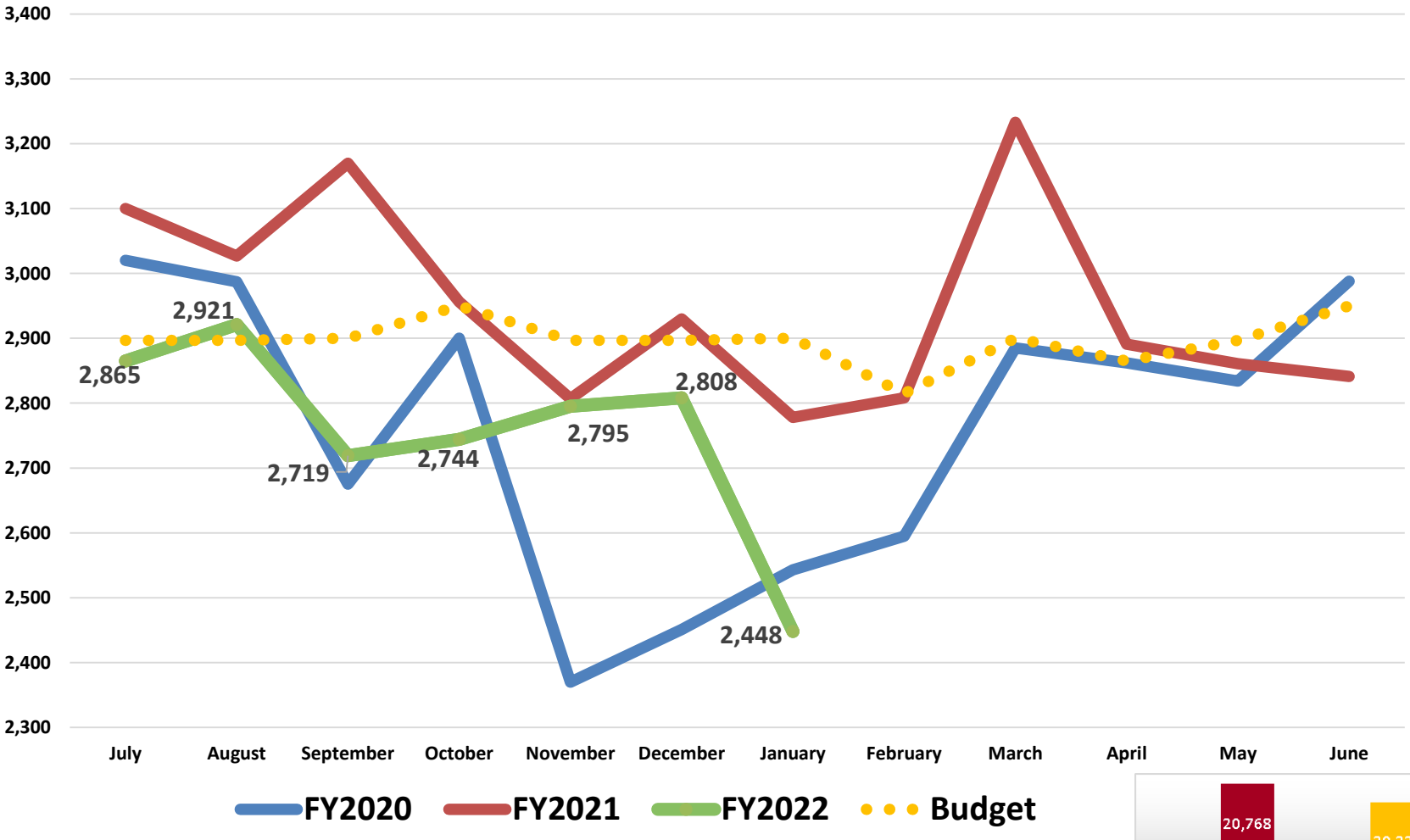
Physical & Other Therapy Units (I/P & O/P)-Main Campus

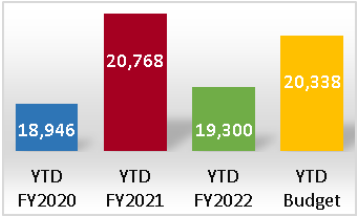


Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus

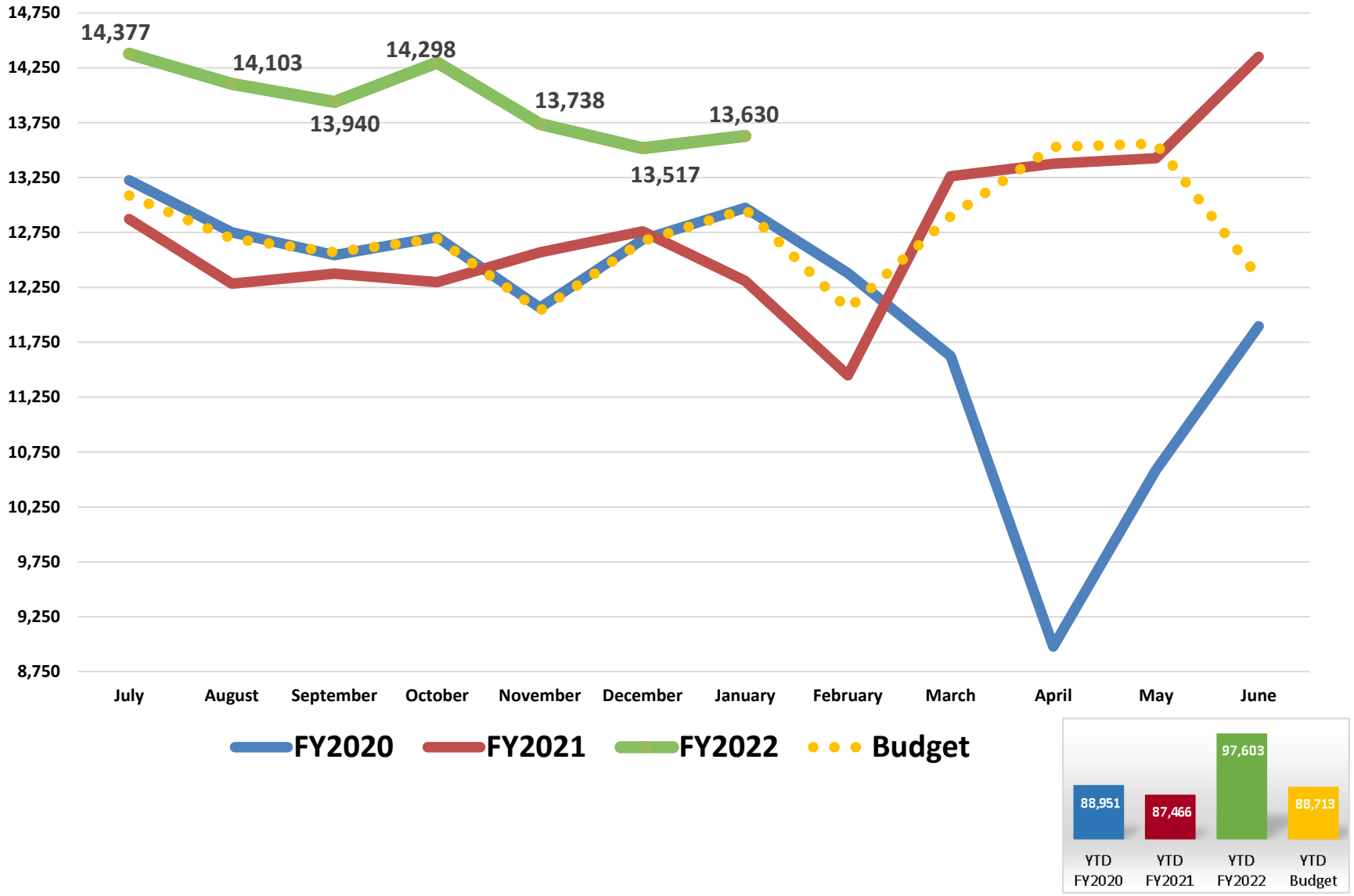


Home Health Visits

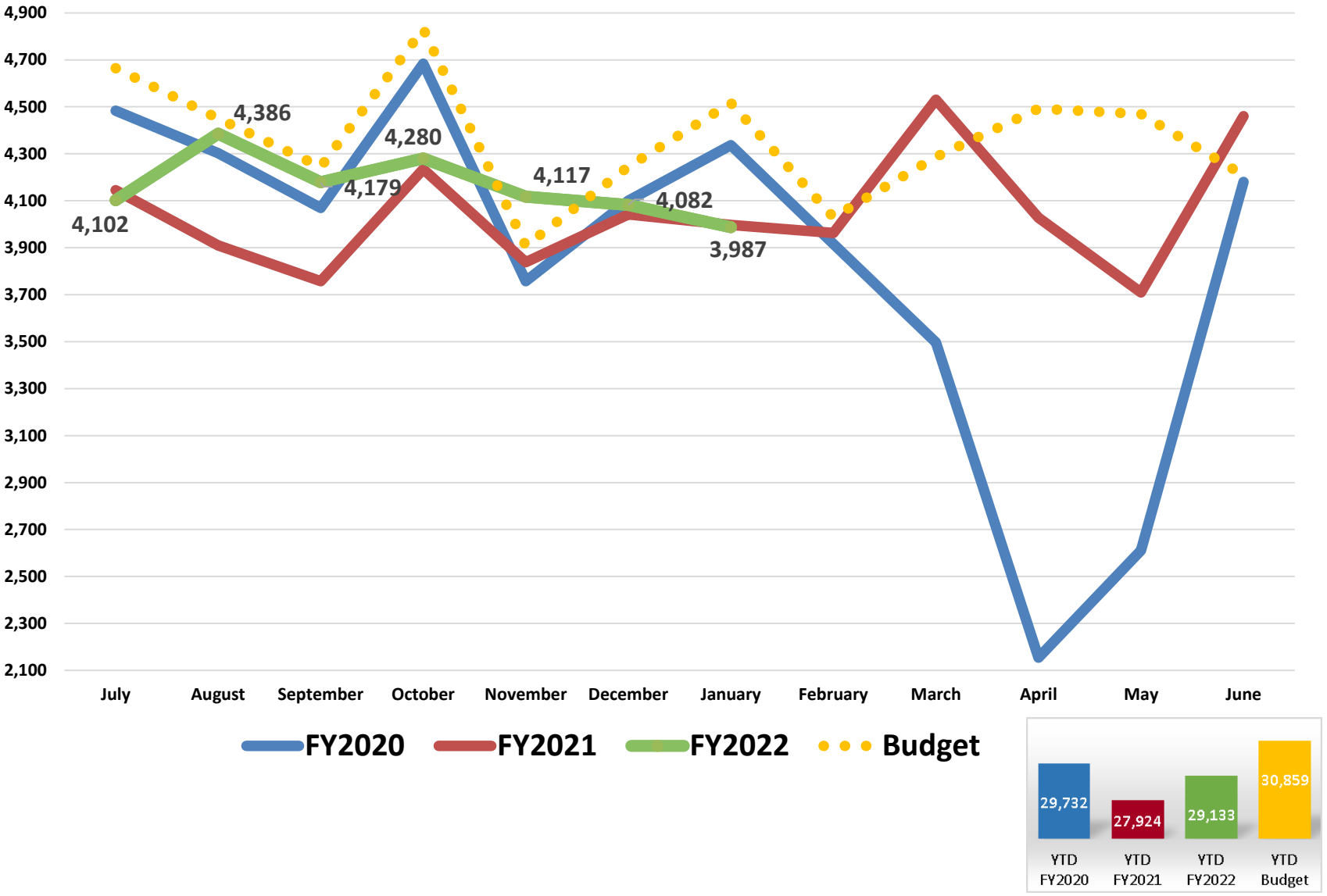




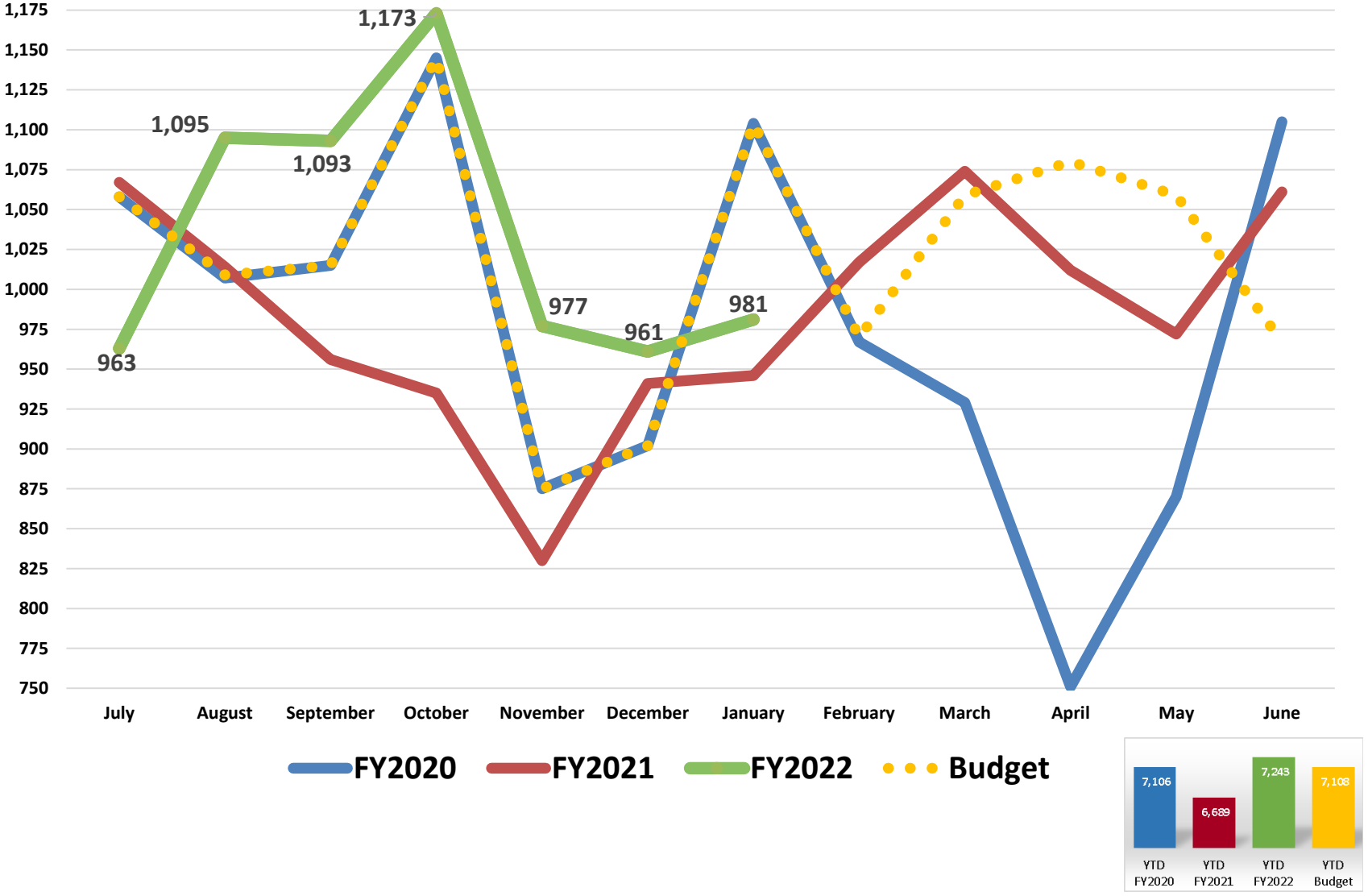
Radiology – Main Campus



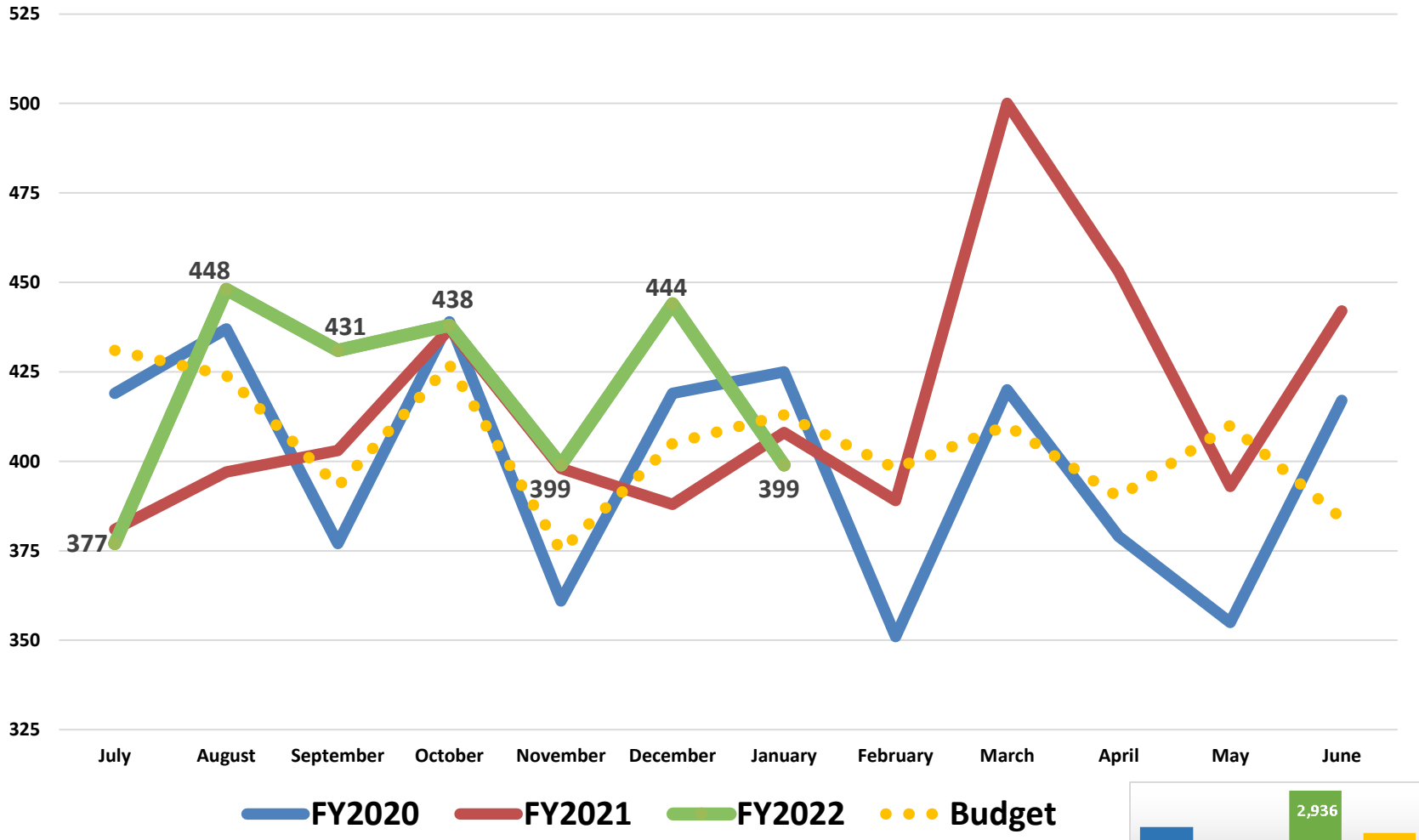
Radiology – West Campus Imaging

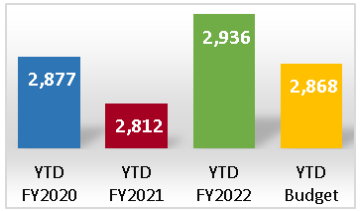


West Campus – Diagnostic Radiology

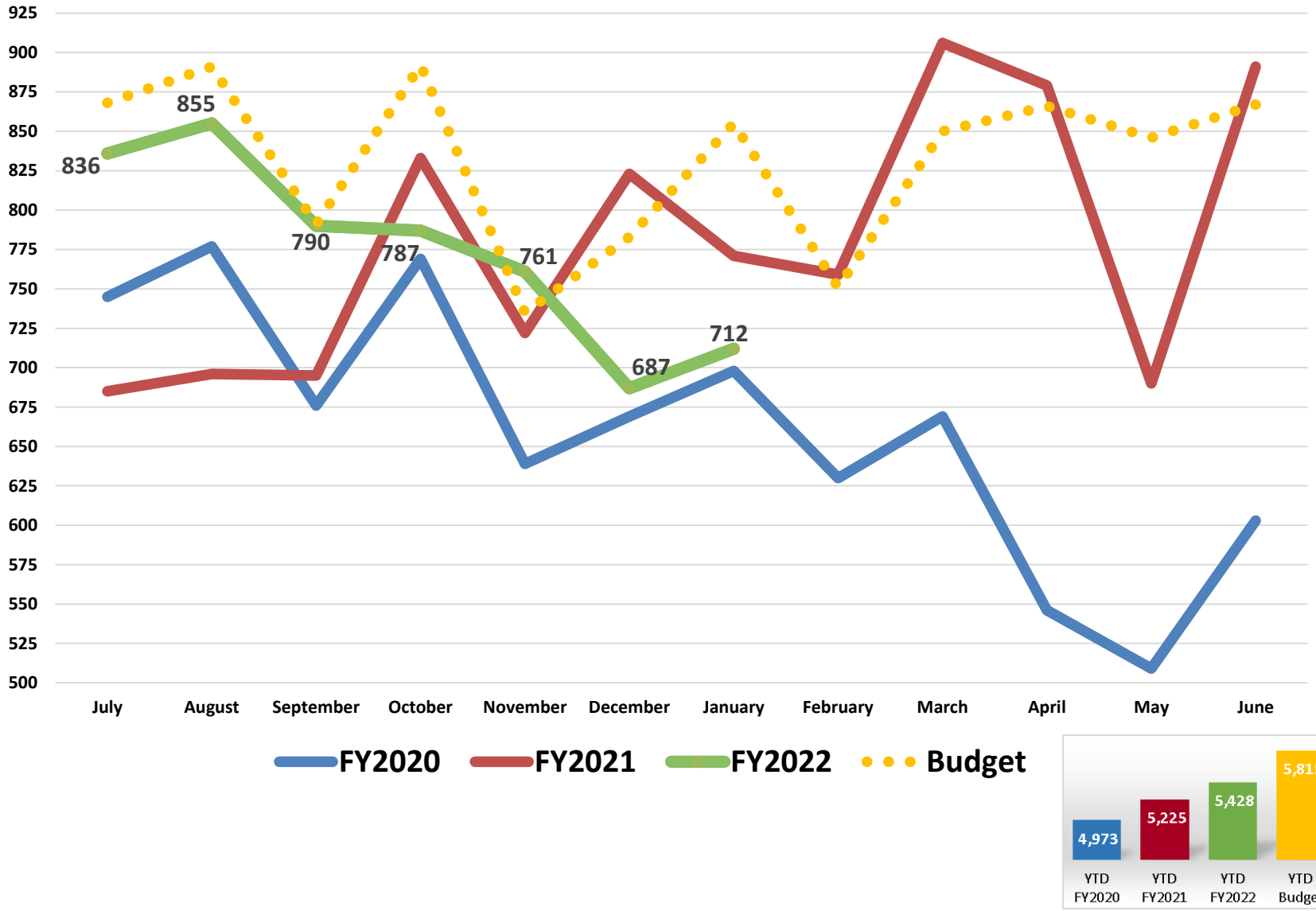


West Campus – CT Scan

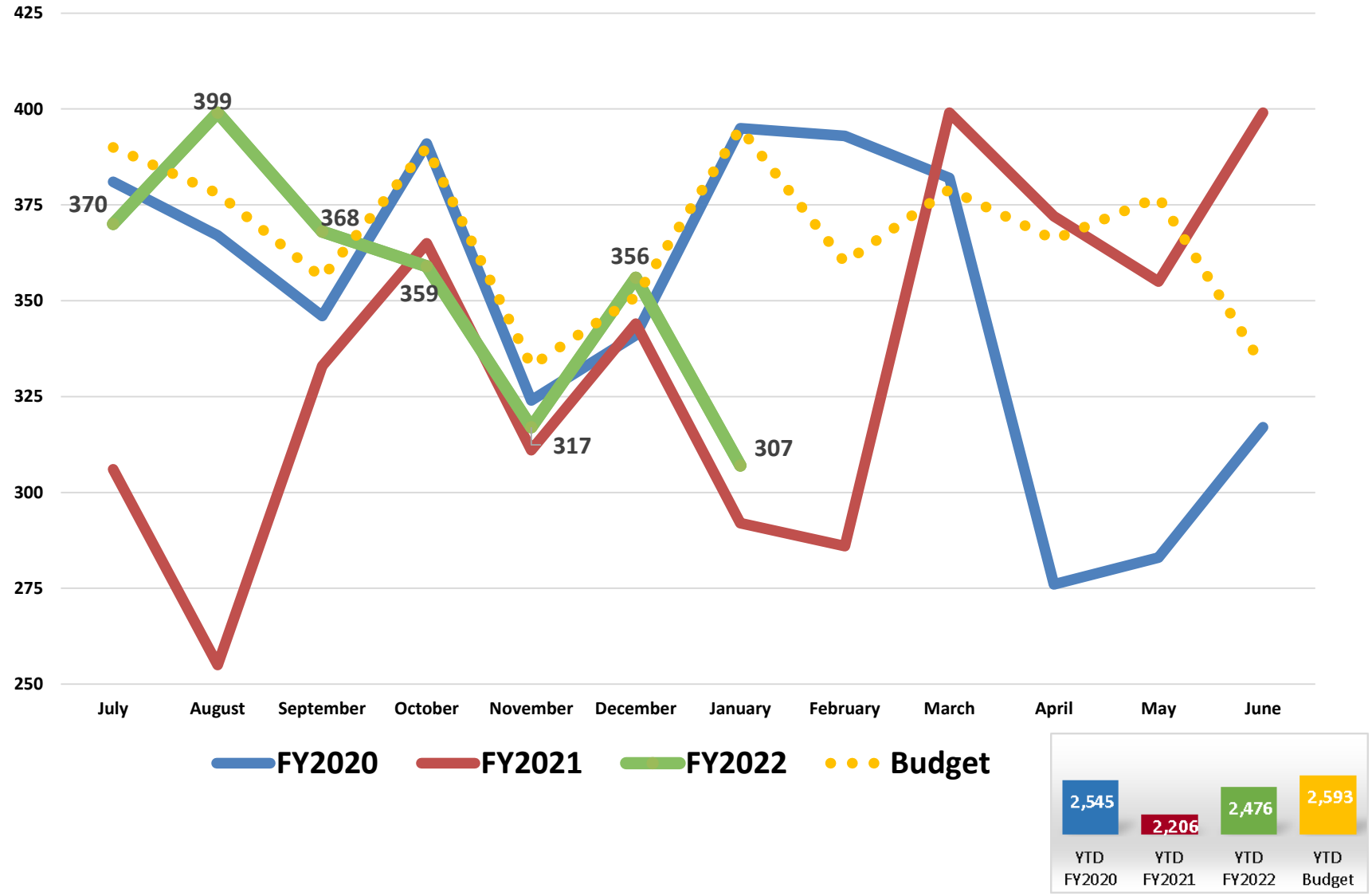




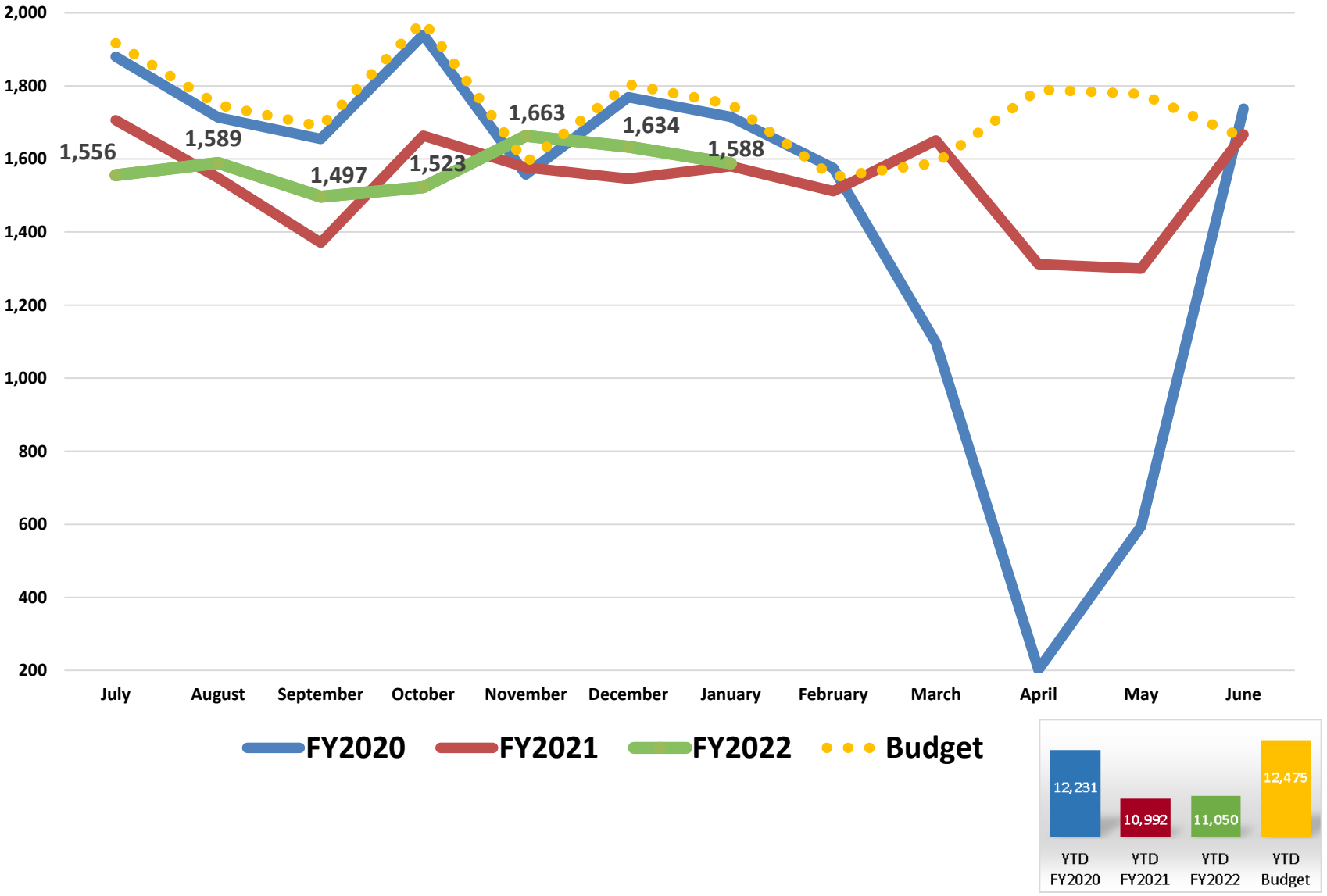
West Campus - Ultrasound



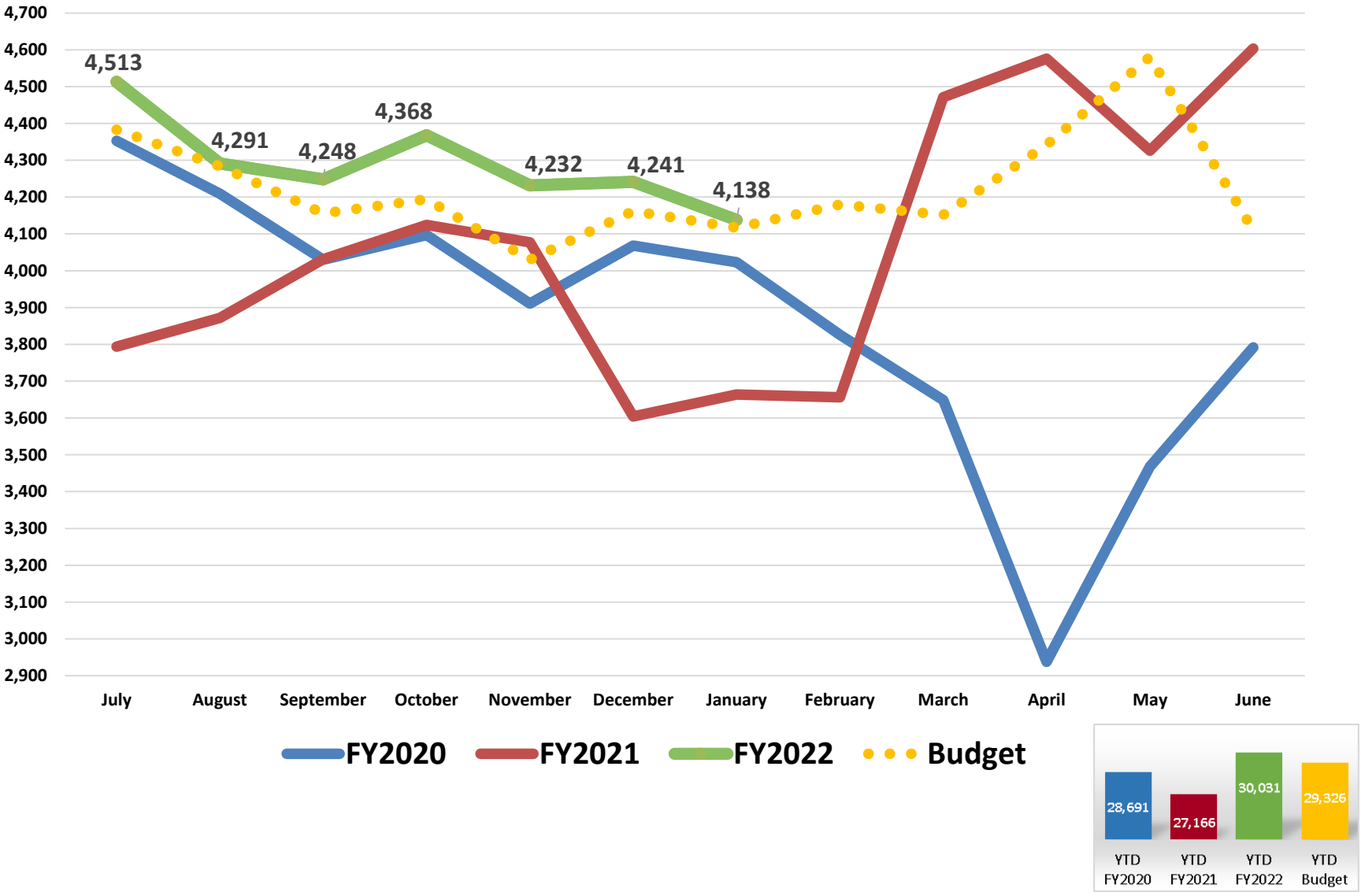
West Campus - MRI



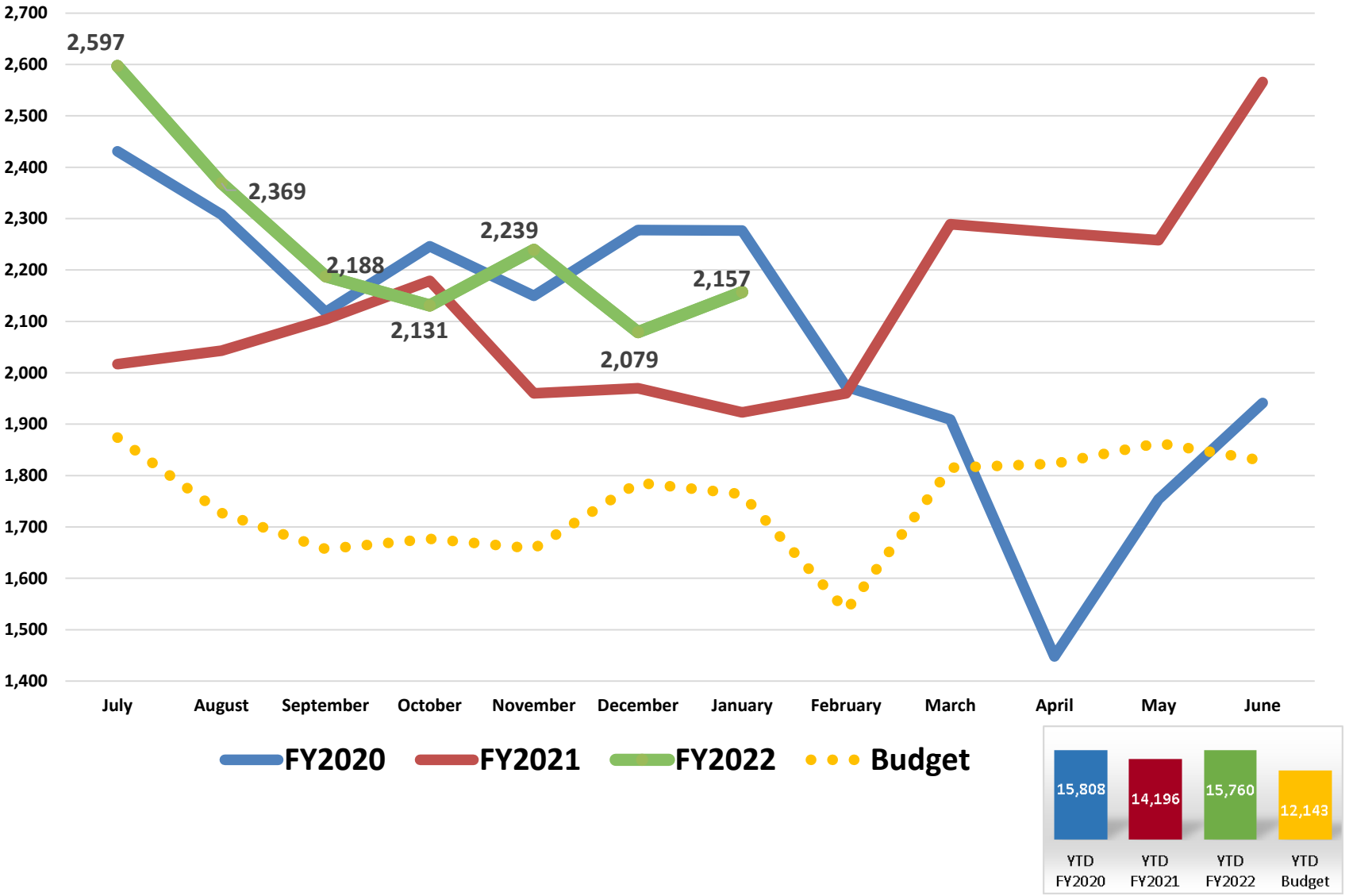
West Campus – Breast Center



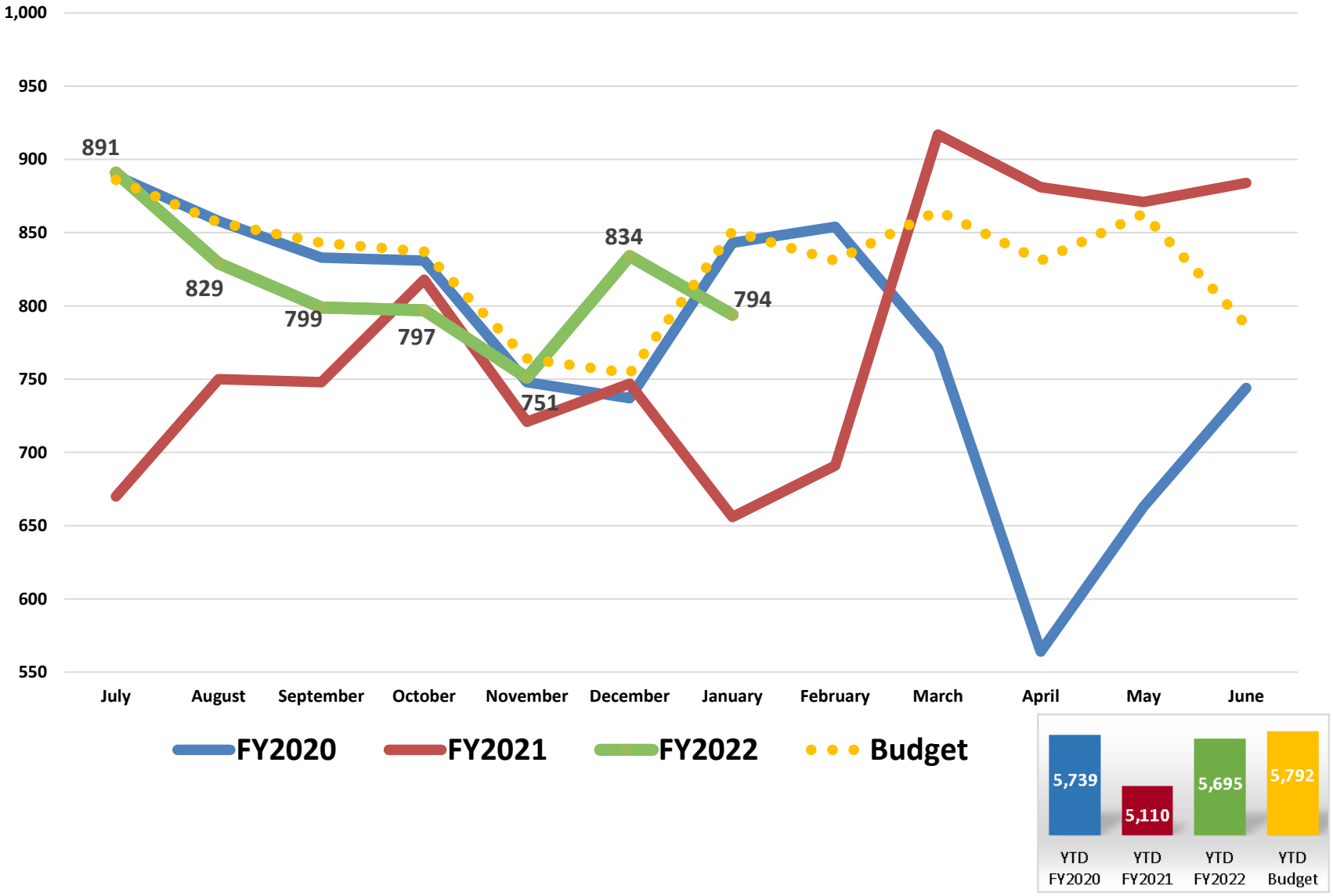
Radiology all areas – CT



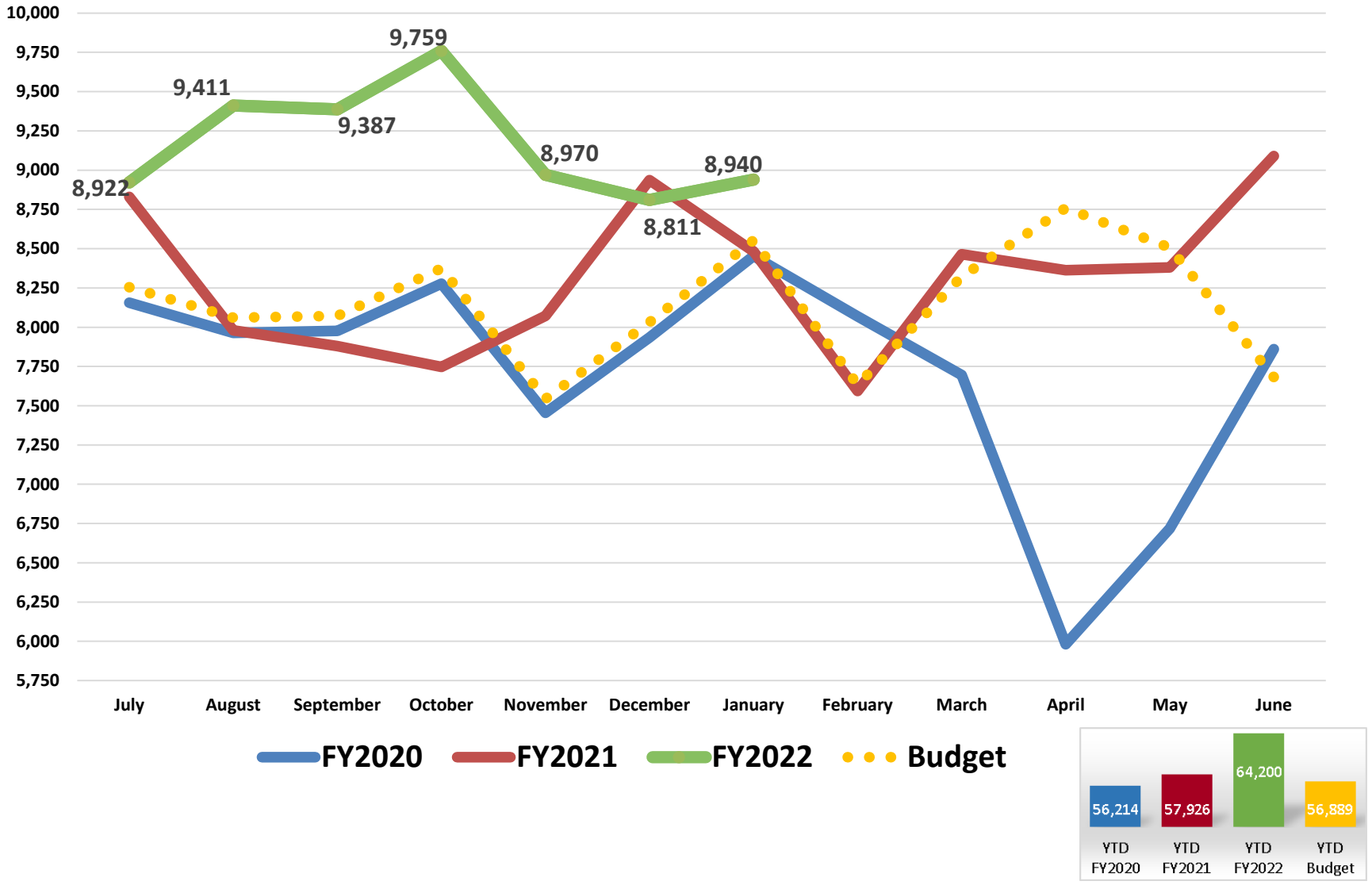
Radiology all areas – Ultrasound



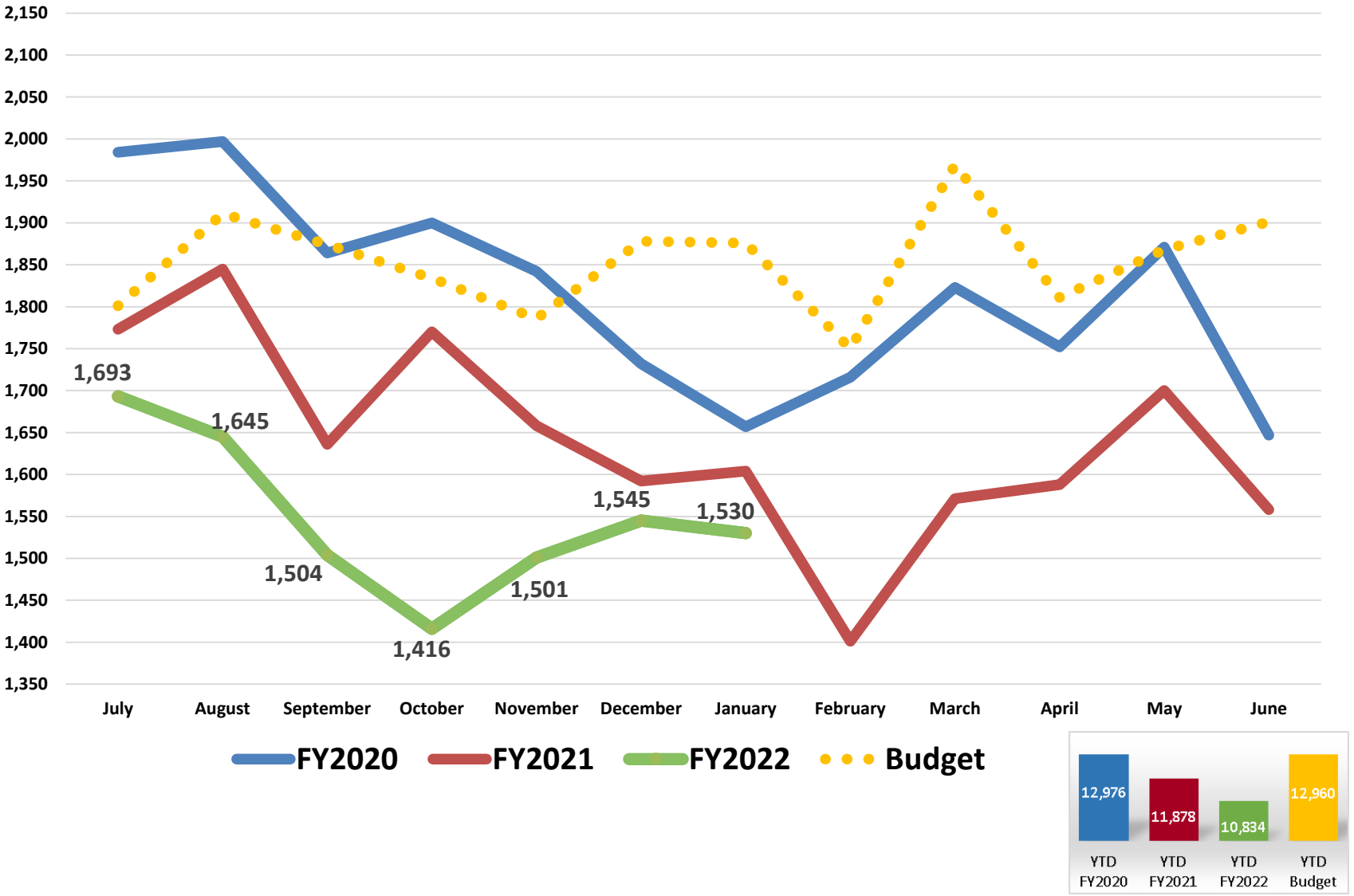
Radiology all areas – MRI



Radiology Modality – Diagnostic Radiology

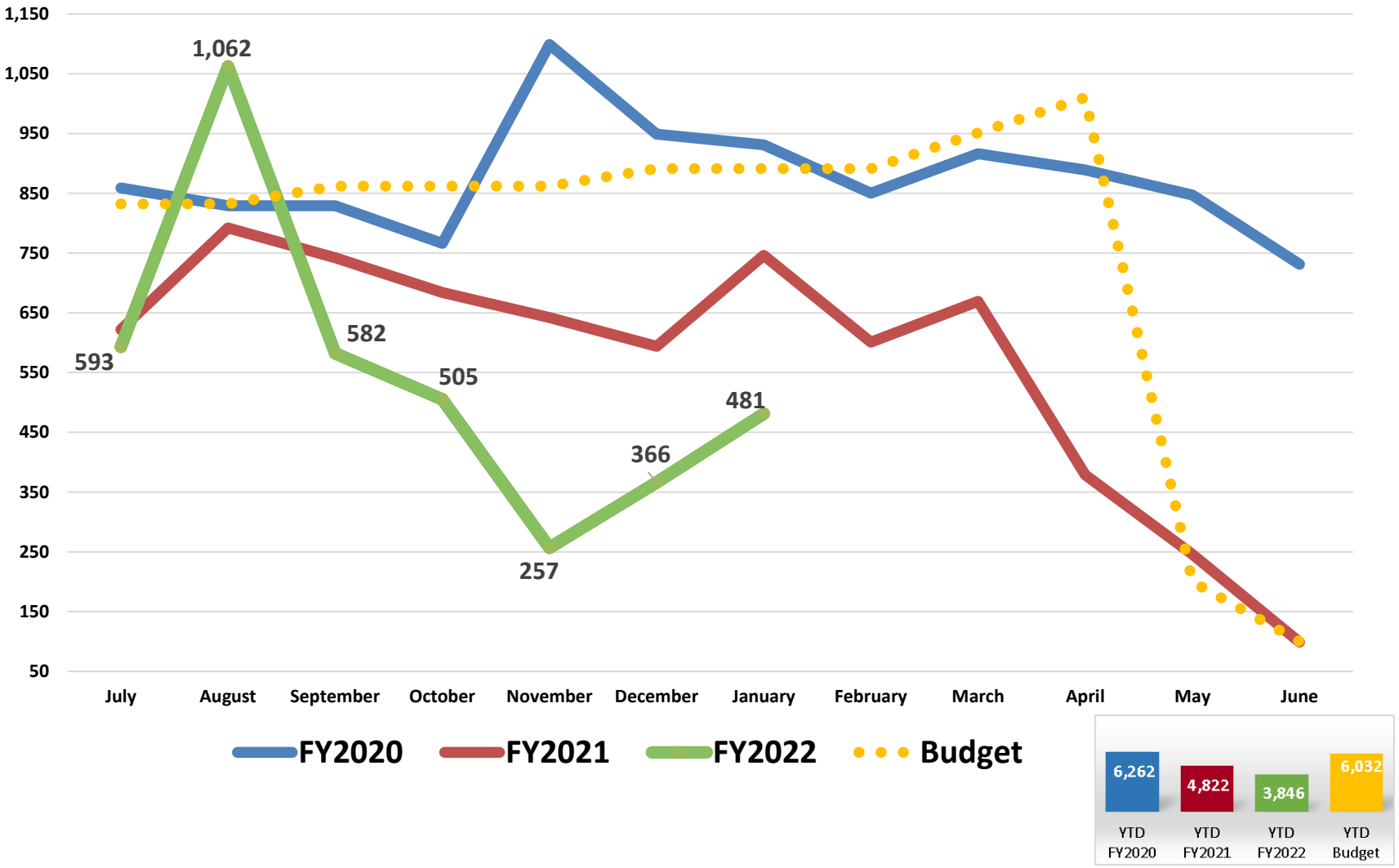


Chronic Dialysis - Visalia



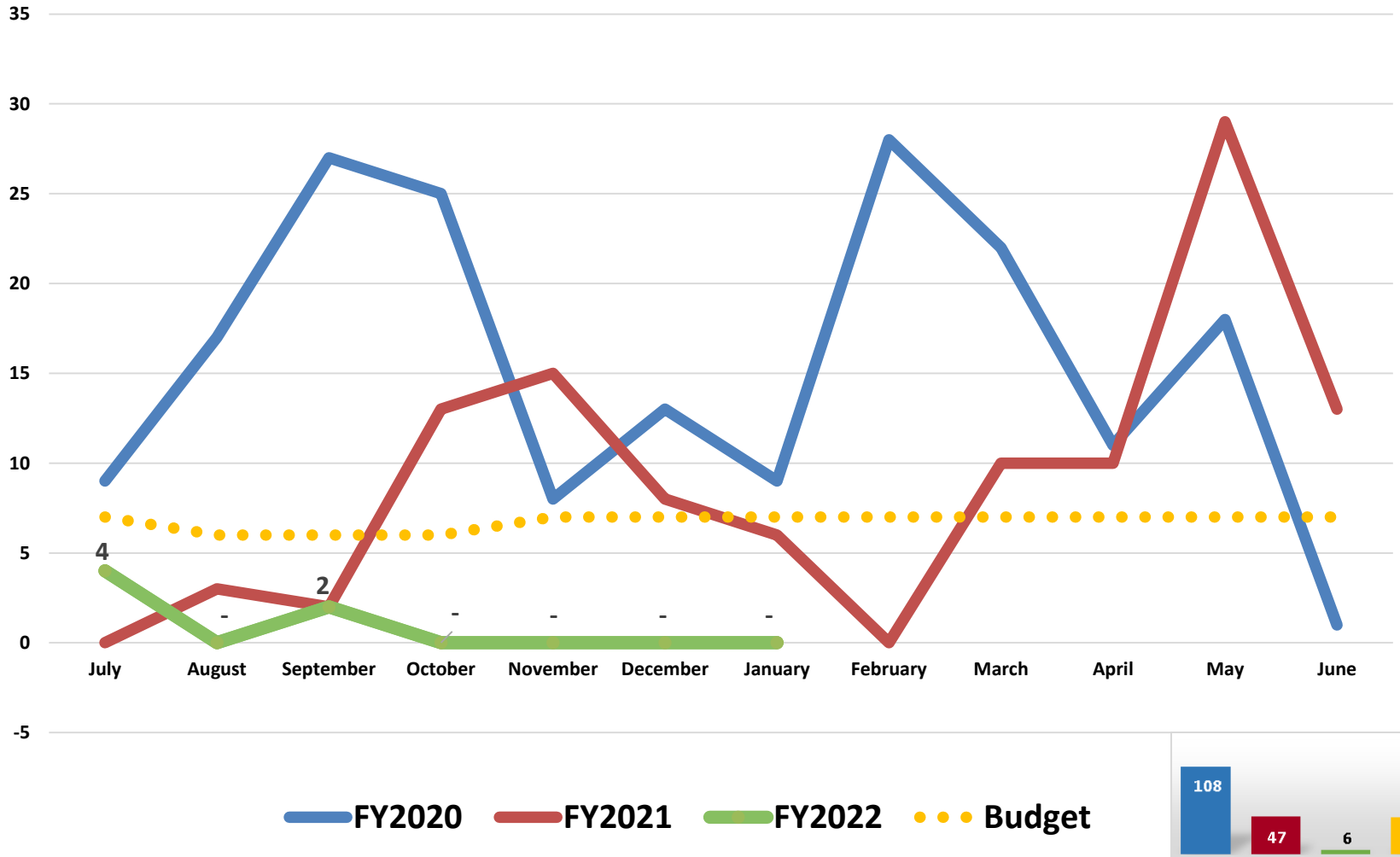
CAPD/CCPD – Maintenance Sessions

(Continuous peritoneal dialysis)

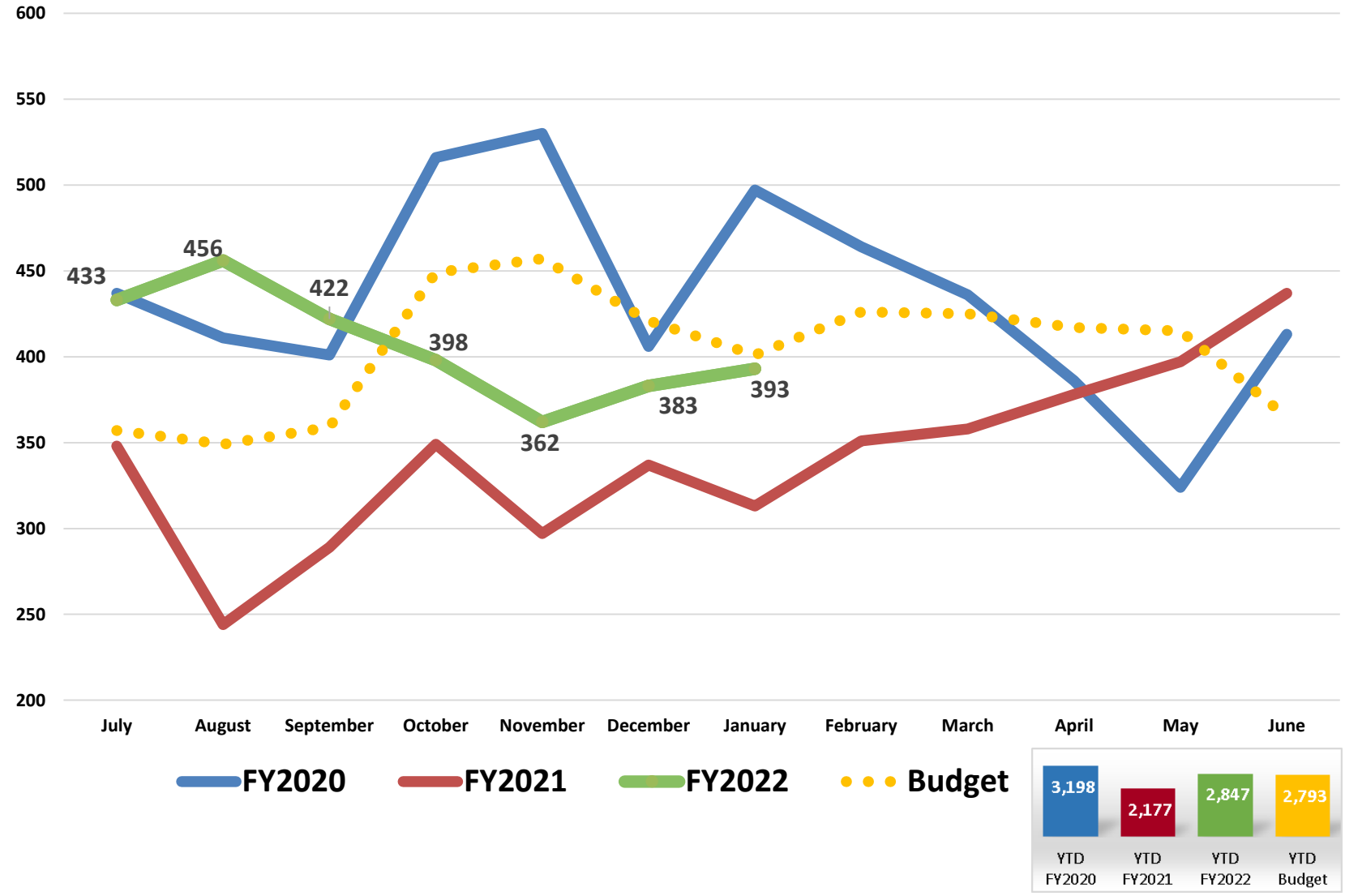


CAPD/CCPD – Training Sessions

(Continuous peritoneal dialysis)



Infusion Center – Outpatient Visits



RESOLUTION OF **KAWEAH DELTA HEALTH CARE DISTRICT** AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY AGREEMENT, PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION THEREWITH FOR THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM

Nondesignated Public Hospital Bridge Loan Program

WHEREAS, **KAWEAH DELTA HEALTH CARE DISTRICT** (the "Borrower") is a nondesignated public hospital as defined in Welfare and Institutions Code Section 14165.55, subdivision (l), excluding those affiliated with county health systems pursuant to Chapter 240, Statutes of 2021 (SB 170), Section 25; and

WHEREAS, Borrower has determined that it is in its best interest to borrow an aggregate amount not to exceed **$8,857,998.00** from the California Health Facilities Financing Authority (the "Lender"), such loan to be funded with the proceeds of the Lender's Nondesignated Public Hospital Bridge Loan Program; and

WHEREAS, the Borrower intends to use the funds solely to fund its working capital needs to support its operations;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Borrower as follows:

Section 1. The Board of Directors of Borrower hereby ratifies the submission of the application for a loan from the Nondesignated Public Hospital Bridge Loan Program.

Section 2. **MALINDA TUPPER, CHIEF FINANCIAL OFFICER,**(an "Authorized Officer") is hereby authorized and directed, for and on behalf of the Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officer(s) deem(s) necessary or advisable in order to consummate the borrowing of moneys from the Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 3. The proposed form of Loan and Security Agreement (the "Agreement"), which contains the terms of the loan is hereby approved. The loan shall be in a principal amount not to exceed **$8,857,998.00,** shall not bear interest, and shall mature 24 months from the date of the executed Loan and Security Agreement between the Borrower and the Lender. The {Each} Authorized Officer(s) is (are) hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in substantially said form that includes the redirection of up to 20% of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default, with such changes therein as the Authorized Officer(s) may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Section 4. The proposed form of Promissory Note (the "Note") as evidence of the Borrower's obligation to repay the loan is hereby approved. The Authorized Officer(s) is (are) hereby authorized and directed, for and on behalf of the Borrower, to execute the Note in substantially said form, with such changes therein as the Authorized Officer(s) may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Date of Adoption: _____

SECRETARY'S CERTIFICATE

I, _____**,** Secretary of **KAWEAH DELTA HEALTH CARE DISTRICT,** hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of **KAWEAH DELTA HEALTH CARE DISTRICT** duly and regularly held at the regular meeting place thereof on the _____ day of _____, 20___**,** of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

Ayes:

Noes:

Absent:

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in my office; that said resolution is a full, true and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

_____

Secretary

Date: _____