



July 22, 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 July 27, 2022 beginning at 3:30PM in open session; at 3:31PM in a closed session pursuant to Government Code 54956.9(d)(1), 54956.9(d)(2), Health and Safety Code 1461 and 32155; at 4:30PM an open session.

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

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

KAWEAH DELTA HEALTH CARE DISTRICT

Mike Olmos, Secretary/Treasurer

A handwritten signature in black ink that reads "Cindy Moccio". The signature is written in a cursive, flowing style.

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 July 27, 2022

OPEN MEETING AGENDA {3:30PM}

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 – 3:31PM

- 4.1. **Conference with Legal Counsel** – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- A. Richards v KDHCD Case # VCU280708
 - B. Stalcup v KDHCD Case # 284918
 - C. Mora vs. Kaweah Health Case # VCU290884
 - D. Alcaraz-Perez vs. Kaweah Health, et.al. Case # VCU291670
 - E. Parnell vs. Kaweah Health Case # VCU292139
- 4.2. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 2 Cases - *Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management*
- 4.3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee —*Evelyn McEntire, Director of Risk Management*
- 4.4. **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*

4.5. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Monica Manga, MD Chief of Staff*

4.6. **Approval of the closed meeting minutes** – June 29, 2022.

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

Action Requested – Approval of the July 27, 2022 closed meeting agenda.

5. ADJOURN

CLOSED MEETING AGENDA {3:31PM}

1. CALL TO ORDER

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

A. [Richards](#) v KDHCD Case # VCU280708

B. [Stalcup](#) v KDHCD Case # 284918

C. [Mora](#) vs. Kaweah Health Case # VCU290884

D. [Alcaraz-Perez](#) vs. Kaweah Health, et.al. Case # VCU291670

E. [Parnell](#) vs. Kaweah Health Case # VCU292139

Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management

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

Richard Salinas, Legal Counsel and Evelyn McEntire, Director of Risk Management

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

Evelyn McEntire, Director of Risk Management

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

Monica Manga, MD Chief of Staff

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

Monica Manga, MD Chief of Staff

7. **APPROVAL OF THE CLOSED MEETING MINUTES** – [June 29, 2022](#).

Action Requested – Approval of the closed meeting minutes – June 29, 2022.

8. ADJOURN

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. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [June 29, 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 June 29, 2022 open board of directors meeting minutes.

6. **RECOGNITIONS** – Lynn Havard Mirviss
 - 6.1. Presentation of [Resolution 2169](#) to [Kim Thompson, RN](#), in recognition as the Kaweah Health World Class Employee of the Month recipient – July 2022.

7. **INTRODUCTIONS – NEW DIRECTORS**

- 7.1. Kerry Sommers, Director of Accreditation

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.

Gary Herbst, Chief Executive Officer

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 provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff be approved or reappointed (as applicable), as attached,

to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files.

9. **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 June 29, 2022 Consent Calendar.

9.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Kaweah Health Medical Group](#)
- C. [KDHIP {Home Infusion}](#)
- D. [Retail Pharmacy](#)
- E. [The Lifestyle Center](#)
- F. [Respiratory Services](#)
- G. [Sleep Disorders Center](#)
- H. [Risk Management](#)
- I. [Emergency Services](#)

- 9.2. [Approval of Resolution #2168](#) - a Resolution of the Board of Directors, Kaweah Delta Health Care District, directing Tulare County, California, to levy a tax to pay the principal of an interest on general obligation bonds for the fiscal year beginning July 1, 2022 and ending June 30, 2023.

- 9.3. Approval of notice of rejection of claim of [Teresa Johnson](#) and Wade DeCesare vs. Kaweah Delta Health Care District.

- 9.4. Approval of notice of rejection of claim of [Virginia Benton](#) vs. Kaweah Delta Health Care District.

9.5. Medical Executive Committee (July 2022)

- A. Privilege Forms - Revised
 - 1) [Emergency Medicine](#)
 - 2) [APP Emergency Medicine](#)
 - 3) [Critical Care Pulmonary Adult Medicine](#)
 - 4) [Urology](#)
- B. [Medical Staff Policy: MS48](#) – Credentialing and privileging of Medical Staff and Advanced Practice Providers {revised}.
- C. [Consolidation of Pathologists into the Department of Surgery](#).

- 9.6. Approval of [Resolution #2170](#) - Memorandum of Understanding with Tulare County regarding California Health Facilities Finance Authority (CHFFA) Grant.
- 9.7. Human Resources Policies as reviewed at the Human Resources Committee on July 26, 2022.
- A. [HR.01](#) - Purpose and Scope of Manual
 - B. [HR.02](#) - District Commitment & Staff Member Relations
 - C. [HR.04](#) – Special Pay Practices
 - D. [HR.15](#) - Request for Reconsideration of Work Assignment Based Upon Religious and/or Cultural Reasons
 - E. [HR.16](#) – Reasonable Accommodation
 - F. [HR.17](#) - Language Resource Assistant Program
 - G. [HR.34](#) - Employment of Relatives
 - H. [HR.47](#) - Professional License & Certification
 - I. [HR.49](#) – Education Assistance
 - J. [HR.65](#) – Payment of Wages
 - K. [HR.74](#) - Telecommuting
 - L. [HR.95](#) - Job Descriptions
 - M. [HR.96](#) - Personnel Files and Employee Health Records
 - N. [HR.98](#) - Employment References and Personnel File Access
 - O. [HR.131](#) – Employee Recognition
 - P. [HR.141](#) - Employee Parking
 - Q. [HR.148](#) - Personal Leave of Absence
 - R. [HR.149](#) – Breavement Leave
 - S. [HR.156](#) - Witness Duty
 - T. [HR.169](#) – Jury Duty
 - U. [HR.173](#) - Employee Emergency Relief
 - V. [HR.183](#) – ID Badges
 - W. [HR.184](#) – Attendance and Punctuality
 - X. [HR.188](#) - Personal Property and Valuables
 - Y. [HR.216](#) - Progressive Discipline
 - Z. [HR.234](#) - PTO
 - AA. [HR.236](#) - Computer and Communication Devices and Social Media Code of Conduct
 - BB. [HR.239](#) - Extended Illness Bank (EIB) Donations
 - CC. [HR.243](#) – Leaves of Absence
- 9.8. Administrative Policies
- A. [\(AP119\)](#) Visiting Regulations for Kaweah Delta Health Care District {Revised}
 - B. [\(AP136\)](#) Construction in progress accounts {Revised}
 - C. [\(AP154\)](#) Medication Error Reduction Plan {Revised}

- D. [\(AP164\)](#) Messenger Model Guidelines for Managed Care Contracting for Physicians {Revised}
- E. [\(AP169\)](#) Non-Staff Physician / Advance Professional Referrals {Revised}
- F. [\(AP180\)](#) Weapons Brought Into The District {Revised}
- G. [\(AP19\)](#) Travel, Per Diem and Other Employee Reimbursement {Revised}
- H. [\(AP38\)](#) Policy Manuals {Revised}
- I. [\(AP75\)](#) Records Retention and Destruction {Revised}
- J. [\(AP87\)](#) Sentinel Event and Adverse Event Response and Reporting {Revised}

10. [QUALITY – NATIONAL QUALITY FORUM SAFE PRACTICE #9: NURSING WORKFORCE](#) - A review of key quality measures and improvement actions associated with care of the maternal child health population.

Keri Noeske, Chief Nursing Officer

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

Keri Noeske, Chief Nursing Officer

12. [FINANCIALS](#) – Review of the most current fiscal year financial results and budget.

Malinda Tupper – Chief Financial Officer and Steve Bajari, Director of Procurement and Logistics

13. **REPORTS**

- 13.1. [Chief Executive Officer Report](#) - Report relative to current events and issues.

Keri Noeske, CNO – Acting CEO

- 13.2. [Board President](#) - Report relative to current events and issues.

David Francis, Board President

14. **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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KAWEAH DELTA HEALTH CARE DISTRICT

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY JUNE 29, 2022 AT 3:30PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Havard Mirviss, Gipson, Olmos & Rodriguez; G. Herbst, CEO; K. Noeske, CNO; D. Leeper, Chief Information and Cybersecurity Officer & R. Gates, Chief Population Health Officer; J. Bath, Chief Operating Officer; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

The meeting was called to order at 3:31PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

MMSC (Gipson/Havard Mirviss) 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 – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 8 Cases – *Ben Cripps, Vice President, Chief Compliance and Risk Officer and Rachele Berglund, Legal Counsel*
- **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – *Rachele Berglund, Legal Counsel*
- **Conference with Legal Counsel – Existing Litigation**, Riaz v. Kaweah Health Medical Center, et al., Tulare County Superior Court Case 291575 – Pursuant to Government Code 54956.9(d)(1) – *Rachele Berglund, Legal Counsel*
- **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, Chief Executive Officer*
- **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Gary Herbst, Chief Executive Officer*
- **Approval of the closed meeting minutes** – May 25, 2022.

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

MMSC (Olmos/Rodriguez) to approve the June 29, 2022 closed agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

ADJOURN - Meeting was adjourned at 3:32PM

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 JUNE 29, 2022 AT 4:00PM, IN THE CITY OF VISALIA CITY COUNCIL CHAMBERS – 707 W. ACEQUIA, VISALIA, CA.

PRESENT: Directors Francis, Gipson, Olmos & Rodriguez; G. Herbst, CEO; K. Noeske, CNO; D. Cox, Chief Human Resources Officer; D. Leeper, Chief Information and Cybersecurity Officer & R. Gates, Chief Population Health Officer; J. Batth, Chief Operating Officer; B. Cripps, Chief Compliance Officer, R. Berglund, Legal Counsel; and C. Moccio, recording

The meeting was called to order at 4:08PM 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.

CLOSED SESSION ACTION TAKEN:

Approval the closed minutes from May 25, 2022.

At the May 25, 2022 Board meeting, in closed session for item 18: Conference with Labor Negotiator, on motion by director Havard Mirviss and second by director Gipson, the Board unanimously approved the proposed terms of the July 1, 2022 CEO employment agreement and authorized President Francis and Legal Counsel to present the proposed terms to the CEO. On June 1, 2022, the CEO accepted the terms as proposed, concluding negotiations and making the agreement final.

OPEN MINUTES – Request approval of the open meeting minutes May 25 and June 15, 2022.

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

MMSC (Gipson/Havard Mirviss) to approve the open minutes from May 25 and June 15, 2022. This was supported unanimously by those present. Vote: Yes – Gipson, Olmos, Havard Mirviss, Rodriguez, and Francis.

RECOGNITIONS – Garth Gipson

Presentation of Resolution 2166 to Scott Ritchie, in recognition as the Kaweah Health World Class Employee of the Month recipient – June 2022.

Presentation of Resolution 2167 to Maria Hernandez retiring from Kaweah Health after 15 years of service.

INTRODUCTIONS – NEW DIRECTORS

Lori Mulliniks, Kaweah Health Medical Group Chief Financial Officer

Theresa Croushore, Director - Behavioral Health Service Line

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 (Gipson/Rodriguez) 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 Gary Herbst for Monica Manga, MD – Chief of Staff.

- No report.

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

STRATEGIC PLAN – Review and requested approved of the Strategic Plan for fiscal year 2022/2023 (copy attached to the original of these minutes and considered a part thereof) - Suzy Plummer, Director of Project Management and Consulting Office, Joseph Palermo, Senior Consultant, and Diana Saechao, Senior Consultant

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

MMSC (Olmos /Havard Mirviss) to approve the strategic plan for fiscal year 2022/2023. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis.

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, Chief Nursing Officer

QUALITY – ANNUAL INFECTION PREVENTION - A review of key quality measures and improvement actions associated with care of the maternal child health population (copy attached to the original of these minutes and considered a part thereof) – *Shawn Elkin, MPA, BSN, RN, PHN, CIC, Kaweah Health Infection Prevention Manager*

2022/2023 ANNUAL OPERATING AND CAPITAL BUDGET – Review of the annual operating and capital budget (copy attached to the original of these minutes and considered a part thereof) – Gary Herbst, Chief Executive Officer

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

MMSC (Olmos/Havard Mirviss) to approve the *the 2022/2023 Annual Operating and Capital Budget*. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

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

- No report

BOARD PRESIDENT REPORT – Report from David Francis, Board President

- No report.

ADJOURN - Meeting was adjourned at 6:58PM

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 2169

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

PASSED AND APPROVED this 27th day of July 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**

Kim Thompson, Employee of the Month – July 2022

Kim has been a Kaweah employee for 40 years! She spends a lot of time committed to shared governance, updating employee engagement boards and personally taking recyclables for unit money on her own time. Kim is passionate about doing the right thing all the time. She is committed in doing the right thing for her patients ALL THE TIME. Recently, she continued to stay in contact with a physician for a patient who needed further intervention. Finally, those interventions were implemented and was extremely important for a better patient outcome. Kim is an excellent charge nurse and always has the best intentions! Thank you Kim for all you do.



**Physician Recruitment and Relations
Medical Staff Recruitment Report - July 2022**

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

Date prepared: 7/18/2022

Central Valley Critical Care Medicine	
Intensivist	1

Delta Doctors Inc.	
Family Medicine	2
OB/Gyn	1

Frederick W. Mayer MD Inc.	
Cardiothoracic Surgery	2

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

Key Medical Associates	
Adult Hospitalist	1
Dermatology	1
Family Medicine/Internal Medicine	3

Key Medical Associates (Cont.)	
Gastroenterology	1
Pulmonology	1

Oak Creek Anesthesia	
Anesthesia - Critical Care	1
Anesthesia - General	2
Anesthesia - Obstetrics	1
CRNA	3.5

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

Other Recruitment	
EP Cardiology	1
Neurology - Inpatient	1

Sequoia Oncology Medical Associates Inc.	
Hematology/Oncology	1

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

Valley Hospitalist Medical Group	
Adult Hospitalist	1

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Anesthesia	Oak Creek Anesthesia	Aijaz, M.D.	Tabish	08/23	Medicus Firm - 5/1/22	Currently under review
Anesthesia	Oak Creek Anesthesia	Goldenmerry, M.D.	Yoaul	10/23	Medicus Firm - 4/5/22	Site Visit: 6/24/22
Anesthesia	Oak Creek Anesthesia	Kim, D.O.	Christopher	08/23	Medicus Firm - 3/16/22	Site visit pending
Anesthesia	Oak Creek Anesthesia	Olalemi, M.D.	Hafeez	08/23	Comp Health - 5/10/22	Site visit pending
Anesthesia	Oak Creek Anesthesia	Sanguino, M.D.	Luis	08/23	Curative - 3/30/22	Site visit pending dates; Tentative: August/September 2022
Anesthesia	Oak Creek Anesthesia	Sinha, M.D.	Ashish	05/22	Medicus Firm - 2/16/22	Site Visit: 4/5/22; Hospital credentialing in progress; Tentative Start Date: August 2022
Cardiothoracic Surgery	Independent	Williams, M.D.	Julio	08/22	Direct - 4/19/22	Initial Screening: 4/22/22; Providing locums/temp coverage in September 2022.
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Liu	Jia	03/23	Comp Health - 5/16/22	Currently under review
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Evans	Sarah	08/22	Direct - 6/20/22	Offer accepted
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Havlicak	Ashley	01/23	Direct/Referral	Offer accepted
Certified Registered Nurse Anesthetist	Oak Creek Anesthesia	Petersen	Lucille	07/22	Direct - 6/15/22	Offer accepted
Certified Registered Nurse Anesthetist (Part-Time)	Oak Creek Anesthesia	Mendoza	Mayra	ASAP	Direct	Hospital credentialing in progress
Chief Medical Officer/Medical Director	Kaweah Health Medical Group	Quackenbush, M.D.	Todd	ASAP	Direct - 3/1/22	Interview: 3/28/22; Start Date: 7/1/2022
Endocrinology	Kaweah Health Medical Group	Min, M.D.	Lie	ASAP	Direct - PracticeLink	Site visit pending dates
Family Medicine	Kaweah Health Medical Group	Vanegas, M.D.	Alvin	ASAP	Direct email	Currently under review
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Rangel-Orozco, M.D.	Daniela	08/22	Kaweah Health Resident	Site Visit: 10/28/21; Offer accepted; Start Date: 8/1/22
Hospitalist	Valley Hospitalist Medical Group	Kaur, M.D.	Kamalmeet	08/22	Direct	Offer accepted; Start Date: 9/1/22
Hospitalist	Key Medical Associates	Lim, M.D.	Francis	ASAP	Direct - Spouse is Endocrinologist, Dr. Lei Min	Currently under review
Intensivist	Central Valley Critical Care Medicine	De Freese, M.D.	Marissa	TBD	Direct/referral - 1/18/22	Site visit pending dates

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Intensivist	Central Valley Critical Care Medicine	Khanuja, M.D.	Simrandeep	TBD	Comp Health - 6/2/22	Currently under review
Intensivist	Central Valley Critical Care Medicine	Sourial, M.D.	Mina	09/22	PracticeMatch - 4/11/22	Offer accepted
Internal Medicine	Kaweah Health Medical Group/Key Medical Associates	Virk, D.O.	Harman	09/23	Direct email	Currently under review
Interventional Radiology	Mineral King Radiology Group	Youssef Ali, M.D.	Mahmoud	09/23	PracticeLink - 6/6/22	Currently under review
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; Start Date: 8/15/22
Medical Oncology	Sequoia Oncology Medical Associates	Mohammadi, M.D.	Oranus	08/23	PracticeMatch - 3/31/22	Site Visit: 9/16/22
Medical Oncology	Sequoia Oncology Medical Associates	Palla, M.D.	Amruth	08/22	Direct/referral - 1/26/22	Site visit pending dates (Nov/Dec 2022 - Tentative)
Neonatology	Valley Children's	Agrawal, M.D.	Pulak	08/23	Valley Children's - 5/14/22	Site Visit: 6/30/22
Neonatology	Valley Children's	Al Kanjo, M.D.	Mohamed	08/23	Valley Children's - 3/14/22	Site Visit: 4/7/22; Offer extended
Neonatology	Valley Children's	Nwokidu-Aderibigbe, M.D.	Uche	08/23	Valley Children's - 5/14/22	Site Visit: 6/17/22
Neonatology	Valley Children's	Sharma, M.D.	Amit	TBD	Valley Children's - 3/1/22	Site Visit: 3/29/22; Offer extended
Neonatology	Valley Children's	Singh, M.D.	Himanshu	08/22	Valley Children's - 3/31/21	Site Visit: 4/19/2021; Offer accepted. Start date 8/29/2022
Pediatric Cardiology	Valley Children's	Ozdemir, M.D.	Ege	08/22	Valley Children's - 3/1/22	Site Visit: 3/23/22; Offer extended
Pediatric Hospitalist	Valley Children's	Mittal, M.D.	Daaman	07/22	Valley Children's - 2/17/22	Site visit: 2/21/22; Offer accepted; Start Date: 8/1/22
Pediatrics	Kaweah Health Medical Group	Galindo, M.D.	Ramon	09/22	Direct/referral - 6/28/21	Site visit: 9/14/21; Offer accepted; Tentative Start Date: 08/2022
Psychiatry	Precision Psychiatry	Kumar, M.D.	Rachna	07/22	Kaweah Health Resident	Offer accepted
Psychiatry	Precision Psychiatry	Sangani, M.D.	Arul	07/22	Kaweah Health Resident	Offer accepted

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Radiology - Diagnostic	Kaweah Health Medical Group	Noorani, D.O.	Azeem	TBD	Staff Care - 6/13/22	Site Visit: 7/18/22; Offer extended
Radiology - Diagnostic	Kaweah Health Medical Group	Zurick, M.D.	Vernon	TBD	Current locum	Currently under review
Rheumatology	Kaweah Health Medical Group	Li, M.D.	Zi Ying (Kimmie)	08/22	Direct - 11/27/21	Phone Interview: 12/15/21; Site Visit: 4/5/22; Will decide on location in November 2022.
Urology	Kaweah Health Medical Group	Aram, M.D.	Pedram	07/23	PracticeMatch - 3/1/22	Site Visit: 5/26/22; 2nd site visit pending (August/September)

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

Kaweah Health Medical Group

Paul Schofield, CEO
Contact number: 559-738-7500, ext. 845545
pschofie@kaweahhealth.org
July 27, 2022

Summary Issue/Service Considered

1. Establishing an integrated delivery system whereby the Visalia Medical Clinic (VMC/Group) and Kaweah Health (KH) work in unison to deliver world class healthcare services in Visalia and the surrounding region.
2. Leading the expansion of the depth and breadth of medical services provided to the community.

Analysis of financial/statistical data:

1. For fiscal year 2022, KH's net investment to fund KHMGM is \$7,757,858 compared with a budgeted net investment of \$7,062,000.
2. For fiscal year 2022, work relative value units (wRVUs) were 418,117, compared with 411,086 for fiscal year 2021.
3. For fiscal year 2022, total charges were \$87,932,935 compared with \$80,799,300 for fiscal year 2021.
4. For fiscal year 2022, total collections were \$47,973,944 compared with \$46,654,434 for fiscal year 2021.
5. For fiscal year 2022, patient encounters were 329,095 compared with 327,557 for fiscal year 2021.
6. Total number of Visalia Medical Clinic physicians as of June 30, 2022 is 46, with two additional physicians starting in August 2022 and two physicians retiring before September 2022.
7. Total number of Visalia Medical Clinic providers as of June 30, 2022 is 64.
8. Fiscal year 2022 continued to be impacted by the COVID-19 pandemic as well as the departure of eight providers.

Policy, Strategic or Tactical Issues

KHMG was established nearly 7 years ago by KH to provide a mechanism for KH and VMC to work collaboratively in the provision of health care services. Accordingly, both parties entered into a 10-year Professional Services Agreement (PSA), which will be renegotiated or terminated by July 1, 2025. Subject to California's Corporate Practice of Medicine Laws, KHMG is one of over 20 medical foundations that currently exist in California. About two-thirds of California medical foundations are investing more annually, as a percent of the respective medical foundation's net revenue, than KH is currently investing in KHMG. As a point of reference, Adventist Health consistently invested more in its medical foundation than any other medical foundation in the State.

The primary purpose of KHMG is to establish a vehicle through which KH and VMC are able to work collaboratively to ensure better continuity of patient care from initial office visit, to inpatient and outpatient services – including surgery, to home health and hospice services (and everything in between). The two driving goals in forming KHMG (to strengthen physician alignment with KH and to enhance physician recruitment) have not yet been fully achieved.

For fiscal year 2022, primarily due to the continuation of the global pandemic and the departure of key providers, KHMG performed below budget expectations.

1. Kaweah Health's net investment in KHMG is \$695,858 more than budget for fiscal year 2022.
2. Net revenues were below budget by \$4,083,862 (7.7%).
3. Work RVUs (measurement of provider production), is 44,334 below budget (9.6%), with 37,238 work RUVs resulting from the unexpected departure of 8 providers.
4. The fiscal year 2022 reimbursement rate is 56%, 4% below budget expectations of 60%

Growth

Although several providers have retired or left the group, recruitment efforts have kept our total provider count consistent at 64, the same provider count as on July 1, 2021 and on November 2020.

Recommendations/Next Steps

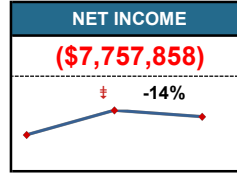
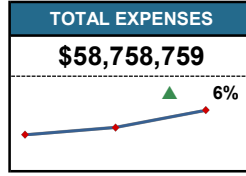
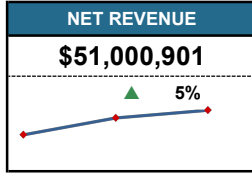
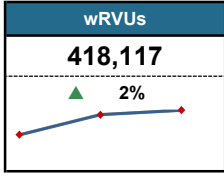
1. Coming out of the pandemic, our focus is on provider growth, increased production, and management of expense to budget projections.
2. Recruit a workers compensation primary care provider, and other needed staff, to prepare for the opening of the new clinic on Goshen and Plaza (anticipated 2nd quarter 2023).
3. Seek approval and implementation of an automated patient in-take system, eliminating long lines in the main clinic on Hillsdale, therefore enhancing our patient experience.
4. Evaluate the advantages and disadvantages to VMC and KH in continuing the 1206I, as it currently exists.

Approvals/Conclusions

KHMG will focus on the following in the coming year:

1. Accelerate the recruitment of physicians into KHMG based on community need.
2. Operate the Medical Foundation to exceed budget expectations.
3. With KH, open a successful primary care/occupational medicine clinic in the North/West quadrant of Visalia.
4. Continue to support KH Rural Health Clinics and the new FQHC by supplying specialists as needed/available.

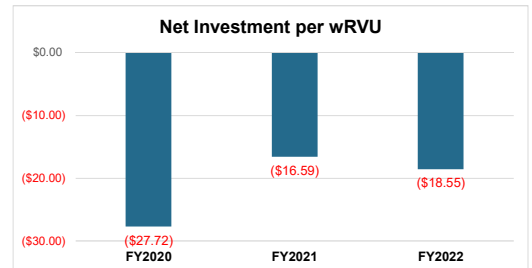
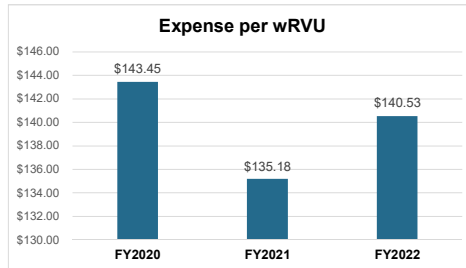
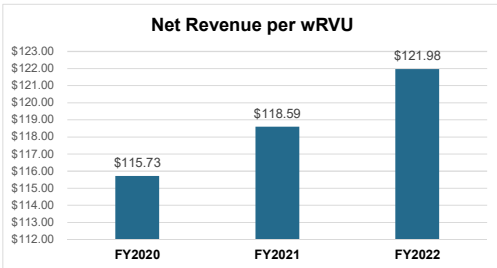
KEY METRICS - FY 2022



METRICS SUMMARY - 3 YEAR TREND

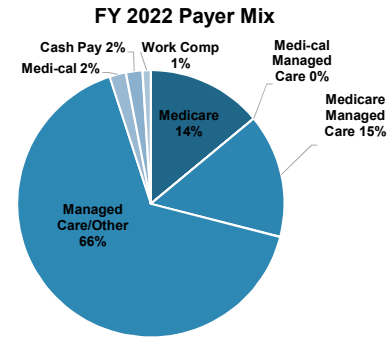
METRIC	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	3 YR TREND
Work RVUs (wRVUs)	377,472	410,548	418,117	▲ 2%	
Net Revenue	\$43,684,285	\$48,687,572	\$51,000,901	▲ 5%	
Total Expenses	\$54,149,364	\$55,498,579	\$58,758,759	▲ 6%	
Net Income (Investment)	(\$10,465,079)	(\$6,811,007)	(\$7,757,858)	▼ -14%	
Net Revenue per wRVU	\$115.73	\$118.59	\$121.98	▲ 3%	
Expense per wRVU	\$143.45	\$135.18	\$140.53	▲ 4%	
Net Investment per wRVU	(\$27.72)	(\$16.59)	(\$18.55)	▼ -12%	

PER wRVU TRENDED GRAPHS



PAYER MIX - 3 YEAR TREND

PAYER	FY2020	FY2021	FY2022
Medicare	16%	15%	14%
Medi-cal Managed Care	0%	0%	0%
Medicare Managed Care	12%	12%	15%
Managed Care/Other	67%	67%	66%
Medi-cal	1%	2%	2%
Cash Pay	2%	2%	2%
Work Comp	2%	2%	1%



REPORT TO THE BOARD OF DIRECTORS

Kaweah Health Home Infusion Pharmacy

James McNulty, Director of Pharmacy (624-2470)

Clint Brown, Outpatient Pharmacy Manager (624-4588)

July 15, 2022

Summary Issue/Service Considered

Kaweah Health Home Infusion Pharmacy (KHHIP) is a closed-door pharmacy that services the community, along with patients discharged from the hospital who need prolonged intravenous medication therapy at home. In addition, KHHIP is the preferred pharmacy for Kaweah Home Health and is contracted with Kaweah Health Hospice to provide all of their pharmacy needs. KHHIP is able to leverage 340b drug savings and passes these on to Kaweah Health Hospice to reduce their overall drug spend and maximize savings for the organization. KHHIP also recently engaged with a consulting group to evaluate the overall services and areas of opportunity. It was determined that drug purchasing and resource utilization were at or better than industry standards. Areas of opportunity may exist with contracting and revenue cycle management and will be further explored.

Analysis of financial/statistical data:

- KHHIP annualized Units of Service (UOS) were 278,179 (9% decrease from FY 21)
- Net Revenue totaled \$2.4M (7% decrease from FY 21)
- Net Revenue/UOS saw a positive upward of 2%
- Direct Costs have decreased, correlating directly to controlled efforts with resources and drug purchase despite unprecedented increases in drug costs related to supply chain shortages, pandemic, and inflation (8% decrease from FY21)
 - Pharmaceutical expense decreased 23% from FY21 (result of optimized drug spend)
 - Techs/Specialist expense increased 3.2% from FY21 (result of increased hospice volume and associated call-back/delivery expenses)
- Direct Costs/UOS saw a marginal increase of 1% compared to FY21
- KHHIP had a contribution margin of \$231K resulting in a 5% increase from FY21
- KHHIP payer mix saw a reduction in Managed Medi-Cal (14%) as they shifted to Fee For Service (FFS) Medi-Cal as a result of the state of CA introducing a new Pharmacy Benefits Manager for all Medi-Cal drug dispensing; Magellan Rx.
- KHHIP directly contributed to the organizational savings by passing on 340b pharmaceutical costs to Kaweah Hospice (estimated FY22 drug cost savings of \$1.2M)

Quality/Performance Improvement Data

- High Risk Medication Error Rates: Goal is to ensure 100% accuracy with compounding High Alert-High Risk Medications to reduce potential error and patient harm. This quality metric involves medications considered to be high risk by KH Home Infusion based on therapeutic class and risk for patient harm. These medications include but are not limited to opioids and total parenteral nutrition (TPN) with additives. The process involves independent review of orders and double check by two pharmacists during medication processing and preparation. Date range evaluated was July 1, 2021 – June 30, 2022.
 - 38 opioid compounds were evaluated w/ 100% accuracy for preparation and dispensing
 - 942 TPN compounds were evaluated w/ 100% accuracy for preparation and dispensing
- Appropriate Patient Identification Rate: Goal of this quality measure is to reduce the likely rate of wrong patient, wrong medication errors that may take place upon order entry and/or dispensing/delivery. This quality metric involves the intake team, along with pharmacist and pharmacy technician to utilize 2 patient identifiers upon new patient intake and any time an order is processed/filled/dispensed/delivered. Date range evaluated was July 1, 2021 – June 30, 2022.
 - 18,562 prescriptions were processed/dispensed/delivered with 100% accuracy for right patient being identified
- TPN Compound Verification: Total Parental Nutrition (TPN) is a complex sterile compound requiring multiple manipulations of multiple ingredients and involves multiple intricate measurements for accuracy. Goal of this quality measure is to ensure accuracy of TPN compounds, all measurements, and reduce medication errors. This involves double verification of order entry by two Pharmacists, double verification by Pharmacist and Technician for medications to be compounded, and Pharmacist verification of the technician programmed TPN compounder device prior to preparation. Date range evaluated was July 1, 2021 – June 30, 2022
 - 942 TPNs were evaluated during the specified time period and 100% were found to be compliant with the TPN verification process
- Prescription Transcription/Dispensing Accuracy: The goal of this quality metric is to ensure appropriate and accurate dispensing of medication orders to minimize medication errors and potential patient harm. The target is to achieve >90% accuracy with transcribing, processing, labeling, and dispensing prescriptions.
 - 18,562 prescriptions were processed during July 1, 2021 – June 30, 2022 with a total of 99.99% accuracy.
 - Two medication errors were identified with a thorough evaluation of both errors in order to determine the root cause with corrections in processes, where feasible. Patient harm was absent in both cases and steps to correct the deficiencies have been implemented w/o report of repeat errors moving forward.

Policy, Strategic or Tactical Issues

- Continue engagement with our Home Infusion based consulting group to further explore areas of opportunity for growth, optimize work efficiency and revenue cycle management and maximize contribution margin and net revenue
- Evaluate current contract (internal/external) and identify areas of opportunity based on market value and industry standard. Ensure contracts are competitive and value based.
- Medi-Cal Managed Care shifted to Fee For Service Medi-Cal resulting in decrease in Net Rev/Visit. Will need to continue to monitor therapies being provided for profitability
- Continue work with marketing and physician liaisons to more actively and aggressively market KHHIP services to the hospital and community providers to increase patient volume as we have in FY 2022

Recommendations/Next Steps

- Continue with consulting group to optimize efficiency and net revenue
- Work with physician groups to increase awareness and encourage service utilization to optimize patient volume and net revenue
- Evaluate contracts for market rates including internal contracts (Hospice and Dialysis)
- Continue to focus on quality metrics to ensure high quality patient care with strategies focused on mitigating medication errors and potential patient harm.
- Monitor reimbursement rates and Medi-Cal specific therapies to determine necessary adjustments moving forward

Approvals/Conclusions

Kaweah Health Home Infusion Pharmacy is a world class pharmacy offering multiple services for the community and the organization. Over 75% of the business line is dedicated to meeting the pharmacy needs of Kaweah Health Hospice. It is important to recognize that KHHIP saved KH Hospice an estimated \$1.2M in drug spend costs for FY22 by directly passing on 340b savings. This is not recognized in the financial reports or contribution margin for KHHIP and should not be undervalued or overlooked as an overall contribution and cost savings initiative to the organization. By passing along direct drug cost savings, the direct costs for KH Hospice are significantly reduced resulting in an increased overall contribution margin. Over the next year, increased attention and focus will be given to evaluating and optimizing the KHHIP service line, evaluating contracts (external/internal), working with marketing to increase provider based knowledge and understanding of services offered by KHHIP and the benefits it offers patients, and looking to optimize the overall efficiency of services provided to maximize the contribution margin to the organization.

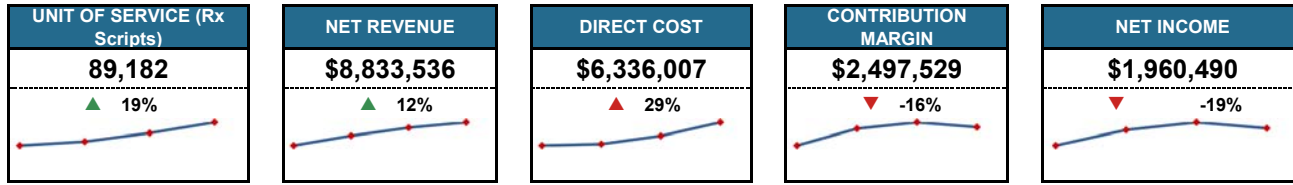
KAWEAH HEALTH ANNUAL BOARD REPORT

FY2022 Annualized

Kaweah Health Retail Pharmacy

FY 2022 Annualized on the Eleven Months Ended May 31, 2022

KEY METRICS - FY 2022 ANNUALIZED

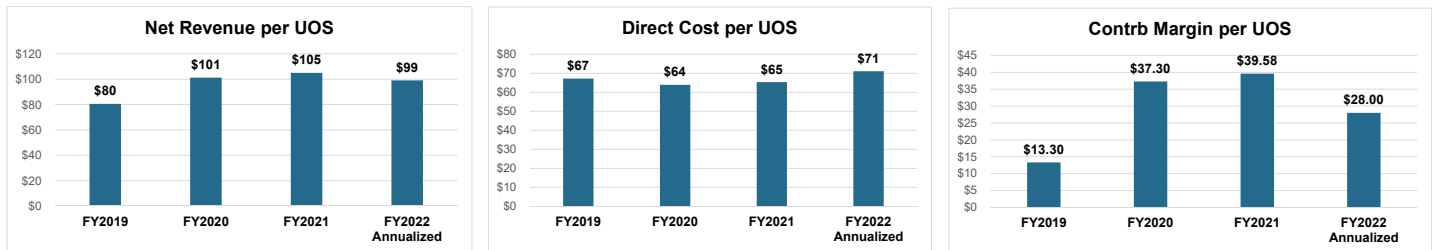


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

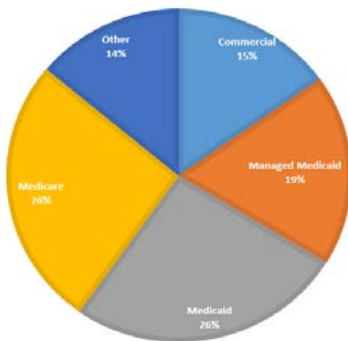
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Unit of Service (Rx Scripts)	58,116	63,347	74,869	89,182	▲ 19%	
Net Revenue	\$4,676,491	\$6,414,053	\$7,858,221	\$8,833,536	▲ 12%	
Direct Cost	\$3,903,549	\$4,051,172	\$4,894,583	\$6,336,007	▲ 29%	
Contribution Margin	\$772,942	\$2,362,881	\$2,963,638	\$2,497,529	▼ -16%	
Indirect Cost	\$140,910	\$524,276	\$535,100	\$537,039	▶ 0%	
Net Income	\$632,032	\$1,838,605	\$2,428,538	\$1,960,490	▼ -19%	
Net Revenue per UOS	\$80	\$101	\$105	\$99	▼ -6%	
Direct Cost per UOS	\$67	\$64	\$65	\$71	▲ 9%	
Contrb Margin per UOS	\$13	\$37	\$40	\$28	▼ -29%	

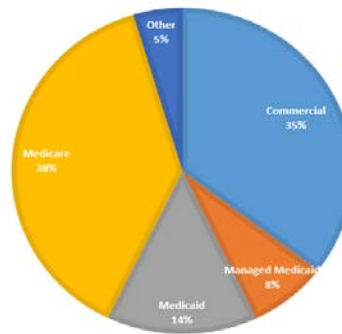
PER CASE TRENDED GRAPHS



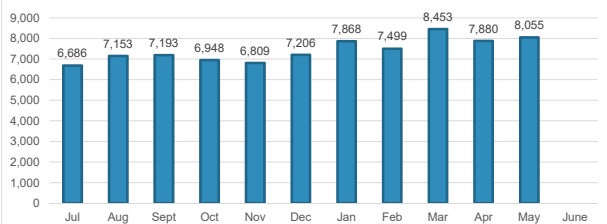
FY 2022 PAYER MIX BY VOLUME



FY 2022 PAYER MIX BY GROSS REVENUE



Unit of Service FY2022



Notes:
Source: Non-Cerner Service Line Report

REPORT TO THE BOARD OF DIRECTORS

Kaweah Health Retail Pharmacy

James McNulty, Director of Pharmacy (624-2470)

Clint Brown, Outpatient Pharmacy Manager (624-4588)

July 15, 2022

Summary Issue/Service Considered

Kaweah Health Retail Pharmacy (KHRP) is an open door pharmacy that services the community. In addition, it offers a meds-to-beds program for patients discharged from the hospital to increase medication adherence and decrease re-admissions. The pharmacy also works closely with the Kaweah Health Specialty Center (KHSC) ambulatory care pharmacy team to process prescriptions for the employees and their dependents that are participating in the Employee Wellness Specialty program designed for those with chronic illnesses. This collaborative program improves health outcomes for the patients and decreases drug costs for the organization. In addition to this program, the pharmacy and the pharmacy team that works at KHSC, also offer the community a medication assistance program for patients that cannot afford their medications. This improves medication adherence, decreases health complications, and prevents potential ED visits and/or hospitalizations for medication related issues. The pharmacy hours are Monday – Friday 9-7pm, Saturday 9-4pm and Sunday 10-4pm. The weekend hours were recently expanded to accommodate weekend discharges and better support the community and our providers.

Analysis of financial/statistical data:

- 89,200 prescriptions were processed, resulting in a 19% increase from FY21
- Net Revenue totaled \$8.83M which was a 12% increase from FY21 and exceeded FY22 budget by 28%
- KHRP had a positive contribution margin of \$2.5M resulting in a 16% decrease from FY21
- Overall Net Income decreased 19% from FY20 (\$2.4M in FY20 vs. \$1.9M in FY21)
- The largest contributors to the decrease in contribution margin and net revenue were supply chain shortages and inflation which resulted in significant drug/supply cost increase (\$3.9M in FY20 vs. \$5.3M FY21, 34% cost increase) along with managed Medi-Cal converting to fee for service starting Jan 2022 and an \$80,000 loss in net revenue since the conversion
- The pharmacy still saw significant growth and financial success with key contributions from the following services:
 - Concierges 25% of total revenue (\$2.3M)
 - Community 22% of total revenue (\$2.1M)
 - Ambulatory Pharmacy Service Programs 49% of total revenue (\$4.6M)
 - **Med-Assist** (program operated by ambulatory care pharmacy team at Kaweah Health Specialty Clinic and eligible prescriptions filled at Kaweah Health Pharmacy)
 - 184 participating patients (38% increase from FY21)
 - 2,812 claims (21% increase from FY21)
 - \$1.57M in net revenue (36% decrease from FY21)
 - \$300K in direct patient savings (46% increase from FY21)

- **Employee Wellness Program** (program operated by ambulatory care pharmacy team at Kaweah Health Specialty Clinic and eligible prescriptions filled at Kaweah Health Pharmacy)
 - 165 participating patients (1% increase from FY21)
 - 2,281 claims (5% increase from FY21)
 - \$1.53M in net revenue (3% decrease from FY21)
 - Total estimated savings of \$4.3M to district since program initiation Q2FY19

Quality/Performance Improvement Data

Pharmacy Quality Improvement: Discuss, Focus, Improve (DIFI) is a tool designed to report, document and maintain records of pharmacy related errors that can be reviewed monthly and discussed with staff to improve operations, systems, workflows, or other pharmacy related aspects, thereby assuring a continual process of improvement and mitigation of medication error related incidents. The team focuses on major categories of pharmacy workflow (Data Entry, Filling, Dispensing, and Inventory Management) each month to further discuss and improve upon. Items discussed are posted and further discussed at morning huddles to improve processes and aid in systematic change. DIFI was introduced in Nov 2019.

340B Regulatory Compliance: The 340b program is a highly regulated program by the federal government and ensuring 100% accuracy and compliance is paramount to the ongoing success of the services provided through the pharmacy. Goal is to perform weekly prescription audits to monitor eligibility of 340b-qualified prescriptions. Claims are ran through a spreadsheet to ensure the pharmacy is correctly billing and being appropriately reimbursed for the eligible prescriptions. The audit identifies trends in systematic processing errors and allows changes to avoid this moving forward, in turn, mitigating compliance risk and maximizing pharmacy profitability. In addition eligible claims are ran through software to ensure they qualify, allowing us to purchase drug at a reduced cost, and our 340b team reviews this monthly to maximize drug cost savings wherever possible.

Meds-to-Beds Concierges Rx Capture: Goal is to monitor the number of patients that are eligible to receive medications at time of discharge from our pharmacy that actually receive them compared to those eligible and choose to have their prescriptions filled at an outside pharmacy upon discharge. Literature suggests that hospital readmission are as high as 25-30% as a direct result of medication related errors and/or discharge medications not being picked-up post discharge. This service was specifically designed to reduce readmission rates and decrease healthcare costs associated with readmissions. Data indicates that hospitals with a meds-to-beds program typically capture 40-65% of eligible discharged medications. Our goal has been to capture at least 80% of the eligible discharged prescriptions. For the time period July 1, 2020 – June 30, 2021 we saw a total capture rate of 90% (4% increase from FY21) with 37K prescriptions delivered (32% increase from FY21) to patients at time of discharge. These increases are largely attributed to the COVID-19 pandemic and patients/family members looking to obtain their prescriptions before leaving the hospital. The total revenue from concierges scripts totaled \$1.6M. The true benefit to this program is

largely undervalued as it does not capture the total dollars saved through readmission prevention, nor does it calculate totals in savings and benefits by improving throughput.

Curbside Prescription Pick-Up: With the onset of COVID-19 in March 2020 and in an effort to improve our concierges capture rate, the pharmacy worked to implement a curbside prescription pick-up option for the community and discharged patients. This remains an integral part of our operations today also was also designed to accommodate nursing staff as an option to expedite the discharge of their patient without having to wait on medications being delivered to the bedside. The patient and/or family is able to pick-up their prescriptions at the pharmacy without leaving their car. We provide contactless delivery to assist with recommended social distancing guidelines. Patients, Nursing Staff, and the Community have all expressed their satisfaction with this service.

Policy, Strategic or Tactical Issues

- Focus on expansion of the Employee Wellness Specialty Program by increasing awareness amongst employees and dependents by continued work with Human Resources and Marketing to promote the clinical and financial benefit of the program
- Focus on expansion and optimization of the Med-Assist Program by working with SIH leadership, working with key HUMANA providers within our community, and increasing our pharmacist presence within designated provider clinics to promote, screen and enroll eligible patients
- Evaluate strategies and options for expansion within the community to increase our footprint and capture more walk-in business

Recommendations/Next Steps

- Continue to offer world-class care to our community, patients, employees and their dependents
- Evaluate different locations for the pharmacy that may be more visible and accessible to the community and may offer more size for growth and service expansion
- Continue to optimize our meds-to-beds concierges service and maintain capture rates >85% by improving delivery times to nursing units and increasing utilization in our curbside prescription pick-up
- Continue to grow and expand both Med Assist and Employee Wellness programs
- Evaluate potential 340b prescription opportunity from our hospital based rural health clinics

Approvals/Conclusions

Kaweah Health Pharmacy is a world-class ambulatory care retail pharmacy that offers multiple services for the community, hospital patients, and our employees and their dependents. The pharmacy optimizes patient care by leveraging 340b savings to lower drug cost for the pharmacy, maximize reimbursement margins, and pass on savings to the patient to increase medication adherence and decrease overall healthcare costs. In addition, the services provided help reduce readmission rates and unnecessary health care costs for the organization. The contribution margin and net income were less this year compared to previous years as a direct result of inflation driven increases in drug costs along with reduction in Medi-Cal reimbursement. Overall, Kaweah Health Retail Pharmacy is a financially stable business that has seen continued growth over the last 4 years and provides significant contribution margins to the organization. A great portion of this financial success is a direct result of the collaborative effort

with our Ambulatory Care Pharmacy team and the specialized patient services they offer (Med Assist and Employee Wellness Program) at the Kaweah Health Specialty Clinic.

REPORT TO THE BOARD OF DIRECTORS

The Lifestyle Fitness Center

Patrick Tazio, Director
Contact number: 559-624-3407
July 27, 2022

Summary Issue/Service Considered

1. Providing medically based health and fitness services for the prevention and rehabilitation of lifestyle related illnesses.
2. Ensuring that the Lifestyle Fitness Center continues to provide a full continuum of programs and services to the community.

Analysis of financial/statistical data:

The Lifestyle Fitness Center has seen a strong post-pandemic recovery despite new variant outbreaks and re-implemented indoor masking requirements. The FY 2022 contribution margin of \$285,000 is higher than the FY 2019 pre-pandemic contribution margin of \$154,000.

Membership continues to increase, trending upward each month of the fiscal year. Starting with just under 9,000 members in July 2021 and up to 9,400 members as of May 2022. Overall membership is up 2% over the prior year.

Net revenue per UOS for FY 2022 is at \$26.99, which is slightly higher than FY 2019 while expenses per UOS are down at \$24.40 compared to \$25.60 per UOS in FY 2019, which resulted in a contribution margin of \$2.60 per UOS verses \$1.15 per UOS in 2019. These results were achieved primarily through the restructuring programs and staffing, along with closely monitoring expenses. Additionally, a rate increase was implemented in April of this year, which will result in an estimated \$144,000 in additional revenue annually and improve our contribution margin.

Quality/Performance Improvement Data

Prior to our closure due to COVID-19, The Lifestyle Fitness Center was very close to meeting or in some cases exceeding national benchmark data provided by the Medical Fitness Association's 2017 Benchmarks for Success.

Compared to other facilities 40,000 – 59,999 square feet, The Lifestyle Fitness Center at 55,000 square feet had the lowest membership dues at \$45, with the highest being \$66. As a result, our gross revenue per member was \$321, compared to an average of \$657. However, our gross revenue per square feet was at \$65.07 compared to \$65.51 nationally. That being said, prior to our closure The Lifestyle Fitness Center served almost twice as many members as other facilities of the same size with an attrition rate of 2.17%-2.6% compared to other facilities experiencing a 2.8%-3.5% loss. During the FY 2022 budget year we enrolled 3,233 new members and had 2,431 cancel resulting in an annual retention rate of 75.19% which exceeds the current national average of 71.4% and an attrition rate 26.7% with the current national average being 28.6%

Prior to COVID-19, we already had a well-established cleaning schedule for the equipment. However, we now we have increased our cleaning frequency and added additional hand-sanitizer throughout the facility. We have added sanitizing stations to the fitness floor with disinfectant spray and cleaning supplies. We have disinfectant spray and cleaning towels placed on each piece of equipment. The showers are sanitized every two hours; and the free weight equipment, showers and locker rooms are sanitized nightly using an electrostatic, disinfectant sprayer.

Policy, Strategic or Tactical Issues

1. The Lifestyle Fitness Center has seen a steady increase in membership enrollments throughout this budget year up from 8,400 members in July 2021 to 9,500 in June 2022.
2. Club 50 – The Lifestyle Fitness Center staff’s and facilitates a low-cost senior fitness program at The Boys & Girls Club on Mondays, Wednesdays and Fridays from 8 a.m. – 12 noon; serving over 200 members.
3. Scholarships – The Lifestyle Fitness Center currently has 125 members with a medical need on a reduced rate scholarship.
4. Community Benefits – The Lifestyle Fitness Center generally contributes over \$85,000 in community benefits programs. Services are in the form of health screenings, lecture presentations, workshops, scholarships, community based exercise programs, Club 50 at the Boys & Girls Club and membership donations.
5. Personal Trainers and Exercise Physiologist at the Center are continually researching new training methods to achieve the greatest benefits and results for our members. Group Exercise Classes are closely monitored adding new formats to stay current with new fitness trends.
6. Aquatic Classes and Programs are routinely evaluated adding new classes and services as trends change within the industry.
7. The Men’s and Women’s dry saunas in the pool area continue to be very popular and highly utilized.

Recommendations/Next Steps

1. Work closely with the Marketing Department to develop a strong membership campaign to attract new members and bring previous members back.
2. Closely monitor enrollments and cancellations of members.
3. Focus on retention of existing members.
4. Closely monitor financial performance and adjust expenses accordingly.
5. Continue to promote Recovery Services (cryo-therapy and compression-therapy) as ancillary revenue and service line.
6. Plan to replace the original twenty-six year old lockers and renovate the locker rooms in next year’s budget, in order to remain competitive and attract new members.

Approvals/Conclusions

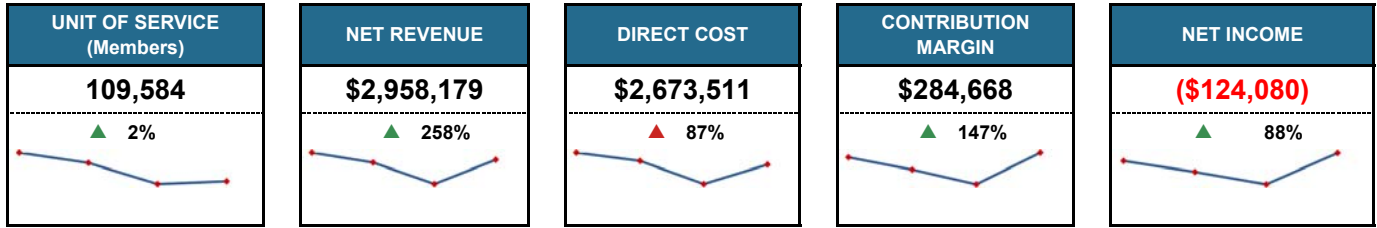
In the coming year, The Lifestyle Center will focus on:

1. Developing a strong Membership Enrollment Campaign.
2. Building a customer base with our Recovery Services.
3. Continue to review profitability and contribution margin to identify opportunities for volume growth, cost containment, member satisfaction and employee engagement.

Lifestyle Fitness Center

* FY 2022 Annualized: ELEVEN MONTHS ENDED MAY 31, 2022

KEY METRICS - FY 2022 ANNUALIZED

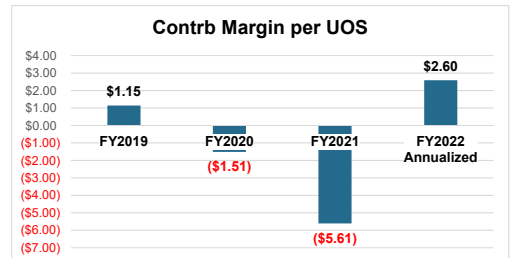
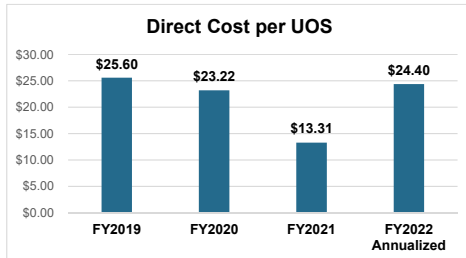
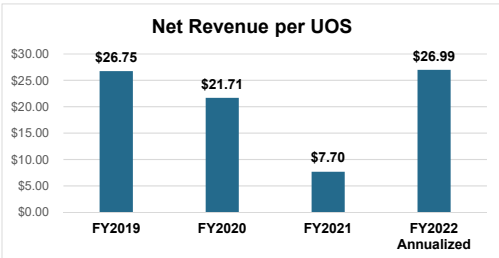


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND
Unit of Service (Members)	133,777	125,099	107,221	109,584	▲ 2%	
Net Revenue	\$3,579,154	\$2,715,398	\$825,748	\$2,958,179	▲ 258%	
Direct Cost	\$3,425,335	\$2,904,232	\$1,427,469	\$2,673,511	▲ 87%	
Contribution Margin	\$153,819	(\$188,834)	(\$601,721)	\$284,668	▲ 147%	
Indirect Cost	\$498,988	\$466,619	\$399,934	\$408,748	▲ 2%	
Net Income	(\$345,169)	(\$655,453)	(\$1,001,655)	(\$124,080)	▲ 88%	
Net Revenue per UOS	\$26.75	\$21.71	\$7.70	\$26.99	▲ 251%	
Direct Cost per UOS	\$25.60	\$23.22	\$13.31	\$24.40	▲ 83%	
Contrb Margin per UOS	\$1.15	(\$1.51)	(\$5.61)	\$2.60	▲ 146%	

PER CASE TRENDED GRAPHS



Notes:

Kaweah Health received \$125,000 of reimbursement in FY 2021 from our Business Interruption insurance carrier, which would partially cover the interruption of the svc.

Source: Non-Cerner Service Line Report, Lifestyle Fitness Center

Note:

Source: Non-Cerner Service Line Report

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

Respiratory Services

Wendy Jones, BS, RRT, RPFT, Director, (559) 624-2329
Johnny Mata, BS, RRT-NPS, Manager, (559) 624-2192
July 2022

Summary Issue/Service Considered

1. Respiratory Services will continue to provide/support primary and advanced respiratory care services emphasizing stabilization, maintenance, and restorative goal driven patient care.
2. Specific Clinical Focus:
 - Continue to work collaboratively with Rapid Response Team (RRT)
 - Continue to actively support our Intensivist group to assure a continuum of care and service excellence is sustained.
 - Continue to work collaboratively with our Neonatologists and nursing staff to achieve optimal patient outcomes in our Neonatal population.
 - Continue to support respiratory care education for our Residents.

Analysis of Financial/Statistical Data:

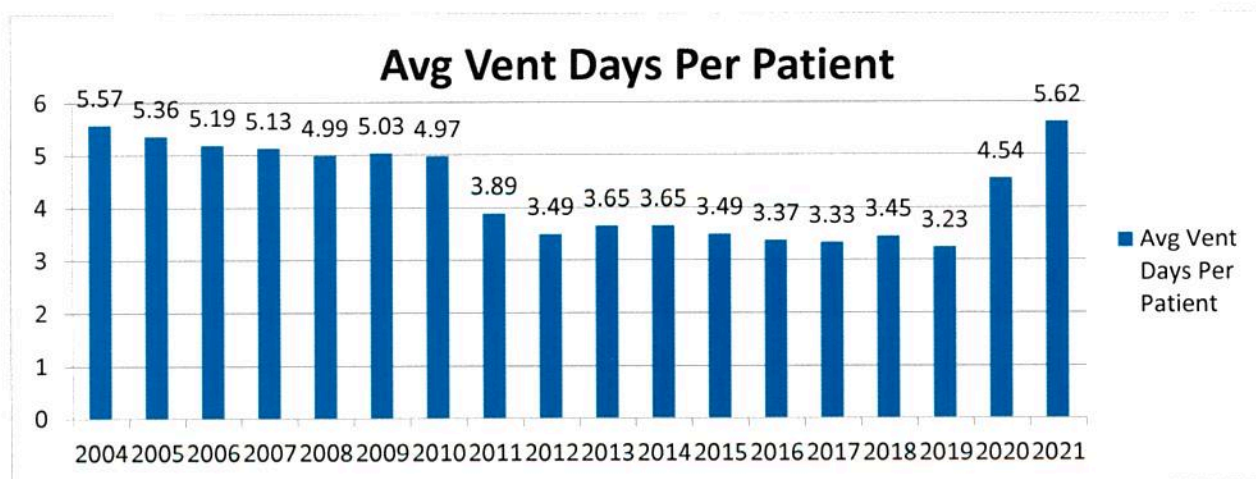
The inpatient pulmonary service line is showing a nearly \$16.5 million contribution margin. The contribution margin has increased substantially in FY 2021 and FY 2022 due to COVID. \$6.8 million of that is supplemental government funding we received for Medi-Cal and Medi-Cal Managed Care patients.

Quality/Performance Improvement Data

Average Ventilator Days Per Patient

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

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



Policy, Strategic or Tactical Issues

Ideal Work Environment:

1. Provide staff with continuing education advancing clinical knowledge in pursuit of best practices.
2. Encourage staff to advance their education by offering loan repayment for baccalaureate level achievement.
3. Provide staff with educational resources culminating in RRT-ACCS (Registered Respiratory Therapist-Adult Critical Care Specialist) or RRT-NPS (registered Respiratory Therapist-Neonatal Pediatric Specialist) credentials.
4. Reward and recognize staff for living our Mission and Vision Statements.
5. Work collaboratively with our Medical Director on developing Respiratory Care policies, procedures and processes designed to standardize/optimize best evidence based respiratory care throughout the District.
6. Maintain an internal per diem pool of RCP's to support fluctuations in staffing in an effort to maintain high quality care while optimizing our financial performance.
7. Develop a clinical ladder for professional advancement based on established standards.

Service Excellence:

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

Quality Outcomes:

1. Continue to support VAE improvement process.
2. Work collaboratively to support best practices.
3. Continue to support/manage our quality initiatives resulting in our exceeding HCAPS benchmarks.

Financial Strength:

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

Recommendations/Next Steps

1. Continue to recognize and reward staff for walking the talk.
2. Development of education program for managing COPD in our acute care population.
3. Plan in place to move all Certified Respiratory Therapists to Registered Respiratory Therapist credential in acute care.

Conclusions

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

Top priorities:

- Staff recognition, reward, satisfaction, education and professional development.
- Continue to support our Intensivist group through sustaining strong working relationships, shared vision, and standardized ventilator management.
- Closely monitor vital clinical indicators/core measures to assure optimal patient safety, outcomes, experiences, operational efficiency and profitability.

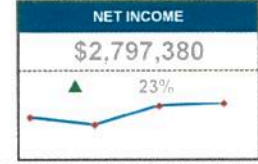
KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - Summary

FY2022 Annualized

* FY 2022 ANNUALIZED ON THE ELEVEN MONTHS ENDED MAY 31, 2022

KEY METRICS - FY 2022 ANNUALIZED



*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
PULMONARY INPATIENT	2,947	\$64,032,986	\$47,553,928	\$16,479,058	\$2,899,487
SLEEP DISORDERS CENTER OUTPATIENT	2,318	\$1,403,957	\$1,138,239	\$265,718	(\$163,947)
PULMONARY FUNCTION OUTPATIENT	1,208	\$311,629	\$133,023	\$178,606	\$98,711
OUTPATIENT EEG	319	\$58,564	\$73,941	(\$15,376)	(\$36,871)
RESPIRATORY SERVICES TOTAL	6,791	\$65,807,137	\$48,899,132	\$16,908,005	\$2,797,380

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
PATIENT CASES	5,968	5,385	6,195	6,791	▲ 10%	
NET REVENUE	\$21,137,191	\$21,776,161	\$48,565,409	\$65,807,137	▲ 36%	
DIRECT COST	\$15,493,613	\$17,031,822	\$35,366,401	\$48,899,132	▲ 38%	
CONTRIBUTION MARGIN	\$5,643,578	\$4,744,339	\$13,199,008	\$16,908,005	▲ 28%	
INDIRECT COST	\$5,715,616	\$6,327,738	\$10,919,158	\$14,110,625	▲ 29%	
NET INCOME	(\$72,038)	(\$1,583,399)	\$2,279,850	\$2,797,380	▲ 23%	
NET REVENUE PER CASE	\$3,542	\$4,044	\$7,839	\$9,690	▲ 24%	
DIRECT COST PER CASE	\$2,596	\$3,163	\$5,709	\$7,201	▲ 26%	
CONTRB MARGIN PER CASI	\$946	\$881	\$2,131	\$2,490	▲ 17%	

GRAPHS



Report Notes:

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

KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - Pulmonary Inpatient

FY2022 Annualized

* FY 2022 ANNUALIZED ON THE ELEVEN MONTHS ENDED MAY 31, 2022

KEY METRICS - FY 2022 ANNUALIZED



*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	1,732	1,672	2,402	2,947	▲ 23%	
PATIENT DAYS	7,919	7,680	17,040	22,320	▲ 31%	
ALOS	4.57	4.59	7.09	7.57	▲ 7%	
GM LOS	3.83	4.00	5.01	4.94	▼ -1%	
OPPORTUNITY LOS	0.74	0.59	2.08	2.63	▲ 26%	
NET REVENUE	\$19,056,287	\$20,124,421	\$46,867,823	\$64,032,986	▲ 37%	
DIRECT COST	\$13,943,256	\$15,680,562	\$34,048,611	\$47,553,928	▲ 40%	
CONTRIBUTION MARGIN	\$5,113,031	\$4,443,859	\$12,819,212	\$16,479,058	▲ 29%	
INDIRECT COST	\$5,145,735	\$5,670,752	\$10,420,872	\$13,579,571	▲ 30%	
NET INCOME	(\$32,704)	(\$1,226,893)	\$2,398,340	\$2,899,487	▲ 21%	
NET REVENUE PER CASE	\$11,002	\$12,036	\$19,512	\$21,732	▲ 11%	
DIRECT COST PER CASE	\$8,050	\$9,378	\$14,175	\$16,139	▲ 14%	
CONTRB MARGIN PER CAS	\$2,952	\$2,658	\$5,337	\$5,593	▲ 5%	

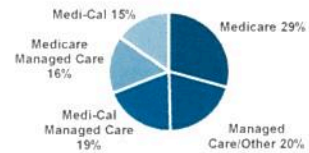
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	41%	37%	34%	29%
Managed Care/Other	8%	12%	16%	20%
Medi-Cal Managed Care	16%	17%	16%	19%
Medicare Managed Care	8%	9%	15%	16%
Medi-Cal	26%	24%	17%	15%

FY 2022 PAYER MIX

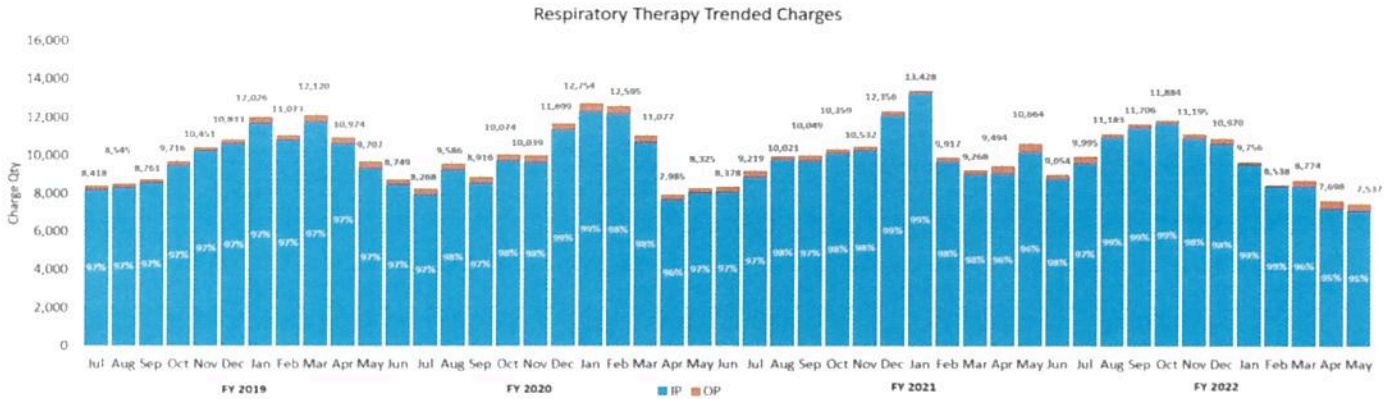


KAWEAH HEALTH ANNUAL BOARD REPORT
 Respiratory Services - Pulmonary Inpatient

FY2022 Annualized

* FY 2022 ANNUALIZED ON THE ELEVEN MONTHS ENDED MAY 31, 2022

KEY METRICS - FY 2022 ANNUALIZED



Report Notes:
 Source: KHMC, Inpatient Service Line Report
 Selection Criteria: Service Line 1 = Pulmonary

KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - Pulmonary Function

FY2022 Annualized

* FY 2022 ANNUALIZED ON THE ELEVEN MONTHS ENDED MAY 31, 2022

KEY METRICS - FY 2022 ANNUALIZED



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	1,142	1,018	1,135	1,208	▲ 6%	
NET REVENUE	\$296,193	\$251,724	\$287,120	\$311,629	▲ 9%	
DIRECT COST	\$128,241	\$116,525	\$117,937	\$133,023	▲ 13%	
CONTRIBUTION MARGIN	\$167,952	\$135,199	\$169,183	\$178,606	▲ 6%	
INDIRECT COST	\$75,842	\$82,740	\$76,265	\$79,895	▲ 5%	
NET INCOME	\$92,110	\$52,459	\$92,918	\$98,711	▲ 6%	
NET REVENUE PER CASE	\$259	\$247	\$253	\$258	▲ 2%	
DIRECT COST PER CASE	\$112	\$114	\$104	\$110	▲ 6%	
CONTRB MARGIN PER CASI	\$147	\$133	\$149	\$148	▼ -1%	

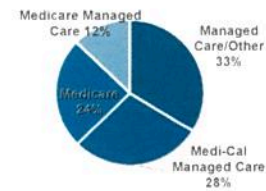
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Cases)

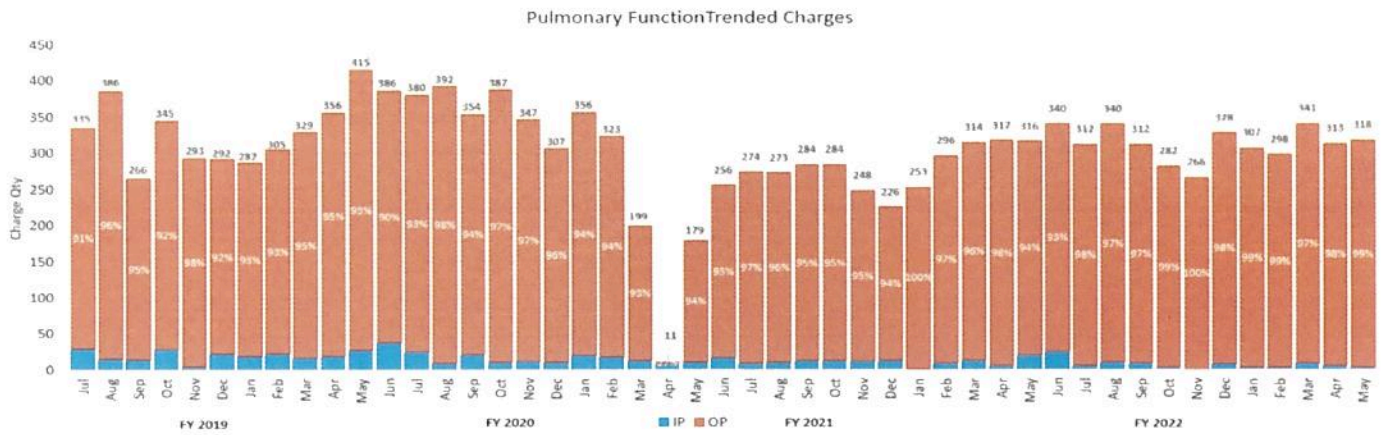
PAYER	FY2019	FY2020	FY2021	FY2022
Managed Care/Other	33%	32%	33%	33%
Medi-Cal Managed Care	15%	19%	26%	28%
Medicare	39%	34%	27%	24%
Medicare Managed Care	11%	13%	11%	12%

FY 2022 PAYER MIX



* FY 2022 ANNUALIZED ON THE ELEVEN MONTHS ENDED MAY 31, 2022

KEY METRICS - FY 2022 ANNUALIZED



Notes:
 Source: Outpatient Service Line Report
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = Pulmonary Function
 Second Chart is based off of Pulmonary Charges

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

Sleep Center

Wendy Jones, BS, RRT, RPFT, Director, (559) 624-2329
Sasha Nevarez, RPSGT, Manager (559) 624-6797
July 2021

Summary Issue/Service Considered

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

Analysis of Financial/Statistical Data:

The Sleep Center's financial results are slightly up from FY 2020, with an increase to our net revenue and net income. The Sleep Center shows a 4% increase in net income and a 24% increase to our contribution margin. Our overall volume remains nearly the same with only a 1% increase in volume. Home Sleep Testing has increased over time but is holding steady at approximately 37% of the business. On the payer side, the Sleep Center saw no change in the Managed Care business and a 1% decrease for Medicare payers in FY 2022. There was a slight increase to the Managed Medical payers of 1% and early no change to our Medicare Managed Care payers. Managed Care patients continue to hold strong at 50% of the volume.

Quality/Performance Improvement Data

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

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

Report Timeliness:

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

Hook Up Procedure:

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

Adequacy of Positive Airway Pressure (PAP) Titration:

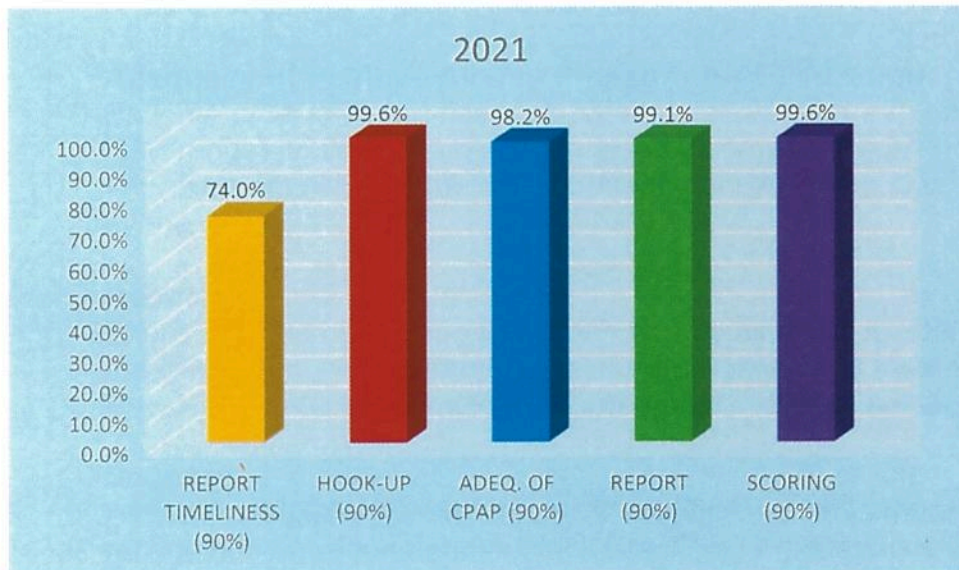
Patients receive expert assessment and intervention with optimal application of PAP ranges to correct obstructive sleep disorders. The Performance Improvement (PI) threshold for adequacy of PAP titration is $>90\%$ as established by the ABSM.

Reporting:

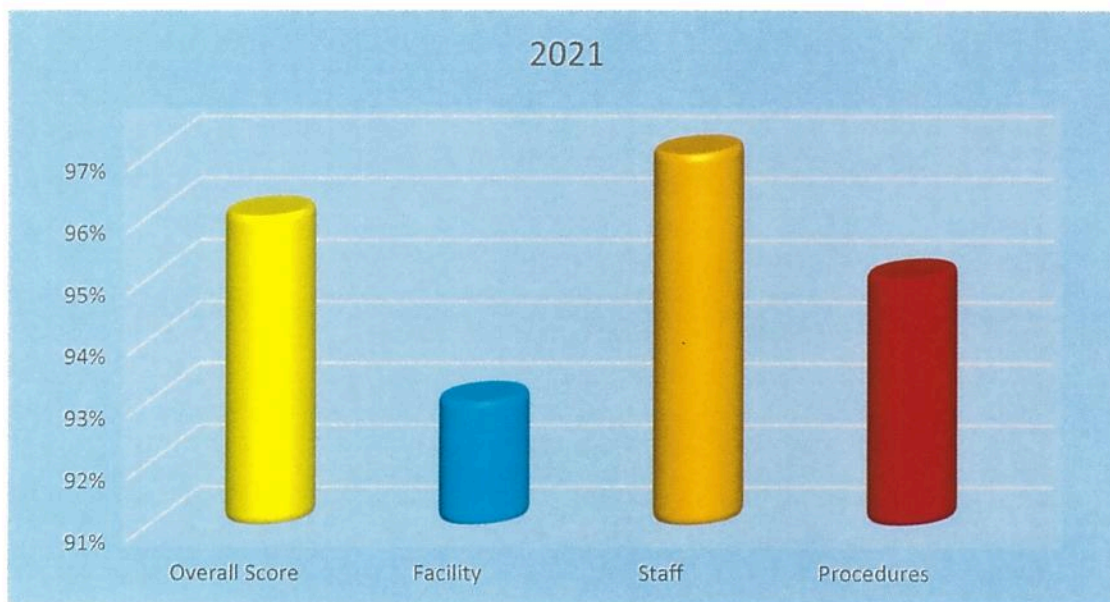
There must be correlation between the preliminary technical report generated by the Sleep Technologist and the final report generated by the scoring Sleep Physician. The PI threshold for agreement is $>90\%$ as established by the ABSM.

Scoring:

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



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



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

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

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

Policy, Strategic or Tactical Issues

1. Continue to monitor and implement latest Centers for Medicare & Medicaid Services (CMS) reimbursement guidelines.
2. Carefully monitor overall polysomnography reimbursement in an effort to sustain profitability including the monitoring and efficient management of Medi-Cal (payer) sources
3. Continue to stay abreast of Home Sleep Study trends and potential impact on In-Lab testing
4. Medical Director will continue to be actively engaged in educating both our community and the providers we serve.
5. Increase revenue by implementing recently purchased HST devices which are billable at a higher reimbursement rate than current equipment.

Recommendations/Next Steps

1. Continue to provide an ideal work environment for staff.
2. Develop and maintain an efficient budget that allows for both high quality diagnostic services, excellent patient outcomes and increased profitability.
3. Continue to meet or exceed quality benchmarks.
4. Maintain and or implement new practice standards set forth by the AASM.

5. Continue to work closely with our Medical Director in the ongoing development, planning and implementation of sleep disorder services that optimize diagnostic evaluation, treatment and preventative health care for our community.
6. Continue to respond to Medicare/Medi-Cal initiatives related to reimbursement for sleep testing at the State and National levels in order to optimally align our services with financial viability.

Conclusions

1. Continue working to overcome financial challenges with identified payer groups.
2. Home Sleep Testing contribution margin is expected to increase in FY23.
3. In lab testing volumes continue to remain stable.
4. Sustain staff job satisfaction score at 92% or greater
5. Maintain patient experience scores >90%

Top Priorities for 2023:

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

KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - Sleep Disorders Center

FY2022 Annualized

* FY 2022 ANNUALIZED ON THE ELEVEN MONTHS ENDED MAY 31, 2022

KEY METRICS - FY 2022 ANNUALIZED



*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	2,724	2,329	2,290	2,318	▲ 1%	
NET REVENUE	\$1,711,390	\$1,329,287	\$1,346,778	\$1,403,957	▲ 4%	
DIRECT COST	\$1,331,081	\$1,156,513	\$1,132,414	\$1,138,239	▲ 1%	
CONTRIBUTION MARGIN	\$380,309	\$172,774	\$214,364	\$265,718	▲ 24%	
INDIRECT COST	\$469,085	\$546,305	\$401,624	\$429,665	▲ 7%	
NET INCOME	(\$88,776)	(\$373,531)	(\$187,260)	(\$163,947)	▲ 12%	
NET REVENUE PER CASE	\$628	\$571	\$588	\$606	▲ 3%	
DIRECT COST PER CASE	\$489	\$497	\$495	\$491	▼ -1%	
CONTRB MARGIN PER CAS	\$140	\$74	\$94	\$115	▲ 22%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Cases)

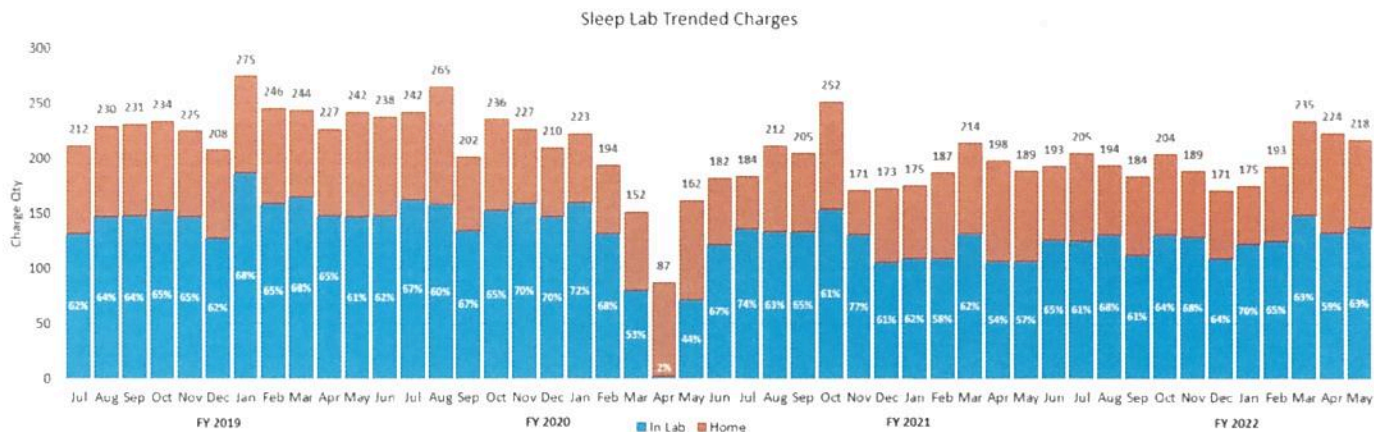
PAYER	FY2019	FY2020	FY2021	FY2022
Managed Care/Other	56%	54%	50%	50%
Medi-Cal Managed Care	21%	29%	30%	31%
Medicare	18%	12%	13%	12%
Medicare Managed Care	4%	4%	6%	6%
Work Comp	0%	0%	1%	1%

FY 2022 PAYER MIX



* FY 2022 ANNUALIZED ON THE ELEVEN MONTHS ENDED MAY 31, 2022

KEY METRICS - FY 2022 ANNUALIZED



Source: Outpatient Service Line Report
 Selection Criteria: Service Line 1 = Respiratory Services and Service Line 2 = Sleep Disorders Center
 Chart is based on charges.

KAWEAH HEALTH ANNUAL BOARD REPORT

Respiratory Services - Outpatient EEG

FY2022 Annualized

* FY 2022 ANNUALIZED ON THE ELEVEN MONTHS ENDED MAY 31, 2022

KEY METRICS - FY 2022 ANNUALIZED



*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	370	366	368	319	▼ -13%	
NET REVENUE	\$73,321	\$70,729	\$63,688	\$58,564	▼ -8%	
DIRECT COST	\$91,035	\$78,222	\$67,439	\$73,941	▲ 10%	
CONTRIBUTION MARGIN	(\$17,714)	(\$7,493)	(\$3,751)	(\$15,376)	▼ -310%	
INDIRECT COST	\$24,954	\$27,941	\$20,397	\$21,494	▲ 5%	
NET INCOME	(\$42,668)	(\$35,434)	(\$24,148)	(\$36,871)	▼ -53%	
NET REVENUE PER CASE	\$198	\$193	\$173	\$184	▲ 6%	
DIRECT COST PER CASE	\$246	\$214	\$183	\$232	▲ 27%	
CONTRB MARGIN PER CASI	(\$48)	(\$20)	(\$10)	(\$48)	▼ -374%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Cases)

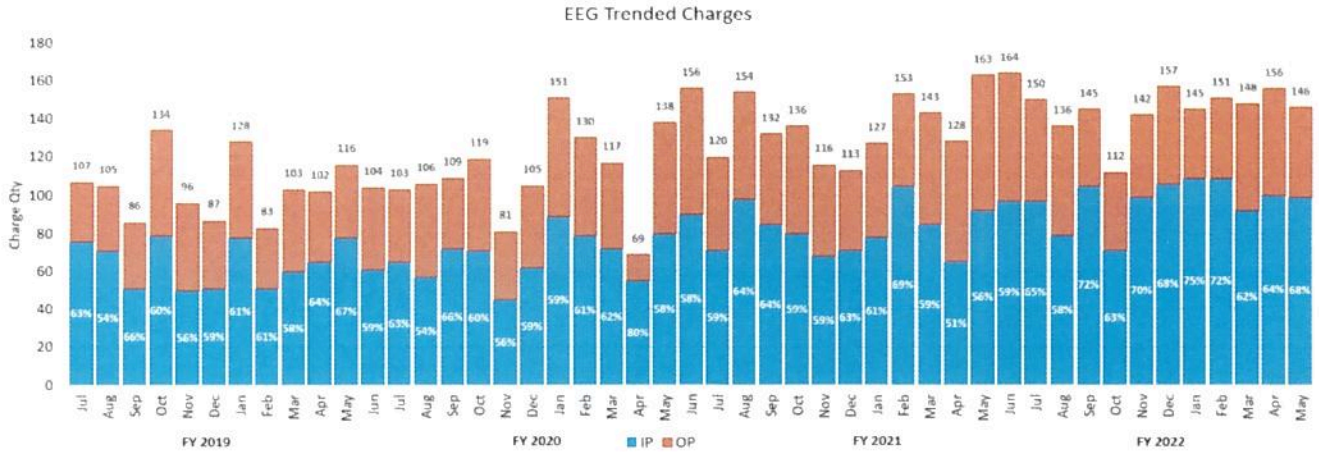
PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	29%	40%	39%	47%
Managed Care/Other	39%	31%	30%	28%
Medicare	22%	21%	21%	18%
Medicare Managed Care	7%	5%	8%	4%
Medi-Cal	1%	2%	2%	2%

FY 2022 PAYER MIX



* FY 2022 ANNUALIZED ON THE ELEVEN MONTHS ENDED MAY 31, 2022

KEY METRICS - FY 2022 ANNUALIZED



Notes:
 Source: Outpatient Service Line Report
 Selection criteria: Service Line 1 = Respiratory Services and Service Line 2 = EEG
 Chart is based off of EEG Charges.

BOD Risk Management Report –
Open
2nd Quarter 2022

Evelyn McEntire, Director of Risk Management
559-624-5297 / emcentir@kaweahhealth.org



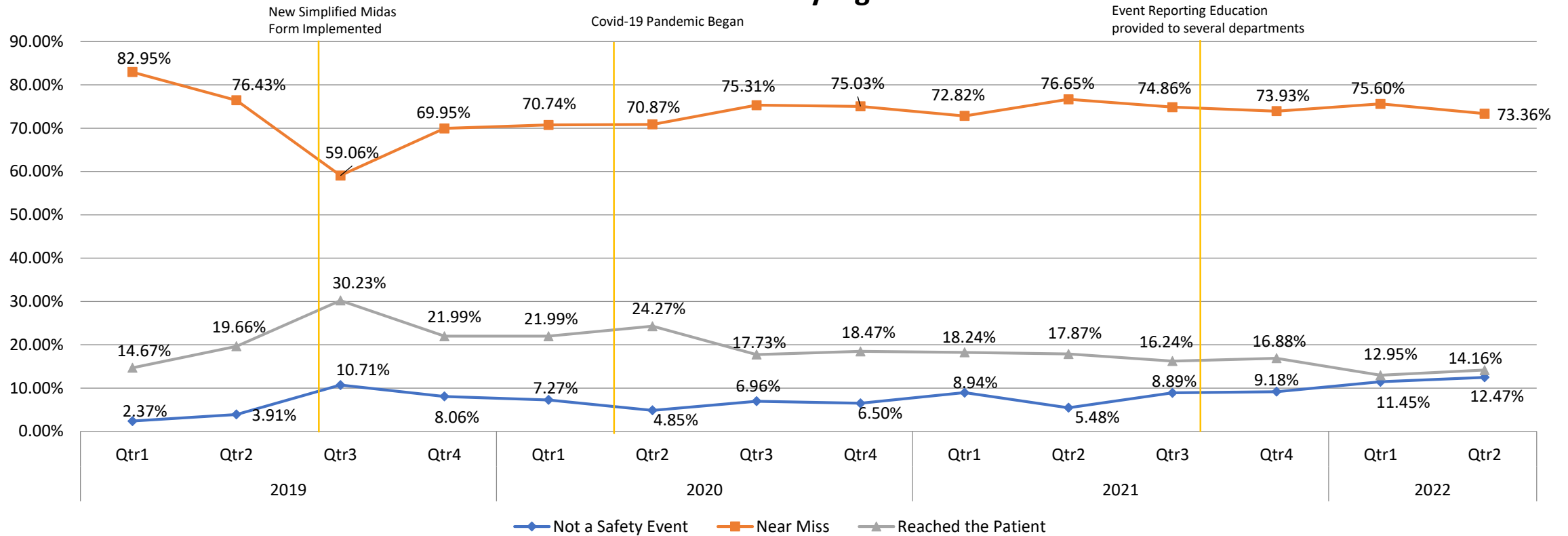
[kaweahhealth.org](https://www.kaweahhealth.org)



Risk Management Goals

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

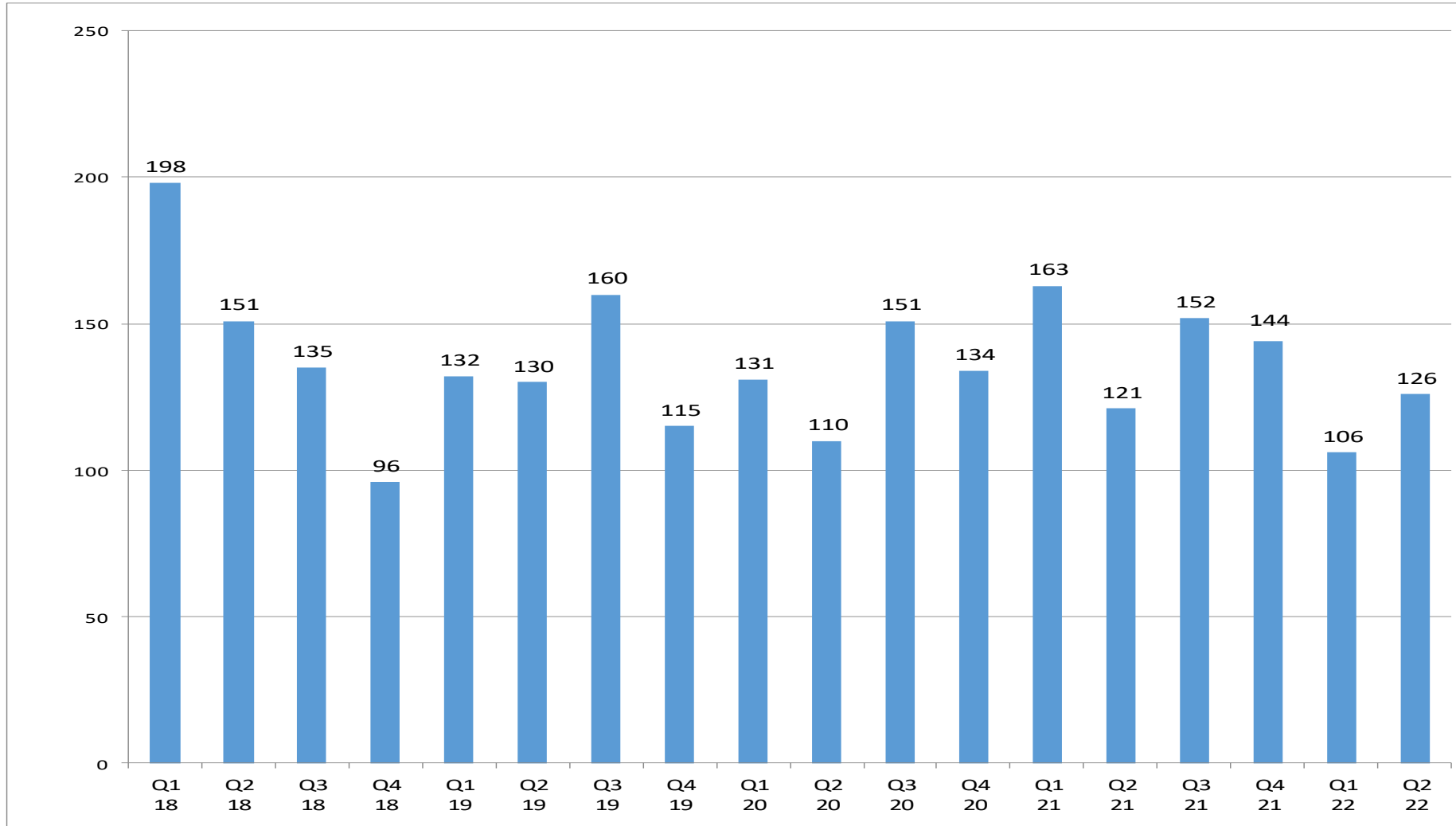
Midas Risk Events - Rate by Significance



This graph represents the total number of Midas event reports submitted per quarter. They are also categorized by "Not a safety event," "Near miss," or "Reached the patient."

Goal: To *increase* the total number of event reports submitted by staff/providers while *decreasing* those events which reach the patient.

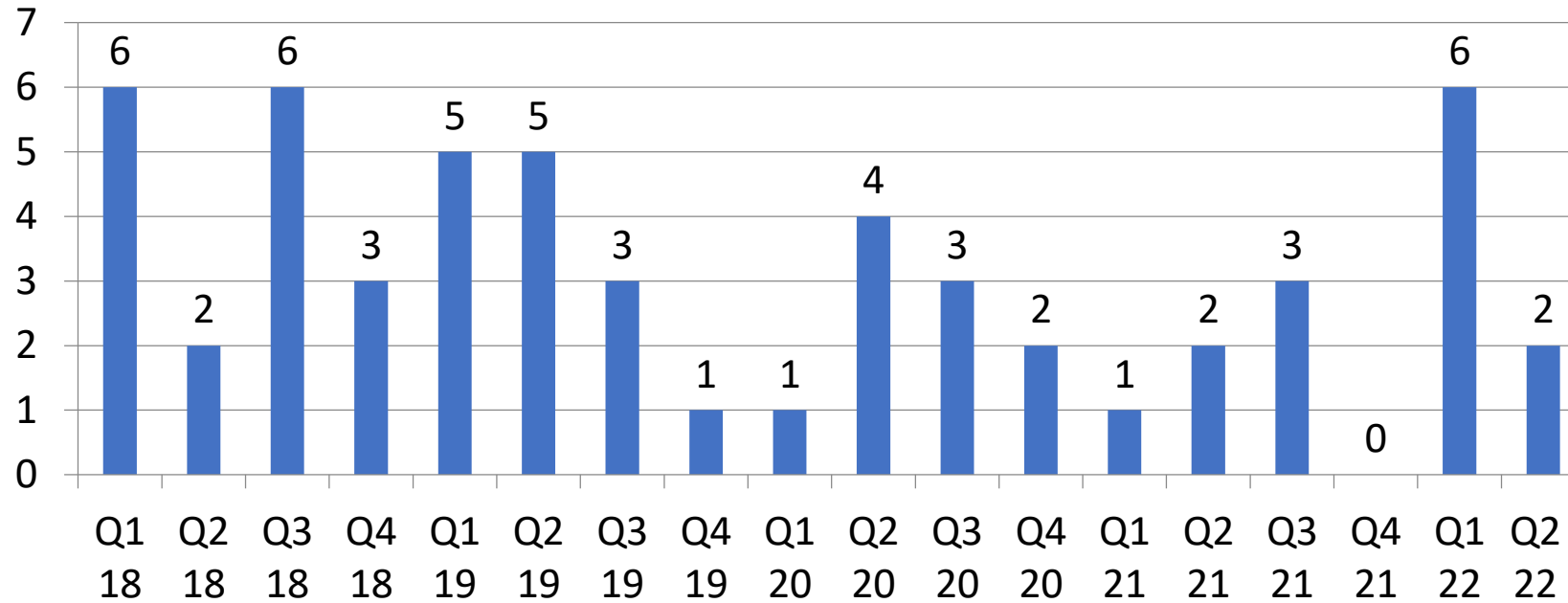
Complaints & Grievances 2018-2022



Most Common Complaints:

- Clinical Care - Staff
- Communication - Staff
- Clinical Care - Provider

Claims 2018 - 2022



Number of New Claims Received per
Quarter

Total cases closed during 2nd Quarter 2022 - (5)
Five

Live with passion.

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



REPORT TO THE BOARD OF DIRECTORS

Emergency Department - July 2022

Michelle Peterson, Director of
Emergency Services
mipeters@kaweahhealth.org
559-624-2410

Dr. Sakona Seng, Medical Director of
Emergency Services
sseng@kaweahhealth.org

Service line summary

- The Emergency Department (ED) continues to operate with high volume and acuity. Our immediate patient population continues to age and require additional management of not only acute issues but complex chronic medical issues.
- Most pressing issues the ED faces include the following:
 - Consistent timely care, overall patient throughput, and patient experience.
 - The lack of some sub-specialty services such as Urology and Child Psychiatry have also become more of an issue due to capacity issues being experienced at hospitals across the state of California, making transfers for higher level of care more complex.
 - Healthcare worker burnout and recruiting/retention of our team continues to be a top priority.
 - Supply chain for certain equipment can be experienced with short notice, impacting care.
 - Efficient onboarding and continued performance of our teams on standard work flows continue to be a focus for ED Leadership. Examples include emergent blood transfusions, procedural sedation consent requirements, and ESI assignments.
 - Quality of care for our mental health population
- ED performed well with Quality measures pertaining to Sepsis and Stroke. They contributed to education and Quality efforts at reducing CLABSI/CAUTI
- ED Financial Score Card Key Takeaways:
 - Contribution margin decrease 18% from last year to \$73 million
 - 88% of inpatient acute adults/pediatric admissions originate in the emergency department (excluding our mother and baby patients in the Obstetrics/Labor Delivery areas)
 - Increased patient care expenses and increased observation stay minutes cut into contribution margin.

Key Performance Data

- Left without being seen is a metric serves as a surrogate marker for ED efficiency. Goal for the year was set aggressively at 1.5%. The Dept met goal by operating with only 1.4% of all patients leaving without being seen.
- Median length of stay for discharged patients remained above the goal of 215 minutes.
- Median length of stay for admitted patients remained above the goal of 415 minutes.

- Patient experience goal for July 2021-March 2022 was 70%, we were below benchmark at 66.4%. In April we moved to using the text/email survey from Press Ganey that Vituity uses across their sites for all ED patients. This is a metric that Press Ganey calls the Patient Feedback Score (PFS) which is on a scale of 0-5 with 3.7 as Dept goal. April 2022-June 2022 we scored 3.35 and did not meet goal.
- Standardize Onboarding/Teaching and Standard Work
 - The ED team members identified a potential risk for patient safety by not performing a double verification process in transfusion of emergent blood.
 - The ED has been working on improving procedural consents. From October 2021 through February 2022, we were below our expected compliance with full completion of the consents and associated documentation.
 - During the last year we struggled with the surge of patients and ensuring those in our care were getting their vital signs taken at the correct intervals based on the emergency severity index (ESI) assigned.
 - Sepsis Bundle Implementation has led to an organization wide compliance rate of 75%. ED team initiates the bundle and has adopted patient care practices to support compliance.
 - Admit holds boarding in the ED due to higher inpatient bed demands has resulted in a standard workflow, education and implementation of medical/surgical practice in the ED.

Noted Trends

- Total Volume FY22 was just over 81,000 patients seen with an average daily volume of 220 patients. This is an increase from FY21 (total volume about 74,000 patients) and is similar to our pre-COVID volumes (FY19 had almost 85,000 encounters).
- MH admissions in FY21 totaled 1023 patients, compared to 940 in FY19.
- July 2021-June 2022 employee turnover has created a gap in Emergency Department staffing. 39 total terminations/ 194 active employees, ED turnover rate is 20%.
- The Emergency Department has had a steady volume of team members on continuous and intermittent leave of absence.
- Adolescent mental health crisis care patient volumes have increased, length of stay has increased as patients wait for an admit bed at available facilities.
- Length of stay for discharged and admitted patients are up-trending.
- Patient complaints and events in our 1E population (admitted patients holding for a bed) have decreased since implementation of 1E process committee.

Active Actions/Solutions

- Throughput
 - ED Leadership has been engaged with Chartis consultants. Next steps in the ED include evaluating and implementing standard ED triage/discharge processes, execute staffing for demand model across for physicians/APPs, hiring 3rd CM for streamlining admissions process, medical staff collaboration on admissions criteria for each level of care, optimizations of physician on-call listings for admissions, and continued partnership with population health to focus on high ED utilizers.
 - Collaborating with Medical Director of Best Practices to adopt order sets that strive to meet quality and throughput metrics.

- Collaborating with inpatient units to promote early discharge and movement of patients when they are waiting in the ED for admission.
- Patient Experience
 - Continue to trend new Binary Fountain platform.
 - Patient Experience scripting rolled out by physician and nursing leadership with intent of re-emphasis on narrating the care with compassion and empathy.
 - Positive feedback provided to outstanding performers. Constructive feedback provided to those with opportunities to improve.
 - Innovation and tools for real time updates of patient status will be explored for implementation.
 - Additional resources such as ED patient navigators and volunteers were approved.
 - Vituity sponsored 1 year physician Fellowship focused on addressing social determinants of health and existing disparities within our community.
- Subspecialty Coverage
 - ED Leadership will collaborate with new service lines such as Urology and Child Psychiatry.
 - Medical staff leadership escalation process with difficult transfers to ensure we are doing all we can locally.
 - Communication and safe sign-out practices emphasized to teams.
- Healthcare Worker Burnout/Retention
 - Leadership role support: Both of the assistant nurse manager roles were filled by tenured Emergency Department charge nurses. These leaders bring understanding of the unit that is vital to our leadership team. A Manager was hired and brought understanding of Kaweah to the leadership team. The Director that was hired brought leadership experience to a novice leadership team.
 - Provider Leadership collaboration: The ED leadership team continues to collaborate very closely with the ED Medical Director on initiatives to improve the department and overall care that is provided. As changes are needed or ideas brought forward, this relationship proves to be strong and effective. With our permanent ED nursing leadership coming together, our ED Medical Director will prove to be a support and resource for unit development and growth.
 - Initiate a staffing by demand model and replace a set number of staff each shift. We have implemented a model based on past volumes. We schedule nurses based on days of the week, with more mid-shift nurses coming in based on the amount of patients throughout the day to help with increased volumes during the busier times.
 - Increased the number of LVNs in the department to help the RNs with tasks such as blood draws and medication dispensing. LVNs also have a staffing by demand model with start times staggering throughout the day.
 - Physician/APP Wellness retreat scheduled for Aug 2022.
 - Standardized onboarding with regular check-ins to alleviate stressors for a new team member.
 - Flexible scheduling offered to physicians/APPs to optimize their wellness and longevity. Regular lectures to all team members about importance of self-care. ED aims to hire 3 additional physicians and 4 additional APPs to augment expected staffing losses.
- Supply Chain Issues

- ED Leadership to actively assess Dept equipment, particularly critical care equipment. Process developed for communication across teams when this occurs due to national supply chain issues.
- Standardized Onboarding and Quality Performance
 - RN educator position filled to assist with onboarding, training, and team performance.
 - Physician/APP onboarding manual revised and updated. Proctoring shifts continue for new providers.
 - Roles and responsibilities for all positions being revised and efforts to hire up RNs, LVNs, and techs continue.
 - Emergent blood transfusion: We immediately completed education on the use of a double verification process when initiating an emergent blood transfusion. We began audits to ensure the practice was happening. We collaborated with blood bank and the Information Technology (IT) department to see if there was a method to get emergent blood into Cerner for the safety checks to occur as any other blood transfusion. At this time were unable to move forward with getting emergent blood process in the EMR. We will continue to monitor compliance with double blood verification, we have been at 100% with no adverse events from emergent blood transfusions for the year. We will continue to work with IT and blood bank in trying to move forward with having a way to double verify emergent blood in the EMR.
 - Procedural Consent Documentation: We re-educated and changed the workflow in March 2022. New consent forms dispersed to teams in March. Process for paper consents moving from bedside to Cerner was optimized. Since the changes we have significantly improved the overall completion and most metrics are within 10% of goal
 - ESI assignments/Vital signs: After further review the policy was very tight with timeframes. We reached out to several facilities and researched best practice. The policy was changed to match best practices with reassessment of vital signs with patients. As audits are completed, we are noting marked improvement in compliance per policy with 100% compliance in recent months. We will continue to monitor for sustained practice.
 - Quality monitoring: as opportunities are identified to improve care or processes they are addressed. Continue to work with the ED Unit Based Council (UBC) and Comprehensive Unit-based Safety Program (CUSP) in order to ensure our frontline staff escalate needs, identify solutions, and are the informal leaders of the department. Staff are included in outcome reviews and just culture applied to any follow up.
- Quality of Care of Mental Health
 - Mental health patient length of stay times will decrease as the Mental Health hospital capacity increases.
 - ED leaders participated in Kaizen process improvement focused on suicide risk assessments and interventions restructure.
 - Implementation of new Zone 4 multi-disciplinary huddles on Mental Health patients every shift.
 - Planned Aug 2022 Kaizen focused on putting intervention in place to prevent patient elopements.
 -
- Sepsis/HAI
 - ED leadership continues to work on initiatives to grow performance in these areas.

Approvals/Conclusions

We see high volumes of patients every day and the team is tasked with serving an expansive area of patients from varying background and needs. Our ED team is skilled in responding to crisis and caring for patients with immediate life threatening needs. The patient care team and medical staff have demonstrated an overwhelming sense of commitment and personal ownership to the health of the community. In this last year, the ED team has been healing and becoming resilient from the changing demands of the past couple years during the pandemic. The Emergency Department team provides the front line care for the Valley and is able to handle patients on varying medical fronts, including severe trauma, cardiac needs, strokes, diabetes, chronic disease exacerbation all while typically associating psychosocial needs to the care delivery plans.

In this last year, at any given time, you could walk into the emergency department and witness compassion, caring and life-saving happening simultaneously. While often overwhelmed with high volumes of patients, the team continues to handle the most complex of patients and used their processes and systems to ensure patients had the help they needed. The team often has multiple patients with high demands at once such as trauma, cardiac arrest, stroke and obstetric emergencies. The patient care and medical staff team skills are such that they quickly respond, prioritize and come together to deliver the lifesaving care.

As we move into this next year, the focus is on recruitment, retention and increased training of staff for standardized workflows and surge response. We will create an environment with stable leadership and develop the front-line leaders to support daily operations. The ED Leadership team is committed to creating new processes to streamline care. Investments are being made to increase the skill sets of the team, better use of the space to deliver care and ensure timely response by leaders to the needs of the team both operationally and in personnel matters.

We will continue collaboration with our care partners on the inpatient acute care, inpatient mental health and county crisis teams. We will also explore opportunities to partner with groups for chronic disease illness prevention and access to care for our highest users for chronic disease issues.

Respectfully submitted on July 19, 2022 by : Michelle Peterson, RN and Sakona Seng,MD

Key Takeaways:

Emergency Services has a contribution margin of \$73 million, down 18% from prior year.

88% of inpatient admissions come through the ED (excl. moms and babies).

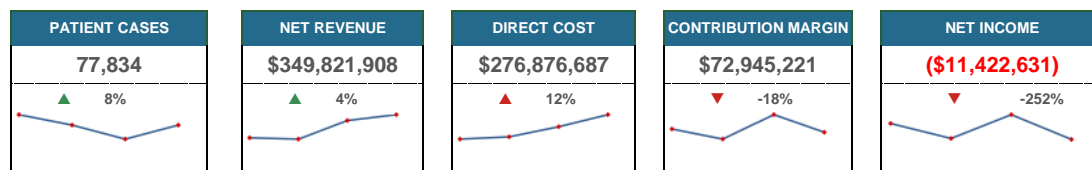
Positive inpatient financial results enhanced by \$32 million in supplemental government funding.

Volumes are trending up in the current fiscal year. Inpatient discharges were essentially flat, however we see a 9% increase in patient days, and increased ALOS. Outpatient ED visit volumes are up 10%.

Contribution margin down 18% in FY 2022. Driving factors are increased expenses on the nursing units and increased ALOS.

Outpatient ED average observation LOS has increased by 38% since FY 2019, driving cost per visit up.

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized



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

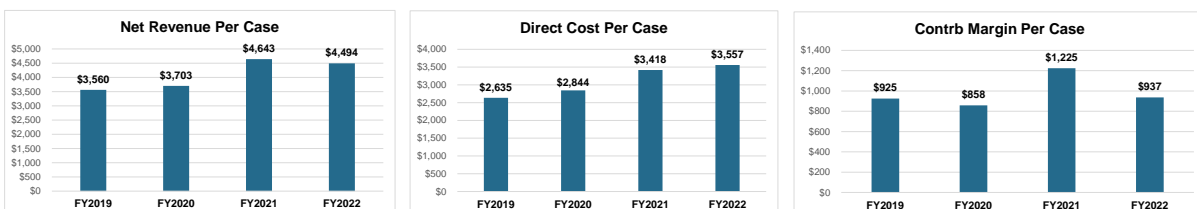
METRICS BY SERVICE LINE - FY 2022

Service Line	Patient Cases	Net Revenue	Direct Cost	Contribution Margin	Net Income
ED Inpatient	14,702	\$279,444,091	\$212,447,885	\$66,996,206	\$5,050,398
ED Trauma Inpatient	528	\$21,655,572	\$14,058,330	\$7,597,242	\$3,570,452
Outpatient Emergency Department	61,042	\$41,706,999	\$40,955,298	\$751,701	(\$14,372,916)
ED Trauma Outpatient	802	\$2,836,703	\$2,489,651	\$347,052	(\$612,334)
ED Inpatient Mental Health Hospital	182	\$1,839,558	\$2,008,963	(\$169,405)	(\$854,531)
Outpatient ED Surgery	578	\$2,338,986	\$4,916,561	(\$2,577,575)	(\$4,203,702)
Emergency Services Totals	77,834	\$349,821,908	\$276,876,687	\$72,945,221	(\$11,422,631)

METRICS SUMMARY - 4 YEAR TREND

Metric	FY2019	FY2020	FY2021	FY2022	% Change from Prior Yr	4 Yr Trend
Patient Cases	81,944	77,870	72,237	77,834	+8%	
Net Revenue	\$291,698,629	\$288,336,354	\$335,403,430	\$349,821,908	+4%	
Direct Cost	\$215,889,923	\$221,487,235	\$246,924,478	\$276,876,687	+12%	
Contribution Margin	\$75,808,707	\$66,849,119	\$88,478,952	\$72,945,221	-18%	
Indirect Cost	\$75,098,397	\$77,649,763	\$80,962,862	\$84,367,852	+4%	
Net Income	\$710,309	(\$10,800,644)	\$7,516,090	(\$11,422,631)	-252%	
Net Revenue Per Case	\$3,560	\$3,703	\$4,643	\$4,494	-3%	
Direct Cost Per Case	\$2,635	\$2,844	\$3,418	\$3,557	+4%	
Contrb Margin Per Case	\$925	\$858	\$1,225	\$937	-23%	

GRAPHS



Key Takeaways:

Emergency Services has a contribution margin of \$73 million, down 18% from prior year.

88% of inpatient admissions come through the ED (excl. moms and babies).

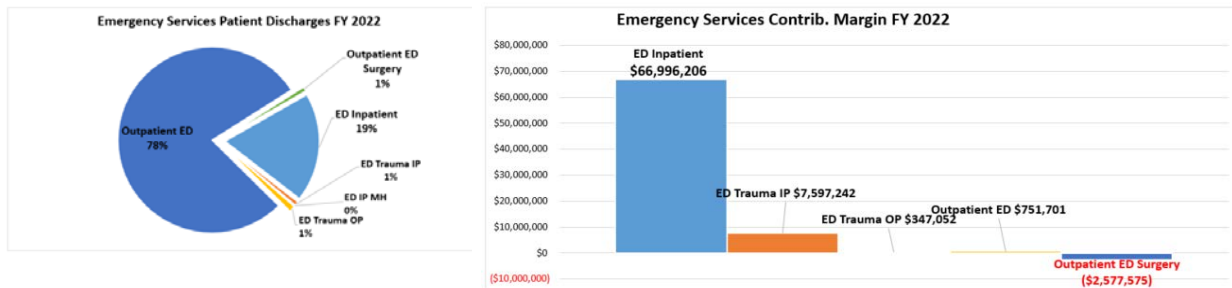
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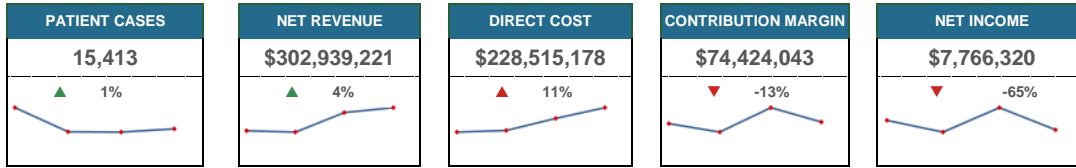
Outpatient ED average observation LOS has increased by 38% since FY 2019, driving cost per visit up.

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized



Note:
 Source: Inpatient and Outpatient Service Line Reports
 Criteria: Inpatient Service Line
 Trauma - Inpatient KDMC patients with Trauma Flag valued at 1.
 ED - Inpatient KDMC patients with ED Flag valued at 1.
 Criteria: Outpatient Service Line
 Trauma - Outpatient KDMC patients with Trauma Flag valued at 1.
 ED - Outpatients in the Emergency Department Service Line, excluding Sugeries, Cath Lab and Trauma Activations
 Patients in the O/P Surgery Service Line, with the ED Flag valued at 1, excludes Trauma Activations

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized



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

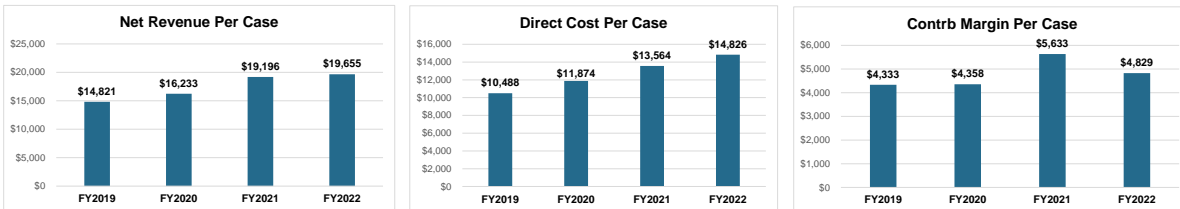
METRICS BY SERVICE LINE - FY 2022

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
ED Inpatient	14,702	\$279,444,091	\$212,447,885	\$66,996,206	\$5,050,398
ED Trauma Inpatient	528	\$21,655,572	\$14,058,330	\$7,597,242	\$3,570,452
ED Inpatient Mental Health Hospital	182	\$1,839,558	\$2,008,963	(\$169,405)	(\$854,531)
Inpatient Emergency Services Total:	15,413	\$302,939,221	\$228,515,178	\$74,424,043	\$7,766,320

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	16,883	15,226	15,190	15,413	▲ 1%	
Patient Days	86,696	78,749	93,707	102,422	▲ 9%	
ALOS	5.14	5.17	6.17	6.65	▲ 8%	
Net Revenue	\$250,226,317	\$247,159,094	\$291,594,227	\$302,939,221	▲ 4%	
Direct Cost	\$177,066,478	\$180,796,905	\$206,035,459	\$228,515,178	▲ 11%	
Contribution Margin	\$73,159,839	\$66,362,190	\$85,558,768	\$74,424,043	▼ -13%	
Indirect Cost	\$59,192,696	\$60,017,651	\$63,549,336	\$66,657,723	▲ 5%	
Net Income	\$13,967,143	\$6,344,538	\$22,009,432	\$7,766,320	▼ -65%	
Net Revenue Per Case	\$14,821	\$16,233	\$19,196	\$19,655	▲ 2%	
Direct Cost Per Case	\$10,488	\$11,874	\$13,564	\$14,826	▲ 9%	
Contrb Margin Per Case	\$4,333	\$4,358	\$5,633	\$4,829	▼ -14%	

GRAPHS



KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized

Note:

Source: Inpatient Service Line Reports

Criteria: Inpatient Service Line

 Trauma - Inpatient KDMC patients with Trauma Flag valued at 1.

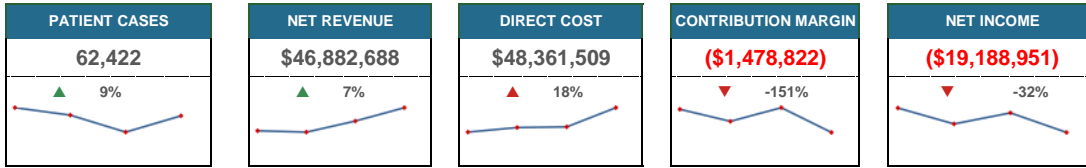
 ED - Inpatient MH patients with ED Flag valued at 1.

 ED - Inpatient KDMC patients with ED Flag valued at 1.

KAWEAH HEALTH ANNUAL BOARD REPORT
Emergency Services - Outpatient Summary

FY2022 Annualized

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized



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

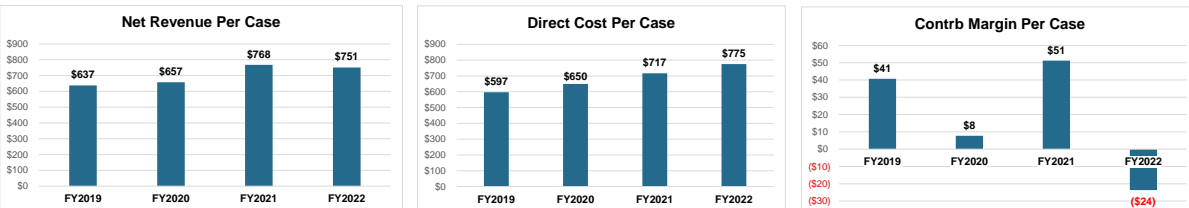
METRICS BY SERVICE LINE - FY 2022

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Outpatient Emergency Department	61,042	\$41,706,999	\$40,955,298	\$751,701	(\$14,372,916)
ED Trauma Outpatient	802	\$2,836,703	\$2,489,651	\$347,052	(\$612,334)
Outpatient ED Surgery	578	\$2,338,986	\$4,916,561	(\$2,577,575)	(\$4,203,702)
Outpatient Emergency Services Total:	62,422	\$46,882,688	\$48,361,509	(\$1,478,822)	(\$19,188,951)

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	65,061	62,644	57,047	62,422	▲ 9%	
Net Revenue	\$41,472,312	\$41,177,259	\$43,809,204	\$46,882,688	▲ 7%	
Direct Cost	\$38,823,444	\$40,690,330	\$40,889,019	\$48,361,509	▲ 18%	
Contribution Margin	\$2,648,867	\$486,929	\$2,920,184	(\$1,478,822)	▼ -151%	
Indirect Cost	\$15,905,701	\$17,632,112	\$17,413,526	\$17,710,130	▲ 2%	
Net Income	(\$13,256,834)	(\$17,145,182)	(\$14,493,342)	(\$19,188,951)	▼ -32%	
Net Revenue Per Case	\$637	\$657	\$768	\$751	▼ -2%	
Direct Cost Per Case	\$597	\$650	\$717	\$775	▲ 8%	
Contrb Margin Per Case	\$41	\$8	\$51	(\$24)	▼ -146%	

GRAPHS



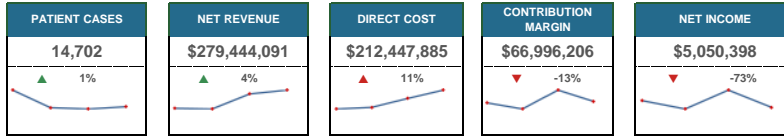
KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized

Note:
Source: Inpatient and Outpatient Service Line Reports
Criteria: Outpatient Service Line
Trauma - Outpatient KDMC patients with Trauma Flag valued at 1.
ED - Outpatients in the Emergency Department Service Line, excluding Sugeries, Cath Lab and Trauma Activations
Patients in the O/P Surgery Service Line, with the ED Flag valued at 1, excludes Trauma Activations

KAWEAH HEALTH ANNUAL BOARD REPORT
Emergency Services - Inpatients Admitted through the ED

FY2022 Annualized

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized



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	16,163	14,596	14,495	14,702	▲ 1%	
Patient Days	80,808	73,632	86,957	95,648	▲ 10%	
ALOS	5.00	5.04	6.00	6.51	▲ 9%	
GM LOS	3.86	3.98	4.28	4.27	▲ 0%	
Opportunity Days	1.14	1.06	1.72	2.24	▲ 30%	
Net Revenue	\$230,944,376	#####	#####	\$279,444,091	▲ 4%	
Additional Reimb	\$26,379,706	\$32,631,084	#####	\$31,582,876	▼ -9%	
Direct Cost	\$165,289,796	#####	#####	\$212,447,885	▲ 11%	
Contribution Margin	\$65,654,580	\$60,071,201	#####	\$66,996,206	▼ -13%	
Indirect Cost	\$55,318,675	\$56,117,640	#####	\$61,945,807	▲ 5%	
Net Income	\$10,335,906	\$3,953,560	#####	\$5,050,398	▼ -73%	
Net Revenue Per Case	\$14,288	\$15,702	\$18,554	\$19,007	▲ 2%	
Additional Reimb Per Case	\$1,632	\$2,236	\$2,387	\$2,148	▼ -10%	
Direct Cost Per Case	\$10,226	\$11,586	\$13,214	\$14,450	▲ 9%	
Contrb Margin Per Case	\$4,062	\$4,116	\$5,340	\$4,557	▼ -15%	
CM w/o Add Reim Per Case	\$2,430	\$1,880	\$2,952	\$2,409	▼ -18%	

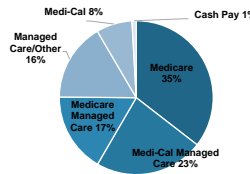
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	46%	42%	37%	35%
Medi-Cal Managed Care	21%	21%	23%	23%
Medicare Managed Care	11%	13%	16%	17%
Managed Care/Other	14%	15%	16%	16%
Medi-Cal	7%	7%	8%	8%
Cash Pay	1%	1%	1%	1%

FY 2022 Payer Mix

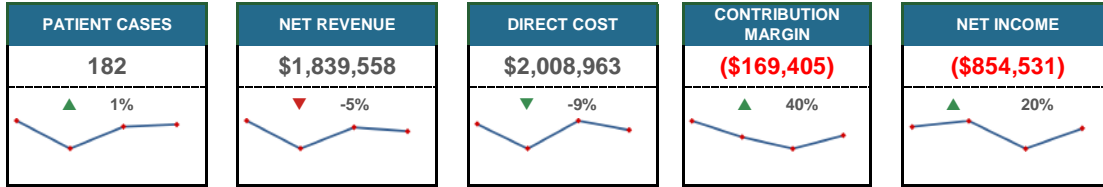


	2020					2021					2022				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %
- Non-COVID	14,340	\$15,563	\$11,413	\$4,150	97.3%	12,463	\$16,848	\$11,869	\$4,979	79.4%	10,294	\$16,804	\$12,984	\$3,820	77.3%
MEDICARE	5,763	\$13,399	\$11,939	\$1,460	42.0%	4,574	\$14,620	\$12,221	\$2,399	37.8%	3,631	\$14,891	\$14,014	\$876	37.8%
Medi-Cal Managed Ca	3,446	\$15,589	\$10,301	\$5,288	21.2%	3,012	\$18,257	\$11,533	\$6,723	23.8%	2,593	\$17,791	\$12,363	\$5,428	23.5%
Medicare Managed Ca	1,737	\$11,624	\$11,721	(\$97)	12.7%	1,890	\$13,310	\$12,250	\$1,060	15.6%	1,649	\$14,774	\$13,616	\$1,158	17.0%
Mgd. Care/Other	2,141	\$16,908	\$11,398	\$5,510	15.4%	1,857	\$18,520	\$11,352	\$7,168	14.7%	1,521	\$18,741	\$11,475	\$7,266	16.6%
MEDI-CAL	1,034	\$33,291	\$12,187	\$21,104	7.5%	950	\$28,810	\$11,894	\$16,916	7.4%	749	\$25,857	\$12,561	\$13,296	6.9%
Cash Pay	154	\$1,091	\$8,405	(\$7,315)	0.8%	138	\$1,628	\$8,855	(\$7,226)	0.9%	128	\$809	\$8,925	(\$8,115)	1.0%
Work Comp	65	\$19,351	\$10,944	\$8,407	0.4%	42	\$23,319	\$12,794	\$10,525	0.4%	23	\$19,344	\$11,127	\$8,217	0.2%
- COVID	256	\$23,477	\$21,278	\$2,198	2.7%	2,032	\$29,013	\$21,465	\$7,551	20.6%	1,958	\$30,587	\$22,158	\$8,429	22.7%
MEDICARE	142	\$21,268	\$21,986	(\$718)	36.3%	778	\$21,424	\$19,285	\$2,139	34.7%	997	\$22,151	\$19,956	\$2,195	26.9%
Mgd. Care/Other	38	\$25,102	\$20,116	\$4,986	14.1%	390	\$33,558	\$21,965	\$12,193	19.0%	461	\$38,479	\$23,356	\$15,123	25.7%
Medi-Cal Managed Ca	34	\$28,528	\$21,198	\$7,330	14.5%	380	\$37,170	\$23,165	\$14,005	20.5%	410	\$32,609	\$21,878	\$10,731	20.4%
Medicare Managed Ca	23	\$21,511	\$22,714	(\$1,203)	10.1%	296	\$23,207	\$23,564	(\$357)	15.9%	290	\$22,105	\$23,031	(\$926)	15.4%
MEDI-CAL	15	\$36,157	\$17,782	\$18,375	4.0%	160	\$45,294	\$22,301	\$22,993	7.9%	170	\$49,924	\$24,513	\$25,411	9.4%
Work Comp	4	\$7,263	\$12,748	(\$5,485)	1.0%	20	\$48,070	\$41,815	\$6,255	1.8%	11	\$58,988	\$60,553	(\$1,565)	1.6%
Cash Pay	1	\$	\$	\$	0.0%	8	\$158	\$12,203	(\$12,045)	0.2%	19	\$544	\$11,657	(\$11,112)	0.6%
Grand Total	14,596	\$15,702	\$11,586	\$4,116	100.0%	14,495	\$18,554	\$13,214	\$5,340	100.0%	12,252	\$19,007	\$14,450	\$4,557	100.0%

Notes:
 Source: Inpatient Service Line Report
 Selection Criteria: Inpatient KDMC patients with ED Flag valued at 1, Trauma Flag valued at 0.

Emergency Services - Mental Health Hospital Inpatients Admitted through

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized

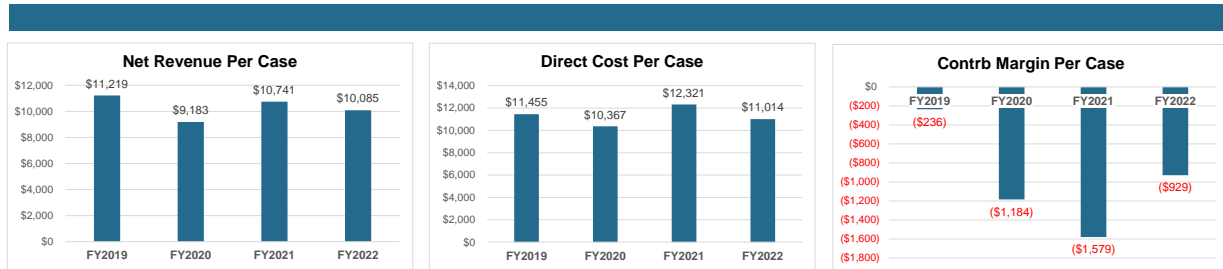


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	187	155	180	182	▲ 1%	
Patient Days	2,568	1,888	2,293	1,871	▼ -18%	
ALOS	13.73	12.18	12.74	10.26	▼ -19%	
GM LOS	5.73	5.76	5.81	5.82	▶ 0%	
Net Revenue	\$2,097,880	\$1,423,406	\$1,933,452	\$1,839,558	▼ -5%	
Direct Cost	\$2,142,037	\$1,606,927	\$2,217,701	\$2,008,963	▼ -9%	
Contribution Margin	(\$44,157)	(\$183,521)	(\$284,249)	(\$169,405)	▲ 40%	
Indirect Cost	\$794,108	\$594,149	\$777,529	\$685,126	▼ -12%	
Net Income	(\$838,265)	(\$777,670)	(\$1,061,778)	(\$854,531)	▲ 20%	
Net Revenue Per Case	\$11,219	\$9,183	\$10,741	\$10,085	▼ -6%	
Direct Cost Per Case	\$11,455	\$10,367	\$12,321	\$11,014	▼ -11%	
Contrb Margin Per Case	(\$236)	(\$1,184)	(\$1,579)	(\$929)	▲ 41%	

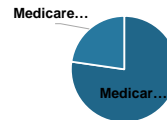
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medicare	89%	89%	83%	77.3%
Medicare Managed Care	5%	11%	16%	22.7%

FY 2022 Payer Mix



	2019					2020					2021					2022				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %
MEDICARE	149	\$12,455	\$13,101	(\$646)	89.40%	125	\$10,109	\$11,600	(\$1,490)	88.66%	141	\$11,322	\$13,303	(\$1,982)	83.45%	117	\$9,890	\$11,025	(\$1,135)	77.29%
Medicare Managed Care	11	\$6,174	\$7,885	(\$1,710)	4.60%	29	\$5,077	\$5,262	(\$185)	10.96%	35	\$9,296	\$9,311	(\$15)	15.54%	35	\$10,737	\$10,976	(\$238)	22.71%
Mgd. Care/Other	25	\$6,511	\$3,861	\$2,649	5.61%	1	\$12,507	\$4,388	\$8,119	0.38%	2	\$3,860	\$2,684	\$1,176	0.36%					0.00%
Tulare County	2	\$5,729	\$3,352	\$2,376	0.38%					0.00%	1	\$4,011	\$4,048	(\$37)	0.26%					0.00%
MEDI-CAL					0.00%					0.00%	1	\$0	\$6,605	(\$6,605)	0.39%					0.00%
Grand Total	187	\$11,219	\$11,455	(\$236)	100.00%	155	\$9,183	\$10,367	(\$1,184)	100.00%	180	\$10,741	\$12,321	(\$1,579)	100.00%	152	\$10,085	\$11,014	(\$929)	100.00%

Notes:

Source: Inpatient Service Line Report

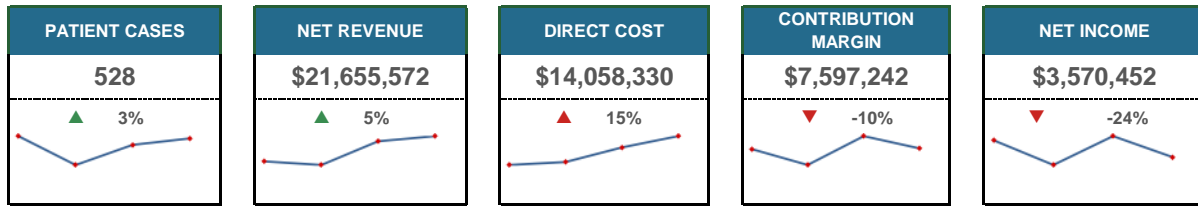
Selection Criteria: Inpatient KDMH patients with ED Flag valued at 1.

KAWEAH HEALTH ANNUAL BOARD REPORT

FY2022 Annualized

Emergency Services - Inpatient Trauma Activations admitted through the ED

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized

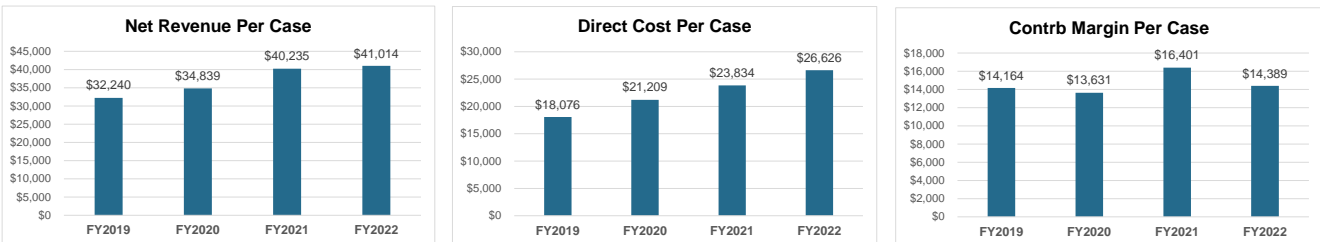


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

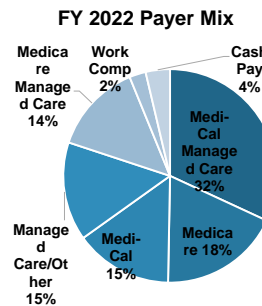
METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	533	475	515	528	▲ 3%	
Net Revenue	\$17,184,061	\$16,548,680	\$20,720,885	\$21,655,572	▲ 5%	
Direct Cost	\$9,634,645	\$10,074,170	\$12,274,276	\$14,058,330	▲ 15%	
Contribution Margin	\$7,549,416	\$6,474,510	\$8,446,608	\$7,597,242	▼ -10%	
Indirect Cost	\$3,079,913	\$3,305,862	\$3,749,074	\$4,026,790	▲ 7%	
Net Income	\$4,469,502	\$3,168,648	\$4,697,534	\$3,570,452	▼ -24%	
Net Revenue Per Case	\$32,240	\$34,839	\$40,235	\$41,014	▲ 2%	
Direct Cost Per Case	\$18,076	\$21,209	\$23,834	\$26,626	▲ 12%	
Contrb Margin Per Case	\$14,164	\$13,631	\$16,401	\$14,389	▼ -12%	

PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	29%	28%	31%	32%
Medicare	18%	21%	20%	18%
Medi-Cal	14%	19%	19%	15%
Managed Care/Other	22%	19%	18%	15%
Medicare Managed Care	6%	6%	7%	14%
Work Comp	8%	2%	4%	2%
Cash Pay	2%	4%	1%	4%



	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case
Medi-Cal Managed Care	\$31,468	\$22,500	\$8,968	\$38,788	\$24,475	\$14,313	\$45,777	\$28,797	\$16,980
MEDICARE	\$18,229	\$20,276	(\$2,047)	\$20,044	\$19,949	\$94	\$22,530	\$23,892	(\$1,362)
MEDI-CAL	\$69,135	\$24,475	\$44,660	\$72,612	\$27,130	\$45,482	\$67,731	\$27,707	\$40,025
Mgd. Care/Other	\$39,855	\$19,176	\$20,679	\$51,176	\$27,666	\$23,510	\$46,401	\$25,140	\$21,261
Medicare Managed Care	\$20,878	\$20,426	\$452	\$20,218	\$19,624	\$594	\$36,573	\$30,727	\$5,846
Work Comp	\$26,259	\$14,631	\$11,628	\$43,195	\$26,072	\$17,123	\$45,099	\$26,854	\$18,245
Cash Pay	\$4,826	\$20,036	(\$15,209)	\$10,159	\$10,068	\$90	\$1,227	\$17,648	(\$16,421)
Grand Total	\$34,839	\$21,209	\$13,631	\$40,235	\$23,834	\$16,401	\$41,014	\$26,626	\$14,389

Notes:

Emergency Services - Inpatient Trauma Activations admitted through the ED

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized

Source: Inpatient Service Line Reports

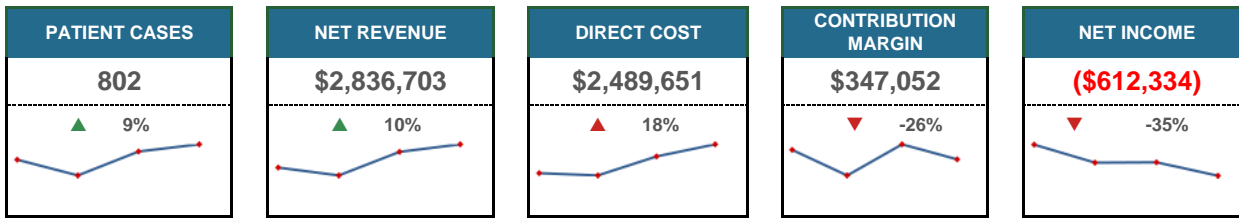
Criteria: Inpatient KDMC patients with Trauma Flag valued at 1.

KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - Outpatient ED Trauma Activations

FY2022 Annualized

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized



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

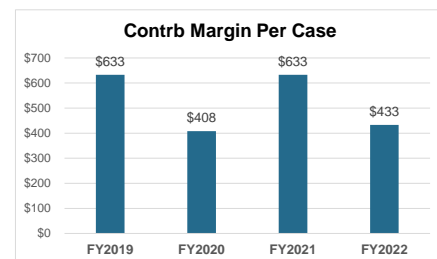
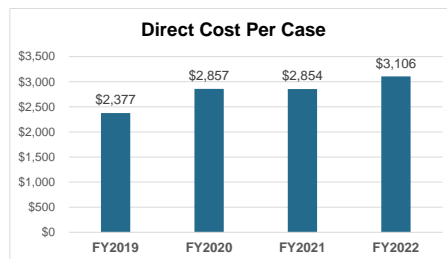
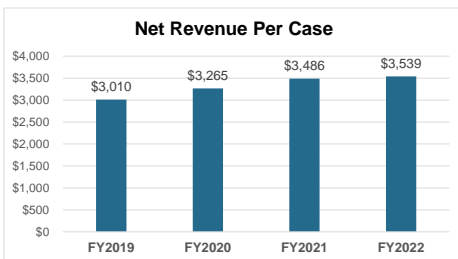
METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	667	531	738	802	▲ 9%	
Net Revenue	\$2,007,408	\$1,733,723	\$2,572,911	\$2,836,703	▲ 10%	
Direct Cost	\$1,585,228	\$1,516,973	\$2,106,117	\$2,489,651	▲ 18%	
Contribution Margin	\$422,180	\$216,750	\$466,794	\$347,052	▼ -26%	
Indirect Cost	\$672,290	\$677,475	\$921,373	\$959,386	▲ 4%	
Net Income	(\$250,110)	(\$460,724)	(\$454,579)	(\$612,334)	▼ -35%	
Net Revenue Per Case	\$3,010	\$3,265	\$3,486	\$3,539	▲ 2%	
Direct Cost Per Case	\$2,377	\$2,857	\$2,854	\$3,106	▲ 9%	
Conrb Margin Per Case	\$633	\$408	\$633	\$433	▼ -32%	

*Annualized

*Increased ED departm

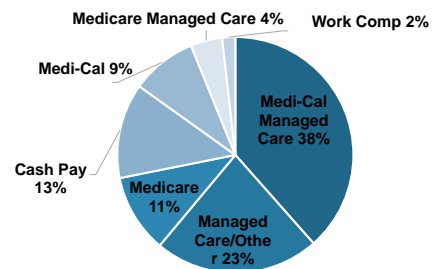
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	36%	39%	42%	38%
Managed Care/Other	23%	23%	22%	23%
Medicare	10%	11%	13%	11%
Cash Pay	13%	12%	10%	13%
Medi-Cal	12%	9%	7%	9%
Medicare Managed Care	4%	3%	4%	4%
Work Comp	3%	3%	2%	2%

FY 2022 Payer Mix



	2019					2020					2021					2022				
	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %	Volume	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Payer Mix %
Medi-Cal Managed Care	240	\$1,944	\$2,220	(\$275)	35.98%	207	\$2,128	\$3,063	(\$935)	38.98%	308	\$2,121	\$2,643	(\$523)	41.73%	257	\$2,318	\$3,116	(\$798)	38.47%
Mgd. Care/Other	154	\$5,626	\$2,344	\$3,283	23.09%	123	\$7,190	\$2,711	\$4,479	23.16%	164	\$7,485	\$3,020	\$4,465	22.22%	151	\$7,542	\$2,777	\$4,765	22.60%
Cash Pay	86	\$2,148	\$2,302	(\$154)	12.89%	65	\$1,130	\$2,540	(\$1,411)	12.24%	75	\$1,703	\$2,730	(\$1,027)	10.16%	87	\$824	\$2,899	(\$2,075)	13.02%
MEDICARE	64	\$2,671	\$2,705	(\$34)	9.60%	56	\$2,227	\$2,406	(\$179)	10.55%	95	\$3,004	\$2,943	\$61	12.87%	72	\$3,450	\$3,601	(\$151)	10.78%

KAWEAH HEALTH ANNUAL BOARD REPORT
Emergency Services - Outpatient ED Trauma Activations

FY2022 Annualized

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized

Medicare Managed Care	27	\$2,685	\$2,386	\$298	4.05%	17	\$3,059	\$3,509	(\$450)	3.20%	26	\$2,843	\$3,457	(\$614)	3.52%	29	\$3,223	\$4,070	(\$846)	4.34%
Work Comp	19	\$3,883	\$2,166	\$1,717	2.85%	17	\$2,418	\$2,615	(\$197)	3.20%	17	\$2,581	\$2,442	\$139	2.30%	12	\$4,002	\$3,221	\$781	1.80%
Grand Total	667	\$3,010	\$2,377	\$633	100.00%	531	\$3,265	\$2,857	\$408	100.00%	738	\$3,486	\$2,854	\$633	100.00%	668	\$3,539	\$3,106	\$433	100.00%

Notes:

Source: Outpatient Service Line Reports

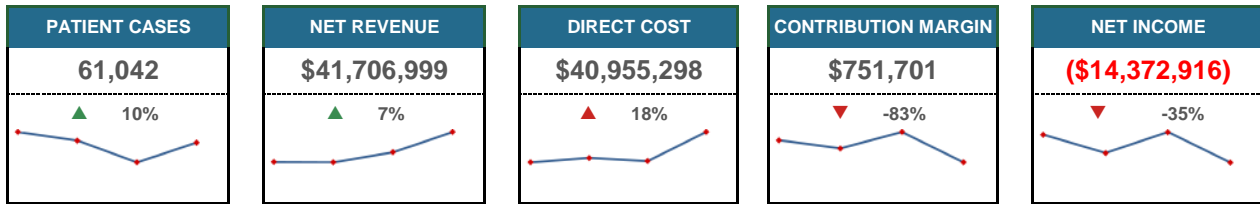
Criteria: Outpatient KDMC patients with Trauma Flag valued at 1.

KAWEAH HEALTH ANNUAL BOARD REPORT

Emergency Services - Outpatient Emergency Department

FY2022 Annualized

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized



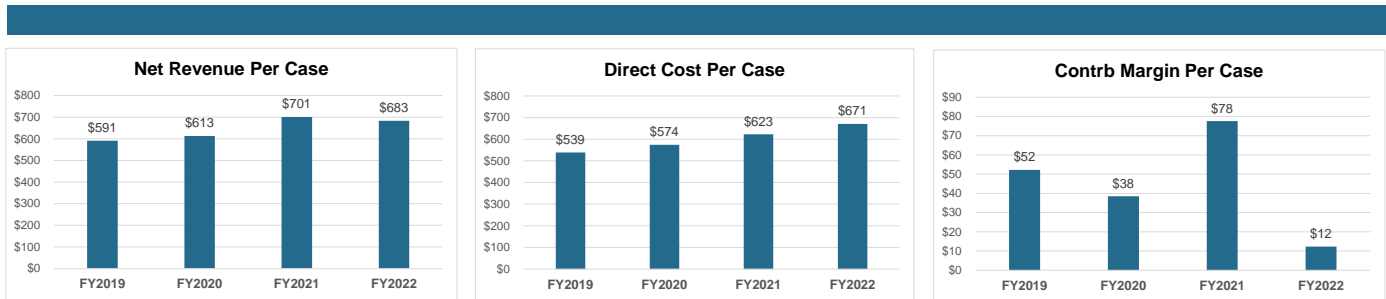
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

*Annualized

METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	63,926	61,594	55,741	61,042	▲ 10%	
Net Revenue	\$37,789,327	\$37,746,969	\$39,055,720	\$41,706,999	▲ 7%	
Direct Cost	\$34,450,171	\$35,376,783	\$34,732,897	\$40,955,298	▲ 18%	
Contribution Margin	\$3,339,155	\$2,370,186	\$4,322,823	\$751,701	▼ -83%	
Indirect Cost	\$14,275,218	\$15,552,842	\$14,934,012	\$15,124,617	▲ 1%	
Net Income	(\$10,936,063)	(\$13,182,655)	(\$10,611,188)	(\$14,372,916)	▼ -35%	
Net Revenue Per Case	\$591	\$613	\$701	\$683	▼ -2%	
Direct Cost Per Case	\$539	\$574	\$623	\$671	▲ 8%	
Contrb Margin Per Case	\$52	\$38	\$78	\$12	▼ -84%	

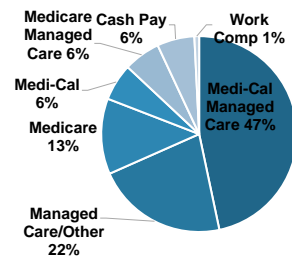
PER CASE TRENDED GRAPHS



PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2019	FY2020	FY2021	FY2022
Medi-Cal Managed Care	46%	45%	44%	47%
Managed Care/Other	20%	21%	22%	22%
Medicare	15%	16%	16%	13%
Medi-Cal	8%	7%	6%	6%
Medicare Managed Care	4%	5%	6%	6%
Cash Pay	5%	6%	5%	6%
Work Comp	1%	1%	1%	1%

FY 2022 Payer Mix



	2020			2021			2022		
	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case
Medi-Cal Managed Care	\$198	\$462	(\$264)	\$254	\$526	(\$272)	\$260	\$555	(\$295)
Mgd. Care/Other	\$1,446	\$573	\$873	\$1,516	\$576	\$940	\$1,560	\$623	\$937
MEDICARE	\$864	\$870	(\$6)	\$964	\$947	\$17	\$961	\$1,083	(\$122)

KAWEAH HEALTH ANNUAL BOARD REPORT
Emergency Services - Outpatient Emergency Department

FY2022 Annualized

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized									
Cash Pay	\$237	\$459	(\$221)	\$223	\$453	(\$230)	\$199	\$497	(\$298)
Medicare Managed Care	\$798	\$1,021	(\$222)	\$858	\$1,003	(\$145)	\$891	\$1,216	(\$324)
Work Comp	\$572	\$509	\$63	\$663	\$481	\$182	\$733	\$702	\$31
Grand Total	\$613	\$574	\$38	\$701	\$623	\$78	\$683	\$671	\$12

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized

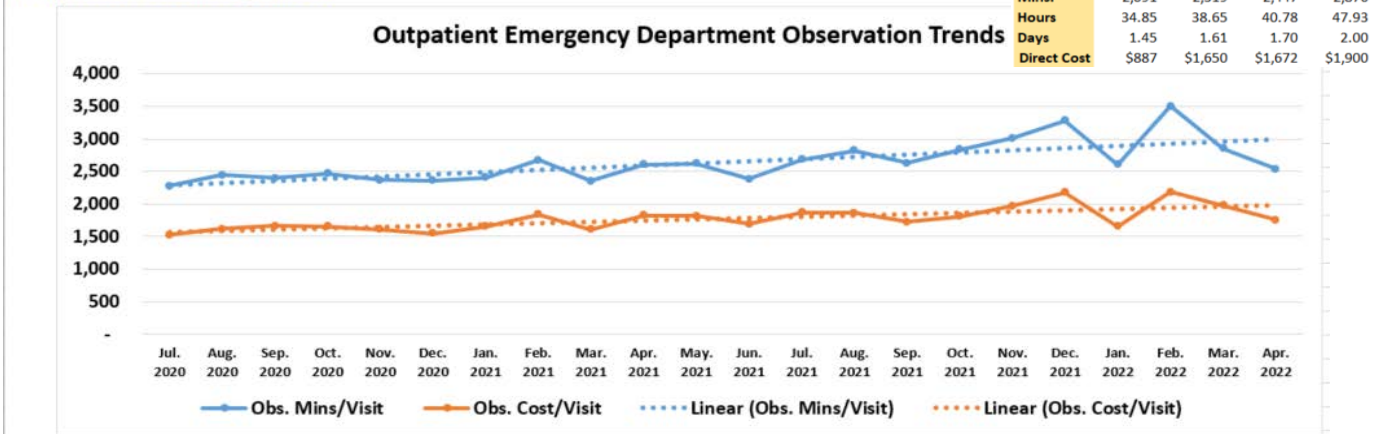
Level Of Care	FY2019	FY2020	FY2021	FY2022
Level I	0.4%	0.3%	0.2%	0.3%
Level II	5.7%	4.9%	2.7%	4.4%
Level III	26.2%	25.5%	21.9%	24.9%
Level IV	41.0%	40.3%	40.5%	39.1%
Level V	20.9%	21.1%	25.9%	24.1%
Level VI	1.3%	1.5%	1.5%	1.7%
No Level	4.6%	6.4%	7.3%	5.5%

Emergency Dept – Avg Treated Per Day



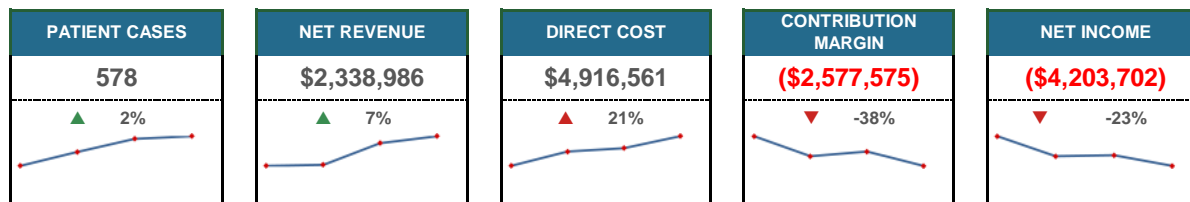
Kaweah Delta Medical Center

Trended Outpatient Emergency Department Observation Patients
 Twenty-Two Months Ended April 30, 2022



Notes:
 Source: Outpatient Service Line Report
 Selection Criteria: Outpatients in the Emergency Department Service Line, excluding Sugeries, Cath Lab and Trauma Activations

KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized

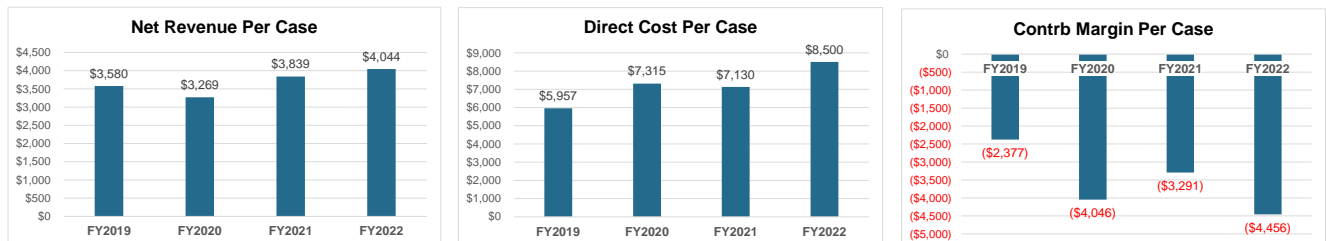


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

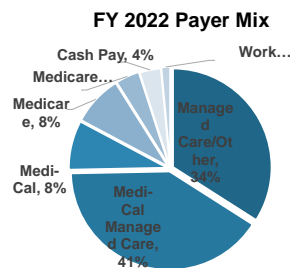
METRIC	FY2019	FY2020	FY2021	FY2022	%CHANGE FROM PRIOR YR	4 YR TREND
Patient Cases	468	519	568	578	▲ 2%	
Net Revenue	\$1,675,577	\$1,696,567	\$2,180,572	\$2,338,986	▲ 7%	
Direct Cost	\$2,788,045	\$3,796,574	\$4,050,006	\$4,916,561	▲ 21%	
Contribution Margin	(\$1,112,468)	(\$2,100,007)	(\$1,869,433)	(\$2,577,575)	▼ -38%	
Indirect Cost	\$958,193	\$1,401,795	\$1,558,141	\$1,626,127	▲ 4%	
Net Income	(\$2,070,661)	(\$3,501,803)	(\$3,427,575)	(\$4,203,702)	▼ -23%	
Net Revenue Per Case	\$3,580	\$3,269	\$3,839	\$4,044	▲ 5%	
Direct Cost Per Case	\$5,957	\$7,315	\$7,130	\$8,500	▲ 19%	
Contrb Margin Per Case	(\$2,377)	(\$4,046)	(\$3,291)	(\$4,456)	▼ -35%	

PER CASE TRENDED GRAPHS



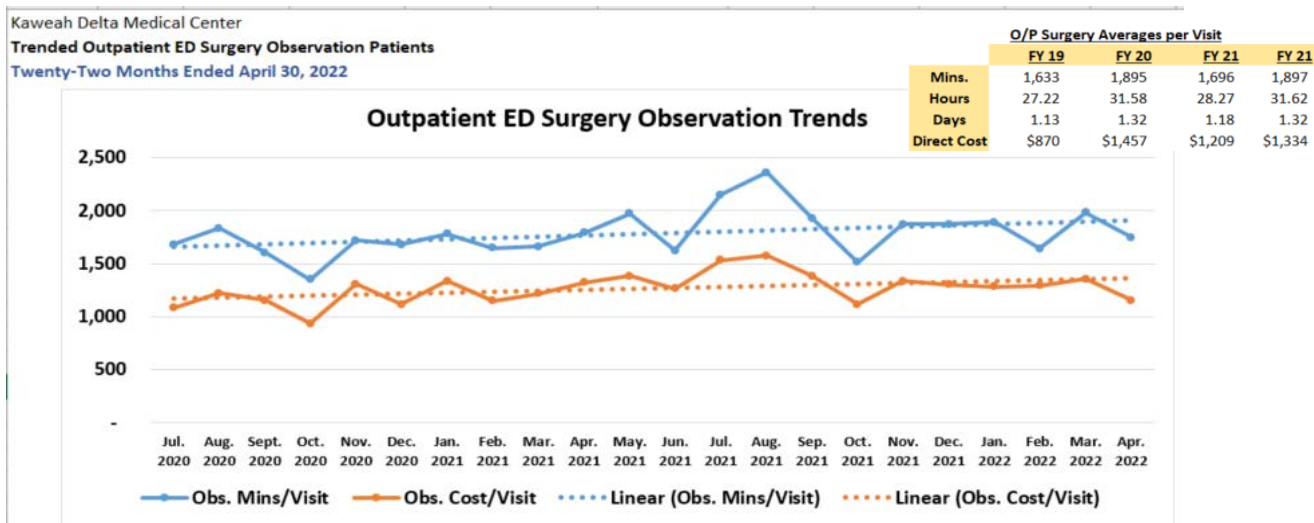
PAYER MIX - 4 YEAR TREND (Patient Visits)

PAYER	FY2019	FY2020	FY2021	FY2022
Managed Care/Other	47%	38%	39%	34%
Medi-Cal Managed Care	31%	35%	39%	41%
Medi-Cal	7%	7%	7%	8%
Medicare	8%	9%	7%	8%
Medicare Managed Care	3%	5%	4%	4%
Cash Pay	3%	3%	4%	4%
Work Comp	2%	2%	1%	1%



KEY METRICS - FY 2022 Ten Months Ended April 30, 2022 Annualized

	2020	2021			2022				
	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case	Net Rev Per Case	Direct Cost Per Case	Contrib Marg Per Case
Mgd. Care/Other	\$6,091	\$7,190	(\$1,099)	\$6,765	\$7,324	(\$559)	\$7,335	\$8,337	(\$1,002)
Medi-Cal Managed Care	\$451	\$7,572	(\$7,121)	\$1,169	\$7,177	(\$6,009)	\$1,303	\$8,036	(\$6,733)
MEDICARE	\$3,889	\$8,536	(\$4,647)	\$4,595	\$6,672	(\$2,078)	\$5,321	\$10,584	(\$5,263)
MEDI-CAL	\$1,697	\$6,270	(\$4,573)	\$1,894	\$6,489	(\$4,595)	\$2,379	\$7,927	(\$5,548)
Medicare Managed Care	\$4,221	\$6,388	(\$2,167)	\$5,064	\$6,733	(\$1,669)	\$7,176	\$11,983	(\$4,807)
Cash Pay	\$1,171	\$6,799	(\$5,628)	\$865	\$7,206	(\$6,341)	\$516	\$7,939	(\$7,423)
Work Comp	\$2,972	\$6,594	(\$3,622)	\$5,090	\$6,509	(\$1,420)	\$5,717	\$8,522	(\$2,806)
Grand Total	\$3,269	\$7,315	(\$4,046)	\$3,839	\$7,130	(\$3,291)	\$4,044	\$8,500	(\$4,456)



Notes:
 Source: Outpatient Service Line Reports
 Criteria: Patients in the O/P Surgery Service Line, with the ED Flag valued at 1, excludes Trauma Activations

REPORT TO THE BOARD OF DIRECTORS

Trauma Department

Franklin Martin, BSN, RN - Director of Trauma Program

July 19th, 2022

Fmartin@Kaweahhealth.org

559-624-2867

July 2022

Summary/Issue/Service Considered

- Kaweah Health Trauma Department is a dedicated department that is vital to achieving and maintaining trauma center verification with our commitment to patient safety and making sure we have resources (such as equipment, personnel, and support), through our continuous focus on high-quality performance improvement review.
- Our Trauma program/Emergency Department saw 3,140 registry admission patients including the 2,522 activations for the year 2021. This is an increase of 31% from the previous year. Trauma registrar's abstract on average 60-70 charts per month and we have on average 100 charts to review for our performance improvement.
- Kaweah Health Trauma program had a review in April of 2021 and passed with a three-year accreditation.
- The added volume of patients added to a Net revenue increase in both Inpatient and Outpatient but due to the increase in ED expenses, resulted in a decrease in Net Income.
- The Trauma Department has a Community Outreach/Prevention program that participates in events that happen in Tulare County. We teach Stop the bleed at least once a month, we are currently at over 200 community members trained. Our classes have been taught at schools in our area and quarterly training with the county of Tulare employees.
- The American College of Surgeons (ACS) came out with a new book this year with several changes that will take place the rest of 2022. 2023 is our review year so the ACS will be back in 2024 to review our program for another 3 years.

Quality/Performance Improvement Data

The trauma department is reviews over 29 audit filters related to patient care and quality metric outcomes for trauma patients. We also participate in the Trauma Quality Improvement Program (TQIP) by the American College of Surgeons (ACS). TQIP reviews our data submissions quarterly and generates a report to guide us in our quality improvement projects.

- Documentation is one of our top priorities. Accurately documenting patient conditions and critical care time provided to trauma patients not only adds to the

financial strength of the organization but also helps guide the trauma department in better performance improvement goals for our patients.

- Door to Antibiotics for open fractures – the goal is less than 60 min.
- Door to femur fixation – Goal is less than 24 hr.
- Decreasing our overall mortality rate based on the TQIP data report – Goal is less than or equal to 1 per TQIP measure.
- Door to Transfer – Goal is less than 4 hr.



Trauma Department

Trauma Tracking	Benchmark	Jan - 22	Feb - 22	Mar - 22	Apr - 22	May - 22	Jun - 22
Critical Trauma	N/A	35	43	43	40	40	30
Moderate Trauma	N/A	146	148	152	177	178	181
Non Activation	N/A	39	51	55	63	45	55
Door to Femur Fixation < 24 hr.	80%	50%	0%	100%	60%	66.60%	
Door to Antibiotics for open fractures < 1 hr.	90%	100.00%	100.00%	0%	20%	40%	
Door to Transfer < 4 hr. (Set for Region)	80%	12%	13%	13%	38%	43%	
Mortality (TQIP Report)		Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	
All Patients	<= 1.25	0.68	1.13	1.11	1.29	1.38	1.54
Elderly > 65 years old	<= 1.25	1.04	1.17	0.97	1.34	1.5	1.73
Isolated Hip Fractures	<= 1.25	0.93	0.93	0.95	0.93	0.96	1.26

KEY	>10% above goal/benchmark	Within 10% of goal/benchmark	Outperforming/meeting goal/benchmark

Policy, Strategic or Tactical Issues

- Documentation
 - Through collaboration with the Physicians and ED leadership, we are working on documentation opportunities to increase our critical care documentation along with the completion of flowsheets to improve our data collection to better guide us in our quality improvement projects.
- Antibiotics
 - Educating staff and providing data on our success rates. Working with Staff, physicians, and pharmacy to identify barriers.
- Femur Fixation
 - Working with our physician liaisons to identify barriers to keeping patients at our hospital and cared for in a timely manner.
- Mortality
 - Monthly review of our mortalities to ensure the coding is correct. Working with our registrar's weekly performing trauma chart reviews/education. The higher to injury severity score (coding all injuries) the greater the rate of mortality. This will decrease our mortality when risk-adjusted. Working with EMS to identify opportunities in transporting appropriate patients from the scene.
- Transfers
 - Working with the transfer center/case management leadership and staff to identify barriers in getting patients transferred to a higher level of care.
 - Working with EMS to decrease the time it takes in getting EMS to the bedside when a transfer is accepted.

Recommendations/Next Steps

- Documentation
 - Add note to documentation as a reminder
 - Explore the possibility for a trauma flow sheet in the EMR
 - Making mandatory fields in EMR and orders.
- Antibiotics
 - Forms committee to approve changes made to the trauma flow sheet.
 - Add informational cheat sheets to strategic areas throughout the Emergency room
 - Provide data to everyone involved in the care of the patient. Show them where we are at working towards the goal.
 - Monthly dashboard to track the progress of the goal.
- Femur Fixation
 - Emailing our liaisons for follow-up on our fallouts. We are currently trending the issues to see what our opportunities are to improve this goal.
 - Monthly dashboard to track the progress of the goal. Emailing leadership monthly dashboard.
- Mortality
 - We are currently trending the issues to see what our opportunities are to improve this goal.
- Transfers
 - We are going back to the transfer center for approval of a new algorithm that's created to help them determine the fastest mode of transport.
 - Worked with ISS to add helicopter icon to transfer request order for staff to identify transfer quicker. Went back to the staff to find out if the change was helpful. The proof is through percentage improvement.
 - Monthly dashboard to track the progress of the goal.
- Community outreach
 - Goals this year are to improve our outreach. We are looking for grants for projects/events for this year.
 - We are currently talking with the Ag show in preparation to train over 1,000 volunteers next year in stop the bleed prior to the start of the Ag show.
 - Other events we would like to have would be helmet safety events, water safety, and to develop a violence prevention program.

Approvals/Conclusions

The Trauma Department and Emergency room has growth in patient volumes year after year. We work with our liaisons in the hospital to improve our patient outcomes through quality metrics. As you can see in our dashboard, we do have more work that needs to be completed over this next year but we are already starting to see some progress in some of the areas. Our trauma department is small but we are dedicated to better patient outcomes and financial stability for our organization.

***KAWEAH HEALTH
FINANCE DIVISION MEMORANDUM***

TO: Board of Directors, Chief Executive Officer and Executive Team

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

DATE: July 22, 2022

SUBJECT: General Obligation Tax Resolution

On July 27, 2022, the Kaweah Health Board of Directors (the “**Board**”) will be asked to approve Resolution No. 2168 directing the County of Tulare to levy and collect, for the fiscal year July 1, 2022 to June 30, 2023, a tax sufficient to pay the principal and interest of the 2014 bonds (debt service schedule attached to the resolution).

History of the Bonds: In November of 2003, the residents of the Kaweah Delta Health Care District voted to approve the issuance of \$51 million of general obligation bonds. General Obligation (“GO”) bonds can be issued by governmental entities and are secured by property taxes of the residents that live within the boundaries of the entity. These taxes are in addition to the normal operating taxes collected by the County. The related GO bonds were issued by Kaweah Health in 2004 and the funds were used to construct improvements to the Kaweah Health facility that are currently referred to as the “Acequia Wing”. In 2014, the 2004 bonds were advance refunded in order to take advantage of favorable interest rates. With an advance refunding we are allowed to issue new bonds with new lower rates, and then pay off the old bonds that had higher rates.

Each year in July, Kaweah Health Finance representatives work with representatives of the County of Tulare to calculate the amount of tax to levy. The tax rate per \$100 is determined by utilizing the annual debt service on the bonds, the internal bond reserve funds, unsecured tax revenues and unitary revenues estimated by the County, and the total Kaweah Delta Health Care District secured property values as determined by the County.

A trend of the values utilized to determine the annual tax rate is attached.

For any questions regarding the documents, please contact Malinda Tupper at 624-4065 or Jennifer Stockton at 624-5536.

Kaweah Delta Health Care District
 Tax Rate Resolution - for submission to County of Tulare
 Debt Service of 2004 (2014 refi) General Obligation Bonds

Fiscal Year	22-23	21-22	20-21	19-20	18-19	17-18	16-17	15-16
Internal Reserve	\$ 1,785,239	\$ 1,521,611	\$ 1,542,438	\$ 1,320,968	\$ 1,295,923	\$ 1,298,942	\$ 1,419,151	\$ 1,096,797
Balance to be raised	\$ 3,514,268	\$ 3,444,469	\$ 3,176,688	\$ 2,960,143	\$ 2,896,089	\$ 2,880,652	\$ 2,875,269	\$ 3,059,721
Unsecured Value	\$ 1,096,631,965	\$ 917,599,514	\$ 840,655,587	\$ 804,805,447	\$ 779,674,749	\$ 732,167,366	\$ 687,390,076	\$ 673,936,373
Delinquency Rate	96%	96%	95%	93%	94%	94%	94%	94%
Unsecured Revenue	\$ 189,748	\$ 147,992	\$ 144,320	\$ 135,428	\$ 150,748	\$ 141,564	\$ 153,415	\$ 132,427
Unitary Revenue	\$ 782,522	\$ 648,059	\$ 692,907	\$ 449,808	\$ 496,946	\$ 427,619	\$ 414,507	\$ 394,248
Secured Value	\$ 16,016,117,073	\$ 14,881,908,926	\$ 14,090,585,891	\$ 13,331,804,005	\$ 12,643,452,281	\$ 11,938,138,749	\$ 11,444,608,961	\$ 10,876,110,225
Delinquency Rate	98%	98%	98%	97%	97%	97%	97%	97%
Secured Amount to Raise	\$ 2,541,998	\$ 2,648,418	\$ 2,339,461	\$ 2,374,907	\$ 2,248,395	\$ 2,311,469	\$ 2,307,348	\$ 2,533,046
Tax Rate - per \$100 of value	\$ 0.016057	\$ 0.018020	\$ 0.016874	\$ 0.018136	\$ 0.018094	\$ 0.019767	\$ 0.020569	\$ 0.023743
Increase in Secured Values	\$ 1,134,208,147 7.6%	\$ 791,323,035 5.6%	\$ 758,781,886 5.7%	\$ 688,351,724 5.4%	\$ 705,313,532 5.9%	\$ 493,529,788 4.3%	\$ 568,498,736 5.2%	

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

RESOLUTION 2168

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

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

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

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

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

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

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

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

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

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

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

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

Section 2. Tax Levy. For the purpose of paying the principal of and interest on the 2014 Bonds, and subject to the provisions below, the Board hereby directs the County to levy and collect, in each successive fiscal year, commencing with the District's fiscal year beginning July 1, 2022, and ending June 30, 2023 a tax sufficient to pay the annual interest on the 2014 Bonds as the same becomes due and also such part of the principal thereof as becomes due before the proceeds of a tax levied at the time for making the next general tax levy can be made available for the payment of such interest or principal. Attached to this Resolution as Exhibit A is the annual debt service schedule for the 2014 Bonds. Attached to this Resolution as Exhibit B is the property tax rate set by the Board for the fiscal year ending June 30, 2023.

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

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

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

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

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

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

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

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

THE FOREGOING RESOLUTION WAS PASSED AND ADOPTED by the Board of Directors of Kaweah Delta Health Care District on July 27, 2022 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

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

Attest:

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

EXHIBIT A

BOND DEBT SERVICE

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

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

EXHIBIT B

TAX RATE FOR FISCAL YEAR 2022-2023

.016057 per \$100 of assessed value



July 27, 2022

**Sent via Certified Mail
No. 70201290000129798315
Return Receipt Required**

Edward L. Fanucchi, Esq.,
Quinlan, Kershaw & Fanucchi, LLP
2125 Merced Street
Fresno, CA 93721

**RE: Notice of Rejection of Claim of Teresa Johnson and Wade DeCesare vs.
Kaweah Delta Health Care District**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on June 13, 2022, was rejected on its merits by the Board of Directors on July 27, 2022

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law



July 27, 2022

Anthony D. Ghecea, Esq.
4713 Greenleaf Court, Suite A
Modesto, CA 95356

**Sent via Certified Mail
No. 70201290000129798322
Return Receipt Required**

**RE: Notice of Rejection of Claim of Virginia Benton vs. Kaweah Delta Health
Care District**

Notice is hereby given that the claim, which you presented to the Board of Directors of Kaweah Health on June 1, 2022, was rejected on its merits by the Board of Directors on July 27, 2022

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,

Mike Olmos
Secretary/Treasurer, Board of Directors

cc: Richard Salinas, Attorney at Law

Privileges in Emergency Medicine

 Name: _____
 Please Print

EMERGENCY MEDICINE PRIVILEGES - INITIAL CRITERIA

Education: M.D. or D.O. and successful completion of an ACGME or AOA accredited residency/fellowship in emergency medicine **AND** Current certification or active participation in the examination process leading to certification in Emergency Medicine by the ABEM or AOBEM, with certification obtained within 5 years of completion of residency. (Physicians on staff prior to 2015, not fulfilling the Emergency Board Certification requirement, are grandfathered in under their specialty Board Certification.)

Certifications: Proof of completion of an ATLS course for Emergency Medicine Board Certified physicians and current ATLS certification for Emergency Medicine Board eligible physicians.

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

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

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

CORE PRIVILEGES

Request	Procedure	Approve
<input type="checkbox"/>	<p>Core Privileges include:</p> <ul style="list-style-type: none"> • Medical Screening Examination (MSE): Assess, work up and perform differential diagnosis by means of H&P, medical decision making, laboratory and/or other studies (may include telehealth), ECG's and diagnostic imaging; • Provide services necessary to ameliorate minor illnesses or injuries; AND stabilizing treatment to patients who present with major illnesses or injuries and determine whether more definitive services are necessary. • Administration of Moderate/Deep Procedural Sedation including but not limited to the following agents: Propofol, Ketamine & Etomidate; • May perform any necessary procedures to stabilize and diagnose patient including but not limited to: <ul style="list-style-type: none"> ○ Airway management, including intubation ○ Arterial puncture and cannulation ○ Cardiopulmonary resuscitation ○ Cardioversion and defibrillation ○ Central venous and pulmonary artery catheter insertion ○ Lumbar puncture ○ Needle and tube thoracostomy ○ Paracentesis ○ Thoracentesis ○ Tracheostomy/cricothyroidotomy, emergency ○ Delivery of Newborn ○ Please reference EMS clinical privilege white paper for complete list of procedures that are approved for the Emergency Physician <p><i>Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.</i></p>	<input type="checkbox"/>

ADDITIONAL PRIVILEGES

Request	Procedure	Initial Criteria	Renewal	FPPE	Approve
<input type="checkbox"/>	Emergency Ultrasound, Core applications: Aorta, Trans Thoracic Echocardiography, EFAST, DVT, Pregnancy, Biliary, Urinary tract, Soft Tissue/Musculoskeletal, Bowel, Ocular and procedural guidance	1) Board Certified in Emergency Medicine OR board eligible and actively pursuing Certification 2) Completion of an ACGME/ AOA approved residency training program that included training specific to point of care ultrasound within the past 2 years; OR 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation. If training was completed more than 2 years ago for (#2 or #3), documentation required for a minimum of 25 point of care ultrasound exams in the past 2 years or a total of 150 ultrasounds if seeking global ultrasound privileges.	Maintain EM Board Certification	2 reviewed exams per each application Not required for Accredited ACGME EM residency within last 2 years.	<input type="checkbox"/>
<input type="checkbox"/>	Emergency Ultrasound, Advanced applications: (Check request) <ul style="list-style-type: none"> <input type="checkbox"/> Scrotal US for torsion/flow/mass <input type="checkbox"/> Adnexal US for mass/flow/torsion <input type="checkbox"/> Transcranial 	1) Board Certified in Emergency Medicine OR 2) Completion of an ACGME/AOA approved residency training program that included training specific to point of care ultrasound or an EM Ultrasound Fellowship; OR 3) Completion of a practice based program that meets ACEP recommendations for ultrasound interpretation. AND documentation of 25 successful procedures for each application requested.	5 procedures per application in 2 years	2 Reviewed exams per each application	<input type="checkbox"/>

Provider Name: _____ Date: _____

Please Print

Advanced Practice Provider – Emergency Medicine & Urgent Care

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

ADVANCED PRACTICE PROVIDER EMERGENCY MEDICINE & URGENT CARE

Initial Criteria

Physician Assistant: Completion of an ARC-PA approved program; Current certification by the NCCPA (*Obtain certification within one year of completion of PA program*); Current licensure to practice as a PA by the California board of medicine; **OR**

Nurse Practitioner: Completion of a master’s/post-masters or doctorate degree in an nursing program accredited by the Commission of Collegiate of Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) with emphasis on the NPs specialty area; current certification by the ANCC or AANP (*Obtain certification within one year of completion of Masters/Doctorate program*)

Certification: Current, full schedule DEA license; AND Urgent Care: BLS OR ACLS Emergency Department: ACLS & PALS (Must obtain within 12 months of hire)

Current Clinical Experience: Documentation of patient care for 100 patients in the past two years OR completion of NP/PA training program within the last 12 months.

Renewal Criteria: Documentation of patient care for 100 patients in the past 24 months AND maintenance of current certification by NCCPA, ANCC, or AANP (For PA’s granted privileges prior to March 2016 that are not certified by the NCCPA: Must provide 100 CMEs within the last 2 year period, 50 of which must be category I, as defined by the NCCPA for Certification); AND full schedule DEA license; AND Urgent Care: BLS OR ACLS; Emergency Department: ACLS& PALS

FPPE: A minimum of 5 cases by Direct Observation and/or retrospective Chart Review (proctor may require additional review)

Request	CORE PRIVILEGES	Approve
<input type="checkbox"/>	Includes care for patients of all ages and procedures on the following list and such other procedures that are extensions of the same techniques and skills (may include telehealth): <ul style="list-style-type: none"> • Perform H&Ps OR Medical Screening Examination (MSE): <u>Assess, work up and perform differential diagnosis by means of H&P, medical decision making, laboratory and/or other studies (may include telehealth), ECG’s and diagnostic imaging</u> • Prescribe & Administer medications per formulary of designated certifying board • Write Discharge Instructions • Apply, remove, and change dressings and bandages; Perform debridement and general care for superficial wounds and minor superficial surgical procedures • Counsel/ instruct patients, families, & caregivers • Order and initial interpretation of diagnostic testing and therapeutic modalities • Implement therapeutic intervention for specific conditions per Emergency Room protocol • Perform field infiltrations of anesthetic solutions; incision and drainage of superficial abscesses; • Short-term and indwelling urinary bladder catheterization; venous punctures for blood sampling, cultures, and IV catheterization; • Removal of drains, sutures, staples, & packing • Apply/remove cast; diagnosis/treatment and strapping of sprains; splinting and reduction of simple fractures and dislocations; • Application of traction;; removal of foreign body; incision and drainage; • Simple laceration repair (not requiring plastics intervention); nasal packing; excision of simple skin lesion; removal of impacted cerumen; insertion/removal of drains or packing; nail trephination & removal; excision of thrombosed hemorrhoids; • Tonometry / Wood’s & Slit Lamp exam of the eye 	<input type="checkbox"/>
<input type="checkbox"/>	Additional Core for Emergency Medicine Privileges: <ul style="list-style-type: none"> • Direct care per Emergency Room protocol • eFAST examination • Implement palliative care and end-of-life care through evaluation, modification, and documentation according to the patient’s response to therapy, changes in condition, and to therapeutic interventions • Insert and remove nasogastric tube; provide tracheostomy care • Itraosseous Line insertion with EZ-10 • Perform other emergency treatment per protocol 	<input type="checkbox"/>

Provider Name: _____ Date: _____

Please Print

EMERGENCY MEDICINE ADVANCED PRIVILEGES Initial FPPE is deemed to have been satisfied based on successful completion of a preceptorship at Kaweah Health Approval w/ Direct Supervision: Applicants that have been granted a privilege with direct supervision are undergoing a Kaweah Health preceptorship. The applicant will be granted independent practice of the privilege once the preceptorship has concluded and gone through the approval process.						
Request	Procedure	Criteria for Independent	Renewal Criteria	FPPE Requirements	Approve w/ Direct Supervision	Approve - Independent
<input type="checkbox"/>	Lumbar Puncture	3 procedures in the last 2 years	3 procedures in the last 2 years	2 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	5 procedures in the last 2 years	5 procedures in the last 2 years	Minimum of 2 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of Chest Tubes	5 procedures in the last two years.	5 procedures in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Endotracheal intubation	10 procedures in the last two years.	8 procedures in the last 2 years	Minimum of 3 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of central venous access or dialysis catheters	5 procedures in the last 2 years	5 procedures in the last 2 years	Minimum of 2 concurrent – any site	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Arthrocentesis & Joint aspiration	2 procedures in the last 2 years	2 procedures in the last 2 years	1 concurrent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ultrasound guided paracentesis	5 procedures in the last 2 years	5 procedures in the last 2 years	5 concurrent	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledgment of Practitioner:

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

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

Advanced Practice Provider Signature

Date

Supervising Physician Signature

Date

Department of Emergency Medicine Chair Signature

Date

Privileges in Critical Care, Pulmonary & Sleep Medicine

 Name: _____
 Please Print

CRITICAL CARE CORE PRIVILEGES					
<p>Education & Training: M.D. or D.O. and Successful completion of an ACGME or AOA accredited program in the relevant medical specialty AND Successful completion of an accredited fellowship in critical care medicine and/or current subspecialty certification or active participation in the examination process leading to subspecialty certification in critical care medicine by the ABMS or AOA Boards within the timeframe determined by the certifying board</p> <p>Current Clinical Competence: Documentation of provision of inpatient care to at least fifty (50) patients in the CCU over the past 24 months or completion of residency or clinical fellowship within the past 12 months.</p> <p>OR *CA licensed physicians involved in their 2nd or 3rd year Critical Care Fellowship Program</p> <p>Renewal Criteria: Minimum 60 cases required in the past two years AND Maintain current certification or active participation in the examination process leading to certification in Critical Care Medicine by the ABMS or AOA Board.</p> <p>FPPE Requirement: Minimum of 8 of the following cases reviewed concurrently or retrospectively. To include: 5 diverse admissions & 2 flexible therapeutic bronchoscopies.</p>					
Request	Procedure				Approve
<input type="checkbox"/>	<p>Privileges include: Privileges to evaluate, diagnose, perform history and physical exam, provide treatment or consultation (may include telehealth) to patients 14 years of age and older, with multiple organ dysfunction and in need of critical care AND</p> <ul style="list-style-type: none"> • Airway management, including intubation • Arterial puncture and cannulation • Cardiopulmonary resuscitation • Cardioversion and defibrillation • Central venous and pulmonary artery catheter insertion • Flexible therapeutic bronchoscopy with established Airway (Endotracheal/Tracheostomy) • Lumbar puncture • Needle and tube thoracostomy • Paracentesis • Thoracentesis • Tracheostomy/cricothyroidotomy, emergency • Transthoracic Echocardiography • Swan Ganz Catheters 				<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (Must request and maintain inpatient contact volume for Courtesy or Active Staff Status)				<input type="checkbox"/>
ADVANCED PRIVILEGES (Must meet the criteria for Critical Care Core Privileges)					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Flexible Therapeutic bronchoscopy	Documentation of 5 procedures in the last 2 years.	5 procedures in the last 2 years.	Minimum of 2 cases concurrently	<input type="checkbox"/>
PULMONARY CORE PRIVILEGES					
<p>Education & Training: M.D. or D.O. and Successful completion of an ACGME or AOA-accredited fellowship in pulmonary medicine. AND ACLS Certification unless boarded in Critical Care AND Current certification or active participation in the examination process leading to certification in Pulmonary Disease OR Critical Care by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine within the timeframe determined by the certifying board</p> <p>Current Clinical Competence: Documentation of provision of inpatient care to at least fifty (50) patients over the past 24 months or completion of residency or clinical fellowship within the past 12 months.</p> <p>OR *CA licensed physicians involved in their 2nd or 3rd year Pulmonary Fellowship Program</p> <p>Renewal Criteria: Minimum 50 cases required in the past two years AND Maintenance of certification or active participation in the examination process leading to certification in Pulmonary Disease OR Critical Care by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine AND ACLS Certification unless boarded in Critical Care.</p> <p>FPPE Requirements: Minimum of 5 diverse admissions concurrently or retrospectively (Critical Care Core can be counted)</p>					
Request	Procedure				Approve
<input type="checkbox"/>	<p>Core Privileges include: Evaluate, diagnose, consult, perform history and physical exam, and provide treatment and consultation (may include telehealth) to patients with disorders chest or thorax AND</p> <ul style="list-style-type: none"> • Airway Management, including intubation • Arterial puncture and cannulation • Central venous and pulmonary artery catheter insertion • Inhalation challenge studies • Pulmonary function testing interpretation • Thoracentesis and related procedures 				<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (Must request and maintain inpatient contact volume for Courtesy or Active Staff Status)				<input type="checkbox"/>
ADVANCED PRIVILEGES (Must meet the criteria for Pulmonary Core Privileges)					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Flexible diagnostic bronchoscopy with Transbronchial biopsies	Documentation of 5 procedures in the last 2 years.	5 procedures in the last 2 years.	Minimum of 3 cases concurrently	<input type="checkbox"/>

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

Acknowledgment of Practitioner:

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

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

Signature: _____ Applicant Date



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

Privileges in Urology

Name: _____

Please Print

UROLOGY					
<p>Education & Training: MD or DO; AND Successful completion of a urology residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians & Surgeons of Canada, if board certified by an ABMS board, or actively pursuing board certification by an ABMS board (Obtained within 5 years).</p> <p>Current Clinical Competence: Documentation of the performance of at least 50 urological procedures in the past 2 years or successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past 12 months</p> <p>Renewal Criteria: Maintenance of Board Certification and documentation of 25 procedures reflective of the privileges requested.</p> <p>FPPE: Direct observation of a minimum of five (5) major diverse procedures (i.e. Any Laparoscopic; Robotic surgery; or Nephrectomy; pyeloplasty; Partial Nx; Radical Prostate; Radical Cystectomy; medium or large turbt; Ureteroscopy with Laser Lithotripsy.)</p>					
Request	CORE PRIVILEGES	Approve			
<input type="checkbox"/>	<p>The ability to evaluate, perform H&P, diagnose, treat (surgically or medically), and provide consultation (may include telehealth) to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. The core privileges in this specialty include the following procedures list and such other procedures that are extensions of the same techniques and skills.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>General urology</p> <ul style="list-style-type: none"> • Anterior pelvic exenteration • Appendectomy, Bowel resection, Enterostomy or as a component of a urologic procedure • Closure evisceration • Continent reservoirs • Inguinal herniorrhaphy as related to a urologic operation • Intestinal conduit • Surgery of the lymphatic system, including lymph node dissection (inguinal, retroperitoneal, or pelvic), excision of retroperitoneal cyst or tumor, and exploration of retroperitoneum • Management of congenital anomalies of the genitourinary tract (presenting in adults), including epispadias and hypospadias • Microscopic surgery (epididymovasostomy and vasovasostomy) • Open stone surgery on kidney, ureter, and bladder • Percutaneous aspiration or tube insertion • Performance and evaluation of urodynamic studies • Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion, orchiopexy, orchiectomy, epididymectomy, vasectomy, vasovasostomy, and repair of injury • Surgery upon the adrenal gland, including adrenalectomy and excision of adrenal lesion </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> • Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach, renal surgery through established nephrostomy or pyelostomy, and open renal biopsy • Surgery upon the penis, including circumcision, penis repair for benign or malignant disease, grafting, excision or biopsy of penile lesion, and insertion, repair, and removal of penile prosthesis • Surgery of the ureter and renal pelvis, including ureterolysis, insertion/removal of ureteral stent, and ureterocele repair (open or endoscopic) • Surgery of the urethra, including treatment of urethral valves (open and endoscopic), urethral fistula repair (all forms, including grafting), urethral suspension procedures (including grafting, all material types), visual rethrotomy, sphincter prosthesis, and periurethral injections (e.g., collagen) • Surgery of the urinary bladder for benign or malignant disease (including partial and complete resection), diverticulectomy and reconstruction, bladder instillation treatments, cystolithotomy, total or simple cystectomy, creation of neobladders, and repair of bladder injury and bladder neck suspension • Surgery of the prostate, including transrectal ultrasound-guided and other biopsy techniques, all forms of prostate ablation, and all forms of prostatectomy • Use of Urethral Bulking Agent Implants </td> <td style="width: 33%; vertical-align: top;"> <p>Endourology/stone disease</p> <ul style="list-style-type: none"> • Extracorporeal shockwave lithotripsy <p>Endoscopic surgery</p> <ul style="list-style-type: none"> • Laparoscopic surgery, urologic for disease of the urinary tract • Laparotomy for diagnostic or exploratory purposes (urologic-related conditions) • Cystoscopy • Percutaneous nephrolithotripsy • Transurethral surgery, including resection of prostate and bladder tumors • Transvesical ureterolithotomy • Ureteroscopy, including treatment of all benign and malignant processes • Urethroscopy, including treatment of all benign and malignant processes <p>Reconstructive surgery</p> <ul style="list-style-type: none"> • Plastic and reconstructive procedures on ureter, bladder, urethra, genitalia, and kidney • Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials • Other plastic and reconstructive procedures on external genitalia </td> </tr> </table>	<p>General urology</p> <ul style="list-style-type: none"> • Anterior pelvic exenteration • Appendectomy, Bowel resection, Enterostomy or as a component of a urologic procedure • Closure evisceration • Continent reservoirs • Inguinal herniorrhaphy as related to a urologic operation • Intestinal conduit • Surgery of the lymphatic system, including lymph node dissection (inguinal, retroperitoneal, or pelvic), excision of retroperitoneal cyst or tumor, and exploration of retroperitoneum • Management of congenital anomalies of the genitourinary tract (presenting in adults), including epispadias and hypospadias • Microscopic surgery (epididymovasostomy and vasovasostomy) • Open stone surgery on kidney, ureter, and bladder • Percutaneous aspiration or tube insertion • Performance and evaluation of urodynamic studies • Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion, orchiopexy, orchiectomy, epididymectomy, vasectomy, vasovasostomy, and repair of injury • Surgery upon the adrenal gland, including adrenalectomy and excision of adrenal lesion 	<ul style="list-style-type: none"> • Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach, renal surgery through established nephrostomy or pyelostomy, and open renal biopsy • Surgery upon the penis, including circumcision, penis repair for benign or malignant disease, grafting, excision or biopsy of penile lesion, and insertion, repair, and removal of penile prosthesis • Surgery of the ureter and renal pelvis, including ureterolysis, insertion/removal of ureteral stent, and ureterocele repair (open or endoscopic) • Surgery of the urethra, including treatment of urethral valves (open and endoscopic), urethral fistula repair (all forms, including grafting), urethral suspension procedures (including grafting, all material types), visual rethrotomy, sphincter prosthesis, and periurethral injections (e.g., collagen) • Surgery of the urinary bladder for benign or malignant disease (including partial and complete resection), diverticulectomy and reconstruction, bladder instillation treatments, cystolithotomy, total or simple cystectomy, creation of neobladders, and repair of bladder injury and bladder neck suspension • Surgery of the prostate, including transrectal ultrasound-guided and other biopsy techniques, all forms of prostate ablation, and all forms of prostatectomy • Use of Urethral Bulking Agent Implants 	<p>Endourology/stone disease</p> <ul style="list-style-type: none"> • Extracorporeal shockwave lithotripsy <p>Endoscopic surgery</p> <ul style="list-style-type: none"> • Laparoscopic surgery, urologic for disease of the urinary tract • Laparotomy for diagnostic or exploratory purposes (urologic-related conditions) • Cystoscopy • Percutaneous nephrolithotripsy • Transurethral surgery, including resection of prostate and bladder tumors • Transvesical ureterolithotomy • Ureteroscopy, including treatment of all benign and malignant processes • Urethroscopy, including treatment of all benign and malignant processes <p>Reconstructive surgery</p> <ul style="list-style-type: none"> • Plastic and reconstructive procedures on ureter, bladder, urethra, genitalia, and kidney • Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials • Other plastic and reconstructive procedures on external genitalia 	<input type="checkbox"/>
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<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)	<input type="checkbox"/>			

ADVANCED PROCEDURES				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Use of surgical laser	Training in residency OR completion of an approved eight-hour minimum CME course that included training in laser principles & a letter of reference from preceptor experienced & credentialed in laser privileges AND a minimum of 24 laser procedures in the last 2 years.	A minimum of 24 laser procedures in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Laparoscopic radical nephrectomy	Minimum of 6 procedures in the last 2 years.	6 in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Robotic Procedures (e.g. Prostate; Kidney, etc)	Minimum of 12 procedures in the last 2 years.	12 in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Radium seed implantation for prostate cancer in conjunction with radiation oncologist	Minimum of 6 procedures in the last 2 years.	6 in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous nephrolithotomy (PCNL)	Minimum of 10 30 procedures in the last 2 years. Or completion of residency in the last 12 months.	10 30 in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Sacral nerve stimulation for treatment of bladder dysfunction	Minimum of 6 procedures in the last 2 years.	6 in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Fluoroscopy (<i>required</i>)	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	<input type="checkbox"/>
<input type="checkbox"/>	Procedural Sedation	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	Pass Kaweah Health Sedation/Analgesia (Procedural Sedation) Exam	<input type="checkbox"/>
<input type="checkbox"/>	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 ___Specialty Clinic	Initial Core Criteria AND Contract for Outpatient Clinical services with Kaweah Delta Health Care District.	Maintain initial criteria	<input type="checkbox"/>

Acknowledgment of Practitioner:

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

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) I may participate in the Kaweah 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 Surgery Chair _____
Date

Appendix D

Policy Submission Summary

Manual Name: Medical Staff			Date: 7/14/22
Support Staff Name:			
Routed to:			Approved By: (Name/Committee – Date)
<input type="checkbox"/> Department Director <input type="checkbox"/> Medical Director <i>(if applicable)</i> <input type="checkbox"/> Medical Staff Department <i>(if applicable)</i> <input type="checkbox"/> Patient Care Policy <i>(if applicable)</i> <input type="checkbox"/> Pharmacy & Therapeutics <i>(if applicable)</i> <input type="checkbox"/> Interdisciplinary Practice Council <i>(if applicable)</i> <input checked="" type="checkbox"/> Credentials Committee <i>(if applicable)</i> <input type="checkbox"/> Executive Team <i>(if applicable)</i> <input checked="" type="checkbox"/> Medical Executive Committee <i>(if applicable)</i> <input checked="" type="checkbox"/> Board of Directors			7/13/22
Policy/Procedure Title	#	Status (New, Revised, Reviewed, Deleted)	Name and Phone # of person who wrote the new policy or revised an existing policy
Credentialing & Privileging of Medical Staff & Advanced Practice Providers	MS 48	Revised	Credentials Committee April McKee x2344

Policy Number: MS 48	Date Created: 07/14/2022
Document Owner: April McKee (Medical Staff Svcs Manager)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Credentials Committee, Medical Executive Committee, April McKee (Medical Staff Svcs Manager), Cindy Moccio (Board Clerk/Exec Assist-CEO), Debbie Roeben (Medical Staff Coordinator), Teresa Boyce (Director of Medical Staff Svcs)	
Credentialing and Privileging of Medical Staff & Advanced Practice Providers	

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

Policy:

All applications for appointment, reappointment and requests for clinical privileges for physicians (MD, DO, DPM, DDS, and PhD) and advanced practice providers (CRNA, CNM, NP, PA, and PharmD), will be evaluated based on current licensure, education, training or experience, current competence and ability to perform the clinical privileges requested. For Temporary Privilege see MS 53 Temporary Privileges Policy.

Procedures (See Attachment A for flow chart of application process)

I. New Applicants

Individuals requesting to be credentialed and privileged will be provided a link to the Online Application on the MD Staff website.

The practitioner shall be required to submit/review:

1. Complete application including licensure information on any active or inactive licenses, DEA registration, Education History, Work History, Insurance **History**, Peer References and Board Certification/Eligibility
2. Attestation Questionnaire
3. Consent and Release Form
4. Professional Liability Questionnaire, that includes claim status for each open or closed claim in the last five years.
5. Health Screening Requirements (PPD, Influenza Vaccination; [COVID Vaccination\(s\)](#)); (Tdap, fitness for duty as required)
6. Background Release Form
7. Continuing Education Attestation form
8. Confidentiality and Conflict of Interest Statement of compliance
9. Medicare Acknowledgement Statement
10. Code of Conduct and Professional Behavior
11. Signed Organized Health Care Arrangement Agreement
12. Privilege Form
13. Medical Staff Bylaws, Rules & Regulations
14. A Copy of a current, government issued photo ID
15. 2x2 color photo

16. Current Curriculum Vitae (CV) documented in months and years
17. Life Support Certification (BLS, ACLS, etc.) as defined on privilege form.
18. Non U.S. Citizens: Copy of current Employment Authorization Card or H1B Visa for employment to provide services at Kaweah Health.

II. Reappointments

Reappointment to the Medical Staff and Advanced Practice Provider Staff and requesting of clinical privileges shall occur no less often than biennially.

A link to the on line application shall be sent to providers five(5) months prior to their appointment expiration date and are expected to be completed and returned within 5 weeks.

The practitioner shall be required to submit/review:

1. Complete application including licensure information on any active or inactive licenses, DEA registration, Education History, Work History, Insurance ~~History~~, Peer References and Board Certification/Eligibility
2. Attestation Questionnaire
3. Consent and Release Form
4. Professional Liability Questionnaire, that includes claim status for each open or closed claim in the last five years.
5. Health Screening Requirements (PPD, Influenza Vaccination); (Tdap, fitness for duty as required)
6. Continuing Education Attestation form
7. Confidentiality and Conflict of Interest Statement of compliance
8. Medicare Acknowledgement Statement
9. Code of Conduct and Professional Behavior
10. Privilege Form
11. Medical Staff Bylaws, Rules & Regulations
12. Life Support Certification (BLS, ACLS, etc.) as defined on privilege form.

If the provider fails to submit a completed online application they shall be deemed to have voluntarily resigned their Medical Staff membership. The procedural rights set forth in the Medical Staff Bylaws shall not apply to a voluntary resignation.

III. Timeliness of Information

Any of the following information found to be beyond 180 days at the time the file is presented to the Credentials Committee or Interdisciplinary Practice Committee (IPC) will be re-verified prior to review by that committee:

- All on line verifications
 - CA Medical or Professional License
 - CA Furnishing License
 - DEA
 - NPDB

- OIG
- Answers to attestation questions
- Signature and date on consent form

IV. Approval

1. The application, privilege request form and supportive documentation are made available to the appropriate Department Chair for review and recommendation to the IPC and/or Credentials Committee. Any documents of concern will be printed and flagged. The Department Chair will complete the recommendation form and note the length of appointment and any concerns, which will be forwarded to the Credentials Committee.

V. Requests for Additional Privileges

Any provider may request additional privileges at any time. These requests are processed as follows.

1. The provider must complete the appropriate privilege form and supply supporting documentation regarding training or experience, as required.
2. The following must be verified by the Medical Staff Office:
 - CA Medical or Professional License
 - CA Furnishing license, if applicable
 - DEA, if applicable
 - OIG
 - NPDB
3. The evaluation and approval for additional privilege(s) is forwarded to the IPC and/or Credentials Committee upon recommendation of the Department Chair, with final review and recommendation by the MEC and Governing Board.

VI. Provider rights to amend application and to receive updates

Providers have the right to correct erroneous information obtained throughout the credentialing process. If any submitted items differ substantially from documentation disclosed through the verification process, the provider will be asked via written request (email or certified letter) to resolve this discrepancy and will be expected to do so within 10 business days of the request. Any and all corrections should be submitted in writing to the Medical Staff Office for adequate review of current documentation. Any instance of the provision of information containing misrepresentations or omissions is forwarded to the Credentials Committee for review and action. Providers are allowed access to their credential files, with the exception of Peer Evaluations or verifications.

Providers have the right to receive updates on their application for appointment or reappointment. All such requests will be responded to within a reasonable period of time, not to exceed four business days.

VII. Processing the application

When the application for appointment or reappointment is returned, a review for completeness is performed by the Medical Staff office. If additional information is required, or if questions are left blank, the application will be returned back to the

applicant for completion. Failure to submit the requested information within 90 days shall be considered a voluntary withdrawal of the application.

Information gathered on the application will be verified by the primary source, as required by The Joint Commission. Primary source may include verbal verifications, which require a dated, signed note in the credentialing file, including the name of individual providing the information, date and time of verification. After three failed attempts to gather information from a primary source, a secondary source may be used, i.e., another hospital where the practitioner is currently credentialed.

In addition, queries will be made to the NPDB and the MBC if any verification received has adverse actions, the practitioner will be asked to provide a written explanation of the issue. Sources used for verification include:

1. California Professional License / Professional Licenses from other States

2. DEA Certification

An online NTIS query is required for primary source verification. All providers must have a valid DEA certificate, including all schedules (2, 2N, 3, 3N, 4 and 5), with a California address. A practitioner with an out of state address on their DEA may be credentialed pending the change of address, if proof of request has been received by the Medical Staff Office.

Radiologic Health Branch Certificate/Permit Required for all practitioners as specified by privileges (i.e., Fluoroscopy, Radiography or Radiology).

3. Verification of Hospital Affiliations and Work History

Written verification of five (5) years of clinical work history from hospitals or other health care organizations affiliations is required for initial appointments (2 years for reappointment). Affiliation verifications within the last five (5) years will be required for new appointments (2 years for reappointment). A minimum of five (5) affiliation verifications will be required if an applicant has more than five (5) affiliations. A request of the practitioners quality and performance profile/data may be accepted in lieu of a "good standing" letter.

Any gaps in the past five (5) years of work history of three months or more will require written clarification from the practitioner.

Failure to obtain verification of an affiliation after three attempts with the applicant's assistance shall be documented in the practitioners file for the Department Chair. The file may then move through the evaluation process without this documentation.

4. Verification of Medical/Professional School and Completion of Post Graduate Programs

Verification of education and completion of post graduate training may be obtained from the institution(s) where the training was completed, and/or an

agency that is deemed primary source verification (AMA/AOA) or Background Check for Advance Practice Providers hired by HR. If unable to obtain verification from any of the above resources after three attempts, information will be obtained from a reliable secondary source such as another hospital that has a documented primary source verification of the credential. A letter of completion of residency or fellowship program will be obtained for all new graduates.

Verification for International Medical Graduates must present certification by the Education Commission for Foreign Medical Graduates (ECFMG), or successful completion of a fifth pathway (excluding Canada).

5. Board Certification

Board Certification or active pursuit of board certification is a requirement for membership and privileges for individuals appointed after March 2016. Medical Staff Members appointed prior to March 2016 are grandfathered and governed by any board certification requirements at the time of their appointment. Verification of certification is obtained through the ABMS online database or a letter directly from the certification board. Board certification is verified at the time of initial appointment and each reappointment. In exceptional circumstances, initial applicants who are not board certified and existing Medical Staff members seeking recertification may request additional time to obtain certification or recertification for one additional period, not to exceed two years. In order to be eligible to request an extension in these situations, an individual must satisfy criteria set forth in the Medical Staff Bylaws 2.A.1.

All Advanced Practice Practitioners are required to have National Certification at the time of hire or obtain certification within one year of completion of professional training and maintain certification by any of the following bodies:

- American Academy of Nurse Practitioner AANP
- American Nurses Association Credentialing Center – ANCC
- Pediatric Nursing Certification Board – PNCB
- National Certification Corp. for the Obstetric, Gynecologic and Neonatal Nursing Specialties – NCC
- American Association of Critical Care Nurses – AACN
- National Commission on Certification of Physician Assistants – NCCPA
- National Board of Certification & Recertification for Nurse Anesthetists - NBCRNA

6. Current, Adequate Professional Liability Insurance

The Certificate of Insurance must meet the requirements determined by the Kaweah Health Board of Directors. See Attachment B.

7. Professional Liability Claims History

Verification of claims history for the immediately preceding five (5) years for new appointments and two (2) years for reappointments will be obtained from

the National Practitioner Data Bank (NPDB). [Verification of current malpractice and claims history will be obtained](#) ~~or~~ directly from the Insurance Company.

[Failure to obtain verification of a current claims history after three attempts with the applicant's assistance shall be documented verified by the NPDB.](#)

8. Background Checks

Background checks shall be performed at the time of initial appointment. Results will be stored electronically in the credentials file. Adverse information will be evaluated by the Department Chair and appropriate reviewing committees.

9. Privileging Criteria – Current Clinical Competency

Each applicant must meet the criteria related to the privileges they are requesting on the privilege form. Clinical activity from all facilities at which the physician has been privileged to practice within the reappointment timeframe, will be included for specific privileges requested and volume requirements. At reappointment, if the practitioner does not have an adequate volume required by the department, a letter of reference may be required from a colleague who has observed the practitioner and can attest to their competency. Volumes from facilities other than Kaweah Health do not count towards membership category assignments.

10. National Practitioner Data Bank

The NPDB must be queried for all new and reappointments and when additional privileges are requested. Continuous Query is utilized for all privileged members. Adverse information will be evaluated by the department chair.

11. Medicare/Medicaid Sanctions

Medicare and Medicaid Sanction verifications will be processed by obtaining a Sanctions Exclusions Report published by the OIG for each credentialed provider. In addition, ongoing monitoring for sanctions will be done on a monthly basis for all credentialed practitioners.

12. Professional References

Three professional references are requested for new applicants and two are required for application packets to be considered complete. Peer references are required at reappointment for providers who do not have adequate volume to evaluate competency. Advanced Practice Provider's supervising physician evaluation may be utilized in lieu of a peer reference letter. The references must be from individuals who have recently worked with the applicant, have directly observed their professional performance and can provide reliable information regarding clinical ability, health status, ethical character and the ability to work with others. If the applicant has completed a residency or fellowship in the past two years, a reference from the program director shall be requested. Adverse comments or reluctance to recommend will be flagged for

review. Peer references will be asked to identify the picture of the applicant is the person they are providing a reference for which will be used by the hospital to verify the practitioner requesting approval is the same practitioner identified in the credentialing documents.

Failure to obtain a peer reference after three attempts the applicant will be asked to provide contact information for additional peer reference(s).

13. Continuing Education

An attestation must be signed for appointment or reappointment indicating that the practitioner has met their applicable continuing professional education requirements for licensure.

14. Ongoing Professional Practice Evaluation (OPPE)

Quality Data for each practitioner is evaluated by the Department Chair every eight months. A two year composite of the data is provided to the chair for a comprehensive review at reappointment.

15. Training Modules

All applicants shall be informed of any assigned educational requirements at the time of appointment or reappointment.

16. Health Screening

All practitioners are required to comply with annual PPD and Influenza Vaccination requirements. Failure to do so will result in an administrative suspension until appropriate documentation is provided to the Medical Staff Services Department.

17. The credentialing data for all practitioners credentialed by Medical Staff Office are entered into the Medical Staff Office credentialing database (MD STAFF). Medical Staff Office utilizes this system to maintain current credentialing and privileging information, and to monitor proctoring, license, DEA, insurance renewals and reappointment activities. All information contained in the database is confidential and has restricted access. Medical Staff Office is responsible for ensuring that the information contained in the database is accurate and current. The Managed Care department has access to the information in the Medical Staff Office database that specifically pertains to information needed for credentialing with the health plans.

18. All practitioners are required to pay dues and application fees; Fees are determined by the MEC, and are non-refundable.

VIII. Category Assessment

During the processing of each reappointment, practitioner activity reports will be evaluated to confirm if they are assigned to the appropriate membership category. The following guidelines shall be used:

1. A physician currently on the Active Medical Staff, but has had less than 24 patient contacts in the last 2 years at a Kaweah Health facility the practitioner will be reassigned to a category that appropriately reflects their activity, in accordance with the Medical Staff Bylaws.
2. A physician currently on the Active or Courtesy staff, who has had no patient contacts at a Kaweah Health Facility during the previous two years, shall be reassigned to the Community Affiliate Category (membership only, no clinical privileges).
3. A Physician currently on the Consulting staff who has activity from other hospitals and office practice shall not be reassigned unless requested by the practitioner.

If applicable criteria indicate a membership category reassignment may be appropriate, the credentialing staff will send a letter, email, text or fax to the practitioner outlining any changes being recommended for their feedback. The complete credential file is forwarded to the Department Chair along with any additional information submitted by the provider for review and final recommendation.

IX. Expirables

The following items will be monitored as Expirables. An expired certificate or license shall result in an administrative suspension of membership/privileges, or a suspension of the privilege tied to that certificate.

- CA State license
- Furnishing License
- DEA
- Professional Liability Insurance
- Radiologic Health Branch Certificate/Permit, as specified by privileges (i.e., Fluoroscopy)
- ACLS, ATLS, BLS, NRP, PALS (as specified by privileges)
- Delinquent Health Records

Failure to provide updated documents within 60 days will result in voluntary withdrawal of membership/privileges or a voluntary withdrawal of the privilege tied to that certificate.

Practitioners will be notified by email or text approximately 45 days, 30 days, and 15 days prior to license or certificate expiration.

X. Delegated Credentialing for Telehealth Providers

Delegated Credentialing is accepted for telehealth providers under the following conditions:

1. The Distant Site is accredited by the Joint Commission
2. A contract for related services has been executed between Kaweah Health and the Distant Site
3. Distant site provides proof of accreditation as a Medicare Provider

4. Procedure – Initial Application
 - a. Distant Site Provides the following:
 - i. Medical Staff Fees
 - ii. Current list of privileges granted to practitioner by Distant Site.
 - iii. Current Certificate of Professional Liability
 - iv. Completed Delegated Credentialing Attestation by the Distant Site (provided by Kaweah Health) 2” X 2” color photo
 - v. Current Government-Issued Photo ID
 - vi. Completed Kaweah Health Consent Form
 - vii. Signed Organized Health Care Arrangement Agreement
 - viii. Completed Kaweah Health Privilege Request Form
 - ix. Completed Kaweah Health Online TeleHealth Application
 - x. An updated list of providers (addendum to the contract) to Kaweah Health Medical Staff Office upon any change of providers (additions and/or resignations).
 - b. Originating Site performs the following verifications:
 - i. NPDB, OIG, Licensure (including LVS for MDs only), and NPI.
 - ii. Information forwarded for approval through the process defined in the Medical Staff Bylaws.
5. Procedure – Reappointment Application
 - a. Distant Site provides the following:
 - i. Medical Staff Fees
 - ii. Current list of privileges granted to practitioner by Distant Site.
 - iii. Completed Delegated Credentialing Attestation by the Distant Site (provided by Kaweah Health)
 - iv. Completed Kaweah Health Consent Form
 - v. Completed Kaweah Health Privilege Request Form
 - vi. Completed Kaweah Health Online TeleHealth Reappointment Application
 - b. Originating Site performs the following verifications:
 - i. NPDB, OIG, and Licensure (including LVS for MDs only)Information forwarded for approval through the process defined in the Medical Staff Bylaws.
6. Procedure – Expirables
 - a. Medical Staff Office keeps track of the following Expirables
 - i. CA Licensure
 - ii. Professional Liability

Related Documents:

Kaweah Health Medical Staff Bylaws, Rules and Regulations

References:

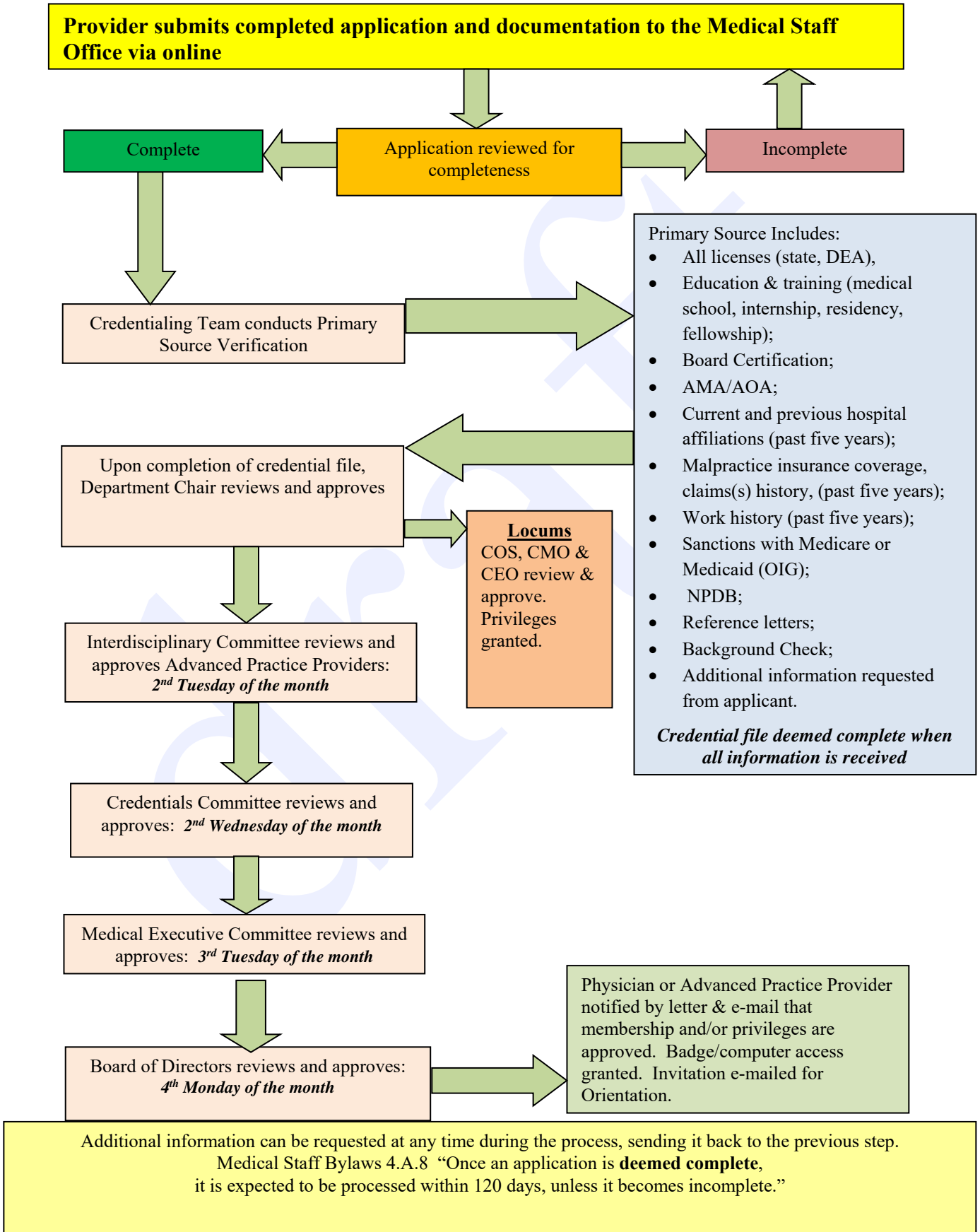
- TJC Standards

- Title 22 Regulations

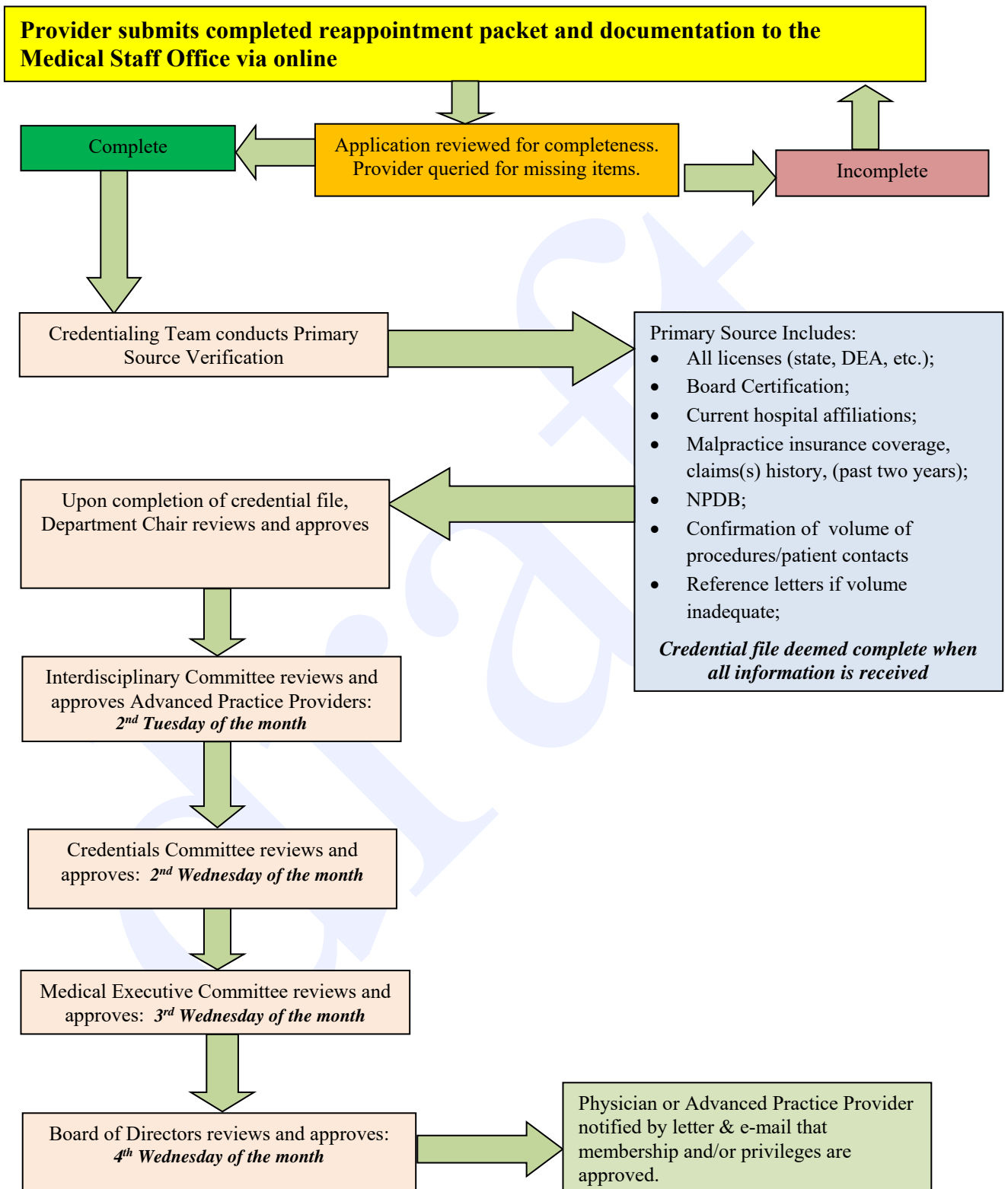
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DRAFT

ATTACHMENT A INITIAL APPLICATION PROCESS



REAPPOINTMENT PROCESS



ATTACHEMENT B

KAWEAH HEALTH Medical Staff Service

Certificate of Insurance Guidelines

Per Kaweah Health Board of Directors January 2018 Resolution and the Medical Staff Bylaws, a Medical Staff Provider's Certificate of Insurance must meet the following requirements:

1. Professional liability insurance must have a minimum coverage of \$1,000,000 per occurrence/ \$3,000,000 in the aggregate.
2. Deductibles or self-insurance retention can be no more than \$100,000.
3. The insurance company must either be licensed to do business in California or have been issued a Certificate of Authority by the California Insurance Commissioner. For confirmation of the insurance company's status search the California Department of Insurance website for the business name at <https://interactive.web.insurance.ca.gov/companyprofile/companyprofile>. *The company name **MUST** be an **exact match**.* If there is not an exact match you must provide proof the company issuing the insurance is licensed to do business in California or has been issued a Certificate of Authority.
4. The professional liability insurance company **MUST** maintain an A.M. Best rating of at least ("A") and have a financial size of at least VII (\$50 million to \$100 million). For determine the A.M. Best rating and financial size category, check the A.M Best website at <http://www.ambest.com/home/default.aspx>.
5. SURPLUS LINES: <http://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm> EXACT Match and A.M. Best Rating A++ (Superior) rating and a Financial Size Category of XV (\$2 Billion or greater)
6. No shared limits of liability coverage are permitted except under the following circumstances: **one** (1) Advanced Practice Provider can share limits of liability with a medical group on a group policy.
7. KDHC will accept Cooperative of American Physicians/Mutual Protection Trust ("CAP/MPT") coverage.
8. For verification of past or current coverage, Physicians and Advanced Practice Providers who are, or have been, employed by a governmental agency (i.e., a County or State health care facility, a Prison or HRSA Health Center Program) should provide a letter of employment from that agency that confirms their employment or independent contractor status and specifies their malpractice coverage is provided by the government entity.

Medical Executive Committee

July 20, 2022

RECOMMENDATION TO THE BOARD

Consolidation of Departments

The Pathology Department is a very small department with 3-5 members. They have not met or submitted any actions as a department in more than 8 years. A recommendation was made to consolidate pathologists into the Department of Surgery. Full discussion followed.

By motion made, seconded and carried the Medical Executive Committee recommends consolidating Pathologists into the Department of Surgery.

Forward to the Board for approval.

KAWEAH HEALTH MEDICAL STAFF BYLAWS EXCERPT

11.B. CREATION AND DISSOLUTION OF CLINICAL DEPARTMENTS AND DIVISION;

Clinical departments and divisions shall be created and may be consolidated or dissolved by the MEC upon approval by the Board as set forth below.

- (3) The following factors shall be considered in determining whether the dissolution of a clinical department or division is warranted:
 - (a) there is no longer an adequate number of members of the Medical Staff in the clinical department or division to enable it to accomplish the functions set forth in the Bylaws and related policies;
 - (b) there is an insubstantial number of patients or an insignificant amount of clinical activity to warrant the imposition of the designated duties on the members in the department or division;
 - (c) the department or division fails to fulfill all designated responsibilities and functions, including, where applicable, its meeting requirements;
 - (d) no qualified individual is willing to serve as chair of the department or chief of the division; or
 - (e) a majority of the voting members of the department or division vote for its dissolution.

RESOLUTION 2170

RESOLUTION OF KAWEAH DELTA HEALTH CARE DISTRICT, dba KAWEAH HEALTH AUTHORIZING KAWEAH HEALTH TO SERVE AS SUB-GRANTEE IN PARTNERSHIP WITH TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY FOR THE PURPOSE OF RECEIVING A CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY GRANT

WHEREAS, the **KAWEAH HEALTH** Board of Directors, on October 25, 2021, authorized Kaweah Health to apply for the Investment in Mental Health Wellness Grant Program for Children & Youth, in partnership Tulare County Health & Human Services, acting as the lead agency; and

WHEREAS, the **KAWEAH HEALTH** Board of Directors, on December 20, 2021, authorized the officers and agents of Kaweah Health to approve and execute any and all documents necessary to submit the grant application to the California Health Facilities Financing Authority for the Investment in Mental Health Wellness Grant Program in an amount not to exceed \$4,932,779 to address a continuum of crisis services for children and youth, 21 years of age and under; and

WHEREAS, the grant application was approved by the California Health Facilities Financing Authority; and

WHEREAS, the California Health Facilities Financing Authority is prepared to release grant funding subject to receipt of certain documents;

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

Section 1. The Board of Directors of Kaweah Health hereby authorizes, approves and ratifies its partnership with the Tulare County Health & Human Services Agency for purposes of the California Health Facilities Financing Authority grant to establish a Crisis Stabilization Unit for children and youth, 21 years of age and under.

Section 2. The Board of Directors of Kaweah Health hereby authorizes and approves serving as a sub-grantee, along with Tulare County Health & Human Services Agency, for the purpose of receiving funding from California Health Facilities Financing Authority grant to establish the Crisis Stabilization Unit.

Date of Adoption: _____

SECRETARY'S CERTIFICATE

I, Michael Olmos, Secretary of **KAWEAH DELTA HEALTH CARE DISTRICT dba KAWEAH HEATH**, hereby certify the foregoing is a full, true and correct copy of the resolution duly adopted at a regular meeting of the Board of Directors of Kaweah Health duly and regularly held at the regular meeting place thereof on the 27th day of July, 2022, 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 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: _____



Policy Number: AP119	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Executive Team A	
Visiting Regulations for Kaweah Delta Health Care District	

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

PURPOSE: Visitor access is regulated because the desires of the public to visit friends and family must be balanced with the needs of all patients for privacy and rest, the environment needed by the medical staff and hospital staff to carry out their work, and everyone’s need for safety and security. In extenuating circumstances, exceptions to this policy may be considered by the Nurse Manager, House Supervisor or designee.

POLICY:

- I. General visiting hours are 8:00a.m. to 9:00p.m.
 - A. Patients can request “no visitors” at any time. A sign will be posted on the door of the patient’s room to that effect.
 - B. It is suggested that no more than two (2) visitors be in a patient’s room at one time as a limiting guideline. The nurse has the ability to allow more or less as the need dictates. Other visitors must go to public lobby areas, by the visitor elevator, in the main lobby, or in the cafeteria to wait. An adult must accompany children at all times.
 - C. Nursing staff may limit the number of visitors to fewer than two (2) if it is in any patient’s best interest, or at the request of patient or physician.
 - D. Staff may request that visitors leave the room while they provide patient care, or if visitors are interfering with the treatment or rest of any patient. Nursing staff may also ask any visitor to leave the patient care area if the visitor is being loud or disruptive in anyway.
 - E. An interpreter may stay at the bedside of patients, if necessary.
 - F. Children under 12 years of age are not allowed to visit unless cleared by the Nurse Manager, House Supervisor or designee.
 - 1. For the health of all patients and staff, once authorized, the visit should be as brief as possible and the visitor should be directed to stay in the patient room.
- II.

- III. These regulations apply to all acute and med-surg areas of Kaweah Health. Skilled Nursing, Mental health (MH.154) and Acute Rehabilitation (PR.04) have policies, which are specific to those respective clinical areas. The patient may have one person, an adult family member or friend, in attendance at all times throughout their hospital stay if the patient is in a private room. If the patient desires, this can be different people and different times. Those authorized to remain will be issued a visitor sticker which must be visibly displayed.
- A. If a sleeping chair is available, it will be provided for the overnight visitor.
 - B. The visitor may be asked to wait outside the room while hospital staff provides direct care.
 - C. ICU, CV-ICU, and surgery patients may have immediate family remain in the waiting rooms.
 - D. For pediatric patients, the parents and/or primary care takers will be issued four orange bands for twenty-four (24) hour access.
 - E. For Labor and Delivery and post-partum patients, three family members or friends will be issued pink arm bands for (24) hour access.
 - F. For Neonatal Intensive Care Unit patients, two family members will be issued green armbands for (24) hour access.
- IV. Cell phones are prohibited in posted areas. Cell phones and pagers are to be on vibrate/silent mode. Camera phones are prohibited to be used to take pictures or recordings in all patient care areas.
- V. Eating is allowed only in the public dining areas and, with the patient's permission, in the patient's room.

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Policy Number: AP136	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Construction in progress accounts	

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

POLICY: Construction in Progress (CIP) accounts are established as needed to account for and monitor expenditures related to construction or remodel projects. CIP accounts must be supported by specific funding.

PROCEDURE:

- I. Prior to establishing a CIP account, the funding source must be approved. For capital budget lines, approval must be in accordance with AP.135 Capital Budget Purchases. All other funding sources must be approved by the Board of Directors, Chief Executive Officer (CEO), or the Capital Committee.
- II. Once a CIP account is deemed necessary the Director of Construction Services must contact the Director of Finance or designee to establish a budget, prepare the formal budget summary, identify all persons responsible for monitoring and approving purchases for the project, including equipment purchases, and setup the reporting for the account.
- III. Whenever possible, purchases for CIP accounts should be procured through Materials Management in accordance with AP. 156 Standard Procurement Practices.
- IV. For all CIP purchases, the following process must be followed:
 - A. The invoice must be coded with the following (a nonstock may accompany the invoice):
 1. Accounting unit (1000 for all CIP accounts)
 2. Account (as pre-defined by Finance)
 3. Activity (as pre-defined by Finance)
 4. Account Category (as pre-defined by Finance)
 - B. The invoice **MUST** be signed and approved by the Director of Construction Services. Other parties identified in Section II above may also be required to sign off on the purchase. .
 - C. The invoice will be processed in accordance with Finance policies and procedures.
- V. In the event that an activity of a CIP account exceeds budget, the Director of Construction Services will be contacted by the Director of Finance or designee.

- VI. The Director of Construction Services may transfer budget dollars within a CIP account as long as the project's completion will remain within the total project's budget.
- VII. For budget increases to an entire CIP account, the CEO may approve an overage up to \$25,000. Any budget increases to a CIP account exceeding \$25,000 require the approval of the Board of Directors.
- VIII. The Capital Committee must approve transfers between different CIP projects that are greater than \$5,000.

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Policy Number: AP154	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Medication Error Reduction Plan	

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

OVERVIEW

Kaweah Delta Health Care District is dedicated to the mission of excellence in safe medication use by analyzing errors, understanding their system based causes and disseminating practical recommendations that can help healthcare providers and patients. The District Medication Error Reduction Plan is in place to achieve our mission and meet the intent of SB 1875 “to eliminate or substantially reduce medication-related errors”. The plan is divided in five sections that are concordant with general principles identified by the California Department of Public Health as likely to be beneficial in accomplishing the aim of reducing medication error. These principles are:

Principle 1 – Establish an organized quality system that addresses the issue of a facility-wide reduction of medication errors.

Principle 2 – Develop effective reporting mechanisms to ensure medication related errors are reviewed.

Principle 3 – Establish a baseline assessment and then, at a minimum annually review the effectiveness of the plan to reduce medication errors.

Principle 4 – Technology implementation shall be part of the plan

Principle 5 – Review pertinent literature related to the reduction of medication errors in review and on-going development and review of the plan.

Medication safety objectives and priorities are actively adjusted throughout time, based on internal/external medication error data, as well as the emerging, dynamic needs of the patients we serve. As such, the MERP described in this policy is supplemented by a “working plan” maintained by the Medication Safety Quality Focus Team.

Medication Error Reduction Plan (MERP)

Principle 1 – Establish an organized quality system that addresses the issue of a facility-wide reduction of medication errors.

The medication use system is complex with broad organizational impact. The Medication Safety Quality Focus Team (QFT), chartered by the Quality Council, directs health system actions regarding reductions in errors attributable to medications. The Medication Safety QFT charters sub-groups, Quality Action Teams, to work on specific tasks.

Medication Safety QFT is multi-disciplinary and consists of representation from Medical Staff, Nursing, Pharmacy, Quality and Patient Safety, Risk Management, Administration and Information System Support. This QFT meets formally on a regular basis to address the issue of a facility-wide reduction in medication errors. Evaluation and assessment efforts address each process of the medication use system including: prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Quality Action Teams report their findings and recommendations to Medication Safety QFT, which reports to the Pharmacy & Therapeutics Committee, Professional Staff Quality Committee and Quality Council in addition to other departments when indicated. Refer to AP Policy .41 “Quality Improvement and Patient Safety Plan” for council/committee organization, governance and responsibilities.

Principle 2 – Develop effective reporting mechanisms to ensure medication related errors are reviewed.

The Occurrence Reporting Program establishes an organizational framework for our current adverse drug event (ADE) reporting process. This program defines responsibility and information flow of medication related safety issues identified through the occurrence reporting system (refer to Administrative Policy AP.10 “Occurrence Reporting Process”). Based on a description of the event and/or further investigation, actions are taken to minimize the possibility of event reoccurrence. Medication error data is examined by Medication Safety QFT to ensure underlying system vulnerabilities are identified and incorporated in the MERP. In addition, aggregate ADE data is trended and used by the Medication Safety QFT to improve the medication use process. The ADE self-reporting process is supplemented by use of concurrent methods such as direct observation, retrospective /concurrent methods such as chart review and proactive methods with the use of trigger tools as a means to identify actual or potential medication-related errors.

The severity of events is categorized by the National Coordinating Council for Medication Error Reporting and Prevention NCC-MERP Index A through I. High severity events, category E through I, are reviewed by the Medication Safety QFT and are recommended for additional review or action when indicated. No harm events,

category A through D, may also be reviewed by the QFT based on the potential for harm. These events are identified by the multidisciplinary ADE subcommittee.

Ongoing efforts are made to reduce medication-related errors via the formulary management system, medication use evaluations, and use of external medication error data from organizations (e.g. Institute of Safe Medication Practices, the United States Pharmacopeia, The Joint Commission and other authoritative sources). For example, potential and actual medication errors are identified and reported through the annual Chemotherapy Medication Use Evaluation, which involves a retrospective review of clinical care.

Kaweah Delta Health Care District has in place a multidisciplinary framework in which sentinel and/or adverse events are identified and responded to appropriately (refer to Administrative Policy AP .87 "Sentinel Event and Adverse Event Response and Reporting").

Principle 3 – Establish a baseline assessment and then, at a minimum annually review the effectiveness of the plan to reduce medication errors.

Kaweah Delta Health Care District MERP goals are established and reviewed annually in accordance with Health & Safety (H&S) Code 1339.63. The purpose of the annual review of the MERP is to determine the effectiveness of the plan. Medication error reduction plan goals are designed to eliminate or substantially reduce errors in the procedures and systems including, but not necessarily limited to, prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Internal and external data and information are utilized to identify weakness in the systems and procedures. From these identified weaknesses, MERP goals and objectives are established.

The MERP is modified as warranted to guide improvements in areas where weakness or deficiencies are noted, based on internal/external medication error data, as well as the emerging, dynamic needs of the patients we serve.

The effectiveness of MERP goals may be assessed using any or all of the following medication safety assessment methods: occurrence report review, direct observation, chart review, and trigger tool review. The final determination of effectiveness is a consensus opinion of the Medication Safety QFT.

Five levels of determination of effectiveness have been established for MERP Goals:

1. Effective in reducing system / process weakness
2. Partially effective in reducing system / process weakness
3. Potentially effective in reducing system / process weakness.
4. Not effective in reducing system / process weakness.

5. Unable to assess effectiveness in reducing system / process weakness

Principle 4 – Technology implementation shall be part of the plan.

Technology plays role in Kaweah Delta Health Care District's MERP. The MERP "working plan" describes the medication-related technology to be implemented and how it is expected to reduce medication-related errors. Medication-related technology decisions are based on independent, expert scientific advice and data, which has shown that it will reduce/eliminate medication errors.

Principle 5 – Review pertinent literature related to the reduction of medication errors in review and on-going development and review of the plan.

Leaders of the Medication Safety Quality Focus and Action Teams continually monitor the literature to identify targets of opportunity for drug therapy improvement projects. Examples of sources utilized include: Institute for Safe Medication Practices, Food and Drug Administration and Institute for Health Care Improvement.

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Policy Number: AP164	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Messenger Model Guidelines for Managed Care Contracting for Physicians	

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

POLICY: Kaweah Delta Health Care District (“District”) will use a messenger model to assist physicians and medical groups (“Physicians”) that have existing business relationships with the District but that do not compete or potentially compete with the District in negotiating health plan contracts (“Contracting Services”). The District will designate one or more District employees (“Messenger”) in the Managed Care Department to provide Contracting Services and convey contract proposals between Physicians and health plans as to contract proposals.

The messenger model ensures that each Physician is solely responsible for determining the rates or other terms he/she will negotiate and accept for health plan services. The Messenger will not bargain or negotiate on behalf of any Physicians or determine prices or rates as the best prices or rates for any Physician. The Messenger will not share any information or data regarding the contracts, positions, opinions, views, or decisions of a Physician with any other Physician for which the Messenger performs Contracting Services

PROCEDURE:

I. Role of the Messenger

- A. The Messenger will not provide Contracting Services for any Physician with respect to services that compete or potentially compete with the District.
- B. The Messenger will act as a conduit of information between individual Physicians and health plans so that each Physician can make his/her own decision as to whether it will accept or reject an offer by a health plan.
- C. The Messenger may collect information from a Physician regarding the prices or other terms that he/she will accept from health plans, including a minimum price; however, the Messenger will not use information from individual Physicians to determine an average price or other calculation to set a collective price to demand from health plans. The Messenger may

provide this information to the health plans, but he/she may not disclose the information to any other Physician.

- D. The Messenger will not negotiate or bargain with health plans for fees, rates, or any competitively sensitive terms, including rates, fees, or other prices, on on behalf of any Physicians or two or more Physicians collectively.
- E. The Messenger will convey all health plan proposals to each individual Physician, including contract proposals that may fall below the minimum price levels authorized by the Physician.
- F. Each Physician will decide whether to accept the proposed contract terms; the Messenger will also convey counter-offers from Physicians to the health plans.
- G. The Messenger may assist a Physician in understanding the terms of a particular contract proposal by providing objective or empirical information about the terms of the offer, including comparisons to that Physician's other contracts; however, the Messenger will not recommend that a Physician accept or reject a particular health plan offer or otherwise express his/her own views or opinions to the Physician regarding the desirability or acceptability of the offers or contract terms.

II. Contracting Process

- A. The Messenger will not offer Contracting Services to a Physician on an exclusive basis.
- B. A Physician will not be prevented from contracting independently or directly with the health plans, either permanently or during the time which the Messenger is communicating with health plans.
- C. Each Physician will be responsible to determine the rates he/she will accept from health plans and to decide whether to accept or reject a contract proposal and execute the contract.
- D. The Messenger will not coordinate a collective response by any Physicians to any contract proposals from a health plan.
- E. The Messenger will not refuse to transmit any offers to a Physician that are below the Physician's authorized levels.
- F. The Messenger will not encourage or suggest in any way that any Physician refuse to negotiate or deal, or terminate his/her agreements with any health plan that does not raise its rates or otherwise meet the demands of the Physician.

III. Communications with Physicians

- A. The Messenger may share any public, non-confidential information with Physicians.
- B. The Messenger will not share fees, other contract rate terms requested or received by a Physician, any competitively sensitive terms or information, or the contracting decisions of Physicians, with any other Physician.
- C. The Messenger may provide aggregated information to Physicians; however, the information will be sufficiently aggregated so that it does not suggest or otherwise signal a price level that a Physician should select or how a Physician should act with respect to any contract proposal.
- D. The Messenger will not poll the Physicians to obtain the prices that they are willing to accept from health plans, provide collective price information to the Physicians or use the Physicians' collective price information as a basis for determining which of the health plan offers the Messenger will transmit to Physicians or to negotiate price or other competitive terms with the health plans.

IV. Administration of Services

- A. Each Physician will sign an Agreement authorizing the District to provide Contracting Services for the Physician.
- B. The fees for Contracting Services will be priced at fair market value, and billed to the Physicians. As to a Physician receiving an income guarantee under a professional services or recruitment agreement, the fees are included in the fair market value of the compensation or recruitment assistant provided to the Physicians.
- C. Each Physician is responsible for his/her billing and collection of professional fees for his/her medical services.

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Policy Number: AP169	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Non-Staff Physician / Advance Professional Referrals	

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

PURPOSE: To provide a process to comply with California Law and CMS regulations when physicians and advanced practice professionals who are not members of (or credentialed by) the organized medical staff order outpatient diagnostic, therapy and/or treatment procedures for their patients.

POLICY: Kaweah Delta Health Care District will accept referrals (orders/prescriptions) for outpatient diagnostic, therapy and/or treatment procedures from physicians or advanced practice professionals who are not members of (or credentialed by) the organized medical staff provided the physician or advanced practice professional is responsible for the care of the patient, has a license to practice medicine in the State of California or a license recognized in the jurisdiction where the provider sees patients and the license has been verified as outlined in Policy # MSO.06. Interventional procedures and infusion therapy services requested by these providers must be performed by (or overseen by) a member of the medical staff. Arrangements for such oversight must be made by the requesting provider before the procedure may be scheduled. The Administrator on Call may make exceptions to this policy under unusual circumstances taking into account the best interest of the patient’s medical needs.

DEFINITIONS: Applicable physicians and advanced practice professionals are those healthcare professionals who are not credentialed through KDHC’s medical staff organization and who are not on KDHC’s medical/allied health staff.

Physicians: Medical doctor (MD), Doctor of Osteopathy (DO), Podiatrist (DPM) and/or Oral Surgeons (DMD)

Advanced Practice Professionals: Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwives (CNM), Nurse Practitioners (NP) and/or Physician Assistants (PA)

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Approval

Policy Number: AP180	Date Created: 12/01/2009
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Weapons Brought Into The District	

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

PURPOSE:

Kaweah Health is committed to the safety and wellbeing of our employees, physician staff, volunteers, patients, and visitors.

DEFINITION:

A weapon is defined as any firearm, knife, chemical spray or device that can cause bodily harm or injury.

Examples of weapons include, but are not limited to:

Firearms

Edged weapons (Swords, Knives)

Generally pocket knives and multi-tools are not considered weapons; however, extreme caution should be taken in their presence. Any edged weapon with a blade length of over 3 inches will be considered a weapon and will be stored in the safe.

Striking implements (Batons, Clubs)

Missile throwing objects (slingshots, bow/arrows)

Explosives

Incendiary devices

Any other object deemed to be inherently dangerous to patients, staff, visitors, contractors, or vendors.

POLICY:

- I. Weapons are not permitted on Kaweah Health properties.

- II. Weapons that are discovered after arrival should be returned to the owner's vehicle or turned in to Security for safekeeping.

EMPLOYEE EXCEPTION:

Understanding that our employee workforce is our greatest resource and that we have a shared value to keep our employees safe, Kaweah Health will permit employees to carry mace/pepper spray and stun gun/taser electroshock self-defense devices tools when coming to and leaving work.

Employees who choose to carry approved personal self-defense tools while coming to and going from work may bring such items on-site. However, it is a violation of company policy, to openly display, carry or inappropriately refer to possession in a threatening or disruptive manner while performing work responsibilities or interacting with co-workers or customers.

STORAGE:

Employees are responsible for ensuring that self-defense tools are stored properly where patients and the public cannot access the property.

Department employees and support staff assigned to work in the Emergency Department and the Mental Health Hospital are not permitted to enter the patient care areas/units with these self-defense tools. Property must be secured before stepping onto the patient care area.

DISCLAIMER:

Employees are liable for the cost of property damage, cleanup, or injuries resulting from an accidental discharge, negligent or willful use while on duty.

AEROSOL WARNING:

Pepper spray is a chemical compound that irritates the eyes to cause tears, pain and temporary blindness (inflammatory effects cause eye to close). An accidental discharge of pepper spray inside our facilities can travel through the HVAC (heating, ventilation and air conditioning) system and contaminate the environment.

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Policy Number: AP19	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Travel, Per Diem and Other Employee Reimbursements	

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

POLICY: Kaweah Delta will reimburse employees for certain travel, travel time, and acceptable business expenses which are reasonably incurred in the course of Kaweah Delta business. For travel costs relating to the cost of meals and incidentals while on travel to conduct Kaweah Delta business, the employee will receive a per diem rate to cover such costs.

All expenses submitted for reimbursement will require original receipts when not covered by the per diem rate. All receipts must include a detail of all items purchased. A summary credit card receipt will not be sufficient for reimbursement. Unless otherwise approved by an Executive Team Member, expenses submitted without original detailed receipts will not be reimbursed by Kaweah Delta.

Travel or attendance at conferences outside the Contiguous US are generally prohibited. (Contiguous United States consists of the lower 48 states. This excludes Alaska and Hawaii.) Any exception requires the prior approval of the appropriate Director and Executive Team member.

REFERENCES:

- AP46 Commercial Card Expense Reporting Program (CCER)
- AP84 Mileage Reimbursements
- AP105 Professional and Service Club District Reimbursed Memberships
- AP156 Standard Procurement Practices

AUTHORIZATION: Authorization for expenses will be obtained as follows:

- **Pre-Approval:** For conference travel, the employee must obtain written approval from their immediate supervisor (immediate supervisor refers to Department Director or a member of the Executive Team) prior to the travel taking place (email approval is acceptable). Travel expenses not receiving prior approval will not be reimbursed by Kaweah Delta unless later approved by an Executive Team member.
- **After travel:** Employee expenses must be approved by the employee's authorized signer (generally a director or Executive Team member). The approver must be an authorized signer with a completed Purchase Authorization Sheet on file with Materials Management (See District Policy AP156) having purchase limits and authority to approve travel expenses.

Travel, Per Diem and Other Employee Reimbursements

- Department Manager/Supervisor expenses must be approved by their Director or Vice President.
- Vice Presidents may sign for expenses to the limit of the authority provided them through the budgeting process. Vice President travel expenses must be approved by the Chief Executive Officer.
- Goods and services purchased for the benefit of employees and staff appreciation accounted for under any HR program (such as Job Well Done) must have VP and HR approval before the purchase is made to confirm that the department has sufficient budgeted funds available to secure the purchase.

METHODS OF PAYMENT: Method of payments of approved travel expense is as follows:

- Payment by a Kaweah Delta issued credit card – Approved business expenses paid for by using a Kaweah Delta issued credit card must follow policies as set forth in AP46 (Commercial Card Expense Reporting (CCER))
- Prepayment by Accounts Payable – Travel expenses which are being paid for directly by the Kaweah Delta to a third party vendor must be submitted on the attached Travel Reimbursement Form or nonstock before payment will be processed.
- Payment by the Employee (out of pocket expenses) – Approved business expenses may be paid by the employee and reimbursed based on employee reimbursement procedures as outlined herein.

PROCEDURE:

Travel, Per Diem, and other Employee Reimbursements:

- I. No matter what mode of travel is being used, travel costs paid for by the Kaweah Delta for travel subsequently cancelled must immediately be refunded to the Kaweah Delta unless such cancellation is for the business benefit or convenience of the Kaweah Delta and has been approved by a member of the Executive Team. The approver authorizing the travel is responsible to ensure that the refund is received by the Kaweah Delta timely and the appropriate cost center properly credited for the refund. Non-reimbursable travel and non-travel expenses include, but may not be limited to:
 - A. charge card fees
 - B. meals in excess of the per diem rate, unless approved by the Executive Team
 - C. airline hospitality fees
 - D. frequent user program fees
 - E. personal services and sundries
 - F. personal gas or oil if a mileage allowance is received
 - G. baby-sitting/child care fees
 - H. traffic or parking violation citations
 - I. laundry and valet services

Travel, Per Diem and Other Employee Reimbursements

- J. pet care
- K. replacement of lost luggage
- L. personal gifts
- M. alcoholic beverages except as permitted under section IV and approved by a member of the Executive Team or Board of Directors.

II. Air Travel and Lodging

- A. The lowest appropriate airfare will be obtained at all times unless alternative is specifically approved by the employee's supervisor (supervisor refers to Department Director or a member of the Executive Team) as applicable. Employees will only be reimbursed for the cost of coach fares and standard luggage fees.
- B. Hotels offering special or corporate rates should be used whenever possible. When attending a conference, employees may stay at the hotel where the event is held to take advantage of the conference "host" discount.
- C. Employees may participate, to their own personal benefit, in frequent user bonus programs. Kaweah Delta will not reimburse any employee for costs associated with participation in frequent user bonus programs.

III. Ground Transportation - Employees requiring ground transportation shall determine and utilize the most cost-effective means available.

- A. Personal Vehicle - When it is necessary for an employee to utilize their personal vehicle to conduct Kaweah Delta business, expenses will be reimbursed in accordance with AP84 (Mileage Reimbursement).
- B. Taxi, Hotel or Airport Shuttle, Convenience Vans, etc. - Employees requiring transportation to or from a commercial carrier port such as an airport shall employ the most cost-effective alternative in arriving at their destination. Reimbursement will be made available to employees based upon actual costs incurred, supported by a detailed receipt. The use of alternate transportation shall only be used if more cost effective than the use of the employee's personal vehicle. Any exceptions must be approved by the employee's supervisor.
- C. Rental Cars - When adequate transportation at lower cost is not available (i.e., personal car, hotel or airport shuttle, taxi, etc.), cars (up to mid-sized) may be rented from a local vendor. Employees will not be reimbursed for charges associated with the rental company fee for waiver for collision/loss damage or liability.
- D. Private Limousine - Limousine costs will be reimbursed only when other reasonable transportation (i.e., shuttle, rental car, taxi cab, etc.) is not available.

IV. Meals and Incidentals – Other than specific identified exceptions, meals and incidentals will not be reimbursed based on the cost of the meal or item of purchase. Instead, employees shall receive a standard travel per diem rate to cover all meals and incidentals while traveling (See Per Diem Section below). Exception to the per diem rate for which meals can be reimbursed based on original receipt include:

- A. Reimbursing an Executive Team member, Director, or Board member for the cost of a group meal incurred while meeting with a business group consisting of employee(s),

Travel, Per Diem and Other Employee Reimbursements

physician(s), vendor(s), employee or physician recruitment or any group meeting on Kaweah Delta business.

- B. Reimbursing an employee for the cost of a meal incurred while entertaining a visitor or other non-Kaweah Delta employee on Kaweah Delta business with the approval of the Executive Team or Board member.
 - C. Reimbursing an employee for the cost of a meal incurred while entertaining a prospective physician candidate with the approval of the Vice President.
 - D. In the circumstances described above in items A, B, and C, alcoholic beverages may be consumed in connection with the meal and shall be considered a reimbursable business expense. Such purchases shall be reasonable and reflective of appropriate judgement/prudence.
- V. Per Diem - Employees will receive a standard travel per diem rate to cover all expenses incurred by the employee on behalf of Kaweah Delta during travel (aside from air fares, standard luggage fees, hotel registrations, mileage, transportation, and registration fees which are paid for by the Kaweah Delta or directly reimbursed to the employee). A travel day includes the day immediately before and after the business event or if traveling on the same day as the business event, the travel day includes the official work day that is more than 12 hours but less than 24 hours as allowable by the U.S. General Service Administration located at www.gsa.gov/perdiem.
- A. To receive a per diem payment prior to travel, the employee must submit to Finance at least one week prior to travel an approved Travel Reimbursement Form (see attached form) requesting a per diem payment along with the required documentation described below in Section VII. If travel is canceled, and not approved by an Executive Team member, the employee must immediately refund Kaweah Delta the per diem payment received for days not traveled.
 - B. To receive the per diem payment after travel has been completed the employee must submit to Finance within 60 days after travel has been completed an approved Travel Reimbursement Form (see attached form) requesting per diem pay along with the required documentation described below in Section VII.
- VI. Entertainment – All requests for reimbursement of entertainment expenses must be approved by an Executive Team member.
- VII. Required Documentation for All Travel:
- A. Instead of completing a nonstock form, the employee must complete the Travel Reimbursement Form (see attached form) and must include (i) appropriate approval for travel as discussed above under “Authorization”, (ii) the allowable per diem rate for location of travel as provided by the U.S. General Service Administration located at www.gsa.gov/perdiem and included on KD Central and (iii) evidence of the number of days traveling and location. The Travel Reimbursement Form is to be completed for each request for payment.
 - B. No receipts need to be submitted for expenses incurred that will be covered by the per diem rate. For expenses not covered by the per diem rate, original receipts **MUST** be submitted to the approver and attached to the Travel Reimbursement Form in order to be submitted to Finance for reimbursement.

Travel, Per Diem and Other Employee Reimbursements

1. For vendor purchases, a receipt including the vendor name, transaction amount, date, and detail of the item(s) purchased.
 2. For Internet purchases, a screen print or order confirmation email
 3. All receipts and/or invoices less than 8 ½ by 5 ½ inches must be taped to a plain white sheet of paper. Multiple receipts may be included on the same sheet of paper, but they may not overlap.
- C. In the rare and unique occurrence that a receipt cannot be located, an Executive Team member must sign the Travel Reimbursement Form approving the missing receipt. The executive team member can deny the reimbursement request.
- D. If the business purpose of the transaction is not evident upon review of the receipt, further documentation of the business purpose is required.

Guidelines for Travel Time to determine hours to be paid.

1. Seminars, conferences, institutes or workshops inside or outside the District setting that directly impact or contribute to the employee's current job responsibilities may be compensated. If these meetings or courses are deemed "mandatory," there are specific wage and hour laws pertaining to compensation and for compensation for travel time for non-exempt personnel.
2. Time spent by employees attending training programs, lectures and meetings are not counted as hours worked if the attendance is voluntary on the part of the employee and all of the following criteria are met:
 - a. Attendance is outside of regular working hours;
 - b. Attendance is voluntary and employment will not be affected by nonattendance;
 - c. The course, lecture, or meeting is not prescribed by Kaweah Delta;
 - d. The employee does not perform any productive work during such attendance.

Overnight Travel Out of Town:

1. If an non-exempt employee is required to travel on an overnight, mandatory out-of-town assignment, the employee will be paid for all hours from the time the employee leaves his/her home until the time that he/she reaches his/her destination. However, if the employee leaves directly from home to begin his or her travel, the employee's normal commute time shall be subtracted from the compensable travel time at the beginning and end of travel day.
2. If an employee is required to report to his or her worksite first and then leaves for the out-of-town travel assignment, all travel time is compensable, but the employee's normal commute will be subtracted at the end of the day.
3. Time that the employee spends sleeping and time when the employee is free to engage in purely personal pursuits in not compensable.

Meal and Rest Period Policy:

- Regardless of the type of travel, if being paid productive hours, employees are required to comply with the meal and rest period policies on any travel date. Time that employees spend

Travel, Per Diem and Other Employee Reimbursements

taking uninterrupted meal breaks of at least 30 minutes is not considered compensable "hours worked."

Procedures:

If the employee is eligible for compensation for attendance at any such meetings, classes or seminars, the time must be noted on the timekeeping record as such. Each employee is to complete a timesheet for each day of travel, recording hours worked. The timesheet should indicate the start and stop time of each travel and work period, as well as the start and stop time of each meal period. Pay will be generated from the employee's own accurate account of their time spent working and traveling. Each employee's time sheet must be signed by the employee and is subject to audit. The employee will receive his/her current hourly rate for all hours, exclusive of any differentials, but within wage and hour laws pertaining to overtime.

Refer to AP84: Mileage Reimbursement

Applies to mandatory seminars, conferences, institutes or workshops inside or outside the District setting that directly impact or contribute to the employee's current job responsibilities.

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Kaweah Delta
Travel Approval and Reimbursement Form

400 W. Mineral King Visalia, CA 93291-6263 (559) 624-2000

This form must be completed to submit request for conference and travel approval and for payment of per diem or reimbursement of travel expenses Submit completed form with supporting documentation and/or receipts to your Department Manager / Supervisor or Vice President / Sr. Vice President / CEO as applicable.

Name: _____ Department # _____ Date: _____

Title of Seminar / Conference: _____

Location (City, State) of Seminar / Conference: _____

Dates of Conference From: _____ To: _____

TRIP DETAIL	Estimated Expense	Actual Expense	Method of Payment	Supporting Documentation for payment request? If "no" explain why.
Registration Fees (608700)			<input type="checkbox"/> KD Wells Fargo <input type="checkbox"/> Personal Card <input type="checkbox"/> Cash	
Mileage rate when using own car: Total miles _____ x \$_____ per mile Rate is determined by IRS.gov rate				
Public Transportation: Air, Bus, Train, Cab, etc.			<input type="checkbox"/> KD Wells Fargo <input type="checkbox"/> Personal Card <input type="checkbox"/> Cash	
Lodging(See AP19-"Air Travel and Lodging" Paragraph: Total days _____ x \$_____ per day*			<input type="checkbox"/> KD Wells Fargo <input type="checkbox"/> Personal Card <input type="checkbox"/> Cash	
Per Diem(See AP19 -"Per Diem" Section III)Working days _____ x \$_____ per day*Travel days _____ x \$_____ per day x 75%*				
Meals(See AP19-"Meals" Section III)			<input type="checkbox"/> KD Wells Fargo <input type="checkbox"/> Personal Card <input type="checkbox"/> Cash	
Misc. Expenses (please specify) Parking / Car Rental, etc.			<input type="checkbox"/> KD Wells Fargo <input type="checkbox"/> Personal Card <input type="checkbox"/> Cash	
TRAVEL COSTS TO BE CHARGED TO (608800)				

* Amounts exceeding the per-day allowances must be approved by an Executive Team member prior to travel.

Approval (Must include an Authorized Signor for the department being charged)

Conference Approval

Expense/Reimbursement Approval

Employee Signature

Employee Signature

Authorizing Supervisor
(Director level or above)

Authorizing Supervisor
Director level or above

Approval



Effective Date: 04/14/14	Policy #: AP.38
Supersedes Policy Dated: 12/12/11	Date Last Reviewed:
POLICY MANUALS	

*** TEMPLATES AVAILABLE ON Policy Tech ***

POLICY: Written statements of Kaweah Delta Health Care District (“Kaweah Delta”) policies and procedures are found in several manuals that are reviewed, approved, and published by the Kaweah Delta Administration and/or Board of Directors on a regular schedule. Among these are;

- A. Administrative Policy Manual
- B. Human Resources Policy Manual
- C. Compliance Program Policy Manual
- D. Environment of Care Manual
- D. Infection Prevention Policy Manual
- E. Patient Care/Nursing Services Manual
- F. Medical Staff Order Sets & Protocols
- G. Manuals for specific department and/or services within the organization

All policies and procedures will reflect the use of the best evidence to support decision-making and will be written, revised, or deleted from the applicable policy manuals in accordance with the procedure illustrated below.

Any staff member, in collaboration with their manager and/or director, may write a new policy or make changes to an existing policy.

Policies and procedures will be reviewed *at least* every three years.

Prior to the review of an existing policy or the creation of a new policy, the policy owner will evaluate the ongoing need for the policy in accordance with the criteria defined below.

PROCEDURE:

- I. Definition and Maintenance of Policy and Procedure Manuals
 - A. **Administrative Policy Manual:** Policies are written statements that have no direct involvement in clinical patient care issues but which are inter-departmental in nature. Policy maintenance is the responsibility of Kaweah Delta Administration.
 - B. **Human Resources Policy Manual:** Policies are written statements providing information and direction in the management of individuals employed by Kaweah Delta. Policy maintenance is the responsibility of the Human Resources Department.
 - C. **Compliance Program Policy Manual:** Policies are written statements that have no direct involvement in clinical patient care issues but which are inter-departmental in nature. Policy maintenance is the responsibility of Kaweah Delta Compliance Program in conjunction with the Audit and Compliance Board Committee.
 - D. **Environment of Care Manual:** Policies describe Kaweah Delta's management plans regarding safety, security, hazardous materials and waste management, emergency preparedness, and life safety. Policy maintenance is the responsibility of the Safety Officer, delegated to the Environment of Care Committee.
 - E. **Infection Prevention Policy Manual:** Policies ensure patient and employee safety through evidence based practice and regulatory guidelines. Policy maintenance is the responsibility of the Infection Prevention designee in conjunction with the Infection Prevention Committee.
 - F. **Patient Care/Nursing Services Manual:** Policies and procedures contained within this manual may be specific to as few as two departments, services, or disciplines, or may provide direction to every department within Kaweah Delta responsible for the provision of patient care. Policy maintenance is the responsibility of the Chief Nurse Officer, delegated to the Patient Care Policy and Procedures Committee. Policies that repeat information found in Kaweah Delta approved reference texts should be archived.
 - G. **Medical Staff Order Sets and Protocols:** Maintenance of physician pre-printed order sets and protocols is the responsibility of the Chief Medical and Quality Officer, delegated to the Orders Review Committee.

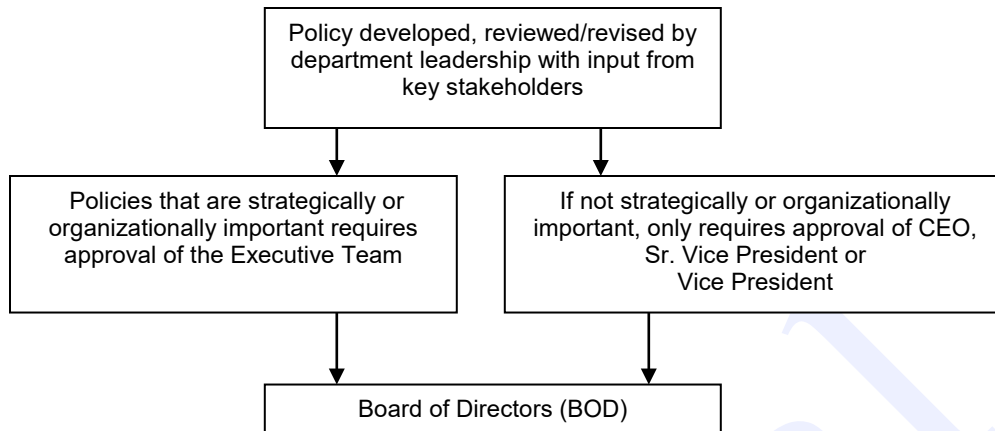
- H. **Department or Service Specific Manuals:** Policy maintenance is the responsibility of the Department Director/Manager of each department maintaining a Departmental Policy Manual. The department director is responsible to ensure that department policies do not duplicate or conflict with Kaweah Delta policies. Department policies should exist only for those topics in which department practice varies from Kaweah Delta practice for regulatory reasons or because of the specific clinical or operational demands of the department. Policies that repeat information in approved reference texts should be archived.
- II. New, Revised, Reviewed and/or deletions to Existing Policy Manuals Shall be administered per policy BOD.8, [Promulgation of Kaweah Delta Health Care District Procedures](#)
- A. Guidelines regarding policy development and review:
1. Review and confirm current need for the policy. Archive policies that are now redundant or no longer required.
 2. Before developing a new policy, confirm that a policy is appropriate. Policies and procedures are required when there is a need for consistency in day-to-day operational activities. They provide clarity for accountability issues or activities that are of critical importance such as health and safety, legal liabilities, regulatory requirements or issues that have serious consequences. Policies outline general rules and expectations for the behavior and decision making of staff.
 3. If the policy requires consistent implementation of specific actions, then the procedure portion should provide the reader with a clear and easily understood plan of action required to carry out or implement the policy.
- B. Policy development and revisions will be completed within the Policy Management software. Assigned reviewers and approvers will complete those tasks within the software. In order to ensure that changes made during the review and revision process are visible to the Board of Directors/designee, document owners will decline changes that are not approved, and leave all approved changes in place, but don't "accept" them, as this would turn off the track changes in the document.
- C. For policy submission to the Board of Directors/designee for approval, the policy owner will submit a policy submission summary (Appendix C.1 & C.2) no less than ten days prior to the Board meeting and e-mail it with all revised and new policies for Board review and request for approval. Policies that are reviewed with no changes (reviewed) or deleted do not need to be sent with the policy submission summary. If there are too many policies to e-mail the policies can be delivered on a thumb drive to the office of the Board Clerk to download. Upon Board approval, the approval status will be updated in Policy Tech by the Board Clerk.

- D. For Department Manuals for approval, the policy owner will submit a policy submission summary to the Sr. Vice President/Vice President or designated approver as a guideline for use when approving. The Policy Submission Summary should include the listing of all policies being submitted for initial approval (new), policies being revised (revised), reviewed with no changes (reviewed) and deleted, in that order on the policy submission summary. For each new or revised policy, the name and phone number for the staff member responsible for the policy should be included on the policy submission summary.

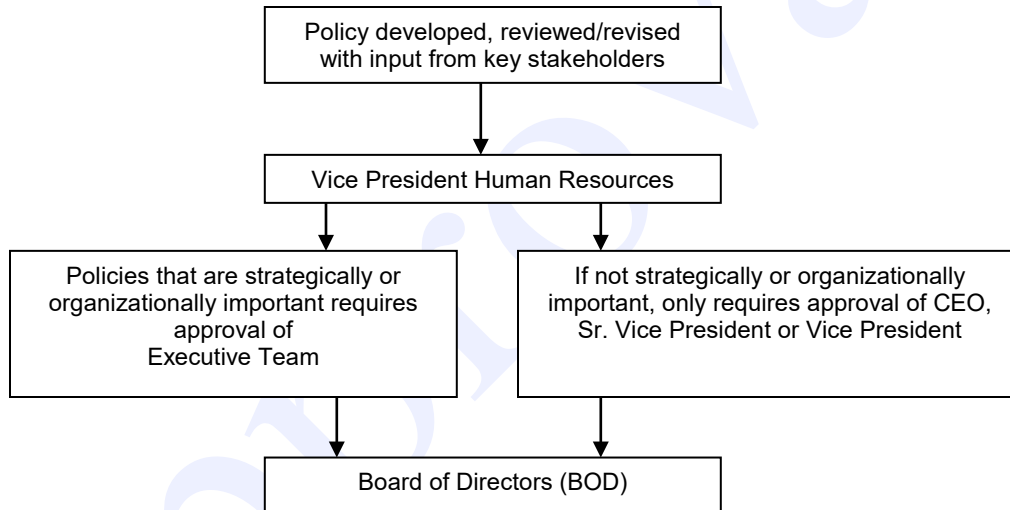
approval

flowchart to be updated to include Compliance Policy approval process

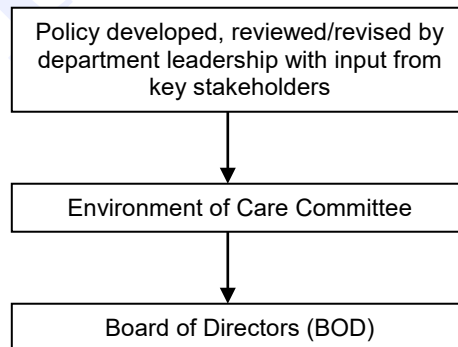
D. Administrative Policy Manual



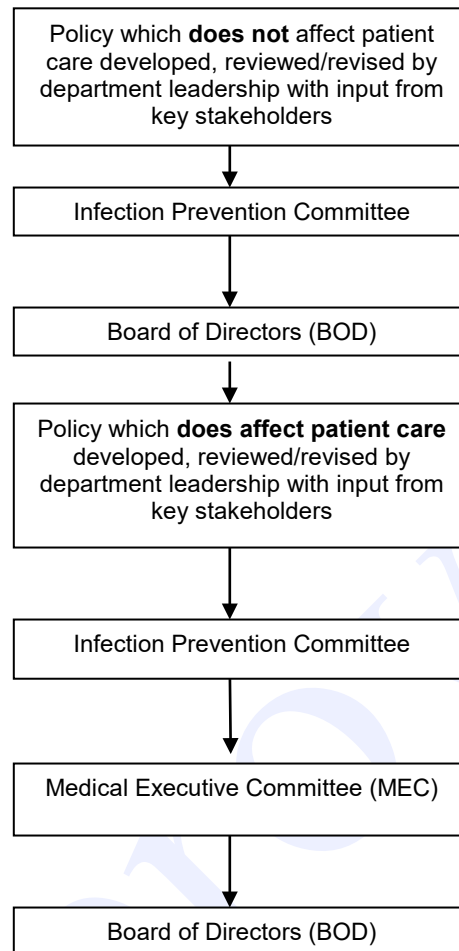
E. Human Resource Policy Manual



F. Environment of Care Manual



G. Infection Prevention Policy Manual



H. Patient Care/Nursing Services and Department or Service Specific Policy Manuals

1. Policy/Procedure Format

- a. A specific format has been adopted for policies and procedures. This policy is a non-inclusive example of the adopted format.

- (1) All policies with the exception of Human Resources policies must include the following language:

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

alternative approaches; even though they are not described in this document.

- (2) Human Resources Policies will include the following language on each Human Resources policy:
- “Responsibility for the review and revision of this Policy is assigned to the Vice President of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Delta will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board meeting. It is the employee’s responsibility to review and understand all Kaweah Delta Policies and Procedures”.*
- (3) Evidence Based Practice (EBP):
- (a) “Use of EBP is based on the belief that science is the ideal source of knowledge underlying clinical decisions” (Stevens & Ledbetter as cited in Schoenfelder, 2007, p. 7).
- (b) Policies and procedures will demonstrate the use of the best clinical evidence (i.e., disciplined research and/or professional nursing organization standards) through citation of appropriate references in a format that identifies the source for readers and enables them to locate the information. Refer to <http://citationcenter.net/index.php5> for automated assistance.
- b. Any policy/procedure submitted which is incomplete, lacking information necessary for processing, or submitted in a format other than that which has been adopted for these policies, will be returned to its originator until compliance is met.

2. Committee Review

- a. Nursing policies and procedures will be reviewed for compliance with standards of nursing care and nursing practice. All policies and procedures affecting clinical outcomes and medical practice must be reviewed and approved by appropriate physician leadership.

- b. The author (or their designee) must present the policy/procedure at the committee meeting.
 - c. The Patient Care Policy/Procedure Committee, along with the author of the policy, will determine the level and content of staff education needed and who is responsible for staff education, as part of the policy approval process.
 3. Submission of Policy/Procedure for Committee Review
 - a. All policies submitted for committee review must be processed via PolicyTech 6 business days prior to the next scheduled committee meeting. Policies submitted after that date will be reviewed at the next scheduled meeting.
 - b. Complete Policy Submission Summary (see Appendix C.1 & C.2)
 4. Approval Process
 - a. Patient Care Policy Manual (see Appendix A)
 - b. Department or Service Specific Manuals (see Appendix B.1 & B.2)
 5. Routing Process
 - a. Patient Care Policy Manual (see Appendix A)
 - b. Department or Service Specific Manuals (see Appendix B.1 & B.2)
 6. Non-approval Notification
 - a. If a policy is not approved the recording secretary will communicate the reasons for rejection to the policy owner.
 7. Temporary Approval
 - a. Occasionally, because of change of practice or regulation, it becomes necessary to implement a policy more quickly than it is possible for it to move through all approving bodies. The Chief Nursing Officer (or designee) may grant temporary policy approval, in concert with the Chief of Staff (Chief of Staff approval required only if policy directly affects patient care). When granted, the policy will be valid for ninety days

(90) or until the end of the third month from the date of signature by these individuals.

- b. Policies granted temporary approval will:
 - (1.) Have clear indication on the policy's front page that the policy is temporary and next review date will be set for 90 days in Policy Tech. contain a "valid through" date.
 - (2.) Type the letter "T" after the policy number to indicate that it is a temporary policy. (Example PC.154T) By adding the "T" this will enable the revised document to continue processing through appropriate approval committees.
 - (3.) Once revised policy is approved and published, archive the temporary version of the policy.
- c. Policy owner is responsible for development and dissemination of temporary policy communication and education plans.

8. Archival of Policies/Procedures

Policies/Procedures that need to be deleted go through the same approval process as for development or revision of a policy or procedure. (See Flow Diagram) in the Patient Care Manual, **policies/procedures that are recommended by the owner for archival will be placed on the agenda of the Patient Care Policy Committee** and if approved, the document will be archived. A notice of archival will be included in the Consent Agenda for any remaining committees.

I. **Medical Staff Order Sets and Protocols:**

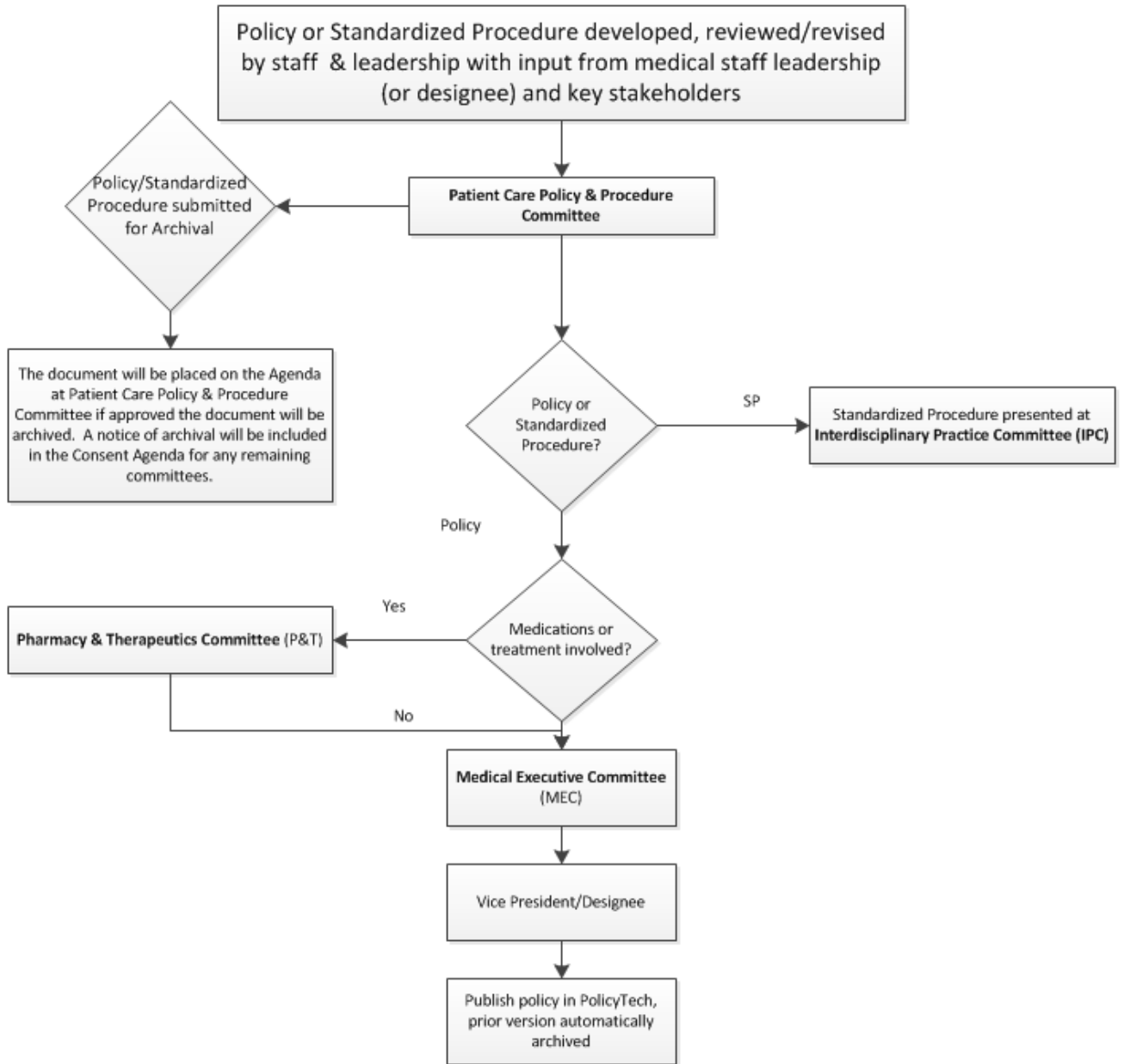
- 1. Order sets and protocols will demonstrate the use of best clinical evidence (i.e. disciplined research and/or professional medical organization).
 - a. The sponsor (i.e. medical, medical staff department chair, or district department director as appropriate or designee) will work with subject matter experts, stakeholders, and Information System Services (ISS) to design and build content in Computerized Physician Order Entry (CPOE) prior to submission to the Orders Review Committee (ORC).
 - b. ORC Review: Physician order sets and protocols.

- (1.) Physician pre-printed order sets and protocols will be reviewed for compliance with evidence-based clinical practice and medical standards of care.
 - (2.) The sponsor (or their designee) presents the order set or protocol at the ORC meeting.
 - (3.) The ORC will recommend the level and content of staff education needed and who is responsible for staff education, as part of the approval process. Sponsor (or designee) submission of orders or protocol change requests:
 - (4.) Submit all orders and protocol change requests to the IS Orders Analyst or Chief Clinical Information Officer using the Introduction, Situation, Background, Assessment, Recommendation, Questions (ISBARQ) Change Request form (Appendix E)
- c. Approval Process – See Appendix D
- d. ISBARQ Change Request Form Process – See Appendix E
- e. Non-approval Notification
- (1) If order set or protocol is not approved the orders analyst will communicate the reasons for rejection to the order set sponsor.
- f. Temporary Approval
- (1) Occasionally, because of change of practice or regulation, it becomes necessary to implement an order set or protocol more quickly than it is possible for it to move through all approving bodies. The Chair of Pharmacy & Therapeutics, Chief of Staff, Chief Nursing Officer and Pharmacy Director (or designee) may grant temporary order set or protocol approval. The order set or protocol will be placed on the next monthly ORC, P&T, MEC, and Board upcoming agendas for approval.
 - (2) Development and dissemination of temporary policy communication and education plans for order sets or protocols will represent a collaborative effort between Clinical Education, Quality and Patient Safety RN-Clinical Analyst, ISS orders team and order set/protocol sponsor.
- g. Removal of Order Sets and Protocols

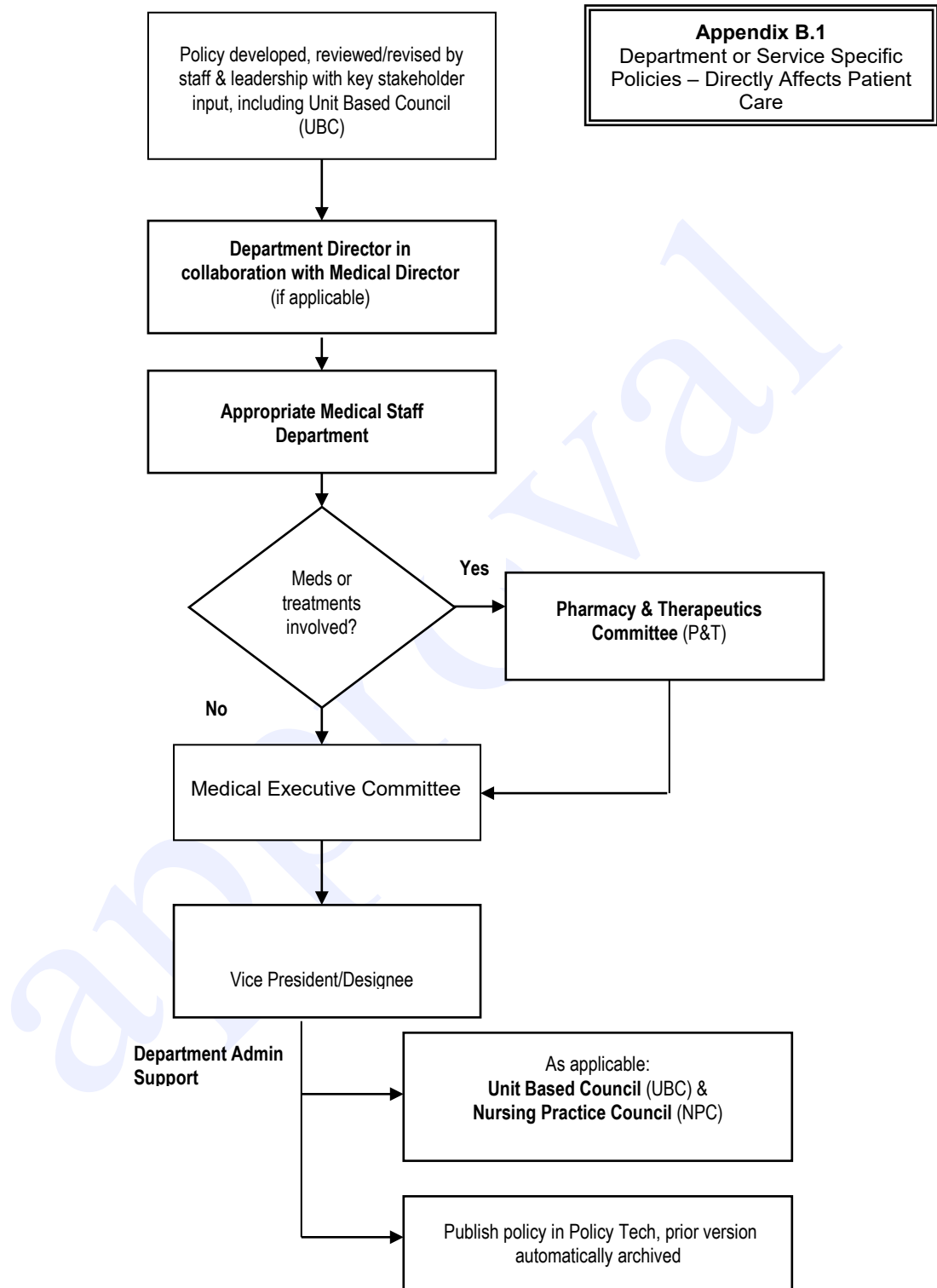
Order sets and protocols may be removed by the sponsor of that order set/protocol in concert with the Department Chair.

Approval

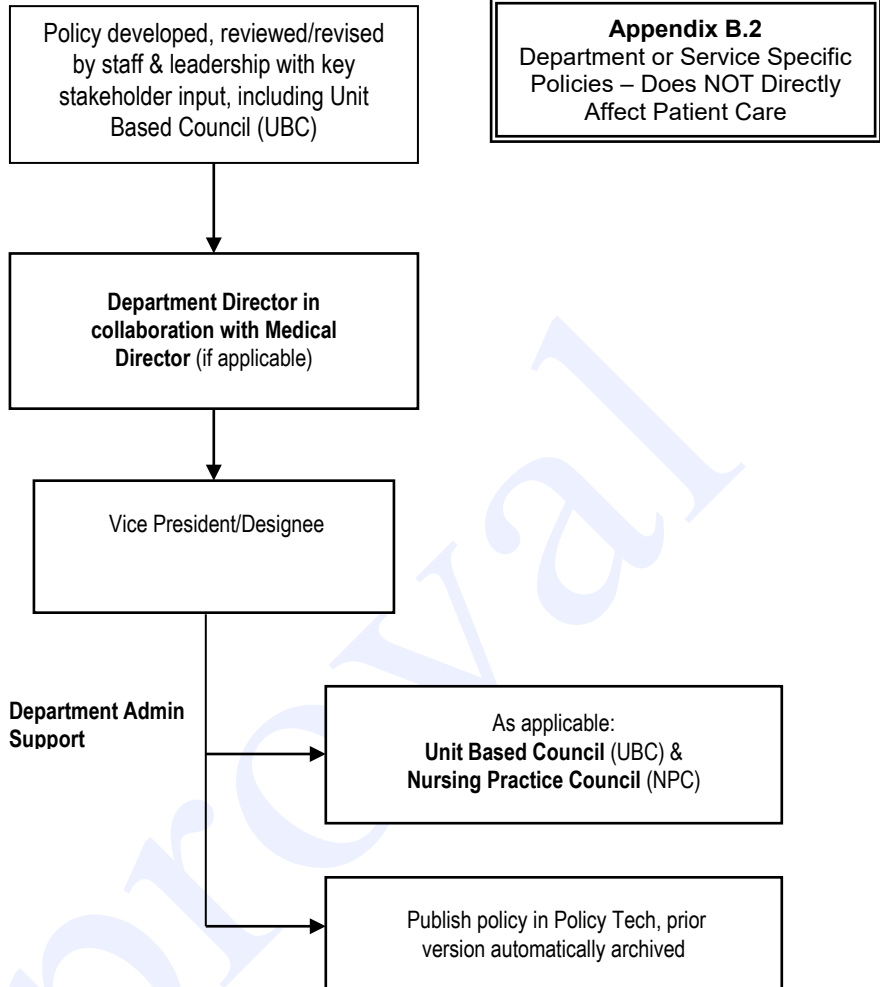
Patient Care Policy Manual



Department or Service Specific Manuals



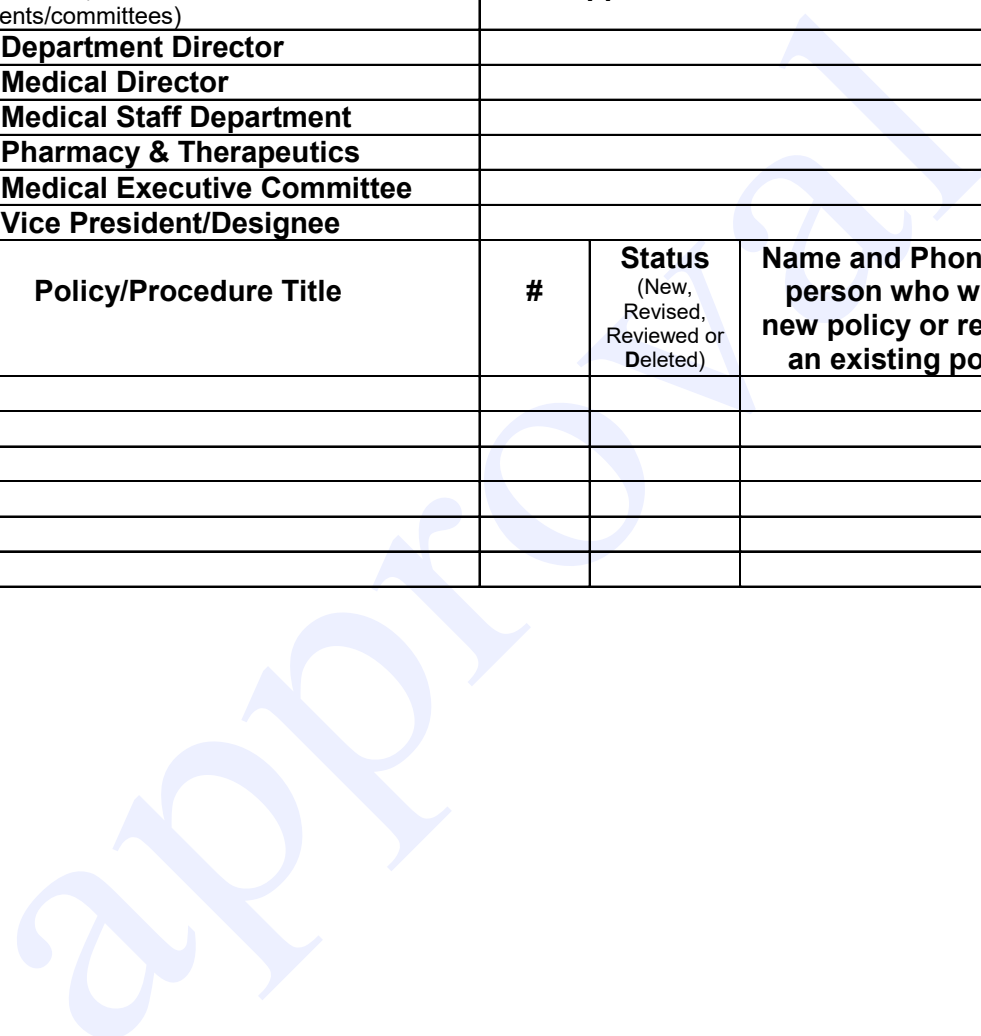
Department or Service Specific Manuals (continued)



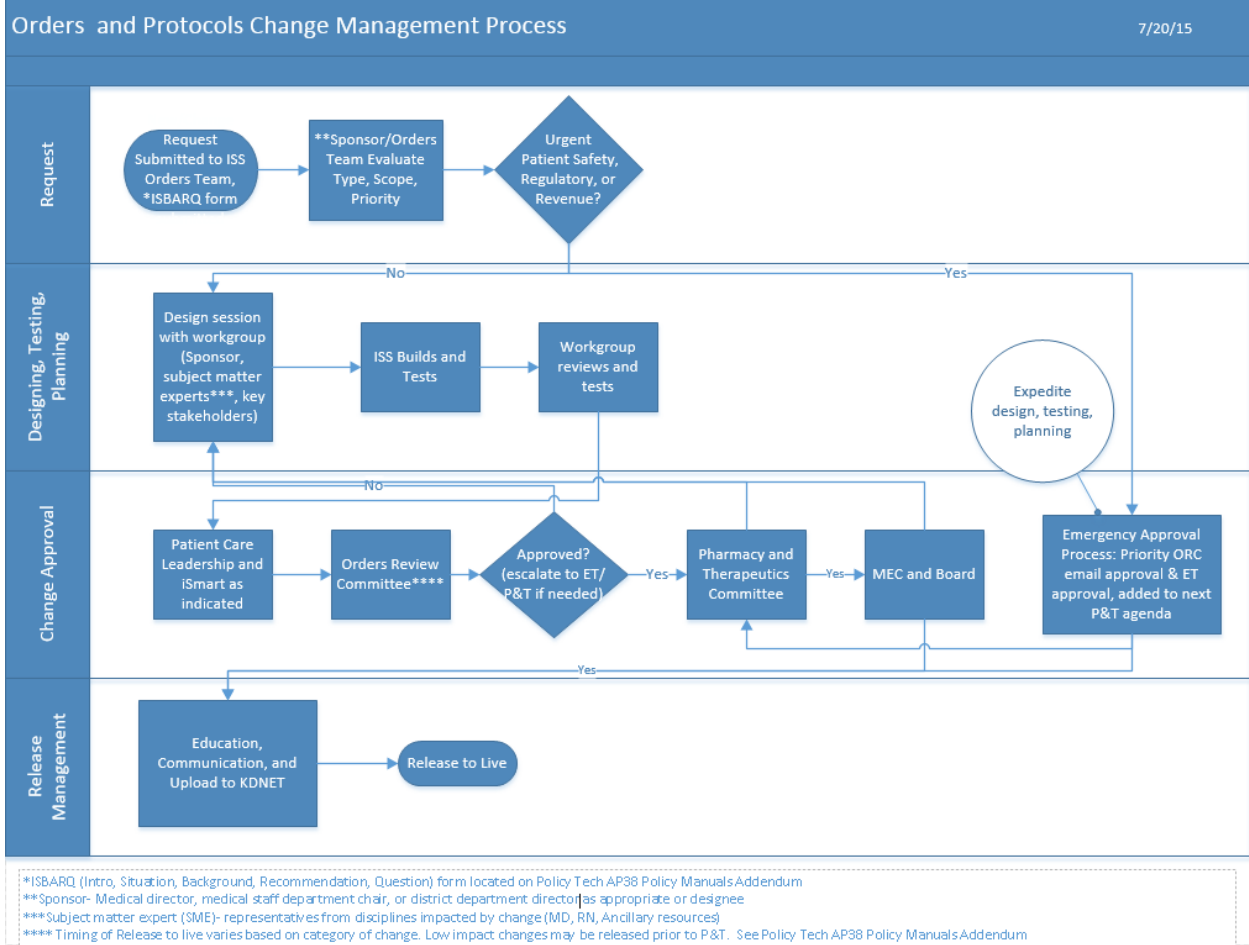
Appendix C.2

**Policy Submission Summary
(Multiple Committee Review)**

Date:			
Manual Name:			
Support Staff Name:			
Routed To: (Select appropriate departments/committees)		Date Approved:	
<input type="checkbox"/> Department Director			
<input type="checkbox"/> Medical Director			
<input type="checkbox"/> Medical Staff Department			
<input type="checkbox"/> Pharmacy & Therapeutics			
<input type="checkbox"/> Medical Executive Committee			
<input type="checkbox"/> Vice President/Designee			
Policy/Procedure Title	#	Status (New, Revised, Reviewed or Deleted)	Name and Phone # of person who wrote new policy or revised an existing policy



Orders and Protocols Approval Process, Appendix D



Appendix E

ISBARQ *[Title of Change Requested]* *[Date]*

Introduction:

[Your contact info, title, etc]

Situation:

[Problem and/or change requested]

Background:

Requested by:

Justification: [literature support, patient safety risk, etc]

Assessment

Category of Change Requested: [Patient Safety, Regulatory, Enhancement, etc]

Description of issues the changes will resolve and implications:

Suggested changes to order sets: [summary of changes]

Recommended Communication/Education for affected disciplines (nursing, physicians, pharmacy, etc.: [Monthly education bundle, essential information, nursing unit huddles, etc]

Recommendation

[Specific bulleted Recommendation – e.g., approve the changes, approve design, including screenshots if appropriate]

Questions:

[Contact information again]

References:

Schoenfelder, D. P. (2007). Simply the best: Teaching gerontological nursing students to teach evidence-based practice. *Journal of Gerontological Nursing*, 33(8), 6-11.

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

approval



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

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

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

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

PROCEDURE:

1. Medical Records

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

2. Master Patient Index

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

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

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

4. Surgery Logs, Radiology Films

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

5. **Annual Reports to Governmental Agencies**

Annual reports to governmental agencies shall be permanently maintained.

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

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

7. **Medical Staff Records and Reports**

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

8. **Financial Records**

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

9. **Contracts and Grants**

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

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

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

11. **Electronic mail (email)**

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

Retention within Microsoft User Outlook Accounts (Exchange Server):

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

- 2 years of Deleted Items
- Terminated employees - 1 year (all folders) from the date of termination

Retention within email archive

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

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

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

12. References and Resources:

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

https://calhospital.org/wp-content/uploads/2012/01/recordretention2018_web_preview.pdf

Record and Data Retention Schedule

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

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Policy Number: AP87	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Keri Noeske (Chief Nursing Officer)	
Sentinel Event and Adverse Event Response and Reporting	

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

PURPOSE:

This Policy describes the multidisciplinary framework in which Kaweah Delta (herein referred to as Kaweah Health) and its organized Medical Staff identifies and responds to all Sentinel Events/Adverse Events (SE/AE) occurring within the organization. Kaweah Health’s response encompasses the identification, investigation, and action plan to reduce risks, implement process improvements, monitor the effectiveness of those improvements, and the appropriate reporting of Events consistent with The Joint Commission (TJC) and all applicable regulatory mandates.

Kaweah Delta recognizes that the commitment to Quality and Patient Safety is everyone’s responsibility, and that this accountability begins at the unit level where individual unit staff and leadership play a critical role in the delivery of quality care and patient safety. Staff and leadership in every department should call the Risk Management Department to notify of a potential Sentinel or Adverse Event as soon as possible after an event is identified.

The Risk Management (RM) Director shall coordinate all investigations, Root Cause Analysis (RCAs), Plans of Correction, Action Plans and monitoring activities. The RM Director will coordinate with the Chief Executive Officer (CEO), Chief Quality Officer (CQO), Chief Medical Officer (CMO), Chief Compliance Officer, and any other appropriate Chief Officer to ensure the timely and complete compliance with all required notification(s) to California Department of Public Health (CDPH) or Center for Medicare and Medicaid Services (CMS). The RM Director will coordinate with the CEO, CQO, CMO, or the appropriate Chief Officer to ensure the written Plan of Correction report is completed and received by CDPH.

DEFINITIONS:

For purposes of this policy, Sentinel Events and Adverse Events shall be considered as one: Sentinel Event/Adverse Event (SE/AE).

- I. **Sentinel Event (SE)** – is a term used by The Joint Commission to describe “a Patient Safety Event” that reaches a patient and results in any of the following:
 - a) Death
 - b) Permanent harm

- c) Severe temporary harm and intervention required to sustain life

Reporting of Sentinel Events to The Joint Commission is strongly encouraged, but not required. (Attachment C)

- II. **Adverse Events (AE)** – The list of CDPH reportable adverse events is defined by California Health and Safety Code Section 1279.1. These Adverse Events encompass “Sentinel Events” as well as other delineated (and reportable) situations as well as National Quality Forum’s “never events.” (See Attachment B).
- III. **Near-Miss** – Any process variation that did not affect an outcome, but for which a recurrence carries a significant chance of serious adverse outcome. Such a “near-miss” falls within the scope of the definition of a SE, but outside of the scope of those Events that are subject to review by TJC under its SE Policy.
- IV. **Quality Concern** – Events, errors, or situations that are either corrected before a patient is harmed, or that represent an opportunity to identify and correct flaws that jeopardize patient safety. They do not rise to the level of SE/AE or near-miss events, and are managed by the RM department utilizing the Focused Review process.
- METER (Midas Event Triage & Ranking) Committee** – A multidisciplinary team including members from the organization and Medical Staff which reviews occurrence reports daily to rank and triage events so immediate notification of high-risk or unusual events can be made to hospital and Medical Staff leadership.
- V. **Focused Review** – A process to evaluate Quality Concerns that hold less potential for severity and harm than would be appropriate for an RCA. In the absence of extenuating circumstances, Focused Reviews are conducted by Unit or Service Line leadership utilizing the Keawah Health standardized process and documentation. RM staff shall serve as a resource to this process on an as needed basis. Focused Reviews are an integral part of Kaweah Health’s Patient Safety and Quality Improvement program.
- VI. **Center for Medicare and Medicaid Services (CMS)** – Federal agency responsible for enforcement of Medicare and Medicaid regulations. (Attachment D).
- VII. **Case Review Committee (CRC)** – A multidisciplinary team composed of:
- Chief Executive Officer (CEO)
 - Chief Quality Officer (CQO) or Chief Medical Officer (CMO)

- Chief Compliance Officer (CCO)
- Chief of Staff or designee (Chair), if Applicable,
- Medical Staff Clinical Department Chair, if Applicable, Chief Nursing Officer (CNO), in events involving nursing
- Chief Officer of area in which event occurred, as available
- Medical Director of Quality/Patient Safety, as available
- Director of Risk Management (RM)
- Director of Quality & Patient Safety
- Director of area where SE/AE occurred
- Others may be asked to participate as appropriate

VIII. **Root Cause Analysis and Actions (RCA2)** – Root-Cause Analysis (RCA) – Root cause analysis is a comprehensive systematic analysis for identifying the factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily, but not exclusively, on systems and processes, rather than individual performance. The analysis identifies changes that could be made in systems and processes through redesign or development of new systems or processes that will improve the level of performance and reduce the risk of particular serious adverse event occurring in the future. Root Cause Analysis is an integral part of Kaweah Health's Patient Safety and Quality Improvement program.

PROCESS for Sentinel/Adverse events and near-misses (Attachment A):

- A.** The METER Committee reviews occurrence reports submitted within the previous 24 hours each weekday to rank and triage events so immediate notification of high-risk or unusual events can be made to hospital and Medical Staff leadership. Occurrence reports received on weekends/holidays will be reviewed the following business day. High-risk or unusual events which occur during weekends/holidays will be immediately escalated to the House Supervisor and/or the Risk Manager on-call.
- B.** When an event that is potentially a Sentinel/Adverse or near-miss occurs or is discovered, staff will immediately notify the Risk Management Department (624-2340) or RM staff member on call through the House Supervisor.
- C.** Upon notification of the event, the Risk Management Department will immediately perform an initial assessment to determine the following:
1. The immediate safety of any patients, staff or other persons who are or may be at risk.
 2. The RM Director or designee shall proceed directly to initiate a CRC meeting as described in Section C below.
 3. RM will then complete their investigation.
- D.** The Risk Management Director or designee will convene a CRC within 72 hours.
- E.** The CRC will review the event in question and determine:
1. If the event is a Sentinel/Adverse or near-miss;
 2. If the event requires reporting to either CDPH and/or TJC;

4. When necessary, include references from relevant literature for “best practices” used in the RCA and the development of the Action Plan.
- D. All documentation related to RCAs, Focused Reviews, Action Plans, CDPH Plans of Correction, and monitoring activities involving clinical practice or conduct by members of the Medical or Advanced Practice Provider staff will be maintained exclusively as confidential Medical Staff documents so as to be protected by California Evidence Code, Section 1157.
 - E. The RM Director, CQO, and the Medical Director of Quality/Patient Safety are responsible for reporting finalized RCAs and Action Plans to the following committees as appropriate for approval:
 - The Patient Safety Committee;
 - Professional Staff Quality Committee (Prostaff)
 - Medical Staff issues will be referred to the appropriate medical staff committee/department for follow-up prior to being referred on to the Medical Executive Committee.
 - Quality Council
 - F. Board of Directors Organizational Learning: Every attempt will be made to use “teaching moments” and disseminate the “lesson learned” from these events to all appropriate areas of our organization. Department and unit meetings, in-service discussions, Grand Rounds, conferences, newsletters and other venues will be used in this effort to be sure that we collectively learn from, improve, and prevent similar occurrences in the future.

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

REFERENCES:

The Joint Commission Perspectives, December 2020, Volume 40, Issue 12

The Joint Commission Perspectives, June 2020, Volume 40, Issue 6

CHA Consent Manual, 2020, Chapter 19

National Quality Forum, 2011,

https://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx

approval

Attachment A

Process

Suspected Sentinel/Adverse Event → CRC --- If SE/AE confirmed → RCA*
(except HAPI)

Suspected Near-miss → CRC--- If near-miss confirmed: → RCA*

Quality Concern → Focused Review

*unless CRC determines that an alternate action is appropriate

approval

Attachment B

SPECIFIC DEFINITION OF SENTINEL/ADVERSE EVENT IN LAW

I. *California Health and Safety Code 1279.1*

1279.1. (b) For purposes of this section, "adverse event" includes any of the following:

- (1) **Surgical events**, including the following:
 - (A) **Surgery performed on a wrong body part** that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent.
 - (B) **Surgery performed on the wrong patient.**
 - (C) **The wrong surgical procedure performed on a patient**, which is a surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery, or a situation that is so urgent as to preclude the obtaining of informed consent.
 - (D) **Retention of a foreign object in a patient after surgery or other procedure**, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained.
 - (E) **Death during or up to 24 hours after induction of anesthesia after surgery** of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.
- (2) **Product or device events**, including the following:
 - (A) **Patient death or serious disability associated with the use of a contaminated drug, device, or biologic** provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product.
 - (B) **Patient death or serious disability associated with the use or function of a device** in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, "device" includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator.
 - (C) **Patient death or serious disability associated with intravascular air embolism** that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.
- (3) **Patient protection events**, including the following:
 - (A) An infant discharged to the wrong person. Attachment I

- (B) Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision making capacity.
- (C) **A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility** due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.
- (4) **Care management events**, including the following:
- (A) **A patient death or serious disability associated with a medication error**, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose.
- (B) A patient death or serious disability associated with hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
- (C) **Maternal death or serious disability associated with labor or delivery** in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy.
- (D) **Patient death or serious disability directly related to hypoglycemia**, the onset of which occurs while the patient is being cared for in a health facility.
- (E) Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, "hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter.
- (F) **A Stage 3 or 4 ulcer**, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission.
- (G) **A patient death or serious disability due to spinal manipulative therapy** performed at the health facility.
- (5) **Environmental events**, including the following:
- (A) **A patient death or serious disability associated with an electric shock** while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock.
- (B) **Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance.**

- (C) **A patient death or serious disability associated with a burn** incurred from any source while being cared for in a health facility.
- (D) **A patient death associated with a fall** while being cared for in a health facility.
- (E) **A patient death or serious disability associated with the use of restraints or bedrails** while being cared for in a health facility. See Attachment D.
- (6) **Criminal events**, including the following:
- (A) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
- (B) The abduction of a patient of any age.
- (C) **The sexual assault on a patient** within or on the grounds of a health facility.
- (D) **The death or significant injury of a patient or staff member resulting from a physical assault** that occurs within or on the grounds of a facility.
- (7) An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor.
- (c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.
- (d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.

Attachment C

Definition of Sentinel Event – The Joint Commission

A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm*

An event is also considered sentinel if it is one of the following:

- Suicide of any patient receiving care, treatment, and services in a staffed around-the clock care setting or within 72 hours of discharge, including from the hospital's emergency department (ED)
- Unanticipated death of a full-term infant
- Discharge of an infant to the wrong family
- Abduction of any patient receiving care, treatment, and services
- Any elopement (that is, unauthorized departure) of a patient from a staffed around the-clock care setting (including the ED), leading to death, permanent harm, or severe temporary harm to the patient
- Administration of blood or blood products having unintended ABO and non-ABO (Rh, Duffy, Kell, Lewis, and other clinically important blood groups) incompatibilities, hemolytic transfusion reactions, or transfusions resulting in severe temporary harm, permanent harm, or death
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment, and services while on site at the hospital§

- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the hospital
- Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure for a patient||
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the hospital. To be considered a sentinel event, equipment must be in use at the time of the event; staff do not need to be present.
- Any intrapartum (related to the birth process) maternal death
- Severe maternal morbidity (not primarily related to the natural course of the patient's illness or underlying condition) when it reaches a patient and results in permanent harm or severe temporary harm
- Fall resulting in any of the following: any fracture; surgery, casting, or traction; required consult/management or comfort care for a neurological (e.g., skull fracture, subdural or intracranial hemorrhage) or internal (e.g., rib fracture, small liver laceration) injury; a patient with coagulopathy who receives blood products as a result of the fall; or death or permanent harm as a result of injuries sustained from the fall (not from physiologic events causing the fall)

Definitions for Abuse or Assault:

- Sexual abuse/assault of any [patient/client] while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization*
- Sexual abuse/assault of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]*
- Physical assault of any [patient/client] (leading to death, permanent harm, or severe temporary harm) while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.
- Physical assault (leading to death, permanent harm, or severe temporary harm) of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]
- Homicide of any [patient/client] while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization
- Homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to [patients/clients]

* *Sexual abuse/assault (including rape) as a sentinel event is defined as nonconsensual sexual contact, including oral, vaginal, or anal penetration or fondling of the individual's sex organ(s) by another individual.*

One or more of the following must be present to determine that it is a sentinel event:

**Any staff-witnessed sexual contact as described above*

**Admission by the perpetrator that sexual contact, as described above, occurred on the premises*

**Sufficient clinical evidence obtained by the health care organization to support allegations of unconsented sexual contact*

Attachment D

REPORTING REQUIREMENTS RELATED TO RESTRAINT OR SECLUSION

CMS Death Reporting and Recording Requirements

REPORTING REQUIREMENTS

Hospitals must report the following deaths associated with the use of seclusion or restraint to the Centers for Medicare & Medicaid Services (CMS) Regional Office no later than the close of business on the next business day following knowledge of the patient's death. The following events must be reported:

1. Each death that occurs while a patient is in restraint or seclusion, except for deaths subject to the "Documentation Requirement".
2. Each death that occurs within 24 hours after the patient was removed from restraint or seclusion (whether or not the hospital believes that the use of restraint or seclusion contributed to the patient's death), except for deaths subject to the "Documentation Requirement".
3. Each death known to the hospital that occurs within one week after restraint or seclusion where it is reasonable to assume that use of restraint or seclusion contributed directly or indirectly to a patient's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.

This requirement applies to deaths that occur in any unit of the hospital, including an ICU or critical care unit.

DOCUMENTATION REQUIREMENT

When no seclusion has been used and when the only restraints used on the patient are those applied exclusively to the patient's wrist(s), and which are composed solely of soft, non-rigid, cloth-like materials, the hospital staff does not need to notify CMS of a patient death by the next business day.

The date and time of the report to CMS must be documented in the patient's medical record.

Hospitals must report to the CMS Regional Office electronically using Form CMS-10455, "Report of a Hospital Death Associated with the Use of Restraint or Seclusion."

FDA Restraint Reporting

FDA regulates restraint devices as it regulates other medical devices. Thus, hospitals and other device user facilities must report incidents involving restraints that have or may have caused or contributed to the serious injury or death of a patient.

For purposes of this reporting law, it should be noted that the FDA uses a different definition of restraint than does the Centers for Medicare & Medicaid Services Conditions of Participation or California law. The FDA defines a “protective restraint” as:

a device, including but not limited to a wristlet, anklet, vest, mitt, straight jacket, body/limb holder, or other type of strap, that is intended for medical purposes and that limits the patient’s movements to the extent necessary for treatment, examination, or protection of the patient or others [21 C.F.R. Section 880.6760].

Whereas the CMS definition of restraint could include a geri-chair, a tray table, a side rail, a sheet, or even a staff member holding a patient, the FDA definition does not. Therefore, this reporting requirement is somewhat more narrow than the CMS reporting requirement for deaths associated with seclusion or restraints discussed under XII. “Reporting Requirements Related to Restraint or Seclusion”

Attachment E

List of National Quality Forum Serious Reportable Events (aka SRE or "Never Events")

1. SURGICAL OR INVASIVE PROCEDURE EVENTS

1A. Surgery or other invasive procedure performed on the wrong site (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1B. Surgery or other invasive procedure performed on the wrong patient (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1C. Wrong surgical or other invasive procedure performed on a patient (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1D. Unintended retention of a foreign object in a patient after surgery or other invasive procedure (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1E. Intraoperative or immediately postoperative/postprocedure death in an ASA Class 1 patient (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

2. PRODUCT OR DEVICE EVENTS

2A. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2B. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2C. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

3. PATIENT PROTECTION EVENTS

3A. Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3B. Patient death or serious injury associated with patient elopement (disappearance) (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3C. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4. CARE MANAGEMENT EVENTS

4A. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration) (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4B. Patient death or serious injury associated with unsafe administration of blood products (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4C. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers

4D. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy (new)

Applicable in: hospitals, outpatient/office-based surgery centers

4E. Patient death or serious injury associated with a fall while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

4G. Artificial insemination with the wrong donor sperm or wrong egg (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

4H. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen (new)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4I. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results (new)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5. ENVIRONMENTAL EVENTS

5A. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5C. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5D. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

6. RADIOLOGIC EVENTS

6A. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area (new)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

7. POTENTIAL CRIMINAL EVENTS

7A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7B. Abduction of a patient/resident of any age (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7C. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7D. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

Attachment F: REPORTING REQUIREMENTS UNDER STATE LAW*California Health and Safety Code – Pertaining to General Acute Care Hospitals*

1279.1. (a) A health facility licensed pursuant to subdivision (a), (b), or (f) of Section 1250 shall report an adverse event to the department no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Disclosure of individually identifiable patient information shall be consistent with applicable law.

(c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.

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



Policy Number: HR.01	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Purpose and Scope of Manual	

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

POLICY:

This manual provides Kaweah Health management, supervisors, and staff with a single reference source for all policies and benefits information relating to Human Resources management. Current policies will supersede all previous policies.

Deleted: Kaweah Delta Health Care District ("the District")

Policies and procedures contained in additional Kaweah Health manuals and relating to topics covered in this manual will be consistent with the policies stated herein. To the extent there is a conflict between this manual and Kaweah Health policies stated in other sources, the policies stated in this manual will override all such inconsistent policies.

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In the interest of addressing its mission to provide high quality, comprehensive, cost effective health care services for its community, Kaweah Health reserves the right to direct the supervision of its personnel; to discipline personnel appropriately, including termination of employment; to assign staff to different schedules, working hours, and/or job responsibilities; and to establish and modify its policies and procedures.

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PROCEDURE:

I. The policies outlined in this manual apply to all Kaweah Health facilities and personnel. The Employee Handbook and this manual provide detailed information in the following areas:

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- Recruitment
- Employment
- Transfer
- Employee Relations
- Compensation
- Benefits
- Attendance
- Leaves Of Absence

- General Information

II. Definitions

An employee is an individual who is hired directly by Kaweah Health to work for wages or salary to perform services subject to the will and control of Kaweah Health, including both management and non-management personnel. These individuals may be eligible to receive District-provided benefits. An employee may be full-time, part-time, per diem, or temporary.

Although the exact title of a job classification may vary, a manager is an individual who, on a regular basis, has supervisory responsibility for a department or a distinct operation similar to a department.

Personnel include employees, students, interns, volunteers, and other non-employees who provide work via a controlled basis. Policies that refer to personnel may reference benefits or rights. The mere inclusion of personnel in policies does not constitute a right by non-employees to the benefits or rights of an employee.

III. Policy Additions/Changes and Updates

This manual cannot anticipate every situation or answer every question about employment; it is not an employment contract or a legal document. To retain necessary flexibility in the administration of policies and procedures, Kaweah Health reserves the right to change or revise policies, procedures and benefits described in this manual, other than the employment-at-will provisions, without notice whenever Kaweah Health determines that such action is warranted.

Any questions regarding the interpretation of this manual should be referred to the Chief Human Resources Officer.

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

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



Policy Number: HR.02	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 10/23/2017
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (VP Human Resources)	
District Commitment & Staff Member Relations	

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

POLICY:

The District believes that the best and most rewarding employment atmosphere results from a direct relationship between management and staff members. The District prefers to deal with staff members directly. It is the responsibility of management to encourage staff members to bring their problems and suggestions to their department management team or another member of management, listen to staff member's concerns with respect, make every effort to help solve staff member's problems, and accept constructive criticism with an open mind and without any retribution.

The District will implement fair and effective Human Resources policies and procedures to:

- employ individuals on the basis of their qualifications and with assurance of equal opportunity (Refer to policy HR.12).
- provide salaries and benefits which bear a fair and reasonable relationship to the work performed;
- establish reasonable hours of work; and,
- maintain a work environment that is safe, healthy, and free from harassment.

Kaweah Health promotes staff awareness of appropriate rest and fitness to provide patient care services.

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Kaweah Health recognizes that staff may be requested to work additional hours beyond their regularly-scheduled work hours in the event of a staffing short, patient emergency and/or activation of the District's disaster plan.

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Kaweah Health expects all personnel to:

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- work productively to the best of their abilities and skills;

- arrive at their assigned work area and begin work on time;
- demonstrate a considerate, friendly, and constructive attitude to other personnel, patients, and visitors; and,
- comply with Behavioral Standards and Code of Conduct.
- adopt and display the Organization Values in all interactions with others including:

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Vision - We plan for and act to produce an ever-improving future.

Integrity - We are completely honest, candid, and transparent in our dealings.

Care - The patient must be at the center of all we do.

Accountability - We are completely responsible for our results – no excuses.

Respect - We collaborate effectively with others and are socially and interpersonally skilled.

Excellence - We accept nothing less than our very best efforts and expect the same of others.

Kaweah Health retains the right to:

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- assign, supervise, discipline, and terminate employees at any time;
- determine and change working conditions, hours and schedules; and,
- establish, change, and delete its policies and procedures.

“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”

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Policy Number: HR.04	Date Created: No Date Set
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 09/29/2021
Approvers: Board of Directors (Human Resources)	
Special Pay Practices	

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Designated departments may have special pay practices which provide for competitive compensation and/or incentives for employees to work varying shifts or additional shifts. All special pay practices are approved by the Hospital and are subject to change at any time. In all cases, Wage and Hour Law will apply.

Pay Practices:

Other Hours- Base rate of pay for additional hours or shifts worked.

Eligible Job Codes:

- House Supervisor 4000293 (hours)
- Pharmacy 7010360, 6010972, 7011940, 3002094 (hours)
- RN-Nurse Practitioner 7081541 (shift)
- Nurse Practitioner Manager 3001833 (shift)

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6011941, 7011940 (hours)¶

Emergency Services \$1.50 for active MICN cert

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\$1.50 for active TNCC cert

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Eligible job codes:

- RN 7020339 7020746
- Charge Nurse 6021615
- Assistant Nurse Manager 3000640 in ED

Preceptor Pay \$1.50 per hour- RN's and Cath Lab Techs

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Sleep Pay Hourly rate paid to Surgery and Cath Lab employees for those who require an 8-hour gap between the current shift worked and the next scheduled shift. The employee will be paid at the start of the next scheduled shift but is not expected to work until the 9th hour after finishing prior shift

Private Home Care Holiday Rate is based on where the employee travels. Holiday differential is received for Kaweah Health observed Holidays, in addition to Mother's Day and Easter.

“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Office. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”

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Policy Number: HR.15	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Request for Reconsideration of Work Assignment Based Upon Religious and/or Cultural Reasons	

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

POLICY:

Through the appropriate staffing of a highly skilled and professional workforce, Kaweah Health will ensure that the needs of all patients are met. It is the responsibility of management to ensure that the needs of each patient are given the highest priority.

An employee of Kaweah Health may request not to participate in an aspect of patient care, including treatment, where there is a perceived conflict with the employee's cultural values, ethics, and/or religious beliefs.

Example: An employee whose religion does not believe in the transfusion of blood products may request to be removed from this aspect of care.

Example: An employee caring for a terminal vegetative patient may have personal ethical differences with a family's decision to remove nutrition support and may ask to be removed from this assignment.

To ensure that the needs of the patient are met, when an employee requests reconsideration of a work assignment based upon religious and/or cultural reasons it is expected that the employee will continue to provide care until arrangements can be made.

PROCEDURE:

- I. To provide uninterrupted quality care to our patients, a staff member is encouraged to speak directly with his/her department supervisor prior to being assigned or prior to any potential assignment about any aspect of patient care, including treatment s/he believes is in conflict with his/her cultural values, ethics, or religious beliefs.

This discussion will include:

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- A. The specific concern and aspect of patient care that the staff member finds in conflict with his/her cultural values, ethics, or religious beliefs;
- B. Possible alternative which may be put into place to allow the patient to remain assigned to the staff member;
- C. Reassignment of the patient to another staff member; and/or,
- D. Transfer of the staff member to a vacant position in another department where the conflict does not exist.

The staff member may be asked to put into writing any concern regarding the specific aspect(s) of patient care, including treatment, which are in conflict with his/her cultural values, ethics, or religious beliefs. Where this is the case, the written copy provided will become a part of the staff member's Human Resources record.

Management will ensure that any conflict will be resolved and any action taken pursuant to this policy will not negatively affect a patient's care, including treatment. To the extent necessary, this will be done by assigning another qualified employee to provide the patient's care.

- II. An employee does not have the right to refuse to care for a patient due to the patient's race, color, sex (including breastfeeding and related medical conditions), gender expression, sexual harassment, religion, religious creed (including religious dress and grooming), national origin, genetic information (GINA Act of 2008), pregnancy, age, physical or mental disability, sexual orientation, or any other characteristic protected by law;
- III. A staff member's request for reconsideration of work assignment will likely result in limiting or reducing the types of assignments and/or departments to which the employee may be scheduled. This limitation may result in fewer employment opportunities with Kaweah Health for the employee. Any such actions will be considered to be a voluntary choice on the employee's part.
- IV. Kaweah Health will make every effort to accommodate an employee's request for reconsideration of work assignment based on religious and/or cultural differences. However, there may be times when the employee's request may not be accommodated. Where this is the case, the employee will be required to continue to provide care to the patient in a courteous, caring, and professional manner.

“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures.”

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Policy Number: HR.16	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Board of Directors (Human Resources), Dianne Cox (Chief Human Resources Officer)	
Reasonable Accommodation & Medical Fitness for Work	

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

POLICY:

It is the policy of Kaweah Health to comply with the Americans with Disabilities Act (ADA), the Fair Employment and Housing Act (FEHA), and the comprehensive civil rights laws that prohibit discrimination against a qualified applicant or employee because of his/her disability. Under the ADA and FEHA, qualified individuals with disabilities must have equal access to all aspects of employment that are available to employees without disabilities. The District also complies with the Labor Commissioner's office with regard to the rights of victims of domestic violence, sexual assault and stalking.

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Pursuant to the ADA and FEHA, Kaweah Health will provide reasonable accommodation to a qualified applicant and/or employee with a disability to allow him/her to perform the essential functions of his/her job, unless the accommodation would create an undue hardship for the employer.

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Kaweah Health will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person's physical or mental disability.

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Kaweah Health will take steps to ensure that all staff members are medically able, with or without reasonable accommodation, to perform the duties and responsibilities expected of and assigned to him/her. At any time during the employment relationship, if management has reason to believe that the District personnel is not free of communicable disease, or is not able to perform the duties and responsibilities to which s/he is assigned, s/he may be asked to report to Employee Health Services and/or to a licensed medical practitioner of the District's choice for a medical examination. The District will be responsible for the cost of this examination.

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DEFINITIONS:

Reasonable Accommodation: Reasonable accommodation can be considered as the logical adjustment to a job or work environment that enables a disabled person or an individual who is a victim of domestic violence, sexual assault or stalking to perform the essential functions of his/her job. Kaweah Health is required to provide reasonable accommodation for qualified individuals with physical or mental limitations including

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mental health conditions such as depression and post-traumatic stress disorder. Reasonable accommodation includes, but is not limited to:

- Modifications or adjustments to an application, examination, or interview process that will enable a qualified applicant with a disability to be considered for the desired position; or
- Modifications or adjustments to the work environment, or to the method under which the position held or desired is routinely performed, that enables a qualified individual with a disability to perform the essential functions of that position; or
- Modifications or adjustments that will enable an employee with a disability to enjoy the same benefits and privileges of employment as those enjoyed by similarly situated employees without disabilities.

Kaweah Health may choose to provide an alternative accommodation other than the one requested by the employee, as long as it is effective in assisting the employee in performing his/her essential job functions.

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Each reasonable accommodation situation is evaluated on a case-by-case basis; so that the accommodation provided meets the needs of the individual with the disability, and will allow him/her to perform the essential functions of his/her job. Examples of Reasonable accommodation may include any or all of the following:

- Purchase of an assistive device
- Worksite modifications
- Job restructuring
- Reassignment to another position
- Removal of an architectural barrier
- Purchase of assistive services
- Modified work schedule
- Removal of communication barrier
- Special testing/Interview arrangements
- Leave of absence

Essential Functions: Essential functions are the tasks that are fundamental to the job. A job function may be considered essential for any of the following reasons:

- The position exists to perform the function.
- The function is highly specialized and the employee in the position was hired for his/her expertise in performing the function.
- There are a limited number of employees to whom the performance of the function can be assigned.

Individual With a Disability: An individual is considered to be disabled if he/she:

- Has a permanent physical or mental impairment that limits the performance of one or more major life activities; or
- Has a record of such an impairment; or
- Is regarded as having such impairment.

Physical or Mental Impairment: Physical or mental impairment includes, but is not limited to any physiological disorder or condition, cosmetic disfigurement, anatomical loss affecting one or more of the body systems, or any mental or psychological disorder. Examples of conditions that would constitute disabilities because they limit a major life activity include paralysis, hearing or vision loss, epilepsy, and cancer.

Major Life Activities: Major life activities include self care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. The list of major life activities is not exhaustive.

Functional limitations: Determining whether a functional limitation in performing essential functions exists due to a physical or mental impairment is the first step in establishing whether an individual is entitled to a reasonable accommodation. Many impairments do not impact a person's life to the extent of limiting a major life activity. An impairment rises to the level of limiting a major life activity when it makes the performance of a major life activity difficult. When evaluating a reasonable accommodation request, Kaweah Health considers several factors in assessing the functional limitation(s) a physical or mental impairment causes in performing essential functions:

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- The specific physical or mental limitation or medical condition which requires an accommodation;
- The duration or expected duration of the impairment; and
- The permanent or long-term impact, or the expected permanent or long-term impact of, or resulting from, the impairment.

REQUESTING REASONABLE ACCOMMODATION¹:

1. Notice: Kaweah Health has established procedures for requesting a reasonable accommodation to ensure there is an interactive process with the individual requesting such an accommodation. However, written requests for accommodation are not required.

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An applicant or employee who believes that s/he is in need of an accommodation must notify his/her department manager or director and/or a Human Resources Director. A department manager or director who receives a request for accommodation from an employee shall then notify a Human Resources and/or

¹ This procedure is neither exhaustive nor exclusive. The District is committed to taking all other actions necessary to ensure equal employment opportunity for persons with disabilities in accordance with the ADA, FEHA and all other applicable federal, state, and local laws.

Employee Health. All requests for reasonable accommodation, whether written or verbal, must provide the following information:

- A. The type of accommodation requested;
- B. An explanation of the limitation for which the accommodation is needed; and
- C. A description of how the accommodation will allow the individual to perform the essential functions of his/her job.

If an employee notifies their manager or director of their disability without an explanation or request for a reasonable accommodation the manager/director must notify Human Resources and/or Employee Health to insure notice of the disability is appropriately documented and the employee is assessed to determine if an accommodation is appropriate or feasible. There may be times where the District may be unable to provide an accommodation, including situations which impose an undue hardship on the District or present an undue risk to the health and safety of the individual, other employees or patients.

If a manager or director encounters an employee situation where he/she suspects the employee has a problem that may require reasonable accommodation but, where there has not been a request for reasonable accommodation, the manager/director must notify Human Resources and/or Employee Health to assess the employee to appropriately document any disability and to determine if an accommodation is appropriate or feasible.

II. Medical Documentation

- A. The applicant or employee seeking reasonable accommodation may be required to provide Human Resources with medical documentation from his/her treating health care provider regarding the medical condition for which the employee is requesting accommodation in order to evaluate his/her eligibility for an accommodation. The documentation must include the following information regarding the employee's medical condition:
 - 1. major life activities hindered and the manner in which each activity is hindered;
 - 2. whether the medical condition is permanent or temporary;
 - 3. the estimated length of the medical condition (if the medical condition is temporary);
 - 4. the functional limitations as they relate to the employee's job duties and the impact on the individual's ability to perform the essential job functions; and
 - 5. the type(s) of reasonable accommodation requested for the employee and how it will help the employee to perform his/her essential job duties.

- B. The documentation should not include the underlying medical condition at issue unless specifically requested by a physician working on behalf of the District.
 - C. The medical documentation must be written/typed on the official letterhead stationary of the health professional or health professional's organization. The documentation must identify the health professional's credentials (e.g., M.D., D.O, N.P., P.A.) and practice specialty (e.g., Physician, Nurse Practitioner, Physical Therapist) and be signed and dated by the health professional.
- III. The Director of Human Resources and the Manager of Employee Health will provide guidance to managers, directors, and persons requesting reasonable accommodation at all stages of the process. The Director of Human Resources will evaluate each reasonable accommodation request on a case-by-case basis. The decision to grant or deny a request for accommodation will be made only after considering all essential information, including but not limited to input from the employee, his/her supervisor, and his/her health professional. The individual requesting an accommodation is not automatically entitled to the accommodation he/she requests; however, an individual may refuse an accommodation offered by Kaweah Health.

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Current employees are expected to continue to perform all essential job functions while a request for reasonable accommodation is being considered. If that is not possible, the employee may request a leave of absence. A request for a leave of absence which is granted is considered an accommodation.

- IV. Interactive Process: As soon as reasonably possible upon receiving a request for reasonable accommodation by a disabled employee or applicant, Kaweah Health and its representatives must engage in a timely, good faith, interactive process to determine effective reasonable accommodations. To ensure that all effective accommodations have been considered, the Director of Human Resources and the employee's manager must discuss the request with the employee. This is particularly important when the specific limitation, problem, or barrier is unclear; where effective accommodation is not obvious; where modifications to the request may be appropriate; where the parties are choosing between different possible reasonable accommodations; or in other situations where the interactive process can further promote resolution of the request for accommodation. The interactive process should take place in person, unless it is impractical to do so. The interactive process with the employee or applicant shall include, but is not limited to:
- A. Discussing the purpose and the essential functions of the specific position;
 - B. A review of the medical documentation and other documentation related to the request;
 - C. Reviewing how the functional limitations of the disability can be overcome with reasonable accommodation;
 - D. Identifying potential accommodation options;
 - E. Evaluating the effectiveness of each potential accommodation option;

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- F. Documenting all options discussed and reasons for selecting particular option(s);
- G. Implementing the most appropriate option(s), Keeping the applicant or employee informed until accommodation is provided or denied.
- H. Whether the reasonable accommodation would impose an undue hardship on the District or present an undue risk to the health and safety of the individual, other employees or patients.
 - 1. The applicant/employee is expected to cooperate in the interactive process, in good faith, by submitting medical information as necessary and participating in discussions regarding possible accommodations. Failure to comply with this policy will result in denial of an accommodation request and/or a determination that the employee is unable to perform the essential functions of his or her job.

V. THE ONGOING INTERACTIVE PROCESS

Kaweah Health is required to make reasonable accommodations for qualified persons with disabilities. The duty to accommodate is a continuing duty that is not exhausted by one effort. If Kaweah Health becomes aware that an accommodation is not working, it must consider alternative accommodations. The Vice President of Human Resources or his/her designee and the manager must further engage in the interactive process with the employee to identify appropriate accommodations, as discussed above. Prior to any substantive modification or adjustment of a previously granted accommodation, the Vice President of Human Resources must be consulted. Furthermore, prior to the denial of any newly requested accommodation, the Vice-President of Human Resources must also be consulted.

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VI. GRIEVANCE PROCESS

Any persons who believe that he or she has been subjected to discrimination on the basis of disability and/or has been treated in a manner that is contrary to the policy stated above, may file a complaint with the Human Resources department. Complaints should be in writing and set forth the problem or action alleged to be discriminatory as well as the remedy or relief sought by the complainant. Human Resources will conduct an investigation of the complaint and take any and all necessary action arising out of the complaint. The District will not retaliate against anyone who files a complaint or cooperates in the investigation of a complaint.

"Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

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Subcategories of Department Manuals not selected.

Policy Number: HR.17	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Language Resource Assistant Program	

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

POLICY:

Kaweah Health maintains interpretation options to facilitate communication in many languages. Kaweah Health staff members who have been evaluated for their bilingual skills are identified as Language Resource Assistants.

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PROCEDURE:

I. Language Resource Assistants (LRA)

If an employee or health care provider determines that an "in person" interpreter is either necessary or preferred when communicating with a patient or a member of a patient's family, the staff member may contact the Interpreter Services Department for a listing of participants in the Language Resource Assistant Program. This listing is also available through Kaweah Compass, Directories, Interpreter Directory.

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Kaweah Health provides a system to identify and compensate qualified interpreters who interpret in situations involving patient care and hospital services. To be eligible for participation the staff member must first fill out a Language Resource Application to Test to demonstrate their competence through:

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- A. Language assessment through Kaweah Health Interpreter Services Department; or,
- B. Language assessment through an identified agency qualified to provide assessment for any particular language.

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Once the staff member has gone through the evaluation process, he/she will be identified as having general or clinical/advanced skills. The new LRA will be issued an

orange pin for general skill level or a dark blue pin for clinical skill with the words Language Resource Assistant imprinted on it. This pin will be worn on their employee identification badge.

To be eligible for compensation for interpretation services, staff members must have been determined as qualified and as a participant in the Language Resource Assistant program prior to the interpretation.

This compensation will be provided only for actual time of interpretation if the LRA is pulled outside their regular line of work or work area. Interpretation must be directly related to patient care and/or hospital business. Staff members will record all time spent interpreting on LRA Log Sheet and secure the requesting supervisor's approval and signature on the sheet prior to submission to the Interpreter Services Department for data retrieval prior to it being sent to the Payroll Department for payment. The log must be submitted on a weekly basis; by 9am on Monday. An LRA will lose his/her ability to be paid if any fraudulent occurrences are documented.

The Language Resource Assistant will read and agree to abide by the National Code of Ethics and Standards of Practice which is available at

<https://www.ncihc.org/assets/documents/publications/NCIHC%20National%20Code%20of%20Ethics.pdf>

In addition, a Language Resource Assistant fully understands that they may be scheduled for or receive information for additional training and receive resources that will assist them in improving their bilingual skills.

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Policy Number: HR.34	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Employment of Relatives	

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

POLICY:

It is the policy of Kaweah Health to provide the most professional staffing possible by minimizing employment situations which may and /or has resulted in problems of supervision, safety, security, morale, or a conflict of interest. Employment of relatives, regardless of status, refers to the immediate family of an employee which, for the purposes of this policy, includes the following:

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- Wife Mother Mother-in-Law Aunt Son-in-Law
- Husband Father Father-in-Law Uncle Daughter-in-Law
- Daughter Sister Sister-in-Law Niece First Cousin
- Son Brother Brother-in-Law Nephew "Step" Relationships
- Grandparents Domestic Partners

An individual will not be hired, nor promoted or transferred into the same department in which one of the above family members would have supervisory authority over the other, evaluate the work performance, make or recommend salary decisions, or audit the work of the other. Relationships where employees are supervised by the same department management or supervisor will be considered on a case by case basis for appropriateness; final decisions will be made by the Department Leader and Vice President, in consult with the Vice President of Human Resources and the CEO.

PROCEDURE:

1. No individual will hold a job in which he/she would be supervised by a family member. If two employees marry or become related after being employed and the potential problems stated in this policy exist, a decision will be made by the Hospital on which employee will remain in the department. Criteria generally used may include performance, experience, department need and length of service.
2. The affected employee will have the following options:

- a. Transfer to another section of the department under a different supervisor (if there is a vacancy or the department is able to exchange employees), or
 - b. Transfer to a different shift (if the department has a vacancy or the department is able to exchange employees), or
 - c. Transfer from the department to a vacant position in another department, if qualified.
3. The employee must actively seek a transfer and must comply with the transfer procedure established by Human Resources. If none of the options listed above or if reasonable accommodations cannot be made to eliminate actual or potential problems that arise when two employees marry or become related in a reasonable time frame, the District reserves the right to terminate the affected employee. The Department Leader and the Chief Human Resources Officer will develop appropriate interim measures.

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"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

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Policy Number: HR.47	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Professional Licensure and Certification	

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

POLICY:

To ensure appropriate licensure and certification on all employees and contracted staff (not subject to the medical staff privilege process, e.g., Allied Health Professionals) in compliance with appropriate licensing agencies. Employee Health requirements for immunizations and PPD are available for Licensed Independent Practitioners and Physicians who practice at the Kaweah Health.

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It is the policy of Kaweah Health to employ only those individuals and/or to utilize contract services staff that meet all job requirements (TB Screening/PPD testing, etc.) and have proper licensure, certification or registration by the appropriate licensing agency in those jobs requiring such status. Current employees who provide direct patient care will have a Heart Saver card on file with Human Resources (or in the nursing office or applicable department if Contract Staff). Employees and Contract Staff working in positions with a requirement for ACLS, NRP, and PALS, etc., will also provide proof of certification. Employees driving their own vehicles for ongoing business will be required to produce proof of current California Driver's License.

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All job requirements and current status of documentation shall be maintained by the employee/contract staff member. The employee will furnish proof of this status with original documents before employment or service begins and Human Resources will photocopy the document which will be placed on record in the Personnel file. At each time the status requires updating and/or renewal, the employee will provide further documentation to Human Resources as proof of update and/or renewal.

For employees on a Leave of Absence, Kaweah Health may hold in abeyance the requirement to complete job requirement documentation (i.e., updated competencies, TB testing, etc.) until the employee returns from leave. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, TB Testing, as applicable) prior to returning to work. Competency-related documentation must be completed within 30 days of the employee's return to work.

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Current job requirement documentation will be maintained by Human Resources and by those department heads responsible for such individuals.

Failure on the part of the employee to provide such documentation or proof of current status, or failure to meet any job requirement will result in Progressive Discipline, up to and including, termination of employment. In addition, the employee will be ineligible for participation in the Educational Assistance Program for one year.

PROCEDURE:

I. Definitions

Licensure/certification: Refers to any license/certifications required for an employee's job from the time of hire going forward. Examples are: CA RN License, Clinical Dietitian Registration, and Radiology Tech Certification. BLS (Basic Life Support for Healthcare Providers), Heartsaver AED (Automated External Defibrillator). Licensure /Certification requirements are listed in job descriptions, employee offer letters, and also can be found in HRIS.

II. Verification Licensure/Certification at Time of Hire/Transfer/Renewal

- a. It is the responsibility of the Human Resources Department to print the primary source verification prior to hire date. Renewals of Licensure/Certifications will be tracked, verified and printed by the Human Resources Department prior to the expiration date.
- b. Human Resources will process the hire/transfer/renewal of an employee to a job that requires valid licensure/certification only after obtaining printed or verbal clearance from the appropriate licensing board. This verification must be from a primary source website or documented if obtained by phone.
- c. Primary source verification applies only to licensure/certifications required to practice a profession. It is not required for organizational requirements such as advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) or clinical certification such as peripherally inserted catheter (PICC) line certification.
- d. Only the American Heart Association (AHA) or American Red Cross (ARC) certification programs will be acceptable for employment or continued employment. KDHCD has established appropriate paid time for hourly employees, upon approval of your supervisor. Classes taken outside of Kaweah Health must be AHA or ARC courses and documentation of completion must include the following:

1. Course completion card from AHA or ARC training center

OR

2. Paperwork from the AHA or ARC training center stating the following:

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- i. Student's name
- ii. Type of course
 - 1. AHA HSAED (Heart Saver Automated External Defibrillator)
 - 2. AHA BLS for Health Care Providers
 - 3. ARC CPR/AED adult, child & infant
 - 4. ARC CPR for the Professional Rescuer or CPR for the health care provider
- iii. Date of Course
- iv. Successful Completion
- v. Name of Training Center
- vi. Signature of training center representative

For option 2 above, the provider course card must be submitted to Human Resources within 30 days of course completion to avoid suspension and disciplinary action.

- e. Employees are to give 24 hours' notice for cancellation of any Kaweah Health paid certification class. Employees must be on time to any Kaweah Health paid classes or will be considered a No Show, which are grounds for discipline. Refer to Progressive Discipline policy HR 216.

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- f. Any employee that allows their required licensure/certification to lapse for any reason will be given a Disciplinary Action and removed from the schedule.

Employees may return to work once they have shown proof of renewed licensure/certification from a primary source.

Exception for MICN Certification: If regional EMS agency cancels MICN certification class, the employee will be permitted to work without updated certification and no disciplinary action. Employee will be required to attend the next scheduled regional MICN class.

III. Manager's Responsibilities

- A. Management is responsible to ensure that all licensed/certified staff has current licensure at all times while working and is not working if license/certification has expired. If the employee has missed two weeks of work from the expiration date, the manager will place the employee on an administrative leave of absence and the employee is subject to termination.
- B. Managers and Directors may also be subjected to Disciplinary Action, including suspension and possible termination should licensed/certified employees within their responsibility be working without proper

licensure/certification.

IV. Employee's Responsibilities

Employees who have failed to renew their required license or certification, by the expiration date will not be permitted to work. In addition, if the employee has missed two weeks of work from the expiration date, the employee will be placed on a personal leave of absence and is subject to termination. Employees who allow required licensure/certification to expire will be given a written warning. Refer to Progressive Discipline policy HR 216.

V. Interim Permit or Temporary License Processing

Employees must obtain licensure in accordance with the requirements of the applicable licensing board. Employees whose temporary license or interim permit expires, or is otherwise invalidated will be placed on a personal leave of absence for a maximum of 12- weeks. During the 12-weeks period, if licensure is obtained, current employees may apply for a transfer to an open position. If licensure and/or transfer to an eligible position is not obtained, employment will be terminated at the end of the 12-week leave of absence.

VI. Employees on Leave of Absence

Employees on a Kaweah **Health** approved Leave of Absence are responsible for being in compliance with all license/certification requirements prior to their return to work. .

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VII. Display of License/Certification

As required by law, some licensure/certifications must be displayed in the department.

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Policy Number: HR.49	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 05/27/20
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Education Assistance <ul style="list-style-type: none"> - Tuition, Books and Fees Reimbursement or Loan Repayment - Educational Programs and Compensation - Continuing Education and Conferences - Professional Certification Fee Reimbursement and Awards 	

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**Kaweah Delta
Health Care District**

Subcategories of Department Manuals
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

Kaweah ~~Health~~ recognizes the important of growth and development of all employees to improve work performance and increase job knowledge and skill. As an employee benefit and to support the recruitment and retention of qualified employees, Kaweah ~~Health~~ offers a number of programs and opportunities as described in this policy.

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Certain amounts reimbursed up to \$5,250 in a calendar year received under this Educational Assistance program are excluded from wages and other compensation; monies are reimbursed without being subject to taxes. These programs include reimbursement for tuition, books and fees and for fees related to obtaining certifications. Other amounts paid are included as taxable wages, such as Loan Repayment and the Certification Award. Refer to IRC Section 127 for more information. Employees are responsible to ensure their annual tax withholdings and disclosures are appropriate.

Education Assistance - Tuition, Books and Fees Reimbursement or Loan Repayment

Full-time and part-time employees may apply for reimbursement of tuition, books and fees or loan repayment for educational programs which apply to positions at Kaweah ~~Health~~. An employee must have completed 2080 hours (1872 hours for 12-hour shift employees) of active employment and have received at least one performance evaluation before the start of the program in which they are enrolling or before submitting a Loan Repayment Form. Current employees as of 1/1/20

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have to meet the above conditions and must wait until after their 2020 performance evaluation to apply for any remaining monies under the Loan Repayment Program. Employees who have received a performance evaluation below a 2.5% rating or a Level II or III Performance Correction Notice within the 12 months prior to the beginning of the program or eligibility for the Loan Repayment are not eligible for that year, even if they had been previously eligible. If performance in the subsequent year meets expectations and there are no Performance Correction Notices, the employee is eligible again for reimbursement or loan repayment. No retroactive payments are made; the lifetime amounts remain the same as long as eligibility and all requirements are met.

Lifetime maximum amounts for reimbursement or outstanding student loan repayments combined for each degree:

- Up to \$2,500 for Associates Degree or educational programs leading to a certification required for a position at Kaweah Health.
- Up to \$10,000 for a Baccalaureate Degrees, limited to \$2,500 per calendar year. Payments are made over four or more years if employee remains employed in an active full-time or part-time status.
- Up to \$15,000 for a Masters' Degree, limited to \$5,000 per calendar year. Payments are made over three or more years if employee remains employed in an active full-time or part-time status. If receiving reimbursement for a Baccalaureate Degree, reimbursable monies for a Master's Degree will begin once the Baccalaureate Degree reimbursement is completed.
 - Note: Nurse Practitioner reimbursement will be offered only if employed by Kaweah Health in the three years post licensure (\$5,000 per year).
- Up to \$20,000 for Doctoral Degree (Pharmacy, Physical Therapy and Nursing Director or Manager, DNP or PhD in Nursing, or RN with BSN in a program for Nurse Practitioner that requires DNP), limited to \$5,000 per calendar year. Payments are made over four years if employee remains employed in an active full-time or part-time status. If receiving reimbursement for a Bachelors' or Masters' Degree, reimbursable monies for a Doctoral Degree will begin once the Masters' Degree reimbursement is completed.

For all reimbursements or loan repayments, employees are required to exhaust all school, program, federal or state grant, scholarship and loan repayment opportunities offered prior to submitting a Reimbursement Form or Loan Repayment Form to Kaweah Health. These include, but are not limited to:

- Nurse Corps
- Health Professions Education Foundation
- CSLRP Loan Repayment Program

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In no case will an employee receive more than \$5,000 in a calendar year.

An employee may want pre-approval for the Tuition Reimbursement portion of this policy. If so, the employee must submit the form two weeks prior to the beginning of class or the program. A letter of approval/disapproval will be sent to the employee. If pre-approval is issued, all conditions of successful completion of the class or program must still be achieved to remain eligible for reimbursement. Reimbursement or Loan Repayment Forms are due within 30 days of each course completion or annually each year following the successful completion of the performance evaluation.

The Reimbursement Form and original receipts as well as grades verifying course completion must be submitted to Human Resources. A grade of C or better in graded courses and/or a grade of "Credit" in a Credit/No Credit course indicates successful completion. For loan repayment, a current outstanding educational loan statement must be attached to the application. If prior loan repayments have been issued, at least 2/3 of the monies received from Kaweah Health must show as a credit on the statement for the prior period. If not, there is no future eligibility for any Tuition, Books or Fee reimbursement nor Loan Repayment.

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All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Vice President for Directors submitting for reimbursement, and the Director of Human Resources.

Terms and Conditions

Nothing in this policy shall be construed to bind either Kaweah Health or the employee to any period of employment with the other. Each party recognizes that employment is terminable at the will of either party.

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Class attendance and completion of study assignments will be accomplished outside of the employee's regularly scheduled working hours. It is expected that educational activities will not interfere with the employee's work.

EDUCATIONAL PROGRAMS AND COMPENSATION

Kaweah Health provides various educational programs and opportunities for employees including but not limited to formal hospital/departmental/unit specific orientation, annual requirements, in-services related to new equipment or procedures, maintenance of certifications as required for identified positions, and staff meetings. Appropriate compensation must be provided in accordance with regulatory and Kaweah Health established guidelines.

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Mandatory Education

- Programs may be designed as mandatory by Kaweah Health, a Vice President, a Director or a Manager. These programs may be offered during scheduled working hours or outside of scheduled working hours.
- Mandatory programs such as meetings, courses, and orientations will

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be compensated by Kaweah ~~Health~~. Education hours will be considered productive time and as such will be paid in compliance with overtime as applicable and are subject to adherence to the policies and procedures that govern productive time, i.e. – dress code, attendance, etc. (Refer to Policies HR.184—Attendance and Punctuality, HR.197 Dress Code - Professional Appearance Guidelines.)

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- Courses may consist of instructor led training, computer based learning/testing, or blended learning defined as computer based learning followed by instructor led discussion or skills testing.
- With the exception of illness, approved absence or scheduled vacation, all employees must attend mandatory meetings. Reasonable notice is to be provided to employees of upcoming mandatory meetings. If the employee is unable to attend, he/she should request an absence. An employee who is unable to attend may be required to read and initial the meeting minutes or attend an additional meeting or program.
- Employees are to give 48 hours' notice for cancellation of any class or program in which they are enrolled, whichever voluntary or mandatory. Failure to give advance notice or arrive on time may count as an occurrence under the Attendance policy. (See HR.184 – Attendance and Punctuality)
- Assignment to attend during regular work hours will be made at the discretion of the department leader. Any deviations from mandatory attendance will be made at the discretion of the department leader.

COMPENSATION FOR KAWEAH ~~HEALTH~~ ASSIGNED JOB REQUIREMENTS

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- ***Employees who participate in and pass courses will be paid for such time if the course is required for their position or they have obtained manager approval prior to participating in the course.***
- ***Courses should be scheduled on non-work days and overtime should be avoided to the extent possible.***
- ***If the course is offered at KDHCD, no reimbursement will be provided for programs taken elsewhere unless manager approval is obtained prior to attending an outside course.***
- ***Instructor led training will be paid for actual time spent in the classroom. Staff who arrive late or unprepared will not be allowed to participate in the course and will not be paid for the attempt to participate.***
- ***Computer based courses/testing completed onsite will be paid for actual***

time spent completing the course/test. Computer based courses/testing completed off-site will be paid based on a predetermined amount of time. Fees charged to access online courses will not be reimbursed unless management approval is obtained prior to purchasing the course.

- **Time spent by employees attending training programs, lectures and meetings are not counted as hours worked if attendance is voluntary on the part of the employee or the course is not related to the employee's job.**

Employees must use the current time keeping system to record actual time for instructor led training and previously established hours for online training in order to receive compensation for education hours.

Established compensation for successful completion of online training includes but is not limited to the following:

Online Training	Hours Paid
HeartCode BLS	3
ACLS/PALS required pre-course self-assessment	2
NRP	4
STABLE	2
NDNQI Pressure Ulcer Training	1 (per module/max 4 modules)
NIHSS Stroke Certification	4
Off Duty completion of performance evaluation – self evaluation	1
Off Duty completion of NetLearning Modules/Testing	Variable based on module length, TBD prior to module release
Completion of Peer Evaluations	Not eligible – Must be done on duty

CONTINUING EDUCATION AND CONFERENCES

With the assistance of Human Resources and Clinical Education, department leaders plan, develop, and present educational offerings to Kaweah Health employees on a continuous and on-going basis. Continuing education includes all forms of job-related training, whether offered by Kaweah Health or by an outside organization.

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Many different methods are used for staff education such as formal continuing education classes, in-services, web-based education, one-on-one instruction, teleconferences, self-learning modules, and conferences. Reference materials for staff education are available within their respective departments, Kaweah Health Library, KDCentral and/or KNet and resources online.

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Types of educational offerings are determined as a result of Performance Improvement and Risk Management activities, new and changing technology, therapeutic and pharmacological intervention, regulatory and accreditation bodies, and identified or stated learning needs of employees.

Continuing education events may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid. If a program is voluntary, whether the expense and time for attendance will be paid or reimbursed is determined by the department leader.

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Conferences

A department may budget for short-term conference or seminar-type trainings for employees. It is the responsibility of the employee to complete the Travel Reimbursement Form and secure approval in advance of the training for all anticipated expenses, including approval for the hours to attend and whether hours in attendance will be paid. Conferences may be required by Kaweah Health and if mandatory, the costs and time for attendance will be paid.

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Refer to AP19 Travel, Per Diem and Other Employee Reimbursements

PROFESSIONAL CERTIFICATION FEE REIMBURSEMENT AND AWARDS

As determined by the area Vice President, pre-approved professional certification fees are available to full-time and part-time employees attaining and/or maintaining professional certification(s) in their vocational area. Employees must have successfully completed six months of employment to be eligible for this reimbursement or awards.

Professional Certification Criteria: To be reimbursed for examination fees and to qualify for the monetary award, the professional certification attained by the employee must:

- Not be a requirement for the staff members job code;
- Be sponsored by a national professional organization
- Involve an initial written examination that is available nationally and tests a professional body of knowledge (i.e., not technical such as ACLS, BCLS, etc.);
- Specify a defined recertification interval

Professional Certification Exclusions: Certification necessary as a condition of employment or as a minimum requirement for the position in which the employee is employed with Kaweah Health is not eligible under this program.

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Employees may request reimbursement for exam and renewal fees associated with the examination up to a maximum of \$250; the maximum an employee may receive for all exam and renewal fees under this program is \$250 per calendar year. These fees are

not taxable as long as the annual maximum received in reimbursement for tuition, books and fees is under \$5,250. Expenses which are not eligible for reimbursement, include but are not limited to travel, food, and lodging. The continuing education costs themselves and renewal fees without an exam or continuing education requirement are not eligible. Reimbursements must be submitted to Human Resources within 30 days of obtaining certification. Reimbursement monies will be included on the employee's next paycheck.

Employees receiving an initial certification or renewal are eligible for a monetary award in recognition of their accomplishment. Full-time and part-time employees will receive an award of \$500. The maximum amount of award per calendar year is \$500. Award monies are taxed in accordance with employee exemptions on file.

Employees requesting reimbursement for examination or renewal fees and/or a monetary award may request the appropriate form through Human Resources.

All signatures on applications are required to be obtained prior to submitting the application to Human Resources, including the employee's Director or Vice President for Directors submitting for reimbursement, and the Director of Human Resources.

Any exceptions to this policy must be approved by the Vice President of Human Resources.

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

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Exhibit A

REQUEST FOR PROFESSIONAL CERTIFICATION BONUS AND/OR REIMBURSEMENT

Kaweah Health Health Care District

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Name: _____ Employee Number: _____
Job Title: _____ Department: _____
Professional Certification: _____
Certifying Organization: _____

Eligibility for Reimbursement:

- Full and part time must be employed for six (6) months
- Must not be a requirement for employee's current job code
- Must be a national certification
- Must require a test to earn certification
- Must be submitted within 30 days of obtaining certification
- Must enhance the employee's current role with Kaweah Health

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For examples and information regarding payment, please see reverse side

Reimbursement Details:

Examination Expenses: \$ _____
RECEIPTS MUST BE ATTACHED

This represents:

- Examination Expenses (Maximum \$250.00 for Full-Time and Part-Time employees)
- Certification Bonus (Maximum \$500.00 for Full-Time and Part-Time employees)

In accordance with the provisions of Human Resources policy HR.49, Professional Certification, I hereby request reimbursement for examination fees and/or payment of a one-time bonus. I certify that all statements and submissions in support of this reimbursement/payment are true and correct to the best of my knowledge. Further, I understand that the certification I've received and sponsoring certifying body must be on the approved listing in order to qualify for reimbursement.

Staff Member's Signature

Date

Approvals: (all signatures required)

Supervisor: _____ (sign) _____ (print) Date: _____
Director: _____ (sign) _____ (print) Date: _____
HR: _____ (sign) _____ (print) Date: _____

Taxable \$ _____ Non-Taxable \$ _____

IMPORTANT: You must attach a copy of the certification and receipts for the reimbursement amount!!!

Payment:

Reimbursement Procedure: Reimbursements and bonuses will be included in your paycheck. A completed Professional Certification Reimbursement Form must be submitted to Human Resources. Once approved, your reimbursement will be included in your next paycheck.

Examples:

1. Imaging Tech is not eligible to receive reimbursement for obtaining or maintaining their CRT since this is required for all Imaging Techs.
2. A Cook who earns Phlebotomy Certification is not eligible to receive reimbursement for obtaining or maintaining this certification because it

If you have any questions, please contact Human Resources.



Policy Number: HR.65	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Payment of Wages	

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

POLICY:

Employees of Kaweah Health are paid bi-weekly for all the time worked during the past pay period the Friday after the end of each 14-day work period. There are 26 pay periods per year. Employees may elect to receive their paycheck by direct deposit, pay card, or paper check. The preferable payment method is direct deposit.

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PROCEDURE:

- I. All employees receive their pay stub notification via email shortly after the bi-weekly payroll process is complete on Wednesday evenings or Thursday morning before pay day. The notifications are emailed per the pay stub delivery set up employees have entered in HRONLINE.

Supplemental pay given to employees is paid with paper checks unless a pay card has been agreed upon between the employee and the payroll department. All Employees that possess a pay card are instructed to keep their cards for future use if the need arises. The issuance of pay cards is determined by the payroll department.

- II. When payday falls on a holiday observed by Kaweah Health and banking institutions, paychecks will be distributed one-day earlier

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- III. Employees who resign providing at least seventy-two (72) hours-notice will receive their final pay after the end of their last worked shift. If termination occurs on a weekday, the final pay will be ready for pick up at Human Resources by 4:00 pm. If termination occurs on a weekend or legal holiday and the required notice has been submitted by the employee, payroll will process the check and the manager or supervisor on duty will deliver the final payment to the employee after the end of their last work shift. Employees who provide less than seventy-two (72) hours-notice will have their final pay available within forty-eight (48) hours of their last hour worked.

Employees who are terminated, as a result of disciplinary action will receive their final pay upon notice of termination.

Final pay will include all hours worked and accrued Paid Time Off bank. Deductions from final pay will include statutory deductions, insurance premiums, voluntary deductions and any amounts the employee owes the District through sign-on bonus, etc. that the employee has agreed to repay in writing.

“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”

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

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Policy Number: HR.74	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Telecommuting	

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

POLICY

This policy on telecommuting applies to affected employees and provides for security for all records by limiting and monitoring access to the communication and computer systems.

Kaweah Health considers telecommuting to be a viable work option for certain employees which, benefits both Kaweah Health and the telecommuter. A telecommuter is an employee who works for Kaweah Health from a home, or other remote office for some part of the regularly scheduled workweek. Telecommuting does not change the basic terms and conditions of employment with Kaweah Health. All Kaweah Health employees, including telecommuters, are subject to Kaweah Health's employment policies and procedures. A telecommuter will be required to sign a copy of this Policy as a condition of being a telecommuter. These documents will be kept in the employee's Personnel file.

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Kaweah Health may change the conditions under which the telecommuter is authorized to telecommute or it may cancel the privileges of telecommuting with or without cause and with or without notice.

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PROCEDURE:

The employee may request to be considered for telecommuting privileges and/or department leadership may request the employee to work remotely according to the needs of the department.

General

1. Employees entering into a telecommuting agreement may be required to forfeit use of a designated onsite workstation in favor of a shared arrangement to maximize office space needs.
2. Telecommuters who request a change in telecommuting status to return to work onsite must provide a written notice to their manager before returning to work onsite in order to provide management time to arrange for a work station. Kaweah Health will consider the request and if agreed, will ensure a transition within a reasonable timeframe. Kaweah Health reserves the right to deny the request.

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Eligibility

The management team will determine which position/roles qualify for telecommuting. Telecommuters must be able to perform functions of their job in a remote setting.

1. The telecommuter must be proficient in all aspects of their assigned job functions. Department quality and productivity standards may be a condition of approval for telecommuting.
2. The telecommuter must have the ability to work independently with minimal assistance and/or supervision.
3. The telecommuter must demonstrate familiarity with computer operations and software and must be able to troubleshoot computer and technical issues and communicate effectively with the management team, ISS Helpdesk and other technical support personnel.
4. Remote opportunities may not be extended/offered to employees who are currently in disciplinary action or have low scores on a performance evaluation.
5. Department management will establish the manner and frequency of communication.

Telecommuter Scheduled Workweek:

1. The telecommuter agrees that he or she will be accessible during their regularly scheduled hours while working from his or her home office or any other remote office. A non-exempt telecommuter must also take his or her required meal periods and rest breaks and must obtain pre-approval to work any overtime in accordance with Kaweah **Health** policy. Changes to the telecommuter's work schedule must be approved by department management.
2. Telecommuters may be scheduled a portion of their time to routinely work onsite at the discretion of management.
3. Telecommuters will continue to utilize KRONOS to clock in and out or other timekeeping protocol as per existing policies. Worked hours may be verified by examining the production reports as well as computer log-in and log-out times. Falsification of any records will be grounds for progressive discipline up to and including termination of employment.
4. Telecommuters will request management approval for time off by completing the department PTO process.

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Telecommuter Workplace:

1. The telecommuter is responsible for designating and maintaining a workplace

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that is free from recognized hazards and that complies with all occupational safety and health standards, rules and regulations.

- 2. To ensure that safe work conditions exist, the telecommuter will allow representatives of Kaweah Health to have prompt access to and to inspect the telecommuter's designated workplace at any reasonable time on any regularly scheduled workday. The telecommuter is responsible for setting up and maintaining an ergonomically correct workstation. Employees requiring assistance in this regard should contact Human Resources.
- 3. The telecommuter agrees that he or she is responsible for any tax implications related to his or her home workspace.

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Telecommuter Equipment:

- 1. Kaweah Health may provide the telecommuter with equipment to be used in his or her home office. The telecommuter agrees to use all equipment for its intended purpose, in accordance with the manufacturer's instructions and in a safe manner, and in accordance with the Kaweah Health Equipment Use Security Agreement, and Acceptable Use Policy (ISS.001)
- 2. Kaweah Health may install one or more telephone lines in the telecommuter's designated work space to be used by telecommuter for making and receiving business phone calls and for use with the computer and facsimile machine that may be provided by Kaweah Health. All phone lines installed in the telecommuter's home office by Kaweah Health shall be in the name of Kaweah Health, unless another arrangement has been made. The telecommuter shall have no right in, or title to, Kaweah Health phone lines.
- 3. Kaweah Health shall be responsible for the installation, repair and maintenance of all organization-owned telecommuting equipment, office equipment, and furniture. The telecommuter agrees to promptly notify Kaweah Health if any of the office equipment described above malfunctions or performs improperly or unsafely.
- 4. All office equipment, telecommuting equipment, furniture and any other items used in the performance of Kaweah Health business shall be located within the work space designated by the telecommuter and may be used only by authorized employees. Kaweah Health shall not be liable for any loss, damages, or wear of any equipment, furniture, or supplies owned by the telecommuter. The telecommuter is responsible for insuring their equipment under his or her homeowner's or renter's insurance policy.

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Telecommuter Internet/Intranet Access:

- 1. Internet or Kaweah Health intranet access may be provided by Kaweah Health to the telecommuter for the benefit of Kaweah Health and its customers, vendors and suppliers. This access enables the telecommuter to connect to information and other resources within and outside Kaweah

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- 2. When accessing Kaweah Health's own intranet, the telecommuter agrees to do so only for business purposes. Accordingly, all such communications should be for professional, business reasons and should not be for personal use. Electronic mail may be used for non-confidential business contracts. Kaweah Health's intranet should not be used for personal gain or advancement of individual views. Solicitation of non-Kaweah Health business is strictly prohibited.
- 3. The Telecommuter will be given an Active Directory user name and password when granted access to Kaweah Health's intranet. The Human Resources and the Information Systems department will further be able to access all Kaweah Health computer equipment and electronic mail. All passwords issued will be kept confidential and are not be used by any other person. Any employee found to knowingly allow their password to be used by anyone else, or who is found to be using another's password will be subject to disciplinary action up to and including termination of employment.

Equipment Ownership and Usage:

- 1. All telecommuting systems provided by Kaweah Health, including the equipment and the data stored in the system, are and remain at all times, whether located on Kaweah Health premises or even though located in the telecommuter's home or at another remote location, the property of Kaweah Health. As a result, all messages created, sent or retrieved over Kaweah Health's electronic mail system or via voicemail are the property of Kaweah Health, and should be considered public information. Kaweah Health reserves the right to retrieve and read any message composed, sent or received on Kaweah Health's computer equipment electronic mail system or voicemail system. The telecommuter should be aware that, even when a message is erased, it is still possible to recreate the message; therefore, ultimate privacy of messages cannot be ensured. Accordingly, the telecommuter expressly consents to electronic monitoring of these systems. Furthermore, all communication including text and images can be disclosed to law enforcement or other third parties without the prior consent of the sender or receiver.
- 2. Kaweah Health will provide access to all necessary programs, systems, and software necessary to perform job functions.

Telecommuter Confidentiality:

- 1. The telecommuter agrees that all trade secrets, confidential information, and business records that come into his or her possession, or that he or she prepares, are the property of Kaweah Health. During his/her employment with Kaweah Health the telecommuter agrees not to disclose, directly or indirectly, any of the trade secrets, confidential data, or business records of Kaweah Health to any other individual or entity, including the telecommuter's

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family, except as required in the course of his/her employment. In addition, the telecommuter agrees not to use, directly or indirectly, any of the trade secrets, confidential data, or business records of Kaweah Health for the benefit of any other individual or entity, including the telecommuter's family, except as required in the course of his or her employment. In furtherance of these principles, telecommuter agrees to file all business records in a locked filing cabinet or otherwise take all other steps necessary to protect the confidentiality of information.

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2. The telecommuter is responsible to protect any and all Patient Health Information from disclosure to anyone that does not have a business or clinical reason to have such information.

3. Only email via Kaweah Health email system shall be utilized for purposes of communicating patient information to and from the facility.

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Telecommuter Liability for Injuries:

1. Kaweah Health and the telecommuter agree that any injury that occurs while the telecommuter is performing work on behalf of Kaweah Health from his/her home office shall be covered by Kaweah Health's Workers' Compensation insurance. The telecommuter agrees to promptly report any work-related injuries to his or her manager or Employee Health.

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2. The telecommuter agrees that he or she will conduct all business meeting at Kaweah Health's offices. The telecommuter further agrees not to invite third parties to visit his or her home office for the purpose of conducting Kaweah Health business.

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3. The telecommuter shall hold harmless and otherwise indemnify Kaweah Health for any injuries that occur to third parties, including members of telecommuter's family, on the telecommuter's premises.

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Telecommuter Harassment and Discrimination:

1. The telecommuter understands that any form of discrimination or harassment is strictly prohibited. The telecommuter further agrees to take all reasonable steps to prevent discrimination and harassment from occurring while conducting Kaweah Health business or while acting on behalf of Kaweah Health. The telecommuter also agrees that he or she will immediately report all instances of discrimination or harassment occurring at the telecommuter's workplace to Kaweah Health.

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Workplace Violence:

The telecommuter agrees that he or she will immediately report all instances of violence, harassment, sexual or otherwise, occurring at the telecommuter's workplace to Kaweah Health.

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Scheduled/Unscheduled System Downtime:

1. Equipment malfunction must be reported immediately to management, and if applicable, the ISS Help Desk. The technician on duty will inform the telecommuter when systems are back and running.
2. Telecommuters may not be paid for equipment/system downtime. The telecommuter must be available to work onsite during an equipment failure expected to exceed two hours, unless other arrangements are approved by management. Other options may include a flex schedule to make up this time, or used Paid Time Off at the discretion of management.

Leave of Absence or Termination of Employment:

1. Upon extended leave of absence or termination of employment, the telecommuter agrees to return or have returned Kaweah ~~Health~~-owned office equipment, furniture, business records, files and supplies.
2. The Information Systems Department will be notified immediately of the leave of absence or termination by Human Resources. The employee's access will be deactivated upon an extended leave of absence or date of termination.

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Terms and Conditions of Participation Agreement

1. The Department Director must review any telecommuting requests with their Vice President and the Vice President of Human Resources before telecommuting begins.

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

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Policy Number: HR.95	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Job Descriptions	

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

POLICY:

This policy provides department heads with appropriate guidelines for defining the qualifications and performance expectations for all staff positions. The Job Description is combined with and used as a part of the annual Performance Evaluation form.

Department heads are responsible to create and maintain current Performance Evaluation/Job Descriptions for each position in their department. Each job description will contain a job summary, job duties and performance standards, and minimum position qualifications including education, experience, required certification and/or registration, and the position's essential functions and physical demands.

PROCEDURE:

1. Each employee is entitled to a copy of the most recent Job Description for his/her position and will be required to sign an Acknowledgment of receipt upon hire and upon a change in position.
2. Human Resources will assist department heads in updating existing Job Descriptions and creating Job Descriptions for new positions.
3. Human Resources will maintain the most current copy of each Job Description in the Human Resources' system. Department heads must notify Human Resources of any changes in Job Descriptions in order to update these files.

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Policy Number: HR.96	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Personnel Files and Employee Health Records	

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

POLICY:

This policy provides guidelines on the appropriate retention and review of Personnel Files and Employee Health Records, ensures the confidentiality of same, and indicates access requirements for an employee or previous employee of their own Personnel File and/or certain Employee Health Records.

Kaweah Health maintains a system for retaining employee Personnel Files and Employee Health Records to assure compliance with all Federal and State regulatory requirements and to serve as reference documents when needed. Personnel Files are retained after an employee leaves employment; Employee Health records, including Workers' Compensation Files, are retained for at least 30 years post-employment.

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The Human Resources and Employee Health departments maintain a Personnel File and separate Employee Health Record for each employee. The Personnel File includes such information as the employee's job application, resume, W-4's, records of training, records of benefit plan enrollment, documentation of performance appraisals and salary increases, and other employment records. The Employee Health Record includes the post-offer health history and related documentation as well as ongoing immunization records, such as TB screenings.

Personnel Files and Employee Health Records are the property of Kaweah Health and are confidential. Access to the information contained in these files is restricted. Only supervisors and management personnel of Kaweah Health who have a legitimate reason to review information in a file are allowed to do so. Employee Health Records are maintained by the Employee Health Manager or designee. These records are available to employees of the Human Resources and Employee Health departments for purposes of responding to employee requests for documentation or other job-related reasons. Review and/or removal of a Personnel File from Human Resources will be controlled within Human Resources; the same for Employee Health Records which are controlled by Employee Health. A File may only be requested and/or removed from Human Resources or Employee Health by authorized individuals.

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Authorized Individuals:

1. The following individuals are authorized to review an employee's Personnel file within Human Resources:
 - a. Current or former employee - review and research, may request a copy
 - b. Human Resources or Employee Health staff for their respective files and records - review, research, filing
 - c. Supervisor or department management – review of their staff or if considering an employee for transfer to their department
 - d. Kaweah Health legal counsel - review for appropriate legal action
 - e. State and Federal agencies - for subpoena of records, inspection of file for compliance with regulations as and law; The Joint Commission, CMS, and the State Department of Health.

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PROCEDURE:

The following procedures apply to files of current and terminated employees:

1. The employee may request to inspect or have a copy made of his/her Personnel file by completing the form "Request to Inspect or Copy Personnel File" in Human Resources. For copies of Employee Health Records, the employee must complete the "Employee Health Records Information Release" Form. For current employees, Human Resources has 48 hours to complete the request. For terminated employees, Human Resources attempts to provide the copied files within 4-5 days, but reserves the right to complete the request within 30 days. The employee must review the file in Human Resources and is not allowed to remove the file under any circumstances.
2. Employee Health Records are not contained in the Personnel File. These records are confidential; Kaweah Health will safeguard them from disclosure and will disclose such information only as allowed by law or as required for Workers' Compensation or regulatory agency purposes.
3. A file removed from Human Resources or Employee Health must be hand carried to the requesting party by the authorized individual or designee. A representative from Human Resources or Employee Health will typically remain with the file and ensure the return.
4. Files and records must be returned within a timely manner. A Human Resources Representative or designee will monitor the tracking form to ensure the file is returned.
5. To keep Personnel records up to date, employees are required to notify the Human Resources department in writing of any changes in personal status including:

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- a. name
- b. address
- c. telephone number
- d. marital status and dependents if covered under employee benefits
- e. beneficiary designation for any of the insurance plans
- f. persons to be notified in case of emergency

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

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Policy Number: HR.98	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Employment References and Personnel File Access	

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

POLICY:

Kaweah Health is concerned with protecting confidential information on current and former employees. Human Resources will respond to all requests for employment references and verifications. All inquiries for information, whether verbal or written, concerning current or former employees are to be directed to Human Resources. Human Resources will not release any information (except as noted below) regarding current employees without their prior written authorization.

Any supervisor or employee may give a personal reference for another employee, provided the reply is not on Kaweah Delta stationary and that the individual states that the opinions expressed are solely those of the employee. All communications from government agencies that affect the Human Resources area will be referred to the Chief Human Resources Officer.

PROCEDURE:

1. Routine references checking job title and length of time on the job can be verified only by a representative of Human Resources.
2. Human Resources will report employee incidents, issues, or misconduct as required to State or Federal licensing or other agencies.
3. Kaweah Health will cooperate with Federal, State, and local government agencies which are investigating an employee if the investigators furnish proper identification and proof of their legal authority to conduct the investigation.
4. Employees, supervisors and department heads are required to refer all inquiries or requests for Personnel information from any governmental agency to the Vice President of Human Resources. Where appropriate, Human Resources will respond to inquiries, requests for data, claims, charges, etc., received from an agency.

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"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

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Policy Number: HR.131	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Dianne Cox (Chief Human Resources Officer)	
Employee Recognition and Acknowledgment Programs	

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

POLICY:

Kaweah Health values competent and caring employees and maintains programs for recognizing excellent performance and achievement through the use of rewards and recognition. Kaweah Health has a number of employee recognition programs and incentives based on goals and objectives and these may be changed or discontinued at any time.

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Taxability of Rewards and Recognition:

All employee recognition and rewards must be processed through Human Resources. The appropriate payroll taxes will be withheld through payroll during the normal bi-weekly payroll cycle for employees receiving rewards as follows:

- a. Cash and gift cards (combined amount of \$25 or more per day)
- b. Non-cash items given to or won by an individual in excess of \$100 (the entire value is taxable; not just the amount over \$100)

Non-Taxable:

De Minimis fringe benefits.

- a. occasional snacks or meals provided to a department or area
- b. holiday gifts, other than cash, with a low fair market value
- c. occasional movie tickets or small event tickets

Types of Recognition:

- II. Job Well Done – Taxable (cash equivalent award of \$25 or more)

Budgeted Funds used by departments for recognizing exemplary performance. Goods and services purchased for the benefit of employees and staff appreciation must be within preapproved budget fund limits.

- a. Employee may redeem voucher at Kaweah Korner.

- b. Once voucher is redeemed, gift cards or gift certificates with a value of \$25 or more in aggregate, will be included as income on the employee's next paycheck and regular income taxes will apply.

III. Employee of the Month – Taxable (cash equivalent award of \$25 or more)

A monthly employee service excellence award wherein selected employees are awarded a monetary gift and recognized by the Board of Directors for their outstanding performance.

- a. The winner receives a packet that may include gift cards and/or gift certificates. The value of these will be grossed up to the recipients current tax exemptions to allow for the recipient to receive the net reward.

IV. Kaweah Care – Non-Taxable (cash equivalent award of \$15)

Recognition of fellow employees who have exemplified Kaweah Care Values. A monthly drawing is held with five individuals recognized.

- a. Employees are nominated by fellow employees via paper application or the District Daily.
- b. Human Resources selects five random monthly winners.
- c. Winners receive \$15 in gift cards.

V. Service Awards

Longevity is awarded through the Service Awards program recognizing Employees' service to the District.

- a. All employees are eligible for and will be presented service awards upon completion of five (5) years thereafter.
- b. Service awards are presented bi-annually for employees who meet those anniversary dates during the year (15 or more years of service).
- c. The Human Resources Department is responsible for determining and identifying those employees to be honored and for ordering and ensuring the arrival of service awards prior to the presentation date.

VI. Departmental Programs

Organization-wide or departmental programs where selected employees are presented with various types of awards for outstanding performance.

Individual divisions and/or departments of Kaweah Health are encouraged to develop and maintain award programs recognizing outstanding performance. Awards, including, dinner certificates, gift certificates, award certificates,

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<#>There are various District-wide events or incentives that present employees with awards, prizes, raffles, etc.¶

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movie tickets, etc. may be presented to the selected employees on a quarterly and/or annual basis.

In addition, the District promotes special recognition programs by which employees can recognize co-workers special contributions or outstanding work.

VII. Retirement Recognition

Kaweah Health observes the retirement of its employees. The manager of the retiring employee, with the assistance of Human Resources, coordinates the observance, which is to be held within the department of the retiree.

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- a. A reception or recognition may be held for an employee with 10 or more years of service, and at least 62 years of age, retiring from Kaweah Health (not leaving for another position) with the employees agreement.

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- b. If a reception is planned, management is responsible for arranging a room, making catering arrangements with Dietary Services, issuing appropriate invitations and serving as host or hostess.

- c. A Kaweah Health provided tangible gift may be given by management based on \$10 for each year of service by the employee. Management will need to request the tangible gift from HR. (NO GIFT CARDS, GIFT CERTIFICATES)

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- d. HR will prepare a Board Resolution Plaque and the retiring employee will be invited to a Kaweah Delta Board Meeting for presentation. If the employee chooses not to attend, the plaque will be mailed to the employee's home address.

Employees may be excluded from participating in any of these programs if they are on a Leave of Absence of any duration.

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Policy Number: HR.141	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Employee Parking	

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

POLICY:

Parking permits are issued to each employee entitling them to park in designated Kaweah Health employee parking lots at no cost. Additionally, various parking lots owned and operated by the City of Visalia are available for all day parking. As a condition of employment, all Kaweah Health employees must properly utilize lots that are designated for employee parking. Kaweah Health assumes no responsibility for theft or damage involving vehicles parked in the District or City parking areas.

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PROCEDURE:

I. Parking permits are available through Human Resources.

Permits shall be hung from the rear view mirror. Employees may obtain two parking permits if they have two vehicles. Employees must submit their license plate number(s) to obtain each permit. Carpool slots will be designated. A Carpool permit will be required.

Employees who do not have permits on their rear view mirrors are not permitted to park in any District lot while working. Violations will result in citations and/or towing of the vehicle as well as disciplinary action. There will be a \$5.00 charge to replace lost permits.

II. Bike racks are available for employees arriving to work via bicycle.

III. Non-Employees

Non employee's, with the exception of GME Residents and Medical Students must obtain parking permits from the GME Coordinator and may park in designated Kaweah Delta spaces.

IV. Parking spaces specifically marked for physicians are not to be utilized by staff.

V. Employees are not permitted to park in the visitor parking lots.

VI. If appropriate, employees who are temporarily disabled may apply to the Security Services Manager for a temporary pass to permit parking near their place of work.

VII. Questions concerning parking rules and regulations should be addressed to the Security Services Manager. (See AP policy 142, Traffic and Parking Regulations and AP 143 Parking Citation Appeal).

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Policy Number: HR.148	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Personal Leave of Absence	

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

POLICY:

To allow employees time off for personal reasons and time off not covered by legislative requirements.

Leaves not covered under legislative requirements may be considered to be personal leaves of absence and are subject to approval by the department head. Leaves may be approved for a period of up to one month, in the case of pending licensure, leave may be extended up to 12-weeks, based on the employee's length of service, performance, level of responsibility, reason for the request, and Kaweah Health's ability to obtain a satisfactory replacement during the time the employee will be away from work.

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PROCEDURE:

1. Employees requesting a personal leave of absence are required to complete a request for Leave of Absence form. Requests and approvals for a personal leave of absence must indicate the specific beginning and ending dates. This request will be given to the employee's department head for approval. The employee will be send a pamphlet from the state Employment Development Department ("EDD") entitled "For your Benefit: California's Program for the Unemployed."
2. Employees have the option to use accrued Paid Time Off (PTO) during a personal Leave of Absence, and need to coordinate this with their timekeeper if they would like to utilize their accrued PTO time.
3. Efforts will be made to hold the employee's position open for the period of the approved leave. However due to business needs, there will be times when positions cannot be held open and it is not possible to guarantee reinstatement. If an employee's former position is unavailable when he/she is to return to work, a reasonable effort will be made to place the employee in a comparable position for which he/she is qualified. An employee who does not accept the position offered will be considered to have voluntarily terminated his/her employment effective the date the refusal is made. If Kaweah Health does not have any

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positions available for which the employee is qualified, the employee will be terminated.

4. Employee Benefits:

a. An employee taking leave will continue to receive coverage under Kaweah Health's employee benefit plan for up to a maximum of four (4) months per 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of such leave. Kaweah Health will continue to make the same premium contribution as if the employee had continued working.

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b. Insurance premiums (health, vision, dental, life, etc.) are to be paid by the employee and Kaweah Health, under the same conditions as existed prior to the leave, for a maximum period of four (4) months in a 12-month period.

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c. If on paid status (utilizing PTO), an employee may continue his/her normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Health his/her portion of the premiums monthly while on a leave of absence for a total of four months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits.

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d. An employee whose insurance is canceled due to nonpayment of premiums will have to satisfy a new waiting period after returning to work and will be considered a "new employee" for insurance purposes. The employee may have to provide proof of insurability.

e. An employee may cancel his/her insurance(s) within thirty (30) days of the end of his/her paid leave and will be re-enrolled upon return without a waiting period. Cancellation must be done in writing to the Human Resources Department. The employee must reinstate coverage within thirty (30) days of his/her return to work.

f. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan.

g. If the employee fails to return to work at the expiration of the leave, he/she must repay any health insurance premiums paid by Kaweah Health while on leave, unless failure to return to work is due to a continuation of his/her own serious health condition or other reasons beyond his/her control.

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Policy Number: HR.149	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Bereavement Leave	

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

PURPOSE:

To allow employees who have experienced a death in the immediate family to take the time to make necessary arrangements and to observe a period of grieving.

POLICY:

All Full-Time and Part-Time Benefitted employees shall be granted paid bereavement time in the event of a death in their immediate family. Eligibility occurs on the date of hire. Unpaid bereavement time or use of accrued Paid Time Off may be granted to employees with prior approval of their Director or designee.

PROCEDURE:

1. Immediate family can be defined with the list below; however, there may be instances where a loss of a significant other or close relative would be considered. These instances will be left up to the discretion of each department head.

Mother	Reg. Domestic Partner	Mother-in-law	Daughter-in-law
Father	Child	Father-in-law	Step Child
Sister	Grandchild	Sister-in-law	Step Parent
Brother	Grandparent	Brother-in-law	Step Brother
Spouse	Legal Guardian	Son-in-law	Step Sister

2. The employee must notify the department head of the need for time off.
3. Full-time and part-time benefitted employees will be granted up to three consecutive scheduled workdays off (up to 24 hours) with pay with the approval of management. Bereavement time may be delayed for a future date with a reasonable explanation for the delay and with the approval of management.
4. Additional leave utilizing Paid Time Off (PTO) or unpaid time off may be arranged upon request and with approval of management.
5. Bereavement time is to be recorded via timekeeping.

6. Where a pattern of use is established, documentation of death may be required. Failure to provide such documentation upon return to work may result in the leave being considered as an unauthorized absence without pay.

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Policy Number: HR.156	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Witness Duty	

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

POLICY:

An employee who is required by law to appear in court to testify on behalf of Kaweah Health will be paid for this time. If required to appear as a witness in a case unrelated to his/her employment the employee, may elect to take this time as unpaid or paid through his/her Paid Time Off (PTO) bank. A request for time off should be submitted to the employee's department management as soon as possible.

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PROCEDURE:

- Evidence of the subpoena to testify on behalf of Kaweah Health is to be presented to the Risk Management or Human Resources Department as soon as the employee receives the subpoena and becomes aware of a court date. The employee will be paid for this time if the attendance is related to his/her employment at Kaweah Health. A KH-affiliated attorney may meet with the employee in advance and/or represent the employee when testifying.
- At no time will the employee receive compensation for regular work duty and witness duty for the same hours.
- If the witness duty is not related to employment, the employee must notify his/her department management or supervisor of the need for time off as soon as a notice or summons from the court is received.
 - The employee may be requested to provide written verification from the court clerk of having served.
 - If not related to employment, the employee may elect to be paid through his/her Paid Time Off (PTO) bank or take the time as unpaid.

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Policy Number: HR.169	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Jury Duty	

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

PURPOSE:

To provide employees with guidelines regarding time off and pay for jury duty.

POLICY:

All Full-Time and Part-Time benefit eligible employees may be granted pay to serve as a juror. Kaweah Health will provide up to 10 days per calendar year. Employees will be paid at their base rate and without differentials. Employees are not required to reimburse any monies received by the court for Jury Duty.

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PROCEDURE:

1. An employee summoned for Jury Duty should notify their management team as soon as the summons is received.
2. If the absence for jury service would impose a significant hardship on Kaweah Health, the employee will seek to be excused from service, or have such service deferred, as determined by the employee's department head. Letters to request to be excused may be obtained from Human Resources.
3. Employees who take time off for Jury Duty must present a certificate of attendance for each day served to his/her manager upon return to work. At no time will an employee receive compensation for regular work duty and Jury Duty for the same hours.
4. On the days that the employee is not in a courtroom or in the Jury room, he/she must report to work if scheduled. In the event the court dismisses the employee, the employee must call their department management to determine if they are to report to work.
5. Depending on length of service on a particular day, an evening shift employee may or may not be required to work their scheduled shift. Generally, an employee should not serve Jury Duty and work more than 10 hours in one day combined. If the employee fails to contact their department manager or designee

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regarding their work schedule, the hours paid for Jury Duty will be the actual hours at the Court, rather than a full evening shift.

6. Night shift employees must have a minimum of eight (8) hours between Jury Duty service before or after their shift. Employees normally scheduled to work 12-hour shifts will receive 12 hours of jury duty pay for each day served, up to the annual allowable amount.
7. If Jury Duty service extends beyond the time originally estimated, the employee will be responsible for keeping their department head informed and may use Paid Time Off (PTO) for such time.
8. Jury duty service is not considered time worked for the purpose of computing overtime pay.

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Policy Number: HR.173	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Employee Emergency Relief	

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

POLICY:

This policy was developed to assist employees in time of personal financial emergency. The funding of this program is through unused Section 125 funds and donations by employees of Kaweah Health. The unused Section 125 funds will be donated to the Kaweah Health Hospital Foundation and restricted to use for the Kaweah Health Employee Emergency Relief and STARRS Committee.

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PROCEDURE:

To seek assistance from the emergency fund, an application (attached Exhibit) must be fully completed and signed by the employee and department manager/director. The application must be submitted to the Human Resources Department.

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The STARRS Committee meets monthly or as needed to process applications. At least five members of the STARRS Committee must be present at the meeting to approve any disbursements.¶

Applications for assistance shall be reviewed by Chief Human Resources Officer. The decision as to whether to make an award as well as the amount of the award is solely within the discretion of the Chief Human Resources Officer.

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I. Eligibility

- A. All full-time and part-time employees are eligible after successfully completing the introductory period of employment. Employees may not be in the Disciplinary Action Process with a Level II counseling or higher.
- B. One application per household.
- C. Requests must be submitted to Human Resources in writing by the employee needing assistance. A Manager/Director acknowledgment of submission for Human Resources review is required.
- D. Employees requesting assistance must meet at least one of the required criteria.

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E. Application must be submitted to Human Resources within sixty (60) days of the emergency event or condition resulting in a need for assistance.

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F. Application expires after 90 days of submission. If all required documentation is not provided within the 90 day timeframe the application must be resubmitted.

G. Any misrepresentation on this application may be sufficient cause for rejection of the application, and disciplinary action up to and including termination of employment.

II. Criteria

The requesting employee may be asked to provide documentation for any of the criteria listed below (i.e. direct financial impact that creates a hardship for the household):

1. Expenses associated with a major medical emergency or condition of the employee or an immediate family member;
2. Expenses associated with the death of an immediate family member; and,
3. Expenses associated with a catastrophic event affecting the employee.

III. Definition of Immediate Family

For the purpose of this policy, immediate family is defined as current spouse, mother, father, sister, brother, child, (natural or legal guardian, domestic partner, current mother- or father-in-law, grandchildren and employee's grandparents.)

IV. Disbursement

Awards will be disbursed as approved by the Chief Human Resources Officer or designee provided funds are available.

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Awards are not to exceed a maximum of \$2,000.

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Employees are eligible to reapply for assistance every five (5) years. Exceptions to the policy can be approved by the Chief Human Resources Officer after review and approval.

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V. Committee¶

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Committee members will consist of representatives from the STARRS Committee. The Committee will be chaired by the Vice President of Human Resources or designee. Each member of the Committee has an equal vote. A vote of majority by Committee members is required for any award.

V. Donations

Should the Employee Emergency Relief program be discontinued, the Kaweah Health Hospital Foundation and Human Resources will determine the use of the funds. No additional donations to the Employee Emergency Relief Fund will be accepted.

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Kaweah ~~Health~~
Employee Emergency Relief Application
(Submit to the Human Resources Department)

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Employee Name: _____ Date: _____ Department: _____
Title: _____ Employee # _____ Phone # _____
Amount of Request \$ _____

Emergency Criteria (Please check one)

- () Major medical emergency of the employee or an immediate family member.
- () Death of an immediate family member.
- () A catastrophic event affecting the employee. (Example: Fire or Natural Disaster)

**Funds may take up to one month to be distributed.*

(Brief explanation of your situation): _____ Date of Incident: _____

Our goal is to pay some of your expenses to help assist you with this unforeseen emergency. Please list expenses that you need assistance with as well as the amount of assistance needed. Please attach unpaid invoices. (Unfortunately, we can only make payments to third parties. We cannot write a check directly to you. Funds cannot be used to pay **Medical Insurance Premiums.**)

I certify that all statements above are true and correct. Any misrepresentation on this application may be sufficient cause for rejection of the application. I also certify that I have read the Employee Emergency Relief Policy HR 173.

Requestor's Signature _____ Date _____ Department Director/Manager Verification _____ Date _____

Human Resources use only

Date Received: _____ ~~Approval Date:~~ _____

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Has employee applied and been awarded in the past three (3) years? ___ Date: _____ Amount: _____

Approved: (Amount) _____ Denied (Reason): _____

Given to the Foundation (Date): _____ Check to be ready on (Date): _____

Funds distributed to (Co. Name): _____ Date: _____

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Policy Number: HR.183	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Identification Badges	

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

POLICY:

Employees and contract staff are required to wear the official Kaweah Health ID badge at all times while on duty. Students, sales and service representatives, temporary help, contractors and construction workers, and volunteers will wear identification badges as a condition of being on District property. The badge is to be worn chest high or above, with the name and picture clearly visible to patients, visitors, co-workers, physicians, and volunteers. No other badges, buttons or insignias, other than the official I.D. Badge may be worn while on duty. Unauthorized stickers or pins cannot be placed on the ID Badge. In the event of a disaster, the official Kaweah Health Hospital identification badge must be worn to gain admittance to the property.

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Some badges issued by Human Resources include access control. These badges are programmed for each employee to have access to certain locations of the District. Employees who do not have access via their badge may not enter these protected areas without specific permission from a member of management. Employees with specific access may not provide access to anyone else.

A \$10.00 replacement charge will occur if an employee requests an ID badge due to it being lost or forgotten. The \$10.00 charge is the actual cost of the badge, including the attachments that must also be replaced. There is no charge to replace a damaged or worn badge.

PROCEDURE:

1. Human Resources will prepare ID badges indicating the name and title.
2. Employees can make purchases using their ID Badge in the Gift Shop, Kaweah Korner, Pharmacy, and Cafeteria. All amounts will be paid via payroll deduction, including a final check if leaving employment.
3. If an individual loses his/her badge or the badge is damaged or worn, he/she must report to Human Resources immediately to have a new badge prepared. Individuals will be held financially responsible for purchases made with their ID Badge, even if the badge is lost or stolen. A \$10.00 replacement charge will occur if an employee requests an ID badge due to it being lost or forgotten. The \$10.00 charge is the actual cost of the badge, including the attachments that must also be replaced. There is no cost to replace a damaged or worn badge.

4. A new badge will be issued when an employee has a name change or title change. A name change will only be issued upon presentation of a Social Security Card with the new name, and required licensure is verifiable with the new name.
5. The Purchasing Department, via a Vendormate kiosk, will issue temporary badges to all sales representatives.
6. Upon termination of employment or if work or service will no longer be provided to the District, the ID badge must be turned in to the department. All ID badges must be returned to Human Resources.

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Policy Number: HR.184	Date Created: No Date Set
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 12/21/2020
Approvers: Board of Directors (Administration)	
Attendance & Punctuality	

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

POLICY:

Attendance and punctuality is important to Kaweah Health's mission to deliver high quality service to our patients and the community. It is each employee's responsibility to maintain a good attendance record. Employees with excessive absenteeism may be subject to Progressive Discipline.

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Regular attendance and promptness are considered part of an employee's essential job functions. Employees with disabilities may be granted reasonable accommodation to assist them in meeting essential functions under any provision in this policy. In cases of disability, appropriate documentation from a healthcare provider in compliance with Kaweah Health Leave Policies. A Leave of Absence may be considered as a reasonable accommodation. Please refer to Leave of Absence and the Reasonable Accommodation Policy for more information.

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All absences will be recorded on an attendance record (timecard or timekeeping, utilizing specific comments in the KRONOS system), which will be used to identify acceptable or unacceptable attendance patterns. The focus of this policy is on the frequency of absences and is to ensure reliability of employees to their work schedule and/or work requirements.

All employees are expected to maintain good attendance with minimal absenteeism. Employees are also expected to report to work punctually at the beginning of the scheduled shift and when returning from meals and breaks. An employee who misrepresents any reason for taking time off may be subject to disciplinary action up to and including termination of employment. See HR.216 Progressive Discipline.

PROCEDURE:

Absenteeism is not being at work or at a Kaweah Health paid class when scheduled unless the absence is protected by law.

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The following number of occurrences, including full shift absences, tardies and leaving early, will be considered excessive and will be grounds for counseling and disciplinary action up to and including termination. During the new hire introductory period (see HR.37 Introductory Period), unacceptable attendance may result in the employee being

placed in an advanced step of disciplinary action up to and including termination of employment.

Occurrence:

- An occurrence is defined as a full day or consecutive days of unscheduled, unapproved, unprotected time off. If makeup time is authorized on the same day or within the week of the occurrence, the absence is still counted as an occurrence.
- For the purpose of this policy, a "tardy" results when an employee fails to report to their work area ready for work at the start of their shift or fails to return from lunch or break at the appropriate time.
- Two tardies or leaving early that have not been pre-approved count as one occurrence. One tardy and one time leaving early can also count as one occurrence, as well as two unscheduled events of leaving early will count as one occurrence.
- An employee is required to call in absences at least two hours prior to the start of their scheduled shift.
- Please note that attendance and punctuality is considered an important factor of overall performance and will be considered in performance evaluations and disciplinary actions. As such, if an employee has or is to receive disciplinary actions other than attendance, the levels as noted below will escalate. The entire performance of an employee is considered when establishing levels and Kaweah Health may apply any level or immediate termination if warranted due to the circumstance.

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Number of Occurrences in a Rolling 12-Month Period

<i>Counseling</i>	<i>Occurrences</i>	<i>Introductory Period</i>
<i>Verbal Warning</i>	<i>4</i>	<i>4</i>
<i>Level I Written Warning</i>	<i>5</i>	<i>NA</i>
<i>Level II Written Warning</i>	<i>6</i>	
<i>Level III Written Warning</i>	<i>7</i>	
<i>Termination</i>	<i>8</i>	<i>5</i>

Pattern Absenteeism:

Employees will be considered to have a pattern of unscheduled absences if their absences tend to occur immediately before or after scheduled days off, before or after holidays or weekends, occur at regular intervals or on consistent days, occur immediately following disciplinary action, or occur on days that the employee requested off but were denied such request. Patterned absences will be considered misconduct and will be grounds for Progressive Discipline.

Absences not to be considered under this policy are noted below. Reasonable notice of these absences is requested and in some cases required. Progressive Discipline

may apply where reasonable notice or requested proof of time off documentation is not provided.

- a. Work-related accident/illness.
- b. Pre-scheduled Paid Time Off (PTO).
- c. Pre-scheduled personal time.
- d. Time off to vote or for duty as an election official. This provision will be limited to federal and statewide elections exclusively and shall not be extended to include local, city or county elections. Employees requesting time off to vote will submit the request in writing. The request should state specifically why the employee is not able to vote during non-working hours. Unless otherwise agreed, this time must be taken at the beginning or ending of the employee's shift to minimize the time away from work.
- e. Time off for adult literacy programs.
- f. Time off if a victim of a crime, or if a family member is the victim of a crime, when they take time off following the crime. Protections are for an employee who is a victim of domestic violence, sexual assault, or stalking for taking time off from work for any specified purpose, including seeking medical attention, for injuries caused by the domestic violence, assault, or stalking and appearing in court pursuant to a subpoena. In addition, protections include taking time off from work to obtain or attempt to obtain any relief. Relief includes, but is not limited to, a temporary restraining order, restraining order, obtaining psychological counseling, engaging in safety planning, seeking other injunctive relief, and to help ensure the health, safety or welfare of the victim or their child. Furthermore, protections include if the employee provides certification that they were receiving services for injuries relating to the crime or abuse or if the employee was a victim advocate.
- g. Time off to attend judicial proceedings as a victim of a crime, the family member, registered domestic partner or child of a registered domestic partner who is a victim of a crime. Victim means any person who suffers direct or threatened physical, psychological, or financial harm as a result of the commission or attempted commission of specified crime or their spouse, parent, child, sibling, or guardian.
- h. Employees who enter uniformed military service of the Armed Forces of the United States for active duty or training.
- i. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a

contingency operation.

- j. Time off of up to fourteen (14) days per calendar year for volunteer firefighter, reserve peace officer, or emergency rescue personnel training or duties.
- k. Time off to attend school or child care activities for their children, grandchildren or guardians (limited to 40 hours per year not exceeding eight hours in any calendar month). Applies to children in grades 1 through 12 or in a licensed child care facility. Additional protections apply for required appearances after suspension of a child from school. Effective January 1, 2016, employees may take time off from work to find a school or a licensed child care provider and to enroll or re-enroll a child, and time off to address child care provider or school emergencies.
- l. Bereavement time related to Policy.
- m. Jury Duty or Witness Duty.
- n. Leaves pursuant to legislative requirements Family and Medical Leave Act of 1993 (FMLA); California Family Rights Act of 1991 (CFRA); Pregnancy Disability Leave (PDL); Organ and Bone Marrow Donation Leave; and Workers' Compensation (WC).
- o. Kin Care: Kin Care authorizes eligible employees to use up to one-half ($\frac{1}{2}$) of the Extended Illness Bank (EIB) that they accrue annually, in a rolling 12 months, to take time off to care for a sick family member. Employees who accrue EIB are eligible for Kin Care. Employees who are not eligible for EIB are not eligible for Kin Care. No more than one-half of an employee's EIB accrual in a rolling 12- month period can be counted as Kin Care. For example, for full-time employees this would mean no more than 24 hours can be utilized as Kin Care in a rolling 12-month period. An employee must have EIB available to use on the day of the absence for that absence to be covered under Kin Care. An employee who has exhausted his/her EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care. Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, parents, parents-in-law, siblings, grandchildren and grandparents. A Leave of Absence form does not need to be submitted unless the employee will be absent and use sick leave for more than three continuous workdays. In addition, an employee taking Kin Care does not need to submit a doctor's note or medical certification. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note.

Absence for Religious Observation

Kaweah Health will attempt to accommodate employees requesting absence for religious observation, however, in certain circumstances accommodation may not be possible or reasonable.

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Notification of Late Arrival

An employee is required to call in absences at least two hours prior to the start of their scheduled shift.

Schedules

- a. Employees are scheduled to work during specified hours. Unless approved by management, those hours may not be adjusted to accommodate early or late arrival or departure.
- b. Employees who arrive for work early may not leave before the end of their scheduled work period unless authorized to do so by their management. Employees may be subject to discipline for incurring unauthorized overtime by reporting to work prior to their scheduled start time. Employees who arrive for work late may not remain on duty beyond the regular scheduled work time to make up the lost time unless authorized to do so by their management. Employees who are absent without approval but are allowed to makeup time will continue to be subject to disciplinary action for lack of reliability.
- c. Employees are only paid for actual hours worked.
- d. Employees may not shorten the normal workday by not taking or by combining full meal periods and rest break periods and may not leave before the end of their scheduled shift without the authorization of a supervisor.
- e. Any employee who leaves Kaweah Health premises during work hours must notify and obtain approval from management and/or their designee prior to departure. Employees must clock out and in for their absence.
- f. Employees are to give 48 hours' notice for cancellation of any class or program in which they are enrolled, whether voluntary or mandatory. Employees must be on time. Example: If class is Tuesday through Friday, cancel the day before by 8:00 a.m.. Class is on Wednesday at noon; cancel by Tuesday 8:00 a.m.. If class is on Monday, cancel anytime by Saturday 23:59 a.m.. Employees must communicate via email to their Manager of the need to cancel.
- g. Failure to give advance notice may count as an occurrence under the Attendance Policy HR.184. Refer to Progressive Discipline policy HR 216.
- h. Employees who are absent from work for three days and have not contacted their department manager or supervisor will be assumed to have voluntarily terminated their employment. Employees who are absent from work without

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authorization and without providing proper notification to management may be considered to have abandoned their job and will be terminated from employment.

- i. Weekend Makeup Policy – Employees who call in on weekends may be required to make up weekend shifts missed.^{1[1]} Weekend shifts will be scheduled for makeup on a successive schedule at the discretion of the scheduling coordinator/supervisor per staffing needs.
- j. Holiday Makeup Policy – Employees who call in on a ^{2[2]}holiday will be required to work another holiday or an extra weekend shift at the discretion of the scheduling coordinator/supervisor per staffing needs.

Loitering

Kaweah Health employees may not arrive to work greater than thirty (30) minutes prior to the start of their shift and may not remain within Kaweah Health facilities greater than thirty (30) minutes beyond the end of their shift without specific purpose and/or authorization to do so.

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Clocking

Employees should not clock in, may not begin work before the start of their scheduled shift and must discontinue work and clock out at the conclusion of their scheduled shift, unless instructed otherwise by their management. Employees may not work off-the- clock, including use of electronic communication.

Further information regarding this policy is available through your department manager or the Human Resources Department

^{1[1]} Weekend shift starts Fridays at 1800 and ends Mondays at 0600.
^{2[2]} Holiday is from 1800 the day before the holiday and ends 0600 the morning after the holiday.

“Responsibility for the review and revision of this Policy is assigned to the Chief, Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”

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Policy Number: HR.188	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Personal Property and Valuables	

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

POLICY:

Kaweah Health does not assume responsibility for personal articles lost or stolen on or about the District premises. Personnel are responsible for safeguarding their personal property while at work and are advised not to bring large sums of cash or other valuables to the workplace.

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PROCEDURE:

I. Lost or Stolen Property

If personnel experiences loss of personal property while at work they should immediately notify department management and complete and submit the Occurrence Report form located on Kaweah Compass.

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The Occurrence Report form is reviewed by department management and forwarded to and discussed with the Director of Risk Management.

II. Found Property

If personnel finds what appears to be personal property, notice should be made to department management immediately.

III. Lockers

Lockers may be assigned to an employee. Kaweah Health maintains ownership of the onsite locker and with appropriate reason has the right to access an employee's locker at any time.

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Policy Number: HR.216	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/28/2021
Approvers: Board of Directors (Administration)	
Progressive Discipline	

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

Kaweah Health uses positive measures and a process of progressive discipline to address employee performance and/or behavioral problems. Kaweah Health recognizes that the circumstances of each situation must be evaluated individually to determine whether to discipline progressively or to impose more advanced discipline immediately. This policy applies to all Organization employees, except residents enrolled in the Organization's Graduate Medical Education (GME) program. Disciplinary actions related to residents in the GME program are handled by the Office of the GME as described in the Resident Handbook.

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The primary purpose of Disciplinary Action is to assure compliance with policies, procedures and/or Behavioral Standards of Performance of the Organization. Orderly and efficient operation of our Organization requires that employees maintain appropriate standards of conduct and service excellence. Maintaining proper standards of conduct is necessary to protect the health and safety of all patients, employees, and visitors, to maintain uninterrupted operations, and to protect the Organization's goodwill and property. Because the purpose of disciplinary action is to address performance issues, it should be administered as soon after the incident(s) as possible. Therefore, depending on the seriousness of the offense and all pertinent facts and circumstances, disciplinary action will be administered promptly.

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Certain violations are considered major and require more immediate and severe action such as suspension and/or termination. Lesser violations will generally be subject to Progressive Discipline.

Any employee who is in Progressive Discipline is not eligible for transfer or promotion within Kaweah Health without review and approval by the hiring manager and Human Resources.

Progressive Discipline shall be the application of corrective measures by increasing degrees, designed to assist the employee to understand and comply with the required expectations of performance. All performance of an employee will be considered when applying Progressive Discipline.

In its sole discretion, Kaweah Health reserves the right to deviate from Progressive Discipline or act without Progressive Discipline whenever it determines that the circumstances warrant.

PROCEDURE:

I. The process of Progressive Discipline may include the following, depending on the seriousness of the offense and all pertinent facts and circumstances:

A. Warnings

1. Verbal Warning:

A Verbal Warning explains why the employee's conduct/performance is unacceptable and what is necessary to correct the conduct/performance. This written record of the verbal warning typically remains in the department manager's/supervisors confidential files unless more serious discipline follows.

B. Written Warning:

A Written Warning provides the nature of the issue and outlines the expectations of performance/conduct or what is necessary to correct the situation. This Warning becomes part of the employee's personnel file, along with any pertinent back-up documentation available, and will inform the employee that failure to meet the job standards/requirements of the Warning will necessitate further disciplinary action, up to and including termination.

The department management, in concert with Human Resources, determines the level of corrective disciplinary action that will take place based upon the seriousness of the offense, the existence of any prior disciplinary actions and the entirety of the employee's work record.

1. Level I

Any employee who receives a Level I is subject to further Written Warnings as stated in this policy.

2. Level II

Any employee who receives a Level II is subject to further Written Warnings as stated in this policy.

3. Level III

A Level III is considered Final Written Warning to the employee involved, and includes a written explanation of what is necessary to

meet the expectation of performance. A Level III Warning may be accompanied by a suspension. A suspension may be without pay and is generally up to five days or forty hours.

C. Administrative Leave

In the discretion of the Organization, an employee may be placed on Administrative Leave with or without pay at any time to give Kaweah Health time to conduct an investigation or for other circumstances considered appropriate by the Organization. Management may impose an Administrative Leave at any time for an employee(s) if they believe there is a risk to employee or patient safety. Management will notify Human Resources immediately if an Administrative Leave is enforced. When an employee is placed on Administrative Leave, Kaweah Health will make every effort to complete the investigation of the matter within five business days. If Kaweah Health is unable to complete an investigation of the matter within five days the Administrative Leave may be extended.

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After the investigation has been completed, the employee may be returned to work and, in the discretion of Kaweah Health and depending on the circumstances, may be reimbursed for all or part of the period of the leave. If it is determined that the employee should be terminated, compensation may, in the discretion of the Organization, be paid until the Post Determination Review process has been completed. (See policy HR.218).

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D. Dismissal Without Prior Disciplinary History

As noted, Kaweah Health may determine, in its sole discretion, that the employee's conduct or performance may warrant dismissal without prior Progressive Discipline. Examples of conduct that may warrant immediate dismissal, suspension or demotion include acts that endanger others, job abandonment, and misappropriation of Organization resources. This is not an exclusive list and other types of misconduct/poor performance, may also result in immediate dismissal, suspension or demotion. See Employee Conduct below. .

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E. Employee Conduct

This list of prohibited conduct is illustrative only; other types of conduct injurious to security, personal safety, employee welfare or the Organization's operations may also be prohibited. This includes behavior or behaviors that undermine a culture of safety. Employee conduct that will be subject to Progressive Discipline up to and including immediate involuntary termination of employment includes but is not limited to:.

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1. Falsifying or altering of any record (e.g., employment application, medical history form, work records, time cards, business or patient records and/or charts).
2. Giving false or misleading information during a Human Resources investigation;
3. Theft of property or inappropriate removal from premises or unauthorized possession of property that belongs to the Organization, employees, patients, or their families or visitors;
4. Damaging or defacing materials or property of the Organization, employees, patients, or their families or visitors;
5. Possession, distribution, sale, diversion, or use of alcohol or any unlawful drug while on duty or while on Organization premises, or reporting to work or operating a company vehicle under the influence of alcohol or any unlawful drug;
6. Fighting, initiating a fight, threats, abusive or vulgar language, intimidation or coercion or attempting bodily injury to another person on Organization property or while on duty. Reference policy AP161 Workplace Violence Prevention Program;
7. Workplace bullying which can adversely affect an employee's work or work environment, Reference policy HR.13 Anti-Harassment and Abusive Conduct.
8. Bringing or possessing firearms, weapons, or any other hazardous or dangerous devices on Organization property without proper authorization;
9. Endangering the life, safety, or health of others;
10. Intentional violation of patients' rights (e.g., as stated in Title XXII);
11. Insubordination and/or refusal to carry out a reasonable directive issued by an employee's manager (inappropriate communication as to content, tone, and/or language)
12. Communicating confidential Organization or Medical Staff information, except as required to fulfill job duties;
13. Sleeping or giving the appearance of sleeping while on duty;

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14. An act of sexual harassment as defined in the policy entitled Anti-Harassment and Abusive Conduct HR.13;
15. Improper or unauthorized use of Organization property or facilities;
16. Improper access to or use of the computer system or breach of password security;
17. Improper access, communication, disclosure, or other use of patient information. Accessing medical records with no business need is a violation of state and federal law and as such is considered a terminable offense by KDHCDC.
18. Unreliable attendance (See Attendance and Punctuality HR.184)
19. Violations of Kaweah Health Behavioral Standards of Performance.
20. Unintentional breaches and/or disclosures of patient information may be a violation of patient privacy laws. Unintentional breaches and/or disclosures include misdirecting patient information to the wrong intended party via fax transmission, mailing or by face-to-face interactions.
21. Access to personal or family PHI is prohibited.
22. Refusing to care for patients in the event mandated staffing ratios are exceeded due to a healthcare emergency.
23. Working off the clock at any time. For the convenience of the employees, Kaweah Health allows staff to clock in before their start time. However, employees are not permitted to work until their scheduled start time.
24. Failure to work overtime.
25. Use of personal cell phones while on duty if, unrelated to job duties anywhere in Kaweah Health.
26. Excessive or inappropriate use of the telephone, cell phones, computer systems, email, internet or intranet.
27. Any criminal conduct off the job that reflects adversely on the Organization.
28. Making entries on another employee's time record or allowing someone else to misuse the Organization's timekeeping system.

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29. Bringing children to work, or leaving children unattended on Organization premises during the work time of the employee.
30. Immoral or inappropriate conduct on Organization property.
31. Unprofessional, rude, intimidating, condescending, or abrupt verbal communication or body language.
32. Unsatisfactory job performance.
33. Horseplay or any other action that disrupts work,
34. Smoking within Kaweah Health and/or in violation of the policy.
35. Failure to report an accident involving a patient, visitor or employee.
36. Absence from work without proper notification or adequate explanation, leaving the assigned work area without permission from the supervisor, or absence of three or more days without notice or authorization.
37. Unauthorized gambling on Organization premises.
38. Failure to detect or report to Kaweah Health conduct by an employee that a reasonable person should know is improper or criminal.
39. Providing materially false information to the Organization, or a government agency, patient, insurer or the like.
40. Spreading gossip or rumors which cause a hostile work environment for the target of the rumor.
41. Impersonating a licensed provider.
42. Obtaining employment based on false or misleading information, falsifying information or making material omissions on documents or records.
43. Violation of Professional Appearance Guidelines
44. Being in areas not open to the general public during non-working hours without the permission of the supervisor or interfering with the work of employees.

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45. Failure to complete all job related mandatory requirements as noted on the job description and as issued throughout a year (i.e. Mandatory Annual Training, TB/Flu, etc.).

Further information regarding this policy is available through your department manager or the Human Resources Department.

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Policy Number: HR.234	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 06/28/2021
Approvers: Board of Directors (Administration)	
Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014	

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

POLICY:

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Workplace Act of 2014 – Paid Sick Leave (PSL) benefits are offered to all employees as defined in this policy. PTO is offered to full-time and part-time eligible employees for leisure, celebration of holidays, short-term illness and other personal needs. EIB is offered to full-time and part-time eligible employees for extended illness and Kin Care. Private Home Care staff, temporary staff/interims and Per Diem staff are not eligible for PTO or EIB but are eligible for Paid Sick Leave (PSL) as defined in this policy. Excessive occurrences of unapproved time off may result in disciplinary action. See Policy HR.184 Attendance and Punctuality.

PROCEDURE:

Eligibility and Accrual for PTO and EIB

Full-time and benefited part-time employees are eligible to receive PTO and EIB. If an eligible employee is changed to a non-eligible status, the PTO and EIB time accrual will cease. The employee will receive a lump-sum payment for all accrued PTO paid at 100% of their hourly rate of pay prior to the status change. During the non-eligible status, the employee will accrue PSL.

If a non-eligible employee is changed to an eligible status, the employee begins accruing PTO and EIB as of the first pay period in which the status change became effective; PSL accrual will cease. At no time will an employee accrue PTO and EIB as well as PSL. An employee accrues either PTO and EIB or PSL.

The rate of PTO and EIB accrual received is based on qualified service hours. Qualified service hours which count toward the accrual rate include the following: regular hours worked (non-overtime), Blood Donation, Education Reduced Shift, Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, PTO Holiday, PTO/Workers Compensation, Sitter Pay, Sleep Pay, PTO hours, bereavement hours, jury duty hours, training/workshop hours, orientation hours, and mandatory dock hours. Neither EIB nor PTO accruals will be earned while employees are being paid EIB hours.

Eligibility and Accrual for PSL

PSL eligible employees include Per-Diem, Private Home Care, and Part-Time non-benefit eligible employees. PSL eligible employees will accrue at the rate of one hour per every 30 hours worked (.033333 per hour); accrual begins as of the first pay period. A new employee is entitled to use PSL beginning on the first day of employment. Employees are limited to 24 hours of use of accrued time in each 12-month rolling period. PSL will carry over to the following calendar year not to exceed 48 hours of accrual in any calendar year.

Description	Service Hours	Approximate Yrs. of Service required to obtain this rate	Earned 1 st Pay Period: Accrual (8 & 10hrs up to 80 eligible hrs a pp) (12hrs up to 72 eligible hrs a pp)	Earned at 520 Eligible Hours of Employment: Additional Accrual earned on up to 72 eligible hours a pp.
8hr, 10hr, FT & PT Staff	0	5 years	.038461 (80) – Accrual rate during first 90 days in eligible status	.051282 (96hrs)
8hr, 10hr, FT & PT Staff	10400	5 – 10 years	.057692 (120)	.051282 (96hrs)
8hr, 10hr, FT & PT Staff	20800	10+ years	.076923 (160)	.051282 (96hrs)
12hr FT & PT Staff	0	5 years	.038461 (72)	.051282 (96hrs)
12hr FT & PT Staff	9360	5 – 10 years	.057692 (108)	.051282 (96hrs)
12hr FT & PT Staff	18720	10+ years	.076923 (144)	.051282 (96hrs)

Maximum Accruals

The Maximum PTO accrual allowed is 400 hours. The accrual will cease once the maximum accrual is reached until PTO hours are used or cashed out. The maximum EIB accrual is 2000 hours; the maximum PSL accrual is 48 hours in a calendar year. No Payment is made for accrued EIB or PSL time when employment with Kaweah Delta ends for any reason.

Requesting, Scheduling, and Access to PTO, EIB and PSL

Routine unpaid time off is not allowed. Any requests for unpaid time should be considered only on a case-by-case basis taking into consideration the need for additional staffing to replace the employee and other departmental impacts. It is the responsibility of management to monitor compliance. Employees should be aware that unpaid time off could potentially affect their eligibility for benefits. In addition, any request for PTO time, whether for traditional holiday, for vacation time, or otherwise must be approved in advance by management. Management will consider the employee's request as well as the needs of the department. In unusual circumstances, management may need to change the PTO requests of employees based upon the business and operational needs of Kaweah Delta. In such situations, Kaweah Delta is not responsible for costs employees may incur as a result of a change in their scheduled PTO time.

AB 1522 Healthy Workplace Healthy Families Act of 2014

An employee may utilize up to 24 hours of PTO or PSL in a rolling 12-month period for the following purposes:

- a) Diagnosis, care, or treatment of an existing health condition, or preventative care for, an employee or an employee's family member, as defined as employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, and siblings.
- b) "Family Member" means any of the following:
 - i. A child, which for purposes of this policy means a biological, adopted or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis; this definition of child is applicable regardless of age or dependency status.
 - ii. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
 - iii. A spouse
 - iv. A registered domestic partner
 - v. A grandparent
 - vi. A grandchild
 - vii. A sibling
- c) For an employee who is a victim of domestic violence, sexual assault or stalking, as specified.

There is no cash out provision for the PSL accrual, including upon termination of employment or with a status change to a benefit eligible position. However, if an employee separates from Kaweah Delta and is rehired within one year, previously accrued and unused PSL will be reinstated.

PSL and PTO time shall be utilized at a minimum of 2-hour increments and no more than the length of the employee's shift.

PTO and PSL time taken under this section is not subject to the Progressive Discipline Policy HR.216.

Time Off Due To Extended Illness

Employees who are absent due to illness for more than three (3) consecutive work days should notify their manager and contact the Human Resources Department to determine if they are eligible for a leave of absence. Accrued EIB can be utilized for an approved continuous leave of absence beyond 24 hours and on the first day of surgery in an acute-care or outpatient surgery center or inpatient admission to the hospital ([any procedure under anesthesia](#)).

Employees who are absent due to illness for more than seven (7) consecutive days should file a claim for California State Disability Insurance. Claim forms are available in Human Resources. State Disability payments will be supplemented with any accrued EIB time by the Payroll Department, and PTO at the employee's request.

Time Off Due to Kin Care

Kin Care allows eligible employees to use up to one-half (1/2) of the Extended Illness Bank (EIB) that they accrue annually in a rolling 12 months to take time off to care for a sick family member. Only employees who accrue EIB are eligible for Kin Care. No more than one-half of an employee's EIB accrual in a rolling 12-month period can be counted as Kin Care. For example, for full-time employees this would mean no more than 24 hours can be utilized as Kin Care in a rolling 12-month period. An employee must have EIB available to use on the day of the absence for that absence to be covered under Kin Care. An employee who has exhausted his/her EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care. Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, "child" means a biological, foster, or adopted child, a stepchild, a legal ward, a child of a domestic partner, or a child or a person standing in loco parentis, parents, parents-in-law, siblings, grandchildren and grandparents. A Leave of Absence form does not need to be submitted unless the employee will be absent and use sick leave for more than three continuous workdays. In addition, an employee taking Kin Care does not need to submit a doctor's note or medical certification. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note.

EIB time taken under this section to care for an immediate family member is not subject to the Progressive Discipline Policy HR.216.

Holidays

Kaweah Delta observes 72 holiday hours each year. Eligible employees may be scheduled a day off and will be paid provided adequate accrual exists within their PTO bank account for each observed holiday. Time off for the observance of holidays will always be in accordance Kaweah Delta needs.

1. New Year's Day (January 1st)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4th)
5. Labor Day (First Monday in September)
6. Thanksgiving Day (Fourth Thursday in November)
7. Day after Thanksgiving Day (Friday following Thanksgiving)
8. Christmas Day (December 25th)
9. Personal Day

Business departments and/or non-patient care areas will typically be closed in observance of the noted holidays. Where this is the case, employees assigned to and working in these departments will be scheduled for a day off on the day the department is closed. Employees affected by department closures for holidays should maintain an adequate number of hours within their PTO bank to ensure that time off is with pay.

In the first 90 days of employment, benefit eligible employees who have not accrued sufficient PTO to cover holidays may be paid and their PTO accrual bank will go into the negative, until accrual is earned back in successive pay periods, unless otherwise specified by the employee.

In business departments and/or non-patient care areas, holidays, which fall on Saturday, will typically be observed on the Friday preceding the actual holiday and holidays, which fall on Sunday, will be observed on the Monday following the actual holiday.

Employees who work hours on some of these holidays may be eligible for holiday differential. For more information of eligibility, see policy HR.75 Differential Pay-Shift, Holiday, and Weekend.

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Policy Number: HR.236	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Computer and Communication Devices and Social Media Code of Conduct	

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

POLICY:

This policy applies to all those who have access to Kaweah Health computer and electronic systems (i.e. telephones, Kaweah Health provided cell phones required for use while working, facsimile machines, computers, laptops, iPads, electronic mail, and internet/intranet access), whether on Kaweah Health premises or off site and regardless of employee status.

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Computer Systems:

Access to Kaweah Health's computer system is provided for business purposes. The system is not to be used for personal gain or advancement of individual views; employees need to exercise responsibility and not abuse privileges when sending or receiving messages for personal, non-business purposes. Solicitation of non-Kaweah Health business is strictly prohibited.

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Computer and Information Security:

Kaweah Health will maintain a secure computing environment, employing appropriate procedural and technical controls designed to safeguard information and supporting technologies. Kaweah Health provides security awareness education for staff members and implements workplace practices where staff understands their responsibilities for ensuring confidentiality and where their workflow encourages protection of information. All employees receive security awareness education during Orientation and annual through Mandatory Annual Training (MAT) e-learning. The underlying rule of information protection is 'the need to know,' i.e. one should only access information when access is required to fulfill one's responsibilities or perform an authorized and assigned business function. Access to patient records are tracked and recorded by the system. Users who violate security, confidentiality, and/or integrity of information intentionally or through carelessness will be subject to loss or restriction of use of the computer systems and/or disciplinary action up to and including termination of employment. Loss or restriction of the use of the computer systems may include loss of permanent access

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even if employed by another employer who has access to Kaweah Health systems.
(See AP64 Confidentiality Security and Integrity of Health Information)
Individual persons who access or use Kaweah Health information or data are expected to fulfill certain responsibilities according to the roles they are assigned.

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The expectation is to maintain a secure work area, protect computer access, to not divulge security codes or other confidential information to unauthorized persons, including to other staff members or employees of Kaweah Health. It is expected that staff or employees will report observed or suspected breaches of information to management, Corporate Compliance, and/or to the Information Systems Services department.

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Social Media:

This policy establishes the requirements for Kaweah Health employees in accessing, opening, viewing, and posting Social Media content, videos, and/or comments about Kaweah Health or related entities (including blogs, videos, pictures, podcasts, discussion forums, social networks, multi-media sites). Social Media sites may include, but are not limited to, Facebook, Twitter, Instagram, YouTube, LinkedIn, Snapchat, and the like.

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Kaweah Health understands that social media sites have joined the mainstream of day-to-day communications. It is expected that employees understand the impact that social media can have on Kaweah Health's reputation, co-workers, physicians, patients, and business relationships. We emphasize the importance of common sense and good judgment. Employees are to follow the same standards that apply to other activities and behavior when communicating on social media sites or online. Employees should know that postings and communications transmitted on social media sites are not private, and thus, should consider how any communication might be perceived.

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Kaweah Health's Media Relations Department has the responsibility to manage and monitor the information on Social Media sites, and will include Human Resources, Risk Management, Corporate Compliance, and other applicable departments or individuals if violations or concerns of violations of this policy occur.

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Internet Access:

Internet access is intended to support research, education and patient care, and is provided to enhance the ability to develop, design and implement improved methods for delivering patient care, information and related services. All staff are expected to use appropriate professional ethics and judgment when using internet or intranet access, including the use of Social Media, telephones and personal cell phones, including a prohibition on messaging or text messaging any Protected Health Information (PHI) or Personally Identifiable Information (PII). (See ISS.001

Information Security)
Electronic Communication Systems:

All electronic communication systems provided by Kaweah Health, including the equipment and the data stored in the system, are and remain at all times, whether located on Kaweah Health premises or if located at another remote location, the property of Kaweah Health. As a result, all messages created, sent or retrieved over Kaweah Health's electronic mail system or via voicemail are the property of Kaweah Health. Employees should not maintain any expectation of privacy with respect to information transmitted over, received by, or stored in any electronic communications device owned, leased, or operated in whole or in part by or on behalf of Kaweah Health.

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Kaweah Health reserves the right to retrieve and read any message composed, sent, or received on Kaweah Health's computer equipment, electronic mail system or voice mail system. Employees are informed that, even when a message is erased, it is still possible to recreate the message; therefore, ultimate privacy of messages should not be expected. Accordingly, employees expressly consent to electronic monitoring of these systems. Furthermore, all communications including text and images can be disclosed to law enforcement, licensing boards, or other third parties without the prior consent of the sender or the receiver. Kaweah Health can request and require an employee to disclose their username and/or password to gain access to any Kaweah Health-provided electronic device or software system.

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Kaweah Health Issued Mobile Devices:

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Only those individuals with a justifiable need, as determined by department leadership and the Director of ISS Technical Services, shall be issued Kaweah Health devices (i.e. phone, smartphone, tablet, laptop) and/or mobile voice and text/data services for the purpose of conducting business on behalf of Kaweah Health. The individual using Kaweah Health-owned devices is required to sign the "KDHC Equipment Use and Information Technology Security Agreement" at the time they are issued a device. The device must be kept in the employee's personal possession at all times. Kaweah Health may rescind the agreement and require the return of any devices at any time. When employment ends at Kaweah Health, all devices must be returned by the last day of work. Failure to return all property to Kaweah Health in the same working condition that it was received may be considered theft of property and may lead to criminal prosecution.

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Mobile phones may not be used while driving unless hands-free capability is utilized. This applies to use of the employee's personal vehicle and/or the use of Kaweah Health vehicles while on Kaweah Health business.

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PROCEDURE:

Electronic Communication:

1. Internet or the Kaweah Health intranet access may be provided by Kaweah Health to employees for the benefit of Kaweah Health and its customers, vendors and suppliers. This access enables the employee to connect to information and other resources within or outside of Kaweah Health. Contract services staff who work at Kaweah Health may be given access to the computer system and must comply with all provisions of this policy.

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The employee will be given a password when granted access to Kaweah Health's computer systems. The employee must change passwords to these systems when prompted to do so as define in Policy ISS.003. Because the system may need to be accessed by Kaweah Health, the Human Resources, Compliance, and Information Systems departments will further be able to access all Kaweah Health computer equipment and electronic mail. Any employee found to knowingly allow their password to be used by anyone else, or who is found to be using another's password will be subject to disciplinary action up to and including termination of employment.

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2. When accessing the internet or Kaweah Health's own intranet, employees agree to do so for business purposes. Accordingly, such communications should be for professional and business reasons; personal use must be limited to what may be considered regular break times.

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3. All staff are expected to use appropriate professional ethics and judgment when using internet or intranet access, including the use of Social Media, Kaweah Health provided cell phones, and telephones and personal cell phones, including a prohibition on messaging or text messaging any PHI or PII related information. Employees are expected to maintain employee, patient, customer, medical staff, and volunteer confidentiality (PHI and PII). (See ISS.015 Use of Portable Devices to "Text" ePHI or KDHCDC Proprietary Data) Employees may not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or Kaweah Health when posting to sites. This policy applies to employees using Social Media while at work. It also applies to the use of Social Media when away from work, when the employees' or medical staffs' Kaweah Health affiliation is identified, known, or presumed. If employees acknowledge their relationship with Kaweah Health in an online community, they must include disclaimers in their online communications advising that they are not speaking officially on behalf of Kaweah Health.

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4. Unless an individual is serving as an approved, official spokesperson for Kaweah Health in online communications, such communications are the individual's personal opinions and do not reflect the opinion of Kaweah

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Health. Employees are personally responsible for his/her posts (written, audio, video, or otherwise). Communications must not contain Kaweah Health confidential, proprietary or trade-secret information.

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5. Kaweah Health urges employees to report any violations or possible or perceived violations to supervisors, managers or the HR Department or Compliance Department. Violations include discussions of Kaweah Health and its employees and clients, any discussion of proprietary information, and any unlawful activity related to blogging or social networking. Inappropriate use shall be subject to disciplinary action, up to, and including, termination. In addition, breach of patient information may also be subject to legal proceedings and/or criminal charges. (See HR.216 Progressive Discipline policy)

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6. All employees who have access to computer information will sign an Agreement. In addition, employees will be required to sign certain other Agreements that apply to their position. The electronic copy of these Agreements will be kept in ISS.

Employee Harassment and Discrimination:

1. Any form of discrimination or harassment is strictly prohibited and employees must take all reasonable steps to prevent discrimination and harassment from occurring while conducting business or while acting on behalf of Kaweah Health. No messages with derogatory or inflammatory remarks about an individual or group's age, disability, gender, race, religion, national origin, physical attributes, sexual preference or any other classification protected by Federal, State or local law may be transmitted using any type of telecommunications technology.

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2. Employees must immediately report all instances of discrimination or harassment to Kaweah Health. Please refer to HR.13 Anti-Harassment policy.

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3. Nothing in this policy is intended to prohibit employees from communicating with co-workers about the terms and conditions of their employment.

Termination of Employment:

Upon termination of employment, the Information Systems Services Department will be notified immediately by Human Resources. The employee's password and all accounts will be deactivated. All Kaweah Health devices, equipment, and other property must be returned by the last day of on-site work. Failure to return all property to Kaweah Health in the same working condition that it was received may be

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considered theft of property and may lead to criminal prosecution.

"Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee's responsibility to review and understand all Kaweah Health Policies and Procedures."

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



Policy Number: HR.239	Date Created: 07/20/2022
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 9/24/2018
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Extended Illness Bank (EIB) Donations	

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

POLICY:

To provide a program where employees can donate personal Extended Illness Bank (EIB) hours to other EIB eligible employees because of a life threatening or serious extended illness.

Upon review and approval of the Director, ~~Chief~~ and ~~Chief~~ Human Resources Officer, Human Resources will establish EIB Donation Agreements for those employees who wish to donate a portion of their accrued EIB hours to a EIB eligible employee who has need of additional time (salary continuation) because of a life-threatening or serious extended illness.

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PROCEDURE:

1. The request to establish EIB donation agreements will be made by a department director and vice president to the ~~Chief~~ Human Resources Officer.
2. EIB hours may be donated under the following guidelines:
 - a. The donor employee is limited to a donation of 25% of his/her EIB balance, up to 40 hours per calendar year. The donor employee must retain a minimum balance of 80 hours in his/her EIB bank. EIB donations used are non-refundable to the donating employee.
 - b. EIB hours will be utilized evenly by all donated employees each pay period to supplement the recipients wages, up to their normal status.
 - c. EIB donations are converted from the donor employee's rate of pay to the recipient's rate of pay, so that appropriate taxes are applied.

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**Kaweah Delta
Health Care District**

Policy Number: HR.243	Date Created: 02/22/2016
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Cindy Moccio (Board Clerk/Exec Assist-CEO)	
Leaves of Absence	

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

Purpose:

To allow time off to employees who have no other recourse than to be away from work. To establish a system to continue to receive compensation through accessible benefits, such as Extended Illness Bank (EIB), Paid Time Off (PTO), State Disability Insurance, and Workers' Compensation. To advise employees of their rights and responsibilities.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.

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Policy:

1. Leaves of absence may be granted to all employees on a non-discriminatory basis for health conditions, personal, or family medical needs. A leave of absence may be granted to or provided for an employee for periods of longer than three (3) consecutive calendar days. Leaves pursuant to legislative requirements (Family and Medical Leave Act of 1993 - FMLA; California Family Rights Act of 1991, amended 1993 - CFRA; Pregnancy Disability Leave - PDL; Workers' Compensation; Organ and Bone Marrow Donation Leave of 2011) will be granted in accordance with those Acts. In addition, Leave will be granted to "emergency rescue personnel" who are health care providers, including employees of a disaster medical response entity sponsored or requested by the

State. Employees must be designated as such and be activated for duty. All other requests for leave will be considered on the basis of the employee's length of service, performance, level of responsibility, reason for the request and Kaweah Health's ability to obtain a satisfactory replacement during the time the employee will be away from work.

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2. Employees on leave of absence continue to be bound by all other Policies and Procedures of Kaweah Health during the length of the leave. However, Kaweah Health may hold in abeyance the requirement to complete job requirement documentation (e.g. Competency Forms, TB testing, performance reviews, counselings, etc.) until the employee returns from leave. The employee must complete all outstanding job requirements and documentation (licensure, CPR, ACLS, NRP, PALS, and TB testing, as applicable) prior to a return to work. Competency-related documentation (i.e. NetLearning modules including Mandaroty Trainings (MAT) must be completed within 30 day of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of their obligation while on the job to perform job responsibilities and to observe all Kaweah Health policies, rules, and procedures.

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Deleted: Competency-related documentation must be completed within two weeks of the employee's return. Requesting or receiving a leave of absence in no way relieves an employee of his or her obligation while on the job to perform his or her job responsibilities and to observe all Kaweah Delta policies, rules and procedures.

3. At the start of leave, the employee's access will be suspended pending their return to work.
4. Employees on Leave for any reason will not be eligible to participate in employee recognition programs.
5. The following leaves of absence may be granted to or provided for employees. Separate policies, including information on allowable lengths of leave, pay and benefits during a leave of absence, are available on each of the following:
 - a. Personal Leave of Absence
 - b. Family Medical Leave of Absence
 - c. Paid Family Leave (2004)
 - d. Personal Medical Leave of Absence
 - e. Pregnancy Disability Leave of Absence
 - f. Military Leave (Active and Reserve) of Absence
 - g. Workers' Compensation Disability Leave of Absence
 - h. Organ and Bone Marrow Donation Leave

LEAVES OF ABSENCE

Leave Type (Eligibility)	Maximum Duration	Same or <u>Comparable</u> Job if Return By	The Leave May Run Concurrently With
Personal (30 days)	30 Days (in the case of pending licensure leave)	30 Days	All Leaves

	may be extended up to 12 weeks.)		
Medical Leave (Upon Hire)	4 Months	No Job Protection Rights	
Family Medical Leave of Absence (FMLA) (1,250 hours during the previous 12 months; 1 year of service)	12 weeks in a rolling 12-month period. Kaweah <u>Health</u> adds 4 weeks to equal 4 months.	12 weeks in a rolling 12-month period. Kaweah <u>Health</u> adds 4 weeks to equal 4 months.	CFRA Pregnancy Leave Workers' Compensation Leave ADA
California Family Rights Act Leave (CFRA) (1,250 hours during the previous 12 Months; 1 year of service)	12 weeks in a rolling 12-month period.	12 weeks in a rolling 12-month period.	FMLA Workers' Compensation Leave ADA
Pregnancy Leave (Upon Hire)	17 1/3 weeks	17 1/3 weeks	FMLA ADA
Military Leave (Upon Hire)	Per Requirements of the Military Service Order	Depends on the length of the leave, please refer to policy.	ADA
Workers' Compensation Disability Leave (Upon Hire)	Until released by Physician.	Until released by Physician.	FMLA CFRA ADA
Organ and Bone Marrow Donation Leave (Upon Hire)	30 days in a rolling 12-month period for each of Organ Donation and Bone Marrow Donation	30 days in a rolling 12-month period for each of Organ Donation and Bone Marrow Donation	

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6. REQUIRED FORMS:

The following forms are required and are available by contacting Human Resources.

- a. "Leave of Absence Policy" is a copy of this policy and provides required notice to the employee, and is referred to as "Notice" throughout this policy.
- b. "Request for Leave of Absence" provides notice of the need for leave to Kaweah Health, and is referred to as "Request" throughout this policy.
- c. "Certification of Physician or Practitioner" provides proof of need for leave and suitability for return to work to Kaweah Health for a leave related to a medical condition for the employee or a family member, and is referred to as "Certification" throughout this policy.
- d. "Request for Information" memo will be sent to the employee in the event the Human Resources department needs more information regarding the leave.
- e. "Leave Designation" memo and the Employment Development Department ("EDD") entitled "For Your Benefit: California's Program For the Unemployed" will be provided to the requesting employee to communicate the approval status and other important information related to leaves.

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PROCEDURE:

1. Employees must contact their department head and Human Resources as soon as they learn of the need for leave to obtain the Notice and related forms. Because of the complexity of the regulations, employees should consult with Human Resources to ensure they are knowledgeable about the process and how the leave may affect pay and benefits.
2. The employee requesting a leave of absence for more than three (3) days must submit to his/her department head or Human Resources, as soon as possible, the Request form and, if the leave is for a health condition, the Certification form or an Off-Work Notice.
3. If the Request is received by the department head, the department head will sign and date the Request, and submit it, along with the Certification form or Off-Work Notice, if applicable, to Human Resources.
4. Upon receipt of the Request and Certification form or Off-Work Notice, Human Resources can mail a copy of the Notice to the employee's home address, if the employee indicates he/she does not already have a copy of the Notice.
5. Based on the documentation provided by the employee, Human Resources will determine leave coverage, and notify the employee and his/her department head using the Leave Designation memo. The beginning date of the leave may be delayed or leave may be denied if Certification or an Off-Work Notice is not available or the employee does not provide Kaweah Health with sufficient notice

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of the need or leave. Additional information needed will be requested from the employee by phone or via the Request for Information memo.

6. A doctor's release and a clearance with Employee Health Services will be required when an employee is returning from a medical leave of absence.
7. The Kaweah Health will make reasonable accommodations for known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. A leave of absence may be considered as a type of reasonable accommodation. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their supervisor, department head, or Human Resources and make a request to participate in a timely interactive process to explore reasonable accommodations. The individual with the disability is invited to identify what accommodation he or she needs to perform the job. This includes providing reasonable medical documentation confirming that the employee has a physical/mental condition that limits a major life activity and a description of why the employee needs a reasonable accommodation. Kaweah Health will take steps to identify the barriers that make it difficult for the applicant or employee to perform his or her job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of his or her job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Health will meet the request.
8. Employees should review the Benefits Overview Policy for information on employee benefit eligibility and COBRA rights.

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Nursing Workforce: 2021

Emma Camarena, DNP, RN, ACCNS-AG
Director of Nursing Practice



[kawahhealth.org](https://www.kawahhealth.org)



Foundation for the Role of Nurses

Kaweah Health Nursing Vision

Professional nurses dedicated to providing patient-centered care with compassion.

Kaweah Health Nursing Philosophy

Nurses at Kaweah Delta are committed to:

1. Sustaining a culture of inquiry, professional excellence, continuous practice improvement and lifelong learning.
2. Collaborating with the healthcare team to deliver high-quality care at all times and promote outstanding clinical outcomes.
3. Creating a caring-healing environment by partnering with patients, families, and each other to promote exceptional healthcare.

Nurse Work Environment

- Facilitate or constrain nursing practice
- Linked to patient outcomes
- Characterized by
 - Safe staffing
 - Communication & team work
 - Competent managers
 - Supportive senior leadership

(Carthon et al. 2019)

Adequate Nurse Staffing

- Contributes to improved patient outcomes
 - Surveillance
 - Time with patients
 - Early detection

(Carthon et al., 2019; Costa & Yakusheva, 2016)

High Patient Workloads

- Nurses report patient safety concerns
 - Information falling through the cracks
 - Missed communications
 - Delayed or missed care
 - Risk of adverse event

(Carthon et al., 2019)

High Patient Workloads

- Increased likelihood of adverse nurse outcomes
 - Burnout
 - Job dissatisfaction
 - Intent to leave

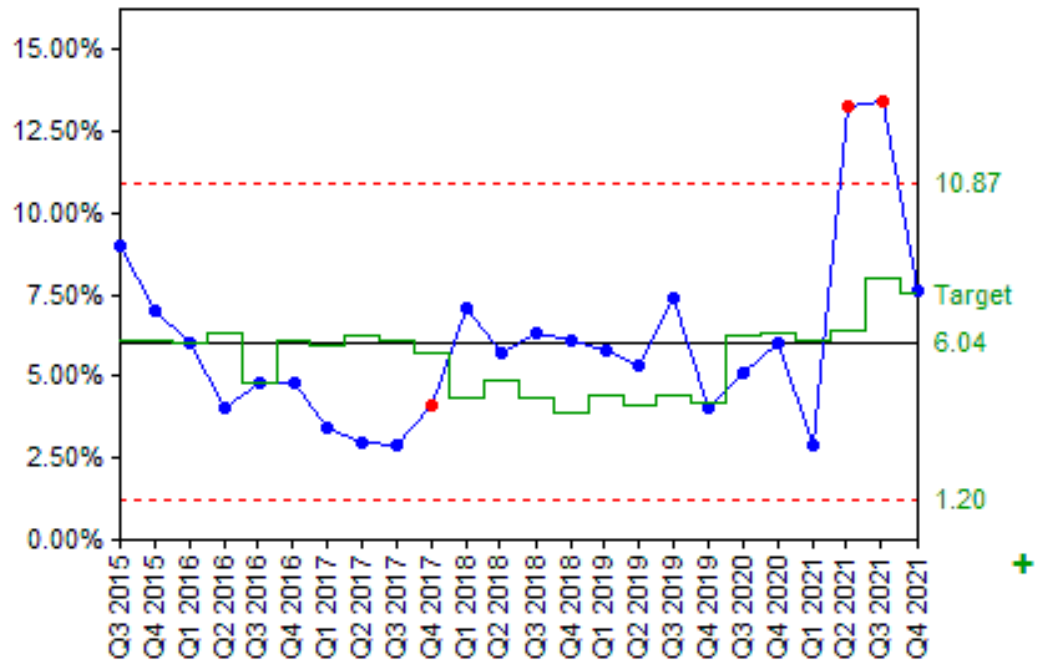
(Shin, Park, & Bae, 2018)

Kaweah Health Vacancy and Turnover Rate

Nursing Vacancy Rate - KDHCDC (Q)
Quarter = ALL

I Chart 3-Sigma

Summary

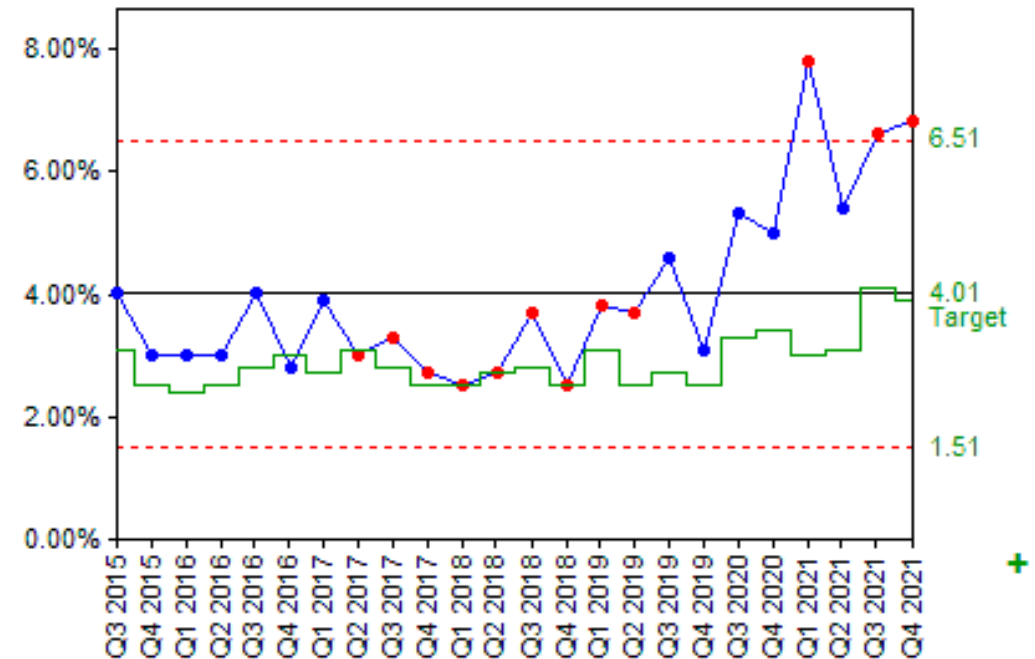


Jun 3, 2022 13:42:52

Nursing Turnover Rate - KDHCDC (Q)
Quarter = ALL

I Chart 3-Sigma

Summary



Jun 3, 2022 13:48:55

Cost of Clinical Nurse Burnout

- 74% of nurses are concerned about stress
- 45% of nurses are tired of their jobs
- 34% of nurses suffer from “Burnout Syndrome”
- \$65,000 average cost to replace one nurse
- RN turnover costs: ↑ 1% = \$337,000 per year
- Brain drain – Lose the skills and knowledge base in the organization
- 2% decrease in patient satisfaction for every 10% of dissatisfied nurses
- Increase in Hospital Acquired Infections

Ruggiero, J. & Vanek, F. (2019). *Engaging Leaders by Prioritizing Their Wellbeing and Resilency*. Presentation at the annual AONE Conference, San Diego, California
Holm, C. (2019). *Attributes in Leaders Most Desired by Clinical Nurses*. . Presentation at the annual AONE Conference, San Diego, California

Impact of COVID-19 Pandemic in CA

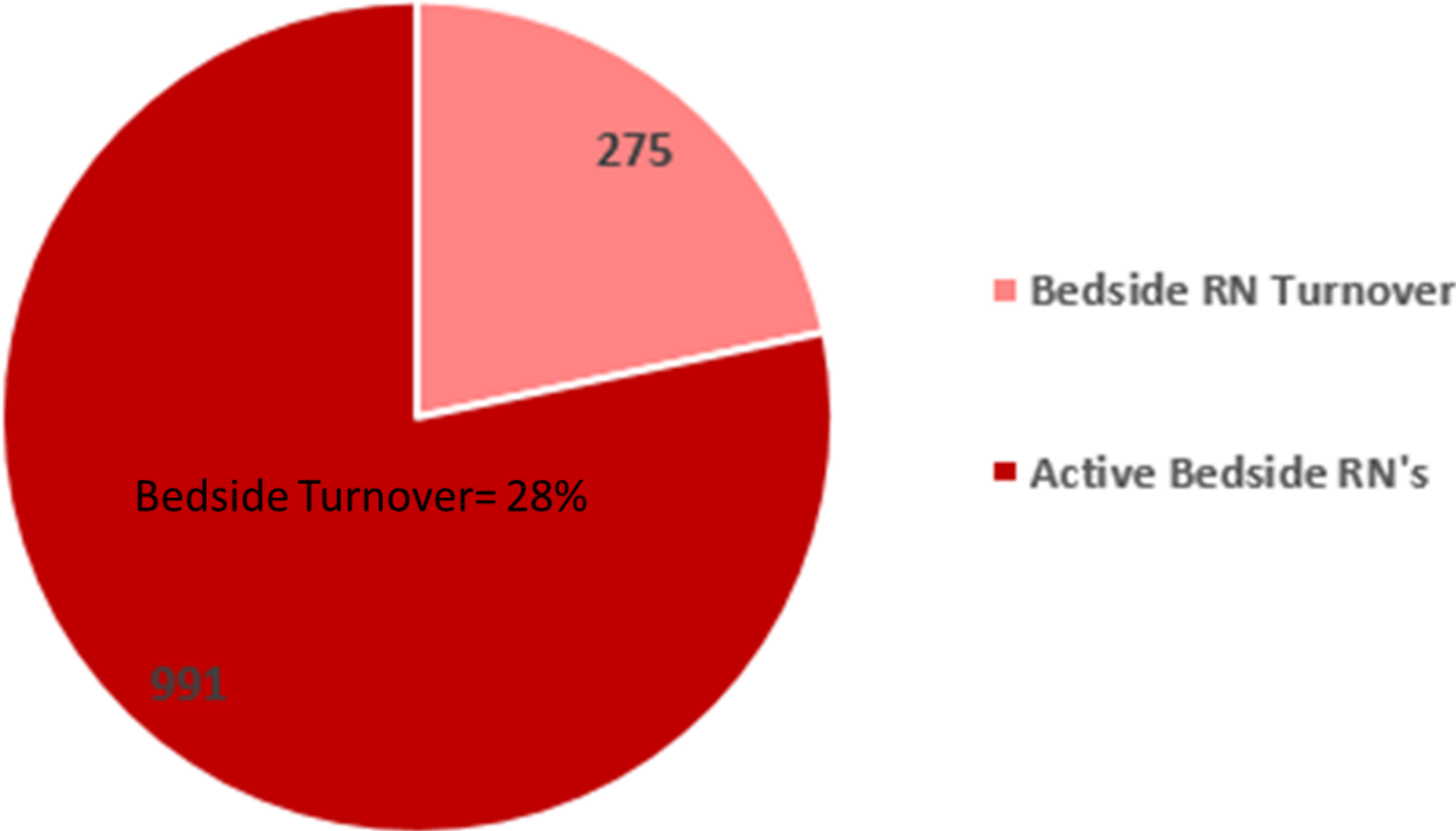
Fear of RN shortages

- Education programs:
 - Students unable to continue
 - Education programs: unable to modify programs
 - Students unwilling to engage in remote education
- RNs quit:
 - Fear of COVID
 - High stress
- RNs retiring:
 - 2018: 11.4%
 - 2020: 25.2%

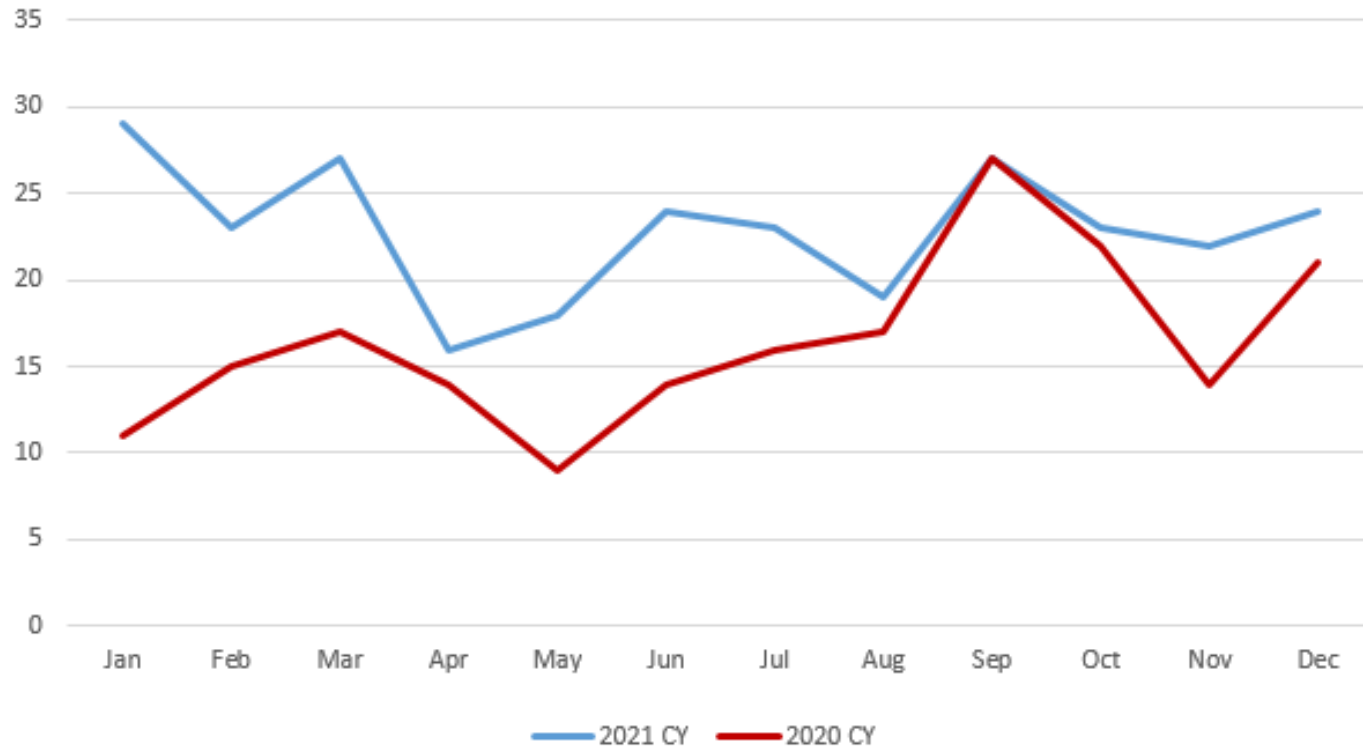
(2021. The Regents of the University of California <https://healthworkforce.ucsf.edu>)

Kaweah Health Bedside RN Turnover January 2021– December 2021

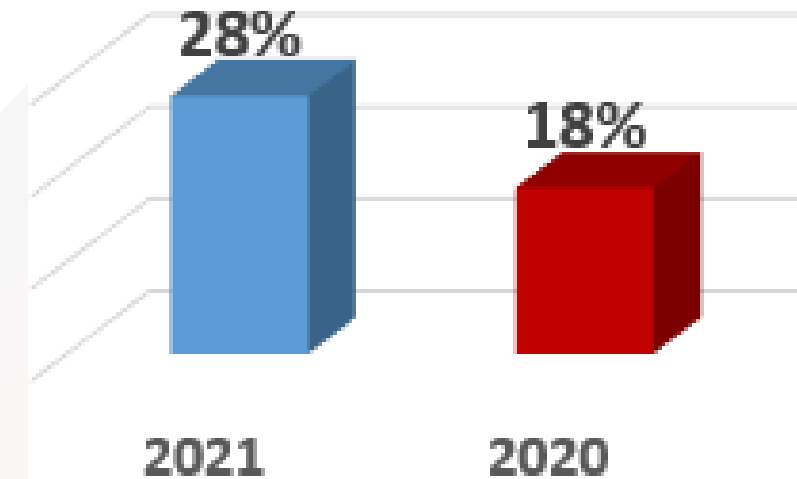
Includes FT/PT Bedside RNs



Bedside RN Terms by Month January 2021– December 2021 *Includes FT/PT Bedside RNs*

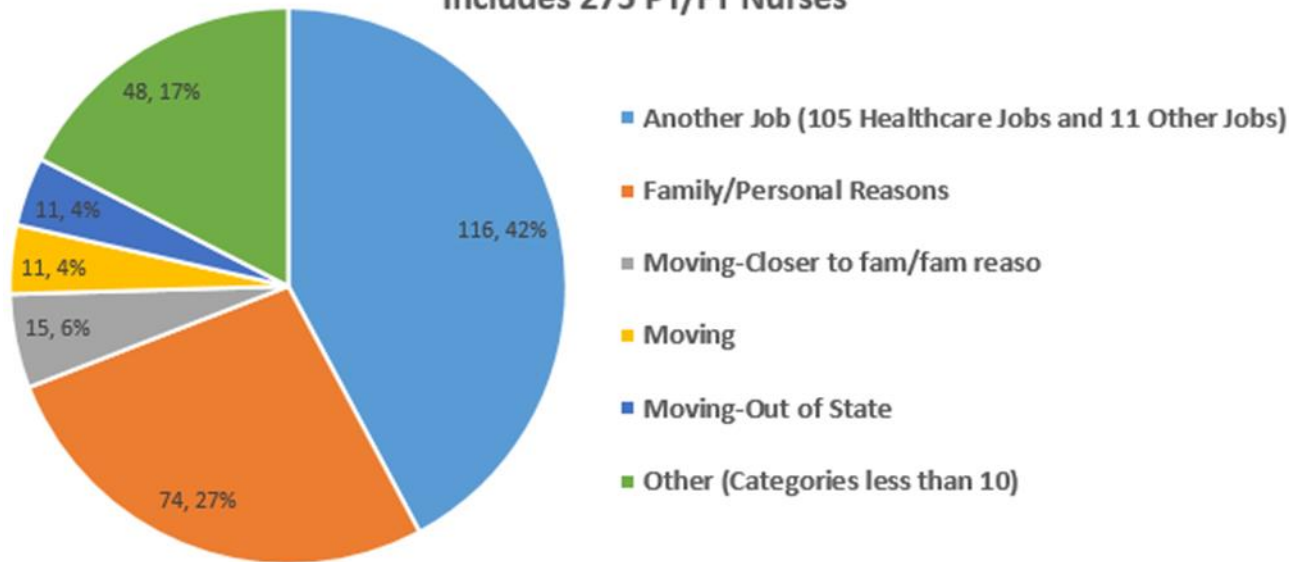


Calendar Year Turnover Bedside Nurses

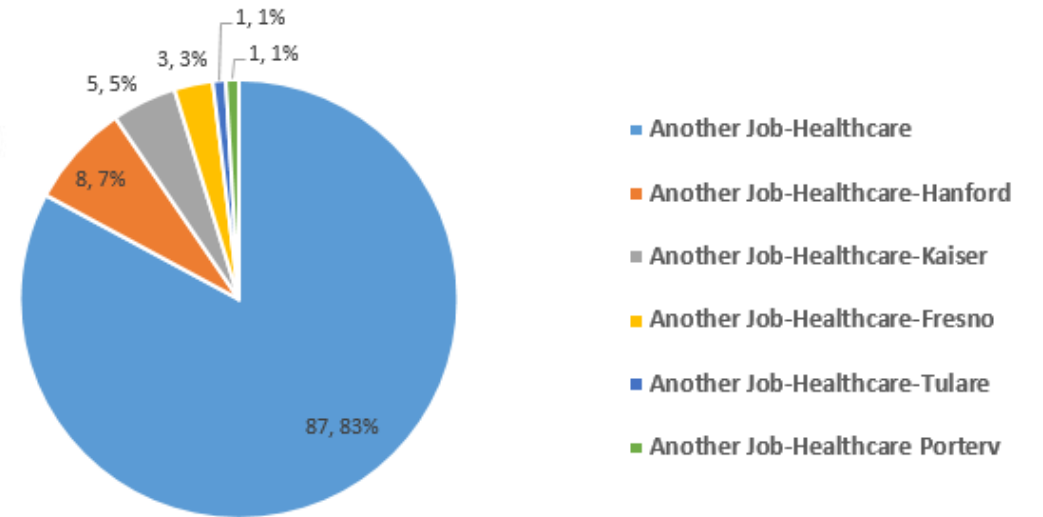


Reasons Direct Care RNs Left CY 2021

Bedside Term Reasons
Includes 275 PT/FT Nurses

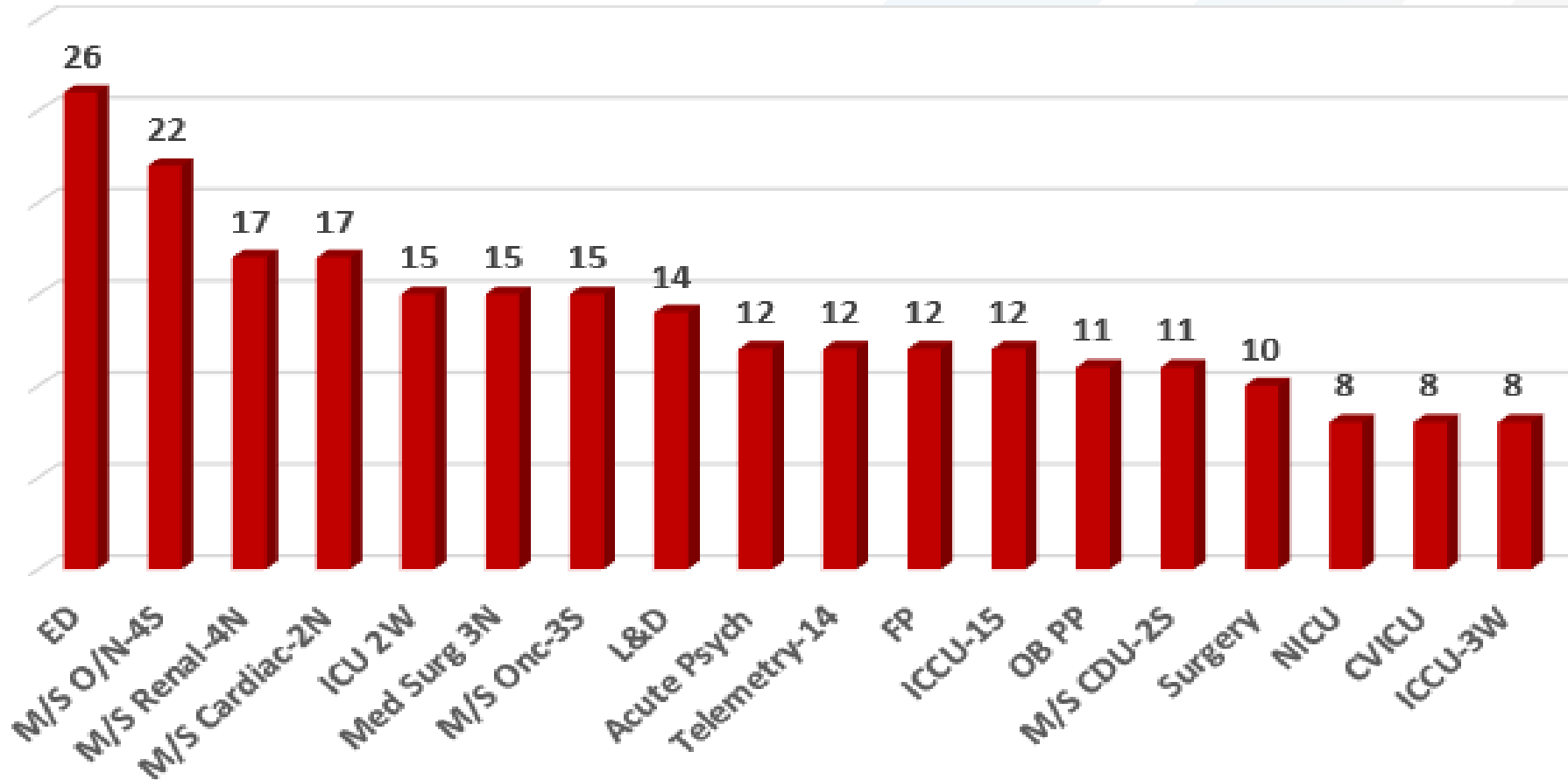


Bedside Terms (Another Job Breakdown)



Departments with 5+ Bedside RN Terms January 2021- December 2021

Includes FT/PT Bedside RNs



Adverse Events and Staffing at Kaweah Health

- In 2021, a total of 21 Focus Reviews/Root Cause Analyses were conducted

Root Cause	Action Plan
Staffing Related (57%)	Enhanced Orientation, Residency Programs, Student Nurse Intern Program
	Active recruitment – permanent and travel nurse positions
	Participation in Job Fairs
	Partnership with Nursing Programs – Increase Seats
Communication Related (61%)	Communication tool training – on hire and annually
	Quality Focus Team – Patient HandOff
	Just Culture- Encourage safety concern reporting
	Safety checklists – pre/post procedure care areas
	Additional timeout at procedure completion
	Standardized documentation of legal hold status across all areas

KHMC Staff Assignment Guidelines

- ***Level of overall nursing experience*** (i.e., novice to expert)
 - Consider the experience level of the RNs at all times, all shifts
 - Consider reassigning/redistributing pts in an effort to balance workload
- ***Resources for mentoring, precepting, addressing skill development needs of nurses***
 - New hires assigned to Mentor RN as resource in addition to Charge RN
 - RN's who are orienting another RN should not be given a more difficult assignment because there are "2" of them
 - Preceptors will successfully completed a preceptor training class
- ***Specific needs of population served***
 - Reassess assignments throughout the day
 - Modify assignments as driven by unit activity & patient acuity
 - Attempt to keep RN room assignments approximated
 - PC. 205 Staffing & Scheduling
 - PC.180 Patient Placement Guidelines, Critical Care/Telemetry Units admission guidelines

<https://www.nursingworld.org/~4a51bc/globalassets/practiceandpolicy/nurse-staffing/staffing-principles-infographic.pdf>

Kaweah Health Applies Principles for Nurse Staffing to Mitigate Adverse Events

1. Staffing decisions based on census *and* acuity
2. RNs lead/partner in collaborative health care teams
 - Gemba rounds
 - Quality Focus Teams
3. Protected time to participate in safety culture initiatives
 - Kaizen
 - Comprehensive Unit-Based Safety Program
 - Shared Decision Making
4. Recruitment strategies:
 - Social media
 - Priority acceptance to nursing programs
 - Student nurse interns-Student nurse aides

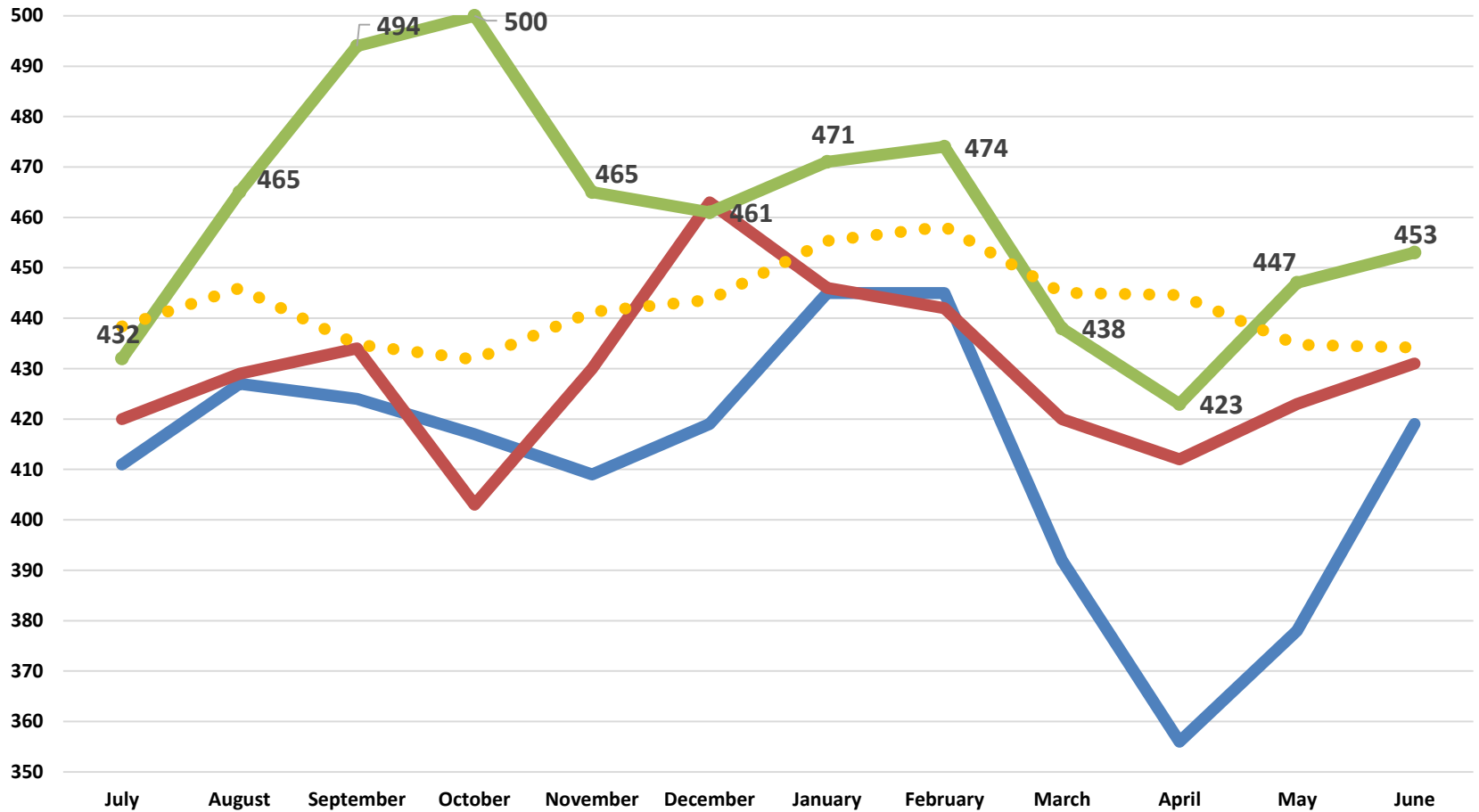
KD Applies Principles for Nurse Staffing to Mitigate Adverse Events

5. Flex resources at all levels to meet rapidly changing patient/community needs
 - Staff training & competency, technology, personal protective equipment, environment
6. Ongoing efforts to improve data reporting and technology to support unit-level review of nurse-sensitive outcome indicators
 - Bar Code Medication Administration (BCMA)
 - Midas prompts include staff role in event
 - GEMBA rounds - data collection

CFO Financial Report

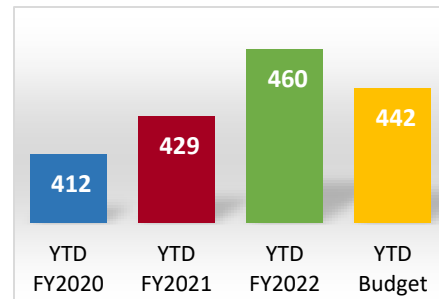
July 20, 2022

Average Daily Census

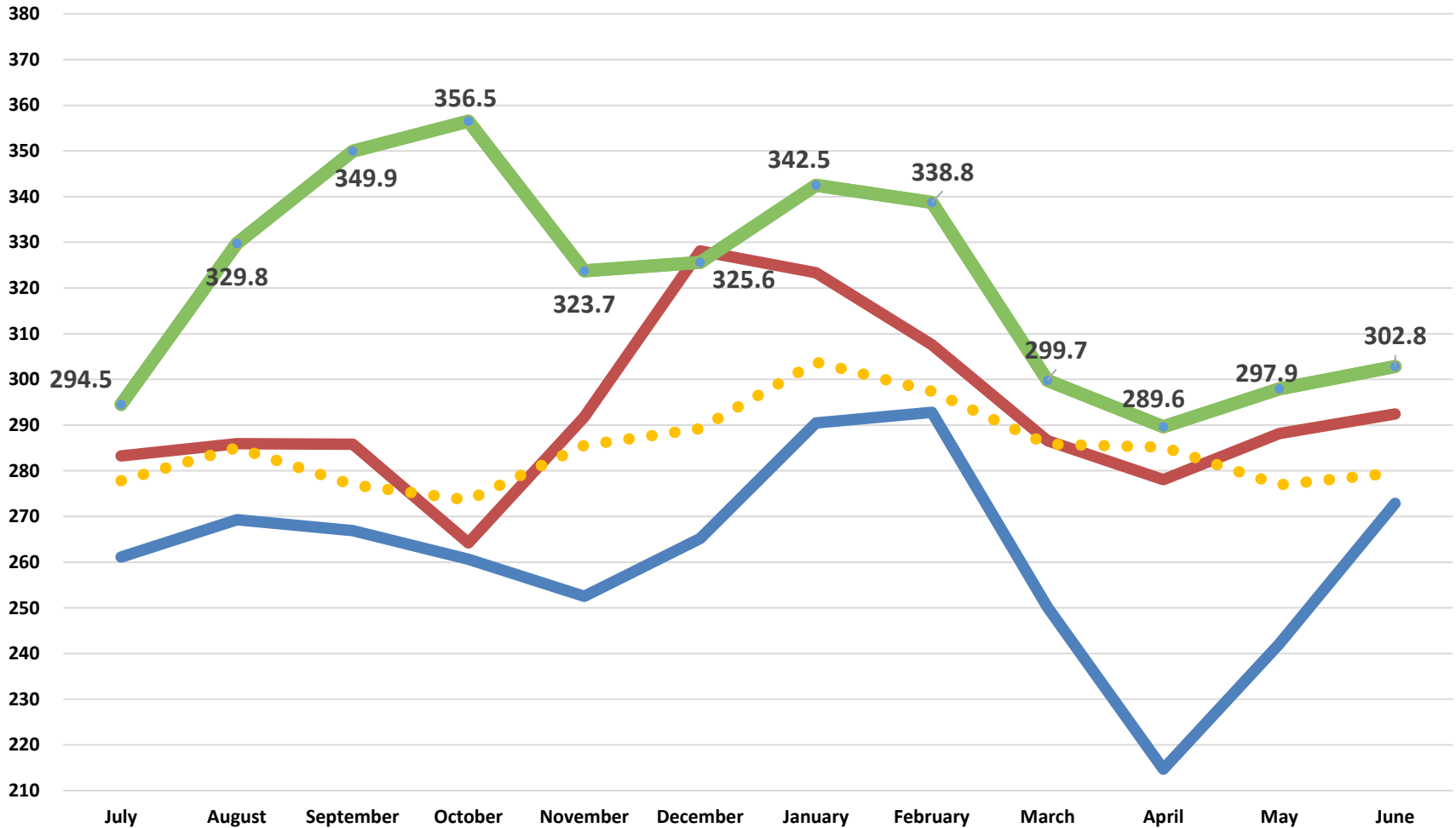


—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**

367/500

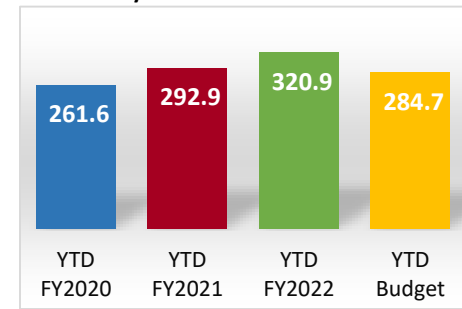


Medical Center – Avg. Patients Per Day

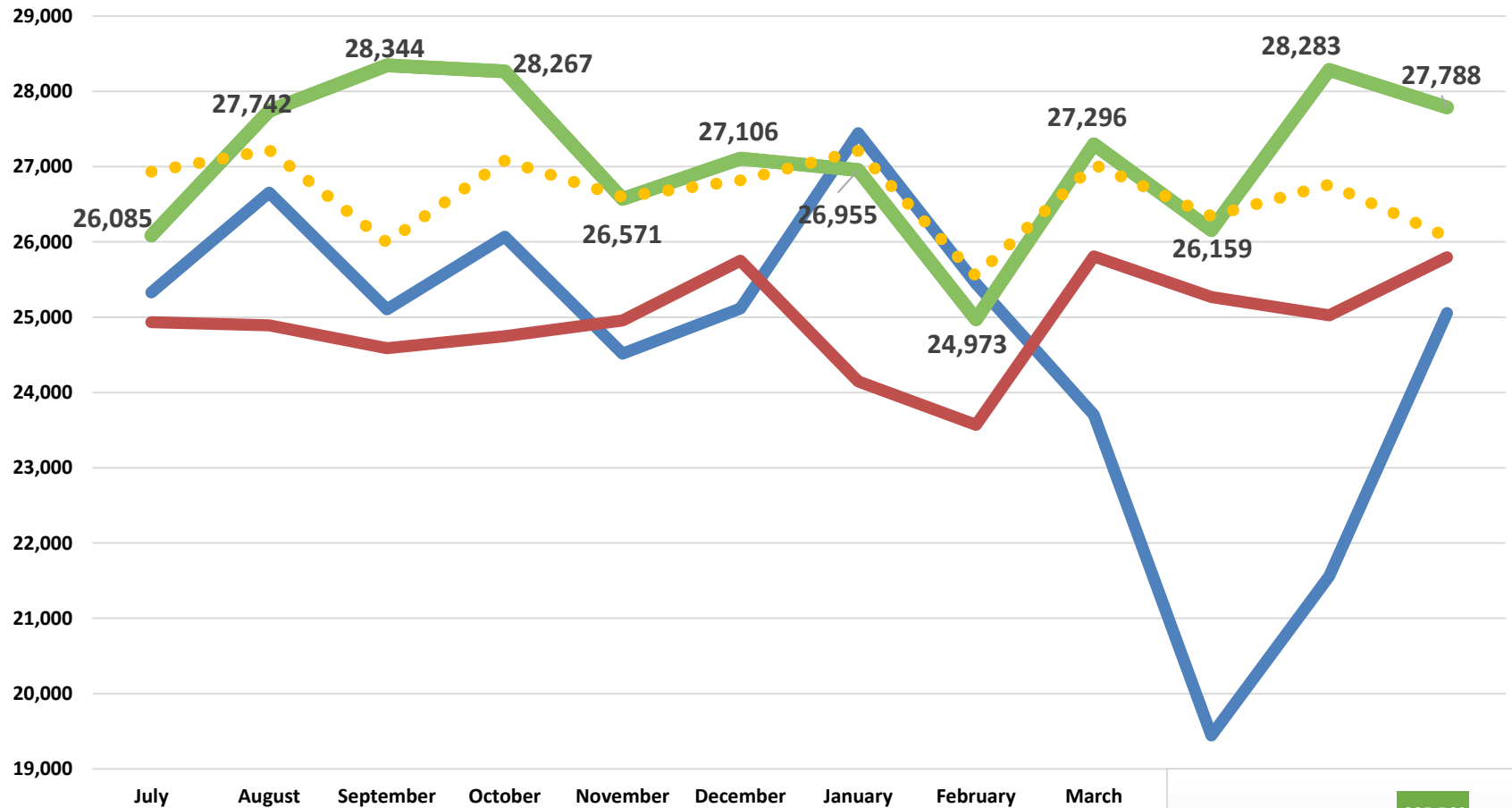


—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**

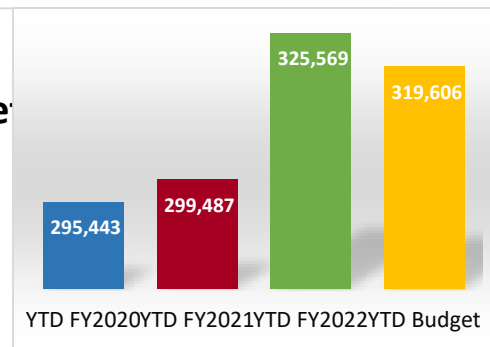
368/500



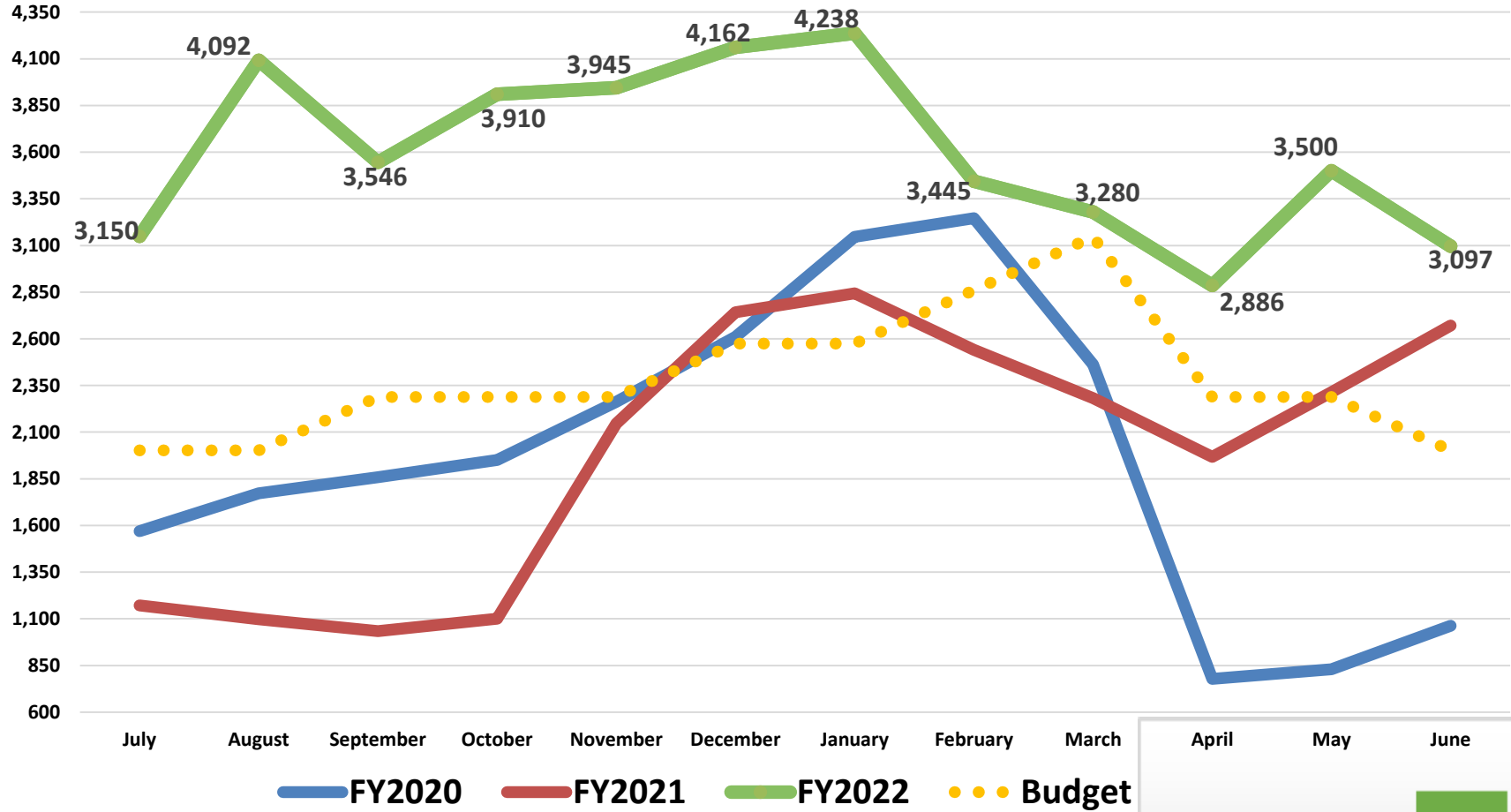
Adjusted Patient Days



— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**

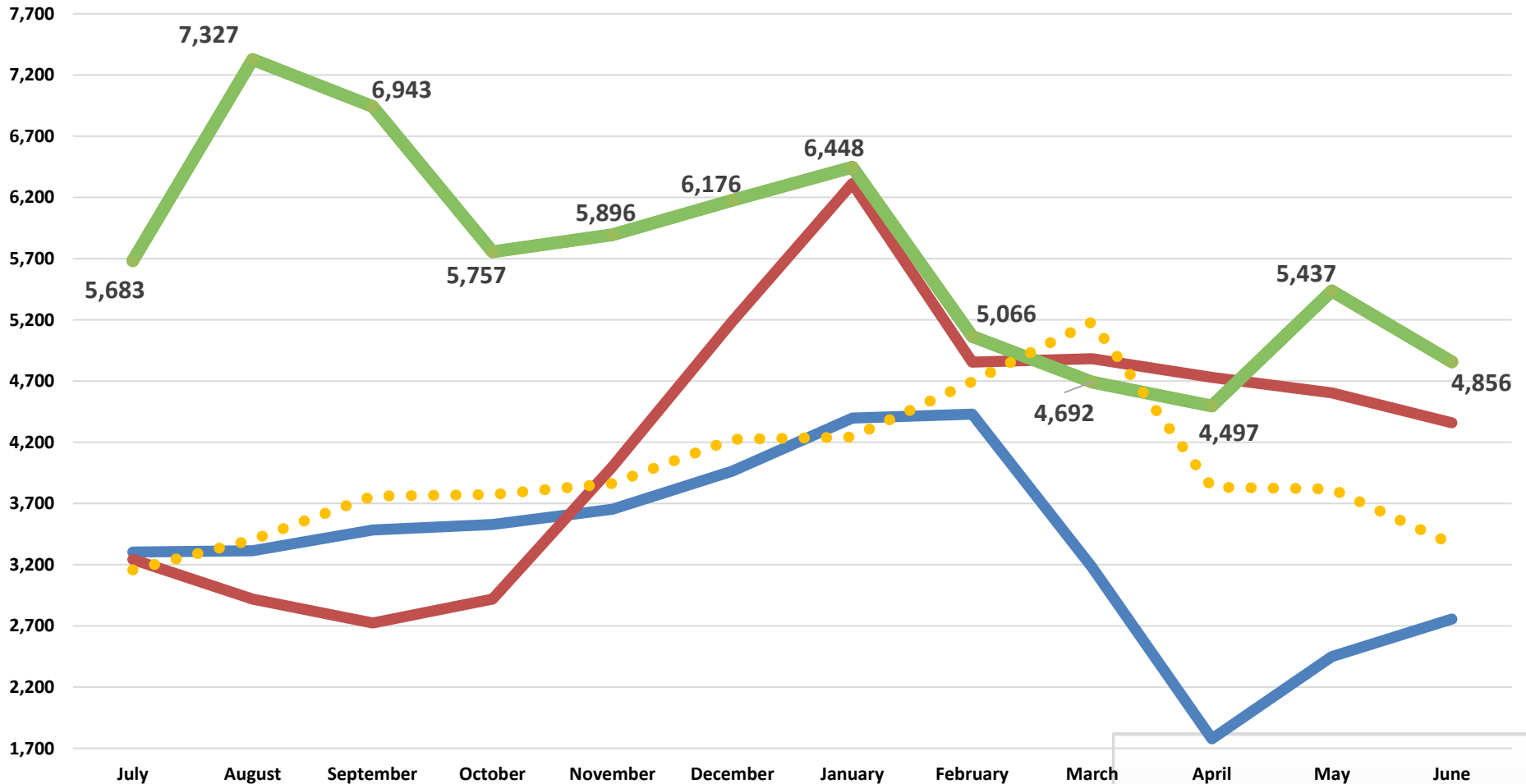


Urgent Care – Demaree Total Visits



Month	YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget
April	23,547	23,912	43,251	28,600

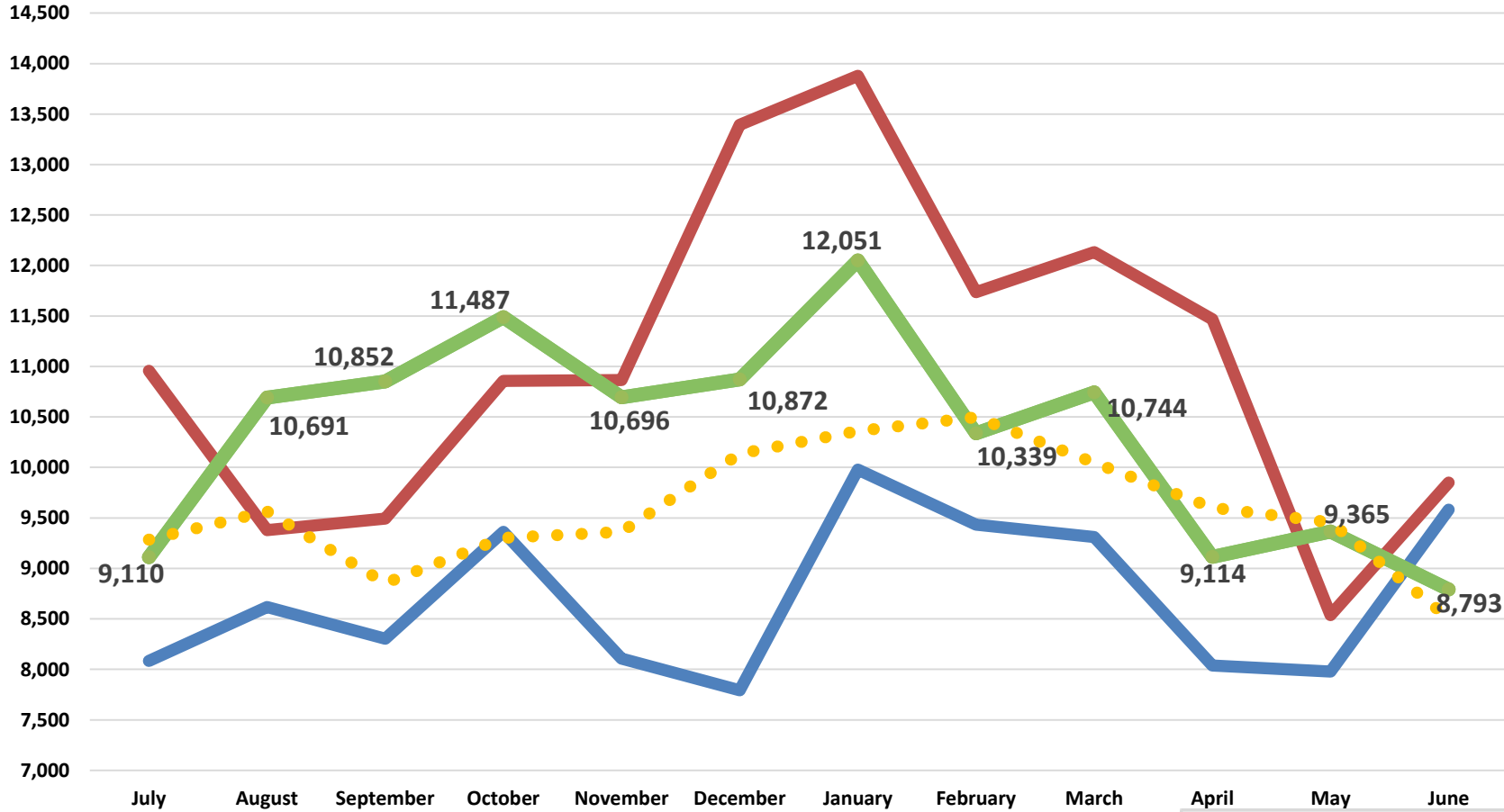
Urgent Care – Court Total Visits



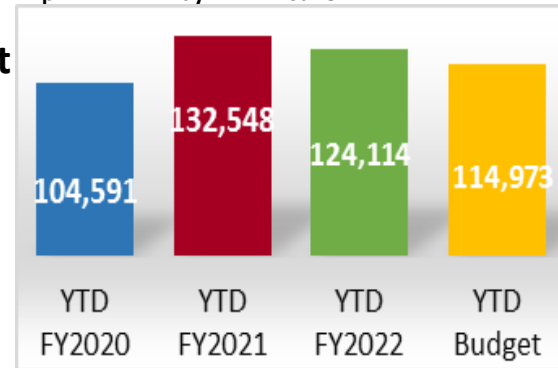
— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**

40,232	50,735	68,778	47,323
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

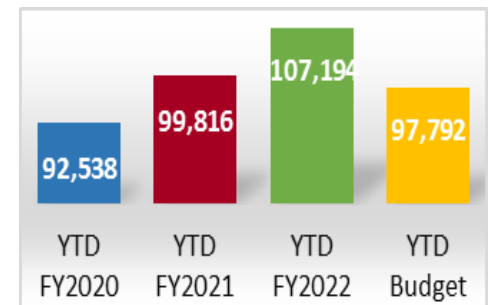
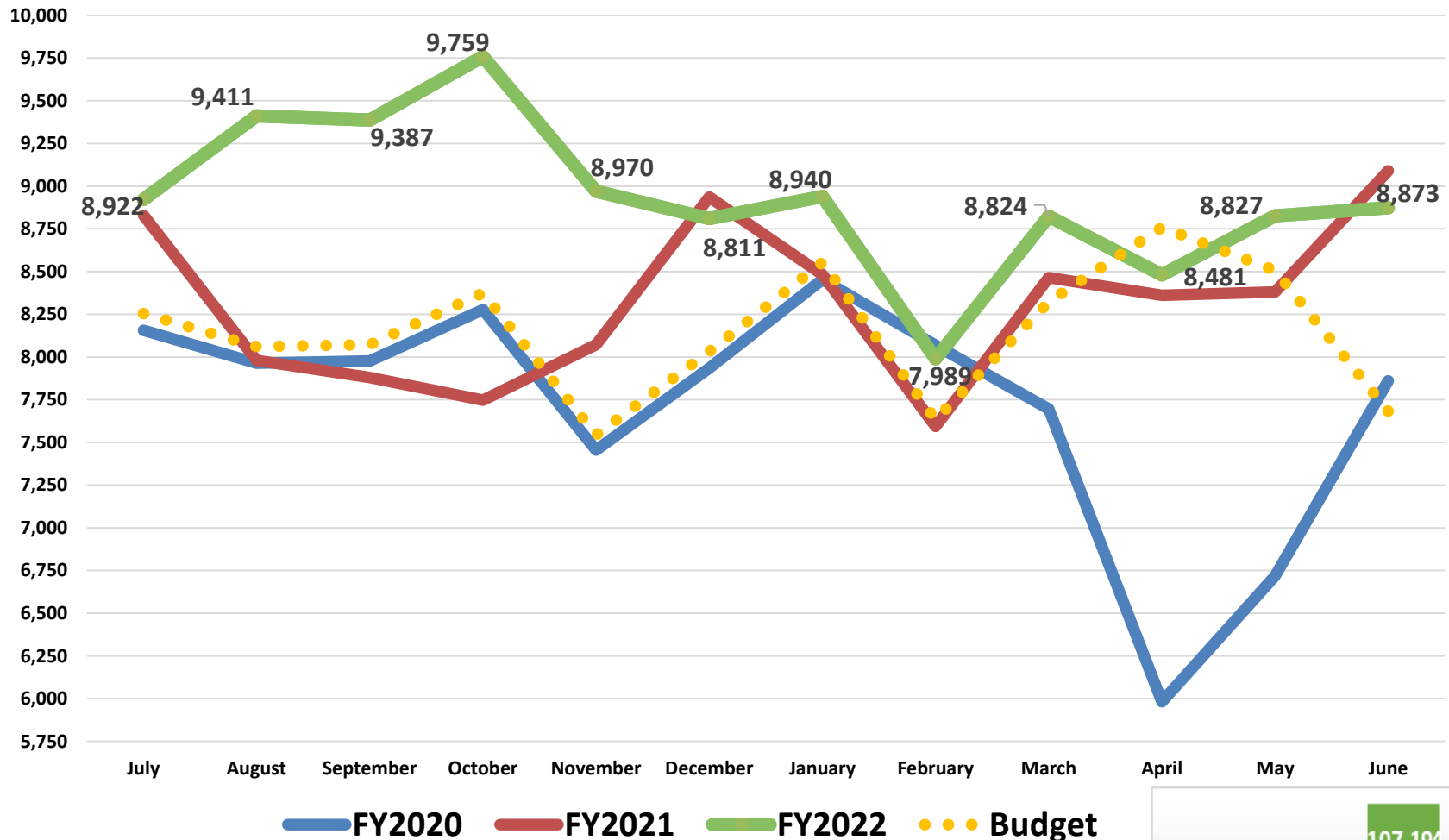
Rural Health Clinic Registrations



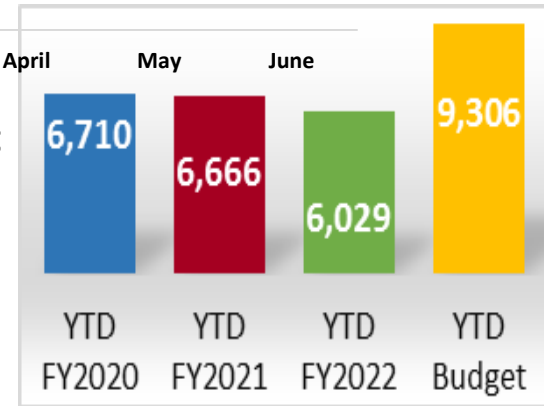
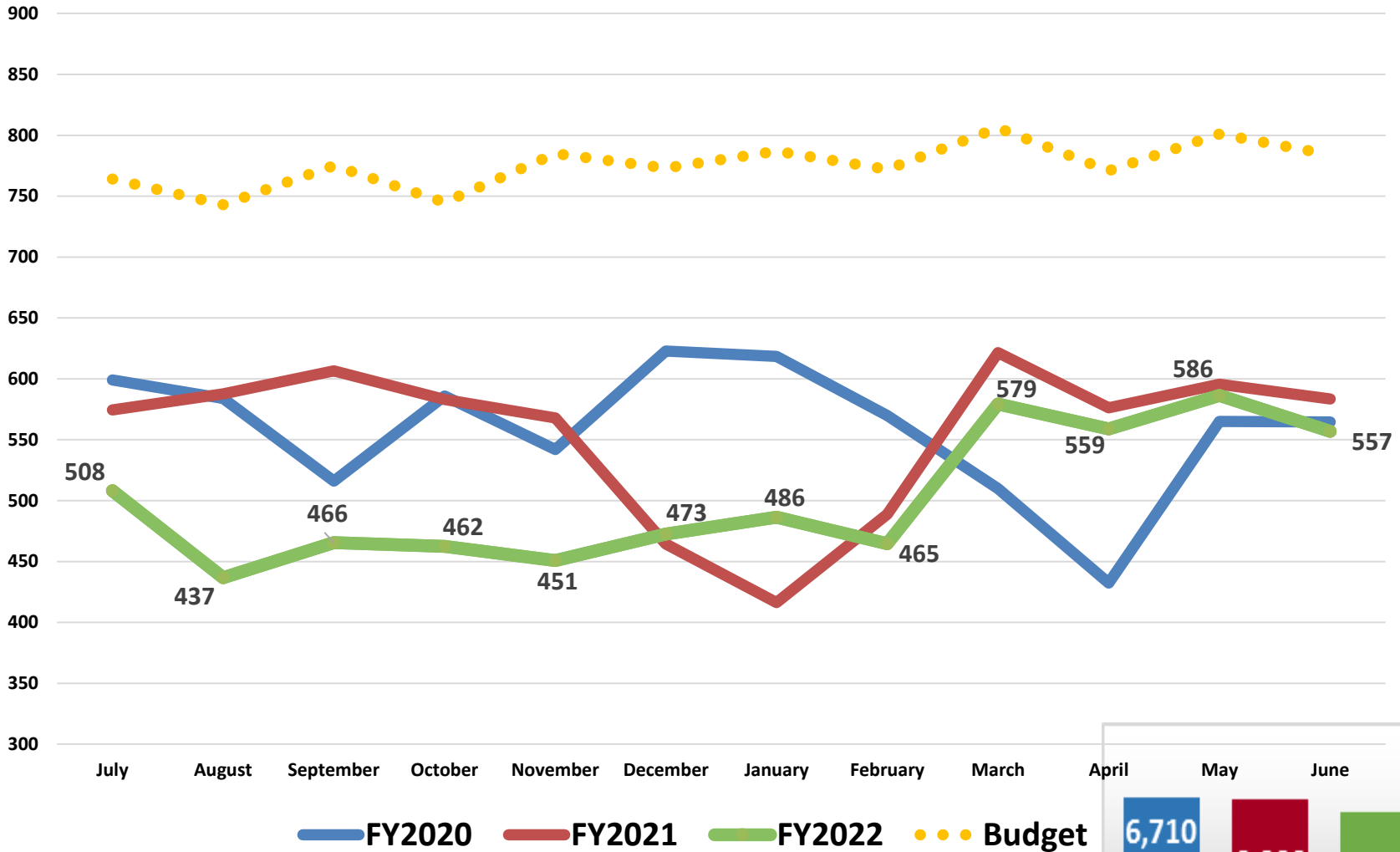
— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**



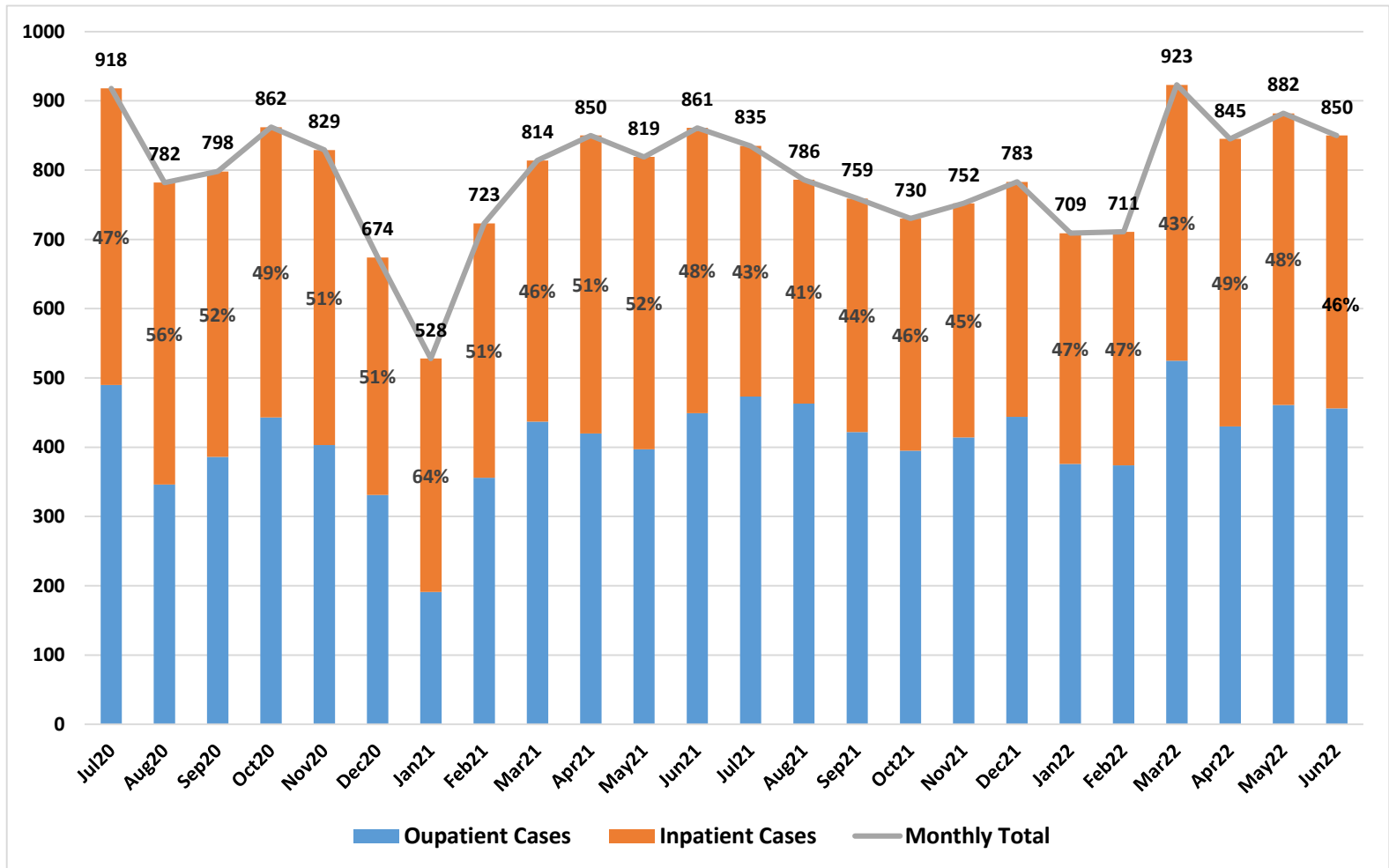
Radiology Modality – Diagnostic Radiology



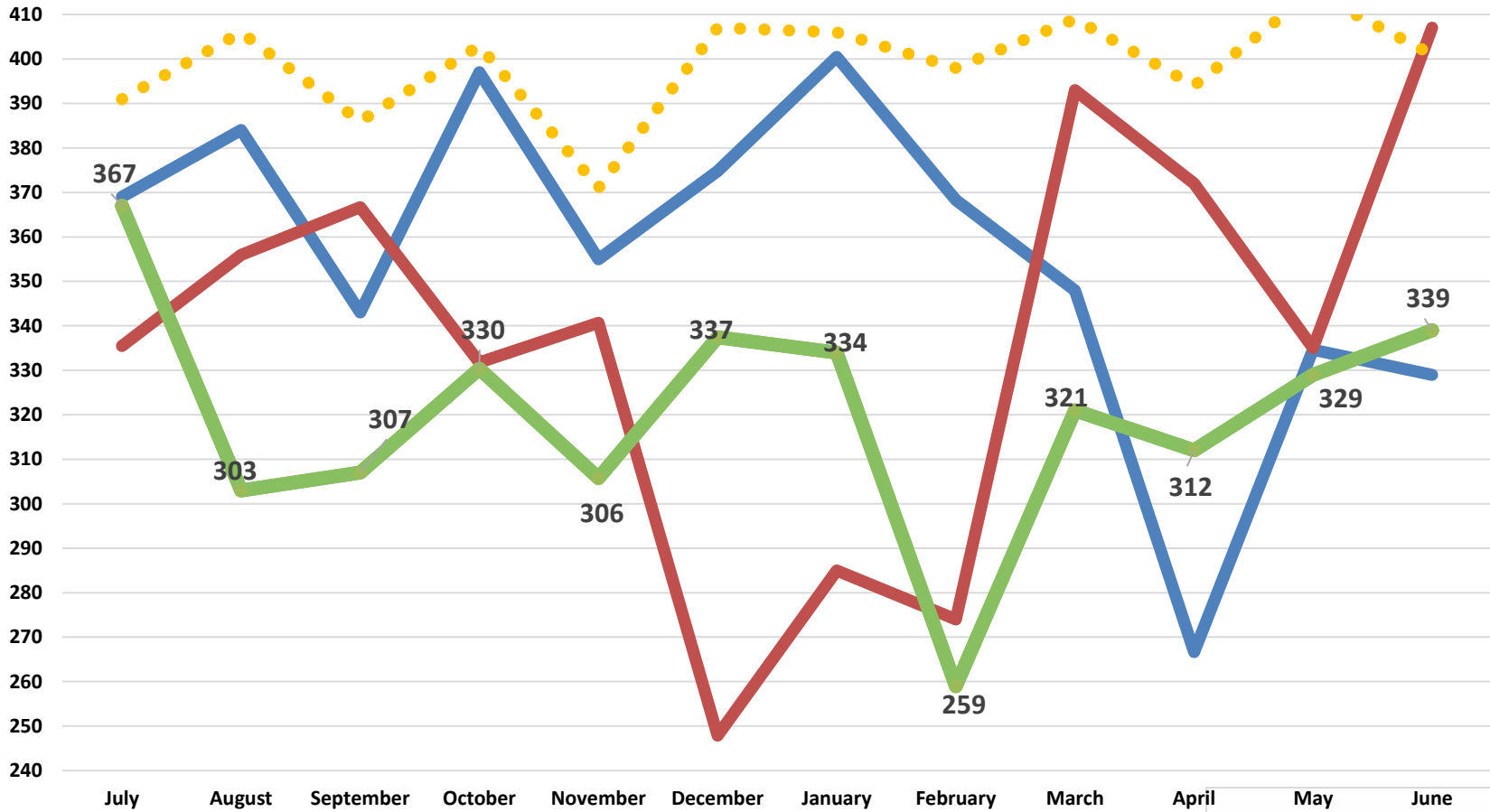
Surgery (IP Only) – 100 Min Units



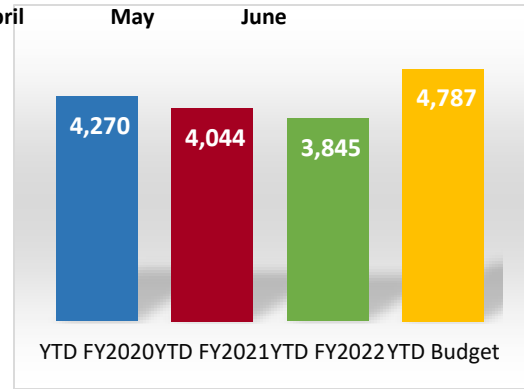
Surgery Cases



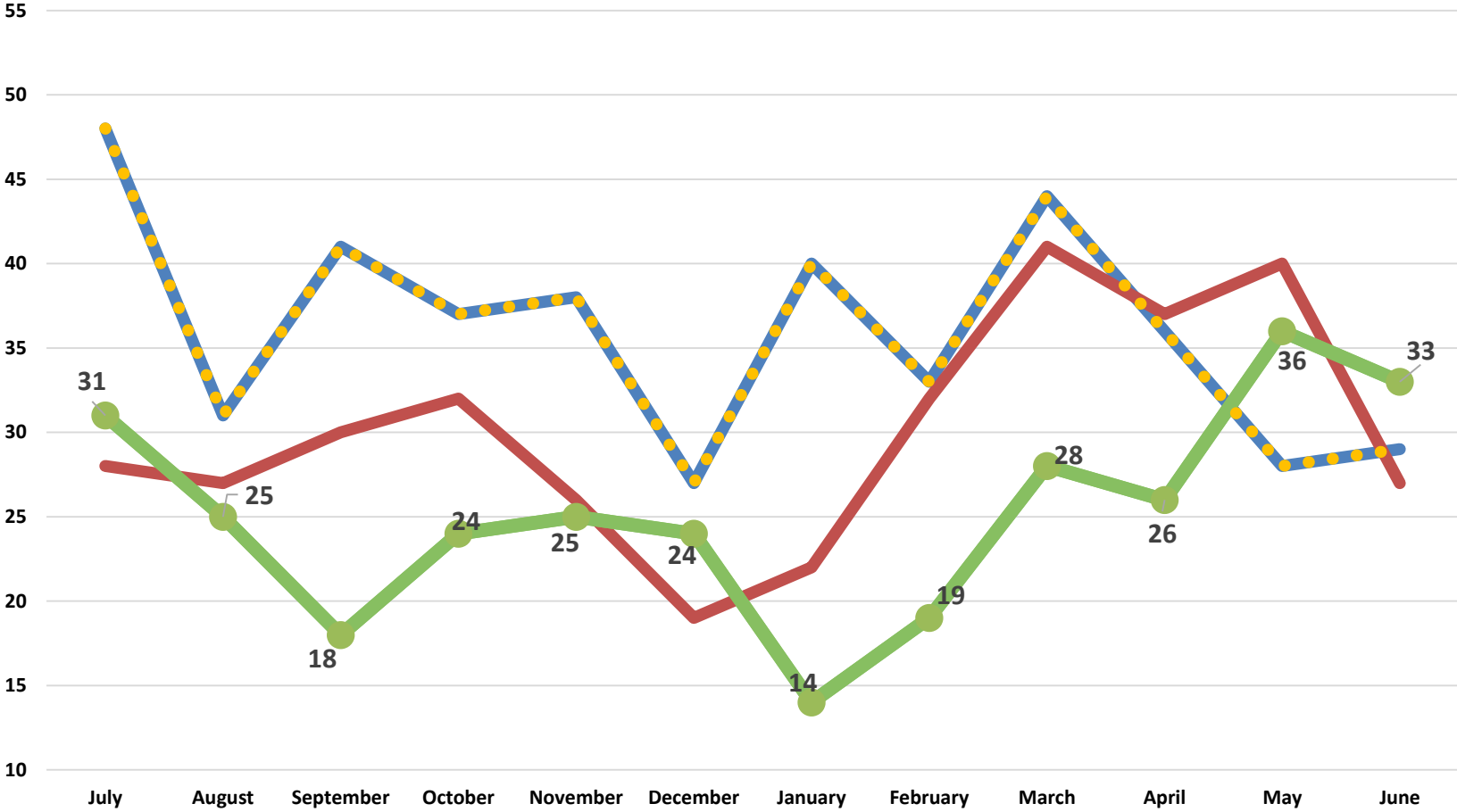
Cath Lab (IP & OP) – 100 Min Units



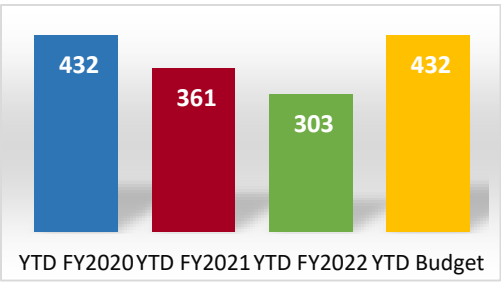
— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**



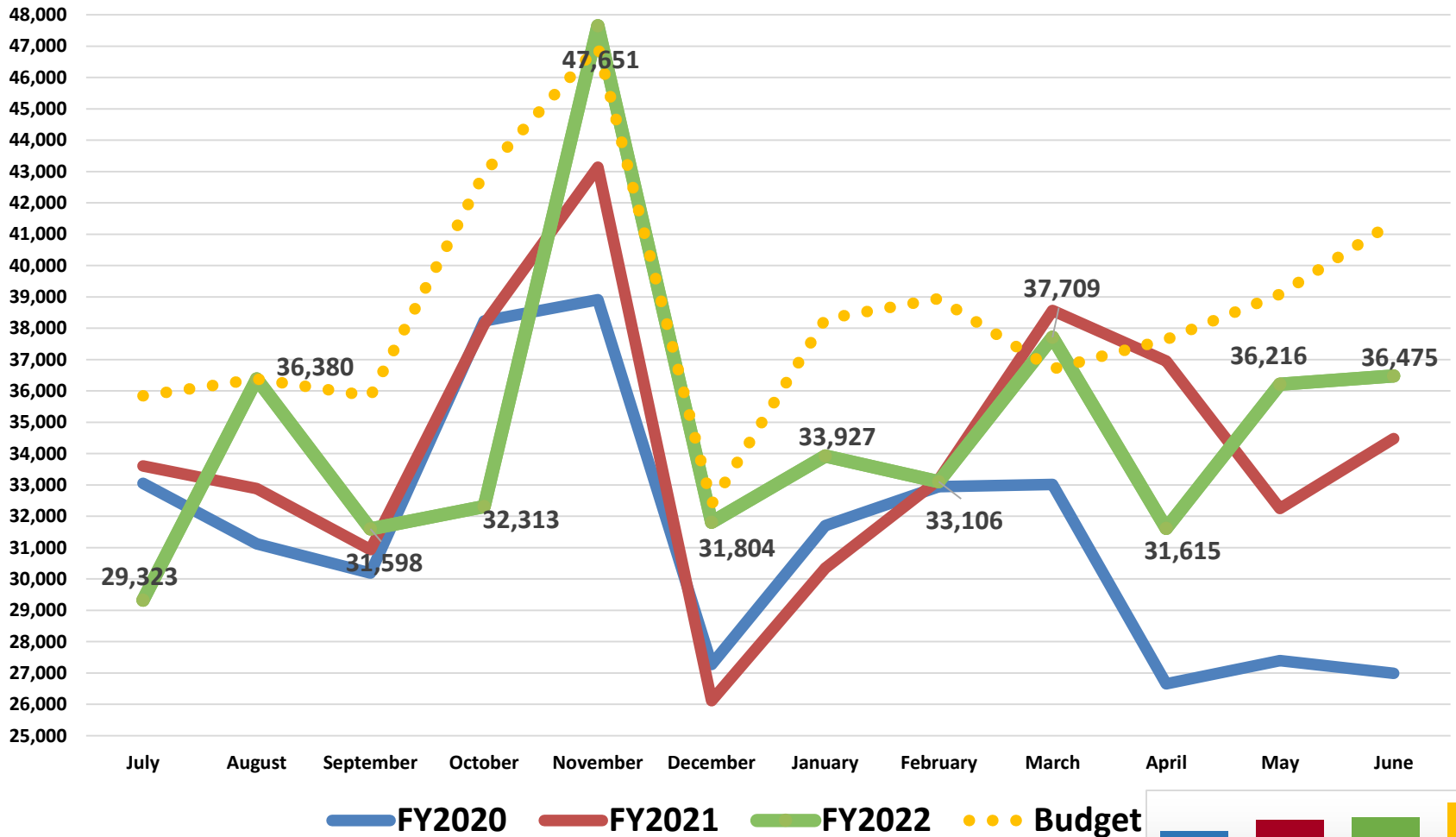
Cardiac Surgery – Cases



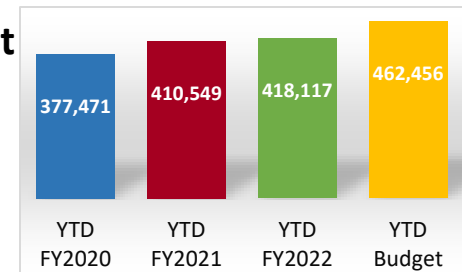
—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**



KHMG RVU's



378/500



Statistical Results – Fiscal Year Comparison (June)

Actual Results			Budget	Budget Variance	
Jun 2021	Jun 2022	% Change	June 2022	Change	% Change

Average Daily Census	431	453	5.3%	434	19	4.4%
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KDHCD Patient Days:

Medical Center	8,773	9,085	3.6%	8,387	698	8.3%
Acute I/P Psych	1,016	1,290	27.0%	1,399	(109)	(7.8%)
Sub-Acute	813	896	10.2%	927	(31)	(3.3%)
Rehab	619	585	(5.5%)	518	67	12.9%
TCS-Ortho	375	338	(9.9%)	455	(117)	(25.7%)
TCS	434	446	2.8%	352	94	26.7%
NICU	389	419	7.7%	454	(35)	(7.7%)
Nursery	497	544	9.5%	533	11	2.1%

Total KDHCD Patient Days	12,916	13,603	5.3%	13,025	578	4.4%
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Total Outpatient Volume	40,362	45,450	12.6%	46,119	(669)	(1.5%)
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Statistical Results – Fiscal Year Comparison (Jul-Jun)

Actual Results			Budget	Budget Variance	
FYTD 2021	FYTD 2022	% Change	FYTD 2022	Change	% Change

Average Daily Census	430	460	7.1%	442	18	4.1%
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KDHCD Patient Days:

Medical Center	106,899	117,111	9.6%	103,896	13,215	12.7%
Acute I/P Psych	14,187	14,505	2.2%	17,092	(2,587)	(15.1%)
Sub-Acute	10,679	10,103	(5.4%)	11,245	(1,142)	(10.2%)
Rehab	5,509	5,967	8.3%	6,733	(766)	(11.4%)
TCS-Ortho	4,344	4,201	(3.3%)	5,110	(909)	(17.8%)
TCS	4,913	4,990	1.6%	6,031	(1,041)	(17.3%)
NICU	4,737	5,169	9.1%	4,800	369	7.7%
Nursery	5,645	5,994	6.2%	6,509	(515)	(7.9%)

Total KDHCD Patient Days	156,913	168,040	7.1%	161,416	6,624	4.1%
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Total Outpatient Volume	473,196	560,641	18.5%	561,119	(478)	(0.1%)
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Other Statistical Results – Fiscal Year Comparison (June)

	Actual Results				Budget	Budget Variance	
	Jun 2021	Jun 2022	Change	% Change	Jun 2022	Change	% Change
Adjusted Patient Days	25,797	27,788	1,991	7.7%	26,062	1,726	6.6%
Outpatient Visits	40,362	45,450	5,088	12.6%	46,119	(669)	(1.5%)
Urgent Care - Demaree	2,671	3,097	426	15.9%	2,002	1,095	54.7%
OB Deliveries	350	390	40	11.4%	395	(5)	(1.3%)
Urgent Care - Court	4,359	4,856	497	11.4%	3,370	1,486	44.1%
KHMG RVU	34,477	36,475	1,998	5.8%	41,385	(4,910)	(11.9%)
ED Total Registered	7,067	7,362	295	4.2%	6,750	612	9.1%
Surgery Minutes –General & Robotic (I/P & O/P)	1,120	1,091	(29)	(2.6%)	1,387	(296)	(21.3%)
Radiology/CT/US/MRI Proc (I/P & O/P)	17,143	16,617	(526)	(3.1%)	14,895	1,722	11.6%
Physical & Other Therapy Units	19,123	18,365	(758)	(4.0%)	18,250	115	0.6%
Dialysis Treatments	1,558	1,460	(98)	(6.3%)	1,901	(441)	(23.2%)
Home Health Visits	2,841	2,645	(196)	(6.9%)	2,950	(305)	(10.3%)
Hospice Days	4,084	3,710	(374)	(9.2%)	5,814	(2,104)	(36.2%)
RHC Registrations	9,851	8,793	(1,058)	(10.7%)	8,506	287	3.4%
Radiation Oncology Treatments (I/P & O/P)	2,199	1,948	(251)	(11.4%)	2,440	(492)	(20.2%)
O/P Rehab Units	20,832	18,223	(2,609)	(12.5%)	20,261	(2,038)	(10.1%)
Cath Lab Minutes (IP & OP)	407	339	(68)	(16.7%)	401	(62)	(15.5%)
GME Clinic visits	1,298	1,065	(233)	(18.0%)	1,078	(13)	(1.2%)
Endoscopy Procedures (I/P & O/P)	564	436	(128)	(22.7%)	596	(160)	(26.8%)
Infusion Center	437	308	(129)	(29.5%)	365	(65)	(17.8%)

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

	Actual Results				Budget	Budget Variance	
	FY 2021	FY 2022	Change	% Change	FY 2022	Change	% Change
Adjusted Patient Days	300,105	325,602	25,497	8.5%	319,535	6,067	1.9%
Outpatient Visits	473,196	560,641	87,445	18.5%	561,119	(478)	(0.1%)
Urgent Care - Demaree	23,912	43,251	19,339	80.9%	28,600	14,651	51.2%
Urgent Care - Court	50,735	68,778	18,043	35.6%	47,323	21,455	45.3%
Infusion Center	4,098	4,605	507	12.4%	4,841	(236)	(4.9%)
ED Total Registered	74,208	81,540	7,332	9.9%	83,950	(2,410)	(2.9%)
Radiology/CT/US/MRI Proc (I/P & O/P)	183,510	197,024	13,514	7.4%	184,638	12,386	6.7%
OB Deliveries	4,312	4,527	215	5.0%	4,603	(76)	(1.7%)
Endoscopy Procedures (I/P & O/P)	5,822	6,055	233	4.0%	6,417	(362)	(5.6%)
KHMG RVU	410,549	418,117	7,568	1.8%	462,456	(44,339)	(9.6%)
O/P Rehab Units	230,621	231,694	1,073	0.5%	235,428	(3,734)	(1.6%)
Physical & Other Therapy Units	210,717	211,480	763	0.4%	225,895	(14,415)	(6.4%)
Surgery Minutes-General & Robotic (I/P & O/P)	12,163	12,165	2	0.0%	16,365	(4,200)	(25.7%)
Hospice Days	50,808	50,259	(549)	(1.1%)	50,975	(716)	(1.4%)
GME Clinic visits	13,752	13,221	(531)	(3.9%)	14,240	(1,019)	(7.2%)
Cath Lab Minutes (IP & OP)	4,348	4,166	(182)	(4.2%)	4,786	(219)	(4.5%)
Dialysis Treatments	19,696	18,665	(1,031)	(5.2%)	22,259	(3,594)	(16.1%)
Home Health Visits	35,402	33,371	(2,031)	(5.7%)	34,765	(1,394)	(4.0%)
Radiation Oncology Treatments (I/P & O/P)	25,547	24,042	(1,505)	(5.9%)	28,504	(4,462)	(15.7%)
RHC Registrations	132,548	124,114	(8,434)	(6.4%)	114,973	9,141	8.0%

June Financial Comparison (000's) - Preliminary

	Actual Results		Budget	Budget Variance	
	June 2021	June 2022	June 2022	Change	% Change
Operating Revenue					
Net Patient Service Revenue	\$45,033	\$50,790	\$52,092	(\$1,302)	(2.5%)
Other Operating Revenue	20,967	23,490	16,002	7,488	46.8%
Total Operating Revenue	66,000	74,280	68,094	6,186	9.1%
Operating Expenses					
Employment Expense	21,557	51,239	32,627	18,612	57.0%
Other Operating Expense	40,296	34,502	35,282	(780)	(2.2%)
Total Operating Expenses	61,854	85,741	67,909	17,833	26.3%
Operating Margin	\$4,146	(\$11,461)	\$186	(\$11,647)	
Stimulus Funds	525	3,028	98	2,930	
Operating Margin after Stimulus	\$4,671	(\$8,433)	\$284	(\$8,717)	
Non Operating Revenue (Loss)	248	(3,356)	1,037	(4,394)	
Excess Margin	\$4,919	(\$11,789)	\$1,321	(\$13,110)	

Operating Margin %	6.3%	(15.4%)	0.3%
OM after Stimulus%	7.1%	(11.4%)	0.4%
Excess Margin %	7.4%	(15.9%)	1.9%
Operating Cash Flow Margin %	13.2%	383/500 (9.8%)	5.6%

YTD (July-June) Financial Comparison (000's) - Preliminary

	Actual Results FYTD Jul-Jun		Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	FYTD2022	Change	% Change
Operating Revenue					
Net Patient Service Revenue	\$596,175	\$635,270	\$635,050	\$220	0.0%
Other Operating Revenue	181,697	223,203	187,973	35,230	18.7%
Total Operating Revenue	777,872	858,474	823,023	35,451	4.3%
Operating Expenses					
Employment Expense	389,923	457,132	391,534	65,598	16.8%
Other Operating Expense	415,456	436,435	419,252	17,183	4.1%
Total Operating Expenses	805,379	893,558	810,786	82,781	10.2%
Operating Margin	(\$27,507)	(\$35,093)	\$12,237	(\$47,331)	
Stimulus Funds	32,461	19,145	1,195	17,950	
Operating Margin after Stimulus	\$4,954	(\$15,948)	\$13,432	(\$29,381)	
Nonoperating Revenue (Loss)	7,459	(8,491)	6,349	(14,840)	
Excess Margin	\$12,413	(\$24,440)	\$19,781	(\$44,221)	

Operating Margin %	(3.5%)	(4.1%)	1.5%
OM after Stimulus%	0.6%	(1.9%)	1.6%
Excess Margin %	1.5%	(2.8%)	2.4%
Operating Cash Flow Margin %	1.4%	0.5%	6.4%

June Financial Comparison (000's) - Preliminary

	Actual Results			Budget	Budget Variance	
	Jun 2021	Jun 2022	% Change	Jun 2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$45,033	\$50,790	12.8%	\$52,092	(\$1,302)	(2.5%)
Supplemental Gov't Programs	6,845	8,334	21.8%	4,426	3,908	88.3%
Prime Program	721	3,282	355.0%	658	2,625	399.2%
Premium Revenue	7,602	5,943	(21.8%)	5,918	25	0.4%
Management Services Revenue	3,251	3,188	(1.9%)	2,983	205	6.9%
Other Revenue	2,548	2,743	7.7%	2,019	725	35.9%
Other Operating Revenue	20,967	23,490	12.0%	16,002	7,488	46.8%
Total Operating Revenue	66,000	74,280	12.5%	68,094	6,186	9.1%
Operating Expenses						
Salaries & Wages	26,249	27,936	6.4%	27,629	308	1.1%
Contract Labor	2,080	6,650	219.6%	512	6,138	1200%
Employee Benefits	(6,772)	16,653	(345.9%)	4,487	12,166	271.2%
Total Employment Expenses	21,557	51,239	137.7%	32,627	18,612	57.0%
Medical & Other Supplies	12,067	7,187	(40.4%)	10,261	(3,074)	(30.0%)
Physician Fees	8,207	9,538	16.2%	8,456	1,082	12.8%
Purchased Services	2,697	1,758	(34.8%)	1,304	455	34.9%
Repairs & Maintenance	2,319	2,358	1.7%	2,397	(39)	(1.6%)
Utilities	1,175	822	(30.1%)	670	151	22.5%
Rents & Leases	504	517	2.6%	524	(7)	(1.4%)
Depreciation & Amortization	3,924	3,460	(11.8%)	3,056	404	13.2%
Interest Expense	666	700	5.2%	595	106	17.8%
Other Expense	2,198	2,528	15.0%	1,884	643	34.1%
Humana Cap Plan Expenses	3,018	2,407	(20.2%)	3,184	(777)	(24.4%)
Management Services Expense	3,521	3,227	(8.3%)	2,951	277	9.4%
Total Other Expenses	40,296	34,502	(14.4%)	35,282	(780)	(2.2%)
Total Operating Expenses	61,854	85,741	38.6%	67,909	17,833	26.3%
Operating Margin	\$4,146	(\$11,461)	(376.4%)	\$186	(\$11,647)	(6275%)
Stimulus Funds	525	3,028	476.8%	98	2,930	2989.8%
Operating Margin after Stimulus	\$4,671	(\$8,433)	(280.5%)	\$284	(\$8,717)	(3074%)
Nonoperating Income						
Nonoperating Revenue (Loss)	248	(3,356)	(1454%)	1,037	(4,394)	(423.6%)
Excess Margin	\$4,919	(\$11,789)	(339.7%)	\$1,321	(\$13,110)	(992.5%)

Operating Margin %	6.3%	(15.4%)		0.3%
OM after Stimulus%	7.1%	(11.4%)		0.4%
Excess Margin %	7.4%	(15.9%)		1.9%
Operating Cash Flow Margin %	13.2%	(9.8%)	385/500	5.6%

YTD Financial Comparison (000's) - Preliminary

	Actual Results FYTD Jul-Jun			Budget FYTD	Budget Variance	FYTD
	FYTD2021	FYTD2022	% Change	FYTD2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$596,175	\$635,270	6.6%	\$635,050	\$220	0.0%
Supplemental Gov't Programs	56,082	74,171	32.3%	53,106	21,065	39.7%
Prime Program	10,668	15,850	48.6%	8,000	7,850	98.1%
Premium Revenue	58,107	69,495	19.6%	66,017	3,478	5.3%
Management Services Revenue	34,167	36,060	5.5%	36,290	(230)	(0.6%)
Other Revenue	22,673	27,628	21.9%	24,560	3,068	12.5%
Other Operating Revenue	181,697	223,203	22.8%	187,973	35,230	18.7%
Total Operating Revenue	777,872	858,474	10.4%	823,023	35,451	4.3%
Operating Expenses						
Salaries & Wages	324,151	349,598	7.9%	331,112	18,486	5.6%
Contract Labor	9,778	41,435	323.8%	6,204	35,231	567.9%
Employee Benefits	55,994	66,100	18.0%	54,218	11,882	21.9%
Total Employment Expenses	389,923	457,132	17.2%	391,534	65,598	16.8%
Medical & Other Supplies	131,449	129,850	(1.2%)	125,557	4,293	3.4%
Physician Fees	96,690	108,362	12.1%	100,055	8,307	8.3%
Purchased Services	19,231	18,925	(1.6%)	15,863	3,062	19.3%
Repairs & Maintenance	26,144	28,391	8.6%	28,718	(326)	(1.1%)
Utilities	7,392	8,979	21.5%	7,323	1,656	22.6%
Rents & Leases	6,192	6,171	(0.3%)	6,213	(42)	(0.7%)
Depreciation & Amortization	31,646	32,354	2.2%	33,552	(1,198)	(3.6%)
Interest Expense	6,771	7,393	9.2%	7,234	159	2.2%
Other Expense	20,737	22,590	8.9%	22,585	5	0.0%
Humana Cap Plan Expenses	34,758	38,443	10.6%	36,254	2,189	6.0%
Management Services Expense	34,447	34,977	1.5%	35,899	(922)	(2.6%)
Total Other Expenses	415,456	436,435	5.0%	419,252	17,183	4.1%
Total Operating Expenses	805,379	893,567	10.9%	810,786	82,781	10.2%
Operating Margin	(\$27,507)	(\$35,093)	(27.6%)	\$12,237	(\$47,331)	(386.8%)
Stimulus Funds	32,461	19,145	(41.0%)	1,195	17,950	1502%
Operating Margin after Stimulus	\$4,954	(\$15,948)	(421.9%)	\$13,432	(\$29,381)	(218.7%)
Nonoperating Income						
Nonoperating Revenue (Loss)	7,459	(8,491)	(213.8%)	6,349	(14,840)	(233.7%)
Excess Margin	\$12,413	(\$24,440)	(296.9%)	\$19,781	(\$44,221)	(223.5%)

Operating Margin %	(3.5%)	(4.1%)		1.5%
OM after Stimulus%	0.6%	(1.9%)		1.6%
Excess Margin %	1.5%	(2.8%)	386/500	2.4%
Operating Cash Flow Margin %	1.4%	0.5%		6.4%

Bond Covenant Ratios

BOND COVENANT CALCULATIONS (Consolidated financial statements)

	Jun-21	FY22 Budget	Jun-22
DAYS CASH ON HAND COMPUTATION			
Cash, cash equivalents and board designated funds	\$ 387,774,000	\$ 371,249,460	\$ 295,495,602
Total operating expenses	\$ 804,384,156	\$ 809,419,000	\$ 893,566,916
Less depreciation and amortization	(31,645,725)	(33,552,000)	(32,354,374)
Adjusted operating expenses	\$ 772,738,431	\$ 775,867,000	\$ 861,212,542
Number of days in the period	365	365	365
Average daily adjusted operating expenses	\$ 2,117,092	\$ 2,125,663	\$ 2,359,486
Days cash on hand	183.2	174.7	125.2
Requirement Measured at 6/30 – needs to be >90days			

LONG-TERM DEBT SERVICE COVERAGE RATIO CALCULATION

Net income (loss) ***	\$ 12,413,788	\$ 18,937,000	\$ (13,204,515)
Depreciation and amortization	31,645,725	33,552,000	32,354,374
Interest (non-GO)	6,770,637	7,234,000	7,393,006
GO Bond tax revenue (net of interest)	(1,792,963)	(1,780,916)	(1,780,979)
Net income available for debt service	\$ 49,037,187	\$ 57,942,084	\$ 24,761,886
Maximum annual debt service (without GO bonds)	\$ 16,967,599	\$ 16,967,599	\$ 17,559,131
Long-term debt service coverage ratio	2.89	3.41	1.41

Requirement:

Measured at 12/31 and 6/30 - if below must fund Reserve Fund (\$17M)

1.35

Measured at 6/30 - if below must employ independent consultant or have 75 days cash on hand

1.25

After compliance with independent consultant recommendations (or with 75 days COH) - not below

1.10

***Assumes exclusion of unrealized losses on District's investments as extraordinary non-cash item

Kaweah Health Medical Group

Fiscal Year Financial Comparison (000's) - Preliminary

	Actual Results FYTD July - June			Budget FYTD	Budget Variance	FYTD
	Jun 2021	Jun 2022	% Change	Jun 2022	Change	% Change
Operating Revenue						
Net Patient Service Revenue	\$47,143	\$49,177	4.3%	\$53,261	(\$4,084)	(7.7%)
Other Revenue	1,545	1,630	5.5%	841	789	93.8%
Other Operating Revenue	1,545	1,630	5.5%	841	789	93.8%
Total Operating Revenue	48,688	50,807	4.4%	54,102	(3,295)	(6.1%)
Operating Expenses						
Salaries & Wages	11,481	11,960	4.2%	12,473	(512)	(4.1%)
Employee Benefits	2,228	2,322	4.2%	2,034	288	14.1%
Total Employment Expenses	13,709	14,282	4.2%	14,507	(225)	(1.6%)
Medical & Other Supplies	6,327	6,525	3.1%	6,894	(369)	(5.4%)
Physician Fees	26,677	29,363	10.1%	30,313	(950)	(3.1%)
Purchased Services	882	1,022	15.9%	847	175	20.7%
Repairs & Maintenance	2,397	2,185	(8.8%)	2,737	(552)	(20.2%)
Utilities	435	453	4.2%	484	(31)	(6.5%)
Rents & Leases	2,754	2,592	(5.9%)	2,597	(5)	(0.2%)
Depreciation & Amortization	943	760	(19.4%)	1,100	(340)	(30.9%)
Interest Expense	4	1	(80.7%)	1	(0)	(27.8%)
Other Expense	1,371	1,311	(4.4%)	1,684	(373)	(22.1%)
Total Other Expenses	41,789	44,211	5.8%	46,657	(2,446)	(5.2%)
Total Operating Expenses	55,499	58,493	5.4%	61,164	(2,671)	(4.4%)
Stimulus Funds	0	194	0.0%	0	194	0.0%
Excess Margin	(\$6,811)	(\$7,492)	(10.0%)	(\$7,062)	(\$430)	(6.1%)
Excess Margin %	(14.0%)	(14.7%)		(13.1%)		

Month of June - Budget Variances

- **Net Patient Revenues:** Net patient revenue was short of budget by \$1.3M (2.5%) in June. This decrease was mainly due to a slight decrease in the percentage of inpatients to surgical patients as well as a slight decrease in the percentage of medical center patients.
- **Supplemental Gov't Programs:** In June, we received additional DSH funding relating to FY19 (\$973K) and to FY22 (\$3.0M) which attributed to the positive budget variance.
- **Quality Incentive Program (QIP) Revenues:** Exceeded budget in June as we recorded a \$2.6M increase in QIP revenue due to the assumption that we will earn more funding for the program related to fiscal year 2022 than that originally budgeted.
- **Salaries and Contract Labor:** The \$6.4M unfavorable variance is partially due to the increase in volume but primarily due to the amount of contract labor utilized during the month (\$6.1M) and shift bonuses (\$583K) paid in June. We also paid \$507K of unbudgeted COVID supplemental sick pay in June.
- **Employee Benefits:** Benefits expense exceeded budget by \$12.2M primarily due to a \$14.6M increase in pension expense reflecting the market decline of pension plan assets in FY22. There was also a \$1M increase due to increased claims paid for the employee self insured health plan. This was partially offset by \$2.3M of improved workers' compensation experience and reduction in our related liability as estimated by our actuary. In addition our 401K match was \$1.4M less due to terminations and forfeitures.
- **Supplies Expense:** Fell short of budget in June by \$3.1M mainly due to the year end adjustments of various supply inventories.
- **Physician fees:** This unfavorable budget variance of \$1.1M was mainly due patient volumes and also the use of locum physicians.

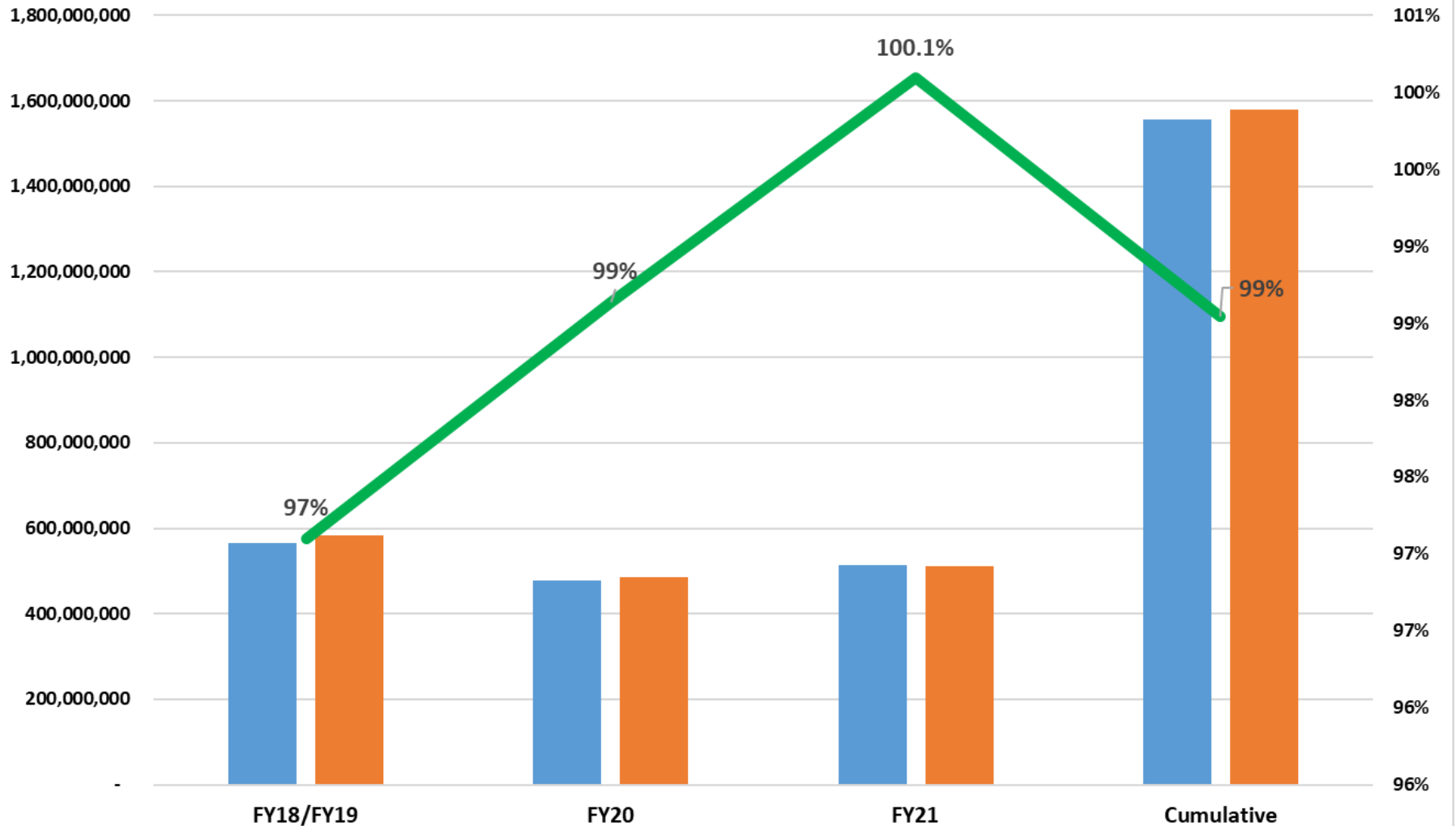
Year to Date Variance Employee Benefits

	Actual					Budget	
	FY 2018	FY2019	FY2020	FY2021	FY 2022	FY 2022	FY22 Variance
Employee Benefits (000')							
Medical, Dental and vision	\$27,648	\$30,168	\$30,368	\$30,038	\$29,399	\$27,797	\$1,603
Social Security	\$19,925	\$20,944	\$22,526	\$23,310	\$25,306	\$24,045	\$1,261
Employee retirement plans	\$19,062	\$15,608	\$12,915	(\$4,047)	\$7,363	(\$6,167)	\$13,530
Workers' compensation	\$1,957	\$3,791	\$4,746	\$4,254	\$1,957	\$6,662	(\$4,705)
Tuition/Scholarships/Other	\$684	\$819	\$947	\$1,132	\$1,093	\$1,031	\$62
State Unemployment Insurance	\$334	\$382	\$368	\$970	\$644	\$527	\$117
Life Insurance	\$193	\$414	\$310	\$338	\$338	\$323	\$15
Total	\$71,210	\$72,823	\$74,676	\$55,994	\$66,100	\$54,218	\$11,882

Employee Benefits: Benefits expense exceeded budget by \$11.9M primarily due to a \$13.5M increase in pension expense reflecting the market decline of pension plan assets in FY22. There was also a \$1.6M increase due to increased claims paid for the employee self insured health plan. This was partially offset by \$4.7M of improved workers' compensation experience and reduction in our related liability as estimated by our actuary.

Net Patient Revenue to Collections

Cerner Collections to Net Patient Revenue by Date of Service



■ Collections by Date of Service without EPO/Humana Noncash
 ■ Net Revenue without NonSoarian
 — % of Collections to Net Revenue

Staffing & COVID impact on Expenses

	FY 2022
Shift Bonus	\$16.0 M
Premium on Contract Labor	\$20.0 M
COVID Related Expense –Payroll and COVID Sick pay	\$7.7 M
COVID Related Expense - Other Operating Expenses	\$5.2 M
Humana 3 rd party expenses estimated COVID related	\$2.1 M
Impact COVID Related Expense	\$51.0 M

COVID Stimulus Funds \$19.1M FY22

January 2020-June 2022 Discharged COVID Inpatients

Payer Group	Patient Volume	% of Total Visits	ALOS	GMLOS	Est. Net Revenue	Direct Cost	Contribution Margin	Net income	
MEDICARE	1,735	34%	10.4	5.6	\$40,218,333	\$38,538,121	\$1,680,211	(\$44,053,954)	
Medi-Cal Managed Care	1,061	21%	9.8	5.5	\$25,449,219	\$24,928,636	\$520,584	(\$28,820,326)	
Commercial/Other	1,050	21%	9.6	5.9	\$36,400,833	\$25,349,059	\$11,051,774	(\$18,723,169)	
Medicare Managed Care	678	13%	10.8	5.8	\$13,961,274	\$16,832,885	(\$2,871,611)	(\$22,664,927)	
MEDI-CAL	490	10%	11.9	5.4	\$8,231,918	\$11,235,070	(\$3,003,152)	(\$16,351,081)	
Work Comp	41	1%	15.0	7.6	\$2,192,334	\$1,936,376	\$255,958	(\$1,999,868)	
Cash Pay	32	1%	6.1	5.2	\$8,041	\$459,236	(\$451,195)	(\$992,773)	
Grand Total	5,087	100%	10.3	5.7	\$126,461,952	\$119,279,383	\$7,182,569	(\$133,606,098)	
			Typical Contribution margin on 5,087 inpatient visits					\$13,862,075	
			LOS GAP	4.7		Difference	(\$6,679,506)		

COVID IMPACT (000's)

March 2020 - June 2022

Operating Revenue

Net Patient Service Revenue	\$1,386,908
Supplemental Gov't Programs	150,645
Prime Program	34,539
Premium Revenue	146,571
Management Services Revenue	81,413
Other Revenue	55,934
Other Operating Revenue	469,10
Total Operating Revenue	1,856,005

Operating Expenses

Salaries & Wages	777,877
Contract Labor	53,314
Employee Benefits	144,752
Total Employment Expenses	975,944

Medical & Other Supplies	301,367
Physician Fees	236,881
Purchased Services	44,928
Repairs & Maintenance	63,107
Utilities	18,246
Rents & Leases	14,481
Depreciation & Amortization	74,798
Interest Expense	16,431
Other Expense	50,413
Humana Cap Plan Expenses	81,482
Management Services Expense	80,464
Total Other Expenses	982,596

Total Operating Expenses **1,958,543**

Operating Margin **(\$102,537)**

Stimulus Funds \$67,010

Operating Margin after Stimulus **(\$35,527)**

Nonoperating Revenue (Loss) 6,148

Excess Margin 394/500 **(\$29,381)**

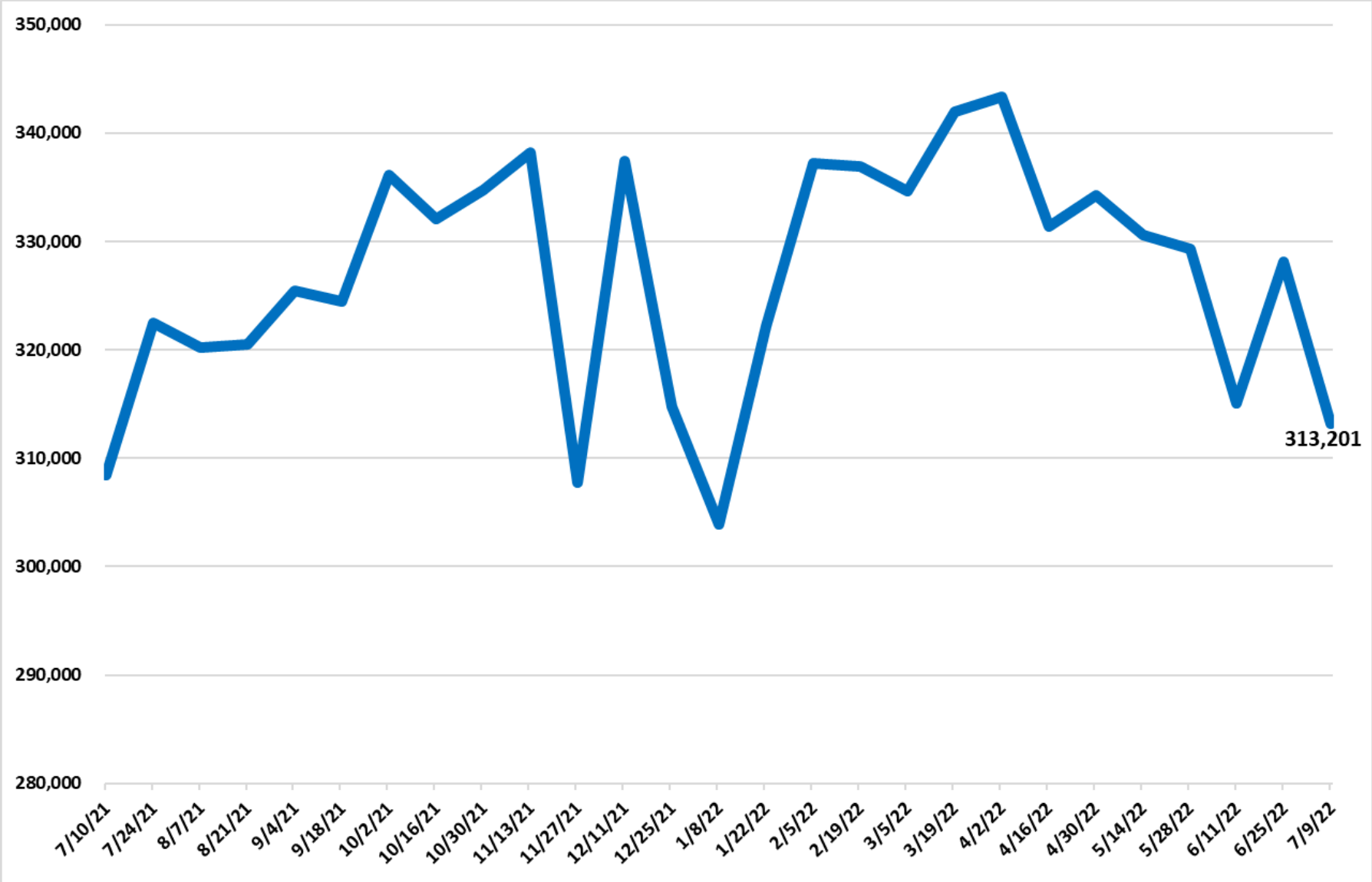
Trended Financial Comparison (000's)

Kaweah Delta Health Care District

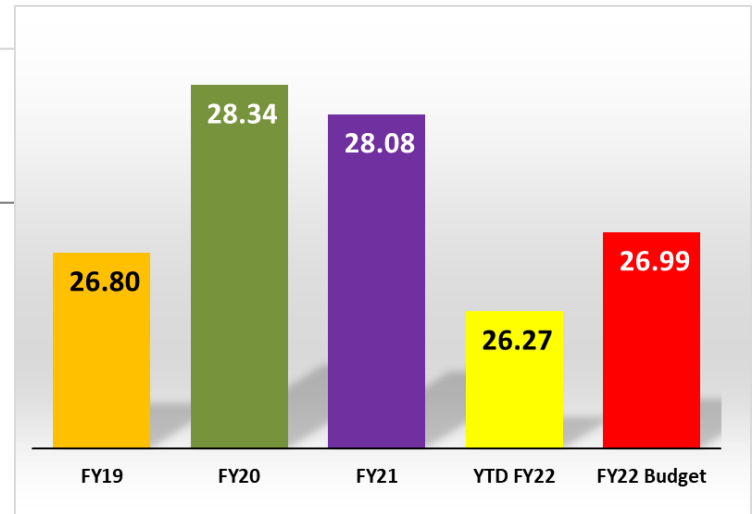
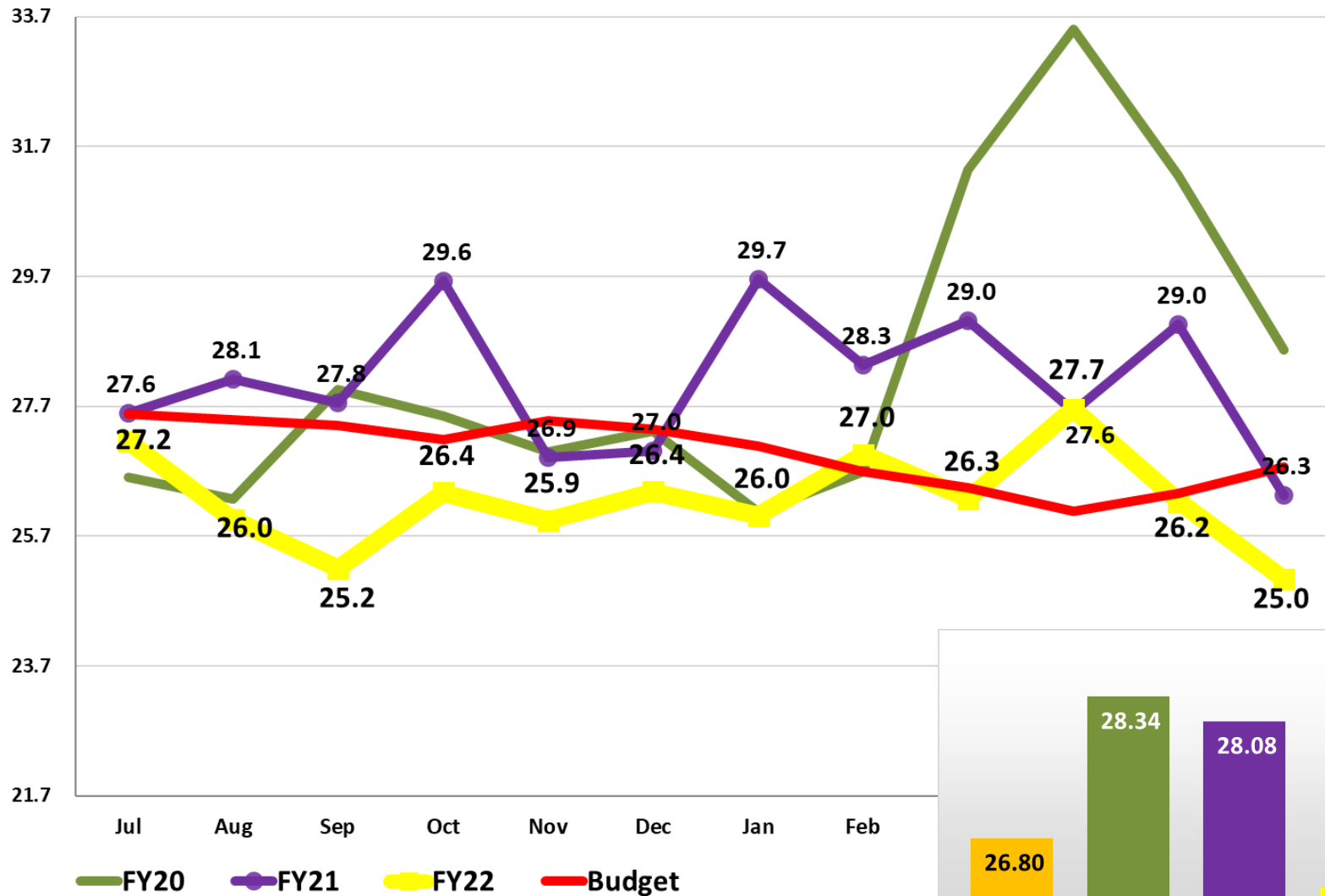
Trended Income Statement (000's)

	25,797	26,085	27,742	28,344	28,267	26,571	27,106	26,955	24,973	27,296	26,159	28,283	27,788
<i>Adjusted Patient Days</i>	25,797	26,085	27,742	28,344	28,267	26,571	27,106	26,955	24,973	27,296	26,159	28,283	27,788
	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Operating Revenue													
Net Patient Service Revenue	\$45,033	\$51,502	\$49,714	\$57,879	\$55,674	\$54,846	\$51,115	\$56,862	\$47,933	\$52,555	\$49,729	\$56,673	\$50,790
Supplemental Gov't Programs	6,845	4,286	4,286	4,286	4,383	11,778	10,297	4,383	5,579	5,192	6,983	4,383	8,334
Prime Program	721	667	667	667	667	667	667	3,285	667	667	667	3,282	3,282
Premium Revenue	7,602	4,902	5,425	5,163	5,156	5,054	5,173	5,272	6,574	5,772	9,112	5,948	5,943
Management Services Revenue	3,251	3,172	3,298	3,523	3,137	2,690	2,921	2,536	2,910	2,988	2,885	2,813	3,188
Other Revenue	2,548	2,009	2,348	1,873	2,250	1,974	2,300	1,993	1,796	1,990	3,789	2,126	2,743
Other Operating Revenue	20,967	15,036	16,024	15,513	15,592	22,162	21,358	17,469	17,526	16,609	23,436	18,552	23,490
Total Operating Revenue	66,000	66,537	65,737	73,391	71,266	77,008	72,473	74,331	65,459	69,164	73,165	75,225	74,280
Operating Expenses													
Salaries & Wages	26,249	27,474	28,198	31,872	30,538	28,408	29,967	29,407	27,297	30,503	28,987	28,998	27,936
Contract Labor	2,080	1,116	1,358	1,721	1,872	1,745	3,238	4,958	3,882	1,299	5,784	7,813	6,650
Employee Benefits	(6,772)	4,087	3,878	4,728	4,217	3,481	4,161	4,566	4,923	6,119	6,057	3,229	16,653
Total Employment Expenses	21,557	32,678	33,434	38,321	36,627	33,634	37,366	38,931	36,102	37,920	40,828	40,040	51,239
Medical & Other Supplies	12,067	9,596	13,004	11,942	11,714	10,623	10,687	10,913	10,406	11,180	10,685	11,914	7,187
Physician Fees	8,207	7,922	8,527	7,736	9,674	10,261	9,479	9,210	8,812	9,045	8,829	9,329	9,538
Purchased Services	2,697	1,100	1,368	1,680	1,683	1,565	1,745	1,261	1,511	1,304	1,914	2,038	1,758
Repairs & Maintenance	2,319	2,074	2,425	2,425	2,702	2,330	2,331	2,324	2,588	2,251	2,204	2,380	2,358
Utilities	1,175	688	740	696	860	760	654	753	736	723	753	794	822
Rents & Leases	504	475	519	487	474	522	505	528	525	515	519	585	517
Depreciation & Amortization	3,924	2,635	2,632	2,636	2,634	2,636	2,631	2,614	2,634	2,583	2,649	2,610	3,460
Interest Expense	666	555	646	499	501	500	498	655	671	671	671	826	700
Other Expense	2,198	1,450	1,466	1,641	1,563	1,557	1,804	2,110	1,731	2,019	1,907	2,812	2,528
Humana Cap Plan Expenses	3,018	3,472	2,503	3,642	3,982	3,130	2,902	2,327	2,617	5,196	3,413	2,850	2,407
Management Services Expense	3,521	2,768	3,115	3,734	2,988	2,628	2,462	2,570	2,835	3,003	3,380	2,268	3,2273
Total Other Expenses	40,296	32,735	36,945	37,116	38,774	36,512	35,698	35,266	35,066	38,491	36,924	38,405	34,502
Total Operating Expenses	61,854	65,413	70,379	75,437	75,402	70,146	73,064	74,197	71,168	76,412	77,752	78,445	85,742
Operating Margin	\$4,146	\$1,124	(\$4,642)	(\$2,046)	(\$4,136)	\$6,862	(\$591)	\$134	(\$5,709)	(\$7,247)	(\$4,588)	(\$3,220)	(\$11,461)
Stimulus Funds	\$525	\$0	\$438	\$0	\$137	\$6,542	\$0	\$0	\$93	\$9,345	\$0	\$0	\$3,028
Operating Margin after Stimulus	\$4,671	\$1,124	(\$4,204)	(\$2,046)	(\$3,999)	\$13,404	(\$591)	\$134	(\$5,616)	\$2,098	(\$4,588)	(\$3,220)	(\$8,433)
Nonoperating Revenue (Loss)	248	582	552	(388)	595	587	2,495	568	693	(9,815)	(568)	(436)	(3,356)
Excess Margin	\$4,919	\$1,706	(\$3,651)	(\$2,434)	\$3,955	\$13,991	\$1,904	\$702	(\$4,924)	(\$7,718)	(\$5,156)	(\$3,656)	(\$11,789)

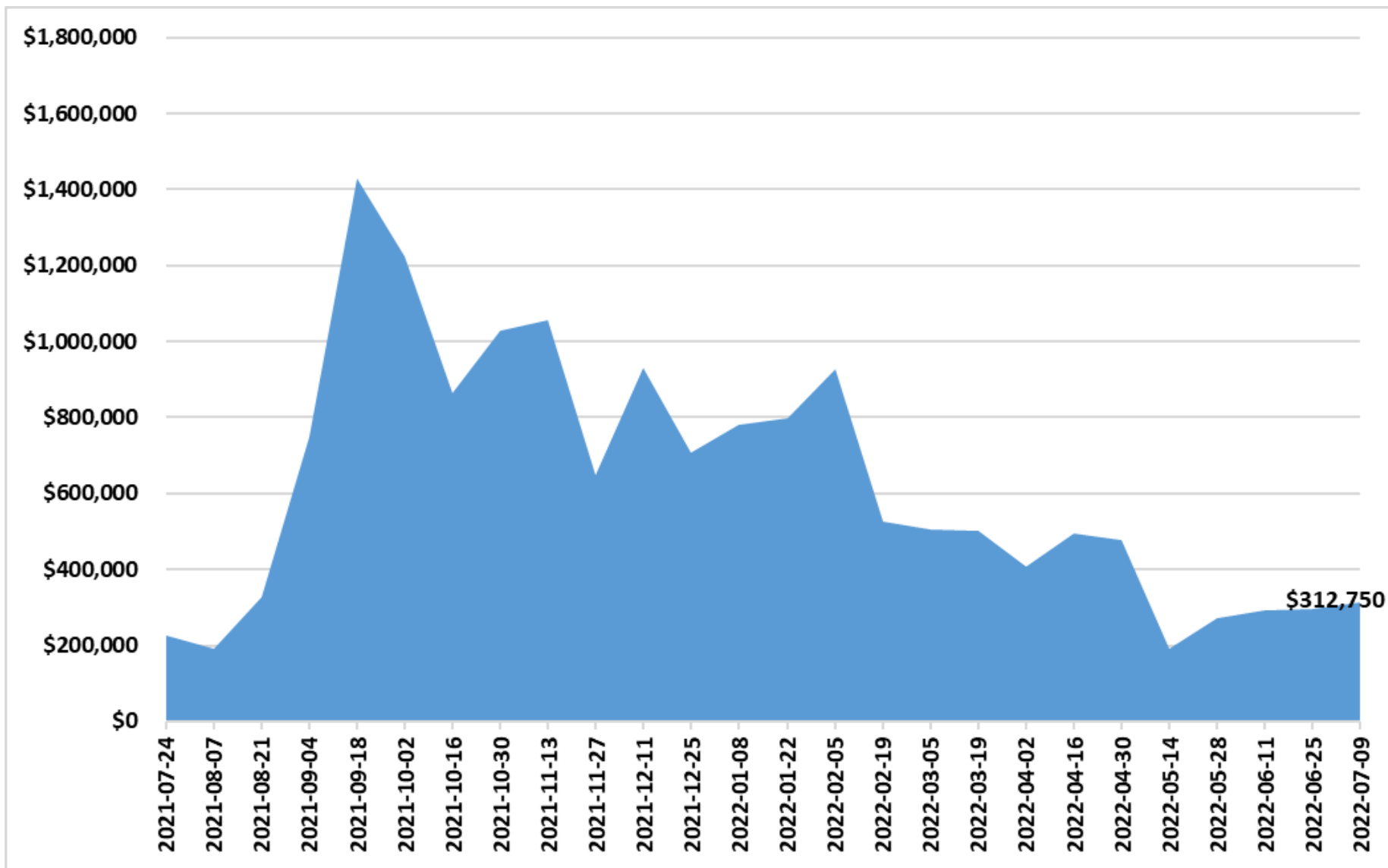
Productive Hours



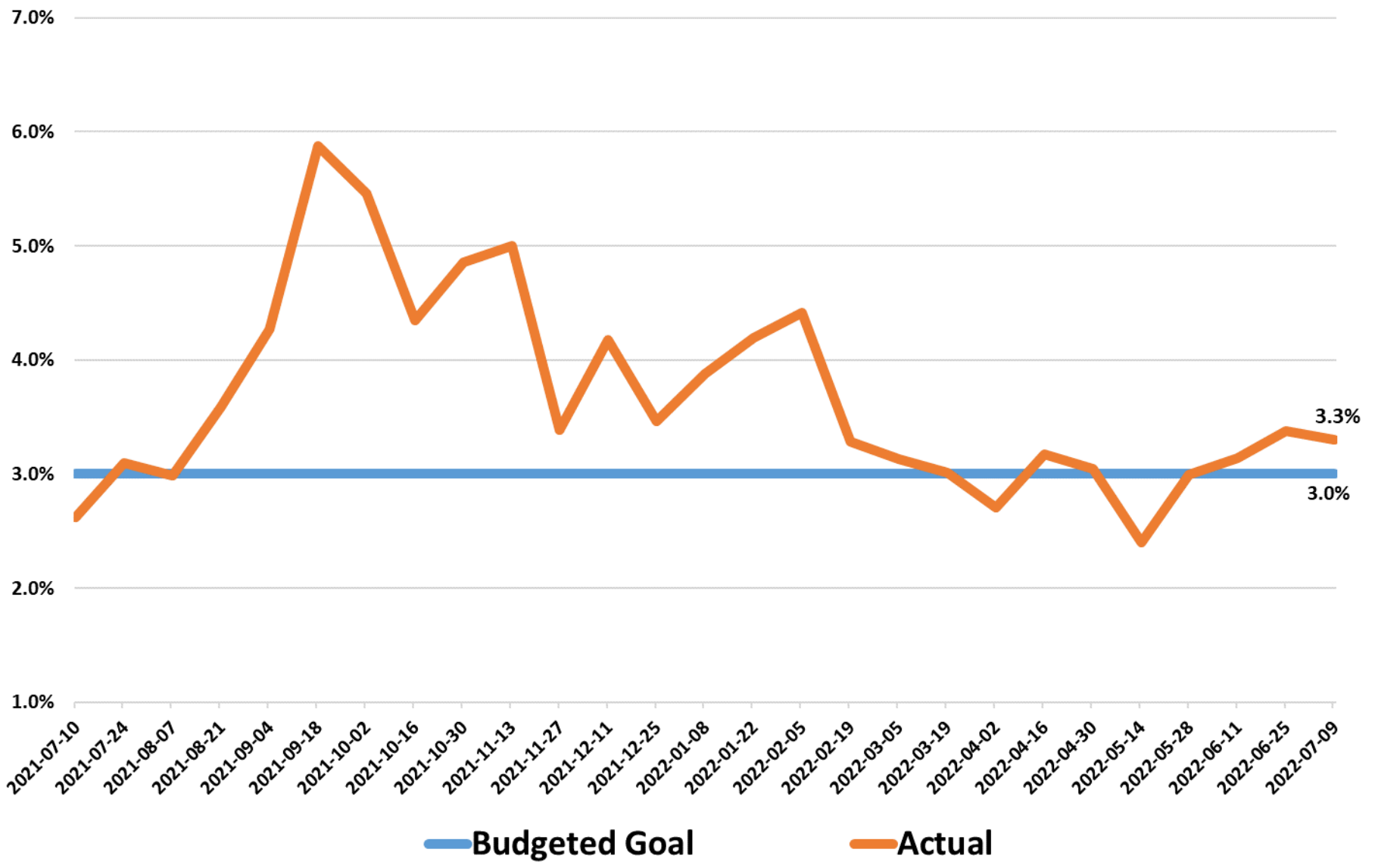
Productivity: Worked Hours/Adjusted Patient Days



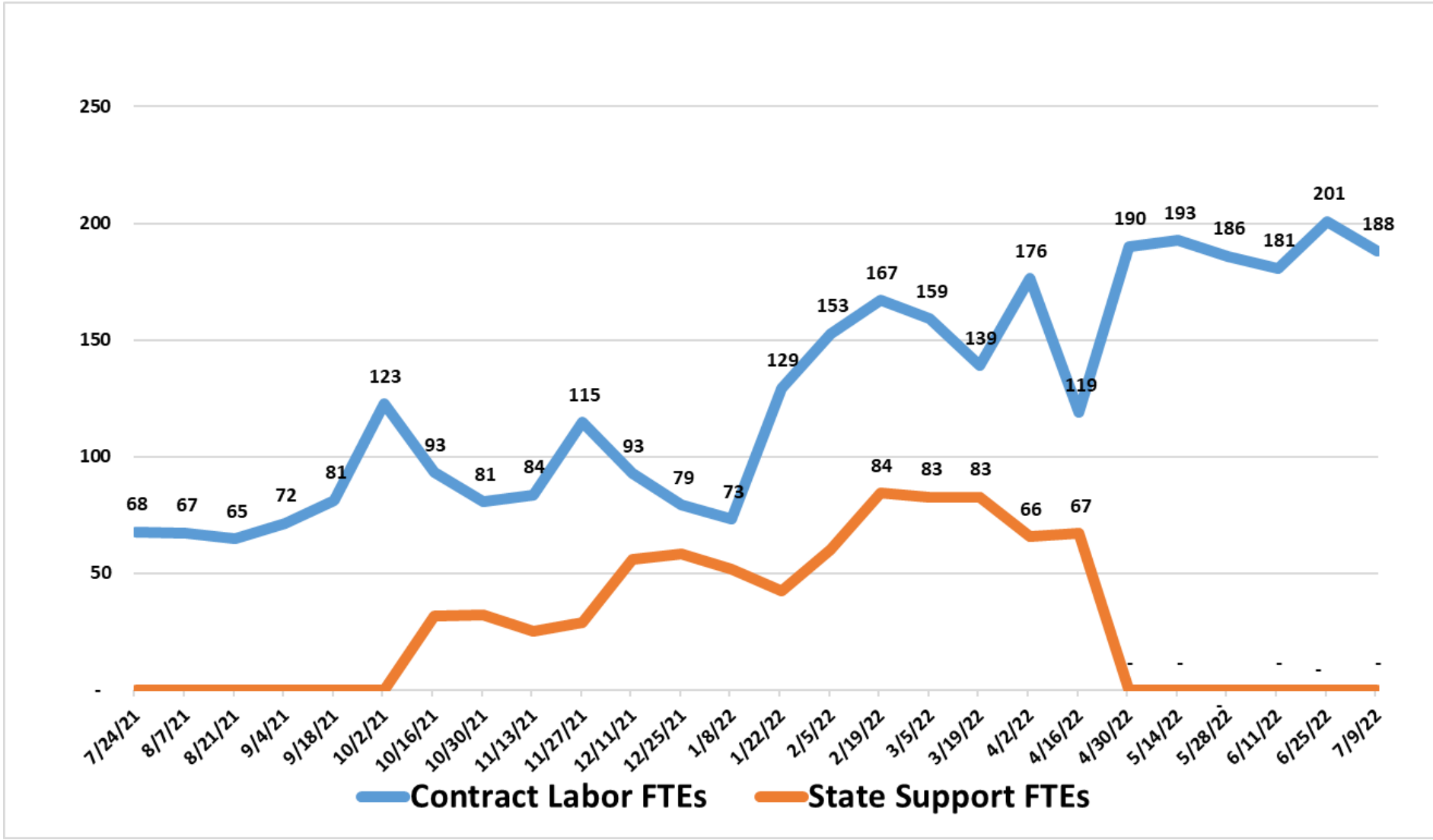
Shift Bonus



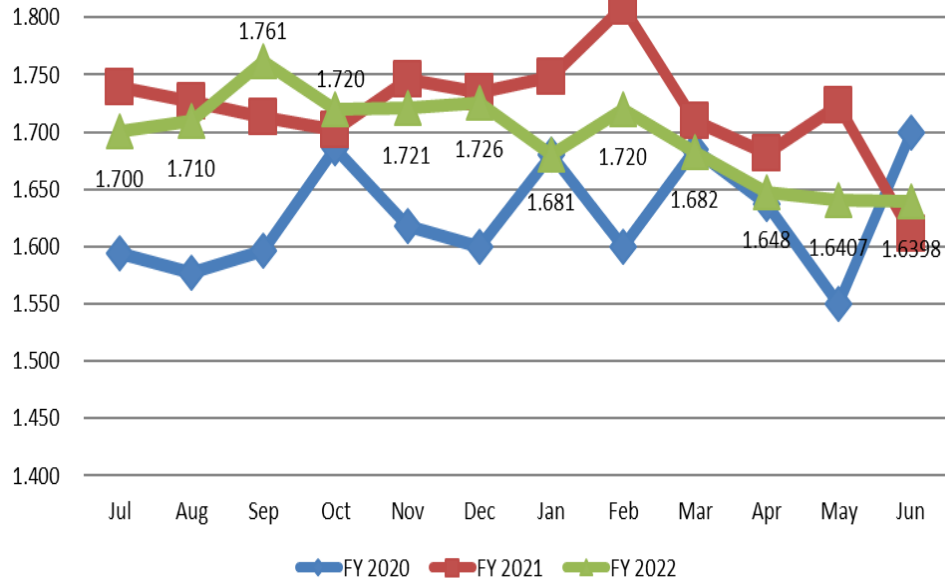
Overtime as a % of Productive Hours and \$



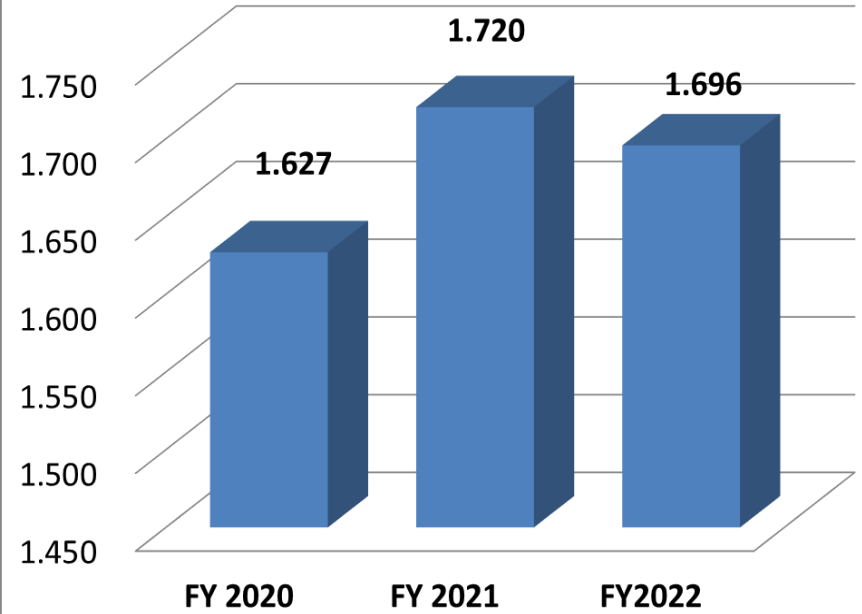
Contract Labor Full Time Equivalents (FTEs)



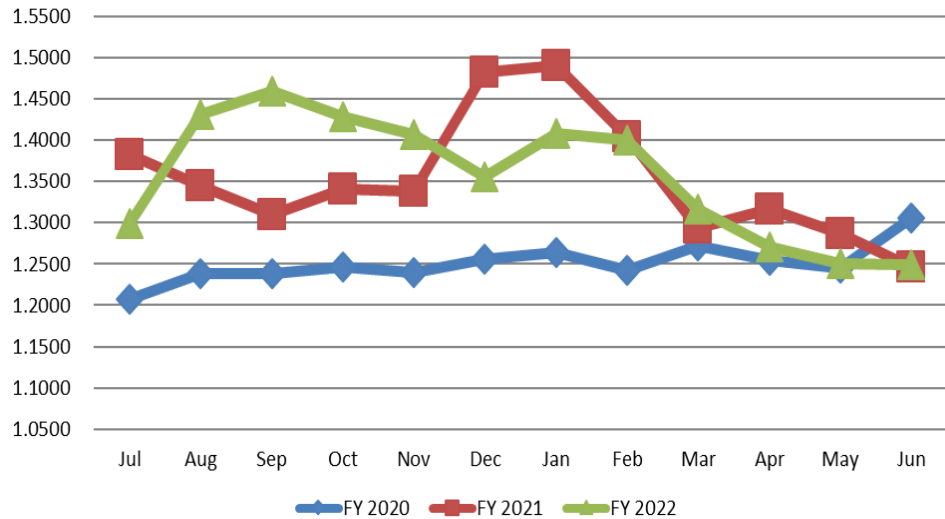
Case Mix Index w/o Normal Newborns



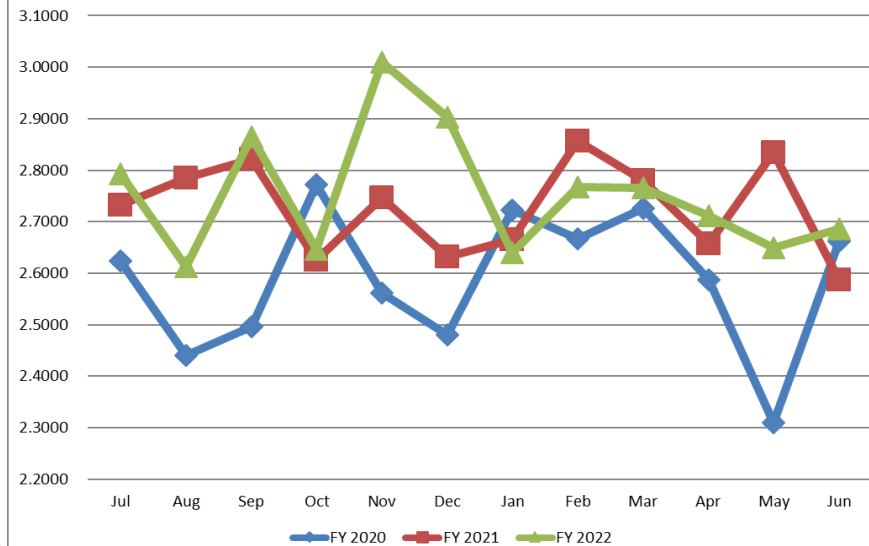
Case Mix Index w/o Normal Newborns - All



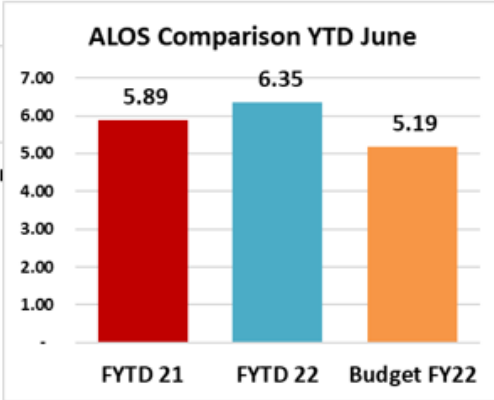
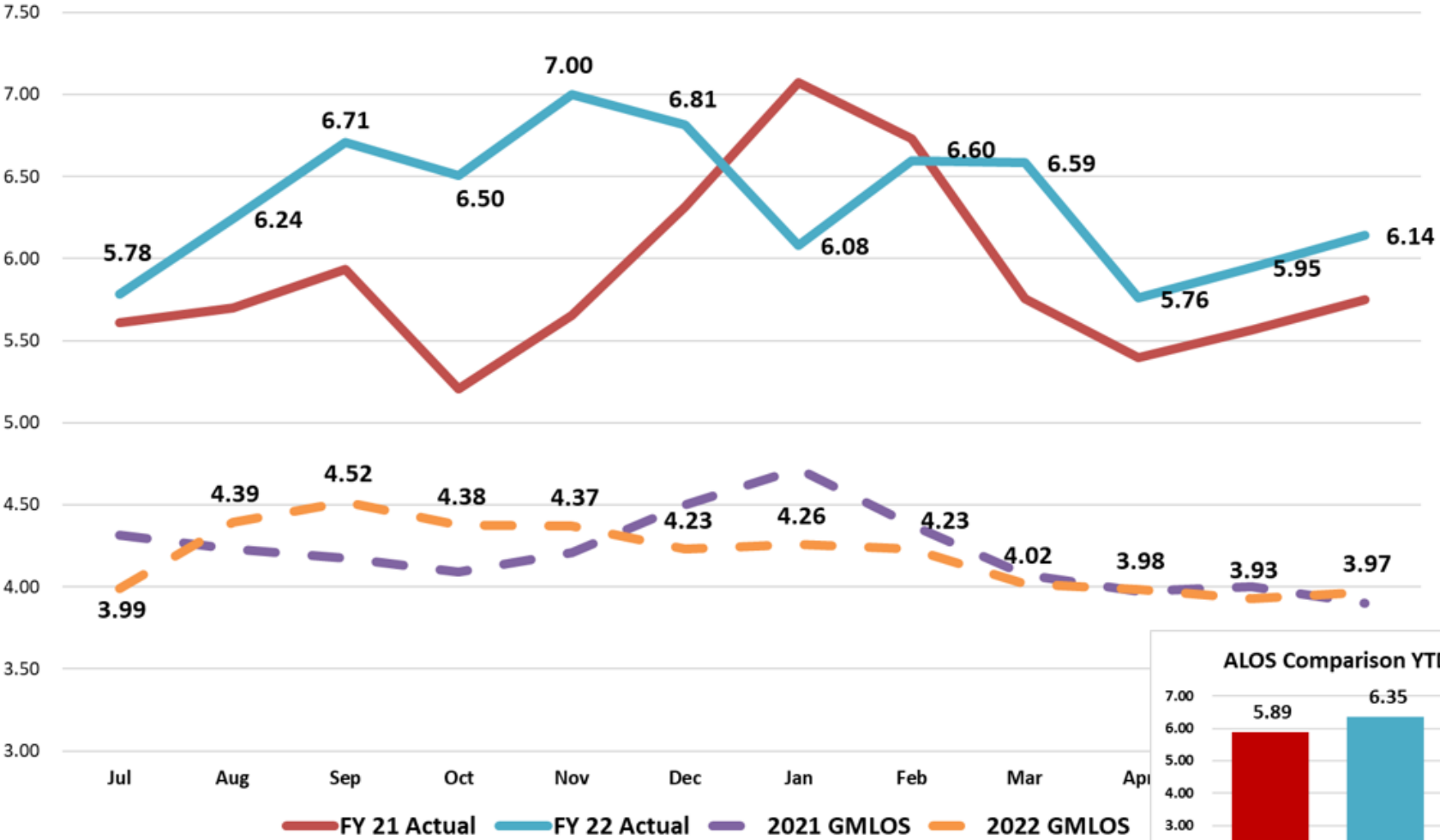
Case Mix **Medical** w/o Normal Newborns



Case Mix Index **Surgical** w/o Normal Newborns



Average Length of Stay versus National Average (GMLOS)



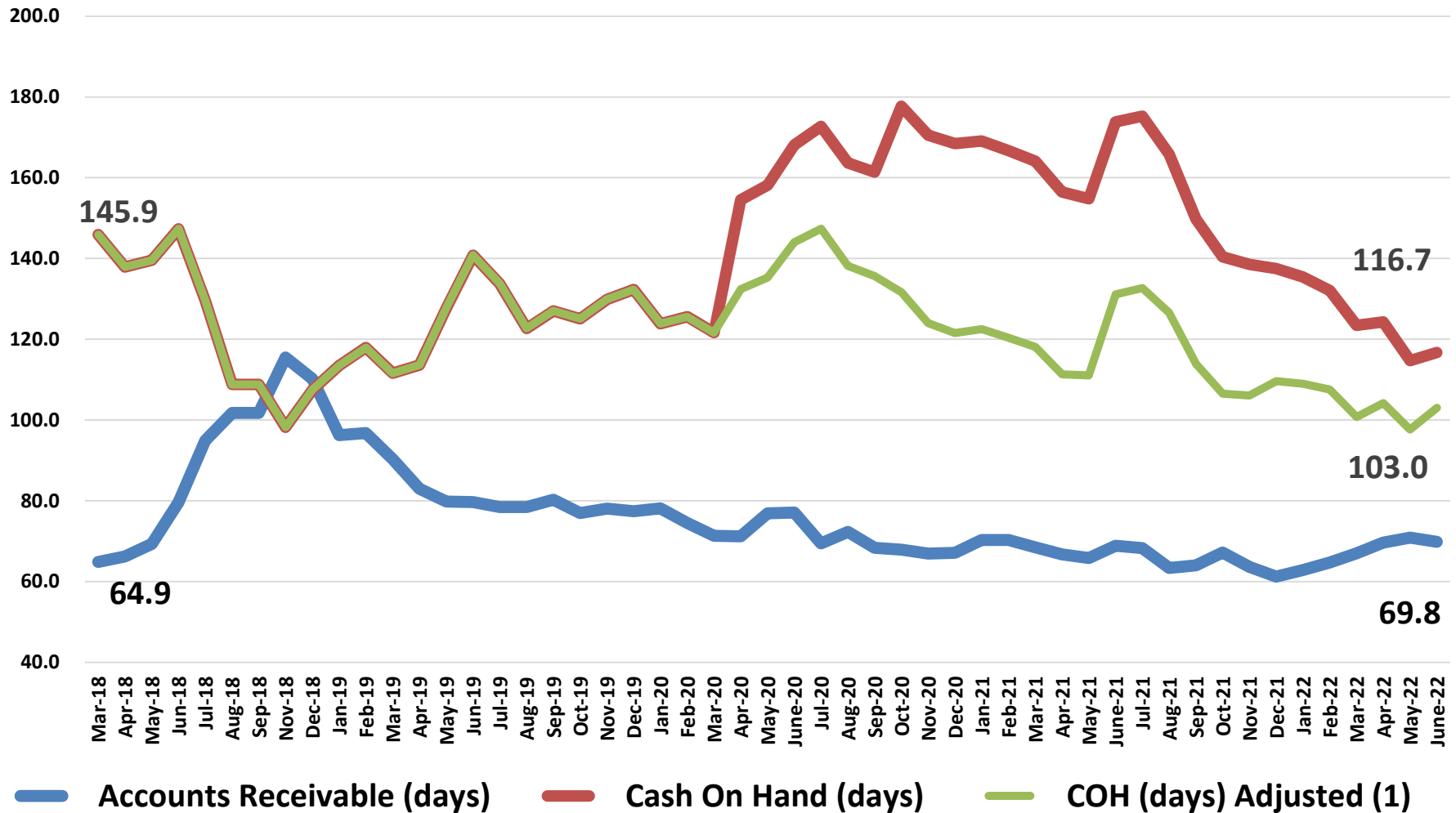
Average Length of Stay versus National Average (GMLOS)

	Including COVID Patients				Excluding COVID Patients			Gap Diff	%
	ALOS	GMLOS	GAP		ALOS	GMLOS	GAP		
Mar-20	5.20	4.04	1.16		5.17	4.03	1.14	0.02	2%
Apr-20	5.30	4.25	1.05		5.20	4.17	1.03	0.02	1%
May-20	5.25	4.16	1.09		4.74	4.06	0.68	0.40	37%
Jun-20	5.61	4.11	1.50		4.98	3.95	1.03	0.47	31%
Jul-20	5.61	4.32	1.29		5.01	4.05	0.96	0.33	25%
Aug-20	5.70	4.23	1.47		5.00	3.95	1.05	0.42	28%
Sep-20	5.93	4.17	1.76		5.33	4.00	1.33	0.43	24%
Oct-20	5.21	4.09	1.12		4.98	3.98	1.00	0.12	10%
Nov-20	5.66	4.21	1.45		5.40	4.07	1.33	0.12	8%
Dec-20	6.32	4.50	1.82		5.16	3.97	1.19	0.63	34%
Jan-21	7.07	4.72	2.35		5.61	4.15	1.46	0.90	38%
Feb-21	6.73	4.37	2.36		5.64	4.01	1.63	0.73	31%
Mar-21	5.75	4.07	1.68		5.04	3.92	1.12	0.56	33%
Apr-21	5.39	3.98	1.41		5.21	3.89	1.32	0.09	7%
May-21	5.57	4.00	1.57		5.34	3.92	1.42	0.15	10%
Jun-21	5.75	3.90	1.85		5.67	3.88	1.79	0.06	3%
Jul-21	5.78	3.99	1.79		5.68	3.94	1.74	0.05	3%
Aug-21	6.24	4.39	1.85		5.95	4.05	1.90	(0.05)	-3%
Sep-21	6.71	4.52	2.19		5.88	4.08	1.80	0.39	18%
Oct-21	6.50	4.38	2.12		5.33	4.00	1.33	0.79	37%
Nov-21	7.00	4.37	2.63		5.75	3.95	1.80	0.83	32%
Dec-21	6.81	4.23	2.58		6.11	3.98	2.13	0.45	17%
Jan-22	6.08	4.26	1.82		5.96	3.97	1.99	(0.17)	-9%
Feb-22	6.60	4.23	2.37		5.86	3.82	2.04	0.33	14%
Mar-22	6.59	4.02	2.57		5.66	3.89	1.77	0.80	31%
Apr-22	5.76	3.98	1.78		5.64	3.97	1.67	0.11	6%
May-22	5.95	3.93	2.02		5.60	3.87	1.73	0.29	14%
Jun-22	6.14	3.97	2.17		5.70	3.90	1.80	0.37	17%
Average	6.01	4.19	1.81	403/500	5.45	3.98	1.47	0.34	19%

Opportunity Cost of Reducing LOS to National Average - \$82M FY22



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

JUNE 30, 2022

	Current Month Value	Prior Month Value	June 30, 2021 Audited Value	2020 Moody's Median Benchmark		
				Aa	A	Baa
LIQUIDITY RATIOS						
Current Ratio (x)	2.0	1.8	1.2	1.5	1.7	1.8
Accounts Receivable (days)	69.8	70.9	67.0	47.2	46.3	45.9
Cash On Hand (days)	116.7	114.7	173.3	334.8	261.4	207.2
Cushion Ratio (x)	17.4	16.9	22.9	45.9	28.8	19
Average Payment Period (days)	59.1	67.1	93.2	100.5	89.4	95.2
CAPITAL STRUCTURE RATIOS						
Cash-to-Debt	128.2%	119.3%	164.4%	285.0%	200.8%	149.7%
Debt-To-Capitalization	31.3%	32.1%	31.2%	24.8%	31.7%	40.1%
Debt-to-Cash Flow (x)	8.7	9.6	4.6	2.4	3	3.9
Debt Service Coverage	1.5	1.4	2.9	7.5	5.2	3.7
Maximum Annual Debt Service Coverage (x) ***	1.4	1.3	2.9	6.6	4.4	3
Age Of Plant (years)	14.2	14.5	13.5	10.6	11.8	12.9
PROFITABILITY RATIOS						
Operating Margin	(4.1%)	(3.0%)	(3.5%)	2.2%	1.4%	0.6%
Excess Margin	(1.5%)	(1.6%)	1.5%	6.3%	4.8%	3.0%
Operating Cash Flow Margin	0.5%	1.5%	1.4%	7.4%	7.6%	6.2%
Return on Assets	(1.5%)	(1.5%)	1.3%	4.4%	3.8%	2.8%

*** Income available for debt service as of 6/30/22 assumes elimination of unrealized losses on the District's investment portfolio as a non-cash extraordinary item

KAWEAH DELTA HEALTH CARE DISTRICT

CONSOLIDATED INCOME STATEMENT (000's)

FISCAL YEAR 2021 & 2022

Fiscal Year	Operating Revenue			Operating Expenses					Operating Expenses Total	Operating Income	Non-Operating Income	Net Income	Operating Margin %	Excess Margin
	Net Patient Revenue	Other Operating Revenue	Operating Revenue Total	Personnel Expense	Physician Fees	Supplies Expense	Other Operating Expense							
2021														
Jul-20	47,402	13,608	61,009	32,213	7,807	10,036	13,502	63,559	(2,550)	4,542	1,993	(4.2%)	3.0%	
Aug-20	48,393	13,339	61,732	32,203	8,699	10,720	14,744	66,366	(4,634)	4,444	(191)	(7.5%)	(0.3%)	
Sep-20	48,769	13,548	62,317	32,837	6,871	11,619	14,643	65,971	(3,654)	3,138	(515)	(5.9%)	(0.8%)	
Oct-20	51,454	13,083	64,537	33,385	7,746	10,713	15,033	66,876	(2,339)	5,177	2,837	(3.6%)	4.1%	
Nov-20	50,994	12,719	63,713	31,225	8,079	10,999	14,837	65,140	(1,427)	2,807	1,380	(2.2%)	2.1%	
Dec-20	50,409	13,317	63,726	34,298	8,024	11,492	15,152	68,965	(5,240)	1,963	(3,276)	(8.2%)	(5.0%)	
Jan-21	49,949	14,115	64,064	34,008	8,421	12,014	15,101	69,544	(5,480)	6,363	883	(8.6%)	1.3%	
Feb-21	44,505	14,519	59,024	31,565	8,484	9,685	13,829	63,562	(4,538)	3,973	(565)	(7.7%)	(0.9%)	
Mar-21	56,144	17,106	73,250	35,505	8,278	10,923	16,990	71,696	1,554	2,267	3,821	2.1%	5.1%	
Apr-21	52,593	19,684	72,277	37,084	8,320	11,011	16,895	73,310	(1,033)	2,645	1,612	(1.4%)	2.2%	
May-21	50,531	15,692	66,223	34,042	7,754	10,170	16,569	68,535	(2,312)	1,829	(483)	(3.5%)	(0.7%)	
Jun-21	45,033	20,967	66,000	21,557	8,207	12,067	20,023	61,854	4,146	773	4,919	6.3%	7.4%	
2021 FY Total	\$ 596,175	\$ 181,697	\$ 777,872	\$ 389,923	\$ 96,690	\$ 131,449	\$ 187,317	\$ 805,379	\$ (27,507)	\$ 39,921	\$ 12,414	(3.5%)	1.5%	
2022														
Jul-21	51,502	15,035	66,537	32,678	7,922	9,596	15,217	65,413	1,124	582	1,706	1.7%	2.5%	
Aug-21	49,714	16,024	65,737	33,434	8,527	13,004	15,414	70,379	(4,642)	990	(3,651)	(7.1%)	(5.5%)	
Sep-21	57,879	15,513	73,391	38,332	7,736	11,942	17,438	75,448	(2,056)	(388)	(2,445)	(2.8%)	(3.3%)	
Oct-21	55,674	15,592	71,266	36,627	9,674	11,714	17,386	75,402	(4,136)	732	(3,403)	(5.8%)	(4.8%)	
Nov-21	54,846	22,162	77,008	33,634	10,261	10,623	15,629	70,146	6,862	7,129	13,991	8.9%	18.2%	
Dec-21	51,115	21,796	72,911	37,366	9,479	10,687	15,532	73,064	(153)	2,057	1,904	(0.2%)	2.6%	
Jan-22	56,862	17,469	74,331	38,931	9,210	10,913	15,143	74,197	134	568	702	0.2%	0.9%	
Feb-22	47,933	17,525	65,458	36,102	8,812	10,406	15,848	71,168	(5,710)	787	(4,924)	(8.7%)	(7.5%)	
Mar-22	52,555	16,609	69,164	37,920	9,045	11,180	18,266	76,412	(7,247)	(470)	(7,717)	(10.5%)	(11.2%)	
Apr-22	49,729	23,436	73,165	40,828	8,829	10,685	17,410	77,752	(4,588)	(568)	(5,156)	(6.3%)	(7.0%)	
May-22	56,673	18,552	75,225	40,040	9,329	11,914	17,162	78,445	(3,220)	(436)	(3,656)	(4.3%)	(4.9%)	
Jun-22	50,790	23,490	74,280	51,239	9,538	7,187	17,777	85,741	(11,461)	(328)	(11,789)	(15.4%)	(15.9%)	
2022 FY Total	\$ 635,270	\$ 223,203	\$ 858,474	\$ 457,132	\$ 108,362	\$ 129,850	\$ 198,223	\$ 893,567	\$ (35,093)	\$ 10,653	\$ (24,440)	(4.1%)	(2.8%)	
FYTD Budget	635,050	189,168	824,218	391,534	100,055	125,557	193,640	810,786	13,432	6,349	19,781	1.6%	2.4%	
Variance	\$ 220	\$ 34,035	\$ 34,256	\$ 65,598	\$ 8,307	\$ 4,293	\$ 4,583	\$ 82,781	\$ (48,526)	\$ 4,304	\$ (44,221)			
Current Month Analysis														
Jun-22	\$ 50,790	\$ 23,490	\$ 74,280	\$ 51,239	\$ 9,538	\$ 7,187	\$ 17,777	\$ 85,741	\$ (11,461)	\$ (328)	\$ (11,789)	(15.4%)	(15.9%)	
Budget	52,092	16,100	68,192	32,627	8,456	40,750	16,565	67,909	284	1,037	1,321	0.4%	1.9%	
Variance	\$ (1,302)	\$ 7,390	\$ 6,088	\$ 18,612	\$ 1,082	\$ (3,074)	\$ 1,212	\$ 17,833	\$ (11,745)	\$ (1,365)	(13,110)			

KAWEAH DELTA HEALTH CARE DISTRICT

FISCAL YEAR 2021 & 2022

Fiscal Year	Patient		Adjusted Patient		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
	Days	ADC	Days	I/P Revenue %										
2021														
Jul-20	13,016	420	24,934	52.2%	76.8%	1,901	1,292	313	403	2,549	68.0%	16.5%	21.2%	134.1%
Aug-20	13,296	429	24,893	53.4%	75.7%	1,944	1,294	349	431	2,666	66.5%	18.0%	22.2%	137.1%
Sep-20	13,024	434	24,587	53.0%	75.6%	1,984	1,336	279	473	2,683	67.3%	14.1%	23.8%	135.3%
Oct-20	12,478	403	24,749	50.4%	74.2%	2,079	1,349	313	433	2,702	64.9%	15.1%	20.8%	130.0%
Nov-20	12,898	430	24,958	51.7%	74.0%	2,043	1,251	324	441	2,610	61.2%	15.8%	21.6%	127.7%
Dec-20	14,389	464	25,827	55.7%	75.2%	1,952	1,328	311	445	2,670	68.0%	15.9%	22.8%	136.8%
Jan-21	14,002	452	24,471	57.2%	75.5%	2,041	1,390	344	491	2,842	68.1%	16.9%	24.1%	139.2%
Feb-21	12,388	442	23,578	52.5%	77.3%	1,888	1,339	360	411	2,696	70.9%	19.1%	21.8%	142.8%
Mar-21	13,030	420	25,820	50.5%	74.9%	2,174	1,375	321	423	2,777	63.2%	14.7%	19.5%	127.7%
Apr-21	12,361	412	25,268	48.9%	75.8%	2,081	1,468	329	436	2,901	70.5%	15.8%	20.9%	139.4%
May-21	13,115	423	25,026	52.4%	76.4%	2,019	1,360	310	406	2,739	67.4%	15.3%	20.1%	135.6%
Jun-21	12,916	431	25,797	50.1%	79.6%	1,746	836	318	468	2,398	47.9%	18.2%	26.8%	137.4%
2021 FY Total	156,913	430	300,105	52.3%	75.9%	1,987	1,299	322	438	2,684	65.4%	16.2%	22.0%	135.1%
2022														
Jul-21	13,388	432	26,085	51.3%	76.2%	1,974	1,253	304	368	2,508	63.4%	15.4%	18.6%	127.0%
Aug-21	14,421	465	27,742	52.0%	77.3%	1,792	1,205	307	469	2,537	67.3%	17.2%	26.2%	141.6%
Sep-21	14,836	495	28,344	52.3%	75.0%	2,042	1,352	273	421	2,662	66.2%	13.4%	20.6%	130.4%
Oct-21	15,518	501	28,267	54.9%	75.8%	1,970	1,296	342	414	2,667	65.8%	17.4%	21.0%	135.4%
Nov-21	13,969	466	26,571	52.6%	74.8%	2,064	1,266	386	400	2,640	61.3%	18.7%	19.4%	127.9%
Dec-21	14,305	461	27,106	52.8%	76.4%	1,886	1,378	350	394	2,695	73.1%	18.5%	20.9%	142.9%
Jan-22	14,611	471	26,955	54.2%	74.3%	2,109	1,444	342	405	2,753	68.5%	16.2%	19.2%	130.5%
Feb-22	13,263	474	24,973	53.1%	75.8%	1,919	1,446	353	417	2,850	75.3%	18.4%	21.7%	148.5%
Mar-22	13,570	438	27,296	49.7%	76.7%	1,925	1,389	331	410	2,799	72.2%	17.2%	21.3%	145.4%
Apr-22	12,698	423	26,159	48.5%	77.0%	1,901	1,561	338	408	2,972	82.1%	17.8%	21.5%	156.4%
May-22	13,858	447	28,283	49.0%	74.6%	2,004	1,416	330	421	2,774	70.7%	16.5%	21.0%	138.4%
Jun-22	13,603	453	27,788	49.0%	77.7%	1,828	1,844	343	259	3,086	100.9%	18.8%	14.2%	168.8%
2022 FY Total	168,040	460	325,602	51.6%	75.9%	1,951	1,404	333	399	2,744	72.0%	17.1%	20.4%	140.7%
FYTD Budget	161,416	442	319,535	50.5%	75.6%	1,987	1,225	313	393	2,490	61.7%	15.8%	19.8%	127.7%
Variance	6,624	18	6,068	1.1%	0.4%	(36)	179	20	6	254	10.3%	1.3%	0.7%	13.0%
Current Month Analysis														
Jun-22	13,603	453	27,788	49.0%	77.7%	1,828	1,844	343	259	3,086	100.9%	18.8%	14.2%	168.8%
Budget	13,025	434	26,062	50.0%	75.5%	1,999	1,252	324	394	2,444	62.6%	16.2%	19.7%	130.4%
Variance	578	19	1,726	(1.0%)	2.2%	(171)	408/590	19	(135)	642	38.3%	2.5%	(5.5%)	38.5%

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

	Jun-22	May-22	Change	% Change	Jun-21 (Audited)	
ASSETS AND DEFERRED OUTFLOWS						
CURRENT ASSETS						
Cash and cash equivalents	\$ 21,693	\$ 12,391	\$ 9,302	75.07%	\$ 30,081	
Current Portion of Board designated and trusted assets	14,121	24,737	(10,616)	-42.92%	13,695	
Accounts receivable:						
Net patient accounts	135,696	135,283	413	0.31%	121,553	
Other receivables	28,241	26,417	1,824	6.90%	16,048	
Inventories	163,937	161,700	2,237	1.38%	137,601	
Medicare and Medi-Cal settlements	13,742	11,428	2,314	20.25%	10,800	
Prepaid expenses	57,965	55,544	2,422	4.36%	37,339	
Total current assets	13,213	9,989	3,224	32.28%	12,210	
	284,672	275,789	8,883	3.22%	241,726	
NON-CURRENT CASH AND INVESTMENTS -						
less current portion						
Board designated cash and assets	266,042	267,248	(1,206)	-0.45%	349,933	
Revenue bond assets held in trust	8	22,336	(22,328)	-99.96%	22,271	
Assets in self-insurance trust fund	1,040	1,945	(905)	-46.53%	2,073	
Total non-current cash and investments	267,091	291,529	(24,439)	-8.38%	374,277	
CAPITAL ASSETS						
Land	17,542	17,542	-	0.00%	17,542	
Buildings and improvements	386,303	386,089	215	0.06%	384,399	
Equipment	323,384	321,955	1,428	0.44%	316,636	
Construction in progress	57,978	58,288	(310)	-0.53%	53,113	
	785,208	783,874	1,333	0.17%	771,690	
Less accumulated depreciation	458,757	455,318	3,440	0.76%	427,307	
	326,451	328,557	(2,106)	-0.64%	344,383	
Property under capital leases -						
less accumulated amortization	(295)	(295)	-	0.00%	376	
Total capital assets	326,155	328,262	(2,106)	-0.64%	344,759	
OTHER ASSETS						
Property not used in operations	1,588	1,588	-	0.00%	1,635	
Health-related investments	4,620	4,635	(16)	-0.34%	5,216	
Other	12,511	12,832	(320)	-2.50%	11,569	
Total other assets	18,719	19,055	(336)	-1.76%	18,419	
Total assets	896,637	914,635	(17,998)	-1.97%	979,182	
DEFERRED OUTFLOWS						
Total assets and deferred outflows	(35,209)	409,500	(35,192)	(17)	0.05%	(35,831)
	\$ 861,428	\$ 879,443	\$ (18,015)	-2.05%	\$ 943,351	

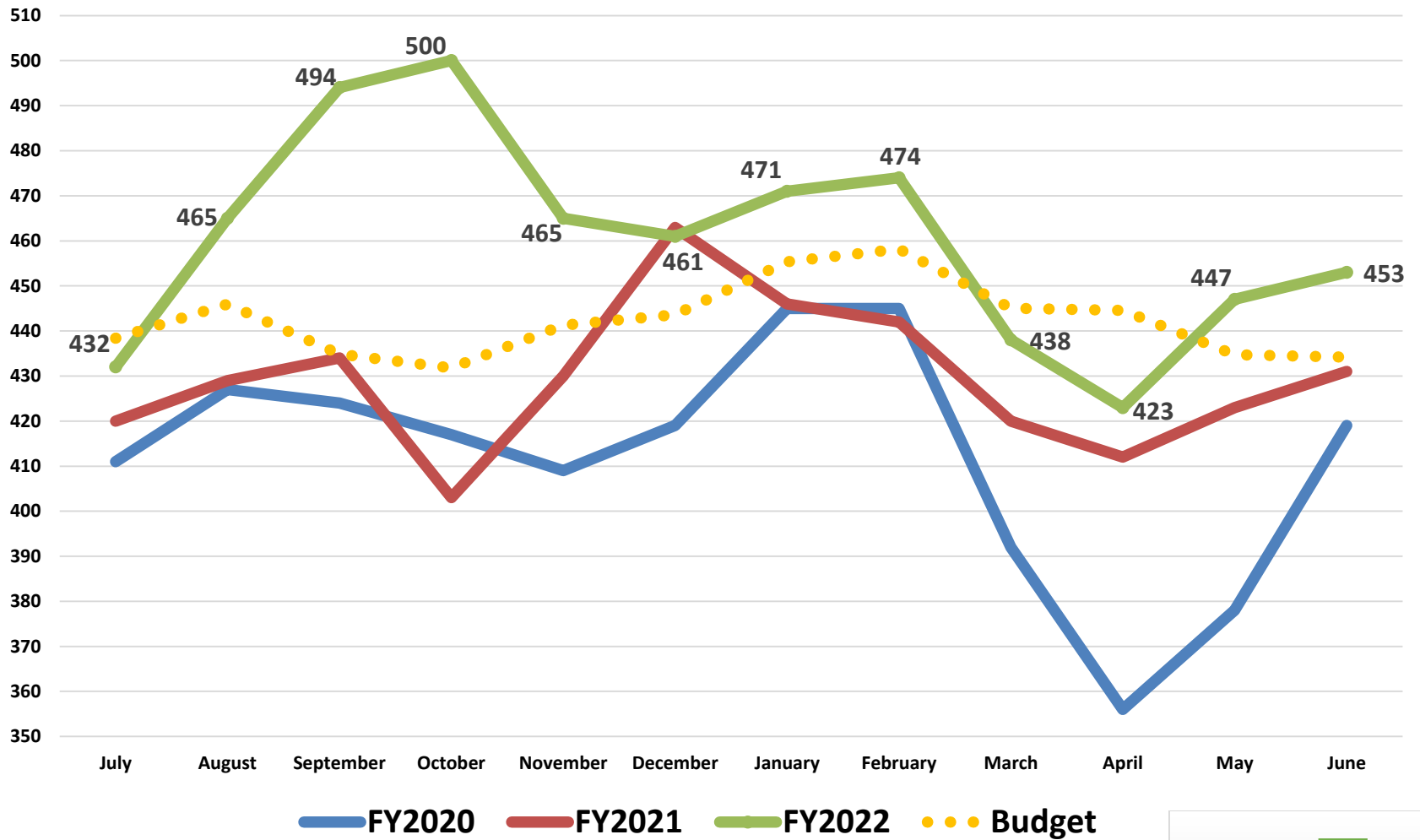
**KAWEAH DELTA HEALTH CARE DISTRICT
CONSOLIDATED STATEMENTS OF NET POSITION (000's)**

	Jun-22	May-22	Change	% Change	Jun-21 (Audited)
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable and accrued expenses	\$ 62,439	\$ 70,586	\$ (8,147)	-11.54%	\$ 114,900
Accrued payroll and related liabilities	74,165	74,025	139	0.19%	71,537
Long-term debt, current portion	2,903	11,499	(8,596)	-74.76%	11,128
Total current liabilities	139,507	156,110	(16,603)	-10.64%	197,565
LONG-TERM DEBT, less current portion					
Bonds payable	248,529	248,535	(7)	0.00%	250,675
Capital leases	72	89	(17)	-19.02%	123
Notes payable	7,816	7,816	-	0.00%	-
Total long-term debt	256,417	256,440	(24)	-0.01%	250,797
NET PENSION LIABILITY	(32,154)	(44,722)	12,568	-28.10%	(22,273)
OTHER LONG-TERM LIABILITIES	30,622	32,828	(2,206)	-6.72%	30,894
Total liabilities	394,391	400,656	(6,265)	-1.56%	456,983
NET ASSETS					
Invested in capital assets, net of related debt	78,181	94,008	(15,827)	-16.84%	107,949
Restricted	31,582	42,558	(10,976)	-25.79%	31,668
Unrestricted	357,274	342,221	15,053	4.40%	346,751
Total net position	467,037	478,787	(11,750)	-2.45%	486,368
Total liabilities and net position	\$ 861,428	\$ 879,443	\$ (18,015)	-2.05%	\$ 943,351

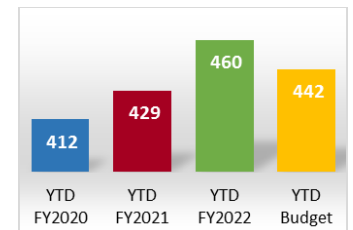
Statistical Report

July 2022

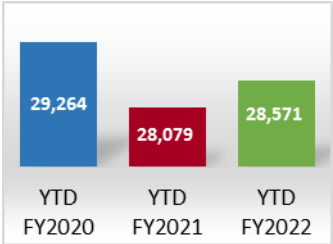
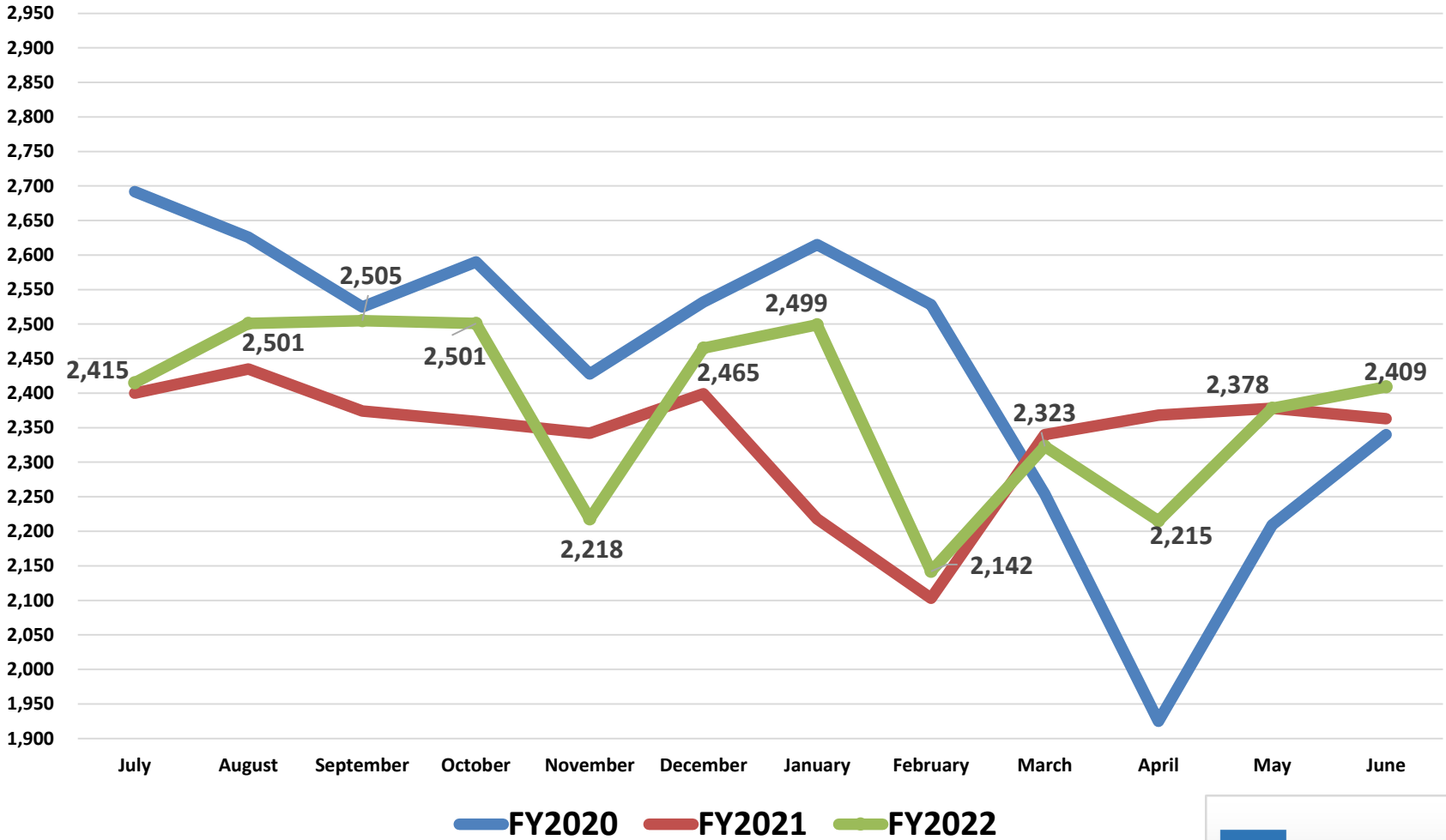
Average Daily Census



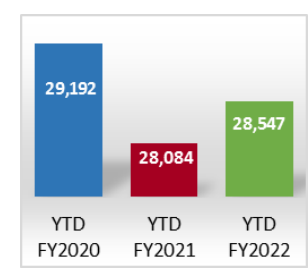
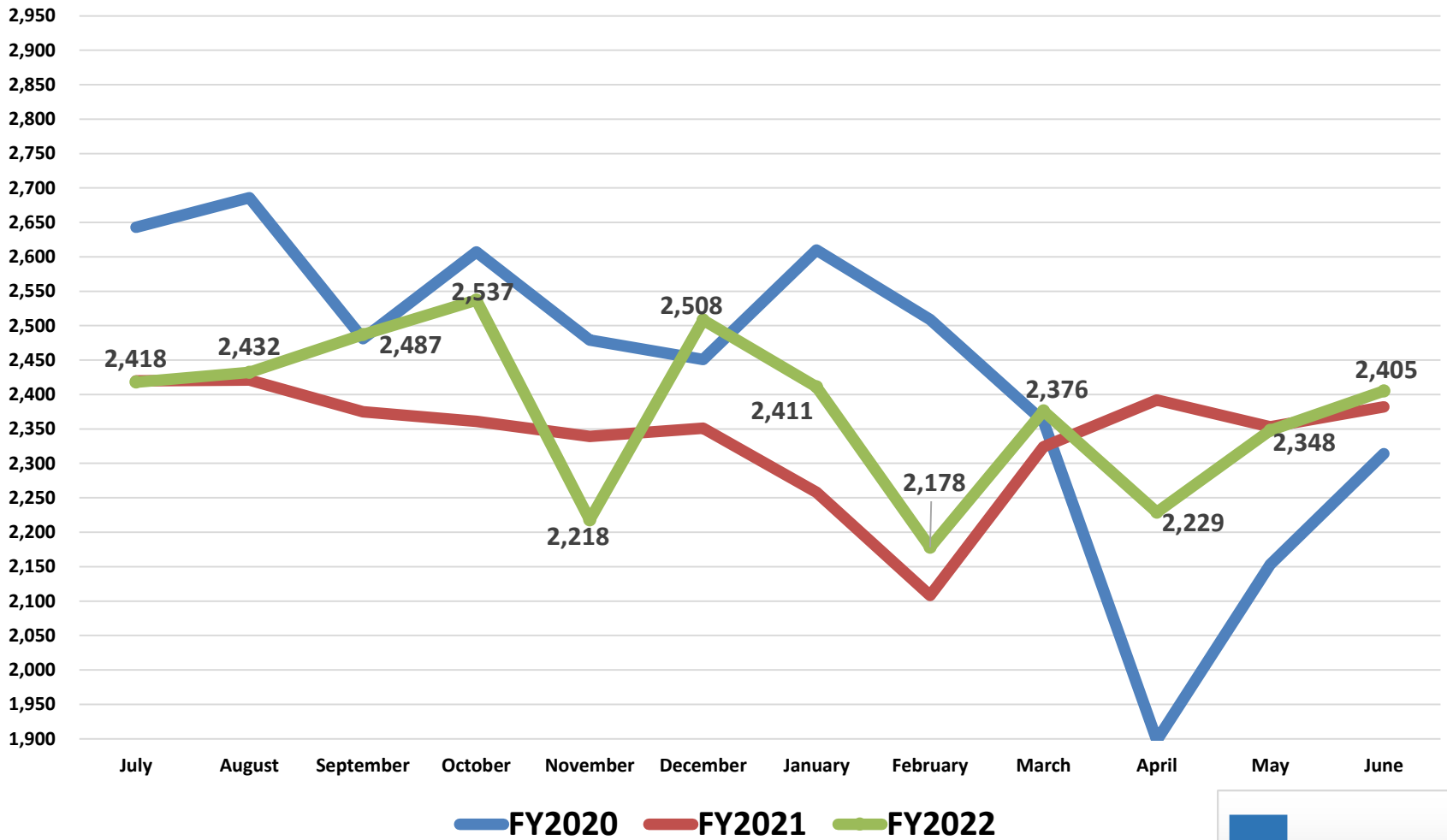
412/500



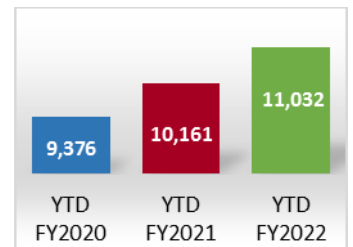
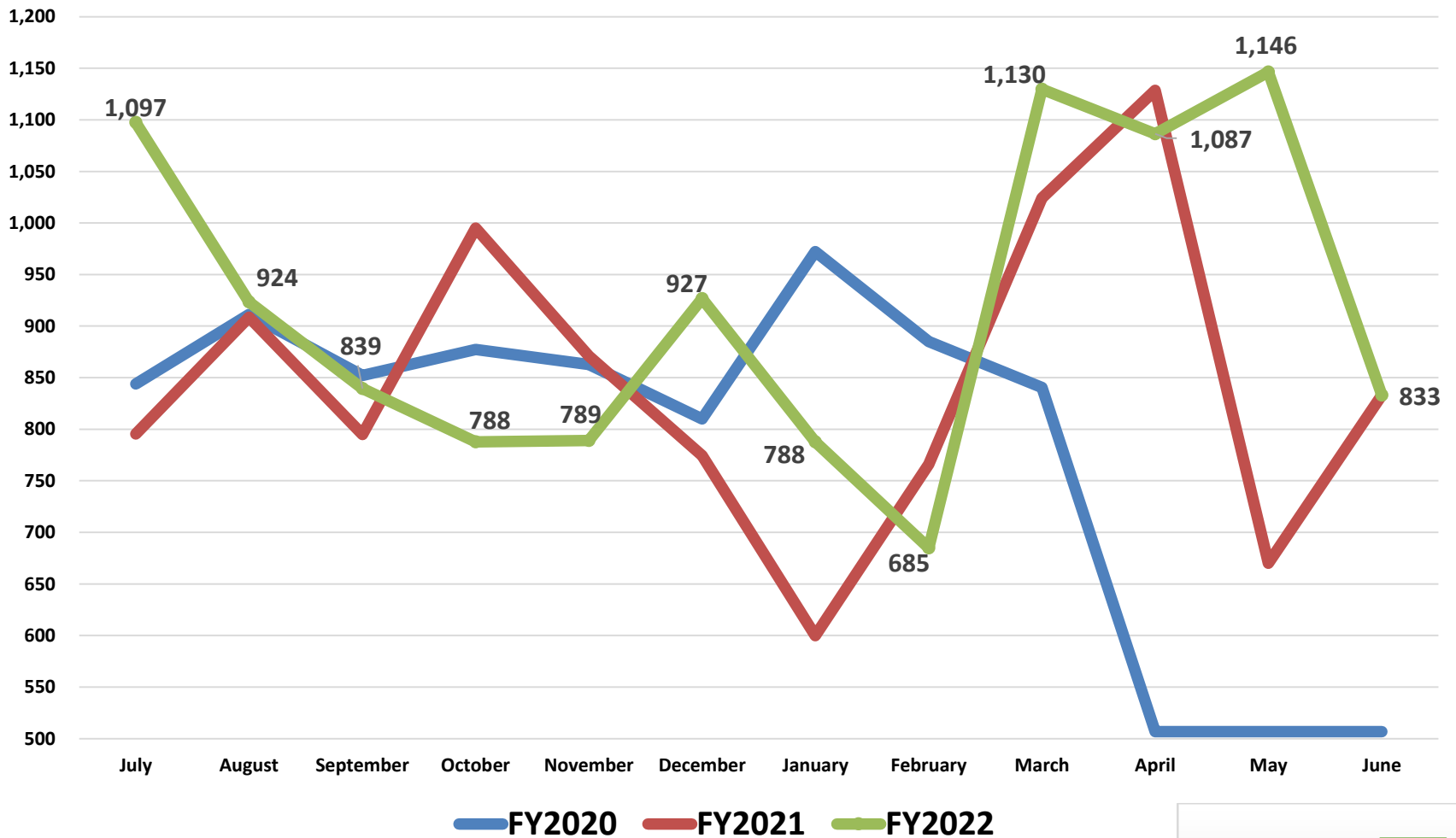
Admissions



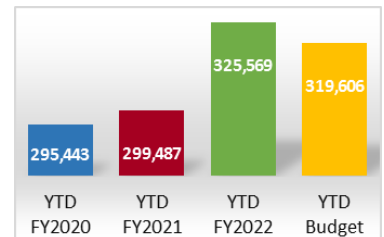
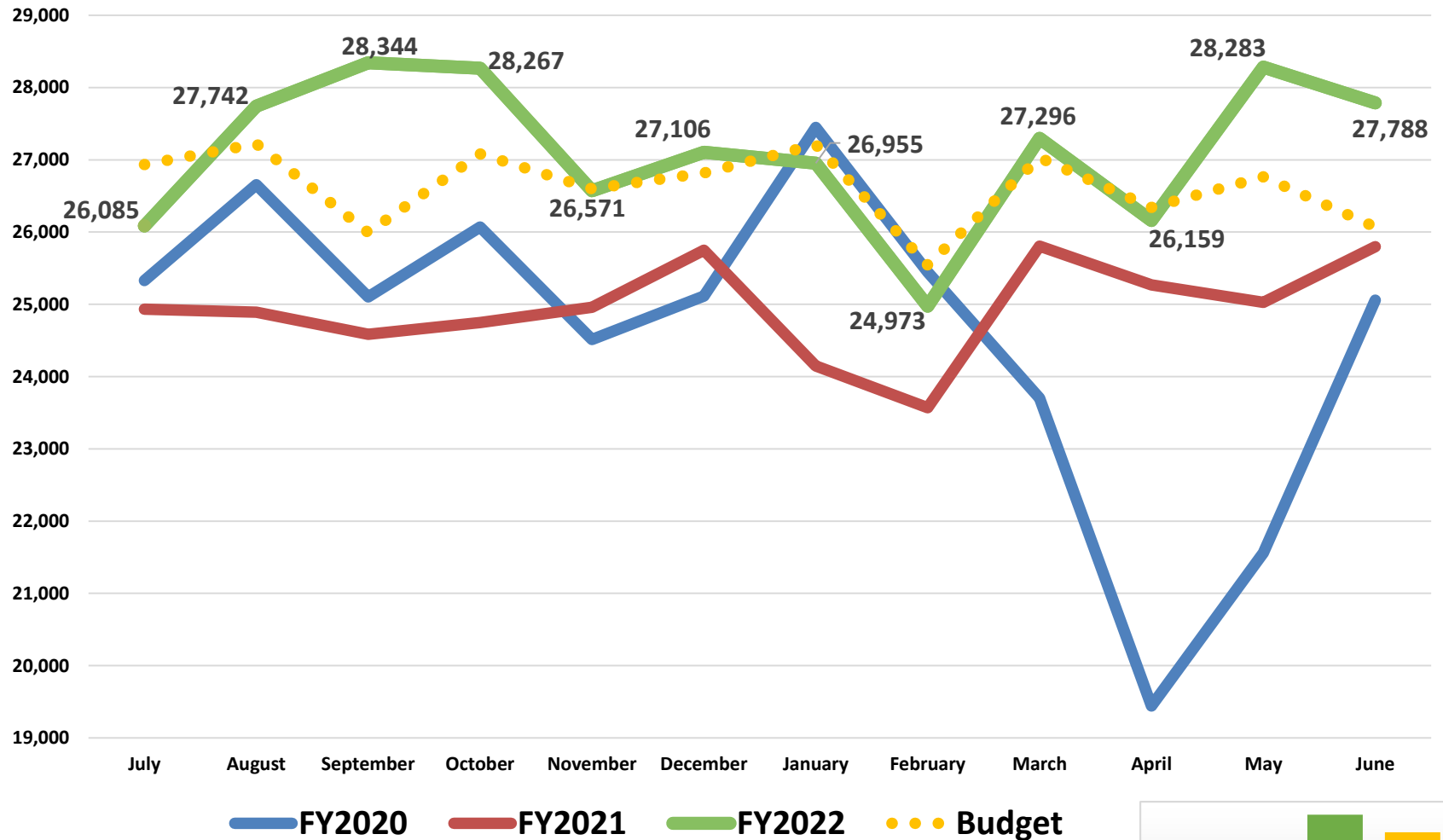
Discharges



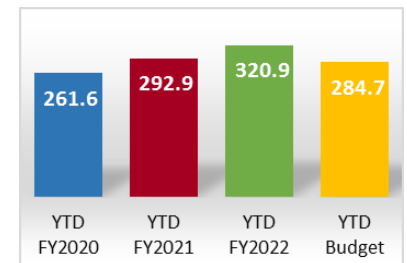
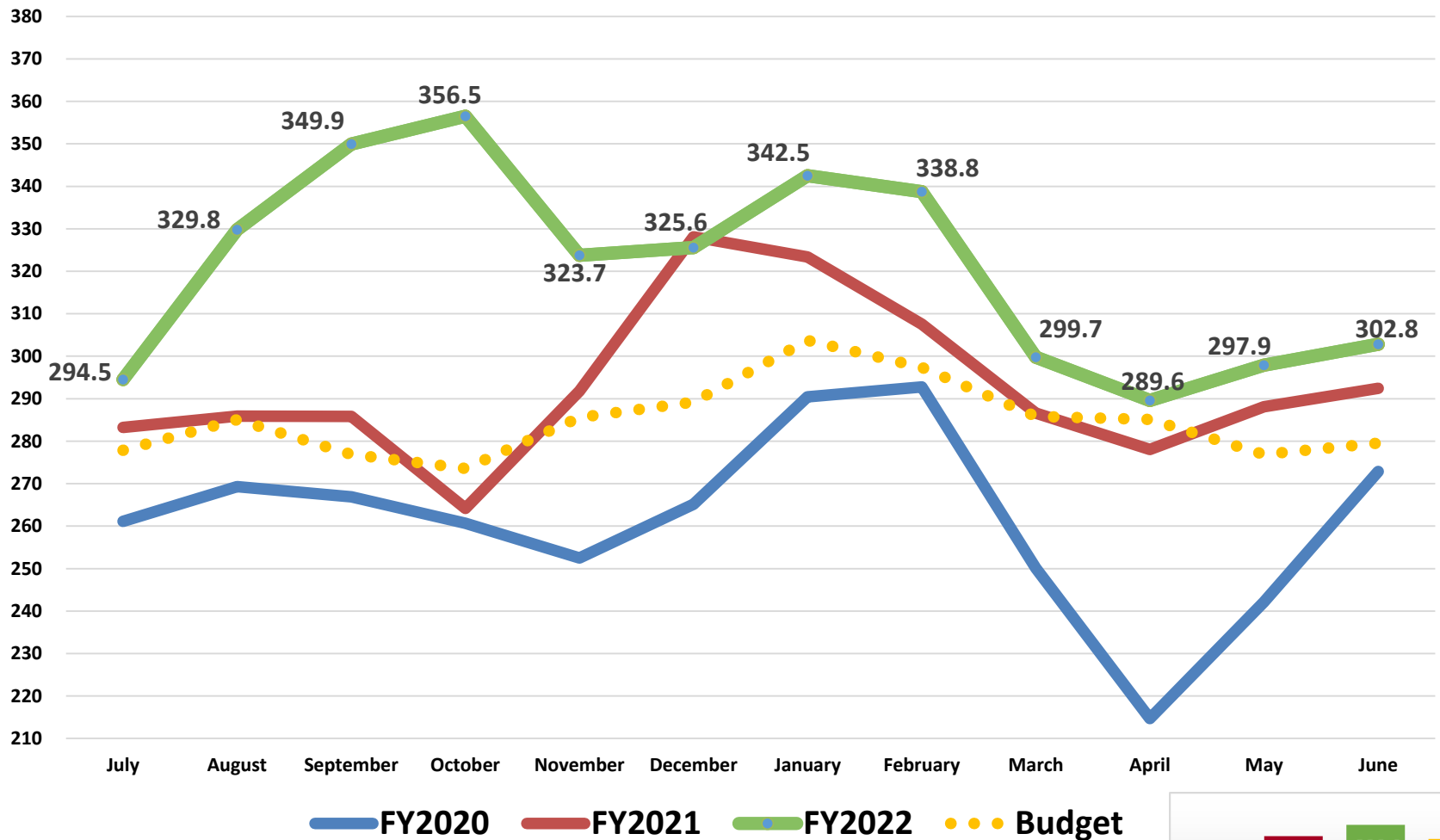
Observation Days



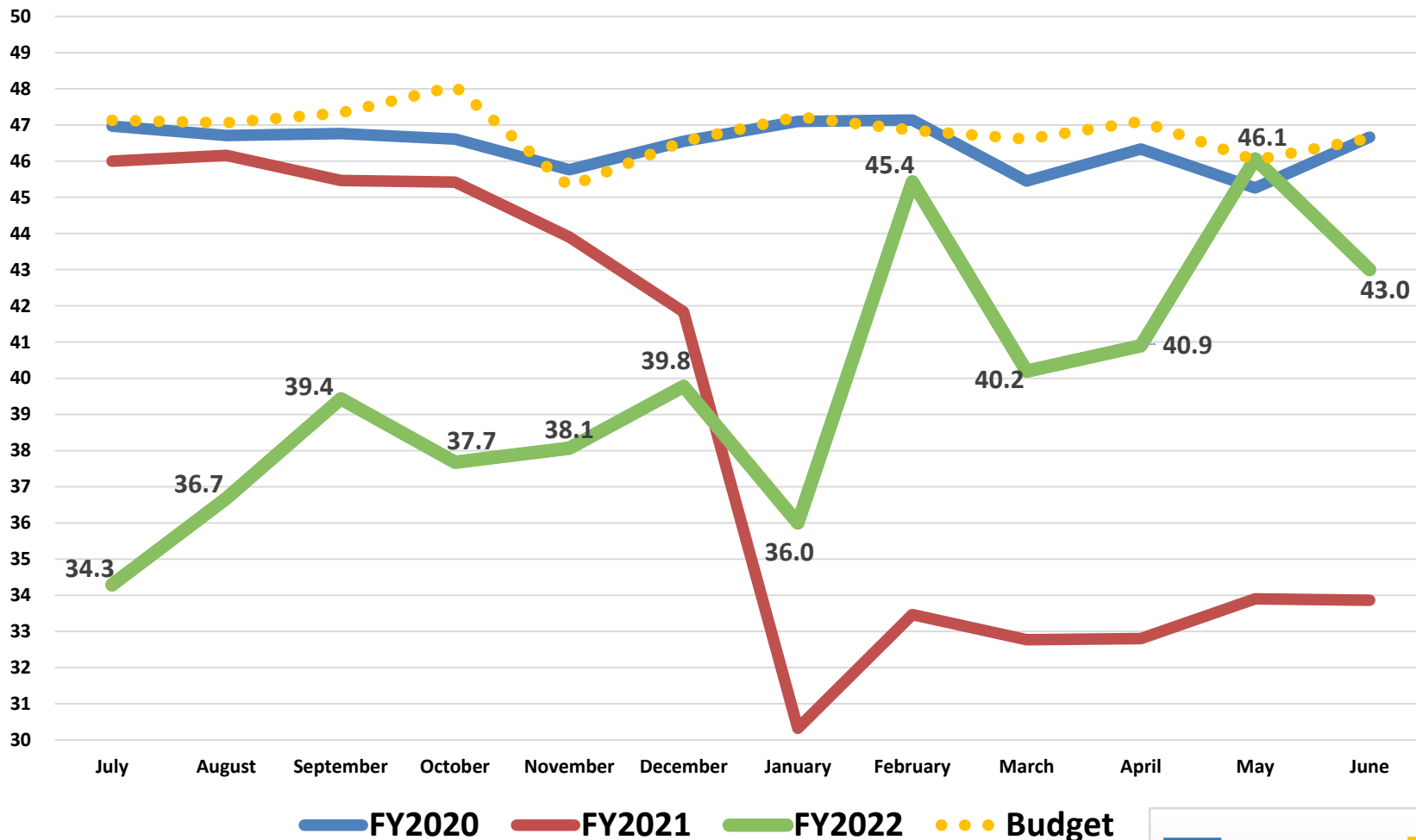
Adjusted Patient Days



Medical Center – Avg. Patients Per Day

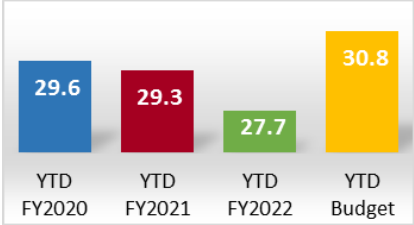
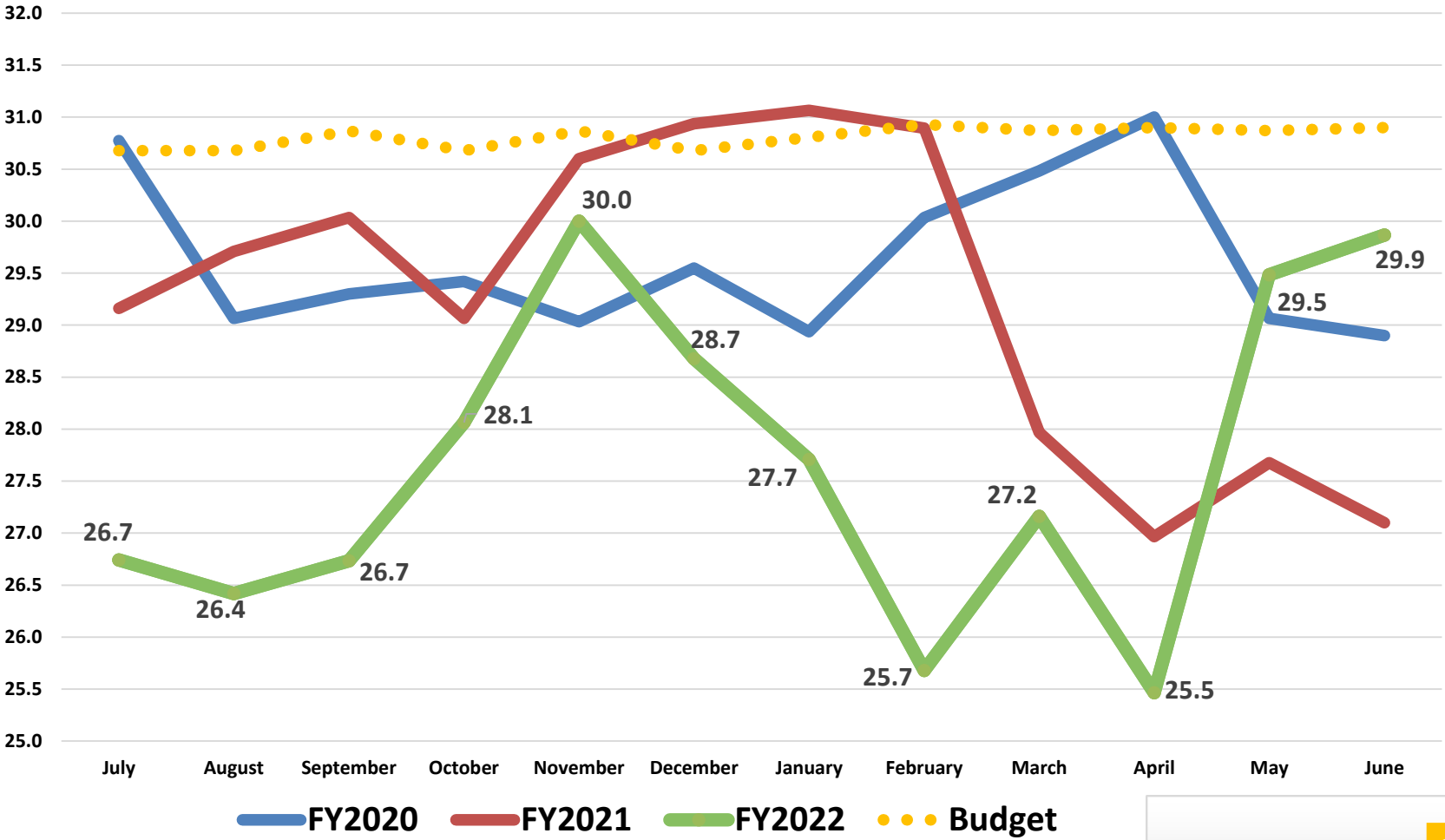


Acute I/P Psych - Avg. Patients Per Day

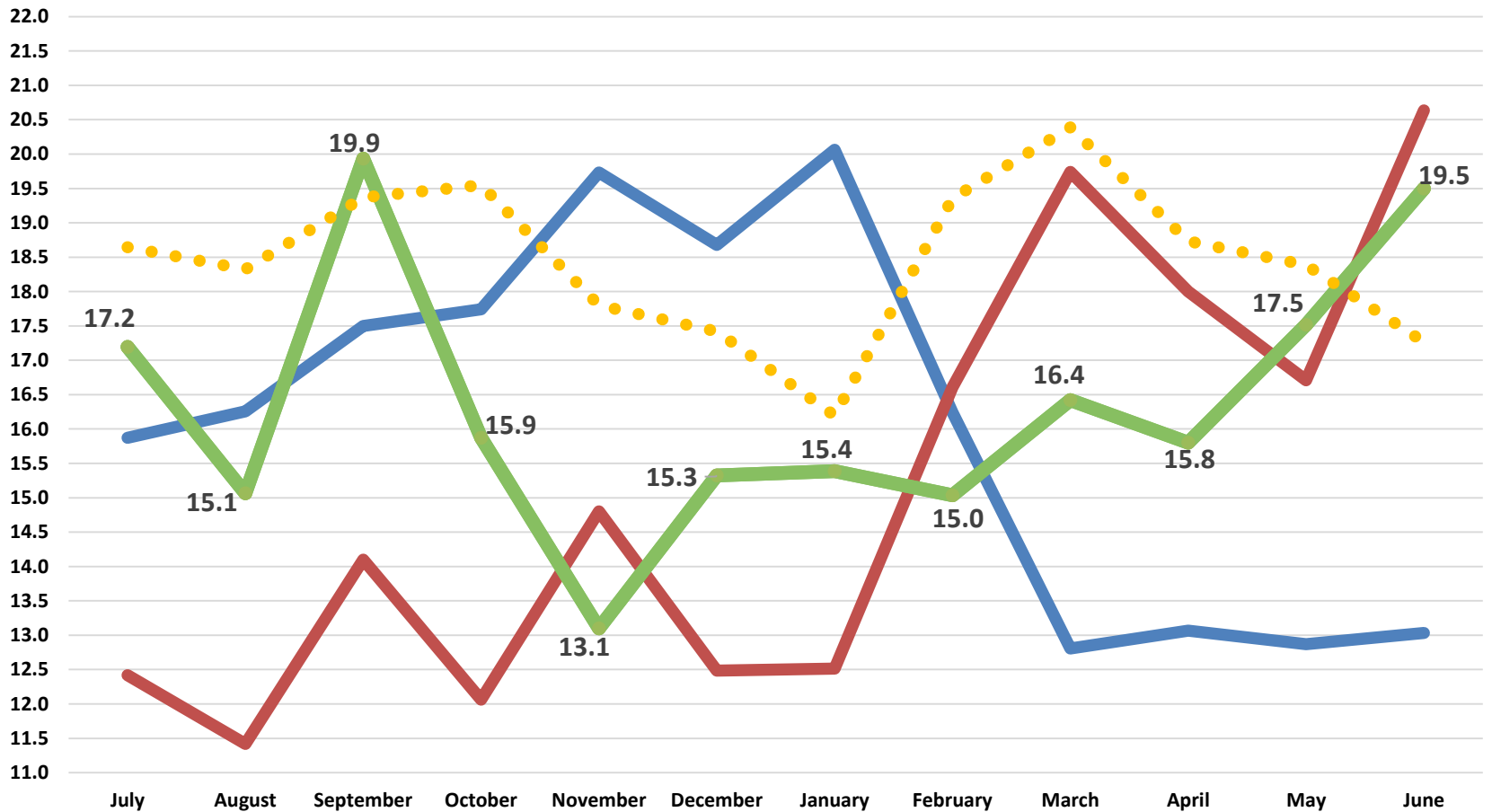


46.4	38.8	39.8	46.8
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

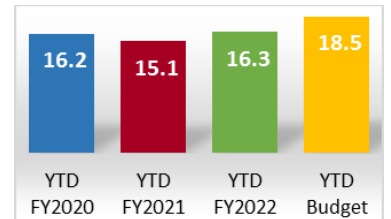
Sub-Acute - Avg. Patients Per Day



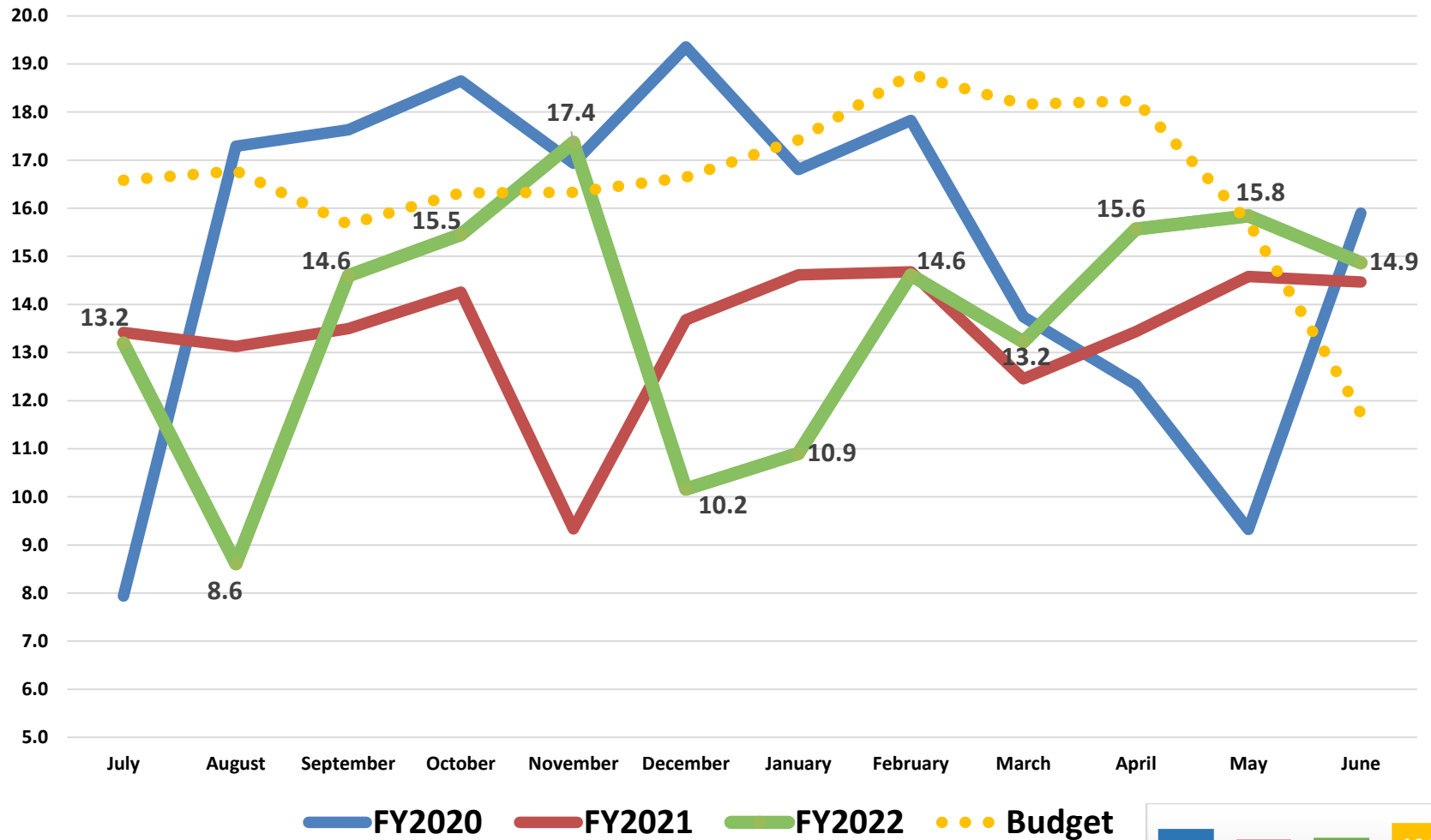
Rehabilitation Hospital - Avg. Patients Per Day



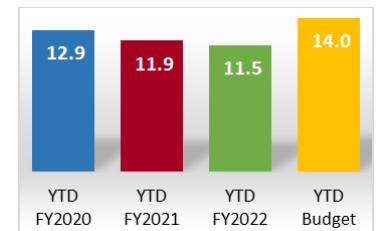
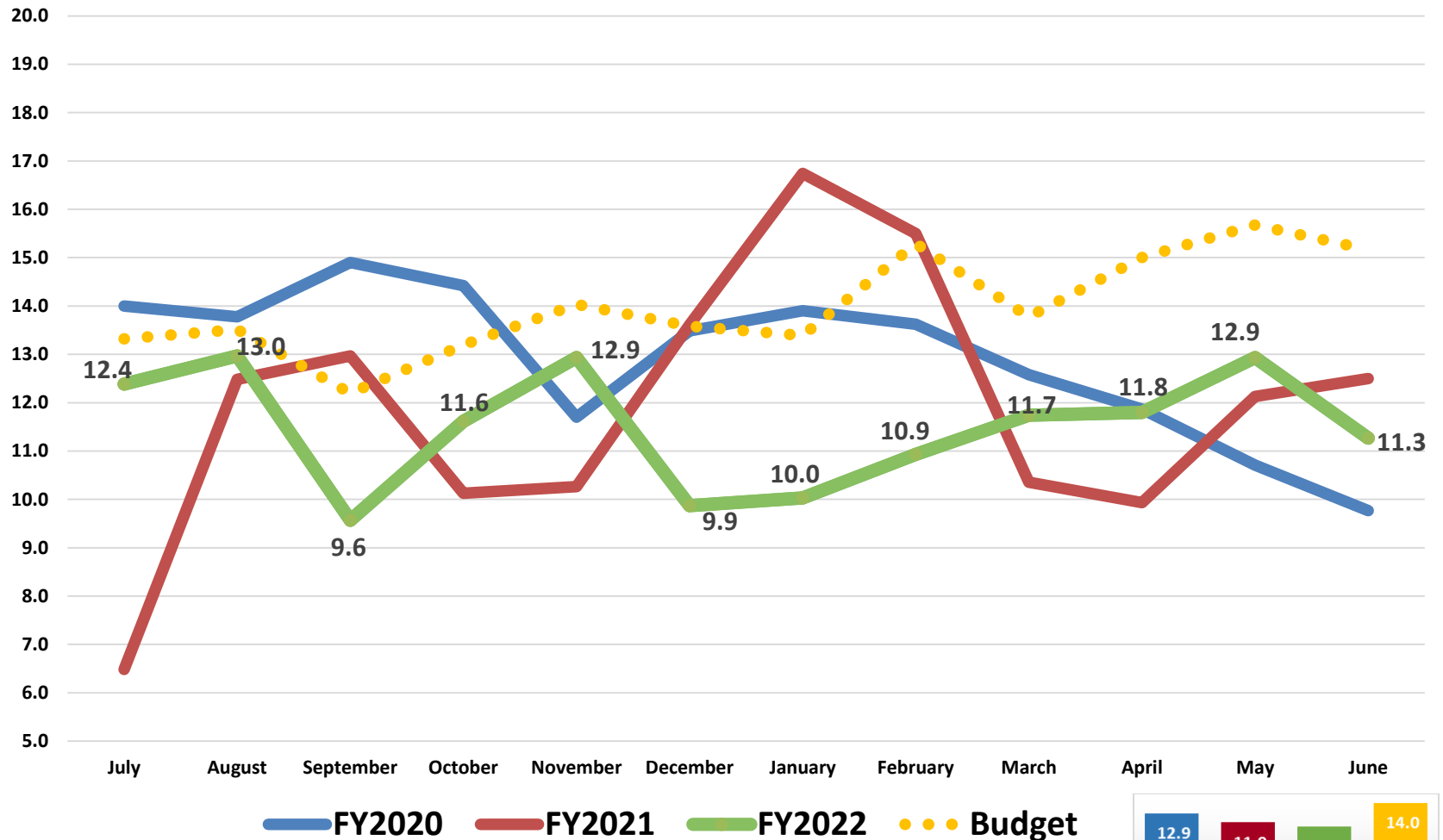
— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**



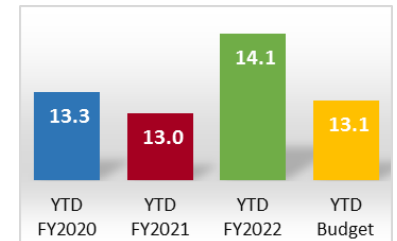
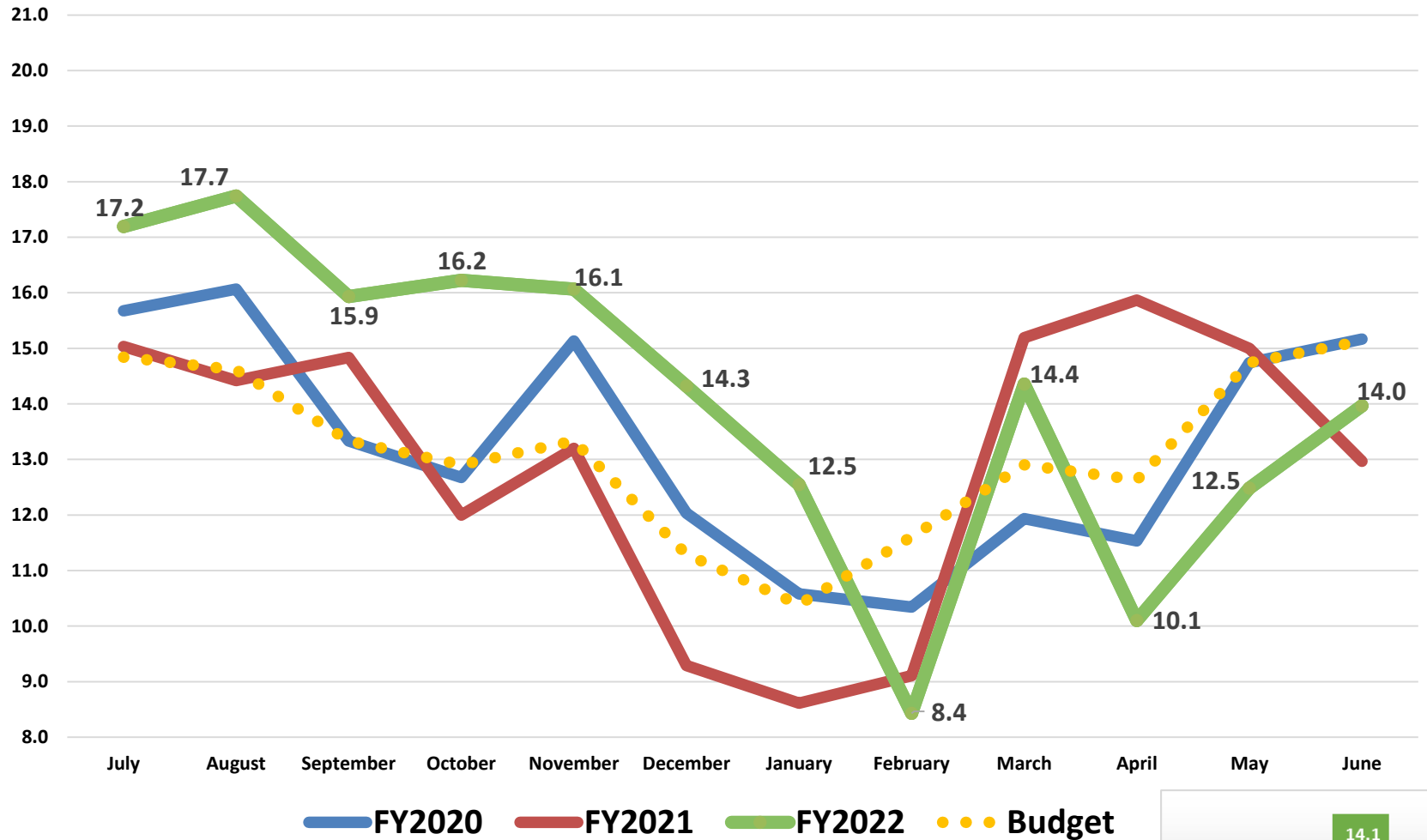
Transitional Care Services (TCS) - Avg. Patients Per Day



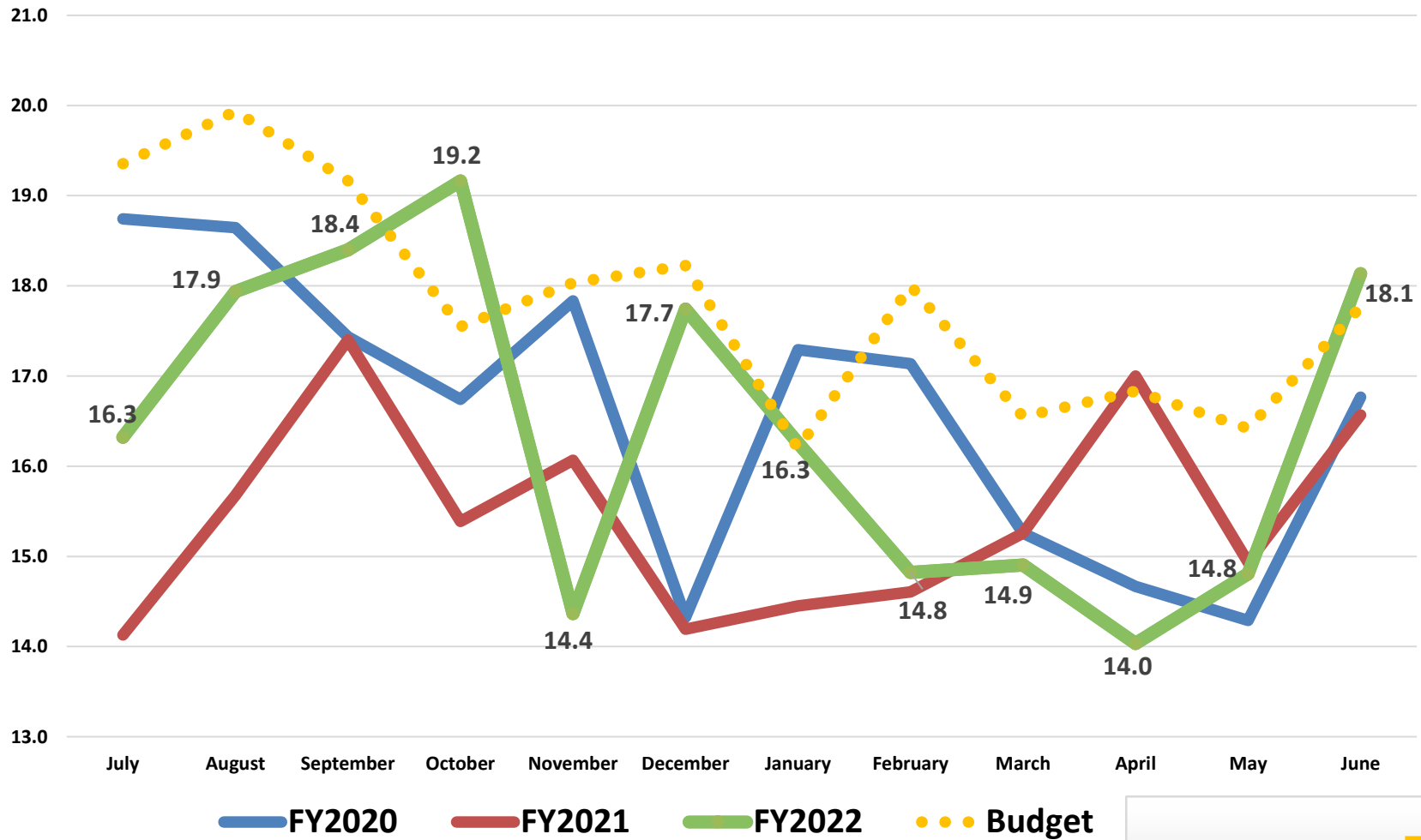
TCS Ortho - Avg. Patients Per Day



NICU - Avg. Patients Per Day

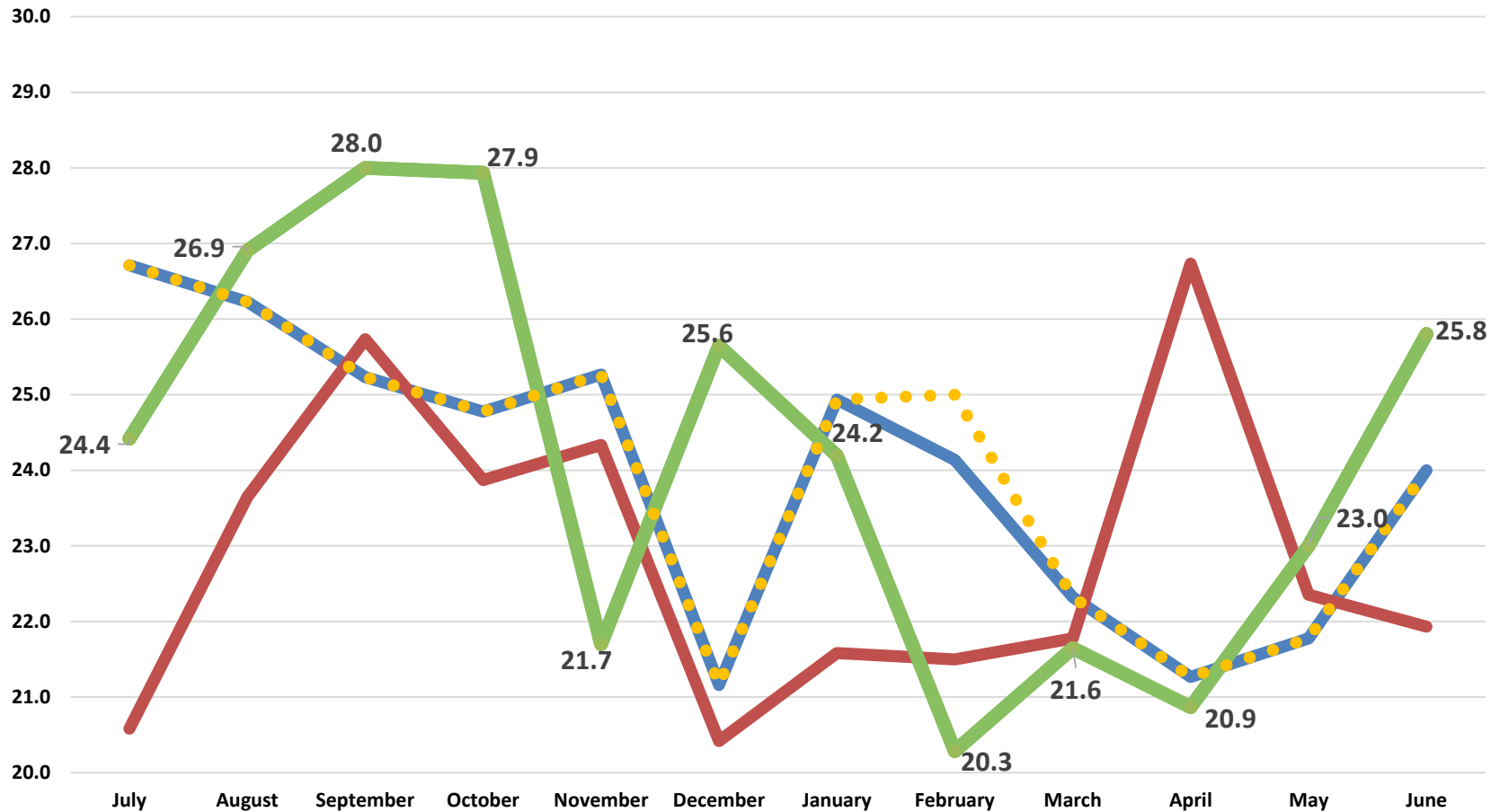


Nursery - Avg. Patients Per Day

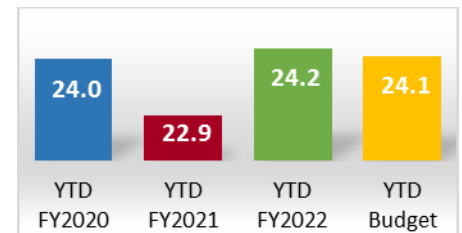


16.6	15.5	16.4	17.8
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

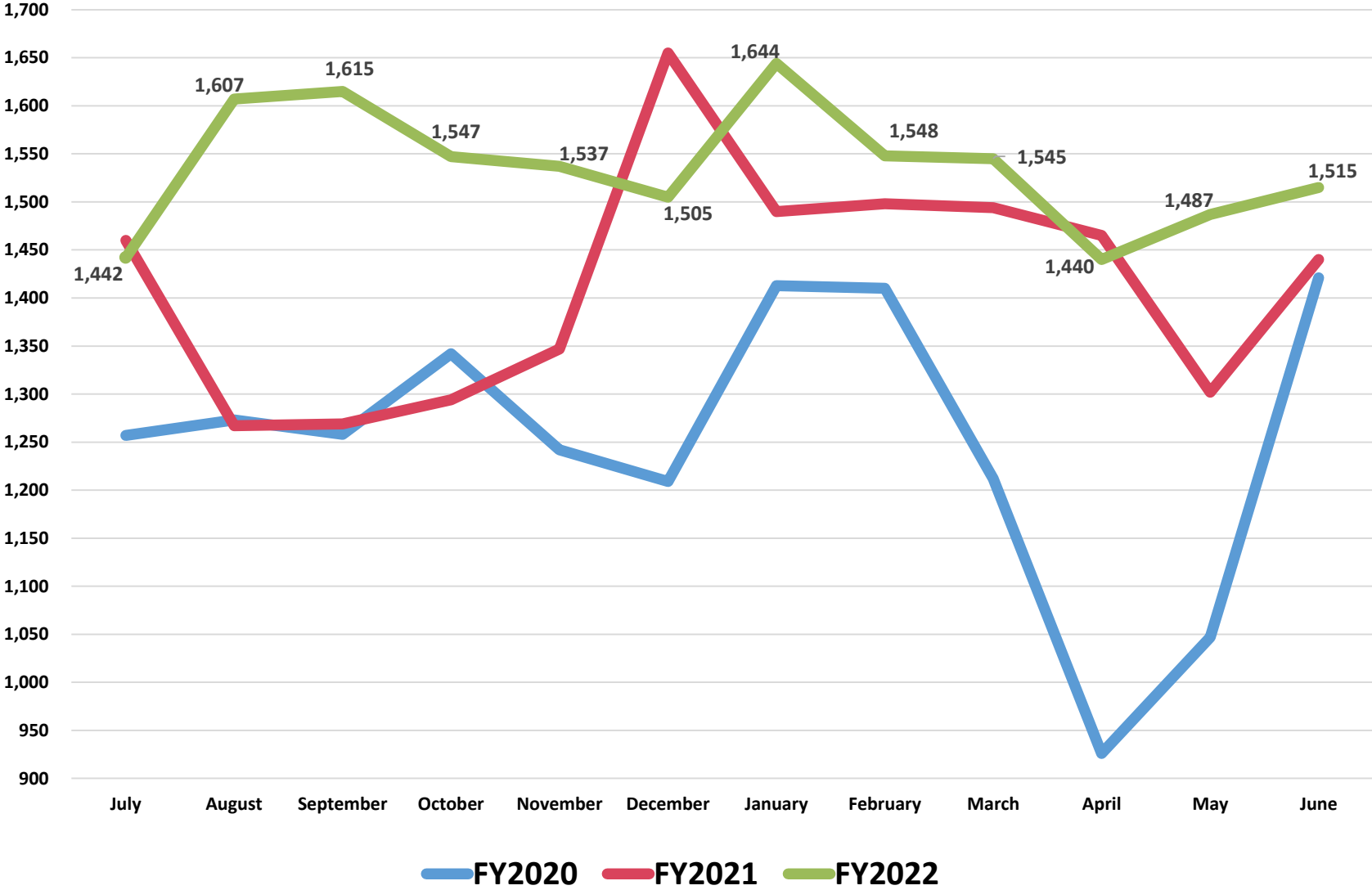
Obstetrics - Avg. Patients Per Day



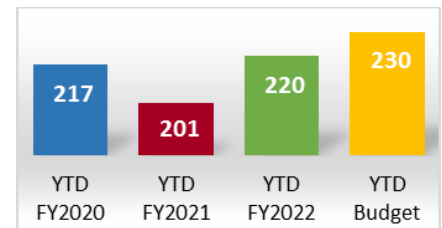
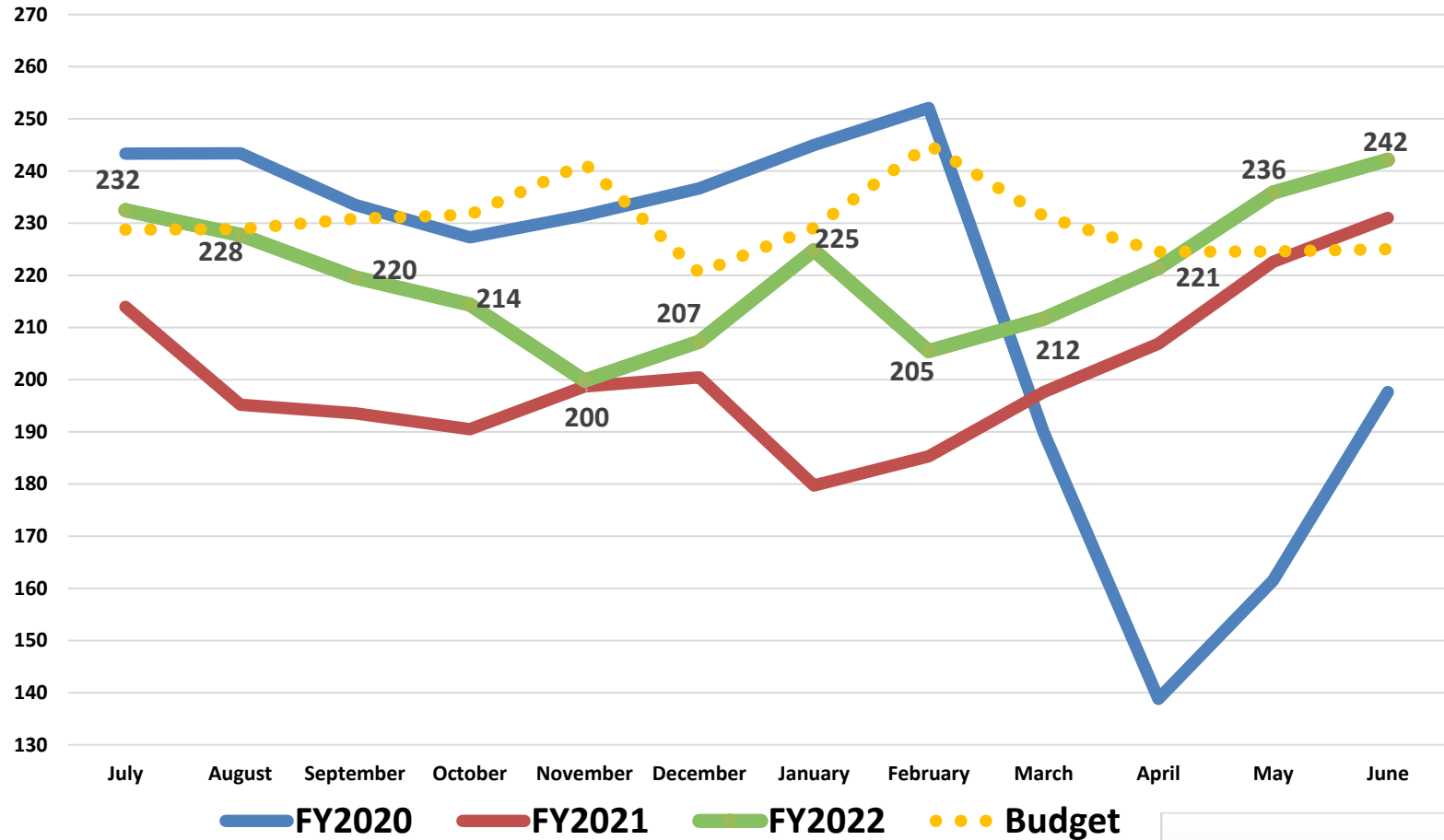
— FY2020
 — FY2021
 — FY2022
 ●●● Budget



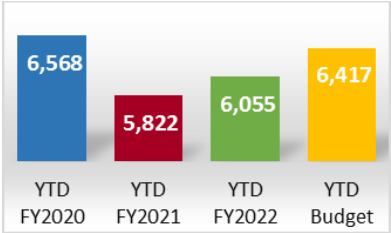
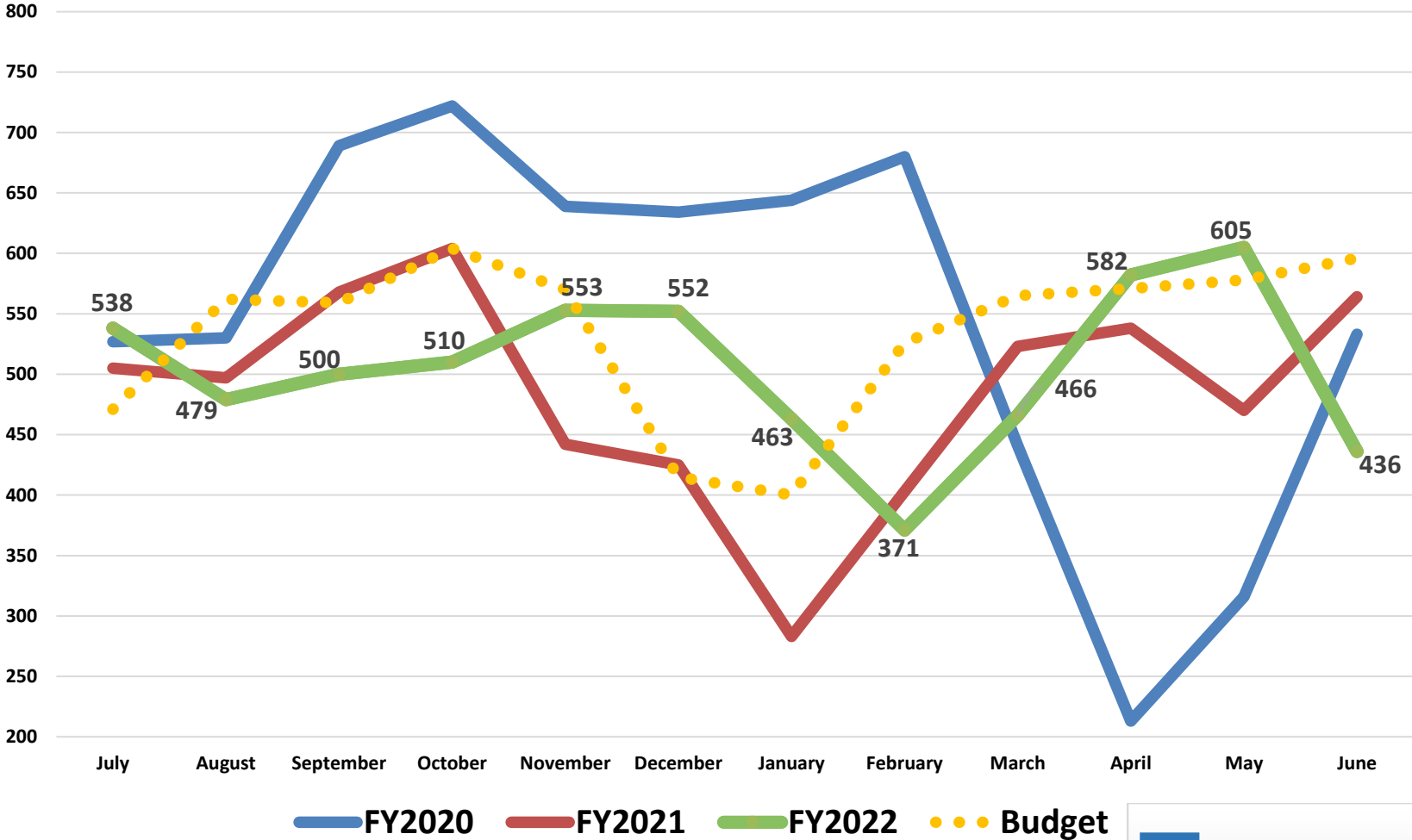
Outpatient Registrations per Day



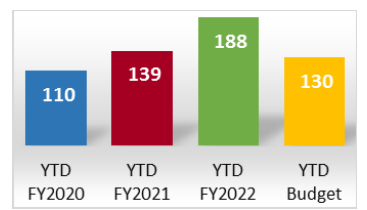
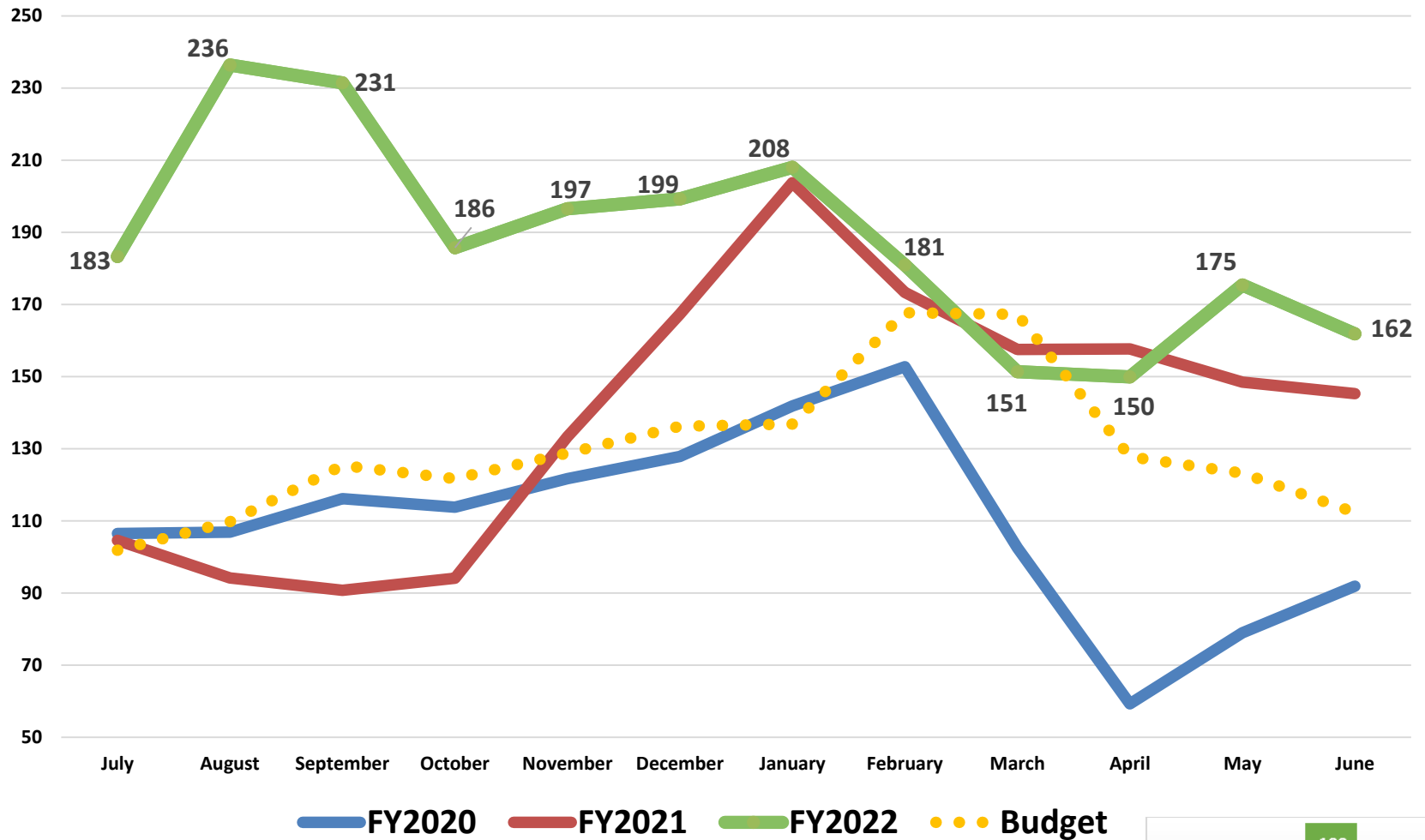
Emergency Dept – Avg Treated Per Day



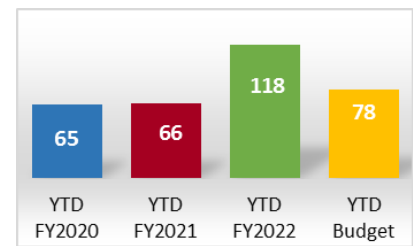
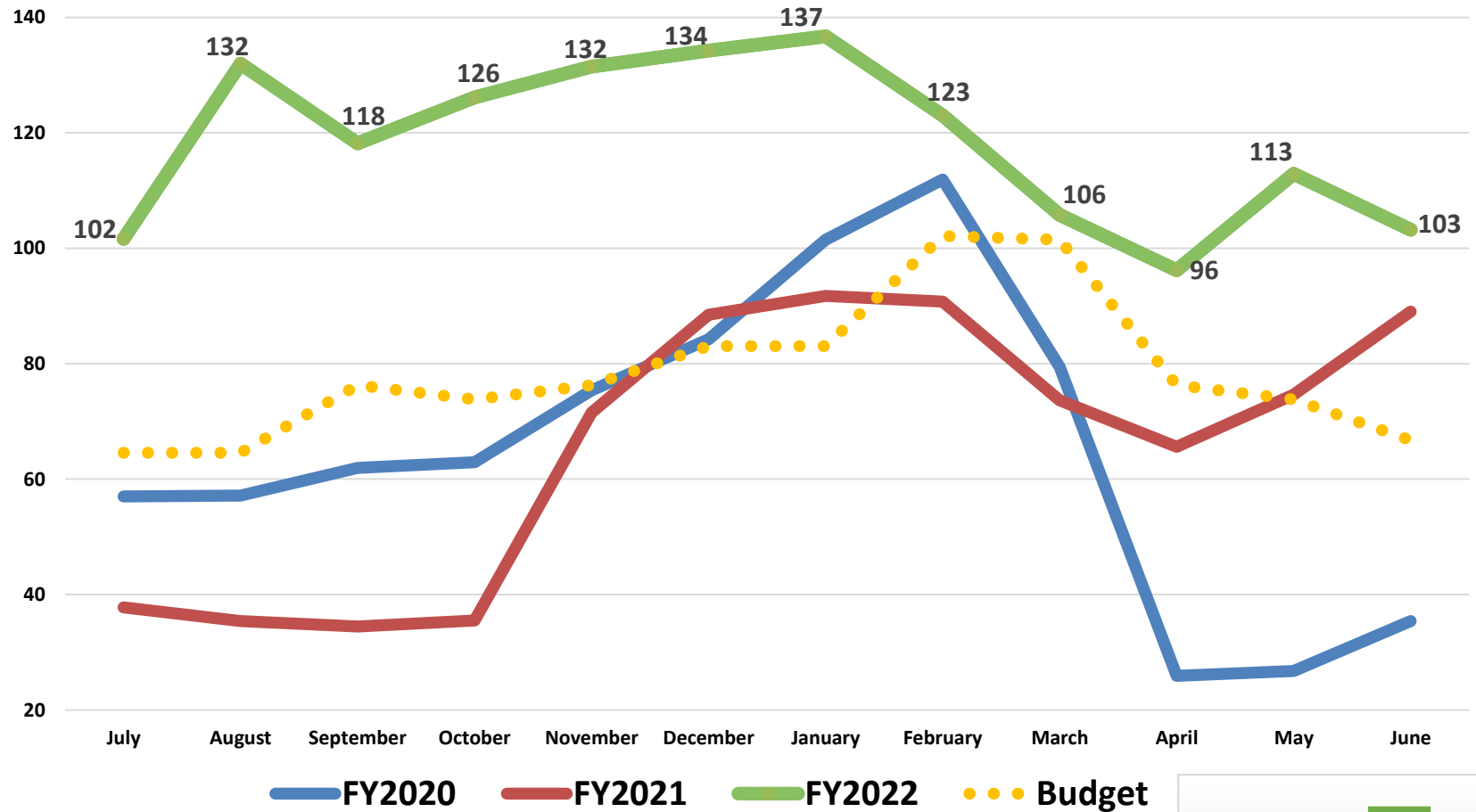
Endoscopy Procedures



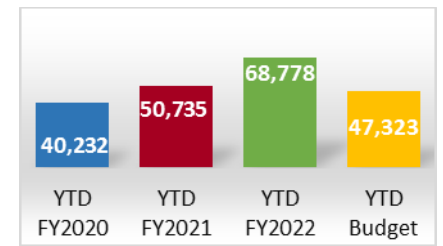
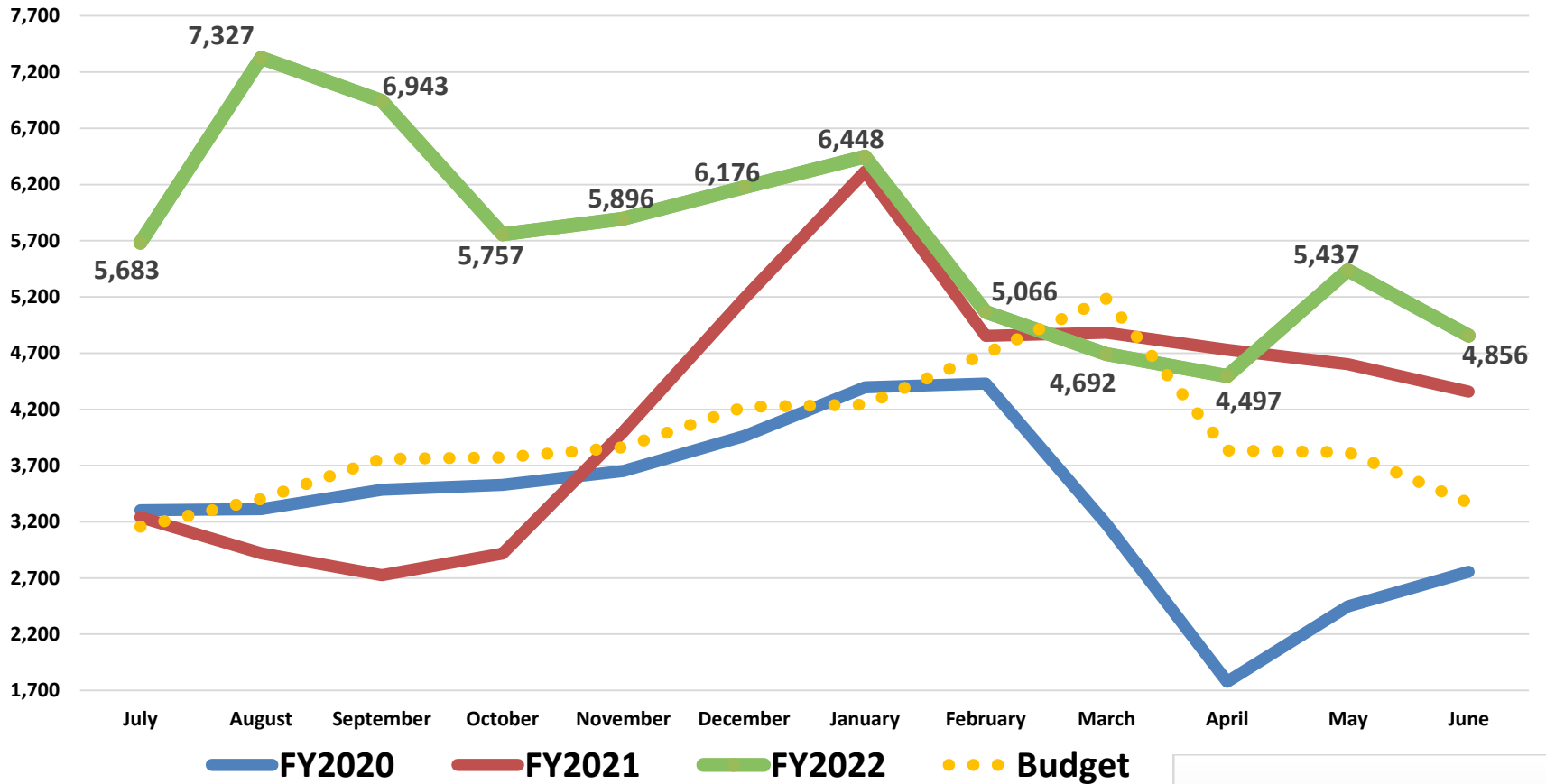
Urgent Care – Court Average Visits Per Day



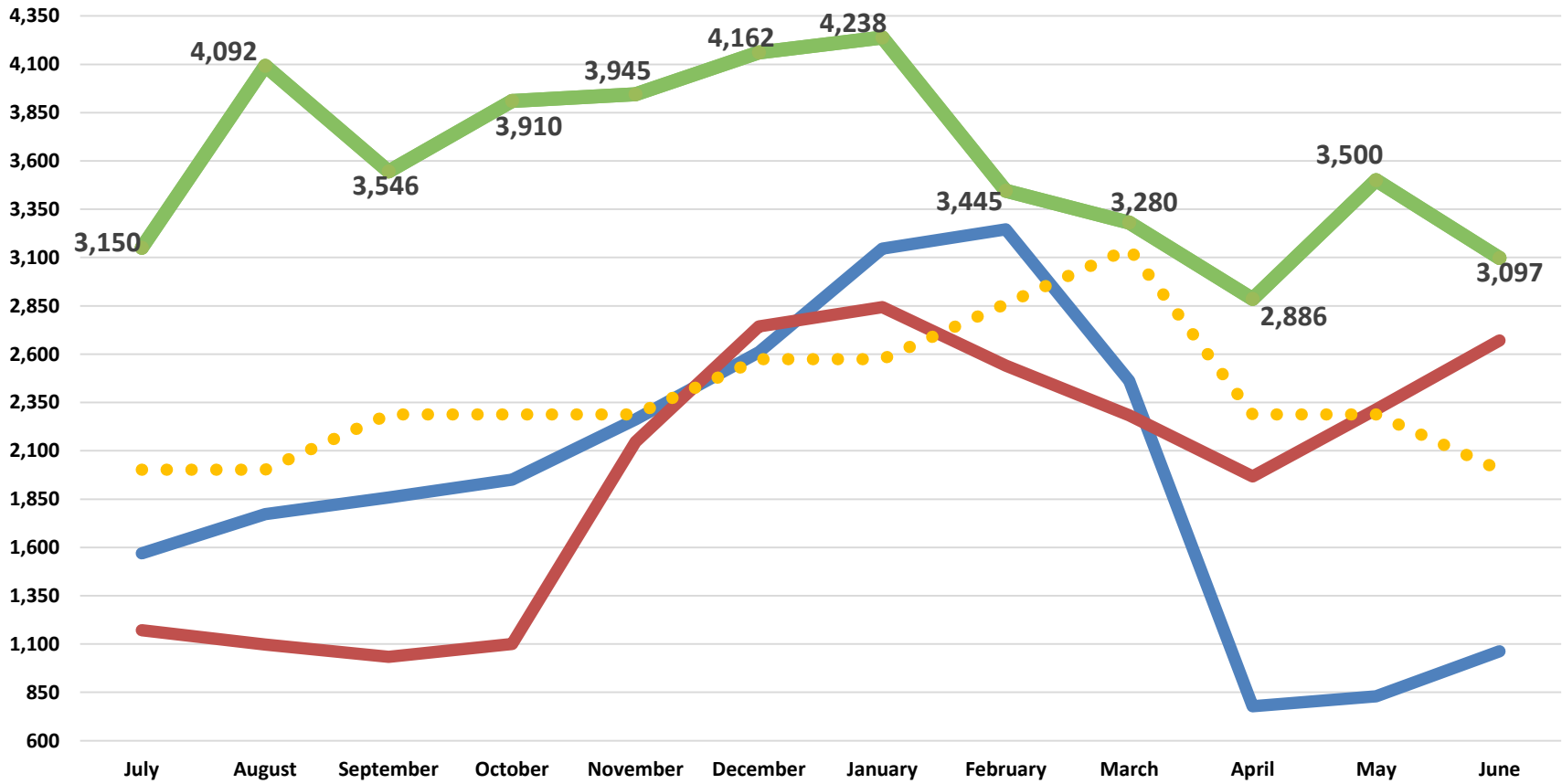
Urgent Care – Demaree Average Visits Per Day



Urgent Care – Court Total Visits



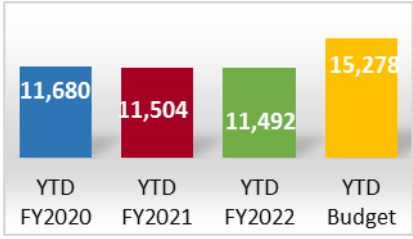
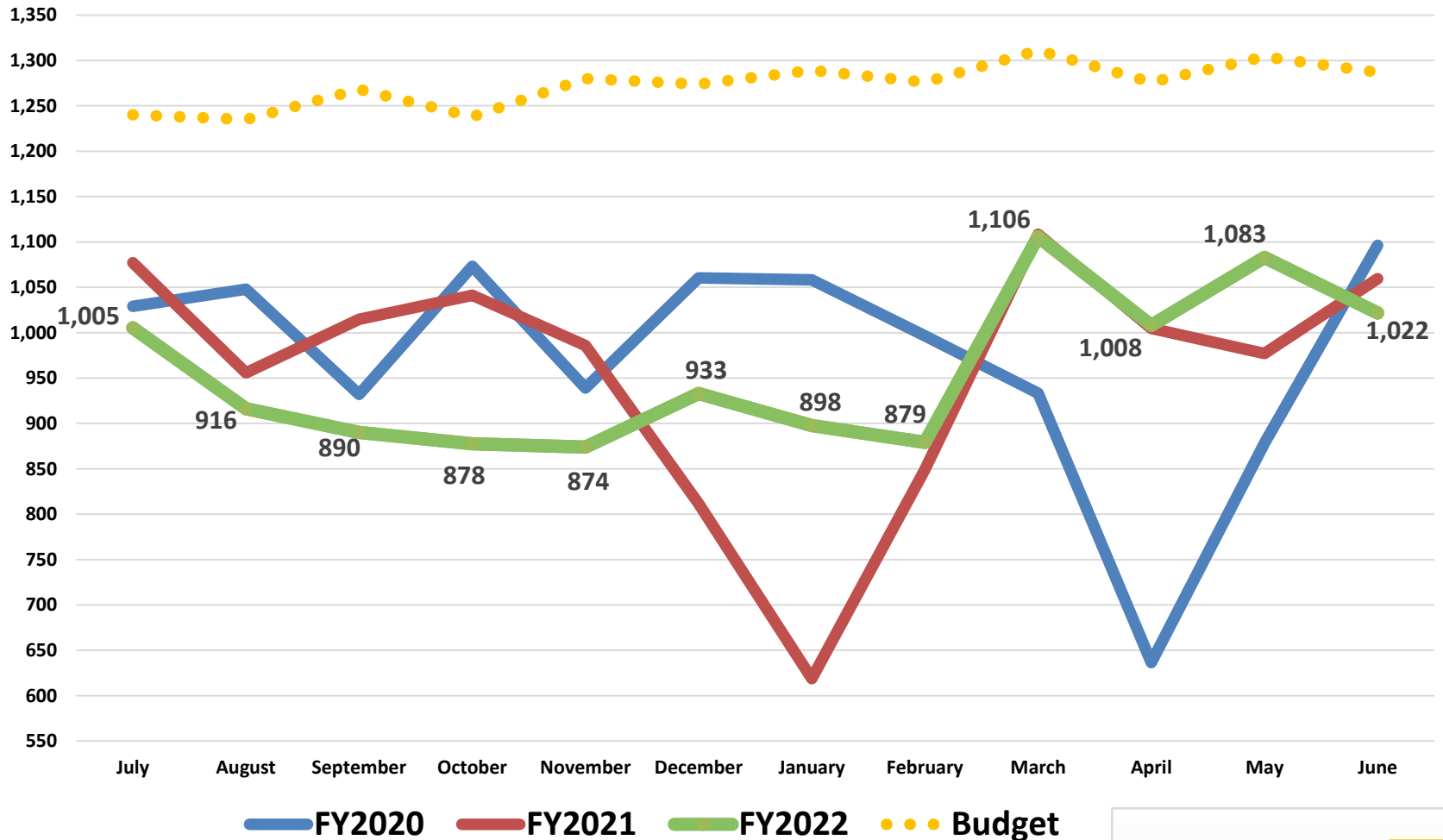
Urgent Care – Demaree Total Visits



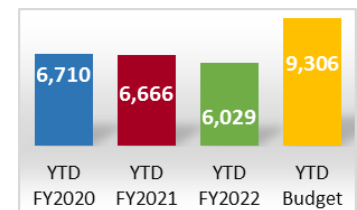
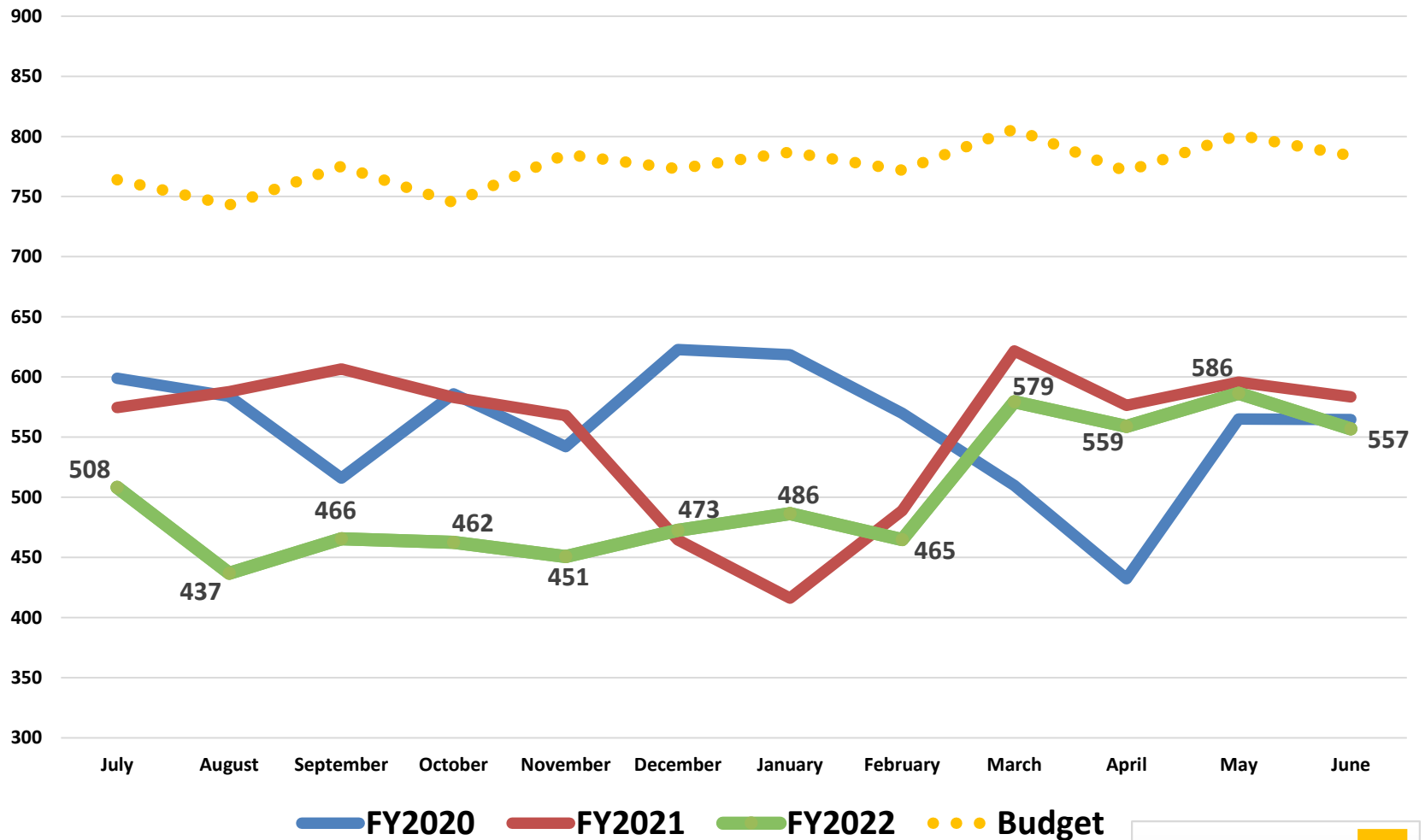
— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**

23,547	23,912	43,251	28,600
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

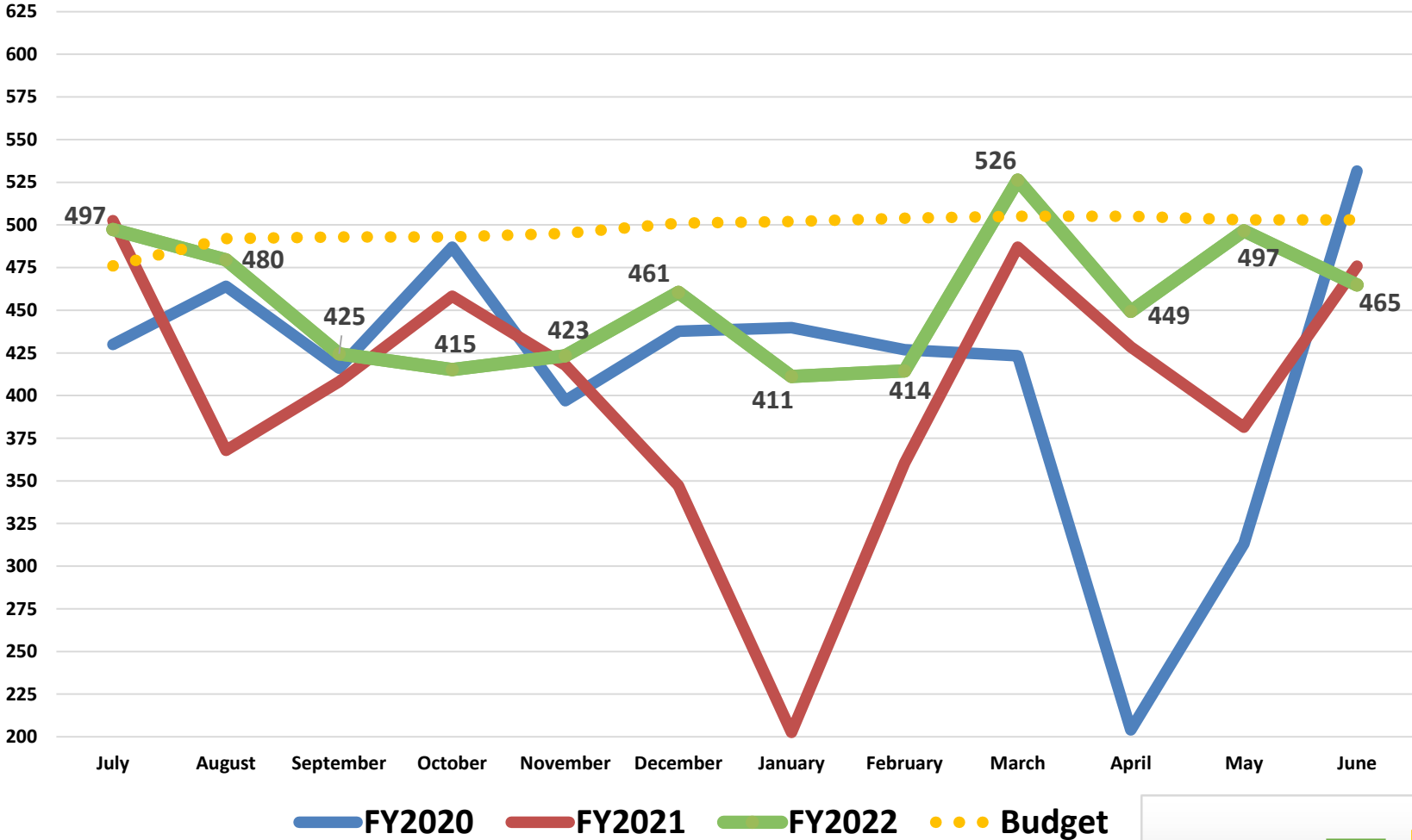
Surgery (IP & OP) – 100 Min Units



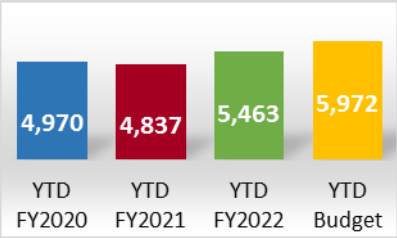
Surgery (IP Only) – 100 Min Units



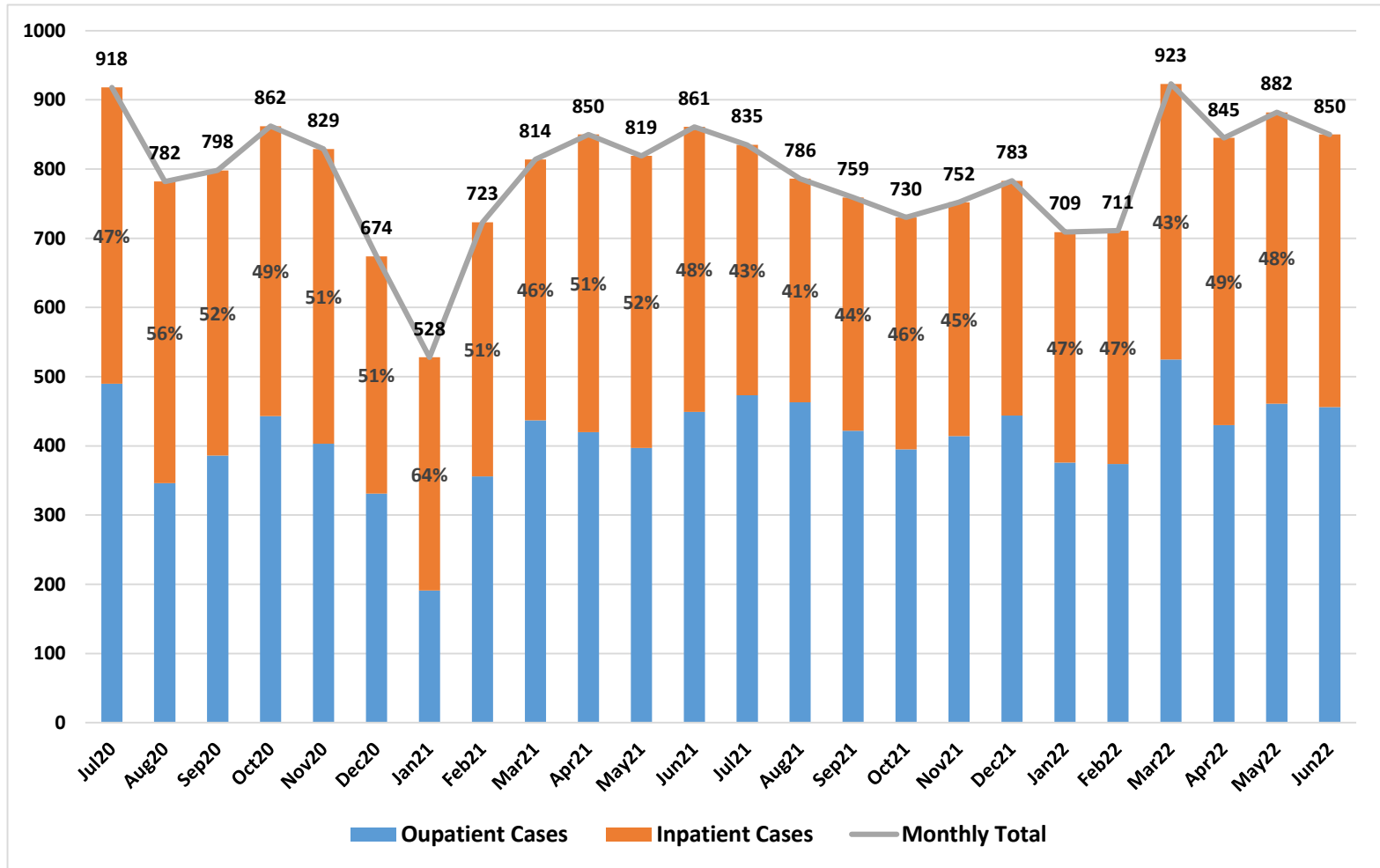
Surgery (OP Only) – 100 Min Units



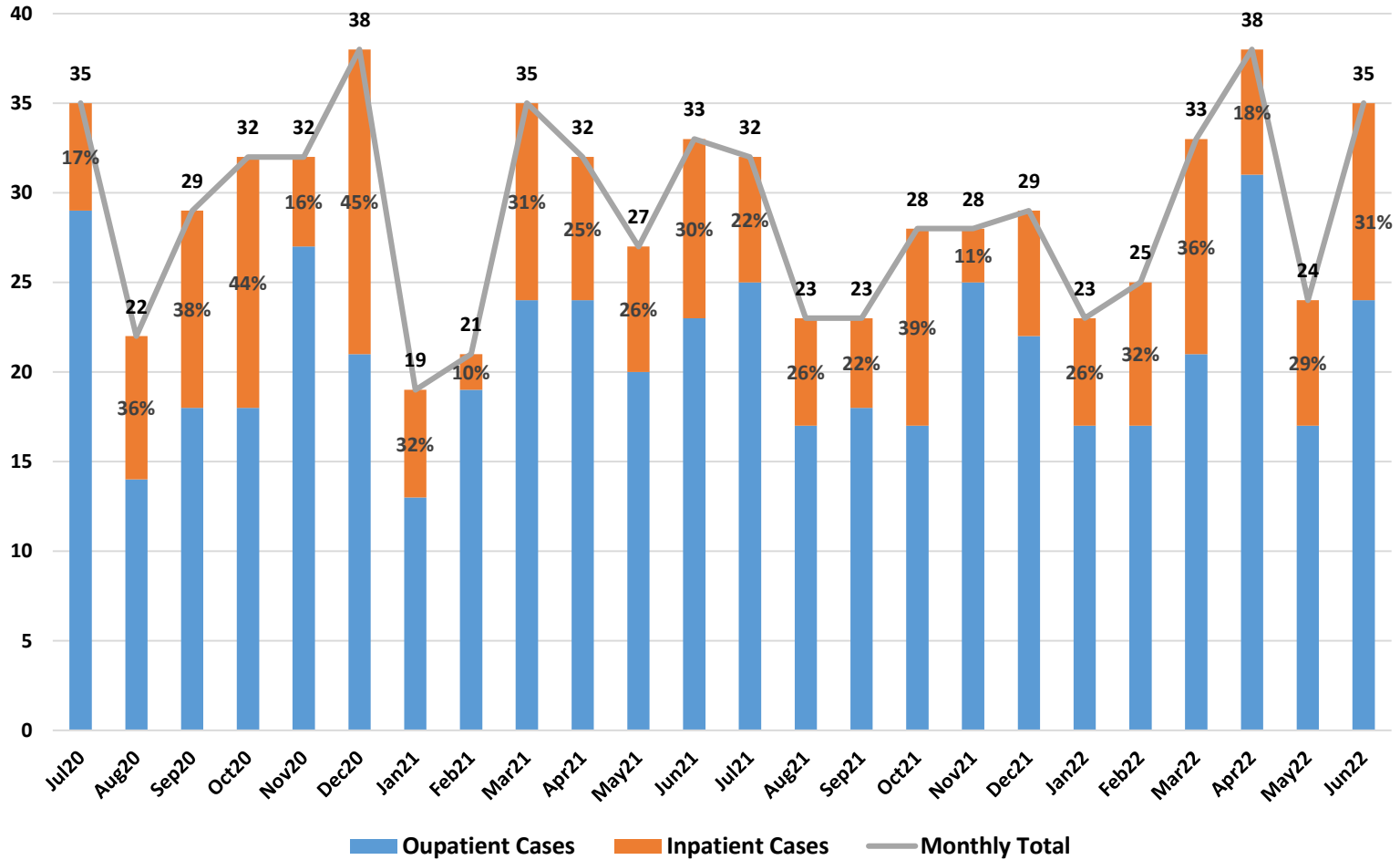
— FY2020
 — FY2021
 — FY2022
 ●●● Budget



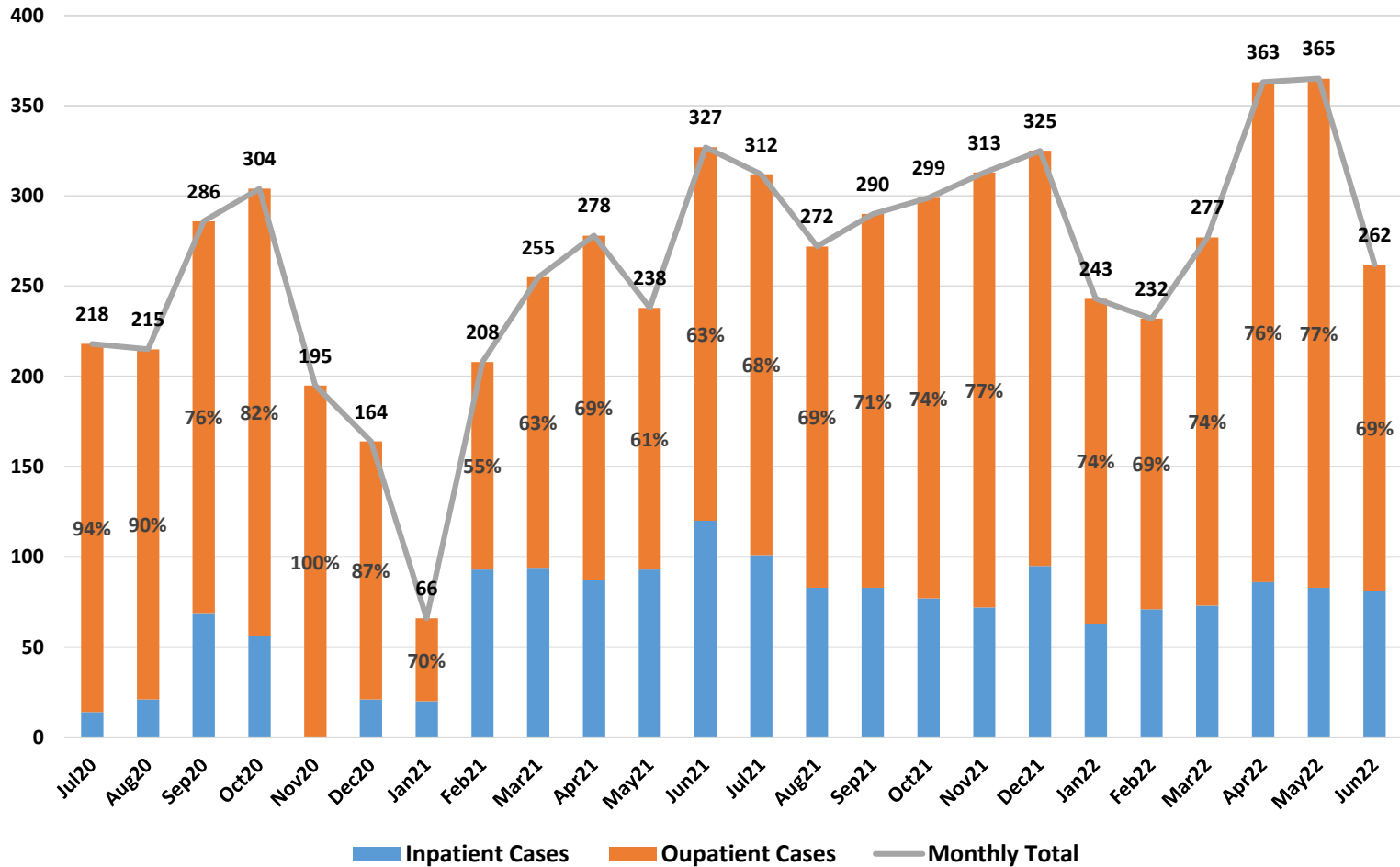
Surgery Cases



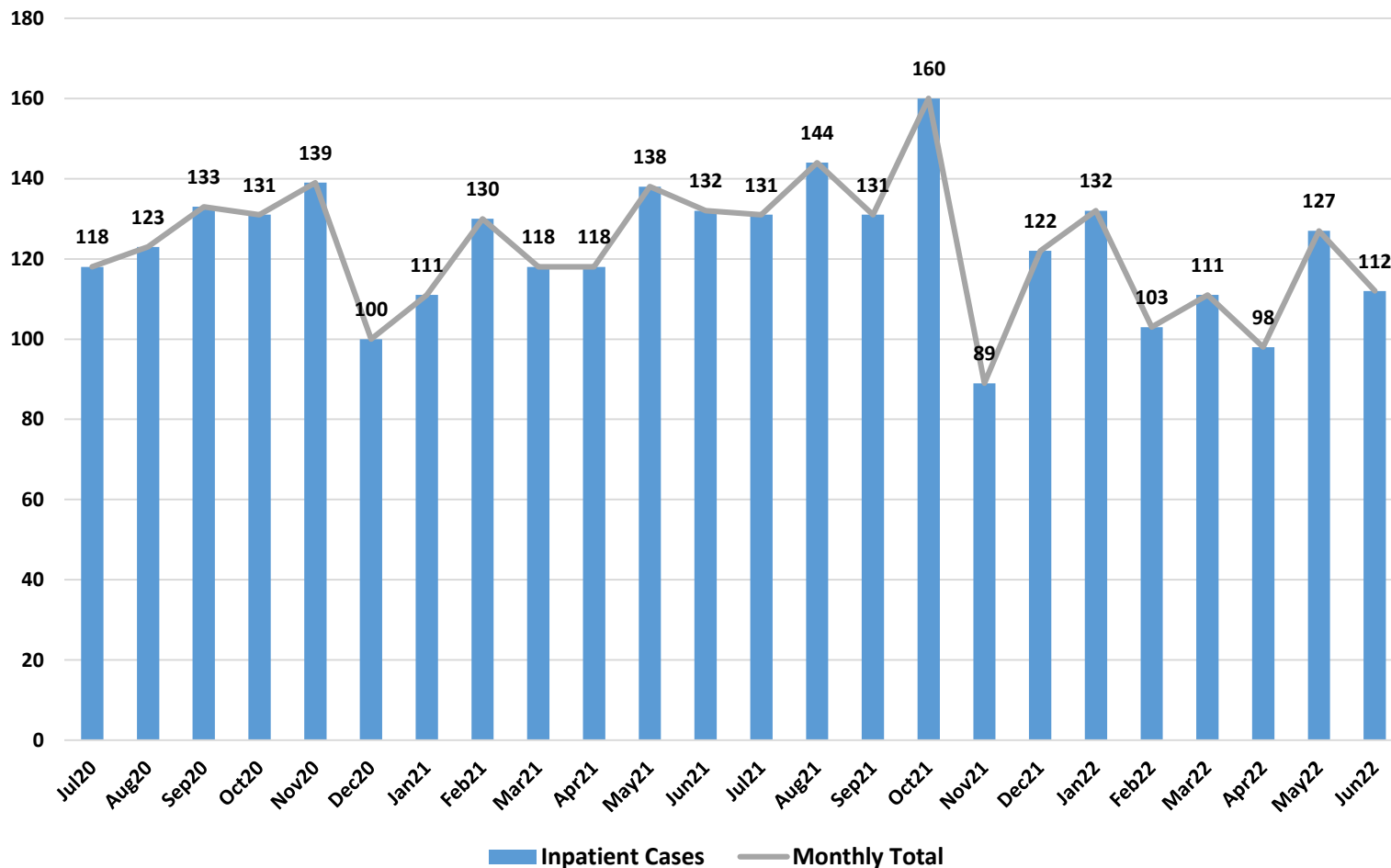
Robotic Cases



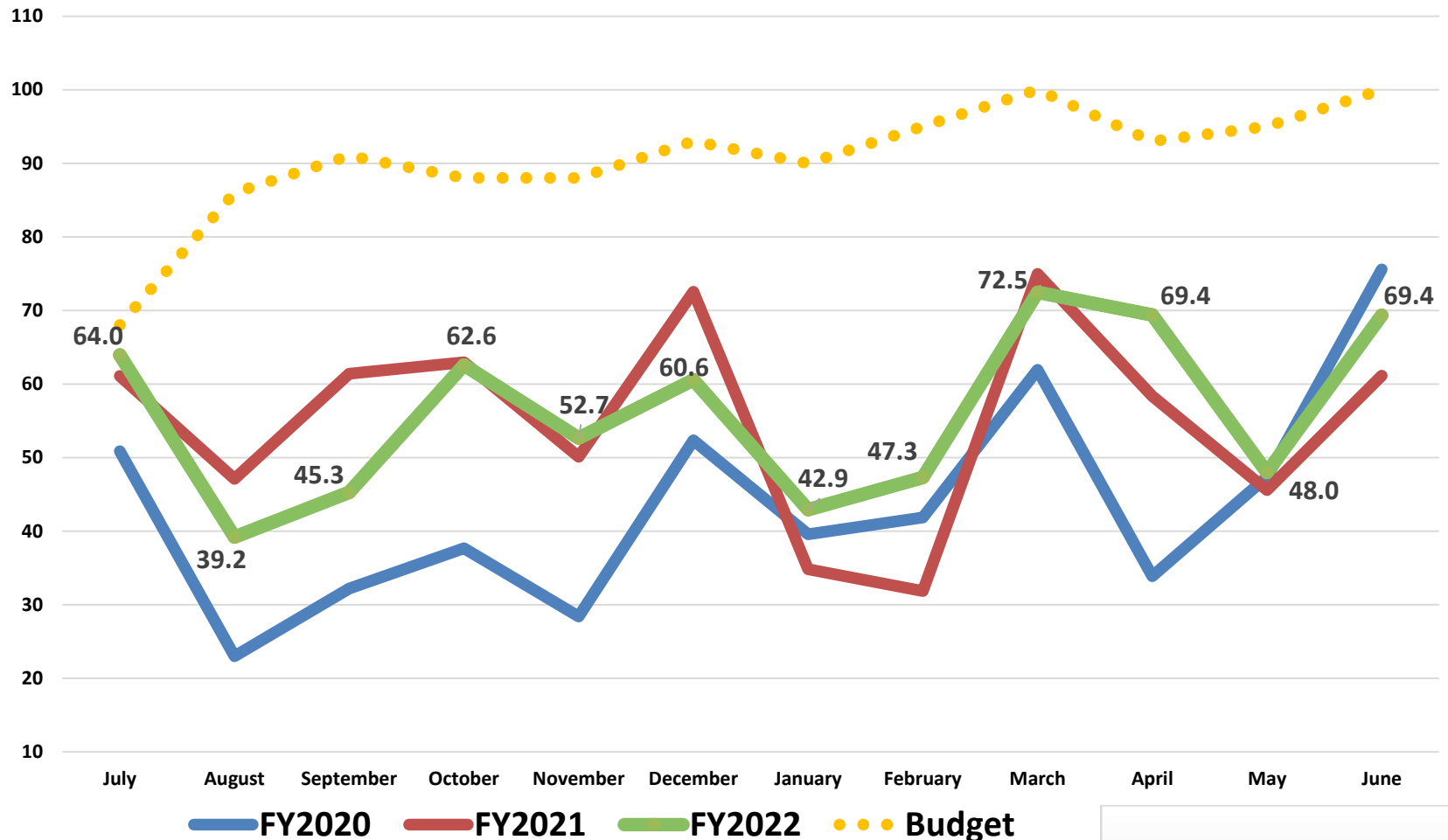
Endo Cases (Endo Suites)



OB Cases

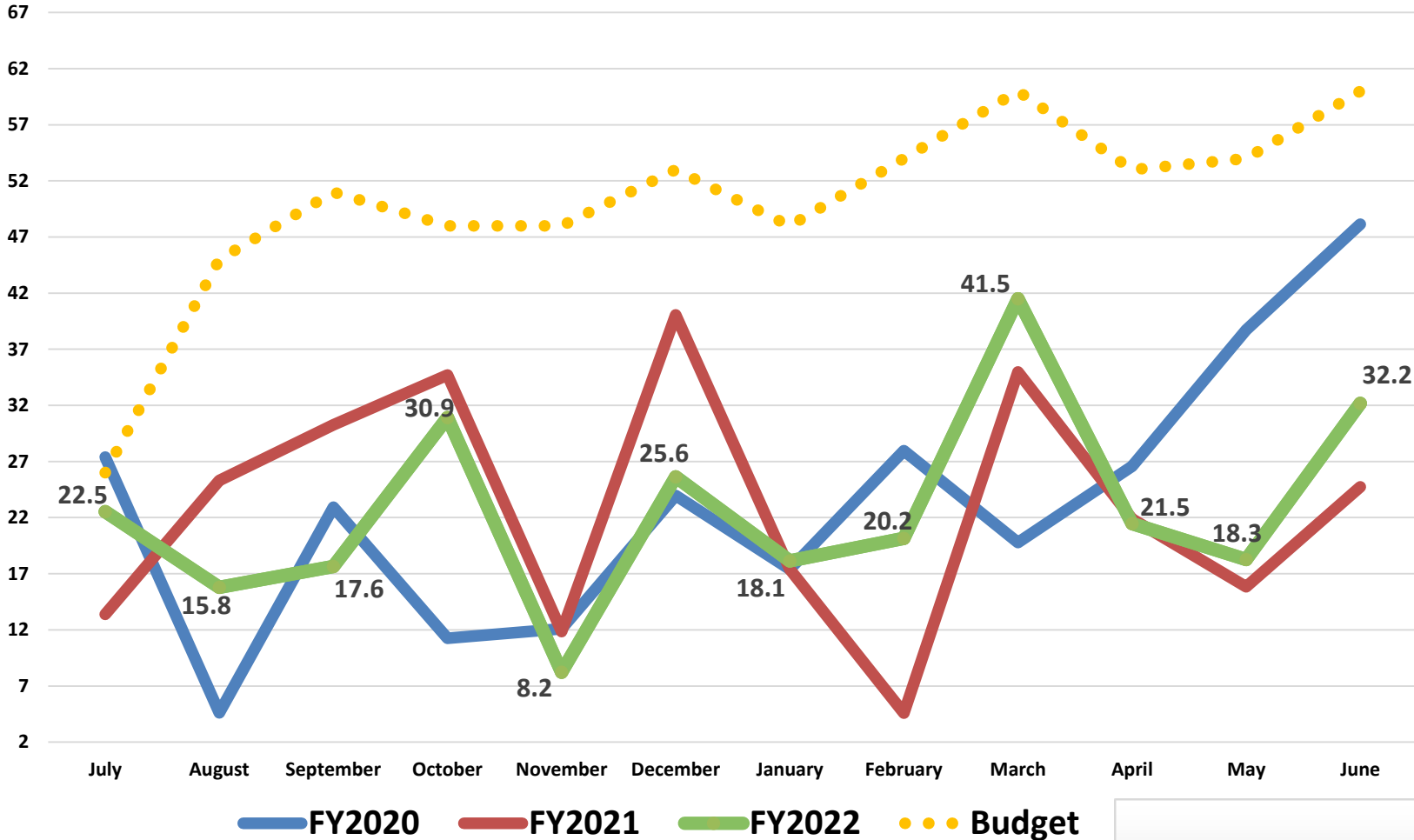


Robotic Surgery (IP & OP) – 100 Min Units



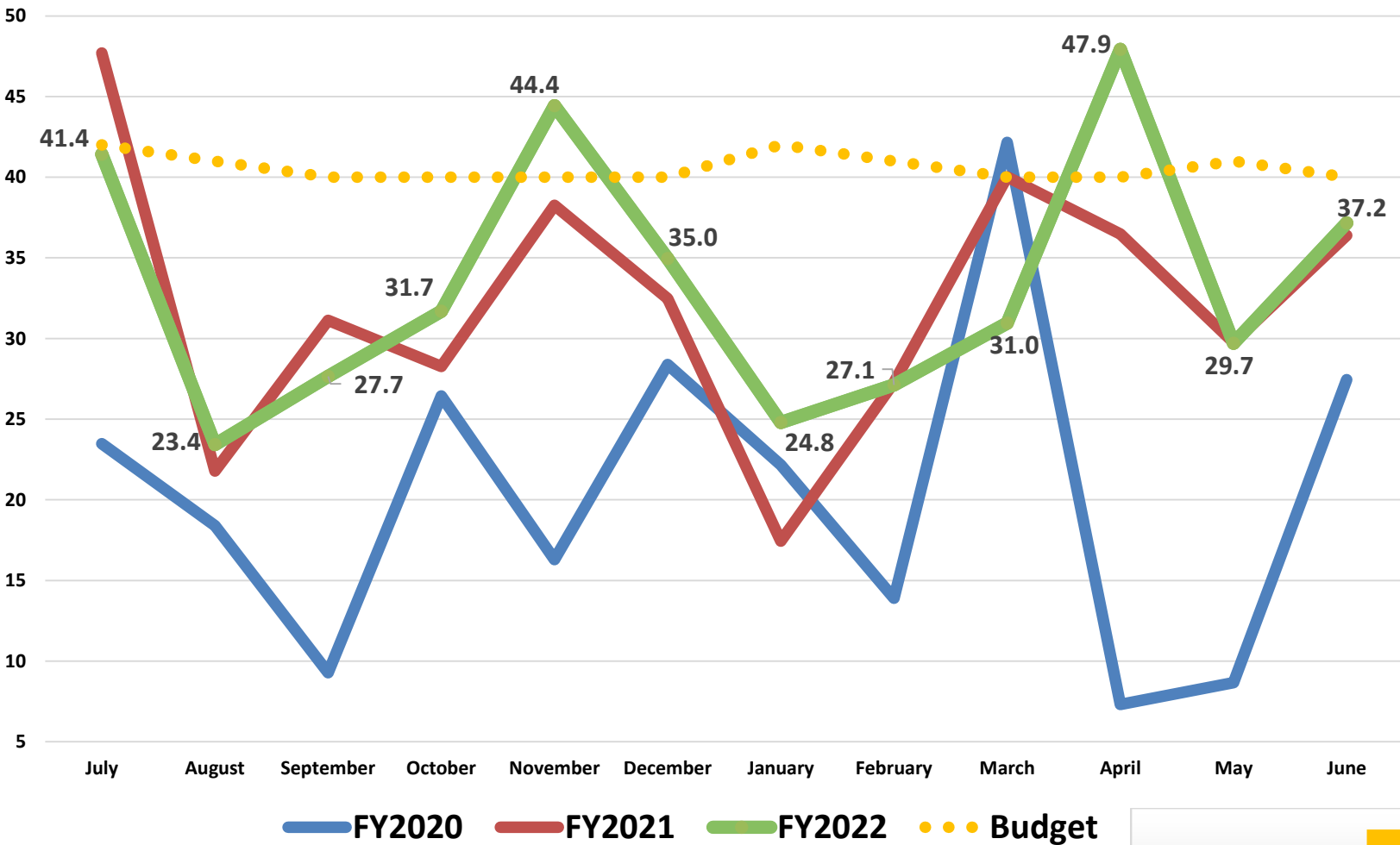
524.8	662.0	673.7	1,087.0
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Robotic Surgery (IP Only) – 100 Min Units



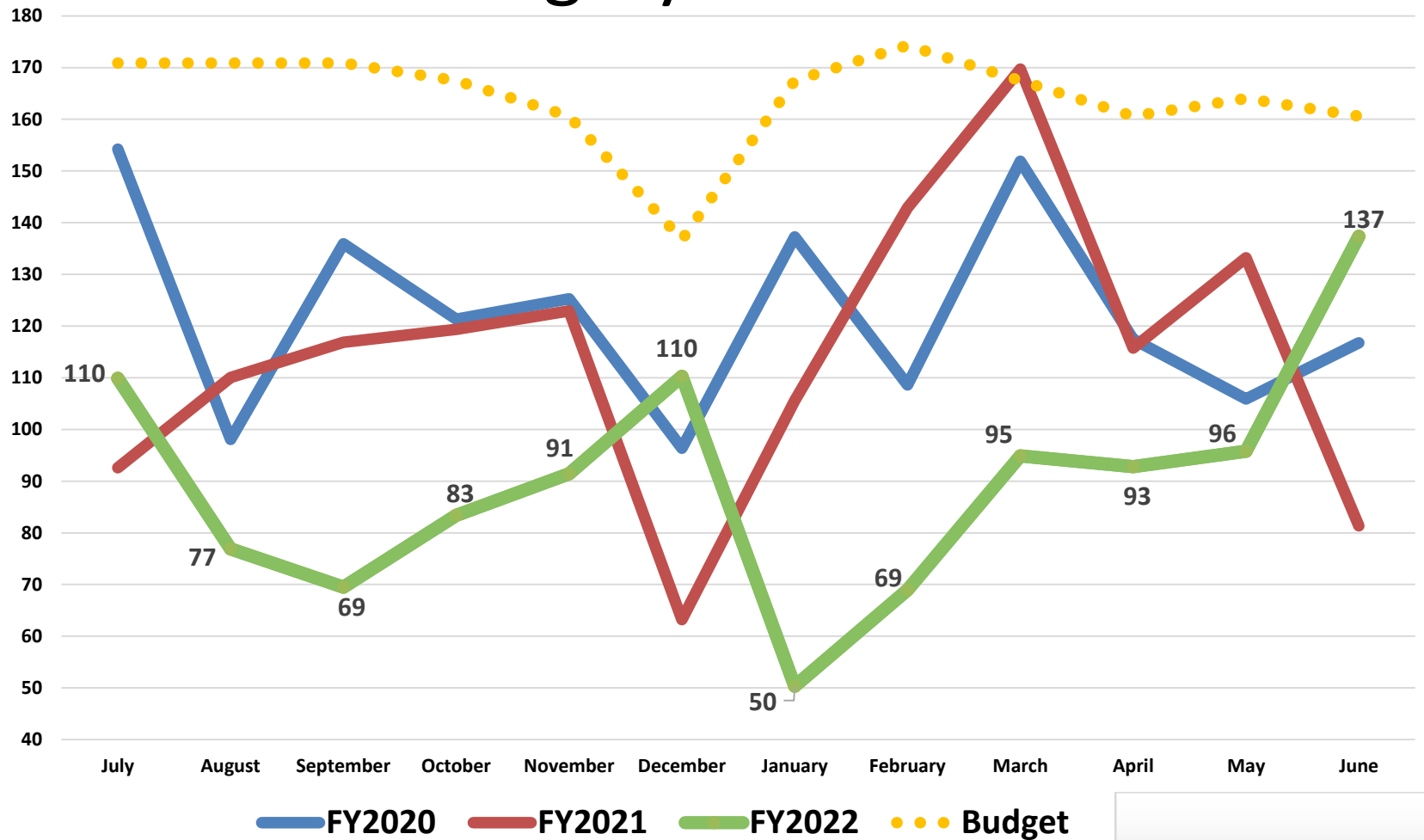
280.9	275.0	272.5	600.0
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Robotic Surgery (OP Only) – 100 Min Units



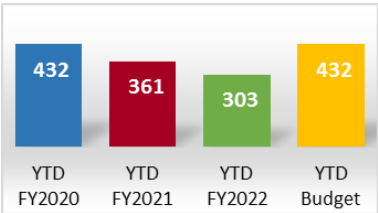
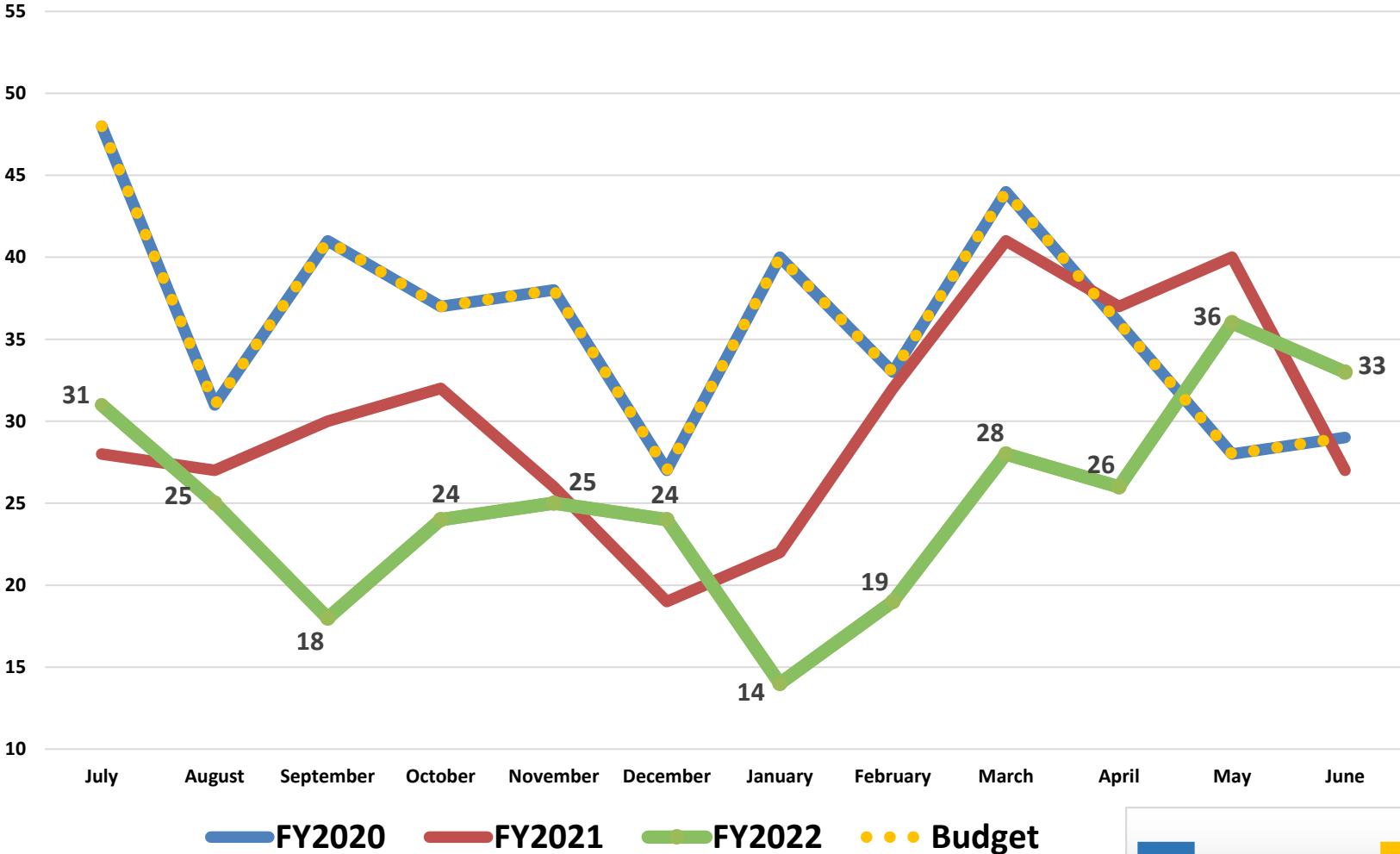
243.9	387.0	401.3	487.0
YTD	YTD	YTD	YTD
FY2020	FY2021	FY2022	Budget

Cardiac Surgery – 100 Min Units



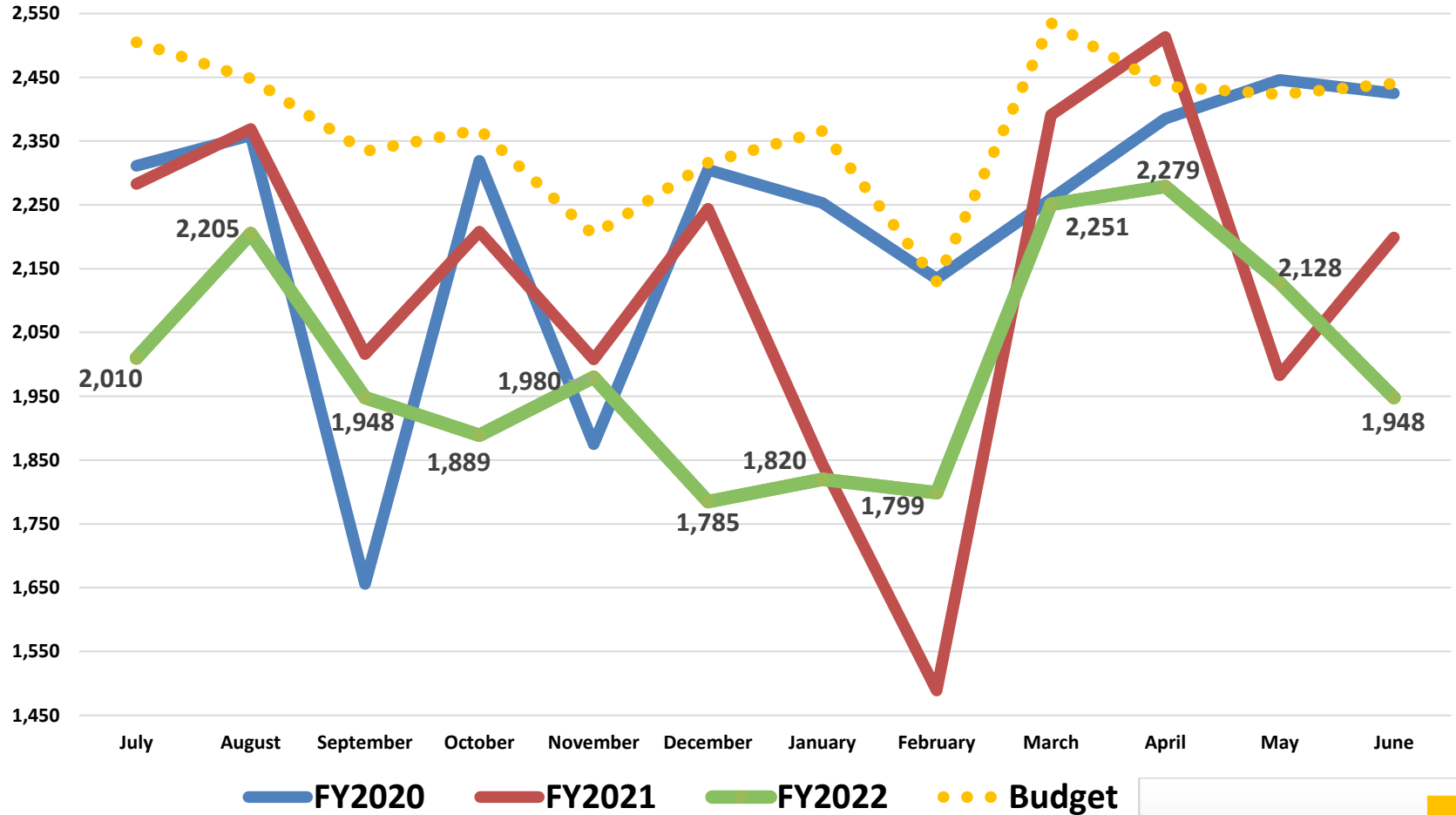
1,469	1,373	1,081	1,972
YTD	YTD	YTD	YTD
FY2020	FY2021	FY2022	Budget

Cardiac Surgery – Cases



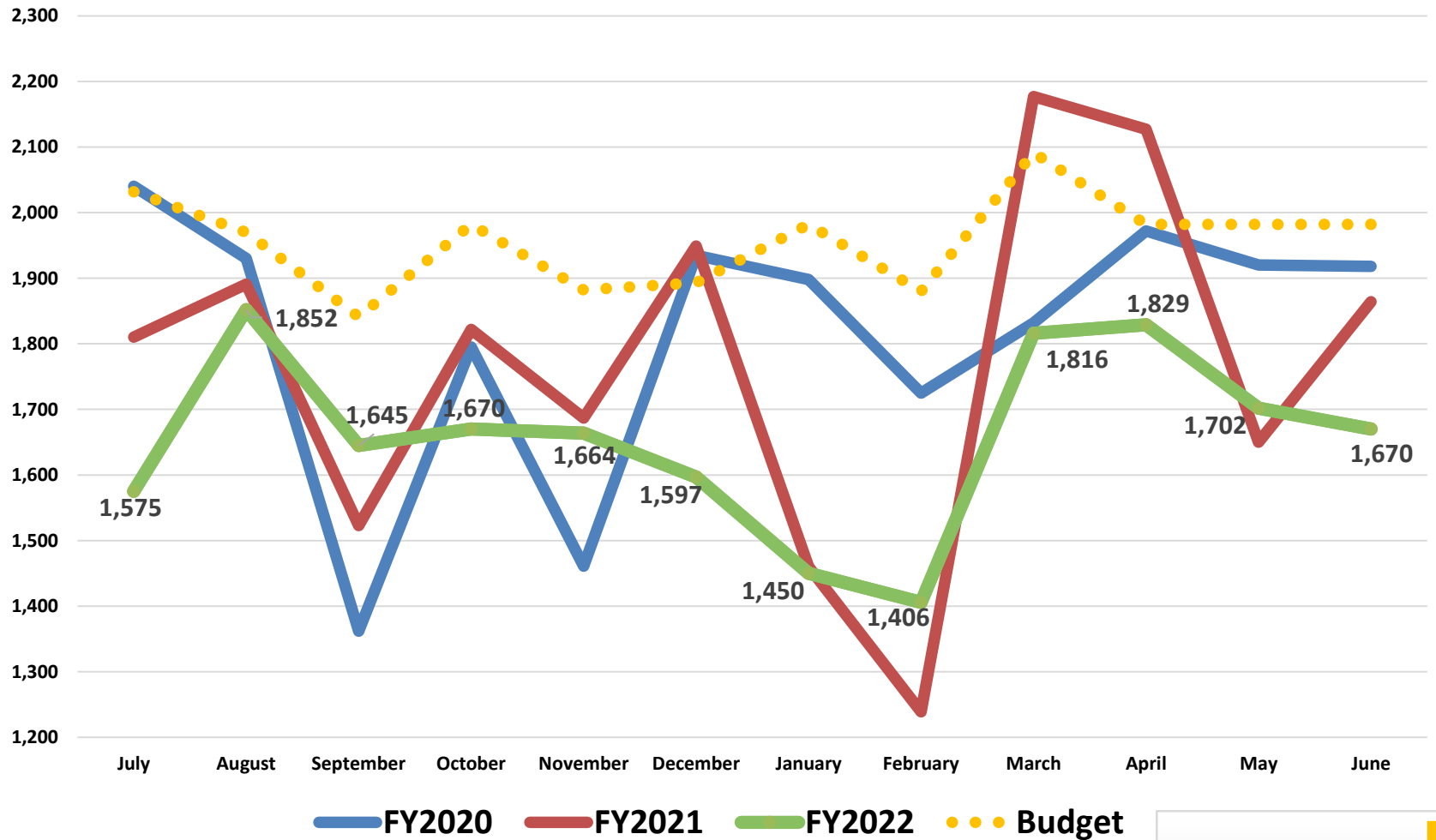
Radiation Oncology Treatments

Hanford and Visalia



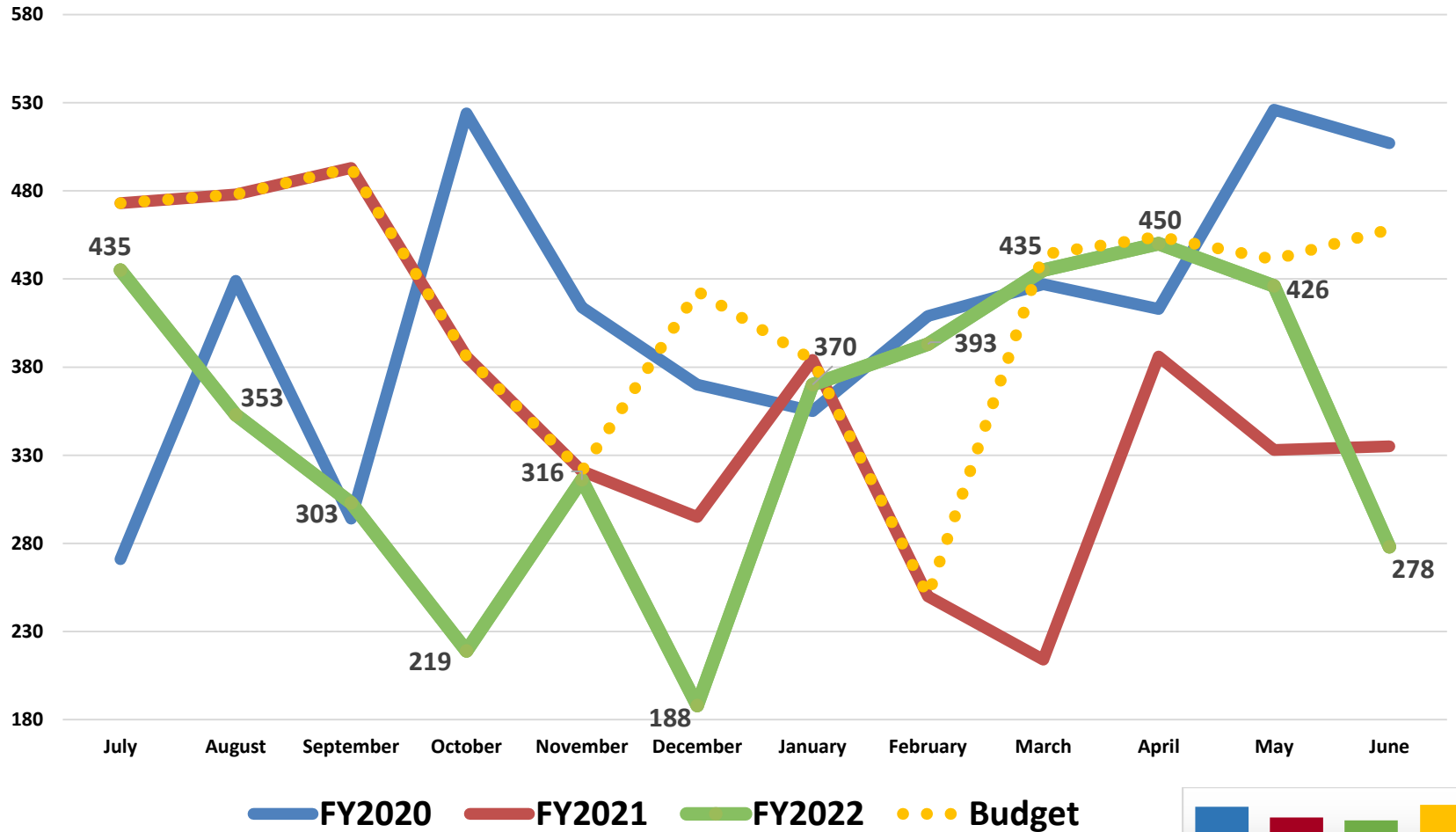
26,727	25,547	24,042	28,504
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Radiation Oncology - Visalia



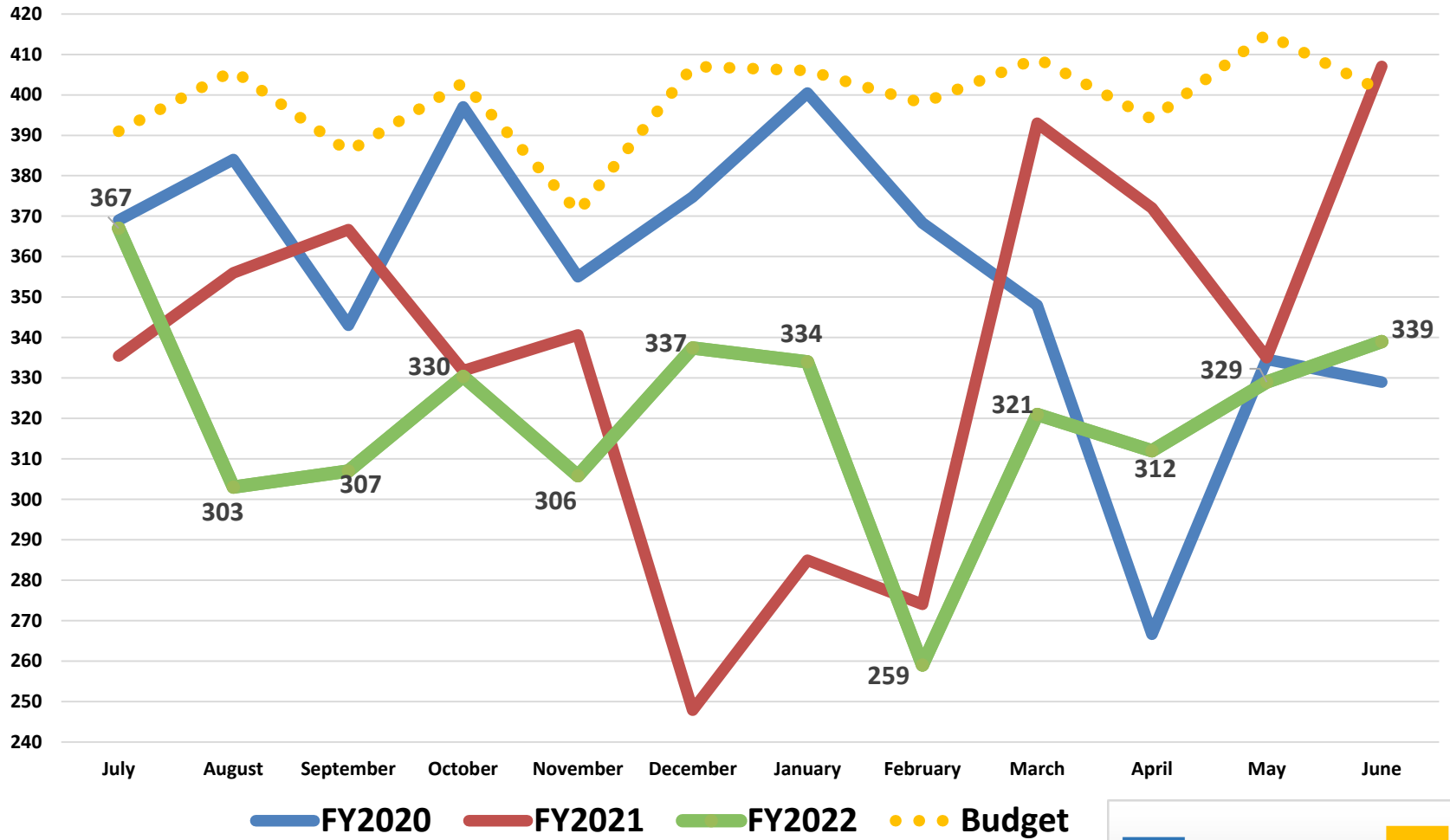
21,788	21,199	19,876	23,499
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Radiation Oncology - Hanford

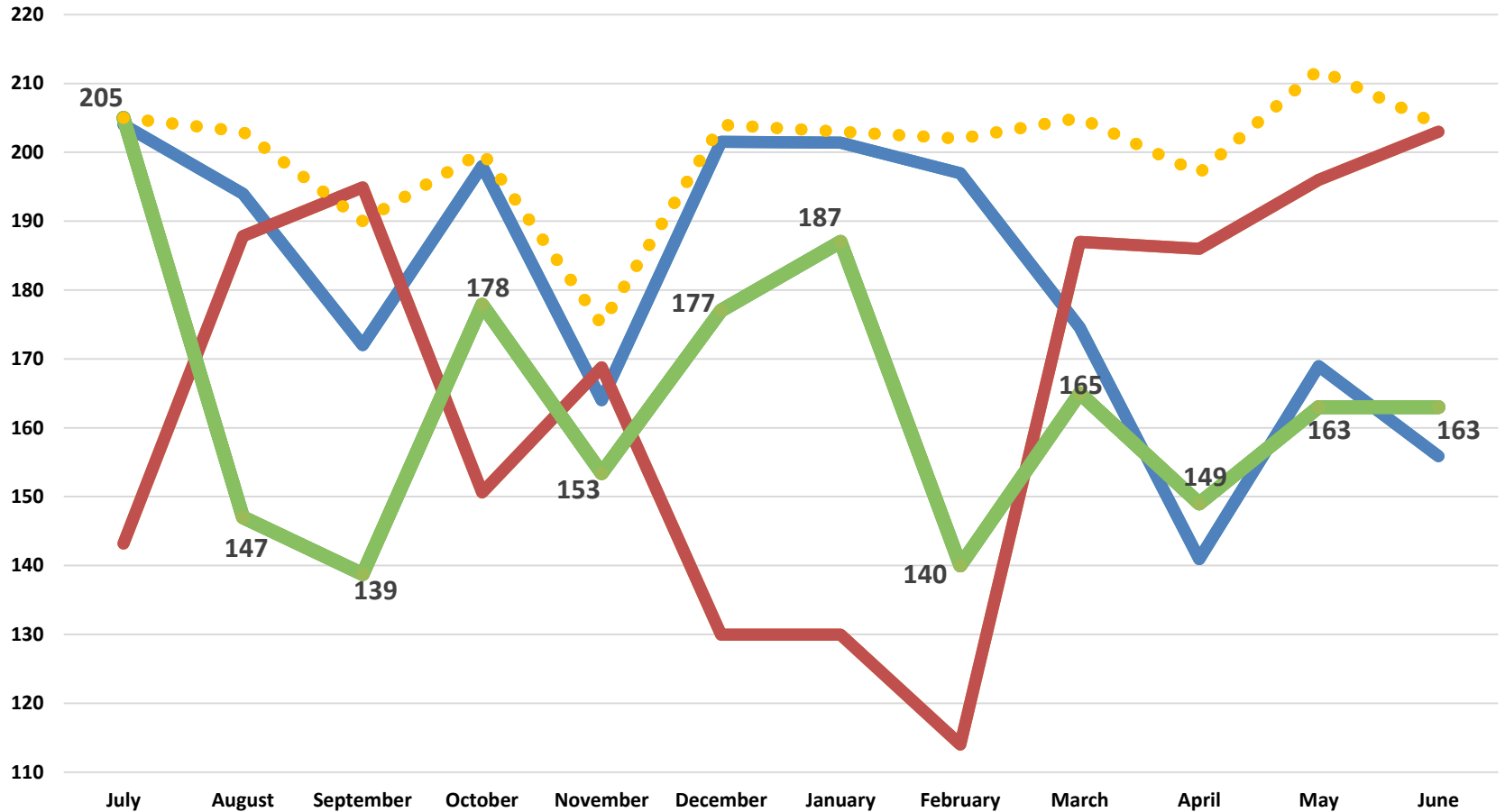


4,939	4,348	4,166	5,005
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

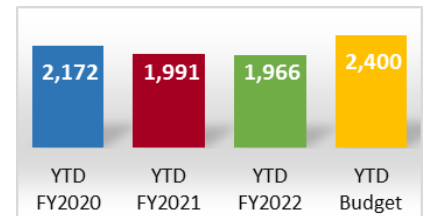
Cath Lab (IP & OP) – 100 Min Units



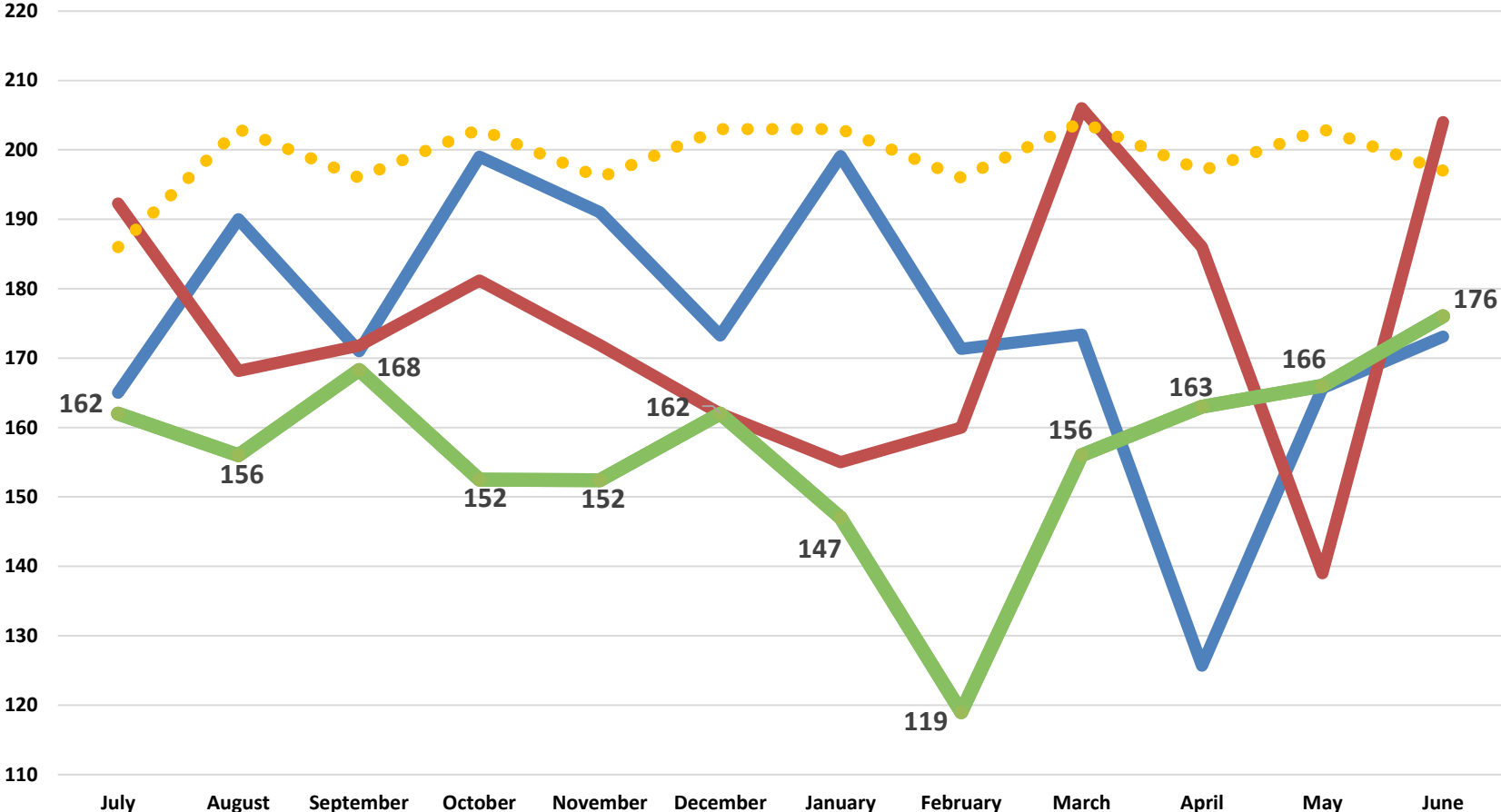
Cath Lab (IP Only) – 100 Min Units



— FY2020
 — FY2021
 — FY2022
 ●●● Budget



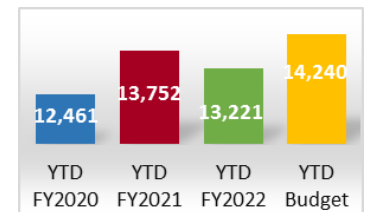
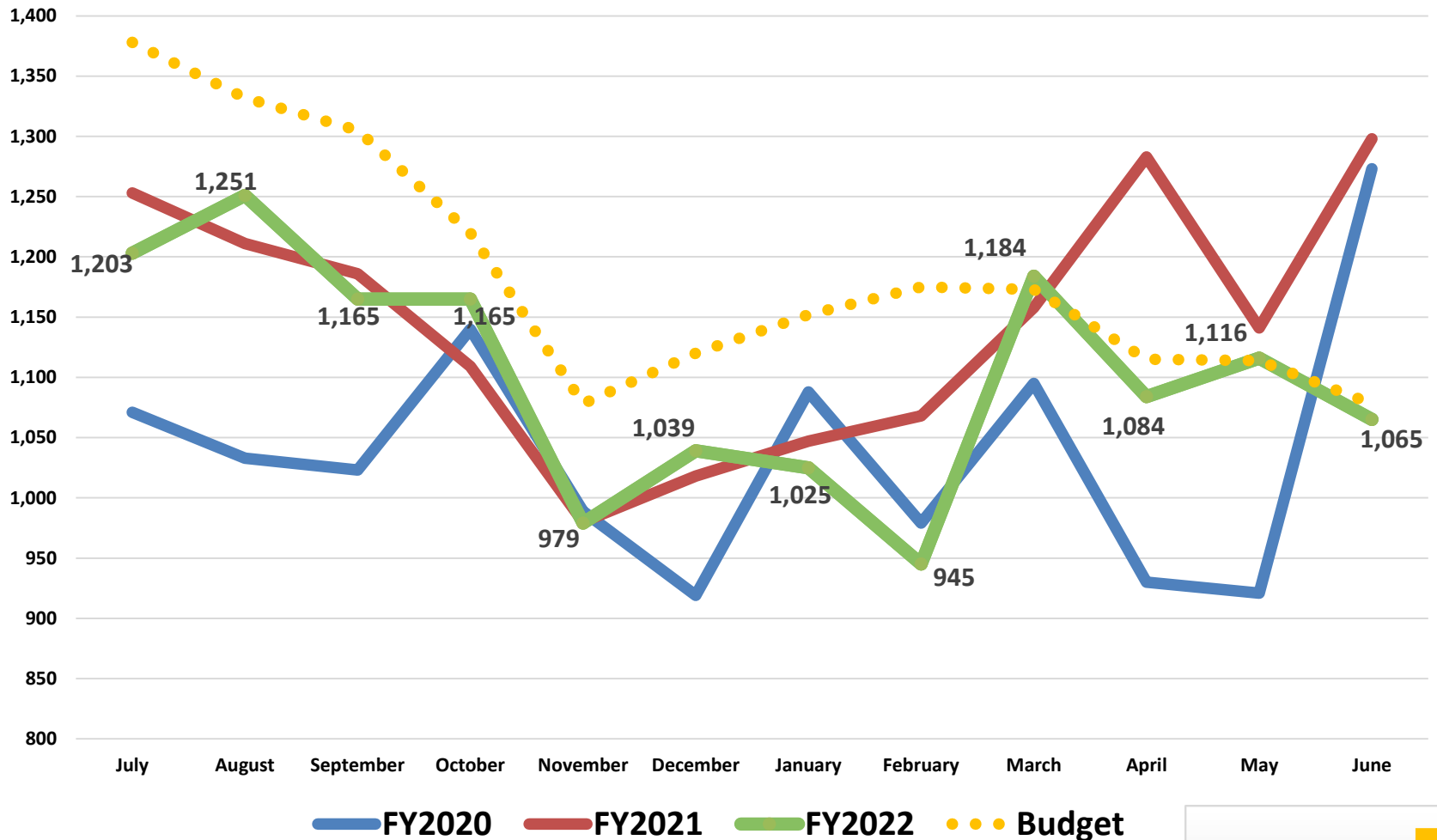
Cath Lab (OP Only) – 100 Min Units



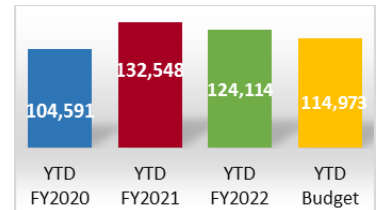
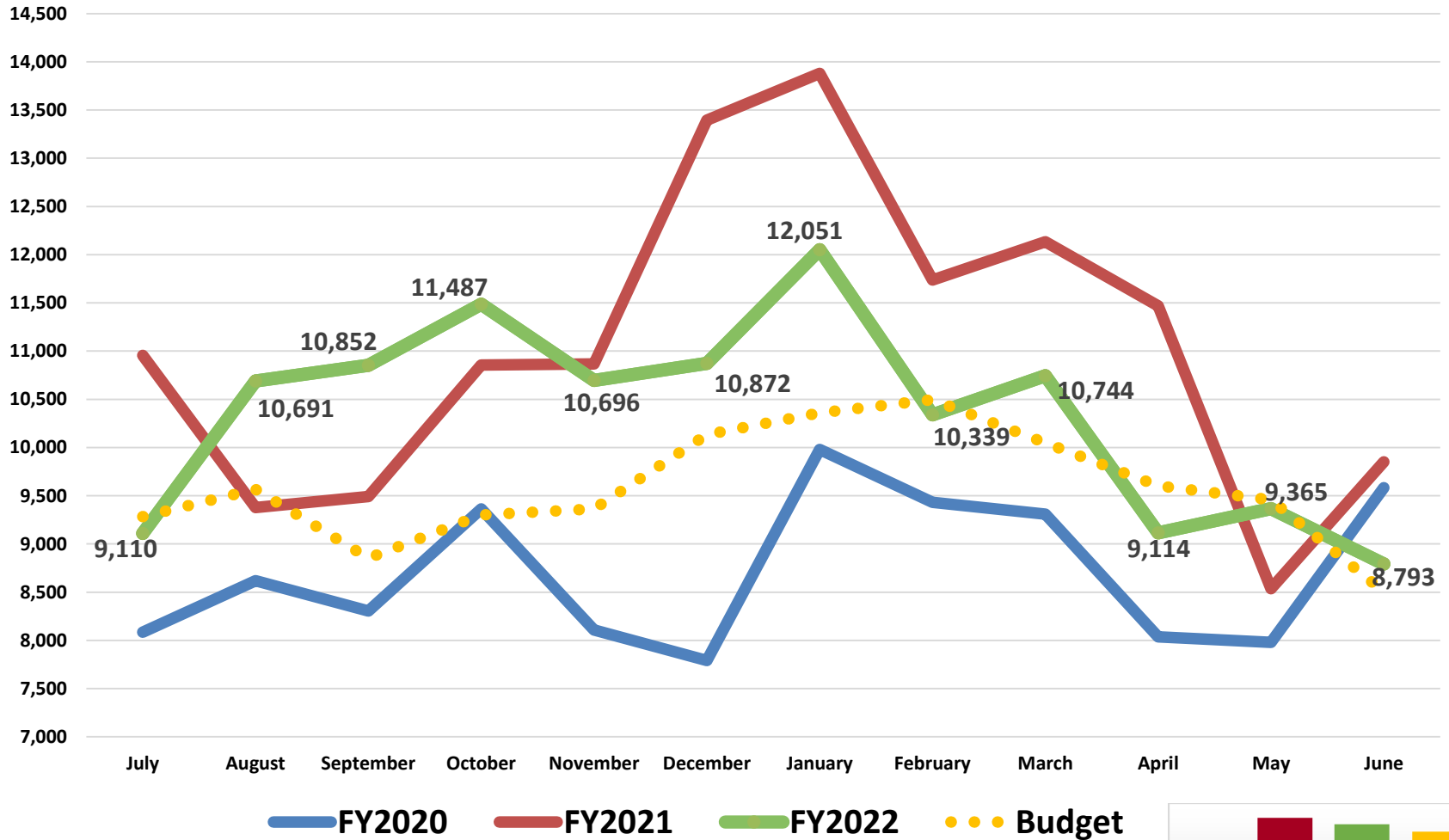
—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**

2,098	2,097	1,880	2,387
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

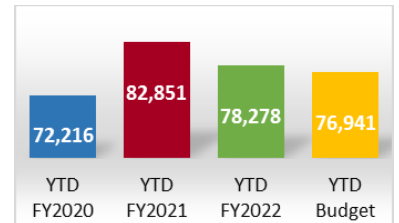
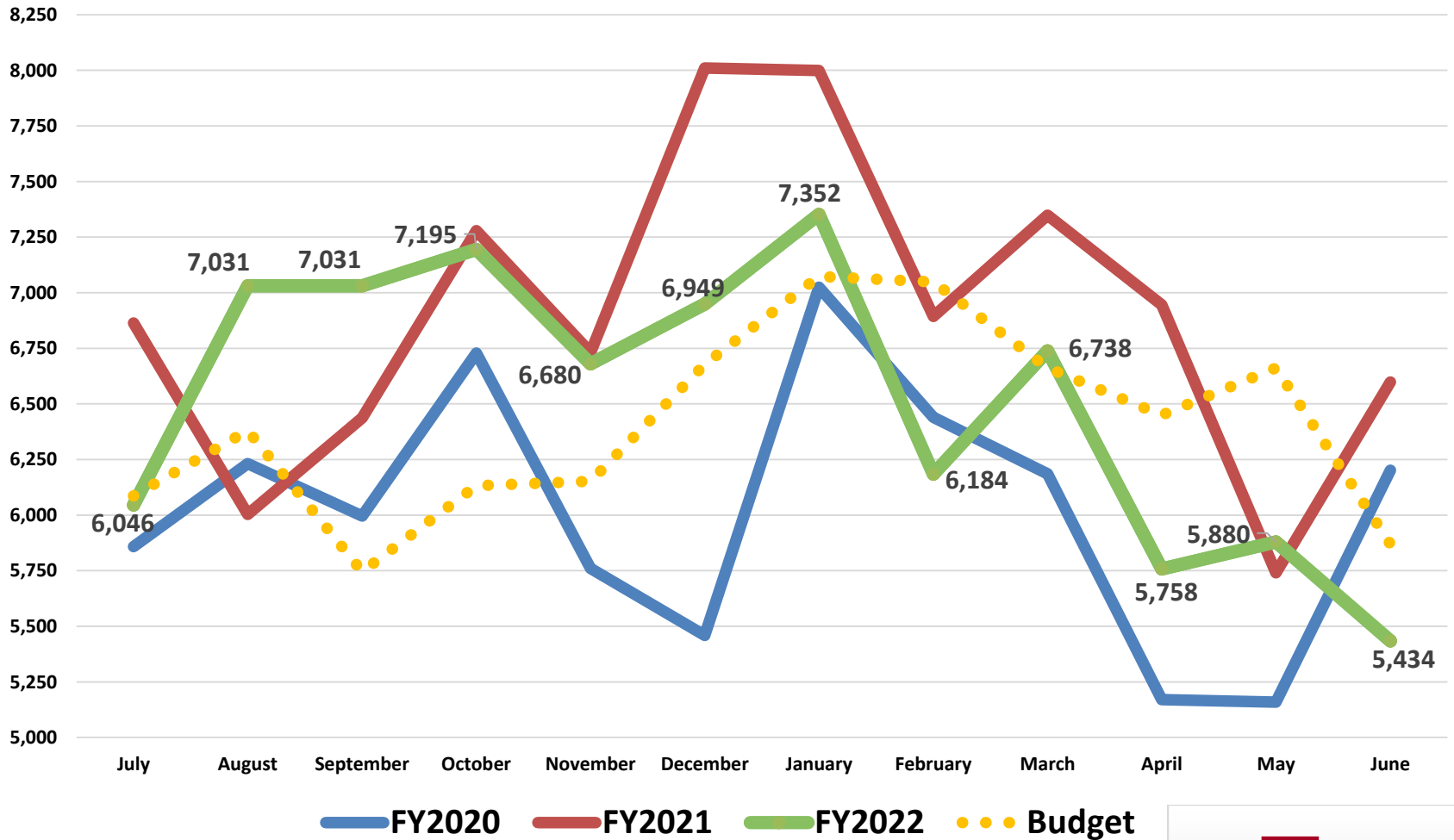
GME Family Medicine Clinic Visits



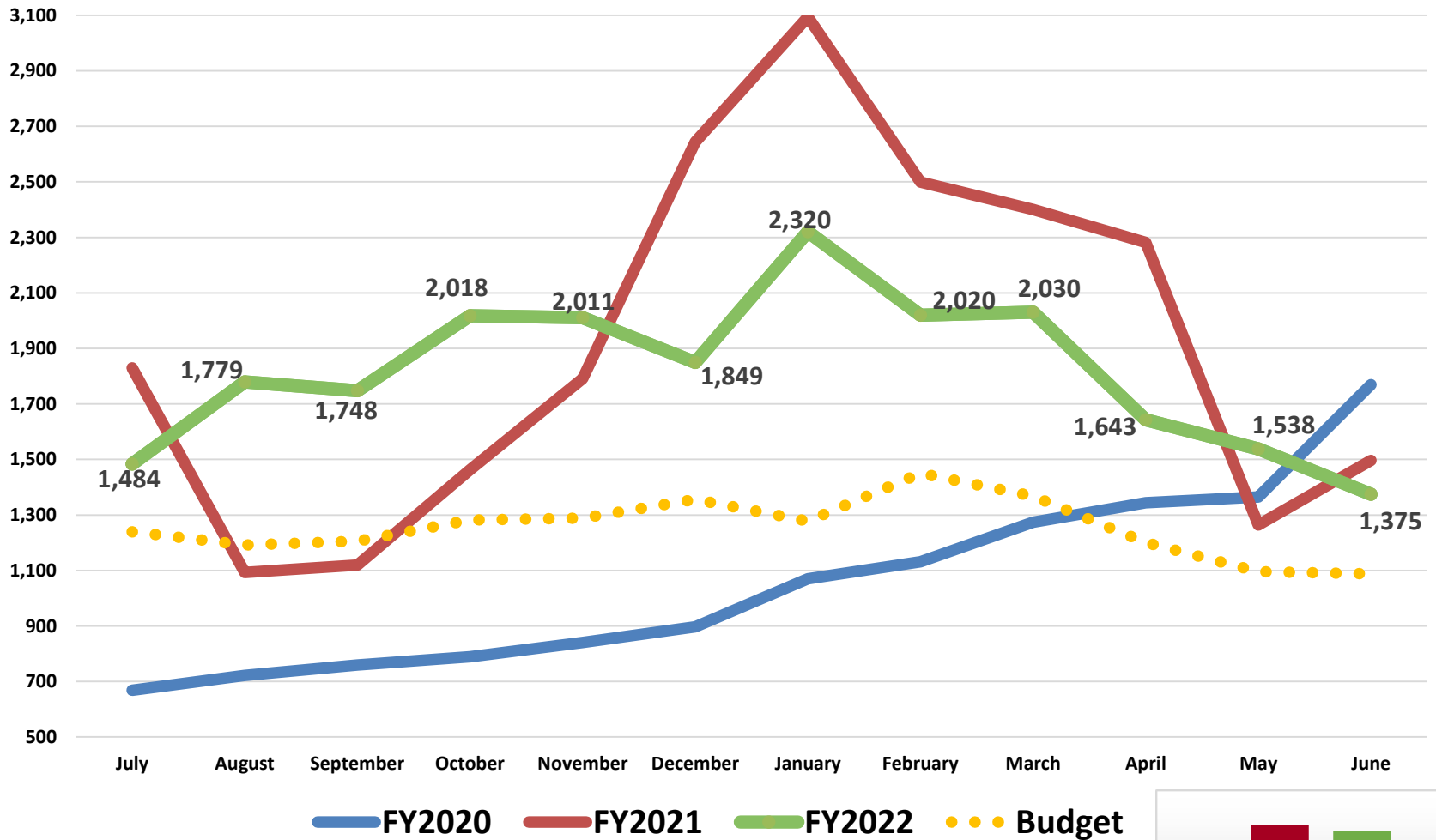
Rural Health Clinic Registrations



Exeter RHC - Registrations

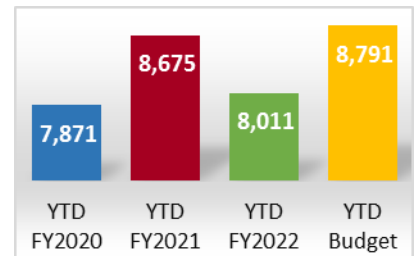
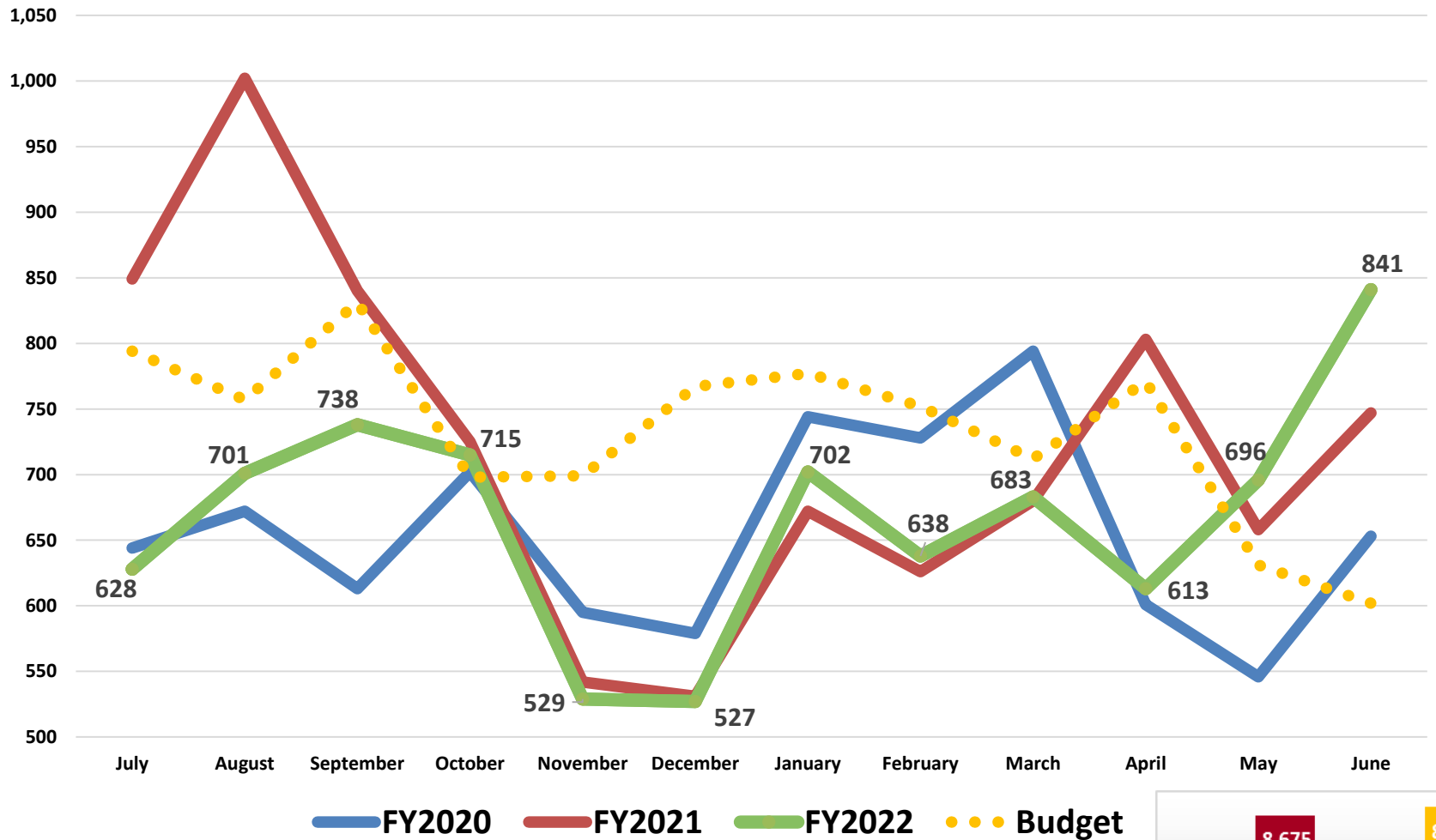


Lindsay RHC - Registrations

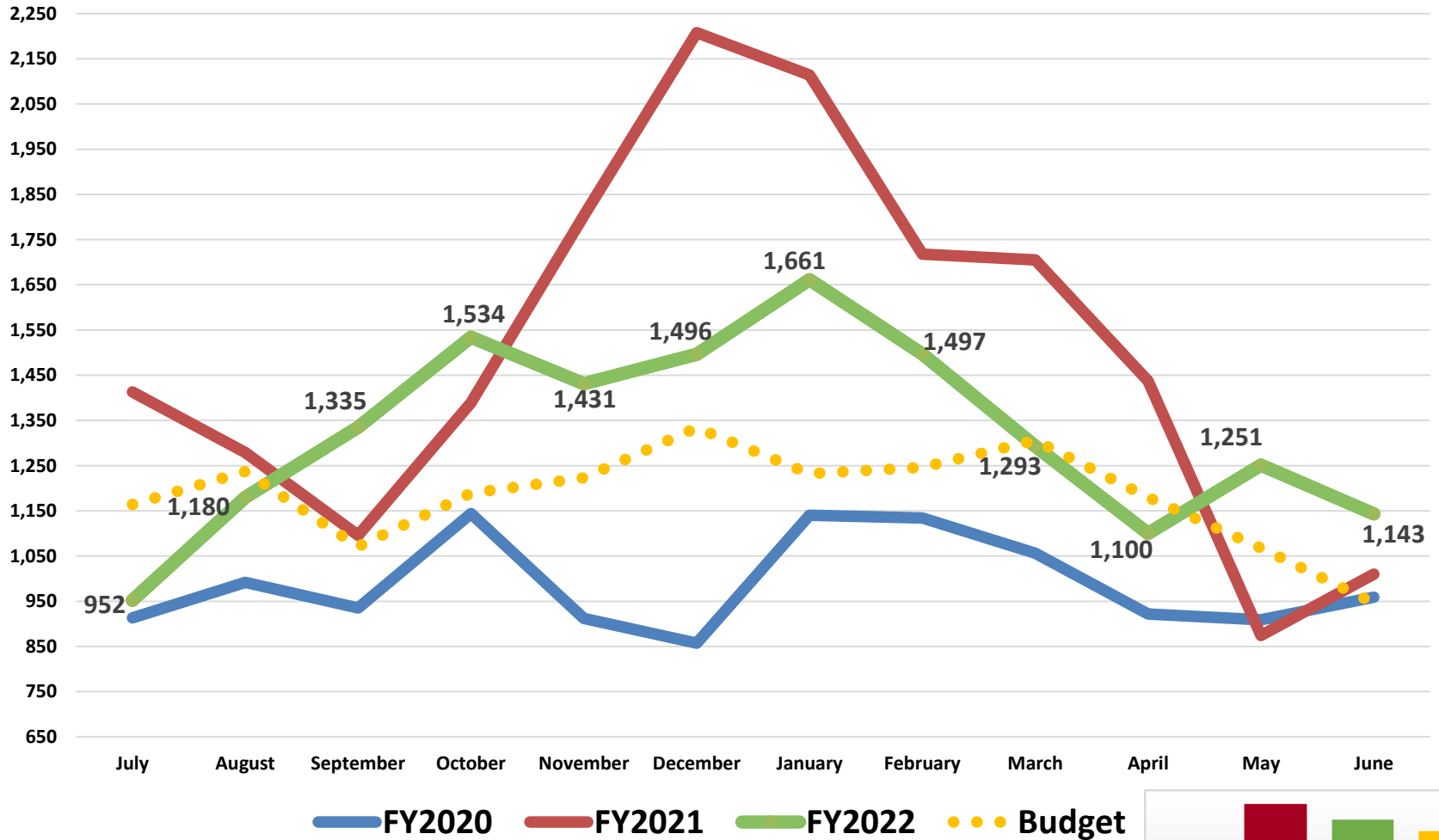


12,631	22,976	21,815	15,045
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Woodlake RHC - Registrations

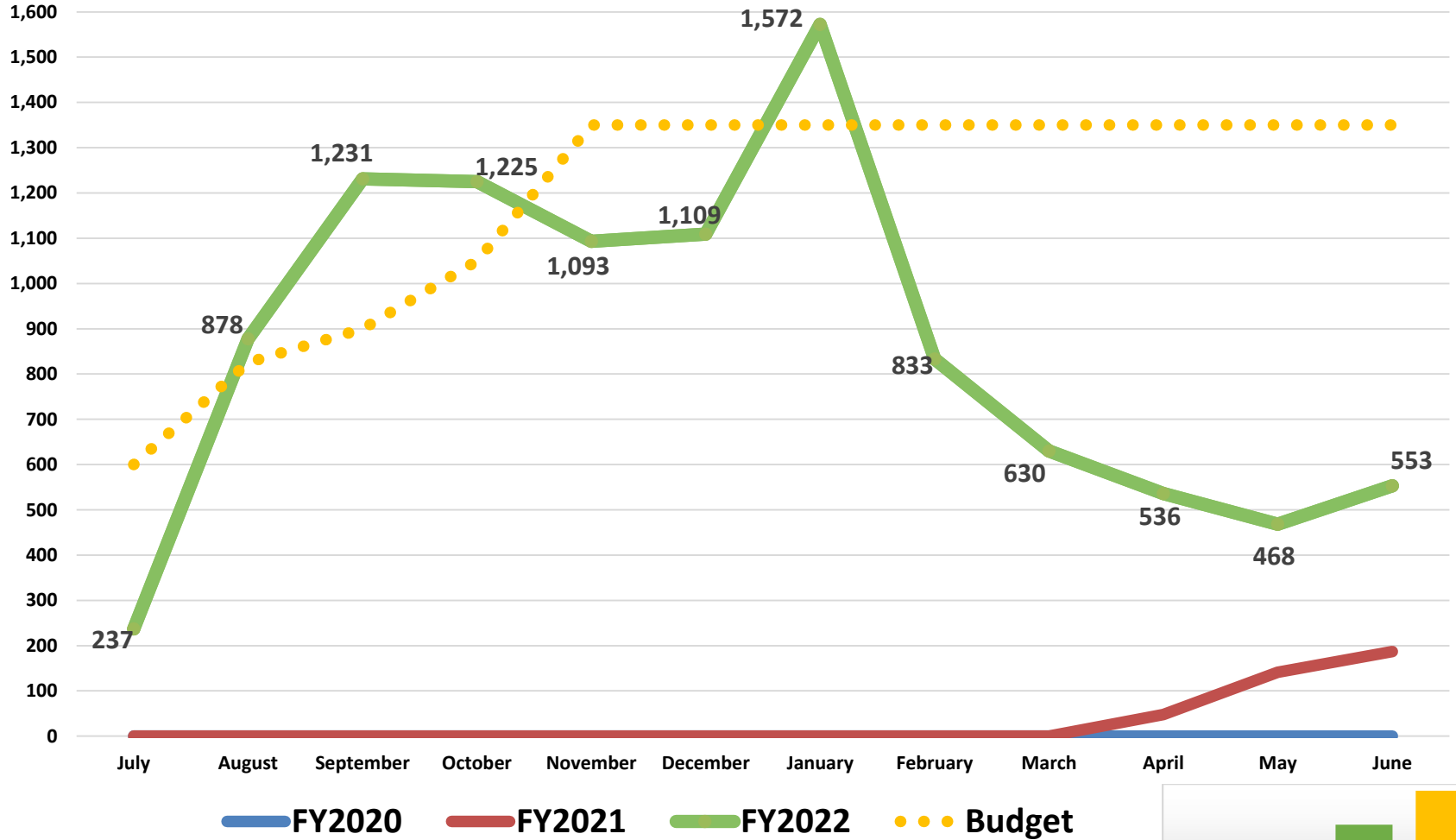


Dinuba RHC - Registrations



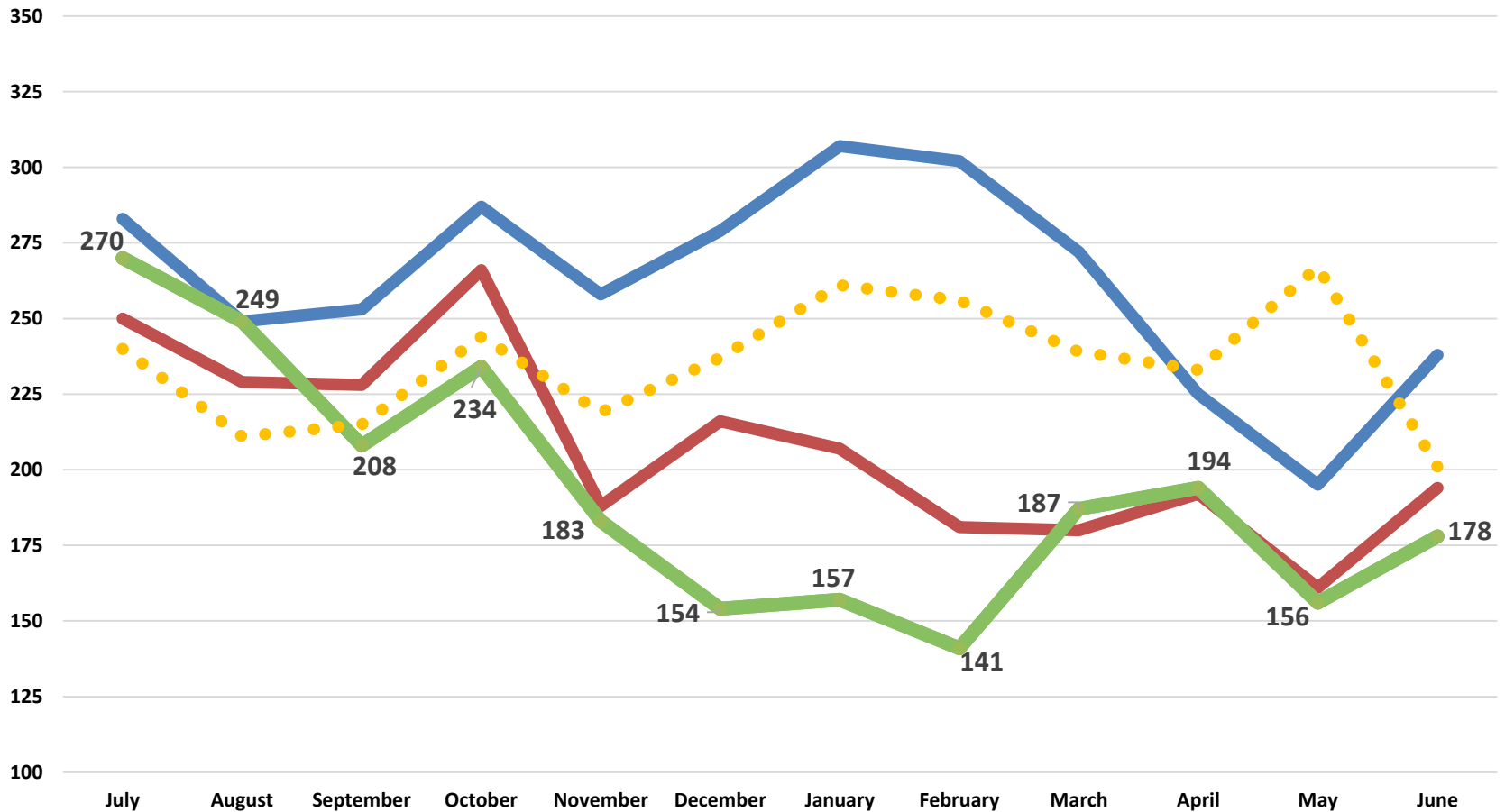
11,873	18,046	15,873	14,196
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Tulare RHC - Registrations

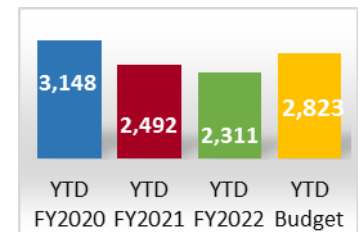


-	376	10,365	14,175
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

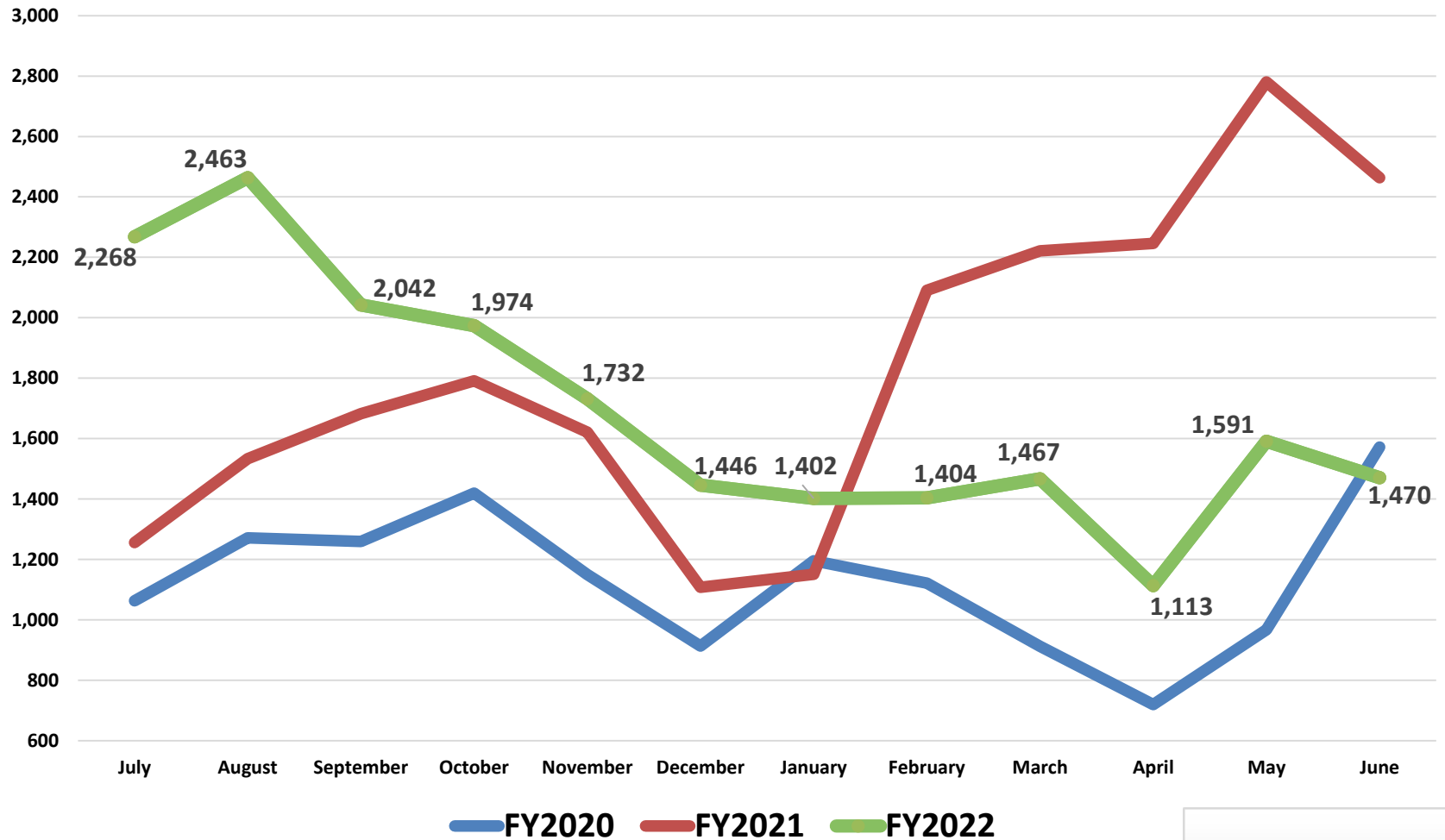
Neurosurgery Clinic - Registrations



—●— **FY2020**
 —●— **FY2021**
 —●— **FY2022**
 ●●● **Budget**

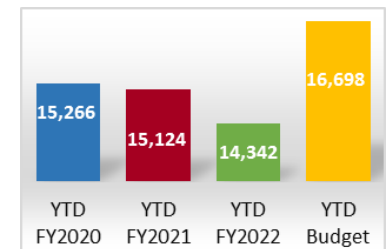
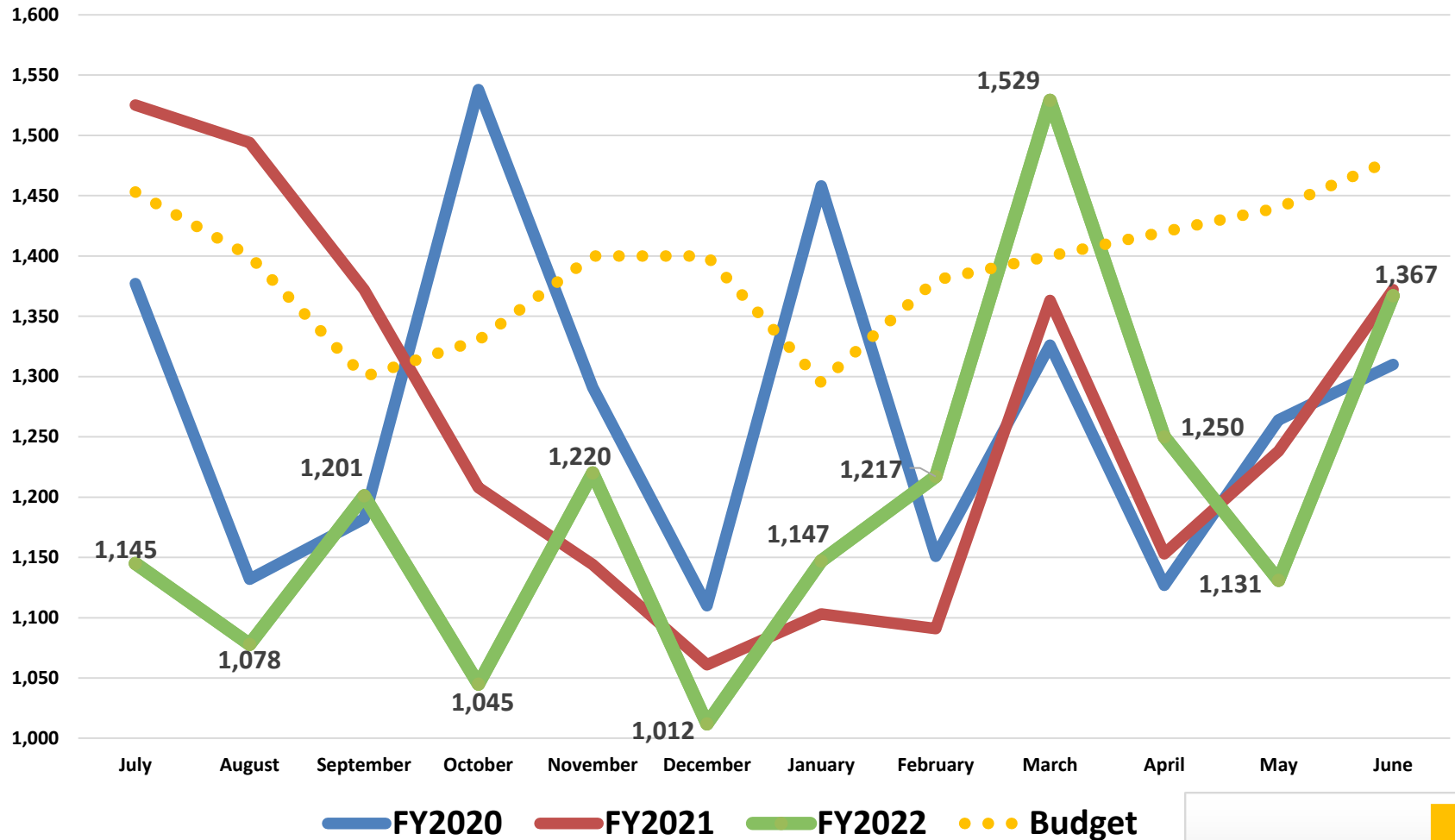


Neurosurgery Clinic - wRVU's

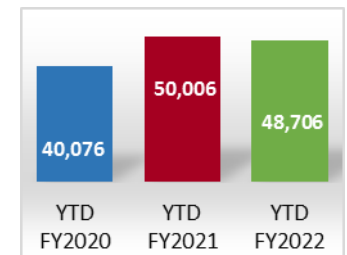
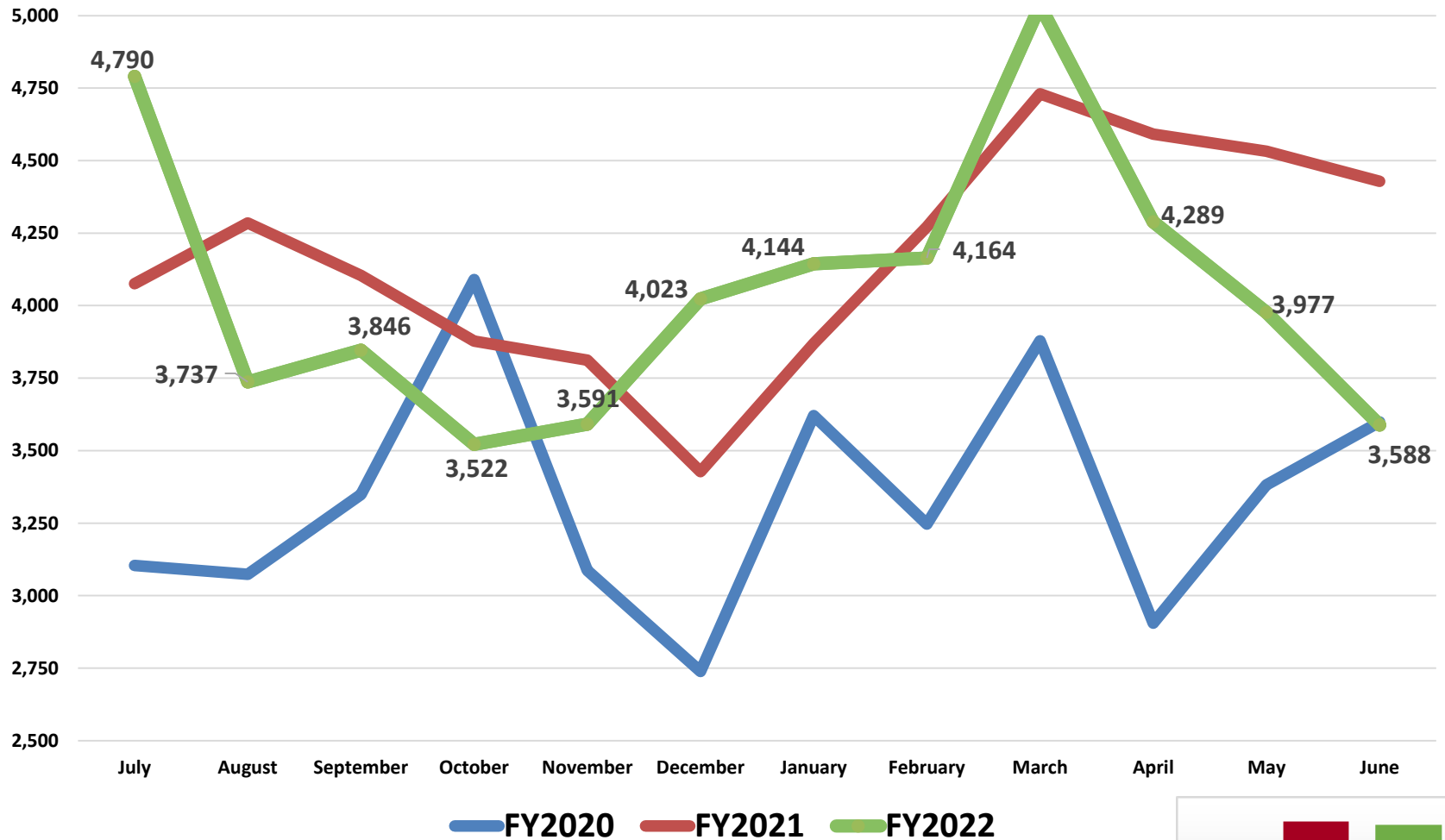


13,561	21,943	20,372
YTD FY2020	YTD FY2021	YTD FY2022

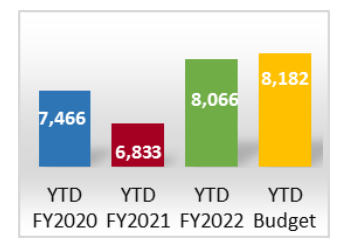
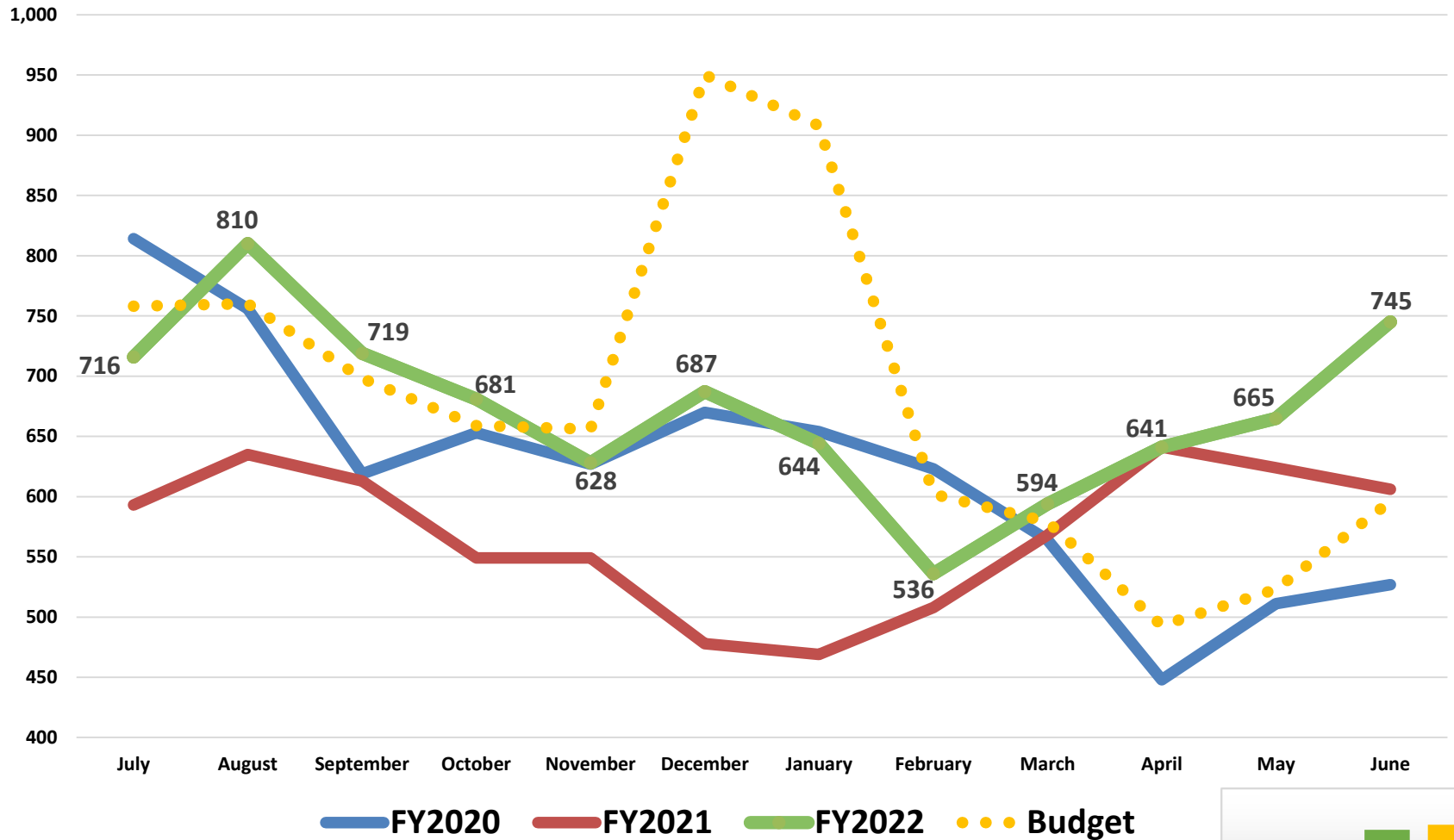
Sequoia Cardiology - Registrations



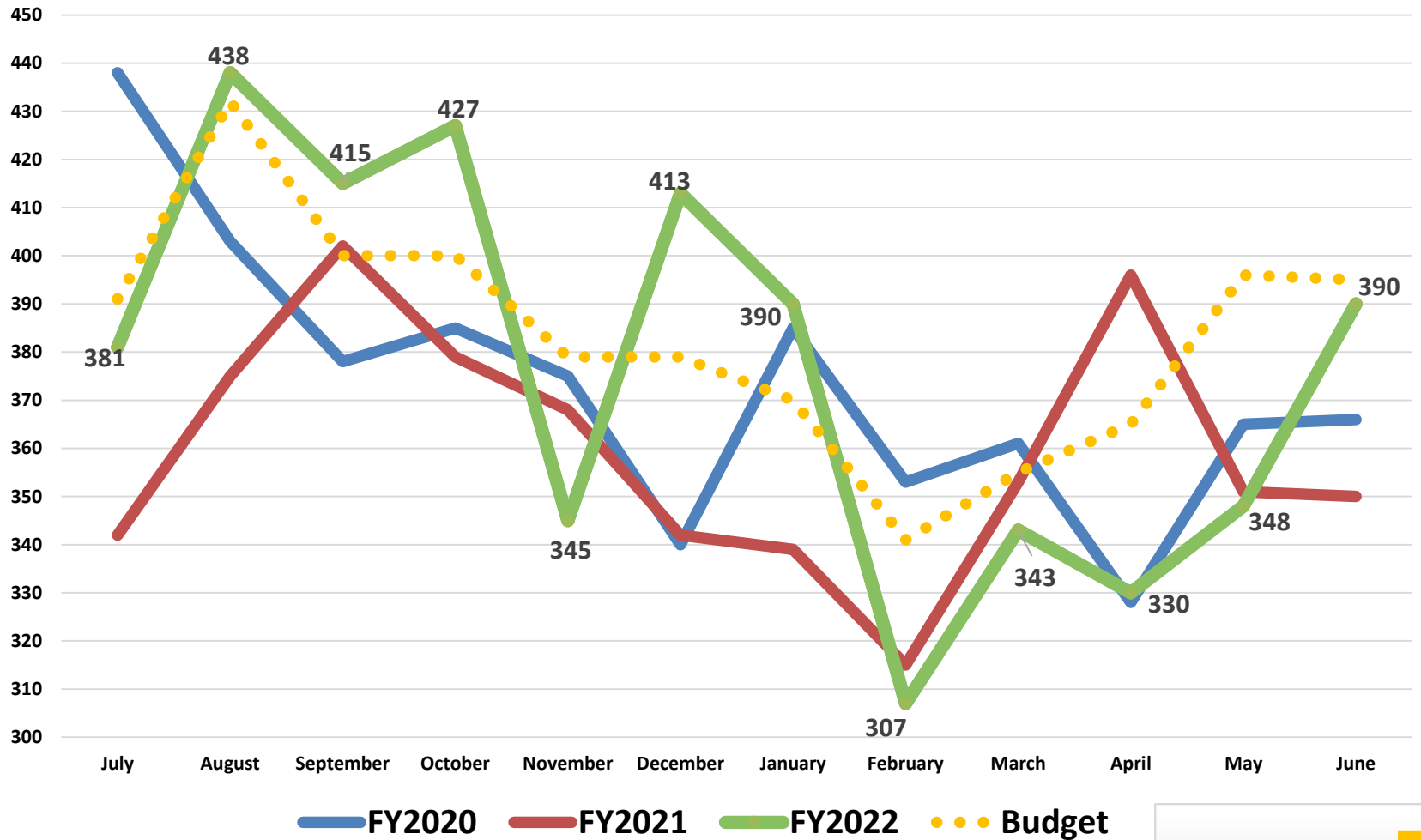
Sequoia Cardiology – wRVU's



Labor Triage Registrations

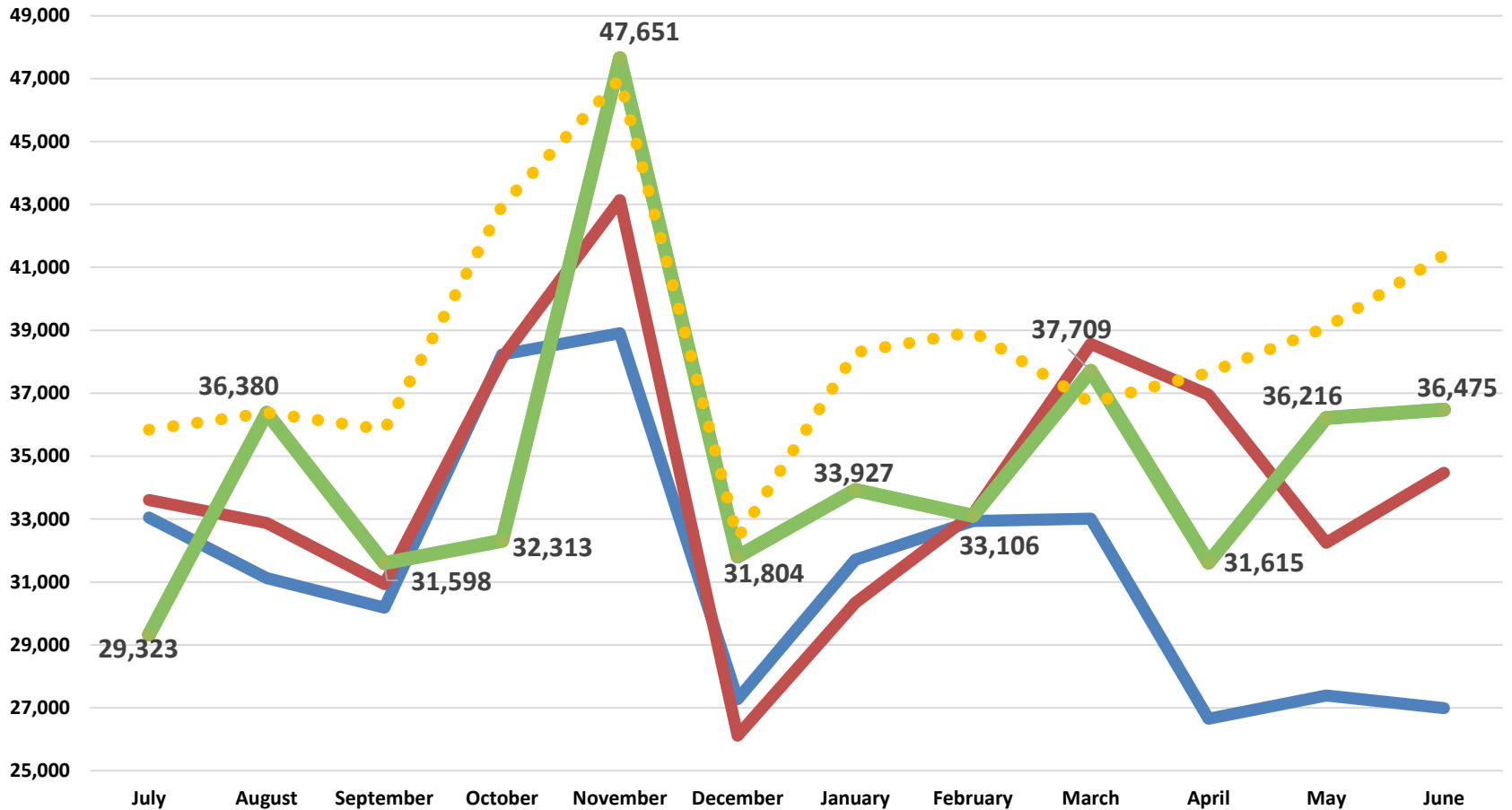


Deliveries

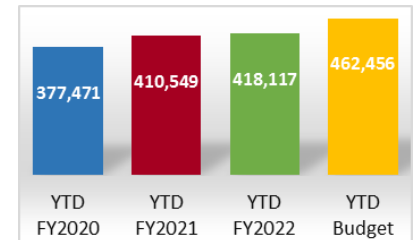


4,477	4,312	4,527	4,603
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

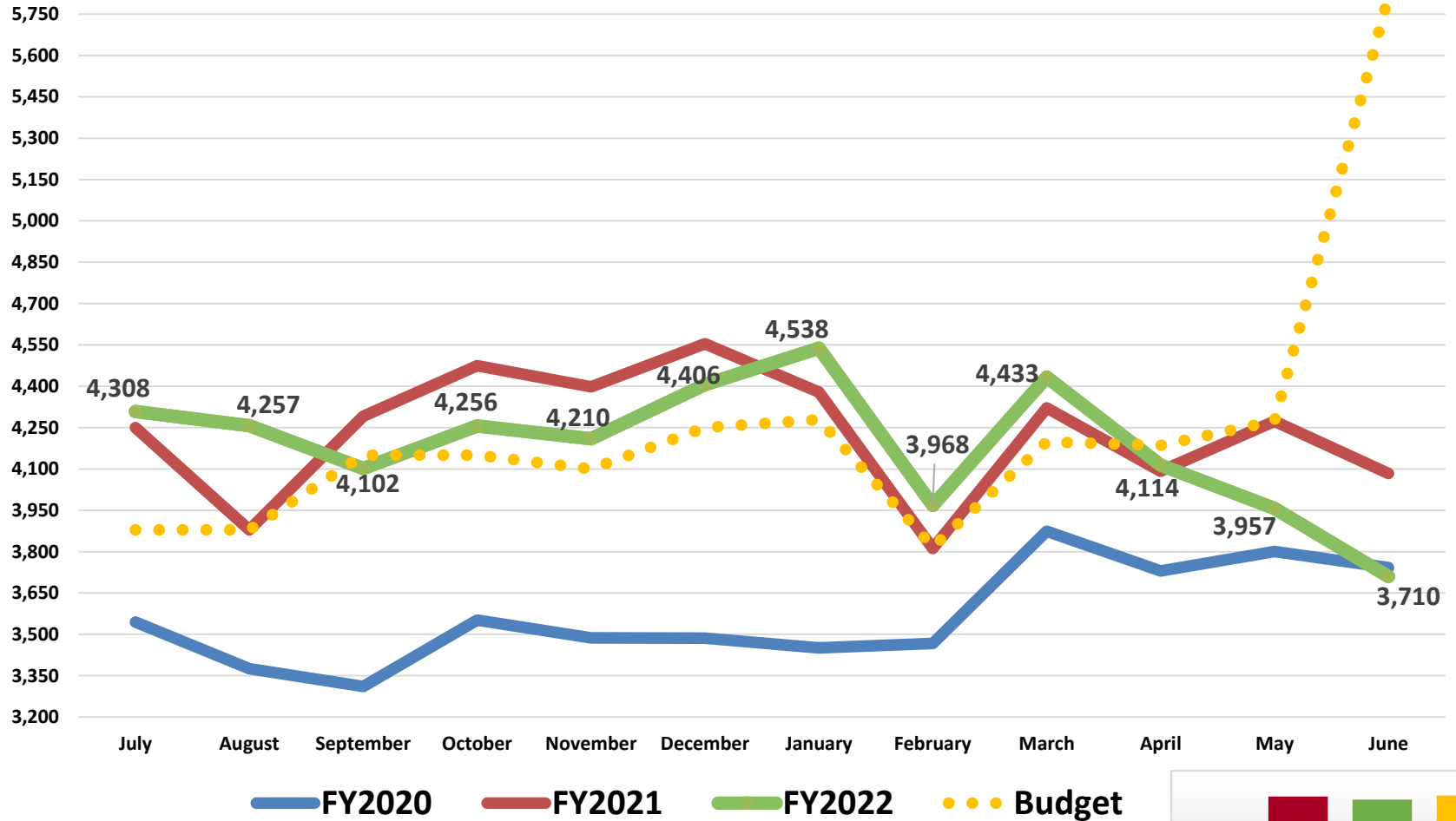
KHMG RVU's



— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**

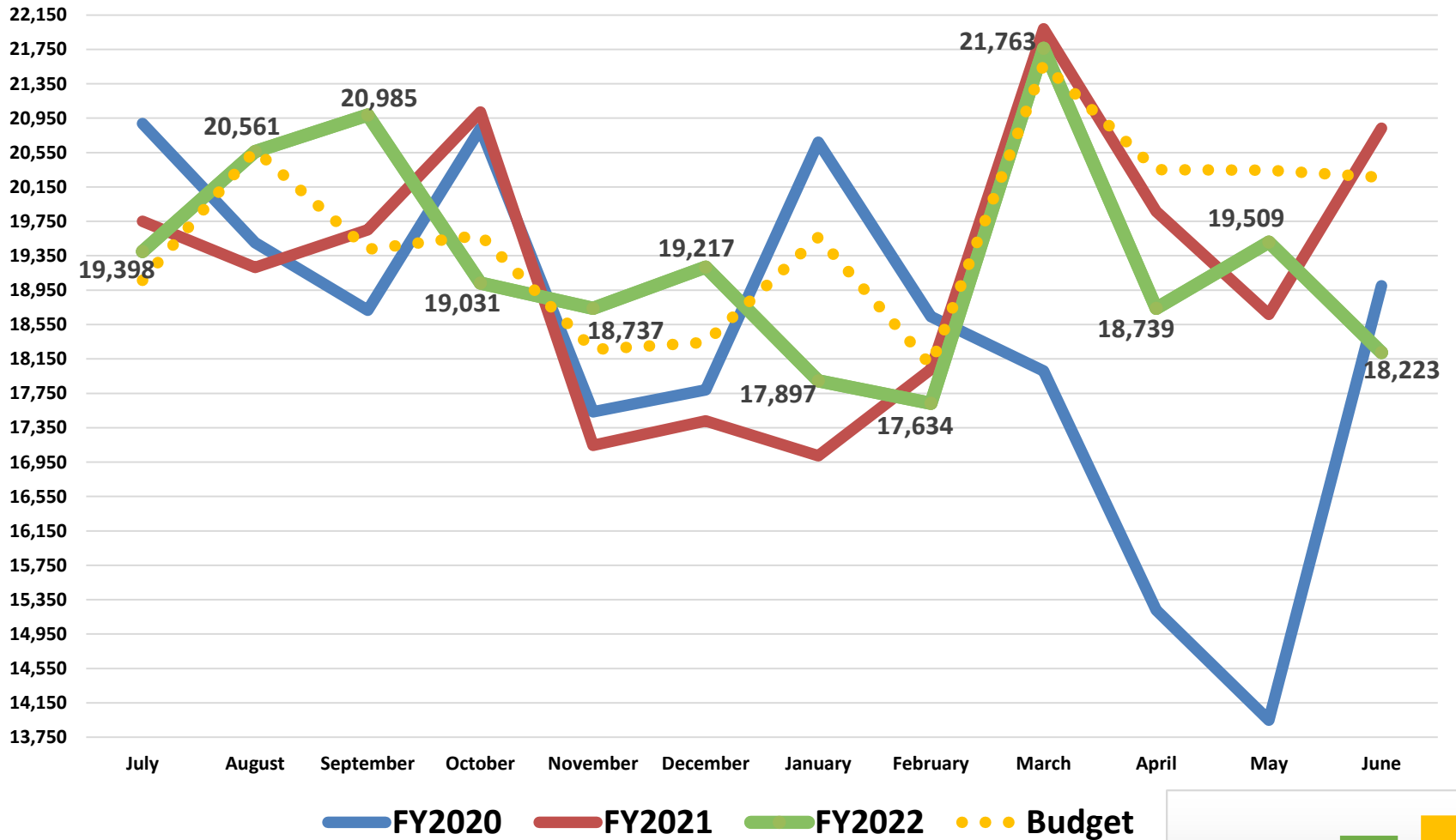


Hospice Days

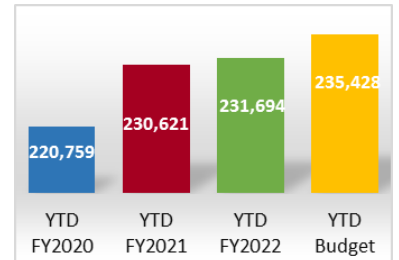


42,821	50,808	50,259	50,975
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

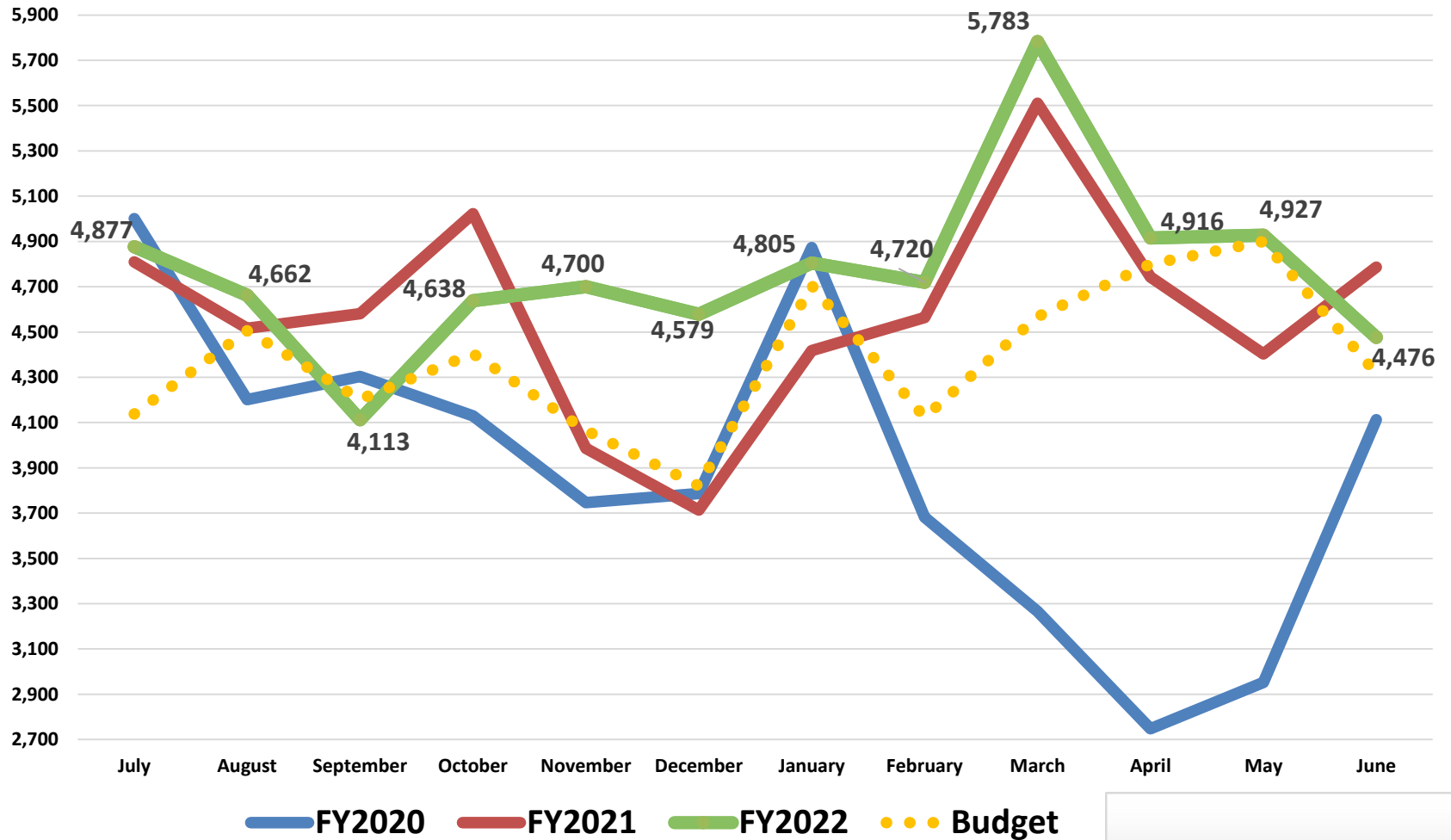
All O/P Rehab Services Across District



— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**

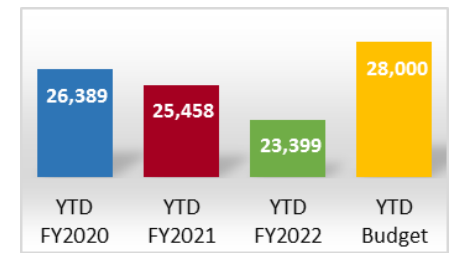
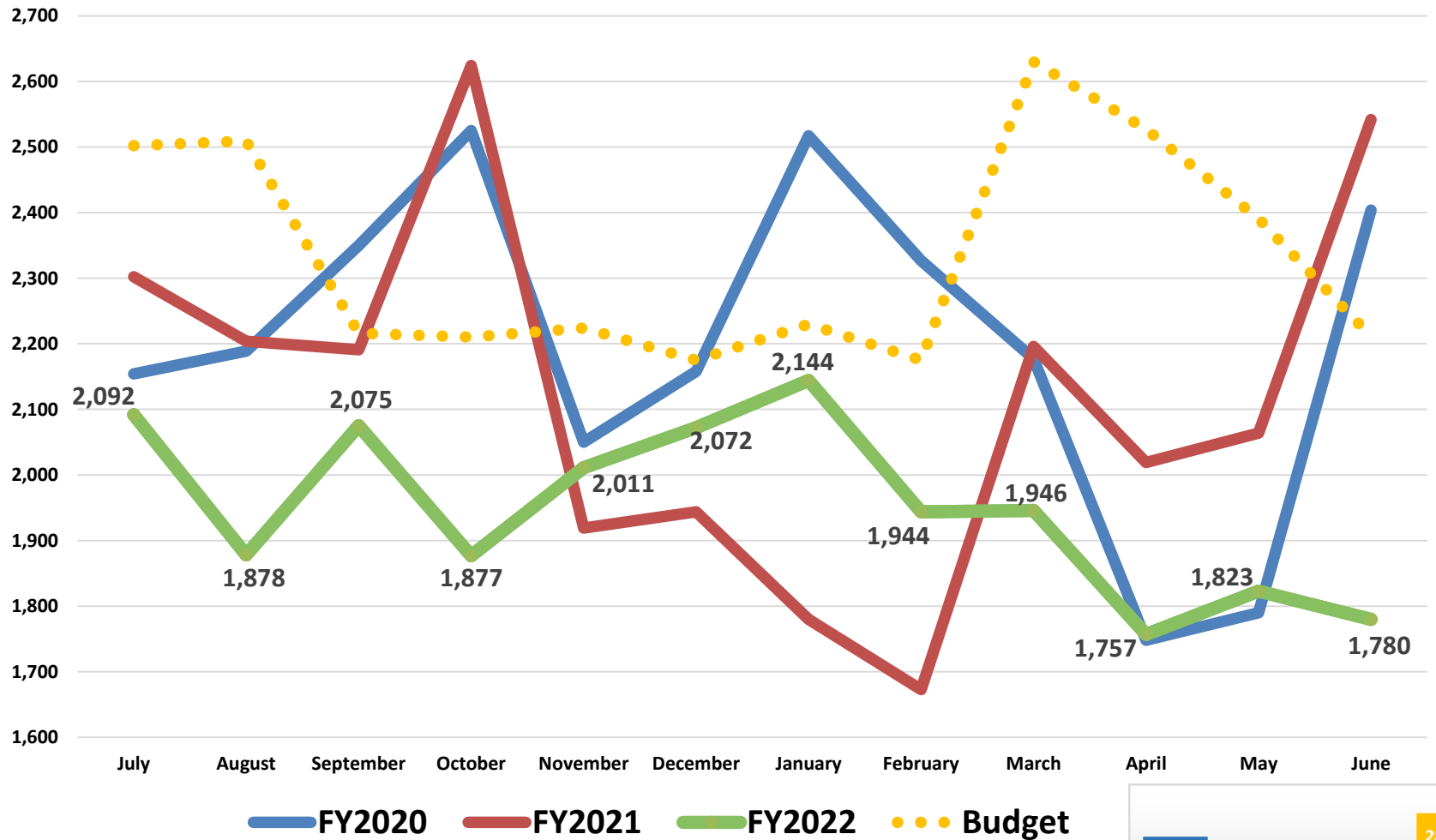


O/P Rehab Services

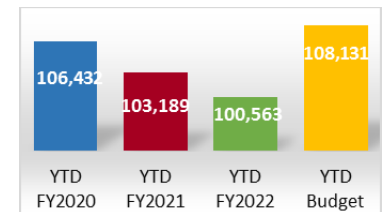
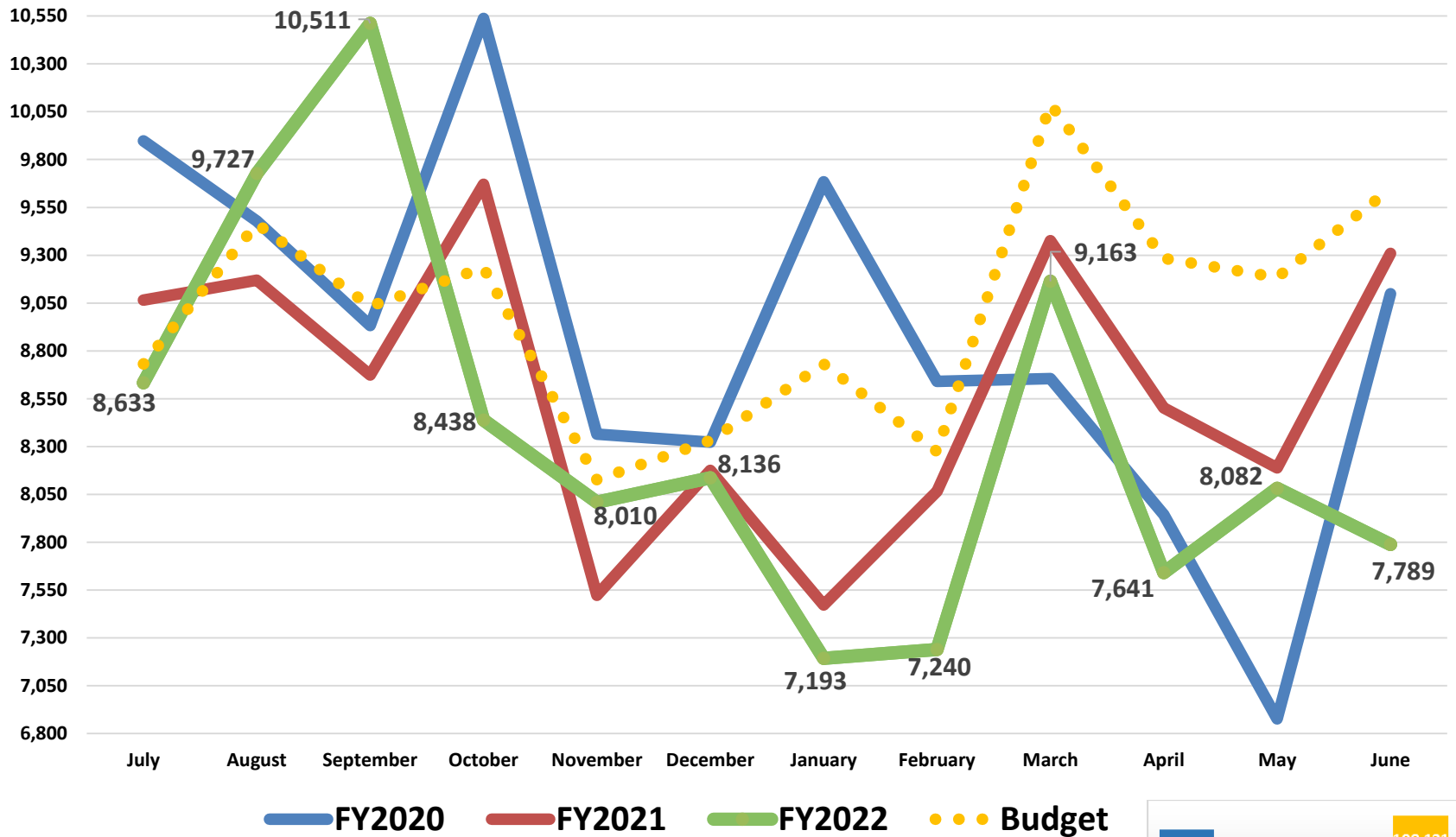


46,800	55,054	57,196	52,550
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

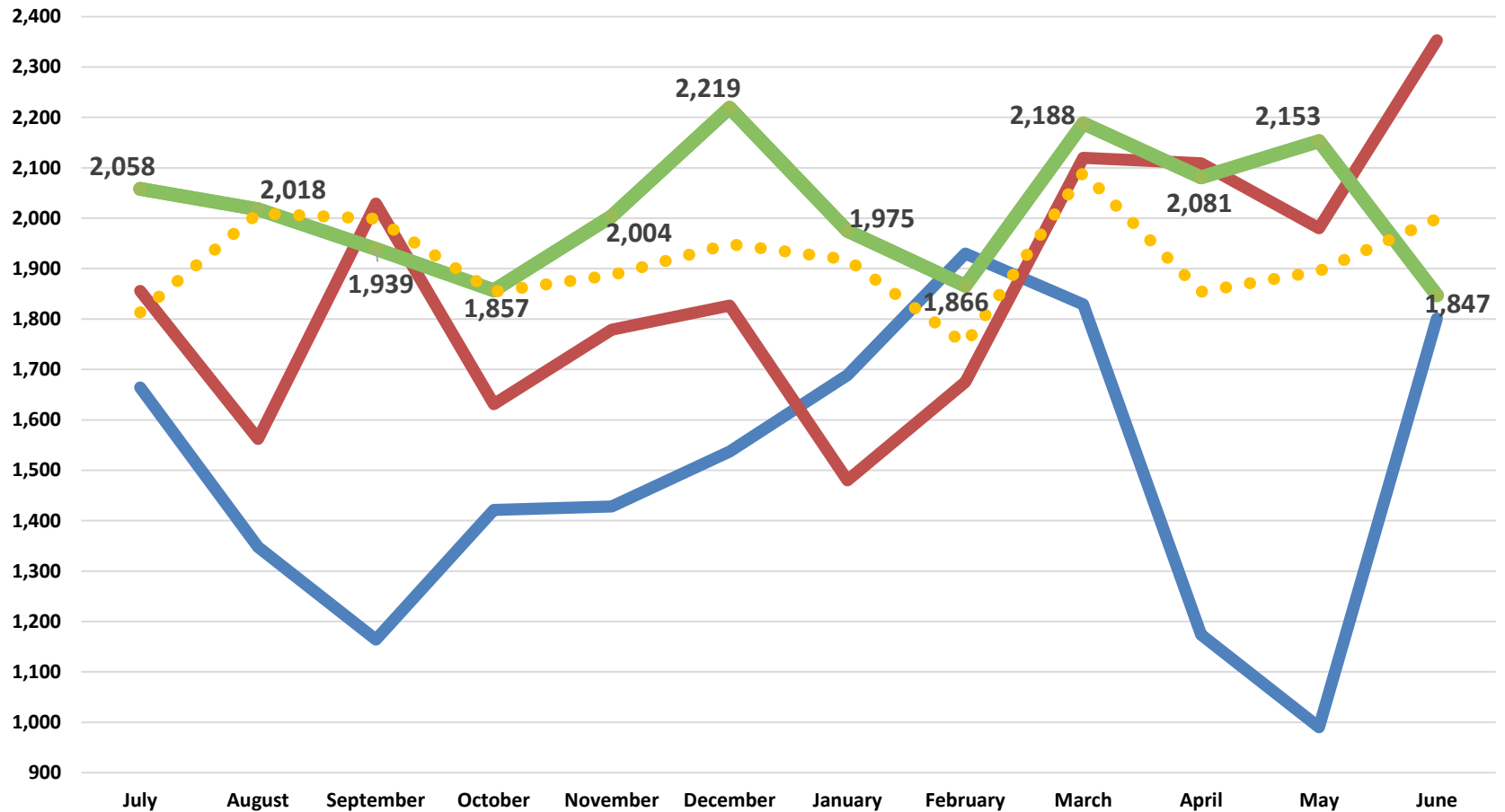
O/P Rehab - Exeter



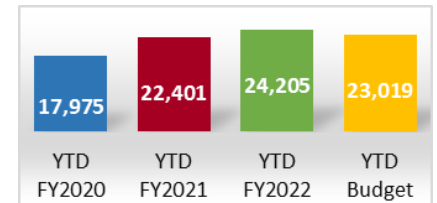
O/P Rehab - Akers



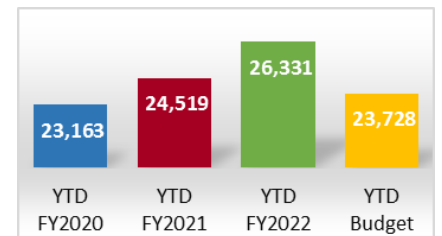
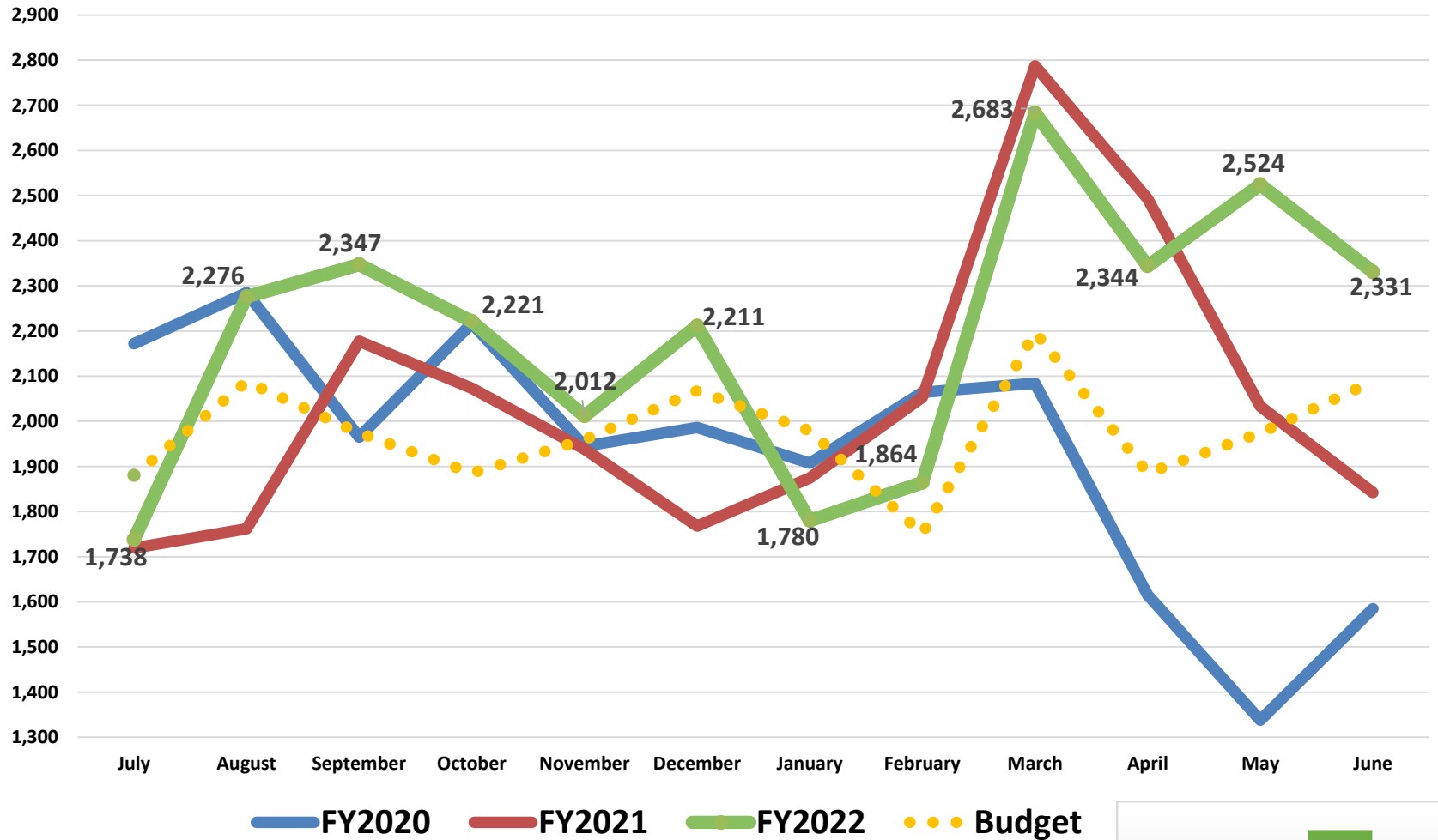
O/P Rehab - LLOPT



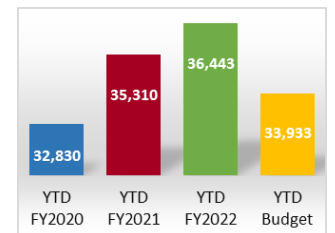
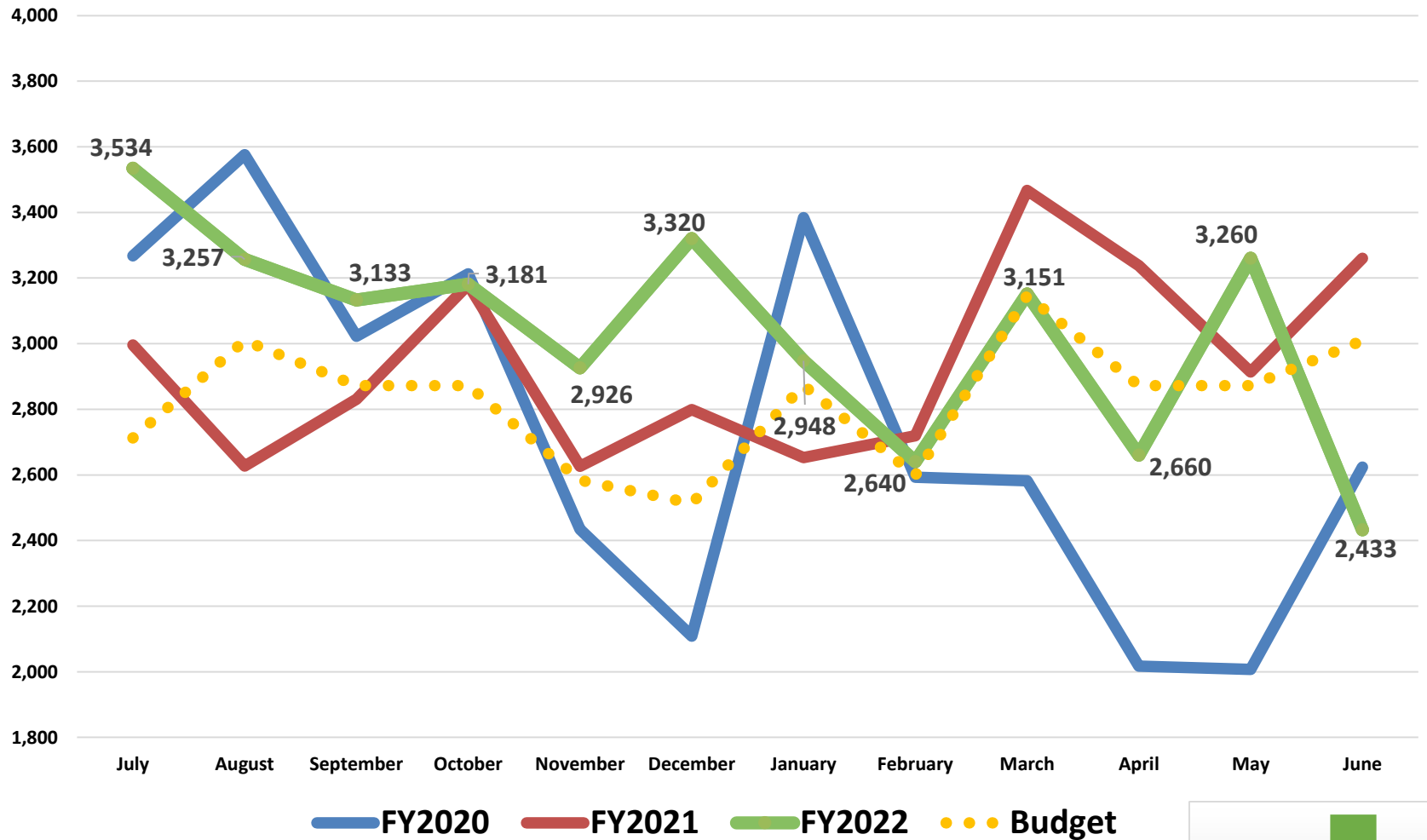
— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**



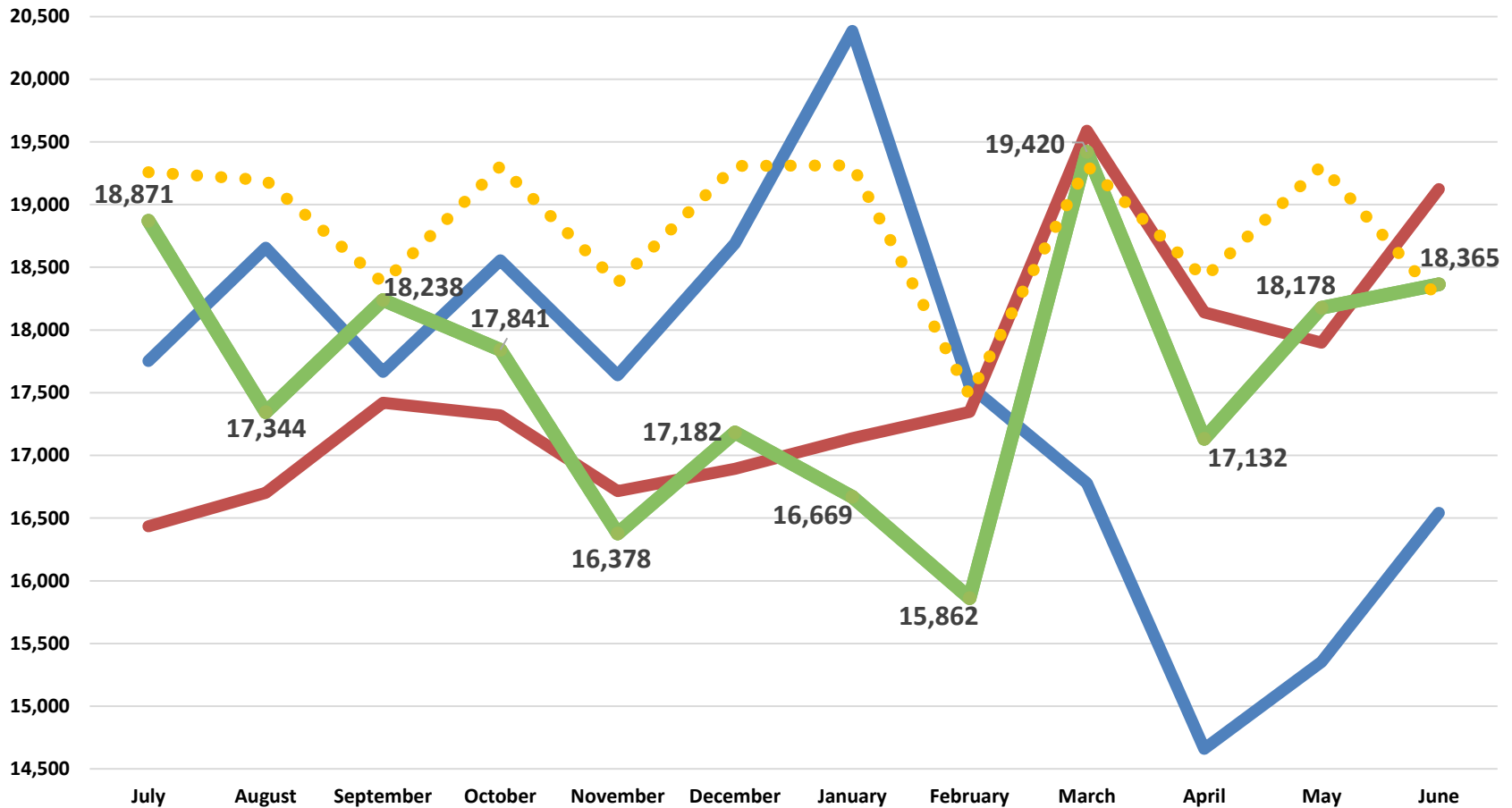
O/P Rehab - Dinuba



Therapy - Cypress Hand Center



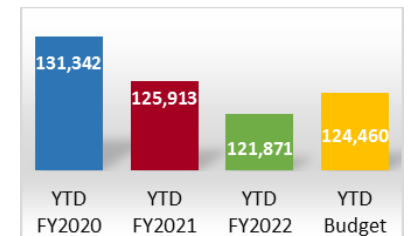
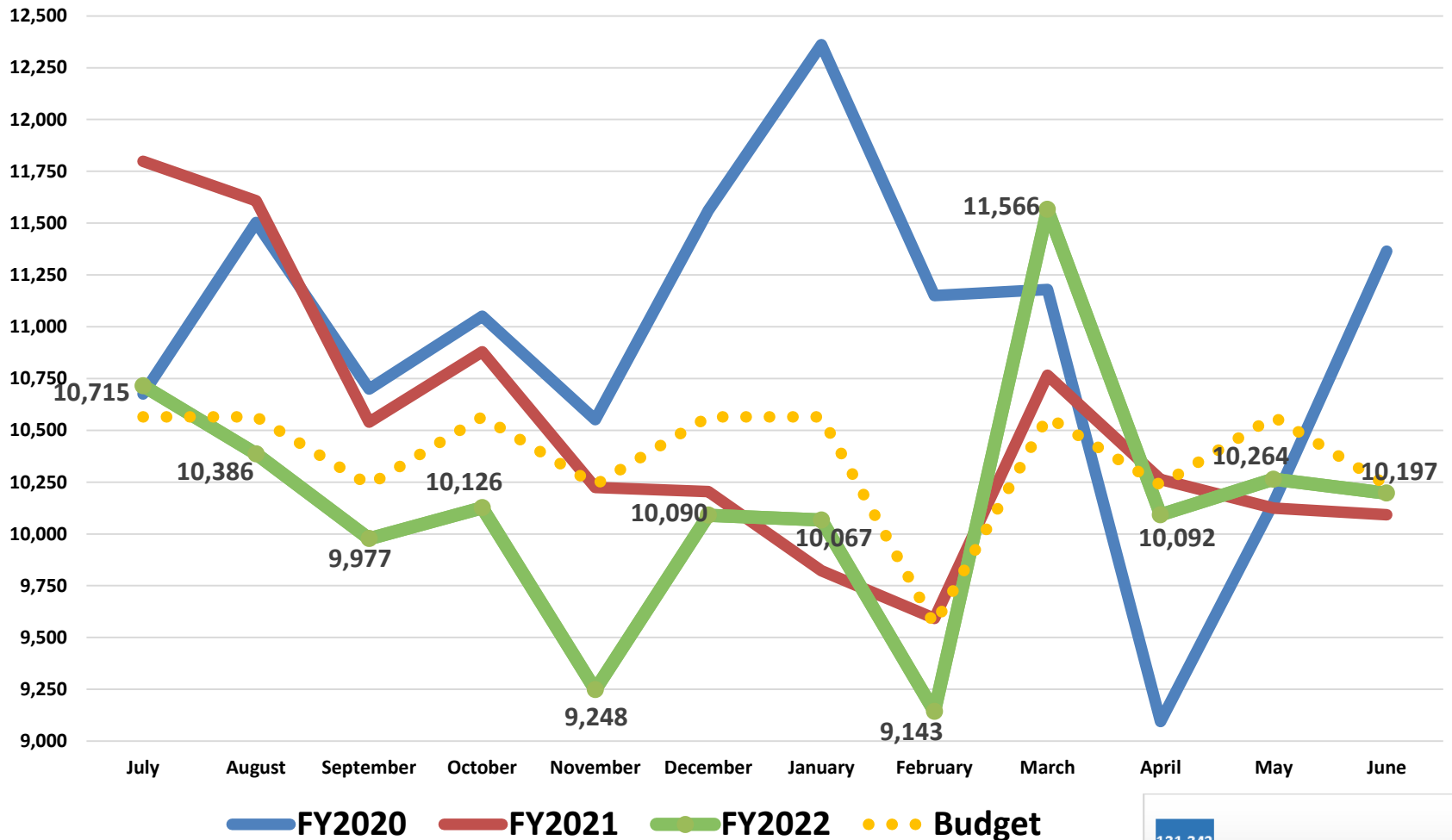
Physical & Other Therapy Units (I/P & O/P)



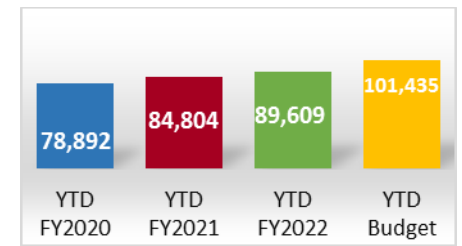
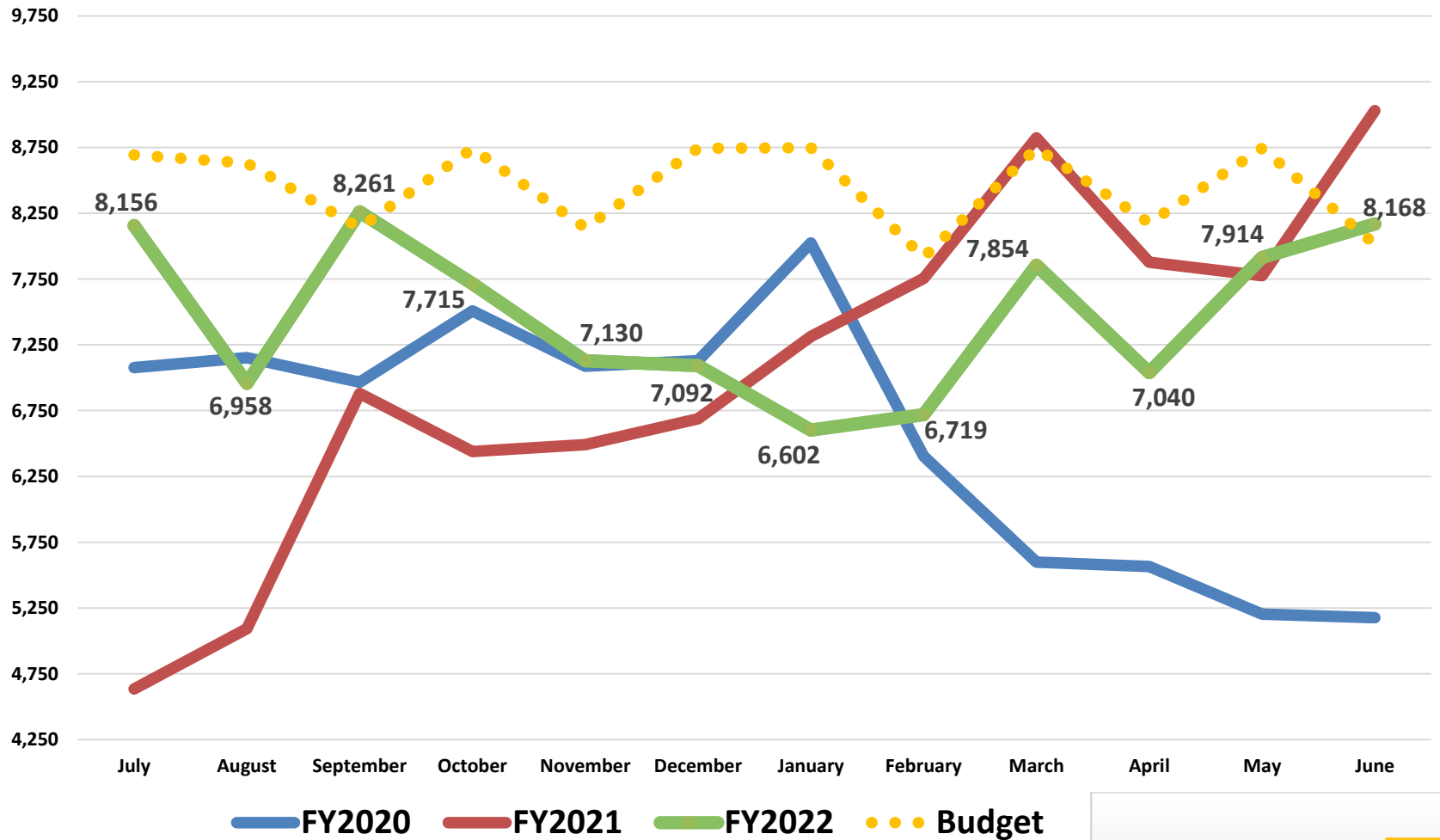
— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**

210,234	210,717	211,480	225,895
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

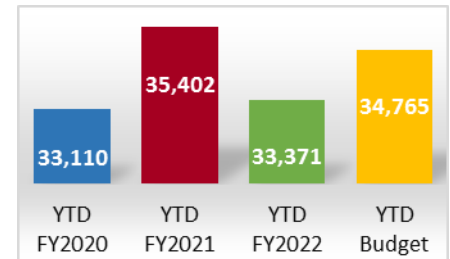
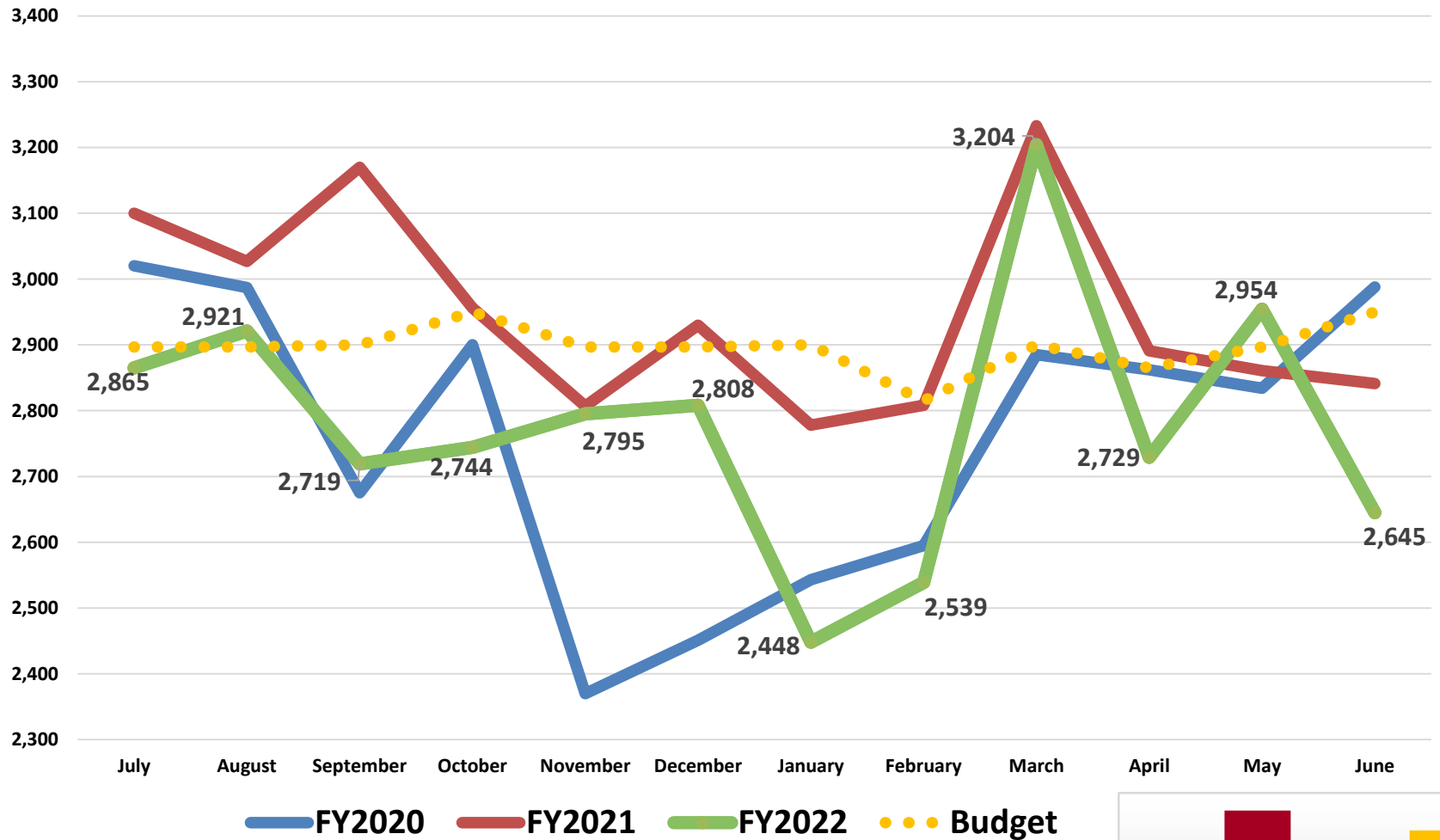
Physical & Other Therapy Units (I/P & O/P)-Main Campus



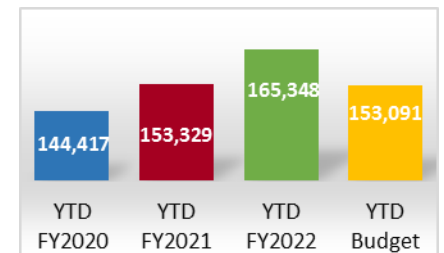
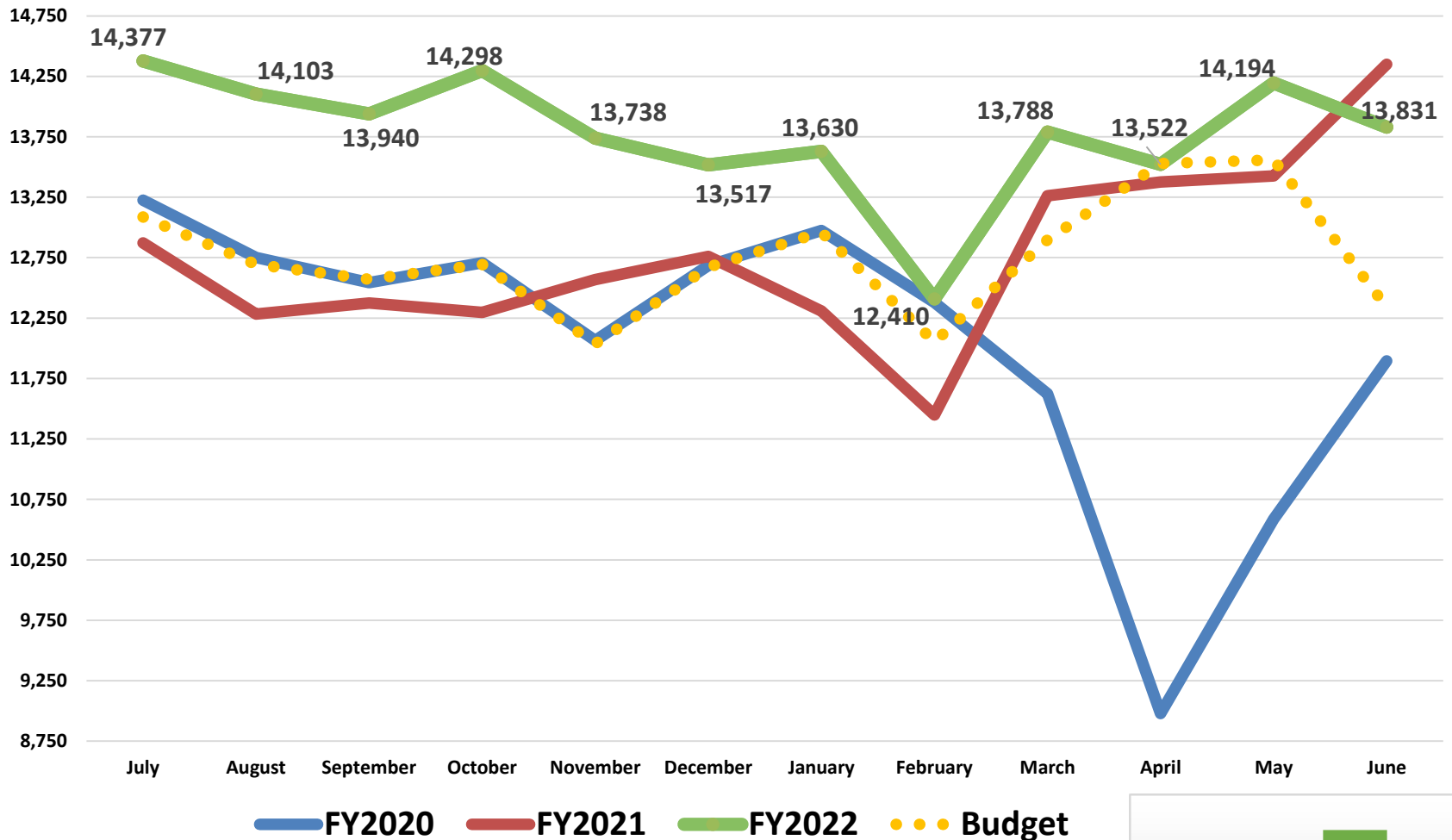
Physical & Other Therapy Units (I/P & O/P)-KDRH & South Campus



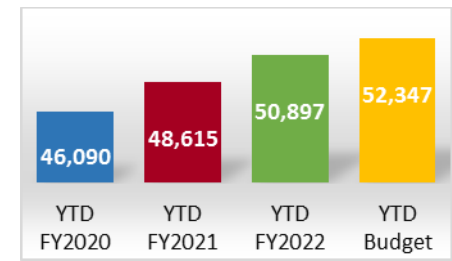
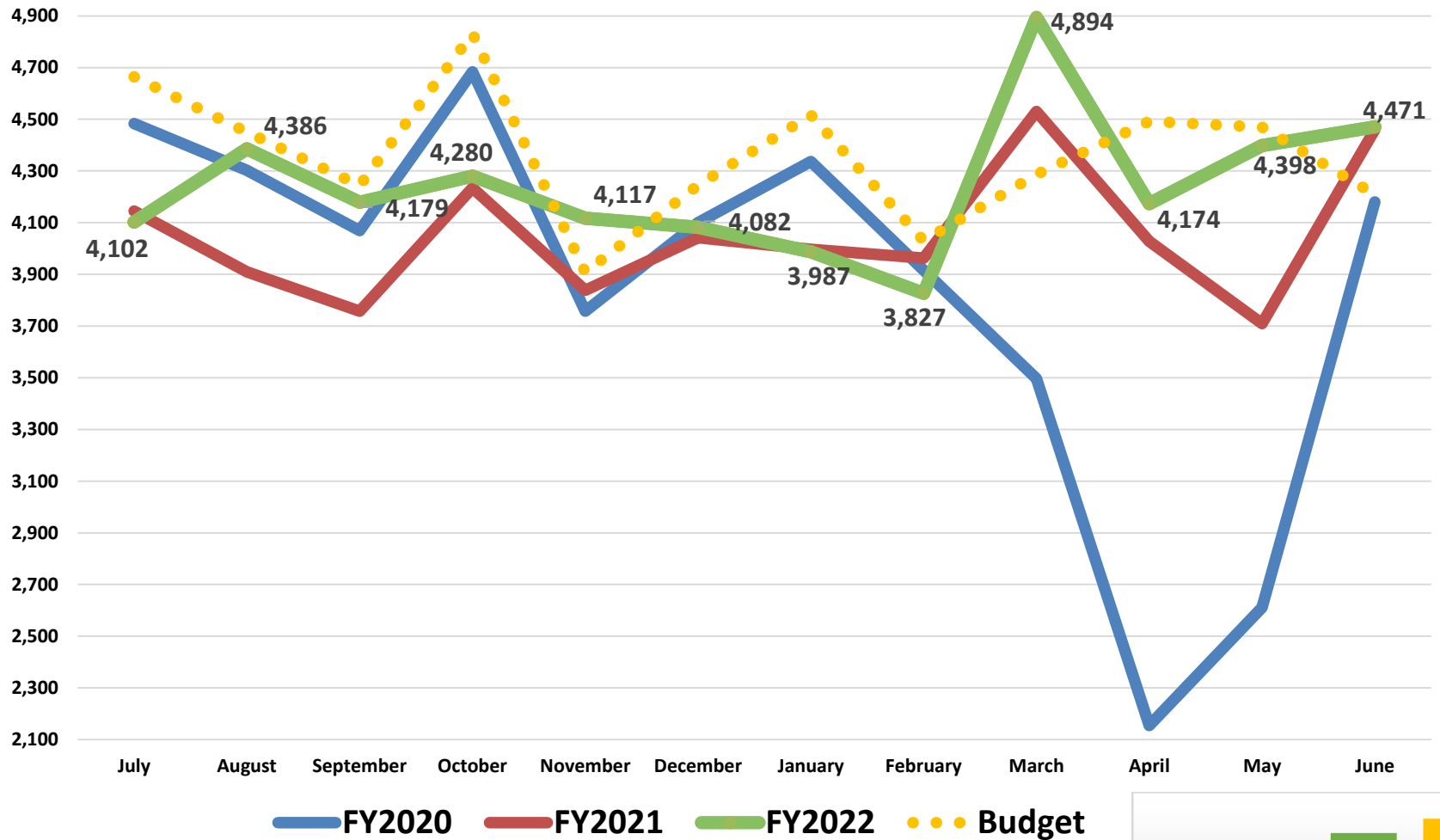
Home Health Visits



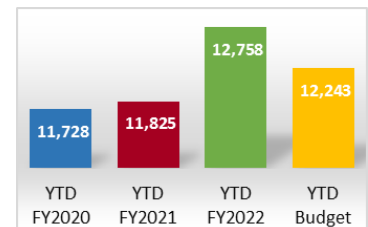
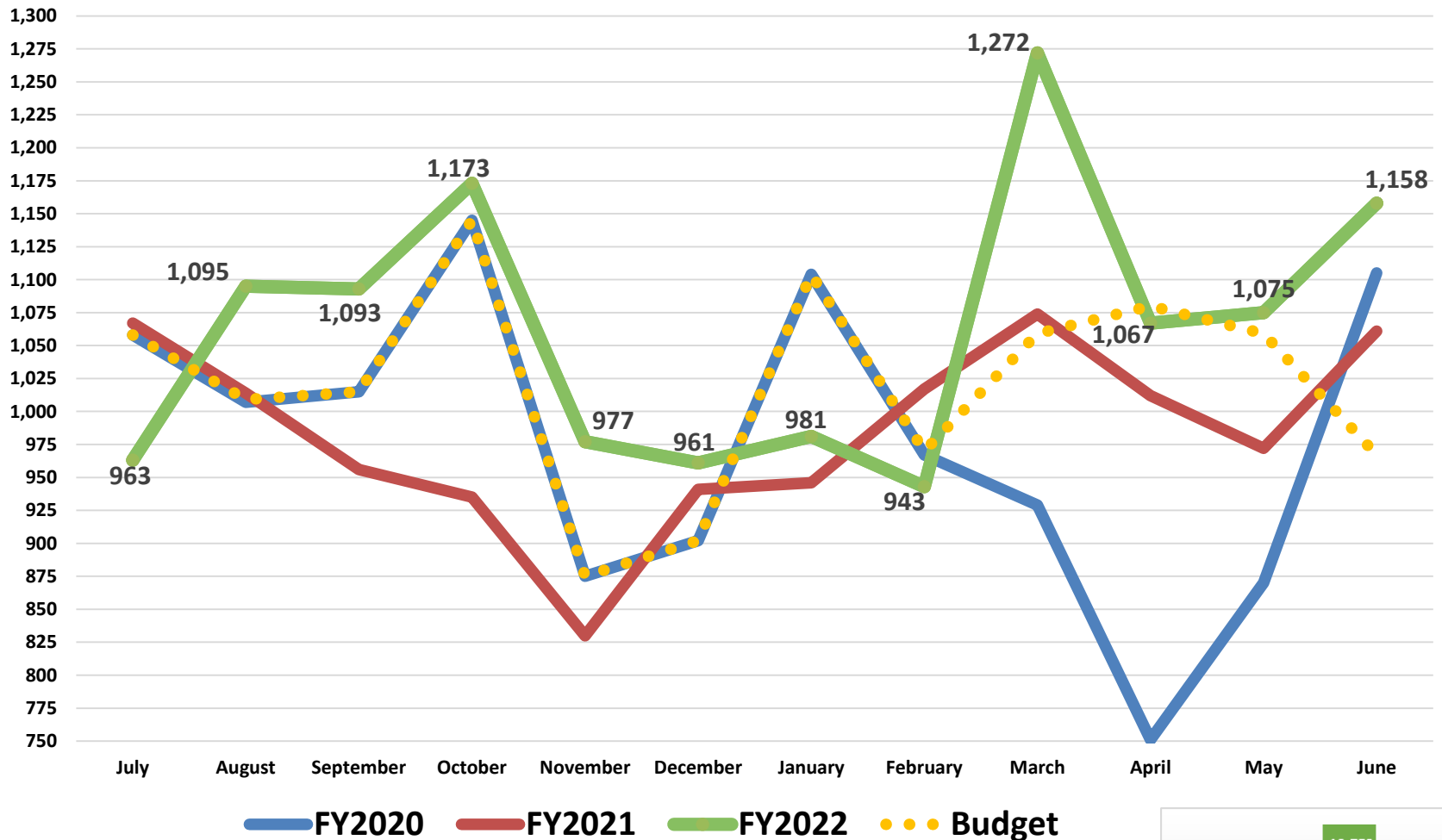
Radiology – Main Campus



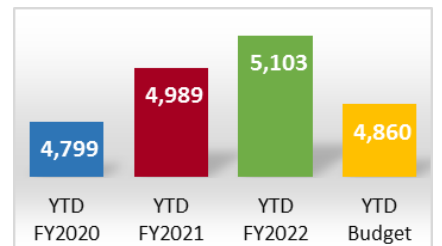
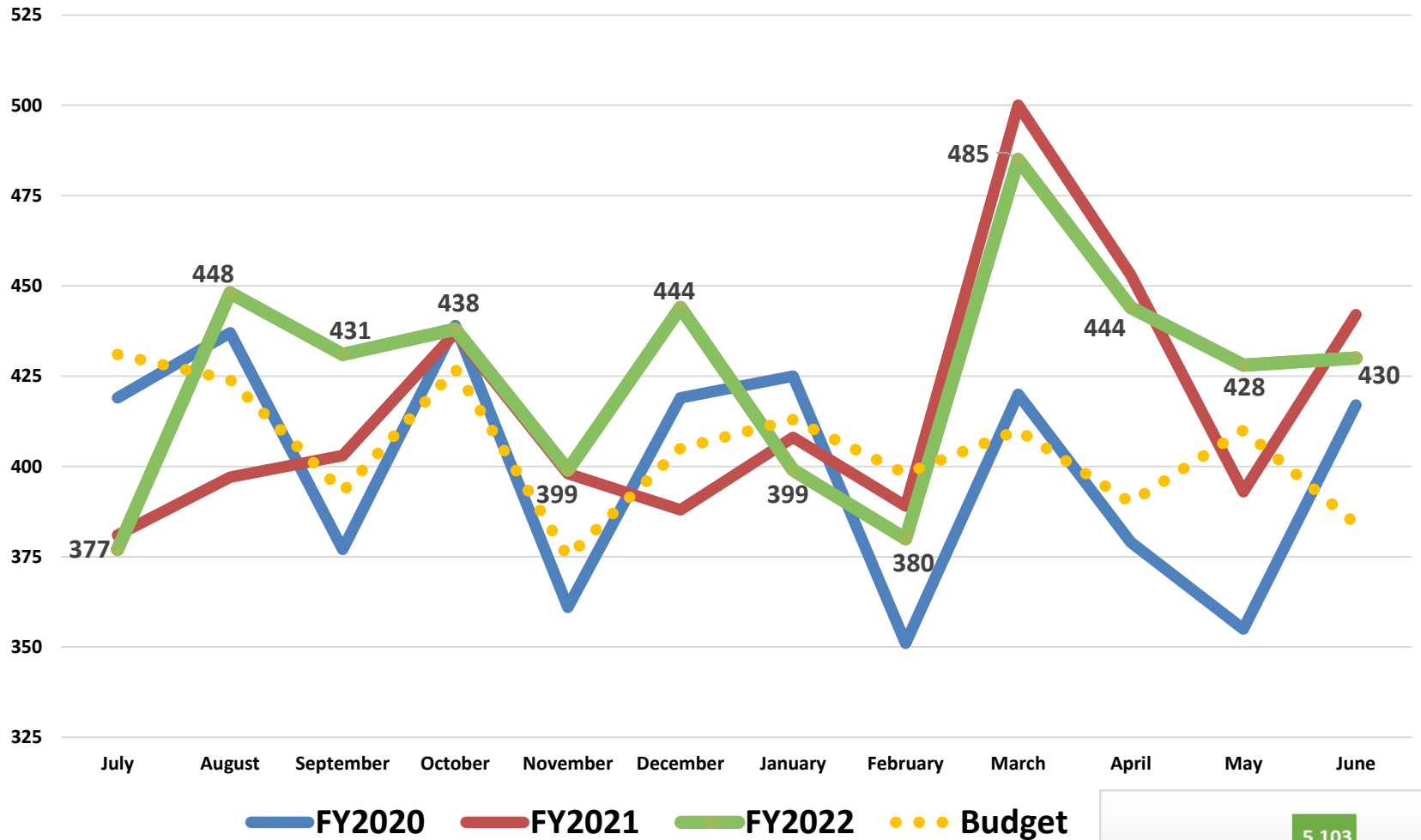
Radiology – West Campus Imaging



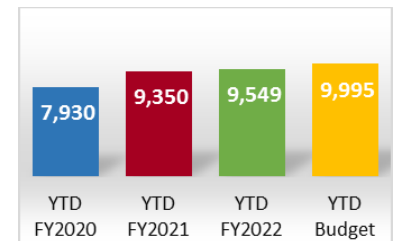
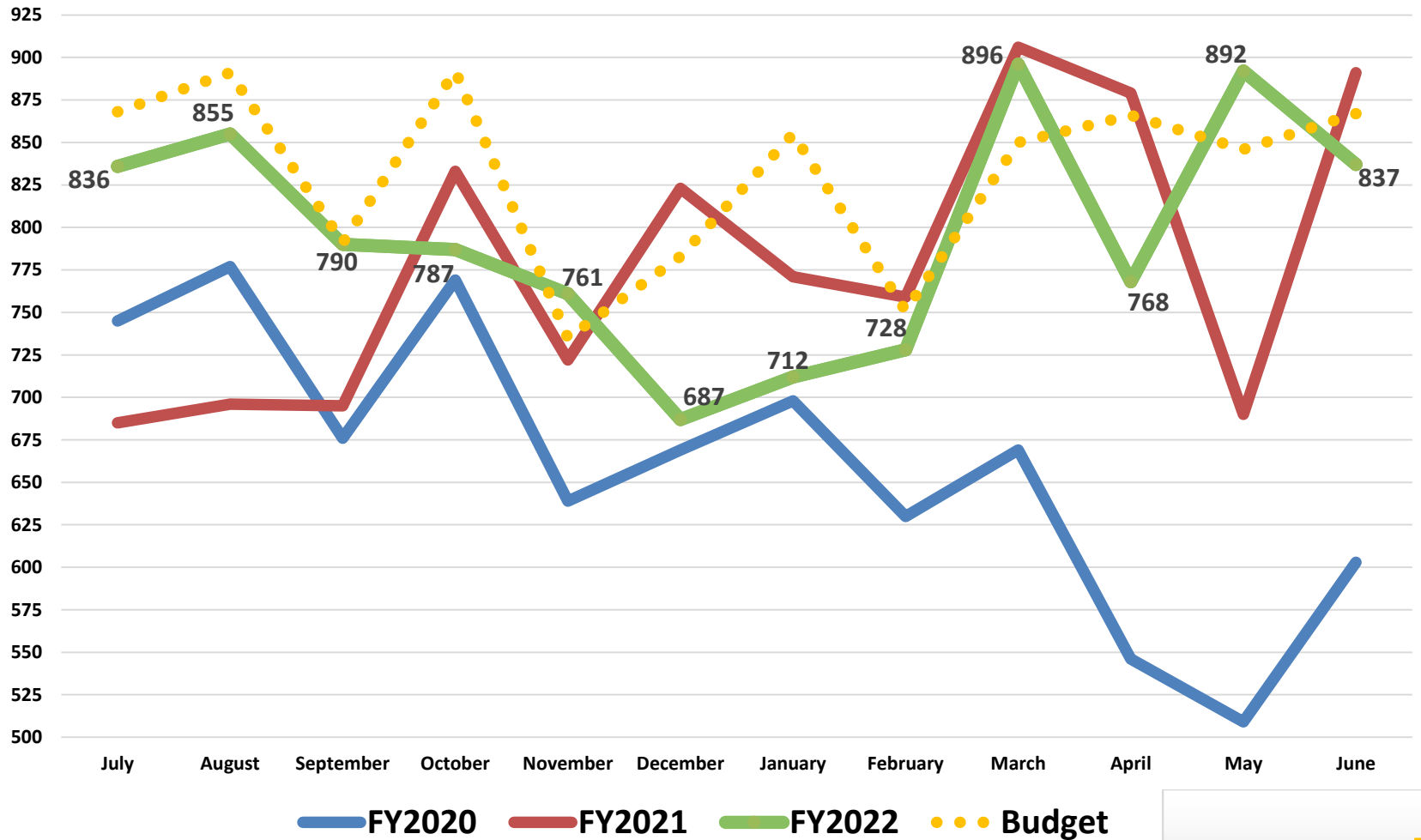
West Campus – Diagnostic Radiology



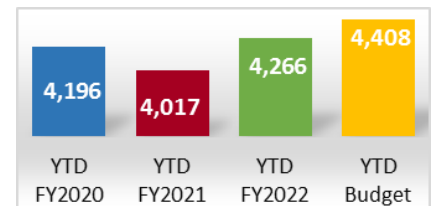
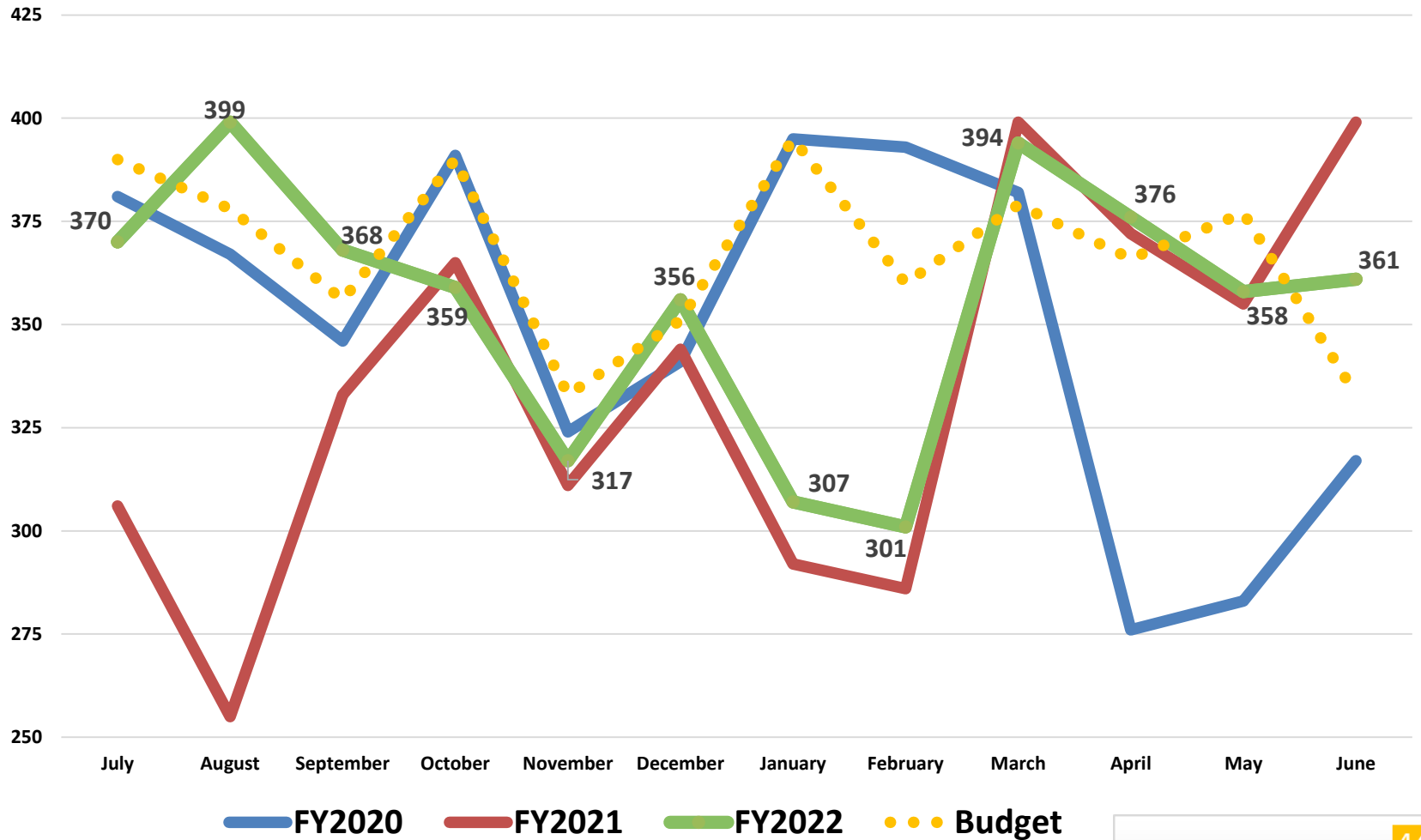
West Campus – CT Scan



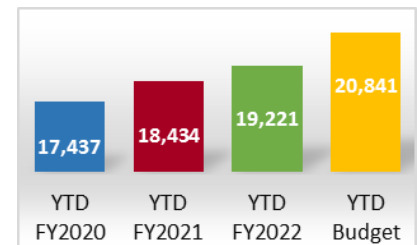
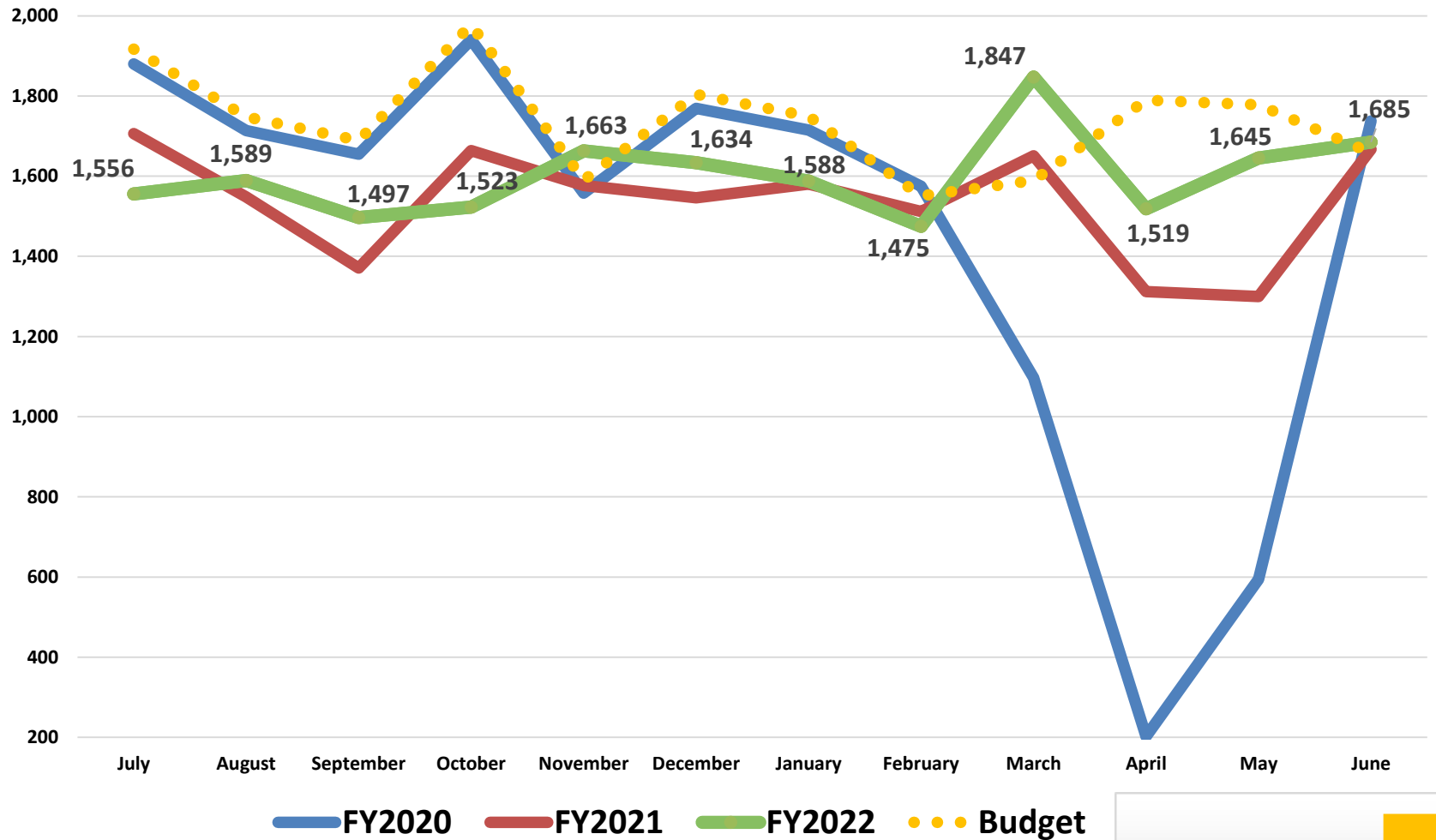
West Campus - Ultrasound



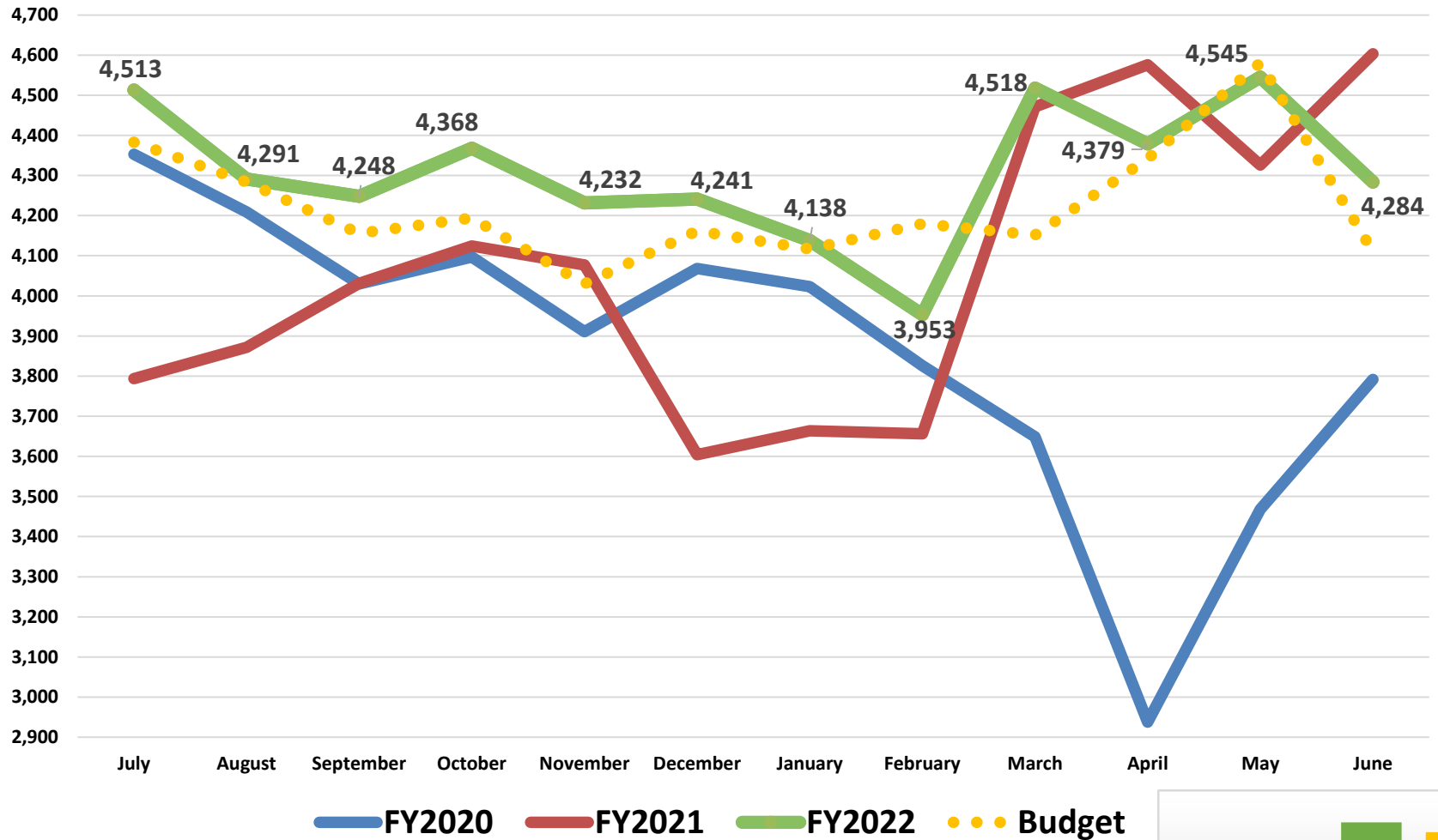
West Campus - MRI



West Campus – Breast Center

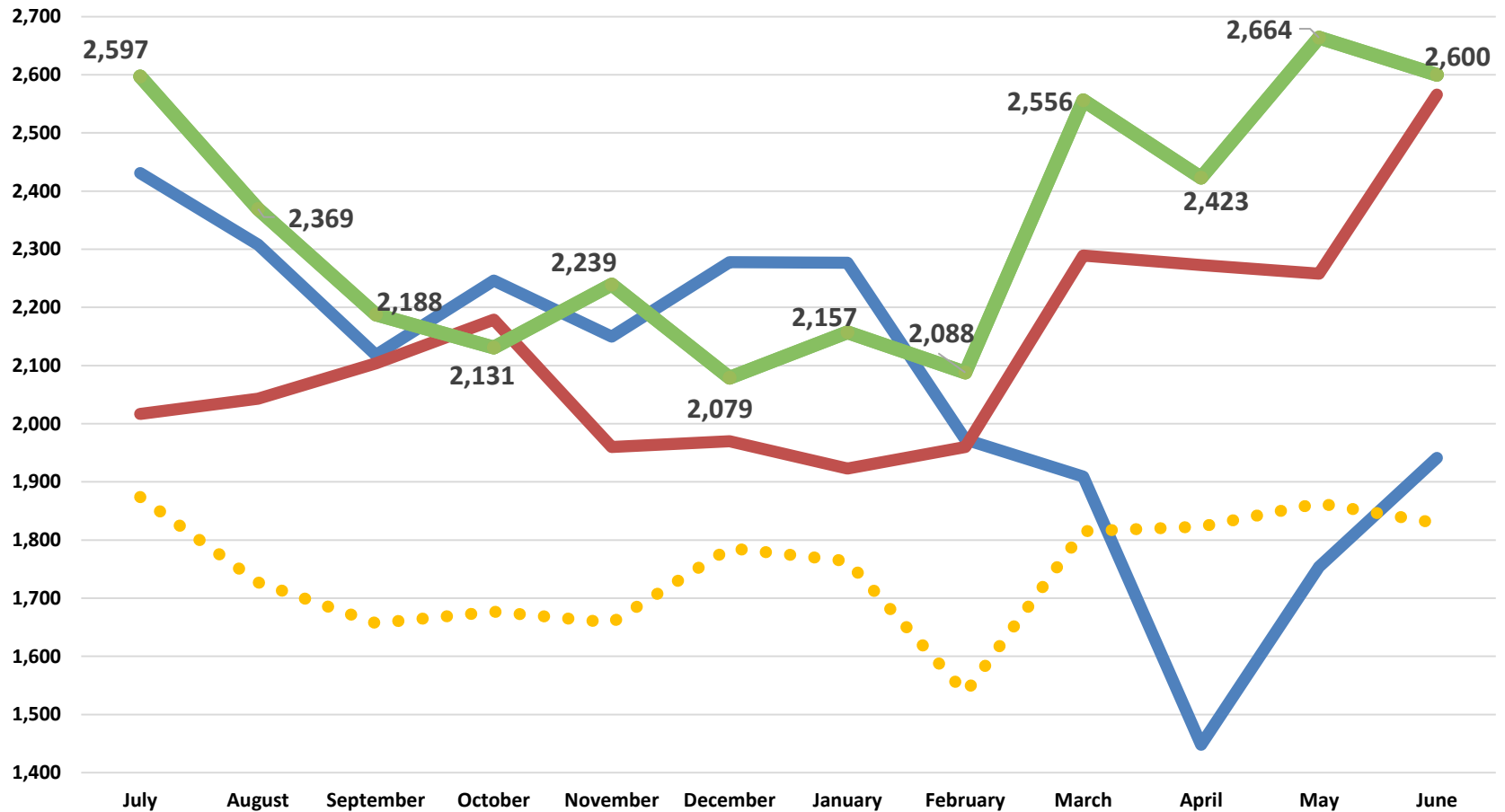


Radiology all areas – CT

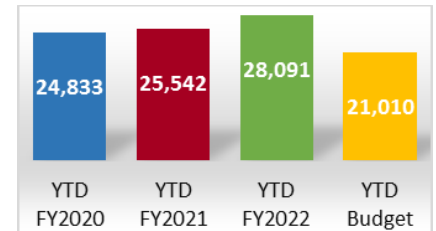


46,364	48,798	51,710	50,691
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

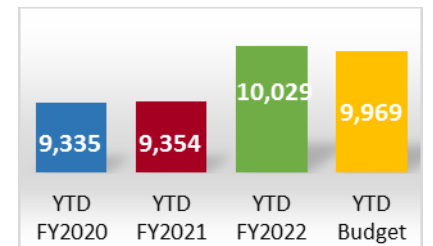
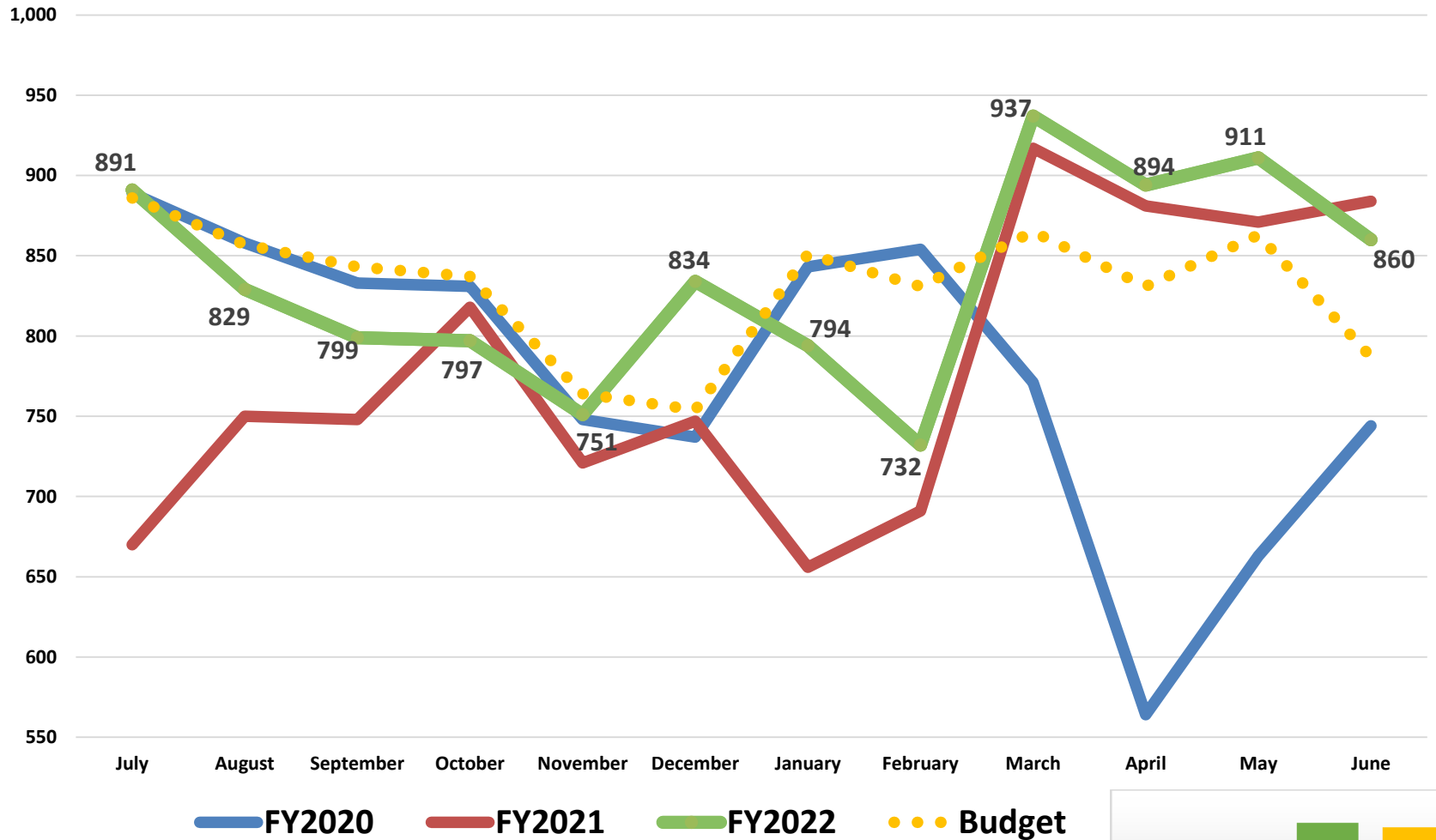
Radiology all areas – Ultrasound



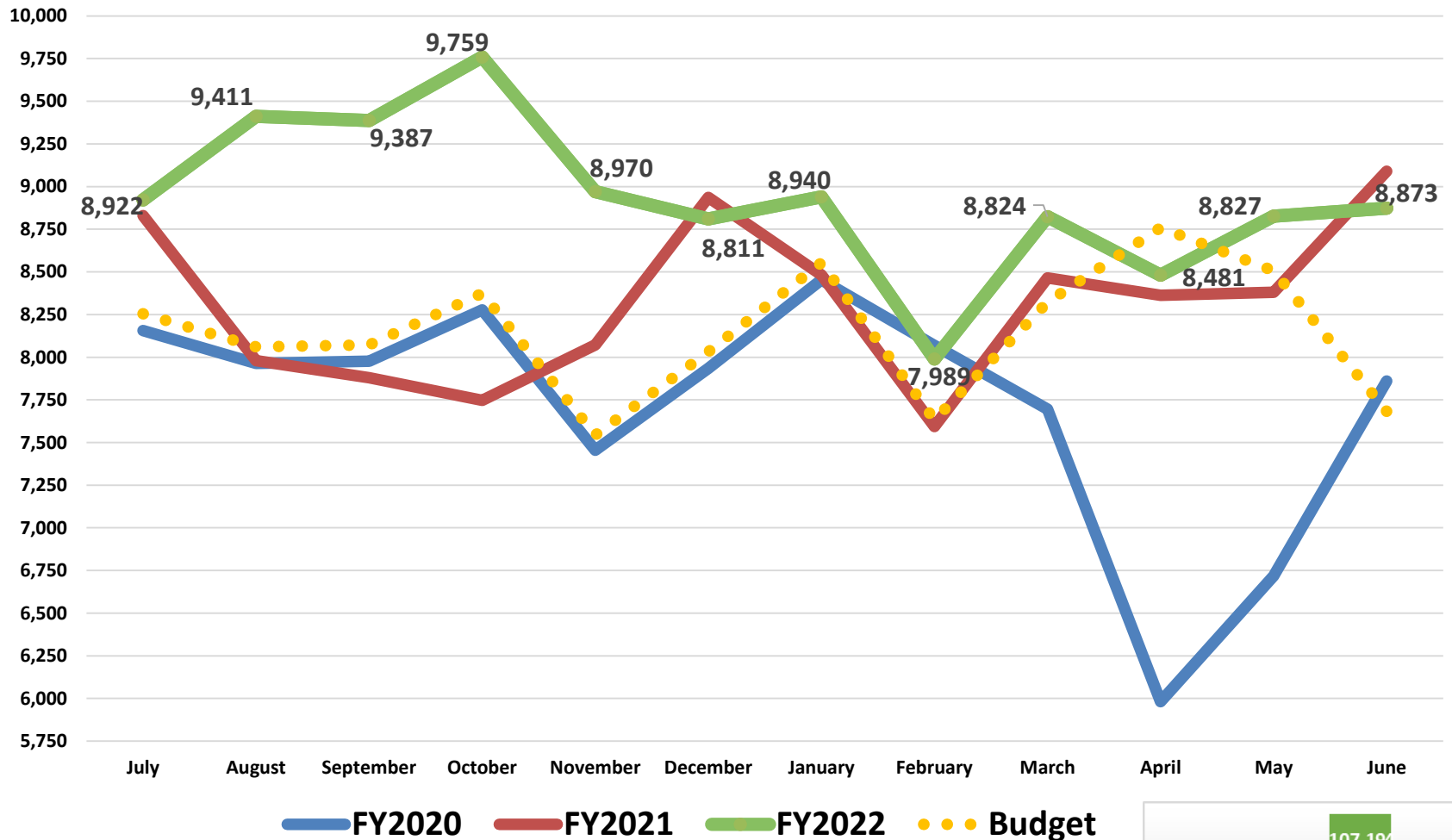
— **FY2020**
 — **FY2021**
 — **FY2022**
 ●●● **Budget**



Radiology all areas – MRI

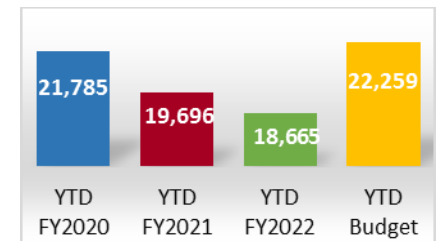
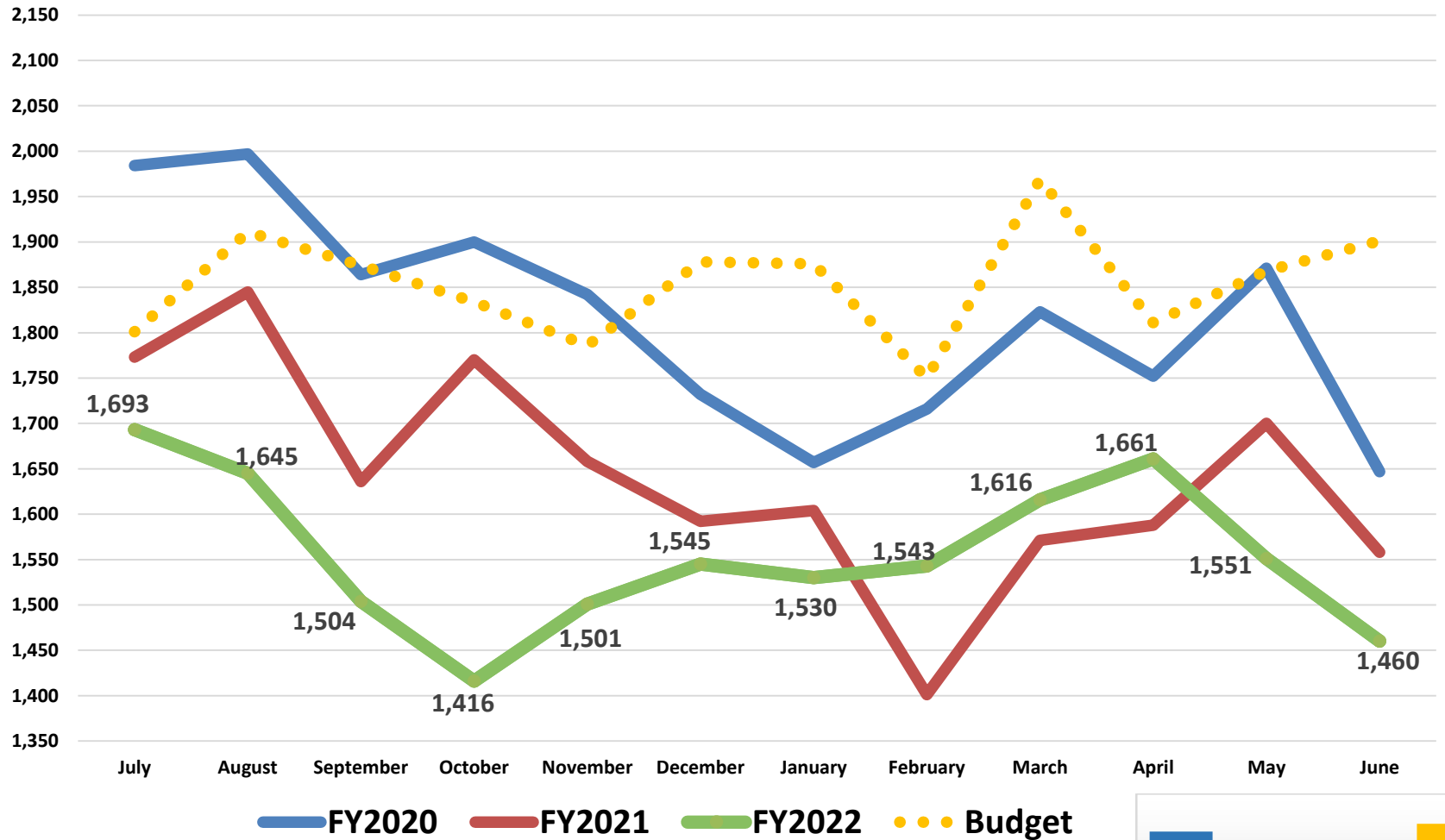


Radiology Modality – Diagnostic Radiology



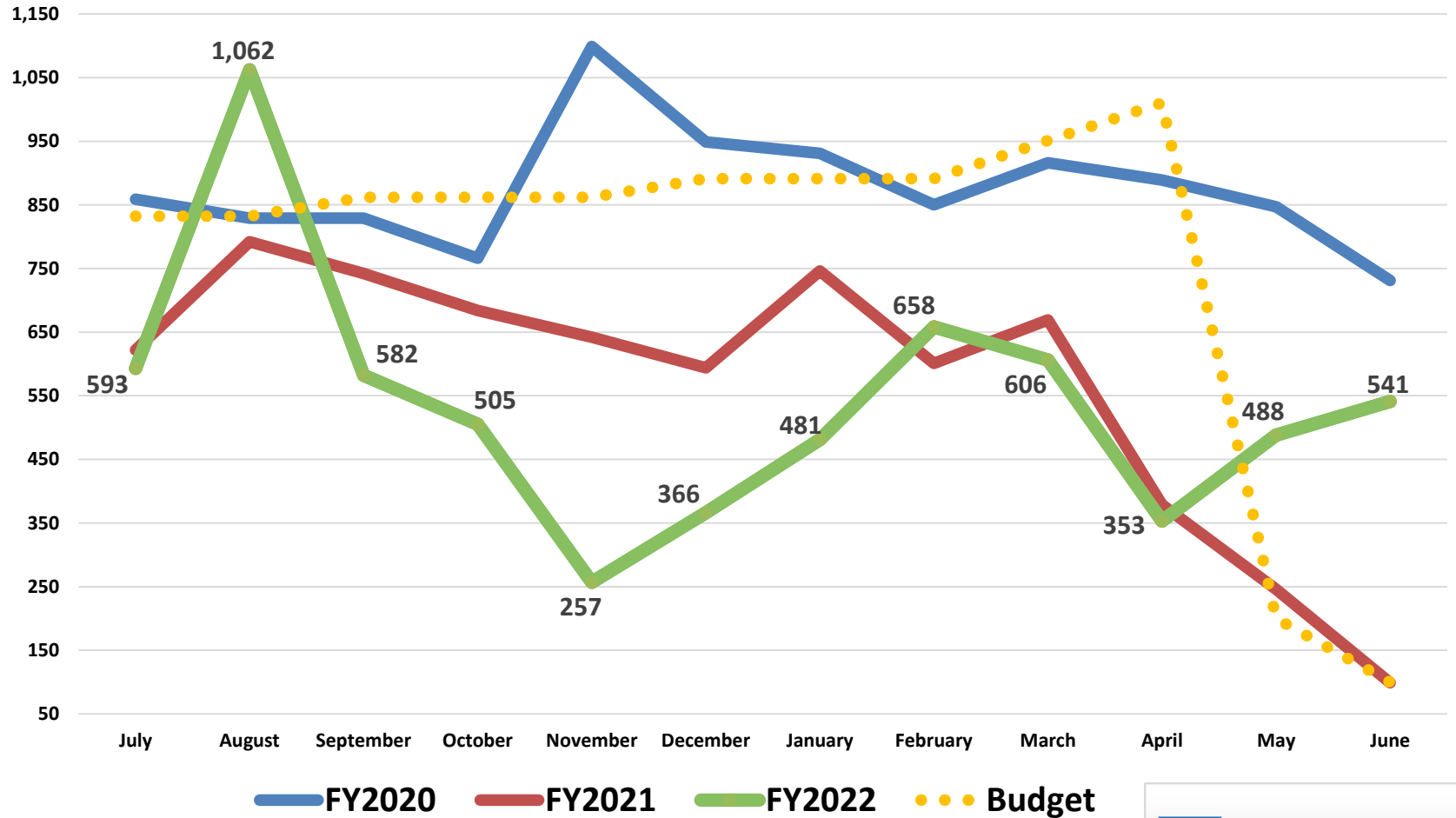
92,538	99,816	107,194	97,792
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Chronic Dialysis - Visalia



CAPD/CCPD – Maintenance Sessions

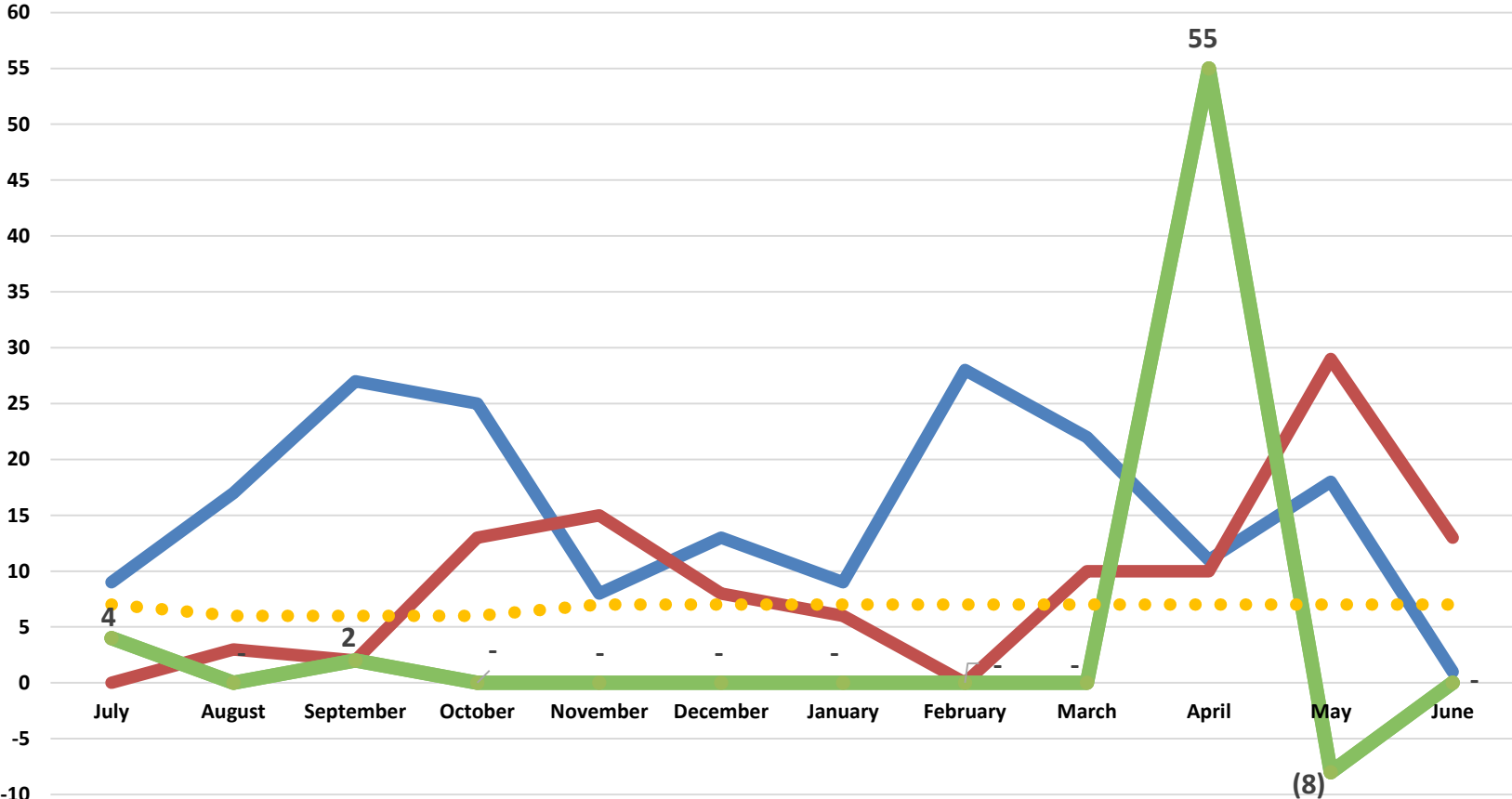
(Continuous peritoneal dialysis)



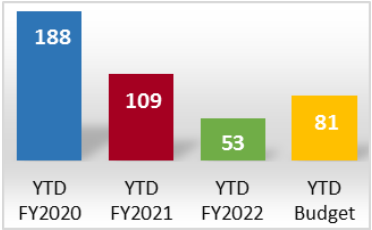
10,495	6,816	6,492	9,184
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

CAPD/CCPD – Training Sessions

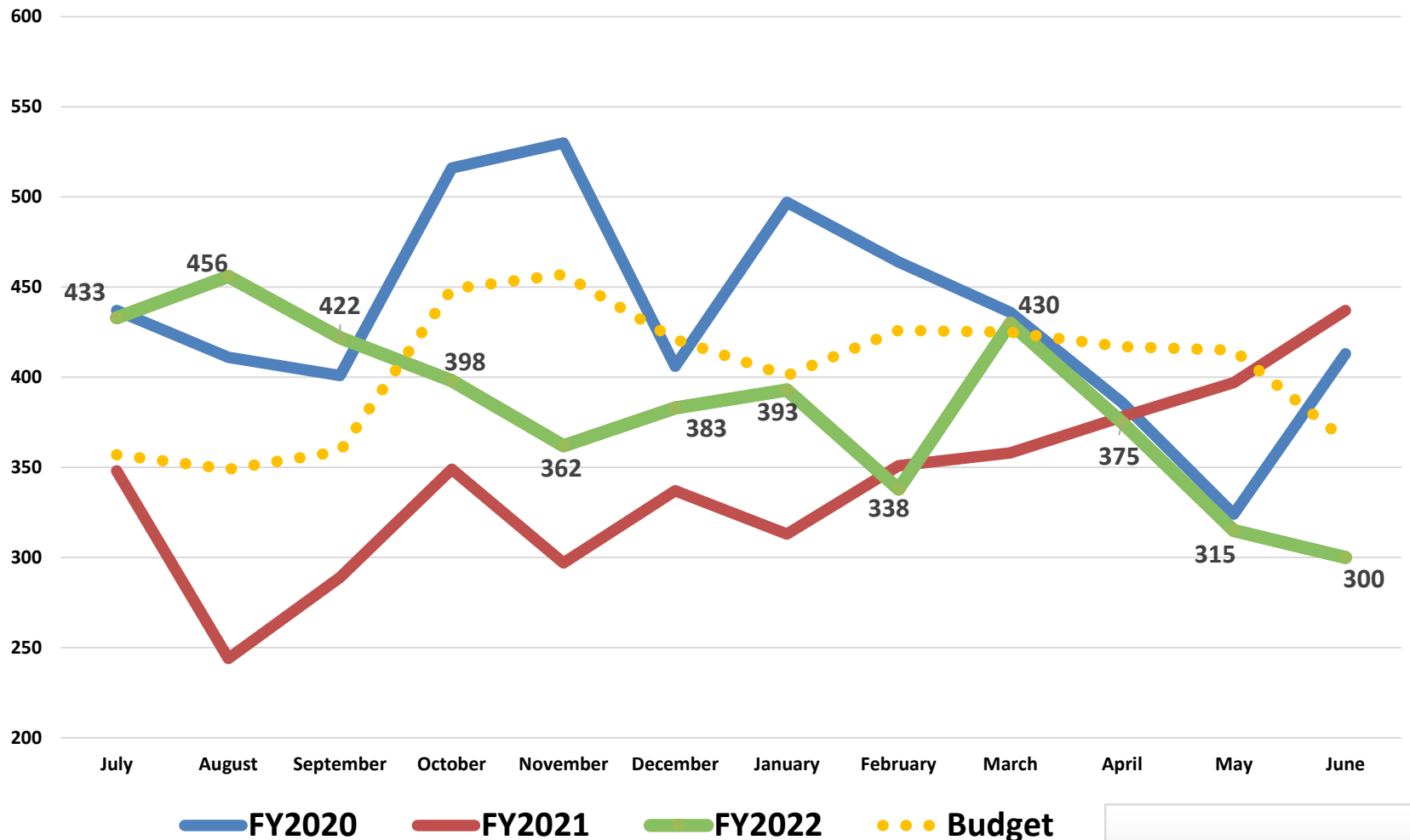
(Continuous peritoneal dialysis)



— FY2020
 — FY2021
 — FY2022
 ●●● Budget



Infusion Center – Outpatient Visits



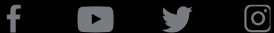
5,221	4,098	4,605	4,841
YTD FY2020	YTD FY2021	YTD FY2022	YTD Budget

Operation Back in Black

Steve Bajari

Director of Procurement & Logistics

July 2022



kaweahhealth.org



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MORE THAN MEDICINE. LIFE.

Why

Passages from News You Can Use 6/28/22

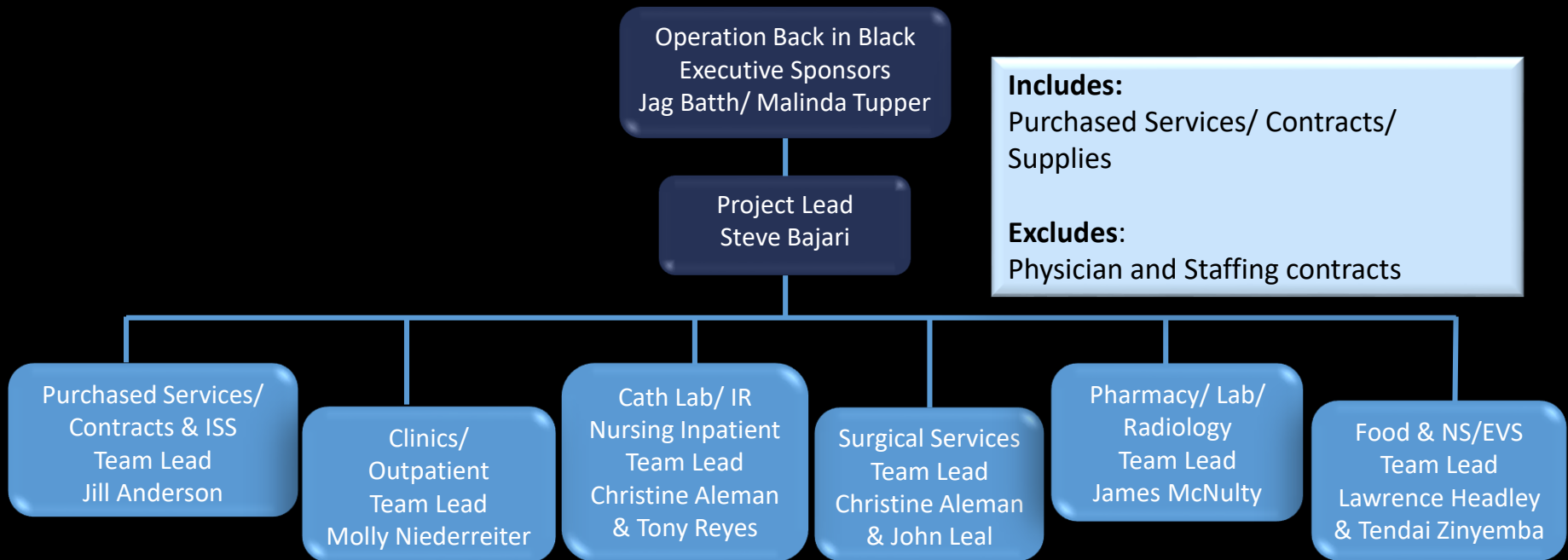
Health Board of Directors will be asked to approve a new operating and capital budget for the coming fiscal year which begins on July 1st. For the first time in our history, we are proposing to **operate at a loss for the year--an operating loss of \$11.2 million.**

Kaweah Health is not alone in these turbulent times. **Over half of all California hospitals are currently “operating in the red”** and many will be similarly budgeting for operating losses in the coming year. Sadly, many of them may not survive.

Without being too cliché, unprecedented times call for unprecedented action. The proposed budget for this coming fiscal year could not be more exemplary of this statement. But, it will not be achieved without the support and commitment of every one of us. Now, more than ever, we need your full participation in many of the initiatives we have launched and those we will launch in the coming year, to make **us more efficient and cost-effective in our delivery of patient care**

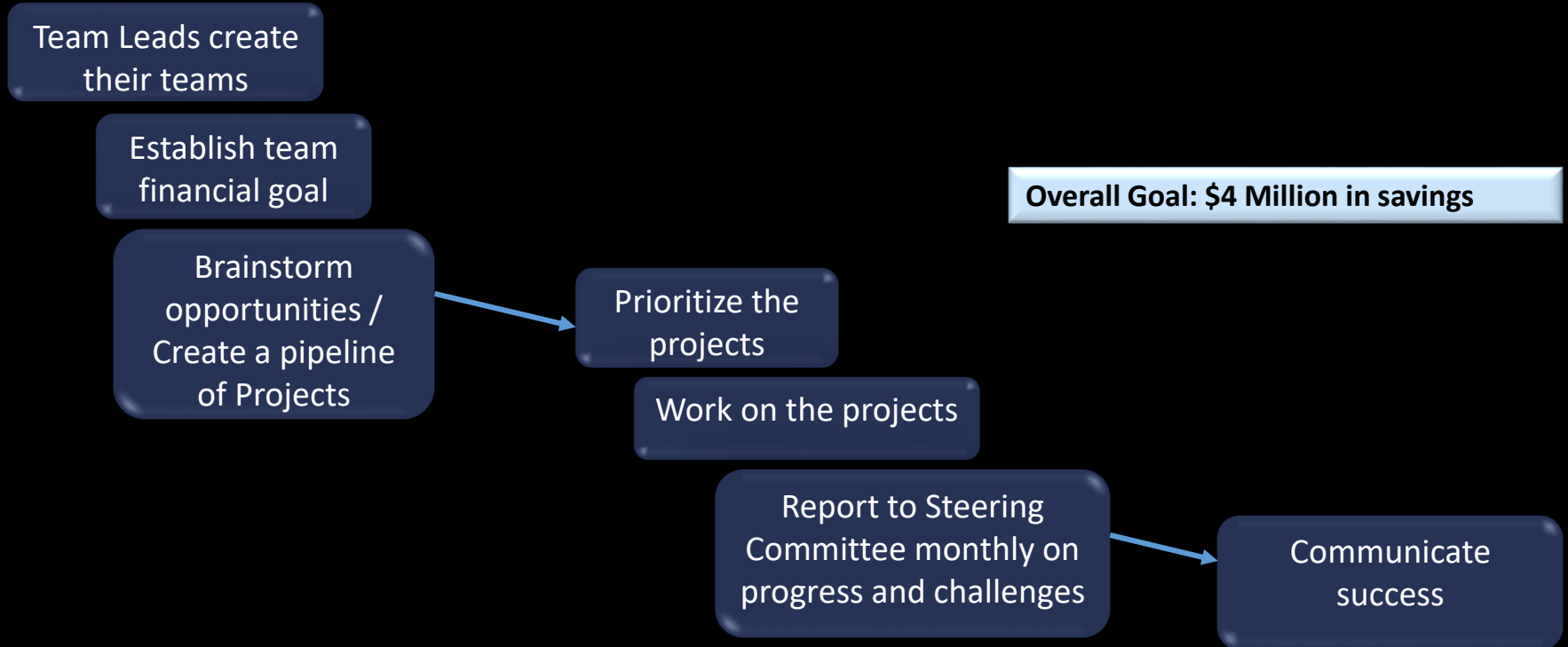
How

Create a Steering Committee with Team Leads



How

Process



How

Create a pipeline of opportunities – examples only

Team	#	Initiatives	\$	Team	#	Initiatives	\$
Contract Services	CS1	•Distribution fee change	\$15,000	IR	IR01	•Cook drainage-IR Angio CT	
	CS2	•Dues/subscriptions	\$8,030	Lab	LB01	•Explore distribution contract option	
	CS3	•Bid out instrument repair		Pharmacy	PH01	Swith to generic argatroban IV	\$10,000
	CS4	•Service Contract for Otis		Food & NS/EVS	FE01	Switch containers: sharp & pharm waste	\$61,056
Surgical Services	OR1	Custom pack review	TBD		FE02	Distribution Contract	\$15,000
	OR2	Suction Tubing			FE03	Disposable vs. Reusable in Cafeteria	
	OR3	OR Towels	\$2,808		FE05	Dairy rebid	
Clinical/ Nursing	CN1	Casting Materials	\$1,937		FE06	Glove usage	
	CN3	•Ostomy			Cath Lab	CL01	Co-management
	CN4	Defib Pads	\$7,441	CL02		Spider Embolic Protection Filter	\$1,290
	CN5	Toothpaste	\$461	CL03		Cardiac Rhythm contracts	

Tracker

Current Projects

Init ID	Description	Opportunity	Status	Barriers & Next Steps	Project Start	Target Go Live
CS01	Renegotiate Distribution fees	\$ 15,000	G	Discuss with vendor a way to lower delivery costs	8/1/2022	10/1/2022
CS02	Dues/subscriptions	\$ 8,030	Y	Work with departments to see if we can cancel subscriptions. Trying to validate when we can cancel some subscriptions.	6/1/2022	7/30/2022
Total Opportunity		\$ 23,030				

C	C= Completed
G	G= on Schedule
Y	Y= In Jeopardy
R	R= Behind schedule, Cause for Concern
D	D= Dropped

(Examples only)

Tracker

Track Completed and Dropped Projects

Init ID	Description	Identified	Implemented	Dropped	Total Opportunity	Status	Champion	Projected Impl. Date
CS01		-	\$10,187	-	\$10,187	C	Steve Smith	8/1/2021
CS04	Mammo Subsidy Savings	-	\$106,272	-	\$106,272	C	Jim Jones	7/1/2021
CS06	Rrelocate staff from rented to owned offices	\$89,832			\$89,832	G	Victor Gonzalez	
CS12	Indoor Plant Maintenance, same service less cost		\$3,389	-	\$3,389	C	Victor Gonzalez	9/15/2021
CS07	Boston Scientific Service Contract not to be renewed		\$6,000		\$6,000	C	Sarah Turner	10/27/2021
CS02	Subscription to online service not to be renewed for Best Practices Professionals		\$2,100		\$2,100	C	Steve Smith	10/29/2021
CS09	Patient Education Materials, switch to a new vendor lower cost same quality		\$8,607		\$8,607	C	John Price	10/27/2021
CS14	AT&T Cost Reduction, identify and cancel overpirced and unused services	\$15,000	-	-	\$15,000	G	John Price	
CS15	Switch to lower cost vendor for labels. Same quality less cost.	\$9,288	-	-	\$9,288	C	Steve Smith	
	Total Dollars, Initiatives	\$ 114,120	\$ 136,555	\$ -	\$ 250,675			
	Total Number of Initiatives	3	6	-	9			
	Team Initiative Totals	Total	Target	% of Target	(Examples only)			
	Identified	\$ 250,675		N/A				
	Implemented	\$ 136,555	\$ 1,000,000	14%				

Save Money

With No Negative Impact on
Patient Care

Live with passion.

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

