



August 21, 2020

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the Kaweah Delta Lifestyle Center Conference Room {5105 W. Cypress Avenue, Visalia} on Monday August 24, 2020 beginning at 3:30PM. **Due to the maximum capacity allowed in this room per CDC social distancing guidelines {25}, members of the public are requested to attend the open sessions of the Board meeting via GoTo meeting - <https://www.gotomeet.me/CindyMoccio/kdhcd-board-regular-open-board-meetings>** or you can also dial in 646-749-3122 Access Code: 144-318-117.

The Board of Directors of the Kaweah Delta Health Care District will meet in an Open Board of Directors at 3:30PM (location and GoTo information above).

The Board of Directors of the Kaweah Delta Health Care District will meet in a Closed Board of Directors meeting at 3:31PM pursuant to Government Code 54956.9(d)(1), Government Code 54956.9(d)(2), and Health and Safety Code 1461 and 32155.

The Board of Directors of the Kaweah Delta Health Care District will meet in an Open Board of Directors meeting at 4:00PM (location and GoTo information above).

The Board of Directors of the Kaweah Delta Health Care District will meet in a closed session following the 4:00PM Open Session pursuant to Government Code 54957(b)(1).

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

Due to COVID 19 visitor restrictions to the Medical Center - the disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Delta Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: cmoccio@kdhcd.org, or on the Kaweah Delta Health Care District web page <http://www.kaweahdelta.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

Cindy Moccio - Board Clerk / Executive Assistant to CEO

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



KAWEAH DELTA HEALTH CARE DISTRICT - BOARD OF DIRECTORS MEETING

The Lifestyle Center – Conference Rooms
5105 W. Cypress Avenue, Visalia, CA 93277

Due to the maximum capacity (25) allowed in this room per CDC social distancing guidelines - members of the public are requested to attend via GoTo meeting

Join from your computer, tablet or smartphone

<https://www.gotomeet.me/CindyMoccio/kdhcd-board-regular-open-board-meetings>

or Dial In: 646-749-3122 / Access Code: 144-318-117

Monday August 24, 2020

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 subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **APPROVAL OF THE CLOSED AGENDA – 3:30PM**
 - 4.1. **Approval of closed meeting minutes** – July 27, 2020
 - 4.2. **Conference with Legal Counsel** – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – *Richard Salinas, Legal Counsel, Anu Banerjee, VP & Chief Quality Officer, and Alexandra Bennett, Director of Risk Management*
 - A. Edison v. Barcenas – Case # VCU265419
 - B. Martinez (Santillan) v. KDHCDC – Case # VCU279163
 - C. Borges v. KDHCDC – Case # 278212
 - D. Grant v. KDHCDC – Case # 280250
 - E. Miller v. KDHCDC – Case # 19CECG02595
 - F. Richards v. KDHCDC – Case # 280708
 - G. Shirk v. KDHCDC – Case # 280558
 - H. Valdovinos v KDHCDC – Case # 279423
 - I. Delgado v KDHCDC – Case # 280865
 - J. Souza v. KDHCDC – Case # 281205
 - K. Saiz v. KDHCDC – Case # 276364
 - L. Dowdy v. KDHCDC – Case # 283475
 - M. Ibarra v. KDHCDC – Case # 278288
 - N. Arroya v. KDHCDC – Case # 278184
 - O. Minton v. KDHCDC – Case # 277205
 - P. Hernandez v KDHCDC – Case #280745

- 4.3. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 14 Cases - *Richard Salinas, Legal Counsel, Anu Banerjee, VP & Chief Quality Officer, and Alexandra Bennett, Director of Risk Management*
- 4.4. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Anu Banerjee, VP & Chief Quality Officer, and Alexandra Bennett, Director of Risk Management*
- 4.5. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Byron Mendenhall, MD Chief of Staff*
- 4.6. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Byron Mendenhall, MD Chief of Staff*

5. ADJOURN

CLOSED MEETING AGENDA {3:31PM}

1. CALL TO ORDER

2. APPROVAL OF CLOSED MEETING MINUTES - July 27, 2020.

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

3. CONFERENCE WITH LEGAL COUNSEL – Existing Litigation – Pursuant to Government Code 54956.9(d)(1).

Richard Salinas, Legal Counsel, Anu Banerjee, VP & Chief Quality Officer, and Alexandra Bennett, Director of Risk Management

- A. Edison v. Barcenas – Case # VCU265419
- B. Martinez (Santillan) v. KDHCD – Case # VCU279163
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- O. Minton v. KDHCD – Case # 277205
- P. Hernandez v KDHCD – Case #280745

4. CONFERENCE WITH LEGAL COUNSEL – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 14 Cases.

Richard Salinas, Legal Counsel, Anu Banerjee, VP & Chief Quality Officer, and Alexandra Bennett, Director of Risk Management

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

Anu Banerjee, VP & Chief Quality Officer, and Alexandra Bennett, Director of Risk Management

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

Byron Mendenhall, MD Chief of Staff

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

Byron Mendenhall, MD Chief of Staff

8. **ADJOURN**

OPEN MEETING AGENDA {4:00PM}

Join from your computer, tablet or smartphone

<https://www.gotomeet.me/CindyMoccio/kdhcd-board-regular-open-board-meetings>

or Dial In: 646-749-3122 / Access Code: 144-318-117

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 Board discussion. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.
5. **OPEN MINUTES** – Request approval of the [July 27, 2020](#) and [August 18, 2020](#) meeting 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 – July 27, 2020 and August 18, 2020 open board of directors meeting minutes.
6. **RECOGNITIONS** – Retirement – *Herb Hawkins*
 - 6.1. Presentation of [Resolution #2088 to Brett Lange](#), Respiratory Therapist, retiring from Kaweah Delta after 38 years of service.
 - 6.2. Presentation of [Resolution #2089 to Veronica \(Pico\) Griffith](#), Director of Clinical Services, retiring from Kaweah Delta after 35 years of service.
7. **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 August 24, 2020 Consent Calendar.

Monday August 24, 2020

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*Herb Hawkins – Zone I
Board Member*

*Lynn Havard Mirviss – Zone II
Vice President*

*Garth Gipson – Zone III
Board Member*

*David Francis – Zone IV
Secretary/Treasurer*

*Nevin House – Zone V
President*

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

7.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Risk Management](#)

7.2. POLICIES

- A. Administrative
 - 1) [Conflict of Interest – AP.23](#) (revised)
 - 2) [Consent – AP.183](#) (revised)
 - 3) [Public Relations, Marketing, and Media Relations AP.06](#) (revised)
 - 4) [Solicitation, Fundraising and Distribution of Materials AP.158](#) (revised)
 - 5) [Reporting requirements for drug diversion, illegal substance abuse or controlled substance abuse – AP.110](#) (revised)
- B. Board of Directors
 - 1) [Conflict of Interest – BOD5](#) (revised)
- C. Human Resources
 - 1) [Equal Employment Opportunity](#) HR.12
 - 2) [Anti-Harassment and Abusive Conduct](#) HR.13
 - 3) [Differential Pay-Shift, Holiday, and Weekend](#) HR.75

7.3. BOARD COMMITTEE MINUTES

- A. [Marketing and Community Relations](#) (August 5, 2020)
- B. [Audit and Compliance](#) (August 11, 2020)
- C. [Academic Development](#) (August 13, 2020)

7.4. Approval of [Resolution 2090 - acceptance of grant proceeds](#) from The Children’s Hospital Bond Act of 2018 to fund pediatric equipment and facilities throughout the District.

7.5. Recommendations from the Medical Executive Committee (August 2020)

- A. [Medical Staff Services Policy – COVID-19 Repeat Testing Guidelines](#) – MS.54 (revised)

8. QUALITY

8.1. [Stroke Program](#) - A review of key quality measures and action plans related to the care of the stroke population.

Sean Oldroyd, OD, Stroke Program Medical Director, and Cheryl Smit, RN, Stroke Program Manager

8.2. [Biovigil Electronic Hand Hygiene Monitoring](#) – A review of the results of the Biovigil pilot study on 4N and ICU and plans for broad spread implementation.

Jon Knudsen, FNP, Director of Critical Care Services

9. **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 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.

10. REPORTS

- 10.1. Chief of Staff – Report relative to current Medical Staff events and issues. *Byron Mendenhall, MD, Chief of Staff*
- 10.2. Chief Executive Officer Report -Report relative to current events and issues. *Gary Herbst, Chief Executive Officer*
- 10.3. Board President - Report relative to current events and issues. *Nevin House, Board President*

11. APPROVAL OF CLOSED AGENDA AS FOLLOWS: Closed Meeting Agenda — Immediately following the open session

- PERSONNEL – Employment of the Chief Nursing Officer position per Government Code 54957(b)(1) – *Board of Directors, Dennis Lynch & Gary Herbst, CEO*

ADJOURN

CLOSED MEETING AGENDA

Confidential Call Information provided to the Board of Directors

1. CALL TO ORDER
2. PERSONNEL – Employment of the Chief Nursing Officer position per Government Code 54957(b)(1).
Board of Directors, Dennis Lynch & Gary Herbst, CEO
3. ADJOURN

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

BOARD OF DIRECTORS MEETING – CLOSED SESSION

KAWEAH DELTA HEALTH CARE DISTRICT

BOARD OF DIRECTORS MEETING

MONDAY AUGUST 24, 2020

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS – MONDAY JULY 27, 2020 4:00PM, IN THE LIFESTYLE CENTER – CONFERENCE ROOMS / 5105 W. CYPRESS AVENUE, VISALIA AND VIA GOTO MEETING (CALL IN OPTION DUE TO STAY IN PLACE ORDER BY GOVERNOR OF CALIFORNIA) NEVIN HOUSE PRESIDING

PRESENT: Directors Francis, Gipson, Havard Mirviss, Hawkins & House; G. Herbst, CEO, B. Mendenhall, MD, Chief of Staff, C. Moccio, Recording K. Noeske, Interim VP & CNO, M. Tupper, VP & CFO; D. Cox, VP Chief Human Resources Officer, M. Mertz, VP Chief Strategy Officer, D. Leeper, VP & CIO; R. Gates, VP Population Health; A. Banerjee, VP Chief Quality Officer; D. Allain, VP Cardiac & Surgical Services; J. Batth, VP of Rehabilitation & Post Acute Services; D. Lynch, Legal Counsel

The meeting was called to order at 4:02PM by Director House.

Director House asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

Director House called for the approval of the closed agenda.

APPROVAL OF THE CLOSED AGENDA – 4:01PM

- 4.1. **Approval of closed meeting minutes** – May 27, June 11, June 29, July 22, 2020.
- 4.2. **Conference with Real Property Negotiator {Government Code 54956.8}**: Property: APN's 119-85-012, 199-85-013, 119-85-014. Negotiating party: Kaweah Delta Health Care District: Marc Mertz and Sequoia Gateway, LLC – price and terms – *Marc Mertz, Vice President – Chief Strategy Officer*
- 4.3. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Byron Mendenhall, MD Chief of Staff*
- 4.4. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Byron Mendenhall, MD Chief of Staff*
- 4.5. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – *Dennis Lynch, Legal Counsel*

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

ADJOURN - Meeting was adjourned at 4:03PM

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

ATTEST:

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

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS – MONDAY JULY 27, 2020 4:45PM, IN THE LIFESTYLE CENTER – CONFERENCE ROOMS / 5105 W. CYPRESS AVENUE, VISALIA AND VIA GOTO MEETING (CALL IN OPTION DUE TO STAY IN PLACE ORDER BY GOVERNOR OF CALIFORNIA) NEVIN HOUSE PRESIDING

PRESENT: Directors Francis, Gipson, Havard Mirviss, Hawkins & House; G. Herbst, CEO, B. Mendenhall, MD, Chief of Staff, K. Noeske, Interim VP & CNO, M. Tupper, VP & CFO; D. Cox, VP Chief Human Resources Officer, M. Mertz, VP Chief Strategy Officer, D. Leeper, VP & CIO; R. Gates, VP Population Health; A. Banerjee, VP Chief Quality Officer; D. Allain, VP Cardiac & Surgical Services; J. Batth, VP of Rehabilitation & Post Acute Services; D. Lynch, Legal Counsel, C. Moccio, Recording

The meeting was called to order at 4:45PM by Director House.

Director House asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

CLOSED SESSION ACTION TAKEN:

- Approval of closed minutes May 27, June 11, June 29, July 22, 2020.
- Approval of the Medical Staff Bylaws Amendment as approved by the Medical Executive Committee – to allow anesthesiologists and CRNAs who are not employees, partners, contractors, or associates of Primary Anesthesia Services, P.C., but who are employed by or contracted with KDHC, to provide anesthesiology services at KDHC, according to the anesthesia schedule established by Primary Anesthesia Services, P.C. This exception will expire at the end of the Transition Period.
- Authorized management the discretion and authority to amend the current agreement between Kaweah Delta and Primary Anesthesia, P.C. to facilitate recruitment and employment or contracting of physicians and CRNAs directly by Kaweah Delta until the end of the transition period, at which time it is anticipated the newly-recruited individuals will become employees or independent contractors of the new contracted professional medical corporation.

OPEN MINUTES – Request approval of the May 27, June 11, June 24, June 29, July 22, 2020 meeting 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.

MMSC (Havard Mirviss/Francis) Approval of the open meeting minutes – May 27, June 11, June 24, June 29, July 22, 2020 open board of directors meeting minutes. This was

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

RECOGNITIONS – Service Excellence – Director Garth Gipson presented Resolution 2078 to Nicole Phanthavong for the Service Excellence Award for May 2020.

CONSENT CALENDAR – Director House entertained a motion to approve the consent calendar. Director Francis requested the removal of item 7.5, Director House removed items 7.2b5, 7.3a, and 7.3c.

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/Hawkins) to approve the consent calendar with the removal of items 7.5 {Approval of the amended and restated exclusive provider agreement for Imaging Services effective January 1, 2021 by and between Kaweah Delta Health Care District and Mineral King Radiological Medical Group, Inc. a California Professional Medical Corporation, and amends, restates and supersedes the Exclusive Provider Agreement dated January 1, 2018 between the parties.}, 7.2b5 {Policies, Board of Directors, Executive Compensation}, 7.3a {Board Committee Minutes, Quality Council – June 11, 2020}, and 7.3c {Board Committee Minutes, Strategic Planning – June 18, 2020}. This was supported unanimously by those present. Vote: Yes – Gipson, Francis, Havard Mirviss, Hawkins, and House

8.1. REPORTS

A. Physician Recruitment

8.2. POLICIES

A. Administrative

- 1) Requirement for Contracting with Outside Service Providers – AP69 (revised)
- 2) Mileage Reimbursement – AP84 (revised)
- 3) Workplace Violence Prevention Program – AP161 (revised)
- 4) Outside Source Patient Care Services – AP65 (reviewed)
- 5) Abandoned Newborn – AP99 (reviewed)

B. Board of Directors

- 1) Orientation of a New Board Member – BOD1 (revised)
- 2) Chief Executive Officer (CEO) Transition – BOD2 (revised)
- 3) Chief Executive Officer (CEO) Criteria – BOD3 (reviewed)
- 4) Presentation of Claims and Service Process – BOD7 (reviewed)
- 5) Executive Compensation – BOD4 (reviewed)
- 6) Board Reimbursement for Travel and Service Clubs – BOD6 (reviewed)

8.3. BOARD COMMITTEE MINUTES

- A. Quality Council (June 11, 2020)
- B. Human Resources (June 18, 2020)
- C. Strategic Planning (June 18, 2020)
- D. Academic Development (June 19, 2020)

- E. Audit and Compliance (June 23, 2020)
- F. Information Systems (June 24, 2020)
- G. Patient Experience (June 30, 2020)
- H. Marketing and Community Relations (July 1, 2020)
- I. Quality Council (July 9, 2020)
- 8.4.** Approval of Resolution 2087 in recognition of Stanley Lopez, Phlebotomist II, retiring from duty after 37 years of service.
- 8.5.** Approval of the amended and restated exclusive provider agreement for Imaging Services effective January 1, 2021 by and between Kaweah Delta Health Care District and Mineral King Radiological Medical Group, Inc. a California Professional Medical Corporation, and amends, restates and supersedes the Exclusive Provider Agreement dated January 1, 2018 between the parties.
- 8.6.** Approval of the amended and restated professional services agreement Emergency Department effective August 1, 2020 by and between Kaweah Delta Health Care District and CEP America – California, a California general partnership d/b/a Vituity (formerly California Emergency Physicians Medical Group).
- 8.7.** Resolution 2085 rejection of application for leave to present a late claim, Estate of James Snow, Jr. vs. Kaweah Delta Health Care District.
- 8.8.** Resolution 2086, 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, 2020 and ending June 30, 2021.
- 8.9.** Approval of the Kaweah Delta Board of Directors Job Description 2020/2021
 - A. Hospital Board of Directors
 - B. Board President
 - C. Board Vice President
 - D. Individual Board members
- 8.10.** Recommendations from the Medical Executive Committee (June 2020)
 - A. Privileges in Critical Care, Pulmonary & Sleep Medicine

7.5 Approval of the amended and restated exclusive provider agreement for Imaging Services effective January 1, 2021 by and between Kaweah Delta Health Care District and Mineral King Radiological Medical Group, Inc. a California Professional Medical Corporation, and amends, restates and supersedes the Exclusive Provider Agreement dated January 1, 2018 between the parties.

- Director Francis inquired if this new contract provides Kaweah with any enhanced services over what we had in the past or is this a simple renewal. Mr. Cripps noted that the new agreement allows additional flexibility to add services in the future without having to enter into a new agreement.

7.2b5 {Policies, Board of Directors, Executive Compensation}

- Director House, Mr. Herbst, and the Board members discussed Director House’s concern relative to the terminology used in this policy “the CEO and the members of the Executive Team should receive total compensation that is at or near the median for executives in functionally comparable positions at comparable institutions”. Director Francis noted that his interpretation is that this is a guideline, a philosophical statement that does not hold anyone to a specific dollar amount. Director Havard-Mirviss noted that if we are going to get good qualified candidates to fill executive positions we must at least be at the median salary range.

7.3a {Board Committee Minutes, Quality Council – June 11, 2020}

- Discussion relative to the use of percent vs. percentile in the presentation of quality data. Following the discussion Mr. House agreed that presentation of information in both percentage and percentile is acceptable.

7.3c {Board Committee Minutes, Strategic Planning – June 18, 2020}

- Director House pointed out that in Mr. Mertz presentation it was noted that the planning process should have started in late 2019, inquired if we started in late 2019? Mr. Marc noted that we started in early 2020, and then the process was slowed down during COVID. Mr. Mertz noted that the plan being presented to the Board is effective July 1.

MMSC (Francis/Havard Mirviss) to approve items 7.5 {Approval of the amended and restated exclusive provider agreement for Imaging Services effective January 1, 2021 by and between Kaweah Delta Health Care District and Mineral King Radiological Medical Group, Inc. a California Professional Medical Corporation, and amends, restates and supersedes the Exclusive Provider Agreement dated January 1, 2018 between the parties.}, 7.2b5 {Policies, Board of Directors, Executive Compensation}, 7.3a {Board Committee Minutes, Quality Council – June 11, 2020}, and 7.3c {Board Committee Minutes, Strategic Planning – June 18, 2020}. This was supported unanimously by those present. Vote: Yes – Gipson, Francis, Havard Mirviss, Hawkins, and House

QUALITY - EMERGENCY DEPARTMENT - A review of key quality indicators and associated action plans focused on care in the Emergency Department (copy attached to the original of these minutes and considered a part thereof) - *Kona Seng, OD, Medical Director of Emergency Services and Tom Siminski, RN, Director of Emergency Services*

QUALITY - INFECTION PREVENTION – A review of infection prevention measures and associated action plans for improvement (copy attached to the original of these minutes and considered a part thereof) - *Shawn Elkin, RN, Manager of Infection Prevention*

STRATEGIC PLANNING – Review and requested approved of the Strategic Plan for fiscal year 2020/2021 (copy attached to the original of these minutes and considered a part thereof) - *Marc Mertz, Vice President Chief Strategy Officer*

- Director House noted that he has an issue with the process - He believes the Board's role was minimized, the Board was involved.
- Discussion relative to the process for the development of the new mission, vision, and pillars which was presented to the Board several times for their input. Director House noted that he believe that the Board should have had the Board present for every step in the process.
- Director Gipson noted that he believes that the Board was participating at the ground floor via their Board Committee participation.
- Director Frances noted in his experience with public boards is that often times the issue is understanding management's prerogative vs. board responsibility. We need to remember the balance between management prerogative and board responsibility.
- Mr. Herbst referenced a past Board President's presentation of "the doctrine of completed work" to the Executive Team. Before anything is approved by the Board, the Board has the final input and the only votes.
- Mr. Herbst proposed a potential resolution to this concern would be that the Strategic Planning Committee should not be just two board members, it should be the full Board, a special board meeting.

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

MMSC (Havard Mirviss/Hawkins) to approve the Strategic Plan for fiscal year 2020/2021. This was supported unanimously by those present. Vote: Yes – Gipson, Francis, Havard Mirviss, Hawkins, and House

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.

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

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

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

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

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

and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files. Vote: Yes – Francis, Havard Mirviss, Hawkins, and House Abstained – Gipson

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

- Dr. Mendenhall requested that in the future if Board members have questions about the credentials or a medical staff report(s)- please contact the medical staff office and/or the Chief of Staff so that he can be prepared with an answer for the Board at the meeting.
- Dr. Mendenhall noted that relative to Keri Noeske serving as the interim Chief Nursing Officer – it has been a breath of fresh air and a welcomed change.

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

- COVID patients in the hospital has ranged from 74 to 91 over the past week. Staffing continues to be a challenge specifically in critical care. We are starting to struggle with getting additional PPE supplies, supply channels are being disrupted. We are getting most of our supplies from the County.
- We got notice we are included in the 2nd wave of stimulus funds and we will receive \$10.9 million for COVID admissions from January 1st to June 10th (218 COVID admissions).

BOARD PRESIDENT REPORT – Report from Nevin House, Board President

- Director House requested that Dan Allain report on the projected positive COVID-19 results for Tulare County.

ADJOURN - Meeting was adjourned at 7:35PM

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

ATTEST:

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

MINUTES OF THE SPECIAL OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS – TUESDAY AUGUST 18, 2020 9:00AM, IN THE KAWEAH DELTA MEDICAL CENTER SUPPORT SERVICES BUILDING COPPER ROOM AND VIA GOTO MEETING - NEVIN HOUSE PRESIDING

PRESENT: Directors Francis, Gipson, Havard Mirviss, Hawkins & House; G. Herbst, CEO, C. Moccio, Recording; K. Noeske, Interim VP & CNO, M. Tupper, VP & CFO; D. Cox, VP Chief Human Resources Officer, D. Leeper, VP & CIO; R. Gates, VP Population Health; A. Banerjee, VP Chief Quality Officer; D. Allain, VP Cardiac & Surgical Services; J. Bath, VP of Rehabilitation & Post Acute Services; D. Lynch, Legal Counsel

The meeting was called to order at 9:00AM by Director House.

Director House asked for approval of the agenda.

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

PUBLIC PARTICIPATION – none

2020/2021 ANNUAL OPERATING AND CAPITAL BUDGET AND FINANCIALS – Review and discussion of the budget and the current financials (copy attached to the original of these minutes and considered a part thereof) - *Malinda Tupper, VP & Chief Financial Officer*

- Discussion relative to the information provided in the general overview. Director Francis requested management to put together talking points for the Board members to use when they get questions from the public regarding the financial impact that COVID-19 has had on Kaweah Delta.
- Review of new data, trended financial comparison, prepared as requested by the Board. The Board noted that they appreciate information provided and the format - no changes requested at this time.
- Review of the contract labor hours. The military staff that have been at Kaweah Delta for several weeks are included in the data presented. Request that we remove the military staff from this data and show that information in a separate graph.
- Review of the trended liquidity ratios - request that we also present what our liquidity would look like without the advanced funding that Kaweah Delta received due to COVID-19.
- Discussion relative to how the current financial situation will affect our Moody's rating.

CHIEF EXECUTIVE OFFICER REPORT

- Kaweah Delta is experiencing a steady decline in our hospitalized COVID-19 cases. The hospital is currently at 84% occupancy in all patient care areas, including COVID-19 patients. Director Gipson proposed that we put together a marketing and social media campaign prior to Labor Day asking people; not to gather, wear a mask, and practice social distancing so we do not have another spike in cases.
- Health Resources and Services Administration (HRSA) will be conducting an on-site survey in September relative to our FQHC application.

- Grants received recently; \$20,000 for the Street Medicine Program, \$100,000 substance abuse navigators, \$9,000,000 for Behavior Health programs which could also positively impact our Street Medicine Program.

BOARD PRESIDENT REPORT

- Commended the staff and thanked them for all of their hard work, the full Board acknowledged the staff and commended them as well.

ADJOURN - Meeting was adjourned at 9:40AM

Kaweah Delta Health Care District and the Board of Directors

ATTEST:

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

RESOLUTION NO.

WHEREAS, Brett Lange, Respiratory Therapist, is retiring from duty at Kaweah Delta Health Care District after Thirty Eight years of service; and,

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

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

PASSED AND ADOPTED this 24th day of August 2020, by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

RESOLUTION NO.

WHEREAS, Veronica (Pico) Griffith, Director of Clinical Services, is retiring from duty at Kaweah Delta Health Care District after Thirty Five years of service; and,

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

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

PASSED AND ADOPTED this 24th day of August 2020, by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

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

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

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

Date prepared: 8/20/2020

Central Valley Critical Care Medicine	
Adult Hospitalist	1
Intensivist	2

Delta Doctors Inc.	
OB/Gyn	1

Kaweah Delta Faculty Medical Group	
Family Medicine Associate Program Director	1
Family Medicine Core Faculty	2

Key Medical Associates	
Internal Medicine/Family Medicine	2

Other Recruitment	
Palliative Medicine	1
Colorectal Surgery	1
Anesthesiology - Cardiac	1

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

Valley Hospitalist Medical Group	
Gastroenterology	1

Visalia Medical Clinic (Kaweah Delta Medical Foundation)	
Dermatology	2
Adult Primary Care	4
Gastroenterology	1
Gynecology	1
Neurology	1
OB/GYN	3
Orthopedic Surgery (Hand)	1
Otolaryngology	2
Pediatrics	1
Radiology - Diagnostic	1
Rheumatology	1
Urology	3

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Colorectal Surgery	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/IQ Surgical Associates	Ota, M.D.	Kyle	09/21	Current KD General Surgery resident	Offer extended
Dermatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Maranda, M.D.	Eric	09/21	Fidelis Partners - 7/15/20	Initial Phone Interview: 7/22/20 at 4:30PM; Site Visit: 8/21/2020
Dermatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Saunders, M.D.	Kent	04/21	Fidelis Partners - 11/27/19	Site visit pending dates
Family Medicine	Visalia Family Practice/Key Medical Associates	Bashiri, M.D.	Maryam	08/20	Presented by Carson Kolb	Offer pending
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/Key Medical Associates	Bland, D.O.	Scott	08/21	Direct - 9/15/19	Pending site visit in Summer 2020
Family Medicine	Delta Doctors, Inc.	Castillo, M.D.	Fausto	08/20	Direct - 5/3/20	Site visit: 7/10/2020; Offer extended
Family Medicine/Core Faculty	Visalia Medical Clinic (Kaweah Delta Medical Foundation)/Kaweah Delta Faculty Medical Group	Geiger, D.O.	Michael	08/21	Direct - UCSF Fresno Career Fair	Site visit pending dates - October 2020
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Solis, M.D.	Trinidad	ASAP	Vista Staffing - 6/15/20	References in process; Site visit: 9/11/2020
Family Medicine	Key Medical Associates	Trapse, M.D.	Felix Meyer	ASAP	Direct - 8/13/20	Site visit: 8/26/2020
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Al-Tai, M.D.	Zeena	08/21	Pacific Companies - 7/13/20	Phone Interview: 7/27/2020 at 1PM

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Balachandran, M.D.	Banujan	08/21	Direct Referral	Phone Interview: 7/30/2020 at 2PM
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Gutierrez, M.D.	Mario	TBD	Referred by Dr. Martinez - 8/14/20	Phone interview pending
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Mohamed, M.D.	Hashem	ASAP	Direct Referral	Phone Interview: 7/27/2020 at 3PM
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Rios, M.D.	Juan	08/21	Direct Referral	Currently under review
Family Medicine	Key Medical Associates	Janvelian, M.D.	Vladimir	09/20	Carson Kolb - 11/28/18	Site Visit: 2/15/19; Offer accepted; Start Date - 8/17/2020
Family Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Patty, M.D.	Christina	08/20	Direct - Local Candidate	Site Visit: 2/5/19; Offer accepted; Start Date: 1/4/21
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Moraveji, M.D.	Sharareh	12/20	Comp Health - 7/15/20	Phone interview pending
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Sherid, M.D.	Muhammed	ASAP	Pacific Companies - 7/28/20	Virtual interview pending
Hospitalist	Central Valley Critical Care Medicine	Aung, M.D.	Khin	TBD	Vista Staffing - 2/15/20	Site visit pending dates
Hospitalist	Central Valley Critical Care Medicine	Ching, M.D.	Steven	TBD	Direct - 5/11/20	Currently under review
Hospitalist	Central Valley Critical Care Medicine	Jimenez, M.D.	Alfonso	08/20	Direct - 7/22/20; Grew up in Tulare, CA	Phone interview pending
Hospitalist	Central Valley Critical Care Medicine	Diramerian, M.D.	Liza	08/20	Referral - Dr. Umer Hayyat	Site Visit: 12/17/19; Offer accepted; Start Date: 9/9/2020

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Hospitalist	Central Valley Critical Care Medicine	Hayyat, M.D.	Umer	08/20	Practice Link	Site Visit: 8/14/19; Start Date: 9/16/2020
Hospitalist	Key Medical Associates	Hong, M.D.	Michael	08/20	Key Medical Associates	Offer accepted; Start Date: 9/9/2020
Hospitalist	Valley Hospitalist Medical Group	Kalsi, M.D.	Ramneek	08/20	Direct - UCSF Fresno Residency Program	Offer accepted; Start date: 8/26/2020
Hospitalist	Central Valley Critical Care Medicine	Moers, D.O.	Diana	09/20	Direct - PracticeLink 3/24/2020	Offer accepted; Start date pending credentialing
Hospitalist	Central Valley Critical Care Medicine	Ramakuri, M.D.	Monica	09/20	Vista Staffing - 7/19/2020	Start date pending credentialing
Intensivist	Central Valley Critical Care Medicine	John, D.O.	Avinaj	08/21	Vista Staffing - 10/25/19	Site visit: 12/13/19; Offer accepted
Intensivist	Central Valley Critical Care Medicine	Escobar, M.D.	Luis	07/20	Vista Staffing 8/19/20	Currently under review
Intensivist	Central Valley Critical Care Medicine	Godbole, M.D.	Rohit	01/21	Vista Staffing 8/19/20	Currently under review
Internal Medicine	Key Medical Associates	Awad, M.D.	Omnia	08/21	Physcian Empire 8/17/20	Currently under review
Internal Medicine	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Malik, M.D.	Sara	08/21	Direct - Dr. Umer Hayyat's spouse	Site visit pending dates - Summer 2020
Neonatology	Valley Children's Hospital	Alexander, M.D.	Steven	11/20	Valley Children's - 7/28/20	Virtual Interview: 7/31/20; Offer extended
OB/GYN	Delta Doctors, Inc.	Panneerselvam, D.O.	Priya	08/21	Pacific Companies, Inc. 8/19/20	Currently under review
Psychiatry	Precision Psychiatry	Singh, M.D.	Jasbir	07/20	Precision Psychiatry - 6/10/2020	Offer accepted; Tentative Start Date: 8/2020 - Pending hospital privileges

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Hamdi, M.D.	Anas	08/22	Direct - Referral	Site visit pending - Late 2020; Initial site visit: 9/3-5/2020
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Patel, M.D.	Neil	TBD	Los Angeles Career MD Fair 9/14/19	Site visit pending dates; Considering locums to permanent
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Talanki, M.D.	Varun	08/21	HealthCareers - 1/24/2020	Site visit pending dates

Risk Management Report – Open

1st & 2nd Quarter 2020

August 24, 2020

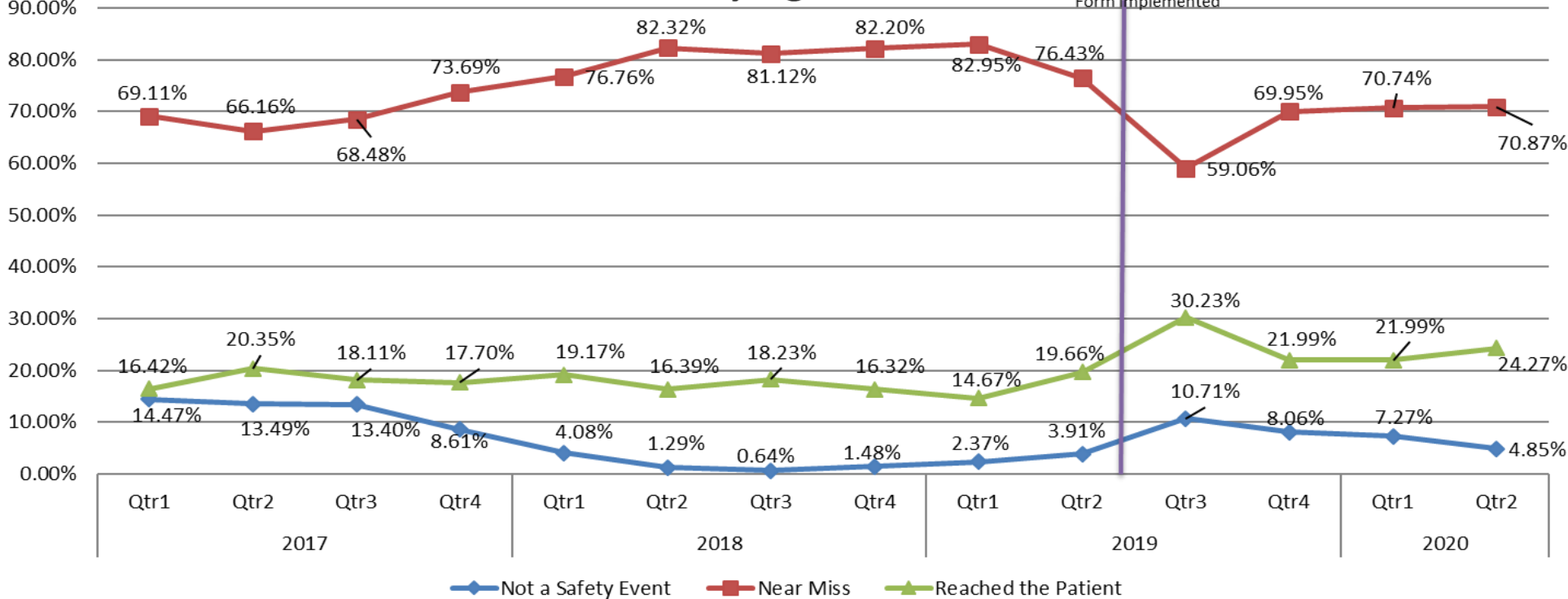
Alexandra Bennett
Risk Management Manager

More than medicine. Life.

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

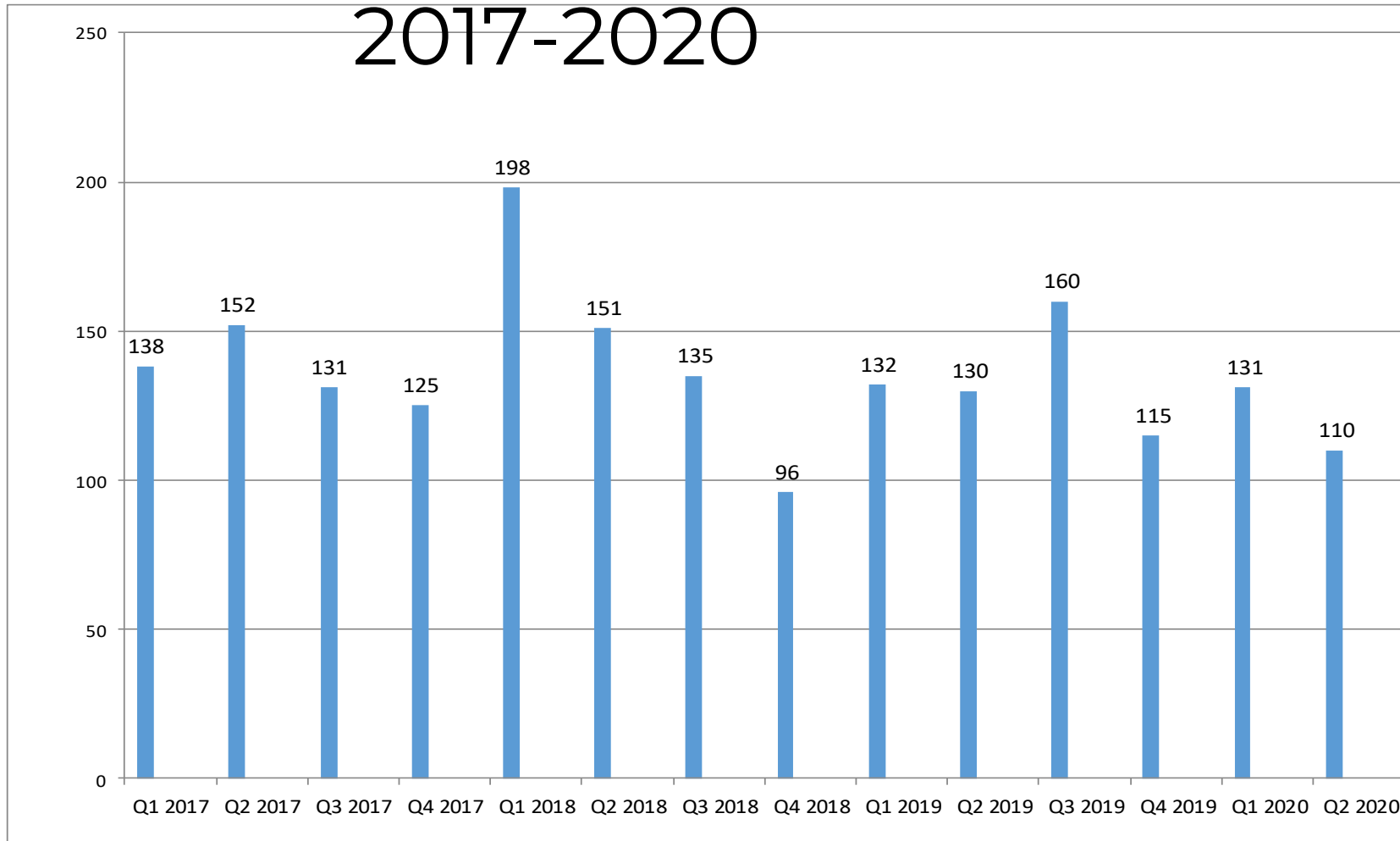


This newly added graph represents the total number of Midas event reports submitted per quarter. They are also categorized by “Not a safety event,” “Near miss,” or “Reached the patient.”

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

We are well on our way to over 1,000 Midas event reports submitted in 4th quarter 2019!

Complaints & Grievances 2017-2020

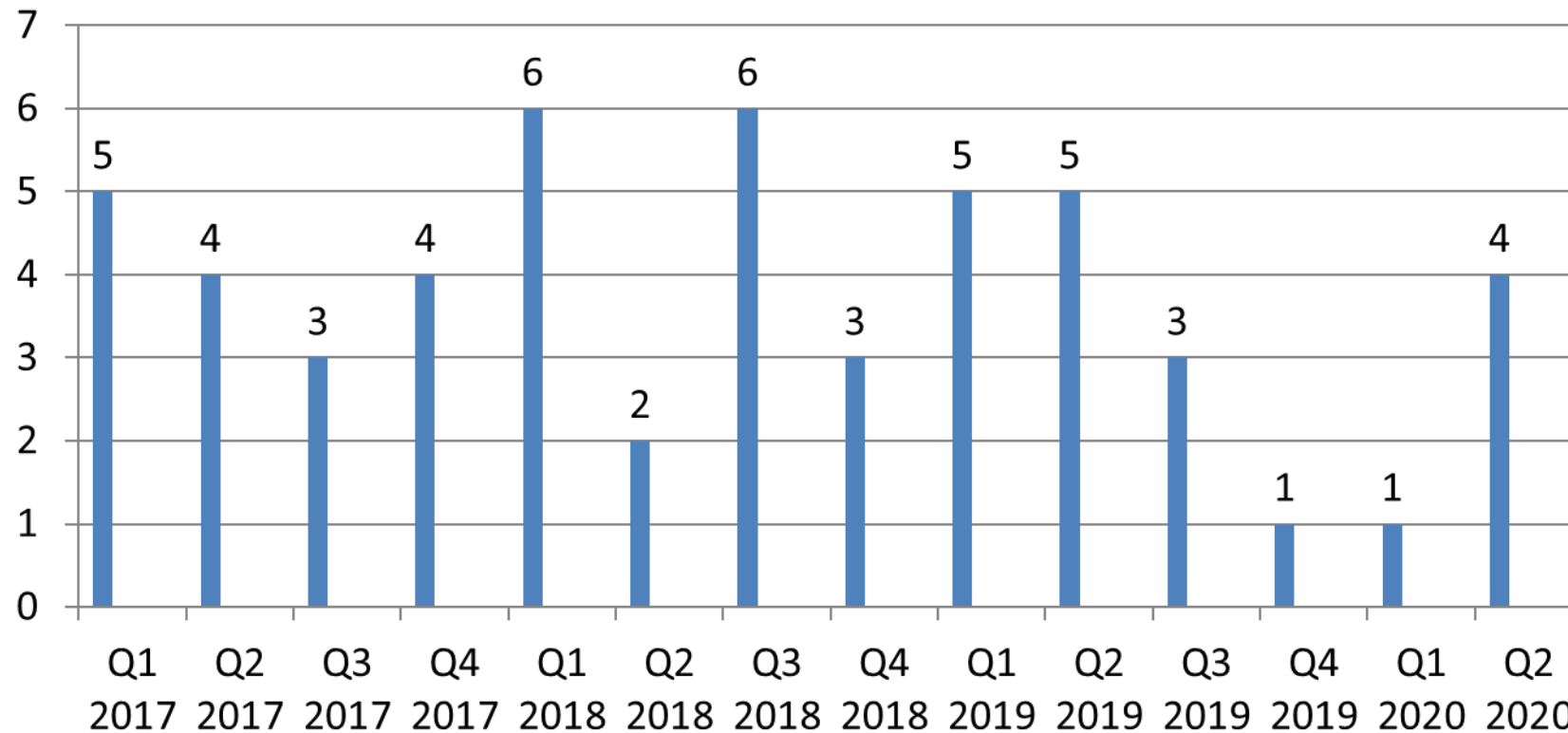


Trends:

- Lost Belongings
- Physician Care
- Communication

Claims Frequency 2017-2020

Average of Claims/Year = 15



Total cases closed during 1st Quarter – (7) Seven

Total cases closed during 2nd Quarter - Zero

Current Topics of Focus: Strategic Plan

Zero Defects and Zero Patient Harm events through improved engagement, high reliability interventions, and reducing variability across clinical practices

- Partnering with leaders to improve workflows for learning from Occurrence Reports
- Integrate Just Culture into event response
- Focusing on High System Reliability interventions in response to events
- Develop additional systems to identify trends from claims as opportunities for mitigation and standardization



Policy Number: AP23	Date Created: 11/01/1995
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Conflict of Interest	

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

POLICY: Government Code Section 87300 requires each state and local government agency to adopt and promulgate a Conflict of Interest Code. The Fair Political Practices Commission has adopted Section 18730 of Title 2 of the California Code of Regulations, which contains the terms of a model conflict of interest code (hereinafter "Standard Code") which may be adopted by reference by any state or local agency which desires to do so. For the purpose of providing a conflict of interest code for Kaweah Delta Health Care District, its Board of Directors, and its employees, the terms of the Standard Code and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference and made a part hereof as if set forth herein at length, and, along with Exhibits A and B attached hereto, in which officials and employees are designated and disclosure categories are set forth, such Standard Code shall constitute the Conflict of Interest Code for Kaweah Delta Health Care District, its Board of Directors, and its employees. The Chief Executive Officer shall ensure that a current copy of the Standard Code is kept on file in the District’s administrative office with this Conflict of Interest Code. A copy of the current version of the Standard Code is attached hereto as “Exhibit C” for information purposes only.

Pursuant to Section 4 of the Standard Code, designated employees shall file statements of economic interests with the Chief Executive Officer of Kaweah Delta Health Care District. Upon receipt of the statements filed by the designated employees of the department, the Chief Executive Officer shall make and retain a copy and forward the original of these statements to the code reviewing body, which in this case is the Tulare County Board of Supervisors.

Adopted by the Board of Directors of Kaweah Delta Health Care District effective ~~November 27, 2018~~April 27, 2020.

PROCEDURE:

- I. Members, Board of Directors and Chief Executive Officer
All members of the Kaweah Delta Health Care District Board of Directors and the individual occupying the position of Chief Executive Officer must complete and file Statements of Economic Interest with the Office of the Chief Executive Officer. Disclosure must include items listed in Exhibit “B”

II. Other Affected Positions

Individuals occupying positions as noted in Exhibit "A" are also required to complete and file, with the office of the Chief Executive Officer of Kaweah Delta Health Care District, Statements of Economic Interest. The types of interest to be disclosed are identified on "Exhibit B" per position held with the District.

III. Filing Deadlines

Individuals required to complete and file Statements of Economic Interest must do so with the appropriate office:

- A. within thirty (30) days after the effective date of the adoption of the Conflict of Interest Code, ;
- B. within thirty (30) days after assuming a position requiring filing such Statement;
- C. within thirty (30) days after leaving a position requiring filing of such Statement; and,
- D. annually, during the month of January, no later than April 1, for each year in which the individual occupies a position requiring a Statement.

EXHIBIT "A"

KAWEAH DELTA HEALTH CARE DISTRICT

CONFLICT OF INTEREST CODE

Disclosure Categories

<u>Designated Positions</u>	<u>Category of Interests Required to be Disclosed</u>
Members of the Board of Directors	1
Employees	
Chief Executive Officer	1
Vice President, Chief Financial Officer	1
Senior Vice President, Chief Operating Officer <u>Ancillary & Support Services</u>	1
Vice President, Chief Quality Officer	1
Vice President, Chief Medical Officer	1
Vice President, Chief Nursing Officer	1
Vice President, Chief Information Officer	1
Vice President, Chief of <u>Human Resources Officer</u>	1
Vice President, of Chief Strategic Strategy Planning & Development <u>Officer</u>	1
<u>Vice President, Cardiac & Surgical Services</u>	1
<u>Vice President, Rehabilitation and Post Acute Services</u>	1
<u>Vice President, Population Health & CEO Sequoia Health and Wellness Center (SHWC)</u>	1
District Chief <u>Compliance & Privacy Officer</u>	1
Director Internal Audit <u>Audit and Consulting</u>	1
Director of Procurement and Logistics Material Management	1
Kaweah Delta Medical Foundation Chief Executive Officer	1
Kaweah Delta Medical Foundation Chief Financial Officer	1
Director of Risk Management	1
Director of Facilities and Security	1
Director of Facilities Planning <u>Services</u>	1
All Directors of Kaweah Delta Health Care District	4B
Consultants	
Legal Counsel to the Board of Directors	1

["Consultants may be designated employees who must disclose financial interests as determined on a case-by-case basis. The District must make a written determination whether a consultant must disclose financial interests. The determination shall include a description of the consultant's duties and a statement of the extent of the disclosure requirements, if any, based upon that description. All such determinations are public records and shall be retained for public inspection with this conflict of interest code.

["Consultants can be deemed to participate in making a governmental decision when the consultant, acting within the authority of his or her position:

- (1) Negotiates, without significant substantive review, with a governmental entity or private person regarding certain governmental decisions; or*
- (2) Advises or makes recommendations to the decision-maker either directly or without significant intervening substantive review, by:*
 - a. Conducting research or making an investigation, which requires the exercise of judgment on the part of the person and the purpose of which is to influence a governmental decision; or*
 - b. Preparing or presenting a report, analysis, or opinion, orally or in writing, which requires the exercise of judgment on the part of the person and the purpose of which is to influence the decision."*

(From the Tulare County Counsel)

{A consultant is also subject to the disclosure requirements if he/she acts in a staff capacity (i.e., performs the same or substantially all the same duties that would otherwise be performed by an individual holding a position specified in the Code).}

EXHIBIT "B"**KAWEAH DELTA HEALTH CARE DISTRICT**

CONFLICT OF INTEREST CODE

Disclosure Categories1. **Full Disclosure:**

Designated persons in this category must report:

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

2. **Full Disclosure (excluding interests in real property):**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

3. **Interests in Real Property (only):**

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

4. **General Contracting (two options):**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the District.

[Intended for employees whose duties and decisions involve contracting and purchasing for the entire District.]

B. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment,

vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the employee's department or division.

[Intended for employees whose duties and decisions involve contracting and purchasing for a specific department or division of the District]

5. **Regulatory, Permit or Licensing Duties:**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that are subject to the regulatory, permit or licensing authority of, or have an application for a license or permit pending before, the employee's department or division, or the District.

6. **Grant/Service Providers/Departments that Oversee Programs:**

- A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization, if the source is of the type to receive grants or other monies from or through a specific department or division of the District.

[Intended for employees whose duties and decision involve awards of monies or grants to organizations or individuals.]

EXHIBIT "C"**KAWEAH DELTA HEALTH CARE DISTRICT**

CONFLICT OF INTEREST CODE

Standard Code**§ 18730. Provisions of Conflict of Interest Codes.**

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code section 87300 or the amendment of a conflict of interest code within the meaning of Government Code section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Government Code sections 81000, *et seq.* The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Government Code section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Section 1. Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (2 Cal. Code of Regs. sections 18100, *et seq.*), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Section 2. Designated Employees.

The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Section 3. Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Government Code section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Government Code sections 87200, *et seq.*

In addition, this code does not establish any disclosure obligation for any designated

employees who are designated in a conflict of interest code for another agency, if all of the following apply:

(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;

(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Government Code section 87200; and

(C) The filing officer is the same for both agencies. ¹

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which he or she foreseeably can affect materially through the conduct of his or her office.

(4) Section 4. Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code. ²

(5) Section 5. Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.

(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided he or she did not make or

participate in the making of, or use his or her position to influence any decision and did not receive or become entitled to receive any form of payment as a result of his or her appointment. Such persons shall not file either an assuming or leaving office statement.

(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

(1) File a written resignation with the appointing power; and

(2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Section 6. Contents of and Period Covered by Statements of Economic Interests.

(A) Contents of Initial Statements.

Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

(B) Contents of Assuming Office Statements.

Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Government Code section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to 2 Cal. Code Regs. section 18754.

(D) Contents of Leaving Office Statements.

Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Section 7. Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investments and Real Property Disclosure.

When an investment or an interest in real property³ is required to be reported,⁴ the statement shall contain the following:

1. A statement of the nature of the investment or interest;
2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
3. The address or other precise location of the real property;
4. A statement whether the fair market value of the investment or interest in real property equals or exceeds two thousand dollars (\$2,000), exceeds ten thousand dollars (\$10,000), exceeds one hundred thousand dollars (\$100,000), or exceeds one million dollars (\$1,000,000).

(B) Personal Income Disclosure. When personal income is required to be reported,⁵ the statement shall contain:

1. The name and address of each source of income aggregating five hundred dollars (\$500) or more in value, or fifty dollars (\$50) or more in value if the income was a gift, and a general description of the business activity, if any, of each source;
2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was one thousand dollars (\$1,000) or less, greater than one thousand dollars (\$1,000), greater than ten thousand dollars (\$10,000), or greater than one hundred thousand dollars (\$100,000);
3. A description of the consideration, if any, for which the income was received;
4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;
5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,⁶ the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;
2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than ten thousand dollars (\$10,000).

(D) Business Position Disclosure. When business positions are required to be reported, a

designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.

(8) Section 8. Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (a), (b), and (c) of Government Code section 89501 shall apply to the prohibitions in this section.

This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Government Code section 89506.

(8.1) Section 8.1 Prohibition on Receipt of Gifts in Excess of \$390.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$390 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (e), (f), and (g) of Government Code section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.

(A) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall

not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

1. Loans made to the campaign committee of an elected officer or candidate for elective office.
2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans from a person which, in the aggregate, do not exceed five hundred dollars (\$500) at any given time.
4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Section 8.3. Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of five hundred dollars (\$500) or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of

interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.
2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Section 8.4. Personal Loans.

(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.
2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:
 - a. The date the loan was made.
 - b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.
 - c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.

(B) This section shall not apply to the following types of loans:

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
2. A loan that would otherwise not be a gift as defined in this title.
3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.
4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.

5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Section 9. Disqualification.

No designated employee shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any governmental decision which he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of his or her immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth two thousand dollars (\$2,000) or more;

(B) Any real property in which the designated employee has a direct or indirect interest worth two thousand dollars (\$2,000) or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating five hundred dollars (\$500) or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$390 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

(9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make his or her participation legally required for purposes of this section.

(9.5) Section 9.5. Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use his or her official position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of his or her immediate family has, within 12 months prior to the time when the official action is to be taken:

(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or

(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value one thousand dollars (\$1,000) or more.

(10) Section 10. Disclosure of Disqualifying Interest.

When a designated employee determines that he or she should not make a governmental decision because he or she has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Section 11. Assistance of the Commission and Counsel.

Any designated employee who is unsure of his or her duties under this code may request assistance from the Fair Political Practices Commission pursuant to Government Code section 83114 and 2 Cal. Code Regs. sections 18329 and 18329.5 or from the attorney for his or her agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Section 12. Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Government Code sections 81000 – 91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Government Code section 87100 or 87450 has occurred may be set aside as void pursuant to Government Code section 91003.

NOTE: Authority cited: Section 83112, Government Code.

Reference: Sections 87103(e), 87300-87302, 89501, 89502 and 89503, Government Code.

¹ Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Government Code section 81004.

²See Government Code section 81010 and 2 Cal. Code of Regs. section 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

³For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

⁴Investments and interests in real property which have a fair market value of less than

\$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

⁵A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.

⁶Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.

REVIEW

"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."

review

Policy Number: AP183	Date Created: 01/01/1998
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Gary Herbst (Chief Executive Officer)	
Consent	

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

POLICY: It is the responsibility of the Patient Access Services (PAS) Registrar to obtain legal consent for medical treatment via, as documented on the Conditions of Admission (COA) form, for medical treatment. All requirements governing consent are regulated by the sState and, fFederal Government, or The Joint Commission (TJC) Accreditation Hospital Organization (JCAHO) guidelines. The California Hospital Association (CHA) Consent Manual may be used as a resource for Refer to California Consent Manual (CHA) for all regulations governing consent specifications.

For purposes of consent for medical treatment a patient may be in the following one of nine eight categories:

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1. Adult with capacity.
2. Adult who has appointed an agent or surrogate to make health care decisions (see Chapter 3 of the CHA eConsent mManual, regarding agents and surrogates).
3. Conservatee not specifically adjudicated to lack the capacity to make health care decisions.
4. Adult lacking capacity without a conservator, agent, or surrogate for health care decisions (whether the patient temporarily or permanently lacks capacity).
5. Unemancipated minor.
6. Emancipated or self-sufficient minor or minor seeking certain types of treatment: sensitive services including but not limited to FFACT, Behavioral Health, Substance Use, or other types of treatment (Refer to CHA Consent Manual Chapter 4 and 8 for additional types of treatment information).
7. Dependent child, or ward of the juvenile court, foster, or guardianship of minor child.
8. Minor who has the ability to consent for sensitive services including, but not limited to, FFACT, Behavioral Health, etc.

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PROCEDURE:

1. Adult Consent

- a. Any person 18 years of age and older may sign Conditions of Admissions for themselves. (See Attachment A: Medical Treatment of Adults).

~~2.~~ Minor Consent:

- a. ~~For patients under the age of 4. Anyone under the age of 18, the years of age should have his/her parent or legal guardian-s must sign signature on the Conditions of Admission on behalf of the patient. s in order to be treated. For specific exceptions the following is required: The Registration should take appropriate steps to:~~

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- b. ~~Request a copy of paperwork (e.g. ID, birth certificate, court documents, etc. or other documentation) to verify confirm the legal authority of the individual bringing in the minor patient is the parent, guardian, legal representative, or foster parent and has the authority to obtain medical treatment on behalf of the patient. These steps may include, but are not limited to, requesting a copy of paperwork (e.g. ID, birth certificate, court documents, or other documentation).~~

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- c. ~~Once obtained, the document shall be placed in the medical record and scanned in the Electronic Electronic Medical Record -at the medical record number level under Healthcare Directives Documents the documentation type "minor custody". The documentation, This will be accessible to staff for reference if the minor patient returns for future services.f.-~~

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- ~~b.d. NOTE: If the minor has authority to consent under state law, then the minor is "generally" the person authorized to consent to treatment. Examples include, but are not limited to, pregnancy, contraception, abortion, sexual assault, infectious/ contagious communicable diseases, sexually transmitted diseases, aids/HIV, rape, outpatient mental health services, or general medical care for emancipated youth. see Attachment B: Medical Treatment of Minors.~~

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2. Verbal Consent:

~~In the event written consent cannot be done, verbal consent may be obtained.~~

- a. ~~If patient is under 18 and not accompanied by parent or guardian, attempt to contact parents by telephone. If parents can be reached by phone, you will need a witness (hospital staff member) on the other line. Ask the parent to state their name, the child's name and that they give Kaweah Delta Health Care District permission to treat their child. Both witnesses must sign "other" section of the Conditions of Admissions. Complete TELEPHONE/VERBAL CONSENT section of the Conditions of Admissions.~~

- a. If for any reason, a patient is unable to sign and has no legal guardian or conservator, they may give a verbal consent. Registrar shall write the reason patient is unable to sign on the area marked "Reason for Signature". There must be two (2) witnesses (hospital staff) and both must sign "other" section of the Conditions of Admission under TELEPHONE/VERBAL CONSENT area on the Conditions of Admissions.

3. Minor Consent without Parent:

- a. If patient is under 18 and not accompanied by parent or guardian, the Registrar must attempt to contact minor patient's parent or legal guardian by telephone. If the legal representative can be reached by phone, the Registrar must have another hospital staff member witness the consent. The Registrar should verify the identity of the legal guardian by asking their name and the child's name and date of birth. Once obtained, the Registrar must request and confirm permission/authorization to treatment their minor at Kaweah Delta. Both witnesses (Registrar and hospital staff member) must sign "other" section of the Conditions of Admission form.

- b. 5-c. If patient has a written consent from parent or guardian giving permission to treat patient, the adult accompanying the patient must sign the Conditions of Admissions and indicate the relationship to patient. A copy of the written consent must be obtained to be scanned in the patient's record for that visit.

- c-d. For additional questions and concerns refer to the current year CHA California Hospital Consent Manual.

- d-e. If you are unable to understand the manual or require further support, please contact your Supervisor, coordinator or manager. Manager, if you are unable to contact your coordinator Supervisor or mManager, or the contact Risk Management Department.

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Policy Number: AP06	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Public Relations, Marketing, and Media Relations	

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

POLICY: It is the policy of the District to comply with all Federal and State laws and regulations, including but not limited to, the Federal Self-Referral Statute (“Stark”) and the Federal Anti-Kickback Statute (“AKS”). Accordingly, all hospital-physician marketing initiatives shall comply with the guidelines set forth within this policy.

Every staff member employed by Kaweah Delta Health Care District (“the District”) has a unique and individual responsibility in representing the District and the department in which s/he works in the best possible light when interacting with patients, visitors, physicians, and/or members of the community at large. Additionally, the media are an important customer for the District, playing an influential role in communicating our mission to the community. The image portrayed by staff members in all of these interactions creates an impression of the District as a whole which the outside party will have and carry with them.

Staff members who are responsible for the management and/or direction of a department or service have an even greater responsibility in these types of situations in that, when interacting with outside individuals, they are seen as subject-matter experts with the ability to represent and make commitments in the name of the District.

Accordingly, care should be taken to ensure that the image projected is professional and appropriate in every situation.

The individuals assigned as Director of Marketing and Director of Media Relations are responsible for the coordination of public relations and marketing activities and in providing necessary support to the Department Managers/Supervisors and/or staff members in carrying out public relations and/or marketing activities.

PROCEDURE:

I. Outside Advertising

A. Classified Advertising

Classified advertising for positions available within the District will be placed exclusively by the Human Resources Department unless authorization is given for the Marketing Department to place advertisements. See Human Resources Policy Manual for specific detail.

- B. Event and/or Service Advertising
Advertising for an event or service provided by any Department within the District will be coordinated through the Marketing Department.

II. Media Contacts (radio, television, newspaper, etc.)

- A. Media Makes Contact With The Media Relations Department for Information

Any staff member of the District who is contacted by a member of the media for information or comment will, prior to releasing any information, notify the Director of Media Relations. The Director of Media Relations will obtain approval for the release of information (not a request for public information) from the appropriate Vice President and notify the Chief Executive Officer prior to its release. Requests for information regarding the District as a whole shall be directed to the Director of Media Relations. Upon conclusion of interaction with media, staff member will follow-up with the Director of Media Relations or designee.

1. Request for Patient Information

Due to the Health Insurance Portability and Accountability Act (HIPAA), if the patient has not objected to this information being provided in a hospital directory and the media has asked for the patient by name, information release shall be confined to one-word descriptions of a patient's condition. At no time shall opinions be expressed. Information shall be limited to the following one-word descriptions:

Undetermined: Patient awaiting physician and assessment.

Good: Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.

Fair: Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indicators are favorable.

Serious: Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.

Critical: Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.

Treated and Released: Patient received treatment but was not admitted.

Treated and Transferred: Received treatment. Transferred to a different facility. (Although a hospital may disclose that a patient was treated and released, it may not release information regarding the date of release or where the patient went upon release without patient authorization.

In no case shall any additional information be released, including diagnosis and/or reason for treatment without written authorization from the patient or their personal representative.

(a) Kaweah Delta Medical Center

During normal business hours, all requests for patient information will be forwarded to the Director of Media Relations or the Vice President ~~of Strategic Planning and Business Development~~Chief Strategy Officer, if the Director is unavailable. For information during other hours, either the House Supervisor or the Director of Media Relations will be contacted.

(b) Kaweah Delta Rehabilitation Hospital, Kaweah Delta Mental Health Hospital, Kaweah Delta South Campus, and all Kaweah Delta services.

All requests for patient information will be forwarded to the House Supervisor or the Director of Media Relations.

2. Requests for Information Which is Not Patient Related

All other requests for information shall be directed to the Director of Media Relations. The Director of Media Relations will be immediately responsible for working with the District Administrative Office to determine if the request falls under the California Public Records Act. If the request does fall under the California Public Records Act, all the procedures of AP.116 will apply.

(a) Requests for information will be answered by a District expert in the field of questioning, i.e., emergency department, Director of Critical Care. For general District information, the Director of Media Relations will be responsible for working with the appropriate Vice President or the CEO to determine who will contact media for comment.

B. Information/Story send from Media Relations to Media

The Director of Media Relations will draft a press release. That press release will be sent to appropriate Department Manager(s)/Supervisor(s) to ensure information is factual and department is prepared for comment if media picks up the story. The press release will be sent out by the Director of Media Relations..

In the event of an on-site interview with any staff member of the District, other than the Director of Media Relations, the Director of Media Relations will ensure that the individual is prepared for the interview and has the information necessary to participate in the interview. Media Relations staff or a designee from the Marketing Department will be present during the interview.

1. Release of Information

No staff member outside of the Media Relations Department or Executive Team is permitted to release information to the media

without prior approval from the Director of Media Relations and Vice President or CEO.

2. Release of Written Information

(a) Initiated by Media Relations Department

Any written material planned for release to the media must be cleared, in advance, through the Director of Media Relations and the appropriate Vice President or the Chief Executive Officer. The Media Relations Department offers technical advice and assistance in the preparation and distribution of written materials prepared for public distribution.

In cases where the written material is prepared without the direct involvement of the Media Relations Department, the Department Manager/Supervisor responsible for its creation -will ensure that the piece meets with graphic standards adopted by the District and that the Director of Media Relations reviews the written piece for feedback before it is distributed to media for public release.

III. Photographing District Facilities, Staff Members, and/or Patients

When a request for photographs is made, the Media Relations Department and/or appropriate District Department Manager/Supervisor will be notified in advance of the actual photo shoot. Prior to any individual photographs taken for the purpose of advertising and/or reporting any event or service of the District, appropriate approvals will be secured from individuals who will appear in the photographs using the forms indicated in AP 163.

At no time shall any patient and/or visitor, be photographed without prior express written consent of that individual and/or their responsible relative or guardian.

IV. Kaweah Delta Health Care District-Physician Marketing Practices

- I. All marketing campaigns or initiatives that identify independent physician(s) and/or group practices, either directly or indirectly must be reviewed and approved by the ~~Compliance and Privacy Officer~~Chief Compliance Officer (or designee) in advance of the publication.
- II. The District shall not advertise and/or otherwise promote a particular physician office or physician's group practice except as outlined below:
 - A. The advertising or marketing must not be directly or indirectly solicited or otherwise requested by the physician, unless the physician pays a proportionate amount of the related expense.
 - B. The advertising or marketing for District services may provide a simplified, yet all-inclusive listing of physician(s) who are credentialed at the District. This incidental benefit should be made available to all

physicians regardless of their specialty with similar practice area and contact information provided for each.

- C. To the extent that the District engages in a joint marketing or advertising campaign that does not just market or promote the District but also focuses on one or more independent physicians or groups, the District shall allocate proportionate costs to the physician(s)/group(s) and include a handling charge at Fair Market Value ("FMV").
- D. A direct mail or print advertisement announcing a new physician on staff is permissible only if paid for by the physician or provided as a part of contractual consideration agreed to in advance.
- E. The District may promote a story (via print, radio, television, or otherwise) that contains the name and/or picture of a physician so long as the advertisement provides factual information about services provided by the District and does not promote the specific physician.

The District may sponsor and promote a community presentation by a physician on a specific health topic provided the promotion is about the health topic and not about the physician.

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Policy Number: AP158	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Solicitation, Fundraising and Distribution of Materials	

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

Policy: Kaweah Delta supports community organizations who engage in health-related charitable and fundraising activities/events that are consistent with or advance Kaweah Delta’s mission. To avoid disruption of healthcare operations or disturbance to patients, and to maintain appropriate order and discipline, solicitation and distribution of literature on Kaweah Delta premises and among Kaweah Delta staff shall be governed by the following procedures.

Definitions:

Distribution: Disbursing, delivering, issuing, or posting printed and/or electronically produced materials or items of any type.

Solicitation: Approaching, inviting, encouraging, or requesting employees, patients, or visitors to purchase goods, support an initiative or cause, become members of an organization, or make contributions of time, money, merchandise, or property.

Working time: The time when an employee is scheduled and expected to be properly engaged in performing his/her work tasks. Working time does not include authorized break periods or meal periods when the employee is not expected to be properly engaged in performing work-related activities or duties.

For Profit: Net proceeds to recognized organizations or Kaweah Delta Departments do not meet the definition of “sale of goods for profit” under the terms of this policy.

Procedure:

- I. All solicitation and/or distribution of materials within Kaweah Delta facilities and among Kaweah Delta staff, patients, and the public, are subject to the following rules:
 - A. Kaweah Delta employees may not solicit or distribute materials at any time, for any purpose, during working time (see definition above).
 - B. Kaweah Delta employees may not solicit or distribute materials at any time, for any purpose, in patient care areas, or other areas where healthcare

operations occur. Examples include, but are not limited to, patient rooms and places where patients receive treatment, or in any other area that would cause disruption of health care operations including corridors in patient treatment areas or rooms used by patients and/or physicians.

- C. Kaweah Delta has implemented the use of electronic mail (email) as a method to conduct and facilitate health care operations. Thus, Kaweah Delta employees may not solicit or distribute materials at any time using Kaweah Delta Email.
 - i. NOTE: Solicitations related to activities administered by Kaweah Delta or the Kaweah Delta Hospital Foundation are not subject to this provision. Examples include communications from the Kaweah Delta Hospital Foundation and from Kaweah Korner.
- D. Kaweah Delta maintains bulletin boards located throughout its facilities for the purpose of communicating with its employees. Postings on these boards are limited to Kaweah Delta-related material including statutory and legal notices, safety and disciplinary rules, Kaweah Delta policies, memos of general interest related to Kaweah Delta, operating rules and procedures, and other Kaweah Delta items. All postings concerning the solicitation or distribution of materials must be compliant with the terms of the policy.
 - i. Note: All postings on bulletin boards located in employee lounges or breakrooms concerning the solicitation or distribution of materials must be compliant with the terms of the policy.
- E. Kaweah Delta Health Care District (Public Agency) shall not conduct raffle or opportunity prize drawings.
- F. Solicitation or distribution of materials in any way connected with the sale of any goods or services for profit is strictly prohibited, at any time by or among Kaweah Delta staff, patients or visitors. Examples include, but are not limited to, Mary Kay, Arbonne, Herbalife, Amway, or any other type of product, good, or service, sold for profit.
- G. Solicitations or distribution of materials in any way connected to a political party or religious organization are prohibited.

II. Permitted Activities:

- A. Kaweah Delta Hospital Foundation sponsored activities or other efforts to support and further the mission of Kaweah Delta. Examples include, but are not limited to, the Foundation Golf Classic, Kaweah Delta Foundation Campaigns, Grand Vacation and Kaweah Kids Tricky Tray Opportunity Prize Drawings.
 - i. NOTE: The Kaweah Delta Hospital Foundation (a private, tax-exempt nonprofit organization) shall conduct Opportunity Prize Drawings in a manner not to implicate California Penal Code 320.5. Thus, all Opportunity Prize Drawings shall not require participants to pay for a chance to win. All tickets shall specify “No Purchase Necessary” to participate in the Drawing.

- B. Solicitations for Approved Community Organizations (see definition below) for fundraising purposes are permitted by employees following the procedures outlined in Section I (above). Examples include, but are not limited to:
 - i. Opportunity prize drawing conducted by Approved Community Organizations authorized to conduct drawings.
 - ii. Donation of money or items. Examples: Cancer Relay for Life, Toy Drive, Coat Drive, School Walk-A-Thon.
 - iii. Sale of product by Approved Community Organization. Examples: T-shirt proceeds, candy bars for school/band.
 - C. Distribution of materials for events sponsored by, or for the benefit of, Kaweah Delta are permitted. Examples: Visalia Harvest Run, Panera Bread Promotion, Samaritan Center Ice-Cream Social.
- III. Approved Community Organizations: Kaweah Delta supports community organizations who engage in health-related charitable, local schools, and community fundraising activities and events that are consistent with or advance Kaweah Delta's mission.
- A. All requests for consideration must be submitted to the ~~Compliance and Privacy Officer (CPO)~~Chief Compliance Office (CPO) and the Vice President (VP) ~~of Human Resources (Human Resources)~~Chief Human Resources Officer (CHRO) for review.
 - B. When necessary, the VP ~~of HR~~CHRO will present the request or Community Organization to the Executive Team for review and approval.
- IV. Solicitation or Distribution by Non-employees:
- A. Persons and organizations who are not employed by Kaweah Delta may not solicit or distribute literature at any time, for any purpose. Notwithstanding this policy, organizations which do business with Kaweah Delta or whose activities advance the mission of Kaweah Delta or who engage in charitable activities consistent with the mission of Kaweah Delta, may be granted permission to engage in solicitation or distribution, provided such permission must be specifically granted in writing by the Chief Executive Officer or designee.
 - B. Solicitation by Employee Organizations:
Access to the premises of the Kaweah Delta, and contacts with Kaweah Delta employees, by the representatives of employee organizations that have not been recognized by Kaweah Delta pursuant to Kaweah Delta's Resolution shall be governed by the provisions of the Meyers-Milias-Brown Act, Government Code Sections 3500 et seq., as interpreted by the Public Employees Relations Board and/or courts of competent jurisdiction.
- V. Visits by Vendor Representatives
- A. Visits by Vendor Representatives shall be managed by the procedures

outlined in AP.14 Department Visits by Vendor Representatives.

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approval



Policy Number: AP110	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Reporting requirements for drug diversion illegal substance abuse or controlled substance abuse	

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

POLICY: Kaweah Delta Health Care District is committed to maintaining a safe environment for patients, staff and visitors. Confirmed incidents of drug diversion will be reported to the appropriate agencies.

DEFINITION: Drug diversion – To obtain, possess, prescribe, or use any controlled substance or drug in violation of state or federal law.

PROCEDURE:

1. When suspicious patterns of activity are identified or other reasonable cause to suspect drug diversion is present an investigation will be initiated.
2. The Vice President, or their designee, of the involved department will collaborate with Human Resources, Pharmacy, and Risk Management in investigating the suspected drug diversion.
3. Confirmed cases of drug diversion will be reported to:
 - a. Drug Enforcement Agency - by Pharmacy;
 - b. California Board of Pharmacy - by Pharmacy;
 - c. Professional licensing or certifying board of the person confirmed to have diverted drugs – by Human Resources
 - d. Visalia Police Department and/or other law enforcement agency - by ~~Human Resources~~Pharmacy
 - e. California Department of Public Health - by Risk Management
4. Drug diversion will be considered confirmed if after investigation there is:
 - a. An admission of guilt by the person suspected;
 - a-b. Refusal to consent to drug testing or to authorize a release of the test results per Human Resources Policy HR.200 Drugs and Alcohol by the person suspected;
 - b-c. Sufficient evidence of drug diversion to ~~terminated~~ terminate the person suspected and all appeals to that termination have been exhausted per Human Resources Policy HR.218 NOTIFICATION REQUIREMENTS, PRE-DETERMINATION PROCESS AND APPEAL PROCESS FOR

INVOLUNTARY TERMINATION, SUSPENSION WITHOUT PAY FOR MORE THAN FIVE DAYS AND DEMOTION;

e.d. Evidence of patient harm or an adverse event directly related to the drug diversion.

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approval



Policy Number: BOD5	Date Created: 11/01/2011
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Conflict of Interest	

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

POLICY: Government Code Section 87300 requires each state and local government agency to adopt and promulgate a Conflict of Interest Code. The Fair Political Practices Commission has adopted Section 18730 of Title 2 of the California Code of Regulations, which contains the terms of a model conflict of interest code (hereinafter "Standard Code") which may be adopted by reference by any state or local agency which desires to do so. For the purpose of providing a conflict of interest code for Kaweah Delta Health Care District, its Board of Directors, and its employees, the terms of the Standard Code and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference and made a part hereof as if set forth herein at length, and, along with Exhibits A and B attached hereto, in which officials and employees are designated and disclosure categories are set forth, such Standard Code shall constitute the Conflict of Interest Code for Kaweah Delta Health Care District, its Board of Directors, and its employees. The Chief Executive Officer shall ensure that a current copy of the Standard Code is kept on file in the District’s administrative office with this Conflict of Interest Code. A copy of the current version of the Standard Code is attached hereto as “Exhibit C” for information purposes only.

Pursuant to Section 4 of the Standard Code, designated employees shall file statements of economic interests with the Chief Executive Officer of Kaweah Delta Health Care District. Upon receipt of the statements filed by the designated employees of the department, the Chief Executive Officer shall make and retain a copy and forward the original of these statements to the code reviewing body, which in this case is the Tulare County Board of Supervisors.

Adopted by the Board of Directors of Kaweah Delta Health Care District effective April 27, 2020.

PROCEDURE:**I. Members, Board of Directors and Chief Executive Officer**

All members of the Kaweah Delta Health Care District Board of Directors and the individual occupying the position of Chief Executive Officer must complete and file Statements of Economic Interest with the Office of the Chief Executive Officer. Disclosure must include items listed in Exhibit "B"

II. Other Affected Positions

Individuals occupying positions as noted in Exhibit "A" are also required to complete and file, with the office of the Chief Executive Officer of Kaweah Delta Health Care District, Statements of Economic Interest. The types of interest to be disclosed are identified on "Exhibit B" per position held with the District.

III. Filing Deadlines

Individuals required to complete and file Statements of Economic Interest must do so with the appropriate office:

- A. within thirty (30) days after the effective date of the adoption of the Conflict of Interest Code;
- B. within thirty (30) days after assuming a position requiring filing such Statement;
- C. within thirty (30) days after leaving a position requiring filing of such Statement; and,
- D. annually, during the month of January, no later than April 1, for each year in which the individual occupies a position requiring a Statement.

EXHIBIT "A"

KAWEAH DELTA HEALTH CARE DISTRICT

CONFLICT OF INTEREST CODE

Disclosure Categories

<u>Designated Positions</u>	<u>Category of Interests Required to be Disclosed</u>
Members of the Board of Directors	1
Employees	
Chief Executive Officer	1
Vice President, Chief Financial Officer	1
Senior Vice President, Chief Operating Officer <u>Ancillary & Support Services</u>	1
Vice President, Chief Quality Officer	1
Vice President, Chief Medical Officer	1
Vice President, Chief Nursing Officer	1
Vice President, Chief Information Officer	1
Vice President, Chief of Human Resources <u>Officer</u>	1
Vice President of Chief <u>Strategic Planning & Development Officer</u>	1
<u>Vice President, Cardiac & Surgical Services</u>	<u>1</u>
<u>Vice President, Rehabilitation and Post Acute Services</u>	<u>1</u>
<u>Vice President, Population Health & CEO Sequoia Health and Wellness Center (SHWC)</u>	<u>1</u>
District Chief <u>Compliance & Privacy Officer</u>	1
Director Internal Audit <u>of Audit and Consulting</u>	1
Director of Procurement and Logistics Material Management	1
Kaweah Delta Medical Foundation Chief Executive Officer	1
Kaweah Delta Medical Foundation Chief Financial Officer	1
Director of Risk Management	1
Director of Facilities and Security	1
Director of Facilities Planning <u>Services</u>	1
All Directors of Kaweah Delta Health Care District	4B
Consultants	
Legal Counsel to the Board of Directors	1

["Consultants may be designated employees who must disclose financial interests as determined on a case-by-case basis. The District must make a written determination whether a consultant must disclose financial interests. The determination shall include a description of the consultant's duties and a statement of the extent of the disclosure requirements, if any, based upon that description. All such determinations are public records and shall be retained for public inspection with this conflict of interest code.

["Consultants can be deemed to participate in making a governmental decision when the consultant, acting within the authority of his or her position:

- (1) Negotiates, without significant substantive review, with a governmental entity or private person regarding certain governmental decisions; or*
- (2) Advises or makes recommendations to the decision-maker either directly or without significant intervening substantive review, by:*
 - a. Conducting research or making an investigation, which requires the exercise of judgment on the part of the person and the purpose of which is to influence a governmental decision; or*
 - b. Preparing or presenting a report, analysis, or opinion, orally or in writing, which requires the exercise of judgment on the part of the person and the purpose of which is to influence the decision."*

(From the Tulare County Counsel)

{A consultant is also subject to the disclosure requirements if he/she acts in a staff capacity (i.e., performs the same or substantially all the same duties that would otherwise be performed by an individual holding a position specified in the Code).}

EXHIBIT "B"**KAWEAH DELTA HEALTH CARE DISTRICT**

CONFLICT OF INTEREST CODE

Disclosure Categories1. **Full Disclosure:**

Designated persons in this category must report:

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

2. **Full Disclosure (excluding interests in real property):**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments.

3. **Interests in Real Property (only):**

All interests in real property located entirely or partly within this District's jurisdiction or boundaries, or within two miles of this District's jurisdiction or boundaries or of any land owned or used by this District. Such interests include any leasehold, ownership interest or option to acquire such interest in real property.

4. **General Contracting (two options):**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies, materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the District.

[Intended for employees whose duties and decisions involve contracting and purchasing for the entire District.]

B. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that provide, or have provided in the last two years, leased facilities, goods, supplies,

materials, equipment, vehicles, machinery, services, or the like, including training or consulting services, of the type utilized by the employee's department or division.

[Intended for employees whose duties and decisions involve contracting and purchasing for a specific department or division of the District.]

5. **Regulatory, Permit or Licensing Duties:**

All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, from sources that are subject to the regulatory, permit or licensing authority of, or have an application for a license or permit pending before, the employee's department or division, or the District.

6. **Grant/Service Providers/Departments that Oversee Programs:**

A. All investments, business positions, ownership and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization, if the source is of the type to receive grants or other monies from or through a specific department or division of the District.

[Intended for employees whose duties and decision involve awards of monies or grants to organizations or individuals.]

EXHIBIT "C"**KAWEAH DELTA HEALTH CARE DISTRICT****CONFLICT OF INTEREST CODE****Standard Code****§ 18730. Provisions of Conflict of Interest Codes.**

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code section 87300 or the amendment of a conflict of interest code within the meaning of Government Code section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Government Code sections 81000, *et seq.* The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Government Code section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Section 1. Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (2 Cal. Code of Regs. sections 18100, *et seq.*), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Section 2. Designated Employees.

The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Section 3. Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Government Code section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Government Code sections 87200, *et seq.*

In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:

(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;

(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Government Code section 87200; and

(C) The filing officer is the same for both agencies. ¹

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in his or her statement of economic interests those economic interests he or she has which are of the kind described in the disclosure categories to which he or she is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which he or she foreseeably can affect materially through the conduct of his or her office.

(4) Section 4. Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code. ²

(5) Section 5. Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.

(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided he or she did not make or participate in the making of, or use his or her position to influence any decision and did not receive or become entitled to receive any form of payment as a result of his or her

appointment. Such persons shall not file either an assuming or leaving office statement.

(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

(1) File a written resignation with the appointing power; and

(2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation he or she did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Section 6. Contents of and Period Covered by Statements of Economic Interests.

(A) Contents of Initial Statements.

Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

(B) Contents of Assuming Office Statements.

Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Government Code section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to 2 Cal. Code Regs. section 18754.

(D) Contents of Leaving Office Statements.

Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Section 7. Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investments and Real Property Disclosure.

When an investment or an interest in real property³ is required to be reported,⁴ the statement shall contain the following:

1. A statement of the nature of the investment or interest;
2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
3. The address or other precise location of the real property;
4. A statement whether the fair market value of the investment or interest in real property equals or exceeds two thousand dollars (\$2,000), exceeds ten thousand dollars (\$10,000), exceeds one hundred thousand dollars (\$100,000), or exceeds one million dollars (\$1,000,000).

(B) Personal Income Disclosure. When personal income is required to be reported,⁵ the statement shall contain:

1. The name and address of each source of income aggregating five hundred dollars (\$500) or more in value, or fifty dollars (\$50) or more in value if the income was a gift, and a general description of the business activity, if any, of each source;
2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was one thousand dollars (\$1,000) or less, greater than one thousand dollars (\$1,000), greater than ten thousand dollars (\$10,000), or greater than one hundred thousand dollars (\$100,000);
3. A description of the consideration, if any, for which the income was received;
4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;
5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,⁶ the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;
2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than ten thousand dollars (\$10,000).

(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which he or she is a director, officer, partner, trustee, employee, or in which he or she holds any

position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.

(8) Section 8. Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (a), (b), and (c) of Government Code section 89501 shall apply to the prohibitions in this section.

This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Government Code section 89506.

(8.1) Section 8.1 Prohibition on Receipt of Gifts in Excess of \$390.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$390 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests. This section shall not apply to any part time member of the governing board of any public institution of higher education, unless the member is also an elected official.

Subdivisions (e), (f), and (g) of Government Code section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.

(A) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of his or her election to office through the date that he or she vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

1. Loans made to the campaign committee of an elected officer or candidate for elective office.
2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans from a person which, in the aggregate, do not exceed five hundred dollars (\$500) at any given time.
4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Section 8.3. Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of his or her election to office through the date he or she vacates office, receive a personal loan of five hundred dollars (\$500) or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.
2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Section 8.4. Personal Loans.

(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.
2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:
 - a. The date the loan was made.
 - b. The date the last payment of one hundred dollars (\$100) or more was made on the loan.
 - c. The date upon which the debtor has made payments on the loan aggregating to less than two hundred fifty dollars (\$250) during the previous 12 months.

(B) This section shall not apply to the following types of loans:

1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
2. A loan that would otherwise not be a gift as defined in this title.
3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.
4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.
5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Section 9. Disqualification.

No designated employee shall make, participate in making, or in any way attempt to use his or her official position to influence the making of any governmental decision which he or she knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of his or her immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth two thousand dollars (\$2,000) or more;

(B) Any real property in which the designated employee has a direct or indirect interest worth two thousand dollars (\$2,000) or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating five hundred dollars (\$500) or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$390 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

(9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent his or her participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make his or her participation legally required for purposes of this section.

(9.5) Section 9.5. Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use his or her official position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom the state administrative official, or any member of his or her immediate family has, within 12 months prior to the time when the official action is to be taken:

(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or

(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value one thousand dollars (\$1,000) or more.

(10) Section 10. Disclosure of Disqualifying Interest.

When a designated employee determines that he or she should not make a governmental decision because he or she has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Section 11. Assistance of the Commission and Counsel.

Any designated employee who is unsure of his or her duties under this code may request assistance from the Fair Political Practices Commission pursuant to Government Code section 83114 and 2 Cal. Code Regs. sections 18329 and 18329.5 or from the attorney for his or her agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

(12) Section 12. Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Government Code sections 81000 – 91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Government Code section 87100 or 87450 has occurred may be set aside as void pursuant to Government Code section 91003.

NOTE: Authority cited: Section 83112, Government Code.

Reference: Sections 87103(e), 87300-87302, 89501, 89502 and 89503, Government Code.

¹ Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Government Code section 81004.

²See Government Code section 81010 and 2 Cal. Code of Regs. section 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.

³For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.

⁴Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata

share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.

⁵A designated employee's income includes his or her community property interest in the income of his or her spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.

⁶Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.

"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.12	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 09/03/2019
Approvers: Board of Directors (Administration)	
Equal Employment Opportunity (EEO)	

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POLICY:

Kaweah Delta maintains a policy of nondiscrimination with employees and applicants for employment, student interns and volunteers. Kaweah Delta policy prohibits unlawful discrimination or retaliation based on race, color, ancestry, religion, religious creed (including religious dress and grooming), sex, (including breastfeeding and related medical conditions), sexual orientation (including those who identify as transgender, transgender transitioning, gender expression, gender roles, gender identity), sexual harassment, victim of domestic violence, sexual assault or stalking, national origin, disability, medical condition, mental health conditions such as depression and post-traumatic stress disorder, genetic information (GINA Act of 2008), marital status, pregnancy, age, military and veteran services, or any other characteristic protected by law.

Deleted: Kaweah Delta maintains a policy of nondiscrimination with employees and applicants for employment, student interns and volunteers. Kaweah Delta policy prohibits unlawful discrimination or retaliation base

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This policy applies to all employees and individuals involved in the operations of Kaweah Delta, including but not limited to, employees, vendors, independent contractors, individuals working through a temporary service, unpaid interns, students, or volunteers, and others doing business with Kaweah Delta.

Retaliation is prohibited:

- a. against an individual for filing a charge of discrimination, participating in an investigation, opposing discriminatory practices, and/or coverage under the State's Whistleblower Statute (prohibiting employers from retaliating against employees who report a violation to their employer, rather than the government, protecting employees from "anticipatory retaliation," expanding the protections of the law to include individuals who disclose the information/make the complaint as part of their job duties, covering employees who report violations of local laws, and covering employees who provide information to public bodies).
- b. against an employee who is a family member of a person who has or is perceived to have engaged in protected activities such as managing complaints about working conditions, pay, or whistleblowing;

- c. against employees who request an accommodation regardless of whether the accommodation is granted;

All aspects of pre-employment and employment within Kaweah Delta will be governed on the basis of merit, competence, and qualifications. Decisions made with respect to recruitment, hiring and job placement for all positions will be made solely on the basis of the individual qualifications related to the requirements of the position. Likewise, the administration of all other personnel matters such as compensation, assignment, or classification of employees; transfer, promotion, termination, layoff, or recall; job advertisements; testing; use of company facilities; training and apprenticeship programs; fringe benefits; pay, retirement plans, and disability leave; discharge; or other terms and conditions of employment will be free from illegal discriminatory practices.

- a) Employment decisions based on stereotypes or assumptions about the abilities, traits, or performance of individuals of a certain sex, race, including traits historically associated with race, including, but not limited to, hair texture and protective hairstyles, defined as braids, locks and twists, age, religion, or ethnic group, or individuals with disabilities;

Deleted: In accordance with California AB 1443 Kaweah Delta will not tolerate discrimination against any person in the selection, termination, training, or other terms or treatment of that person in an unpaid internship, or another limited duration program to provide unpaid work experience for that person, or the harassment of an unpaid intern or volunteer because of any of the protected categories.¶¶

- b) Denying employment opportunities to a person because of marriage to, or association with, an individual protected by this policy. Discrimination is also prohibited because of participation in schools or places of worship associated with a particular racial, ethnic, or religious group;

Deleted: of a particular race, religion, national origin, or an individual with a disability

- c) In accordance with California AB 1443 Kaweah Delta will not tolerate discrimination against any person in the selection, termination, training, or other terms or treatment of that person in an unpaid internship, or another limited duration program to provide unpaid work experience for that person, or the harassment of an unpaid intern or volunteer because of any of the protected categories.

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- d) Any other consideration made unlawful by Federal, State or local laws.

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To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Kaweah Delta will make reasonable accommodations for known physical or mental limitations whether 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

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identify what accommodation is needed to perform the job. Kaweah Delta will take steps to identify the barriers that make it difficult for the applicant or employee to perform the job, and will identify possible accommodations, if any, that will enable the individual to perform the essential functions of the job. If the accommodation is reasonable and will not impose an undue hardship, Kaweah Delta will meet the request.

Kaweah Delta is committed to complying with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in the operations of Kaweah Delta and prohibits unlawful discrimination by any employee of Kaweah Delta, including management personnel, supervisors, co-workers and third parties.

If an employee believes that they have been subjected to any form of unlawful harassment or discrimination, they are to report their concerns to any Kaweah Delta department head, manager, supervisor, Compliance Officer (or directly through the Compliance Call Line), Vice President, the Chief Executive Officer or the Vice President of Human Resources as soon as possible after the incident. The concerns should include details of the incident or incidents, names of the individuals involved and names of any witnesses. It is helpful that any such reports of harassment be in writing so that there is no misunderstanding as to the nature of the conduct in question. Department heads, managers or supervisors will refer all harassment complaints to the Vice President of Human Resources or the Chief Executive Officer. Kaweah Delta will immediately undertake an effective, thorough and objective investigation of the harassment or discrimination allegations and provide:

- Confidentiality to the extent possible
- Timely response
- Impartial and timely investigations by qualified personnel
- Document and tracking for reasonable progress
- Options for remedial actions and resolutions
- Timely closure,

If Kaweah Delta determines that a violation of this policy has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by Kaweah Delta to have violated this policy will be subject to appropriate Disciplinary Action, up to and including termination of employment. Kaweah Delta will not retaliate against an employee for filing a complaint and will not tolerate or permit known retaliation by management, employees or co-workers.

Kaweah Delta encourages all employees to report any incidents of harassment or discrimination forbidden by this policy immediately so that complaints and concerns can be quickly and fairly resolved. Complaints may also be made to the Department of Fair Employment and Housing and/or the Equal Employment Opportunity Commission.

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ADDITIONAL INFORMATION:

- I. Human Resources will be responsible for formulating, implementing, coordinating and monitoring all efforts in the area of EEO. Human Resource duties relating to EEO compliance will include, but is not necessarily limited to:
 - A. assisting management in collecting and analyzing employment data;
 - B. collecting necessary information and completing an Employer Information Report (EEO-4) for annual submission to the government;
 - C. developing policy statements and recruitment procedures designed to comply with Kaweah Delta's equal employment philosophy; and
 - D. complying with various reporting requirements and posting notices required to ensure full compliance with all employment-related laws and regulations.
- II. Human Resources will also provide all applicants for employment a California Employment Applicant Data Form and maintain those forms in a place separate from applications and/or Personnel files.
- III. Any communication from an applicant for employment, an employee, a government agency or an attorney concerning any Equal Employment Opportunity (EEO) matter will be referred to the Vice President of Human Resources.

IV. Any questions regarding the interpretation of this manual should be referred to the Vice President of Human Resources. No changes will be made in any policy and procedure or any deviations authorized without the express written permission of the Chief Executive Officer.

"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."

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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.13	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: 06/18/2020
Approvers: Board of Directors (Administration)	
Anti-Harassment and Abusive Conduct	

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

POLICY:

It is the policy of Kaweah Delta to provide a work environment free from abusive conduct, sexual or unlawful harassment, and/or any behaviors that undermine a culture of safety. This includes, but is not limited to, race, color, ancestry, religion, religious creed (including religious dress and grooming), sex (including breastfeeding and related medical conditions), sexual orientation (including those who identify as transgender, transgender transitioning, gender expression, gender roles, gender identity), sexual harassment, victim of domestic violence, sexual assault or stalking, national origin, disability, medical condition, mental health conditions such as depression and post-traumatic stress disorder, genetic information (GINA Act of 2008), marital status, same-sex marriage, pregnancy, age, military and veteran services, or any other characteristic protected by law.

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This policy applies to all employees and individuals involved in the operations of Kaweah Delta, including but not limited to, employees, vendors, independent contractors, individuals working through a temporary service agency, unpaid interns, students, or volunteers, and others doing business with Kaweah Delta.

Harassment and Abusive Conduct as defined is prohibited by Kaweah Delta and is against the law. All must be aware of:

- a. What Sexual Harassment and Abusive Conduct is;
- b. Steps to take if harassment occurs;
- c. Prohibition against retaliation for reporting

Deleted: harassment or abusive conduct as a result of one's race, religion, religious creed (including ¶ religious dress and grooming), color, national origin, ancestry, disability (mental and physical) ¶ including HIV and AIDS, medical condition, marital status, age, age, sex (including pregnancy, childbirth, ¶ medical conditions related to pregnancy, childbirth, or breastfeeding), gender, gender identity, and ¶ gender expression, transgender, transsexual, sexual orientation, genetic information (GINA act of ¶ 2008), equal pay/compensation, military and veteran status or any other basis made unlawful by ¶ federal, state or local ordinance or regulation is prohibited. This policy applies to all phases of the ¶ employment relationship, including recruitment, testing, selection, hiring, promotion, demotion, ¶ transfer, layoff, termination, rate of pay, benefits, and selection for training.

Kaweah Delta management and supervisors have a responsibility to maintain a workplace free of all forms of abusive conduct and sexual or unlawful harassment. Kaweah Delta will take all reasonable steps to prevent abusive conduct and harassment from occurring.

Sexual harassment is defined as any unwelcome sexual advances, or visual, verbal, or physical harassment of a sexual nature. It is critical to note that it is the perception of the receiver rather than the intention of the offender that will define behavior which constitutes Sexual Harassment. This definition includes various forms of offensive behavior:

1. Verbal Harassment Examples:
Sexual comments, derogatory comments or slurs, epithets, name-calling, belittling, sexually explicit or degrading words to describe an individual, sexually explicit jokes, comments about an employee's anatomy and/or dress, sexually oriented noises or remarks, questions about a person's sexual practices, use of patronizing terms or remarks, verbal abuse, graphic verbal commentaries about the body.

2. **Physical Harassment Examples:**
Physical touching, assault, impeding or blocking movement, pinching, patting, grabbing, brushing against or poking another employee's body, hazing or initiation that involves a sexual component, requiring an employee to wear sexually suggestive clothing, any physical interference with normal work or movement, when directed at an individual.
3. **Visual Harassment Examples:**
Displaying sexual pictures, derogatory posters, cartoons or drawings, displaying sexual media or electronic information, such as computer images, text messages, emails, web pages, or multimedia content, displaying sexual writings or objects obscene letters or invitations, staring at an employee's anatomy, leering, sexually oriented gestures, mooning, unwanted love letters or notes.

It is impossible to define every action or all words that could be interpreted as Sexual Harassment. The examples listed above are not meant to be a complete list of objectionable behavior nor do they always constitute Sexual Harassment.

Sexual Harassment does not typically refer to behavior or occasional compliments of a socially acceptable nature. Sexual harassment refers to behavior that is not welcome, that is personally offensive, that fails to respect the rights of others, and unreasonably interferes with work effectiveness.

Abusive Conduct is conduct of an employer or employee, in the workplace, with malice that a reasonable person would find hostile, offensive and unrelated to an employer's legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating or the gratuitous sabotage or undermining of a person's work performance.

Abusive conduct behaviors foster medical errors, contribute to poor employee and patient satisfaction, contribute to adverse outcomes, increase the cost of care, and cause employees, and individuals to seek new positions in more professional environments.

Those who are affected or witnesses of Abusive Conduct are encouraged to report any such incidences.

Examples of abusive conduct, intimidating and/or disruptive behaviors include but are not limited to:

- a. Condescending language or voice intonation;
- b. Profane or disrespectful language;
- c. Angry outbursts or yelling, raised voice, name calling;
- d. Disruption of meetings;
- e. Refusal to complete a task or carry out duties;
- f. Intentional failure to follow Kaweah Delta's policies;
- g. Retaliation against any person;
- h. Derogatory remarks about others;
- i. Inappropriate touching or assault;
- j. Starting false rumors about others; gossip
- k. Exclusion or social isolation;
- l. Throwing instruments, charts or other things;
- m. Bullying or demeaning behavior;
- n. Abusive treatment of patients or coworkers;
- o. Sexual harassment; sexual comments/innuendos;
- p. Racial, ethnic, or socioeconomic slurs;
- q. Physical attacks, pinching, patting, slapping, or unwanted touch;
- r. Non-constructive criticism to intimidate, undermine confidence, belittle;
- s. Persistent hostility toward a co-worker;

- t. Blames or shames others for possible adverse outcomes;
- u. Threatening to get someone fired;
- v. Unnecessary sarcasm or cynicism;
- w. Threats of violence or retribution;
- x. Criticizing other caregivers in front of patients or others

Overt and passive behaviors undermine team effectiveness and can compromise the safety and satisfaction of patients and employees. Disruptive behaviors are unprofessional, and are subject to Progressive Discipline (see HR.216) up to and including termination.

Unlawful harassment or abusive conduct in any form, including verbal, physical, or visual behaviors, threats, demands or harassing conduct that affect tangible job benefits, that interfere unreasonably with an individual's work performance, or that create an intimidating, hostile, or offensive working environment, is strictly prohibited. Retaliation for reporting such conduct is also prohibited.

KAWEAH DELTA'S RESPONSIBILITY

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Kaweah Delta has an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory, abusive and harassing conduct.

Every department must assure that the work environment is free from all types of unlawful discrimination – including abusive conduct and sexual harassment. Awareness of sexual harassment and abusive conduct requires prompt corrective action from supervisors and managers.

By law, management is held responsible and has personal liability regardless of whether the employer knew or should have known and/or did not do anything about the harassment, and for the actions of their staff members.

In accordance with California AB 1825, all management will receive at least two (2) hours of Sexual Harassment prevention training every two (2) years. Management who is hired, or personnel promoted to management positions will complete the training within six (6) months of hire or promotion.

In accordance with California AB 2053, abusive conduct training has been incorporated into the sexual harassment prevention training for Kaweah Delta management in order to prevent abusive conduct in the workplace. In addition, in compliance with SB1343, all employees are required to complete a dedicated one-hour training module every other year.

In accordance with SB425- Kaweah Delta will report any written complaint of sexual abuse or misconduct to the appropriate licensing board within 15 days of receiving the written complaint. Individuals may not be aware that their behavior is offensive or potentially harassing.

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GENERAL INFORMATION

Once advised of the offending behavior the problem may resolve. If an employee is found to have engaged in sexual harassment, or if a manager is aware of harassing conduct of an employee or individual doing business with the company and does nothing, condones or ratifies it, they may be personally liable for monetary damages. Kaweah Delta will not pay damages assessed against an individual personally. Kaweah Delta takes seriously its obligation to take all reasonable steps to prevent discrimination and harassment from occurring and recognizes its own responsibility and potential liability for harassment by its supervisors or agents.

If harassment does occur, Kaweah Delta will take effective action to stop any further harassment and to correct any effects of the harassment. Whenever possible personnel who feel harassed should inform the harasser that the behavior is unwelcome and unwanted. If this does not resolve the problem, or if the person feels uncomfortable in expressing their concern, they should follow the following procedure:

PROCEDURE:

- I. Any individual who believes that the actions or words of management, fellow personnel, or another person in the workplace constitutes unlawful harassment or abusive conduct, even if there is no loss of job or economic benefit, has a responsibility to report or complain as soon as possible to their chain of command or to the Vice President of Human Resources or designee or Chief Executive Officer.

Anyone with knowledge and certainly anyone in a supervisory or management role has a responsibility to inform the Vice President of Human Resources or designee as soon as possible of any complaint made consistent with this policy.

Individuals can raise concerns and make reports without fear of reprisal or retaliation. All allegations of sexual harassment will be investigated. To the extent possible, confidentiality of the reporting personnel and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure.

- II. The Vice President of Human Resources or designee will inform the complainant of their rights under appropriate law and the staff member's obligation to secure those rights. Staff members can contact the Department of Fair Employment and Housing for additional information at 800-884-1684 or at www.dfeh.ca.gov

- III. The Vice President of Human Resources or designee will conduct a thorough, objective, timely and complete investigation of the complaint and recommend imposition of appropriate disciplinary actions, up to and including immediate termination of employment, against violator(s).

The investigation process will include but not be limited to the following:

- A. A timely response;
- B. An investigation performed by qualified personnel in a timely and impartial manner;
- C. Documentation and tracking for reasonable progress;
- D. Appropriate options for remedial actions and resolutions;
- E. Closure in a timely manner

- IV. Results of the investigation will be communicated to the complainant, to the alleged harasser, and, as appropriate, to all others directly concerned.

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- V. If an investigation reveals that a member of Kaweah Delta's Medical Staff is involved or implicated, the matter will be investigated by the Vice President of Human Resources or designee in consultation with the Medical Staff Leadership. The appropriate Kaweah Delta Vice President, Chief Medical Officer and Chief Executive Officer will be kept informed as appropriate.

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"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."

draft



Policy Number: HR.75	Date Created: 06/01/2007
Document Owner: Dianne Cox (VP Chief HR Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Differential Pay-Shift, Holiday, and Weekend	

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

POLICY: Differentials will be paid to eligible employees who are scheduled for and work non-business-hour shifts.

PROCEDURE: I. Employee Eligibility

Employees with qualifying job codes are eligible for differential pay. Job codes with M-F 8:00 am - 5:00 pm (or approximate) schedules are not eligible for any differentials, unless needed to work by leadership.

II. Shift Differential Eligible Hours

Evening: 10% of the minimum of the range will be paid to non-exempt eligible job codes. A differential will be paid if the majority (i.e., more than 50%) of hours worked fall between ~~3:00 p.m.~~ and ~~11:00 p.m.~~

Nights: 15% of the minimum of the range will be paid to non-exempt eligible job codes. A differential will be paid if the majority (i.e., more than 50%) of hours worked fall between ~~11:01 p.m.~~ and ~~6:30 a.m.~~

Weekends: 10% of the minimum of the grade will be paid to all eligible licensed clinical job codes. This differential will be paid only for hours worked between 6:00 ~~p.m.~~ Friday and 6:30 p.m. Sunday; and the employee must work more than one hour within that time period.

Exception:

Pharmacists are eligible for all shift differentials.

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III. Holiday Differential

25% of the minimum of the range will be paid to employees who are required to work on the following holidays.

For New Years, Memorial Day, Labor Day, Thanksgiving and Christmas: Differential will only be paid for hours worked between 6:00 p.m. the night before the holiday until 6:30 p.m. the night of the holiday.

For Independence Day, the differential will only be paid for hours worked from 6:00 a.m. on July 4th through 6:30 a.m. July 5th.

Exception:

Private Home Care will receive a different hourly holiday differential based on where they travel. The differential will be paid for Mother's Day and Easter, in addition to all Kaweah Delta recognized holidays.

“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.”

Marketing & Community Relations Committee
Wednesday, August 5, 2020
Kaweah Delta Medical Center – 520 West Mineral King Avenue
Support Services Building- Graduate Medical Education Classroom

ATTENDING: Directors Nevin House (Chair) and Garth Gipson; Marc Mertz, Vice President of Strategic Planning & Business Development; Jennifer Corum, Senior Marketing Specialist; Raymond Macareno, Senior Communications Specialist; Laura Florez-McCusker, Director of Media Relations; Melissa Withnell, Communications Specialist; Jennifer Manduffie, Senior Graphic Designer; Yolanda Chavez, Senior Graphic Designer; Kaci Hansen, Social Media Specialist; Maria Rodriguez Ornelas, Communications Specialist; and Kelsie Davis, recording.

Called to order at 10:00AM

Public/Medical Staff Participation- None.

Kaweah Connect- *Malinda Tupper, Chief Financial Officer and Alicia Rodriguez, Revenue Cycle Manager.*

- Malinda and Alicia review the presentation that is attached to the minutes.
- On the texting portion of the presentation, there was a question on if there was a regular person or manual replies. Alicia noted it was a manual reply due to budget restrictions.
- Nevin noted we should dedicate parking stalls for expecting mothers.
- Marc noted we should send a confirmation text after they preregister online.

Community Engagement- *Deborah Volosin, Director of Community Engagement*

- Deborah gave a verbal update on our analytics form our last Town Hall with Garth.
- Deborah also noted that our next Town Hall is October 1st with Nevin House hosting.
- Deborah reviewed the slides that are attached to the minutes reviewing our community engagement and employee huddle analytics.
- Deborah noted that the Speaker's Bureau will start again via zoom.

Marketing- *Karen Tellalian, Interim Director of Marketing*

- Marc introduced Karen.
- Karen noted we are in negotiations for titled sponsor for the World Ag Expo.
- Jennifer Corum updated the group with the current marketing campaigns.

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

- This was diverted to next month. Laura will be first on the agenda.

Adjourned- 11:00AM

Nevin House, Chair

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

OPEN Audit and Compliance Committee

Tuesday, August 11, 2020

**Conference Room – Kaweah Delta Health Care District, Support Services Building, 2nd Floor
Copper Room**

ATTENDING:

Directors; Herb Hawkins (Chair) & Nevin House; Gary Herbst, CEO; Ben Cripps, Chief Compliance Officer; Suzy Plummer, Director of Audit and Consulting Services; Amy Valero, Compliance Manager

Via Conference Line: Dennis Lynch, Legal Counsel; Keri Noeske, Interim VP Chief Nursing Officer; Malinda Tupper, Chief Financial Officer; Lisa Wass, Compliance Analyst

Guests Via Conference Line: Jennifer Stockton, Director of Finance; Kari MacDonald, Finance Manager; Brian Conner, Moss Adams; Chris Pritchard, Moss Adams; John Feneis, Moss Adams

Herb Hawkins Called to order at 10:00AM – A verbal role call was taken via Go to Meeting and no public attendance was noted.

Public/Medical Staff participation – None

1. Audit Entrance Presentation Fiscal Year 2020 Financial Statement Audit – Brian Conner introduced the new Financial Statement Audit Engagement Team, stating that he is required to rotate off of the Kaweah Delta assignment as Engagement Partner. He introduced the team and indicated that the new Engagement Partner, Chris Pritchard, is not new to Kaweah Delta as he had previously served as the Reviewing Partner on previous engagements. Next, Mr. Pritchard began with an overview of the audit process that will be undertaken and then turned it over to Mr. Feneis to review the presentation in detail. (see attached documents in the packet).

Mr. Feneis reviewed the significant areas of focus for the audit, discussed CARES Act funding including the Single Audit requirements, as well as other areas. There was some discussion surrounding changes in certain Governmental Accounting Standards, and their impact to Kaweah Delta. Jennifer Stockton noted that bond rating agencies account and adjust for differences between the Governmental and Financial Accounting Standards. The Committee was given the opportunity to ask questions.

2. Written Reports –

2.1. Compliance Program Activity Report –

Ben Cripps presented the Quarterly Open Compliance Program Activity Report – Mr. Cripps updated the Committee on the implementation of an Operational Compliance Committee introduced last week. The Committee involves the high-risk areas including Patient Access,

Health Information Management (Coding), Patient Accounting, Revenue Integrity, and Case Management. Mr. Cripps stated that Committee participation will expand over time. The goal of the Committee is to influence core compliance practices through the development of Departmental processes surrounding regulations, policies, auditing and monitoring, and education. A discussion was held concerning Area Compliance Experts (ACE). Gary suggested a reinstatement of the ACE program, as he felt it was extremely successful. The Committee was given the opportunity to ask questions.

Next, Mr. Cripps provided a brief update on the new Anesthesia Medical Group. Compliance is overseeing the formation and implementation of a new local Anesthesia group. Mr. Cripps informed the Committee the project is on track and going well. The Committee was given the opportunity to ask questions.

Next, Mr. Cripps updated the Committee on the Skilled Nursing Facility Rural Health Podiatry Visits billing process. Mr. Cripps stated that as a part of the Medical Director review process, a new revenue opportunity has been identified. Podiatry services, currently provided in the Skilled Nursing Facility and paid under a Medical Director Agreement, qualify for reimbursement under the Rural Health Clinic benefit. Mr. Cripps is working with Leadership to modify the RHC Billing System and amend the Podiatry Professional Services Agreement. The Committee was given the opportunity to ask questions.

2.2 Conflict of Interest Report – Suzy Plummer reviewed the results from the Conflict of Interest Annual Review. The Conflict of Interest Process is a process that requires certain employees, Board Members and other designees, to complete the Statement of Economic Interest (Form 700) annually and when entering or leaving office. The purpose of the review is to determine if designated individuals are completing the form as required. Ms. Plummer noted improvement from the previous year and cited the implementation of a new process for terminated employees. She also noted that this was the first year that the completed forms had to be submitted by the Board Clerk to the County. In previous years they were kept on file in the Board Clerk’s office. The Committee was given the opportunity to ask questions.

3. Verbal Reports –

3.1 – Mr. Cripps provided a verbal update to the Committee regarding the Compliance Program structure. Effective July 1, 2020, Malinda Tupper and Gary Herbst approved expansion of the Compliance Program to include the oversight of Physician Contracts. The change will allow for increased oversight, financial management, and compliance. The change occurred as a result of Mr. Cripps’s increasing involvement in the Physician Contracting process. The Committee was given the opportunity to ask questions.

3.2 – Ms. Plummer provided a verbal update, informing the Committee of a review involving Denials, Underpayments and Write-offs. This area is an important function of the revenue cycle process, and was selected due to the changes to Cerner, Management oversight, and

responsibility of those completing the work. Ms. Plummer will provide an update at the next Committee meeting. The Committee was given the opportunity to ask questions on all matters presented.

Ms. Plummer provided an update, informing the Committee that the Audit and Consulting team has been heavily involved with work involving tracking and monitoring of COVID relief funds. There are multiple work groups being facilitated by Diana Saechao and key members from Finance, Patient Accounting, Revenue Integrity, and Kaweah Delta Medical Foundation (KDMF). The workgroups are focused on identifying and tracking expenses, monitoring lost revenue, and tracking of all incoming funds and related requirements. Ms. Plummer also noted that a team is looking at reimbursement of uninsured patients related to COVID, as well as other billing impacts. The Committee was given the opportunity to ask questions.

Approval of Closed Meeting Agenda – Kaweah Delta Health Care District – Kaweah Delta Support Services Building, 2nd Floor Copper Room – Go to Meeting immediately following the open meeting

- Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) (14 cases) – *Ben Cripps and Dennis Lynch, Legal Counsel*

Committee members approved the closed agenda.

Meeting adjourned at 11:08 AM to Closed Session.

Herb Hawkins, Committee Member

THESE COMMITTEE MINUTES WERE APPROVED FOR DISTRIBUTION TO THE BOARD ON 8/17/20.

Academic Development Committee

Thursday March 12, 2020

Executive Office Conference Room

ATTENDING: Directors: Lynn Havard Mirviss (chair) & Garth Gipson; Gary Herbst, Chief Executive Officer; Lori Winston, M.D., Vice President Medical Education & Designated Institutional Officer; Amy Shaver, Director of GME, James McNulty, Director of Pharmacy; R. Gates, VP Population Health; Cindy Moccio, Executive Assistant to CEO & Board Clerk, Recording

Called to order at 3:00PM

Public Participation – None.

ACADEMIC DEVELOPMENT MISSION AND PURPOSE – Review and discussion of committee mission and purpose (copy attached to the original of these minutes and considered a part thereof) -

Academic Development Committee Members

- Review and discussion of the draft mission and purpose.
- The GME budget will be reviewed by this committee prior to going to the Board for approval. The ongoing performance against the budget will be presented at each Academic Development committee meeting including budget to actual results.
- Discussion regarding how inclusive this committee should be. Mr. Herbst noted that nursing education is discussed at the Human Resources Committee including the education and training of nurses.
- It was agreed that this committee should acknowledge the relationship between GME and nursing.

OVERVIEW OF THE ORGANIZATION'S ACADEMICS - Organizational charts, annual process timeline, current trainee volumes, and retention rates - *Lori Winston, M.D., Vice President Medical Education & Designated Institutional Officer*

- Discussion of how we onboard new residents to welcome them to the community. Mr. Herbst gave an overview of a very comprehensive physician onboarding process that is taking place for new physicians - we could also do this for our residents.

FAMILY MEDICINE RESIDENCY PROGRAM ANNUAL PROGRAM REVIEW – Review of accreditation status, current citations, performance on institutional metrics and SWOT (Strengths, Weaknesses, Opportunity, and Threats) analysis (copy attached to the original of these minutes and considered a part thereof) -*Lori Winston, M.D., Vice President Medical Education & Designated Institutional Officer*

STRATEGIC VISION AND POSSIBILITIES FOR THE DEVELOPMENT OF ADDITIONAL PROGRAMS – Open discussion about potential new educational programs and/or new service lines that involve medical education - *Lori Winston, M.D., Vice President Medical Education & Designated Institutional Officer*

- Dr. Winston reviewed with the committee some initial ideas for the strategic vision of the GME program and the possibilities for the future of the program.

Adjourned at 4:15PM

Lynn Havard Mirviss, Chair

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

RESOLUTION 2090

**ACCEPTANCE OF GRANT PROCEEDS FROM
THE CHILDREN’S HOSPITAL BOND ACT OF 2018**

WHEREAS, on June 25, 2020, the California Health Facilities Financing Authority (“CHFFA”) adopted Resolution No. CHP-4e 2020-08 approving a grant in the amount of Two million four hundred twenty-two thousand seven hundred nine dollars and forty-five cents (\$2,422,709.45) less administrative costs and costs of issuance, (“Grant Award”) to Kaweah Delta Health Care District (“Grantee”), to fund pediatric equipment and facilities throughout the District.

WHEREAS, as a condition to receiving the Grant Award, the Board of Directors must provide CHFFA a true, correct, complete and certified copy of this resolution adopted by the Board of Directors as Grantee's governing body; and

WHEREAS, the Board of Directors has received information about the terms and conditions of the Grant Award from CHFFA, and intends to accept said terms and conditions of the Grant Award.

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE GRANTEE'S AS FOLLOWS:

The Board of Directors hereby accepts all terms and conditions of the Grant Award in the amount of Two million four hundred twenty-two thousand seven hundred nine dollars and forty-five cents (\$2,422,709.45) less administrative costs and costs of issuance, on behalf of the Grantee, and expressly authorizes and directs Marc Mertz, Vice President to carry out any duties necessary to effectuate acceptance on behalf of Grantee, including but not limited to the execution and delivery of the grant agreement and other relevant documents as may be necessary.

THE FOREGOING RESOLUTION WAS PASSED AND ADOPTED by the Board of Directors of Kaweah Delta Health Care District on July 27, 2020 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

Nevin House
President, Board of Directors

Attest:

David Francis
Secretary/Treasurer, Board of Directors



CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

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ROBERT CHERRY, M.D.

OSCAR SABLAN, M.D.

KATRINA KALVODA

KERI KROPKE

EXECUTIVE DIRECTOR
Frank Moore

July 6, 2020

Elizabeth Wynn
Development Director
Kaweah Delta Medical Center
400 West Mineral King Avenue
Visalia, California 93291

RE: Children’s Hospital Program of 2018
Final Allocation (CA Code of Regulations, Title 4, Section 7010)
Kaweah Delta Medical Center
Total Approved Final Allocation: \$2,422,709.45

Dear Ms. Wynn:

I am pleased to inform you that the California Health Facilities Financing Authority (Authority) approved a final allocation to Kaweah Delta Medical Center under the Children’s Hospital Program of 2018 (Program) at its June 25, 2020 meeting.

The final allocation amount is as follows:

Approved Gross Grant Award:	\$2,422,709.45
Less Administrative Costs (\$10.00 per \$1,000 of the gross grant award):	(24,227.09)
Less Cost of Issuance (\$0.75 per \$1,000 of the gross grant award):	(1,817.03)
Net Grant Award:	<u>\$2,396,665.32</u>

Please be advised that funding of this grant is conditioned upon meeting certain requirements as specified in the Program regulations, including signing a grant agreement, submitting disbursement requests, and providing requested documentation acceptable to the Authority prior to disbursement of funds for eligible costs. The Authority reserves the right to modify or cancel the commitment of grant funds upon failure to execute a grant agreement or other failure to comply with the Program regulations. The Authority also may modify or cancel the grant award if it becomes aware of any matter which, if known at the time of Application review and approval, would have resulted in the rejection of the Application or the grant not being approved. Additionally, funding of this grant is always contingent upon the State of California’s ability to issue bonds to support the Program. Pursuant to Section 1179.87(g) of the Health and Safety Code, the above grant shall only be available if the Authority determines it has sufficient money available in the Children's Hospital Bond Act Fund. The Authority is not liable in any manner whatsoever should such funding not be provided for any reason.

Kaweah Delta Medical Center

July 6, 2020

Page 2

Ryan Stewart will serve as the Grant Officer and will assist you throughout the grant period. He will contact you shortly to discuss your project and the next steps, including the grant agreement process. Whenever there are material changes to your project, please contact him right away.

Should you have any questions or concerns, please do not hesitate to contact Ryan at (916) 653-2757 or Ryan.Stewart@treasurer.ca.gov or Yuanyuan Wei, Program Manager at (916) 653-3839 or Yuanyuan.Wei@treasurer.ca.gov.

In closing, on behalf of the Authority, I congratulate you and wish you complete success on the project.

Sincerely,



Frank Moore
Executive Director



Medical Staff Services

Policy Number: MS 54	Date Created: 08/03/2020
Document Owner: April McKee (Medical Staff Coordinator)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Medical Executive Committee, April McKee (Medical Staff Coordinator), Cindy Moccio (Board Clerk/Exec Assist-CEO), Teresa Boyce (Director of Medical Staff Svcs)	
COVID-19 Repeat Testing Guidelines	

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

These guidelines are for [physicians-practitioners](#) ordering repeat tests for patients suspected to be or infected with the COVID-19 virus. Tests may be processed through Kaweah Delta Medical Center Lab, the Tulare county Public Health Lab (TCPHL), or a Commercial lab. Supplies of testing kits will be continuously monitored.

Repeat testing parameters:

- Allowed for Inpatients **only** IF the first test is negative
- A third test requires a recommendation from an Infectious Disease or Pulmonary Specialist and can only be ordered if both prior tests are negative.

Follow up Testing on Prior Positive Persons:

- First follow up test to be ordered at least one week after first positive test result.
- ~~Allowed only for inpatients being released to a nursing home or other [congregate living](#) facility. **OR** patients being removed from isolation, but remaining as an inpatient.~~
- ~~Repeat testing NOT required. Instead, use [Time-Based or Symptom-Based strategies to determine resolution of infection \(see attached flowcharts\)](#)~~
- ~~Additional repeat test may be ordered a minimum of every four days until negative results acquired.~~
- ~~For Confirmation of negative results, an additional test may be ordered the following day, if required.~~
- Any additional testing after receiving two negative results requires a recommendation from an Infectious Disease or Pulmonary Specialist.

[Practitioners and Employees:](#)

Employee Health is encouraged to use ~~the “non-test” strategy proffered by the CDC for return to work, or wait until the employee is asymptomatic a minimum of seven (7) days between tests.~~ [CDC recommended non-test based strategies: Time-Based for asymptomatic and Symptom-Based for symptomatic COVID-19 positive healthcare personnel.](#)

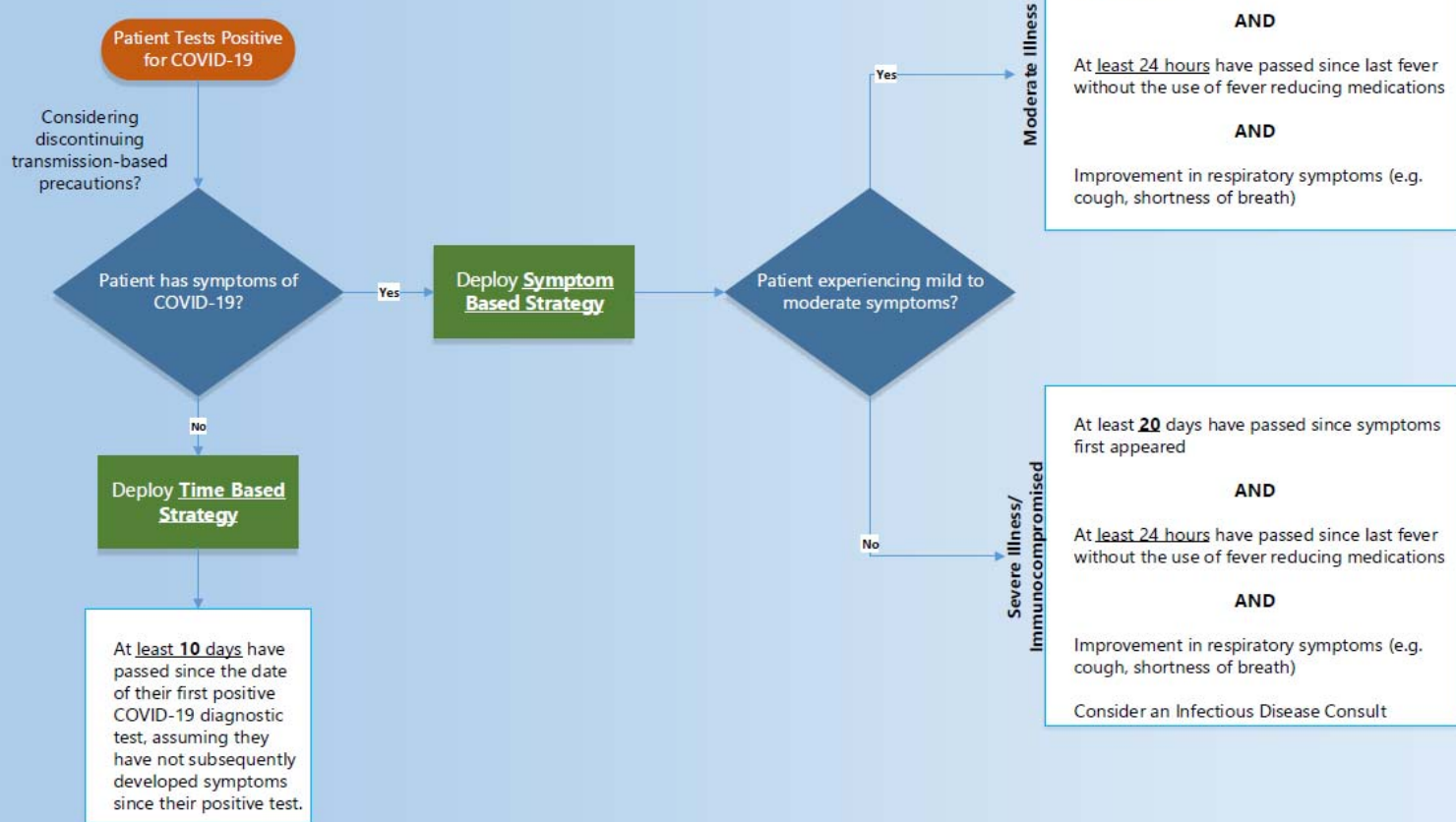
References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

"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

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

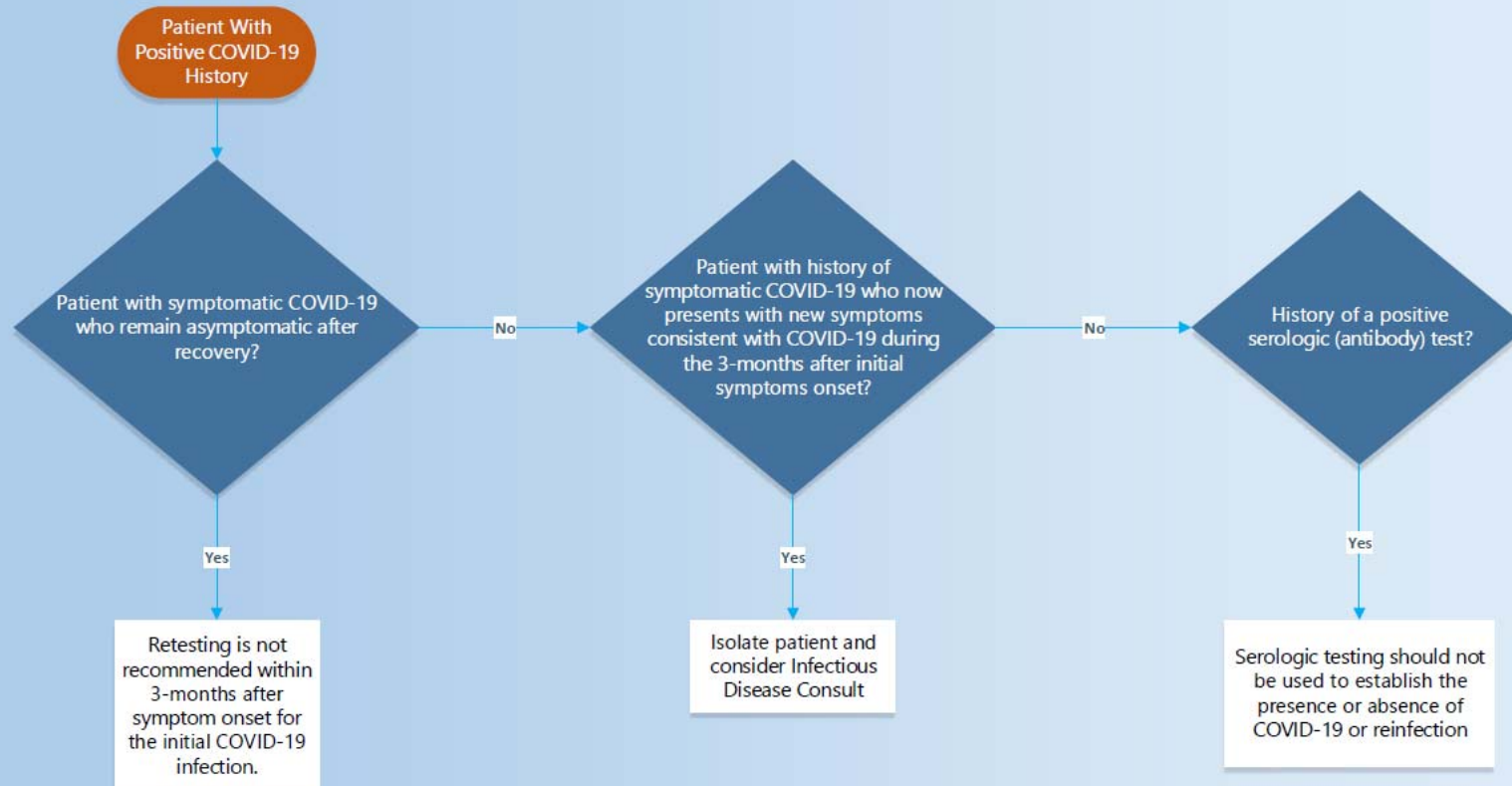


Note: Criteria depicted above is not required for discharge to home

The algorithm above will be regularly revised to stay in line with professional and regulatory guidance.

Version-3
8/15/2020

Role of Testing after Discontinuation of Isolation Precautions and Role of Serologic Testing



The algorithm above will be regularly revised to stay in line with professional and regulatory guidance.

Version-1
8/13/2020

Stroke Quality Update July 2020



Stroke Program Leadership

Sean Oldroyd, DO
Stroke Program Medical Director

Cheryl Smit, RN
Stroke Program Manager

Abbreviations Used During this Presentation

TJC = The Joint Commission

AHA/ASA = American Heart Association; American Stroke Association

GWTG = Get with the Guidelines

EMS = Emergency Medical Services

ED = Emergency Department

ICU = Intensive Care Unit

TIA = Transient Ischemic Attack

Dc = Discharge

rt-PA or Alteplase = thrombolytic therapy “clot busting medication”

CT/CTA = Computed tomography scan/computed tomography angiography

LVO = Large vessel occlusion

CMS = Centers for Medicare and Medicaid Services

VTE = Venous thromboembolism

LDL = low-density lipoproteins

NIHSS = National Institutes of Health Stroke Scale

Primary Stroke Certification through The Joint Commission (TJC)

- **TJC Recertification survey has been postponed due to COVID 19**
- 2 year certification cycle
- Initial accreditation March 9, 2018
100% compliant with all Standards; No plans for improvement requested

Stroke Program Initiatives 2019-2020

ED Stroke Alert Process

- Process changes in 2020 as a result of AHA/ASA new guidelines for ischemic stroke patients (December 2019)
- ED triage stroke alert process modification to improve door to stroke alert timing
- RAPID software now available which will enhance imaging to evaluate patients who may be candidates for endovascular treatment. This requires a transfer to a tertiary care center
- Door to transfer goal is 120 minutes

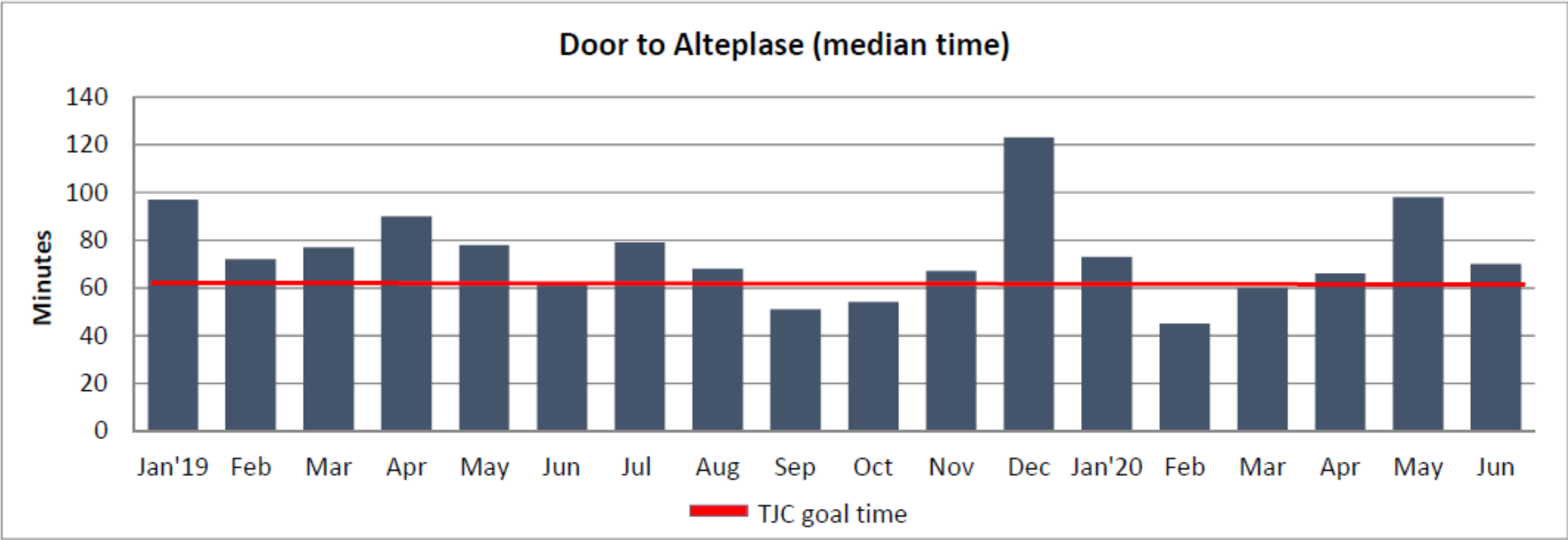
Key Initiatives to Improve Time to Thrombolytic Therapy

TJC expectation is to administer thrombolytics (Alteplase) within 60 minutes 50% of the time for all patients who meet criteria. AHA/ASA GWTG expectations were update in 2019 with new goal of 45 minutes at least 75% of the time for all patients who meet criteria. KDH/ED goal is Door to Alteplase within 45 minutes of arrival.

Initiatives:

- Designated Stroke Team Lead in the ED
- Stroke Packet with documents needed for timely administration of thrombolytic therapy
- Patients go directly to CT from Triage or EMS after a brief physician evaluation
- Decreased images on CT/CTA scans
- Radiologist calls Stroke Team Lead when CT read and if a large vessel occlusion is found on CTA images
- Patient immediately evaluated by Resident/Physician upon return from CT
- 24/7 interpreter services available in the ED
- Staff, Physician, Resident and EMS education on stroke alert process
- Follow up communication with key stakeholders after thrombolytic therapy
- **RECENT ACTION ITEM:** Dotphrase was developed for the ED physicians with prompts to document reasons for delay in alteplase or why alteplase was not given if last known well (LKW) time was <4.5 hours
- **RECENT ACTION ITEM:** Stroke Team Lead (STL) Orientation packet developed and implemented

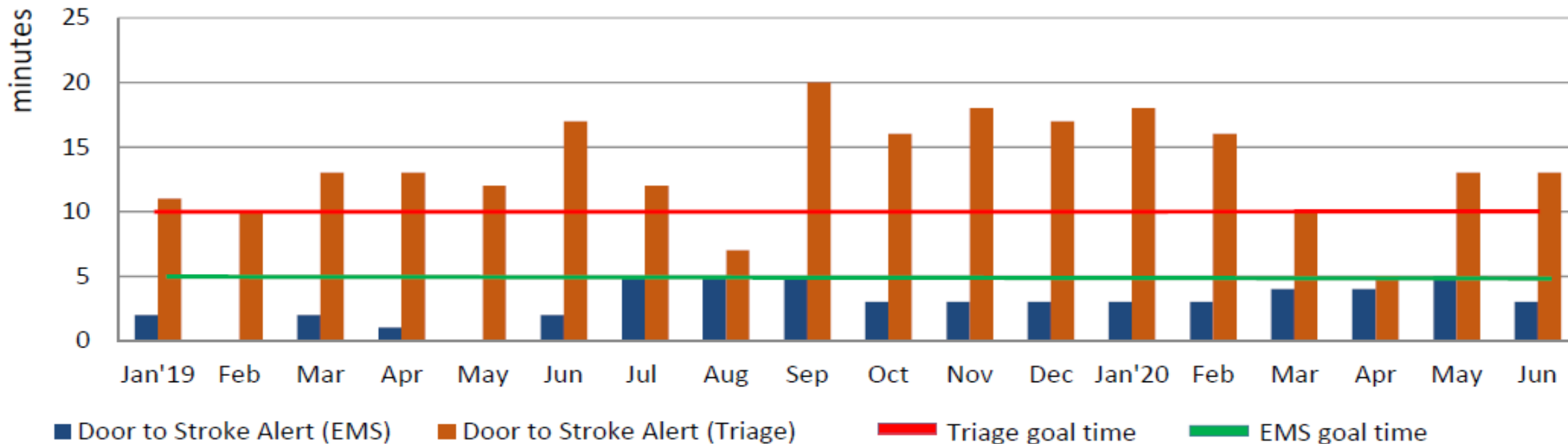
2019-2020 ED Stroke Alert Dashboard



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

2019-2020 ED Stroke Alert Dashboard

Door to Stroke Alert (median times)

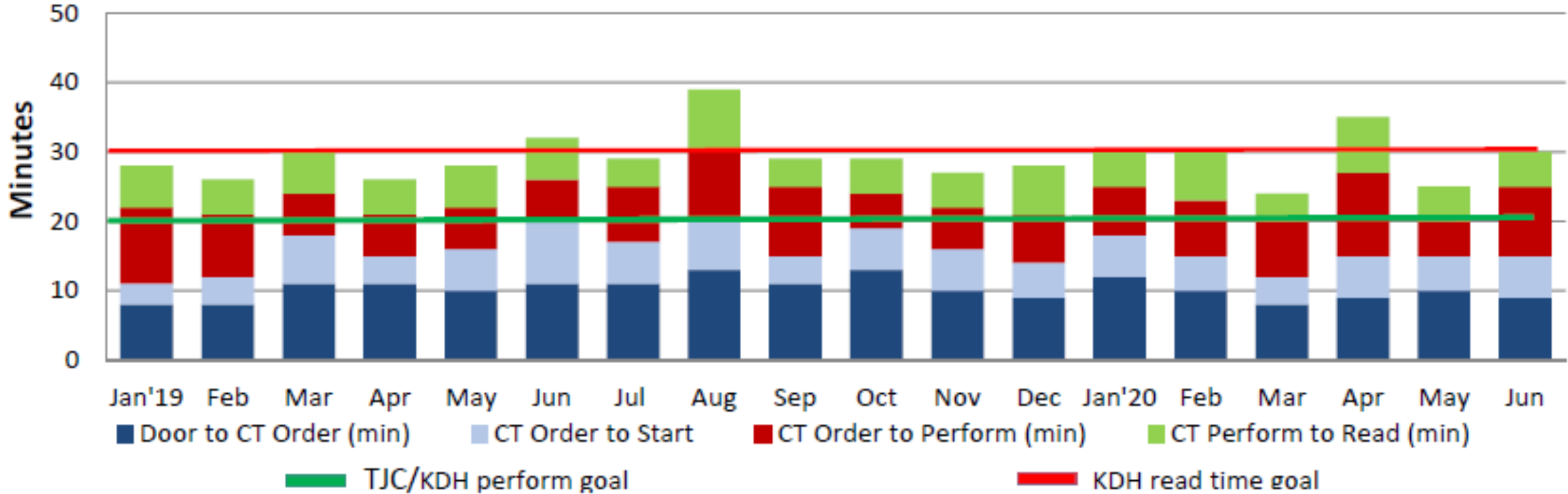


Per ED Stroke Alert process; stroke alerts should be called within 5 minutes of EMS arrival and within 10 minutes if arriving through triage. Door to stroke alert times have improved over the last several months as a result of key initiatives made in the ED:

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

2019-2020 ED Stroke Alert Dashboard

Door to CT Times (median times)



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

Stroke Program Initiatives 2019-2020

ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients

January 2019: TJC added new metrics on door to transfer times. Door to transfer goal <120 minutes.

Hemorrhage

IV Alteplase and Transfer “drip and ship”

Large Vessel Occlusion and Endovascular Eligible

Large Vessel Occlusion and Not Endovascular Eligible

No Large Vessel Occlusion and Not Endovascular Eligible

Transfer Task Force has been established and includes all key stakeholders; Skylife, EMS, ED and Case Management

RECENT ACTION ITEM: Ischemic/hemorrhagic stroke transfer guidelines established

RECENT ACTION ITEM: Transfer agreements signed with San Jose RMC and USC/Keck

RECENT ACTION ITEM: Education to physicians and staff regarding transfer goal time of <120 minutes

RECENT ACTION ITEM: RAPID software now available which will enhance imaging to evaluate if patients are candidates for endovascular treatment.

ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients

ISCHEMIC/ HEMORRHAGIC STROKE TRANSFER GUIDE

TRANSFER GOAL TIME
<120 MINUTES

ED Physician: accepting physician established
USC MD line: 323-442-6111

ED Physician: notify ED CM regarding transfer and accepting facility

*****CM: Notify Skylife to activate team**

*****Skylife: activate team and check weather conditions for USC and San Jose RMC**

1st CALL

USC KECK ETC TRANSFER CENTER: 323-442-9922
If issues with transfer process,
contact Dr. Russin at 626-616-0269

IF WEATHER OR OTHER TRANSPORT ISSUES
check with ED physician and call
San Jose RMC for immediate transfer

2nd CALL

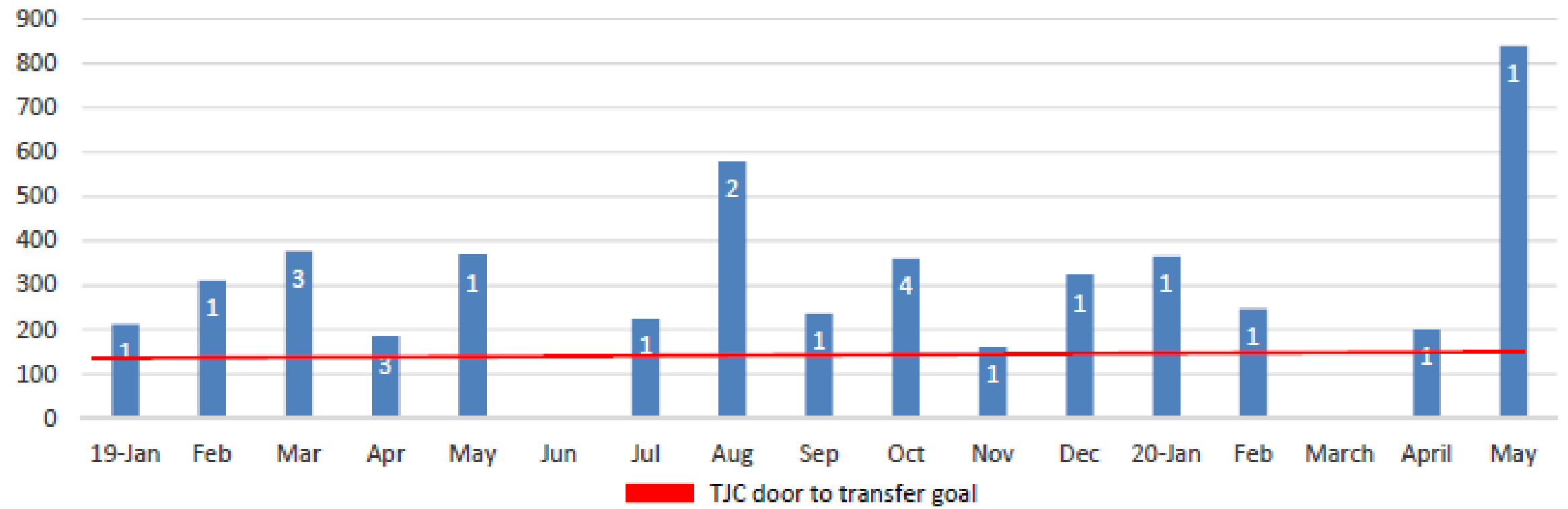
CALL SAN JOSE RMC
TRANSFER CENTER: 855-762-6375

3rd CALL

BAKERSFIELD MEMORIAL HOSPITAL
TRANSFER CENTER: 661-869-2337

ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients 2019/2020 Transfer from ED to Another Acute Care Facility Dashboard

Hemorrhagic Stroke and Transfer Median Time

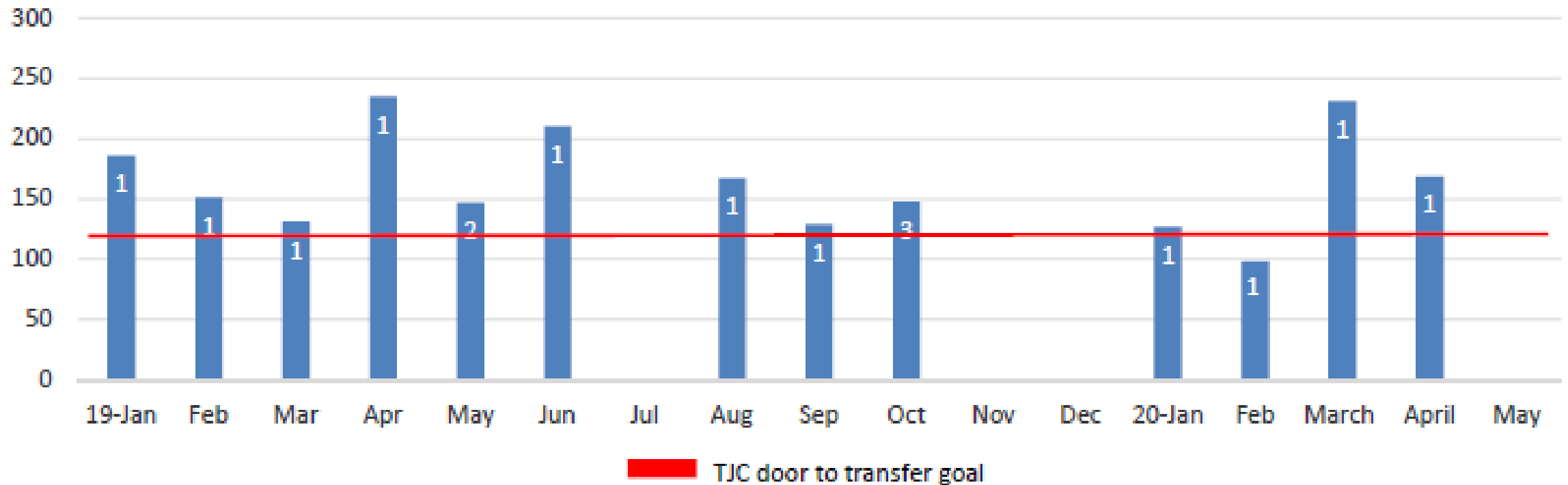


New TJC metric as of January 2019. TJC expectation is that if patients require transfer to a tertiary center that the door to transfer should be <120 minutes. Only a few hemorrhagic patients are transferred out for other procedures not done at KDH, specifically coiling/clipping of aneurysms or bleeds.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

ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients

2019/2020 Transfer from ED to Another Acute Care Facility Dashboard

IV Alteplase and Transfer Median Time

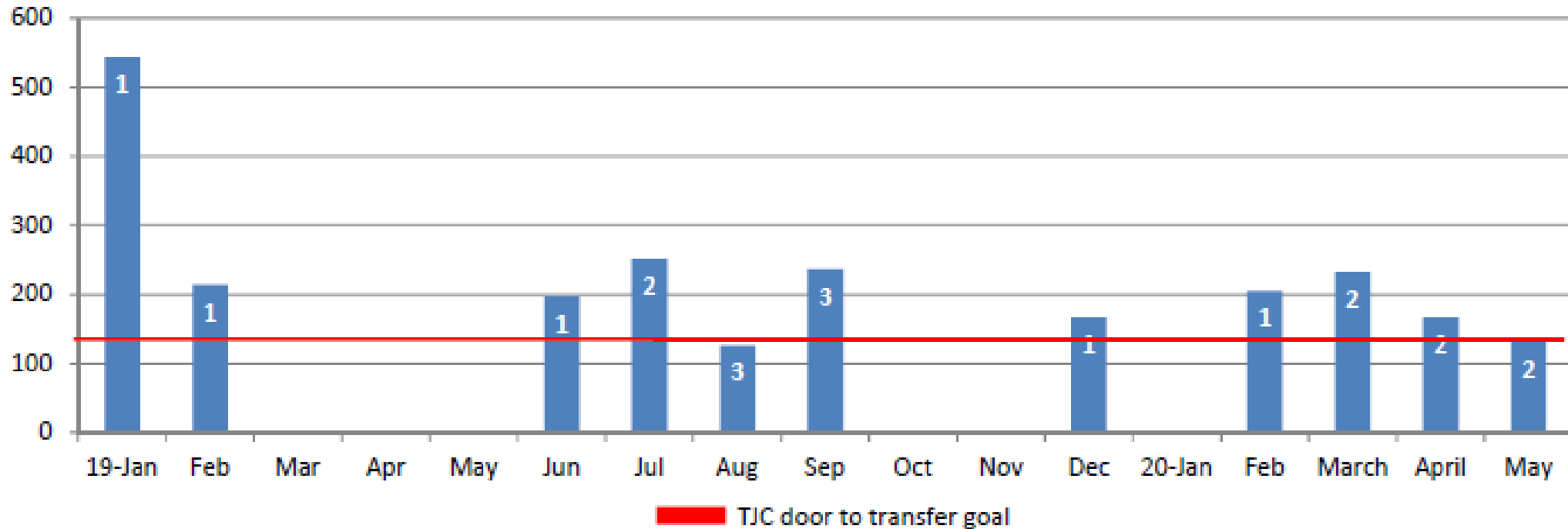


New TJC metric as of January 2019. TJC expectation is that if patients require transfer to a tertiary center that the door to transfer should be <120 minutes. These are considered our "drip and ship" cases. Transfers for ischemic strokes occur primarily if a large vessel occlusion is noted on CTA that would be eligible for endovascular treatment. As a result of the effects made by the ED Stroke Alert Committee and the Transfer Process Task Force door to transfer times have improved over the last several months.

ED Transfer Process on Ischemic/Hemorrhagic Stroke Patients

2019/2020 Transfer from ED to Another Acute Care Facility Dashboard

No IV Alteplase, LVO Eligible



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

2019-2020 Stroke Program Dashboard

	GWTC Benchmarks	2019												2020				
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May
Grouping of Stroke Patients																		
Ischemic		30	42	39	43	36	41	31	33	32	50	40	43	39	42	38	23	28
Hemorrhagic		4	10	10	9	7	8	2	13	8	10	11	6	8	6	5	7	6
TIA (in-patient and observation)		20	28	35	25	24	22	36	36	19	29	42	28	33	44	29	24	21
Transfers to Higher Level of Care (Ischemic)		2	2	3	3	2	1	2	4	4	3	0	1	1	2	3	3	2
Transfers to Higher Level of Care (Hemorrhagic)		1	1	2	1	1	1	1	2	1	4	1	1	1	1	1	1	1
% of Alteplase - Inpatient & Transfers		16%	14%	14%	13%	18%	21%	6%	14%	6%	11%	15%	11%	20%	14%	10%	8%	7%
Total # of Pts who rec'd Alteplase (Admitted Patients)		4	4	4	4	5	8	2	2	1	3	6	4	7	5	3	1	2
Total # of Pts who rec'd Alteplase (& Transferred Out)		1	2	2	2	2	1	0	3	1	3	0	1	1	1	1	1	0
TOTAL NUMBER OF PATIENTS		57	83	89	81	70	73	72	88	64	96	94	79	82	95	72	58	58
Rate of hemorrhagic complications for Alteplase pts	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Appropriate vital sign monitoring post Alteplase	90%	50%	50%	57%	66%	71%	67%	75%	100%	50%	80%	83%	67%	75%	75%	100%	100%	100%
Core Measure: OP-23 Head CT/MRI Results	72%	NA	50%	100%	100%	33%	66%	0%	0%	75%	75%	100%	50%	100%	NA	0%	100%	NA
% tPA Arrive by 2 Hrs; Treat by 3 Hrs. (GWTC)	85%	100%	100%	83%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	80%	NA	100%	100%
STK-5 Early Antithrombotics by end of day 2 (GWTC, TJC)	85%	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	96%	92%	93%	97%	100%	96%
STK-1 VTE (GWTC, TJC)	85%	100%	100%	100%	100%	100%	100%	100%	100%	97%	93%	95%	98%	100%	100%	95%	100%	91%
STK-2 Discharged on Antithrombotic (GWTC, TJC)	85%	100%	97%	100%	98%	98%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
STK-3 Anticoag for afib/afflutter ordered at Dc (GWTC, TJC)	85%	80%	89%	100%	100%	100%	100%	100%	100%	100%	100%	90%	89%	100%	89%	100%	100%	100%
% Smoking Cessation (GWTC)	85%	100%	100%	100%	100%	100%	100%	100%	100%	88%	100%	100%	100%	100%	100%	100%	100%	100%
STK-6 Discharged on Statin (GWTC, TJC)	85%	100%	100%	100%	100%	98%	96%	92%	94%	94%	98%	100%	100%	100%	98%	100%	100%	97%
% Dysphagia Screen prior to po intake (GWTC)	75%	100%	93%	94%	88%	88%	98%	94%	92%	92%	96%	96%	96%	85%	85%	91%	90%	77%
STK-8 Stroke Education (GWTC, TJC)	75%	88%	91%	84%	89%	93%	92%	100%	92%	96%	100%	100%	100%	93%	97%	94%	100%	96%
STK-10 Assessed for Rehab (GWTC, TJC)	75%	97%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%
STK-4 Alteplase Given within 60 min (GWTC, TJC)	75%	100%	25%	25%	100%	100%	100%	NA	50%	100%	100%	100%	NA	100%	100%	100%	NA	NA
% LDL Documented (GWTC)	75%	92%	88%	100%	96%	94%	96%	98%	88%	97%	93%	98%	92%	91%	84%	96%	100%	90%
Intensive Statin Therapy (GWTC)	75%	91%	82%	90%	89%	91%	80%	90%	88%	91%	96%	93%	94%	94%	91%	88%	88%	97%
% tPA Arrive by 3.5 Hrs; Treat by 4.5 Hrs (GWTC)	75%	100%	80%	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	86%	100%	100%	100%
% NIHSS Reported (GWTC)	75%	97%	98%	97%	100%	97%	100%	100%	95%	97%	96%	97%	98%	100%	93%	92%	100%	96%
% Appropriate stroke order set used (In-Patient)	90%	90%	97%	97%	94%	93%	90%	95%	96%	99%	95%	87%	84%	95%	97%	99%	97%	96%
% Appropriate stroke order set used (ED)	90%	85%	92%	90%	92%	94%	93%	93%	94%	88%	88%	84%	87%	94%	92%	88%	89%	98%
LOS Hemorrhagic (Mean)		13.5	10.8	6.86	13.88	4	4.38	3	7.5	5	16.5	10.36	5.53	4.8	4	9	5.5	
LOS Ischemic (Mean)		5.61	6.42	4.94	5.21	6.72	158/173	4.5	5.25	4.32	5.08	4.25	3.14	5	5.08	5.27	3.41	

Vital Sign and Neuro check monitoring after Alteplase

	GWTG Benchmarks	2019												2020				
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May
<u>Grouping of Stroke Patients</u>																		
Ischemic		30	42	39	43	36	41	31	33	32	50	40	43	39	42	38	23	28
Hemorrhagic		4	10	10	9	7	8	2	13	8	10	11	6	8	6	5	7	6
TIA (in-patient and observation)		20	28	35	25	24	22	36	36	19	29	42	28	33	44	29	24	21
Transfers to Higher Level of Care (Ischemic)		2	2	3	3	2	1	2	4	4	3	0	1	1	2	3	3	2
Transfers to Higher Level of Care (Hemorrhagic)		1	1	2	1	1	1	1	2	1	4	1	1	1	1	1	1	1
% of Alteplase - Inpatient & Transfers		16%	14%	14%	13%	18%	21%	6%	14%	6%	11%	15%	11%	20%	14%	10%	8%	7%
Total # of Pts who rec'd Alteplase (Admitted Patients)		4	4	4	4	5	8	2	2	1	3	6	4	7	5	3	1	2
Total # of Pts who rec'd Alteplase (& Transferred Out)		1	2	2	2	2	1	0	3	1	3	0	1	1	1	1	1	0
TOTAL NUMBER OF PATIENTS		57	83	89	81	70	73	72	88	64	96	94	79	82	95	72	58	58
Rate of hemorrhagic complications for Alteplase pts	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Appropriate vital sign monitoring post Alteplase	90%	50%	50%	57%	66%	71%	67%	75%	100%	50%	80%	83%	67%	75%	75%	100%	100%	100%

Vital signs and neuro checks are to be completed after the initiation of Alteplase: q 15 minutes x2 hours, q30 minutes x6 hours, then q 1 hour x16 hours. The expectation is that we are 90% compliant with this metric. Working closely with ED and ICU leadership the last several months on various actions needed for improvement in this area. A task force had met in March 2020 to address the issues, as noted in the chart above we have been 100% compliant since the action items were implemented.

Action plans:

- Bedside handoff communication between the ED and ICU RN
- Key staff member education with staff member involved in missing elements
- **RECENT ACTION ITEM:** Current annual computer based learning (CBL) competencies for ICU, CVICU and ED will be updated to include post alteplase monitoring, flowsheet review and the importance of compliance
- **RECENT ACTION ITEM:** Provide education to ICU, CVICU and ED staff on face-to-face hand-off and review of the post alteplase form

Stroke Program

Performance Improvement Initiatives

Fiscal Year 2020

Door to Alteplase <60 minutes.

Continue this metric since it is a TJC and GWTG measure. KDH goal is now <45 minutes.

Nutritional Support s/p Failed Swallow Evaluation

Continue this measure; we want to ensure that timely nutritional support continues and monitoring for compliance is needed.

Follow-Up Calls/Perception of Care

Continue TJC requirement that we monitor perception of care.

Dysphagia screening process

Continue to monitor/track.

TIA work-up/admission

New measure. The goal of this project is to reduce TIA length of stay by using a visible LOS time tracker for physicians which may improve the length of stay, this would be similar to how the ED tracks their patients.

Stroke Program

Performance Improvement Initiatives

Fiscal Year 2020

Patient Education

New measure. This project was initiated by our GME TY resident during the previous year and will be continued for the upcoming year. Goal is to improve patient education metric in GWTG and improve 30 day readmission and mortality rates by physician engagement in stroke education, primarily in lifestyle modification.

Transfer Process

New measure. Goal is to reduce door to transfer time to <120 minutes. Task Force has been established to address issue.

Admission guideline criteria

New measure. KDH has historically had admission guidelines but a task force has recently reconvened to review admission guidelines.

New guidelines developed and implemented in May 2020.

Kaweah Delta Primary Stroke Certification through The Joint Commission (TJC)



The Joint Commission®



American Stroke Association®

CERTIFICATION

Meets standards for

Primary Stroke Center





Hand Hygiene

Why Monitor?

- It's the right thing to do
- Regulatory requirement, Joint Commission, Leap Frog
- Published articles:
 - Achieving over 90% compliance has shown to reduce Hospital Acquired Infections
 - Recent Journal of Infection Prevention showed reduction in sick time by 38% in an Emergency Department

ER Article: <https://doi.org/10.1016/j.ajic.2019.11.023>

Hand Hygiene Compliance

- 2016: 62%
- 2017: 58.8%
- 2019: 64%
- 12,000 opportunities observed throughout the district annually



Biovigil Trial

- Began December 18, 2019
- 4North, Acute Dialysis, ICU
- Participants:
 - Nurse, Nurses aides, unit secretaries, rapid response nurses, attending/resident physicians, environmental services, managers and directors of the units

First 2 quarters 2020



Performance Summary Dashboard

From: 1/1/2020 1:00:00 AM (-07:00); To: 6/30/2020 8:55:00 AM (-07:00)

Department

All Departments

Total HHOs

864,265

Total Compliance

99.0%

864,265 observations with 99.0% compliance

Previous: 12,000 manual observations with ~60% compliance

=Roughly 72 years of data

Sample report

<i>Job Category</i>	<i>Total Compliant (HHO)</i>	<i>Total (HHO)</i>	<i>Entry Compliance</i>	<i>Exit Compliance</i>	<i>Total Compliance</i>	<i>Entries Cross-Contaminated Non-Compliant</i>
Assistant Nurse Manager	107	107	100.0%	100.0%	100.0%	0.00%
Attending	509	525	96.5%	97.4%	97.0%	0.00%
Certified Hemodialysis Tech	4,428	4,434	99.9%	99.9%	99.9%	0.05%
Certified Nursing Assistant	37,636	37,841	99.4%	99.5%	99.5%	0.09%
Charge Nurse	15,108	15,292	98.6%	99.0%	98.8%	0.13%
Director	53	53	100.0%	100.0%	100.0%	0.00%
Environmental Services	4,252	4,343	97.7%	98.1%	97.9%	0.41%
Health Unit Coordinator	2,140	2,179	97.5%	98.9%	98.2%	0.19%
LVN	857	859	99.5%	100.0%	99.8%	0.00%
Nurse Manager	92	93	97.8%	100.0%	98.9%	0.00%
Per Diem CNA	1,337	1,339	99.7%	100.0%	99.9%	0.00%
Registered Nurse	143,610	145,052	98.8%	99.2%	99.0%	0.17%
Resident	208	216	95.1%	97.4%	96.3%	0.98%
RN-Rapid Response Nurse	5,505	5,550	98.8%	99.6%	99.2%	0.04%
RN-Renal Coordinator	105	105	100.0%	100.0%	100.0%	0.00%

<i>Non-Compliant (<= 85.0%)</i>	<i>OPI (Opportunity for Improvement) (<= 95.0%)</i>	<i>Compliant (> 95.0%)</i>
------------------------------------	--	-------------------------------

Sample report

<i>Nursing Unit</i>	<i>Room</i>	<i>Total Compliance (HHO)</i>	<i>Total (HHO)</i>	<i>Entry Compliance</i>	<i>Exit Compliance</i>	<i>Total Compliance</i>	<i>Entries Cross-Contaminated Non-Compliant</i>
4North	Room 4North 4N1	2,648	2,672	99.0%	99.2%	99.1%	0.15%
4North	Room 4North 4N10	2,483	2,497	99.3%	99.6%	99.4%	0.00%
4North	Room 4North 4N11	3,294	3,319	99.2%	99.3%	99.2%	0.25%
4North	Room 4North 4N12	2,716	2,735	99.2%	99.4%	99.3%	0.30%
4North	Room 4North 4N13	4,090	4,122	99.0%	99.4%	99.2%	0.15%
4North	Room 4North 4N14	3,121	3,145	99.2%	99.3%	99.2%	0.13%
4North	Room 4North 4N15	3,201	3,213	99.6%	99.7%	99.6%	0.19%
4North	Room 4North 4N16	3,520	3,541	99.1%	99.7%	99.4%	0.23%
4North	Room 4North 4N17	3,555	3,567	99.8%	99.6%	99.7%	0.00%
4North	Room 4North 4N18	2,946	2,956	99.4%	99.9%	99.7%	0.07%
4North	Room 4North 4N19	3,054	3,086	98.7%	99.2%	99.0%	0.26%
4North	Room 4North 4N2	3,204	3,224	99.2%	99.6%	99.4%	0.06%
4North	Room 4North 4N20	3,484	3,497	99.6%	99.7%	99.6%	0.18%
4North	Room 4North 4N21	3,059	3,097	98.5%	99.1%	98.8%	0.20%
4North	Room 4North 4N22	2,110	2,127	99.1%	99.3%	99.2%	0.19%
4North	Room 4North 4N23	2,006	2,023	98.9%	99.4%	99.2%	0.61%
4North	Room 4North 4N24	2,098	2,128	98.6%	98.6%	98.6%	0.48%
4North	Room 4North 4N25	2,848	2,858	99.5%	99.8%	99.7%	0.00%
4North	Room 4North 4N26	2,712	2,721	99.5%	99.0%	99.7%	0.15%

Sample report

	Entries Total	Entries Cross-Contaminated	Entries Cross-Contaminated	Entries Cross-Contaminated Non-Compliant	Entries Cross-Contaminated Non-Compliant
	153	21	13.73%	9	5.88%
	26	2	7.69%	1	3.85%
	242	25	10.33%	9	3.72%
3	77	6	7.79%	2	2.60%
7	271	29	10.70%	5	1.85%
3	1,023	63	6.16%	18	1.76%

Next stage of implementation:

- 2N/S
- 3N/S
- 4N/S
- BP
- ICU
- 3W
- CVICU
- 4T
- 5T
- L&D
- Labor Triage
- NICU
- MB
- Peds

423 rooms

Other areas will be considered for monitoring after these units are fully implemented and evaluated.

Associated costs and other benefits:

Costs

- \$1.80 per bed per day (423 beds = \$277,911 annually)
- 4 year HAI average; 115 annual infections (2016-2019)
 - Costing \$3,082,500 (cost of infection plus Medicare Quality Incentive reductions)
- 5 month evaluation on ICU/4N had zero HAIs (expected 20 based on 2 year average)
 - Savings of \$800,000
- House-wide implementation:
 - 10% reduction saves \$300,000, and off-sets system cost (and saves lives!)

Other Benefits

- Shown to reduce staff sick time
- Vast reports for productivity (time in room, interactions per shift), compliance (proof of visitation)

Questions...