



AGENDA

KERN COUNTY HOSPITAL AUTHORITY BOARD OF GOVERNORS

**Kern Medical Center
1700 Mount Vernon Avenue
Bakersfield, California 93306**

Regular Meeting
Wednesday, May 19, 2021

11:30 A.M.

BOARD TO RECONVENE

Board Members: Alsop, Berjis, Bigler, Brar, McLaughlin, Pelz
Roll Call:

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN COUNTY HOSPITAL AUTHORITY STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO MEMBER OF THE BOARD OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE BOARD CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS



PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2))

ITEMS FOR CONSIDERATION

CA

- 3) Minutes for the Kern County Hospital Authority Board of Governors regular meeting on April 21, 2021 –
APPROVE

CA

- 4) Proposed retroactive Resolution recognizing specified categories of Advanced Practice Providers (APP) who are not eligible for Medical Staff membership –
APPROVE; ADOPT RESOLUTION

CA

- 5) Proposed retroactive Amendment No. 2 to Agreement 30718 with JDM Solutions, Inc., an independent contractor, for professional consulting services related to the Cerner Millennium project, adding a new statement of work effective May 1, 2021, extending the term through April 30, 2023, and increasing the maximum payable by \$1,361,200, from \$1,539,100 to \$2,900,300, to cover the extended term –
APPROVE; AUTHORIZE CHAIRMAN TO SIGN

- 6) Kern County Hospital Authority financial report –
RECEIVE AND FILE

- 7) Proposed Kern County Hospital Authority operating and capital budget for Fiscal Year 2021-2022 –
APPROVE; REFER TO KERN COUNTY BOARD OF SUPERVISORS FOR APPROVAL

- 8) Kern County Hospital Authority Chief Executive Officer report –
RECEIVE AND FILE

CA

- 9) Claims and Lawsuits Filed as of April 30, 2021 –
RECEIVE AND FILE

ADJOURN TO CLOSED SESSION

CLOSED SESSION

- 10) Request for Closed Session regarding peer review of health practitioners (Health and Safety Code Section 101855(j)(2)) –
- 11) Request for Closed Session regarding peer review of health facilities (Health and Safety Code Section 101855(j)(2)) –
- 12) CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
(Government Code Section 54956.9(d)(1)) Name of case: Isaac Salas, a minor, by and through his Guardian ad Litem Ariana Santiago v. Kern County Hospital Authority dba Kern Medical, et al., Kern County Superior Court Case No. BCV-20-100675 TSC –
- 13) CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
(Government Code Section 54956.9(d)(1)) Name of case: Farzin Tayefeh, M.D., et al. v. County of Kern, et al., Kern County Superior Court, Case No. BCV-15-100647 –
- 14) CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
(Government Code Section 54956.9(d)(1)) Name of case: Guadalupe Maldonado v. Kern County Hospital Authority, et al., Kern County Superior Court Case No. BCV-19-101783 DRL –
- 15) CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
(Government Code Section 54956.9(d)(1)) Name of case: Esperanza Maldonado v. Kern Medical, form unknown, et al., Kern County Superior Court Case No. BCV-20-100169 TSC –
- 16) CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: Chief Executive Officer Russell V. Judd, and designated staff - Employee organizations: Service Employees International Union, Local 521; Committee of Interns and Residents/Service Employees International Union, Local 1957 (Government Code Section 54957.6) –
- 17) PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: President, Hospital and Clinic Operations (Government Code Section 54957) –
- 18) Request for Closed Session for the purpose of discussion or taking action on authority trade secrets (Health and Safety Code Section 101855(e)(1)) –

RECONVENE FROM CLOSED SESSION

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

ADJOURN TO WEDNESDAY, JUNE 16, 2021 AT 11:30 A.M.

SUPPORTING DOCUMENTATION FOR AGENDA ITEMS

All agenda item supporting documentation is available for public review at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, 93306 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)

The Kern Medical Center Conference Room is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Hospital Authority Board of Governors may request assistance at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, California, or by calling (661) 326-2102. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

- 9) CLAIMS AND LAWSUITS FILED AS OF APRIL 30, 2021 –
RECEIVE AND FILE
- A) Claim in the matter of Othello Johnson
 - B) Notice of Intent to Commence Action in the matter of Theresa N. Gianopulos
 - C) Summons and Complaint in the matter of William Coughran v. Kern County Hospital Authority, et al., Kern County Superior Court Case No. BCV-21-100662 TSC
 - D) Summons and Complaint in the matter of Cynthia Gonzalez; Alejandro Gonzalez; and The Estate of Sergio Arturo Gonzalez, by and through it Successors-In-Interest, Cynthia Gonzalez and Alejandro Gonzalez v. Kern Medical Center, et al., Kern County Superior Court Case No. BCV-21-100289 DRL



SUMMARY OF PROCEEDINGS

KERN COUNTY HOSPITAL AUTHORITY BOARD OF GOVERNORS

**Kern Medical Center
1700 Mount Vernon Avenue
Bakersfield, California 93306**

Regular Meeting
Wednesday, April 21, 2021

11:30 A.M.

BOARD RECONVENED

Board Members: Alsop, Berjis, Bigler, Brar, McLaughlin, Pelz
Roll Call: 5 Present: 1 Absent - Alsop

NOTE: The vote is displayed in bold below each item. For example, Alsop-McLaughlin denotes Director Alsop made the motion and Director McLaughlin seconded the motion.

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND APPROVED BY ONE MOTION.

BOARD ACTION SHOWN IN CAPS

NOTE: DIRECTOR ALSOP JOINED THE MEETING AFTER THE VOTE ON THE CONSENT AGTENDA AND BEFORE THE VOTE ON AGENDA ITEM 10

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda. **SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!**
NO ONE HEARD

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2))

DIRECTOR BERJIS REPORTED THAT THERE WILL BE A RECOGNITION LUNCHEON ON WEDNESDAY, JUNE 10, 2021, FOR GRADUATING RESIDENTS AND FELLOWS. ALL BOARD MEMBERS ARE INVITED TO ATTEND THIS MOMENTOUS OCCASION

RECOGNITION

- 3) Presentation by the Chief Executive Officer recognizing Kern Medical Center employees for their vaccination services –
MADE PRESENTATION

ITEMS FOR CONSIDERATION

CA

- 4) Minutes for the Kern County Hospital Authority Board of Governors regular meeting on March 17, 2021 –
APPROVED
Berjis-McLaughlin: 5 Ayes; 1 Absent - Alsop

CA

- 5) Proposed reappointment of Director Raji Brar to the Kern County Hospital Authority Board of Governors, term to expire June 30, 2024 –
REFERRED TO KERN COUNTY BOARD OF SUPERVISORS TO MAKE APPOINTMENT
Berjis-McLaughlin: 5 Ayes; 1 Absent - Alsop

CA

- 6) Proposed Agreement with Acute Care Surgery Medical Group, Inc., an independent contractor, for professional medical and administrative services in the General Surgery Program from July 1, 2021 through June 30, 2025, in an amount not to exceed \$18,394,210 –
APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 022-2021
Berjis-McLaughlin: 5 Ayes; 1 Absent - Alsop

CA

- 7) Proposed Amendment No. 5 to Agreement 2016-030 with Valley Neurosurgery and Neurorestoration Center, A Medical Corporation, an independent contractor, for professional medical services in the Department of Surgery, for the period July 1, 2016 through June 30, 2021, extending the term for three years from July 1, 2021 through June 30, 2024, and increasing the maximum payable by \$6,058,080, from \$10,668,032 to \$16,726,112, to cover the extended term –
APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 023-2021
Berjis-McLaughlin: 5 Ayes; 1 Absent - Alsop

CA

- 8) Proposed Agreement with Rab-Com, Limited, an independent contractor, for purchase of the Totguard Infant and Pediatric Security System, in an amount not to exceed \$340,779, effective April 21, 2021 –
MADE FINDING PROJECT IS EXEMPT FROM FURTHER CEQA REVIEW PER SECTIONS 15301, 15302 AND 15061(B)(3) OF STATE CEQA GUIDELINES; APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 024-2021; AUTHORIZED CHIEF EXECUTIVE OFFICER TO SIGN FUTURE CHANGE ORDERS IN AN AMOUNT NOT TO EXCEED 10% OF THE TOTAL CONTRACT PRICE
Berjis-McLaughlin: 5 Ayes; 1 Absent - Alsop

CA

- 9) Proposed Service Estimate with Mizuho OSI, an independent contractor, containing nonstandard terms and conditions, for repair of the Mizuho ProFix table shroud, in an amount not to exceed \$15,000, effective April 21, 2021 –
APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 025-2021
Berjis-McLaughlin: 5 Ayes; 1 Absent - Alsop

- 10) Kern County Hospital Authority financial report –
RECEIVED AND FILED
Berjis-Pelz: 6 Ayes

- 11) Kern County Hospital Authority Chief Executive Officer report –
RECEIVED AND FILED
Brar-Pelz: 6 Ayes

CA

- 12) Claims and Lawsuits Filed as of March 31, 2021 –
RECEIVED AND FILED
Berjis-McLaughlin: 5 Ayes; 1 Absent - Alsop

ADJOURNED TO CLOSED SESSION

Berjis-Brar

CLOSED SESSION

- 13) Request for Closed Session regarding peer review of health practitioners (Health and Safety Code Section 101855(j)(2)) – SEE RESULTS BELOW
- 14) CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
(Government Code Section 54956.9(d)(1)) Name of case: Shine Villanueva, an individual v. Kern County Hospital Authority, et al., Kern County Superior Court Case No. BCV-19-101706 TSC – SEE RESULTS BELOW
- 15) CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: Vice President & General Counsel Karen S. Barnes and designated staff – Unrepresented Employee: Chief Executive Officer (Government Code Section 54957.6) – SEE RESULTS BELOW

RECONVENED FROM CLOSED SESSION

Pelz-Alsop

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

Item No. 13 concerning Request for Closed Session regarding peer review of health practitioners (Health and Safety Code Section 101855(j)(2)) – HEARD; BY A UNANIMOUS VOTE (MOTION BY DIRECTOR MCLAUGHLIN, SECOND BY DIRECTOR BERJIS), THE BOARD APPROVED ALL PRACTITIONERS RECOMMENDED FOR INITIAL APPOINTMENT, REAPPOINTMENT, REVIEW/RELEASE OF PROCTORING, REQUEST FOR CHANGE IN STAFF STATUS, REQUEST FOR CHANGE IN PRIVILEGES, AND AUTOMATIC TERMINATION OF PRIVILEGES; NO OTHER REPORTABLE ACTION TAKEN

Item No. 14 concerning CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION (Government Code Section 54956.9(d)(1)) Name of case: Shine Villanueva, an individual v. Kern County Hospital Authority, et al., Kern County Superior Court Case No. BCV-19-101706 TSC – HEARD; NO REPORTABLE ACTION TAKEN

Item No. 15 concerning CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: Vice President & General Counsel Karen S. Barnes and designated staff – Unrepresented Employee: Chief Executive Officer (Government Code Section 54957.6) – HEARD; NO REPORTABLE ACTION TAKEN

ADJOURNED TO WEDNESDAY, MAY 19, 2021 AT 11:30 A.M.

Brar

/s/ Mona A. Allen
Authority Board Coordinator

/s/ Russell E. Bigler
Chairman, Board of Governors
Kern County Hospital Authority



**BOARD OF GOVERNORS
KERN COUNTY HOSPITAL AUTHORITY REGULAR MEETING**

May 19, 2021

Subject: Proposed retroactive Resolution in the matter of Advanced Practice Providers

Recommended Action: Approve; Adopt Resolution

Summary:

Advanced practice providers (APP) are not eligible for Medical Staff membership. They may be granted practice privileges in the hospital if they hold a license, certificate or other credential in a category of APP that your Board has identified as eligible to apply for practice privileges, and only if the APP are professionally competent and continuously meet the qualifications, standards and requirements set forth or otherwise referenced in the Medical Staff Bylaws, rules, regulations, and/or the Interdisciplinary Practice Manual. **An applicant must belong to an APP category approved for practice in the hospital by your Board.** The credentialing criteria/basic requirements, privileges, clinical department assignment, prerogatives, and responsibilities related to APP are set forth in the Medical Staff Bylaws. Procedural and fair hearing rights of APP are set forth in the Interdisciplinary Practice Manual.

On April 20, 2016, your Board adopted Resolution No. 2016-006, which recognized the following categories of advanced practice providers: Physician Assistant; Nurse Practitioner; Certified Registered Nurse Anesthetist; Certified Nurse Midwife; and Clinical Pharmacist; and

Registered Nurse First Assistant or "RNFA" is a class of advanced practice provider. The RNFA Assistant is a perioperative registered nurse who functions in an expanded role working in collaboration with the surgeon and other health care team members to achieve optimal patient outcomes in an efficient and cost effective manner. Kern Medical is recommending that your Board recognize RNFA as a category of advanced practice provider approved for practice in the hospital, effective October 1, 2020.

Attached is a revised resolution that recognizes the categories of APP previously approved by your Board and includes the addition of RNFA. The resolution also authorizes and directs the Medical Staff to establish certain practice standards and procedures designed to ensure the provision of quality patient care.

Therefore, it is recommended that your Board retroactively recognize the referenced categories of APP and adopt the attached resolution, effective October 1, 2020.

**-BEFORE THE BOARD OF GOVERNORS
OF THE KERN COUNTY HOSPITAL AUTHORITY**

In the matter of:

Resolution No. 2021-____

ADVANCED PRACTICE PROVIDERS

I, MONA A. ALLEN, Authority Board Coordinator for the Kern County Hospital Authority, hereby certify that the following Resolution, on motion of Director _____, seconded by Director _____, was duly and regularly adopted by the Board of Governors of the Kern County Hospital Authority at an official meeting thereof on the 19th day of May, 2021, by the following vote, and that a copy of the Resolution has been delivered to the Chairman of the Board of Governors.

AYES:

NOES:

ABSENT:

MONA A. ALLEN
Authority Board Coordinator
Kern County Hospital Authority

Mona A. Allen

RESOLUTION

Section 1. WHEREAS:

(a) The Board of Governors is the body in whom final authority and responsibility is vested for conduct of Kern Medical Center (Cal. Code of Regs., tit. 22, § 70035); and

(b) The Board of Governors desires to ensure Kern Medical Center provides a broad range of health services to its patients; and

(c) The Board of Governors recognizes that there are practitioners who are in a position to provide patient care services at Kern Medical Center but who are not eligible for membership in the Medical Staff, viz., advanced practice providers; and

(d) The Bylaws of the Medical Staff provide for a category of practitioners known as advanced practice providers (f/k/a allied health professionals); and

(e) The term “advanced practice providers” or “APP” refers to nurse practitioners and physician assistants, as well as other licensed, non-physician providers; and

(f) The Bylaws of the Medical Staff specify, inter alia, that a non-physician applicant applying for practice privileges must belong to an advanced practice provider category approved by the Board of Governors for practice in Kern Medical Center; and

(g) On April 20, 2016, by a unanimous vote of those Directors present, the Board of Governors adopted Resolution No. 2016-006, which recognized the following categories of advanced practice providers: Physician Assistant; Nurse Practitioner; Certified Registered Nurse Anesthetist; Certified Nurse Midwife; and Clinical Pharmacist; and

(h) Registered Nurse First Assistant or “RFNA” is a class of advanced practice provider; and

(i) The Registered Nurse First Assistant is a perioperative registered nurse who functions in an expanded role working in collaboration with the surgeon and other health care team members to achieve optimal patient outcomes in an efficient and cost effective manner, has acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice, intraoperatively practices at the direction of the surgeon, and does not concurrently function as a scrub person or circulator; and

(j) Kern Medical Center is recommending the Board of Governors recognize Registered Nurse First Assistant as a category of advanced practice provider approved for practice in Kern Medical Center, effective October 1, 2020; and

(k) The Board of Governors believes that the goal of providing a broad range of health services can be advanced by affording certain providers or categories of providers an opportunity to practice at Kern Medical Center, even though they are not eligible for Medical Staff membership.

Section 2. NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Governors of the Kern County Hospital Authority, as follows:

1. This Board finds the facts recited herein are true, and further finds that this Board has jurisdiction to consider, approve, and adopt the subject of this Resolution.

2. This Board hereby affirms the creation of a separate advanced practice provider status for providers who are not eligible for Medical Staff membership, but who nonetheless will be permitted to provide patient care services in an expanded role in Kern Medical Center and its affiliated clinics.

3. This Board hereby recognizes the following categories of advanced practice providers who are eligible to apply for practice privileges in Kern Medical Center and its affiliated clinics pursuant to employment or through an independent contractor agreement with the hospital: Physician Assistant; Nurse Practitioner; Certified Registered Nurse Anesthetist; Certified Nurse Midwife; Registered Nurse First Assistant; and Clinical Pharmacist.

4. This Board hereby authorizes and directs the Medical Staff of Kern Medical Center to create appropriate standards of practice for advanced practice provider categories approved by the Board to practice in the hospital.

5. This Board hereby authorizes and directs the Medical Staff of Kern Medical Center to establish procedures for credentialing and review of advanced practice providers from categories approved by the Board to practice in the hospital.

6. This Board hereby authorizes the Chief Executive Officer, or his designee(s), with the consent of the Medical Staff, to assume responsibility for individual advanced practice providers who performs services in Kern Medical Center and its affiliated clinics under close supervision, where oversight by the Medical Staff would not be efficient or practicable.

7. Resolution No. 2016-006, adopted by the Board of Governors on April 20, 2016, is hereby repealed and superseded by this Resolution, effective October 1, 2020.

8. The Authority Board Coordinator shall provide copies of this Resolution to the following:

Kern Medical Center
Medical Staff of Kern Medical Center
Interdisciplinary Practice Committee
Chief Nursing Officer
Human Resources Department
Legal Services Department



**BOARD OF GOVERNORS
KERN COUNTY HOSPITAL AUTHORITY REGULAR MEETING**

May 19, 2021

Subject: Proposed Amendment No. 2 to Master Services Agreement 30718 with JDM Solutions, Inc.

Recommended Action: Approve; Authorize Chairman to sign

Summary:

The proposed Amendment No. 2 for additional professional services with JDM Solutions, Inc., is required to meet the Kern Medical data and reporting operational requirements.

The proposed Amendment provides for the continued staffing of consultants who can:

1. Develop the Data Intelligence program that supports Kern Medical leveraging data analytics support and tools which feed the Population Health, HealthRegistries, HealthCare, and Interoperability programs;
2. Implement and support Data Governance that maintains data integrity across legacy and core systems;
3. Develop quick access to reporting and dashboards for Kern Medical leadership through Tableau as the Kern Medical real time data tool. Also, JDM provides a cost reduction strategy reducing expensive CCL report writing consultants and building a more intuitive dashboard data; and
4. Provide data tools for process improvement through data quality.

Agreement/Amendment	Purpose of Agreement/Amendment	Variance
Proposed Amendment No. 2	Amendment No. 2 will provide continued staffing of consultants to provide the following: 1. Develop the Data Intelligence program that supports Kern Medical 2. Implement Data Governance 3. Develop quick access to reporting and dashboards 4. Provide tools for process improvement through data quality	\$1,361,200
Amendment No. 1, dated July 17, 2019	Amendment to provide continued staffing of consultants to provide the following: 1. Develop the Data Intelligence program that supports Kern Medical which will: improve patient care outcomes with better data, provide accurate data that will reduce cost, and support external program in data sharing and improving external partnerships. 2. Implement Data Governance Structure which includes Data Improvement and Process Improvement 3. Develop quick access to reporting and dashboards to include Analytics and Reporting and Data Science 4. Provide tool for process improvement through data quality	\$1,289,600

Original Agreement, dated November 21, 2018	Agreement with JDM Solutions Inc. to provide consultants to develop the Data Intelligence program to support the Hospital Authority.	\$249,500
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Therefore, it is recommended that your Board approve the Amendment No. 2 with JDM Solutions, Inc. for professional services for the period May 1, 2021 through April 30, 2023, effective May 1, 2021, increasing the maximum payable by \$1,361,200, from \$1,539,100 to \$2,900,300 for the professional fees and travel expenses, and authorize the Chairman to sign.

**AMENDMENT NO. 2 TO
MASTER SERVICE AGREEMENT**

This Amendment No. 2 to the Master Service Agreement is made and entered into this 19th day of May 2021 between JDM Solutions Inc. (“Provider”) and Kern County Hospital Authority, a local unit of government which owns and operates Kern Medical Center (“Client”)

RECITALS

- a) Client and provider have heretofore entered into a Master Services Agreement for professional services dated August 16, 2018 and Amendment No. 1 dated July 17, 2019 for the period stated on the statement of work (“Agreement”); and
- b) Client requires additional professional services as outlined in Exhibit A-2 and B-2; and
- c) Application analyst resources will be available to assist with the expertise and gaps in resources; and
- d) It is the intent of the parties to use the same terms as outlined in the original MSA and any and all amendments; and
- e) The parties agree to amend certain terms and condition of the Agreement as hereinafter set forth and
- f) The Agreement is amended effective May 1st, 2021

NOW, THEREFORE, in consideration of the mutual covenants and conditions hereinafter set forth and incorporating by this reference the forgoing recital, the parties hereto agree to amend the agreement as follows:

- 1. Section 27, EXHIBITS. shall be amended with the additional exhibits:
“Exhibit A-2 – Provider’s Rate schedule, effective May 1, 2021
Exhibit B-2 – Work Order, effective May 1, 2021”
- 2. Exhibit A in Amendment No. 1 will terminate upon the effective date of this Amendment No. 2.
- 3. Except as otherwise defined herein, all capitalized terms used in this Amendment No. 2 have the meaning set forth in the Agreement.
- 4. This Amendment No. 2 shall be governed by and construed in accordance with the laws of the state of California.
- 5. This Amendment No. 2 may be executed in counterparts, each of which shall be deemed an original, but all of which taken together shall constitute one and the same instrument.
- 6. Except as provided herein, all other terms, conditions, and covenants of the Agreement and any and all amendments thereto shall remain in full force and effect.

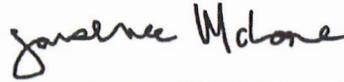
IN WITNESS TO FOREGOING, the parties have executed this Amendment No. 2 as of the date first above written. Both parties agree that a single original of this agreement will be executed:

THIS AMENDMENT NO. 2 IS AGREED TO AND ACCEPTED this 19th day of May 2021, by:

Kern County Hospital Authority

Printed Name: RUSSELL BIGLER

Title: Chairman, Board of Governors



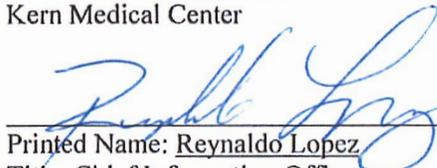
JDM Solutions, Inc.

Printed Name: JAISHREE MCLANE

Title: President

APPROVED AS TO CONTENT:

Kern Medical Center



Printed Name: Reynaldo Lopez

Title: Chief Information Officer

APPROVED AS TO FORM:

Legal Services Department



Hospital Counsel

Kern County Hospital Authority

EXHIBIT A-2

RATE SCHEDULE

This exhibit is an addendum to the Master Services Agreement that was signed August 16, 2018, between JDM Solutions Inc. (“Provider”) and Kern County Hospital Authority (“Client”).

FEE SCHEDULE:

		Hour/wk.	Hours/Yr.	FTE
	Data Intelligent Solution Provider	40	2080	1
	Architect	12	624	0.3
	Developer	40	2080	1
	Application Analyst/Developer	12	624	0.3
	Data analytic and Dashboards	40	2080	1
	Process Improvement Manager	16	832	0.4
	TOTAL	160	8320	4
	Total Cost		\$752,500.00	
	Discounted		\$86,900.00	
	Fixed Price/yr.		\$665,600.00	
	Travel Expenses/yr.*		15,000.00	
	Total price of contract		\$1,361,200.00	

Note:

*Travel allowance will not exceed 15K/yr.

EXHIBIT B-2

Statement of Work/Work Order

This exhibit is an addendum to the Master Services Agreement that was signed August 16, 2018, between JDM Solutions Inc. (“Provider”) and Kern County Hospital Authority (“Client”).

WORK ORDER #:202102KERN

WORK ORDER SUBMISSION DATE: March 31st, 2021

WORK ORDER EXPECTED START DATE: May 1st, 2021

PLACE OF PERFORMANCE: ONSITE & REMOTE

EXPECTED DURATION: 2 years

OBJECTIVE:

- Enable Kern Medical with Enhanced Data Analytics Capabilities and reduce overall operational cost of 300K/yr. by phase 4 and reduce dependency of HealthIntentEDW and HealthAnalytics
- Develop the Data Intelligence program that supports Kern that provide accurate data to optimizes patient care and reduce cost
 - shift dependency from costly vendor support and toward independent internal data solutions
 - support the hospital initiatives and provide data that helps with operations and patient care
 - create a single access point data solution that will provide accurate and trustworthy data
 - enable the organization with data tools using a self-service analytics framework for quicker and accurate insights
 - Provide accurate data that will reduce cost
 - Support external program in data sharing and improving external partnerships
 - provide advanced analytics to department who need it to increase revenue and quality of care
- Implement Data Governance structure
 - Data standardization across the organization
 - Process improvement
- Develop quick access to reporting and dashboards without dependence on Cerner resources
 - Analytics & Reporting
 - Data Science
- Provide tool for process improvement through data quality
- Sunset additional systems and save 350K in sun setting systems

Note: This is based on overall IT Strategy

SCOPE OVERVIEW:

Phase 1 of kern data strategy is complete, plus provided support to help Kern operationally with current needs

		PHASE 1			Phase 2	Phase 3		
		2019	2020	2021		2022		
Data Intelligence Infrastructure	Enterprise Data Warehouse	**Data Integration: Legacy Systems		Data Integration: Cerner Systems (Informatica)	Functional Area Uni		Phase 1 complete, legacy data is in KernEDW	
		**Portal to view legacy data		Combine MPM & Person	Add Provider	Establish on stop shop for related to data	Intergrate Cerner with Legacy. This will elimiate data requests	
	Data Governance	Enterprise Data Stewardship (PMP)			Self-Service Universes		Create data universe for subject matter experts	
		Data Quality & Master Data Management					Empower user with data and reduce the report generations	
				Enterprise Data Catalog (Informatica)			Maintain data quality	
Data Intelligence Delivery & Support Services	Data Validation/Cleanup	KHS Claims Revenue Validation					provide partnership to Maintain data quality	
	Reports	Health Net claims Validation					provide partnership to Maintain data quality	
		**Regulatory Reporting		Regulatory Support	New Regulatory Submission Process			provide partnership to Maintain data quality
		Go-Live Operational Reports						With HealthIntent following will need to be built which would be additional cost
	Dashboards	JIRA Operational Reporting					Through data governance maintain	
				Proto-typing: Rev Cycle, Covid, etc				Reduce this cost by half
	Self-Service Reporting & Dashboarding				Enterprise Dashboards (Tableau)		Empower users with data	
Advanced Analytics				Dashboard Training		Empower users with data		
				Self-service dashboarding		Empower users with data		
Data Intelligence Projects	Projects/Initiatives	**Cerner Go-live Support						
		Meaningful Use		Interoperability Support (Common well, immunization, ADT notification, closing referral, etc)			Support Submission easily by pop health team	
		**Data Migration to Cerner						
		Midas						easily import data into 3rd party software
		HEDIS						
		OSHPD		OSHPD support		Support Submission easily by pop health team		
		**HealthIntent		HealthIntent Support		Reduce this cost by brining this in internally		
		HealthCare		HealthCare Support		support new iniativies		
				HealthRegistries	HealthRegistries Support	support new iniativies		
** Contracted Engagements								

SCOPE SERVICES:

Outline of the Phases: The details that will be included in each phase

Phase 1 2019 - 2020	Future State Planning	Phase 2 2021	Phase 3 2022	Phase 4 2023 +
<p>Objectives</p> <p>1) Sunset legacy systems to reduce costs (expected reduction of \$2,057,538.94) Deliverable: Legacy system data now in EDW environment (\$2,119,582.14)</p> <p>2) Standardized Population Health regulatory reports Deliverable: Develop and support regulatory reporting in <u>HealthAnalytics</u></p> <p>3) Reduce Cerner and interface costs Deliverable: Support Cerner Go-live Deliverable: Deploy HealthIntent</p> <p>Additional Opportunities and Deliverables (\$545K)</p> <ol style="list-style-type: none"> 1. New Regulatory Submission Process (\$30K) 2. Meaningful Use Reporting (10K) 3. Midas go-live support (25K) 4. OSHPD Reporting (25K) 5. HEDIS Audit Reporting (15K) 6. Support Cerner Operational Reporting (10K) 7. Support JIRA Operational Reporting (350K) 8. Promoting Interoperability (25K) 9. Implement and support HealthCare (10K) 10. KHS Claims revenue validation (10K) 11. Health Net claims data validation (10K) 12. <u>HealthRegistries</u> (25K) 		<p>Status</p> <p>Complete/Maintenance</p> <p>Complete</p> <p>Complete Complete/Maintenance</p> <p>Status</p> <ol style="list-style-type: none"> 1. In Progress/Maintenance 2. Complete 3. Complete 4. Complete/Maintenance 5. Complete/Maintenance 6. Complete 7. In Progress/Maintenance 8. In Progress/Maintenance 9. Complete/Maintenance 10. Complete 11. Complete 12. In Progress 		

Phase 1 2019 - 2020	Future State Planning	Phase 2 2021	Phase 3 2022	Phase 4 2023
<p>Focus</p> <p>Stand-up and stabilize the EDW and Data Analytics ecosystem</p>				
<p>Objectives</p> <ul style="list-style-type: none"> ➤ Integrate all data and reduce dependency on one-off reports ➤ Fully integrate the Tableau dashboarding ecosystem and focus on adoption and use ➤ Additional saving of \$350K <ul style="list-style-type: none"> ➤ See list above in slide 2 ➤ Mature business-driven Data Governance and advance the Enterprise Data Catalog ➤ Create data universes by data domain ➤ Start Data Intelligence Portal strategy for single access point to dashboards, reports, data sets, etc. 		<p>Outcomes/Deliverables</p> <ul style="list-style-type: none"> ➤ Initiate and develop the following: <ul style="list-style-type: none"> ➤ Robust datasets by functional area via EDW and Informatica ➤ Enterprise data catalog (EDC) via Informatica ➤ Enterprise dashboards via Tableau ➤ Data steward dashboarding training curriculum ➤ <u>HealthRegistries</u> ➤ Maintain and expand on the following: <ul style="list-style-type: none"> ➤ Interoperability support ➤ JIRA Operational reporting ➤ OSHPD support ➤ HealthIntent and <u>HealthCare</u> support ➤ Master data management ➤ Enterprise data stewardship ➤ New regulatory submission process 		

Phase 1 2019 - 2020	Future State Planning	Phase 2 2021	Phase 3 2022	Phase 4 2023
Focus				
Advance self-service analytics model by leveraging Data Analytics capabilities and programs				
<p>Objectives</p> <ul style="list-style-type: none"> ➤ Fully integrate all data by department needs / Work with Governance Team? ➤ Provide training for self-service data ➤ Use data analytics to improve clinical, financial, and operational programs ➤ Integrate Evidence Based Care models into EDW E.g. AHRQs Quality Indicators (QIs) <ul style="list-style-type: none"> ➤ Prevention (PQIs) – assess quality of health services in the community ➤ Inpatient (IQIs) – assess quality of care inside hospital ➤ Patient Safety PSIs – assess the incidence of adverse events and in-hospital complications ➤ Pediatric Quality (PDIs) – identify quality and patient safety issues specific to pediatric inpatients 		<p>Outcomes/Deliverables</p> <ul style="list-style-type: none"> ➤ Initiate and develop the following: <ul style="list-style-type: none"> ➤ Evidence based care data models ➤ Statistical and predictive analytic models ➤ Maintain and expand on the following: <ul style="list-style-type: none"> ➤ Enterprise data stewardship ➤ Enterprise dashboards ➤ Functional area datasets/universes in EDW ➤ Enterprise data catalog ➤ Master data management ➤ JIRA Operational reporting ➤ Interoperability support ➤ OSHPD support ➤ <u>HealthIntent</u>, <u>HealthCare</u>, & <u>HealthRegistries</u> Support 		

Phase 1 2019 - 2020	Future State Planning	Phase 2 2021	Phase 3 2022	Phase 4 2023
Focus				
Sustain and automate Data Analytics capabilities through fully-enabled Analytics Center of Excellence to progress toward advanced analytics (predictive and prescriptive analytics)				
<p>Objectives</p> <ul style="list-style-type: none"> ➤ Reduce the need for new software solutions ➤ Overall, have a better long term data solution at a lower cost an ➤ Maintain a Kern Enterprise Data Warehouse without having additional costs from Cerner 		<p>Outcomes/Deliverables</p> <ul style="list-style-type: none"> ➤ Automate, maintain, and expand on the following: <ul style="list-style-type: none"> ➤ Evidence based care data models ➤ Statistical and predictive analytic models ➤ Enterprise data stewardship ➤ Enterprise dashboards ➤ Functional area datasets/universes in EDW ➤ Enterprise data catalog ➤ Master data management ➤ JIRA Operational reporting ➤ Interoperability support ➤ OSHPD support ➤ <u>HealthEDW</u>, <u>HealthAnalytics</u> transition and sunsetting and move to KernEDW 		

RESOURCES:

Service	Service Description
<p>Appropriate staff will be brought in as needed to support the objectives. Following resources will be available as needed.</p>	
<p>Data Analytic Resources</p>	<ul style="list-style-type: none"> • Jan Acker (Primary) • Franco Rodriguez • Rachel Jones • Other resources as needed
<p>Technical Resources</p>	<ul style="list-style-type: none"> • Jaishree McLane (Primary) • Colleen White • Francis Mayo • Russell Stimpson • Rachel Chen • Other will be added as needed during the contract

APPENDIX 1

Additional saving list: There may be more they will be address as they are encountered

Description	Total Cost
Pathways interface Manager	\$ 5,493
80 perpetual user for PeopleSoft CSI	\$ 31,348
Pathways interface Manager Full use Maintenance	\$ 17,369
Blood Bank Oracle Std Maintenance	\$ 3,190
Blood Bank Maintenance	\$ 22,668
Session Access manager VPN	\$ 2,400
ASP Extranet VPN	\$ 2,700
FormFast eSignature and Web form Imprint Maintenance	\$ 5,369
Optum insight ICD10 & Titles for Star Version 23	\$ 3,014
Retrofit ICD10 & Titles to Star version 21	\$ 3,000
Xcelera CPACS	\$ 54,001
Change HealthCare	\$ 9,600
CHC DDE Acute	\$ 6,000
Laserarc	\$ 168,000
HIC	\$ 10,000
ILE/Scanners	\$ 6,000
Total Savings	\$350,155

APPENDIX 2

Previously sunsetted

Phase 1 -2019 - 2020

- Provide 2019, 2020 one stop shop for all Kern data (Bring data into KernEDW)
- Projected Save \$2,057,538.94
- Actual Save \$2,176,983.72

Description	Total Cost	Savings
IECG - ECG	\$21,342.00	\$21,342.00
ECG Migration	\$90,000.00	\$90,000.00
MCG Indicia	\$50,000.00	\$50,000.00
Medical Records OneContent Extra functionality - Additional Features	\$83,060.23	\$83,060.00
Open Vista HER Subscription	\$569,843.72	\$569,843.72
Star (Radiology, scheduling, DRG, Order Management, Abstracting, patient processing Maintenance)	\$286,572.00	\$286,572.00
Pathways interface Manager(OneContent) Annual Maintenance Support services	\$238,198.40	\$238,198.40
Star (Citrix) (HCI) (HPF)(SystemCare Bundle)(Centera) (Storage Tier1) Yearly Maintenance	\$234,919.32	\$234,919.32
Star HBOCWEM Maintenance	\$294,882.48	\$294,882.48
Star Workstation Maintenance support contract	\$25,722.90	\$25,722.90
Star Reporting Maintenance support contract	\$12,442.67	\$12,442.67
Saving	\$1,906,983.72	\$1,906,984.00
Other system that were discover later		
Qsite		\$ 150,000.00
HPP		\$ 120,000.00
i2i		\$ 26,000.00
Total Saving		\$2,176,983.72

11



**BOARD OF GOVERNORS
KERN COUNTY HOSPITAL AUTHORITY REGULAR MEETING**

May 19, 2021

Subject: Kern County Hospital Authority Financial Report – March 2021

Recommended Action: Receive and File

Summary:

COVID-19 Impact on Kern Medical Operations:

The COVID-19 pandemic has impacted Kern Medical's key performance indicators as follows:

- Average Daily Census of 144 for March is 7 more than the March budget of 137 and 3 less than the 147 average over the last three months
- Admissions of 894 for March are 38 more than the March budget of 856 and are 108 more than the 786 average over the last three months
- Total Surgeries of 531 for March are 43 more than the March budget of 488 and 138 more than the 393 average over the last three months
- Clinic Visits of 25,856 for March are 11,923 more than the March budget of 13,933 and 9,371 more than the 16,485 average over the last three months mainly due to 9,989 of COVID-19 vaccinations provided during March

Kern Medical has maintained the staffing levels necessary to adequately provide coverage for a surge in pandemic activity if necessary. In addition, Kern Medical is participating in all emergency funding programs available at the county, state, and federal levels to offset lost revenue and increased expenses that may be realized due to the COVID-19 issue.

The following items have budget variances for the month of March 2021:

Patient Revenue:

Gross patient revenue has a favorable budget variance for March, and on a year-to-date basis, mainly because of strong average daily census levels. In addition, there has been an overall increase in revenue cycle efficiency due to the implementation of the Cerner electronic health record. Gross patient revenue has increased 10% year-to-date compared to prior year.

Indigent Funding Revenue:

Indigent funding has an unfavorable budget variance for the month of March due to a conservative approach of recognizing indigent funding revenue. During each month of fiscal year 2021 Kern Medical will only recognize 95% of the total projected revenue for the Managed Care Rate Range Program, the Medi-Cal Quality Assurance Fee Program, the Physician SPA Program, the Graduate Medical Education (GME) Program, and the AB915 Outpatient Supplemental Funding Program. Kern Medical will recognize 100% of total projected revenue for the Medi-Cal Waiver Programs of Public Hospital Redesign and Incentives in Medi-Cal (PRIME), the Global Payment Program (GPP), and the Whole Person Care Program (WPC). Kern Medical will also recognize 100% of the projected revenue for the Enhanced Payment Program (EPP) and the Quality Incentive Program (QIP).

Owned and Operated by the Kern County Hospital Authority
A Designated Public Hospital

1700 Mount Vernon Avenue | Bakersfield, CA 93306 | (661) 326-2000 | KernMedical.com

On a year-to-date basis there is a favorable budget variance for indigent funding because of the receipt and recognition of \$3.570 million from the Low-Income Health Plan (LIHP). Settlements were reached for prior years' LIHP activity that were not previously accrued for on Kern Medical's balance sheet.

Other Operating Revenue:

Other operating revenue has a favorable budget variance for March due to the receipt of funds from the County of Kern for the operation of COVID-19 testing facilities and COVID-19 mobile vaccination units. This revenue is offset by Kern Medical's costs to provide these services for the County of Kern. In addition, an allocation of Proposition 56 funding was received in March. Proposition 56 is a California tax on tobacco products. The tax revenue is used for research, prevention, and treatment of tobacco related health issues.

Other Non-Operating Revenue:

Other non-operating revenue has an unfavorable budget variance for the month because a less than average amount of federal and state COVID-19 related funding was received in March. COVID-19 related funding is budgeted evenly throughout FY 2021 as other non-operating revenue; however, COVID-19 funding is not received consistently on a monthly basis. Therefore, the actual dollar amount recorded for this line item may fluctuate vs. budget on a monthly basis but should align with budget on a year-to-date basis by year-end.

Salaries Expense:

On a month-to-date and year-to-date basis, salaries are over budget due in large part to higher than average expenses for management and supervision, aides and attendants, and for physicians. Management, supervision, aides and attendant's salaries have both increased 15% over prior year and physician salaries have increased 6% over prior year. There has also been an increase in FTEs in the Behavioral Health unit for additional sitters needed for an increase in behavioral health patients.

Benefits Expense:

Benefits expense is over budget for March due to higher than average costs for paid time off (PTO), unemployment insurance, retirement, and pension obligations. These line items also drive the unfavorable year-to-date budget variance. However, these items account for a smaller percentage of total gross salaries this year than they did in prior year.

Medical Fees:

Medical fees are over budget for the month, primarily due to higher than average fees paid to Total Renal Care, Inc. for dialysis related services. On a year-to-date basis, medical fees are over budget due in part to Total Renal expenses and due to true-up entries to account for under accruals for expenses in prior months.

Other Professional Fees:

Other professional fees are slightly under budget for March due to less than average consulting expenses for the month. On a year-to-date basis, there is a favorable budget variance because of the reversal of an expense accrual for Allscripts services. The Information Systems department determined that the expense was over accrued in prior months. In addition, Kern Medical received credits from Change Healthcare for overpayments made to the vendor in prior months.

Supplies Expense:

Supplies expense is slightly under budget for the month primarily because of a credit received from Allergan USA pharmaceuticals. The favorable year-to-date variance is due to lower than expected pharmaceutical expense throughout the year.

Purchased Services:

Kern Medical operated at the budgeted dollar amount for purchased services expenses for the month of March. On a year-to-date basis, purchased services are under budget because of lower than average expenses for ambulance fees and for out-of-network contracted patient care services provided by other healthcare facilities.

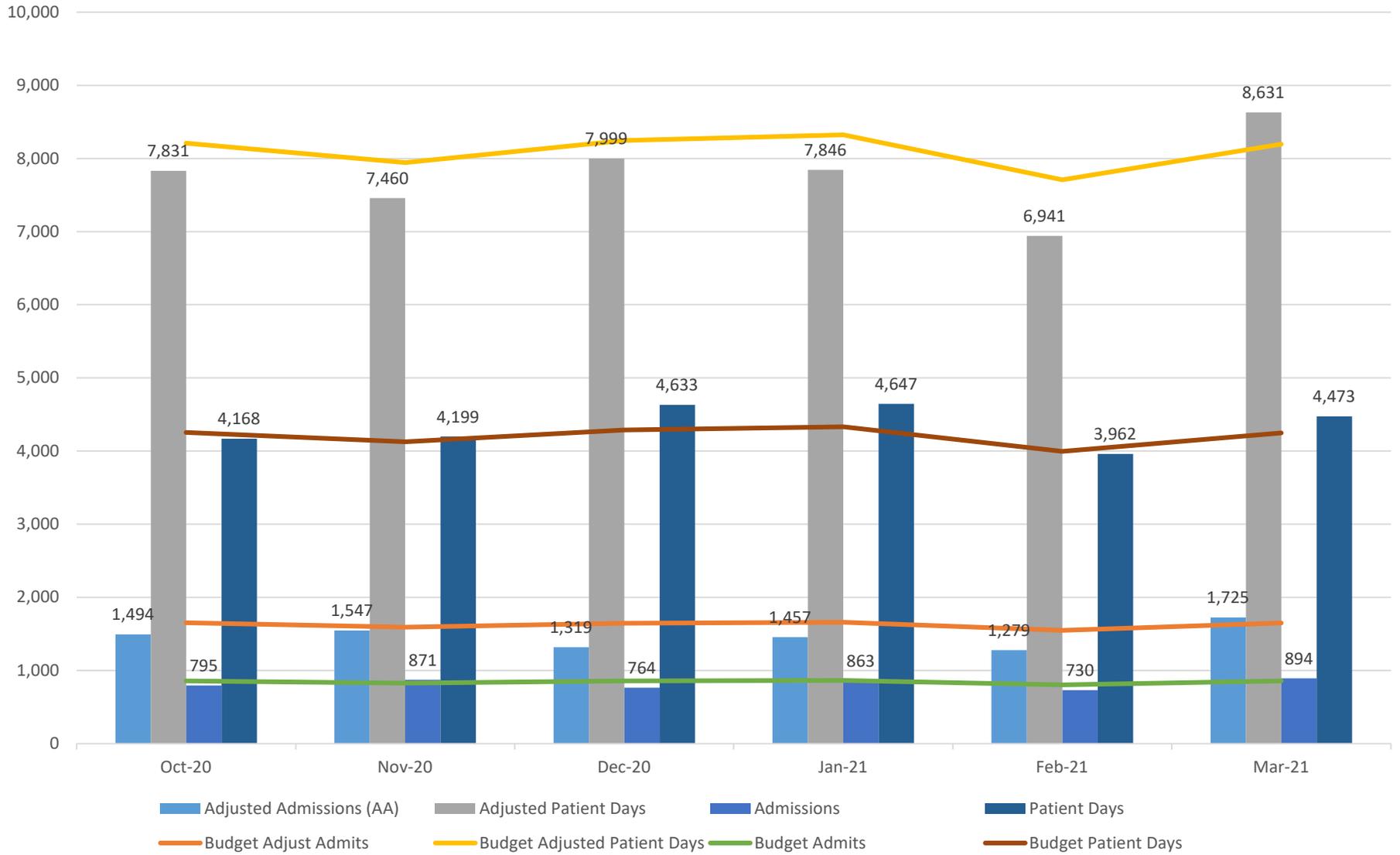
Other Expenses:

Other expenses are slightly under budget for the month of March due to lower than average utilities expenses. Higher than average repairs and maintenance expenses and high utility expenses during the early months of the fiscal year are the reasons for the unfavorable year-to-date budget variance for this line item.

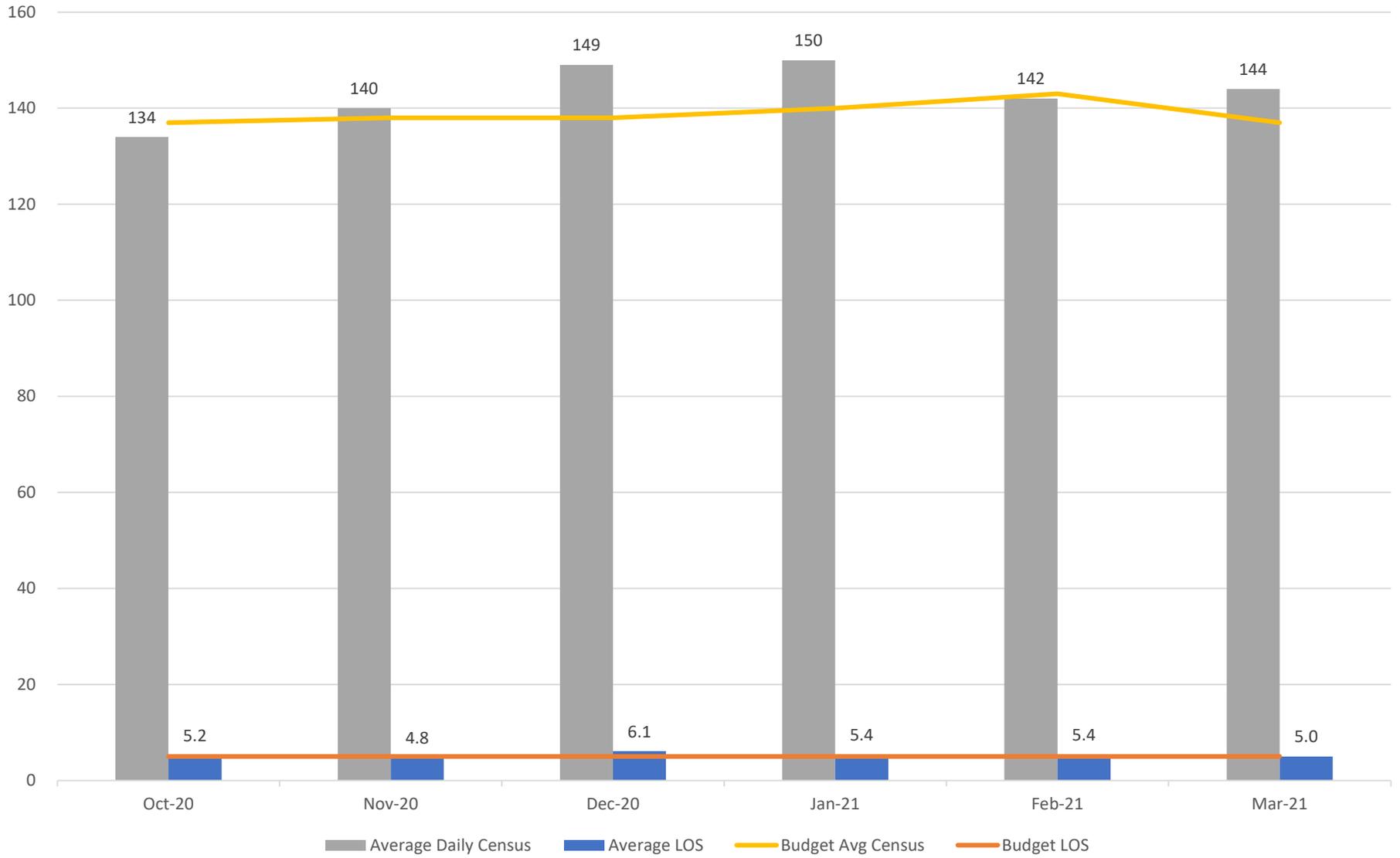


**BOARD OF GOVERNORS' REPORT
KERN MEDICAL – MARCH 2021**

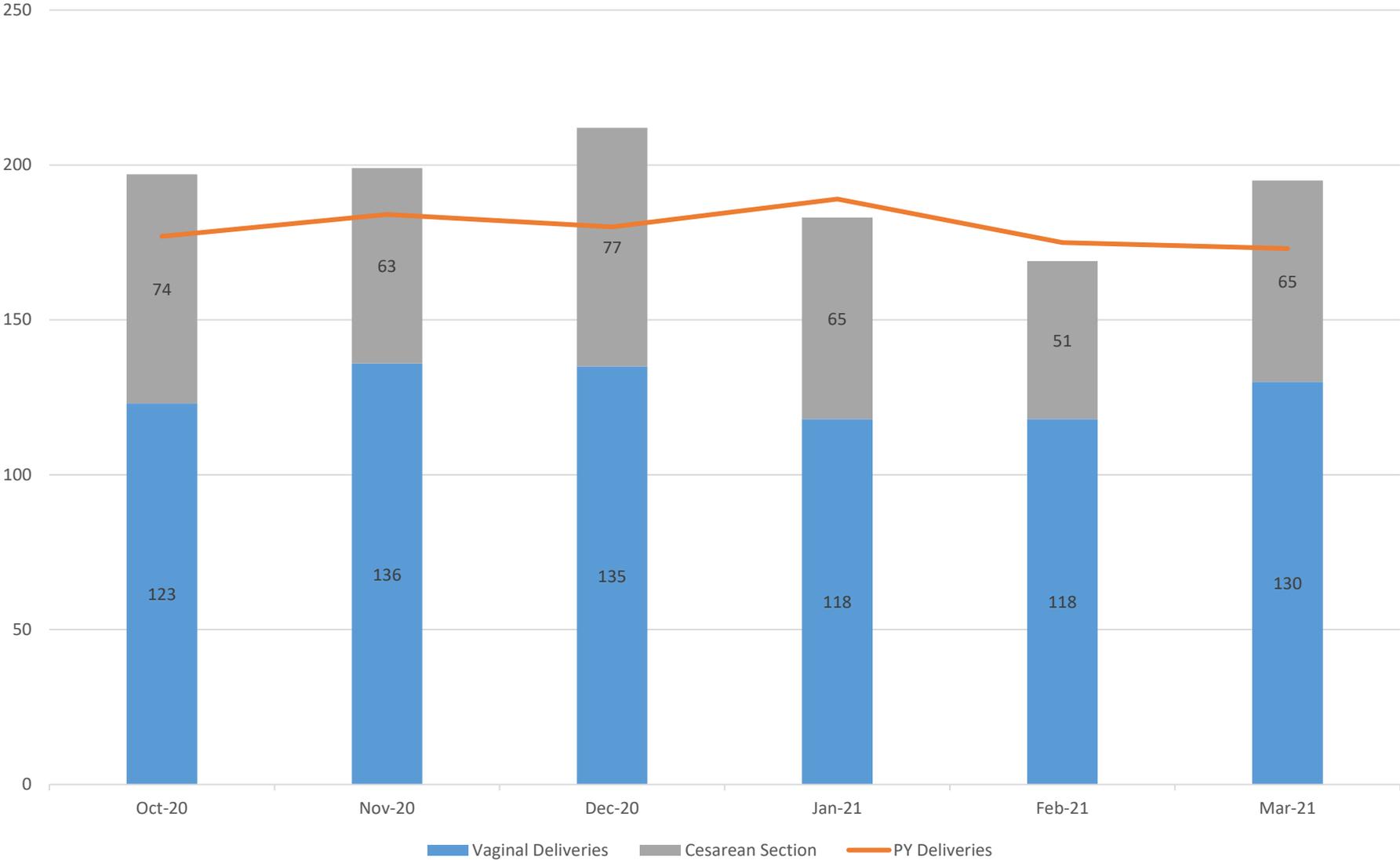
Hospital Volumes



Census & ALOS



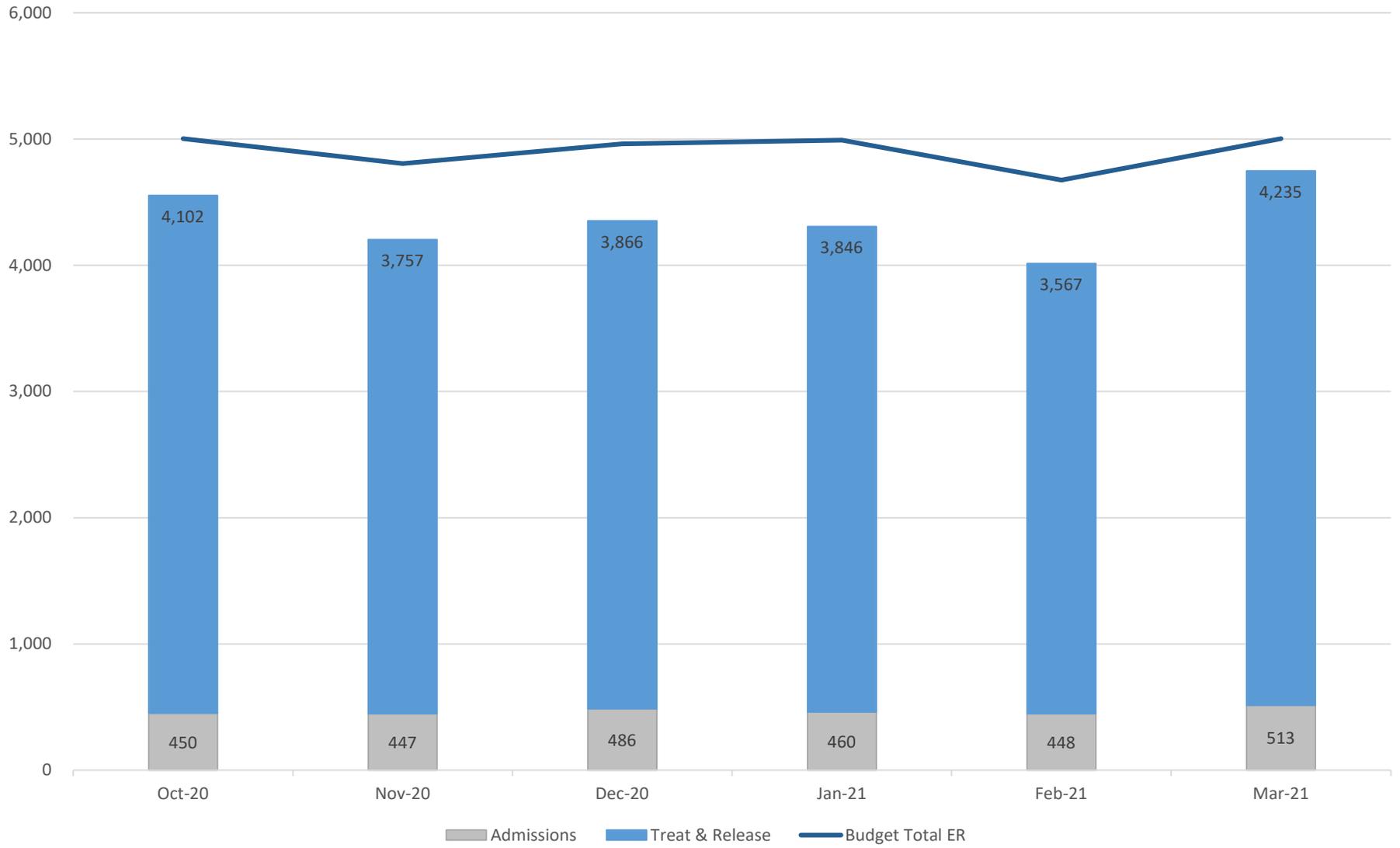
Deliveries



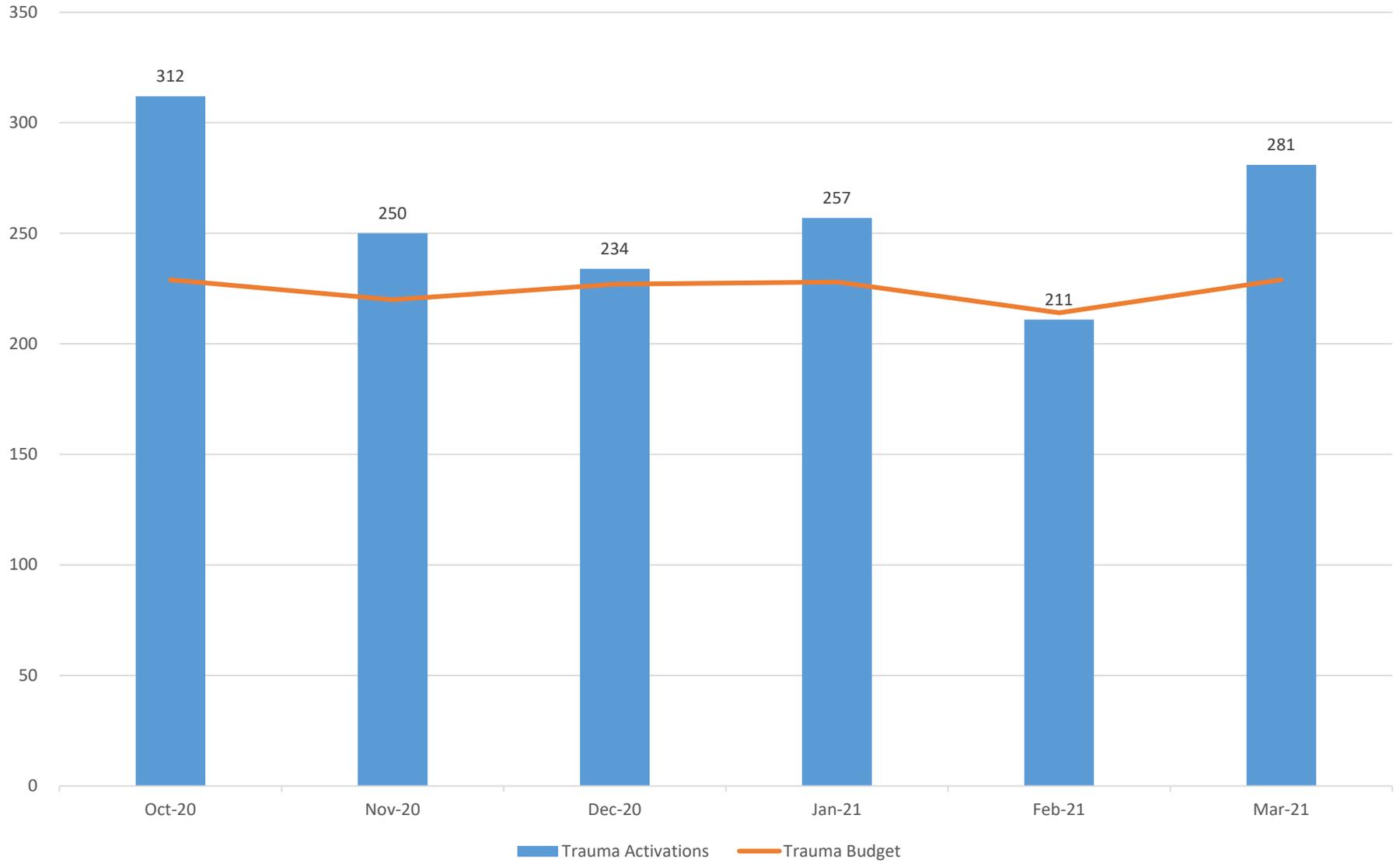
PAYER MIX



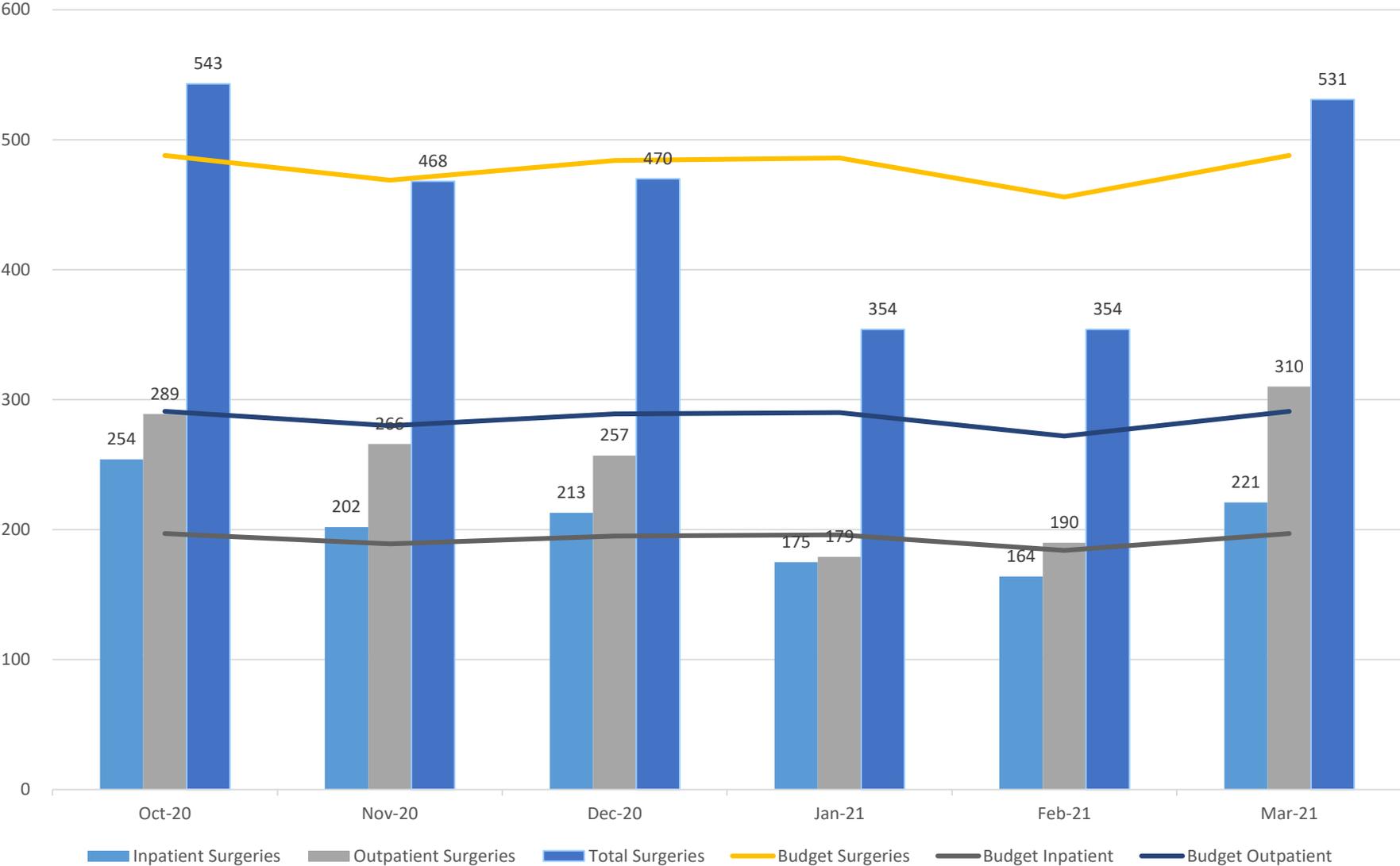
Emergency Room Volume



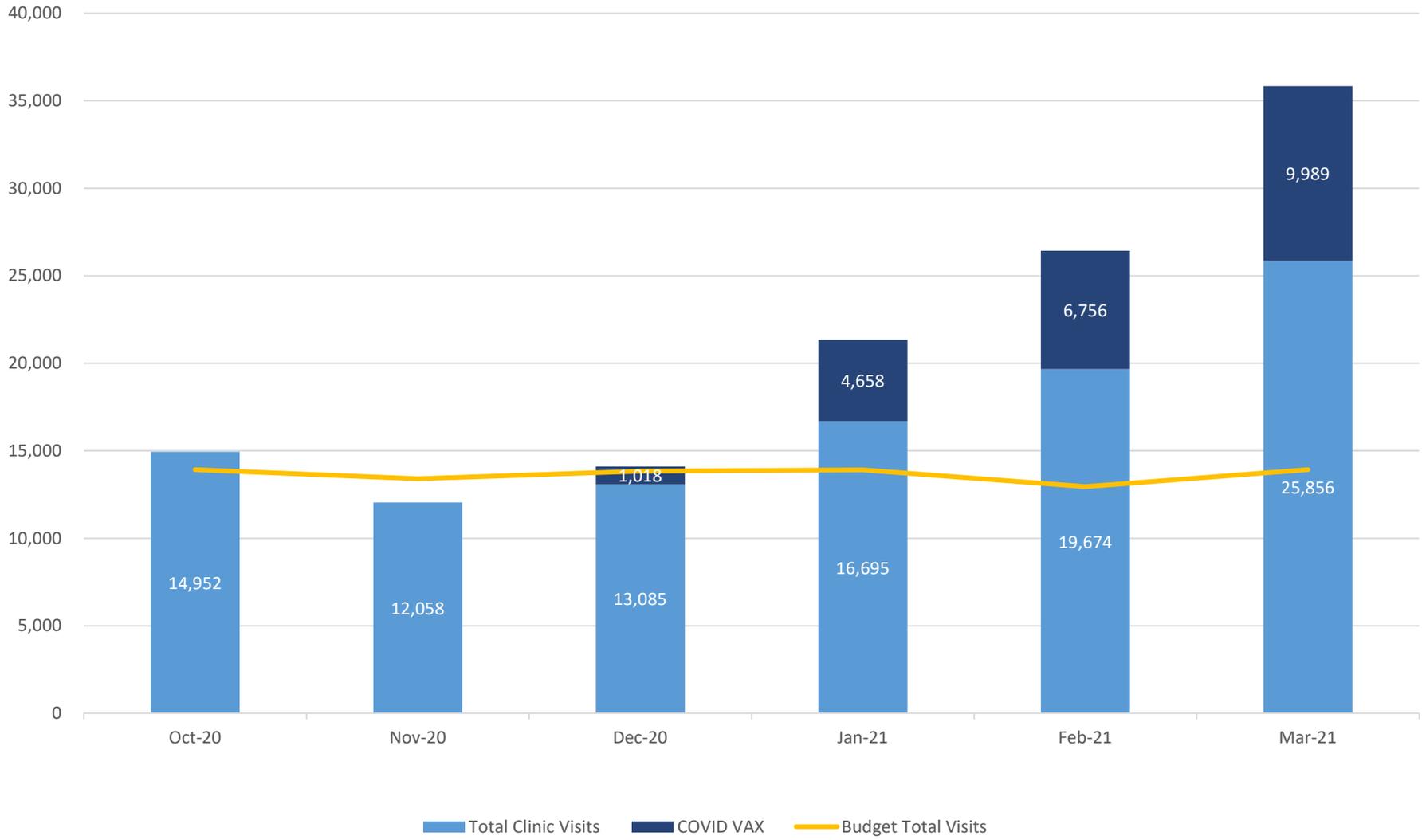
Trauma Activations



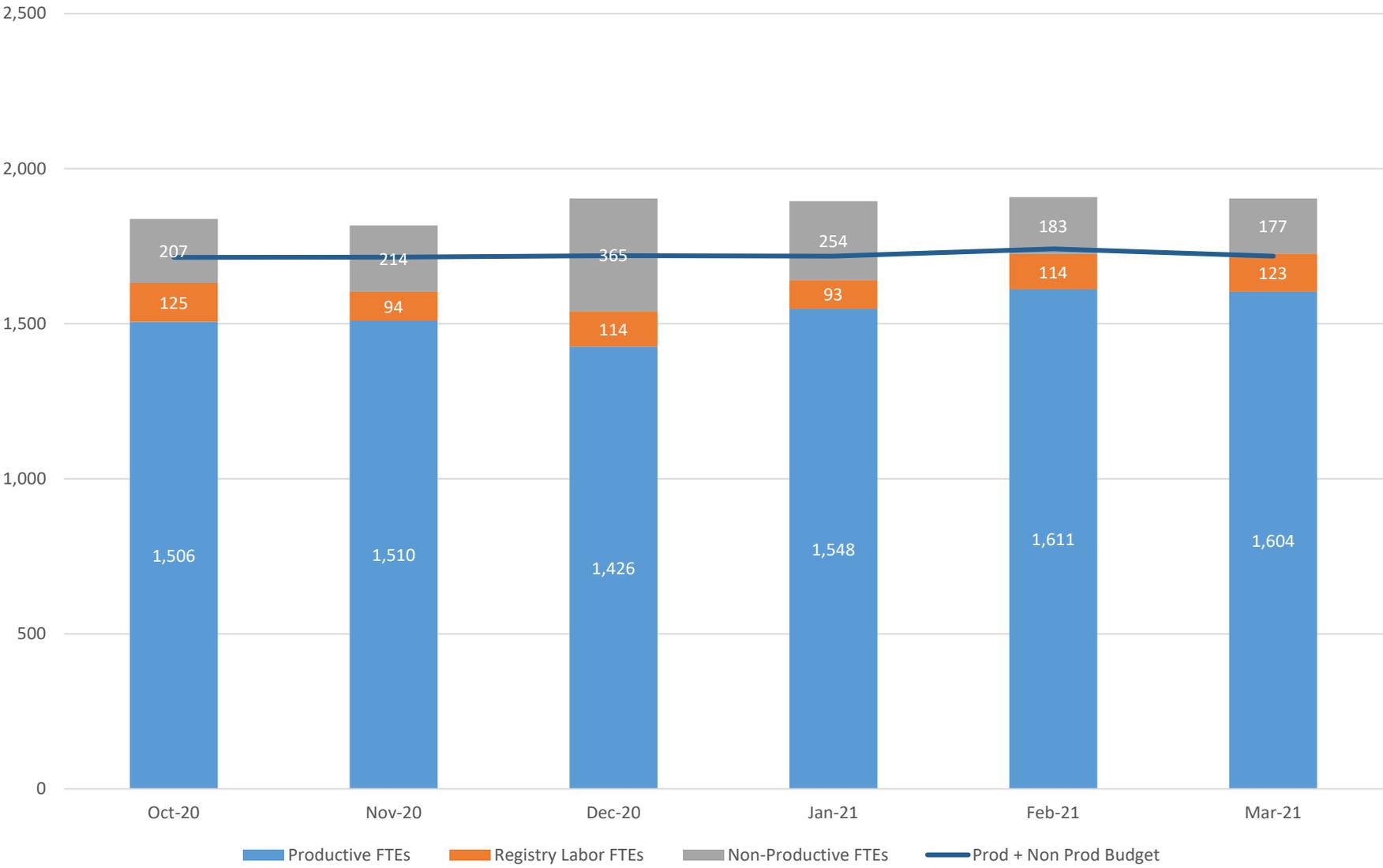
Surgical Volume



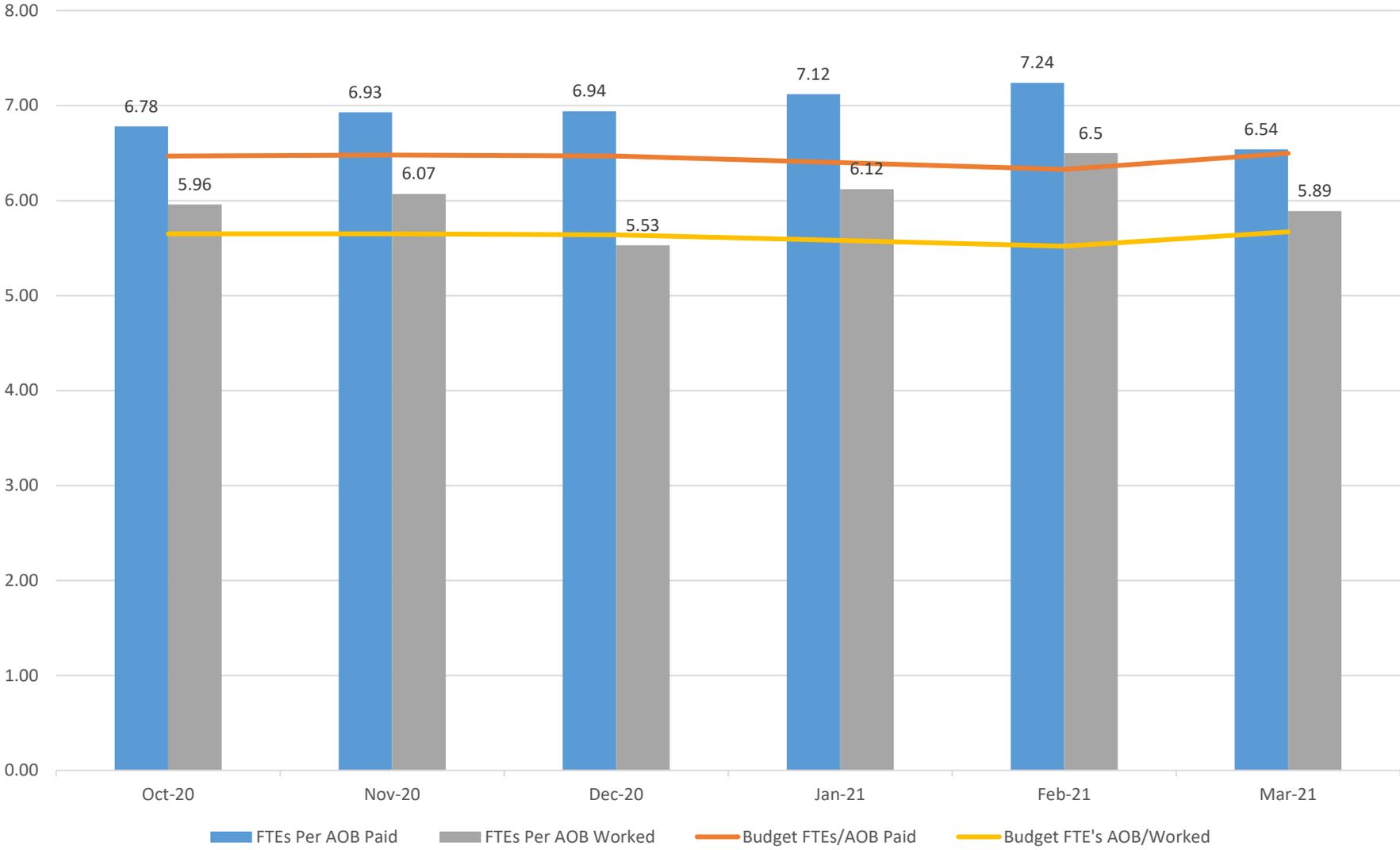
Clinic Visits



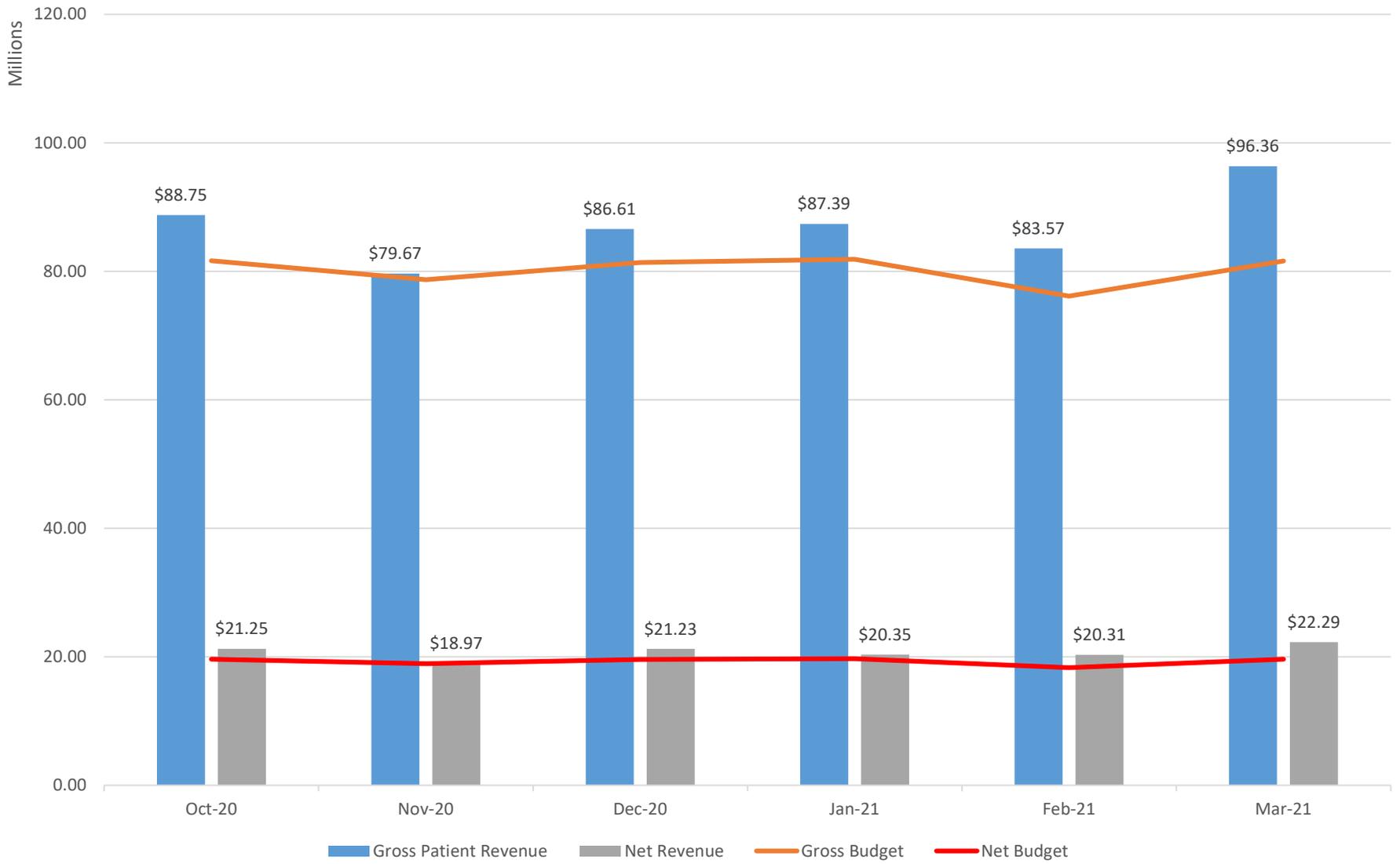
Productivity



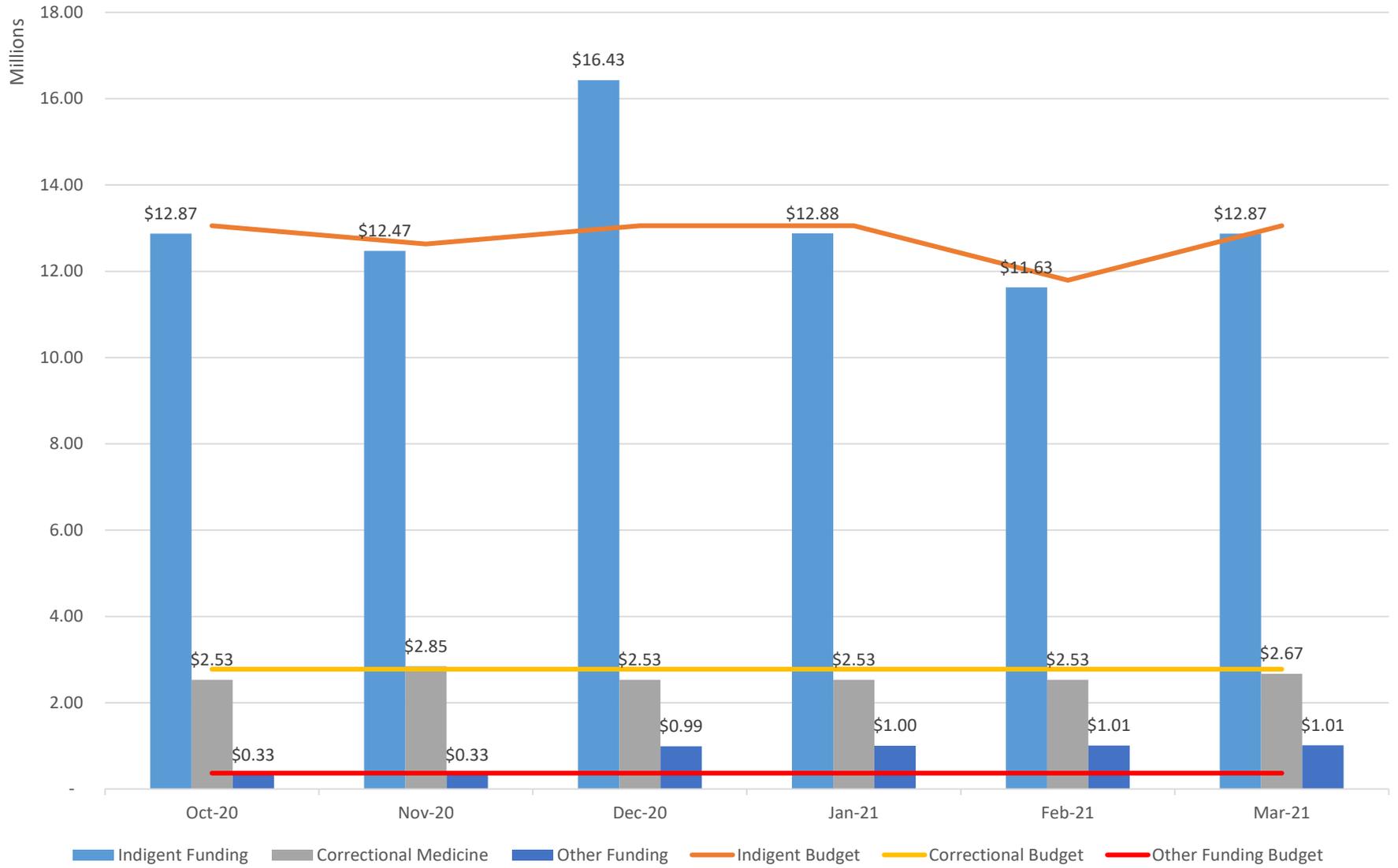
Labor Metrics



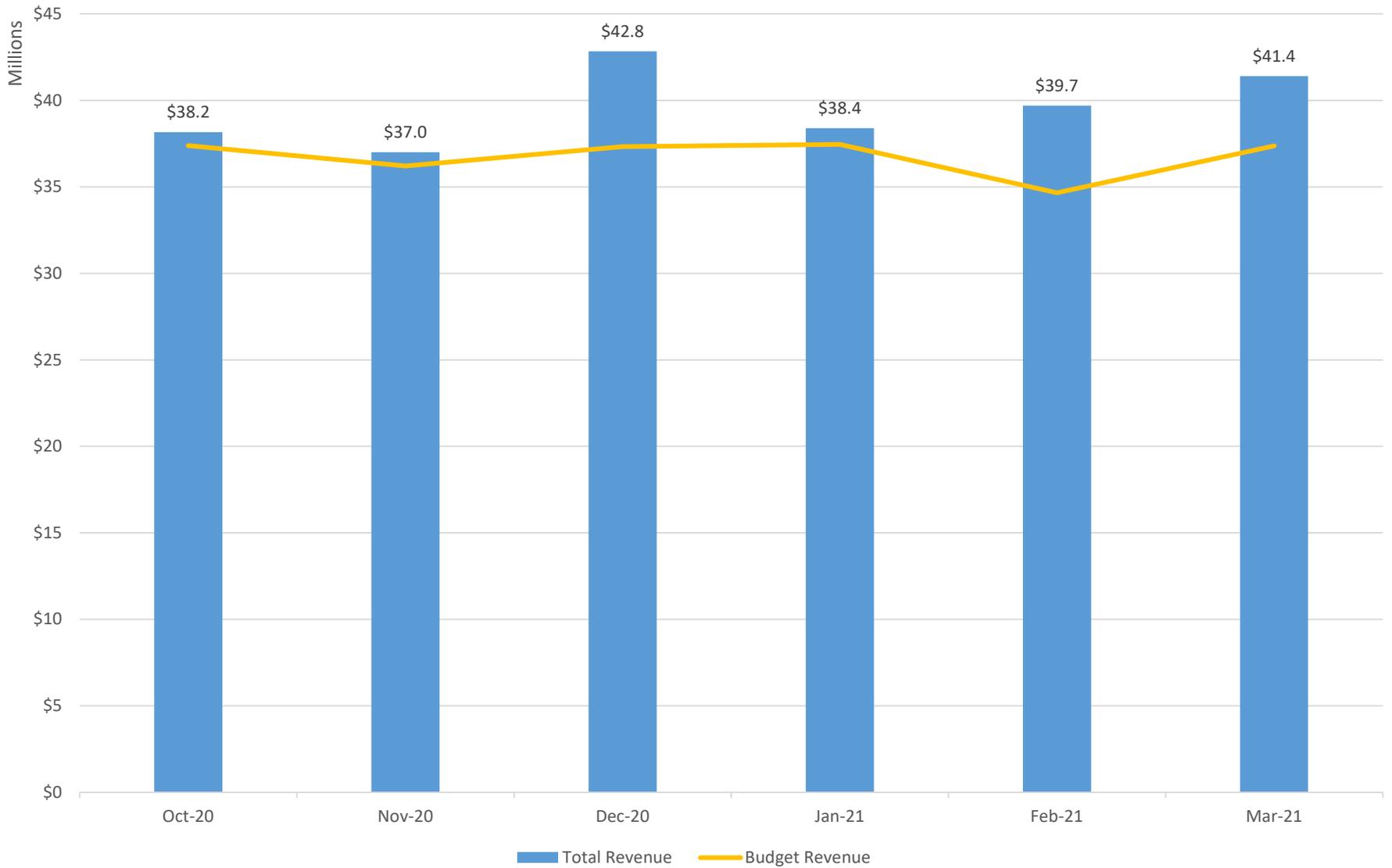
Patient Revenue



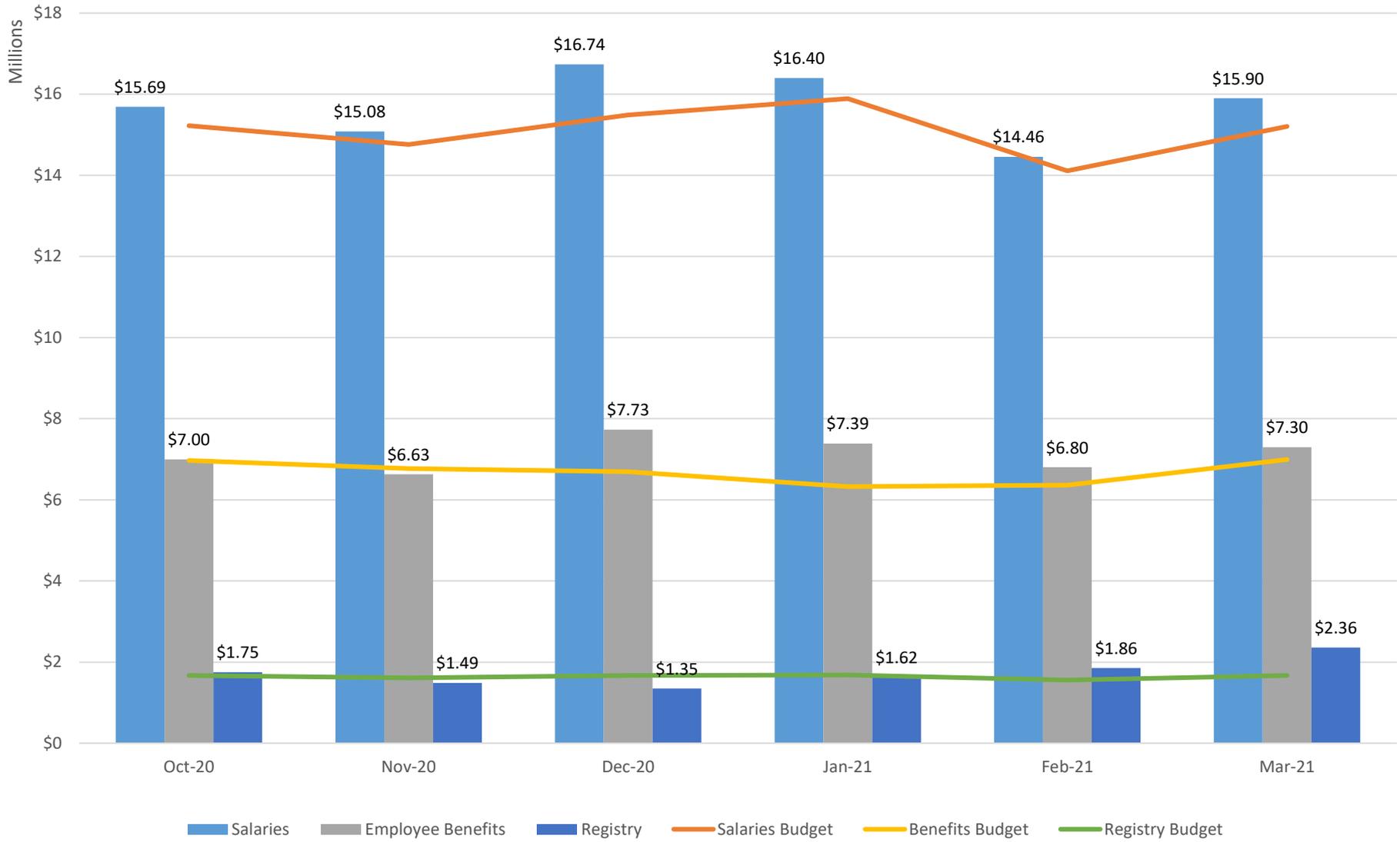
Indigent & Correctional Revenue



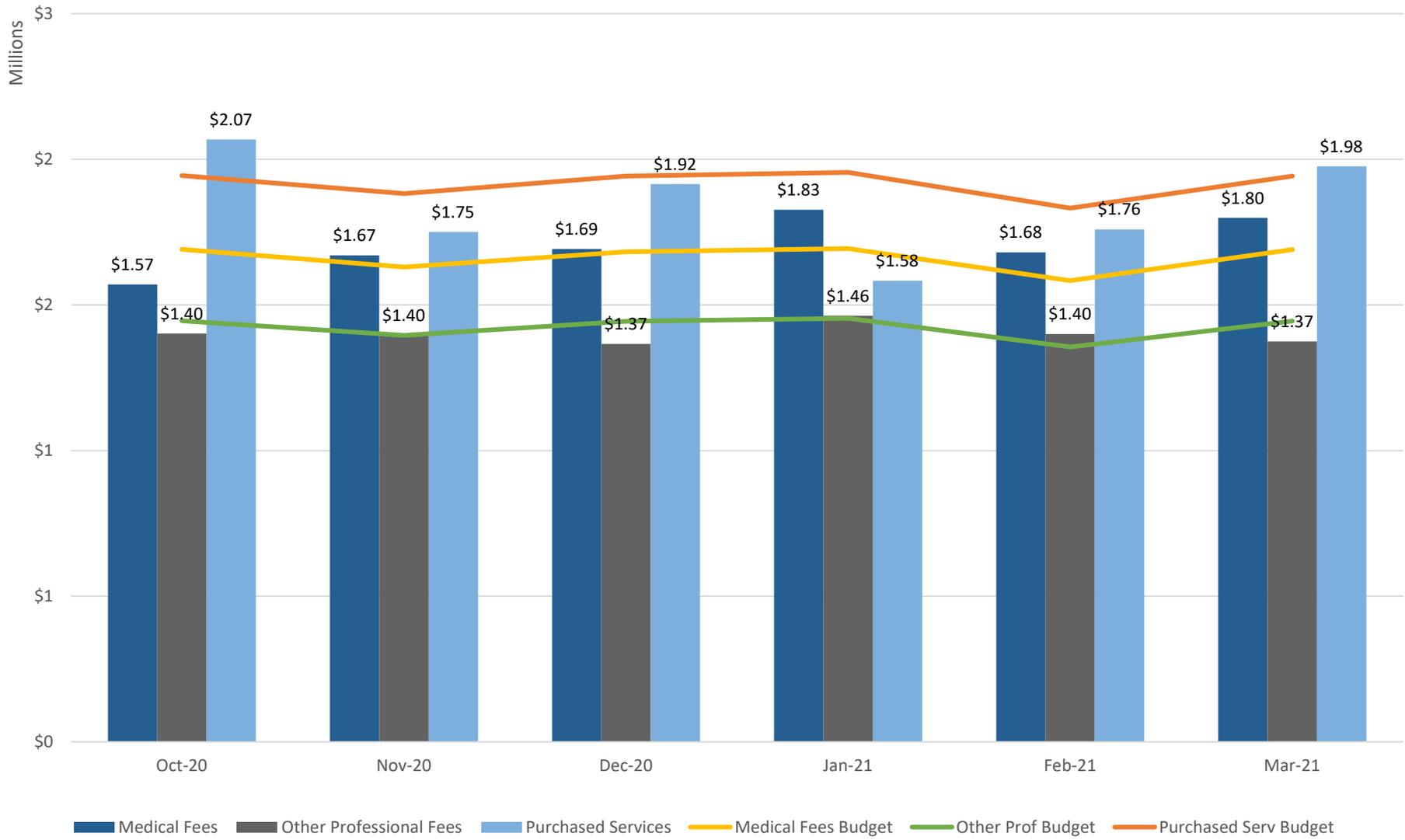
Total Revenue



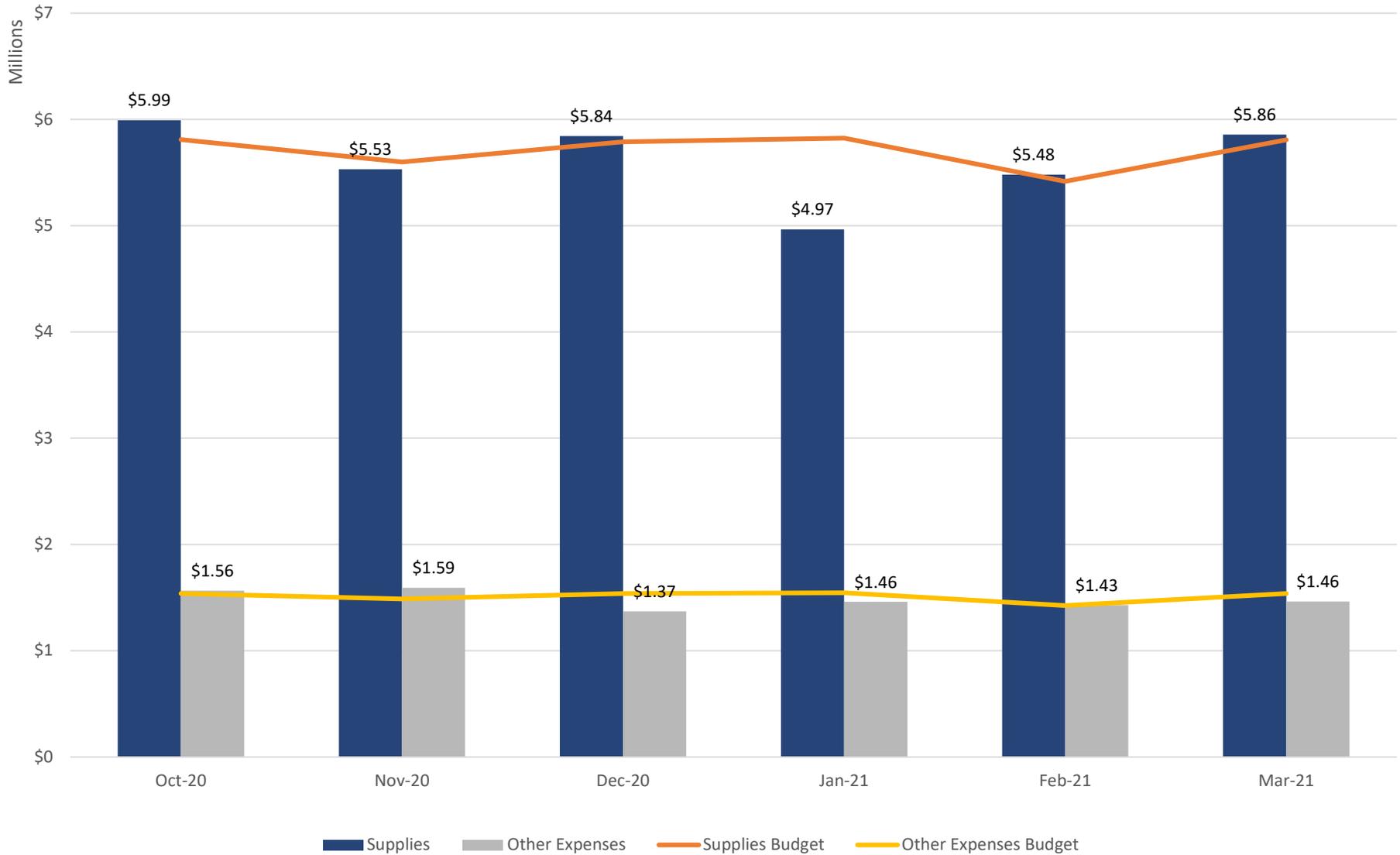
Expenses



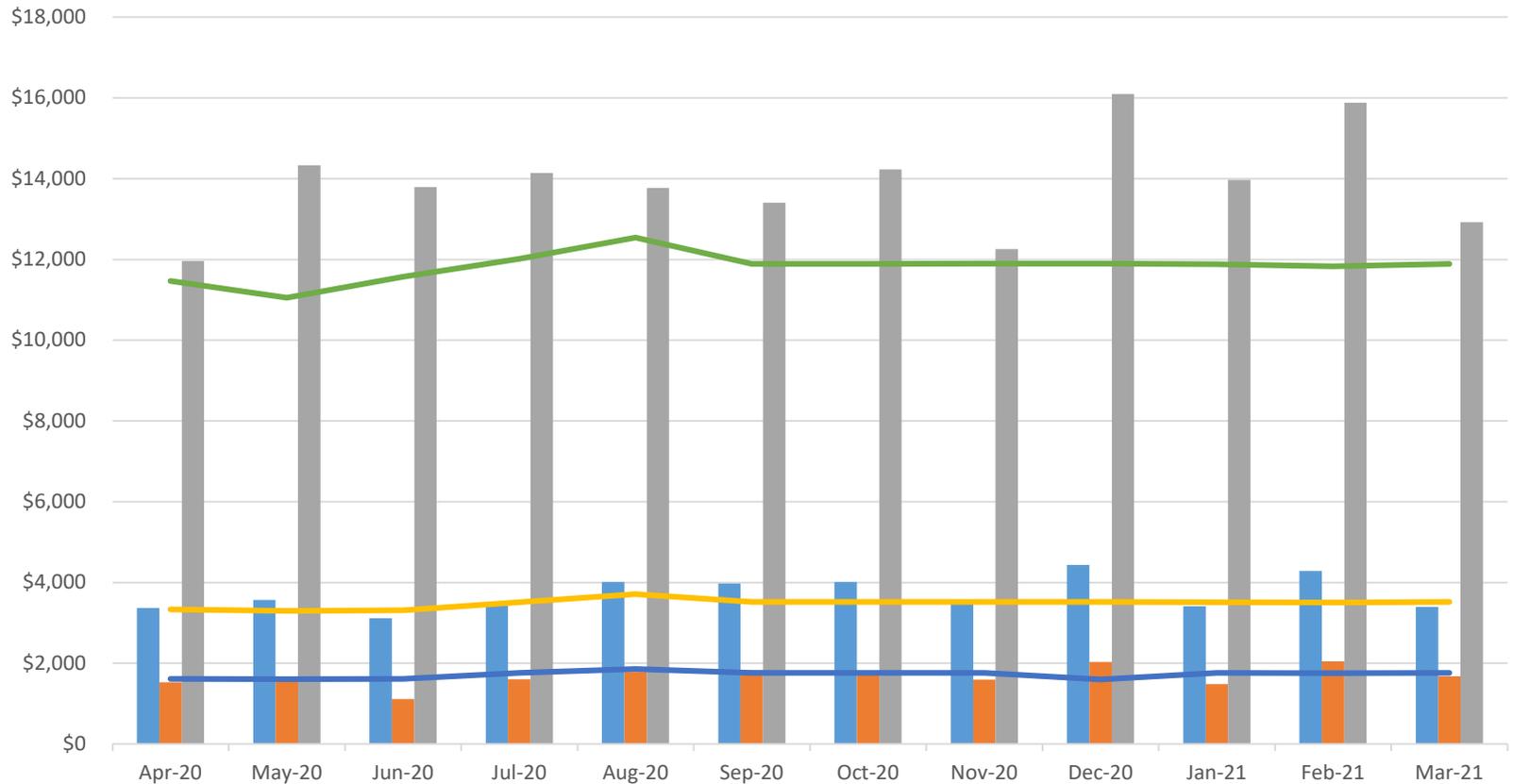
Expenses



Expenses

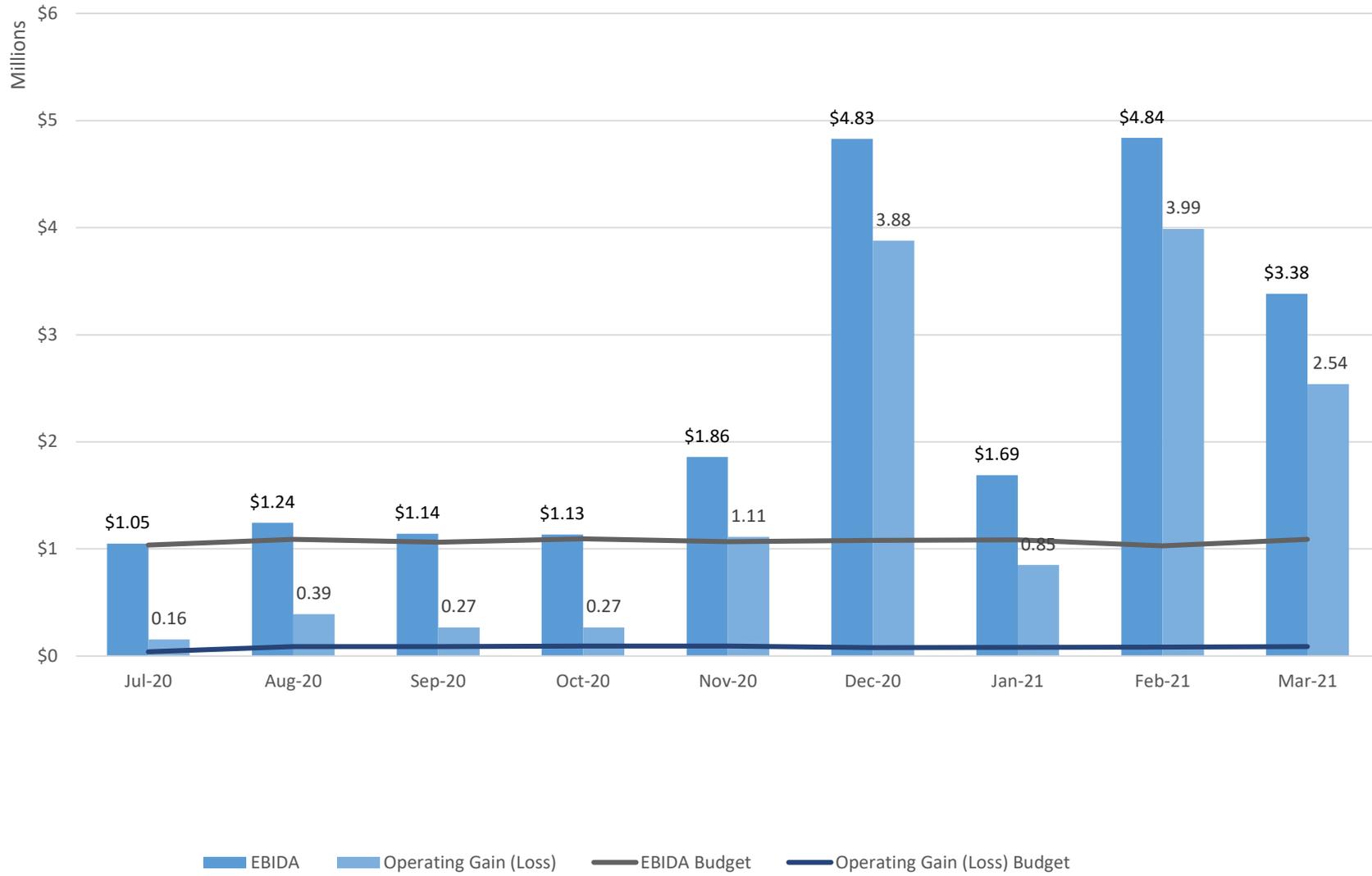


Operating Metrics

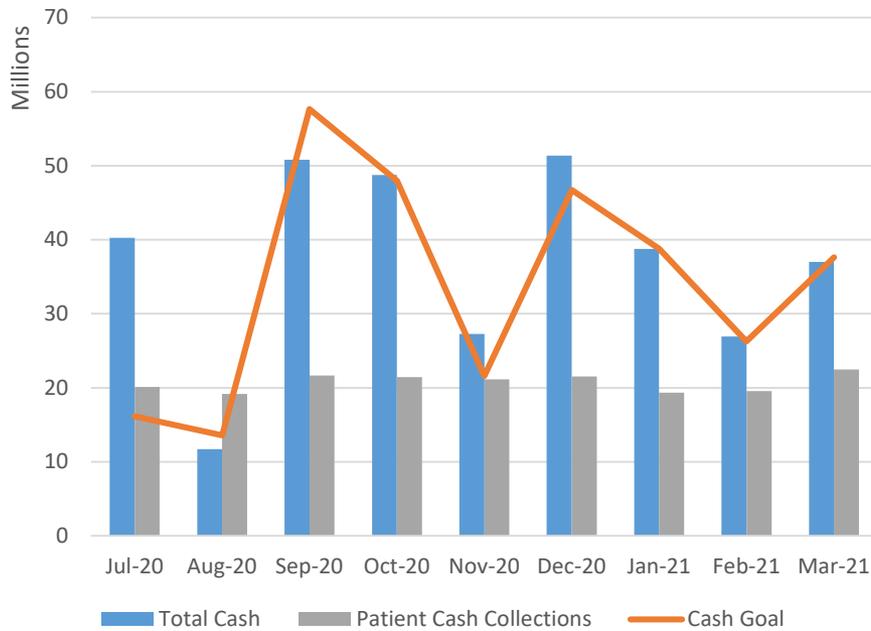


	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Supply Expense per AA	\$3,365	\$3,568	\$3,114	\$3,436	\$4,014	\$3,973	\$4,011	\$3,574	\$4,431	\$3,408	\$4,285	\$3,396
Pharm Cost per AA	\$1,530	\$1,658	\$1,110	\$1,604	\$1,787	\$1,823	\$1,735	\$1,597	\$2,028	\$1,481	\$2,050	\$1,678
Net Revenue Per AA	\$11,963	\$14,333	\$13,794	\$14,139	\$13,765	\$13,403	\$14,225	\$12,256	\$16,093	\$13,968	\$15,879	\$12,922
Budget Supp/AA	\$3,330	\$3,298	\$3,314	\$3,513	\$3,711	\$3,520	\$3,517	\$3,519	\$3,516	\$3,511	\$3,501	\$3,518
Budget Pharm/AA	\$1,615	\$1,605	\$1,612	\$1,760	\$1,859	\$1,763	\$1,762	\$1,762	\$1,596	\$1,759	\$1,755	\$1,763
Budget Net Rev/AA	\$11,464	\$11,052	\$11,568	\$12,011	\$12,543	\$11,892	\$11,891	\$11,893	\$11,893	\$11,882	\$11,833	\$11,892

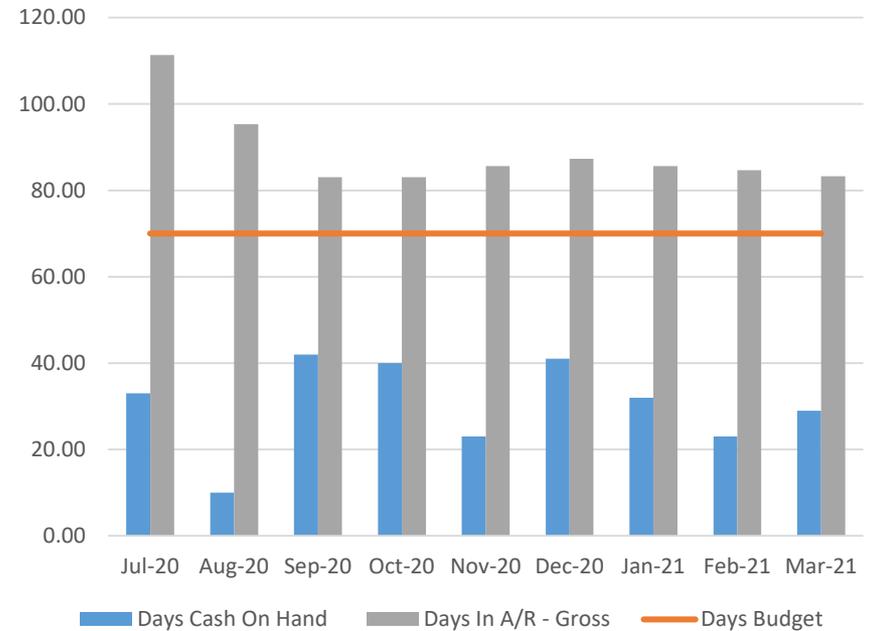
EBIDA 2021 FYTD



Cash 2021 FYTD



AR Days 2021 FYTD



KERN MEDICAL
3-Month Trend Analysis: Revenue & Expense
 March 31, 2021

	JANUARY	FEBRUARY	MARCH	BUDGET MARCH	VARIANCE POS (NEG)	PY MARCH
Gross Patient Revenue	\$ 87,386,015	\$ 83,568,624	\$ 96,359,640	\$ 81,595,708	18%	\$ 77,025,381
Contractual Deductions	(67,032,899)	(63,260,471)	(74,067,866)	(61,965,381)	20%	(60,103,656)
Net Revenue	20,353,116	20,308,153	22,291,775	19,630,327	13.6%	16,921,725
Indigent Funding	12,876,248	11,625,831	12,871,456	13,055,802	(1%)	27,070,042
Correctional Medicine	2,531,665	2,531,665	2,669,615	2,777,068	(4%)	2,527,068
County Contribution	285,211	285,211	285,211	285,211	0%	285,211
Incentive Funding	716,247	721,607	725,547	83,333	771%	212,040
Net Patient Revenue	36,762,487	35,472,467	38,843,603	35,831,741	8.4%	47,016,086
Other Operating Revenue	1,623,962	3,874,237	2,475,576	1,268,658	95%	1,773,319
Other Non-Operating Revenue	12,372	357,257	90,925	279,021	(67%)	15,953
Total Revenue	38,398,821	39,703,962	41,410,105	37,379,420	11%	48,805,358
Expenses						
Salaries	16,401,152	14,457,034	15,899,102	15,204,986	5%	15,758,686
Employee Benefits	7,387,764	6,803,427	7,297,247	6,992,429	4%	6,641,938
Registry	1,621,967	1,856,567	2,361,176	1,670,185	41%	1,447,694
Medical Fees	1,827,050	1,680,371	1,798,897	1,690,131	6%	1,727,154
Other Professional Fees	1,462,804	1,399,991	1,374,253	1,444,393	(5%)	1,427,447
Supplies	4,965,542	5,480,749	5,858,095	5,807,123	1%	4,884,383
Purchased Services	1,582,805	1,759,294	1,975,422	1,942,578	2%	2,030,412
Other Expenses	1,459,893	1,428,590	1,464,221	1,538,676	(4.8%)	1,563,796
Operating Expenses	36,708,977	34,866,023	38,028,413	36,290,500	5%	35,481,511
Earnings Before Interest, Depreciation, and Amortization (EBIDA)	\$ 1,689,844	\$ 4,837,939	\$ 3,381,692	\$ 1,088,920	211%	\$ 13,323,847
EBIDA Margin	4%	12%	8%	3%	180%	27%
Interest	124,986	122,903	122,822	233,654	(47%)	220,867
Depreciation	458,972	469,548	463,348	506,979	(9%)	483,034
Amortization	256,257	256,257	256,257	260,264	(2%)	255,683
Total Expenses	37,549,193	35,714,731	38,870,840	37,291,396	4%	36,441,095
Operating Gain (Loss)	\$ 849,628	\$ 3,989,230	\$ 2,539,265	\$ 88,024	2,785%	\$ 12,364,263
Operating Margin	2.2%	10.0%	6.1%	0.24%	2,504%	25.33%

KERN MEDICAL
Year-to-Date: Revenue & Expense
 March 31, 2021

	ACTUAL FYTD	BUDGET FYTD	VARIANCE POS (NEG)	PY FYTD	PY VARIANCE POS (NEG)
Gross Patient Revenue	\$ 780,942,150	\$ 722,884,469	8%	\$ 699,501,063	12%
Contractual Deductions	(597,275,558)	(548,994,555)	9%	(528,959,412)	13%
Net Revenue	183,666,592	173,889,914	6%	170,541,652	
Indigent Funding	117,342,317	115,396,444	2%	125,551,068	(7%)
Correctional Medicine	23,238,116	24,993,612	(7%)	26,007,438	(10.6%)
County Contribution	2,566,937	2,566,898	0%	2,566,898	0.0%
Incentive Funding	4,926,980	750,000	557%	1,908,360	158%
Net Patient Revenue	331,740,943	317,596,869	4%	326,575,416	2%
Other Operating Revenue	16,513,204	11,213,555	47%	11,759,125	40%
Other Non-Operating Revenue	2,734,542	2,499,349	9%	92,192	2,866%
Total Revenue	350,988,689	331,309,772	6%	338,426,732	4%
Expenses					
Salaries	141,136,179	135,884,472	4%	132,741,447	6%
Employee Benefits	64,352,644	60,751,018	6%	60,284,408	7%
Registry	15,303,731	14,809,245	3%	14,702,290	4.1%
Medical Fees	15,517,736	14,973,191	4%	15,308,883	1%
Other Professional Fees	12,435,868	12,814,597	(3%)	13,079,808	(5%)
Supplies	50,042,595	51,436,798	(3%)	47,831,299	4.6%
Purchased Services	16,923,279	17,255,369	(2%)	17,631,613	(4%)
Other Expenses	14,107,086	13,634,144	3%	13,688,720	3%
Operating Expenses	329,819,120	321,558,834	3%	315,268,467	5%
Earnings Before Interest, Depreciation, and Amortization (EBIDA)	\$ 21,169,569	\$ 9,750,938	117%	\$ 23,158,265	(9%)
EBIDA Margin	6%	3%	105%	7%	(12%)
Interest	1,199,187	2,065,196	(42%)	2,059,946	(42%)
Depreciation	4,216,479	4,525,958	(7%)	4,445,220	(5%)
Amortization	2,306,317	2,309,670	(0.1%)	1,593,081	45%
Total Expenses	337,541,103	330,459,658	2%	323,366,715	4%
Operating Gain (Loss)	\$ 13,447,587	\$ 850,114	1482%	\$ 15,060,018	(11%)
Operating Margin	4%	0.3%	1393%	4%	(14%)

**KERN MEDICAL
BALANCE SHEET**

	MARCH 2021	MARCH 2020
ASSETS:		
<i>Total Cash</i>	36,999,827	32,929,585
Patient Receivables Subtotal	249,983,069	281,867,162
Contractual Subtotal	(207,139,166)	(222,870,818)
<i>Net Patient Receivable</i>	42,843,903	58,996,344
Total Indigent Receivable	149,222,354	124,810,218
Total Other Receivable	5,600,970	8,894,032
Total Prepaid Expenses	4,837,494	3,797,916
Total Inventory	5,996,086	5,721,427
<i>Total Current Assets</i>	245,500,633	235,149,522
Deferred Outflows of Resources	87,863,462	85,573,671
Investments Deposited with Trustee	0	931,830
Total Land, Equipment, Buildings and Intangib	195,945,122	194,198,932
Total Construction in Progress	24,119,875	14,250,350
<i>Total Property, Plant & Equipment</i>	220,064,996	208,449,281
Total Accumulated Depr & Amortization	(122,204,230)	(113,446,309)
<i>Net Property, Plant, and Equipment</i>	97,860,767	95,002,972
<i>Total Long Term Assets</i>	87,863,462	86,505,500
<i>Total Assets</i>	431,224,861	416,657,994

**KERN MEDICAL
BALANCE SHEET**

	MARCH 2021	MARCH 2020
LIABILITIES & EQUITY:		
Total Accounts Payable	11,271,183	21,025,252
Total Accrued Compensation	36,832,813	30,840,375
Total Due Government Agencies	38,087,830	37,116,866
Total Other Accrued Liabilities	40,586,726	76,141,149
<i>Total Current Liabilities</i>	126,778,551	165,123,643
Unfunded Pension Liability	322,103,797	307,234,709
Other Long-Term Liabilities	96,456,658	113,006,704
<i>Total Long-Term Liabilities</i>	418,560,455	420,241,413
<i>Total Liabilities</i>	545,339,007	585,365,056
Fund Balance	36,714,022	36,714,021
Retained Earnings	(150,828,167)	(205,421,083)
<i>Total Fund Balance</i>	(114,114,145)	(168,707,062)
<i>Total Liabilities and Fund Balance</i>	431,224,861	416,657,994



**BOARD OF GOVERNORS
KERN COUNTY HOSPITAL AUTHORITY REGULAR MEETING**

May 19, 2021

Subject: Proposed Kern County Hospital Authority Operating and Capital Budgets for Fiscal Year 2021-2022

Recommended Action: Approve; Refer to Kern County Board of Supervisors for Approval

Summary:

COVID-19 Ramifications:

The onset of the COVID-19 virus in early calendar year 2020, and its official designation as a pandemic, has created unprecedented uncertainty for health care providers both locally and on a worldwide basis. Information about the virus changes rapidly. This makes it difficult to determine the effects that the pandemic will have on key performance indicators for the hospital and clinics including patient volumes, revenues, expenses and the staffing levels needed. The recommended budgets for operations and capital below are based on the best available information at this time. Kern Medical will closely monitor COVID-19 activity and will adjust operations as necessary throughout FY 2021-22 to ensure that adequate supplies and staffing levels are maintained to provide safe patient care.

Summary of FY 2021-22 Recommended Budgets

Kern Medical budgeted \$449.2 million total revenue from all sources and \$448.7 million in expenses with EBIDA of \$10.8 million and net income of \$509,000. Kern Medical is also planning on \$15.5 million in capital expenditures with the funds provided by operations and grants.

Net Revenues

Kern Medical budgeted \$449.2 million for total revenue for FY 2021-22. Budgeted operating revenue includes \$228.7 million from patient revenue net of contractual adjustments and bad debt from services to Medicare, Medi-Cal, private pay patients, and commercial insurance. This small decrease in budgeted net patient revenue compared to prior year is due to the anticipated closure of the outpatient pharmacy operations. Total revenue also includes \$161.6 million in net state and federal funding and \$3.4 million in county funding to reimburse Kern Medical for providing services for indigent patients. Other operating revenue includes cafeteria sales, reimbursement from medical education, and services provided for other county departments. The budget also includes reimbursement of \$31.4 million from the County for Kern Medical to provide inpatient and outpatient services for adult inmates and juvenile detainees.

State and Federal Funding Program Changes

The demands presented by the Affordable Care Act (ACA), managing the Medicaid waiver programs, and complying with changes in state health care policies have been exacerbated by the COVID-19 pandemic. New Information about the COVID-19 virus changes rapidly, sometimes on a daily basis. It has created an extremely challenging environment for Kern Medical to operate as a public safety net hospital. However, there is some emergency funding available from county, state, and federal authorities. This includes, but is not limited to,

additional Medi-Cal 1115 waivers at the state level, Federal Emergency Management Agency (FEMA) funds, and supplemental Medicare and Medi-Cal reimbursement rates.

In addition to the federal and state emergency funds, Kern Medical will continue to participate in various other indigent funding programs including the Global Payment Program (GPP), the Whole Person Care (WPC) program, the Quality Incentive Program (QIP), and the Enhanced Payment Program (EPP). The five-year 1115 waiver programs that were scheduled to end in 2020 were extended through fiscal year 2021 due to the COVID-19 crisis. The waiver will now end and the payment programs will be reorganized for FY 2021-22. The WPC program will still be in place as is through December 2021. It will then become part of the new CalAIM program for the second half of FY 2021-22. The largest program in the prior waiver, the Public Hospital Redesign and Incentive in Medi-Cal (PRIME) program will conclude at the end of FY 2020-21. The PRIME program will be reorganized in FY 2021-22 as part of the QIP pay-for-performance program. However, it is anticipated that the overall total funding amounts for all of these supplemental programs should be about the same as prior year. For FY 2021-22 Kern Medical has budgeted \$27.7 million for GPP, \$7.5 million for a half year of the WPC program, and \$7.5 million for a half year of Cal AIM that will become effective on January 1, 2022. QIP is a quality incentive-based program that ties payments to designated performance metrics in primary care, specialty care, in-patient care, and resource utilization. The EPP program is based on overall utilization of contracted services with Medi-Cal managed care plans. In FY 2019-20 these two programs replaced the SPD-IGT and MCE to Cost programs funding streams. Net QIP revenue for FY 2021-22 is estimated at \$46.2 million. Net EPP revenue for FY 2021-22 is estimated at \$21.3 million. To reiterate, even under normal circumstances the estimates for all indigent funding streams would be subject to change at the discretion of the state. The uncertainty in the current health care environment due to the COVID-19 crisis increases the likelihood of changes in these estimates.

The FY 2021-22 budget includes approximately \$139 million in Intergovernmental Transfers (IGTs) to the state that will be used to draw down federal funding. The IGT amounts represent the non-federal share of the indigent programs. Matching contributions to the state, as well as the return of the initial IGT investments, are reported in the budget under other charges and intergovernmental revenue, respectively.

As part of Kern Medical's strategic goals to both develop an integrated delivery system and meet certain regulatory requirements in primary care as a public hospital, Kern Medical will continue to pursue alternative payment models in FY 2021-22.

Operating and Other Expenses

Budgeted operating expenses total \$448.7 million. Staffing costs account for \$305.8 million, which are Kern Medical's largest expense. The remaining \$142.9 million in operating expenses are comprised primarily of medical supplies, contracted physician fees, purchased medical services, external provider care services, insurance, utilities, and equipment rental and maintenance. Other expenses include recruiting, advertising, and legal expenses. The following specified annual obligations and amounts are included in the operating and other expenses: \$300,000 US Bancorp lease for Da Vinci XI robotic surgical system; Pension Obligation bonds that total 8.0% of payroll; and approximately \$11,000 per covered employee for health and retiree health benefits.

Staffing and Authorized Positions

The proposed budget provides funding for all authorized positions. Although all recommended positions are funded in FY 2021-22, it is important to note that Kern Medical budgets for staffing based on patient census and full-time equivalents (FTEs), not authorized positions. Mandated staff-to-patient ratios and the appropriate allocation of FTEs drive the hospital's staffing costs, as is customary in the hospital industry.

The hospital has 2,391 authorized positions for FY 2021-22. At this point in time, 2,039 of these positions have been filled and 352 are vacant. We anticipate a 10% vacancy rate due to staff turnover and recruiting issues.

Planned Capital Expenditures

Kern Medical is budgeting \$15.5 million in capital expenditures for FY 2021-22 funded by operations and grants. Of the \$15.5 million, \$2.0 million is for the replacement or upgrade of existing operating equipment. It is anticipated that \$1.0 million will be used to upgrade and modernize IT systems and infrastructure. The hospital remains committed to significant capital investment to address deficiencies in the buildings and patient care areas with \$12.5 million budgeted for major capital and construction projects to address areas of immediate concern.

Summary of Changes in Net Position

Kern Medical is projected to have a net position of negative \$150.8 million as of June 30, 2021. This negative amount is due to the long-term liabilities primarily related to pension obligations and some capital leases incurred prior to the formation of the Kern County Hospital Authority. These liabilities reduce the net position by \$408.8 million. Adjusting for the effect of these liabilities leaves a budgetary net position of \$257.9 million. With a budgeted \$448.5 million in revenues from all sources and total expenses of \$448.0 million along with \$15.5 million in capital expenditures, the planned change in net position is a decrease of \$15.0 million with an estimated budgetary balance of \$243.0 million.

Pandemic-related Services

Kern Medical, along with many other health care organizations in our community and across the nation, drastically pivoted this past year to confront the pandemic and meet the needs of society. Many of these services were collaboratively carried out with government agencies and other providers. At the heart of our organization's efforts were heroic individuals tirelessly laboring to provide care, source supplies and medications, find alternative COVID care locations, and stand up community testing and vaccination sites. Kern Medical also treated the unseen impacts of COVID on society. As the area's only trauma center and hospital with an inpatient behavioral health unit, our organization saw an onslaught of trauma that started almost at the outset of the Governor's quarantine order in March 2020 and averaged nearly 60 additional trauma cases each month above the budgeted monthly 235 patients from violence, suicide, and motor vehicle accidents. The number and acuity of behavioral health patients also significantly increased. Kern Medical will continue its focus to treat and be prepared for COVID-19. This includes the continuing operations of a community testing site as well as both fixed site and mobile vaccine clinics.

Kern Medical has a vital role and mission to serve our community as the area's only teaching hospital, trauma center, and designated public hospital while continuing to expand and strengthen relationships with local health plans and community providers. Through these efforts, Kern Medical seeks to demonstrate its value, experience, and outcomes.



**KERN COUNTY HOSPITAL AUTHORITY
Operating and Capital Budget
Fiscal Year 2021-2022**

KERN MEDICAL

Hospital Operations Indicator Report

Revenue

Volume	Actual 2019	Actual 2020	Project 2021	Budget 2022	Financial Overview	Actual 2019	Actual 2020	Project 2021	Budget 2022
Admits - Acute	9,426	9,213	9,733	9,780	EBIDA	77,180	67,153	24,308	10,819
Patient Days - Acute	47,863	47,427	52,556	51,100	EBIDA - SCRUBBED	8,954	13,685	12,926	
LOS - Acute	5.1	5.1	5.4	5.2					
Adjusted Admissions	19,046	17,646	17,449	17,534	NOI	67,182	56,205	14,021	509
		<i>Change in Adj. Admissions:</i>		<i>0.5%</i>	NOI - SCRUBBED	1,614	965	1,081	
Births	2,653	2,241	2,366	2,401	Operating Margin % - SCRUBBED	0.2%	0.1%	0.1%	0.05%
Surgeries - Inpatient	2,298	2,283	2,512	2,563	EBIDA Margin % - SCRUBBED	1.1%	1.5%	1.2%	1.0%
Surgeries - Outpatient	3,110	3,121	3,039	3,099	Debt Coverage Ratio	6.99	8.17	6.01	3.78
ER Visits	50,766	49,655	47,719	48,673					
Outpatient Visits	160,109	149,568	171,096	179,651	Gross Revenue per APD	8,787	10,009	10,987	11,697
					Outpatient Revenue %	50.5%	47.8%	44.2%	44.2%
Reimbursement	Actual 2019	Actual 2020	Project 2021	Budget 2022	Payor Mix	Actual 2019	Actual 2020	Project 2021	Budget 2022
Net Patient Rev	203,755	218,307	239,600	228,700	COMM FFS/HMO/PPO	11.5%	13.2%	11.2%	11.2%
Indigent Funding	207,704	209,156	156,314	161,624	MEDI-CAL	30.1%	19.2%	21.4%	21.4%
County Contribution	3,423	3,423	3,419	3,395	MEDI-CAL HMO - KERN HEALTH SYSTEMS	30.9%	34.1%	33.8%	33.8%
Correctional Medicine	29,745	33,589	30,956	31,400	MEDI-CAL HMO - HEALTH NET	9.1%	7.9%	7.8%	7.8%
Capitation Revenue	6,689	(899)	6,563	0	MEDI-CAL HMO - OTHER	1.1%	1.6%	1.6%	1.6%
Ambulatory Surgery Center	0	0	0	1,000	MEDICARE	10.0%	10.5%	11.0%	11.0%
Other Operating Revenue	14,985	15,291	21,998	19,698	MEDICARE HMO	2.1%	3.0%	3.8%	3.8%
Net Rev	466,300	478,865	458,849	445,817	OTHER GOVERNMENT	0.5%	8.7%	8.2%	8.2%
					SELF-PAY	4.8%	2.0%	1.3%	1.3%
Net Patient Rev Yield	24.0%	24.0%	23.1%	21.3%					
Net Patient Rev Per AA	10,698	12,371	13,731	13,043					
		<i>Change In Net Revenue per AA:</i>		<i>-5.0%</i>					

KERN MEDICAL

Hospital Operations Indicator Report

Expenses

Labor*	Actual 2019	Actual 2020	Project 2021	Budget 2022	Supplies	Actual 2019	Actual 2020	Project 2021	Budget 2022
Labor Costs including Benefits	227,719	254,246	273,636	286,443	Supply Costs	60,752	61,206	66,620	55,474
Productive FTE's (Excl. Contract Labor)	1,516	1,637	1,683	1,697	Supplies as a % of Net Pt Rev	13.0%	12.8%	14.5%	12.4%
Non-Productive FTE's	238	233	244	247	Supplies per AA	3,190	3,469	3,818	3,164
Contract Labor % of Total Prod	6.6%	7.8%	6.6%	6.6%	<i>Change in Supply Cost per AA:</i>				<i>-17.1%</i>
Overtime % of Prod HRs (Excl CL)	4.1%	3.6%	3.5%	3.6%	Pharmaceutical Cost per AA	1,527	1,658	1,757	1,836
Total FTE's per AOB	6.62	7.54	7.46	7.74					
Labor Cost per FTE (Inc Benefits)	129,821	135,898	142,036	147,361					
		<i>Change in Labor Cost per FTE:</i>			<i>3.7%</i>				
Lbr Cost (Inc Ben) % of Total Exp	58.5%	61.4%	62.4%	65.3%					
Pur Ser & Other Expenses	Actual 2019	Actual 2020	Project 2021	Budget 2022	Other Key Statistics	Actual 2019	Actual 2020	Project 2021	Budget 2022
Medical Fees	20,382	20,450	20,671	21,415	Adjusted patient Days	96,711	90,839	94,227	91,616
Other Professional Fees	20,914	17,484	16,566	16,095	Adjusted Occupied Beds	265.0	248.2	258.2	251.0
Purchased Services	22,872	23,436	22,544	22,074	Gross Days in AR, Excl Cap	80	118	80	65
Other Expenses	17,416	17,809	18,792	17,503					
Depreciation and Amortization	7,114	8,281	8,689	8,653					
Capital Expenses	Budget 2022								
Funded through operations									
Routine Equipment	2,000								
Information Technology	1,000								
Projects	12,480								

Kern County Hospital Authority
Budget for Fiscal Year 2022
Exhibit A - Projected Income Statement

	ACTUAL FY21 JUL - MAR	PROJECTED YEAR END FY21	BUDGET FY22
Total Gross Charges	\$ 780,942,150	\$ 1,035,240,305	\$ 1,053,934,712
Total Patient Revenue Deductions	(597,275,558)	(795,640,798)	(825,234,708)
Net Patient Revenue	183,666,592	239,599,508	228,700,004
Indigent Funding			
Correctional Medicine	23,238,116	30,955,885	31,400,000
County Indigent Funding	2,566,937	3,419,460	3,394,724
State and Federal Indigent Funding	117,342,317	156,313,670	161,624,214
Total Indigent Funding	143,147,370	190,689,015	196,418,938
Capitation Premium Revenue	4,926,980	6,563,313	0
Income From Other Healthcare Related Entity	-	-	1,000,000
Other Operating Revenue	16,513,204	21,997,516	19,697,999
Total Operating Revenue	348,254,147	458,849,352	445,816,941
Expenses			
Salaries	141,136,179	187,910,595	196,873,430
Benefits	64,352,644	85,725,238	89,569,847
Registry Nurses	15,303,731	19,355,397	19,336,804
Medical Fees	15,517,736	20,671,437	21,414,644
Purchased Services	16,923,279	22,543,784	22,073,758
Supplies	50,042,595	66,619,746	55,473,917
Other Professional Fees	12,435,868	16,566,028	16,094,893
Other Expenses	14,107,086	18,792,287	17,503,408
Operating Expenses	329,819,120	438,184,512	438,340,701
Gain/(Loss) From Operations	18,435,027	20,664,840	7,476,240
Depreciation and Amortization	(6,522,796)	(8,689,126)	(8,653,188)
Interest Expense	(1,199,187)	(1,597,457)	(1,656,952)
Non-Operating Revenue	2,734,542	3,642,730	3,342,730
Total Non-Operating Revenue/(Expense)	(4,987,440)	(6,643,853)	(6,967,410)
Earnings Before Interest Depreciation and Amortization	\$ 21,169,569	\$ 24,307,570	\$ 10,818,970
Net Income/(Loss)	\$ 13,447,586	\$ 14,020,987	\$ 508,829

**Kern County Hospital Authority
Budget for Fiscal Year 2022
Exhibit B - Projected Change in Net Position**

Projected Year end Retained Earnings for FY21-22

Estimated Ending Fund Balance Available as of June 30 \$ (150,828,167)

Long Term Accounts

22400274	LONG TERM DEBT-CAP LEASES	56,361
22500271	LONG TERM L-POB 2003	10,388,553
22500272	LONG TERM L-POB 1995	571,012
22500273	LONG TERM L-POB 2008	5,392,893
22700000	NET PENSION LIABILITY	322,103,797
22701000	DEFERRED INFLOW-PENSIONS	45,398,646
22750271	LT INTEREST L-POB 2003	5,222,178
22750272	LT INTEREST L-POB 1995	2,951,941
22760000	OTHER POST EMPLOYMENT BENEFITS	3,753,255
22761000	ACCRUED COMP ABSENCES LT	3,830,085
22762000	WORKERS COMP PAYABLE LT	5,059,753
22763000	PROFESSIONAL LIABILITY LT	4,031,355

Budgetary Retained Earnings \$ 257,931,662

BUDGET FY 21-22

Estimated Budgetary Retained Earnings Balance 257,931,662

Sources and uses

Total FY 21-22 Estimated Revenues	449,159,671
Total FY 21-22 Estimated Expenses	(448,650,842)
Total FY 21-22 Estimated Capital Expenditures	(15,480,000)
Total Estimated Change in Net Position	(14,971,171)

Estimated Ending Balance \$ 242,960,491

Kern County Hospital Authority
 Budget for Fiscal Year 2022
 Exhibit C - Summary of Capital Expenditures

Uses of Capital			
Operating Equipment	IT Capital Projects	Capital Building and Construction	Total
\$ 2,000,000	\$ 1,000,000	\$ 12,480,000	\$ 15,480,000

Sources of Capital
Operations & Grant Revenue
\$ 15,480,000

Kern County Hospital Authority Budget for Fiscal Year 2022 Exhibit D - Position Summary

<u>Division</u>	<u>Authorized</u>	<u>Filled</u>	<u>Vacant</u>	<u>Total</u>
Kern Medical	2,391	2,039.00	352.000	2,391



**BOARD OF GOVERNORS
KERN COUNTY HOSPITAL AUTHORITY REGULAR MEETING**

May 19, 2021

Subject: Kern County Hospital Authority Chief Executive Officer Report

Recommended Action: Receive and File

Summary:

The Chief Executive Officer of the Kern County Hospital Authority will provide your Board with a hospital-wide update.

**KERN COUNTY HOSPITAL AUTHORITY
BOARD OF GOVERNORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

Health and Safety Code Section 101855(j)(2)

On the recommendation of the Chief Executive Officer, the Board of Governors will hold a closed session on May 19, 2021, to discharge its responsibility to evaluate and improve the quality of care rendered by health facilities and health practitioners. The closed session involves:

 X Request for Closed Session regarding peer review of health practitioners (Health and Safety Code Section 101855(j)(2)) –

**KERN COUNTY HOSPITAL AUTHORITY
BOARD OF GOVERNORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

Health and Safety Code Section 101855(j)(2)

On the recommendation of the Chief Executive Officer, the Board of Governors will hold a closed session on May 19, 2021, to discharge its responsibility to evaluate and improve the quality of care rendered by health facilities and health practitioners. The closed session involves:

 X Request for Closed Session regarding peer review of health facilities (Health and Safety Code Section 101855(j)(2)) –

**KERN COUNTY HOSPITAL AUTHORITY
BOARD OF GOVERNORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

Government Code Section 54956.9

Based on the advice of Counsel, the Board of Governors is holding a closed session on May 19, 2021, to confer with, or receive advice from Counsel regarding pending litigation, because discussion in open session concerning this matter would prejudice the position of the authority in the litigation. The closed session involves:

- X CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
(Government Code Section 54956.9(d)(1)) Name of case: Isaac Salas, a minor, by and through his Guardian ad Litem Ariana Santiago v. Kern County Hospital Authority dba Kern Medical, et al., Kern County Superior Court Case No. BCV-20-100675 TSC –

**KERN COUNTY HOSPITAL AUTHORITY
BOARD OF GOVERNORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

Government Code Section 54956.9

Based on the advice of Counsel, the Board of Governors is holding a closed session on May 19, 2021, to confer with, or receive advice from Counsel regarding pending litigation, because discussion in open session concerning this matter would prejudice the position of the authority in the litigation. The closed session involves:

- X CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
(Government Code Section 54956.9(d)(1)) Name of case: Farzin Tayefeh, M.D.,
et al. v. County of Kern, et al., Kern County Superior Court, Case No. BCV-15-
100647 –

**KERN COUNTY HOSPITAL AUTHORITY
BOARD OF GOVERNORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

Government Code Section 54956.9

Based on the advice of Counsel, the Board of Governors is holding a closed session on May 19, 2021, to confer with, or receive advice from Counsel regarding pending litigation, because discussion in open session concerning this matter would prejudice the position of the authority in the litigation. The closed session involves:

 X CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
(Government Code Section 54956.9(d)(1)) Name of case: Guadalupe Maldonado
v. Kern County Hospital Authority, et al., Kern County Superior Court Case No.
BCV-19-101783 DRL –

**KERN COUNTY HOSPITAL AUTHORITY
BOARD OF GOVERNORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

Government Code Section 54956.9

Based on the advice of Counsel, the Board of Governors is holding a closed session on May 19, 2021, to confer with, or receive advice from Counsel regarding pending litigation, because discussion in open session concerning this matter would prejudice the position of the authority in the litigation. The closed session involves:

- X CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
(Government Code Section 54956.9(d)(1)) Name of case: Esperanza Maldonado
v. Kern Medical, form unknown, et al., Kern County Superior Court Case No. BCV-
20-100169 TSC –

**KERN COUNTY HOSPITAL AUTHORITY
BOARD OF GOVERNORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

On the recommendation of the Chief Executive Officer, the Board of Governors will hold a closed session on May 19, 2021, to consider:

- X CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: Chief Executive Officer Russell V. Judd, and designated staff - Employee organizations: Service Employees International Union, Local 521; Committee of Interns and Residents/Service Employees International Union, Local 1957 (Government Code Section 54957.6)

**KERN COUNTY HOSPITAL AUTHORITY
BOARD OF GOVERNORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

On the recommendation of the Chief Executive Officer, the Board of Governors will hold a closed session on May 19, 2021, to consider:

 X PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: President, Hospital and Clinic Operations (Government Code Section 54957) –

**KERN COUNTY HOSPITAL AUTHORITY
BOARD OF GOVERNORS
PUBLIC STATEMENT REGARDING CLOSED SESSION**

Health and Safety Code Section 101855(e)(1)

On the recommendation of the Chief Executive Officer, the Board of Governors will hold a closed session on May 19, 2021, the premature disclosure of which would create a substantial probability of depriving the authority of a substantial economic benefit or opportunity. The closed session involves:

 X Request for Closed Session for the purpose of discussion or taking action on authority trade secrets (Health and Safety Code Section 101855(e)(1)) –