



AGENDA

Board of Directors Meeting

5:30 PM - Wednesday, June 25, 2025

[Click link to join Zoom meeting](#)

SPH Conference Rooms 1&2

Meeting ID: 878 0782 1015 Pwd: 931197

Phone Line: 669-900-9128 or 301-715-8592

Aaron Weisser, President		Matthew Bullard		Edson Knapp, MD	
Preston Simmons Vice President		Matthew Hambrick		Christopher Landess, MD	
Beth Wythe, Secretary		Michael Dye		Bernadette Wilson	
Walter Partridge, Treasurer		Kim Frost			

[Board Master Reports List](#)

Mission: South Peninsula Hospital promotes community health and wellness by providing personalized, high quality, locally coordinated healthcare.

Vision: South Peninsula Hospital is the provider of choice with a dynamic team committed to service excellence.

Values: Compassion, Respect, Trust, Teamwork and Commitment

Page

1. CALL TO ORDER

2. ROLL CALL

3. REFLECT ON LIVING OUR VALUES

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

- 5 4.1. Rules for Participating in a Public Meeting
[Rules for Participating in a Public Meeting](#)

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

6. APPROVAL OF THE AGENDA

7. APPROVAL OF THE CONSENT CALENDAR

- 6 - 11 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for May 28, 2025
[Board of Directors - May 28 2025 - Minutes - DRAFT](#)
- 12 - 15 7.2. Consideration to Approve May FY2025 Financials
[Balance Sheet - May FY2025](#)
[May Income Statement - May FY2025](#)
[May Cash Flow Statement - May FY2025](#)
- 16 7.3. Consideration to Approve a Proclamation for Jean Kuipers on her Retirement after 36 Years of Service to South Peninsula Hospital
[Proclamation for Jean Kuipers](#)
- 17 7.4. Consideration to Approve a Proclamation for Laura Miller on her Retirement after 38 Years of Service to South Peninsula Hospital
[Proclamation for Laura Miller](#)
- 18 - 25 7.5. Consideration to Approve the 2025-2026 Strategic Plan
[Strategic Plan, revised](#)

8. PRESENTATIONS

- 8.1. Presentation of Retirement Proclamation for Jean Kuipers
- 8.2. Presentation of Retirement Proclamation for Laura Miller

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 26 - 28 10.1. Consideration to Approve SPH Resolution 2025-14, A Resolution of the South Peninsula Hospital Board of Directors Authorizing Bank Account Signers
[SPH Resolution 25-14 Change Banking Signers](#)
- 29 - 33 10.2. Consideration to Approve LTC-500, the LTC Emergency Operations Plan
[LTC-500 LTC EOP](#)
- 34 10.3. Consideration to Approve New Committee Assignments for the Remainder of 2025
[BOD Committee Roster, updated June 2025](#)

11. REPORTS

- 35 - 39 11.1. Chief Executive Officer
[Balanced Scorecard FY25 Q3](#)
- 11.2. BOD Committee: Finance & Pension
- 40 - 46 11.3. BOD Committee: Governance
[Board Governance Committee - Jun 19 2025 - Minutes - DRAFT](#)
[SM-08](#)
[SM-02](#)
[SM-03](#)
[Generative Discussions](#)
- 11.4. BOD Committee: Strategic Planning & Communication
- 11.5. BOD Committee: Quality
- 11.6. Chief of Staff
- 11.7. Service Area Board Representative - Helen Armstrong

12. DISCUSSION

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

- 14.1. Chief Executive Officer
- 14.2. Board Members

15. INFORMATIONAL ITEMS

- 15.1. AHHA Annual Conference
- 15.2. New Board Meeting Schedule:
- 4:30pm Board Education Sessions
 - 5:30pm Board Meeting - Executive Session
 - 6:30pm Board Meeting - Open Session
 - *(Additional Executive Session after Open, when needed)*

16. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

- 16.1. Consideration to Approve SPH Resolution 2025-15, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff

17. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

18. ADJOURNMENT

To: Public Participants
From: Operating Board of Directors – South Peninsula Hospital
Re: Rules for Participating in a Public Meeting

The following has been adapted from the “Rules for Participating in a Public Meeting” used by Kenai Peninsula SAB of SPHI and reflects language from the Operating Agreement with the Kenai Peninsula Borough.

Each member of the public desiring to comment upon policies or proposed actions of the SPH Operating Board of Directors at tonight’s meeting will be given an opportunity to speak within the following guidelines:

- *Comments are restricted to policies or proposed actions of the SPH Operating Board of Directors.*
- *Those who wish to speak will need to sign in on the sign in sheet being circulated. When the chair recognizes you to speak, you need to clearly give your name and the policy or proposed action you wish to address.*
- *Please be concise and courteous. There is a limit of 3 minutes per speaker; total time allotted for public comment is at the discretion of the chair.*
- *Please observe normal rules of decorum and avoid disparaging by name the reputation or character of any member of the Operating Board of directors, the administration or personnel of SPHI, or the public. You cannot mention or use names of individuals.*
- *The Operating Board Directors may ask you to respond to their questions following your comments. You could be asked to give further testimony in “Executive Session” if your comments are directly related to a member of personnel, or management of SPHI, or dealing with specific financial matters, either of which could be damaging to the character of an individual or the financial health of SPHI, however, you are under no obligation to answer any question put to you by the Operating Board Directors.*
- *If you have questions, you may direct them to the chair. Questions will not be addressed by the board during the public comment period, but may be addressed at a later time.*

These rules for participating in a public meeting were discussed and approved at the Board of Directors meeting on September 25, 2024.



MINUTES

Board of Directors Meeting

5:30 PM - Wednesday, May 28, 2025

Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital was called to order on Wednesday, May 28, 2025, at 5:30 PM, in the Conference Rooms 1&2 and Zoom.

1. CALL TO ORDER

President Aaron Weisser called the regular meeting to order at 5:30pm.

2. ROLL CALL

BOARD PRESENT: Aaron Weisser, Matthew Hambrick, Edson Knapp, Walter Partridge, Michael Dye, Bernadette Wilson, Mary E. (Beth) Wythe, Preston Simmons, Matthew Bullard, Christopher Landess and Kimberly Frost

BOARD EXCUSED:

ALSO PRESENT: Ryan Smith (CEO), Angela Hinnegan (COO), Anna Hermanson (CFO), Christina Tuomi, DO (CMO), Rachael Kincaid (CNO), Maura Gibson (Executive Assistant) and Sylvia Craig (McKinley Research Group)

**Only meeting participants who comment, give report or give presentations are noted in the minutes. Others may be present on the virtual meeting.*

A quorum was present.

3. REFLECT ON LIVING OUR VALUES

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

4.1. Rules for Participating in a Public Meeting

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the audience.

6. APPROVAL OF THE AGENDA

Beth Wythe made a motion to approve the agenda. Edson Knapp seconded the motion. Motion Carried.

7. APPROVAL OF THE CONSENT CALENDAR

Ms. Wythe read the consent calendar into the record.

7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for April 30, 2025

- 7.2. **Consideration to Approve April FY2025 Financials**
- 7.3. **Consideration to Approve Board Policy SM-04, Minutes of the Board, with no revisions, as recommended by the Governance Committee**
- 7.4. **Consideration to Approve the revised HW-267 SPH Quality Assessment and Performance Improvement Program, as recommended by Hospital Administration**
- 7.5. **Consideration to Approve the Revised Emergency Operations Plan, as recommended by the Hospital Incident Management Team**

Beth Wythe made a motion to approve the consent calendar as read. Edson Knapp seconded the motion. Motion Carried.

8. PRESENTATIONS

8.1. Results of 2025 Community Feedback Survey

Sylvia Craig from the McKinley Research Group gave a presentation on the community survey.

9. UNFINISHED BUSINESS

There was no unfinished business.

10. NEW BUSINESS

10.1. Consideration to Approve SPH Resolution 2025-12, A Resolution of the South Peninsula Hospital Board of Directors Approving the Fiscal Year 2026 Operating Budget

Ms. Hermanson reported on the operating budget. A helpful overview was provided in the packet. Mr. Partridge added that there was a detailed presentation during Finance Committee, and many board members attended the committee meeting as guests in order to hear the presentation. The Finance Committee approved the budget.

Michael Dye made a motion to approve SPH Resolution 2025-12, A Resolution of the South Peninsula Hospital Board of Directors Approving the Fiscal Year 2026 Operating Budget. Beth Wythe seconded the motion. A roll call vote was held.

<i>Matthew Bullard</i>	Yes
<i>Michael Dye</i>	Yes
<i>Kim Frost</i>	Yes
<i>Matthew Hambrick</i>	Yes
<i>Edson Knapp</i>	Yes
<i>Christopher Landess</i>	Yes
<i>Walter Partridge</i>	Yes
<i>Preston Simmons</i>	Yes
<i>Bernadette Wilson</i>	Yes

Beth Wythe Yes
Aaron Weisser Yes

Motion Carried.

10.2. Consideration to Approve Charters Defining New Board Committees Structure, to Include Executive Committee, Finance and Pension Committee, Governance Committee, Quality-of-Care Committee and Strategic Planning and Community Relations Committee

Ms. Wythe reported. The Governance Committee is recommending a new committee structure for the board. These charters are being put forward with the understanding that they will be reviewed again for 2026, but we want to get the new structure in place so the committees can start doing the work. SM-08 will be brought to the board as well, which is the policy on Committee Responsibilities and will align with the charters. The policy will give the thumbnail/overview and the charters will provide more detail.

Beth Wythe made a motion to approve Charters Defining New Board Committees Structure, to Include Executive Committee, Finance and Pension Committee, Governance Committee, Quality-of-Care Committee and Strategic Planning and Community Relations Committee. Matthew Hambrick seconded the motion. Motion Carried.

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, reported. The balanced scorecard was provided in the packet, but was not discussed in detail because it was unchanged from last month. Mr. Smith thanked Ms. Hermanson and the finance team for their diligent work in preparing the budget.

11.2. BOD Committee: Pension

Walter Partridge reported. Mike Dye, committee chair, was ill so Mr. Partridge chaired the meeting. Newport reviewed all the results for the quarter on investments. There were no recommendations to make any changes at this time. Acensus proposed some new reports for the committee, which were generally well-received though they'll be making some adjustments. The results for the quarter were not bad considering the state of the markets. The LDI on the pension plan is working appropriately.

11.3. BOD Committee: Finance

Walter Partridge, committee chair, reported. The Finance Committee reviewed the financial results for April, which was a good month for revenue, with a positive operating margin. The committee also heard the detailed budget presentation from Ms. Hermanson.

11.4. BOD Committee: Governance

Beth Wythe, committee chair, reported. The D&O insurance policy for the hospital was provided in the packet, for reference. There was also an updated training plan for 2025. The committee spent the bulk of their time reviewing and discussing the committee charters.

11.5. Chief of Staff

Dr. Sarah Roberts, Chief of Staff, was unable to attend the meeting.

11.6. Service Area Board Representative

Service Area Board (SAB) member Amber Cabana reported on behalf of the SAB. The last meeting had no remarkable business, but was a sad meeting with the passing of board member Roberta Highland. She was a dear friend to many and will be greatly missed.

12. DISCUSSION

There were no discussion items.

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the audience.

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

Mr. Smith notified the board that Angela Hinnegan, COO, has accepted a job as the CFO at Central Peninsula Hospital in order to be closer to her fiancé, who lives and works in Soldotna. It is a loss for the organization and she will be missed, though we wish her well.

14.2. Board Members

Beth Wythe congratulated Ms. Hinnegan on her engagement and new position. Walter Partridge thanked Ms. Hermanson and her team for the great work on the budget. Dr. Christopher Landess shared they will all miss Ms. Hinnegan. Bernadette Wilson thanked Mr. Smith for the informative education session on credentialing, congratulated Ms. Hinnegan and thanked Ms. Hermanson. Dr. Edson Knapp expressed his gratitude for Ms. Hinnegan's financial leadership through the COVID pandemic. Mike Dye congratulated Ms. Hinnegan, and expressed awe at Ms. Hermanson's budget. Preston Simmons also congratulated Ms. Hinnegan and thanked Ms. Hermanson. He noted all the positive feedback in the community survey results and thanked the team for the hard work. Aaron Weisser thanked Nyla Lightcap for her work on the Board of Directors reference books.

15. INFORMATIONAL ITEMS

15.1. [AHHA 2025 Annual Conference in Girdwood](#): September 16-17, 2025 - *please let Maura know if you'd like to attend*

Mr. Weisser asked board members to let Ms. Gibson know if they'd like to attend the AHHA Annual Conference.

15.2. Board Agenda Calendar 2025

The board agenda calendar was provided in the packet for reference.

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

The board adjourned to Executive Session at 6:20pm.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

The board moved back into open session at 7:32pm.

17.1. Consideration to Approve SPH Resolution 2025-13, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for May 2025

Beth Wythe made a motion to approve SPH Resolution 2025-13, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for May 2025. Beth Wythe made a motion to amend the resolution, changing Susan Jackson to Active Staff and noting that Joshua Albrekston followed the Category 2 credentialing pathway. Michael Dye seconded the motion. Motion Carried.

The approved credentialing is as follows:

That the South Peninsula Hospital Board of Directors approves the initial appointment of:

<i>Jenna Aird, MD</i>	<i>Dermatology</i>	<i>Active</i>
<i>Joshua Albrekston, MD</i>	<i>Diagnostic Radiology-vRad</i>	<i>TeleRad (Category 2)</i>
<i>Marta Beaubien, MD</i>	<i>Pediatrics</i>	<i>Courtesy</i>
<i>Nicholas Cosentino</i>	<i>Internal Medicine</i>	<i>Courtesy</i>
<i>Shana Eaglefeathers, DO</i>	<i>Family Medicine, Hospitalist</i>	<i>Courtesy</i>
<i>Amy Federico, DO</i>	<i>Diagnostic Radiology-vRad</i>	<i>TeleRad</i>
<i>Bruce Hess, DO</i>	<i>Pediatrics</i>	<i>Courtesy</i>
<i>Kimberly Hubbard, MD</i>	<i>Pediatrics</i>	<i>Courtesy</i>
<i>Heather Moon, AGNP</i>	<i>Adult Geriatric NP-Seaworth Fx Med</i>	<i>Active</i>
<i>Harsh Patel, MD</i>	<i>Neurology-Prov</i>	<i>Telestroke</i>
<i>Aaron Wright, MD</i>	<i>Diagnostic Radiology-vRad</i>	<i>TeleRad</i>

That the South Peninsula Hospital Board of Directors approves the reappointment of:

<i>Hans Amen, DO</i>	<i>Family Medicine</i>	<i>Active</i>
<i>Michael Chen, MD</i>	<i>Neurology-Prov</i>	<i>Telestroke</i>
<i>Raquel Ezrati, FNP</i>	<i>Family Med-LTC</i>	<i>Active</i>
<i>Graham Glass, MD</i>	<i>Neurology, Sleep, TeleNeuro-Prov</i>	<i>Courtesy</i>
<i>Jimin Hwang, FNP</i>	<i>Family Med-Sleep</i>	<i>Courtesy</i>
<i>Susan Jackson, FNP</i>	<i>Family Med-General Surgery</i>	<i>Active</i>
<i>Robert Lada, MD</i>	<i>Neurology</i>	<i>Courtesy</i>

Ragina Lancaster, DO
Tarvinder Singh, MD
Sarah Spencer, DO

Family Medicine
Neurology-Prov
Family Medicine, Addiction Medicine

Active
Telestroke
Courtesy

18. ADJOURNMENT

The meeting adjourned at 7:33pm.

Respectfully Submitted,

Accepted:

Maura Gibson, Executive Assistant

Aaron Weisser, President

Minutes Approved:

Mary E. Wythe, Secretary

DRAFT



DRAFT-UNAUDITED

BALANCE SHEET
As of May 31, 2025

	As of May 31, 2025	As of May 31, 2024	As of April 30, 2025	CHANGE FROM May, 2024
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	31,743,876	26,280,250	30,183,207	5,463,626
2 EQUITY IN CENTRAL TREASURY	7,678,426	7,458,475	8,240,425	219,951
3 TOTAL CASH	<u>39,422,302</u>	<u>33,738,725</u>	<u>38,423,632</u>	<u>5,683,577</u>
4 PATIENT ACCOUNTS RECEIVABLE	41,883,071	36,189,004	40,121,286	5,694,067
5 LESS: ALLOWANCES & ADJ	(19,033,666)	(17,690,371)	(18,212,422)	(1,343,295)
6 NET PATIENT ACCT RECEIVABLE	<u>22,849,405</u>	<u>18,498,633</u>	<u>21,908,864</u>	<u>4,350,772</u>
7 PROPERTY TAXES RECV - KPB	101,022	107,545	125,764	(6,523)
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(4,165)	(4,165)	0
9 NET PROPERTY TAX RECV - KPB	<u>96,857</u>	<u>103,380</u>	<u>121,599</u>	<u>(6,523)</u>
10 OTHER RECEIVABLES - SPH	126,311	329,223	150,007	(202,912)
11 INVENTORIES	2,547,070	2,061,446	2,550,151	485,624
12 NET PENSION ASSET- GASB	3,225,068	3,559,619	3,225,068	(334,551)
13 PREPAID EXPENSES	<u>1,311,444</u>	<u>1,000,139</u>	<u>1,312,963</u>	<u>311,305</u>
14 TOTAL CURRENT ASSETS	<u>69,578,457</u>	<u>59,291,165</u>	<u>67,692,284</u>	<u>10,287,292</u>
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,257,887	6,974,645	6,176,304	(716,758)
16 PREF OBLIGATED	1,873,072	1,662,098	2,113,570	210,974
17 OTHER RESTRICTED FUNDS	816,939	1,344,467	816,604	(527,528)
	<u>8,947,898</u>	<u>9,981,210</u>	<u>9,106,478</u>	<u>(1,033,312)</u>
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,345,573	4,124,558	4,345,573	221,015
19 BUILDINGS	66,745,020	65,997,328	66,745,020	747,692
20 EQUIPMENT	28,296,243	30,258,619	28,296,243	(1,962,376)
21 BUILDINGS INTANGIBLE ASSETS	4,257,905	3,411,295	4,257,905	846,610
22 EQUIPMENT INTANGIBLE ASSETS	1,343,212	851,479	1,119,433	491,733
23 SOFTWARE INTANGIBLE ASSETS	926,708	2,135,559	1,046,832	(1,208,851)
24 IMPROVEMENTS OTHER THAN BUILDINGS	1,449,244	926,889	1,449,244	522,355
25 CONSTRUCTION IN PROGRESS	5,945,430	2,585,594	5,574,015	3,359,836
26 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(61,622,679)	(62,314,940)	(61,281,058)	692,261
27 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(2,714,714)	(1,896,051)	(2,716,575)	(818,663)
28 NET CAPITAL ASSETS	<u>48,971,942</u>	<u>46,080,330</u>	<u>48,836,632</u>	<u>2,891,612</u>
29 GOODWILL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
30 TOTAL ASSETS	<u>127,498,297</u>	<u>115,352,705</u>	<u>125,635,394</u>	<u>12,145,592</u>
DEFERRED OUTFLOWS OF RESOURCES				
31 PENSION RELATED (GASB 68)	3,621,519	5,394,310	3,774,488	(1,772,791)
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	167,877	231,218	172,964	(63,341)
33 TOTAL DEFERRED OUTFLOWS OF RESOURCES	<u>3,789,396</u>	<u>5,625,528</u>	<u>3,947,452</u>	<u>(1,836,132)</u>
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>131,287,693</u>	<u>120,978,233</u>	<u>129,582,846</u>	<u>10,309,460</u>

	<u>As of May 31, 2025</u>	<u>As of May 31, 2024</u>	<u>As of April 30, 2025</u>	<u>CHANGE FROM May, 2024</u>
LIABILITIES & FUND BALANCE				
CURRENT LIABILITIES:				
35	1,829,004	2,375,071	2,164,344	(546,067)
36	11,938,370	9,167,119	10,420,003	2,771,251
37	800,091	1,299,248	800,183	(499,157)
38	949,029	217,290	950,144	731,739
39	199,887	585,084	210,150	(385,197)
40	10,587	0	10,587	10,587
41	1,250,000	1,195,000	1,250,000	55,000
42	41,011	71,577	17,660	(30,566)
43	1,176,864	938,653	1,176,864	238,211
44	<u>18,194,843</u>	<u>15,849,042</u>	<u>16,999,935</u>	<u>2,345,801</u>
LONG-TERM LIABILITIES				
45	1,060,674	0	1,060,674	1,060,674
46	4,170,000	5,420,000	4,170,000	(1,250,000)
47	188,609	285,561	196,176	(96,952)
48	3,737,358	3,250,442	3,596,033	486,916
49	60,880	260,742	73,649	(199,862)
50	<u>9,217,521</u>	<u>9,216,745</u>	<u>9,096,532</u>	<u>776</u>
51	27,412,364	25,065,787	26,096,467	2,346,577
52	0	0	0	0
53	5	5	5	0
NET POSITION				
54	5,731,963	5,731,963	5,731,963	0
55	0	0	0	0
56	25,286	25,286	25,286	0
57	98,118,075	90,155,192	97,711,658	7,962,883
58	<u>0</u>	<u>0</u>	<u>17,467</u>	<u>0</u>
59	<u><u>131,287,693</u></u>	<u><u>120,978,233</u></u>	<u><u>129,582,846</u></u>	<u><u>10,309,460</u></u>

	MONTH			YEAR TO DATE					
	05/31/25		05/31/24	05/31/25		05/31/24			
	Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual	
Patient Service Revenue									
1	Inpatient	2,909,679	3,362,826	-13.48%	2,479,115	32,878,662	36,250,867	-9.30%	31,302,426
2	Outpatient	18,505,416	18,826,442	-1.71%	17,361,813	196,117,511	193,837,902	1.18%	165,821,958
3	Long Term Care	1,382,523	1,234,794	11.96%	1,163,561	14,405,507	13,582,732	6.06%	11,937,530
4	Total Patient Services	22,797,618	23,424,062	-2.67%	21,004,489	243,401,680	243,671,501	-0.11%	209,061,914
Deductions from Revenue									
5	Medicare	5,053,944	4,819,228	-4.87%	4,490,456	52,676,781	49,743,296	-5.90%	45,405,900
6	Medicaid	2,582,540	3,493,351	26.07%	2,365,488	26,973,331	36,057,807	25.19%	25,296,825
7	Charity Care	255,402	230,528	-10.79%	367,187	2,422,938	2,379,470	-1.83%	1,796,622
8	Commercial and Admin	2,513,017	2,191,926	-14.65%	1,931,442	24,595,130	22,624,702	-8.71%	19,273,273
9	Bad Debt	286,873	346,237	17.15%	459,389	3,256,087	3,573,806	8.89%	3,685,226
10	Total Deductions	10,691,776	11,081,270	3.51%	9,613,962	109,924,267	114,379,081	3.89%	95,457,846
11	Net Patient Services	12,105,842	12,342,792	-1.92%	11,390,527	133,477,413	129,292,420	3.24%	113,604,068
12	USAC and Other Revenue	123,208	137,718	-10.54%	78,725	1,109,985	1,514,899	-26.73%	959,331
13	Total Operating Revenues	12,229,050	12,480,510	-2.01%	11,469,252	134,587,398	130,807,319	2.89%	114,563,399
Operating Expenses									
14	Salaries and Wages	5,488,267	6,086,786	9.83%	5,476,878	61,863,015	64,123,086	3.52%	54,964,955
15	Employee Benefits	2,675,882	2,560,944	-4.49%	2,864,975	27,981,566	27,382,851	-2.19%	24,133,238
16	Supplies, Drugs and Food	1,333,100	1,500,231	11.14%	1,469,272	16,025,859	15,686,689	-2.16%	13,638,536
17	Contract Staffing	408,949	125,610	-225.57%	384,836	2,715,316	1,141,907	-137.79%	2,526,962
18	Professional Fees	658,959	536,370	-22.86%	614,230	6,349,372	6,041,400	-5.10%	6,518,522
19	Utilities and Telephone	238,197	192,588	-23.68%	190,433	2,077,754	2,294,653	9.45%	1,959,184
20	Insurance (gen'l, prof liab, property)	104,314	87,376	-19.39%	89,052	1,043,270	971,006	-7.44%	805,728
21	Dues, Books, and Subscriptions	25,872	29,693	12.87%	16,959	278,450	352,280	20.96%	250,517
22	Software Maint/Support	239,666	189,160	-26.70%	124,408	2,051,410	2,107,321	2.65%	1,387,953
23	Travel, Meetings, Education	57,929	92,028	37.05%	46,720	723,407	950,887	23.92%	668,074
24	Repairs and Maintenance	174,754	201,357	13.21%	194,870	2,056,720	2,264,311	9.17%	2,095,826
25	Leases and Rentals	8,486	92,908	90.87%	85,585	505,691	1,139,306	55.61%	813,691
26	Other (Recruiting, Advertising, etc.)	205,573	210,987	2.57%	142,778	1,997,697	2,320,851	13.92%	2,254,745
27	Depreciation & Amortization	459,884	392,696	-17.11%	424,808	5,233,440	4,319,661	-21.15%	4,561,485
28	Total Operating Expenses	12,079,832	12,298,734	1.78%	12,125,804	130,902,967	131,096,209	0.15%	116,579,416
29	Gain (Loss) from Operations	149,218	181,776	17.91%	(656,552)	3,684,431	(288,890)	1375.38%	(2,016,017)
Non-Operating Revenues									
30	General Property Taxes	17,771	10,977	61.89%	12,454	3,957,916	4,042,809	-2.10%	5,138,280
31	Investment Income	277,129	82,040	237.80%	150,141	1,729,789	902,440	91.68%	1,391,349
32	Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
33	Other Non Operating Revenue	(10,440)	1,085	100.00%	0	11,015	11,932	100.00%	38,159
34	Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35	Gain <Loss> on Disposal	0	0	0.00%	403	(75,873)	0	0.00%	0
36	SPH Auxiliary	627	583	7.55%	0	7,528	6,417	17.31%	5,235
37	Total Non-Operating Revenues	285,087	94,685	201.09%	162,998	5,630,375	4,963,598	13.43%	6,573,023
Non-Operating Expenses									
38	Insurance	0	0	0.00%	0	0	0	0.00%	0
39	Service Area Board	0	2,067	0.00%	4,485	0	24,963	0.00%	8,547
40	Other Direct Expense	317	3,339	90.51%	15,001	90,985	36,732	-147.70%	67,257
41	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42	Interest Expense	58,775	39,621	-48.34%	56,376	560,459	435,827	-28.60%	488,368
43	Total Non-Operating Expenses	59,092	45,027	-31.24%	75,862	651,444	497,522	-30.94%	564,172
Grants									
44	Grant Revenue	14,072	95,833	0.00%	68,108	850,857	1,054,167	0.00%	1,260,487
45	Grant Expense	335	2,500	86.60%	1,400	101,921	27,500	-270.62%	9,180
46	Total Non-Operating Gains, net	13,737	93,333	-85.28%	66,708	748,936	1,026,667	27.05%	1,251,307
47	Income <Loss> Before Transfers	388,950	324,767	-19.76%	(502,708)	9,412,298	5,203,853	80.87%	5,244,141
48	Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49	Net Income	388,950	324,767	19.76%	(502,708)	9,412,298	5,203,853	80.87%	5,244,141



Statement of Cash Flows
As of May 31, 2025

Cash Flow from Operations:

1	YTD Net Income	9,412,298
2	Add: Depreciation Expense	5,233,440
3	Adj: Inventory (increase) / decrease	(206,398)
4	Patient Receivable (increase) / decrease	(2,922,141)
5	Prepaid Expenses (increase) / decrease	(425,916)
6	Other Current assets (increase) / decrease	289,943
7	Accounts payable increase / (decrease)	(194,366)
8	Accrued Salaries increase / (decrease)	1,766,080
9	Net Pension Asset (increase) / decrease	-
10	Other current liability increase / (decrease)	617,919
11	Net Cash Flow from Operations	13,570,859

Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(7,089,141)
13	Cash transferred to plant replacement fund	-
14	Proceeds from disposal of equipment	-
15	Net Cash Flow from Investing	(7,089,141)

Cash Flow from Financing

16	Cash (paid) / received for Lease Payable	654,322
17	Cash paid for Debt Service	(940,000)
18	Net Cash from Financing	(285,678)
19	Net increase in Cash	\$ 6,196,040
20	Beginning Cash as of July 1, 2024	\$ 33,226,262
21	Ending Cash as of May 31, 2025	\$ 39,422,302



PROCLAMATION

A PROCLAMATION RECOGNIZING JEAN KUIPERS FOR 38 YEARS OF SERVICE TO SOUTH PENINSULA HOSPITAL

WHEREAS, after 38 years at South Peninsula Hospital, Employee retired on July 1, 2025; and

WHEREAS, Jean Kuipers started her career at South Peninsula Hospital as a Certified Nursing Assistant when she had three young sons at home; and

WHEREAS, Jean committed to driving back and forth to Anchorage for her nursing degree in addition to her work at SPH, eventually graduating at the top of her class; and

WHEREAS, Jean has worked in Long Term Care, Acute Care, Labor & Delivery, Surgery, and the Emergency Department; and

WHEREAS, Jean Kuipers has faithfully served South Peninsula Hospital and its service area for 38 years, demonstrating unwavering dedication, compassion, and professionalism in all her roles; and

WHEREAS, throughout her distinguished tenure, Jean has been a steadfast advocate for South Peninsula Hospital's values of commitment, respect, trust, compassion, and teamwork; and

WHEREAS, Jean has earned the professional endorsement and credibility of her colleagues as an excellent nurse and mentor; and

WHEREAS, Jean's energy, dependability, and integrity have contributed meaningfully to the mission and success of South Peninsula Hospital, guiding its growth through nearly four decades of change; and

WHEREAS, her contributions extend beyond professional excellence, embodying a deep sense of service, accountability, and care that has made a lasting impact on generations of patients and staff; and

WHEREAS, Jean Kuipers exemplifies the mission and vision of South Peninsula Hospital, and her retirement marks the conclusion of an extraordinary chapter in the life of the hospital and the beginning of a new journey well earned;

NOW, THEREFORE, BE IT PROCLAIMED:

THAT JEAN KUIPERS IS RECOGNIZED FOR HER 38 YEARS OF SERVICE TO SOUTH PENINSULA HOSPITAL AND EXTEND THEIR WARMEST CONGRATULATIONS AND BEST WISHES FOR A FULFILLING AND JOYFUL RETIREMENT.

**PROCLAIMED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL
THIS 25th DAY OF JUNE, 2025.**

Ryan Smith, CEO

Aaron Weisser, Board President



PROCLAMATION

A PROCLAMATION RECOGNIZING LAURA MILLER FOR 38 YEARS OF SERVICE TO SOUTH PENINSULA HOSPITAL

WHEREAS, after nearly 38 years of dedicated and impactful service to South Peninsula Hospital, Laura Miller retired on July 5, 2025; and

WHEREAS, Laura began her distinguished career as a general bench technologist, where she consistently demonstrated scientific excellence, integrity, and an unwavering commitment to patient care; and

WHEREAS, she advanced through the ranks to become the Laboratory Director, all while continuing to serve on the bench, earning the admiration of colleagues for her work ethic, expertise, and dedication to maintaining high standards in laboratory operations; and

WHEREAS, Laura enhanced her leadership and service to the healthcare field by earning a Master's Degree in Public Health Administration, further contributing to the hospital's mission and vision; and

WHEREAS, outside her professional role, Laura has lived a life of extraordinary service, volunteering in foreign countries to help those in need, generously giving of her free time to improve the lives of others around the world and helping improve laboratory science in third world countries; and

WHEREAS, Laura has remained devoted to her faith and family, embodying compassion, humility, and strength in all that she does and being supportive of those in need; and

WHEREAS, she has contributed locally through her involvement in the Rotary Health Fair, supporting public wellness and education efforts in the region; and

WHEREAS, Laura's nearly four decades of service stand as a testament to her character, professionalism, and enduring impact on the lives of patients, coworkers, and the broader community;

NOW, THEREFORE, BE IT PROCLAIMED:

THAT LAURA MILLER IS RECOGNIZED FOR HER 38 YEARS OF SERVICE TO SOUTH PENINSULA HOSPITAL

PROCLAIMED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL THIS 25TH DAY OF JUNE, 2025.

Ryan Smith, CEO

Aaron Weisser, Board President



South Peninsula Hospital, Inc.

Homer, Alaska

**Strategic Plan
June 2025 – June 2026**

Introduction

South Peninsula Hospital's Strategic Plan is developed and adopted by the SPH, Inc. Board of Directors. The purpose of the Strategic Plan is to outline the goals, strategies, objectives, and tactics that are to be put in place to accomplish the organization's mission, vision, and values.

Mission, Vision & Values Statements

MISSION

South Peninsula Hospital promotes community health and wellness by providing personalized, high quality, locally coordinated healthcare.

VISION

South Peninsula Hospital is the provider of choice with a dynamic and dedicated team committed to service excellence.

VALUES

COMPASSION: We provide compassionate patient- and resident- centered quality care, and a safe and caring environment for all individuals.

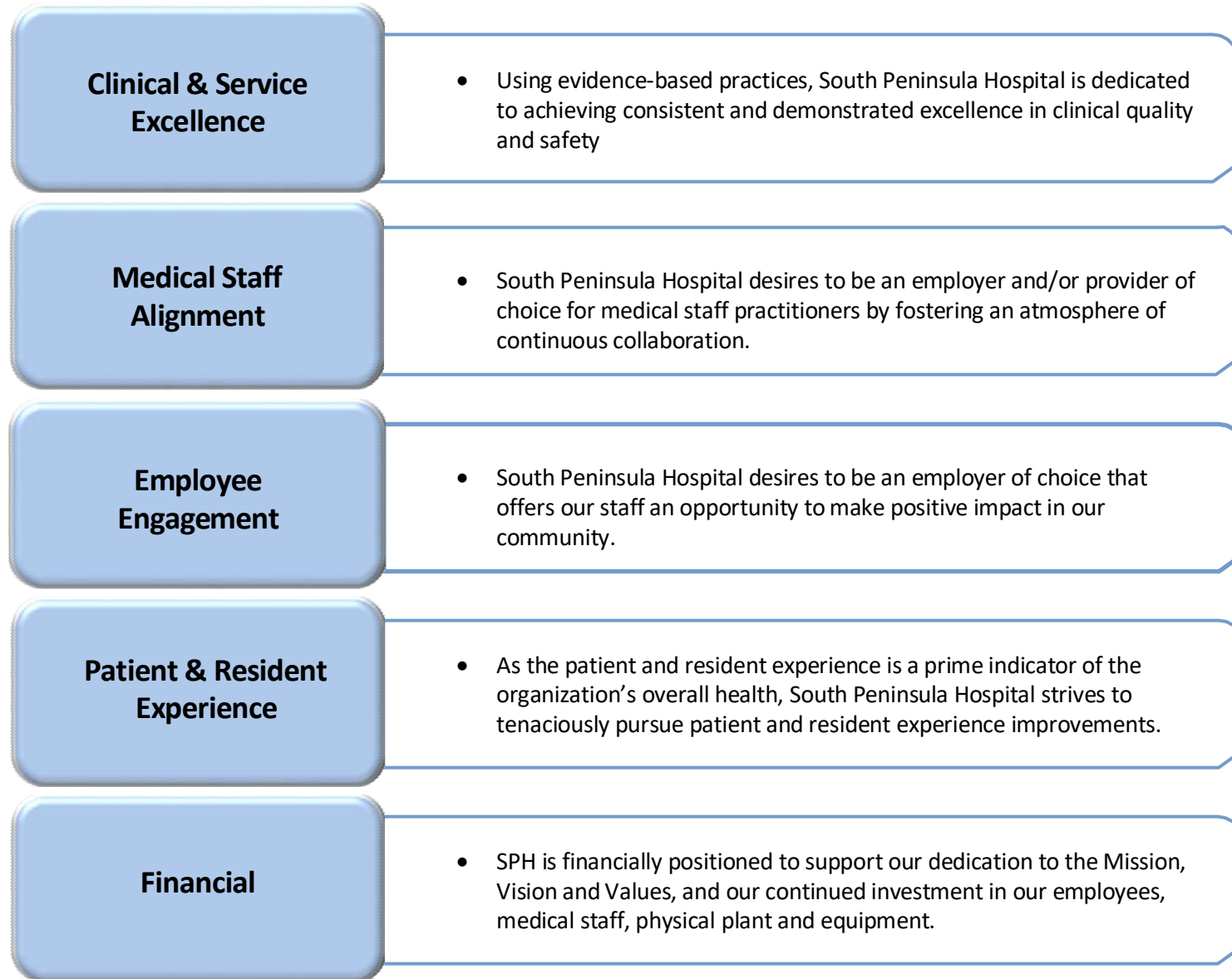
TEAMWORK: We work together as a dynamic, collaborative team embracing change and speaking as one.

COMMITMENT: We are responsible and accountable for supporting the vision, mission, values, strategies and processes of our organization.

RESPECT: We show respect for the dignity, beliefs, perspectives and abilities of everyone.

TRUST: We are open, honest, fair and trustworthy.

GOALS



Strategies & Metrics

- GOAL: Clinical Service and Excellence**

Using evidence-based practices, South Peninsula Hospital is dedicated to achieving consistent and demonstrated excellence in clinical quality and safety.

Strategies	2025 Goal Related Metrics
Improve quality processes Refine the institutional culture of safety and quality	Care Compare overall star rating for Hospital, Long Term Care, and Home Health Appropriate care for severe sepsis and septic shock
	Appropriate follow-up after screening colonoscopy Elective deliveries <39 weeks without medical cause
	Patient and resident falls on Acute Care
	Medication errors
	Never events (also known as “sentinel events”)
	Readmissions
	CT/MRI criteria for patient stroke
	Independent ambulation and oral medication in Home Health patients
	Care Compare overall star rating for Hospital & Long Term Care
	MIPS (Merit Based Incentive Payment System)

Promoting Interoperability Score

Strategies & Metrics

- **GOAL: Medical Staff Alignment**

South Peninsula Hospital desires to be an employer and/or provider of choice for medical staff practitioners by fostering an atmosphere of continuous collaboration.

Strategies	2025 Goal Related Metrics
<p>Collaborate with the Medical Staff on revisions to the Board Bylaws and Rules and Regulations as well as implementation of meaningful peer review.</p> <p>Develop and promote strong physician/provider leaders.</p> <p>Use data to drive decisions and resolve disputes Promote win-win approaches</p>	<p>Medical Staff Press Ganey percentile ranking</p>

Strategies & Metrics

- **GOAL: Employee Engagement**

South Peninsula Hospital desires to be an employer of choice that offers our staff an opportunity to make a positive impact in our community.

Strategies	2025 Goal Related Metrics
Uphold SPH Core Values Provide career paths and opportunities for growth Promote transparency Allow for honest feedback Promote work-life balance Give recognition Support workforce in times of increased stress	Employee Press Ganey Percentile Ranking Turnover: All employees, voluntary, and first year

- **GOAL: Patient and Resident Experience**

As the patient/resident experience is a prime indicator of an organization’s overall health, South Peninsula Hospital strives to tenaciously pursue patient and resident experience improvements.

Strategies	2025 Goal Related Metrics
Reform processes that will result in improved patient and resident experience	Care Compare Patient & Resident Survey Star Rating Press Ganey Patient Satisfaction Percentile Rankings – Inpatient, Outpatient, Emergency Department, Medical Practice, Ambulatory Surgery and Home Health

Strategies & Metrics

GOAL: Financial, Information Systems Solutions and Market Focus

SPH is financially positioned to support our dedication to the Mission, Vision, Values, and our continued investment in our Employees, Medical Staff, and Physical Plant and Equipment.

Strategies	2025 Goal Related Metrics
<p>Prepare, plan, and adapt to changes in healthcare delivery systems and payment model.</p> <p>Enhance revenue cycle performance</p> <p>Asset growth compatible to SPH, Inc. Mission and Vision</p> <p>Actively seek new funding sources to support hospital and community health initiatives, service line expansion, and public health emergency efforts.</p>	<p>Operating Margin</p> <p>Adjusted Patient Discharges</p> <p>Net Revenue Growth</p> <p>FTEs per Adjusted Occupied Bed</p> <p><u>Overtime as a % of Total Hours Worked</u></p> <p><u>Actual FTE vs Budgeted FTE</u></p> <p>Net Days in Accounts Receivable</p> <p>Cash on Hand</p> <p>Uncompensated Care as a % of Gross Revenue</p> <p>Surgical Case Growth</p> <p>Outpatient Revenue Growth</p> <p>Hospital Based measures for inpatient observation stays</p> <p><u>ER Admission Rate</u></p> <p>Electronic Medical Record Adoption</p>

Introduced by:
Date:
Action:
Vote:

Administration
June 25, 2025

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2025-14**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS AUTHORIZING BANK
ACCOUNT SIGNERS**

WHEREAS, the persons approved for authorizing bank transactions has changed; and

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL:

1. That the below listed persons may transact business as authorized signers of this corporations' following banking accounts; and
2. That new persons duly appointed or elected to the positions listed shall be authorized by this resolution to act in the same capacity as those listed below; and
3. The Secretary of this Board is hereby authorized to sign new bank signature cards indicating that this Board approves the additions reflected below.

FIRST NATIONAL BANK ALASKA, Checking Account # **3233 (General)**

FIRST NATIONAL BANK ALASKA, Checking Account # **3241 (Payroll)**

FIRST NATIONAL BANK ALASKA, Checking Account # **4510 (Health Claims)**

FIRST NATIONAL BANK ALASKA, Checking Account # **7193 (Pharmacy 340B)**

FIRST NATIONAL BANK ALASKA, Savings Account # **8740**

NORTHRIM BANK, Checking Account #**1411**

NORTHRIM BANK, Investment Accounts# *4116**

WELLS FARGO BANK ALASKA, Checking Account # **2520 (Seaworthy Functional Medicine)**

WELLS FARGO BANK ALASKA, Savings Account # **5725 (Health Benefit Reserve Account)**

<u>Title</u>	<u>Incumbent</u>
Chief Executive Officer	Ryan Smith
Chief Operating Officer	Rachael Kincaid
Chief Financial Officer	Anna Hermanson
Chief Nursing Officer	Amber Gall
Chief Medical Officer	Christina Tuomi

Authorized individuals may sign checks for amounts up to their Purchasing Authority. Checks for amounts greater than \$10,000 will require two signatures. In addition, the CFO, COO, CEO or Finance Director may transfer funds to other banking instruments in the name of South Peninsula Hospital according to the following schedule:

<u>Type of Transaction</u>	<u>Limit</u>
Funds within SPH Accounts	No Limit
Taxes	\$900,000
Payroll	\$2,500,000
Outside Vendors	\$2,500,000
Wire Transfers	\$10,000

FIRST NATIONAL BANK ALASKA, New Checking– General, Overnight Investment Account # **0149 – Auto Sweep; no signers**

WELLS FARGO BANK ALASKA, Checking Account # **6656 (Medical Staff)**

<u>Title</u>	<u>Incumbent</u>
Chief Executive Officer	Ryan Smith
Chief Operating Officer	Rachael Kincaid
Chief Financial Officer	Anna Hermanson
Chief Nursing Officer	Amber Gall
Chief Medical Officer	Christina Tuomi
Medical Staff Coordinator	Molly Kerce

WELLS FARGO BANK ALASKA, Savings Account # **5344 (LTC Resident Trust)**

<u>Title</u>	<u>Incumbent</u>
Chief Executive Officer	Ryan Smith
Chief Operating Officer	Rachael Kincaid
Chief Financial Officer	Anna Hermanson
Chief Nursing Officer	Amber Gall
Chief Medical Officer	Christina Tuomi
Long Term Care Director	Katie Martin

ALASKA USA FEDERAL CREDIT UNION Money Market Account # **2523-20 (Auxiliary)****ALASKA USA FEDERAL CREDIT UNION Checking Account # ****2523-70 (Auxiliary)**

<u>Title</u>	<u>Incumbent</u>
Unknown	Dawn Cabana
Unknown	Teresa Plant
Unknown	Carole Mann
Chief Operating Officer	Rachael Kincaid
Director of Public Relations	Derotha Ferraro

US BANK, Pledge Account # **1981 (AthenaNet)**

<u>Title</u>	<u>Incumbent</u>
Chief Executive Officer	Ryan Smith
Chief Operating Officer	Rachael Kincaid
Chief Financial Officer	Anna Hermanson

BANK CARDS THROUGH FIRST NATIONAL BANK OF ALASKA

<u>Title</u>	<u>Incumbent</u>
Chief Executive Officer	Ryan Smith
Chief Operating Officer	Rachael Kincaid
Chief Financial Officer	Anna Hermanson
Chief Medical Officer	Christina Tuomi
Chief Nursing Officer	Amber Gall
Director of Risk Management & Compliance	Susan Shover
Director of Public Relations	Derotha Ferraro
Human Resources Director	Stacy Froese
Facilities Director	Harrison Smith
Director of Information Technology	James Bartilson
Purchasing Technician	Georgina Wong
Director of Materials Management	Royal Brown
Manager of Specialty Clinic	Sara Woltjen
Sr. Executive Assistant	Maura Gibson
Sr. Executive Assistant	Nyla Lightcap
Clinic Billing Manager	Kelly Gallios
Business Office Manager	Christine Williamson
Patient Access Supervisor	Nancy Deaver
Assistant Director of Acute Care	Laura Brandt
Childcare Administrator	Lauren Policastro


Marketing Assistant
Homer Medical Center Manager
Homer Medical Center Asst Clinical Mgr
Senior Designer
Medical Staff Coordinator
Specialty Services Manager
Environmental Services Manager
Director of Rehabilitation
Director of Health Information Systems
Director of HIM
Home Health Manager
Laboratory Director
Imaging Director
Education Operations Specialist
Education Supervisor
Nutrition Services Manager
Nutrition Services Asst. Manager
Pharmacy Director
Long Term Care Director
Long Term Care Asst Director
Emergency Department Director
Acute Care Director
Obstetrics Director
Community Health & Wellness Educator
Billing Specialist
Purchasing Tech/Med Supply Tech
LTC Activities Coordinator
Biomed Engineer
Biomed Engineer
Expediter
Social Worker
Expediter/Med Supply Tech
G.A. – Accounts Payable Controller
G.A. – Travel

Elizabeth Niznik
Johanna Bradshaw
LeAnn Drake
Kelly Matson
Molly Kerce
Dee Dahmann
Justin Herrmann
Angela Harter
Christine Anderson
Penny Kinnard
Ivy Stuart
Holley Hightower
Tiffany Park
Rebekah Eagerton
Stefanie Bruner
Rhoda Ostman
Matthew Dickinson
Gunner Taylor
Katie Martin
Janyce Bridges
Craig Caldwell
Jane Nollar
Joelle Burdick
Annie Garay
Amber Bailey
Evdokia Fefelov
Allicia Raymond
Jessica Mikhail
Olivia Smith
Teri Hall
Lina Lepage
Lisa Hanson
Kamala Austin
Executive Assistant

PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL, INC. THIS 25th DAY OF June, 2025.

Aaron Weisser, Board President

ATTEST: _____
Mary E. Wythe, Secretary

	SUBJECT: LTC Emergency Operations Plan	POLICY # LTC-500
		Page 1 of 5
SCOPE: Long Term Care RESPONSIBLE DEPARTMENT: Long Term Care		ORIGINAL DATE: 5/28/2020 REVISED: 11/16/21; 12/16/22; 12/31/24
APPROVED BY: LTC Nursing Director; LTC Medical Director; LTC Administrator; Chief Executive Officer; MEC		EFFECTIVE: 12/31/2024

PURPOSE:

Emergency response guidelines, outlining program components of the Emergency Operations Plan, including staff roles & responsibilities.

DEFINITION(S):

Appendix Z (CMS): Describes LTC EOP requirements

CMS: Centers for Medicare and Medicaid Services

EOP: Emergency Operations Plan

HICS: Hospital Incident Command System

(HSPD)-5: Homeland Security Presidential Directive

NIMS: National Incident Management System

POLICY:

- A. This policy pertains to South Peninsula Hospital - Long Term Care (LTC hereafter) and all employees, visitors, and residents. LTC is a co-located facility which takes its emergency operations plan guidance and scope from the South Peninsula Hospital Emergency Operations Plan (EOP hereafter), as an integrated facility under CMS regulation: **E025 Arrangement with Other Facilities CFR(s): 483.73(b)(7)**
- B. This policy serves as an annex to the comprehensive South Peninsula Hospital Emergency Operations Plan (EOP). This LTC policy addresses requirements that are specific to a nursing home as well as the unique needs of our resident population.
- C. Emergency preparedness and its associated processes are the responsibility of the South Peninsula Hospital EOP Coordinator, Facilities Director. South Peninsula Hospital Long Term Care is an independently licensed LTC and is co-located within the physical building (campus) of South Peninsula Hospital. Where there is language-conflict between the EOP document and this LTC policy, *this policy document will have precedence* unless (a) specifically overruled as a result of decisions made during an Incident Command activation or (b) in conflict with the overarching EOP. The hospital utilizes Hospital Incident Command Structure (HICS), a command structure based on principles of the Incident Command System (ICS) as described by the National Incident Management System (NIMS).
- D. When LTC is notified of an internal or external emergency impacting our operations as a long-term care unit, we will begin immediate preparations to protect and possibly shelter in place the residents on census. While LTC will take direction from the Hospital Incident Command/delegated Incident Commander, LTC will begin the following preparations.
- E. **Residents**
 1. On average there are 25-28 residents on census. All residents in LTC are at high risk in the event of an emergency requiring an Incident Command response, due to the nature of the LTC environment and residents who have many of the following conditions and diagnoses:
 - Geriatric
 - Frail
 - Generalized Debility
 - Alzheimer’s and Alzheimer’s related Dementia
 - Immobility/Non-ambulatory
 - Assistive Device Dependent
 - Oxygen and other Therapy-dependence

- Disease-progression Processes
 - Bed-bound
 - Wheel-chair Dependent
2. In response to the unique needs of the residents, LTC has developed and will maintain two distinct processes to aid in the emergency preparedness awareness of residents, their families and/or guardians:
- a) Resident Family Brochure as required by: **E007 Program Patient Population CFR(s): 483.73(a)(3)** and **E035 LTC and ICF/IID Sharing Plan with Patients CFR(s): 483.73(c)(8)**
[(c) The [LTC facility and ICF/IID] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.
 - b) The communication plan must include all of the following: (8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives.
 - 1) Provides that families and residents are aware of the emergency preparedness practices at SPH-LTC Long Term Care
 - 2) Establishes the procedure for LTC to contact families if an event impacts the care of their family member of guardianship responsibility in our care at LTC
 - 3) Describes mitigating processes underway in LTC to ensure that care is sustainable including redundancies for the following resources:
 - Water
 - Power
 - Food
 - Communication
 - c) LTC Individualized Resident EOP:
 - Establishes a primary and secondary contact for residents in care at SPH-LTC
 - Describes the intent to utilize shelter-in-place processes unless otherwise necessary to evacuate

F. Shelter In Place & Evacuation

The primary reference for Shelter in Place and Evacuation procedures are found in the Shelter in Place and Code Green Evacuation Annex of the South Peninsula Hospital EOP. Contained within these annexes are information and processes specific to LTC regarding shelter in place and evacuation procedures.

1. Early or Temporary Discharge:

Under the following circumstances, and as requested through HICS, residents may be temporarily sent home with family, when possible. This may occur if the following conditions are met:

- a) It is determined by HICS and the LTC DON that this would be in the best interest of the resident *and* the Medical Director concurs; *and*
- b) It is safe for the resident and family to leave the facility (versus sheltering in place), and the family can meet the needs of the resident for the projected duration of the event; *and*
- c) If HICS has indicated a short-term need to open available beds in the facility for critically wounded individuals; *and*
- d) Resident medications can be provided for the resident for the projected duration of the event, to the extent that the LTC Pyxis/pharmacy is stocked.

2. Shelter in Place:

- a) If the physical plant and hospital and LTC infrastructure are not affected by the event, all efforts will be made to avoid disruption in the resident's normal routine.
- b) If the physical plant and/or infrastructure have been compromised by the event, but Incident Command has not issued an evacuation order, all residents may be moved to the day room of LTC. This provides for access to food items as necessary and provides an immediate means of egress out the building should it become necessary to evacuate as well as an alternate route of egress if required. A toilet facility is also available: adjacent to LTC room 9 and behind the LTC nurses station. Further, this area provides adequate space for any family that happens to be in the

facility when an emergency is declared. This location allows for more efficient use of staff serving residents during an emergency.

3. Evacuation:

- a) Residents will not be moved from the unit, unless this is ordered by Incident Command or there is an immediate threat to life or well-being that precedes the activation of Incident Command. If evacuation is to take place, it will be conducted as defined in the South Peninsula Hospital - Long Term Care, EOP.
- b) Residents evacuated from the unit will be accompanied, at all times, by a LTC Caregiver or designated caregiver assigned by Hospital Incident Command. This Caregiver will be responsible for maintaining communication with the LTC Evacuation Branch Unit Leader and ensuring that the resident's location is updated as movement occurs. This Caregiver is also responsible for maintaining the accuracy and security of the resident's medical record once movement begins. The responsibilities continue until care of the resident/patient is transferred to another authorized Caregiver/facility or the event has concluded. All information will be shared with Hospital Incident Command through the LTC Evacuation Branch Leader.
- c) Locations for evacuation will be determined by Hospital Incident Command or another *Authority having Jurisdiction* if necessary. Potential locations include locations outside of LTC. South Peninsula Hospital maintains agreements with other pre-determined facilities as outlined by the Mutual Aid Agreement/Memorandum of Understanding section of this policy and the SPH EOP.

G. Transportation

1. LTC may utilize the following resources for transportation:

- LTC wheelchair accessible van
- Other Hospital owned vehicles as available
- Vans provided by Homer Transportation Inc., a service with whom SPH has a Memorandum of Understanding (MOU)
- Private vehicles as appropriate
- For those residents that absolutely are unable to sit or be moved in the usual manner, an ambulance will be requested

2. Prior to transportation:

- The resident will be moved in their bed to the safest space in the LTC facility or moved to the acute care hospital, if it is safe and expeditious to do so
- One LTC staff member will be assigned to wait with the resident until the form of transportation arrives.
- If it becomes unsafe to wait any longer, the staff member will evacuate the resident and themselves, by any means necessary, to an immediate safe location.

H. Staff Roles

1. LTC Director of Nursing (Any member of LTC Support Staff if DON is not available) provides for and/or delegates as necessary:

- a) Ensures the immediate and continued safety of residents, visitors and staff
- b) Assesses and determines the impact on the LTC facility
- c) Clearly defines actions/duties of staff and ensures follow-through
- d) Notifies residents and family members of event and status of the facility
- e) Ensures the continuity of essential cares and services for residents
- f) Cancels non-essential services in order to utilize available staff for essential resident care
- g) Maintains direct communication with Hospital Incident Command (HIC)

2. Staff Nurses, CNAs, and Activities Staff:

Takes direction from Director of Nursing or their designee to assist as needed to maintain resident safety and provide essential care as indicated to the residents

3. LTC Administrator:

Assists the Director of Nursing or their designee and/or takes direction from Hospital Incident Command as directed to maintain resident safety and staff safety and ensure essential services are provided.

I. Communication

1. LTC utilizes the SPH EOP Communication Plan as the primary resource in processes and considerations for event-based communications. Contained within the plan are methods and processes for redundant communication, primary stakeholder contact information, communication with staff, and other extraordinary communication needs. Below are additional elements specific to the processes of LTC in regard to communication. *Note:* State, Federal, and municipal contacts are maintained in the SPH EOP Plan.
2. LTC Officials Contact Information:
 - Health Facilities Licensing and Certification: 907-334-2483
 - Long Term Care State Ombudsman's Office: 800-730-6393
 - Resident Next of Kin and/or Guardians (resource = LTC Resident EOP Contact Sheet)
3. Other emergency calls are made in accord with the HICS/Incident Commander and under incident command structure would include the appropriate emergency response officials such as Emergency Management, Police, State Trooper, Fire, EMS, and other respondent organizations; locally, state and national and follow the SPH EOP.
4. Caregiver Contact Information:

LTC leadership maintains the contact information of caregivers assigned to the facility in digital and paper format. This is updated periodically as well as when a caregiver begins or ends employment. Furthermore, staff are regularly encouraged to inform their leadership of any changes to their contact information.
5. Patient/Resident/Family Contact Information:

LTC utilizes the "LTC Individualized Resident EOP" for collecting primary and secondary contact information of families and guardians of residents.
6. Facility communication (Ascom phones, HillRom call system):
 - a. Emergency generator power should restore function to communication devices immediately.
 - b. In the event of prolonged downtime, a bell system will be implemented for residents, along with increased staff rounding, to ensure alternate means of communication. For more information on SPH LTC tool kit, see Downtime policy LTC-099.

J. Continuity Of Operations:

1. LTC will follow the mandates as developed in **E015 Subsistence Needs for Staff and Patients** CFR(s): 483.73(b)(1)[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph(a)(1) of this section, and the communication plan at paragraph (c) of this section.
2. The policies and procedures will be reviewed and updated at least annually and at a minimum, the policies and procedures will address the following variables.
 - a) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:
 - Food, water, medical and pharmaceutical supplies
 - Alternate sources of energy to maintain the following:
 - b) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
 - c) Emergency lighting.
 - d) Fire detection, extinguishing, and alarm systems.
 - e) Sewage and waste disposal.
3. LTC utilizes the South Peninsula Hospital EOP/Continuity of Operations plans for business continuity and continued provision of care processes. Considerations specific to the sustainment of care for LTC residents and caregivers are contained within this section.

K. Essential Resources

1. Potable Water: SPH has an MOU with a local water truck service and will hook up to the hospital building's water system to provide potable water in an emergency. We also maintain twelve (12) 55Gallon barrels of potable water with pumps in inventory that can be easily relocated to areas within

the facility.

2. **Food:** A 4-day supply of food is available on site in Nutrition Services to serve residents, patients, and staff. In addition, dehydrated emergency food is available to feed 120 persons, three meals a day for four days. LTC in specific maintains a smaller stock of food in the resident kitchen.
3. **Diesel Fuel:** Stored in a 10,000 gallon fuel tank, that at a minimum is kept half full. The Fuel is used to fuel the two electric generators, as well as the three dual fuel boilers if the natural gas supply is interrupted.
4. **Generators:** Two emergency generators will supply emergency power during a power outage. Each generator is capable of supplying energy to the facility, using the other as a back-up. The generators are connected to selected circuits and specifically identified outlets.
5. **Medication:** This is available from both the LTC Pyxis machine and from the in-house pharmacy, or a local pharmacy in town.
6. **Oxygen:** The facility has two redundant oxygen generating machines, as well as an additional 100 H cylinder bottles of compressed oxygen on site. LTC also has portable oxygen concentrators available.
7. **Power:** The facility is equipped with two emergency generators and these are connected to selected circuits and specifically identified outlets.
8. **Providers:** The Medical Staff Bylaws of SPH and Long Term Care specifically allow for the credentialing of providers in the event of a community disaster. LTC will follow the guidance set by the SPH Medical Staff Office and the Bylaws of the SPH-LTC Medical Staff.
9. **Sewage Treatment:** Sewage processes for SPH-LTC are monitored by the Facilities department and operated by the City of Homer. SPH has a back-up Emergency Sewage Disposal Policy. Modifications to internal Long Term Care processes regarding sewage management will be at the discretion of Facilities as a component of Incident Command or other leadership decision-making process.
10. **Medical Records:** LTC through its Hospital EOP maintains requirements found at E018 Procedures for Tracking of Staff and Patients CFR(s): 483.73(b)(2).
If the Point, Click, Care EMR system becomes inoperable, there are processes in place which define specific paper documents to be used to maintain an ongoing record.
 - a) A stand-alone down-time EMR device on a uniform power source (UPS)
 - b) Per the evacuation processes outlined within this policy an assigned Caregiver will be responsible for maintaining the accuracy and security of their patient/resident's medical record.
 - c) At a minimum a hand carried paper-record will be maintained for each resident/patient.

L. **1135 Hospital Waivers**

As needed for natural and other human-made disasters, LTC recognizes Waivers Declared by the Secretary as outlined in **E026 Roles Under a Waiver Declared by Secretary CFR(s): 483.73(b)(8)** is contained within the Hospital EOP.

M. **Mutual Aid Agreements And Memorandums Of Understanding:**

1. Mutual Aid Agreement with Alaska State Hospital and Nursing Home Association (ASHNHA)
2. Internal transfer agreements (TBA) **E025 Arrangement with Other Facilities CFR(s): 483.73(b)(7)**

PROCEDURE:

N/A

ADDITIONAL CONSIDERATION(S):

N/A

REFERENCE(S):

South Peninsula Hospital Emergency Operations Plan

CONTRIBUTOR(S):

LTC Director; LTC Administrator; SPH Security & Emergency Response Manager

Board of Directors Committees
& Board Liaisons
2025

Board Committees

Committee	Chair	Meeting Time	Members
Finance & Pension Committee	Walter Partridge	<i>Thursday prior to BOD mtg, 8am</i>	Mike Dye, Matt Hambrick , Edson Knapp, Chris Landess
Strategic Planning & Communication Committee	Aaron Weisser		Kim Frost, Chris Landess , Mike Dye, Matt Bullard, Matt Hambrick
Governance Committee	Beth Wythe	<i>Thursday prior to BOD mtg, 11am</i>	Matt Bullard , Bernie Wilson, Preston Simmons, Aaron Weisser
Quality Committee	Preston Simmons		Bernie Wilson, Edson Knapp , Kim Frost, Beth Wythe
Executive Committee (Officers)	Aaron Weisser	<i>Monday, week prior to BOD mtg, 9am</i>	Preston Simmons, Beth Wythe, Walt Partridge

*Names in bold indicate it is the member's primary committee. Primary committee assignments require the member's engaged leadership and additional work outside of the committee meeting to move the agenda forward. Secondary committee assignments only require engaged participation in meeting discussions.

Board Representatives / Liaisons

Committee / Group	Primary Board Representative
Credentials Committee	Bernie Wilson
SPH Foundation	Matt Hambrick
Medical Executive Committee	Edson Knapp, MD & Christopher Landess, MD

Executive Committee:

- Aaron Weisser, President
- Preston Simmons, Vice President
- Beth Wythe, Secretary
- Walter Partridge, Treasurer

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
3rd Quarter FY 2025 (Jan, Feb, Mar)

Overall Indicators	Q3 FY25	Target	Note
Care Compare Overall Hospital Star Rating	N/A	5	Mortality, Safety of Care, Readmission, Patient Experience, Timely & Effective Care
Care Compare Overall Nursing Home Star Rating	5	5	Staffing, Health Inspections, Quality Measures
Care Compare Home Health Quality Rating	2.5	5	Activities of Daily Living, Symptoms, Harm, Hospitalization, Value of Care

Clinical & Service Excellence

Using evidence-based practices, South Peninsula Hospital is dedicated to achieving consistent and demonstrated excellence in clinical quality and safety.

Quality of Care / Patient Safety	Q3 FY25	Target	Note
Severe Sepsis & Septic Shock Care	100%	> 75%	<i>CMS Hospital Compare: 80%</i>
Percentage of patients who received appropriate care for sepsis and/or septic shock.			Passed 11 of 11 cases
Stroke Care	N/A	> 75%	<i>CMS Hospital Compare: N/A due to low numbers</i>
Percentage of patients who receive CT/MRI within 45 minutes of arrival to ED w/stroke symptoms.			No cases per CMS
Median Emergency Room Time	174	< 180min	<i>CMS Hospital Compare: 124 min</i>
Average minutes spent in department before leaving the Emergency Department.			Average throughput time of all ED visits (CMS allows for certain exclusions).
Colonoscopy Follow-up	100%	> 75%	<i>CMS Hospital Compare: 100%</i>
Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy.			
Patient Fall Rate (AC)	2.3	< 5	# of patient falls / # patient days x 1000
Measures the number of patient falls per 1,000 patient days.			<i>2 falls without injury</i>
Medication Errors	0	0	
Number of patient medication errors that cause harm. (Level E on the NCC MERP Index)			<i>(Tracking through occurrence reporting system.)</i>
Never Events	0	0	
Unexpected occurrence involving death/serious physiological or psychological injury.			<i>(Tracking through occurrence reporting system.)</i>

Independent Ambulation (HH)	74.2%	> 75%	
Percentage of home health patients demonstrating improvement with ability to ambulate more independently.			<i>(Tracked through OASIS Reporting.) No patients worsened.</i>
Independent Oral Medication (HH)	67.70%	> 75%	
Percentage of home health patients demonstrating improvement with ability to take oral medications more independently.			<i>(Tracked through OASIS Reporting.) No patients worsened.</i>
Pressure Ulcers (LTC)	1	< 3	
Number of residents who develop pressure ulcers after admission.			<i>(Tracked through Minimum Data Set Reporting.)</i>
Primary Care MIPS Value Pathways	77%	> 75%	Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (MIPS) for outpatient clinics.			Special focuses: cervical cancer screening, specialist referrals, high blood pressure, hemoglobin A1c, medication reconciliation, fall risk

Patient & Resident Experience

Patient Satisfaction Through Press Ganey (PG)	Q3 FY25	Target	
Inpatient Percentile	90th	75th	Survey Responses: 34
Measures the overall satisfaction of inpatient pts. respondents.			
Outpatient Percentile	31st	75th	Mean Score: 94.27
Measures the overall satisfaction of outpatient pts. respondents.			
Emergency Department Percentile	71st	75th	Mean Score: 89.24
Measures the overall satisfaction of emergency pts. respondents.			
Medical Practice Percentile	55th	75th	Mean Score: 94.24
Measures the overall satisfaction of pts. respondents at SPH Clinics.			
Ambulatory Surgery (AS) Percentile	87th	75th	Mean Score: 97.70
Measures the overall satisfaction of AS pts. respondents.			
Home Health (HH) Percentile	60th	75th	*Running 12 months due to low quarterly returns.
Measures the overall satisfaction of HH pts. respondents.			

Information System Solutions	Q3 FY25	Target	Note
Eligible Hospital (EH) Promoting Interoperability	85	≥ 60	CMS score 60 and above = pass
Hospital-based measures for inpatient and observation stays.			Focuses include: electronic prescribing accuracy and safety, health information exchange topics, patient access to electronic records
Eligible Provider (EP) - Promoting Interoperability (Group)	100%	> 95%	Target quarterly for annual score
Merit Based Incentive Payment System Promoting Interoperability score. (MIPS tracking is in Athena)			Special focuses: patient electronic access to health information, electronic referrals, electronic prescriptions
IT Security Awareness Training Complete Rate	86%	> 95%	
% of employees who have completed assigned security training			1316 Training videos sent, 1135 were completed.
Phishing Test Pass Rate	96%	> 95%	
% of Phishing test emails that were not failed.			665 Test phishing emails sent out to staff. 25 links clicked.

Medical Staff Alignment

South Peninsula Hospital desires to be an employer and/or provider of choice for medical staff practitioners by fostering an atmosphere of continuous collaboration.

Provider Alignment	2024	Target	Note
Provider Satisfaction Percentile	85th	75th	
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.			Result of provider survey 2024

Employee Engagement

South Peninsula Hospital desires to be an employer of choice that offers our staff an opportunity to make positive impact in our community.

Staff Alignment	2024	Target	Note
Employee Satisfaction Percentile	60th	75th	
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.			Result of employee survey 2024

Workforce	Q3 FY25	Target	Note
Turnover: All Employees	3%	< 5%	
Percentage of all employees separated from the hospital for any reason			21 Terminations / 637 Total Employees
Turnover: Voluntary All Employees	3%	< 4.75%	
Measures the percentage of voluntary staff separations from the hospital			18 Voluntary Terminations / 637 Total Employees
First Year Total Turnover	4%	< 7%	
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.			7 New Staff Terminated 25 Total New Hires
Contract Utilization	22	< 20	
Measure average number of contract staff utilized.			4 CNA, 2 CST, 2 MLT, 1 PT, 11 RN, 1 RT

Financial Health

SPH is financially positioned to support our dedication to the Mission, Vision and Values, and our continued investment in our employees, medical staff, physical plant and equipment.

Financial Health	Q3 FY25	Target	Note
Operating Margin	4%	5%	
Measures the surplus (deficit) of operating income over operating expenses as a percentage of net patient service revenue for the quarter.			Target is based on budgeted operating margin for the period.
Adjusted Patient Discharges	995	1,061	Total Discharges: # (Acute, OB, Swing, ICU)
Measures the number of patient discharges adjusted by inpatient revenues for the quarter.			Adjusted Patient Days = [Inpatient Days(Excludes Nursery)] X [Gross Patient Revenue/Gross Inpatient Revenue]
Net Revenue Growth	26%	26%	
Measures the percentage increase (<i>decrease</i>) in net patient revenue for the quarter compared to the same period in the prior year.			Target is based on budgeted net patient service revenue for the period compared to net patient service revenue for the same period in prior yr.
Full Time Equivalent (FTEs) per Adjusted Occupied Bed	8.7	9.1	
Measures the average number of staff FTEs per adjusted occupied bed for the quarter.			Target is based on budgeted paid hours (<i>FTE</i>) divided by (<i>budget gross patient revenue/budget gross inpatient rev</i>) X budgeted average daily census for the quarter.

Net Days in Accounts Receivable	50	55	
Measures the rate of speed with which the hospital is paid for health care services.			
Cash on Hand	82	90	91.7 Total Days Cash on Hand, Operating +Unobligated PREF
Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.			Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.
Uncompensated Care as a Percentage of Gross Revenue	2%	2-3%	
Measures bad debt & charity write offs as a percentage of gross patient service revenue			Target is based on industry standards & SPH Payer Mix Budgeted total is 2.4% Expected range of 2-3%
Average Age of Plant	13.2	8 yrs.	
Average age of assets used to provide services			Target is based on hospital optimal age of plant.
Intense Market Focus to Expand Market Share	Q4 FY25	Target	Note
Outpatient Revenue Growth	13%	24%	
Measures percentage increase (decrease) in outpatient revenue for the quarter, compared to the same period in the prior year.			Target is based on budgeted outpatient revenue for the period compared to outpatient revenue for the same period prior yr.
Surgical Case Growth	15%	27.0%	
Measures the increase (<i>decrease</i>) in surgical cases for the quarter compared to the same period in the prior year.			Target is based on budgeted surgeries above actual from same quarter prior yr.



MINUTES

Board Governance Committee Meeting

11:00 AM - Thursday, June 19, 2025
Zoom

The Board Governance Committee of the South Peninsula Hospital was called to order on Thursday, June 19, 2025, at 11:00 AM, via Zoom, with the following members present:

PRESENT: Chair Beth Wythe, Matthew Bullard, Bernadette Wilson, Aaron Weisser, Preston Simmons, Ryan Smith (CEO) and Maura Gibson (Exec. Asst.)

1. CALL TO ORDER / REVIEW OF AGENDA & MINUTES

1.1. Approval of the agenda

The agenda was approved as written.

1.2. Consideration to approve the minutes of May 22, 2025

The minutes were approved as written.

2. PENDING ITEMS

2.1. Training Plan 2025

An updated training plan was provided as an FYI. The Certificate of Need presentation was pushed back to July due to the presenter's schedule.

2.2. New Board Member Orientation Program

Matt Bullard put together a draft plan for a mindful training and orientation process for new members. The committee is in favor of formalizing the mentorship process, to give structure for mentors. Beth will work on this and bring back to the committee. Would like to have this finalized by September.

2.3. Pending Policies: SM-02, SM-03

The committee reviewed policies SM-02, Responsibilities of Board Members and SM-03, Communications with the News Media and made several changes around how the board interacts with the public and the news media. The committee approved the changes and asked they be placed on the next board agenda under Governance Committee Report for an initial review.

2.4. Board Retreat Follow-Up

This item was tabled.

3. NEW ITEMS

3.1. Board Meeting Agenda Changes

The committee discussed adding generative discussion topics to each board meeting. The committee also discussed rearranging the agenda order so Executive Session would be held first, and Open Session after.

3.2. New Meeting Time Proposal

The committee discussed extending the meeting times, and agreed to start the July meeting at 10:30am. Also discussed moving the Governance Committee meetings to earlier in the month, but no decisions were made.

3.3. Bylaw Review: Membership Outside Service Area

Aaron Weisser brought this forward to the committee. He proposed removing the section from the bylaws stating up to three members may live outside the Service Area. The board has only utilized this provision when sitting members moved from Homer to Anchorage. The board no longer has any members outside the service area and has no plans to recruit outside the service area. The committee agreed with the suggestion. Beth will work on revisions to the bylaws and will include this alteration.

3.4. New Policy Recommendation: Investigation of CEO and Hospital Leader Misconduct

This was tabled due to time constraints.

3.5. Policy Review: SM-06 Strategic Planning and SM-07 Board Member Orientation

This was tabled due to time constraints.

4. EXECUTIVE SESSION (BOD ONLY)

4.1. CEO Evaluation

Preston Simmons presented the recommendations of the CEO Evaluation Subcommittee. The Governance Committee approved the recommendations, which will be brought to the full board during Executive Session of the board meeting.

5. ADJOURNMENT

The meeting adjourned at 12:10pm.

PURPOSE:

To outline the responsibilities assigned to Committees managed by the South Peninsula Hospital (the Hospital) Operating Board of Directors (the Board).

DEFINITION(S):

N/A

POLICY:

- A. The standing committees of the Board shall be Quality of Care Committee, Finance and Pension Committee, Strategy/Planning and Community Relations Committee, Governance Committee, and Executive Committee.
- B. Committee responsibilities and structures shall be as outlined within this policy and detailed further in the Committee Charters of each committee. Committee charters will be reviewed at regular intervals in conjunction with the periodic review of this policy.
- C. Committee members and committee chairs will be appointed by the Board ~~Chair~~ President each year. Members may participate in consecutive years without limitation.
- D. Each committee chair will be responsible for establishing meeting dates, times, agendas, and meeting procedures.
- E. Each committee shall develop annual goals outlining the committee's work focus for the year. The goal information will be provided to the Board as an informational item no later than the third Board meeting of the year. Progress on the established goals will be reported to the Board following each committee meeting.

PROCEDURE:

1. Quality of Care Committee (QCC). The QCC shall assist the Board in fulfilling its oversight responsibilities in the areas related to patient safety, operational and clinical quality, patient, physician, and caregiver satisfaction, risk management, and regulatory preparedness and compliance. The QCC supports the overall vision and mission of the Board for safety and quality by maintaining and periodically updating the activities to be improved/maintained on the ~~Operational~~ Balanced Scorecard, as well as monitoring organizational performance against the identified targets and government/regulatory agency requirements. ~~The QCC will make recommendations to the Board regarding systematic improvements regarding appointment, privileging, and credentialing trends and ongoing quality oversight of clinical staff.~~ The QCC will make recommendation to the board regarding changes to Medical Staff Bylaws and policies related to quality, in addition to other duties as set forth in the Charter of the Quality Care Committee or as assigned by the Board. The QCC will consist of a minimum of three (3) Directors, one of which will be appointed Chair, the current Chief of Staff or designee from the Medical Executive Committee, ~~the Chair of the Medical Executive Committee Staff Quality Committee or their designee.~~ The Chief Executive Officer, ~~the~~ Chief Operating Officer, ~~the~~ Chief Nursing Officer, Chief Medical Officer and the Quality ~~Officer~~ Director attend in an advisory capacity only.
2. Finance and Pension Committee (FPC). The FPC is responsible for the development and oversight of all required policies, regulatory reporting, investing and auditing practices related to ensuring the financial health of the Hospital operations and pension plan programs. The FPC shall provide advice, counsel, and direction to the Board in furtherance of the mission and values of the Hospital in the spirit of shared governance concerning the financial performance and funding of the strategic plan and ongoing operations, in addition to other duties as set forth in the Charter of the Finance & Pension Committee or as assigned by the Board. At a minimum, members of the FPC shall include the Treasurer and two (2) other appointed Board members. Additionally, the Chief Executive Officer, Chief Operating Officer, and Chief Financial Officer shall attend as ex officio members in an advisory capacity. When the FPC performs its duties of audit oversight, only committee members who are independent directors as defined in the regulations of the Internal Revenue Code may participate in the discussions and vote on any actions to be taken by the committee regarding audits.

3. Strategic Planning and Community Relations Committee (SPCRC). The SPCRC will help promote positive engagement with the Service Area to enhance the image and reputation of the Hospital and associated divisions/organizations and the health and well-being of the population, seeking out and supporting efforts to establish presence and goodwill within the community in order to increase access for all. The SPCRC will provide advice, counsel, and direction to the Board to assure the mission, vision and values of the Hospital are understood by the populace of the greater Hospital Service Area, and that two-way communication is established and maintained in a positive manner. The SPCRC is also responsible for the development and maintenance of a strategic plan including the identification of current and future needs of the Hospital to ensure adequate facilities now and into the futures. This will include proposed timelines and funding sources in order to provide the best possibility for successfully meeting the Hospitals goals. Annually during the Board retreat, the SPCRC will provide a review of project progress and recommendations for updating the Plan as needed, in addition to other duties as set forth in the Charter of the Strategic Planning and Community Relations Committee or as assigned by the Board. At a minimum, the SPCRC shall have at least two (2) Board directors, one of which will be appointed as the Chair. Community members not serving on the Board may be appointed to this committee, with the provision of a signed confidentiality agreement.
4. Governance Committee (GC). The GC will be responsible for assisting the Board in fulfilling its ultimate responsibility for effective and efficient performance by developing and monitoring the effectiveness of the Board to fulfill the mission and values of the Hospital; assuring that the Board and its committees are educated about and prepared to perform their roles effectively; the Board's own functioning is evaluated and improved; and qualified applicants for the Board are recruited, provided with proper orientation and mentoring, and their performance is evaluated regularly, reviewing the performance of the Board Chair periodically through out the year, and coordinating the annual performance and compensation review of the CEO, in addition to other duties as set forth in the Charter of the Governance Committee or as assigned by the Board. At a minimum, the GC shall have at least three (3) Board directors, one of which will be appointed as the Chair. The Chief Executive Officer, other Administration, and/or legal counsel shall attend in an advisory capacity as requested by the committee.
5. Executive Committee (EC). The Executive Committee (EC) act for and on behalf of the Board between meetings of the Board for emergent/urgent matters and other responsibilities as detailed in the Executive Committee Charter. All actions taken by the EC shall be reported to the full Board at the next regular or special Board meeting. Members of the EC shall be the officers of the Board, and the Chief Executive Officer. The Chair of the committee shall be the Chair of the Board.

ADDITIONAL CONSIDERATIONS:


N/A

REFERENCE(S):

1. SPH BOD Self-Management policy *SM-07 Board Member Orientation*
2. SPH BOD Executive Management Performance policy *EMP-08 CEO Performance Evaluation*
3. SPH BOD Finance policy *F-10 Financial performance Indicators*

CONTRIBUTORS:

Board of Directors

	SUBJECT: Responsibilities of Board Members	POLICY #: SM-02
		Page 1 of 1
Scope: Hospital-Wide Approved by: Human Resources		Original Date: 9/24/03 Effective: 1/24/24
Revised: 5/28/08; 9/24/14; 11/17/15; 8/25/21 Reviewed: 1/24/24		Revision Responsibility: Board of Directors

PURPOSE:

Defining roles and responsibilities of the Board of Directors.

DEFINITION(S):

N/A

POLICY:

- A. The power and authority of the board comes from the board as a whole; individual members do not have decision making or directive authority unless specifically designated by the board. The Board of Directors alone has directive or tasking authority over the CEO.
- B. Board Member Responsibility
 - 1. Be a conscientious member of the board, helping the board to fulfill its responsibilities for directing the hospital, fulfilling its mission, protecting and furthering its assets, and being accountable to the public at large for the ethical conduct of all hospital affairs.

PROCEDURE:

- 1. Be loyal to the hospital, always furthering the interests of the hospital in its pursuit of its mission, and disclosing and avoiding any potential conflict of interest.
- 2. Be diligent in the fulfillment of board responsibilities; always be prepared for decisions addressed by the board; prepare to attend and actively participate in board meetings and in continuing education opportunities. Make an effort to become knowledgeable about healthcare issues and trends and South Peninsula Hospital operations.
- 3. Stay focused at board meetings; come prepared; be a good listener; participate and ask questions to gain knowledge; maintain ethics and values.
- 4. Be prudent in all decisions made on behalf of the hospital, employing judgment consistent with generally accepted standards and/or practices for the issue at hand, based on the information that is available.
- 5. Respect the confidentiality of the boardroom and refer all inquiries for public statements to the hospital's PR/Marketing Director.
- 6. Support the decisions and policies of the board until such time as those decisions or policies are changed by an official action of the board.
- 7. Help define and then support the roles delegated to management and the medical staff and to assure that accountability mechanisms exist to receive reports on the delegated duties.
- 8. Be a champion of the South Peninsula Hospital Values and Behaviors.
- 9. Direct all requests for information or assistance to the CEO or Acting CEO or designee.
- 10. Engage in regular self-evaluation processes of the board and be responsible to notify the board chairman or nominating committee at such time as the member determines that he/she cannot continue to carry out the duties of the position.
- 11. Be aware that all public comments and actions, whether or not made as a representative of South Peninsula Hospital, may be perceived as such and may have a negative impact on the hospital's reputation in the community.

ADDITIONAL CONSIDERATION(S):


N/A

REFERENCE(S):

- 1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors

CONTRIBUTOR(S):

Operating Board; Chief Executive Officer

	SUBJECT: Communications with News Media	POLICY #: SM-03
		Page 1 of 1
Scope: Board of Directors Approved by: Board of Directors		Original Date: 9/24/03 Effective: 1/24/24
Revised: 7/25/07; 5/28/08; 6/23/21 Reviewed: 1/24/24		Revision Responsibility: Board of Directors

PURPOSE:

Guidelines for communications with news media related to facility operations.

DEFINITION(S):

N/A

POLICY:

- A. South Peninsula Hospital will maintain open, honest communication with the news media.
- B. The PR/Marketing Director will serve as the official spokesperson for the hospital to ensure accuracy and compliance with Board guidance.
- C. This policy does not preclude the Board President from commenting on Board decisions or policies.

PROCEDURE:

- 1. Board members contacted by the news media should refer the inquiry to the hospital's PR/Marketing Director
- 2. Board members may reference document Board Suggested Communications with News Media for sample appropriate responses to media inquiries.

ADDITIONAL CONSIDERATION(S):

N/A

REFERENCE(S):

- 1. *Replaced Board Policy AB-04-12*

CONTRIBUTOR(S):

Board of Directors

Per our discussion this is how I would propose including generative topics on the open meeting agenda:

January – Generative Discussion regarding the plan for the year
February – No Meeting due to annual conference out-of-state
March – Quality/Safety topic
April – Strategic (with strategic plan update at the annual retreat)
May – Quality topic
June – Safety topic (this may include IT and AI topics)
July – Generative – review plan set out in January
August – Quality topic
September – Safety topic
October – Strategic (review/refine strategic plan progress)
Nov/December – Quality/Safety

That puts quality and safety in the public eye 4 times each, and strategic and generative discussions twice each.

Also, each executive meeting will include a topic for generative discussion purposes.