



# AGENDA

## Board of Directors Meeting

6:30 PM - Wednesday, July 30, 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		Kim Frost		Christopher Landess, MD	
Beth Wythe, Secretary		Michael Dye		Bernadette Wilson	
Walter Partridge, Treasurer					

[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 June 25, 2025  
[Board of Directors - Jun 25 2025 - Minutes - draft](#)
- 12 - 20      7.2.      Consideration to Approve Revised Board Policies SM-02 Responsibilities of Board Members, SM-03 Communications with the News Media and SM-08 Committee Responsibilities as recommended by the Governance Committee.  
[Memo](#)  
[SM-02](#)  
[SM-03](#)  
[SM-08, new version](#)  
[SM-08, old version](#)
- 21 - 23      7.3.      Consideration to Approve Board Policies SM-06 Strategic Planning and SM-07 Board Member Orientation with no substantive changes as recommended by the Governance Committee  
[Memo](#)  
[SM-06](#)  
[SM-07](#)
- 24 - 27      7.4.      Consideration to Approve June FY2025 Financials  
[Balance Sheet June FY25](#)  
[Income Statement June FY25](#)  
[Cash Flow Statement June FY25](#)
- 28 - 30      7.5.      Consideration to Approve the FY25 Critical Access Hospital Quality Assessment and Performance Improvement Evaluation  
[SPH CAH QAPI Evaluation 2025](#)
- 7.6.      Consideration to Accept the Resignation of Board Member Matthew Hambrick effective July 1, 2025

## **8. PRESENTATIONS**

- 8.1.      Patient Safety Collaborative Video

## **9. UNFINISHED BUSINESS**

## **10. NEW BUSINESS**

- 31 - 32      10.1.      SPH Resolution 2025-16, A Resolution of the South Peninsula Hospital Board of Directors Approving the Kenai Peninsula Borough's Purchase of Property Including Parcel 17504022, 4117 Bartlett Street, and 324 W

Fairview Ave, Homer AK 99603

[SPH Resolution 25-16](#)

- 33            10.2.    SPH Resolution 2025-17, A Resolution of the South Peninsula Hospital Board of Directors Approving an Alteration of Scope to Project 21SHD SPH Nuclear Medicine System and 23SHA Hospital Nuclear Medicine Equipment  
[SPH Resolution 25-17](#)

## **11.    REPORTS**

- 34 - 38       11.1.    Chief Executive Officer  
[Q4-FY25 Balanced Scorecard](#)
- 11.2.    BOD Committee: Finance & Pension
- 11.3.    BOD Committee: Strategic Planning & Communication
- 11.4.    BOD Committee: Governance
- 11.5.    BOD Committee: Quality
- 11.6.    Chief of Staff
- 11.7.    Service Area Board Representative - Lynda Reed

## **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**

## **16.    ADJOURN TO EXECUTIVE SESSION (IF NEEDED)**

## **17.    ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION**

- 17.1.    Consideration to Approve Resolution 2025-18, Approving the Medical

**18. ADJOURNMENT**

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

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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, June 25, 2025

Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital was called to order on Wednesday, June 25, 2025, at 5:30 PM, in the Conference Rooms 1&2 and on 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, Beth Wythe, Preston Simmons, Christopher Landess, and Kim Frost.

**BOARD EXCUSED:** Matthew Bullard

**ALSO PRESENT:** Matthew  
*\*Only meeting participants who comment, give report or give presentations are noted in the minutes. Others may be present.*

A quorum was present.

### 3. REFLECT ON LIVING OUR VALUES

Rachael Kincaid, CNO, shared a letter from a patient who had an excellent experience with a surgical procedure with Dr. Donald Endres.

### 4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

#### 4.1. Rules for Participating in a Public Meeting

The rules were included in the meeting packet, and available in the meeting room.

### 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 move item 16.1 approving the medical staff credentialing to the consent agenda, as this item was discussed in Executive Session prior to the meeting and amend the proclamation for Jean Kuipers to read 38 years. Michael Dye seconded the motion. Motion Carried.*

### 7. APPROVAL OF THE CONSENT CALENDAR

Ms. Wythe read the consent calendar as amended into the record.

- 7.1. **Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for May 28, 2025**
- 7.2. **Consideration to Approve May FY2025 Financials**
- 7.3. **Consideration to Approve a Proclamation for Jean Kuipers on her Retirement after 36 Years of Service to South Peninsula Hospital**
- 7.4. **Consideration to Approve a Proclamation for Laura Miller on her Retirement after 38 Years of Service to South Peninsula Hospital**
- 7.5. **Consideration to Approve the 2025-2026 Strategic Plan**
- 7.6. **Consideration to Approve SPH Resolution 2025-15, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for June 2025, to include the appointment of:**

Lawrence Gerstle, MD	Internal Medicine	Courtesy Staff
Matthew Joo, DO	Emergency Med.	Courtesy Staff
Clare Thompson, CNM	Midwifery	Courtesy Staff
Hans Wilhelm, DO	Hospitalist	Courtesy Staff

And the reappointment of:

Kinjal Desai, MD	Neurology	TeleStroke-PROV
Hisam Goueli, MD	Psychiatry	TelePsych-PROV
Yi Mao, MD	Neurology	TeleStroke-PROV
Alan Skolnick, MD	Cardiology	Courtesy-AKH&VI

And the one year reappointment of:

Miranda Marsh, CRNA	Nurse Anesthetist	Active Staff
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And the following status modification request:

Gregory Aird, MD to Active Staff

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

## 8. PRESENTATIONS

### 8.1. Presentation of Retirement Proclamation for Jean Kuipers

Aaron Weisser read a retirement proclamation for Jean Kuipers' 38 years at South Peninsula Hospital, and the board thanked her for her service.

### 8.2. Presentation of Retirement Proclamation for Laura Miller

Aaron Weisser read a retirement proclamation for Laura Miller's 38 years at South Peninsula Hospital, and the board thanked her for her service.

## 9. UNFINISHED BUSINESS

There was no unfinished business to discuss.

**10. NEW BUSINESS**

**10.1. Consideration to Approve SPH Resolution 2025-14, A Resolution of the South Peninsula Hospital Board of Directors Authorizing Bank Account Signers**

Anna Hermanson, CFO, reported. This resolution requests an update to bank signers to reflect changes in Senior Leadership, and increases some limits to account for current bill costs. Mr. Partridge added this was reviewed and approved in Finance Committee.

*Christopher Landess made a motion to approve SPH Resolution 2025-14, A Resolution of the South Peninsula Hospital Board of Directors Authorizing Bank Account Signers Bernadette Wilson seconded the motion. Motion Carried.*

**10.2. Consideration to Approve LTC-500, the LTC Emergency Operations Plan (EOP)**

Rachael Kincaid, CNO, reported. This document is an annual update required by CMS. Over the last several years, surveyors have preferred this to remain independent from the hospital's plan, but the process is nearly identical. Next year we plan to bring the Hospital, Home Health, and Long Term Care EOPS together at the beginning of the year.

*Preston Simmons made a motion to approve LTC-500, the LTC Emergency Operations Plan (EOP) as presented. Beth Wythe seconded the motion. Carried.*

**10.3. Consideration to Approve New Committee Assignments for the Remainder of 2025**

Aaron Weisser, Board President, presented a list of the new committee assignments for the remainder of the calendar year, reflecting the newly added committees. The committee assignments are as follows. Those members recorded in bold will take on more responsibilities and outside work in that particular committee.

Committee	Chair	Members
Finance & Pension Committee	Walter Partridge	<b>Mike Dye</b> , Edson Knapp, Chris Landess
Strategic Planning & Communication Committee	Aaron Weisser	<b>Kim Frost, Chris Landess</b> , Mike Dye, Matt Bullard
Governance Committee	Beth Wythe	<b>Matt Bullard</b> , Bernie Wilson, Preston Simmons, Aaron Weisser

Quality Committee	Preston Simmons	<b>Bernie Wilson, Edson Knapp,</b> Kim Frost, Beth Wythe
Executive Committee (Officers)	Aaron Weisser	Preston Simmons, Beth Wythe, Walt Partridge

## 11. REPORTS

### 11.1. Chief Executive Officer

Ryan Smith, CEO, announced several leadership changes. Angela Hinnegan is leaving to take a position at Central Peninsula Hospital, and Rachael Kincaid has accepted the position of COO. Amber Gall, the current Surgical Services Director, will move into the role of CNO, and Justine Haveman, the current Surgery Supervisor, will step into the vacated Surgical Director position. He also discussed the newly passed bill as it related to Medicaid funding, the new State of Alaska sick leave law and how the hospital is putting processes in place to ensure compliance, and he reviewed the balanced scorecard.

### 11.2. BOD Committee: Finance & Pension

Walter Partridge, Committee Chair, reported. The committee met last week and reviewed the financials for May 2025 and the resolution on tonight's agenda.

### 11.3. BOD Committee: Governance

Beth Wythe, Committee Chair, reported. A written report was provided in the packet. There were policies presented for an initial review, and Ms. Wythe solicited any feedback, otherwise they will be placed on the consent agenda for the July board meeting. She added that the Governance Committee meetings will be moving to the second Wednesday of the month starting in August.

### 11.4. BOD Committee: Strategic Planning & Communication

Aaron Weisser reported that the new Strategic Planning and Communication Committee will meet on the Wednesday prior to the board meeting at 11am, starting in July.

### 11.5. BOD Committee: Quality

Preston Simmons reported that the new format of the Quality Committee will meet on the second Wednesday of the month at 4:30pm, starting in July.

### 11.6. Chief of Staff

Dr. Sarah Roberts was unable to attend the meeting.

### 11.7. Service Area Board Representative

There was no Service Area Board report at this meeting.

## 12. DISCUSSION

There were no additional 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

Ryan Smith thanked Angela Hinnegan for everything she has done for South Peninsula Hospital. He thanked the accounting team and board member Mike Dye for helping to problem solve a recent payroll issue around a banking holiday.

#### 14.2. Board Members

Aaron Weisser presented Ms. Hinnegan with flowers on behalf of the board and wished her well on her new chapter. He also thanked Mr. Simmons and the CEO Evaluation team for their work on the annual evaluation process. Walter Partridge congratulated and thanked Ms. Miller and Ms. Kuipers for their years of service. He congratulated Amber Gall and Rachael Kincaid, and the Long Term Care team on their Silver Quality Award. Kim Frost expressed appreciation on all the work on the new committee structure, and wished Ms. Hinnegan well. Christopher Landess wished Ms. Hinnegan well and congratulated Ms. Kincaid. Mike Dye expressed appreciation for the great care a family member received at the hospital. Beth Wythe thanked Ms. Hinnegan for all her service to the organization. Bernadette Wilson thanked the CEO Evaluation Committee for their work on this annual process. She congratulated Ms. Hinnegan, Ms. Kincaid and Ms. Gall. She thanked Mr. Smith for his work on success planning. Edson Knapp thanked Ms. Hinnegan for all her time and work at SPH. He congratulated Ms. Kincaid on her new role. Matthew Hambrick echoed the congratulations, as did Mr. Simmons.

### 15. INFORMATIONAL ITEMS

#### 15.1. AHHA Annual Conference

Information on the AHHA Annual Conference was included in the packet. Several board members have been registered, but if anyone else would like to attend, please reach out to Maura Gibson, Exec Asst.

#### 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)***

Mr. Weisser asked the board to please note the schedule change for future board meetings.

### 16. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

*Preston Simmons made a motion to approve the CEO Compensation Recommendations from the CEO Evaluation Committee, as discussed in Executive Session. Walter Partridge seconded the motion. A roll call vote was held. A conflict of interest was established in this item for all non-independent board members, including employees Christopher Landess and Edson Knapp, and family members of hospital employees Beth Wythe and Aaron Weisser.*

<i>Matthew Hambrick</i>	<i>Yes</i>
<i>Edson Knapp</i>	<i>Abstain</i>
<i>Walter Partridge</i>	<i>Yes</i>
<i>Michael Dye</i>	<i>Yes</i>
<i>Bernadette Wilson</i>	<i>Yes</i>
<i>Beth Wythe</i>	<i>Yes</i>
<i>Preston Simmons</i>	<i>Yes</i>
<i>Matthew Bullard</i>	<i>Excused</i>
<i>Christopher Landess</i>	<i>Abstain</i>
<i>Kim Frost</i>	<i>Yes</i>
<i>Aaron Weisser</i>	<i>Abstain</i>

*Motion Carried 6-0.*

**17. ADJOURN TO EXECUTIVE SESSION**

The board adjourned to Executive Session at 7:00pm.

**18. ADJOURNMENT**

The meeting adjourned at 7:45pm.

Respectfully Submitted,

Accepted:

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Maura Gibson, Executive Assistant

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Aaron Weisser, President

Minutes Approved:

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Mary E. Wythe, Secretary

To: SPH Board of Directors  
From: Governance Committee  
Date: July 24, 2025  
Re: Updated Board Policies for Approval

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Board Policies SM-02 Responsibilities of Board Members, SM-03 Communications with the News Media and SM-08 Committee Responsibilities were reviewed and revised by the Governance Committee at their meeting on June 19, 2025. SM-02 and SM-03 were updated to allow for board members to communicate with the public when talking points have been previously established, instead of requiring all inquiries to be directed back to hospital leadership. SM-08 was updated to reflect the new Board Committee structure.

All three policies were included in the June Board Meeting packet under the Governance Committee report, to allow all board members time to review and give feedback on any changes. As no further changes were recommended, these policies are presented for final approval at the July meeting.

	<b>SUBJECT:</b> Responsibilities of Board Members	<b>POLICY #:</b> SM-02
		<b>Page 1 of 2</b>
<b>Scope:</b> Hospital-Wide <b>Approved by:</b> <del>Human Resources</del> Board of Directors		<b>Original Date:</b> 9/24/03 <b>Effective:</b> 1/24/24
<b>Revised:</b> 5/28/08; 9/24/14; 11/17/15; 8/25/21 <b>Reviewed:</b> 1/24/24		<b>Revision Responsibility:</b> 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.~~
- ~~6-5.~~ 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.
- ~~7-6.~~ 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.
- ~~8-7.~~ 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.~~
- ~~10-8.~~ 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.
- ~~9.~~ 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.
- ~~10. Respect the confidentiality of the boardroom.~~
- ~~11. When talking points have not been previously agreed upon by the Board, refer all media inquiries for public statements to the hospital's PR/Marketing Director.~~
- ~~12. When talking points have not been previously agreed upon by the Board, direct all non-media requests for operational information or assistance to the CEO or Acting CEO or designee.~~
- ~~11-13.~~

**ADDITIONAL CONSIDERATION(S):**

N/A

South Peninsula Hospital

**POLICY #: SM-02**

**POLICY #: SM-02**

**SUBJECT: Responsibilities of Board Members** ~~**SUBJECT: Responsibilities of Board Members**~~


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**REFERENCE(S):**

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

**CONTRIBUTOR(S):**

Operating Board; Chief Executive Officer

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

**PURPOSE:**

Guidelines for communications ~~with news media related to facility operations~~ with the public.

**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 or CEO from commenting on Board decisions or policies.

**PROCEDURE:**

- 1. ~~When talking points have not been previously agreed upon by the Board, refer all media inquiries for public statements to the hospital's PR/Marketing Director.~~
- 2. ~~When talking points have not been previously agreed upon by the Board, direct all non-media requests for operational information or assistance to the CEO or Acting CEO or designee.~~
- 1. ~~Board members contacted by the news media should refer the inquiry to the hospital's PR/Marketing Director~~
- 2.3. ~~Board members may reference document~~ Refer to *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

	<b>SUBJECT:</b> Committee Responsibilities	<b>POLICY #:</b> SM-08
		<b>Page 1 of 3</b>
<b>Scope:</b> Board of Directors <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 6/23/04 <b>Effective:</b> 6/25/25
<b>Revised:</b> 8/28/19; 10/26/22; 6/25/25 <b>Reviewed:</b> 1/24/24		<b>Revision Responsibility:</b> Board of Directors

**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 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 Balanced Scorecard, as well as monitoring organizational performance against the identified targets and government/regulatory agency requirements. 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, Chief Executive Officer, Chief Operating Officer, Chief Nursing Officer, Chief Medical Officer and the Quality 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

	<b>SUBJECT:</b> Committee Responsibilities	<b>POLICY #:</b> SM-08
		Page 1 of 2
<b>Scope:</b> Board of Directors <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 6/23/04 <b>Effective:</b> 1/24/24
<b>Revised:</b> 8/28/19; 10/26/22 <b>Reviewed:</b> 1/24/24		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Outline of responsibilities assigned to the Committees managed by the Board of Directors .

**DEFINITION(S):**

N/A

**POLICY:**

- A. The operational responsibilities of Committees developed to carry out functions for the Board of Directors will be managed as outlined below.
- B. Committees that constitute the Board include the Finance Committee, Governance Committee, Membership Committee, and Education Committee.
- C. *Board Representation:* A Board Member will serve on the Pension Committee, Credentialing Committee, and South Peninsula Foundation Board. At least two members will serve on the Patient Centered Care Quality Committee. Ad hoc committees will be formed as needed.
- D. *Committee Members At Large:* A community member may be invited to serve on a Committee, but that community member must sign a Confidentiality Agreement and understand that information obtained by serving on that Committee is privileged.

**PROCEDURE:**

1. Finance Committee

Assists the Board in maintaining and improving the financial integrity of the hospital and its subordinate activities. Responsibilities include:

- A. Draft and forward policies recommendations regarding the Board’s responsibility for ensuring the hospital’s financial health.
- B. Review recommendations management has forwarded to the Board dealing with finances.
- C. Review the long-range financial plan for the hospital. Recommend to the Chair or CEO those items that may benefit from governmental line item or grant funding sources.
- D. Assess whether the budget is likely to achieve Board-formulated financial objectives, key goals, and the vision. Forward recommendations to the Board regarding approval, rejection, or revision of the budget.
- E. Monitor financial performance on a monthly basis against the approved budget, in accordance with Board policy F-10, and keep the Board informed on the organization’s financial status, recommending corrective action when necessary.
- F. Develop and recommend financial performance indicators and associated standards for regular review by the Board.
- G. Monitor financial indicators and present analyses to the Board when such indicators cross established thresholds or otherwise warrant attention and action.
- H. Provide guidance and direction to the auditor in preparation for the annual financial audit.
- I. Analyze and present to the Board an assessment of the financial impact of new and expanded services, and major capital plans for the hospital, incorporating any forecast information provided by management.
- J. Recommend corrective action to the Board when necessary to ensure compliance with the budget and other financial plans.
- K. Ensure financial reporting required by the Operating Agreement is forwarded in a timely manner to appropriate entities.

2. Governance Committee

Responsible for assisting the Board in fulfilling its ultimate responsibility for effective and efficient

performance. Its functions include:

A. Assist the Board with developing its bylaws, developing & implementing policies & procedures for the hospital and its administration. Update bylaws as required but no less than annually and conduct a formal and in-depth review every third year. Review board policies as required but no less than annually and conduct a formal and in-depth review of board policies on the following three year schedule:

Year 1 – Quality & Executive Management Performance Policies

Year 2 – Finance Policies

Year 3 – Self Management Policies

B. Board Evaluation:

- 1) Conduct annual self-evaluation to determine level of compliance with Board's goals and objectives
- 2) Oversee, analyze, propose, and implement action for the results of the governance assessment process (i.e., self-evaluations)

C. CEO Evaluation: Oversee CEO Evaluation process in accordance with policy EMP-08.

D. Ensure Medical Staff Bylaws and Rules and Regulations are reviewed biannually by the Medical Executive Committee.

E. Coordinate periodic Board and Medical Staff Dinners.

3. Membership Facilitation

Identifies strong individuals to add to the efforts by which the Board strives to continue and improve the accomplishments of South Peninsula Hospital. Responsibilities include:

- A. Develop actual and ideal Board composition profiles, addressing demographics and professional experience.
- B. Maintain Board solicitation packet and new member training information in collaboration with Education Committee and Marketing Director to ensure information is current.
- C. Work with Executive Assistant to place timely ads in local media to solicit potentially interested Board members and Committee consultants/advisors.
- D. Identify potential new Board members and persons to assist Committee goals by serving as consultant/advisors in their respective areas of interest; make recommendations for vacancies.
- E. Ensure new members are assigned a mentor and orientation is scheduled per policy SM-07 Ensure Borough is notified within 14 days of new members seated, in accordance with the Operating Agreement.

4. Education Committee

Responsible for ensuring members receive the education and training regarding parliamentary procedures, hospital programs, services, community healthcare needs, trends, and demographics needed to make informed decisions regarding the operation of South Peninsula Hospital. Responsibilities include:

- A. Plan ongoing Board orientation and continuing education to satisfy requirements of the Operating Agreement.
- B. Plan and conduct annual Board retreat.

**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

To: SPH Board of Directors  
From: Governance Committee  
Date: July 24, 2025  
Re: Board Policies for Approval

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Board Policies SM-06 Strategic Planning and SM-07 Board Member Orientation were reviewed by the Governance Committee at their meeting on July 24, 2025. Both the strategic planning process and the new board member orientation process are currently in development. The committee agreed that the current policies are acceptable, but scheduled them for another review next year when the new processes are in place.

The only change to policy SM-07, changes Education Committee to Governance Committee, as there is no separate Education Committee under the new structure, and those functions are completed by the Governance Committee. As no further changes were recommended, these policies are presented for final approval on the consent agenda at the July meeting.

	<b>SUBJECT:</b> Strategic Planning	<b>POLICY #:</b> SM-06
		Page 1 of 1
<b>Scope:</b> Board of Directors, Chief Executive Officer <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 9/24/03 <b>Effective:</b> 1/24/24
<b>Revised:</b> 11/16/11; 11/20/19; 5/26/21 <b>Reviewed:</b> 1/24/24		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Guidelines for periodic reporting to the board on strategic planning initiatives.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The board will review and approve the strategic plan at least annually, prior to the beginning of the budget planning cycle.
- B. Administration of the plan will be pursuant to the Operating Agreement.
- C. The CEO will provide the board a quarterly status report on action plans and objectives of the strategic plan.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

- 1. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020

**CONTRIBUTORS:**

Board of Directors

	<b>SUBJECT:</b> Board Member Orientation	<b>POLICY #:</b> SM-07
		<b>Page 1 of 1</b>
<b>Scope:</b> Board of Directors <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 9/24/03 <b>Effective:</b> 1/24/24
<b>Revised:</b> 3/24/04; 5/28/08; 6/24/09; 6/23/10; 4/29/13; 6/25/14; 1/28/15; 11/17/15; 10/17/16; 8/28/19; 6/23/21 <b>Reviewed:</b> 1/25/23; 1/24/24		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Orientation requirements of new members of the Board of Directors of South Peninsula Hospital, Inc.

**DEFINITION(S):**

N/A

**POLICY:**

- A. New members of the board will be oriented to the hospital and their role and responsibilities as a board member as soon as practical after appointment. The Board President will assign a mentor to the new member to act as a resource, answer questions and ensure completion of the orientation.
- B. The Executive Assistant will schedule orientation day(s) for the new Board member to facilitate completion of the Board Member Orientation Checklist and compile and deliver a Board Orientation Binder. The checklist will be used by the new board member to follow progress of their orientation.
- C. When the checklist is completed, it will be returned to the mentor, who will verify completion. The mentor will forward the checklist to the Education-Governance Committee.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATION(S):**

N/A

**REFERENCE(S):**

- 1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors
- 2. Board Work – Pointer and Orlikoff
- 3. MASH 99603 – History of South Peninsula Hospital

**CONTRIBUTOR(S):**

Board of Directors



DRAFT-UNAUDITED

BALANCE SHEET  
As of June 30, 2025

	As of June 30, 2025	As of June 30, 2024	As of May 31, 2025	CHANGE FROM June, 2024
<b>ASSETS</b>				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	29,164,151	25,047,755	31,743,876	4,116,396
2 EQUITY IN CENTRAL TREASURY	7,736,260	8,178,507	7,678,426	(442,247)
3 TOTAL CASH	<u>36,900,411</u>	<u>33,226,262</u>	<u>39,422,302</u>	<u>3,674,149</u>
4 PATIENT ACCOUNTS RECEIVABLE	43,696,625	37,701,985	41,883,071	5,994,640
5 LESS: ALLOWANCES & ADJ	(19,161,644)	(17,774,721)	(19,033,666)	(1,386,923)
6 NET PATIENT ACCT RECEIVABLE	<u>24,534,981</u>	<u>19,927,264</u>	<u>22,849,405</u>	<u>4,607,717</u>
7 PROPERTY TAXES RECV - KPB	94,474	103,313	101,022	(8,839)
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(7,816)	(4,165)	3,651
9 NET PROPERTY TAX RECV - KPB	<u>90,309</u>	<u>95,497</u>	<u>96,857</u>	<u>(5,188)</u>
10 OTHER RECEIVABLES - SPH	183,003	417,614	126,311	(234,611)
11 INVENTORIES	2,568,720	2,340,672	2,547,070	228,048
12 NET PENSION ASSET- GASB	3,225,068	3,225,068	3,225,068	0
13 PREPAID EXPENSES	<u>1,262,499</u>	<u>885,528</u>	<u>1,311,444</u>	<u>376,971</u>
14 TOTAL CURRENT ASSETS	<u>68,764,991</u>	<u>60,117,905</u>	<u>69,578,457</u>	<u>8,647,086</u>
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,257,887	6,926,833	6,257,887	(668,946)
16 PREF OBLIGATED	1,873,072	1,255,227	1,873,072	617,845
17 OTHER RESTRICTED FUNDS	816,930	1,324,694	816,939	(507,764)
	<u>8,947,889</u>	<u>9,506,754</u>	<u>8,947,898</u>	<u>(558,865)</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	67,085,718	66,745,020	(340,698)
20 EQUIPMENT	28,296,243	30,187,936	28,296,243	(1,891,693)
21 BUILDINGS INTANGIBLE ASSETS	4,257,905	4,028,135	4,257,905	229,770
22 EQUIPMENT INTANGIBLE ASSETS	1,750,896	1,207,638	1,343,212	543,258
23 SOFTWARE INTANGIBLE ASSETS	890,141	2,135,559	926,708	(1,245,418)
24 IMPROVEMENTS OTHER THAN BUILDINGS	1,449,244	926,889	1,449,244	522,355
25 CONSTRUCTION IN PROGRESS	8,842,629	1,878,836	5,945,430	6,963,793
26 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(61,917,887)	(61,732,211)	(61,622,679)	(185,676)
27 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(2,842,823)	(3,052,108)	(2,714,714)	209,285
28 NET CAPITAL ASSETS	<u>51,816,941</u>	<u>46,790,950</u>	<u>48,971,942</u>	<u>5,025,991</u>
29 GOODWILL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
30 TOTAL ASSETS	<u>129,529,821</u>	<u>116,415,609</u>	<u>127,498,297</u>	<u>13,114,212</u>
DEFERRED OUTFLOWS OF RESOURCES				
31 PENSION RELATED (GASB 68)	3,468,551	5,304,170	3,621,519	(1,835,619)
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	162,789	223,836	167,877	(61,047)
33 TOTAL DEFERRED OUTFLOWS OF RESOURCES	<u>3,631,340</u>	<u>5,528,006</u>	<u>3,789,396</u>	<u>(1,896,666)</u>
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>133,161,161</u>	<u>121,943,615</u>	<u>131,287,693</u>	<u>11,217,546</u>

	<u>As of June 30, 2025</u>	<u>As of June 30, 2024</u>	<u>As of May 31, 2025</u>	<u>CHANGE FROM June, 2024</u>
<b>LIABILITIES &amp; FUND BALANCE</b>				
CURRENT LIABILITIES:				
35	1,586,900	2,785,697	1,829,004	(1,198,797)
36	12,459,410	10,172,290	11,938,370	2,287,120
37	850,194	1,296,047	800,091	(445,853)
38	949,029	186,702	949,029	762,327
39	199,887	680,582	199,887	(480,695)
40	10,587	45,450	10,587	(34,863)
41	1,250,000	1,195,000	1,250,000	55,000
42	64,362	81,820	41,011	(17,458)
43	1,176,864	879,746	1,176,864	297,118
44	<u>18,547,233</u>	<u>17,323,334</u>	<u>18,194,843</u>	<u>1,223,899</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	181,042	271,851	188,609	(90,809)
48	3,920,427	925,429	3,737,358	2,994,998
49	41,365	3,258,757	60,880	(3,217,392)
50	<u>9,373,508</u>	<u>9,876,037</u>	<u>9,217,521</u>	<u>(502,529)</u>
51	27,920,741	27,199,371	27,412,364	721,370
52	0	0	0	0
53	0	281,220	5	(281,220)
<b>NET POSITION</b>				
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	99,465,704	88,705,775	98,118,075	10,759,929
58	<u>17,467</u>	<u>0</u>	<u>0</u>	<u>17,467</u>
59	<u><u>133,161,161</u></u>	<u><u>121,943,615</u></u>	<u><u>131,287,693</u></u>	<u><u>11,217,546</u></u>

	MONTH			YEAR TO DATE				
	06/30/25		06/30/24	06/30/25			06/30/24	
	Actual	Budget		Actual	Budget	Var B/(W)		Actual
<b>Patient Service Revenue</b>								
1 Inpatient	3,755,484	3,545,891	5.91%	2,635,688	36,634,145	39,796,759	-7.95%	33,938,115
2 Outpatient	18,437,102	18,890,261	-2.40%	15,305,795	214,554,613	212,728,162	0.86%	181,127,753
3 Long Term Care	1,312,881	1,234,794	6.32%	1,209,590	15,718,388	14,817,526	6.08%	13,147,120
4 Total Patient Services	23,505,467	23,670,946	-0.70%	19,151,073	266,907,146	267,342,447	-0.16%	228,212,988
<b>Deductions from Revenue</b>								
5 Medicare	5,365,388	5,096,195	-5.28%	4,834,865	58,042,169	54,839,491	-5.84%	50,240,765
6 Medicaid	2,801,360	3,694,118	24.17%	2,238,359	28,837,503	39,751,925	27.46%	27,535,184
7 Charity Care	152,189	243,776	37.57%	(128,498)	2,575,127	2,623,246	1.83%	1,668,124
8 Commercial and Admin	1,925,171	2,317,898	16.94%	1,809,958	26,520,301	24,942,600	-6.33%	21,083,232
9 Bad Debt	235,683	366,136	35.63%	25,869	4,428,958	3,939,943	-12.41%	3,711,094
10 Total Deductions	10,479,791	11,718,123	10.57%	8,780,553	120,404,058	126,097,205	4.51%	104,238,399
11 Net Patient Services	13,025,676	11,952,823	8.98%	10,370,520	146,503,088	141,245,242	3.72%	123,974,589
12 USAC and Other Revenue	139,046	137,718	0.96%	112,762	1,577,710	1,652,617	-4.53%	1,072,092
13 Total Operating Revenues	13,164,722	12,090,541	8.88%	10,483,282	148,080,798	142,897,859	3.63%	125,046,681
<b>Operating Expenses</b>								
14 Salaries and Wages	5,656,265	6,446,909	12.26%	5,272,022	67,519,280	70,569,995	4.32%	60,236,977
15 Employee Benefits	2,369,043	1,785,077	-32.71%	3,009,253	30,350,609	29,167,928	-4.05%	27,142,491
16 Supplies, Drugs and Food	1,418,274	1,169,843	-21.24%	846,008	17,444,864	16,856,532	-3.49%	14,484,544
17 Contract Staffing	384,978	126,879	-203.42%	390,759	3,100,294	1,268,785	-144.35%	2,917,721
18 Professional Fees	719,200	688,465	-4.46%	838,664	7,110,713	6,729,865	-5.66%	7,357,186
19 Utilities and Telephone	206,221	190,351	-8.34%	171,092	2,283,975	2,485,004	8.09%	2,130,276
20 Insurance (gen'l, prof liab, property)	95,383	90,773	-5.08%	78,932	1,143,157	1,061,779	-7.66%	884,660
21 Dues, Books, and Subscriptions	14,745	35,865	58.89%	37,978	293,195	388,145	24.46%	288,495
22 Software Maint/Support	169,517	182,747	7.24%	136,377	2,225,927	2,290,068	2.80%	1,524,330
23 Travel, Meetings, Education	43,525	108,125	59.75%	81,506	766,931	1,059,012	27.58%	749,580
24 Repairs and Maintenance	149,566	268,475	44.29%	225,410	2,206,702	2,532,786	12.87%	2,321,236
25 Leases and Rentals	(75,382)	99,102	176.07%	109,454	430,308	1,238,408	65.25%	923,145
26 Other (Recruiting, Advertising, etc.)	295,840	210,974	-40.23%	485,534	2,293,537	2,531,824	9.41%	2,740,279
27 Depreciation & Amortization	459,884	392,696	-17.11%	496,109	5,693,324	4,712,358	-20.82%	5,057,595
28 Total Operating Expenses	11,907,059	11,796,281	-0.94%	12,179,098	142,862,816	142,892,489	0.02%	128,758,515
29 Gain (Loss) from Operations	1,257,663	294,260	-327.40%	(1,695,816)	5,217,982	5,370	-97069.12%	(3,711,834)
<b>Non-Operating Revenues</b>								
30 General Property Taxes	57,834	22,767	154.03%	22,638	4,015,750	4,065,576	-1.23%	5,160,918
31 Investment Income	107,833	82,040	31.44%	166,676	1,837,622	984,480	86.66%	1,558,025
32 Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
33 Other Non Operating Revenue	254	1,085	100.00%	(15,855)	11,269	13,017	100.00%	22,304
34 Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35 Gain <Loss> on Disposal	0	0	0.00%	9,275	(75,873)	0	0.00%	9,275
36 SPH Auxiliary	339	583	-41.85%	330	7,867	7,000	12.39%	5,565
37 Total Non-Operating Revenues	166,260	106,475	56.15%	183,064	5,796,635	5,070,073	14.33%	6,756,087
<b>Non-Operating Expenses</b>								
38 Insurance	0	0	0.00%	0	0	0	0.00%	0
39 Service Area Board	0	38	0.00%	303	0	25,000	0.00%	8,849
40 Other Direct Expense	92	3,339	97.24%	25,041	91,077	40,071	-127.29%	92,298
41 Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42 Interest Expense	102,633	39,621	-159.04%	52,554	663,091	475,448	-39.47%	540,922
43 Total Non-Operating Expenses	102,725	42,998	-138.91%	77,898	754,168	540,519	-39.53%	642,069
<b>Grants</b>								
44 Grant Revenue	777,515	95,833	0.00%	142,277	1,299,693	1,150,000	0.00%	1,402,764
45 Grant Expense	75,744	2,500	-2929.76%	845	177,665	30,000	-492.22%	10,025
46 Total Non-Operating Gains, net	701,771	93,333	651.90%	141,432	1,122,028	1,120,000	-0.18%	1,392,739
47 Income <Loss> Before Transfers	2,022,969	451,070	-348.48%	(1,449,218)	11,382,477	5,654,924	101.28%	3,794,923
48 Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49 Net Income	2,022,969	451,070	348.48%	(1,449,218)	11,382,477	5,654,924	101.28%	3,794,923



**Statement of Cash Flows**  
**As of June 30, 2025**

*Cash Flow from Operations:*

1	YTD Net Income	11,382,477
2	Add: Depreciation Expense	5,693,324
3	Adj: Inventory (increase) / decrease	(228,048)
4	Patient Receivable (increase) / decrease	(4,607,717)
5	Prepaid Expenses (increase) / decrease	(376,971)
6	Other Current assets (increase) / decrease	239,799
7	Accounts payable increase / (decrease)	(436,470)
8	Accrued Salaries increase / (decrease)	2,287,120
9	Net Pension Asset (increase) / decrease	-
10	Other current liability increase / (decrease)	90,716
11	Net Cash Flow from Operations	14,044,230

*Cash Flow from Investing:*

12	Cash paid for the purchase of property/equip	(9,639,141)
13	Cash transferred to plant replacement fund	-
14	Proceeds from disposal of equipment	(75,873)
15	Net Cash Flow from Investing	(9,715,014)

*Cash Flow from Financing*

16	Cash (paid) / received for Lease Payable	539,933
17	Cash paid for Debt Service	(1,195,000)
18	Net Cash from Financing	(655,067)
19	Net increase in Cash	\$ 3,674,149
20	Beginning Cash as of July 1, 2024	\$ 33,226,262
21	Ending Cash as of June 30, 2025	\$ 36,900,411

# South Peninsula Hospital (SPH)

CRITICAL ACCESS HOSPITAL (CAH)  
QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT  
EVALUATION

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## SOUTH PENINSULA HOSPITAL-CRITICAL ACCESS HOSPITAL FY 2024 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT EVALUATION

### I. INTERVAL OF REPORTING PERIOD

The annual Critical Access Hospital Program Evaluation review period coincides with the fiscal year beginning July 01, 2024, and ending June 30, 2025. South Peninsula Hospital (SPH) was designated as a Critical Access Hospital on August 7, 2008. This report is updated annually through departmental statistics and input, in accordance with State Operations Manual interpretive guidelines §485.641: Periodic Evaluation and Quality Assurance Review. Policy, procedures, and facility practices are revised as indicated by the annual review process.

### II. PATIENT VOLUME AND SERVICES UTILIZED

	2020	2021	2022	2023	2024	2025	% Chg. 2024- 2025
Acute Care Patient Days with Swing Bed	3,196	3,420	3,867	3,373	3,180	3279	3%
Newborn Deliveries	131	145	138	124	129	129	0%
Emergency Dept. Visits	4,285	4,382	5,181	5,502	5,823	5972	3%
Surgery Outpatient	1,029	1,327	1,344	1,464	1,549	1858	20%
Surgery Inpatient	267	201	213	120	149	129	-13%
Outpatient visits	77,307	93,961	109,816	92,627	96,787	104,307	8%
X-Ray	6,926	7,150	7,812	8,026	8,558	8906	4%
CT Scan	3,469	3,753	4,540	4,782	5,337	6114	15%
Ultrasound	2,765	2,843	2,824	3,017	3,366	3917	16%
Mammography	947	1,250	1,159	1,250	1,365	1458	7%
MRI	1,358	1,513	1,552	1,485	1,684	1829	9%
Imaging Total	15,717	16,852	17,887	18,567	20,320	22,224	9%
Inpatient Average Length of Stay	3.04	3.36	3.69	3.37	3.65	3.26	-11%

### **III. NEW SERVICES**

- Plastics and reconstructive surgery
- Medical dermatology
- Transcranial magnetic stimulation
- Orthopedics – total hip replacement program

### **IV. RECORDS REVIEW**

A system of medical records review is built into the daily operations of South Peninsula Hospital. For example, both order entry and documentation are audited while patients are hospitalized, and the medical records team audits discharged patient records to determine the appropriate charge.

### **V. POLICY MANAGEMENT**

Policy management, including review and revision, is conducted via the electronic program called Policy Manager. Pathways for revisions and approvals include department leadership, medical staff, and administration. Access to Policy Manager is available electronically through the Staff Information Site (*SIS*).

### **VI. PROCESS UTILIZED TO EVALUATE THE QUALITY OF CARE**

The appropriateness of service utilization at SPH is evaluated in multiple ways, as outlined in the SPH Quality Plan. SPH works with the Alaska Hospital and Healthcare Association (*AHHA*) and participates in the Hospital Engagement Network (*HEN*), as well as the ECRI Patient Safety Organization through *CHI/Optima*. In coordination with *AHHA*, SPH reports quality data to a CMS-sponsored Quality Improvement Organization (*QIO*). SPH also contracts with Press Ganey Associates, Inc., for Consumer Assessment of Healthcare Providers and Systems (*CAHPS*) surveys that measure patient satisfaction.

### **VII. HEALTHCARE-ASSOCIATED INFECTIONS & APPROPRIATE USE OF MEDICATION**

SPH facilitates a quarterly Infection Prevention Committee, which includes an Antimicrobial Stewardship Program. Additionally, SPH reports various quality measures to National Health Safety Network (*NHSN*), including but not limited to: catheter-associated urinary tract infections, central line infections, ventilator-associated pneumonia, multidrug-resistant organisms, surgical site infections, influenza vaccination rates for healthcare personnel, and mandatory COVID-19 data.

Introduced by: Administration  
Date: 7/30/2025  
Action:  
Vote: Yes - ; No - , Exc - ,  
Abstain/Recuse -

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2025-16**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
APPROVING THE KENAI PENINSULA BOROUGH'S PURCHASE OF PROPERTY  
INCLUDING PARCEL 17504022, 4117 BARTLETT ST, AND 324 W FAIRVIEW AVE, HOMER  
AK 99603**

**WHEREAS**, South Peninsula Hospital is interested in purchasing properties within the Medical District or contiguous to the Hospital; and

**WHEREAS**, there are three properties available for purchase within the medical district or contiguous to SPH; and

**WHEREAS**, the property located at KPB Parcel number: 17504022 for 4.82 acres is located directly behind the hospital and could be developed for additional parking by the Emergency Room entrance; and

**WHEREAS**, the property at 4117 Bartlett St is within the city's medical district and is currently being leased and utilized by the hospital and purchasing this property will save the hospital \$36,000 in annual lease payments; and

**WHEREAS**, the property at 324 W Fairview Ave is within the city's medical district and fits the hospital's strategic plan to acquire such properties for continued growth; and

**WHEREAS**, an independent appraisal and an inspection of the property may be performed by the Kenai Peninsula Borough; and

**WHEREAS**, South Peninsula Hospital currently has over \$6 million dollars of unobligated Plant Replacement and Expansion Funds being held at the borough; and

**WHEREAS**, SPH Management would like to use Plant Replacement and Expansion funds to purchase these properties; and

**WHEREAS**, the purchase was discussed at Finance Committee on July 24, 2025.

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

1. That the South Peninsula Hospital Board of Directors approves the use of Plant Replacement and Expansion Funds to purchase the property located at KPB Parcel 17504022, 4117 Bartlett St, and 324 W Fairview Ave.

2. That the South Peninsula Hospital Board of Directors requests that the Kenai Peninsula Borough execute a purchase agreement on behalf of South Peninsula Hospital in an amount equal to the Kenai Peninsula Borough negotiated purchase price and closing costs.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL THIS 30<sup>th</sup> DAY OF JULY, 2025.**

ATTEST:

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Aaron Weisser, President

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Mary E. Wythe, Secretary

Introduced by: Administration  
Date: 7/25/2025  
Action:  
Vote:

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2025-17**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
APPROVING AN ALTERATION OF SCOPE TO PROJECT 21SHD SPH NUCLEAR  
MEDICINE SYSTEM AND 23SHA HOSPITAL NUCLEAR MEDICINE EQUIPMENT**

**WHEREAS**, South Peninsula Hospital Board of Directors approved resolution 2020-01 in January 2020 approving project 21SHD SPH Nuclear Medicine System and approved resolution 22-02 in January 2022 approving project 23SHA Hospital Nuclear Medicine Equipment; and

**WHEREAS**, Project 21SHD has \$303,673 remaining and Project 23SHA has 614,206 remaining, as the majority of work has not commenced; and

**WHEREAS**, South Peninsula Hospital is requesting to amend the scope of the State of Alaska Certificate of Need project to exclude Nuclear Medicine and move forward with dedicating the remaining \$917,879 from these two projects to the relocation of Pharmacy and Infusion; and

**WHEREAS**, the resolution to amend the scope of project 21SHD SPH Nuclear Medicine System and 23SHA Nuclear Medicine Equipment was discussed at Finance Committee on July 24, 2025.

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

1. That the South Peninsula Hospital Board of Directors approves amending the scope of Project 21SHD SPH Nuclear Medicine System and Project 23SHA Hospital Nuclear Medicine Equipment to Pharmacy and Infusion Expansion and Relocation.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA  
HOSPITAL AT ITS MEETING HELD ON THIS 30<sup>th</sup> DAY OF JULY, 2025.**

ATTEST:

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Aaron Weissner, President

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Mary E. Wythe, Secretary

**South Peninsula Hospital**  
**Hospital Board of Directors Balanced Scorecard Report**  
**4th Quarter FY 2025 (April, May, June)**

Overall Indicators	Q4 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	3	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	Q4 FY25	Target	Note
<b>Severe Sepsis &amp; Septic Shock Care</b>	90%	> 75%	<i>CMS Hospital Compare: 79%</i>
Percentage of patients who received appropriate care for sepsis and/or septic shock.			Passed 9 of 10 cases (blood cultures after antibiotics)
<b>Stroke Care</b>	N/A	> 75%	<i>CMS Hospital Compare: 67%</i>
Percentage of patients who receive CT/MRI within 45 minutes of arrival to ED w/stroke symptoms.			No cases per CMS (5-49 minutes on stroke alerts)
<b>Median Emergency Room Time</b>	162	< 180min	<i>CMS Hospital Compare: 126 min</i>
Average minutes spent in department before leaving the Emergency Department.			Average throughput time of all ED visits (CMS allows for certain exclusions).
<b>Colonoscopy Follow-up</b>	100%	> 75%	<i>CMS Hospital Compare: 100%</i>
Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy.			
<b>Patient Fall Rate (AC)</b>	4	< 5	<b># of patient falls / # patient days x 1000</b>
Measures the number of patient falls per 1,000 patient days.			4 falls, one with major injury
<b>Medication Errors</b>	0	0	
Number of patient medication errors that cause harm. (Level E on the NCC MERP Index)			(Tracking through occurrence reporting system.)
<b>Never Events</b>	1	0	
Unexpected occurrence involving serious injury or death.			Fall with major injury referenced above

<b>Independent Ambulation (HH)</b>	<b>74%</b>	<b>&gt; 75%</b>	
Percentage of home health patients demonstrating improvement with ability to ambulate more independently.			<i>(Tracked through OASIS Reporting.) No patients worsened.</i>
<b>Independent Oral Medication (HH)</b>	<b>76%</b>	<b>&gt; 75%</b>	
Percentage of home health patients demonstrating improvement with ability to take oral medications more independently.			<i>(Tracked through OASIS Reporting.) No patients worsened.</i>
<b>Pressure Ulcers (LTC)</b>	<b>0</b>	<b>&lt; 3</b>	
Number of residents who develop pressure ulcers after admission.			<i>(Tracked through Minimum Data Set Reporting.)</i>
<b>Primary Care MIPS Pathways</b>	<b>70%</b>	<b>&gt; 75%</b>	<b>Scoring tabulated as a running, annual score.</b>
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**

<b>Patient Satisfaction Through Press Ganey (PG)</b>	<b>Q4 FY25</b>	<b>Target</b>	
<b>Inpatient Percentile</b>	<b>63rd</b>	<b>75<sup>th</sup></b>	Survey Responses: 32
Measures the overall satisfaction of inpatient pts. respondents.			
<b>Outpatient Percentile</b>	<b>34th</b>	<b>75<sup>th</sup></b>	Mean Score: 94.48
Measures the overall satisfaction of outpatient pts. respondents.			
<b>Emergency Department Percentile</b>	<b>92nd</b>	<b>75<sup>th</sup></b>	Mean Score: 93.86
Measures the overall satisfaction of emergency pts. respondents.			
<b>Medical Practice Percentile</b>	<b>59th</b>	<b>75<sup>th</sup></b>	Mean Score: 94.44
Measures the overall satisfaction of pts. respondents at SPH Clinics.			
<b>Ambulatory Surgery (AS) Percentile</b>	<b>25th</b>	<b>75<sup>th</sup></b>	Top Box: 82.35
Measures the overall satisfaction of AS pts. respondents.			
<b>Home Health (HH) Percentile</b>	<b>43rd</b>	<b>75<sup>th</sup></b>	*Running 12 months due to low quarterly returns.
Measures the overall satisfaction of HH pts. respondents.			

Information System Solutions	Q4 FY25	Target	Note
<b>Eligible Hospital (EH) Promoting Interoperability</b>	<b>79</b>	<b>≥ 60</b>	<b>CMS score 60 and above = pass</b>
Hospital-based measures for inpatient and observation stays.			Focuses include: electronic prescribing accuracy and safety, health information exchange topics, patient access to electronic records
<b>Eligible Provider (EP) - Promoting Interoperability (Group)</b>	<b>100%</b>	<b>&gt; 95%</b>	<b>Target quarterly for annual score</b>
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
<b>IT Security Awareness Training Complete Rate</b>	<b>78%</b>	<b>&gt; 95%</b>	
% of employees who have completed assigned security training			2020 Training videos sent; 1572 were completed.
<b>Phishing Test Pass Rate</b>	<b>98%</b>	<b>&gt; 95%</b>	
% of Phishing test emails that were not failed.			3411 Test phishing emails sent; 71 links were clicked.
<b><u>Medical Staff Alignment</u></b>			
South Peninsula Hospital desires to be an employer and/or provider of choice for medical staff practitioners by fostering an atmosphere of continuous collaboration.			
<b>Provider Alignment</b>	2024	Target	Note
<b>Provider Satisfaction Percentile</b>	<b>85<sup>th</sup></b>	<b>75<sup>th</sup></b>	
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.			Result of provider survey 2024
<b><u>Employee Engagement</u></b>			
South Peninsula Hospital desires to be an employer of choice that offers our staff an opportunity to make positive impact in our community.			
<b>Staff Alignment</b>	2024	Target	Note
<b>Employee Satisfaction Percentile</b>	<b>60<sup>th</sup></b>	<b>75<sup>th</sup></b>	
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.			Result of employee survey 2024

Workforce	Q4 FY25	Target	Note
<b>Turnover: All Employees</b>	5%	< 5%	
Percentage of all employees separated from the hospital for any reason			35 Terminations / 645 Total Employees
<b>Turnover: Voluntary All Employees</b>	3%	< 4.75%	
Measures the percentage of voluntary staff separations from the hospital			20 Voluntary Terminations / 645 Total Employees
<b>First Year Total Turnover</b>	5%	< 7%	
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.			8 New Staff Terminated 36 Total New Hires
<b>Contract Utilization</b>	23	< 20	
Measure average number of contract staff utilized.			CNA, CST, MLT, PT, RN, 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	Q4 FY25	Target	Note
<b>Operating Margin</b>	TBD	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.
<b>Adjusted Patient Discharges</b>	TBD	1,061	<b>Total Discharges: # (Acute, OB, Swing, ICU)</b>
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]
<b>Net Revenue Growth</b>	TBD	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.
<b>Full Time Equivalentents (FTEs) per Adjusted Occupied Bed</b>	TBD	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.

<b>Net Days in Accounts Receivable</b>	<b>TBD</b>	<b>55</b>	
Measures the rate of speed with which the hospital is paid for health care services.			
<b>Cash on Hand</b>	<b>TBD</b>	<b>90</b>	<b>91.7 Total Days Cash on Hand, Operating +Unobligated PREF</b>
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.
<b>Uncompensated Care as a Percentage of Gross Revenue</b>	<b>TBD</b>	<b>2-3%</b>	
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%
<b>Average Age of Plant</b>	<b>TBD</b>	<b>8 yrs.</b>	
Average age of assets used to provide services			Target is based on hospital optimal age of plant.
<b>Intense Market Focus to Expand Market Share</b>	<b>Q4 FY25</b>	<b>Target</b>	<b>Note</b>
<b>Outpatient Revenue Growth</b>	<b>TBD</b>	<b>24%</b>	
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.
<b>Surgical Case Growth</b>	<b>TBD</b>	<b>27.0%</b>	
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.