



# AGENDA

## Board of Directors Meeting

6:30 PM - Wednesday, August 27, 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*

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**1. CALL TO ORDER**

**2. ROLL CALL**

**3. REFLECT ON LIVING OUR VALUES**

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

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- 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**

- 5 - 10 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for July 30, 2025  
[Board of Directors - Jul 30 2025 - Minutes - DRAFT](#)
- 11 - 14 7.2. Consideration to Approve July FY26 Financials  
[Balance Sheet July FY26](#)  
[Income Statement July FY26](#)  
[Cash Flow Statement July FY26](#)

## **8. PRESENTATIONS**

## **9. UNFINISHED BUSINESS**

## **10. NEW BUSINESS**

- 15 - 16 10.1. Consideration to Approve SPH Resolution 2025-19, A Resolution of the South Peninsula Hospital Board of Directors Approving a Plan Amendment for the Union and Non-Union 403(b) Plans to Adjust the Annual Employer Match Allowing for End of Year Match True Up Contributions  
[SPH Resolution 25-19](#)

## **11. REPORTS**

- 17 - 21 11.1. Chief Executive Officer  
[Q4-FY25 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

## **12. DISCUSSION**

## **13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER**

#### **14. COMMENTS FROM THE BOARD**

(Announcements/Congratulations)

22 - 26

14.1. Chief Executive Officer  
[Q4-FY25 Scorecard](#)

14.2. Board Members

#### **15. INFORMATIONAL ITEMS**

27 - 28

15.1. [NRHA Rural Hospital Board of Trustees Certification Program NRHA Program](#)

15.2. AHA Live Q&A Call with Governance Expert Jamie Orlikoff  
Tuesday, September 30, 2025 at 9:00am

29 - 32

15.3. Board Agenda Calendar  
[Board Agenda Calendar 2025](#)

#### **16. ACTION ITEMS FROM TODAY'S MEETING**

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

17.1. Consideration to Approve Resolution 2025-20, Approving the Medical Staff Credentialing for August 2025

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

#### **19. 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

6:30 PM - Wednesday, July 30, 2025

Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital (SPH) was called to order on Wednesday, July 30, 2025, at 6:30 PM, in the SPH Conference Rooms 1&2 and Zoom.

### 1. CALL TO ORDER

President Aaron Weisser called the regular meeting to order at 6:30pm.

### 2. ROLL CALL

**BOARD PRESENT:** Aaron Weisser, Edson Knapp, Walter Partridge, Michael Dye, Bernadette Wilson, Beth Wythe, Preston Simmons, Matthew Bullard, and Kim Frost

**BOARD EXCUSED:** Christopher Landess

**ALSO PRESENT:** Ryan Smith (CEO), Rachael Kincaid (COO), Christina Tuomi, DO (CMO), Amber Gall (CNO), Maura Gibson (Executive Assistant), Derotha Ferraro (Marketing Director), and Lynda Reed (Service Area Board)  
*\*Only meeting participants who comment, give report or give presentations are noted in the minutes. Others may be present.*

2.1. A quorum was present.

### 3. REFLECT ON LIVING OUR VALUES

Rachael Kincaid, COO, shared a story. The hospital has recently finished a project to install an on-campus oxygen concentrator, which allows us to generate our own medical-grade oxygen right on site, so we no longer rely on delivered oxygen canisters. This is a huge win for both our patients and our maintenance team.

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

Mr. Weisser welcomed everyone to the meeting.

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

The rules were provided in the meeting packet and posted 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 approve the agenda as written. Michael Dye seconded the motion. Motion Carried.*

## 7. APPROVAL OF THE CONSENT CALENDAR

Beth Wythe read the consent calendar into the minutes.

- 7.1. **Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for June 25, 2025**
- 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.**
- 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**
- 7.4. **Consideration to Approve June FY2025 Financials**
- 7.5. **Consideration to Approve the FY25 Critical Access Hospital Quality Assessment and Performance Improvement Evaluation**
- 7.6. **Consideration to Accept the Resignation of Board Member Matthew Hambrick effective July 1, 2025**

*Beth Wythe made a motion to approve the consent calendar as read. Michael Dye seconded the motion. Motion Carried.*

## 8. PRESENTATIONS

### 8.1. Patient Safety Collaborative Video

The board watched a video through the Agency for Healthcare Research and Quality introducing CANDOR (Communication and Optimal Resolution), a process health care institutions can use to respond in a timely, thorough and just way when unexpected events cause patient harm. Dr. Tuomi explained the CANDOR toolkit has provided a framework for SPH staff to help patients and hope to continue to provide it as a resource for our team.

## 9. UNFINISHED BUSINESS

There was no unfinished business.

## 10. NEW BUSINESS

### 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**

Ryan Smith, CEO, reported. The borough has been seeking properties contiguous to the hospital and part of the medical district and has proposed to purchase a number of properties on behalf of the hospital. One is a piece of land just behind the hospital, and the other two are directly across from Homer Medical Center, including one we're currently renting. Those three properties

will go to the assembly for consideration to purchase at their August 5th meeting along with the building on Greatland, which this board has already approved. Mr. Partridge added the Finance Committee reviewed and approved this resolution at their meeting last Thursday.

*Beth Wythe made a motion to approve 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. Bernadette Wilson seconded the motion. A roll call vote was held.*

Matthew Bullard	Yes
Michael Dye	Yes
Kim Frost	Yes
Edson Knapp	Yes
Christopher Landess	Excused
Walter Partridge	Yes
Preston Simmons	Yes
Bernadette Wilson	Yes
Beth Wythe	Yes
Aaron Weisser	Yes

*Motion Carried.*

**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**

Mr. Smith reported. Hospital administration has been working with the Certificate of Need (CON) office to vacate the nuclear medicine piece of the CON project, and focus on the rest of the project, which is the Infusion/Pharmacy colocation project. The borough has requested we reappropriate the funds for the nuclear medicine piece to the Infusion/Pharmacy colocation. Mr. Partridge added this resolution was discussed and approved at Finance Committee.

*Beth Wythe made a motion to approve 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. Michael Dye seconded the motion. Motion Carried.*

**11. REPORTS**

**11.1. Chief Executive Officer**

Ryan Smith and Rachael Kincaid reviewed the new data on the balanced scorecard. The financial indicators were not updated because the end of fiscal year data was not complete. We were awarded a HRSA grant with Petersburg and Cordova. The CT scanner went down this month. Having a backup CT scanner would have been a benefit of nuclear medicine, but we are no longer pursuing that for the immediate future. August 9th the hospital will convert to Epic for medical records. It has been a lot of work by a lot of different teams to make this possible, and will result in better coordination of care for patients.

**11.2. BOD Committee: Finance & Pension**

Walter Partridge, Committee Chair, reported. The Finance Committee met last Thursday and reviewed the June 2025 financial reports. We still expect some fluctuations due to closing the fiscal year.

**11.3. BOD Committee: Strategic Planning & Community Relations**

Aaron Weisser, Committee Chair, reported. The new Strategic Planning & Community Relations Committee met for the first time this month and discussed the structure and plan for the committee moving forward.

**11.4. BOD Committee: Governance**

Beth Wythe, Committee Chair, reported. The Governance Committee met this month and is working through policy review, bylaw revisions, and other items on their to-do list. The board self-evaluation is moving forward and should be completed by September.

**11.5. BOD Committee: Quality**

Preston Simmons, Committee Chair, reported. The new Quality-of-Care Committee met for the first time this month. Ryan gave a presentation to the committee on patient satisfaction metrics and Press Ganey, and he will give the same presentation to the board in August. We spent some time discussing the goals and format of the committee in order to map out a plan for future meetings.

**11.6. Chief of Staff**

Dr. Sarah Roberts, Chief of Staff, reported that the medical staff is focused on a successful transition to Epic.

**11.7. Service Area Board Representative - Lynda Reed**

Lynda Reed reported on behalf of the Service Area Board. Erin Workman was appointed to the board to replace Roberta Highland. The SAB is trying to learn more about their mission statement and how they interact with the borough.

**12. DISCUSSION**

There were no discussion items.

**13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER**

Derotha Ferraro, SPH Marketing Director, commented. She thanked Mike Dye and the Rotary for hosting Dr. Joe Llenos at their last meeting. She also shared the KPB

Assembly members would be visiting the hospital for lunch and a tour at their upcoming meeting held in Homer.

**14. COMMENTS FROM THE BOARD**

(Announcements/Congratulations)

**14.1. Chief Executive Officer**

Mr. Smith welcomed Amber Gall to the Senior Leadership Team.

**14.2. Board Members**

Beth Wythe thanked Mr. Smith for coordinating the Certificate of Need training with the State of Alaska. She congratulated Ms. Kincaid and Ms. Gall on their new positions. Mr. Dye expressed his wishes for a smooth transition to Epic. Bernadette Wilson also congratulated Ms. Kincaid and Ms. Gall and expressed appreciation for the transition to Epic. Edson Knapp thanked the Imaging team for their hard work preparing for the Epic transition.

Aaron Weisser noted that Beth Wythe was appointed to serve as the Board Liaison to the SPH Foundation, to replace Matt Hambrick who resigned from the board.

**15. INFORMATIONAL ITEMS**

There were no additional informational items.

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

The board adjourned to executive session at 7:31pm.

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

The board returned to open session at 8:05pm.

**17.1. Consideration to Approve Resolution 2025-18, Approving the Medical Staff Credentialing July 2025**

*Preston Simmons made a motion to approve Resolution 2025-18, Approving the Medical Staff Credentialing July 2025, to include:*

*The initial appointment of:*

<i>Raymond Stillwell, MD</i>	<i>Emergency Medicine</i>	<i>Courtesy</i>
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*And the reappointment of:*

<i>Brent Adcox, MD</i>	<i>Orthopedics</i>	<i>Active</i>
<i>Frederick Anderson, DO</i>	<i>Radiology</i>	<i>TeleRad</i>
<i>Kathryn Ault, CNM</i>	<i>Midwifery</i>	<i>Active</i>
<i>Lauri Gutstein, MD</i>	<i>Radiology</i>	<i>TeleRad</i>
<i>Kurt Mentzer, MD</i>	<i>Orthopedics</i>	<i>Active</i>
<i>Alan Pratt, MD</i>	<i>Radiology</i>	<i>TeleRad</i>
<i>Jill Rife, DNP</i>	<i>Family Medicine</i>	<i>Active</i>
<i>Anna Williams, FNP</i>	<i>Family Medicine</i>	<i>Active</i>

*Beth Wythe seconded the motion. Motion Carried.*

**18. ADJOURNMENT**

The meeting adjourned at 8:06pm.

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

DRAFT



DRAFT-UNAUDITED

BALANCE SHEET  
As of July 31, 2025

	As of July 31, 2025	As of July 31, 2024	As of June 30, 2025	CHANGE FROM July, 2024
<b>ASSETS</b>				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	30,588,821	25,705,381	29,167,049	4,883,440
2 EQUITY IN CENTRAL TREASURY	8,291,326	7,980,802	7,736,260	310,524
3 TOTAL CASH	<u>38,880,147</u>	<u>33,686,183</u>	<u>36,903,309</u>	<u>5,193,964</u>
4 PATIENT ACCOUNTS RECEIVABLE	47,522,987	42,219,576	43,728,060	5,303,411
5 LESS: ALLOWANCES & ADJ	(21,542,680)	(20,255,381)	(19,393,117)	(1,287,299)
6 NET PATIENT ACCT RECEIVABLE	<u>25,980,307</u>	<u>21,964,195</u>	<u>24,334,942</u>	<u>4,016,112</u>
7 PROPERTY TAXES RECV - KPБ	1,792,558	4,093,564	94,473	(2,301,006)
8 LESS: ALLOW PROP TAX - KPБ	(1,662)	(6,189)	(4,165)	4,527
9 NET PROPERTY TAX RECV - KPБ	<u>1,790,896</u>	<u>4,087,375</u>	<u>90,308</u>	<u>(2,296,479)</u>
10 OTHER RECEIVABLES - SPH	223,205	90,276	298,111	132,929
11 INVENTORIES	2,678,271	2,483,831	2,662,431	194,440
12 NET PENSION ASSET- GASB	534,985	3,225,068	534,985	(2,690,083)
13 PREPAID EXPENSES	<u>1,227,495</u>	<u>842,448</u>	<u>1,262,499</u>	<u>385,047</u>
14 TOTAL CURRENT ASSETS	<u>71,315,306</u>	<u>66,379,376</u>	<u>66,086,586</u>	<u>4,935,930</u>
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,257,887	6,974,644	6,257,887	(716,757)
16 PREF OBLIGATED	1,873,072	1,662,098	1,873,072	210,974
17 OTHER RESTRICTED FUNDS	<u>816,787</u>	<u>1,268,240</u>	<u>816,930</u>	<u>(451,453)</u>
	8,947,746	9,904,982	8,947,889	(957,236)
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,345,607	4,124,558	4,345,573	221,049
19 BUILDINGS	66,745,020	66,055,624	66,745,020	689,396
20 EQUIPMENT	28,296,243	30,297,861	28,296,243	(2,001,618)
21 BUILDINGS INTANGIBLE ASSETS	4,257,905	4,028,135	4,257,905	229,770
22 EQUIPMENT INTANGIBLE ASSETS	1,750,896	851,479	1,750,896	899,417
23 SOFTWARE INTANGIBLE ASSETS	890,141	2,135,559	890,141	(1,245,418)
24 IMPROVEMENTS OTHER THAN BUILDINGS	1,449,244	926,889	1,449,244	522,355
25 CONSTRUCTION IN PROGRESS	9,406,028	2,786,226	8,856,103	6,619,802
26 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(62,648,327)	(62,790,553)	(61,622,678)	142,226
27 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(2,933,228)	(2,021,508)	(2,842,823)	(911,720)
28 NET CAPITAL ASSETS	<u>51,559,529</u>	<u>46,394,270</u>	<u>52,125,623</u>	<u>5,165,259</u>
29 GOODWILL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
30 TOTAL ASSETS	<u>131,822,580</u>	<u>122,678,628</u>	<u>127,160,097</u>	<u>9,143,952</u>
DEFERRED OUTFLOWS OF RESOURCES				
31 PENSION RELATED (GASB 68)	5,637,473	5,171,713	5,790,441	465,760
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	<u>157,702</u>	<u>218,748</u>	<u>162,789</u>	<u>(61,046)</u>
33 TOTAL DEFERRED OUTFLOWS OF RESOURCES	5,795,175	5,390,461	5,953,230	404,714
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>137,617,755</u>	<u>128,069,089</u>	<u>133,113,327</u>	<u>9,548,666</u>

	<u>As of July 31, 2025</u>	<u>As of July 31, 2024</u>	<u>As of June 30, 2025</u>	<u>CHANGE FROM July, 2024</u>	
<b>LIABILITIES &amp; FUND BALANCE</b>					
CURRENT LIABILITIES:					
35	ACCOUNTS AND CONTRACTS PAYABLE	2,222,877	2,300,892	2,149,254	(78,015)
36	ACCRUED LIABILITIES	8,346,491	14,303,144	6,735,787	(5,956,653)
37	DEFERRED CREDITS	852,218	1,227,870	850,194	(375,652)
38	CURRENT PORTION OF LEASE PAYABLE	949,029	217,290	949,029	731,739
39	CURRENT PORTION SOFTWARE INTANGIBLE PAYABLE	199,887	644,596	199,887	(444,709)
40	CURRENT PORTIONS OF NOTES DUE	10,587	0	10,587	10,587
41	CURRENT PORTIONS OF BONDS PAYABLE	1,250,000	1,240,000	1,250,000	10,000
42	BOND INTEREST PAYABLE	89,167	105,171	64,361	(16,004)
43	DUE TO/(FROM) THIRD PARTY PAYERS	1,176,864	877,246	1,176,864	299,618
44	COMPENSATED ABSENCES CURRENT PORTION	6,903,679	0	7,337,785	6,903,679
45	TOTAL CURRENT LIABILITIES	<u>22,000,799</u>	<u>20,916,209</u>	<u>20,723,748</u>	<u>1,084,590</u>
LONG-TERM LIABILITIES					
46	NOTES PAYABLE	3,774,723	0	1,060,674	3,774,723
47	COMPENSATED ABSENCES NET OF CURRENT PORTION	3,035,924	0	2,591,806	3,035,924
48	BONDS PAYABLE NET OF CURRENT PORTION	4,170,000	5,420,000	4,170,000	(1,250,000)
49	PREMIUM ON BONDS PAYABLE	175,064	264,283	181,041	(89,219)
50	CAPITAL LEASE, NET OF CURRENT PORTION	3,854,661	3,688,138	3,920,427	166,523
51	SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION	22,791	220,390	41,365	(197,599)
	TOTAL NONCURRENT LIABILITIES	<u>15,033,163</u>	<u>9,592,811</u>	<u>11,965,313</u>	<u>5,440,352</u>
51	TOTAL LIABILITIES	37,033,962	30,509,020	32,689,061	6,524,942
52					
53	DEFERRED INFLOW OF RESOURCES	0	0	0	0
	PROPERTY TAXES RECEIVED IN ADVANCE	0	107,301	0	(107,301)
<b>NET POSITION</b>					
54					
55	INVESTED IN CAPITAL ASSETS	5,731,963	5,731,963	5,731,963	0
56	CONTRIBUTED CAPITAL - KPB	0	0	0	0
57	RESTRICTED	25,286	25,286	25,286	0
58	UNRESTRICTED FUND BALANCE - SPH	94,809,077	91,695,519	94,649,550	3,113,558
59	UNRESTRICTED FUND BALANCE - KPB	<u>17,467</u>	<u>0</u>	<u>17,467</u>	<u>17,467</u>
60	TOTAL LIAB & FUND BALANCE	<u><u>137,617,755</u></u>	<u><u>128,069,089</u></u>	<u><u>133,113,327</u></u>	<u><u>9,548,666</u></u>

	MONTH			YEAR TO DATE					
	07/31/25		07/31/24	07/31/25			07/31/24		
	Actual	Budget		Actual	Budget	Var B/(W)		Actual	
<b>Patient Service Revenue</b>									
<b>1</b>	Inpatient	3,381,825	3,498,028	-3.32%	3,150,458	3,381,825	3,498,028	-3.32%	3,150,458
<b>2</b>	Outpatient	20,975,266	18,804,951	11.54%	19,044,803	20,975,266	18,804,951	11.54%	19,044,803
<b>3</b>	Long Term Care	1,492,501	1,491,919	0.04%	1,206,391	1,492,501	1,491,919	0.04%	1,206,391
<b>4</b>	Total Patient Services	25,849,592	23,794,898	8.64%	23,401,652	25,849,592	23,794,898	8.64%	23,401,652
<b>Deductions from Revenue</b>									
<b>5</b>	Medicare	6,008,003	5,106,174	-17.66%	6,028,716	6,008,003	5,106,174	-17.66%	6,028,716
<b>6</b>	Medicaid	3,000,478	2,817,317	-6.50%	3,308,890	3,000,478	2,817,317	-6.50%	3,308,890
<b>7</b>	Charity Care	467,699	242,442	-92.91%	132,127	467,699	242,442	-92.91%	132,127
<b>8</b>	Commercial and Admin	2,490,337	2,477,496	-0.52%	2,034,604	2,490,337	2,477,496	-0.52%	2,034,604
<b>9</b>	Bad Debt	480,227	317,244	-51.37%	54,752	480,227	317,244	-51.37%	54,752
<b>10</b>	Total Deductions	12,446,744	10,960,673	-13.56%	11,559,089	12,446,744	10,960,673	-13.56%	11,559,089
<b>11</b>	Net Patient Services	13,402,848	12,834,225	4.43%	11,842,563	13,402,848	12,834,225	4.43%	11,842,563
<b>12</b>	USAC and Other Revenue	101,742	160,947	-36.79%	89,118	101,742	160,947	-36.79%	89,118
<b>13</b>	Total Operating Revenues	13,504,590	12,995,172	3.92%	11,931,681	13,504,590	12,995,172	3.92%	11,931,681
<b>Operating Expenses</b>									
<b>14</b>	Salaries and Wages	5,955,160	6,052,647	1.61%	5,375,179	5,955,160	6,052,647	1.61%	5,375,179
<b>15</b>	Employee Benefits	3,546,776	2,613,979	-35.68%	1,684,911	3,546,776	2,613,979	-35.68%	1,684,911
<b>16</b>	Supplies, Drugs and Food	1,772,371	1,657,457	-6.93%	1,442,621	1,772,371	1,657,457	-6.93%	1,442,621
<b>17</b>	Contract Staffing	481,135	103,901	-363.07%	259,529	481,135	103,901	-363.07%	259,529
<b>18</b>	Professional Fees	727,745	453,552	-60.45%	567,871	727,745	453,552	-60.45%	567,871
<b>19</b>	Utilities and Telephone	186,673	201,604	7.41%	191,034	186,673	201,604	7.41%	191,034
<b>20</b>	Insurance (gen'l, prof liab, property)	108,447	99,194	-9.33%	77,786	108,447	99,194	-9.33%	77,786
<b>21</b>	Dues, Books, and Subscriptions	18,443	21,229	13.12%	16,498	18,443	21,229	13.12%	16,498
<b>22</b>	Software Maint/Support	206,095	217,796	5.37%	152,878	206,095	217,796	5.37%	152,878
<b>23</b>	Travel, Meetings, Education	31,719	60,078	47.20%	36,153	31,719	60,078	47.20%	36,153
<b>24</b>	Repairs and Maintenance	237,532	181,556	-30.83%	177,255	237,532	181,556	-30.83%	177,255
<b>25</b>	Leases and Rentals	63,417	54,715	-15.90%	94,611	63,417	54,715	-15.90%	94,611
<b>26</b>	Other (Recruiting, Advertising, etc.)	180,350	216,091	16.54%	182,110	180,350	216,091	16.54%	182,110
<b>27</b>	Depreciation & Amortization	565,765	565,765	0.00%	429,101	565,765	565,765	0.00%	429,101
<b>28</b>	Total Operating Expenses	14,081,629	12,499,564	-12.66%	10,687,537	14,081,629	12,499,564	-12.66%	10,687,537
<b>29</b>	Gain (Loss) from Operations	(577,039)	495,608	216.43%	1,244,144	(577,039)	495,608	216.43%	1,244,144
<b>Non-Operating Revenues</b>									
<b>30</b>	General Property Taxes	609,263	923,587	-34.03%	724,880	609,263	923,587	-34.03%	724,880
<b>31</b>	Investment Income	114,506	132,515	-13.59%	87,692	114,506	132,515	-13.59%	87,692
<b>32</b>	Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
<b>33</b>	Other Non Operating Revenue	1,198	217	100.00%	45	1,198	217	100.00%	45
<b>34</b>	Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
<b>35</b>	Gain <Loss> on Disposal	0	0	0.00%	595	0	0	0.00%	0
<b>36</b>	SPH Auxiliary	454	793	-42.72%	0	454	793	-42.72%	595
<b>37</b>	Total Non-Operating Revenues	725,421	1,057,112	-31.38%	813,212	725,421	1,057,112	-31.38%	813,212
<b>Non-Operating Expenses</b>									
<b>38</b>	Insurance	0	0	0.00%	0	0	0	0.00%	0
<b>39</b>	Service Area Board	0	2,378	0.00%	0	0	2,378	0.00%	0
<b>40</b>	Other Direct Expense	750	9,500	92.11%	0	750	9,500	92.11%	0
<b>41</b>	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
<b>42</b>	Interest Expense	63,301	60,786	-4.14%	46,679	63,301	60,786	-4.14%	46,679
<b>43</b>	Total Non-Operating Expenses	64,051	72,664	11.85%	46,679	64,051	72,664	11.85%	46,679
<b>Grants</b>									
<b>44</b>	Grant Revenue	81,332	110,000	0.00%	52,467	81,332	110,000	0.00%	52,467
<b>45</b>	Grant Expense	6,281	15,986	60.71%	54,290	6,281	15,986	60.71%	54,290
<b>46</b>	Total Non-Operating Gains, net	75,051	94,014	-20.17%	(1,823)	75,051	94,014	20.17%	(1,823)
<b>47</b>	Income <Loss> Before Transfers	159,382	1,574,070	89.87%	2,008,854	159,382	1,574,070	-89.87%	2,008,854
<b>48</b>	Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
<b>49</b>	Net Income	159,382	1,574,070	-89.87%	2,008,854	159,382	1,574,070	-89.87%	2,008,854



**Statement of Cash Flows**  
**As of July 31, 2025**

*Cash Flow from Operations:*

1	YTD Net Income	159,382
2	Add: Depreciation Expense	565,765
3	Adj: Inventory (increase) / decrease	(15,840)
4	Patient Receivable (increase) / decrease	(1,645,365)
5	Prepaid Expenses (increase) / decrease	35,004
6	Other Current assets (increase) / decrease	(1,625,681)
7	Accounts payable increase / (decrease)	73,623
8	Accrued Salaries increase / (decrease)	1,610,704
9	Net Pension Asset (increase) / decrease	-
10	Other current liability increase / (decrease)	2,903,584
11	Net Cash Flow from Operations	2,061,176

*Cash Flow from Investing:*

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

*Cash Flow from Financing*

16	Cash (paid) / received for Lease Payable	(84,339)
17	Cash paid for Debt Service	-
18	Net Cash from Financing	(84,339)
19	Net increase in Cash	\$ 1,976,837
20	Beginning Cash as of July 1, 2024	\$ 36,903,309
21	Ending Cash as of July 31, 2025	\$ 38,880,147

Introduced by: Administration  
Date: August 27, 2025  
Action:  
Vote: Yes –, No –

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2025-19**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
APPROVING A PLAN AMENDMENT FOR THE UNION AND NON-UNION 403(b) PLANS  
TO ADJUST THE ANNUAL EMPLOYER MATCH ALLOWING FOR END OF YEAR  
MATCH TRUE UP CONTRIBUTIONS.**

**WHEREAS**, South Peninsula Hospital currently offers defined contribution plans to both Union and Non-Union employees, including an annual employer matching contribution of 2% for Union employees and 4% for Non-Union employees, based on per-paycheck contributions; and

**WHEREAS**, some employees do not contribute evenly throughout the calendar year, instead making larger contributions earlier in the year and subsequently reaching the IRS annual contribution limit before year-end; and

**WHEREAS**, under the current matching contribution structure, employees who front-load their contributions and cease contributing mid-year due to reaching the annual limit may not receive the full employer match otherwise available to them; and

**WHEREAS**, South Peninsula Hospital is committed to supporting employees in planning for retirement and wishes to ensure that all eligible employees—regardless of their contribution schedule—are able to receive the full employer match permitted under the Plan; and

**WHEREAS**, South Peninsula Hospital reserves the right to amend the 403(b) Plans for both Union and Non-Union employees from time to time; and

**WHEREAS**, South Peninsula Hospital desires to amend the matching contribution formula under its 403(b) Plans to include an annual “true-up” at year-end to ensure that all eligible employees receive the full match (2% for Union employees and 4% for Non-Union employees) based on their total eligible compensation and annual contributions, up to the Plan-defined limits; and

**WHEREAS**, the provisions of this amendment shall be applied retroactively to January 1, 2025, to allow for catch-up matching contributions for the 2025 plan year; and

**WHEREAS**, this resolution was reviewed and recommended for approval by the Finance Committee on August 21, 2025;

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

1. The 403(b) Plans for both Union and Non-Union employees are hereby amended to include an annual true-up process at year-end to ensure eligible employees receive the full employer

matching contribution in accordance with Plan-defined limits, regardless of the timing or pattern of their contributions during the year.

2. Management is hereby authorized and directed to take any and all actions necessary or appropriate to implement the intent of this Resolution, including executing any documents and making any Plan amendments required to effectuate the changes described herein

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL THIS 27<sup>th</sup> DAY OF AUGUST, 2025.**

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Aaron Weisser, Board President

ATTEST:

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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>	1%	-2%	
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>	1082	991	<b>Total Discharges: # 157 (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] Target Discharges 150
<b>Net Revenue Growth</b>	0%	-8%	
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 Equivalent (FTEs) per Adjusted Occupied Bed</b>	7.9	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>58</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>76</b>	<b>90</b>	<b>93 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>2%</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>10.8</b>	<b>8</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>0%</b>	<b>-3%</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>9%</b>	<b>24%</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.

**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
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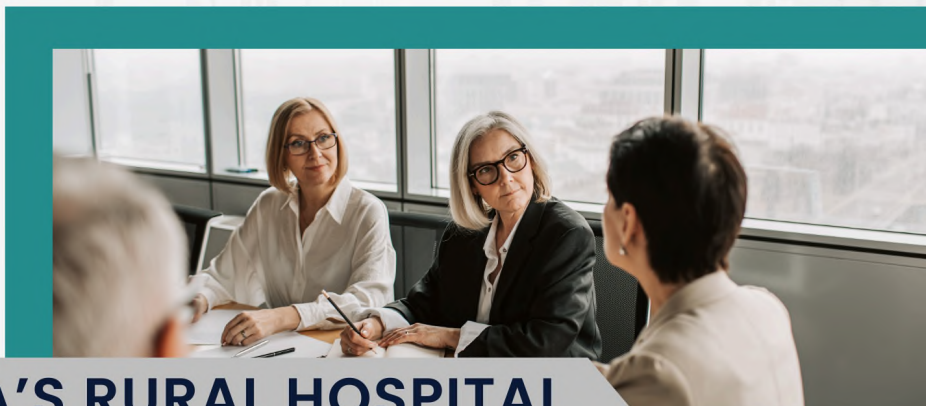
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Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.			8 New Staff Terminated 36 Total New Hires
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Measure average number of contract staff utilized.			CNA, CST, MLT, PT, RN, RT

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Financial Health	Q4 FY25	Target	Note
<b>Operating Margin</b>	1%	-2%	
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>	1082	991	<b>Total Discharges: # 157 (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] Target Discharges 150
<b>Net Revenue Growth</b>	0%	-8%	
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 Equivalent (FTEs) per Adjusted Occupied Bed</b>	7.9	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>58</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>76</b>	<b>90</b>	<b>93 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>2%</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>10.8</b>	<b>8</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>0%</b>	<b>-3%</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>9%</b>	<b>24%</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.



## NRHA'S RURAL HOSPITAL

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## ANNUAL BOARD CALENDAR - 2025

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### January 29, 2025

- Retirement: Kim Greer
- Credentialing Report
- Balanced Scorecard (new data)
- Report on Emergency Succession Plan for the calendar year (EMP-09)
- Annual Board Forms Collected
- Financial Audit Presentation (BDO) & accept the Financial Audit
- *Board Officers Election (even years only)*
- Approve Board Roster & Committee Assignments, note in minutes
- Annual Report to the Contract Administrator
  - Corporate Compliance Report
- FC: Report out whether funds are maintained separately from the KPB funds (see F-03)
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- FC: Capital Budget Approval
- GC: Annual Review of Policies (Governance Chair)
- GC: Annual Bylaws Review

### February – No meetings in February

- Credentialing (officers to meet via Zoom to approve)
- CEO Evaluation packet prepared and sent out by 2/20
- AHA Rural Health Care Leadership Conference

### March 26, 2025

- Doctors Dinner
- Credentialing Report
- Strategic Plan Approval
- Infection Prevention Plan/LTC Inf Prev Plan Approval
- CEO Eval – Assessments reviewed by Gov or CEO Eval Cmte
- PC: Pension Plan Contributions Approval
- PC: Pension Committee Annual Report
- PC: Review/update PEN-001 & PEN-002
- FC: Finance Reporting (F-10) for Jan/Feb – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement for Jan/Feb (consent agenda)
- FC: Quarterly Grants Report
- GC: Policy Review – SM-02, SM-03
- Training: Generative Governance Principles

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## **ANNUAL BOARD CALENDAR - 2025**

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### **April 30, 2025**

- Retirement: Shevawn Miller
- Credentialing Report
- Balanced Scorecard (new data)
- Respiratory Protection Plan Approval
- CEO Eval: CEO Compensation Cmte meets to review compensation
- Dr. Wisecarver – short presentation
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- FC: Resolution authorizing CFO to file the IRS 990
- GC: Policy Review – SM-04, SM-05
- Training: Retreat April 25/26 @ Land's End

### **May 28, 2025**

- Credentialing Report
- Quality Plan Review
- CEO Eval: Board approved compensation during Exec Session
- FC: Annual IT Security Report
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- FC: FY Operating Budget Approval
- GC: Policy Review – SM-08
- Training: Credentialing (by Ryan/Tuomi)

### **June 25, 2025**

- Credentialing Report
- CEO Eval: Board Chair meets with CEO to review evaluation
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- Quarterly Grants Report
- GC: Policy Review – SM-06 & SM-07
- Proclamation for Jean Kuipers Retirement

### **July 30, 2025**

- Credentialing Report
- Balanced Scorecard (new data)
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- FC: Financial Audit planning doc provided to Board
- CAH Program Evaluation Summary Approval
- Presentation: Tuomi, 11 minute video about Patient Safety Collaborative, sponsored by CHI/Optima

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## **ANNUAL BOARD CALENDAR - 2025**

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- Training: Certificate of Need (by Alexandria Hicks)

### **August 27, 2025**

- Credentialing Report
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- FC: Quarterly Grants Report
- GC: Place ad for open board seats
- GC: Policy Review – SM-09, SM-10

### **September 24, 2025**

- AHHA Annual Conference: September 16-17, 2025
- Credentialing Report
- MSO: Updates to Medical Staff Bylaws, Rules & Regs and Peer Review
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- GC: Conduct Board Self Evaluation
- GC: Host Doctor's Dinner
- GC: Policy Review – SM-11, SM-12
- Training: Admissions & Discharge: who makes the decisions & what are the financial implications

### **October 29, 2025**

- Credentialing Report
- Balanced Scorecard (new data)
- Start planning/gauging interest for AHA Conference in February
- Include SAB schedule for next year to begin signups
- President: Gauge interest in committees for next year
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- GC: Query board members on interest for next year (committees, officer positions)
- GC: Interview board applicants
- GC: Policy Review – SM-13
- GC: Policy Review – SM-01
- Training: Bylaw update – introduction of changes requiring approval in January

### **November**

- No BOD meeting
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- FC: Quarterly Grants Report

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## ***ANNUAL BOARD CALENDAR - 2025***

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### **December 17, 2025**

- Credentialing Report
- Next year's Board meeting calendar approval
- Board Member Elections
- Approval of Chief of Staff as elected by the Medical Staff
- Chief of Staff Approval (every other year)
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- PC: Pension Committee Audit Report

### **Any Month, As Needed**

- Updates to Medical Staff Bylaws or Rules & Regulations
- New Services – quarterly review of financial performance of new services
- Updated Medical Staff Privileges
- Proclamations for Retirees +20 years
- Resolution to transfer over 90 days cash on hand (if we hit 90 days at end of previous quarter)
- New bank account signers/limits/credit card holders
- GC: Any revised policies
- Changes to Board Bylaws
- Acceptance of Board resignations