



AGENDA

Board of Directors Meeting

5:30 PM - Wednesday, October 23, 2024

[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		Christopher Landess, MD	
Preston Simmons Vice President		Michael Dye		Bernadette Wilson	
Beth Wythe, Secretary		Matthew Hambrick			
Walter Partridge, Treasurer		Edson Knapp, MD			

[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 September 25, 2024
[Board of Directors - Sep 25 2024 - Minutes - DRAFT](#)
- 12 - 15 7.2. Consideration to Approve September 2024 Financials
[Balance Sheet Sept FY25](#)
[Income Statement Sept FY25](#)
[Cash Flow Statement Sept FY25](#)
- 16 - 18 7.3. Consideration to approve revised Board Medical Staff Policies MS-01, Medical Staff Credentialing Privileges and MS-02, Professional Liability Insurance as recommended by Hospital Administration and the Medical Staff Office
[MS-01 \(formerly Q-01\)](#)
[MS-02 \(formerly Q-03\)](#)
- 19 - 21 7.4. Consideration to approve revised Board Quality policies Q-01 Consent for Treatment and Q-02 Quality Monitoring as recommended by Hospital Administration and the Quality Department
[Q-01 \(formerly Q-04\)](#)
[Q-02 \(formerly Q-06\)](#)
- 22 7.5. Consideration to approve revised Rules for Participating in a Public Meeting as recommended by the Governance Committee
[Rules for Participating in a Public Mtg, revised](#)

8. PRESENTATIONS

- 8.1. AI in Hospitals
Presenter: Edson Knapp

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 10.1. Bond Follow-up Discussion
- 23 - 24 10.2. Consideration to Approve an Amendment to the Medical Staff Rules and Regulations Changing the Requirements to Response Times for On-Call Practitioners to Prevent Contradictions and to Allow for Flexibility Based on Patient Condition
[Memo](#)

11. REPORTS

25 - 29

- 11.1. Chief Executive Officer
[Q3-2024 Scorecard](#)
- 11.2. BOD Committee: Finance
- 11.3. BOD Committee: Governance/Education
- 11.4. Chief of Staff
- 11.5. Service Area Board Representative - Roberta Highland

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

30 - 33

- 15.1. [AHA Rural Health Care Leadership Conference 2025](#)
Please refer to email from Maura and complete the registration form if you'd like to attend!
- 15.2. 2024 Board Agenda Calendar
[Board Agenda Calendar 2024](#)
- 15.3. Annual Board Forms
Please refer to email from Maura and return all forms to Administration by December meeting.

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

- 17.1. Credentialing

18. ADJOURNMENT

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

The following has been adapted from the “Rules for Participating in a Public Meeting” used by Kenai Peninsula SAB of SPHI.

Each member of the public desiring to speak on any issue before the SPH Operating Board of Directors at tonight’s meeting will be given an opportunity to speak to the following guidelines:

- *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 subject you wish to address.*
- *Please be concise and courteous, in time, so others present will have an opportunity to speak.*
- *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.*
- *This is your opportunity to provide your support or opposition to matters that are within the areas of Operating Board of Directors governance. If you have questions, you may direct them to the chair.*

These rules for participating in a public meeting were discussed and approved at the Board Governance Committee meeting on February 24, 2013.

MINUTES

Board of Directors Meeting

5:30 PM - Wednesday, September 25, 2024

Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital was called to order on Wednesday, September 25, 2024, at 5:30 PM, in the Conference Rooms 1&2 and via Zoom.

1. CALL TO ORDER

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

2. ROLL CALL

BOARD PRESENT: Edson Knapp, Walter Partridge, Aaron Weisser, Bernadette Wilson, Beth Wythe, Christopher Landess, and Matthew Bullard

BOARD EXCUSED: Matthew Hamrick and Preston Simmons

ALSO PRESENT: Ryan Smith (CEO), Anna Hermanson (CFO), Derotha Ferraro (PR/Marketing Director)

**Only Hospital Administration and 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 gave a Living Our Values story. She read an email from a patient who received excellent care at South Peninsula Hospital.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

Aaron Weisser welcomed guests to the meeting.

4.1. Rules for Participating in a Public Meeting

The rules were provided in the packet.

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

Derotha Ferraro mentioned she had three more yard-signs in support of the bond proposition, if anyone would like one.

6. APPROVAL OF THE AGENDA

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

7. APPROVAL OF THE CONSENT CALENDAR

Ms. Wythe read the consent calendar into the record.

- 7.1. **Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for August 28, 2024**
- 7.2. **Consideration to Approve August FY2025 Financials**
- 7.3. **Consideration to Approve SPH Board Policies F-09 Capital Purchases and F-10 Financial Performance Indicators**
- 7.4. **Consideration to Approve SPH Resolution 2024-22, A Resolution of the South Peninsula Hospital Board of Directors Authorizing Bank Account Signers**

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

8. **PRESENTATIONS**

There were no presentations.

9. **UNFINISHED BUSINESS**

There was no unfinished business.

10. **NEW BUSINESS**

10.1. **Consideration to Approve the Appointment of Mike Dye to the South Peninsula Hospital Board of Directors to fill the Vacancy Left by Jared Baker's Resignation - Election by Secret Ballot**

Discussion regarding board applicant Michael Dye happened in an executive session prior to the meeting. A secret ballot vote was conducted, and the board unanimously voted to appoint Mr. Dye to the seat vacated by Jared Baker.

Beth Wythe made a motion approve the appointment of Mike Dye to the South Peninsula Hospital Board of Directors to fill the vacancy left by Jared Baker's resignation. Christopher Landess seconded the motion. Motion Carried.

At this time, Mike Dye was invited to join the board for the remainder of the meeting.

10.2. **Consideration to Approve the Election of a New Vice President to Serve the Remainder of the Current Term**

A new vice president is needed to serve the remainder of Melissa Jacobsen's term. Nominations were taken from the floor. Edson Knapp nominated Matt Hambrick. Aaron Weisser nominated Preston Simmons. A secret ballot election was held, and Preston Simmons was elected with a majority of the votes.

10.3. **Consideration to Approve SPH Resolution 2024-23, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of Operating Cash to Fund the Lease of an Olympus Scope System Including Surgery Colonoscopes, Endoscopes, and Bronchoscopes**

Anna Hermanson, CFO, reported. This request came from the surgery department. Scopes were purchased in 2018 and they have a useful life of

three years. The surgeons have requested the scopes be upgraded, and feel they can provide better care and schedule more surgeries per day with new scopes. This resolution would permit the hospital to lease the scopes, which makes sense for this equipment with a short useful life. Mr. Partridge added the resolution was discussed and approved in Finance Committee.

Beth Wythe made a motion to approve SPH Resolution 2024-23, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of Operating Cash to Fund the Lease of an Olympus Scope System Including Surgery Colonoscopes, Endoscopes, and Bronchoscopes. Edson Knapp seconded the motion. Motion Carried.

10.4. Consideration to Approve a Clarification to the South Peninsula Hospital Medical Staff Bylaws Part I Governance Election of Officers and MEC Members-at-Large, Section 4.3.4 to interpret voting "by telephonic means" to include electronic, digital means, as recommended and approved by the Medical Executive Committee

Sarah Roberts, MD, Chief of Staff, reported. The medical staff adopted rank choice voting for medical staff voting, which is a complicated process and requires a more sophisticated voting system. The Medical Staff Office has trialed a voting system that operates through text message. The MEC has interpreted the bylaws language to mean this system is allowed, though we will look at this language when we do a comprehensive bylaw review in the next 18 months.

Beth Wythe made a motion to approve a Clarification to the South Peninsula Hospital Medical Staff Bylaws Part I Governance Election of Officers and MEC Members-at-Large, Section 4.3.4 to interpret voting "by telephonic means" to include electronic, digital means, as recommended and approved by the Medical Executive Committee. Edson Knapp seconded the motion. Motion Carried.

10.5. Consideration to Approve Revised Physician Assistant Privileges as Recommended by the Medical Staff

Dr. Roberts reported. The medical staff updated the Physician Assistant (PA) privileges to bring them in line with current practice. We are only presenting Family Medicine core privileges at this time, since we don't use PAs in other areas.

Beth Wythe made a motion to approve Revised Physician Assistant Privileges as Recommended by the Medical Staff Edson Knapp seconded the motion. Motion Carried.

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, gave a verbal report. He thanked board members Bernadette Wilson, Beth Wythe and Edson Knapp for joining the administrative team for the Alaska Hospital and Healthcare Association (AHHA) conference in

Girdwood, as well as several members from the Service Area Board. He congratulated the individuals and teams from South Peninsula Hospital that received awards at the conference, including Dr. William Bell, Joelle Burdick RN, and the Stroke Committee. Long Term Care also received an award. Bonita Banks retired this month, and Susan Shover has taken over as the Privacy Officer. Ms. Shover will be taking on a new title, Director of Risk Management, and the Quality Department will now report to the CNO. There will be an open house on Saturday for anyone who still has questions surrounding the bond and board members are welcome to attend.

11.2. BOD Committee: Finance

Walter Partridge, Committee Chair, reported. The finance committee met last week and reviewed the financials for August. It was a fairly good month, with Operating Margin and Total Margin very close to budget. The committee discussed the two resolutions on the agenda tonight as well.

11.3. BOD Committee: Governance/Education

Beth Wythe, Committee Chair, reported. The Governance and Education committees had a combined meeting last month. They discussed Mike Dye's application, as well as two other applications which will be considered to fill Melissa seat during the election in December. Ms. Jones is in the process of scheduling interviews for those candidates. The committee will be contracting with Todd Linden and Governwell for the board self-evaluation. The committee is also finishing up its policy work for the year. In terms of Education, the group decided on several educational offerings for upcoming meetings - Dr. Knapp will give a presentation on AI in hospitals based on a presentation from the AHHA conference, and Jared Kosin from AHHA will give a legislative update at the December meeting.

11.4. Chief of Staff

Dr. Roberts gave a verbal report. The medical staff have been looking at the bylaws and rules and regulations and identifying areas for improvement. We hope to do a comprehensive review soon. Medical Staff elections are coming up in November. The medical staff is looking forward to the dinner with the Board of Directors in October.

11.5. Service Area Board Representative

Tamara Fletcher reported on behalf of the Service Area Board (SAB). The SAB had no business items at the last meeting, and the majority of the meeting was spent discussing the bond proposal.

12. DISCUSSION

There were no discussion items.

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the audience.

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

Mr. Smith congratulated all the AHHA award winners and thanked the board and service area board for their support of the bond.

14.2. Board Members

Walter Partridge welcomed Mike Dye to the board and congratulated the AHHA award winners. Bernadette Wilson echoed those sentiments, as did Christopher Landess. Edson Knapp thanked the hospital for the opportunity to attend the AHHA conference. He found it to be very educational. Mike Dye thanked the board for the opportunity to serve. Beth Wythe also thanked the hospital for the opportunity to attend the conference, and thanked the board for allowing her to participate in the town hall meeting. Aaron Weisser thanked Ryan for his willingness to appear on the radio in support of the bond.

15. INFORMATIONAL ITEMS

15.1. Board & Medical Staff Dinner October 7th at 6:00pm and Land's End

Mr. Weisser reminded the board to RSVP to Ms. Jones if they plan to attend the dinner next week.

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

The board adjourned to executive session at 6:28pm.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

The board returned to open session at 7:19pm.

17.1. Consideration to Approve SPH Resolution 2024-24, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for September 2024

Beth Wythe made a motion to approve SPH Resolution 2024-24, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for September 2024 to include the following:

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

Taylor Travers, MD	Emergency Medicine	Courtesy
Lars Matkin, MD	Orthopedics	Courtesy
Josiah Brown, MD	Cardiology/ECHO-AKHVI	Courtesy
William Lou, MD	TeleStroke-Prov	Telemedicine
James Wang, MD	TeleStroke-Prov	Telemedicine

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

Blake Charlton, MD
Jessica Panko, MD
Hung Vo, MD
J. "Wes" Turner, MD

Cardiology/ECHO-AKHVI
Radiology
Cardiology/ECHO-AKHVI
Urology

Courtesy
Courtesy
Courtesy
Courtesy

Edson Knapp seconded the motion. Motion Carried.

18. ADJOURNMENT

The meeting adjourned at 7:20pm.

Respectfully Submitted,

Accepted:

Maura Jones, Executive Assistant

Aaron Weisser, President

Minutes Approved:

Mary E. Wythe, Secretary



DRAFT-UNAUDITED

BALANCE SHEET
As of September 30, 2024

	As of September 30, 2024	As of September 30, 2023	As of August 31, 2024	CHANGE FROM September, 2023
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	25,344,990	27,022,375	25,607,496	(1,677,385)
2 EQUITY IN CENTRAL TREASURY	9,324,381	10,212,213	8,386,931	(887,832)
3 TOTAL CASH	<u>34,669,371</u>	<u>37,234,588</u>	<u>33,994,427</u>	<u>(2,565,217)</u>
4 PATIENT ACCOUNTS RECEIVABLE	44,059,236	34,752,757	40,968,914	9,306,479
5 LESS: ALLOWANCES & ADJ	(21,031,330)	(17,386,907)	(18,520,240)	(3,644,423)
6 NET PATIENT ACCT RECEIVABLE	<u>23,027,906</u>	<u>17,365,850</u>	<u>22,448,674</u>	<u>5,662,056</u>
7 PROPERTY TAXES RECV - KPB	1,767,870	2,180,688	2,866,937	(412,818)
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(4,165)	(4,165)	0
9 NET PROPERTY TAX RECV - KPB	<u>1,763,705</u>	<u>2,176,523</u>	<u>2,862,772</u>	<u>(412,818)</u>
10 OTHER RECEIVABLES - SPH	150,802	260,383	60,604	(109,581)
11 INVENTORIES	2,613,878	2,104,374	2,633,632	509,504
12 NET PENSION ASSET- GASB	3,225,068	3,559,619	3,225,068	(334,551)
13 PREPAID EXPENSES	<u>1,191,201</u>	<u>1,027,640</u>	<u>1,096,827</u>	<u>163,561</u>
14 TOTAL CURRENT ASSETS	<u>66,641,931</u>	<u>63,728,977</u>	<u>66,322,004</u>	<u>2,912,954</u>
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,926,833	6,156,930	6,926,833	769,903
16 PREF OBLIGATED	1,255,227	2,112,254	1,255,227	(857,027)
17 OTHER RESTRICTED FUNDS	1,211,456	44,857	1,211,387	1,166,599
	<u>9,393,516</u>	<u>8,314,041</u>	<u>9,393,447</u>	<u>1,079,475</u>
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,124,559	4,114,693	4,124,558	9,866
19 BUILDINGS	67,085,718	63,998,829	67,085,718	3,086,889
20 EQUIPMENT	30,187,936	27,857,105	30,187,936	2,330,831
21 BUILDINGS INTANGIBLE ASSETS	4,028,135	2,478,113	4,028,135	1,550,022
22 EQUIPMENT INTANGIBLE ASSETS	1,207,638	851,479	1,207,638	356,159
23 SOFTWARE INTANGIBLE ASSETS	2,135,560	1,986,711	2,135,559	148,849
24 IMPROVEMENTS OTHER THAN BUILDINGS	926,889	311,331	926,889	615,558
25 CONSTRUCTION IN PROGRESS	4,133,463	2,500,722	2,540,567	1,632,741
26 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(62,882,670)	(58,368,308)	(62,502,125)	(4,514,362)
27 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(3,402,909)	(1,905,417)	(3,290,622)	(1,497,492)
28 NET CAPITAL ASSETS	<u>47,544,319</u>	<u>43,825,258</u>	<u>46,444,253</u>	<u>3,719,061</u>
29 GOODWILL	0	2,000	0	(2,000)
30 TOTAL ASSETS	<u>123,579,766</u>	<u>115,870,276</u>	<u>122,159,704</u>	<u>7,709,490</u>
DEFERRED OUTFLOWS OF RESOURCES				
31 PENSION RELATED (GASB 68)	4,845,265	5,789,464	4,998,234	(944,199)
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	<u>208,574</u>	<u>271,298</u>	<u>213,661</u>	<u>(62,724)</u>
33 TOTAL DEFERRED OUTFLOWS OF RESOURCES	5,053,839	6,060,762	5,211,895	(1,006,923)
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>128,633,605</u>	<u>121,931,038</u>	<u>127,371,599</u>	<u>6,702,567</u>

	As of September 30, 2024	As of September 30, 2023	As of August 31, 2024	CHANGE FROM September, 2023	
LIABILITIES & FUND BALANCE					
CURRENT LIABILITIES:					
35	ACCOUNTS AND CONTRACTS PAYABLE	3,808,274	1,409,635	2,856,728	2,398,639
36	ACCRUED LIABILITIES	11,147,119	9,942,194	11,219,385	1,204,925
37	DEFERRED CREDITS	1,236,092	64,691	1,193,131	1,171,401
38	CURRENT PORTION OF LEASE PAYABLE	186,702	589,886	186,702	(403,184)
39	CURRENT PORTION SOFTWARE INTANGIBLE PAYABLE	269,135	488,080	290,358	(218,945)
40	CURRENT PORTIONS OF NOTES DUE	43,503	0	45,450	43,503
41	CURRENT PORTIONS OF BONDS PAYABLE	1,195,000	1,850,000	1,195,000	(655,000)
42	BOND INTEREST PAYABLE	55,247	67,440	31,897	(12,193)
43	DUE TO/(FROM) THIRD PARTY PAYERS	876,864	1,440,709	877,246	(563,845)
44	TOTAL CURRENT LIABILITIES	18,817,936	15,852,635	17,895,897	2,965,301
LONG-TERM LIABILITIES					
45	NOTES PAYABLE	0	0	0	0
46	BONDS PAYABLE NET OF CURRENT PORTION	5,420,000	6,615,000	5,420,000	(1,195,000)
47	PREMIUM ON BONDS PAYABLE	249,148	359,988	256,716	(110,840)
48	CAPITAL LEASE, NET OF CURRENT PORTION	3,784,016	2,087,421	3,836,628	1,696,595
49	SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION	185,016	460,247	202,771	(275,231)
50	TOTAL NONCURRENT LIABILITIES	9,638,180	9,522,656	9,716,115	115,524
51	TOTAL LIABILITIES	28,456,116	25,375,291	27,612,012	3,080,825
52	DEFERRED INFLOW OF RESOURCES	0	0	0	0
53	PROPERTY TAXES RECEIVED IN ADVANCE	5	0	5	5
NET POSITION					
54	INVESTED IN CAPITAL ASSETS	5,731,963	5,731,963	5,731,963	0
55	CONTRIBUTED CAPITAL - KPB	0	0	0	0
56	RESTRICTED	25,286	25,286	25,286	0
57	UNRESTRICTED FUND BALANCE - SPH	94,420,235	90,798,498	94,002,333	3,621,737
58	UNRESTRICTED FUND BALANCE - KPB	0	0	0	0
59	TOTAL LIAB & FUND BALANCE	128,633,605	121,931,038	127,371,599	6,702,567

	MONTH			YEAR TO DATE				
	09/30/24		09/30/23	09/30/24		09/30/23		
	Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue								
1 Inpatient	3,394,154	3,768,753	-9.94%	3,307,422	10,325,584	10,936,149	-5.58%	9,648,772
2 Outpatient	17,131,129	17,358,618	-1.31%	14,732,646	55,642,010	52,948,040	5.09%	44,668,821
3 Long Term Care	1,224,225	1,234,794	-0.86%	994,788	3,775,825	3,704,381	1.93%	3,282,757
4 Total Patient Services	21,749,508	22,362,165	-2.74%	19,034,856	69,743,419	67,588,570	3.19%	57,600,350
Deductions from Revenue								
5 Medicare	6,109,546	4,431,474	-37.87%	4,560,122	17,242,499	13,349,815	-29.16%	13,476,720
6 Medicaid	2,114,771	3,212,277	34.17%	2,171,998	8,227,718	9,676,984	14.98%	6,442,334
7 Charity Care	212,296	211,979	-0.15%	230,544	582,830	638,588	8.73%	683,766
8 Commercial and Admin	2,132,189	2,015,564	-5.79%	1,453,553	6,173,437	6,071,886	-1.67%	4,710,973
9 Bad Debt	447,645	318,379	-40.60%	543,962	814,254	959,117	15.10%	1,202,411
10 Total Deductions	11,016,447	10,189,673	-8.11%	8,960,179	33,040,738	30,696,390	-7.64%	26,516,204
11 Net Patient Services	10,733,061	12,172,492	-11.83%	10,074,677	36,702,681	36,892,180	-0.51%	31,084,146
12 USAC and Other Revenue	90,676	137,718	-34.16%	81,156	285,720	413,154	-30.84%	254,724
13 Total Operating Revenues	10,823,737	12,310,210	-12.08%	10,155,833	36,988,401	37,305,334	-0.85%	31,338,870
Operating Expenses								
14 Salaries and Wages	5,345,898	5,769,030	7.33%	4,483,959	16,193,910	16,763,375	3.40%	14,189,055
15 Employee Benefits	1,944,655	2,111,758	7.91%	1,432,016	6,665,515	6,387,777	-4.35%	4,577,856
16 Supplies, Drugs and Food	1,668,769	1,373,807	-21.47%	1,016,731	4,576,397	4,241,104	-7.91%	3,591,276
17 Contract Staffing	164,065	96,428	-70.14%	180,862	593,484	289,283	-105.16%	607,351
18 Professional Fees	466,956	501,375	6.86%	422,076	1,541,584	1,576,807	2.23%	1,677,057
19 Utilities and Telephone	178,242	204,019	12.63%	173,999	544,973	591,182	7.82%	497,839
20 Insurance (gen'l, prof liab, property)	113,406	87,270	-29.95%	73,592	278,128	283,891	2.03%	216,025
21 Dues, Books, and Subscriptions	22,961	28,412	19.19%	14,043	58,095	86,634	32.94%	53,047
22 Software Maint/Support	147,703	203,816	27.53%	166,058	487,073	606,181	19.65%	511,249
23 Travel, Meetings, Education	44,318	89,063	50.24%	67,036	122,494	235,736	48.04%	145,852
24 Repairs and Maintenance	181,903	169,443	-7.35%	159,651	495,200	524,540	5.59%	534,527
25 Leases and Rentals	89,300	105,296	15.19%	62,887	289,427	311,925	7.21%	199,474
26 Other (Recruiting, Advertising, etc.)	201,972	210,980	4.27%	219,426	540,546	632,940	14.60%	730,690
27 Depreciation & Amortization	429,646	392,696	-9.41%	332,778	1,297,762	1,178,089	-10.16%	1,045,434
28 Total Operating Expenses	10,999,794	11,343,393	3.03%	8,805,114	33,684,588	33,709,464	0.07%	28,576,732
29 Gain (Loss) from Operations	(176,057)	966,817	118.21%	1,350,719	3,303,813	3,595,870	8.12%	2,762,138
Non-Operating Revenues								
30 General Property Taxes	1,141,773	1,088,355	4.91%	1,369,419	2,252,476	2,423,490	-7.06%	3,021,729
31 Investment Income	83,728	82,040	2.06%	63,496	251,292	246,120	2.10%	151,645
32 Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
33 Other Non Operating Revenue	205	1,085	100.00%	60	9,914	3,254	100.00%	983
34 Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35 Gain <Loss> on Disposal	0	0	0.00%	0	100	0	0.00%	0
36 SPH Auxiliary	220	583	-62.26%	284	2,957	1,750	68.97%	1,400
37 Total Non-Operating Revenues	1,225,926	1,172,063	4.60%	1,433,259	2,516,739	2,674,614	-5.90%	3,175,757
Non-Operating Expenses								
38 Insurance	0	0	0.00%	0	0	0	0.00%	0
39 Service Area Board	0	3,179	100.00%	1,667	3,828	6,934	0.00%	1,599
40 Other Direct Expense	0	3,339	100.00%	988	50,000	10,018	-399.10%	988
41 Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42 Interest Expense	46,640	39,621	-17.72%	43,185	140,006	118,862	-17.79%	110,657
43 Total Non-Operating Expenses	46,640	46,139	-1.09%	45,840	193,834	135,814	-42.72%	113,244
Grants								
44 Grant Revenue	0	95,833	0.00%	12,821	152,142	287,500	0.00%	62,791
45 Grant Expense	9,700	2,500	-288.00%	0	63,990	7,500	-753.20%	0
46 Total Non-Operating Gains, net	(9,700)	93,333	-110.39%	12,821	88,152	280,000	68.52%	62,791
47 Income <Loss> Before Transfers	993,529	2,186,074	54.55%	2,750,959	5,714,870	6,414,670	-10.91%	5,887,442
48 Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49 Net Income	993,529	2,186,074	-54.55%	2,750,959	5,714,870	6,414,670	-10.91%	5,887,442



Statement of Cash Flows
As of September 30, 2024

Cash Flow from Operations:


1	YTD Net Income	5,714,870
2	Add: Depreciation Expense	1,297,762
3	Adj: Inventory (increase) / decrease	(273,206)
4	Patient Receivable (increase) / decrease	(3,100,642)
5	Prepaid Expenses (increase) / decrease	(305,673)
6	Other Current assets (increase) / decrease	(1,276,871)
7	Accounts payable increase / (decrease)	1,022,577
8	Accrued Salaries increase / (decrease)	974,829
9	Net Pension Asset (increase) / decrease	-
10	Other current liability increase / (decrease)	(264,418)
11	Net Cash Flow from Operations	3,789,228

Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(2,254,629)
13	Cash transferred to plant replacement fund	-
14	Proceeds from disposal of equipment	100
15	Net Cash Flow from Investing	(2,254,529)

Cash Flow from Financing

16	Cash (paid) / received for Lease Payable	(91,590)
17	Cash paid for Debt Service	-
18	Net Cash from Financing	(91,590)
19	Net increase in Cash	\$ 1,443,109
20	Beginning Cash as of July 1, 2024	\$ 33,226,262
21	Ending Cash as of September 30, 2024	\$ 34,669,371

	SUBJECT: Medical Staff Credentialing Privileges	POLICY #: QMS-01
		Page 1 of 1
Scope: Medical Staff Approved by: Board of Directors		Original Date: 9/24/03 Effective: 10/27/21
Revised: 8/28/19; 10/27/21 Reviewed: N/A		Revision Responsibility: Board of Directors

PURPOSE:

Outlining Board responsibilities for the appointment of medical staff.

DEFINITION(S):

N/A

POLICY:

The Board of Directors will appoint members to the Medical Staff in accordance with organizational values, the Bylaws of South Peninsula Hospital, Inc. and the Bylaws of the Medical Staff as approved by the Board.

PROCEDURE:

1. The Credentialing Committee, which includes at least one Board Representative, will investigate, and evaluate applications for membership and clinical privileges, and make a recommendation to the Medical Executive Committee.
2. Specific written recommendations regarding membership and clinical privileges will be forwarded by the Medical Executive Committee to the Board with appropriate supporting documentation that will allow the Board to take informed action.
3. The Board will make decisions on membership of the Medical Staff and clinical privileges that members may exercise after consideration of the recommendations of the Medical Staff and examination of supporting documentation.
4. The applicant shall receive written notice of ~~appointment and special notice of any adverse final decisions from the Medical Staff Office~~ final credentialing decisions. A decision and Written notice of appointment includes the staff category to which the applicant is appointed, the clinical privileges s/he may exercise, the timeframe of the appointment, and any special conditions attached to the appointment.
- 4.5. Any denials of medical staff appointment or reappointment will be handled according to the Medical Staff Bylaws.


ADDITIONAL CONSIDERATION(S):

N/A

REFERENCE(S):

1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors
2. Medical Staff Bylaws, ~~August 26, 2020~~
3. Medical Staff Rules, and Regulations, ~~May 26, 2021~~
4. Governing Body Bylaws

CONTRIBUTOR(S): Board of Directors; ~~Quality Management Director~~Chief Medical Officer and Medical Staff Office Coordinator

	SUBJECT: Professional Liability Insurance	POLICY #: Q-03MS-02
		Page 1 of 1
Scope: Medical Staff Approved by: Board of Directors	Original Date: 9/24/03 Effective: 10/27/24	
Revised: 8/28/19 Reviewed: 10/27/24	Revision Responsibility: Board of Directors	

PURPOSE:

Requirements for Medical Staff professional liability insurance coverage.

DEFINITION(S):

N/A

POLICY:

- A. All ~~non-employed~~ members of the Medical Staff with clinical privileges will maintain professional liability insurance, through their own practice or through accommodations made with South Peninsula Hospital, at the minimum of \$1,000,000 per incident and \$3,000,000 cumulative per year. Staff members may substitute a bond in the same amounts.
- B. South Peninsula Hospital will provide professional liability insurance coverage for medical staff members who are employed by SPH ~~and therefore will automatically meet these requirements in the required amounts.~~

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Commented [MJ1]: Ask Ryan/Anna about this. Is this still a viable option?

PROCEDURE:

- 1. Non-employed physicians, dentists and Advanced Practice Professionals requesting clinical privileges shall provide proof of professional liability insurance coverage, adding the hospital as an additional insured, or make arrangements through ~~the Administrative Hospital Administration office~~ to receive coverage. Coverage shall be with a professional insurance carrier licensed or approved as a surplus lines' carrier by the State of Alaska or with a bonding company acceptable to the Board.
- ~~2. All members of the Medical Staff will sign a form acknowledging and agreeing to comply with these and other provisions of the Bylaws, Rules, and Regulations and Policies of South Peninsula Hospital and the Medical Staff.~~

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Commented [MJ2]: Again, is this still something we would accept?

ADDITIONAL CONSIDERATION(S):


N/A

REFERENCE(S):

- 1. Operating Agreement
- 2. Medical Staff Bylaws, ~~August 26, 2020~~
- 3. Rules and Regulations, ~~May 26, 2024~~
- 4.

CONTRIBUTOR(S):

Board of Directors, ~~Quality Management Department~~ SPH Administration, Medical Staff Office

	SUBJECT: Consent for Treatment	POLICY #: Q-0401
		Page 1 of 2
Scope: Hospital-Wide	Original Date: 9/23/03	
Approved by: Board of Directors	Effective: 10/27/24	
Revised: 8/28/19; 10/27/21	Revision Responsibility:	
Reviewed: N/A	Board of Directors	

PURPOSE:

Requirements for Medical Staff to provide risks and benefits of treatment(s) to patients and residents in order to obtain informed consent.

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DEFINITION(S):

N/A Informed Consent: A patient's consent to a medical or surgical procedure after being properly advised by the physician/advanced practice professional (Physician/APP) performing the procedure of the nature and purpose of the proposed procedures, including risks & consequences of the procedures, risks & prognosis if no treatment is rendered, the probability that the proposed procedure will be successful, and alternative methods of treatment (if any) & their associated risks and benefits.

General Consent: A patient's consent to treatment.

Consent: Refers to either Informed Consent or General Consent

Qualified Representative: 1) the parent of a minor child; 2) a court-appointed guardian of the patient; 3) Next of kin. When a patient is unable to speak for themselves due to reasons of physical or mental infirmity, and there is no court-appointed guardian authorized to speak for the patient, SPH will accept the consent of the next of kin on behalf of the patient. The statutory priorities for appointment of a guardian for an incapacitated person as set out in AS 13.26.145(d) are as follows: 1. Individual or organization nominated by the incapacitated person 2. Spouse 3. Adult child or parent 4. Relative with whom the incapacitated person has resided for more than 6 months in the previous year 5. Relative or friend who has demonstrated a sincere, longstanding interest in the welfare of the incapacitated person 6. Private professional guardian 7. Public guardian

N/A

POLICY:

1. The process of informed consent occurs when communication between a patient and physician/APP results in the patient's authorization or agreement to undergo a specific medical intervention. In seeking a patient's informed consent (or the consent of the patient's surrogate if the patient lacks decision-making capacity or declines to participate in making decisions), physicians/APP should:
 - A. Assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision.
 - A. Has been informed by the Physician/APP Provider of the relative risks and benefits of the treatment, and where appropriate, of available alternative option(s) to the proposed care.
 - B. Present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. The physician should include information about:
 - a. the diagnosis (when known);
 - b. the nature and purpose of recommended interventions;
 - c. the burdens, risks, and expected benefits of all options, including forgoing treatment.
 - B. Has consented knowingly to the treatment or procedure.
2. The Chief Executive Officer (CEO) will establish and maintain policies and procedures to ensure compliance with this policy. (See SPH Hospital policy HW-036 Consent for Treatment)

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PROCEDURE:

N/A

ADDITIONAL CONSIDERATIONS:

N/A For additional information regarding consents, including emergency consents and for patients who are minors, refer to HW-036 Consent for Treatment.

REFERENCE(S):

1. HW-036 Consent for Treatment

South Peninsula Hospital

POLICY #: Q-01

SUBJECT: Consent for Treatment

Page 2 of 2


2. HW-068: Patient and Resident Rights

2-3. AMA Code of Medical Ethics

CONTRIBUTORS:

Board of Directors, Quality Management Director and Risk Mitigation RN/Regulatory Compliance/Privacy Officer

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	SUBJECT: Quality Monitoring	POLICY #: Q- 06 02
		Page 1 of 1
Scope: Quality Approved by: Board of Directors		Original Date: 9/24/03 Effective: 10/27/21 11/xx/2023
Revised: 8/28/19; 10/27/21; 11/xx/2023 Reviewed: 1/25/23		Revision Responsibility: Board of Directors

PURPOSE:

Guidelines for data monitoring to ensure continued quality of care.

DEFINITION(S):

N/A

POLICY:

- A. The Board will ensure the quality of care provided in and by the organization by reviewing a variety of reports and records determined to be appropriate indicators of quality of care and will ensure adherence to established organizational values and expected behaviors.
- B. On a quarterly basis, the Board will monitor and assess the Hospital Board of Trustees Balanced Scorecard (BSC) report and associated Plan-Do-Study-Act (PDSA) reports, and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) as appropriate to the operation of the facility.

PROCEDURE:

- 1. The Board will periodically review employee and Medical Staff satisfaction rates; and the accomplishments of the [SPH Quality Program as documented in the annual Critical Access Hospital \(CAH\) Quality Assessment and Performance Improvement Evaluation](#).
- 2. The hospital will participate in Quality of Care initiatives as indicated on the Balanced Scorecard including publicly reported data found on Care Compare through the Centers of Medicare and Medicaid Services for services provided by South Peninsula Hospital. The results of these focused studies will be reported as the data is available.
- 3. The Board will review and approve the Quality Plan on an annual basis.

ADDITIONAL CONSIDERATIONS:

N/A

REFERENCE(S):

- 1. South Peninsula Hospital Values & Behaviors as adopted by the Board of Directors
- 2. Quality Plan, May ~~25~~6, 202~~1~~2; Section IV: Roles and Responsibilities, Operating Board of Directors (BOD)

CONTRIBUTORS:

Board of Directors, Quality Management Director

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

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

Each member of the public desiring to ~~speak on any issue comment upon policies or proposed actions of the SPH Operating Board of Directors before the SPH Operating Board of Directors~~ at tonight’s meeting will be given an opportunity to speak ~~to~~ 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 ~~subject~~ policy or proposed action you wish to address.
- Please be concise and courteous, ~~in time, so others present will have an opportunity to speak.~~ 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.
- ~~This is your opportunity to provide your support or opposition to matters that are within the areas of Operating Board of Directors governance. If you have questions, you may direct them to the chair.~~

These rules for participating in a public meeting were discussed and approved at the Board ~~Governance Committee of Directors~~ meeting on ~~February 24, 2013.~~ October 23, 2024

MEMO

To: South Peninsula Hospital-Board of Directors
From: Medical Staff Office
Date: October 17th, 2024
Re: South Peninsula Hospital Medical Staff Rules and Regulations Amendment

The *Medical Staff Rules and Regulations* Article IV: Standards of Practice: **Responding to Calls and Pages When Designated On-Call** was found to have response time requirements that contradicted contracts, collaborative agreements, trauma response, etc. among different specialties and between MD/DO and APP's. This amendment allows for the Physician to Physician care plans to drive the physical response, except where dictated elsewhere. The red-lined language is included below.

The General Medical Staff was notified on September 17th, 2024 by the Medical Staff Office. The MSO has not received any unofficial or official opposition from any member of the SPH General Medical Staff.

The Medical Executive Committee (MEC) of South Peninsula Hospital approved the amendment to the Medical Staff Rules and Regulations at special meeting on October 17th, 2024 and respectfully request consideration of this amendment from the South Peninsula Hospital Board of Directors.

ARTICLE IV. STANDARDS OF PRACTICE

4.3 RESPONDING TO CALLS AND PAGES WHEN DESIGNATED ON-CALL

- a) Telephonic Response. Practitioners on call are expected to respond timely, generally in no more than thirty (30) minutes unless otherwise dictated by a contract, policy or accreditation requirement.

- b) Physical Response: Practitioners are expected to respond in person, in a timely manner, generally in no more than thirty (30) minutes when needed, with the exception of orthopedies which has a two (2) hour physical response time, when required. based on the practitioner-to-practitioner communication about the patient's condition, or communication about the patient's condition from staff unless otherwise dictated by a contract, policy or accreditation requirements.

Recommended Motion: Consideration to Approve an Amendment to the Medical Staff Rules and Regulations Changing the Requirements to Response Times for On-Call Practitioners to Prevent Contradictions and to Allow for Flexibility Based on Patient Condition

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
3rd Quarter Calendar 2024 (Jul, Aug, Sep)

Overall Indicators	3Q 2024	Target	n	Note
Medicare Care Compare Overall Hospital Star Rating	N/A	5		There are too few measures or measure groups reported to calculate.
Medicare Care Compare Overall Patient Survey Star Rating	N/A	5		There are too few measures or measure groups reported to calculate.
Medicare Care Compare Overall Nursing Home Star Rating	5	5		Last updated 9/25/2024

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	3Q 2024	Target	n	Note
Severe Sepsis & Septic Shock Care	92%	> 75%	70	<i>(Care Compare: 62 cases - 85%, 10/1/2022-9/30/2023)</i>
Percentage of patients who received appropriate care for sepsis and/or septic shock.				# of cases passing / total # of cases-exceptions <i>(Q3-2024: 70 cases reviewed: 12 pass, 1 fail, 57 exclusions)</i>
Stroke Care	82%	> 95%	11	<i>(Care Compare: N/A , 10/1/2022-9/30/2023)</i>
Percentage of patients who receive CT/MRI within 45 minutes of arrival to ED w/stroke symptoms.				Numerator = CT/MRI within 45 min & documented last known well. Denominator = Patients with Stroke presenting within 2 hours of symptoms. <i>(Q3-2024: 11 cases, 9 - pass, 2 - failed, 0 - exclusions)</i>
Median Emergency Room Time	194	< 180min	1786	Target (minutes) <i>(Care Compare: 133 min, 10/1/2022-9/30/2023)</i>
Average minutes spent in department before leaving the Emergency Department.				Average throughput time of all ED visits. <i>(Q3-2024: 1786 cases: 194 min. Median Time)</i>
Readmission	5%	< 15%	79	<i>(Care Compare 14.3%, 177 patients 7/1/2022-6/30/2023)</i>
Percentage of unplanned readmission to an acute care hospital in 30 days after discharged from a hospitalization.				5% of patients with unplanned readmission to (IP/Obs) within 30 days of discharge - exclusions / Eligible admissions- 79 readmits / 4 total admits.
OB – C-Section Rate	29%	< 30%	14	# NTSV C-Sections / Total # NTSV births
Percentage of patients in the NTSV (<i>nulliparous, term, singleton, vertex</i>) category delivering by cesarean section.				<i>4 NTSV C-Sec. (1st Pregnancy), term (>37 weeks), / 14 total #NTSV births (Measured by chart abstractions.)</i>
Provider Quality Score (Group)	69%	75%	N/A	Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (<i>MIPS</i>) for providers				
Patient Fall Rate AC	2.63	< 5	3	# of patient falls / # patient days x 1000
Measures the number of patient falls per 1,000 patient days.				n = IP, observations and swing bed patient days. Note: AC had 3 falls total; 3 falls without injury and 0 falls with injury. <i>(Tracking through occurrence reporting system.)</i>

Quality of Care / Patient Safety <i>(continued)</i>	3Q 2024	Target	n	Note
Medication Errors	0	0	N/A	
Measures the number of reported medication errors causing patient harm or death.				Reported errors classified as type E-I by the National Coordinating Council for Med Error Reporting and Prevention/CMS. <i>(Tracking through occurrence reporting system.)</i>
Never Events	0	0	N/A	
Unexpected occurrence involving death/serious physiological or psychological injury, or the risk thereof.				<i>(Tracking through occurrence reporting system.)</i>
Home Health (HH)	3Q 2024	Target	n	Note
Independent Bathing	84.2%	> 75%	38	
Percentage of home health patients demonstrating improvement with ability to bathe more independently.				100% of the patients stayed the same or improved. 21 Patients improved, 13 stayed the same. <i>(Tracked through OASIS Reporting.)</i>
Nursing Home (LTC)	3Q 2024	Target	n	Note
Depressive Symptoms	0	≤ 2	N/A	
Number of residents who develop symptoms of depression after admission.				<i>(Tracked through MDS Reporting.)</i>
<u>Patient & Resident Experience</u>				
As the patient and resident experience is a prime indicator of the organization's overall health, South Peninsula Hospital strives to tenaciously pursue patient and resident experience improvements.				
Consumer Assessment of Healthcare Providers and Services	3Q 2024	Target	n	Note: Measures as a % ranking across PG clients.
HCAHPS Percentile	79 th	75 th	42	
Measures the 1-10 ranking received by inpatient client <i>(or family)</i> respondents.				Q1 -2024: 43 rd , n = 25, Q2 -2023: 97 th , n = 39, Q3-2024: 79 th , n=42,
HHCAHPS Percentile	50 th	75 th	46	*Running 12 months due to low quarterly returns
Percentage of patients rating the agency as 9-10/10" with a goal of 75%.				Q1-2024: 88 th , n=33, Q2-2024: 87 th , n=38, Q3-2024: 50 th , n=46,

Patient Satisfaction Through Press Ganey (PG)	3Q 2024	Target	n	Note: % ranking across PG clients.
Inpatient Percentile	89 th	75 th	42	
Measures the satisfaction of inpatient pts. respondents.				Q1 -2024: 89 th , n = 25, Q2-2024: 90 th , n= 39, Q3-2024: 89 th , n=42,
Outpatient Percentile	23 rd	75 th	378	
Measures the satisfaction of outpatient pts. respondents.				Q1 -2024: 40 th , n = 224, Q2-2024: 12 th , n= 362, Q3-2024: 23 rd , n=378,
Emergency Department Percentile	91 st	75 th	129	
Measures the satisfaction of emergency pts. respondents.				Q1 -2024: 84 th , n = 76, Q2 -2024: 90 st , n = 112, Q3-2024: 91 st , n=129,
Medical Practice Percentile	67 th	75 th	480	
Measures the satisfaction of pts. respondents at SPH Clinics.				Q1 -2024: 49 th , n = 546, Q2 -2024: 46 th , n = 528, Q3-2024: 67 th , n=480,
Ambulatory Surgery (AS) Percentile	61 st	75 th	77	
Measures the satisfaction of AS pts. respondents.				Q1 -2024: 39 th , n =52, Q2 -2024: 99 th , n =70, Q3-2024: 61 st , n=77,
Information System Solutions	3Q 2024	Target	n	Note
Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.	83	≥ 60	N/A	CMS score 60 and above = pass
e-Prescribing: Electronic Prescribing (Rx)	8	10	403 of 484	FY24 to date = 1111 of 1353
Query PDMP	10	10	N/A	Yes, providers are using PDMP Query via EHR interface
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information	12	15	4 of 5	FY24 to date = 8 of 9
HIE: Support. Electronic Referral Loops by sending health info. (Sum of Care sent)	5	15	63 of 181	FY24 to date = 197 of 554
Provider to patient exchange: Provide patients electronic access to their health information. (timely access via the patient portal)	23	25	241 of 259	FY24 to date = 598 of 647
Public Health & Clinical Data Exchange	25	25	N/A	Public Health, electronic Case Reporting (eCR), and Clinical Data Exchange interfaces in place.
Eligible Provider (EP) - Promoting Interoperability (Group)	100%	95%	N/A	Target quarterly for annual score
Merit Based Incentive Payment System Promoting Interoperability score. (MIPS tracking is in Athena)				Promoting Interoperability for Providers: N/A * Athena hasn't calculated our score yet
Electronic Medical Record (EMR) Adoption Stage	5	5	N/A	
Health Information Management & Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) stage.				SPH has maximized EHR functionality to reach and maintain Stage 5. We re-evaluate EMRAM Staging with Epic implementation. Stages 6 and 7 site visit validation.

Information System Solutions (Continued)	3Q 2024	Target	n	Note
IT Security Awareness Training Complete Rate	91%	97%		
% of employees who have completed assigned security training				1858 Training videos sent, 1695 were completed.
Phishing Test Pass Rate	99%	97%		
% of Phishing test emails that were not failed.				630 Test phishing emails sent out to staff. 5 of the email links were clicked, causing 5 potential security risks.

Medical Staff Alignment

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

Provider Alignment	2021	Target	n	Note
Provider Satisfaction Percentile	85th	75th		
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.				Result of provider survey 2024

Employee Engagement

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

Staff Alignment	2024			
Employee Satisfaction Percentile	60th	75th		
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.				Result of employee survey 2024
Workforce	3Q 2024	Target	n	Note
Turnover: All Employees	4%	< 5%	658	
Percentage of all employees separated from the hospital for any reason				25 Terminations / 658 Total Employees
Turnover: Voluntary All Employees	3%	< 4.75%	658	
Measures the percentage of voluntary staff separations from the hospital				17 Voluntary Terminations / 658 Total Employees
First Year Total Turnover	3%	< 7%	115	
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				30 New Staff Terminated in Q3-2024 115 Total New Hires from 1/1/2024 - 9/30/2024
Travel Nursing Utilization	9	< 15		
Measure average number of travel nurses utilized in the previous quarter.				

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	3Q 2024	Target	n	Note
Operating Margin	9%	10%		
Measures the surplus (deficit) of operating income over operating expenses as a percentage of net patient service revenue for the quarter.				Target is based on budgeted operating margin for the period.
Adjusted Patient Discharges	1,188	1,116		Total Discharges: # 186 (Acute, OB, Swing, ICU)
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by <i>(inpatient + outpatient revenues)</i> .				<i>(LTC Revenue & discharges not included, Target is same Q Prior Year. Target Discharges: 191)</i>
Net Revenue Growth	18%	19%		
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 year.
Full Time Equivalents (FTEs) per Adjusted Occupied Bed	8.1	10.3		
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) X budgeted average daily census</i> for the quarter.
Net Days in Accounts Receivable	57	55		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand	72	90		91.7 Total Days Cash on Hand, Operating +Unobligated PREF
Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.				Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.
Uncompensated Care as a Percentage of Gross Revenue	2%	2-3%		
Measures bad debt & charity write offs as a percentage of gross patient service revenue				Target is based on industry standards & SPH Payer Mix Budgeted total is 2.4% Expected range of 2-3%
Average Age of Plant	12.9	8 yrs.		
Average age of assets used to provide services				Target is based on hospital optimal age of plant.
Intense Market Focus to Expand Market Share	3Q 2024	Target	n	Note
Outpatient Revenue Growth	25%	19%		
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 year.
Surgical Case Growth	18%	11.0%		
Measures the increase <i>(decrease)</i> in surgical cases for the quarter compared to the same period in the prior year.				Target is based on budgeted surgeries above actual from same quarter prior year.

ANNUAL BOARD CALENDAR - 2024

January

- 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
- Medical Staff Officers Approval
- Board Officers Election
- Approve Board Roster & Committee Assignments, note in minutes
- 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

- **Retirement: Patti Russell**
- Credentialing Report
- Annual Report to the Contract Administrator
 - Corporate Compliance Report
- Committee Assignments (if not ready for Jan mtg) noted in minutes
- CEO Evaluation packet prepared and sent out by 2/20
- AHA Rural Health Care Leadership Conference
- PC: Pension Committee Annual Report
- PC: Review/update PEN-001 & PEN-002
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- FC: Quarterly Grants Report
- FC: Policy Review - F-03 & F-05

March

- 3/6 – Doctors Dinner
- **Retirement: Cheryl Riley, Jay Inama, Pam Carpenter**
- Credentialing Report
- Strategic Plan Approval
- CEO Eval – Assessments reviewed by Gov or CEO Eval Cmte
- PC: Pension Plan Contributions Approval
- FC: Policy Review - F-07 & F-08
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)

ANNUAL BOARD CALENDAR - 2024

April

- April 12&13 - Board Worksession/Retreat
- Credentialing Report
- Balanced Scorecard (new data)
- CEO Eval: CEO Compensation Cmte meets to review compensation
- 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
- FC: Policy Review - F-09 & F-10

May

- **Retirements: Eva Stovall**
- 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
- FC: Quarterly Grants Report
- FC: Policy Review - F-12 & F-13

June

- 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)
- FC: Policy Review - F-14 & F-15

July

- 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
- FC: Policy Review - F-16 & F-17

ANNUAL BOARD CALENDAR - 2024

August

- 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

September

- AHHA Annual Conference 2024: September 24-25 in Girdwood
- Credentialing Report
- 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

October

- 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

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

December

- **Retirements: Leone Morra, Kim Greer, Polly Gordeev**
- Credentialing Report
- Next year's Board meeting calendar approval
- Board Member Elections
- FC: Finance Reporting (F-10) – FC & Exec Session packet
- FC: Balance Sheet, Income Statement, Cash Flow Statement (consent agenda)
- PC: Pension Committee Audit Report

ANNUAL BOARD CALENDAR - 2024

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

Retirements: Cindy Bolognani – postponed to 2025