



AGENDA

Board of Directors Meeting

5:30 PM - Wednesday, September 25, 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	Jared Baker	Christopher Landess, MD
Melissa Jacobsen, Vice President	Matthew Bullard	Preston Simmons
Beth Wythe, Secretary	Matthew Hambrick	Bernadette Wilson
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 August 28, 2024
[Board of Directors - Aug 28 2024 - Minutes - Draft](#)
- 12 - 15 7.2. Consideration to Approve August FY2025 Financials
[Balance Sheet Aug FY25](#)
[Income Statement August](#)
[Cash Flow Statement Aug FY25](#)
- 16 - 19 7.3. Consideration to Approve SPH Board Policies F-09 Capital Purchases and F-10 Financial Performance Indicators
[F-09 Capital Purchases](#)
[F-10 Financial Performance Indicators](#)
- 20 - 22 7.4. Consideration to Approve SPH Resolution 2024-22, A Resolution of the South Peninsula Hospital Board of Directors Authorizing Bank Account Signers
[SPH Resolution 24-22](#)

8. PRESENTATIONS

9. 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
- 10.2. Consideration to Approve the Election of a New Vice President to Serve the Remainder of the Current Term
- 23 - 24 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
[SPH Resolution 24-23](#)
- 25 - 26 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
[Memo for Clarification of Bylaws](#)

- 27 - 30 10.5. Consideration to Approve Revised Physician Assistant Privileges as Recommended by the Medical Staff
[Physician Assistant Clinical Privileges](#)

11. REPORTS

- 31 - 35 11.1. Chief Executive Officer
[Balanced Scorecard Q2 2024](#)
- 11.2. BOD Committee: Finance
- 36 - 42 11.3. BOD Committee: Governance/Education
[Governance: Policy Memo](#)
[MS-01 \(formerly Q-01\)](#)
[MS-02 \(formerly Q-03\)](#)
[Q-04](#)
[Q-06](#)
- 11.4. Chief of Staff
- 11.5. Service Area Board Representative

12. DISCUSSION

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

- 14.1. Chief Executive Officer
- 14.2. Board Members

15. INFORMATIONAL ITEMS

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

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

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

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, August 28, 2024

Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital was called to order on Wednesday, August 28, 2024, at 5:30 PM, in the Conference Rooms 1&2 and Zoom.

1. CALL TO ORDER

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

2. ROLL CALL

BOARD PRESENT: Matthew Hambrick, Walter Partridge, Aaron Weisser, Bernadette Wilson, Beth Wythe, Preston Simmons, and Christopher Landess

BOARD EXCUSED: Matthew Bullard, Edson Knapp

ALSO PRESENT: Ryan Smith (CEO); Anna Hermanson (CFO); Christina Tuomi (CMO); Derotha Ferraro (PR/Marketing Director); Scott Adams (Community Member)
**Only meeting participants who comment, give report or give presentations are noted in the minutes. Others may be present.*

A quorum was present.

3. REFLECT ON LIVING OUR VALUES

Dr. Christina Tuomi shared a story about a recent ultrasound course that South Peninsula Hospital hosted. There was excellent participation and feedback from the medical staff. The Biomed team put together and tested the ultrasound machines, Steven and Ralph from Facilities provided stretchers and miscellaneous equipment. Justin and Sarah from EVS supplied the linen required for the models, Expediting helped with delivery and Dietary made excellent meals that the attendees raved about. The Education department and Medical Staff Office put a lot of work into making it a professional and well-received training.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

Mr. Weisser welcomed members of the public.

4.1. Rules for Participating in a Public Meeting

This document was provided in the packet and printed copies were available at the meeting.

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

Community member Scott Adams gave comment on the upcoming bond proposal. He was not in support of the bond, with his primary objections being competition for other, future bond proposals, the cost of care, and competition with property values. He does not believe Homer needs to have as many services offered at the hospital, and

is comfortable driving to Soldotna for medical care. Mr. Weisser thanked him for voicing his opinion.

6. APPROVAL OF THE AGENDA

6.1.

Beth Wythe made a motion to approve the agenda as written. Chief of Staff Christopher Landess 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 July 24, 2024

7.2. Consideration to Approve July FY2025 Financials

7.3. Consideration to Accept the Resignation of Jared Baker from the SPH Board of Directors effective July 25, 2024

7.4. Consideration to Accept the Resignation of Melissa Jacobsen from the SPH Board of Directors effective July 30, 2024

7.5. Consideration to approve revised board policies F-15 New Service Approval and Service Elimination Policy and F-17 Discretionary Contributions Policy as revised and approved by the Finance and Governance Committees

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

8. PRESENTATIONS

8.1. Ballot Proposition 1

Derotha Ferraro, SPH Marketing/PR Director, gave an update on the upcoming ballot vote. She spoke about the history of the relationship between the borough and the hospital and the hospital's master facility planning process. She discussed the new and expanded services, infrastructure improvements and property acquisitions included in the bond. She also discussed the hospital's bonding history, effects on the mill levy and reasons to support the bond.

9. UNFINISHED BUSINESS

There was no unfinished business to discuss.

10. NEW BUSINESS

10.1. Consideration to Approve SPH Resolution 2024-20, A Resolution of the South Peninsula Hospital Board of Directors Approving a Plan

Amendment for the Defined Benefit Pension Plan to Adhere to Updated Regulatory Cycle 3 Requirements

Anna Hermanson, CFO, reported. Every six years the IRS requires we update defined benefit plans to include any regulatory updates. Those required updates are outlined in the resolution. Mr. Partridge added that this resolution was discussed and approved in both Pension and Finance Committees this month.

Beth Wythe made a motion to approve SPH Resolution 2024-20, A Resolution of the South Peninsula Hospital Board of Directors Approving a Plan Amendment for the Defined Benefit Pension Plan to Adhere to Updated Regulatory Cycle 3 Requirements Christopher Landess seconded the motion. Motion Carried.

10.2. Consideration to Approve Updated Neurology Privileges as Recommended by the Medical Staff

Dr. Tuomi reported. These are new neurology privileges developed by the medical staff in anticipation of Dr. Heiry, the new full-time neurologist, joining the team. This document separates out core privileges from inpatient and specialty privileges. It also separates adult from pediatric privileges.

Beth Wythe made a motion to approve updated neurology Privileges as recommended by the Medical Staff. Matthew Hambrick seconded the motion. Motion Carried.

10.3. Consideration to Approve the purchase of board education and governance resources through GovernWell for \$6,950.

Beth Wythe reported. This proposal will give the board a platform for board self-evaluation, which needs to be accomplished this year, as well as number of additional education and training opportunities through GovernWell. Mr. Weisser added they have excellent resources for board applications and interview screening questions as well. The board supported this purchase.

Beth Wythe made a motion to approve the purchase of board education and governance resources through GovernWell for \$6,950. Preston Simmons seconded the motion. Motion Carried.

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, gave a brief verbal report. The balanced scorecard did not change this month. SPH has welcomed a few new physicians this month, including new OB/Gyn Sadie Marden and Melissa Heiry who is a full-time neurologist starting soon.

11.2. BOD Committee: Pension

Walter Partridge, committee chair, reported. The committee met last week. There was an excellent presentation by Steven Schreiber from Newport on the

status and health of the pension plan. He and his team had no recommendations to change anything. There were positive results in all of the plans. Ms. Hermanson put together a nice summary report for the committee to review. The committee also reviewed and approved the resolution that came before the board tonight.

11.3. BOD Committee: Finance

Walter Partridge, committee chair, reported. The committee met last week and reviewed the financials for July, which were pretty positive. The committee reviewed the updated balanced scorecard indicators, which were finalized after the closing of the fiscal year. The committee also reviewed and approved the resolution that came before the board tonight.

11.4. BOD Committee: Governance

Beth Wythe, committee chair, reported. The committee met last week. There are currently two open positions on the board that need to be filled. We have decided to fill Melissa's vacancy through the normal election process, since her term was up this year. The board will look to appoint someone to Jared Baker's seat as soon as possible, since he had just started his term. We will also hold an election to fill the vacancy at Vice President. Ms. Wilson and Mr. Bullard completed a review of the bylaws, which will come to the board for a first reading next month. The committee had a discussion on term limits, but felt there had been enough natural turnover lately and didn't feel the need to take this up at this time. The Board/Medical Staff dinner is scheduled for Monday, October 7th.

11.5. Chief of Staff

Dr. Roberts was excused from the meeting.

11.6. Service Area Board Representative

Kathryn Ault reported on behalf of the Service Area Board (SAB). The SAB passed the resolution 24-08 which is about taking money from PREF funds to help establish the new OB clinic in the former rehab space. We discussed the bond issue on the upcoming borough elections in October. Helen Armstrong and Kathryn Ault are both running unopposed for their seats and Willy Dunne has decided not to run in favor of running for a borough assembly seat. Two people will be running for that seat.

12. DISCUSSION

There were no discussion items.

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no additional comments from the audience.

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

Mr. Smith commended the Long Term Care team for another excellent survey. In 2019 they were rated a two star facility, and they have done a lot of work to bring that rating up to five-stars.

14.2. Board Members

Ms. Wythe congratulated Mr. Smith for having a great staff. Mr. Partridge appreciated the leadership reports. He congratulated the winners of the AHHA awards. He thanked Derotha for the excellent presentation. Mr. Simmons echoed Mr. Partridge's comments. Ms. Wilson congratulated Long Term Care on their successful survey. Mr. Weisser shared that he's been participating in the NRHA's board certification program for the past two months and would highly recommend it. It may be a great resource for incoming board members.

15. INFORMATIONAL ITEMS

15.1. Board Agenda Calendar 2024

The board agenda calendar was included in the packet as an informational item.

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

The board adjourned to executive session at 6:41pm.

17. READJOURNMENT OF OPEN SESSION FOLLOWING DISCUSSION IN EXECUTIVE SESSION

17.1. Consideration to Approve SPH Resolution 2024-21, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for August 2024

Beth Wythe made a motion to approve SPH Resolution 2024-21, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for August 2024. Matthew Hambrick seconded the motion. Motion Carried.

18. ADJOURNMENT

The meeting adjourned at 8:03pm.

Respectfully Submitted,

Accepted:

Maura Jones, Executive Assistant

Aaron Weisser, President

Minutes Approved:

Beth Wythe, Secretary

DRAFT



DRAFT-UNAUDITED

BALANCE SHEET
As of August 31, 2024

	As of August 31, 2024	As of August 31, 2023	As of July 31, 2024	CHANGE FROM July, 2023
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	25,607,496	26,364,804	25,705,381	(757,308)
2 EQUITY IN CENTRAL TREASURY	8,386,931	9,232,929	7,980,802	(845,998)
3 TOTAL CASH	<u>33,994,427</u>	<u>35,597,733</u>	<u>33,686,183</u>	<u>(1,603,306)</u>
4 PATIENT ACCOUNTS RECEIVABLE	40,968,914	35,133,076	42,219,576	5,835,838
5 LESS: ALLOWANCES & ADJ	(18,520,240)	(17,341,000)	(20,255,381)	(1,179,240)
6 NET PATIENT ACCT RECEIVABLE	<u>22,448,674</u>	<u>17,792,076</u>	<u>21,964,195</u>	<u>4,656,598</u>
7 PROPERTY TAXES RECV - KPB	2,866,937	3,497,650	4,093,564	(630,713)
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(4,165)	(6,189)	0
9 NET PROPERTY TAX RECV - KPB	<u>2,862,772</u>	<u>3,493,485</u>	<u>4,087,375</u>	<u>(630,713)</u>
10 OTHER RECEIVABLES - SPH	60,604	212,948	90,276	(152,344)
11 INVENTORIES	2,633,632	2,109,237	2,483,831	524,395
12 NET PENSION ASSET- GASB	3,225,068	3,559,619	3,225,068	(334,551)
13 PREPAID EXPENSES	<u>1,096,827</u>	<u>891,695</u>	<u>842,448</u>	<u>205,132</u>
14 TOTAL CURRENT ASSETS	<u>66,322,004</u>	<u>63,656,793</u>	<u>66,379,376</u>	<u>2,665,211</u>
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,926,833	6,156,930	6,974,644	769,903
16 PREF OBLIGATED	1,255,227	2,112,254	1,662,098	(857,027)
17 OTHER RESTRICTED FUNDS	1,211,387	44,795	1,268,240	1,166,591
	<u>9,393,447</u>	<u>8,313,979</u>	<u>9,904,982</u>	<u>1,079,468</u>
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,124,558	4,114,693	4,124,558	9,865
19 BUILDINGS	67,085,718	63,998,829	66,055,624	3,086,889
20 EQUIPMENT	30,187,936	27,858,476	30,297,861	2,329,460
21 BUILDINGS INTANGIBLE ASSETS	4,028,135	2,478,113	4,028,135	1,550,022
22 EQUIPMENT INTANGIBLE ASSETS	1,207,638	462,427	851,479	745,211
23 SOFTWARE INTANGIBLE ASSETS	2,135,559	1,986,711	2,135,559	148,848
24 IMPROVEMENTS OTHER THAN BUILDINGS	926,889	311,331	926,889	615,558
25 CONSTRUCTION IN PROGRESS	2,540,567	1,693,065	2,786,226	847,502
26 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(62,502,125)	(58,036,541)	(62,790,553)	(4,465,584)
27 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(3,290,622)	(1,838,926)	(2,021,508)	(1,451,696)
28 NET CAPITAL ASSETS	<u>46,444,253</u>	<u>43,028,178</u>	<u>46,394,270</u>	<u>3,416,075</u>
29 GOODWILL	0	3,000	0	(3,000)
30 TOTAL ASSETS	<u>122,159,704</u>	<u>115,001,950</u>	<u>122,678,628</u>	<u>7,157,754</u>
DEFERRED OUTFLOWS OF RESOURCES				
31 PENSION RELATED (GASB 68)	4,998,234	5,789,464	5,171,713	(791,230)
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	213,661	276,572	218,748	(62,911)
33 TOTAL DEFERRED OUTFLOWS OF RESOURCES	5,211,895	6,066,036	5,390,461	(854,141)
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>127,371,599</u>	<u>121,067,986</u>	<u>128,069,089</u>	<u>6,303,613</u>

	As of August 31, 2024	As of August 31, 2023	As of July 31, 2024	CHANGE FROM July, 2023
LIABILITIES & FUND BALANCE				
CURRENT LIABILITIES:				
35	2,856,728	1,674,696	2,300,892	1,182,032
36	11,219,385	11,886,839	14,303,144	(667,454)
37	1,193,131	64,958	1,227,870	1,128,173
38	186,702	507,790	217,290	(321,088)
39	290,358	488,995	644,596	(198,637)
40	45,450	0	0	45,450
41	1,195,000	1,850,000	1,240,000	(655,000)
42	31,897	39,032	105,171	(7,135)
43	877,246	1,465,506	877,246	(588,260)
44	17,895,897	17,977,816	20,916,209	(81,919)
LONG-TERM LIABILITIES				
45	0	0	0	0
46	5,420,000	6,615,000	5,420,000	(1,195,000)
47	256,716	369,782	264,283	(113,066)
48	3,836,628	1,840,700	3,688,138	1,995,928
49	202,771	459,902	220,390	(257,131)
50	9,716,115	9,285,384	9,592,811	430,731
51	27,612,012	27,263,200	30,509,020	348,812
52	0	0	0	0
53	5	0	107,301	5
NET POSITION				
54	5,731,963	5,731,963	5,731,963	0
55	0	0	0	0
56	25,286	25,286	25,286	0
57	94,002,333	88,047,537	91,695,519	5,954,796
58	0	0	0	0
59	127,371,599	121,067,986	128,069,089	6,303,613

	MONTH			YEAR TO DATE				
	08/31/24		08/31/23	08/31/24		08/31/23		
	Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue								
1 Inpatient	3,780,971	3,689,160	2.49%	3,286,266	6,931,430	7,167,396	-3.29%	6,341,350
2 Outpatient	19,466,078	18,379,713	5.91%	15,947,288	38,510,881	35,589,422	8.21%	29,936,175
3 Long Term Care	1,345,209	1,234,794	8.94%	1,126,185	2,551,599	2,469,588	3.32%	2,287,968
4 Total Patient Services	24,592,258	23,303,667	5.53%	20,359,739	47,993,910	45,226,406	6.12%	38,565,493
Deductions from Revenue								
5 Medicare	5,104,237	4,431,474	-15.18%	4,719,382	11,132,953	8,918,341	-24.83%	8,916,597
6 Medicaid	2,804,057	3,212,277	12.71%	2,359,194	6,112,947	6,464,707	5.44%	4,270,336
7 Charity Care	238,407	211,980	-12.47%	180,489	370,534	426,609	13.14%	453,223
8 Commercial and Admin	2,006,644	2,015,564	0.44%	1,788,865	4,041,248	4,056,322	0.37%	3,257,421
9 Bad Debt	311,857	318,379	2.05%	185,129	366,609	640,738	42.78%	658,448
10 Total Deductions	10,465,202	10,189,674	-2.70%	9,233,059	22,024,291	20,506,717	-7.40%	17,556,025
11 Net Patient Services	14,127,056	13,113,993	7.73%	11,126,680	25,969,619	24,719,689	5.06%	21,009,468
12 USAC and Other Revenue	105,926	137,718	-23.08%	76,263	195,044	275,436	-29.19%	173,568
13 Total Operating Revenues	14,232,982	13,251,711	7.40%	11,202,943	26,164,663	24,995,125	4.68%	21,183,036
Operating Expenses								
14 Salaries and Wages	5,472,834	5,458,336	-0.27%	5,054,021	10,848,013	10,994,345	1.33%	9,705,096
15 Employee Benefits	3,035,949	2,088,424	-45.37%	1,383,234	4,720,860	4,276,019	-10.40%	3,145,840
16 Supplies, Drugs and Food	1,465,007	1,471,575	0.45%	1,331,392	2,907,628	2,867,296	-1.41%	2,574,545
17 Contract Staffing	169,890	106,578	-59.40%	214,166	429,419	192,855	-122.66%	426,489
18 Professional Fees	506,755	575,403	11.93%	741,695	1,074,626	1,075,432	0.07%	1,254,981
19 Utilities and Telephone	175,698	192,091	8.53%	160,371	366,732	387,164	5.28%	323,840
20 Insurance (gen'l, prof liab, property)	86,935	109,777	20.81%	66,529	164,722	196,622	16.22%	142,433
21 Dues, Books, and Subscriptions	18,636	31,052	39.98%	20,955	35,134	58,222	39.66%	39,004
22 Software Maint/Support	186,492	197,633	5.64%	190,316	339,370	402,365	15.66%	345,191
23 Travel, Meetings, Education	42,023	73,072	42.49%	41,281	78,175	146,673	46.70%	78,815
24 Repairs and Maintenance	136,042	196,038	30.60%	190,333	313,297	355,097	11.77%	374,876
25 Leases and Rentals	105,516	107,526	1.87%	68,844	200,127	206,628	3.15%	136,586
26 Other (Recruiting, Advertising, etc.)	156,465	210,979	25.84%	275,928	338,574	421,960	19.76%	511,264
27 Depreciation & Amortization	431,356	392,696	-9.84%	356,287	868,116	785,393	-10.53%	712,657
28 Total Operating Expenses	11,989,598	11,211,180	-6.94%	10,095,352	22,684,793	22,366,071	-1.43%	19,771,617
29 Gain (Loss) from Operations	2,243,384	2,040,531	-9.94%	1,107,591	3,479,870	2,629,054	-32.36%	1,411,419
Non-Operating Revenues								
30 General Property Taxes	385,824	448,840	-14.04%	645,763	1,110,704	1,335,135	-16.81%	1,652,309
31 Investment Income	79,871	82,040	-2.64%	44,290	167,563	164,080	2.12%	88,149
32 Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
33 Other Non Operating Revenue	9,664	1,085	100.00%	923	9,709	2,170	100.00%	923
34 Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35 Gain <Loss> on Disposal	100	0	0.00%	0	100	0	0.00%	0
36 SPH Auxiliary	2,142	583	267.41%	1,116	2,737	1,166	134.73%	1,116
37 Total Non-Operating Revenues	477,601	532,548	-10.32%	692,092	1,290,813	1,502,551	-14.09%	1,742,497
Non-Operating Expenses								
38 Insurance	0	0	0.00%	0	0	0	0.00%	0
39 Service Area Board	3,828	1,752	-118.49%	766	3,828	3,754	0.00%	(68)
40 Other Direct Expense	50,000	3,339	-1397.45%	0	50,000	6,679	-648.62%	0
41 Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42 Interest Expense	46,686	39,621	-17.83%	33,653	93,366	79,241	-17.83%	67,471
43 Total Non-Operating Expenses	100,514	44,712	-124.80%	34,419	147,194	89,674	-64.14%	67,403
Grants								
44 Grant Revenue	99,676	95,833	0.00%	11,550	152,143	191,667	0.00%	49,971
45 Grant Expense	0	2,500	100.00%	0	54,290	5,000	-985.80%	0
46 Total Non-Operating Gains, net	99,676	93,333	6.80%	11,550	97,853	186,667	47.58%	49,971
47 Income <Loss> Before Transfers	2,720,147	2,621,700	-3.76%	1,776,814	4,721,342	4,228,598	11.65%	3,136,484
48 Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49 Net Income	2,720,147	2,621,700	3.76%	1,776,814	4,721,342	4,228,598	11.65%	3,136,484



Statement of Cash Flows
As of August 31, 2024

Cash Flow from Operations:

1	YTD Net Income	4,721,342
2	Add: Depreciation Expense	868,116
3	Adj: Inventory (increase) / decrease	(292,960)
4	Patient Receivable (increase) / decrease	(2,521,410)
5	Prepaid Expenses (increase) / decrease	(211,299)
6	Other Current assets (increase) / decrease	(2,243,035)
7	Accounts payable increase / (decrease)	71,031
8	Accrued Salaries increase / (decrease)	1,622,313
9	Net Pension Asset (increase) / decrease	-
10	Other current liability increase / (decrease)	(330,347)
11	Net Cash Flow from Operations	1,683,751


Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(661,731)
13	Cash transferred to plant replacement fund	-
14	Proceeds from disposal of equipment	100
15	Net Cash Flow from Investing	(661,631)

Cash Flow from Financing

16	Cash (paid) / received for Lease Payable	(253,955)
17	Cash paid for Debt Service	-
18	Net Cash from Financing	(253,955)

19	Net increase in Cash	\$ 768,165
20	Beginning Cash as of July 1, 2023	\$ 33,226,262
21	Ending Cash as of August 31, 2024	\$ 33,994,427

	SUBJECT: Capital Purchases	POLICY #: F-09
		Page 1 of 3
Scope: Finance Approved by: Board of Directors		Original Date: 10/22/03 Effective: 6/28/23
Revised: 4/07; 12/07; 6/08; 8/08; 9/14; 9/15; 6/17; 2/20; 6/28/23 Reviewed: 1/25/23		Revision Responsibility: Board of Directors

PURPOSE:

Guidelines for the management of capital purchase requests.

DEFINITION(S):

N/A

POLICY:

- A. South Peninsula Hospital (SPH) purchases will be made with the commitment to being a good steward of resources.
- B. Purchases will comply in all respects with the Kenai Peninsula Borough (KPB) Purchasing Code as specified in the Operating Agreement, including, but not limited to, applicable requirements for competitive bidding and nondiscrimination.
- C. Capital equipment purchases or construction projects in excess of the financial threshold requiring a Certificate of Need (CON) will not be approved by the Board until a CON is obtained.

PROCEDURE:

A. Approval Levels

1. Board or Borough approval of purchases is required as follows:

Position	Expenditure
CFO approval	Budgeted capital < \$25,000
CEO approval	Budgeted capital < \$200,000
BOD approval/ SAB/ Assembly notice	Budgeted capital purchases > \$250,000 < \$500,000
BOD / SAB / Assembly approval	Budgeted capital purchase > \$500,000
BOD notice	Unbudgeted capital purchases > \$5,000 < \$100,000
BOD approval	Unbudgeted capital purchase > \$100,000 < \$250,000
BOD / SAB / KPB approval	Unbudgeted capital purchases > \$250,000

Approver	SPH Operating Cash Funds	Plant Replacement/Service Area Funds
CEO	<\$200,000	
BOD	>\$200,000 <\$499,999	>\$5,000
BOD & SAB & KPB	>\$500,000	>\$5,000

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Commented [AH1]: I removed this because I don't think there is a mechanism for the BOD to go directly to the Borough for PRF or SA monies without the SAB/Assembly? See next line.

2. Purchases will be made through the hospital's approved Group Purchasing Organizations (GPO) to the maximum extent possible. When used, GPO contact numbers will be noted on purchasing requisitions. When the GPO is not used, documentation of compliance with the KPB Purchasing Code will be provided.

B. Capital Purchase Items

- 1. Capital purchases are defined as individual items which are greater than or equal to \$5,000 and with a useful life greater than 1 year.
- 2. Requisitions for capital items which require KPB funding and are not on the KPB approved list must be accompanied by written authorization citing KPB approval.
- 3. Additionally, the CFO or CEO must approve the requisition before it is submitted to the SPH Purchasing Department.
- 4. All items on the KPB-approved capital list will be acquired by the SPH Purchasing Department except for specific construction projects or construction-related expenses. Purchases related to construction projects will be coordinated by the Support Services Division working with the KPB Public Works

Department.

- 5. Approval Guidelines for items not available through GPO:
 - a) Purchases below \$5,000 do not require bids; however, bids may be obtained whenever it is advantageous to SPH.
 - b) Purchases between \$5,000 and \$40,000 require informal bids.
 - c) Purchases projected to be in excess of \$40,000 require formal bids and should have specifications drawn and appropriate advertising done.
- 6. SPH will budget for operational and capital expenses through the annual budget process except for those items that may become necessary to purchase during the year to facilitate patient safety, ~~or cost~~ ~~or~~ cost savings, or to meet a need that would be unnecessarily delayed by the budget process. Unbudgeted capital expenditures may be made from operating funds in accordance with the provisions of the Operating Agreement and the Borough Purchasing Code for budgeted capital.
- 7. All unbudgeted capital expenditures from KPB funds will require KPB approval. Substitutions for items on the approved budget may not be made without KPB approval. Substitutions for line-item appropriations on the approved capital budget require Borough Assembly action for reappropriation.

C. Capital Leases and Property Leases

~~Operating leases in excess of one year or \$10,000, capital leases~~

~~1. Capital Equipment leases in excess of one year and \$2050,000 will require Board of Directors approval.~~

~~2. Approval, and a All Real property leases intended for use as Medical facilities, and which are greater than one year and exceeding \$100,000 annually, will require approval by the SPH Board and the KPB.~~

~~a. Medical Facilities leases (in total) may not exceed the annual cap (currently \$650,000) without first approving an amendment to the SPH Operating Agreement~~

~~c. 3. Employee housing and Administrative office spaces leases will require CEO approval up to \$200,000 (when unbudgeted), and SPH Board of Directors approval in excess of \$200,000 (when unbudgeted). are exempt from this requirement.~~

D. Disposal of Capital

Disposal of Capital items acquired with KPB funding will be made in accordance with the Borough Code requirements for disposal of surplus property.

E. Major Repairs

~~All major repairs to Borough-owned Medical Facilities consisting of more than \$100,000 must be authorized by the Borough, subject to the appropriation and availability of funds. Such repairs may be made by the facility upon approval by the Borough. Th Borough agrees to provide major repairs necessary to keep the leased property in good condition, subject to the availability and appropriation of funds. Prior written notice is not required for preliminary conceptual designs, diagrams, or schematics, costing less than \$25,000.~~

F. Proprietary Procurement (Sole Source)

~~Contracts for supplies, services, professional services or construction may be awarded by the Director of Material Management without competition under the following conditions:~~

~~1a) Where it is determined by the Director of Material Management that SPH's requirements reasonably limit the procurement to a sole source. The determination will be based on a written justification provided by the requesting Manager or Director and;~~

~~2b) Where it is determined by the CEO that it is in the best interest of the SPH to standardize the procurement in order to maintain compatibility with existing SPH requirements.~~

~~E. 3e) Purchases without competition costing more than \$100,000 must first be approved by the BOD by resolution.~~

ADDITIONAL CONSIDERATIONS:

N/A

REFERENCE(S):

- 1. South Peninsula Hospital Board Resolution 2023-20 – 6/28/23
- 2. South Peninsula Hospital Values & Behaviors as adopted by the Board of Directors
- 3. Operating Agreement Kenai Peninsula Borough and South Peninsula Hospital, 2020
- 4. Alaska Statutes 18.07.021 and 18.07.111
- 5. Alaska Regulation 7 AAC 07
- 6. Hospital policy HW-092 Purchasing Authority

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Commented [AH2]: Where are capitalizable repair rules addressed?

Commented [AH3]:

Commented [AGH4]: Major repair purchases are covered in other sections, reportable items to KPB and non-financial approvals are covered in the operating agreement, most of which have nothing to do with purchasing requirements. For more information see section 11-13 Maintenance and Repair in the Operating agreement.

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Commented [AGH5]: This section is in the SPH HW-092 Purchasing Authority Policy, because it entails BOD resolutions, I thought we may want to include it here as well

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South Peninsula Hospital

~~POLICY #: F-09POLICY #: F-09POLICY #: HW-270~~

~~SUBJECT: Capital SUBJECT: Capital SUBJECT: Leave Requests for Non-Union Employees~~

Page 3 of 3


CONTRIBUTORS:

Chief Financial Officer; Controller

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	SUBJECT: Financial Performance Indicators	POLICY #: F-10
		Page 1 of 1
Scope: Hospital-Wide Finance Approved by: Human Resources Board of Directors		Original Date: 10/22/03 Effective: 8/25/21
Revised: 6/25/08; 8/25/21 Reviewed: N/A		Revision Responsibility: Board of Directors

PURPOSE:

Guidelines for the monitoring and assessing of financial performance indicators.

DEFINITION(S):

N/A

POLICY:

- A. The Board will ensure the financial health of the Hospital by reviewing a variety of reports and records determined to be appropriate indicators of financial performance.
- B. Each month the Board will monitor and assess performance in the following areas with the established budget:
 - 1. Patient Services Revenue
 - 2. Deductions from Revenue
 - 3. Other Revenue
 - 4. Total Operating Revenue
 - 5. Total Operating Expense
 - 6. Operating Gain or Loss
 - 7. Non-Operating Revenue
 - 8. Net Revenue (Including Borough Funds)
 - 9. Operating Margin
 - 10. Total Margin
- C. In addition, the Board will establish performance objectives for:
 - ~~1. Amount of Cash on Hand~~
 - ~~2.1.~~ Days of Cash on Hand
 - ~~3.2.~~ Total Gross & Net Accounts Receivable
 - ~~4.3.~~ Bad Debt & Charity Care (% of Gross Charges)
 - ~~5. Charity Care (% of Gross Charges)~~
 - ~~6.4.~~ FTE's Per (adjusted) Occupied Bed
- D. In addition, the Board will monitor:
 - Acute Care occupancy
 - Long Term Care occupancy
 - Contractual Revenue % by payer

PROCEDURE:

N/A

ADDITIONAL CONSIDERATION(S):

N/A

REFERENCE(S):

N/A

CONTRIBUTOR(S):

Board of Directors

Introduced by: Administration
 Date: September 25, 2022
 Action:
 Vote: Yes – , No – 0

**SOUTH PENINSULA HOSPITAL
 BOARD RESOLUTION
 2024-22**

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

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

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

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

South Peninsula Hospital General, Payroll, Health Claims, Sweep, and Savings Accounts Authorized Signers at all banking institutions:

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

Checks for amounts greater than \$10,000 will require two signatures. In addition, the CFO, COO, CEO or Controller may transfer funds to other banking instruments in the name of South Peninsula Hospital according to the following schedule:

<u>Type of Transaction</u>	<u>Limit</u>
Funds within SPH Accounts	No Limit
Taxes	\$700,000
Payroll	\$3,000,000
Outside Vendors	\$500,000
Wire Transfers	\$10,000

In addition to the above standard accounts, South Peninsula Hospital has several other special purpose accounts. The signers for those accounts are outlined below.

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

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

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

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

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

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

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

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

<u>Title</u>	<u>Incumbent</u>
Chief Executive Officer	Ryan Smith
Chief Operating Officer	Angela Hinnegan
Chief Financial Officer	Anna Hermanson

BANK CARDS THROUGH FIRST NATIONAL BANK OF ALASKA

<u>Title</u>	<u>Incumbent</u>
Chief Executive Officer	Ryan Smith
Chief Operating Officer	Angela Hinnegan
Chief Financial Officer	Anna Hermanson
Chief Medical Officer	Christine Tuomi
Chief Nursing Officer	Rachael Kincaid
Director of Risk Management	Susan Shover
Director of Public Relations	Derotha Ferraro
Human Resources Director	Stacy Froese
Facilities Director	Harrison Smith
Director of Information Technology	James Bartilson
Purchasing Technician	Georgina Richardson
Purchasing/Med Supply Technician	Evdokia Fefelov
Director of Materials Management	Royal Brown
Manager of Specialty Clinic	Sara Woltjen
Executive Assistant	Maura Jones
Health Information Management Manager	Kelly Gallios
Medical Staff Coordinator	Molly Kerce
Specialty Services Manager	Dee Dahmann
Environmental Services Manager	Justin Herrmann
Director of Rehabilitation	Karen Northrop
Director of Health Information Systems	Christine Anderson
Revenue Cycle Director	Penny Kinnard
Director of Home Health	Ivy Stuart
Laboratory Director	Laura Miller
Imaging Director	Tiffany Park
Education Operations Specialist	Rebekah Eagerton
Director of Surgery	Amber Gall
Nutrition Services Manager	Rhoda Ostman

Pharmacy Director
Respiratory Services Director
Business Office Manager
Assistant Clinical Manager
Clinic Manager
Childcare Administrator
Billing Specialist
Foundation Director
Biomed Technician
Biomed Technician
Assistant Kitchen Manager
Administrative Assistant
Assistant Director of Nursing
Controller
LTC Activities Coordinator
Long Term Care Director
Emergency Department Director
Acute Care Director
Safety & Security Manager
Obstetrics Director
Community Health & Wellness Educator
Expediter
Expediter/Med Supply Tech
G.A. – Accounts Payable
G.A. – Travel

Vince Greear
Daniel Skousen
Christine Williamson
LeAnn Drake
Johanna Bradshaw
Kyle Settles
Amber Bailey
Melissa Blair
Jessica Mikhail
Olivia Smith
Matthew Dickinson
Kelly Matson
Janyce Bridges
Kamala Austin
Allicia Raymond
Katie Martin
Craig Caldwell
Jane Nollar
Adam Darden
Joelle Burdick
Annie Garay
Kari Avendano
Teri Hall
Controller
Administrative Assistant

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL, INC.
THIS 25th DAY OF SEPTEMBER, 2024.**

Aaron Weisser, Board President

ATTEST: _____
Mary E. Wythe, Secretary

Introduced by: Administration
Date: September 25 2024
Action:
Vote: Yes-, No-
Exc-, Abst-

**SOUTH PENINSULA HOSPITAL
BOARD 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**

WHEREAS, South Peninsula Hospital’s Surgery Department is an important component of our mission to provide high quality, locally coordinated care; and

WHEREAS, South Peninsula Hospital has demonstrated that it can safely and effectively provide the highest quality healthcare through the use of advanced technology and had determined it is needed to upgrade the current colonoscopes, endoscopes, and bronchoscopes as the current colonoscopes and endoscopes were purchased in 2018 and have a useful life of 3 years; and

WHEREAS, Upgrading the scopes will allow providers access to better equipment to provide safer care and more easily reach the cecum and the upgraded scopes offer bai-mac light features that help surgeons see through blood, increasing their ability to increase the polyp adenoma detection and treat GI bleed patients; and

WHEREAS, Olympus is the preferred brand due to consistency with other current operating room products and for the excellent support already currently being provided, it is requested that a sole source of these scopes be approved; and

WHEREAS, South Peninsula Hospital currently has a 6 month wait for screening colonoscopies and the new scopes reduce the procedure time which would allow the team to nearly double the number of procedures done in a day, both reducing wait times and increasing revenue; South Peninsula Hospital currently does 360 colonoscopies, 156 esophagogastroduodenoscopies (EGDs), 99 EGD & Colonoscopy combos, and 6 bronchoscopies in a year; a small increase of even 5 colonoscopies per month would result in an estimated additional \$49,870 in revenue per month; and

WHEREAS, purchasing a new scope system with all scopes would cost \$571,701, and leasing would cost \$11,475.15 per month for 42 months totaling \$481,956.30, and because these scopes have a short useful life, South Peninsula Hospital desires to lease a new Olympus scope system including 4 colonoscopes, 3 EGD scopes, and 2 bronchoscopes; and

WHEREAS, South Peninsula Hospital policy HW-092 Purchasing Authority requires any unbudgeted leases over \$200,000 be approved by the Board of Directors; and

WHEREAS, the South Peninsula Hospital Board Finance Committee reviewed and approved this resolution at their meeting on September 19, 2024.

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

1. That the South Peninsula Hospital Board of Directors approves the use of up to \$500,000 of Operating Cash over 42 months to lease the Olympus Scope System & Scopes.

PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA AT ITS MEETING HELD ON THIS 25th DAY OF September, 2024.

ATTEST:

Aaron Weisser, Board President

Mary E. Wythe, Board Secretary

MEMO

To: South Peninsula Hospital-Board of Directors
From: Medical Staff Office
Date: September 19, 2024
Re: South Peninsula Hospital Medical Staff Bylaws clarification

The Medical Executive Committee (MEC) of South Peninsula Hospital approved a clarification to the Medical Staff Bylaws at their meeting on September 11, 2024. The bylaws state that voting for medical staff officers and MEC members must be done *in person or by telephonic means*. The MEC wanted to clarify that electronic voting platforms would fall within the approved voting method. The ability to utilize alternative platforms for the 2024 Medical Executive Committee's Election is a necessity with the complexity of rank choice voting. The tool chosen for elections by the MEC will be sent via text and thus stays within the realm of 'telephonic'.

The Medical Staff bylaws do allow for clarifications of expression without going through the formal bylaw amendment process. The clarification does require approval by the Board of Directors (see bylaw excerpt below.)

South Peninsula Hospital Medical Staff Bylaws

Part I : Governance

9.3 Methods of Adoption and Amendment to any Medical Staff Rules, Regulations, and Policies

9.3.6 The MEC may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, technical or legal modifications, or **clarifications**. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression and shall be effective when approved by the Board. Neither the organized Medical Staff nor the Board may unilaterally amend the Medical Staff bylaws or rules and regulations.

The MEC is requesting the board approve their clarification of section 4.3.4 of the Medical Staff Bylaws to interpret “telephonic means” to include electronic, digital means.

Medical Staff Bylaws Part I : Governance : Election of Officers and MEC Members-At-Large

4.3.4 Voting will occur at the final meeting of the year in even years. Voting must be done in person at the meeting or **by telephonic means**; no proxy voting will be accepted. The nominee(s) who receives a majority of votes cast will be elected.

Recommended Motion: 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.

MEMO

To: South Peninsula Hospital-Board of Directors
From: Medical Staff Office
Date: September 19th, 2024
Re: Physician Assistant Privilege update

The Credentials Committee of South Peninsula Hospital approved Physician Assistant Privileges v.2024-01 : on September 3rd, 2024.

The Physician Assistant privileges updates are as follows:

- Added/removed/clarified the procedures list of Community Privileges
- Split the inpatient core into Inpatient Adult Core & Inpatient Pediatric Core
- Replaced the Outpatient core
- Added : Family Medicine, Emergency Medicine, & Orthopedics
- Added criteria requirements for each specialty including FPPE
- Updated the Special Privileges list
- Added certification requirements specific to each specialty

Credentials Committee Voting and non-Voting members in attendance :

Christy Martinez, MD-Chair, William Bell, MD, Devry Garity, PNP, Hans Amen, DO, Christy Tuomi, DO

The Medical Executive Committee of South Peninsula Hospital reviewed the proposed Physician Assistant Privileges v.2024-01 on September 11th, 2024.

It was amended, removing :

- Inpatient Adult & Pediatrics
- Emergency Medicine
- Orthopedic Medicine

Physician Assistant Privileges, as amended, v.2024-02 was approved on September 11th, 2024 by the MEC.

Medical Executive Committee members & non-Voting members in attendance :

Sarah Roberts MD-Chief of Staff, Cherie Inglis MD-Vice Chief of Staff, Christy Martinez MD, Giulia Tortora MD, Brent Adcox MD, Nathan Kincaid MD, Chris Landess, MD, Christy Tuomi, DO



South Peninsula Hospital – Delineation of Privileges

Physician Assistant

I. Education & Requirements

Graduate of a fully accredited training program leading to certification as a Physician Assistant.

AND

Current Alaska License as a Physician Assistant and a current collaborative agreement with a physician on the Medical Staff of South Peninsula Hospital with privileges in the clinical area(s) being requested as filed and required by the State of Alaska.

AND

Valid certification through the National Commission Certification of Physician Assistants (NCCPA).

AND

Current BLS Certification

II. Scope

The following privileges are performed within the scope of and under the collaborative plan agreed upon with the supervising physician(s).

III. Physician Assistant Core Privileges

Privileges to obtain and document relevant health and medical history, perform physical exam and conduct preventive screening procedures based on age and history, identify medical risks, health risks and needs, identify and prescribe pharmacological and non-pharmacological and non-pharmacological, interventions as permitted by scope of DEA license, update and record change in health status, identify and prescribe non-pharmacological interventions, develop patient education plan, order and interpret diagnostic tests, provide relevant patient education.



IV. Physician Assistant Specialty Privileges

- a. Community Privileges Core:** Privileges to consult on an as-requested basis for inpatients of South Peninsula Hospital admitted by a medical staff member with admitting privileges, for the purpose of providing continuity of care and to facilitate discharge planning on patients to be followed in the community. This category does not include active management of inpatient care or writing orders without co-signature of the admitting physician.
- b. Family Medicine Core:** Assess, evaluate, diagnose, promote health and protection from disease. The scope of care includes, stabilization, management and treatment of acute and chronically ill and injured patients of all ages who present to an SPH outpatient clinic with any symptom, illness, injury or condition. Procedures commonly performed in the office and include, but are not limited to; ECG interpretation, IUD removal, uncomplicated lacerations, I&D of abscess, skin biopsy or simple excision, trigger point injection, cryotherapy, nail avulsion, uncomplicated minor closed fractures (not requiring traction or manipulation), and uncomplicated dislocations.

Initial Appointment Criteria: New applicants who have been providing family medicine care elsewhere, must provide a letter from a program director, department chair, service chief or other qualified individual who can attest to competence. Documentation of at least 50 cases within the past twenty four (24) months demonstrating the provision of care within the requested area of practice.

OR

If an applicant has not practiced outpatient family medicine for up to two (2) years, s/he must have a minimum supervised two (2) week or 80 hours, whichever is greater, retraining period/FPPE. Additional training/documentation may be required for any privilege or skill at the recommendation of the proctoring provider or credentials committee.

Reappointment Criteria:

Renewal Criteria: Participation & documentation of a minimum of fifty (50) cases over the prior two (2) years.



c. Physician Assistant Special Privileges

Initial : Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Remove superficial foreign bodies
- Aspirate superficial bursa
- Aspiration and injection of joints and musculotendinous units
- Assist in surgery
- Peripheral Arterial Puncture and Line Placement
- Intubation
- Cryothyrotomy
- Lumbar Puncture
- Ventilation/Respiratory Management
- Elective cardioversion
- Exercise treadmill testing
- POC Ultrasound
- Moderate Sedation (see separate request packet)
- Episodic prenatal care- yearly CME – twelve (12) hours over two (2) years on this topic
- IUD insertion
- Contraceptive implant – Device specific training required
- Ophthalmologic Evaluation-including slit lamp exam, flouroscein stain, tonometry & superficial corneal foreign body removal
- Peripheral Nerve Blocks : Facial, Oral, Digital
- Other _____

Renewal Criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Approved:

 Christy Martinez, MD
 Credentials Committee Chair

 Date

 Sarah Roberts, MD
 Medical Executive Committee

 Date

 SPH Board of Directors

 Date

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
2nd Quarter Calendar 2024 (Apr, May, Jun)

Overall Indicators	1Q 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 surveys returned to calculate a star rating
Medicare Care Compare Overall Nursing Home Star Rating	5	5		
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	2Q 2024	Target	n	Note
Severe Sepsis & Septic Shock Care	100%	> 75%	48	*(Care Compare: 62 cases - 85%, 10/1/2022-9/30/2023)
Percentage of patients who received appropriate care for sepsis and/or septic shock.				# of cases passing / total # of cases-exceptions (Q2-2024: 48 cases reviewed: 12 pass, 0 fail, 36 exclusions)
Stroke Care	83%	> 95%	15	*(Care Compare: N/A , 10/1/2022-9/30/2023)
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. (Q2-2024: 15 cases, 5- pass, 1- failed, 9- exclusions)
Median Emergency Room Time	171min	< 180min	1520	*Target (minutes)(Care Compare: 133 min, 7/1/2022-6/30/2023)
Average minutes spent in department before leaving the Emergency Department.				Average throughput time of all ED visits. (Q2-2024: 1520 cases: 171 min. Median Time)
Readmission	5.5%	< 15%	128	*(Care Compare 14.3%, 177 patients 7/1/2022-6/30/2023)
Percentage of unplanned readmission to an acute care hospital in 30 days after discharged from a hospitalization.				5.5% of patients with unplanned readmission to (IP/Obs) within 30 days of discharge - exclusions / Eligible admissions- 7 readmits / 128 total admits.
OB – C-Section Rate	20%	< 30%	5	# NTSV C-Sections / Total # NTSV births
Percentage of patients in the NTSV (nulliparous, term, singleton, vertex) category delivering by cesarean section.				1 NTSV C-Sec. (1st Pregnancy), term (>37 weeks), / 5 total #NTSV births (Measured by chart abstractions.)
Provider Quality Score (Group)	54%	75%	N/A	Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (MIPS) for providers				Target to be adjusted Quarterly as appropriate
Patient Fall Rate AC	2.11	< 5	2	# 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 2 falls total; 1 falls without injury and 1 falls with injury. (Tracking through occurrence reporting system.)

Quality of Care / Patient Safety <i>(continued)</i>	2Q 2024	Target	n	Note
Medication Errors	1	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)	2Q 2024	Target	n	Note
Independent Bathing	100%	> 75%	30	
Percentage of home health patients demonstrating improvement with ability to bathe more independently.				100% of the patients stayed the same or improved. 27 Patients improved, 3 stayed the same. <i>(Tracked through OASIS Reporting.)</i>
Nursing Home (LTC)	2Q 2024	Target	n	Note
Depressive Symptoms	1	≤ 2	N/A	
Number of residents who develop symptoms of depression after admission.				<i>(Tracked through MDS Reporting.)</i>
<p><u>Patient & Resident Experience</u></p> <p>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.</p>				
Consumer Assessment of Healthcare Providers and Services	2Q 2024	Target	n	Note: Measures as a % ranking across PG clients.
HCAHPS Percentile	97th	75th	39	
Measures the 1-10 ranking received by inpatient client <i>(or family)</i> respondents.				Q4-2023: 40th, n=28, Q1 -2024: 43rd, n = 25, Q2 -2023: 97, n = 39
HHCAHPS Percentile	87%	75%	38	*Running 12 months due to low quarterly returns
Percentage of patients rating the agency as 9-10/10" with a goal of 75%.				Q4-2023: 89%, n = 28, Q1-2024: 88%, n=33, Q2-2024: 87, n=38

Patient Satisfaction Through Press Ganey (PG)	2Q 2024	Target	n	Note: % ranking across PG clients.
Inpatient Percentile	91st	75th	39	
Measures the satisfaction of inpatient pts. respondents.				Q4 -2023: 78th, n =28, Q1 -2024: 89th, n = 25, Q2-2024: 91st, n= 39
Outpatient Percentile	13th	75th	362	
Measures the satisfaction of outpatient pts. respondents.				Q4 -2023: 22nd, n = 271, Q1 -2024: 40th, n = 224, Q2-2024: 13th, n= 362
Emergency Department Percentile	91st	75th	112	
Measures the satisfaction of emergency pts. respondents.				Q4 -2023: 95th, n =64, Q1 -2024: 84th, n = 76, Q2 -2024: 91st, n = 112,
Medical Practice Percentile	44th	75th	515	
Measures the satisfaction of pts. respondents at SPH Clinics.				Q4 -2023: 51st, n = 366, Q1 -2024: 48th, n = 533, Q2 -2024: 44th, n = 515
Ambulatory Surgery (AS) Percentile	99th	75th	70	
Measures the satisfaction of AS pts. respondents.				Q4 -2023: 67th, n = 88, Q1 -2024: 39th, n =52, Q2 -2024: 99th, n =70
Information System Solutions	2Q 2024	Target	n	Note
Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.	88	≥ 60	N/A	CMS score 60 and above = pass
e-Prescribing: Electronic Prescribing (<i>Rx</i>)	8	10	374 of 442	FY24 to date = 701 of 862
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	15	15	3 of 3	FY24 to date = 4 of 4
HIE: Support. Electronic Referral Loops by sending health info. (<i>Sum of Care sent</i>)	6	15	66 of 171	FY24 to date = 134 of 372
Provider to patient exchange: Provide patients electronic access to their health information. (<i>timely access via the patient portal</i>)	24	25	209 of 222	FY24 to date = 399 of 431
Public Health & Clinical Data Exchange	25	25	N/A	Public Health 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. (<i>MIPS tracking is in Athena</i>)				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 (<i>HIMSS</i>) Electronic Medical Record Adoption Model (<i>EMRAM</i>) 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)	2Q 2024	Target	n	Note
IT Security Awareness Training Complete Rate	81%	97%	1874	
% of employees who have completed assigned security training				1874 Training videos sent, 1615 were completed.
Phishing Test Pass Rate	97%	97%	3739	
% of Phishing test emails that were not failed.				3739 Test phishing emails sent out to staff. 96 of the email links were clicked, causing 96 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	74th	75th		
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.				Result of provider survey 2021

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	2021			
Employee Satisfaction Percentile	70th	75th		
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.				Result of employee survey 2021
Workforce	2Q 2023	Target	n	Note
Turnover: All Employees	5.1%	< 5%	642	
Percentage of all employees separated from the hospital for any reason				33 Terminations / 642 Total Employees
Turnover: Voluntary All Employees	3.9%	< 4.75%	642	
Measures the percentage of voluntary staff separations from the hospital				23 Voluntary Terminations / 642 Total Employees
First Year Total Turnover	6.8%	< 7%	110	
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				10 New Staff Terminated in Q2-2024 145 Total New Hires from - 7/1/2023 -6/30/2024
Travel Nursing Utilization	16	< 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	2Q 2024	Target	n	Note
Operating Margin	-7.0%	0.00%		
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	1089	912		Total Discharges: # 150 (Acute, OB, Swing, ICU)
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by (inpatient + outpatient revenues).				(LTC Revenue & discharges not included, Target is same Q Prior Year. Target Discharges: 142)
Net Revenue Growth	21.0%	10.0%		
Measures the percentage increase (decrease) 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	8.2	7.7		
Measures the average number of staff FTEs per adjusted occupied bed for the quarter.				Target is based on budgeted paid hours (FTE) divided by (budget gross patient revenue/budget gross inpatient rev) X budgeted average daily census for the quarter.
Net Days in Accounts Receivable	55	55		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand	74	90		95.6 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 on average daily operating expenses during the quarter less depreciation for the quarter.
Uncompensated Care as a Percentage of Gross Revenue	1.4%	2.5-3.5%		
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 2.9% Expected range of 2.5-3.5%
Average Age of Plant	14.5	8 yrs.		
Measures the financial age of the fixed assets of the hospital. Calculated by dividing accumulated depreciation by annualized depreciation for the year.				Target is based on hospital optimal age of plant.
Intense Market Focus to Expand Market Share	2Q 2024	Target	n	Note
Outpatient Revenue Growth	21.0%	6.0%		
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	7.0%	2.0%		
Measures the increase (decrease) 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.


To: SPH Board of Directors
From: Governance Committee
Date: September 20, 2024
Re: Policy Report

In order to complete the policy reviews for 2023/2024, the following policies are on the Board agenda tonight:

- F-09 Capital Purchases & F-10 Financial Performance Indicators: These two finance policies came to the board for review under the Governance Report on 4/24/24, but were never placed on the agenda for approval. They are placed on the consent agenda tonight for approval.

The following policies have been reviewed and approved by the Governance Committee and are submitted for review at tonight's board meeting under the Committee Report and the Governance Committee welcomes any feedback. These will be placed on the consent agenda at the October meeting.

- Q-01 Medical Staff Credentialing (now MS-01): reviewed by Dr. Tuomi and the Medical Staff Office and approved by the Governance Committee
- Q-03 Professional Liability Insurance (now MS-02): reviewed by Administration and the Medical Staff Office and approved by the Governance Committee
- Q-06 Quality Monitoring: reviewed by the Quality Director and approved by the Governance Committee
- Q-04 Consent for Treatment: reviewed by the Quality Department and approved by the Governance Committee

	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