

To: SPH Board of Directors
From: SPH Board Education Committee
Date: 2/17/2022
Re: Board Education Report

The Board has two policies involving Board Orientation and Education:

- SM-07 Board Member Orientation
- SM-10 Board Orientation and Continuing Education

Aaron Weissner is the newest member to the Board of Directors, and was seated in January 2022. He is currently in the process of completing his Board orientation according to policy SM-07. He also traveled with the Board of Directors to attend the AHA Rural Healthcare Leadership Conference this month.

The Board Education Committee arranged for two education sessions for the full Board of Directors with Healthcare Governance expert Jamie Orlikoff. He held a virtual education session May 6-7, 2021 and a one-day on-site retreat on August 6, 2021.

The following Board members attended national educational conferences in 2021:

American Hospital Association's Rural Healthcare Leadership Conference
Virtual Conference, 2021

Bernadette Wilson
Julie Woodworth
Beth Wythe
Walter Partridge
Kelly Cooper

 South Peninsula Hospital	SUBJECT: Board Orientation and Continuing Education	POLICY #: SM-10
		Page 1 of 2
Scope: Board of Directors Approved by: Board of Directors		Original Date: 8/27/08 Effective: 9/29/21
Revised: 4/2019; 11/20/19 Reviewed: 9/29/21		Revision Responsibility: Board of Directors

PURPOSE:

Requirements for Board member orientation and continuing education.

DEFINITION(S):

N/A

POLICY:

- A. The Board of Directors recognizes the importance of continuing education for Board members, and the benefits of attending workshops and seminars to further Board effectiveness.
- B. Pursuant to the Operating Agreement, the SPHI Board will establish a Board Orientation and Continuing Education Program. Per section 17 b 1 of Operating Agreement, the Board will report annually on compliance with the Program to the Contract Administrator. The Board Orientation plan is contained in Policy SM-07. An annual Education budget of hours and dollars will be established based on the plan during the Operating Budget Preparation Cycle.
- C. Every Board member will be required to attend one educational conference at least every other year. The Alaska State Hospital and Nursing Home Association (ASHNHA) Annual Conference and the American Hospital Association's Rural Health Care Leadership Conference are strongly encouraged.
- D. Due to the expense of attending out of town educational opportunities, attendance will be limited to Board members who are in good standing and have 12 months or more left of their term unless they indicate their intent to renew their term. Attendance will be determined by the President of the Board of Directors.
- E. Possible subject matter areas for Board Education include the items in Appendix A to this Policy. The annual content will vary based on Board needs at the time of the Planning Cycle, but will, in general, contain information from the Subject Matter Areas.

PROCEDURE:

N/A

ADDITIONAL CONSIDERATION(S):

N/A

REFERENCE(S):

- A. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors
- B. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020
- C. Appendix A – SM-10 Board Orientation and Continuing Education Subject Matter Areas

CONTRIBUTOR(S):

Board of Directors

Appendix A
SM-10 Board Orientation and Continuing Education
Subject Matter Areas

1. Credentialing
2. The Basic Roles and Responsibilities of Today's Board
3. This Hospital: (Services, Management, and Administration)
4. Fiduciary Responsibilities (Hospital Finances and Budgets)
5. The Board's Leadership Role
6. Th Board's Role in Mission, Vision, and Values
7. Understanding Key Stakeholders (Regulatory Entities; the Community; etc.)
8. Defining the Organization's Future and Strategically Managing for the Future
 - a. Strategic Planning
 - b. Trends in Healthcare
9. Rural Hospital Issues
10. Board Effectiveness and Orientation
 - a. Analyzing performance
 - b. Role of Board committees
 - c. Improving performance
11. The Board's Role in Quality (Patient Safety & Quality)
12. The Board's Relationship with the:
 - a. CEO
 - b. Medical Staff
 - c. Workforce
13. The Board's Role in Managing Change
14. Conflict Management at the Board Level
15. Medical and Information Technologies
16. Trustees as Health Advocates
17. Critical Access Hospital

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

PURPOSE:

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

DEFINITION(S):

N/A

POLICY:

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

PROCEDURE:

N/A

ADDITIONAL CONSIDERATION(S):

N/A

REFERENCE(S):

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

CONTRIBUTOR(S):

Board of Directors

Medicare.gov



Hospital

South Peninsula Hospital

Overall star rating:
Not available ¹⁶

Patient survey rating:


LOCATION

4300 Bartlett St
Homer, AK 99603

PHONE NUMBER

[\(907\) 235-8101](tel:(907)235-8101)

 Save to Favorites

- Ratings
- Quality
- Details
- Affiliated Doctors & Clinicians
- Location

Overall star rating

Not available ¹⁶

The overall star rating is based on how well a hospital performs across different areas of quality, such as treating heart attacks and pneumonia, readmission rates, and safety of care.

[Learn how Medicare calculates this rating](#)

View Rating Details

Patient survey rating



The patient survey rating measures patients' experiences of their hospital care. Recently discharged patients were asked about important topics like how well nurses and doctors communicated, how responsive hospital staff were to their needs, and the cleanliness and quietness of the hospital environment.

[Learn how the patient survey rating is measured](#)

View Survey Details

QUALITY

Choose a category to see how this hospital scores on quality topics:

Timely & effective care

>

Complications & deaths

>

Unplanned hospital visits

>

Psychiatric unit services

>

Payment & value of care

>

DETAILS

Hospital type

Critical Access Hospitals

Provides emergency services?

Yes

AFFILIATED DOCTORS & CLINICIANS

85 clinicians affiliated with South Peninsula Hospital near Homer, AK.

LOCATION



South Peninsula Hospital

4300 Bartlett St
Homer, AK 99603

(907) 235-8101

[Get Directions](#)

To print all available information at once, open the expanded view.

[Expand Page](#)

Data last updated: January 26, 2022

To explore and download hospital data, [visit the data catalog on CMS.gov](#)

To explore data on ambulatory surgical centers (ASC), [visit the ASC data on CMS.gov](#)



Consider this when choosing a hospital

[Guide to choosing a hospital](#)

[How Medicare covers inpatient hospital care](#)

[How Medicare covers outpatient hospital services](#)

[About Medicare](#) | [Medicare Glossary](#)

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Medicare.gov



South Peninsula Hospital

Timely & effective care

These measures show how often or how quickly hospitals provide care that research shows gets the best results for patients with certain conditions, and how hospitals use outpatient medical imaging tests (like CT scans and MRIs). This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

[Find out why these measures are important](#)

[Get more information about the data](#)

[Get current data collection period](#)

Sepsis care

Sepsis is a complication that occurs when your body has an extreme response to an infection. It causes damage to organs in the body and can be life-threatening if not treated. Sepsis can sometimes turn into septic shock, which has a higher risk of death. Identifying sepsis early and starting appropriate care quickly increase the chances of survival.

Percentage of patients who received appropriate care for severe sepsis and septic shock

↑ *Higher percentages are better*

69%

of 16 patients

National average: 57% ²⁶

Alaska average: 57% ²⁶

Cataract surgery outcome

Cataracts affect your vision and are very common in older people. Cataracts can make your vision blurry and can impact your ability to see at night. The purpose of cataract surgery is to improve visual function and the quality of life for people with cataracts.

Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery

↑ *Higher percentages are better*

Not available ⁵

National average: 96%

Alaska average: Not available ⁵

Colonoscopy follow-up

A colonoscopy is one test doctors can use to find precancerous polyps (abnormal growths) or colorectal cancer. Scientific evidence shows that the following measures represent best practices for follow-up colonoscopies

Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy

↑ *Higher percentages are better*

Not available ⁵

National average: 90% ²⁶

Alaska average: 85% ²⁶

Heart attack care

An acute myocardial infarction (AMI) or heart attack happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die.

Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital

↓ *A lower number of minutes is better*

Not available ⁵

National average: 61 minutes ^{25,26}

Alaska average: 168 minutes ^{25,26}

Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival

↑ *Higher percentages are better*

Not available ¹

National average: 52% ^{25,26}

Alaska average: 47% ^{25,26}

Emergency department care

Timely and effective care in hospital emergency departments is essential for good patient outcomes. Delays before getting care in the emergency department can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. Waiting times at different hospitals can vary widely, depending on the number of patients seen, staffing levels, efficiency, admitting procedures, or the availability of inpatient beds.

The information below shows how quickly the hospitals you selected treat patients who come to the hospital emergency department, compared to the average for all hospitals in the U. S.

Percentage of patients who left the emergency department before being seen

↓ *Lower percentages are better*

Not available ⁵

National average: 2% ^{25,26}

Alaska average: 1% ^{25,26}

Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival

↑ *Higher percentages are better*

Not available ¹

National average: 72% ²⁵

Alaska average: 67% ²⁵

Emergency department volume

Not available ⁵

Average (median) time patients spent in the emergency department before leaving from the visit

↓ *A lower number of minutes is better*

166 minutes

Overall average for this measure:

Nation: 149 minutes ^{25,26}

Alaska: 138 minutes ^{25,26}

Number of included patients: 265



Volume legend (patients annually):

Low: 0 - 19,999

Medium: 20,000 - 39,999

High: 40,000 - 59,999

Very High: 60,000+

Preventive care

Hospitals and health care providers play a crucial role in promoting, providing and educating patients about preventive services and screenings and maintaining the health of their communities. Many diseases are preventable through immunizations, screenings, treatment, and lifestyle changes. The information below shows how well the hospitals you selected are providing preventive services.

Percentage of healthcare workers given influenza vaccination

↑ *Higher percentages are better*

65%

of 564 patients

National average: 86%

Alaska average: 79%

Pregnancy & delivery care

By providing care to pregnant women that follows best practices, hospitals and doctors can improve chances for a safe delivery and a healthy baby.

This measure shows the percentage of pregnant women who had elective deliveries 1-3 weeks early (either vaginally or by C-section) whose early deliveries weren't medically necessary. Higher numbers may indicate that hospitals aren't doing enough to discourage this unsafe practice.

Percentage of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery wasn't medically necessary

↓ *Lower percentages are better*

Not available ⁵

National average: 3% ²⁶

Alaska average: 2% ²⁶

Use of medical imaging

These outpatient imaging efficiency measures give you information about hospitals' use of medical imaging tests (like MRIs and CT scans) for outpatients based on the following goals:

- Protecting patients' safety (like keeping patients' exposure to radiation and other risks as low as possible); and,
- Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

Percentage of outpatients with low-back pain who had an MRI without trying recommended treatments (like physical therapy) first

↓ *Lower is better*

Not available ¹

National average: 38.5%

Alaska average: 42.4%

Percentage of outpatient CT scans of the abdomen that were "combination" (double) scans

↓ *Lower is better*

0%**National average: 1.9%****Alaska average: 1.3%**

Percentage of outpatients who got cardiac imaging stress tests before low-risk outpatient surgery

↓ *Lower is better*

Not available ¹

National average: 4.1%**Alaska average: 4.3%**



South Peninsula Hospital

Complications & deaths

Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even die. Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. These events can often be prevented if hospitals follow best practices for treating patients.

[Find out why these measures are important](#)

[Get more information about the data](#)

[Get current data collection period](#)

Complications

This section shows serious complications that patients experienced during a hospital stay or after having certain inpatient surgical procedures. These complications can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

Rate of complications for hip/knee replacement patients

2.7%

No different than the national rate

National result: 2.4%

Number of included patients: 35

Serious complications

Not available ¹³

National result: 1.00

Deaths among patients with serious treatable complications after surgery

Not available ¹³

National result: 159.03

Infections

Healthcare-associated infections, or HAIs, are infections that people get while they're getting treatment for another condition in a healthcare setting. HAIs can occur in all settings of care, including acute care hospitals, long term acute care hospitals, rehabilitation facilities, surgical centers, cancer hospitals, and skilled nursing facilities. Many of these infections can be prevented through the use of proper procedures and precautions.

- Infections are reported using a standardized infection ratio (SIR). The SIR compares the actual number of infections at a hospital to a national benchmark based on data reported to the National Healthcare Safety Network (NHSN). Lower numbers are better.

Central line-associated bloodstream infections (CLABSI) in ICUs and select wards

↓ *Lower numbers are better*

Not available ⁵

National benchmark: 1.000

Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards

↓ *Lower numbers are better*

Not available ⁵

National benchmark: 1.000

Surgical site infections (SSI) from colon surgery

↓ *Lower numbers are better*

Not available ¹²

National benchmark: 1.000

Surgical site infections (SSI) from abdominal hysterectomy

↓ *Lower numbers are better*

Not available ¹²

National benchmark: 1.000

Methicillin-resistant Staphylococcus Aureus (MRSA) blood infections

↓ Lower numbers are better

Not available ⁵

National benchmark: 1.000

Clostridium difficile (C.diff.) intestinal infections

↓ Lower numbers are better

Not available ⁵

National benchmark: 1.000

Death rates

Death rates show how often patients die, for any reason, within 30 days of admission to a hospital.

Death rate for COPD patients

7.5%

No different than the national rate

National result: 8.1%

Number of included patients: 36

Death rate for heart attack patients

Not available ¹

Number of cases too small

National result: 12.3%

Death rate for heart failure patients

Not available ¹

Number of cases too small

National result: 11.2%

Death rate for pneumonia patients

16.4%

No different than the national rate

National result: 15.3%

Number of included patients: 49

Death rate for stroke patients

Not available ¹

Number of cases too small

National result: 13.5%

Death rate for CABG surgery patients

Not available ⁵

National result: 2.9%



South Peninsula Hospital

Unplanned hospital visits

Returning to the hospital for unplanned care disrupts patients' lives, increases their risk of harmful events like healthcare-associated infections, and costs more money. Hospitals that give high quality care can keep patients from returning to the hospital and reduce their stay if they have to come back.

[Find out why these measures are important](#)

[Get more information about the data](#)

[Get current data collection period](#)

[Watch a video to learn more about hospital return days](#)

Overall

Rate of readmission after discharge from hospital (hospital-wide)

15.6%

No different than the national rate

National result: 15.5%

Number of included patients: 92

By medical condition

Chronic obstructive pulmonary disease (COPD)

Rate of readmission for chronic obstructive pulmonary disease (COPD) patients

18.9%

No different than the national rate

National result: 19.7%

Number of included patients: 43

Heart attack

Rate of readmission for heart attack patients

Not available ⁷

National result: 15.8%

Hospital return days for heart attack patients

Not applicable ⁷

National result: Not applicable

Heart failure

Rate of readmission for heart failure patients

Not available ¹

Number of cases too small

National result: 21.9%

Hospital return days for heart failure patients

Not applicable ¹

Number of cases too small

National result: Not applicable

Pneumonia

Rate of readmission for pneumonia patients

16.5%

No different than the national rate

National result: 16.7%

Number of included patients: 52

Hospital return days for pneumonia patients

-22.9 days

Average days per 100 discharges

National result: Not applicable

Number of included patients: 46

By procedure

Coronary artery bypass graft (CABG) surgery

Rate of readmission for coronary artery bypass graft (CABG) surgery patients

Not available ⁵

National result: 12.6%

Hip/knee replacement

Rate of readmission after hip/knee replacement

4%

No different than the national rate

National result: 4%

Number of included patients: 38

Colonoscopy

Rate of unplanned hospital visits after an outpatient colonoscopy

13.8 per 1,000 colonoscopies

No different than the national rate

National result: 13.9 per 1,000 colonoscopies

Chemotherapy

Rate of inpatient admissions for patients receiving outpatient chemotherapy (per 100 chemotherapy patients)

Not available ¹

Number of cases too small

National result: 6%

Rate of emergency department (ED) visits for patients receiving outpatient chemotherapy (per 100 chemotherapy patients)

Not available ¹

Number of cases too small

National result: 4.3%

Outpatient surgery

Ratio of unplanned hospital visits after hospital outpatient surgery

Not applicable ¹

Number of cases too small

National result: Not applicable



South Peninsula Hospital

Payment & value of care

[Find out why these measures are important](#)

[Get more information about the data](#)

Get more information [about payment data](#) and [value of care](#)

[Get current data collection period](#)

Medicare Spending per Beneficiary

The Medicare Spending Per Beneficiary (MSPB or “Medicare hospital spending per patient”) measure shows whether Medicare spends more, less, or about the same on an episode of care for a Medicare patient treated in a specific inpatient hospital compared to how much Medicare spends on an episode of care across all inpatient hospitals nationally. This measure includes all Medicare Part A and Part B payments made for services provided to a patient during an episode of care, which includes the 3 days prior to the hospital stay, the inpatient hospital stay, and the 30 days after discharge from the hospital.

The MSPB measure score is a ratio calculated by dividing the amount Medicare spent per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per episode of care nationally.

A ratio equal to the national average means that Medicare spends ABOUT THE SAME per patient for an episode of care initiated at this hospital as it does per episode of care across all inpatient hospitals nationally.

A ratio that is more than the national average means that Medicare spends MORE per patient for an episode of care initiated at this hospital than it does per episode of care across all inpatient hospitals nationally.

A ratio that is less than the national average means that Medicare spends LESS per patient for an episode of care initiated at this hospital than it does per episode of care across all inpatient hospitals nationally.

Medicare spending per beneficiary

- *(displayed in ratio)*

Not available ⁵**National average: 0.99****Alaska average: 0.92** ¹⁴

Payment

The payment for heart attack, heart failure, and pneumonia measures add up all payments made for care starting the day the patient enters the hospital and continuing for the next 30 days. The payment for hip/knee replacement measure adds up payments starting the day the patient enters the hospital and continuing for the next 90 days. This can include payments made to the hospital, doctor's office, skilled nursing facility, hospice, as well as patient copayments made during this time. Payments can be from Medicare, other health insurers, or the patients themselves. Looking at how payments vary is one way to see differences in how hospitals and other healthcare providers care for patients.

Payment for heart attack patients

Not Available ¹

Number of cases too small

National average payment: \$26,304

Payment for heart failure patients

Not Available ¹

Number of cases too small

National average payment: \$18,060

Payment for hip/knee replacement patients

\$18,649

Less than the national average payment

National average payment: \$20,839**Number of included patients: 34**

Payment for pneumonia patients

\$15,327

Less than the national average payment

National average payment: \$18,776

Number of included patients: 48

Value of care

Looking at payment measures together with quality-of-care measures (such as death rates or complication rates) allows you to compare the value of care between hospitals. The payment measures add up the payments for care starting the day the patient enters the hospital and continuing for the next 30 or 90 days. For example, this can include payments to the hospital, doctor's office, skilled nursing facility, hospice, as well as patient copayments made during this time. The quality measures below look at death rates (in the first 30 days after patients are hospitalized) or complication rates (in the first 90 days after patients are hospitalized). This includes deaths for any reason (not just from a heart attack, heart failure, or pneumonia), or complications that are defined by a set of specific events and timeframes.

Heart attack

Death rate for heart attack patients

Not available ¹

Number of cases too small

National result: 12.3%

Payment for heart attack patients

Not Available ¹

Number of cases too small

National average payment: \$26,304

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Pneumonia

Death rate for pneumonia patients

16.4%

No different than the national rate

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Number of included patients: 49

Payment for pneumonia patients

\$15,327

Less than the national average payment

National average payment: \$18,776

Number of included patients: 48



An official website of the United States government

[Here's how you know](#)✓**Medicare.gov**

Menu

Nursing home

South Peninsula Hospital Ltc

Overall rating:

**LOCATION**

4300 Bartlett Street
Homer, AK 99603

PHONE NUMBER[\(907\) 235-0235](tel:(907)235-0235)

Save to Favorites

Ratings

Details

Location

RATINGS**Overall rating**

Much above average

The overall rating is based on a nursing home's performance on 3 sources: health

inspections, staffing, and quality measures.

[Learn how Medicare calculates this rating](#)

Health inspections



Average

[View Inspection Results](#)

Staffing



Much above average

[View Staffing Information](#)

Quality measures



Much above average

[View Quality Measures](#)

DETAILS

COVID-19 vaccination and booster rates

The percent of residents and staff who are vaccinated for COVID-19 in the nursing home, as well as the percent of residents and staff with completed vaccinations who received boosters, along with the state and national rates.

[View Vaccination Rates](#)

Fire safety inspections & emergency preparedness

Nursing homes are inspected for building design and operational features designed to provide safety from fire, smoke, electrical failures and gas leaks. Nursing homes are also surveyed for emergency preparedness.

[View Inspection Details](#)

Penalties

Medicare may impose penalties on a nursing home when there's a serious health or fire safety citation or if the nursing home fails to correct a citation for a long period of time.

[View Penalties Details](#)

Number of certified beds

28

Participates in Medicare / Medicaid?

Medicare and Medicaid

With a resident and family council?

Resident

Located within a hospital?

Yes

Automatic sprinkler systems in all required areas?

Yes

In a Continuing Care Retirement Community?

No

Ownership type

Government - City/county

[Ownership Details](#)**Legal business name**

South Peninsula Hospital Inc

LOCATION**South Peninsula Hospital Ltc**

4300 Bartlett Street

Homer, AK 99603

(907) 235-0235[Get Directions](#)

To print all available information at once, open the expanded view.

[Expand Page](#)

Data last updated: January 26, 2022

To explore and download nursing home data, [visit the data catalog on CMS.gov](#)



Consider this when choosing a nursing home

Visit the nursing homes that interest you before making a final decision so you can see the residents, staff, and nursing home setting. Take a copy of the [Nursing Home Checklist](#) when you visit to help you evaluate the quality.

[Guide to choosing a nursing home](#)

[Alternatives to nursing home care](#)

[How Medicare covers skilled nursing facility care](#)

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Services. 7500 Security Boulevard, Baltimore, MD 21244

Medicare.gov



South Peninsula Hospital Ltc

COVID-19 vaccination rates

COVID-19 vaccinations and boosters can be extremely effective at protecting nursing home residents from COVID-19 infections, symptoms, and severe outcomes, like hospitalization or death. The information below shows the percent of residents and staff who are vaccinated in the nursing home, as well as the percent of residents and staff with completed vaccinations who received boosters, along with the state and national rates. When higher levels of residents and staff are vaccinated and receive boosters, the level of protection from COVID-19 increases for all residents, staff, and visitors. You should also ask a nursing home about any recent COVID-19 information, like if there have been any recent outbreaks, or the percent of residents and staff who have received a vaccine booster dose.

[Get more information on COVID-19 and nursing homes, including COVID-19 vaccine booster rates, cases, and deaths](#)

Resident vaccination

↑ *Higher percentages are better*

100%

National average: 87.3%

Alaska average: 93.5%

Resident boosters

↑ *Higher percentages are better*

85.7%

National average: 69.2%

Alaska average: 84.7%

Staff vaccination

↑ *Higher percentages are better*

66.1%

National average: 83.3%

Alaska average: 88.9%

Staff boosters

↑ *Higher percentages are better*

66.7%

National average: 34.6%

Alaska average: 47%

As reported February 6, 2022

South Peninsula Hospital Ltc

Fire safety inspections & emergency preparedness

Fire safety specialists inspect nursing homes to determine if a nursing home meets Life Safety Code (LSC) standards, which are based on codes established by the National Fire Protection Association (NFPA). The inspection covers building design and operational features designed to provide safety from fire, smoke, electrical failures, and gas leaks.

Nursing homes are also required to have an emergency preparedness plan, based off an all-hazards risk approach. Nursing homes are surveyed for emergency preparedness, along with a regularly scheduled survey like health or Life Safety Code (LSC)/fire safety inspection.

[Learn more about fire safety & emergency preparedness inspections](#)

Automatic sprinkler systems in all required areas Yes	▼
Date of most recent standard fire safety inspection 04/07/2021	
Total number of fire safety & emergency preparedness citations ↓ Lower is better 4 Average number of fire safety & emergency preparedness citations in the U.S.: 4.4 Average number of fire safety & emergency preparedness citations in Alaska: 7.7	✓

[View all fire safety & emergency preparedness inspections](#)

South Peninsula Hospital Ltc

Penalties

When a nursing home gets a serious health or fire safety citation, or fails to correct a citation for a long period of time, this can result in a penalty. A penalty can be a fine against the nursing home or a denied payment from Medicare. Medicare reports penalties at the federal level, but you can also [search for penalties under state law](#).

[Learn more about penalties](#)

Federal Fines

Federal fines in the last 3 years
1
Amount(s) and date(s)
\$10,650
03/11/2020

Payment Denials

Payment denials by Medicare in the last 3 years
0
Date(s)
N/A

South Peninsula Hospital Ltc

Health inspections

State inspectors conduct yearly health and safety inspections of nursing homes for compliance with Medicare and Medicaid regulations. A nursing home may also be inspected based on a complaint submitted by a resident (or other individual), or based on a facility's self-reported incident. Nursing homes are also inspected for compliance with infection control and prevention standards.

[Learn more about health inspections](#)

Health inspections rating



Average

The health inspection star rating is based on each nursing home's current health inspection and 2 prior inspections, as well as findings from the most recent 3 years of complaint inspections and 3 years of infection control inspections.

Most recent health inspection

Date of most recent inspection

03/11/2020

[View full report](#)

Total number of health citations

↓ Lower is better

4

Average number of health citations in the U.S.: 8.1

Average number of health citations in Alaska: 8.7

Complaint inspections

Date(s) of complaint inspection(s) between 1/1/2021 - 12/31/2021

No complaint inspections

Number of complaints in the past 3 years that resulted in a citation

↓ *Lower is better*



0

Number of times in the past 3 years a facility-reported issue resulted in a citation

↓ *Lower is better*



6

Infection control inspections

Date(s) of infection control inspection(s) between 1/1/2021 - 12/31/2021

No infection control inspections

Number of citations from infection control inspections in the past 3 years

↓ *Lower is better*



1

[View all health inspection, infection control inspection, complaint, and facility-reported issue details](#)

South Peninsula Hospital Ltc

Staffing

Higher staffing levels and lower staffing turnover in a nursing home may mean higher quality of care for residents. Staffing hours of different types of staff are reported by nursing homes, and are used to calculate a ratio of staffing hours per resident per day and the staffing turnover rate.

[Learn more about staffing](#)

Staffing rating



Much above average

The staffing rating is based on these measures: 1) Registered Nurse (RN) hours per resident per day; and 2) total nurse staffing (including RN, licensed practical nurse (LPN), and nurse aide) hours per resident per day. The hours per resident per day represent each facility’s average over the last reported three-month quarter. Individual residents may experience different staffing levels on any given day.

Average number of residents per day 18.5 National average: 76.1 Alaska average: 35.3
Total number of nurse staff hours per resident per day ↑ <i>Higher numbers are better</i> 9 hours and 21 minutes National average: 3 hours and 46 minutes Alaska average: 7 hours and 22 minutes
Registered Nurse hours per resident per day

↑ *Higher numbers are better*

3 hours and 3 minutes

National average: 42 minutes

Alaska average: 1 hour and 58 minutes

LPN/LVN hours per resident per day

↑ *Higher numbers are better*

39 minutes

National average: 53 minutes

Alaska average: 40 minutes

Nurse aide hours per resident per day

↑ *Higher numbers are better*

5 hours and 39 minutes

National average: 2 hours and 11 minutes

Alaska average: 4 hours and 44 minutes

Total number of nurse staff hours per resident per day on the weekend

↑ *Higher numbers are better*

7 hours and 55 minutes

National average: 3 hours and 16 minutes

Alaska average: 6 hours and 29 minutes

Physical therapist staff hours per resident per day

↑ *Higher numbers are better*

1 minute

National average: 4 minutes

Alaska average: 4 minutes



Registered Nurse (RN) staffing rating



Much above average

Registered nurses (RNs) are licensed healthcare professionals who are responsible for the coordination, management and overall delivery of care to the residents. Some nursing home residents who are sicker than others may require a greater level of care, and nursing homes that have more RN staff may be better able to meet the needs of those residents.

Average number of residents per day

18.5

National average: 76.1

Alaska average: 35.3

Registered Nurse hours per resident per day

↑ *Higher numbers are better*

3 hours and 3 minutes

National average: 42 minutes

Alaska average: 1 hour and 58 minutes

Registered Nurse hours per resident per day on the weekend

↑ *Higher numbers are better*

1 hour and 46 minutes

National average: 29 minutes

Alaska average: 1 hour and 28 minutes

Staff turnover

Staff turnover is the percent of nursing staff or number of administrators that stop working in a facility within a given year. Low turnover indicates that facilities generally retain their staff for longer periods of time. Lower turnover is preferred because staff

who work in facilities for longer periods of time may become more familiar with the residents and the facility's operating procedures.

Total nursing staff turnover

↓ Lower numbers are better

Not available ⁶

National average: 51.6%

Alaska average: 42.8%

Registered Nurse turnover

↓ Lower numbers are better

Not available ⁶

National average: 49.8%

Alaska average: 40.6%

Number of administrators who have left the nursing home

↓ Lower numbers are better

Not available ⁶

National average: 1.1

Alaska average: 1.3



South Peninsula Hospital Ltc

Quality measures

[Learn more about quality measures](#)

[Find out why these short-stay measures are important](#)

[Find out why these long-stay measures are important](#)

[Get current data collection period](#)

Quality measures rating



Much above average

Medicare assigns the star rating based on data from a select set of clinical data measures. More stars means better quality of care.

Short-stay quality measures



Limited Data ²

The short-stay quality measures rating reflects the level of care delivered to temporary residents, and whose typical goal is to improve their health status so they can return to their previous setting, like their home.

Percentage of short-stay residents who were re-hospitalized after a nursing home admission

↓ *Lower percentages are better*

Not available ¹⁰

National average: 22.9%

Alaska average: 15.7%

Percentage of short-stay residents who have had an outpatient

emergency department visit↓ *Lower percentages are better*Not available ¹⁰

National average: 10.5%

Alaska average: 10.9%

Percentage of short-stay residents who got antipsychotic medication for the first time↓ *Lower percentages are better*Not available ⁹

National average: 1.9%

Alaska average: 1.6%

**Percentage of residents with pressure ulcers/pressure injuries that are new or worsened**↓ *Lower percentages are better*Not available ¹⁰

National average: 3%

**Percentage of short-stay residents who improved in their ability to move around on their own**↑ *Higher percentages are better*Not available ⁹

National average: 73.1%

Alaska average: 76.8%

**Flu & pneumonia prevention measures - Short-stay residents****Percentage of short-stay residents who needed and got a flu shot for the current flu season**↑ *Higher percentages are better*

Not available ⁹**National average: 78.8%****Alaska average: 81.1%****Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia**↑ *Higher percentages are better***Not available** ⁹**National average: 80%****Alaska average: 82.6%**

Additional quality measures - Short-stay residents

These measures are part of the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) and report information on residents who get skilled nursing services under their Medicare Part A benefit.

Percentage of residents whose medications were reviewed and who received follow-up care when medication issues were identified↑ *Higher percentages are better***Not available** ¹⁰**National average: 90.8%****Percentage of SNF residents who experience one or more falls with major injury during their SNF stay**↓ *Lower percentages are better***Not available** ¹⁰**National average: 1%****Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment**

plan↑ *Higher percentages are better***Not available** ¹⁰**National average: 98.8%****Percentage of residents who are at or above an expected ability to care for themselves at discharge**↑ *Higher percentages are better***Not available** ¹⁰**National average: 46.4%****Percentage of residents who are at or above an expected ability to move around at discharge**↑ *Higher percentages are better***Not available** ¹⁰**National average: 38.9%****Change in residents' ability to care for themselves**

- *Scores above 0 mean that the self-care score has improved and scores below 0 mean that the self-care score has worsened*

Not available ¹⁰**Change in residents' ability to move around**

- *Scores above 0 mean that the mobility score has improved and scores below 0 mean that the mobility score has worsened*

Not available ¹⁰**Rate of successful return to home and community from a SNF**↑ *Higher rates are better***Not available** ¹**National average: 52.9%**

Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF

↓ *Lower rates are better*

Not available ¹

National average: 7.7%

Medicare Spending Per Beneficiary (MSPB) for residents in SNFs

• *Displayed as a ratio*



Not available ¹

National average: 1.03

Long-stay quality measures



Much above average

The long-stay quality measures rating reflects the level of care delivered to long-term residents, and whose typical goal is to maintain or attain their highest possible well-being while residing in the facility.

Number of hospitalizations per 1,000 long-stay resident days

↓ *Lower numbers are better*

0.74

National average: 1.45

Alaska average: 0.71

Number of outpatient emergency department visits per 1,000 long-stay resident days

↓ *Lower numbers are better*

0.57

National average: 0.79

Alaska average: 0.81

Percentage of long-stay residents who got an antipsychotic medication

↓ *Lower percentages are better*

11.1%

National average: 14.5%

Alaska average: 16.5%



Percentage of long-stay residents experiencing one or more falls with major injury

↓ *Lower percentages are better*

0%

National average: 3.4%

Alaska average: 3.8%

Percentage of long-stay high-risk residents with pressure ulcers

↓ *Lower percentages are better*

7.7%

National average: 8.3%

Alaska average: 6.5%



Percentage of long-stay residents with a urinary tract infection

↓ *Lower percentages are better*

1.5%

National average: 2.4%

Alaska average: 3.5%

Percentage of long-stay residents who have or had a catheter inserted and left in their bladder

↓ *Lower percentages are better*



0%

National average: 1.6%

Alaska average: 2.9%

Percentage of long-stay residents whose ability to move independently worsened

↓ *Lower percentages are better*

Not available ⁹

National average: 22.1%

Alaska average: 23.8%

Percentage of long-stay residents whose need for help with daily activities has increased

↓ *Lower percentages are better*



0%

National average: 15.7%

Alaska average: 11.8%

Flu & pneumonia prevention measures - Long-stay residents

Percentage of long-stay residents who needed and got a flu shot for the current flu season

↑ *Higher percentages are better*

100%

National average: 95.8%

Alaska average: 97.3%

Percentage of long-stay residents who needed and got a vaccine

to prevent pneumonia

↑ *Higher percentages are better*

100%

National average: 93.3%

Alaska average: 95.6%

Additional quality measures - Long-stay residents**Percentage of long-stay residents who were physically restrained**

↓ *Lower percentages are better*

0%

National average: 0.2%

Alaska average: 0.3%

Percentage of long-stay low-risk residents who lose control of their bowels or bladder

↓ *Lower percentages are better*

Not available ⁹

National average: 47.1%

Alaska average: 39.2%

Percentage of long-stay residents who lose too much weight

↓ *Lower percentages are better*

3.2%

National average: 6.7%

Alaska average: 7.1%

Percentage of long-stay residents who have symptoms of depression

↓ *Lower percentages are better*

19.6%

National average: 7.4%
Alaska average: 8.3%

Percentage of long-stay residents who got an antianxiety or hypnotic medication

↓ *Lower percentages are better*



21.9%
National average: 19.7%
Alaska average: 17.2%

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
Fourth Quarter Calendar 2021 (Oct, Nov, Dec)

Overall Indicators	Currently Reported	Target	n	Note
Medicare.gov Care Compare Overall Star Rating (Hospital)	N/A	5		Too few outcome measures calculated
Medicare.gov Care Compare Patient Survey Star Rating (Hospital)	4	5		* Updated 2/15/2022
Medicare.gov Care Compare Overall Star Rating (Nursing Home)	5	5		
The Chartis Group - iVantage Health Analytics Index Rank	70.9	75		
2018 - 82.1 2019 - 34.6 2020-74.7				
Clinical and Service Excellence (Publicly Reported on Care Compare)	4th Q 2021	Target	n	Note: Target = National Average; n=Sample Size/Denominator
Appropriate care for severe sepsis and septic shock	69%	>57%		Q3-2020 - Q1-2021 * Updated 2/15/2022
Measures the percentage of patients who received appropriate care for severe sepsis and septic shock				Q3-2020: 75%; Q4-2020: 67%; Q1-2021: 67%; Q2-2021: 75%; Q3-2021: 50%
Elective Deliveries	N/A	<3%		Q3-2020 - Q4-2020
% of deliveries induced <39 weeks gestation without medical cause.				# inductions <39week gestation/# of deliveries <39 weeks gestation - exceptions
Quality and Patient Safety	4th Q 2021	Target	n	Note
Patient Fall Rate AC / injurious fall rate	1.8 / 0	0	1086	# 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.
Resident Fall Rate LTC / injurious fall rate	3.9 / 0.6	2	1541	# of resident falls / # resident days x 1000
Measures the number of resident falls per 1,000 patient days				
Medication Errors that Reached the Patient / Resident	0	0		
Measures the number of reported medication errors causing patient harm or death.				Classified according to the National Coordinating Council for Medication Error Reporting and Prevention/CMS
Never Events	0	0		
Measures the number of errors in medical care that are clearly identifiable, preventable and serious in their consequences as defined by CMS and NQF				
COVID-19 Vaccination Rate	71%	100%		
Total number of staff fully vaccinated (1 or 2 dose initial series complete). Vaccination rate includes students/volunteers, contractors, and travelers				Q1-2021: 55%; Q2-2021: 60%; Q3-2021: 68%

Quality and Patient Safety	4th Q 2021	Target	n	Note
All Cause Readmission Measures	2%	<15%	1086	
Subsequent inpatient admission which occurs within 30 days of the discharge date				# of patients with unplanned readmission within 30 days of discharge - exclusions/Eligible discharges.
Outpatient Clinic Quality	38.77	40		
Merit-Based Incentive Payment System (MIPS) Cross-departmental Quality Score				
CT/MRI Criteria Met for Patient Stroke	100%	>72%		Q2-2021 (most recent evaluated period)
Percentage of patients who came to ED w/Stroke symptoms and received CT/MRI within 45 minutes of arrival.				Numerator = CT/MRI within 45 min; documented last known well. Denominator = Patients with Stroke
Medical Staff Alignment	4th Q 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	4th Q 2021	Target	n	Note : Comparison to national CAHPS database
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
Patient Satisfaction Through Press Ganey	4th Q 2021	Target	n	Note : Comparison to national CAHPS database
Inpatient Percentile	67th	75th	42	
Measures the satisfaction of inpatient patient respondents. Measures as a percentile.				Q2-2021: 41st, n=37 Q3-2021: 55th, n=32
Outpatient Percentile	28th	75th	289	
Measures the satisfaction of outpatient patient respondents. Measures as a percentile.				Q2-2021: 38th, n=260 Q3-2021: 43th, n=228
Emergency Department Percentile	98th	75th	48	
Measures the satisfaction of emergency patient respondents. Measures as a percentile.				Q2-2021: 97th, n=59 Q3-2021: 85th, n=86
Medical Practice Percentile	81st	75th	475	
Measures the satisfaction of patient respondents at SPH Clinics. Measures as a percentile.				Q3-2021: 63rd, n=510 Q4-2021: 79th, n=494
Ambulatory Surgery Percentile	16th	75th	44	
Measures the satisfaction of ambulatory surgery patient respondents. Measures as a percentile.				Q2-2021: 86th, n=66 Q3-2021: 17th, n=65
Home Health Care Percentile	24th	75th	29	*Running 12 months due to low quarterly returns
Measures the satisfaction of Home Health Care clients (or family) respondents. Measures as a percentile.				Q2-2021: 19th, n=30 Q3-2021: 39th, n=28

Patient Satisfaction Through Press Ganey	4th Q 2021	Target	n	Note : Comparison to national CAHPS database
HCAHPS	80th	75th	40	
Hospital Consumer Assessment of Healthcare Providers and Services Hospital Rating 0-10 Press Ganey National Ranking				Q2-2021: 16th, n=37 Q3-2021: 56th, n=32
Workforce	4th Q 2021	Target	n	Note
Turnover: All Employees	2.08%	3.75%	21	
Percentage of all employees separated from the hospital for any reason				11 Terminations/527 Total Employees
Turnover: Voluntary All Employees	1.89%	3.50%	17	
Measures the percentage of voluntary staff separations from the hospital				10 Voluntary Terminations/527 Total Employees
First Year Total Turnover	3.0%	5%	7	
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				3 New Staff Terminated in Q4/100 Total New Hires from 1/1/2021-12/31/2021
Information System Solutions	4th Q 2021	Target	n	Note:
Promoting Interoperability (PI) Compliance				Points assigned based on satisfaction of measures
Eligible hospital (EH): hospital-based measures for inpatient and observation stays.	65	>50		CMS score 50 and above = pass
e-Prescribing: Electronic Prescribing (Rx)	7	10		
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information	10	20		
HIE: Support Electronic Referral Loops by sending health information (Summary of Care sent)	4	20		
Provider to patient exchange: Provide patients electronic access to their health information (timely access via the patient portal)	34	40		
Public Health & Clinical Data Exchange	10	10		
MIPS Promoting Interoperability Score	100%	75%		
PI score for Providers (<i>tracking is Athena - OP Clinic services</i>)				Scoring tabulated as a running, annual score. **Promoting Interoperability (PI) score not yet calculated for 2021.**
EMR (Electronic Medical Record) Adoption	5	5		
Health Information Management & Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) stage.				The current US average is 2.4 out of a possible 7.0 stages. Stage 6 and 7 require site visit validation.
IT Security Awareness Training Complete Rate	94%	100%		
% of employees who have completed assigned training				

Financial Health	4th Q 2021	Target	n	Note
Operating Margin	-18.20%	0.1%		
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	954.16	910.52		
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by (<i>inpatient + outpatient revenues</i>).				Long-term care revenues and discharges are not included in this measure.
Net Revenue Growth	8.7%	11.6%		
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	8.55	9.39		
Measures the average number of staff FTEs per adjusted occupied bed for the quarter.				Target is based on budgeted paid hours (FTE) divided by (budg gross patient revenue/budg gross inpatient rev) X budgeted average daily census for the quarter.
Net Days in Accounts Receivable	62.6	55		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand	83	90		
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	1.6%	3-4.7%		
Measures bad debt & charity write offs as a percentage of gross patient service revenue				Target is based on industry standards
Surgical Case Growth	-12.2%	-1.0%		
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
Intense Market Focus to Expand Market Share	4th Q 2021	Target	n	Note
Outpatient Revenue Growth	5%	6%		
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 in the prior year.

* Updated 2/15/2022

To: SPH Board of Directors

From: Susan Shover, BSN, RN, CPHQ, Compliance Officer
Bonita Banks, QM Risk Mitigation RN/Privacy Officer

Date: February 16, 2022

Re: Annual Corporate Compliance Report for 2021

- Director of Quality Management is South Peninsula Hospital's designated Corporate Compliance Officer. The SPH Regulatory Compliance/Privacy Officer works within the Quality Management Department to handle and monitor Health Insurance Portability and Accountability Act (HIPAA) and regulatory concerns. In December of 2021, and given the upcoming retirement of the Regulatory Compliance/Privacy Officer, SPH welcomed a Risk Mitigation RN/Privacy Officer to the Quality Department who will handle privacy matters and assist the QM Director with compliance issues as requested and needed.
- The SPH Corporate Compliance & Ethics Program which includes the Long Term Care Facility and Ambulatory Clinics and Services, received its annual update per CMS §483.85 (e) in October 2021. This document, along with other compliance policies and annual training, continue to provide a good foundation for South Peninsula Hospital's Compliance and Ethics Program.
- 2021 SPH Corporate Compliance and HIPAA Training:
 - Conducted during Hospital Wide orientation for new employees.
 - Annual education for all employees occurs through the electronic Healthstream program.
- A designated confidential Compliance line for reporting compliance concerns is maintained in the Quality Management Department.
- There were two (2) Corporate Compliance complaints/concerns reported in 2021 as follows:
 - Advertising discounts for colonoscopy consultations must be clear – discussion with those involved for planning and advertising quickly addressed the issue.
 - Conflict of Interest in Sleep Clinic operations was resolved in 2021 by SPH buying out the practice at fair market value.
- There was a total of eighty-two (82) alleged HIPAA complaints/concerns reported to the Regulatory Compliance/Privacy Officer with two breaches reported to the Office of Civil Rights (OCR). Those reported were related to lab results mailed to the right PO Box number but the incorrect town, and COVID test results released to an employer for six people without proper release of information in place. All were corrected, systems reviewed and retraining completed as appropriate.
- Twenty-five (25) audits associated to HIPAA complaints were conducted and sixty-one (61) training opportunities were executed based on HIPAA-related complaints and questions, regular orientations, hospital newsletter inserts and monthly internal emails.
- Per the Director of Finance, SPH went through five (5) audits in 2021 as indicated:
 - FY21 Workers Compensation

- 2020 Pension & 403b plans
 - FY21 Financial Audit
 - FY21 Single Audit (Federal Grant Funding)
 - Payroll Based Journal Staffing Hours Audit
- The organization underwent multiple surveys in 2021. The Quality Department advised, facilitated and/or participated throughout the process of preparing and executing the various Plans of Corrections.
 - April 21, 2021: Occupational safety and Health Enforcement (OSHA) Inspection related to alleged unsafe work conditions re: COVID-19 exposure. Informal conference held September 20, 2021 with abatement plan established and completed by October 20, 2021.
 - March 30-April 07, 2021: Emergency Preparedness survey for SPH Long Term Care (LTC)
 - November 02-05, 2021: Emergency Preparedness survey, SPH Home Health with revisit completed December 23, 2021 with compliance obtained.
 - November 15, 2021: Life Safety Code and Emergency Preparedness surveys conducted by Healthcare Management Solutions, LLC on behalf of AK Department of Health and Social Services (DHSS) for SPH Critical Access Hospital (CAH) . Revisit conducted January 04, 2022 with compliance except for those items with waivers still in process.
 - November 15-17, 2021: Recertification survey conducted by Healthcare Management Solutions, LLC on behalf of AK DHSS for SPH CAH. Revisit conducted January 31, 2022 with compliance obtained.
 - November 15-17, 2021: Recertification survey with Emergency Preparedness and complaint investigations conducted by Healthcare Management Solutions, LLC on behalf of AK DHSS for SPH LTC. Revisit conducted January 14, 2022 with compliance obtained.

 South Peninsula Hospital	SUBJECT: CORPORATE COMPLIANCE AND ETHICS	POLICY # HW-101
	SCOPE: HOSPITAL-WIDE RESPONSIBLE DEPARTMENT: ADMINISTRATION	PAGE: 1 OF: 1
ORIGINAL DATE: 7-22-1998 REVISED: 01-25-2007; 04-23-2008; 09-04-2012; 09-03-2015; 05-13-2016; 10-31-2016; 10/23/2019		
APPROVED BY: BOARD OF DIRECTORS		EFFECTIVE: 10/23/2019

POLICY

South Peninsula Hospital (SPH), which includes Long Term Care and Ambulatory Clinics and Services, shall maintain a Compliance and Ethics Program to ensure quality of care and the prevention and detection of possible violations of SPH policies and procedures, Values and Behaviors, criminal, civil, and administrative violations under the Social Security Act ("Act") by any staff member, individuals providing services under contractual agreements, and volunteers (non-SPH staff collectively referred to as agents). The Program is also intended to provide an appropriate setting for discussion of ethical issues and to protect human dignity and patient rights. (Centers for Medicare & Medicaid Services, Health and Human Services Final Rule, published October 4, 2016 for Long Term Care Facilities (CMS) §483.85 (1))

PROCEDURE

1. COMPONENTS OF COMPLIANCE AND ETHICS PROGRAM

- a) No employee has any authority to act contrary to the provision of the law or to authorize, direct, or condone violations offered by any other employee.
- b) Any employee or agent of this hospital who has knowledge of facts concerning this hospital's activities that he or she believes might violate the law has an obligation, promptly after learning such facts, to report the matter to his or her immediate superiors or to the institution's Corporate Compliance Officer (CCO) who can be reached anonymously through the Occurrence Reporting System on the Staff Information Site ("SIS") or by calling the Confidential Compliance Line (907) 235-0389 or x 1389.
- c) Any employee who makes a good faith report of a potential violation of a statute or regulation shall be protected from any form of retaliation, reprisal or adverse action for making such a report.
- d) Human Resource policies and procedures that prohibit the selection, employment or delegation of authority to any candidate or anyone employed by the SPH organization with propensity to engage in violation of any Federal, State or local criminal, civil or administrative law or regulations, CMS §483.85 (c)(4).

- e) SPH will take steps to effectively communicate its standards and procedures to all employees and agents by requiring participation in annual and periodic training programs, CMS §483.85 (c)(5).
 - f) SPH will take steps to achieve compliance with its standards, policies and procedures by utilizing monitoring and auditing systems reasonably designed to detect violations, CMS §483.85 (c)(6).
1. This Compliance and Ethics Program will be consistently enforced through appropriate disciplinary mechanisms, including, as appropriate, discipline of individuals responsible for the failure to detect and report a violation to the compliance and ethics program contact, CMS §483.85 (c)(7). The appropriate form of discipline will be case-specific.

2. CORPORATE COMPLIANCE OFFICER CMS §483.85 (c)(2-4)

- a) This hospital designates Director of Quality Management as its Corporate Compliance Officer (CCO). Each employee has a duty to report any suspected violations of any of these Standards to the Compliance Officer.
 - b) The Compliance Officer will report to the Chief Executive Officer and Operating Board responsible to oversee the organization's compliance with the Program's standards, policies and procedures, CMS §483.85 (c)(2).
- 3.

For more comprehensive information, the Corporate Compliance and Ethics Program may be accessed [here](#).

SPECIAL CONSIDERATION

- Special protections are provided under the Federal and Alaska State False Claims Acts as related to reporting fraud, which can be found outlined in HW-257 Reporting False or Fraudulent Claims - False Claims Act
- For Long Term Care, Compliance and Ethics training will be provided to those under a contractual arrangement, volunteers and students consistent with their roles.

REFERENCES

- Corporate Compliance and Ethics Program
- Social Security Act, Sections 1819 and 1919
- Centers for Medicare & Medicaid Services, Health and Human Services Final Rule, published October 4, 2016 for Long Term Care Facilities - CMS §483.85 Compliance and ethics program and CMS §483.95 Training requirements, section (f) Compliance and ethics.
- HW-004, Conflict of Interest
- HW-106, Code of Conduct
- HW-095, Employee Corrective Action

CONTRIBUTORS

Corporate Compliance Officer; Quality Management Department; Director Long Term Care; Administrator

SOUTH PENINSULA HOSPITAL AND LONG TERM CARE FACILITY

CORPORATE COMPLIANCE AND ETHICS PROGRAM



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1. MISSION, VISION, VALUES

- a. Mission – South Peninsula Hospital promotes community health and wellness by providing personalized, high quality, locally coordinated healthcare.
- b. Vision - South Peninsula Hospital is the provider of choice with a dynamic and dedicated team committed to service excellence.
- c. Values
 - i. Compassion – We provide compassionate patient- and resident-centered quality care, and a safe and caring environment for all individuals
 - ii. Respect – We show respect for the dignity, beliefs, perspectives and abilities of everyone
 - iii. Trust – We are open, honest, fair and trustworthy
 - iv. Teamwork – We work together as a dynamic, collaborative team embracing change and speaking as one.
 - v. Commitment – We are responsible and accountable for supporting the vision, mission, values, strategies and processes of our organization.

2. OVERVIEW

South Peninsula Hospital (SPH) shall maintain a Compliance and Ethics Program to ensure quality of care and the prevention and detection of possible violations of SPH policies and procedures, Values and Behaviors, criminal, civil, and administrative violations under the Social Security Act (“Act”) by any staff member, individuals providing services under contractual agreements, and volunteers (non-SPH staff collectively referred to as agents). The program is also intended to provide an appropriate setting for discussion of ethical issues and to protect human dignity and patient rights. This Program is supported by the Corporate Compliance and Ethics Policy (HW-101), (Centers for Medicare & Medicaid Services, Health and Human Services Final Rule, published October 4, 2016 for Long Term Care Facilities (CMS) §483.85 (1)).

3. STANDARDS & STAFF CONDUCT

- a. Ensuring Ethical Practices

The hospital’s policies on conflict of interest, Code of Conduct and Medical Staff and Allied Practitioners Rules and Regulations provides guidance for all Board Members, Employees and members of the Medical Staff on expectations for their conduct. These expectations include, but are not limited to:

 - i. To the community, this organization is committed to the promotion of health and to using this organization's best efforts to satisfy the

medical needs of the community while operating this organization in a fiscally responsible manner.

- ii. To this organization's patients and residents, this organization is committed to providing an appropriate quality of care, consistent with this organization's facilities and resources, which is responsive to patient needs and complies with government laws and resources that govern the operation of a tax-exempt organization. This organization is also committed to complying with such accreditation bodies as this organization may determine.
- iii. To this organization's employees, this organization will implement and maintain employment practices and programs that comply with all applicable federal and state laws.
- iv. To third-party payers, both private and public, this organization is committed to submitting bills for inpatient and outpatient services in a timely and accurate fashion and reporting all reimbursable costs to the Medicare and Medicaid program and to any other third party in a legally appropriate manner.
- v. To this organization's suppliers, this organization stresses a sense of responsibility that enables it to be a good customer. When this organization determines that is in its best interest to utilize a competitive bidding process, this organization is committed to a fair and equitable bidding process.
- vi. To all who do business with this organization, this organization shall conduct its business in a manner that is consistent with this organization's tax-exempt status and all other applicable laws and regulations.
- vii. To all parties we serve, SPH will live by our Mission, Vision and Values

b. Standards

Compliance and Ethics Standards include, but are not limited to:

i. Medicare Regulations

- 1. Must comply with Medicare regulations
- 2. Meet standards for care
- 3. Not bill Medicare for unnecessary care, services not rendered, or in violation of the Medicare/Medicaid bundling regulations

ii. Federal False Claims Act

- 1. This act makes it illegal to submit a false bill to a government agency (Medicare is a government agency)
- 2. "Allows a citizen who has evidence of fraud to sue on behalf of the government. This "whistleblower" is protected from retaliation for reporting the fraud".

iii. Stark Law

1. Also called the Ethics in Patient Referrals Act
2. This act makes it illegal for certain physician referrals:
 - a. If the facility and/or the provider has a financial relationship with the referring physician
 - b. If the immediate family of the referring physician has a financial relationship with the facility or provider

iv. Anti-Kickback Statute

1. Also known as The Medicare and Medicaid Patient Protection Act of 1987
2. Hospital staff or agents shall not knowingly and willfully solicit, offer to pay, actually pay or receive, any remuneration, directly, indirectly, overtly, covertly, in cash and/or in return for:
 - a. Referring an individual to a person for the furnishing, or arranging for the furnishing, of any item or service for which payment shall be made, in whole or in part, under any state or federal healthcare program
 - b. Purchasing, leasing, ordering, or arranging for, or recommending the purchasing, leasing, or ordering of any good(s), facility, service or item for which payment shall be made in whole or in part, under any federal or state healthcare program
 - c. Specific “safe harbors” are excluded from this prohibition. An example of a “safe harbor” agreement would be a volume purchasing and/or group purchasing discount agreement

v. Sections of the Social Security Act

1. Makes it illegal for hospitals to
 - a. Pay physicians to limit services provided by Medicare or Medicaid patients
 - b. Offer gifts to patients with Medicare or Medicaid to gain their business.

vi. Emergency Medical Treatment and Labor Act (EMTALA)

1. Hospital staff or agents shall comply with all federal and state regulations and laws regarding the evaluation, admission and treatment of patients with emergency medical conditions and/or women in labor, regardless of the nature of the medical condition. Staff and agents shall utilize and follow all policies regarding medical screening examinations and treatment of patients with emergency medical conditions, including women in labor, policies regarding transfers or referrals of patients to other facilities or physicians for appropriate treatment. Staff and agents shall

provide initial medical screening examinations to all potential patients presenting themselves to the hospital for examination and/or treatment without regard as to financial or insurance status.

vii. Red Flags Rule

1. Protects patients from identify theft

viii. Section 501 (c)(3) – Federal and State Tax-Exempt Status

1. This hospital is a not-for-profit entity that is exempt from federal taxation pursuant to Section 501(c)(3) of the Internal Revenue Code. That tax-exempt status could be jeopardized if any of the tax-exempt benefits enjoyed by this hospital inure to the benefit of certain private individuals. All employees, consultants, and agents who contract with this hospital must do so in a manner that is consistent with this hospital's federal tax-exempt status.

ix. HIPAA Regulations

1. South Peninsula Hospital is considered a covered entity under the Health Insurance Portability and Accountability Act of 1996.
2. SPH will comply with the HIPAA privacy rule, protect the confidentiality of Protected Health Information (PHI) and apply protections to how PHI may be used and disclosed.
3. For more comprehensive information, the HW-151 HIPAA Compliance Policy may be accessed [here](#).

4. PROGRAM PLAN AND ADMINISTRATOR

a. Adopting a Corporate Compliance and Ethics Program

- i. The Board will review its Corporate Compliance and Ethics Policy and Program and make any changes necessary at least annually during the first regular meeting of the calendar year or more often if necessary, CMS §483.85 (e).

b. Appointing a Corporate Compliance Officer

- i. The Board will appoint a Corporate Compliance Officer (CCO) and ensure that proper implementation of the Corporate Compliance and Ethics Program is a component of the CCO's annual performance review.

c. Functions of the Corporate Compliance Officer

These functions include, but are not limited to:

- i. The CCO, or designee, shall also review and, when the CCO determines that it is reasonable to do so, disseminate to appropriate parties the monthly List of Excluded Individuals and Entities (LEIE) by the Inspector General's Office and of the

Department of Health and Human Services that are published in the Federal Register from time to time. The CCO, or designee, will also regularly review and disseminate new statutes, regulations, pronouncements, or directives of the federal or state government, the government's fiscal intermediary, any third-party payors, or any hospital association or trade publication that might affect these Standards.

- ii. The CCO, or designee, shall also monitor this hospital's continued compliance with the terms and conditions set forth in any settlement agreement that might be executed by this hospital with the federal or state government.
- iii. The CCO, or designee, shall organize and facilitate a Compliance Committee meeting to review and approve any promotional and/or marketing programs considered from South Peninsula Hospital, LTC Facility and Ambulatory Clinics and Services. The committee make-up will be determined based on the issue or request, but will include at a minimum – the CCO and/or Regulatory Compliance Officer, the Director of Finance and Revenue or Chief Financial Officer, the Director of Public Relations along with the department manager/director presenting the request.
- iv. The CCO, or designee, shall conduct an annual review of the Hospital's Corporate Compliance and Ethic Program and prepare a report to the Board of Directors. This report should be prepared to allow the Board time to act if necessary and still include the results of the report in the Annual Report to the Contract Administrator pursuant to Section 15.b.5 of the Sublease and Operating Agreement.

5. REPORTING

- a. Any employee who makes a “good faith” report of a potential violation of a statute or regulation shall be protected from any form of retaliation, reprisal or adverse action for making such a report. Individuals may report criminal conduct by others within the organization to his or her immediate superiors or to the institution's Corporate Compliance Officer (CCO) who can be reached anonymously through the Occurrence Reporting System on the Staff Information Site (“SIS”) or by calling the Confidential Compliance Line (907) 235-0389 or x 1389.
- b. The CCO or designee will communicate issues to the Chief Executive Officer and Board of Directors, (“Compliance Committee”), as appropriate.
- c. In accordance with the provisions of the Deficit Reduction Act of 2005, all employees are hereby notified of their right to take any complaints or suspicions concerning violations of Medicare or Medicaid statutes or regulations directly to the Federal Government. Reports can be made to the Office of the Inspector General of the Department of Health and Human Services.

- d. Special protections are provided under the Federal and Alaska State False Claims Acts as related to reporting fraud, which can be found outlined in *HW-257 Reporting False or Fraudulent Claims - False Claims Act*.

Reporting Methods

By phone: 1-800-HHS-TIPS (1-800-447-8477)
By TTY: 1-800-377-4950
By Fax: 1-800-223-8164
By Mail: U.S. Department of Health and Human Services
Office of Inspector General
Attn: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026

6. EDUCATION/TRAINING

a. Educating and Involving the Board of Directors

- i. The administration of SPH will ensure that all new Board members are oriented to the Corporate Compliance and Ethics Program and other associated hospital policies. It is imperative for all Board members to understand and execute their duties in a manner consistent with governing laws, regulations and other program requirements.
- ii. All new Board members will be provided an orientation that will include:
 - 1. an overview of corporate compliance and ethics, including a brief review of current federal requirements;
 - 2. an overview of the essential components of the organization's Corporate Compliance and Ethics Program;
 - 3. may include examples of corporate compliance and ethics problems identified in other facilities; and
 - 4. a review of the hospital's current corporate compliance and ethics efforts.
- iii. Current Board members will be provided a brief review of the hospital's compliance program annually at the first regular meeting of each calendar year.

b. Screening, Educating and Monitoring Employees

- i. All current and potential employees will be screened against the LEIE published by the Office of the Inspector General, Department of Health and Human Services. This screening is conducted to identify any individuals who have been previously convicted of Medicare/Medicaid fraud or other health care related actions. After consultation with legal counsel, appropriate corrective action will be taken against any existing employees who appear on the listing. Potential employees who are on the list will not be offered a position.

- ii. A Corporate Compliance component will be maintained in the orientation for new employees and the annual review for current employees. All employees will be required to complete the training which will include the following:
 - 1. an overview of corporate compliance;
 - 2. specific information regarding the hospital's corporate compliance program, including identification of the CCO; and
 - 3. an explanation of the importance of employee participation in the program; including detailed information regarding how employees can report suspicions they have concerning the hospital's compliance with the law or federal reimbursement guidelines.
 - iii. Following the corporate compliance orientation and education programs, all employees will be required to complete a simple examination or post-test concerning corporate compliance. The examination or post-test will be signed and retained in the employee's personnel file as evidence the hospital trains its employees in corporate compliance.
 - iv. The Compliance and Ethics Program requirements, resources, policies and procedures will be disseminated to all staff in a practical manner and will be modified to reflect the level of risk a staff member, or agent, possesses or may encounter in their current role, CMS §483.85 (c)(5).
 - v. Compliance with hospital rules, policies and procedures as well as applicable laws and standards is included as a component of the job descriptions of all hospital employees. Annual performance reviews are completed on employees to provide them feedback on their performance.
- c. Educating and Monitoring Physicians
- i. The Chief Executive Officer and the Chief of Staff, or their designee(s), will conduct an orientation for all new members of the medical staff. The Compliance and Ethics Program will be included in the orientation. The physician orientation will include a summary of the issues covered in the employee orientation.
 - ii. The Utilization Management staff reviews patient care documentation for evidence of medical necessity and level of care. This systematic and periodic review ensures the documentation provides evidence that:
 - 1. patient admission was necessary;
 - 2. ancillary services – including drugs, blood, respiratory, physical and laboratory services were provided with documented medical indications;
 - 3. requests for consultations were indicated;
 - 4. admissions into the ICU were in accordance with the admission and discharge criteria of the hospital; and
 - 5. reviews of operative and invasive procedures were

performed with documentation of medical necessity.

7. AUDITING/MONITORING/ATTESTATION

SPH has taken reasonable steps to achieve compliance with its standards, i.e., by utilizing monitoring and auditing systems reasonably designed to detect criminal conduct by its staff including those providing services under a contractual arrangement, CMS §483.85 (c)(6).

a. Auditing

- i. Coding and billing audits shall be conducted at least annually
- ii. Assessments and changes shall be documented clearly.
- iii. Periodic audits of the organization's functions, particularly with respect to laws on anti-kickback and referrals, shall be documented.
- iv. Claims denials as well as code and DRG changes shall be evaluated.

See Section 8 for examples of audit formats which may be used by the organization.

b. Monitoring

- i. Provides an ongoing system of internal, coding, billing, marketing and sale practices review and is conducted on a regular basis
- ii. Focuses on compliance to the program and performance measures
- iii. Substantiated compliance and ethics reports may be used to modify or improve processes or programs identified as vulnerable to compliance and ethics violations, CMS §483.85 (c)(8).

c. Attestation

- i. Periodic and annual reports will be filed as required by CMS and other government entities.

8. INVESTIGATION/REMEDATION

- a. Through its systematic reporting, monitoring and auditing systems, this hospital shall investigate and remediate identified systematic and staff/agent problems.
- b. As the Corporate Compliance Officer (CCO) is made aware of potential violations of these Standards, the CCO may contact the hospital's CEO and/or President of the Board of Directors and, when necessary, the CCO is authorized to secure the opinions of outside legal counsel, outside consultants, and other experts in compliance issues. Any investigation of a suspected violation of these standards shall be done by the CCO under the direction of this hospital's outside legal counsel.

- c. After a violation is detected, reasonable steps are taken to respond appropriately and to prevent similar violations.

9. ENFORCEMENT/DISCIPLINE

- a. Should the investigation show a violation occurred, SPH reserves the right to discipline any employee at any level of discipline based upon the severity or frequency of the violation in alignment with the policy HW-095, Employee Corrective Action.

10. RECORD CREATION/RETENTION/TEMPLATES

- a. Record Creation.

- i. A permanent written record of any communication (verbal, written or electronic) reporting a real or potential noncompliance issue, shall be maintained.

- b. Retention.

- i. Records shall be available upon request for any state or federal official requesting review.
 - ii. All documentation related to the corporate compliance issues as outlined in this program shall be retained in alignment with the HW-152 – Records Management policy.

- c. Templates

- i. Reviewing Contracts

- 1. South Peninsula Hospital will ensure that all of its contracts with physicians are reviewed by knowledgeable attorneys so that they are acceptable and do not cause corporate compliance problems.
 - 2. The Corporate Compliance Officer will periodically provide a report to the Board of Directors that:
 - a. identifies the contracts the organization maintains with its physicians;
 - b. provides evidence that each contract has been reviewed against the board's criteria;
 - c. documents those contracts that met the board's criteria; and
 - d. indicates those contracts for which there is a question concerning the attainment of criteria and which are being submitted to the board or a subcommittee of the board for its direct review.
 - 3. The criteria for evaluating physician contracts will be as follows:

- a. Is the physician compensated for administrative services?
- b. Annual compensation?
- c. Is the agreement in writing?
- d. Does the agreement specify the services covered?
- e. Does the agreement cover all the services to be provided by the individual or group?
- f. Do the services contracted for exceed those that are reasonable and necessary for legitimate business purposes?
- g. Is the agreement for a term of at least one year?
- h. Is the compensation set in advance?
- i. Is the compensation consistent with fair market value?
- j. Is the compensation determined in a manner that takes into account the volume or value of any referrals where other business is generated between the parties?
- k. Is a service to be performed involving the counseling or promotion of a business or other activity that violates state or federal law?
- l. Is the agreement signed by both parties?
- m. Is the agreement dated?
- n. Is the compensation reflected on the 1099's?
- o. Was the arrangement approved by the Board of Directors or a committee that:
 - i. Was composed entirely of individuals unrelated to and not subject to control of the individual performing the services?
 - ii. Obtained and relied upon appropriate data as to comparability?
 - iii. Adequately documented the basis for its determination?

ii. Monitoring Materials Management

- a. South Peninsula Hospital will maintain policies that ensure:
 - i. that all suppliers are required to abide by current laws, standards and federal directives; and
 - ii. that recourse is available to suppliers or hospital personnel who suspect that goods, services, devices, drugs, or other supplies are being provided, secured, or used in a manner that might be illegal.

- iii. Auditing Financial Systems and Billing Practices
 - a. South Peninsula Hospital will annually participate in an audit by an auditing firm selected by the Kenai Peninsula Borough. The audit will review the accounting systems, financial position, internal controls and billing procedures of the hospital to ensure compliance with established accounting principles.
- iv. Coding and Billing Audits
 - a. To include review of:
 - i. Proper usage of ABN's.
 - ii. Misuse of provider identification numbers (NPI #'s)
 - iii. Unbundling/Bundling of Services, including spacing out services normally completed in one visit
 - iv. Duplicate billing
 - v. Proper use of coding modifiers
 - vi. Upcoding the level of service provided
 - vii. Accuracy of procedure codes
 - viii. Inconsistent coding among staff in a group
 - ix. Waiving of medicare co-payments
 - x. Billing for CMS identified "never events"
 - xi. Revenue code accuracy

11. CONCLUSION

South Peninsula Hospital will regularly review its performance in terms of both financial operations and clinical performance using a variety of indicators and general accepted benchmarks where available.

RESOURCES

- Corporate Compliance Policy (HW-101) October 31, 2016 revision
- Corporate Compliance Plan 2008
- Centers for Medicare & Medicaid Services, Health and Human Services Final Rule, published October 4, 2016 for Long Term Care Facilities (CMS) §483.85, Compliance and Ethics Program
- CMS, published October 4, 2016 for Long Term Care Facilities (CMS) §483.95 (f), Training Requirements – Compliance and Ethics
- HealthStream Annual Education – Corporate Compliance
- HW-151, HIPAA Compliance Policy
- Office of Inspector General
- HW-095, Employee Corrective Action
- *Contreras, D. (2019). Integrating Privacy Compliance into the Corporate*

Compliance Program

Approvals by Board of Directors

Original: May 2008

Revisions: October 23, 2019