



AGENDA

Board of Directors Meeting

6:30 PM - Wednesday, May 27, 2026

[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		Jim Anderson		Matthew Bullard	
Preston Simmons Vice President		Ken Ciccoli		Kim Frost	
Mary E. "Beth" Wythe, Secretary		Edson Knapp, MD		Christopher Landess, MD	
Michael Dye, Treasurer		Bernadette Wilson			

[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

4 4.1. Rules for Participating in a Public Meeting
[Rules for Participating in a Public Meeting](#)

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

6. APPROVAL OF THE AGENDA

7. APPROVAL OF THE CONSENT CALENDAR

- 5 - 12 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for April 29, 2026
[Board of Directors - Apr 29 2026 - Minutes - DRAFT](#)
- 13 - 15 7.2. Consideration to Approve April FY2026 Financials
[Balance Sheet April FY2026](#)
[Income Statement April FY2026](#)
[Cash Flow April FY2026](#)
- 16 7.3. Consideration to Approve EMP-07 Use of Hospital Facilities & Equipment with no changes
[EMP-07](#)
- 17 - 27 7.4. Consideration to Approve the Update Long Term Care Facility Assessment
[LTC Facility Assessment, 2026 update](#)
- 28 7.5. Consideration to Approve a Proclamation Honoring Storm Hansen on her Retirement after 25 Years of Service to South Peninsula Hospital
[Storm Hansen Retirement Proclamation](#)

8. PRESENTATIONS

- 8.1. Storm Hansen Retirement Proclamation

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 29 - 30 10.1. Consideration to Approve South Peninsula Hospital Resolution 2026-11, A Resolution Authorizing the Obligation of \$175,000 from the Plant Replacement and Expansion Fund (PREF) for Demolition of the Property Located at 324 West Fairview Avenue, Homer, Alaska (Parcel 17506105)
[Memo from KPB](#)
[SPH Resolution 2026-11](#)

11. REPORTS

- 31 - 35 11.1. Balanced Scorecard
[Balanced Scorecard Q3FY2026](#)

- 11.2. Chief Executive Officer
- 11.3. BOD Committee: Finance & Pension
- 11.4. BOD Committee: Strategic Planning & Community Relations
- 11.5. BOD Committee: Governance
EMP-02 Corporate Compliance
[EMP-02](#)
- 11.6. BOD Committee: Quality
- 11.7. Chief of Staff
- 11.8. Board President Report (Executive Committee, Education Sessions & Generative Discussions)
- 11.9. 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

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

- 17.1. Consideration to Approve Resolution 2026-12, Approving the Medical Staff Credentialing for May 2026

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 and reflects language from the Operating Agreement with the Kenai Peninsula Borough.

Each member of the public desiring to comment upon policies or proposed actions of the SPH Operating Board of Directors at tonight’s meeting will be given an opportunity to speak within the following guidelines:

- *Comments are restricted to policies or proposed actions of the SPH Operating Board of Directors.*
- *Those who wish to speak will need to sign in on the sign in sheet being circulated. When the chair recognizes you to speak, you need to clearly give your name and the policy or proposed action you wish to address.*
- *Please be concise and courteous. There is a limit of 3 minutes per speaker; total time allotted for public comment is at the discretion of the chair.*
- *Please observe normal rules of decorum and avoid disparaging by name the reputation or character of any member of the Operating Board of directors, the administration or personnel of SPHI, or the public. You cannot mention or use names of individuals.*
- *The Operating Board Directors may ask you to respond to their questions following your comments. You could be asked to give further testimony in “Executive Session” if your comments are directly related to a member of personnel, or management of SPHI, or dealing with specific financial matters, either of which could be damaging to the character of an individual or the financial health of SPHI, however, you are under no obligation to answer any question put to you by the Operating Board Directors.*
- *If you have questions, you may direct them to the chair. Questions will not be addressed by the board during the public comment period, but may be addressed at a later time.*

These rules for participating in a public meeting were discussed and approved at the Board of Directors meeting on September 25, 2024.

MINUTES

Board of Directors Meeting

6:30 PM - Wednesday, April 29, 2026
Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital was called to order on Wednesday, April 29, 2026, at 6:30 PM, in the Conference Rooms 1&2 and via Zoom.

1. CALL TO ORDER

The board went into Executive Session to discuss personnel and financial matters prior to the start of the regular meeting. The board went into Executive Session at 5:30pm. President Aaron Weisser called the regular meeting to order at 6:30pm.

2. ROLL CALL

BOARD PRESENT: Aaron Weisser, Christopher Landess, Jim Anderson, Matt Bullard, Michael Dye, Mary E. (Beth) Wythe, Bernadette Wilson, Kim Frost, Ken Ciccoli

BOARD EXCUSED: Preston Simmons and Edson Knapp

ALSO PRESENT: Ryan Smith (CEO), Rachael Kincaid (COO), Amber Gall (CNO), Anna Hermanson (CFO), Christina Tuomi (CMO), Dr. Sarah Roberts (Chief of Staff), Maura Gibson (Exec Asst)

**Only meeting participants who comment, report or give presentations are noted in the minutes. Others may be present on the room or on the virtual meeting.*

A quorum was present.

3. REFLECT ON LIVING OUR VALUES

Amber Gall, CNO shared a Living Our Values Story. Dr. Raymond Fowler, former SPH anesthesiologist, wrote a letter to the CEO, praising the medical care he and his wife received at South Peninsula Hospital. He had high praise for the entire team involved in a recent surgery - including scheduling, lab, surgery, anesthesia, physical therapy, and post-op nursing.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

Mr. Weisser welcomed guests and noted the Rules for Participating in a Public Meeting, available in the room and in the online packet.

4.1. Rules for Participating in a Public Meeting

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the audience.

6. APPROVAL OF THE AGENDA

Beth Wythe made a motion to approve the agenda as presented. Michael Dye seconded the motion. Motion Carried.

7. APPROVAL OF THE CONSENT CALENDAR

Beth Wythe read the consent calendar into the record.

- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for March 25, 2026.**
- 7.2. Consideration to Approve March FY2026 Financials, to include the Balance Sheet, Income Statement and Cash Flow Statement**
- 7.3. Consideration to Approve EMP-03 Disruptive Conduct and Abusive Behavior and EMP-04 Contracting for Professional Medical Services with minor revisions, as recommended by the Governance Committee**
- 7.4. Consideration to Approve EMP-05 Hiring or Terminating Individuals in Key Positions and EMP-06 Environmental Responsibility with no revisions, as recommended by the Governance Committee**

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

8. PRESENTATIONS

There were no presentations.

9. UNFINISHED BUSINESS

There was no unfinished business.

10. NEW BUSINESS

- 10.1. Consideration to Approve SPH Resolution 2026-08, A Resolution to Approve the Renewal of the Lease for 4014 Lake Street for Education, Training Center, and Clinical Forensics Operations at 4014 Lake Street, Homer AK**

Rachael Kincaid shared this resolution to approve the lease for the Education and Training Center at 4014 Lake Street. It is coming to the board because it has now bumped over the \$100k threshold, and we are requesting a five-year lease extension. Michael Dye added that this resolution was reviewed and approved at the Finance Committee meeting in April.

Beth Wythe made a motion to approve SPH Resolution 2026-08, A Resolution to Approve the Renewal of the Lease for 4014 Lake Street for Education, Training Center, and Clinical Forensics Operations at 4014 Lake Street, Homer AK. Bernadette Wilson seconded the motion. A roll call vote was held.

<i>Jim Anderson</i>	Yes
<i>Matthew Bullard</i>	Yes

<i>Ken Ciccoli</i>	<i>Yes</i>
<i>Mike Dye</i>	<i>Yes</i>
<i>Kim Frost</i>	<i>Yes</i>
<i>Edson Knapp</i>	<i>Excused</i>
<i>Christopher Landess</i>	<i>Yes</i>
<i>Preston Simmons</i>	<i>Excused</i>
<i>Bernadette Wilson</i>	<i>Yes</i>
<i>Beth Wythe</i>	<i>Yes</i>
<i>Aaron Weisser</i>	<i>Yes</i>
<i>Motion Carried.</i>	

10.2. Consideration to Approve SPH Resolution 2026-07, A Resolution of the South Peninsula Hospital Board of Directors Authorizing the CFO to Sign, File and Submit the IRS Form 990

Anna Hermanson reported that the hospital accounting team has completed the IRS Form 990. The document was provided in its entirety for the board to review. This resolution authorizes the CFO to sign, file and submit this document. The resolution was reviewed and approved at Finance Committee this month. It was noted that the document reflects FY2025. Mr. Weisser thanked Ms. Hermanson for the work to prepare the document.

Beth Wythe made a motion to approve SPH Resolution 2026-07, A Resolution of the South Peninsula Hospital Board of Directors Authorizing the CFO to Sign, File and Submit the IRS Form 990 Bernadette Wilson seconded the motion. A roll call vote was held.

<i>Jim Anderson</i>	<i>Yes</i>
<i>Matthew Bullard</i>	<i>Yes</i>
<i>Ken Ciccoli</i>	<i>Yes</i>
<i>Mike Dye</i>	<i>Yes</i>
<i>Kim Frost</i>	<i>Yes</i>
<i>Edson Knapp</i>	<i>Excused</i>
<i>Christopher Landess</i>	<i>Yes</i>
<i>Preston Simmons</i>	<i>Excused</i>
<i>Bernadette Wilson</i>	<i>Yes</i>
<i>Beth Wythe</i>	<i>Yes</i>
<i>Aaron Weisser</i>	<i>Yes</i>

Motion carried.

10.3. Consideration to Approve SPH Resolution 2026-09, A Resolution of the South Peninsula Hospital Board of Directors Approving a Fourth Amendment to the Operating Agreement between South Peninsula Hospital and the Kenai Peninsula Borough to Provide Clear Expectations and Responsibilities for Real Property Acquisition Due Diligence as well as Required Provisions for Leases in which SPHI is the Sole Lessee

Ryan Smith, CEO, presented this resolution to amend the operating agreement with the Kenai Peninsula Borough. This request came from the borough attorney, because they are in the process of modifying the operating agreement with Central Peninsula Hospital and would like the two to match. This amendment would clarify how the property purchases work, and the caps on leases for the hospitals, which is \$800k for South Peninsula Hospital, excluding contract labor housing. We have the same limit on any leases over \$100k, and this resolution would allow the mayor to approve any lease over \$100k that doesn't cause us to exceed the cap without assembly approval.

Ms. Wythe noted a typo in the title of the resolution to be fixed prior to printing for signature.

Michael Dye made a motion to approve SPH Resolution 2026-09, A Resolution of the South Peninsula Hospital Board of Directors Approving a Fourth Amendment to the Operating Agreement between South Peninsula Hospital and the Kenai Peninsula Borough to Provide Clear Expectations and Responsibilities for Real Property Acquisition Due Diligence as well as Required Provisions for Leases in which SPH is the Sole Lessee. Beth Wythe seconded the motion. A roll call vote was held.

<i>Jim Anderson</i>	<i>Yes</i>
<i>Matthew Bullard</i>	<i>Yes</i>
<i>Ken Ciccoli</i>	<i>Yes</i>
<i>Mike Dye</i>	<i>Yes</i>
<i>Kim Frost</i>	<i>Yes</i>
<i>Edson Knapp</i>	<i>Excused</i>
<i>Christopher Landess</i>	<i>Yes</i>
<i>Preston Simmons</i>	<i>Excused</i>
<i>Bernadette Wilson</i>	<i>Yes</i>
<i>Beth Wythe</i>	<i>Yes</i>
<i>Aaron Weisser</i>	<i>Yes</i>

Motion Carried.

11. REPORTS

11.1. Balanced Scorecard

Amber Gall, CNO, gave a report on the updated balanced scorecard for 3rd quarter of FY2026. Highlights include:

- Long Term Care recently passed their PBJ audit, to assure we will keep our high star rating in staffing
- Improvements to patient care by working on Nurse Initiated Orders and interdisciplinary workflow redesign with registration and ED triage.
- We are in the process of creating action plans for places we are not meeting metric goals, so those will be reported out through the Quality Committee

- We are working on the customer service experience hospital-wide
- We are now reporting all contract staffing instead of travel RNs
- Finance is working on increasing revenue and volumes and working down AR days

11.2. Chief Executive Officer

Ryan Smith, CEO gave a verbal report. Highlights include:

- Fred Freeman, MD, a full-time ENT is joining the team next month, as well as Teresa Thompson, NP who also specializes in ENT
- We are working on a collaborative agreement with Dr. Zirul in Soldotna while he finishes his practice and readies for retirement.
- We are responding to feedback from community conversations.
- SPH will open an Urgent Care Clinic in June, located in the current Family Care Clinic space. Dr. Cherie Inglis will serve as Medical Director and other providers will include Carrie Warren, NP and new PA Kara Zimmerman.
- We are still waiting to hear back from the state about our Rural Health Transformation Program funding applications.
- Ryan and Rachael Kincaid, COO, attended the Alaska Hospital Association Annual Meeting in Washington DC and met with legislators.
- We are working with our legal team to set up a new prompt pay discount program that aligns appropriately with payer contracts. Starting with dates-of-service of June 1st and later, SPH will offer a Prompt Pay Discount of 25% on patient balances, except for those with Cigna as we are unable to offer that discount to Cigna patients per the payer's contract.

11.3. BOD Committee: Finance & Pension

Michael Dye, committee chair, reported. The committee met last week and reviewed several of the resolutions that came to the board on tonight's agenda, as well as the financials for March FY2026. We are nearing the end of the fiscal year and revenues are up slightly. The bottom line is less than budget. Ms. Hermanson and her team have a solid plan for AR following the changes that came with Epic and the committee has a lot of confidence in that plan.

11.4. BOD Committee: Strategic Planning & Community Relations

Aaron Weisser, committee co-chair, reported. Some highlights of the report:

- The second day of the board work session was spent on advocacy and several new initiatives came from that work.
- Mr. Smith will be developing a plan for structured Board rounding
- The senior leadership team will oversee the formation of a Patient Family Advocacy Committee (PFAC)
- Mr. Weisser will develop an advocacy agenda organized by board member with assignments for the coming year
- Kim Frost has put together a long-term strategic planning process, which will be a 3-year recurring process. This process was included in the packet for board feedback.

11.5. BOD Committee: Governance

Beth Wythe, committee chair reported. Highlights include:

- Governance Committee planned and executed the board retreat/work session in April, which was successful.
- Working with Governwell to develop an individual board member review process, which we hope to roll out this summer
- Reviewed board policies per the schedule
- Continue to work on and refine the board orientation process

11.6. BOD Committee: Quality

Beth Wythe reported, as Preston Simmons (committee chair) is traveling. Highlights of her report include:

- Excellent presentation to the committee on the Engineering Department by Harrison Smith and Jesse Welling. They discussed projects and introduced the board to the department and all its functions. It was very impressive.
- Reviewed and discussed the Quality Calendar for FY27
- Committee will review the balanced scorecard metrics for FY27 to make sure the board agrees with metrics and goals
- The committee will discuss what was learned at the board retreat at its next meeting

11.7. Chief of Staff

Dr. Sarah Roberts reported that the MEC continues to work on medical staff education, leadership development, peer review, and supporting the services lines as a very busy summer approaches.

11.8. Board President Report

Mr. Weisser had nothing additional to report.

11.9. Service Area Board Representative

There was no Service Area Board representative present.

12. DISCUSSION

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

14. COMMENTS FROM THE BOARD (Announcements/Congratulations)

14.1. Chief Executive Officer

Mr. Smith had no additional comments.

14.2. Board Members

Michael Dye appreciated that the hospital is providing some support to the swimming pool. Mr. Smith confirmed that the mayor had asked the hospital to support the pools, and so we agreed to make a \$20k contribution to help with the transition. Jim Anderson looks forward to getting more involved in how the hospital can tell its story through social media and in the community. Beth

Wythe reminded the group that SPH's 70th Anniversary is in July. Aaron Weisser expressed appreciation for the leadership's team swift response to feedback from the community. Bernadette Wilson inquired why the SPH Foundation is not enrolled in Pick, Click, Give.

15. INFORMATIONAL ITEMS

15.1. Board Agenda Calendar

The board agenda calendar was provided for information purposes.

15.2. AHA Rural Health Care Leadership Conference

- [Jan 31 - Feb 3, 2027: Signia by Hilton Orlando Bonnet Creek/Orlando](#)
- **Feb 20-23, 2028: Hyatt Regency Orlando/Orlando**
- **Feb 4-7, 2029: JW Marriott San Antonio Hill Country Resort/San Antonio**

Upcoming dates for the AHA Rural Leadership Conference were provided for planning purposes.

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

17.1. Consideration to Approve Resolution 2026-10, Approving the Medical Staff Credentialing for April 2026

Christopher Landess, MD and Kim Frost recused themselves from the Credentialing discussion during Executive Session, as well as the vote for the resolution.

After review of the medical staff files through Virtual Committee and discussion in Executive Session, Beth Wythe made a motion to approve SPH Resolution 2026-06, Approving the Medical Staff Credentialing for April 2026, to include the initial appointment of:

<i>Andrew Levy, MD</i>	<i>TeleICU-Providence</i>	<i>Telemed</i>
<i>Brent Morel, MD</i>	<i>TeleStroke-Providence</i>	<i>Telemed</i>
<i>Nishath Naseem, MD</i>	<i>TeleStroke-Providence</i>	<i>Telemed</i>

And the reappointment of category 1 providers:

<i>Preethi Balakrishan, MD</i>	<i>TeleICU-Providence</i>	<i>Telemed</i>
<i>Shadi Battah, MD</i>	<i>TeleICU-Providence</i>	<i>Telemed</i>
<i>Pratik Bhattacharya, MD</i>	<i>TeleStroke-Providence</i>	<i>Telemed</i>
<i>Jonathan Bloch, MD</i>	<i>General Surgery</i>	<i>Active</i>
<i>Jake Choiniere, DO</i>	<i>TelePsych-Providence</i>	<i>Telemed</i>
<i>Michael Clarke, MD</i>	<i>Pathology</i>	<i>Part-Time Active</i>
<i>John Draper, MD</i>	<i>TeleICU-Providence</i>	<i>Telemed</i>
<i>Donald Endres, MD</i>	<i>Otolaryngology</i>	<i>Part-Time Active</i>

<i>Jennifer Godbold, CNM</i>	<i>Midwifery</i>	<i>Active</i>
<i>Tyler Haas, MD</i>	<i>Emergency Medicine</i>	<i>Active</i>
<i>Javid Kamali, MD</i>	<i>TeleICU-Providence</i>	<i>Telemed</i>
<i>Daniel Propp, MD</i>	<i>TeleICU-Providence</i>	<i>Telemed</i>
<i>Laura Salyers, MD</i>	<i>TelePsych-Providence</i>	<i>Telemed</i>
<i>William Surber, MD</i>	<i>TeleICU-Providence</i>	<i>Telemed</i>
<i>Carson VanSanford, MD</i>	<i>TeleStroke-Providence</i>	<i>Telemed</i>

*And the reappointment of category 2 provider:
Christopher Landess, MD Family Medicine Active*

Bernadette Wilson seconded the motion. Motion Carried.

18. ADJOURNMENT

The meeting adjourned at 7:25pm.

Respectfully Submitted,

Accepted:

Maura Gibson, Executive Assistant

Aaron Weisser, President

Minutes Approved:

Mary E. Wythe, Secretary



DRAFT-UNAUDITED

BALANCE SHEET
As of April 30, 2026

	Month Ending 04/30/2026	Month Ending 04/30/2025	Month Ending 03/31/2026	Change From Prior Year
CURRENT ASSETS				
CASH				
1 CASH AND CASH EQUIVALENTS	30,226,572	30,183,210	25,581,750	43,361
2 EQUITY IN CENTRAL TREASURY	8,577,003	8,240,425	8,766,892	336,579
3 TOTAL CASH	38,803,575	38,423,635	34,348,642	379,940
NET PATIENT ACCOUNTS RECEIVABLE				
4 PATIENT RECEIVABLES	62,338,598	40,121,287	65,543,528	22,217,311
5 LESS ALLOWANCES AND ADJUSTMENTS	(30,556,944)	(18,212,423)	(30,807,555)	(12,344,521)
6 TOTAL NET PATIENT ACCOUNTS RECEIVABLE	31,781,654	21,908,864	34,735,973	9,872,790
NET PROPERTY TAXES RECEIVABLE - KPB				
7 PROPERTY TAX RECEIVABLE	154,205	125,764	190,682	28,441
8 LESS ALLOWANCE PROPERTY TAX - KPB	4,165	(4,165)	(4,166)	0
9 TOTAL NET PROPERTY TAXES RECEIVABLE - KPB	150,040	121,599	186,516	28,441
10 OTHER RECEIVABLES	446,612	150,007	405,682	296,606
11 INVENTORY	2,900,417	2,550,150	2,914,782	350,266
12 NET PENSION ASSET	534,985	3,225,068	534,985	(2,690,083)
13 PREPAID EXPENSE	1,607,997	1,312,963	1,609,937	295,034
14 TOTAL CURRENT ASSETS	76,225,280	67,692,286	74,736,517	8,532,994
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	4,648,322	6,176,303	4,660,109	(1,527,981)
16 PREF OBLIGATED	285,090	2,113,570	364,478	(1,828,480)
17 OTHER RESTRICTED FUNDS	36,770	816,604	36,693	(779,834)
TOTAL ASSETS WHOSE USE IS LIMITED	4,970,182	9,106,477	5,061,280	(4,136,295)
PROPERTY AND EQUIPMENT				
19 LAND AND IMPROVEMENTS	4,943,991	4,345,573	4,943,991	598,418
20 BUILDING	71,347,395	66,745,021	71,347,394	4,602,374
21 EQUIPMENT	35,889,930	28,296,242	35,889,930	7,593,688
22 BUILDINGS INTANGIBLE ASSETS	3,482,363	4,257,905	3,482,363	(775,543)
23 EQUIPMENT INTANGIBLE ASSETS	1,750,895	1,119,433	1,750,896	631,463
24 SOFTWARE INTANGIBLE ASSETS	3,277,657	1,046,832	3,277,657	2,230,826
25 IMPROVEMENTS OTHER THAN BUILDINGS	1,545,029	1,449,244	1,545,029	95,785
26 CONSTRUCTION IN PROGRESS	2,613,830	5,574,015	2,379,419	(2,960,186)
27 LESS ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(65,973,036)	(61,281,058)	(65,578,780)	(4,691,978)
28 LESS ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(4,270,238)	(2,716,575)	(4,111,249)	(1,553,663)
NET CAPITAL ASSETS	54,607,816	48,836,632	54,926,650	5,771,184
29 GOODWILL	0	0	0	0
30 TOTAL ASSETS	135,803,278	125,635,395	134,724,447	10,167,883
DEFERRED OUTFLOW OF RESOURCES				
31 PENSION RELATED (GASB 68)	3,414,476	3,774,487	3,652,073	(360,011)
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	111,918	172,964	117,005	(61,046)
33 TOTAL DEFERRED OUTFLOW OF RESOURCES	3,526,394	3,947,451	3,769,078	(421,057)
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	139,329,672	129,582,846	138,493,525	9,746,826
TOTAL LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
35 ACCOUNTS AND CONTRACTS PAYABLE	1,925,579	2,164,344	2,571,331	(238,765)
36 ACCRUED LIABILITIES	7,316,983	5,024,847	7,193,557	2,292,135
37 DEFERRED CREDITS	522,433	800,183	516,575	(277,749)
38 CURRENT PORTION OF LEASE PAYABLE	885,358	950,144	883,218	(64,786)
39 CURRENT PORTION OF SOFTWARE INTANGIBLE PAYABLE	1,037,315	210,150	1,041,222	827,165
40 CURRENT PORTION OF NOTES DUE	918,507	10,587	884,522	907,920
41 CURRENT PORTION OF BOND PAYABLE	1,315,000	1,250,000	1,300,000	65,000
42 BOND INTEREST PAYABLE	74,500	17,660	94,528	56,841
43 DUE TO/FROM THIRD PARTY PAYERS	(423,136)	1,176,864	1,076,864	(1,600,001)
44 COMPENSATED ABSENCES CURRENT	7,147,101	5,395,155	7,155,656	1,751,945
45 TOTAL CURRENT LIABILITIES	20,719,640	16,999,934	22,717,473	3,719,705
LONG-TERM LIABILITIES				
46 NOTES PAYABLE	3,186,155	1,060,675	3,030,611	2,125,482
47 COMPENSATED ABSENCES NET OF CURRENT	3,660,417	0	3,678,953	3,660,416
48 BONDS PAYABLE NET OF CURRENT PORTION	2,855,000	4,170,000	3,180,000	(1,315,000)
49 PREMIUM ON BONDS PAYABLE	121,268	196,176	127,246	(74,908)
50 CAPITAL LEASE, NET OF CURRENT PORTION	2,895,511	3,596,033	2,763,834	(900,522)
51 SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION	688,501	73,649	771,824	614,852
TOTAL NONCURRENT LIABILITIES	13,206,852	9,096,533	13,552,468	4,110,320
TOTAL LIABILITIES	33,926,492	26,096,467	36,269,941	7,830,025
PROPERTY TAXES RECEIVED IN ADVANCE	0	5	0	(5)
54 INVESTED IN CAPITAL ASSETS	54,719,734	49,009,596	55,043,655	5,710,138
55 RESTRICTED	571,755	4,041,672	571,678	(3,469,917)
56 UNRESTRICTED FUND BALANCE SPH	46,932,096	49,831,016	46,020,579	(2,898,921)
57 CHANGE IN FUND BALANCE	3,179,595	604,090	587,673	2,575,506
58 TOTAL UNRESTRICTED FUND BALANCE SPH	105,403,180	103,486,374	102,223,585	1,916,806
59 TOTAL LIABILITIES AND FUND BALANCE	139,329,672	129,582,841	138,493,525	9,746,826



INCOME STATEMENT
As of April 30, 2026
DRAFT-UNAUDITED

	Month Ending 4/30/2026			Month Ending 04/30/2025			Year To Date 4/30/2026			Prior Year To Date 04/30/2025
	Actual	Budget FY26	Var B (W)	Actual	Actual	Budget FY26	Var B (W)	Actual		
PATIENT SERVICE REVENUE										
1	INPATIENT REVENUE	2,973,049	3,109,359	-4.4%	2,755,386	32,637,015	32,648,265	0.0%	29,968,983	
2	OUTPATIENT REVENUE	21,116,655	21,155,569	-0.2%	18,695,965	199,857,979	195,101,363	2.4%	177,612,095	
3	LONG TERM CARE	1,315,945	1,491,919	-11.8%	1,322,753	14,464,445	14,919,190	-3.1%	13,022,984	
4	TOTAL PATIENT SERVICE REVENUE	25,405,649	25,756,847	-1.4%	22,774,104	246,959,439	242,668,818	1.8%	220,604,062	
DEDUCTIONS FROM REVENUE										
5	MEDICARE	5,318,549	4,959,761	7.2%	4,862,517	56,313,047	49,811,128	13.1%	47,622,837	
6	MEDICAID	3,145,513	2,736,534	15.0%	2,898,532	28,442,188	27,483,147	3.5%	24,390,791	
7	CHARITY CARE	144,972	235,490	-38.4%	78,348	2,944,151	2,365,039	24.5%	2,167,535	
8	COMMERICAL AND ADMIN	3,369,234	2,406,456	40.0%	2,375,905	24,458,378	24,168,166	1.2%	22,082,113	
9	BAD DEBT	697,558	308,148	126.4%	39,723	4,082,923	3,094,742	31.9%	2,969,213	
10	TOTAL DEDUCTIONS	12,675,826	10,646,389	19.1%	10,255,025	116,240,687	106,922,222	8.7%	99,232,489	
11	NET PATIENT SERVICES	12,729,823	15,110,458	-15.8%	12,519,079	130,718,752	135,746,596	-3.7%	121,371,573	
12	USAC AND OTHER REVENUE	126,589	131,067	-3.4%	66,822	1,162,294	1,310,669	-11.3%	708,131	
13	TOTAL OPERATING REVENUE	12,856,412	15,241,525	-15.7%	12,585,901	131,881,046	137,057,265	-3.8%	122,079,704	
TOTAL OPERATING EXPENSES										
14	SALARIES AND WAGES	6,226,934	6,052,647	2.9%	5,677,554	62,216,221	62,796,210	-0.9%	56,374,748	
15	EMPLOYEE BENEFITS	4,521,011	3,345,498	35.1%	2,799,894	31,182,032	31,260,426	-0.3%	25,305,683	
16	SUPPLIES AND DRUGS	1,999,954	1,657,457	20.7%	1,371,826	16,959,987	17,607,084	-3.7%	14,692,759	
17	CONTRACT STAFFING	426,952	146,589	191.3%	317,308	4,000,030	1,174,477	240.6%	2,306,367	
18	PROFESSIONAL FEES	817,137	583,138	40.1%	750,798	7,194,026	5,201,496	38.3%	5,690,413	
19	UTILITIES AND TELEPHONE	229,481	226,805	1.2%	192,028	2,023,170	2,116,844	-4.4%	1,839,557	
20	INSURANCE	116,741	99,194	17.7%	84,078	1,049,071	1,053,934	-0.5%	938,957	
21	DUES, BOOKS, AND SUBSCRIPTIONS	36,189	38,920	-7.0%	18,374	229,829	293,666	-21.7%	252,578	
22	SOFTWARE MAINT/SUPPORT	174,659	241,949	-27.8%	275,888	1,943,567	1,984,737	-2.1%	1,811,744	
23	TRAVEL, MEETINGS AND EDUCATION	139,330	73,306	90.1%	47,091	755,870	1,015,084	-25.5%	665,478	
24	REPAIRS AND MAINTENANCE	179,509	207,493	-13.5%	161,303	1,637,998	2,100,867	-22.0%	1,881,966	
25	LEASES AND RENTALS	72,016	66,997	7.5%	35,942	506,383	574,598	-11.9%	497,205	
26	OTHER (RECRUIT, ADVERT, ETC.)	222,116	214,902	3.4%	173,294	1,797,209	2,149,015	-16.4%	1,792,124	
27	DEPRECIATION AND AMORTIZATION	555,527	565,765	-1.8%	444,756	5,749,292	5,657,654	1.6%	4,773,556	
28	TOTAL OPERATING EXPENSES	15,717,556	13,520,660	16.3%	12,350,134	137,244,685	134,986,092	1.7%	118,823,135	
29	GAIN (LOSS) FROM OPERATIONS	(2,861,144)	1,720,865	-266.3%	235,767	(5,363,639)	2,071,173	-359.0%	3,256,569	
NON-OPERATING REVENUE										
30	GENERAL PROPERTY TAXES	39,589	43,980	-10.0%	30,765	4,280,506	4,354,054	-1.7%	3,940,145	
31	INVESTMENT INCOME	1,383,240	132,516	943.8%	106,135	2,412,123	1,325,152	82.0%	1,452,659	
32	GOVERNMENTAL SUBSIDIES	0	0	0.0%	0	0	0	0.0%	0	
33	OTHER NON-OPERATING REVENUE	6,695,796	216	3090220.0%	0	6,711,960	2,167	309678.0%	1,300	
34	GIFTS AND CONTRIBUTIONS	0	0	0.0%	0	0	0	0.0%	0	
35	GAIN LOSS ON DISPOSAL	0	0	0.0%	0	(357,178)	0	0.0%	(75,873)	
36	SPH AUXILIARY	1,153	794	45.3%	691	8,380	7,933	5.6%	6,902	
37	TOTAL NON-OPERATING REVENUE	8,119,778	177,506	4474.4%	137,591	13,055,791	5,689,306	129.5%	5,325,133	
NON-OPERATING EXPENSES										
38										
39	SERVICE AREA BOARD	0	0	0.0%	0	0	0	0.0%	0	
40	OTHER DIRECT EXPENSE	2,024,116	9,500	21206.5%	9,979	2,100,977	95,000	2111.6%	90,668	
41	ADMINISTRATIVE NON-RECURRING	0	0	0.0%	0	0	0	0.0%	0	
42	INTEREST EXPENSE	54,923	60,786	-9.7%	46,163	724,551	607,858	19.2%	501,683	
43	TOTAL NON-OPERATING EXPENSES	2,079,039	70,286	2858.0%	56,142	2,825,528	702,858	302.0%	592,351	
GRANTS										
44	GRANT REVENUE	0	139,880	-100.0%	256,295	1,186,702	1,398,800	-15.2%	836,785	
45	GRANT EXPENSE	0	15,986	-100.0%	(699)	18,951	159,858	-88.2%	101,586	
46	TOTAL NON-OPERATING GRANTS, NET	0	123,894	-100.0%	256,994	1,167,751	1,238,942	-5.8%	735,199	
47	TOTAL INCOME (LOSS) BEFORE TRANSFERS	3,179,595	1,951,979	62.9%	574,210	6,034,375	4,868,147	24.0%	9,639,836	
48	OPERATING TRANSFERS	0	0	0.0%	0	0	0	0.0%	0	
49	NET INCOME	3,179,595	1,951,979	62.9%	574,210	6,034,375	4,868,147	24.0%	9,639,836	

Operating EBITDA Disclosure (Non-GAAP)

GAIN (LOSS) FROM OPERATIONS	(2,861,144)	1,720,865	235,767	(5,363,639)	2,071,173	3,256,569
DEPRECIATION AND AMORTIZATION	555,527	565,765	444,756	5,749,292	5,657,654	4,773,556
OPERATING EBITDA	(2,305,617)	2,286,630	680,523	385,653	7,728,827	8,030,125



Statement of Cash Flows
As of April 30, 2026

2026

Cash Flows from (for) Operating Activities

Receipts from patients and users	\$	121,354,061
Payments to suppliers	\$	(41,256,848)
Payments to employees	\$	(90,144,361)
Other receipts	\$	607,496
Net cash flows from operating activities	\$	(9,439,652)

Cash Flows from Non-Capital Financing Activities

Receipts from property taxes	\$	4,206,368
Grant and other non-operating revenues (expenses)	\$	7,791,986
Increase in Advances from Governmental Payers	\$	3,001,883
Net cash flows from non-capital financing activities	\$	15,000,237

Cash Flows for Capital and Related Financing Activities

Purchase of capital assets	\$	(8,165,147)
Bond principal paid	\$	(1,250,000)
Payments on leases	\$	(2,061,615)
Payments on subscription IT assets	\$	1,484,565
Interest paid on capital debt	\$	(723,314)
(Decrease) increase in advances from primary government	\$	-
Note proceeds	\$	-
Proceeds from sale of capital assets	\$	(75,873)
Net cash flows for capital and related financing activities	\$	(10,791,384)


Cash Flows for Investing Activities

Increase (decrease) in restricted assets - unspent bond proceeds and other	\$	-
Increase (decrease) in assets whose use is limited	\$	3,176,681
Interest and dividends received	\$	2,412,123
Net cash flows from investing activities	\$	5,588,804

Net increase (decrease) in cash and cash equivalents \$ 358,005

Cash, Cash Equivalents and Equity in Central Treasury, beginning of year \$ 38,445,570

Cash, Cash Equivalents and Equity in Central Treasury, end of year \$ 38,803,575

	SUBJECT: Use of Hospital Facilities & Equipment	POLICY #: EMP-07
		Page 1 of 1
Scope: Executive Management Performance Approved by: Board of Directors		Original Date: 10/22/03 Effective: 1/24/24
Revised: 5/28/08; 11/16/11; 3/4/19; 9/29/21 Reviewed: 1/24/24; 1/29/25; 1/28/26		Revision Responsibility: Board of Directors

PURPOSE:

Restrictions on use of South Peninsula Hospital, Inc. facilities, property, and assets.

DEFINITION(S):

N/A

POLICY:

A. Hospital facilities, equipment, and tools are to be used solely for conducting the business of South Peninsula Hospital, Inc.

PROCEDURE:

N/A

ADDITIONAL CONSIDERATION(S):

N/A

REFERENCE(S):

N/A

CONTRIBUTOR(S):

Board of Directors



**LONG TERM CARE
FACILITY ASSESSMENT**

Facility Name	South Peninsula Hospital Long Term Care Facility CMS CCN# 02-5031
Facility Leadership / Reviewers	Administrator: Katie Martin, RN, BSN, LNHA Director of Nursing: Katie Martin, RN, BSN Medical Director: Dr. William Bell Joe Llenos, MD LTC QAPI Committee
Assessment Dates	Initial: October 29, 2017 Last update: 2/18/25; 4/2026

Requirement & Purpose

South Peninsula Hospital Long Term Care will conduct, document, and annually review a facility-wide assessment, which includes the number of residents and facility capacity, as well as the types of care we provide and conditions for which we can safely accommodate. This annual Facility Assessment is in accordance with **F838 CFR 5483.70(e) and 5483.70(e)(1), (e)(2), (e)(3)**. We use this assessment to make decisions about our direct care staff needs, as well as our ability to provide services to the residents in our facility in order to help residents maintain or attain their highest dignity, and practicable physical, mental, and psychosocial well-being.

Overview of the Assessment

Our assessment is organized in four parts:

1. **Facility Synopsis**
2. **The Resident Profile** which includes:
 - a. Census or occupancy numbers
 - b. Diseases and conditions
 - c. Acuity
 - d. Ethnic, cultural, and religious information
3. **Available Services and Cares Offered** are based on the individual resident and includes types of care our resident population needs.
4. **Facility Resources** needed to provide competent care for residents, including:
 - a. Staff
 - b. Staff Training, Education, and Competencies
 - c. Physical Environment and Building Needs

This assessment uses information from a variety of sources, including but not limited to MDS reports, Quality Measures, 802 (Roster/Sample Matrix Form) reports, the Payroll-Based Journal, the facilities' electronic health record; the hazard vulnerabilities analysis (HVA) for emergency planning and various LTC reports.



LONG TERM CARE FACILITY ASSESSMENT

Guidelines for this Assessment

A multidisciplinary approach has been used for this assessment. Individuals involved in the facility assessment or who have oversight include the LTC Administrator, SPH CEO, SPH Governing Body, LTC Medical Director, and Director of Nursing. Areas from South Peninsula Hospital who help support the Long Term Care facility include; Environmental Operations (Facilities & Maintenance), Dietary and Licensed Dietitian, Rehab department (PT, OT and ST) and the Pharmacy. Guidance on Risk Management, Compliance and Privacy, Human Resources are also provided to SPH LTC. Through the Resident Council and/or Family Council we encourage input from residents and their representative(s), or families. SPH LTC is a licensed SNF under the Centers for Medicare and Medicaid Services (CMS) but given the Swing Bed program in place at South Peninsula Hospital, the long term care facility does not currently accept, nor are we adequately staffed and resourced to accept SNF-level residents.

This assessment will be reviewed and updated annually or whenever there is a significant change. Any new assessment will also address other areas requiring attention (training or supplies) to provide such care. The plan is co-jointly reviewed and approved by the LTC QAPI Committee prior to SPH LTC Governing Board review and annual approvals.

Guidance for the various new and updated policies and procedures include: Centers for Disease Control (CDC); Centers for Medicare and Medicaid Services (CMS); State of Alaska Department of Health and Social Services (DHSS) State of Alaska Department of Public Health Section of Epidemiology (PH/Epi); State of Alaska Department of Health Facilities Licensing and Certification (HFCL); Mountain Pacific Quality Health (Quality Improvement Organization (MPQH/QIO); Alaska State Hospital and Nursing Home Association (ASHNHA); and the American Health Care Association/National Center for Assisted Living (AHCA/NCAL).

Part 1: Facility Synopsis

SPH LTC is licensed under the State of Alaska; Department of Health and Social Services. We are a 28 bed facility. We are co-located with an independent Critical Access Hospital, owned ~~and operated~~ by the [Kenai Peninsula Borough \(KPB\)](#), and operated by a non-profit [South Peninsula Hospital, Inc. City of Homer](#). The long term care facility is certified as a skilled nursing facility (SNF) under CMS, certification number (CCN): 025031. SPH LTC is one of ~~approximately 20-19~~ CMS and State licensed nursing homes in Alaska; many are in very rural small communities.

South Peninsula Hospital maintains a Swing Bed program on its Acute Care floor. Within this program, short-stay long term care patients with rehabilitation needs (PT/OT/SP) can be admitted for up to about 90 days. The Swing Bed program is recognized by Alaska Medicaid and Medicare Part A continuum of care. SPH patients who are unable to effectively participate or who may not progress toward community discharge are often candidates for referral to the long term care facility.

SPH LTC largely cares for persons who meet an intermediate level of care and need assistance with three or more activities of daily living (ADLs). Many persons have several co-morbid conditions and admission to the facility may mean the balance of their lives will be lived out within our walls. In some clinical situations, an individual admitted to SPH LTC may be able to transition to a lower level of care and be discharged. The LTC



LONG TERM CARE FACILITY ASSESSMENT

facility offers a full complement of services, including restorative services, group and individual activities, oversight by a medical director and professional nursing services.

SPH LTC is a tobacco-free and drug-free facility located on a non-smoking campus. This includes electronic devices such as vapes and e-cigarettes. Residents are served without regard to ethnic background, religious or sexual preferences or gender. SPH LTC attempts to meet the needs of all persons and we practice and support resident-centric care.

SPH LTC serves the population of the Homer, Seldovia, Halibut Cove and related very small communities. ~~In 2023, the U.S Census Bureau estimates Homer's population to be around 6,000. The Alaska Department of Labor & Workforce Development 2017 estimate estimates Homer's population at 5,313.~~ Homer is a Class I municipality and the largest community on the Southern Peninsula. Homer is part of the Kenai Peninsula Borough; estimated 2020 population of 58,522. Preference is given to SPH hospital transfers, followed by the communities of Homer and the Southern Kenai Peninsula.

~~In 2020, South Peninsula Hospital conducts a Community Health Needs Assessment (CHNA)ed its every three-year Community Health Needs Assessment (CHNA) in compliance; a with federal requirements, with the most recent assessment completed in 2026.~~ This document is available on the SPH public website upon request and demonstrates way in which the LTC facility is engaged in and advocating for the needs of the senior population in the Homer community(s).

Part 2: Resident Profile

Most of the residents are here for life care, typically called intermediate care (ICF), and do not anticipate discharge to the community. Most have a dementia diagnosis or some form of cognitive impairment. In general, persons under the age of 60 are not considered good candidates for life-care, unless admitted with a terminal diagnosis. Terminal illness criteria means a physician has diagnosed an illness as terminal and death is generally anticipated within 6 months.

In accord with the guidance provided in Section §483.15(c)(1)(i) provides that once a person is admitted (other than a short-stay rehabilitation resident) the LTC facility becomes the resident's home. Therefore, facilities should not admit residents whose needs they cannot meet based on the Facility Assessment. CMS F838 §483.70(e)(1)-(3) Facility Assessment. We determine our capacity and capability to safely care for the residents prior to admission.

Persons for whom we may not be able to safely provide care include, but are not necessarily limited to the following:

- New tracheostomy**
- TPN and Central Lines**
- Substance Use Disorder including active addiction to alcohol, nicotine, illegal drugs, and marijuana**
- Persons with history of inappropriate or violent behaviors or complex psychiatric needs**



**LONG TERM CARE
FACILITY ASSESSMENT**

- Persons needing one-on-one staff supervision or assistance to ensure their own safety or that of other residents or staff
- Persons screened to PASRR Level II and need services not appropriate for this LTC level of care
- Current or past history of violence toward self and others
- Body weight and body mass index (BMI) is evaluated case by case
- Active tuberculosis
- Invasive Ventilator-dependent
- Blood / kidney or peritoneal dialysis
- Persons requiring SNF level of care in the form of skilled services as well as LTAC (long-term acute care)
- Persons otherwise waiting for alternate care, assisted living or community based services
- Infectious disease organisms that requires specialized nursing care (such as VREs and VROs) are evaluated prior to acceptance
- Persons who due to behavior or complex medical conditions require a private room, on a case by case basis
- Hemodialysis

Other factors that would be a part of the ~~decision-making~~ decision-making process would include, but not be limited to; co-morbidities, the need for an isolation room, or a potential safety hazard to other residents. Factors such as reimbursement must also be considered, as outlined in §483.15 (Admissions Policy, F620)).

When the needs of the resident exceed facility capability to adequately and safely care for the resident, an interdisciplinary team, including the resident and their family or decision-maker, is convened. In some cases, this could involve a transfer to an acute care hospital. Once transfer to an acute care hospital occurs, decision-making lies with the resident’s primary care physician and the resident/resident’s delegates. In many instances, the resident would be transferred from LTC with the expectation of return, and the bed-hold policy would be implemented. Facility-initiated discharge is handled by the Nursing Home Administrator and/or the Director of Nursing and follows established protocol found at ~~F622~~ §483.15(c) Transfer and discharge.

A. Census

South Peninsula Hospital Long Term Care is licensed for 28 beds.

B. Diseases and/or Conditions

We accept residents who have or may develop, common diseases, conditions, physical and cognitive disabilities, or combinations of conditions requiring complex nursing care and medical management. Examples are as follows:

Category	Common Diagnoses
Heart and Circulatory System	Atrial Fibrillation, Congestive Heart Failure, Coronary Artery Disease, Hypertension, Peripheral Vascular Disease, Deep Venous Thrombosis, Pulmonary Embolism, Pacemaker/Defibrillator, Angina, Dysrhythmias, Risk for Bleeding, Artificial Heart Valve
Neurological System	Dementias such as Alzheimer’s, Parkinson’s, Lewy Body, Frontotemporal and vascular, Hemiparesis, Hemiplegia,

**LONG TERM CARE
FACILITY ASSESSMENT**

	Paraplegia, Quadriplegia, Multiple Sclerosis, Seizure Disorder or Epilepsy, Traumatic Brain Injury, Neuropathy, Stroke and chronic Transient Ischemic Attacks
Vision	Visual Loss, Cataracts, Glaucoma, Macular Degeneration
Hearing	Hearing loss
Musculoskeletal System	Fractures, Arthritis , Congenital Deformities, Restless Leg Syndrome, Fibromyalgia, Generalized Weakness, History of Falls
Neoplasm	Prostate Cancer, Breast Cancer, Lung Cancer, Colon Cancer, Brain Cancer, Other forms of Cancer, Metastatic disease
Nutritional	Protein Calorie Malnutrition, Mechanically Altered Diet, Dehydration, Swallowing Difficulties, Feeding Tube
Metabolic Disorders	Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity
Psychiatric/Mood	Anxiety Disorder, Depression, Post Traumatic Stress Disorder
Respiratory System	Chronic Obstructive Pulmonary Disease, Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure, Sleep Apnea
Genitourinary System	Renal Insufficiency, Nephropathy, Neurogenic Bladder, Renal Failure and Kidney Disease, Benign Prostatic Hyperplasia, Obstructive Uropathy, Urinary Incontinence
Diseases of Blood	Anemia, Polycythemia
Digestive System	Gastroenteritis, Cirrhosis, Peptic Ulcers, Gastroesophageal Reflux, Ulcerative Colitis, Crohn’s Disease, Inflammatory Bowel Disease, Bowel Incontinence, Ostomy
Integumentary System	Skin Ulcers, Injuries, Psoriasis
Infectious Diseases	Skin and Soft Tissue Infections, Respiratory Infections, Urinary Tract Infections, Infections with Multi- Drug-Resistant <u>Drug-Resistant</u> Organisms, Septicemia, Viral Hepatitis, <i>Clostridium difficile</i> , Influenza, Scabies , Herpes Zoster

C. Acuity Level

Conditions needing specialty medical management may not be available in the local community or at South Peninsula Hospital, a Critical Access Hospital (CAH). If a resident requires a higher level of care, the facility will coordinate a transfer to a hospital with the available services needed based on resident preference, resident need, and payer source.

Our acuity level has consistently been at an intermediate care nursing home level for several years. All Residents are on one unit, one floor, and share the same staff. We do not differentiate between long-stay and short-stay residents or specialty areas (ex: dementia or special medical needs). All rooms are above ground level and have direct egress to an evacuation hallway. Some rooms have an operable window however, not utilized used for emergency egress.

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**LONG TERM CARE
FACILITY ASSESSMENT**

Medicare Part-A SNF patients are served by the Swing Bed program at South Peninsula Hospital. We did not use the Major RUG-IV Categories to define acuity and did not transition to the Patient Driven Payment Model in October of 2018. The predominant payment model is based on a State’s Medicaid Rate Commission daily per diem rate for long term care. Data on rate setting can be obtained from the SPH CFO, and is provided to each resident and/or guardian annually as rates are updated.

SPH LTC in accord with Phase III CMS regulations for nursing homes is focusing on its behavioral health program. Residents ~~may receive~~ may receive services from a staff psychiatrist, and counseling services are available through South Peninsula Behavioral Health Services. Focus of the Behavioral Health discipline also includes a trauma screening for all residents on admission, with an emphasis on post-traumatic stress disorders and adverse childhood/adult experiences.

D. Ethnic, Cultural, or Religious Factors

Our residents are mostly from Alaska. Several residents are Alaska Natives. Several residents use hearing aids and corrective eyeglasses. A few residents require specialized vision or language devices, and these services are available when needed (Cyracom audio/video translation services). The facility has Chaplain services available, and several local churches offer volunteer services to Residents. We have a history of residents who are “Old Believers” and practice the religious, dietary, and dress customs of the Russian Orthodox Church. Several of our nursing staff share these cultural beliefs. Life habits of the people of Alaska vary considerably. Staff are trained in the diversity amongst residents as it relates to LGBTQ (lesbian, gay, bisexual, and transgender, queer) issues.

Part 3: Available Services and Care Offered

“Resident-directed care” is a philosophy that encourages both older adults and their caregivers to express choice and practice self-determination in meaningful ways at every level of daily life. Values that are essential to this philosophy include *choice, dignity, collaboration, respect, self-determination, and purposeful living*. This philosophy is resident-centric. Within SPH LTC, “resident-directed care” is a primary focus.

The following is a list of the types of care we provide for our Residents, while assisting them to maintain as much independence and autonomy as possible.

General Care	Specific Care or Practices
Activities of daily living	Bathing, showers, oral care, dressing, eating, support with needs related to hearing/vision/sensory impairment; supporting resident independence in doing as much of these activities by himself/herself
Mobility and fall/fall with injury prevention	Transfers, ambulation, restorative nursing, contracture prevention/care; supporting resident independence in doing as much of these activities <u>activities</u> by himself/herself.

**LONG TERM CARE
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Bowel/bladder	Bowel/bladder toileting programs, incontinence prevention and care, intermittent or indwelling or other urinary catheter, ostomy, responding to requests for assistance to the bathroom/toilet promptly in order to maintain continence and promote resident dignity.
Skin integrity	Pressure injury prevention and care, skin and wound care including wound vacs
Mental health and behavior	Identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, other psychiatric diagnoses.
Medications	Awareness of any limitations of administering medications. Administration of medications that resident need by route; oral, nasal, buccal, sub-lingual, topical, subcutaneous, rectal, intravenous, intramuscular, inhaled, vaginal, ophthalmic, etc. Assessment/management of polypharmacy.
Pain management	Holistic management of pain, including assessment and treatment, both pharmacologic and nonpharmacological
Infection prevention and control	Prevention, identification, and management of infections. Enhanced Barrier Precautions
Management of medical conditions	Management of medical and psychiatric conditions, including assessment and identification of changes in status. Assessment, early identification of problems/deterioration, management of medical and psychiatric symptoms and both acute and chronic conditions.
Therapy	Physical, occupational, and speech services
Nutrition	Individualized dietary plans, therapeutic diets, nutrition via gastrostomy tube, assistive devices, fluid monitoring or restrictions
Other special care needs	End of life care, bariatric care. Those individuals requiring tracheostomy care would be evaluated on a case-by <u>case-by-case</u> basis.
Activities	An ongoing program, based on the comprehensive assessment, care plan and resident preference, which meets the interests of and supports the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.
Provide person-centered/directed care; Psycho/social/spiritual support	We staff at a much higher than normal CNA to Resident ratio so that they can build a relationship with each of their residents/get to know them as individuals. Engage resident in conversations to be able to find out what

LONG TERM CARE FACILITY ASSESSMENT

~~residents~~resident's preferences and routines are; what makes a good day for the resident; what upsets him/her and incorporate this information into the care planning process.

Part 4: Facility Resources Needed to Provide Care

A. Staff

Listed are the type of staff members, licensed health care professionals, and medical practitioners we need to provide support and care for our residents. The LTC facility offers a number of retention opportunities, such as career ladders and tuition payments toward education for employees.

- LTC Leadership: Administrator, Director of Nursing, Assistant Director of Nursing, Operations Specialist, Social Worker, MDS Coordinator, Clinical Coordinator, Infection Preventionist, Clinical Quality and Systems Nurse
- LTC Medical Staff: Medical Director, Family Nurse Practitioner
- LTC Nursing Services: Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant (including Restorative, Bath, Activities, and Health Unit Clerk), Nursing Assistant Trainee
- Interdisciplinary Team: Registered Dietician, Pharmacist, Therapists (Physical, Occupational, Speech, Behavioral Health, Massage), Volunteers, Students (Nursing, CNA, Medical Staff)
- Services provided through South Peninsula Hospital: Medical Specialties, Facilities Engineering, Environmental Services, Dietary, Laboratory, Imaging, Information Technology, Medical Coding, Financial Services, Quality/Compliance/Risk, Payroll, Human Resources

The following is the LTC staff matrix, developed and maintained by an Interest-Based ~~Problem Solving~~Problem-Solving Team comprised of Administration, LTC Leadership, and Union staff members. The matrix is a tool to help determine staffing needs based on resident census, and is to be used as a guideline in regards to both current staffing reality and resident acuity. South Peninsula Hospital partners with the Teamsters 959 Union, which offers a contract that addresses both scheduled and last-minute staffing needs. There is also an on-call schedule for leadership to make themselves available to staff in the event a staffing need arises after-hours.



**LONG TERM CARE
FACILITY ASSESSMENT**

LTC Staffing Matrix			
CENSUS	28-25	24-20	19 & LESS
0600 - 1800: DAY SHIFT			
<u>Nurses</u>	3	2 Minimum	2 Maximum
<u>Floor CNAs</u>	5	4	3.5
<u>Additional Support CNAs</u> (Restorative Aid, Bath Aid, Activities Aid).	<ul style="list-style-type: none"> • 1 Restorative Aid • 1-2 Activities Aid • 1 Bath Aid 	<ul style="list-style-type: none"> • 1 Restorative Aid • 1-2 Activities Aid • 1 Bath Aid 	<ul style="list-style-type: none"> • 1 Restorative Aid • 1 Activities Aid • 1 Bath Aid
<u>Administrative Staff</u> (DON, ADON, Ops Specialist, MDS, Care Coord., SW, Sys. Support)	Full Coverage	Full Coverage	Director will assess office staff for adjustment.
1200 - 1800: MID-SHIFT (IN ADDITION TO DAY SHIFT COUNT)			
<u>Nurses</u>	0 Additional	0 Additional	0 Additional
<u>Floor CNAs</u>	2	2	1
<u>Additional Support CNAs</u> (Restorative Aid, Bath Aid, Activities Aid).	0 Additional	0 Additional	0 Additional
<u>Administrative Staff</u> (DON, ADON, Ops Specialist, MDS, Care Coord., SW, Sys. Support)	0 Additional	0 Additional	0 Additional
1800 - 2200: EVENING SHIFT			
<u>Nurses</u>	2	2	2
<u>Floor CNAs</u>	5	4	3
<u>Additional Support CNAs</u> (Restorative Aid, Bath Aid, Activities Aid).	0	0	0
<u>Administrative Staff</u> (DON, ADON, Ops Specialist, MDS, Care Coord., SW, Sys. Support)	0	0	0
2200 - 0600: NIGHT SHIFT			
<u>Nurses</u>	2	2 maximum - DON will determine staffing based on acuity	2 maximum - DON will determine staffing based on acuity
<u>Floor CNAs</u>	3	2	2 maximum - DON will determine staffing based on acuity



**LONG TERM CARE
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Additional Support CNAs (Restorative Aid, Bath Aid, Activities Aid).	0	0	0
Administrative Staff (DON, ADON, Ops Specialist, MDS, Care Coord., SW, Sys. Support)	0	0	0

B. Staff Training, Education, and Competencies

Prior to hire, the HR department screens all new temporary and permanent staff to make sure they have the appropriate licensure, certification, background check, drug and smoking screen, and physical evaluation of ability to complete assigned tasks. New staff receive orientation both at South Peninsula Hospital and the ~~Long-Term~~ Long-Term Care facility. Competencies are checked annually and more frequently as needed.

C. Physical Environment and Building Needs

Physical Resource Category	Resources	If applicable, process to ensure adequate supply, appropriate maintenance, replacement
Buildings and/or other structures	Facility is physically attached to the main hospital	Developing facility Facility master plan
Vehicles	Wheelchair-accessible bus	
Physical equipment	Durable medical equipment, medical and non-medical supplies, room and common space furniture, and assistive devices.	
Services	Waste management, hazardous waste management, cable television, telephone, HVAC, pharmacy, laboratory, radiology, physical and speech therapy, religious, exercise, recreational music, massage therapy	
Other physical plant needs	ADA compliant entry/exit ways, nourishment accessibility, nurse call system, emergency power, fire alarm panel, spa tub, showers in each patient-resident room, beauty salon	

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State Partners and Other Resources

State of Alaska Office of the ~~Long-Term~~ Long-Term Care Ombudsman
3745 Community Park Loop, Suite 200



**LONG TERM CARE
FACILITY ASSESSMENT**

Anchorage, Alaska 99508

Health Facilities Licensing and Certification
4601 Business Park Blvd., Building K
Anchorage, Alaska 99503

Mountain-Pacific Quality Health QIO
Long Term Care Quality Improvement Organization
~~50 W 14th St. Ste. 54101 Arctic Boulevard, Suite 206~~

Helena, MT 59601

~~Anchorage, Alaska 99503~~

Disability Law Center
3330 Arctic Blvd., Suite 103
Anchorage, AK 99503

SPH LTC Compliance & Grievance Officer

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PROCLAMATION

A PROCLAMATION RECOGNIZING Storm Hansen FOR 25 YEARS OF SERVICE TO SOUTH PENINSULA HOSPITAL

WHEREAS, after 25 years at South Peninsula Hospital, Storm retired on May 22, 2026; and

WHEREAS, Storm Hansen has demonstrated exceptional dedication and professionalism in her role at South Peninsula Hospital; and

WHEREAS, Storm has consistently provided compassionate care and support to patients, families, and colleagues; and

WHEREAS, Storm's commitment to excellence has earned the respect and admiration of patients, peers, and leadership alike; and

WHEREAS, Storm has generously volunteered her time serving on the Hospital Service Area Board, helping support and advance locally coordinated healthcare services for the community; and

WHEREAS, Storm has also served on the Homer City Council, demonstrating her longstanding dedication and commitment to serving and giving back to the community; and

WHEREAS, throughout her years of service, Storm witnessed and helped navigate significant transitions in local healthcare, including South Peninsula Hospital's acquisition of Homer Medical Center and the transition from paper records to electronic medical records; and

WHEREAS, because of her extensive knowledge, experience, and willingness to help others, Storm has become a trusted and valued resource for community members seeking assistance with clinic records and healthcare information; and

WHEREAS, Storm's unwavering commitment to public service, healthcare access, and the well-being of the community has made a lasting and meaningful impact on the residents of the southern Kenai Peninsula; and

NOW, THEREFORE, BE IT PROCLAIMED:

THAT Storm Hansen IS RECOGNIZED FOR HER 25 YEARS OF SERVICE TO SOUTH PENINSULA HOSPITAL AND FOR HER OUTSTANDING DEDICATION, LEADERSHIP, AND SERVICE TO THE COMMUNITY.

PROCLAIMED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL THIS 22ND DAY OF MAY, 2026.

Ryan Smith, CEO

Aaron Weisser, Board President

Kenai Peninsula Borough

Planning Department – Land Management Division

MEMORANDUM

TO: Ryan Smith, Chief Executive Officer, South Peninsula Hospital, Inc.

THRU: Sean Kelley, Borough Attorney ^{SK}
Brandi Harbaugh, Finance Director ^{BH}
John Hedges, Purchasing and Contracting Director ^{JH}
Sovala Kisenia, Risk Manager ^{SK}
Robert Ruffner, Planning Director ^{RR}

FROM: Aaron Hughes, Land Management Officer ^{AH}

DATE: October 10, 2025

RE: Notice of Closing and Occupancy / Use Requirements.

The Land Management Division has closed on the acquisition of four (4) properties in Homer for future use, operation, and management by South Peninsula Hospital, Inc. (SPHI) on behalf of the South Kenai Peninsula Hospital Service Area in accordance with the Operating Agreement between KPB and SPHI. Please find attached for your records, copies of Settlement Statements, plat maps, recorded deeds, and noted encumbrances to title for each property as provided by the title company.

Prior to your occupancy and/or use of the subject properties, Land Management will require approved documentation that all noted “Safety Hazards” and “Recommended” repairs identified within the third-party property inspections and environmental testing obtained by SPH, have been sufficiently addressed by SPH for the following properties:

- 4129 Bartlett Street (Parcel 17506104)
- 3714 Greatland Street (Parcel 17514409)

In addition to the above, the following specific use restrictions will also need be addressed:

- 324 West Fairview Avenue (Parcel 17506105): As per Ordinance 2025-19-06, the improvements located on this property must be demolished by SPH prior to any future use and after proper remediation of any identified environmental matters.
- 4323 Main Street (Parcel 17504022): An amendment to the current zoning, and additional Land Management and engineering review will be required prior to considering any future use of this property by SPH.

Alternatively, if SPHI prefers that the KPB contract for necessary remediation and testing of the known matters, please let me know. If you have questions or concerns regarding any of the above occupancy or use requirements, please contact Land Management directly.

Introduced by: Administration
Date:
Action:
Vote:

**SOUTH PENINSULA HOSPITAL, INC.
OPERATING BOARD RESOLUTION 2026-11**

A RESOLUTION AUTHORIZING THE OBLIGATION OF \$175,000 FROM THE PLANT REPLACEMENT AND EXPANSION FUND (PREF) FOR DEMOLITION OF THE PROPERTY LOCATED AT 324 WEST FAIRVIEW AVENUE, HOMER, ALASKA (PARCEL 17506105)

WHEREAS, South Peninsula Hospital, Inc. (“SPH”) acquired the property located at 324 West Fairview Avenue, Homer, Alaska, identified as Parcel 17506105; and

WHEREAS, the Kenai Peninsula Borough, through correspondence (attached) from Aaron Hughes dated October 10, 2025, required demolition of the structure located on the property as a condition of closing and occupancy; and

WHEREAS, building inspection findings identified significant structural and environmental concerns within the building, including substantial damage and asbestos exposure; and

WHEREAS, demolition of the structure is necessary to address safety concerns, comply with Borough requirements, and facilitate future use of the property; and

WHEREAS, following demolition, the property will be converted into a gravel parking lot to assist in addressing the current parking shortage serving the hospital campus; and

WHEREAS, the proposed demolition and site improvement project will be managed by the Kenai Peninsula Borough; and

WHEREAS, the Finance Committee reviewed this request on May 21, 2026, and recommended approval; and

WHEREAS, the unobligated balance of the SPH Plant Replacement and Expansion Fund (PREF) is currently \$4,648,322, and sufficient funds are available for this purpose;

NOW, THEREFORE, BE IT RESOLVED BY THE OPERATING BOARD OF SOUTH PENINSULA HOSPITAL, INC. THAT:

1. The Operating Board approves the obligation of One Hundred Seventy-Five Thousand Dollars (\$175,000) from the Plant Replacement and Expansion Fund (PREF) for demolition of the structure located at 324 West Fairview Avenue, Homer, Alaska (Parcel 17506105), and conversion of the property into a gravel parking lot.
2. The demolition and site improvement project shall be managed by the Kenai Peninsula Borough.
3. Hospital administration is authorized to take all actions necessary to implement this resolution and coordinate with the Kenai Peninsula Borough regarding project execution and payment.

PASSED AND APPROVED by the Operating Board of South Peninsula Hospital, Inc. this 27th day of May, 2026.

ATTEST:

Aaron Weisser, Board President

Mary E. Wythe, Board Secretary

South Peninsula Hospital
Hospital Board of Directors Balanced Scorecard Report
3rd Quarter FY 2026 (January, February, March)

Overall Indicators	Q3 FY26	Target	Note
Care Compare Overall Hospital Star Rating	N/A	5	Mortality, Safety of Care, Readmission, Patient Experience, Timely & Effective Care
Care Compare Overall Nursing Home Star Rating	5	5	Staffing, Health Inspections, Quality Measures
Care Compare Home Health Quality Rating	3	5	Activities of Daily Living, Symptoms, Harm, Hospitalization, Value of Care

Clinical & Service Excellence

Using evidence-based practices, South Peninsula Hospital is dedicated to achieving consistent and demonstrated excellence in clinical quality and safety.

Quality of Care / Patient Safety	Q3 FY26	Target	Note
Severe Sepsis & Septic Shock Care	86%	> 75%	<i>CMS Hospital Compare: 80% Nat. Avg: 64%</i>
Percentage of patients who received appropriate care for sepsis and/or septic shock.			Passed 6 of 7 cases
Stroke Care	N/A	> 75%	<i>CMS Hospital Compare: 79% Nat. Avg: 69%</i>
Percentage of patients who receive CT/MRI within 45 minutes of arrival to ED w/stroke symptoms.			0 CMS reportable stroke; 2 Excluded LKW cases met criteria to pass
Median Emergency Room Time	143	< 122min	<i>CMS Hospital Compare: 139 min Nat. Avg: 122 min</i>
Average minutes spent in department before leaving the Emergency Department excluding patients transferred to another facility or psychiatric care/mental health patients.			Average throughput time of ED visits (CMS allows for certain exclusions).
ER Admission Rate	7.98%		
Measures the percentage of ER patients admitted.			1303 visits, 104 admits; Q2 FY26: 7.81%
Colonoscopy Follow-up	100%	> 75%	<i>CMS Hospital Compare: 100% Nat. Avg: 93%</i>
Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy.			
Patient Fall Rate (AC)	6.3	< 5	# of patient falls / # patient days x 1000
Measures the number of patient falls per 1,000 patient days.			5 falls, 1 with injury; 789 pt days
Medication Errors	0	0	

Number of patient medication errors that cause harm. (Level E on the NCC MERP Index)			(Tracking through occurrence reporting system.)
Never Events	0	0	
Unexpected occurrence involving serious injury or death.			
Independent Ambulation (HH)	70%	> 75%	N:27 Nat. Avg: 88%
Percentage of home health patients demonstrating improvement with ability to ambulate more independently.			(Tracked through OASIS Reporting.) 100% improved or unchanged
Independent Oral Medication (HH)	72%	> 75%	N: 25 Nat. Avg: 87.5%
Percentage of home health patients demonstrating improvement with ability to take oral medications more independently.			(Tracked through OASIS Reporting.) 100% improved or unchanged
Primary Care MIPS Pathways	TBD	> 75%	Data from Athena and Epic submitted to CMS- awaiting preliminary results. Last score 75%.
CMS Merit-Based Incentive Payment System (MIPS) for outpatient clinics.			Special focuses: cervical cancer screening, specialist referrals, high blood pressure, hemoglobin A1c, medication reconciliation, fall risk

Patient & Resident Experience

Patient Satisfaction Through Press Ganey (PG)	Q3 FY26	Target	4/8/2026
Inpatient Percentile	71st	75th	9 or 10 best hospital/definitely recommend; Survey Responses: 28
Measures the overall satisfaction of inpatient pts. respondents.			Q2 FY26 99th: Q1 FY26 94th: Q4 FY25 63rd: Q3 FY25 90th
Outpatient Percentile	46th	75th	Mean Score: 95.12 Survey Responses: 497
Measures the overall satisfaction of outpatient pts. respondents.			Q2 FY26 27th: Q1 FY26 7th: Q4 FY25 34th: Q3 FY25 31st
Emergency Department Percentile	90th	75th	Mean Score: 93.28 Survey Responses: 72
Measures the overall satisfaction of emergency pts. respondents.			Q2 FY26 86th: Q1 FY26 79th: Q4 FY25 92nd: Q3 FY25 71st
Medical Practice Percentile	35th	75th	Mean Score: 93.82 Survey Responses: 396
Measures the overall satisfaction of pts. respondents at SPH Clinics.			Q2 FY26 37th: Q1 FY26 51st: Q4 FY25 59th: Q3 FY25 55th
Ambulatory Surgery (AS) Percentile	15th	75th	9 or 10 best hospital/definitely recommend; Survey Responses: 72
Measures the overall satisfaction of AS pts. respondents.			Q2 FY26 10th: Q1 FY26 94th: Q4 FY25 25th: Q3 FY25 87th
Home Health (HH) Percentile	72nd	75th	9 or 10 best hospital/definitely recommend; Survey Responses: 46
Measures the overall satisfaction of HH pts. respondents.			Q2 FY26 67th: Q1 FY26 64th: Q4 FY25 43rd: Q3 FY25 60th

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


Employee Engagement

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

Staff Alignment	2024	Target	Note
Employee Satisfaction Percentile	60th	75th	
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.			Result of employee survey 2024
Workforce	Q3 FY26	Target	Note
Turnover: All Employees	3.50%	< 5%	
Percentage of all employees separated from the hospital for any reason			25 Terminations / 708 Total Employees
Turnover: Voluntary All Employees	2.10%	< 4.75%	
Measures the percentage of voluntary staff separations from the hospital			15 Voluntary Terminations / 708 Total Employees
First Year Total Turnover	6.10%	< 7%	
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 163 Total New Hires from 03/31/2025-03/31/2026
Contract Utilization	26	< 20	
Measure average number of contract staff utilized.			MLT, MRI, OT, RT, HIS, CNA, RN
Information System Solutions	Q3 FY26	Target	Note

IT Security Awareness Training Complete Rate	92%	> 95%	
% of employees who have completed assigned security training			2063 Training videos sent; 1890 were completed.
Phishing Test Pass Rate	96%	> 95%	
% of Phishing test emails that were not failed.			4137 Test phishing emails sent; 149 fails.
<u>Financial Health</u>			
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	Q3 FY26	Target	Note
Operating Margin	-12.7%	2%	
Measures the surplus (deficit) of operating income over operating expenses as a percentage of net patient service revenue for the quarter.			Target is based on budgeted operating margin for the period.
Adjusted Patient Discharges	846	995	Total Discharges: # 109 (Acute, OB, Swing, ICU)
Measures the number of patient discharges adjusted by inpatient revenues for the quarter.			Adjusted Patient Days = [Inpatient Days(Excludes Nursery)] X [Gross Patient Revenue/Gross Inpatient Revenue] Target Discharges 161
Net Revenue Growth	9%	12%	
Measures the percentage increase (<i>decrease</i>) in net patient revenue for the quarter compared to the same period in the prior year.			Target is based on budgeted net patient service revenue for the period compared to net patient service revenue for the same period in prior yr.
FTE vs Budget	614	621	
FTE is calculated based on hours paid + Contract FTE			Target is based on budget
Overtime as a Percentage of Hours Worked	3%	<5%	
Measures overtime hours as a percentage of regular hours worked indicative of understaffing or scheduling inefficiencies			Target is based on industry standard
Net Days in Accounts Receivable	83	55	
Measures the rate of speed with which the hospital is paid for health care services.			Target is based on industry standard
Cash on Hand	61	90	72 Total Days Cash on Hand, Operating +Unobligated PREF

Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.			Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.
Uncompensated Care as a Percentage of Gross Revenue	1.6%	2-3%	
Measures bad debt & charity write offs as a percentage of gross patient service revenue			Target is based on industry standards & SPH Payer Mix Budgeted total is 2.4% Expected range of 2-3%
Average Age of Plant	13.2	10	
Average age of assets used to provide services			Target is based on hospital optimal age of plant for a critical access hospital
Intense Market Focus to Expand Market Share	Q3 FY26	Target	Note
Outpatient Revenue Growth	13%	19%	
Measures percentage increase (decrease) in outpatient revenue for the quarter, compared to the same period in the prior year.			Target is based on budgeted outpatient revenue for the period compared to outpatient revenue for the same period prior yr.
Surgical Case Growth	-6%	15%	
Measures the increase (<i>decrease</i>) in surgical cases for the quarter compared to the same period in the prior year.			Target is based on budgeted surgeries above actual from same quarter prior yr.

	SUBJECT: Corporate Compliance	POLICY #: EMP-02
		Page 1 of 1
Scope: Hospital-Wide Approved by: Board of Directors		Original Date: 10/22/03 Effective: 1/24/24
Revised: 5/08; 4/19; 5/26/21 Reviewed: 1/25/23; 1/24/24; 1/29/25; 1/28/26		Revision Responsibility: Operating Board of Directors

PURPOSE:

Guidelines for the development of the SPH Corporate Compliance Plan.

DEFINITION(S):

N/A

POLICY:

- A. The CEO is prohibited from engaging in, or allowing employees or agents of the organization to engage in any act that would be judged by a reasonable person to be unethical, imprudent, or illegal, or that violates board policies and decisions.
- B. The CEO will ensure that the hospital complies with all applicable federal, state, and local laws & regulations, both civil and criminal and to this end will prepare a Corporate Compliance Plan for board approval and will establish the necessary policies and procedures to implement this plan.

PROCEDURE:

- 1. The CEO will update and maintain the Corporate Compliance Plan/Program to reflect new laws, and adjust hospital-wide policies and procedures, if needed.
- 2. The CEO will prepare an annual Corporate Compliance report for the Board of Directors.
- 2-3. The CEO will notify the Board immediately upon becoming aware of any issues of non-compliance.
- 3-4. The Board President or designee will conduct an exit interview for the Corporate Compliance Officer. The interview will be compliance-focused and include the following two questions:
 - A. Is your departure directly or indirectly related to safety or compliance concerns with the hospital?
 - B. Are there any compliance-related issues you feel the Board needs to be aware of?

ADDITIONAL CONSIDERATIONS:

N/A

REFERENCE(S):

- 1. SPH Corporate Compliance and Ethics Program
- 2. SPH Hospital-Wide policy HW-101 Corporate Compliance

CONTRIBUTORS:

Board of Directors; Administration