AGENDA
Board of Directors Meeting
6:30 PM - Wednesday, July 29, 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 - 14 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for June 24, 2026
06 Board of Directors - Jun 24 2026 - Minutes - DRAFT

15 - 17 7.2. Consideration to Approve June FY2026 Financials to include the Balance Sheet, Income Statement and Cash Flow Statement
Balance Sheet June 2026
Income Statement June 2026
Cash Flow June 2026

18 7.3. Consideration to Approve Revised Board Policy EMP-08 CEO Performance Evaluation as Recommended by the Governance Committee
EMP-08

8. PRESENTATIONS

8.1. SPH Foundation: Rooted in Community Event

Presenter: Derotha Ferraro & Beth Wythe

9. UNFINISHED BUSINESS

10. NEW BUSINESS

11. REPORTS

19 - 58 11.1. Balanced Scorecard
Balanced Scorecard
South Peninsula Hospital 2026 Employee Engagement Survey
South Peninsula Hospital 2026 Physician Engagement Surey

11.2. Chief Executive Officer

11.3. BOD Committee: Finance & Pension

59 11.4. BOD Committee: Strategic Planning & Community Relations
Information Session Q&A

11.5. BOD Committee: Governance

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: Catriona Reynolds

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 2026-16, Approving the Medical Staff Credentialing for July 2026

18. ADJOURNMENT

South Peninsula Hospital

MEMO

Administration
4300 Bartlett Street
Homer, AK 99603
907-235-0325 ~ 907-235-0253, fax

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, June 24, 2026
Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital was called to order on Wednesday, June 24, 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 when into Executive Session at 5:00pm. President Aaron Weisser called the regular meeting to order at 6:30pm.

2. ROLL CALL

BOARD PRESENT: **President Aaron Weisser, Michael Dye, Bernadette Wilson, Mary E. (Beth) Wythe, Preston Simmons, Matthew Bullard, Christopher Landess, Kim Frost, Jim Anderson, and Ken Ciccoli**

BOARD EXCUSED: **Edson Knapp**

ALSO PRESENT: **Amber Gall (CNO), Ryan Smith (CEO), Anna Hermanson (CFO), Rachael Kincaid (COO), Dr. Christina Tuomi (CMO), Dr. Sarah Roberts (Chief of Staff), Brandy Zollars (Service Area Board), Tom Begich (public comment) and Maura Gibson (Exec Asst)**

Only meeting participants who comment, report or give presentations are noted in the minutes. Others may be present in 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. She shared a letter from an inpatient who received exceptional care at the hospital. The writer extended special thanks to Grace, Cameron, Sean, Jessica, Melinda and Jordan. They also thanked the physical therapists Ben and Olivia, as well as speech language pathologist Danielle, Trey (dietician) and all the physicians.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

4.1. Rules for Participating in a Public Meeting

Rules for participating in a public meeting were provided in the packet and in the meeting room.

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

Tom Begich, candidate for Alaska State Governor attended the meeting and spoke briefly to the board. He admitted he doesn't know all the specific needs of critical

access hospitals but expressed interest in learning more. He said he is somewhat familiar with Alaska critical access hospital issues through conversations with Jared Kosin, noting that current funding and access structures put small rural hospitals (like Wrangell, Petersburg, and SPH) at risk of closure. He emphasized that changes to funding mechanisms disproportionately hurt small critical access hospitals compared to large hospitals. He expressed strong concern that the current federal administration may reduce or dismantle Medicaid and Medicare supports, undermining the infrastructure Alaska relies on. His position is that the state must be prepared to fill the funding gap as federal supports shrink, and he is committed to preserving local hospital networks and rural access, including critical access hospitals like SPH.

6. APPROVAL OF THE AGENDA

Michael Dye made a motion to approve the agenda as presented. Beth Wythe 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 May 27, 2026

7.2. Consideration to Approve May FY26 Financials to include the Balance Sheet, Income Statement and Cash Flow Statement

7.3. Consideration to Approve the Board's Strategic Planning Process as Presented by the Strategic Planning Committee

7.4. Consideration to Approve the Board of Directors Peer Review Questions and Process as Presented by the Governance Committee

7.5. Consideration to Approve EMP-02 Corporate Compliance as Revised by the Governance Committee

7.6. Consideration to Approve EMP-09 CEO Emergency Succession Plan with no revisions

Beth Wythe made a motion to approve the consent calendar as read. 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 the 2026 Community Health Needs Assessment

Ryan Smith, CEO reminded everyone that Derotha Ferraro gave a detailed presentation on the 2026 Community Health Needs Assessment (CHNA) during the board's education session in May. It is on the agenda tonight to accept the report, and in the fall, recommendations for an action plan will come back to the board for approval. After the board's approval the report will be posted on the hospital website for anyone who would like to review it.

Beth Wythe made a motion to approve the 2026 Community Health Needs Assessment as presented. Kim Frost seconded the motion. Motion Carried.

10.2. Consideration to Approve SPH Resolution 2026-13, A Resolution of the South Peninsula Hospital Board of Directors Approving the Fiscal Year 2027 Operating Budget

Anna Hermanson, CFO, gave a report on the resolution. The operating budget was reviewed in detail at the Finance Committee meeting, and all board members were invited to attend. The budget reflects a 16% gross revenue increase, following the addition of Urgent Care and a full-time ENT. It also reflects a 10% increase in operating expenses, for an essentially break-even budget. Michael Dye added that the Finance Committee reviewed and approved the resolution at their June meeting. Aaron Weisser thanked Ms. Hermanson for the format of the budget presentations and the clear and concise report that's easy to understand.

Beth Wythe made a motion to approve SPH Resolution 2026-13, A Resolution of the South Peninsula Hospital Board of Directors Approving the Fiscal Year 2027 Operating Budget. Michael Dye seconded the motion. A roll call vote was held:

Jim Anderson – Yes
Matthew Bullard – Yes
Ken Ciccoli – Yes
Michael Dye – Yes
Kim Frost – Yes
Edson Knapp – Excused
Christopher Landess – Yes
Preston Simmons – Yes
Bernadette Wilson – Yes
Beth Wythe – Yes
Aaron Weisser – Yes

Motion Carried.

10.3. Consideration to Approve the South Peninsula Hospital Emergency Operations Plan (EOP), Long Term Care EOP, Home Health EOP, Hospital and Long Term Care Hazard Vulnerability Assessment (HVA), Home Health HVA and Hospital Safety Plan

Rachael Kincaid, CNO, reported on the Emergency Operations Plan and addendums. These documents were prepared by hospital leaders and approved in the Quality Committee in June. We are aligning governing body approvals on a fiscal year.

Beth Wythe made a motion to approve the South Peninsula Hospital Emergency Operations Plan (EOP), Long Term Care EOP, Home Health EOP, Hospital and Long Term Care Hazard Vulnerability Assessment (HVA), Home Health HVA and Hospital Safety Plan. Bernadette Wilson seconded the motion. Motion Carried.

10.4. Consideration to Approve the Balanced Scorecard Indicators for FY2027, as Proposed by Hospital Administration and Approved by the Board Quality-of-Care Committee

Mr. Smith reported on the new balanced scorecard indicators. The new indicators were developed by Administration, the Quality Committee and the Finance Committee, working together. There was a lot of good discussion around the appropriate targets. If the Board agrees with the indicators and targets, the hospital team will start tracking the new data points in July 2026, and the new balanced scorecard will be brought to the board with first quarter data in October 2026. Preston Simmons confirmed the Quality Committee had a robust discussion about the new balanced scorecard and suggested several changes, which have been reflected in the version presented for approval. Michael Dye also confirmed the Finance Committee reviewed and approved the financial indicators.

Beth Wythe made a motion to approve the Balanced Scorecard Indicators for FY2027, as Proposed by Hospital Administration and Approved by the Board Quality-of-Care and Finance Committees. Kim Frost seconded the motion. Motion Carried.

10.5. Consideration to Approve SPH Resolution 2026-14, A Resolution of the South Peninsula Hospital Board of Directors Supporting the Submission of Grant Applications Under the Alaska Rural Health Transformation Program and Requesting Kenai Peninsula Borough Assembly Approval of a Comprehensive Authorization Ordinance

Ryan Smith reported on the resolution, which mirrors a similar resolution put forth to the borough assembly by Central Peninsula Hospital. The resolution seeks to ensure the hospital's process in applying for Rural Health Transformation Program (RHTP) funds, is supported by the board and the borough. Aaron Weisser noted that this process accommodates SPH's unique ownership structure, and ensures the different bodies are all in alignment about how to move forward with the funding if approved, as most of the projects will require borough approval. Mr. Dye noted that the borough's attorney had

requested the small change in language to the resolution, which was reflected in his requested amendment.

Michael Dye made a motion to approve SPH Resolution 2026-14, A Resolution of the South Peninsula Hospital Board of Directors Supporting the Submission of Grant Applications Under the Alaska Rural Health Transformation Program and Requesting Kenai Peninsula Borough Assembly Approval of a Comprehensive Authorization Ordinance, with an amendment striking the words "and requests that" from #2" so it reads "The Operating Board supports the Kenai Peninsula Borough Assembly approval of a comprehensive omnibus ordinance..." Beth Wythe seconded the motion. Motion Carried.

11. REPORTS

11.1. Balanced Scorecard

The balanced scorecard in the packet was unchanged from last month. The scorecard with Q4 FY2026 data will be presented in the July packet.

11.2. Chief Executive Officer

Ryan Smith, CEO gave a verbal report. Some of the highlights include:

- Dr. Jeffrey Roger and Dr. Ellen Dore will be joining the Emergency Department. Dr. Roger is new and Dr. Dore has been providing occasional coverage from Anchorage, but will be moving into a full-time position with SPH.
- Dr. Ian Lawrence has resigned from the hospitalist program, and Dr. Hans Wilhelm, who provides intermittent coverage from Anchorage, has expressed interest in providing more permanent coverage.
- Dr. Brent Adcox is retiring in July, and we are in discussion with Dr. Lars Matkin about providing additional coverage, as well as Dr. Thomas Keller and Dr. Christian McCartney.
- The Urgent Care is now up and running, which took a lot of work from various hospital departments, to provide this much-needed service to the community
- Dr. Freeman, ENT is now seeing patients full-time out of the SPH Specialty Clinic. Dr. Endres will continue to provide some support, but the other visiting ENTs are no longer providing Homer clinics.
- OB/Gyn candidate is on site this week for a recruitment visit. With the resignation of Dr. Sadie Marden and Kathryn Ault's move to the east coast for a new opportunity, SPH is looking to hire women's health/OB provider(s).
- In response to two public comments at the previous board meeting, Rachael Kincaid reached out to both community members to further explore their needs. They have revived discussion about TMS with Dr. Heiry and Dr. Fisher, and what can be done to support those in the community needing this treatment. CPH is now offering an accelerated protocol model for TMS.

11.3. BOD Committee: Finance & Pension

Michael Dye, committee chair, reported on the June 22nd meeting. There was a detailed presentation on the proposed budget, and the financials for May FY2026 were reviewed and discussed. The hospital is approaching the end of the fiscal year on solid ground.

11.4. BOD Committee: Strategic Planning & Community Relations

Aaron Weisser, committee co-chair, reported on the meeting of June 17th. The committee spent a good portion of the meeting talking about follow-up for the community outreach. The committee hopes to schedule more time this fall, to share what was learned and what changes have been made. Kim Frost is working on the implementation of the new strategic planning process. She noted the committee discussed the schedule for gathering reports, surveys and other data to collate the information for the strategic planning process. Matt Bullard requested a discussion with the whole board around which consultants to use, and when.

Mr. Weisser reminded the board that the hospital is having a celebration for the 70th Anniversary, and board members are asked to volunteer. There is also a schedule circulating for Board Rounding, which will begin in July. Several board members will round in hospital departments with a member of Administration prior to each month's board meeting.

11.5. BOD Committee: Governance

Beth Wythe, committee chair, reported on the meeting of June 10th, that was chaired by Mr. Bullard. They discussed the upcoming board and medical staff dinner hosted by the Wythes. The committee approved questions and a schedule for peer evaluations, to begin in July. They discussed two policies in development - one involving AI use and one on appropriate meeting venues. There was some discussion about medical staff credentialing. There was a board-only Executive Session where the CEO Evaluation team, led by Preston Simmons, gave a presentation and the committee approved the evaluation for presentation to the full board.

11.6. BOD Committee: Quality

Preston Simmons, committee chair, reported on the meeting of June 10th. Josie Bradshaw, Practice Administrator, gave a presentation on quality in the outpatient clinics. She talked about the successes, the projects they are working on, and the challenges they face. They are working on the consolidation of primary care into Homer medical Center. There is a new Outpatient Medical Leadership Council, led by Dr. Hans Amen. Ms. Bradshaw spoke about recent challenges, including the Epic rollout and provider burnout. She spoke about improvements, like DAX AI, centralized scheduling and new delivery systems for behavioral health. Amber Gall, CNO, gave a presentation on Seaside Women's Health, including their integrated behavioral health system. The committee also reviewed the balanced scorecard indicators and the Emergency Operations Plans brought tonight to the full board for approval.

11.7. Chief of Staff

Dr. Roberts, Chief of Staff, gave a verbal report. The Medical Executive Committee (MEC) is currently accepting nominations to replace Dr. Adcox's seat on the MEC. The Peer Review Committee has a meeting with Chartis to review the case flow process. The medical staff is encouraged at the implementation of DAX AI, which has greatly reduced physician charting time.

11.8. Board President Report (Executive Committee, Education Sessions & Generative Discussions)

- ***Committee Assignments for Board Members Jim Anderson and Ken Ciccoli***

Aaron Weisser shared there was no Education Session this month. The board met in executive session to discuss the CEO Evaluation, among other items. Now that new members Jim Anderson and Ken Ciccoli have completed the first 6 months of their orientation, they are ready to receive official committee assignments. Jim Anderson is appointed to the Strategic Planning and Community Relations Committee (primary assignment) and Governance Committee (secondary assignment). Ken Ciccoli is appointed to the Finance Committee (primary assignment) and Quality Committee (secondary assignment). Mr. Weisser reminded the new members that their primary committee will require more of their time, and they may be required to do work outside of the committee meeting, whereas their secondary committee assignment only requires attending and participating in the monthly meetings.

11.9. Service Area Board Representative - Brandy Zollars

Brandy Zollars attended on behalf of the Service Area Board (SAB). She reported that the SAB was not scheduled to meet in June, but held a special meeting to consider a resolution to demolish the building at 324 West Fairview Avenue, which was approved. Ms. Zollars announced she is also the new liaison to the SPH Foundation, and was able to attend her first meeting. She appreciated seeing all the work and effort by the Foundation members to support the SPH Mission, Vision and Values in creative ways. She is looking forward to the Foundation's fundraising event in August.

12. DISCUSSION

There was no additional discussion.

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the audience.

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

Mr. Smith had nothing to add.

14.2. Board Members

Michael Dye thanked Anna Hermanson and her team for their preparation of the FY27 operating budget, and Bernadette Wilson agreed. Beth Wythe welcomed Ms. Zollars to the SPH Foundation. She thanked the Finance team for their great work on the budget. Aaron Weisser noted that in reviewing the budget, the hospital is continuing to grow, and thanked the hospital administration and staff for continuing to move forward.

15. INFORMATIONAL ITEMS

15.1. Board and Medical Staff Summer Social - July 31st

Please reach out to Maura in Administration to RSVP for the summer social gathering.

15.2. AHHA Annual Conference: Please notify Maura Gibson if you plan to attend

September 15-16, 2026
Alyeska Resort, Girdwood

Mr. Weisser reminded board members to let Maura know if they plan to attend the AHHA Annual Conference in Girdwood.

15.3. South Peninsula Hospital Audit Planning Document (BDO)

The SPH audit planning document, prepared by BDO, was provided in the packet.

15.4. Board Rounding Schedule

Board members were encouraged to sign up for board rounding in hospital departments.

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

No additional Executive Session was needed.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

17.1. Consideration to Approve Resolution 2026-15, Approving the Medical Staff Credentialing for June 2026

Beth Wythe made a motion to approve SPH Resolution 2026-15, Approving the Medical Staff Credentialing for June 2026, to include the reappointment of the following providers with an effective date of June 30, 2026:

Jonathan Breslau, MD	*Dx Radiology*	*TeleRadiology-vRad*
Janice Chen, MD	*Dx Radiology*	*Part-Time Active*
Ketan Davae, MD	*Dx Radiology*	*TeleRadiology-vRad*
David Evans, MD	*Dx Radiology*	*Part-Time Active*
Christopher Famy, MD	*Psychiatry*	*TelePsych-Providence*
Keir Fowler, MD	*Dx Radiology*	*Part-Time Active*
Jon Grace, MD	*Critical Care*	*TeleCritical Care-Providence*
Vishal Jani, MD	*Neurology*	*TeleNeuro-Providence*

Rachael Kincaid, APRN	*Adult Medicine*	*Active*
Sergy Lemeshko, MD	*Dx Radiology*	*TeleRadiology-vRad*
Joe Llenos, MD	*Family Medicine*	*Active*
Emma C. Mangold, CRNA	*Anesthesia*	*Part-Time Active*
Kishan Patel, MD	*Neurology*	*TeleStroke-Providence*
Jordan Ross, MD	*Dx Radiology*	*Part-Time Active*
Ravinder Sohal, MD	*Dx Radiology*	*TeleRadiology-vRad*
Aaron Stayman, MD	*Neurology*	*TeleStroke-Providence*
Benjamin Strong, MD	*Dx Radiology*	*TeleRadiology-vRad*

And the initial appointment of the following providers with an effective date of June 30, 2026:

Ismail Fahad, MD	*Neurology*	*TeleStroke-Providence*
Laura Hooper, MD	*Critical Care*	*TeleCritical Care-Providence*
Muhammad Puri, MD	*Psychiatry*	*TelePsych-Providence*
Rolf Vrla, MD	*Dx Radiology*	*TeleRadiology-vRad*

Jim Anderson seconded the motion. Motion Carried.

Other announcements from Executive Session:

Michael Dye made a motion to approve the SPH annual review of CEO compensation and process goals for FY2027 as presented by the CEO Annual Review Committee in Executive Session. Jim Anderson seconded the motion. Aaron Weisser, Beth Wythe, and Christopher Landess recused themselves from the vote. A roll call vote was held:

Jim Anderson – Yes
Matthew Bullard – Yes
Ken Ciccoli – Yes
Michael Dye – Yes
Kim Frost – Yes
Edson Knapp – Excused
Christopher Landess – Recused
Preston Simmons – Yes
Bernadette Wilson – Yes
Beth Wythe – Recused
Aaron Weisser – Recused

Motion Carried.

18. ADJOURNMENT

The meeting adjourned at 7:36pm.

Respectfully Submitted,

Maura Gibson, Executive Assistant

Accepted:

Aaron Weisser, President

Minutes Approved:

Mary E. Wythe, Secretary

South Peninsula Hospital

DRAFT-UNAUDITED

BALANCE SHEET
As of June 30, 2026

		Month Ending 06/30/2026	Month Ending 06/30/2025	Month Ending 05/31/2026	Change From Prior Year
	CURRENT ASSETS				
	CASH				
1	CASH AND CASH EQUIVALENTS	35,265,696	29,654,371	31,431,881	5,611,325
2	EQUITY IN CENTRAL TREASURY	8,465,161	8,791,199	8,564,105	(326,038)
3	TOTAL CASH	43,730,857	38,445,570	39,995,986	5,285,287
	NET PATIENT ACCOUNTS RECEIVABLE				
4	PATIENT RECEIVABLES	60,584,686	43,488,790	62,166,242	17,095,897
5	LESS ALLOWANCES AND ADJUSTMENTS	(29,949,721)	(19,431,206)	(30,156,156)	(10,518,515)
6	TOTAL NET PATIENT ACCOUNTS RECEIVABLE	30,634,965	24,057,584	32,010,086	6,577,382
	NET PROPERTY TAXES RECEIVABLE - KPB				
7	PROPERTY TAX RECEIVABLE	159,824	87,847	119,824	71,976
8	LESS ALLOWANCE PROPERTY TAX - KPB	4,165	11,950	(4,166)	7,785
9	TOTAL NET PROPERTY TAXES RECEIVABLE - KPB	155,659	75,897	115,658	79,761
10	OTHER RECEIVABLES	212,241	270,530	301,339	(58,289)
11	INVENTORY	2,860,069	2,663,363	2,909,126	196,705
12	NET PENSION ASSET	534,985	534,985	534,985	0
13	PREPAID EXPENSE	1,254,496	1,169,458	1,345,322	85,039
14	TOTAL CURRENT ASSETS	79,383,272	67,217,387	77,212,502	12,165,885
	ASSETS WHOSE USE IS LIMITED				
15	PREF UNOBLIGATED	4,648,322	6,297,770	4,648,323	(1,649,448)
16	PREF OBLIGATED	285,091	982,687	285,090	(697,596)
17	OTHER RESTRICTED FUNDS	37,369	866,406	37,065	(829,037)
	TOTAL ASSETS WHOSE USE IS LIMITED	4,970,782	8,146,863	4,970,478	(3,176,081)
18	**PROPERTY AND EQUIPMENT**				
19	LAND AND IMPROVEMENTS	4,895,586	4,345,573	4,943,992	550,013
20	BUILDING	69,962,900	67,754,319	71,416,237	2,208,581
21	EQUIPMENT	32,784,481	28,626,920	36,250,803	4,157,561
22	BUILDINGS INTANGIBLE ASSETS	3,482,362	4,257,905	3,482,362	(775,542)
23	EQUIPMENT INTANGIBLE ASSETS	1,911,211	1,750,896	1,750,896	160,315
24	SOFTWARE INTANGIBLE ASSETS	3,930,467	890,140	3,277,657	3,040,326
25	IMPROVEMENTS OTHER THAN BUILDINGS	1,521,990	1,521,513	1,545,029	478
26	CONSTRUCTION IN PROGRESS	2,746,682	7,468,776	2,400,480	(4,722,095)
27	LESS ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(61,788,383)	(62,072,980)	(66,370,386)	284,598
28	LESS ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(4,599,025)	(2,842,824)	(4,431,509)	(1,756,202)
	NET CAPITAL ASSETS	54,848,271	51,700,238	54,265,561	3,148,033
29	GOODWILL	0	0	0	0
30	TOTAL ASSETS	139,202,325	127,064,488	136,448,541	12,137,837
	DEFERRED OUTFLOW OF RESOURCES				
31	PENSION RELATED (GASB 68)	2,939,283	5,790,441	3,176,879	(2,851,158)
32	UNAMORTIZED DEFERRED CHARGE ON REFUNDING	101,744	162,790	106,831	(61,046)
33	TOTAL DEFERRED OUTFLOW OF RESOURCES	3,041,027	5,953,231	3,283,710	(2,912,204)
34	**TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES**	**142,243,352**	**133,017,719**	**139,732,251**	**9,225,633**
	TOTAL LIABILITIES AND FUND BALANCE				
	CURRENT LIABILITIES				
35	ACCOUNTS AND CONTRACTS PAYABLE	3,244,736	2,150,848	2,466,778	1,093,888
36	ACCRUED LIABILITIES	8,555,342	7,570,957	8,285,192	984,385
37	DEFERRED CREDITS	511,786	901,149	577,084	(389,363)
38	CURRENT PORTION OF LEASE PAYABLE	914,117	1,014,194	887,512	(100,076)
39	CURRENT PORTION OF SOFTWARE INTANGIBLE PAYABLE	1,082,124	199,887	1,040,726	882,236
40	CURRENT PORTION OF NOTES DUE	918,507	279,959	918,507	638,548
41	CURRENT PORTION OF BOND PAYABLE	1,315,000	1,250,000	1,315,000	65,000
42	BOND INTEREST PAYABLE	124,112	64,362	99,306	59,750
43	DUE TO/FROM THIRD PARTY PAYERS	1,078,870	1,076,864	(1,224,137)	2,006
44	COMPENSATED ABSENCES CURRENT	7,117,555	6,997,411	7,127,028	120,144
45	TOTAL CURRENT LIABILITIES	24,862,149	21,505,631	21,492,996	3,356,518
	LONG-TERM LIABILITIES				
46	NOTES PAYABLE	2,960,842	822,820	3,186,155	2,138,023
47	COMPENSATED ABSENCES NET OF CURRENT	3,349,118	2,932,180	3,317,917	416,937
48	BONDS PAYABLE NET OF CURRENT PORTION	2,855,000	4,170,000	2,855,000	(1,315,000)
49	PREMIUM ON BONDS PAYABLE	109,313	181,041	115,291	(71,728)
50	CAPITAL LEASE, NET OF CURRENT PORTION	2,679,918	3,855,262	2,626,707	(1,175,343)
51	SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION	1,128,507	41,364	595,109	1,087,142
	TOTAL NONCURRENT LIABILITIES	13,082,698	12,002,667	12,696,179	1,080,031
	TOTAL LIABILITIES	37,944,847	33,508,298	34,189,175	4,436,549
	PROPERTY TAXES RECEIVED IN ADVANCE	0	140,616	0	(140,616)
54	INVESTED IN CAPITAL ASSETS	54,950,015	51,863,028	54,372,392	3,086,987
55	RESTRICTED	572,354	1,401,391	572,050	(829,037)
56	UNRESTRICTED FUND BALANCE SPH	50,020,708	46,504,560	50,458,739	3,516,149
57	CHANGE IN FUND BALANCE	(1,244,572)	(400,174)	139,896	(844,399)
58	TOTAL UNRESTRICTED FUND BALANCE SPH	104,298,505	99,368,805	105,543,077	4,929,700
59	**TOTAL LIABILITIES AND FUND BALANCE**	**142,243,352**	**133,017,719**	**139,732,251**	**9,225,633**

South Peninsula Hospital

INCOME STATEMENT
As of June 30, 2026
DRAFT-UNAUDITED

		Month Ending 06/30/2026			Month Ending 06/30/2025	Year To Date 6/30/2026			Prior Year To Date 06/30/2025
		Actual	Budget FY26	Var B (W)	Actual	Actual	Budget FY26	Var B (W)	Actual
	PATIENT SERVICE REVENUE								
1	INPATIENT REVENUE	3,206,555	3,109,359	3.1%	3,862,900	39,170,510	38,866,983	0.8%	36,741,561
2	OUTPATIENT REVENUE	22,872,347	18,804,950	21.6%	18,872,345	244,756,906	235,061,882	4.1%	214,989,856
3	LONG TERM CARE	1,662,037	1,491,919	11.4%	1,312,881	17,547,638	17,903,028	-2.0%	15,718,388
4	TOTAL PATIENT SERVICE REVENUE	27,740,939	23,406,228	18.5%	24,048,126	301,475,054	291,831,893	3.3%	267,449,805
	DEDUCTIONS FROM REVENUE								
5	MEDICARE	7,328,403	6,100,567	20.1%	5,392,929	69,514,397	61,402,205	13.2%	58,069,710
6	MEDICAID	1,502,313	3,365,970	-55.4%	2,836,056	32,672,595	33,878,490	-3.6%	29,809,386
7	CHARITY CARE	2,288,823	289,656	690.2%	178,265	5,726,200	2,915,385	96.4%	2,601,203
8	COMMERICAL AND ADMIN	3,003,195	2,959,971	1.5%	1,941,207	30,325,067	29,792,111	1.8%	26,536,337
9	BAD DEBT	729,788	379,025	92.5%	273,057	5,547,575	3,814,890	45.4%	3,529,144
10	TOTAL DEDUCTIONS	14,852,522	13,095,189	13.4%	10,621,514	143,785,834	131,803,081	9.1%	120,545,780
11	NET PATIENT SERVICES	12,888,417	10,311,039	25.0%	13,426,612	157,689,220	160,028,812	-1.5%	146,904,025
12	USAC AND OTHER REVENUE	150,361	131,067	14.7%	438,099	1,503,125	1,572,802	-4.4%	1,223,829
13	TOTAL OPERATING REVENUE	13,038,778	10,442,106	24.9%	13,864,711	159,192,345	161,601,614	-1.5%	148,127,854
	TOTAL OPERATING EXPENSES								
14	SALARIES AND WAGES	6,392,322	6,809,228	-6.1%	6,376,191	75,036,011	75,658,084	-0.8%	68,239,207
15	EMPLOYEE BENEFITS	3,077,723	2,613,979	17.7%	3,686,328	37,447,027	37,219,904	0.6%	31,667,894
16	SUPPLIES AND DRUGS	2,083,259	1,244,452	67.4%	1,461,085	21,116,463	20,715,496	1.9%	17,486,943
17	CONTRACT STAFFING	563,482	161,108	249.8%	394,569	4,915,541	1,482,174	231.6%	3,109,886
18	PROFESSIONAL FEES	628,882	712,755	-11.8%	1,072,004	8,379,526	6,499,017	28.9%	7,421,375
19	UTILITIES AND TELEPHONE	250,661	201,604	24.3%	176,421	2,479,123	2,520,052	-1.6%	2,254,175
20	INSURANCE	99,848	99,194	0.7%	99,886	1,263,427	1,252,322	0.9%	1,143,157
21	DUES, BOOKS, AND SUBSCRIPTIONS	27,299	31,843	-14.3%	15,744	279,666	353,815	-21.0%	294,194
22	SOFTWARE MAINT/SUPPORT	189,163	217,797	-13.2%	148,368	2,339,098	2,420,329	-3.4%	2,199,777
23	TRAVEL, MEETINGS AND EDUCATION	83,405	97,048	-14.1%	50,597	916,283	1,221,857	-25.0%	774,004
24	REPAIRS AND MAINTENANCE	174,507	285,303	-38.8%	207,503	1,958,069	2,593,662	-24.5%	2,264,224
25	LEASES AND RENTALS	12,716	54,714	-76.8%	(37,882)	599,818	680,957	-11.9%	467,808
26	OTHER (RECRUIT, ADVERT, ETC.)	252,801	214,902	17.6%	276,255	2,262,868	2,578,819	-12.3%	2,273,952
27	DEPRECIATION AND AMORTIZATION	558,621	565,765	-1.3%	614,978	6,866,534	6,789,184	1.1%	5,848,418
28	TOTAL OPERATING EXPENSES	14,394,689	13,309,692	8.2%	14,542,047	165,859,454	161,985,672	2.4%	145,445,014
29	GAIN (LOSS) FROM OPERATIONS	(1,355,911)	(2,867,586)	-52.7%	(677,336)	(6,667,109)	(384,058)	1636.0%	2,682,840
	NON-OPERATING REVENUE								
30	GENERAL PROPERTY TAXES	40,000	43,980	-9.1%	24,259	4,359,701	4,398,034	-0.9%	3,982,176
31	INVESTMENT INCOME	107,973	132,515	-18.5%	(65,261)	2,622,495	1,590,182	64.9%	1,664,527
32	GOVERNMENTAL SUBSIDIES	0	0	0.0%	0	0	0	0.0%	0
33	OTHER NON-OPERATING REVENUE	7,485	217	3354.7%	25,421	6,719,945	2,600	258355.4%	32,011
34	GIFTS AND CONTRIBUTIONS	0	0	0.0%	0	0	0	0.0%	0
35	GAIN LOSS ON DISPOSAL	(15,333)	0	0.0%	0	(372,512)	0	0.0%	(75,873)
36	SPH AUXILIARY	980	793	23.6%	338	10,627	9,520	11.6%	7,867
37	TOTAL NON-OPERATING REVENUE	141,105	177,505	-20.5%	(15,243)	13,340,256	6,000,336	122.3%	5,610,708
	NON-OPERATING EXPENSES								
38									
39	SERVICE AREA BOARD	0	0	0.0%	0	0	0	0.0%	0
40	OTHER DIRECT EXPENSE	195	9,500	-97.9%	11,087	2,103,089	114,000	1744.8%	102,072
41	ADMINISTRATIVE NON-RECURRING	0	0	0.0%	0	0	0	0.0%	0
42	INTEREST EXPENSE	106,787	60,786	75.7%	115,772	885,326	729,429	21.4%	676,231
43	TOTAL NON-OPERATING EXPENSES	106,982	70,286	52.2%	126,859	2,988,415	843,429	254.3%	778,303
	GRANTS								
44	GRANT REVENUE	77,216	139,880	-44.8%	712,514	1,263,918	1,678,560	-24.7%	1,563,371
45	GRANT EXPENSE	0	15,985	-100.0%	(35,431)	18,950	191,830	-90.1%	66,490
46	TOTAL NON-OPERATING GRANTS, NET	77,216	123,895	-37.7%	747,945	1,244,968	1,486,730	-16.3%	1,496,881
47	TOTAL INCOME (LOSS) BEFORE TRANSFERS	(1,244,572)	(2,636,472)	-52.8%	(71,493)	4,929,700	4,868,147	1.3%	9,639,836
48	OPERATING TRANSFERS	0	0	0.0%	0	0	0	0.0%	0
49	**NET INCOME**	**(1,244,572)**	**(2,636,472)**	**-52.8%**	**(71,493)**	**4,929,700**	**6,259,579**	**-21.2%**	**9,012,126**

Operating EBITDA Disclosure (Non-GAAP)							
GAIN (LOSS) FROM OPERATIONS	**(1,355,911)**	**(2,867,586)**		**(677,336)**	**(6,667,109)**	**(384,058)**	**2,682,840**
DEPRECIATION AND AMORTIZATION	558,621	565,765		614,978	6,866,534	6,789,184	5,848,418
OPERATING EBITDA	**(797,290)**	**(2,301,821)**		**(62,358)**	**199,425**	**6,405,126**	**8,531,258**

South Peninsula Hospital

Statement of Cash Flows

30-Jun-26

		2026
Cash Flows from (for) Operating Activities		
Receipts from patients and users	$	151,113,845
Payments to suppliers	$	(44,713,353)
Payments to employees	$	(109,235,414)
Other receipts	$	1,172,051
Net cash flows from operating activities	$	(1,662,871)
Cash Flows from Non-Capital Financing Activities		
Receipts from property taxes	$	4,279,939
Grant and other non-operating revenues (expenses)	$	5,872,451
Increase in Advances from Govermental Payers	$	2,776,570
Net cash flows from non-capital financing activities	$	12,928,960
Cash Flows for Capital and Related Financing Activities		
Purchase of capital assets	$	(9,538,178)
Bond principal paid	$	(1,250,000)
Payments on leases	$	(2,048,449)
Payments on subscription IT assets	$	1,969,380
Interest paid on capital debt	$	(836,258)
(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	$	(11,779,378)
Cash Flows for Investing Activities		
Increase (decrease) in restricted assets - unspent bond proceeds and other	$	-
Increase (decrease) in assets whose use is limited	$	3,176,081
Interest and dividends received	$	2,622,495
Net cash flows from investing activities	$	5,798,576
Net increase (decrease) in cash and cash equivalents	$	5,285,287
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	$	43,730,857

South Peninsula Hospital	**SUBJECT:** CEO Performance Evaluation	**POLICY #:** EMP-08 **Page 1** of **1**
Scope: Board of Directors, Chief Executive Officer, Senior Managers **Approved by:** Board of Directors		**Original Date:** 10/22/03 **Effective:** 1/24/24
Revised: 8/28/19; 7/28/21 **Reviewed:** 1/25/23; 1/24/24; 1/29/25; 1/28/26		**Revision Responsibility:** Board of Directors

PURPOSE:
Guidelines for the annual review of the Chief Executive Officer's performance, recognition of accomplishments, and identification of focus areas that will result in greater performance in the upcoming year.

DEFINITION(S):
N/A

POLICY:
A. Evaluation of the CEO of South Peninsula Hospital is the responsibility of the Board of Directors.
B. The Board of Directors will establish goals, objectives, and expectations for the CEO, and defined in the CEO Incentive Plan, and review the compensation package to ensure South Peninsula Hospital is fair and competitive, yet fiscally responsible.
C. The evaluation will be utilized to engage conversation, improve communication, and ensure the goals and objectives of the Board and the CEO are aligned for the betterment of our organization.
D. The Governance Committee is responsible for coordinating the evaluation, including compiling results and preparing a summary, as well as providing compensation information to the Board, and will maintain an outline of steps to ensure timely completion in connection with the annual budget cycle.
E. The final evaluation and compensation will be decided by the Board as a whole.

PROCEDURE:
N/A

ADDITIONAL CONSIDERATIONS:
N/A

REFERENCE(S):
N/A

SPH CEO Annual Review Document

CONTRIBUTORS:
Board of Directors

South Peninsula Hospital
Hospital Board of Directors Balanced Scorecard Report
4th Quarter FY 2026 *(April, May, June)*

Overall Indicators	Q4 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	2.5	4	Activities of Daily Living, Symptoms, Harm, Hospitalization, Value of Care

Clinical & Service Excellence

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

Quality of Care / Patient Safety	Q4 FY26	Target	Note
Severe Sepsis & Septic Shock Care	75%	100%	***CMS Hospital Compare: 73% (7/1/24-6/30/25) Nat. Avg: 64% AK Avg: 59%***
Percentage of patients who received appropriate care for SEVERE sepsis and/or septic shock.			Passed 9 of 12 cases
Stroke Care	50%	100%	***CMS Hospital Compare: 82% (7/1/24-6/30/25) Nat. Avg: 69% AK Avg: 66%***
Percentage of patients who receive CT/MRI within 45 minutes of arrival to ED w/stroke symptoms.			2 CMS reportable strokes; 6 excluded cases
Median Emergency Room Time	128	<129	***CMS Hospital Compare: 139min (7/1/24-6/30/25) Nat. Avg: 129min AK Avg: 136min***
Average minutes spent in department before leaving the Emergency Department including patients transferred to another facility and psychiatric care/mental health patients.			
Colonoscopy Follow-up	100%	100%	***CMS Hospital Compare: 100% (1/1/24-12/31/24) Nat. Avg: 93% AK Avg: 87%***
Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy.			
Patient Fall Rate (AC)	1.028	< 5	**# of patient falls / # patient days x 1000**
Measures the number of patient falls per 1,000 patient days.			1 Fall, no injury
Medication Errors	4	≤6	
Number of medication errors that reach the patient. *(Level C on the NCC MERP Index)*			

NQF's Serious Reportable Events	**0**	**0**	
A patient safety event that is serious, harmful and preventable.			
UTI rate (LTC)	**0.44%**	**< 1.6%**	***CMS Hospital Compare: 0% (1/1/25-12/31/25)*** ***Nat. Avg: 1.6% AK Avg: 3%***
Percentage of long-stay residents with a urinary tract infection			
Independent Oral Medication (HH)	**58.5%**	**> 75%**	***CMS Care Compare: 72.6% (10/1/24-9/30/25)*** ***Nat. Avg: 88.1% AK Avg: 82.1% Goal reflects patient population served by SPH HH***
Percentage of home health patients demonstrating improvement with ability to take oral medications more independently			N=41; 100% improved or unchanged
Primary Care MIPS Pathways	**74%**	**> 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)	**Q4 FY26**	**Target**	
Inpatient Percentile	**81st**	**75th**	9 or 10 best hospital mean score: 78.57; Survey Responses: 28 CMS Hospital Compare: N/A (7/1/24-6/30/25)
Measures the overall satisfaction of inpatient pts. respondents.			Q3 FY26 71st; Q2 FY26 99th; Q1 FY26 94th; Q4 FY25 56th
Ambulatory Surgery (AS) Percentile	**9th**	**75th**	9 or 10 best hospital mean score: 81.08; Survey Responses: 74
Measures the overall satisfaction of AS pts. respondents.			Q3 FY26 15th:; Q2 FY26 10th; Q1 FY26 94th; Q4 FY25 25th
Home Health (HH) Percentile	**62nd**	**75th**	9 or 10 best hospital mean score: 91.3; Survey Responses: 46
Measures the overall satisfaction of HH pts. respondents.			Q3 FY26 72nd; Q2 FY26 67th; Q1 FY26 64th; Q4 FY25 71st
Outpatient Percentile	**29th**	**75th**	Mean Score: 94.37 Survey Responses: 517
Measures the overall satisfaction of outpatient pts. respondents.			Q3 FY26 46th; Q2 FY26 27th; Q1 FY26 7th; Q4 FY25 34th
Emergency Department Percentile	**86th**	**75th**	Mean Score: 92.73 Survey Responses: 107
Measures the overall satisfaction of emergency pts. respondents.			Q3 FY26 90th; Q2 FY26 86th; Q1 FY26 79th; Q4 FY25 92nd
Medical Practice Percentile	**38th**	**75th**	Mean Score: 94.01 Survey Responses: 506
Measures the overall satisfaction of pts. respondents at SPH Clinics.			Q3 FY26 35th; Q2 FY26 37th; Q1 FY26 51st; Q4 FY25 59th

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	2026	Target	Note
Provider Satisfaction Percentile	**44th**	**75th**	
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.			Result of provider survey 2026

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	2026	Target	Note
Employee Satisfaction Percentile	**41st**	**75th**	
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results. Measured as a percentile.			Result of employee survey 2026

Workforce	Q4 FY26	Target	Note
Turnover: All Employees	**4.86%**	**< 5%**	
Percentage of all employees separated from the hospital for any reason			34 Terminations / 699 Total Employees
Turnover: Voluntary All Employees	**4.15%**	**< 4.75%**	
Measures the percentage of voluntary staff separations from the hospital			29 Voluntary Terminations / 699 Total Employees
First Year Total Turnover	**5.13%**	**< 7%**	
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.			8 New Staff Terminated 156 Total New Hires from 06/30/2025-06/30/2026
Contract Utilization	**29**	**< 20**	
Measure average number of contract staff utilized.			MLT, MRI, RAD, PT, SLP, RN, CNA, MA

Information System Solutions	Q4 FY26	Target	Note
Phishing Test Pass Rate	**98.5%**	**> 95%**	
% of Phishing test emails that were not failed.			3397 Test phishing emails sent; 49 fails

Financial Health

SPH is financially positioned to support our dedication to the Mission, Vision and Values, and our continued investment in our employees, medical staff, physical plant and equipment.

Financial Health	Q4 FY26	Target	Note
Outpatient Revenue Growth	**TBD**	**-2%**	
Measures percentage increase (decrease) in outpatient revenue for the quarter, compared to the same period in the prior year.			Target is based on budgeted outpatient revenue for the period compared to outpatient revenue for the same period prior year.
Operating Margin	**TBD**	**-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	**TBD**	**943**	**Total Discharges: # 123 *(Acute, OB, Swing, ICU)***
Measures the number of patient discharges adjusted by inpatient revenues for the quarter, divided by (inpatient + outpatient revenues).			LTC Revenue & discharges not included, Target is same Q Prior Year Target Discharges: 137
Net Revenue Growth	**TBD**	**-2%**	
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.
FTE vs Budget	**TBD**	**621**	
FTE is calculated based on hours paid + Contract FTE			Actual FTE + Contract FTE based on hours paid compared to budgeted FTE for the quarter.
Net Days in Accounts Receivable	**TBD**	**55**	
Measures the rate of speed with which the hospital is paid for health care services.			Target is based on industry target.
Cash on Hand	**TBD**	**90**	**72 Total Days Cash on Hand, Operating +Unobligated PREF**
Measure the actual unrestricted cash on hand (including Unobligated PREF and excluding Service Area) that the hospital has to meet daily operating expenses.			Cash available for operations based on average daily operating expenses during the quarter less depreciation for the quarter.

Uncompensated Care as a Percentage of Gross Revenue	**TBD**	**4-7%**	
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%
Surgical Case Growth	**TBD**	**1%**	
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 yr.
Average Age of Plant	**TBD**	**10.0**	
Measures the financial age of the fixed assets of the hospital calculated by dividing accumlated depreciation by annualized depreciation for the year.			Target is based on hospital optimal age of plant for a critical access hospital.

PressGaney

South Peninsula Hospital 2026 Employee engagement survey

South Peninsula Hospital - Ryan Smith

Generated on:

June 17, 2026

a PG Forsta company

About This Report

This report summarizes your survey results and highlights key areas and opportunities for improvement. The data presented here provides actionable insights to help you prioritize improvements and sustain a culture of trust, commitment, and excellence. Take time to review the results with your team to identify where you want to focus action planning efforts.

Click here for more information

PressGaney

Introduction

Survey Administration Dates
Start: May 18, 2026
End: June 8, 2026

- **Hierarchy Group:**
  - South Peninsula Hospital - Ryan Smith
- **Respondents -** 465
- **Response rate -** 71%
- **Focus -** My Team View

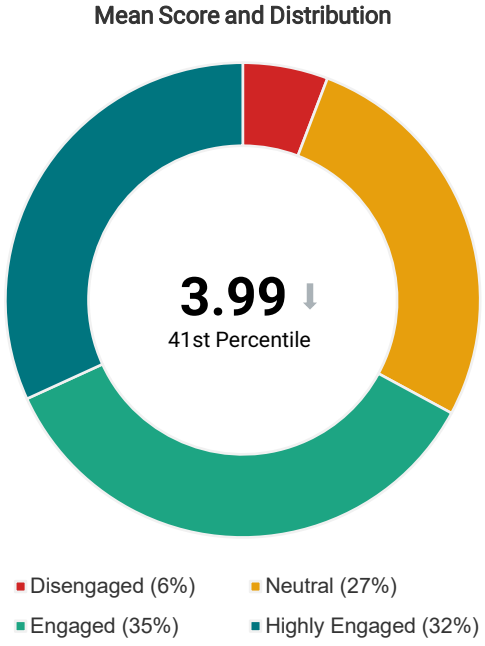
PressGaney

Comparisons

- **Primary benchmark used -** Nat'l Healthcare (Employee) Avg 2026

Engagement

NO_DESCRIPTION



Comparisons

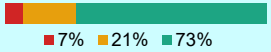
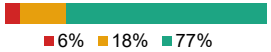
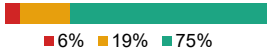
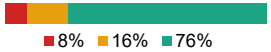
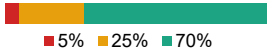
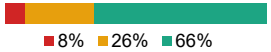
Benchmark	Difference
vs. Overall Org Avg	0.00
vs . Nat'l Healthcare (Employee) Avg 2026	-0.04

Historical Performance

Year	Difference
2024 Results	-0.09

PressGaney

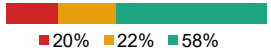
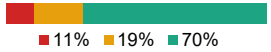
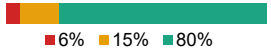
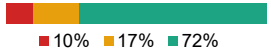
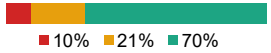
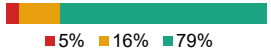
Items included in Engagement

Items	Response Distribution Unfavorable Neutral Favorable	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2026	vs. Historical (2024 Results)
Engagement		3.99	-0.04	-0.09
I would recommend South Peninsula Hospital as a good place to work.		4.05	-0.02	-0.15
I feel like I belong at South Peninsula Hospital.		4.03	-0.09	-0.06
Overall, I am a satisfied employee.		3.98	-0.01	-0.08
I would like to be working at South Peninsula Hospital three years from now.		3.98	-0.07	-0.16
I would stay with South Peninsula Hospital if offered a similar position elsewhere.		3.89	-0.02	-0.03

PressGaney

Key Drivers of Engagement

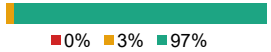
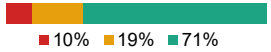
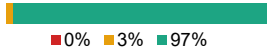
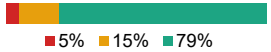
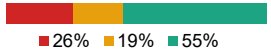
Key Drivers help you identify items that you should consider focusing on first to improve engagement within your team.

Items	Response Distribution Unfavorable Neutral Favorable	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2026	vs. Historical (2024 Results)
I have confidence in the senior leadership team.		3.58	-0.22	-0.17
Senior leadership Team provides a work climate that promotes patient safety.		3.85	-0.21	-0.17
South Peninsula Hospital promotes a culture of patient safety.		4.01	-	-
Where I work, employees and management work together to ensure the safest possible working conditions.		3.89	-0.22	-0.11
South Peninsula Hospital communicates changes that are made to improve patient safety.		3.81	-	-
South Peninsula Hospital makes every effort to deliver safe, error-free care to patients.		4.05	-0.16	-0.13

PressGaney

Top Performing Items

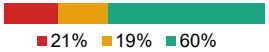
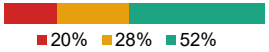
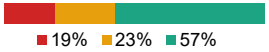
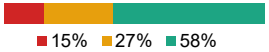
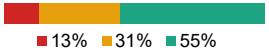
These items help you identify some of the top performing items for your team based on their percentile rank compared to the selected benchmark. Use this item list to identify things that are going relatively well for your team compared to other items.

Items	Response Distribution Unfavorable Neutral Favorable	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2026	vs. Historical (2024 Results)
I see every patient/client as an individual person with specific needs.		4.64	+0.02	+0.03
South Peninsula Hospital provides career development opportunities.		3.86	+0.05	-0.07
I care for all patients/clients equally even when it is difficult.		4.62	-0.01	+0.03
South Peninsula Hospital cares about employee safety.		4.09	-0.01	-0.16
My work unit is adequately staffed.		3.40	-0.04	-0.15

PressGaney

Bottom Performing Items

These items help you identify some of the bottom performing items for your team based on their percentile rank compared to the selected benchmark. Use this item list to identify areas of opportunity for your team compared to other items for your team.

Items	Response Distribution Unfavorable Neutral Favorable	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2026	vs. Historical (2024 Results)
I rarely lose sleep over work issues.		3.57	-0.32	-0.02
Communication between work units is effective in South Peninsula Hospital.		3.39	-0.32	-0.06
I am able to free my mind from work when I am away from it.		3.56	-0.31	-0.12
Different work units work well together in South Peninsula Hospital.		3.56	-0.30	-0.08
Communication between physicians, nurses, and other medical personnel is good at South Peninsula Hospital.		3.52	-0.29	-0.28

PressGaney

Leader Index

The Leader Index measures a leader's relationship with their direct reports. It assesses perceptions of respect, communication, feedback, and teamwork and provides insight into the leader's preparedness to lead improvement initiati...

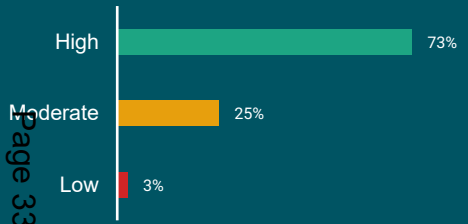
4.13 - High

0.00 vs. Overall Org Avg

-0.13 vs. Nat'l Healthcare (Employee) Avg 2026

+0.03 vs. 2024 Results

Leader Index Distribution



Items	Response Distribution (Unfavorable / Neutral / Favorable)	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2026	vs. Historical (2024 Results)
The person I report to treats me with respect.	6% / 9% / 84%	4.32	-0.10	-0.09
The person I report to encourages teamwork.	8% / 9% / 83%	4.24	-0.08	+0.03
The person I report to is a good communicator.	14% / 14% / 72%	3.99	-0.14	+0.11
The person I report to gives me useful feedback.	12% / 17% / 71%	3.97	-0.20	+0.05

Resilience Overall

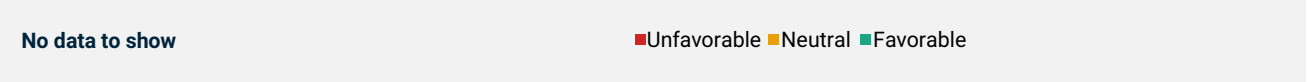
Resilience measures the ability to recover from or adjust easily even in challenging work circumstances. This early warning system for burnout has two components: Activation (finding meaning in the work) and Decompression (the ability to disconnect).

4.09 out of 5

0.00 vs. Overall Org Avg

-0.15 vs. Nat'l Healthcare (Employee) Avg 2026

-0.04 vs. 2024 Results



PressGaney

Safety Culture Overall

Safety Culture is the product of individual and group values, attitudes, competencies, and behaviors that impact the commitment and ability to provide a safe environment for team members and patients.

3.88 out of 5

0.00 vs. Overall Org Avg

-0.17 vs. Nat'l Healthcare (Employee) Avg 2026

-0.10 vs. 2024 Results

PressGaney

Summary

Dimensions	Mean Score	vs. Overall Org Avg	vs. Nat'l Healthcare (Employee) Avg 2026	vs. Historical (2024 Results)
Engagement	3.99	0.00	-0.04	-0.09
Leader Index	4.13	0.00	-0.13	+0.03

PressGaney

Dimensions	Mean Score	vs. Overall Org Avg	vs. Nat'l Healthcare (Employee) Avg 2026	vs. Historical (2024 Results)
Resilience Overall	4.09	0.00	-0.15	-0.04
Safety Culture Overall	3.88	0.00	-0.17	-0.10

PressGaney

PressGaney

South Peninsula Hospital 2026 Physician engagement survey

2026 South Peninsula Provider Survey

Generated on:

June 17, 2026

a PG Forsta company

About This Report

This report summarizes your survey results and highlights key areas and opportunities for improvement. The data presented here provides actionable insights to help you prioritize improvements and sustain a culture of trust, commitment, and excellence. Take time to review the results with your team to identify where you want to focus action planning efforts.

Click here for more information

PressGaney

Introduction

Survey Administration Dates
Start: May 18, 2026
End: Jan 1, 1970

- **Hierarchy Group:**
  - 2026 South Peninsula Provider Survey
- **Respondents -** 51
- **Response rate -** 66%
- **Focus -** My Team View

PressGaney

Comparisons

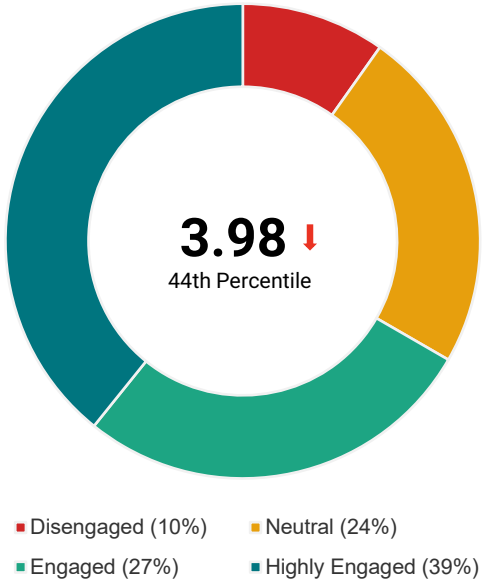
- **Primary benchmark used -** Nat'l Physician Avg 2026

PressGaney

Engagement

The Engagement score provides insight into the emotional and personal connection to the organization as influenced by work experience.

Mean Score and Distribution



Comparisons

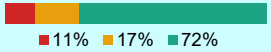
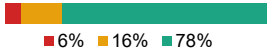
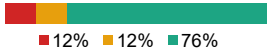
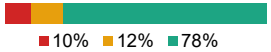
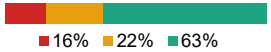
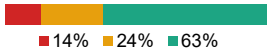
Benchmark	Difference
vs. Overall Org Avg	0.00
vs . Nat'l Physician Avg 2026	-0.03

Historical Performance

Year	Difference
2024 Results	-0.43

PressGaney

Items included in Engagement

Items	Response Distribution Unfavorable Neutral Favorable	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
Engagement		3.98	-0.03	-0.43
I feel like I belong in South Peninsula Hospital.		4.18	+0.10	-0.25
I would recommend South Peninsula Hospital to others as a good place to practice medicine.		4.08	+0.03	-0.35
Overall, I am satisfied practicing medicine at South Peninsula Hospital.		4.00	-0.02	-0.45
I would stay with South Peninsula Hospital if offered a similar position elsewhere.		3.86	-0.05	-0.51
If I am practicing medicine three years from now, I am confident that I will be affiliated with South Peninsula Hospital.		3.80	-0.18	-0.53

PressGaney

Key Drivers of Engagement

Key Drivers help you identify items that you should consider focusing on first to improve engagement within your team.

Items	Response Distribution (Unfavorable / Neutral / Favorable)	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
South Peninsula Hospital's leadership communicates important information effectively.	24% / 22% / 55%	3.57	-0.19	-0.76
Overall, I am satisfied with the performance of South Peninsula Hospital's Senior Leadership Team.	16% / 24% / 61%	3.76	+0.03	-0.65
The goals and priorities of providers are reflected by the actions of organizational leaders.	22% / 29% / 49%	3.43	-0.14	-0.75
I am satisfied with the level of collegiality among physicians at South Peninsula Hospital.	12% / 6% / 82%	3.98	-0.29	-0.30
I have the tools and resources I need to do my job well.	20% / 16% / 64%	3.64	-0.22	-
I have confidence in South Peninsula Hospital's leadership.	14% / 18% / 69%	3.88	+0.13	-0.62

PressGaney

Alignment

Alignment assesses the extent to which physicians or providers feel a strong partnership and connection with leadership and have a shared vision of how to execute the organizational mission and goals.

Mean Score and Distribution

3.89

60th Percentile

Unfavorable (12%) Neutral (19%)
Favorable (69%)

Comparisons

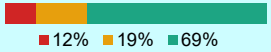
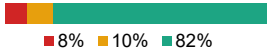
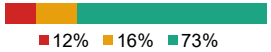
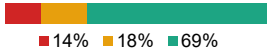
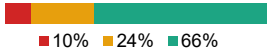
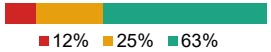
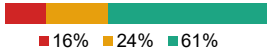
Benchmark	Difference
vs. Overall Org Avg	0.00
vs . Nat'l Physician Avg 2026	+0.15

Historical Performance

Year	Difference
2024 Results	-0.48

PressGaney

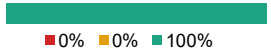
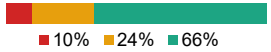
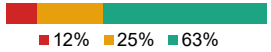
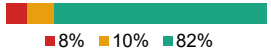
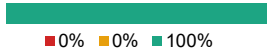
Items included in Alignment

Items	Response Distribution Unfavorable Neutral Favorable	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
Alignment		3.89	+0.15	-0.48
South Peninsula Hospital's leadership treats physicians with respect.		4.14	+0.21	-0.40
I can easily communicate any ideas or concerns I may have to South Peninsula Hospital's administration.		3.96	+0.15	-0.41
I have confidence in South Peninsula Hospital's leadership.		3.88	+0.13	-0.62
Senior Leadership Team is responsive to feedback from physicians.		3.86	+0.28	-0.52
I have adequate input into decisions that affect how I practice medicine.		3.82	+0.26	-0.38
Overall, I am satisfied with the performance of South Peninsula Hospital's Senior Leadership Team.		3.76	+0.03	-0.65

PressGaney

Top Performing Items

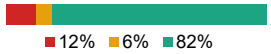
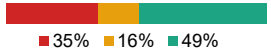
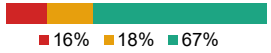
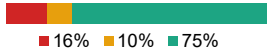
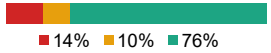
These items help you identify some of the top performing items for your team based on their percentile rank compared to the selected benchmark. Use this item list to identify things that are going relatively well for your team compared to other items.

Items	Response Distribution Unfavorable Neutral Favorable	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
I care for all patients/clients equally even when it is difficult.		4.75	+0.10	+0.14
Senior Leadership Team is responsive to feedback from physicians.		3.86	+0.28	-0.52
I have adequate input into decisions that affect how I practice medicine.		3.82	+0.26	-0.38
South Peninsula Hospital's leadership treats physicians with respect.		4.14	+0.21	-0.40
I see every patient/client as an individual person with specific needs.		4.73	+0.05	+0.10

PressGaney

Bottom Performing Items

These items help you identify some of the bottom performing items for your team based on their percentile rank compared to the selected benchmark. Use this item list to identify areas of opportunity for your team compared to other items for your team.

Items	Response Distribution Unfavorable Neutral Favorable	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
I am satisfied with the level of collegiality among physicians at South Peninsula Hospital.		3.98	-0.29	-0.30
I rarely lose sleep over work issues.		3.24	-0.34	-0.28
Different departments work well together at South Peninsula Hospital.		3.65	-0.27	-0.61
Patient information is available when I need it.		3.82	-0.26	-
Communication between physicians, nurses, and other medical personnel is good in South Peninsula Hospital.		3.80	-0.23	-0.47

PressGaney

Resilience Overall

Resilience measures the ability to recover from or adjust easily even in challenging work circumstances. This early warning system for burnout has two components: Activation (finding meaning in the work) and Decompression (the ability to disconnect).

Included themes:

Resilience Activation

Resilience Decompression

Mean Score

3.99 out of 5

Comparisons

Benchmark	Difference
vs. Overall Org Avg	0.00
vs. Nat'l Physician Avg 2026	-0.08

Historical Performance

Year	Difference
2024 Results	-0.09

Resilience Overall

Resilience measures the ability to recover from or adjust easily even in challenging work circumstances. This early warning system for burnout has two components: Activation (finding meaning in the work) and Decompression (the ability to disconnect).

Resilience Activation

Activation items assess if work is meaningful, makes a difference, and whether others are seen as individuals and cared for equally even when it's difficult.

4.66 out of 5

0.00 vs. Overall Org Avg

+0.02 vs. Nat'l Physician Avg 2026

+0.01 vs. 2024 Results

Resilience Decompression

Items	Response Distribution (Unfavorable / Neutral / Favorable)	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
I care for all patients/clients equally even when it is difficult.	0% 0% 100%	4.75	+0.10	+0.14
I see every patient/client as an individual person with specific needs.	0% 0% 100%	4.73	+0.05	+0.10
My work is meaningful.	0% 2% 98%	4.63	+0.04	-0.08
The work I do makes a real difference.	0% 6% 94%	4.55	-0.03	-0.08

Resilience Overall

Resilience measures the ability to recover from or adjust easily even in challenging work circumstances. This early warning system for burnout has two components: Activation (finding meaning in the work) and Decompression (the ability to disconnect).

Resilience Activation +

Resilience Decompression —

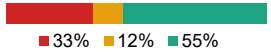
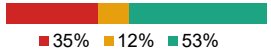
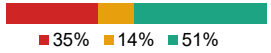
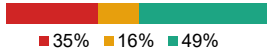
Decompression items focus on the ability to disconnect from work at the end of the day, free one's mind when away from work, and enjoy personal time without focusing on work, without losing sleep over work issues.

3.32 out of 5

0.00 vs. Overall Org Avg

-0.18 vs. Nat'l Physician Avg 2026

-0.26 vs. 2024 Results

Items	Response Distribution (Unfavorable / Neutral / Favorable)	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
I am able to disconnect from work communications during my free time (emails/phone etc.).		3.37	-0.04	-0.27
I can enjoy my personal time without focusing on work matters.		3.37	-0.23	-0.30
I am able to free my mind from work when I am away from it.		3.31	-0.15	-0.20
I rarely lose sleep over work issues.		3.24	-0.34	-0.28

PressGaney

Safety Culture Overall

Safety Culture is the product of individual and group values, attitudes, competencies, and behaviors that impact the commitment and ability to provide a safe environment for team members and patients.

Included themes:

Safety Culture Prevention & Reporting

Safety Culture Pride & Reputation

Safety Culture Resources & Teamwork

Mean Score

3.99 out of 5

Comparisons

Benchmark	Difference
vs. Overall Org Avg	0.00
vs. Nat'l Physician Avg 2026	-0.10

Historical Performance

Year	Difference
2024 Results	-0.30

PressGaney

Safety Culture Overall (Slide 1 of 2)

Safety Culture is the product of individual and group values, attitudes, competencies, and behaviors that impact the commitment and ability to provide a safe environment for team members and patients.

Safety Culture Prevention & Reporting

Prevention & Reporting items measure how psychologically safe teammates feel when reporting and preventing errors, and that steps are actively taken to resolve and mitigate safety issues.

4.07 out of 5

0.00 vs. Overall Org Avg

-0.13 vs. Nat'l Physician Avg 2026

-0.22 vs. 2024 Results

Safety Culture Pride & Reputation

Safety Culture Resources & Teamwork

Items	Response Distribution (Unfavorable / Neutral / Favorable)	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
We are actively doing things to improve patient safety.	4% / 16% / 80%	4.22	-0.03	-0.28
In my department, we discuss ways to prevent errors from happening again.	6% / 12% / 82%	4.20	-0.10	-0.16
I can report patient safety mistakes without fear of punishment.	4% / 14% / 82%	4.14	-0.17	-0.08
I feel free to raise workplace safety concerns.	4% / 20% / 76%	4.12	-0.16	-0.28
Mistakes have led to positive changes here.	4% / 16% / 80%	4.04	-0.04	-0.30
Employees will freely speak up if they see something that may negatively affect patient care.	8% / 16% / 76%	4.04	-0.17	-0.13
Where I work, employees and management work together to ensure the safest possible working conditions.	6% / 16% / 78%	4.02	-0.11	-0.39

Safety Culture Overall (Slide 2 of 2)

Safety Culture is the product of individual and group values, attitudes, competencies, and behaviors that impact the commitment and ability to provide a safe environment for team members and patients.

Safety Culture Prevention & Reporting

Prevention & Reporting items measure how psychologically safe teammates feel when reporting and preventing errors, and that steps are actively taken to resolve and mitigate safety issues.

4.07 out of 5

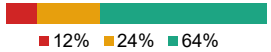
0.00 vs. Overall Org Avg

-0.13 vs. Nat'l Physician Avg 2026

-0.22 vs. 2024 Results

Safety Culture Pride & Reputation

Safety Culture Resources & Teamwork

Items	Response Distribution Unfavorable Neutral Favorable	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
When a mistake is reported, it feels like the focus is on solving the problem, not writing up the person.		3.78	-0.20	-0.32

Safety Culture Overall

Safety Culture is the product of individual and group values, attitudes, competencies, and behaviors that impact the commitment and ability to provide a safe environment for team members and patients.

Safety Culture Prevention & Reporting +

Safety Culture Pride & Reputation —

Pride & Reputation items assess perceptions of the quality of care and service the organization provides, the likelihood to recommend care, and if senior management supports a climate that promotes safety.

4.15 out of 5

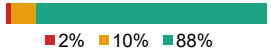
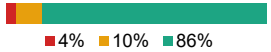
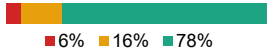
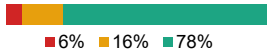
0.00 vs. Overall Org Avg

-0.04 vs. Nat'l Physician Avg 2026

-0.26 vs. 2024 Results

Safety Culture Resources & Teamwork +

PressGaney

Items	Response Distribution (Unfavorable / Neutral / Favorable)	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
South Peninsula Hospital provides high-quality care.		4.27	-0.02	-0.17
South Peninsula Hospital makes every effort to deliver safe, error-free care to patients.		4.22	+0.01	-0.24
I would recommend South Peninsula Hospital to family and friends who need care.		4.12	-0.08	-0.42
Senior management provides a climate that promotes patient safety.		4.04	-0.01	-0.39

Safety Culture Overall

Safety Culture is the product of individual and group values, attitudes, competencies, and behaviors that impact the commitment and ability to provide a safe environment for team members and patients.

Safety Culture Prevention & Reporting +

Safety Culture Pride & Reputation +

Safety Culture Resources & Teamwork −

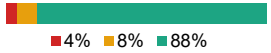
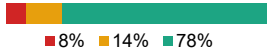
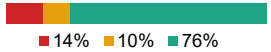
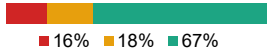
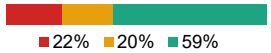
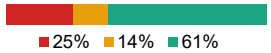
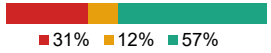
Resources & Teamwork items focus on teamwork and communication within and across teams and roles, perceptions of staffing, and job stress. These elements are considered fundamental requirements of having a culture of safety in the workplace.

3.75 out of 5

0.00 vs. Overall Org Avg

-0.14 vs. Nat'l Physician Avg 2026

-0.41 vs. 2024 Results

Items	Response Distribution (Unfavorable / Neutral / Favorable)	Mean Score	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
There is effective teamwork between physicians and nurses at South Peninsula Hospital.	 4% 8% 88%	4.14	-0.08	-0.30
My department works well together.	 8% 14% 78%	4.14	-0.19	-0.26
Communication between physicians, nurses, and other medical personnel is good in South Peninsula Hospital.	 14% 10% 76%	3.80	-0.23	-0.47
Different departments work well together at South Peninsula Hospital.	 16% 18% 67%	3.65	-0.27	-0.61
Communication between departments is effective in South Peninsula Hospital.	 22% 20% 59%	3.59	-0.20	-0.57
The amount of job stress I feel is reasonable.	 25% 14% 61%	3.55	-0.02	-0.35
My work unit is adequately staffed.	 31% 12% 57%	3.37	-0.04	-0.73

PressGaney

Summary

Dimensions	Mean Score	vs. Overall Org Avg	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
Engagement	3.98	0.00	-0.03	-0.43
Alignment	3.89	0.00	+0.15	-0.48

PressGaney

Dimensions	Mean Score	vs. Overall Org Avg	vs. Nat'l Physician Avg 2026	vs. Historical (2024 Results)
Resilience Overall	3.99	0.00	-0.08	-0.09
Resilience Activation	4.66	0.00	+0.02	+0.01
Resilience Decompression	3.32	0.00	-0.18	-0.26
Safety Culture Overall	3.99	0.00	-0.10	-0.30
Safety Culture Prevention & Reporting	4.07	0.00	-0.13	-0.22
Safety Culture Pride & Reputation	4.15	0.00	-0.04	-0.26
Safety Culture Resources & Teamwork	3.75	0.00	-0.14	-0.41

South Peninsula Hospital

You're invited!

INFORMATION SESSION *and Q&A*

Join South Peninsula Hospital leadership for a community briefing and Q&A including:

- How SPH is structured as a nonprofit hospital and contracted by the Kenai Peninsula Borough
- The roles of the Board of Directors, hospital leadership, and medical staff
- How decisions are made to support quality, safety, and access to care
- How patient concerns and grievances are addressed
- How community voices help shape healthcare on the Southern Kenai Peninsula

Panel Participants

Ryan Smith
SPH CEO

Aaron Weisser
SPH Board President

Thursday, July 30
2:00 pm
Held on Zoom

More Info:

Presentations will be followed by open Question and Answer or comment period. This is an online event. Questions and comments will be taken via zoom through audio, video or in the chat room.

www.sphosp.org