



# MINUTES

## Board of Directors Meeting

6:00 PM - Wednesday, April 28, 2021

Zoom / Conference Rooms 1 & 2

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The Board of Directors of the South Peninsula Hospital was called to order on Wednesday, April 28, 2021, at 6:05 PM, in SPH Conference Rooms 1 & 2 and via Zoom.

### 1. CALL TO ORDER

The BOD went into Executive Session to discuss personnel and financial matters prior to the start of the regular meeting.

\*\*\*\*\*Into Executive Session – 5:30 p.m. \*\*\*\*\*

\*\*\*\*\*Out of Executive Session – 6:03 p.m. \*\*\*\*\*

\*\*\*\*\*Regular Session – 6:05 p.m. \*\*\*\*\*

President Kelly Cooper called the regular meeting to order at 6:05 p.m.

### 2. ROLL CALL

**BOARD PRESENT:** Kelly Cooper, Keri-Ann Baker, Todd Boling, David Groesbeck, Matthew Hambrick, Melissa Jacobsen, Edson Knapp, Walter Partridge, Bernadette Wilson, Julie Woodworth, and Beth Wythe

**STAFF PRESENT:** Ryan Smith, CEO; Angela Hinnegan, CFO; Dawn Johnson, CNO; Barbara Bigelow, LTC Administrator; Susan Shover, Quality Management Director; Pamela Knorr, HR Director; Derotha Ferraro, Marketing/PR Director; Scott Mullen, Support Services Director; Jim Bartilson, IT Director; Maura Jones, Executive Assistant

**ALSO PRESENT:**

A quorum was present.

### 3. REFLECT ON LIVING OUR VALUES

### 4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

#### 4.1. Rules for Participating in a Public Meeting

### 5. APPROVAL OF THE AGENDA

#### 5.1. The agenda was approved as written.

*Julie Woodworth made a motion moved to approve the agenda Secretary Melissa Jacobsen seconded the motion. Motion Carried.*

## **6. APPROVAL OF THE CONSENT CALENDAR**

Ms. Jacobsen read the consent calendar into the record.

- 6.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for March 24, 2021**
- 6.2. Consideration to Approve March 2021 Financials**
- 6.3. Consideration to Approve SPH Board Resolution 2021-05, A Resolution of the South Peninsula Hospital Board of Directors Authorizing the CFO to Sign, File and Submit the IRS Form 990**

*Melissa Jacobsen made a motion to approve the consent calendar as presented. Beth Wythe seconded the motion. Motion Carried.*

## **7. PUBLIC COMMENTS ON ITEMS NOT APPEARING ON THE AGENDA**

Willy Dunne, KPB Assembly representative, was present and made some comments. He noted the assembly had a presentation from the Service Area Board and Finance Director regarding the capital budget. He added he would like to discuss, as the hospital finances continue to improve, and as the PREF is growing and helping to pay for some of the capital projects, that it would be nice to reduce the mil rate for the service area.

Ms. Cooper noted Mr. Smith will be presenting to the borough on Tuesday. The Board would certainly be open to discussion about PREF but we also have some things in our strategic plan and that's part of that PREF. She appreciates Mr. Dunne looking out for the service area members for their mil rate and she agreed we should have those discussions, after working on the hospital's strategic plan.

## **8. PRESENTATIONS**

### **8.1. Homer Exchange (Megan's Place)**

Dr. Sarah Spencer gave a presentation on the Homer Exchange, the local syringe access program, also known as Megan's Place. Dr. Spencer is a family doctor working at Ninilchik Clinic and working in Homer one day a week. She gave overview of services, including safe syringe disposal, supplying safer injection equipment and smoking supplies, Narcan kits and training, HIV and Hep C testing, information and warm handoffs for substance use treatment as well as hygiene items. During COVID adjustments were made on how to serve the population, but the Exchange never closed. Engaged peers and secondary distributors to help those who couldn't come in, and testing was put on hold as well as paper data collection. Recently added text messaging service.

The Exchange has been in operation for 5 years, and has never missed any openings. More than 500 hours of volunteer time. In past year roughly 150

participant visits, about 9 per opening. Estimate serving 40-50 participants per month. Gave out 36,000 syringes and received 27,000 back. Added an incentive program for people to return their sharps, which has greatly increased our rate of return. Have handed out hundreds of sharps disposal containers. Distributed almost 80 Narcan kits last year. Reported 12 overdose reversals, which is certainly underreported. Roughly 6 people per year enter into substance use treatment.

Dr. Spencer shared that this past year, the name was changed to Megan's Place after Megan Anderson, one of the founding volunteers, who passed away this past year. The organization became a 501c(3) non profit. Operating costs have stabilized at 8-10k per year. She thanked South Peninsula Hospital for their continued support because it's critical for operations to use the training room space 4 hours per month and allowing access to the cabinet with supplies on site, as well as providing large sharps disposable bins and actual disposal of the sharps. If SPH charged for those services it would make it more difficult for the Exchange to offer services.

Ms. Cooper asked if the Exchange ever has a participant who is ready to get into treatment but cannot get placed. Ms. Spencer said generally, no. There may be times when people fall through the cracks, by reaching out for help but then missing an appointment, but the Exchange has had very good success getting people into inpatient or outpatient treatment. They have not met too many barriers. Ms. Cooper thanked Dr. Spencer for the presentation and the work their organization is doing.

## 9. UNFINISHED BUSINESS

## 10. NEW BUSINESS

### 10.1. Consideration to Approve the Adoption of Core Privileges in Ophthalmology as Approved by the Medical Staff

Mr. Smith reported. These are new core privileges for Ophthalmology. In the past we have used a laundry list of privileges, which is not best practice. Andrea Konik in the Medical Staff Office worked with Dr. Sitenga to develop the core privileges, which are similar to his privileges at Central Peninsula Hospital. These privileges were vetted and approved by the Credentials Committee and MEC.

*Beth Wythe made a motion to Approve the Adoption of Core Privileges in Ophthalmology as Approved by the Medical Staff Edson Knapp seconded the motion. Carried 11-0.*

#### Roll Call Vote

*Keri Ann Baker – YES*

*Melissa Jacobsen – YES*

*Walter Partridge – YES*

*Todd Boling, DO – YES*

*David Groesbeck – YES*

*Matthew Hambrick – YES*

*Edson Knapp, MD – YES*

*Bernadette Wilson – YES*

Julie Woodworth – YES  
Beth Wythe – YES

Kelly Cooper – YES

**10.2. Consideration to Approve SPH Board Resolution 2021-04, A Resolution Approving the Transfer of Cash in Excess of 90 Days Cash on Hand to the Plant/Equipment Replacement and Expansion Fund for the Period Ending March 31, 2021**

Ms. Hinnegan reported. At the end of March we increased our Days Cash on Hand to 92.24, so we are proposing a transfer of \$497,000 over to the PREF at the borough, in accordance with our Operating Agreement. Mr. Partridge added that the Finance Committee did discuss this at the last meeting and recommended forwarding this resolution to the Board with recommendation for approval.

*Beth Wythe made a motion to Approve SPH Board Resolution 2021-04, A Resolution Approving the Transfer of Cash in Excess of 90 Days Cash on Hand to the Plant/Equipment Replacement and Expansion Fund for the Period Ending March 31, 2021 Secretary Melissa Jacobsen seconded the motion. Carried 11-0.*

Roll Call Vote

Keri Ann Baker – YES  
Melissa Jacobsen – YES  
Walter Partridge – YES  
Todd Boling, DO – YES  
David Groesbeck – YES

Matthew Hambrick – YES  
Edson Knapp, MD – YES  
Bernadette Wilson – YES  
Julie Woodworth – YES  
Beth Wythe – YES  
Kelly Cooper – YES

**11. REPORTS**

**11.1. BOD Committee: Finance**

Mr. Partridge reported. The Finance Committee met this month and discussed the two resolutions on the agenda this evening. The committee also discussed the finances for the month in detail.

**11.2. BOD Committee: Pension**

Mr. Partridge reported. The Pension Committee held an out-of-cycle meeting with a single agenda item - a presentation from Wells Fargo on the Defined Benefit Plan. Ms. Hinnegan and I agreed that because the next scheduled Pension Committee meeting is in May, and the freeze for the switch-over to Newport occurs before that meeting, it would be prudent to have a final report from Wells Fargo before the freeze to look at the allocations. We had that meeting and not everyone could be present, but all were invited. The same report will be on the official Pension Committee agenda in May, but there will not be a presentation from Wells Fargo at that time.

### **11.3. BOD Committee: Governance Report / Policy Review**

Ms. Wythe reported. The Governance Committee met on April 22nd. The committee established our monthly meeting to be the Thursday prior to the Board meeting each month. A number of policies haven't been updated into the new policy program, so Administration is working on that process. Our policy contemplates we're doing an annual review of policies, but many don't have a current date on them. We will now be bringing all policies to the Board, to indicate we reviewed them. It doesn't require the Board to take action, but they are provided for your review, it will be reflected in the minutes and we can change the reviewed date on the policy.

The committee reviewed the Board Orientation policy, and the staff helped with reordering and realigning responsibilities. We are going to talk about it one more time before we bring it to the full Board. We also talked about SM-03, Communications with New Media. There was some discussion regarding the proper procedure when Board members are contacted by the media. We looked at SM-11. There are some revisions and edits to it. The proposal is to have the policy title to reflect the content of the policy. We do have that in the packet with a recommendation for approval. Board policy SM-13 Political Candidates was reviewed with no recommended revisions. It was provided in the packet for your review. We will also be reaching out to Finance and Quality Committees and requesting for them to review policies that fall under their purview.

There was discussion surrounding the appropriate place to put policies on the agenda. Going forward, non-controversial or review-only policies will be placed on the consent agenda and policy changes that may generate more discussion will be placed under new business.

*Beth Wythe made a motion to Approve SM-11 Employee Recognition with Revisions as Recommended by the Governance Committee Keri-Ann Baker seconded the motion. Motion Carried.*

### **11.4. BOD Committee: Education**

Julie Woodworth reported. The committee met on March 25th. Next week is the Board retreat on May 6th and 7th in the hospital conference rooms. Ms. Jones sent out a Doodle poll for an August follow-up with Jamie Orlikoff and the date has tentatively been set for August 6th. We will confirm with him and then Ms. Jones will send out a calendar appointment. The committee also talked about continuing department presentations with a hiatus for summer months as well as the overall education plan for the year.

### **11.5. Service Area Board Representative**

Ralph Broshes reported. The Service Area Board has a low key meeting in April. We discussed the need for a Bylaw review. We'll work on this over the next few meetings. He shared that the Service Area Board would like to start

holding meetings in the hospital again, but will wait until that works with hospital COVID protocols. He thanked the Operating Board for everything they do.

Mr. Smith noted that hospital leadership and the COVID Operations team had decided not to let outside groups hold meetings inside the hospital at this time, due to the difficulty with enforcing hospital protocols with non-hospital staff. When this changes, we will certainly notify the Service Area Board.

## **12. ORGANIZATIONAL REPORTS**

### **12.1. Chief Executive Officer**

Mr. Smith reported. In addition to his written report, he mentioned that Rachael Kincaid DNP in Long Term Care, has accepted the Interim Director of Nursing position with the departure of Cathy Meyers. Ms. Kincaid has a tremendous amount of energy and has been working with the team to keep things moving in LTC. He thanked Ms. Kincaid for accepting.

He also thanked Dr. Boling for being patient as we bring locums in to provide coverage for General Surgery while we continue the search for a permanent replacement for Dr. Larsen.

Mr. Smith reported we are working to provide more Cardiology coverage in Homer, working with Bob Craig from AK Heart to allow Dr. Mayer to spend more days per month in Homer. He also reported the management team will be doing leadership training in early May, and the the Board retreat will also be held in early May. Mr. Smith will be giving the quarterly report to the borough assembly and mayor on May 4th. The ASHNHA Board Meeting will be held in mid-May in Homer. Mr. Smith reported he was asked to provide testimony to the Senate Labor & Commerce Committee regarding the Certificate of Need repeal proposed in Senate Bill 26 due to his experience back in 2007 as part of the negotiated rule making committee that collectively made recommendations for reforms. He was able to testify regarding and the senate president asked for an at ease and they decided to hold the bill in committee and not send it to the senate floor, which we consider a win for ASHNHA.

Mr. Smith reported on the Balanced Scorecard. The scorecard is list of 38 indicators for anyone to see how we are performing. We have set some aggressive targets. Currently we're achieving 22 of the 34 indicators, with the exception of overall indicators. We're continually looking to make sure we have the right indicators. Any areas where we're not meeting indicators we are working on action plans, or PDSAs, to share how we're working on achieving the objectives organizationally. We are now doing a better job of reflecting and communicating on the patient feedback we receive from the community. Quality Management has set up a follow up process and is working with managers. Ms. Johnson and Ms. Shover are working on quality initiatives and balanced scorecard. We're still working on making Sepsis real-time and fail-safe - we're not there yet but are making progress.

Dr. Knapp inquired about fall rate, which is always a huge issue from patient care and liability perspective, which seems high. Mr. Smith noted it is the fall rate per 1000 patient days, and those are true patient falls, not falls with injury, as many other hospitals track. Dawn and Sue have been leading RCAs every time there is a fall and staff are participating which has been very successful. Ms. Johnson added that a high number of the falls are from demented patients, so we've been working to ensure our staff has the education on how to best serve these patients. Dr. Knapp inquired if we band fall risk patients, and we do. Dr. Knapp asked if we have a team that focuses on patient falls? We used to have a fall committee, but we don't anymore, but we're going to bring it back. Sue shared graphs that the quality department has created drilling down on the cause of falls.

Ms. Cooper asked how often things change on the Balanced Scorecard. Mr. Smith replied that indicators are added or modified as needed. Finance change are based on fiscal year and budgeting. We're constantly reaching out to leadership and making changes based on their recommendations. Ms. Shover added the Quality Committee also gives input on indicators, for example, stroke numbers will no longer be reported on Care Compare, but it's still something important to our organization.

#### **12.2. Chief Financial Officer**

Ms. Hinnegan reported. We have not heard back about PPP and we're coming up on 120 days past the final forgiveness questionnaire. We've submitted information to Senator Sullivan's office and have signed a release to allow him to talk to the SBA for us. The financial statements are in the packet. 02 DCOH. Will transfer over to borough. OM of almost break even for month of March total net income 285k. Within 100k YTD net income target. pretty happy with that. Of course, with the CARES Act money we've brought onto the books this year.

#### **12.3. Chief Nursing Officer**

Ms. Johnson reported. Amber Gall, Surgical Services Director, and Ms. Johnson, have worked to create a surgical tech trainee program which offers an opportunity for an SPH employee to be trained and educated, and then offer a number of years of employment in return. We are trying to grow new staff from within our organization. The program has received a lot of interest and positive feedback. Dr. Knapp commended her on the program, and added the radiology department had been impressed with the opportunities provided.

Ms. Cooper asked Ms. Johnson about our Home Health department, and whether it was true that there aren't any vaccinated Home Health staff available. Ms. Johnson answered that in Home Health, as in all departments, there are is no requirement for staff to be vaccinated, but they wear the full appropriate PPE and take all appropriate precautions to keep patients safe. At this time, we cannot mandate the vaccine because it is under emergency authorization, and even when it is possible, it will be a very divisive subject.

#### **12.4. Long Term Care Director**

Ms. Bigelow reported. The Long Term Care facility will be dropping one star, returning to a 4 star rating due to suppression of staffing ratios, because our CNA ratio for hours per resident day are much higher than the national norm, so we are penalized. We will likely need to undergo another audit. Ms. Bigelow pointed out that about 1/3 of all US deaths from COVID have been nursing home deaths, which is a reason to be very proud of our LTC that we've been able to keep the residents safe. Ms. Bigelow shared her excitement for Rachael Kincaid's willingness to step into the Interim Director of Nursing position.

Long Term Care was recently surveyed for Life Safety and Emergency Preparedness. We received 2 life safety citations and 2 emergency preparedness. Life Safety citations dealt with cleaning of sprinkler heads in the hospital kitchen and an issue with electrical panels. The Emergency Preparedness citations dealt with the transfer agreement and notification of family regarding disaster preparedness. The formal transfer agreement is already in place and the family notification has been prepared and ready to go for some time but had not yet been executed, so we are moving forward with that plan.

A number of important recruitments underway. Hansen Hunter is assisting LTC Facility with superb auditing of accounts, documentation, Medicare billing and providing many hours of education. Ms. Bigelow gave praise to Katie Martin, the Quality leader in Long Term Care who is a phenomenal leader and we're lucky to have her.

Ms. Cooper asked about the survey. She would like to hear about the citations. Barb said it was a good survey. This was on the Facilities side, including ER Prep. This is not for the health survey. The 2 life safety code - one had to do with cleaning of sprinkler heads in our hospital kitchen and an issue with some electrical panels. The 2 in ER prep - transfer agreement and family notification for disaster preparedness. The transfer agreement we were able to get secured the week of the survey so I didn't expect it to be a citation, but that's fine. Our transfer agreement is a requirement under the federal regs and we now have a formal agreement with Heritage Place. The family notification piece was actually done a year ago, but because of the pandemic it got lost in the shuffle and it wasn't executed. We showed them the brochure and the plan and it was acceptable, but we still got the citation. Part of that process is asking families if they would take their residents home during a disaster event.

#### **12.5. Quality Management Director**

Ms. Shover noted that if the Board would review the HCAHPS report, you find that falls and toileting are areas where we could drill down. She shared the graphs on the HCAHPS report with the group.

#### **12.6. Human Resources Director**

Ms. Knorr added that open enrollment starts next month in benefits. Looking forward to having Newport go live with their program.

#### **12.7. Marketing / PR Director**



Ms. Ferraro said in addition to Ms. Kincaid being an asset to LTC she has been a backbone at all the mass COVID vaccine clinics. She's been to almost every single one and essentially runs the clinical side of the clinics. Ms. Ferraro also reminded the group that the Homer Steps Up Steps Challenge is open.

#### **12.8. Support Services Director**

Mr. Mullen reported. The capital improvement season is upon us and the biggest project is LTC and ER heating issues, as those are compliance driven capital improvements. In process of hiring a security manager, which is the first step in developing a security program for the hospital.

We had a surprise inspection from OSHA, complaint-driven, directed specifically at our COVID-19 protection to staff. They were here last week for 3 days and we're expecting their report back at any time. We'll have 15 days to schedule an exit interview when we get their report.

Ms. Cooper asked if our security guards have been a contracted service. Mr. Mullen replied that we have contracted with Guardian for security guards for at least 10 years. They provide 2 guards from 4pm to 8am and then on the weekend they are here 24 hrs a day. We will be able to exit out of the contract and develop our own program that will give us a more reliable delivery with 24/7 coverage, and guards that are trained and oriented to the hospital policies and procedures and will give us a better program.

#### **12.9. IT Director**

Mr. Bartilson had nothing to add to his written report.

### **13. DISCUSSION**

There were no items for discussion.

### **14. COMMENTS**

(Announcements/Congratulations)

#### **14.1. Chief Executive Officer**

Ryan thanked Dr. Spencer for her report. He thanked Mr. Mullen for handling several surveys in his first month of work. Thanked Dr. Knapp for introducing Ms. Kincaid to the organization, and thanked her for being willing to step into the new role in Long Term Care.

#### **14.2. Board Members**

Ms. Wilson thanked Dr. Spencer for very interesting presentation.

Mr. Groesbeck had nothing to add

Ms. Woodworth had nothing to add except she really appreciated the presentation by Dr. Spencer.

Dr. Boling had nothing to add.

Ms. Wythe had nothing to add.

Ms. Jacobsen had nothing to add.

Mr. Partridge thanked Dr. Spencer and the leadership team for their excellent reports.

Ms. Baker thanked and welcomed Mr. Mullen to the team.

Mr. Hambrick appreciated we have a seat at senate committee hearings. He appreciates Mr. Smith's participation with the legislature.

Dr. Knapp is thankful for the leadership team at this hospital. It was nothing like this 5 years ago. The whole idea of having a report card was a foreign concept at the time and now we're able to drill down into particular issues. Our hospital gets better every day.

Ms. Cooper thanked Mr. Smith and the team. Love the way the reports are being done as well as the verbal reports. Like the way they all tie to the other documents we track. I've never seen morale this high.

**15. INFORMATIONAL ITEMS**

Board retreat will be held next week all day Thursday and partial day Friday. Contact Mr. Bartilson on getting your iPads switched over.

**16. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION**

**16.1. Credentialing**

*After review of the applicants' files in Executive Session, Ms. Jacobsen moved to approve the following positions in the medical staff as requested and recommended by the Medical Executive Committee:*

Appointment

Elizabeth Babu, MD; Critical Care/eICU; Telemedicine  
Niusha Damaghi, MD; Critical Care/eICU; Telemedicine  
Joseph Freeburg, MD; Neurology/Telestroke; Telemedicine  
George Lopez, MD; Neurology/Telestroke; Telemedicine  
Madeline Nguyen, MD; Neurology/Telestroke; Telemedicine  
Maria Restrepo, MD; Neurology/Telestroke; Telemedicine  
Valerie Thertus, MD; Psychiatry/Telepsych; Telemedicine  
Dana Oswald, ANP; Oncology NP; Courtesy Staff

Reappointment

Mario Binder, MD; Cardiology/Echoes; Courtesy Staff  
Providence Telestroke Group; Neurology /Telestroke; Telemedicine

Martha Cotten, MD; Emergency Med/Family Med; Active Staff  
Giulia Tortora, MD; Family Medicine; Active Staff  
Angus Warren, MD: Emergency Medicine; Courtesy Staff

*Julie Woodworth seconded the motion. The motion carried.*

**16.1. Credentialing**

**17. ADJOURNMENT**

**17.1. The meeting was adjourned at 7:42pm.**

*Beth Wythe made a motion to adjourn. Keri-Ann Baker seconded the motion. Motion Carried.*

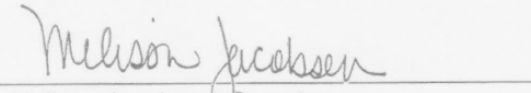
Respectfully Submitted,

  
Maura Jones, Executive Assistant

Accepted:

  
Kelly Cooper, President

Minutes Approved: 5/25/2021

  
Melissa Jacobsen, Secretary