AGENDA

Board of Directors Meeting

6:00 PM - Wednesday, December 1, 2021

Click link to join Zoom meeting
Meeting ID: 820 0431 2906
Use *9 to "Raise Hand" / Press *6 to unmute when recognized
Phone Line: 669-900-9128 or 301-715-8592

Kelly Cooper, President		M. Todd Boling, DO		Bernadette Wilson	
Keri-Ann Baker, Vice Pres.		David Groesbeck		Julie Woodworth	
Melissa Jacobsen, Secretary		Matthew Hambrick		Beth Wythe	
Walter Partridge, Treasurer		Edson Knapp, MD		Ryan Smith, CEO	

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. APPROVAL OF THE AGENDA

6. APPROVAL OF THE CONSENT CALENDAR

5 - 10 6.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for October 27, 2021
Board of Directors - Oct 27 2021 - Minutes - DRAFT

11 - 14 6.2. Consideration to Approve October FY 2022 Financials

Balance Sheet October FY22
Income Statement October FY22
Cash Flows Statement October FY22

15 6.3. Consideration to Approved Revised Board Policy Q-02 Peer Review, as recommended by the Governance Committee
Q-02 Peer Review, revised

7. PUBLIC COMMENTS ON ITEMS NOT APPEARING ON THE AGENDA

8. PRESENTATIONS

9. UNFINISHED BUSINESS

10. NEW BUSINESS

16 10.1. Election of Board Members
Memo

17 - 27 10.2. First Reading: Consideration to Amend Board of Directors Bylaws, as recommended by the Governance Committee
Board of Directors Bylaws, revised 11 18 2021

11. REPORTS

28 - 31 11.1. Chief Executive Officer
Balanced Scorecard 2021 Quarter 3

32 - 37 11.2. BOD Committee: Pension
PEN-001 Investment Policy, revised 11 18 2021

11.3. BOD Committee: Finance

11.4. BOD Committee: Governance

11.5. BOD Committee: Education

11.6. Board President

11.7. Service Area Board Representative

12. DISCUSSION

13. COMMENTS

(Announcements/Congratulations)

13.1. Chief Executive Officer

13.2. Board Members

14. INFORMATIONAL ITEMS

38 - 54 14.1. AHA Rural Health Care Conference 2022 - Early Bird Rate Ends December 3rd

Schedule

Keynote Sessions

55 14.2. Board of Directors Calendar of Meetings 2022 (Draft)

0BOD Calendars 2022

15. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

15.1. Credentialing

16. 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.

Each member of the public desiring to speak on any issue before the SPH Operating Board of Directors at tonight's meeting will be given an opportunity to speak to the following guidelines:

- *Those who wish to speak will need to sign in on the sign in sheet being circulated. When the chair recognizes you to speak, you need to clearly give your name and the subject you wish to address.*
- *Please be concise and courteous, in time, so others present will have an opportunity to speak.*
- *Please observe normal rules of decorum and avoid disparaging by name the reputation or character of any member of the Operating Board of directors, the administration or personnel of SPHI, or the public. You cannot mention or use names of individuals.*
- *The Operating Board Directors may ask you to respond to their questions following your comments. You could be asked to give further testimony in "Executive Session" if your comments are directly related to a member of personnel, or management of SPHI, or dealing with specific financial matters, either of which could be damaging to the character of an individual or the financial health of SPHI, however, you are under no obligation to answer any question put to you by the Operating Board Directors.*
- *This is your opportunity to provide your support or opposition to matters that are within the areas of Operating Board of Directors governance. If you have questions, you may direct them to the chair.*

These rules for participating in a public meeting were discussed and approved at the Board Governance Committee meeting on February 24, 2013.

MINUTES
Board of Directors Meeting

6:00 PM - Wednesday, October 27, 2021
Virtual Meeting Only

The Board of Directors of the South Peninsula Hospital was called to order on Wednesday, October 27, 2021, at 6:00 PM, via Zoom virtual meeting.

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 – 5:15 p.m. *******
*******Out of Executive Session – 5:55 p.m. *******
*******Regular Session – 6:00 p.m. *******

President Kelly Cooper called the regular meeting to order at 6:00 p.m.

2. ROLL CALL

BOARD PRESENT:	**President Kelly Cooper, Vice President Keriann Baker, Secretary Melissa Jacobsen, Treasurer Walter Partridge, Todd Boling, David Groesbeck, Matthew Hambrick, Edson Knapp, Julie Woodworth, Beth Wythe, and CEO Ryan Smith**
BOARD EXCUSED:	**Bernadette Wilson**
STAFF PRESENT:	**Maura Jones, Executive Assistant**
OTHERS PRESENT:	**Derotha Ferraro, Marketing Director; Lane Chesley, KPB Assembly** *Note: other staff and community members may be present as audience in the virtual meeting. Only those who made a comment or presentation are noted in the minutes.*

A quorum was present.

3. REFLECT ON LIVING OUR VALUES

Derotha Ferraro, Marketing Director, shared a story about commitment. The staff, and particularly the nurses working at the swab site have been working non-stop in recent weeks. Typically, they were giving about 80 vaccines a week and in the past 5 days they gave 414 vaccines! Quadrupled their volume and show true commitment to the community.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

Ms. Cooper spoke to the SPH value of compassion. We've had an unusual amount of loss in our community over the last few months. As health care workers, our staff often have to wrestle with loss and grief as part of their job, but recent events have

made for particularly difficult times. We've lost a lot of folks, from young people who were taken far too soon, to members of our older generation of influential Alaskan pioneers. We are thinking of all of the families and friends of those loved and lost; our hearts go out to you; And we want to thank SPH staff and health care workers from around the state who continue to provide compassionate care while dealing with their own feelings of loss and grief.

4.1. Rules for Participating in a Public Meeting

The rules were provided in the packet.

5. APPROVAL OF THE AGENDA

Beth Wythe made a motion to approve the agenda Julie Woodworth seconded the motion. Motion Carried.

6. APPROVAL OF THE CONSENT CALENDAR

Melissa Jacobsen read the consent calendar into the record.

6.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for September 29, 2021.

6.2. Consideration to Approve September 2021 Financials

6.3. Consideration to Approve Revised Board Policies EMP-09 CEO Succession Plan, Q-01 Medical Staff Credentialing Privileges, Q-03 Professional Liability Insurance, Q-04 Consent for Treatment, Q-05 Non-Physician Medical Screening, and Q-06 Quality Monitoring, as recommended by the Governance Committee

Secretary Melissa Jacobsen made a motion to approve the consent calendar as read. Julie Woodworth seconded the motion. Motion Carried.

7. PUBLIC COMMENTS

There were none.

8. PRESENTATIONS

There were none.

9. UNFINISHED BUSINESS

10. NEW BUSINESS

10.1. Consideration to Approve the South Peninsula Hospital and Long Term Care Facility Corporate Compliance and Ethics Program

Secretary Melissa Jacobsen made a motion to approve the South Peninsula Hospital and Long Term Care Facility Corporate Compliance and Ethics Program. David Groesbeck seconded the motion. Motion Carried.

10.2. Consideration to Approve the Revised South Peninsula Hospital Respiratory Protection Plan

Mr. Smith thanked Nicole Reynolds, Susan Shover, Dawn Johnson, Scott Mullen and everyone who worked hard on this plan to bring us into compliance. This was done as a response to the recent OSHA survey.

Secretary Melissa Jacobsen made a motion to approve the Revised South Peninsula Hospital Respiratory Protection Plan. Julie Woodworth seconded the motion. Motion Carried.

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, reported. He gave his quarterly presentation to the KPB Assembly last night, and the assembly expressed their appreciation to the SPH staff. We're still awaiting the language for CMS's Interim Final Rule regarding mandatory vaccinations. Dr. Lucy Fisher will be starting in January as a full time psychiatrist. Dr. Michael Hennigan starts next week as an addition endocrinologist providing services at the Specialty Clinic. Dr. Nathan Kincaid will join us early next year as our second permanent general surgeon. Dr. Chris Glenn will be providing additional radiology coverage with the retirement of Dr. Filipek at the end of this year. Dr. Martha Cotten has retired from her work in our Emergency Department. Thanks to Susan Shover and team for putting together the final report for OSHA. Borough is currently negotiating with one of the bidders for the Master Facilities Planning project. We will put a steering committee together as soon as we're able to move forward.

11.2. BOD Committee: Finance

Walter Partridge reported. The Finance Committee met in October and reviewed the September financials. The committee had no concerns.

11.3. BOD Committee: Governance

Beth Wythe reported. The Governance Committee met in October. Policy Q-02 Peer Review is included in the packet for first review - this is the last policy to come before the Board. The committee also discussed the process for member elections for 2022, which will happen at the next Board meeting. The committee assignments will be done by the incoming President. We're scheduling Board member interviews over Zoom for the upcoming week and all Board members are invited to attend. Ms. Baker and Ms. Cooper are in the process of reviewing the bylaws and we'll bring any changes to the December meeting. Ms. Wythe thanked the Finance Committee, Governance Committee and hospital staff for helping to get through revisions to all the policies this year.

11.4. BOD Committee: Education

Ms. Woodworth reported. The Education Committee met in October. It was a brief meeting to make sure everyone was on the same page. The Board has

made a conscious decision to keep the status quo and not initiate any new endeavors at this time.

11.5. Service Area Board Representative

Helen Armstrong reported on behalf of the Service Area Board. There have been some recent changes in membership. Dawn Cabana stepped down this summer and Amber Cabana is filling her seat. Kathryn Ault and Willy Dunne have been appointed to fill the open seats. Officers were elected as well - Ms. Armstrong will continue as President, Roberta Highland will serve as Vice President, Kathryn Ault as Secretary and Judith Lund as Treasurer. The board has concluded the lengthy process of revising the bylaws and have sent to the borough for approval. Annual reports were given by Kachemak Bay Family Planning Clinic and MAPP. The board is also looking into ways to thank the staff for everything they've done through the pandemic.

12. DISCUSSION

13. INFORMATIONAL ITEMS

14. PUBLIC COMMENTS

Lane Chesley, KPB Assembly representative gave comment. He thanked everyone at SPH for their hard work and thanked Mr. Smith for his good, thorough report to the assembly. He queried the board about their memory regarding health powers as part of the Task Force a number of years ago. Board members shared their recollections with Mr. Chesley.

The Board of Directors entered Executive Session at 6:51pm.

15. COMMENTS

(Announcements/Congratulations)

15.1. Chief Executive Officer

Mr. Smith had no additional comments.

15.2. Board Members

Ms. Baker had no additional comments.

Ms. Jacobsen had no additional comments.

Mr. Partridge had no additional comments.

Mr. Groesbeck had no additional comments.

Mr. Hambrick thanked MS. Cooper for her deft management of the various platforms. He thanked Dr. Landess, the Medical Executive Committee, and Mr. Smith with their ongoing work. He thanked Ms. Jones for all her assistance.

Dr. Knapp shared he is impressed with this board and enjoys the discussions and is grateful for all perspectives.

Dr. Boling had no additional comments.

Ms. Woodworth congratulated Ms. Johnson for getting her Nursing Home Administrator License. She congratulated Dr. Filipek and Dr. Cotten on their retirements. She expressed her appreciation for Mr. Smith, Dr. Landess, the Medical Executive Committee and the Board and their ability to talk through difficult situations. She thanked Ms. Ferraro on her presentation about the nurses.

16. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

Dr. Knapp recused himself from the vote on Credentialing.

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
Eric Kraemer, MD; Radiology/VRad; Active Staff
Claire Waite, MD; Radiology/VRad; Active Staff
Michael Hennigan, MD; Internal Med/Endocrinology; Courtesy Staff

Reappointment
Ahmed Abuzaid, MD; Cardiology/Echoes; Courtesy Staff
Jacob Kelly, MD; Cardiology/Echoes; Courtesy Staff
Gene Quinn, MD; Cardiology/Echoes; Courtesy Staff
Devry Garity, PNP; Pediatrics-NP; Active Staff
Renda Knapp, MD; Ob/Gyn; Active Staff
Jessica Malone, MD; Internal Medicine; Courtesy Staff
Kathryn Ostrom, MD; Ob/Gyn; Active Staff
Randy Van Antwerp, MD; Pathology; Courtesy Staff

Privileges Request
Christine Pratt, PA-C; Inpatient Privileges and Surgical Assist Privileges

17. ADJOURNMENT

The meeting was adjourned at 8:06pm.

Matthew Hambrick made a motion to adjourn the meeting. David Groesbeck seconded the motion. Motion Carried.

Respectfully Submitted,

Maura Jones, Executive Assistant

Accepted:

Kelly Cooper, President

Minutes Approved:

Melissa Jacobsen, Secretary

South Peninsula Hospital

DRAFT-UNAUDITED

BALANCE SHEET
As of October 31, 2021

		As of October 31, 2021	As of October 31, 2020	As of September 30, 2021	CHANGE FROM October 31, 2020
	ASSETS				
	CURRENT ASSETS:				
1	CASH AND CASH EQUIVALENTS	18,678,724	18,063,630	20,547,448	615,094
2	EQUITY IN CENTRAL TREASURY	8,825,941	8,955,568	8,030,833	(129,627)
3	TOTAL CASH	27,504,665	27,019,198	28,578,281	485,467
4	PATIENT ACCOUNTS RECEIVABLE	33,095,598	26,725,313	33,075,319	6,370,285
5	LESS: ALLOWANCES & ADJ	(15,646,182)	(12,947,965)	(15,653,600)	(2,698,217)
6	NET PATIENT ACCT RECEIVABLE	17,449,416	13,777,348	17,421,719	3,672,068
7	PROPERTY TAXES RECV - KPB	1,103,024	1,079,040	1,948,361	23,984
8	LESS: ALLOW PROP TAX - KPB	(3,599)	(3,048)	(3,599)	(551)
9	NET PROPERTY TAX RECV - KPB	1,099,425	1,075,992	1,944,762	23,433
10	OTHER RECEIVABLES - SPH	39,534	367,262	18,427	(327,728)
11	INVENTORIES	1,789,679	1,519,739	1,799,801	269,940
12	NET PENSION ASSET- GASB	9,050,712	3,464,836	8,850,712	5,585,876
13	PREPAID EXPENSES	847,950	804,298	736,523	43,652
		-	-	-	
14	TOTAL CURRENT ASSETS	57,781,381	48,028,673	59,350,225	9,752,708
	ASSETS WHOSE USE IS LIMITED				
15	PREF UNOBLIGATED	10,646,914	8,940,007	12,402,336	1,706,907
16	PREF OBLIGATED	2,999,908	1,546,050	1,232,568	1,453,858
17	OTHER RESTRICTED FUNDS	34,517	18,423,553	50,291	(18,389,036)
		13,681,339	28,909,610	13,685,195	(15,228,271)
	PROPERTY AND EQUIPMENT:				
18	LAND AND LAND IMPROVEMENTS	3,901,197	3,816,772	3,901,197	84,425
19	BUILDINGS	66,259,752	62,851,619	66,259,752	3,408,133
20	EQUIPMENT	29,007,004	27,297,940	29,007,004	1,709,064
21	IMPROVEMENTS OTHER THAN BUILDINGS	213,357	170,655	213,357	42,702
22	CONSTRUCTION IN PROGRESS	836,447	1,543,789	488,346	(707,342)
23	LESS: ACCUMULATED DEPRECIATION	(58,938,482)	(55,344,689)	(58,617,245)	(3,593,793)
24	NET CAPITAL ASSETS	41,279,275	40,336,086	41,252,411	943,189
25	GOODWILL	25,000	0	26,000	25,000
26	**TOTAL ASSETS**	112,766,995	117,274,369	114,313,831	(4,507,374)
	DEFERRED OUTFLOWS OF RESOURCES				
27	PENSION RELATED (GASB 68)	(568,607)	1,743,772	(568,607)	(2,312,379)
28	UNAMORTIZED DEFERRED CHARGE ON REFUNDING	402,373	472,401	408,324	(70,028)
29	TOTAL DEFERRED OUTFLOWS OF RESOURCES	(166,234)	2,216,173	(160,283)	(2,382,407)
30	TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	112,600,761	119,490,542	114,153,548	(6,889,781)

		As of October 31, 2021	As of October 31, 2020	As of September 30, 2021	CHANGE FROM October 31, 2020
	LIABILITIES & FUND BALANCE				
	CURRENT LIABILITIES:				
31	ACCOUNTS AND CONTRACTS PAYABLE	1,564,847	1,233,482	1,413,395	331,365
32	ACCRUED LIABILITIES	7,980,211	7,309,638	10,038,085	670,573
33	DEFERRED CREDITS	37,939	1,068,752	32,564	(1,030,813)
35	CURRENT PORTIONS OF NOTES DUE	0	2,647,561	0	(2,647,561)
36	CURRENT PORTIONS OF BONDS PAYABLE	1,705,000	1,630,000	1,705,000	75,000
37	BOND INTEREST PAYABLE	78,012	93,776	105,954	(15,764)
38	DUE TO/(FROM) THIRD PARTY PAYERS	1,763,418	13,120,478	1,376,416	(11,357,060)
40	TOTAL CURRENT LIABILITIES	13,129,427	27,103,687	14,671,414	(13,974,260)
41	LONG-TERM LIABILITIES				
42	NOTES PAYABLE	0	3,881,070	0	(3,881,070)
43	BONDS PAYABLE NET OF CURRENT PORTION	10,250,000	11,955,000	10,250,000	(1,705,000)
44	PREMIUM ON BONDS PAYABLE	655,262	855,453	670,248	(200,191)
45	CAPITAL LEASE, NET OF CURRENT PORTION	26,531	35,127	26,531	(8,596)
46	TOTAL NONCURRENT LIABILITIES	10,931,793	16,726,650	10,946,779	(5,794,857)
		0	0	0	
47	TOTAL LIABILITIES	24,061,220	43,830,337	25,618,193	(19,769,117)
48	DEFERRED INFLOW OF RESOURCES	-	0	0	0
49	PROPERTY TAXES RECEIVED IN ADVANCE	0	0	0	0
50	**NET POSITION**				
51	INVESTED IN CAPITAL ASSETS	5,731,963	5,731,963	5,731,963	0
52	CONTRIBUTED CAPITAL - KPB	0	0	0	0
53	RESTRICTED	25,286	25,286	25,286	0
54	UNRESTRICTED FUND BALANCE - SPH	82,782,292	69,902,956	82,778,106	12,879,336
55	UNRESTRICTED FUND BALANCE - KPB	0	0	0	0
		-	-	-	
56	**TOTAL LIAB & FUND BALANCE**	112,600,761	119,490,542	114,153,548	(6,889,781)

South Peninsula Hospital

INCOME STATEMENT
As of October 31, 2021
DRAFT-UNAUDITED

		MONTH				YEAR TO DATE			
		10/31/21			10/31/20	10/31/21			10/31/20
		Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
	Patient Service Revenue								
1	Inpatient	3,268,968	2,848,025	14.78%	2,936,851	13,417,474	10,911,911	22.96%	9,469,509
2	Outpatient	11,358,644	10,872,508	4.47%	10,606,258	46,054,050	41,656,878	10.56%	36,646,002
3	Long Term Care	715,567	912,036	-21.54%	655,952	3,108,293	3,494,371	-11.05%	2,847,223
4	Total Patient Services	15,343,179	14,632,569	4.86%	14,199,061	62,579,817	56,063,160	11.62%	48,962,734
	Deductions from Revenue								
5	Medicare	3,354,749	3,165,423	-5.98%	3,659,209	13,379,996	12,127,988	-10.32%	9,709,529
6	Medicaid	1,988,545	2,006,247	0.88%	1,588,672	7,633,761	7,686,728	0.69%	5,846,652
7	Charity Care	20,799	225,317	90.77%	128,651	209,550	863,278	75.73%	729,498
8	Commercial and Admin	2,147,603	1,016,192	-111.34%	1,361,972	5,182,198	3,893,434	-33.10%	3,478,920
9	Bad Debt	165,618	298,085	44.44%	26,837	1,738,072	1,142,077	-52.19%	836,946
10	Total Deductions	7,677,314	6,711,264	-14.39%	6,765,341	28,143,577	25,713,505	-9.45%	20,601,545
11	Net Patient Services	7,665,865	7,921,305	-3.22%	7,433,720	34,436,240	30,349,655	13.47%	28,361,189
12	USAC and Other Revenue	68,797	51,378	33.90%	63,140	218,377	203,855	7.12%	193,774
13	Total Operating Revenues	7,734,662	7,972,683	-2.99%	7,496,860	34,654,617	30,553,510	13.42%	28,554,963
	Operating Expenses								
14	Salaries and Wages	3,964,276	3,683,177	-7.63%	3,501,644	15,276,723	14,148,205	-7.98%	13,450,880
15	Employee Benefits	1,564,775	1,183,501	-32.22%	1,151,374	6,163,006	4,773,640	-29.10%	4,646,117
16	Supplies, Drugs and Food	1,115,987	835,012	-33.65%	959,621	4,372,524	3,313,112	-31.98%	3,178,473
17	Contract Staffing	424,770	118,270	-259.15%	281,947	1,322,246	469,264	-181.77%	1,182,731
18	Professional Fees	486,508	388,313	-25.29%	394,029	1,743,651	1,540,724	-13.17%	1,462,606
19	Utilities and Telephone	135,213	145,547	7.10%	119,778	529,812	577,492	8.26%	515,009
20	Insurance (gen'l, prof liab, property)	61,883	55,169	-12.17%	50,920	236,453	218,895	-8.02%	208,246
21	Dues, Books, and Subscriptions	15,980	18,263	12.50%	23,368	74,223	72,463	-2.43%	78,316
22	Software Maint/Support	157,515	147,288	-6.94%	110,477	566,802	584,399	3.01%	468,965
23	Travel, Meetings, Education	42,730	61,233	30.22%	34,526	163,994	242,956	32.50%	119,154
24	Repairs and Maintenance	96,770	126,146	23.29%	134,297	388,827	500,513	22.31%	470,626
25	Leases and Rentals	73,659	76,704	3.97%	78,403	279,003	304,342	8.33%	325,096
26	Other (Recruiting, Advertising, etc.)	155,646	80,442	-93.49%	90,457	396,688	319,173	-24.29%	365,764
27	Depreciation & Amortization	322,238	303,151	-6.30%	280,188	1,294,373	1,202,832	-7.61%	1,119,458
28	Total Operating Expenses	8,617,950	7,222,216	-19.33%	7,211,029	32,808,325	28,268,010	-16.06%	27,591,441
29	**Gain (Loss) from Operations**	**(883,288)**	**750,467**	**-217.70%**	**285,831**	**1,846,292**	**2,285,500**	**-19.22%**	**963,522**
	Non-Operating Revenues								
30	General Property Taxes	850,433	954,265	-10.88%	957,653	3,652,608	3,713,898	-1.65%	3,727,082
31	Investment Income	3,494	20,315	-82.80%	8,824	13,445	80,603	-83.32%	51,937
32	Governmental Subsidies	0	127,397	-100.00%	0	0	505,480	-100.00%	537,728
33	Other Non Operating Revenue	0	0	100.00%	0	79,384	0	100.00%	0
34	Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35	Gain <Loss> on Disposal	0	(1,189)	-100.00%	0	0	(4,718)	-100.00%	26,999
36	SPH Auxiliary	1	0	0.00%	0	7	0	0.00%	3,102
37	Total Non-Operating Revenues	853,928	1,100,788	-22.43%	966,477	3,745,444	4,295,263	-12.80%	4,346,848
	Non-Operating Expenses								
38	Insurance	0	0	0.00%	0	0	0	0.00%	0
39	Service Area Board	9,141	9,427	3.03%	4,994	18,134	37,405	51.52%	30,616
40	Other Direct Expense	48	425	0.00%	329	16,242	1,685	0.00%	1,191
41	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42	Interest Expense	32,233	32,851	1.88%	36,489	128,932	130,345	1.08%	145,958
43	Total Non-Operating Expenses	41,422	42,703	3.00%	41,812	163,308	169,435	3.62%	177,765
	Grants								
44	Grant Revenue	76,172	0	100.00%	86,572	671,481	0	100.00%	416,977
45	Grant Expense	1,205	25,479	0.00%	0	546,495	101,096	0.00%	3,877
46	Total Non-Operating Gains, net	74,967	(25,479)	-394.23%	86,572	124,986	(101,096)	-223.63%	413,100
47	Income <Loss> Before Transfers	4,185	1,783,073	-99.77%	1,297,068	5,553,414	6,310,232	-11.99%	5,545,705
48	Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49	**Net Income**	**4,185**	**1,783,073**	**-99.77%**	**1,297,068**	**5,553,414**	**6,310,232**	**-11.99%**	**5,545,705**

DRAFT-UNAUDITED

South Peninsula Hospital

Statement of Cash Flows
As of October 31, 2021

	Cash Flow from Operations:		
1	YTD Net Income		5,553,414
2	Add: Depreciation Expense		1,294,373
3	Adj: Inventory (increase) / decrease		18,936
4	Patient Receivable (increase) / decrease		(4,267,006)
5	Prepaid Expenses (increase) / decrease		(129,443)
6	Other Current assets (increase) / decrease		(260,803)
7	Accounts payable increase / (decrease)		(1,113,940)
8	Accrued Salaries increase / (decrease)		1,049,969
9	Net Pension Asset (increase) / decrease		(450,000)
10	Other current liability increase / (decrease)		356,634
11	Net Cash Flow from Operations		2,052,134
	Cash Flow from Investing:		
12	Cash paid for the purchase of property/equip		(733,871)
13	Cash transferred to plant replacement fund		(3,275,405)
14	Proceeds from disposal of equipment		-
15	Net Cash Flow from Investing		(4,009,276)
	Cash Flow from Financing		
16	Cash paid for Lease Payable		-
17	Cash paid for Debt Service		(215,609)
18	Net Cash from Financing		(215,609)
19	Net increase in Cash	$	(2,172,751)
20	Beginning Cash as of July 1, 2021	$	29,677,416
21	Ending Cash as of October 31, 2021	$	27,504,665

South Peninsula Hospital	**SUBJECT:** Peer Review	**POLICY #:** Q-02
		Page 1 of **1**
Scope: Medical Staff **Approved by:** Board of Directors		**Original Date:** 9/24/3 **Effective:** draft
Revised: 8/28/19 **Reviewed:** N/A		**Revision Responsibility:** Board of Directors

PURPOSE:
Guidelines for the evaluation Medical Staff performance to promote continuous improvement of the quality of care.

DEFINITION(S):
N/A

POLICY:
A. The Medical Staff through the ~~Peer Review~~ Credentials Committee and the Peer Review Committee will assess the performance of individuals granted clinical privileges at South Peninsula Hospital.
B. The Peer Review Committee is a multi-specialty approach to evaluate and improve practitioner performance and help create a systems approach culture related to performance improvement and peer review thus improving ~~and use the results of that assessment to improve the~~ quality of care provided.
~~A.~~C. The Credentials and Peer Review Committees will report to the Medical Executive Committee (MEC). The MEC is responsible for reporting ~~-~~the overall quality and efficiency of professional patient care services provided by individuals with clinical privileges to the Board of Directors.
~~B.~~D. Information generated through this process will be treated with the maximum confidentiality and privilege protections under applicable Federal and State laws.
~~C.~~E. The Medical Staff will use the organizational values and expected behaviors and the process detailed in the Medical Staff Bylaws, ~~-~~ Medical Staff ~~and~~ Rules and Regulations and policy Medical Staff Peer Review, MSO-008 to accomplish the peer review.

PROCEDURE:
N/A

ADDITIONAL CONSIDERATIONS:
N/A

REFERENCE(S):
1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors
2. Medical Staff Bylaws, August 26, 2020
3. Rules and Regulations, May 26, 2021
4. Medical Staff Peer Review, MSO-008
5. Quality Plan, May 26, 2021; Section IV: Roles and Responsibilities, Medical Executive Committee
~~2.~~6. Alaska Statute AS 18.23.030, AS 18.23.070 (5) and the Healthcare Quality Improvement Act of 1986/42 USC 11101 60.10

CONTRIBUTORS:
Board of Directors, Quality Management Director and Medical Staff Office Coordinator

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South Peninsula Hospital

Administration
4300 Bartlett Street
Homer, AK 99603
907-235-0325 (f)907-235-0253

MEMO

To: SPH Board of Directors

From: Beth Wythe, Governance Committee Chair

Re: Board Member Elections

A vote will be held in Executive Session to fill the four (4) open full term board seats. Three incumbents submitted applications to be considered for reappointment. In addition, four new candidates have submitted applications. The Board will vote on who will fill these four seats.

The candidates for appointment or reappointment are:

Todd Boling, DO *(I)*

Matthew Hambrick *(I)*

Melissa Jacobsen *(I)*

Helen Armstrong

Matthew Bullard

Dawson Slaughter

Aaron Weisser

Results from the vote in Executive Session will be announced in Open Session.

BYLAWS
SOUTH PENINSULA HOSPITAL, INC.

ARTICLE I - NAME AND OBJECTIVES

Section 1.

The name of this corporation shall be South Peninsula Hospital, Inc., and its mailing address shall be 4300 Bartlett Street, Homer, Alaska 99603.

Section 2.

The name of the Board shall be the South Peninsula Hospital Board of Directors, and shall be referred to in these Bylaws as the Hospital Board.

Section 3.

The objective of the Hospital Board shall be to construct, maintain, and operate a hospital and authorized services in accordance with the laws and regulations of the State of Alaska and in fulfillment of our responsibility to the taxpayers and citizens of the South Kenai Peninsula Hospital Service Area. The Hospital Board shall be responsible for the control and operation of the Hospital and authorized services including the appointment of a qualified medical staff, the conservation and use of hospital monies, and the formulation of administrative policy.

ARTICLE II - MEETINGS

Section 1. Regular Meetings.

The Hospital Board shall hold ~~a~~ regular meeting~~s each month,~~ with a minimum of ten (10) meetings a year. Meetings shall be held at South Peninsula Hospital or such other place as may be designated, or virtually through telephonic or other electronic means

Section 2. Special Meetings.

Special meetings may be called by the President, Vice-President, Secretary, or Treasurer, at the request of the Administrator, Chief of Staff, or three Board members. Members shall be notified of special meetings, the time, place, date, and purpose of said meeting. Notice will be given verbally or by email. A minimum of ~~Forty-eight hour~~five days' notice shall be given to members except in the event of an emergency. Notice will be provided to borough clerk and posted on SPHI website.

Commented [MJ1]: Updated to reflect the requirements in the new Operating Agreement.

Section 3. Quorum.

A quorum for the transaction of business at any regular, special, or emergency meeting shall consist of a majority of the seated members of the Hospital Board, but a majority of those present

shall have the power to adjourn the meeting to a future time. Attendance may be in person through telephonic or other electronic means. ~~or telephonic~~.

Commented [MJ2]: Updated to include other means of participating ex. Zoom

Section 4. Minutes.

All proceedings of meetings shall be permanently recorded in writing by the Secretary and distributed to the members of the Hospital Board and ex-officio members. Copies of minutes will be posted on the SPHI website ~~and sent to the borough clerk for posting~~.

Commented [MJ3]: Not required per the Operating Agreement anymore. Minutes are still posted on our website.

Section 5. Reconsideration:

A member of the board of directors who voted with the prevailing side on any issue may move to reconsider the board's action at the same meeting or at the next regularly scheduled meeting. Notice of reconsideration can be made immediately or made within forty-eight hours from the time of the original action was taken by notifying the president or secretary of the board.

Section 6. Annual Meeting.

The annual meeting of the Board of South Peninsula Hospital, Inc. shall be held in January, at a time and place determined by the Board of Directors. The purpose of the annual meeting shall include election of officers and may include appointment of Board members.

ARTICLE III - MEMBERS

Section 1.

The Hospital Board shall consist of eleven (11) members. No more than three (3) members may reside outside of the Hospital Service Area. No more than two (2) ~~seats~~ members ~~will~~ may be ~~designated~~ physician~~s seats~~.

Commented [MJ4]: Clarifies the language. Mirrors the language about the service area. No seat is "designated".

Section 2.

Appointments to the Hospital Board shall be made by the Hospital Board with an affirmative vote of the majority of the Board. Term of office shall be three (3) years with appointments staggered so that at least three members' terms will expire each year on December 31. Members may be reappointed by an affirmative vote of the majority of the Board. Election shall be by secret ballot. Elections may be ~~held by mail~~ held by any electronic means that provides the required anonymity of the ballot.

Commented [MJ5]: Some years there are 4 up for renewal now that we have more members on the board.

Commented [MJ6]: No longer likely to ever use mail. Changed language to provide for electronic secret ballot.

Section 3.

Vacancies created by a member no longer able to serve shall be filled by the procedure described in Section 2 for the unexpired term. Any member appointed to fill a vacant seat shall serve the remainder of the term for the seat the member has been appointed to fill.

Commented [C7]: Clarifies that the seat being filled is for the remainder of the term of vacant seat.

Section 4.

Ex-officio, non-voting members of this Hospital Board shall be the Chief of Medical Staff and the Administrator.

Section 5.

Any Hospital Board member who is absent from two (2) consecutive regular meetings without prior notice may be replaced. In the event of sickness or circumstances beyond the control of the absent member, the absence may be excused by the President of the Board or the President's designee. Any Board member who misses over 50% of the Board meetings during a year may be replaced.

Section 6.

Censure of, or removal from the Board of any member shall require a 75% affirmative vote of the Board members.

Section 7.

No member shall commit the Hospital Board unless specifically appointed to do so by the Hospital Board, and the appointment recorded in the minutes of the meeting at which the appointment was made.

Section 8.

Hospital Board members will receive a stipend according to a schedule adopted by the board and outlined in Board Policy SM-12 Board Member Stipends.

ARTICLE IV - OFFICERS

Section 1.

The officers of the Hospital Board shall be a President, Vice-President, Secretary, and Treasurer.

Section 2.

At the annual meeting in the month of January each year, the officers shall be elected, all of whom shall be from among its own membership, and shall hold office for a period of one year.

Section 3.

President. The President shall preside at all meetings of the Hospital Board. The President may be an appointed member to any committee and shall be an ex-officio member of each committee. ~~The President shall also be authorized to countersign checks in the absence of the Administrator or Treasurer.~~

Commented [MJ8]: No Board members are signers on accounts. This is now handled by senior members of Administration.

Section 4.

Vice-President. The Vice-President shall act as President in the absence of the President, and when so acting, shall have all of the power and authority of the President.

Section 5.

In the absence of the President and the Vice-President, the members present shall elect a presiding officer.

Section 6.

Secretary. The Secretary shall be responsible for the minutes of the meetings and shall act as custodian of all records and reports and other duties as set forth by the Hospital Board in connection with SPH staff. The Secretary ~~S~~shall ensure ~~be responsible for~~ the posting of the agenda and minutes on the website ~~and forwarded to~~forward to ~~the borough clerk~~; The Secretary shall ensure that ~~responsible to~~ notification is provided to~~y~~ the borough ~~of~~ for any changes in the board membership or officer assignments.

Commented [MJ9]: Language changed for a more accurate reflection of responsibilities. Hospital staff posts on website, notifies borough of changes, Secretary ensures it is done.

Section 7.

Treasurer. The Treasurer shall have charge and custody of, and be responsible to the Hospital Board for all funds, properties and securities of South Peninsula Hospital, Inc. in keeping with such directives as may be enacted by the Hospital Board.

ARTICLE V - COMMITTEES

Section 1.

The President shall appoint the number and types of committees consistent with the size and scope of activities of the hospital. The committees shall provide advice or recommendations to the Board as directed by the President. The President may appoint any person including, but not limited to, members of the Board to serve as a committee member. Only members of the Board will have voting rights on any Board committee. All appointments shall be made a part of the minutes of the meeting at which they are made.

Section 2.

Committee members shall serve without remuneration. Reimbursement for out-of-pocket expenses of committee members may be made only by hospital Board approval through the Finance Committee.

Section 3.

Committee reports, to be presented by the appropriate committee, shall be made a part of the minutes of the meeting at which they are presented. Substance of committee work will be fully disclosed to the full board.

ARTICLE VI - ADMINISTRATOR

Section 1.

The Administrator shall be selected by the Hospital Board to serve under its direction and be responsible for carrying out its policies. The Administrator shall have charge of and be responsible for the administration of the hospital.

Section 2.

The Administrator shall supervise all business affairs such as the records of financial transactions, collection of accounts and purchases, issuance of supplies, and to ~~insure~~ ensure that all funds are collected and expended to the best possible advantage. All books and records of account shall be maintained within the hospital facilities and shall be current at all times.

Section 3.

The Administrator shall prepare an annual budget showing the expected receipts and expenditures of the hospital.

Section 4.

The Administrator shall prepare and submit a written monthly report of all expenses and revenues of the hospital, preferably in advance of meetings. This report shall be included in the minutes of that meeting. Other special reports shall be prepared and submitted as required by the Hospital Board.

Section 5.

The Administrator shall appoint a Medical Director of the Long Term Care Facility. The Medical Director shall be responsible for the clinical quality of care in the Long Term Care Facility and shall report directly to the Administrator.

Section 6.

The Administrator shall serve as the liaison between the Hospital Board and the Medical Staff.

Section 7.

The Administrator shall ~~prepare a personnel manual~~provide a Collective Bargaining Agreement to the ~~which must be approved by the~~ Hospital Board for approval.

Commented [MJ10]: Personnel manuals and hospital policies are not approved by the board. The Collective Bargaining Agreement with the union is ratified by the board.

Section 8.

The Administrator shall see that all physical properties are kept in a good state of repair and operating condition.

Section 9.

The Administrator shall perform any other duty that the Hospital Board may assign.

Section 10.

The Administrator shall be held accountable to the Hospital Board in total and not to individual Hospital Board members.

ARTICLE VII - MEDICAL STAFF

The Hospital Board will appoint a Medical Staff in accordance with these Bylaws, the Medical Staff Development Plan, and the Bylaws of the Medical Staff approved by the Hospital Board. The Medical Staff will operate as an integral part of the hospital corporation and will be responsible and accountable to the Hospital Board for the discharge of those responsibilities delegated to it by the Hospital Board from time to time. The delegation of responsibilities to the Medical Staff under these Bylaws or the Medical Staff Bylaws does not limit the inherent power of the Hospital Board to act directly in the interests of the Hospital.

Section 1.

The Hospital Board has authorized the creation of a Medical Staff to be known as the Medical Staff of South Peninsula Hospital. The membership of the Medical Staff will be comprised of all practitioners who are eligible under Alaska state law and otherwise satisfy requirements established by the Hospital Board. Membership in this organization shall not be limited to physicians only. Membership in this organization is a prerequisite to the exercise of clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Bylaws. The Medical Staff organization, and its members will be responsible to the Hospital Board for

the quality of patient care practiced under their direction and the Medical Staff will be responsible for the ethical and clinical practice of its members.

The Chief of Staff will be responsible for regular communication with the Hospital Board.

Section 2.

The Hospital Board delegates to the Medical Staff its responsibility to develop Bylaws, Rules and Regulations for the internal governance and operation of the Medical Staff. Neither will be effective until approved by the Hospital Board.

The following purposes and procedures will be incorporated into the Bylaws and Rules and Regulations of the Medical Staff:

1. The Bylaws and Rules and Regulations of the Medical Staff will state the purposes, functions and organization of the Medical Staff and will set forth the policies by which the Professional Staff exercises and accounts for its delegated authority and responsibilities.
2. The Medical Staff Bylaws will require adherence to an identified code of behavior within the Hospital. The Bylaws will state that the ability to work harmoniously and cooperatively with others is a basic requirement for initial appointment and reappointment. Such Bylaws will state that appointment and reappointment is subject to compliance with Medical Staff Bylaws and Hospital Board Bylaws.
3. The Medical Staff Bylaws or Rules and Regulations will clearly define a regular method of quality assessment if not established by Hospital Board policy.

Section 3.

The following tenets will be applicable to Medical Staff membership and clinical privileges:

1. The Hospital Board delegates to the Medical Staff the responsibility and authority to investigate and evaluate matters relating to Medical Staff membership, clinical privileges, behavior and disciplinary action, and will require that the Medical Staff adopt, and forward to the Hospital Board, specific written recommendations with appropriate supporting documentation that will allow the Hospital Board to take informed action when necessary.
2. Final actions on all matters relating to Medical Staff membership, clinical privileges, behavior and disciplinary action will generally be taken by the Hospital Board following consideration of Medical Staff recommendations. However, the Hospital Board has the right to directly review and act upon any action or failure to act by the Medical Staff if, in the opinion of the Hospital Board, the Medical Staff does not or is unable to carry out its duties and responsibilities as provided in the Medical Staff Bylaws.
3. In acting on matters involving granting and defining Medical Staff membership and in defining and granting clinical privileges, the Hospital Board, through ~~the Medical Staff~~

~~Development Committee, will consider the Medical Staff Development Plan,~~ the Medical Staff's recommendations, the supporting information on which such recommendations are based, and such criteria as are set forth in the Medical Staff Bylaws. No aspect of membership nor specific clinical privileges will be limited or denied to a practitioner on the basis of sex, race, age, color, disability, national origin, religion, or status as a veteran.

4. The terms and conditions of membership on the Medical Staff and exercise of clinical privileges will be specifically described in the notice of individual appointment or reappointment.
5. Subject to its authority to act directly, the Hospital Board will require that any adverse recommendations or requests for disciplinary action concerning a practitioner's Medical Staff appointment, reappointment, clinical unit affiliation, Medical Staff category, admitting prerogatives or clinical privileges, will follow the requirements set forth in the Medical Staff Bylaws.
6. From time to time, the Hospital Board will establish professional liability insurance requirements that must be maintained by members of the Medical Staff as a condition of membership. Such requirements will be specific as to amount and kind of insurance and must be provided by a rated insurance company acceptable to the Hospital Board.

Commented [MJ11]: Recommendation to remove this from Bylaws. Ryan will bring more information to the BOD on this.

ARTICLE VIII - AUTHORIZATION OF INDEBTEDNESS

Section 1. Indebtedness.

It shall require seventy five percent (75%) of the entire Hospital Board to commit funds beyond current income, cash available, and appropriations of the current budget.

ARTICLE IX - AMENDMENTS

Section 1.

The Bylaws may be altered, amended, or repealed by the members at any regular or special meeting provided that notice of such meeting shall have contained a copy of the proposed alteration, amendment or repeal and that said proposed alteration, amendment, or repeal shall be read at two meetings prior to a vote.

Section 2.

An affirmative vote of seventy-five percent (75%) of the entire membership shall be required to ratify amendments, alterations or repeals to these Bylaws.

Section 3.

These Bylaws shall be reviewed at the annual meeting.

ARTICLE X - ORDER OF BUSINESS

Section 1.

The order and conduct of business at all meetings of the Hospital Board shall be governed by Roberts Rules of Order Revised, except when provided otherwise in these Bylaws.

ARTICLE XI - INDEMNIFICATION

Section 1.

The corporation shall indemnify every person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (other than an action by or in the right of the corporation) by reason of the fact that he is or was a board member, director, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust of other enterprise, against expenses (including attorneys' fees), judgment, fines and amounts paid in settlement actually and reasonably incurred by him in connection with such action, suit or proceeding if he acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interests of the corporation and, with respect to any criminal action or proceeding, had no reasonable cause to believe his conduct was unlawful. The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contender or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which he reasonably believed to be in or not opposed to any criminal action or proceeding, had reasonable cause to believe that his conduct was unlawful.

Section 2.

The corporation shall indemnify every person who has or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of the corporation to procure a judgment in its favor by reason of the fact that he is or was a board member, director, officer, employee or agent of the corporation, partnership, joint venture, trust of other enterprise against expenses (including attorneys' fees) actually and reasonably incurred by him in connection with the defense or settlement of such action or suit if he acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interests of the corporation except that no indemnification shall be made in respect of any claim, issue or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of his duty to the corporation unless and only to the extent that the court in which such action or suit was brought shall determine upon application that, despite the adjudication of liability but in

view of all circumstances of the case, such person is fairly and reasonably entitled to indemnify for such expenses which such court shall deem proper.

Section 3.

To the extent that a board member, director, officer, employee or agent of the corporation has been successful on the merits or otherwise in defense of any action, suit or proceeding referred to in subsections 1 and 2 hereof, or in defense of any claim, issue or matter therein, he shall be indemnified against expenses (including attorneys' fees) actually and reasonably incurred by him in connection therewith.

Section 4.

Any indemnification under subsections 1 and 2 hereof (unless ordered by a court) shall be made by the corporation only as authorized in the specific case upon a determination that indemnification of the board member, director, officer, employee or agent is proper in the circumstances because he has met the applicable standard of conduct set forth in subsections 1 and 2 hereof. Such determination shall be made (a) by the Board of Directors by a majority vote of a quorum consisting of directors who were not parties to such action, suit or proceedings, or (b) if such quorum is not obtainable, or even if obtainable, a quorum of disinterested directors so directs, by independent legal counsel in a written opinion.

Section 5.

Expenses incurred in defending a civil or criminal action, suit, or proceeding may be applied by the corporation in advance of the final disposition of such action, suit or proceeding as authorized by the Board of Directors in the manner provided in subsection 4 upon receipt of any undertaking by or on behalf of the board member, director, officer, employee or agent, to repay such amount unless it shall ultimately be determined that he is entitled to be indemnified by the corporation as authorized in this section.

Section 6.

The indemnification provided by this Article shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any resolution adopted by the members after notice, both as to action in his official capacity and as to action in another capacity while holding office, and shall continue as to a person who has ceased to be a board member, director, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such a person.

- Adopted by the South Peninsula Hospital Board of Directors January ~~22~~ __, ~~2020~~2022.

- Adopted by the South Peninsula Hospital Board of Directors January 22, 2020.

- ~~Thomas Clark~~, President

- ~~Melissa Jacobsen~~, Secretary

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
Third Quarter Calendar 2021 *(Jul, Aug, Sep)*

Overall Indicators	Currently Reported	Target		Note
Medicare.gov Care Compare Overall Star Rating (Hospital)	N/A	5		Too few outcome measures calculated
Medicare.gov Care Compare Patient Survey Star Rating (Hospital)	4	5		
Medicare.gov Care Compare Overall Star Rating (Nursing Home)	5	5		
The Chartis Group - iVantage Health Analytics Index Rank	70.9	75		
2018 - 82.1 2019 – 34.6 2020-74.7				

Clinical and Service Excellence *(Publicly Reported on Care Compare)*	3rd Q 2021	Target		Note: Target = National Average; n=Sample Size/Denominator
Appropriate care for severe sepsis and septic shock	73%	>60%		Q4-2019 - Q3 -2020
Measures the percentage of patients who received appropriate care for severe sepsis and septic shock				# of cases passing/total # of cases-exceptions
Elective Deliveries	N/A	<10%		Q4-2019 - Q3 - 2020
% of deliveries induced <39 weeks gestation without medical cause.				# inductions <39week gestation/# of deliveries <39 weeks gestation - exceptions
Quality and Patient Safety	3rd Q 2021	Target	n	Note
Patient Fall Rate AC	2.55	0	1174	# of patient falls / # patient days x 1000
Measures the number of patient falls per 1,000 patient days				n = IP, observations and swing bed patient days.
Resident Fall Rate LTC	5.87	2	1703	# of resident falls / # resident days x 1000
Measures the number of resident falls per 1,000 patient days				*6/10 falls were the same Resident.
Medication Errors that Reached the Patient / Resident	1	0		
Measures the number of reported medication errors causing patient harm or death.				Classified according to the National Coordinating Council for Medication Error Reporting and Prevention/CMS
Never Events	0	0		
Measures the number of errors in medical care that are clearly identifiable, preventable and serious in their consequences as defined by CMS and NQF				

Quality and Patient Safety	3rd Q 2021	Target	n	Note
All Cause Readmission Measures	**9%**	**<15%**	**208**	
Subsequent inpatient admission which occurs within 30 days of the discharge date				# of patients with unplanned readmission within 30 days of discharge - exclusions/Eligible admissions
Outpatient Clinic Quality	**37.67**	**40**		
Merit-Based Incentive Payment System *(MIPS)* Cross-departmental Quality Score				
CT/MRI Criteria Met for Patient Stroke	**100%**	**>72%**	**4**	Q1-2019 - Q4-2019
Percentage of patients who came to ED w/Stroke symptoms and received CT/MRI within 45 minutes of arrival.				Numerator = CT/MRI within 45 min; documented last known well. Denominator = Patients with Stroke
Medical Staff Alignment	**3rd Q 2021**	**Target**	**n**	**Note**
Provider Satisfaction Percentile	**78th**	**75th**		
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.				Result of provider survey 2020
Employee Engagement	**2nd Q 2021**	**Target**	**n**	**Note: Comparison to national database**
Employee Satisfaction Percentile	**51st**	**75th**		
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.				Result of employee survey 2020
Patient Satisfaction Through Press Ganey	**3rd Q 2021**	**Target**	**n**	**Note: Comparison to national database**
Inpatient Percentile	**55th**	**75th**	**32**	
Measures the satisfaction of inpatient patient respondents. Measures as a percentile.				Q1-2021: 91th, n =46 Q2-2021: 41th, n =37
Outpatient Percentile	**44th**	**75th**	**228**	
Measures the satisfaction of outpatient patient respondents. Measures as a percentile.				Q1-2021: 26th, n =237 Q2-2021: 38th, n =260
Emergency Department Percentile	**85th**	**75th**	**86**	
Measures the satisfaction of emergency patient respondents. Measures as a percentile.				Q1-2021: 60th, n =60 Q2-2021: 97th, n =59
Medical Practice Percentile	**79th**	**75th**	**494**	
Measures the satisfaction of patient respondents at SPH Clinics. Measures as a percentile.				Q1-2021: 86th, n =553 Q2-2021: 63th, n =510
Ambulatory Surgery Percentile	**17th**	**75th**	**65**	
Measures the satisfaction of ambulatory surgery patient respondents. Measures as a percentile.				Q1-2021: 79th, n =47 Q2-2021: 86th, n =66
Home Health Care Percentile	**39th**	**75th**	**28**	*Running 12 months due to low quarterly returns
Measures the satisfaction of Home Health Care clients (or family) respondents. Measures as a percentile.				Q1-2021: 24th, n =33 Q2-2021: 19th, n =30

Patient Satisfaction Through Press Ganey	3rd Q 2021	Target	n	Note : Comparison to national database
HCAHPS	**55th**	**75th**	32	
Hospital Consumer Assessment of Healthcare Providers and Services Hospital Rating 0-10 Press Ganey National Ranking				Q1-2021: 78th, n=46 Q2-2021: 16th, n=37
Workforce	**3rd Q 2021**	**Target**	**n**	**Note**
Turnover: All Employees	**3.29%**	**3.75%**	**517**	*17 Terminations/517 Total Employees*
Percentage of all employees separated from the hospital for any reason				
Turnover: Voluntary All Employees	**2.7%**	**3.50%**	**517**	*14 Voluntary Terminations/517 Total Employees*
Measures the percentage of voluntary staff separations from the hospital				
First Year Total Turnover	**7.84%**	**5%**	**102**	*8 New Staff Terminated in Q3/102 Total New Hires*
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				Total New Hires from 10/1/2020-9/30/2021
Information System Solutions	**3rd Q 2021**	**Target**		**Note:**
Promoting Interoperability (PI) Compliance				*Points assigned based on satisfaction of measures*
Eligible hospital (EH): hospital-based measures for inpatient and observation stays.	**62**	**>50**		CMS score 50 and above = pass
e-Prescribing: Electronic Prescribing (Rx)	**4**	**10**		
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information	**10**	**20**		
HIE: Support Electronic Referral Loops by sending health information (Summary of Care sent)	**4**	**20**		
Provider to patient exchange: Provide patients electronic access to their health information (timely access via the patient portal)	**34**	**40**		
Public Health & Clinical Data Exchange	**10**	**10**		
MIPS Promoting Interoperability Score	**100%**	**75%**		
PI score for Providers *(tracking is Athena - OP Clinic services)*				Scoring tabulated as a running, annual score. **Promoting Interoperability (PI) score not yet calculated for 2021.**
EMR *(Electronic Medical Record)* Adoption	**5**	**5**		
Health Information Management & Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) stage.				The current US average is 2.4 out of a possible 7.0 stages. Stage 6 and 7 require site visit validation.
IT Security Awareness Training Complete Rate	**94%**	**100%**		
% of employees who have completed assigned training				

Financial Health	3rd Q 2021	Target		Note
Operating Margin	**10.26%**	**6.8%**		
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	**1,030.00**	**944.24**		
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by *(inpatient + outpatient revenues).*				Long-term care revenues and discharges are not included in this measure.
Net Revenue Growth	**27.9%**	**7.2%**		
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.
Full Time Equivalents (FTEs) per Adjusted Occupied Bed	**8.85**	**9.39**		
Measures the average number of staff FTEs per adjusted occupied bed for the quarter.				Target is based on budgeted paid hours (FTE) divided by (budg gross patient revenue/budg gross inpatient rev) X budgeted average daily census for the quarter.
Net Days in Accounts Receivable	**59.5**	**55**		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand	**85**	**90**		
Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.				Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.
Uncompensated Care as a Percentage of Gross Revenue	**3.7%**	**3-4.7%**		
Measures bad debt & charity write offs as a percentage of gross patient service revenue				Target is based on industry standards.
Surgical Case Growth	**5.8%**	**7.1%**		
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 year.
Intense Market Focus to Expand Market Share	**3rd Q 2021**	**Target**		**Note**
Outpatient Revenue Growth	**33%**	**18%**		
Measures percentage increase (decrease) in outpatient revenue for the quarter, compared to the same period in the prior year.				Target is based on budgeted outpatient revenue for the period compared to outpatient revenue for the same period in the prior year.

PURPOSE:
Guidelines for management of employee pension trust.

DEFINITIONS:
N/A

POLICY:
South Peninsula Hospital sponsors a Defined Benefit Plan for the exclusive benefit of the participants. The name of the plan is The South Peninsula Hospital Employee Pension Plan (Plan). The Plan Trustees shall fulfill their fiduciary responsibility solely for the plan participants and their beneficiaries while controlling administrative costs at a reasonable level. Plan contributions and assets must be sufficient to meet the obligations of the plan as they come due.

INVESTMENT POWERS AND DUTIES OF THE TRUSTEES: Section 7.2 of the South Peninsula Hospital Employee Pension Plan authorizes the Plan Trustees to invest the funds of the plan. This Section of the plan states,
"The Trustee shall invest and reinvest the Trust Fund to keep the Trust Fund invested without distinction between principal and income and in such securities or property, real or personal, wherever situated, as the Trustee shall deem advisable, including, but not limited to, stocks, common or preferred, bonds and other evidences of indebtedness or ownership, and real estate or any interest therein. The Trustee shall at all times in making investments of the Trust Fund consider, among other factors, the short and long-term financial needs of the Plan on the basis of information furnished by the Employer."

INVESTMENT POLICY:
1. Invest the Plan's assets with the objective to maintain and increase the purchasing power of those assets relative to inflation.
2. Purchase assets of a type and in a manner that a normal investment manager of prudence and caution would purchase. This includes limiting the fees associated with "churning" the investments.
3. Emphasize continuity of performance over volatility and short-term performance.

INVESTMENT GOALS:
1. To attain a rate of return that compares favorably relative to standard market indices over a market cycle
2. To generate sufficient asset growth in real terms to meet future benefit obligations. Asset growth within the plan should reduce the long-term capital required from the plan sponsor.
2.3. Exceed the rate of inflation as measured by the Consumer Price Index by at least 3% per annum.
3.

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INVESTMENT STRATEGY:
Capital preservation and managed risk are an integral part of the hospital's investment strategy. Capital preservation during periods of declining markets should be emphasized versus maximizing performance during expanding market periods. High risks should be avoided, while moderate risk should be assumed in order to achieve the goals of exceeding inflation.
The primary strategy used to reduce risk and enhance returns is diversification. Diversification in equities is most easily and economically achieved through the use of index mutual funds. The Fund's investments are spread between three (3) major asset classes:

- Equities
- Fixed Income

- Cash Equivalents

This diversification not only reduces the possibility of major losses but enables the Plan to share in the gains made in each of the assets classes.
South Peninsula Hospital will at all times seek to minimize the risk to the Plan by selecting investments and investment strategies that will maintain the plan assets at a level sufficient to cover current and future plan payouts while simultaneously keeping PGBC premiums and monthly cash contributions to the plan at a minimum.

INVESTMENT OBJECTIVES:

A. Fixed Income ~~– Short Term~~:

1. The fixed account should provide a competitive return with the lowest level of risk. This can be achieved through a fixed account that guarantees a minimum interest rate and pays currents rates.
2. All fixed income securities held in the portfolio shall have a Moody's, Standard & Poor's and/or Fitch's credit quality rating of no less than "Baa." The U.S. Treasury and government agencies, which are unrated securities, are qualified for inclusion in the portfolio. If a bond falls below Baa or equivalent and the Investment Manager in consultation with the Trustees demonstrates the Plan will benefit by holding the bond to maturity rather than selling at a loss, then the bond may be retained.
3. The exposure of the portfolio to any one issuer, other than securities of the U.S. government or agencies, shall not exceed 10% of the market value of the fixed income portfolio.
4. Holdings of individual issues shall be large enough (round lots) for easy liquidation.
5. The Plan shall be allowed to hold fixed-income mutual funds with an average bond quality of A or better.

B. Cash/Cash Equivalents:

1. Cash equivalent reserves shall consist of cash instruments having a quality rating of A-1, P-1. or higher. Eurodollar certificates of deposit, time deposits, and repurchase agreements are also acceptable investment vehicles.
2. Any idle cash not invested by the investment managers shall be invested daily through an automatic interest-bearing sweep vehicle managed by the custodian.

C. Long Term Objectives – Five Years and Beyond – Equities:

Index mutual funds shall normally be used to achieve adequate diversification and minimize management costs. If investments are made in equities other than through mutual funds, such equity investments will be reasonably diversified in the most efficient manner in order to:

- ~~Exceed the rate of inflation as measured by the Consumer Price Index by at least 3% per annum.~~

1. **U.S. Equities:**
   - Equity holdings in any one company should not exceed more than 5% unless the specific stock is equal to more than 5% of its benchmark index of the market value of the Plan's equity portfolio.
   - No more than 25% of the market value of the portfolio shall be invested in any one economic sector.
2. **International Equities:**
   - Equity holdings in any one company shall not exceed more than 5% unless the specific stock is equal to more than 5% of its benchmark index of the international equity portfolio.
   - No more than 25% of the portfolio shall be invested in one industry category.
   - Allocations to any specific country shall not be excessive relative to a broadly diversified international equity manager peer group. It is expected that the non-U.S. equity portfolio will have no more than 40% in any one country.

INVESTMENT GUIDELINES:

1. Allowable Investments

   All or any part of the pension assets may be placed in investment vehicles that are not listed under prohibited transactions. All companies offering investments should have nationally recognized ratings such as Standard & Poor's, A.S. Best, Morningstar, and Duff & Phelps etc.

2. Prohibited Transactions

   There shall be no investments or transactions specifically prohibited by the Employee Retirement Income Security Retirement Act of 1974 or amendments thereto. In addition, investment activity in the following is prohibited without prior written permission of the Board of Directors of the South Peninsula Hospital, Inc.:

   - Stock Options, Futures, or Commodities
   - Coin or Gold Futures
   - Volatile Derivative Investments
   - Stock Loans
   - Margin Purchase or Borrowing Money
   - Direct Ownership of Letter Stock
   - Any Municipal or other Tax Exempt Securities

ELIGIBLE ASSETS:

U.S. Fixed Income
Government & Corporate Bonds Baa rated or better

U.S. Equities
Large Cap
Mid Cap
Small Cap

International Equities
Developed Countries / EAFE
Emerging Markets

Cash & Cash Equivalents

ASSET ALLOCATION:

Allowable Range	Target		Minimum		Maximum	
Account	Old	New	Old	New	Old	New
Equities	**60.0%**	**50.0%**	**50.0%**	**40.0%**	**70.0%**	**60.0%**
Large Cap Funds	12.6%	7.0%	6.6%	6.0%	19.8%	12.6%
Large Cap Value	9.6%	10.0%	7.1%	8.0%	12.4%	9.6%
Large Cap Growth	9.6%	6.0%	7.1%	5.0%	12.4%	9.6%
Mid Cap Funds	8.4%	8.0%	6.2%	6.0%	10.9%	8.4%
Small Cap Funds	4.8%	5.0%	3.5%	4.0%	6.2%	4.8%
International Equities	12.0%	11.0%	8.9%	9.0%	15.5%	12.0%
Emerging Market Equities	3.0%	3.0%	2.2%	2.0%	3.9%	3.0%
Fixed Income	**37.0%**	**47.0%**	**27.0%**	**58.0%**	**47.0%**	**37.0%**
Total Return Bond	37.0%	38.0%	27.0%	42.0%	47.0%	37.0%
Short Term Bond	0.0%	9.0%	0.0%	16.0%	0.0%	0.0%
Cash Alternatives	**3.0%**	**3.0%**	**0.0%**	**2.0%**	**0.0%**	**3.0%**

ASSET REBALANCING:

The Plan's strategic asset allocation will be reviewed annually during the first quarter of the calendar year, and rebalanced if any of the asset classes vary as much as plus or minus 10 percent, depending on market conditions.
Each year the Plan's trustees will meet to discuss the asset allocation to determine how much of the fund to invest in fixed income, U.S., and international equities. The following factors will be taken into consideration:

- The long term average rate of return being sought
- The amount of risk to which the portfolio should be exposed
- The probability of preserving principal
- The probability of earning enough to offset inflation; and
- The probability of earning, in upcoming years, the target rate of return.

COMMUNICATION AND CONTROL PROCEDURES:

1. Control:
   If an investment manager is used, the duties and responsibilities of each investment manager retained by the Trustees include:
   - Managing the Plan's assets under its care, custody, and/or control in accordance with investment policy goals, objectives and guidelines set forth herein, or expressed in separate written agreements when deviation is deemed prudent and desirable by the Plan.
   - Exercising investment discretion (including holding cash equivalents as an alternative) with the investment policy goals, objectives and guidelines set forth herein.
   - Promptly voting all proxies and related actions in a manner consistent with the long term interests and objectives of the Plan set forth herein. Each manager shall keep detailed records of said voting of proxies and related actions and will comply with all regulatory obligations related thereto.
   - Utilize the same care, skill, prudence, and due diligence under the circumstances then

prevailing that experienced investment professionals acting in a like capacity and fully familiar with such matters would use in like activities with like aims in accordance and compliance with all applicable laws, rules and regulations from local, state, federal and international political entities as they pertain to fiduciary duties and responsibilities.

- Acknowledge and agree in writing to their fiduciary responsibility to fully comply with the entire investment policy set forth herein, and as modified in the future.

2. Communications:

If an investment manager is not used, the Plan Administrator will provide quarterly reports to the Trustees and Board of Directors, South Peninsula Hospital, Inc. on asset allocation percentages, gains or losses, and total account value.

If an investment manager is used, the following specific communications shall be required by the Trustees to monitor the investment activities:

- Promptly informing the Plan in writing regarding all significant and/or material matters and changes pertaining to the investment of Plans' assets, including, but not limited to:
  - Investment Strategy
  - Portfolio structure
  - Tactical approaches
  - Ownership
  - Organizational Structure
  - Financial condition
  - Professional staff
  - Recommendations for guideline changes
  - All legal, material and SEC and other regulatory agency proceedings affecting the firm
- Quarterly reports will be provided by the investment manager including allocation percentages, growth, and total account value. Information about the funds' holdings should also be provided.
- A semi-annual investment performance report will be provided, with a more comprehensive review annually, to determine the continued feasibility of achieving the investment goals and objectives and the appropriateness of the Investment Policy. The reports will compare overall investment performance to the appropriate indices:

  Balanced Index
  S&P 500 Index
  EAFE
  Consumer Price Index

PROCEDURE:
N/A

ADDITIONAL CONSIDERATIONS:
N/A

REFERENCES:
N/A

CONTRIBUTOR(S)
Pension Committee; Chief Financial Officer

American Hospital Association™

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Schedule

Sunday | Monday | Tuesday | Wednesday

Please click on session title for description.

Sunday, February 6, 2022

11:00 - 5:00 pm

Registration

12:00 - 1:30 pm

Workshops

The Trustee's Role in Advancing Rural Vaccine Confidence (/program/pre-conference-workshops#thetrustees)

2:00 - 3:30 pm

Workshops

The Role of Governance in Creating Equitable Systems that Improve Health (/program/pre-conference-workshops#governance)
Benjamin Anderson, Vice President, Rural Health and Hospitals, Colorado Hospital Association; Lauren Hughes, State Policy Director, Farley Health Policy Center; and Erin Sullivan, Associate Professor, Healthcare Administration Sawyer Business School, Suffolk University

Teaming Up for Innovation: Improving Access to Care through Strategic Partnerships and Alliances (/program/pre-conference-workshops#teaming)
Richard Allen, Chief Executive Officer, Warren General Hospital and Fran Witt, DNP, MBA, LNHA, RN, President and Chief Executive Officer, Effingham Health System

Monday, February 7, 2022

7:00 - 8:00 am

Registration and Continental Breakfast

8:00 - 8:45 am

Conference Welcome and Presentation of the 2021 AHA Rural Hospital Leadership Award

8:45 - 9:45 am

Opening Keynote
Grit-Flow-Ness: The Brain Science behind Peak Performance and Stress Management (https://ruralconference.aha.org/program/keynote-sessions#boockvar)
John Boockvar, MD, Neurosurgeon and Scientist

10:00 - 11:00 am

Story Slam: The Human Side of the Value Equation
Health Equity Partnership for the Uninsured in a Rural Critical Access Hospital (/program/strategy-sessions#healthequity)
Neil Bard, MD, President, Richland Community Free Clinic and Medical Director of the

Richland Hospital Clinics, Richland Community Free Clinic/Richland Hospital

Community Paramedicine in Rural America: Overcoming Disparities in Access to Care (/program/strategy-sessions#communityparamedicine)
Deborah Burchfield, DNP FNP-C APRN, Franklin Community Health Network, MaineHealth

It Takes a Village to Deliver Value-based Care (/program/strategy-sessions#ittakes)
Caitlin Tilley, BSN, RN, CEN, SANE, Director of Care Coordination and Blueprint Program Manager, Southwestern Vermont Health Care

Remote Patient Monitoring: Reaching Out and Breaking Through (/program/strategy-sessions#remotepatient)
Keith D. Willey, Chief Information Officer, Val Verde Regional Medical Center

11:15 am - 12:30 pm

Strategy Sessions and Governance Track

Combating Maternal Morbidity and Mortality as a State (/program/strategy-sessions#combating)
Moderator: Aisha Syeda, MPH, Program Manager, Strategic Initiatives, American Hospital Association
Panelists:Sarah Basinger, RN, BSN, MHI, Director of Women and Infant Services, Summit Healthcare Regional Medical Center; Vicki Buchda, MS, RN, NEA-BC, Vice President of Care Improvement, Arizona Hospital and Healthcare Association; and Katherine Glaser, MD, MPH, FACOG, Obstetrician/Gynecologist, Tuba City Regional Health Care Corporation

Lessons In Covid Crisis Planning and Action from a Rural California Hospital (/program/strategy-sessions#lessonsin)
Martin Entwistle, MD, Associate Chief Medical Officer, Marshall Medical Center and Peter Barba, MD, Foundation Medical Director, Marshall Medical Center

The Next Frontier: Expanding Access in Rural Areas through Virtual Care (/program/strategy-sessions#thenext)
Bill Gassen, President & Chief Executive Officer, Sanford Health

The Board Chair and the CEO: Moving Beyond Peaceful Coexistence

(/program/strategy-sessions#theboard)
Kim Russel, FACHE, Chief Executive Officer, Russel Advisors and Richard Evnen, Past Chair, AHA Committee on Governance, Bryan Health Board of Trustees

Improving Patient Care with 340B and Rural ACOs (/program/strategy-sessions#improving)
Michelle Franklin, Chief Executive Officer, Sullivan County Community Hospital; Lynn Barr, Founder and Executive Chairwoman, Caravan Health; and Britney Ruegsegger, Regional Vice President, Caravan Health

12:30 - 2:00 pm

Lunch with Roundtable Discussions

Proven Techniques to Bring Clinical and Administrative Staff into Productive Partnerships (/program/strategy-sessions#proven)
Amy Hart, Chief Operating Officer, Cuyuna Regional Medical Center and Adam English, ARNP/Director of Adult Reconstruction, Cuyuna Regional Medical Center

Leverage Your Data to Hold Payers Accountable (/program/strategy-sessions#leverage)
Travis Gentry, Co-Chief Executive Officer, ATEX Financial; Tim Estes, Co-Chief Executive Officer, ATEX Financial; and Doug Shaw, Senior Vice President, American Hospital Association

Innovative Management of High Risk Patients in a Rural Setting: A Population Health Approach (/program/strategy-sessions#innovativemanagement)
Laura Manning, Associate Vice President, Population Health, The Guthrie Clinic

Out-of-the-Box Consumer Rural Health Innovation: Responding to the Needs of Consumers with New Services and Technologies (/program/strategy-sessions#outofthebox)
Don McDaniel, Chief Executive Officer, Canton & Company and William Streck, MD, Chief Medical Officer, Monarch Health Solutions

As a CEO or Board Member – How do you know your hospital's true cybersecurity risk status? (/program/strategy-sessions#asaceo)
Leo J. Cole, Cyber Security and Digital Transformation Executive, Futurism Technologies

It is Difficult to be a Hospital Board Member (/program/strategy-sessions#itisdifficult)
Bill Menner, Immediate Past Chair, UnityPoint Health – Grinnell Regional Medical Center; Chairman, AHA's Committee on Governance and Sue Ellen Wagner, MS, Vice President, Trustee Engagement and Strategy, American Hospital Association

Addressing Opioid Use Disorder During Acute Hospitalization (/program/strategy-sessions#addressingopioid)
Richard Bottner, Assistant Professor, Department of Internal Medicine; Director, Support Hospital Opioid Use Treatment (SHOUT) Texas, Dell Medical School at The University of Texas at Austin

The No Surprise Act: An Overview for Health Care Leader (/program/strategy-sessions#thenosurprise)
John Kaszuba, Regional Vice President, Business Development, PFC USA

2:00 - 3:15 pm

Keynote

Creative Change: Why We Resist It . . . How We Can Embrace It (https://ruralconference.aha.org/program/keynote-sessions#mueller)
Jennifer Mueller, PhD, Associate Professor, University of San Diego and author

3:30 - 4:45 pm

Strategy Sessions and Governance Track

Improving Health Equity: A Screening of Toxic: A Black Woman's Story (/program/strategy-sessions#toxic)
Priya Bathija, JD, MHSA, Vice President, Strategic Initiatives, American Hospital Association and Aisha Syeda, MPH, Program Manager, Strategic Initiatives, American Hospital Association

The Next Frontier: Expanding Access in Rural Areas through Virtual Care (/program/strategy-sessions#thenext)
Bill Gassen, President & Chief Executive Officer, Sanford Health

How the COVID-19 Pandemic Helped One Rural Community Advance Health Equity and Eliminate Disparities through Established Collaborations: Changing the Future of Health Care (/program/strategy-sessions#howthe)
Lori Weston, Administrator, Intermountain Park City Hospital and Diego Zegarra, Vice President of Equity and Impact, Park City Community Foundation

Courage to Change: Revitalizing Your Hospital's Operational Performance using the Tools of Team Health and Leadership Development (/program/strategy-sessions#courage)
Michelle Fortune, Chief Executive Officer, St. Luke's Hospital and Bud Wren, President, Pinnacle Coaching and Consulting Group

5:30 - 7:00 pm

Networking Reception

Tuesday, February 8, 2022

6:45 - 8:00 am

Registration and Continental Breakfast

7:00 - 7:50 am

Sunrise Sessions

The Rural Emergency Hospital: A Clear-Eyed Assessment of the New Mode (/program/sunrise-sessions#therural)
Jeff Coyler, MD, Chair, National Advisory Committee on Rural Health and Human Services; former Governor of Kansas; Tom Morris, Associate Administrator for Rural Health Policy, Federal Office of Rural Health Policy; George Pink, Humana Distinguished Professor in the Department of Health Policy and Management, Senior Research Fellow at the Cecil G. Sheps Center for Health Services Research, and Deputy Director of the NC Rural Health Research Program, University of North Carolina at Chapel Hill; and Patricia Schou, Executive Director, Illinois Critical Access Hospital Network

Not Just for Football Anymore: Huddle Up for Safety and Quality Outcomes (/program/sunrise-sessions#notjust)
Kathy Griffis, Chief Nursing Officer, Titus Regional Medical Center; Patty Boeckmann, Chief Operating Officer, Titus Regional Medical Center; Barbara Petersen, Chief Quality Officer, Great Plains Health; and Wendy Ward, Director of Patient Safety/Risk Manager, Great Plains Health

A Discussion on the Principles of Infrastructure Capital Planning (/program/sunrise-sessions#adiscussion)
Jonathan Flannery, Senior Associate Director of Advocacy, American Society for Healthcare Engineering; Mark Mochel, Senior Vice President, Facility Health, Inc.; and Matthew H. Stiene, Senior Director Plant Engineering, Novant Health

8:00 - 9:15 am

Keynote

Washington Update (https://ruralconference.aha.org/program/keynote-sessions#washington)
Stacey Hughes, Executive Vice President, Government Relations and Public Policy, American Hospital Association; Travis Robey, Senior Associate Director, Federal Relations, American Hospital Association; and Shannon Wu, PhD, Senior Associate Director of Payment Policy, American Hospital Association

10:15 - 11:15 am

Strategy Sessions and Governance Track

Improving Health Outcomes and Reducing the Societal Burden Resulting from Non-Management of Chronic Conditions and Misuse of Emergency Services (/program/strategy-sessions#healthoutcomes)
Ashley Ballah, Director, North Central EMS, Fisher-Titus Health and Matthew Mattner, Chief Operations Officer, Fisher-Titus Health

Ransomware Attacks against Hospitals and Health Systems: The Victims Speak Out (/program/strategy-sessions#randsomeware)
John Gaede, CPHIM, MT (ASCP) CLS, ThM, Director of Information Services, Sky Lakes Medical Center; Adrienne Chase, Compliance and Risk Officer, Dickinson County Healthcare System; Doug Copley, Chief Executive Officer & Executive Advisor, Data Protection Partners; John Riggi, Senior Advisor for Cybersecurity and Risk, American

Hospital Association; and Ronald Woita, Chief Nurse Officer and Vice President of Patient Services, Sky Lakes Medical Center

Can a Rural Community be Financially Successful in Value-based Care? (/program/strategy-sessions#can)
Paul Stewart, President & Chief Executive Officer, Sky Lakes Medical Center

Independence or Merger: A Board's Most Difficult Decision (/program/strategy-sessions#independance)
Brook Ward, MPA, President & Chief Executive Officer, Washington Health System and Guy Masters, MPA, President, Masters Healthcare Consulting

Attracting and Retaining Top Health Care Executive Talent: Best Practices for Designing a Supplemental Retirement Benefit Plan (/program/strategy-sessions#attracting)
Melinda Figeley, Principal, The Hebets Company; Jamie Hebets, Senior Vice President, The Hebets Company; and Jim Hebets, President, The Hebets Company

11:30 am - 12:30 pm

Strategy Sessions and Governance Track

Improving Health Outcomes and Reducing the Societal Burden Resulting from Non-Management of Chronic Conditions and Misuse of Emergency Services (/program/strategy-sessions#healthoutcomes)
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Leveraging Health Care and Community Development Partnerships to Improve Rural Health: Pathways to Building Resilient Healthy Communities (/program/strategy-sessions#leveraginghealth)

Douglas Jutte, MD, Executive Director, Build Healthy Places Network; Carey Rothschild, Director Community Health Policy & Strategy, Spartanburg Regional Healthcare System; and Caitlin Cain, LISC Vice President and Rural LISC Director

Living the Mission: The Path to Building a Diverse Governing Board (/program/strategy-sessions#living)
Karma Bass, MPH, Principal, Via Healthcare Consulting and Maria Hernandez, PhD, President and Chief Operating Officer, Impact4Health

Behavioral Health: Meeting Community Need through Partnership (/program/strategy-sessions#behavioral)
Kendra Thayer, SVP of Patient Care Services, Chief Nurse Officer and Chief Operating Officer, Garrett Regional Medical Center; Jennifer Weiss Wilkerson, Vice President and Chief Strategy Officer, Sheppard Pratt; and Deepak Prabhakar, Outpatient Medical Director, Sheppard Pratt

12:30 - 1:45 pm

Lunch with Conversation Starter Tables

Join a Conversation Starter table if you'd like to connect for meaningful discussions with other attendees with similar roles or topical interests. Every Conversation Starter table will have a host to launch the talk. Topics may vary from perennial challenges like rural physician recruitment, tactics for leveraging telehealth, and building great boards, to creative tips for supporting employee resilience.

1:45 - 3:00 pm

Keynote

Covid in the Rear View (or is it?): Lessons for Governing Differently in Health Care's New Normal (https://ruralconference.aha.org/program/keynote-sessions#orlikoff)
Jamie Orlikoff, President, Orlikoff & Associates, Inc. and National Advisor on Governance and Leadership to the American Hospital Association

3:30 - 7:00 pm

Optional Recreational Activities: Desert Hike or Shopping

Wednesday, February 9, 2022

7:00 - 8:45 am

Continental Breakfast

7:30 - 8:45 am

Strategy Sessions and Governance Track

Eliminating Health Disparities in Your Community through Z Codes (/program/strategy-sessions#eliminating)

Karen Bartrom, Director of Clinical Integration & Documentation, Cameron Memorial Community Hospital and Madeline Wilson, Quality & Patient Safety Advisor, Indiana Hospital Association

Driving Value and Enhancing Affordability through Operational Improvements (/program/strategy-sessions#drivingvalue)

Erin Griffes, Director, Clinical Nursing, Spectrum Health Big Rapids and Reed City and Beth Langenburg, Chief Operating Officer, Spectrum Health Big Rapids and Reed City

The Board's Role in Population Health Improvement and Overseeing Quality beyond Acute Care (/program/strategy-sessions#theboardsrole)

Brad Clarke, MPH, Senior Consultant, Via Healthcare Consulting

9:00 - 10:15 am

Strategy Sessions and Governance Track

Eliminating Health Disparities in Your Community through Z Codes (/program/strategy-sessions#eliminating)

Karen Bartrom, Director of Clinical Integration & Documentation, Cameron Memorial Community Hospital and Madeline Wilson, Quality & Patient Safety Advisor, Indiana Hospital Association

Driving Value and Enhancing Affordability through Operational Improvements (/program/strategy-sessions#drivingvalue)
Erin Griffes, Director, Clinical Nursing, Spectrum Health Big Rapids and Reed City and Beth Langenburg, Chief Operating Officer, Spectrum Health Big Rapids and Reed City

Interactive Governance Clinic (/program/strategy-sessions#interactive)
Jamie Orlikoff, President, Orlikoff & Associates, Inc. and National Advisor on Governance and Leadership to the American Hospital Association

10:30 - 11:30 am

Closing Keynote

Form Follows Flows: The Forces of Change (https://ruralconference.aha.org/program/keynote-sessions#uzzell)
Steve Uzzell, National Geographic photographer and author of “Open Roads Open Minds: An Exploration of Creative Problem Solving”

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Keynote Sessions

Monday, February 7

Grit-Flow-Ness: The Brain Science behind Peak Performance and Stress Management | 8:45 – 9:45 am

John Boockvar, MD, Neurosurgeon and Scientist

Why are some people able to repeatedly achieve success in pressure-filled environments, while others struggle to operate at maximum capacity? According to Dr. John Boockvar, world-renowned neurosurgeon and scientist, and a character on the Netflix docuseries “Lenox Hill”, it all comes down to brain science. In

this fascinating talk, Dr. Boockvar explains how a combination of grit, flow, and mindfulness is the key to unlocking one's true potential to thrive in our fast-moving world. It doesn't matter if you're a neurosurgeon in the operating room, a school principal, or parenting your children, the demands of work and life, in general, can become overwhelming at times. But with a deliberate approach, anyone can learn how to better manage stress and achieve more success in all aspects of their life.

Creative Change: Why We Resist It . . . How We Can Embrace It | 2:00 – 3:15 pm

Jennifer Mueller, PhD, Associate Professor, University of San Diego and author of "Creative Change: Why We Resist It . . . How We Can Embrace It"

Organizational leaders say they want creativity and need real innovation in order to thrive. But according to startling research from management professor Jennifer Mueller, these same leaders chronically reject creative solutions, even as they profess commitment to innovation. Mueller's research reveals that it's not just CEOs but educators, parents, and other social trendsetters who struggle to accept new and creative ideas. Mueller parses the tough questions that these findings raise. Do we all have an inherent prejudice against creative ideas? Can we learn to outsmart this bias? Join Jennifer Mueller as she combines analysis of the latest research with practical guidance on how to shift your mindset, offering a wealth of counterintuitive recommendations to help you embrace the creative ideas you want!

Tuesday, February 8

Washington Update | 8:00 – 9:15 am

Stacey Hughes, Executive Vice President, Government Relations and Public Policy, American Hospital Association
Travis Robey, Senior Associate Director, Federal Relations, American Hospital Association
Shannon Wu, PhD, Senior Associate Director of Payment Policy, American Hospital Association

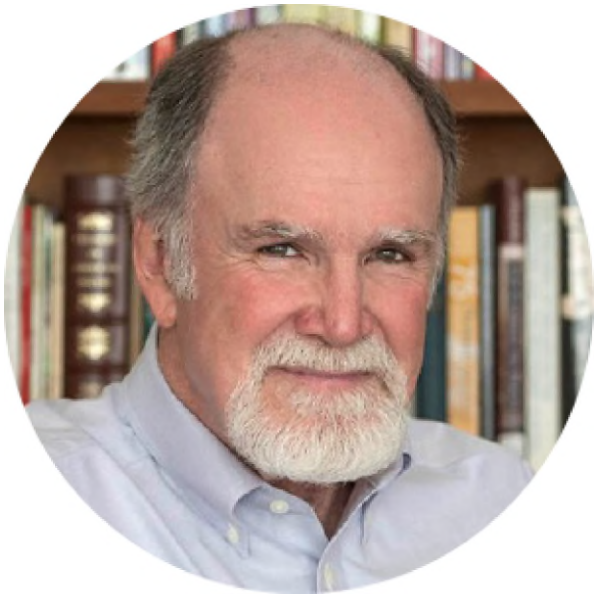
Join American Hospital Association leaders for a discussion on the latest from Capitol Hill. This session will provide a federal regulatory update on recent regulations impacting Critical Access Hospitals and rural PPS hospitals. Learn what policies Congress is considering and what it means for rural community hospitals.

Covid in the Rear View (or is it?): Lessons for Governing Differently in Health Care's New Normal | 1:45 – 3:00 pm

Jamie Orlikoff, President, Orlikoff & Associates, Inc. and National Advisor on Governance and Leadership to the American Hospital Association

As health care enters the "new normal" of the post- or perpetual- COVID world, we face new issues and a familiar but magnified litany of challenges: growing health care costs; declining hospital margins; rural hospital closures; impending Medicare bankruptcy; the massive national debt overhang and its implications, and many others. As rural boards embrace normalcy will they unconsciously return to the governance models and methods of the past? Or, will they thoughtfully examine the many lessons to be learned and applied from governing during the pandemic? This presentation will review the emerging environmental trends and lingering implications of the pandemic on rural hospitals and systems, analyze governance lessons learned, and present tools and techniques to apply them to enhance rural governance for the future.

Wednesday, February 9



Form Follows Flows: The Forces of Change | 10:30 – 11:30 am

Steve Uzzell, National Geographic photographer and author of "Open Roads Open Minds: An Exploration of Creative Problem Solving"

We've all heard it, and we've all said it – about our organizations, about our workplace, about the economy, about our lives: "We are in such a state of transition." But what does it mean to be in transition? What was it like when we weren't in transition? When does it start? Does transition end? How do we know when we are finished? Should we fear and avoid it, or look forward to it and embrace it? Join Steve Uzzell as he explores the very nature of transition, visualized with his striking photographs. Viewing the subject from myriad perspectives – personal, daily, local, historical, architectural, global and from the natural world – he also examines what he believes are the four fundamentals guiding us in transition: curiosity, passion, commitment and accountability.

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Board of Directors: Calendar of Meetings 2022

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Gov./Educ. Committee	*Called as needed*											
Pension Committee **7:30am**		2/17			5/19			8/18			11/17	
Finance Committee **8:00am**	1/20	2/17	3/17	4/21	5/19	6/16	7/21	8/18	9/22	10/20	11/17	NONE
Operating Board Meeting 6:00pm (open)	**1/26**	**2/23**	**3/23**	**4/24**	**5/25**	**6/22**	**7/27**	**8/24**	**9/28**	**10/26**	**NONE**	**12/7**

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