



# AGENDA

## Board of Directors Meeting

6:00 PM - Wednesday, March 23, 2022

[Click link to join Zoom meeting](#)

Meeting ID: 878 0782 1015 Pwd: 931197

Phone Line: 669-900-9128 or 301-715-8592

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

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### 1. CALL TO ORDER

### 2. ROLL CALL

### 3. REFLECT ON LIVING OUR VALUES

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

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

### 5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

### 6. APPROVAL OF THE AGENDA

### 7. APPROVAL OF THE CONSENT CALENDAR

- 5 - 12
- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for February 23, 2022.  
[Board of Directors - Feb 23 2022 - Minutes - Draft](#)

- 13 - 16      7.2.    Consideration to Approve the February FY22 Financials  
                 [Balance Sheet - February FY22](#)  
                 [Income Statement - February FY22](#)  
                 [Cash Flow Statement- February FY22](#)

## **8.      PRESENTATIONS**

## **9.      UNFINISHED BUSINESS**

## **10.    NEW BUSINESS**

- 17 - 20      10.1.    Consideration to Approve SPH Board Resolution 2022-04, A Resolution of the South Peninsula Hospital Board of Directors Approving the Request of Unobligated Service Area Funds to Replace its Pulmonary Function Diagnostic Equipment in FY22  
                 [Memo](#)  
                 [SPH Resolution 2022-04](#)
- 21 - 22      10.2.    Consideration to Approve SPH Board Resolution 2022-05, A Resolution of the South Peninsula Hospital Board of Directors Approving the Request of Unobligated Service Area Funds to Support Phase 1, Security Project Expenditures  
                 [SPH Resolution 2022-05](#)
- 23 - 24      10.3.    Consideration to Approve SPH Board Resolution 2022-06, A Resolution Approving the Request of Cash from the Plant/Equipment Replacement and Expansion Fund to Supplement Operating Cash on Hand as of February 28, 2022  
                 [SPH Resolution 2022-06](#)

## **11.    REPORTS**

- 25 - 28      11.1.    Chief Executive Officer  
                 **Presenter:** Ryan Smith  
                 [Balanced Scorecard 4th Quarter 2021](#)
- 11.2.    BOD Committee: Finance  
                 **Presenter:** Walter Partridge
- 11.3.    BOD Committee: Education  
                 **Presenter:** Melissa Jacobsen
- 11.4.    BOD Committee: Governance  
                 **Presenter:** Aaron Weisser

11.5. Service Area Board Representative

**Presenter:** Helen Armstrong

**12. DISCUSSION**

**13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER**

**14. COMMENTS FROM THE BOARD**

(Announcements/Congratulations)

14.1. Chief Executive Officer

14.2. Board Members

**15. INFORMATIONAL ITEMS**

**16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)**

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

17.1. Credentialing

**18. ADJOURNMENT**

To: Public Participants  
From: Operating Board of Directors – South Peninsula Hospital  
Re: Rules for Participating in a Public Meeting

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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, February 23, 2022

Virtual Meeting Only

The Board of Directors of the South Peninsula Hospital was called to order on Wednesday, February 23, 2022, at 6:00 PM, via Virtual Meeting.

#### 1. CALL TO ORDER

The BOD went into Executive Session at 5:15pm to discuss personnel and financial matters prior to the start of the regular meeting. Executive Session was adjourned at 5:55pm.

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

#### 2. ROLL CALL

**BOARD PRESENT:** President Kelly Cooper, Keriann Baker, Todd Boling, Treasurer Matthew Hambrick, Vice President Melissa Jacobsen, Edson Knapp, Treasurer Walter Partridge, Aaron Weisser, Keriann Baker, Bernadette Wilson, Secretary Julie Woodworth, Beth Wythe, and CEO Ryan Smith

**BOARD EXCUSED:**

**ALSO PRESENT\*:** Maura Jones, Executive Assistant, Derotha Ferraro, PR/Marketing Director

*\*Due to the Zoom meeting format, only meeting participants who comment, give report or give presentations are noted in the minutes. Others may be present on the virtual meeting.*

##### 2.1. A quorum was present.

#### 3. REFLECT ON LIVING OUR VALUES

Derotha Ferraro, Marketing/PR Director shared two Living Our Values stories. Dr. Nathan Kincaid, SPH's new general surgeon, flew into town this week to move in and get his family settled. We had a sudden unexpected hole in the surgery coverage, and the SPH team flew into action, getting Dr. Kincaid up to speed and he jumped into surgery call a week earlier than expected. Thanks to Dr. Kincaid for already being a team player, and to the SPH staff who jumped in to make the quick transition. Ms. Ferraro also thanked Jane Nollar, who has stepped into the interim Acute Care Director role, and in her first week was working on the floor doing patient care. That is truly leading by example.

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

Ms. Cooper welcomed guests to the meeting and noted that Rules for Participating in a Public Meeting were available in the packet.

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

**5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER**

Ms. Cooper asked for any comments from the audience, and there were none.

**6. APPROVAL OF THE AGENDA**

*Secretary Julie Woodworth made a motion to approve the agenda. Treasurer Walter Partridge seconded the motion. Motion Carried.*

**7. APPROVAL OF THE CONSENT CALENDAR**

Secretary Julie Woodworth read the consent calendar into the record.

**7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for January 26, 2022.**

**7.2. Consideration to Approve January 2022 Financials**

**7.3. Consideration to Approve the Annual Report to the Contract Administrator for Submission to the Kenai Peninsula Borough Mayor to Satisfy the Reporting Requirements of the Operating Agreement.**

*Secretary Julie Woodworth made a motion to approve the consent calendar as read. Edson Knapp seconded the motion. Motion Carried.*

**8. PRESENTATIONS**

**9. UNFINISHED BUSINESS**

**10. NEW BUSINESS**

**10.1. Consideration to Approve the New Policy, MSO-010 Medical Staff Health as developed and approved by the Medical Staff**

Staff Report by Dr. Tuomi, Chief Medical Officer. She noted this was a new policy developed by the medical staff that guides them on how to handle physician health issues. It was developed with the assistance of Horthy, Springer & Mattern, and was approved by the Medical Executive Committee and the full Medical Staff.

Discussion: Ms. Cooper noted this policy was timely and important. Mr. Smith added that Horthy Springer helped guide the medical staff through the process. Ms. Jacobsen added that while she fully supports the policy, she suggests they revisit the use of acronyms, as it was confusing for a layperson.

*Treasurer Walter Partridge made a motion to approve the new policy, MSO-010 Medical Staff Health as developed and approved by the Medical Staff. Beth Wythe seconded the motion. Motion Carried.*

## **10.2. Consideration to Approved Revised Advanced Nurse Practitioner Privileges as recommended by the Medical Staff**

Staff Report by Dr. Tuomi, CMO. The Advanced Nurse Practitioner Privileges were revised to delineate which special procedures and privileges can be requested in outpatient versus an inpatient setting. The form was also updated to require consults notes by community Advanced Nurse Practitioners have a co-signature of the attending SPH provider. These updates originated in the Credentials Committee and were approved by the Medical Executive Committee in February.

Discussion: Ms. Cooper noted the Credentials Committee spent a good deal of time working on these privileges.

*Secretary Julie Woodworth made a motion to approve the revised Advanced Nurse Practitioner Privileges as recommended by the Medical Staff. Keriann Baker seconded the motion. Motion Carried.*

## **10.3. Consideration to Approve SPH Resolution 2022-03, A Resolution of the South Peninsula Hospital Board of Directors Approving the 2021 Discretionary Contribution for the Non-Union 403b Plan**

Staff Report by Angela Hinnegan, CFO. This resolution is a request to pay the discretionary contribution to the non union 403b plan. The union contribution is built in to the collective bargaining agreement, but since the non union contribution is discretionary, it is brought to the board for approval. This resolution was reviewed and approved in both Pension and Finance Committee last week.

Discussion: Mr. Weisser asked if the 2% contribution is in addition to the 4% match. Ms. Hinnegan replied that is correct. All year the non union employees get a 4% match and the discretionary contribution is 2% of eligible compensation given at the end of the year.

*Secretary Julie Woodworth made a motion to approve SPH Resolution 2022-03, A Resolution of the South Peninsula Hospital Board of Directors Approving the 2021 Discretionary Contribution for the Non-Union 403b Plan. Keriann Baker seconded the motion. There was a roll call vote:*

<i>Melissa Jacobsen</i>	<i>Yes</i>
<i>Julie Woodworth</i>	<i>Yes</i>
<i>Walter Partridge</i>	<i>Yes</i>
<i>Keriann Baker</i>	<i>Yes</i>
<i>Todd Boling</i>	<i>Yes</i>
<i>Matthew Hambrick</i>	<i>Yes</i>
<i>Edson Knapp</i>	<i>Yes</i>
<i>Aaron Weisser</i>	<i>Yes</i>
<i>Bernadette Wilson</i>	<i>Yes</i>
<i>Beth Wythe</i>	<i>Yes</i>

## 11. REPORTS

### 11.1. Chief Executive Officer

Report by Ryan Smith, CEO. The hospital and Long Term Care (LTC) facilities were surveyed back in November and the LTC survey resulted in several immediate jeopardy tags. We disputed those tags and the state ruled in our favor, and we recently received word that CMS agreed with the state's assessment and reversed all of the immediate jeopardy tags. State representatives came on site for a LTC resurvey, which went very well, special thanks to Katie Martin, LTC Assistant Director. Sue Shover, Quality Management Director, led a virtual resurvey for the Critical Access Hospital side, which was also very successful. He thanked Rachael Kincaid for stepping into the CNO role and Jane Nollar for taking on the role of interim Acute Care Director. He noted the Balanced Scorecard in the packet was unchanged from the previous month.

### 11.2. BOD Committee: Pension

Mr. Partridge reported. The Pension Committee met last Thursday and heard a presentation from Newport management on all the plans. Everything is going well. The report in the packet is an annual requirement by policy. Two policies are also included in the packet. PEN-001 was changed to provide verbiage to the beginning of de-risking the plans and changed the allocation percentages to be able to make those moves. Intent is to reduce the cost and reduce risk while meeting obligations to participants in the plan. PEN-002 is an entirely new policy. The committee felt it was time we had a policy that put into writing the things we were looking for from presenters. We tried to immortalize for future trustees what they should be looking at and how they should react to the reports.

### 11.3. BOD Committee: Finance

Mr. Partridge report. The Finance Committee met last week as well. We heard report on the January financials. Administration gave us a more detailed presentations. It's not looking as good as we'd like it to. There are some indications we need to start paying more attention to it, but administration has presented their plan for working on it.

### 11.4. Service Area Board Representative

Ralph Broshes presented on behalf of the Service Area Board. At the last meeting, Brandi Harbaugh came down from the borough to provide assistance on the budget . Everything went well. They passed a resolution recommending the borough approve the operating board's capital budget, and passed our budget for the SAB. They also passed a resolution for the approval of the 203 W Pioneer Ave building repairs. Those will go on to the borough. Discussion about All Things Addiction coalition needing a place for recovery committee. The need for the physical location had been identified, and we felt this was a needed project but we needed more information so it will be discussed at a



future meeting. Kelly Cooper was the attendee from the Operating Board and we really appreciated all the great discussion.

## **12. DISCUSSION**

### **12.1. AHA Conference Follow up**

The Board members were asked to discuss their takeaways from the Rural Health Care Leadership Conference.

Walter Partridge was interested in the rural mortality penalty associated with rural hospitals. He attended a useful session on reducing variance in care decisions and how to use the quality plan that we use to keep track of preventable situations. Sessions on mental health although resonated with Mr. Partridge. We should spend more time ensuring people don't fall through the cracks in the community due to access to care.

Keriann Baker found the cyber security presentations very valuable. Real time training to teach staff how to continue to operate the hospital in the event of IT systems going down seems essential. The speakers recommended a one-page plan per department and annual drills. Ms. Baker also appreciated Jamie Orlikoff's presentation.

Beth Wythe appreciated the time spent together as a Board. She was interested in the presentations regarding community health. She noted we do this already, but we could always do more. She also felt we could focus on planning more for the swings.

Julie Woodworth felt an affirmation that SPH is doing well compared to many other rural hospitals. Several things she wanted to focus on include dependency issues in rural communities, cyber security, and the mental wellness of the staff.

Aaron Weisser appreciated the ability to attend, as a brand new board member he was able to learn that hospitals are very unique entities and board governance is not unique at all. He felt a tremendous amount of respect for the way Ryan, Dr. Tuomi and Kelly approach their positions.

Melissa Jacobsen agreed that cyber security and the board's role in population health were areas to focus. She felt the board could take a deeper look at community health, and also focus on board diversity when recruiting new members.

Matthew Hambrick was interested in the Oregon Project and population health. He also appreciated Jamie Orlikoff's presentation and pointed out that Mr. Orlikoff quoted Mr. Smith more than once in his presentation.

Edson Knapp appreciated the time with the board. He agreed with the focus on cyber security and community health. He expressed interest in creating a video, similar to one seen at the AHA Conference, where board members express their appreciation for health care workers. The Board was supportive of creating such a video.

Kelly Cooper enjoyed networking with folks from other hospitals. She felt looking at community partnerships is important. The community tends to rely on the hospital to take the lead, and it would be great to have a community organization where the hospital partners with other medical organizations and local businesses.

Ryan Smith had two main takeaways from Jamie Orlikoff - one, that there is no CEO playbook for COVID management. He puts statistics to what everyone is thinking about. He noted the quote "The easy part is speaking truth to power. The hard part is speaking truth to your community." He thanked Ms. Ferraro for all of the effort she put into keeping the community informed, through city council meetings, and rotary meetings, and radio interviews and more.

#### **12.2. Board of Directors Gratitude Video**

This was discussed as part of the AHA Conference discussion. The Board is supportive of creating a gratitude video.

### **13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER**

### **14. COMMENTS FROM THE BOARD** (Announcements/Congratulations)

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

Mr. Smith announced two employee retirements. Claire Almond in Patient Financial Services retired with 15 years of service. Maureen Powers at Homer Medical Center retired with 18 years of service. He welcomed Dr. Kincaid and Dr. Mentzer to the SPH team. He congratulated Derotha Ferraro and Laura Miller on being awarded Paul Harris Fellowships for their work with the Rotary.

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

Bernadette Wilson expressed her regrets at having missed the conference due to health reasons.

Matthew Hambrick thanked Ms. Cooper for her leadership and enjoyed spending time at the conference with all of the board members.

Walter Partridge wanted to make sure it is passed along to the staff how many of the Board members mentioned learning how many things that SPH was getting right, and everyone should be proud. He mentioned that he has been a patient at the hospital more frequently than he'd hope but enjoys every interaction with nurses, doctors, EVS staff, and others.

Keriann Baker expressed her appreciation for the hospital and the leadership team. She noted that other hospitals were eager to learn from what SPH was getting right.

Beth Wythe congratulated the retirees and welcomed the new medical staff. She noted that people move to Homer to work for the hospital. She noted the hospital has always been forward thinking about community health.

Julie Woodworth congratulated Ms. Ferraro and Ms. Miller for their well deserved recognition. She congratulated the retirees. She expressed her excitement that Dr. Mentzer is joining the team. She thanked everyone for their leadership and noted that the Pension presentation by Newport at the recent Pension Committee meeting was the best pension overview she'd seen in her time on the board.

Aaron Weisser thanked the group for the opportunity to attend the conference.

Todd Boling expressed his appreciation that Dr. Kincaid was here and providing coverage, and thanked the team.

Melissa Jacobsen thanked everyone for the good meeting, the great conference, and the time spent together.

Edson Knapp agreed with all the sentiments expressed.

Kelly Cooper thanked everyone on the board and administration for their hard work.

**15. INFORMATIONAL ITEMS**

**16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)**

No additional executive session was required.

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

**17.1. 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

Kevin Kollins, MD; Pediatric Cardiology; Courtesy Staff

Mohammad Hirzallah, MD; Neurology/Telestroke; Telemedicine

Cory Noel, MD; Pediatric Cardiology; Courtesy Staff

Reappointment

John Finley, MD; Cardiology; Courtesy Staff

Seth Krauss, MD; Cardiology; Courtesy Staff

Kim Madden, DO; Neurology/IONM; Courtesy Staff

William Mayer, MD; Cardiology; Courtesy Staff

Suneet Purohit, MD; Cardiology; Courtesy Staff

Helen Zhang, MD; Psychiatry/Telepsych; Telemedicine

**18. ADJOURNMENT**

Respectfully Submitted,

Accepted:

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Maura Jones, Executive Assistant

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Kelly Cooper, President

Minutes Approved:

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Julie Woodworth, Secretary



# South Peninsula Hospital

DRAFT-UNAUDITED

## BALANCE SHEET As of February 28, 2022

	As of February 28, 2022	As of Feb 28, 2021	As of January 31, 2022	CHANGE FROM Feb 28, 2022
<b>ASSETS</b>				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	18,064,194	17,528,914	18,661,997	535,280
2 EQUITY IN CENTRAL TREASURY	7,763,337	6,410,385	8,861,051	1,352,952
3 TOTAL CASH	25,827,531	23,939,299	27,523,048	1,888,232
4 PATIENT ACCOUNTS RECEIVABLE	30,924,824	28,649,187	30,795,970	2,275,637
5 LESS: ALLOWANCES & ADJ	(14,281,276)	(14,524,626)	(14,380,127)	243,350
6 NET PATIENT ACCT RECEIVABLE	16,643,548	14,124,561	16,415,843	2,518,987
7 PROPERTY TAXES RECV - KPB	191,466	261,297	228,352	(69,831)
8 LESS: ALLOW PROP TAX - KPB	(3,598)	(3,048)	(3,598)	(550)
9 NET PROPERTY TAX RECV - KPB	187,868	258,249	224,754	(70,381)
10 OTHER RECEIVABLES - SPH	514,813	316,571	446,462	198,242
11 INVENTORIES	1,829,733	1,484,635	1,829,575	345,098
12 NET PENSION ASSET- GASB	9,350,712	3,764,836	9,250,712	5,585,876
13 PREPAID EXPENSES	957,940	850,314	1,037,296	107,626
14 TOTAL CURRENT ASSETS	55,312,145	44,738,465	56,727,690	10,573,680
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	10,598,237	8,956,303	10,602,311	1,641,934
16 PREF OBLIGATED	2,164,876	1,545,744	2,164,876	619,132
17 OTHER RESTRICTED FUNDS	82,317	18,403,884	78,243	(18,321,567)
	12,845,430	28,905,931	12,845,430	(16,060,501)
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,111,915	3,816,772	4,111,915	295,143
19 BUILDINGS	67,101,465	65,134,664	67,101,465	1,966,801
20 EQUIPMENT	29,579,388	28,093,483	29,579,388	1,485,905
21 IMPROVEMENTS OTHER THAN BUILDINGS	273,640	213,357	273,640	60,283
22 CONSTRUCTION IN PROGRESS	591,224	1,354,148	393,790	(762,924)
23 LESS: ACCUMULATED DEPRECIATION	(60,210,366)	(56,530,412)	(59,878,982)	(3,679,954)
24 NET CAPITAL ASSETS	41,447,266	42,082,012	41,581,216	(634,746)
25 GOODWILL	21,000	33,000	22,000	(12,000)
26 TOTAL ASSETS	109,625,841	115,759,408	111,176,336	(6,133,567)
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	378,569	447,002	384,520	(68,433)
29 TOTAL DEFERRED OUTFLOWS OF RESOURCES	(190,038)	2,190,774	(184,087)	(2,380,812)
30 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	109,435,803	117,950,182	110,992,249	(8,514,379)

	As of February 28, 2022	As of Feb 28, 2021	As of January 31, 2022	CHANGE FROM Feb 28, 2022
<b>LIABILITIES &amp; FUND BALANCE</b>				
CURRENT LIABILITIES:				
31 ACCOUNTS AND CONTRACTS PAYABLE	1,811,190	1,166,174	1,810,031	645,016
32 ACCRUED LIABILITIES	7,583,724	8,118,569	7,260,523	(534,845)
33 DEFERRED CREDITS	699,646	1,233,336	1,944,997	(533,690)
35 CURRENT PORTIONS OF NOTES DUE	0	2,647,561	0	(2,647,561)
36 CURRENT PORTIONS OF BONDS PAYABLE	1,770,000	250,000	1,060,000	1,520,000
37 BOND INTEREST PAYABLE	49,410	59,384	154,542	(9,974)
38 DUE TO/(FROM) THIRD PARTY PAYERS	968,134	12,544,082	1,312,134	(11,575,948)
40 TOTAL CURRENT LIABILITIES	12,882,104	26,019,106	13,542,227	(13,137,002)
41 LONG-TERM LIABILITIES				
42 NOTES PAYABLE	0	3,881,070	0	(3,881,070)
43 BONDS PAYABLE NET OF CURRENT PORTION	8,740,000	11,955,000	10,250,000	(3,215,000)
44 PREMIUM ON BONDS PAYABLE	595,317	785,330	610,303	(190,013)
45 CAPITAL LEASE, NET OF CURRENT PORTION	26,531	35,127	26,531	(8,596)
46 TOTAL NONCURRENT LIABILITIES	9,361,848	16,656,527	10,886,834	(7,294,679)
	0	0	0	
47 TOTAL LIABILITIES	22,243,952	42,675,633	24,429,061	(20,431,681)
48 DEFERRED INFLOW OF RESOURCES	-	0	0	0
49 PROPERTY TAXES RECEIVED IN ADVANCE	0	0	0	0
<b>50 NET POSITION</b>				
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	81,434,602	69,517,300	80,805,939	11,917,302
55 UNRESTRICTED FUND BALANCE - KPB	0	0	0	0
	-	-	-	
56 TOTAL LIAB & FUND BALANCE	109,435,803	117,950,182	110,992,249	(8,514,379)

**INCOME STATEMENT**  
**As of February 28, 2022**  
**DRAFT-UNAUDITED**

	MONTH			YEAR TO DATE				
	02/28/22		02/28/21	02/28/22		02/28/21		
	Actual	Budget		Actual	Budget			
<b>Patient Service Revenue</b>								
1 Inpatient	2,700,706	2,528,672	6.80%	2,382,075	23,967,574	21,679,936	10.55%	19,193,422
2 Outpatient	10,254,455	9,653,357	6.23%	9,320,084	86,662,069	82,764,468	4.71%	75,337,115
3 Long Term Care	955,309	809,768	17.97%	485,816	6,557,879	6,942,666	-5.54%	5,124,951
4 Total Patient Services	13,910,470	12,991,797	7.07%	12,187,975	117,187,522	111,387,070	5.21%	99,655,488
<b>Deductions from Revenue</b>								
5 Medicare	2,547,119	2,810,480	9.37%	2,132,437	23,789,379	24,096,056	1.27%	20,142,117
6 Medicaid	2,385,319	1,781,284	-33.91%	1,737,188	15,696,996	15,272,098	-2.78%	12,354,792
7 Charity Care	46,396	200,052	76.81%	58,358	417,904	1,715,174	75.63%	1,410,569
8 Commercial and Admin	1,265,810	902,245	-40.30%	945,056	10,211,625	7,735,528	-32.01%	7,341,648
9 Bad Debt	35,484	264,659	86.59%	336,952	2,115,153	2,269,095	6.78%	2,041,084
10 Total Deductions	6,280,128	5,958,720	-5.39%	5,209,991	52,231,057	51,087,951	-2.24%	43,290,210
11 Net Patient Services	7,630,342	7,033,077	8.49%	6,977,984	64,956,465	60,299,119	7.72%	56,365,278
12 USAC and Other Revenue	60,512	46,406	30.40%	48,112	444,134	402,737	10.28%	387,150
13 Total Operating Revenues	7,690,854	7,079,483	8.64%	7,026,096	65,400,599	60,701,856	7.74%	56,752,428
<b>Operating Expenses</b>	<b>Feb Act</b>	<b>Feb Budg</b>	<b>Var</b>					
14 Salaries and Wages	3,641,762	3,596,826	-1.25%	3,419,543	31,445,642	29,896,874	-5.18%	28,423,341
15 Employee Benefits	1,743,671	1,385,036	-25.89%	1,355,814	13,737,912	10,836,898	-26.77%	10,584,055
16 Supplies, Drugs and Food	1,071,013	754,204	-42.01%	753,574	8,426,559	6,545,415	-28.74%	6,538,070
17 Contract Staffing	370,806	106,824	-247.12%	243,134	2,955,289	927,082	-218.77%	2,167,596
18 Professional Fees	538,980	350,734	-53.67%	372,763	3,759,290	3,043,869	-23.50%	2,989,774
19 Utilities and Telephone	72,376	131,462	44.95%	137,697	1,050,627	1,140,898	7.91%	1,081,918
20 Insurance (gen'l, prof liab, property)	55,610	49,830	-11.60%	48,376	471,446	432,450	-9.02%	412,988
21 Dues, Books, and Subscriptions	17,081	16,496	-3.55%	27,931	158,482	143,158	-10.70%	179,510
22 Software Maint/Support	165,916	133,034	-24.72%	107,411	1,234,831	1,154,545	-6.95%	914,582
23 Travel, Meetings, Education	78,600	55,307	-42.12%	19,195	388,635	479,987	19.03%	220,062
24 Repairs and Maintenance	118,113	113,938	-3.66%	125,364	1,016,208	988,818	-2.77%	990,725
25 Leases and Rentals	25,995	69,281	62.48%	71,786	557,414	601,262	7.29%	606,118
26 Other (Recruiting, Advertising, etc.)	81,121	72,657	-11.65%	72,750	737,065	630,561	-16.89%	560,332
27 Depreciation & Amortization	332,384	273,815	-21.39%	309,397	2,610,472	2,376,326	-9.85%	2,308,180
28 Total Operating Expenses	8,313,428	7,109,438	-16.94%	7,064,735	68,549,872	59,198,143	-15.80%	57,977,251
29 Gain (Loss) from Operations	(622,574)	(29,955)	1978.36%	(38,639)	(3,149,273)	1,503,713	-309.43%	(1,224,823)
<b>Non-Operating Revenues</b>								
30 General Property Taxes	48,111	51,571	-6.71%	51,754	4,585,963	4,547,942	0.84%	4,564,088
31 Investment Income	(662)	18,349	-103.61%	1,278	(934)	159,240	-100.59%	91,123
32 Governmental Subsidies	1,245,109	115,068	982.06%	100,000	2,428,181	998,630	143.15%	1,339,182
33 Other Non Operating Revenue	0	0	100.00%	0	79,384	0	100.00%	0
34 Gifts & Contributions	(406)	0	0.00%	0	0	0	0.00%	50
35 Gain <Loss> on Disposal	0	(1,074)	-100.00%	0	0	(9,321)	-100.00%	26,999
36 SPH Auxiliary	1	0	0.00%	1	41	0	0.00%	3,056
37 Total Non-Operating Revenues	1,292,153	183,914	602.59%	153,033	7,092,635	5,696,491	24.51%	6,024,498
<b>Non-Operating Expenses</b>								
38 Insurance	0	0	0.00%	0	0	0	0.00%	0
39 Service Area Board	8,067	8,515	5.26%	37,000	53,433	73,898	27.69%	90,419
40 Other Direct Expense	178	384	0.00%	3,873	25,379	3,329	0.00%	26,920
41 Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42 Interest Expense	32,233	29,672	-8.63%	36,490	257,864	257,511	-0.14%	291,916
43 Total Non-Operating Expenses	40,478	38,571	-4.94%	77,363	336,676	334,738	-0.58%	409,255
<b>Grants</b>								
44 Grant Revenue	0	0	100.00%	0	1,174,689	0	100.00%	773,558
45 Grant Expense	437	23,013	0.00%	0	575,650	199,726	0.00%	3,929
46 Total Non-Operating Gains, net	(437)	(23,013)	-98.10%	0	599,039	(199,726)	-399.93%	769,629
47 Income <Loss> Before Transfers	628,664	92,375	580.56%	37,031	4,205,725	6,665,740	-36.91%	5,160,049
48 Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49 Net Income	628,664	92,375	580.56%	37,031	4,205,725	6,665,740	-36.91%	5,160,049



# South Peninsula Hospital

## Statement of Cash Flows As of February 28, 2022

### Cash Flow from Operations:

1	YTD Net Income	4,205,725
2	Add: Depreciation Expense	2,610,472
3	Adj: Inventory (increase) / decrease	(21,118)
4	Patient Receivable (increase) / decrease	(3,461,138)
5	Prepaid Expenses (increase) / decrease	(239,433)
6	Other Current assets (increase) / decrease	175,475
7	Accounts payable increase / (decrease)	(867,597)
8	Accrued Salaries increase / (decrease)	653,482
9	Net Pension Asset (increase) / decrease	(750,000)
10	Other current liability increase / (decrease)	255,037
11	Net Cash Flow from Operations	2,560,905

### Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(1,690,385)
13	Cash transferred to plant replacement fund	(3,275,405)
14	Proceeds from disposal of equipment	-
15	Net Cash Flow from Investing	(4,965,790)

### Cash Flow from Financing

16	Cash paid for Lease Payable	-
17	Cash paid for Debt Service	(1,445,000)
18	Net Cash from Financing	(1,445,000)
19	Net increase in Cash	\$ (3,849,885)
20	Beginning Cash as of July 1, 2021	\$ 29,677,416
21	Ending Cash as of February 28, 2022	\$ 25,827,531



## **M E M O R A N D U M**

March 4, 2022

To: Charlie Pierce, Mayor,  
Kenai Peninsula Borough Assembly

From: Ryan Smith, CEO  
Angela Hinnegan, CFO

Re: Pulmonary Function Diagnostic Equipment Replacement  
Supplemental appropriation

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### **SUMMARY**

South Peninsula Hospital, Inc. strives to provide the most comprehensive, high quality, affordable care possible on the Southern Kenai Peninsula and part of that mission relies upon the quality and availability of our diagnostic equipment. We have learned that our current Pulmonary Function diagnostic equipment, slated to be replaced during the FY2023 Capital year, cannot be maintained and used beyond the current fiscal year 2022 leaving a gap in the service provision of Pulmonary Function Tests for our patients and community

### **DETAIL**

South Peninsula Hospital (SPH) operates a full Respiratory Therapy department to support the needs of our service area. One of the key pieces of diagnostic outpatient equipment for that service line is the Pulmonary Function Diagnostic System.

During the FY23 Capital Project Planning period, this system was identified as a critical care need for replacement. The equipment was approved for FY2023 purchase using Service Area Funds by both the South Peninsula Hospital, Inc. Operating board and the South Kenai Peninsula Borough Service Area Board. The following narrative accompanied that request:

#### Pulmonary Function Diagnostic Equipment (project cost \$86,930)

These funds will be used to replace the current pulmonary function equipment which is beyond its useful life and can no longer be serviced and certified after 2022. This project will ensure the continued provision of cardiopulmonary diagnostic testing.

During the capital planning process it was understood that the current system could continue to be maintained and calibrated until the new system was purchased. Unfortunately, due to the age of the equipment it can no longer be calibrated or maintained beyond May 2022 which will cause a disruption in service for our Respiratory Therapy Department. Additionally, each unit is individually built upon order and has a lead time of 90-days.

In order to limit the potential disruption in service to our patients, we asking for a supplemental appropriation of Service Area Funds to enable the purchase of replacement equipment prior to May 2022. In turn, we will plan to cancel the FY2023 project appropriation.

Regards,

Ryan K. Smith, CEO

Introduced by: Administration  
Date: March 23, 2022  
Action:  
Vote: Yes - XX, No - X, Exc.-  
X

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2022-04**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
APPROVING THE REQUEST OF UNOBLIGATED SERVICE AREA FUNDS TO  
REPLACE ITS PULMONARY FUNCTION DIAGNOSTIC EQUIPMENT IN FY22**

**WHEREAS**, the South Peninsula Hospital Board of Directors approved the FY23 Capital Projects list in January 2022 and the South Kenai Peninsula Hospital Service Area Board voted at their February 2022 meeting to recommend that list to the Kenai Peninsula Borough Assembly, and

**WHEREAS**, included on that list of approved capital purchases is a replacement of the Hospital's Pulmonary Function Diagnostic (PFT) Equipment in the amount of \$86,929.52, and

**WHEREAS**, it has come to the attention of Hospital management that the existing PFT equipment will no longer be usable after May 2022 and the replacement unit has a lead time of 90 days to purchase, and

**WHEREAS**, the Hospital has attempted to rent or lease a temporary unit and the lease terms of that PFT equipment constitute a capital purchase, and

**WHEREAS**, the Hospital requests that a supplemental appropriation be made from the South Peninsula Hospital Service Area Fund fund balance in April 2022 to provide for immediate purchase of the PFT Equipment; and

**WHEREAS**, the Hospital agrees that it will cancel the project for FY2023 allowing the FY2023 proposed transfer from the South Peninsula Hospital Service Area to the South Peninsula Hospital Capital Project Fund to be reduced by \$86,930; and

**WHEREAS**, the PFT Equipment replacement was discussed at Finance Committee on March 17, 2022; and

**WHEREAS**, this resolution was approved by the South Peninsula Hospital Board of Directors at its March 23, 2022 meeting.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL:**

1. That the South Peninsula Hospital Board of Directors approves the purchase of replacement Pulmonary Function Diagnostic Equipment in the amount of \$86,930.
2. That the South Kenai Peninsula Service Area Board make a recommendation to approve the use of Service Area Fund Balance in the amount of \$86,930 for the Pulmonary Function Diagnostic Equipment.

3. That the South Peninsula Hospital Board of Directors request that the Kenai Peninsula Borough appropriate \$86,930 in Service Area Funds for the Pulmonary Function Diagnostic Equipment.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA AT ITS MEETING HELD ON THIS 23rd DAY OF MARCH, 2022.**

ATTEST:

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Kelly Cooper, Board President

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Julie Woodworth, Board Secretary

Introduced by: Administration  
Date: March 23, 2022  
Action:  
Vote: Yes - XX, No - X, Exc.-  
X

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2022-05**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
APPROVING THE REQUEST OF UNOBLIGATED SERVICE AREA FUNDS TO  
SUPPORT PHASE 1, SECURITY PROJECT EXPENDITURES**

**WHEREAS**, SEM Security Consultants performed a physical security assessment of South Peninsula Hospital (the Hospital) during 2021, and

**WHEREAS**, the consulting group identified several vulnerabilities in the Hospital's current physical environment which require improvement to ensure greater safety for patients and staff, and

**WHEREAS**, it is a strategic priority of Hospital management to provide the safest possible healing environment for our patients and staff, and

**WHEREAS**, SEM Security Consultant's report provided details on the recommended security improvements which should be made to better secure our campus, and

**WHEREAS**, the cost to implement these security improvements is estimated at \$105,000; and

**WHEREAS**, a surplus of unobligated Service Area Fund Balance exists; and

**WHEREAS**, SPH Management would like to request that a portion of these unobligated monies be appropriated to the Phase 1 Security Upgrade project in an amount not to exceed \$105,000; and

**WHEREAS**, the Phase 1 Security Upgrade Project was discussed at Finance Committee on March 17, 2022.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL:**

1. That the South Peninsula Hospital Board of Directors approves the Phase 1, Security Upgrade Project in the amount of \$105,000.
2. That the South Kenai Peninsula Service Area Board make a recommendation to approve the use of unobligated Service Area Funds in the amount of \$105,000 for the Phase 1, Security Upgrade Project.
3. That the South Peninsula Hospital Board of Directors requests that the Kenai Peninsula Borough appropriate \$105,000 in unobligated Service Area Funds for the Phase 1, Security Upgrade Project.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA AT ITS  
MEETING HELD ON THIS 23rd DAY OF MARCH, 2022.**

ATTEST:

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Kelly Cooper, Board President

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Julie Woodworth, Board Secretary

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2022-06**

**A RESOLUTION APPROVING THE REQUEST OF CASH FROM THE  
PLANT/EQUIPMENT REPLACEMENT AND EXPANSION FUND TO SUPPLEMENT  
OPERATING CASH ON HAND AS OF FEBRUARY 28, 2022**

**WHEREAS**, the Kenai Peninsula Borough has entered into an Operating Agreement with South Peninsula Hospital Inc. ("SPH, Inc.") for the management and operation of South Peninsula Hospital and other Medical Facilities, and to provide other healthcare programs and services, on a nonprofit basis to ensure continued availability to the Service Area residents; and

**WHEREAS**, Section 16, Finances, Paragraph (a) Operating Revenue, SPHI shall maintain an operating reserve of not more than ninety (90) days "cash on hand", and "If the cash on hand is less than ninety (90) days at any time, then SPHI may request that the Borough authorize the transfer of an amount from PREF to its operating reserve to maintain the operating reserve amount, by SPHI Board action", and

**WHEREAS**, SPH has determined that the operating reserve as of February 28, 2022 is less than 90 days with (70) days "cash on hand". In order to reach 90 days, South Peninsula Hospital may request up to **\$5,161,198 (20 days)** in order to supplement operating reserves in accordance with the Operating Agreement; and

**WHEREAS**, SPH Board of Directors requests that PREF funds in the amount of \$5,161,198 be paid from KPB Borough Investment funds as an appropriation to South Peninsula Hospital operating reserve via check or ACH transfer; and

**WHEREAS**, this resolution was reviewed and approved at the Board Finance Committee meeting held on March 17, 2022.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF  
SOUTH PENINSULA HOSPITAL:**

1. That SPHI Board of Directors requests a transfer of **\$5,161,198 (20 days)** from the South Peninsula Hospital Plant/Equipment Replacement and Expansion Fund (PREF), in order to restore SPHI operating reserve to 90 days cash on hand, in accordance with Section 16, Finances, Paragraph (b) Plant/Equipment Replacement and Expansion Fund.
2. That SKPHSAB is hereby requested to support this operating transfer to South Peninsula Hospital Inc.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA  
AT ITS MEETING HELD ON THIS 23rd DAY OF MARCH, 2022.**

ATTEST:

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Kelly Cooper, Board President

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Julie Woodworth, Secretary



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

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

Quality and Patient Safety	4th Q 2021	Target	n	Note
<b>All Cause Readmission Measures</b>	<b>2%</b>	<b>&lt;15%</b>	<b>1086</b>	
Subsequent inpatient admission which occurs within 30 days of the discharge date				# of patients with unplanned readmission within 30 days of discharge - exclusions/Eligible discharges.
<b>Outpatient Clinic Quality</b>	<b>38.77</b>	<b>40</b>		
Merit-Based Incentive Payment System (MIPS) Cross-departmental Quality Score				
<b>CT/MRI Criteria Met for Patient Stroke</b>	<b>100%</b>	<b>&gt;72%</b>		Q2-2021 (most recent evaluated period)
Percentage of patients who came to ED w/Stroke symptoms and received CT/MRI within 45 minutes of arrival.				Numerator = CT/MRI within 45 min; documented last known well. Denominator = Patients with Stroke
<b>Medical Staff Alignment</b>	<b>4th Q 2021</b>	<b>Target</b>	<b>n</b>	<b>Note</b>
<b>Provider Satisfaction Percentile</b>	<b>74th</b>	<b>75th</b>		
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.				Result of provider survey 2021
<b>Employee Engagement</b>	<b>4th Q 2021</b>	<b>Target</b>	<b>n</b>	<b>Note : Comparison to national CAHPS database</b>
<b>Employee Satisfaction Percentile</b>	<b>70th</b>	<b>75th</b>		
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.				Result of employee survey 2021
<b>Patient Satisfaction Through Press Ganey</b>	<b>4th Q 2021</b>	<b>Target</b>	<b>n</b>	<b>Note : Comparison to national CAHPS database</b>
<b>Inpatient Percentile</b>	<b>67th</b>	<b>75th</b>	<b>42</b>	
Measures the satisfaction of inpatient patient respondents. Measures as a percentile.				Q2-2021: 41st, n=37 Q3-2021: 55th, n=32
<b>Outpatient Percentile</b>	<b>28th</b>	<b>75th</b>	<b>289</b>	
Measures the satisfaction of outpatient patient respondents. Measures as a percentile.				Q2-2021: 38th, n=260 Q3-2021: 43th, n=228
<b>Emergency Department Percentile</b>	<b>98th</b>	<b>75th</b>	<b>48</b>	
Measures the satisfaction of emergency patient respondents. Measures as a percentile.				Q2-2021: 97th, n=59 Q3-2021: 85th, n=86
<b>Medical Practice Percentile</b>	<b>81st</b>	<b>75th</b>	<b>475</b>	
Measures the satisfaction of patient respondents at SPH Clinics. Measures as a percentile.				Q3-2021: 63rd, n=510 Q4-2021: 79th, n=494
<b>Ambulatory Surgery Percentile</b>	<b>16th</b>	<b>75th</b>	<b>44</b>	
Measures the satisfaction of ambulatory surgery patient respondents. Measures as a percentile.				Q2-2021: 86th, n=66 Q3-2021: 17th, n=65
<b>Home Health Care Percentile</b>	<b>24th</b>	<b>75th</b>	<b>29</b>	*Running 12 months due to low quarterly returns
Measures the satisfaction of Home Health Care clients (or family) respondents. Measures as a percentile.				Q2-2021: 19th, n=30 Q3-2021: 39th, n=28

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

Financial Health	4th Q 2021	Target	n	Note
<b>Operating Margin</b>	<b>-18.20%</b>	<b>0.1%</b>		
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.
<b>Adjusted Patient Discharges</b>	<b>954.16</b>	<b>910.52</b>		
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by ( <i>inpatient + outpatient revenues</i> ).				Long-term care revenues and discharges are not included in this measure.
<b>Net Revenue Growth</b>	<b>8.7%</b>	<b>11.6%</b>		
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.
<b>Full Time Equivalents (FTEs) per Adjusted Occupied Bed</b>	<b>8.55</b>	<b>9.39</b>		
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.
<b>Net Days in Accounts Receivable</b>	<b>62.6</b>	<b>55</b>		
Measures the rate of speed with which the hospital is paid for health care services.				
<b>Cash on Hand</b>	<b>83</b>	<b>90</b>		
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.
<b>Uncompensated Care as a Percentage of Gross Revenue</b>	<b>1.6%</b>	<b>3-4.7%</b>		
Measures bad debt & charity write offs as a percentage of gross patient service revenue				Target is based on industry standards
<b>Surgical Case Growth</b>	<b>-12.2%</b>	<b>-1.0%</b>		
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
<b>Intense Market Focus to Expand Market Share</b>	4th Q 2021	Target	n	Note
<b>Outpatient Revenue Growth</b>	<b>5%</b>	<b>6%</b>		
Measures percentage increase (decrease) in outpatient revenue for the quarter, compared to the same period in the prior year.				Target is based on budgeted outpatient revenue for the period compared to outpatient revenue for the same period in the prior year.

\* Updated 2/15/2022