



# AGENDA

## Board of Directors Meeting

6:00 PM - Wednesday, June 22, 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

#### 4.1. 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

4 - 9

#### 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for May 25, 2022.

[Board of Directors - May 25 2022 - Minutes - Draft](#)

- 10 - 13      7.2.    Consideration to Approve May 2022 Financials  
[Balance Sheet - May FY2022](#)  
[Income Statement - May FY2022](#)  
[Cash Flows Statement - May FY2022](#)
- 14 - 17      7.3.    Consideration to Approve Updates to Policy MSO-008 Medical Staff  
Peer Review, Attachment F1, Case Identification Flow Diagram and  
Attachment F2, Case Review Flow Diagram as Recommended by the  
Medical Staff, Adding Two Additional Steps to the Peer Review Process.  
[Peer Review Policy - Attachment F1, revised](#)  
[Peer Review Policy - Attachment F2, revised](#)
- 18 - 19      7.4.    Consideration to Approve Revised Medical Staff Rules and Regulations,  
Section 4.5 Consultation, to Add a Recommendation for Formal  
Consultation with a Hospitalist for Patients Receiving Surgical Critical  
Care  
[Medical Staff Rules & Regulations Revision](#)

## **8.      PRESENTATIONS**

## **9.      UNFINISHED BUSINESS**

## **10.     NEW BUSINESS**

## **11.     REPORTS**

- 20 - 23      11.1.    Chief Executive Officer  
              **Presenter:** Ryan Smith  
              [Balanced Scorecard Q1 2022](#)
- 11.2.    BOD Committee: Finance  
              **Presenter:** Walter Partridge
- 11.3.    BOD Committee: Governance
- 11.4.    BOD Committee: Education
- 11.5.    Chief of Staff
- 11.6.    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**

## MINUTES

### Board of Directors Meeting

6:00 PM - Wednesday, May 25, 2022

CR 1 & 2 or Zoom

The Board of Directors of the South Peninsula Hospital was called to order on Wednesday, May 25, 2022, at 6:00 PM, in conference rooms 1 & 2 and via Zoom.

#### 1. CALL TO ORDER

The BOD went into Executive Session at 5:00pm 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 6:01pm.

#### 2. ROLL CALL

BOARD PRESENT: Kelly Cooper, Todd Boling, Matthew Hambrick, Edson Knapp, Walter Partridge, Aaron Weisser, and CEO Ryan Smith

BOARD EXCUSED: Keriann Baker, Melissa Jacobsen, Julie Woodworth, Bernadette Wilson and Beth Wythe

ALSO PRESENT: Derotha Ferraro, PR/Marketing Director; Willy Dunne, Service Area Board Representative; Maura Jones, Executive Assistant

*\*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 Director, told a Living Our Values story about a patient with Medicaid whose out-of-state medical travel was interrupted by unforeseen circumstances. Staff stayed late, working to get flights adjusted and the patient boarded. Through each new hurdle, staff members helped the patient navigate the travel, working with Medicaid and even putting a hotel room on a personal credit card. These kinds of unplanned events are really difficult for patients who are already scared, nervous, and entering a new world of unknown in terms of their healthcare when they are sent to specialists outside Alaska. Having a dedicated home healthcare team supporting you is really important. By living by the SPH mission, vision and values, we turned this patients chaos into a positive experience.

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

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

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

There were no comments from the audience.

**6. APPROVAL OF THE AGENDA**

*Matthew Hambrick made a motion to approve the agenda Treasurer Walter Partridge seconded the motion. Motion Carried.*

**7. APPROVAL OF THE CONSENT CALENDAR**

Maura Jones, Executive Assistant, read the consent calendar into the record.

- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for April 27, 2022.**
- 7.2. Consideration to Approve April FY22 Financials**
- 7.3. Consideration to Approve South Peninsula Hospital Policy LTC-147, Long Term Care Infection Prevention & Control Program, as recommended by Hospital Administration and the Medical Staff**
- 7.4. Consideration to Approve SPH Policy HW-278 Tuberculosis Exposure and Control Plan as recommended by the Infection Prevention/Employee Health Departments and Medical Staff.**
- 7.5. Consideration to Approve SPH Policy HW-269, Infection Prevention Plan as recommended by Hospital Administration and the Medical Staff.**
- 7.6. Consideration to Approve the Revised South Peninsula Hospital and Long Term Care Facility Quality Plan and Long Term Care QAPI Plan for 2022-2023, as recommended by the Patient Centered Care Quality Committee and Medical Staff.**

*Walter Partridge made a motion to approve the consent calendar as read. Matthew Hambrick seconded the motion. Motion Carried.*

**8. PRESENTATIONS**

**8.1. Ongoing Discussion Between City of Homer and Borough Regarding Land Swap**

This presentation was postponed, as Mr. Chesley was ill and unable to attend the meeting.

**9. UNFINISHED BUSINESS**

- 9.1. Consideration to Approve Amended SPH Resolution 2022-08, A Resolution of the South Peninsula Hospital Board of Directors Approving the Request of Unobligated Service Area Funds to Support Replacement of Domestic Water Tank, Adjusting the Total Amount for the Project to \$389,491.**

Staff Report by Ryan Smith, CEO: This resolution is requesting funds to replace the water tank for this side of the building. A similar resolution was brought last month, but this updated resolution is for an adjusted amount.

Discussion: Mr. Partridge added that the resolution was reviewed in Finance Committee last week. This resolution was approved by the Board in April, however a separate proposal was being developed by the borough, and their projected cost was \$25k higher due to program management fees. This amended resolution takes into account the additional \$25k included in the borough's proposal.

*Walter Partridge made a motion to approve amended SPH Resolution 2022-08, A Resolution of the South Peninsula Hospital Board of Directors Approving the Request of Unobligated Service Area Funds to Support Replacement of Domestic Water Tank, Adjusting the Total Amount for the Project to \$389,491. Matthew Hambrick seconded the motion. Motion Carried.*

*Results of the Roll Call Vote:*

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

**10. NEW BUSINESS**

**10.1. Consideration To Approve SPH Resolution 2022-09, A Resolution of the South Peninsula Hospital Board of Directors Approving the Fiscal Year 2023 Operating Budget**

Staff Report by Ryan Smith: The 2023 Operating Budget is provided in your packet. This was approved by the Finance Committee last week. He thanked Angela Hinnegan, CFO and Anna Hermanson, Finance Director for all their hard work on the budget.

*Walter Partridge made a motion to approve SPH Resolution 2022-09, A Resolution of the South Peninsula Hospital Board of Directors Approving the Fiscal Year 2023 Operating Budget Edson Knapp seconded the motion. Motion Carried.*

*Results of the Roll Call Vote:*

<i>Keriann Baker</i>	<i>Excused</i>
<i>Todd Boling</i>	<i>Yes</i>
<i>Aaron Weisser</i>	<i>Yes</i>

Matthew Hambrick	Yes
Melissa Jacobsen	Excused
Edson Knapp	Yes
Walter Partridge	Yes
Bernadette Wilson	Excused
Julie Woodworth	Excused
Beth Wythe	Excused
Kelly Cooper	Yes

## 11. REPORTS

### 11.1. Chief Executive Officer

Ryan Smith, CEO, reported. We are in the final stages of interviewing for the CNO position, and should be able to make an announcement by next week. Master Facility Planning continues, and Architects Alaska is working with us to develop options. Quarterly report to the borough assembly on May 17th went very well. Mr. Knapp noted that he would like to see a cyber security presentation in the future.

### 11.2. BOD Committee: Pension

Walter Partridge, Pension Committee Chair, reported. Pension met last week. Went over the reports. No action items. Reviewed regular reports, and a new one voluntary 403b. After a quarter and a half of the new manager it's a little early to start talking about changing anything. In general all of the plans followed the market. The market was done, unfortunately. Second quarter likely won't be better. DBP has been moved to 50/50 which is a good thing.

### 11.3. BOD Committee: Finance

Walter Partridge, Finance Committee Chair, reported. Finance met last week. We discussed those two resolutions. Anna and the rest of the group and the entire hospital team building this 2023 budget is a huge effort. If you read the report it's evident they spend a good deal of time and did a great job. Revenue pretty good but expenses are still high. Signs that recovery plan is working, but it'll take time. AR is down, so that's good. It was a negative margin. Still working on it.

### 11.4. BOD Committee: Education

Melissa Jacobsen was not present so there was no education report.

### 11.5. Service Area Board Representative

Willy Dunne reported on behalf of the Service Area Board (SAB). The SAB met May 12th, had a presentation by Ken Castner on the concept of a land trade between the City of Homer and Kenai Peninsula Borough regarding the land the City owns under the hospital here. There was also an update on the Master Facility Planning process. Had some discussions, looking forward for the next meeting. There was also discussion around a borough ordinance

introduced in early May, having to do with opioid settlement funds, which the SAB was very interested in.

**12. DISCUSSION**

There was no additional discussion.

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

Mr. Dunne spoke on behalf of the All Things Addiction Coalition, which has its quarterly meeting today. It is funded through a grant through the hospital. The name will be changing to something more focused on solutions than problems.

**14. COMMENTS FROM THE BOARD**

(Announcements/Congratulations)

**14.1. Chief Executive Officer**

Mr. Smith had no additional comments.

**14.2. Board Members**

Edson Knapp, MD feels like the hospital has settled into a rhythm and is glad to turn direction and focus towards things like quality and staffing instead of having a sole focus on COVID. He thanked the Finance department for their thorough review of the proposed Operating Budget.

Aaron Weisser had a good experience meeting Jeffrey Eide, the new SPH Foundation Director.

Walter Partridge thanked the leadership team for their reports.

Matthew Hambrick and Todd Boling, DO had no comments.

Kelly Cooper also thanked the leadership team for their reports.

**15. INFORMATIONAL ITEMS**

There were no informational items to discuss.

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

**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:*

Appointments (Telemed/Telehealth\*)

- Duerinckx, Andre MD Radiology/vRad Telemedicine



- Greensweig, Tobin MD Critical Care/eICU Telemedicine
- Jimenez, Guillermo MD Radiology/vRad Telemedicine
- Kujak, Jennifer MD Radiology/vRad Telemedicine
- Van Sanford, Carson MD Neurology/telestroke Telemedicine

Reappointments (Telemed/Telehealth\*)

- Bhattacharya, Pratik MD Neurology/telestroke/ Telemedicine
- Salyers, Laura MD Psychiatry/telepsych/ Telemedicine

*Walter Partridge made a motion, pursuant to discussion in Executive Session, to approve the salary increase and incentive payment as proposed for Ryan Smith. Matthew Hambrick seconded the motion. Motion Carried.*

*Results of the Roll Call Vote:*

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

## 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 May 31, 2022

	As of May 31, 2022	As of May 31, 2021	As of April 30, 2022	CHANGE FROM May 31, 2021
<b>ASSETS</b>				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	25,693,669	25,035,027	24,974,566	658,642
2 EQUITY IN CENTRAL TREASURY	6,907,568	5,521,348	7,221,795	1,386,220
3 TOTAL CASH	32,601,237	30,556,375	32,196,361	2,044,862
4 PATIENT ACCOUNTS RECEIVABLE	29,505,043	26,032,347	28,398,330	3,472,696
5 LESS: ALLOWANCES & ADJ	(13,790,072)	(13,122,132)	(13,729,821)	(667,940)
6 NET PATIENT ACCT RECEIVABLE	15,714,971	12,910,215	14,668,509	2,804,756
7 PROPERTY TAXES RECV - KPB	105,105	124,956	111,858	(19,851)
8 LESS: ALLOW PROP TAX - KPB	(3,599)	(3,048)	(3,599)	(551)
9 NET PROPERTY TAX RECV - KPB	101,506	121,908	108,259	(20,402)
10 OTHER RECEIVABLES - SPH	365,241	250,993	340,842	114,248
11 INVENTORIES	1,772,989	1,464,397	1,815,960	308,592
12 NET PENSION ASSET- GASB	9,650,712	4,964,836	9,550,712	4,685,876
13 PREPAID EXPENSES	776,344	734,133	866,830	42,211
14 TOTAL CURRENT ASSETS	60,983,000	51,002,857	59,547,473	9,980,143
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	5,746,208	9,127,160	5,868,669	(3,380,952)
16 PREF OBLIGATED	2,236,342	1,817,412	2,236,342	418,930
17 OTHER RESTRICTED FUNDS	311,802	11,514,212	189,341	(11,202,410)
	8,294,352	22,458,784	8,294,352	(14,164,432)
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,114,693	3,816,772	4,114,693	297,921
19 BUILDINGS	67,298,990	65,179,287	67,298,990	2,119,703
20 EQUIPMENT	29,875,032	28,756,750	29,858,032	1,118,282
21 IMPROVEMENTS OTHER THAN BUILDINGS	273,639	213,357	273,639	60,282
22 CONSTRUCTION IN PROGRESS	620,758	832,414	390,278	(211,656)
23 LESS: ACCUMULATED DEPRECIATION	(61,197,022)	(57,452,960)	(60,860,898)	(3,744,062)
24 NET CAPITAL ASSETS	40,986,090	41,345,620	41,074,734	(359,530)
25 GOODWILL	18,000	30,000	19,000	(12,000)
26 TOTAL ASSETS	110,281,442	114,837,261	108,935,559	(4,555,819)
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	360,717	429,395	366,668	(68,678)
29 TOTAL DEFERRED OUTFLOWS OF RESOURCES	(207,890)	2,173,167	(201,939)	(2,381,057)
30 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	110,073,552	117,010,428	108,733,620	(6,936,876)

	As of May 31, 2022	As of May 31, 2021	As of April 30, 2022	CHANGE FROM May 31, 2021
<b>LIABILITIES &amp; FUND BALANCE</b>				
CURRENT LIABILITIES:				
31 ACCOUNTS AND CONTRACTS PAYABLE	2,226,244	1,095,039	1,980,396	1,131,205
32 ACCRUED LIABILITIES	8,504,528	7,774,927	8,188,519	729,601
33 DEFERRED CREDITS	37,005	379,805	34,266	(342,800)
35 CURRENT PORTIONS OF NOTES DUE	0	0	0	0
36 CURRENT PORTIONS OF BONDS PAYABLE	1,510,000	1,705,000	1,510,000	(195,000)
37 BOND INTEREST PAYABLE	69,631	79,661	62,737	(10,030)
38 DUE TO/(FROM) THIRD PARTY PAYERS	1,080,294	12,189,470	1,080,294	(11,109,176)
40 TOTAL CURRENT LIABILITIES	13,427,702	23,223,902	12,856,212	(9,796,200)
41 LONG-TERM LIABILITIES				
42 NOTES PAYABLE	0	0	0	0
43 BONDS PAYABLE NET OF CURRENT PORTION	8,740,000	10,250,000	8,740,000	(1,510,000)
44 PREMIUM ON BONDS PAYABLE	550,359	732,737	565,345	(182,378)
45 CAPITAL LEASE, NET OF CURRENT PORTION	26,531	35,127	26,531	(8,596)
46 TOTAL NONCURRENT LIABILITIES	9,316,890	11,017,864	9,331,876	(1,700,974)
47 TOTAL LIABILITIES	22,744,592	34,241,766	22,188,088	(11,497,174)
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	81,571,711	77,011,413	80,788,283	4,560,298
55 UNRESTRICTED FUND BALANCE - KPB	0	0	0	0
56 TOTAL LIAB & FUND BALANCE	110,073,552	117,010,428	108,733,620	(6,936,876)

**INCOME STATEMENT**  
**As of May 31, 2022**  
**DRAFT-UNAUDITED**

		MONTH			YEAR TO DATE			
		05/31/22		05/31/21	05/31/22		05/31/21	
		Actual	Budget	Var B/(W)	Actual	Budget	Var B/(W)	Actual
<b>Patient Service Revenue</b>								
1	Inpatient	3,390,835	2,692,752	25.92%	2,196,436	32,794,005	29,467,261	11.29%
2	Outpatient	11,909,240	10,279,745	15.85%	9,785,196	121,280,406	112,493,051	7.81%
3	Long Term Care	1,006,471	862,312	16.72%	672,537	9,591,218	9,436,436	1.64%
4	Total Patient Services	16,306,546	13,834,809	17.87%	12,654,169	163,665,629	151,396,748	8.10%
<b>Deductions from Revenue</b>								
5	Medicare	3,437,610	2,992,846	-14.86%	2,716,882	33,423,523	32,751,240	-2.05%
6	Medicaid	1,982,032	1,896,868	-4.49%	1,488,187	22,164,404	20,757,759	-6.78%
7	Charity Care	(209,698)	213,033	198.43%	81,645	175,511	2,331,255	92.47%
8	Commercial and Admin	1,195,589	960,790	-24.44%	761,894	14,140,359	10,514,091	-34.49%
9	Bad Debt	492,546	281,832	-74.77%	81,048	3,027,972	3,084,143	1.82%
10	Total Deductions	6,898,079	6,345,369	-8.71%	5,129,656	72,931,769	69,438,488	-5.03%
11	Net Patient Services	9,408,467	7,489,440	25.62%	7,524,513	90,733,860	81,958,260	10.71%
12	USAC and Other Revenue	58,310	49,721	17.27%	57,682	616,510	553,556	11.37%
13	Total Operating Revenues	9,466,777	7,539,161	25.57%	7,582,195	91,350,370	82,511,816	10.71%
<b>Operating Expenses</b>								
14	Salaries and Wages	3,962,419	3,971,740	0.23%	3,775,984	43,099,293	41,668,214	-3.43%
15	Employee Benefits	1,582,679	1,329,693	-19.03%	1,298,483	19,022,173	14,899,750	-27.67%
16	Supplies, Drugs and Food	1,145,789	808,076	-41.79%	745,622	11,748,728	8,996,579	-30.59%
17	Contract Staffing	370,607	114,455	-223.80%	277,582	4,233,137	1,274,261	-232.20%
18	Professional Fees	582,588	375,786	-55.03%	389,735	5,324,734	4,183,755	-27.27%
19	Utilities and Telephone	107,158	140,852	23.92%	119,727	1,523,122	1,568,148	2.87%
20	Insurance (gen'l, prof liab, property)	14,396	53,389	73.04%	57,204	598,955	594,396	-0.77%
21	Dues, Books, and Subscriptions	21,174	17,674	-19.80%	21,984	215,457	196,768	-9.50%
22	Software Maint/Support	138,727	142,536	2.67%	155,851	1,694,547	1,586,906	-6.78%
23	Travel, Meetings, Education	53,034	59,257	10.50%	42,445	500,837	659,735	24.09%
24	Repairs and Maintenance	142,142	122,076	-16.44%	104,220	1,448,450	1,359,116	-6.57%
25	Leases and Rentals	60,605	74,230	18.36%	71,345	799,456	826,426	3.26%
26	Other (Recruiting, Advertising, etc.)	93,644	77,847	-20.29%	72,724	1,050,326	866,697	-21.19%
27	Depreciation & Amortization	337,125	293,374	-14.91%	310,373	3,621,120	3,266,225	-10.87%
28	Total Operating Expenses	8,612,087	7,580,985	-13.60%	7,443,279	94,880,335	81,946,976	-15.78%
29	Gain (Loss) from Operations	854,690	(41,824)	-2143.54%	138,916	(3,529,965)	564,840	-724.95%
<b>Non-Operating Revenues</b>								
30	General Property Taxes	12,018	19,207	-37.43%	19,275	4,666,947	4,643,356	0.51%
31	Investment Income	(66,846)	19,659	-440.03%	9,145	(134,189)	218,874	-161.31%
32	Governmental Subsidies	0	123,288	-100.00%	298,001	3,118,212	1,372,602	127.18%
33	Other Non Operating Revenue	0	0	100.00%	6,598,390	79,384	0	100.00%
34	Gifts & Contributions	0	0	0.00%	0	0	0	0.00%
35	Gain <Loss> on Disposal	0	(1,150)	-100.00%	0	0	(12,811)	-100.00%
36	SPH Auxiliary	1	0	0.00%	1	44	0	0.00%
37	Total Non-Operating Revenues	(54,827)	161,004	-134.05%	6,924,812	7,730,398	6,222,021	24.24%
<b>Non-Operating Expenses</b>								
38	Insurance	0	0	0.00%	0	0	0	0.00%
39	Service Area Board	31,862	9,123	-249.25%	(1,399)	105,072	101,573	-3.44%
40	Other Direct Expense	0	411	0.00%	0	41,939	4,575	0.00%
41	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%
42	Interest Expense	32,233	31,792	-1.39%	93,798	354,563	353,945	-0.17%
43	Total Non-Operating Expenses	64,095	41,326	-55.10%	92,399	501,574	460,093	-9.02%
<b>Grants</b>								
44	Grant Revenue	47,660	0	100.00%	70,010	1,250,469	0	100.00%
45	Grant Expense	0	24,658	0.00%	4,043	606,495	274,521	0.00%
46	Total Non-Operating Gains, net	47,660	(24,658)	-293.28%	65,967	643,974	(274,521)	-334.58%
47	Income <Loss> Before Transfers	783,428	53,196	1372.72%	7,037,296	4,342,833	6,052,247	-28.24%
48	Operating Transfers	0	0	0.00%	0	0	0	0.00%
49	Net Income	783,428	53,196	1372.72%	7,037,296	4,342,833	6,052,247	-28.24%



# South Peninsula Hospital

## Statement of Cash Flows As of May 31, 2022

### Cash Flow from Operations:

1	YTD Net Income	4,342,833
2	Add: Depreciation Expense	3,621,120
3	Adj: Inventory (increase) / decrease	35,626
4	Patient Receivable (increase) / decrease	(2,532,561)
5	Prepaid Expenses (increase) / decrease	(57,837)
6	Other Current assets (increase) / decrease	411,409
7	Accounts payable increase / (decrease)	(452,543)
8	Accrued Salaries increase / (decrease)	1,574,286
9	Net Pension Asset (increase) / decrease	(1,050,000)
10	Other current liability increase / (decrease)	(305,840)
11	Net Cash Flow from Operations	5,586,493

### Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(2,155,905)
13	Cash transferred to plant replacement fund	1,198,233
14	Proceeds from disposal of equipment	-
15	Net Cash Flow from Investing	(957,672)

### Cash Flow from Financing

16	Cash paid for Lease Payable	-
17	Cash paid for Debt Service	(1,705,000)
18	Net Cash from Financing	(1,705,000)
19	Net increase in Cash	\$ 2,923,821
20	Beginning Cash as of July 1, 2021	\$ 29,677,416
21	Ending Cash as of May 31, 2022	\$ 32,601,237

To: SPH Board of Directors  
From: Andrea Konik, Medical Staff Coordinator  
Date: June 2022  
Re: Revision to the Medical Staff Peer Review Case Identification Process

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The attached revision was recommended by the Peer Review Committee on April 20, 2022, approved by the Medical Executive Committee at their meeting on May 11, 2022 and received a 30 –day review by the entire Medical Staff. Please see the attached memo for exact details of the changes, as well as dates of review and approval.

**PROPOSED REVISION:**

**Peer Review Policy: Attachment F1**

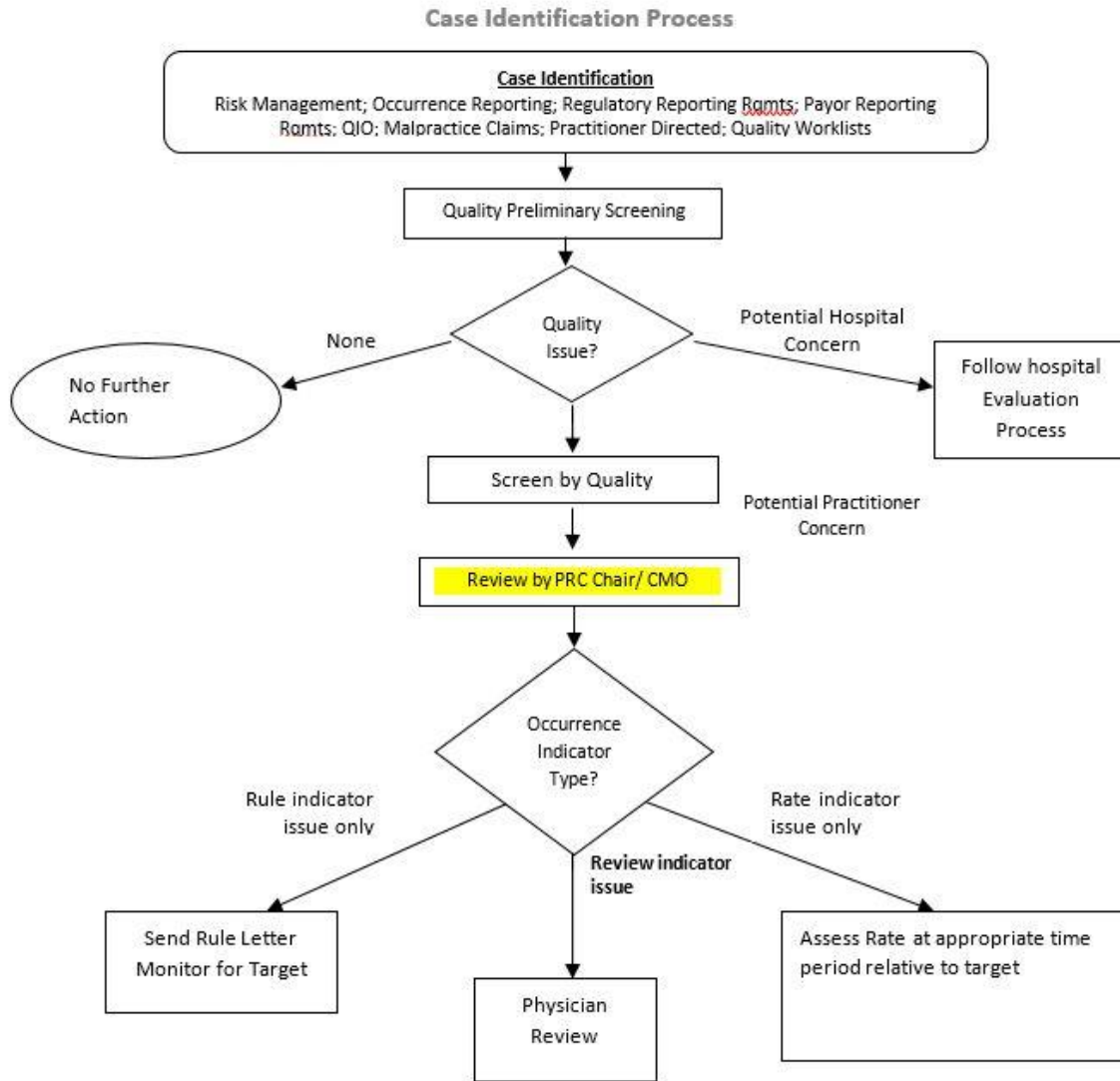
The recommended revision adds the step of review by the Peer Review Chair or Chief Medical Officer when a case has been selected for Peer Review.

***Recommended Motion(s):***

***Consideration to Approve the Peer Review Policy: Attachment F1 with revisions as presented.***

Medical Staff Peer Review Case Identification Process Revision  
(Peer Review Policy Attachment: F1)  
Proposed 4/20/2022

*Peer Review Policy: Attachment F1 (Highlighted section added by the Medical Staff)*



Action	Date	Outcome
Reviewed at Peer Review Committee	4/20/2022	APPROVED
Reviewed at Medical Executive Committee	5/8/2022	APPROVED
Sent to Medical Staff for Review	5/17/2022	APPROVED
Reviewed by Board of Directors	6/22/2022	

## MEMO

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

To: SPH Board of Directors  
From: Andrea Konik, Medical Staff Coordinator  
Date: June 2022  
Re: Revision to the Medical Staff Peer Review Case Review Flow Diagram

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The attached revision was recommended by the Peer Review Committee on April 20, 2022, approved by the Medical Executive Committee at their meeting on May 11, 2022 and received a 30 –day review by the entire Medical Staff. Please see the attached memo for exact details of the changes, as well as dates of review and approval.

**PROPOSED REVISION:****Peer Review Policy: Attachment F2**

The recommended revision adds the step of informing the attending provider when a case has been selected for Peer Review.

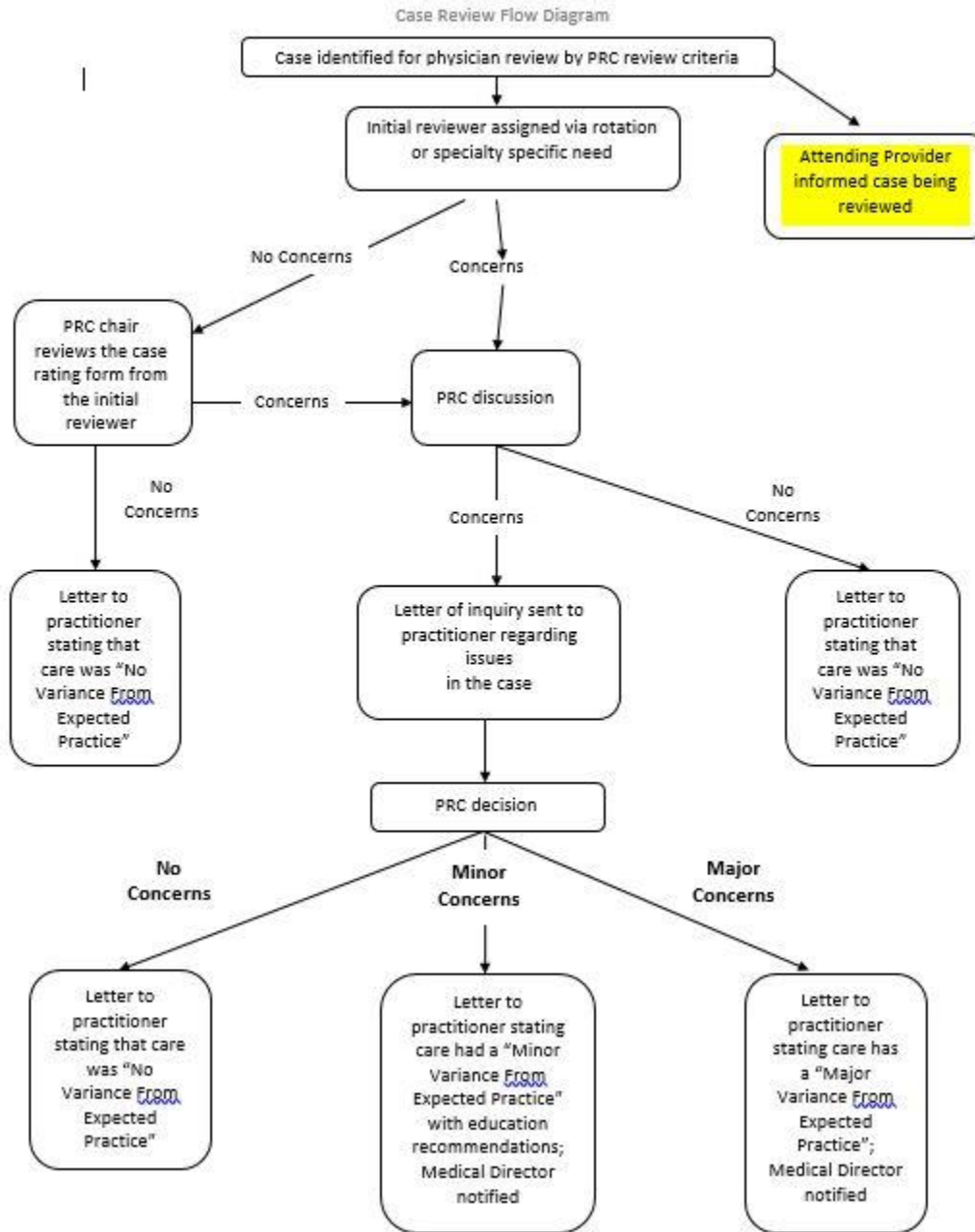
***Recommended Motion(s):***

***Consideration to Approve the Peer Review Policy: Attachment F2 with revisions as presented.***



Medical Staff Peer Review Case Review Flow Diagram Revision  
(Peer Review Policy Attachment: F2)  
Proposed 4/20/2022

*Peer Review Policy: Attachment F2 (Highlighted section added by the Medical Staff)*



Action	Date	Outcome
Reviewed at Peer Review Committee	4/20/2022	APPROVED
Reviewed at Medical Executive Committee	5/8/2022	APPROVED
Sent to Medical Staff for Review	5/17/2022	APPROVED
Reviewed by Board of Directors	6/22/2022	

To: SPH Board of Directors  
From: Andrea Konik, Medical Staff Coordinator  
Date: June 2022  
Re: Revision to the Medical Staff Rules and Regulations

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The attached revision was approved by the Medical Executive Committee at their meeting on May 11, 2022 and received a 30 –day review by the entire Medical Staff. Please see the attached memo for exact details of the changes, as well as dates of review and approval.

**PROPOSED REVISION:**

**From pages 21-22 of the Medical Staff Rules and Regulations, Section 4.5 Consultations.**

The recommended revision recommends consultations with a hospitalist for any surgical critical care patient.

***Recommended Motion(s):***

***Consideration to Approve the Medical Staff Rules and Regulations revision under Section 4.5 Consultations, sub-section h. that has been added to read, “Formal consultation with a Hospitalist is encouraged for patients receiving Surgical Critical Care.”***

Medical Staff Rules and Regulations Revision  
Section 4.5 Consultation  
Proposed 5/11/2022

*From pages 21-22 of the Medical Staff Rules and Regulations, Section 4.5 Consultations. The revision below recommends consultations with a hospitalist for any surgical critical care patient.*

**4.5 CONSULTATION**

- a. Any qualified practitioner with clinical privileges may be requested for consultation within their area of expertise. The attending practitioner is responsible for obtaining consultation whenever patients in their care require services that fall outside their scope of delineated clinical privileges. It is recommended that consultation be obtained in the following circumstances: the diagnosis is obscure after ordinary diagnostic procedures have been completed, there is doubt as to the best therapeutic measures to be used, unusually complicated situations are present that may require specific skills of other practitioners, the patient exhibits severe symptoms of mental illness or psychosis, or the patient is not a good medical or surgical risk. The attending practitioner will provide written authorization in the EMR requesting the consultation, and permitting the consulting practitioner to attend or examine their patient. This request shall specify:
  1. the reason for the consultation, and
  2. the urgency of the consultation (routine – within 24 hours; nonroutine – in a timeframe determined by closed loop communication (telephone or secure text) between the referring physician and the consultant).
- b. All other consultations will be for “consultation and treatment” unless otherwise noted.
- c. All consultations should be communicated practitioner-to-practitioner, unless there are extraordinary circumstances that would preclude doing so. All consultation requests should be noted in the medical record.
- d. Consultants should not order consultations with other specialties without informing the attending physician unless the need is urgent/emergent.
- e. APRNs and physician assistants may perform the consultation with the knowledge and collaboration of their collaborating/supervising physician.
- f. The attending physician may utilize consultants of their choice. In general, if a patient has chronic consultative care by a consultant prior to this episode of care, that physician should be consulted if that medical issue is unstable. If desired, the attending physician may utilize the ED on call list for consultation.
- g. If nurses have any reason to question the care provided to any patient, or believe that appropriate consultation is needed, the nurse will bring this concern to their manager to be addressed through the chain of command. All practitioners should be receptive to obtaining consultation when requested by patients, their families, and hospital personnel.
- h. **Formal consultation with a Hospitalist is encouraged for patients receiving Surgical Critical Care.**

Action	Date	Outcome
Reviewed at Medical Executive Committee	5/11/2022	APPROVED
30-Day Medical Staff Review Period	5/17/2022	APPROVED
Reviewed by Board of Directors	6/22/2022	

**South Peninsula Hospital**  
**Hospital Board of Trustees Balanced Scorecard Report**  
**First Quarter Calendar 2022 (Jan, Feb, Mar)**

Overall Indicators		Target	n	Note
Medicare Care Compare Overall Hospital Star Rating	N/A	5		
Medicare Care Compare Overall Hospital Survey Star Rating	4	5		
Medicare Care Compare Overall Nursing Home Star Rating	5	5		
Medicare Merit Based Incentive Payment System Total Score	81.34	75		2018- 87.3 2019- 60.6 2020- 75.2
The Chartis Group - iVantage Health Analytics Index Rank	70.9	75		2018- 82.1 2019- 34.6 2020-74.7
Quality of Care		Target	n	Note
<b>Severe Sepsis &amp; Septic Shock Care</b>	50%	>75%	10	7/1/2021-9/30/2021 (Care Compare 69%, 7/1/20-3/31/21)
Measures the percentage of patients who received appropriate care for severe sepsis and septic shock.				# of cases passing/total # of cases-exceptions (3 pass, 3 fail, 4 exclusions)
<b>Stroke Care</b>	100%	>95%	7	7/1/2021-9/30/2021 (Care Compare N/A, 7/1/20-3/31/21)
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 presenting within 2 hours of symptoms. (1 pass, 0 failed, 6 excluded)
<b>Readmission</b>	7%	<15%	290	1/1/2022-03/31/22 (Care Compare N/A, 7/1/17-12/01/19)
Unplanned readmission which occurs within 30 days of a previous discharge date.				# of patients with unplanned readmission within 30 days of discharge - exclusions/Eligible admissions
<b>Elective Deliveries</b>	0%	<0%	26	1/01/2022-3/31/22 (Care Compare N/A, 7/1/20-3/31/21)
% of non-medically indicated deliveries including caesarean delivery, inductions of labor, and cervical ripening occurring before 39 weeks gestation.				# of non-medically indicated deliveries before 39 weeks gestation / total deliveries.
<b>Provider Quality Score (Group)</b>	95%	>95%		Final Score Submitted to CMS for 2021
CMS Merit-Based Incentive Payment System (MIPS) for providers				
Patient Safety	1st Q 2022	Target	n	Note
<b>Patient Fall Rate AC (injurious fall rate)</b>	5.9 (2.5)	1	1185	# 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>	6.3 (1.6)	2	1897	# of resident falls / # resident days x 1000
Measures the number of resident falls per 1,000 patient days				
<b>Medication Errors</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.				

Provider and Staff Alignment	1st Q 2022	Target	n	Note
<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 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
Patient Satisfaction Through Press Ganey	1st Q 2022	Target	n	Note
<b>Inpatient Percentile</b>	<b>49th</b>	<b>75th</b>	<b>39</b>	
Measures the satisfaction of inpatient patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q3-2021: 55th, n = 32 Q4-2021: 67th, n = 42
<b>Outpatient Percentile</b>	<b>22nd</b>	<b>75th</b>	<b>295</b>	
Measures the satisfaction of outpatient patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q3-2021: 43rd, n = 228 Q4-2021: 28th, n = 289
<b>Emergency Department Percentile</b>	<b>89th</b>	<b>75th</b>	<b>51</b>	
Measures the satisfaction of emergency patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q3-2021: 85th, n = 86 Q4-2021: 98th, n = 48
<b>Medical Practice Percentile</b>	<b>63rd</b>	<b>75th</b>	<b>523</b>	
Measures the satisfaction of patient respondents at SPH Clinics. Measures as a percentile ranking across Press Ganey clients.				Q3-2021: 79th, n = 494 Q4-2021: 81st, n = 475
<b>Ambulatory Surgery Percentile</b>	<b>70th</b>	<b>75th</b>	<b>65</b>	
Measures the satisfaction of ambulatory surgery patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q3-2021: 17th, n = 65 Q4-2021: 16th, n = 44
<b>Home Health Care Percentile</b>	<b>21st</b>	<b>75th</b>	<b>29</b>	<b>*Running 12 months due to low quarterly returns</b>
Measures the satisfaction of Home Health Care clients (or family) respondents. Measures as a percentile ranking across Press Ganey clients.				Q3-2021: 39th, n = 28 Q4-2021: 24th, n = 29
Consumer Assessment of Healthcare Providers and Services	1st Q 2022	Target	n	Note
<b>HCAHPS Percentile</b>	<b>32th</b>	<b>75th</b>	<b>39</b>	
Measures the 1-10 ranking received by inpatient client (or family) respondents. Measures as a percentile ranking across Press Ganey clients.				Q3-2021: 56th, n = 32 Q4-2021: 80th, n = 40
<b>HHCAHPS Percentile</b>	<b>54th</b>	<b>75th</b>	<b>29</b>	<b>*Running 12 months due to low quarterly returns</b>
Measures the 1-10 ranking received by Home Health Care client (or family) respondents. Measures as a percentile ranking across Press Ganey clients.				Q3-2021: 28th, n = 28 Q4-2021: 10th, n = 28

Workforce	1st Q 2022	Target	n	Note
<b>Turnover: All Employees</b>	<b>4.02%</b>	<b>5.00%</b>	<b>522</b>	<i>21 Terminations/522 Total Employees</i>
Percentage of all employees separated from the hospital for any reason				All Employees – National Hospital Rate for West Region is 23.1% (up 7.3% over PY), All Regions is 25.9%
<b>Turnover: Voluntary All Employees</b>	<b>3.26%</b>	<b>4.75%</b>	<b>522</b>	<i>17 Voluntary Terminations/522 Total Employees</i>
Measures the percentage of voluntary staff separations from the hospital				Voluntary Employees – National Hospital Rate is 95.5%
<b>First Year Total Turnover</b>	<b>3.00%</b>	<b>7%</b>	<b>100</b>	3 New Staff Terminated in Q1/100 Total New Hires from 4/1/2021-3/31/2022
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				National Hospital Rate is 31.7%
Information System Solutions	1st Q 2022	Target	n	Note
<b>Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.</b>	<b>57</b>	<b>&gt;50</b>		<b>CMS score 50 and above = pass</b>
e-Prescribing: Electronic Prescribing (Rx)	<b>8</b>	<b>10</b>		
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information	<b>0</b>	<b>20</b>		
HIE: Support Electronic Referral Loops by sending health information (Summary of Care sent)	<b>3</b>	<b>20</b>		
Provider to patient exchange: Provide patients electronic access to their health information (timely access via the patient portal)	<b>36</b>	<b>40</b>		
Public Health & Clinical Data Exchange	<b>10</b>	<b>10</b>		
<b>Eligible Provider (EP) - Promoting Interoperability (Group)</b>	<b>100%</b>	<b>95%</b>		
Merit Based Incentive Payment System Promoting Interoperability score ( <i>MIPS tracking is in Athena</i> )				Scoring tabulated as a running, annual score.
<b>Electronic Medical Record (EMR) Adoption Stage</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>89%</b>	<b>100%</b>	<b>1599</b>	
% of employees who have completed assigned security training				
<b>Phishing Test Pass Rate</b>	<b>99%</b>	<b>100%</b>	<b>2665</b>	
% of Phishing test emails that were not failed.				2665 test phishing emails sent out to staff. 29 of the email links were clicked, causing 29 potential security risks.

Financial Health	1st Q 2022	Target	n	Note
<b>Operating Margin</b>	<b>-7.32%</b>	<b>-3.1%</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>946.46</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> ).				Total Discharges: 203 (Acute, OB, Swing, ICU) LTC Revenue & discharges not included
<b>Net Revenue Growth</b>	<b>12.5%</b>	<b>-2.2%</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>8.38</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>59.0</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>73</b>	<b>90</b>		# Represents days
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>0.9%</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>0.8%</b>	<b>3.7%</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>	1st Q 2022	Target	n	Note
<b>Outpatient Revenue Growth</b>	<b>8.8%</b>	<b>0%</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.