



AGENDA

Board of Directors Meeting

5:30 PM - Wednesday, October 26, 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 - 10
- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for September 28, 2022.
[Board of Directors - Sep 28 2022 - Minutes - DRAFT](#)

- 11 - 12 7.2. Consideration to Approve Revised Board Policy SM-08, Committee Responsibilities, to more clearly define the timeline for bylaw and policy review.
[SM-08 Committee Responsibilities, revised](#)
- 13 - 14 7.3. Consideration to Approve Revised Board Policy SM-09, Board Terms and Officers, to clarify the Governance Committee facilitates the member election process, to reflect current practice.
[SM-09 Board Terms and Officers, revised](#)
- 15 - 26 7.4. First Reading: South Peninsula Hospital Board of Director Bylaws Amendment
[Memo](#)
[Bylaws, proposed revisions](#)

8. PRESENTATIONS

- 8.1. Nuclear Medicine
 Presenter: Dr. Knapp

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 27 - 30 10.1. Consideration to Approve September 2022 Financials
[Balance Sheet September FY23](#)
[Income Statement September FY23](#)
[Cash Flows Statement September FY23](#)
- 31 10.2. Consideration to Delegate the Authority to Approve Medical Staff Reappointments Expiring on December 2, 2022 to the Officers of the Board.
[Memo](#)

11. REPORTS

- 32 - 35 11.1. Chief Executive Officer
[Balanced Scorecard Quarter 3 2022](#)
- 11.2. BOD Committee: Finance
- 11.3. BOD Committee: Governance
- 11.4. BOD Committee: Education
- 11.5. Chief of Staff

11.6. Service Area Board Representative

Presenter: Judith Lund

12. DISCUSSION

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12.1. Board Self Evaluation

[Poll Results](#)

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

58 - 61

15.1. AHA Rural Health Care Leadership Conference

<https://ruralconference.aha.org/>

[AHA RHCLC Information](#)

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

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

5:30 PM - Wednesday, September 28, 2022

Virtual Meeting Only

The Board of Directors of the South Peninsula Hospital (SPH) was called to order on Wednesday, September 28, 2022, at 5:30 PM, in the SPH Conference Rooms and via Zoom.

1. CALL TO ORDER

President Kelly Cooper called the regular meeting to order at 5:30 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, Bernadette Wilson, Secretary Julie Woodworth, and Beth Wythe

BOARD EXCUSED:

ALSO PRESENT: Ryan Smith, CEO; Anna Hermanson, CFO; Rachael Kincaid, CNO; 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

Rachael Kincaid, CNO, gave multiple examples of how SPH employees have been upholding the hospital's values.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

4.1. Rules for Participating in a Public Meeting

Document was included in the packet.

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the audience.

6. APPROVAL OF THE AGENDA

Treasurer Matthew Hambrick made a motion to approve the agenda. Secretary Julie Woodworth seconded the motion. Motion Carried.

7. APPROVAL OF THE CONSENT CALENDAR

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 August 24, 2022.

7.2. Consideration to Approve August FY2023 Financials

7.3. Consideration to Approve SPH Resolution 2022-14, A Resolution of the South Peninsula Hospital Board of Directors Resolving to Provide the Resources Necessary to Achieve and Sustain a Level IV Trauma Hospital Designation.

Julie Woodworth made a motion to remove item 7.3 from the consent agenda and place under New Business as 10.2, and to approve the consent calendar as amended. Matthew Hambrick seconded the motion. Motion Carried.

8. PRESENTATIONS

There were no presentations.

9. UNFINISHED BUSINESS

There was no unfinished business to discuss.

10. NEW BUSINESS

10.1. Consideration to Approve SPH Resolution 2022-15, A Resolution of the South Peninsula Board of Directors Approving An Inflation Retention Bonus.

Anna Hermanson, CFO, reviewed the resolution with the committee. Administration has been working with the union to come up with a good solution to help offset the recent cost of inflation for employees, and this resolution reflects the agreement that was reached. Each employee would get a \$2500 inflation retention bonus for a total of approximately \$986,000.

Julie Woodworth made a motion to approve SPH Resolution 2022-15, A Resolution of the South Peninsula Board of Directors Approving An Inflation Retention Bonus. Matthew Hambrick seconded the motion.

10.2. Consideration to Approve SPH Resolution 2022-14, A Resolution of the South Peninsula Hospital Board of Directors Resolving to Provide the Resources Necessary to Achieve and Sustain a Level IV Trauma Hospital Designation.

Ryan Smith, CEO, reported. The state sends surveyors to the hospital to verify Trauma Level IV status. Frank Klima, RN and Paula Godfrey, DO have been putting a lot of work into the preparation. There was some discussion about the differentiation between trauma level designations. Dr. Knapp commented that it is a wonderful thing for the community that the hospital puts this much effort into improving the coordination to take better care of patients who come into the

emergency department after suffering a traumatic injury. Ms. Baker encouraged the board to participate in the process.

Treasurer Matthew Hambrick made a motion to approve SPH Resolution 2022-14, A Resolution of the South Peninsula Hospital Board of Directors Resolving to Provide the Resources Necessary to Achieve and Sustain a Level IV Trauma Hospital Designation. Edson Knapp seconded the motion. Motion Carried.

Results of the Roll Call Vote:

Keriann Baker	Y
Todd Boling	Y
Aaron Weisser	Y
Matthew Hambrick	Y
Melissa Jacobsen	excused
Edson Knapp	Y
Walter Partridge	Y
Bernadette Wilson	Y
Julie Woodworth	Y
Beth Wythe	Y
Kelly Cooper	Y

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, reported. There are been renewed efforts into getting real-time, fail-safe efforts. Rachael Kincaid, CNO, added that the first goal has been the ability to collect concurrent data. The sepsis committee is meeting every two weeks. We are making efforts toward standardization and speaking the same language. Mr. Smith added that Dr. Swain has resigned, as he and his wife accepted positions in California. Dr. Llenos has joined the team and is settling in well. Emma Mayfield, DO will be starting December 1st. We are also recruiting for another family medicine physician. Mr. Smith thanked Ms. Cooper and Ms. Wythe for attending the AHHA conference and attending the presentation by Dr. Shapiro about burnout, and South Peninsula Hospital has signed up to participate in a pilot project regarding health care burnout.

11.2. BOD Committee: Finance

Walter Partridge, Finance Chair, reported. The committee met and reviewed the resolution discussed today. The committee also reviewed the monthly financials.

11.3. BOD Committee: Governance

Aaron Weisser, Governance Chair, reported. The committee met last week and made two suggested revisions to policies. Those are provided in the packet for first review, and will be placed on the consent agenda at the October meeting if there are no concerns. The committee is also revising the candidate reapplication, to tailor the questions towards those who have already been

serving on the board, to reflect on their time serving, instead of completing the same questionnaire as a brand new applicant.

11.4. BOD Committee: Education

Melissa Jacobsen, Education Chair, was excused from the meeting. There was a written report provided in the packet.

11.5. Service Area Board Representative

Roberta Highland reported on behalf of the Service Area Board. Roberta has been acting chair of the board while Ms. Armstrong was undergoing a surgical procedure. There are three member seats up this year, and all three members have agreed to serve again and are running uncontested.

12. DISCUSSION

12.1. Board Self Evaluation

Link (to use during meeting):

<https://app.sli.do/event/f6Q7H2QxsYjgRsgsgSE83E>

The board conducted a self evaluation in real time via slido. The results will be compiled for further discussion at the next meeting.

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the audience.

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

Ryan Smith thanked the staff for all their hard work as it has been extremely busy lately. He thanked Mr. Hambrick for his introductions on behalf of the Foundation.

Julie Woodworth appreciated the fruitful meeting.

Keriann Baker had no comments.

Edson Knapp appreciated the self evaluation, and feels it will be helpful. He thanked Dr. Godfrey and everyone for their work on the trauma level IV reverification.

Bernadette Wilson indicated she'd be interested in attending a trauma conference in the future.

Walter Partridge thanked Rachael for her Living Our Values story.

Matthew Hambrick thanked Dr. Godfrey for her work on the trauma program. Mr. Hambrick appreciated the tour of the facility with prospective donors.

Beth Wythe thanked the board for allowing her to attend the AHHA conference and expressed her support for participating in the pilot program on burnout.

Todd Boling noted that when a recent trauma patient came through the emergency department, it was handled very well. He appreciates all of the attention to the process and feels it has resulted in better outcomes for patients.

Aaron Weisser thanked Ms. Jones for her help in setting up the board poll.

Kelly Cooper thanked the entire team for doing a great job. She expressed her appreciation for the leadership team.

15. INFORMATIONAL ITEMS

16. ADJOURN TO EXECUTIVE SESSION

The meeting adjourned to Executive Session at 6:18pm.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

17.1. Credentialing

After review of the applicants' files in Executive Session, Ms. Woodworth moved to approve the following positions in the medical staff as requested and recommended by the Medical Executive Committee. Beth Wythe seconded the motion. Motion carried.

Appointments (Telemed/Telehealth*)

Lou, William MD; Neurology/Telestroke; Telemedicine
O'Mahony, Darrah MD; Critical Care/eICU; Telemedicine
Panko, Jessica MD; Radiology (RCI); Courtesy Staff
Rogers, David C. MD; Radiology (AIA); Courtesy Staff
Ryan, Tim MD; Radiology (RCI); Courtesy Staff

Reappointments (Telemed/Telehealth*)

Charlton, Blake MD; Cardiology/Echo Interp.; Courtesy Staff
Giles, James MD; Neurology/Telestroke; Telemedicine
Olson, Jennifer MD; Psychiatry/Telepsych; Telemedicine
Wang, James MD; Neurology/Telestroke; Telemedicine
Vo, Hung MD; Cardiology/Echo Interp.; Courtesy Staff

Appointments

Liebers, Warren MD; Family Med/Emergency Med.; Active Staff
Rankine, David MD; Neurology; Courtesy Staff
Turner, J. Wesley MD; Urology; Courtesy Staff

18. ADJOURNMENT

The meeting was adjourned at 7:22pm.

Respectfully Submitted,

Accepted:


Maura Jones, Executive Assistant

Kelly Cooper, President

Minutes Approved:

Julie Woodworth, Secretary

DRAFT

 <div>South Peninsula Hospital</div>	SUBJECT: Committee Responsibilities	POLICY #: SM-08
		Page 1 of 2
Scope: Board of Directors		Original Date: 6/23/04
Approved by: Board of Directors		Effective: draft
Revised: 8/28/19; draft		Revision Responsibility: Board of Directors
Reviewed: N/A		

PURPOSE:

Outline of responsibilities assigned to the Committees managed by the Board of Directors.

DEFINITION(S):

N/A

POLICY:

- A. The operational responsibilities of Committees developed to carry out functions for the Board of Directors will be managed as outlined below.
- B. Committees that constitute the Board include the Finance Committee, Governance Committee, Membership Committee, and Education Committee.
- C. *Board Representation:* A Board Member will serve on the Pension Committee, Credentialing Committee, and South Peninsula Foundation Board. At least two members will serve on the Patient Centered Care Quality Committee. Ad hoc committees will be formed as needed.
- D. *Committee Members At Large:* A community member may be invited to serve on a Committee, but that community member must sign a Confidentiality Agreement and understand that information obtained by serving on that Committee is privileged.

PROCEDURE:

1. Finance Committee

Assists the Board in maintaining and improving the financial integrity of the hospital and its subordinate activities. Responsibilities include:

- A. Draft and forward policies recommendations regarding the Board's responsibility for ensuring the hospital's financial health.
- B. Review recommendations management has forwarded to the Board dealing with finances.
- C. Review the long-range financial plan for the hospital. Recommend to the Chair or CEO those items that may benefit from governmental line item or grant funding sources.
- D. Assess whether the budget is likely to achieve Board-formulated financial objectives, key goals, and the vision. Forward recommendations to the Board regarding approval, rejection, or revision of the budget.
- E. Monitor financial performance on a monthly basis against the approved budget, in accordance with Board policy F-10, and keep the Board informed on the organization's financial status, recommending corrective action when necessary.
- F. Develop and recommend financial performance indicators and associated standards for regular review by the Board.
- G. Monitor financial indicators and present analyses to the Board when such indicators cross established thresholds or otherwise warrant attention and action.
- H. Provide guidance and direction to the auditor in preparation for the annual financial audit.
- I. Analyze and present to the Board an assessment of the financial impact of new and expanded services, and major capital plans for the hospital, incorporating any forecast information provided by management.
- J. Recommend corrective action to the Board when necessary to ensure compliance with the budget and other financial plans.
- K. Ensure financial reporting required by the Operating Agreement is forwarded in a timely manner to appropriate entities.

2. Governance Committee

Responsible for assisting the Board in fulfilling its ultimate responsibility for effective and efficient performance. Its functions include:

- A. Assist the Board with developing its bylaws, developing & implementing policies & procedures for the hospital and its administration. Update bylaws as required but no less than annually and conduct a formal and in-depth review every third year. Review board policies as required but no less than

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annually and conduct a formal and in-depth review of board policies on the following three year schedule:

Year 1 – Quality & Executive Management Performance Policies

Year 2 – Finance Policies

A. Year 3 – Self Management Policies Review annually and update as necessary.

B. Board Evaluation:

- 1) Conduct annual self-evaluation to determine level of compliance with Board's goals and objectives
- 2) Oversee, analyze, propose, and implement action for the results of the governance assessment process (i.e., self-evaluations)

C. CEO Evaluation: Oversee CEO Evaluation process in accordance with policy EMP-08.

D. Ensure Medical Staff Bylaws and Rules and Regulations are reviewed biannually by the Medical Executive Committee.

E. Coordinate periodic Board and Medical Staff Dinners.

3. Membership Facilitation

Identifies strong individuals to add to the efforts by which the Board strives to continue and improve the accomplishments of South Peninsula Hospital. Responsibilities include:

- A. Develop actual and ideal Board composition profiles, addressing demographics and professional experience.
- B. Maintain Board solicitation packet and new member training information in collaboration with Education Committee and Marketing Director to ensure information is current.
- C. Work with Executive Assistant to place timely ads in local media to solicit potentially interested Board members and Committee consultants/advisors.
- D. Identify potential new Board members and persons to assist Committee goals by serving as consultant/advisors in their respective areas of interest; make recommendations for vacancies.
- E. Ensure new members are assigned a mentor and orientation is scheduled per policy SM-07. Ensure Borough is notified within 14 days of new members seated, in accordance with the Operating Agreement.

4. Education Committee

Responsible for ensuring members receive the education and training regarding parliamentary procedures, hospital programs, services, community healthcare needs, trends, and demographics needed to make informed decisions regarding the operation of South Peninsula Hospital. Responsibilities include:

- A. Plan ongoing Board orientation and continuing education to satisfy requirements of the Operating Agreement.
- B. Plan and conduct annual Board retreat.

ADDITIONAL CONSIDERATIONS:

N/A

REFERENCE(S):

1. SPH BOD Self-Management policy *SM-07 Board Member Orientation*
2. SPH BOD Executive Management Performance policy *EMP-08 CEO Performance Evaluation*
3. SPH BOD Finance policy *F-10 Financial performance Indicators*

CONTRIBUTORS:

Board of Directors

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 South Peninsula Hospital	SUBJECT: Board Terms and Officers	POLICY #: SM-09
		Page 1 of 2
Scope: Board of Directors Approved by: Board of Directors		Original Date: 7/23/08 Effective: 7/28/21
Revised: 8/28/19; 7/28/21 Reviewed: N/A		Revision Responsibility: Board of Directors

PURPOSE:

Guidelines for the management of the election of board members and term limits for board officers.

DEFINITION(S):

N/A

POLICY:

A. Board Member Election Process

- B. The Governance Committee will facilitate the election of new board members and commence the electoral process no later than September of each year. A Membership Committee will be established at the October meeting of the Board each year to facilitate the election of officers.
 1. At least forty-five days prior to a sitting board member's term of office expiring, the Membership Committee will send a notice confirming the term ending and the procedures to apply for re-appointment. The board member will have fifteen days to respond to the Membership Committee. Simultaneously, the Governance Committee will place a display ad in the local papers inviting members of the Service Area to apply to serve on the Board of Directors. Board members are also encouraged to provide recommendations to the Membership/Governance Committee for potential candidates and the Membership Committee will reach out to those potential members.
 2. Each Candidate will complete an application. Two references will be required for successful board applicants to be considered for appointment. Exceptions will be made for applicants who are well known to an existing board member(s) if that member(s) is able to provide a positive reference for the applicant. Reference checks will be completed by the Governance Committee.
 3. Applications will be reviewed by the Membership Committee.
 4. Interviews will be coordinated for selected candidates, and all board members will be invited to attend the interview.
 5. Two references will be required for successful board applicants to be considered for appointment. Exceptions will be made for applicants who are well known to an existing board member(s) if that member(s) is able to provide a positive reference for the applicant. Reference checks will be completed by the Governance Committee. Board member terms will be three years. Vacancies created by a member no longer able to serve shall be filled for the remainder of the unexpired term.

B. Vacancies

1. Each candidate will be reviewed in Executive Session. Incumbents will leave the room when the discussion is concerning their application.
2. Candidates will be voted on by secret ballot at a regularly scheduled Executive Session and the appointment of selected candidates will be ratified by the Board of Directors in an Open Session.
3. After board members are seated, the Kenai Peninsula Borough will be notified of continuing or newly appointed members in accordance with the Operating Agreement.

C. Officer Terms

1. Board Officers (President, Vice President, Treasurer, and Secretary) will serve one year terms, with a maximum of two consecutive terms. Exceptions may be made in special circumstances, which would require a vote of the board.


PROCEDURE:

N/A

ADDITIONAL CONSIDERATIONS:

N/A

REFERENCE(S):

 South Peninsula Hospital	SUBJECT: Board Terms and Officers	POLICY #: SM-09
		Page 2 of 2
Scope: Board of Directors Approved by: Board of Directors		Original Date: 7/23/08 Effective: 7/28/21
Revised: 8/28/19; 7/28/21 Reviewed: N/A		Revision Responsibility: Board of Directors

N/A

CONTRIBUTORS:
 Board of Directors

To: SPH Board of Directors
From: BOD Governance Committee
Date: October 20, 2022
Re: Board Bylaws Amendment Proposal

At our October meeting, the Governance Committee continued the discussion started at the September Board Work Session regarding cleaning up the bylaws. The committee is proposing two changes to the membership section of the bylaws.

The first will change the number of board officers from an exact number to a range. Instead of eleven members, the board will consist of nine to eleven members. This will allow for some flexibility in the number of board members, and the board will no longer be out of compliance if one member resigns.

The second change will remove the section that names the Chief of the Medical Staff and Administrator as ex-officio, non-voting members of the board. This will not change their participation in board meetings, at the invitation of the board, but they will not be counted as board members, which reflects current practice.

Section 1 of ARTICLE IX – AMENDMENTS asks for two readings of the change to be made with a third reading and required 75% of the entire membership needed to ratify the amendment.

This is the first reading of the proposed amendment.

The full copy of the proposed revised are attached for review as well.

ARTICLE III - MEMBERS

Section 1.

The Hospital Board shall consist of nine (9) to eleven (11) members. No more than three (3) members may reside outside of the Hospital Service Area. No more than two (2) members may be physicians.

~~Section 4.~~

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

No motion at this time. First reading of proposed amendment.

**BYLAWS
SOUTH PENINSULA HOSPITAL, INC.**

ARTICLE I - NAME AND OBJECTIVES

Section 1.

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

Section 2.

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

Section 3.

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

ARTICLE II - MEETINGS

Section 1. Regular Meetings.

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

Section 2. Special Meetings.

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

Section 3. Quorum.

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

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

Section 4. Minutes.

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

Section 5. Reconsideration:

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

Section 6. Annual Meeting.

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

ARTICLE III - MEMBERS

Section 1.

The Hospital Board shall consist of nine (9) to eleven (11) members. No more than three (3) members may reside outside of the Hospital Service Area. No more than two (2) members may be physicians.

Section 2.

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

Section 3.

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

~~Section 4.~~

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

Section ~~5~~4.

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

Section ~~6~~5.

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

Section ~~7~~6.

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

Section ~~8~~7.

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

ARTICLE IV - OFFICERS

Section 1.

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

Section 2.

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

Section 3.

President. The President shall preside at all meetings of the Hospital Board. The President may be an appointed member to any committee and shall be an ex-officio member of each committee.

Section 4.

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

Section 5.

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

Section 6.

Secretary. The secretary shall be responsible for the minutes of the meeting, act as custodian of all records and reports, ensure posting of the agenda and minutes on the website, ensure that notification is provided to the Kenai Peninsula Borough for any changes to board membership or officer assignments, and other duties as set forth by the Hospital Board. These duties shall be performed in conjunction with SPH Hospital Staff assigned to assist the Board.

Section 7.

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

ARTICLE V - COMMITTEES

Section 1.

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

Section 2.

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

Section 3.

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

ARTICLE VI - ADMINISTRATOR

Section 1.

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

Section 2.

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

Section 3.

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

Section 4.

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

Section 5.

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

Section 6.

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

Section 7.

The Administrator shall provide a Collective Bargaining Agreement to the Hospital Board for approval.

Section 8.

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

Section 9.

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

Section 10.

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

ARTICLE VII - MEDICAL STAFF

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

Section 1.

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

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

Section 2.

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

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

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

Section 3.

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

1. The Hospital Board delegates to the Medical Staff the responsibility and authority to investigate and evaluate matters relating to Medical Staff membership, clinical privileges, behavior and disciplinary action, and will require that the Medical Staff adopt, and forward to the Hospital Board, specific written recommendations with appropriate supporting documentation that will allow the Hospital Board to take informed action when necessary.
2. Final actions on all matters relating to Medical Staff membership, clinical privileges, behavior and disciplinary action will generally be taken by the Hospital Board following consideration of Medical Staff recommendations. However, the Hospital Board has the right to directly review and act upon any action or failure to act by the Medical Staff if, in the opinion of the Hospital Board, the Medical Staff does not or is unable to carry out its duties and responsibilities as provided in the Medical Staff Bylaws.
3. In acting on matters involving granting and defining Medical Staff membership and in defining and granting clinical privileges, the Hospital Board, through the Medical Staff's recommendations, the supporting information on which such recommendations are based, and such criteria as are set forth in the Medical Staff Bylaws. No aspect of membership nor specific clinical privileges will be limited or denied to a practitioner on the basis of sex, race, age, color, disability, national origin, religion, or status as a veteran.
4. The terms and conditions of membership on the Medical Staff and exercise of clinical privileges will be specifically described in the notice of individual appointment or reappointment.
5. Subject to its authority to act directly, the Hospital Board will require that any adverse recommendations or requests for disciplinary action concerning a practitioner's Medical

Staff appointment, reappointment, clinical unit affiliation, Medical Staff category, admitting prerogatives or clinical privileges, will follow the requirements set forth in the Medical Staff Bylaws.

6. From time to time, the Hospital Board will establish professional liability insurance requirements that must be maintained by members of the Medical Staff as a condition of membership. Such requirements will be specific as to amount and kind of insurance and must be provided by a rated insurance company acceptable to the Hospital Board.

ARTICLE VIII - AUTHORIZATION OF INDEBTEDNESS

Section 1. Indebtedness.

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

ARTICLE IX - AMENDMENTS

Section 1.

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

Section 2.

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

Section 3.

These Bylaws shall be reviewed at the annual meeting.

ARTICLE X - ORDER OF BUSINESS

Section 1.

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

ARTICLE XI - INDEMNIFICATION

Section 1.

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

Section 2.

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

Section 3.

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

Section 4.

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

Section 5.

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

Section 6.

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

- Adopted by the South Peninsula Hospital Board of Directors ~~January 26, 2022~~.
- Kelly Cooper, President
- ~~Melissa Jacobsen~~Julie Woodworth, Secretary



South Peninsula Hospital

DRAFT-UNAUDITED

BALANCE SHEET As of September 30, 2022

	As of September 30, 2022	As of Sept 30, 2021	As of August 31, 2022	CHANGE FROM Sept 30, 2021
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	23,878,625	20,547,448	25,167,300	3,331,177
2 EQUITY IN CENTRAL TREASURY	9,195,847	8,030,833	7,851,053	1,165,014
3 TOTAL CASH	33,074,472	28,578,281	33,018,353	4,496,191
4 PATIENT ACCOUNTS RECEIVABLE	29,849,426	33,075,319	32,492,082	(3,225,893)
5 LESS: ALLOWANCES & ADJ	(14,571,124)	(15,653,600)	(15,751,699)	1,082,476
6 NET PATIENT ACCT RECEIVABLE	15,278,302	17,421,719	16,740,383	(2,143,417)
7 PROPERTY TAXES RECV - KPB	1,943,832	1,948,361	3,325,717	(4,529)
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(3,599)	(4,165)	(566)
9 NET PROPERTY TAX RECV - KPB	1,939,667	1,944,762	3,321,552	(5,095)
10 OTHER RECEIVABLES - SPH	464,148	18,427	374,084	445,721
11 INVENTORIES	1,987,730	1,799,801	1,993,903	187,929
12 NET PENSION ASSET- GASB	4,831,084	8,850,712	4,803,397	(4,019,628)
13 PREPAID EXPENSES	971,190	736,523	950,055	234,667
14 TOTAL CURRENT ASSETS	58,546,593	59,350,225	61,201,727	(803,632)
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	7,216,301	12,402,336	5,939,928	(5,186,036)
16 PREF OBLIGATED	1,964,169	1,232,568	1,964,169	731,601
17 OTHER RESTRICTED FUNDS	46,527	50,291	46,526	(3,764)
	9,226,996	13,685,195	7,950,622	(4,458,199)
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,114,693	3,901,197	4,114,693	213,496
19 BUILDINGS	67,424,631	66,259,752	67,424,631	1,164,879
20 EQUIPMENT	30,349,300	29,007,004	30,179,139	1,342,296
21 BUILDINGS INTANGIBLE ASSETS	2,382,262	0	2,382,262	2,382,262
22 EQUIPMENT INTANGIBLE ASSETS	462,427	0	462,427	462,427
23 IMPROVEMENTS OTHER THAN BUILDINGS	343,540	213,357	290,386	130,183
24 CONSTRUCTION IN PROGRESS	776,040	488,346	710,802	287,694
25 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(62,547,049)	(58,617,245)	(62,206,908)	(3,929,804)
26 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(529,188)	0	(491,502)	(529,188)
27 NET CAPITAL ASSETS	42,776,656	41,252,411	42,865,930	1,524,245
28 GOODWILL	14,000	26,000	15,000	(12,000)
29 TOTAL ASSETS	110,564,245	114,313,831	112,033,279	(3,749,586)
DEFERRED OUTFLOWS OF RESOURCES				
30 PENSION RELATED (GASB 68)	4,530,917	(568,607)	4,530,917	5,099,524
31 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	337,854	408,324	343,491	(70,470)
32 TOTAL DEFERRED OUTFLOWS OF RESOURCES	4,868,771	(160,283)	4,874,408	5,029,054
33 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	115,433,016	114,153,548	116,907,687	1,279,468

	As of September 30, 2022	As of Sept 30, 2021	As of August 31, 2022	CHANGE FROM Sept 30, 2021
LIABILITIES & FUND BALANCE				
CURRENT LIABILITIES:				
34 ACCOUNTS AND CONTRACTS PAYABLE	1,135,887	1,413,395	1,733,584	(277,508)
35 ACCRUED LIABILITIES	8,978,297	10,038,085	10,631,022	(1,059,788)
36 DEFERRED CREDITS	54,821	32,564	52,336	22,257
37 CURRENT PORTION OF LEASE PAYABLE	385,206	0	374,108	385,206
38 CURRENT PORTIONS OF NOTES DUE	0	0	0	0
39 CURRENT PORTIONS OF BONDS PAYABLE	1,510,000	1,705,000	1,510,000	(195,000)
40 BOND INTEREST PAYABLE	89,383	105,954	54,422	(16,571)
41 DUE TO/(FROM) THIRD PARTY PAYERS	1,388,761	1,376,416	888,761	12,345
43 TOTAL CURRENT LIABILITIES	13,542,355	14,671,414	15,244,233	(1,129,059)
LONG-TERM LIABILITIES				
44 NOTES PAYABLE	0	0	0	0
45 BONDS PAYABLE NET OF CURRENT PORTION	8,740,000	10,250,000	8,740,000	(1,510,000)
46 PREMIUM ON BONDS PAYABLE	498,871	670,248	511,038	(171,377)
47 CAPITAL LEASE, NET OF CURRENT PORTION	2,095,819	26,531	2,103,003	2,069,288
48 TOTAL NONCURRENT LIABILITIES	11,334,690	10,946,779	11,354,041	387,911
49 TOTAL LIABILITIES	24,877,045	25,618,193	26,598,274	(741,148)
50 DEFERRED INFLOW OF RESOURCES	0	0	0	0
51 PROPERTY TAXES RECEIVED IN ADVANCE	0	0	0	0
NET POSITION				
52 INVESTED IN CAPITAL ASSETS	5,731,963	5,731,963	5,731,963	0
53 CONTRIBUTED CAPITAL - KPB	0	0	0	0
54 RESTRICTED	25,286	25,286	25,286	0
55 UNRESTRICTED FUND BALANCE - SPH	84,798,722	82,778,106	84,552,164	2,020,616
56 UNRESTRICTED FUND BALANCE - KPB	0	0	0	0
57 TOTAL LIAB & FUND BALANCE	115,433,016	114,153,548	116,907,687	1,279,468

INCOME STATEMENT
As of September 30, 2022
DRAFT-UNAUDITED

		MONTH			YEAR TO DATE				
		09/30/22			09/30/21	09/30/22			09/30/21
		Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue									
1	Inpatient	2,684,238	3,457,959	-22.38%	3,210,883	8,411,528	10,028,477	-16.12%	10,148,506
2	Outpatient	12,674,489	12,201,377	3.88%	11,169,814	38,203,494	36,959,943	3.36%	34,695,405
3	Long Term Care	1,072,393	1,097,797	-2.31%	785,801	3,191,015	3,293,391	-3.11%	2,392,726
4	Total Patient Services	16,431,120	16,757,133	-1.95%	15,166,498	49,806,037	50,281,811	-0.95%	47,236,637
Deductions from Revenue									
5	Medicare	2,875,588	3,561,609	19.26%	2,925,340	10,307,164	10,729,347	3.93%	10,025,247
6	Medicaid	2,932,716	2,527,889	-16.01%	2,066,442	7,055,866	7,615,266	7.35%	5,645,216
7	Charity Care	222,906	151,188	-47.44%	25,054	599,619	455,454	-31.65%	188,751
8	Commercial and Admin	1,290,979	1,418,077	8.96%	1,087,570	4,267,320	4,271,957	0.11%	3,034,595
9	Bad Debt	282,289	332,492	15.10%	685,744	757,316	1,001,632	24.39%	1,572,454
10	Total Deductions	7,604,478	7,991,255	4.84%	6,790,150	22,987,285	24,073,656	4.51%	20,466,263
11	Net Patient Services	8,826,642	8,765,878	0.69%	8,376,348	26,818,752	26,208,155	2.33%	26,770,374
12	USAC and Other Revenue	57,904	61,665	-6.10%	50,334	188,086	184,995	1.67%	149,581
13	Total Operating Revenues	8,884,546	8,827,543	0.65%	8,426,682	27,006,838	26,393,150	2.33%	26,919,955
Operating Expenses									
14	Salaries and Wages	5,156,195	4,018,932	-28.30%	3,840,168	12,952,185	12,006,243	-7.88%	11,312,447
15	Employee Benefits	1,924,733	2,016,209	4.54%	1,286,397	5,401,478	5,938,150	9.04%	4,598,231
16	Supplies, Drugs and Food	958,457	1,160,807	17.43%	1,186,653	3,262,913	3,322,639	1.80%	3,256,538
17	Contract Staffing	299,382	149,717	-99.97%	238,668	814,388	459,829	-77.11%	897,476
18	Professional Fees	638,817	394,111	-62.09%	338,364	1,584,738	1,209,804	-30.99%	1,257,143
19	Utilities and Telephone	148,969	110,395	-34.94%	140,042	405,748	323,962	-25.25%	394,599
20	Insurance (gen'l, prof liab, property)	63,798	58,076	-9.85%	61,032	179,579	207,911	13.63%	174,570
21	Dues, Books, and Subscriptions	16,316	21,483	24.05%	15,668	46,693	60,096	22.30%	58,243
22	Software Maint/Support	188,551	160,029	-17.82%	129,344	521,317	462,183	-12.79%	409,287
23	Travel, Meetings, Education	66,058	55,554	-18.91%	23,551	136,257	175,884	22.53%	121,264
24	Repairs and Maintenance	71,651	133,921	46.50%	109,533	406,895	353,153	-15.22%	292,057
25	Leases and Rentals	54,552	68,703	20.60%	72,264	173,887	205,383	15.34%	205,343
26	Other (Recruiting, Advertising, etc.)	104,954	83,108	-26.29%	134,358	324,522	249,324	-30.16%	241,042
27	Depreciation & Amortization	341,140	345,889	1.37%	324,763	1,015,779	1,037,667	2.11%	972,135
28	Total Operating Expenses	10,033,573	8,776,934	-14.32%	7,900,805	27,226,379	26,012,228	-4.67%	24,190,375
29	Gain (Loss) from Operations	(1,149,027)	50,609	-2370.40%	525,877	(219,541)	380,922	-157.63%	2,729,580
Non-Operating Revenues									
30	General Property Taxes	1,427,113	766,547	86.17%	1,181,457	3,012,521	1,799,167	67.44%	2,802,175
31	Investment Income	22,997	9,750	135.87%	7,670	60,276	29,251	106.06%	9,952
32	Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
33	Other Non Operating Revenue	0	0	100.00%	0	952	0	100.00%	79,384
34	Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35	Gain <Loss> on Disposal	0	0	0.00%	0	0	0	0.00%	0
36	SPH Auxiliary	1	6	-83.33%	1	4	17	-76.47%	5
37	Total Non-Operating Revenues	1,450,111	776,303	86.80%	1,189,128	3,073,753	1,828,435	68.11%	2,891,516
Non-Operating Expenses									
38	Insurance	0	0	0.00%	0	0	0	0.00%	0
39	Service Area Board	12,800	9,798	0.00%	8,163	27,920	9,798	0.00%	8,994
40	Other Direct Expense	0	3,600	100.00%	16,193	0	10,800	100.00%	16,193
41	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42	Interest Expense	39,226	28,432	-37.96%	32,233	118,096	85,294	-38.46%	96,699
43	Total Non-Operating Expenses	52,026	41,830	-24.37%	56,589	146,016	105,892	-37.89%	121,886
Grants									
44	Grant Revenue	0	29,167	0.00%	385,583	0	87,500	0.00%	595,309
45	Grant Expense	2,501	25,000	90.00%	357,790	7,505	75,000	89.99%	545,290
46	Total Non-Operating Gains, net	(2,501)	4,167	-160.02%	27,793	(7,505)	12,500	-160.04%	50,019
47	Income <Loss> Before Transfers	246,557	789,249	-68.76%	1,686,209	2,700,691	2,115,965	27.63%	5,549,229
48	Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49	Net Income	246,557	789,249	-68.76%	1,686,209	2,700,691	2,115,965	27.63%	5,549,229



South Peninsula Hospital

Statement of Cash Flows As of September 30, 2022

Cash Flow from Operations:

1	YTD Net Income	2,700,691
2	Add: Depreciation Expense	1,015,779
3	Adj: Inventory (increase) / decrease	74,774
4	Patient Receivable (increase) / decrease	1,239,908
5	Prepaid Expenses (increase) / decrease	(210,971)
6	Other Current assets (increase) / decrease	(1,675,030)
7	Accounts payable increase / (decrease)	(685,284)
8	Accrued Salaries increase / (decrease)	867,371
9	Net Pension Asset (increase) / decrease	(155,375)
10	Other current liability increase / (decrease)	(1,426,254)
11	Net Cash Flow from Operations	1,745,609

Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(445,205)
13	Cash transferred to plant replacement fund	(1,276,373)
14	Proceeds from disposal of equipment	-
15	Net Cash Flow from Investing	(1,721,578)

Cash Flow from Financing

16	Cash paid for Lease Payable	-
17	Cash paid for Debt Service	-
18	Net Cash from Financing	-
19	Net increase in Cash	\$ 24,031
20	Beginning Cash as of July 1, 2021	\$ 33,050,441
21	Ending Cash as of September 30, 2022	\$ 33,074,472

To: SPH Board of Directors
From: Andrea Konik, Medical Staff Coordinator
Date: September 27, 2022
Re: December Credentialing

Ten members of the Medical Staff will be up for reappointment six days before the December Board of Directors meeting.

To prevent a lapse in privileges I would like to request the Board Executive Committee review and approve credentialing before the reappointment date of December 2, 2022.

These members of the Medical Staff will be reviewed by the Credentials Committee and Medical Executive Committee for recommendation in November.

Per the Medical Staff Bylaws, Part III: Credentials Procedures Manual, 3.3; 3.3.1:

Category 1: A completed application that does not raise concerns as identified in the criteria for Category 2. Applicants in Category 1 will be granted Medical Staff membership and/or privileges after review and action by the following: credentials chair acting on behalf of the Credentials Committee, the MEC and a Board committee consisting of at least two individuals.

Recommendation: Consideration to grant the officers of the Board authority to act on behalf of the full Board of Directors to approve medical staff reappointments expiring on December 2, 2022, as recommended by the medical staff, provided they raise no concerns, per the Category 1 credentialing pathway in the Medical Staff bylaws.

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
Third Quarter Calendar 2022 (Jul, Aug, Sep)

Overall Indicators	3rd Q 2022	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	61.59	75		2019-- 60.6; 2020--75.2; 2021--81.34
The Chartis Group - iVantage Health Analytics Index Rank	57.9	75		2019-- 34.6; 2020--74.7; 2021--70.9
Quality of Care	3rd Q 2022	Target	n	Note
Severe Sepsis & Septic Shock Care	67%	>75%		1/1/22-3/31/22 (Care Compare 69%, 10/1/20-9/30/21)
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)
Stroke Care	100%	>95%		1/1/22-3/31/22 (Care Compare N/A, 10/1/20-9/30/21)
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)
Readmission	5%	<15%		4/1/22-06/30/22 (Care Compare 15.8%, 7/1/20-6/30/21)
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
Elective Deliveries	0%	<0%	38	7/01/22-9/30/22 (Care Compare N/A, 10/1/20-9/30/21)
% 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.
Provider Quality Score (Group)	72%	>95%		Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (MIPS) for providers				
Patient Safety	3rd Q 2022	Target	n	Note
Patient Fall Rate AC (injurious fall rate)	2.4 (2.4)	3-5*	1233	# of patient falls / # patient days x 1000
Measures the number of patient falls per 1,000 patient days				n = IP, observations and swing bed patient days.
Resident Fall Rate LTC (injurious fall rate)	2.94 (0.9)	2	2044	# of resident falls / # resident days x 1000
Measures the number of resident falls per 1,000 patient days				
Medication Errors	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
Never Events	0	0		
Measures the number of errors in medical care that are clearly identifiable, preventable and serious in their consequences as defined by CMS and NQF.				

Provider and Staff Alignment	3rd Q 2022	Target	n	Note
Provider Satisfaction Percentile	74th	75th		
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.				Result of provider survey 2021
Employee Satisfaction Percentile	70th	75th		
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	3rd Q 2022	Target	n	Note
Inpatient Percentile	87th	75th	49	
Measures the satisfaction of inpatient patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q1-2022: 49th, n = 39 Q2-2022: 79th, n = 40
Outpatient Percentile	14th	75th	255	
Measures the satisfaction of outpatient patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q1-2022: 22nd, n = 295 Q2-2022: 31st, n = 249
Emergency Department Percentile	83nd	75th	94	
Measures the satisfaction of emergency patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q1-2022: 89th, n = 51 Q2-2022: 81st, n = 62
Medical Practice Percentile	48th	75th	467	
Measures the satisfaction of patient respondents at SPH Clinics. Measures as a percentile ranking across Press Ganey clients.				Q1-2022: 63rd, n = 523 Q2-2022: 61st n = 498
Ambulatory Surgery Percentile	20th	75th	57	
Measures the satisfaction of ambulatory surgery patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q1-2022: 70th, n = 65 Q2-2022: 56th, n = 76
Home Health Care Percentile	91th	75th	38	*Running 12 months due to low quarterly returns
Measures the satisfaction of Home Health Care clients (or family) respondents. Measures as a percentile ranking across Press Ganey clients.				Q1-2022: 21st, n = 29 Q2-2022: 55th, n = 36
Consumer Assessment of Healthcare Providers and Services	3rd Q 2022	Target	n	Note
HCAHPS Percentile	90th	75th	48	
Measures the 1-10 ranking received by inpatient client (or family) respondents. Measures as a percentile ranking across Press Ganey clients.				Q1-2022: 32nd, n = 39 Q2-2022: 91st, n = 39
HHCAHPS Percentile	81th	75th	38	*Running 12 months due to low quarterly returns
Measures the 1-10 ranking received by Home Health Care client (or family) respondents. Measures as a percentile ranking across Press Ganey clients.				Q1-2022: 54th, n = 29 Q2-2022: 54th, n = 36

Workforce	3rd Q 2022	Target	n	Note
Turnover: All Employees	3.42%	< 5%	527	<i>18 Terminations/527 Total Employees</i>
Percentage of all employees separated from the hospital for any reason				
Turnover: Voluntary All Employees	2.66%	< 4.75%	527	<i>14 Voluntary Terminations/527 Total Employees</i>
Measures the percentage of voluntary staff separations from the hospital				
First Year Total Turnover	6.93%	< 7%	101	7 New Staff Terminated in Q3/101 Total New Hires from 10/1/2021-9/30/2022
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				
Information System Solutions	3rd Q 2022	Target	n	Note
Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.	78	>60		CMS score 60 and above = pass
e-Prescribing: Electronic Prescribing (Rx)	8	10		
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information	20	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)	36	40		
Public Health & Clinical Data Exchange	10	10		
Eligible Provider (EP) - Promoting Interoperability (Group)	100%	95%		
Merit Based Incentive Payment System Promoting Interoperability score (<i>MIPS tracking is in Athena</i>)				Scoring tabulated as a running, annual score.
Electronic Medical Record (EMR) Adoption Stage	5	5		
Health Information Management & Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) stage.				The current US average is 2.4 out of a possible 7.0 stages. Stage 6 and 7 require site visit validation.
IT Security Awareness Training Complete Rate	88%	100%	1553	
% of employees who have completed assigned security training				1553 videos training sent, 1372 completed.
Phishing Test Pass Rate	99.6%	100%	4691	
% of Phishing test emails that were not failed.				4691 test phishing emails sent out to staff. 20 of the email links were clicked, causing 20 potential security risks.

Financial Health	3rd Q 2022	Target	n	Note
Operating Margin	-0.82%	1.5%		
Measures the surplus (deficit) of operating income over operating expenses as a percentage of net patient service revenue for the quarter.				Target is based on budgeted operating margin for the period.
Adjusted Patient Discharges	1,185.78	1091.72		
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by (<i>inpatient + outpatient revenues</i>).				Total Discharges: 214 (Acute, OB, Swing, ICU) LTC Revenue & discharges not included
Net Revenue Growth	0.2%	-2.1%		
Measures the percentage increase (decrease) in net patient revenue for the quarter compared to the same period in the prior year.				Target is based on budgeted net patient service revenue for the period compared to net patient service revenue for the same period in prior year.
Full Time Equivalents (FTEs) per Adjusted Occupied Bed	6.90	9.35		
Measures the average number of staff FTEs per adjusted occupied bed for the quarter.				Target is based on budgeted paid hours (FTE) divided by (budg gross patient revenue/budg gross inpatient rev) X budgeted average daily census for the quarter.
Net Days in Accounts Receivable	52.0	55		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand	85	90		# 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.
Uncompensated Care as a Percentage of Gross Revenue	2.7%	2-5.3%		
Measures bad debt & charity write offs as a percentage of gross patient service revenue				Target is based on industry standards & SPH Payer Mix Budgeted total is 2.9% Expected range of 2.5-3.5%
Surgical Case Growth	5.5%	12.2%		
Measures the increase (decrease) in surgical cases for the quarter compared to the same period in the prior year.				Target is based on budgeted surgeries above actual from same quarter prior year.
Intense Market Focus to Expand Market Share	3rd Q 2022	Target	n	Note
Outpatient Revenue Growth	10.1%	7%		
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.

South Peninsula Hospital Board Self-Evaluation

27 Sep - 30 Sep 2022

Poll results

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- I understand what is expected of me as an individual SPH board member
- I understand the job of the whole board in governing the affairs of SPH
- I believe our board reflects the social and cultural make-up of the service area
- I am given adequate and timely information to fulfill my responsibilities as a board member at each meeting
- I believe the board chair conducts board meetings effectively and efficiently
- I believe all reports and presentations at regular board meetings provide information essential to the board
- I believe that board agenda setting, meeting frequency and format enable the board to do its work
- I understand the purpose and function of the current board committees
- I understand my role as a committee member and am adequately equipped to fulfill that function
- I believe the current committees are sufficient to meet the boards needs
- I feel that the board has a strong and positive working relationship with the CEO

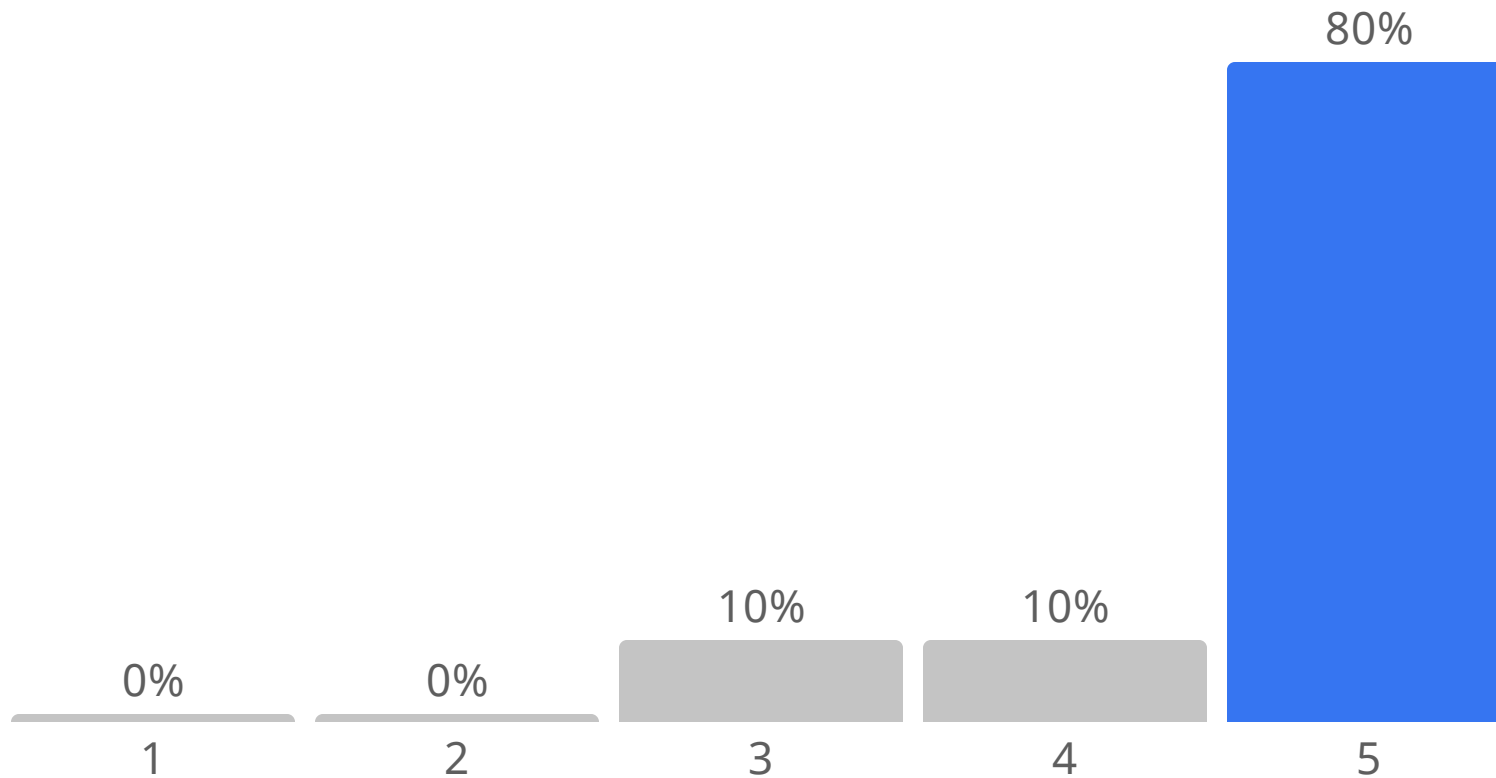
Table of contents

- I feel that the CEO provides adequate and timely information to the board in support of the boards work
- I understand and support the mission and values of SPH
- I understand the long-term strategic plan of SPH and the board's role in accomplishing its strategic objectives
- I believe the board is more proactive than reactive and is focused on future development and growth
- I believe the board environment is healthy and supportive of productive work
- I believe the board embodies the values of SPH when doing its work
- I believe my personal contribution to the board is heard and valued
- I feel the training opportunities provided to me as a board member sufficiently support my growth

I understand what is expected of me as an individual SPH board member

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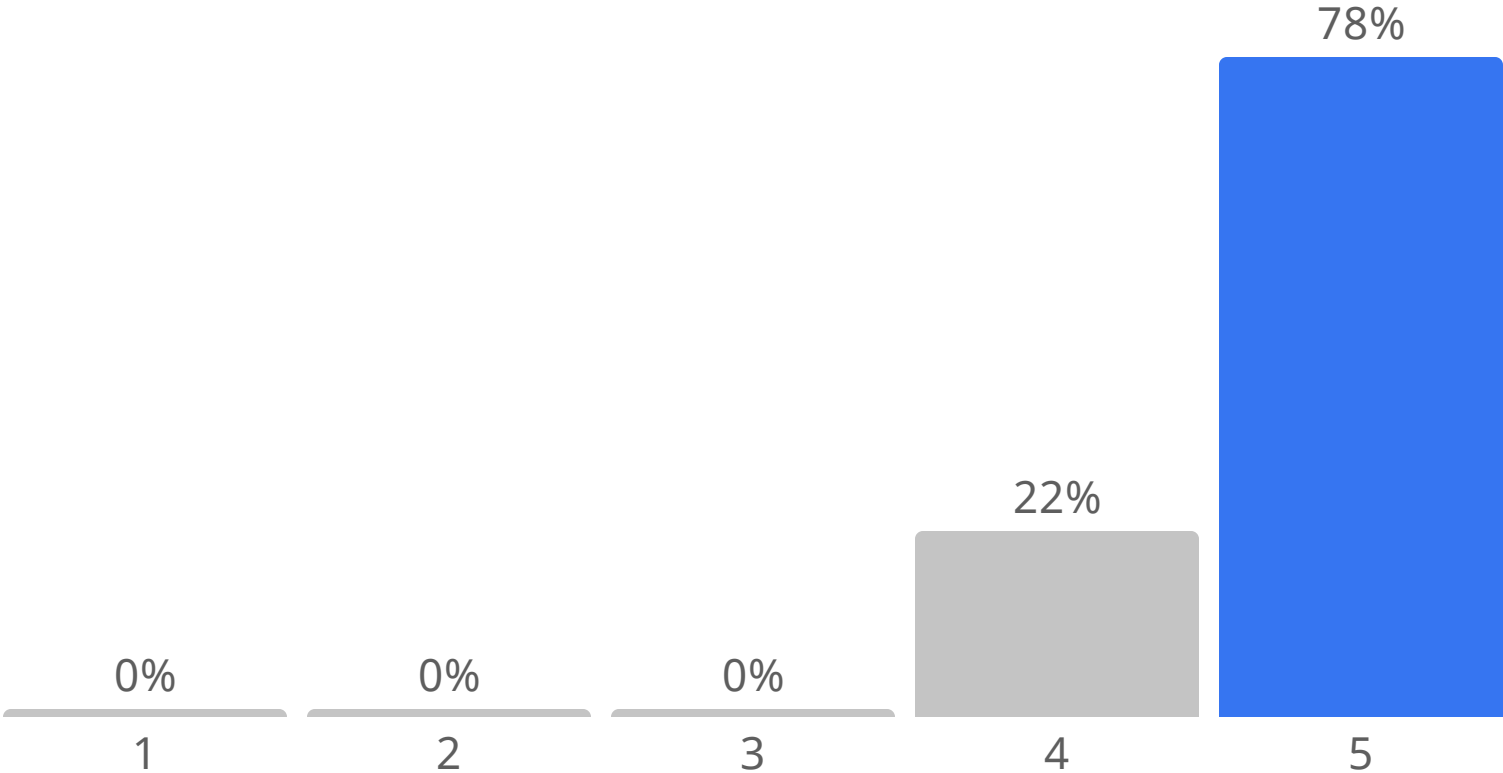
Score: 4.7



I understand the job of the whole board in governing the affairs of SPH

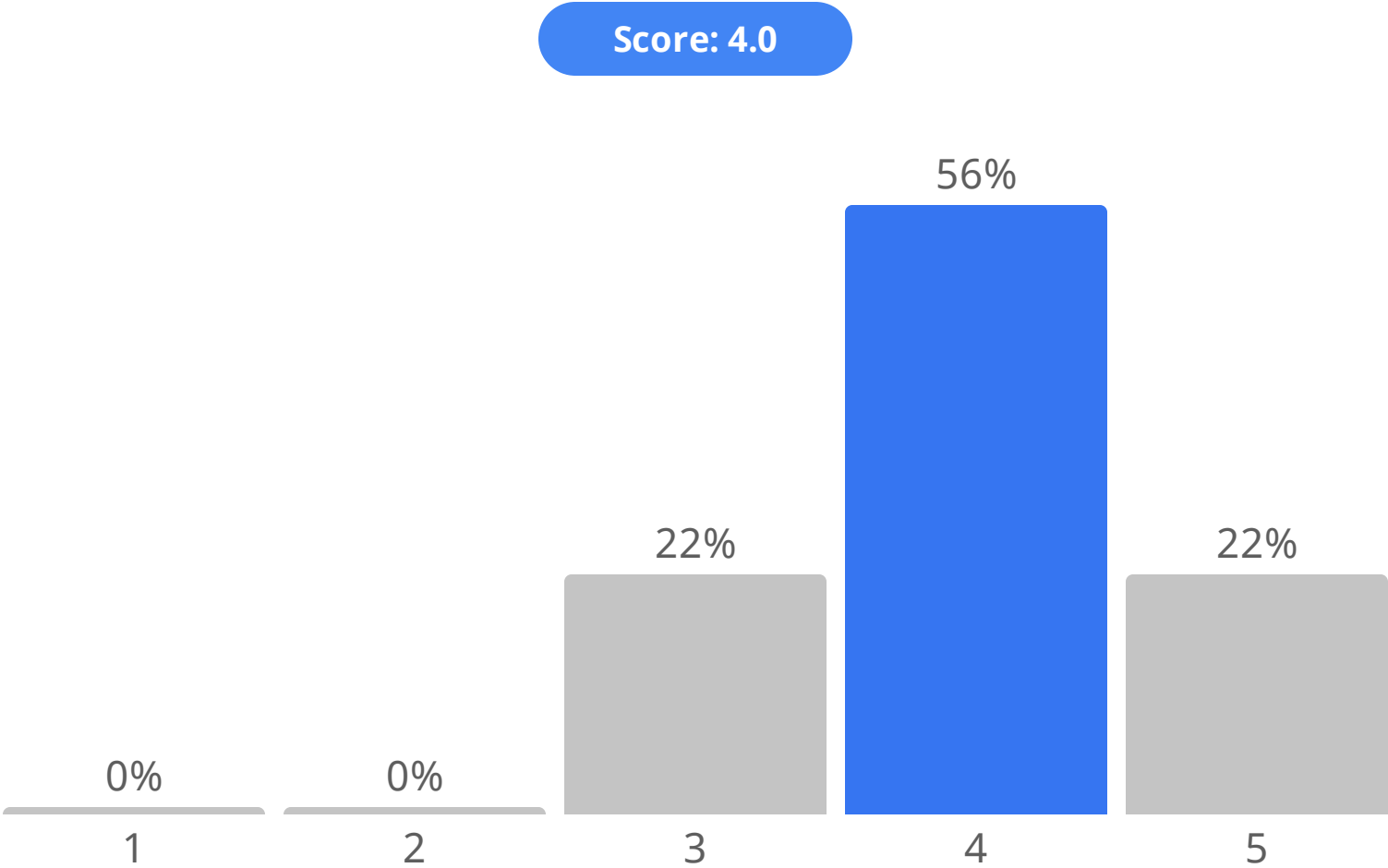
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Score: 4.8



I believe our board reflects the social and cultural make-up of the service area

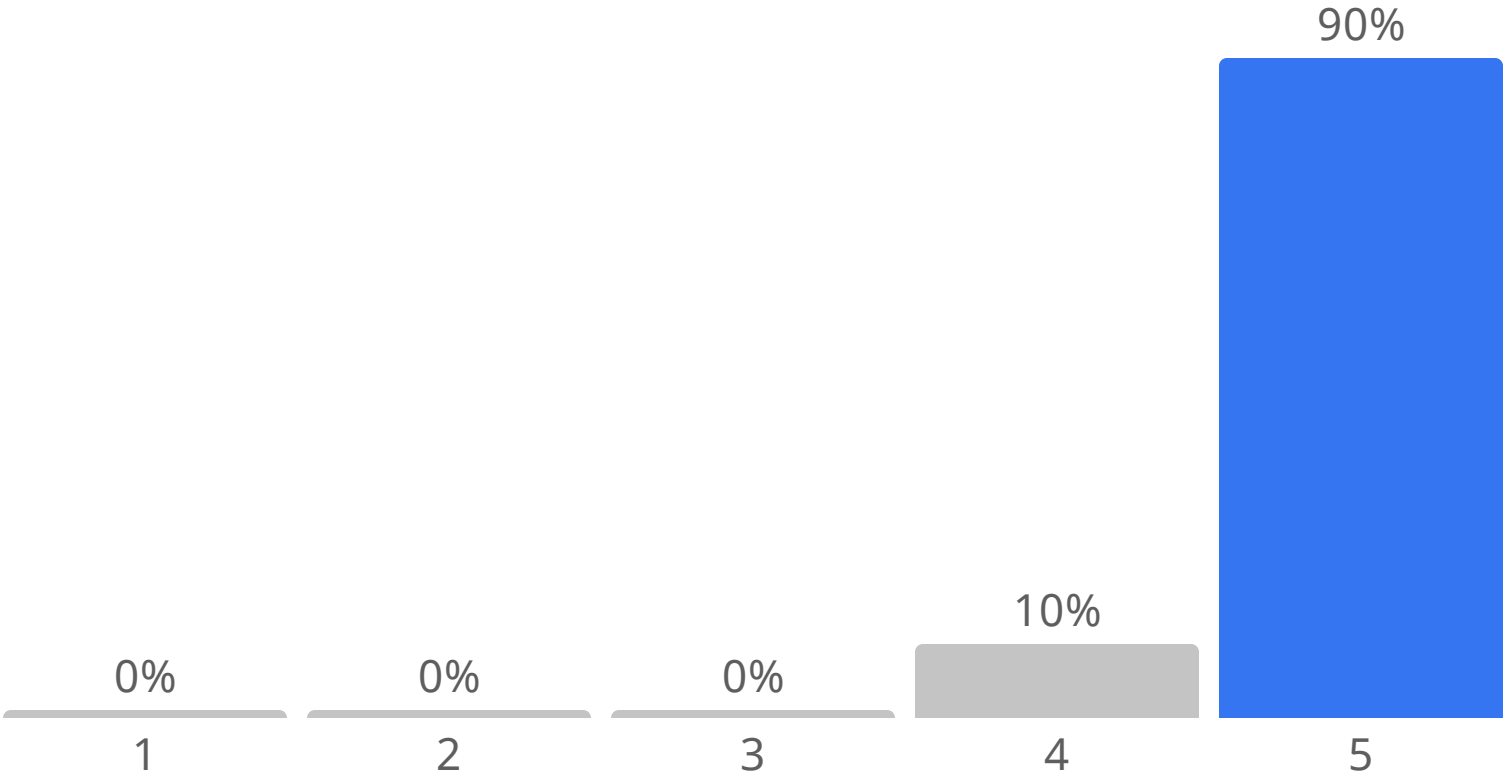
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I am given adequate and timely information to fulfill my responsibilities as a board member at each meeting

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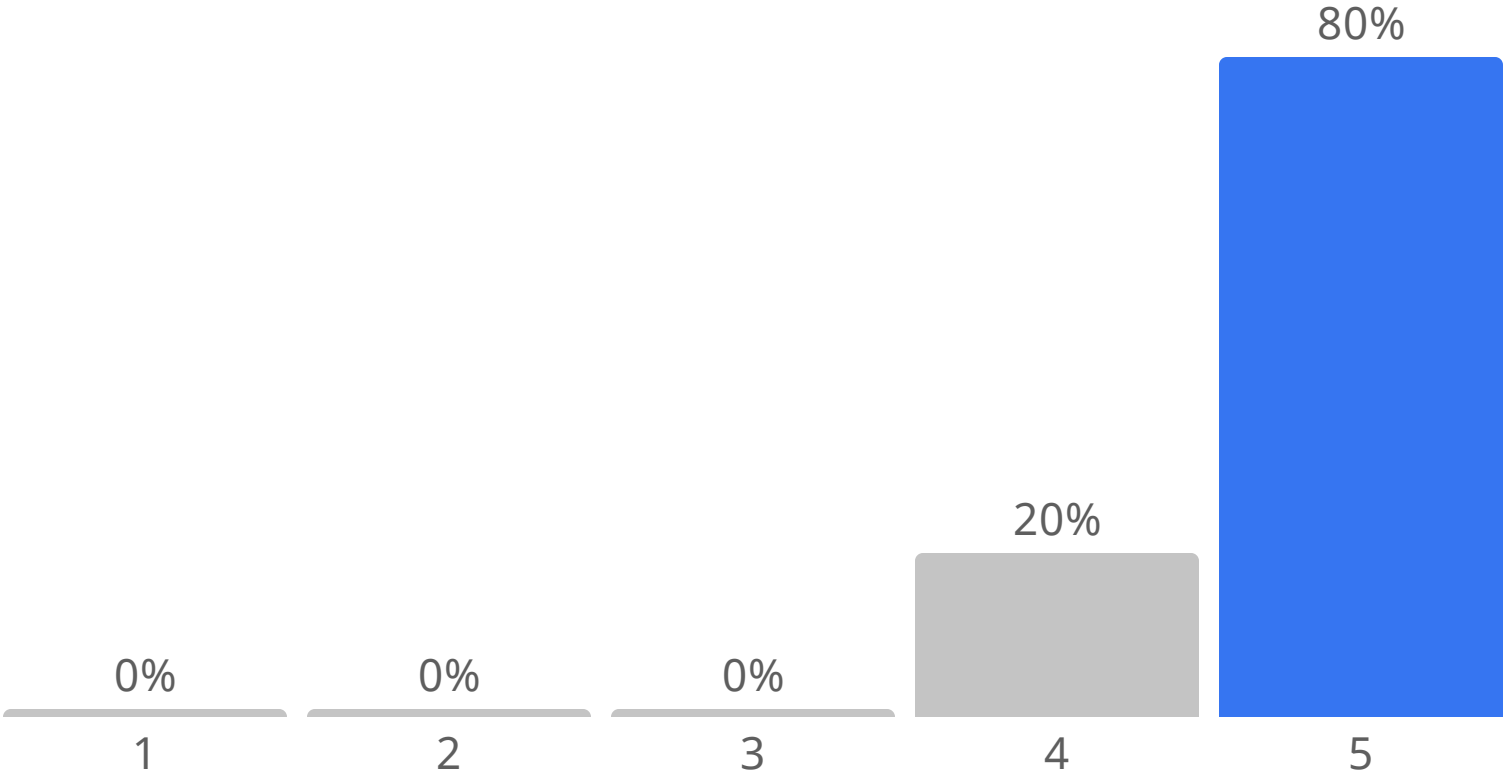
Score: 4.9



I believe the board chair conducts board meetings effectively and efficiently

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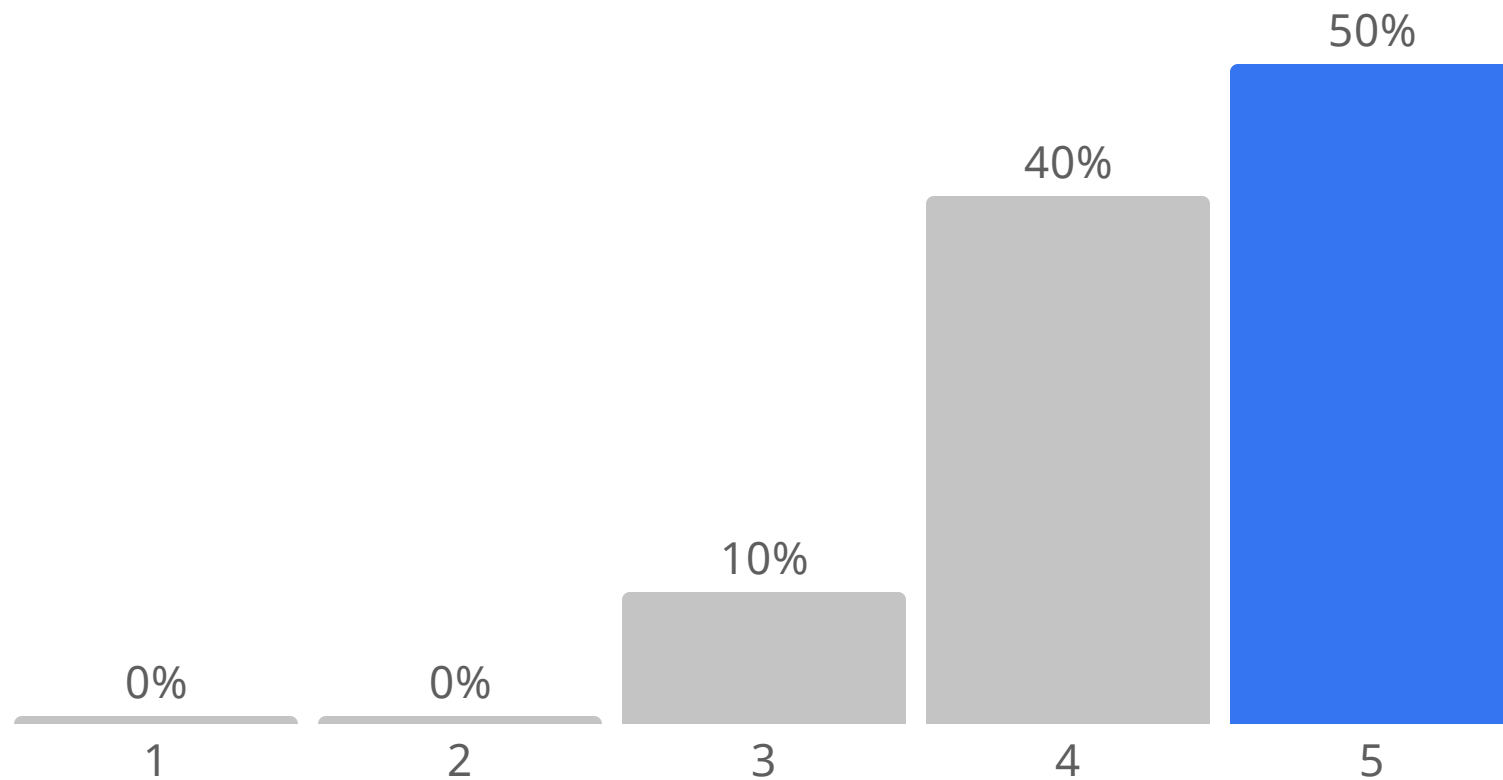
Score: 4.8



I believe all reports and presentations at regular board meetings provide information essential to the board

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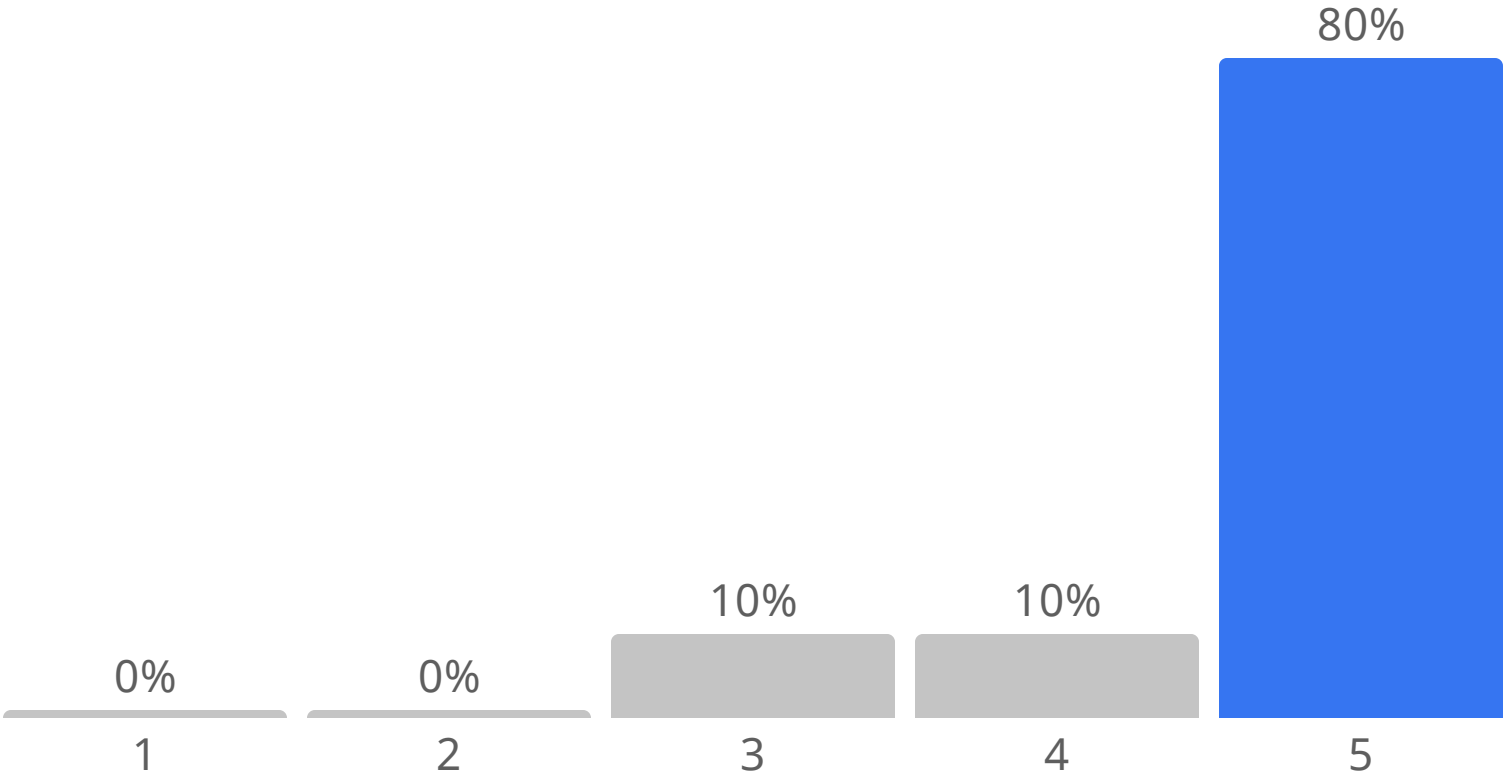
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I believe that board agenda setting, meeting frequency and format enable the board to do its work

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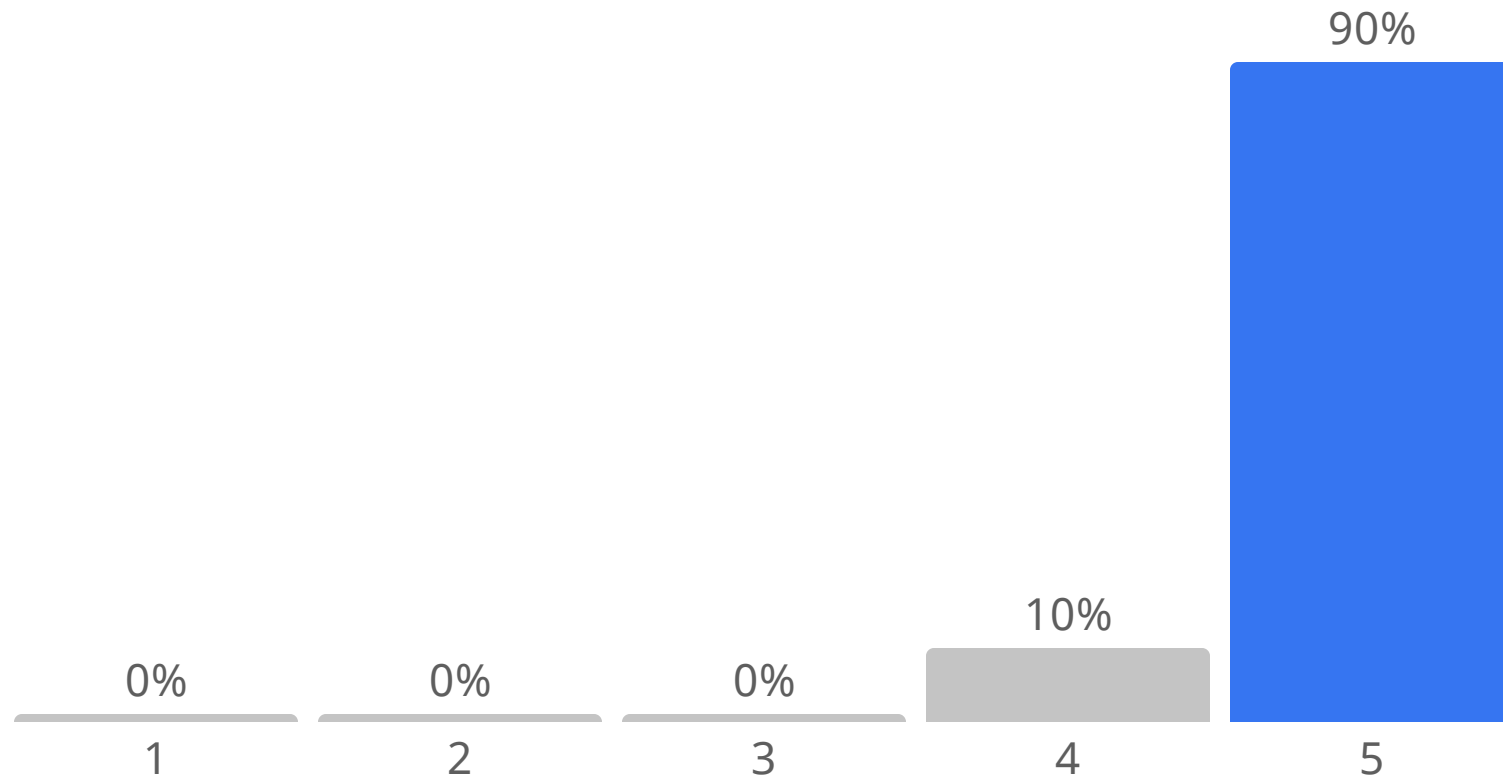
Score: 4.7



I understand the purpose and function of the current board committees

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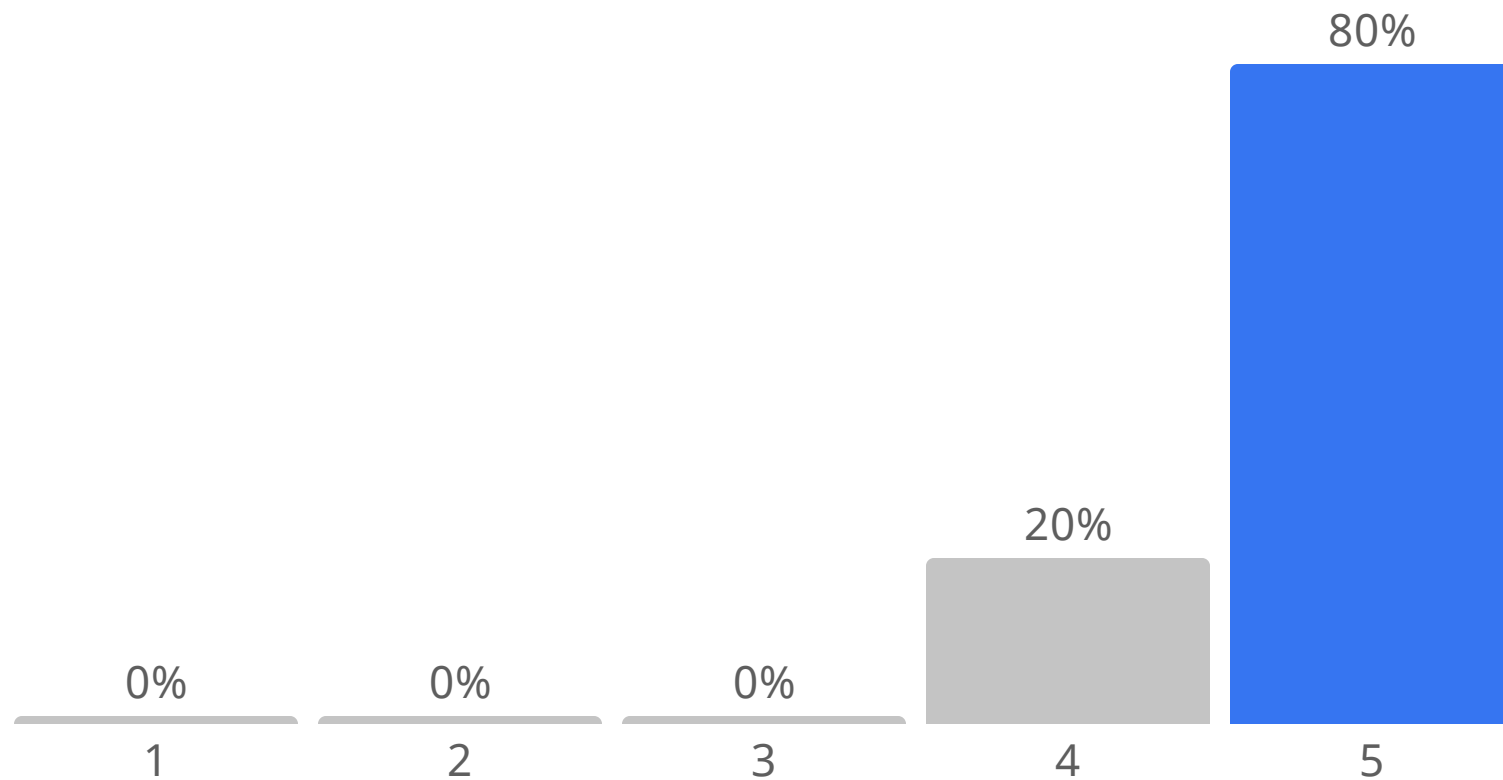
Score: 4.9



I understand my role as a committee member and am adequately equipped to fulfill that function

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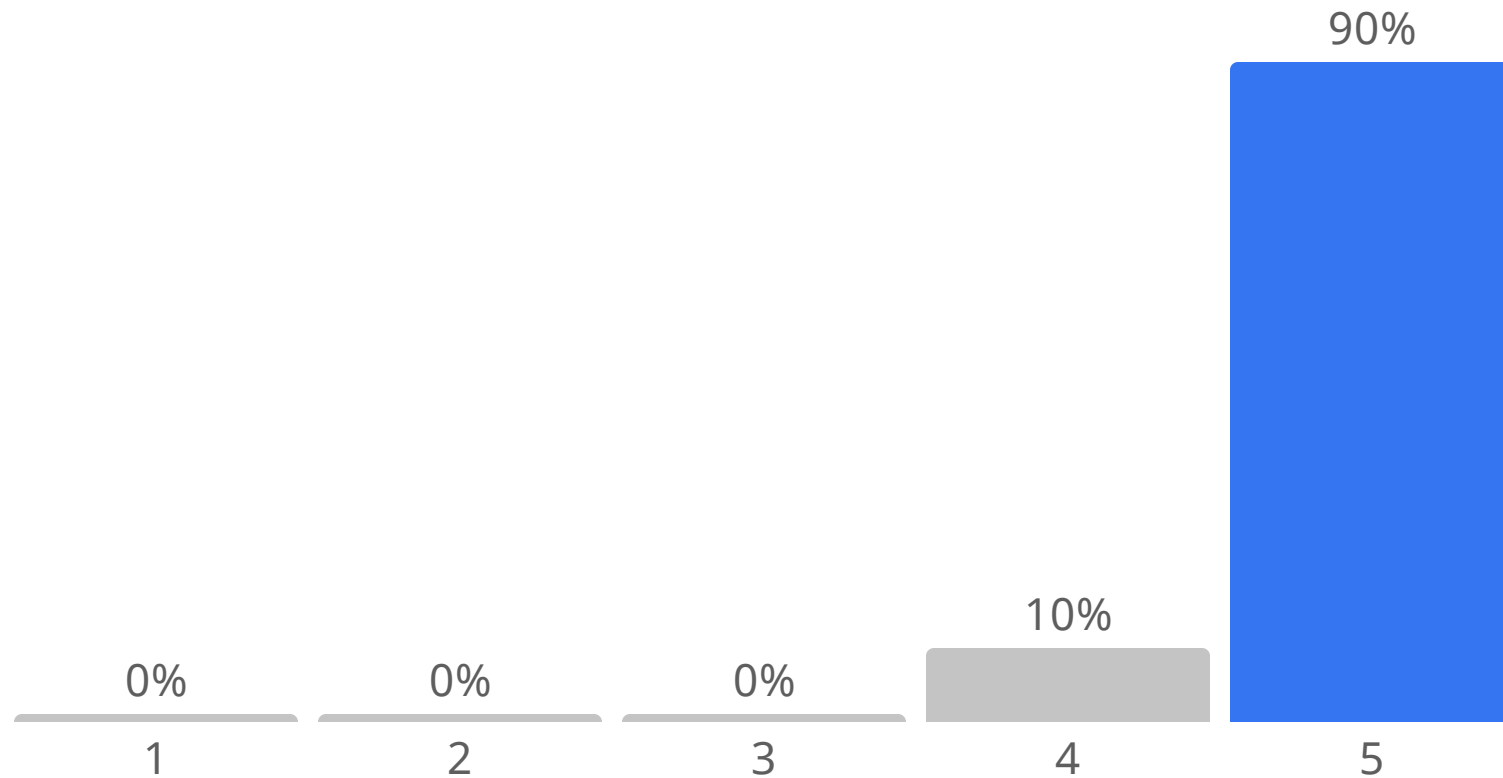
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I believe the current committees are sufficient to meet the boards needs

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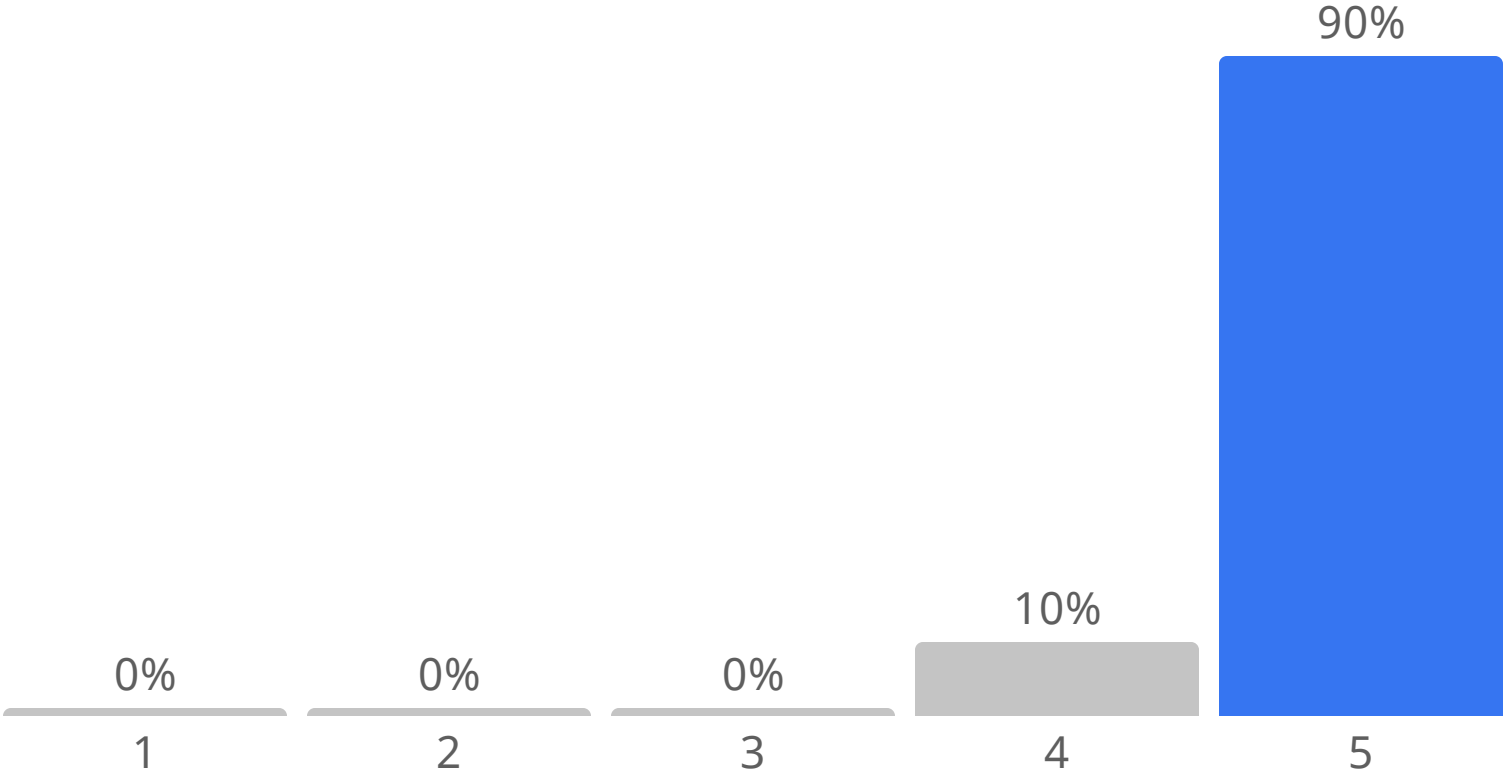
Score: 4.9



I feel that the board has a strong and positive working relationship with the CEO

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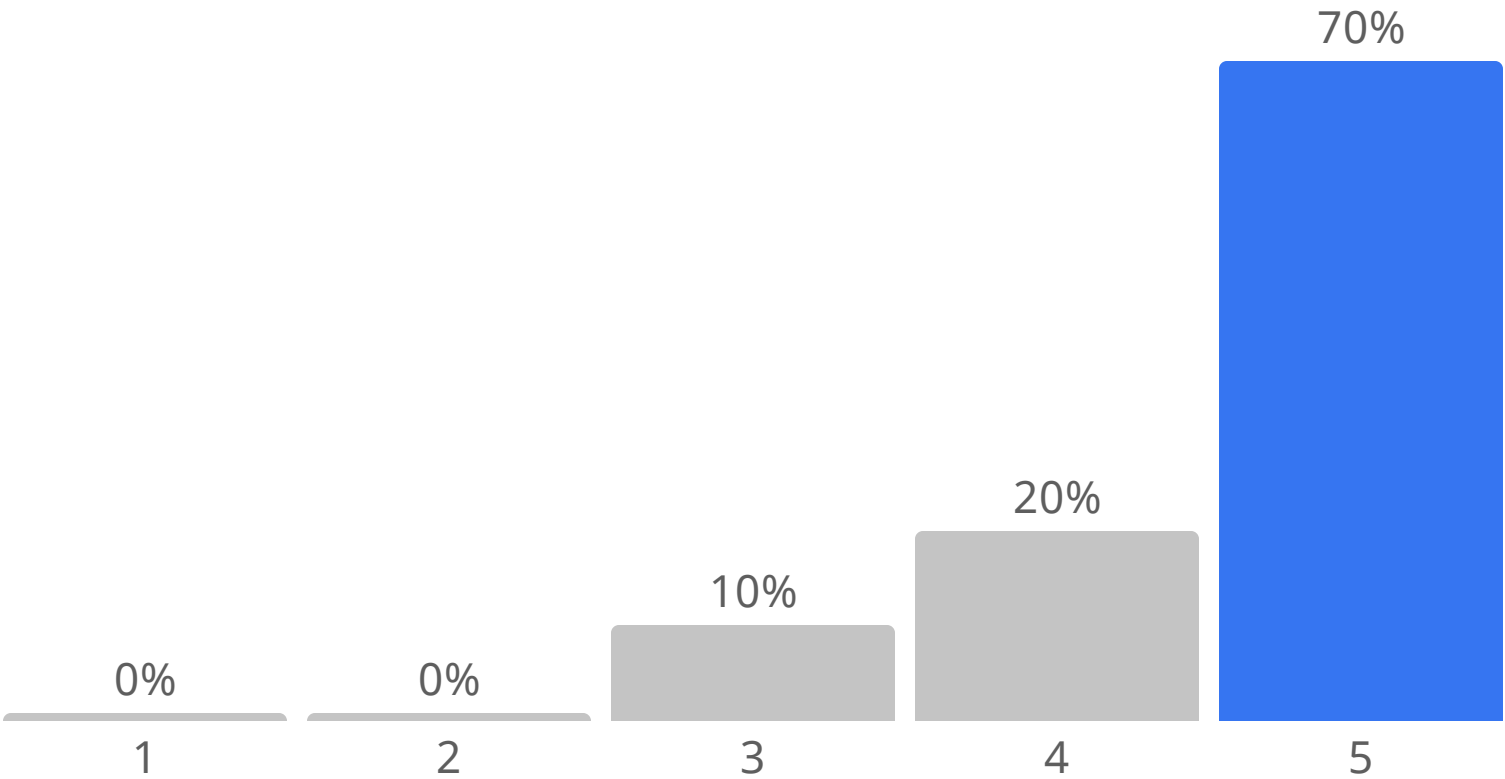
Score: 4.9



I feel that the CEO provides adequate and timely information to the board in support of the boards work

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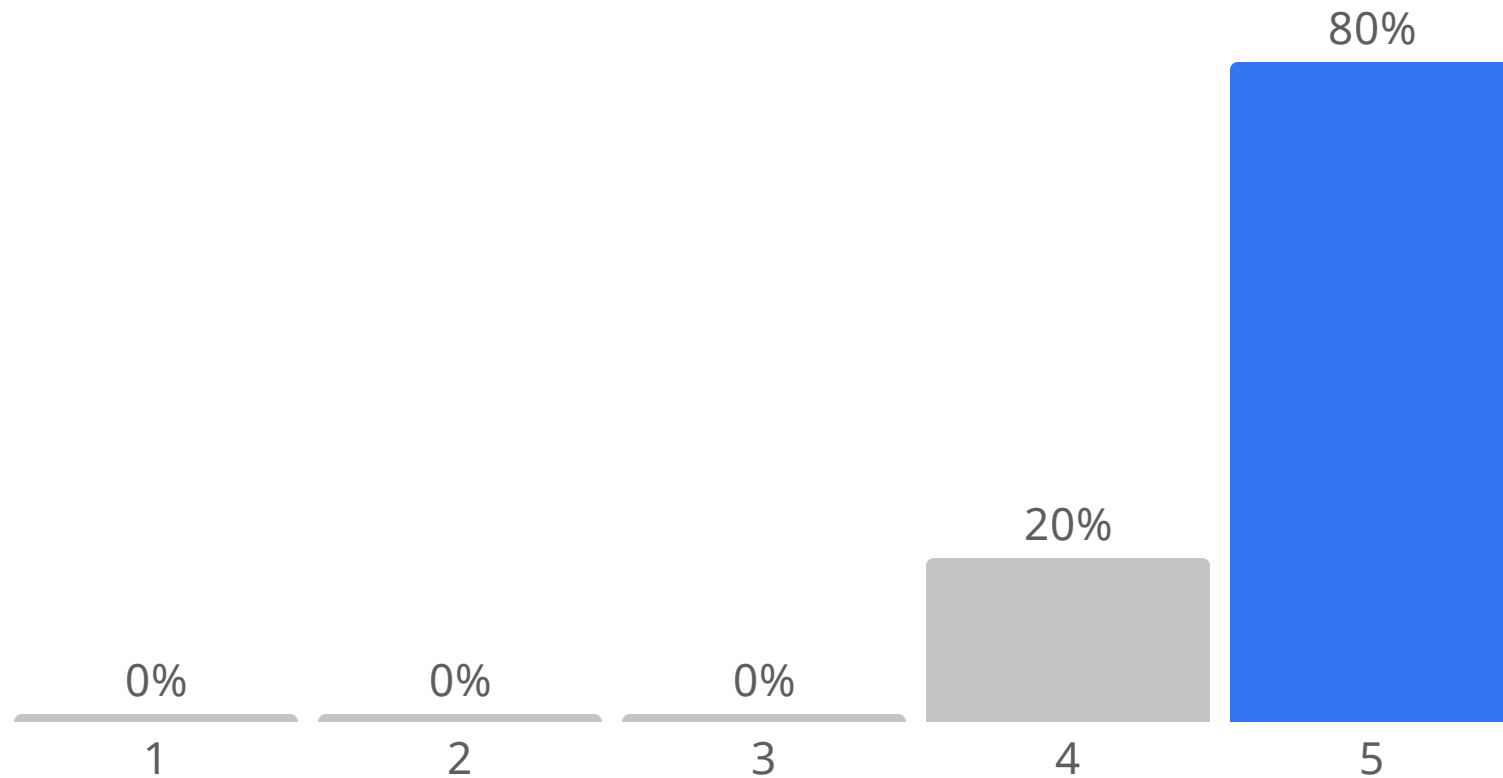
Score: 4.6



I understand and support the mission and values of SPH

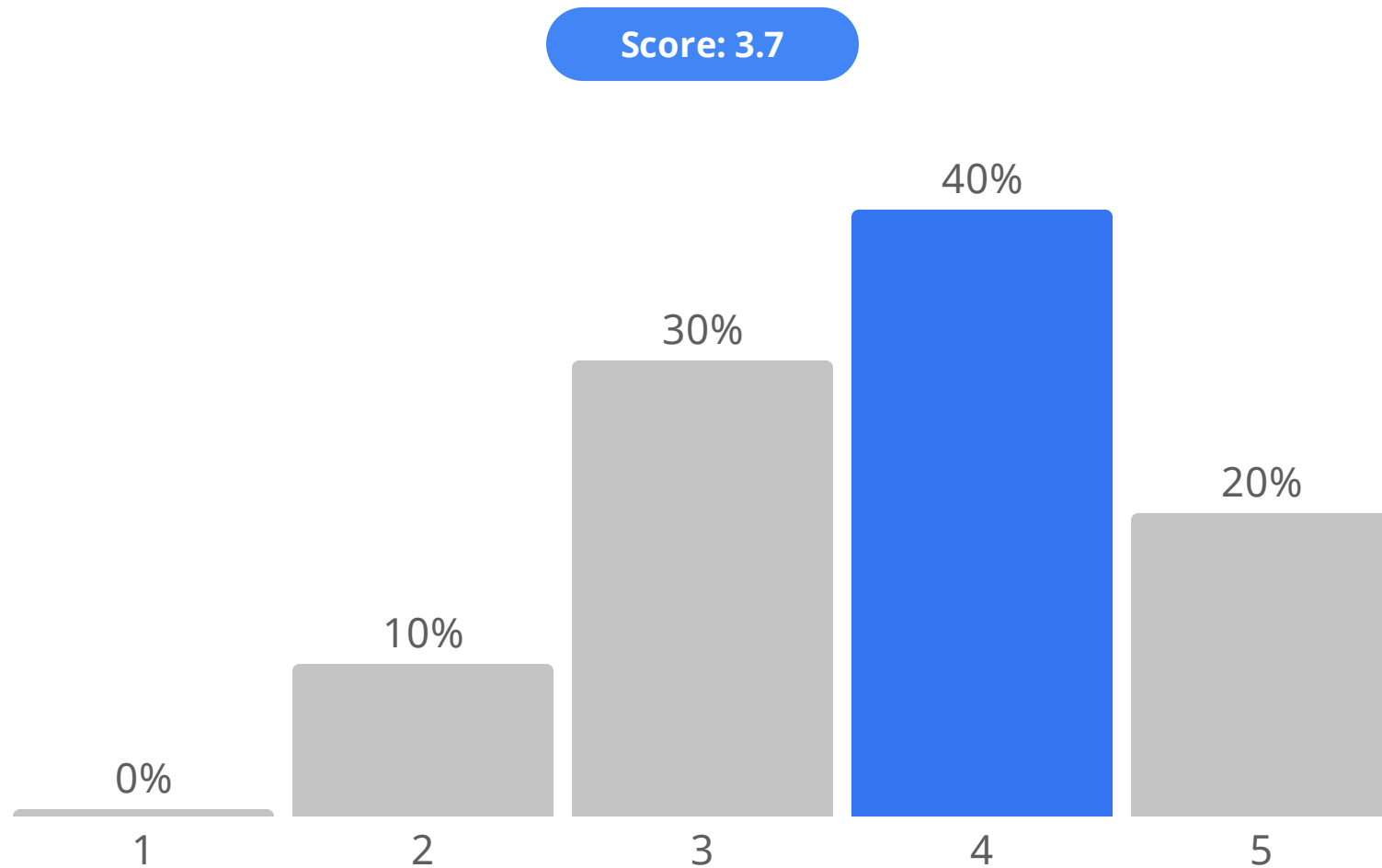
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Score: 4.8



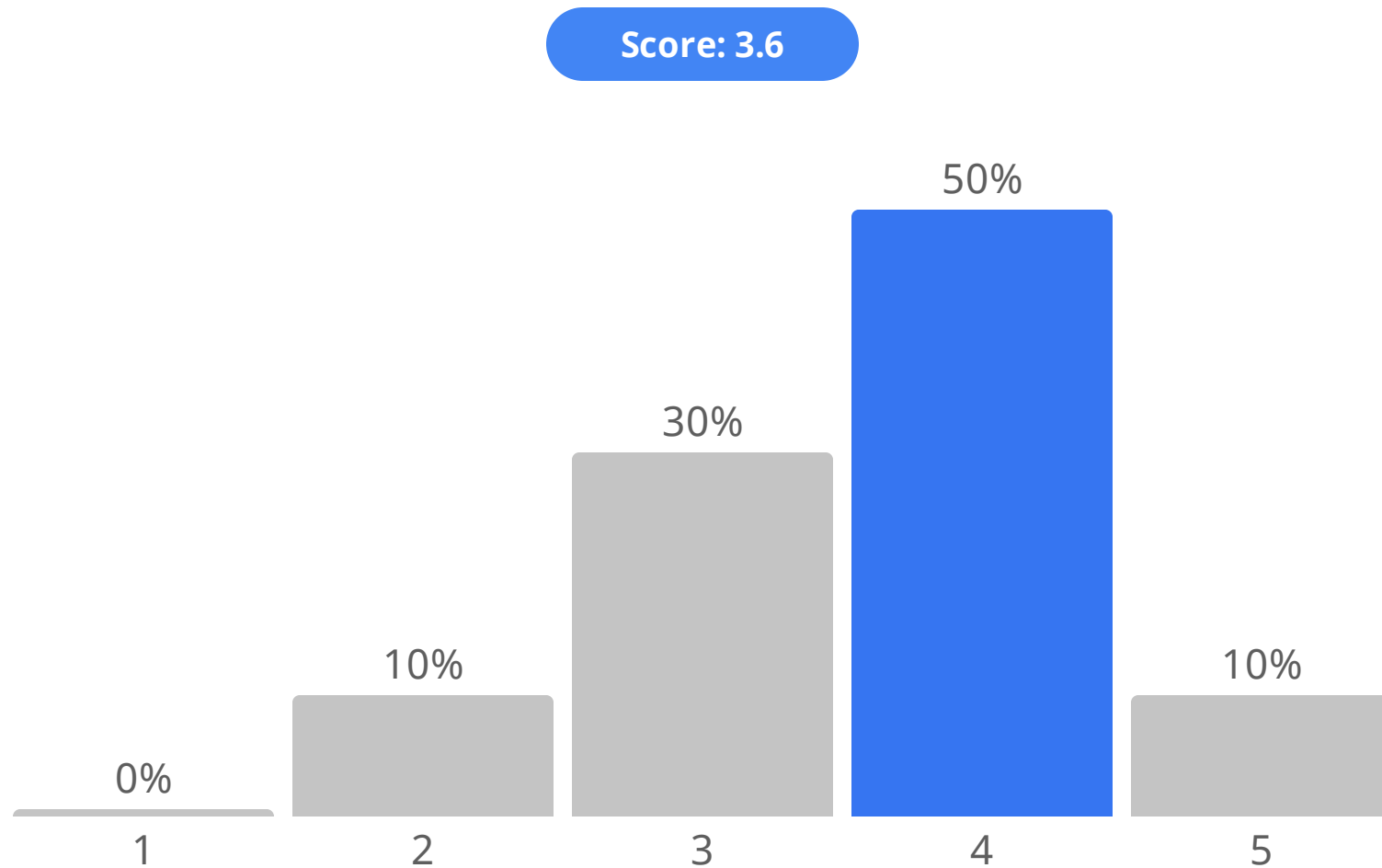
I understand the long-term strategic plan of SPH and the board's role in accomplishing its strategic objectives

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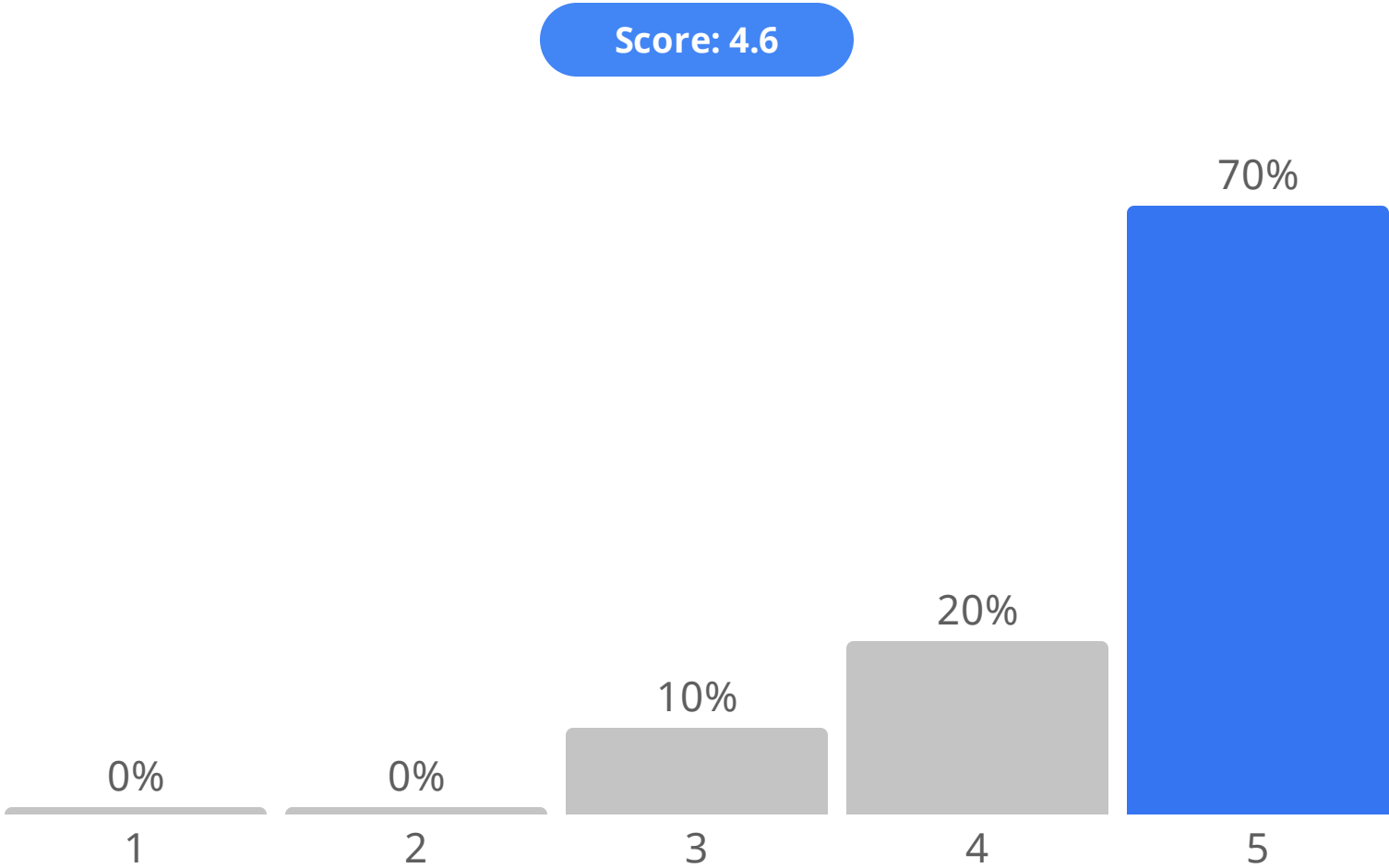
I believe the board is more proactive than reactive and is focused on future development and growth

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I believe the board environment is healthy and supportive of productive work

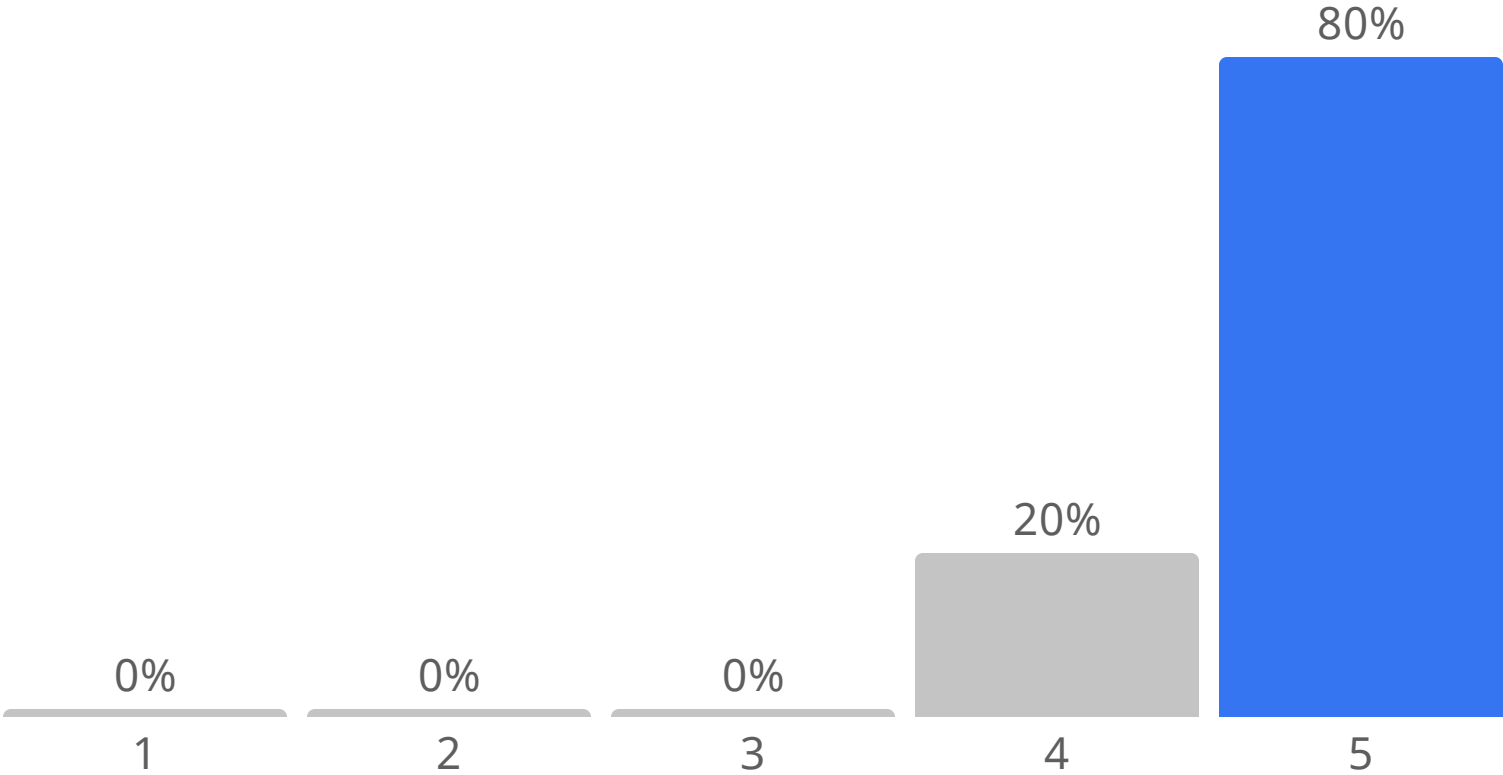
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I believe the board embodies the values of SPH when doing its work

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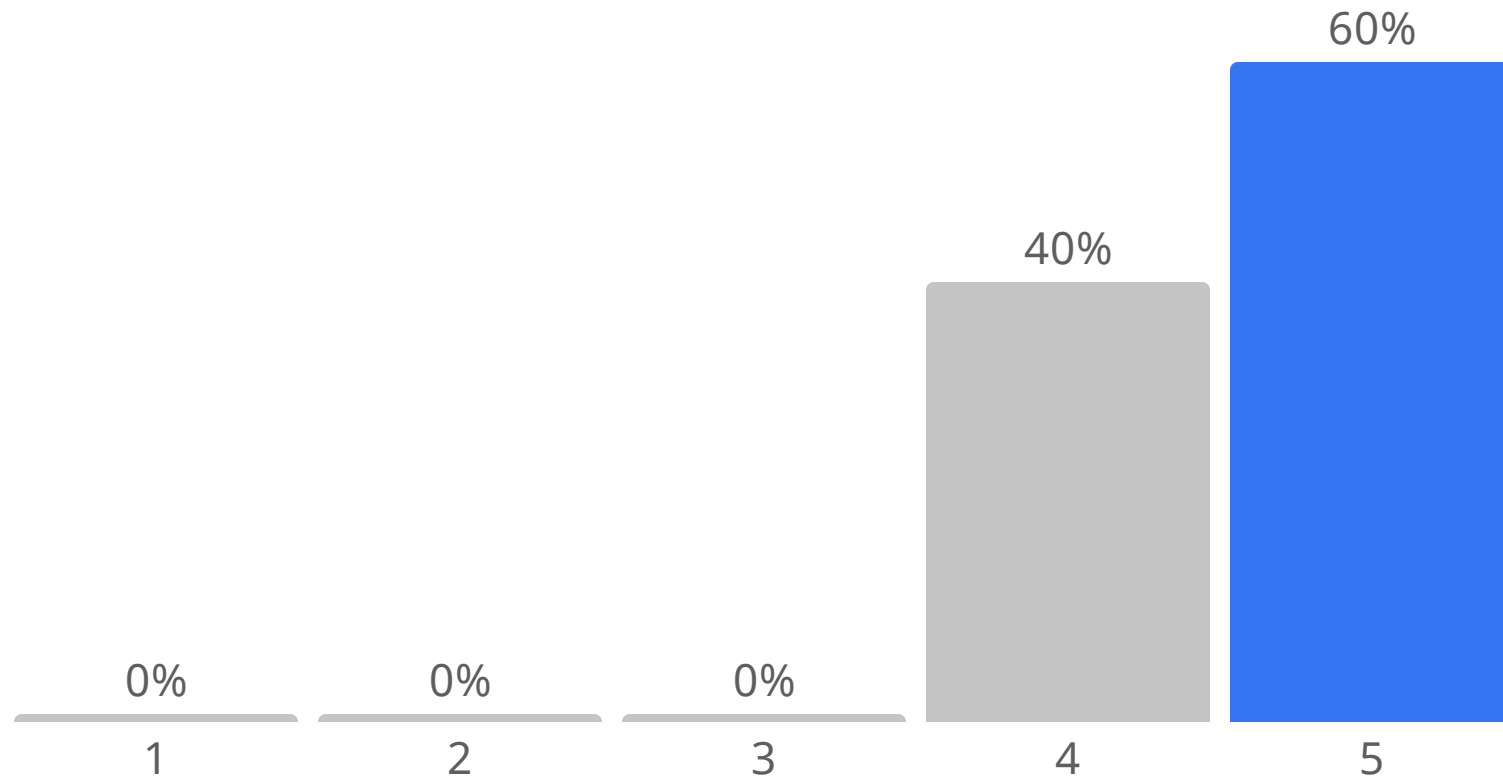
Score: 4.8



**I believe my personal contribution to the board
is heard and valued**

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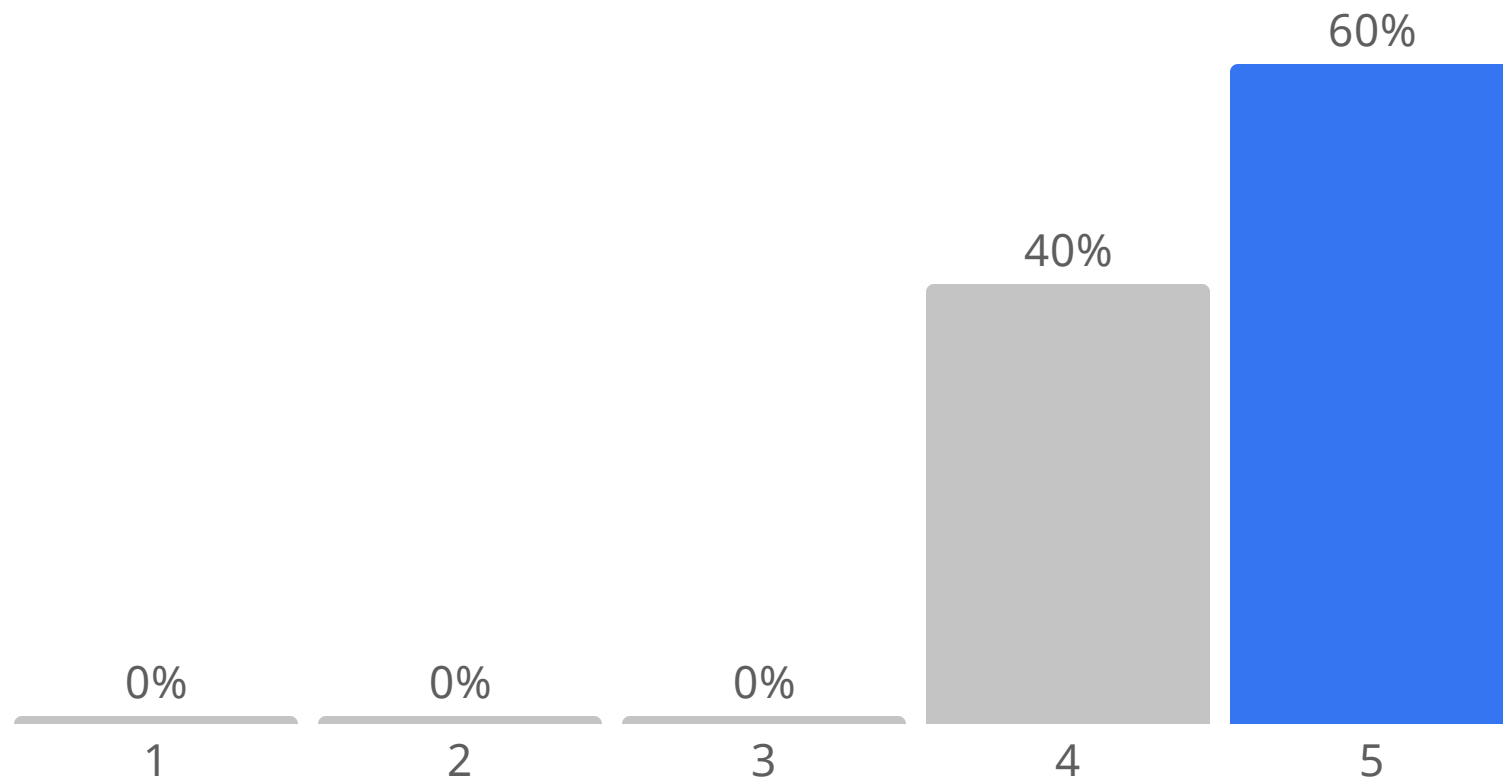
Score: 4.6



I feel the training opportunities provided to me as a board member sufficiently support my growth

010

Score: 4.6





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The 2023 AHA Rural Health Care Leadership Conference, February 19-22, in San Antonio, brings together top practitioners and thinkers to share strategies and resources for accelerating the growth of a stronger rural health system. We'll examine the most significant operational, financial and environmental

challenges and present innovative approaches that will enable you to transform your organization's care delivery model and business practices.

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 - Elevate health equity and eliminate disparities through collaborations with community and public health organizations.
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 - Strengthen the hospital's capacity to deliver value-based care through strategic partnerships and collaborations.
 - Engage clinical talent and enhance care delivery through innovative workforce solutions.
 - Explore how to build upon the experience of telehealth to improve access to care, coverage and outcomes.
 - Learn best practices in health care access and quality for American Indians and Alaskan Natives.
-



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The conference is designed for health care leaders from rural hospitals, health care systems with a strong presence in rural communities, rural health clinics, associations and community health organizations. Participants include administrators, trustees, physician executives, nursing administrators, public health officials and community leaders.

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