



# AGENDA

## Board of Directors Meeting

5:30pm - Wednesday, January 25, 2023

[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	

Page

### 1. CALL TO ORDER

### 2. ROLL CALL

### 3. REFLECT ON LIVING OUR VALUES

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

- 5      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

- 6 - 11      7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of  
Directors meeting minutes for December 7, 2022.  
[Board of Directors - Dec 07 2022 - Minutes - DRAFT](#)

- |         |   |
|---------|---|
| 12 - 19 | <p>7.2. Consideration to Approve November and December FY23 Financials<br/> <a href="#">Balance Sheet November FY2023</a><br/> <a href="#">Income Statement November FY2023</a><br/> <a href="#">Cash Flows Statement November FY2023</a><br/> <a href="#">Balance Sheet December FY2023</a><br/> <a href="#">Income Statement December FY2023</a><br/> <a href="#">Cash Flows Statement December FY2023</a></p> <p>7.3. Consideration to approve moving the February meeting date to Monday, February 27, 2023 due to conflict with the Rural Health Care Leadership Conference.</p> |
| 20 - 34 | <p>7.4. Consideration to Approve the Respiratory Protection Plan<br/> <a href="#">Respiratory Protection Plan, revised</a></p>  |
| 35 - 89 | <p>7.5. Consideration to Accept the Annual Review of Board of Directors Bylaws and Board of Directors Policies submitted by the Governance Chair<br/> <a href="#">Memo</a><br/> <a href="#">SPH Board of Directors Bylaws, approved 12/07/2022</a><br/> <a href="#">Quality Policies</a><br/> <a href="#">Self Management Policies</a><br/> <a href="#">Executive Leadership Policies</a><br/> <a href="#">Finance Policies</a></p>   |

## 8. PRESENTATIONS

- 8.1. SPH Financial Audit Presentation  
**Presenter:** Joy Merriner, BDO

## 9. UNFINISHED BUSINESS

## 10. NEW BUSINESS

- |         |   |
|---------|---|
| 90      | <p>10.1. Election of Officers for 2023<br/> <a href="#">Officer Election Memo</a></p>   |
| 91 - 92 | <p>10.2. Consideration to Approve SPH Board Resolution 2023-01, A Resoltuion of the South Peninsula Hospital Board of Directors Approving the Use of \$250,000 Plant Replacement Expansion Funds to Fund the Preliminary Design Project for Hospital Infrastructure Replacement and Deferred Maintenance.<br/> <a href="#">SPH Resolution 23-01</a></p> |
| 93      | <p>10.3.</p>  |

Consideration to Approve SPH Board Resolution 2023-02, A Resolution of the South Peninsula Hospital Board of Directors Approving the Capital Budget for Fiscal Year 2024.

[SPH Resolution 23-02](#)

- 94 - 95      10.4. Consideration to Approve SPH Board of Directors Resolution 2023-03, A Resolution of the South Peninsula Hospital Board of Directors Approving an Increase to the Limitation on the Total Cumulative Annual Cost of Real Property Leases in which SPH, Inc. is the Sole Lessee and Requesting Amendments to the Operating Agreement Regarding Leases for Contract Labor Housing.

[SPH Resolution 23-03](#)

- 96 - 97      10.5. Consideration to Approve SPH Board of Directors Resolution 2023-04, A Resolution of the South Peninsula Hospital Board of Directors Approving Renewal of the Xerox Copy and Print Services Lease Contract with Kelley Services

[SPH Resolution 23-04](#)

- 98 - 100      10.6. Consideration to Approve SPH Resolution 2023-05, A Resolution of the South Peninsula Hospital Board of Directors Recommending Approval of the Kenai Peninsula Borough Assembly Resolution 2023-008 Establishing the Federal Congressional Priorities List for the Kenai Peninsula Borough for Fiscal Year 2024.

[SPH Resolution 23-05](#)

## **11. REPORTS**

- 101 - 108      11.1. Chief Executive Officer: Ryan Smith  
[4Q 2022 Balanced Scorecard](#)  
[2023 Scorecard - Draft](#)
- 11.2. BOD Committee: Finance
- 11.3. BOD Committee: Governance
- 11.4. BOD Committee: Education  
Discussion: iProtean Video: Governance Essentials Part I: The Board's Overarching Duties and Responsibilities (*please view prior to the meeting*)
- 11.5. Chief of Staff: Christopher Landess, MD
- 11.6. Service Area Board Representative: Helen Armstrong

## **12. DISCUSSION**

- 109 - 130      12.1. Discussion: Board of Directors Self Evaluation

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

[Self Evaluation 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**

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

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

17.1. Credentialing

**18. ADJOURNMENT**

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

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The following has been adapted from the “Rules for Participating in a Public Meeting” used by Kenai Peninsula SAB of SPHI.

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

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

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

## MINUTES

### Board of Directors Meeting

6:00 PM - Wednesday, December 7, 2022

Conference Rooms 1 & 2 and Zoom

The Board of Directors of the South Peninsula Hospital was called to order on Wednesday, December 7, 2022, at 6:00 PM, in conference rooms 1 & 2 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, Todd Boling, Matthew Hambrick, Vice President Melissa Jacobsen, Edson Knapp, Treasurer Walter Partridge, Aaron Weisser, Bernadette Wilson, Secretary Julie Woodworth, and Beth Wythe

**BOARD EXCUSED:** Keriann Baker

**ALSO PRESENT:** Ryan Smith, CEO; Angela Hinnegan, COO  
*\*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

Ms. Hinnegan shared the project to RFP the hospital benefits with a multi-disciplinary team including Administration, HR, and union leadership. It took a lot of time and work from many different groups, but was a great collaborative process.

#### 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

*Aaron Weisser made a motion to table 11.5, discussion of the iProtean video, until the next meeting, due to several board members not getting a chance to watch the video yet, and to approve the agenda with this one amendment. Vice President Melissa Jacobsen seconded the motion. Motion Carried.*

#### 7. APPROVAL OF THE CONSENT CALENDAR

Mr. Weisser read the consent calendar into the record.

- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for October 26, 2022**
- 7.2. Consideration to Approve October FY2023 Financials**
- 7.3. Consideration to Approve the Board of Directors Meeting Calendar for 2023**
- 7.4. Consideration to Confirm Christopher Landess, MD as Chief of Staff for 2023 and 2024 as elected by the Medical Staff.**
- 7.5. Consideration to approve the SPH and Long Term Care Facility Corporate Compliance & Ethics Program as presented**

*Aaron Weisser made a motion to approve the consent calendar as read. Vice President Melissa Jacobsen seconded the motion. Motion Carried.*

**8. PRESENTATIONS**

There were no presentations.

**9. UNFINISHED BUSINESS**

There was no unfinished business.

**10. NEW BUSINESS**

**10.1. Election of 2023 Board Members**

Ms. Cooper noted that the election of new board members will happen in executive session, with an announcement of the results to follow in open session.

**10.2. Consideration to Approve an amendment to the South Peninsula Hospital Board of Directors Bylaws, Article III, Section 1 to change the number of board members from 11 members, to a range of 9 to 11 members, and to remove Article III, Section 4, which defined the Chief of the Medical Staff and Administrator as ex-officio members of the board.**

This is the second reading of the proposed change to the bylaws. There are two changes proposed. The first will make the number of board members into a range, from 9-11. This will allow some flexibility in adding or replacing members. The second change deletes the section that states the CEO and Chief of Staff are ex-officio board members. This will not change anything in practice, but it clarifies who is considered a board member for board member count, registering board members with the state, etc.

*Walter Partridge made a motion to approve an amendment to the South Peninsula Hospital Board of Directors Bylaws, Article III, Section 1 to change the number of board members from 11 members, to a range of 9 to 11 members, and to remove Article III, Section 4, which defined the Chief of the Medical Staff and Administrator as ex-officio members of the board. (All yes) No KAB Edson Knapp seconded the motion. Motion Carried.*

**10.3. Consideration to Approve SPH Board Resolution 2022-16, A Resolution of the South Peninsula Hospital Board of Directors Approving the Combination of the Nuclear Medicine and the Pharmacy Renovation Projects and Expanding the Scope to Include Infusion**

Angela Hinnegan, COO, reported. She thanked the Service Area Board for reviewing this resolution in advance, and approving it pending the Operating Board's approval. This resolution will combine these projects by deobligating the funds, combining them into one project, and then designating funds to pay for the design fees. These will be packaged as one project, since pharmacy will be displaced by the Nuclear Medicine project. This will also award the design award to Architects Alaska so the project can move forward.

*Aaron Weisser made a motion to approve SPH Board Resolution 2022-16, A Resolution of the South Peninsula Hospital Board of Directors Approving the Combination of the Nuclear Medicine and the Pharmacy Renovation Projects and Expanding the Scope to Include Infusion Edson Knapp seconded the motion. Motion Carried.*

**11. REPORTS**

**11.1. Chief Executive Officer**

Ryan Smith, CEO, reported. Dr. Bendixen, hospitalist and Dr. Mayfield, family practitioner, have joined the team. He noted this has been the smoothest transition to a hospitalist model he's ever been involved with, and gave lots of credit to Dr. Tuomi, Dr. Christy Martinez and Dr. Roberts, for making it successful. Dr. Llenos is adjusting well at Homer Medical Center. We are recruiting an additional physician and we have two candidates we'll be interviewing in December and January. Dr. Gear resigned his position in the ED, and Dr. Erin Murphy has joined us in his place. We are also finding temporary coverage as well. Thanks to Royal and to the whole RFP team for working on the benefits RFP. Thanks to Anna for all her work on the cost report.

**11.2. BOD Committee: Pension**

Walter Partridge, Committee Chair, reported. The Pension Committee met in November and received its first report from Steven Schreiber of Newport. He did a great job walking the committee through the intensive reports. He did not suggest any major changes to the current plan. The plans followed the market, which unfortunately isn't great right now. The committee also reviewed the audit, which was a clean report.

**11.3. BOD Committee: Finance**

Mr. Partridge, Committee Chair, reported. The Finance Committee met in November. October financials showed a good month. Net operating revenue and the total margin were both positive. We discussed the non union staff wage increase.



#### **11.4. BOD Committee: Governance**

Aaron Weisser, Committee Chair, reported. The Governance Committee met on December 1st. It was an abbreviated meeting, due to schedule conflicts. The committee revised a conflict of interest form to include more accurate information on what constitutes a conflict of interest, per the IRS. The updated forms were presented in the packet as informational. The committee also discussed the process for the election of officers in January.

#### **11.5. BOD Committee: Education**

**Discussion: iProtean Video: Governance Essentials Part I: The Board's Overarching Duties and Responsibilities (*please view prior to the meeting*)**

Melissa Jacobsen, Committee Chair, reported. She had nothing new to add. She asked that board members commit to watching the first iProtean video by the January meeting. She requested Ms. Jones send out a reminder in January.

#### **11.6. Service Area Board Representative**

Willy Dunne reported on behalf of the Service Area Board (SAB). The SAB met on Nov 10th. Three board members whose terms were expiring agreed to run again and all ran unopposed and were reelected. There were no changes to the officers for 2023. Helen Armstrong will continue as president, Roberta Highland as Vice President, Judith Lund as Treasurer and Kathryn Ault as Secretary. We recommended approval of the nuclear medicine/pharmacy/infusion project that the board reviewed today and the approval of reallocating of funds for that project. Two SAB members will go to the Rural Health Care Leadership Conference in February – Willy Dunne and Kathryn Ault. The SAB is getting ready to start budget deliberations, and are looking forward to getting those for our next meeting in January for capital budget. We also discussed some of the other projects we fund like STI testing and MAPP coalition and All Things Recovery coalition. There was some discussion of adjusting some of our funding next year. Mr. Dunne continues to serve on the Master Facility Planning Steering Committee and is looking forward to reviewing that draft final report.

### **12. DISCUSSION**

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

There were no comments from the audience.

### **14. COMMENTS FROM THE BOARD**

(Announcements/Congratulations)

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

Mr. Smith informed the board of his appointment to the AHA's Rural Health Services advisory committee.

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

Ms. Wilson noted that she listened to a Q&A with Jamie Orlikoff a few weeks ago and he used Rachael's term of "toasty" as opposed to burnt out, several times in his presentation. Dr. Boling shared he had a procedure done at SPH and the surgery department does a great job. Mr. Weiss thanked the hospital for sponsoring the fireworks. Mr. Partridge congratulated the Service Area Board officers on being reappointed. Ms. Cooper wished everyone a Happy Holidays, and informed the group of an open house at the Homer News next Thursday for Michael Armstrong's retirement.

*Secretary Julie Woodworth made a motion to adjourn to executive session at 6:24pm. Aaron Weisser seconded the motion. Motion Carried.*

## **15. INFORMATIONAL ITEMS**

### **15.1. Patient Centered Care Quality Committee Minutes - October 2022**

The minutes of the Patient Centered Care Quality Committee's October meeting were provided for review.

### **15.2. Forms to Complete for January 2023 Meeting**

Three forms were provided in the packet. The board members were asked to fill out the Conflict of Interest, Confidentiality and CMS forms and return them to Administration prior to the January meeting.

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

The meeting was adjourned to executive session at 6:24pm .

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

### **17.1. Credentialing**

*Ms. Woodworth reported that at their meeting on November 29, 2022, after review of the applicants' files, the Executive Committee approved the following positions in the medical staff as requested and recommended by the Medical Executive Committee, on behalf of the Board of Directors, according to authorization given by the full Board at their meeting of October 26, 2022.*

#### Appointment

Adam Karz, MD; Psychiatry; Telepsych; Telemedicine

#### Reappointment

Adam Mason, MD; Cardiology; Echo Interp; Courtesy Staff

Margarita Oveian, MD; Neurology/Telestroke; Telemedicine

Joseph Perry, MD; Psychiatry/Telepsych; Telemedicine

Consuelo Reddick, MD; Psychiatry/Telepsych; Telemedicine

Ross Dodge, MD; Internal Medicine/Sleep Medicine; Courtesy Staff

Sarah Roberts, MD; Family Medicine; Active Staff

Amy Velsko, FNP; Family Medicine; Courtesy Staff

*After review of the applicants' files in Executive Session of tonight's meeting, 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.*

Appointment

Babak Akbarian, MD; Psychiatry/Telepsych; Telemedicine  
Catalina Draghici, MD; Psychiatry/Telepsych; Telemedicine

Reappointment

Kyle Ogami, MD; Neurology/Telestroke; Telemedicine

**17.2. Results of board member election**

*Secretary Julie Woodworth made a motion to reappoint Kelly Cooper, Walter Partridge, Beth Wythe, and Dr. Edson Knapp to their seats on the board. Vice President Melissa Jacobsen seconded the motion. Motion Carried.*

**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 November 30, 2022

	As of November 30, 2022	As of Nov 30, 2021	As of October 31, 2022	CHANGE FROM Nov 30, 2021
<b>ASSETS</b>				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	24,061,310	19,675,052	23,748,103	4,386,258
2 EQUITY IN CENTRAL TREASURY	9,812,088	8,842,769	9,939,223	969,319
3 TOTAL CASH	33,873,398	28,517,821	33,687,326	5,355,577
4 PATIENT ACCOUNTS RECEIVABLE	32,964,847	31,744,262	30,169,876	1,220,585
5 LESS: ALLOWANCES & ADJ	(15,740,665)	(15,283,505)	(14,480,298)	(457,160)
6 NET PATIENT ACCT RECEIVABLE	17,224,182	16,460,757	15,689,578	763,425
7 PROPERTY TAXES RECV - KPB	351,365	392,591	1,126,482	(41,226)
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(3,599)	(4,165)	(566)
9 NET PROPERTY TAX RECV - KPB	347,200	388,992	1,122,317	(41,792)
10 OTHER RECEIVABLES - SPH	288,804	118,625	403,973	170,179
11 INVENTORIES	1,971,300	1,785,738	1,985,439	185,562
12 NET PENSION ASSET- GASB	4,886,459	9,050,712	4,858,772	(4,164,253)
13 PREPAID EXPENSES	1,140,493	1,199,900	945,665	(59,407)
14 TOTAL CURRENT ASSETS	59,731,836	57,522,545	58,693,070	2,209,291
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,802,181	10,646,914	6,873,094	(3,844,733)
16 PREF OBLIGATED	2,307,376	2,999,908	2,307,376	(692,532)
17 OTHER RESTRICTED FUNDS	117,168	33,648	46,530	83,520
	9,226,725	13,680,470	9,226,999	(4,453,745)
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,114,693	3,942,247	4,114,693	172,446
19 BUILDINGS	67,494,237	66,317,276	67,494,237	1,176,961
20 EQUIPMENT	30,423,111	29,223,139	30,423,111	1,199,972
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	273,935	269,769	273,935	4,166
24 CONSTRUCTION IN PROGRESS	1,485,227	547,766	889,608	937,461
25 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(63,221,072)	(59,263,210)	(62,884,450)	(3,957,862)
26 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(599,986)	0	(566,873)	(599,986)
27 NET CAPITAL ASSETS	42,814,834	41,036,987	42,588,950	1,777,847
28 GOODWILL	12,000	24,000	13,000	(12,000)
29 TOTAL ASSETS	111,785,395	112,264,002	110,522,019	(478,607)
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	326,579	396,422	332,217	(69,843)
32 TOTAL DEFERRED OUTFLOWS OF RESOURCES	4,857,496	(172,185)	4,863,134	5,029,681
33 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	116,642,891	112,091,817	115,385,153	4,551,074

	As of November 30, 2022	As of Nov 30, 2021	As of October 31, 2022	CHANGE FROM Nov 30, 2021
<b>LIABILITIES &amp; FUND BALANCE</b>				
CURRENT LIABILITIES:				
34 ACCOUNTS AND CONTRACTS PAYABLE	2,051,747	1,430,917	955,498	620,830
35 ACCRUED LIABILITIES	8,103,885	7,981,927	8,288,742	121,958
36 DEFERRED CREDITS	15,527	1,332,992	24,183	(1,317,465)
37 CURRENT PORTION OF LEASE PAYABLE	383,209	0	384,340	383,209
38 CURRENT PORTIONS OF NOTES DUE	0	0	0	0
39 CURRENT PORTIONS OF BONDS PAYABLE	1,820,000	1,060,000	1,785,000	760,000
40 BOND INTEREST PAYABLE	62,221	72,006	61,635	(9,785)
41 DUE TO/(FROM) THIRD PARTY PAYERS	1,388,380	1,199,598	1,388,761	188,782
43 TOTAL CURRENT LIABILITIES	13,824,969	13,077,440	12,888,159	747,529
LONG-TERM LIABILITIES				
44 NOTES PAYABLE	0	0	0	0
45 BONDS PAYABLE NET OF CURRENT PORTION	7,760,000	10,250,000	8,465,000	(2,490,000)
46 PREMIUM ON BONDS PAYABLE	474,537	640,275	486,704	(165,738)
47 CAPITAL LEASE, NET OF CURRENT PORTION	2,037,670	26,531	2,064,578	2,011,139
48 TOTAL NONCURRENT LIABILITIES	10,272,207	10,916,806	11,016,282	(644,599)
49 TOTAL LIABILITIES	24,097,176	23,994,246	23,904,441	102,930
50 DEFERRED INFLOW OF RESOURCES	0	0	0	0
51 PROPERTY TAXES RECEIVED IN ADVANCE	0	0	0	0
<b>NET POSITION</b>				
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	86,788,466	82,340,322	85,723,463	4,448,144
56 UNRESTRICTED FUND BALANCE - KPB	0	0	0	0
57 TOTAL LIAB & FUND BALANCE	116,642,891	112,091,817	115,385,153	4,551,074

**INCOME STATEMENT**  
**As of November 30, 2022**  
**DRAFT-UNAUDITED**

		MONTH			YEAR TO DATE				
		11/30/22			11/30/21	11/30/22			11/30/21
		Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue									
1	Inpatient	2,692,528	3,311,065	-18.68%	2,831,154	13,409,971	16,567,234	-19.06%	16,248,628
2	Outpatient	12,947,660	11,712,136	10.55%	10,024,116	64,046,796	62,252,225	2.88%	56,078,165
3	Long Term Care	1,041,212	1,097,797	-5.15%	745,643	5,360,319	5,488,985	-2.34%	3,853,937
4	Total Patient Services	16,681,400	16,120,998	3.48%	13,600,913	82,817,086	84,308,444	-1.77%	76,180,730
Deductions from Revenue									
5	Medicare	3,432,609	3,252,063	-5.55%	2,857,434	16,951,461	17,553,955	3.43%	16,237,430
6	Medicaid	2,042,616	2,308,186	11.51%	1,989,124	11,115,623	12,459,102	10.78%	9,622,886
7	Charity Care	267,925	138,048	-94.08%	96,886	954,200	745,154	-28.05%	306,436
8	Commercial and Admin	1,173,904	1,294,829	9.34%	1,226,036	7,270,709	6,989,218	-4.03%	6,408,234
9	Bad Debt	341,530	303,594	-12.50%	230,001	1,435,576	1,638,739	12.40%	1,968,072
10	Total Deductions	7,258,584	7,296,720	0.52%	6,399,481	37,727,569	39,386,168	4.21%	34,543,058
11	Net Patient Services	9,422,816	8,824,278	6.78%	7,201,432	45,089,517	44,922,276	0.37%	41,637,672
12	USAC and Other Revenue	57,690	61,664	-6.44%	50,199	302,540	308,324	-1.88%	268,576
13	Total Operating Revenues	9,480,506	8,885,942	6.69%	7,251,631	45,392,057	45,230,600	0.36%	41,906,248
Operating Expenses									
14	Salaries and Wages	4,313,335	4,195,866	-2.80%	3,841,283	21,093,724	20,312,036	-3.85%	19,118,005
15	Employee Benefits	1,825,861	1,915,775	4.69%	2,009,137	9,183,678	9,930,394	7.52%	8,172,144
16	Supplies, Drugs and Food	958,279	1,132,128	15.36%	927,336	5,259,341	5,675,663	7.34%	5,299,860
17	Contract Staffing	195,345	163,271	-19.64%	405,339	1,227,437	786,987	-55.97%	1,727,585
18	Professional Fees	662,302	376,149	-76.07%	448,750	2,743,992	2,064,591	-32.91%	2,192,401
19	Utilities and Telephone	130,928	117,789	-11.15%	133,450	692,711	549,567	-26.05%	663,262
20	Insurance (gen'l, prof liab, property)	65,267	50,854	-28.34%	26,967	322,286	316,104	-1.96%	263,421
21	Dues, Books, and Subscriptions	18,558	22,469	17.41%	18,581	84,515	103,086	18.02%	92,804
22	Software Maint/Support	161,788	173,140	6.56%	157,914	861,482	810,565	-6.28%	724,716
23	Travel, Meetings, Education	48,318	46,183	-4.62%	31,796	230,030	286,017	19.57%	195,790
24	Repairs and Maintenance	164,022	140,038	-17.13%	186,157	753,180	624,054	-20.69%	574,984
25	Leases and Rentals	69,313	59,004	-17.47%	63,657	342,177	337,132	-1.50%	342,660
26	Other (Recruiting, Advertising, etc.)	142,819	83,107	-71.85%	84,192	623,106	415,540	-49.95%	480,879
27	Depreciation & Amortization	337,623	345,888	2.39%	325,727	1,691,801	1,729,446	2.18%	1,620,100
28	Total Operating Expenses	9,093,758	8,821,661	-3.08%	8,660,286	45,109,460	43,941,182	-2.66%	41,468,611
29	Gain (Loss) from Operations	386,748	64,281	-501.65%	(1,408,655)	282,597	1,289,418	78.08%	437,637
Non-Operating Revenues									
30	General Property Taxes	779,899	627,778	24.23%	713,230	4,615,574	3,880,940	18.93%	4,365,838
31	Investment Income	(51,663)	9,750	-629.88%	4,184	32,503	48,752	-33.33%	17,629
32	Governmental Subsidies	0	0	0.00%	183,072	0	0	0.00%	183,072
33	Other Non Operating Revenue	1,932	0	100.00%	0	2,885	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	277	6	4516.67%	31	283	29	875.86%	38
37	Total Non-Operating Revenues	730,445	637,534	14.57%	900,517	4,651,245	3,929,721	18.36%	4,645,961
Non-Operating Expenses									
38	Insurance	0	0	0.00%	0	0	0	0.00%	0
39	Service Area Board	9,799	9,798	-0.01%	(3,067)	42,719	19,596	0.00%	15,068
40	Other Direct Expense	1,680	3,600	53.33%	0	2,221	18,001	87.66%	16,241
41	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42	Interest Expense	38,209	28,432	-34.39%	32,233	195,389	142,157	-37.45%	161,165
43	Total Non-Operating Expenses	49,688	41,830	-18.79%	29,166	240,329	179,754	-33.70%	192,474
Grants									
44	Grant Revenue	0	29,167	0.00%	95,565	9,430	145,833	0.00%	767,046
45	Grant Expense	2,502	25,000	89.99%	230	12,508	125,000	89.99%	546,725
46	Total Non-Operating Gains, net	(2,502)	4,167	-160.04%	95,335	(3,078)	20,833	114.77%	220,321
47	Income <Loss> Before Transfers	1,065,003	664,152	-60.36%	(441,969)	4,690,435	5,060,218	-7.31%	5,111,445
48	Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49	Net Income	1,065,003	664,152	-60.36%	(441,969)	4,690,435	5,060,218	-7.31%	5,111,445

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# South Peninsula Hospital

## Statement of Cash Flows As of November 30, 2022

### Cash Flow from Operations:

1	YTD Net Income	4,692,880
2	Add: Depreciation Expense	1,691,801
3	Adj: Inventory (increase) / decrease	91,204
4	Patient Receivable (increase) / decrease	(705,972)
5	Prepaid Expenses (increase) / decrease	(380,274)
6	Other Current assets (increase) / decrease	92,781
7	Accounts payable increase / (decrease)	228,579
8	Accrued Salaries increase / (decrease)	(7,041)
9	Net Pension Asset (increase) / decrease	(210,750)
10	Other current liability increase / (decrease)	(1,272,190)
11	Net Cash Flow from Operations	4,221,018

### Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(1,228,204)
13	Cash transferred to plant replacement fund	(1,276,373)
14	Proceeds from disposal of equipment	-
15	Net Cash Flow from Investing	(2,504,577)

### Cash Flow from Financing

16	Cash paid for Lease Payable	-
17	Cash paid for Debt Service	(893,484)
18	Net Cash from Financing	(893,484)
19	Net increase in Cash	\$ 822,957
20	Beginning Cash as of July 1, 2021	\$ 33,050,441
21	Ending Cash as of November 30, 2022	\$ 33,873,398



# South Peninsula Hospital

DRAFT-UNAUDITED

## BALANCE SHEET As of December 31, 2022

	As of December 31, 2022	As of Dec 31, 2021	As of November 30, 2022	CHANGE FROM Dec 31, 2021
<b>ASSETS</b>				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	23,418,940	20,763,226	24,061,310	2,655,714
2 EQUITY IN CENTRAL TREASURY	9,503,549	8,071,935	9,812,088	1,431,614
3 TOTAL CASH	32,922,489	28,835,161	33,873,398	4,087,328
4 PATIENT ACCOUNTS RECEIVABLE	29,119,390	29,855,492	32,964,847	(736,102)
5 LESS: ALLOWANCES & ADJ	(14,407,970)	(14,486,028)	(15,740,665)	78,058
6 NET PATIENT ACCT RECEIVABLE	14,711,420	15,369,464	17,224,182	(658,044)
7 PROPERTY TAXES RECV - KPB	237,340	276,890	351,365	(39,550)
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(3,598)	(4,165)	(567)
9 NET PROPERTY TAX RECV - KPB	233,175	273,292	347,200	(40,117)
10 OTHER RECEIVABLES - SPH	881,708	137,746	288,804	743,962
11 INVENTORIES	1,964,261	1,787,607	1,971,300	176,654
12 NET PENSION ASSET- GASB	4,914,147	9,150,712	4,886,459	(4,236,565)
13 PREPAID EXPENSES	1,125,564	1,087,438	1,140,493	38,126
14 TOTAL CURRENT ASSETS	56,752,764	56,641,420	59,731,836	111,344
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,795,866	10,631,229	6,802,181	(3,835,362)
16 PREF OBLIGATED	2,307,376	2,999,908	2,307,376	(692,532)
17 OTHER RESTRICTED FUNDS	123,483	49,335	117,168	74,148
	9,226,725	13,680,471	9,226,725	(4,453,746)
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,114,693	4,105,746	4,114,693	8,947
19 BUILDINGS	67,494,237	66,984,391	67,494,237	509,846
20 EQUIPMENT	30,423,111	29,154,196	30,423,111	1,268,915
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	273,935	269,769	273,935	4,166
24 CONSTRUCTION IN PROGRESS	1,604,846	750,619	1,485,227	854,227
25 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(63,556,615)	(59,547,409)	(63,221,072)	(4,009,206)
26 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(636,757)	0	(599,986)	(636,757)
27 NET CAPITAL ASSETS	42,562,139	41,717,312	42,814,834	844,827
28 GOODWILL	11,000	23,000	12,000	(12,000)
29 TOTAL ASSETS	108,552,628	112,062,203	111,785,395	(3,509,575)
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	320,942	390,471	326,579	(69,529)
32 TOTAL DEFERRED OUTFLOWS OF RESOURCES	4,851,859	(178,136)	4,857,496	5,029,995
33 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	113,404,487	111,884,067	116,642,891	1,520,420



	As of December 31, 2022	As of Dec 31, 2021	As of November 30, 2022	CHANGE FROM Dec 31, 2021
<b>LIABILITIES &amp; FUND BALANCE</b>				
CURRENT LIABILITIES:				
34 ACCOUNTS AND CONTRACTS PAYABLE	1,497,752	1,236,374	2,051,747	261,378
35 ACCRUED LIABILITIES	6,648,667	7,998,147	8,103,885	(1,349,480)
36 DEFERRED CREDITS	(7,986)	2,462,344	15,527	(2,470,330)
37 CURRENT PORTION OF LEASE PAYABLE	382,284	0	383,209	382,284
38 CURRENT PORTIONS OF NOTES DUE	0	0	0	0
39 CURRENT PORTIONS OF BONDS PAYABLE	1,820,000	1,060,000	1,820,000	760,000
40 BOND INTEREST PAYABLE	97,182	113,274	62,221	(16,092)
41 DUE TO/(FROM) THIRD PARTY PAYERS	1,388,761	1,199,598	1,388,380	189,163
43 TOTAL CURRENT LIABILITIES	11,826,660	14,069,737	13,824,969	(2,243,077)
LONG-TERM LIABILITIES				
44 NOTES PAYABLE	0	0	0	0
45 BONDS PAYABLE NET OF CURRENT PORTION	7,760,000	10,250,000	7,760,000	(2,490,000)
46 PREMIUM ON BONDS PAYABLE	462,370	625,289	474,537	(162,919)
47 CAPITAL LEASE, NET OF CURRENT PORTION	2,007,027	26,531	2,037,670	1,980,496
48 TOTAL NONCURRENT LIABILITIES	10,229,397	10,901,820	10,272,207	(672,423)
49 TOTAL LIABILITIES	22,056,057	24,971,557	24,097,176	(2,915,500)
50 DEFERRED INFLOW OF RESOURCES	0	0	0	0
51 PROPERTY TAXES RECEIVED IN ADVANCE	0	0	0	0
<b>NET POSITION</b>				
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	85,591,181	81,155,261	86,788,466	4,435,920
56 UNRESTRICTED FUND BALANCE - KPB	0	0	0	0
57 TOTAL LIAB & FUND BALANCE	113,404,487	111,884,067	116,642,891	1,520,420

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

		MONTH			YEAR TO DATE				
		12/31/22			12/31/21	12/31/22			12/31/21
		Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue									
1	Inpatient	2,131,453	3,152,261	-32.38%	2,141,617	15,541,424	19,719,494	-21.19%	18,390,245
2	Outpatient	11,909,146	10,377,842	14.76%	9,892,744	75,955,942	72,630,067	4.58%	65,970,909
3	Long Term Care	977,479	1,097,797	-10.96%	827,220	6,337,798	6,586,782	-3.78%	4,681,157
4	Total Patient Services	15,018,078	14,627,900	2.67%	12,861,581	97,835,164	98,936,343	-1.11%	89,042,311
Deductions from Revenue									
5	Medicare	2,354,185	2,696,517	12.70%	2,292,661	19,305,646	20,250,472	4.67%	18,530,091
6	Medicaid	2,427,311	1,913,881	-26.83%	1,555,292	13,542,934	14,372,983	5.78%	11,178,178
7	Charity Care	81,990	114,465	28.37%	38,686	1,036,190	859,619	-20.54%	345,123
8	Commercial and Admin	1,940,828	1,073,635	-80.77%	1,313,244	9,211,537	8,062,853	-14.25%	7,721,477
9	Bad Debt	19,199	251,732	92.37%	106,382	1,454,775	1,890,471	23.05%	2,074,454
10	Total Deductions	6,823,513	6,050,230	-12.78%	5,306,265	44,551,082	45,436,398	1.95%	39,849,323
11	Net Patient Services	8,194,565	8,577,670	-4.47%	7,555,316	53,284,082	53,499,945	-0.40%	49,192,988
12	USAC and Other Revenue	72,611	61,664	17.75%	52,916	375,152	369,989	1.40%	321,492
13	Total Operating Revenues	8,267,176	8,639,334	-4.31%	7,608,232	53,659,234	53,869,934	-0.39%	49,514,480
Operating Expenses									
14	Salaries and Wages	4,281,601	4,746,889	9.80%	4,671,780	25,375,325	25,058,925	-1.26%	23,802,086
15	Employee Benefits	2,542,392	2,433,009	-4.50%	1,806,115	11,726,070	12,363,403	5.15%	9,965,958
16	Supplies, Drugs and Food	1,067,792	1,054,286	-1.28%	956,953	6,327,133	6,729,949	5.99%	6,256,813
17	Contract Staffing	309,129	143,761	-115.03%	346,471	1,536,565	930,748	-65.09%	2,074,056
18	Professional Fees	497,532	506,110	1.69%	459,405	3,241,524	2,570,701	-26.09%	2,651,806
19	Utilities and Telephone	149,423	126,387	-18.23%	159,849	842,134	675,953	-24.58%	823,111
20	Insurance (gen'l, prof liab, property)	59,742	47,611	-25.48%	94,441	382,029	363,714	-5.04%	357,861
21	Dues, Books, and Subscriptions	24,832	31,781	21.87%	25,858	109,347	134,867	18.92%	118,663
22	Software Maint/Support	144,352	154,019	6.28%	139,206	1,005,834	964,584	-4.28%	863,922
23	Travel, Meetings, Education	36,134	60,877	40.64%	65,350	266,164	346,895	23.27%	261,140
24	Repairs and Maintenance	156,837	140,038	-12.00%	164,697	910,017	764,092	-19.10%	739,681
25	Leases and Rentals	48,932	76,786	36.27%	89,494	391,109	413,918	5.51%	432,154
26	Other (Recruiting, Advertising, etc.)	140,157	83,118	-68.62%	93,030	763,264	498,658	-53.06%	573,909
27	Depreciation & Amortization	336,543	345,889	2.70%	325,416	2,028,344	2,075,335	2.26%	1,945,516
28	Total Operating Expenses	9,795,398	9,950,561	1.56%	9,398,065	54,904,859	53,891,742	-1.88%	50,866,676
29	Gain (Loss) from Operations	(1,528,222)	(1,311,227)	-16.55%	(1,789,833)	(1,245,625)	(21,808)	-5611.78%	(1,352,196)
Non-Operating Revenues									
30	General Property Taxes	120,450	574,491	-79.03%	116,709	4,736,025	4,455,430	6.30%	4,482,546
31	Investment Income	33,048	9,750	238.95%	(4,346)	65,552	58,502	12.05%	13,283
32	Governmental Subsidies	0	0	0.00%	500,000	0	0	0.00%	683,072
33	Other Non Operating Revenue	53	0	100.00%	0	2,937	0	100.00%	79,384
34	Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35	Gain <Loss> on Disposal	6,572	0	0.00%	0	6,572	0	0.00%	0
36	SPH Auxiliary	0	6	-100.00%	1	283	35	708.57%	39
37	Total Non-Operating Revenues	160,123	584,247	-72.59%	612,364	4,811,369	4,513,967	6.59%	5,258,324
Non-Operating Expenses									
38	Insurance	0	0	0.00%	0	0	0	0.00%	0
39	Service Area Board	178	16,467	98.92%	20,367	42,897	36,063	0.00%	35,434
40	Other Direct Expense	0	3,600	100.00%	664	2,221	21,601	89.72%	16,906
41	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42	Interest Expense	38,668	28,432	-36.00%	32,233	234,058	170,589	-37.21%	193,398
43	Total Non-Operating Expenses	38,846	48,499	19.90%	53,264	279,176	228,253	-22.31%	245,738
Grants									
44	Grant Revenue	212,160	29,167	0.00%	60,375	221,590	175,000	0.00%	827,421
45	Grant Expense	2,502	25,000	89.99%	14,704	15,009	150,000	89.99%	561,428
46	Total Non-Operating Gains, net	209,658	4,167	4931.39%	45,671	206,581	25,000	-726.32%	265,993
47	Income <Loss> Before Transfers	(1,197,287)	(771,312)	-55.23%	(1,185,062)	3,493,149	4,288,906	-18.55%	3,926,383
48	Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49	Net Income	(1,197,287)	(771,312)	-55.23%	(1,185,062)	3,493,149	4,288,906	-18.55%	3,926,383



# South Peninsula Hospital

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

### Cash Flow from Operations:


1	YTD Net Income	3,493,149
2	Add: Depreciation Expense	2,028,344
3	Adj: Inventory (increase) / decrease	98,243
4	Patient Receivable (increase) / decrease	1,806,790
5	Prepaid Expenses (increase) / decrease	(365,345)
6	Other Current assets (increase) / decrease	(386,098)
7	Accounts payable increase / (decrease)	(326,341)
8	Accrued Salaries increase / (decrease)	(1,462,259)
9	Net Pension Asset (increase) / decrease	(238,438)
10	Other current liability increase / (decrease)	(1,264,889)
11	Net Cash Flow from Operations	3,383,156

### Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(1,347,823)
13	Cash transferred to plant replacement fund	(1,276,373)
14	Proceeds from disposal of equipment	6,572
15	Net Cash Flow from Investing	(2,617,624)

### Cash Flow from Financing

16	Cash paid for Lease Payable	-
17	Cash paid for Debt Service	(893,484)
18	Net Cash from Financing	(893,484)
19	Net increase in Cash	\$ (127,952)
20	Beginning Cash as of July 1, 2022	\$ 33,050,441
21	Ending Cash as of December 31, 2022	\$ 32,922,489

 South Peninsula Hospital	<b>SUBJECT:</b> Respiratory Protection Plan	<b>POLICY #</b> HW-276
		<b>Page 1 of 15</b>
<b>SCOPE:</b> Hospital-Wide <b>RESPONSIBLE DEPARTMENT:</b> Employee Health		<b>ORIGINAL DATE:</b> 7/10/09 <b>REVISED:</b> 2/28/18; 10/19/21
<b>APPROVED BY:</b> Employee Health RN; Infection Prevention RN; Infection Prevention Medical Director; Chief Nursing Officer; MEC		<b>EFFECTIVE:</b> 10/19/21

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**PURPOSE:**

Program components and outline for the South Peninsula Hospital & Long Term Care Facility (SPH) Respiratory Protection Plan (RPP) in accordance with federal, state, and local regulatory guidelines and requirements.

**DEFINITION(S):**

N/A

**POLICY:**

I. Missions, Vision, Values:

The foundation of the SPH Respiratory Protection Plan is the organization's mission, vision, values, and associated behaviors:

Mission: *SPH promotes community health and wellness by providing personalized, high quality, locally coordinated healthcare.*

Vision: *SPH is the healthcare provider of choice with a dynamic and dedicated team committed to service excellence and safety.*

Values & associated behaviors:

- Compassion: *We provide compassionate patient and resident centered quality care, and a safe and caring environment for all individuals.*
- Respect: *We show respect for the dignity, beliefs, perspectives, and abilities of everyone.*
- Trust: *We are open, honest, fair, and trustworthy.*
- Teamwork: *We work together as a dynamic, collaborative team, embracing change, and speaking as one.*
- Commitment: *We are responsible and accountable for supporting the vision, mission, values, strategies, and processes of our organization.*

II. Purpose, Applicability, & Scope

- A. SPH protects the health and safety of its employees by (1) eliminating hazardous exposures where feasible; (2) using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated; and (3) using respiratory protection and other personal protective equipment (PPE) when the frequency and duration of exposures cannot be substantially reduced or eliminated.
- B. The purpose of this RPP is to maximize the protection afforded by respirators when they must be used. It establishes the procedures necessary to meet the regulatory requirements described in OSHA's Respiratory Protection standard (29 CFR 1910.134).
- C. This program applies to all employees, clinical contractors, and students (referred to as staff or employees in this document hereafter) who are required to wear respiratory protection due to the nature of their work at SPH. It applies to the use of air-purifying and air-supplying respirators, including filtering facepiece respirators.
- D. Employees participating in the respiratory protection program do so at no cost to them. The expense associated with training, medical evaluations, and SPH provided respiratory protection equipment will be borne by SPH.
- E. This plan is available to all employees through the Staff Information Site (SIS) under Policy Manager.

III. Roles and Responsibilities:

A. Respiratory Program Administrator (RPA)

1. The RPA duties for SPH are shared by the Employee Health Nurse and Safety Officer.
2. The RPA is responsible for administering and oversight of the respiratory protection program, in accordance with OSHA's Respiratory Protection standard (29 CFR 1910.134), and will:
  - Oversee the conduction of a hazard assessment and select the appropriate level of respiratory protection for each task or job title with potential exposure and record this information in the "Respirator Assignments by Task or Location" in Appendix A of this RPP.
  - Oversee the respirator maintenance procedures.
  - Coordinate the purchase, maintenance, repair, and replacement of respirators.
  - Routinely evaluate the effectiveness of the RPP, with employee input, and make necessary changes to the program.

- Ensure that annual respirator fit testing is provided
- Provide or arrange for annual training on the use and limitations of respirators.
- Administering the medical surveillance program.
- Maintain records of respirator training, medical clearance, and fit testing as required.
- Maintain a copy of this written RPP and ensure that it is readily accessible to anyone in the program.

**B. Supervisors**

1. Supervisors of employees included in the RPP will:
  - Participate in the hazard assessment by evaluating all potential exposures to respiratory hazards, including exposure to chemicals and aerosol transmissible disease (ATD) pathogens, and communicating this information to the RPA.
  - Continually monitor work areas for operations to identify respiratory hazards.
  - Coordinate with the RPA on how to address respiratory hazards or other concerns with the RPP.
  - Identify employees and/or tasks for which respirators may be required and communicate this information to the RPA.
  - Be responsible for ensuring that employees in their units follow the procedures outlined in the RPP and in SPH PPE Guidelines for using, cleaning, maintaining, and storing respirators.
  - Schedule employees for medical evaluations, training, and fit testing and ensure that they are allowed to attend these appointments during work hours.
  - Ensure the availability of appropriate respirators and accessories in their units.

**C. Employees**

1. Employees have the responsibility to wear their respirator when and where required and in the manner in which they were trained.
2. Employees assigned to jobs/tasks requiring the use of a respirator will also:
  - Complete the required questionnaire for medical clearance and participate in a medical examination if necessary.
  - Adhere to SPH PPE policies and guidelines.
  - Attend annual training and respirator fit testing as required in the RPP.
  - Use, maintain, and dispose of respirators properly in accord with training and the procedures in the RPP and per SPH PPE guidelines.
  - Inform their supervisor if the respirator no longer fits well; request a new one that fits properly. Respirators relying on facepiece-to-face seal must not be worn when conditions prevent a good seal. Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good seal.
  - Inform their supervisor or the RPA of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the RPP.

**IV. Respirator Selection**

**A. Hazard Assessment**

1. The RPA will oversee the selection of respirators to be used onsite based on the hazards to which workers are exposed and in accord with OSHA regulations and Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisor Committee (HICPAC), and other public health guidelines. The RPA will oversee a hazard evaluation for each task, procedure, or work area where airborne contaminants may be present in routine operations or during an emergency. The hazard evaluation will include the following:
  - Identification of potential exposures. The most common potential exposure for employees involved in patient care will be pathogens associated with aerosol transmissible diseases ATDs, such as tuberculosis and COVID-19. Maintenance, housekeeping, laboratory, or other staff may have the potential to be exposed to hazardous gases, vapors, or dusts in addition to ATD pathogens. A list of all hazardous substances used in the workplace can be found on the SIS site under the Safety tab in MSDS online.

- A review of work processes to determine potential exposures to respiratory hazards that may occur. This review shall be conducted by surveying the workplace, reviewing process records, and talking with employees and supervisors.

B. Updating the Hazard Assessment:

1. The RPA will revise and update the hazard assessment any time an employee or supervisor identifies or anticipates a new exposure or changes to existing exposures.
2. Any employee who believes that respiratory protection is needed during a particular activity must contact his or her supervisor or the RPA. The supervisor must contact the RPA whenever respiratory protection is requested. The RPA will assess the potential hazard with the employee and supervisor. If it is determined that respiratory protection is needed, all elements of this program will be in effect for those tasks and the program will be updated accordingly.

C. NIOSH Certified Equipment

1. All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while it is in use.
2. The following definitions apply to equipment that may be issued to employees under this program:
  - **Air-purifying respirators (APR):** respirators with a filter, canister, or cartridge that removes specific air contaminants from the ambient air by passing through an air-purifying element. APRs must have been tested and approved by NIOSH for use in specific types of contaminated atmospheres. These respirators do not supply oxygen and therefore cannot be used to enter an atmosphere that is oxygen-deficient.
    - **Filtering facepiece respirators (FFR):** disposable, negative-pressure, air-purifying respirator where an integral part of the facepiece or the entire facepiece is made of filtering material. These respirators are designed to be used once and then properly disposed of. However, the FFR may be reused by the same user, under some circumstances, as long as the respirator has not been obviously soiled or damaged (Refer to Section 8 and to Appendix F **PPE Color Coded Capacity Strategies & Extended Use and Limited Reuse of PPE** for specific conditions in which FFR reuse may be acceptable).
    - **Half mask elastomeric respirators:** reusable air-purifying respirators that fit over the nose and mouth. They are made of rubber or silicone with attached cartridges or filters from removal of gases, vapors, or dusts
    - **N-95 respirator:** generally used term for a half-mask negative pressure, air-purifying respirator with NIOSH-approved N95 filters or filter material (i.e., includes N95 filtering facepiece respirator or equivalent protection).
  - **Powered air-purifying respirators (PAPR):** air-purifying respirators that use a blower to force ambient air through air-purifying elements and into the respirator facepiece, helmet, or hood.

D. Assignment of Respirators by Task and Location

1. The RPA will use the hazard assessment to assign appropriate types of respirators for use by specific types of personnel during specific procedures or in specific areas of the hospital. These assignments are listed in Appendix A of this RPP.

E. Voluntary Use of Respirators

1. When the use of a respirator is not required by a substance-specific OSHA standard, the OSH Act, or hospital policies, and the RPA has determined that its use is not necessary to protect the health of the employee, an employee may still request to use a respirator voluntarily.
2. Employees using respirators voluntarily will be provided with the information in Appendix D to 29 CFR 1910.134 (Appendix B of this RPP). If they are using a respirator other than a filtering facepiece respirator, they will also be provided initial medical clearance and required to clean, store, and maintain the respirator as per the requirements of this RPP. Employees who choose to voluntarily use respirators should advise their supervisors of the need to be included in the applicable sections of the respirator program. If approved, the employees using a respirator other than a filtering facepiece respirator are required to attend annual training provided to those

in the full respirator program, as 29 CFR 1910.134(k)(1)(v) requires training in the procedures for cleaning, maintenance, and storage of respirator. If employees voluntarily using respirators are aware of a change that warrants review of medical clearance or repeat fit testing, they should bring that to the attention of their supervisor.

V. Respiratory Medical Evaluation

- A. Employees whose work activities require the use of respiratory protective equipment shall receive medical clearance prior to the use of a respirator and prior to being fit tested for a respirator. Employees voluntarily using respirators other than a filtering facepiece respirator will also be provided initial medical clearance.
- B. Employees will complete the Respiratory Medical Evaluation (Appendix C) of this RPP.
  - 1) Employees will be permitted to fill out the questionnaire on company time
  - 2) To the extent feasible, the company will assist employees who are unable to read the questionnaire (by providing help in reading the questionnaire). When this is not possible, the employee will be sent directly to the physician for medical evaluation.
  - 3) Employees may speak directly with the physician or other licensed health care provider (PLHCP) if they have questions
- C. Medical evaluations will be performed by a PLHCP who has been provided with a copy of the RPP. at SPH Employee Health or Homer Medical Center.
  - 1) Employees will bring completed questionnaire to their pre-employment physical (if required) at Homer Medical Center.
  - 2) Contractors, students, or employees not required to have pre-employment physical will bring completed questionnaire to SPH Employee Health for evaluation.
- D. The PLHCP will review completed questionnaires and make a medical determination as to whether the employee can wear a respirator safely.
  - 1) The PLHCP may make this determination based on the questionnaire alone but may also require a physical examination of the employee and any tests, consultations, or procedures the PLHCP deems are necessary.
  - 2) The PLHCP will provide a written recommendation on the questionnaire and return to Employee Health. This recommendation may clear the employee for all respirator use, or may specify restrictions or limitations on use, such as the type of respirator that may be worn, the duration that it may be worn, and the acceptable level of exertion while wearing the respirator.
  - 3) A copy of this written determination shall be provided by the PLHCP to the employee upon request.
  - 4) All examinations and questionnaires are to remain confidential between the employee, the provider, and the Employee Health department.
- E. An additional medical evaluation is required when:
  - 1) The employee reports medical signs or symptoms that are related to the ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
  - 2) A PLHCP, supervisor, or the RPA requests a re-evaluation.
  - 3) Observations made during fit testing or program evaluation indicate a need for re-evaluation (e.g., the employee experiences claustrophobia or difficulty breathing during the fit test).
  - 4) A change occurs in workplace conditions (e.g., physical work effort, protective clothing, or temperature) that may result in a substantial increase in the physiological burden placed on an employee wearing a respirator.

VI. Fit Testing

- A. Fit testing is required for SPH employees who are required to wear any respirator with a tight-fitting facepiece. Employees voluntarily wearing respirator may also be fit tested upon request.
- B. Applicable employees will be fit tested:
  - 1) Prior to being allowed to wear any respirator with a tight fitting facepiece
  - 2) Annually
  - 3) Whenever the employee experiences or the supervisor or RPA observes physical changes that could affect respirator fit. These changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.
- C. Fit testing is not required for loose fitting respirators (i.e., PAPR with loose-fitting facepiece, a hood



or helmet that does not rely upon a tight-fitting facepiece-to-face seal). PAPR will be an option for those who are unable to pass a fit test with a tight-fitting facepiece respirator.

- D. Employees will be fit tested with the make, model, and size respirator that they will actually wear. Employees will be provided with a variety of models/sizes of respirators so that they may find an optimal fit.
- E. Employees who use tight-fitting respirators are not permitted to have facial hair that interferes with the facepiece seal or valve function.
- F. Employees who wear corrective glasses or other PPE must wear these during their fit testing to ensure that it does not interfere with the facepiece seal.

- G. The RPA will oversee the fit testing following the OSHA approved Saccharin or Bitrex Solution Aerosol QLFT Protocol of the Respiratory Protection standard (Appendix D of this RPP).
- G. The RPA has determined that QNFT is not required for the respirators used under current conditions at SPH. If conditions affecting respirator use change, the RPA will evaluate whether QNFT is required. QNFT and QLFT fit testing are done at South Peninsula Hospital with determination made by RPA.

H.

The Program Administrator will oversee QNFT fit testing following the OSHA approved Ambient Aerosol Condensation Nuclei Counter (CNC) Quantitative Fit Testing Protocol of the Respiratory Protection standard (Appendix D1 of this RPP)

- H.I. The RPA will oversee the fit testing following the OSHA approved Saccharin or Bitrex Solution Aerosol QLFT Protocol of the Respiratory Protection standard (Appendix D1 of this RPP).
- H.J. All employees who must wear respiratory protection shall receive medical clearance before fit testing is performed or the respirator is worn (per "Medical Evaluation" section, above).

## VII. Training

- A. Annual respirator training will be provided for all employees covered by this program. Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter. The training will be overseen by the Program Administration and will include the following:
  - 1) The general requirements of the OSHA Respiratory Protection standard.
  - 2) The specific circumstances under which respirators are to be used.
  - 3) Respiratory hazards employees are potentially exposed to during routine and emergency situations.
  - 4) Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
  - 5) The limitations and capabilities of the respirators that will be used.
  - 6) How to effectively use the respirators, including emergency situations and situations in which the respirator malfunctions.
  - 7) How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering facepiece respirators).
  - 8) The procedures for maintenance, storage, and cleaning or disposal of respirators. Employees who are issued PAPRs will be instructed in procedures for charging and maintaining the batteries, and for checking the air flow rate.
  - 9) How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
  - 10) How and when to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous/infectious biological materials.
- B. Additional training will be provided when there is a change in the type of respiratory protection used, or when inadequacies in the employee's knowledge or use of the respirator indicate that he or she has not retained the requisite understanding or skill.
- C. Employees will be given the opportunity during training, annual retraining, and throughout the year to provide feedback on the effectiveness of the program and suggestions for its improvement.

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**PROCEDURE:**

**A. General Use Procedures**

1. Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer. The appropriate types of respirators to be used and the exposure conditions are listed in the respirator selection chart in Appendix A of this RPP.
  - a) Employees and supervisors are expected to be diligent in observing practices pertaining to ensuring the safe use of respirators.
  - b) To ensure proper protection, the wearer will perform a user seal check, in accord with manufacturer's instructions and the training provided at the time of fit testing, each time he or she puts on a tight-fitting respirator.
  - c) Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good seal.
  - d) Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.
  - e) If unsure of respirator needed, employees must discuss with supervisor before entering any suspected hazardous area.
  - f) Filters on reusable particulate respirators will be changed by the wearer according to manufacturer's recommendations and whenever it becomes difficult to breathe. Odor or taste may not be used as the primary basis for determining the useful life of a cartridge for gases or vapors
  - g) When filtering facepiece respirators are used, respirators should be discarded after each use or sooner if breathing becomes difficult or if the respirator is damaged, soiled, or contaminated. However, a FFR may be reused by the same user, under some circumstances, as long as the respirator has not been obviously soiled or damaged (Refer to Appendix F attachments PPE Color Coded Capacity Strategies & Extended Use and Limited Reuse off PPE for specific conditions in which FFR reuse may be acceptable).

**B. Maintenance, Cleaning, and Storage of Respirators**

1. Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects.
2. Biomed is responsible for charging and maintaining PAPR pumps, filters, and batteries when they are stored or not in use.
3. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repaired beyond those recommended by the manufacturer. Repairs to regulators or alarms of atmosphere-supplying respirators will be conducted by the manufacturer.
4. All respirators will be inspected by the user prior to each use. Inspections should include a check of:
  - a) Facepiece:
    - Cracks, tears, or holes
    - Facemask distortion
    - Cracked or loose lenses/faceshield
  - b) Headstraps:
    - Breaks or tears
    - Broken buckles
  - c) Valves:
    - Residue or dirt
    - Cracks or tears in valve material
  - d) Filters/Cartridges:
    - Approval designation
    - Gaskets
    - Cracks or dents in housing
    - Proper cartridge for hazard
  - e) All rubber or plastic parts, for pliability and signs of deterioration
  - f) PAPR connecting tubes or hoses, air flow, and batteries

C. Defective Respirators

1. Respirators that are defective or have defective parts shall be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, they are to bring the defect to the attention of their supervisor/manager and Biomed. Biomed will decide whether to:
  - a) Temporarily take the respirator out of service until it can be repaired
  - b) Perform a simple fix on the spot such as replacing a head strap
  - c) Dispose of the respirator due to an irreparable problem or defect.
2. When a respirator is taken out of service for an extended period of time, the respirator will be tagged out of service, and the employee will be given a replacement of similar make, model, and size.

D. Respirator Malfunction

1. Employees must leave the respirator use area:
  - a) To adjust their respirator if the respirator is not fitting correctly or impeding their ability to work
  - b) To wash their face if the respirator is causing discomfort or rash
  - c) To change the respirator, filters, cartridges, or canister elements
  - d) To inspect the respirator if it stops functioning as intended, such as detection of vapor or gas breakthrough, changes in breathing resistance or leakage of the facepiece (e.g., fogging of eyeglasses)

E. Cleaning and storage

1. Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations in a manner to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. Managers will instruct staff on appropriate cleaning and storage locations and will ensure an adequate supply of appropriate cleaning and disinfection material at the cleaning station.
2. Employees should contact their supervisor/manager with questions or for necessary supplies.
3. Each employee will clean and inspect the respirator in accordance with the provisions of this program.
4. Reusable respirators are to be regularly cleaned and disinfected at a suitable location after use. The following procedure is to be used when cleaning and disinfecting non-disposable respirators after termination of use:
  - a) Disassemble respirator removing any filters, canisters, or cartridges.
  - b) Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.
  - c) Rise completely in clean warm water.
  - d) Wipe the respirator with disinfectant wipes to kill germs.
  - e) Air dry in a clean area.
  - f) Reassemble the respirator and replace any defective parts.
  - g) Place in a clean, dry plastic bag or other designated container in designated storage area.
  - h) Reusable respirators used in fit testing and training will be cleaned and disinfected after each use.

**NOTE:** Refer to Appendix F attachments Extended Use and Limited Reuse of PPE & PPE Color Coded Capacity Strategies for specific cleaning and storing conditions during pandemic condition or times of reduced capacity.

F. Program Evaluation

1. The RPA will conduct a periodic evaluation of the RPP to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection standard and that the RPP is being implemented effectively to protect employees from respiratory hazards. This evaluation will be done annually.
2. Program evaluation will include, but is not limited to:
  - a) A review of the written program
  - b) Completion of a program evaluation checklist based on observations of workplace practices
  - c) A review of feedback obtained from employees (to include respirator fit, selection, use, and maintenance issues) that will be collected during the annual training session.
3. The RPP will be revised as necessary, and records of revisions will be kept on file with the written program. Any procedural changes that are implemented as a result of program evaluation will be communicated to the employees and reinforced by their supervisors.

G. Recordkeeping

1. The RPA will ensure the records below are maintained as follows:
  - a) Personnel medical records such as medical clearance to wear a respirator shall be retained by Employee Health as part of a confidential medical file

- b) Documentation of training and fit testing will be kept by Employee Health until the next training or fit test. A copy of this RPP and records of program evaluations and revisions shall be kept by the RPA and on the SPH SIS and made available to all affected employees, their representatives, and representatives of OSHA upon request.

**ADDITIONAL CONSIDERATION(S):**

N/A

**REFERENCE(S):**

1. Appendix A – Respirator Assignments by Task or Location
2. Appendix B – Information for Voluntary Users
3. Appendix C – Respiratory Medical Evaluation
4. Appendix D1 – Fit Testing Procedures, General Requirements; Test Exercises; Testing Procedures, Saccharin Solution Aerosol Protocol; Fit Testing Procedures, [Ambient Aerosol Condensation Nuclei Counter \(CNC\) Quantitative Fit Testing Protocol](#), Bitrex™ (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol
5. Appendix D2 – Respirator Training, & Fit Test Checklist
6. Appendix D3 – Fit Test Card
7. Appendix E – User Seal Check Procedures
8. Appendix F – Related SPH PPE Documents

**CONTRIBUTOR(S):**

Employee Health RN; Infection Prevention RN,

**Appendix A - Respirator Assignments by Task or Location**

<b>Task or Location</b>	<b>Potential Exposure</b>	<b>Respiratory Protection</b>	<b>Employees Included</b>
Performing or present for aerosol-generating procedures on patients suspected or confirmed with a disease requiring Airborne Precautions or present when such procedures are performed, including but not limited to:  <b>Sputum induction</b> <b>Cardiopulmonary resuscitation</b> <b>Open suctioning of airways</b> <b>Endotracheal intubation and extubation</b> <b>Non-invasive ventilation (e.g., BiPAP, CPAP)</b> <b>Manual ventilation</b> <b>EGD</b> <b>Bronchoscopy</b> <b>Aerosolized administration of medications</b> <b>Pulmonary function testing</b> <b>High flow O2 delivery</b>	Infectious aerosols	N95 respirator or PAPR	<b>Physicians, CRNAs, PAs, ARNPs, CNMs, Respiratory Therapists, Nurses, CNAs, MAs, PCTs, ER Techs, Lab Techs, Phlebotomists, Surgical Techs, Social Workers, Registration Staff, Security, Maintenance &amp; Facilities Staff, Covid Care Assistants, Pharmacists, Pharmacy Techs, Sleep Technicians, Physical Therapists, Physical Therapy Assistants, Speech Language Pathologists, Occupational Therapists, Environmental Services Techs, Clinical Students; Radiology Techs</b>
Performing or present during aerosol-generating procedures on patients suspected or confirmed with influenza or COVID-19	Infectious aerosols	N95 respirator or PAPR	<b>Physicians, CRNAs, PAs, ARNPs, CNMs, Respiratory Therapists, Nurses, CNAs, MAs, PCTs, ER Techs, Lab Techs, Phlebotomists, Surgical Techs, Social Workers, Registration Staff, Security, Maintenance &amp; Facilities Staff, Covid Care Assistants, Pharmacists, Pharmacy Techs,</b>

			<b>Sleep Technicians, Physical Therapists, Physical Therapy Assistants, Speech Language Pathologists, Occupational Therapists, Environmental Services Techs, Clinical Students</b>
Entry into airborne infection isolation room or other area occupied by patients suspected or confirmed with a disease requiring Airborne Precautions.	Infectious aerosols	N95 respirator or PAPR	<b>Physicians, CRNAs, PAs, ARNPs, CNMs, Respiratory Therapists, Nurses, CNAs, MAs, PCTs, ER Techs, Lab Techs, Phlebotomists, Surgical Techs, Social Workers, Registration Staff, Security, Maintenance &amp; Facilities Staff, Covid Care Assistants, Pharmacists, Pharmacy Techs, Sleep Technicians, Physical Therapists, Physical Therapy Assistants, Speech Language Pathologists, Occupational Therapists, Environmental Services Techs, Clinical Students</b>
Performing, or present during, routine patient care and support operations on a patient suspected or confirmed with a disease requiring Airborne Precautions.	Infectious aerosols	N95 respirator or PAPR	<b>Physicians, CRNAs, PAs, ARNPs, CNMs, Respiratory Therapists, Nurses, CNAs, MAs, PCTs, ER Techs, Lab Techs, Phlebotomists, Surgical Techs, Social Workers, Registration Staff, Security,</b>

			<b>Maintenance &amp; Facilities Staff,  Covid Care Assistants,  Pharmacists,  Pharmacy Techs,  Sleep Technicians,  Physical Therapists,  Physical Therapy Assistants, Speech Language Pathologists,  Occupational Therapists,  Environmental Services Techs,  Clinical Students</b>
Cleaning/decontaminating an area occupied by a patient suspected or confirmed with a disease requiring Airborne Precautions, or cleaning/decontaminating such an area after a patient has left but before the space has been adequately ventilated.	Infectious aerosols	N95 respirator or PAPR	<b>Physicians, CRNAs, PAs, ARNPs, CNMs, Respiratory Therapists, Nurses, CNAs, MAs, PCTs, ER Techs, Lab Techs, Phlebotomists, Surgical Techs, Social Workers, Registration Staff, Security, Maintenance &amp; Facilities Staff, Covid Care Assistants, Pharmacists, Pharmacy Techs, Sleep Technicians, Physical Therapists, Physical Therapy Assistants, Speech Language Pathologists, Occupational Therapists, Environmental Services Techs, Clinical Students</b>
Laboratory operations involving aerosol transmissible disease pathogens. Resource: HCPro Lab Manual <i>COMPLETE GUIDE TO LABORATORY SAFETY</i>	Infectious aerosols	Prepared in biological safety cabinet Level 2 laboratory hood	<b>Lab Techs</b>

Hazardous medication preparation by Pharmacy	Hazardous medication aerosols	Prepared in negative pressure biological safety cabinet	<b>Pharmacists, Pharmacy Techs</b>
Hazardous medication (i.e. chemotherapy) spill per USP 800 Pharmacy Binder	Hazardous medication aerosols	PAPR	<b>Pharmacists, Pharmacy Techs, Environmental Services Techs, Nurses</b>
Cutting or sanding wood (work shop)	Dust particles	N95 dust respirator (fit testing not necessary)	Lead Carpenter, Facilities Engineers
Chemical use (boiler room)	Hazardous chemical vapor	Half face respirator with 6001 chemical/multi-gas cartridge (cartridge changed per manufacturers' recommendation)	Facilities Engineers 1,2,3,4
Aerosolized paint/vapor (metal frames and doors)(work shop)	Paint particles & vapor	Half face respirator with 6001 chemical/multi-gas cartridge (cartridge changed per manufacturers' recommendation)	Lead Carpenter and Facilities Engineer 1,2,3,4
Dust particles; Zeolite bead dust (oxygen generation room)	Dust particles	N95 dust respirator (fit testing not necessary)	Facilities Engineers 1,2,3,4

#### **Appendix B – Information for Voluntary Use**

##### **Information for Employees Using Respirators When Not Required Under Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the workers.



Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and head all instructions provided by the manufacturer on use, maintenance, cleaning & care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the US Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

**Appendix C - [Respiratory Medical Clearance Evaluation](#)**

**Appendix D1 – [Fit Testing Procedures, General Requirements; Test Exercises; Testing Procedures, Saccharin Solution Aerosol Protocol; Fit Testing Procedures, Ambient Aerosol Condensation Nuclei Counter \(CNC\) Quantitative Fit Testing Protocol, Bitrex™ \(Denatonium Benzoate\) Solution Aerosol Qualitative Fit Test Protocol](#)**

**Appendix D2 – [Respirator Training, & Fit Test Checklist](#)**

**Appendix D3 – [Fit Test Card](#)**

**Appendix E – [User Seal Check Procedures](#)**

**Appendix F – [Extended Use & Limited Reuse of PPE; PPE Color Coded Capacity Strategies](#)**

## MEMO

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

To: SPH Board of Directors  
From: Aaron Weisser, Governance Chair  
Date: January 23, 2023  
Re: Annual Policy and Bylaw Review

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I have completed a cursory review of the South Peninsula Hospital Board Bylaws and Board Policies, to satisfy the annual review of all documents. I found no issues needing immediate attention. The reviewed documents are included in the packet for your reference.

**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.**

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 5.**

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

#### **Section 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 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. December 7, 2022.
- Kelly Cooper, President
- Julie Woodworth, Secretary

 South Peninsula Hospital	<b>SUBJECT:</b> Medical Staff Credentialing Privileges	<b>POLICY #:</b> Q-01
		<b>Page 1 of 1</b>
<b>Scope:</b> Medical Staff <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 9/24/03 <b>Effective:</b> 10/27/21
<b>Revised:</b> 8/28/19; 10/27/21 <b>Reviewed:</b> N/A		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Outlining Board responsibilities for the appointment of medical staff.

**DEFINITION(S):**

N/A

**POLICY:**

The Board of Directors will appoint members to the Medical Staff in accordance with organizational values, the Bylaws of South Peninsula Hospital, Inc. and the Bylaws of the Medical Staff as approved by the Board.

**PROCEDURE:**

1. The Credentialing Committee, which includes at least one Board Representative, will investigate, and evaluate applications for membership and clinical privileges, and make a recommendation to the Medical Executive Committee.
2. Specific written recommendations regarding membership and clinical privileges will be forwarded by the Medical Executive Committee to the Board with appropriate supporting documentation that will allow the Board to take informed action.
3. The Board will make decisions on membership of the Medical Staff and clinical privileges that members may exercise after consideration of the recommendations of the Medical Staff and examination of supporting documentation.
4. The applicant shall receive written notice of appointment and special notice of any adverse final decisions from the Medical Staff Office. A decision and notice of appointment includes the staff category to which the applicant is appointed, the clinical privileges s/he may exercise, the timeframe of the appointment, and any special conditions attached to the appointment.

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors
2. Medical Staff Bylaws, August 26, 2020
3. Medical Staff Rules, and Regulations, May 26, 2021
4. Governing Body Bylaws

**CONTRIBUTOR(S):**

Board of Directors; Quality Management Director and Medical Staff Office Coordinator

 South Peninsula Hospital	SUBJECT: Peer Review	POLICY #: Q-02
		Page 1 of 1
Scope: Medical Staff Approved by: Board of Directors		Original Date: 9/24/3 Effective: 12/1/21
Revised: 8/28/19; 12/1/21 Reviewed: N/A		Revision Responsibility: Board of Directors

**PURPOSE:**

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

**DEFINITION(S):**

N/A

**POLICY:**

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

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

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

**CONTRIBUTOR(S):**

Board of Directors; Quality Management Director; Medical Staff Office Coordinator

 South Peninsula Hospital	<b>SUBJECT:</b> Professional Liability Insurance	<b>POLICY #:</b> Q-03
		<b>Page 1 of 1</b>
<b>Scope:</b> Medical Staff <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 9/24/03 <b>Effective:</b> 10/27/21
<b>Revised:</b> 8/28/19 <b>Reviewed:</b> 10/27/21		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Requirements for Medical Staff professional liability insurance coverage.

**DEFINITION(S):**

N/A

**POLICY:**

- A. All non-employed members of the Medical Staff with clinical privileges will maintain professional liability insurance, through their own practice or through accommodations made with South Peninsula Hospital, at the minimum of \$1,000,000 per incident and \$3,000,000 cumulative per year. Staff members may substitute a bond in the same amounts.
- B. South Peninsula Hospital will provide professional liability insurance coverage for staff members who are employed by SPH and therefore will automatically meet these requirements.

**PROCEDURE:**

1. Non-employed physicians, dentists and Advanced Practice Professionals requesting clinical privileges shall provide proof of professional liability insurance coverage, adding the hospital as an additional insured, or make arrangements through the Administrative office to receive coverage. Coverage shall be with a professional insurance carrier licensed or approved as a surplus lines' carrier by the State of Alaska or with a bonding company acceptable to the Board.
2. All members of the Medical Staff will sign a form acknowledging and agreeing to comply with these and other provisions of the Bylaws, Rules, and Regulations and Policies of South Peninsula Hospital and the Medical Staff.

**ADDITIONAL CONSIDERATION(S):**

N/A


**REFERENCE(S):**

1. Operating Agreement
2. Medical Staff Bylaws, August 26, 2020
3. Rules and Regulations, May 26, 2021
- 4.

**CONTRIBUTOR(S):**

Board of Directors, Quality Management Department



 South Peninsula Hospital	SUBJECT: Consent for Treatment	POLICY #: Q-04
		Page 1 of 1
Scope: Hospital-Wide Approved by: Board of Directors		Original Date: 9/23/03 Effective: 10/27/21
Revised: 8/28/19; 10/27/21 Reviewed: N/A		Revision Responsibility: Board of Directors

**PURPOSE:**

Requirements for Medical Staff to provide risks and benefits of treatment(s) to patients and residents.

**DEFINITION(S):**

N/A

**POLICY:**

1. Care will be administered to patients only after the patient or qualified representative:
  - A. Has been informed by the Provider of the relative risks and benefits of the treatment, and where appropriate, of available alternative option(s) to the proposed care.
  - B. Has consented knowingly to the treatment or procedure.
2. The CEO will establish and maintain policies and procedures to ensure compliance with this policy. (See *SPH Hospital policy HW-036 Consent for Treatment*)

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. HW-36 Consent for Treatment
2. HW-068: Patient and Resident Rights

**CONTRIBUTORS:**

Board of Directors, Quality Management Director and Regulatory Compliance/Privacy Officer

 South Peninsula Hospital	<b>SUBJECT:</b> Non-Physician Medical Screening Examinations	<b>POLICY #:</b> Q-05
		<b>Page 1 of 1</b>
<b>Scope:</b> Medical Staff <b>Approved by:</b> Human Resources		<b>Original Date:</b> 9/24/03 <b>Effective:</b> 10/27/21
<b>Revised:</b> 8/28/19; 10/27/21 <b>Reviewed:</b> N/A		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Required personal qualifications to provide medical screening examinations.

**DEFINITION(S):**

N/A

**POLICY:**

- A. Appropriately qualified personnel, other than physicians, known as a designated medical screening professional, may provide medical screening examinations as required by law and regulation.
- B. The CEO, in coordination with the Medical Staff, will determine the qualifications of such individuals and will establish policies and procedures for conducting non-physician medical screening examinations.
- C. The CEO is delegated the authority to act on behalf of the Board of Directors to approve individuals as designated medical screening professionals in accordance with established policies and criteria.
- D. While it is permissible for a hospital to designate a non-physician practitioner as the qualified medical person, the designated non-physician practitioners must be set forth in a document that is approved by the governing body of the hospital. Those health practitioners designated to perform medical screening examinations are to be identified in the hospital by-laws or in the rules and regulations governing the medical staff following governing body approval.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. Patient Care Services policy PCS-132 Medical Screening for Emergency Care
2. The Emergency Medical Treatment and Active Labor Act (EMTALA)
3. 42 CFR §489.24 Condition of Participation: Special responsibilities of Medicare hospitals in emergency cases.
4. 42 CFR §482.55 Condition of Participation: Emergency services.
5. 42 CFR §482.618 CAH Condition of Participation: Emergency services.

**CONTRIBUTORS:**

Board of Directors, Quality Management Director and Regulatory Compliance/Privacy Officer

 South Peninsula Hospital	SUBJECT: Quality Monitoring	POLICY #: Q-06
		Page 1 of 1
Scope: Quality Approved by: Board of Directors		Original Date: 9/24/03 Effective: 10/27/21
Revised: 8/28/19; 10/27/21 Reviewed: N/A		Revision Responsibility: Board of Directors

**PURPOSE:**

Guidelines for data monitoring to ensure continued quality of care.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The Board will ensure the quality of care provided in and by the organization by reviewing a variety of reports and records determined to be appropriate indicators of quality of care and will ensure adherence to established organizational values and expected behaviors.
- B. On a quarterly basis, the Board will monitor and assess the Hospital Board of Trustees Balanced Scorecard (BSC) report and associated Plan-Do-Study-Act (PDSA) reports, and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) as appropriate to the operation of the facility.

**PROCEDURE:**

1. The Board will periodically review employee and Medical Staff satisfaction rates; and the accomplishments of the Quality Program.
2. The hospital will participate in Quality of Care initiatives as indicated on the Balanced Scorecard including publicly reported data found on Care Compare through the Centers of Medicare and Medicaid Services for services provided by South Peninsula Hospital. The results of these focused studies will be reported as the data is available.
3. The Board will review and approve the Quality Plan on an annual basis.

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

1. South Peninsula Hospital Values & Behaviors as adopted by the Board of Directors
2. Quality Plan, May 26, 2021; Section IV: Roles and Responsibilities, Operating Board of Directors (BOD)

**CONTRIBUTOR(S):**

Board of Directors, Quality Management Director

 South Peninsula Hospital	<b>SUBJECT:</b> Conflict of Interest	<b>POLICY #:</b> SM-01
		<b>Page 1 of 1</b>
<b>Scope:</b> Board of Directors <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 9/24/03 <b>Effective:</b> 8/25/21
<b>Revised:</b> 5/28/08; 11/16/11; 3/4/19; 8/25/21 <b>Reviewed:</b> N/A		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Compliance requirements for Board members to report potential or actual conflicts of interest.

**DEFINITION(S):**

N/A

**POLICY:**

- A. Board service carries with it a requirement of loyalty and fidelity to the hospital. It is the responsibility of the members of the board to govern the hospital's affairs honestly and economically, exercising their best care, skill, and judgment for the benefit of the hospital.
- B. Any duality of interest or possible conflict of interest can best be handled through full disclosure of such interest, together with abstention from any vote where the interest is involved.

**PROCEDURE:**

1. The board has identified potential conflict of interest situations in the "Conflict of Interest Questionnaire." Candidates for appointment shall complete the questionnaire prior to appointment. Responses to the questionnaire will be considered by the board when evaluating candidates.
2. Any duality of interest or possible conflict of interest on the part of board members will be disclosed to the other members of the board and made a matter of record, annually or when the interest becomes a matter of board action. Members will file a Conflict of Interest Questionnaire at the Annual Meeting each January.
3. Any board member having a duality of interest or possible conflict of interest on any matter will not vote or use his/her personal influence on the matter. He/she will not be counted in determining the quorum for the vote and must leave the room prior to the vote. The minutes of the meeting will reflect that a disclosure was made, the abstention from voting, and the quorum situation.
4. The foregoing requirements will not be construed as preventing the board member from stating his/her position in the matter, nor from answering pertinent questions of other board members, since his/her knowledge may be of assistance.

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. IRS Form 990

**CONTRIBUTORS:**

Governance Committee, Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> Responsibilities of Board Members	<b>POLICY #:</b> SM-02
		<b>Page 1 of 1</b>
<b>Scope:</b> Hospital-Wide <b>Approved by:</b> Human Resources		<b>Original Date:</b> 9/24/03 <b>Effective:</b> 8/25/21
<b>Revised:</b> 5/28/08; 9/24/14; 11/17/15; 8/25/21 <b>Reviewed:</b> N/A		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Defining roles and responsibilities of the Board of Directors.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The power and authority of the board comes from the board as a whole; individual members do not have decision making or directive authority unless specifically designated by the board. The Board of Directors alone has directive or tasking authority over the CEO.
- B. Board Member Responsibility
  1. Be a conscientious member of the board, helping the board to fulfill its responsibilities for directing the hospital, fulfilling its mission, protecting and furthering its assets, and being accountable to the public at large for the ethical conduct of all hospital affairs.

**PROCEDURE:**

1. Be loyal to the hospital, always furthering the interests of the hospital in its pursuit of its mission, and disclosing and avoiding any potential conflict of interest.
2. Be diligent in the fulfillment of board responsibilities; always be prepared for decisions addressed by the board; prepare to attend and actively participate in board meetings and in continuing education opportunities. Make an effort to become knowledgeable about healthcare issues and trends and South Peninsula Hospital operations.
3. Stay focused at board meetings; come prepared; be a good listener; participate and ask questions to gain knowledge; maintain ethics and values.
4. Be prudent in all decisions made on behalf of the hospital, employing judgment consistent with generally accepted standards and/or practices for the issue at hand, based on the information that is available.
5. Respect the confidentiality of the boardroom and refer all inquiries for public statements to the hospital's PR/Marketing Director.
6. Support the decisions and policies of the board until such time as those decisions or policies are changed by an official action of the board.
7. Help define and then support the roles delegated to management and the medical staff and to assure that accountability mechanisms exist to receive reports on the delegated duties.
8. Be a champion of the South Peninsula Hospital Values and Behaviors.
9. Direct all requests for information or assistance to the CEO or Acting CEO or designee.
10. Engage in regular self-evaluation processes of the board and be responsible to notify the board chairman or nominating committee at such time as the member determines that he/she cannot continue to carry out the duties of the position.
11. Be aware that all public comments and actions, whether or not made as a representative of South Peninsula Hospital, may be perceived as such and may have a negative impact on the hospital's reputation in the community.

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors

**CONTRIBUTOR(S):**

Operating Board; Chief Executive Officer

 South Peninsula Hospital	<b>SUBJECT:</b> Communications with News Media	<b>POLICY #:</b> SM-03
		<b>Page 1 of 1</b>
<b>Scope:</b> Board of Directors <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 9/24/03 <b>Effective:</b> 6/23/21
<b>Revised:</b> 7/25/07; 5/28/08; 6/23/21 <b>Reviewed:</b> N/A		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Guidelines for communications with news media related to facility operations.

**DEFINITION(S):**

N/A

**POLICY:**

- A. South Peninsula Hospital will maintain open, honest communication with the news media.
- B. The PR/Marketing Director will serve as the official spokesperson for the hospital to ensure accuracy and compliance with Board guidance.
- C. This policy does not preclude the Board President from commenting on Board decisions or policies.

**PROCEDURE:**

1. Board members contacted by the news media should refer the inquiry to the hospital's PR/Marketing Director
2. Board members may reference document Board Suggested Communications with News Media for sample appropriate responses to media inquiries.

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

1. *Replaced Board Policy AB-04-12*

**CONTRIBUTOR(S):**

Board of Directors

 South Peninsula Hospital	SUBJECT: Minutes of the Board	POLICY #: SM-04
		Page 1 of 1
Scope: Board of Directors Approved by: Board of Directors		Original Date: 9/24/03 Effective: 8/25/21
Revised: 8/25/21 Reviewed: 8/28/19		Revision Responsibility: Board of Directors

**PURPOSE:**

Guidelines for documentation of meeting sessions held by the Board of Directors and their related committees.

**DEFINITION(S):**

N/A

**POLICY:**

- A. Recordings made of the proceedings of board meetings will be retained until the next board meeting, or until such time as the minutes are approved by the Board of Directors, at which time the recordings will be erased, unless litigation is pending.
- B. The approved minutes are the official record of the meeting.
- C. Executive sessions are not recorded.
- D. Approved minutes will be posted to the South Peninsula Hospital website as soon as is practical after approval.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

- 1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	SUBJECT: Board Evaluation	POLICY #: SM-05
		Page 1 of 1
Scope: Hospital-Wide Approved by: Human Resources		Original Date: 9/24/03 Effective: 5/26/21
Revised: 8/28/19 Reviewed: 5/26/21		Revision Responsibility: Board of Directors

**PURPOSE:**

Statement regarding the Board of Directors self-evaluation process.

**DEFINITION(S):**

N/A

**POLICY:**

1. The board will evaluate its performance as an organization and the performance of its committees annually using a methodology determined by the Board.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**

N/A


**REFERENCE(S):**

N/A

**CONTRIBUTORS:**

Board of Directors



 South Peninsula Hospital	SUBJECT: Strategic Planning	POLICY #: SM-06
		Page 1 of 1
Scope: Board of Directors, Chief Executive Officer Approved by: Board of Directors		Original Date: 9/24/03 Effective: 5/26/21
Revised: 11/16/11; 11/20/19; 5/26/21 Reviewed: N/A		Revision Responsibility: Board of Directors

**PURPOSE:**

Guidelines for periodic reporting to the board on strategic planning initiatives.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The board will review and approve the strategic plan at least annually, prior to the beginning of the budget planning cycle.
- B. Administration of the plan will be pursuant to the Operating Agreement.
- C. The CEO will provide the board a quarterly status report on action plans and objectives of the strategic plan.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

- 1. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	SUBJECT: Board Member Orientation	POLICY #: SM-07
		Page 1 of 1
Scope: Board of Directors Approved by: Board of Directors		Original Date: 9/24/03 Effective: 6/23/21
Revised: 3/24/04; 5/28/08; 6/24/09; 6/23/10; 4/29/13; 6/25/14; 1/28/15; 11/17/15; 10/17/16; 8/28/19; 6/23/21 Reviewed: N/A		Revision Responsibility: Board of Directors

**PURPOSE:**

Orientation requirements of new members of the Board of Directors of South Peninsula Hospital, Inc.

**DEFINITION(S):**

N/A

**POLICY:**

- A. New members of the board will be oriented to the hospital and their role and responsibilities as a board member as soon as practical after appointment. The Board President will assign a mentor to the new member to act as a resource, answer questions and ensure completion of the orientation.
- B. The Executive Assistant will schedule orientation day(s) for the new Board member to facilitate completion of the Board Member Orientation Checklist and compile and deliver a Board Orientation Binder. The checklist will be used by the new board member to follow progress of their orientation.
- C. When the checklist is completed, it will be returned to the mentor, who will verify completion. The mentor will forward the checklist to the Education Committee.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors
2. Board Work – Pointer and Orlikoff
3. MASH 99603 – History of South Peninsula Hospital

**CONTRIBUTOR(S):**

Board of Directors

 South Peninsula Hospital	SUBJECT: Committee Responsibilities	POLICY #: SM-08
		Page 1 of 2
Scope: Board of Directors Approved by: Board of Directors		Original Date: 6/23/04 Effective: 10/26/22
Revised: 8/28/19; 10/26/22 Reviewed: N/A		Revision Responsibility: Board of Directors

## 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

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

Year 3 – Self Management Policies

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

 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: 3/31/21 Effective: 10/26/22
Revised: 8/28/19; 7/28/21; 10/26/22 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

1. The Governance Committee will facilitate the election of new board members and commence the electoral process no later than September of each year.
2. 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.
3. 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.
4. Applications will be reviewed by the Membership Committee.
5. Interviews will be coordinated for selected candidates, and all board members will be invited to attend the interview.
6. 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):**  
N/A

**CONTRIBUTORS:** Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> Board Orientation and Continuing Education	<b>POLICY #:</b> SM-10
		<b>Page 1 of 2</b>
<b>Scope:</b> Board of Directors <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 8/27/08 <b>Effective:</b> 9/29/21
<b>Revised:</b> 4/2019; 11/20/19 <b>Reviewed:</b> 9/29/21		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Requirements for Board member orientation and continuing education.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The Board of Directors recognizes the importance of continuing education for Board members, and the benefits of attending workshops and seminars to further Board effectiveness.
- B. Pursuant to the Operating Agreement, the SPHI Board will establish a Board Orientation and Continuing Education Program. Per section 17 b 1 of Operating Agreement, the Board will report annually on compliance with the Program to the Contract Administrator. The Board Orientation plan is contained in Policy SM-07. An annual Education budget of hours and dollars will be established based on the plan during the Operating Budget Preparation Cycle.
- C. Every Board member will be required to attend one educational conference at least every other year. The Alaska State Hospital and Nursing Home Association (ASHNHA) Annual Conference and the American Hospital Association's Rural Health Care Leadership Conference are strongly encouraged.
- D. Due to the expense of attending out of town educational opportunities, attendance will be limited to Board members who are in good standing and have 12 months or more left of their term unless they indicate their intent to renew their term. Attendance will be determined by the President of the Board of Directors.
- E. Possible subject matter areas for Board Education include the items in Appendix A to this Policy. The annual content will vary based on Board needs at the time of the Planning Cycle, but will, in general, contain information from the Subject Matter Areas.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATION(S):**

N/A

**REFERENCE(S):**

- A. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors
- B. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020
- C. Appendix A – SM-10 Board Orientation and Continuing Education Subject Matter Areas


**CONTRIBUTOR(S):**

Board of Directors

**Appendix A**  
**SM-10 Board Orientation and Continuing Education**  
**Subject Matter Areas**

1. Credentialing
2. The Basic Roles and Responsibilities of Today's Board
3. This Hospital: (Services, Management, and Administration)
4. Fiduciary Responsibilities (Hospital Finances and Budgets)
5. The Board's Leadership Role
6. Th Board's Role in Mission, Vision, and Values
7. Understanding Key Stakeholders (Regulatory Entities; the Community; etc.)
8. Defining the Organization's Future and Strategically Managing for the Future
  - a. Strategic Planning
  - b. Trends in Healthcare
9. Rural Hospital Issues
10. Board Effectiveness and Orientation
  - a. Analyzing performance
  - b. Role of Board committees
  - c. Improving performance
11. The Board's Role in Quality (Patient Safety & Quality)
12. The Board's Relationship with the:
  - a. CEO
  - b. Medical Staff
  - c. Workforce
13. The Board's Role in Managing Change
14. Conflict Management at the Board Level
15. Medical and Information Technologies
16. Trustees as Health Advocates
17. Critical Access Hospital



 South Peninsula Hospital	SUBJECT: Employee Recognition	POLICY #: SM-11
		Page 1 of 1
Scope: Board of Directors Approved by: Board of Directors		Original Date: 12/17/08 Effective: 4/28/21
Revised: 9/24/08, 9/24/14, 11/17/15, 4/28/21 Reviewed: N/A		Revision Responsibility: Board of Directors

**PURPOSE:**

Program guidelines for the recognition of employees based on years of service.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The Board of Directors recognizes years of service of employees of South Peninsula Hospital (SPH) and observes the following program of recognition
1. The Board of Directors will present retiring Employees who have completed 20 or more years of service to SPH a Proclamation recognizing their contribution.
  2. Administration will notify the President of upcoming retirement plans for placement of the Proclamation on the Consent Agenda for the President's signature.
  3. Administration will prepare the Proclamation for presentation to the employee.
  4. If insufficient time is available for the Proclamation to be placed on the Consent Agenda, this policy authorizes an officer of the Board to sign the Proclamation without the vote of the Board. In such an event, notice of such will be provided at the next board meeting.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors

**CONTRIBUTORS:**

Operating Board Members; Human Resources Director

 South Peninsula Hospital	SUBJECT: Board Member Stipends	POLICY #: SM-12
		Page 1 of 1
Scope: Board of Directors Approved by: Board of Directors		Original Date: 3/29/18 Effective: 9/29/21
Revised: 8/28/19 Reviewed: 9/29/21		Revision Responsibility: Board of Directors

**PURPOSE:**

Guidelines for remuneration to the Board of Directors for their services as members.

**DEFINITION(S):**

N/A

**POLICY:**

A. The Board of Directors will receive a stipend based on the following schedule effective January 1, 2018:

<b>Position</b>	<b>Monthly Stipend</b>
Director	\$500
Officers:	
Treasurer	\$625
Secretary	\$625
Vice President	\$625
President	\$750

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

N/A

**CONTRIBUTOR(S):**

Board of Directors; Chief Financial Officer

 South Peninsula Hospital	SUBJECT: Political Candidates	POLICY #: SM-13
		Page 1 of 1
Scope: Board of Directors Approved by: Board of Directors		Original Date: 7/23/14 Effective: 4/28/21
Revised: 8/28/19, 4/28/21 Reviewed: N/A		Revision Responsibility: Board of Directors

**PURPOSE:**

Federal compliance requirements for endorsement of political candidates.

**DEFINITION(S):**

N/A

**POLICY:**

- A. Per the restrictions of our IRS status as a 501C-3 organization, South Peninsula Hospital (SPH) will not endorse political candidates. However, it is in the best interest of SPH to encourage communication between potential elected officials and the hospital.
- B. Local candidates seeking public offices which directly affect the operations of SPH are permitted to present to the Board of Directors if they request such an opportunity.
- C. Equal time, not to exceed 10 minutes, and access will be provided to any and all candidates who request such communication. Such presentation will be made to the Board of Directors at a regularly scheduled Board meeting.
- D. Additional communication between the CEO and a political candidate is permitted strictly for the purpose of informing the candidate of any legislative concerns or priorities the hospital may have.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

N/A

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> Board – Administrator Communication	<b>POLICY #:</b> EMP-01
		<b>Page 1 of 1</b>
<b>Scope:</b> Executive Leadership <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 10/22/03 <b>Effective:</b> 6/23/2021
<b>Revised:</b> 8/28/19 <b>Reviewed:</b> 6/23/2021		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Expectations regarding communication between the Chief Executive Officer and the Board of Directors.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The CEO shall promote and demonstrate open and honest communication in all hospital business.
- B. The CEO will protect the privacy of patient information, financial information, and sensitive risk management information. Such information will be divulged only on a “need to know” basis in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and other legal and regulatory guidelines.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

N/A

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	SUBJECT: Corporate Compliance	POLICY #: EMP-02
		Page 1 of 1
Scope: Hospital-Wide Approved by: Board of Directors		Original Date: 10/22/03 Effective: 5/26/21
Revised: 5/08; 4/19; 5/26/21 Reviewed: N/A		Revision Responsibility: Operating Board of Directors

**PURPOSE:**

Guidelines for the develop of the SPH Corporate Compliance Plan.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The CEO is prohibited from engaging in, or allowing employees or agents of the organization to engage in any act that would be judged by a reasonable person to be unethical, imprudent, or illegal, or that violates board policies and decisions.
- B. The CEO will ensure that the hospital complies with all applicable federal, state, and local laws & regulations, both civil and criminal and to this end will prepare a Corporate Compliance Plan for board approval and will establish the necessary policies and procedures to implement this plan.

**PROCEDURE:**

1. The CEO will update and maintain the Corporate Compliance Plan/Program to reflect new laws, and adjust hospital-wide policies and procedures, if needed.
2. The CEO will prepare an annual Corporate Compliance report for the Board of Directors.
3. The Board President or designee will conduct an exit interview for the Corporate Compliance Officer. The interview will be compliance-focused and include the following two questions:
  - A. Is your departure directly or indirectly related to safety or compliance concerns with the hospital?
  - B. Are there any compliance-related issues you feel the Board needs to be aware of?

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. SPH Corporate Compliance and Ethics Program
2. SPH Hospital-Wide policy HW-101 Corporate Compliance

**CONTRIBUTORS:**

Board of Directors; Administration

 South Peninsula Hospital	<b>SUBJECT:</b> Disruptive Conduct & Abusive Behavior	<b>POLICY #:</b> EMP-03
		<b>Page 1 of 1</b>
<b>Scope:</b> Executive Leadership <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 10/22/03 <b>Effective:</b> 6/23/2021
<b>Revised:</b> 8/28/19 <b>Reviewed:</b> 6/23/2021		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Provisions of authority for establishing appropriate workplace behavioral expectations.

**DEFINITION(S):**

N/A

**POLICY:**

A. The CEO will ensure that the hospital maintains a work environment free from disruptive and abusive behavior and to this end will establish the necessary policies and procedures.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. HW-021 Sexual Harassment
2. HW-218 Work Place Bullying
3. HW-106 Code of Conduct
4. Medical Staff Rules & Regulations, Rule 20, Disruptive Behavior

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> Contracting for Professional Medical Services	<b>POLICY #:</b> EMP-04
		<b>Page 1 of 1</b>
<b>Scope:</b> Executive Leadership <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 10/22/03 <b>Effective:</b> 6/23/2021
<b>Revised:</b> 11/7/19 <b>Reviewed:</b> 6/23/2021		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Guidelines for negotiating professional medical services contracts.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The CEO will avoid conflicts of interest or the appearance of a conflict of interest in the negotiating of contracts for professional medical services.
- B. Contracts for professional medical services will be negotiated to obtain the most cost-effective, high-quality services available and done in accordance with the Operating Agreement.
- C. Contracts may be developed by competitive bidding or sole source award.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

- 1. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> Hiring or Terminating Individuals in Key Positions	<b>POLICY #:</b> EMP-05
		<b>Page 1 of 1</b>
<b>Scope:</b> Executive Leadership <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 10/22/03 <b>Effective:</b> 6/23/2021
<b>Revised:</b> 11/20/19 <b>Reviewed:</b> 6/23/2021		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Requirements for termination of executive leadership personnel.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The CEO will not terminate or hire individuals in the positions of the Chief Financial Officer or Chief Nursing Officer without first advising the Board of the planned action.
- B. The borough must be notified within 14 days of any changes in these positions or the CEO position in accordance with section 17 (e) of the Operating Agreement.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**

N/A


**REFERENCE(S):**

1. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020

**CONTRIBUTORS:**

Board of Directors



 South Peninsula Hospital	<b>SUBJECT:</b> Environmental Responsibility	<b>POLICY #:</b> EMP-06
		<b>Page 1 of 1</b>
<b>Scope:</b> Executive Leadership <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 10/22/03 <b>Effective:</b> 6/23/2021
<b>Revised:</b> 8/28/19 <b>Reviewed:</b> 6/23/2021		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Statement of SPH environmental protection responsibility.

**DEFINITION(S):**

N/A

**POLICY:**

A. All operations of South Peninsula Hospital will be conducted in accordance with applicable Federal, State, and local regulations governing protection of the environment and all relevant sections of the Sublease and Operating Agreement.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. Hospital Policy HW-027 Environmental Responsibility

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> Use of Hospital Facilities & Equipment	<b>POLICY #:</b> EMP-07
		<b>Page 1 of 1</b>
<b>Scope:</b> Executive Management Performance <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 10/22/03 <b>Effective:</b> 9/29/21
<b>Revised:</b> 5/28/08; 11/16/11; 3/4/19; 9/29/21 <b>Reviewed:</b> N/A		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Restrictions on use of South Peninsula Hospital, Inc. facilities, property, and assets.

**DEFINITION(S):**

N/A

**POLICY:**

A. Hospital facilities, equipment, and tools are to be used solely for conducting the business of South Peninsula Hospital, Inc.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

N/A

**CONTRIBUTOR(S):**

Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> CEO Performance Evaluation	<b>POLICY #:</b> EMP-08
		<b>Page 1 of 1</b>
<b>Scope:</b> Board of Directors, Chief Executive Officer, Senior Managers <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 10/22/03 <b>Effective:</b> 7/28/21
<b>Revised:</b> 8/28/19; 7/28/21 <b>Reviewed:</b> N/A		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Guidelines for the annual review of the Chief Executive Officer's performance, recognition of accomplishments, and identification of focus areas that will result in greater performance in the upcoming year.

**DEFINITION(S):**

N/A

**POLICY:**

- A. Evaluation of the CEO of South Peninsula Hospital is the responsibility of the Board of Directors.
- B. The Board of Directors will establish goals, objectives, and expectations for the CEO, and review the compensation package to ensure South Peninsula Hospital is fair and competitive, yet fiscally responsible.
- C. The evaluation will be utilized to engage conversation, improve communication, and ensure the goals and objectives of the Board and the CEO are aligned and for the betterment of our organization.
- D. The Governance Committee is responsible for coordinating the evaluation, including compiling results and preparing a summary, as well as providing compensation information to the Board, and will maintain an outline of steps to ensure timely completion in connection with the annual budget cycle
- E. The final evaluation and compensation will be decided by the Board as a whole.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

N/A

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> CEO Succession Plan	<b>POLICY #</b> EMP-09
	<b>SCOPE:</b> Executive Management Performance <b>RESPONSIBLE DEPARTMENT:</b> Board of Directors	<b>PAGE:</b> 1 <b>OF:</b> 1
		<b>ORIGINAL DATE:</b> 08/23/2007 <b>REVISED:</b> 11/17/2015; 11/2019
<b>APPROVED BY:</b> Board of Directors		<b>EFFECTIVE:</b> 11/20/2019

## **POLICY STATEMENT**

In order to ensure the continuous coverage of executive duties critical to the ongoing operations of South Peninsula Hospital, the Board of Directors is adopting policies and procedures for the temporary appointment of an Acting Executive Director in the event of an unplanned absence of the CEO and procedures to follow for hiring a new CEO in the event of a retirement or resignation.

## **PROCEDURE**

In the event of an unplanned absence of the CEO, or the resignation/retirement of the CEO, the Board President and an ad hoc committee will implement an interim plan as well as a recruitment plan. No senior leader may perform more than one role for any extended time in accordance with the Operating Agreement.

## **SPECIAL CONSIDERATIONS**


None

## **REFERENCES**

Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020

## **CONTRIBUTORS**

Board of Directors

 South Peninsula Hospital	SUBJECT: Investment of Facility Funds	POLICY #: F-03
		Page 1 of 1
Scope: Finance Approved by: Board of Directors		Original Date: 10/22/03 Effective: 7/28/21
Revised: 1/22/20 Reviewed: 7/28/21		Revision Responsibility: Board of Directors

**PURPOSE:**

Guidelines for the management of South Peninsula Hospital's operating funds.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The hospital's operating funds will be invested and managed to ensure safety of principal, maintaining sufficient liquidity to meet cash flow requirements, and achieving a reasonable market rate of return.
- B. The Chief Executive Officer (CEO), in consultation with the Chief Financial Officer (CFO), shall establish written procedures for the operation of the investment program consistent with this policy. The CEO shall be responsible for all transactions undertaken and shall establish a system of controls to regulate investment activities.
- C. Hospital funds shall be invested in accordance with the Title 5.10.040 of the Kenai Peninsula Borough Code "Authorized Investments":
  1. US Treasury Securities – 5 years
  2. Other obligations of the US Government, its agencies and instrumentalities – 5 years
  3. Certificates of deposit at FDIC insured banks, collateralized – 3 years
  4. Deposits at banks, to the extent that the deposits are insured by the FDIC, and portions in excess of FDIC limits collateralized – 3 years
  5. Money market mutual funds with portfolios consisting entirely of instruments specified in 1, 2, and 3 above
  6. Other investments as defined by borough code
- D. The hospital may place all or a part of the funds with the Kenai Peninsula Borough, which has the same investment strategy. Excess funds greater than 90 days operating cash will be transferred to the Kenai Peninsula Borough in accordance with the Operating Agreement.
- E. If funds are maintained separately from the Kenai Peninsula Borough funds, the CEO shall submit annually to the Hospital Finance Committee an investment report that summarizes the portfolio in terms of investment securities, maturities, risk categories, returns, and other features.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. Operating Agreement, 2020
2. KPB Code Title 5.10.040 "Authorized Investments"

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	SUBJECT: Operational Reserves	POLICY #: F-05
		Page 1 of 1
Scope: Finance Approved by: Board of Directors		Original Date: 10/22/03 Effective: 7/28/21
Revised: 1/22/20 Reviewed: 7/28/21		Revision Responsibility: Board of Directors

**PURPOSE:**

Guidelines for the maintenance of operational reserve funds.

**DEFINITION(S):**

N/A

**POLICY:**

- A. Cash or cash equivalents goal is to maintain an amount equal to a maximum of 90 days operating expenses to ensure adequate funding of day-to-day operations. These funds are used to cover operating expenses when unexpected events affect cash flow.
- B. Cash in excess of 90 days operating expenses will be transferred to the Plant Replacement and Expansion Fund maintained at the Kenai Peninsula Borough in accordance with the 2020 Operating Agreement.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

- 1. Operating Agreement, 2020

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	SUBJECT: Pension Plan Investment	POLICY #: F-07
		Page 1 of 1
Scope: Finance Approved by: Board of Directors		Original Date: 10/22/03 Effective: 7/28/21
Revised: 8/28/19 Reviewed: 7/28/21		Revision Responsibility: Board of Directors

**PURPOSE:**

Guidelines for the management of the South Peninsula Hospital (SPH) Employee's Pension Plan (Plan).

**DEFINITION(S):**

N/A

**POLICY:**

- A. The Trustees of the SPH Plan shall establish a policy for the investment of Plan assets that provide guidelines to meet the fiduciary responsibilities of the hospital and ensure adequate funding of the Plan for employees and other beneficiaries.
- B. A report of fund activity will be made to the Board no later than the end of the first quarter of each calendar year.
- C. The investment policy for the Plan will be maintained with the Plan description and documents. The Plan Trustees will review the investment policy at least every two years and report the results of the review to the Board.
- D. The Plan will be audited annually, and a report of the audit results will be made to the Board.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

N/A

**CONTRIBUTORS:**

Chief Financial Officer; Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> Board Member & CEO Travel	<b>POLICY #:</b> F-08
		<b>Page 1 of 1</b>
<b>Scope:</b> Finance <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 10/22/03 <b>Effective:</b> 7/28/21
<b>Revised:</b> 1/22/20 <b>Reviewed:</b> 7/28/21		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Reimbursement requirements for Board member and Chief Executive Officer travel expenses.

**DEFINITION(S):**

N/A

**POLICY:**

- A. Board members and the CEO will be reimbursed usual and customary expenses for travel on hospital business in accordance with established hospital procedures and Internal Revenue Service regulations.
- B. Unbudgeted travel by Board members and the CEO will be approved in advance by the Board President.
- C. Forms for travel approval and reimbursement will be maintained by Administration.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**

N/A


**REFERENCE(S):**

- 1. Hospital policy HW-024 Employee Travel

**CONTRIBUTORS:**

Board of Directors



 South Peninsula Hospital	<b>SUBJECT:</b> Capital Purchases	<b>POLICY #:</b> F-09
		<b>Page 1 of 2</b>
<b>Scope:</b> Finance <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 10/22/03 <b>Effective:</b> 7/28/21
<b>Revised:</b> 4/07; 12/07; 6/08; 8/08; 9/14; 9/15; 6/17; 2/20 <b>Reviewed:</b> 7/28/21		<b>Revision Responsibility:</b> Board of Directors

## PURPOSE:

Guidelines for the management of capital purchase requests.

## DEFINITION(S):

N/A

## POLICY:

- A. South Peninsula Hospital (SPH) purchases will be made with the commitment to being a good steward of resources.
- B. Purchases will comply in all respects with the Kenai Peninsula Borough (KPB) Purchasing Code as specified in the Operating Agreement, including, but not limited to, applicable requirements for competitive bidding and nondiscrimination.
- C. Capital equipment purchases or construction projects in excess of the financial threshold requiring a Certificate of Need (CON) will not be approved by the Board until a CON is obtained.

## PROCEDURE:

### A. Approval Levels

1. Board or Borough approval of purchases is required as follows:

Position	Expenditure
CFO approval	Budgeted capital < \$25,000
CEO approval	Budgeted capital < \$100,000
BOD approval/ SAB/ Assembly notice	Budgeted capital purchases > \$250,000 < \$500,000
BOD / SAB / Assembly approval	Budgeted capital purchase > \$500,000
BOD notice	Unbudgeted capital purchases > \$5,000 < \$100,000
BOD approval	Unbudgeted capital purchase > \$100,000 < \$250,000
BOD / SAB / KPB approval	Unbudgeted capital purchases > \$250,000

2. Purchases will be made through the hospital's approved Group Purchasing Organizations (GPO) to the maximum extent possible. When used, GPO contact numbers will be noted on purchasing requisitions. When the GPO is not used, documentation of compliance with the KPB Purchasing Code will be provided.

### B. Capital Purchase Items

1. Capital purchases are defined as individual items which are greater than or equal to \$5,000 and with a useful life greater than 1 year.
2. Requisitions for capital items which require KPB funding and are not on the KPB approved list must be accompanied by written authorization citing KPB approval.
3. Additionally, the CFO or CEO must approve the requisition before it is submitted to the SPH Purchasing Department.
4. All items on the KPB-approved capital list will be acquired by the SPH Purchasing Department except for specific construction projects or construction-related expenses. Purchases related to construction projects will be coordinated by the Support Services Division working with the KPB Public Works Department.
5. Approval Guidelines for items not available through GPO:
  - a) Purchases below \$5,000 do not require bids; however, bids may be obtained whenever it is advantageous to SPH.
  - b) Purchases between \$5,000 and \$40,000 require informal bids.
  - c) Purchases projected to be in excess of \$40,000 require formal bids and should have specifications

drawn and appropriate advertising done.

6. SPH will budget for operational and capital expenses through the annual budget process except for those items that may become necessary to purchase during the year to facilitate patient safety or cost or cost savings or to meet a need that would be unnecessarily delayed by the budget process. Unbudgeted capital expenditures may be made from operating funds in accordance with the provisions of the Operating Agreement and the Borough Purchasing Code for budgeted capital.
7. All unbudgeted capital expenditures from KPB funds will require KPB approval. Substitutions for items on the approved budget may not be made without KPB approval. Substitutions for line-item appropriations on the approved capital budget require Borough Assembly action for reappropriation.

C. Capital Leases and Property Leases

Operating leases in excess of one year or \$10,000, capital leases in excess of one year and \$250,000, and all property leases will require approval by the SPH Board and the KPB.

D. Disposal of Capital

Disposal of Capital items acquired with KPB funding will be made in accordance with the Borough Code requirements for disposal of surplus property.

E. Major Repairs

All major repairs to Borough owned Medical Facilities consisting of more than \$100,000 must be authorized by the Borough, subject to the appropriation and availability of funds. Such repairs may be made by the facility upon approval by the Borough. Th Borough agrees to provide major repairs necessary to keep the leased property in good condition, subject to the availability and appropriation of funds. Prior written notice is not required for preliminary conceptual designs, diagrams, or schematics, costing less than \$25,000.

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. South Peninsula Hospital Values & Behaviors as adopted by the Board of Directors
2. Operating Agreement Kenai Peninsula Borough and South Peninsula Hospital, 2020
3. Alaska Statutes 18.07.021 and 18.07.111
4. Alaska Regulation 7 AAC 07
5. Hospital policy HW-092 Purchasing Authority

**CONTRIBUTORS:**

Chief Financial Officer; Controller

 South Peninsula Hospital	<b>SUBJECT:</b> Financial Performance Indicators	<b>POLICY #:</b> F-10
		<b>Page 1 of 1</b>
<b>Scope:</b> Hospital-Wide <b>Approved by:</b> Human Resources		<b>Original Date:</b> 10/22/03 <b>Effective:</b> 8/25/21
<b>Revised:</b> 6/25/08; 8/25/21 <b>Reviewed:</b> N/A		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Guidelines for the monitoring and assessing of financial performance indicators.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The Board will ensure the financial health of the Hospital by reviewing a variety of reports and records determined to be appropriate indicators of financial performance.
- B. Each month the Board will monitor and assess performance in the following areas with the established budget:
  1. Patient Services Revenue
  2. Deductions from Revenue
  3. Other Revenue
  4. Total Operating Revenue
  5. Total Operating Expense
  6. Operating Gain or Loss
  7. Non-Operating Revenue
  8. Net Revenue (Including Borough Funds)
  9. Operating Margin
  10. Total Margin
- C. In addition, the Board will establish performance objectives for:
  1. Amount of Cash on Hand
  2. Days of Cash on Hand
  3. Total Gross & Net Accounts Receivable
  4. Bad Debt (% of Gross Charges)
  5. Charity Care (% of Gross Charges)
  6. FTE's Per (adjusted) Occupied Bed
- D. In addition, the Board will monitor:
  - Acute Care occupancy
  - Long Term Care occupancy
  - Contractual % by payer

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

N/A

**CONTRIBUTOR(S):**

Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> Approval and Adoption of Operating Budget	<b>POLICY #:</b> F-12
		<b>Page 1 of 1</b>
<b>Scope:</b> Finance <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 6/25/08 <b>Effective:</b> 7/28/21
<b>Revised:</b> 1/22/20 <b>Reviewed:</b> 7/28/21		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Guidelines for the approval and adoption of the Operating Budget.

**DEFINITION(S):**

N/A

**POLICY:**

- A. The Operating Budget for South Peninsula Hospital will be approved and adopted by the Board of Directors via resolution with a role call vote.
- B. A resolution will be presented to the Board of Directors addressing the fiscal year operating budget with recitals to include references to the Board goals, strategic plan, Mission, Vision, and Values, and Operating Agreement.
- C. The resolution will include the requested action of the Board of Directors that will adopt the budget and authorize the monies needed for the for the following fiscal year.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	SUBJECT: Finance Reports	POLICY #: F-13
		Page 1 of 1
Scope: Hospital-Wide Approved by: Human Resources		Original Date: 6/25/08 Effective: 7/28/21
Revised: 1/22/20 Reviewed: 7/28/21		Revision Responsibility: Board of Directors

**PURPOSE:**

Reporting requirements from South Peninsula Hospital to the Mayor of Kenai.

**DEFINITION(S):**

N/A

**POLICY:**

- A. SPH will provide to the Mayor of Kenai Peninsula Borough (KPB), the Operating Agreement Contract Administrator, with finance reports.
- B. Board Approved monthly financial reports will be provided to the KPB Finance Director within 14 days of approval.
- C. These reports, the Balance Sheet, Income Statement, and Cash Flow Statement, will be sent via email to the KPB Finance Director in accordance with the 2020 Operating Agreement.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	SUBJECT: Grant Applications	POLICY #: F-14
		Page 1 of 1
Scope: Finance Approved by: Board of Directors		Original Date: 6/25/08 Effective: 7/28/21
Revised: 1/22/2020 Reviewed: 7/28/21		Revision Responsibility: Board of Directors

**PURPOSE:**

Guidelines for applying for grants to be awarded to South Peninsula Hospital (SPH).

**DEFINITION(S):**

N/A

**POLICY:**

- A. SPH will actively pursue jointly with Kenai Peninsula Borough, appropriate grants which further the hospital Mission, Vision, Values, and Goals.
- B. A quarterly report will be provided to the Board of Directors of grants that are being pursued, conditions and terms of grant, and any assistance needed by the Board to pursue applicable grants.
- C. Grants will be pursued and forwarded pursuant to the requirements outlined in paragraph 16e of the Operating Agreement.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

1. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020

**CONTRIBUTORS:**

Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> New Service Approval and Service Elimination	<b>POLICY #:</b> F-15
		<b>Page 1 of 1</b>
<b>Scope:</b> Finance <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 6/25/08 <b>Effective:</b> 9/29/21
<b>Revised:</b> 9/24/15; 1/22/20 <b>Reviewed:</b> 9/29/21		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Guidelines for the proposal and evaluation of new or eliminated services provided at South Peninsula Hospital (SPH).

**DEFINITION(S):**

N/A

**POLICY:**

- A. SPH will evaluate the provision of new services that align with our mission, vision, and values via the use of Business Plans which evaluate, at a minimum:
  1. The service being proposed
  2. The client target
  3. The capital and expense resources required
  4. The cash flow analysis of service profitability
  5. The anticipated social and operations impacts
- B. Proposal of provision of new services will also be compared to the Medical Staff Development Plan following policy MSO-007, Medical Staff Development. These services will be approved and forwarded pursuant to the provisions of the Operating Agreement. The financial performance of new services will be reviewed quarterly for the first two years, in comparison with the original business plan and proforma.
- C. SPH will evaluate the elimination of services via the use of Business Plans which will evaluate, at a minimum:
  1. The service being proposed for elimination
  2. The client base which will be impacted by the elimination
  3. The financial impact, such as capital or expenses saved via the elimination
  4. The cash flow impact of the elimination of the service
  5. The anticipated social and operations impact
- D. The service line elimination will be approved and forwarded pursuant to the provisions of the Operating Agreement.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATION(S):**


N/A

**REFERENCE(S):**

1. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020

**CONTRIBUTOR(S):**

Board of Directors

 South Peninsula Hospital	<b>SUBJECT:</b> Budget Modifications	<b>POLICY #:</b> F-16
		<b>Page 1 of 1</b>
<b>Scope:</b> Finance <b>Approved by:</b> Board of Directors		<b>Original Date:</b> 7/23/08 <b>Effective:</b> 9/29/21
<b>Revised:</b> 1/22/20 <b>Reviewed:</b> 9/29/21		<b>Revision Responsibility:</b> Board of Directors

**PURPOSE:**

Requirements for budget approval based on spending levels.

**DEFINITION(S):**

N/A

**POLICY:**

A. Capital Budget

1. It will be the policy of the Board of Directors of South Peninsula Hospital (SPH) that any unbudgeted capital assets equal to or exceeding \$100,000 individually or projects which exceed \$100,000 in total must be approved by the Board.
2. The Board will receive a list of all capital asset purchases including all unbudgeted capital, on a monthly basis.

B. Operating Budget

1. It will be the policy of the Board of Directors of SPH that any operating budget modifications in excess of \$100,000 be approved by the Board.
2. Adoption of budget modifications to the operating budget will be by resolution with a roll call vote.
3. Request to amend the operating budget will identify the need and account involved.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATION(S):**

N/A


**REFERENCE(S):**

1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors

**CONTRIBUTOR(S):**

Board of Directors



 South Peninsula Hospital	SUBJECT: Discretionary Contributions	POLICY #: F-17
		Page 1 of 1
Scope: Finance Approved by: Human Resources		Original Date: 12/18/13 Effective: 9/29/21
Revised: 10/19/19; 11/1/20 Reviewed: 9/29/21		Revision Responsibility: Board of Directors

**PURPOSE:**

Budgeting guidelines for discretionary contributions.

**DEFINITION(S):**

N/A

**POLICY:**

- A. South Peninsula Hospital may budget for the discretionary contribution for non-union employees annually.
- B. The budget will be approved and adopted by the Board of Directors annually, per policy F-12.
- C. In January of each year, the board of Directors may approve a discretionary contribution for the Non-Union 403(b) in an amount not to exceed 4% of annual eligible compensation for the previous calendar year considering the financial position of the Hospital at that time.

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**

N/A

**REFERENCE(S):**

N/A

**CONTRIBUTOR(S):**

Chief Financial Officer, Board of Directors

To: SPH Board of Directors  
From: Administration  
Date: January 20, 2023  
Re: Election of Officers

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Officers for 2023 will be elected at the January board meeting. *“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. (Bylaws, Article IV, Section 2)”*

The following board members have expressed willingness to hold an officer position in 2023:

Kelly Cooper (President)

Matthew Hambrick (President, Vice President)

Melissa Jacobsen (President, Vice President)

Walter Partridge (Vice President, Treasurer)

Aaron Weisser (Vice President)

Julie Woodworth (Secretary)

According to board policy SM-09, Section C, *“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.”*

Incumbents Kelly Cooper (President) and Walter Partridge (Treasurer) have served two one-year terms. A motion would be required prior to the election in order to establish special circumstances for Ms. Cooper and Mr. Partridge to be considered for a third term.

Incumbents Melissa Jacobsen (Vice President) and Julie Woodworth (Secretary) have each served one one-year term and are eligible to serve another term.

Nominations will be taken from the floor during the meeting.

Voting will be held by secret ballot, using the platform Slido. Maura will send out a link via email prior to the meeting. During the meeting, members will click the link from your computer or smartphone. President will be elected first, followed by Vice President, Secretary and then Treasurer.

Introduced by: Administration  
Date:  
Action:  
Vote:

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2023-01**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
APPROVING THE USE OF PLANT REPLACEMENT EXPANSION FUNDS TO FUND  
THE PRELIMINARY DESIGN PROJECT FOR HOSPITAL INFRASTRUCTURE  
REPLACEMENT AND DEFERRED MAINTENANCE**

**WHEREAS**, South Peninsula Hospital receives approximately \$2 million in property tax revenue annually to support capital projects; and

**WHEREAS**, South Peninsula Hospital has generally utilized property tax revenues to improve and replace Major Movable equipment because such revenues are insufficient to fund major building renovation and replacement projects; and

**WHEREAS**, South Peninsula Hospital's (the Hospital) operating margins have not historically been great enough to support investment in critical building infrastructure replacement and upgrades; and

**WHEREAS**, because South Peninsula Hospital has not had sufficient funds to maintain and replace critical capital infrastructure, the average age of plant has grown from 8.11 years in 2004 to 15.44 years in 2022; and

**WHEREAS**, the optimal age of plant for a hospital is 8 years; and

**WHEREAS**, South Peninsula Hospital has lower Net Fixed Assets in 2022 than it did in 2009, and yet offers more services and supports more patient visits in 2022 than ever before; and

**WHEREAS**, the average age of plant, decrease in net fixed assets, and increase in patient volumes services requires that South Peninsula Hospital invest in capital infrastructure in order to continue to meet patient needs and organizational goals; and

**WHEREAS**, the actual cost of necessary infrastructure repairs and deferred maintenance is not known without formal design work; and

**WHEREAS**, it is estimated that \$250,000 is needed to complete high level project planning and design; and

**WHEREAS**, the South Peninsula Hospital Board Finance Committee reviewed and approved this resolution at their meeting on January 19, 2023.

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

1. That the South Peninsula Hospital Board of Directors approves the use of \$250,000 from the Plant Replacement and Expansion fund for project design costs associated with hospital infrastructure deferred maintenance replacement and repairs.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA AT ITS MEETING HELD ON THIS 25th DAY OF JANUARY, 2023.**

ATTEST:

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Kelly Cooper, Board President

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Julie Woodworth, Board Secretary

Introduced by:  
Date:  
Action:  
Vote:

Administration  
1/25/2023

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2023-02**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS APPROVING  
THE CAPITAL BUDGET FOR FY 2024**

**WHEREAS** Administration uses a systematic, fiscally responsible process for developing the South Kenai Peninsula Hospital Service Area FY 2024 Capital Budget, which includes participation of department directors, managers, medical staff, board of directors and administration; and identification of strategic growth needs versus replacement of aging and obsolete equipment; and

**WHEREAS** In accordance with the Operating Agreement with the Borough section 13 and 13 b i, Capital Improvement Projects Approval and Management, the Borough may finance capital improvements for the Medical Facilities as necessary for the provision of services and functions to meet the needs of the residents of the Service Area. Projects requiring Borough Assembly approval may be approved during the annual Borough budgeting process or on an individual basis; and

**WHEREAS** the South Peninsula Hospital Capital Committee has identified \$2,268,538 in capital assets necessary to meet patient care needs and strategic initiatives; and

**WHEREAS** it is the intent of South Peninsula Hospital to submit to the Service Area Board a Capital Spending Request of \$2,268,538 to the Borough to be funded with unobligated Service Area and Plant Replacement funds; and

**WHEREAS** South Peninsula Hospital requests funding of *\$2,119,853 from Service Area funds* to purchase capital assets for FY24; and

**WHEREAS** South Peninsula Hospital requests funding of *\$148,685 from Plant Replacement funds* to purchase capital assets for FY24; and

**WHEREAS** the items requested are critical to the mission and vision of South Peninsula Hospital, Inc.; and

**WHEREAS**, the Capital Budget has been reviewed by the Finance Committee on January 19, 2023; and

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

1. That the South Peninsula Hospital, Inc. Board of Directors recommends the proposed South Kenai Peninsula Hospital Service Area FY 2024 Capital Equipment Budget be forwarded to the Service Area Board for review and approval.
2. That the South Peninsula Hospital, Inc. Board of Directors recommends the proposed South Kenai Peninsula Hospital Service Area FY 2024 Capital Equipment Budget be forwarded to the Kenai Peninsula Borough for review and approval.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL  
THIS 25<sup>th</sup> DAY OF JANUARY, 2023.**

ATTEST:

\_\_\_\_\_  
Kelly Cooper, President

\_\_\_\_\_  
Julie Woodworth, Secretary

Introduced by: Administration  
Date:  
Action:  
Vote:

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION 2023-03**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
APPROVING AN INCREASE TO THE LIMITATION  
ON THE TOTAL CUMULATIVE ANNUAL COST OF REAL PROPERTY LEASES  
IN WHICH SPH, INC. IS THE SOLE LESSEE AND REQUESTING AMENDMENTS TO  
THE OPERATING AGREEMENT REGARDING LEASES FOR CONTRACT LABOR  
HOUSING**

**WHEREAS,** the Kenai Peninsula Borough ("Borough") owns and provides for the operation of South Peninsula Hospital ("Hospital") through the South Kenai Peninsula Hospital Service Area, ("Service Area"); and

**WHEREAS,** the Borough has entered into an operating agreement with South Peninsula Hospital, Inc. ("SPHI") for the lease and operation of the Hospital and other medical facilities, to operate these medical facilities on a nonprofit basis in order to ensure the continued availability of the medical services to the service area residents and visitors; and

**WHEREAS,** under the Operating Agreement, Section 14, Paragraph (b), the total cumulative annual cost of such leases shall not exceed \$400,000 without prior approval of by the Borough Assembly by resolution of any increases above that limitation; and

**WHEREAS,** the total cumulative annual costs for leases where SPHI is the sole lessee is \$358,000; and

**WHEREAS,** SPHI intends to enter into a new lease for approximately \$40,000 per year to meet current SPH needs, which will bring the total annual costs for leases to the edge of the \$400,000 limitation under the operating agreement; and

**WHEREAS,** SPHI also enters into temporary leases not to exceed one year to assist with traveling and new hire employee housing, and SPHI considers these leases separate from conducting standard operations; and

**WHEREAS,** SPHI would like to further clarify in the South Peninsula Hospital and Kenai Peninsula Borough that these leases are excluded from the aggregate lease total.

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

1. That South Peninsula Hospital finds that it is the best interest of the Borough's Service Area and the residents that SPH serves to approve an increase in the total cumulative annual cost of real property leases in which South Peninsula Hospital, Inc. (SPHI) is the sole lessee under the Operating Agreement, Section 14, Paragraph (b).
2. That the South Peninsula Hospital Board of Directors approve an increase of the total cumulative annual cost to the revised limitation of \$550,000 for real property leases in which SPHI is the sole lessee under the Operating Agreement, Section 14, Paragraph (b).
3. That the South Peninsula Hospital Board of Directors requests amendments to Section 10(d) and 14(b) of the Operating Agreement, to state that the annual reported Property Lease List will include a category of contract labor housing leases, but that those leases will not count toward the annual cap under 14(b).

ATTEST:

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Kelly Cooper, Board President

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Julie Woodworth, Board Secretary

Introduced by: Administration  
Date:  
Action:  
Vote:

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2023-04**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
APPROVING RENEWAL OF THE XEROX COPY AND PRINT SERVICES LEASE  
CONTRACT WITH KELLEY SERVICES**

**WHEREAS**, South Peninsula Hospital Administration has identified the need to renew the Xerox lease contract with Kelley Services for copy and print services; and

**WHEREAS**, Kelley Services currently provides these services and given the current state of the supply chain, Administration recommends renewal to avoid delays and disruptions to operations; and

**WHEREAS**, Administration suggests a sole source award based on Kelley Services' current performance, the large installed base of Xerox copiers and printers, and the significant business risk in transitioning to a new vendor; and

**WHEREAS**, the Kelley Services proposal is cost effective with no price increases over the current lease contract and the cost is fixed for the next five years; and

**WHEREAS**, Kelley Services will update 60% of the printer and copier fleet with new machines; and

**WHEREAS**, the cost for the renewed lease for five years totals to \$494,624.00, including lease of the machines, toner, and necessary maintenance and repair; and

**WHEREAS**, the renewal will include, at Hospital Administrations request, a written Service Level Agreement; and

**WHEREAS**, this was reviewed and approved by the Finance Committee at their meeting on January 19, 2023.

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

1. That the South Peninsula Hospital Board of Directors approves the renewal of the Xerox Copy and Print Services Lease Contract in the amount of \$494,624.00.



**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA  
AT ITS MEETING HELD ON THIS 25th DAY OF JANUARY, 2023.**

ATTEST:

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Kelly Cooper, Board President

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Julie Woodworth, Board Secretary

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION 2023-05**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
RECOMMENDING APPROVAL OF THE KENAI PENINSULA BOROUGH  
ASSEMBLY RESOLUTION 2023-008 ESTABLISHING THE FEDERAL  
CONGRESSIONAL PRIORITIES LIST FOR THE KENAI PENINSULA BOROUGH  
FOR FISCAL YEAR 2024**

**WHEREAS,** the Kenai Peninsula Borough (Borough) owns and provides for the operation of South Peninsula Hospital (SPH) through the South Kenai Peninsula Hospital Service Area;

**WHEREAS,** SPH is a non-profit entity that was founded in 1956 and serves those who live in the southern communities of the Kenai Peninsula from Ninilchik to Nanwalek, Port Graham, and Seldovia;

**WHEREAS** the South Peninsula Hospital, Inc. (SPHI) operates SPH through an operating agreement with the Borough;

**WHEREAS,** SPH is a 22-bed acute care critical access hospital with an attached 28-bed skilled nursing/long-term care facility and it provides healthcare services, including acute care, cancer care, home health, family birthing, imaging, sleep center, rehabilitation, surgery, trauma level IV emergency care, and other specialties clinical services utilized by the residents of the service area as well as other Alaskans and seasonal visitors who are within the service area and have an emergent need;

**WHEREAS,** the current facility that houses the SPH has exceeded its useful life expectancy and is currently experiencing failures to existing mechanical, plumbing, roofing, and building envelope systems;

**WHEREAS,** the average Age of Plant is a common ratio used in the healthcare industry which determines the age of fixed assets used in a business's operations and the median Average Age of Plant for U.S. Hospitals was 10.8 years in 2014;

**WHEREAS,** Hospitals within the lowest quartile of average age of plant (0 to 8.13 years) are found to have higher overall performance metrics;

**WHEREAS,** SPH's Average Age of Plant as of June 30, 2022 was 15.44 years, placing it in the highest quartile for aging hospitals (14.3+ years);

**WHEREAS,** Hospital failures are disruptive to patient care and cause life safety risks and hazards to the communities the hospital serves;

**WHEREAS**, the current emergency power plant, which was built in the early 1980s, is in need of a total renovation and relocation;

**WHEREAS**, the Center for Medicare and Medicaid Services has cited SPHI for several code compliance issues related to the age of the facility and its components as a result of these failures and issues;

**WHEREAS**, a master plan has recently provided for a complete renovation of the existing facility which consolidates all services in one single campus, prioritizes patient care, improves efficiencies, ensures code compliance, and provides for a safer facility for all patients within the hospital;

**WHEREAS**, this project would ensure the hospital can better serve the entirety of the Southern Peninsula;

**WHEREAS**, the South Peninsula Hospital's Site and Facility Rehabilitation Project will reduce an overall cost to the local community, ensure better life safety services to those in need, provide for better code compliance, and extend the aging infrastructure for many years to come;

**WHEREAS**, the South Peninsula Hospital's Site and Facility Rehabilitation Project for \$21,500,000 (the most accurate estimate of how much this project will cost in 2023 dollars);

**WHEREAS**, the Kenai Borough has capital projects that are qualified for submission to Alaska's U.S. Senate representatives for Congressionally Directed Spending requests as allowed under RULE XLIV of the Standing Rules of the Senate; and

**WHEREAS**, the Kenai Peninsula Borough Assembly (Assembly) finds it is in the best interest of the Borough to establish priorities for capital projects for Congressionally Directed Spending and submission to Senator Lisa Murkowski and Senator Dan Sullivan for their awareness of the Borough's request for financial assistance to achieve priority infrastructure needs; and

**WHEREAS**, the congressional priorities list for the Kenai Peninsula Borough for Fiscal year 2024 has been reviewed by the Finance Committee on January 19, 2023.

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

1. That the Kenai Peninsula Borough's Congressional Priorities List for Fiscal Year 2024 for Congressionally Direct Spending for important infrastructure needs in the Borough, as set forth and described on the project information statements that accompany this resolution, includes the capital project priority of the South Peninsula Hospital's Site and Facility Rehabilitation Project for \$21,500,000.

Introduced by: Administration  
Date:  
Action:  
Vote:

2. That a copy of this resolution and all accompanying project information will be sent to Senator Lisa Murkowski and Senator Dan Sullivan.

3. That this resolution is effective immediately upon adoption.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL THIS 25<sup>TH</sup> DAY OF JANUARY 2023.**

ATTEST:

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Kelly Cooper, President

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Julie Woodworth, Secretary

**South Peninsula Hospital**  
**Hospital Board of Trustees Balanced Scorecard Report**  
**Fourth Quarter Calendar 2022 (Oct, Nov, Dec)**

Overall Indicators	4th 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	62.47	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		Target	n	Note
<b>Severe Sepsis &amp; Septic Shock Care</b>	56%	>75%		4/1/22-6/30/22 (Care Compare 71%, 1/1/21-12/31/21)
Measures the percentage of patients who received appropriate care for severe sepsis and septic shock.				# of cases passing/total # of cases-exceptions (Q2-2022 = 3 pass, 3 fail, 4 exclusions)
<b>Stroke Care</b>	N/A*	>95%	3	4/1/22-6/30/22 (Care Compare N/A, 1/1/21-12/31/21)
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 = Pts w/ Stroke presenting within 2 hrs of sympt. *(Q2-2022 = NA- 0 pass, 0 fail, 3 excluded)
<b>Readmission</b>	4%	<15%	295	10/1/22-12/31/22 (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
<b>Elective Deliveries</b>	0%	<0%	30	10/01/22-12/31/22 (Care Compare N/A, 1/1/21-12/31/21)
% 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>	75%	>95%		Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (MIPS) for providers				
Patient Safety	4th Q 2022	Target	n	Note
<b>Patient Fall Rate AC (injurious fall rate)</b>	6.3 (1.8)	3-5*	1113	# of patient falls / # patient days x 1000
Measures the number of patient falls per 1,000 patient days				n = IP, observations and swing bed patient days.
<b>Resident Fall Rate LTC (injurious fall rate)</b>	3.9 (0)	2	2009	# 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.				*Unknown Med allergy and confusion with a Home Health patient (caretaker manages med) led to two harm events without staff error.
<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	4th 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	4th Q 2022	Target	n	Note
<b>Inpatient Percentile</b>	<b>69th</b>	<b>75th</b>	<b>43</b>	
Measures the satisfaction of inpatient patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q2-2022: 79th, n = 40 Q3-2022: 87th, n = 49
<b>Outpatient Percentile</b>	<b>12th</b>	<b>75th</b>	<b>252</b>	
Measures the satisfaction of outpatient patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q2-2022: 31st, n = 249 Q3-2022: 14th, n = 255
<b>Emergency Department Percentile</b>	<b>96th</b>	<b>75th</b>	<b>43</b>	
Measures the satisfaction of emergency patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q2-2022: 81st, n = 62 Q3-2022: 83rd, n = 94
<b>Medical Practice Percentile</b>	<b>76th</b>	<b>75th</b>	<b>454</b>	
Measures the satisfaction of patient respondents at SPH Clinics. Measures as a percentile ranking across Press Ganey clients.				Q2-2022: 61st n = 498 Q3-2022: 49th, n = 466
<b>Ambulatory Surgery Percentile</b>	<b>74th</b>	<b>75th</b>	<b>69</b>	
Measures the satisfaction of ambulatory surgery patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q2-2022: 56th, n = 76 Q3-2022: 20th, n = 57
<b>Home Health Care Percentile</b>	<b>97th</b>	<b>75th</b>	<b>33</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.				Q2-2022: 55th, n = 36 Q3-2022: 88th, n = 38
Consumer Assessment of Healthcare Providers and Services	4th Q 2022	Target	n	Note
<b>HCAHPS Percentile</b>	<b>69th</b>	<b>75th</b>	<b>43</b>	
Measures the 1-10 ranking received by inpatient client (or family) respondents. Measures as a percentile ranking across Press Ganey clients.				Q2-2022: 91st, n = 39 Q3-2022: 87th, n = 49
<b>HHCAHPS Percentile</b>	<b>87th</b>	<b>75th</b>	<b>33</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.				Q2-2022: 54th, n = 36 Q3-2022: 77th, n = 38

Workforce	4th Q 2022	Target	n	Note
<b>Turnover: All Employees</b>	<b>3.29%</b>	<b>&lt; 5%</b>	<b>527</b>	<i>17 Terminations/527 Total Employees</i>
Percentage of all employees separated from the hospital for any reason				
<b>Turnover: Voluntary All Employees</b>	<b>2.51%</b>	<b>&lt; 4.75%</b>	<b>527</b>	<i>13 Voluntary Terminations/527 Total Employees</i>
Measures the percentage of voluntary staff separations from the hospital				
<b>First Year Total Turnover</b>	<b>6.45%</b>	<b>&lt; 7%</b>	<b>93</b>	6 New Staff Terminated in Q4/93 Total New Hires from 1/1/2022-12/31/2022
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				
Information System Solutions	4th Q 2022	Target	n	Note
<b>Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.</b>	N/A *	<b>&gt;60</b>		<b>CMS score 60 and above = pass</b> <i>*(Data temp unavailable)</i>
e-Prescribing: Electronic Prescribing (Rx)		<b>10</b>		
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information		<b>20</b>		
HIE: Support Electronic Referral Loops by sending health information (Summary of Care sent)		<b>20</b>		
Provider to patient exchange: Provide patients electronic access to their health information (timely access via the patient portal)		<b>40</b>		
Public Health & Clinical Data Exchange		<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>90%</b>	<b>100%</b>	<b>1589</b>	
% of employees who have completed assigned security training				1589 videos training sent, 1427 completed.
<b>Phishing Test Pass Rate</b>	<b>99%</b>	<b>100%</b>	<b>2688</b>	
% of Phishing test emails that were not failed.				2688 test phishing emails sent out to staff. 5 of the email links were clicked, causing 5 potential security risks.

Financial Health	4th Q 2022	Target	n	Note
<b>Operating Margin</b>	-3.88%	-9.4%		
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>	1,070.14	931.47		
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by ( <i>inpatient + outpatient revenues</i> ).				Total Discharges: 170 (Acute, OB, Swing, ICU) LTC Revenue & discharges not included
<b>Net Revenue Growth</b>	18.0%	12.9%		
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>	7.53	9.34		
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>	51.0	55		
Measures the rate of speed with which the hospital is paid for health care services.				
<b>Cash on Hand</b>	81	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.
<b>Uncompensated Care as a Percentage of Gross Revenue</b>	2.4%	2.5-3.5%		
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%
<b>Surgical Case Growth</b>	16.8%	24.9%		
Measures the increase (decrease) in surgical cases for the quarter compared to the same period in the prior year.				Target is based on budgeted surgeries above actual from same quarter prior year.
<b>Intense Market Focus to Expand Market Share</b>	4th Q 2022	Target	n	Note
<b>Outpatient Revenue Growth</b>	20.7%	14%		
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**  
**Hospital Board of Trustees Balanced Scorecard Report**  
**Quarter Calendar 2023 (Draft 1)**

Overall Indicators	Q 2023	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	25		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 / Patient Safety	Q 2023	Target	n	Note
<b>Severe Sepsis &amp; Septic Shock Care</b>		>75%		
Sepsis (percentage of patients who received appropriate care for sepsis and/or septic shock.)				# of cases passing/total # of cases-exceptions (# pass, # fail, # exclusions)
<b>Stroke Care</b>		> 95%		
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. (# pass, # failed, # excluded)
<b>Median Emergency Room Time</b>		140 min		<b>Target (minutes)</b>
Average time spent in department before leaving.				Average throughput time of random sample of ED visits (chart abstracted).
<b>Readmission</b>		< 15%		
The readmission measures are estimates of the rate of unplanned readmission to an acute care hospital in 30 days after discharged from a hospitalization. Patients may have had an unplanned readmission for any reason.				# of patients with unplanned readmission within 30 days of discharge - exclusions/Eligible admissions
<b>Elective Deliveries</b>		0%		
Percentage of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery wasn't medically necessary.				# of non-medically indicated deliveries before 39 weeks gestation / total deliveries.
<b>Provider Quality Score (Group)</b>		15 pts		<b>Scoring tabulated as a running, annual score.</b>
CMS Merit-Based Incentive Payment System (MIPS) for providers				Target to be adjusted Quarterly as appropriate
<b>Patient Fall Rate AC</b>		< 5		<b># of patient falls / # patient days x 1000</b>
Measures the number of patient falls per 1,000 patient days				n = IP, observations and swing bed patient days.
<b>Medication Errors</b>		0		
Measures the number of reported medication errors causing patient harm or death.				Reported errors classified as type E-I by the National Coordinating Council for Medication Error Reporting and Prevention/CMS
<b>Never Events</b>		0		
Unexpected occurrence involving death/serious physiological or psychological injury, or the risk thereof.				

Home Health	Q 2023	Target	n	Note
<b>Improvement in Breathing</b>		> 80%		
Percentage of home health quality episodes patient became less short of breath.				Patients w/ quality episode indicating reduced shortness of breath/ Total pts. w/ quality episode ending w/ discharge during the reporting period – Exemptions.
<b>Correct Medication Administration</b>		> 75%		
Percentage of home health quality episodes patients improved taking oral medication correctly.				Patients w/ quality episode indicating an improved ability to take their meds correctly. Total pts. w/ quality episode ending w/ discharge during the reporting period – Exemptions.
Nursing Home	Q 2023	Target	n	Note
<b>Fall with Major Injury</b>		< 3%		
Resident w/ look back assessment(s) that indicate 1 or more falls resulting major w/injury. (fx/dislocation, head injury w/ altered consciousness, subdural hematoma.)				Residents with a lookback scan assessment indicating a Major Fall/ Total patient's with a lookback scan assessment – Exemptions
<b>Urinary Tract Infections (UTI)</b>		< 3%		
Residents w/ look back scan assessment(s) that indicates (UTI) within the last 30 days.				Residents with a lookback scan assessment indicating a UTI within the last 30 days/ Total patients with a lookback scan – Exemptions.
Consumer Assessment of Healthcare Providers and Services	Q 2023	Target	n	Note
<b>HCAHPS Percentile</b>		75th		
Measures the 1-10 ranking received by inpatient client (or family) respondents. Measures as a percentile ranking across Press Ganey clients.				Q -20: , n =    Q -20 : , n =
<b>HHCAHPS Percentile</b>		75th		*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.				Q -20: , n =    Q -20 : , n =
Patient Satisfaction Through Press Ganey	Q 2023	Target	n	Note
<b>Inpatient Percentile</b>		75th		
Measures the satisfaction of inpatient patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q -20 : , n =    Q -20 : , n =
<b>Outpatient Percentile</b>		75th		
Measures the satisfaction of outpatient patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q -20 : , n =    Q -20 : , n =
<b>Emergency Department Percentile</b>		75th		
Measures the satisfaction of emergency patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q -20 : , n =    Q -20 : , n =
<b>Medical Practice Percentile</b>		75th		
Measures the satisfaction of patient respondents at SPH Clinics. Measures as a percentile ranking across Press Ganey clients.				Q -20 : , n =    Q -20 : , n =
<b>Ambulatory Surgery Percentile</b>		75th		
Measures the satisfaction of ambulatory surgery patient respondents. Measures as a percentile ranking across Press Ganey clients.				Q -20 : , n =    Q -20 : , n =
<b>Home Health Care Percentile (HHC)</b>		75th		*Running 12 months due to low quarterly returns
Measures the satisfaction of HHC clients (or family) respondents. Measures as a percentile ranking across Press Ganey clients.				Q -20 : , n =    Q -20 : , n =

Provider and Staff Alignment	Q 2023	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
Workforce	Q 2023	Target	n	Note
<b>Turnover: All Employees</b>		<b>&lt; 5%</b>		
Percentage of all employees separated from the hospital for any reason				Terminations/ Total Employees
<b>Turnover: Voluntary All Employees</b>		<b>&lt; 4.75%</b>		
Measures the percentage of voluntary staff separations from the hospital				Voluntary Terminations/ Total Employees
<b>First Year Total Turnover</b>		<b>&lt; 7%</b>		
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				New Staff Terminated in Q/ Total New Hires from -
Information System Solutions	Q 2023	Target	n	Note
<b>Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.</b>		<b>&gt; 60</b>		<b>CMS score 60 and above = pass</b>
e-Prescribing: Electronic Prescribing ( <i>Rx</i> )		<b>10</b>		
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information		<b>20</b>		
HIE: Support Electronic Referral Loops by sending health information ( <i>Summary of Care sent</i> )		<b>20</b>		
Provider to patient exchange: Provide patients electronic access to their health information ( <i>timely access via the patient portal</i> )		<b>40</b>		
Public Health & Clinical Data Exchange		<b>10</b>		
<b>Eligible Provider (EP) - Promoting Interoperability (Group)</b>		<b>10 pts</b>		<b>Target quarterly for annual score</b>
Merit Based Incentive Payment System Promoting Interoperability score ( <i>MIPS tracking is in Athena</i> )				
<b>Electronic Medical Record (EMR) Adoption Stage</b>		<b>5</b>		
Health Information Management & Systems Society ( <i>HIMSS</i> ) Electronic Medical Record Adoption Model ( <i>EMRAM</i> ) 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>97%</b>		
% of employees who have completed assigned security training				# videos training sent, # completed.
<b>Phishing Test Pass Rate</b>		<b>97%</b>		
% of Phishing test emails that were not failed.				# test phishing emails sent out to staff. # of the email links were clicked, causing # potential security risks.

Financial Health	Q 2023	Target	n	Note
<b>Operating Margin</b>		<b>1.5%</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>1091.72</b>		
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by ( <i>inpatient + outpatient revenues</i> ).				Total Discharges: # ( <i>Acute, OB, Swing, ICU</i> ) LTC Revenue & discharges not included
<b>Net Revenue Growth</b>		<b>-2.1%</b>		
Measures the percentage increase ( <i>decrease</i> ) 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>9.35</b>		
Measures the average number of staff FTEs per adjusted occupied bed for the quarter.				Target is based on budgeted paid hours ( <i>FTE</i> ) divided by ( <i>budg gross patient revenue/budg gross inpatient rev</i> ) X budgeted average daily census for the quarter.
<b>Net Days in Accounts Receivable</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>90</b>		<b># Represents days</b>
Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.				Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.
<b>Uncompensated Care as a Percentage of Gross Revenue</b>		<b>2-5.3%</b>		
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%
<b>Average Age of Plant</b>		<b>8 yrs</b>		
Average age of assets used to provide services				The average age of plant is calculated based on accumulated depreciation, divided by depreciation expense.
<b>Intense Market Focus to Expand Market Share</b>	Q 2023	Target	n	Note
<b>Outpatient Revenue Growth</b>		<b>7%</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.
<b>Surgical Case Growth</b>		<b>12.2%</b>		
Measures the increase ( <i>decrease</i> ) 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.

# South Peninsula Hospital Board Self-Evaluation

27 Sep - 30 Sep 2022

Poll results

## Table of contents

- 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

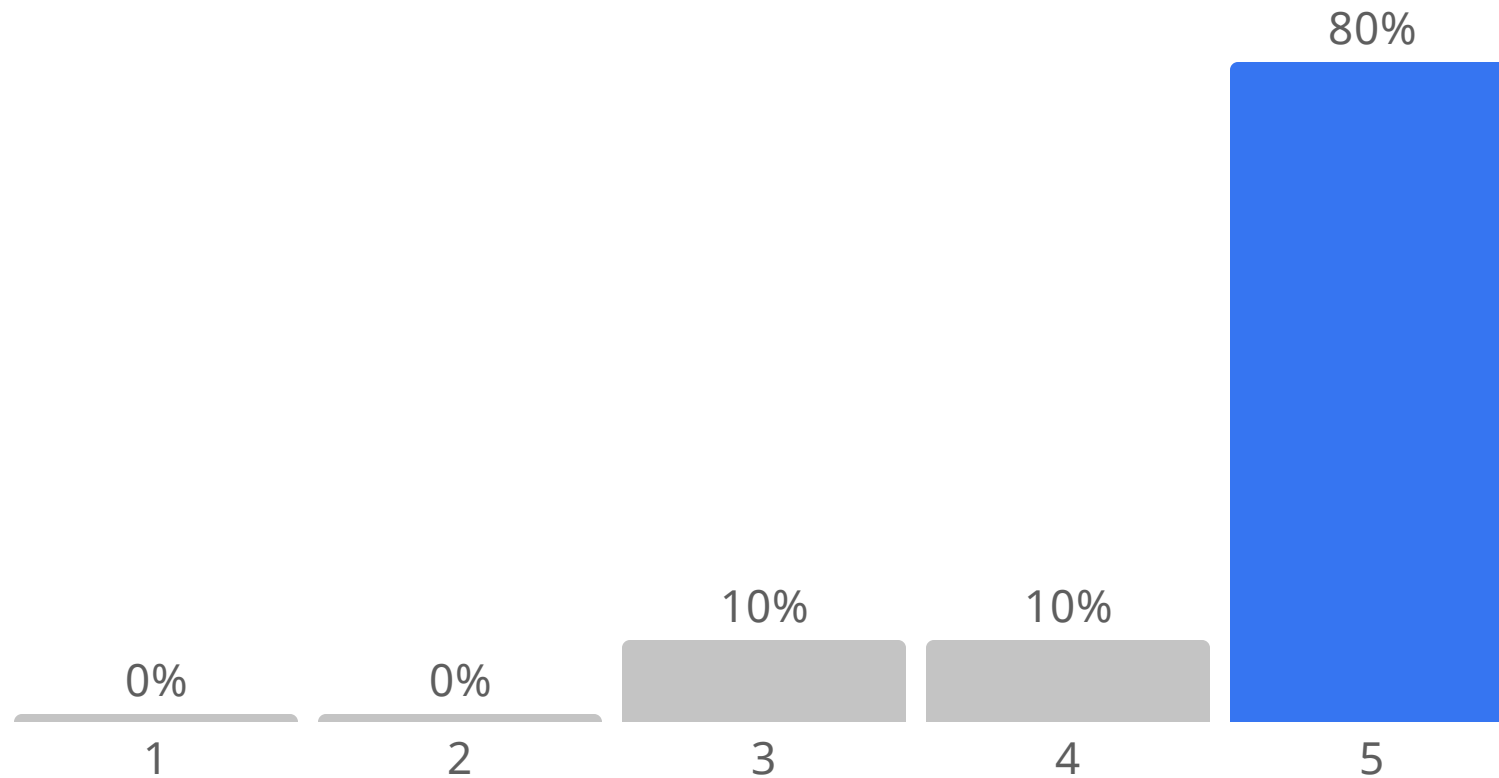
## Table of contents

- 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

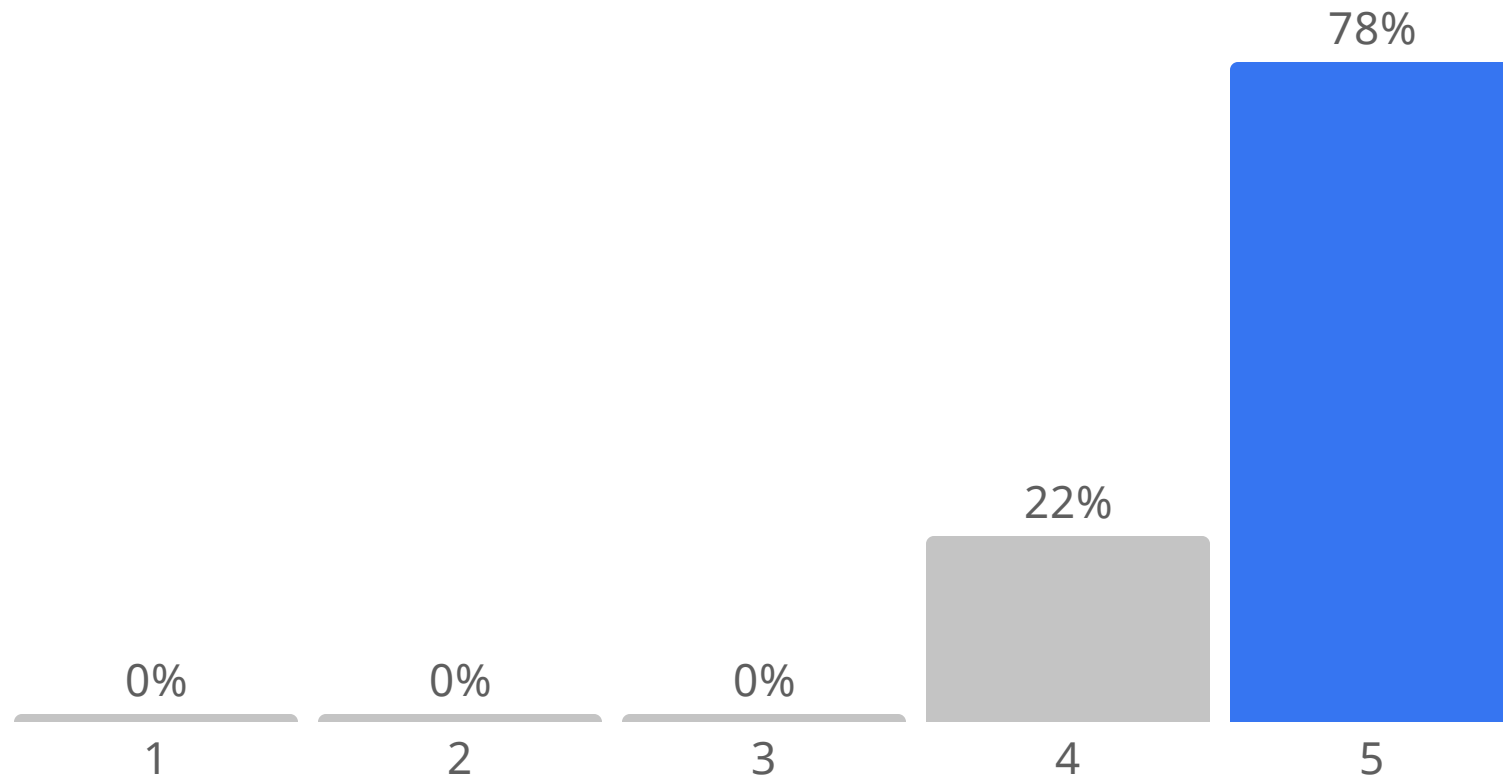




## I understand the job of the whole board in governing the affairs of SPH

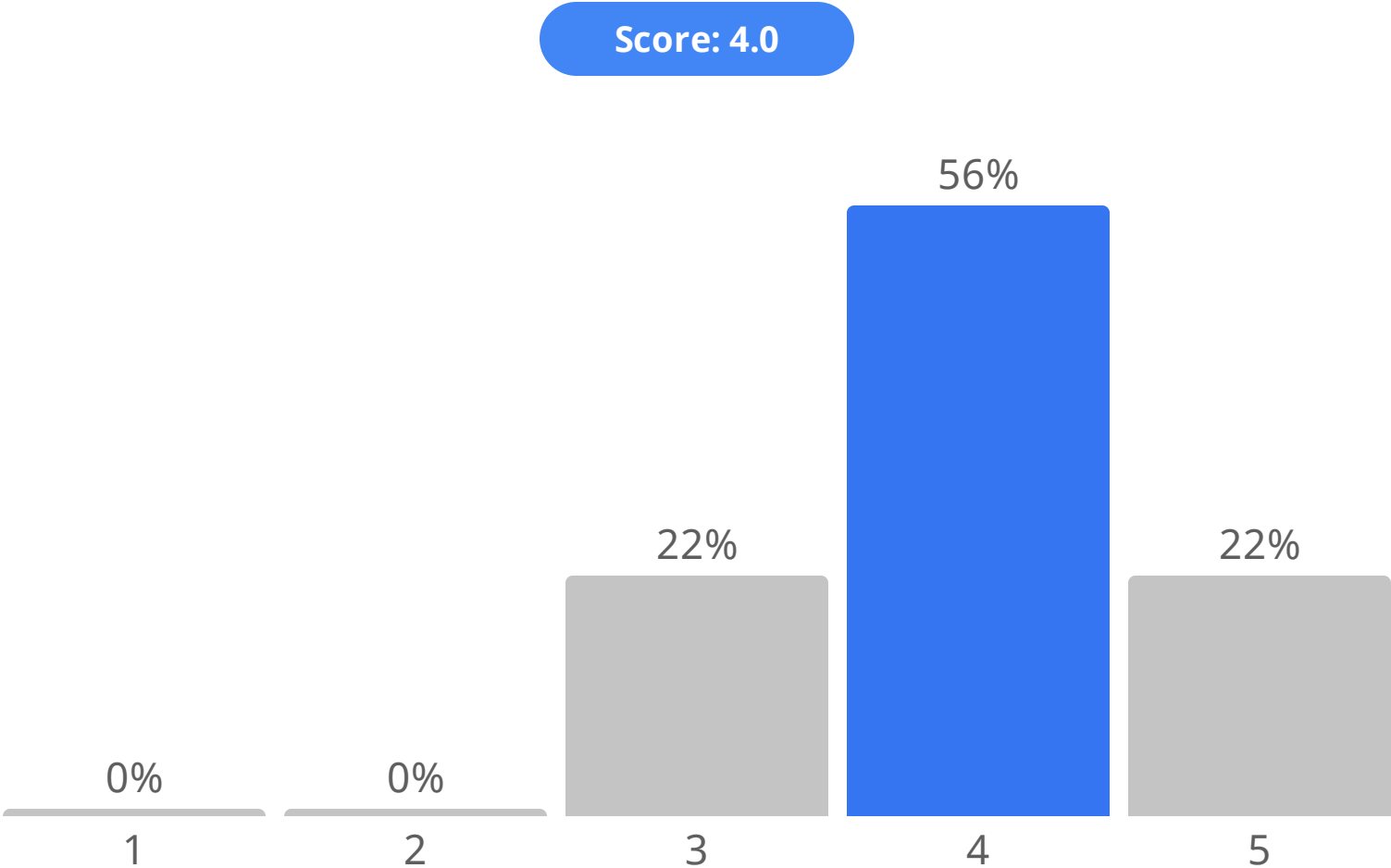
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Score: 4.8



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

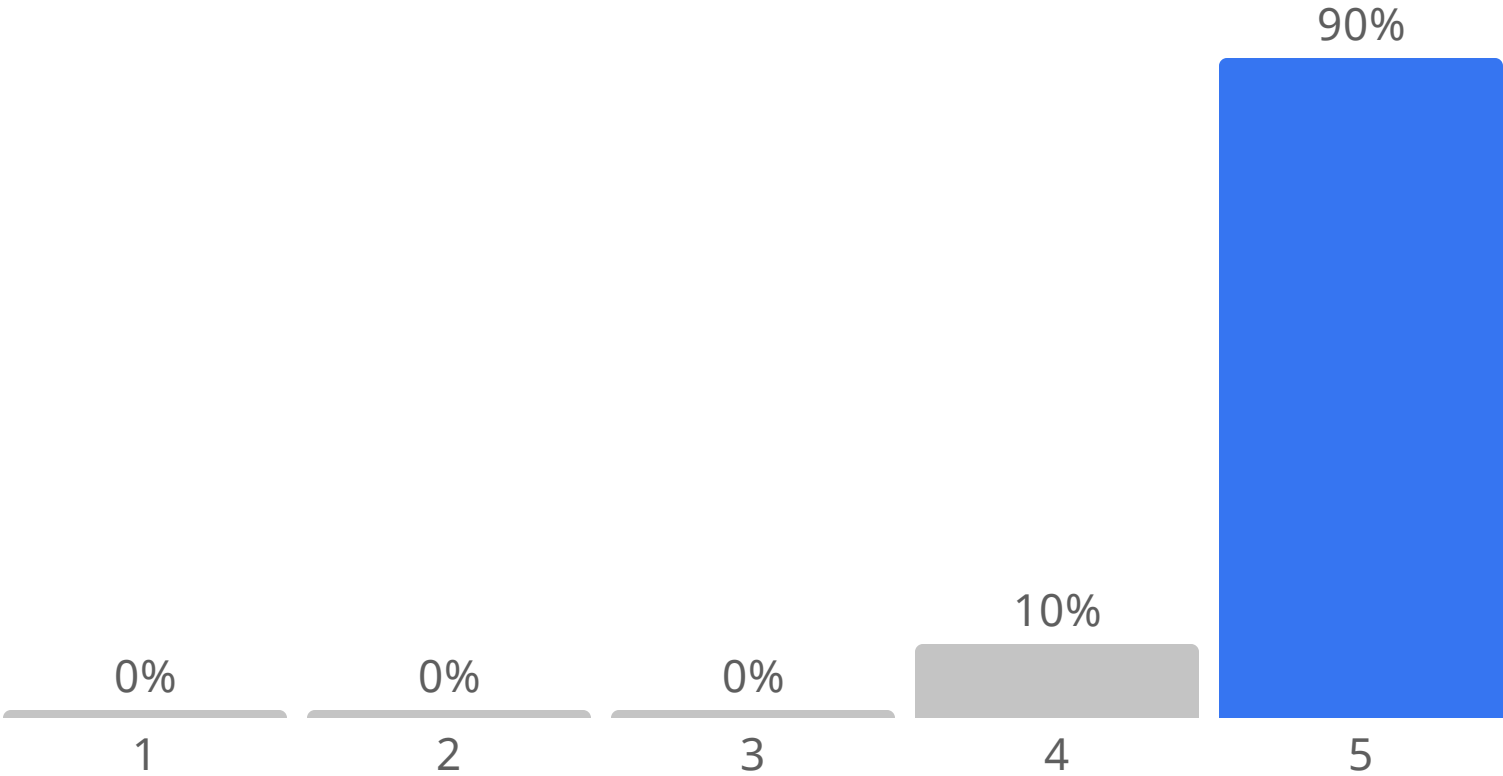
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I am given adequate and timely information to fulfill my responsibilities as a board member at each meeting

010

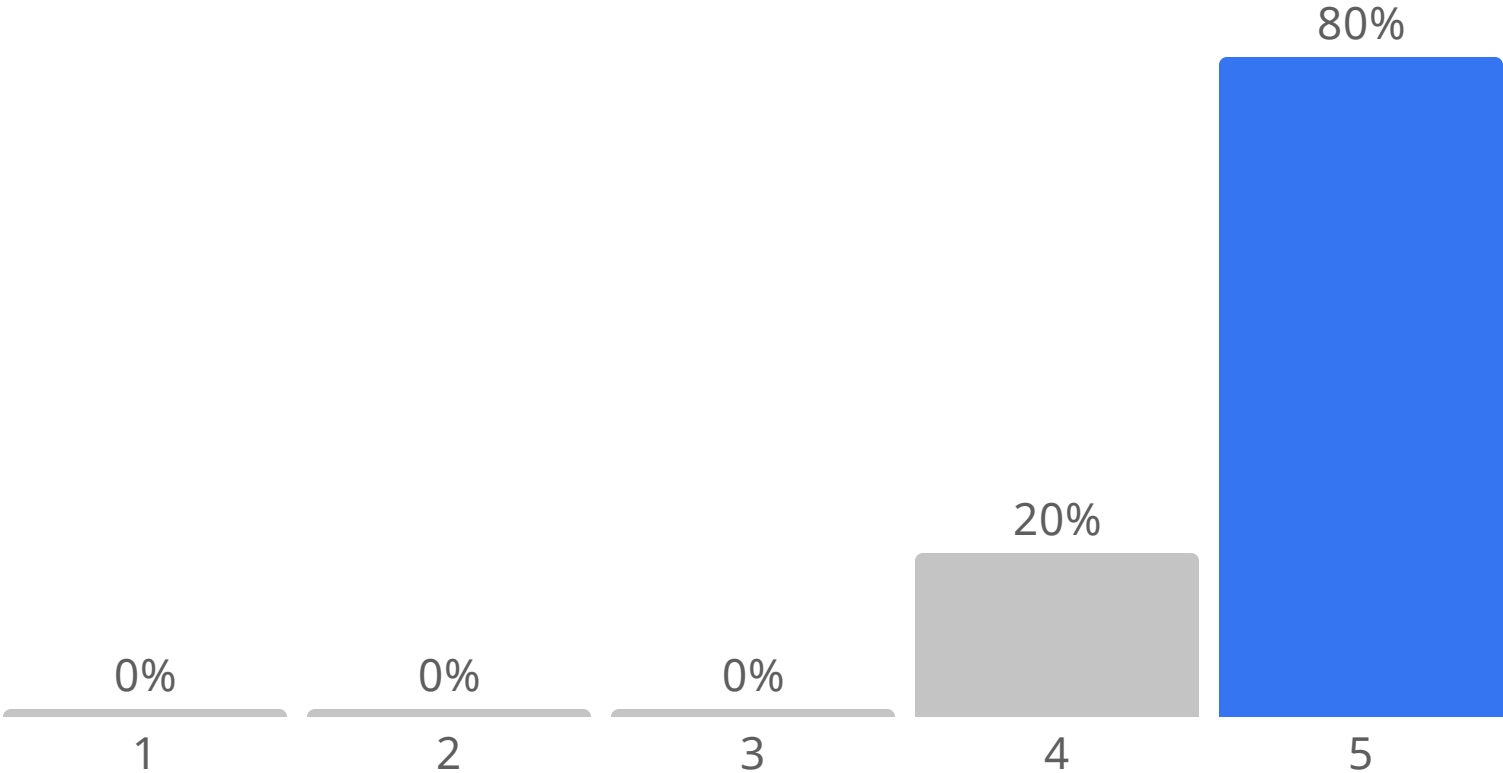
Score: 4.9



I believe the board chair conducts board meetings effectively and efficiently

010

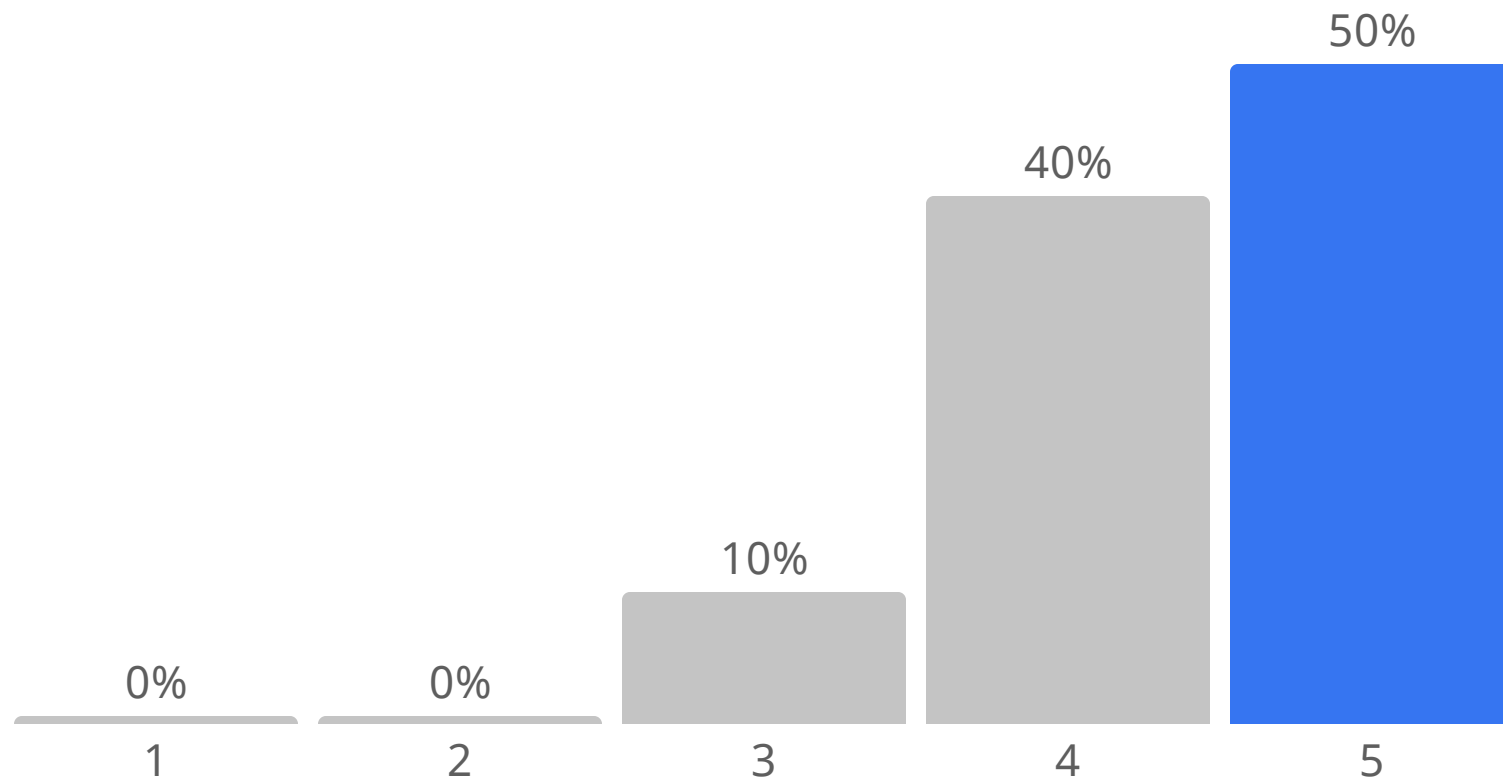
Score: 4.8



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

010

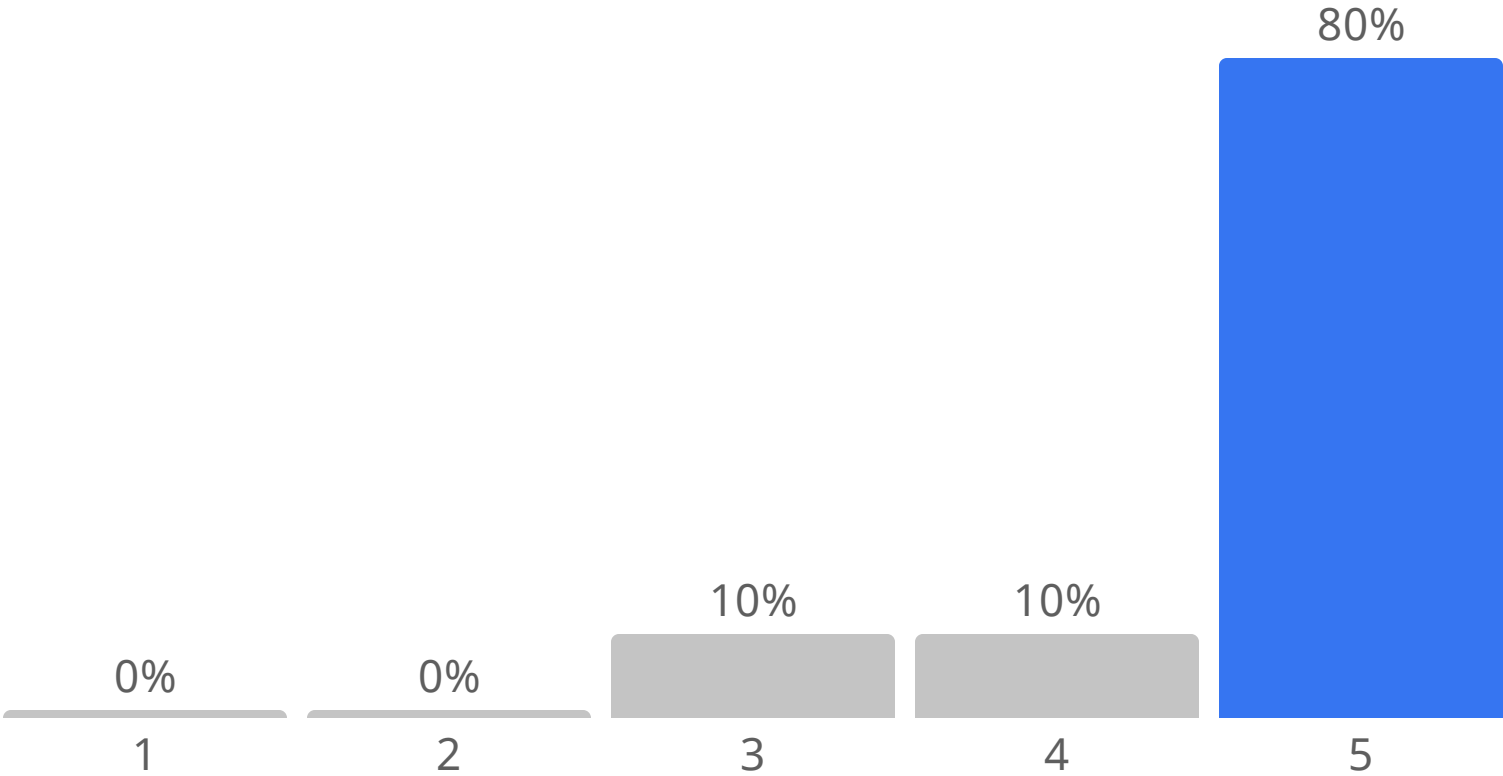
Score: 4.4



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

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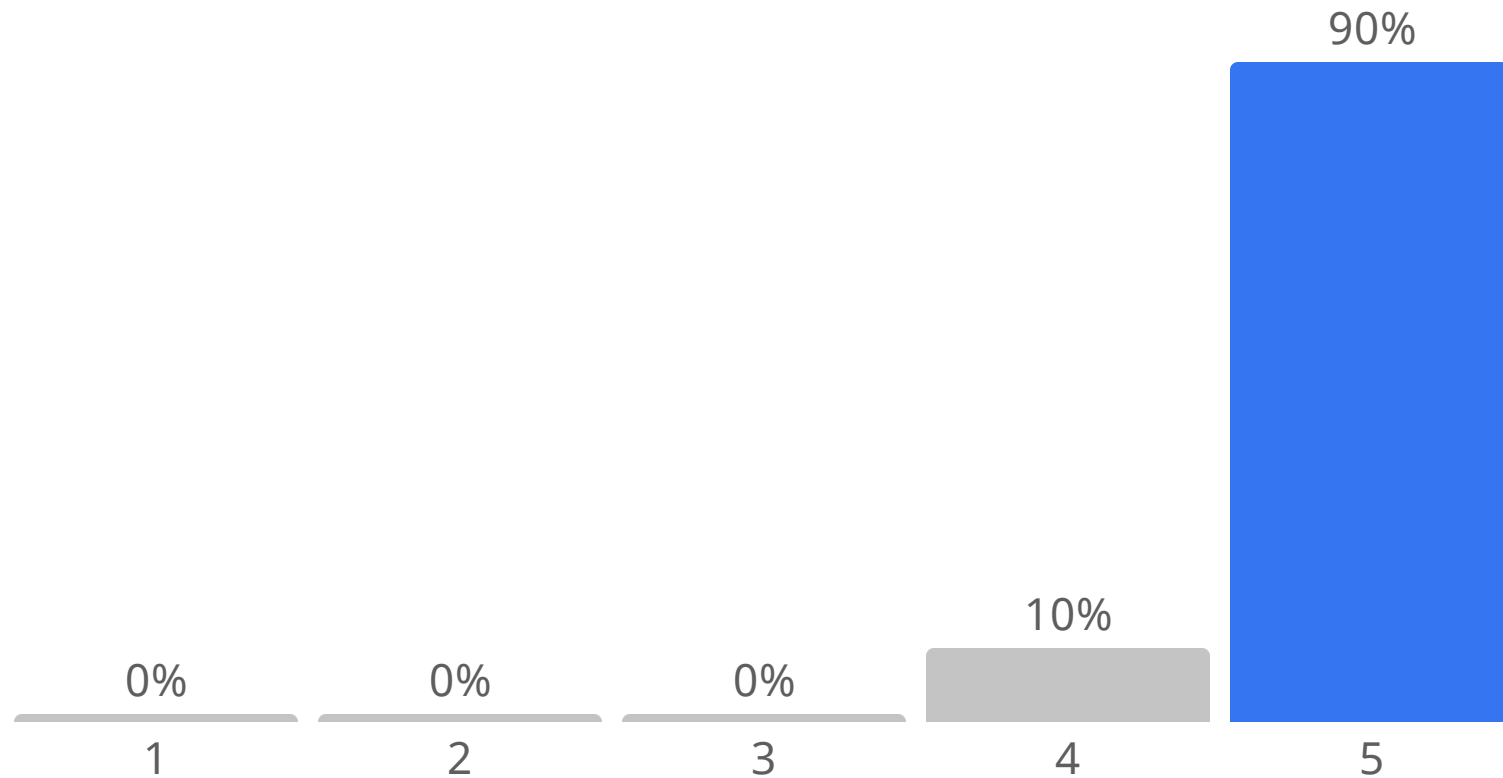
Score: 4.7



## I understand the purpose and function of the current board committees

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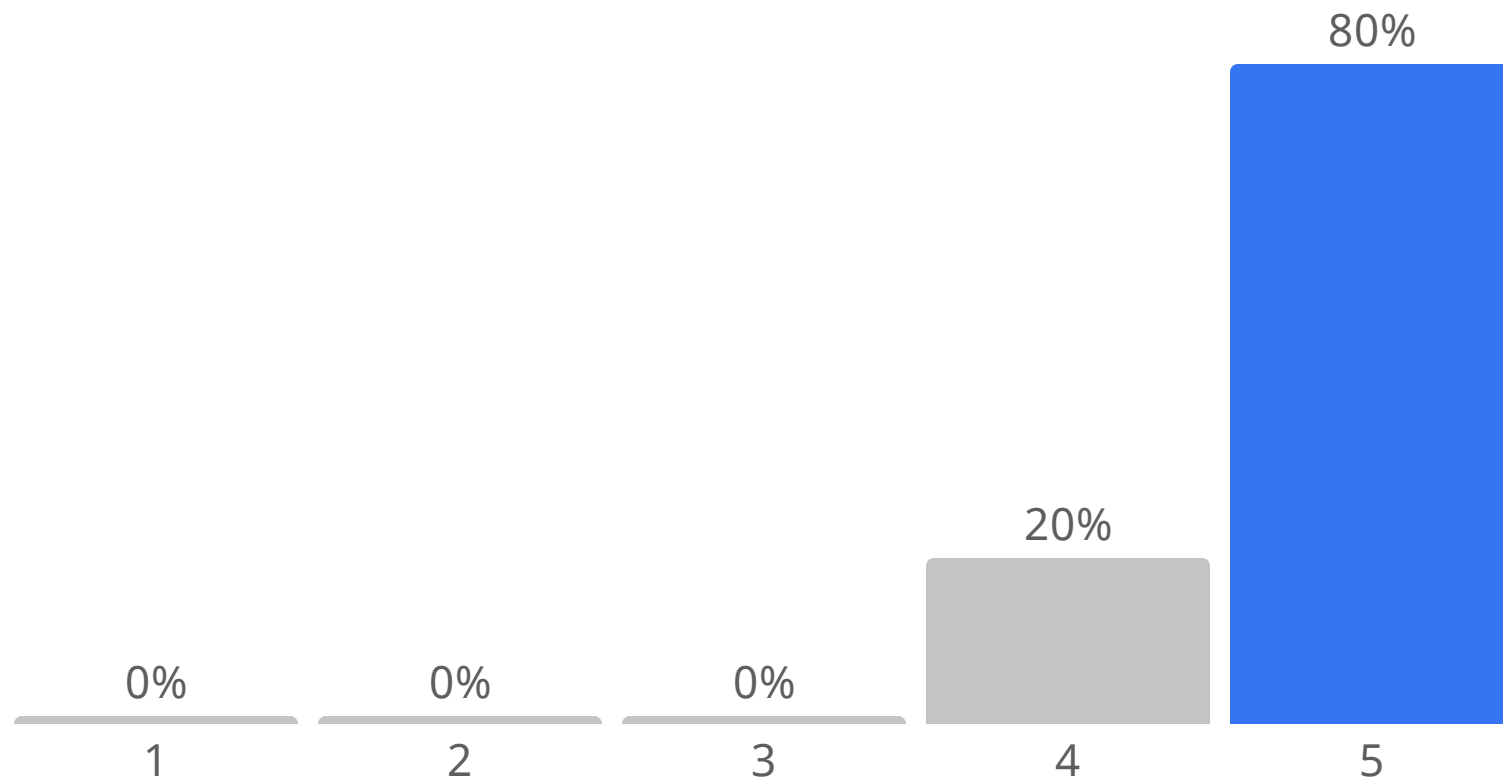
Score: 4.9



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

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Score: 4.8

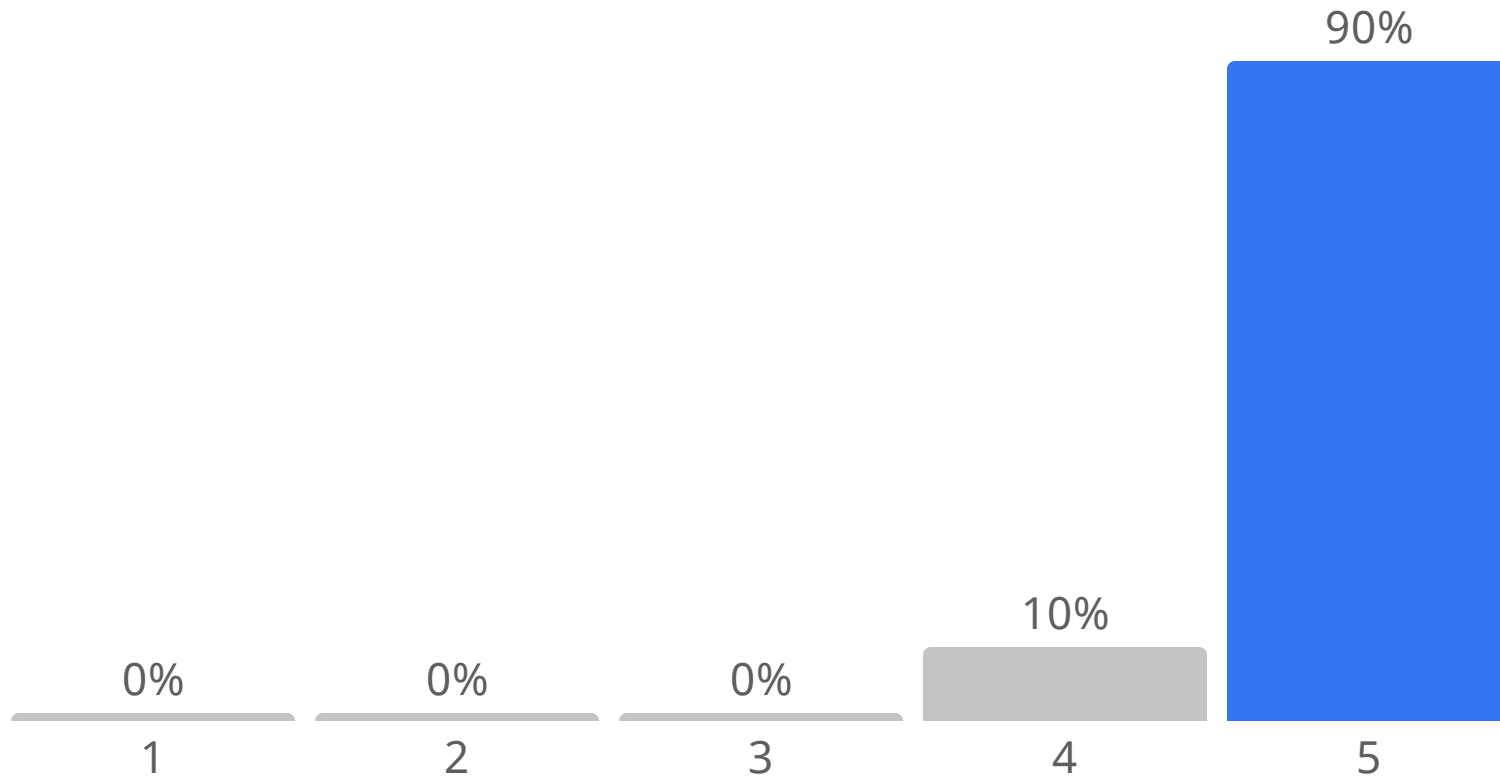




**I believe the current committees are sufficient to meet the boards needs**

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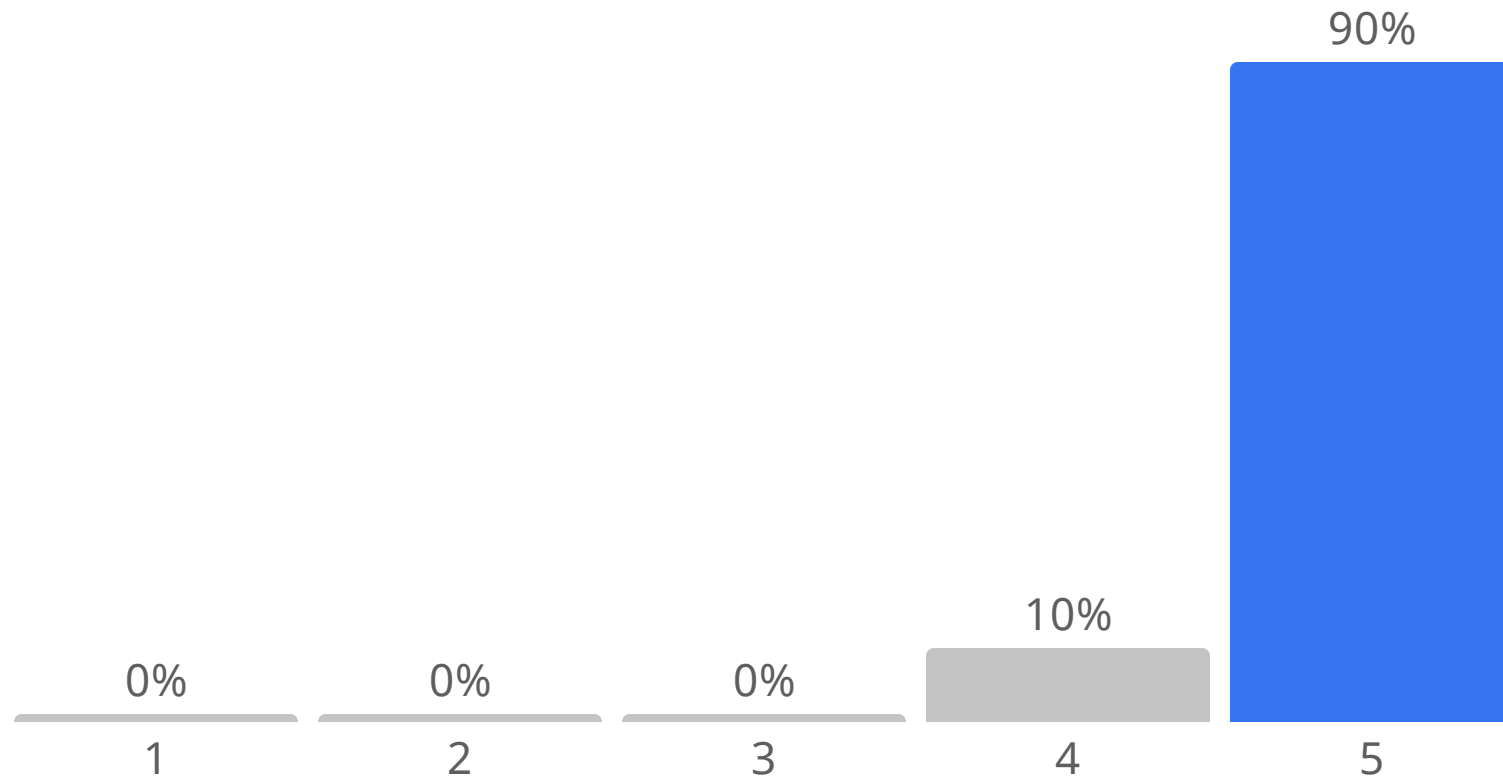
Score: 4.9



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

010

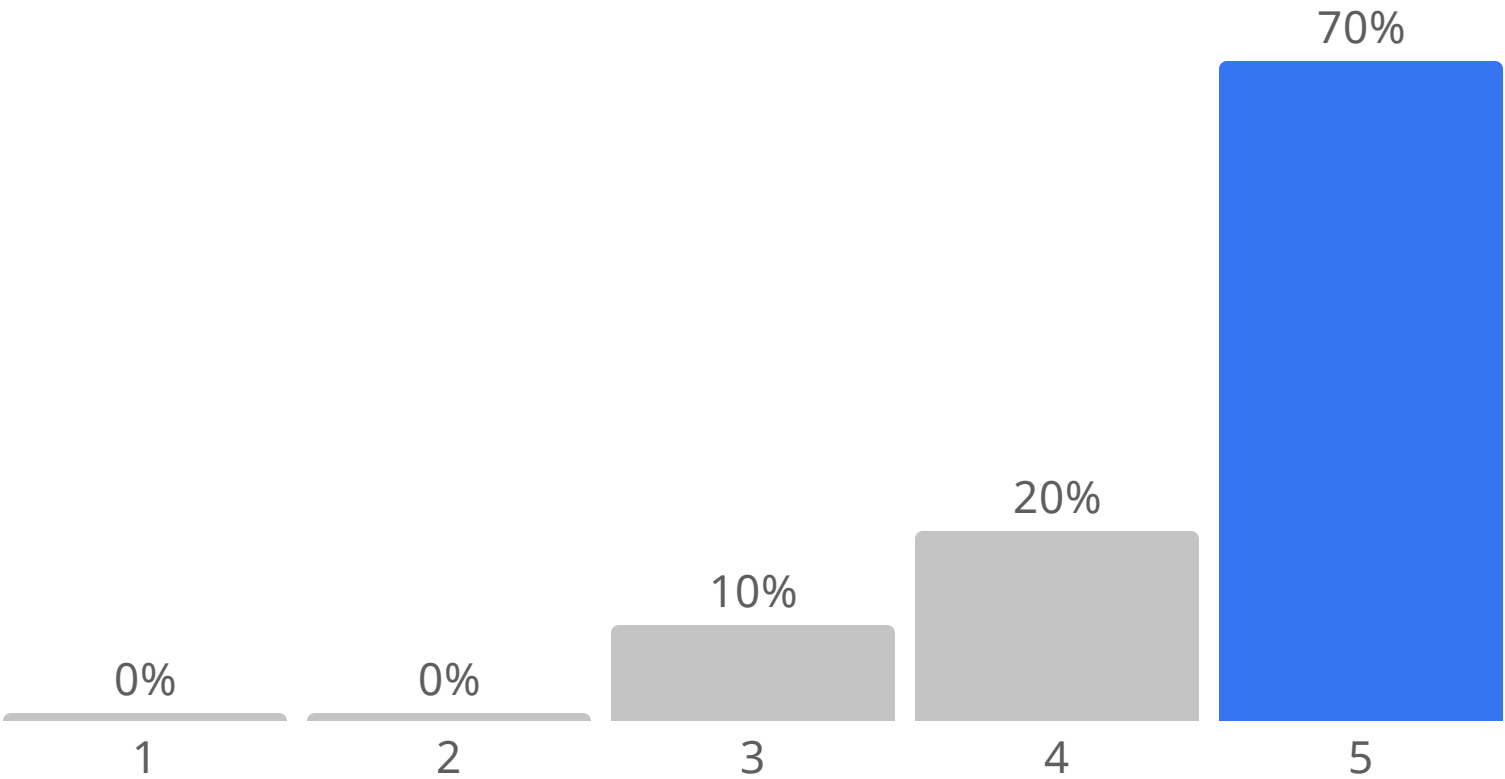
Score: 4.9



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

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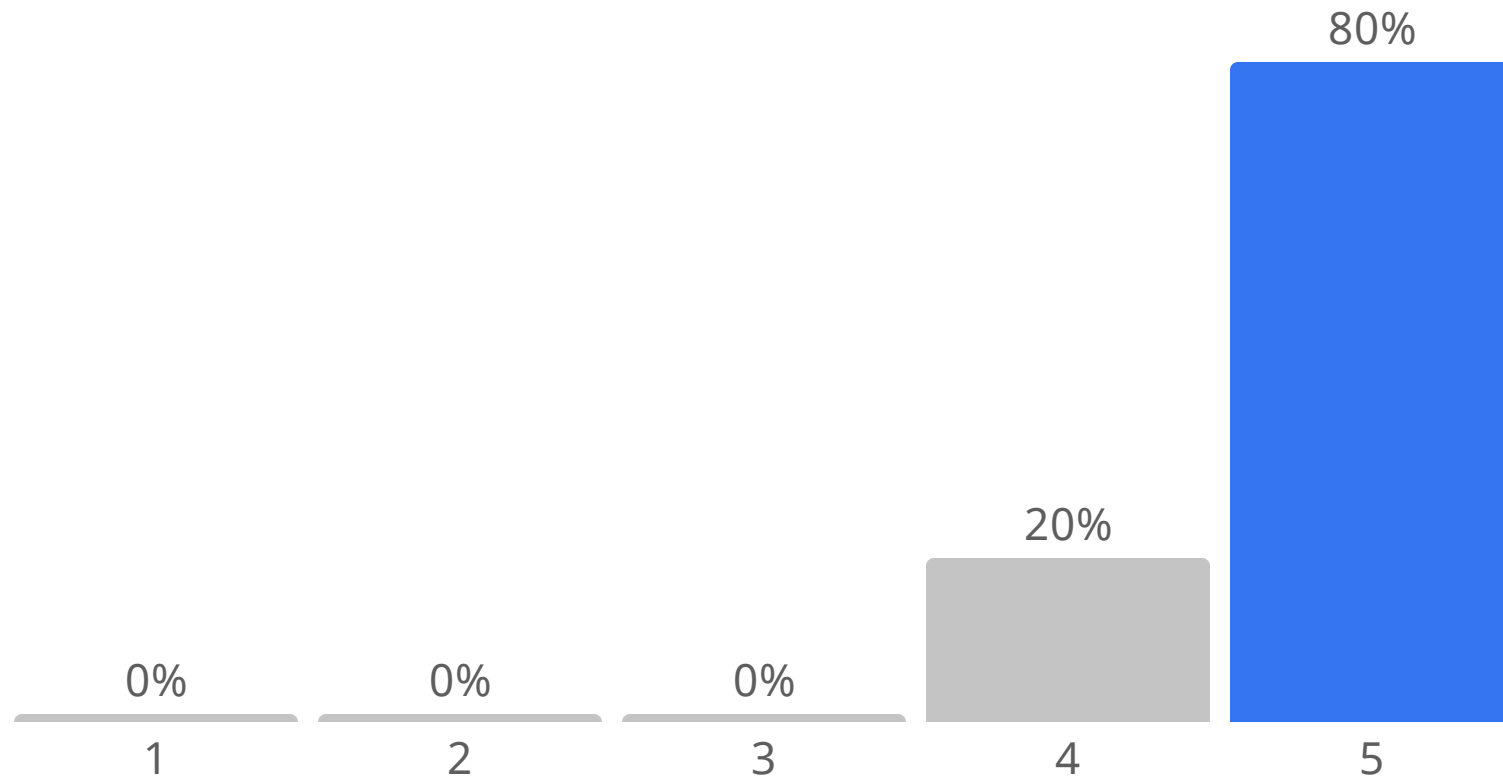
Score: 4.6



## I understand and support the mission and values of SPH

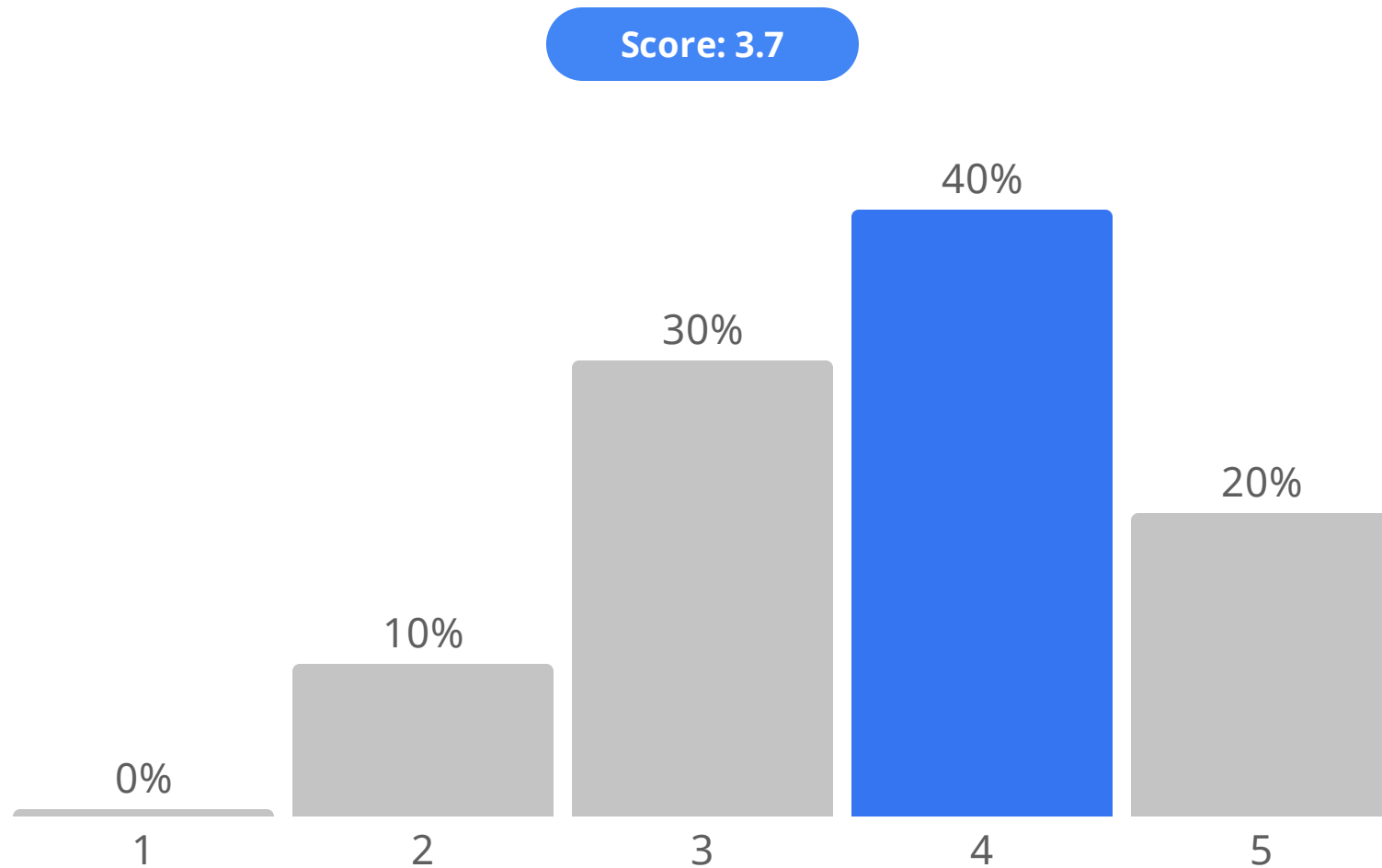
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Score: 4.8



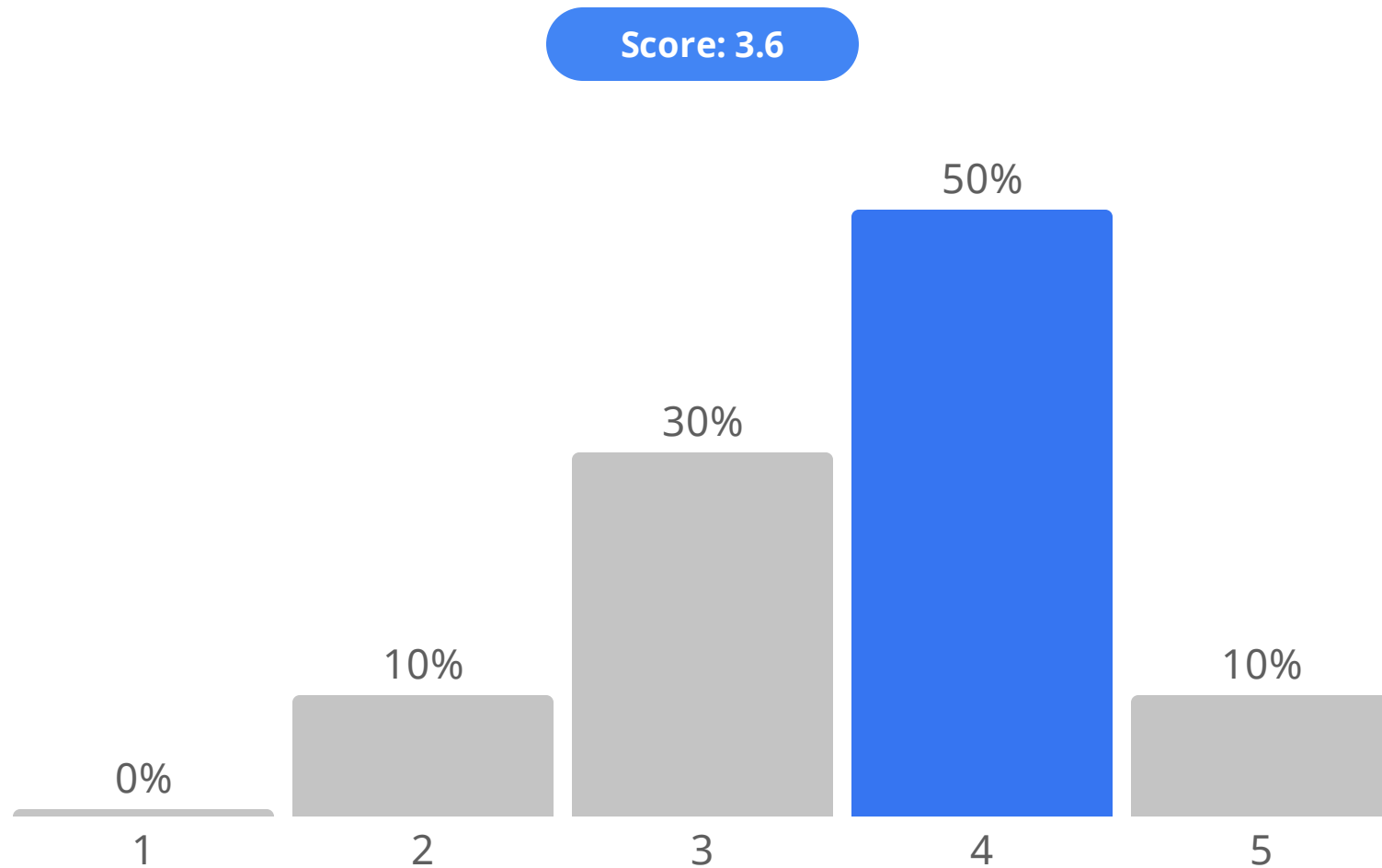
**I understand the long-term strategic plan of SPH and the board's role in accomplishing its strategic objectives**

0 1 0



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

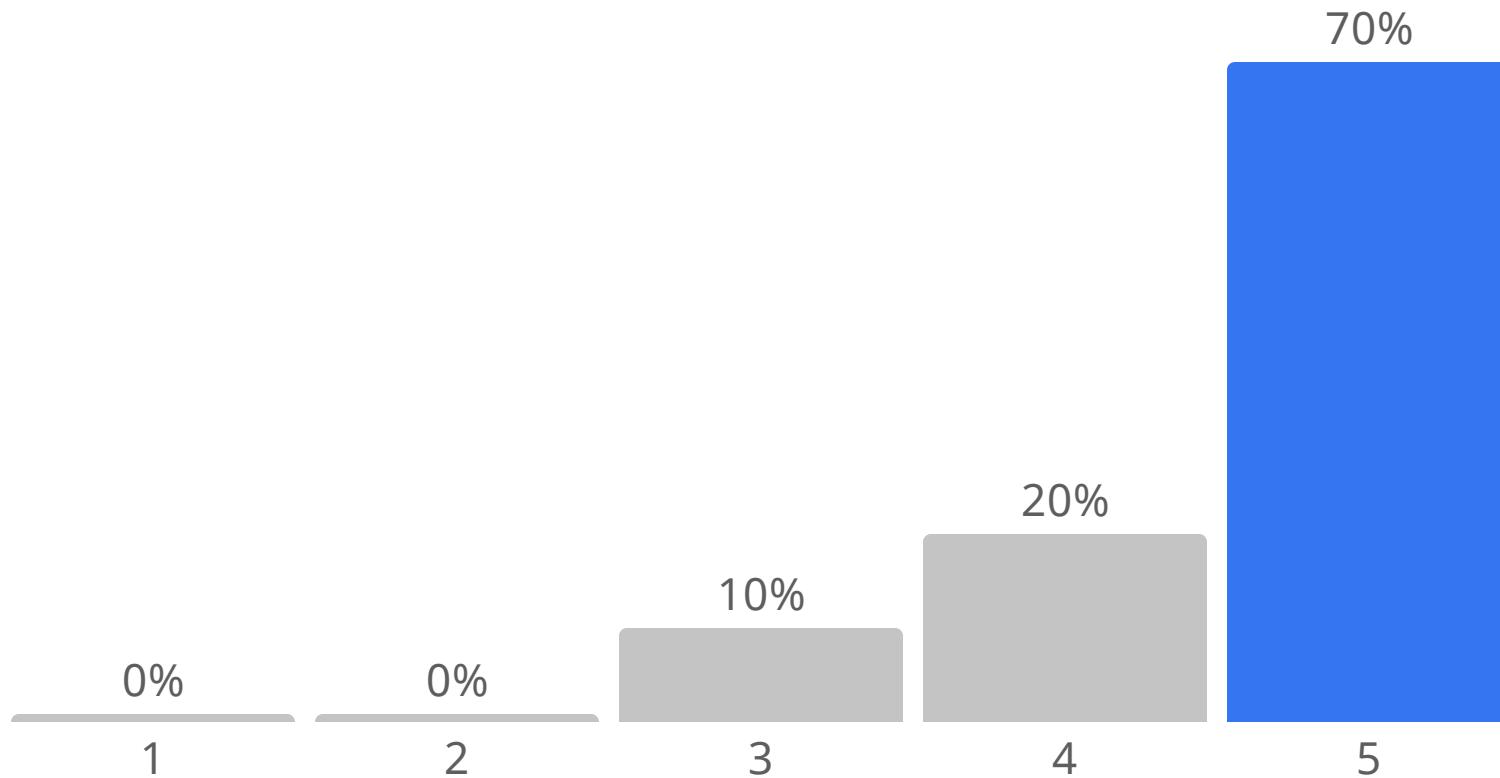
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**I believe the board environment is healthy and supportive of productive work**

010

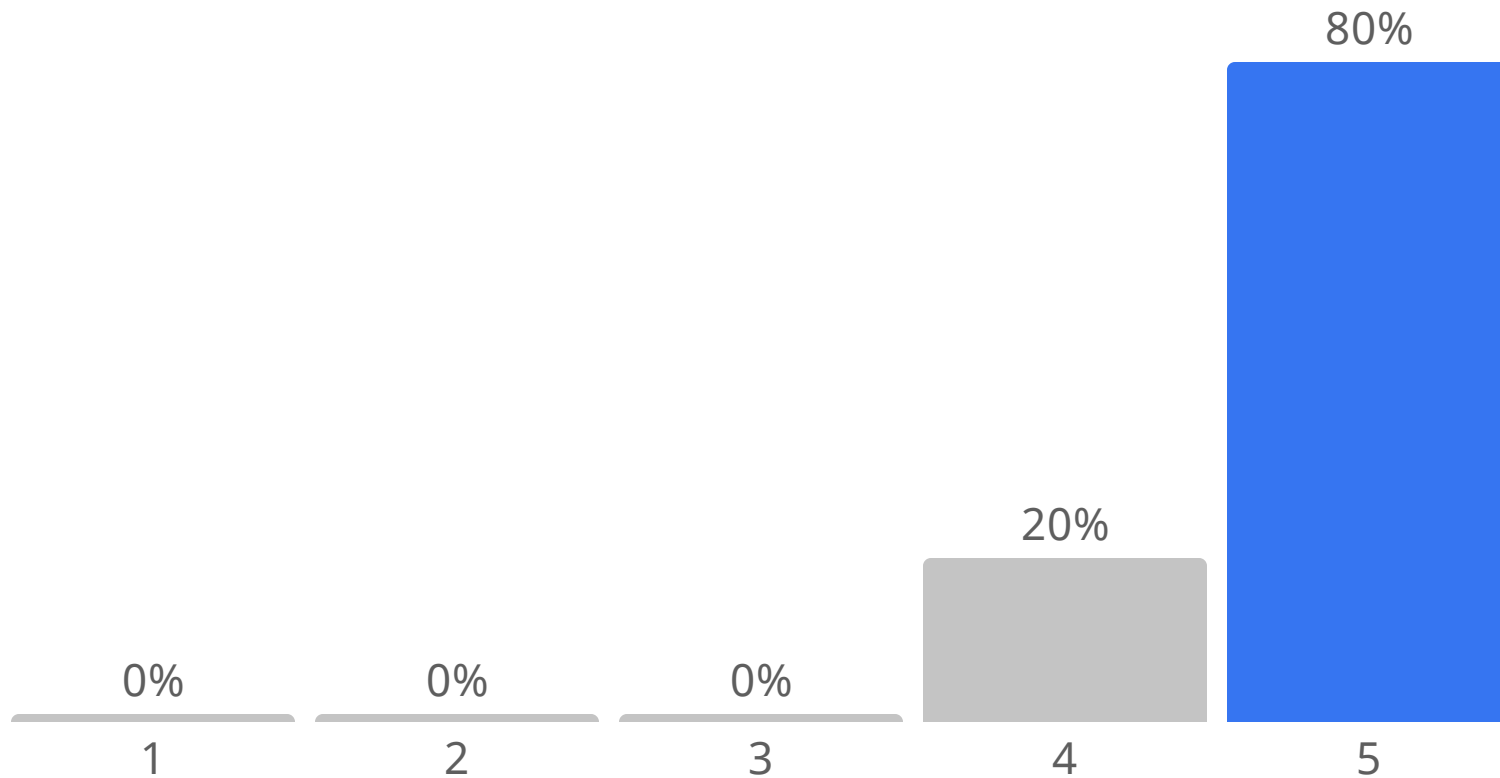
Score: 4.6



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

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Score: 4.8

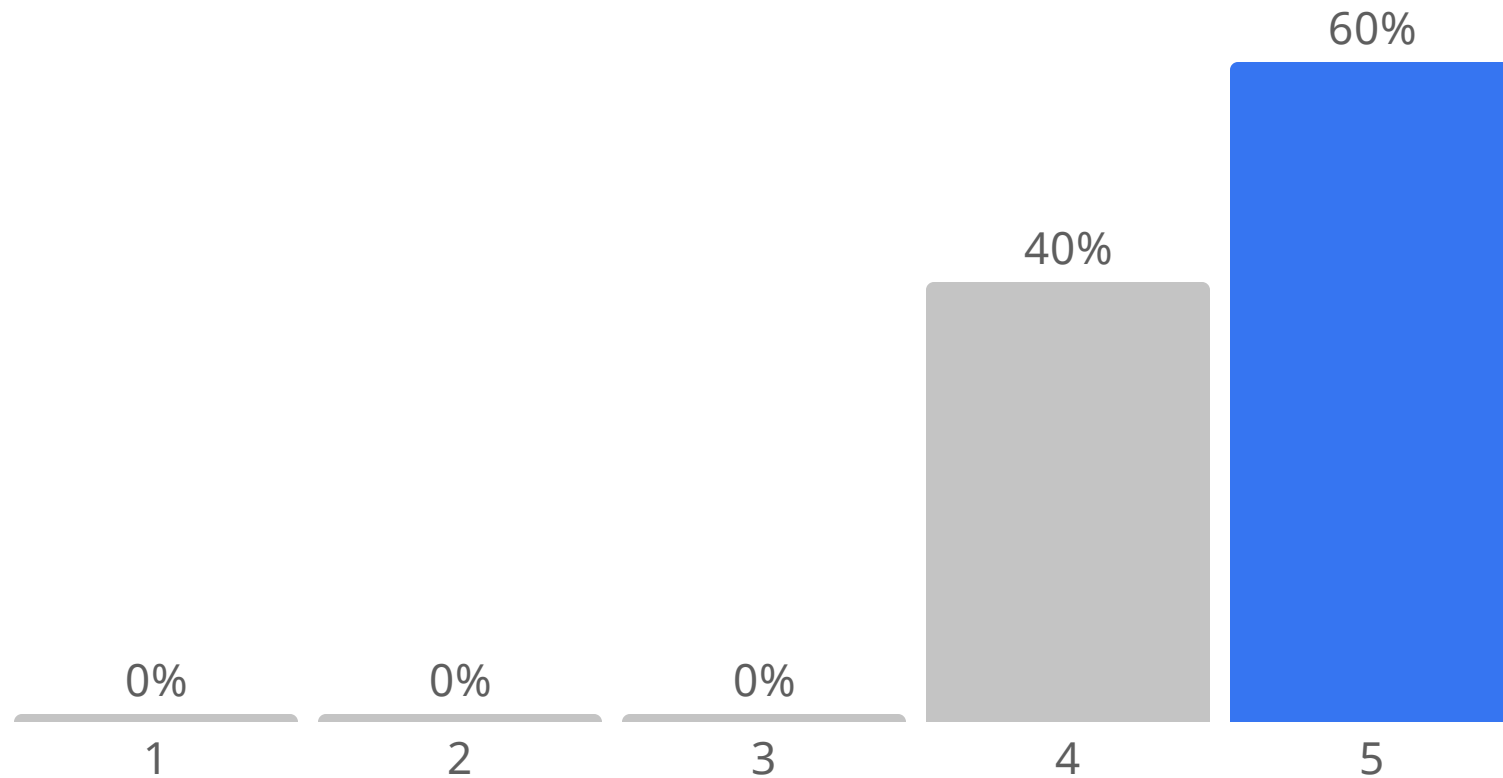




**I believe my personal contribution to the board  
is heard and valued**

0 1 0

Score: 4.6



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

010

Score: 4.6

