



AGENDA

Board of Directors Meeting

5:30 PM - Wednesday, March 22, 2023

[Click link to join Zoom meeting](#)

SPH Conference Rooms 1&2

Meeting ID: 878 0782 1015 Pwd: 931197

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

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

Page

1. CALL TO ORDER

2. ROLL CALL

3. REFLECT ON LIVING OUR VALUES

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

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

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

6. APPROVAL OF THE AGENDA

7. APPROVAL OF THE CONSENT CALENDAR

- 5 - 12
- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for February 27, 2023.

- 13 - 16 7.2. Consideration to Approve February 2023 Financials
[Balance Sheet February 2023](#)
[Income Statement February 2023](#)
[Cash Flows Statement February 2023](#)

- 17 - 20 7.3. Consideration to Approve the Balanced Scorecard Indicators for 2023
[Balanced Scorecard 2023](#)

8. PRESENTATIONS

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 21 - 22 10.1. Consideration to Approve SPH Resolution 2023-10, A Resolution of the South Peninsula Hospital Board of Directors Approving the Request of \$550,000 of Plant Replacement and Expansion Funds to Support Upgrades to the Generator Annunciator and Switch Gear
[SPH Resolution 23-10](#)
- 23 - 35 10.2. Consideration to Approve SPH Board Resolution 2023-11, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$80,000 Operating Funds to Complete the Replacement of the Roof and Modification of the Drainage at 203 W. Pioneer Avenue.
[SPH Resolution 23-11](#)
[For Reference: KPB Ordinance 2021-19-20](#)
[For Reference: KPB Ordinance 2021-19-38](#)
- 36 - 39 10.3. Consideration to Approve Core Privileges in Addiction Medicine as Recommended by the Medical Staff
[Memo - Addiction Medicine Privileges](#)
[Addiction Medicine Core Privileges](#)

11. REPORTS

- 40 - 43 11.1. Chief Executive Officer
 Presenter: Ryan Smith
 [Balanced Scorecard 4Q 2022](#)
- 11.2. BOD Committee: Finance
 Presenter: Walter Partridge
- 11.3. BOD Committee: Governance

- Board Self Evaluation Item for Discussion: *"I believe our board reflects the social and cultural make-up of the service area."*

Presenter: Aaron Weisser

11.4. BOD Committee: Education

Presenter: Melissa Jacobsen

11.5. Chief of Staff

Presenter: Christopher Landess, MD

11.6. Service Area Board Representative

Presenter: Tim Whip

12. DISCUSSION

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

14.2. Board Members

15. INFORMATIONAL ITEMS

16. ADJOURN TO EXECUTIVE SESSION

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

17.1. Credentialing

18. ADJOURNMENT

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

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

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

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

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

MINUTES

Board of Directors Meeting

5:30 PM - Monday, February 27, 2023

Conference Rooms 1& 2 and Zoom

The Board of Directors of the South Peninsula Hospital was called to order on Monday, February 27, 2023, at 5:30 PM, in the Hospital Conference Rooms 1& 2 and via Zoom.

1. CALL TO ORDER

President Kelly Cooper called the regular meeting to order at 5:30pm.

2. ROLL CALL

BOARD PRESENT: President Kelly Cooper, Matthew Hambrick, Walter Partridge, Bernadette Wilson, Julie Woodworth, and Beth Wythe.

BOARD EXCUSED: Keriann Baker, Melissa Jacobsen, Edson Knapp, and Aaron Weisser. Todd Boling attended the first few minutes, but was called away.

ALSO PRESENT: Angela Hinnegan, COO; Janyce Bridges, LTC ADON; Emilie Otis, Dr. Paula Godfrey, Joy Merriner, BDO; Maura Jones, Executive Assistant, Colleen James

**Due to the hybrid 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

Janyce Bridges, Long Term Care Assistant Director of Nursing, discussed the new CNA in-house training program that was recently developed. A team was brainstorming how to get more CNAs into the workforce, and came up with this program to train CNAs in-house. Staff developed the program, got approval from the state, and taught the first round of new CNAs, who all had their pinning ceremony last week!

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

Ms. Cooper welcomed any guests present for the meeting.

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

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

7. APPROVAL OF THE CONSENT CALENDAR

Julie Woodworth read the consent calendar into the record.

- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for January 25, 2023.**
- 7.2. Consideration to Approve January 2023 Financials**
- 7.3. Consideration to Approve the Annual Report to the Contract Administrator**
- 7.4. Consideration to Approve a Proclamation for Colleen James to Honor her Retirement with 34 Years of Service to South Peninsula Hospital**
- 7.5. Consideration to Approve the 2023 Quality Assurance & Performance Improvement Plan for South Peninsula Hospital Home Health**
- 7.6. Consideration to Approve the 2023 Quality Assurance & Performance Improvement Plan for South Peninsula Hospital Long Term Care**
- 7.7. Consideration to Accept the Financial Audit for FY 2022**

Julie Woodworth made a motion to approve the consent calendar as read. Walter Partridge seconded the motion. Motion Carried.

8. PRESENTATIONS

8.1. Presentation of Retirement Proclamation for Colleen James

Dr. Paula Godfrey presented Colleen James with her retirement proclamation, on behalf of the board. She read the text of the proclamation. She added that Ms. James was a pioneer in her work across the whole state. She almost singlehandedly guided our facility, and others, in how to care for these vulnerable patients. She thanked Ms. James for everything she has done. Ms. James thanked the board for their years of support. She noted that when the program was first developed in 1993, there was supposed to be a grant through the state for statewide training, but there was no discretionary funding that year, and the South Peninsula Hospital Service Area Board came through with the funds.

8.2. Health Care Provider Scholarship Committee (video)

Emilie Otis, PTA, and Dr. Paula Godfrey showed a video and gave a brief presentation about the Health Care Provider Scholarship Fund. This is one way we have been able to grow our own health care providers in Homer. They encouraged board members to donate to the fund.

8.3. Presentation of Financial Audit FY22 by BDO

Joy Merriner, of BDO, presented the financial audit for FY2022 to the Board of Directors. The full audit was included in the packet. Ms. Merriner said the audit went very well and the SPH team worked very hard and was very helpful. There

were new accounting standards and new regulations due to COVID funding and the team rose to the challenge. There was one adjustment for the statement. There were no adjustments to the operating statements, however the closed pension plan now has to be presented as its own statement, which is a new requirement. Although the information was included, it was not presented as its own statement. This was the only required change. The internal controls were very good, and the team does an excellent job of spreading the duties around so no one person has too much control.

Ms. Cooper thanked Anna Hermanson, CFO, and her finance team for their hard work on the audit.

9. UNFINISHED BUSINESS

10. NEW BUSINESS

10.1. Consideration to Approve SPH Resolution 23-06, A Resolution of the South Peninsula Hospital Board of Directors Approving the 2022 Discretionary Contribution for the Non-Union 403(b) Plan

Angela Hinnegan, COO, reported. This is the annual request for contribution to the non union 403b fund. The contribution for the non union employees is discretionary, while the contribution for the union employees is defined in the Collective Bargaining Agreement. This resolution requests 2% up to the maximum amount of allowable. The total amount will be close to \$300,000.

Mr. Partridge added this was reviewed and recommended by the Pension Committee. There was no further discussion.

Julie Woodworth made a motion to approve SPH Resolution 23-06, A Resolution of the South Peninsula Hospital Board of Directors Approving the 2022 Discretionary Contribution for the Non-Union 403(b) Plan. Matthew Hambrick seconded the motion. Motion Carried.

10.2. Consideration to Approve SPH Resolution 2023-07, A Resolution of the South Peninsula Hospital Board of Directors Approving a Partial Annuity Placement Buyout of the South Peninsula Hospital Employees' Pension Plan and Trust

Angela Hinnegan, COO, reported. This resolution allows Hospital Administration to move forward with the next step toward derisking the defined benefit plan. Newport has informed us of an option to sell some of the funds to an insurance carrier who would administer the plan as if they were the custodian. We are only able to do this with retirees in payments status or former employees who are vested but no longer work at SPH. It should be around \$8 million. This resolution would give us permission to sign off on the wire to move the funds. There are very specific rules we have to follow, and have hired Dietrich and Associates to ensure we follow all those rules exactly.

There were no conflicts of interest identified, as this is about former employees and does not affect current employees.

Ms. Wythe asked if this would in any way alter the pension guarantee protection rights. Ms. Hinnegan answered that the plan assets are currently backed by PBGC, but in the new system they would be protected by Alaska state insurance laws, which is why there are such strict rules about how the sale is handled. Mr. Partridge added this was reviewed and recommended by the Pension Committee at their February meeting.

Julie Woodworth made a motion to approve SPH Resolution 2023-07, A Resolution of the South Peninsula Hospital Board of Directors Approving a Partial Annuity Placement Buyout of the South Peninsula Hospital Employees' Pension Plan and Trust. Matthew Hambrick seconded the motion. Motion Carried.

10.3. SPH Resolution 2023-08, A Resolution of the South Peninsula Hospital and Board of Directors Approving a Plan amendment for the 457 Plan to Adhere to the Requirements of the Secure Act of 2019.

Angela Hinnegan, COO, reported. In order to comply with the Secure Act, we were required to make an amendment to our deferred compensation plan. In order to be in compliance, we had to make the change by 12/31/2022, so the change has been made, but has now been brought to the Pension Committee and the Board of Directors for retroactive approval. The change is to the language regarding surviving beneficiaries, and doesn't affect our current plan participants. It does not cause any big changes, but is required language per the Secure Act.

There were no conflicts of interest identified. Mr. Partridge added this was reviewed and approved by the Pension and Finance Committees at their February meetings.

Julie Woodworth made a motion to approve SPH Resolution 2023-08, A Resolution of the South Peninsula Hospital and Board of Directors Approving a Plan amendment for the 457 Plan to Adhere to the Requirements of the Secure Act of 2019. Bernadette Wilson seconded the motion. Motion Carried.

10.4. Consideration to Approve SPH Resolution 2023-09, A Resolution of the South Peninsula Hospital Board of Directors Approving the Request of Unobligated Service Area Funds and Unobligated Plant Replacement Expansion Funds to Support Updating the Long Term Care Heating Ventilation and Air Conditioning System

Angela Hinnegan, COO, reported. This project has come before the board before, and the update is regulatory and necessary for the comfort and safety of our Long Term Care residents. This project was postponed due to COVID, however we need to move forward. The borough has requested preliminary designs which has provided us with an estimate for the project. We are requesting \$1 million in unobligated Service Area funds and \$626,416 from

unobligated Plant Replacement and Expansion (PREF) funds to complete the project.

Ms. Cooper commented this is an important project to give relief during the summer months for the residents, staff and patients in that section of the building. She noted the estimate from the borough was included in the packet as an attachment.

Secretary Julie Woodworth made a motion to approve SPH Resolution 2023-09, A Resolution of the South Peninsula Hospital Board of Directors Approving the Request of Unobligated Service Area Funds and Unobligated Plant Replacement Expansion Funds to Support Updating the Long Term Care Heating Ventilation and Air Conditioning System Bernadette Wilson seconded the motion. Motion Carried.

11. REPORTS

11.1. Chief Executive Officer

Angela Hinnegan, COO, gave the report in place of Ryan Smith, who was traveling and could not attend the meeting. SPH has had some success with the strategic priority to be the employer of choice on the peninsula. Two family medicine physicians have been hired for Homer Medical Center - Dr. Ragina Lancaster and Dr. Hans Amen. Raquel Ezrati, NP has joined the team to help out in Long Term Care. Dr. Bell will continue as LTC Medical Director until we find a suitable replacement. Dr. Ellerbe did his last ENT rotation in Homer, but two new physicians will be coming to Homer now from ACENT. We are opening a new Obstetrics & Gynecology site in a building behind Homer Medical Center (HMC) on Fairview, to open up more clinic space in the main HMC building. The HMC billing and coding team has also moved into some available space in the 203 W Pioneer building.

The Master Facility Planning Steering Committee had its final meeting and were able to give comments on the final reports. None of the drawings that came out of the Master Facility Planning are in any phase of execution, but we are continuing to move forward with small projects. We have made an offer to a new Security Supervisor, Adam Darden. He joins us from the Anchorage Police Department and his wife his from Homer.

11.2. BOD Committee: Pension

Annual Pension Committee Chair Memo

Walter Partridge, Pension Chair, reported. The Pension Committee met on February 16th and reviewed the resolutions related to pension plan that were voted on tonight. They were all approved. The committee is required to give an annual report on the pension plans, and that is included in the board packet. At a high level – it wasn't a good year. 16% loss across all the plans. It would have been worse except it was a good last quarter. The Pension Committee has been watching this carefully, but these are market trends and our plan continues to be solid. We went to a conservative mix of 50-50, fixed vs.

equities, which did help some, and the final step is the de-risking approved in the resolution today.

11.3. BOD Committee: Finance

Walter Partridge, Chair, reported. The Finance Committee met on February 16h. We are meeting on a new schedule, with Pension starting at 8am and moving straight into Finance Committee, which seems to be working well. The committee reviewed the financials for January. it was a break even month, helped somewhat by the release of funds from reserves as a result of the audit.

11.4. BOD Committee: Governance

There was no Governance Committee report, as Mr. Weisser was excused from the meeting.

11.5. BOD Committee: Education

There was no Education report, as Ms. Jacobsen was excused from the meeting.

Ms. Cooper asked Ms. Jones to send out a doodle poll to find out if board members would prefer a board work session in the spring or in the fall.

11.6. Chief of Staff

Dr. Landess was excused from the meeting.

11.7. Service Area Board Representative: Ralph Broshe

Ralph Broshe reported on behalf of the Service Area Board (SAB). At their February meeting, the SAB worked with Brandi on budgeting for the upcoming fiscal year. They approved the SPH capital budget, and worked on their own budget as well. They also passed a resolution recommending approval of the increase in lease caps in the Operating Agreement.

Ms. Cooper thanked Mr. Broshe for his work with the Service Area Board.

12. DISCUSSION

There were no further discussion items.

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

Ms. Hinnegan, standing in for Mr. Smith, thanked everyone who attended the Rural Health Care Leadership Conference.

14.2. Board Members

Ms. Woodworth thanked everyone for a good meeting, and expressed her regret at missing the conference. She congratulated Ms. James on her

retirement and thanked her for her service. She also congratulated the Finance team on their audit. She thanked Mr. Partridge for his leadership on the Pension Committee. Ms. Wilson also expressed her regret at missing the conference. She congratulated Ms. Hermanson and the finance team on the audit, and Ms. James on her retirement. Mr. Hambrick echoed the sentiments already expressed. Ms. Wythe appreciated the opportunity to attend the conference, and looks forward to having a debrief when everyone is in town. Ms. Cooper congratulated Ms. James on her retirement and thanked her for her service to the community over the years. She thanked the board members for attending the conference.

15. INFORMATIONAL ITEMS

15.1. Patient Centered Care Quality Committee Minutes.

The minutes were provided in the packet for review.

16. ADJOURN TO EXECUTIVE SESSION

The meeting was adjourned to Executive Session at 6:51pm.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

Executive session was adjourned at 7:14pm, and the board went back into open session for announcements.

17.1. Credentialing

After review of the applicant's files through the secure online portal, Julie Woodworth moved to certify the email vote of 2/20/23, approving the following positions in the medical staff as requested and recommended by the Medical Executive Committee. Matthew Hambrick seconded the motion. Motion carried.

Reappointments (Telemed)

Ebenhoeh, Scott DO Cardiology/Remote Echo Courtesy Staff
Gray, Lisa DO Cardiology/Remote Echo Courtesy Staff
Ireland, Linda DO Cardiology/Remote Echo Courtesy Staff
McDonagh, John MD Cardiology/Remote Echo Courtesy Staff
Watkins III, Stanley MD Cardiology/Remote Echo Courtesy Staff

Appointments

Andrews, James MD Otolaryngology Courtesy Staff
Ferrell, Steven DO Emergency Med Courtesy Staff
Serreyn, Jeremy DO Emergency Med Courtesy Staff

Reappointments

Cadoff, Robert MD Urology Courtesy Staff
Downey, D. Robert MD Family/Functional Med Active Staff
Filepek, Maureen MD Radiology Courtesy Staff
Marley Jr., William J, DDS General Dentistry Courtesy Staff
Martinez, Christy MD Family Med Active Staff

18. ADJOURNMENT

Respectfully Submitted,

Accepted:

Maura Jones, Executive Assistant

Kelly Cooper, President

Minutes Approved:

Julie Woodworth, Secretary

DRAFT



South Peninsula Hospital

DRAFT-UNAUDITED

BALANCE SHEET As of February 28, 2023

	As of February 28, 2023	As of February 28, 2022	As of January 31, 2023	CHANGE FROM Feb 28, 2022
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	23,984,882	18,064,194	23,523,135	5,920,688
2 EQUITY IN CENTRAL TREASURY	8,888,537	7,763,337	9,827,867	1,125,200
3 TOTAL CASH	32,873,419	25,827,531	33,351,002	7,045,888
4 PATIENT ACCOUNTS RECEIVABLE	29,711,475	30,924,824	29,752,952	(1,213,349)
5 LESS: ALLOWANCES & ADJ	(14,833,471)	(14,281,276)	(14,859,117)	(552,195)
6 NET PATIENT ACCT RECEIVABLE	14,878,004	16,643,548	14,893,835	(1,765,544)
7 PROPERTY TAXES RECV - KPB	160,237	191,466	188,957	(31,229)
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(3,598)	(4,165)	(567)
9 NET PROPERTY TAX RECV - KPB	156,072	187,868	184,792	(31,796)
10 OTHER RECEIVABLES - SPH	1,684,572	514,813	1,387,379	1,169,759
11 INVENTORIES	1,946,543	1,829,733	1,971,057	116,810
12 NET PENSION ASSET- GASB	4,969,522	9,350,712	4,969,521	(4,381,190)
13 PREPAID EXPENSES	1,016,641	957,940	1,063,378	58,701
14 TOTAL CURRENT ASSETS	57,524,773	55,312,145	57,820,964	2,212,628
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	7,415,304	10,598,237	7,415,304	(3,182,933)
16 PREF OBLIGATED	1,531,135	2,164,876	1,531,135	(633,741)
17 OTHER RESTRICTED FUNDS	72,861	82,317	72,733	(9,457)
	9,019,299	12,845,430	9,019,171	(3,826,131)
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,114,693	4,111,915	4,114,693	2,778
19 BUILDINGS	67,648,703	67,101,465	67,588,920	547,238
20 EQUIPMENT	30,878,006	29,579,388	30,655,487	1,298,618
21 BUILDINGS INTANGIBLE ASSETS	2,456,899	0	2,456,899	2,456,899
22 EQUIPMENT INTANGIBLE ASSETS	462,427	0	462,427	462,427
23 IMPROVEMENTS OTHER THAN BUILDINGS	273,935	273,640	273,935	295
24 CONSTRUCTION IN PROGRESS	1,161,827	591,224	1,321,868	570,603
25 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(64,233,770)	(60,210,366)	(63,893,545)	(4,023,404)
26 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(713,634)	0	(676,638)	(713,634)
27 NET CAPITAL ASSETS	42,049,086	41,447,266	42,304,046	601,820
28 GOODWILL	9,000	21,000	10,000	(12,000)
29 TOTAL ASSETS	108,602,158	109,625,841	109,154,181	(1,023,683)
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	309,668	378,569	315,305	(68,901)
32 TOTAL DEFERRED OUTFLOWS OF RESOURCES	4,840,585	(190,038)	4,846,222	5,030,623
33 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	113,442,743	109,435,803	114,000,403	4,006,940

	As of February 28, 2023	As of February 28, 2022	As of January 31, 2023	CHANGE FROM Feb 28, 2022
LIABILITIES & FUND BALANCE				
CURRENT LIABILITIES:				
34 ACCOUNTS AND CONTRACTS PAYABLE	1,561,606	1,811,190	1,358,524	(249,584)
35 ACCRUED LIABILITIES	7,259,769	7,583,724	7,165,117	(323,955)
36 DEFERRED CREDITS	4,868	699,646	(30,979)	(694,778)
37 CURRENT PORTION OF LEASE PAYABLE	400,069	0	398,862	400,069
38 CURRENT PORTIONS OF NOTES DUE	0	0	0	0
39 CURRENT PORTIONS OF BONDS PAYABLE	1,835,000	1,770,000	1,820,000	65,000
40 BOND INTEREST PAYABLE	40,705	49,410	132,144	(8,705)
41 DUE TO/(FROM) THIRD PARTY PAYERS	1,288,761	968,134	1,288,761	320,627
43 TOTAL CURRENT LIABILITIES	12,390,778	12,882,104	12,132,429	(491,326)
LONG-TERM LIABILITIES				
44 NOTES PAYABLE	0	0	0	0
45 BONDS PAYABLE NET OF CURRENT PORTION	6,905,000	8,740,000	7,760,000	(1,835,000)
46 PREMIUM ON BONDS PAYABLE	438,036	595,317	450,203	(157,281)
47 CAPITAL LEASE, NET OF CURRENT PORTION	1,996,193	26,531	2,029,531	1,969,662
48 TOTAL NONCURRENT LIABILITIES	9,339,229	9,361,848	10,239,734	(22,619)
49 TOTAL LIABILITIES	21,730,007	22,243,952	22,372,163	(513,945)
50 DEFERRED INFLOW OF RESOURCES	0	0	0	0
51 PROPERTY TAXES RECEIVED IN ADVANCE	0	0	0	0
NET POSITION				
52 INVESTED IN CAPITAL ASSETS	5,731,963	5,731,963	5,731,963	0
53 CONTRIBUTED CAPITAL - KPB	0	0	0	0
54 RESTRICTED	25,286	25,286	25,286	0
55 UNRESTRICTED FUND BALANCE - SPH	85,955,487	81,434,602	85,870,991	4,520,885
56 UNRESTRICTED FUND BALANCE - KPB	0	0	0	0
57 TOTAL LIAB & FUND BALANCE	113,442,743	109,435,803	114,000,403	4,006,940

INCOME STATEMENT
As of February 28, 2023
DRAFT-UNAUDITED

		MONTH			YEAR TO DATE				
		02/28/23		02/28/22	02/28/23			02/28/22	
		Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue									
1	Inpatient	1,792,169	3,104,619	-42.27%	2,700,706	19,703,616	26,365,445	-25.27%	23,967,574
2	Outpatient	11,815,300	11,638,008	1.52%	10,254,455	100,006,150	96,795,613	3.32%	86,662,069
3	Long Term Care	980,628	1,097,797	-10.67%	955,309	8,433,523	8,782,376	-3.97%	6,557,879
4	Total Patient Services	14,588,097	15,840,424	-7.91%	13,910,470	128,143,289	131,943,434	-2.88%	117,187,522
Deductions from Revenue									
5	Medicare	2,698,185	3,191,411	15.45%	2,547,119	24,436,185	26,542,572	7.94%	23,789,379
6	Medicaid	2,094,561	2,265,137	7.53%	2,385,319	18,172,557	18,838,867	3.54%	15,696,996
7	Charity Care	112,519	135,473	16.94%	46,396	1,211,774	1,126,714	-7.55%	417,904
8	Commercial and Admin	1,205,223	1,270,680	5.15%	1,265,810	11,726,043	10,568,093	-10.96%	10,211,625
9	Bad Debt	488,770	297,932	-64.05%	35,484	2,057,835	2,477,866	16.95%	2,115,153
10	Total Deductions	6,599,258	7,160,633	7.84%	6,280,128	57,604,394	59,554,112	3.27%	52,231,057
11	Net Patient Services	7,988,839	8,679,791	-7.96%	7,630,342	70,538,895	72,389,322	-2.56%	64,956,465
12	USAC and Other Revenue	60,487	61,664	-1.91%	60,512	494,888	493,319	0.32%	444,134
13	Total Operating Revenues	8,049,326	8,741,455	-7.92%	7,690,854	71,033,783	72,882,641	-2.54%	65,400,599
Operating Expenses									
14	Salaries and Wages	3,676,946	4,059,374	9.42%	3,641,762	33,572,654	33,339,442	-0.70%	31,445,642
15	Employee Benefits	1,496,675	2,199,501	31.95%	1,743,671	15,120,926	17,292,193	12.56%	13,737,912
16	Supplies, Drugs and Food	965,650	1,093,890	11.72%	1,071,013	8,178,861	9,096,629	10.09%	8,426,559
17	Contract Staffing	169,492	159,574	-6.22%	370,806	1,863,657	1,298,365	-43.54%	2,955,289
18	Professional Fees	412,199	391,998	-5.15%	538,980	4,230,063	3,448,733	-22.66%	3,759,290
19	Utilities and Telephone	139,320	134,468	-3.61%	72,376	1,151,697	1,107,215	-4.02%	1,050,627
20	Insurance (gen'l, prof liab, property)	61,255	84,904	27.85%	55,610	504,538	499,619	-0.98%	471,446
21	Dues, Books, and Subscriptions	22,177	22,975	3.47%	17,081	153,268	178,212	14.00%	158,482
22	Software Maint/Support	191,579	171,459	-11.73%	165,916	1,348,220	1,342,172	-0.45%	1,234,831
23	Travel, Meetings, Education	90,700	79,770	-13.70%	78,600	416,353	498,188	16.43%	388,635
24	Repairs and Maintenance	184,091	131,346	-40.16%	118,113	1,220,353	1,032,900	-18.15%	1,016,208
25	Leases and Rentals	52,691	48,497	-8.65%	25,995	510,504	535,159	4.61%	557,414
26	Other (Recruiting, Advertising, etc.)	174,066	83,113	-109.43%	81,121	1,094,490	664,895	-64.61%	737,065
27	Depreciation & Amortization	341,226	345,888	1.35%	332,384	2,707,499	2,767,114	2.15%	2,610,472
28	Total Operating Expenses	7,978,067	9,006,757	11.42%	8,313,428	72,073,083	73,100,836	1.41%	68,549,872
29	Gain (Loss) from Operations	71,258	(265,302)	126.86%	(622,574)	(1,039,300)	(218,195)	-376.32%	(3,149,273)
Non-Operating Revenues									
30	General Property Taxes	32,647	45,029	-27.50%	48,111	4,826,007	4,545,429	6.17%	4,585,963
31	Investment Income	34,807	9,750	256.99%	(662)	227,379	78,003	191.50%	(934)
32	Governmental Subsidies	0	0	0.00%	1,245,109	0	0	0.00%	2,428,181
33	Other Non Operating Revenue	690	0	100.00%	0	3,627	0	100.00%	79,384
34	Gifts & Contributions	0	0	0.00%	(406)	0	0	0.00%	0
35	Gain <Loss> on Disposal	0	0	0.00%	0	6,572	0	0.00%	0
36	SPH Auxiliary	1,003	6	16616.67%	1	2,740	46	5856.52%	41
37	Total Non-Operating Revenues	69,147	54,785	26.22%	1,292,153	5,066,325	4,623,478	9.58%	7,092,635
Non-Operating Expenses									
38	Insurance	0	0	0.00%	0	0	0	0.00%	0
39	Service Area Board	12,407	9,798	-26.63%	8,067	68,279	55,660	0.00%	53,433
40	Other Direct Expense	2,151	3,600	40.25%	178	11,755	28,801	59.19%	25,379
41	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42	Interest Expense	38,953	28,432	-37.00%	32,233	311,541	227,452	-36.97%	257,864
43	Total Non-Operating Expenses	53,511	41,830	-27.92%	40,478	391,575	311,913	-25.54%	336,676
Grants									
44	Grant Revenue	104	29,167	0.00%	0	242,019	233,333	0.00%	1,174,689
45	Grant Expense	2,502	25,000	89.99%	437	20,012	200,000	89.99%	575,650
46	Total Non-Operating Gains, net	(2,398)	4,167	-157.55%	(437)	222,007	33,333	-566.03%	599,039
47	Income <Loss> Before Transfers	84,496	(248,180)	134.05%	628,664	3,857,457	4,126,703	-6.52%	4,205,725
48	Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49	Net Income	84,496	(248,180)	134.05%	628,664	3,857,457	4,126,703	-6.52%	4,205,725



South Peninsula Hospital

Statement of Cash Flows As of February 28, 2023

Cash Flow from Operations:

1	YTD Net Income	3,754,443
2	Add: Depreciation Expense	2,707,499
3	Adj: Inventory (increase) / decrease	94,267
4	Patient Receivable (increase) / decrease	1,640,206
5	Prepaid Expenses (increase) / decrease	(256,422)
6	Other Current assets (increase) / decrease	(1,111,859)
7	Accounts payable increase / (decrease)	(115,365)
8	Accrued Salaries increase / (decrease)	(851,157)
9	Net Pension Asset (increase) / decrease	(293,813)
10	Other current liability increase / (decrease)	(1,021,704)
11	Net Cash Flow from Operations	4,546,095

Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(1,593,432)
13	Cash transferred to plant replacement fund	(1,276,373)
14	Proceeds from disposal of equipment	6,572
15	Net Cash Flow from Investing	(2,863,233)

Cash Flow from Financing

16	Cash paid for Lease Payable	-
17	Cash paid for Debt Service	(1,859,884)
18	Net Cash from Financing	(1,859,884)
19	Net increase in Cash	\$ (177,022)
20	Beginning Cash as of July 1, 2022	\$ 33,050,441
21	Ending Cash as of February 28, 2023	\$ 32,873,419

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
1st Quarter Calendar 2023 (Jan, Feb, Mar)

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	1Q 2023	Target	n	Note
Severe Sepsis & Septic Shock Care		>75%		
Sepsis (<i>percentage of patients who received appropriate care for sepsis and/or septic shock.</i>)				# of cases passing/total # of cases-exceptions (# pass, # fail, # exclusions)
Stroke Care		> 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)
Median Emergency Room Time		180 min		Target (minutes)
Average time spent in department before leaving.				Average throughput time of random sample of ED visits (chart abstracted).
Readmission		< 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
Elective Deliveries		0%		
Percentage of mothers whose deliveries were scheduled too early (<i>1-2 weeks early</i>), when a scheduled delivery wasn't medically necessary.				# of non-medically indicated deliveries before 39 weeks gestation / total deliveries.
Provider Quality Score (Group)		15 pts		Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (MIPS) for providers				Target to be adjusted Quarterly as appropriate
Patient Fall Rate AC		< 5		# 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.
Medication Errors		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
Never Events		0		
Unexpected occurrence involving death/serious physiological or psychological injury, or the risk thereof.				

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

Provider and Staff Alignment	1Q 2023	Target	n	Note
Provider Satisfaction Percentile	74th	75th		
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.				Result of provider survey 2021
Employee Satisfaction Percentile	70th	75th		
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.				Result of employee survey 2021
Workforce	1Q 2023	Target	n	Note
Turnover: All Employees		< 5%		
Percentage of all employees separated from the hospital for any reason				Terminations/ Total Employees
Turnover: Voluntary All Employees		< 4.75%		
Measures the percentage of voluntary staff separations from the hospital				Voluntary Terminations/ Total Employees
First Year Total Turnover		< 7%		
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 -
Travel Nursing Utilization		< 20		
Measure total travel staff utilized in a previous quarter (Internal & External)				01-2023 - External: 14 / Internal: 13, Total: 27
Information System Solutions	1Q 2023	Target	n	Note
Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.		> 60		CMS score 60 and above = pass
e-Prescribing: Electronic Prescribing (<i>Rx</i>)		10		
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information		20		
HIE: Suppt. Electronic Referral Loops by sending health info. (<i>Sum. of Care sent</i>)		20		
Provider to patient exchange: Provide patients electronic access to their health information (<i>timely access via the patient portal</i>)		40		
Public Health & Clinical Data Exchange		10		
Eligible Provider (EP) - Promoting Interoperability (Group)		10 pts		Target quarterly for annual score
Merit Based Incentive Payment System Promoting Interoperability score (<i>MIPS tracking is in Athena</i>)				
Electronic Medical Record (EMR) Adoption Stage		5		
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.
IT Security Awareness Training Complete Rate		97%		
% of employees who have completed assigned security training				# videos training sent, # completed.
Phishing Test Pass Rate		97%		
% 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	1Q 2023	Target	n	Note
Operating Margin		1.5%		
Measures the surplus (deficit) of operating income over operating expenses as a percentage of net patient service revenue for the quarter.				Target is based on budgeted operating margin for the period.
Adjusted Patient Discharges		1091.72		
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
Net Revenue Growth		-2.1%		
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.
Full Time Equivalents (FTEs) per Adjusted Occupied Bed		9.35		
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.
Net Days in Accounts Receivable		55		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand		90		# Represents days
Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.				Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.
Uncompensated Care as a Percentage of Gross Revenue		2-5.3%		
Measures bad debt & charity write offs as a percentage of gross patient service revenue				Target is based on industry standards & SPH Payer Mix Budgeted total is 2.9% Expected range of 2.5-3.5%
Average Age of Plant		8 yrs		
Average age of assets used to provide services				The average age of plant is calculated based on accumulated depreciation, divided by depreciation expense.
Intense Market Focus to Expand Market Share	1Q 2023	Target	n	Note
Outpatient Revenue Growth		7%		
Measures percentage increase (decrease) in outpatient revenue for the quarter, compared to the same period in the prior year.				Target is based on budgeted outpatient revenue for the period compared to outpatient revenue for the same period in the prior year.
Surgical Case Growth		12.2%		
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.

Introduced by:	Administration
Date:	March 22, 2023
Action:	
Vote:	Y/N

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2023-10**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS
APPROVING THE REQUEST OF \$550,000 OF PLANT REPLACEMENT AND
EXPANSION FUNDS TO SUPPORT UPGRADES TO THE GENERATOR
ANNUNCIATOR AND SWITCH GEAR**

WHEREAS, South Peninsula Hospital Administration has identified the need to upgrade the annunciator and switch gears for the backup generators in order to meet current life safety codes and remedy an outstanding CMS (Centers for Medicare and Medicaid Service) citation; and

WHEREAS, the Hospital has two backup generators, the older of which is well past its usual life expectancy and thus difficult to service or repair, with parts being difficult to find; and

WHEREAS, in order to maintain redundancy for backup power generation and comply with current life safety codes, the following upgrades are proposed:

- Replace main generator breakers with newer up to date load breakers.
- Pull out 1980's out-of-date RUSS gear equipment and replace with upgraded digital monitoring components.
- Install two digital monitoring cabinets that tie into switch gear interface.
- Install two remote enunciators that will feed alarm panels that are monitored 24/7 at the Acute Care nurses station and Security office.
- Install external tie-in with disconnect for future testing and emergency generator tie in box.
- Prepare engineered drawings for connections and components that are up to date to meet CMS requirements, and;

WHEREAS, the cost to upgrade the annunciator and switch gear is estimated at \$550,000; and

WHEREAS, SPH Management would like to request \$550,000 from the Plant Replacement and Expansion Fund to be appropriated to complete the upgrade of the annunciator and switch gear; and

WHEREAS, the upgrades to the annunciator and switch gear were discussed and approved by the Finance Committee on March 16, 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 \$550,000 from the Plant Replacement and Expansion fund to upgrade the annunciator and switch gear.

PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA AT ITS MEETING HELD ON THIS 22nd DAY OF MARCH, 2023.

ATTEST:

Kelly Cooper, Board President

Julie Woodworth, Board Secretary

Introduced by:	Administration
Date:	March 22, 2023
Action:	
Vote:	Y/N

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2023-11**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS
APPROVING THE USE OF \$80,000 OPERATING FUNDS TO COMPLETE THE
REPLACEMENT OF THE ROOF AND MODIFICATION OF THE DRAINAGE AT 203
W. PIONEER AVE.**

WHEREAS, South Peninsula Hospital Administration has identified the need to replace the roof and modify the drainage at 203 West Pioneer Ave. in order to remedy significant water intrusion issues; and

WHEREAS, the previous repairs to the roof and drainage are failing, causing water damage to the interior spaces and equipment, as well as mold issues; and

WHEREAS, this has led to poor drainage in the parking lot and sidewalks, causing glaciation, which is a hazard to patients and employees; and

WHEREAS, Kenai Peninsula Borough has identified necessary repairs including replacement of the roof with EPDM (enthylene propylene diene terpolymer) roofing, repair of existing parapets, elimination of skylights, and plumbing of downspouts away from walkways; and

WHEREAS, the cost of the replacement of the roof and modification of the drainage is estimated at \$300,000; and

WHEREAS, SPH had appropriated \$147,500 of unobligated Plant Replacement and Expansion Funds and \$147,500 of SPH Operating Cash in Ordinance 2021-019-38 which was passed immediately following the purchase of the 203 W. Pioneer property; and

WHEREAS, this project has \$147,500 of remaining operating funds available to this project and approximately \$72,500 of obligated plant replacement and expansion funds available for this project; and

WHEREAS, SPH Management requests to use \$80,000 of additional operating cash to complete the replacement of the roof and modification of the drainage; and

WHEREAS, the roof repair and drainage modifications were discussed and approved at Finance Committee on March 16, 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 \$80,000 in operating cash to complete the needed roof replacement and modifications of drainage at the 203 W. Pioneer Avenue building.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA
AT ITS MEETING HELD ON THIS 22nd DAY OF MARCH, 2023.**

ATTEST:

Kelly Cooper, Board President

Julie Woodworth, Board Secretary

Introduced by:	Mayor
Date:	10/12/21
Hearing:	10/26/21
Action:	Enacted
Vote:	9 Yes, 0 No, 0 Absent

**KENAI PENINSULA BOROUGH
ORDINANCE 2021-19-20**

**AN ORDINANCE AUTHORIZING THE ACQUISITION OF REAL PROPERTY
LOCATED AT 203 WEST PIONEER AVENUE, HOMER ALASKA ON BEHALF OF
THE SOUTH PENINSULA HOSPITAL SERVICE AREA, APPROPRIATING \$975,000
FROM THE SOUTH PENINSULA HOSPITAL PLANT REPLACEMENT AND
EXPANSION FUND FOR THE PURCHASE, AND AUTHORIZING A SECOND
AMENDMENT TO THE OPERATING AGREEMENT WITH SPH, INC.**

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, SPHI has approached Jonas Ridge, LLC, the owner of a commercial property at 203 West Pioneer Street, with an offer to purchase the property at fair market value; and

WHEREAS, an independent fair market value appraisal was completed by Alaska Appraisal and Consulting Group, on April 18, 2021 and found the property to be valued at \$955,000; and

WHEREAS, Pursuant to Resolution 2021-044, the Borough, on behalf of the Service Area, is currently leasing the medical facility for \$6,800 per month which is used for the operation of the Hospital's Home Health, Functional Medicine, Surgical Center and Staff Training departments;

WHEREAS, the subject property consists of a .97 acre lot and a 5,212 ft. medical office building; and

WHEREAS, upon purchase it would be appropriate to amend the Operating Agreement with SPHI to include this property; and

WHEREAS, the SPHI Board of Directors at its meeting of August 25, 2021 adopted Board Resolution 2021-14 approving the property purchase at 203 West Pioneer Avenue; and

WHEREAS, the South Peninsula Hospital Service Area Board, at its meeting of September 9, 2021 recommended approval of the acquisition; and

WHEREAS, the Kenai Peninsula Borough Planning Commission, at its regular meeting of October 11, 2021 recommended approval by majority consent;

NOW, THEREFORE, BE IT ORDAINED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH:

SECTION 1. That the assembly finds that purchasing the following described real property pursuant to KPB 17.10.040 is in the best interests of the borough as it furthers the purposes of the South Peninsula Hospital Service Area to provide health care services:

TRACT A, CHAMERLAIN & WATSON SUBDIVISION, PLAT OF TRACT "A", ACCORDING TO PLAT NO. 75-63, IN THE HOMER RECORDING DISTRICT, THIRD JUDICIAL DISTRICT, STATE OF ALASKA. (PARCEL NO. 175-143-04)

SECTION 2. That the terms and conditions substantially in the form of the Purchase Agreement accompanying this ordinance are hereby approved. The purchase price shall be \$955,000 plus closing and due diligence costs not to exceed \$20,000.

SECTION 3. That this acquisition is for the purposes of hospital campus expansion.

SECTION 4. That the above described land is zoned "Central Business District" pursuant to City of Homer zoning code and therefore is not proposed to be further classified under KPB 17.10.080.

SECTION 5. That the mayor is authorized to execute any and all documents necessary to purchase the real property described in Section 1 in accordance with the terms and conditions contained in this ordinance and the accompanying Purchase Agreement, consistent with applicable provisions of KPB Chapter 17.10.

SECTION 6. That \$975,000 is appropriated from the SPH Plant Replacement and Expansion Fund Account No. 491.20602 to Account No. 491.81210.22LND.49999 for the purchase of the real property located at 203 W. Pioneer Street, Homer, Alaska, and estimated closing costs.

SECTION 7. That the appropriations made in this ordinance are of a project length nature and as such do not lapse at the end of any particular fiscal year.

SECTION 8. Upon closing on the property described in Section 1, the mayor is authorized to execute an amendment to the South Peninsula Hospital Operating Agreement with SPHI substantially in the form of the Second Amendment to the Operating Agreement attached hereto and incorporated herein by reference. This document amends Exhibit A of the operating agreement to include the property described in Section 1 of this ordinance.

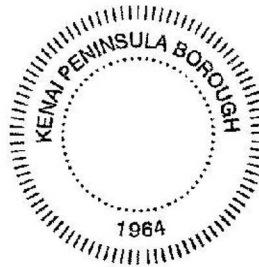
SECTION 9. That this ordinance shall take effect immediately upon its enactment.

ENACTED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH THIS 26TH DAY OF OCTOBER, 2021.

ATTEST:


John Blankenship, MMC, Borough Clerk


Brent Johnson, Assembly President



Yes: Bjorkman, Chesley, Cox, Derkevorkian, Ecklund, Elam, Hibbert, Tupper, Johnson
No: None
Absent: None

SECOND AMENDMENT TO THE OPERATING AGREEMENT FOR SOUTH PENINSULA HOSPITAL

This Second Amendment to the Operating Agreement for South Peninsula Hospital ("Second Amendment to the OA") is by and between South Peninsula Hospital, Inc., an Alaska nonprofit corporation, of 4300 Bartlett, Homer, Alaska 99603, hereinafter referred to as "SPHI" and the Kenai Peninsula Borough, an Alaska municipal corporation of 144 N. Binkley, Soldotna, Alaska 99669, hereinafter referred to as "Borough," collectively referred to as the parties.

WHEREAS, effective January 1, 2020, the parties entered into an operating agreement for South Peninsula Hospital (the "operating agreement"); and

WHEREAS, Exhibit A of the operating agreement describes the property leased to SPHI; and

WHEREAS, in Ordinance 2021-19-____ the Kenai Peninsula Borough assembly authorized the purchase of property at 203 West Pioneer, Homer, Alaska, for hospital purposes and authorized the mayor to amend the operating agreement to include this additional property; and

WHEREAS, it would be appropriate to list the above referenced acquired property in the operating agreement to clarify that they are also leased to and will be operated by SPHI; and

WHEREAS, Ordinance 2021-19-17 authorized a first amendment to the operating agreement;

NOW THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

1. That Exhibit A of the Operating Agreement is hereby amended to read as follows:

EXHIBIT A

DESCRIPTION OF MEDICAL FACILITIES

The Borough leases the following described property to SPHI (hereinafter the "Medical Facilities") for the term of this Agreement and any extension thereof:

a. The South Peninsula Hospital and its grounds, located at 4300 Bartlett Street, Homer, Alaska, owned by the City of Homer, more particularly described as:

Tract A-2, South Peninsula Hospital Subdivision 2008 Addition, filed under Plat No. 2008-92, Homer Recording District, Third Judicial District, State of Alaska.

b. The hospital parking lot property and buildings owned by the Borough, more particularly described as:

Lots 3, 4, 5 and 6, Block 7; Lot 4, Block 8, Lot 6, Block 9, Fairview Subdivision Plat No. HM 56-2936 Volume 8, Page 196, Homer Recording District, Third Judicial District, State of Alaska.

c. The following leased property located at 4251 Bartlett Street, Homer, Alaska, owned by Mark Halpin and B. Isabel Halpin subject to the terms and conditions of the lease, more particularly described as:

L2-A Block 8 Fairview Subdivision Halpin Addition, according to Plat No. 2009-43, Homer Recording District, Third Judicial District, State of Alaska,

d. 4,904 sq. ft. of office space located at 4136 Bartlett Street, Homer, Alaska 99603 subject to the terms and conditions of the lease, more particularly described as:

Lot 2-A, Block 5, Fairview Subdivision No. 11, as shown on Plat No. 85-28, Homer Recording District, Third Judicial District, State of Alaska.

e. Approximately 1,500 square feet of the office space owned by Westwing LLC located at 4117 Bartlett Street, Homer, Alaska 99603 subject to the terms and conditions of the lease, more particularly described as:

Lot 4, Block 10, Fairview Subdivision, as shown on Plat No. 56-2936, Homer Recording District, Third Judicial District, State of Alaska.

- f. 3,780 square feet of office space and 3,225 square feet of basement office space both within the Kachemak Bay Professional Building, 4201 Bartlett Street, Homer, Alaska 99603 subject to the terms and conditions of the lease more particularly described as:

Lot 1-A Block 9, Fairview Subdivision 2003 Addition, as shown on Plat No. 2004-101, Homer Recording District, Third Judicial District, State of Alaska.

- g. Intentionally Deleted

- h. Office space owned by the Kenai Peninsula Borough located at 348 Cityview Avenue, Homer, Alaska 99603, more particularly described as:

Lot 4, Block 8, Fairview Sub., Section 18, T6N, R13W, Seward Meridian, Plat 1956-2936, Homer Recording District, Third Judicial District, State of Alaska.

- i. Office space owned by the Kenai Peninsula Borough located at 347 Cityview Avenue, Homer, Alaska 99603, more particularly described as:

Lot 6, Block 9, Fairview Sub., Section 18, T6N, R13W, Seward Meridian, Plat 1956-2936, Homer Recording District, Third Judicial District, State of Alaska.

- j. Office building owned by the Kenai Peninsula Borough located at 4135 Hohe Street, Homer, Alaska 99603, more particularly described as:

Lot 1 Block 5 Fairview Subdivision, as shown on Plat No. 56-2936, Homer Recording District, Third Judicial District, State of Alaska.

k. Office building owned by the Kenai Peninsula Borough located at 203 Pioneer Avenue, Suite 1, Homer, Alaska 99603, more particularly described as:

Tract A, Chamberlain & Watson Sub Plat of Tract A, Section 19, T6S, R13W, S.M., Plat 075063, Homer Recording District, Third Judicial District, State of Alaska.

l. Such other Borough-owned or leased facilities, if any, as are authorized by the Borough pursuant to this Agreement for SPHI to sublease and operate pursuant to this Agreement.

2. All remaining terms and conditions of the Operating Agreement shall remain in full force and effect.

KENAI PENINSULA BOROUGH

SOUTH PENINSULA HOSPITAL, INC.

Charlie Pierce
Borough Mayor
Dated: _____

David Groesbeck
SPHI Board President
Dated: _____

ATTEST:

ATTEST:

Johni Blankenship, MMC
Borough Clerk

Board Secretary

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

Sean Kelley, Deputy Borough Attorney

ACKNOWLEDGMENTS

STATE OF ALASKA)
) ss.
THIRD JUDICIAL DISTRICT)

The foregoing instrument was acknowledged before me this ____ day of _____, 2021 by Charlie Pierce, Mayor of Kenai Peninsula Borough, an Alaska municipal corporation, on behalf of the corporation.

Notary Public in and for Alaska
My Commission Expires: _____

STATE OF ALASKA)
) ss.
THIRD JUDICIAL DISTRICT)

The foregoing instrument was acknowledged before me this ____ day of _____, 2021 by David Groesbeck, President, South Peninsula Hospital, Inc., an Alaska nonprofit corporation, on behalf of the corporation.

Notary Public in and for Alaska
My Commission Expires: _____

Introduced by:	Mayor
Date:	02/15/22
Hearing:	03/01/22
Action:	
Vote:	

**KENAI PENINSULA BOROUGH
ORDINANCE 2021-19-38**

**AN ORDINANCE APPROPRIATING FUNDS FROM THE SOUTH PENINSULA
HOSPITAL SERVICE AREA PLANT REPLACEMENT AND EXPANSION FUND FOR
CAPITAL REPAIRS FOR THE PROPERTY LOCATED AT 203 WEST PIONEER
AVENUE, HOMER, ALASKA**

- 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 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,** the Borough, on behalf of the Service Area, recently purchased a medical office building located at 203 West Pioneer Avenue, Homer, Alaska, KPB Parcel number: 17514304 which houses its Home Health Department, Functional Medicine, Surgical Clinic, and Staff Training room; and
- WHEREAS,** pursuant to the Operating Agreement, Section 11, reportable maintenance projects are defined as Minor Maintenance Projects with a cost in excess of \$100,000 and all Major Maintenance projects; and
- WHEREAS,** pursuant to the Operating Agreement, Section 11, SPHI is required to notify the Borough Contract Administrator and Purchasing and Contracting Director in writing prior to commencing any work on reportable projects; and
- WHEREAS,** the building located at 203 West Pioneer Avenue, Homer, Alaska requires certain durable capital repairs to ensure long-term maintenance and protection of the physical property; and
- WHEREAS,** an inspection of the property was performed prior to purchase revealing the necessary repairs and a credit was provided by the seller toward the purchase price for half of the repair costs; and

WHEREAS, the necessary capital repairs were known at the time of the building's purchase and a mutually agreed upon purchase discount was negotiated between the buyer and seller; and

WHEREAS, the estimated costs of the repairs are approximately \$295,000; and

WHEREAS, the purchasing guidelines of the Borough require that a formal procurement process be followed for the aforementioned repairs; and

WHEREAS, there is currently \$10 million in the SPHI Unobligated Plant Replacement and Expansion Fund; and

WHEREAS, SPHI is requesting to use \$147,500 in Unobligated Plant Replacement and Expansion Funds and \$147,500 in SPHI Operating Cash to pay for these capital repairs; and

WHEREAS, at its regular meeting of January 20, 2022, the SPHI Board recommended approval through unanimous approval; and

WHEREAS, at its meeting on February 10, 2022, the South Kenai Peninsula Hospital Service Area Board recommended approval by the passage of SKPHSAB Resolution 2022-01;

NOW, THEREFORE, BE IT RESOLVED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH:

SECTION 1. That funds in the amount of \$147,500 are appropriated from the South Peninsula Hospital Plant Replacement and Expansion Fund account number 491.20602 to account 491.81210.22SPR.49999 for capital repairs of the medical office building located at 203 West Pioneer Avenue, Homer, Alaska.

SECTION 2. That the appropriations made in this ordinance are of a project length nature and as such do not lapse at the end of any particular fiscal year.

SECTION 3. This ordinance shall become effective immediately upon its enactment.

**ENACTED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH THIS * DAY
OF *, 2022.**

Brent Johnson, Assembly President

ATTEST:

Johni Blankenship, MMC, Borough Clerk

Yes:

No:

Absent:



MEMO

To: SPH Board of Directors
From: Andrea Konik, Medical Staff Coordinator
Date: March 2023
Re: Adoption of Core Privileges for Addiction Medicine

The attached South Peninsula Hospital Privileges in Addiction Medicine were developed by the Medical Staff Office with guidance from Dr. Sarah Spencer who is board certified in this specialty. The SPH Credentials Chair and Chief of Staff contributed feedback during this process. These privileges were approved by the Medical Executive Committee on March 8, 2023.

Previously, South Peninsula Hospital has not had core privileges for Addiction Medicine, and instead physicians with this specialty have been granted privileges under the Family Medicine Core. Adoption of Addiction Medicine Core Privileges will allow physicians with this field to have privileges that fit their specialty at South Peninsula Hospital.

Recommended Motion(s):

Consideration to Approve the adoption of Core Privileges in Addiction Medicine as presented.

South Peninsula Hospital Privileges in Addiction Medicine

Name: _____ Date: _____

Qualifications

To be eligible for core privileges in addiction medicine, a new applicant must meet the following qualifications:

- M.D. or D.O.
- Demonstration of the provision of services to at least 100 patients of your expected caseload (adult/pediatric) in the past two years;
- Current certification or active participation in the examination process leading to subspecialty in Addiction Medicine by the American Board of Preventative Medicine, American Board of Psychiatry or board from the American Osteopathic Association; **AND**
- Successful completion of a three-year ACGME- or AOA-accredited residency

ADDICTION MEDICINE CORE		
Privileges to evaluate, consult, and provide care to patients of all ages with problems of addiction and substance related disorders, social and psychological complications of addiction and other substance-related disorders and integration of addiction medicine expertise with other healthcare providers.		
<ul style="list-style-type: none"> • Performance history and physical exam. • Medication management for addiction • Management of severe or complex intoxication • Management of severe or complex withdrawal • Management of complications of addiction and other substance related disorders • Management of social and psychological complications of addiction and other substance related disorders 		
Additional Criteria: ACLS certification		
Renewal Criteria: Participation in a minimum of fifty (50) addiction medicine cases over the prior two (2) year period.		
<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

REFER AND FOLLOW PRIVILEGES		
Privileges to perform outpatient pre-admission, visit patient in hospital, review medical records and progress notes for patients referred for admission/services; consult with attending provider; observe diagnostic or surgical procedures with the approval of the attending provider or surgeon.		
Does not include privileges to admit, write the patient's hospital chart, or manage the care of the patient in the hospital.		
<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended

☐ Recommended with the following modification(s) and reason(s):

Recommended/Not recommended with the following modification(s) and reason(s):

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **South Peninsula Hospital**, and I will provide documentation, as required, to support the granting of these privileges. I know of no health condition that with reasonable accommodation would impair my ability to competently perform these requested privileges, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

Approvals:

The requested clinical privileges and supportive documentation for the above named applicant has been reviewed and recommend action on the privileges as noted above:

Medical Staff Approval Yes _____ No _____ Date _____

Board of Directors Approval

Yes _____

No _____

Date _____

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
Severe Sepsis & Septic Shock Care	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)
Stroke Care	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)
Readmission	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
Elective Deliveries	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.
Provider Quality Score (Group)	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
Patient Fall Rate AC (injuriously fall rate)	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.
Resident Fall Rate LTC (injuriously fall rate)	3.9 (0)	2	2009	# of resident falls / # resident days x 1000
Measures the number of resident falls per 1,000 patient days				
Medication Errors	0	0		
Measures the number of reported medication errors causing patient harm or death.				*Unknown Med allergy and confusion with a Home Health patient (caretaker manages med) led to two harm events without staff error.
Never Events	0	0		
Measures the number of errors in medical care that are clearly identifiable, preventable and serious in their consequences as defined by CMS and NQF.				

Provider and Staff Alignment	4th Q 2022	Target	n	Note
Provider Satisfaction Percentile	74th	75th		
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.				Result of provider survey 2021
Employee Satisfaction Percentile	70th	75th		
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.				Result of employee survey 2021
Patient Satisfaction Through Press Ganey	4th Q 2022	Target	n	Note
Inpatient Percentile	69th	75th	43	
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
Outpatient Percentile	12th	75th	252	
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
Emergency Department Percentile	96th	75th	43	
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
Medical Practice Percentile	76th	75th	454	
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
Ambulatory Surgery Percentile	74th	75th	69	
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
Home Health Care Percentile	97th	75th	33	*Running 12 months due to low quarterly returns
Measures the satisfaction of Home Health Care clients (or family) respondents. Measures as a percentile ranking across Press Ganey clients.				Q2-2022: 55th, n = 36 Q3-2022: 88th, n = 38
Consumer Assessment of Healthcare Providers and Services	4th Q 2022	Target	n	Note
HCAHPS Percentile	69th	75th	43	
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
HHCAHPS Percentile	87th	75th	33	*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.				Q2-2022: 54th, n = 36 Q3-2022: 77th, n = 38

Workforce	4th Q 2022	Target	n	Note
Turnover: All Employees	3.29%	< 5%	527	<i>17 Terminations/527 Total Employees</i>
Percentage of all employees separated from the hospital for any reason				
Turnover: Voluntary All Employees	2.51%	< 4.75%	527	<i>13 Voluntary Terminations/527 Total Employees</i>
Measures the percentage of voluntary staff separations from the hospital				
First Year Total Turnover	6.45%	< 7%	93	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
Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.	81	>60		CMS score 60 and above = pass <i>*(Data temp unavailable)</i>
e-Prescribing: Electronic Prescribing (Rx)	8	10	392	392 out of 471
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information	20	20	3	3 out of 3
HIE: Support Electronic Referral Loops by sending health information (Summary of Care sent)	6	20	46	46 out of 163
Provider to patient exchange: Provide patients electronic access to their health information (timely access via the patient portal)	37	40	210	210 out of 228
Public Health & Clinical Data Exchange	10	10	10	10 out of 10
Eligible Provider (EP) - Promoting Interoperability (Group)	100%	95%		
Merit Based Incentive Payment System Promoting Interoperability score <i>(MIPS tracking is in Athena)</i>				Scoring tabulated as a running, annual score.
Electronic Medical Record (EMR) Adoption Stage	5	5		
Health Information Management & Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) stage.				The current US average is 2.4 out of a possible 7.0 stages. Stage 6 and 7 require site visit validation.
IT Security Awareness Training Complete Rate	90%	100%	1589	
% of employees who have completed assigned security training				1589 videos training sent, 1427 completed.
Phishing Test Pass Rate	99%	100%	2688	
% 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
Operating Margin	-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.
Adjusted Patient Discharges	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
Net Revenue Growth	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.
Full Time Equivalents (FTEs) per Adjusted Occupied Bed	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.
Net Days in Accounts Receivable	51.0	55		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand	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.
Uncompensated Care as a Percentage of Gross Revenue	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%
Surgical Case Growth	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.
Intense Market Focus to Expand Market Share	4th Q 2022	Target	n	Note
Outpatient Revenue Growth	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.