



AGENDA

Board of Directors Meeting

5:30 PM - Wednesday, September 27, 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	

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1. CALL TO ORDER

2. ROLL CALL

3. REFLECT ON LIVING OUR VALUES

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

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

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

6. APPROVAL OF THE AGENDA

7. APPROVAL OF THE CONSENT CALENDAR

- 5 - 9 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for August 23, 2023.

- 10 - 13 7.2. Consideration to Approve August 2023 Financials
[Balance Sheet August FY2024](#)
[Income Statement August FY2024](#)
[Cash Flows Statement August FY2024](#)
- 14 - 23 7.3. Consideration to Approve the revised South Peninsula Hospital Infection Prevention Plan
[Memo](#)
[Infection Prevention Plan](#)

8. PRESENTATIONS

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 24 - 26 10.1. Consideration to Approve SPH Resolution 2023-26, A Resolution of the Peninsula Hospital Board of Directors to Support Sole Sourcing the Acquisition of Epic, a New Electronic Medical Record Software
[Memo](#)
[SPH Resolution 23-26 Sole Source Purchase of Epic](#)
- 27 - 37 10.2. Consideration to Revise the Board of Directors Bylaws to Clarify Language Regarding Number of Votes Required for Censure or Removal of a Board Member (Second Reading)
[Memo](#)
[BOD Bylaws, proposed changes 08 18 2023](#)

11. REPORTS

- 38 - 42 11.1. Chief Executive Officer
[Balanced Scorecard 2Q 2023](#)
- 11.2. BOD Committee: Finance
- 11.3. BOD Committee: Governance
- 11.4. BOD Committee: Education
- 11.5. Chief of Staff
- 11.6. Service Area Board Representative - Judith Lund

12. DISCUSSION

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

14.2. Board Members

15. INFORMATIONAL ITEMS

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

17.1. Credentialing

18. ADJOURNMENT

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

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

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

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

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

MINUTES

Board of Directors Meeting

5:30 PM - Wednesday, August 23, 2023
Conference Rooms 1&2 and Zoom

The Board of Directors of the South Peninsula Hospital was called to order on Wednesday, August 23, 2023, at 5:30 PM, in the Conference Rooms 1&2 and 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, Todd Boling, Melissa Jacobsen, Walter Partridge, Aaron Weisser, Bernadette Wilson, Secretary Julie Woodworth, Beth Wythe, and CEO Ryan Smith

BOARD EXCUSED: Julie Woodworth, Keriann Baker, Matthew Hambrick and Edson Knapp.

ALSO PRESENT:

**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.*

A quorum was present.

3. REFLECT ON LIVING OUR VALUES

Derotha Ferraro spoke about South Peninsula Hospital's Community Health and Wellness Educator, Annie Garay, and what valuable services she provides to the community and how she is a great ambassador for the hospital.

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

Mako Haggerty expressed concerns about the way mandatory Department of Transportation drug testing is handled in the lab department. His concerns revolved around how long it takes to get results, and interactions with staff.

Ms. Cooper and Mr. Smith thanked Mr. Haggerty for bringing this concern forward.

6. APPROVAL OF THE AGENDA

Melissa Jacobsen made a motion to approve the agenda as presented. Walter Partridge seconded the motion. Motion Carried.

7. APPROVAL OF THE CONSENT CALENDAR

Ms. Jacobsen read the consent calendar into the record.

- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for July 26, 2023**
- 7.2. Consideration to Approve July FY2024 Financials**
- 7.3. Consideration to Approve the Updated Bloodborne Pathogen Exposure Plan**
- 7.4. Consideration to Approve SPH Board of Directors Resolution 2023-23, A Resolution of the South Peninsula Hospital Board of Directors Authorizing Bank Account Signers**
- 7.5. Consideration to Approve SPH Resolution 2023-25, A Resolution of the South Peninsula Hospital Board of Directors Approving a Minor Alteration of Scope to Project 21SHB Remodel of Kachemak Bay Professional Building**

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

8. PRESENTATIONS

There were no presentations.

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 10.1. Consideration to Approve SPH Resolution 2023-24, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of Operating Cash to Fund the Capital Lease of the Stryker Mako SmartRobotics System**

Staff Report: Angela Hinnegan, CFO. We were getting anecdotal evidence that patients were going up the road for knee surgeries, because they have a surgical robot and we do not. We did the market share analysis, which backed up this claim. Ms. Cooper asked if this piece of equipment can be upgraded to do different surgeries, or if new equipment would need to be purchased. Ms. Hinnegan confirmed that other software/kits can be purchased for additional surgeries. For example, for \$200,000 you can purchase the tools and kits for hip surgeries. Mr. Partridge added that the Finance Committee reviewed and approved this resolution, and that the borough had been notified and was supportive.

Aaron Weisser made a motion to approve SPH Resolution 2023-24, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of Operating Cash to Fund the Capital Lease of the Stryker Mako SmartRobotics System. Melissa Jacobsen seconded the motion. Motion Carried.

A roll call vote was conducted:

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

10.2. FIRST READING: Consideration to Revise the Board of Directors Bylaws to Clarify Language Regarding Number of Votes Required for Censure or Removal of a Board Member.

Aaron Weisser reported on behalf of the Governance Committee. One of the committee's last items for the year was to review the supermajority requirements in the bylaws. The committee agreed with all situations in which a supermajority was required, but in that discussion, the committee called into question the clarity of the language around censure or removal of a board member. We are bringing forth this suggested bylaw revision to clarify that in a vote to censure or remove a board member, the member in question would not be included in the vote, or count towards the majority totals.

There were no comments or questions. This was the first reading of the proposed change, so no action could be taken.

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, reported. The balanced scorecard was included in the packet, but no updates were made from the previous month. Mr. Smith and Ms. Hinnegan gave the quarterly report to the Kenai Peninsula Borough Assembly, and also met with Mayor Micciche and John Hedges. Mr. Smith updated the group on current projects in process, as well as new medical staff members.

11.2. BOD Committee: Pension

Walter Partridge, Pension Chair, reported. The Pension Committee met last week. Representatives from Newport gave an excellent on all of the plans. They gave updates on future concerns and regulatory changes and lawsuits. The plans are well funded and they did not recommend any changes to our plans as they currently stand. Ms. Hinnegan also reviewed her summary report of results for the quarter, with a positive 6% for the quarter.

11.3. BOD Committee: Finance

Walter Partridge, Finance Chair, reported. The Finance Committee met last week, and reviewed the financials for July. There were very high volumes for the month, which translated to a lot of hard work for staff. The committee also reviewed and approved the resolution on the agenda tonight.

11.4. BOD Committee: Governance

Aaron Weisser, Governance Chair, reported. The Governance Committee met last week. The Doctors Dinner will be held next Tuesday at 6pm and we hope to see everyone in attendance. There was some discussion about whether the event should be an informal social affair, or if there should be a structured time for medical staff members to express any concerns. The board was generally supportive of a social gathering without a structured format. The committee also reviewed policy EMP-09, CEO Succession Plan. Beth Wythe has volunteered to work on revisions and bring those back to the committee. Derotha Ferraro will be putting out the advertisements for the open board seats.

11.5. BOD Committee: Education

Melissa Jacobsen, Education Chair, had nothing specific to report. iProtean has not been used to its full potential this past year, so the board has decided to put it on hold and not renew the contract at this time, pending new board members and discussion of how to use the program to its full potential.

11.6. Service Area Board Representative

There was no Service Area Board representative present for this meeting.

12. DISCUSSION

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no further comments from the audience.

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

Mr. Smith congratulated Dr. Eneboe on his Paton Award, from AHHA. He also congratulated Kim Greer on being honored through Providence's "Celebrating Nurses 2023."

14.2. Board Members

Bernadette Wilson wished Ms. Cooper a Happy Birthday. She shared that a dear friend had a spouse hospitalized both in Anchorage and in Homer and had only glowing comments about his treatment in Homer. Aaron Weisser noted there will be no Governance Committee meeting next month as he'll be out of town. He gave kudos to the committee for their hard work over the year, and to Ms. Wilson for always bringing the historical perspective to the conversation. Walter Partridge also wished Ms. Cooper a Happy Birthday and expressed appreciation for all the leadership reports. He appreciated the business plan for

the Mako surgery robot. Ms. Cooper expressed her gratitude for care she had received at the hospital.

15. INFORMATIONAL ITEMS

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

The board adjourned to Executive Session at 6:32pm.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

The board came out of Executive Session at 7:18pm.

17.1. Credentialing

After review of the applicant's files through the secure online portal, Julie Woodworth moved to approve the following positions in the medical staff as requested and recommended by the Medical Executive Committee. Melissa Jacobsen seconded the motion. Motion carried.

Reappointment (Telemed)

Anderson, Frederick, DO; Telerad – vRad; Courtesy Staff
Gutstein, Laurie, MD; Telerad – vRad; Courtesy Staff
Pratt, Alan, MD; Telerad – vRad; Courtesy Staff

Reappointment

Adcox, Brent, MD; Orthopedic Surgery; Active Staff
Ault, Kathryn, CNM; Midwifery; Active Staff
Ellis, Diane, MD; OB/GYN; Courtesy Staff
Mentzer, Kurt, MD; Orthopedic Surgery; Courtesy Staff
Rife, Jill, DNP, MSN; Family Medicine; Active Staff
Williams, Anna, ANP; Family Medicine; Active Staff

Appointment

Bush, Lisbeth MD; Radiology (RCI); Courtesy Staff
Wong, Steven MD; Oncology (CPH); Courtesy Staff

18. ADJOURNMENT

The meeting was adjourned at 7:19pm.

Respectfully Submitted,

Accepted:

Maura Jones, Executive Assistant

Kelly Cooper, President

Minutes Approved:

Julie Woodworth, Secretary



South Peninsula Hospital

DRAFT-UNAUDITED

BALANCE SHEET As of August 31, 2023

	As of August 31, 2023	As of August 31, 2022	As of July 31, 2023	CHANGE FROM August 31, 2022
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	26,364,804	25,167,300	25,634,075	1,197,504
2 EQUITY IN CENTRAL TREASURY	9,232,929	7,851,053	8,859,818	1,381,876
3 TOTAL CASH	<u>35,597,733</u>	<u>33,018,353</u>	<u>34,493,893</u>	<u>2,579,380</u>
4 PATIENT ACCOUNTS RECEIVABLE	35,133,076	32,492,082	35,482,311	2,640,994
5 LESS: ALLOWANCES & ADJ	(17,341,000)	(15,751,699)	(18,586,042)	(1,589,301)
6 NET PATIENT ACCT RECEIVABLE	<u>17,792,076</u>	<u>16,740,383</u>	<u>16,896,269</u>	<u>1,051,693</u>
7 PROPERTY TAXES RECV - KPB	3,497,650	3,325,717	4,148,966	171,933
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(4,165)	(4,165)	0
9 NET PROPERTY TAX RECV - KPB	<u>3,493,485</u>	<u>3,321,552</u>	<u>4,144,801</u>	<u>171,933</u>
10 OTHER RECEIVABLES - SPH	212,948	374,084	363,077	(161,136)
11 INVENTORIES	2,109,237	1,993,903	2,105,887	115,334
12 NET PENSION ASSET- GASB	3,559,619	4,803,397	3,587,307	(1,243,778)
13 PREPAID EXPENSES	891,695	950,055	921,634	(58,360)
14 TOTAL CURRENT ASSETS	<u>63,656,793</u>	<u>61,201,727</u>	<u>62,512,868</u>	<u>2,455,066</u>
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,156,930	5,939,928	6,156,930	217,002
16 PREF OBLIGATED	2,112,254	1,964,169	2,112,254	148,085
17 OTHER RESTRICTED FUNDS	44,795	46,526	46,575	(1,731)
	<u>8,313,979</u>	<u>7,950,622</u>	<u>8,315,759</u>	<u>363,357</u>
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,114,693	4,114,693	4,114,693	0
19 BUILDINGS	63,998,829	67,424,631	63,998,829	(3,425,802)
20 EQUIPMENT	28,019,765	30,179,139	28,019,765	(2,159,374)
21 BUILDINGS INTANGIBLE ASSETS	2,478,113	2,382,262	2,478,113	95,851
22 EQUIPMENT INTANGIBLE ASSETS	462,427	462,427	462,427	0
23 IMPROVEMENTS OTHER THAN BUILDINGS	311,331	290,386	311,331	20,945
24 CONSTRUCTION IN PROGRESS	1,693,065	710,802	1,426,104	982,263
25 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(58,094,982)	(62,206,908)	(57,739,698)	4,111,926
26 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(939,853)	(491,502)	(901,442)	(448,351)
27 NET CAPITAL ASSETS	<u>42,043,388</u>	<u>42,865,930</u>	<u>42,170,122</u>	<u>(822,542)</u>
28 GOODWILL	3,000	15,000	4,000	(12,000)
29 TOTAL ASSETS	<u>114,017,160</u>	<u>112,033,279</u>	<u>113,002,749</u>	<u>1,983,881</u>
DEFERRED OUTFLOWS OF RESOURCES				
30 PENSION RELATED (GASB 68)	5,789,464	4,530,917	5,789,464	1,258,547
31 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	276,572	343,491	281,845	(66,919)
32 TOTAL DEFERRED OUTFLOWS OF RESOURCES	<u>6,066,036</u>	<u>4,874,408</u>	<u>6,071,309</u>	<u>1,191,628</u>
33 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>120,083,196</u>	<u>116,907,687</u>	<u>119,074,058</u>	<u>3,175,509</u>

	<u>As of August 31, 2023</u>	<u>As of August 31, 2022</u>	<u>As of July 31, 2023</u>	<u>CHANGE FROM August 31, 2022</u>
LIABILITIES & FUND BALANCE				
CURRENT LIABILITIES:				
34	1,674,695	1,733,584	1,951,468	(58,889)
35	11,886,839	10,631,022	12,767,598	1,255,817
36	64,958	52,336	68,007	12,622
37	507,790	374,108	506,340	133,682
38	0	0	0	0
39	1,850,000	1,510,000	1,850,000	340,000
40	39,032	54,422	128,624	(15,390)
41	1,465,506	888,761	938,830	576,745
43	<u>17,488,820</u>	<u>15,244,233</u>	<u>18,210,867</u>	<u>2,244,587</u>
LONG-TERM LIABILITIES				
44	0	0	0	0
45	6,615,000	8,740,000	6,615,000	(2,125,000)
46	369,782	511,038	379,575	(141,256)
47	1,840,700	2,103,003	1,876,539	(262,303)
48	<u>8,825,482</u>	<u>11,354,041</u>	<u>8,871,114</u>	<u>(2,528,559)</u>
49	26,314,302	26,598,274	27,081,981	(283,972)
50	0	0	0	0
51	0	0	0	0
NET POSITION				
52	5,731,963	5,731,963	5,731,963	0
53	0	0	0	0
54	25,286	25,286	25,286	0
55	88,011,645	84,552,164	86,234,828	3,459,481
56	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
57	<u>120,083,196</u>	<u>116,907,687</u>	<u>119,074,058</u>	<u>3,175,509</u>

	MONTH			YEAR TO DATE					
	08/31/23		08/31/22	08/31/23		08/31/22			
	Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual	
Patient Service Revenue									
1	Inpatient	3,286,266	2,943,943	11.63%	3,088,806	6,341,350	5,502,485	15.25%	5,727,290
2	Outpatient	15,947,288	14,354,521	11.10%	14,018,038	29,936,175	27,676,582	8.16%	25,529,005
3	Long Term Care	1,126,185	1,182,413	-4.76%	1,085,270	2,287,968	2,364,825	-3.25%	2,118,622
4	Total Patient Services	20,359,739	18,480,877	10.17%	18,192,114	38,565,493	35,543,892	8.50%	33,374,917
Deductions from Revenue									
5	Medicare	4,719,382	3,336,681	-41.44%	4,008,246	8,916,597	6,685,874	-33.36%	7,431,575
6	Medicaid	2,359,194	2,100,050	-12.34%	2,286,553	4,270,336	4,207,975	-1.48%	4,123,150
7	Charity Care	180,489	185,590	2.75%	279,316	453,223	371,876	-21.87%	376,712
8	Commercial and Admin	1,788,865	1,474,672	-21.31%	1,622,657	3,257,421	2,954,873	-10.24%	2,976,342
9	Bad Debt	185,129	246,908	25.02%	272,171	658,448	494,741	-33.09%	475,028
10	Total Deductions	9,233,059	7,343,901	-25.72%	8,468,943	17,556,025	14,715,339	-19.30%	15,382,807
11	Net Patient Services	11,126,680	11,136,976	-0.09%	9,723,171	21,009,468	20,828,553	0.87%	17,992,110
12	USAC and Other Revenue	76,263	76,689	-0.56%	56,590	173,568	153,379	13.16%	130,182
13	Total Operating Revenues	11,202,943	11,213,665	-0.10%	9,779,761	21,183,036	20,981,932	0.96%	18,122,292
Operating Expenses									
14	Salaries and Wages	5,054,021	4,483,836	-12.72%	3,770,074	9,705,096	9,113,252	-6.49%	7,795,991
15	Employee Benefits	1,383,234	1,953,511	29.19%	1,733,251	3,145,840	3,932,294	20.00%	3,476,745
16	Supplies, Drugs and Food	1,331,392	1,244,419	-6.99%	1,224,608	2,574,545	2,353,107	-9.41%	2,304,456
17	Contract Staffing	214,166	124,380	-72.19%	271,830	426,489	220,977	-93.00%	515,007
18	Professional Fees	741,695	530,079	-39.92%	474,021	1,254,981	1,031,269	-21.69%	945,921
19	Utilities and Telephone	160,371	126,315	-26.96%	127,400	323,840	236,146	-37.14%	256,779
20	Insurance (gen'l, prof liab, property)	66,529	98,043	32.14%	58,560	142,433	171,247	16.83%	115,781
21	Dues, Books, and Subscriptions	20,955	22,301	6.04%	15,141	39,004	39,415	1.04%	30,377
22	Software Maint/Support	190,316	179,877	-5.80%	157,628	345,191	330,886	-4.32%	332,767
23	Travel, Meetings, Education	41,281	90,491	54.38%	27,641	78,815	164,619	52.12%	70,199
24	Repairs and Maintenance	190,333	156,588	-21.55%	202,312	374,876	290,606	-29.00%	335,244
25	Leases and Rentals	68,844	78,109	11.86%	56,822	136,586	150,099	9.00%	119,335
26	Other (Recruiting, Advertising, etc.)	275,928	155,580	-77.35%	124,537	511,264	311,160	-64.31%	219,568
27	Depreciation & Amortization	356,287	345,138	-3.23%	337,050	712,657	690,276	-3.24%	674,637
28	Total Operating Expenses	10,095,352	9,588,667	-5.28%	8,580,875	19,771,617	19,035,353	-3.87%	17,192,807
29	Gain (Loss) from Operations	1,107,591	1,624,998	31.84%	1,198,886	1,411,419	1,946,579	27.49%	929,485
Non-Operating Revenues									
30	General Property Taxes	645,763	536,350	20.40%	550,398	1,652,309	1,373,535	20.30%	1,585,408
31	Investment Income	44,290	34,521	28.30%	19,416	88,149	69,041	27.68%	37,279
32	Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
33	Other Non Operating Revenue	923	419	100.00%	952	923	839	100.00%	952
34	Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35	Gain <Loss> on Disposal	0	0	0.00%	0	0	0	0.00%	0
36	SPH Auxiliary	1,116	375	197.60%	1	1,116	750	48.80%	3
37	Total Non-Operating Revenues	692,092	571,665	21.07%	570,767	1,742,497	1,444,165	20.66%	1,623,642
Non-Operating Expenses									
38	Insurance	0	0	0.00%	0	0	0	0.00%	0
39	Service Area Board	766	1,752	56.28%	7,053	(68)	3,754	0.00%	15,120
40	Other Direct Expense	0	6,056	100.00%	37	0	12,113	100.00%	0
41	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42	Interest Expense	33,653	34,394	2.15%	39,366	67,471	68,788	1.91%	78,870
43	Total Non-Operating Expenses	34,419	42,202	18.44%	46,456	67,403	84,655	20.38%	93,990
Grants									
44	Grant Revenue	11,550	67,216	0.00%	0	49,971	134,433	0.00%	0
45	Grant Expense	0	2,501	100.00%	2,501	0	5,002	100.00%	5,003
46	Total Non-Operating Gains, net	11,550	64,715	-82.15%	(2,501)	49,971	129,431	61.39%	(5,003)
47	Income <Loss> Before Transfers	1,776,814	2,219,176	19.93%	1,720,696	3,136,484	3,435,520	-8.70%	2,454,134
48	Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49	Net Income	1,776,814	2,219,176	-19.93%	1,720,696	3,136,484	3,435,520	-8.70%	2,454,134



Statement of Cash Flows
As of August 31, 2023

Cash Flow from Operations:

1	YTD Net Income	3,136,484
2	Add: Depreciation Expense	712,657
3	Adj: Inventory (increase) / decrease	20,796
4	Patient Receivable (increase) / decrease	(2,758,889)
5	Prepaid Expenses (increase) / decrease	(154,466)
6	Other Current assets (increase) / decrease	(3,249,795)
7	Accounts payable increase / (decrease)	192,719
8	Accrued Salaries increase / (decrease)	3,551,377
9	Net Pension Asset (increase) / decrease	-
10	Other current liability increase / (decrease)	(41,471)
11	Net Cash Flow from Operations	1,409,412

Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(438,821)
13	Cash transferred to plant replacement fund	-
14	Proceeds from disposal of equipment	-
15	Net Cash Flow from Investing	(438,821)

Cash Flow from Financing

16	Cash paid for Lease Payable	-
17	Cash paid for Debt Service	-
18	Net Cash from Financing	-
19	Net increase in Cash	\$ 970,591
20	Beginning Cash as of July 1, 2022	\$ 34,627,142
21	Ending Cash as of August 31, 2023	\$ 35,597,733

To: SPH Board of Directors
From: SPH Infection Prevention
Date: September 21, 2023
Re: Infection Prevention Plan Update

The South Peninsula Hospital Infection Prevention Plan was updated earlier this year by the Infection Prevention RN, with help from the committee. We updated the list of departments in the Infection Prevention Committee, removed some duties that are now covered by Employee Health, and removed Environmental Rounds from surveillance activities, as those are covered by Support Services and reported out to the Safety Committee. All other edits were simple formatting, spelling and titles. The revised plan was also approved by the Medical Executive Committee.

Recommended Motion: to approve the revised South Peninsula Hospital Infection Prevention Plan as recommended by the Infection Prevention Committee.


 South Peninsula Hospital	SUBJECT: Infection Prevention Plan	POLICY # HW-269
		Page 1 of 9
SCOPE: Hospital-Wide RESPONSIBLE DEPARTMENT: Infection Prevention, Administration		ORIGINAL DATE: 10/1/08 REVISED: 6/24/11; 9/24/14; 1/27/17; 7/13/20; 5/28/2022
APPROVED BY: Infection Prevention RN, Chief Nursing Officer, Infection Prevention Medical Director; Infection Prevention Committee; Medical Executive Committee, Board of Directors		EFFECTIVE: 5/28/2022

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PURPOSE:

Program components and outline for the South Peninsula Hospital (SPH) Infection Prevention Plan in accordance with federal, state, and local regulatory guidelines and requirements, including:

- Defining the Infection Prevention Program, its goals, objectives, authority, and responsibilities
- Outlining the processes used to determine and evaluate Healthcare-Associated Infections (HAIs)
- Determination of HAIs, type of surveillance used, data source, patient sources, and reporting of analysis
- Identification of process improvement opportunities, plan intervention activities, implementation of action plans, and evaluation of plans for effectiveness.
- Integration of the Infection Prevention Program into all disciplines, services, and settings throughout South Peninsula Hospital and Long Term Care. (See Long Term Care Infection Prevention Plan for more details)

DEFINITION(S):

N/A

POLICY:

- I. Missions, Vision, Values:
- The foundation of the SPH Infection Prevention Plan is the organization’s mission, vision, values, and associated behaviors:
- Mission: SPH promote 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: (See Attachment A — ‘Our Values in Action’ for additional details)
- 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. Background:

- The Infection Prevention Program provides a plan of action designed to identify infections that occur in patients, residents, healthcare workers, visitors, and others in the healthcare environment in coordination with Employee Health Services (EHS) that have the potential for disease transmission and recommends risk reduction practices by integrating principles of infection prevention into all direct and indirect standards of practice.
- Infection Prevention services are provided by Infection Prevention/Employee Health/Chief Nursing Officer 8 hours a day, 5 days per week, with phone access to the Infection Prevention Physician 24/7, in accordance with our Values and Behaviors.
- The Infection Prevention Program has been established to define a realistic framework that contributes to organizational effectiveness through the identification of risk and risk reduction methods. This support will influence and improve the quality of healthcare in the facility by preventing disease transmission using evidence-based, cost-effective, epidemiological approach to patient care.
- The SPH Organization is committed to preventing adverse outcomes such as HAIs and their sequelae, to improve patient care by supporting the staff in all areas of the facility when appropriate, to minimize occupational hazards associated with the delivery of healthcare, and to foster scientifically based decision making.
- The Infection Prevention Program is a multidisciplinary, systematic approach to quality patient care that emphasizes risk reduction of disease transmission of the hospital environment by using sound epidemiological principles. This Infection Prevention Plan is a plan of action to prevent disease transmission when possible, monitor its occurrence, and initiate measures to minimize the impact in those cases that cannot be prevented.
- The goals are accomplished by setting preventions or standards that have proven effective in decreasing infections that cannot be prevented, preventing those that can be, and providing early diagnosis and appropriate treatment of all infections. These Preventions include hospital policies and procedures and departmental protocols. The effectiveness is achieved by integrating principles of infection prevention within each of the hospital's department's standards.
- As standards are reviewed, measures are taken to identify practices that follow infection prevention standards and evaluate them for effectiveness.
- The Infection Prevention Program at the SPH Organization is coordinated by the Infection Prevention Committee and is in compliance with all regulatory agencies.

III. Goals:

- The primary goal of the Infection Prevention Program (IPP) is to reduce the risk of acquisition and transmission of HAIs at the SPH Organization. In order to accomplish this goal, the hospital will:
 - Incorporate the Infection Prevention Program as a major component of its safety and performance improvement programs
 - Perform ongoing assessments to identify its risks for the acquisition and transmission of infectious agents
 - Use an epidemiological approach that consists of surveillance, data collection, and trend identification
 - Effectively implement infection prevention/control processes
 - Educate and collaborate with organization-wide leaders to effectively participate in design and implementation of the IPP.
 - Integrate its infection prevention efforts with healthcare and community leaders to the extent practical, recognizing that infection prevention and control is a community wide effort
 - Plan for its response to infections that could potentially overwhelm its resources
 - ~~T~~Communicate to physicians, employees, students, trainees, volunteers, subcontractors, construction workers, and as appropriate, visitors, residents, and patients about infection prevention and control issues, including their responsibilities in preventing the spread of infection within the hospital.
 - In the event of an infectious disease outbreak, provide liaison activities with facility management in order that

decisions may be made regarding temporary halting of services, to limiting visitors within the facility, to fully activate the organization's Emergency Operations Plan-

- Provide documentation of recognition and compliance with appropriate regulatory and accrediting agencies.
- ~~Ter~~Report appropriate information to the organization and public health agencies.

IV. Program Objectives:

1. To prevent or limit unprotected exposure to pathogens within the hospital.
2. To recommend methods for early identification and appropriate therapy when infections are considered inevitable.
3. To recommend practice oriented towards preventing introduction of infection into the facility and/or containing the spread of infection if it is introduced.
4. To mitigate the unintended consequences of antimicrobial use (resistance, morbidity & mortality, cost).
5. To systematically identify and minimize the risk of transmitting infections associated with the use of procedures, medical equipment, and medical devices.
6. To incorporate the CDC Recommendations for Prevention of HAIs into policy and practice within the facility as they relate to:
 - Ventilator Associated Pneumonia
 - Central Line Associated Bloodstream Infections
 - Catheter Associated Urinary Tract Infections
 - Surgical Site Infections (Inpatient)
 - To implement practices that decrease the risk of transmission of microorganisms within the organization, such as ensuring effective hand hygiene practices throughout the facility.
7. To support EHS, quality improvement, risk management, safety, and utilization management efforts, using epidemiological and scientific methodologies.
8. To facilitate compliance with reporting requirements in coordination with EHS of the hospital to the various public health officials/agencies via SPH Laboratory Department.

V. Program Authority and Responsibility

- A. The IPP receives dual authority and responsibility based on function and anticipated outcome.
- B. The Infection Prevention Physician Liaison is responsible for the medical direction and decisions as indicated. Their credentials will show evidence of knowledge and special interest in Infection Prevention. They serve as an advisor and consultant to the Infection Prevention Nurse and Employee Health Nurse. They are also responsible for the review, analysis, and presentation of infection reports and policies to the Medical Staff. They provide guidance, clinical expertise in the assessment and evaluation of the infection prevention measures and activities throughout the health system.
- C. The Infection Prevention Nurse (IP RN) is a registered nurse who has documented evidence of education, training, and experience related to surveillance, prevention, and control of infections and is responsible for:
 1. Coordinating all infection prevention and control within the SPH Organization. Facilitating ongoing monitoring and the effectiveness of prevention and/or control activities and interventions.
 2. Implementing policies governing asepsis and infection prevention.
 3. Developing a system for identifying, investigating, reporting, and preventing the spread of infections and communicable diseases among patients and healthcare workers.
 4. Identifying, investigating, and reporting infection and outbreak of communicable diseases among patients, residents, and patient care staff in coordination with EHS.
 5. Preventing and controlling the spread of infections and communicable diseases among patients, residents, and staff.
 6. Cooperating with hospital-wide orientation and in-service education programs.
 7. Cooperating with other departments and services in the performance of quality assurance activities.
 8. Cooperating with disease prevention activities of the local health authority.
 9. Maintaining a log of incidents related to infections and communicable diseases for patients.
 10. Collaborating and investigating information from the log of incidents related to infections and communicable diseases for employees, contract workers, and volunteers received from EHS.
 11. Preparing budget proposal to support general program activities that support data collection, evaluation,

reporting, and follow-up as directed annually by the IPC.

D. Statement of Authority

The Infection Prevention Committee (IPC) shall be responsible for developing and monitoring the hospital Infection Prevention Program for the SPH Organization. The Physician Liaison of the IPC or their designee* is authorized by the Governing Board and Medical Staff to institute any surveillance, prevention, and appropriate prevention measures or studies, and to recommend corrective action within any department, when there is a reason to believe that any patient, personnel, resident, or visitor may be in danger. When any of these actions are taken the patient's attending physician will be notified.

The IPC has the ultimate authority in the event that there is a question or disagreement in relation to Infection Prevention policy or procedure.

**The designee is defined as the Infection Prevention Nurse (IP RN). In the absence of the IP RN, the IP RN, with the approval of the Infection Prevention Physician and Chief Nursing Officer, will appoint a representative from the Nursing Department.*

VI. Infection Prevention Committee (IPC)

A. The IPC reports to the Medical Executive Committee (MEC), Quality Management committee, and the Governing Body. It is a multidisciplinary committee from all relevant departments and services. The composition of the committee shall be as follows:

- Infection Prevention Physician
- Infection Prevention Nurse
- Medical Staff Representation
- Senior Administration as needed
- Nursing Administration
- Employee Health Nurse
- Acute Care Nurse/Manager
- Emergency Department Manager
- Laboratory (Microbiology)
- Environmental Services (EVS, Laundry)
- Pharmacy
- Surgical Services Manager
- Engineering/Safety
- Food Services
- Long Term Care
- ~~Community Health Services~~
- ~~Home Health~~
- Risk Management/Quality Management
- ~~Respiratory Therapy~~
- Any clinical area on an as-needed liaison basis

B. The IPC is responsible to:

1. Establish guidelines/policies for the function and scope of the prevention, control, and surveillance of infection.
2. Assess/evaluate/revise the type(s) and scope of surveillance and reporting programs at least annually by reviewing:
 - Changes in the scope of services provided
 - Changes in results of the Infection Prevention Risk Analysis
 - Emerging/re-emerging pathogens
 - Success or failure of current interventions
 - Concerns of leadership with the IPP
 - Changes in guidelines relevant to infection prevention and control
3. Provide standard criteria for determining all types of infections including: respiratory, gastrointestinal, surgical wounds, skin, urinary tract, bacteremia, and those related with the usage of devices.
4. Utilize the Centers for Disease Control (CDC) classification of infections as guide in determining criteria.
5. Utilize National Healthcare Safety Network (NHSN) to determine HAIs at SPH.
6. Participate in determining the minimum content and scope of the Employee Health Program, which will include assessing, implementing, and evaluating policies, to control and prevent infections and exposures

- to and from all employees, physicians, students, and volunteers.
- 7. Integrate findings with the Quality Management Department to collate, trend, analyze, and disseminate data to departments/areas of concern or interest.
- 8. Assess the overall success or failure of key processes for preventing and controlling infection.
- 9. Assess the adequacy of the human, information, physical, and financial resources allocated to support the IPP.
- 10. Review and revise the IPP at least annually and as needed based upon identified risks.
- 11. Facilitate annual education/training of Infection Prevention/Employee Health to all staff.
- C. The IPC shall meet quarterly or as necessary to conduct business and shall review the following data in assessing the effectiveness of the IPP:
 - 1. Surveillance and Infection Prevention Data
 - o Policies governing asepsis and Infection Prevention
 - o QI reports
 - o Outbreak investigations
 - o Results of environmental tours
 - o Preventing and controlling the spread of infection and communicable diseases among patients and staff, in coordination with EHS.
 - 2. Patient Safety
 - o Compliance with Hand Hygiene Guidelines
 - o Identification and reporting of any deaths due to HAIs
 - 3. Coordination with Other Programs, Services, Agencies
 - o Cooperating with hospital-wide orientation and in-service education programs
 - o Environmental Services
 - o Microbiology
 - o Reprocessing
 - o Sterile Processing Department
 - o Pharmacy Intervention
 - o City/County Health Notifiable Conditions
 - o Emergency Preparedness
 - ~~4. Oversee Healthcare Worker Health and Safety~~
 - ~~o Bloodborne Pathogens (BBP) Exposures — Sharps injury log~~
 - ~~o Tuberculosis (TB) exposures~~
 - ~~o Any employee health surveillance/education~~
 - ~~5.4. Management of the Environment of Care~~
 - o Maintenance reports of ventilation equipment to provide appropriate air exchanges.
 - ~~6.5. Evaluate all new or proposed disinfecting and sterilization materials and procedures.~~
- D. The IPC shall report its findings and recommendations to the Board of Directors and Medical Staff through the Chief Nursing Officer. Written minutes of all committee meetings will be maintained and be made available upon request. Pertinent findings of the IPC shall be a part of the hospital's continuing education program, including the New Employee Orientation Program, which is reviewed/updated annually.
- E. Dissemination of Infection Prevention information is crucial. Both surveillance data and policy decisions will be communicated throughout the organization. This is accomplished through routine QI reports to specific department directors for review. This information is then communicated to the appropriate staff members. Routine reports to specific departments will be presented to the department manager for their review and communicated as appropriate to staff members.
- F. In the event that an issue should arise that requires decision and action between meetings, the IP RN will communicate with the Infection Prevention Physician. Any action required will be under the authority of the Infection Prevention Physician and implemented by the IP RN.

VII. Scope and Description of Services

- A. The design and scope of the IPP will be based on the level of risk identified by the SPH Organization and are appropriate to the geographic location, the volume of patients encountered, the patients populations served, the clinical focus, and number of employees and residents.
- B. SPH is a 22-bed Critical Access Hospital, and 28 bed Long Term Care Facility providing both inpatient and outpatient health services and Skilled Nursing services to the South Peninsula area. The hospital has an

average daily census of 12 patients and is a full service hospital that services adult and pediatric patients. The hospital offers many specialized services in addition to 24-hour emergency services, intensive care (ICU), medical & surgical services, maternal-child services, and rehabilitation and Skilled Nursing Facility services.

Ambulatory clinics/services include:

- South Peninsula’s Physical and Occupational Therapy Centers
- Emergency Services
- Home Health Program
- Laboratory
- Imaging
- Homer Medical Center
- Orthopedic/Surgical Clinic
- Specialty Clinic

C. The Infection Prevention Nurse (IP RN), Employee Health Nurse (EH RN), Chief Nursing Officer (CNO) have responsibility for the implementation of this Plan in all listed areas as deemed appropriate and epidemiologically significant.

1. Infectious Diseases that impact the Kenai Peninsula: Infectious disease are transmissible, through a variety of channels beyond person-to-person infection, including livestock, insects, and avian migration. Contact with sea faring vessels such as cruise ships with diverse populations and foreign visitors can move about freely along the Kenai Peninsula. The possibility of a Tsunami hitting the region is not unrealistic, therefore, the water borne illnesses associated with such an incident would be considered.
2. Bioterrorism Threat Risk: While Homer is located in the southern region of the state and 4 hours from the major city of Anchorage, the state of Alaska is at a heightened threat for bioterrorist activity for several reasons:
 - Due to proximity to foreign nations and access/exposure to international shipping
 - Presence of military installations

VIII. Organization and Staffing of the Infection Prevention Program (IPP)

- A. The Infection Prevention and Employee Health Departments are under the supervision of the Infection Prevention Committee, Chief Nursing Officer, and Infection Prevention Physician, respectively.
- B. Based on the needs of the facility and related services, 1.0 FTE has been allotted to coordinate the Infection Prevention. The number of FTEs allotted to each program is related to the needs of the patients/employees and not solely on the bed size or number of patients served. During off hours, the Nursing Supervisor/Charge RN are available for consult in the absence of the IP RN and EH RN

<u>POSITION</u>	<u>HOURS</u>	<u>CODE</u>
Infection Prevention RN	flexible	1.0 Full Time

C. The IP RN participates on the following committees and task forces:

- i. SPH
 - Infection Prevention Committee
 - Sharps Safety Committee
 - ~~Safety Committee~~
 - Patient Centered Care Quality Committee
 - Hospital Incident Management Team
 - LTC Quality Assurance and Performance Improvement (QAPI) Improvement Committee
- ii. Community
 - Disaster Plan Committee
 - Pandemic Flu Committee
 - MAPP (Mobilizing for Action through Planning and Partnerships)

IX. Resources

- A. Information Management Systems available include:
 - Laboratory Data Bank
 - Personal Computers with Internet Access
 - List Servers from CDC, APIC (Association for Professionals in Infection Control and Epidemiology), Joint Commission, Alaska Department of Health and Social Services, AOHP (Association of Occupational

Health Professionals in Healthcare)

B. Support Services include:

- Laboratory support to provide reports for surveillance and employee exposures.
- Pharmacy support in review of data for trending, assessment, intervention, and evaluation of action plans.
- Data collection support from other department managers.
- Public Health Department and the Alaska Department of State Health Services provide consultative services.
- Environmental Services will recommend the specific solutions for organization-wide cleaning and disinfection purposes. It will be supplied by the department with specific instructions for its use, as well as stated in the department policy.

X. Infection Prevention Surveillance Activities

A. Utilizing a targeted methodology, the SPH Organization's surveillance measures include the following indicators:

1. Outbreak Investigations
2. Prevalence surveillance with multidrug resistant or especially virulent organisms and coordinates with Pharmacy of Antibiotic Stewardship.
3. Identification and reporting of diseases/infections designated as reportable by the CDC, Alaska Department of Health and other regulatory agencies.
4. Surgical Site Infections –
 - Outpatient / inpatient – Surgical patients readmitted for infection within 30 days or 90 days diagnosis specific per CDC of a surgical procedure via post op SSI (surgical site surveillance) letters to surgeons
 - Surgical staff performs post-op follow up calls and reports to Infection Prevention (IP) any signs or symptoms of infection for further investigation
5. Acid-Fast Bacillus/Tuberculosis (AFB/TB) Isolation Protocols
6. ~~Employee Safety / Employee Health Services (EHS) to report to Infection Prevention:~~
 - ~~Employee t~~ Tuberculosis (TB) exposures, evaluation and follow up
 - ~~Employee b~~ Blood borne pathogen exposures
7. Selected Healthcare-Associated Infections (HAI)
 - Central Line Associated Blood Stream Infection (CLABSI)
 - Ventilator-Associated Pneumonias (VAP) – ICU
 - Catheter-Associated Urinary Tract Infection (CAUTI)
8. Environmental Surveillance
 - ~~Environmental Rounds will be conducted on a rotating basis to evaluate all departments quarterly~~
 - ~~Environmental Departmental Surveillance~~
 - Construction Compliance Rounds in coordination with Support Services
 - Ventilation air quality report from Support Services and Surgery Department Log
 - Terminal cleaning procedures in coordination with Environmental Services
9. Patient Safety
 - Sterilization processes in coordination with Surgical Services
 - Positive biological indicators
 - Flash sterilization usage
 - Refrigerator/freezer quality control
 - Hand hygiene compliance
10. Healthcare-Associated Infections related to unexpected death or permanent loss of function (Sentinel Events)

XI. Recording and Reporting Infections

A. Data Collection Methods

1. Retrospective data – Review of patient records to determine healthcare-acquired vs. community-acquired infections.
2. Prospective data – Review of patient records from onset to discharge.
3. Surveillance rounds – Rounds of various areas to monitor selected quality prevention issues, procedural implementation, and employee knowledge of processes.

4. Quality Prevention data – Reports from other departments relating to Infection Prevention issues.

B. Sources of Data

- ~~5~~.1. Daily census reports
- ~~6~~.2. Emergency Department records
- ~~7~~.3. Microbiological reports
- ~~8~~.4. Serological reports
- ~~9~~.5. Isolation Reports
- ~~10~~.6. Occurrence reports
- ~~11~~.7. Pharmacy reports
- ~~12~~.8. Initial Tuberculosis (TB) assessment reports
- ~~13~~.9. Multidrug resistant organism (MDRO) surveillance admission reports
- ~~14~~.10. Mortality reviews
- ~~15~~.11. Chart reviews
- ~~16~~.12. Surveillance round reports on the patient care units to identify problems
- ~~17~~.13. Employee Health alerts and reports related to increased call-ins for infectious conditions
- ~~18~~.14. Reports from support departments regarding suspicious signs and symptoms of infection
- ~~19~~.15. Nursing staff reports
- ~~20~~.16. Physician consultations
- ~~21~~.17. Physician/Surgeon feedback

XII. Evaluation of Data

- A. The Infection Prevention Nurse will be responsible for trending the data collected and presenting such to the Infection Prevention Physician and Infection Prevention Committee for further evaluation of findings that exceed the threshold.
- B. If at any point in the evaluation process a problem has been identified, the Infection Prevention Nurse will consult with the Infection Prevention Committee to develop a plan of action. Action plans will include recommendations, actions taken, and conclusions, with follow-up and re-evaluation noted. Assessment of all corrective actions will be conducted continuously following implementation. Conclusions will be developed after corrective actions have been in place long enough to result change. Follow-up will continue for a sufficient period of time to ensure resolution.
- C. The hospital Performance Improvement Model is utilized for monitoring and evaluation of the program. The following ten steps are utilized in the Quality Improvement Program for Infection Prevention:
 - 1. Assign responsibility
 - 2. Delineate scope of care
 - 3. Identify important aspects of care
 - 4. Identify indicators
 - 5. Establish thresholds for evaluation
 - 6. Collect and organize data
 - 7. Evaluate care
 - 8. Take actions to solve identified problems
 - 9. Assess actions and document improvement
 - 10. Communicate relevant information to organization-wide quality improvement

XIII. Confidentiality

All activities including minutes, reports, and worksheets shall be held in strictest confidences and safeguarded against unauthorized disclosure.

XIV. Infection Prevention Policies and Procedures

- A. There are written policies and procedures for infection surveillance, prevention, and control for all patient care departments/services, which include but are not limited to the following:
 - Nursing units
 - Central Sterile Processing

- Food Services
- Laundry
- Pharmacy
- Physical Therapy
- Imaging
- Surgical Services
- Environmental Services
- Long Term Care Facility

B. The written policies and procedures are made known to employees performing patient care procedures that are associated with the potential for infection. The Infection Prevention and/or Employee Health Nurse introduces general orientation to new employees at New Employee Orientation. Each Manager is responsible for department specific training of their staff to pertinent Infection Prevention Policies and Procedures in collaboration with the Infection Prevention Nurse. Infection Prevention Policies will be reviewed and/or revised and approved by the Infection Prevention Committee at least annually.

XV. Annual Reappraisal

- A. The Infection Prevention Program will be evaluated at least annually to determine the effectiveness of prevention and control intervention strategies in reducing healthcare–acquired infection risk. The goals will be revised at least annually to reflect the type and scope of surveillance activities based on data analysis, services/procedures added, and/or problems identified during the last year. The evaluation will include at least the following elements:
- Changes in the scope of services
 - Changes in the results of the Infection Prevention risk analysis
 - Emerging and reemerging problems in the healthcare community that potentially affect the hospital
 - An assessment of the success or failure of interventions for preventing and controlling infections
 - Responses to concerns raised by leadership and others within the hospital
 - The evolution of relevant infection prevention and control guidelines that are based on evidence, or in the absence of evidence, expert consensus

PROCEDURE:

N/A

ADDITIONAL CONSIDERATION(S):

N/A

REFERENCE(S):

1. South Peninsula Hospital Long Term Care Facility Infection Prevention Plan

CONTRIBUTOR(S):

Infection Prevention RN; Employee Health RN; Chief Nursing Officer; Infection Prevention Medical Director; Infection Prevention Committee

MEMO

To: South Peninsula Hospital Inc. Operating Board & Southern Kenai Peninsula Service Area Board

From: Anna Hermanson, Chief Financial Officer

Date: September 8, 2023

RE: Resolution 23-26, Requesting support to complete a sole source purchase of Epic, a new electronic medical record

South Peninsula Hospital (SPH) relies on multiple electronic medical records (EMRs) to operate its many service lines and CPSI is the primary electronic medical record used for the main hospital departments. CPSI has been used for 20+ years and the software does not offer many of the functionalities and integrations of other more widely used electronic medical records.

Epic is used by Central Peninsula Hospital, Providence, and Alaska Regional Hospital, which are the primary locations SPH transfers patients requiring a higher level of care. By using the same EMR as our large regional partners, we will allow better continuity of care and a better experience for patients. With Epic, a patient's medical providers across all applicable facilities will be able to access records from all episodes of care, leading to better and more cohesive patient care. Epic will also improve our remote telepsych and tele-stroke services, because our remote providers use Epic at their distant site, so they already have access and solid operational knowledge.

Epic is the largest EMR nationally, holding the largest portion of the EMR market share, whereas CPSI only had 7% of the market share. Upgrading to the most widely-used software in our industry will allow us to reduce training time when onboarding new providers and clinical staff. Medical staff familiarity with an EMR can improve patient safety and reduce risk. While there are other EMRs on the market, there is an overwhelming benefit to our patients in joining the same platform as the other large medical institutions in our state. The cost to purchase the Epic program is estimated to cost close to \$5,000,000.

SPH strives to be a provider of choice and to help promote community health and wellness. As our community continues to age, the need for more complex care will grow, as will the need for patients to seek specialties not available at SPH. In order to make this care as seamless as possible, we would like to join with our community partners and utilize the same EMR platform by contracting with Community Technologies to utilize Epic hosted by Providence.

Introduced by: Administration
Date: 9/27/2023
Action:
Vote: Yes -, No -, Exc -

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2023-26**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS TO
SUPPORT SOLE SOURCING THE ACQUISITION OF EPIC, A NEW ELECTRONIC
MEDICAL RECORD SOFTWARE**

WHEREAS, SPH relies on multiple electronic medical record (EMR) software programs to operate its many service departments and the primary EMR, CPSI, has been used by the main SPH departments; and

WHEREAS, CPSI has been used for 20+ years and the software does not offer many of the functionalities and integrations of other more widely used EMR programs and there is a need for patients and staff to be able to access all records for the hospital and clinics in one system;

WHEREAS, the new EMR software proposed, Epic, will facilitate this need; and

WHEREAS, replacement of the EMR software will increase patient access and transferability to medical records as well as provide hospital employees with additional tools for better serving patients; and

WHEREAS, Epic is the EMR used by Central Peninsula, Providence, and Alaska Regional hospitals, where the SPH transfers patients requiring a higher level of care; and

WHEREAS, using the same system as the SPH's large regional partners will allow better continuity of care and a better experience for patients; and

WHEREAS, Epic would allow better care and easier access for critical care, tele-psych, and tele-stroke programs by allowing physicians to use a program remotely that they will easily be able to access and have solid operational knowledge, and

WHEREAS, the South Peninsula Hospital Board of Directors supports the sole source purchase of Epic as the new Electronic Medical Records Software from Community Technologies where the software would be hosted by Providence, and the cost is not to exceed \$5,000,000; and

WHEREAS, the resolution to move forward with a sole source purchase of Epic was discussed at Finance Committee on September 21, 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 sole source purchase of Epic, an electronic medical record software for a purchase not to exceed \$5,000,000.

PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL AT ITS MEETING HELD ON THIS 27th DAY OF SEPTEMBER, 2023.

ATTEST:

Kelly Cooper, Board President

Julie Woodworth, Board Secretary

To: SPH Board of Directors
From: BOD Governance Committee
Date: September 21, 2023
Re: Board Bylaws Amendment Proposal

The Governance Committee is proposing a change to the bylaws, after noticing some unclear wording while reviewing the bylaws for another purpose.

The proposed change clarifies the language around censure or removal of board members. The board member under consideration for censure/removal would not be included in the tally of votes, so the requirement should read *75% of the remaining* Board members.

Section 1 of ARTICLE IX – AMENDMENTS asks for two readings of the change to be made prior to vote, with a required 75% of the entire membership needed to ratify the amendment. This is the first reading of the proposed amendment.

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

ARTICLE III - MEMBERS

Section 5.

Censure of, or removal from the Board of any member shall require a 75% affirmative vote of the remaining Board members, excluding the board member in question.

Recommended Motion: to approve an amendment to the South Peninsula Hospital Board of Directors Bylaws, Article 3, Section 5, to clarify the 75% affirmative vote to censure or remove a board member does not include the board member in question.

**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 remaining Board members, excluding the board member in question.

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 even year, the officers shall be elected, all of whom shall be from among its own membership, and shall hold office for a period of two years.

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 of 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 of 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, June 28, 2023.
- Kelly Cooper, President
- Julie Woodworth, Secretary

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
2nd Quarter Calendar 2023 (Apr, May, Jun)

* Updated 8/15/2023

Overall Indicators	2Q 2023	Target	n	Note
Medicare Care Compare Overall Hospital Star Rating	N/A	5		There are too few measures or measure groups reported to calculate.
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	34.33	25		2019-- 60.6; 2020--75.2; 2021--81.34

Clinical & Service Excellence

Using evidence-based practices, South Peninsula Hospital is dedicated to achieving consistent and demonstrated excellence in clinical quality and safety.

Quality of Care / Patient Safety	2Q 2023	Target	n	Note
Severe Sepsis & Septic Shock Care	100%	>75%	52	* (Care Compare : 33 cases - 76%, 10/1/21-9/30/22)
Sepsis (% of patients who received appropriate care for sepsis and/or septic shock.)				# of cases passing/total # of cases-exceptions (52 cases reviewed: 15 pass, 0 fail, 37 exclusions)
Stroke Care	44%	> 95%	16	* (Care Compare N/A, 10/1/21-9/30/22)
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. (7- pass, 9- failed, 0- exclusions)
Median Emergency Room Time	179 min	180 min	1409	* Target (minutes) (Care Compare: 151 min, 10/1/21-9/30/22)
Average time spent in department before leaving.				Average throughput time of all ED visits
Readmission	5.5%	< 15%	164	* (Care Compare 15.3%, 214 patients 7/1/21-6/30/22))
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 to (IP/Obs) within 30 days of discharge - exclusions/Eligible admissions- (0 readmits/total admits*0)
Elective Deliveries	0%	0%	31	* (Care Compare 0%, 18 patients 10/1/21-9/30/22)
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.
Provider Quality Score (Group)	19 pts	15 pts	N/A	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	0	< 5	1054	# 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. Note: AC had 1 falls - 0 without injury, 0 with minor injuries, 0 were same patient.

Quality of Care / Patient Safety <i>(continued)</i>	2Q 2023	Target	n	Note
Medication Errors	0	0	N/A	
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 Med Error Reporting and Prevention/CMS
Never Events	0	0	N/A	
Unexpected occurrence involving death/serious physiological or psychological injury, or the risk thereof.				
Home Health (HH)	2Q 2023	Target	n	Note
Improvement in Breathing	72.7%	> 80%	22	
Percentage of home health quality episodes patient became less short of breath.				100% of the patients stayed the same or improved. No patient declined.
Correct Medication Administration	69.6%	> 75%	23	
Percentage of home health quality episodes patients improved taking oral medication correctly.				95.7% of the patients stayed the same or improved. One patient declined.
Nursing Home	2Q 2023	Target	n	Note
Fall with Major Injury	0	< 3%	N/A	
Number of residents who sustained a fall resulting in fracture, dislocation, head injury w/altered consciousness, or subdural hematoma.				Last fall with major injury: September 2021
Urinary Tract Infections (UTI)	0	< 3	N/A	
Number of residents diagnosed with a UTI.				Last UTI: June 2022
<u>Patient & Resident Experience</u>				
As the patient and resident experience is a prime indicator of the organization's overall health, South Peninsula Hospital strives to tenaciously pursue patient and resident experience improvements.				
Consumer Assessment of Healthcare Providers and Services	2Q 2023	Target	n	Note: Measures as a % ranking across PG clients.
HCAHPS Percentile	97th	75th	35	
Measures the 1-10 ranking received by inpatient client <i>(or family)</i> respondents.				Q4 -2022, 63rd, n = 42 Q1 -2023, 88th, n = 25
HHCAHPS Percentile	94th	75th	29	*Running 12 months due to low quarterly returns
Measures the 1-10 ranking received by Home Health Care client (or family) respondents.				Q4 -2022 , 87th, n = 33 Q1 -2022, 99th, n = 33

Patient Satisfaction Through Press Ganey (PG)	2Q 2023	Target	n	Note: % ranking across PG clients.
Inpatient Percentile	82nd	75th	36	
Measures the satisfaction of inpatient pts. respondents.				Q4 -2022: 69th, n = 43 Q1 -2023: 84th, n = 25
Outpatient Percentile	15th	75th	290	
Measures the satisfaction of outpatient pts. respondents.				Q4 -2022: 12th, n = 252 Q4 -2023: 24th, n = 271
Emergency Department Percentile	97th	75th	97	
Measures the satisfaction of emergency pts. respondents.				Q1 -2022: 96th, n = 43 Q1 -2023: 88th, n = 59
Medical Practice Percentile	60th	75th	425	
Measures the satisfaction of pts. respondents at SPH Clinics.				Q4 -2022: 58th, n = 454 Q1 -2023: 62nd, n = 358
Ambulatory Surgery (AS) Percentile	38th	75th	83	
Measures the satisfaction of AS pts. respondents.				Q4 -2022: 74th, n = 69 Q0 -2023: 67th, n = 75
Home Health Care Percentile (HHC)	85th	75th	8	*Running 12 months due to low quarterly returns
Measures the satisfaction of HHC clients (<i>or family</i>) respondents.				Q4 -2022: 99th, n = 2 Q1 -2023: 99th, n = 9
Information System Solutions	2Q 2023	Target	n	Note
Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.	85	> 60		CMS score 60 and above = pass
e-Prescribing: Electronic Prescribing (<i>Rx</i>)	8	10	352	290 of 352
Query PDMP	10	10		PDMP Query via EHR interface
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information	15	15	3	3 of 3
HIE: Suppt. Electronic Referral Loops by sending health info. (<i>Sum.of Care sent</i>)	4	15	174	44 of 174
Provider to patient exchange: Provide patients electronic access to their health information (<i>timely access via the patient portal</i>)	23	25	226	203 of 226
Public Health & Clinical Data Exchange	25	25	4	4 of 4
Eligible Provider (EP) - Promoting Interoperability (Group)	N/A	10 pts		Target quarterly for annual score
Merit Based Incentive Payment System Promoting Interoperability score (<i>MIPS tracking is in Athena</i>)				Promoting Interoperability for Providers: N/A * Athena hasn't calculated our score yet
Electronic Medical Record (EMR) Adoption Stage	5	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 0 and 0 require site visit validation.

Information System Solutions (Continued)	2Q 2023	Target	n	Note
IT Security Awareness Training Complete Rate	86%	97%	1714	
% of employees who have completed assigned security training				1714 videos training sent, 1473 completed.
Phishing Test Pass Rate	99.4%	97%	1177	
% of Phishing test emails that were not failed.				1177 test phishing emails sent out to staff. 7 of the email links were clicked, causing 7 potential security risks.

Medical Staff Alignment

South Peninsula Hospital desires to be an employer and/or provider of choice for medical staff practitioners by fostering an atmosphere of continuous collaboration.

Provider Alignment	2021	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 Engagement

South Peninsula Hospital desires to be an employer of choice that offers our staff an opportunity to make positive impact in our community.

Staff Alignment	2021	Target	n	Note
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	2Q 2023	Target	n	Note
Turnover: All Employees	4.12%	< 5%	582	
Percentage of all employees separated from the hospital for any reason				24 Terminations / 582 Total Employees
Turnover: Voluntary All Employees	2.92%	< 4.75%	582	
Measures the percentage of voluntary staff separations from the hospital				17 Voluntary Terminations / 582 Total Employees
First Year Total Turnover	10.74%	< 7%	121	
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				13 New Staff Terminated in Q2 121 Total New Hires from - 7/1/2022 -6/30/2023
Travel Nursing Utilization	23	< 20	86	
Measure total travel staff utilized in a previous quarter (Internal & External)				0-202 - External: 0 / Internal: 0, Total: 0

Financial Health

SPH is financially positioned to support our dedication to the Mission, Vision and Values, and our continued investment in our employees, medical staff, physical plant and equipment.

Financial Health	2Q 2023	Target	n	Note
Operating Margin	-4.49%	2.6%		
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	926.75	954.84		
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by (<i>inpatient + outpatient revenues</i>).				Total Discharges: 142 (<i>Acute, OB, Swing, ICU</i>) (<i>LTC Revenue & discharges not included</i>)
Net Revenue Growth	4.3%	7.3%		
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	8.21	9.33		
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>budget gross patient revenue/budget gross inpatient rev</i>) 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	90	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	3.3%	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%
Average Age of Plant	14.09	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	2Q 2023	Target	n	Note
Outpatient Revenue Growth	10.2%	4%		
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 prior year.
Surgical Case Growth	-9.8%	3.4%		
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.