



AGENDA

Board of Directors Meeting

5:30 PM - Wednesday, January 24, 2024

[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

Jared Baker		Matthew Bullard		Matthew Hambrick	
Melissa Jacobsen		Edson Knapp, MD		Walter Partridge	
Preston Simmons		Aaron Weisser		Bernadette Wilson	
Beth Wythe					

Page

1. CALL TO ORDER

2. ROLL CALL

3. REFLECT ON LIVING OUR VALUES

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

- 5 4.1. Rules for Participating in a Public Meeting
[Rules for Participating in a Public Meeting](#)

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

6. APPROVAL OF THE AGENDA

7. APPROVAL OF THE CONSENT CALENDAR

- 6 - 11 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for November 29, 2023.
[Board of Directors - Nov 29 2023 - Minutes - DRAFT](#)

- 12 - 19 7.2. Consideration to Approve November and December FY2024 Financials

[Balance Sheet November FY2024](#)
[Income Statement November FY2024](#)
[Cash Flow Statement November FY2024](#)
[Balance Sheet December FY2024](#)
[Income Statement December FY2024](#)
[Cash Flow Statement December FY2024](#)

- 20 7.3. Consideration to certify the medical staff appointments of Musaberk Goksel, MD, Kaitlin Peace, MD, Jacob Petrosky, MD and Richard Wood, MD, as recommended by the medical staff and approved by two members of the board on December 28, 2023 according to the Category 1 Credentialing Pathway.
[Credentialing Memo](#)
- 21 7.4. Consideration to Approve the 2024 Quality Assurance & Performance Improvement Plan for South Peninsula Hospital Long Term Care
[QAPI 2024 LTC](#)
- 22 - 23 7.5. Consideration to Approve the 2024 Quality Assurance & Performance Improvement Plan for South Peninsula Hospital Home Health
[QAPI 2024 HH](#)
- 24 - 50 7.6. Consideration to Accept the Financial Audit for FY2023
[FY2023 Audit Document](#)
- 51 - 56 7.7. Consideration to Approve the South Peninsula Hospital Implementation Strategy for the 2023 Community Health Needs Assessment
[CHNA Implementation Strategy - DRAFT](#)

8. PRESENTATIONS

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

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 57 - 61 10.1. Election of Officers
[Officer Election Memo](#)
- 62 10.2. Consideration to Approve South Peninsula Hospital Board Resolution 2024-01, A Resolution of the South Peninsula Hospital Board of Directors Approving the 2023 Discretionary Contribution for the Non-Union 403(b) Plan
[SPH Resolution 24-01](#)

- 63 - 67 10.3. Consideration to Approve South Peninsula Hospital Board Resolution 2024-02, A Resolution of the South Peninsula Hospital Board of Directors Approving the Capital Budget for FY2025.
[SPH Resolution 24-02](#)

11. REPORTS

- 68 - 78 11.1. Chief Executive Officer
[Balanced Scorecard 4Q 2023](#)
[Balanced Scorecard 2024 - DRAFT](#)
[Acting CEO Memo 2024](#)
- 11.2. BOD Committee: Finance
- 79 11.3. BOD Committee: Governance
[Annual Review of Bylaws and Policies](#)
- 80 11.4. BOD Committee: Education
[Education Report](#)
- 11.5. Chief of Staff
- 11.6. Service Area Board Representative

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

- 81 15.1. Service Area Board Dates & Board Representatives
[BOD members to SAB meetings 2024](#)

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, November 29, 2023

Conference Rooms 1&2 and Zoom

The Board of Directors of the South Peninsula Hospital was called to order on Wednesday, November 29, 2023, at 5:30 PM, in the Conference Rooms 1&2 and Zoom.

1. CALL TO ORDER

Acting President Aaron Weisser called the regular meeting to order at 5:30pm.

2. ROLL CALL

BOARD PRESENT: Kerriann Baker, Matthew Hambrick, Melissa Jacobsen, Edson Knapp, Walter Partridge, Aaron Weisser, Bernadette Wilson, Julie Woodworth, and Beth Wythe

ALSO PRESENT: Ryan Smith, CEO; Angela Hinnegan, COO; Anna Hermanson, CFO; Christy Tuomi, CMO; Christopher Landess, Chief of Staff; Kyle Settles, Childcare Administrator; Kelly Cooper, KPBA Assembly Representative; Willy Dunne, Service Area Board Representative; Maura Jones, Executive Assistant

**Due to the Zoom meeting format, only meeting participants who comment, give report or give presentations are noted in the minutes. Others may be present on the virtual meeting.*

A quorum was present.

3. REFLECT ON LIVING OUR VALUES

Mr. Smith shared a Living Our Values story. Nicole Reynolds, the SPH Employee Wellness Nurse recognized that an employee was not well and was able to get that employee to the Emergency Room, where it was determined they were having a cardiac event. We want to recognize Nicole for helping this employee get the care they needed.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

4.1. Rules for Participating in a Public Meeting

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the audience.

6. APPROVAL OF THE AGENDA

The agenda was approved as presented.

7. APPROVAL OF THE CONSENT CALENDAR

Ms. Woodworth read the consent calendar into the record.

- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for October 25, 2023**
- 7.2. Consideration to Approve October FY2024 Financials**
- 7.3. Consideration to Approve 2024 Calendar of Meetings for the South Peninsula Hospital Board of Directors**

Secretary Julie Woodworth made a motion to approve the consent calendar as read. Beth Wythe seconded the motion. Motion Carried.

8. PRESENTATIONS

8.1. Childcare Facility Update

Kyle Settles, Childcare Administrator, gave a presentation on the progress of the new Childcare Center.

8.2. Recognition of Kelly Cooper, Todd Boling, Keriann Baker and Julie Woodworth for Years of Service to the South Peninsula Hospital Board of Directors.

Mr. Weisser read words about each of the outgoing board members, thanking them for their service and their individual accomplishments.

9. UNFINISHED BUSINESS

There was no unfinished business.

10. NEW BUSINESS

10.1. Consideration to Approve SPH Resolution 2023-28, A Resolution of the South Peninsula Hospital Board of Directors Authorizing Administration to Take Actions to De-Risk the South Peninsula Hospital Employees Pension Plan and Update Policy PEN-001 Employee Investment Policy

Anna Hermanson reported. The Pension Committee has been looking to re-risk the plan for some time. Steven Schreiber at Newport recommended we change strategies to de-risk. To make that change we also needed to update our investment policy. Pension Committee heard a presentation by Newport, and reviewed and approved this resolution at the November meeting.

Treasurer Matthew Hambrick made a motion to approve SPH Resolution 2023-28, A Resolution of the South Peninsula Hospital Board of Directors Authorizing Administration to Take Actions to De-Risk the South Peninsula Hospital Employees Pension Plan and Update Policy PEN-001 Employee Investment Policy. Vice President Melissa Jacobsen seconded the motion. Motion Carried.

10.2. Consideration to Approve SPH Resolution 2023-29, A Resolution of the South Peninsula Hospital Board of Directors Approving the Startup of a Childcare Facility

Anna Hermanson, CFO, reported. The board has already approved the funding for the Childcare Facility. This resolution shows the board's support for the Childcare Project as a whole.

Beth Wythe abstained from the vote on this resolution, as her daughter is a hospital employee with young children.

Edson Knapp made a motion to approve SPH Resolution 2023-29, A Resolution of the South Peninsula Hospital Board of Directors Approving the Startup of a Childcare Facility. Secretary Julie Woodworth seconded the motion. Motion Carried.

10.3. Consideration to Approve the South Peninsula Hospital and Long Term Care Facility Corporate Compliance and Ethics Program for 2023-2024 and revised policy HW-101, Corporate Compliance and Ethics.

This is brought for board approval on an annual basis. There were no major revisions to the document.

Secretary Julie Woodworth made a motion to approve the South Peninsula Hospital and Long Term Care Facility Corporate Compliance and Ethics Program for 2023-2024 and revised policy HW-101, Corporate Compliance and Ethics. Treasurer Matthew Hambrick seconded the motion. Motion Carried.

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, gave a verbal report. The balanced scorecard was included in the packet. Some highlights of his report include:

- Certified Nurse Midwife Jenni Godbold has signed a letter of intent
- Looking to recruit a full-time OB/Gyn
- Recruited our first pediatrician, Dr. Joseph Trapasso.
- Dr. Jonathan Bloch, general surgeon, came for a site visit last week. While we continue recruitment efforts to fill the vacancy left by Dr. Boling, JBER surgeons and locums company are providing coverage.
- ER recruitment continue as well for a full-time ED physician.
- Recruiting for another psychiatric NP
- Met with Mayor Micciche again and they've started having conversations with local property owners to get us more space.
- Working towards our Epic implementation.
- Ryan will be out of the office from 12/8-1/8

11.2. BOD Committee: Pension

Ms. Hermanson reported. The Pension Committee met in November. Mr. Schreiber gave quarterly reports on all the plans. There was a small loss for the quarter, but the bottom line, year to date, is still a 4% gain. Mr. Schreiber also took the committee through the change in investment strategy. The committee also reviewed the audit report.

11.3. BOD Committee: Finance

Ms. Hermanson reported. The Finance Committee met in November. There was an operating loss, but we did better than anticipated. There were strong outpatient clinics and visits, but inpatient days were down. Surgeries were strong. We are at 93 days cash on hand after transferring 2.4 days at the end of last quarter. We're also at 48.7 days in accounts receivable, which is phenomenal.

11.4. BOD Committee: Governance

Mr. Weisser reported. The Governance Committee conducted board candidate interviews. The committee is continuing its systematic policy review process. We're looking at the policy on emergency succession planning. At the annual meeting the CEO will identify for the board the emergency successor for the year. We are still looking at how to marry that to long term succession planning. We're looking to hold a Doctors Dinner February 19-22, and hoping to find a venue with better acoustics. We discussed having a monthly call with a board consultant, just for board members.

11.5. BOD Committee: Education

Nothing to report this month.

11.6. Chief of Staff

Dr. Landess reported. Things are going well on the medical staff. Morale is good, and folks are working well together.

11.7. Service Area Board Representative

Willy Dunne reported on behalf of the Service Area Board (SAB). The SAB has welcomed two new members, Francie Roberts and Tamera Fletcher, to replace Judy Lund and Tim Whip. Officer elections were held, and Helen will continue as President, Kathryn Ault as secretary and Willy Dunne as Treasurer. Francie Roberts will be attending the AHA Rural Health Care Leadership Conference in Orlando.

12. DISCUSSION

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

Mr. Smith thanked Julie Woodworth, Keriann Baker, Todd Boling and Kelly Cooper for their service to the Board of Directors. He thanked Kelly Cooper specifically for the time she served as President during his tenure and really appreciated how much time and energy she gave to the position. He added that SPH's inpatient star rating is now 5 stars, and we are the only facility in Alaska with that rating.

14.2. Board Members

Dr. Knapp thanked all of the outgoing board members. He appreciates all the time and work they've put in. He is thankful to them for recruiting Ryan, as it was a huge step forward for our hospital.

Mr. Hambrick echoed those sentiments. He has enjoyed working with everyone.

Ms. Jacobsen agreed that she's enjoyed working with and learning from, the outgoing board members.

Ms. Wythe thanked the departing board members and wished them well. She congratulated the staff on the many huge accomplishments on her time on the board. She added that Ms. Roberts and Ms. Fletcher will be assets to the SAB.

Ms. Woodworth thanked everyone. The experience of being on the SPH board has been very impactful. The board has seen challenging times in her tenure, and she was glad to have a seat at the table when the board recruited Mr. Smith. She has always been proud to be associated with SPH.

Ms. Wilson thanked the outgoing board members for their service. It's been great working with them all, and she will miss them all dearly.

Ms. Baker thanked everyone for the opportunity to serve. She has made some true friends and her life has improved from her experience on the board. She recognized Ms. Woodworth who has become a mentor and a close friend to her and her family. She also recognized former board members Tom Clark and David Groesbeck for their mentorship as well.

15. INFORMATIONAL ITEMS

15.1. Forms to Complete for January 2024 Meeting

16. ADJOURN TO EXECUTIVE SESSION

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

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.

Reappointments

Robert Austin, CRNA; Anesthesiology; Active Staff

J. Ross Tanner, MD; Internal Medicine; Courtesy Staff

Kathy Madej, CRNA; Anesthesiology; Active Staff

Carol Klamser, DNP; Family Medicine; Active Staff

Initial Appointments

Graham Baluh, MD; General Surgery; Courtesy Staff
Julia Quirion, MD; Orthopedic Surgery; Courtesy Staff
Jasmine Neeno, MD; Emergency Medicine; Courtesy Staff

Reappointment – Providence Remote

Lindsey Frischmann, DO; Neurology; Telehealth
Hargobind Khurana, MD; Critical Care; Telehealth
Neha Mirchandani, MD; Neurology; Telehealth

17.2. Board Member Elections

18. ADJOURNMENT

Respectfully Submitted,

Accepted:

Maura Jones, Executive Assistant

Aaron Weisser, President

Minutes Approved:

Julie Woodworth , Secretary



DRAFT-UNAUDITED

BALANCE SHEET
As of November 30, 2023

	As of November 30, 2023	As of November 30, 2022	As of October 31, 2023	CHANGE FROM November 30, 2022
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	28,244,392	24,061,310	27,557,618	4,183,082
2 EQUITY IN CENTRAL TREASURY	10,414,749	9,812,088	11,225,309	602,661
3 TOTAL CASH	<u>38,659,141</u>	<u>33,873,398</u>	<u>38,782,927</u>	<u>4,785,743</u>
4 PATIENT ACCOUNTS RECEIVABLE	33,690,431	32,964,847	34,137,201	725,584
5 LESS: ALLOWANCES & ADJ	(17,065,908)	(15,740,665)	(17,250,834)	(1,325,243)
6 NET PATIENT ACCT RECEIVABLE	<u>16,624,523</u>	<u>17,224,182</u>	<u>16,886,367</u>	<u>(599,659)</u>
7 PROPERTY TAXES RECV - KPB	404,251	351,365	1,152,163	52,886
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(4,165)	(4,165)	0
9 NET PROPERTY TAX RECV - KPB	<u>400,086</u>	<u>347,200</u>	<u>1,147,998</u>	<u>52,886</u>
10 OTHER RECEIVABLES - SPH	360,622	288,804	344,554	71,818
11 INVENTORIES	2,059,252	1,971,300	2,078,763	87,952
12 NET PENSION ASSET- GASB	3,559,619	4,886,459	3,559,619	(1,326,840)
13 PREPAID EXPENSES	<u>1,229,920</u>	<u>1,140,493</u>	<u>1,006,290</u>	<u>89,427</u>
14 TOTAL CURRENT ASSETS	<u>62,893,162</u>	<u>59,731,836</u>	<u>63,806,518</u>	<u>3,161,326</u>
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,776,213	6,802,181	6,745,415	(25,968)
16 PREF OBLIGATED	2,172,324	2,307,376	2,172,324	(135,052)
17 OTHER RESTRICTED FUNDS	<u>1,368,315</u>	<u>117,168</u>	<u>19,298</u>	<u>1,251,147</u>
	<u>10,316,852</u>	<u>9,226,725</u>	<u>8,937,037</u>	<u>1,090,127</u>
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,124,558	4,114,693	4,124,558	9,865
19 BUILDINGS	64,583,573	67,494,237	64,069,452	(2,910,664)
20 EQUIPMENT	28,910,619	30,423,111	28,773,915	(1,512,492)
21 BUILDINGS INTANGIBLE ASSETS	2,871,299	2,382,262	2,871,299	489,037
22 EQUIPMENT INTANGIBLE ASSETS	851,479	462,427	851,479	389,052
23 SOFTWARE INTANGIBLE ASSETS	1,986,711	0	1,986,711	1,986,711
24 IMPROVEMENTS OTHER THAN BUILDINGS	433,557	273,935	312,979	159,622
25 CONSTRUCTION IN PROGRESS	1,854,806	1,485,227	1,932,158	369,579
26 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(59,090,867)	(63,221,072)	(58,727,950)	4,130,205
27 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(2,283,724)	(599,986)	(2,176,213)	(1,683,738)
28 NET CAPITAL ASSETS	<u>44,242,011</u>	<u>42,814,834</u>	<u>44,018,388</u>	<u>1,427,177</u>
29 GOODWILL	0	12,000	1,000	(12,000)
30 TOTAL ASSETS	<u>117,452,025</u>	<u>111,785,395</u>	<u>116,762,943</u>	<u>5,666,630</u>
DEFERRED OUTFLOWS OF RESOURCES				
31 PENSION RELATED (GASB 68)	5,789,464	4,530,917	5,789,464	1,258,547
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	<u>266,024</u>	<u>326,579</u>	<u>271,298</u>	<u>(60,555)</u>
33 TOTAL DEFERRED OUTFLOWS OF RESOURCES	6,055,488	4,857,496	6,060,762	1,197,992
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>123,507,513</u>	<u>116,642,891</u>	<u>122,823,705</u>	<u>6,864,622</u>

	As of November 30, 2023	As of November 30, 2022	As of October 31, 2023	CHANGE FROM November 30, 2022	
LIABILITIES & FUND BALANCE					
CURRENT LIABILITIES:					
35	ACCOUNTS AND CONTRACTS PAYABLE	1,830,455	2,051,747	1,648,072	(221,292)
36	ACCRUED LIABILITIES	9,426,423	8,103,885	9,530,352	1,322,538
37	DEFERRED CREDITS	1,339,367	15,527	17,243	1,323,840
38	CURRENT PORTION OF LEASE PAYABLE	652,417	383,209	654,790	269,208
39	CURRENT PORTION SOFTWARE INTANGIBLE PAYABLE	423,792	0	450,065	423,792
40	CURRENT PORTIONS OF NOTES DUE	0	0	0	0
41	CURRENT PORTIONS OF BONDS PAYABLE	1,145,000	1,820,000	1,850,000	(675,000)
42	BOND INTEREST PAYABLE	22,389	62,221	11,606	(39,832)
43	DUE TO/(FROM) THIRD PARTY PAYERS	940,709	1,388,380	1,440,709	(447,671)
44	TOTAL CURRENT LIABILITIES	<u>15,780,552</u>	<u>13,824,969</u>	<u>15,602,837</u>	<u>1,955,583</u>
LONG-TERM LIABILITIES					
45	NOTES PAYABLE	0	0	0	0
46	BONDS PAYABLE NET OF CURRENT PORTION	6,615,000	7,760,000	6,615,000	(1,145,000)
47	PREMIUM ON BONDS PAYABLE	350,195	474,537	359,988	(124,342)
48	CAPITAL LEASE, NET OF CURRENT PORTION	2,239,365	2,037,670	2,285,338	201,695
49	SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION	303,873	0	322,237	303,873
50	TOTAL NONCURRENT LIABILITIES	<u>9,508,433</u>	<u>10,272,207</u>	<u>9,582,563</u>	<u>(763,774)</u>
51	TOTAL LIABILITIES	25,288,985	24,097,176	25,185,400	1,191,809
52	DEFERRED INFLOW OF RESOURCES	0	0	0	0
53	PROPERTY TAXES RECEIVED IN ADVANCE	0	0	0	0
NET POSITION					
54	INVESTED IN CAPITAL ASSETS	5,731,963	5,731,963	5,731,963	0
55	CONTRIBUTED CAPITAL - KPB	0	0	0	0
56	RESTRICTED	25,286	25,286	25,286	0
57	UNRESTRICTED FUND BALANCE - SPH	92,461,279	86,788,466	91,881,056	5,672,813
58	UNRESTRICTED FUND BALANCE - KPB	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
59	TOTAL LIAB & FUND BALANCE	<u><u>123,507,513</u></u>	<u><u>116,642,891</u></u>	<u><u>122,823,705</u></u>	<u><u>6,864,622</u></u>

	MONTH			YEAR TO DATE				
	11/30/23		11/30/22	11/30/23		11/30/22		
	Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue								
1 Inpatient	2,855,326	2,739,907	4.21%	2,692,528	15,114,903	13,699,535	10.33%	13,409,971
2 Outpatient	14,574,930	13,372,019	9.00%	12,947,660	74,852,379	69,757,643	7.30%	64,046,796
3 Long Term Care	1,031,964	1,182,413	-12.72%	1,041,212	5,333,029	5,912,064	-9.79%	5,360,319
4 Total Patient Services	18,462,220	17,294,339	6.75%	16,681,400	95,300,311	89,369,242	6.64%	82,817,086
Deductions from Revenue								
5 Medicare	3,471,722	3,332,510	-4.18%	3,432,609	21,442,349	17,525,917	-22.35%	16,951,461
6 Medicaid	2,514,447	2,097,425	-19.88%	2,042,616	11,114,730	11,030,511	-0.76%	11,115,623
7 Charity Care	243,059	185,358	-31.13%	267,925	938,067	974,812	3.77%	954,200
8 Commercial and Admin	1,928,092	1,472,828	-30.91%	1,173,904	8,676,680	7,745,713	-12.02%	7,270,709
9 Bad Debt	355,071	246,599	-43.99%	341,530	1,611,709	1,296,883	-24.28%	1,435,576
10 Total Deductions	8,512,391	7,334,720	-16.06%	7,258,584	43,783,535	38,573,836	-13.51%	37,727,569
11 Net Patient Services	9,949,829	9,959,619	-0.10%	9,422,816	51,516,776	50,795,406	1.42%	45,089,517
12 USAC and Other Revenue	82,689	76,689	7.82%	57,690	424,075	383,447	10.60%	302,540
13 Total Operating Revenues	10,032,518	10,036,308	-0.04%	9,480,506	51,940,851	51,178,853	1.49%	45,392,057
Operating Expenses								
14 Salaries and Wages	4,760,244	4,839,049	1.63%	4,313,335	23,900,434	23,478,997	-1.79%	21,093,724
15 Employee Benefits	2,110,930	1,953,511	-8.06%	1,825,861	9,010,802	10,050,600	10.35%	9,183,678
16 Supplies, Drugs and Food	1,216,132	1,170,898	-3.86%	958,279	6,099,785	5,981,737	-1.97%	5,259,341
17 Contract Staffing	203,493	109,420	-85.97%	195,345	1,032,986	553,368	-86.67%	1,227,437
18 Professional Fees	702,814	520,001	-35.16%	662,302	2,881,574	2,679,284	-7.55%	2,743,992
19 Utilities and Telephone	186,698	128,537	-45.25%	130,928	838,694	612,867	-36.85%	692,711
20 Insurance (gen'l, prof liab, property)	67,823	63,987	-5.99%	65,267	352,985	379,007	6.87%	322,286
21 Dues, Books, and Subscriptions	17,447	23,117	24.53%	18,558	78,262	105,896	26.10%	84,515
22 Software Maint/Support	97,089	182,764	46.88%	161,788	592,054	872,073	32.11%	861,482
23 Travel, Meetings, Education	35,295	72,371	51.23%	48,318	277,872	418,522	33.61%	230,030
24 Repairs and Maintenance	189,625	156,188	-21.41%	164,022	968,966	763,764	-26.87%	753,180
25 Leases and Rentals	69,852	65,691	-6.33%	69,313	330,620	373,267	11.43%	342,177
26 Other (Recruiting, Advertising, etc.)	233,149	155,580	-49.86%	142,819	1,073,317	777,905	-37.98%	623,106
27 Depreciation & Amortization	419,981	345,139	-21.68%	337,623	2,051,959	1,725,693	-18.91%	1,691,801
28 Total Operating Expenses	10,310,572	9,786,253	-5.36%	9,093,758	49,490,310	48,772,980	-1.47%	45,109,460
29 Gain (Loss) from Operations	(278,054)	250,055	211.20%	386,748	2,450,541	2,405,873	-1.86%	282,597
Non-Operating Revenues								
30 General Property Taxes	751,022	597,989	25.59%	779,899	4,805,472	3,845,991	24.95%	4,615,574
31 Investment Income	136,821	34,521	296.34%	(51,663)	400,221	172,603	131.87%	32,503
32 Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
33 Other Non Operating Revenue	782	419	100.00%	1,932	2,252	2,097	100.00%	2,885
34 Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35 Gain <Loss> on Disposal	470	0	0.00%	0	0	0	0.00%	0
36 SPH Auxiliary	0	375	-100.00%	277	2,068	1,875	10.29%	283
37 Total Non-Operating Revenues	889,095	633,304	40.39%	730,445	5,210,013	4,022,566	29.52%	4,651,245
Non-Operating Expenses								
38 Insurance	0	0	0.00%	0	0	0	0.00%	0
39 Service Area Board	(181)	2,435	107.43%	9,799	2,902	10,610	0.00%	42,719
40 Other Direct Expense	2,956	6,056	51.19%	1,680	7,211	30,282	76.19%	2,221
41 Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42 Interest Expense	38,748	34,394	-12.66%	38,209	173,709	171,971	-1.01%	195,389
43 Total Non-Operating Expenses	41,523	42,885	3.18%	49,688	183,822	212,863	13.64%	240,329
Grants								
44 Grant Revenue	10,704	67,216	0.00%	0	73,494	336,082	0.00%	9,430
45 Grant Expense	0	2,501	100.00%	2,502	0	12,505	100.00%	12,508
46 Total Non-Operating Gains, net	10,704	64,715	-83.46%	(2,502)	73,494	323,577	77.29%	(3,078)
47 Income <Loss> Before Transfers	580,222	905,189	35.90%	1,065,003	7,550,226	6,539,153	15.46%	4,690,435
48 Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49 Net Income	580,222	905,189	-35.90%	1,065,003	7,550,226	6,539,153	15.46%	4,690,435



Statement of Cash Flows
As of November 30, 2023

Cash Flow from Operations:

1	YTD Net Income	7,550,226
2	Add: Depreciation Expense	2,051,959
3	Adj: Inventory (increase) / decrease	70,781
4	Patient Receivable (increase) / decrease	(1,591,336)
5	Prepaid Expenses (increase) / decrease	(492,691)
6	Other Current assets (increase) / decrease	(1,627,190)
7	Accounts payable increase / (decrease)	493,105
8	Accrued Salaries increase / (decrease)	1,090,961
9	Net Pension Asset (increase) / decrease	-
10	Other current liability increase / (decrease)	1,147,834
11	Net Cash Flow from Operations	8,693,649

Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(3,151,778)
13	Cash transferred to plant replacement fund	(711,889)
14	Proceeds from disposal of equipment	-
15	Net Cash Flow from Investing	(3,863,667)

Cash Flow from Financing

16	Cash paid for Lease Payable	(92,983)
17	Cash paid for Debt Service	(705,000)
18	Net Cash from Financing	(797,983)
19	Net increase in Cash	\$ 4,031,999
20	Beginning Cash as of July 1, 2022	\$ 34,627,142
21	Ending Cash as of November 30, 2023	\$ 38,659,141



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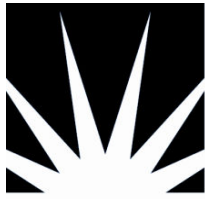
BALANCE SHEET
As of December 31, 2023

	As of December 31, 2023	As of December 31, 2022	As of November 30, 2023	CHANGE FROM November 30, 2022
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	27,196,552	23,418,940	28,244,392	3,777,612
2 EQUITY IN CENTRAL TREASURY	10,008,498	9,503,549	10,414,749	504,949
3 TOTAL CASH	<u>37,205,050</u>	<u>32,922,489</u>	<u>38,659,141</u>	<u>4,282,561</u>
4 PATIENT ACCOUNTS RECEIVABLE	32,671,557	29,119,390	33,690,431	3,552,167
5 LESS: ALLOWANCES & ADJ	(16,311,195)	(14,407,970)	(17,065,908)	(1,903,225)
6 NET PATIENT ACCT RECEIVABLE	<u>16,360,362</u>	<u>14,711,420</u>	<u>16,624,523</u>	<u>1,648,942</u>
7 PROPERTY TAXES RECV - KPB	286,350	237,340	404,251	49,010
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(4,165)	(4,165)	0
9 NET PROPERTY TAX RECV - KPB	<u>282,185</u>	<u>233,175</u>	<u>400,086</u>	<u>49,010</u>
10 OTHER RECEIVABLES - SPH	224,661	881,708	360,621	(657,047)
11 INVENTORIES	2,080,979	1,964,261	2,059,252	116,718
12 NET PENSION ASSET- GASB	3,559,619	4,914,147	3,559,619	(1,354,528)
13 PREPAID EXPENSES	<u>1,179,457</u>	<u>1,125,564</u>	<u>1,229,920</u>	<u>53,893</u>
14 TOTAL CURRENT ASSETS	<u>60,892,313</u>	<u>56,752,764</u>	<u>62,893,162</u>	<u>4,139,549</u>
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,794,981	6,795,866	6,776,213	(885)
16 PREF OBLIGATED	2,172,324	2,307,376	2,172,324	(135,052)
17 OTHER RESTRICTED FUNDS	<u>1,349,721</u>	<u>123,483</u>	<u>1,368,315</u>	<u>1,226,238</u>
	10,317,026	9,226,725	10,316,852	1,090,301
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,124,558	4,114,693	4,124,558	9,865
19 BUILDINGS	64,663,171	67,494,237	64,583,573	(2,831,066)
20 EQUIPMENT	29,912,575	30,423,111	28,910,619	(510,536)
21 BUILDINGS INTANGIBLE ASSETS	2,871,299	2,382,262	2,871,299	489,037
22 EQUIPMENT INTANGIBLE ASSETS	851,479	462,427	851,479	389,052
23 SOFTWARE INTANGIBLE ASSETS	2,002,647	0	1,986,711	2,002,647
24 IMPROVEMENTS OTHER THAN BUILDINGS	512,155	273,935	433,557	238,220
25 CONSTRUCTION IN PROGRESS	2,085,211	1,604,846	1,854,806	480,365
26 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(59,449,708)	(63,556,615)	(59,090,867)	4,106,907
27 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(2,393,778)	(636,757)	(2,283,724)	(1,757,021)
28 NET CAPITAL ASSETS	<u>45,179,609</u>	<u>42,562,139</u>	<u>44,242,011</u>	<u>2,617,470</u>
29 GOODWILL	0	11,000	0	(11,000)
30 TOTAL ASSETS	<u>116,388,948</u>	<u>108,552,628</u>	<u>117,452,025</u>	<u>7,836,320</u>
DEFERRED OUTFLOWS OF RESOURCES				
31 PENSION RELATED (GASB 68)	5,789,464	4,530,917	5,789,464	1,258,547
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	<u>260,751</u>	<u>320,942</u>	<u>266,024</u>	<u>(60,191)</u>
33 TOTAL DEFERRED OUTFLOWS OF RESOURCES	6,050,215	4,851,859	6,055,488	1,198,356
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>122,439,163</u>	<u>113,404,487</u>	<u>123,507,513</u>	<u>9,034,676</u>

	As of December 31, 2023	As of December 31, 2022	As of November 30, 2023	CHANGE FROM November 30, 2022	
LIABILITIES & FUND BALANCE					
CURRENT LIABILITIES:					
35	ACCOUNTS AND CONTRACTS PAYABLE	1,729,457	1,497,752	1,830,455	231,705
36	ACCRUED LIABILITIES	7,605,626	6,648,667	9,426,423	956,959
37	DEFERRED CREDITS	1,338,892	(7,986)	1,339,367	1,346,878
38	CURRENT PORTION OF LEASE PAYABLE	767,405	382,284	652,417	385,121
39	CURRENT PORTION SOFTWARE INTANGIBLE PAYABLE	423,792	0	423,792	423,792
40	CURRENT PORTIONS OF NOTES DUE	0	0	0	0
41	CURRENT PORTIONS OF BONDS PAYABLE	1,145,000	1,820,000	1,145,000	(675,000)
42	BOND INTEREST PAYABLE	50,797	97,182	22,389	(46,385)
43	DUE TO/(FROM) THIRD PARTY PAYERS	940,709	1,388,761	940,709	(448,052)
44	TOTAL CURRENT LIABILITIES	14,001,678	11,826,660	15,780,552	2,175,018
LONG-TERM LIABILITIES					
45	NOTES PAYABLE	0	0	0	0
46	BONDS PAYABLE NET OF CURRENT PORTION	6,615,000	7,760,000	6,615,000	(1,145,000)
47	PREMIUM ON BONDS PAYABLE	340,402	462,370	350,195	(121,968)
48	CAPITAL LEASE, NET OF CURRENT PORTION	3,005,799	2,007,027	2,239,365	998,772
49	SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION	294,239	0	303,873	294,239
50	TOTAL NONCURRENT LIABILITIES	10,255,440	10,229,397	9,508,433	26,043
51	TOTAL LIABILITIES	24,257,118	22,056,057	25,288,985	2,201,061
52	DEFERRED INFLOW OF RESOURCES	0	0	0	0
53	PROPERTY TAXES RECEIVED IN ADVANCE	0	0	0	0
NET POSITION					
54	INVESTED IN CAPITAL ASSETS	5,731,963	5,731,963	5,731,963	0
55	CONTRIBUTED CAPITAL - KPB	0	0	0	0
56	RESTRICTED	25,286	25,286	25,286	0
57	UNRESTRICTED FUND BALANCE - SPH	92,424,796	85,591,181	92,461,279	6,833,615
58	UNRESTRICTED FUND BALANCE - KPB	0	0	0	0
59	TOTAL LIAB & FUND BALANCE	<u>122,439,163</u>	<u>113,404,487</u>	<u>123,507,513</u>	<u>9,034,676</u>

INCOME STATEMENT
As of December 31, 2023
DRAFT-UNAUDITED

	MONTH			YEAR TO DATE				
	12/31/23		12/31/22	12/31/23		12/31/22		
	Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue								
1 Inpatient	2,280,546	2,532,633	-9.95%	2,131,453	17,395,448	16,232,168	7.17%	15,541,424
2 Outpatient	14,007,123	11,656,803	20.16%	11,909,146	88,859,502	81,414,447	9.14%	75,955,942
3 Long Term Care	1,095,043	1,182,413	-7.39%	977,479	6,428,072	7,094,476	-9.39%	6,337,798
4 Total Patient Services	17,382,712	15,371,849	13.08%	15,018,078	112,683,022	104,741,091	7.58%	97,835,164
Deductions from Revenue								
5 Medicare	3,047,997	3,269,947	6.79%	2,354,185	24,490,346	20,795,863	-17.77%	19,305,646
6 Medicaid	1,872,473	2,058,049	9.02%	2,427,311	12,987,203	13,088,560	0.77%	13,542,934
7 Charity Care	257,143	181,878	-41.38%	81,990	1,195,210	1,156,691	-3.33%	1,036,190
8 Commercial and Admin	1,880,580	1,445,178	-30.13%	1,940,828	10,557,260	9,190,892	-14.87%	9,211,537
9 Bad Debt	406,416	241,970	-67.96%	19,199	2,018,125	1,538,853	-31.14%	1,454,775
10 Total Deductions	7,464,609	7,197,022	-3.72%	6,823,513	51,248,144	45,770,859	-11.97%	44,551,082
11 Net Patient Services	9,918,103	8,174,827	21.32%	8,194,565	61,434,878	58,970,232	4.18%	53,284,082
12 USAC and Other Revenue	92,341	76,689	20.41%	72,611	516,416	460,136	12.23%	375,152
13 Total Operating Revenues	10,010,444	8,251,516	21.32%	8,267,176	61,951,294	59,430,368	4.24%	53,659,234
Operating Expenses								
14 Salaries and Wages	5,117,631	5,334,018	4.06%	4,281,601	29,018,065	28,813,015	-0.71%	25,375,325
15 Employee Benefits	2,389,599	2,532,236	5.63%	2,542,392	11,400,401	12,582,835	9.40%	11,726,070
16 Supplies, Drugs and Food	1,159,409	1,134,137	-2.23%	1,067,792	7,259,195	7,115,875	-2.01%	6,327,133
17 Contract Staffing	204,219	108,707	-87.86%	309,129	1,237,205	662,075	-86.87%	1,536,565
18 Professional Fees	501,833	622,121	19.34%	497,532	3,383,406	3,301,405	-2.48%	3,241,524
19 Utilities and Telephone	189,674	139,280	-36.18%	149,423	1,028,368	752,147	-36.72%	842,134
20 Insurance (gen'l, prof liab, property)	74,544	59,598	-25.08%	59,742	427,528	438,606	2.53%	382,029
21 Dues, Books, and Subscriptions	20,347	32,411	37.22%	24,832	98,610	138,307	28.70%	109,347
22 Software Maint/Support	130,624	162,556	19.64%	144,352	722,678	1,034,629	30.15%	1,005,834
23 Travel, Meetings, Education	48,092	83,463	42.38%	36,134	325,964	501,984	35.06%	266,164
24 Repairs and Maintenance	188,024	172,566	-8.96%	156,837	1,156,989	936,330	-23.57%	910,017
25 Leases and Rentals	67,045	85,488	21.57%	48,932	397,665	458,755	13.32%	391,109
26 Other (Recruiting, Advertising, etc.)	236,300	155,592	-51.87%	140,157	1,309,616	933,497	-40.29%	763,264
27 Depreciation & Amortization	417,447	345,139	-20.95%	336,543	2,469,406	2,070,831	-19.25%	2,028,344
28 Total Operating Expenses	10,744,788	10,967,312	2.03%	9,795,398	60,235,096	59,740,291	-0.83%	54,904,859
29 Gain (Loss) from Operations	(734,344)	(2,715,796)	72.96%	(1,528,222)	1,716,198	(309,923)	653.75%	(1,245,625)
Non-Operating Revenues								
30 General Property Taxes	121,321	482,991	-74.88%	120,450	4,926,793	4,328,982	13.81%	4,736,025
31 Investment Income	132,287	34,521	283.21%	33,048	532,508	207,124	157.10%	65,552
32 Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
33 Other Non Operating Revenue	2,045	419	100.00%	53	4,296	2,517	100.00%	2,937
34 Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35 Gain <Loss> on Disposal	591	0	0.00%	6,572	0	0	0.00%	6,572
36 SPH Auxiliary	0	375	-100.00%	0	2,660	2,250	18.22%	283
37 Total Non-Operating Revenues	256,244	518,306	-50.56%	160,123	5,466,257	4,540,873	20.38%	4,811,369
Non-Operating Expenses								
38 Insurance	0	0	0.00%	0	0	0	0.00%	0
39 Service Area Board	0	45	100.00%	178	2,902	10,655	0.00%	42,897
40 Other Direct Expense	70	6,056	98.84%	0	7,282	36,339	79.96%	2,221
41 Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42 Interest Expense	42,195	34,394	-22.68%	38,668	215,904	206,365	-4.62%	234,058
43 Total Non-Operating Expenses	42,265	40,495	-4.37%	38,846	226,088	253,359	10.76%	279,176
Grants								
44 Grant Revenue	483,882	67,216	0.00%	212,160	557,378	403,298	0.00%	221,590
45 Grant Expense	0	2,501	100.00%	2,502	0	15,006	100.00%	15,009
46 Total Non-Operating Gains, net	483,882	64,715	647.71%	209,658	557,378	388,292	-43.55%	206,581
47 Income <Loss> Before Transfers	(36,483)	(2,173,270)	98.32%	(1,197,287)	7,513,745	4,365,883	72.10%	3,493,149
48 Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49 Net Income	(36,483)	(2,173,270)	-98.32%	(1,197,287)	7,513,745	4,365,883	72.10%	3,493,149



South Peninsula Hospital

Statement of Cash Flows As of December 31, 2023

Cash Flow from Operations:

1	YTD Net Income	7,513,745
2	Add: Depreciation Expense	2,469,406
3	Adj: Inventory (increase) / decrease	49,054
4	Patient Receivable (increase) / decrease	(1,327,175)
5	Prepaid Expenses (increase) / decrease	(442,228)
6	Other Current assets (increase) / decrease	(50,208)
7	Accounts payable increase / (decrease)	(816,025)
8	Accrued Salaries increase / (decrease)	(729,836)
9	Net Pension Asset (increase) / decrease	-
10	Other current liability increase / (decrease)	1,014,547
11	Net Cash Flow from Operations	7,681,280

Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(4,558,271)
13	Cash transferred to plant replacement fund	(711,889)
14	Proceeds from disposal of equipment	-
15	Net Cash Flow from Investing	(5,270,160)

Cash Flow from Financing

16	Cash (paid) / received for Lease Payable	871,788
17	Cash paid for Debt Service	(705,000)
18	Net Cash from Financing	166,788
19	Net increase in Cash	\$ 2,577,908
20	Beginning Cash as of July 1, 2022	\$ 34,627,142
21	Ending Cash as of November 30, 2023	\$ 37,205,050

To: SPH Board of Directors
From: Administration
Date: January 19, 2024
Re: Medical Staff Credentialing

Per the Medical Staff Bylaws, 3.3.1 Credentialing Process: *“Category 1: A completed application that does not raise concerns as identified in the criteria for Category 2. Applicants in Category 1 will be granted Medical Staff membership and/or privileges after review and action by the following: credentials chair acting on behalf of the Credentials Committee, the MEC and a Board committee consisting of at least two individuals.”*

The below appointments follow the Category 1 track of the Medical Staff Bylaws 3.3.1.

They were approved on 12/12/2023 by the credentials committee, and by 2 members of MEC, Dr. Christopher Landess & Dr. Sarah Roberts on 12/13/2023.

As the Board of Directors did not meet as a whole in December, Aaron Weisser and Dr. Edson Knapp met via Zoom on 12/28/23 to approve the following Category 1 medical staff applications.

After review of the applicants’ files, Edson Knapp moved to approve the following positions in the medical staff as requested and recommended by the Medical Executive Committee. Aaron Weisser seconded the motion. Motion carried.

Appointments

- Musaberk Goksel, MD – Central Peninsula Hospital, Oncology & Hematology
- Kaitlin Peace, MD – JBER General Surgeon
- Jacob Petrosky, MD – CompHealth General Surgeon
- Richard Wood, DO – JBER Emergency Department

Consideration to certify the medical staff appointments of Musaberk Goksel, MD, Kaitlin Peace, MD, Jacob Petrosky, MD and Richard Wood, MD, as recommended by the medical staff and approved by two members of the board on December 28, 2023 according to the Category 1 Credentialing Pathway.

2024 Quality Assurance & Performance Improvement (QAPI) Plan for South Peninsula Hospital Long Term Care

Vision

South Peninsula Hospital is the provider of choice with a dynamic and dedicated team committed to service excellence.

Mission

South Peninsula Hospital promotes community health and wellness by providing personalized, high quality, locally coordinated healthcare.

Purpose

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

Plan

1. Reduce the number of residents who develop of depression. Publically reported Care Compare measure: *Percentage of long-stay residents who have symptoms of depression*. The Centers for Medicaid and Medicare Services (CMS) defines depression as *Resident or staff reports the resident has little interest or pleasure in doing things half or more of the days over the last two weeks OR feeling down, depressed, or hopeless half or more of the days over the last two weeks AND the resident interview severity score indicates the presence of depression OR the staff assessment severity score indicates the presence of depression*. The LTC team will work toward a goal of ≤ 2 residents per quarter who develop symptoms of depression after admission. The plan includes reviewing the depression screening interview process, monitoring of residents, and evidence-based interventions related to mood.
2. Reduce residents who develop pressure ulcers after admission. Publically reported Care Compare measure: *Percentage of long-stay residents with pressure ulcers*. CMS defines pressure ulcers as *stage II-IV or unstageable pressure ulcers, not present on admission assessment*. The LTC team will work toward a goal of <2 residents per quarter who develop or maintain a stage II-IV or unstageable pressure ulcer. The plan includes thorough education for staff, and evidenced-based guidelines for preventing, recognizing and treating pressure ulcers.

Recommended Motion: *Consideration to Approve the 2024 QAPI Plan for South Peninsula Hospital Long Term Care as presented.*

Administrator – Rachael Kincaid, DNP
Director of Nursing – Katie Martin, RN
Quality Nurse – Joyce Rider, RN

2024 Quality Assurance & Performance Improvement (QAPI) Plan for South Peninsula Hospital Home Health

Vision

South Peninsula Hospital is the provider of choice with a dynamic and dedicated team committed to service excellence.

Mission

South Peninsula Hospital promotes community health and wellness by providing personalized, high quality, locally coordinated healthcare.

Purpose

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

Plan

Calendar Year 2024 HH's Performance improvement plan (PIP) is for improvement in bathing. When choosing this as our PIP for 2024, we looked at the publicly reported data from 2023 as well as quality data from our electronic medical record (EMR). CareInsight data was pulled looking at January through November of 2023. SPH HH ranged from 65.3-72.3% of patients showing improvement in bathing. The national average ranged from 84.3-86.6%. HH is hiring an addition part time occupational therapist, which will allow more resources to focus on the self-care quality measures. This measure will be reported to the board on the Balanced Score Card.

HH will continue the two PIPs from 2023 (improvement in management of oral medications and improvement in dyspnea) as well. This data will be reported to the board monthly via CNO report.

Every year at least one new PIP is created based off the review of the data we collect. The frequency and the detail of the data collection must be approved by the HH's governing body. Below is an outline of the data collection.

Data Collection:

1. Monthly-
 - a. All OASIS SOC's are reviewed from the previous month.
 - b. All OASIS Discharges are reviewed from the prior month.
 - c. CareInsights Reports reviewed
 - d. HHCAHPS are reviewed monthly
2. Quarterly
 - a. HHA provider preview report is reviewed- this is a preview of HHA quality measures scores that will be posted on HH Compare the following quarter.
 - b. QAO interim score is reviewed- this looks at the number of quality assessments submitted to CMS vs. Non quality assessments. This number can affect our reimbursement. SPH HH has to maintain 90% or more. For July 1, 2022 to June 30, 2023, our agency is at 99.4%.

- c. HH Quality of Patient Care Star Ratings preview report is reviewed. This looks at the 7 measures that make up our Star Ratings. For 2023 SPH HH started the year of with 1.5 stars in January 2023 and then move up to 2 stars for April 2023, July 2023, October 2023 and January 2024. Our star ratings are negatively affected when we admit end of life patients and any patients that are declining while in our services. It is important that we continue to meet the needs of our community and service all patients that need services vs. selecting only those patients we know will show improvement while in HH services. With Value-Based Purchasing (VBP) in effect some of these quality measures do affect our reimbursement. We focused our two 2023 PIPs on two of the OASIS-based measures that affect our reimbursement through VBP.
 - d. Home Health Value-Based Purchasing (HHVBP) Model Interim Performance Report (IPR) is a report we look at quarterly. This report shows us where we are for value-based purchasing. We are in the large cohort group, so we compete nationally with all Medicare certified agencies that had more than 60 HHCAHPS Survey-eligible beneficiaries in the calendar year prior to the performance year. 2023 is our performance year, which will affect our payments in 2025. Currently our score is based off seven claims and OASIS-based measures. 5 additional HHCAHPS measures are not utilized for SPH HH due to our low HHCAHPS survey responses. We are working on changing our HHCAHPS platform to help facilitate getting more completed surveys so these measures will be utilized in addition to the seven claims and OASIS-based measures for VBP.
 - e. Potentially avoidable events- this report each event goes through an investigation to see if there is anything HH could have done to prevent this event or to help prevent a related future event.
3. Annually
- a. PEPPER Report- statistic based report that is used to help us look at things like top diagnosis, number of episodes, case mix data, etc.
 - b. Outcomes Report- Pulled annually to look specifically for areas that SPH HH is below state or National averages and see where we need to focus upcoming Performance Improvement Plans.

Katie Watson RN (HH RN Coordinator) and Emily Munns (care coordinator) will be on the Professional Advisory Committee (PAC) that is appointed by the Board of Directors. Marilyn Shroyer will also be added as a community member to the PAC.

Recommended Motion: Consideration to Approve the 2024 QAPI Plan for South Peninsula Hospital Home Health as presented.

Administrator, Director of Home Health – Ivy Stuart, RN
Quality Nurse – Katie Watson, RN
Clinical Supervisor, Back-up Administrator – Marissa Frank, RN

REPORT TO BOARD OF DIRECTORS

SOUTH PENINSULA HOSPITAL

AUDIT WRAP UP: YEAR ENDED JUNE 30, 2023



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FULL REPORT

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The following communication was prepared as part of our audit, has consequential limitations, and is intended solely for the information and use of those charged with governance (e.g., Board of Directors and Audit Committee) and, if appropriate, management of the Entity, and is not intended and should not be used by anyone other than these specified parties.

Welcome

January 8, 2024

Board of Directors
South Peninsula Hospital

Professional standards require us to communicate with you regarding matters related to the audit, that are, in our professional judgment, significant and relevant to your responsibilities in overseeing the financial reporting process. On July 17, 2023, we presented an overview of our plan for the audit of the financial statements including the schedule of expenditures of federal awards of South Peninsula Hospital the Hospital as of and for the year ended June 30, 2023, including a summary of our overall objectives for the audit, and the nature, scope, and timing of the planned audit work.

This communication is intended to elaborate on the significant findings from our audit, including our views on the qualitative aspects of the Hospital's accounting practices and policies, management's judgments and estimates, financial statement disclosures, and other required matters.

We are pleased to be of service to the Hospital and look forward to meeting with you to discuss our audit findings, as well as other matters that may be of interest to you, and to answer any questions you might have.

Respectfully,

BDO USA

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Executive Summary

Status of Our Audit

We have completed our audit of the financial statements as of and for the year ended June 30, 2023. Our audit was conducted in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards* issued by the Comptroller General of the United States. This audit of the financial statements does not relieve management or those charged with governance of their responsibilities.

- ▶ The objective of our audit was to obtain reasonable - not absolute - assurance about whether the financial statements are free from material misstatements.
- ▶ The scope of the work performed was substantially the same as that described to you in our earlier Audit Planning communications.
- ▶ We issued an unmodified opinion on the financial statements.
- ▶ We issued our report on internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with *Government Auditing Standards*.
- ▶ We issued an unmodified opinion on the Hospital's Single Audit report, including the Schedule of Expenditures of Federal Awards (SEFA).
- ▶ In planning and performing our audit of the SEFA, we considered the Hospital's internal control over compliance with requirements that could have a direct and material effect on its major federal program(s) to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with GAS and Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance
- ▶ All records and information requested by BDO were freely available for our inspection.
- ▶ Management's cooperation was excellent. We received full access to all information that we requested while performing our audit, and we acknowledge the full cooperation extended to us by all levels of Hospital personnel throughout the course of our work.



Results of the Audit

ACCOUNTING PRACTICES, POLICIES, ESTIMATES, AND SIGNIFICANT UNUSUAL TRANSACTIONS

The following summarizes the more significant required communications related to our audit concerning the Hospital’s accounting practices, policies, estimates and significant unusual transactions:

The Hospital’s significant accounting practices and policies are those included in Note 2 to the financial statements. These accounting practices and policies are appropriate, comply with generally accepted accounting principles and industry practice, were consistently applied, and are adequately described within Note 2 to the financial statements.

- ▶ A summary of recently issued accounting pronouncements is included in Note 15 to the Hospital’s financial statements.
- ▶ The Hospital adopted GASB Statement Number 96, Subscription-Based Information Technology Arrangements (GASB 96)
- ▶ There were no other changes in significant accounting policies and practices during 2023.
- ▶ There is a potential contingent liability regarding the results of the State DSH audit for FY2020, which resulted in an estimated required return payment of \$500,000. BDO has determined this not to be significant, as it is reasonable that SPH will succeed in appealing this amount given their success in appealing the FY2019 audit results.

Significant estimates are those that require management’s most difficult, subjective, or complex judgments, often as a result of the need to make estimates about the effects of matters that are inherently uncertain. The Hospital’s significant accounting estimates, including a description of management’s processes and significant assumptions used in development of the estimates, are disclosed in Note 2 of the financial statements. None of the estimates were considered significant in nature in 2023.

Accounting Estimates

Allowance for Doubtful Accounts

Malpractice Claims

Significant Estimate: Contractual Allowance

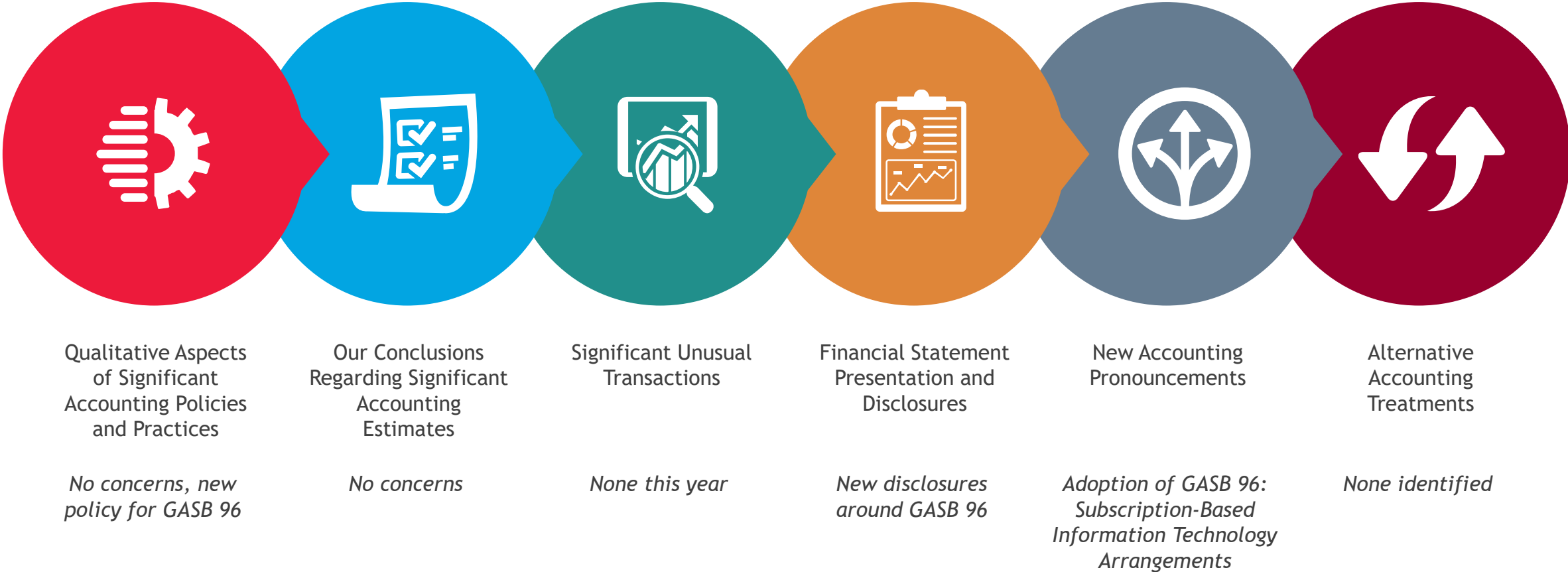
Discount Rate for Leases and Subscription-Based Information Technology Arrangements

- ▶ Management did not make any significant changes to the processes or significant assumptions used to develop the significant accounting estimates in 2023.
- ▶ The methods used to account for significant or unusual transactions, and related disclosures, are considered appropriate.

Results of the Audit

QUALITY OF THE HOSPITAL’S FINANCIAL REPORTING

A discussion was held regarding the quality of the Hospital’s financial reporting, which included the following::



Results of the Audit

CORRECTED AND UNCORRECTED MISSTATEMENTS

There were no corrected misstatements, other than those that were clearly trivial, related to accounts and/or disclosures that we brought to the attention of management. We did provide technical assistance with the completion of the cash flow statement and recording of leases (GASB 87) and subscription-based information technology arrangements (GASB 96) based on information we received from management.

There were no uncorrected misstatements, other than those that were clearly trivial, related to accounts and/or disclosures that we presented to management.





Internal Control Over Financial Reporting

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Hospital’s internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital’s internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital’s internal control.

Our consideration of internal control was for the limited purpose described above and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses.

We are required to communicate, in writing, to those charged with governance all material weaknesses and significant deficiencies that have been identified in the Hospital’s internal control over financial reporting. The definitions of control deficiency, significant deficiency and material weakness follow:

Category	Definition
Control Deficiency	A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis.
Significant Deficiency	A deficiency or combination of deficiencies in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.
Material Weakness	A deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Hospital ’s financial statements will not be prevented, or detected and corrected, on a timely basis.

In conjunction with our audit of the financial statements, we noted no material weaknesses.

Internal Control Over Financial Reporting

In conjunction with our audit of the financial statements, we noted no material weaknesses.

- ▶ We have communicated to management of the Hospital control deficiencies that were identified as a result of our audit that we did not consider to be material weaknesses or significant deficiencies.

Control Deficiency	Comments
Journal entry review and approval	Users in the finance/accounting department have the ability to enter/post their own journal entries (JE). Approvals are manual and not automated. SPH has other mitigating controls in place to prevent and detect JE errors, such as all JE's created by accounting staff are reviewed by the CFO. Additionally, the monthly financials are reviewed by at various levels.



Additional Required Communications

Other Required Communications

Following is a summary of other required items, along with specific discussion points as they pertain to the Hospital:

Requirement	Discussion Point
Significant changes to planned audit strategy or significant risks initially identified	There were no significant changes to the planned audit strategy or significant risks initially identified and previously communicated to those charged with governance as part of our Audit Planning communications.
Obtain information from those charged with governance relevant to the audit	There were no matters noted relevant to the audit, including, but not limited to: violations or possible violations of laws or regulations; risks of material misstatement, including fraud risks; or tips or complaints regarding the Hospital's financial reporting that we were made aware of as a result of our inquiry of those charged with governance.
Nature and extent of specialized skills or knowledge needed related to significant risks	There were no specialized skills or knowledge needed, outside of the core engagement team, to perform the planned audit procedures or evaluate audit results related to significant risks.

Other Required Communications

Following is a summary of other required items, along with specific discussion points as they pertain to the Hospital:

Requirement	Discussion Point
Consultations with other accountants	We are not aware of any consultations about accounting or auditing matters between management and other independent public accountants. Nor are we aware of opinions obtained by management from other independent public accountants on the application of requirements of an applicable financial reporting framework.
Significant findings and issues arising during the audit in connection with the Hospital's related parties	We have evaluated whether the identified related party relationships and transactions have been appropriately identified, accounted for, and disclosed and whether the effects of the related party relationships and transactions, based on the audit evidence obtained, prevent the financial statements from achieving fair presentation.
Significant findings or issues arising during the audit that were discussed, or were the subject of correspondence, with management	There were no significant findings or issues arising during the audit that were discussed, or were the subject of correspondence, with management.

Other Required Communications

Following is a summary of other required items, along with specific discussion points as they pertain to the Hospital:

Requirement	Discussion Point
Disagreements with management	There were no disagreements with management about matters, whether or not satisfactorily resolved, that individually or in aggregate could be significant to the Hospital's financial statements or to our auditor's report.
Significant difficulties encountered during the audit	There were no significant difficulties encountered during the audit.
Matters that are difficult or contentious for which the auditor consulted outside the engagement team	There were no difficult or contentious matters that we consulted with others outside the engagement team that we reasonably determined to be relevant to those charged with governance regarding their oversight of the financial reporting process.
Representations requested from management	Please refer to the management representation letter.

Independence

Our engagement letter to you dated July 17, 2023 describes our responsibilities in accordance with professional standards and certain regulatory authorities with regard to independence and the performance of our services. This letter also stipulates the responsibilities of the Hospital with respect to independence as agreed to by the Hospital. Please refer to that letter for further information.



Audit Firm System of Quality Management

An audit firm’s system of quality control (aka system of quality management) is essential to how the firm conducts audits and is in place to protect investors, shareholders and other users of financial statements.

QUALITY MANAGEMENT STANDARDS

In June 2022, the AICPA Auditing Standards Board (ASB) issued the following interrelated standards on audit quality management (collectively, the QM standards), which are designed to improve a CPA firm’s risk assessment and audit quality. The effective date of the QM standards is December 15, 2025.

Statement on Quality Management Standards (SQMS) No. 1	Statement on Quality Management Standards (SQMS) No. 2	Statement on Auditing Standards (SAS) No. 146
<i>A Firm’s System of Quality Management</i>	<i>Engagement Quality Reviews</i>	<i>Quality Management for an Engagement Conducted in Accordance With Generally Accepted Auditing Standards</i>


BDO has assessed the requirements of the QM standards and has analyzed our firm’s current system of quality management to identify changes and improvements necessary for compliance. This includes the identification of quality objectives, quality risks and the assessment of those quality risks, and responses to address those risks. We are further working with BDO Global to appropriately integrate processes deployed at a global level into our firm’s system of quality management.

2020 BDO AUDIT QUALITY REPORT

CONTINUING
TO BUILD
TRUST



We will continue to provide you with updates on our progress. Currently, you may find discussion of BDO’s system of quality control within our annual [Audit Quality Reports](#), the most recent of which is accessible [here](#).



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Material discussed in this publication is meant to provide general information and should not be acted on without professional advice tailored to your needs.

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Administration
4300 Bartlett Street
Homer, AK 99603
907-235-0325 F.907-235-0253

November 21, 2023

BDO USA, P.C.
3601 C Street, Suite 600
Anchorage AK, 99503

Ladies and gentlemen:

We are providing this letter in connection with your audits of the financial statements of South Peninsula Hospital (the Hospital), a component unit of the Kenai Peninsula Borough, which comprise the statements of net position as of June 30, 2023 and 2022, and the respective changes in financial position and, where applicable, cash flows for the years then ended, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in conformity with accounting principles generally accepted in the United States of America. We confirm that we are responsible for the preparation and fair presentation in the financial statements of financial position, changes in net position, and cash flows in conformity with accounting principles generally accepted in the United States of America.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm, to the best of our knowledge and belief, as of the date of this representation letter, as entered on the first page, the following representations made to you during your audits:

- (1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated July 17, 2023, for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America.
- (2) We have fulfilled our responsibility, as set out in the terms of the aforementioned audit engagement letter, for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- (3) The financial statements include all properly classified funds and other financial information of the primary government and all component units required to be included in the financial reporting entity by accounting principles generally accepted in the United States of America. All funds required to be presented as major funds are identified and presented as such.
- (4) We have made available to you:

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- (a) All financial records, and related data and federal awards (including amendments, if any, and any other correspondence with federal agencies or pass-through entities relevant to federal programs and related activities), including the names of all related parties and all relationships and transactions with related parties, as agreed upon in the terms of the aforementioned audit engagement letter.
 - (b) All additional information that you have requested from us for the purpose of the audit.
 - (c) Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
 - (d) Minutes of the meetings of directors and committees that were held from July 1, 2022, to the date of this letter, or summaries of actions of recent meetings for which minutes have not yet been prepared.
- (5) There have been no communications from regulatory agencies concerning noncompliance with or deficiencies in financial reporting practices.
- (6) There are no material transactions that have not been properly recorded in the accounting records underlying the financial statements or schedule of expenditures of federal awards (SEFA).
- (7) You have identified and discussed with us in the course of the audit the deficiencies in our internal control over financial reporting listed immediately below:

Control Deficiencies
Information systems controls (journal entries) - Certain users in the financial reporting system can post journal entries without review. It appears the software itself does not allow segregation of duties between entry of journals and posting. However, the Hospital has a policy that all entries are approved manually. In addition, the financials are reviewed by the CEO and Board Treasurer prior to going to the Board. There are mitigating controls in review of financial information and other reconciliations. We recommend the Hospital continue to maintain manual journal entry controls and documentation.

- (8) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud or noncompliance. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud or noncompliance. We have no knowledge of any:
- (a) Fraud or suspected fraud involving management or involving employees who have significant roles in internal control, whether or not perceived to have a material effect on the financial statements.
 - (b) Fraud or suspected fraud involving others where the fraud could have a material effect on the financial statements.

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- (c) Allegations of fraud or suspected fraud affecting the Hospital received in communications from employees, former employees, regulatory agencies, law firms, predecessor accounting firms, or others.
 - (d) Instances of noncompliance or suspected noncompliance with provisions of laws, regulations, contracts or grant agreements, or abuse, whose effects should be considered when preparing the financial statements.
- (9) We have no plans or intentions that may materially affect the carrying value or classification of assets, liabilities, or equity.
- (10) The following, where applicable and material, have been properly recorded or disclosed in the financial statements:
- (a) The identity of all related parties and all related party relationships and transactions of which we are aware, including revenues, expenses, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from or payable to related parties.
 - (b) Arrangements with financial institutions involving compensating balances or other arrangements involving restrictions on cash balances and line-of-credit or similar arrangements.
 - (c) Guarantees, whether written or oral, under which the Hospital is contingently liable.
 - (d) Significant estimates and material concentrations known to management that are required to be disclosed in accordance with accounting principles generally accepted in the United States of America. In that regard, all accounting estimates that could be material to the financial statements, including key factors and significant assumptions underlying those estimates, have been identified, and we believe the estimates are reasonable in the circumstances. The methods, significant assumptions, and the data used in making the accounting estimates and the related disclosures are appropriate to achieve recognition, measurement, and disclosure that is in accordance with accounting principles generally accepted in the United States of America.
 - (e) Recognition of a complete population of lease arrangements, in accordance with GASB Statement 87, *Leases*.
 - (f) The effects of all known actual or possible litigation, claims, and other liabilities or gain or loss contingencies that are required to be accrued or disclosed by accounting principles generally accepted in the United States of America, including:
 - Pending or anticipated tax refunds, other potential or pending claims, lawsuits by or against any branch of government or others;
 - Written or oral guarantees, endorsements, or unused letters of credit;
 - Unusual guarantees; or

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- Labor claims or negotiations.

Accounting principles generally accepted in the United States of America require loss contingencies to be accrued if it is probable an asset has been impaired or a liability incurred at the statement of financial position date and the amount of loss can be reasonably estimated. Such contingencies must be disclosed, but may not be accrued, if the loss is reasonably possible (but not probable) or the loss is probable but the amount of loss cannot be reasonably estimated.

(g) Commitments, such as:

- Major capital asset purchase agreements;
- More-than-one-year employment arrangements or contracts with suppliers or customers, or one-year-or-longer term leases;
- Deferred compensation, bonuses, pensions plans, or severance pay; or
- Pending sale or merger of all or a portion of the business or of an interest therein or acquisition of all or a portion of the business, assets or securities of another entity;

(h) Joint ventures or other participations, the detailed transactions of which are not carried on our books.

(11) There are no:

- (a) Violations or possible violations of budget ordinances, laws or regulations and provisions of contracts and grant agreements, tax or debt limits, and any related debt covenants whose effects could be material to the financial statements whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency.
- (b) Unasserted claims or assessments that our lawyer has advised us are probable of assertion and must be disclosed in accordance with accounting principles generally accepted in the United States of America.
- (c) Side agreements or other arrangements (either written or oral) that have not been disclosed to you.
- (d) Restrictions of net position that were not properly authorized and approved, or reclassifications of net position that have not been properly reflected in the financial statements.

(12) Receivables recorded in the financial statements represent valid claims against debtors for transactions arising on or before the statement of financial position date and have been appropriately reduced to their estimated net realizable value.

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- (13) The Hospital has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
- (14) We have appropriately disclosed the Hospital's policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position are available and have determined that net position is properly recognized under the policy.
- (15) We have complied with all aspects of contractual agreements, including debt covenants, that would have a material effect on the financial statements in the event of noncompliance. We have also complied with the SEC disclosure rules for reporting annual financial information and material events to repositories in accordance with SEC Rule N.240, 15c2-12.
- (16) No discussions have taken place with your firm's personnel regarding employment with the Hospital.
- (17) We are responsible for compliance with laws, regulations and provisions of contracts and grant agreements applicable to us and we have identified and disclosed to you all laws, regulations and provisions of contracts and grant agreements that we believe have a direct and material effect on the determination of financial statement amounts.
- (18) Components of net position (net investment in capital assets, restricted and unrestricted) and classifications of fund balance (nonspendable, restricted, committed, assigned and unassigned) are properly classified and, if applicable, approved.
- (19) Revenues are appropriately classified in the statement of activities within program revenues, contributions, and general revenues. Expenses have been appropriately classified in or allocated to functions and programs in the statement of activities, and allocations have been made on a reasonable basis.
- (20) In regards to the Form SA-SAC Data Collection Form, services performed by you, we have: (1) assumed all management responsibilities, (2) designated an individual (within senior management) with suitable skill, knowledge, or experience to oversee the services, (3) evaluated the adequacy and results of the services performed, and (4) accepted responsibility for the results of the services.
- (21) We acknowledge our responsibility for presenting the supplementary information in accordance with accounting principles generally accepted in the United State of America and we believe it is fairly presented. The methods of measurement and presentation of the supplementary information have not changed from the prior period and we have disclosed to you any significant assumptions underlying the measurement and presentation of the supplementary information.
- (22) Required supplementary information is measured and presented in accordance with prescribed guidelines.
- (23) With respect to federal award programs:

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- (a) We are responsible for understanding and complying with, and have complied with, the requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), including requirements relating to the preparation of the schedule of expenditures of federal awards (SEFA).
- (b) We have, in accordance with the Uniform Guidance, identified and disclosed to you in the schedule of expenditures of federal awards (SEFA), expenditures made during the audit period for all government programs and related activities provided by federal agencies in the form of federal awards, grants, federal cost-reimbursement contracts, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other direct assistance.
- (c) We acknowledge our responsibility for the preparation of the SEFA and related notes in accordance with the requirements of the Uniform Guidance, and we believe the SEFA, including its form and content, is fairly presented in accordance with the Uniform Guidance. The methods of measurement or presentation of the SEFA have not changed from those used in the prior period, and we have disclosed to you any significant assumptions and interpretations underlying the measurement or presentation of the SEFA below.
- (d) We have notified you of federal awards and funding increments that were received for awards received before December 26, 2014, and differentiated those awards from awards received on or after December 26, 2014, and subject to the audit requirements of the Uniform Guidance.
- (e) We will include the auditor's report on the SEFA in any document that contains the SEFA and that indicates you have reported on such information.
- (f) If the SEFA is not presented with the audited financial statements, we will make the audited financial statements readily available to the intended users of the SEFA no later than the date we issue the SEFA and the auditor's report thereon.
- (g) We are responsible for understanding and complying with, and have complied with in all material respects, the requirements of federal statutes, regulations, and the terms and conditions of federal awards related to each of our federal programs and have identified and disclosed to you the requirements of federal statutes, regulations, and the terms and conditions considered to have a direct and material effect on each federal program.
- (h) We are responsible for establishing and maintaining, and have established and maintained, effective internal control over compliance for federal programs that provides reasonable assurance that we are managing our federal awards in compliance with federal statutes, regulations, and the terms and conditions that could have a material effect on our federal programs. We believe the internal control system is adequate and is functioning as intended. Also, subsequent to the date of the auditor's report as of which compliance was audited, no changes have occurred in internal control over compliance or other factors that might significantly affect internal control, including any corrective action we have taken regarding significant

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deficiencies and material weaknesses in internal control over compliance as reported in the schedule of findings and questioned costs.

- (i) We have made available to you all federal award contracts and grant agreements (including amendments, if any) and any other correspondence with federal agencies or pass-through entities relating to each major federal program and related activities that have taken place with federal agencies or pass-through entities.
- (j) We have received no requests from a federal agency to audit one or more specific programs as a major program.
- (k) We have complied, in all material respects, with the direct and material compliance requirements, including when applicable, those set forth in the *OMB Compliance Supplement*, relating to federal awards and have confirmed that there were no amounts questioned and no known noncompliance with the direct and material compliance requirements of federal awards. We also know of no instances of noncompliance occurring subsequent to the end of the period audited.
- (l) We have disclosed to you any communications from federal awarding agencies and pass-through entities concerning possible noncompliance with the direct and material compliance requirements, including communications received from the end of the period covered by the compliance audit to the date of the auditor's report.
- (m) Amounts claimed or used for matching were determined in accordance with relevant guidelines in the Uniform Guidance.
- (n) We have disclosed to you our interpretations of compliance requirements that are subject to varying interpretations, if any.
- (o) We have made available to you all documentation related to compliance with the direct and material compliance requirements, including information related to federal program financial reports and claims for advances and reimbursements.
- (p) We have disclosed to you the nature of any subsequent events that provide additional evidence with respect to conditions that existed at the end of the reporting period that affect noncompliance during the reporting period.
- (q) Federal program financial reports and claims for advances and reimbursements are supported by the books and records from which the basic financial statements have been prepared and are prepared on a basis consistent with the schedule of expenditures of federal awards.
- (r) The copies of federal program financial reports provided to you are true copies of the reports submitted or electronically transmitted, to the respective federal agency or pass-through entity, as applicable.
- (s) We have charged costs to federal awards in accordance with applicable cost principles.
- (t) We are responsible for, and have accurately completed, the appropriate sections of the Data Collection Form as required by the Uniform Guidance. The final version of

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the applicable audit reporting package, which includes your signed auditor's reports, that we will submit to the Federal Audit Clearinghouse (FAC) will be identical to the final version of such documents that you provided to us.

- (u) We have identified and disclosed to you the findings received and related corrective actions taken for previous audits, attestation engagements, internal or external monitoring, and other studies directly related to the audit objectives of the compliance audit, including findings received and corrective actions taken from the end of the audit period covered by the compliance audit report to the date of the auditor's report.
 - (v) We are responsible for and have ensured the reporting package does not contain protected personally identifiable information.
- (24) There have been no known or suspected breaches of sensitive information (e.g., personnel files) caused by cyber-attack or other means, or other cybersecurity incidents, where the breach or other incident could have a material effect on the financial statements.
- (25) Lease and software-based IT arrangement liabilities are complete and contain all applicable leases and contracts for the years ending June 30, 2023 and 2022.
- (26) In connection with any electronic presentation of the financial statements and your audit report thereon on our web site, we acknowledge that:
- We are responsible for the preparation, presentation, and content of the financial statements in the electronic format.
 - If your audit report is presented on our web site, the full financial statements upon which you reported and to which you appended your signed report will be presented.
 - We will clearly indicate in the electronic presentation on our web site the financial information that is subject to your audit report. We will clearly differentiate any information that may also be presented by us on or in connection with our web site that was contained in the published version of the financial statements and other supplementary information, but which is not part of the audited financial statements or other financial information covered by your audit report.
 - We have assessed the security over financial statement information and the audit report presented on our web site, and are satisfied that procedures in place are adequate to ensure the integrity of the information provided. We understand the risk of potential misrepresentation inherent in publishing financial information on our web site through internal failure or external manipulation.
 - If the electronic financial statements are generally made available to the public on our web site, we will include a notification to the reader that such financial statements are presented for convenience and information purposes only, and while reasonable efforts have been made to ensure the integrity of such information, they should not be relied on. A copy of the printed financial statements will be provided on request.

BDO USA, P.C.
11/21/2023
Page 9 of 9

To the best of our knowledge and belief, no events, including instances of noncompliance, have occurred subsequent to the statement of financial position date and through the date of this representation letter, as entered on the first page, that would require adjustment to or disclosure in the aforementioned financial statements or in the schedule of findings and questioned costs.

Very truly yours,

DocuSigned by:

Anna Hermanson

11/21/2023

BFE838BA6A95271

Anna Hermanson, Chief Financial Officer
South Peninsula Hospital

South Peninsula Hospital, Inc.
**Community Health Needs Assessment
Implementation Strategy**
December, 2023



South
Peninsula
Hospital

Introduction

South Peninsula Hospital conducted a community health needs assessment (CHNA) for the southern Kenai Peninsula in 2023, in cooperation with MAPP of SKP Health Coalition. This CHNA was conducted in compliance with IRS Section 501(r), and identified health needs of the residents of the South Kenai Peninsula Hospital Service Area of the Kenai Peninsula Borough.

The final assessment was adopted by the SPH Board of Directors on June 28, 2023, and made available to the public on the organization's website www.sphosp.org free of charge. The complete CHNA report can be found in the separate document link titled CHNA on the South Peninsula Hospital website www.sphosp.org.

Numerous presentations were made of the report findings from June through October, including at meetings of the hospital's Board of Directors, Homer City Council, SPH general hospital staff, SPH general medical staff, Rotary and *MAPP of the Southern Kenai Peninsula* local community health coalition made up of twelve partnering local agencies representing the eight dimensions of wellness.

Health Needs Priorities

The findings were reviewed internally by management and input received during presentations was taken into account in order to prioritize the most significant health needs to address. Consideration was given to the magnitude of the issue, consequences if issue was not addressed, and feasibility to affect change. Impact of the pandemic was found to be wide spread. Complete assessment findings, details and breakdown of the data can be found in the complete assessment report. The key findings in no particular order were:

- 1) Mental Health**
- 2) Housing**
- 3) Substance Use**
- 4) Childcare**
- 5) Physical Health**
- 6) Aging Population**
- 7) Barriers to Care**
- 8) Social Isolation**
- 9) Staff Workforce Shortages**

MAPP of Southern Kenai Peninsula health coalition has identified as priorities for the Community Health Improvement Plan: 1) Lack of affordable housing concerns and 2) Developing a communications plan to help connect people of the service area to existing resources related to the findings above. Hospital representatives will be actively engaged in these community-wide strategies and solutions.

Listed below are the strategies South Peninsula Hospital will utilize to address the top nine concerns affecting the health and wellness of the community. Annual updates will be reported out in the Critical Access Hospital annual program report.

Implementation strategies for 2024-2026

Priority Finding #1: Mental Health

1. Increase capacity and awareness of internal and external available resources
 - a) Recruit a Behavioral Health Nurse Practitioner to increase capacity at the Serene Waters Mental Health Clinic
 - b) Provide a community resource guide pamphlet and ensure updated version remains in circulation, both on paper and electronically, internally and externally
 - c) Strengthen relations with other providers in the community for seamless transition of care
 - d) Recruit and retain ample outpatient and inpatient psychiatric providers
 - e) Support regular, free wellness programs in the community
2. Address youth mental health needs through trainings
 - a) Offer trainings and certifications for SPH staff in teen mental health first aid.
 - b) Offer teen mental health first aid trainings to the community on a yearly basis
 - c) Participate as a lead agency in the community Safe & Healthy Kids Fair.
 - d) Grow capacity at the SPH mental health clinic for youth services
3. Increase accessibility and availability of mental health supports internally for SPH staff
 - a) Offer no-cost targeted mental health programming for staff through employee health offerings (Wise at Work course, staff yoga, group activities, lunch and learns with a focus on mental health)
 - b) Continue to support spiritual care for patients and staff through use of the reflection room
 - c) Offer a robust employee engagement program focused on job satisfaction and positive work environment.

Priority Finding #2: Housing

1. Create SPH-owned housing for travelers, visiting physicians, new hires, and more, thus growing local capacity by returning up to 20 housing leases back into the community.
2. Continue to have SPH representation at community meetings oriented towards housing solutions
 - a) Continued involvement in Guiding Growth forum: an ongoing discussion to inform what is driving change in Homer
 - b) Involvement in MAPP taskforce on housing solutions as part of the community health improvement plan (CHIP)
 - c) Participate in city-wide discussions of the City of Homer Comprehensive Plan update

Priority Finding #3: Substance Use

1. Continued partnership with local addiction prevention and harm reduction agencies to co-design solutions to advance community health including but not limited to:
 - a) All Things Recovery Coalition – staff participation and support

- b) Megan’s Place – facility hosting, advocacy assistance, and support
 - c) Kachemak Bay Recovery Connection – provide SPH representation on the board and provide limited funding for administrative support for additional grant acquisition and management
2. Create awareness of Medication for Addiction Treatment (MAT) services at HMC by direct outreach efforts and continued representation with All Things Recovery Coalition and at community events (Rotary Health Fair, Community Resource Connect)
 3. Strengthen relations between inpatient, Emergency Department, outpatient clinics and local harm reduction organizations to ensure seamless transition of care and connection to resources
 - a) Provide training to staff on the science of addiction to better reduce the stigma associated with addiction.
 - b) Ensure ER staff are trained and empowered with up to date information on available resources.
 4. Provide SART/SANE nursing services through the Emergency Department and continue partnership in the Child Advocacy Center to provide improved coordination and response to children in need.
 5. Resume SPH internal Substance Use, Misuse and Addiction Task Force.
 6. Sponsor trainings and resources for the community on responding to overdoses.
 - a) Offer overdose response kits, fentanyl testing strips, and drug-disposal bags in clinic, ER settings, and at outreach events
 - b) Offer free community trainings on overdose response

Priority Finding #4: Child Care

1. Create an SPH childcare facility for staff, to be open by fall of 2024, which will free up more than thirty spots in the community currently occupied by children of SPH staff
2. Utilize thread grant to train local personnel, and increase number of certified childcare workers in the service area
3. Partner with local high school and college for entry level workforce development
4. Offer quarterly safe sitter babysitting course to youth in grades 6th-8th , expanding outreach to rural parts of the service area.
5. Participate in local childcare solutions workgroup

Priority Finding #5: Physical Health

1. Focus on marketing and outreach to increase the number of annual or wellness visits a year, returning to pre-pandemic routines and behaviors
2. Provide easy access to vaccines for preventable disease (flu, covid, STD, etc)
3. Increase access to community programming for health education:
 - a) Offer free weekly programming and education centered on health and wellness activities (annual community walking challenge, weekly yoga, health education offerings, etc.)

- b) Support nutrition education, obesity, diabetes and other related chronic disease prevention and care
- c) Support and promote physical activity among staff and community residents

Priority Finding #6: Aging Population

1. Increase services for a rapidly growing senior population
 - a) Open a free standing wound care clinic to care for patients with referrals from any of the family practice providers in the service area
 - b) Generate community support for funding of an expanded Oncology/Infusion Clinic unit, and the addition of nuclear medicine; finalize plans and begin construction; open in 2026.
 - c) Focus on specialty provider retention and recruitment, adding audiology, dermatology and other much needed senior services
 - d) Strengthen senior based services, including but not limited to outpatient surgery, rehabilitation, swing bed, home health, etc.
 - e) Develop specific senior care offerings as subsets of services
 - f) Utilize the employee wellness program to address health concerns of an aging employee base.
 - g) Actively promote and utilize Home Health Services to decrease hospitalization due to chronic disease.
 - h) Relocate SPH Rehabilitation Department to city center, for easier access and parking.
2. Create ways to reach senior population with health messaging and offerings, such as sponsoring senior day at Kenai Peninsula State Fair, Health Fair and Wellness Wednesdays

Priority Finding #7: Barriers to Care

1. Acute care nurses will begin collecting limited data related to the social determinants of health (SDOH) at time of admission to ensure patients receive the appropriate support services when discharged. SPH will work with local, borough and statewide coalitions and resources to identify and help address significant gaps of services and resources in the hospital’s service area. Starting 2025, SPH will fully implement SDOH screenings for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety, work to connect patients to services upon discharge, and report measures and data to CMS.
2. Offer free financial navigators at SPH registration to strengthen awareness of financial assistance options. Review and update policies and practices related to self-pay discounts, prompt pay discounts, financial assistance and charity care, utilizing a sliding scale based on income when possible; this information and application will be readily available to the community at time of registration, including posting on the hospital website.
3. Partner with existing agencies to boost accessibility of available resources community wide through community events and offerings (Community Resource Connect, Rotary Health Fair, Veterans StandDown, Brake for Breakfast, etc)

4. Create and promote a Patient Assistance fund for taxi vouchers and travel reimbursement for patients experiencing transportation or travel costs a barrier to seeking much needed care.
5. Increase trauma-informed care practices system wide, ensuring all residents feel welcomed seeking services at SPH.
6. Continue to partner with the Kachemak Bay Rotary Club to offer deeply discounted blood draws on an annual basis.
7. Update campus and building signage and offer adequate parking for patients to connect to care.

Priority Finding #8: Social Isolation

1. Address the epidemic of loneliness through increased free community seasonal offerings
 - a) Continue to offer space for nurturing connections through shared meals and shared health education at weekly Wellness Wednesday events, offered fall through spring
 - b) Facilitate community-wide Steps Up walking challenge
 - c) Sponsor partner offerings to support a robust variety of free and engaging opportunities to connect in the community.
2. Hospital representatives will continue to work on collective improved community health through participation in MAPP of the Southern Kenai Peninsula local health coalition and MAPP workgroups.
3. Offer volunteer opportunities at the hospital, focusing on senior and youth engagement.
4. Embrace a healing arts program at SPH to create welcoming, friendly environments patients and the community desire to be in.

Priority Finding #9: Staff Workforce Shortages

1. Prioritize retaining current staff through increased job and employee satisfaction
 - a) Continue offering incentives and appreciation to current staff across all departments
 - b) Improve and monitor employee engagement through two-way communication, promotion of employee benefits and compensation and use of organizational values.
 - c) Offering trainings and advanced education opportunities
2. Increase recruitment efforts
 - a) HR to continue offer desirable recruitment and relocation incentives
3. Maximize SPH Foundation scholarship funds to ensure continuation of scholarships for allied health programs and C.N.A trainings.
4. Support the Kachemak Bay Campus in their C.N.A. program, nursing and allied health curriculums and clinical rotations.
5. Promote and train entry-level positions on-site when possible.
 - a) Offer tours to high school students of all departments, with emphasis on career tracks
 - b) Offer a C.N.A. on the job earn to learn program
 - c) Partner with UAA and HHS to be the site for an annual AHEC career boot camp
 - d) Offer as many preceptor or intern programs as possible

To: SPH Board of Directors
From: Administration
Date: January 19, 2024
Re: Election of Officers

Officers for 2024 will be elected at the January board meeting. *“At the annual meeting in the month of January each year, the officers shall be elected, all of whom shall be from among its own membership, and shall hold office for a period of two years. (Bylaws, Article IV, Section 2)*

The following board members have expressed willingness to hold an officer position in 2024:

Melissa Jacobsen (*President, Vice President*)

Aaron Weisser (*President, Vice President*)

Beth Wythe (*Vice President, Treasurer, Secretary*)

Walter Partridge (*Treasurer*)

Officer elections will be held by secret ballot. Paper ballots will be distributed to those present in the room. Anyone attending remotely may text their vote to Maura Jones, Executive Assistant.

The following board members have expressed willingness to hold an officer position in 2024:

Melissa Jacobsen (*President, Vice President*)

Aaron Weisser (*President, Vice President*)

Beth Wythe (*Vice President, Treasurer, Secretary*)

Walter Partridge (*Treasurer*)

Board Members:

Jared Baker

Matthew Bullard

Matthew Hambrick

Melissa Jacobsen

Edson Knapp, MD

Walter Partridge

Bernadette Wilson

Aaron Weisser

Beth Wythe

BALLOT

President: _____

The following board members have expressed willingness to hold an officer position in 2024:

Melissa Jacobsen (*President, Vice President*)

Aaron Weisser (*President, Vice President*)

Beth Wythe (*Vice President, Treasurer, Secretary*)

Walter Partridge (*Treasurer*)

Board Members:

Jared Baker

Matthew Bullard

Matthew Hambrick

Melissa Jacobsen

Edson Knapp, MD

Walter Partridge

Bernadette Wilson

Aaron Weisser

Beth Wythe

BALLOT

Vice President: _____

The following board members have expressed willingness to hold an officer position in 2024:

Melissa Jacobsen (*President, Vice President*)

Aaron Weisser (*President, Vice President*)

Beth Wythe (*Vice President, Treasurer, Secretary*)

Walter Partridge (*Treasurer*)

Board Members:

Jared Baker

Matthew Bullard

Matthew Hambrick

Melissa Jacobsen

Edson Knapp, MD

Walter Partridge

Bernadette Wilson

Aaron Weisser

Beth Wythe

BALLOT

Secretary: _____

The following board members have expressed willingness to hold an officer position in 2024:

Melissa Jacobsen (*President, Vice President*)

Aaron Weisser (*President, Vice President*)

Beth Wythe (*Vice President, Treasurer, Secretary*)

Walter Partridge (*Treasurer*)

Board Members:

Jared Baker

Matthew Bullard

Matthew Hambrick

Melissa Jacobsen

Edson Knapp, MD

Walter Partridge

Bernadette Wilson

Aaron Weisser

Beth Wythe

BALLOT

Treasurer: _____

Introduced by: Administration
Date: JAN 24, 2024
Action:
Vote: Yes - , No - , Excused -

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2024-01**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS
APPROVING THE 2023 DISCRETIONARY CONTRIBUTION FOR THE NON-UNION 403(b)
PLAN**

WHEREAS South Peninsula Hospital offers a defined contributions plan to its Non-Union employees;
and

WHEREAS Non-Union employees receive a 4% match to their 403b contributions as their payroll
deferral elections are made each pay period; and

WHEREAS South Peninsula Hospital has approved an additional 2% match of eligible compensation in
recent years at the end of the plan year; and

WHEREAS Board Policy F-17 allows for a discretionary contribution not to exceed 4% of annual
eligible compensation per IRS guidelines; and

WHEREAS it is the recommendation of management that the South Peninsula Hospital Board of
Directors approve a discretionary contribution in an amount equal to 2% of Non-Union employee's
eligible compensation with a maximum contribution not to exceed 2% of the IRC Sec. 401(a)(17) limit
for the plan year, and

WHEREAS, the discretionary contribution has been reviewed by the Finance Committee on January 18, 2024;
and

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF SOUTH
PENINSULA HOSPITAL TO APPROVE THE DISCRETIONARY CONTRIBUTION FOR
NON-UNION EMPLOYEES 403(b) PLAN FOR THE PLAN YEAR 2023 IN AN AMOUNT
EQUAL TO 2% OF ELIGIBLE COMPENSATION.**

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA
HOSPITAL THIS 24th DAY OF JANUARY 2024.**

ATTEST:

, Board President

, Secretary

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2024-02**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS APPROVING
THE CAPITAL BUDGET FOR FY 2025**

WHEREAS Administration uses a systematic, fiscally responsible process for developing the South Kenai Peninsula Hospital Service Area FY 2025 Capital Budget, which includes participation of department directors, managers, medical staff, board of directors and administration; and identification of strategic growth needs versus replacement of aging and obsolete equipment; and

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

WHEREAS the South Peninsula Hospital Capital Committee has identified \$2,466,978 in capital assets necessary to meet patient care needs and strategic initiatives; and

WHEREAS it is the intent of South Peninsula Hospital to submit to the Service Area Board a Capital Spending Request of \$2,466,978 to the Borough to be funded with unobligated Service Area and Plant Replacement funds; and

WHEREAS South Peninsula Hospital requests funding of *\$2,100,644 from Service Area funds* to purchase capital assets for FY25; and

WHEREAS South Peninsula Hospital requests funding of *\$366,334 from Plant Replacement funds* to purchase capital assets for FY25; and

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

WHEREAS, the Capital Budget has been reviewed by the Finance Committee on January 18, 2024; and

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

1. That the South Peninsula Hospital, Inc. Board of Directors recommends the proposed South Kenai Peninsula Hospital Service Area FY 2025 Capital Equipment Budget be forwarded to the Service Area Board for review and approval.
2. That the South Peninsula Hospital, Inc. Board of Directors recommends the proposed South Kenai Peninsula Hospital Service Area FY 2025 Capital Equipment Budget be forwarded to the Kenai Peninsula Borough for review and approval.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL
THIS 24th DAY OF JANUARY, 2024.**

ATTEST:

, President

_____, Secretary

Kenai Peninsula Borough Capital Project Funds Detailed Project Descriptions

South Peninsula Hospital Service Area – Service Area Funds

PACS Archive Storage Replacement (Project Cost \$225,624)

Replacement of PACS Archive and Cache Storage. The current storage libraries have exceeded end of life and storage capacity is maxed out. As we continue to perform more imaging and as technology advances, more storage is required. Project #

Surgery Plastics Microscope (Project Cost \$180,545)

Surgical Microscope for use in plastic surgery. As we add our aesthetics and reconstructive service line, this is needed to perform microvascular surgery. Project #

Security System Replacement (Project Cost \$173,400)

Upgrade back bone system for security system. The current security system has no additional capacity to add additional cameras. The continued growth of the facility requires a system that can handle additional cameras and operate more reliably. Project #

Heated Sidewalks Installation & Repair for 203 West Pioneer Property (Project Cost \$153,000)

The sidewalks are currently falling apart and deteriorating. In the winter the sidewalks are very icy. The repair and heated sidewalk are needed to keep the children and staff safe at this location. Project #

Liquid Oxygen System (Project Cost \$153,000)

The current oxygen system uses old technology and acquiring supplies is very challenging and is only available outside the United States from one supplier. The current system is also stressed and is challenged at times to meet the oxygen demand for patient care. Oxygen demand requires supplementation from bottled oxygen delivered to the hospital. A Liquid Oxygen system would help us catch up to industry standard and better meet the needs of the organization. Project #

Wander Management System (Project Cost \$111,967)

The current system is at end of life and has system flaws. A replacement system is needed to prevent elopements and keep residents safe. Project #

Acute Care Behavioral Health Room (Project Cost \$107,100)

Upgrade to existing patient room being used for patients with psychiatric emergencies to ensure it is safe and therapeutic using evidence based guidance. Project #

Heated Sidewalks for Homer Medical Center (Project Cost \$102,000)

There is a need to replace the sidewalks at HMC with heated sidewalks to reduce patient and staff injury. Project #

Patient Beds (Project Cost \$76,184)

Replace 6 end of life patient beds in Acute Care. This is part of a planned series of bed replacements. Project #

Mini C-Arm Replacement (Project Cost \$72,215)

Replacement end of useful life mini c-arm. This is currently used in the OR to perform surgery on smaller body parts. Now that we have added a second orthopedic surgeon, the use of this equipment will increase making it even more vital it is replaced as we expand these services. Project #

CPSI Backup Server Replacement (Project Cost \$71,400)

Electronic Medical Record servers are at end of life. They store the information within the electronic medical record. Purchasing replacement servers costs less than purchasing space in the cloud for one year. Servers need to be replaced in summer of 2024 and will be 5 years old. Project #

Wireless Breast Surgery Localization (Project Cost \$68,680)

Wireless seed localization for breast lumpectomy surgery. This technology is required to perform breast surgery, a service we are adding at SPH to allow for more locally coordinated care. Project #

Sleeper Sofas (Project Cost \$58,661)

Many of the sleeper sofas in patient rooms have broken, leaving only a couple remaining. It is important to have furniture for family members to visit in patient rooms. This will allow us to replace 10 sleeper sofas. Project #

Hyland Storage System Upgrade (Project Cost \$55,080)

Hyland is the records retention system storing data and records for many areas of the organization. Hyland is running on servers with an older operating system. To upgrade the servers we must upgrade Hyland. Project #

Surgery Liposuction Machine (Project Cost \$53,632)

Liposuction machine and instruments are needed to perform this service as this new service line is added. Project #

Patient Beds (Project Cost \$51,295)

Replace 4 end of life patient beds in long term care. Project #

Sentinel Lymph Node Tracing (Project Cost \$50,500)

A magnetic liquid tracer and a handheld sensing probe are now recommended as an option to help surgeons establish whether cancer has spread to lymph nodes. This technology is required to perform breast surgery, a service we are adding at SPH to allow for more locally coordinated care. Project #

Digital Cell Morphology Analyzer (Project Cost \$47,470)

Automated blood cell differential process that helps small labs to perform blood cell differentials faster and with consistent accuracy and reliability. This also allows for quicker Pathologist reviews when they are needed to prevent delays in patient care. Project #

Ultrasound Machine (Project Cost \$42,865)

Replace end of life ultrasound machine in inpatient OB department. Project #

Ultrasound Equipment (Project Cost \$41,796)

The West Wing Nurse Midwife clinic currently does not have a standalone ultrasound machine. This will assist the midwives in performing additional care onsite without having to refer patients to the hospital for routine screening. Project #

Flooring Installation in Hospital First Floor Hallway (Project Cost \$40,800)

The flooring in the hallway from beyond the cafeteria to the employee entrance down by the Facilities department is raw concrete and has never been finished. This would allow the flooring to be finished and refresh the hallway especially as we look at adding patient care into the shelled space. Looking at installing new age vinyl composite tile in the Hallway and walk off carpeting for the old entry. Project #

Sleep Lab Equipment (Project Cost \$37,370)

The in-lab sleep equipment and technology is 15 years old and nearing end of life. This replaces 2 machines. Project #

Ceiling Lifts (Project Cost \$36,889)

All of our resident rooms have ceiling lifts. We are replacing 5-6 of them every year, because the current ceiling lifts are no longer serviceable by the vendor and have been consistently having mechanical problems over the last 18 months. This will allow us to replace 6 lifts in Long Term Care. Project #

Surgery Shoulder Repair Instruments (Project Cost \$33,974)

Now that we have added a second Orthopedic Surgeon and expanded the number of services being provided, we need to add additional instruments to provide this service. Project #

Storage Area Network (Project Cost \$32,640)

For Disaster recovery, we duplicate the Storage Area Network, SAN, storage up to east wire center in Anchorage. That SAN is too old for replication to work and the SAN needs to be replaced. Project #

Tilt in Space Wheelchairs (Project Cost \$11,553)

These are designed for patients with no trunk strength, which happens in patients as dementia advances. They help patients achieve the fullest degree of mobility and freedom with the Synthesis Positioning. These 2 chairs will help replace end of life aging wheelchairs. Project #

Replacement Flooring (Project Cost \$11,006)
Replace flooring in OB RN station and Triage room. Project #

South Peninsula Hospital – Plant Replacement & Expansion Fund

Surgery Cordless Power Instrument Set (Project Cost \$19,695)
A Surgery Cordless Small Power Instrument Set is needed to allow more surgeries to be completed in a day. Cleaning between procedures delays operating room turnaround and limits the number of procedures that can be done in a day. As we expand surgery services, more efficiencies need to be gained. Project #

Meal Delivery Cart (Project Cost \$10,100)
Replace 2 meal tray delivery carts that will hold up to 30 trays each. One for Acute Care and one for LTC. In hopes to raise patient satisfaction scores, by keeping food temps better during transfer from kitchen to patient rooms. Project #

Blanket Warmer (Project Cost \$30,664)
Replace 3 blanket warmers, one each in Imaging, Emergency Room, and Surgery that are at end of life Project #

Expediting Vehicle Replacement (Project Cost \$30,603)
Existing Expediting vehicle has aged well past its useful life and will continue to require expensive repairs and maintenance if not replaced. The replaced expediting vehicle will be used to replace an even older fleet vehicle that does not operate reliably. Project #

Surgery Patient Stretchers (Project Cost \$26,797)
4 surgery Patient Stretchers are being replaced. The current stretchers are at end of life and are being replaced. Project #

Surgery Hysteroscopy Fluid Measurement (Project Cost \$25,219) Hysteroscopy fluid management/suction device must be replaced as it is at end of life and no longer supported by the vendor. In order to continue these procedures, a replacement is needed. Project #

Patient Gurneys (Project Cost \$22,201)
2 big wheel gurneys are needed as replacements and are a newer version of what we currently have. They have a capacity for more weight and have the ability to weigh patients. The current gurneys are at end of life. We are in the process of standardizing and replacing all end of life gurneys in the ER. Project #

Urology Scope (Project Cost \$18,109)
This is a replacement scope for urology office procedures is needed as the current scope is at end of life. Currently, the scope is used for 2-4 cystoscopes each week and each scope generates approximately \$1500 in revenue. Project #

Surgery Small Joint Arthroscopy Instruments (Project Cost \$17,666)
A Surgery Stryker Small Joint Arthroscopy instrument set is needed now that we are going to be providing these services. Project #

Walk in Cooler Repair (Project Cost \$17,340)
Replacing the end of life condensers and the evaporator in the dietary walk in cooler. Project #

Electronic Fetal Monitoring Machine (Project Cost \$17,145)
Electronic fetal monitoring machine for internal/external monitoring, contractions, and maternal vital signs to replace our 1 out of 4 fetal monitors that are end of life. Project #

Surgery Arthroscopy Large Joint Instruments (Project Cost \$16,453)
A Large Joint (knee and shoulder) instrument set is needed to replace current broken instrumentation. Project #

Code System Monitoring Upgrades (Project Cost \$14,058)
A group package for an update from last year. This will build upon what was budgeted and use part of last year's funds to allow us to get a complete package to monitor and improve patient code responses. Project #

Surgery Fluid Warmer (Project Cost \$11,407)

A fluid warmer to keep patient irrigation warm is necessary for many surgical procedures. The current system being used is not ideal, and a warmer would ensure consistent temperatures of fluids as they are used in surgical procedures. Project #

Secure Cabinet Storage (Project Cost \$10,916)

A wound vac secure storage and tracking system is needed. Wound vacs cost just over \$20,000 and need to be available when needed on our units, but need to be securely stored, and issuance must be tracked to prevent any additional future losses of devices sent home to patients without tracking. Project #

Sara Plus (Project Cost \$9,176)

Sara plus is an ergonomic standing and raising aid that mobilizes residents during every day activities such as transfers and toileting. Our current Sara Plus machines (2) were purchased in 2009 and 2010. They have a 10 year life span, so we are well over the 10 years. The replacement of one of these will help our residents maintain mobility related to transfers and toileting, without compromising the safety of staff. Project #

Recumbent Cross Trainer (Project Cost \$8,716)

This Upper and lower body cross trainer is a gentle and supportive exercise used in physical therapy for patients requiring strength training, motor control improvement, recovery from injuries, and post-surgical therapies. Project #

Urinalysis Analyzer (Project Cost \$8,585)

The current Clinitek Advantus is over 7 years old. It is the main analyzer used for analyzing urine to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. Project #

Transcutaneous Bilimeter (Project Cost \$8,446)

Transcutaneous bilimeter to detect jaundice in discharging newborns without a blood draw by OB nurses. The Academy of Pediatrics recommends a transcutaneous bilirubin level on all discharging newborns. Project #

Medical Leg Press (Project Cost \$8,271)

This leg press allows for lower extremity rehabilitation via isometric, loaded isometric, isotonic, plyometric, elastic resistance and will accommodate a wide variety of patient rehab needs. Project #

Handheld Ultrasound Machine with I-Pad (Project Cost \$6,925)

A handheld Ultrasound Machine GE Vscar Air CL Curved Linear with I-Pad is requested for the clinic to allow for additional provider review to assist with diagnosis and next steps in care treatment. Project #

Portable Ultrasound Bundle (Project Cost \$6,029)

Portable ultrasound with ipad is requested for the clinic to allow for additional provider review to assist with diagnosis and next steps in care treatment. Project #

Total Body Ergometer (Project Cost \$5,792)

Upper and lower body ergometer with adjustable radius pedals for upper extremity/lower extremity. Project #

Upper Body Ergometer (Project Cost \$5,744)

The Upper body ergometer is used in physical therapy for patients recovering from injuries such as wrist, elbow or shoulder fractures, and post surgery. Project #

Hearing Screener (Project Cost \$5,221)

Hearing Screening Equipment will allow for recommended newborn hearing screening at the clinic setting rather than referring patients to the hospital setting. Project #

Hobart Mixer(Project Cost \$5,055)

This mixer would replace our current mixer that is being limped along by maintenance. We will use it for all our pastries and frostings, and definitely will be utilized daily to create sugar happiness! Project #

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
4th Quarter Calendar 2023 (Oct, Nov, Dec)

Overall Indicators	3Q 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 Patient Survey Star Rating	5	5		
Medicare Care Compare Overall Nursing Home Star Rating	5	5		
Medicare Merit Based Incentive Payment System Total Score	61.52	70		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	4Q 2023	Target	n	Note
Severe Sepsis & Septic Shock Care	100%	>75%	38	* (Care Compare : 41 cases - 78%, 1/1/22-12/31/22)
Sepsis (% of patients who received appropriate care for sepsis and/or septic shock.)				# of cases passing/total # of cases-exceptions (38 cases reviewed: 15 pass, 0 fail, 23 exclusions)
Stroke Care	70%	> 95%	10	* (Care Compare N/A, 1/1/22-12/31/22)
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. (10 cases: 7- pass, 3- failed, 0- exclusions)
Median Emergency Room Time	167	<180 min	1144	* Target (minutes) (Care Compare:557 cases: 151 min, 1/1/22-12/31/22)
Average time spent in department before leaving.				Average throughput time of all ED visits
Readmission	14%	< 15%	141	* (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- 20 readmits/141 total admits
Elective Deliveries	0%	0%		* (Care Compare 0%, 18 patients 1/1/22-12/31/22)
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)	21.52	30 pts		Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (MIPS) for providers				Target to be adjusted Quarterly as appropriate
Patient Fall Rate AC	2.95	< 5	1018	# 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 3 falls - 1 falls without injury and 2 with minor injury

Quality of Care / Patient Safety <i>(continued)</i>	4Q 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)	4Q 2023	Target	n	Note
Improvement in Breathing	100%	75%	21	
Percentage of home health quality episodes patient became less short of breath.				100% of the patients stayed the same or improved. 17 Patients improved, 4 patients stayed the same.
Correct Medication Administration	100%	75%	29	
Percentage of home health quality episodes patients improved taking oral medication correctly.				100% of the patients stayed the same or improved. 20 Patients improved, 9 stayed the same.
Nursing Home	4Q 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/alterd consciousness, or subdural hematoma.				Last fall with major injury: September 2021
Urinary Tract Infections (UTI)	1	< 3	N/A	
Number of residents diagnosed with a UTI.				

Patient & Resident Experience

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	4Q 2023	Target	n	Note: Measures as a % ranking across PG clients.
HCAHPS Percentile	40th	75th	28	
Measures the 1-10 ranking received by inpatient client <i>(or family)</i> respondents.				Q2 -2023: 97th, n = 35, Q3 -2023: 88th, n = 36
HHAHPS Percentile	59th	75th	39	*Running 12 months due to low quarterly returns
Measures the 1-10 ranking received by Home Health Care client <i>(or family)</i> respondents.				Q2 -2023: 94th, n = 29, Q3 -2023: 62nd, n = 31

Patient Satisfaction Through Press Ganey (PG)	4Q 2023	Target	n	Note: % ranking across PG clients.
Inpatient Percentile	77th	75th	28	
Measures the satisfaction of inpatient pts. respondents.				Q2 -2023: 82nd, n = 36, Q3 -2023: 79th, n = 38
Outpatient Percentile	23rd	75th	271	
Measures the satisfaction of outpatient pts. respondents.				Q2 -2023: 15th, n = 290, Q3 -2023: 8th, n = 272
Emergency Department Percentile	95th	75th	64	
Measures the satisfaction of emergency pts. respondents.				Q2 -2023: 97th, n = 97, Q3 -2023: 95th, n = 119
Medical Practice Percentile	52nd	75th	366	
Measures the satisfaction of pts. respondents at SPH Clinics.				Q2 -2023: 60th, n = 425, Q3 -2023: 59th, n = 357
Ambulatory Surgery (AS) Percentile	65th	75th	88	
Measures the satisfaction of AS pts. respondents.				Q2 -2023: 38th, n = 83, Q3 -2023: 77th, n = 57
Home Health Care Percentile (HHC)	82nd	75th	40	*Running 12 months due to low quarterly returns
Measures the overall satisfaction of HHC clients (<i>or family</i>) respondents.				Q2 -2023: 99th, n = 29, Q3 -2023: 97th, n = 32
Information System Solutions	4Q 2023	Target	n	Note
Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.	84	> 60		CMS score 60 and above = pass
e-Prescribing: Electronic Prescribing (<i>Rx</i>)	9	10	481	412 of 481
Query PDMP	10	10		PDMP Query via EHR interface
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information	15	15	2	2 of 2
HIE: Suppt. Electronic Referral Loops by sending health info. (<i>Sum.of Care sent</i>)	2	15	174	28 of 174
Provider to patient exchange: Provide patients electronic access to their health information (<i>timely access via the patient portal</i>)	23	25	207	190 of 207
Public Health & Clinical Data Exchange	25	25	4	4 of 4
Eligible Provider (EP) - Promoting Interoperability (Group)	25 pts	25 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.				Stage 6 and 7 require site visit validation.

Information System Solutions (Continued)	4Q 2023	Target	n	Note
IT Security Awareness Training Complete Rate	83%	97%	1859	
% of employees who have completed assigned security training				1859 videos training sent, 1542 completed.
Phishing Test Pass Rate	95.2%	97%	3653	
% of Phishing test emails that were not failed.				3653 test phishing emails sent out to staff. 175 of the email links were clicked, causing 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			
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	4Q 2023	Target	n	Note
Turnover: All Employees	2.4%	< 5%	619	
Percentage of all employees separated from the hospital for any reason				15 Terminations / 619 Total Employees
Turnover: Voluntary All Employees	2.10%	< 4.75%	619	
Measures the percentage of voluntary staff separations from the hospital				13 Voluntary Terminations / 619 Total Employees
First Year Total Turnover	2.9%	< 7%	104	
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				3 New Staff Terminated in Q4 104 Total New Hires from - 1/1/2023-12/31/2023
Travel Nursing Utilization	16	< 20		
Measure total travel staff utilized in a previous quarter (Internal & External)				External: 13 / Internal: 3, Total: 16

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	4Q 2023	Target	n	Note
Operating Margin	-3.45%	-10.0%		
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	864.88	1031.91		
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by (<i>inpatient + outpatient revenues</i>).				Total Discharges: 129 (<i>Acute, OB, Swing, ICU</i>) (<i>LTC Revenue & discharges not included, Target is same Q Prior Year Target Discharge: 170</i>)
Net Revenue Growth	14.7%	4.8%		
Measures the percentage increase (<i>decrease</i>) in net patient revenue for the quarter compared to the same period in the prior year.				Target is based on budgeted net patient service revenue for the period compared to net patient service revenue for the same period in prior year.
Full Time Equivalents (FTEs) per Adjusted Occupied Bed	9.46	7.65		
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	49.0	55		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand	90	90		113.5 Total Days Cash on Hand, Operating +Unobligated PREF
Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.				Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.
Uncompensated Care as a Percentage of Gross Revenue	2.4%	2.5-3.5%		
Measures bad debt & charity write offs as a percentage of gross patient service revenue				Target is based on industry standards & SPH Payer Mix Budgeted total is 2.9% Expected range of 2.5-3.5%
Average Age of Plant	14.18	8 yrs.		
Average age of assets used to provide services				Target is based on hospital optimal age of plant.
Intense Market Focus to Expand Market Share	4Q 2023	Target	n	Note
Outpatient Revenue Growth	-2.2%	6%		
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	0.2%	1.7%		
Measures the increase (<i>decrease</i>) in surgical cases for the quarter compared to the same period in the prior year.				Target is based on budgeted surgeries above actual from same quarter prior year.

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
Quarter Calendar 2024 (Jan, Feb, Mar)

Overall Indicators	1Q 2024	Target	n	Note
Medicare Care Compare Overall Hospital Star Rating		5		
Medicare Care Compare Overall Patient Survey Star Rating		5		
Medicare Care Compare Overall Nursing Home Star Rating		5		
Medicare Merit Based Incentive Payment System Total Score		50		
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	Q 2024	Target	n	Note
Severe Sepsis & Septic Shock Care		> 75%		* (Care Compare: # cases - %, Date Range)
Percentage of patients who received appropriate care for sepsis and/or septic shock.				# of cases passing/total # of cases-exceptions (cases reviewed: pass, fail, exclusions) (Measured by chart abstractions.)
Stroke Care		> 95%		* (Care Compare , Date Range)
Percentage of patients who receive CT/MRI within 45 minutes of arrival to ED w/stroke symptoms.				Numerator = CT/MRI within 45 min & documented last known well. Denominator = Patients with Stroke presenting within 2 hours of symptoms. (- pass, - failed, - exclusions) (Measured by chart abstractions.)
Median Emergency Room Time		< 180min		* Target (minutes) (Care Compare: # min, Date Range)
Average minutes spent in department before leaving the Emergency Department.				Average throughput time of all ED visits. (Measured by chart abstractions.)
Readmission		<15%		* (Care Compare %, # patients Date Range)
Percentage of unplanned readmission to an acute care hospital in 30 days after discharged from a hospitalization.				% of patients with unplanned readmission to (IP/Obs) within 30 days of discharge - exclusions/Eligible admissions-readmits/ # total admits. (Measured by chart abstractions.)
OB – C-Section rate		< 30%		
Percentage of patients in the NTSV (nulliparous, term, singleton, vertex) category delivering by cesarean section.				(Measured by chart abstractions.)
Provider Quality Score (Group)		20 pts		Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (MIPS) for providers				Target to be adjusted Quarterly as appropriate
Patient Fall Rate AC		< 5		# of patient falls / # patient days x 1000
Measures the number of patient falls per 1,000 patient days.				n = IP, observations and swing bed patient days. Note: AC had falls - falls without injury and near falls. (Tracking through occurrence reporting system.)

Quality of Care / Patient Safety <i>(continued)</i>	1Q 2024	Target	n	Note
Medication Errors		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. <i>(Tracking through occurrence reporting system.)</i>
Never Events		0	N/A	
Unexpected occurrence involving death/serious physiological or psychological injury, or the risk thereof.				<i>(Tracking through occurrence reporting system.)</i>
Home Health (HH)	1Q 2024	Target	n	Note
Independent Bathing		> 75%		
Percentage of home health patients demonstrating improvement with ability to bathe more independently.				% of the patients stayed the same or improved. # Patients improved, # stayed the same. <i>(Tracked through OASIS Reporting.)</i>
Nursing Home (LTC)	1Q 2024	Target	n	Note
Depressive Symptoms		≤ 2	N/A	
Number of residents who develop symptoms of depression after admission.				<i>(Tracked through MDS Reporting.)</i>
<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	1Q 2024	Target	n	Note: Measures as a % ranking across PG clients.
HCAHPS Percentile		75th		
Measures the 1-10 ranking received by inpatient client <i>(or family)</i> respondents.				Q2 -2023: 97th, n = 35, Q3 -2023: 88th, n = 36
HHCAHPS Percentile		75th		*Running 12 months due to low quarterly returns
Measures the 1-10 ranking received by Home Health Care client <i>(or family)</i> respondents.				Q2 -2023: 94th, n = 29, Q3 -2023: 62nd, n = 31

Patient Satisfaction Through Press Ganey (PG)	1Q 2024	Target	n	Note: % ranking across PG clients.
Inpatient Percentile		75th		
Measures the satisfaction of inpatient pts. respondents.				Q3 -2023: , n = , Q4 -2023: , n =
Outpatient Percentile		75th		
Measures the satisfaction of outpatient pts. respondents.				Q3 -2023: , n = , Q4 -2023: , n =
Emergency Department Percentile		75th		
Measures the satisfaction of emergency pts. respondents.				Q3 -2023: , n = , Q4 -2023: , n =
Medical Practice Percentile		75th		
Measures the satisfaction of pts. respondents at SPH Clinics.				Q3 -2023: , n = , Q4 -2023: , n =
Ambulatory Surgery (AS) Percentile		75th		
Measures the satisfaction of AS pts. respondents.				Q3 -2023: , n = , Q4 -2023: , n =
Home Health Care Percentile (HHC)		75th		*Running 12 months due to low quarterly returns
Measures the overall satisfaction of HHC clients (<i>or family</i>) respondents.				Q3 -2023: , n = , Q4 -2023: , n =
Information System Solutions	1Q 2024	Target	n	Note
Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.		> 60		CMS score 60 and above = pass
e-Prescribing: Electronic Prescribing (<i>Rx</i>)		10		of
Query PDMP		10		PDMP Query via EHR interface
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information		15		of
HIE: Suppt. Electronic Referral Loops by sending health info. (<i>Sum.of Care sent</i>)		15		of
Provider to patient exchange: Provide patients electronic access to their health information (<i>timely access via the patient portal</i>)		25		of
Public Health & Clinical Data Exchange		25		of
Eligible Provider (EP) - Promoting Interoperability (Group)		25 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		
Health Information Management & Systems Society (<i>HIMSS</i>) Electronic Medical Record Adoption Model (<i>EMRAM</i>) stage.				The current US average is out of a possible stages. Stage and require site visit validation.

Information System Solutions (Continued)	1Q 2024	Target	n	Note
IT Security Awareness Training Complete Rate		97%		
% of employees who have completed assigned security training				Videos training sent, completed.
Phishing Test Pass Rate		97%		
% of Phishing test emails that were not failed.				Test phishing emails sent out to staff. # of the email links were clicked, causing # potential security risks.
<u>Medical Staff Alignment</u>				
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
<u>Employee Engagement</u>				
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			
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	4Q 2023	Target	n	Note
Turnover: All Employees		< 5%		
Percentage of all employees separated from the hospital for any reason				# Terminations / # Total Employees
Turnover: Voluntary All Employees		< 4.75%		
Measures the percentage of voluntary staff separations from the hospital				# Voluntary Terminations / # Total Employees
First Year Total Turnover		< 7%		
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				New Staff Terminated in Q Total New Hires from -
Travel Nursing Utilization		< 15		
Measure total travel staff utilized in a previous quarter (Internal & External)				0-2024 - External: # / Internal: #, Total: #

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	1Q 2024	Target	n	Note
Operating Margin		7.9%		
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		1001.98		
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by <i>(inpatient + outpatient revenues)</i> .				Total Discharges: # <i>(Acute, OB, Swing, ICU)</i> <i>(LTC Revenue & discharges not included)</i>
Net Revenue Growth		16.5%		
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		7.80		
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		55		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand		90		113.5 Total Days Cash on Hand, Operating +Unobligated PREF
Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.				Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.
Uncompensated Care as a Percentage of Gross Revenue		2.5-3.5%		
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		8 yrs.		
Average age of assets used to provide services				Target is based on hospital optimal age of plant.
Intense Market Focus to Expand Market Share	1Q 2023	Target	n	Note
Outpatient Revenue Growth		8%		
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		12.9%		
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.



MEMO

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

To: SPH Board of Directors
From: Ryan Smith, CEO
Date: January 19, 2024
Re: Acting CEO

In accordance with revised policy EMP-09, I recommend that for 2024, in the event of an unplanned and sudden absence of the CEO, that the Board name Angela Hinnegan, COO as the Acting Chief Executive Officer for the interim.



MEMO

Administration
4300 Bartlett Street
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To: SPH Board of Directors
From: Aaron Weisser, Governance Chair
Date: January 19, 2024
Re: Annual Policy and Bylaw Review

At the January Governance Committee meeting, we assigned a cursory review of all South Peninsula Board Policies and the Board Bylaws to members of the committee, to be finished prior to the annual meeting.

Any glaring issues requiring immediate attention that are uncovered during the review will be placed on the February Governance Committee agenda.

To: SPH Board of Directors

From: Melissa Jacobsen, Education Committee Chair

Date: January 10, 2024

Subject: 2024 Retreat Planning

The Education Committee met on January 10th and discussed board retreat dates, topics, presenters, and retreat location.

Proposed dates for a Friday –Saturday retreat-

- ~~March 22-23 (Winter King Tournament weekend)~~
- March 29-30
- April 5-6
- April 12-13

Maura will facilitate confirming availability with Jamie Orlikoff for a day of governance training. She will work with Ryan and his team for developing a day of working through the Boards role and a timeline in preparing for the SPH bond proposition.

Regarding location, Maura will check in with Aaron to see if his office area is available again, and if not will look into other locations.



MEMO

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

Re: Service Area Board Representatives 2024

The SPH Board sends a representative to attend each Service Area Board meeting.

Please consult your calendars and have your availability ready so we can complete the calendar at the January Board meeting.

Date of Meeting 6:30pm	BOD Member
January 11, 2024	Walter Partridge
February 8, 2024	
March 14, 2024	
April 11, 2024	
May 9, 2024	
August 8, 2024	
September 12, 2024	
October 10, 2024	
November 14, 2024	
December 12, 2024	