



# AGENDA

## Board of Directors Meeting

5:30 PM - Wednesday, March 27, 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

|                                     |  |                  |  |                   |  |
|-------------------------------------|--|------------------|--|-------------------|--|
| Aaron Weisser,<br>President         |  | Jared Baker      |  | Preston Simmons   |  |
| Melissa Jacobsen,<br>Vice President |  | Matthew Bullard  |  | Bernadette Wilson |  |
| Beth Wythe,<br>Secretary            |  | Matthew Hambrick |  |                   |  |
| Walter Partridge,<br>Treasurer      |  | Edson Knapp, MD  |  |                   |  |

[Board Master Reports List](#)

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

*Vision: South Peninsula Hospital is the provider of choice with a dynamic team committed to service excellence.*

*Values: Compassion, Respect, Trust, Teamwork and Commitment*

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 - 14      7.1.      Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for February 28, 2024  
[Board of Directors - Feb 28 2024 - Minutes - DRAFT](#)
- 15 - 18      7.2.      Consideration to Approve February FY2024 Financials  
[Balance Sheet February FY24](#)  
[Income Statement February FY24](#)  
[Cash Flow Statement February FY24](#)
- 19            7.3.      Consideration to Approve Retirement Proclamation for Cheryl Riley, with 31 Years of Service to South Peninsula Hospital  
[Proclamation for Cheryl Riley](#)
- 20            7.4.      Consideration to Approve Retirement Proclamation for Pamela Carpenter, with 23 Years of Service to South Peninsula Hospital  
[Proclamation for Pamela Carpenter](#)
- 7.5.      Consideration to Approve Retirement Proclamation for Jay Inama, with 24 Years of Service to South Peninsula Hospital
- 21 - 28      7.6.      Consideration to Approve South Peninsula Hospital Strategic Plan for FY2024-FY2025  
[Strategic Plan 03 2024](#)
- 29 - 33      7.7.      Consideration to Approve Policies F-07 Pension Plan Investment and F-08 Board Member and CEO Travel as Reviewed by the Finance and Governance Committees  
[Memo](#)  
[F-03 SPH Investment of Facility Funds](#)  
[F-05 SPH Operational Reserves](#)  
[F-07 Pension Plan Investment](#)  
[F-08 Board Member and CEO Travel](#)

## **8. PRESENTATIONS**

- 8.1.      Reading of the Retirement Proclamation for Cheryl Riley
- 8.2.      Reading of the Retirement Proclamation for Pamela Carpenter
- 8.3.      Reading of the Retirement Proclamation for Jay Inama

## **9. UNFINISHED BUSINESS**

## **10. NEW BUSINESS**

- 34 - 35 10.1. Consideration to Approve SPH Resolution 2024-08, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$499,750 of Operating Cash for the Remodel and Relocation of Outpatient Physical Therapy  
[SPH Resolution 2024-08](#)
- 36 10.2. Consideration to Approve SPH Resolution 2024-09, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$499,500 of Operating Cash for the Remodel of 203 W Pioneer to Open a Daycare  
[SPH Resolution 2024-09](#)
- 37 - 38 10.3. Consideration to Approve Transcranial Magnetic Stimulation (TMS) Therapy Privileges as Recommended by the Medical Staff  
(agenda item added 3/25/24)  
[TMS Clinical Privileges](#)
- 39 - 40 10.4. Consideration to Approve Video-assisted Thoracoscopic Surgery (VATS) Privileges as Recommended by the Medical Staff  
(agenda item added 3/25/24)  
[VATS Special Privileges](#)

## **11. REPORTS**

- 41 - 45 11.1. Chief Executive Officer  
[Balanced Scorecard 4Q 2023](#)
- 11.2. BOD Committee: Finance
- 46 - 47 11.3. BOD Committee: Governance  
[Board Governance Committee - Mar 21 2024 - Minutes - DRAFT](#)
- 11.4. BOD Committee: Education
- 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**

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

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

17.1. Credentialing

**18. ADJOURNMENT**

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

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

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

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

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



## MINUTES

# Board of Directors Meeting

5:30 PM - Wednesday, February 28, 2024

Conference Rooms 1&2 and Zoom

The Board of Directors of the South Peninsula Hospital was called to order on Wednesday, February 28, 2024, at 5:30 PM, in the Conference Rooms 1&2 and Zoom.

### 1. CALL TO ORDER

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

### 2. ROLL CALL

**BOARD PRESENT:** Matthew Hambrick, Melissa Jacobsen, Edson Knapp, Walter Partridge, Aaron Weisser, Bernadette Wilson, Beth Wythe, Matthew Bullard and Jared Baker

**BOARD EXCUSED:** Preston Simmons

**ALSO PRESENT:** Ryan Smith (CEO), Angela Hinnegan (COO), Anna Hermanson (CFO), Rachael Kincaid (CNO), Dr. Christy Tuomi (CMO), Maura Jones (Executive Assistant), Dr. Landess (Chief of Staff) and Willy Dunne (Service Area Board).

*\*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. Ms. Jacobsen agreed to chair the meeting, since Mr. Weisser was attending via Zoom.**

### 3. REFLECT ON LIVING OUR VALUES

Rachael Kincaid, CNO, shared how Homer Medical Center has been doing a lot of work to reduce wait times and has been successful. She also read comments from patients who had a stellar experience at the Specialty Clinic.

### 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 public.

### 6. APPROVAL OF THE AGENDA

Ms. Wythe asked that the name of the policy in 7.5 be changed to reflect the new name of the policy, "CEO Emergency Succession Plan."

#### 6.1.

*Beth Wythe made a motion to approve the agenda with the amendment to 7.5. Edson Knapp seconded the motion. Motion Carried.*

**7. APPROVAL OF THE CONSENT CALENDAR**

Ms. Wythe read the consent calendar into the record.

- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for January 24, 2024**
- 7.2. Consideration to Approve January FY2024 Financials**
- 7.3. Consideration to Approve the Annual Report to the Contract Administrator**
- 7.4. Consideration to Approve the South Peninsula Hospital Respiratory Protection Plan**
- 7.5. Consideration to Approve revised policy EMP-09, CEO Succession Plan, as recommended by the Governance Committee**
- 7.6. Consideration to Approve a Retirement Proclamation for Patti Russell after 34 Years of Service to South Peninsula Hospital**

*Beth Wythe made a motion to approve the consent calendar as read. Edson Knapp seconded the motion. Motion Carried.*

**8. PRESENTATIONS**

**8.1. Retirement Proclamation for Patti Russell**

Ms. Kincaid read a proclamation honoring Patricia Russel on her retirement after 34 years of Service to South Peninsula Hospital.

**9. UNFINISHED BUSINESS**

There was no unfinished business.

**10. NEW BUSINESS**

**10.1. Consideration to Approve New Medical Staff Privileges for Acupuncture as Recommended by the Medical Executive Committee**

Dr. Christina Tuomi, CMO, reported. Dr. Hans Amen, one of the new family medicine physicians is trained in battlefield acupuncture and would like to offer this modality to his patient population. The medical staff has conducted the appropriate research and developed acupuncture privileges to cover acupuncture performed at South Peninsula Hospital (SPH).

*Beth Wythe made a motion to approve New Medical Staff Privileges for Acupuncture as Recommended by the Medical Executive Committee. Edson Knapp seconded the motion. Motion Carried.*

**10.2. Consideration to Approve South Peninsula Hospital (SPH) Resolution 2024-03, A Resolution of the South Peninsula Hospital Board of Directors**

**Approving the Use of \$250,000 of Operating Cash to Fund the Relocation and Colocation of the General Surgery Clinic and Functional Medicine Clinic within the Main Hospital Building**

Anna Hermanson, CFO, reported. This resolution requests cash to fund the colocation of the general surgery clinic and the functional medicine clinic in the space in the main hospital building where the Health Information Management department used to be. As this is the older part of the building, the renovations are costing more than anticipated. This is part of the series of moves required to free up space for a Childcare Center. It will also allow us to do new procedures in the General Surgery office.

Mr. Partridge added that this was reviewed and approved in Finance Committee.

*Beth Wythe made a motion to approve South Peninsula Hospital (SPH) Resolution 2024-03, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$250,000 of Operating Cash to Fund the Relocation and Colocation of the General Surgery Clinic and Functional Medicine Clinic within the Main Hospital Building. Edson Knapp seconded the motion. A roll call vote was held:*

|                   |         |
|-------------------|---------|
| Jared Baker       | Yes     |
| Matthew Bullard   | Yes     |
| Matthew Hambrick  | Yes     |
| Edson Knapp       | Yes     |
| Walter Partridge  | Yes     |
| Preston Simmons   | Excused |
| Bernadette Wilson | Yes     |
| Beth Wythe        | Yes     |
| Aaron Weisser     | Yes     |
| Melissa Jacobsen  | Yes     |

*Motion Carried.*

**10.3. Consideration to Approve South Peninsula Hospital Resolution 2024-04, A Resolution of the South Peninsula Hospital Board of Directors Approving the Collective Bargaining Agreement Between South Peninsula Hospital, Inc. and the General Teamsters Local Union 959**

Ms. Wythe and Dr. Knapp both declared conflicts of interest for this agenda item. Ms. Wythe and Dr. Knapp each have daughters who are employees of South Peninsula Hospital covered by the Collective Bargaining Agreement. They recused themselves.

Ms. Hermanson gave a report. The hospital negotiation team reached an agreement with the union's negotiation team. She highlighted some of the agreed upon items, including 5%, 4% and 4% increases over the next three



years, staff continuing to receive annual step increases at 2080 hours, additions to shift premiums, an additional personal holiday, an increase in vision benefits and a \$700 ratification bonus. It is anticipated to cost approximately \$2.6 million annually.

*Jared Baker made a motion to approve South Peninsula Hospital Resolution 2024-04, A Resolution of the South Peninsula Hospital Board of Directors Approving the Collective Bargaining Agreement Between South Peninsula Hospital, Inc. and the General Teamsters Local Union 959. Walter Partridge seconded the motion. A roll call vote was held:*

|                          |                      |
|--------------------------|----------------------|
| <i>Jared Baker</i>       | Yes                  |
| <i>Matthew Bullard</i>   | Yes                  |
| <i>Matthew Hambrick</i>  | Yes                  |
| <i>Edson Knapp</i>       | Conflict of Interest |
| <i>Walter Partridge</i>  | Yes                  |
| <i>Preston Simmons</i>   | Excused              |
| <i>Bernadette Wilson</i> | Yes                  |
| <i>Beth Wythe</i>        | Conflict of Interest |
| <i>Aaron Weisser</i>     | Yes                  |
| <i>Melissa Jacobsen</i>  | Yes                  |

*Motion Carried.*

**10.4. Consideration to Approve South Peninsula Hospital Resolution 2024-05, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of Operating Cash to Lease Additional Clinic Space at 3726 Lake Street, Homer AK**

Angela Hinnegan, COO, reported. This resolution allows requests a lease for additional clinic space in order to move our outpatient physical therapy presence offsite, so that their current location can be used for a women's health center. The hospital is recruiting a new OB/Gyn and there is not a space for another physician at any of the current clinics. It will also allow the hospital to co-locate the OB clinic and the West Wing.

Mr. Baker asked about the limitations surrounding the 250-yard rule. Ms. Hermanson responded that provider-based clinics must be within 250 yards of the hospital to secure the best reimbursement from the Center for Medicare Services (CMS). After speaking to attorney, we may have the opportunity to have off-campus provider-based clinics, which would allow us to hold clinics further from the hospital while maintaining the cost-based reimbursement.

*Beth Wythe made a motion to approve South Peninsula Hospital Resolution 2024-05, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of Operating Cash to Lease Additional Clinic Space at 3726 Lake Street, Homer AK. Edson Knapp seconded the motion. A roll call vote was held:*

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

*Motion Carried.*

**10.5. Consideration to Approve South Peninsula Hospital Resolution 2024-06, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of Operating Cash to Fund the Lease of Olympus 3D Cameras and Power System**

Ms. Hermanson reported. This resolution requests the funding for a piece of equipment that will allow us to do new procedures within the OR. The cost of the lease will be more than covered by these additional surgeries we can offer. It will also reduce surgical time and improve recovery times for other surgeries.

*Beth Wythe made a motion to approve South Peninsula Hospital Resolution 2024-06, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of Operating Cash to Fund the Lease of Olympus 3D Cameras and Power System Edson Knapp seconded the motion. A roll call vote was held:*

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

*Motion Carried.*

**10.6. Consideration to Approve South Peninsula Hospital Resolution 2024-07, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$215,000 of Operating Cash to Fund the Relocation of the Education Department, Training Center and SART/SANE Offices**

Ms. Hinnegan reported This resolution allows for additional funding for the renovations to the Lake Street property we purchased and renovated in order to move our Education, Training and SART/SANE programs, as part of the transition to free up the 203 W Pioneer Ave building for a Childcare Center. There were electrical deficiencies in the new space that needed to be fixed, which caused us to go over budget. This resolution requests you allocate those funds for fixing the electrical deficiencies.

*Beth Wythe made a motion to approve South Peninsula Hospital Resolution 2024-07, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$215,000 of Operating Cash to Fund the Relocation of the Education Department, Training Center and SART/SANE Offices Treasurer Walter Partridge seconded the motion. A roll call vote was held:*

|                   |         |
|-------------------|---------|
| Jared Baker       | Yes     |
| Matthew Bullard   | Yes     |
| Matthew Hambrick  | Yes     |
| Edson Knapp       | Yes     |
| Walter Partridge  | Yes     |
| Preston Simmons   | Excused |
| Bernadette Wilson | Yes     |
| Beth Wythe        | Yes     |
| Aaron Weisser     | Yes     |
| Melissa Jacobsen  | Yes     |

*Motion Carried.*

## 11. REPORTS

### 11.1. Chief Executive Officer

Ryan Smith, CEO, gave a verbal report. Some of the highlights of the report include:

- Thank you to the board for voting to ratify the CBA, and thanked the negotiation teams for all their hard work.
- Thank you to everyone who attended the Rural Health Care Leadership conference earlier in the month, and to Ms. Kincaid, Dr. Tuomi, Dr. Christy Martinez, Sue Shover and everyone who worked on the sepsis initiative.
- Attended the Alaska Hospital and Healthcare Association legislative fly-in. We continue advocating for the Nurse Licensure compact.
- CPH has been working hard to bring a Medicaid demonstration project to the Kenai Peninsula.
- Lots of medical staff recruitment in psychiatry, OB, neurology, pediatrics, and others.

- Continue to work with the Mayor and borough staff to put together a bond package that will include the Certificate of Need project, the housing project and infrastructure.

#### **11.2. BOD Committee: Pension**

Walter Partridge, Pension Committee Chair, reported. A memo is included in the packet to satisfy the annual report requirement for the committee. There were also two Pension policies attached. They are Pension Committee policies, not Board policies, so they do not require board approval, but they are included for your information. PEN-02 was updated, and it covers our new plans and spells out the criteria for measuring how well the plans are doing and defining who does what. PEN-01 gives guidance to Newport and others on what to do with the defined benefit plan. No changes were recommended to this policy. At the Pension Committee meeting, Newport reviewed all the reports and measurements. There are a couple plans that are on the watch list, but are not doing too badly, so there are no recommendations for changes at this time.

#### **11.3. BOD Committee: Finance**

Walter Partridge, Finance Committee Chair, reported. The committee reviewed two finance policies and recommended no changes. The committee also reviewed several of the resolutions brought to the board tonight. We also reviewed the finances for January. Revenues were up, as were workload indicators. Operating margin was 4.5% vs. the targeted 3.5% and the total margin was 0.

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

Beth Wythe, Governance Chair, reported. The Governance Committee had some changes to leadership and membership so this committee meeting was largely getting organized. We did a thorough review of the consultant call as well. We assigned a subcommittee to do a bylaw review.

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

Education Committee did not meet in February, but is scheduled to meet in March.

#### **11.6. Chief of Staff**

Dr. Landess had nothing to report.

#### **11.7. Service Area Board Representative - Willy Dunne**

Willy Dunne reported on behalf of the Service Area Board (SAB). He welcomed the new board members. The SAB met on February 8th and passed a recommendation to the borough assembly to adopt the capital budget. He thanked Ms. Hermanson for supplying the itemized list with descriptions well in advance of the meeting. He also appreciated Brandi Harbaugh, KPB Finance Director, for attending the last two meetings to help with questions surrounding the adoption of the budget and sending it to the assembly. He added the mil rate for 601 fund will go down this year because of increased property values. One SAB member, Francie Roberts, attended the Rural Healthcare conference this year and found it very helpful and educational. Helen Armstrong was appointed to the SPH Foundation board as a liaison.

**12. DISCUSSION**

There were no additional items for discussion.

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

There were no comments from the audience.

**14. COMMENTS FROM THE BOARD**

**14.1. Chief Executive Officer**

Mr. Smith congratulated Patti Russell on her retirement.

**14.2. Board Members**

Ms. Wilson, Mr. Bullard, Mr. Hambrick and Dr. Knapp had no comments. Mr. Weisser thanked Ms. Jacobsen for chairing the meeting since he had to Zoom into the meeting from out of state. He requested any feedback regarding committee assignments or interest in participating in other committees. He thanked the team that traveled to the Rural Health Care Leadership Conference and the hospital for allowing him the opportunity to attend. Ms. Wythe congratulated Patti Russell on her years of service at SPH. Mr. Baker congratulated Ms. Russell as well and seconded Mr. Weisser's comments regarding the conference. Ms. Jacobsen thanked everyone for the meeting.

**15. INFORMATIONAL ITEMS**

**15.1. Medical Staff Dinner at Land's End, 3/6 at 6pm**

Ms. Jacobsen reminded the board of the Board of Directors & Medical Staff dinner at Land's End on March 6th.

**15.2. Administrative Forms to be Completed**

Ms. Jacobsen asked anyone who had not completed the annual forms to please return them to Ms. Jones.

**15.3. Annual Board Calendar**

The annual calendar of board agenda items will be included in every board packet for informational and planning purposes.

**15.4. Board of Directors Work Session: April 12/13 at Church on the Rock Office**

Ms. Jacobsen reminded the board of the upcoming work session with Jamie Orlikoff and staff members.

**16. ADJOURN TO EXECUTIVE SESSION**

The board adjourned to executive session at 6:25pm.

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

The board moved back into open session at 7:35pm.

**17.1. Credentialing**

*After review of the applicant’s files through the secure online portal, Beth Wythe moved to approve the following positions in the medical staff as requested and recommended by the Medical Executive Committee. Walter Partridge seconded the motion. Motion carried.*

Reappointments

Nathan Kincaid, MD; General Surgery; Active Staff  
Naveed Nausheen, MD; Teleradiology; Telemedicine Privileges only

Appointments

Jessica Jule, CRNA; Anesthesia; Active Staff

**18. ADJOURNMENT**

The meeting adjourned at 7:37pm.

Respectfully Submitted,

Accepted:

\_\_\_\_\_  
Maura Jones, Executive Assistant

\_\_\_\_\_  
Aaron Weisser, President

Minutes Approved:

\_\_\_\_\_  
Mary E. Wythe, Secretary



DRAFT-UNAUDITED

BALANCE SHEET  
As of February 29, 2024

|   | As of February 29,<br>2024 | As of February 28,<br>2023 | As of January 31,<br>2024 | CHANGE FROM<br>February 28, 2023 |
|---|----------------------------|----------------------------|---------------------------|----------------------------------|
| <b>ASSETS</b>                                       |                            |                            |                           |                                  |
| CURRENT ASSETS:                                     |                            |                            |                           |                                  |
| 1 CASH AND CASH EQUIVALENTS                         | 29,294,624                 | 23,984,882                 | 28,001,757                | 5,309,742                        |
| 2 EQUITY IN CENTRAL TREASURY                        | 8,274,793                  | 8,888,537                  | 9,516,785                 | (613,744)                        |
| 3 TOTAL CASH  | <u>37,569,417</u>          | <u>32,873,419</u>          | <u>37,518,542</u>         | 4,695,998                        |
| 4 PATIENT ACCOUNTS RECEIVABLE                       | 35,762,434                 | 29,711,475                 | 33,614,721                | 6,050,959                        |
| 5 LESS: ALLOWANCES & ADJ                            | (17,691,093)               | (14,833,471)               | (16,472,328)              | (2,857,622)                      |
| 6 NET PATIENT ACCT RECEIVABLE                       | <u>18,071,341</u>          | <u>14,878,004</u>          | <u>17,142,393</u>         | 3,193,337                        |
| 7 PROPERTY TAXES RECV - KPB                         | 182,453                    | 160,237                    | 235,079                   | 22,216                           |
| 8 LESS: ALLOW PROP TAX - KPB                        | (4,165)                    | (4,165)                    | (4,165)                   | 0                                |
| 9 NET PROPERTY TAX RECV - KPB                       | <u>178,288</u>             | <u>156,072</u>             | <u>230,914</u>            | 22,216                           |
| 10 OTHER RECEIVABLES - SPH                          | 233,750                    | 1,684,572                  | 298,962                   | (1,450,822)                      |
| 11 INVENTORIES                                      | 2,053,760                  | 1,946,543                  | 2,062,159                 | 107,217                          |
| 12 NET PENSION ASSET- GASB                          | 3,559,619                  | 4,969,522                  | 3,559,619                 | (1,409,903)                      |
| 13 PREPAID EXPENSES                                 | <u>1,071,257</u>           | <u>1,016,641</u>           | <u>1,154,298</u>          | 54,616                           |
| 14 TOTAL CURRENT ASSETS                             | <u>62,737,432</u>          | <u>57,524,773</u>          | <u>61,966,887</u>         | 5,212,659                        |
| ASSETS WHOSE USE IS LIMITED                         |                            |                            |                           |                                  |
| 15 PREF UNOBLIGATED                                 | 6,945,386                  | 7,415,304                  | 6,794,982                 | (469,918)                        |
| 16 PREF OBLIGATED                                   | 2,123,724                  | 1,531,135                  | 2,123,724                 | 592,589                          |
| 17 OTHER RESTRICTED FUNDS                           | 1,322,685                  | 72,861                     | 1,378,080                 | 1,249,824                        |
|   | <u>10,391,795</u>          | <u>9,019,299</u>           | <u>10,296,786</u>         | 1,372,496                        |
| PROPERTY AND EQUIPMENT:                             |                            |                            |                           |                                  |
| 18 LAND AND LAND IMPROVEMENTS                       | 4,124,558                  | 4,114,693                  | 4,124,558                 | 9,865                            |
| 19 BUILDINGS  | 65,544,986                 | 67,648,703                 | 64,663,171                | (2,103,717)                      |
| 20 EQUIPMENT  | 30,040,055                 | 30,878,006                 | 29,939,144                | (837,951)                        |
| 21 BUILDINGS INTANGIBLE ASSETS                      | 3,411,295                  | 2,456,899                  | 2,871,299                 | 954,396                          |
| 22 EQUIPMENT INTANGIBLE ASSETS                      | 851,479                    | 462,427                    | 851,479                   | 389,052                          |
| 23 SOFTWARE INTANGIBLE ASSETS                       | 2,135,559                  | 0                          | 2,135,559                 | 2,135,559                        |
| 24 IMPROVEMENTS OTHER THAN BUILDINGS                | 517,414                    | 273,935                    | 512,155                   | 243,479                          |
| 25 CONSTRUCTION IN PROGRESS                         | 2,012,787                  | 1,161,827                  | 2,629,274                 | 850,960                          |
| 26 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS  | (61,064,889)               | (64,233,770)               | (59,778,806)              | 3,168,881                        |
| 27 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS | (1,706,980)                | (713,634)                  | (2,534,959)               | (993,346)                        |
| 28 NET CAPITAL ASSETS                               | <u>45,866,264</u>          | <u>42,049,086</u>          | <u>45,412,874</u>         | 3,817,178                        |
| 29 GOODWILL   | 0                          | 9,000                      | 0                         | (9,000)                          |
| 30 TOTAL ASSETS                                     | <u>118,995,491</u>         | <u>108,602,158</u>         | <u>117,676,547</u>        | 10,393,333                       |
| 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>253,368</u>             | <u>309,668</u>             | <u>260,751</u>            | (56,300)                         |
| 33 TOTAL DEFERRED OUTFLOWS OF RESOURCES             | 6,042,832                  | 4,840,585                  | 6,050,215                 | 1,202,247                        |
| 34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES  | <u>125,038,323</u>         | <u>113,442,743</u>         | <u>123,726,762</u>        | 11,595,580                       |

|                                       | As of February 29,<br>2024                        | As of February 28,<br>2023 | As of January 31,<br>2024 | CHANGE FROM<br>February 28, 2023 |                          |
|---------------------------------------|---|----------------------------|---------------------------|----------------------------------|--------------------------|
| <b>LIABILITIES &amp; FUND BALANCE</b> |   |                            |                           |                                  |                          |
| CURRENT LIABILITIES:                  |   |                            |                           |                                  |                          |
| 35                                    | ACCOUNTS AND CONTRACTS PAYABLE                    | 2,274,341                  | 1,561,606                 | 2,130,481                        | 712,735                  |
| 36                                    | ACCRUED LIABILITIES                               | 10,309,334                 | 7,259,769                 | 8,441,722                        | 3,049,565                |
| 37                                    | DEFERRED CREDITS                                  | 1,313,570                  | 4,868                     | 1,338,598                        | 1,308,702                |
| 38                                    | CURRENT PORTION OF LEASE PAYABLE                  | 217,290                    | 400,069                   | 765,061                          | (182,779)                |
| 39                                    | CURRENT PORTION SOFTWARE INTANGIBLE PAYABLE       | 600,206                    | 0                         | 426,119                          | 600,206                  |
| 40                                    | CURRENT PORTIONS OF NOTES DUE                     | 0                          | 0                         | 0                                | 0                        |
| 41                                    | CURRENT PORTIONS OF BONDS PAYABLE                 | 1,190,000                  | 1,835,000                 | 1,145,000                        | (645,000)                |
| 42                                    | BOND INTEREST PAYABLE                             | 4,497                      | 40,705                    | 50,797                           | (36,208)                 |
| 43                                    | DUE TO/(FROM) THIRD PARTY PAYERS                  | 940,709                    | 1,288,761                 | 940,709                          | (348,052)                |
| 44                                    | TOTAL CURRENT LIABILITIES                         | <u>16,849,947</u>          | <u>12,390,778</u>         | <u>15,238,487</u>                | <u>4,459,169</u>         |
| LONG-TERM LIABILITIES                 |   |                            |                           |                                  |                          |
| 45                                    | NOTES PAYABLE                                     | 0                          | 0                         | 0                                | 0                        |
| 46                                    | BONDS PAYABLE NET OF CURRENT PORTION              | 5,715,000                  | 6,905,000                 | 6,615,000                        | (1,190,000)              |
| 47                                    | PREMIUM ON BONDS PAYABLE                          | 326,692                    | 438,036                   | 340,402                          | (111,344)                |
| 48                                    | CAPITAL LEASE, NET OF CURRENT PORTION             | 3,408,665                  | 1,996,193                 | 2,962,235                        | 1,412,472                |
| 49                                    | SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION | 330,327                    | 0                         | 352,602                          | 330,327                  |
| 50                                    | TOTAL NONCURRENT LIABILITIES                      | <u>9,780,684</u>           | <u>9,339,229</u>          | <u>10,270,239</u>                | <u>441,455</u>           |
| 51                                    | TOTAL LIABILITIES                                 | 26,630,631                 | 21,730,007                | 25,508,726                       | 4,900,624                |
| 52                                    | DEFERRED INFLOW OF RESOURCES                      | 0                          | 0                         | 0                                | 0                        |
| 53                                    | PROPERTY TAXES RECEIVED IN ADVANCE                | 0                          | 0                         | 0                                | 0                        |
| <b>NET POSITION</b>                   |   |                            |                           |                                  |                          |
| 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                   | 92,650,443                 | 85,955,487                | 92,460,787                       | 6,694,956                |
| 58                                    | UNRESTRICTED FUND BALANCE - KPB                   | <u>0</u>                   | <u>0</u>                  | <u>0</u>                         | <u>0</u>                 |
| 59                                    | TOTAL LIAB & FUND BALANCE                         | <u><u>125,038,323</u></u>  | <u><u>113,442,743</u></u> | <u><u>123,726,762</u></u>        | <u><u>11,595,580</u></u> |



|                                | MONTH                                  |                  |                  | YEAR TO DATE    |               |                  |                  |                |                    |
|--------------------------------|--|------------------|------------------|-----------------|---------------|------------------|------------------|----------------|--------------------|
|                                | 02/29/24                               |                  | 02/28/23         | 02/29/24        |               | 02/28/23         |                  |                |                    |
|                                | Actual                                 | Budget           | Var B/(W)        | Actual          | Actual        | Budget           | Var B/(W)        | Actual         |                    |
| <b>Patient Service Revenue</b> |  |                  |                  |                 |               |                  |                  |                |                    |
| 1                              | Inpatient                              | 2,590,104        | 2,441,950        | 6.07%           | 1,792,169     | 23,573,624       | 21,514,424       | 9.57%          | 19,703,616         |
| 2                              | Outpatient                             | 15,417,070       | 13,022,315       | 18.39%          | 11,815,300    | 118,711,714      | 108,341,663      | 9.57%          | 100,006,150        |
| 3                              | Long Term Care                         | 1,075,150        | 1,182,413        | -9.07%          | 980,628       | 8,628,550        | 9,459,302        | -8.78%         | 8,433,523          |
| 4                              | Total Patient Services                 | 19,082,324       | 16,646,678       | 14.63%          | 14,588,097    | 150,913,888      | 139,315,389      | 8.33%          | 128,143,289        |
| <b>Deductions from Revenue</b> |  |                  |                  |                 |               |                  |                  |                |                    |
| 5                              | Medicare                               | 4,259,850        | 3,324,168        | -28.15%         | 2,698,185     | 33,653,195       | 27,335,758       | -23.11%        | 24,436,185         |
| 6                              | Medicaid                               | 2,680,899        | 2,092,175        | -28.14%         | 2,094,561     | 18,179,740       | 17,204,657       | -5.67%         | 18,172,557         |
| 7                              | Charity Care                           | 22,283           | 184,894          | 87.95%          | 112,519       | 1,281,046        | 1,520,447        | 15.75%         | 1,211,774          |
| 8                              | Commercial and Admin                   | 1,507,820        | 1,469,142        | -2.63%          | 1,205,223     | 13,299,089       | 12,081,249       | -10.08%        | 11,726,043         |
| 9                              | Bad Debt                               | 699,838          | 245,982          | -184.51%        | 488,770       | 2,851,970        | 2,022,792        | -40.99%        | 2,057,835          |
| 10                             | Total Deductions                       | 9,170,690        | 7,316,361        | -25.34%         | 6,599,258     | 69,265,040       | 60,164,903       | -15.13%        | 57,604,394         |
| 11                             | Net Patient Services                   | 9,911,634        | 9,330,317        | 6.23%           | 7,988,839     | 81,648,848       | 79,150,486       | 3.16%          | 70,538,895         |
| 12                             | USAC and Other Revenue                 | 90,186           | 76,689           | 17.60%          | 60,487        | 693,444          | 613,515          | 13.03%         | 494,888            |
| 13                             | Total Operating Revenues               | 10,001,820       | 9,407,006        | 6.32%           | 8,049,326     | 82,342,292       | 79,764,001       | 3.23%          | 71,033,783         |
| <b>Operating Expenses</b>      |  |                  |                  |                 |               |                  |                  |                |                    |
| 14                             | Salaries and Wages                     | 4,696,988        | 4,565,361        | -2.88%          | 3,676,946     | 38,729,150       | 38,619,224       | -0.28%         | 33,572,654         |
| 15                             | Employee Benefits                      | 2,065,656        | 2,095,033        | 1.40%           | 1,496,675     | 15,704,918       | 17,285,920       | 9.15%          | 15,120,926         |
| 16                             | Supplies, Drugs and Food               | 1,400,775        | 1,141,207        | -22.75%         | 965,650       | 9,690,493        | 9,526,950        | -1.72%         | 8,178,861          |
| 17                             | Contract Staffing                      | 192,215          | 105,003          | -83.06%         | 169,492       | 1,725,617        | 898,296          | -92.10%        | 1,863,657          |
| 18                             | Professional Fees                      | 598,111          | 487,753          | -22.63%         | 412,199       | 4,693,641        | 4,405,904        | -6.53%         | 4,230,063          |
| 19                             | Utilities and Telephone                | 199,279          | 145,021          | -37.41%         | 139,320       | 1,400,882        | 1,194,433        | -17.28%        | 1,151,697          |
| 20                             | Insurance (gen'l, prof liab, property) | 73,210           | 96,025           | 23.76%          | 61,255        | 573,099          | 597,916          | 4.15%          | 504,538            |
| 21                             | Dues, Books, and Subscriptions         | 10,435           | 24,223           | 56.92%          | 22,177        | 134,214          | 184,409          | 27.22%         | 153,268            |
| 22                             | Software Maint/Support                 | 133,933          | 199,864          | 32.99%          | 191,579       | 980,686          | 1,442,129        | 32.00%         | 1,348,220          |
| 23                             | Travel, Meetings, Education            | 113,998          | 128,159          | 11.05%          | 90,700        | 503,002          | 735,570          | 31.62%         | 416,353            |
| 24                             | Repairs and Maintenance                | 214,964          | 170,169          | -26.32%         | 184,091       | 1,571,399        | 1,269,479        | -23.78%        | 1,220,353          |
| 25                             | Leases and Rentals                     | 88,099           | 53,992           | -63.17%         | 52,691        | 570,672          | 593,736          | 3.88%          | 510,504            |
| 26                             | Other (Recruiting, Advertising, etc.)  | 92,141           | 155,583          | 40.78%          | 174,066       | 1,756,081        | 1,244,674        | -41.09%        | 1,094,490          |
| 27                             | Depreciation & Amortization            | 413,359          | 345,138          | -19.77%         | 341,226       | 3,301,597        | 2,761,108        | -19.58%        | 2,707,499          |
| 28                             | Total Operating Expenses               | 10,293,163       | 9,712,531        | -5.98%          | 7,978,067     | 81,335,451       | 80,759,748       | -0.71%         | 72,073,083         |
| 29                             | Gain (Loss) from Operations            | <b>(291,343)</b> | <b>(305,525)</b> | <b>4.64%</b>    | <b>71,259</b> | <b>1,006,841</b> | <b>(995,747)</b> | <b>201.11%</b> | <b>(1,039,300)</b> |
| <b>Non-Operating Revenues</b>  |  |                  |                  |                 |               |                  |                  |                |                    |
| 30                             | General Property Taxes                 | 56,955           | 41,859           | 36.06%          | 32,647        | 5,039,636        | 4,416,380        | 14.11%         | 4,826,007          |
| 31                             | Investment Income                      | 361,964          | 34,521           | 948.53%         | 34,807        | 1,017,463        | 276,166          | 268.42%        | 227,379            |
| 32                             | Governmental Subsidies                 | 0                | 0                | 0.00%           | 0             | 0                | 0                | 0.00%          | 0                  |
| 33                             | Other Non Operating Revenue            | 20,126           | 419              | 100.00%         | 690           | 33,636           | 3,355            | 100.00%        | 3,627              |
| 34                             | Gifts & Contributions                  | 0                | 0                | 0.00%           | 0             | 0                | 0                | 0.00%          | 0                  |
| 35                             | Gain <Loss> on Disposal                | 0                | 0                | 0.00%           | 0             | 0                | 0                | 0.00%          | 6,572              |
| 36                             | SPH Auxiliary                          | 466              | 375              | 24.27%          | 1,003         | 4,200            | 3,000            | 40.00%         | 2,740              |
| 37                             | Total Non-Operating Revenues           | 439,511          | 77,174           | 469.51%         | 69,147        | 6,094,935        | 4,698,901        | 29.71%         | 5,066,325          |
| <b>Non-Operating Expenses</b>  |  |                  |                  |                 |               |                  |                  |                |                    |
| 38                             | Insurance                              | 0                | 0                | 0.00%           | 0             | 0                | 0                | 0.00%          | 0                  |
| 39                             | Service Area Board                     | 1,159            | 3,082            | 62.39%          | 12,407        | 4,062            | 16,959           | 0.00%          | 68,279             |
| 40                             | Other Direct Expense                   | 647              | 6,056            | 89.32%          | 2,151         | 24,025           | 48,451           | 50.41%         | 11,755             |
| 41                             | Administrative Non-Recurring           | 0                | 0                | 0.00%           | 0             | 0                | 0                | 0.00%          | 0                  |
| 42                             | Interest Expense                       | 83,205           | 34,394           | -141.92%        | 38,953        | 318,878          | 275,153          | -15.89%        | 311,541            |
| 43                             | Total Non-Operating Expenses           | 85,011           | 43,532           | -95.28%         | 53,511        | 346,965          | 340,563          | -1.88%         | 391,575            |
| <b>Grants</b>                  |  |                  |                  |                 |               |                  |                  |                |                    |
| 44                             | Grant Revenue                          | 81,324           | 67,216           | 0.00%           | 104           | 989,130          | 537,731          | 0.00%          | 242,019            |
| 45                             | Grant Expense                          | 4,550            | 2,501            | -81.93%         | 2,502         | 4,550            | 20,008           | 77.26%         | 20,012             |
| 46                             | Total Non-Operating Gains, net         | 76,774           | 64,715           | 18.63%          | (2,398)       | 984,580          | 517,723          | -90.18%        | 222,007            |
| 47                             | Income <Loss> Before Transfers         | 139,931          | (207,168)        | 167.54%         | 84,497        | 7,739,391        | 3,880,314        | 99.45%         | 3,857,457          |
| 48                             | Operating Transfers                    | 0                | 0                | 0.00%           | 0             | 0                | 0                | 0.00%          | 0                  |
| 49                             | Net Income                             | <b>139,931</b>   | <b>(207,168)</b> | <b>-167.54%</b> | <b>84,497</b> | <b>7,739,391</b> | <b>3,880,314</b> | <b>99.45%</b>  | <b>3,857,457</b>   |



**Statement of Cash Flows**  
**As of February 29, 2024**

*Cash Flow from Operations:*

|    |   |             |
|----|---|-------------|
| 1  | YTD Net Income                                | 7,739,391   |
| 2  | Add: Depreciation Expense                     | 3,301,597   |
| 3  | Adj: Inventory (increase) / decrease          | 76,273      |
| 4  | Patient Receivable (increase) / decrease      | (3,038,154) |
| 5  | Prepaid Expenses (increase) / decrease        | (334,028)   |
| 6  | Other Current assets (increase) / decrease    | 44,600      |
| 7  | Accounts payable increase / (decrease)        | 501,864     |
| 8  | Accrued Salaries increase / (decrease)        | 1,973,872   |
| 9  | Net Pension Asset (increase) / decrease       | -           |
| 10 | Other current liability increase / (decrease) | 1,189,587   |
| 11 | Net Cash Flow from Operations                 | 11,455,002  |

*Cash Flow from Investing:*

|    |  |             |
|----|--|-------------|
| 12 | Cash paid for the purchase of property/equip | (6,173,309) |
| 13 | Cash transferred to plant replacement fund   | (711,889)   |
| 14 | Proceeds from disposal of equipment          | -           |
| 15 | Net Cash Flow from Investing                 | (6,885,198) |

*Cash Flow from Financing*

|    |  |               |
|----|--|---------------|
| 16 | Cash (paid) / received for Lease Payable | 50,471        |
| 17 | Cash paid for Debt Service               | (1,678,000)   |
| 18 | Net Cash from Financing                  | (1,627,529)   |
| 19 | Net increase in Cash                     | \$ 2,942,275  |
| 20 | Beginning Cash as of July 1, 2023        | \$ 34,627,142 |
| 21 | Ending Cash as of February 29, 2024      | \$ 37,569,417 |



## **PROCLAMATION**

### **A PROCLAMATION RECOGNIZING CHERYL RILEY FOR NEARLY 32 YEARS OF SERVICE TO SOUTH PENINSULA HOSPITAL**

**WHEREAS**, after 31.5 years at South Peninsula Hospital, Cheryl Riley retired March 4, 2024; and

**WHEREAS**, Cheryl has served in a variety of roles, most recently Surgery Purchasing Technician; and

**WHEREAS**, where she has worked at South Peninsula Hospital not only as a registered nurse, but as Risk Management Coordinator and Medical Supply Technician; and

**WHEREAS**, Cheryl is known by her teammates for being organized with a sharp memory and attention to detail; and

**WHEREAS**, Cheryl's legacy includes streamlining the inventory process in Surgical Services as we know it today; and

**WHEREAS**, Cheryl is known for volunteering for community events, including Safe Kids, the Teddy Bear Clinic, and vaccination clinics; and

**WHEREAS**, Cheryl will be remembered for always looking out for her coworkers, ensuring patients and teammates have the correct supplies for successful surgeries; and

**WHEREAS**, Cheryl plans to transition from caring to patients to caring for chickens and gardens;

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

**THAT CHERYL RILEY IS RECOGNIZED BY THE BOARD OF DIRECTORS FOR HER THIRTY TWO YEARS OF SERVICE TO SOUTH PENINSULA HOSPITAL**

**PROCLAIMED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL THIS 27<sup>TH</sup> DAY OF MARCH 2024**

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Ryan Smith, Administrator

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Aaron Weisser, Board President



## PROCLAMATION

### **A PROCLAMATION RECOGNIZING PAMELA CARPENTER FOR OVER 23 YEARS OF SERVICE TO SOUTH PENINSULA HOSPITAL**

**WHEREAS**, after 23 years at South Peninsula Hospital serving several roles, Pam Carpenter will retire; and

**WHEREAS**, Pam was an ever-reliable, on-the-spot, CPSI Payroll Guru extraordinaire who knew the name of every employee at SPH by face along with their schedules and has always had a sixth sense about what they really mean on their sometimes-cryptic exception sheet notes; and

**WHEREAS**, Pam was well versed on all the nuances of collective bargaining agreements and every payroll intricacy and would always process payroll with a high degree of accuracy despite many interruptions and the occasional short deadlines; and

**WHEREAS**, Pam regularly has gone above and beyond the call of duty every day in her work and has been incredibly organized and efficient, one could always count on Pam to go out of her way to be fair, and get it right; and

**WHEREAS**, one could always count on Pam with her can-do attitude and sunny cheerful personality to get any information requested, and questions responded to accurately and promptly; and

**WHEREAS**, Pam has been so dedicated to SPH and colleagues, she even ran payroll from her own hospital bed and has traveled on many treacherous roads to work to ensure everyone was paid timely; and

**WHEREAS**, Pam was awarded employee of the quarter multiple times related to her dedication and diligence to get all SPH Staff paychecks correct; and

**WHEREAS**, Pam has been a tremendous asset to South Peninsula Hospital and we are very thankful for her many years of excellence and dedication.

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

**THAT PAMELA CARPENTER IS RECOGNIZED BY THE BOARD OF DIRECTORS FOR HER TWENTY THREE YEARS OF SERVICE TO SOUTH PENINSULA HOSPITAL**

**PROCLAIMED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL  
THIS 27<sup>th</sup> DAY OF MARCH 2024.**

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Ryan Smith, Administrator

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Aaron Weisser, Board President



**South Peninsula Hospital, Inc.**

**Homer, Alaska**

**Strategic Plan**

**March 27, 2024 – March 27, 2025**

## Introduction

South Peninsula Hospital's Strategic Plan is developed and adopted by the SPH, Inc. Board of Directors. The purpose of the Strategic Plan is to outline the goals, strategies, objectives, and tactics that are to be put in place to accomplish the organization's mission, vision, and values.

## Mission, Vision & Values Statements

### MISSION

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

### VISION

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

### VALUES

**COMPASSION:** We provide compassionate patient- and resident- centered quality care, and a safe and caring environment for all individuals.

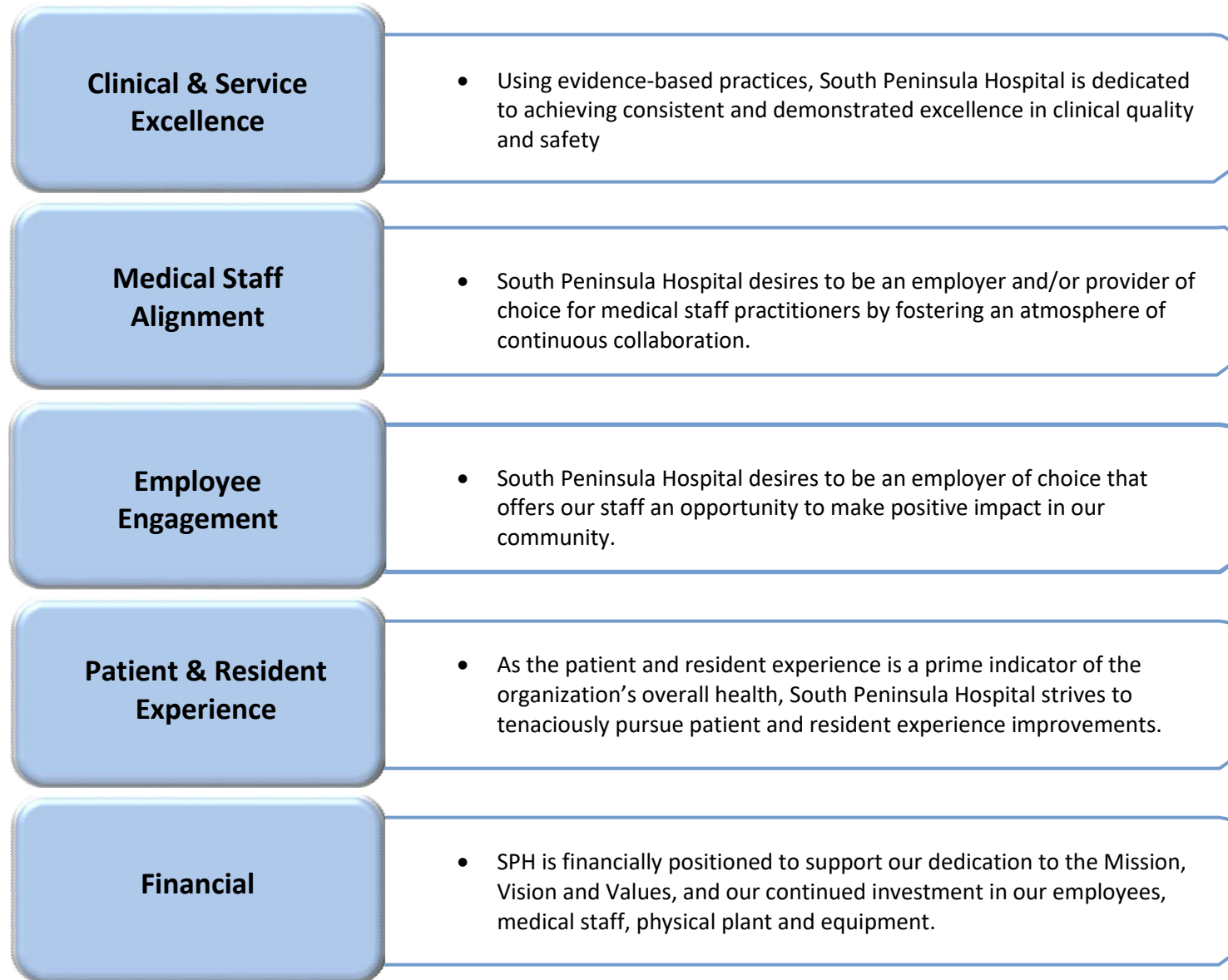
**TEAMWORK:** We work together as a dynamic, collaborative team embracing change and speaking as one.

**COMMITMENT:** We are responsible and accountable for supporting the vision, mission, values, strategies and processes of our organization.

**RESPECT:** We show respect for the dignity, beliefs, perspectives and abilities of everyone.

**TRUST:** We are open, honest, fair and trustworthy.

## GOALS





## Strategies & Metrics

- GOAL: Clinical Service and Excellence**  
 Using evidence-based practices, South Peninsula Hospital is dedicated to achieving consistent and demonstrated excellence in clinical quality and safety.

| Strategies  | 2024 Goal Related Metrics   |
|---|---|
| Improve quality processes<br>Refine the institutional culture of safety and quality | Appropriate care for severe sepsis and septic shock<br>Elective deliveries <39 weeks without medical cause<br>Patient and resident falls<br>Medication errors<br>Never events<br>Readmissions<br>CT/MRI criteria for patient stroke<br>Care Compare overall star rating for Hospital & Long Term Care |

## Strategies & Metrics

- **GOAL: 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.

| Strategies   | 2024 Goal Related Metrics                           |
|--|---|
| <p>Collaborate with the Medical Staff on revisions to the Board Bylaws and Rules and Regulations as well as implementation of meaningful peer review.</p> <p>Develop and promote strong physician/provider leaders.</p> <p>Use data to drive decisions and resolve disputes<br/>Promote win-win approaches</p> | <p>Medical Staff Press Ganey percentile ranking</p> |

## Strategies & Metrics

- **GOAL: Employee Engagement**

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

| Strategies  | 2024 Goal Related Metrics   |
|---|---|
| <ul style="list-style-type: none"> <li>Uphold SPH Core Values</li> <li>Provide career paths and opportunities for growth</li> <li>Promote transparency</li> <li>Allow for honest feedback</li> <li>Promote work-life balance</li> <li>Give recognition</li> <li>Support workforce in times of increased stress</li> </ul> | <ul style="list-style-type: none"> <li>Employee Press Ganey Percentile Ranking</li> <li>Turnover: All employees, voluntary, and first year</li> </ul> |

- **GOAL: Patient and Resident Experience**

As the patient/resident experience is a prime indicator of an organization’s overall health, South Peninsula Hospital strives to tenaciously pursue patient and resident experience improvements.

| Strategies  | 2024 Goal Related Metrics  |
|---|--|
| <ul style="list-style-type: none"> <li>Reform processes that will result in improved patient and resident experience</li> </ul> | <ul style="list-style-type: none"> <li>Care Compare Patient &amp; Resident Survey Star Rating</li> <li>Press Ganey Patient Satisfaction Percentile Rankings – Inpatient, Outpatient, Emergency Department, Medical Practice, Ambulatory Surgery and Home Health</li> </ul> |

## Strategies & Metrics

**GOAL: Financial, Information Systems Solutions and Market Focus**

SPH is financially positioned to support our dedication to the Mission, Vision, Values, and our continued investment in our Employees, Medical Staff, and Physical Plant and Equipment.


| Strategies   | 2024 Goal Related Metrics  |
|--|--|
| <p>Prepare, plan, and adapt to changes in healthcare delivery systems and payment model.</p> <p>Enhance revenue cycle performance</p> <p>Asset growth compatible to SPH, Inc. Mission and Vision</p> <p>Actively seek new funding sources to support hospital and community health initiatives, service line expansion, and public health emergency efforts.</p> | <p>Operating Margin</p> <p>Adjusted Patient Discharges</p> <p>Net Revenue Growth</p> <p>FTEs per Adjusted Occupied Bed</p> <p>Net Days in Accounts Receivable</p> <p>Cash on Hand</p> <p>Uncompensated Care as a % of Gross Revenue</p> <p>Surgical Case Growth</p> <p>Outpatient Revenue Growth</p> <p>Hospital Based measures for inpatient observation stays</p> <p>MIPS (Merit Based Incentive Payment System)<br/>                     Promoting Interoperability Score</p> <p>Electronic Medical Record Adoption</p> |

To: SPH Board of Directors  
From: Board Governance Committee  
Date: March 21, 2024  
Re: Board Policy Review

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The following Board policies were reviewed by the Finance Committee and the Governance Committee. No changes were made to the policies. The formatting of all policies has been updated, and the reviewed date will be updated to reflect review at this board meeting.

- F-03 Investment of Facility Funds
- F-05 Operational Reserves
- F-07 Pension Plan Investments
- F-08 Board Member & CEO Travel

|  |  |   |
|--|--|---|
|  | <b>SUBJECT:</b> Investment of Facility Funds | <b>POLICY #:</b> F-03                                       |
|  |  | <b>Page 1 of 1</b>  |
| <b>Scope:</b> Finance<br><b>Approved by:</b> Board of Directors                  |  | <b>Original Date:</b> 10/22/03<br><b>Effective:</b> 7/28/21 |
| <b>Revised:</b> 1/22/20<br><b>Reviewed:</b> 1/25/23                              |  | <b>Revision Responsibility:</b><br>Board of Directors       |

**PURPOSE:**

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

**DEFINITION(S):**

N/A

**POLICY:**

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

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

- 1. Operating Agreement, 2020
- 2. KPB Code Title 5.10.040 “Authorized Investments”

**CONTRIBUTORS:**

Board of Directors

|  |                                      |   |
|--|--------------------------------------|---|
|  <b>South Peninsula Hospital</b> | <b>SUBJECT:</b> Operational Reserves | <b>POLICY #:</b> F-05                                       |
|  |                                      | <b>Page 1 of 1</b>  |
| <b>Scope:</b> Finance<br><b>Approved by:</b> Board of Directors  |                                      | <b>Original Date:</b> 10/22/03<br><b>Effective:</b> 7/28/21 |
| <b>Revised:</b> 1/22/20<br><b>Reviewed:</b> 1/25/23  |                                      | <b>Revision Responsibility:</b><br>Board of Directors       |

**PURPOSE:**

Guidelines for the maintenance of operational reserve funds.

**DEFINITION(S):**

N/A

**POLICY:**

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

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**


N/A

**REFERENCE(S):**

- 1. Operating Agreement, 2020

**CONTRIBUTORS:**

Board of Directors

|  |   |   |
|--|---|---|
|  <b>South Peninsula Hospital</b> | <b>SUBJECT:</b> Pension Plan Investment | <b>POLICY #:</b> F-07                                       |
|  |   | <b>Page 1 of 1</b>  |
| <b>Scope:</b> Finance<br><b>Approved by:</b> Board of Directors  |   | <b>Original Date:</b> 10/22/03<br><b>Effective:</b> 7/28/21 |
| <b>Revised:</b> 8/28/19<br><b>Reviewed:</b> 1/25/23  |   | <b>Revision Responsibility:</b><br>Board of Directors       |

**PURPOSE:**

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

**DEFINITION(S):**

N/A

**POLICY:**

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

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**

N/A


**REFERENCE(S):**

N/A

**CONTRIBUTORS:**

Chief Financial Officer; Board of Directors



|  |  |   |
|--|--|---|
|  <b>South Peninsula Hospital</b> | <b>SUBJECT:</b> Board Member & CEO<br>Travel | <b>POLICY #:</b> F-08                                       |
|  |  | <b>Page 1 of 1</b>  |
| <b>Scope:</b> Finance<br><b>Approved by:</b> Board of Directors  |  | <b>Original Date:</b> 10/22/03<br><b>Effective:</b> 7/28/21 |
| <b>Revised:</b> 1/22/20<br><b>Reviewed:</b> 1/25/23  |  | <b>Revision Responsibility:</b><br>Board of Directors       |

**PURPOSE:**

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

**DEFINITION(S):**

N/A

**POLICY:**

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

**PROCEDURE:**

N/A

**ADDITIONAL CONSIDERATIONS:**

N/A

**REFERENCE(S):**

- 1. Hospital policy HW-024 Employee Travel

**CONTRIBUTORS:**

Board of Directors

Introduced by: Administration  
Date:  
Action:  
Vote:

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2024-08**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
APPROVING THE USE OF \$499,750 OF OPERATING CASH FOR THE REMODEL  
AND RELOCATION OF OUTPATIENT PHYSICAL THERAPY**

**WHEREAS**, South Peninsula Hospital’s Physical Therapy and Rehab services are important components of our mission to provide high quality, locally coordinated care; and

**WHEREAS**, South Peninsula Hospital recently completed master facility planning and item number two from that study was to Co-locate physician offices; and

**WHEREAS**, South Peninsula Hospital is growing the OBGYN department which will require additional space and plans to meet the space need by relocating and co-locating the OBGYN and Certified Nurse Midwife clinics into one location within the main hospital; and

**WHEREAS**, relocating these services will require use of the current outpatient physical therapy space and in order to keep physical therapy in one location, it was necessary to lease space at 3726 Lake St. to relocate Physical Therapy; and

**WHEREAS**, the new leased space on 3726 Lake St was not already clinical space, it is necessary to remodel the space into an outpatient physical therapy gym and clinical offices; and

**WHEREAS**, the current estimate to renovate the space is \$499,750; and

**WHEREAS**, South Peninsula Hospital would like to use \$499,750 of operating cash to pay for the 3726 Lake Street renovations; and

**WHEREAS**, the South Peninsula Hospital Board Finance Committee reviewed and approved this resolution at their meeting on March 21, 2024.

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

1. That the South Peninsula Hospital Board of Directors approves the use of \$499,750 of operating cash for the remodel of 3726 Lake St.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA AT ITS MEETING HELD ON THIS 27th DAY OF MARCH, 2024.**

ATTEST:

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Aaron Weisser, Board President

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Mary E. Wythe, Board Secretary



Introduced by: Administration  
Date:  
Action:  
Vote:

**SOUTH PENINSULA HOSPITAL  
BOARD RESOLUTION  
2024-09**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS  
APPROVING THE USE OF \$499,500 OF OPERATING CASH FOR THE REMODEL  
OF 203 W PIONEER TO OPEN A DAYCARE**

**WHEREAS**, SPH desires to be an employer of choice that offers our staff an opportunity to make positive impact in our community. The addition of a Childcare Facility will help support the needs of our employees to access local childcare; and

**WHEREAS**, the SPH Operating Board understands that access to childcare provides a major advantage to the Hospital for the retention of current employees and for recruiting new employees. As such, this childcare facility is essential to the future growth and sustainability of the organization; and

**WHEREAS**, renovations are necessary to get the property at 203 W Pioneer up to code to open a childcare facility including the addition of sprinkler systems and upgrades to electrical wiring; and

**WHEREAS**, the current estimate to renovate the space is \$499,500; and

**WHEREAS**, South Peninsula Hospital would like to use \$499,500 of operating cash to pay for the 203 W Pioneer renovations; and

**WHEREAS**, the South Peninsula Hospital Board Finance Committee reviewed and approved this resolution at their meeting on March 21, 2024.

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

1. That the South Peninsula Hospital Board of Directors approves the use of \$499,5000 of operating cash for the remodel of 203 W Pioneer to open a daycare

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA AT ITS MEETING HELD ON THIS 27th DAY OF MARCH, 2024.**

ATTEST:

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Aaron Weissner, Board President

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Mary E. Wythe, Board Secretary



## South Peninsula Hospital – Special Clinical Privileges Transcranial Magnetic Stimulation (TMS)

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### I. Qualifications

#### Pathway 1:

- The physician must hold Core privileges in Psychiatry or Neurology  
AND
- Completion of device-specific training, & certification if applicable  
AND
- Completion of 5 TMS mappings and management in the last 24 months.

#### Pathway 2 :

- The physician must hold Core privileges in Psychiatry or Neurology  
AND
- Completion of device-specific training, & certification if applicable  
AND
- Successful completion of an ACGME, ACCME or AOA-accredited residency program in psychiatry/neurology that included training in TMS  
OR
- Have attended an ACGME or ACCME accredited training course in TMS within the last 10 years

**Required experience for renewal of privileges:** Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### II. FPPE Chart Reviews & Observations

Initial Requested:

3 chart reviews & 3 proctored mappings by the device-specific certified trainer within 12 months.

Reappointment Requirements:

2 chart reviews within the last 12 months



Medical Staff Office  
4300 Bartlett Street  
Homer, AK 99603  
(907) 235-0849  
[medstaffoffice@sphosp.org](mailto:medstaffoffice@sphosp.org)

**Approved:**

DocuSigned by:  
*Christy Martinez*  
60B0658CD1E3455  
\_\_\_\_\_  
Christy Martinez, MD  
Credentials Committee Chair

3/6/2024  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Chris Landess, MD  
Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
SPH Board of Directors

\_\_\_\_\_  
Date



## South Peninsula Hospital – Special Clinical Privileges

### General Surgery : Video Assisted Thoracoscopic Surgery - VATS

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#### I. Qualifications

- The Physician holds Core General Surgery Privileges

AND

- Demonstrates successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience

OR

- Provide a log of 3 cases showing competence in performing that procedure consistent with the criteria set forth in the Medical Staff Bylaws, Rules and Regulations and policies governing the exercise of specific privileges.

**Required experience for renewal of privileges:** Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

#### II. Scope

*Initial each procedure requested:*

- Lung Biopsy/wedge
- Pleura major decort/pleurectomy
- Minor biopsy
- Pleurectomy
- Bleb
- Pleurodesis
- Chest wall diaphragm repair Morgagni, bochdalek, & traumatic
- Esophagus benign diverticulectomy, myology and hiatal hernia repair
- Diagnostic bronchoscopy



### III. FPPE Chart reviews

Initial Request:

Review of the first procedure performed.

*Approved:*

\_\_\_\_\_  
Christy Martinez, MD  
Credentials Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chris Landess, MD  
Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
SPH Board of Directors

\_\_\_\_\_  
Date



**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  |
|--|---------|----------|------|---|
| <b>Severe Sepsis &amp; Septic Shock Care</b>   | 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<br>(38 cases reviewed: 15 pass, 0 fail, 23 exclusions)   |
| <b>Stroke Care</b>   | 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.<br>Denominator = Patients with Stroke presenting within 2 hours of symptoms. (10 cases: 7- pass, 3- failed, 0- exclusions) |
| <b>Median Emergency Room Time</b>  | 167     | <180 min | 1144 | * <b>Target (minutes)</b> (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  |
| <b>Readmission</b>   | 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-<br>20 readmits/141 total admits  |
| <b>Elective Deliveries</b>   | 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.   |
| <b>Provider Quality Score (Group)</b>  | 21.52   | 30 pts   |      | <b>Scoring tabulated as a running, annual score.</b>  |
| CMS Merit-Based Incentive Payment System (MIPS) for providers  |         |          |      | Target to be adjusted Quarterly as appropriate  |
| <b>Patient Fall Rate AC</b>  | 2.95    | < 5      | 1018 | <b># of patient falls / # patient days x 1000</b>   |
| Measures the number of patient falls per 1,000 patient days  |         |          |      | n = IP, observations and swing bed patient days.<br><b>Note:</b> 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   |
|---|-------------|---------------|------------|--|
| <b>Medication Errors</b>  | <b>1*</b>   | <b>0</b>      | <b>N/A</b> | *Updated 01/25/2024  |
| 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 |
| <b>Never Events</b>   | <b>0</b>    | <b>0</b>      | <b>N/A</b> |  |
| Unexpected occurrence involving death/serious physiological or psychological injury, or the risk thereof.                               |             |               |            |  |
| Home Health (HH)  | 4Q 2023     | Target        | n          | Note   |
| <b>Improvement in Breathing</b>   | <b>100%</b> | <b>75%</b>    | <b>21</b>  |  |
| 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.                    |
| <b>Correct Medication Administration</b>  | <b>100%</b> | <b>75%</b>    | <b>29</b>  |  |
| 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   |
| <b>Fall with Major Injury</b>   | <b>0</b>    | <b>&lt; 3</b> | <b>N/A</b> |  |
| Number of residents who sustained a fall resulting in fracture, dislocation, head injury w/altered consciousness, or subdural hematoma. |             |               |            | Last fall with major injury: September 2021  |
| <b>Urinary Tract Infections (UTI)</b>   | <b>1</b>    | <b>&lt; 3</b> | <b>N/A</b> |  |
| 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.       |
|---|-------------|-------------|-----------|--|
| <b>HCAHPS Percentile</b>  | <b>40th</b> | <b>75th</b> | <b>28</b> |  |
| Measures the 1-10 ranking received by inpatient client <i>(or family)</i> respondents.        |             |             |           | Q2 -2023: 97th, n = 35, Q3 -2023: 88th, n = 36         |
| <b>HHAHPS Percentile</b>  | <b>59th</b> | <b>75th</b> | <b>39</b> | <b>*Running 12 months due to low quarterly returns</b> |
| 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         |

| <b>Patient Satisfaction Through Press Ganey (PG)</b>   | <b>4Q 2023</b> | <b>Target</b>  | <b>n</b>   | <b>Note: % ranking across PG clients.</b>   |
|--|----------------|----------------|------------|---|
| <b>Inpatient Percentile</b>  | <b>77th</b>    | <b>75th</b>    | <b>28</b>  |   |
| Measures the satisfaction of inpatient pts. respondents.   |                |                |            | Q2 -2023: 82nd, n = 36, Q3 -2023: 79th, n = 38  |
| <b>Outpatient Percentile</b>   | <b>23rd</b>    | <b>75th</b>    | <b>271</b> |   |
| Measures the satisfaction of outpatient pts. respondents.  |                |                |            | Q2 -2023: 15th, n = 290, Q3 -2023: 8th, n = 272   |
| <b>Emergency Department Percentile</b>   | <b>95th</b>    | <b>75th</b>    | <b>64</b>  |   |
| Measures the satisfaction of emergency pts. respondents.   |                |                |            | Q2 -2023: 97th, n = 97, Q3 -2023: 95th, n = 119   |
| <b>Medical Practice Percentile</b>   | <b>52nd</b>    | <b>75th</b>    | <b>366</b> |   |
| Measures the satisfaction of pts. respondents at SPH Clinics.  |                |                |            | Q2 -2023: 60th, n = 425, Q3 -2023: 59th, n = 357  |
| <b>Ambulatory Surgery (AS) Percentile</b>  | <b>65th</b>    | <b>75th</b>    | <b>88</b>  |   |
| Measures the satisfaction of AS pts. respondents.  |                |                |            | Q2 -2023: 38th, n = 83, Q3 -2023: 77th, n = 57  |
| <b>Home Health Care Percentile (HHC)</b>   | <b>82nd</b>    | <b>75th</b>    | <b>40</b>  | <b>*Running 12 months due to low quarterly returns</b>                                  |
| Measures the overall satisfaction of HHC clients ( <i>or family</i> ) respondents.   |                |                |            | Q2 -2023: 99th, n = 29, Q3 -2023: 97th, n = 32  |
| <b>Information System Solutions</b>  | <b>4Q 2023</b> | <b>Target</b>  | <b>n</b>   | <b>Note</b>   |
| <b>Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.</b>                       | <b>84</b>      | <b>&gt; 60</b> |            | <b>CMS score 60 and above = pass</b>  |
| e-Prescribing: Electronic Prescribing ( <i>Rx</i> )  | <b>9</b>       | <b>10</b>      | 481        | 412 of 481  |
| Query PDMP   | <b>10</b>      | <b>10</b>      |            | PDMP Query via EHR interface  |
| Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information                             | <b>15</b>      | <b>15</b>      | 2          | 2 of 2  |
| HIE: Suppt. Electronic Referral Loops by sending health info. ( <i>Sum.of Care sent</i> )  | <b>2</b>       | <b>15</b>      | 174        | 28 of 174   |
| Provider to patient exchange: Provide patients electronic access to their health information ( <i>timely access via the patient portal</i> ) | <b>23</b>      | <b>25</b>      | 207        | 190 of 207  |
| Public Health & Clinical Data Exchange   | <b>25</b>      | <b>25</b>      | 4          | 4 of 4  |
| <b>Eligible Provider (EP) - Promoting Interoperability (Group)</b>   | <b>25 pts</b>  | <b>25 pts</b>  |            | <b>Target quarterly for annual score</b>  |
| 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. |
| <b>Electronic Medical Record (EMR) Adoption Stage</b>  | <b>5</b>       | <b>5</b>       |            |   |
| 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.  |

| <b>Information System Solutions (Continued)</b>              | <b>4Q 2023</b> | <b>Target</b> | <b>n</b>    | <b>Note</b>   |
|--|----------------|---------------|-------------|---|
| <b>IT Security Awareness Training Complete Rate</b>          | <b>83%</b>     | <b>97%</b>    | <b>1859</b> |   |
| % of employees who have completed assigned security training |                |               |             | 1859 videos training sent, 1542 completed.  |
| <b>Phishing Test Pass Rate</b>                               | <b>95.2%</b>   | <b>97%</b>    | <b>3653</b> |   |
| % 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.

| <b>Provider Alignment</b>  | <b>2021</b> | <b>Target</b> | <b>n</b> | <b>Note</b>                    |
|--|-------------|---------------|----------|--------------------------------|
| <b>Provider Satisfaction Percentile</b>  | <b>74th</b> | <b>75th</b>   |          |                                |
| Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile. |             |               |          | Result of provider survey 2021 |

### **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.

| <b>Staff Alignment</b>  | <b>2021</b>    |                   |            |  |
|---|----------------|-------------------|------------|--|
| <b>Employee Satisfaction Percentile</b>   | <b>70th</b>    | <b>75th</b>       |            |  |
| Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.           |                |                   |            | Result of employee survey 2021   |
| <b>Workforce</b>  | <b>4Q 2023</b> | <b>Target</b>     | <b>n</b>   | <b>Note</b>  |
| <b>Turnover: All Employees</b>  | <b>2.4%</b>    | <b>&lt; 5%</b>    | <b>619</b> |  |
| Percentage of all employees separated from the hospital for any reason  |                |                   |            | 15 Terminations / 619 Total Employees  |
| <b>Turnover: Voluntary All Employees</b>  | <b>2.10%</b>   | <b>&lt; 4.75%</b> | <b>619</b> |  |
| Measures the percentage of voluntary staff separations from the hospital  |                |                   |            | 13 Voluntary Terminations / 619 Total Employees                                |
| <b>First Year Total Turnover</b>  | <b>2.9%</b>    | <b>&lt; 7%</b>    | <b>104</b> |  |
| 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<br>104 Total New Hires from - 1/1/2023-12/31/2023 |
| <b>Travel Nursing Utilization</b>   | <b>16</b>      | <b>&lt; 20</b>    |            |  |
| 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   |
|---|---------------|-----------------|---|--|
| <b>Operating Margin</b>   | <b>-3.45%</b> | <b>-10.0%</b>   |   |  |
| Measures the surplus (deficit) of operating income over operating expenses as a percentage of net patient service revenue for the quarter.        |               |                 |   | Target is based on budgeted operating margin for the period.   |
| <b>Adjusted Patient Discharges</b>  | <b>864.88</b> | <b>1031.91</b>  |   |  |
| 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> )<br>( <i>LTC Revenue &amp; discharges not included, Target is same Q Prior Year Target Discharge: 170</i> )                    |
| <b>Net Revenue Growth</b>   | <b>14.7%</b>  | <b>4.8%</b>     |   |  |
| Measures the percentage increase ( <i>decrease</i> ) in net patient revenue for the quarter compared to the same period in the prior year.        |               |                 |   | Target is based on budgeted net patient service revenue for the period compared to net patient service revenue for the same period in prior year.                                    |
| <b>Full Time Equivalents (FTEs) per Adjusted Occupied Bed</b>   | <b>9.46</b>   | <b>7.65</b>     |   |  |
| Measures the average number of staff FTEs per adjusted occupied bed for the quarter.  |               |                 |   | Target is based on budgeted paid hours ( <i>FTE</i> ) divided by ( <i>budget gross patient revenue/budget gross inpatient rev</i> ) X budgeted average daily census for the quarter. |
| <b>Net Days in Accounts Receivable</b>  | <b>49.0</b>   | <b>55</b>       |   |  |
| Measures the rate of speed with which the hospital is paid for health care services.  |               |                 |   |  |
| <b>Cash on Hand</b>   | <b>90</b>     | <b>90</b>       |   | <b>113.5 Total Days Cash on Hand, Operating +Unobligated PREF</b>  |
| Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.            |               |                 |   | Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.   |
| <b>Uncompensated Care as a Percentage of Gross Revenue</b>  | <b>2.4%</b>   | <b>2.5-3.5%</b> |   |  |
| Measures bad debt & charity write offs as a percentage of gross patient service revenue   |               |                 |   | Target is based on industry standards & SPH Payer Mix<br>Budgeted total is 2.9% Expected range of 2.5-3.5%   |
| <b>Average Age of Plant</b>   | <b>14.18</b>  | <b>8 yrs.</b>   |   |  |
| Average age of assets used to provide services  |               |                 |   | Target is based on hospital optimal age of plant.  |
| <b>Intense Market Focus to Expand Market Share</b>  | 4Q 2023       | Target          | n | Note   |
| <b>Outpatient Revenue Growth</b>  | <b>-2.2%</b>  | <b>6%</b>       |   |  |
| Measures percentage increase (decrease) in outpatient revenue for the quarter, compared to the same period in the prior year.                     |               |                 |   | Target is based on budgeted outpatient revenue for the period compared to outpatient revenue for the same period prior year.   |
| <b>Surgical Case Growth</b>   | <b>0.2%</b>   | <b>1.7%</b>     |   |  |
| Measures the increase ( <i>decrease</i> ) in surgical cases for the quarter compared to the same period in the prior year.                        |               |                 |   | Target is based on budgeted surgeries above actual from same quarter prior year.   |



## MINUTES

# Board Governance Committee Meeting

11:00 AM - Thursday, March 21, 2024

Zoom

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The Board Governance Committee of the South Peninsula Hospital was called to order on Thursday, March 21, 2024, at 11:00 AM, via Zoom, with the following members present:

**PRESENT:** Chair Beth Wythe, Aaron Weisser, Bernadette Wilson, Matthew Bullard, Ryan Smith (CEO) and Maura Jones (Executive Assistant)

**EXCUSED:**

**1. CALL TO ORDER / REVIEW OF AGENDA & MINUTES**

The meeting was called to order at 11:04am. Beth Wythe requested item 2.1 Conflict of Interest Policy be moved to the end of the agenda, in the discussion section because it is likely to trigger a lot of discussion. There were no objections. The agenda was approved as amended.

**1.1. February Meeting Minutes**

The meeting minutes were approved as presented.

**2. PENDING BUSINESS**

**2.1. Conflict of Interest Policy**

This item was moved to the end of the agenda.

**2.2. Board Bylaws Annual Review**

Ms. Wilson and Mr. Bullard provided a report on their comparative analysis of the Board Bylaws and the Operating Agreement. They did not find any contradictions or necessary updates. Mr. Bullard did note that there is a section in the Operating Agreement dealing with public comment, and thought the board should discuss how to engage the community in hospital board meetings.

**2.3. Quality/Medical Staff Policies**

The committee reviewed policies Q-01 Medical Staff Credentialing Privileges and Q-03 Professional Liability Insurance with edits proposed by the Medical Staff Office and Administration. The committee had no objections to the recommended edits, however there was some discussion over whether the board should create a new section of "MS" Policies to separate Medical Staff policies from Quality policies, since the hospital has separated those departments on their organizational chart. Mr. Weisser asked for some time to consider this. The policies will be held until a decision can be made around the naming convention, and this will be placed under Pending Business for the next Governance Committee meeting.

**3. NEW BUSINESS**

**3.1. Finance Policies**

*(Will be reviewed at Finance Committee 3/21/24 at 8am)*

F-07 Pension Plan Investment and F-08 Board Member and CEO Travel were reviewed by the Finance Committee at 8am and they had no recommended changes to these two policies. The Governance Committee had no objections. These policies will be placed on the consent agenda at the upcoming board meeting.

**4. DISCUSSION**

**4.1. Physician Board Members**

Mr. Weisser provided some materials regarding physicians serving on hospital boards, and a proposed policy. He will bring this as an agenda item to executive session at the upcoming board meeting.

**4.2. Conflict of Interest Policy**

The committee reviewed the policy revisions proposed by Ms. Wythe. Mr. Weisser would like to move toward identifying conflicts of interest prior to the meeting, for efficiency. The conflicts would still need to be declared during the meeting. Mr. Weisser also suggested cleaning up the definitions section. Ms. Wythe will work on this for the next meeting.

**5. ADJOURNMENT**

The meeting was adjourned at 12:13pm.