AGENDA
Board of Directors Meeting
6:30 PM - Wednesday, October 29, 2025
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, President		Matthew Bullard		Edson Knapp, MD	
Preston Simmons Vice President		Kim Frost		Christopher Landess, MD	
Beth Wythe, Secretary		Michael Dye		Bernadette Wilson	
Walter Partridge, Treasurer					

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 - 10 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for September 24, 2025
Board of Directors - Sep 24 2025 - Minutes - DRAFT

11 - 14 7.2. Consideration to Approve September FY26 Financials
Balance Sheet Sept Final FY26
Income Statement September FY26
Cash Flow Statement Sept FY26

15 7.3. Consideration to Approve SM-13 Political Candidates with no revisions as recommended by the Governance Committee
SM-13

16 - 17 7.4. Consideration to Approve SM-09, Board Terms and Officers, as revised by the Governance Committee
SM-09

18 - 19 7.5. Consideration to Approve New Board Policy EMP-10 Investigation of Chief Executive Officer Misconduct
EMP-10

8. PRESENTATIONS

9. UNFINISHED BUSINESS

10. NEW BUSINESS

20 - 33 10.1. SECOND READING and Consideration to Approve an Amendment to the SPH Board of Directors Bylaws to Remove the Reference to Robert's Rules and Replace with Succinct Meeting Rules that Reflect Current Practice
Memo
Bylaws, with Roberts Rules amendment

34 10.2. Consideration to Approve South Peninsula Hospital Resolution 2025-22, A Resolution of the Board of Directors Resolving to Provide the Resources Necessary to Achieve and Sustain a Level IV Trauma Hospital Designation
SPH Resolution 2025-22

11. REPORTS

35 - 39 11.1. Chief Executive Officer

Q1FY26 Balanced Scorecard

11.2. BOD Committee: Finance & Pension

11.3. BOD Committee: Strategic Planning & Communication

40 - 50 11.4. BOD Committee: Governance
SM-10: Board Orientation and Continuing Education - revised
SM-07: Board Member Orientation - to retire - incorporated into SM-10
SM-14: Board Member Responsibilities and Expectations - new policy
SM-15: Board President Evaluation - new policy
SM-15 Appendix: Board President Evaluation

11.5. BOD Committee: Quality

11.6. Chief of Staff

11.7. 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

51 - 52 15.1. Board Officer and Committee Form 2026
BOD Officer & Committee Form 2026

15.2. AHA Rural Healthcare Conference February 2026

53 15.3. Service Area Board Schedule for 2026 (sign up)
Service Area Board Sign Up

16. ACTION ITEMS

17. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

18. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

54 18.1. Consideration to Approve Resolution 2025-23, Approving the Medical Staff Credentialing for October 2025
SPH Resolution 25-23 Medical Staff Credentialing October 2025

19. ADJOURNMENT

South Peninsula Hospital

MEMO

Administration
4300 Bartlett Street
Homer, AK 99603
907-235-0325 ~ 907-235-0253, fax

To: Public Participants

From: Operating Board of Directors – South Peninsula Hospital

Re: Rules for Participating in a Public Meeting

The following has been adapted from the "Rules for Participating in a Public Meeting" used by Kenai Peninsula SAB of SPHI and reflects language from the Operating Agreement with the Kenai Peninsula Borough.

Each member of the public desiring to comment upon policies or proposed actions of the SPH Operating Board of Directors at tonight's meeting will be given an opportunity to speak within the following guidelines:

- *Comments are restricted to policies or proposed actions of the SPH Operating Board of Directors.*
- *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 policy or proposed action you wish to address.*
- *Please be concise and courteous. There is a limit of 3 minutes per speaker; total time allotted for public comment is at the discretion of the chair.*
- *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.*
- *If you have questions, you may direct them to the chair. Questions will not be addressed by the board during the public comment period, but may be addressed at a later time.*

These rules for participating in a public meeting were discussed and approved at the Board of Directors meeting on September 25, 2024.

MINUTES

Board of Directors Meeting

6:30 PM - Wednesday, September 24, 2025

Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital was called to order on Wednesday, September 24, 2025, at 6:30 PM, in the Conference Rooms 1&2 and Zoom.

1. CALL TO ORDER

President Aaron Weisser called the regular meeting to order at 6:30pm.

2. ROLL CALL

BOARD PRESENT: **Aaron Weisser, Edson Knapp, Walter Partridge, Michael Dye, Bernadette Wilson, Beth Wythe, Preston Simmons, Matthew Bullard, Christopher Landess, Kim Frost**

BOARD EXCUSED:

ALSO PRESENT: **Ryan Smith, CEO; Amber Gall, CNO; Dr. Sarah Roberts (Chief of Staff), Maura Gibson (Exec. Asst.)**

Only meeting participants who comment, give report or give presentations are noted in the minutes. Others may be present.

A quorum was present.

3. REFLECT ON LIVING OUR VALUES

Amber Gall, CNO, reported. She shared a story of collaboration with the local emergency services when a patient needed to get to Central Peninsula Hospital, but due to weather the helicopter could not fly. KESA was able to provide an ambulance to transport the patient and SPH sent two of their personnel with the truck to manage the advanced care.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

Mr. Weisser welcomed everyone. Rules for Participating in a Public Meeting were provided in the virtual packet and in the room.

4.1. Rules for Participating in a Public Meeting

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the audience.

6. APPROVAL OF THE AGENDA

Michael Dye made a motion to approve the agenda as presented. Beth Wythe seconded the motion. Motion Carried.

7. APPROVAL OF THE CONSENT CALENDAR

Beth Wythe read the consent calendar into the record.

7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for August 27, 2025

7.2. Consideration to Approve August FY2026 Financials

7.3. Consideration to Approve PEN-001 Employee Investment Policy, PEN-002 403b and 457 Plan Investment and F-07 Pension Plan Investment.

7.4. Consideration to Approve Policies SM-11 Employee Recognition and SM-12 Board Member Stipends with No Changes as Recommended by the Governance Committee

7.5. Consideration to Approve a Proclamation for Fidoysia Reutov on her Retirement after 23 Years at South Peninsula Hospital

Beth Wythe made a motion to approve the consent calendar as read. Preston Simmons seconded the motion. Motion Carried.

8. PRESENTATIONS

8.1. Presentation of a Proclamation to Fidoysia Reutov on her Retirement after 23 Years at South Peninsula Hospital

Aaron Weisser read a proclamation for Fidoysia Reutov on her retirement after 23 years at South Peninsula Hospital. He presented her with a copy of the proclamation and expressed his appreciation for her service on behalf of the board.

9. UNFINISHED BUSINESS

There was no unfinished business.

10. NEW BUSINESS

10.1. Consideration to Approve the revised Medical Staff Bylaws, as amended by the SPH Medical Staff

Sarah Roberts, Chief of Staff, reported. The medical staff has been working on a comprehensive revision of the bylaws for the past year. The revisions were approved by the general medical staff at their meeting two weeks ago.

Beth Wythe made a motion to approve the revised Medical Staff Bylaws, as amended by the SPH Medical Staff. Christopher Landess seconded the motion. Motion Carried.

10.2. FIRST READING of an Amendment to the SPH Board of Directors Bylaws to Remove the Reference to Robert's Rules and Replace with Succinct Meeting Rules that Reflect Current Practice *(no action required)*

The complete text of the revised bylaws were provided to the board for a first reading. The revision will remove the reference to Robert's Rules of Order and replaces it with succinct meeting rules that reflect the board's current practice. The second reading and vote on the bylaws amendment will occur at the October meeting.

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, gave a verbal report. He thanked everyone who attended the AHHA Annual Conference from the board. SPH's Long Term Care facility was awarded the AHCA/NCAL Silver Award at the conference.

11.2. BOD Committee: Finance & Pension

Walter Partridge, Finance & Pension Committee Chair, reported. The committee met last week. They discussed the Pension policies, and since the Pension Committee has been combined with Finance Committee, and is no longer a separate body acting as a trustee for the Pension Plan, the Pension Policies would now be considered board policies. They were placed on the consent agenda for full board approval. They also discussed the finances, which were impacted by the Epic transition, and a grants report.

11.3. BOD Committee: Strategic Planning & Community Relations

The Strategic Planning & Community Relations Committee did not meet in September.

11.4. BOD Committee: Governance

Beth Wythe, Governance Committee Chair, reported. Policies SM-09 and SM-10 are provided with revisions, focused on realigning with the new committee structures and information regarding to orientation. Included in the packet is also a new policy regarding Investigation of CEO Misconduct. The committee realized there was no process for handling this situation, and created this policy. It is provided for initial review. The committee is also completing interviews with board candidates for 2026 and continuing to review the bylaws.

11.5. BOD Committee: Quality

Preston Simmons, Quality Committee Chair, reported. The committee met and discussed emergency preparedness, and also laid out the Quality Committee calendar for the next 12 months.

11.6. Chief of Staff

Dr. Sarah Roberts, Chief of Staff, reported. The medical staff met, and heard a presentation on the new Childcare Center. In addition to the bylaws, the medical staff has been working on updating the Rules and Regulations as well. They are looking forward to the Board and Medical Staff Dinner in October.

11.7. Service Area Board Representative

Tamara Fletcher reported on behalf of the Service Area Board (SAB). The SAB met in September, with no unfinished or new business. There are three seats up for election on October 7th. Kathryn Ault has also stepped down, so

someone will be appointed to replace her after the election. Ms. Fletcher reported she was able to attend the AHHA conference and found it very informative.

12. DISCUSSION

There were no 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

(Announcements/Congratulations)

14.1. Chief Executive Officer

Mr. Smith had no further comments.

14.2. Board Members

Preston Simmons congratulated Long Term Care on their Silver award. Dr. Edson Knapp expressed appreciated for Mr. Simmons and his leadership on the new Board Quality Committee. Mike Dye shared that he enjoyed the conference. Bernadette Wilson congratulated Long Term Care, and shared that she enjoyed the conference and the generative discussions with the board. Beth Wythe also enjoyed the conference, and asked Committee Chairs to review charters between now and the end of the year. She reminded the board that they will be hosting an Ice Cream Social for staff on October 23rd. Aaron Weisser felt the self-assessment efforts with Governwell have been very fruitful and allow the board to improve.

15. INFORMATIONAL ITEMS

There were no informational items.

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

The board adjourned to Executive Session at 7:00pm.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

The board moved back into open session at 7:15pm.

17.1. Consideration to Approve Resolution 2025-21, Approving the Medical Staff Credentialing for September, 2025

Beth Wythe made a motion to approve Resolution 2025-21, Approving the Medical Staff Credentialing for September, 2025 to include:

The reappointment of:

Ahmed Abuzaid, MD	*Cardiology-TeleEcho*	*Courtesy-AKH&VI*
Devry Garity, PNP	*Pediatrics*	*Active*

Michael Hennigan, MD	*Internal Medicine*	*Courtesy*
Adam Hecht, MD	*Radiology*	*TeleRad-vRad*
Jacob Kelly, MD	*Cardiology-TeleEcho*	*Courtesy-AKH&VI*
Gregory Kenyherz, MD	*Radiology*	*TeleRad-vRad*
Jessica Malone, MD	*Internal Medicine*	*Courtesy*
Michael Rethy, MD	*Radiology*	*TeleRad-vRad*
Gene Quinn, MD	*Cardiology-TeleEcho*	*Courtesy-AKH&VI*
Sarah Truitt, MD	*Ob/GYN*	*Courtesy*
Renda Knapp, MD	*Ob/GYN*	*Active*

And the appointment of:

Ian Lawrence, MD	*Internal Med & Pediatrics*	*Active*

Bernadette Wilson seconded the motion. Edson Knapp, MD recused himself from the motion, as his wife is included in the credentialing for this month. Motion Carried.

18. ADJOURNMENT

The meeting adjourned at 7:45pm.

Respectfully Submitted,

Maura Jones, Executive Assistant

Accepted:

Aaron Weisser, President

Minutes Approved:

Mary E. Wythe, Secretary

South Peninsula Hospital

DRAFT-UNAUDITED

BALANCE SHEET
As of September 30, 2025

		As of September 30, 2025	As September 30, 2024	As of August 31, 2025	CHANGE FROM September, 2024
	ASSETS				
	CURRENT ASSETS:				
1	CASH AND CASH EQUIVALENTS	27,941,144	25,344,990	32,397,421	2,596,154
2	EQUITY IN CENTRAL TREASURY	10,511,323	9,324,381	9,351,015	1,186,942
3	TOTAL CASH	38,452,467	34,669,371	41,748,436	3,783,096
4	PATIENT ACCOUNTS RECEIVABLE	57,375,283	44,059,236	44,959,114	13,316,047
5	LESS: ALLOWANCES & ADJ	(26,394,062)	(21,031,330)	(20,455,477)	(5,362,732)
6	NET PATIENT ACCT RECEIVABLE	30,981,221	23,027,906	24,503,636	7,953,315
7	PROPERTY TAXES RECV - KPB	2,074,107	1,767,870	3,338,457	306,237
8	LESS: ALLOW PROP TAX - KPB	(4,165)	(4,165)	(4,165)	0
9	NET PROPERTY TAX RECV - KPB	2,069,942	1,763,705	3,334,292	306,237
10	OTHER RECEIVABLES - SPH	354,550	150,802	378,214	203,748
11	INVENTORIES	2,889,122	2,613,878	2,865,776	275,244
12	NET PENSION ASSET- GASB	534,985	3,225,068	534,985	(2,690,083)
13	PREPAID EXPENSES	1,509,869	1,191,201	1,154,363	318,668
14	TOTAL CURRENT ASSETS	76,792,156	66,641,931	74,519,703	10,150,225
	ASSETS WHOSE USE IS LIMITED				
15	PREF UNOBLIGATED	4,201,555	6,926,833	6,339,057	(2,725,278)
16	PREF OBLIGATED	3,084,187	1,255,227	982,687	1,828,960
17	OTHER RESTRICTED FUNDS	542,249	1,211,456	868,263	(669,207)
		7,827,991	9,393,516	8,190,007	(1,565,525)
	PROPERTY AND EQUIPMENT:				
18	LAND AND LAND IMPROVEMENTS	4,345,607	4,124,559	4,345,607	221,048
19	BUILDINGS	68,165,134	67,085,718	68,571,402	1,079,416
20	EQUIPMENT	33,360,758	30,187,936	33,352,847	3,172,822
21	BUILDINGS INTANGIBLE ASSETS	4,257,905	4,028,135	4,257,905	229,770
22	EQUIPMENT INTANGIBLE ASSETS	1,750,896	1,207,638	1,750,896	543,258
23	SOFTWARE INTANGIBLE ASSETS	890,140	2,135,560	890,141	(1,245,420)
24	IMPROVEMENTS OTHER THAN BUILDINGS	1,544,013	926,889	1,544,013	617,124
25	CONSTRUCTION IN PROGRESS	4,242,915	4,133,463	3,650,692	109,452
26	LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(63,131,820)	(62,882,670)	(62,792,460)	(249,150)
27	LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(3,111,707)	(3,402,909)	(3,023,034)	291,202
28	NET CAPITAL ASSETS	52,313,841	47,544,319	52,548,007	4,769,522
29	GOODWILL	0	0	0	0
30	**TOTAL ASSETS**	136,933,988	123,579,766	135,257,717	13,354,222
	DEFERRED OUTFLOWS OF RESOURCES				
31	PENSION RELATED (GASB 68)	5,077,652	4,845,265	5,315,248	232,387
32	UNAMORTIZED DEFERRED CHARGE ON REFUNDING	147,528	208,574	152,615	(61,046)
33	TOTAL DEFERRED OUTFLOWS OF RESOURCES	5,225,180	5,053,839	5,467,863	171,341
34	TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	142,159,168	128,633,605	140,725,580	13,525,563

		As of September 30, 2025	As September 30, 2024	As of August 31, 2025	CHANGE FROM September, 2024
	LIABILITIES & FUND BALANCE				
	CURRENT LIABILITIES:				
35	ACCOUNTS AND CONTRACTS PAYABLE	2,848,768	3,808,274	2,208,368	(959,506)
36	ACCRUED LIABILITIES	9,567,137	11,147,119	11,913,883	(1,579,982)
37	DEFERRED CREDITS	508,449	1,236,092	841,108	(727,643)
38	CURRENT PORTION OF LEASE PAYABLE	1,014,193	186,702	949,029	827,491
39	CURRENT PORTION SOFTWARE INTANGIBLE PAYABLE	199,887	269,135	199,887	(69,248)
40	CURRENT PORTIONS OF NOTES DUE	911,690	43,503	903,559	868,187
41	CURRENT PORTIONS OF BONDS PAYABLE	1,250,000	1,195,000	1,250,000	55,000
42	BOND INTEREST PAYABLE	64,654	55,247	39,848	9,407
43	DUE TO/(FROM) THIRD PARTY PAYERS	1,076,864	876,864	1,076,864	200,000
44	COMPENSATED ABSENCES CURRENT PORTION	6,919,937	0	5,671,434	6,919,937
45	TOTAL CURRENT LIABILITIES	24,361,580	18,817,936	25,053,979	5,543,644
	LONG-TERM LIABILITIES				
46	NOTES PAYABLE	2,747,494	0	2,940,958	2,747,494
47	COMPENSATED ABSENCES NET OF CURRENT PORTION	3,113,434	0	3,975,093	3,113,434
48	BONDS PAYABLE NET OF CURRENT PORTION	4,170,000	5,420,000	4,170,000	(1,250,000)
49	PREMIUM ON BONDS PAYABLE	163,109	249,148	169,087	(86,039)
50	CAPITAL LEASE, NET OF CURRENT PORTION	3,657,881	3,784,016	3,788,440	(126,135)
51	SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION	0	185,016	4,805	(185,016)
	TOTAL NONCURRENT LIABILITIES	13,851,918	9,638,180	15,048,382	4,213,738
51					
	TOTAL LIABILITIES	38,213,497	28,456,116	40,102,362	9,757,381
52					
53	DEFERRED INFLOW OF RESOURCES	0	0	0	0
	PROPERTY TAXES RECEIVED IN ADVANCE	0	5	0	(5)
	NET POSITION				
54					
55	INVESTED IN CAPITAL ASSETS	5,731,962	5,731,963	5,731,963	(1)
56	CONTRIBUTED CAPITAL - KPB	0	0	0	0
57	RESTRICTED	25,286	25,286	25,286	0
58	UNRESTRICTED FUND BALANCE - SPH	98,170,956	94,420,235	94,848,502	3,750,721
59	UNRESTRICTED FUND BALANCE - KPB	17,467	0	17,467	17,467
60	**TOTAL LIAB & FUND BALANCE**	142,159,168	128,633,605	140,725,580	13,525,563

South Peninsula Hospital

INCOME STATEMENT
As of September 30, 2025
DRAFT-UNAUDITED

		MONTH				YEAR TO DATE			
		09/30/25			09/30/24	09/30/25			09/30/24
		Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
	Patient Service Revenue								
1	Inpatient	4,110,595	3,498,028	17.51%	3,394,154	10,943,425	10,882,755	0.56%	10,325,584
2	Outpatient	21,419,585	18,804,951	13.90%	17,131,129	60,107,523	58,765,471	2.28%	55,642,010
3	Long Term Care	1,420,582	1,491,919	-4.78%	1,224,225	4,379,331	4,475,757	-2.15%	3,775,825
4	Total Patient Services	26,950,762	23,794,898	13.26%	21,749,508	75,430,279	74,123,983	1.76%	69,743,419
	Deductions from Revenue								
5	Medicare	5,432,616	4,880,453	-11.31%	6,109,546	16,166,735	14,867,082	-8.74%	17,242,499
6	Medicaid	2,590,977	2,692,777	3.78%	2,114,771	8,295,403	8,202,869	-1.13%	8,227,718
7	Charity Care	83,545	231,724	63.95%	212,296	985,511	705,891	-39.61%	582,830
8	Commercial and Admin	2,421,160	2,367,977	-2.25%	2,132,189	7,099,587	7,213,450	1.58%	6,173,437
9	Bad Debt	120,060	303,220	60.40%	447,645	1,177,771	923,685	-27.51%	814,254
10	Total Deductions	10,648,358	10,476,151	-1.64%	11,016,447	33,725,007	31,912,977	-5.68%	33,040,738
11	Net Patient Services	16,302,404	13,318,747	22.40%	10,733,061	41,705,272	42,211,006	-1.20%	36,702,681
12	USAC and Other Revenue	102,655	131,066	-21.68%	90,676	313,984	393,201	-20.15%	285,720
13	Total Operating Revenues	16,405,059	13,449,813	21.97%	10,823,737	42,019,256	42,604,207	-1.37%	36,988,401
	Operating Expenses								
14	Salaries and Wages	6,028,754	6,052,646	0.39%	5,345,898	17,801,747	18,157,940	1.96%	16,193,910
15	Employee Benefits	2,915,270	2,613,980	-11.53%	1,944,655	9,621,121	8,207,698	-17.22%	6,665,515
16	Supplies, Drugs and Food	1,452,081	1,863,960	22.10%	1,668,769	4,583,888	5,385,377	14.88%	4,576,397
17	Contract Staffing	472,509	108,111	-337.06%	164,065	1,407,937	333,191	-322.56%	593,484
18	Professional Fees	695,490	456,058	-52.50%	466,956	2,155,877	1,430,914	-50.66%	1,541,584
19	Utilities and Telephone	203,159	201,604	-0.77%	178,242	573,387	604,812	5.20%	544,973
20	Insurance (gen'l, prof liab, property)	12,526	24,767	49.42%	113,406	48,902	70,763	30.89%	278,128
21	Dues, Books, and Subscriptions	235,323	193,643	-21.52%	22,961	661,043	629,236	-5.05%	58,095
22	Software Maint/Support	71,614	98,305	27.15%	147,703	127,675	246,419	48.19%	487,073
23	Travel, Meetings, Education	187,837	181,556	-3.46%	44,318	565,838	544,669	-3.89%	122,494
24	Repairs and Maintenance	46,125	57,786	20.18%	181,903	157,202	171,390	8.28%	495,200
25	Leases and Rentals	43,046	111,593	61.43%	89,300	238,409	309,981	23.09%	289,427
26	Other (Recruiting, Advertising, etc.)	272,904	214,901	-26.99%	201,972	624,652	644,705	3.11%	540,546
27	Depreciation & Amortization	487,834	565,766	13.77%	429,646	1,387,525	1,697,296	18.25%	1,297,762
28	Total Operating Expenses	13,124,472	12,744,676	-2.98%	10,999,794	39,955,203	38,434,391	-3.96%	33,684,588
29	**Gain (Loss) from Operations**	**3,280,587**	**705,137**	**-365.24%**	**(176,057)**	**2,064,053**	**4,169,816**	**50.50%**	**3,303,813**
	Non-Operating Revenues								
30	General Property Taxes	1,313,756	1,187,469	10.63%	1,141,773	2,326,298	2,594,840	-10.35%	2,252,476
31	Investment Income	107,774	132,516	-18.67%	83,728	312,285	397,546	-21.45%	251,292
32	Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
33	Other Non Operating Revenue	135	216	100.00%	205	3,333	650	100.00%	9,914
34	Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35	Gain <Loss> on Disposal	(346,465)	0	0.00%	0	346,465	0	0.00%	100
36	SPH Auxiliary	330	794	-58.44%	220	1,463	2,380	-38.53%	2,957
37	Total Non-Operating Revenues	1,075,530	1,320,995	-18.58%	1,225,926	2,989,844	2,995,416	-0.19%	2,516,739
	Non-Operating Expenses								
38	Insurance	0	0	0.00%	0	0	0	0.00%	0
39	Service Area Board	0	0	0.00%	0	0	0	0.00%	3,828
40	Other Direct Expense	0	9,500	100.00%	0	680	28,500	97.61%	50,000
41	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42	Interest Expense	89,677	60,786	-47.53%	46,640	202,605	182,357	-11.10%	140,006
43	Total Non-Operating Expenses	89,677	70,286	-27.59%	46,640	203,285	210,857	3.59%	193,834
	Grants								
44	Grant Revenue	326,265	139,880	0.00%	0	440,885	419,640	0.00%	152,142
45	Grant Expense	1,011	15,986	93.68%	9,700	8,352	47,958	82.58%	63,990
46	Total Non-Operating Gains, net	325,254	123,894	162.53%	(9,700)	432,533	371,682	-16.37%	88,152
47	Income <Loss> Before Transfers	4,591,694	2,079,740	-120.78%	993,529	5,283,145	7,326,057	-27.89%	5,714,870
48	Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49	**Net Income**	**4,591,694**	**2,079,740**	**120.78%**	**993,529**	**5,283,145**	**7,326,057**	**-27.89%**	**5,714,870**

DRAFT-UNAUDITED

South Peninsula Hospital

Statement of Cash Flows
As of September 30, 2025

	Cash Flow from Operations:		
1	YTD Net Income		5,283,145
2	Add: Depreciation Expense		1,387,525
3	Adj: Inventory (increase) / decrease		(210,851)
4	Patient Receivable (increase) / decrease		(5,000,914)
5	Prepaid Expenses (increase) / decrease		(282,374)
6	Other Current assets (increase) / decrease		(410,391)
7	Accounts payable increase / (decrease)		691,055
8	Accrued Salaries increase / (decrease)		1,220,646
9	Net Pension Asset (increase) / decrease		-
10	Other current liability increase / (decrease)		(310,681)
11	Net Cash Flow from Operations		2,367,160
	Cash Flow from Investing:		
12	Cash paid for the purchase of property/equip		(2,293,967)
13	Cash transferred to plant replacement fund		-
14	Proceeds from disposal of equipment		(346,465)
15	Net Cash Flow from Investing		(2,640,432)
	Cash Flow from Financing		
16	Cash (paid) / received for Lease Payable		(154,407)
17	Cash paid for Debt Service		-
18	Net Cash from Financing		(154,407)
19	Net increase in Cash	$	(427,680)
20	Beginning Cash as of July 1, 2025	$	38,880,147
21	Ending Cash as of September 30, 2025	$	38,452,467

South Peninsula Hospital	**SUBJECT:** Political Candidates	**POLICY #:** SM-13 **Page 1** of **1**
Scope: Board of Directors **Approved by:** Board of Directors		**Original Date:** 7/23/14 **Effective:** 1/24/24
Revised: 8/28/19, 4/28/21 **Reviewed:** 1/25/23; 1/24/24		**Revision Responsibility:** Board of Directors

PURPOSE:
Federal compliance requirements for endorsement of political candidates.

DEFINITION(S):
N/A

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

PROCEDURE:
N/A

ADDITIONAL CONSIDERATIONS:
N/A

REFERENCE(S):
N/A

CONTRIBUTORS:
Board of Directors

South Peninsula Hospital	**SUBJECT:** Board Terms and Officers	**POLICY #:** SM-09 **Page 1** of **2**
Scope: Board of Directors **Approved by:** Board of Directors		**Original Date:** 3/31/21 **Effective:** 1/24/24
Revised: 8/28/19; 7/28/21; 10/26/22; 5/24/23; 10/23/25 **Reviewed:** 1/24/24		**Revision Responsibility:** Board of Directors

PURPOSE:
Guidelines for the management of the election of board members and term limits for board officers.

DEFINITION(S):
N/A

POLICY:
A. Board Member Election Process
   1. The Governance Committee (the Committee) will facilitate the election of new board members and commence the electoral process no later than September of each year.
   2. At least forty-five days prior to a sitting board member's term of office expiring, the Governance Chair ~~Membership Committee~~ will send a notice confirming the term ending and the procedures to apply for re-appointment. The board member will have fifteen days to respond ~~to the Membership Committee~~. Simultaneously, the ~~Governance~~ Committee will have ~~place~~ a display ad placed in the local papers, and a notification will be posted on the landing page of the SPH website inviting members of the Service Area to apply to serve on the Board of Directors. Board members are also encouraged to provide recommendations to the ~~Membership/Governance~~ Committee for potential candidates and the ~~Membership~~ Committee will reach out to those potential members.
   3. Each Candidate will complete an application. Two references will be required for ~~successful~~ new board applicants to be considered for appointment. Exceptions will be made for applicants who are well known to an existing board member(s) if that member(s) is able to provide a positive reference for the applicant. Reference checks will be completed by the ~~Governance~~ Committee.
   4. Applications will be reviewed by the ~~Membership~~ Committee.
   5. Interviews will be coordinated virtually for selected candidates, and all board members will be invited to attend the interview.
   ~~5.~~6. The committee will prepare a list of recommended candidates for the consideration of the Board.
   ~~6.~~7. ~~Two references will be required for successful board applicants to be considered for appointment. Exceptions will be made for applicants who are well known to an existing board member(s) if that member(s) is able to provide a positive reference for the applicant. Reference checks will be completed by the Governance Committee.~~ Board member terms will be three years. Vacancies created by a member no longer able to serve shall be filled for the remainder of the unexpired term, as provided for in the bylaws~~.~~
B. Vacancies
   1. Each candidate recommended by the committee will be reviewed in Executive Session. Incumbents will leave the room when the discussion is concerning their application.
   2. Candidates will be voted on by secret ballot at a regularly scheduled Executive Session and the appointment of selected candidates will be ratified by the Board of Directors in an Open Session.
   3. After board members are seated, the Kenai Peninsula Borough will be notified of continuing or newly appointed members in accordance with the Operating Agreement.
C. Officer Terms
   1. Board Officers (President, Vice President, Treasurer, and Secretary) will serve two-year terms, with a maximum of two consecutive terms. Exceptions may be made in special circumstances, which would require a vote of the board.

PROCEDURE:
N/A

ADDITIONAL CONSIDERATIONS:
N/A

REFERENCE(S):
N/A

CONTRIBUTORS: Board of Directors

South Peninsula Hospital	**SUBJECT:** Investigation of Chief Executive Officer (the CEO) Misconduct	**POLICY #:** EMP-10 **Page 1** of **2**
Scope: Board of Directors **Approved by:** Board of Directors		**Original Date:** 10/29/25 **Effective:** 10/29/25
Revised: **Reviewed:**		**Revision Responsibility:** Board of Directors

PURPOSE:
To establish a clear and transparent process for investigating allegations of misconduct involving the CEO to ensure accountability, integrity, and the continued trust of the employees and the community in the hospital's operations.

DEFINITION(S):
1. Misconduct: Any unethical or illegal behavior, including but not limited to fraud, harassment, discrimination, gross negligence, or violation of hospital policies.
2. Investigating Committee: The composition of the investigation committee will be determined following a review of the complaint to determine the appropriate level of representation required.

POLICY:
The hospital is committed to maintaining high ethical standards and compliance with all applicable laws and regulations. Any allegations of misconduct by the CEO will be taken seriously and investigated promptly and thoroughly. This policy applies to the CEO. Concerns regarding all other members of the hospital executive leadership team, will be managed through the hospital's established human resources complaint processes.

PROCEDURE:

1. **Reporting Allegations**
    a. Allegations of misconduct may be reported by any employee, board member, or stakeholder to the Board Chair or a designated member of the Board.
    b. Retaliation against individuals who report in good faith is strictly prohibited.
    c. Reports will be reduced to writing by the person filing the complaint.
    d. All information received will be held in confidence to the extent possible while completing an investigation.
2. **Initial Review**
    a. Upon receiving a report, the Board Chair will conduct an initial review to determine whether the allegations warrant further investigation.
    b. If the Board Chair is implicated, the Vice Chair will assume this responsibility.
3. **Formation of Investigating Committee**
    a. If an investigation is warranted, the Board Chair will form an Investigating Committee, which may include:
        • Board members
        • Legal counsel (if necessary)
        • External investigators (if deemed appropriate)
4. **Investigation Process**
    a. The Investigating Committee will conduct a thorough investigation, which may include:
        • Interviews with the complainant, witnesses, and the accused

- Review of relevant documents and records
- Consultation with legal counsel as needed

b. All parties involved will be treated fairly, and confidentiality will be maintained throughout the process.

5. **Findings and Recommendations**
   a. Upon completion of the investigation, the Investigating Committee will prepare a written report outlining findings and recommendations.
   b. The report will be submitted to the Board for review.
6. **Board Action**
   a. The Board will convene in executive session to discuss the findings and determine appropriate actions, which may include:
      - No action
      - Disciplinary action, up to and including termination
      - Further training or support for the CEO
7. **Communication**
   a. The Board will communicate the outcome of the investigation to relevant parties while maintaining confidentiality as appropriate.
   b. If appropriate, a summary of the investigation process and outcomes may be shared with the hospital community to reinforce transparency.

ADDITIONAL CONSIDERATIONS:
N/A

REFERENCE(S):
N/A

CONTRIBUTORS:
Board of Directors

South Peninsula Hospital

MEMO

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

To: SPH Board of Directors

From: BOD Governance Committee

Date: September 18, 2025

Re: Board Bylaws Amendment Proposal

In reviewing the bylaws, the Governance Committee identified a section requiring amendment. Article X, Section 1 currently states that the hospital board will be governed by Robert's Rules of Order, but in practice the board uses a simplified meeting procedure. Ms. Wythe outlined a simplified meeting procedure in the bylaws to replace the reference to Robert's Rules.

Section 1 of ARTICLE IX – AMENDMENTS asks for two readings of the change to be made prior to vote, with a required 75% of the entire membership needed to ratify the amendment. The first reading of the proposed amendment occurred on September 24, 2025, with the second reading and approval scheduled for October 29, 2025.

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

ARTICLE X - ORDER OF BUSINESS

Section 1.

The order and conduct of business at all meetings of the Hospital Board shall be ~~governed by Roberts Rules of Order Revised, except when provided otherwise in these Bylaws~~ consistent with the following procedure.

An agenda will be prepared and posted prior to each regular meeting, special meeting, or committee meeting, stating the intended topics of discussion/review at the meeting.

Except in the case of an emergent topic, no additional topics will be included in the agenda once it has been finalized and posted.

The agenda will be approved at the beginning of each meeting using the motion, second, vote process, and may include amendments to the order of business only.

If a Board Member has a conflict of interest with any item on the consent agenda, that item will be removed for individual consideration using the amendment procedure above.

Business will be conducted using a motion, second, discussion and vote format. When reviewing and discussing resolutions, amendments may be proposed using the same format and must be approved or declined before moving forward with the final approval of the resolution.

In order to keep track of the discussion, only one amendment may be introduced, discussed and voted on at a time, and "friendly amendments" should not be considered. Clear each proposed amendment and make additional amendments if desired.

Recommended Motion: Consideration to Approve a Bylaws Amendment to Article X Order of Business, Section 1, Changing the Order of Business from Robert's Rules of Order to a Simplified Meeting Procedure Outlining Agendas, Motions, Conflict of Interest, Voting and Amendments.

BYLAWS
SOUTH PENINSULA HOSPITAL, INC.

ARTICLE I - NAME AND OBJECTIVES

Section 1.

The name of this corporation shall be South Peninsula Hospital, Inc., and its mailing address shall be 4300 Bartlett Street, Homer, Alaska 99603.

Section 2.

The name of the Board shall be the South Peninsula Hospital Board of Directors, and shall be referred to in these Bylaws as the Hospital Board.

Section 3.

The objective of the Hospital Board shall be to construct, maintain, and operate a hospital and authorized services in accordance with the laws and regulations of the State of Alaska and in fulfillment of our responsibility to the taxpayers and citizens of the South Kenai Peninsula Hospital Service Area. The Hospital Board shall be responsible for the control and operation of the Hospital and authorized services including the appointment of a qualified medical staff, the conservation and use of hospital monies, and the formulation of administrative policy.

ARTICLE II - MEETINGS

Section 1. Regular Meetings.

The Hospital Board shall hold regular meetings with a minimum of ten (10) meetings a year. Meetings shall be held at South Peninsula Hospital or such other place as may be designated, or virtually through telephonic or other electronic means

Section 2. Special Meetings.

Special meetings may be called by the President, Vice-President, Secretary, or Treasurer, at the request of the Administrator, Chief of Staff, or three Board members. Members shall be notified of special meetings, the time, place, date, and purpose of said meeting. Notice will be given verbally or by email. A minimum of five days' notice shall be given to members except in the event of an emergency. Notice will be provided to borough clerk and posted on SPHI website.

Section 3. Quorum.

A quorum for the transaction of business at any regular, special, or emergency meeting shall consist of a majority of the seated members of the Hospital Board, but a majority of those present shall have the power to adjourn the meeting to a future time. Attendance may be in person through telephonic or other electronic means.

Section 4. Minutes.

All proceedings of meetings shall be permanently recorded in writing by the Secretary and distributed to the members of the Hospital Board and ex-officio members. Copies of minutes will be posted on the SPHI website.

Section 5. Reconsideration:

A member of the board of directors who voted with the prevailing side on any issue may move to reconsider the board's action at the same meeting or at the next regularly scheduled meeting. Notice of reconsideration can be made immediately or made within forty-eight hours from the time of the original action was taken by notifying the president or secretary of the board.

Section 6. Annual Meeting.

The annual meeting of the Board of South Peninsula Hospital, Inc. shall be held in January, at a time and place determined by the Board of Directors. The purpose of the annual meeting shall include election of officers and may include appointment of Board members.

ARTICLE III - MEMBERS

Section 1.

Qualifications.

1. Board members must be at least 21 years old and a resident of the South Kenai Peninsula Hospital Service Area (" Service Area") of the Kenai Peninsula Borough; except that as many as three directors may reside outside the Service Area. The Board may establish other qualifications for Directors by resolution or policy. The Board may also establish criteria for the composition of the Board as a whole by resolution or policy, provided that at least 51% of the Board must be independent directors. By resolution or policy, the Board may impose restrictions on the eligibility of and guidelines for directors, including non-independent directors such as Medical Staff Members with privileges, to serve as committee members on Board committees.

2. Medical Staff Members with privileges to practice in corporation facilities, including employees of the corporation, are eligible to serve on the Board of Directors, provided that the number of such Medical Staff Members concurrently serving on the Board

shall not exceed two (2) directors at any time, and the number of non-physician medical staff members shall not exceed one (1) director at any time. Medical Staff Board Members will be recused from influencing the following Board decisions:

- Physician compensation including pay for performance considerations
- CEO compensation
- Approval of the annual audit
- Legal matters of which the Physician or a family member is the subject

· Medical Staff Board Members cannot serve on or have family relationships with members of the Physician Peer Review Committee

3. Except as provided in Section 2.B. employees of the corporation's facilities may not serve as Board members while so employed or within one year after termination of employment.

The number or Directors of this corporation shall be nine (9) to eleven (11). The Board may change the number of Directors at any time by amendment to these Bylaws, but a decrease cannot have the effect of shortening the term of an incumbent Director.

Section 2.

Appointments to the Hospital Board shall be made by the Hospital Board with an affirmative vote of the majority of the Board. Term of office shall be three (3) years with appointments staggered so that at least three members' terms will expire each year on December 31. Members may be reappointed by an affirmative vote of the majority of the Board. Election shall be by secret ballot. Elections may be held by any electronic means that provides the required anonymity of the ballot.

Section 3.

Vacancies created by a member no longer able to serve shall be filled by the procedure described in Section 2 for the unexpired term. Any member appointed to fill a vacant seat shall serve the remainder of the term for the seat the member has been appointed to fill.

Section 4.

Any Hospital Board member who is absent from two (2) consecutive regular meetings without prior notice may be replaced. In the event of sickness or circumstances beyond the control of the absent member, the absence may be excused by the President of the Board or the President's designee. Any Board member who misses over 50% of the Board meetings during a year may be replaced.

Section 5.

Censure of, or removal from the Board of any member shall require a 2/3 affirmative vote of the remaining Board members, excluding the board member in question.

Section 6.

No member shall commit the Hospital Board unless specifically appointed to do so by the Hospital Board, and the appointment recorded in the minutes of the meeting at which the appointment was made.

Section 7.

Hospital Board members will receive a stipend according to a schedule adopted by the board and outlined in Board Policy SM-12 Board Member Stipends.

ARTICLE IV - OFFICERS

Section 1.

The officers of the Hospital Board shall be a President, Vice-President, Secretary, and Treasurer.

Section 2.

At the annual meeting in the month of January each even year, the officers shall be elected, all of whom shall be from among its own membership, and shall hold office for a period of two years.

Section 3.

President. The President shall preside at all meetings of the Hospital Board. The President may be an appointed member to any committee and shall be an ex-officio member of each committee.

Section 4.

Vice-President. The Vice-President shall act as President in the absence of the President, and when so acting, shall have all of the power and authority of the President.

Section 5.

In the absence of the President and the Vice-President, the members present shall elect a presiding officer.

Section 6.

Secretary. The secretary shall be responsible for the minutes of the meeting, act as custodian of all records and reports, ensure posting of the agenda and minutes on the website, ensure that notification is provided to the Kenai Peninsula Borough for any changes to board membership or officer assignments, and other duties as set forth by the Hospital Board. These duties shall be performed in conjunction with SPH Hospital Staff assigned to assist the Board.

Section 7.

Treasurer. The Treasurer shall have charge and custody of, and be responsible to the Hospital Board for all funds, properties and securities of South Peninsula Hospital, Inc. in keeping with such directives as may be enacted by the Hospital Board.

ARTICLE V - COMMITTEES

Section 1.

The President shall appoint the number and types of committees consistent with the size and scope of activities of the hospital. The committees shall provide advice or recommendations to the Board as directed by the President. The President may appoint any person including, but not limited to, members of the Board to serve as a committee member. Only members of the Board will have voting rights on any Board committee. All appointments shall be made a part of the minutes of the meeting at which they are made.

Section 2.

Committee members shall serve without remuneration. Reimbursement for out-of-pocket expenses of committee members may be made only by hospital Board approval through the Finance Committee.

Section 3.

Committee reports, to be presented by the appropriate committee, shall be made a part of the minutes of the meeting at which they are presented. Substance of committee work will be fully disclosed to the full board.

ARTICLE VI - ADMINISTRATOR

Section 1.

The Administrator shall be selected by the Hospital Board to serve under its direction and be responsible for carrying out its policies. The Administrator shall have charge of and be responsible for the administration of the hospital.

Section 2.

The Administrator shall supervise all business affairs such as the records of financial transactions, collection of accounts and purchases, issuance of supplies, and to ensure that all funds are collected and expended to the best possible advantage. All books and records of account shall be maintained within the hospital facilities and shall be current at all times.

Section 3.

The Administrator shall prepare an annual budget showing the expected receipts and expenditures of the hospital.

Section 4.

The Administrator shall prepare and submit a written monthly report of all expenses and revenues of the hospital, preferably in advance of meetings. This report shall be included in the minutes of that meeting. Other special reports shall be prepared and submitted as required by the Hospital Board.

Section 5.

The Administrator shall appoint a Medical Director of the Long Term Care Facility. The Medical Director shall be responsible for the clinical quality of care in the Long Term Care Facility and shall report directly to the Administrator.

Section 6.

The Administrator shall serve as the liaison between the Hospital Board and the Medical Staff.

Section 7.

The Administrator shall provide a Collective Bargaining Agreement to the Hospital Board for approval.

Section 8.

The Administrator shall see that all physical properties are kept in a good state of repair and operating condition.

Section 9.

The Administrator shall perform any other duty that the Hospital Board may assign.

Section 10.

The Administrator shall be held accountable to the Hospital Board in total and not to individual Hospital Board members.

ARTICLE VII - MEDICAL STAFF

The Hospital Board will appoint a Medical Staff in accordance with these Bylawsand the Bylaws of the Medical Staff approved by the Hospital Board. The Medical Staff will operate as an integral part of the hospital corporation and will be responsible and accountable to the Hospital Board for the discharge of those responsibilities delegated to it by the Hospital Board from time to time. The delegation of responsibilities to the Medical Staff under these Bylaws or the Medical Staff Bylaws does not limit the inherent power of the Hospital Board to act directly in the interests of the Hospital.

Section 1.

The Hospital Board has authorized the creation of a Medical Staff to be known as the Medical Staff of South Peninsula Hospital. The membership of the Medical Staff will be comprised of all practitioners who are eligible under Alaska state law and otherwise satisfy requirements established by the Hospital Board. Membership in this organization shall not be limited to physicians only. Membership in this organization is a prerequisite to the exercise of clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Bylaws. The Medical Staff organization, and its members will be responsible to the Hospital Board for the quality of patient care practiced under their direction and the Medical Staff will be responsible for the ethical and clinical practice of its members.

The Chief of Staff will be responsible for regular communication with the Hospital Board.

Section 2.

The Hospital Board delegates to the Medical Staff its responsibility to develop Bylaws, and Rules and Regulations for the internal governance and operation of the Medical Staff. Neither will be effective until approved by the Hospital Board.

The following purposes and procedures will be incorporated into the Bylaws and Rules and Regulations of the Medical Staff:

1. The Bylaws and Rules and Regulations of the Medical Staff will state the purposes, functions and organization of the Medical Staff and will set forth the policies by which the Professional Staff exercises and accounts for its delegated authority and responsibilities.
2. The Medical Staff Bylaws will require adherence to an identified code of behavior within the Hospital. The Bylaws will state that the ability to work harmoniously and cooperatively with others is a basic requirement for initial appointment and

reappointment. Such Bylaws will state that appointment and reappointment is subject to compliance with Medical Staff Bylaws and Hospital Board Bylaws.
3. The Medical Staff Bylaws or Rules and Regulations will clearly define a regular method of quality assessment if not established by Hospital Board policy.

Section 3.

The following tenets will be applicable to Medical Staff membership and clinical privileges:

1. The Hospital Board delegates to the Medical Staff the responsibility and authority to investigate and evaluate matters relating to Medical Staff membership, clinical privileges, behavior and disciplinary action, and will require that the Medical Staff adopt, and forward to the Hospital Board, specific written recommendations with appropriate supporting documentation that will allow the Hospital Board to take informed action when necessary.
2. Final actions on all matters relating to Medical Staff membership, clinical privileges, behavior and disciplinary action will generally be taken by the Hospital Board following consideration of Medical Staff recommendations. However, the Hospital Board has the right to directly review and act upon any action or failure to act by the Medical Staff if, in the opinion of the Hospital Board, the Medical Staff does not or is unable to carry out its duties and responsibilities as provided in the Medical Staff Bylaws.
3. In acting on matters involving granting and defining Medical Staff membership and in defining and granting clinical privileges, the Hospital Board, through the Medical Staff's recommendations, the supporting information on which such recommendations are based, and such criteria as are set forth in the Medical Staff Bylaws. No aspect of membership nor specific clinical privileges will be limited or denied to a practitioner on the basis of sex, race, age, color, disability, national origin, religion, or status as a veteran.
4. The terms and conditions of membership on the Medical Staff and exercise of clinical privileges will be specifically described in the notice of individual appointment or reappointment.
5. Subject to its authority to act directly, the Hospital Board will require that any adverse recommendations or requests for disciplinary action concerning a practitioner's Medical Staff appointment, reappointment, clinical unit affiliation, Medical Staff category, admitting prerogatives or clinical privileges, will follow the requirements set forth in the Medical Staff Bylaws.
6. From time to time, the Hospital Board will establish professional liability insurance requirements that must be maintained by members of the Medical Staff as a condition of membership. Such requirements will be specific as to amount and kind of insurance and must be provided by a rated insurance company acceptable to the Hospital Board.

ARTICLE VIII - AUTHORIZATION OF INDEBTEDNESS

Section 1. Indebtedness.

It shall require seventy five percent (75%) of the entire Hospital Board to commit funds beyond current income, cash available, and appropriations of the current budget.

ARTICLE IX - AMENDMENTS

Section 1.

The Bylaws may be altered, amended, or repealed by the members at any regular or special meeting provided that notice of such meeting shall have contained a copy of the proposed alteration, amendment or repeal and that said proposed alteration, amendment, or repeal shall be read at two meetings prior to a vote.

Section 2.

An affirmative vote of seventy-five percent (75%) of the entire membership shall be required to ratify amendments, alterations or repeals to these Bylaws.

Section 3.

These Bylaws shall be reviewed at the annual meeting.

ARTICLE X - ORDER OF BUSINESS

Section 1.

The order and conduct of business at all meetings of the Hospital Board shall be

consistent with the following procedure.

An agenda will be prepared and posted prior to each regular meeting, special meeting, or committee meeting, stating the intended topics of discussion/review at the meeting.

Except in the case of an emergent topic, no additional topics will be included in the agenda once it has been finalized and posted.

The agenda will be approved at the beginning of each meeting using the motion, second, vote process, and may include amendments to the order of business only.

If a Board Member has a conflict of interest with any item on the consent agenda, that item will be removed for individual consideration using the amendment procedure above.

Business will be conducted using a motion, second, discussion and vote format. When reviewing and discussing resolutions, amendments may be proposed using the same format and must be approved or declined before moving forward with the final approval of the resolution.

In order to keep track of the discussion, only one amendment may be introduced, discussed and voted on at a time, and "friendly amendments" should not be considered. Clear each proposed amendment and make additional amendments if desired.

~~governed by Roberts Rules of Order Revised, except when provided otherwise in these Bylaws~~.

ARTICLE XI - INDEMNIFICATION

Section 1.

The corporation shall indemnify every person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (other than an action by or in the right of the corporation) by reason of the fact that he is or was a board member, director, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust of other enterprise, against expenses (including attorneys' fees), judgment, fines and amounts paid in settlement actually and reasonably incurred by him in connection with such action, suit or proceeding if he acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interests of the corporation and, with respect to any criminal action or proceeding, had no reasonable cause to believe his conduct was unlawful. The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contender or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which he reasonably believed to be in or not opposed to any criminal action or proceeding, had reasonable cause to believe that his conduct was unlawful.

Section 2.

The corporation shall indemnify every person who has or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of the corporation to procure a judgment in its favor by reason of the fact that he is or was a board member, director, officer, employee or agent of the corporation, partnership, joint venture, trust of other enterprise against expenses (including attorneys' fees) actually and reasonably incurred by him in connection with the defense or settlement of such action or suit if he acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interests of the corporation except that no indemnification shall be made in respect of any claim, issue or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of his duty to the corporation unless and only to the extent that the court in which such action or suit was brought shall determine upon application that, despite the adjudication of liability but in view of all circumstances of the case, such person is fairly and reasonably entitled to indemnify for such expenses which such court shall deem proper.

Section 3.

To the extent that a board member, director, officer, employee or agent of the corporation has been successful on the merits or otherwise in defense of any action, suit or proceeding referred to in subsections 1 and 2 hereof, or in defense of any claim, issue or matter therein, he shall be indemnified against expenses (including attorneys' fees) actually and reasonably incurred by him in connection therewith.

Section 4.

Any indemnification under subsections 1 and 2 hereof (unless ordered by a court) shall be made by the corporation only as authorized in the specific case upon a determination that indemnification of the board member, director, officer, employee or agent is proper in the circumstances because he has met the applicable standard of conduct set forth in subsections 1 and 2 hereof. Such determination shall be made (a) by the Board of Directors by a majority vote of a quorum consisting of directors who were not parties to such action, suit or proceedings, or (b) if such quorum is not obtainable, or even if obtainable, a quorum of disinterested directors so directs, by independent legal counsel in a written opinion.

Section 5.

Expenses incurred in defending a civil or criminal action, suit, or proceeding may be applied by the corporation in advance of the final disposition of such action, suit or proceeding as authorized by the Board of Directors in the manner provided in subsection 4 upon receipt of any undertaking by or on behalf of the board member, director, officer, employee or agent, to repay such amount unless it shall ultimately be determined that he is entitled to be indemnified by the corporation as authorized in this section.

Section 6.

The indemnification provided by this Article shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any resolution adopted by the members after notice, both as to action in his official capacity and as to action in another capacity while holding office, and shall continue as to a person who has ceased to be a board member, director, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such a person.

- Adopted by the South Peninsula Hospital Board of Directors, January 29, 2025.

- Aaron Weisser, President

- Mary E. Wythe, Secretary

Introduced by: Administration
Date:
Action: October 29, 2025
Vote: Yes –, No –, Excused-

SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2025-22

A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS RESOLVING TO PROVIDE THE RESOURCES NECESSARY TO ACHIEVE AND SUSTAIN A LEVEL IV TRAUMA HOSPITAL DESIGNATION

WHEREAS, traumatic injury is the leading cause of death for Alaskans between the ages of 1 and 44 years; and

WHEREAS, South Peninsula Hospital strives to provide optimal trauma care; and

WHEREAS, participation in the Alaska Statewide Trauma System will result in an organized and timely response to patients' needs, a more immediate determination of patients' definitive care requirements, improved patient care through the development of the hospital's performance improvement program and an assurance that those caring for trauma patients are educationally prepared:

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL, INC., TO PROVIDE THE RESOURCES NECESSARY TO ACHIEVE AND SUSTAIN A LEVEL IV TRAUMA HOSPITAL DESIGNATION IN ACCORDANCE WITH OUR PROCUREMENT POLICIES.

PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA AT ITS MEETING HELD ON THIS 29th DAY OF OCTOBER, 2025.

ATTEST:

Aaron Weisser, Board President

Mary E. Wythe, Secretary

South Peninsula Hospital
Hospital Board of Directors Balanced Scorecard Report
1st Quarter FY 2026 *(July, August, September)*

Overall Indicators	Q1 FY26	Target	Note
Care Compare Overall Hospital Star Rating	N/A	5	Mortality, Safety of Care, Readmission, Patient Experience, Timely & Effective Care
Care Compare Overall Nursing Home Star Rating	5	5	Staffing, Health Inspections, Quality Measures
Care Compare Home Health Quality Rating	3	5	Activities of Daily Living, Symptoms, Harm, Hospitalization, Value of Care *Care Compare reflects 2.5 stars due to October update being on hold

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	Q1 FY26	Target	Note
Severe Sepsis & Septic Shock Care	78%	> 75%	***CMS Hospital Compare: 79%***
Percentage *of patients who received appropriate care for sepsis and/or septic shock.*			Passed 7 of 9 cases (lactate and fluid resuscitation volume documentation)
Stroke Care	50%	> 75%	***CMS Hospital Compare: 67%***
Percentage of patients who receive CT/MRI within 45 minutes of arrival to ED w/stroke symptoms.			2 cases per CMS, CT down/MRI read at 49 min (5-49 minutes on stroke alerts)
Median Emergency Room Time	142	< 180min	***CMS Hospital Compare: 126 min***
Average minutes spent in department before leaving the Emergency Department.			Average throughput time of ED visits (CMS allows for certain exclusions).
ER Admission Rate	9.20%	>10%	***CAH Target***
Measures the percentage of ER patients admitted.			
Colonoscopy Follow-up	100%	> 75%	***CMS Hospital Compare: 100%***
Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy.			
Patient Fall Rate (AC)	4.3	< 5	**# of patient falls / # patient days x 1000**
Measures the number of patient falls per 1,000 patient days.			*4 falls*
Medication Errors	0	0	
Number of patient medication errors that cause harm. *(Level E on the NCC MERP Index)*			*(Tracking through occurrence reporting system.)*
Never Events	1	0	

Unexpected occurrence involving serious injury or death.			*Fall with major injury LTC (hip fracture with staff present, day room)*
Independent Ambulation (HH)	**79%**	**> 75%**	
Percentage of home health patients demonstrating improvement with ability to ambulate more independently.			*(Tracked through OASIS Reporting.) No patients worsened.*
Independent Oral Medication (HH)	**71%**	**> 75%**	
Percentage of home health patients demonstrating improvement with ability to take oral medications more independently.			*(Tracked through OASIS Reporting.) No patients worsened.*
Pressure Ulcers (LTC)	**0**	**< 3**	
Number of residents who develop pressure ulcers after admission.			*(Tracked through Minimum Data Set Reporting.)*
Primary Care MIPS Pathways	**75%**	**> 75%**	**Scoring tabulated as a running, annual score.**
CMS Merit-Based Incentive Payment System *(MIPS)* for outpatient clinics.			Special focuses: cervical cancer screening, specialist referrals, high blood pressure, hemoglobin A1c, medication reconcilation, fall risk

Patient & Resident Experience

Patient Satisfaction Through Press Ganey (PG)	**Q1 FY26**	**Target**	
Inpatient Percentile	**94th/95th**	**75th**	9 or 10 best hospital/definitely recommend; Survey Responses: 28
Measures the overall satisfaction of inpatient pts. respondents.			Q4 FY25 63rd: Q3 FY25 90th: Q2 FY25 69th: Q1 FY25 89th
Outpatient Percentile	**7th**	**75th**	Mean Score: 92.51 Survey Responses: 507
Measures the overall satisfaction of outpatient pts. respondents.			Q4 FY25 34th: Q3 FY25 31st: Q2 FY25 39th: Q1 FY25 23rd
Emergency Department Percentile	**79th**	**75th**	Mean Score: 91.67 Survey Responses: 133
Measures the overall satisfaction of emergency pts. respondents.			Q4 FY25 92nd: Q3 FY25 71st: Q2 FY25 80th: Q1 FY25 91st
Medical Practice Percentile	**51st**	**75th**	Mean Score: 94.18 Survey Responses: 296
Measures the overall satisfaction of pts. respondents at SPH Clinics.			Q4 FY25 59th: Q3 FY25 55th: Q2 FY25 71st: Q1 FY25 67th
Ambulatory Surgery (AS) Percentile	**94th/58th**	**75th**	9 or 10 best hospital/definitely recommend; Survey Responses: 25
Measures the overall satisfaction of AS pts. respondents.			Q4 FY25 25th: Q3 FY25 87th: Q2 FY25 29th: Q1 FY25 61st
Home Health (HH) Percentile	**64th/84th**	**75th**	9 or 10 best hospital/definitely recommend; Survey Responses: 44
Measures the overall satisfaction of HH pts. respondents.			Q4 FY25 43rd: Q3 FY25 60th: Q2 FY25 25th: Q1 FY25 32nd

Information System Solutions	**Q1 FY26**	**Target**	**Note**
Eligible Hospital (EH) Promoting Interoperability	**79**	**≥ 60**	**CMS score 60 and above = pass**

Hospital-based measures for inpatient and observation stays.			Focuses include: electronic prescribing accuracy and safety, health information exchange topics, patient access to electronic records
Eligible Provider (EP) - Promoting Interoperability (Group)	**100%**	**> 95%**	**Target quarterly for annual score**
Merit Based Incentive Payment System Promoting Interoperability score. *(MIPS tracking is in Athena)*			Special focuses: patient electronic access to health information, electronic referrals, electronic prescriptions
IT Security Awareness Training Complete Rate	**90%**	**> 95%**	
% of employees who have completed assigned security training			1874 Training videos sent; 1691 were completed.
Phishing Test Pass Rate	**98%**	**> 95%**	
% of Phishing test emails that were not failed.			2043 Test phishing emails sent; 41 links were clicked.

Medical Staff Alignment

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

Provider Alignment	2024	Target	Note
Provider Satisfaction Percentile	**85th**	**75th**	
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.			Result of provider survey 2024

Employee Engagement

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

Staff Alignment	2024	Target	Note
Employee Satisfaction Percentile	**60th**	**75th**	
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.			Result of employee survey 2024

Workforce	Q1 FY26	Target	Note
Turnover: All Employees	**5.15%**	**< 5%**	
Percentage of all employees separated from the hospital for any reason			37 Terminations / 651 Total Employees
Turnover: Voluntary All Employees	**4.60%**	**< 4.75%**	
Measures the percentage of voluntary staff separations from the hospital			30 Voluntary Terminations / 651 Total Employees
First Year Total Turnover	**6.95%**	**< 7%**	

Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.			8 New Staff Terminated 115 Total New Hires from 09/01/2024-09/30/2025
Contract Utilization	**30**	**< 20**	
Measure average number of contract staff utilized.			CNA, CST, MLT, MRI, OT, PT, RN

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	Q1 FY26	Target	Note
Operating Margin	**4%**	**10%**	
Measures the surplus (deficit) of operating income over operating expenses as a percentage of net patient service revenue for the quarter.			Target is based on budgeted operating margin for the period.
Adjusted Patient Discharges	**1018**	**960**	**Total Discharges: # 157 *(Acute, OB, Swing, ICU)***
Measures the number of patient discharges adjusted by inpatient revenues for the quarter.			Adjusted Patient Days = [Inpatient Days(Excludes Nursery)] X [Gross Patient Revenue/Gross Inpatient Revenue] Target Discharges 150
Net Revenue Growth	**13%**	**15%**	
Measures the percentage increase *(decrease)* in net patient revenue for the quarter compared to the same period in the prior year.			Target is based on budgeted net patient service revenue for the period compared to net patient service revenue for the same period in prior yr.
FTE vs Budget	**579.0**	**621.0**	
FTE is calculated based on hours paid + Contract FTE			Target is based on budget
Overtime as a Percentage of Hours Worked	**3%**	**<5%**	
Measures overtime hours as a percentage of regular hours worked indicative of understaffing or schedulig inefficiencies			Target is based on industry standard
Net Days in Accounts Receivable	**68**	**55**	
Measures the rate of speed with which the hospital is paid for health care services.			Target is based on industry standard
Cash on Hand	**70**	**90**	**93 Total Days Cash on Hand, Operating +Unobligated PREF**
Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.			Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.

Uncompensated Care as a Percentage of Gross Revenue	**3%**	**2-3%**	
Measures bad debt & charity write offs as a percentage of gross patient service revenue			Target is based on industry standards & SPH Payer Mix Budgeted total is 2.4% Expected range of 2-3%
Average Age of Plant	**11.4**	**10**	
Average age of assets used to provide services			Target is based on hospital optimal age of plant for a critical access hospital
Intense Market Focus to Expand Market Share	**Q1 FY26**	**Target**	**Note**
Outpatient Revenue Growth	**8%**	**6%**	
Measures percentage increase (decrease) in outpatient revenue for the quarter, compared to the same period in the prior year.			Target is based on budgeted outpatient revenue for the period compared to outpatient revenue for the same period prior yr.
Surgical Case Growth	**-23%**	**-2%**	
Measures the increase *(decrease)* in surgical cases for the quarter compared to the same period in the prior year.			Target is based on budgeted surgeries above actual from same quarter prior yr.

South Peninsula Hospital	**SUBJECT:** Board Orientation and Continuing Education	**POLICY #:** SM-10 **Page 1** of **3**
Scope: Board of Directors **Approved by:** Board of Directors		**Original Date:** 8/27/08 **Effective:** 1/24/24
Revised: 4/2019; 11/20/19 **Reviewed:** 9/29/21; 1/24/24		**Revision Responsibility:** Board of Directors

PURPOSE:
Requirements for Board member orientation and continuing education.

DEFINITION(S):
N/A

POLICY:

A. The Board of Directors recognizes the importance of continuing education for Board members, and the benefits of attending workshops and seminars to further Board effectiveness.
B. Pursuant to the Operating Agreement, the South Peninsula Hospital, Inc. Board ~~SPHI~~ (the Board) will establish a Board Orientation and Continuing Education Program. Per section 17 b 1 of Operating Agreement, the Board will report annually on compliance with the Program to the Contract Administrator. ~~The Board Orientation plan is contained in Policy SM-07.~~
C. New members of the Board will be oriented to the hospital and their role and responsibilities as a board member as soon as practical after appointment. The Board President will assign a mentor to the new member to act as a resource, answer questions and ensure completion of the orientation.
D. The ~~Executive Assistant~~ mentor will meet with the new Board member and provide them with a Board Member handbook.
E. Throughout their first year on the Board, the mentor will meet with the new member as prescribed in the Board Member Orientation schedule (Appendix B), or more frequently if needed, to ensure the completion of the orientation schedule and the development of the new member's understanding of their role on the Board and the operations of the hospital.
F. When the orientation year is completed, the mentor will verify completion of the process with the Governance Committee.
G. An annual Education budget ~~of hours and dollars~~ will be established ~~based on the plan~~ during the Operating Budget Preparation Cycle.
H. Every Board member will be required to attend one educational conference at least every other year. The Alaska ~~State~~ Hospital and ~~Nursing Home Association~~Healthcare Association (~~ASHNHA~~AHA) Annual Conference and the American Hospital Association's Rural Health Care Leadership Conference are strongly encouraged. The National Rural Health Association (NRHA) also provides two opprotunitites for education each year, the Rural Health Policy Institute in February and a Critical Access Hospital Conference in September.
I. Attendance of other affiliated conferences that fit the training recommendations in Appendix A, may be approved at the request of interested participants.
J. Due to the expense of attending out of town educational opportunities, attendance will be limited to Board members who are in good standing with regards to meeting attendance and committee participation and have 12 months or more left of their term unless they indicate their intent to renew their term. **Attendance will be determined by the President of the Board of Directors.??**
~~F.~~ Possible subject matter areas for Board Education include the items in Appendix A to this Policy. The annual content ~~will~~ may vary based on Board needs at the time of the Planning Cycle, but will, in general, contain information from the Subject Matter Areas~~.~~
~~G.~~

PROCEDURE:
N/A

ADDITIONAL CONSIDERATION(S):
N/A

REFERENCE(S):

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

Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020
Board Work – Pointer and Orlikoff
MASH 99603 – History of South Peninsula Hospital
Appendix A – SM-10 Board Orientation and Continuing Education Subject Matter Areas
Appendix B – Orientation Schedule

CONTRIBUTOR(S):
Board of Directors

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

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

RETIRE POLICY

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

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

DEFINITION(S):
N/A

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

PROCEDURE:
N/A

ADDITIONAL CONSIDERATION(S):
N/A

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

CONTRIBUTOR(S):
Board of Directors

South Peninsula Hospital	**SUBJECT:** Board Member Responsibilities and Expectations	**POLICY #:** SM-14 **Page 1** of **2**
Scope: Board of Directors **Approved by:** Board of Directors		**Original Date:** **Effective:**
Revised: **Reviewed:**		**Revision Responsibility:** Board of Directors

PURPOSE:
To establish clear and measurable expectations for members of South Peninsula Hospital Operating Board (the Board) to ensure active participation, accountability, and effective governance.

DEFINITION(S):
N/A

POLICY:
Board members are expected to actively participate in meetings, engage with hospital governance materials, and contribute to the overall success of the hospital. This policy outlines specific requirements for board member engagement.

PROCEDURE:

1. **Attendance**
   - Board members are required to attend at least **75%** of scheduled board meetings annually.
   - Attendance records will be maintained and reviewed at the end of each calendar year.
2. **Engagement with Board Portal**
   - Board members are expected to log into the board portal a minimum of **twice per month** to review documents, updates, and relevant information.
   - Members should spend interact at least twice **per month** with the portal.
3. **Continuing Education (CE) Participation**
   - Board members are required to attend at least one educational conference at least every other year.
   - Board members are required to complete a minimum of **8 hours of continuing education** relevant to healthcare governance, leadership, or board responsibilities annually (see Appendix A of Policy SM-10 for available resources).
   - Documentation of completed CE activities must be submitted to the Executive Assistant for the record.
4. **Knowledge of Discussion Materials**
   - Board members must review all materials related to upcoming meetings prior to the meeting.
   - Acknowledgment of understanding may be conducted periodically to assess familiarity with the materials.
5. **Meeting Participation**
   - Board members should actively participate in discussions during board meetings, contributing insights and asking questions when appropriate.
   - Members are expected to provide input on agenda items and decisions, demonstrating an understanding of the hospital's mission and strategic goals.
6. **Committee Participation**
   - Board members are required to serve on at least one committee and are expected to attend 80% of committee meetings unless otherwise excused.
   - Committee members should contribute to the development of goals, strategies, and recommendations within their committee's focus area.
7. **Performance Evaluation**
   - An annual review to evaluate each board member's adherence to these expectations will be completed by the Governance Committee.

- The results will be discussed in a confidential session with the Board Chair, and if areas for improvement are identified, they will be brought to the member's attention by the Chair.

8. **Accountability**
   - Failure to meet these expectations may result in a review by the Board and could lead to recommendations for additional training, mentorship, or, in extreme cases, discussions regarding continued board membership.

ADDITIONAL CONSIDERATION(S):
N/A

REFERENCE(S):

CONTRIBUTOR(S):
Board of Directors

South Peninsula Hospital	**SUBJECT:** Board President Evaluation	**POLICY #:** SM-15
		Page 1 of **2**
Scope: Board of Directors **Approved by:** Board of Directors		**Original Date:** **Effective:**
Revised: **Reviewed:**		**Revision Responsibility:** Board of Directors

PURPOSE:
To establish a comprehensive evaluation process for South Peninsula Hospital's Board President. To review accountability, review leadership effectiveness, and encourage continuous improvement in fulfilling responsibilities related to hospital governance, community engagement, and strategic oversight.

DEFINITION(S):
N/A

POLICY: This evaluation applies to the Board President and covers performance in areas including strategic leadership, governance, communication, stakeholder relations, fiscal oversight, ethical conduct, and overall contribution to the hospital's mission and vision. The evaluation will be conducted annually and may be used as a performance improvement guide.

Evaluation Goals
- Assess the Chairman's effectiveness in leading the board and guiding hospital strategy.
- Identify strengths and areas that may need improvement in leadership, decision-making, and stakeholder engagement.
- Encourage professional development and support strong leadership in hospital governance practices.
- Identify any concerns about transparency and accountability in senior leadership.

Evaluation Criteria and Performance Metrics
The evaluation will focus on the following key areas as established in the Board President Job Description (attached):
- Role of the Chair
- Governance and Presiding Officer
- Representation and Relationships
- Skills and Qualifications

PROCEDURE:
Evaluation Timing and Review Types
1. Formal biennial Review:
   During the annual board self-evaluation period, in the fall prior to the reappointment of the president, a review of the president's performance will be conducted by the consultant performing the board self-evaluation, providing a more in-depth evaluation of the board president's performance. This evaluation will provide feedback for the board when considering the reappointment, or the replacement of the president.
2. Periodic Reviews:
   Periodic reviews will be conducted periodically during the president's term of office. These reviews will be informal, and the data will be reviewed and compiled by the Governance Committee.

Methodology
1. Formal biennial Review:
   Board members, the CEO and other executive staff as deemed appropriate, will complete confidential evaluation forms rating the president's performance over the term of office. The results of the review will be shared with the president and the board. Recommendations for improvement may be included.
2. Periodic Reviews: A questionnaire regarding meeting performance will be provided following board meetings, at least twice per year. The results of these reviews will be shared with the president and will be intended to identify areas where improvements may improve meeting conduct and flow, if any.

Documentation and Confidentiality
All evaluations will be disclosed during executive sessions and will remain confidential

Outcome and Follow-Up
If performance needs to be modified or improved in order for the president to continue representing the board, a plan may be collaboratively developed outlining specific, measurable improvement goals. Progress towards these goals will be monitored through periodic reviews, and feedback will be provided during executive committee meetings, if necessary.

ADDITIONAL CONSIDERATION(S):
N/A

REFERENCE(S):
1. South Peninsula Hospital's Values & Behaviors as adopted by the Board of Directors

CONTRIBUTORS:
Board of Directors

Board of Directors President Evaluation

This questionnaire is designed for board members to provide feedback that will help our Board Chair enhance effectiveness in fulfilling the responsibilities outlined in the Board President Evaluation Policy. Please rate each item on a scale of 1 (Poor) to 5 (Excellent) and add any additional comments that may help clarify your rating.

Role of the Chair

1. How clearly does the Chair articulate and communicate the hospital's mission, vision, and strategic goals?
   Rating 1 (Poor) to 5 (Excellent):
   Comments:

2. How well does the Chair adhere to governance best practices and ethical standards?
   Rating 1 (Poor) to 5 (Excellent):
   Comments:

3. How well does the Chair understand and oversee budgetary management and resource allocation in line with the hospital's needs?
   Rating 1 (Poor) to 5 (Excellent):
   Comments:

Board Governance and Presiding Officer

1. How effective is the Chair in facilitating board meetings, ensuring robust discussion and sound decision-making?
   Rating 1 (Poor) to 5 (Excellent):
   Comments:

2. To what extent does the Chair ensure that board discussions and decisions align with our strategic priorities?
   Rating 1 (Poor) to 5 (Excellent):
   Comments:

Representation and Relationships

1. How effectively does the Chair communicate with board members, hospital administration, staff, and the broader community?
   Rating 1 (Poor) to 5 (Excellent):
   Comments:

2. How successful is the Chair in engaging external stakeholders (e.g., local government, community groups, donors) to foster partnerships?
   Rating 1 (Poor) to 5 (Excellent):
   Comments:

Skills and Qualifications

1. How would you rate the Chair's demonstration of integrity, transparency, and ethical behavior?
   Rating 1 (Poor) to 5 (Excellent):
   Comments:

2. How receptive is the Chair to feedback, continuous learning, and self-improvement?
   Rating 1 (Poor) to 5 (Excellent):
   Comments:

3. Overall, how effective is the Chair in leading the board and advancing the hospital's mission?
   Rating 1 (Poor) to 5 (Excellent):
   Comments:

4. Are there areas in would you recommend improvement, and how could the Chair better support the board and hospital in the upcoming year?
   Comments:

Thank you for your thoughtful and honest feedback. Your responses will be used to promote transparency, accountability, and continuous improvement in our hospital leadership.

Board Roles & Responsibilities Questionnaire - 2026

Board Member Name:

Officers serve 2-year terms and are eligible to serve 2 consecutive terms. Officers are up for election for 2026 – Aaron (President), Preston (VP) and Beth (Secretary) are all able to serve a second term, if elected. Walter Partridge is stepping off the board so will need to be replaced as Treasurer.

Would you like to be nominated for a leadership role next year? Which role would you be interested in? (Choose all that apply)

- ☐ President
- ☐ Vice President
- ☐ Treasurer
- ☐ Secretary

Please indicate if you would like to continue serving on the same committees in 2026, or if you would like to request a change. Please also indicate if you'd be willing to serve (or continue serving) as a committee chair. Current committee schedule and assignments included on the back for reference.

South Peninsula Hospital

Board of Directors Committees & Board Liaisons

2025

Board Committees

Committee	Chair	Meeting Time	Members
Finance & Pension Committee	Walter Partridge	*Thursday prior to BOD mtg, 8am*	**Mike Dye,** Edson Knapp, Chris Landess
Strategic Planning & Community Relations Committee	Aaron Weisser	*Wednesday prior to the BOD mtg, 11am*	**Kim Frost, Chris Landess**, Mike Dye, Matt Bullard
Governance Committee	Beth Wythe	*2nd Wednesday of the month, 10:30am*	**Matt Bullard**, Bernie Wilson, Preston Simmons, Aaron Weisser
Quality Committee	Preston Simmons	*2nd Wednesday of the month, 4:00pm*	**Bernie Wilson, Edson Knapp,** Kim Frost, Beth Wythe
Executive Committee (Officers)	Aaron Weisser	*Monday, week prior to BOD mtg, 9am*	Preston Simmons, Beth Wythe, Walt Partridge

*****Names in bold indicate it is the member's primary committee. Primary committee assignments require the member's engaged leadership and additional work outside of the committee meeting to move the agenda forward. Secondary committee assignments only require engaged participation in meeting discussions.

Board Representatives / Liaisons

Committee / Group	Primary Board Representative
Credentials Committee	Bernadette Wilson
SPH Foundation	Beth Wythe
Medical Executive Committee	Edson Knapp, MD & Christopher Landess, MD

Executive Committee:

- Aaron Weisser, President
- Preston Simmons, Vice President
- Beth Wythe, Secretary
- Walter Partridge, Treasurer

South Peninsula Hospital

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

MEMO

Re: Service Area Board Representatives 2026

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

Committee of the Whole begins at 5:30pm *(you may attend, but it is not required)*

Meeting starts at 6:30pm.

Location: SPH Conference Rooms or Zoom. More info here.

SAB Secretary Devony Lehner will send you the packet on your assigned month. You will be expected to give a (very brief) report of any SPH Board news from the previous board meeting.

Date of Meeting 6:30pm	**BOD Member**
January 8, 2026	
February 12, 2026	
March 12, 2026	
April 9, 2026	
May 14, 2026	
August 13, 2026	
September 10, 2026	
October 8, 2026	
November 12, 2026	
December 10, 2026	

Introduced by: Administration
Date:
Action:
Vote: Yes-, No-, Exc-

SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2025-23

A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS APPROVING MEDICAL STAFF CREDENTIALING FOR OCTOBER, 2025

WHEREAS, the following recommendations were approved by the South Peninsula Hospital Medical Staff through the Credentials Committee and the Medical Executive Committee; and

WHEREAS, the medical staff files were reviewed by the Board in Executive Session;

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

1. That the South Peninsula Hospital Board of Directors approve the initial appointment of:

Edith Jones, PMHNP-BC	Psychiatry	Active

2. That the South Peninsula Hospital Board of Directors approve the reappointment of:

Lindsey Frischmann, DO	Neurology	TeleStroke-Providence
Kathy Madej, CRNA	Anesthesia	Active
Neha Mirchandani, MD	Neurology	TeleStroke-Providence

PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA AT THEIR MEETING HELD ON THIS 29th DAY OF OCTOBER, 2025.

ATTEST:

_____
Aaron Weisser, Board President

_____
Mary E. Wythe, Board Secretary