



AGENDA

Board of Directors Meeting

6:30 PM - Wednesday, March 25, 2026

[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		Jim Anderson		Matthew Bullard	
Preston Simmons Vice President		Ken Ciccoli		Kim Frost	
Mary E. "Beth" Wythe, Secretary		Edson Knapp, MD		Christopher Landess, MD	
Michael Dye, Treasurer		Bernadette Wilson			

[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

4

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

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

6. APPROVAL OF THE AGENDA

7. APPROVAL OF THE CONSENT CALENDAR

- 5 - 9 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for February 25, 2026
[Board of Directors - Feb 25 2026 - Minutes - DRAFT](#)
- 10 - 13 7.2. Consideration to Approve February FY2026 Financials
[Balance Sheet February FY26](#)
[Income Statement February FY26](#)
[Cash Flow Statement February FY26](#)

8. PRESENTATIONS

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 14 - 16 10.1. Consideration to Approve a revised South Peninsula Hospital Strategic Plan, submitted by the Strategic Planning and Community Relations Committee
[2026 Strategic Priorities Document](#)

11. REPORTS

- 17 - 23 11.1. Chief Executive Officer
[Q2-FY26 Balanced Scorecard](#)
- 11.2. BOD Committee: Finance & Pension
- 11.3. BOD Committee: Strategic Planning & Community Relations
- 24 - 27 11.4. BOD Committee: Governance
- Board Policy EMP-03
 - Board Policy EMP-04
- [EMP-03, revised](#)
[EMP-04, revised](#)
- 11.5. BOD Committee: Quality-of-Care
- 11.6. Chief of Staff
- 11.7. Board President Report
- 11.8. Service Area Board Representative

12. DISCUSSION

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

14.2. Board Members

15. INFORMATIONAL ITEMS

16. ACTION ITEMS

17. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

18. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

28 18.1. Consideration to Approve SPH Resolution 2026-06, Approving the
Medical Staff Credentialing for March 2026
[SPH Resolution 26-06 Medical Staff Credentialing March](#)

19. ADJOURNMENT

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

The following has been adapted from the “Rules for Participating in a Public Meeting” used by Kenai Peninsula SAB of SPHI 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, February 25, 2026
Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital was called to order on Wednesday, February 25, 2026, at 6:30 PM, in the Conference Rooms 1&2 and Zoom.

1. CALL TO ORDER

The board went into Executive Session to discuss personnel and financial matters prior to the start of the regular meeting. The board went into Executive Session at 5:30pm. President Aaron Weisser called the regular meeting to order at 6:30pm.

2. ROLL CALL

BOARD PRESENT: Aaron Weisser, Michael Dye, Bernadette Wilson, Beth Wythe, Preston Simmons, Matthew Bullard, Christopher Landess, Jim Anderson, and Ken Ciccoli

BOARD EXCUSED: Kim Frost and Edson Knapp

ALSO PRESENT: Ryan Smith (CEO), Amber Gall (CNO), Rachael Kincaid (COO), Anna Hermanson (CFO), Christina Tuomi (CMO), Maura Gibson (Exec Asst.)
**Only meeting participants who comment, report or give presentations are noted in the minutes. Others may be present on the room or on the virtual meeting.*

A quorum was present.

3. REFLECT ON LIVING OUR VALUES

Amber Gall, CNO, shared a story about a wedding held for a patient in the hospital, highlighting the community's support and the hospital's values.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

4.1. Rules for Participating in a Public Meeting

The rules for participating in a public meeting were provided as part of the online packet and printed copies were available in the room.

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

Sarah Young, a hospital employee and master's student in healthcare administration, asked about the board's purpose, process, and public comment limits. Aaron Weisser explains the unofficial time limit for public comments and the range of topics allowed. Sarah inquired about accountability mechanisms, and Aaron suggested looking at the board's master calendar of reports. Sarah asked about the strategic plan's focus on infrastructure and lack of cultural and communication improvements. Aaron clarifies

that the strategic plan focuses on operational facilities and that cultural elements are addressed in other ways, including the new committee structure.

6. APPROVAL OF THE AGENDA

Beth Wythe made a motion to approve the agenda as presented. Christopher Landess 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 January 28, 2026

7.2. Consideration to Approve January FY2026 Financials

7.3. Consideration to Approve HW-269, South Peninsula Hospital's Infection Prevention Plan and the Infection Prevention Risk Assessments for the Hospital and Long Term Care Facility

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

8. PRESENTATIONS

There were no presentations.

9. UNFINISHED BUSINESS

There was no unfinished business.

10. NEW BUSINESS

There was no new business.

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, reported. The balanced scorecard data was unchanged from the previous month, so it was not discussed in-depth, though it was included in the packet. He provided a report on recruitment, including a new ENT physician and nurse practitioner, and updates on urologists. Mr. Smith gave updates on conferences attended in February, including the AHA Rural Health Care Leadership Conference and the Legislative Fly-in in Juneau. He added that applications are open for Rural Health Transformation Program (RHTP) funding.

11.2. BOD Committee: Finance & Pension

Mike Dye, committee chair, reported on the committee meeting. The retirement accounts were reviewed at the meeting, and he noted good performance of the plans and upcoming employee education. The financials for January and

February show a budgeted loss, but the year-to-date performance is above target. Aaron Weisser announced that he and Preston Simmons will both be joining the Finance Committee, to ensure a balanced representation of independent and non-independent board members.

11.3. BOD Committee: Strategic Planning & Communication

Aaron Weisser, committee co-chair, reported. Kim Frost is being added as the co-chair of the Strategic Planning Committee, which met this month. Mr. Weisser will ensure the committee keeps on track with the board vision document and the community outreach, while Ms. Frost will focus on developing a process for future strategic planning, and then engaging that process.

11.4. BOD Committee: Governance

Beth Wythe, committee chair, reported. Ms. Wythe reported on the Governance Committee's preparation for the upcoming retreat, focusing on board education and community outreach. The Quality Committee's first day of the retreat will cover quality and patient safety, with case studies and a self-assessment process. The second day will include advocacy training, with the intention to invite foundation board members to participate.

11.5. BOD Committee: Quality - no meeting this month

Preston Simmons, committee chair, reported that the Quality Committee did not meet in February, but is involved in working on the board retreat in April.

11.6. Chief of Staff

Dr. Sarah Roberts was unable to attend the meeting.

11.7. Board President Report (Executive Committee, Education Sessions & Generative Discussions)

Aaron Weisser noted there was no Education Session prior to the board meeting this month. He also shared his experience at the Rural Health Conference in San Antonio, highlighting the importance of cybersecurity and AI sessions.

11.8. Service Area Board Representative

Catrina Reynolds, the service area board representative, discussed the importance of community outreach and the value of keeping hospital reports in public meetings. She also mentioned her participation in the hospital's parade and the positive feedback received.

12. DISCUSSION

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no further comments from the audience.

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

Mr. Smith had no additional comments.

14.2. Board Members

Jim Anderson shared a positive experience in the emergency room, praising the staff's friendliness and professionalism. Preston Simmons also shared a positive experience as a patient in the hospital, praising the staff's kindness, the excellent food service, and the superior cleanliness. Dr. Landess and other board members expressed satisfaction with the recent conference and the hospital's overall performance. Aaron Weisser expressed optimism about the hospital's future and the collaborative efforts with the borough.

15. INFORMATIONAL ITEMS

16. ACTION ITEMS

17. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

No additional Executive Session was needed.

18. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

18.1. Consideration to Approve Resolution 2026-05, Approving the Medical Staff Credentialing February 2026

Beth Wythe made a motion to approve Resolution 2026-05, Approving the Medical Staff Credentialing February 2026 to include the reappointment of:

- Alyssa DeConto, CNM/Midwifery/Active*
- Natalie Hoshaw, MD/OB/GYN/Part-Time Active*
- Leon Mensch, MD/Pathology/Part-Time Active*
- Justin Metzler, CRNA/Anesthesia/Active*
- Cory Noel, MD/Pediatric Cardiology/Part-Time Active*

Preston Simmons seconded the motion. Motion Carried.

19. ADJOURNMENT

The meeting adjourned at 7:06pm.

Respectfully Submitted,

Accepted:

Maura Jones, Executive Assistant

Aaron Weisser, President

Minutes Approved:

Mary E. Wythe, Secretary

DRAFT



DRAFT-UNAUDITED

BALANCE SHEET
As of February 28, 2026

	Month Ending 02/28/2026	Month Ending 02/28/2025	Month Ending 01/31/2026	Change From Prior Year
CURRENT ASSETS				
CASH				
1 CASH AND CASH EQUIVALENTS	22,375,509	29,826,048	26,413,264	-7,450,538
2 EQUITY IN CENTRAL TREASURY	9,765,015	8,613,593	10,933,588	1,151,421
3 TOTAL CASH	32,140,524	38,439,641	37,346,852	-6,299,117
NET PATIENT ACCOUNTS RECEIVABLE				
4 PATIENT RECEIVABLES	71,187,742	40,608,347	67,516,775	30,579,395
5 LESS ALLOWANCES AND ADJUSTMENTS	(37,107,076)	(19,273,986)	(33,160,304)	-18,413,749
6 TOTAL NET PATIENT ACCOUNTS RECEIVABLE	34,080,666	21,334,361	34,356,471	12,165,646
NET PROPERTY TAXES RECEIVABLE - KPB				
7 PROPERTY TAX RECEIVABLE	238,753	164,155	296,520	74,598
8 LESS ALLOWANCE PROPERTY TAX - KPB	(4,165)	(4,165)	(4,166)	0
9 TOTAL NET PROPERTY TAXES RECEIVABLE - KPB	234,588	159,990	292,354	74,598
10 OTHER RECEIVABLES	254,053	168,989	486,596	85,064
11 INVENTORY	2,881,508	3,502,163	2,897,761	-620,655
12 NET PENSION ASSET	534,985	3,225,068	534,985	-2,690,083
13 PREPAID EXPENSE	1,649,015	1,392,560	1,852,926	256,455
14 TOTAL CURRENT ASSETS	71,775,339	68,222,772	77,767,945	2,971,908
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	4,648,323	6,068,873	4,636,536	-1,420,550
16 PREF OBLIGATED	364,478	2,113,569	364,478	-1,749,092
17 OTHER RESTRICTED FUNDS	40,927	1,078,961	40,523	-1,038,033
TOTAL ASSETS WHOSE USE IS LIMITED	5,053,728	9,261,403	5,041,537	-4,207,675
PROPERTY AND EQUIPMENT				
18 LAND AND IMPROVEMENTS	4,943,991	4,330,765	4,943,992	613,226
19 BUILDING	71,027,135	66,786,775	71,027,135	4,240,360
20 EQUIPMENT	35,247,478	27,734,737	34,584,807	7,512,741
21 BUILDINGS INTANGIBLE ASSETS	3,482,362	4,016,799	4,257,906	-534,437
22 EQUIPMENT INTANGIBLE ASSETS	1,750,896	1,119,433	1,750,896	631,464
23 SOFTWARE INTANGIBLE ASSETS	3,277,657	1,046,831	3,277,656	2,230,825
24 IMPROVEMENTS OTHER THAN BUILDINGS	1,544,013	1,449,244	1,544,013	94,768
25 CONSTRUCTION IN PROGRESS	3,210,694	4,696,311	3,681,907	-1,485,616
26 LESS ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(65,176,981)	(60,889,355)	(64,790,160)	-4,287,626
27 LESS ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(3,851,726)	(2,597,820)	(3,992,439)	-1,253,907
28 NET CAPITAL ASSETS	55,455,519	47,693,720	56,285,713	7,761,798
29 GOODWILL	0	0	0	0
30 TOTAL ASSETS	132,284,586	125,177,895	139,095,195	6,526,031
DEFERRED OUTFLOW OF RESOURCES				
31 PENSION RELATED (GASB 68)	3,889,669	4,080,424	4,127,265	-190,755
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	122,092	183,138	127,180	-61,046
33 TOTAL DEFERRED OUTFLOW OF RESOURCES	4,011,761	4,263,562	4,254,445	-251,801
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	136,296,347	129,441,457	143,349,640	6,274,230
CURRENT LIABILITIES				
35 ACCOUNTS AND CONTRACTS PAYABLE	2,170,854	1,284,516	3,114,545	886,339
36 ACCRUED LIABILITIES	6,509,633	5,043,964	6,503,853	1,465,668
37 DEFERRED CREDITS	689,974	1,114,923	623,768	-424,949
38 CURRENT PORTION OF LEASE PAYABLE	876,133	907,956	1,014,012	-31,824
39 CURRENT PORTION OF SOFTWARE INTANGIBLE PAYABLE	1,047,871	228,060	1,054,519	819,812
40 CURRENT PORTION OF NOTES DUE	874,094	10,587	874,094	863,507
41 CURRENT PORTION OF BOND PAYABLE	1,300,000	1,235,000	1,250,000	65,000
42 BOND INTEREST PAYABLE	69,723	23,168	119,042	46,555
43 DUE TO/FROM THIRD PARTY PAYERS	109,411	1,176,864	1,076,863	-100,000
44 COMPENSATED ABSENCES CURRENT	6,942,819	5,090,373	6,855,722	1,852,445
45 TOTAL CURRENT LIABILITIES	20,590,512	16,115,411	22,486,418	5,442,553
LONG-TERM LIABILITIES				
46 NOTES PAYABLE	3,302,695	980,788	3,302,695	2,321,908
47 COMPENSATED ABSENCES NET OF CURRENT	3,668,785	0	3,540,224	3,668,785
48 BONDS PAYABLE NET OF CURRENT PORTION	3,180,000	4,480,000	4,170,000	-1,300,000
49 PREMIUM ON BONDS PAYABLE	133,223	211,311	139,200	-78,089
50 CAPITAL LEASE, NET OF CURRENT PORTION	2,836,454	3,449,662	3,334,697	-613,207
51 SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION	948,767	101,420	1,033,441	847,346
TOTAL NONCURRENT LIABILITIES	14,069,924	9,223,181	15,520,257	4,846,743
TOTAL LIABILITIES	34,660,436	25,338,592	38,006,675	10,289,296
PROPERTY TAXES RECEIVED IN ADVANCE	0	5	0	-5
54 INVESTED IN CAPITAL ASSETS	55,577,611	47,876,858	56,412,893	7,700,753
55 RESTRICTED	575,912	4,304,029	575,508	-3,728,117
56 UNRESTRICTED FUND BALANCE SPH	49,189,441	47,770,291	49,417,819	1,419,150
57 CHANGE IN FUND BALANCE	(3,707,053)	4,151,687	(1,063,255)	-7,858,740
58 TOTAL UNRESTRICTED FUND BALANCE SPH	101,635,911	104,102,865	105,342,965	-2,466,954
59 TOTAL LIABILITIES AND FUND BALANCE	136,296,347	129,441,457	143,349,640	7,822,342



INCOME STATEMENT
As of February 28, 2026
DRAFT-UNAUDITED

	Month Ending 02/28/2026			Month Ending 02/28/2025		Year To Date 02/28/2026			Prior Year To Date 02/28/2025	
	Actual	Budget FY26	Var B (W)	Actual		Actual	Budget FY26	Var B (W)	Actual	
PATIENT SERVICE REVENUE										
1	INPATIENT REVENUE	3,394,362	2,720,689	25%	2,799,774	27,306,266	26,040,878	5%	23,830,580	
2	OUTPATIENT REVENUE	14,026,352	18,804,950	-25%	15,886,658	158,114,682	152,790,224	3%	143,076,719	
3	LONG TERM CARE	1,317,716	1,491,919	-12%	1,256,329	11,691,679	11,935,352	-2%	10,330,472	
4	TOTAL PATIENT SERVICE REVENUE	18,738,430	23,017,558	-19%	19,942,761	197,112,627	190,766,454	3%	177,237,771	
DEDUCTIONS FROM REVENUE										
5	MEDICARE	4,673,924	4,325,302	8%	(507,300)	44,518,408	40,038,020	11%	37,822,761	
6	MEDICAID	2,789,656	2,386,472	17%	2,428,021	22,647,966	22,090,863	3%	19,418,533	
7	CHARITY CARE	(138,072)	205,366	-167%	278,379	2,682,467	1,901,010	41%	1,774,878	
8	COMMERCIAL AND ADMIN	1,946,241	2,098,620	-7%	2,130,679	20,193,201	19,426,292	4%	17,920,995	
9	BAD DEBT	296,196	268,729	10%	378,345	3,187,494	2,487,543	28%	2,689,700	
10	TOTAL DEDUCTIONS	9,567,945	9,284,489	3%	4,708,124	93,229,536	85,943,728	8%	79,626,867	
11	NET PATIENT SERVICES	9,170,485	13,733,069	-33%	15,234,637	103,883,091	104,822,726	-1%	97,610,904	
12	USAC AND OTHER REVENUE	123,228	131,067	-6%	66,914	920,624	1,048,535	-12%	556,242	
13	TOTAL OPERATING REVENUE	9,293,713	13,864,136	-33%	15,301,551	104,803,715	105,871,261	-1%	98,167,146	
TOTAL OPERATING EXPENSES										
14	SALARIES AND WAGES	5,885,457	6,052,647	-3%	5,307,837	49,516,296	49,934,336	-1%	45,117,077	
15	EMPLOYEE BENEFITS	3,056,183	2,979,739	3%	2,640,811	23,432,274	24,569,429	-5%	20,002,904	
16	SUPPLIES AND DRUGS	1,734,240	1,657,457	5%	1,324,188	13,323,778	13,879,165	-4%	11,252,463	
17	CONTRACT STAFFING	385,467	103,029	274%	226,873	3,218,659	910,339	254%	1,617,178	
18	PROFESSIONAL FEES	650,096	455,981	43%	391,167	5,746,216	3,965,747	45%	4,026,962	
19	UTILITIES AND TELEPHONE	212,009	201,604	5%	180,197	1,589,792	1,663,235	-4%	1,471,009	
20	INSURANCE	145,740	99,194	47%	96,603	823,010	855,546	-4%	761,896	
21	DUES, BOOKS, AND SUBSCRIPTIONS	27,708	28,305	-2%	20,574	176,098	226,442	-22%	208,090	
22	SOFTWARE MAINT/SUPPORT	176,896	217,797	-19%	181,815	1,555,511	1,524,991	2%	1,315,967	
23	TRAVEL, MEETINGS AND EDUCATION	103,318	157,585	-34%	115,082	548,883	854,234	-36%	552,318	
24	REPAIRS AND MAINTENANCE	132,983	207,493	-36%	165,730	1,283,982	1,685,880	-24%	1,572,094	
25	LEASES AND RENTALS	60,326	42,432	42%	103,411	380,317	451,597	-16%	416,343	
26	OTHER (RECRUIT, ADVERT, ETC.)	104,727	214,902	-51%	59,366	1,441,488	1,719,212	-16%	1,314,483	
27	DEPRECIATION AND AMORTIZATION	550,631	565,765	-3%	431,132	4,624,243	4,526,123	2%	3,894,574	
28	TOTAL OPERATING EXPENSES	13,225,781	12,983,930	2%	11,244,786	107,660,547	106,766,276	1%	93,523,358	
29	GAIN (LOSS) FROM OPERATIONS	(3,932,068)	880,206	-547%	4,056,765	(2,856,832)	(895,015)	-219%	4,643,788	
NON-OPERATING REVENUE										
30	GENERAL PROPERTY TAXES	62,152	43,980	41%	44,968	4,185,666	4,266,093	-2%	3,881,217	
31	INVESTMENT INCOME	89,791	132,516	-32%	92,991	911,364	1,060,121	-14%	1,136,169	
32	GOVERNMENTAL SUBSIDIES	0	0	0%	0	0	0	0%	0	
33	OTHER NON-OPERATING REVENUE	14,120	216	6417%	0	16,163	1,734	832%	1,300	
34	GIFTS AND CONTRIBUTIONS	0	0	0%	0	0	0	0%	0	
35	GAIN LOSS ON DISPOSAL	100,025	0	0%	(40,700)	(357,178)	0	0%	(75,873)	
36	SPH AUXILIARY	893	794	13%	514	6,397	6,346	1%	5,719	
37	TOTAL NON-OPERATING REVENUE	266,981	177,506	50%	97,773	4,762,412	5,334,294	-11%	4,948,532	
NON-OPERATING EXPENSES										
38										
39	SERVICE AREA BOARD	0	0	0%	0	0	0	0%	0	
40	OTHER DIRECT EXPENSE	(25)	9,500	-100%	591	76,862	76,000	1%	78,467	
41	ADMINISTRATIVE NON-RECURRING	0	0	0%	0	0	0	0%	0	
42	INTEREST EXPENSE	56,796	60,786	-7%	47,613	564,483	486,286	16%	396,260	
43	TOTAL NON-OPERATING EXPENSES	56,771	70,286	-19%	48,204	641,345	562,286	14%	474,727	
GRANTS										
44	GRANT REVENUE	14,805	139,880	-89%	45,353	1,021,702	1,119,040	-9%	621,974	
45	GRANT EXPENSE	0	15,986	-100%	0	18,830	127,887	-85%	99,731	
46	TOTAL NON-OPERATING GRANTS, NET	14,805	123,894	-88%	45,353	1,002,872	991,154	1%	522,243	
47	TOTAL INCOME (LOSS) BEFORE TRANSFERS	(3,707,053)	1,111,320	-434%	4,151,687	2,267,107	4,868,147	-53%	9,639,836	
48	OPERATING TRANSFERS	0	0	0%	0	0	0	0%	0	

49 NET INCOME

<u>(3,707,053)</u>	<u>1,111,320</u>	<u>-434%</u>	<u>4,151,687</u>	<u>2,267,107</u>	<u>4,868,147</u>	<u>-53%</u>	<u>9,639,836</u>
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Statement of Cash Flows
As of February 28, 2026

2026

Cash Flows from (for) Operating Activities

Receipts from patients and users	\$	92,900,885
Payments to suppliers	\$	(31,826,754)
Payments to employees	\$	(70,365,785)
Other receipts	\$	725,926
Net cash flows from operating activities	\$	(8,565,728)

Cash Flows from Non-Capital Financing Activities

Receipts from property taxes	\$	3,878,029
Grant and other non-operating revenues (expenses)	\$	948,570
Increase in Advances from Governmental Payers	\$	3,074,010
Net cash flows from non-capital financing activities	\$	7,900,609

Cash Flows for Capital and Related Financing Activities

Purchase of capital assets	\$	(7,887,801)
Bond principal paid	\$	(940,000)
Payments on leases	\$	(1,929,897)
Payments on subscription IT assets	\$	1,755,387
Interest paid on capital debt	\$	(566,242)
(Decrease) increase in advances from primary government	\$	-
Note proceeds	\$	-
Proceeds from sale of capital assets	\$	(75,873)
Net cash flows for capital and related financing activities	\$	(9,644,426)

Cash Flows for Investing Activities

Increase (decrease) in restricted assets - unspent bond proceeds and other	\$	-
Increase (decrease) in assets whose use is limited	\$	3,093,135
Interest and dividends received	\$	911,364

Net cash flows from investing activities \$ 4,004,499

Net increase (decrease) in cash and cash equivalents \$ (6,305,046)

Cash, Cash Equivalents and Equity in Central Treasury, beginning of year \$ 38,445,570

Cash, Cash Equivalents and Equity in Central Treasury, end of year \$ 32,140,524

South Peninsula Hospital

Strategic Priorities March 27, 2026-March 27 2028

This document bridges our current balanced scorecard format (Strategic Plan 2025-2026) with the board's strategic vision as outlined in the Vision One Pager. It is intended to:

1. Communicate strategic direction to the community and stakeholders
2. Protect competitive positioning by keeping tactical details internal
3. Set the stage for a comprehensive strategic planning process

What Was Included and Why

Included Element	
Mission, Vision, Values	Public information - this is who we are placed front and center
Infrastructure Resilience	Reflects ongoing board priority to address our aging facilities issues
Facility Optimization	Indicates strategic maximization of existing facilities including the shell space buildout for Pharmacy & Infusion Clinic
Strategic Growth Positioning	Conveys that we are planning for the future of the hospital in line with the future growth of Homer. Can incorporate both service/provider additions/subtractions and facilities growth.
Access & Affordability	Addresses community need without telegraphing urgent care or specific plans
Workforce Excellence	Carries forward existing priorities
Community Partnership	Reflects board's communication strategy
Quality & Safety	Summary of previous operation level metrics which can be reserved for internal scorecards

Next Steps for Committee

1. Review and approve this transitional document
2. Present to full Board for adoption
3. Begin planning for comprehensive 2026-2027 strategic planning process

4. Consider engaging external facilitator for full strategic plan development

DRAFT DOCUMENT BEGINS BELOW

South Peninsula Hospital

Strategic Priorities 2026-2027

Our Mission

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

Our Vision

South Peninsula Hospital is the provider of choice—dynamic, collaborative, and committed to service excellence.

Our Values

Compassion – Patient- and resident-centered quality care in a safe, caring environment

Teamwork – A dynamic, collaborative team embracing change and speaking as one

Commitment – Dedicated to excellence through our people

Trust – Open, honest, and trustworthy in all interactions

Respect – Honoring the dignity of every individual

Strategic Priorities

1. Infrastructure Resilience

Ensure long-term operational sustainability through strategic infrastructure investments that support reliable, uninterrupted care delivery.

2. Facility Optimization

Maximize existing resources by completing facility improvements that enhance patient experience and operational efficiency.

3. Strategic Growth Positioning

Position the organization for future community needs through thoughtful asset development.

4. Access & Affordability

Expand access to care while managing costs for our community through innovative service delivery models.

5. Quality & Safety

Pursue excellence in clinical outcomes and patient safety through continuous improvement and evidence-based practices.

6. Workforce Excellence

Cultivate an environment where South Peninsula Hospital is the employer and provider of choice.

7. Community Partnership

Strengthen community trust through transparent communication, public education, and meaningful stakeholder engagement.

Our Commitment

We Will...	To...
Ensure sustainability	Serve our community for generations
Provide outstanding patient experiences	Deliver exceptional, coordinated care
Increase access	Meet our community where they are

This document represents the strategic direction approved by the SPH Board of Directors. Detailed implementation plans are maintained internally.

South Peninsula Hospital, Inc. Homer, Alaska

Adopted: [Date]

South Peninsula Hospital
Hospital Board of Directors Balanced Scorecard Report
2nd Quarter FY 2026 (October, November, December)

Overall Indicators	Q2 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

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	Q2 FY26	Target	Note
Severe Sepsis & Septic Shock Care	100%	> 75%	<i>CMS Hospital Compare: 70%</i>
Percentage of patients who received appropriate care for sepsis and/or septic shock.			Passed 7 of 7 cases
Stroke Care	100%	> 75%	<i>CMS Hospital Compare: Not Available</i>
Percentage of patients who receive CT/MRI within 45 minutes of arrival to ED w/stroke symptoms.			1 CMS reportable stroke; 4 Excluded cases
Median Emergency Room Time	133	< 180min	<i>CMS Hospital Compare: 134 min</i>
Average minutes spent in department before leaving the Emergency Department.			Average throughput time of ED visits (CMS allows for certain exclusions).
ER Admission Rate	7.81%		
Measures the percentage of ER patients admitted.			1292 visits, 101 admits
Colonoscopy Follow-up	100%	> 75%	<i>CMS Hospital Compare: 100%</i>
Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy.			
Patient Fall Rate (AC)	3.04	< 5	# of patient falls / # patient days x 1000
Measures the number of patient falls per 1,000 patient days.			3 falls, none with injury
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	0	0	
Unexpected occurrence involving serious injury or death.			

Independent Ambulation (HH)	77%	> 75%	
Percentage of home health patients demonstrating improvement with ability to ambulate more independently.			<i>(Tracked through OASIS Reporting.) No patients worsened.</i>
Independent Oral Medication (HH)	67%	> 75%	
Percentage of home health patients demonstrating improvement with ability to take oral medications more independently.			<i>(Tracked through OASIS Reporting.) 100% improved or unchanged</i>
Pressure Ulcers (LTC)	0	< 3	
Number of residents who develop pressure ulcers after admission.			<i>(Tracked through Minimum Data Set Reporting.)</i>
Primary Care MIPS Pathways	TBD	> 75%	Working to merge CPSI and Epic data and finalize. Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (<i>MIPS</i>) for outpatient clinics.			Special focuses: cervical cancer screening, specialist referrals, high blood pressure, hemoglobin A1c, medication reconciliation, fall risk

Patient & Resident Experience

Patient Satisfaction Through Press Ganey (PG)	Q2 FY26	Target	
Inpatient Percentile	99th	75th	9 or 10 best hospital/definitely recommend; Survey Responses: 33
Measures the overall satisfaction of inpatient pts. respondents.			Q1 FY26 94th : Q4 FY25 63rd : Q3 FY25 90th : Q2 FY25 69th
Outpatient Percentile	27th	75th	Mean Score: 94.34 Survey Responses: 489
Measures the overall satisfaction of outpatient pts. respondents.			Q1 FY26 7th : Q4 FY25 34th : Q3 FY25 31st : Q2 FY25 39th
Emergency Department Percentile	86th	75th	Mean Score: 92.46 Survey Responses: 98
Measures the overall satisfaction of emergency pts. respondents.			Q1 FY26 79th : Q4 FY25 92nd : Q3 FY25 71st : Q2 FY25 80th
Medical Practice Percentile	37th	75th	Mean Score: 93.68 Survey Responses: 330
Measures the overall satisfaction of pts. respondents at SPH Clinics.			Q1 FY26 51st : Q4 FY25 59th : Q3 FY25 55th : Q2 FY25 71st
Ambulatory Surgery (AS) Percentile	10th	75th	9 or 10 best hospital/definitely recommend; Survey Responses: 59
Measures the overall satisfaction of AS pts. respondents.			Q1 FY26 94th : Q4 FY25 25th : Q3 FY25 87th : Q2 FY25 29th
Home Health (HH) Percentile	67th	75th	9 or 10 best hospital/definitely recommend; Survey Responses: 50
Measures the overall satisfaction of HH pts. respondents.			Q1 FY26 64th : Q4 FY25 43rd : Q3 FY25 60th : Q2 FY25 25th

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	85 th	75 th	
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	60 th	75 th	
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.			Result of employee survey 2024
Workforce	Q2 FY26	Target	Note
Turnover: All Employees	3.20%	< 5%	
Percentage of all employees separated from the hospital for any reason			37 Terminations / 651 Total Employees
Turnover: Voluntary All Employees	2.00%	< 4.75%	
Measures the percentage of voluntary staff separations from the hospital			30 Voluntary Terminations / 651 Total Employees
First Year Total Turnover	2.40%	< 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	20	< 20	
Measure average number of contract staff utilized.			RN, CST, MLT, MRI, OT, RT

Information System Solutions	Q2 FY26	Target	Note
IT Security Awareness Training Complete Rate	83%	> 95%	
% of employees who have completed assigned security training			2053 Training videos sent; 1700 were completed.
Phishing Test Pass Rate	94%	> 95%	
% of Phishing test emails that were not failed.			3494 Test phishing emails sent; 227 links were clicked.
<u>Financial Health</u>			
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	Q2 FY26	Target	Note
Operating Margin	0%	-13%	
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	872	841	Total Discharges: # 181 (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 115
Net Revenue Growth	14%	5%	
Measures the percentage increase (<i>decrease</i>) in net patient revenue for the quarter compared to the same period in the prior year.			Target is based on budgeted net patient service revenue for the period compared to net patient service revenue for the same period in prior yr.
FTE vs Budget	596.0	620.98	
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 scheduling inefficiencies			Target is based on industry standard

Net Days in Accounts Receivable	77	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	81 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	10.2	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	Q2 FY26	Target	Note
Outpatient Revenue Growth	17%	4%	
Measures percentage increase (decrease) in outpatient revenue for the quarter, compared to the same period in the prior year.			Target is based on budgeted outpatient revenue for the period compared to outpatient revenue for the same period prior yr.
Surgical Case Growth	-4%	5%	
Measures the increase (<i>decrease</i>) in surgical cases for the quarter compared to the same period in the prior year.			Target is based on budgeted surgeries above actual from same quarter prior yr.

	SUBJECT: Disruptive Conduct & Abusive Behavior	POLICY #: EMP-03
		Page 1 of 1
Scope: Executive Leadership Approved by: Board of Directors	Original Date: 10/22/03 Effective: 1/24/24	
Revised: 8/28/19; 5/24/23 Reviewed: 1/25/23; 1/24/24; 1/29/25; 1/28/26	Revision Responsibility: Board of Directors	

PURPOSE:

To provide authority for establishing appropriate workplace behavioral expectations.

DEFINITION(S):

N/A

POLICY:

A. The CEO will establish the necessary policies and procedures to ensure that the hospital maintains a work environment free from disruptive and abusive behavior ~~and to this end will establish the necessary policies and procedures.~~

PROCEDURE:

N/A


ADDITIONAL CONSIDERATIONS:

N/A

REFERENCE(S):

- 1. ~~HW-021 Sexual Harassment~~
- 2. ~~HW-218 Work Place Bullying~~
- 3.1. HW-106 Code of Conduct
- 4.2. Medical Staff Rules & Regulations, Rule 20, Disruptive Behavior

CONTRIBUTORS:
Board of Directors

	SUBJECT: Contracting for Professional Medical Services	POLICY #: EMP-04
		Page 1 of 1
Scope: Executive Leadership Approved by: Board of Directors		Original Date: 10/22/03 Effective: 1/24/24
Revised: 11/7/19 Reviewed: 1/25/23; 1/24/24; 1/29/25; 1/28/26		Revision Responsibility: Board of Directors

PURPOSE:

Guidelines for negotiating professional medical services contracts.

DEFINITION(S):

N/A

POLICY:

- A. The CEO will avoid conflicts of interest or the appearance of a conflict of interest in the negotiating of contracts for professional medical services.
- B. Contracts for professional medical services will be negotiated in accordance with the Operating Agreement ~~to obtain~~ing the most cost-effective, high-quality services available ~~and done in accordance with the Operating Agreement.~~
- C. Contracts may be developed by competitive bidding or sole source award.

PROCEDURE:

N/A

ADDITIONAL CONSIDERATIONS:

N/A

REFERENCE(S):

- 1. Operating Agreement for South Peninsula Hospital with Kenai Peninsula Borough, 2020

CONTRIBUTORS:
Board of Directors

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

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2026-06**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS
APPROVING MEDICAL STAFF CREDENTIALING FOR MARCH 2026**

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:

Behrad Golshani, MD	Radiology	Part-Time Active
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2. That the South Peninsula Hospital Board of Directors approve the reappointment of:

Joseph Knight, DPM	Podiatry	Part-Time Active
Michelle Pearce, ANP	Oncology	Part-Time Active
Roger Martinez, MD	Family Med/ED	Active

3. That the South Peninsula Hospital Board of Directors approves the following privilege modification requests:

Jessica Jordan, PA-C
Inpatient PA Core, Inpatient & Outpatient (ED) consults, Assist in surgery, apply splints and casts, administer joint injections, and aspirate joints/bursa

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA
AT ITS MEETING HELD ON THIS 25TH DAY OF MARCH 2026.**

ALL APPROVALS ARE EFFECTIVE ON MARCH 31, 2026.

ATTEST:

Aaron Weisser, Board President

Mary E. Wythe, Board Secretary