

## Kenai Peninsula Borough

**Project Reach\***

How many Alaskans will be served by the project?

10,000-24,999

**Populations Served\***

What populations will be served by your project? Select all that apply.

Alaska Native peoples  
 Alaskans with behavioral health and substance use disorders  
 Alaskans with complex care needs  
 Alaskans with or at risk of chronic disease  
 Children and youth  
 Elders and older Alaskans  
 Health care workforce  
 Pregnant and postpartum women  
 Rural Alaskans

**Serving Rural Alaskans\***

Please describe how your project will improve access, quality, or sustainability of health care for rural, remote or frontier communities.

South Peninsula Hospital (SPH) is owned by the Kenai Peninsula Borough and operated by South Peninsula Hospital, Inc., a locally governed 501(c)(3), and one of only three independent Critical Access Hospitals remaining in Alaska. SPH serves a population of 15,000 that substantially swells during the summer. The 16 communities in the SPH service area are spread across hundreds of square miles and include Alaska Native villages accessible only by boat or plane, remote Russian Old Believer communities, as well as hub and unincorporated communities.

SPH will implement a telesitting (virtual patient observation) system in its acute care department. The system will support two primary patient types: those with behavioral health conditions who require continuous 1:1 supervision, and those who are at the greatest risk for falling while hospitalized (patients with dementia/confusion paired with frailty.)

In FY2025, SPH logged 4,650 hours of required 1:1 observation in acute care. Last month alone (February 2026), SPH logged 1,207 hours. Because these needs are unpredictable and episodic, staffing them is extraordinarily difficult.

This project advances Alaska's RHTP priorities, particularly Initiative #2 Health Care Access, Initiative #5 Strengthen the Health Care Workforce, and Initiative #6 Spark Technology and Innovation. This project will relieve workforce burden while maintaining and improving patient care by implementing remote monitoring, an approach explicitly highlighted in Alaska's RHTP.

This project enhances healthcare sustainability by reducing costs and strain on the workforce. Telesitting provides a technology-enabled solution to stabilize behavioral health care capacity, increase monitoring to prevent falls, and minimize overtime burden on operations.

This project enhances healthcare access by ensuring that SPH is always prepared to care for patients needing 1:1 observation, and that this care can be carried out without compromising staffing in other areas. Launching a telesitter system will help SPH continue to provide essential behavioral health stabilization services and decrease morbidity associated with falls for rural Alaskans.

Importantly, 1:1 care cannot be billed as a separate service to existing payers as it is considered an engrained part of patient care.

## *Project Overview*

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### **Project Concept Opportunity\***

Briefly describe the problem or opportunity you want to address with this project.

According to the NIH, more than one in five U.S. adults—and more than one-third of young adults—live with mental illness. Alaskans face higher rates of mental illness than residents of other states, with suicide rates here triple the national average. Rural Alaska often faces starker mental health challenges than urban parts of the state while having fewer behavioral health resources. SPH frequently admits patients with behavioral health disorders who require 1:1 supervision for their safety. On top of this, our aging population means that a greater portion of our patients are a fall risk. During FY 2025, 4,650 hours of 1:1 observation care were required in SPH's Acute Care Department.

These needs are highly variable and impossible to predict. Staffing 1:1 supervision often requires overtime or reassignment of clinical staff, increasing costs and contributing to workforce fatigue. But recruitment of additional staff solely for intermittent observation isn't practical.

Like other rural regions in Alaska, the Kenai Peninsula is a Health Professional Shortage Area. Recruitment here can be especially expensive—involving costs for travel, temporary housing, and other factors not seen elsewhere. These conditions make technology-enabled solutions to expand staffing capacity even more valuable. Without a scalable solution, SPH faces increased staffing costs, staff burnout, and potential constraints on its ability to safely care for behavioral health patients locally.

### **Project Concept Approach\***

Please describe your proposed approach to the above problem or opportunity.

This project directly addresses two key findings of the collaborative work of SPH and MAPP, the regional healthcare coalition, which identified behavioral health needs and healthcare workforce shortages as two of the top priorities in the most recent Community Health Needs Assessment.

Telesitting allows trained observers to remotely monitor multiple patients simultaneously using secure audiovisual systems, intervening when necessary and alerting bedside staff in real time. This model improves patient safety while reducing reliance on costly, difficult-to-staff in-person 1:1 observation. This project addresses the opportunity to deploy technology-enabled patient observation to improve safety while strengthening workforce stability and fiscal sustainability.

Key components of this project include:

Technology Acquisition and Installation

- Installation of in-room audiovisual monitoring units
- Secure centralized monitoring station
- Integration with existing hospital IT and privacy protocols
- Compliance with HIPAA and hospital safety standards

#### Clinical Workflow Development

- Establish clear criteria for telesitting eligibility
- Develop escalation protocols for bedside intervention
- Integrate telesitting into behavioral health stabilization pathways

#### Staffing Model Optimization

- Train designated observation staff
- Reduce reliance on overtime for 1:1 in-person supervision
- Allow bedside nurses and CNAs to focus on clinical care

#### Performance Monitoring

- Track observation hours, overtime reduction, and safety events
- Monitor patient outcomes and staff satisfaction

This project aligns with RHTP Initiative #6 by deploying innovative technology to address rural workforce constraints, Initiative #5 by reducing burnout and improving retention, and Initiative #2 by ensuring safe local access to behavioral health stabilization services.

By modernizing observation capacity, SPH strengthens its ability to safely care for vulnerable patients without unnecessary transfer, preserving access to care for the southern Kenai Peninsula.

## Project Concept Preliminary Outcomes\*

What change would you expect to see if this project is successful and on what timescale?

Within 12 months of implementation, SPH anticipates:

1. 50% or more of 1:1 observation needs in Acute Care met by telesitter system (these systems can only be used with low- to medium-acuity patients, so staff telesitters will still be required to meet local needs)
2. 50% or greater reduction in overtime hours associated with 1:1 observation
3. Increased ability to manage behavioral health patients safely in-house
4. 25% decrease in the rate of falls (literature says 34%\*-we are using a more modest estimate because we have a larger than national average senior population)
5. \$124,000 or more saved annually by fall prevention (\*\* literature says an average inpatient fall costs a hospital \$62,521; this is a conservative estimated based on prevention of two falls annually)
6. Improved staff workflow efficiency based on staff surveys
7. Reduced staff stress and burnout factors related to unpredictable observation demands based on staff surveys

Longer-term (12–36 months):

1. 50% or more of 1:1 observation needs in Acute Care met by telesitter system
2. 50% or greater reduction in use of overtime hours associated with 1:1 observation
3. Sustainable 25% reduction in fall rate
4. Improved fiscal sustainability through labor cost stabilization
5. Reduced workforce burnout factors based on staff surveys

We will carry-out ongoing monitoring and tracking of 1:1 observation hours needed per month, fall rates, and workforce impacts. Acute Care and Quality Departments will track progress on these metrics through Epic and RLDatix occurrence reporting systems, analyze quarterly and adjust workflows as necessary.

\* 33.7% from: Kathie Zimbardo et al, "Remote Patient Monitoring Improves Patient Falls and Reduces Harm," Journal of Nursing Care Quality. 2024.39 (3): 212-219. doi: 10.1097/NCQ.0000000000000749. Epub 2023 Oct 2. PMID: 37782901.

\*\* Cost of hospital fall from: Patricia C. Dykes et al., "Cost of Inpatient Falls and Cost-Benefit Analysis of Implementation of an Evidence-Based Fall Prevention Program," JAMA Health Forum. 2023. 4(1). doi: 10.1001/jamahealthforum.2022.5125

## Project Concept Sustainability\*

How will the change initiated by this project persist after the project ends?

AHHA's 2025 Healthcare Workforce Analysis finds that the current supply of healthcare workers in Alaska is insufficient to meet demand. Sustainability of care at SPH depends on our ability not just to recruit new staff but to retain the ones we have. This project will help reduce burden and burnout among the SPH workforce.

In FY25, SPH required 4,650 1:1 observation hours. These are hours where staff are required to work overtime. Because there are many days where there are no 1:1 patients, it is not possible for us to plan to have someone on staff to cover this need. With an average nurse wage of \$52/hr, overtime alone for these hours was \$93,418 plus any applicable shift differentials. This system is estimated to cost \$57,156 year. There will not only be a cost savings, but also it will save staff from having to work overtime which can lead to burnout as providing care to a 1:1 patient isn't just extra hours, it is also very stressful to handle the unique needs of these patients. Burnout and replacement of a nurse is estimated to cost over \$30,000 in recruitment costs, relocation, temporary housing, and training. The cost savings along with burnout reduction make this project sustainable. It also provides a ready to use tool at any point in time that can expand the utilization of 1:1 services and help with patient safety and fall prevention. One fall can cost a facility over \$62,000 per incidence.

## Project Concept Key Risks or Uncertainties\*

What potential risks do you anticipate, and what is your plan to mitigate them?

Any project in rural Alaska is subject to supply chain issues, weather disruptions, and shipping delays when it depends on the delivery of equipment and expertise to our remote communities. SPH has already prepared an RFP and recognizes the need to move quickly if this project is approved. Other risks include:

1. Staff resistance to workflow change
2. Technology integration challenges
3. Privacy concerns
4. Initial capital investment

Mitigation strategies:

1. We employ a team-based approach to staff workflow changes to ensure buy-in.
2. We will provide adequate staff training.
3. The SPH IT department will work with vendor to support IT integration and testing
4. We will develop clear policies around consent and privacy.

5. We will continuously monitor safety metrics and cost savings upon deployment.

## Project Partnerships\*

Do you have key partners identified for this project?

No, partners are not needed for this project.

## Readiness & Scope Snapshot

### Stage of Development\*

Please assess the current stage of your proposed project. Your answer does not commit your LOI to a specific funding pathway but rather informs understanding of the project's development stage.

**RHTP funding is available for all pathways.**

**Concept Formation:** The project is taking shape, but key elements are still being developed. Scope, partners, budget and workplan details have not yet been established. Funding at this stage would support refining the project concept, early coordination, and building administrative readiness to prepare for a full project application.

**Defined Approach:** The project has a defined approach that aligns with RHTP goals. The scope and deliverables are partially defined, there is a general sense of the budget, partners have been identified, and roles are generally understood. Some administrative, staffing, and evaluation infrastructure capacity is in place. Early thought has been given to long-term sustainability and scalability. Funding at this stage supports critical planning efforts to strengthen and refine a detailed project workplan to prepare for implementation.

**Ready to Launch:** The project has a complete plan aligned with RHTP goals, with clear scope, objectives, budget, milestones, and deliverables. Partners are committed, roles and responsibilities are clearly defined, and staffing, resources, and infrastructure are in place. The approach is supported by data collection, evaluation, and monitoring systems. Project sustainability is built into the design. Funding at this stage supports immediate execution of projects that advance rural health transformation goals.

Ready to Launch

### RHTP Initiative Areas\*

RHTP funding supports projects aligned with Alaska's six RHTP initiatives. Funded projects may work across more than one initiative. Based on your current project approach, select all that apply.

Health Care Access  
Healthy Communities  
Spark Technology & Innovation

### RHTP Allowable Uses\*

RHTP projects must align with and advance Alaska's goals and six RHTP initiatives and strengthen access, quality, coordination, and sustainability of health care, particularly in rural and remote communities. Federal law allows RHTP funds to be used for the activities listed below in support of these initiatives. Based on your current project

concept, select all that may apply. (Note: for more information on the RHTP allowable uses, see the Alaska Department of Health RHTP webpage).

Appropriate care availability  
Behavioral health  
Capital expenditures and infrastructure  
Innovative care  
Prevention and chronic disease  
Workforce

### Estimated Project Duration\*

Based on your project concept, how long do you anticipate needing to complete the proposed work?

12 months

### Project Duration\*

Please explain if your project has multiple phases, dependencies, or other nuances to the project duration.

N/A

### Estimated Funding Range for First Year of Funding\*

While RHTP is a five-year initiative, funding will be awarded annually. For the project scope you outlined, what resources do you anticipate needing for this funding round's project period?

\$250K-\$1M

### Future Funding Needs\*

Please describe future funding needs for this project (beyond this project period). If you are unsure of future funding needs, please indicate that below. If you do not have funding needs beyond this project period, please write "N/A."

None. But please note, we estimate a cost of \$300,000 to set up nine telesitting stations--much closer to the lower end of the funding range of the category we selected.

### Potential Support Needs\*

In addition to grant awards, RHTP will include opportunities for grantee learning and support. To gauge potential offerings, what potential support might you be interested in?

None at this time

## *Acknowledgements & Certifications*

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### **Acknowledgements & Certifications\***

I understand that submission of this Registration & LOI does not guarantee funding and may result in an invitation to submit a Full Proposal, a request for refinement, or deferral to a future cycle.

I certify that:

- No funds received under this award will be used for lobbying activities.
- I will not attempt to influence government officials on decisions related to this award or other legislative or administrative matters using awarded funds.
- Awarded funds will not be used for religious proselytizing or activities intended to promote or discourage adherence to a particular religious faith.

Yes

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