

KENAI PENINSULA BOROUGH

South Kenai Peninsula Hospital Service Area Board

A G E N D A

Thursday, May 8, 2025

6:30 p.m.

In-person in SPH conference room and virtually via Zoom

NOTICE TO THE PUBLIC:

You are welcome to attend in-person in the South Peninsula Hospital conference room or, if preferred, virtually via Zoom

Devony Lehner is inviting you to a scheduled Zoom meeting.

Topic: SAB monthly meeting, 6:30 PM Alaska (every month on the Second Thursday)

Join Zoom Meeting

<https://us02web.zoom.us/j/86958362018>

Meeting ID: 869 5836 2018

One tap mobile

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Meeting ID: 869 5836 2018

Find your local number: <https://us02web.zoom.us/j/86958362018>

Detailed instructions will be posted on the Kenai Peninsula Borough's main page at kpb.us.

Everyone interested is invited to attend.

NOTE: The SKPH Service Area Board Committee of the Whole will meet at 5:30 pm.

South Kenai Peninsula Hospital Service Area Board

“The South Kenai Peninsula Service Area Board oversees
our tax dollars for a healthier community.”

A G E N D A

Thursday, May 8, 2025

6:30 p.m.

In-person in SPH conference room and virtually via Zoom

1. Call to Order
2. Roll Call, followed by moment of silence for Roberta Highland
3. Introduction of Guests
4. Approval of Agenda
5. Comments from the Audience
6. Approval of Minutes SAB meeting of April 10, 2025 pg 4
7. Presentations – none
8. Reports
 - A) Committee of the Whole – Recording Secretary Devony Lehner
 - B) South Peninsula Hospital CEO – Ryan Smith
 - C) South Peninsula Hospital Financial Reports, CFO – Anna Hermanson pg 20
 - D) South Peninsula Hospital, Inc. Board of Directors (BOD) – Dr. Christopher Landess
 - E) SAB Representative to April 30 BOD meeting – Tim Daugharty
 - F) Kenai Peninsula Borough (KPB) Assembly Representative – Kelly Cooper
 - G) SAB Treasurer – Tamara Fletcher
 - H) Chair – Helen Armstrong
9. Unfinished Business – none
10. New Business –
 - A) SKPHSAB Resolution 2025-05 pg 25
 A Resolution Recommending that the KPB Assembly Appropriate Funds in the Amount of \$915,042 from the South Kenai Peninsula Hospital Service Area Capital Project Fund for Critical Hospital Construction and Infrastructure Repairs.
 - SPHI Board Resolution 2025-10, A Resolution Requesting Funds from from the South [Kenai] Peninsula Hospital Service Area Capital Projects Fund for Critical

Hospital Construction and Infrastructure Repairs.

- **Kenai Peninsula Borough Ordinance 2025-xx – An Ordinance Appropriating Funds from the South [Kenai] Peninsula Hospital Service Area Capital Projects Fund for Critical Hospital Construction and Infrastructure Repairs**

11. Informational Items included in the Packet or emailed as separate file(s) due to length

- **South Peninsula Hospital, Inc. Board of Directors minutes for March 26, 2025** pg 30
- **South Peninsula Hospital May 6 Report for the KPB Assembly (emailed as separate pdf)**
- **SPH financial overview slides (emailed as separate pdf)**

12. Comments from Audience

13. Comments from Board/Staff

14. Future Agenda Items/Reminders

- **SKPH SAB representative to May 28, BOD meeting – Amber Cabana**

15. Adjournment

DRAFT**SOUTH KENAI PENINSULA HOSPITAL SERVICE AREA BOARD****HYBRID MEETING in the SPH Conference Room and on ZOOM****DRAFT MINUTES Regular Meeting April 10, 2025****Devony Lehner, Recording Secretary****1. – 2. Call to Order / Roll Call –**

Chair Armstrong called the meeting to order at 6:40 p.m. She requested a roll call.

SAB present: Helen Armstrong, Lynda Reed, Roberta Highland, Tamara Fletcher, Ralph Broshes,
Francie Roberts, Amber Cabana, Kathryn Ault

Absent excused: Tim Daugharty,

SPH staff: Ryan Smith, CEO; Anna Hermanson, CFO

3. Introduction of Guests – Mike Dye, SPHI Board of Directors**4. Approval of Agenda –**

MOTION: Ms. Highland moved/Mr. Broshes seconded to approve the agenda for the April 10 meeting.

DISCUSSION: None.

VOTE: No objections.

MOTION: Agenda approved.

5. Comments from the Audience – None.**6. Approval of Minutes of regular SAB meeting –**

MOTION: Ms. Highland moved/Mr. Broshes seconded to approve SAB minutes of March 13, 2025.

DISCUSSION: None.

VOTE: No objections.

MOTION: Minutes approved as presented.

7. Presentations – None.**8. Reports –****A) Committee of the Whole (COTW) – Recording Secretary Devony Lehner**

A goal for the COTW was to translate last month's discussion of SAB roles (SKPHSAB March 13 minutes, item 9.A) into action items. This discussion had in part been motivated by SAB members wanting to be better able to explain what the SAB is and does. Ms. Highland had identified from the discussion a number of potential action items. She began a discussion of these and suggested that members volunteer to follow up. The group first agreed to postpone discussing a SAB mission statement.

Action item 1: Find out if the KPB election pamphlet could contain additional information about the

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SAB and SAB candidates, including candidate photos. (Three SAB member terms expire in October: Mr. Broshes, Mr. Daugharty, and Ms. Cabana.) – Ms. Fletcher will follow up on this item.

Action item 2: Schedule a group photo of Service Area Board members. – Follow up TBD

Comment shared: Ms. Roberts expressed her interest—as a publicly elected representative—to review more carefully some of the SPH fiscal information. How does the SAB fit into that whole picture? What are its roles? Also, where should the SAB be heading? Mr. Smith responded that the best thing is to look at the ordinances listed on the left hand side of the ownership and governance chart (see below), as well as the hospital operating agreement signed by the mayor.



Action Item 3: Ms. Lehner will use SAB statutory functions to create a conversational list of SAB powers and duties. She will also provide, as background, information from the operating agreement and ordinances relevant to the SAB, as suggested by Mr. Smith. Ms. Armstrong will help with this.

Comment shared: The BOD formerly held an annual joint meeting with the SAB. That coordination is now addressed by having SAB and BOD representatives at each other's meetings.

Comment shared and initial action: SAB members would like more time to review BOD resolutions so they aren't just rubber stamping them. For example the resolution on tonight's SAB agenda has already been introduced to the borough assembly and reviewed by the BOD, but it was only received by the SAB shortly before the April 10 meeting. Ms. Armstrong will call the mayor to find out how the process can be improved to ensure that the SAB receives resolutions enough in advance to provide meaningful input as per the ownership and governance chart.

Action item 4: Determine how SAB can arrange for a representative from the borough to serve as a liaison between the SAB and the KPB. – Ms. Armstrong, Ms. Highland, Ms. Roberts, and Ms. Cooper will set up a meeting to brainstorm this; Ms. Lehner will take meeting notes.

Action item 5: Help with articulating a clear vision for the hospital with which the SAB, the KPB assembly and mayor, and the SPHI can all align; this would necessitate coordinated statements of mission, visions, and values from the SAB, the SPHI, and the hospital's owners—namely, the borough. BOD's goal is to have all entities shown at the top of the ownership and governance chart work together to achieve coordinated components of a shared, cohesive plan. – Follow up: at its upcoming retreat, the BOD will work to come up with vision options to discuss with the mayor and the SAB. It's important to articulate shared visions for the next 10 years. KPB service area ordinances and the operating agreement address the powers of the SAB¹; changes can be made through borough ordinances.

Comment shared: The secretary is willing to help on actions items as assigned. Mr. Broshes mentioned

¹ KPB ordinance [Title 16](#) addresses all borough service areas; [Chapter 16.24](#) addresses the SKPHSAB in particular.

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that he has a thumbdrive and a hard copy documenting a 2011 presentation that he and Ms. Ferraro developed to provide the City of Homer with an overview of the SAB. Ms. Lehner will pick these up from Mr. Broshe and share them with the SAB.

B) South Peninsula Hospital CEO – Ryan Smith

Mr. Smith welcomed Mike Dye, the new member of the SPHI Board of Directors. The BOD has another new board member, Kim Frost, who was appointed in December. Mr. Smith then reviewed the quarterly presentation he had presented to the borough assembly on April 18.

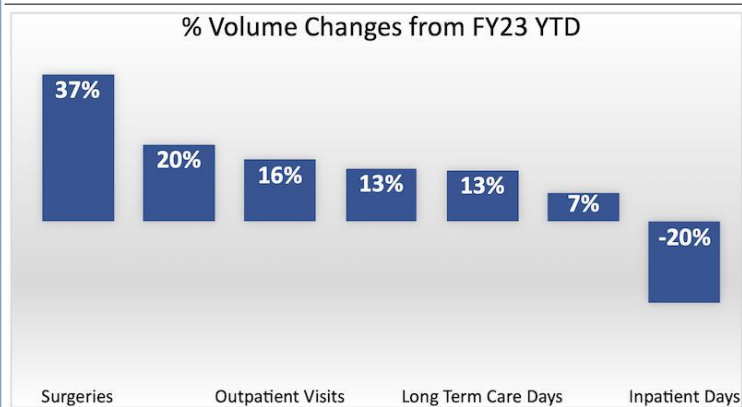
- Year-to-date gross patient revenue through the 2nd quarter of FY25 is \$135.13 million, which is 20% above the total for 2nd quarter FY24—about 6% of this is increased charges for services, and the rest is volume growth. Operating income for the quarter was \$1,836, which was 7% above last year's total—this does not include Service Area tax revenues. Net income was \$6,329, which was 16% below 2nd quarter income last year.
- Mill levy revenue was down about 16%, the majority of that decrease is the result of a drop in the mill levy because some of the bonds were paid off.
- Days cash on hand was 91 days, which does not include the prior year Medicare cost report settlement, which Ms. Hermanson will talk about in her financial presentation.
- Capital spending is listed below. These are items SPH needs and has been spending operating cash on. Total operating cash spent is close to \$2 million.

Operating Cash Capital Spend	
OB Remodel	\$228,000
Childcare Remodel	\$332,000
Childcare IT, Furnishings, Playground	\$186,000
Lake Street Rehab Remodel	\$464,000
Rehab Equipment Updates	\$127,000
Washing Machines	\$47,000
General Surgery Remodel	\$312,000
Transformer Replacement	\$48,000
Sewer Pipe Repair	\$73,000
Total:	\$1,817,000

- Total operating revenues have increased every year over the last 10 years except in 2020, when COVID began.

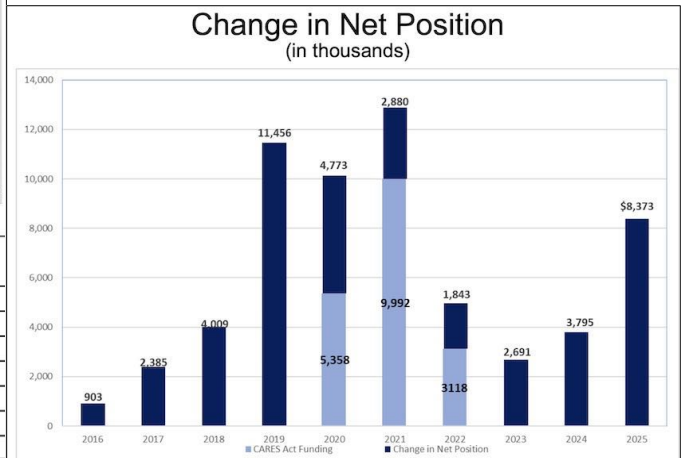
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- Volumes continue to increase, as shown in the slide below left. The only category that's dropped is inpatient days, largely because many elective surgeries have been converted from inpatient stays to outpatient and observation visits.

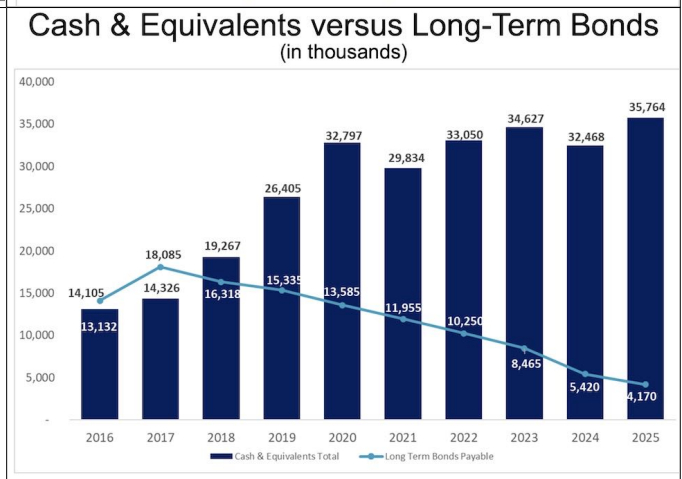


	FY23 YTD	FY24 YTD	FY25 YTD
Surgeries	768	864	1,052
Clinic Visits	18,228	20,807	21,788
Outpatient Visits	45,596	48,590	52,684
Behavioral Health Visits	1,541	1,716	1,749
Long Term Care Days	4,053	4,223	4,580
ER Visits	2,898	3,003	3,114
Inpatient Days	1,902	1,675	1,517

- Change in net position this year is shown below. It's projected to be \$8 million, but projections are difficult now. The light blue color shows funding SPH received during COVID.



- Cash and cash equivalents versus long term bonds are shown at right. Mr. Smith characterized this as a double edged sword: liquidity ratios are good because SPH is paying off long term bonds and improving its cash position. But the downside is that SPH has not had new bonds to use for reinvesting in the facility, and SPH needs to make more improvements to the building.
- The SPH housing project is moving forward; SPH signed a 10-year lease agreement with Bill Hand, the developer. Mayor Micciche and the KPB assembly allowed this lease to be outside the operating agreement. Mr. Hand is working with the state and the Army Corps of Engineers on an entrance to the property off the Sterling Hwy. The project will provide about 30 housing units; SPH is currently leasing over 30 units and will be able to consolidate these in the new development, which will free up rentals in town. Ms. Hermanson added that Mr. Hand has contracted with [Devise Engineering](#) for geotechnical work, including drilling to test soils. Building setbacks from the bluff have been increased from 50 ft to 80 ft.
- The SPH childcare facility will open this summer and accommodate about 60 children. Childcare and housing are key challenges faced by SPH employees. SPH originally received a \$3 million grant for the facility; the granting agency issued an opportunity to receive \$800,000 more, which SPH applied for. That \$800,000 would cover extra construction costs. Ms. Hermanson noted that SPH identified work needed outdoors, including a paved parking lot and playground drainage and surfacing.



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- Epic update—SPH's new electronic health record system is scheduled to go live on August 9. The borough loaned SPH about \$7 million to do the Epic update; SPH has spent about \$1.56 million. SPH financial systems need to be brought online so they interface with medical records. Mr. Smith reported that Ms. Hermanson and her team have done a great job getting that implemented. A materials management system also needs to go live prior to Epic. Then health information will be much more easily shared with Providence, Alaska Regional, Mat-Su, Central Peninsula, Kodiak, and Valdez hospitals, which are all on the Epic platform.
- Mr. Smith provided an update on new physicians. Dr. Lars Matkin, who grew up in Homer, has been working at Alaska Fracture and Orthopedic Clinic. He now comes to Homer twice a month to perform total hip replacements and has done about 10. Drs. Adcox and Mentzer have treated hip fractures, but Dr. Matkin is the first surgeon at SPH to do total hip replacements.
- Dr. Jenna Aird, a dermatologist, also grew up in Homer; she and her husband, a radiologist, trained at the Mayo Clinic. About 220 patients have already made dermatology appoints.
- Dr. Lauren Dorsey-Spitz will be SPH's new pediatrician.
- Two SPH hospitalists had left, so SPH has now hired Ian Lawrence, an internal medicine pediatric physician, as a hospitalist. He's completing a residency in Denver. SPH is recruiting for the other position.

Welcome to SPH!






Lars Matkin, MD – Orthopedic Surgeon
 Providing intermittent Orthopedic coverage
 Medical School: Geisel School of Medicine at Dartmouth
 Residency: Dell Medical School at The University of Texas at Austin

Lauren Dorsey-Spitz, DO – Pediatrics (May/June 2025)
 Joining the team at Homer Medical Center
 Medical School: University of Minnesota, Minneapolis

Jenna Aird, M.D. – Dermatology (2025)
 Opening a new! Dermatology Clinic out of the Renew Clinic on Hohe Street
 Hometown: Homer, Alaska
 Medical School: Creighton Medical School, Residency: Mayo Clinic College of Medicine and Science

Gregory Aird, M.D. – Diagnostic Radiology (2025)
 Joining Dr. Knapp as a full-time employed Radiologist
 Medical School: Creighton University School of Medicine, Residency: Mayo Clinic College of Medicine and Science

C) South Peninsula Hospital Financial Report, CFO – Anna Hermanson

Ms. Hermanson first noted that Mayor Micciche had joined the meeting via Zoom. She provided the following financial overview for February, which adds January and February numbers to totals already shared by Mr. Smith. Slides she referenced are attached at the end of the minutes.

- **Slide 1, Gross Revenues (Charges)** – For February, these were a bit below budget, \$19.94 million, out of \$21.22 budgeted. Outpatient was 7% below budget, and inpatient was 2.6% below, but long term care was 1.74% above budget. The long term care team has worked really hard to recruit local patients to help them stay close to their families.
- **Slide 2, Revenue Deductions** – This graph looks quite odd, and the income statement shows a *negative* deduction from revenue for Medicare. This is because SPH received a cost report settlement of \$5.5 million, that settlement reduced deductions from revenue by \$5.2 million, leading to deductions of \$4.71 million out of \$9.04 million budgeted. For new members, Ms. Hermanson then explained that, because SPH is a critical access hospital, it is cost-base reimbursed. Medicare sets the rate and pays SPH that rate for the year. At year's end, SPH does a cost report and submits its total costs for treating Medicare patients, and Medicare comes up with a reimbursement rate. If what Medicare paid SPH during the year was more than the hospital's costs, SPH pays money back to Medicare. If Medicare paid less than the costs for Medicare beneficiaries, Medicare pays SPH. Some years SPH pays in, some years it receives money back. This year SPH had a significant increase in

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Medicare costs, so it received a settlement of about \$3.5 million for FY24; then Medicare trued up costs through December and January, resulting in a total reimbursement to SPH of \$5.5 million. Also, self pay allowances increased in February from 3% to 4% in the payer mix, so there was some increase in charity care and bad debt due to that shift in payer mix for the month.

- **Slide 3, Net Operating Revenues** – Once SPH subtracts deductions from gross revenues, what's left is net operating revenues, which SPH can use to cover its bills. Because the deduction line was so low, SPH is above budget for February, landing at \$15.23 million, out of \$12 million budgeted. Year to date was also above budget, \$97.61 million, out of \$92.53 million budgeted.
- **Slide 4, Operating Expenses** – These were pretty close to target in February, landing at \$11.26, out of \$11.48 million budgeted. Health insurance was a little above budget—SPH is seeing an increase in employee health insurance expenses; leases and rentals were also a bit above budget. Invoices for the generator sitting outside were about \$40,000, which was above budget. Year to date, operating expenses are \$93.5 million, out of \$93.94 budgeted.
- **Slide 5, Operating Margin** – This looks good for February and also for year to date. SPH landed at 26.8%, which translates to about \$4 million, out of \$831,000 budgeted (shown on February income statement). Year to date, SPH is at 5%, which translates into positive \$4.8 million, compared to expected negative \$337,000.
- **Slide 6, Total Margin** – This is at 27%, compared to 8% budgeted. The difference between operating and total margins is the non-operating income and expenses. Property taxes of \$3.88 million have been received year to date. Total margin also includes about \$1.1 million of interest and investment earnings on SPH funds at the borough, and about \$380,000 of grants. In dollars year to date, SPH is at about \$9.6 million, out of \$4.68 budgeted.
- **Slide 7, Operating Cash** – This shows the increase in cash for February, cash is now \$29.8 million.
- **Slide 8, Days Cash on Hand** – There are 80 days of operating cash on hand and 16 days of unobligated PREF, resulting in a total of about 96 days cash on hand. For comparison, in February 2023, one day of cash was \$238,000; in February 2025, one day of cash was \$370,000; those are the expenses to operate the hospital. Increase in cash was mostly due to the Medicare cost report, but SPH also had a solid month in terms of collecting money from insurance providers.
- **Slide 9, Days in Accounts Receivable** – The target is to be below 55 days to collect AR on the books. SPH dropped below the target, landing at 49.9 days for February. The financial team wants to get down to 45 days—that's its own internal goal. SPH has done some restructuring—it had two billing teams in two different departments, and those have been brought together under the patient Financial Services Department; the clinic billing manager is there. The two teams are now collaborating, and SPH is seeing good progress there.
- **Slide 10, Inpatient Admissions** – There were 47 admissions for February, out of 51 budgeted; year to date is 426, out of 408 admissions projected.
- **Slide 11, Average Daily Census** – Acute care and swingbed average patient days dipped in November and December, which is not unusual for SPH since things slow down over the holidays. In February, these numbers were just above target, landing at 9.4 days, out of 9.1 budgeted. SPH plans on an average daily census of 9.1 and is a bit below that year to date, at 8.5.
- **Slide 12, Average Daily Census (Acute and Observation)** – SPH also looks at numbers of observation patients—patients in a bed receiving care but not admitted. This gives SPH a good idea of total resources being utilized. When added to the 9.4 days just mentioned, the average daily census lands at 12. Observation and acute patients enter SPH through ER and scheduled surgeries.
- **Slide 13, Acute Average Length of Stay (LOS)** – Higher average length of stay occurs when SPH is caring for more complex patients; these patients stay longer. LOS for February was 3.54 days, for

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January it was 4.23—SPH had some patients who stayed for quite a few days. Some of these patients transition into swingbed care after days in acute care. A critical access hospital such as SPH needs to keep its average LOS below 96 hours (4 days) to maintain its status. Some months go over, some under, but overall year to date, SPH lands below 96 hours.

- **Slide 14, Swingbed Patient Days** – Year to date, SPH is seeing more swingbed patients than had been budgeted—124 out of 98 planned for February.
- **Slide 15, Total Surgeries** – SPH's target was 170 surgeries, but that target hasn't been met the last few months. Some surgeons have taken vacations, and as a small organization without a deep bench of surgeons, surgery numbers drop when surgeons take time off.
- **Slide 16, Hospital Outpatient Visits** – These were also below target. Looking at volumes for February, SPH landed at 7969, out of 9599 budgeted; this includes ER visits, clinic visits, radiology, rehab, infusion, etc. When surgeries are down, there are also fewer imaging visits, fewer PT and OT visits for rehab; lower volumes overall. ER was 18% below target for February; radiology, 9% below; and rehab, 12% below. But revenue and expenses year to date are okay.
- **Slide 17, Clinic Visits** – This was also below budget: 3097 visits, out of 4309 planned. SPH will struggle to meet its targets because arrivals of several physicians have been delayed, but that also reduces expenses related to those service lines. Also, February is a shorter month. General surgery visits were 27% below budget; family care, 17% below budget; Homer Medical Clinic, 34% below; ortho, 15% below; functional medicine, 67% below; OBGYN was 34% below budget.
- **Slide 18, Long-Term Care Unit** –To end on a high note, the average daily long-term care census for January and February was 27, but the most patients SPH can have in LTC is 28. It's been a long time since SPH met its target of 25, so to see 27 is great. These patients stay in the community near their family members.
- **Slide 19, Plant Replacement and Expansion Funds (PREF)** – This tends not to vary much, but in February, unobligated PREF dropped from \$7.1 million to \$6.07 million because SPH shifted about \$1.1 million from unobligated PREF to obligated PREF for the Women's Center OBGYN project.
- **Slide 20, FY 25 Revenue by Payer Class** – SPH tracks payer mix trends; some high dollar visits can shift payer mix. In February, 42% of payer mix was Medicare, 23% was Medicaid, and 22% was commercial; Blue Cross was 9%. Self pay rose to 4% in February from 3% in January. Medicare was 41% the last 2 years, but jumped to 44.1% this year. This reflects the community needs assessment and demographics—Homer has an aging population. Medicaid has decreased a bit from 25% in FY23. In FY24, Medicaid started doing revalidations that had been paused during COVID, so SPH has seen a shift downward, 25% to 23% to 21%. A national concern has seeing a shift to self pay; for SPH, self pay has so far remained relatively steady. SPH is seeing a shift from Medicaid to Medicare, as well as commercial insurance buyers going onto the Affordable Care Act marketplace to get subsidized healthcare, so commercial mix did go down a bit.

Ms. Highland asked for clarification of the Medicare and Medicaid situation given the ongoing federal budget cutting. Mr. Smith explained that before they recessed, both the US House and Senate passed budget resolutions that are vastly different. The house seeks about a \$1.5 trillion reduction in expenses, and the Senate about \$4 billion. The House and Senate will next begin the reconciliation process, including discussions about raising the debt limit. The original house resolution called for \$800 billion in cuts from the Department of Commerce, which is basically the source of Medicaid money. The Senate does not want to cut Medicaid. SPH hopes to get more clarity over the next couple months. The other big issue relates to subsidies in the Affordable Care Act, which are set to expire in December. If they expire, customers will have to pay full cost for ACA insurance, and many will probably not be able to afford it.

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Mr. Dye asked if this was the highest Medicare reimbursement that SPH had received. Ms. Hermanson confirmed that it was—the range is usually closer to \$1.4 or \$1.9 million. She added that SPH worked hard to audit its Medicare cost submittal to make sure cost amounts were accurate.

Chair Armstrong then invited Mayor Micciche to speak to the group. He said that he wanted to check in and that he's been reading the SKPHSAB minutes. Every night, there's a different service area board meeting, but he can attend SKPHSAB meetings if the SAB wants him present for something—it just takes an invite. He expressed support for the hospital and explained that the administration is looking for the best path forward. He recognized that SPH and the SAB were disappointed that the purchase of the Greatland St. dental clinic building fell through. He shared that the borough is on standby to work together to construct a facility that fits SPH needs, and he noted a preference to spend the same or more money on a facility that's fit for purpose and located on borough-owned property, thus avoiding purchasing overvalued properties or leasing. He welcomes working together and reiterated that he's willing to drive down for a specific reason if he has an invite and the SAB has something it wants to cover with him. He said that the borough supports and is proud of the hospital and the SAB. The mayor takes seriously his role with the hospital—as contract operator—so let him know how he can be a better partner. He was open to questions, but had particularly wanted to hear the financial report delivered at the last assembly meeting, and expressed support for Mr. Smith.

Ms. Armstrong expressed appreciation for the mayor joining the meeting. She plans to call him on her return from Hawaii.

Mayor Micciche noted that the assembly had completed its budget, which frees up his time a little. He noted that he's always willing to jump in the car and drive down to Homer for a discussion.

D) South Peninsula Hospital, Inc. Board of Directors (BOD) – Mike Dye

Mr. Dye was excited to attend the SAB meeting, but he'd had to miss the March 26 BOD meeting. He noted that the very high Medicare reimbursement reflected diligent accounting of all SPH services from Medicare costs. He's excited to be on the operating board and has a lot to learn, but Ms. Hermanson and Mr. Smith have done a great job helping him get up to speed. He's excited about the strategic planning retreat. He got a copy of the SAB minutes and was particularly interested in the financials, which were covered tonight. He thanked the SAB for welcoming him.

E) SAB Representative to March 26 BOD meeting – Ralph Broshe

Mr. Broshe provided a few additional comments. He noted that the BOD had a retirement proclamation for Bernadette Arsenault for 34 years of service. The BOD is now restructuring its committees, and so their committee reports may end up a little different in the future.

F. Kenai Peninsula Borough Assembly Representative – Kelly Cooper

Neither Assemblymember Cooper nor Dunne were present.

G) SAB Treasurer – Tamara Fletcher

Ms. Fletcher noted that she had not received any requests for reimbursements.

H) SAB Chair – Helen Armstrong

Ms. Armstrong had nothing additional to add. She wanted to thank Ms. Lehner and Ms. Highland for getting the packet together in her absence, and she thanked Ms. Roberts for rushing back from Anchorage in case she needed to chair the meeting. She appreciates everybody's help.

DRAFT**9. Unfinished Business – None.****10. New Business****A) SKPHSAB Resolution 2025-04**

A Resolution Recommending that the Kenai Peninsula Borough Assembly Accept and Appropriate Congressionally Directed Spending Grant Funds in the Amount of \$5,000,000 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, for Expanding the Mechanical and Power Plant at South Peninsula Hospital

MOTION: Ms. Highland moved/Mr. Broshes seconded to approve SKPHSAB Resolution 2025-04.

DISCUSSION: Mr. Smith provided background: SPH had applied for something like \$20 million in congressional discretionary funding, then reduced its request to \$12 million, and ended up receiving \$5 million. Funds go to Health Resources and Services Administration (HRSA), which disperses them. SPH confirmed with the mayor and John Hedges that it wanted to accept the money and then worked with them to design moving the generators out of the hospital courtyard and over by the retaining wall. In addition to addressing the generators, SPH will replace an elevator, improve its hydronic system, and address some identified electrical items and infrastructure needs. This resolution recommends that the borough accept and appropriate the money, and then SPH plans to spend it on the projects mentioned. Mr. Smith appreciated the mayor and John Hedges working with SPH to get this in order—it's been a long time coming, 3 years or so. In response to a question, Mr. Smith confirmed that generators will be moved out of the hospital building and into an SPH unit near the retaining wall; generators removed will be replaced with new generators. In response to a question, the mayor confirmed that the funds are with HRSA, and he's fairly certain that this funding is secure.

Ms. Cabana asked about the timeline for getting the new power plant online. Ms. Hermanson reported that SPH will release an RFP over the next month so that SPH can get design work done to move the generators. Purchasing new generators would likely happen before year's end. The project would continue into next year with generator installation and some infrastructure repairs.

VOTE: Yes: Roberta Highland, Francie Roberts, Tamara Fletcher, Ralph Broshes, Kathryn Ault, Helen Armstrong, Lynda Reed (Ms. Cabana's Zoom connection had cut off).

MOTION: Passed.

B) Discussion: level of detail that the SAB prefers for...

- **For SAB minutes**—see background memo, which was included in the meeting packet.
- **For incorporating financial overview slides into minutes or meeting packet**—see background memo, which was included in the meeting packet.

Ms. Lehner explained that she uses otter.ai to generate a transcript from the meeting recording. This transcript generally has many errors because of the difficulty in clearly hearing people speaking at meetings. There are also many unnecessary conversational comments and digressions. From the AI transcript, the AI program also develops a summary and lists its version of action items under its own headings, which do not follow the headings for SAB minutes. There's a lot Ms. Lehner doesn't know about AI, but she can do more research. She wanted to hear from SAB members what level of detail they'd like to see in SAB minutes—minutes can be as succinct as the AI-generated example she provided in the memo or include more detail from SAB discussions. She'd like to provide what the SAB prefers.

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Ms. Armstrong added that this discussion was triggered by a comment from borough attorney Sean Kelley, who mentioned at a presentation to the SAB Committee of the Whole that the SAB minutes do not need to be as detailed as they are. She asked the board members their preferences.

Ms. Highland referred to the depth of the discussion the SAB had at its last meeting, which was reflected in the minutes. That discussion included many comments that could potentially be turned into action items to help SAB members better understand, explain, and fulfill their roles. The AI example Ms. Lehner provided does not capture what SAB members were trying to articulate and explore in the discussion. She appreciates in-depth minutes, and she helps by correcting the minutes after Ms. Lehner develops them.

Ms. Cabana shared that she meets for 4 hours a week with a group on Zoom. The group leader uses otter.ai to generate minutes. Her experience is that it saves a tremendous amount of effort on the part of someone transcribing all that. Sometimes names are wrong or things get missed, but usually no whole section of a thought process gets missed. She's open to using AI if it saves somebody a lot of work.

Ms. Roberts stated that she likes the in-depth minutes for the SAB. She would be curious to have Ms. Lehner take this week's in depth minutes and run them through an AI program to see what that would look like. Ms. Lehner will try that to see how AI summarizes them.

Ms. Reed shared that she also prefers more detail.

Ms. Ault texted that she likes the detail (she was having technical issues with Zoom).

Ms. Armstrong appreciated the input, which resolved the issue: it sounds like detail is good.

Ms. Lehner then described ways that she tries to keep meeting packets from getting too long for those who prefer printed copies. For example, she can reduce financial overview slides presented by Ms. Hermanson to 4 slides per page for the packet, or she can put the full sized presentation in a file emailed in a separate pdf. Another example was how she handled Ms. Ferraro's recent presentation, providing narrative highlights in the minutes, while emailing the full presentation as a separate pdf. Full sized presentations added to the packet can add many pages—20 or more. She also works to ensure that emails to SAB members don't exceed the usual 20 megabyte attachment limit. Again, she'd like feedback.

Ms. Roberts liked the summary of Mr. Smith's AHA conference report—there, Ms. Lehner had included key slides from his presentation by putting eight slides on 1 page. With respect to Ms. Hermanson's financial overview slides, SAB members agreed that 4 slides per page worked well. Ms. Highland noted that she prefers reading the text summaries that Ms. Lehner generates to accompany each financial slide. She doesn't want 20 more pages to print, and she doesn't actually need pictures. Ms. Lehner will continue using multiple slides per page and, for financial overview slides, also include a slide-by-slide summary in the minutes. She noted that she appreciates the way Ms. Hermanson in her overview references specific categories from the monthly financial statements always included in the minutes. Basically, Ms. Lehner will continue handling these items as she has been.

11. Informational Items included in the Packet (emailed as separate file due to length)

- Slides from Derotha Ferraro's March 13, 2025, marketing presentation
- February 2025 financial overview slides

12. Comments from Audience – None.

13. Comments from Board/Staff

Ms. Highland mentioned that KPB Attorney Kelley recommended that the heading on the agenda "The South Kenai Peninsula Hospital Service Area Board oversees our tax dollars for a healthier community" should be removed—no one knows where that language came from. Ms. Lehner confirmed

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that it was at the top of the agenda when she first came onboard, and she will be happy to delete it. Nonetheless, it would be nice to have a sentence or two expressing the SAB mission statement. Ms. Lehner will look for the source of that statement when she compiles existing information about SAB duties and functions. Ms. Highland pointed out that the short statement on the agenda could be the basis for a SAB mission statement.

Ms. Highland looks forward to hearing Ms. Ault's comments from the AHA conference; that will be included in the May SAB agenda. Ms. Armstrong will mention that to her.

14. Future Agenda Items/Reminders

- Tim Daugharty is scheduled to attend the April 30 BOD meeting. Ms. Lehner will remind him.

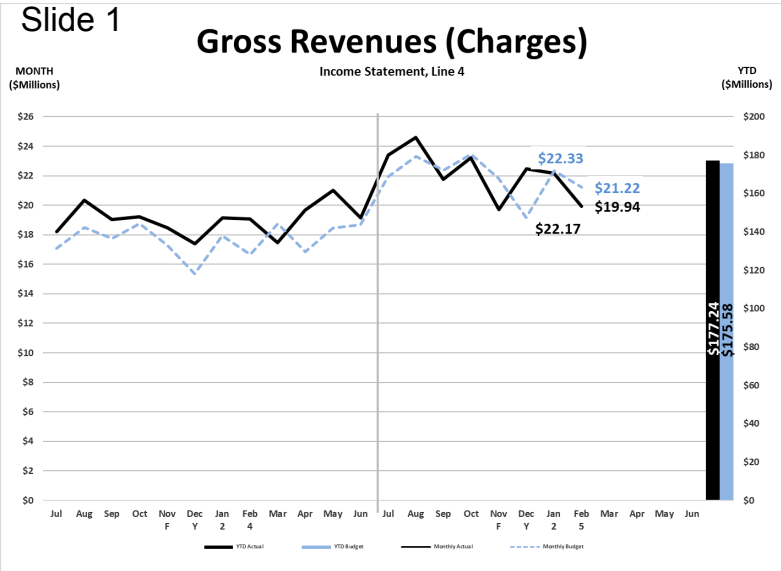
15. Adjournment

The meeting was adjourned at 7:47 pm.

Respectfully submitted,

Devony Lehner, SAB Recording Secretary

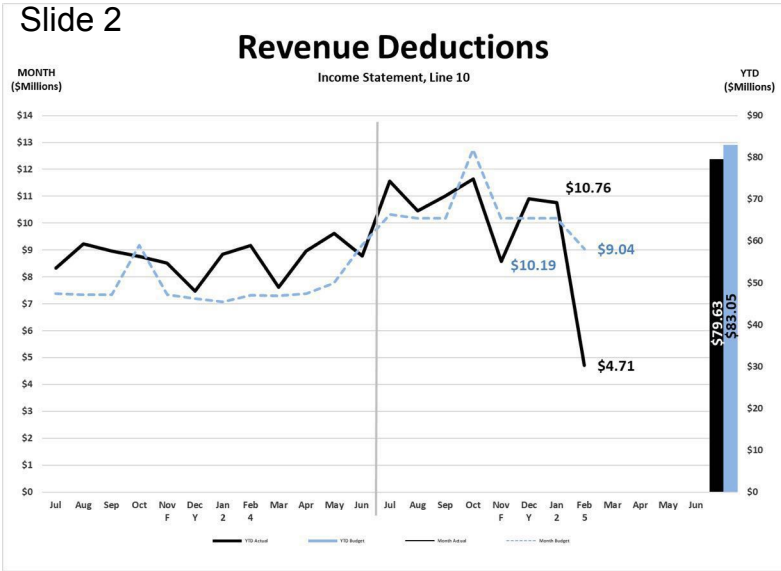
Minutes Approved: _____, 2025



South Peninsula Hospital

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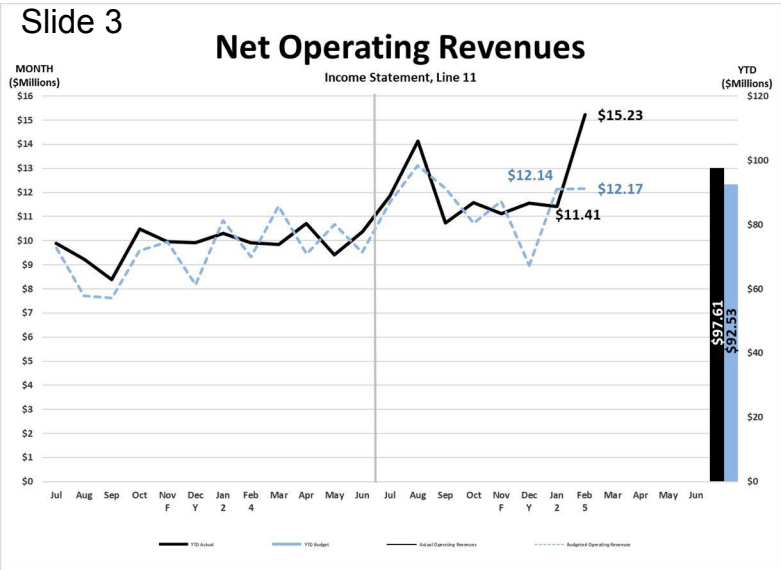
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South Peninsula Hospital

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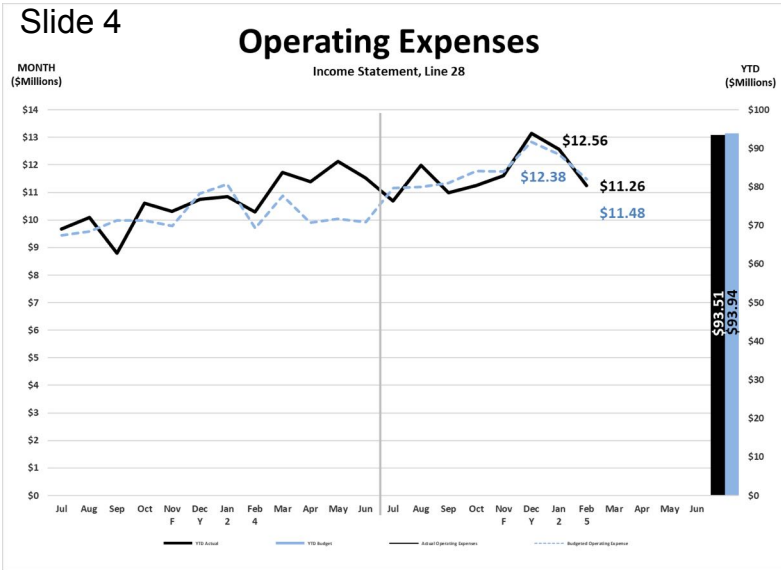
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South Peninsula Hospital

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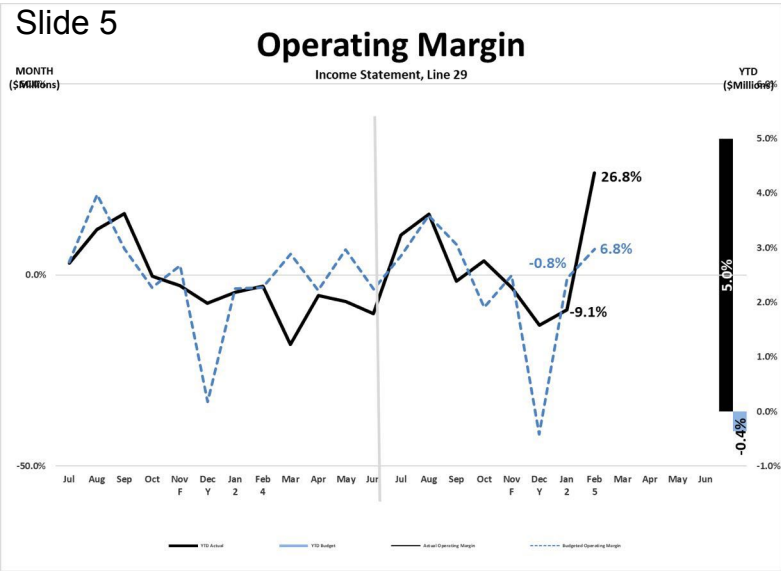
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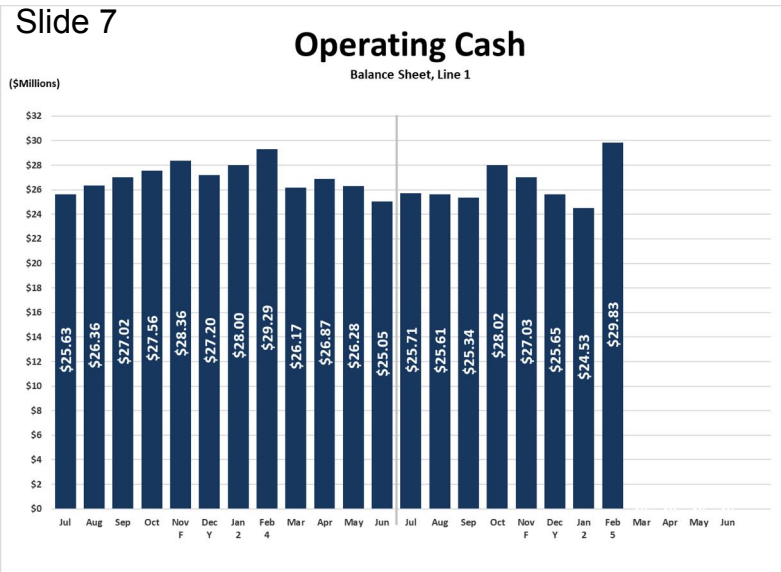
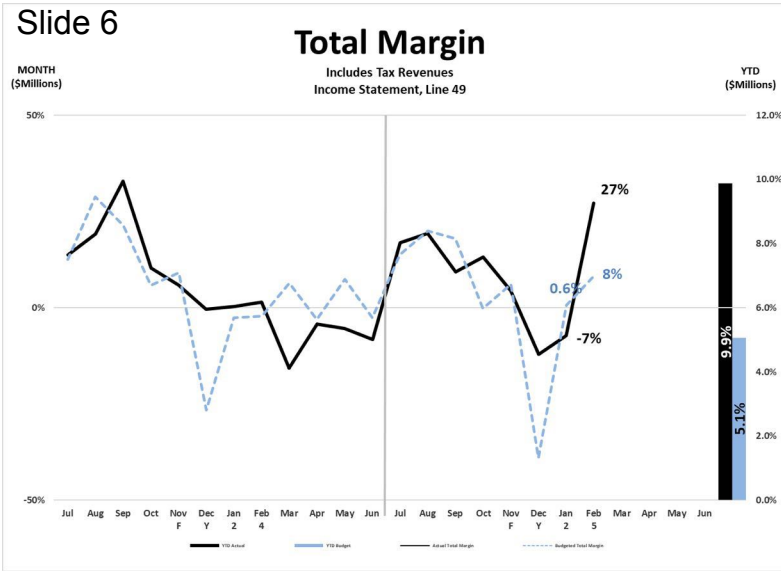
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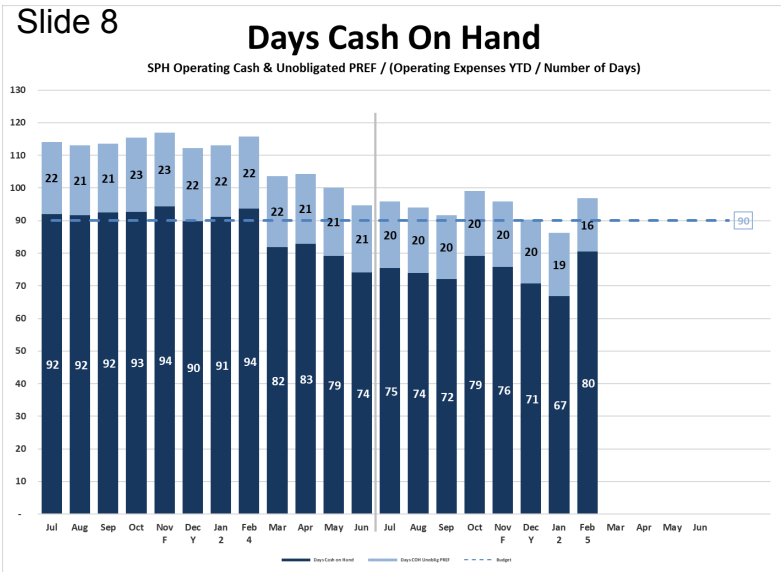
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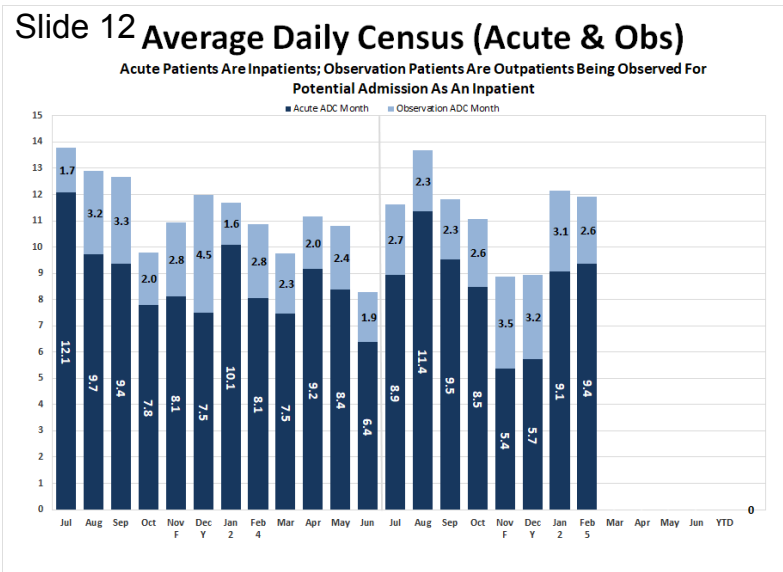
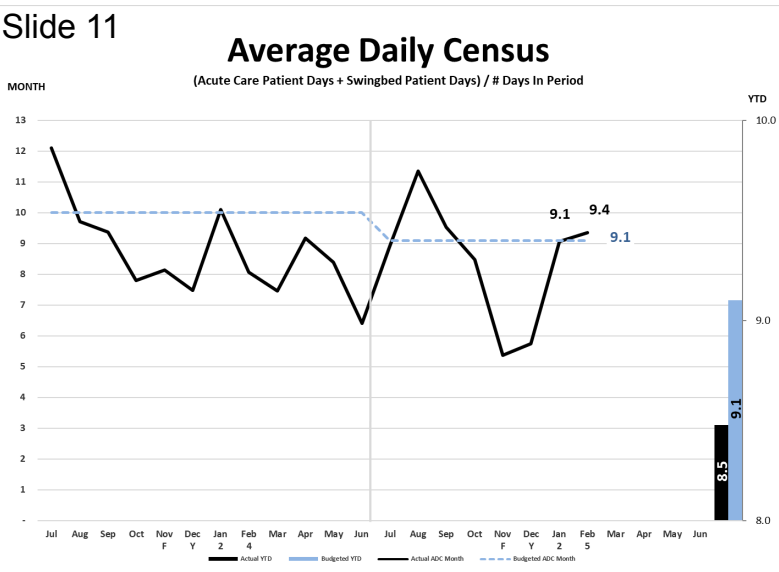
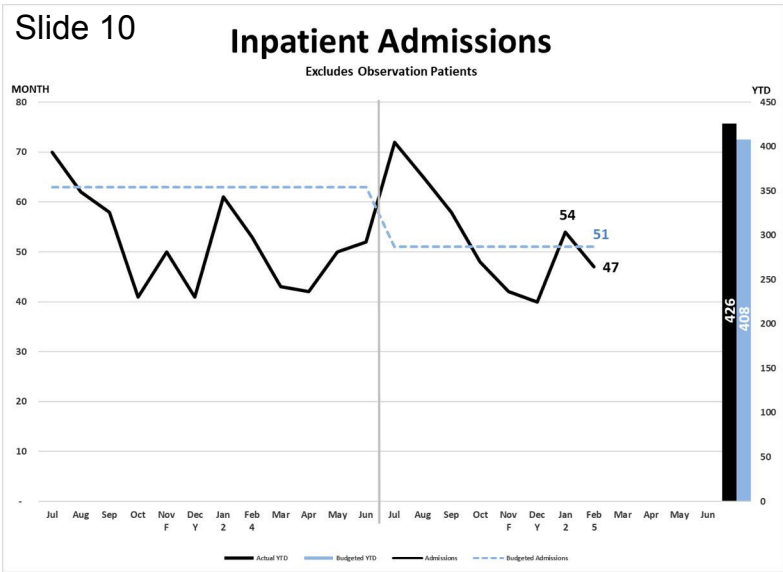
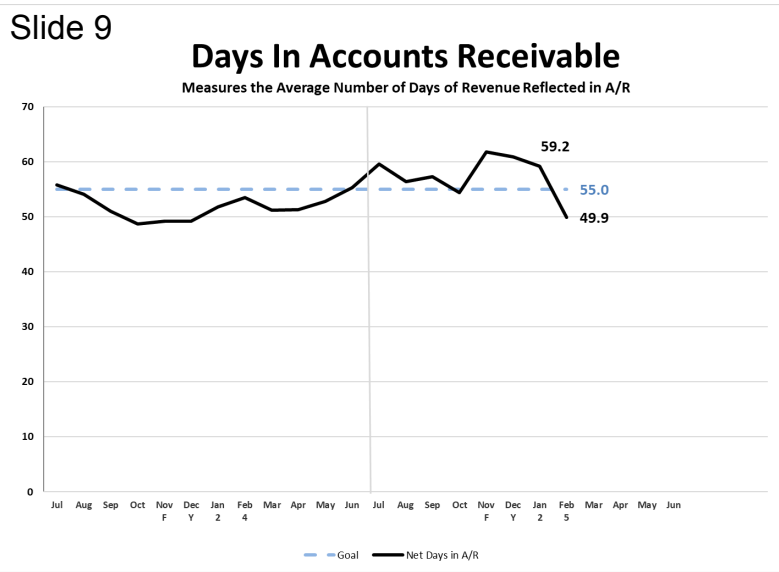
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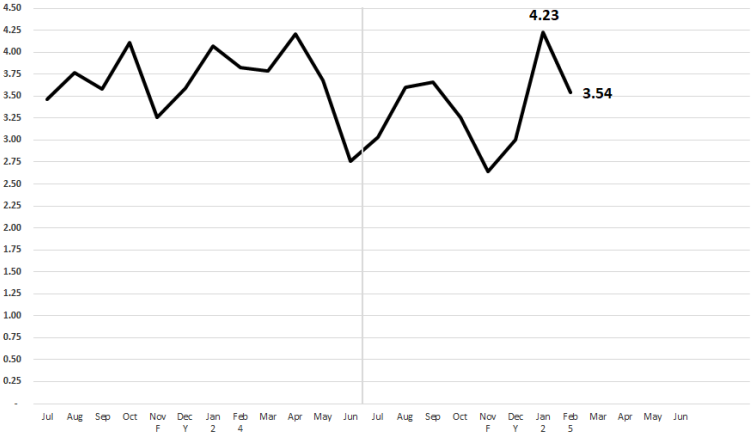
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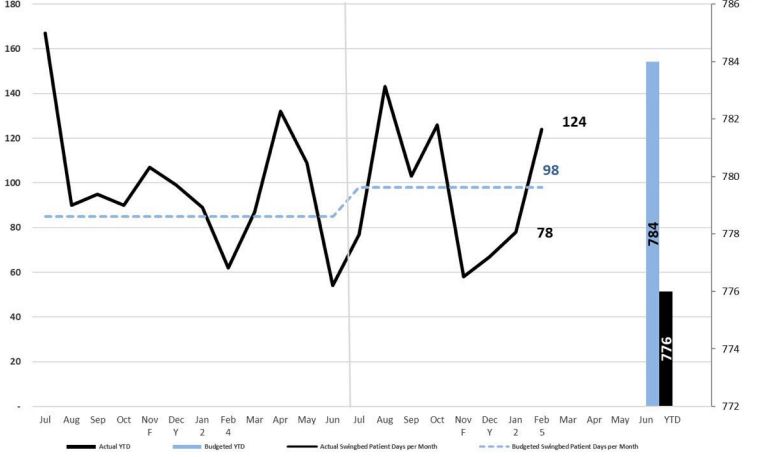


Slide 13
Acute Average Length Of Stay (ALOS)



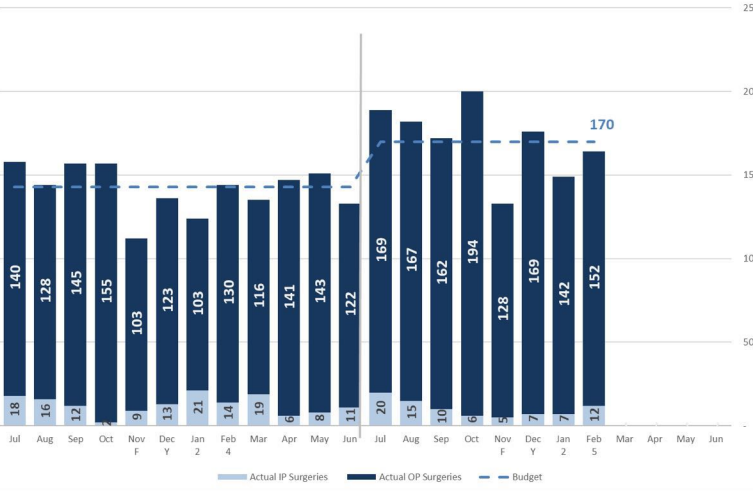
Slide 14
Swingbed Patient Days

Medicare allows Critical Access Hospitals and CMS-approved rural hospitals to provide post-hospital Skilled Nursing Facility (SNF) care. Patients are discharged from acute care, awaiting discharge home.



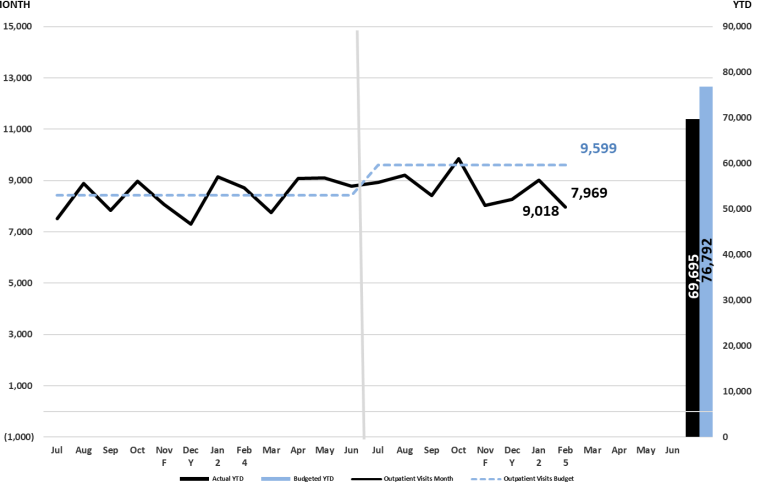
Slide 15
Total Surgeries

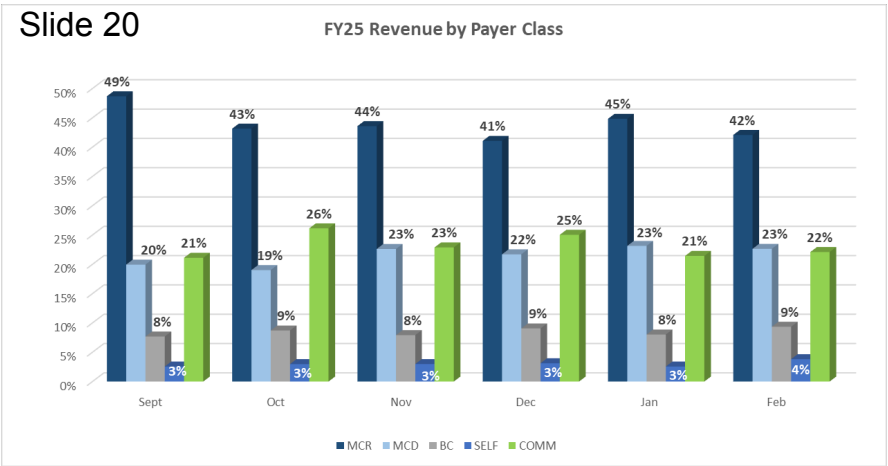
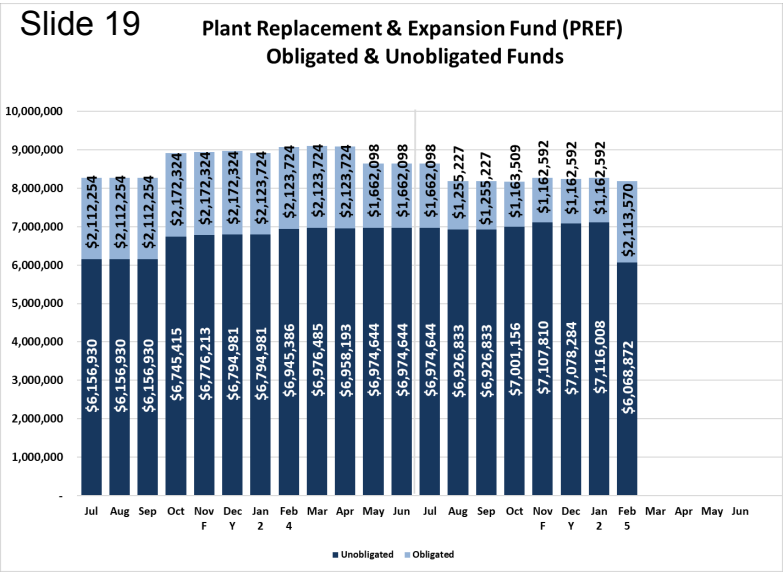
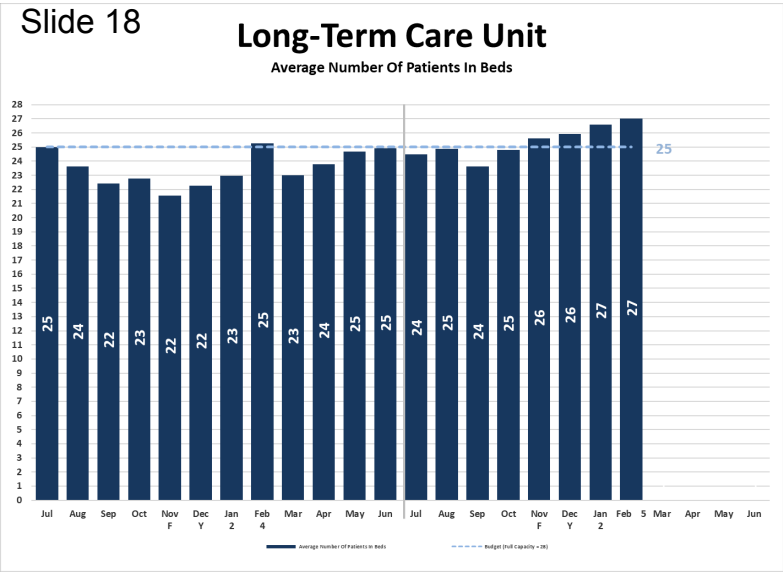
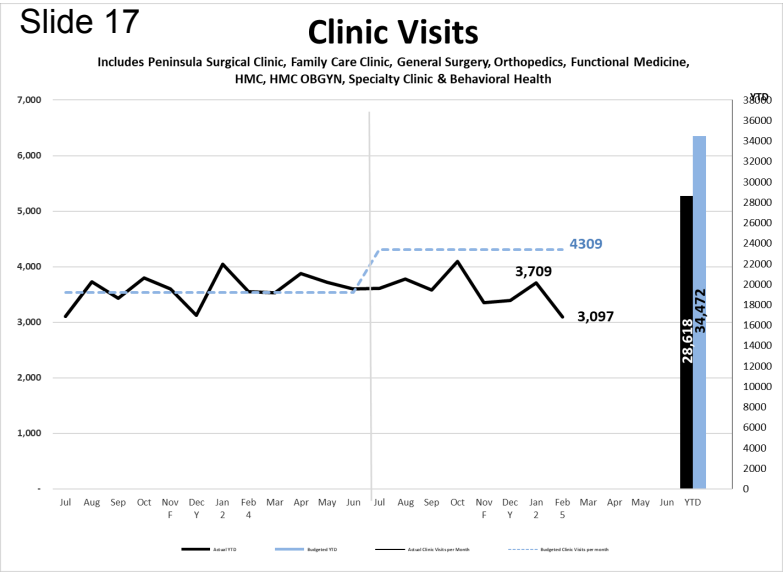
Total Inpatient and Outpatient Surgeries per Month



Slide 16
Hospital Outpatient Visits

Includes ER, Clinics, Radiology, Rehab & Infusion (Excludes OP Surgery and Observation Patients)





	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Medicare	39%	37%	41%	40%	41%	41%	44.1%
Medicaid	29%	29%	24%	25%	25%	23%	21.1%
Commercial	28%	31%	31%	31%	31%	33%	31.8%
Self Pay	4%	4%	4%	4%	3%	3%	3.0%





INCOME STATEMENT
As of March 31, 2025
DRAFT-UNAUDITED

		MONTH			YEAR TO DATE			
		03/31/25		03/31/24	03/31/25		03/31/24	
		Actual	Budget	Var B/(W)	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue								
1	Inpatient	3,383,018	3,203,639	5.60%	2,598,965	27,213,599	30,034,614	-9.39%
2	Outpatient	15,839,411	19,145,535	-17.27%	13,757,213	158,916,130	158,014,479	0.57%
3	Long Term Care	1,369,758	1,234,794	10.93%	1,104,101	11,700,231	11,113,144	5.28%
4	Total Patient Services	20,592,187	23,583,968	-12.69%	17,460,279	197,829,960	199,162,237	-0.67%
Deductions from Revenue								
5	Medicare	4,937,558	4,376,081	-12.83%	2,923,740	42,760,320	40,492,594	-5.60%
6	Medicaid	2,073,726	3,172,123	34.63%	2,512,894	21,492,259	29,352,179	26.78%
7	Charity Care	314,308	209,330	-50.15%	64,865	2,089,187	1,936,963	-7.86%
8	Commercial and Admin	1,785,214	1,990,369	10.31%	1,770,326	19,706,209	18,417,213	-7.00%
9	Bad Debt	239,790	314,399	23.73%	342,847	2,929,490	2,909,190	-0.70%
10	Total Deductions	9,350,596	10,062,302	7.07%	7,614,672	88,977,465	93,108,139	4.44%
11	Net Patient Services	11,241,591	13,521,666	-16.86%	9,845,607	108,852,495	106,054,098	2.64%
12	USAC and Other Revenue	114,444	137,718	-16.90%	91,411	890,500	1,239,463	-28.15%
13	Total Operating Revenues	11,356,035	13,659,384	-16.86%	9,937,018	109,742,995	107,293,561	2.28%
Operating Expenses								
14	Salaries and Wages	5,580,117	6,107,969	8.64%	5,492,994	50,697,194	52,041,311	2.58%
15	Employee Benefits	2,502,885	2,878,874	13.06%	2,954,299	22,505,790	22,237,629	-1.21%
16	Supplies, Drugs and Food	2,068,470	1,456,404	-42.03%	1,157,504	13,320,933	12,834,564	-3.79%
17	Contract Staffing	371,881	87,546	-324.78%	183,272	1,989,059	888,150	-123.96%
18	Professional Fees	912,653	604,342	-51.02%	613,007	4,939,615	4,996,252	1.13%
19	Utilities and Telephone	176,520	224,396	21.34%	193,001	1,647,529	1,856,795	11.27%
20	Insurance (gen'l, prof liab, property)	92,984	85,677	-8.53%	80,924	854,879	795,193	-7.51%
21	Dues, Books, and Subscriptions	26,114	26,627	1.93%	32,915	234,204	279,659	16.25%
22	Software Maint/Support	219,889	200,381	-9.74%	142,516	1,535,856	1,711,597	10.27%
23	Travel, Meetings, Education	66,068	73,495	10.11%	58,078	618,387	798,707	22.58%
24	Repairs and Maintenance	148,569	211,741	29.83%	146,920	1,720,663	1,839,310	6.45%
25	Leases and Rentals	44,920	101,704	55.83%	74,742	461,263	922,519	50.00%
26	Other (Recruiting, Advertising, etc.)	304,347	210,993	-44.25%	186,222	1,618,830	1,898,875	14.75%
27	Depreciation & Amortization	434,228	392,697	-10.58%	412,065	4,328,801	3,534,268	-22.48%
28	Total Operating Expenses	12,949,645	12,662,846	-2.26%	11,728,459	106,473,003	106,634,829	0.15%
29	Gain (Loss) from Operations	(1,593,610)	996,538	259.91%	(1,791,441)	3,269,992	658,732	-396.41%
Non-Operating Revenues								
30	General Property Taxes	28,163	34,557	-18.50%	40,414	3,909,380	4,005,405	-2.40%
31	Investment Income	210,357	82,040	156.41%	158,536	1,346,526	738,360	82.37%
32	Governmental Subsidies	0	0	0.00%	0	0	0	0.00%
33	Other Non Operating Revenue	503	1,085	100.00%	2,258	21,030	9,763	100.00%
34	Gifts & Contributions	0	0	0.00%	0	0	0	0.00%
35	Gain <Loss> on Disposal	0	0	0.00%	0	(75,873)	0	0.00%
36	SPH Auxiliary	491	583	-15.78%	389	6,210	5,250	18.29%
37	Total Non-Operating Revenues	239,514	118,265	102.52%	201,597	5,207,273	4,758,778	9.42%
Non-Operating Expenses								
38	Insurance	0	0	0.00%	0	0	0	0.00%
39	Service Area Board	0	5,936	100.00%	0	0	22,895	0.00%
40	Other Direct Expense	2,221	3,339	33.48%	2,728	80,689	30,054	-168.48%
41	Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%
42	Interest Expense	59,261	39,621	-49.57%	56,772	455,521	356,586	-27.75%
43	Total Non-Operating Expenses	61,482	48,896	-25.74%	59,500	536,210	409,535	-30.93%
Grants								
44	Grant Revenue	197,556	95,833	0.00%	109,090	580,490	862,500	0.00%
45	Grant Expense	2,554	2,500	-2.16%	1,500	102,285	22,500	-354.60%
46	Total Non-Operating Gains, net	195,002	93,333	108.93%	107,590	478,205	840,000	43.07%
47	Income <Loss> Before Transfers	(1,220,576)	1,159,240	205.29%	(1,541,754)	8,419,260	5,847,978	43.97%
48	Operating Transfers	0	0	0.00%	0	0	0	0.00%
49	Net Income	(1,220,576)	1,159,240	-205.29%	(1,541,754)	8,419,260	5,847,978	43.97%



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BALANCE SHEET
As of March 31, 2025

	As of March 31, 2025	As of March 31, 2024	As of February 28, 2025	CHANGE FROM March, 2024
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	30,664,550	26,166,032	29,826,046	4,498,518
2 EQUITY IN CENTRAL TREASURY	8,822,882	7,710,347	8,613,594	1,112,535
3 TOTAL CASH	39,487,432	33,876,379	38,439,640	5,611,053
4 PATIENT ACCOUNTS RECEIVABLE	38,863,100	33,751,929	40,608,347	5,111,171
5 LESS: ALLOWANCES & ADJ	(17,644,575)	(16,511,999)	(19,273,986)	(1,132,576)
6 NET PATIENT ACCT RECEIVABLE	21,218,525	17,239,930	21,334,361	3,978,595
7 PROPERTY TAXES RECV - KPB	139,630	154,240	164,155	(14,610)
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(4,165)	(4,165)	0
9 NET PROPERTY TAX RECV - KPB	135,465	150,075	159,990	(14,610)
10 OTHER RECEIVABLES - SPH	209,342	229,323	168,989	(19,981)
11 INVENTORIES	2,567,040	2,051,188	3,502,164	515,852
12 NET PENSION ASSET- GASB	3,225,068	3,559,619	3,225,068	(334,551)
13 PREPAID EXPENSES	1,405,939	1,035,406	1,392,560	370,533
14 TOTAL CURRENT ASSETS	68,248,811	58,141,920	68,222,772	10,106,891
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	6,176,304	6,976,485	6,068,872	(800,181)
16 PREF OBLIGATED	2,113,570	2,123,724	2,113,570	(10,154)
17 OTHER RESTRICTED FUNDS	1,078,862	1,317,454	1,078,960	(238,592)
	9,368,736	10,417,663	9,261,402	(1,048,927)
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,330,766	4,124,558	4,330,766	206,208
19 BUILDINGS	66,576,554	65,544,986	66,786,775	1,031,568
20 EQUIPMENT	27,652,187	30,040,055	27,734,737	(2,387,868)
21 BUILDINGS INTANGIBLE ASSETS	4,016,799	3,411,295	4,016,799	605,504
22 EQUIPMENT INTANGIBLE ASSETS	1,119,432	851,479	1,119,432	267,953
23 SOFTWARE INTANGIBLE ASSETS	1,046,832	2,135,559	1,046,832	(1,088,727)
24 IMPROVEMENTS OTHER THAN BUILDINGS	1,449,244	517,414	1,449,244	931,830
25 CONSTRUCTION IN PROGRESS	5,175,960	2,701,383	4,696,310	2,474,577
26 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(60,939,006)	(61,470,663)	(60,907,281)	531,657
27 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(2,689,626)	(1,769,266)	(2,597,819)	(920,360)
28 NET CAPITAL ASSETS	47,739,142	46,086,800	47,675,795	1,652,342
29 GOODWILL	0	0	0	0
30 TOTAL ASSETS	125,356,689	114,646,383	125,159,969	10,710,306
DEFERRED OUTFLOWS OF RESOURCES				
31 PENSION RELATED (GASB 68)	3,927,456	5,789,464	4,080,424	(1,862,008)
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	178,051	245,984	183,138	(67,933)
33 TOTAL DEFERRED OUTFLOWS OF RESOURCES	4,105,507	6,035,448	4,263,562	(1,929,941)
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	129,462,196	120,681,831	129,423,531	8,780,365

	As of March 31, 2025	As of March 31, 2024	As of February 28, 2025	CHANGE FROM March, 2024
LIABILITIES & FUND BALANCE				
CURRENT LIABILITIES:				
35 ACCOUNTS AND CONTRACTS PAYABLE	1,802,889	2,292,740	1,284,516	(489,851)
36 ACCRUED LIABILITIES	10,865,418	7,575,473	10,134,338	3,289,945
37 DEFERRED CREDITS	1,095,514	1,276,141	1,114,922	(180,627)
38 CURRENT PORTION OF LEASE PAYABLE	931,375	217,290	907,957	714,085
39 CURRENT PORTION SOFTWARE INTANGIBLE PAYABLE	220,356	599,373	228,060	(379,017)
40 CURRENT PORTIONS OF NOTES DUE	10,587	0	10,587	10,587
41 CURRENT PORTIONS OF BONDS PAYABLE	1,235,000	1,190,000	1,235,000	45,000
42 BOND INTEREST PAYABLE	46,518	45,469	23,167	1,049
43 DUE TO/(FROM) THIRD PARTY PAYERS	1,176,864	940,709	1,176,864	236,155
44 TOTAL CURRENT LIABILITIES	17,384,521	14,137,195	16,115,411	3,247,326
LONG-TERM LIABILITIES				
45 NOTES PAYABLE	1,060,674	0	980,788	1,060,674
46 BONDS PAYABLE NET OF CURRENT PORTION	4,480,000	5,715,000	4,480,000	(1,235,000)
47 PREMIUM ON BONDS PAYABLE	203,744	312,981	211,311	(109,237)
48 CAPITAL LEASE, NET OF CURRENT PORTION	3,364,638	3,342,753	3,449,662	21,885
49 SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION	86,330	307,959	101,420	(221,629)
50 TOTAL NONCURRENT LIABILITIES	9,195,386	9,678,693	9,223,181	(483,307)
51 TOTAL LIABILITIES	26,579,907	23,815,888	25,338,592	2,764,019
52 DEFERRED INFLOW OF RESOURCES	0	0	0	0
53 PROPERTY TAXES RECEIVED IN ADVANCE	5	5	5	0
NET POSITION				
54 INVESTED IN CAPITAL ASSETS	5,731,963	5,731,963	5,731,963	0
55 CONTRIBUTED CAPITAL - KPB	0	0	0	0
56 RESTRICTED	25,286	25,286	25,286	0
57 UNRESTRICTED FUND BALANCE - SPH	97,107,568	91,108,689	98,327,685	5,998,879
58 UNRESTRICTED FUND BALANCE - KPB	17,467	0	0	17,467
59 TOTAL LIAB & FUND BALANCE	129,462,196	120,681,831	129,423,531	8,780,365

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Statement of Cash Flows

As of March 31, 2025

Cash Flow from Operations:

1	YTD Net Income	8,419,260
2	Add: Depreciation Expense	4,328,801
3	Adj: Inventory (increase) / decrease	(226,368)
4	Patient Receivable (increase) / decrease	(1,291,261)
5	Prepaid Expenses (increase) / decrease	(520,411)
6	Other Current assets (increase) / decrease	168,304
7	Accounts payable increase / (decrease)	(238,135)
8	Accrued Salaries increase / (decrease)	693,128
9	Net Pension Asset (increase) / decrease	-
10	Other current liability increase / (decrease)	1,321,019
11	Net Cash Flow from Operations	12,654,337

Cash Flow from Investing:

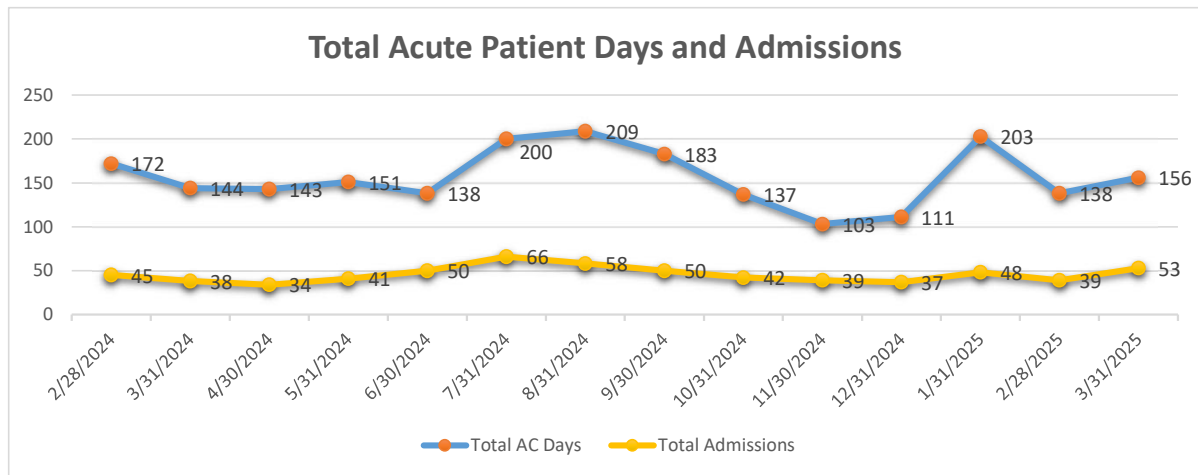
12	Cash paid for the purchase of property/equip	(6,107,589)
13	Cash transferred to plant replacement fund	-
14	Proceeds from disposal of equipment	100
15	Net Cash Flow from Investing	(6,107,489)

Cash Flow from Financing

16	Cash (paid) / received for Lease Payable	654,322
17	Cash paid for Debt Service	(940,000)
18	Net Cash from Financing	(285,678)
19	Net increase in Cash	\$ 6,261,170
20	Beginning Cash as of July 1, 2024	\$ 33,226,262
21	Ending Cash as of March 31, 2025	\$ 39,487,432

South Peninsula Hospital, Inc. Statistics Tracking

FY25



PATIENT DAYS									
	Total Days	AC TELEM	ACUTE	STEP DOWN	ICU	OB/GYN	SWING	NURSERY	LTC ADC
2/29/2024	234	39	82	10	14	27	62	15	25
3/31/2024	231	38	65	6	5	30	87	24	23
4/30/2024	275	51	62	20	2	8	132	8	24
5/31/2024	260	37	85	6	5	18	109	10	25
6/30/2024	192	55	35	13	3	32	54	21	25
7/31/2024	277	92	78	13	5	12	77	9	24
8/31/2024	352	70	72	19	14	34	143	26	25
9/30/2024	286	58	92	10	5	18	103	12	24
10/31/2024	263	44	49	12	6	26	126	19	25
11/30/2024	161	26	36	13	5	23	58	15	26
12/31/2024	178	41	37	11	2	20	67	12	26
1/31/2025	281	65	84	20	11	23	78	14	27
2/28/2025	262	44	57	7	3	27	124	18	27
3/31/2025	319	32	88	8	13	15	163	10	27
% of Avg	123%	62%	136%	63%	211%	70%	159%	69%	105%
PAST 12 MTH AVG	259	51	65	13	6	21	103	15	25

South Peninsula Hospital Statistics							
	ER	Surgeries	IMAGING	REHAB-TOTAL	LAB	Home Health	CLINIC VISITS
2/29/2024	402	144	1391	994	2123	368	3554
3/31/2024	425	135	1419	1088	1046	377	3528
4/30/2024	431	147	1484	1145	1848	349	3875
5/31/2024	508	151	1488	1153	1891	288	3718
6/30/2024	600	133	1500	950	1861	350	3598
7/31/2024	651	189	1765	905	1717	376	3607
8/31/2024	630	182	1685	1048	1771	411	3777
9/30/2024	499	172	1482	983	1594	386	3584
10/31/2024	417	200	1521	1173	2347	368	4091
11/30/2024	443	133	1412	1013	1584	353	3356
12/31/2024	474	176	1497	1023	1609	312	3397
1/31/2025	451	149	1560	1175	1840	337	3709
2/28/2025	413	164	1405	951	1810	307	3141
3/31/2025	454	152	1437	1000	1659	243	3345
% of Avg	91%	94%	95%	96%	92%	71%	93%
PAST 12 MTH AVG	498	162	1520	1043	1794	340	3600

**SOUTH KENAI PENINSULA HOSPITAL
SERVICE AREA BOARD**

RESOLUTION 2025-05

**A RESOLUTION RECOMMENDING THE KPB ASSEMBLY APPROPRIATE FUNDS
IN THE AMOUNT OF \$915,042 FROM THE SOUTH KENAI PENINSULA HOSPITAL
SERVICE AREA CAPITAL PROJECTS FUND FOR CRITICAL HOSPITAL
CONSTRUCTION AND INFRASTRUCTURE REPAIRS**

-
- WHEREAS,** the Kenai Peninsula Borough (KPB) has entered into an Operating Agreement with South Peninsula Hospital, Inc. (SPHI) on a nonprofit basis for operation of the South Peninsula Hospital and other related facilities, and to provide other healthcare programs and services in order to ensure their continued availability to the South Kenai Peninsula Hospital Service Area residents; and
- WHEREAS,** SPHI Administration has identified a grouping of necessary infrastructure repairs related to facility age, to include an overhaul to the hospital service elevator, upgrading multiple electrical and breaker panels, adding air conditioning in the lab, deaerator backup redundancy, and construction work related to the updated fluoroscopy system; and
- WHEREAS,** due to the recent award of a grant to provide for the power generation system at the hospital, the “Hospital Construction and Infrastructure Repairs Project Grouping” is being requested early to reduce redundancy and save money in areas where the projects intersect; and
- WHEREAS,** the request to move this project to an FY25 budget project was proposed by the KPB to target efficiencies that can be achieved by simultaneously moving forward with this project and the power generation project (\$5,000,000 CDS grant from the U.S. Department of Health and Human Services); and
- WHEREAS,** the SPHI Administration estimates the Hospital Construction and Infrastructure Repairs Project Grouping cost to be \$915,042, as shown below, and funds are currently available in the SKPH Service Area Capital Projects Fund to support this expenditure; and

Hospital Construction & Infrastructure Repairs	
Fluoro/Xray Room Construction	\$204,000
Deaerator (Backup)	\$401,064
Service Elevator Repair	\$232,050
Breaker Replacements	\$63,648
Air conditioning for Lab	\$14,280
TOTAL	\$915,042

WHEREAS, the proposed appropriation of funds in SPH Resolution 2025-10 was discussed and recommended for approval at the SPH Board of Directors Finance Committee on April 24, 2025; and

WHEREAS, the proposed appropriation of funds in SPH Resolution 2025-10 was discussed and recommended for approval at the April 30, 2025, meeting of the SPH Board of Directors;

NOW, THEREFORE, BE IT RESOLVED BY THE SOUTH KENAI PENINSULA HOSPITAL SERVICE AREA BOARD:

SECTION 1. That the board recommends that the KPB Assembly appropriate funds in the amount of \$915,042 from the SKPH Capital Projects Fund to provide funding for the Hospital Construction and Infrastructure Repairs Project Grouping.

SECTION 2. That this resolution take effect immediately.

ADOPTED BY THE SOUTH KENAI PENINSULA HOSPITAL SERVICE AREA BOARD THIS 8th DAY OF MAY 2025.

ATTEST:

Helen Armstrong, Chair
South Kenai Peninsula Hospital Service Area Board



MEMO

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

To: South Peninsula Hospital Service Area Board
From: Anna Hermanson, CFO
Date: May 1, 2025
RE: Board Resolution 2025-10 – Request for Capital Project Funding

Dear Service Area Board Members,

Please find attached **Resolution 2025-10**, approved by the South Peninsula Hospital Board of Directors, requesting funding in the amount of **\$915,042** from the **South [Kenai] Peninsula Hospital Service Area Capital Project Fund**.

This request supports a grouping of urgent infrastructure repair and construction projects identified as critical to the hospital's continued safe and efficient operation. These projects include:

- **Fluoroscopy/X-ray Room Construction** – \$204,000
 - **Deaerator (Backup System)** – \$401,064
 - **Service Elevator Overhaul** – \$232,050
 - **Breaker Replacements** – \$63,648
 - **Laboratory Air Conditioning** – \$14,280
- Total: \$915,042**

These projects were initially included in the FY26 Capital Budget approved by the SPH Operating Board under Resolution 25-01, as part of a larger capital plan totaling **\$3,141,861**. However, the **Kenai Peninsula Borough has since updated the FY26 Capital Budget**, reducing it by **\$915,042** and requesting that these infrastructure items be submitted separately for early funding. The revised FY26 Capital Budget now totals **\$2,226,819**.

The reallocation leaves the **end-of-year FY26 Fund 602 Budgeted Fund Balance at approximately \$2.286 million**, which is **above** the targeted range of **\$1.061 million to \$1.674 million**. Approval of this resolution would allow for the **utilization of \$915,042** from that fund balance, bringing the projected FY26 Fund 602 Fund Balance **within the targeted range**.

This grouping reflects efforts by SPH Administration to coordinate overlapping projects for cost savings, reduce construction redundancy, and support long-term infrastructure stability—especially in light of the recent grant award for power generation upgrades.

We respectfully request consideration and approval of this funding request, with funds to be transferred to **Account 491.81210.25SHR.49999** to initiate work on these critical infrastructure needs.

Please let us know if additional information is needed.

Best regards,
Anna Hermanson
Chief Financial Officer, South Peninsula Hospital

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2025-10**

**A RESOLUTION REQUESTING FUNDS FROM THE SOUTH PENINSULA HOSPITAL
SERVICE AREA CAPITAL PROJECT FUND FOR CRITICAL HOSPITAL CONSTRUCTION
AND INFRASTRUCTURE REPAIRS**

WHEREAS, the Kenai Peninsula Borough (KPB) has entered into an Operating Agreement with South Peninsula Hospital, Inc. (SPHI) for operation of the South Peninsula Hospital and other related facilities, and to provide other healthcare programs and services, on a nonprofit basis in order to ensure the continued availability to the South Kenai Peninsula Hospital Service Area residents; and

WHEREAS, SPHI Administration has identified a grouping of necessary infrastructure repairs related to facility age, to include an overhaul to the hospital service elevator, upgrading multiple electrical and breaker panels, adding air conditioning in the lab, deaerator backup redundancy, and construction work related to the updated fluoroscopy system; and

WHEREAS, the SPH Operating Board identified these projects as a priority and approved to move these projects forward as part of the FY26 capital budget in Resolution 25-01; and

WHEREAS, due to the recent award of a grant to provide for the power generation system at the hospital, the “Hospital Construction and Infrastructure Repairs Project Grouping” is being requested early to reduce redundancy and save money in areas where the projects intersect; and

WHEREAS, SPHI Administration estimates the Hospital Construction and Infrastructure Repairs Project Grouping cost to be \$915,042 and funds are currently available in the Service Area Capital Project Fund fund balance to support this; and

Hospital Construction & Infrastructure Repairs	
Fluoro/Xray Room Construction	\$ 204,000
Deaerator (Backup)	\$ 401,064
Service Elevator Repair	\$ 232,050
Breaker Replacements	\$ 63,648
Air conditioning for Lab	\$ 14,280
	\$ 915,042.00

WHEREAS, the purchase was discussed at Finance Committee on April 24th, 2025.

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

1. That the South Peninsula Hospital Board of Directors approves the use of Service Area Funds in the amount of \$915,042 from the SPH Capital Project Fund fund balance to Account 491.81210.25SHR.49999 to provide funding for the Hospital Construction and Infrastructure Repairs Project Grouping

PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL THIS 30th DAY OF APRIL, 2025.

ATTEST:

Aaron Weisser, President

Mary E. Wythe, Secretary

Kenai Peninsula Borough

Purchasing & Contracting Department

MEMORANDUM

TO: Peter Ribbens, Assembly President
Members, KPB Assembly

THRU: Peter A. Micciche, Mayor *PM*
Brandi Harbaugh, Finance Director *BH*

FROM: John Hedges, Purchasing & Contracting Director *JH*

DATE: April 24, 2025

RE: Ordinance 2024-19-____, Appropriating Funds from the South Peninsula Hospital Service Area Capital Project Fund for Critical Hospital Construction and Infrastructure Repairs (Mayor)

The Kenai Peninsula Borough (KPB) has entered into an Operating Agreement with South Peninsula Hospital, Inc. (SPHI) for operation of the South Peninsula Hospital (SPH) and other related facilities, and to provide other healthcare programs and services, on a nonprofit basis in order to ensure the continued availability to the South Kenai Peninsula Hospital Service Area residents.

SPHI Administration has identified a grouping of necessary infrastructure repairs related to facility age, such as: an overhaul to the hospital service elevator; upgrading multiple electrical and breaker panels; adding air conditioning in the lab; deaerator backup redundancy; and construction work related to the updated fluoroscopy system. All the projects were identified and recommended as part of the FY26 proposed budget process. However, due to the recent award of a grant to provide for the power generation system at the hospital, the "Hospital Construction and Infrastructure Repairs Project Grouping" is being requested early to reduce redundancy and save money in areas where the projects intersect.

SPHI Administration estimates the Hospital Construction and Infrastructure Repairs Project Grouping cost to be \$915,042 and funds are currently available in the Service Area Capital Project Fund fund balance to support this work. It is anticipated SPHI administration will manage this project.

Your consideration is appreciated

FINANCE DEPARTMENT FUNDS VERIFIED	
Acct. No. <u>491.27900</u>	Amount: <u>\$915,042</u>
By: <u><i>CJ</i></u>	Date: <u>4/24/2025</u>

Introduced by:	Mayor
Date:	05/06/2025
Hearing:	05/20/2025
Action:	
Vote:	

**KENAI PENINSULA BOROUGH
ORDINANCE 2024-19-**

**AN ORDINANCE APPROPRIATING FUNDS FROM THE SOUTH
PENINSULA HOSPITAL SERVICE AREA CAPITAL PROJECT
FUND FOR CRITICAL HOSPITAL CONSTRUCTION AND
INFRASTRUCTURE REPAIRS**

WHEREAS, the Kenai Peninsula Borough (KPB) has entered into an Operating Agreement with South Peninsula Hospital, Inc. (SPHI) for operation of the South Peninsula Hospital and other related facilities, and to provide other healthcare programs and services, on a nonprofit basis in order to ensure the continued availability to the South Kenai Peninsula Hospital Service Area residents; and

WHEREAS, SPHI Administration has identified a grouping of necessary infrastructure repairs related to facility age, to include an overhaul to the hospital service elevator, upgrading multiple electrical and breaker panels, adding air conditioning in the lab, deaerator backup redundancy, and construction work related to the updated fluoroscopy system; and

WHEREAS, due to the recent award of a grant to provide for the power generation system at the hospital, the “Hospital Construction and Infrastructure Repairs Project Grouping” is being requested early to reduce redundancy and save money in areas where the projects intersect; and

WHEREAS, SPHI Administration estimates the Hospital Construction and Infrastructure Repairs Project Grouping cost to be \$915,042 and funds are currently available in the Service Area Capital Project Fund fund balance to support this; and

WHEREAS, the SPHI Board, at its April ___, 2025 meeting, recommended _____; and

WHEREAS, the South Kenai Peninsula Hospital Service Area Board, at its May 8, 2025 meeting, recommended _____;

NOW, THEREFORE, BE IT ORDAINED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH:

SECTION 1. That this is a non-code ordinance.

SECTION 2. That funds in the amount of \$915,042 are appropriated from the SPH Capital Project Fund fund balance to Account 491.81210.25SHR.49999 to provide funding for the Hospital Construction and Infrastructure Repairs Project Grouping.

SECTION 3. That the appropriations made in this ordinance are project length in nature and as such do not lapse at the end of any particular fiscal year.

SECTION 4. If any provision of this ordinance or its application to any person or circumstance is held invalid, the remainder of the ordinance or the application of the provision to other persons or circumstances will not be affected.

SECTION 5. That this ordinance shall be effective immediately.

ENACTED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH THIS * DAY OF * 2025.

Peter Ribbens, Assembly President

ATTEST:

Michele Turner, CMC, Borough Clerk

Yes:

No:

Absent:



MINUTES

Board of Directors Meeting

5:30 PM - Wednesday, March 26, 2025

Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital was called to order on Wednesday, March 26, 2025, at 5:30 PM, in the Conference Rooms 1&2 and Zoom.

1. CALL TO ORDER

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

2. ROLL CALL

BOARD PRESENT: Aaron Weisser, Edson Knapp, Walter Partridge, Bernadette Wilson, Beth Wythe, Preston Simmons, Matthew Bullard, and Christopher Landess

ALSO PRESENT: Ryan Smith, CEO; Anna Hermanson, CFO; Rachael Kincaid, CNO; Christina Tuomi, CMO; Nyla Lightcap, Executive Assistant

**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

Rachael Kincaid, CNO shared a Living Our Values story, about a community member who attended Wellness Wednesdays with her husband and continued to attend after he passed away, valuing that established connection to community.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

Mr. Weisser welcomed the board and visitors to the meeting. The rules for participating were provided in the 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

Ms. Wythe requested item 7.4 and 7.5 be removed from the consent calendar and placed in New Business.

Edson Knapp made a motion to approve the agenda with 7.4 and 7.5 moved from the consent calendar to new business. Preston Simmons seconded the motion. Motion Carried.

7. APPROVAL OF THE CONSENT CALENDAR

Ms. Wythe read the consent calendar into the record.

7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for January 29, 2025**7.2. Consideration to Approve January and February FY25 Financials****7.3. Consideration to Approve the Annual Report to the Contract Administrator****7.4. Consideration to Approve a Retirement Proclamation for Bernadette Arsenault after 34 Years of Service to South Peninsula Hospital**

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

8. PRESENTATIONS**8.1. Reading of the Retirement Proclamation for Bernadette Arsenault**

Aaron Weisser, President, read a retirement proclamation for Bernadette Arsenault, who retired from South Peninsula Hospital after 34 years of service.

9. UNFINISHED BUSINESS

There was no unfinished business.

10. NEW BUSINESS**10.1. Consideration to Approve the 2025 Quality Assurance & Performance Improvement Plan for South Peninsula Hospital Home Health**

Rachael Kincaid, CNO, reported and answered board member questions on the quality measures.

Beth Wythe made a motion to approve the 2025 Quality Assurance & Performance Improvement Plan for South Peninsula Hospital Home Health Edson Knapp seconded the motion. Motion Carried.

10.2. Consideration to Approve the 2025 Quality Assurance & Performance Improvement Plan for South Peninsula Long Term Care

Rachael Kincaid, CNO, reported and answered board member questions regarding quality measures.

Beth Wythe made a motion to approve the 2025 Quality Assurance & Performance Improvement Plan for South Peninsula Long Term Care Edson Knapp seconded the motion. Motion Carried.

10.3. Legal Advice from Dan Mullholland

Ryan Smith, CEO, shared some legal advice from Horthy Springer. The hospital has updated its policies on ordering ancillary services, and as a result naturopaths will no longer be able to order certain studies. This is in line with

Central Peninsula Hospital practices. Although these are not board or medical staff policies, Harty Springer recommended getting board approval on these policy updates, as it is a change in which types of providers can order certain studies. The next two agenda items are the updated policies.

10.4. Consideration to Approve South Peninsula Hospital Policy XR-054 Imaging Orders

This item was included in the discussion of item 10.3.

Walter Partridge made a motion to approve revised South Peninsula Hospital Policy XR-054 Imaging Orders, with the understanding that a naturopath wishing to order imaging studies could establish a collaborating physician on the SPH staff. Aaron Weisser seconded the motion. Motion Carried.

10.5. Consideration to Approve South Peninsula Hospital Policy HW-309 Orders

This item was included in the discussion of item 10.3.

Walter Partridge made a motion to approve the revised South Peninsula Hospital Policy HW-309 Orders as presented. Aaron Weisser seconded the motion. Motion Carried.

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, gave a verbal report. The balanced scorecard was not updated this month, so it was not reviewed in detail. Mr. Smith thanked everyone who attended the Rural Health Care Leadership Conference in February. The quarterly report to the Kenai Peninsula Borough was provided in the packet. He updated the board on the recruitment effort for the hospitalist program, which is ongoing but making good progress.

11.2. BOD Committee: Pension

Walter Partridge, committee chair, reported. Pension Committee met on March 20 and reviewed the status of all the plans. The frozen retirement plan is working as expected. There was a 7% loss, but the hedging is working appropriately. The 403 and 457 plans are about 5% up over the year. There were no changes recommended by Newport to any of the funds. The committee approved a change in our hedging, in order to balance out our liability duration.

11.3. BOD Committee: Finance

Walter Partridge, committee chair, reported. The Finance Committee met on March 20th and reviewed the financial reports for January and February of 2025. In general, the finances are on target in terms of revenue and expenses. The hospital received a large payment from CMS as a result of a Medicare cost report payment.

11.4. BOD Committee: Governance & Education

Beth Wythe, committee chair, reported. The Governance Committee met on March 20th. The committee reviewed policies SM-02 and SM-03, but decided to postpone making revisions until after the retreat. We have decided to look at the board's overall committee structure. Ms. Wythe requested the board's feedback on the plan, which would establish 5 committees: a combined Finance/Pension Committee, a Governance Committee (to include education and membership), Executive Committee, Quality/Safety Committee and Strategy/Community Relations Committee. Mr. Simmons gave a brief overview of the purpose of each committee. The board indicated it supports the Governance Committee moving forward with this project. Ms. Wythe also reported that Governwell will be conducting the CEO evaluation this year. Preston Simmons will be heading up the CEO Evaluation Committee. A few items have been added to the education schedule for the year - Certificate of Need education in May, and Admission and Discharge processes and financial implications will be in September. The board retreat is scheduled for April 25-26. Will be sending out a survey monkey about Medical Staff Dinners.

11.5. Chief of Staff

Dr. Sarah Roberts reported. She shared that things are going well on the inpatient floor, and hospitalist coverage has been successful. We are excited for Dr. Lawrence to join the hospitalist team and for Dr. Dorsey-Spitz to join us in pediatrics.

11.6. Service Area Board Representative

Ralph Broshes reported on behalf of the Service Area Board. There were no action items at the March Service Area Board meeting, but there were several education sessions. KPB attorneys attended and gave a refresher training on the open meeting act, conflict of interest voting and responsibilities as a board. Derotha Ferraro, SPH Marketing Director, gave a report on marketing and public outreach for the hospital.

12. DISCUSSION

There were no discussion items.

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 additional comments.

14.2. Board Members

Walter Partridge welcomed Ms. Frost to the board and congratulated Mr. Weisser for his successful completion of the rural board member certification program. Kim Frost indicated she was learning a lot and proud to be joining the hospital board. Beth Wythe welcomed Ms. Frost and congratulated Ms. Arsenault on her retirement. Edson Knapp welcomed Ms. Frost to the board.

Bernadette Wilson welcomed Ms. Frost, congratulated Ms. Arsenault and congratulated Dr. Bell on his community award. Preston Simmons welcomed Ms. Frost. Mr. Weisser has been working with Mr. Smith and Nyla Lightcap, Executive Assistant, to create a small, well-indexed policy and bylaw handbook which will be made available to all board members at each meeting. He thanked Ms. Lightcap for the tremendous amount of work on the project.

15. INFORMATIONAL ITEMS

There were no informational items to share.

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

Adjourn to Executive Session at 6:45pm.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

17.1. Consideration to Approve SPH Resolution 2025-07, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for March 2025

Beth Wythe made a motion to approve SPH Resolution 2025-07, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for March 2025 to include the following:

The reappointment of:

Sergey Akopov, MD	Neurology-Prov	TeleStroke
Benjamin Atkinson, MD	Neurology-Prov	TeleStroke
Sarabjit Atwal, MD	Neurology-Prov	TeleStroke
Minal Bhanushali, MD	Neurology-Prov	TeleStroke
Archit Bhatt, MD	Neurology-Prov	TeleStroke
Mario Binder, MD	Cardiology-AKH&VI	Courtesy
Joseph Freeburg, MD	Neurology-Prov	TeleStroke
Lilith Judd, MD	Neurology-Prov	TeleStroke
Amit Kasara, MD	Neurology-Prov	TeleStroke
George Lopez, MD	Neurology-Prov	TeleStroke
Michael Marvi, MD	Neurology-Prov	TeleStroke
Ravi Menon, MD	Neurology-Prov	TeleStroke
Joel Musee, MD	Anesthesiology-Prov	TeleICU
Andrew Rontal, MD	Neurology-Prov	TeleStroke
Biggya Sapkota, MD	Neurology-Prov	TeleStroke
Giulia Tortora, MD	Family Medicine	Active
Corey White, DO	Neurology-Prov	TeleStroke

The new appointment of:

Lauren Dorsey-Spitz	Pediatrics	Active
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Edson Knapp seconded the motion. Motion Carried.

17.2. Ratification of Board of Directors Executive Committee Credentialing Meeting Approval of Pediatric Privileges as recommended by the Medical Staff

Beth Wythe made a motion to ratify the Executive Committee approval of Pediatric Privileges as recommended by the Medical Staff Preston Simmons seconded the motion. Motion Carried.

17.3. Ratification of Board of Directors Executive Committee Credentialing Meeting Approval of SPH Resolution 2025-06, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for February 2025

Beth Wythe made a motion to ratify the Executive Committee approval of SPH Resolution 2025-06, A Resolution of the South Peninsula Hospital Board of Directors Approving Medical Staff Credentialing for February 2025 to include the following:

The reappointment of:

David (Rob) Downey, MD	Family Medicine	Active
Donna Rollins, MSN, PMHNPBC	Psychiatric NP	Active
Garret Sitenga, MD	Ophthalmology	Active
Stephen Shaffer, MD	Urology	Courtesy

The new appointment of:

Priscilla Codiga, MD	Internal Medicine	Courtesy
Ellen Dore, MD	Emergency Medicine	Courtesy
Sarah Katchen, MD	Orthopedics	Courtesy
Jerome Klein, MD	Radiology	TeleRad
Nate Mullins, DO	Family Medicine	Courtesy
Sergei Robinson, MD	Internal Medicine	Courtesy
Jena Uvalle, DO	Family Medicine	Courtesy

Preston Simmons seconded the motion. Motion Carried.

18. ADJOURNMENT

The meeting was adjourned.

Respectfully Submitted,

Accepted:

Maura Gibson, Executive Assistant

Aaron Weisser, President

Minutes Approved: 4/30/25

Mary E. Wythe, Secretary