



**Petersburg Borough
Petersburg Medical Center**

12 South Nordic Drive
Petersburg, AK 99833

**Meeting Agenda
Hospital Board
Regular Meeting**



Thursday, March 28, 2024

5:30 PM

Assembly Chambers

Please click the link below to join the webinar:

https://us06web.zoom.us/j/88660793035?pwd=8EjFCEjGLaamp2HrT18exYZ6pvcWCQ.D_mcr7rSWLey3V_P

Passcode: 099041

Or One tap mobile :

+17207072699,,88660793035# US (Denver)

+12532050468,,88660793035# US

1. **Call to Order/Roll Call**
2. **Approval of the Agenda**
3. **Approval of Board Minutes**
4. **Visitor Comments**
5. **Board Member Comments**
6. **Committee Reports**

A. Approval of minutes for the February 22, 2024, board meeting.

- A. Resource
- B. LTC
- C. CAH

7. **Reports**

A. Information Technology/EHR
J. Dormer provided a written report.

B. Materials Management
M. Randrup provided a written report.

C. Medical Records

K. Randrup provided a written report.

D. Nursing

J. Bryner provided a written report.

E. New Facility

J. Farmwald, PMC project manager, provided a written report.

F. Quality & IP

S. Romine, J. Bryner provided a written report.

G. Executive

P. Hofstetter provided a written report.

H. Financials

J. McCormick provided a written report.

8. Old Business

9. New Business

A. Presentation: Raising Colorectal Cancer Awareness

Michele Parker, Beat the Odds

10. Next Meeting

11. Executive Session

A. By motion, the Board will enter into Executive Session to consider medical staff appointments/reappointments.

12. Adjournment



Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
 Petersburg, AK 99833

Meeting Minutes
Hospital Board
Regular Meeting



Thursday, February 22, 2024

5:30 PM

Assembly Chambers

1. Call to Order

Member Cook called the meeting to order at 5:30 pm.

PRESENT

Chairman Jerod Cook
 Board Member Marlene Cushing
 Board Member Cindi Lagoudakis
 Board Member Kimberley Simbahon
 Board Member Joe Stratman

ABSENT

Board Member Heather Conn
 Board Member Mika Hasbrouck

2. Approval of the Agenda

A motion was made to approve the agenda.

Motion made by Board Member Lagoudakis, Seconded by Board Member Stratman.
 Voting Yea: Chairman Cook, Board Member Cushing, Board Member Lagoudakis, Board Member Simbahon, Board Member Stratman

3. Approval of Board Minutes

A. Approval of minutes as amended to correct Member Lagoudakis' name on pages 2 and 3 for the January 18, 2024, board meeting.

Motion made by Board Member Lagoudakis, Seconded by Board Member Stratman.
 Voting Yea: Chairman Cook, Board Member Cushing, Board Member Lagoudakis, Board Member Simbahon, Board Member Stratman

4. Visitor Comments

None

5. Board Member Comments

Member Lagoudakis congratulated the Lab for the "good vibes" on their recent inspection and is very pleased to see the Lab's activities and school support they have been providing.

6. Committee Reports

- A. Resource: Member Lagoudakis attended and reported that investments are doing reasonably well with expenses running under budget. The committee discussed strategies for operating expenses; the work being done with reporting; and shared that the Home Health Cedar Social Club is receiving very positive comments.
- B. Infection Control: Member Stratman attended and reported that Public Health will be having additional STD testing available, and that Public Health expects covid boosters and test kits to be available soon.
- C. LTC: Member Cushing was unable to attend this month's meeting.

7. Reports

- A. Imaging
 - S. Paul provided a written report. Member Cushing commented on the excitement surrounding the new mammography machine and operations.
- B. Lab
 - V. Shimek provided a written report.
- C. Long Term Care
 - H. Boggs provided a written report. Member Simbahon commented on the wonderful Valentine's Day food, decorations and activities. Member Lagoudakis commented on concerns related to Medicaid/Medicare's policy on not paying for durable medical equipment residents might need.
- D. Patient Financial Services
 - C. Lantiegne provided a written report.
- E. New Facility
 - Jay Farmwald, PMC project manager, provided a written report. Member Stratman asked about site work resuming, which is confirmed to resume on February 19.
- F. Quality & Infection Prevention
 - S. Romine / J. Bryner provided a written report.
- G. Executive Summary
 - P. Hofstetter provided a written report and provided highlights from his legislative meetings in Juneau. He encouraged the community to reach out to legislators and communicate with them. Member Lagoudakis shared appreciation for the volunteers helping with blood draws for the upcoming health fair.

H. Financial

J. McCormick provided a written report and shared highlights from the report. Member Cushing asked about impacts from any government shutdown, and was assured that the Medicare and claims processing is not typically impacting hospital cashflow. McCormick clarified that DNFB designates discharge not final billed.

8. Old Business

9. New Business

10. Next Meeting

The next meeting will be March 28, 2024.

11. Executive Session

A. Executive Session

By motion, the Board will enter into Executive Session to consider medical staff appointments/reappointments and legal and personnel matters.

Motion made by Board Member Stratman, Seconded by Board Member Simbahon. Voting Yea: Chairman Cook, Board Member Cushing, Board Member Lagoudakis, Board Member Simbahon, Board Member Stratman

By motion, the Board came out of Executive Session.

Motion made by Board Member Stratman, Seconded by Board Member Simbahon. Voting Yea: Chairman Cook, Board Member Cushing, Board Member Lagoudakis, Board Member Simbahon, Board Member Stratman

Motion made to appoint Emily Harvey, MD and reappoint John Kokesh, MD, to Medical Staff.

Motion made by Board Member Lagoudakis, Seconded by Board Member Stratman. Voting Yea: Chairman Cook, Board Member Cushing, Board Member Lagoudakis, Board Member Simbahon, Board Member Stratman

12. Adjournment

The meeting was adjourned.

Motion made by Board Member Simbahon, Seconded by Board Member Lagoudakis. Voting Yea: Chairman Cook, Board Member Cushing, Board Member Lagoudakis, Board Member Simbahon, Board Member Stratman



Petersburg Medical Center

Information Technology Report March 2024

Workforce Wellness

PMC recognizes the crucial role that the well-being of our IT staff plays in maintaining a healthy, productive, and innovative workplace. The workforce wellness plan is designed to address the unique challenges faced by our IT professionals and promote a supportive and balanced work environment.

The objectives of our workforce wellness plan are:

1. Reduce stress and burnout among IT staff.
2. Improve physical health and fitness.
3. Foster a culture of work-life balance.
4. Increase job satisfaction and engagement.

In the last quarter, PMC has provided the resources outlined below to assist with our staff wellness goals:

1. Reduce stress and burnout among IT staff.
 - Free counseling services are available through Betterhelp, an online therapy resource.
 - Mental health awareness and stress management techniques.
2. Improve physical health and fitness.
 - Availability of ergonomic workstations.
 - Fitness programs, such as the employee-led exercise challenges and the lifestyle balance program.
 - Annual health screenings offered at no cost to staff.
3. Foster a culture of work-life balance.
 - Flexible work hours, when possible, to accommodate volunteer work within the community.
4. Increase job satisfaction and engagement.
 - Foster a respectful and open culture within our department.
 - Support additional job-specific trainings for professional development.

Community Engagement

The IT department is collaborating with several community organizations to increase access to care. Over the past year, we have worked closely with the Mountain View Manor director to optimize the technical structure utilized throughout the MVM facility. Support will be given to increase internet capabilities for better communication as well as software-based programs to assist with operations.

Within PMC departments, our team has the opportunity daily to collaborate with and support many initiatives and projects. Recently, we have been working with our clinic-based case management team to support chronic care management, by providing efficiency reports to assist with the identification and support for patients with diabetes and hypertension. Our department has supported several PMC project teams to support community outreach for wellness activities, health fair and waiver-based programs. We expect that this support will be ongoing as we develop community-based services.

Patient Centered Care

PMC engaged with Nuance and Cerner to implement DAX, an ambient physician documentation software. Ambient physician documentation is a cutting-edge technology that aims to streamline the documentation process for healthcare providers by using natural language processing and voice recognition. The anticipated benefits of this software implementation are time efficiency, accuracy, reduction in provider burnout, improved compliance and positive patient experience.

The implementation of the DAX system began in August 2023 and was rolled out to all 5 primary care providers in November 2023. To ensure successful adoption, physicians underwent comprehensive training sessions on utilizing ambient intelligence for documentation purposes. The training emphasized the integration of ambient solutions into existing clinical workflows. To date, provider feedback has been generally positive. We successfully achieved our objective of aiding providers in maintaining timely documentation within the initial three weeks following the go-live, and each provider has sustained documentation turnaround times in accordance with PMC policies. Upon examination, the measured metrics indicated a reduction in Health Information Management (HIM) queries. Our department will persist in overseeing utilization and revenue cycle metrics and adjusting processes as necessary for ongoing optimization.

The IT department is actively pursuing the ongoing optimization of the Cerner electronic health record. Like any new technology, fine-tuning is necessary to align the new electronic environment with PMC workflows. Our EHR team conducts weekly meetings with the Cerner system support manager to promptly address any unresolved software issues. Additionally, our department maintains regular meetings with each PMC department utilizing the EHR to collaboratively work towards the optimization of the software.

Our team is working with Cerner to resolve shortening the average length of time needed to complete a support ticket. We are closely monitoring all PMC service requests to provide an overview of the performance and effectiveness of both our internal JIRA and Cerner AMS ticketing systems. The IT ticketing system plays a crucial role in managing and resolving IT-related issues and requests within our organization. This quality project will cover key metrics, improvements made, challenges faced, and recommendations for further enhancements.

Below is a representation of the JIRA support tickets monitored between Q4 2023 and Q1 2024 (to date).



In the upcoming months, our department will collaborate with managers to enhance the efficiency of the internal JIRA ticket process further.

Facility

The administration of the Universal Service Fund is carried out by the Universal Service Administrative Company under the guidance of the Federal Communications Commission (FCC). Petersburg Medical Center has reaped the advantages of subsidized rates for dedicated fiber and internet services through the rural health care telecommunications program. In February 2024, the PMC IT department initiated a Request for Proposal (RFP) process for telecommunication and broadband services. Following the receipt and evaluation of proposals, PMC will enter into a communications services agreement for the 2023FY with the most suitable

vendor, leveraging the USAC subsidized program. The program reporting deadline for FY23 closed in. Our department is preparing for the upcoming FY24 RFP process.

Financial Wellness

The hospital revenue cycle refers to the series of administrative and clinical processes involved in managing the financial aspects of patient care services within a healthcare facility. It encompasses all the steps from the initial patient encounter to the final payment received for services rendered. The primary goal of the hospital revenue cycle is to effectively and efficiently capture, manage, and optimize revenue throughout the entire healthcare service delivery process. Two key areas of the revenue cycle process are patient pre-registration and patient registration. PMC recently negotiated with Cerner to provide Hospital and Clinic registration staff retraining. Our goal is to enhance the skills and knowledge of registration/scheduling staff, ensuring efficient and accurate patient registration processes. Prior to the registration training event, our department will review current registration processes, identify gaps in knowledge and skills and survey registration staff for feedback.

Submitted by: Jill Dormer, CIO



Petersburg Medical Center

Materials Management March 2024

Workforce Wellness

The Materials Department is a small staff who share many common interests which make planning team events enjoyable. Our small team works hard to ensure that every PMC department gets the supplies they need. I am proud of the dedication of the Materials Department team to provide excellent service while also maintaining a supportive and enjoyable work environment. Unfortunately, Nicole (materials assistant) is moving on to a role outside the company. She has been an important part of the materials department for the past few years. I wish her well in her future opportunities. The part-time assistant is also planning to take an indefinite time off for family needs but will stay as PRN. She is also a big help in the materials department. We are currently training a new staff member to take Nicole's place.

Community Engagement

- I was in Juneau last month and had the opportunity to visit the Supply Chain warehouse at Bartlett hospital. I gathered some ideas on how to organize carts that can save some space in the warehouse.
- We have been helping the PVFD (Police Volunteer Fire Department) with some medical supplies.

Patient Centered Care

- The Materials Department doesn't deal directly with patients, however, we provide medical and personal care items and make sure all supplies are available for patients when needed.
- The materials department continues to replenish the storerooms in LTC, acute care, acute med-room and ER, three times a week.

Facility

- Our mail machine has been having an issue which is affecting our workflow. A new mail machine has been purchased.
- We are again having issues with the Cerner in the credit memo application. This was resolved previously, but the issue has resumed. I have been speaking with technical system analyst/support service to resolve.
- Conducted mid-inventory the week of January 25,2024.

Physical Count Summary

Location :	PETE INVENTORY STOREROOM			Total Variance :	\$7,652.51
Count # :	150875084	Pre Perp Count Value :	\$100,215.24	Positive Variance :	\$4,320.64
Committed :	1/30/2024 13:51	Post Perp Count Value :	\$101,204.02	Negative Variance :	(\$3,331.86)
Committed By :	Randrup, Melva Yere	Non-Perp Count Value :	\$0.00	Net Variance :	\$988.78

Financial Wellness

- We are doing our best to compare prices of each vendor when placing orders. The challenge with high shipping costs continue.

Submitted by: Melva Randrup, Materials Manager



Petersburg Medical Center

Health Information Management (HIM)/Medical Records Report March 2024

Workforce Wellness

We are still fully staffed, which is great. The HIM department continues to have in-person meetings in the conference room when time allows.

Community Engagement

The clinic now has a staff member who has learned how to efficiently handle medical records requests. Patients are now able to pick up records at the front desk when a request has been completed.

Patient Centered Care

HIM has worked together with other departments and staff to support the roll out of specialty clinics. Our team collaboration has made it possible for the success of the dermatology and scope clinics. The ability for PMC to hold these clinics in Petersburg is beneficial for our patients.

Facility

HIM is looking forward to the new facility as it will make it possible for the HIM team to have dedicated space to come together and work better as a team.

Financial Wellness

The clinic "scanner project" (to be completed in May) will help with medications dropping properly on the patient encounters. This will increase efficiency for both Clinic staff and HIM coding team. The HIM department has been involved in weekly Rev cycle meetings with HRG.

Submitted by: Kim Randrup, RHIT



Petersburg Medical Center

Nursing Department Report March 20, 2023

Workforce Wellness

CNA staffing has remained adequate to meet the needs of our residents and patients. We have relied on 2-3 travelers throughout the winter and are beginning to need fewer as our permanent staffing has stabilized. We have one person who completed the CNA course and will be testing next week. It has been difficult to recruit new people to this role. We are planning to offer the CNA class to the high school next year.

Our nurse staffing has also relied on 2-3 travelers to ensure we have staff to take care of those who need our care. We are increasing the number of travelers to 4-6 for the next several months as we have two staff with extended leaves planned. We are thankful that we have been able to secure strong, competent nurses to fill these positions until our staff return.

We have two UAA students who will graduate at the beginning of Maty and will begin precepting with staff shortly thereafter, so our long-term projection will be a drastic decrease in the number of RN travel nurses.

Community Engagement

We are waiting for our results from the recent LTC survey. While we know the survey will find that there are a few areas to improve, we were told that the surveyors felt it was a good survey and that the care they saw was “exemplary.” It is wonderful to have our care validated from outside sources.

We have had several opportunities to work with outside agencies over the past 6 months in unusual and high-pressured situations. We have forged and enhanced relationships that have been beneficial to all involved. Alaska is a large state but a small community.

We are so excited to have begun offering endoscopy clinics once again in partnership with a fantastic surgical team from SEARHC. We had two successful clinics, serving nearly 40 people and are primed for more. We have a temporary delay due to decreased availability of the surgeon and anesthesia provider. Offering regular clinics is a top priority for PMC.

Patient Centered Care

As education is a top priority for PMC, we have worked hard to improve our staff’s readiness in multiple areas over the past 6 months.

We had 11 nurses attend the Basic Life Support for Obstetrics (BLSO) in Wrangell, which was a fantastic class, with lots of realistic simulations that allowed staff to be prepared for unscheduled deliveries in Petersburg. One of our nurses said it was “hands down the best class” she’s ever taken.

Dr. Hess, Dr. Hulebak and I attended the CALS class (Comprehensive Advanced Life Support) and came away with so many practical ideas on how to improve our emergency care at PMC. We learned and practiced procedures and worked with equipment that has already concretely improved the care that we give. We have implemented new equipment and supplies and have additional staff attending the class in April.

Katrina Hoffman taught a fantastic class on caring for patients and their families during the dying process from her vast experience as a Hospice Nurse Practitioner in October. Nearly all the PMC nurses were able to participate, thanks to support from Beat the Odds.

In January, a team from Airlift Northwest came to Petersburg to teach our providers and nurses how to better utilize our ventilator for invasive and non-invasive ventilation. The instructor was incredible and was able to explain things in a way that many of us had an “aha” moment.

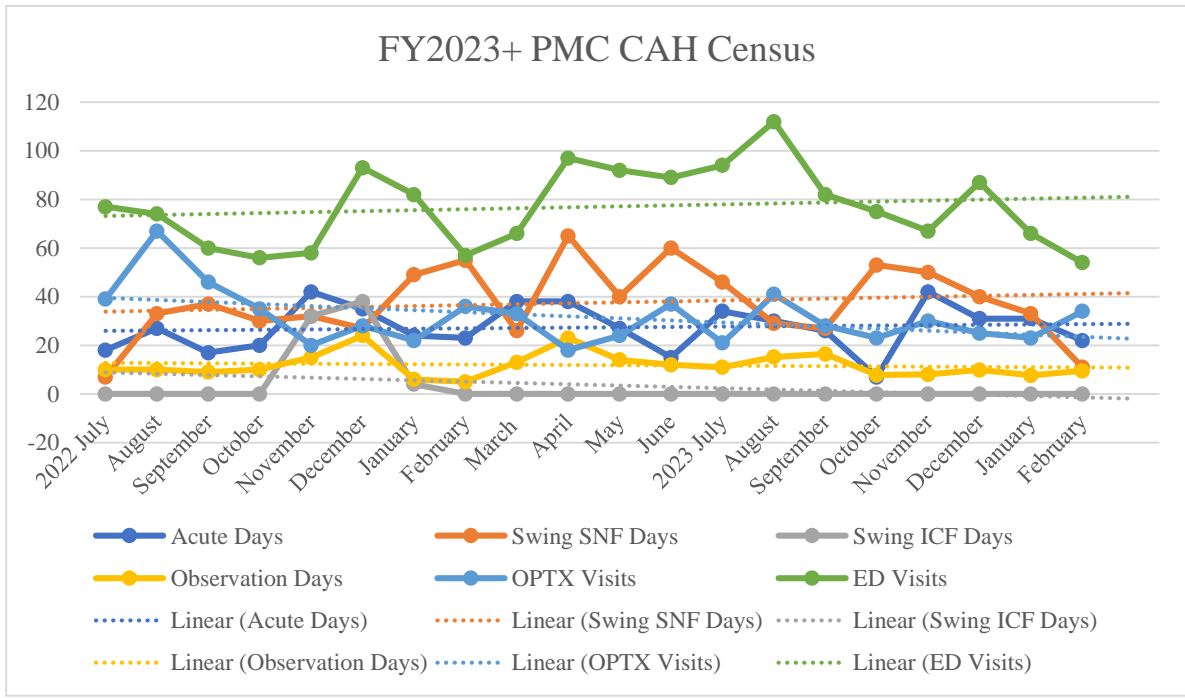
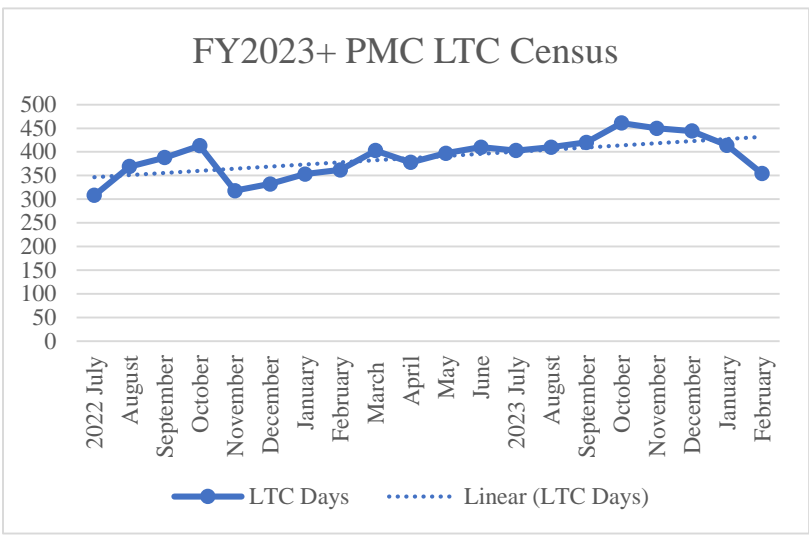
We feel blessed to have had so many opportunities for learning this year. Our goal is not only to train but to reinforce the training by using drills to keep us prepared and our skills sharp. This is a challenge without a nurse educator/staff development person but is something we can do with increased attention and time.

Facility

Space continues to be a very difficult situation for our departments. We are still very limited in space, storage and meeting/education rooms. Our UAA students take their exams in the OR because it is less noisy than the conference room and has less foot traffic. I have been very involved in the new WERC and hospital planning and am trying to ensure we incorporate the space needs in the new facilities.

Financial Wellness

Volumes have been down over the last few months. We anticipate they will grow through the spring and summer months.



Submitted by: Jennifer Bryner, MSN, RN

New PMC Project Report

28 March 2024

Sitework

- RNR now using rock from the Borough pit
- RNR estimates completion of both the WERC and Main Hospital sites by mid May

Wellness, Education & Resource Center (WERC)

- On March 4th the Borough Assembly approved issuing a \$3.3M NTP to Dawson for procurement of long lead items (structural steel, mechanical & electrical equipment) and to start foundation work
- 65% design documents were issued on March 22nd
- Dawson will start foundation work in April
- A Guaranteed Maximum Price for the full project will be negotiated in April
- Final design documents are due June 7th
- The goal is to have the roof on by the end of September

Main Hospital - LTC Building

- The request for a \$37M line item in the state FY2025 Capital Budget is still pending
- Requests for FY2025 federal funding were submitted to Senator Murkowski and Representative Peltola on March 22nd (\$15M each)



Main Hospital - LTC Building Site as of March 18th



Petersburg Medical Center

Quality Report March 2024

Workforce Wellness

The interim Quality Director oversees shared initiatives led by department heads and Home Health Quality.

The workplace satisfaction survey is completed and the final steps for implementation are in process. The survey is intended to gather valuable employee perspectives on their work environment with the goal of improving satisfaction and retention. We are planning for the survey to go out in April and information gathered will be shared with staff and the board as it is available.

I am on site this week working with staff to support PMC quality programs and initiatives.

Community Engagement

Petersburg Evidence-Based Fall Prevention Programs:

The second in-person Tai Ji Quan class began 3/19 with 11 initial participants. Eight of these were returning, 3 were new participants. The third Bingo-cize session started this week as well.

The Adult Day Program-Cedar Social Club has increased its hours. Half day services are now held in the afternoon on all weekdays except for Wednesdays. Enrollment is currently at six participants. On Fridays, program participants assist in making a meal to bring home to their families.

The biennial PMC Health Fair will be reaching many Petersburg residents this Saturday, March 23. A demonstration and information on fall prevention programs will occur in the morning so that residents can see what Bingo-cize and Tai Ji Quan are all about. We hope to recruit new participants for this round of classes.

Patient Centered Care

The Home Health staff are meeting on 3/22 to finalize their recommendations on their annual performance improvement project. The goal of the project is to improve the efficiency and timeliness of end-of-life care coordination by standardizing orders, communications, and processes. A standard order set draft is near completion. Next steps include physician review and input, pharmacy collaboration, and EMR integration.

Facility

Strategic Plan-Key performance indicator identification project: Manager identified indicators are linked to the strategic plan objectives with goals identified. This project is progressing nicely and helping to further define the PMC quality program. Aim for completion by June 1.

Financial Wellness

A new grant application is scheduled for submission on 3/29/24 that may provide additional funding for the adult day program and resources needed for this program.

Submitted by: Stephanie Romine, RN



Petersburg Medical Center

Infection Prevention and Control Report March 2024

Workforce Wellness

There have been no changes in staffing.

Community Engagement

There is yet another new recommendation for Covid vaccines for people over the age of 65. Beginning in April, the definition of “up to date” will be two of the 23-24 formulation vaccine at least 4 months apart. All LTC residents will be offered the second vaccine.

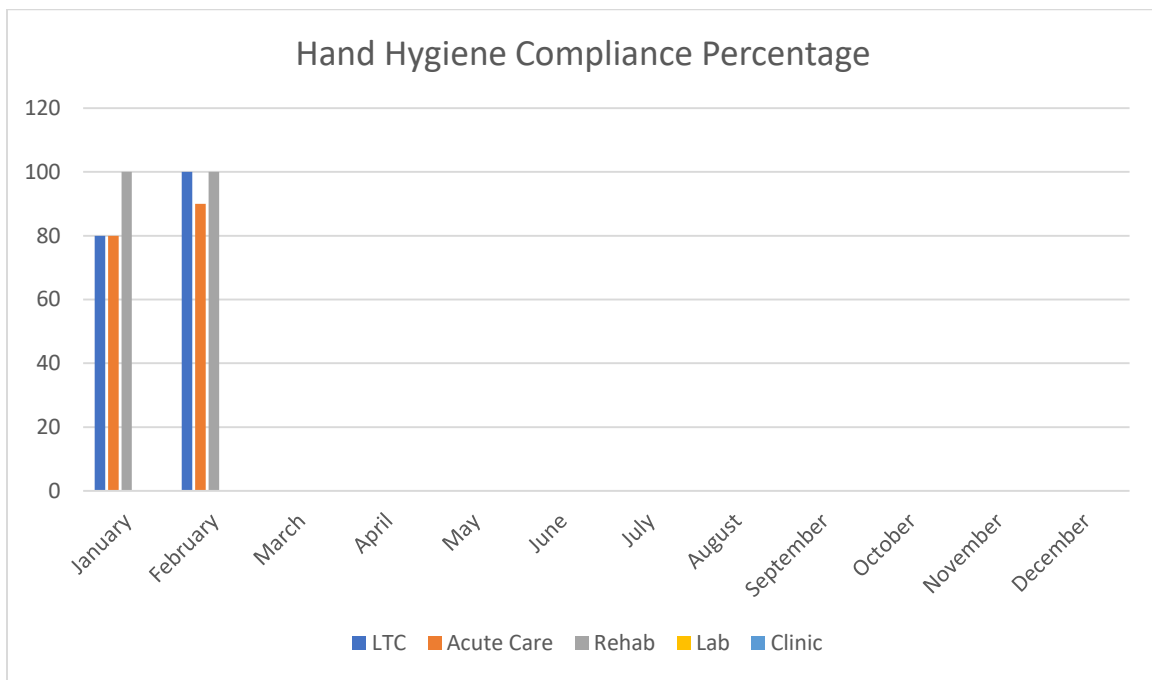
The Respiratory Protection Plan has been reviewed and updated and the program review is in progress. The Exposure Control Plan for Bloodborne Pathogens review is scheduled for March.

We are awaiting results from the re-licensure survey for LTC that occurred on March 4-8.

We are finalizing the newly required Antibiotic Use and Resistance reports for the hospital and will be submitting the data to NHSN on April 1.

Patient Centered Care

2024 Hand Hygiene Compliance



LTC 2024 Infection Prevention Metrics:

Urinary Tract Infections (UTI): 0

Catheter associated Urinary Tract Infections (CAUTI): 0

Clostridium Difficile infections: 0

Covid-19 infections: 0

Influenza infections: 0

Current Residents

LTC Resident Flu Shots: All residents offered vaccines, 93% up to date.

LTC Covid Vaccine 2023-2024 booster: All residents offered vaccines, 85% up to date.

LTC Pneumococcal Vaccine: All residents offered vaccines, 85% are up to date.

Facility

Nothing new to report.

Financial Wellness

No changes have occurred in this area.

Submitted by: Jennifer Bryner, MSN, RN



Petersburg Medical Center

CEO Board Report March 2024

Mission Statement: Excellence in healthcare services and the promotion of wellness in our community.

Guiding Values: Dignity, Integrity, Professionalism, Teamwork, Quality

Highlights:

- The State of Alaska Survey team was here the week of March 4 for the annual LTC Health Care facilities inspection and for Fire, Life Safety. The survey team was very thorough and was accompanied by a Federal surveyor for oversight and training purposes. Surveyors commented on the excellent care of residents in PMC LTC. PMC is awaiting the official health survey results.
- The biennial community health and safety fair is March 23 from 10:00 am – 1:00 pm at the community gym. In addition to kids’ activities and fitness class demonstrations, participants can attend presentations from PMC providers, WAVE representatives and the 2024 guest speaker, Dr. Janet Peterson, DrPH, RD, WEMT. Additional weekend learning opportunities include suicide prevention trainings from the Juneau Suicide Prevention Coalition and a Wilderness First Aid course. For more information and schedule, visit the [PMC health and safety fair page](#).
- PMC submitted a FY25 Congressionally Directed Spending request to Senator Murkowski and a FY25 Community Project Funding request to Rep. Mary Peltola. These requests focus on funding for the new facility project.
- The PMC selection committee will be evaluating proposals received for two contracts related to the new facility project: Project Management Services and Special Inspection and Testing Services.
- The Borough Assembly authorized a Limited Notice To Proceed (NTP) to Dawson Construction for the WERC Project for an amount not to exceed \$3,300,000 at the March 4 Assembly meeting.
- During the AHHA Legislative Fly-In, February 19-21, I had the opportunity to meet with the delegation for both PMC and AHHA initiatives. Additionally, I met with Senators Olson and Hoffman, Representative Himschoot and Alaska Department of Health commissioner Heidi Hedberg.



Financial Wellness: Goal: To achieve financial stability and sustainability for the hospital.

FY23 Benchmarks for Key Performance Indicators (KPIs): Gross A/R days to be less than 55, DNFB < then 5 days, and 90 Days Cash on Hand

- Accounts Receivables (AR) is still hovering about 70 days and the revenue cycle team continues to work on improving this to get to target.
- Financials will be reviewed by the finance team but there was a large Medicare cost report settlement of ~ \$1M received earlier this week.

New Facility: Goal: To expand the capacity and capabilities of the community borough-owned rural hospital through the construction of a new facility, while taking into account the needs and priorities of the local community.

- Last week, a postcard mailer on the new facility project was sent to all Petersburg PO Box holders. The initiative is to encourage community members to reach out to their legislators in support of the new facility project.
- At the March 4 Borough Assembly meeting, the Assembly authorized a Limited Notice To Proceed (NTP) to Dawson Construction for the WERC Project for an amount not to exceed \$3,300,000 to provide foundation work and to install underground mechanical, electrical and plumbing, and to procure structural steel and long lead mechanical and electrical equipment for the Wellness, Education & Resource Center. The funds are secured through the \$20,000,000 Department of Treasury grant which was awarded to PMC in December of 2023.
- Request for Proposals: Project Management Services. PMC solicited proposals for professional Project Management services for the WERC and replacement of the main hospital building. Proposals were due March 12, 2024. The selected Project Manager will act as PMC’s representative, overseeing both the WERC and the Main Hospital Building. A Selection Committee will assess and evaluate proposals beginning in late March.
- Request for Proposals: Special Inspection and Testing Services. PMC solicited proposals for Special Inspection and Testing services for the new hospital project. Proposals were due March 20, 2024. The selected firm will oversee construction milestones related to special inspections and testing for the WERC. A Selection Committee will assess and evaluate proposals beginning in late March.
- Updates: Project updates are available on the PMC website under the “[New Facility & Planning](#)” tab.



Workforce Wellness: Goal: To create a supportive work environment and promote the physical and mental well-being of hospital staff, in order to improve retention rates and overall productivity.

- The annual employee forum will be held toward the end of April and there will be a facility-wide employee survey that will be completed to assess workplace satisfaction.
- PMC values the health and wellness of our staff. During this year’s community Health Fair, PMC covered employees’ basic health fair panel (value \$50) for all employees. This benefit was also available to spouses who are on PMC insurance.

Community Engagement: Goal: To strengthen the hospital’s relationship with the local community and promote health and wellness within the community.

- March 4 Assembly: PMC submitted report for the Borough Assembly meeting. The Assembly authorized a Limited Notice To Proceed (NTP) to Dawson Construction for the WERC Project.
- March 28: KFSK Radio PMC Live
- March 22: Suicide prevention training and workshops. Call PIA at 907-772-3636 for questions or to register.
- March 23: Community Health and Safety Fair
- March 24: [Wilderness First Aid Course](#), brought to the community by PMC, PVFD and Base Medical
- April 6: PMC participates in DOT emergency preparedness drill



Patient-Centered Care and Wellness: Goal: To provide high-quality, patient-centered care and promote wellness for all patients.

- The Hologic 3D Mammography unit was installed and is now operational. This will improve the accuracy and quality of mammography in Petersburg.
- The Health Fair resource fair event is planned for Saturday, March 23 at the Community Gym. A total of 2,069 blood tests were conducted over the course of 3 weeks, similar to previous health fair events. A special thank you to the volunteers who helped with drawing blood: EMT’s, medical assistants, nursing students, nurses, retired nurses, retired lab techs and lab staff all helped make this endeavor very successful. Patient results for tests run in-house were available within 24 hours via the PMC Patient Portal or printed by request. Vitamin D results were available within 5-7 days. About 130 out-of-range results were shared to providers for follow-up. For more information and schedule, visit the [PMC health and safety fair page](#).
- PMC’s new fall prevention programs, Bingocize and Tai Ji Quan: Moving for Better Balance, have had over 50 community members participating. The next sessions for both programs begin the week of March 18. Both programs will also hold informational sessions and demonstrations at the health fair event on March 23. For more information contact the Community Wellness Department at 772-5580.
- Specialty Clinic: Optometry Clinic is scheduled for March 25-April 3. Psychiatrist will be onsite in March and again in May. Dermatology Clinic is scheduled for its second clinic in May.

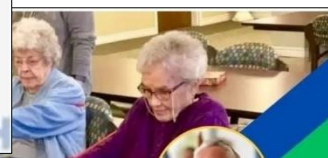


Part 1: 8 Hours of Online Learning
Self-paced and required to be complete before in-person class

Part 2: Full Day In-Person Training
8:00AM-6:00PM on Sunday, March 24. Includes scenarios and hands-on skill practice.

BROUGHT TO YOU BY:

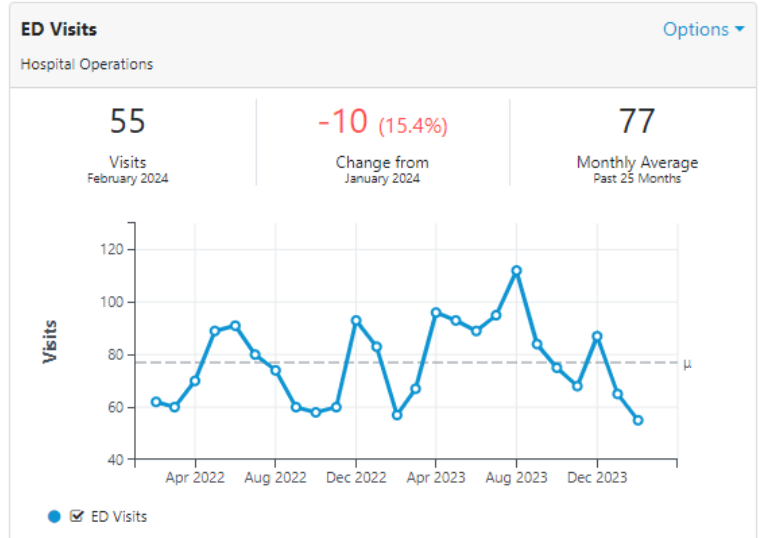
A poster for Last Frontier Eye Care. It features a large image of a human eye. The text includes: "LAST FRONTIER EYE CARE", "Optometry Clinic March 25th- April 3rd", "PMC Specialty Clinic", "Last Frontier Optometry offers full scope optometry services for all ages.", a list of services: "Routine vision exams", "Contact lens and glasses fittings", "Medical optometric services such as blurry vision, red eyes, glaucoma, macular degeneration", and "Contact Last Frontier Eye Care at 907-434-1554".



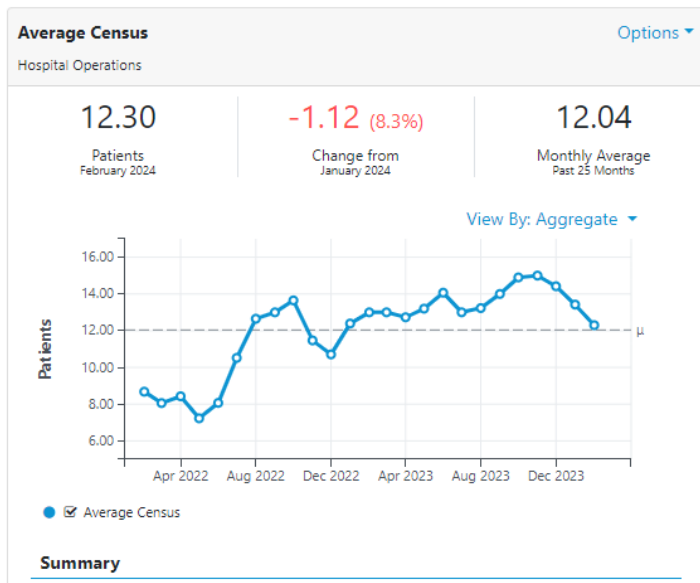
A colorful poster for BINGOCIZE. It features the word "BINGOCIZE" in large, colorful letters. Text includes: "BINGO + EXERCISE = BINGOCIZE", "A fun FREE 10-week evidence based program that combines the game of bingo with inclusive exercises for everyone!", "Hosted by Petersburg Medical Center and Parks & Recreation", "New Session* Starts March 18th Mon/Wed 10-11am", "Community Center Activity Room", "PLAY BINGO FOR THE HEALTH OF IT!", "Fall Prevention", "Social Engagement", "Prizes & Music", and "907-772-5580 or bturland@pmc-health.org for questions."

Primary Care

ER



LTC



Submitted by: Phil Hofstetter, CEO

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

FISCAL YEAR 2024

For the month ended February 29, 2024

PETERSBURG MEDICAL CENTER
Key Volume Indicators
FISCAL YEAR 2024

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
Hospital Inpatient															
1. Patient Days - Acute Care	32	32	26	8	40	33	30	21					222	209	6.2%
2. Patient Days - Swing Bed	46	31	26	53	49	40	35	11					291	349	-16.6%
3. Patient Days - Total	78	63	52	61	89	73	65	32					513	558	-8.1%
4.	1.0	1.0	0.9	0.3	1.3	1.1	1.0	0.8					1.0	0.9	20.1%
5. Average Daily Census - Swing Bed	1.5	1.0	0.9	1.7	1.6	1.3	1.1	0.4					1.4	1.4	-5.8%
6. Average Daily Census - Total	2.5	2.0	1.7	2.0	3.0	2.4	2.1	1.1					2.4	2.3	3.9%
7. Percentage of Occupancy	21.0%	16.9%	14.4%	16.4%	24.7%	19.6%	17.5%	9.5%					19.9%	19.1%	3.9%
Long Term Care															
8. Days in A/R (Net)	403	410	420	461	450	444	414	364					3,366	2,915	15.5%
9. Average Daily Census	13.0	13.2	14.0	14.9	15.0	14.3	13.4	13.0					15.7	12.0	30.5%
10. Percentage of Occupancy	86.7%	88.2%	93.3%	99.1%	100.0%	95.5%	89.0%	86.7%					104.4%	80.0%	30.5%
Other Services															
11. Emergency Room Visits	92	102	81	71	60	82	61	54					603	518	16.4%
12. Radiology Procedures	206	189	199	262	211	168	183	162					1,580	1,653	-4.4%
13. Lab Tests (excluding QC)	1,891	1,959	1,581	1,775	1,514	1,699	1,663	3,111					15,193	14,515	4.7%
14. Rehab Services Units	1,043	1,071	768	675	608	665	743	746					6,319	7,010	-9.9%
15. Home Health Visits	212	152	118	142	145	120	114	81					1,003	1,959	-48.8%
16. Clinic Visits	**	794	821	729	874	784	725	812	772				6,311	5,751	9.7%

** Stats under review

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the month ended February 29, 2024

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Contractual Adj. as a % of Gross Revenue	37.9%	25.1%	15.9%	23.4%	9.1%	20.9%	15.7%	12.2%					20.3%	20.7%	1.8%
2. Charity/Other Ded. as a % of Gross Revenue	1.0%	0.0%	0.0%	-0.4%	-0.7%	-0.2%	-0.3%	0.0%					-0.1%	1.2%	106.4%
3. Bad Debt as a % of Gross Revenue	-13.2%	-0.1%	-9.2%	5.1%	-11.3%	2.6%	6.1%	1.1%					-2.3%	2.3%	-200.6%
4. Operating Margin	-3.3%	-2.0%	4.6%	-23.3%	41.4%	-12.5%	0.4%	4.0%					4.5%	-9.9%	145.0%
5. Total Margin	-0.1%	10.0%	17.6%	-19.4%	51.5%	28.4%	8.4%	22.3%					19.2%	-11.0%	274.5%
6. Days Cash on Hand (Including Investments)	79.7	74.8	69.7	69.1	68.0	73.8	73.5	76.9	-	-	-	-	64.8	68.6	-5.6%
7. Days in A/R (Net)	58.5	62.8	61.9	59.7	56.1	58.2	61.0	67.5	-	-	-	-	67.5	67.2	-0.5%
8. Days in A/R (Gross)	70.5	70.0	71.0	71.9	76.9	77.3	83.4	76.9					76.9	102.5	25.0%

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the month ended February 29, 2024

Month Actual	Month Budget	\$ Variance	% Variance		FY24					
					YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
				<i>Gross Patient Revenue:</i>						
\$238,180	\$413,927	(\$175,747)	-42.5%	1. Inpatient	\$2,462,352	\$2,794,587	(\$332,235)	-11.9%	\$2,353,865	4.6%
1,191,238	\$1,387,917	(196,679)	-14.2%	2. Outpatient	10,682,246	12,964,354	(2,282,108)	-17.6%	10,919,806	-2.2%
520,747	\$535,333	(14,586)	-2.7%	3. Long-term Care	4,300,895	4,134,052	166,843	4.0%	3,482,088	23.5%
1,950,165	2,337,177	(387,012)	-16.6%	4. Total gross patient revenue	17,445,494	19,892,993	(2,447,499)	-12.3%	16,755,759	4.1%
				<i>Deductions from Revenue:</i>						
238,398	430,837	192,439	44.7%	5. Contractual adjustments	3,542,458	3,719,321	176,863	4.8%	3,464,101	-2.3%
0	0	0	n/a	6. Prior year settlements	(664,863)	0	664,863	n/a	-	n/a
22,087	28,284	6,197	21.9%	7. Bad debt expense	(406,221)	460,504	866,725	188.2%	387,881	-204.7%
758	106,736	105,978	99.3%	8. Charity and other deductions	(13,221)	627,350	640,571	102.1%	197,076	106.7%
261,243	565,857	304,614	53.8%	9. Total deductions from revenue	2,458,152	4,807,175	2,349,023	48.9%	4,049,058	39.3%
Days in A/R (Net.)				10. Net patient revenue	14,987,341	15,085,818	(98,477)	-0.7%	12,706,701	17.9%
1,688,923	1,771,320	(82,397)	-4.7%	<i>Other Revenue</i>						
82,508	82,831	(323)	-0.4%	11. Inkind Service - PERS/USAC	660,759	672,699	(11,940)	-1.8%	646,456	2.2%
79,459	136,597	(57,138)	-41.8%	12. Grant revenue	409,248	289,790	119,458	41.2%	313,775	30.4%
0	0	0	n/a	13. Federal & State Relief	75,000	0	75,000	n/a	-	n/a
36,811	6,108	30,703	502.7%	14. Other revenue	253,607	271,164	(17,557)	-6.5%	981,817	-74.2%
198,778	225,536	(26,758)	-11.9%	15. Total other operating revenue	1,398,615	1,233,653	164,962	13.4%	1,942,048	-28.0%
1,887,701	1,996,856	(109,155)	-5.5%	16. Total operating revenue	16,385,956	16,319,471	66,485	0.4%	14,648,749	11.9%
				<i>Expenses:</i>						
858,253	957,133	98,880	10.3%	17. Salaries and wages	7,553,718	8,235,145	681,427	8.3%	7,872,209	4.0%
95,215	81,009	(14,206)	-17.5%	18. Contract labor	692,920	559,570	(133,350)	-23.8%	532,924	-30.0%
328,817	359,371	30,554	8.5%	19. Employee benefits	2,812,450	2,975,006	162,556	5.5%	2,805,453	-0.2%
122,473	107,024	(15,449)	-14.4%	20. Supplies	1,014,710	1,252,194	237,484	19.0%	1,159,440	12.5%
106,223	136,711	30,488	22.3%	21. Purchased services	993,992	1,170,648	176,656	15.1%	1,114,901	10.8%
37,590	30,208	(7,382)	-24.4%	22. Repairs and maintenance	358,800	386,488	27,688	7.2%	368,083	2.5%
2,502	11,167	8,665	77.6%	23. Minor equipment	167,635	123,284	(44,351)	-36.0%	117,413	-42.8%
21,291	23,449	2,158	9.2%	24. Rentals and leases	164,303	172,032	7,729	4.5%	167,020	1.6%
99,149	94,222	(4,927)	-5.2%	25. Utilities	711,172	739,356	28,184	3.8%	735,677	3.3%
9,289	12,203	2,914	23.9%	26. Training and travel	69,958	97,624	27,666	28.3%	47,580	-47.0%
88,249	88,976	727	0.8%	27. Depreciation	732,853	711,810	(21,043)	-3.0%	799,596	8.3%
15,770	15,972	202	1.3%	28. Insurance	128,600	131,573	2,973	2.3%	119,612	-7.5%
27,362	46,279	18,917	40.9%	29. Other operating expense	253,882	275,889	22,007	8.0%	260,912	2.7%
1,812,184	1,963,724	151,540	7.7%	30. Total expenses	15,654,992	16,830,619	1,175,626	7.0%	16,100,820	2.8%
75,516	33,132	42,384	-127.9%	31. Income (loss) from operations	730,964	(511,148)	1,242,111	243.0%	(1,452,071)	150.3%
				<i>Nonoperating Gains(Losses):</i>						
92,090	(31,201)	123,291	-395.1%	32. Investment income	292,625	59,291	233,334	393.5%	160,915	81.9%
(11,437)	(3,719)	(7,718)	-207.5%	33. Interest expense	(95,193)	(35,109)	(60,084)	-171.1%	(164,141)	42.0%
0	0	0	n/a	34. Gain (loss) on disposal of assets	0	0	0	n/a	-	n/a
364,039	(182)	364,221	-200121.5%	35. Other non-operating revenue	2,789,693	7,368	2,782,325	37762.3%	(140,406)	-2086.9%
444,692	(35,102)	479,794	-1366.9%	36. Net nonoperating gains (losses)	2,987,124	31,550	2,955,574	9367.9%	(143,632)	2179.7%
\$520,208	(\$1,970)	\$522,179	-26504.0%	37. Change in Net Position (Bottom Line)	\$3,718,088	(\$479,598)	\$4,197,686	-875.3%	(\$1,595,703)	333.0%

PETERSBURG MEDICAL CENTER

Balance Sheet

February, 2024

ASSETS					LIABILITIES & FUND BALANCE				
	Feb 2024	Jan 2023	June 2023	Feb 2022		FY24			
	Feb 2024	Jan 2023	June 2023	Feb 2022		Feb 2024	Jan 2023	June 2023	Feb 2022
Current Assets:					Current Liabilities:				
1. Cash - operating	\$558,532	\$447,695	\$422,951	(\$6,711)	23. Accounts payable	\$1,454,411	\$2,615,903	\$1,756,006	\$1,406,457
2. Cash - insurance advances	0	0	0	314,274	24. Accrued payroll	350,353	322,046	187,957	332,360
3. Investments	47,605	47,441	47,174	295,019	25. Payroll taxes and other payables	195,995	195,960	235,857	281,046
4. Total cash	606,137	495,136	470,125	602,582	26. Accrued PTO and extended sick	982,401	1,010,446	1,069,103	1,005,852
5. Patient receivables	5,379,996	5,902,385	6,030,712	7,393,957	27. Deferred revenue	114,054	107,606	206,868	484,290
6. Allowance for contractals & bad debt	(1,580,498)	(1,745,685)	(2,891,731)	(3,786,556)	28. Due to Medicare	(398,008)	(398,008)	99,999	223,414
7. Net patient receivables	3,799,498	4,156,700	3,138,980	3,607,401	29. Due to Medicare - Advance	0	0	0	314,274
8. Other receivables	790,663	1,368,495	938,719	78,796	30. Due to Blue Cross - Advance	0	0	0	0
9. Inventories	322,062	324,048	317,650	325,631	31. Other current liabilities	4,023	3,517	3,069	3,515
Days in A/R (Net)	167,567	169,094	113,382	250,669	32. Loan Payable - SBA	0	0	0	0
11. Total current assets	5,685,927	6,513,472	4,978,857	4,865,079	33. Current portion of long-term debt	395,857	394,169	347,641	366,936
Property and Equipment:					Long-Term Debt:				
12. Assets in service	28,196,810	28,196,810	28,056,475	28,298,828	34. Total current liabilities	3,099,086	4,251,640	3,906,501	4,418,144
13. Assets in progress	3,792,355	3,636,698	1,322,767	327,927	35. Capital leases payable	2,255,413	2,289,182	2,435,762	2,602,263
14. Total property and equipment	31,989,164	31,833,507	29,379,242	28,626,755	Pension Liabilities:				
15. Less: accumulated depreciation	(21,885,862)	(21,797,613)	(21,153,009)	(20,824,025)	36. Net Pension Liability	16,521,607	16,521,607	12,053,763	12,053,763
16. Net property and equipment	10,103,303	10,035,895	8,226,233	7,802,730	37. OPEB Liability	-	-	-	-
Assets Limited as to Use by Board					38. Total pension liabilities	16,521,607	16,521,607	12,053,763	12,053,763
17. Investments	3,238,260	3,160,521	3,008,055	2,875,679	39. Total liabilities	21,876,106	23,062,429	18,396,026	19,074,170
18. Building fund	701,731	685,450	649,250	620,187	Deferred Inflows:				
19. Total Assets Limited as to Use	3,939,991	3,845,971	3,657,306	3,495,866	40. Pension	623,594	623,594	9,613,036	9,613,036
Pension Assets:					Net Position:				
20. OPEB Asset	6,685,608	6,685,608	8,781,677	8,781,677	41. Unrestricted	6,469,933	5,949,724	391,263	610,104
Deferred Outflows:					42. Current year net income (loss)	0	0	0	(1,595,703)
21. Pension	2,554,803	2,554,803	2,756,254	2,756,254	43. Total net position	6,469,932	5,949,724	391,263	(985,600)
22. Total assets	\$28,969,632	\$29,635,749	\$28,400,326	\$27,701,606	44. Total liabilities and fund balance	\$28,969,632	\$29,635,748	\$28,400,325	\$27,701,606

**Note: Cash on line 1 is for presentation purposes only. The total cash in bank is the sum of Lines 1 and 2.

Raising Colorectal Cancer Awareness

Michele Parker, Beat the Odds, Petersburg
Cancer Committee Chair

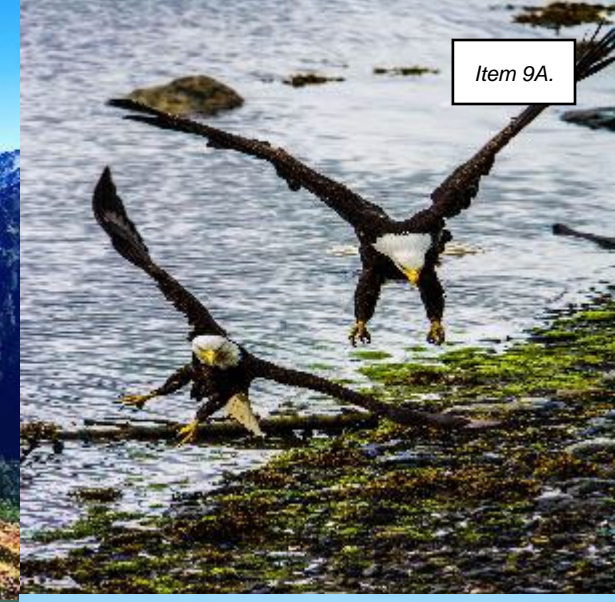


80% IN EVERY COMMUNITY STRATEGIC PLAN



The 80% in Every Community Strategic Plan (2020-2024) provides a focused, action-oriented roadmap for stakeholders, collaborators, and cross-sectored partners. Partners are committed to achieving the shared goal of reaching and exceeding 80% colorectal cancer screening rates in communities across the nation. The plan provides a variety of recommended activities that all stakeholders can use to help define, prioritize, and accomplish their goals.

Introduction



Alaska Natives have the highest rates of colorectal cancer (CRC) and mortality rates in the world.¹ (91.3 among Alaskan Natives vs. 35.5 cases per 100,000 for white Alaskans). CRC is thus a major public health problem for Alaska Natives.¹



[Source: Cancer statistics for American Indian and Alaska Native individuals, 2022: Including increasing disparities in early onset colorectal cancer - Kratzer - 2023 - CA: A Cancer Journal for Clinicians - Wiley Online Library](#)

Colorectal Cancer (CRC)/Colon Cancer

Colorectal cancer (CRC) is the second most common cancer among Alaska Natives, and the second leading cause of cancer death. There are usually no symptoms until it's too late; regular screenings can detect polyps in the colon early, before they turn into cancer.

Although it is one of the most common forms of cancer in the United States, it is also one of the most preventable ones!

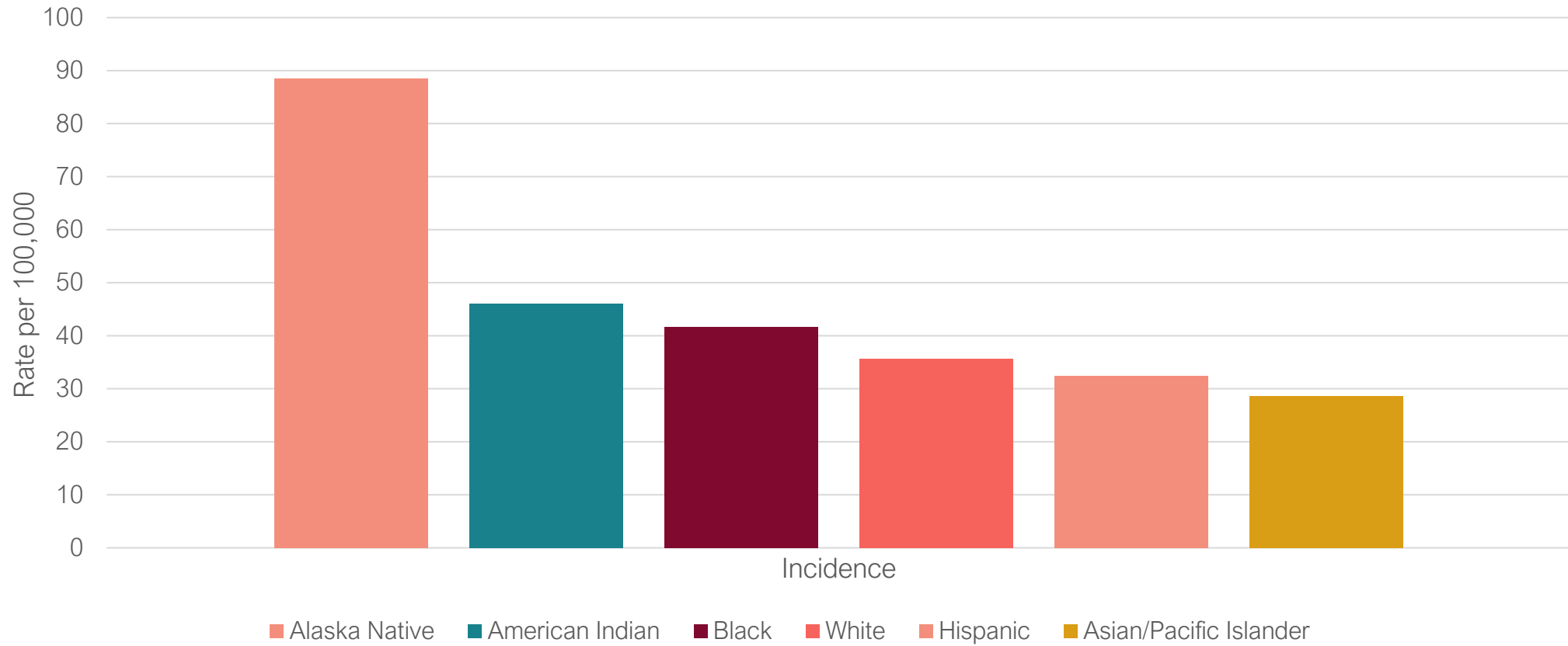
[Source: Cancer statistics for American Indian and Alaska Native individuals, 2022: Including increasing disparities in early onset colorectal cancer - Kratzer - 2023 - CA: A Cancer Journal for Clinicians - Wiley Online Library](#)



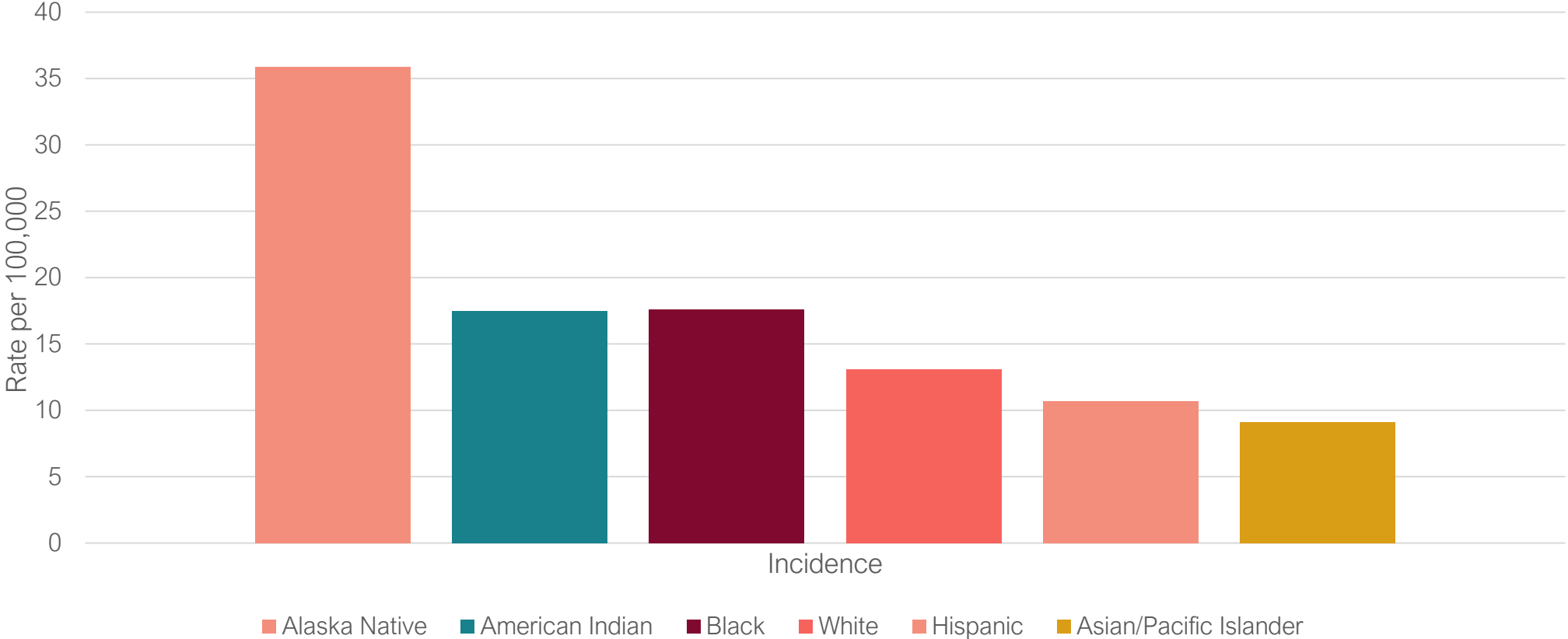
Item 9A.



Colorectal Cancer Incidence (2015-2019) by Race & Ethnicity



Colorectal Cancer Mortality (2016-2020) by Race & Ethnicity

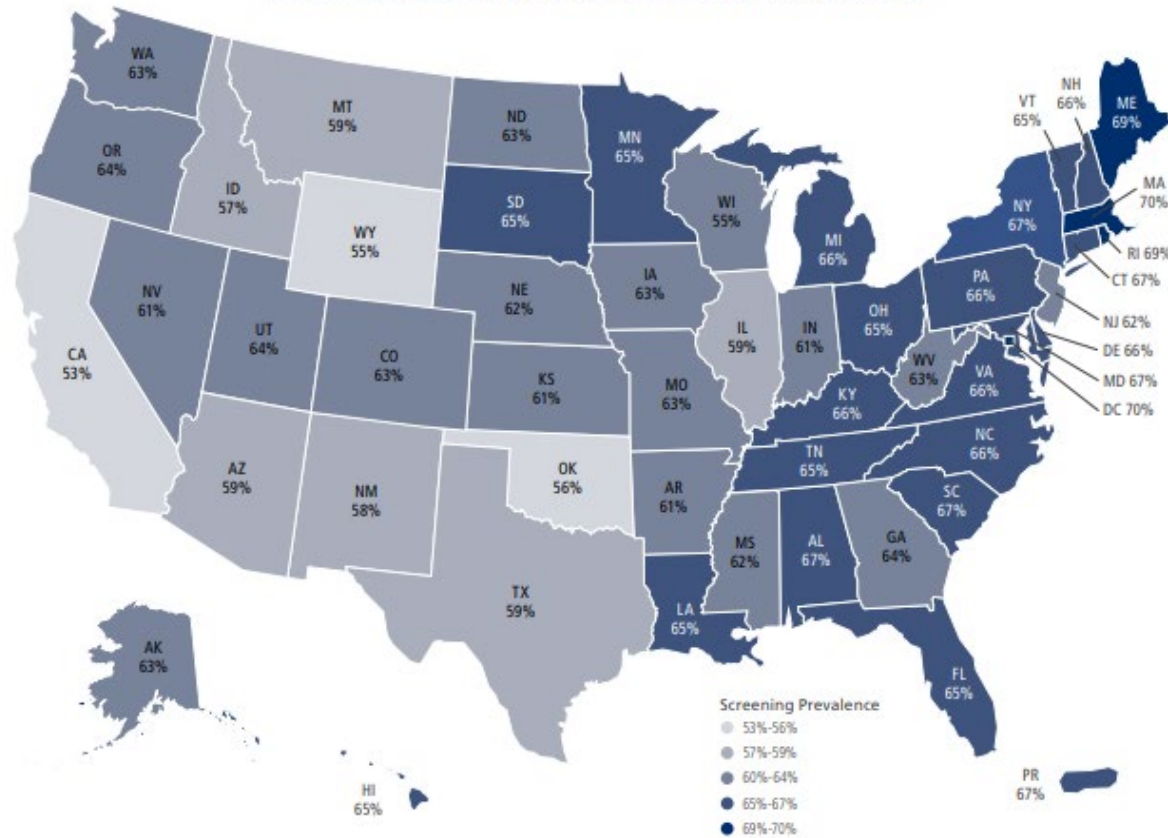


Source: acsjournals.onlinelibrary.wiley.com/doi/epdf/10.3322/caac.21772

Colorectal Cancer Facts & Figures 2023–2025

Colorectal Cancer Statistics 2023

Colorectal Cancer Screening* (%), Adults 45 Years and Older by State, 2020



Screening Prevalence
 ● 53%-56%
 ● 57%-59%
 ● 60%-64%
 ● 65%-67%
 ● 69%-70%

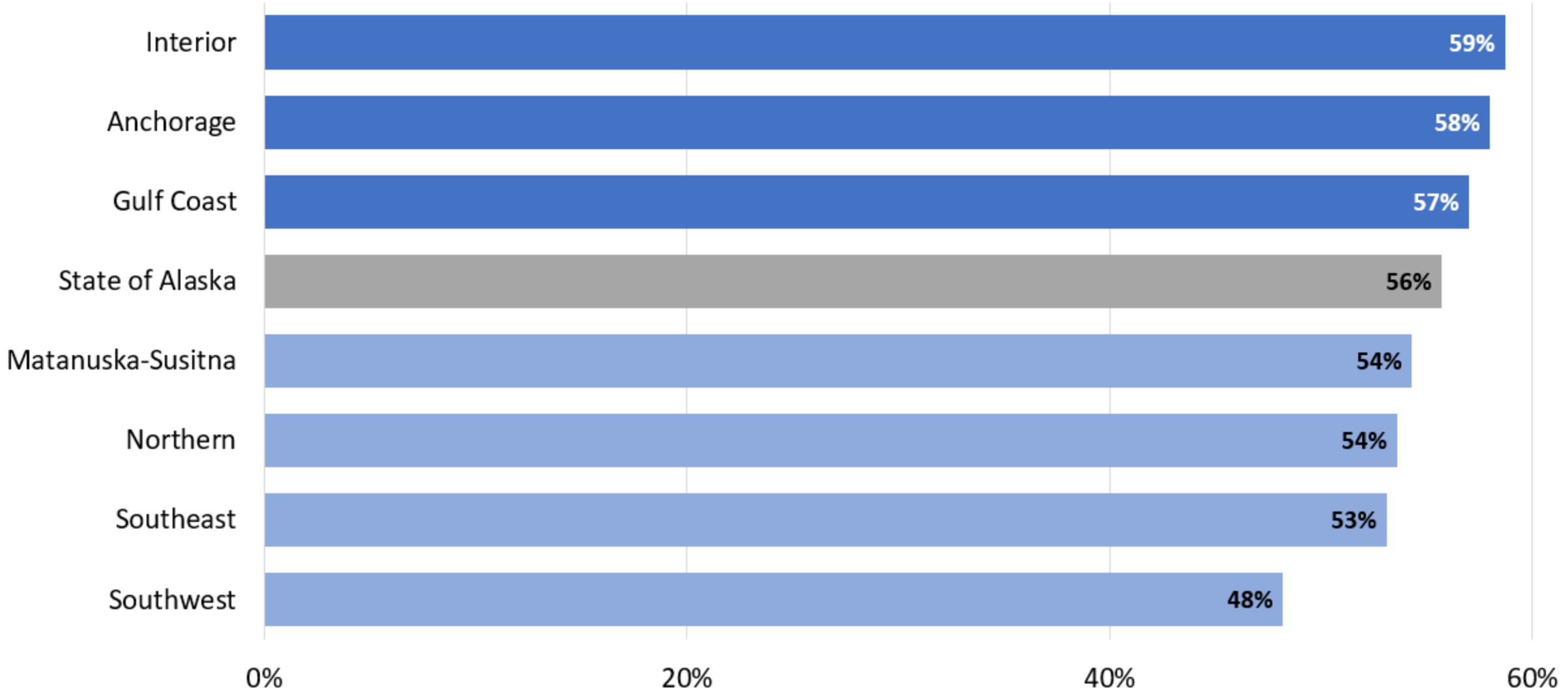
*Blood/DNA stool test, sigmoidoscopy, or colonoscopy in the past 1/3, 5, or 10 years, respectively. Note: Estimates are age adjusted to the 2000 US standard population and do not distinguish between examinations for screening and diagnosis.

Source: Behavioral Risk Factors Surveillance System, 2020.

Over 55% of Alaskans aged 45-75 met the recommended guidelines for colorectal cancer screenings, but rates varied by public health region



Item 9A.



Data obtained from: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. Alaska Behavioral Risk Factor Surveillance System. Years of Data: 2022 using 2021 USPSTF guidelines

Estimated New Colorectal Cancer Cases and Deaths in 2023

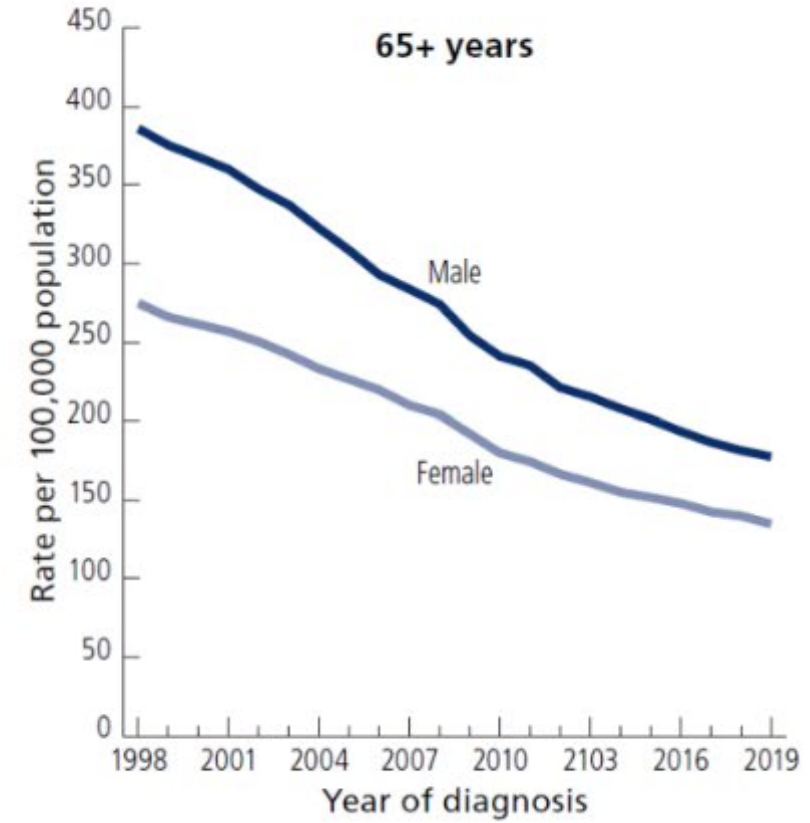
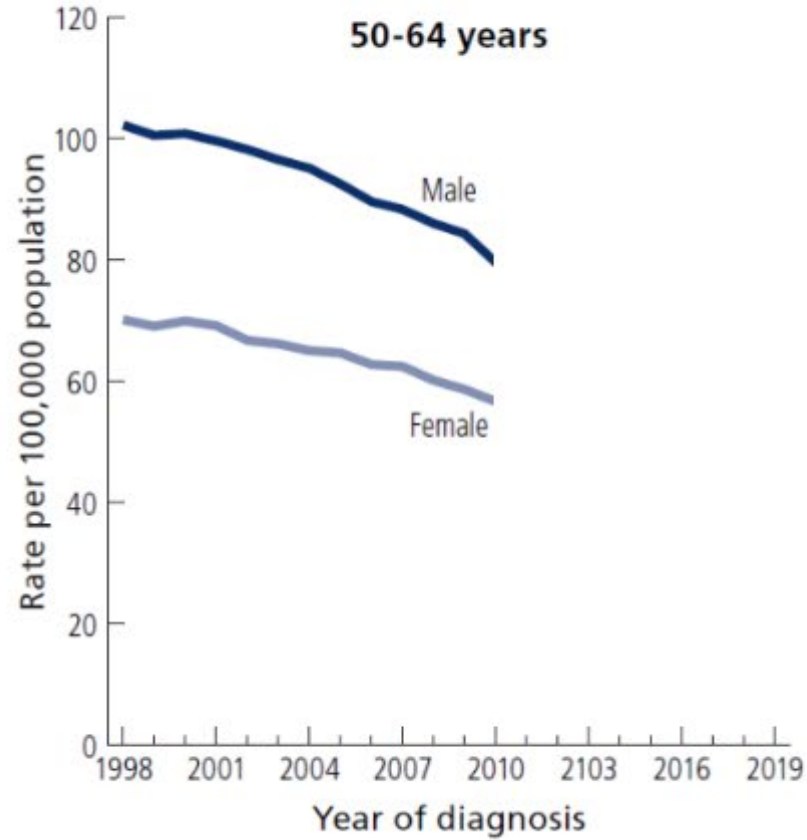
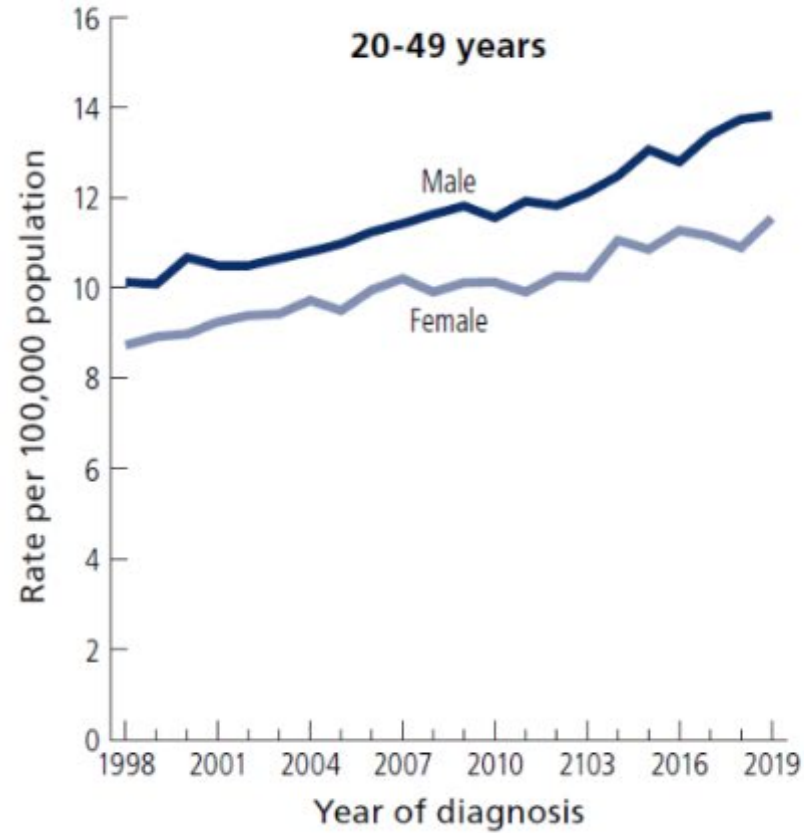
Cases		
Age in Years	Totals	Percent
0-49	19,550	13%
50-64	48,210	32%
65+	85,260	56%
All Ages	153,020	100%

Deaths		
Age in Years	Totals	Percent
0-49	3,750	7%
50-64	13,160	25%
65+	35,640	68%
All Ages	52,550	100%

45% of cases in ages < 65 years, up from 27% in 1995

Trends in colorectal cancer incidence by age, 1998-2019

Item 9A.



Sources: Incidence: North American Association of Central Cancer Registries, 2022. Mortality: National Center for Health Statistics, Centers for Disease Control and Prevention, 2022

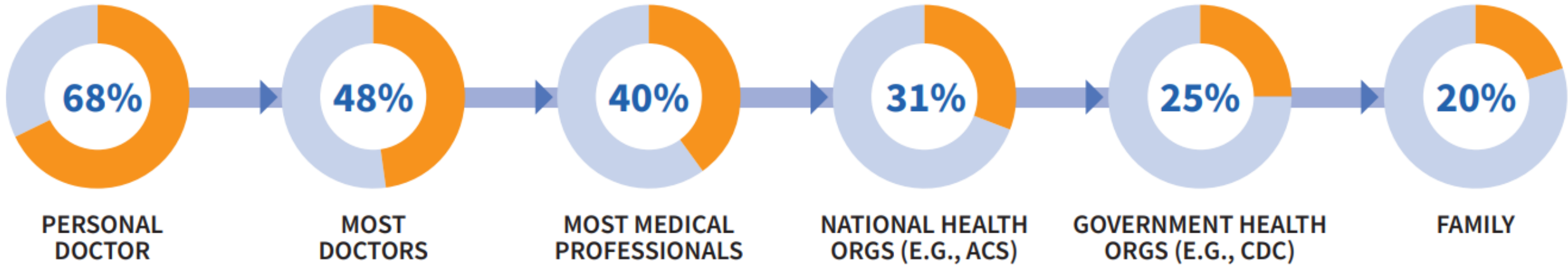


ALARMING:
COLORECTAL
CANCER IS NOW
A LEADING KILLER
OF YOUNG ADULTS.
Listening yet?

We're here for you, at **FIGHTCRC.ORG**

Trusted Messengers

Trusted Messengers



COLON CANCER: Age is not a factor



KIRSTEN
COLON CANCER SURVIVOR

**THIS IS KIRSTEN.
KIRSTEN HAD SYMPTOMS.
KIRSTEN WENT TO THE DOCTOR
KIRSTEN WAS DIAGNOSED AT 23.
BE LIKE KIRSTEN. DON'T IGNORE SYMPTOMS.**

ColonCancerCoalition.org



YOUR
LOGO
HERE

Item 9A.

"Dealing with
a colonoscopy
is easier
than dealing
with cancer."

Anna Dahlgren

colorectal cancer survivor
diagnosed at age 33



Track and Report your Progress



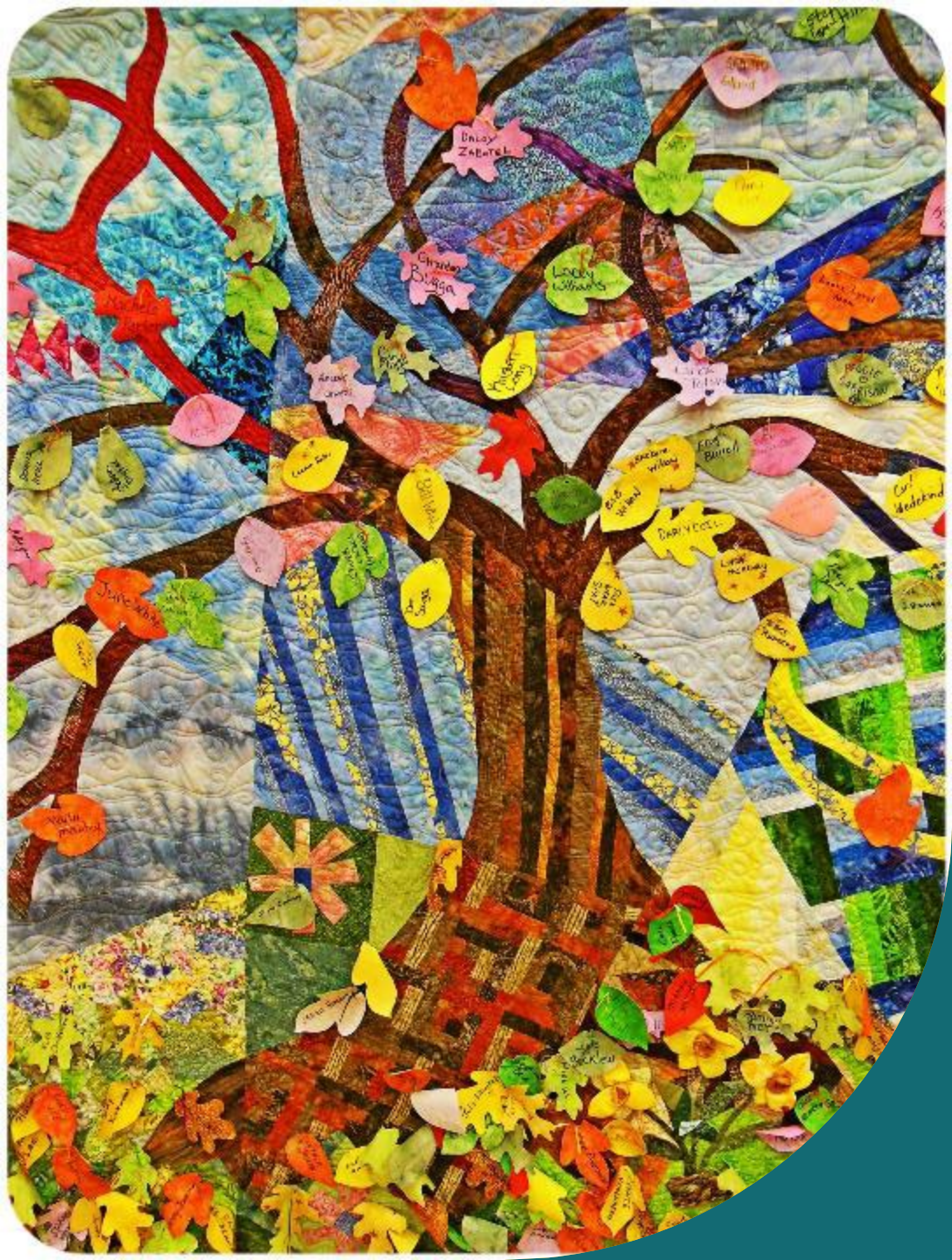
Partner to Prioritize Colorectal Cancer Screening



Colorectal cancer is the #1 cancer killer among Alaska Natives, men under 50, and #2 for women under 50. How can we save lives from this disease?

The way to get started is to quit talking and begin doing.

WALT DISNEY



Thank You



Michele Parker



beattheoddsak@gmail.com



[BEAT THE ODDS, CANCER COMMITTEE - Home](http://beattheoddspsg.org)
(beattheoddspsg.org)