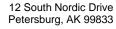


Petersburg Borough Petersburg Medical Center

Meeting Agenda Hospital Board Regular Meeting





Thursday, January 30, 2025

5:30 PM

Assembly Chambers

Please click this URL to join:

https://us06web.zoom.us/j/81672294163?pwd=a6NdTjQRnRVBo6F6kRxCiKIyYi2ngU.1

Passcode: 261745

Webinar ID 816 7229 4163

- 1. Call to Order/Roll Call
 - A. Call to Order
 - B. Roll Call
- 2. Approval of the Agenda
- 3. Approval of Board Minutes
 - A. Approval of November 21, 2024, Hospital Board Minutes
- 4. Visitor Comments
- 5. Board Member Comments
- 6. Committee Reports
 - A. Resource
 - B. CAH
 - C. LTC
 - D. Infection Control
- 7. Reports

A. New Facility

J. Wetzel Arcadis provided a written report.

- Quality & Infection PreventionS. Romine and R. Kandoll provided written reports.
- C. Executive SummaryCEO P. Hofstetter provided written report.1. Logo Refresh Summary submitted by J. Walker
- D. FinancialsJ. McCormick provided written report.
- E. Home HealthL. Holder provided written report.
- F. Human ResourcesC. Newman provided written report.

8. Unfinished Business

9. New Business

10. Next Meeting

A. Currently scheduled for Thursday, February 27, 2025 at 5:30pm.

11. Executive Session

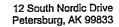
A. By motion, the Board will enter into Executive Session to discuss financials, legal matters, and consider medical staff appointments/ reappointments.

12. Adjournment



Petersburg Borough Petersburg Medical Center

Meeting Minutes
Hospital Board
Regular Meeting





Thursday, November 21, 2024

5:30 PM

Assembly Chambers

Please click this URL to join.

https://us06web.zoom.us/j/89941696726?pwd=l7khby1JL9Lx8Qzto9LXvaYNubTbdC.1

Passcode: 656502

Webinar ID: 899 4169 6726

1. Call to Order/Roll Call

A. Call to Order

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

B. Roll Call

PRESENT

Chairman Jerod Cook

Board Member Heather Conn

Board Member Marlene Cushing

Board Member Cindi Lagoudakis

Board Member Joe Stratman

Board Member Jim Roberts

ABSENT

Board Member Kimberley Simbahon

2. Approval of the Agenda

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

3. Approval of Board Minutes

A. Approval of Oct 24th, 2024 Board Meeting Minutes

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

4. Visitor Comments

None.

5. Board Member Comments

Member Conn addressed the response to the water leak in the ceiling of a hospital patient room, expressing gratitude to everyone who assisted in temporarily resolving the issue, which caused significant water to enter the ICU. Member Cook requested clarification on the incident. Plant Manager Wolf Brooks explained that the leak was caused by the failure of an air bleeder in the hydronic heating system and noted that other components in the area are also nearing failure and will require replacement. Member Cook also extended appreciation to those involved in managing the situation.

Member Cook commented on the fact that the United States Coast Guard visited Petersburg Medical Center and presented PMC with a plaque today. Member Cook read the plaque: "Presented to Petersburg Medical Center in recognition of your medical team's monumental efforts above and beyond the normal resources of the medical center to receive, stabilize, treat, and transport the four injured crew members of U.S. Coast Guard Rescue Helicopter 6016 on the night of November 13-14, 2023. Thank you for your dedicated service! Semper Paratus! "

6. Committee Reports

A. Resource

Member Cook commented on investment accounts being lower in October but are currently back on the rise which is to be expected. No other significant changes noted but there will more detailed information from the finance report later in agenda.

B. CAH

Member Cushing reported on the CAH meeting, where the ICU leak was discussed. It was noted that all pressurized lines in the hospital are at risk due to their age, and replacing them would require bringing the entire system up to current codes. Similar incidents are expected to continue.

The committee reviewed policies and action items, highlighting that 2,000 referrals have been made in 2024, many for internal services like home health, physical

therapy, and nutrition. Key metrics being monitored include patient access to care, such as appointment availability for acute issues and regular visits.

The dietary department now offers meals tailored to residents' preferences, which have been well-received, with plans to expand this service to acute care patients in the future.

C. LTC

Member Cushing provided updates from the recent long-term care meeting, noting the review of policies and action items. A new rehab technician position is available, offering on-the-job training for individuals interested in healthcare. Rehab technicians assist physical therapists with patient mobility exercises, including wheelchair and bed transfers.

She also highlighted new safety measures being implemented to comply with updated CMS regulations outlined in a recently received 900-page document. Additionally, storage challenges for residents are being addressed, as shower stalls can no longer be used for storage.

The Thanksgiving dinner for long-term care residents is scheduled for the following Wednesday, with 48 guests already registered.

In response to Member Cook's question about the 900-page document, Jennifer Bryner clarified that it contains revised regulations received last week. The team is reviewing changes to ensure policies and procedures align with the new requirements.

D. Infection Control

Member Stratman reports the next meeting is scheduled for December.

7. Reports

A. New Facility

J. Wetzel Arcadis provided written report.

Justin Wetzel expanded on the progress with site work and building construction.

Member Stratman inquired whether or not it would need to warm up for more concrete work to be done.

J. Wetzel responded that concrete work can still happen and there are ways to mitigate temperature concerns to continue the work.

B. Quality & Infection Control

S. Romine and R. Kandoll provided written reports.

Item 3A.

CEO Phil Hofstetter reflected on the recent visit from the U.S. Coast Guard, expressing appreciation for the opportunity to debrief with PMC's medical, nursing, lab, and imaging teams. He highlighted the significance of the Coast Guard's update on their personnel and praised PMC staff for their dedication, emphasizing how fortunate the community is to have such a committed team. Hofstetter thanked the Coast Guard for their visit and meaningful connection with PMC staff.

Hofstetter reported that the Assembly/Board work session is scheduled for January 27, 2025. He also noted that monthly site visits at the WERC building will continue during the winter months, although a December visit may be skipped due to contractors being away for the holidays. Advocacy efforts at upcoming Assembly meetings are critical to securing state and federal funding for the hospital, and Hofstetter stressed the importance of prioritizing this initiative.

He expressed gratitude to Brandy Boggs for her successful asset protection and long-term Medicaid sessions, which saw strong community turnout. More sessions are planned for February when Brandy returns for another visit.

Additionally, Hofstetter announced that the Telestroke team from Airlift Northwest and Harborview will visit PMC to explore opportunities for providing real-time specialty support, with further details forthcoming. Efforts are ongoing to coordinate with SEARHC for surgical scopes, and telepsych services with Dr. Sonkiss remain available through the behavioral health department, with consultations facilitated by PMC providers.

Member Cushing commended the asset protection course led by Brandy Boggs, describing it as an excellent resource for the community. She noted Brandy's ongoing training to assist with Medicaid eligibility and encouraged residents to take advantage of the upcoming sessions in February.

D. Financials

- J. McCormick provided written report.
- J. McCormick expanded on his written report. Noted the finance team is finalizing the audit and the cost report.

8. New Business

A. Election of Officers

Board will elect officers for the next one-year term.

Nominations from the floor:

Election:

President-Vice-President-Secretary-

A majority vote of all members of the Board shall be necessary to elect.

Terms shall begin upon adjournment of the meeting at which election is held.

Nomination of Jerod Cook for Hospital Board President made by Board Member Cushing, Seconded by Board Member Roberts. Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Lagoudakis, Board Member Stratman, Board Member Roberts

Nomination of Cindi Lagoudakis for Hospital Board Vice President made by Board Member Cushing, Seconded by Board Member Stratman. Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Lagoudakis, Board Member Stratman, Board Member Roberts

Nomination of Marlene Cushing for Hospital Board Secretary made by Board Member Stratman, Seconded by Board Member Conn. Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Lagoudakis, Board Member Stratman, Board Member Roberts

Election Results:

Hospital Board President: Jerod Cook

Hospital Board Vice President: Cindi Lagoudakis Hospital Board Secretary: Marlene Cushing

B. Amendment to Resolution

Board to consider amending resolution to include signors for Long Term Care trust account (see attached).

Member Cook read attached resolution with amendment aloud.

Amendment read as follows:

"PMC also has a fiduciary responsibility to oversee funds held in trust at First Bank, the balance of which belongs to the residents of the Long-Term Care facility. In order to ensure timely transactions within statutory guidelines of resident requests the CEO may appoint/remove staff signature authority on the trust account."

Member Roberts asked whether long-term care residents have individual accounts or share a single account. Jennifer Bryner explained that residents have what is called a Resident Trust Account. Jason McCormick clarified that, while there is one bank account, PMC uses a separate accounting system to track each resident's individual balance. Residents receive regular statements and can request their balance at any time.

Member Lagoudakis asked whether the document had been reviewed by the attorney. Member Cook explained that the document primarily facilitates bank processes, allowing authorized personnel to add or remove signers without requiring a meeting for each change. Jason McCormick added that it serves as an update to streamline internal procedures, eliminating the need for resolutions with every staffing change.

Motion made by Board Member Cushing to accept the amendment to the resolution, Seconded by Board Member Conn. Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Lagoudakis, Board Member Stratman, Board Member Roberts

9. Unfinished Business

A. Committee Appointments:

Board will review current committee appointments (attached) and update committees as agreed

Quality Improvement Committees:

Long Term Care:

Infection Control:

CAH:

Resource Committee:

Board President (standing appointment)

Foundation Committee:

Community Engagement Committee:

Evaluation Committee:

Bylaws Committee:

Kinder Skog Advisory Committee:

Committee Appointments were agreed and updated as follows:

Quality Improvement Committees

Long Term Care: Marlene Cushing Infection Control: Joe Stratman

Critical Access Hospital: Joe Stratman

Resource Committee

Jerod Cook, Cindi Lagoudakis, James Roberts

Foundation Committee Marlene Cushing

Community Engagement Committee Marlene Cushing, Cindi Lagoudakis

<u>Evaluation Committee</u>
Jerod Cook, Heather Conn, Kim Simbahon

Bylaws Committee
Jerod Cook, Joe Statman, Jim Roberts

<u>Kinder Skog Advisory Committee</u> Cindi Lagoudakis

10. Next Meeting

Borough Assembly & Hospital Board Work Session is scheduled for January 27th, 2025, at 6pm.

Next Hospital Board Meeting is scheduled for Thursday January 30th, 2025. at 5:30pm.

11. Executive Session

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

Motion made by Board Member Roberts to enter executive session to consider medical staff appointments and reappointments and to discuss legal matters, Seconded by Board Member Lagoudakis.

Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Lagoudakis, Board Member Stratman, Board Member Roberts

Reconvened after executive session.

Motion made my Member Cushing to reappoint Jeffry Anderson MD Radiology RAPC, and William Winn FNP to medical staff. Seconded by Board Member Roberts. Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Lagoudakis, Board Member Stratman, Board Member Roberts.

12. Adjournment

Motion to adjourn made by Board Member Cushing, Seconded by Board Member Stratman.

Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Lagoudakis, Board Member Stratman, Board Member Roberts

Meeting Adjourned at 6:27pm



Petersburg Medical Center



Construction Report – December 2024/January 2025

Sitework

Sitework is currently paused for winter months and will continue in late March or early April. This will include final grading, landscaping, pouring concrete sidewalks, and service driveway. Other exterior improvements will be completed at this same time and should all be complete by early June.

WERC Building

Dawson Construction and their subcontractors took a 2 week break for Christmas/New Years which is customary for the industry. Taping and painting are nearly complete on the first floor, the majority of gypsum wallboard is installed and currently being finished (taping) gypsum wallboard install is ongoing in the stairwells. This will be followed by primer and paint, bathroom tile installation, acoustical ceiling grid, and Otis will also be on-site starting installation on the elevator. Exterior clad and siding installation will be adjusted until March when temperatures improve.

The MRI Addition steel structure is currently in CAD drawing status, once shop drawings have been approved by the design team, it will move into fabrication. Pending the arrival of structural steel in Peterburg by early March there will still be time to catch up the MRI Addition with the rest of the building. Siemens will coordinate the early equipment that will be needed by the contractor and the MRI magnet would be delivered in July along with other FF&E items for installation into the new WERC building.

New Hospital Design

Further design progress is on hold pending grant funding. The Phase 5 wetlands permit has been submitted for review, and approval can take 4-5 months total and should have approval by April or May of this year.

Upcoming Construction Activities (2-month look ahead)

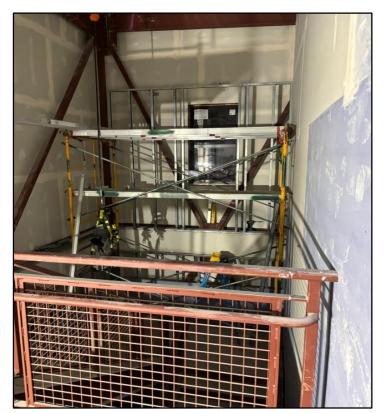
- December Gypsum wallboard installation, Taping, Painting, Electrical & Mechanical Rooms Equipment and Panel Installation
- January Gypsum wallboard installation, Taping, Painting, Acoustical ceiling grid, Tile, Elevator
- February Mechanical and Electrical "trim-out" Painting, Bathroom Tile, Elevator

Budget

- WERC budget \$22.7M
 - CCPF Treasury Grant \$20M
 - HRSA Grant \$2.7M
- Hospital Sitework & Design Budget up to 35% \$5.3 M
 - HRSA Grant \$5.3 M

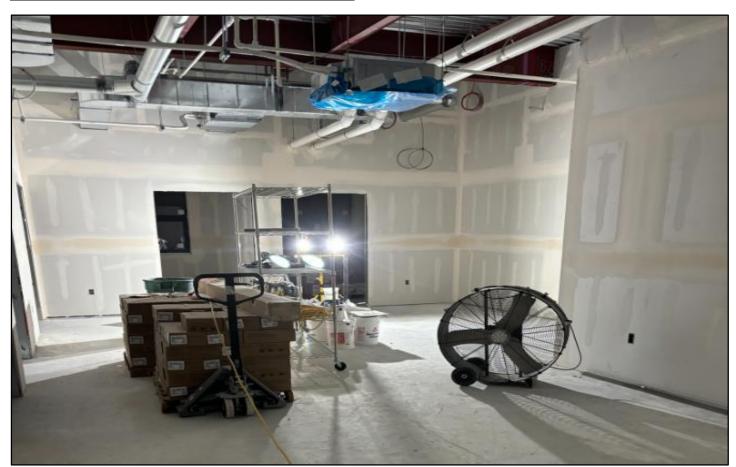
Submitted by: Justin Wetzel – Arcadis Project Manager

Framing, Gypsum Wallboard Install, Taping – Stairs





Gypsum Wallboard Finishing (Taping) – 2nd Floor





Petersburg Medical Center

Quality Report January 2025

Workforce Wellness

AHHA is supporting healthcare quality training certification for facilities across the state. I will be taking advantage of this offering to gain additional tools and skills to bring to PMC's quality program and to support PMC staff in their quality improvement activities.

Community Engagement

Community Health Needs Assessment- The community wide survey is open for all people who live in and around Petersburg Borough. The purpose of the survey is to gather information on community health needs and access to care. Survey results among other information will shape priorities for health programs and services over the next three years. The final publication scheduled for May 2025 will include an implementation/action plan for these community identified priorities.

A Cedar Social Club satisfaction survey was released to gather information from participants and families with the aim of continually improving services.

Patient Centered Care

The Home Health department has initiated monthly quality meetings to provide focused time to review quality measures, incidents, and processes. This team effort is a proactive approach to improving departmental processes, documentation, communication and ultimately the care provided to the community. It is guided by the Home Health QAPI plan, which is up for review and updates this quarter.

A performance improvement project plan was completed for improving communications between the home health agency and all other PMC departments. Largely, the aim is to smooth transitions in care between settings and to provide timely effective home health services. Interventions implemented in this interdepartmental collaboration are already yielding positive results.

Facility

January included both LTC & CAH Quality Committee meetings. A number of identified action items were moved along this month. Additional quality projects were identified by PMC managers as they plan for improvements in the new year.

Financial Wellness

No new information in this area.



Petersburg Medical Center

Infection Prevention Report January 2025

Workforce Wellness

December of 2024 marked the end of the Infection Prevention Consultant contract. This Infection Preventionist is now the lone IP for PMC.

Community Engagement

We are continuing to partner with the Borough of Petersburg in the testing of our facility's water for sufficient residual disinfectant.

Patient Centered Care

Working with the nursing staff to improve our Injection Safety process for medications.

Educated nursing and clinic staff on new Point of Use treatment for disinfecting instruments. Continuing to improve and standardize our cleaning process for multi-use instruments.

Facility

No current needs noted.

Financial Wellness

Encouraging and educating staff to make changes in the way that supplies are stocked and stored on carts and in rooms to avoid contamination and subsequent waste.

Submitted by: Rachel Kandoll

Item 7C.



Petersburg Medical Center

PMC CEO Assembly Report December 2024 /January 2025

<u>Mission Statement:</u> Excellence in healthcare services and the promotion of wellness in our community. <u>Guiding Values:</u> Dignity, Integrity, Professionalism, Teamwork, Quality

<u>Community Engagement:</u> Goal: To strengthen the hospital's relationship with the local community and promote health and wellness within the community.

- Nov 27th- Thanksgiving Dinner in LTC hosted 68 guests.
- Nov 29TH-PMC hosted The Fourth Annual Turkey Trot with the suggestion donation of nonperishable food items.
- Dec 2 -Attended and reported at Borough Assembly Meeting.
- Dec 6th PMC holiday Party with over 200 guests attending
- Dec 19th-Julebukking for the community 2-4pm in the Dorothy Ingle Conference Room.
- Dec 21st Kinderskog Lantern Walk for winter solstice.
- Dec 24th Christmas Eve Luncheon in Long Term Care hosted 65 guests.
- Jan 5th Walk with a Doc at the Sandy Beach Trailhead
- Jan 6th- Attended and reported at Borough Assembly Meeting voted that PMC facility remains as #1 State and Federal Capital priority list for this FY.
- Jan 10th Hosted facility site tour January 10th at 12:00pm. New facility tours for the community changed with the winter season to once a month, Online signup at www.pmcak.org.
- January 27th, 2025, at 6pm- Borough / Hospital Annual work session
- Continued community classes Bingocize & Tai Ji Quan as part of the Falls Prevention through Wellness.









<u>Financial Wellness:</u> Goal: To achieve financial stability and sustainability for the hospital. <u>FY23 Benchmarks for Key Performance Indicators (KPIs):</u> Gross A/R days to be less than 55, DNFB < then 5 days, and 90 Days Cash on Hand

- Accounts Receivables (AR) Update: Accounts Receivables (AR) continue to hover around 80-83 days and is essentially unchanged. The revenue cycle team is now working on its transition to bring this process in-house. We are very excited to move away from outsourced billing. Our goal is to improve this metric with a target of 55 days and provide a higher level of timely billing.
- As a comparison of the previous year, we are still seeing very strong financials despite going into the fall/winter months. This is typically a lighter period of time for ER and Inpatient visits but our primary care/outpatient volumes have been consistent and Inpatient continues have high swing bed days.
- We have secured 6 grants, some of which are multi-year totaling \$423,722 for FY25 and \$585,366 in FY26-27. Grant assessment continues to occur to support our programs.
- The annual audit exit briefing was complete, tentative with no findings and will be reported out at the resource committee.
- The Cost Report for FY24 was completed with filing. Cost report mid-year FY25 will have a repayment to medicare due to the high volumes experienced in the first two quarters.
- Budget preparation for the next FY26 will begin after the new year.

<u>New Facility:</u> 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.

- Arcadis submitted the update on the new facility and we continue to be on track and on budget for the WERC building. Transition planning with the departments that will move will continue monthly until the move date next summer/fall.
- Design completed for MRI contract was signed and Certificate of Need application will be submitted. Foundation to be poured for the MRI addition to be completed.
- Site Preparation: Site preparation is complete for the full 4.9 acres of wetlands permitting. Permitting for the additional area by the northeast corner was submitted for approval which can take 4 months.
- Progress on WERC Building: Painting on the interior walls, working on the MRI addition, electric panel installed.
- Updates: Project updates are available on the PMC website under the "New Facility & Planning" tab. Photos are updated on social media every Friday afternoon.

• Tour of the Sites: As mentioned above guided tours are adjusted to 1x per month, sign-up available on PMC website. January's tour was well attended, and the next scheduled site tour will be February



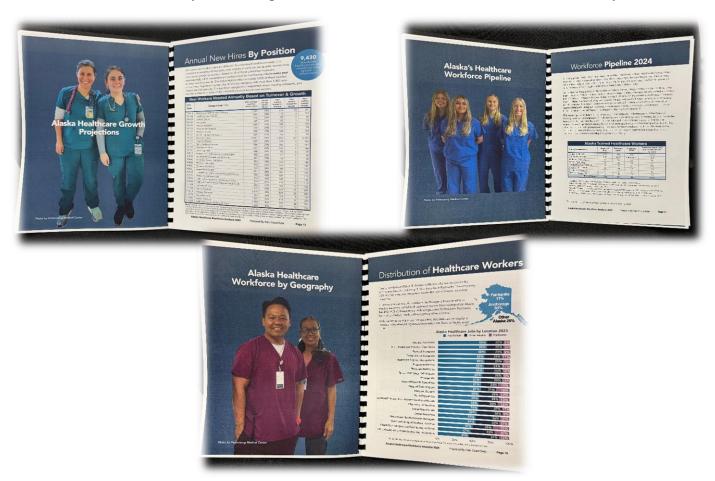
21st at noon.

- Transition planning will begin for those departments that will be occupying the space and what occurs with the space in the current facility when it is unoccupied.
- Certificate of Need is near complete and ready for submission to the state for review on the MRI.

<u>Workforce Wellness:</u> 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.

- PMC welcomes Jake Clemens, Kinder Skog Mentor, Rebecca Keys, Home Health Billing, Kelsey Leak, Physical Therapist Assistant, Russel Gorres, Diet Aide, Rae Baker, Healthcare Biller, Kathleen Heitstuman, OJT CNA, Audry Morena OJT CNA, Jean Osborne Cook, Donnalynn Yarbrough Diet Aide, Ashton Gonzales Healthcare Biller, and Linda Hine Healthcare Biller, to our team.
- Dec 4th -Provider Luncheon with CEO.
- Dec 6th- PMC Holiday Party at Sons of Norway with a great employee turnout.
- Dec 9th- PMC Branding and Logo refresh in its final design stages. Working closely with local artist Grace Wolf.
- Dec. 11th-Medstaff meeting
- Dec 19th-Manager's Meeting
- CEO Office Hours each month gives an opportunity for all PMC staff to meet with CEO to share ideas. This month: Thursday December 19th from noon-1pm
- Employee engagement internal newsletter this month congratulates Wolf and Kelsa Brooks on the birth of their daughter, and Stephanie Barber for graduating from the University of Memphis with a Bachelor of Science in Healthcare Management.
- Jan 13th –Personify Health, an employee wellness program starts
- Jan 15th-Medstaff Meeting
- Jan 16th -CEO Office Hours
- Jan 17th- Manager Meeting
- Jan 19th- 25th Activities Professional Week; Thank you to Shirly Yip, Alice Neidiffer, and Fe Lamphere-Englund for their excellent attention to providing care and activities for our residents.

• PMC featured heavily in AHHA publication: 2024 Alaska Healthcare Workforce Analysis



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

- Nov. 22nd -Tele Stroke Team visited PMC and spoke with providers about services that could be provided. A representative from Airlift Northwest also present. We are reviewing the contract and exploring ways to work together to provide better, and more immediate care for patients.
- Jan 13th 2025- Community Health Needs Survey to the public



• Access to care:

- Specialty clinic for scopes continues to be a challenge to schedule with SEARHC's next visit to PMC. We are uncertain when the next scope clinic date will be.
- Psychiatrist Joshua Sonkiss continues to take referrals and consultations from the providers and conducted clinic on December 14th 2024, and January 18th 2025, with an upcoming clinic date of February 22nd.
- o Dec. 2nd-6^{th 2024} and Jan. 27th-31st 2025- Last Frontier Eye Care Optometry in Specialty Clinic,
- O Dec. 14th, Saturday- Audiology in Specialty Clinic, as well as intermittent scheduling throughout December and January seeing approximately 40 patients.
- Primary care continues to offer well child exams with sport physicals have increased in the last quarter.
- o Flu and Covid booster shots available to schedule through clinic, call 907-772-5769
- <u>Clinic availability:</u> In summary, the clinic is now fully staffed with 4 physicians and 2 mid-level practitioners. The wait time has fallen quite a bit for regular appointments and are working to improve even further with high demand providers.

Primary Care



Inpatient days



LTC Resident Days





Submitted by: Phil Hofstetter, CEO



Petersburg Medical Center

FISCAL YEAR 2025 GRANTS

Updated January 21, 2025

2 FY25 New PMC Health Campus Grants:

\$28,000,000

♦ HRSA Congressionally Directed Spending: Community Project

Contributes to New Medical Center & Long-Term Care facility sitework and construction costs.

Year **3** of **3** \$8,000,000 (total single award)

Project housed in: Finance

US Department of Treasury Coronavirus Capital Projects Fund Grant

Constructs a 19,000 square foot Wellness, Education, and Resource Center (WERC) building adjacent to the New Medical Center & Long-Term Care facility, which will include program space enabling community work, education and health monitoring.

Year **3** of **6** | **\$20,000,000** (total single award)

Project housed in: Finance

9 FY25 Program & Personnel* Grants:

\$780,296

FY25 grant contributions toward Admin & Finance costs:

\$62,980

* In FY25, grants are funding 4.90 FTE in staff time across 15 PMC roles

♦ AK Community Foundation Summer ORCA Camps – COMPLETE

1 Year | \$20,000 (total single award)

♦ ACL Communities Deliver & Sustain Evidence-Based Falls Prevention

Provides two evidence-based falls prevention programs to older adults, people with disabilities, and others with mobility challenges, both in person and through telehealth; and connects eligible community members with available in-home services & other care at PMC.

Year **2** of **4** | \$147,076 in FY25

Currently funding: 1.1 FTE in Community Wellness & Home Health staff positions

♦ AHHA Facility-Led Workforce Initiative Funding

Provides financial support for Community Wellness youth programs, specifically expansion of summer camps, and behavioral health and wellness supports for PMC personnel.

Year **2** of **2** | **\$52,992** in FY25

Currently funding: 0.1 FTE in Behavioral Health staff

FISCAL YEAR 2025 GRANTS

Updated January 21, 2025

•	HRSA Rural Community Opioid Response Project – Overdose Response No-Cost Extension (NCE) of FY24 project establishing PMC's telepsychiatry access pilot program. Year 2 of 2 \$65,000 in FY25 Currently funding: 0.2 FTE personnel in Behavioral Health staff / Contracted telepsychiatrist
•	SBHA School-Based Health Services Grant Partnership to provide School Nurse & Behavioral Health supports for PCSD K-12 students. * This grant was expanded by an additional \$17k in January 2025 after PMC & District advocacy 1 Year *\$104,116 Currently funding: 1.15 FTE across 3 positions in Primary Care / BH; \$8,752 in PMC indirect costs.
•	State Health Dept. Adult Day Services Grant Support for Cedar Social Club staffing and over \$33K per year in scholarships for participants. Year 1 of 3 \$149,855 in FY25 Currently funding: 0.9 FTE across 3 positions in Home Health; \$19,546 in PMC indirect costs
•	State Health Department Community-Based Tobacco Prevention & Control Grant Implements the evidence-based Million Hearts® Change Package for Tobacco Cessation in the PMC health care systems change, by making tobacco cessation a practice and system priority and creating a supportive environment for cessation. Year 2 of 3 \$145,000 in FY25 Currently funding: 0.7 FTE across 2 positions in Community Wellness; \$18,913 in PMC indirect costs
•	State Health Dept. Hospital Preparedness Program – COMPLETE Purchased two radio base stations; four mobile handheld radios for emergency preparedness/drills. 1 Year \$14,664.28 (total single award)
•	State Health Dept. Opioid Settlement Funds Grant Sustaining telepsychiatry access pilot program established by PMC's 2023 HRSA grant. Year 1 of 3 \$142,828 in FY25 Currently funding: 0.9 FTE across 3 positions BH & Grants Director; \$18,630 in PMC indirect costs.
1 St	ill-Pending FY24 New PMC Health Campus Request: \$3,000,000
•	Senate Appropriations Congressionally Directed Funds (Sen. Murkowski) New Medical Center & Long-Term Care facility remaining costs through Phase 3. 1 Award \$3,000,000 total requested – Decision now anticipated Spring 2025

1 Pending FY25 Grant Request:

\$250,000

♦ Rasmuson Foundation Community Support Grant

Wellness, Education, & Resource Center MRI Suite addition construction costs

1 Award | \$250,000 total requested – Decision anticipated February 2025

^{*} Additional FY25 letters of inquiry submitted to: Murdock Trust & AK Mental Health Trust



PMC Logo Refresh Project

PURPOSE

The logo and branding refresh project aims to modernize the visual identity of PMC while staying true to our long-standing mission, vision, and guiding values. The initiative aligns with the development of our new facility, enhancing the overall look and feel of PMC to reflect our growth and professionalism. 'Branding' encompasses the visual and messaging elements that define PMC's identity, including logos, colors, typography, and how we communicate our values.

PROJECT OVERVIEW

In September 2024, PMC started a logo refresh project with an Alaska-based graphic design company, Element, and local artist Grace Wolf (who designed the previous logo 20+ years ago). The project team consisted of PMC leadership, staff, and a PMC Board Representative. This collaborative process involved a staff survey, focus groups, and numerous revisions in consultation with Element to finalize the updated logo and branding guide.

KEY UPDATES

The refreshed logo retains the traditional guiding image of the compass and calming blue tones but has been updated with a more modern aesthetic. The inclusion of the Petersburg landmark, Devil's Thumb, at the center symbolizes our deep connection to and commitment to the community we serve. Additionally, there are now defined fonts, colors, and graphic elements within a branding guide to bring consistency to PMC's communications.

IMPLEMENTATION TIMELINE

PMC Public Relations Manager is working with each department to update and refresh documents and resources to prepare for an official logo implementation in March 2025. The updated logo, colors, and fonts will be featured across all communications, including signage, digital platforms, and marketing materials.

Refreshed Design Elements

PRIMARY LOGO





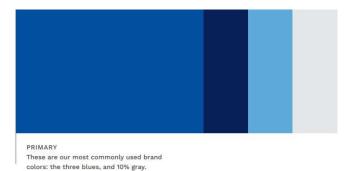
2001 - 2024

2025 -

COLOR COMBINATIONS



COLOR PALETTE





SECONDARY

This orange is our accent color - it is complimentary to the blues, and can be used to provide flexiblity and interest to

NEUTRAL For backgrounds and other shapes or items, use shades of gray: 5%, 10%, 30%, 50%, 70%, 90%



SECONDARY LOGO

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

For the month ended November 30, 2024

PETERSBURG MEDICAL CENTER

Key Volume Indicators

FISCAL YEAR 2025

_	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Clinic Visits	847	874	860	986	782								4,349	4,002	8.7%
2. Radiology Procedures	259	202	211	231	247								1,150	1,067	7.8%
3. Lab Tests (excluding QC)	2,057	1,754	1,720	1,717	1,453								8,701	8,720	-0.2%
4. Rehab Services Units	1,028	789	788	1,061	1,137								4,803	4,224	13.7%
Physical	687	629	643	789	870										
Occupational	281	112	123	272	251										
Speech	60	48	22	-	16										
5. Home Health Visits	151	176	175	227	190								919	769	19.5%
6. Emergency Room Visits	95	88	65	64	67								379	406	-7%
Hospital Inpatient															
7. Patient Days - Acute	34	49	27	24	23								157	138	13.8%
8. Patient Days - Swing Bed	120	115	135	105	96								571	205_	178.5%
9. Patient Days - Total	154	164	162	129	119								728	343	112.2%
10. Average Daily Census - Acute	1.1	1.6	0.9	0.8	0.8								1.7	0.9	89.2%
11. Average Daily Census - Swing Bed	3.9	3.7	4.5	3.4	3.2								6.2	1.3	363.2%
12. Average Daily Census - Total	5.0	5.3	5.4	4.2	4.0								7.9	2.2	253.0%
13. Percentage of Occupancy	41.4%	44.1%	45.0%	34.7%	33.1%								65.9%	18.7%	253.0%
Long Term Care															
14. LTC Days	372.0	418.0	410.0	392.0	420.0								2,012	2,144	-6.2%
15. Average Daily Census	12.0	13.5	13.7	12.6	14.0								13.2	14.0	-6.2%
16. Percentage of Occupancy	80.0%	89.9%	91.1%	84.3%	93.3%								87.7%	93.4%	

PETERSBURG MEDICAL CENTER Statement of Revenues and Expenses For the month ended November 30, 2024

Month Actual	Month Budget	\$ Variance	% Variance			YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% _Variance
					Gross Patient Revenue:						
\$483,171	\$335,254	\$147,917	44.1%	1.	Inpatient	\$3,111,604	\$1,676,271	\$1,435,333	85.6%	\$1,557,557	99.8%
841,903	1,004,555	(162,652)	-16.2%	2.	Outpatient	4,518,804	5,022,774	(503,970)	-10.0%	4,642,138	-2.7%
621,509	521,472	100,037	19.2%	3.	Long Term Care	2,986,050	2,607,360	378,690	14.5%	2,641,355	13.0%
367,692	447,678	(79,986)	-17.9%	4.	Clinic	2,266,277	2,238,395	27,882	1.2%	2,080,888	8.9%
43,985	44,315	(330)	-0.7%	5.	Home Health	229,707	221,573	8,134	3.7%	227,989	0.8%
2,358,260	2,353,274	4,986	0.2%	6.	Total gross patient revenue	13,112,442	11,766,373	1,346,069	11.4%	11,149,927	17.6%
					Deductions from Revenue:						
378,544	513,644	135,100	26.3%	7.		2,005,411	2,568,223	562,812	21.9%	2,513,789	20.2%
0.0,0.1	(84,770)	(84,770)	100.0%	8.	Prior year settlements	2,000,111	(423,850)	(423,850)	100.0%	(664,863)	100.0%
(742) `	12,500	13,242	105.9%	9.	Bad debt expense	169,530	62,500	(107,030)	-171.2%	(620,692)	-127.3%
`472 [′]	8,333	7,861	94.3%	10.	Charity and other deductions	(2,604)	41,665	44,269	106.3%	(1,748)	-49.0%
378,274	449,707	71,433	15.9%		Total revenue deductions	2,172,337	2,248,538	76,201	3.4%	1,226,486	-77.1%
1,979,986	1,903,567	76,419	4.0%	11.	Net patient revenue	10,940,105	9,517,835	1,422,270	14.9%	9,923,441	10.2%
1,979,960	1,903,307	70,419	4.070	11.	Net patient revenue	10,940,105	9,517,635	1,422,270	14.970	9,923,441	10.276
					Other Revenue					-	
90,911	84,247	6,664	7.9%	12.	Inkind Service - PERS/USAC	455,524	421,235	34,289	8.1%	413,235	10.2%
71,815	52,179	19,636	37.6%	13.	Grant revenue	426,989	260,895	166,094	63.7%	214,199	99.3%
0	9,563	(9,563)	-100.0%	14.	Federal & State Relief	0	47,815	(47,815)	-100.0%	75,000	-100.0%
17,225	38,202	(20,977)	-54.9%	15.	Other revenue	134,889	191,010	(56,121)	-29.4%	160,302	-15.9%
179,951	184,191	(4,240)	-2.3%	16.	Total other operating revenue	1,017,402	920,955	96,447	10.5%	862,736	17.9%
2,159,937	2,087,758	72,179	3.5%	17.	Total operating revenue	11,957,508	10,438,790	1,518,718	14.5%	10,786,177	10.9%
					Expenses:						
1,047,406	985,955	(61,451)	-6.2%	18.	Salaries and wages	5,141,445	4,929,775	(211,670)	-4.3%	4,857,066	-5.9%
171,789	105,318	(66,471)	-63.1%	19.	Contract labor	845,075	526,590	(318,485)	-60.5%	356,604	-137.0%
402,641	366,660	(35,981)	-9.8%	20.	Employee benefits	1,918,462	1,833,300	(85,162)	-4.6%	1,771,306	-8.3%
119,769	136,754	16,985	12.4%	21.	Supplies	824,758	683,770	(140,988)	-20.6%	670,378	-23.0%
169,704	127,281	(42,423)	-33.3%	22.	Purchased services	749,434	636,405	(113,029)	-17.8%	611,066	-22.6%
49,713	45,699	(4,014)	-8.8%	23.	Repairs and maintenance	260,657	228,495	(32,162)	-14.1%	243,267	-7.1%
27,606	21,719	(5,887)	-27.1%	24.	Minor equipment	164,523	108,595	(55,928)	-51.5%	114,505	-43.7%
30,470	21,138	(9,332)	-44.1%	25.	Rentals and leases	155,209	105,690	(49,519)	-46.9%	99,343	-56.2%
83,060	91,623	8,563	9.3%	26.	Utilities	411,856	458,113	46,256	10.1%	436,037	5.5%
17,905	10,192	(7,713)	-75.7%	27.	Training and travel	72,825	50,958	(21,867)	-42.9%	51,539	-41.3%
88,939	100,766	11,827	11.7%	28.	Depreciation	477,185	503,830	26,645	5.3%	461,282	-3.4%
17,834	22,212	4,378	19.7%	29.	Insurance	93,145	111,060	17,915	16.1%	81,288	-14.6%
28,557	34,575	6,018	17.4%	30.	Other operating expense	147,951_	172,875	24,924	14.4%	162,547	9.0%
2,255,392	2,069,891	(185,501)	-9.0%	31.	Total expenses	11,262,525	10,349,455	(913,070)	-8.8%	9,916,230	-13.6%
(95,455)	17,867	(113,322)	634.3%	32.	Income (loss) from operations	694,983	89,335	605,648	-678.0%	869,948	20.1%
					Nonoperating Gains(Losses):						
159,397	11,324	148,073	1307.6%	33.	Investment income	329,567	56,620	272,947	482.1%	38,497	-756.1%
(11,105)	(4,439)	(6,666)	-150.2%	34.	Interest expense	(56,388)	(22,195)	(34,193)	-154.1%	(60,480)	6.8%
0	0	0	n/a	35.	Gain (loss) on disposal of assets	0	0	0	n/a	-	n/a
855,519	1,016,667	(161,148)	-15.9%	36.	Other non-operating revenue	5,782,069	5,083,335	698,734	13.7%	1,380,633	318.8%
1,003,811	1,023,552	(19,741)	-1.9%	37.	Net nonoperating gains (losses)	6,055,249	5,117,760	937,489	18.3%	1,358,650	345.7%
\$908,356	\$1,041,419	(\$133,063)	-12.8%	38.	Change in Net Position (Bottom Line)	\$6,750,232	\$5,207,095	\$1,543,137	29.6%	\$2,228,598	202.9%

PETERSBURG MEDICAL CENTER Balance Sheet Nov, 2024

	Nov <u>2024</u>	Oct 2024	June <u>2024</u>	Nov 2023	<u></u>	
Current Assets:					Cur	rent Liabilities:
1. Cash	1,631,419	1,450,458	356,249	312,578	23.	Accounts Payable - Trade
Cash - insurance advances	0	0	0	0	24.	Accounts Payable - New Facility
3. Investments	572,851	570,508	1,057,873	47,344	25.	Accrued Payroll
4. Total cash	2,204,270	2,020,966	1,414,122	359,922	26.	Payroll taxes and other payables
					27.	Accrued PTO and extended sich
Patient receivables	7,014,088	7,187,942	6,821,298	5,441,884	28.	Deferred revenue
6. Allowance for contractuals & bad debt	(2,430,128)	(2,579,593)	(2,363,151)	(1,494,976)	29.	Due to Medicare
7. Net patient receivables	4,583,960	4,608,349	4,458,147	3,946,907	30.	Due to Medicare - Advance
					31.	Due to Blue Cross - Advance
8. Other receivables	2,010,976	2,474,212	2,231,342	1,129,020	32.	Other current liabilities
9. Inventories	308,445	309,153	319,404	303,020	33.	Current portion of long-term de
10. Prepaid Expenses	308,546	307,704	161,762	255,713	34.	Total current liabilities
11. Total current assets	9,416,196	9,720,384	8,584,777	5,994,582		
·					Long	g-Term Debt:
Property and Equipment:					35.	Capital leases payable
12. Assets in service	28,648,438	28,639,756	28,601,075	28,196,052		
13. Assets in progress	15,238,623	14,375,259	9,368,246	2,597,077	Pens	sion Liabilities:
14. Total property and equipment	43,887,061	43,015,015	37,969,321	30,793,128	36.	Net Pension Liability
15. Less: accumulated depreciation	(22,776,141)	(22,687,202)	(22,298,956)	(21,614,291)	37.	OPEB Liablity
16. Net propery and equipment	21,110,920	20,327,813	15,670,365	9,178,837	38.	Total pension liabilities
Assets Limited as to Use by Board					39.	Total liabilities
17. Investments	3,591,287	3,459,588	3,337,912	3,029,634		
18. Building fund	780,440	752,858	724,158	656,541	Defe	erred Inflows:
19. Total Assets Limited as to Use	4,371,726	4,212,446	4,062,069	3,686,175	40.	Pension
Pension Assets:						
20. OPEB Asset	7,338,848	6,685,608	6,685,608	6,685,608		
Deferred Outflows:						Position: Unrestricted
21. Pension	2.428.790	2,554,803	2,554,803	2,554,803		Current year net income (loss)
·	-,,	_,== -,= 00	-,,- 70	,== -,~==	43.	Total net position
22. Total assets	\$44,666,481	\$43,501,053	\$37,557,622	\$28,100,006		Total liabilities and fund balance

LIA	BILITIES & FUND BALANCE	N	0.4	-	N.T.
		Nov 2024	Oct 2024	June <u>2024</u>	Nov 2023
Cur	rent Liabilities:				
23.	Accounts Payable - Trade	\$1,115,001	\$1,241,276	\$3,255,927	\$2,098,030
24.	Accounts Payable - New Facility	1,869,271	2,249,093	0	0
25.	Accrued Payroll	227,804	162,122	240,920	151,294
26.	Payroll taxes and other payables	361,589	228,221	236,514	202,307
27.	Accrued PTO and extended sick	1,125,042	1,093,038	1,018,401	1,019,954
28.	Deferred revenue	107,387	130,719	152,525	150,615
29.	Due to Medicare	893,548	893,548	160,798	(398,008)
30.	Due to Medicare - Advance	0	0	0	0
31.	Due to Blue Cross - Advance	0	0	0	0
32.	Other current liabilities	4,206	3,362	4,145	3,069
33.	Current portion of long-term debt	447,641	445,710	618,244	390,816
34.	Total current liabilities	6,151,489	6,447,090	5,687,476	3,618,077
T	- Town Dolds				
35.	g-Term Debt: Capital leases payable	2,097,294	2,135,491	2,283,594	2,356,289
Done	sion Liabilities:				
36.	Net Pension Liability	15,526,950	16,521,607	16,521,607	16,521,607
37.	OPEB Liablity	-	-	-	-
38.	Total pension liabilities	15,526,950	16,521,607	16,521,607	16,521,607
39.	Total liabilities	23,775,733	25,104,187	24,492,677	22,495,973
Defe	erred Inflows:				
40.	Pension	413,688	623,594	623,594	623,594
NI-4	Position				
	Position: Unrestricted	13,726,829	11 021 206	2 751 945	2 751 945
	Current year net income (loss)	6,750,232	11,931,396	2,751,845 9,689,507	2,751,845
42.	Total net position	20,477,060	5,841,875 17,773,271	12,441,352	2,228,596 4,980,440
чЭ.	Total net position	20,477,000	17,773,271	12,441,332	4,700,440
44.	Total liabilities and fund balance	\$44,666,481	\$43,501,053	\$37,557,622	\$28,100,007

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

PETERSBURG MEDICAL CENTER Key Operational Indicators

For the month ended November 30, 2024

_	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior Year	% Change
1. Contractual Adj. as a % of Gross Revenue	14.2%	11.2%	12.5%	22.5%	16.1%								15.3%	22.5%	32.2%
2. Charity/Other Ded. As a % of Gross Revenue	0.0%	-0.1%	0.0%	0.0%	0.0%								0.0%	0.0%	-26.7%
3. Bad Debt as a % of Gross Revenue	1.2%	3.7%	1.6%	-0.3%	0.0%								1.3%	-5.6%	-123.2%
4. Operating Margin	9.1%	12.8%	8.0%	1.9%	-4.4%								5.8%	-10.2%	156.8%
5. Total Margin	47.5%	39.0%	39.0%	29.6%	28.7%								18.8%	-10.6%	276.6%
6. Days Cash on Hand (Including Investments)	83.3	87.9	89.8	92.4	96.9								96.9	81.3	19%
7. Days in A/R (Net)	68.5	65.9	67.8	62.6	65.6								65.6	62.0	5.8%
8. Days in A/R (Gross)	85.3	85.3	87.1	81.0	82.8								82.8	79.2	5%

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

For the month ended December 31, 2024

PETERSBURG MEDICAL CENTER

Key Volume Indicators

FISCAL YEAR 2025

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
		7.4.5								740.					
1. Clinic Visits	847	874	860	986	782	828							5,177	4,727	9.5%
O Dadialana Bassadana	259	202	211	231	247	240							1,390	1,235	12.6%
2. Radiology Procedures	259	202	211	231	241	240							1,390	1,233	12.076
3. Lab Tests (excluding QC)	2,057	1,754	1,720	1,717	1,460	1,800							10,508	10,419	0.9%
(_,	.,	.,	.,	.,	1,000							,	,	
4. Rehab Services Units	1,028	789	788	1,061	1,137	1,184							5,987	4,871	22.9%
Physical	687	629	643	789	870	1,022									
Occupational	281	112	123	272	251	152									
Speech	60	48	22	-	16	10									
5. Home Health Visits	157	176	187	251	202	145							1,118	889	25.8%
6. Emergency Room Visits	95	88	65	64	67	86							465	488	-5%
Hospital Inpatient															
7. Patient Days - Acute	34	49	27	24	23	30							187	171	9.4%
8. Patient Days - Swing Bed	120	115	135	105	96	105							676	245_	175.9%
9. Patient Days - Total	154	164	162	129	119	135							863	416	107.5%
10. Average Daily Census - Acute	1.1	1.6	0.9	0.8	0.8	1.0							1.0	0.9	9.1%
Average Daily Census - Swing Bed	3.9	3.7	4.5	3.4	3.2	3.4							3.7	1.3	176.1%
12. Average Daily Census - Total	5.0	5.3	5.4	4.2	4.0	4.4							4.7	2.3	107.4%
13. Percentage of Occupancy	41.4%	44.1%	45.0%	34.7%	33.1%	36.3%							39.1%	18.8%	107.4%
Long Term Care															
14. LTC Days	372.0	418.0	410.0	392.0	420.0	434.0							2,446	2,588	-5.5%
15. Average Daily Census	12.0	13.5	13.7	12.6	14.0	14.0							13.3	14.1	-5.4%
16. Percentage of Occupancy	80.0%	89.9%	91.1%	84.3%	93.3%	93.3%							88.7%	93.8%	-5.4%

PETERSBURG MEDICAL CENTER Statement of Revenues and Expenses For the month ended December 31, 2024

Month Actual	Month Budget	\$ Variance	% Variance			YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% _Variance_
					Gross Patient Revenue:	·					
\$622,939	\$335,254	\$287,685	85.8%	1.	Inpatient	\$3,734,543	\$2,011,525	\$1,723,018	85.7%	\$1,897,956	96.8%
987,835	1,004,556	(16,721)	-1.7%	2.	Outpatient	5,506,639	6,027,330	(520,691)	-8.6%	5,421,428	1.6%
627,209	521,472	105,737	20.3%	3.	Long Term Care	3,613,259	3,128,832	484,427	15.5%	3,183,845	13.5%
467,899	447,678	20,221	4.5%	4.	Clinic	2,734,176	2,686,073	48,103	1.8%	2,460,803	11.1%
50,494	44,314	6,180	13.9%	5.	Home Health	280,201	265,887	14,314	5.4%	261,065	7.3%
2,756,376	2,353,274	403,102	17.1%	6.	Total gross patient revenue	15,868,818	14,119,647	1,749,171	12.4%	13,225,097	20.0%
					Deductions from Revenue:						
1,014,424	513,645	(500,779)	-97.5%	7.	Contractual adjustments	3.019.835	3.081.868	62,033	2.0%	2,946,609	-2.5%
0	(84,770)	(84,770)	100.0%	8.	Prior year settlements	0,010,000	(508,620)	(508,620)	100.0%	(664,863)	100.0%
175,853 `	12,500	(163,353)	-1306.8%	9.	Bad debt expense	345,383	75,000	(270,383)	-360.5%	(567,639)	-160.8%
1,040	8,333	7,293	87.5%	10.	Charity and other deductions	(1,564)	49,998	51,562	103.1%	(6,443)	75.7%
1,191,317	449,708	(741,609)	-164.9%		Total revenue deductions	3,363,654	2,698,246	(665,408)	-24.7%	1,707,665	-97.0%
4 505 050	4 000 500	(220, 507)	47.00/		Net wetlest serve	40.505.404	44 404 404	4.000.700	0.5%	44 547 400	0.00/
1,565,059	1,903,566	(338,507)	-17.8%	11.	Net patient revenue	12,505,164	11,421,401	1,083,763	9.5%	11,517,432	8.6%
					Other Revenue					-	
100,642	84,247	16,395	19.5%	12.	Inkind Service - PERS/USAC	556,166	505,482	50,684	10.0%	495,743	12.2%
65,806	52,179	13,627	26.1%	13.	Grant revenue	492,795	313,074	179,721	57.4%	288,599	70.8%
0	9,563	(9,563)	-100.0%	14.	Federal & State Relief	0	57,378	(57,378)	-100.0%	75,000	-100.0%
19,823	38,202	(18,379)	-48.1%	15.	Other revenue	154,712	229,212	(74,500)	-32.5%	188,933	18.1%
186,271	184,191	2,080_	1.1%	16.	Total other operating revenue	1,203,673	1,105,146	98,527	8.9%	1,048,275	14.8%_
1,751,330	2,087,757	(336,427)	-16.1%	17.	Total operating revenue	13,708,838	12,526,547	1,182,291	9.4%	12,565,707	9.1%
					Expenses:						
1,051,421	985,955	(65,466)	-6.6%	18.	Salaries and wages	6,192,866	5,915,730	(277,136)	-4.7%	5,822,382	-6.4%
150,752	105,318	(45,434)	-43.1%	19.	Contract labor	995,827	631,908	(363,919)	-57.6%	455,641	-118.6%
394,576	366,660	(27,916)	-7.6%	20.	Employee benefits	2,313,038	2,199,960	(113,078)	-5.1%	2,139,558	-8.1%
104,418	136,754	32,336	23.6%	21.	Supplies	929,176	820,524	(108,652)	-13.2%	771,497	-20.4%
178,168	127,281	(50,887)	-40.0%	22.	Purchased services	927,602	763,686	(163,916)	-21.5%	763,349	-21.5%
48,174	45,699	(2,475)	-5.4%	23.	Repairs and maintenance	308,831	274,194	(34,637)	-12.6%	284,101	-8.7%
30,967	21,719	(9,248)	-42.6%	24.	Minor equipment	195,490	130,314	(65,176)	-50.0%	141,356	-38.3%
30,364	21,138	(9,226)	-43.6%	25.	Rentals and leases	185,573	126,828	(58,745)	-46.3%	120,951	-53.4%
88,855	91,623	2,768	3.0%	26.	Utilities	500,711	549,735	49,024	8.9%	526,497	4.9%
1,697	10,192	8,495	83.3%	27.	Training and travel	74,522	61,149	(13,373)	-21.9%	52,882	-40.9%
87,956	100,766	12,810	12.7%	28.	Depreciation	565,141	604,596	39,455	6.5%	553,044	-2.2%
16,770	22,212	5,442	24.5%	29.	Insurance	109,915	133,272	23,357	17.5%	97,059	-13.2%
32,655	34,575	1,920	5.6%	30.	Other operating expense	180,606	207,450	26,844	12.9%	189,839	4.9%
2,216,773	2,069,891	(146,882)	7.1%	31.	Total expenses	13,479,298	12,419,346	(1,059,952)	-8.5%	11,918,157	-13.1%
(465,443)	17,866	(483,309)	2705.2%	32.	Income (loss) from operations	229,540	107,201	122,339	-114.1%	647,550	64.6%
					Nonoperating Gains(Losses):						
(124,032)	11,324	(135,356)	-1195.3%	33.	Investment income	205,535	67,944	137,591	202.5%	214,730	4.3%
(10,941)	(4,439)	(6,502)	-146.5%	34.	Interest expense	(67,328)	(26,634)	(40,694)	-152.8%	(72,170)	6.7%
0	0	0	n/a	35.	Gain (loss) on disposal of assets	0	0	0	n/a	. , -,	n/a
587,175	1,016,667	(429,492)	-42.2%	36.	Other non-operating revenue	6,369,244	6,100,002	269,242	4.4%	2,230,918	185.5%
452,203	1,023,552	(571,349)	-55.8%	37.	Net nonoperating gains (losses)	6,507,452	6,141,312	366,140	6.0%	2,373,478	174.2%
(\$13,240)	\$1,041,418	(\$1,054,658)	-101.3%	38.	Change in Net Position (Bottom Line)	\$6,736,991	\$6,248,513	\$488,478	7.8%	\$3,021,028	123.0%

PETERSBURG MEDICAL CENTER Balance Sheet Dec, 2024

	Dec 2024	Nov 2024	June <u>2024</u>	Dec 2023	<u></u>	
Current Assets:					Curr	ent Liabilities:
1. Cash	1,465,964	1,631,419	356,249	476,438	23.	Accounts Payable - Trade
Cash - insurance advances	0	0	0	0	24.	Accounts Payable - New Facility
3. Investments	1,075,014	572,851	1,057,873	47,309	25.	Accrued Payroll
4. Total cash	2,540,977	2,204,270	1,414,122	523,747	26.	Payroll taxes and other payables
					27.	Accrued PTO and extended sick
Patient receivables	7,476,712	7,014,088	6,821,298	5,428,667	28.	Deferred revenue
Allowance for contractuals & bad debt	(2,686,494)	(2,430,128)	(2,363,151)	(1,577,053)	29.	Due to Medicare
Net patient receivables	4,790,217	4,583,960	4,458,147	3,851,614	30.	Due to Medicare - Advance
					31.	Due to Blue Cross - Advance
8. Other receivables	1,522,114	2,010,976	2,231,342	1,727,151	32.	Other current liabilities
9. Inventories	359,365	308,445	319,404	323,908	33.	Current portion of long-term debt
10. Prepaid Expenses	289,774	308,546	161,762	241,516	34.	Total current liabilities
 Total current assets 	9,502,448	9,416,196	8,584,777	6,667,935		
					Long	-Term Debt:
Property and Equipment:					35.	Capital leases payable
12. Assets in service	28,627,030	28,648,438	28,601,075	28,196,052		
13. Assets in progress	15,851,990	15,238,623	9,368,246	3,451,390	Pensi	on Liabilities:
14. Total property and equipment	44,479,020	43,887,061	37,969,321	31,647,441	36.	Net Pension Liability
15. Less: accumulated depreciation	(22,864,097)	(22,776,141)	(22,298,956)	(21,706,053)	37.	OPEB Liablity
16. Net propery and equipment	21,614,923	21,110,920	15,670,365	9,941,388	38.	Total pension liabilities
Assets Limited as to Use by Board					39.	Total liabilities
17. Investments	3,488,823	3,591,287	3,337,912	3,177,119		
18. Building fund	758,981	780,440	724,158	687,429	Defer	red Inflows:
19. Total Assets Limited as to Use	4,247,804	4,371,726	4,062,069	3,864,547	40.	Pension
Pension Assets:						
20. OPEB Asset	7,338,848	7,338,848	6,685,608	6,685,608		
Deferred Outflows:						osition: Jnrestricted
21. Pension	2,428,790	2,428,790	2,554,803	2,554,803	42. (Current year net income (loss)
	-,,	-,, . 7 0	-,,- 70	,== -,~==	43.	Total net position
22. Total assets	\$45,132,813	\$44,666,481	\$37,557,622	\$29,714,282	44 7	Total liabilities and fund balance

	-	Dec	Nov	June	Dec
		2024	<u>2024</u>	2024	2023
	rent Liabilities:				
23.	Accounts Payable - Trade	\$1,263,906	\$1,114,999	\$3,255,927	\$2,831,756
24.	Accounts Payable - New Facility	1,379,288	1,869,271	0	0
25.	Accrued Payroll	330,050	227,804	240,920	232,066
26.	Payroll taxes and other payables	624,475	361,589	236,514	225,411
27.	Accrued PTO and extended sick	1,133,836	1,125,042	1,018,401	1,057,805
28.	Deferred revenue	91,533	107,387	152,525	128,368
29.	Due to Medicare	1,393,548	893,548	160,798	(398,008)
30.	Due to Medicare - Advance	0	0	0	0
31.	Due to Blue Cross - Advance	0	0	0	0
32.	Other current liabilities	3,206	4,206	4,145	3,517
33.	Current portion of long-term debt	449,580	447,641	618,244	392,489
34.	Total current liabilities	6,669,422	6,151,487	5,687,476	4,473,404
Long	g-Term Debt:				
35.	Capital leases payable	2,058,932	2,097,294	2,283,594	2,322,807
Pens	ion Liabilities:				
36.	Net Pension Liability	15,526,950	15,526,950	16,521,607	16,521,607
	-				
37.	OPEB Liablity	_	_	· · · · ·	-
37. 38.	OPEB Liablity Total pension liabilities	15,526,950	15,526,950	16,521,607	16,521,607
38.	,	15,526,950 24,255,304	15,526,950 23,775,731	-	16,521,607
38. 39.	Total pension liabilities Total liabilities			16,521,607	16,521,607
39.	Total pension liabilities			16,521,607	-
38. 39. Defe	Total pension liabilities Total liabilities rred Inflows:	24,255,304	23,775,731	16,521,607 24,492,677	16,521,607 23,317,818
38. 39. Defe 40.	Total pension liabilities Total liabilities rred Inflows: Pension Position:	24,255,304 413,688	23,775,731	16,521,607 24,492,677 623,594	16,521,607 23,317,818 623,594
38. 39. Defe 40.	Total pension liabilities Total liabilities rred Inflows: Pension Position: Unrestricted	24,255,304 413,688 13,726,830	23,775,731 413,688 13,726,829	16,521,607 24,492,677 623,594	16,521,607 23,317,818 623,594 2,751,845
38. 39. Defe 40. Net 1 41. 42.	Total pension liabilities Total liabilities rred Inflows: Pension Position: Unrestricted Current year net income (loss)	24,255,304 413,688 13,726,830 6,736,991	23,775,731 413,688 13,726,829 6,750,232	16,521,607 24,492,677 623,594 2,751,845 9,689,507	16,521,607 23,317,818 623,594 2,751,845 3,021,026
38. 39. Defe 40.	Total pension liabilities Total liabilities rred Inflows: Pension Position: Unrestricted	24,255,304 413,688 13,726,830	23,775,731 413,688 13,726,829	16,521,607 24,492,677 623,594	16,521,607 23,317,818 623,594

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

PETERSBURG MEDICAL CENTER Key Operational Indicators

For the month ended December 31, 2024

<u>-</u>	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior Year	% Change
1. Contractual Adj. as a % of Gross Revenue	14.2%	11.2%	12.5%	22.5%	16.1%	36.8%							19.0%	22.3%	14.6%
2. Charity/Other Ded. As a % of Gross Revenue	0.0%	-0.1%	0.0%	0.0%	0.0%	0.0%							0.0%	0.0%	79.8%
3. Bad Debt as a % of Gross Revenue	1.2%	3.7%	1.6%	-0.3%	0.0%	6.4%							2.2%	-4.3%	-150.7%
4. Operating Margin	9.1%	12.8%	8.0%	1.9%	-4.4%	-26.6%							1.7%	-10.2%	116.4%
5. Total Margin	47.5%	39.0%	39.0%	29.6%	28.7%	-0.6%							33.3%	-10.6%	276.6%
6. Days Cash on Hand (Including Investments)	83.3	87.9	89.8	92.4	96.9	100.5							100.5	81.3	24%
7. Days in A/R (Net)	68.5	65.9	67.8	62.6	65.6	77.7							77.7	62.0	25.2%
8. Days in A/R (Gross)	85.3	85.3	87.1	81.0	82.8	87.6							87.6	79.2	11%



Petersburg Medical Center

Home Health Board Report, January 2025

Workforce Wellness

The Home Health Team is now fully staffed with permanent staff after departmental transfer by Ruby Shumway RN. She will start 2/4/25. Our travel CNA has decided to commit permanently to Petersburg and has transitioned to permanent status in an expanded role. Laura Holder RN remains the permanent manager of the department. Ancillary staff, billing, quality and patient navigator all remain stable. Twice weekly "huddles" for clinical staff are ongoing to review caseloads, patient acuity, and any immediate department needs. This also helps to improve patient care and creates cohesiveness among staff. Twice a month the therapy department joins us for case review and coordination. (IDT meetings.) These are documented in the patient electronic medical record and have improved continuity of care. We celebrate monthly birthdays as a team. We are committed to supporting staff with ongoing training that benefits our department and community. Two nurses attended the wound care conference in Anchorage Oct 21-25, 2024. These skills will be valuable for patient care in and out of our department. 2024 permanent hires: Bex Keys (billing assistant). JP Droska (RN), Ruby Shumway (RN), Angel Lewis (CNA./clerical assistant), Kelsey Leak (PTA/activities coordinator), Veronica Carter (activities assistant). Angel Lewis CNA has started UAA's nursing program in January 2025 as part of our department's commitment to "grow our own" and support staff educational goals.

Community Engagement

The priority of this department is to reach as many community members as possible. Whether through traditional home health services, program extensions or working directly with other community agencies. Ongoing projects include- partnering with Mountain View Manor, waiver and care coordinating services, and assistance with the quality programs throughout the hospital. We have recently received a 3-year funding grant for the Adult Day program, and we look forward to expanding services using this grant. Recent hire of PTA Kelsey Leak who will be working as our activities coordinator is a great expansion to our team. We are now triwest contracted for adult day services. Medicaid contracting for waiver services is also well under way pending final state approval for adult day.

Patient Centered Care

The clinical staff here in Home Health continue to go above and beyond providing support and care to the patients we serve. Though we do not yet offer traditional Hospice, we continue to provide in-home care for end-of-life patients under our care. The kindness and respect along with strong clinical skills offered to these patients and their families is exceptional. This is an area of focus for expansion of our programs in the region both for meeting community needs, but also financial sustainability for the department as a whole.

Facility

Considerations for possible office space for home health administration/clinical staff at PMC for a variety of reasons.

Financial Wellness

Home Health has census stabilization over the last quarter and will see financial stability increase as a result of being staffed entirely with permanent staff as of February 4, 2025. In addition, our quality nurse provides support to LTC and assists in managing the quality needs within the PMC community. The Patient Navigator works across departments and into the community to provide support and resources. Ongoing projects include partnering with Mountain View Manor. We continue to see positive results from these efforts. Over the next two months staff look forward to learning more about in-house billing and will be taking this on in March.

Submitted by: Laura Holder, RN, Home Health Manager



Petersburg Medical Center

Human Resources

Workforce Wellness - Staffing Overview

The Human Resources (HR) Department consists of Cynthia Newman, full time, Human Resources Director and Scott Zweifel, full time, Human Resources Technician. The past year has been a very busy time for the HR department with new and terminating employees, additional travel staff (locums), students and handling everything for an average of 165+ paid employees at PMC which increases approximately 10 employees during the summer. The days are busy and productive.

Annual Update / Recap -- From January - December 2024

New Employees – 35

- 1 Healthcare Biller
- 1 Healthcare IT Support Specialist
- 1 Grants Director
- 1 Physician
- 1 Clinic Pharmacist
- 1 Clinic Reception / Admissions
- 1 Clinic CNA
- 1 Tobacco Prevention Coordinator
- 2 Cook
- 2 Diet Aide
- 1 RN Nursing
- 1 RN Home Health

- 1 Home Health CNA
- 1 Home Health Assistant Biller
- 1 Physical Therapy Assistant
- 3 Certified Nurse Assistant / OJT CNA
- 1 Ward Clerk
- 1 Facility Engineer
- 3 Materials Assistant
- 1 Lab Assistant / CNA
- 1 Infection Preventionist
- 6 Kinder Skog Mentor
- 2 Youth Intern

Terminations – 30

- 1 Home Health Manager
- 2 Home Health / Eldercare Services RNs
- 1 Home Health Assistant Biller
- 1 Home Health Activities Assistant
- 1 Speech Language Pathologist (SLP)
- 3 Registered Nurses
- 4 Certified Nurse Assistant
- 1 Ward Clerk / Clerical Assistant
- 1 Medical Lab Technician (MLT)
- 1 Chiropractor

- 2 Licensed Practical Nurse (Clinic)
- 1 Referrals Assistant Coordinator
- 2 Kinder Skog Mentor
- 2 Cooks
- 1 Admin Diet Aide
- 2 Youth Intern
- 3 Materials Assistant
- 1 CEO Admin Assistant

Private Contract -- 7

- 1 Medical Technologist (Termed)
- 1 Radiologic Tech
- 1 Cook
- 1 Infection Preventionist (Termed)

- 1 Physical Therapist (PT)
- 1 Licensed Practical Nurse (LPN) (Termed)
- 1 Certified Nurse Assistant (Termed)

Travelers -- Thru a Company -- 30

- 10 Registered Nurse (RNs) (6 Termed)
- 7 CNAs (5 Termed)
- 3 RNs Home Health Nurses (2 Termed)
- 2 Home Health Aide (1 Termed / 1 Hired)

- 4 Physical Therapist (3 Termed)

- 1 Speech-Language Pathologist (Termed)
- 3 Occupational Therapist (2 Termed)

Students -- 6

 UW Med Students (Z Virta, A Gutierez, V Lawrence, M Verber, C Pavelnco) - UAA / Phlebotomy Student (C Workman)

Positions Open (13 Positions) (As of 01/08/2025)

- Activities Assistant LTC
- CNA / CNA on-the-job Training Course
- Chiropractor
- Kinder Skog Mentor (PRN)
- Medical Assistant
- Medical Technologist
- Occupational Therapist

- Patient Account Liaison
- Patient Financial Representative
- Physical Therapist
- Radiologic Technologist
- Registration Coordinator
- Speech Language Pathologist

Looking Forward

- Recruitment of staff -- employees & travelers. Working with Julie Walker to enhance our engagement with recruitment

Challenges

- Paylocity On Boarding. I am happy to report that the On Boarding module in Paylocity has worked out really well. All employees On Board utilizing this program (Agency, Benefitted, Seasonal). The breakdown below is for the calendar year of 2024 for all On Boarding launches.
 - (1) Agency Hires 30 uses of On Boarding. This category is used for employees that are employed by travel companies (i.e. travelers or locums) that need to be monitored through our timeclock system. PMC does not handle any of their pay (W2s or 1099s). The On Boarding consists of the basic requirements for healthcare (PMC) workers and includes documents all employees must complete (Code of Conduct, HIPAA statement, Post Hire Questionnaire, etc.).
 - (2) <u>Contract Employees Thru Payroll 5 uses of On Boarding</u>. These employees are paid through PMC payroll and Paylocity (and receive a W2). They are contracted for specific dates of time in shortage areas. These employees are not benefitted employees and are considered "Temporary" but still must in-process.
 - (3) New Hire -- Benefitted Positions 25 uses of On Boarding. These employees are full time (60+ hours biweekly) or part time (30 59 hours biweekly). They're benefitted employees that work at PMC, receive pay and benefits (PTO, sick leave, PERS, etc.).
 - (4) <u>Seasonal Employees -- Non-Benefitted Positions 11 uses of On Boarding</u>. These employees work on a seasonal or "as needed" (PRN) basis. They work less than less than 15 hours per week (-30 biweekly), sporadically and at their convenience.
 - (5) Rehire / Activate PRN or Seasonal Employees -- Prior Employees of PMC 3 uses of On Boarding. Used when re-hiring former employees, to a Seasonal or Temporary position.

Item 7F

- (6) Rehire – Benefitted Employees -- Prior Employees of PMC – 1. Re-hiring previous employees who have worked for PMC in a benefitted position.
- <u>Rehire Agency 3 uses of On Boarding</u>. Used when re-hiring former Agency travel staff (7) through the Paylocity system.

A Message from the CEO - Philip Hofstetter Welcome Message 20% Complete 5 of 25 Tasks Complete

On Boarding Welcome in Paylocity

Welcome to Petersburg Medical Center. Your position at PMC, whether in direct or indirect patient/resident care, is an important part of the care provided to our patients and residents. We recognize you have many options as to your choice of an employer. We feel privileged that you have selected us. We wish you a happy and successful working relationship with Petersburg Medical Center.

Paylocity Performance Evaluations. In January of 2023, PMC started utilizing Paylocity for our Performance Evaluation Reviews. All staff receive a performance evaluation at 6 months and then annually within their hire date (month). Travel staff may also receive a performance evaluation if they extend beyond the 6 month period.

Performance Reviews



- Applicants / Recruitment of Personnel / Use of Travel Staff. This has been an on-going challenge for Scott and me to keep up with the On Boarding of our employees. All employees complete a basic On Boarding which encompasses training through Relias (the company PMC uses for much if our online training), reading policies, viewing DVDs, meeting with Employee Health (Jennifer Bryner, CNO), touring the facility and meeting staff. PMC employment requirements can add to this difficulty:
 - State of Alaska Background Check / Clearance (approval to work at PMC without a barring crime)
 - Drug Screening for illegal drugs (including Marijuana which is an illegal Federal substance) and/or medications not prescribed by a provider.
- Minors (employees under 18 years of age). PMC hired minors -- in Kinder Skog, Nursing (when PMC has a CNA course through the high school) and Finance / IT / Maintenance (Youth Intern). The Youth Intern was a new opportunity to let minors see the PMC operation, equipment and facility. PMC had eight (8) minors working for us with six (6) in Kinder Skog and two (2) Youth Interns. PMC did maintain 4 Kinder Skog minors to work as needed through the school year. All minors are hired with the same testing, training & On Boarding requirements as adults (with parental / guardian permission) and PMC obtains a Work Permit as required by the State of Alaska.
- Background Check Unit State of Alaska background check for all employees. The processing time has increased from the BCU receipt of application to approval. For new hires and travel staff, we caution department supervisors and travel companies that PMC must have Provisional Clearance or approved Clearance before an employee can start. This has delayed employees & travel staff from their starting date.

- Maintenance of the quality measures / reporting:
 - o Renewal of State of Alaska Background Checks. Renewals occur every five (5) years. The BCU site specifically states the background check could take 3 7 business days to complete once they (BCU) receive the fingerprint card. HR keeps a current list of all employees and monitors the expiration dates so we can start the background check 60 days in advance. We did have a minor issue with recognizing previous names on the BCU Clearance expiration (the BCU issues background checks based on the employee's name at the time of the first background check). Consequently, maiden or previous names are not always known. I have taken steps to change the name listed (on our Excel report) to whatever current name is being utilized by employees.
 - Employee Terminations. HR monitors the terminations over the years and watches for trends.
 PMC had an unexpected loss in the Rehab department with a Physical Therapist leaving PMC after almost 5 years. The department staff is the Rehab manager, PTA (Physical Therapy Assistant) and Admissions/Reception along with travel staff (PTs, OT, SLP). Therapies are increasingly difficult to recruit for.
 - Employee Feedback. The Paylocity program has started surveys for newly hired and terminating employees to receive feedback. The surveys are for 7, 30 and 90 days and terminating employees. These go out automatically by Paylocity and do offer insight.
- PMC "Chart Notes". Back by popular demand, the PMC "Chart Notes" was developed back in the early 2000s as an internal newsletter for PMC employees. It was discontinued in January 2018 due to the PMC community newsletter. The Chart Notes are published monthly (on/about the 1st) and distributed in-house (paper copies) and online through email.

Community Engagement

- Enhancing PMC presence. PMC Facebook Ad and Pilot Ad





Julie Walker, Community Wellness, assists us in highlighting our positions on social media, online and in various newspapers.

o HR has wanted to change our PMC advertisement in the paper for positions. Instead of listing all the positions open, we've gone to highlighting 3-4 open ones.

Patient Centered Care - N / A

Facility.

- PMC currently has 20 apartments. The upkeep, cleaning & scheduling of the apartments for travel staff, students & interim housing for personnel is handled by the HR department. HR had to add 2 additional apartments (to be able to house our travel staff) to assist with the staff needed. We are discontinuing 1 apartment as of January 31st and will also discontinue 1 on April 30th. We have been short of living space and have had to have staff share an apartment (common areas not bedroom) or had them stay a few days at an Air B&B, Scandia or Tides Inn. HR does endeavor not to have travel staff living together as after spending the whole day working together, it is difficult to live with an unknown person. Every so often, it is unavoidable.
- PMC has eleven (11) cars (2009 Ford Taurus, 1999 Honda CRV, 2002 Honda CRV, 2003 Honda CRV, 2006 Honda Odessey, 2005 Hyundai Tucson, 1998 Toyota Corolla, 2000 Toyota Corolla, 2007 Toyota Highlander, 2006 Subaru Forester, 2009 Subaru Impreza) that we've had to keep running for travelers, students & PMC staff use. Scott and Wolf are working on keeping the cars up and running which can be difficult due to the age of the vehicles. PMC does need 2-3 additional vehicles for our travel staff and are looking for affordable, working cars. Along with the usage, HR is also keeping the registrations up to date on PMC vehicles. This includes the LTC (2019) van, the Home Health (2002) old LTC van and Maintenance Chevrolet pickup (2011). All the vehicles' registrations are current.
- Lack of space. For HR and On Boarding especially if HR has more than 1 employee.
- HR Office. For years, the HR Office I've used has been exceedingly cold especially when it is freezing outside. Wolf Brooks and Michael File fixed the heater but unfortunately there was a leak and my office became very wet. The bright side is the rug was cleaned & a heater was allowed to dry out the needed areas. Wolf is waiting on parts for the heater for repair.

Financial Wellness.

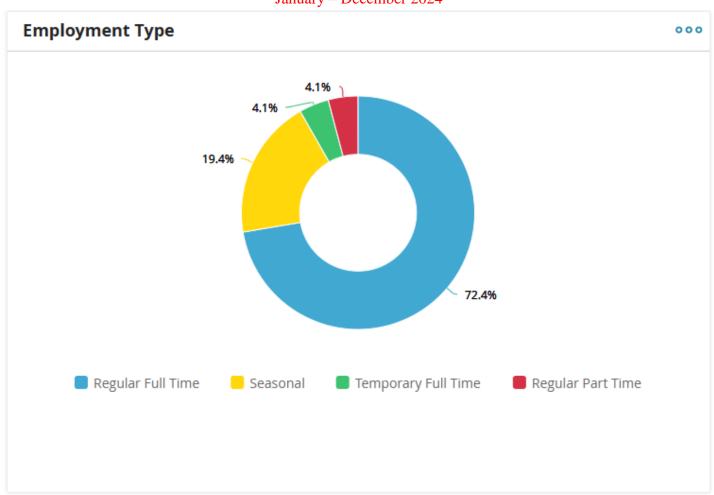
- HR is fortunate to have Scott Zweifel as the HR Tech. This year, I was able to take time off (for vacation) and an unforeseen family emergency. Scott stepped up and did a great job. At times, I was totally unavailable (out of country and/or cellphone service) and though it was difficult, all went well. Scott is trusted by employees and is taking on more and more. The move to have the position full-time was needed and appreciated.
- Longevity gifts. We were given the okay to re-instate our longevity gifts for employees. We are celebrating employees reaching their 10, 15, 20, 25 and 30 year anniversaries in 2022, 2023 and 2024 for our personnel and will have a luncheon to in the Conference Room to thank them on Friday, February 14th, 2025.
 - 10 years: Jill Dormer, Nancy Higgins, Kaitlin DuRoss, Grazel Edfelt, Bessie Johnson, Lidia Wickersham, Cortney Hess, Jennifer Ray, Margaret Agner

- 15 years: Nichole Mattingly, Erica
 O'Neil
- o **20 years:** Valaree Nilsen
- o **25 years:** Angela Menish
- o **30 years:** Cindy Newman
- Building the Human Resources department for the future, going through old files (for housekeeping) and preparing for my eventual retirement.

I've submitted a couple graphs for the board on our employment type & generational breakdown. Respectfully Submitted,

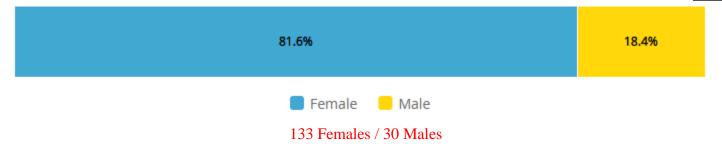
Cynthia Newman - SHRM-CP, PHR Human Resources Director

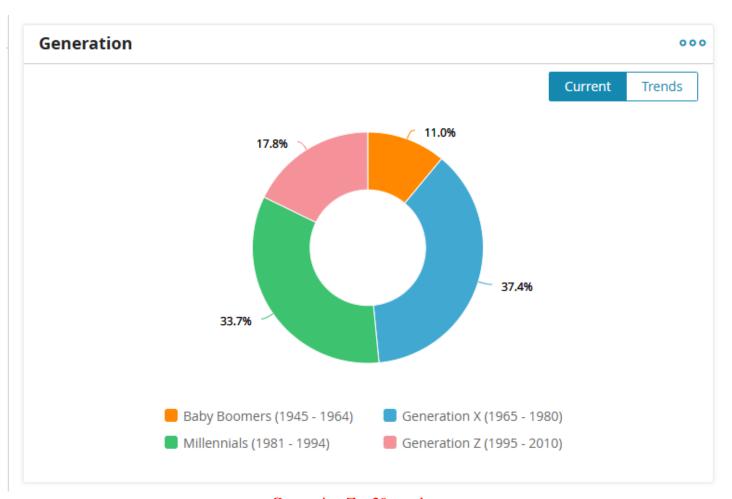
January – December 2024



Snapshot of PMC







Generation Z-29 employees Millennials -55 employees Generation X-61 employees Baby Boomers -18 employees

Youngest Employee – 15 years old Oldest Employee – 73 years old