



Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
Petersburg, AK 99833

Meeting Agenda
Hospital Board
Regular Meeting



Thursday, March 27, 2025

5:30 PM

Assembly Chambers

Please paste the following URL into your web browser to join:

<https://us06web.zoom.us/j/88274882012?pwd=UsHhw4ldZxS8HJkZz15hKGbTab56Hg.1>

Webinar Id: 882 7488 2012

Passcode: 290354

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 February 27, 2025 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. Information Technology/ EHR
J. Dormer provided written report.

- B.** Materials Management
M. Randrup provided written report.
- C.** Medical Records
K. Randrup provided written report.
- D.** Nursing
J. Bryner provided written report.
- E.** Activities
A. Neidiffer provided written report.
- F.** New Facility
J. Wetzel Arcadis provided written report.
- G.** Quality & Infection Prevention
S. Romine and R. Kandoll provided written reports.
- H.** Executive Summary
CEO P. Hofstetter provided written report.
- I.** Financials
J. McCormick submitted report.

8. Old Business

9. New Business

10. Next Meeting

- A. Currently scheduled for April 24th, 2025 at 5:30pm.

11. Executive Session

By motion the Board will enter into Executive Session to discuss legal matters.

12. Adjournment



**Petersburg Borough
Petersburg Medical Center**

12 South Nordic Drive
Petersburg, AK 99833

**Meeting Minutes
Hospital Board
Work Session**



Thursday, February 27, 2025

5:30 PM

Assembly Chambers

- A. Call to Order
Member Cook called the meeting to order at 5:30pm.
- B. Roll Call
Member Cook conducted Roll Call:

PRESENT
 Chairman Jerod Cook
 Board Member Cindi Lagoudakis
 Board Member Kimberley Simbahon
 Board Member Joe Stratman
 Board Member Jim Roberts

ABSENT
 Board Member Heather Conn
 Board Member Marlene Cushing

2. Approval of the Agenda

Motion made by Board Member Stratman to accept the agenda, Seconded by Board Member Roberts.
 Voting Yea: Chairman Cook, Board Member Lagoudakis, Board Member Simbahon, Board Member Stratman, Board Member Roberts.

3. Approval of Board Minutes

- A. Approval of January 30, 2025, Hospital Board Minutes

Motion made by Board Member Stratman to approve the board minutes from Jan 30th, 2025, Hospital Board Meeting as presented, Seconded by Board Member Roberts.
 Voting Yea: Chairman Cook, Board Member Lagoudakis, Board Member Simbahon, Board Member Stratman, Board Member Roberts

4. Visitor Comments

None

A. Resource

Cindi Lagoudakis reported:

A review of hospital Key Volume Indicators showed an increase in clinic visits, including specialty clinics, and swing bed days, possibly due to a lack of Long-Term Care space. Emergency Room visits are down, likely because patients are opting for clinic visits. Long-Term Care is at capacity. The 340(b) program, aimed at reducing outpatient drug costs through Medicaid, has been added and should improve revenue. Strategic deferral of some expenses is planned to benefit Medicaid reimbursements in the upcoming rebase year. Despite higher expenses, hospital revenue remains strong.

The hospital's balance sheet shows 117 days of cash on hand, though payments have been delayed due to a PERS system hack, which should be resolved by April or May. The hospital expects an Employee Retention Tax Credit and is shifting to in-house billing, ending its contract with HRG by March, with a three-month payment obligation. Negotiations with Premera, Moda, and Aetna are ongoing.

National issues like Essential Air Service, federal employee cuts, and changes to Medicare and Medicaid could impact hospital operations, which will continue to be monitored.

B. CAH

Board Member Stratman summarized:

Recent CAH Quality meetings covered several updates and action items. Maxwell IT completed an audit, with a Tech Security Officer and Facility Safety Officer appointed to report to Compliance and policy creation is underway to support these developments. An updated policy list with designated owners is being compiled. Dr. Hess reported that colorectal screening documentation has been standardized, with staff updates forthcoming, closing this action item. We are working on integrating reminder letters into the Health Maintenance Tab. Updates on hospital price transparency, with future audit results to be shared. Monthly reports included updates on incidents, opioid reduction efforts, wellness initiatives, and facility improvements. Key issues include improving reporting processes in Skilled Nursing, addressing equipment issues identified during drills, and enhancing sterile processing procedures. Additionally, new emergency radios were received, and ALICE training planning is ongoing.

C. LTC

Board Member Marlene Cushing submitted report, that was read as follows:

Long Term Care Quality meeting February 19, 2025
Action items and various reports were reviewed. The most alarming discussion concerned a new plumbing leak discovered February 4th. The 6-inch steel sprinkler main had a failure due to aging. It was temporarily patched, but a more complete fix must await other replacement parts, including a back flow preventer that is obsolete. The process of fixing the main will necessitate shutting the water to the entire facility from the city water shut off, which could lead to other issues. This is yet another

warning that all the plumbing systems in the building can fail at any time, leaving the hospital unable to function. Member Stratman agreed to attend the March meeting.

D. Infection Control

Board Member Stratman reported as summarized: 2025 risk assessments will soon require committee approval, with goals reviewed for CAH and LTC. Staff were encouraged to review the ICAR for area-specific guidance and advised to declutter. A gap analysis is underway to improve compliance. The water management plan is complete, with daily flushing of low-use drains initiated, and plans are in place for borough partnership in routine water main flushing. Efforts are ongoing to install additional eyewash stations. EOC rounds were completed that morning. Action items included establishing workgroups for risk assessments, addressing LTC deep cleaning intervals, evaluating handrail conditions, and ensuring water management improvements. Antibiotic stewardship efforts face reporting barriers. Additionally, updates included progress on environmental services, vaccine efforts, and new projects such as sprinkler system repairs, new exterior lighting, a drinking fountain installation, and improved card readers for key access points.

E. Kinderskog

Board Member Cindi Lagoudakis reports: Kinder Skog is serving 32 youth for the spring session, with 107 youth on the waitlist. The biggest need is summertime, when school is in recess. Kinder Skog and ORCA Camps earned American Camp Association Accreditation. PMC Youth Programs is still in the process of becoming a state Child Care Assistance Program, to support families and reduce financial barriers to enrollment. Katie has been working on developing clear guidance for crisis management, staff orientation, staff competencies and skills. Several staff have had to reduce hours due to other commitments, however, Jake Clemens has been hired as a mentor, and has taken on some very helpful extra duties, as well. The 2024 Work Plan review showed that all goal were met. The 2025 plan was developed at a meeting on Feb. 17th and will focus on leadership and character development. Financially, approximately \$12,100 unpaid tuition fees remain from Summer 2024, which Kinder Skog is pursuing. WAVE wants to assist with funding, especially in the summer. Currently, two-thirds of Kinder Skog revenue comes from parents, and one-third from grants and donations including the Alaska Community Foundation. Rates have not been raised since 2018. A risk management team (called RAPT) that is comprised of representatives from various organizations and experiences will help with an assessment of and planning for Kinder Skog and ORCA Camps. The Wild and Scenic Film Festival was hosted last weekend as a fundraiser. There were some fascinating, fun and thought-provoking films shown at the Wright Auditorium. Hopefully, this will be an annual event. Thank you to Northern Lights Theater for donating theater space for the event. A parental assessment of impact survey was conducted and results reported. A majority of parents reported their youth gained positive attitudes toward outdoor activities since enrollment. There was also an increase in use of safety gear, improved sleep at night, more patience, accountability, self-discipline, and teamwork among other benefits after being involved with Kinder Skog. The survey also demonstrated parents value Kinder Skog staff, and see Kinder Skog as a family resource.

A. Imaging

S. Paul provided written report and expanded on the use of an ankle brachial index which is a test that compares the blood pressure in your ankles to the blood pressure

in your arms. It helps doctors check how well blood is flowing in your legs. It was estimated that a replacement would cost under \$10,000.

C. Long Term Care

H. Boggs provided written report and upon inquiry defined DON, as Director of Nursing.

D. Patient Financial Services

C. Lantiegne provided written report and expanded on the Count of Position graph clarifying that there are now a total of eleven hired positions in her department to accommodate in-house billing.

G. Executive Summary

CEO P. Hofstetter provided written report with attachments. P. Hofstetter reported on his attendance at Legislative Fly-In in Juneau noting discussions were held with key legislators, including Senators Hoffman and Stedman, and Representatives Zach Fields, Himschoot, and Calvin Schrage, focusing on budget priorities. Additionally, valuable conversations took place with Senator Gary Steven's office, Senator Gray-Jackson, Commissioner Crum, Commissioner Hedberg, and Senator Dunbar, providing insights into each legislator's unique focus. The primary emphasis was on capital funding, recognized as a long-term investment that supports economic growth and will significantly benefit the community.

P. Hofstetter included a letter written to Governor Mike Dunleavy from AHHA President and CEO, Jared Kosin, re: Priority Capital Projects to Modernize Community Health Infrastructure. Additionally, P. Hofstetter provided an update on the WERC building progress and attached the New Facility Progress Update flyer.

8. Unfinished Business

None.

9. New Business

None.

- A. By motion, the Board entered into Executive Session to consider medical staff appointments and reappointments.

Reconvened after Executive Session:
Motion made by Board Member Stratman to reappoint Dr. Emily Harvey and Dr. Ryan Fortna. Seconded by Board Member Simbahon. Voting Yea: Chairman Cook, Board Member Lagoudakis, Board Member Simbahon, Board Member Stratman, Board Member Roberts

12. Adjournment

Motion made by Board Member Roberts to adjourn, Seconded by Board Member Simbahon.
Voting Yea: Chairman Cook, Board Member Lagoudakis, Board Member Simbahon, Board Member Stratman, Board Member Roberts
Meeting adjourned.



Information Technology Report March 2025

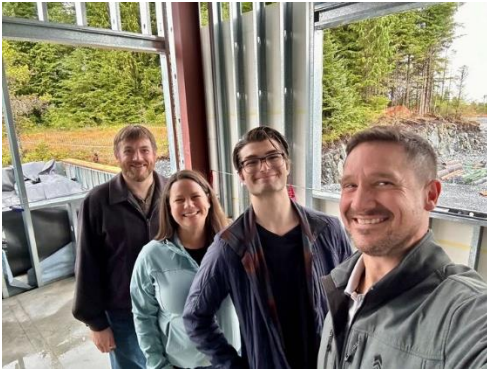
Workforce Wellness

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.

We are happy to share that Jesse Birchell joined our IT team as a Help Desk Specialist in June. With his experience in technology support and a dedication to providing friendly, effective assistance, Jesse has been a great resource for our staff. His support helps ease technical challenges, allowing our teams to stay focused on patient care and fostering a smoother, less stressful work environment.



IT Team touring our new office space in the WERC Building

The IT department is collaborating with the dietary manager to implement a self-serve point-of-sale system for employee meal purchases. This initiative will provide a convenient and efficient way for staff to access meals, featuring quick, cashless transactions through secure payment technology. The system will be integrated with our existing infrastructure to ensure ease of use and reliability. In addition to improving accessibility, this project will support the availability of healthy meal options, making it easier for employees to choose nutritious foods that promote overall well-being.

Community Engagement

Over the past year, we have partnered with the director of Mountain View Manor to provide ongoing support to enhance the facility’s technical infrastructure. Our support has focused on improving internet capabilities for better communication and implementing software solutions to streamline time and attendance operations.

The IT department is developing a community educational resource room in the new Workforce Education and Resource Center (WERC), set to open on July 1st. This space will feature technology to support digital learning, workforce training, and community education. Our team is focused on creating a welcoming and accessible environment with computers and secure internet access to enhance learning and communication. By incorporating technology, this resource room will offer helpful tools for professional development and education, supporting our ongoing commitment to the community.

Patient Centered Care

We are pleased to report the successful submission of Promoting Interoperability quality metrics to the Centers for Medicare & Medicaid Services (CMS). This achievement reflects our ongoing commitment to meeting federal requirements for electronic health record (EHR) utilization and data sharing. The submission process involved collaboration with clinical, quality, and compliance teams to ensure accurate reporting and alignment with regulatory standards. By meeting these requirements, we continue to enhance interoperability, improve patient care coordination, and support the hospital’s eligibility for incentive programs.

Facility

The IT department is in the process of updating the hospital’s Wi-Fi infrastructure to enhance connectivity, reliability, and security across all areas of the facility. This upgrade will improve network performance, ensuring faster and more stable connections for staff, patients, and visitors. Enhanced coverage will support critical hospital systems, mobile workstations, and telehealth services while reducing connectivity disruptions. Our team is working to implement these improvements with minimal impact on daily operations, reinforcing our commitment to a seamless and efficient technology experience for all users.

Financial Wellness

We are pleased to report the successful submission of the Small Hospital Improvement Program (SHIP) grant for Petersburg Medical Center. This funding opportunity, tailored to support small rural hospitals, assists in our efforts to upgrade technology infrastructure, and improve patient care delivery. The SHIP grant application was completed in alignment with the program's focus areas, including quality improvement initiatives, value-based purchasing support, and investments in cybersecurity.

Submitted by: Jill Dormer, CIO



Materials Management Report March 2025

Workforce Wellness

The Materials department has experienced many changes over the past few months. Laura Buehler is still in PRN status and has always been consistently helpful whenever I assign her a task. One full-time assistant joined our team in March, and I am currently training a new assistant who joined in December. Our department consists of a small staff; however, we have a strong team, and I am enjoying being a part of it.

I am continuously developing ideas to better track both ordered and non-ordered supplies. One idea is to use binder clips with an "Ordered" sign attached to them. Additionally, we are marking items that are nearing their expiration dates with colored round dots to indicate their status while also entering expiration dates into a spreadsheet for tracking. These methods have been highly effective.

Community Engagement

We are currently using TRIOSE as our freight vendor, a project I worked on last year. So far, it appears that we are saving a small amount on shipping costs. We recently had our first meeting with the TRIOSE team, along with the AP and Laboratory departments, to discuss the details further. I am also exploring another freight vendor to determine if we can achieve greater savings.

Over the past three months, the Materials department has been quite busy. We have been working with medical staff from the Acute, Acute-Med, and ER storerooms to address overstock supplies that have been returned to Materials. Additionally, we are in the process of reorganizing supplies in all storerooms to help staff locate items more quickly and ensure easy access during urgent situations.

As part of this effort, we are updating the item lists for each cart and simplifying the lists for each shelf. We have been actively returning items and organizing shelves to accommodate stock brought in by staff. The Materials department has also been busy ordering new supplies for the decontamination room due to updates in the facility's sterilization process.

Our GPO will undergo a change during the upcoming renewal. HRS (Health Resource Services), our current GPO sponsor, is leaving Premier. THR (Texas Health Resources) will become our new GPO sponsor, with the transfer set to be completed on April 1, 2025.

Patient Centered Care

Materials Management ensures that all inventory supplies and special orders are up to date and available for patients when needed. Our department ensures that all the designated supply rooms on the floor are replenished and organized.

Facility

The new PMC logo has been installed on our mail machine, and appointment cards and nurses' notes have been ordered and distributed to departments.

I have also been communicating with a project coordinator from the ARCADIS group to determine which vendor offers the best prices and supply availability for the WERC building. These supplies are essential for EVS operations. Additionally, I was asked to conduct an inventory of our carts, including their measurements and the quantity of each size category.

Financial Wellness

We are making every effort to compare prices from each vendor when placing orders. We review items that are not regularly checked out and seek alternatives already available in our inventory. I am creating a list of items that are not frequently expensed, identifying possible alternatives from our existing inventory and sending them to departments for approval. This approach will help us reduce our inventory list, including items that have already been replaced.

We conducted our mid-year inventory in January and the results were good. The counting process went smoothly.

PETE Med Center		Physical Count Summary			
Location :	PETE INVENTORY STOREROOM			Total Variance :	\$2,139.59
Count # :	170726121	Pre Perp Count Value	\$103,370.3	Positive	
Committed :	1/22/2025 13:00	Post Perp Count Value	\$102,790.7	Variance :	\$780.00
Committed	Randrup, Melva	Non-Perp Count Value		Negative	(\$1,359.59)
By :	Yere		\$0.00	Variance :)
				Net Variance :	(\$579.59)

Submitted by: Melva Randrup - Materials Manager



Medical Records Report March 2025

Workforce Wellness

Our department is currently staffed with a dedicated team of professionals, including two clinic coders, one of whom assists with fulfilling extensive medical record requests, while the other manages Policy Stat for the facility and other assigned duties. Additionally, we have one clinic medical records personnel and two hospital-side coders.

Among the hospital coders, one is responsible for coding laboratory, radiology, physical therapy, occupational therapy, and other recurring rehabilitation services, as well as handling legal and extensive medical record requests. The second hospital coder oversees coding for long-term care (LTC), skilled nursing facility (SNF), inpatient acute care, emergency room visits, and foot care visits. This individual also assists with medical record requests as needed and manages the Health Information Management (HIM)/Medical Records Department.

We currently have an open position for a Medical Records/Coding Specialist. This role is intended to provide backup support for hospital-side coders and assist with medical record requests. Recently, there has been a significant increase in insurance companies requesting medical records, which has made it increasingly challenging for coders to keep up with their primary coding responsibilities.

Community Engagement

Ongoing education for a healthier community! Our clinic is staffed with dedicated physicians committed to providing exceptional patient care. I appreciate our Board of Directors, Administration, and staff for their dedication to maintaining a strong, community-based medical facility.

Patient Centered Care

If a patient identifies a discrepancy between the service received and the billing, we collaborate with Patient Financial Services and relevant departments to determine if additional information can be submitted to the insurance company. While adjustments are not always possible, there are instances where applying a different modifier allows for rebilling on the patient's behalf.

Facility

On 3/10/2025, our department had the opportunity to tour the WERC building and observe the progress of our new office space. We are excited about this transition, as it will provide us with the ability to collaborate more frequently and strengthen our team dynamic.

Financial Wellness

HIM remains committed to working collaboratively to ensure the timely completion and delivery of coding. Our team is diligently managing coding and Revenue Cycle queues to facilitate a swift turnaround.

A recent issue with Cerner was identified, where charges were not correctly dropping for clinic visits that included a radiology or lab component. This issue has now been resolved, and we are actively working to process the affected encounters efficiently.

Submitted by: Kim Randrup, RHIT



Nursing Report March 2025

Workforce Wellness

Nursing staffing remains a challenge, with a continued reliance on travel nurses. Currently, we employ up to five RN travelers, making up 38% of our staff. Additionally, two nurses will begin FMLA leave in the coming weeks, further compounding the issue. Despite these challenges, we have been fortunate to have experienced and high-quality travelers who contribute positively to our team.

We have interviewed and extended offers to three nurses in recent months; however, at least two declined due in part to our wages being significantly lower than other facilities in the area. The AHHA salary survey has shown substantial increases in nursing wages over the past two years. We are working with HR to incrementally adjust wages to remain competitive.

CNA staffing is also insufficient, particularly with our high census and frequent supervision needs in Long-Term Care (LTC). To maintain safe, high-quality care, we have been utilizing 4-5 travel CNAs. On a positive note, we recently welcomed two new CNAs who completed their on-the-job training at PMC and passed their state exams.

We are excited to have a second pharmacist on board remotely, enhancing our ability to improve medication administration practices, safety, and standardization. We are in the process of redistributing responsibilities between the pharmacists to best serve PMC while supporting a healthy work-life balance for the pharmacists.

Community Engagement

Mountain View Manor faced a critical staffing shortage, and several of our CNAs assisted them on their days off.

We continue our collaboration with the UAA School of Nursing to offer an outreach site in Petersburg. The current cohort, consisting of two students, is nearing the end of its first year. Carolyn Kvernvik has been instrumental as their clinical adjunct instructor. The next cohort is planned for Fall 2026.

Traci Vinson and her CNA instructor team are wrapping up the yearlong high school CNA class. The five students meet daily, requiring significant staff effort to ensure smooth operations. All students plan to take the licensing exam this spring, and we aim to continue this program in Fall 2026.

We are working to secure a team to commit to regular colonoscopy clinics at PMC. Progress has been slow, and we are still in the early stages of the process.

A team from PMC will participate in the PHS College and Career Fair on March 21.

Patient Centered Care

In December, we implemented Social Drivers of Health (SDOH) assessments using the PRAPARE tool for all inpatient admissions. Nursing staff complete the assessment during admission, with an 81% compliance rate. Beginning January 1, 2026, we will report compliance rates and "positive" response rates, analyzing data throughout the year to identify and address community needs.

We are in the early stages of Telestroke implementation. Although stroke cases are infrequent, this program will enhance our processes, efficiency, and decision-making, leading to improved patient outcomes.

Our census remains high, including an unprecedented swing bed census in recent weeks. Many patients require more assistance at home but do not yet need long-term care. We are exploring creative solutions to meet individual patient needs.

Our care protocols for chest pain, anaphylaxis, hypoglycemia, and rapid sequence intubation have been reviewed, updated, and approved by medical staff. These protocols are now readily available to guide nursing staff.

We have been collaborating with Infection Control and medical providers to enhance antimicrobial stewardship practices. Several staff members participate in a weekly webinar series focused on infection treatment in Alaska. We have revised our Community-Acquired Pneumonia (CAP) treatment guidelines and are updating our order set for consistency. Our next focus area is urinary tract infections.

We are advancing Pediatric Readiness in the emergency department. A new Broselow Cart has been purchased to ensure size-specific equipment and resources are readily available. Joint education with physicians on emergency pediatric care is planned for later this year, reflecting our commitment to excellence in pediatric care.



Facility

We have taken the directive “Clear the Clutter” seriously and have made significant progress in decluttering nursing areas, including the Emergency Department, Acute Care, LTC, and storage rooms. While space remains limited, we are committed to improving organization, reducing waste, and creating an efficient work environment.

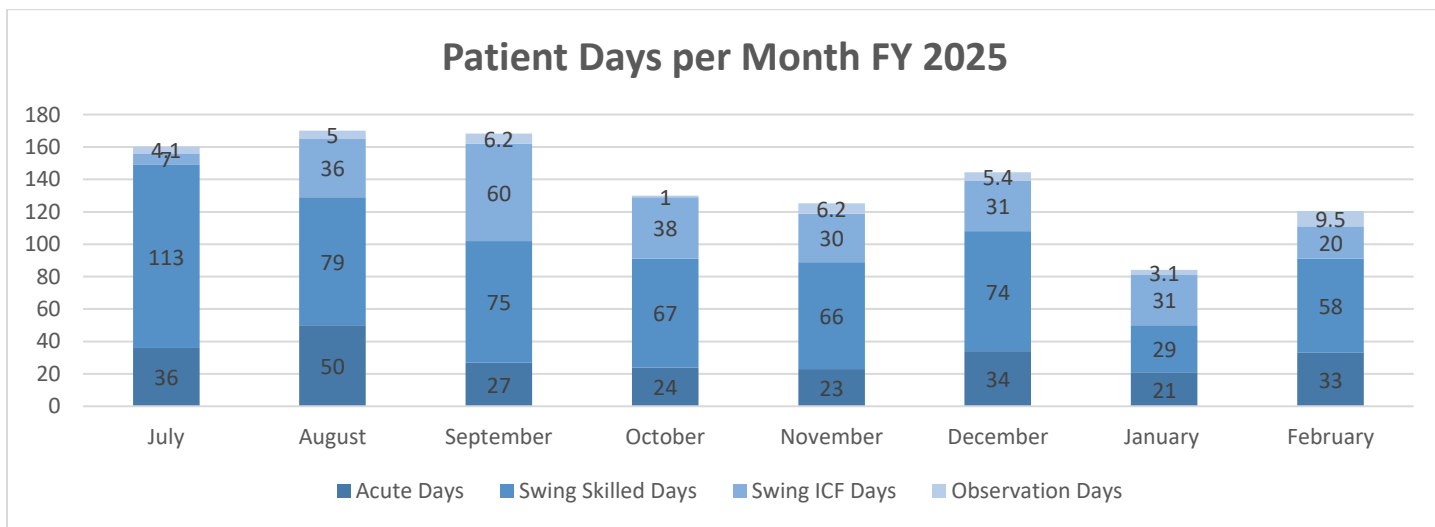
Building security and staff safety remain concerns. Our primary doors are designed to allow free exit while restricting entry in a certain mode, but occasional malfunctions pose a security risk, especially at night when staffing is minimal. We frequently rely on police support during patient escalations or mental health crises and appreciate their prompt response and partnership.

Ongoing plumbing challenges occasionally necessitate patient room changes and pose infection control risks due to slow or clogged drains. Finding acceptable solutions remains a priority.

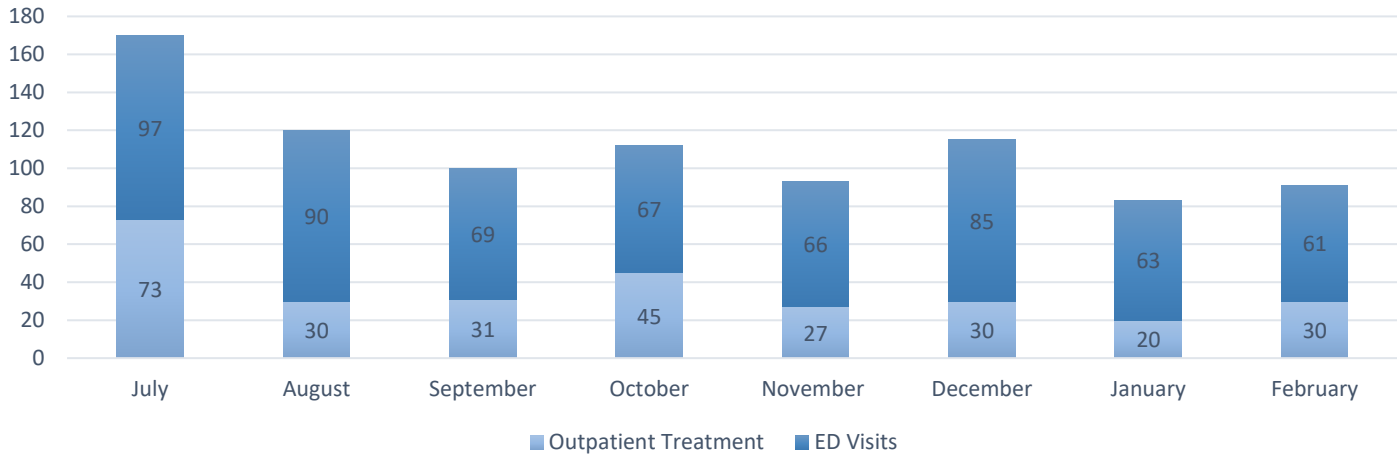
We continue our efforts to address these challenges while maintaining the highest standards of care for our patients and a supportive work environment for our staff.

Financial Wellness

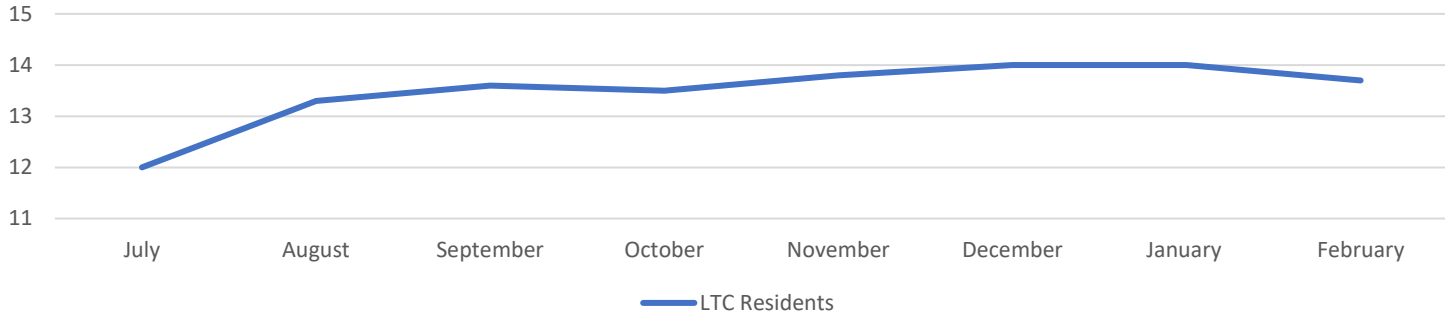
Our patient load has remained high, but to ensure adequate staffing, many staff members have been working a lot of overtime. Some travel CNAs work so many hours they cover two full-time positions. This overtime is costly, financially and in potential burnout and staff morale, yet we are grateful for their dedication, care and commitment to our residents.



Patient Encounters per Month FY 2025



LTC Resident Average Census FY 2025



Submitted by: Jennifer Bryner, MSN, RN, Chief Nursing Officer



Activities Report March 2025

Workforce Wellness

The Activities Department is currently staffed as follows:

- Activities Coordinator: M-F 8am-5pm
- Activities Aide: M-F 11am-7pm

We currently are down to one activities aide as of 1/31/25. We have hired another activities aide set to start June 1st.

The departure of an activities aide has been most notable when staff are out sick or on PTO, as well as on the weekends.

The weekend currently does not have any designated activities staff here with the exception of holidays/special events that occur on weekends. To make up for this and ensure resident safety there has been an extra Certified Nursing Assistant staffed on the weekends and the Activities Coordinator has been providing materials for low-stress activities over the weekend.

Looking forward, the activities department is looking for volunteers specifically for Little Norway Festival Weekend, as we will be short a staff member that weekend and we are hoping to get residents out and about for the festivities.

Community Engagement

The LTC Activities department is always looking for new ways to get our residents engaged within the organization as well as the community.

Below are some highlights of our work in community engagement

- Youth collaboration with Kinderskog, Girl Scouts, Petersburg School District, and other local youth groups.
- Monthly staff lunches with the residents
- Every other week an LTC update goes out on the community Facebook page
- Pioneers of Alaska assisted with the annual LTC Ice Cream Social
- LTC attended the 2024 Rotary Christmas party with the MVM residents

We are hoping to resume the LTC radio show this summer as the KFSK schedule allows.

Patient Centered Care

Each of our residents came to LTC with a unique life story and set of interests. The LTC activities department makes it a goal to find ways to incorporate life-long interests, values, and occupations into each resident's plan of care. The LTC activities coordinator creates a monthly newsletter to keep resident families in the loop of upcoming activities and events.

Resident Volunteer Work: We have one resident who spent a large portion of her life working down at the Petersburg Pilot. The Pilot continues to work with LTC to foster a volunteer opportunity for this resident—providing an important social outlet.

Family Events: When residents have kids or grandchildren in local events (plays, dance recitals, sporting events), the LTC Activities staff have been able to help facilitate opportunities for residents to attend these events.

Writing: LTC activities along with the help of other PMC staff have helped a resident who is a lifelong author write a manuscript.

Facility

Like other departments, the activities department deals with space constraints. We have been able to reorganize and pair down our supplies, but space continues to be an issue. Aside from storage space, the physical space in LTC is not laid out ideally for big events like our holiday dinners. For Thanksgiving, we had roughly 70 people present and ended up having to seat some parties in the conference room.

Financial Wellness

The Alaska Hospitals & Healthcare Association (AHHA) has provided Alaska activities directors with a complimentary one-year membership to the National Association of Activities Professionals. This membership has been incredibly helpful—providing resources on regulations and assessments, granting access to webinars, and facilitating an opportunity to meet other activities directors and share ideas.

Submitted by: Alice Neidiffer



New Facility Construction Report March 2025

Sitework

Sitework has resumed and that activity will continue through the end of April. This will include final grading, landscaping, pouring concrete sidewalks, and a service driveway. Other exterior improvements will be done during this same time and should all be completed by May 1st or sooner.

WERC Building

The additional layer of exterior clad Rockwool insulation is nearly completed, and the metal siding is also nearly completed they are moving along in parallel. Painting in areas open to above is nearly completed, Otis has nearly completed the installation of the elevator which should be complete by the end of March and will be tested and certified on March 26th by the SOA, this will also include an inspection by the SOA FM for and testing the Fire Alarm system. Electrical, Communication, and Mechanical trim out is about 90% complete, and interior finishes are about 85% complete. Carpet and flooring are ongoing.

The MRI Addition steel structure has been erected and ETS Lindgren will soon begin to fabricate the RF Copper shield offsite for installation in May alongside the parts of the addition after framing is completed. The Siemens SOU chiller units and Power Conditioner are also scheduled to arrive in May, followed by the magnet in June, and should allow for the calibration and testing to be completed by July 1.

New Hospital Design

Further design progress is on hold pending grant funding. The Phase 5 wetlands permit is currently under review, approval can take 3-4 months and should have approval by May of this year.

Upcoming Construction Activities (2-month look ahead)

- April – Exterior siding, Exterior concrete surfaces, Flooring, Fire Alarm, Mechanical and Electrical trim, MRI Addition steel and framing.
- May – Substantial Completion, Punch List, and MRI Addition, Final Exterior Improvements

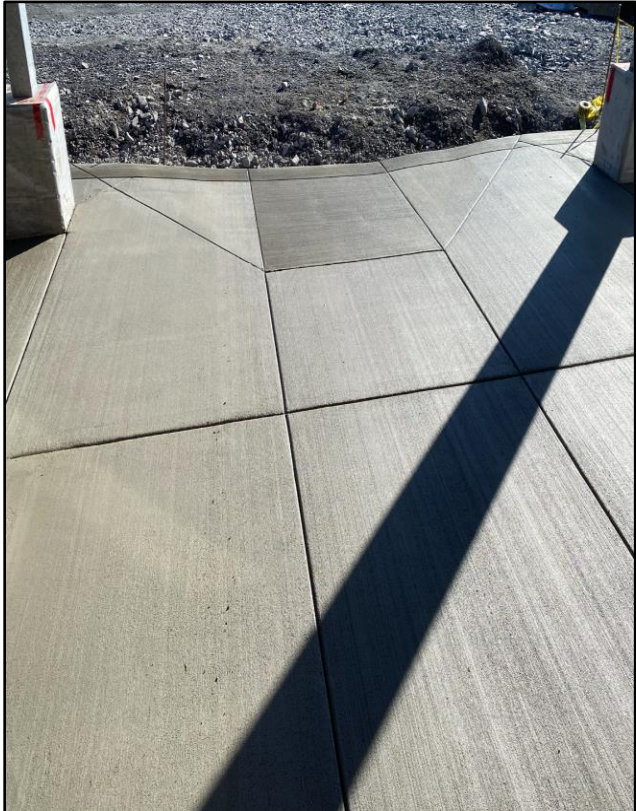
Budget

- 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

Painting Open to Above and Bathroom Accessories Installation



Exterior Clad, MRI Addition Structure, and Entry Heated Slab



Submitted by: Justin Wetzel- Arcadis Project Manager



Quality Report March 2025

Workforce Wellness

Alaska Hospital & Healthcare Association will be hosting a Quality Summit on April 8th in Anchorage which will provide an opportunity for learning and collaborating with Alaska leaders in healthcare quality and safety.

Two employees will be attending the National Council On Aging ‘Age +Action’ Conference in Arlington, VA at the end of May funded by the Fall Prevention Grant. This conference is offered as a resource for grantees to learn about programs and support aimed at building up older adults in the community. Continued work on support and programing for older adults in Petersburg helps residents to ‘age in place.’

Community Engagement

Community Health Needs Assessment: The work group continues to analyze data and work on drafting content. Efforts are being made to identify potential areas of health inequity in the community, including social factors that determine health outcomes. The final publication scheduled for May 2025 will include an implementation/action plan for community identified priorities and will help guide targeted efforts for improvement. The community identified priorities are becoming clear and more information will be shared on this soon.

Fall Prevention Programming:

Grantee: Account Name ↑	Program Target Name ↑	Sum of Actual Participants	Sum of Participant Target	Pct of Participant Target
Petersburg Medical Center	ACL Falls Prevention Grant 2023 Bingocize	130	184	71%
	ACL Falls Prevention Grant 2023 Tai Ji Quan	87	116	75%
Total		217	300	72%

In under 2 years, the number of participants has reached 217, which is 72% of the 4-year grant total goal. Fall prevention goals for 2025 include developing a sustainability plan to continue these programs beyond the grant funded period. Bingo-cize workshops have been held in the LTC, at the Mountainview Manor, and at the Parks & Rec Community Center. Tai Ji Quan: Moving For Better Balance workshops are held at Mitkof dance studio and over zoom. A new in- person Tai Ji Quan class started March 18th and there is still time to join.

Patient Centered Care

Collaboration initiated to bring additional quality measure reporting data to the Quality Committee for timely review. These include measures reported through the Medicare Beneficiary Quality Improvement Project (MBQIP.) MBQIP is a federal grant program administered by the Alaska Flex Program to support CAHs to report common, rural-relevant quality measures that are appropriate for low-volume hospitals. The program encourages CAH’s to measure outcomes, demonstrate improvements and share best practices. PMC participates in the voluntary reporting of the quality measures. PMC performance can be compared to state and national benchmarks to identify areas that are going very well and areas that may need attention or improvement.

A new physician-led improvement project has been identified in LTC by the medical director. The project will include multidisciplinary collaboration and aims to improve resident quality of life.

Facility

March Quality meetings include LTC and CAH committees. Thank you to PMC Board Member Stratman, PMC Board Member Cushing, and community members Jim Schwartz and Sandy Volk, who continue to donate their time and perspectives for these committees.

Financial Wellness

No new updates in this area.

Submitted by: Stephanie Romine, RN



Infection Prevention Report March 2025

Workforce Wellness

There have been no changes in this area. I serve PMC as the lone Infection Preventionist.

Community Engagement

I have been continuing to work with various departments to clear clutter from PMC, including Nursing, EVS, Emergency Preparedness, and Rehab. I am working with Rehab and Clinic staff to monitor compliance with hand hygiene among staff at PMC. Monthly, I have been helping to lead Environment of Care rounds at PMC, where we focus on different areas each time to make sure our environment is compliant with regulations. With the help of various departments we completed the recommendations of change from the February 2025 OSHA visit.

Patient Centered Care

Recently I provided hand hygiene training to the CNA staff. This training will also be available for nursing. I am also providing education to the nursing staff on Urinary Tract Infections, especially as it relates to Long Term Care residents. I am constantly monitoring for infections and multi-drug resistant organisms, and ways to prevent their spread.

Facility

I work closely with the maintenance department to identify and correct any structural or cosmetic damage that we identify at PMC.

Financial Wellness

Nothing to report in this area.

Submitted by: Rachel Kandoll, RN, Infection Preventionist



PMC CEO Board Report March 2025

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

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

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

- Employee Forum (all staff meeting) with over 80 employees in attendance, offering 3 sessions.

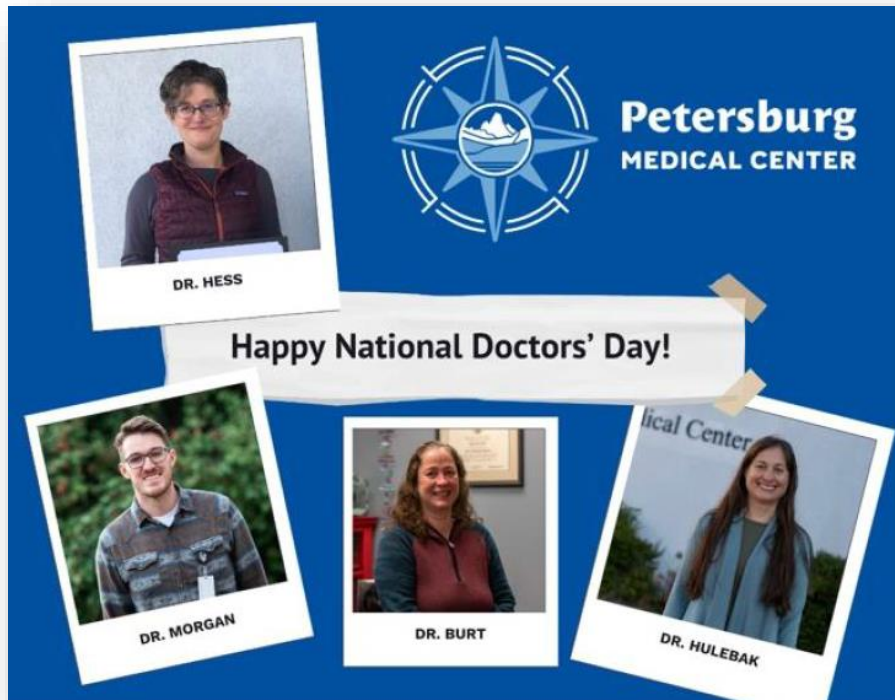
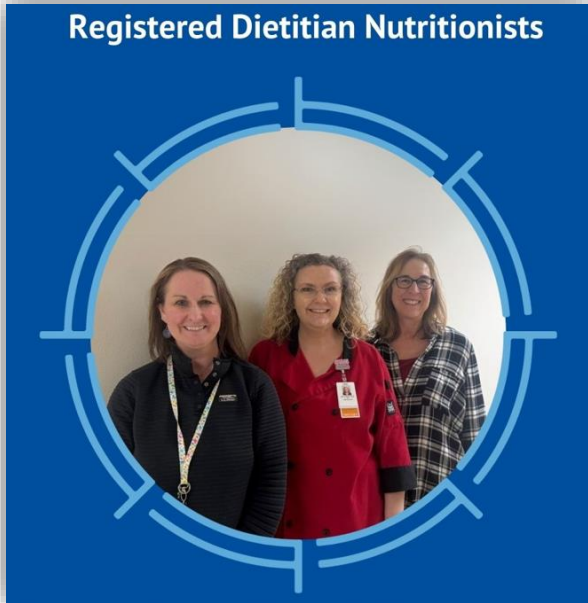


- PMC welcomes Polly Morales, Registered Nurse, to the team!
- March 5th- Physician Lunch
- March 12th- Medstaff
- March 14th- OSHA site visit survey follow up completed successfully.
- March 20th-Office Hours with Phil
- March 21st- Manager Work Session
- PMC Celebrates the following professionals in March:
 - Registered Dietitian Nutritionists. These dedicated professionals collaborate across our hospital, long-term care, and primary care clinic settings to meet the diverse nutrition needs of our patients, residents, and outpatients. Left to Right: Kelly, Jeanette, and Jennifer.



**Petersburg
MEDICAL CENTER**

- Human Resource professionals are a vital part of the team. This mighty team of two is commended for their excellence and commitment to PMC. Cindy N. and Scott Z.



- Sunday, March 30th -Doctor's Day. PMC has four full-time dedicated physicians who devote themselves to our community's care. Our special thanks to our physicians: Selina Burt, Cortney Hess, Alice Hulebak, and Justin Morgan.



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

- Feb 27th- KFSK/ PMC Live with AHHA President and CEO, Jared Kosin, Brandy Boggs, and Phil Hofstetter discussing potential federal Medicaid cuts
- March 1st- Walk with a Provider, Angela Menish, FNP, at Sandy Beach
- March 1, 7th, and 8th- Asset Protection Planning and Long-Term Care Medicaid provided by Brandy Boggs.
- March 18th/19th- Bingocize and Tai Ji Quan are starting new sessions next week. Come join us in the next round of FREE fall prevention programming!
- March 27th- KFSK/PMC Live
- March 27th-Hospital Board Meeting open to public

Stretching our Muscles for Better Health
Led by Angela Menish, NP

SATURDAY, MARCH 1ST
9:00-10:00 AM
SANDY BEACH TRAILHEAD

JOIN US FOR OUR MARCH WALK WITH A DOC EVENT!
Take a few minutes to learn about Stretching our Muscles for Better Health, then spend the rest of the hour enjoying a healthy walk at your own pace and distance. It's a great way to be active, learn about health, visit with a medical provider and meet new friends. The events are free and open to everyone!

walkwithadoc.org
jwalker@pmc-health.org



Join in on the next round of Bingocize or Tai Ji Quan!

BINGOCIZE

New Session: March 18th

- 10 Week Program
- Fun Music & Prizes
- Social Engagement

Parks & Recreation Activity Room
Mon/Wed --- 10-11am

Tai Ji Quan

New Session: March 19th

- 24 Week Program
- Slow Controlled Movements
- Progressing in 8 Forms

Mitkof Dance Troupe Studio
Tues/Thurs --- 10-11am

Reduce the risk of falling by improving strength, balance & mobility.

FREE PROGRAMS FOR ALL AGES & ABILITIES

For more information:
907-772-5580
bturland@pmc-health.org



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

- Joy Janssen Clinic Access to Primary Care: We remain fully staffed with 4 Physicians and 2 mid-level practitioners. M-F 8AM-5PM, and Saturday 8AM-12, 1PM-4:30PM
 - Same day appointments for urgent care are readily available.
 - Next available appointment with primary care provider is 4 days wait time
 - Third available appointment with primary care is an average 8 days wait time.
 Digital informational signage screens have been placed in all patient rooms and in the waiting area.
- Optometrist, Kamey Kapp, will be in Petersburg at the end of March/early April to see patients in the Specialty Clinic.
- Dermatologist, Cameron French, still scheduled to see patients in May of this year in the Joy Janssen Clinic.
- ENT, Dr. Raster, plans to see patients in May of this year in the Specialty Clinic.
- Psychiatry services are ongoing via telehealth and accepting referrals.
- Audiologist, Phil Hofstetter, continues to see patients in Specialty Clinic and has seen 20+appointments throughout the month of March.





Petersburg MEDICAL CENTER

Total Encounters

Patient Visits

1,232

Encounters
February 2025

-65 (5.0%)

Change from
January 2025

1,230

Monthly Average
Past 25 Months

View By: Aggregate ▾

Total Encounters

Summary	
Range Total	30,741
Minimum Value	915
Maximum Value	1,466
Months Received	25 of 25

ED Visits

Hospital Operations

65

Visits
February 2025

2 (3.2%)

Change from
January 2025

78

Monthly Average
Past 25 Months

ED Visits
 Benchmark (Critical Access Clients)

Summary	
Range Total	1,945
Minimum Value	51
Maximum Value	112
Months Received	25 of 25

Average Census

Hospital Operations

13.75

Patients
February 2025

-0.25 (1.8%)

Change from
January 2025

13.25

Monthly Average
Past 25 Months

View By: Aggregate ▾

Average Census

Summary	
Range Average	13.25
Minimum Value	11.00
Maximum Value	15.00
Months Received	25 of 25

Total Encounters

Patient Visits

1,232

Encounters
February 2025

-65 (5.0%)

Change from
January 2025

1,230

Monthly Average
Past 25 Months

View By: Aggregate ▾

Total Encounters

Summary	
Range Total	30,741
Minimum Value	915
Maximum Value	1,466
Months Received	25 of 25



Petersburg
MEDICAL CENTER

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.*



- Arcadis submitted report with a detailed update on the new facility.
- 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.
- Certificate of Need for MRI has been completed, submitted, and now under review. Parts for MRI have been shipped, and we are receiving items.
- Updates: Project updates are available on the PMC website under the “New Facility & Planning” tab. Photos are updated on social media every Friday afternoon.
- As the WERC building nears completion, we will be closing tours to the public as floors, paint, and fixtures are added, with an opening pending.



Financial Wellness: *Goal: To achieve financial stability and sustainability for the hospital.*
FY25 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

- Financials submitted generally for February showed ~9% lower revenue than budget, however YTD is still positive. Expenses are generally on track with a ~ 2% higher than budget variance. Note: February is a shorter month. Volumes have still been higher than target YTD.
- Accounts Receivables (AR) Update: Accounts Receivables (AR) is currently around 90 days.
- Revenue Cycle Team is now in-house starting this month in March.
- Grants; See *attached Grants Report*
- Rasmuson Foundation visited Petersburg as part of a funding request for our Community Support Grant. They did a site visit of both our existing facility and the WERC building.
- Budget preparations for the next FY26 are beginning.



Submitted by: Phil Hofstetter, CEO



FISCAL YEAR 2025 GRANTS UPDATE

Grants currently fund 4.9 FTE in total FY25 staff time across 13 PMC roles

1 Funded FY25 Grant Request to Date: \$20,000

- ◆ **AK Community Foundation Camps Initiative**
Community Wellness funding request supporting Summer 2025 ORCA Camps.
1 Year | **\$20,000** (total single award)

3 Pending FY25 Grant Requests to Date: \$3,350,000

- ◆ **HRSA Rural Health Network Development Planning Program**
Planning with independent AK CAHs to improve rural health access & efficiency.
1 Year | **\$100,000** total requested – *Decision anticipated by Sept. 2025*
- ◆ **Rasmuson Foundation Community Support Grant**
Wellness, Education, & Resource Center MRI Suite addition construction costs.
1 Award | **\$250,000** total requested – *Decision anticipated April 2025*
- ◆ **Senate Appropriations Congressionally Directed Funds (Sen. Murkowski)**
New Facility Phase 3 costs. Requested in FY24, still pending budget appropriation
1 Award | **\$3,000,000** total requested – *Decision now anticipated FY25*

2 New Facility Grants Operating in FY25 \$28,000,000

- ◆ **HRSA Congressionally Directed Spending: Community Project**
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**
Wellness, Education & Resource Center building construction including MRI Suite.
Year **3** of **6** | **\$20,000,000** (total single award)
Project housed in: Finance

9 Program & Personnel* Grants Operating in FY25 \$780,296

* FY25 Grant contributions to PMC’s Admin & Finance costs: \$62,980

- ◆ **AK Community Foundation Summer ORCA Camps – COMPLETE**
Launched PMC’s first overnight camp experience / kayaking camp for older youth.
1 Year | \$20,000 (total single award)

- ◆ **ACL Communities Deliver & Sustain Evidence-Based Falls Prevention**
Provides evidence-based falls prevention programs to older adults, people with disabilities, & others with mobility challenges. Connects community to CW/HH.
Year 2 of 4 | \$147,076 in FY25
Currently funding: 0.9 FTE in Community Wellness & Home Health staff positions

- ◆ **AHHA Facility-Led Workforce Initiative Funding**
Provides financial support for CW 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

- ◆ **HRSA Rural Community Opioid Response Project – Overdose Response**
No-Cost Extension of FY24 project establishing PMC’s telepsychiatry pilot project.
Year 2 of 2 | \$65,000 in FY25
Currently funding: 0.2 FTE personnel in BH staff + external telepsychiatry contract

- ◆ **SBHA School-Based Health Services Grant**
Partnership providing onsite School Nurse & BH support for PSD K-12 students.
* 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 indirect

- ◆ **State Health Department Adult Day Services Grant**
Supports Cedar Social Club staffing & \$33K+ per year in participant scholarships.
Year 1 of 3 | \$149,855 in FY25
Currently funding: 0.9 FTE across 3 positions in Home Health; \$19,546 indirect

- ◆ **State Health Department Community Tobacco Prevention & Control Grant**
Implements the evidence-based Million Hearts® Change Package for Tobacco Cessation in the PMC health care systems change.
Year 2 of 3 | \$145,000 in FY25
Currently funding: 0.7 FTE across 2 positions in CW; \$18,913 in PMC indirect costs

- ◆ **State Health Department Hospital Preparedness Program – COMPLETE**
Purchase 2 radio base stations & 4 mobile handheld radios for emergency prep.
1 Year | \$14,664.28 (total single award)

- ◆ **State Health Department Opioid Settlement Funds Grant**
Sustain telepsychiatry access pilot program established by 2023 HRSA grant.
Year 1 of 3 | \$142,828 in FY25
Currently funding: 0.9 FTE across 3 positions BH/Grants Director; \$18,630 indirect

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

For the month ended February 28, 2025

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	828	855	804					6,836	6,311	8.3%
2. Radiology Procedures	259	202	211	231	247	240	194	190					1,774	1,580	12.3%
3. Lab Tests (excluding QC)	2,057	1,754	1,720	1,717	1,489	1,861	1,716	1,777					14,091	15,193	-7.3%
4. Rehab Services Units	1,028	789	788	1,061	1,137	1,184	1,047	828					7,862	6,450	21.9%
<i>Physical</i>	687	629	643	789	870	1,022	906	665							
<i>Occupational</i>	281	112	123	272	251	152	123	146							
<i>Speech</i>	60	48	22	-	16	10	18	17							
5. Home Health Visits	155	168	175	227	196	160	227	192					1,500	1,084	38.4%
<i>Nursing Visits</i>	110	119	136	150	109	110	133	126							
<i>PT/OT Visits</i>	45	49	39	77	87	50	94	66							
6. Emergency Room Visits	95	88	65	64	67	86	63	60					588	603	-2%
<i>Hospital Inpatient</i>															
7. Patient Days - Acute	34	49	27	24	23	30	21	28					236	222	6.3%
8. Patient Days - Swing Bed	120	115	135	105	96	105	35	78					789	291	171.1%
9. Patient Days - Total	154	164	162	129	119	135	56	106					1,025	513	99.8%
10. Average Daily Census - Acute	1.1	1.6	0.9	0.8	0.8	1.0	0.7	1.0					1.0	0.9	6.2%
11. Average Daily Census - Swing Bed	3.9	3.7	4.5	3.4	3.2	3.4	1.1	2.8					3.2	1.2	171.1%
12. Average Daily Census - Total	5.0	5.3	5.4	4.2	4.0	4.4	1.8	3.8					4.2	2.1	99.7%
13. Percentage of Occupancy	41.4%	44.1%	45.0%	34.7%	33.1%	36.3%	15.1%	31.5%					35.1%	17.6%	99.7%
<i>Long Term Care</i>															
14. LTC Days	372.0	418.0	410.0	392.0	420.0	434.0	434.0	384.0					3,264	3,366	-3.0%
15. Average Daily Census	12.0	13.5	13.7	12.6	14.0	14.0	14.0	13.7					13.4	13.9	-3.0%
16. Percentage of Occupancy	80.0%	89.9%	91.1%	84.3%	93.3%	93.3%	93.3%	91.4%					89.6%	92.3%	-3.0%

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the month ended February 28, 2025

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
				Gross Patient Revenue:						
\$527,203	\$335,254	\$191,949	57.3%	1. Inpatient	\$4,635,094	\$2,682,033	\$1,953,061	72.8%	\$2,462,352	88.2%
744,402	971,221	(226,819)	-23.4%	2. Outpatient	7,166,034	7,769,766	(603,732)	-7.8%	7,077,167	1.3%
575,149	521,472	53,677	10.3%	3. Long Term Care	4,836,708	4,171,776	664,932	15.9%	4,300,895	12.5%
422,125	447,678	(25,553)	-5.7%	4. Clinic	3,599,112	3,581,431	17,681	0.5%	3,282,692	9.6%
33,728	44,314	(10,586)	-23.9%	5. Home Health	365,918	354,516	11,402	3.2%	322,389	13.5%
2,302,607	2,319,939	(17,332)	-0.7%	6. Total gross patient revenue	20,602,866	18,559,522	2,043,344	11.0%	17,445,495	18.1%
				Deductions from Revenue:						
729,980	496,978	(233,002)	-46.9%	7. Contractual adjustments	4,005,519	3,975,821	(29,698)	-0.7%	3,542,458	-13.1%
0	(84,770)	(84,770)	100.0%	8. Prior year settlements	0	(678,160)	(678,160)	100.0%	(664,863)	100.0%
(147,222)	12,500	159,722	1277.8%	9. Bad debt expense	272,901	100,000	(172,901)	-172.9%	(406,221)	-167.2%
24,075	16,667	(7,408)	-44.4%	10. Charity and other deductions	145,681	133,336	(12,345)	-9.3%	(13,221)	1201.9%
606,833	441,375	(165,458)	-37.5%	Total revenue deductions	4,424,102	3,530,997	(893,105)	-25.3%	2,458,152	-80.0%
1,695,774	1,878,564	(182,790)	-9.7%	11. Net patient revenue	16,178,764	15,028,525	1,150,239	7.7%	14,987,343	7.9%
				Other Revenue						
0	33,333	(33,333)	-100.0%	12. 340b Revenue	1,929	266,666	(264,737)	-99.3%	-	n/a
100,642	84,247	16,395	19.5%	13. Inkind Service - PERS/USAC	757,450	673,976	83,474	12.4%	660,759	14.6%
64,028	52,179	11,849	22.7%	14. Grant revenue	620,959	417,432	203,527	48.8%	409,248	51.7%
0	9,562	(9,562)	-100.0%	15. Federal & State Relief	0	76,502	(76,502)	-100.0%	75,000	-100.0%
7,815	38,202	(30,387)	-79.5%	16. Other revenue	190,458	305,616	(115,158)	-37.7%	253,607	-24.9%
172,485	184,190	(11,705)	-6.4%	17. Total other operating revenue	1,570,797	1,473,526	95,341	6.5%	1,398,615	12.3%
1,868,259	2,062,754	(194,495)	-9.4%	18. Total operating revenue	17,749,561	16,502,051	1,247,510	7.6%	16,385,958	8.3%
				Expenses:						
1,002,206	985,955	(16,251)	-1.6%	19. Salaries and wages	8,182,202	7,887,640	(294,562)	-3.7%	7,553,718	-8.3%
160,111	105,319	(54,792)	-52.0%	20. Contract labor	1,335,929	842,545	(493,384)	-58.6%	692,920	-92.8%
404,359	366,660	(37,699)	-10.3%	21. Employee benefits	3,104,564	2,933,280	(171,284)	-5.8%	2,812,450	-10.4%
103,560	136,754	33,194	24.3%	22. Supplies	1,141,481	1,094,032	(47,449)	-4.3%	1,014,710	-12.5%
130,606	127,280	(3,326)	-2.6%	23. Purchased services	1,211,858	1,018,247	(193,611)	-19.0%	993,992	-21.9%
31,514	45,699	14,185	31.0%	24. Repairs and maintenance	390,613	365,592	(25,021)	-6.8%	358,800	-8.9%
40,011	21,719	(18,292)	-84.2%	25. Minor equipment	270,095	173,752	(96,343)	-55.4%	167,635	-61.1%
29,729	21,138	(8,591)	-40.6%	26. Rentals and leases	245,236	169,104	(76,132)	-45.0%	164,303	-49.3%
92,190	91,623	(568)	-0.6%	27. Utilities	680,956	732,980	52,024	7.1%	711,172	4.2%
(1,079)	10,192	11,271	110.6%	28. Training and travel	71,688	81,532	9,844	12.1%	69,958	-2.5%
82,482	100,766	18,284	18.1%	29. Depreciation	735,271	806,128	70,857	8.8%	732,853	-0.3%
16,770	22,212	5,442	24.5%	30. Insurance	144,117	177,696	33,579	18.9%	128,600	-12.1%
21,369	34,576	13,207	38.2%	31. Other operating expense	230,353	276,601	46,248	16.7%	253,882	9.3%
2,113,827	2,069,892	(43,935)	-2.1%	32. Total expenses	17,744,363	16,559,129	(1,185,234)	-7.2%	15,654,992	-13.3%
(245,569)	(7,138)	(238,430)	-3340.1%	33. Income (loss) from operations	5,198	(57,078)	62,276	109.1%	730,965	99.3%
				Nonoperating Gains(Losses):						
(10,461)	11,323	(21,784)	-192.4%	34. Investment income	286,925	90,591	196,334	216.7%	292,625	1.9%
(10,519)	(4,439)	(6,080)	-137.0%	35. Interest expense	(88,759)	(35,512)	(53,247)	-149.9%	(95,193)	6.8%
0	0	0	n/a	36. Gain (loss) on disposal of assets	0	0	0	n/a	-	n/a
1,029,137	1,016,667	12,470	1.2%	37. Other non-operating revenue	8,614,031	8,133,336	480,695	5.9%	2,789,693	208.8%
1,008,157	1,023,551	(15,394)	-1.5%	38. Net nonoperating gains (losses)	8,812,197	8,188,415	623,782	7.6%	2,987,124	195.0%
\$762,588	\$1,016,413	(\$253,825)	-25.0%	39. Change in Net Position (Bottom Line)	\$8,817,395	\$8,131,337	\$686,058	8.4%	\$3,718,090	137.1%

PETERSBURG MEDICAL CENTER
Balance Sheet
Feb, 2025

ASSETS	Feb 2025	Jan 2024	June 2024	Feb 2024	LIABILITIES & FUND BALANCE	Feb 2025	Jan 2024	June 2024	Feb 2024
Current Assets:					Current Liabilities:				
1. Cash	2,015,017	2,460,605	356,249	558,532	23. Accounts Payable - Trade	\$1,103,346	\$1,062,044	\$3,255,927	\$1,454,411
2. Cash - insurance advances	0	0	0	0	24. Accounts Payable - New Facility	1,036,470	1,843,691	0	0
3. Investments	1,081,938	1,077,986	1,057,873	47,605	25. Accrued Payroll	434,838	434,644	240,920	350,353
4. Total cash	3,096,955	3,538,591	1,414,122	606,137	26. Payroll taxes and other payables	964,072	825,695	236,514	195,995
5. Patient receivables	7,198,024	7,280,802	6,821,298	5,379,996	27. Accrued PTO and extended sick	1,099,815	1,062,460	1,018,401	982,401
6. Allowance for contractals & bad debt	(2,607,219)	(2,752,457)	(2,363,151)	(1,580,498)	28. Deferred revenue	94,859	84,861	152,525	114,054
7. Net patient receivables	4,590,805	4,528,345	4,458,147	3,799,498	29. Due to Medicare	1,594,144	1,393,548	160,798	(398,008)
8. Other receivables	1,225,835	1,418,422	2,231,342	790,663	30. Due to Medicare - Advance	0	0	0	0
9. Inventories	353,651	351,486	319,404	322,062	31. Due to Blue Cross - Advance	0	0	0	0
10. Prepaid Expenses	183,372	222,333	161,762	167,567	32. Other current liabilities	3,203	3,206	4,145	4,023
11. Total current assets	9,450,618	10,059,177	8,584,777	5,685,927	33. Current portion of long-term debt	453,484	451,528	618,244	395,857
Property and Equipment:					34. Total current liabilities	6,784,232	7,161,677	5,687,476	3,099,086
12. Assets in service	28,655,516	28,640,186	28,601,075	28,196,810	Long-Term Debt:				
13. Assets in progress	18,091,492	17,054,649	9,368,246	3,792,355	35. Capital leases payable	1,981,707	2,020,403	2,283,594	2,255,413
14. Total property and equipment	46,747,008	45,694,835	37,969,321	31,989,164	Pension Liabilities:				
15. Less: accumulated depreciation	(23,034,228)	(22,951,746)	(22,298,956)	(21,885,862)	36. Net Pension Liability	15,526,950	15,526,950	16,521,607	16,521,607
16. Net property and equipment	23,712,781	22,743,089	15,670,365	10,103,303	37. OPEB Liability	-	-	-	-
Assets Limited as to Use by Board					38. Total pension liabilities	15,526,950	15,526,950	16,521,607	16,521,607
17. Investments	3,546,966	3,559,110	3,337,912	3,238,260	39. Total liabilities	24,292,890	24,709,031	24,492,677	21,876,106
18. Building fund	772,799	775,343	724,158	701,731	Deferred Inflows:				
19. Total Assets Limited as to Use	4,319,765	4,334,453	4,062,069	3,939,991	40. Pension	413,688	413,688	623,594	623,594
Pension Assets:					Net Position:				
20. OPEB Asset	7,338,848	7,338,848	6,685,608	6,685,608	41. Unrestricted	13,726,830	13,726,830	2,751,845	2,751,845
Deferred Outflows:					42. Current year net income (loss)	8,817,395	8,054,807	9,689,507	3,718,088
21. Pension	2,428,790	2,428,790	2,554,803	2,554,803	43. Total net position	22,544,224	21,781,637	12,441,352	6,469,932
22. Total assets	\$47,250,802	\$46,904,357	\$37,557,622	\$28,969,632	44. Total liabilities and fund balance	\$47,250,801	\$46,904,355	\$37,557,622	\$28,969,632

**Note: Cash on line 1 is for presentation 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 February 28, 2025

	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%	10.5%	31.7%					19.4%	20.3%	4.3%
2. Charity/Other Ded. As a % of Gross Revenue	0.0%	-0.1%	0.0%	0.0%	0.0%	0.0%	5.1%	1.0%					0.7%	-0.1%	1033.0%
3. Bad Debt as a % of Gross Revenue	1.2%	3.7%	1.6%	-0.3%	0.0%	6.4%	3.1%	-6.4%					1.3%	-2.3%	-156.9%
4. Operating Margin	9.1%	12.8%	8.0%	1.9%	-4.4%	-26.6%	1.0%	-13.1%					0.0%	-10.2%	100.3%
5. Total Margin	47.5%	39.0%	39.0%	29.6%	28.7%	-0.6%	38.0%	26.5%					33.2%	-10.6%	276.6%
6. Days Cash on Hand (Including Investments)	83.3	87.9	89.8	92.4	96.9	100.5	117.6	110.3					100.5	81.3	24%
7. Days in A/R (Net)	68.5	65.9	67.8	62.6	65.6	77.7	75.4	78.9					77.7	62.0	25.2%
8. Days in A/R (Gross)	85.3	85.3	87.1	81.0	82.8	87.6	88.8	86.5					87.6	79.2	11%