



**Petersburg Borough**  
**Petersburg Medical Center**

12 South Nordic Drive  
Petersburg, AK 99833

**Meeting Agenda**  
**Hospital Board**  
**Regular Meeting**



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Thursday, April 30, 2026

5:30 PM

Assembly Chambers

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Please copy and paste the link below into your web browser to join the webinar:

<https://us06web.zoom.us/j/85215608750?pwd=i2iwFxC0sCTbDrT3m3xiEz3HhbwdML.1>

Webinar ID:852 1560 8750

Password: 769298

**1. Call to Order/Roll Call**

- A. Call to Order
- B. Roll Call

**2. Approval of the Agenda**

- A. Approval of the April 30, 2026, Hospital Board Agenda

**3. Approval of Board Minutes**

- A. Approval of the March 26, 2026, Hospital Board Minutes

**4. Visitor Comments**

**5. Board Member Comments**

**6. Committee Reports**

- A. Resource Committee
- B. Infection Prevention Quality Committee

**7. Reports**

- A. Pharmacy  
Elise Kubo submitted a written report.
- B. Rehab Department  
Brenna McMahon submitted a written report.

- C.** Plant Maintenance  
Wolf Brooks submitted a written report.
- D.** Environmental Services  
Grazel Edfelt submitted a written report.
- E.** Home Health  
Ruby Shumway submitted a written report.
- F.** New Facility  
Justin Wetzel with Arcadis, submitted a written report.
- G.** Quality  
Stephanie Romine submitted a written report.
- H.** Infection Prevention  
Rachel Kandoll submitted a written report.
- I.** Executive Summary  
CEO, Phil Hofstetter, submitted a written report.  
Katie Bryson submitted Grants Update report.
- J.** Financial  
CFO, Jason McCormick submitted a written report.

## **8. Old Business**

- A.** PMC continues to utilize 22 local rentals in Petersburg to house traveling staff across departments. With the new fiscal year upcoming, efforts to collaborate with the Borough and explore funding options to alleviate Petersburg's housing difficulties will continue.

## **9. New Business**

- A.** Home Health Designees  
Approval needed to appoint Manager of Home Health, Director of Nursing, or additional approved designee if applicable, to serve as the administrator for Petersburg Medical Center Home Health Program in the event the hospital Administrator, Philip Hofstetter, is not available to fulfill that role.  
*Letter attached for policy*
- B.** CEO Designee  
Approval needed to appoint Chief Nursing Officer, or another approved designee if applicable, to serve as the administrator for Petersburg Medical Center in the event Phil Hofstetter is not available to fulfill that role.  
*Letter attached for policy.*

## **10. Next Meeting**

- A.** Currently scheduled for Thursday, May 28, 2026, at 5:30pm.

# 11. Adjournment



**Petersburg Borough**  
**Petersburg Medical Center**

12 South Nordic Drive  
 Petersburg, AK 99833

**Meeting Minutes**  
**Hospital Board**  
**Regular Meeting**



Thursday, March 26, 2026

5:30 PM

Assembly Chambers

**1. Call to Order/Roll Call**

A. Call to Order

Board Vice President Lagoudakis called the meeting to order at 5:30PM.

B. Roll Call

**PRESENT**

Board Vice President Cindi Lagoudakis  
 Board Secretary Marlene Cushing  
 Board Member Joe Stratman  
 Board Member Jim Roberts  
 Board Member Joni Johnson

**ABSENT**

Board President Jerod Cook  
 Board Member Heather Conn

**2. Approval of the Agenda**

A. Approval of the March 26, 2026, Hospital Board Agenda

Motion made by Board Member Roberts to accept the March 26, 2026, Agenda, Seconded by Board Member Stratman. Board Member Johnson requested to add the Youth Advisory Committee Report to the agenda. Motion made by Board Secretary Marlene Cushing to accept the March 26, 2026, Hospital Board Agenda as amended to include report for Youth Advisory Committee. Seconded by Board Member Stratman. Voting Yea: Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, and Board Member Johnson

**3. Approval of Board Minutes**

A. Approval of the February 25, 2026, Hospital Board Minutes

Motion made by Board Member Johnson to approve February 25, 2026, Board Minutes. Seconded by Board Member Roberts. Voting Yea: Board Vice President

Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, Board Member Johnson

**4. Visitor Comments**

None.

**5. Board Member Comments**

Board Secretary Marlene Cushing praised the health fair for its comprehensive organization across multiple hospital departments. Board Member Johnson also noted positive community feedback about the Cedar Social Club, particularly regarding its supportive environment for caregivers and small details like home-baked cookies.

**6. Committee Reports**

**A. Resource**

Board Member Roberts reported that clinic and lab visits were lower due to a shorter month, while hospital emergencies and long-term care services remained consistent. Expenses were higher than expected mainly due to staffing needs, higher utility costs, and pre-ordered specialized medicines, though PMC remains financially stable with strong cash reserves and expected funding from Internal Revenue Service. The committee discussed ongoing grants, including a recent award for summer youth activities and submitted funding requests for the Rural Health Transformation Program.

**B. Long Term Care Quality**

Board Secretary Cushing reported The Long-term Care Quality meeting reviewed action items and policy updates, including the implementation of a falls prevention system using sensors. Cushing also noted efforts into additional safety measures, such as ideas regarding background reviews for residents, and new curtains that arrived in LTC and Acute Care that enhance infection control and safety.

**C. Critical Access Hospital (CAH) Quality**

Board Member Johnson reported the Critical Access Hospital Quality committee met on March 18th and reviewed actions, with four items completed and two remaining involving communication with Cerner platforms and pharmaceutical topics. Strategic planning and collection data measures are two areas that have room for improvement from the national critical access hospital quality assessment. Sterile processing and decontamination areas are consistently being improved upon with suggestions from state visitor with infection control.

**D. Bylaws Committee**

The committee met on March 5th, 2026 at 4pm to review Hospital Board Bylaws. This process is ongoing.

**E. Youth Advisory Committee**

Board Member Johnson reported The Youth Advisory Committee discussed ongoing efforts to reinstate childcare assistance programs with the state and approved a new Sponsor A Skoggie program to help offset tuition costs for families in financial strain.

## 7. Reports

### A. Information Technology/EHR

Jill Dormer submitted a written report

Dormer reported on IT initiatives, highlighting a new electronic health record module for preventative health maintenance tracking in clinic and radiology spaces.

### B. Materials Management

Melva Randrup submitted a written report

Board member Stratman noted the need for materials van and noted the general need for PMC vehicles. He made the suggestion of possibly having a regular shuttle between the two buildings as a solution.

### C. Medical Records

Kim Randrup submitted a written report

### D. Nursing

Jennifer Bryner, Chief Nursing Officer, submitted a written report and acknowledged Elizabeth Hart's retirement after 20 years of dedicated service. Bryner reported on recent organizational changes, including Lauren Thain taking on MDS coordination, Kellii Wood leading chemotherapy, and Jolyn Duddles serving as interim swing bed coordinator. She highlighted positive staffing developments, particularly the addition of a second night nurse which significantly reduced callback calls from 262 to 94 over a 3.5-month period. Bryner also covered an unannounced survey conducted regarding the facility's high number of deaths, which resulted in no findings. Board Member Stratman inquired of a graph in Bryner's report which was explained to show the patient census across different care settings, explaining how various patient types including acute care, swing beds, and outpatient treatments are counted.

### E. Activities

Alice Neidiffer submitted a written report

### F. New Facility

Justin Wetzel from Arcadis submitted a written report and provided an update on new facility construction, noting progress on the stormwater pollution prevention plan and completion of the WERC building with its UPS system.

G. Stephanie reported on quality assurance activities and highlighted the ongoing Workplace Satisfaction Survey, which has received over half of staff responses. Board Secretary Cushing asked about the role of patient navigator and if it would be separate from Brandy's role currently or added hours. Both Stephanie and Phil discussed expanding patient navigator services through the Rural Health Transformation Program proposal, which would create a full-time position in Petersburg to assist with entitlement programs and health plan education beyond Brandy Boggs' current hybrid role. Phil explained that the expansion aims to build capacity for direct primary care services and help patients understand their complex health plans.

### H. Infection Prevention

Rachel Kandoll presented an infection prevention report, highlighting improvements in

sterile processing areas and noted her plans to increase involvement in home health meetings.

I. Executive Summary

CEO, Phil Hofstetter provided a written report and updates on recent activities, including Congressman Begich's facility tour and the submission of congressionally directed spending applications for funding. He highlighted the success of the Health Fair, which had 488 lab draws and 177 attendees, and mentioned ongoing efforts to increase specialty visits and improve accounts receivable statistics.

Katie provided an update on grant status, mentioning the fully funded Alaska Community Foundation Camps Initiative grant and the pending status of the Rural Health Transformation Program applications.

Letters of Support for Congressionally Designated Spending appropriations attached. PMC Grant Report submitted by Katie Bryson, attached.

J. Financial

CFO, Jason McCormick, reported on financial performance, noting steady clinic volumes and strong revenue figures, with gross revenues at \$2.8 million and a net patient revenue of \$2.4 million against a budget of \$2 million.

**8. Old Business**

A. Housing update

No additional updates, however, it is acknowledged that housing continues to be a concern in Petersburg.

**9. New Business**

None.

**10. Next Meeting**

A. Currently scheduled for Thursday, April 30, 2026, at 5:30pm.

**11. Executive Session**

A. By motion the Board will enter into Executive Session to consider medical staff appointments, and any legal concerns.

Motion made by Board Secretary Cushing to enter into Executive Session to consider medical staff appointment and any legal concerns, Seconded by Board Member Roberts.

Voting Yea: Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, and Board Member Johnson.

Post Executive Session, Motion made by Board Secretary Cushing to appoint Dr. Rachel Lewis to Medical Staff. Seconded by Board Member Johnson. Voting Yea:

Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, and Board Member Johnson

## **12. Adjournment**

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

Voting Yea: Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, and Board Member Johnson.



## Pharmacy Report April 2026

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### **Workforce Wellness**

Staff is primarily Elise, with some assistance from Jolyn, plus our two contract pharmacists.

We have two contract pharmacists, one at Rexall and one remote. Our local pharmacist makes site visits for quarterly controlled counts and making prepacks and as needed. The most recent quarterly count was completed on 4/20/26.

### **Community Engagement**

#### **Patient Centered Care**

We continue to struggle with inability to get timely shipping on specialty medications, which are shipped cold via FedEx. The only strategy we currently have is ordering all specialty medications by phone, shipped in a very large box with lots of ice. This strategy is cumbersome and not reliable, but it's all we've got at this time.

We've recently had difficulty with antibiotic DC dates. Orders have stayed on the MAR too long, or they have stopped sooner than intended. I did a PDSA, and created instructions for how to correctly order antibiotics so that they stop when they're supposed to stop.

#### **Facility**

We are getting ready to implement a Pyxis system, though the date is now early June.

We continue to consistently monitor all refrigerators that have medications in them. One of the monitors broke recently, and was replaced with a new one.

### **Financial Wellness**

**Submitted by:** Elise Kubo RN, Drug Room Coordinator

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## Rehabilitation Report April 2026

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### **Workforce Wellness**

Our staff consists of two permanent PTs, OT, SLP, receptionist, and LTC Mobility Program CNA. We currently have a three-week span without OT as ours is traveling. We have three additional travel PTs and one travel OT to help with caseload throughout the summer. We continue to work toward building a full permanent staff. We do have two interested PTs considering joining in the fall but are without contracts as of this reporting.

### **Community Engagement**

As a team, we work closely with Home Health nursing for collaboration on patients, as well as LTC staff for continuation of our Mobility Program for each resident. We are working towards improved communication with the Petersburg School District for more cohesive care of our pediatric patients. Involvement with an Injury Prevention Program for Petersburg High School girls' basketball team was successful last fall and we hope to become involved with more sports teams next year. Additionally, we are working with Home Health to construct a Lending Closet to better support the community needs.

### **Patient Centered Care**

Our staff continues to work hard to decrease waiting time for new referrals. We continue to provide one-on-one treatment sessions designed for each patient's individual needs and learning styles. Difficulty remains with employing travelers, as it impairs continuity of care when staff rotates out. We have a great need for permanent staff and we continue to work with Human Resources to explore additional avenues for recruitment.

### **Facility**

Our department has limited space leading to frequent patient complaints. Having patients within close quarters negatively impacts focus and privacy. Space has opened to create a second gym, and we are currently working with maintenance staff to move forward with this project.

### **Financial Wellness**

We are optimistic about our rehabilitation budget this year with the increase in permanent therapists. We will continue to search for permanent therapists to fulfill our staff needs, however this is a challenge. Hiring travelers is costly and time consuming for all departments to orient new staff as frequently as we currently do. Achieving a full permanent therapist staff would be beneficial to both our patients and our budget.

**Submitted by:** Brenna McMahon, DPT, OCS

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## Facility Maintenance Report April 2026

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### **Workforce Wellness**

Over the past several months, the Maintenance department has experienced some staffing challenges that have impacted overall workload and daily operations. An unexpected change in staffing resulted in a period where the department was operating with only one full-time staff member. Support was provided by Lucas Dormer, who joined at the beginning of April and has been a helpful addition as we work to stabilize staffing levels.

Throughout much of the winter, the department remained understaffed, which has required prioritization of critical work orders and increased flexibility to maintain essential services. While this has created periods of added stress, overall team morale has remained positive, with a continued focus on teamwork and maintaining facility operations.

Looking ahead, staffing levels are expected to improve with two new hires scheduled to start next month. Andy Edfelt will be joining as a Facility Maintenance Technician, and Garison Brooks will be coming on as a Residential and Industrial Electrician. These additions will not only help balance workload but will also allow us to explore developing an internal electrical training program, with the intent to strengthen long-term departmental capabilities.

Currently, the primary challenge continues to be staffing levels; however, with upcoming hires and continued support, the department is in a good position to improve both workload balance and overall workforce wellness moving forward.

### **Community Engagement**

While Maintenance does not traditionally have a high level of direct community engagement, our team plays an important role in shaping the overall experience for those who enter our facility. Through daily interactions with patients, visitors, and community members, we contribute to a welcoming, safe, and well-maintained environment. Our focus remains on ensuring the facility is clean, functional, and accessible, which supports a positive impression and encourages community trust in our organization. We regularly coordinate with other departments to address facility needs that impact patient and visitor experience, and we respond promptly to concerns to maintain a high standard of service. A continued challenge is the limited opportunity for community outreach due to the nature of our work; however, we remain committed to supporting a facility environment that reflects pride, professionalism, and community care.

### **Patient Centered Care**

Patient safety and comfort remain a top priority for Maintenance. Our team works behind the scenes to ensure the facility is consistently clean, safe, and fully functional for patients, residents, and visitors. Recently, several maintenance projects were completed to improve the overall care environment, particularly in patient

and resident areas. This included rebuilding two air handling units in the attic to improve airflow and system reliability, as well as updating the hydronic heating systems serving those units to ensure consistent and adequate heating throughout the winter months. These upgrades have helped stabilize temperatures and improve comfort in critical care areas.

In addition to larger projects, the department continues to address a wide range of day-to-day maintenance needs that directly support patient care. This includes timely response to work orders, repairs to lighting, plumbing, doors, and life safety systems, and proactive preventative maintenance to reduce disruptions. Close coordination with clinical and support departments allows us to prioritize issues that impact patient experience and resolve them quickly. While much of this work occurs behind the scenes, it plays an important role in maintaining a safe, comfortable, and dependable care environment.

A continued challenge is balancing project work with routine maintenance demands while operating with limited staffing; however, the team remains committed to maintaining high standards that support quality patient care

### **Facility**

This winter was particularly demanding, with extended cold periods and a significant amount of snowfall. Snow removal efforts kept us consistently busy, especially with the added responsibility of maintaining the new WERC building parking lot. Despite the harsh conditions, we were able to keep the facility adequately heated throughout the cold snaps, largely due to the successful repairs completed on the two air handling units and their associated heating systems prior to winter.

The WERC building experienced some challenges during this time, specifically with the first-floor heating unit. This unit failed multiple times due to a recurring refrigerant leak. As the unit was still under warranty, Mount Baker Mechanical was brought in on two separate occasions to complete repairs. Since those repairs, the building has otherwise been operating well.

The main facility is continuing to show signs of aging, with multiple failures occurring across several critical infrastructure systems, including domestic hot and cold-water lines, the hydronic heating system, and sewage and drain lines. While these issues are becoming more frequent, we always respond quickly to each situation to minimize downtime and maintain operations.

Looking ahead, we have several projects planned. With the upcoming addition of a facility electrician, we are in a good position to take on more in-house electrical work. Upcoming efforts include rebuilding the backup boiler, performing major maintenance on the main generator switchgear, and continuing the rebuild of the main air handling unit heating systems, along with a number of other ongoing maintenance and improvement projects.

### **Financial Wellness**

We've been focusing on more long-term planning when it comes to our department budget and overall resource use. One of the main ways we're doing this is by bringing more of our projects in-house whenever possible. To support that, we've been investing in more specialized tools and equipment. While that does come with a higher upfront cost, the goal is for those purchases to pay for themselves over time by reducing the need for outside contractors and allowing us to complete more work internally.

We are also in the process of adding staff, which will impact next year's budget. However, this should also improve our ability to keep work in-house and stay ahead of maintenance needs, which can help control costs in the long run.

Overall, I believe we have been managing our budget well. We continue to look for opportunities to be more efficient with our time and resources while still maintaining the facility at a high level.

**Submitted by:** Wolf Brooks

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## Environmental Service Report April 2026

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### **Workforce Wellness**

We have remained somewhat short staffed over the past 6 months, however, we have recently added new team members who have been a great fit and are contributing well. Their addition has helped improve overall workflow, and morale has remained positive despite the staffing challenges.

### **Community Engagement**

While EVS does not typically have direct community engagement, we support the community by maintaining a clean, safe, and welcoming facility. We take pride in ensuring that all areas are presentable and inviting for patients, residents, and visitors.

### **Patient Centered Care**

Patient and resident safety and comfort remain our top priority. Our team continues to focus on maintaining a high standard of cleanliness throughout the facility, ensuring all patient care areas are consistently sanitized and well maintained. We are also going through more training

### **Facility**

We continue to work through challenges related to aging equipment. Plans are in place to install a new commercial washer, which will improve efficiency and reliability. Additionally, we are working on reorganizing storage by transitioning supplies to the WERC building and repurposing the old morgue room. This will help open more usable space in the main warehouse for other departments.

### **Financial Wellness**

Our department is currently operating within budget and continues to monitor expenses while planning for necessary equipment upgrades. We did take on planned additional staff with added workload of the new building, all of this was budgeted for.

**Submitted by: Grazel Edfelt**

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## Home Health and Community Based Services Report April 2026

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### **Workforce Wellness**

This past year has been a year of growth and team building. As you know, Home Health has experienced significant leadership changes, with four different managers over the past eight years. I am working hard to bring stability to a department that has strong potential to positively impact our community.

Our team is a mix of remote and in-person employees. We prioritize meeting with the entire team twice weekly to stay up to date on any challenges or changes impacting the department, including personnel, billing, patient care, quality, and social work. These meetings also provide an opportunity to offer support and recognition for team members who consistently step in to help one another.

Aly at reception and Kayleigh in nursing have been excellent additions to our team. We are also excited to welcome our new Cedar Social Club Activities Coordinator, Ryan Nelson. Ryan brings experience in childcare activities and cooking and will be completing CNA training to further support the role. We will be saying goodbye to Kelsey Leak, PTA, in two weeks, who had been temporarily filling this position.

Historically, Home Health sees an increase in census beginning around May each year. I currently have an RN position posted for Home Health/Eldercare Services that I would like to fill as we expand services. At present, with a lower census, Kayleigh and I are managing the workload effectively and I have adequate time to complete managerial responsibilities. However, if census increases before a full-time RN is hired, we may need to consider utilizing a travel nurse to support patient care needs.

### **Community Engagement**

We have taken part in several community-based outreach activities this quarter, including the Health Fair, Project Connect, and a blood pressure check station at the grocery store. These events provided staff with opportunities to educate the community about Home Health and Cedar Social Club, as well as preventative health measures and planning for the future.

In March, Brandy Boggs provided in-person training for patients and families on Medicare, asset protection, and long-term care planning. Looking ahead, Brandy is hopeful that by summer she will be offering a weekly remote support hour to continue these discussions, answer questions, and help community members connect with resources that support aging in place.

### **Patient Centered Care**

Home Health and the Therapies Department continue to collaborate closely for shared patients, holding meetings every other week to review care plans and coordinate discharges. We also offered collaborative educational training for the Therapies Department, as they are required to document in a secondary EHR and follow additional regulations specific to this patient population. We are fortunate to be able to offer therapy services in the home and value our strong working relationship with the Therapies Department, which contributes to improved patient outcomes and continuity of care.

One identified gap in healthcare services in Petersburg is the availability of personal care services. When patients no longer qualify for skilled Home Health services and are discharged, many still require assistance with activities of daily living such as bathing, dressing, and mobility. While Medicaid options exist locally, patients with Medicare or private insurance often must pay out-of-pocket for in-home care.

Our department is exploring the possibility of developing a non-skilled personal care services program that would operate separately from the Home Health agency to serve individuals who do not meet Home Health eligibility requirements. I am currently working with Finance and the Business Office to explore potential options and determine how we can best meet this community need.

**Facility**

We continue working to organize our space on the Fram campus. Our goal is to separate wound and incontinence care supplies from the equipment lending closet, which historically have been stored together. We are collaborating with Maintenance and the Therapies Department to utilize a portion of the warehouse for durable medical equipment that is loaned not only to Home Health patients but also to community members not currently receiving Home Health services.

**Financial Wellness**

With the assistance of Brandy Boggs and Katie Bryson, PMC submitted a grant proposal for Senior In-Home Services funding to support case management services. This proposal is especially exciting as it includes funding for outreach case management services to the community of Wrangell. Home Health also collaborated on a proposal to Beat the Odds to help fund equipment and training to better support cancer patients.

Brandy and I recently met with a representative from the Senior and Disabilities Services Department to review our grant-assisted adult day program. We received a positive review along with several recommendations to enhance service delivery. Looking ahead, we were advised that we should not have difficulty securing continuation of grant funding in the next cycle in 2027.

Additionally, we are working to implement an AI-supported tool within our EHR to enhance clinical documentation. This tool is expected to improve accuracy and compliance, reduce documentation time for clinicians, and support full reimbursement through improved regulatory adherence.

**Submitted by:** Ruby Shumway, RN Home Health and Community Based Services Manager

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## New Facility Construction Report April 2026

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### Sitework

Update on the closing out of the SWPPP (Storm Water Pollution Prevention Plan):

- Arcadis, Dawson, RESPEC (civil engineer), and ADEC (Alaska Department of Environmental Conservation) met to review and discuss the most recent submittal.
- The closeout request was resubmitted to ADEC for final approval.
- RESPEC (civil engineer on record) issued a certified, stamped memorandum confirming that all criteria had been met and satisfied, and the future hospital site is within the definition and standards for ‘stabilization’ per ADOT (Alaska Department of Transportation) specifications as a future construction site.

### WERC Building

The WERC (Wellness, Education, and Resource Center) building and the MRI addition are 100% complete with the original and added scope. The UPS (Uninterrupted Power Supply) for both the magnet and servers is fully operational. No further updates at this time.

### New Long-Term Care/Hospital

Phase 1 – Sitework, completed.

Phase 2 – WERC Building, completed.

Phase 3 – Long Term Care concept complete, awaiting funds to advance design.

Phase 4 – Hospital concept complete, awaiting funds to advance design.

Grant applications have been submitted for the RHTP (Rural Health Transformation Program) for funds to cover design fees, which would generate a full and complete campus construction drawing set and specifications. No further updates at this time.

### Upcoming Activities

- Close SWPPP
- Obtain funding to advance LTC/Hospital design.



**PETERSBURG MEDICAL CENTER  
HOSPITAL & LONG TERM CARE  
REPLACEMENT PROJECT UPDATE**



PETERSBURG MEDICAL CENTER • BETTISWORTH NORTH — ZGF

Submitted by: Justin Wetzel- Arcadis Project Manager



## Quality Report April 2026

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### **Workforce Wellness**

The Alaska Hospital & Healthcare Association (AHHA) Lean Master Cohort sessions continue through April 29<sup>th</sup> and provide quality improvement tools for implementation in PMC projects. The sessions have provided opportunity to exercise these new tools in cooperation with other quality staff throughout the state.

Helen Boggs and Jennifer Bryner attended the AHHA Quality Summit event in Anchorage on April 15<sup>th</sup>. The agenda included speakers on Artificial Intelligence, the Rural Health Transformation Program, and Falls Risk Management to name a few.

On April 10<sup>th</sup>, the 2026 PMC Workplace Satisfaction Survey was closed with 114 employee responses. These responses are in review at this time and findings will be presented at the upcoming PMC Employee Forum on May 5<sup>th</sup> & 8<sup>th</sup>. In the 2024 survey, responses were put to work by implementing several suggestions received and working to find solutions for issues voiced. Eliciting and listening to feedback from the employee perspective is extremely valuable in supporting PMC's workforce, increasing retention, and supports all of the pillars of the strategic plan. The 2026 survey has the same content as the survey that was completed and reported in the spring of 2024, so comparisons will be possible and we hope to see improvements. An exciting stat for you...Employee turnover rate has decreased from 20.8% in 2023 to 13.7% in 2025 (Paylocity turnover report.)

### **Community Engagement**

A new public/patient feedback mechanism will be available with the new PMC website launch. This enables the public to provide staff recognition, relay stories of patient experience, and/or information that can be used for guiding improvement efforts. The new website is anticipated to be completed by the end of May.

### **Patient Centered Care**

A Quality Improvement specialist from Midwest QIN-QIO (Quality Innovation Network-Quality Improvement Organization) will be visiting PMC in May to support PMCs quality program. This organization offers support in planning and implementation of quality related activities and foundational and clinical priorities. We are looking forward to partnering with them to gain resources and further initiatives.

The LTC Quality Committee meeting was cancelled this month as some key staff members were traveling. An Infection Prevention & Control Committee meeting occurred on April 15<sup>th</sup> with a review of current action items and departmental reports. The new action item tracking mechanism remains in progress. I will be in Petersburg for next month's LTC and CAH Quality Committee meetings on May 20<sup>th</sup>. This week will be spent collaborating and supporting staff on current and upcoming projects.

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### **Facility**

AHHA is facilitating a CAH Quality Inventory & Assessment Workgroup on May 18<sup>th</sup>. This session provides a look at recent CAH performance data and a review of the eight core elements of quality infrastructure. It is designed to help facilities identify gaps and strengthen their internal quality framework and will offer local insights and real-world examples of successful strategies from Alaska CAHs. In 2025 PMC met six of the eight core elements.

**Table 4: CAH Quality Infrastructure Performance at Petersburg Medical Center**

CAH Infrastructure	Your Hospital's Performance by Survey Year			State Performance for Current Survey Year		National Percentage for Current Survey Year	
	Survey Year 2023	Survey Year 2024	Survey Year 2025	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element
Number of Elements Met	5	5	6	10	20%	1,260	33%
Element 1: Leadership	Y	Y	Y	10	100%	1,260	98%
Element 2: Strategic Plan	N	N	N	10	50%	1,260	66%
Element 3: Workforce	Y	N	N	10	50%	1,260	77%
Element 4: CQI System	Y	Y	Y	10	90%	1,260	94%
Element 5: CQI Behavior	Y	Y	Y	10	80%	1,260	91%
Element 6: Patient Engagement	N	Y	Y	10	40%	1,260	61%
Element 7: Collecting Data	N	N	Y	10	80%	1,260	81%
Element 8: Using Data	Y	Y	Y	10	80%	1,260	75%

**Financial Wellness**

No new updates in this area.

**Submitted by:** Stephanie Romine, RN



## Infection Prevention Board Report April 2026

### Workforce Wellness

I am the Infection Preventionist for PMC.

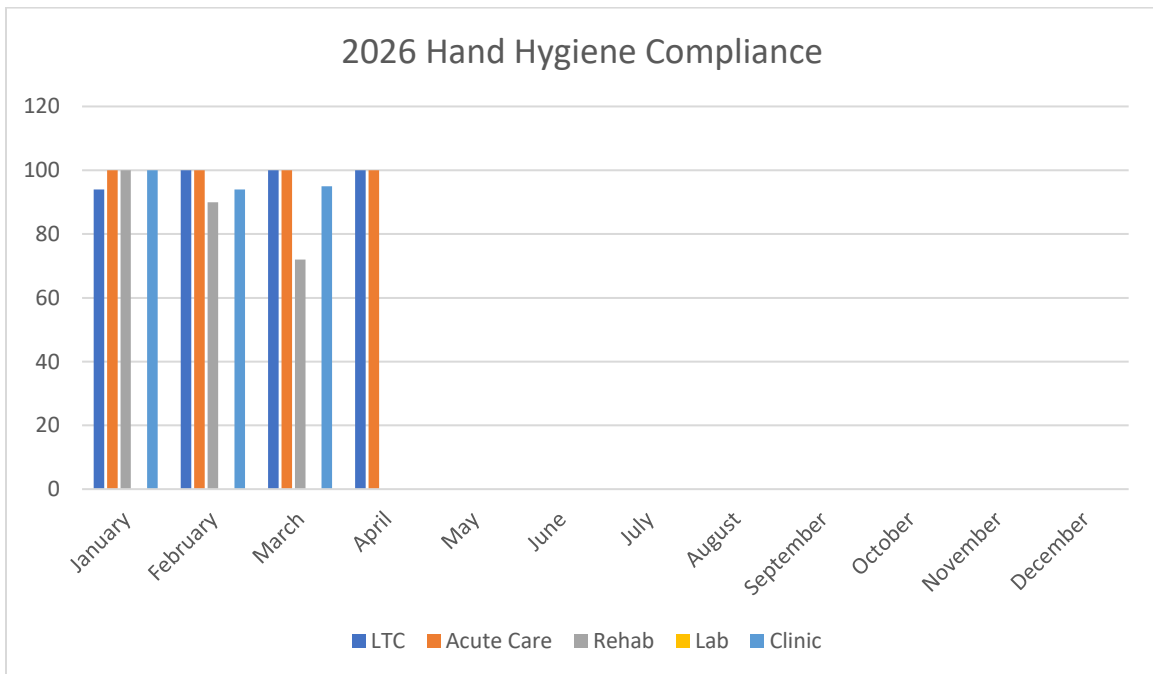
### Community Engagement

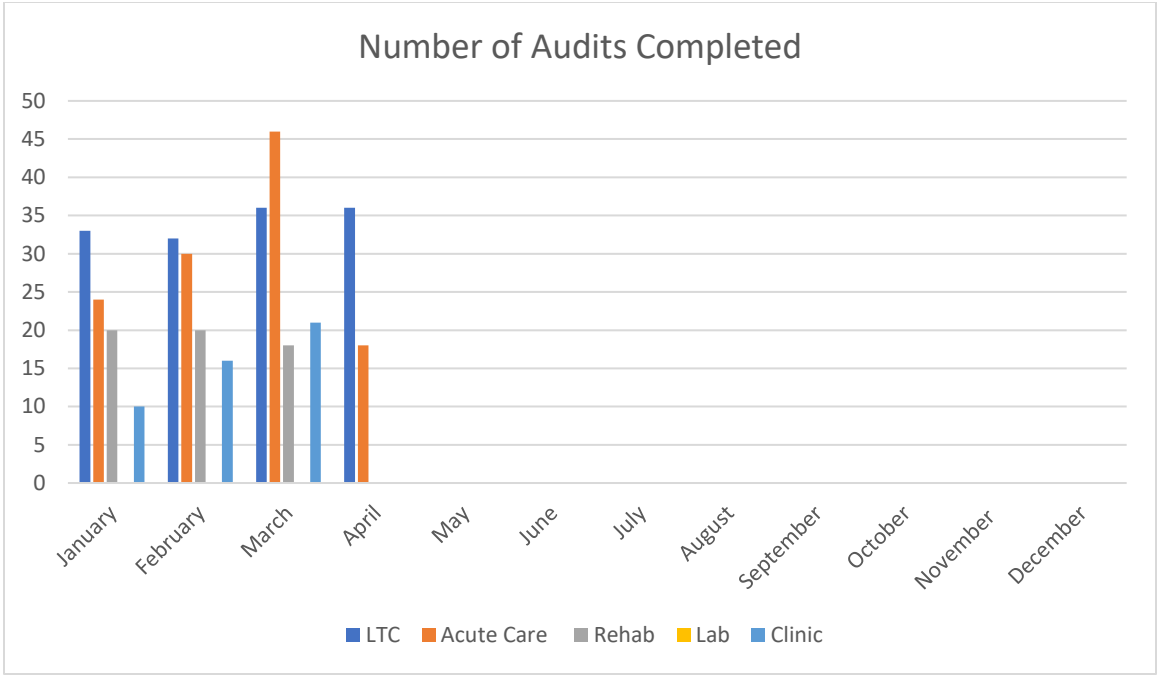
I work with many different departments at PMC to ensure compliance with regulations, including nursing, EVS, home health, physical therapy, clinic and lab.

There was a planned endoscopy clinic for April. I have been working with Facilities to improve our sterile processing/decontamination area for that. We were able to place a needed hand hygiene sink in our decontamination area, as well as other improvements to ensure a clean, more efficient workspace. The new drying cabinet for the scopes was installed and is now being used. I continue to look for ways to improve our sterile processing and high level disinfection.

### Patient Centered Care

#### *2026 PMC Hand Hygiene Report*





***LTC 2026 Infection Prevention Metrics***

- Urinary Tract Infections (UTI): 0
- Catheter associated Urinary Tract Infections (CAUTI): 0
- Clostridium Difficile Infections: 0
- Covid-19 Infections: 0
- Influenza Infections: 0
- RSV Infections: 0

**Facility**

I work closely with the maintenance department to identify and correct any damage, structural or cosmetic, that I find in our facility. Our aging facility continues to cause many obstacles in meeting current IPC standards.

**Financial Wellness**

No changes to this area.

**Submitted by:** Rachel Kandoll, RN, BSN, Infection Prevention

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## PMC Executive Summary April 2026

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

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

**Summary:** I attended the annual American Hospital Association meeting in Washington, D.C. alongside members of the Alaska Hospital & Healthcare Association executive board and CEO. The meeting focused on key federal healthcare issues from the past year and priorities moving forward. Speakers included policymakers such as Sen's Chuck Schumer, Josh Hawley, and Susan Collins, Representatives Greg Landsman, Richard Neal, and Blake Moore, as well as CMS's Mehmet Oz, Chris Klomp, FBI deputy Director Andrew Bailey, and presidential historian Jon Meacham. Key themes included federal health policy discussions around Medicaid (including potential cuts and work requirements), rural health transformation funding, and the growing role of technology and AI in healthcare delivery. There was also significant focus on challenges with commercial insurers—particularly prior authorizations and claim denials—and the need for greater accountability. Notably, healthcare experienced more cyberattacks than any other sector over the past year. Overall, the conference emphasized ongoing efforts to align policy, funding, and operations to better “right-size” healthcare systems nationwide. In addition, we met directly with Alaska’s federal delegation, including Dan Sullivan, Lisa Murkowski, and Nick Begich III. They were generous with their time and engaged in meaningful discussion, particularly around how the Rural Health Transformation Program (RHTP) is being viewed and ultimately allocated to hospitals. These conversations were valuable in reinforcing the importance of ensuring rural providers like PMC are positioned to effectively access and utilize these funds.



**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.*

- **April 1:** Provider Lunch/Discussion
- **April 10:** Employee Satisfaction Survey window closes
- **April 10:** Katie Holmlund recognized in Anchorage at the Top Forty Under 40 Gala Event.



- **April 17:** Manager Meeting
- **Ongoing:** Employee Meals
- **Ongoing:** Employee Recognition and Rewards



- **Upcoming:** Employee Forum is on May 5<sup>th</sup> and May 8<sup>th</sup> at 10am, open to Board Members as well.



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

- **April 1:** Met with School Superintendent to discuss future school nursing needs
- **April 4:** The PMC Foundation is proud to be a recipient of the Federal Home Loan Bank of Des Moines Member Impact Fund Award through partnership with First Bank. Community support like this makes a real difference and helps us continue to invest in the future of healthcare in Petersburg. This award assists with continuing education for PMC staff and scholarships for PHS seniors entering the healthcare



field, as well as medivac assistance for community members during stressful emergency travel.

- **April 10:** Training in Wrangell was attended by our nursing and medical staff. This is the second year Petersburg Medical Center has been invited, and we're grateful for the continued collaboration with our regional partners.



- **April 13:** Submitted written report and attended/reported out at Borough Noon Assembly Meeting.
- **April 18:** Beat the Odds Foundation Race Against Cancer
- **April:** Quarterly Newsletter published [PMC Newsletter Archive - PETERSBURG MEDICAL CENTER](#) .
- **April 25:** PMC Youth Programs Summer Camp Info Session
- **April 30:** Hospital Board Meeting open to the public, and broadcast live on KFSK
- **Ongoing:** Kinder Skog Program -Newly added is the opportunity for any community member to sponsor a Skoggy and open the door to camp for a child. If you have any questions or would like more information, please call Katie at 907-531-5913 or email [kholmlund@pmc-health.org](mailto:kholmlund@pmc-health.org)
- **Ongoing:** Bingocize and Tai Chi Programs- Tai Chi will be moving to the WERC building starting May 13<sup>th</sup>.
- **Ongoing:** CNA training course has started and is ongoing.
- **Ongoing:** UAA nursing program, we currently have two employees enrolled in this course, with an upcoming pinning ceremony in early May. We are very proud of their dedication and commitment to completing this program and earning their Associate of Applied Science in Nursing through the University of Alaska Anchorage. This pinning ceremony symbolizes the transition from student to professional nurse.



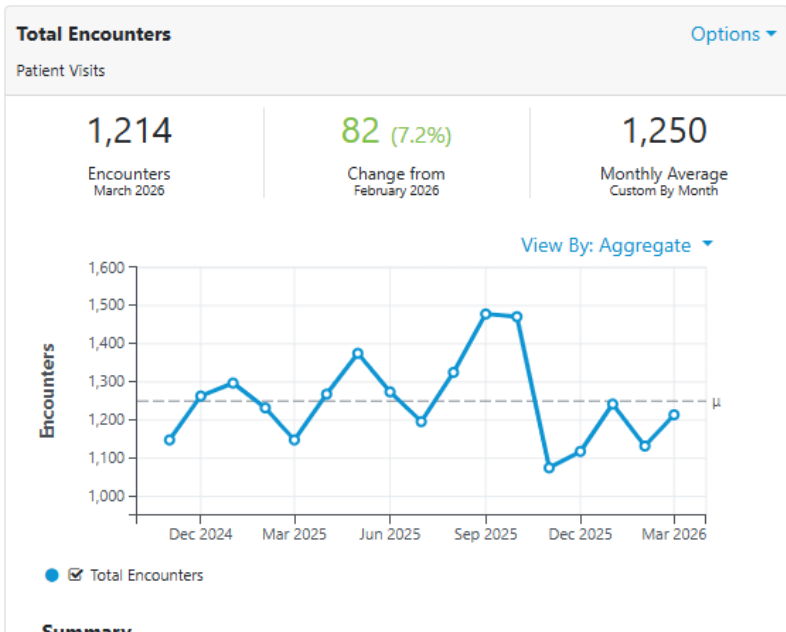
- **Ongoing:** PMC is currently in the process of developing a new website designed to enhance usability and improve access to information for our patients and the community we serve.

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

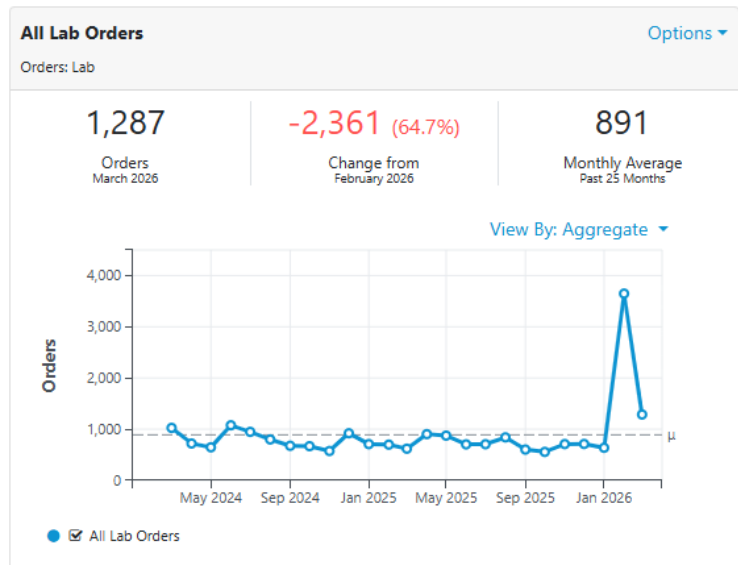
- **April 8:** Medstaff Meeting
- **April 15:** Quality Meetings (IP)
- **April 16:** LTC High Country Radio Show-music picked by and for our residents



- **Joy Janssen Clinic** Access to Primary Care: We are currently staffed with 3 Physicians and 3 mid-level practitioners. Locums staffed as needed.
  - We are actively looking for a provider to fill the 4<sup>th</sup> position available.
  - As of April 12th, 2026, average patient access across all providers reflects a 11-day wait for the next available appointment and 14 days for the third next available, indicating relatively consistent scheduling availability.
  - Same day acute care appointments remain consistently available.
  - Clinic is open and available M-F 8AM-5PM, and Saturday 8AM-12, 1PM-4:30PM. Same day appointments for urgent or acute care are readily available.
  - Flu shots available at clinic, call for appointment.



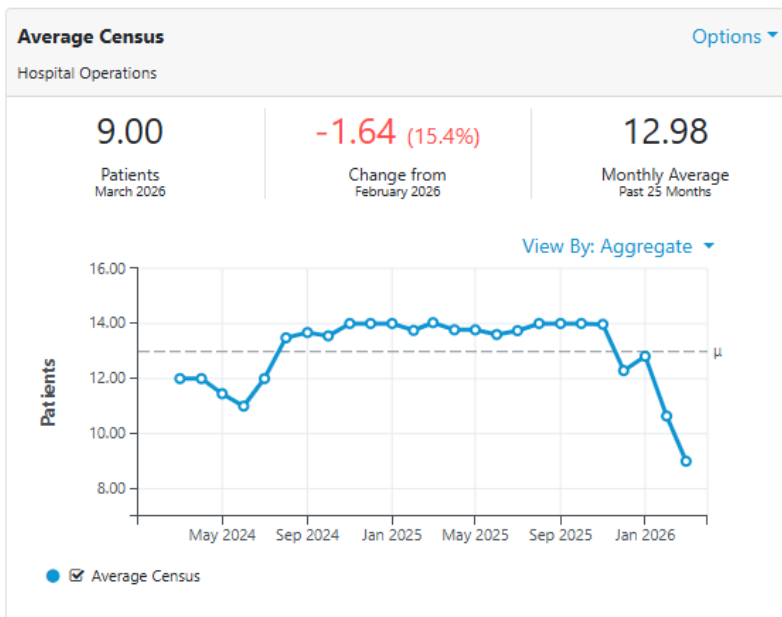
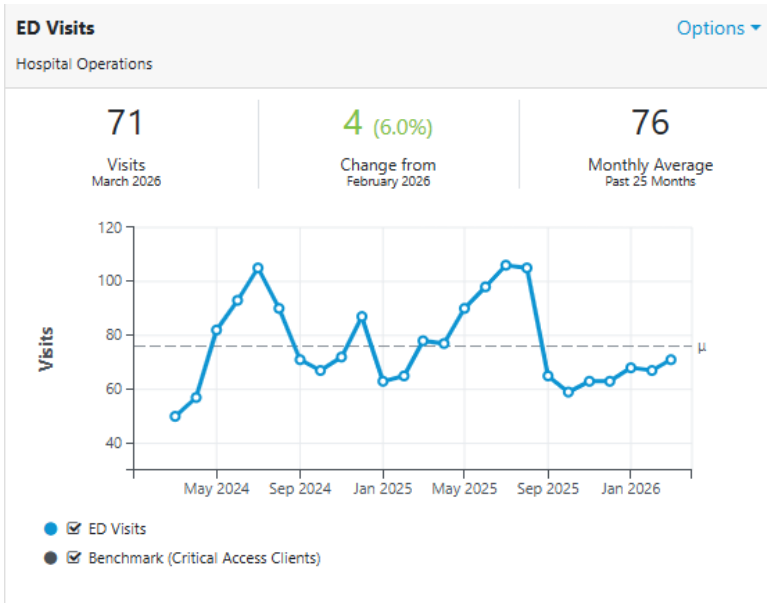
### Metric Details



### Summary

- **Audiology:** Phil Hofstetter continues to see patients in the Specialty Clinic. Call 772-5792 to schedule.
- **Psychiatry:** services are ongoing via telehealth with Dr. Sonkiss by referral.
- **Integrative Medicine:** Integrated Medicine with Dr. Hyer is offered via telehealth, email Dr. Hyer directly at [jhyer@pmc-health.org](mailto:jhyer@pmc-health.org) to schedule.
- **Optometry Clinic:** Dr. Kamey Kapp, Optometrist with Last Frontier Eye Care, regularly visiting Petersburg in the Specialty Clinic with her next visit scheduled for May. Please call 907-434-1554 to schedule appointments.
- **Scopes Clinic:** Dr. Taggart and CRNA Jenilyn Lo were here in Petersburg in April seeing referred patients. This was their second visit, doing scopes for Petersburg residents.
- **Dermatology:** Cameron French held a dermatology clinic this month.

- **Orthopedic Clinic:** Discussions are ongoing to explore options for bringing ortho clinic specialty to Petersburg.
- **Cardiology- Exploring options for cardiac testing locally**



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

- WERC’s open house will be scheduled once MRI services are fully operational, pending approval of the Certificate of Need application from the state. (At the time of summary submission, status unknown.) With the snow mostly cleared from the

grounds and warmer weather approaching, we plan to complete some general site clean-up and preparations in advance of the event.

- Please see attached report submitted by J. Wetzel with Arcadis
- Seeking Art Proposals: PMC is seeking inviting, contemporary art representative of the people of Petersburg, the area's nature-based environment, and Petersburg's unique history to decorate the walls of the WERC building. Proposals are due May 31, 2026. Eligibility: Alaskan Artists. Maximum 3 proposals.

**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*

- Accounts Receivables (AR) Update: This number was at 96 in March of last year, and as of April 17<sup>th</sup>, 2026, we are at 52.
- There are still many unknowns with the Rural Health Transformation Program. PMC submitted our requests and we are waiting to hear back to see if we will be able to move forward with next steps in that process, which may be a more detailed, line-item request.
- See attached Grants Report.
- See attached Financial Report.



**Submitted by:** Phil Hofstetter, CEO



**Petersburg**  
MEDICAL CENTER

## FISCAL YEAR 2026 GRANTS UPDATE

*To date, grants fund 3.5 FTE in FY26 staff time across 10 PMC positions.*

### 2 Pending Congressional Funding Requests: **\$18.5 million**

- ◆ **Senate Appropriations PMC Long Term Care Center Construction Request**  
PMC submitted a FY27 request for the new Health Campus to Senator Murkowski.  
1 Award | **\$15,000,000** total requested – *Decision anticipated 2026-2027*
- ◆ **Senate Appropriations Borough Transportation Project Request**  
PMC provided a proposal item to widen & pave Excel Rd./pave & light Wellness Dr.  
1 Award | **\$3,500,000** total requested – *Decision anticipated 2026*

### 8 Pending State Funding Requests: **\$11.2 million**

- ◆ **State Health Department Senior In-Home Services Grant**  
Proposed project to deliver case management services in Petersburg & Wrangell.  
3 Years | **\$191,979** over three years – *Decision Spring 2026*
- ◆ **State of Alaska RHTP Funding New PMC Facility Designs**  
Funds requested to advance LTC and Hospital designs to 100%.  
1 Award | **\$6,347,000** total requested – *Decision Spring 2026*
- ◆ **State of Alaska RHTP Funding Critical Medical Equipment Purchase & Training**  
Interdepartmental project to procure equipment supported by training and staff.  
1 Award | **\$3,445,000** total requested – *Decision Spring 2026*
- ◆ **State of Alaska RHTP Funding Independent CAH Shared Medical Office**  
Cost sharing & staff recruitment project with other two independent Alaska CAHs.  
1 Award | **\$335,000** total requested – *Decision Spring 2026*
- ◆ **State of Alaska RHTP Funding Petersburg Telehealth Integration Project**  
Funds requested to develop infrastructure to support telehealth across services.  
1 Award | **\$403,000** total requested – *Decision Spring 2026*
- ◆ **State of Alaska RHTP Funding Home & Community Based Services Expansion**  
Launch multiyear expansion of service lines, equipment, staffing & regional reach.  
1 Award | **\$428,000** total requested – *Decision Spring 2026*
- ◆ **State of Alaska RHTP Funding Maternal & Early Childhood Health Planning**  
Funds requested to develop lactation consulting program & assess opportunities.  
1 Award | **\$142,000** total requested – *Decision Spring 2026*

- ◆ **State of Alaska RHTP Funding Integrated Behavioral Health Program**  
Establish & staff a PMC Behavioral Health Department with internship capacity.  
1 Award | \$443,000 total requested – *Decision Spring 2026*

**2 New Facility Grants Operating in FY26 \$28,000,000**

- ◆ **HRSA Congressionally Directed Spending: Community Project**  
No-Cost Extension of grant for new health campus sitework and construction.  
Year 4 of 4 | \$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 5 of 6 | \$20,000,000 (total single award); Project housed in: Finance

**11 Program & Personnel\* Grants Operating in FY26 \$883,894**

\* FY26 Grant contributions to PMC’s Admin & Finance costs: \$56,873

- ◆ **3 Completed Grants: AK Children’s Trust, AK Community Foundation, & PCF**
- ◆ **Alaska Community Foundation Camps Initiative**  
Youth Programs project supporting the Summer 2026 ORCA Kayaking Camp.  
1 Award | \$20,000 (total single award)
- ◆ **Alaska Mental Health Trust Authority Partnership Grant**  
Expands PMC’s hybrid telehealth/onsite behavioral health services for LTC & HH.  
1 Award | \$81,960 (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 3 of 4 | \$147,076 in FY26
- ◆ **HRSA Rural Health Network Development Planning Program**  
Planning with independent AK CAHs to improve rural health access & efficiency.  
1 Award | \$100,000 (total single award)
- ◆ **Rasmuson Foundation Tier I Grant**  
Youth Programs award for Kinder Skog & ORCA camp gear, equipment & storage.  
1 Award | \$25,000 (total single award)
- ◆ **State Health Department Adult Day Services Grant**  
Supports Cedar Social Club staffing & \$50K+ per year in participant scholarships.  
Year 2 of 3 | \$191,030 in FY26 – **Additional award of \$41,175 in Jan 2026**
- ◆ **State Health Department Community Tobacco Prevention & Control Grant**  
Funds evidence-based Million Hearts® Change Package for Tobacco Cessation.  
Year 3 of 3 | \$145,000 in FY26
- ◆ **State Health Department Opioid Settlement Funds Grant**  
Sustain telepsychiatry access pilot program established by 2023 HRSA grant.  
Year 2 of 3 | \$142,828 in FY26

# ***PETERSBURG MEDICAL CENTER***

## **FINANCIAL REPORTING PACKAGE**

**For the month ended March 31, 2026**

**PETERSBURG MEDICAL CENTER**  
**Key Volume Indicators**  
**FISCAL YEAR 2026**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Clinic Visits	793	878	983	1,003	754	734	792	772	803	-	-	-	7,512	7,331	2.5%
<i>Primary Clinic</i>	768	865	851	984	736	721	773	748	790				7,236	7,331	-1.3%
<i>Specialty Clinics</i>	25	13	132	19	18	13	19	24	13				276	-	n/a
2. Radiology Procedures	253	251	242	256	208	223	223	203	207				2,066	1,995	3.6%
3. Lab Tests (excluding QC)	1,937	2,575	2,241	2,270	2,244	2,209	2,169	1,856	1,997				19,498	15,758	23.7%
4. Rehab Services Units	883	1,086	730	1,178	1,548	973	1,025	970	1,154				9,547	9,268	3.0%
<i>Physical</i>	651	764	582	860	604	618	621	531	631				5,862		
<i>Occupational</i>	154	237	56	206	860	271	309	367	463				2,923		
<i>Speech</i>	78	85	92	-	84	84	95	72	60				650		
5. Home Health Visits	284	296	221	287	166	202	176	169	261				2,062	1,684	22.4%
<i>Nursing Visits</i>	149	151	141	179	120	138	113	91	137				1,219		
<i>PT/OT Visits</i>	135	145	80	108	46	64	63	78	124				843		
6. Emergency Room Visits	102	105	65	56	64	61	68	67	68				656	650	1%
7. Observation Days	3	8	4	2	2	4	3	3	6				34	46	-26%
<b><i>Hospital Inpatient</i></b>															
8. Patient Days - Acute	12	20	36	21	36	25	17	41	32				240	261	-8.0%
9. Patient Days - Swing Bed (SNF)	54	69	41	67	67	89	53	80	74				594	639	-7.0%
10. Patient Days - Swing Bed (ICF)	8			26	30	34	38	28	31				195	253	-22.9%
11. Patient Days - Total	74	89	77	114	133	148	108	149	137	-			1,029	1,153	-10.8%
12. Average Daily Census - Acute	0.4	0.6	1.2	0.7	1.2	0.8	0.5	1.5	1.0				0.9	1.0	-7.1%
13. Average Daily Census - Swing Bed (SNF)	1.7	2.2	1.3	2.2	2.2	2.9	1.7	2.6	2.4				2.1	2.3	-8.7%
14. Average Daily Census - Swing Bed (ICF)	0.3			0.8	1.0	1.1	1.2	1.0	1.0				0.7	0.9	-22.8%
15. Average Daily Census - Total	2.4	2.9	2.5	3.7	4.4	4.8	3.5	5.0	4.4				3.7	4.2	-11.4%
16. Percentage of Occupancy	19.9%	23.9%	21.0%	30.6%	36.3%	39.8%	29.0%	42.0%	36.8%				31.1%	35.1%	-11.4%
<b><i>Long Term Care</i></b>															
17. LTC Days	426.0	403.0	420.0	434.0	406.0	361.0	396.0	297.0	279.0				3,422	3,698	-7.5%
18. Average Daily Census	13.7	13.0	14.0	14.0	13.5	11.6	12.8	10.6	9.0				12.5	13.5	-7.5%
19. Percentage of Occupancy	91.6%	86.7%	93.3%	93.3%	90.2%	77.6%	85.2%	70.7%	60.0%				83.2%	90.0%	



**PETERSBURG MEDICAL CENTER**  
**Balance Sheet**  
**For the month ended March 31, 2026**

<b>ASSETS</b>	<b>Mar 2026</b>	<b>Feb 2025</b>	<b>June 2025</b>	<b>Mar 2025</b>	<b>LIABILITIES &amp; FUND BALANCE</b>	<b>Mar 2026</b>	<b>Feb 2025</b>	<b>June 2025</b>	<b>Mar 2025</b>
<b>Current Assets:</b>					<b>Current Liabilities:</b>				
1. Cash	2,088,121	2,326,889	1,544,710	1,719,740	23. Accounts Payable - Trade	\$969,175	\$1,171,231	\$1,299,834	\$1,600,539
2. Cash - insurance advances	0	0	0	0	24. Accounts Payable - New Facility	450,693	499,102	831,368	2,570,613
3. Investments	2,159,599	2,153,595	2,097,227	1,085,479	25. Accrued Payroll	614,054	545,074	319,625	556,947
4. Total cash	4,247,720	4,480,484	3,641,937	2,805,218	26. Payroll taxes and other payables	128,123	116,644	143,596	1,001,364
5. Patient receivables	5,245,404	5,512,136	7,548,114	7,858,489	27. Accrued PTO and extended sick	1,202,603	1,216,040	1,196,902	1,120,452
6. Allowance for contractals & bad debt	(1,947,422)	(1,957,574)	(2,615,075)	(2,740,085)	28. Deferred revenue	175,071	208,915	131,961	84,007
7. Net patient receivables	3,297,983	3,554,562	4,933,039	5,118,404	29. Due to Medicare	367,786	717,786	1,466,833	1,466,833
8. Other receivables	2,866,037	2,778,286	2,701,066	5,727,411	30. Due to Medicare - Advance	0	0	0	0
9. Inventories	369,501	356,942	364,788	359,401	31. Due to Blue Cross - Advance	0	0	0	0
10. Prepaid Expenses	174,256	217,535	169,095	149,696	32. Other current liabilities	4,561	4,561	3,323	3,203
11. Total current assets	10,955,497	11,387,809	11,809,926	14,160,131	33. Current portion of long-term debt	414,111	420,820	459,791	455,450
<b>Property and Equipment:</b>					34. Total current liabilities	4,326,176	4,900,173	5,853,233	8,859,407
12. Assets in service	28,769,701	28,738,701	28,677,563	28,655,516	<b>Long-Term Debt:</b>				
13. Assets in progress	27,401,986	27,364,213	22,776,724	19,657,208	35. Capital leases payable	1,528,732	1,560,887	1,826,846	1,942,844
14. Total property and equipment	56,171,688	56,102,914	51,454,287	48,312,724	<b>Pension Liabilities:</b>				
15. Less: accumulated depreciation	(25,003,160)	(24,646,848)	(23,379,960)	(23,121,407)	36. Net Pension Liability	17,065,093	17,065,093	15,526,950	15,526,950
16. Net property and equipment	31,168,528	31,456,066	28,074,326	25,191,316	37. OPEB Liability	-	-	-	-
<b>Assets Limited as to Use by Board</b>					38. Total pension liabilities	17,065,093	17,065,093	15,526,950	15,526,950
17. Investments	3,944,887	4,087,811	3,668,961	3,458,977	39. Total liabilities	22,920,001	23,526,153	23,207,029	26,329,201
18. Building fund	863,171	893,104	799,968	754,372	<b>Deferred Inflows:</b>				
19. Total Assets Limited as to Use	4,808,058	4,980,914	4,468,928	4,213,349	40. Pension	291,347	291,347	413,688	413,688
<b>Pension Assets:</b>					<b>Net Position:</b>				
20. OPEB Asset	7,315,602	7,315,602	7,338,848	7,338,848	41. Unrestricted	28,985,878	28,985,878	13,726,830	13,726,830
<b>Deferred Outflows:</b>					42. Current year net income (loss)	4,269,211	4,555,764	16,773,270	12,862,715
21. Pension	2,218,751	2,218,751	2,428,790	2,428,790	43. Total net position	33,255,088	33,541,642	30,500,100	26,589,544
<b>22. Total assets</b>	<b>\$56,466,436</b>	<b>\$57,359,142</b>	<b>\$54,120,818</b>	<b>\$53,332,434</b>	<b>44. Total liabilities and fund balance</b>	<b>\$56,466,436</b>	<b>\$57,359,142</b>	<b>\$54,120,817</b>	<b>\$53,332,433</b>

\*\*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 March 31, 2026**

	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>YTD</b>	<b>Prior Year</b>	<b>% Change</b>
1. Contractual Adj. as a % of Gross Revenue	17.8%	35.4%	17.3%	17.6%	20.8%	24.7%	27.1%	13.3%	13.4%				21.0%	16.6%	26.3%
2. Charity/Other Ded. As a % of Gross Revenue	1.1%	0.0%	2.4%	0.4%	2.7%	0.3%	0.7%	0.4%	2.9%				1.2%	0.9%	32.3%
3. Bad Debt as a % of Gross Revenue	4.4%	1.5%	2.4%	-1.9%	-7.0%	3.4%	-3.1%	-0.4%	0.4%				0.0%	1.2%	-99.8%
4. Operating Margin	4.2%	-7.6%	4.0%	8.7%	14.1%	-3.4%	-4.8%	11.3%	6.2%				4.1%	10.2%	-59.5%
5. Total Margin	37.6%	18.8%	29.1%	20.9%	22.0%	-6.0%	-2.2%	16.8%	-13.8%				16.6%	38.0%	-56.2%
6. Days Cash on Hand (Including Investments)	98.5	108.0	109.1	114.7	114.0	114.4	123.5	120.2	114.3				113	117	-3.5%
7. Days in A/R (Net)	64.4	72.2	67.4	57.2	53.0	50.5	48.8	50.9	45.1				57	59	-3.7%
8. Days in A/R (Gross)	82.3	83.4	76.6	67.4	65.2	63.7	60.0	61.6	58.7				69	83	-17.0%
9. Days in Accounts Payable	26	16	30	25	26	26	29	29	27				26	31	-16.1%



PO Box 589  
103 Fram Street  
Petersburg, AK 99833  
907-772-4291  
www.pmcak.org

Petersburg Medical Center  
Hospital Board of Directors

**Date:**

The Petersburg Medical Center (PMC) Hospital Board of Directors hereby affirms and documents its approval of pre-designated individual(s) to assume the responsibilities of the Home Health Agency Administrator in the event of the Administrator’s absence.

In accordance with federal regulation §484.105(b)(2)–(3), the Board has reviewed and approved the following qualified designee(s), as presented by the Administrator:

- Home Health Clinical Manager
- Chief Nursing Officer
- [Additional Approved Designee(s), if applicable]

These individuals are deemed qualified to assume the full responsibilities and obligations of the Home Health Agency Administrator during periods of absence and are authorized to act in this capacity as needed to ensure continuity of operations and compliance with all applicable regulations.

This approval is documented in the official Board meeting minutes and remains in effect unless otherwise amended or rescinded by the Board of Directors.

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**Jerod Cook**  
Hospital Board President  
Petersburg Medical Center

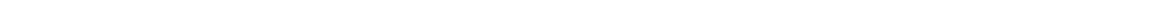
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**CEO, Phil Hofstetter**  
Petersburg Medical Center

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**Ruby Shumway**  
Home Health Agency Administrator  
Petersburg Medical Center





**Petersburg  
MEDICAL CENTER**

PO Box 589  
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**Petersburg Medical Center  
Hospital Board of Directors  
Date:**

The Petersburg Medical Center (PMC) Hospital Board of Directors hereby affirms and documents its approval of pre-designated individual(s) to assume the responsibilities of the Chief Executive Officer (CEO) in the event of the CEO’s absence.

The Board has reviewed and approved the following qualified designee(s), to serve in this capacity:

1. Chief Nursing Officer
2. [Additional Approved Designee(s), if applicable]
  - a. Chief Nursing Officer, Jennifer Bryner
  - b. Chief Human Resources Officer, Cynthia Newman

These individuals are deemed qualified to assume the full responsibilities and obligations of the Chief Executive Officer during periods of absence and are authorized to act in this capacity as needed to ensure continuity of operations, organizational leadership, and compliance with all applicable laws, regulations, and policies.

This approval is documented in the official Board meeting minutes and remains in effect unless otherwise amended or rescinded by the Board of Directors.

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**Jerod Cook**  
Hospital Board President  
Petersburg Medical Center

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**Phil Hofstetter**  
Chief Executive Officer  
Petersburg Medical Center