Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
Petersburg, AK 99833

Meeting Agenda
Hospital Board
Regular Meeting

Thursday, May 29, 2025 | **5:30 PM** | **Assembly Chambers**

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

https://us06web.zoom.us/j/82636256910?pwd=86wtycub56cVhPgaWb1uIhCa4ayNcz.1
Passcode: 236230
Webinar ID: 826 3625 6910

1. **Call to Order/Roll Call**
2. **Approval of the Agenda**
3. **Approval of Board Minutes**
   - **A.** Approval of April 24, 2025, Hospital Board Minutes.
4. **Visitor Comments**
5. **Board Member Comments**
6. **Committee Reports**
   - **A.** Resource
   - **B.** LTC
   - **C.** CAH
7. **Reports**
   - **A.** Case Management/ Swing Bed Management
     E. Hart provided a written report.
   - **B.** Pharmacy
     E. Kubo provided a written report.
   - **C.** Chief of Staff
     Dr. Burt provided a written report.

D. Clinic
K. Zweifel provided a written report.

E. Community Wellness
J. Walker provided a written report.

F. Dietary
J. Ely provided a written report.

G. New Facility
J. Wetzel with Arcadis provided a written report.

H. Quality and Infection Prevention
S. Romine and R. Kandoll submitted written reports.

I. Executive Summary
CEO, P. Hofstetter submitted a written report.

J. Financial
J. McCormick submitted a written report.

8. Old Business

9. New Business

A. Medical Staff Bylaws
Action required: approval

10. Next Meeting

A. Scheduled June 26, 2025, at 5:30PM

11. Executive Session

By motion the Board will enter into Executive Session to discuss legal matters, medical appointments, and or medical reappointments.

12. Adjournment

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Meeting Minutes
Hospital Board
Regular Meeting

Thursday, April 24, 2025 | **5:30 PM** | **Assembly Chambers**

1. Call to Order/Roll Call

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

Board President Cook conducted Roll Call:

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

ABSENT
Board Member Heather Conn
Board Secretary Marlene Cushing

2. Approval of the Agenda

Board Vice President Cindi Lagoudakis motions to approve the agenda as presented, Seconded by Board Member Stratman. Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

3. Approval of Board Minutes

A. Approval of March 27, 2025, Hospital Board Minutes.

Motion made by Board Member Stratman to approve March 27, 2025, Hospital Board Minutes, Seconded by Board Member Simbahon. Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

4. Visitor Comments

Katie Holmlund, Youth Programs, Development and Advocacy Coordinator informed that an informational session will be held tomorrow at 6:00 PM in the Dorothy Ingle Conference

Room to share details about the upcoming summer camp programming. The team has developed over 1,200 hours of camp opportunities for youth. This event is open to current families, prospective participants, and community members. Attendees are encouraged to bring questions. For those unable to attend, she will also be available at the Early Childhood Fair.

Katie also recognizes Kaili Watkins for being honored with the Afterschool Superhero Award, one of only five recipients across the state. This award recognizes her outstanding contributions to youth through her work at PMC, as well as her roles as a dance instructor and active community member. Congratulations to Kaili for her well-deserved recognition and the positive impact she continues to make.

5. Board Member Comments

None.

6. Committee Reports

A. Resource

Board Vice President Cindi Lagoudakis reported that Joel led the financial review for the Resource Committee meeting. March was a strong month financially, despite a dip in lab numbers, which was expected given that this is not a health fair year. Rehabilitation, physical therapy, and emergency room volumes have remained steady, and the facility continues to average about 14 patients in long-term care. There may be future reconciliation payments owed to Medicare, but the income statement remains strong overall. The addition of 340B revenue has also positively impacted finances by providing hospital rebates. A decrease in cash on the balance sheet reflects recent payments made into the PERS retirement system, which could now proceed following the State's resolution of technical issues.

Joel noted that the hospital's operating margin continues to be strong, and investments are being managed conservatively with ongoing monitoring. Regarding grants, there was one pullback, but thanks to Sarah's work, it is not expected that any refunds will be required. Katie, the Grant Specialist, reported that two small grants have been awarded, while the remainder are still pending. It was also noted that Representative Begich has assumed sponsorship of a $3 million CDS request for Phase 3 facility funding, originally supported by Senator Murkowski. A decision on this grant is expected in 2026.

The new WERC Building is anticipated to open in the coming months, at which time the remaining $2 million in HRSA grant funds will be used to complete payments. Additionally, some funds are available to continue hardening the new hospital site. Joel also attended a training conference, with expenses covered by AHHA, and Phil is scheduled to travel to Washington, D.C., soon. A full budget presentation is expected next month.

B. LTC

None.

C. Infection Control

Board Member Stratman reported on the Infection Prevention and Control Committee meeting held on April 16th. The committee received a public health update from the public health nurse, which included discussion on updated HIV recommendations that are being revised to better align with CDC guidelines. Measles was also discussed, as cases are rising nationwide. The committee explored potential response plans in the event of a measles outbreak in Petersburg. RSV booster distribution is ongoing. Minutes from the February meeting were reviewed and approved. The Infection Control Coordinator addressed concerns about potential allergens in the building and led a discussion on plumbing and waste mitigation, noting that plumbing continues to be a significant issue in the facility. An Environmental Care Rounds report was reviewed, including updates on cleaning projects and chemicals, with one related action item now closed. Two other action items—related to antibiotic stewardship and the salon chair—remain open. The head of the laboratory provided updates on water testing across the facility, reporting no issues. Respiratory illnesses currently circulating in the community were also noted. Blood cultures have shown no signs of contamination, indicating high-quality sample collection. Hand hygiene was another focus area, and the clinic will soon be distributing hand hygiene surveys. The meeting concluded with a vaccine update, which noted that COVID-19 vaccination rates in the community remain very low.

7. Reports

A. Rehab
B. McMahon provided a written report.

B. Plant Maintenance
W. Brooks provided a written report.

Board Member Stratman inquired about the timeline for the upcoming water shut-off required for part replacement. W. Brooks responded that the schedule cannot be finalized until the necessary part is received; as of now, they are still awaiting its arrival. Once the part is on hand, an updated timeline will be provided. In response to further questions, Wolf noted that the water is expected to be off for approximately six hours. During this time, fire watch walk-throughs will occur every 30 minutes to maintain safety compliance. Additional support resources will be brought in to help manage the process and address any potential issues to ensure everything proceeds smoothly. Board President Cook asked about contingency plans in the event of complications. Wolf assured the board that he and Chris have been reviewing various scenarios, including unlikely ones, and are actively preparing for all possibilities. A detailed action plan will be completed and in place prior to the shut-off.

C. Environmental Services
G. Edfelt provided a written report.

D. Home Health
L. Holder provided a written report.

E. New Facility
J. Wetzel with Arcadis provided a written report.

Board President Cook expressed appreciation for the photo included in Justin's report. Board Vice President Lagoudakis raised a question regarding the potential for delays on the Phase 5 wetlands permit, citing recent interruptions experienced with other agencies. In response, Mike Kruse of Arcadis stated that there have been no indications of any delays, and the current timeline remains accurate.

F. Quality & Infection Prevention
S. Romine and R. Kandoll provided written reports.

G. Executive Summary
CEO, P. Hofstetter provided a written report.

CEO, P. Hofstetter provided a number of updates. He participated in a KFSK radio segment earlier in the day, where the recent measles update from Infection Preventionist Rachel Kandoll was discussed. The situation is being actively monitored, with updates to follow as new information becomes available. He also referenced a recent community needs assessment, noting that Katie will provide a more detailed report. The CEO echoed earlier congratulations extended to Kaili for receiving her award and highlighted upcoming youth programs, including the information session scheduled for tomorrow at 6:00 p.m. in the Dorothy Ingle Conference Room, and the Early Childhood Fair on Saturday at the elementary school from 10:00 a.m. to noon, where hearing screenings and other services will be offered. In addition, a teach on speech and language development for children up to 4.5 years old will be presented by the contracted Speech Language Pathologist at Good Beginnings from 9:00–10:00 a.m. on Saturday.

CEO Hofstetter reported that patient volumes remain high in acute care, inpatient, and long-term care areas—particularly for swing beds, which are at levels not seen in recent years. The clinic is maintaining appointment access, with next-available appointments in primary care averaging six days, which is within the typical standard of 10 days. Preparations are underway for the summer season, including an expected increase in volume due to cruise ship traffic. Visiting specialists continue to provide valuable services, with Optometrist Dr. Kapp seeing patients in April and scheduled to return around Mayfest. Dermatologist Cameron French is expected in June, and telepsychiatry services are ongoing, currently offered once a month. Dr. Sonkiss will visit in June to provide training and patient care onsite.

Regarding facilities, the CEO noted that planning and transition efforts for the new WERC building are well underway. Departments are preparing not only to move but also to adapt workflows due to the spatial separation between the WERC building and the main hospital. Cleaning and decluttering efforts are in progress to facilitate the move and to better utilize available space in the current facility. Public Health will move to the WERC building, allowing Home Health to relocate onto the main campus. These changes are expected to alleviate congestion and improve function, even though the idea of a new hospital has not yet been realized. The transition will also serve as a "soft opening" to identify lessons learned and explore opportunities such as digitizing paperwork.

The certificate of need for the MRI is still pending, with additional questions from the State requiring resubmission. Meanwhile, advocacy efforts for capital funding continue.

CEO Hofstetter will be traveling to Washington, D.C., in the coming weeks to meet with delegation and discuss infrastructure and funding needs.

Financial operations remain a focus, with Jason continuing to monitor efforts around billing, accounts receivable, and the 340B program, which is functioning well. While some progress is being seen in managing AR days and claim workflows, concerns remain regarding future funding for behavioral health programs. The loss of state-funded school-based behavioral health support presents a challenge, and the organization is currently working with the school district to determine how to sustain services moving forward. The CEO expressed cautious optimism about recent financial performance but noted that the grant environment remains difficult, particularly for new programs.

Board Vice President Cindi Lagoudakis inquired about the status of the certificate of need resubmission and whether the State's questions were routine. CEO Hofstetter responded that while this is relatively new territory for him, PMC's relationship with the State is positive, and he believes their requests reflect a genuine desire for PMC's success. He confirmed that the team is addressing the questions and will proceed with resubmission. Lagoudakis also asked whether representatives have been invited to tour PMC's facilities; Hofstetter confirmed that invitations have been extended, including to any legislators visiting during Mayfest.

H. Financial
J. McCormick provided a written report.

J McCormick reported strong financial performance for the month. There were 29 acute care days and 133 swing bed days, contributing to a year-to-date total of 922 swing bed days—278 of which were due to patients unable to be placed in long-term care or discharged, impacting the cost report. Gross revenues were $2.6 million, exceeding the $2.3 million budget, with net revenue at $2 million. A Medicare desk review resulted in a positive adjustment of $450,000, significantly improving financials. PMC also qualified for the Employee Retention Tax Credit, with a pending reimbursement of $2.9 million. Although the funds could take up to two years to arrive, the expense for the assisting firm has been accounted for. Expenses for the month were $2.6 million against a $2 million budget, largely due to the consulting fee. Despite this, the bottom line for the month showed a $4 million surplus, with a year-to-date positive margin of $12.8 million. PMC is preparing an interim rate review, anticipating a repayment of $200–225K due to prior Medicare adjustments. Overall, the cost report is expected to be near break-even. Cash flow remains strong, and insourcing the business office is showing promising early results. Budget planning for FY2026 is underway, with the goal of adoption by June.

8. Old Business

None.

9. New Business

A. Community Needs Assessment
Presentation by K. Bryson

Board discussion to approve or, amend and approve, implementation strategies

K. Byrson presented findings from Community Needs Assessment and implementations strategies for adoption by the Board. Strategies presented below:

STRATEGY 1
Increase availability of comprehensive healthcare services for our rural community.

STRATEGY 2
Reduce barriers our community faces in accessing existing healthcare services.

STRATEGY 3
Reduce the impact of rising costs on our community's access to health-related needs.

STRATEGY 4
Support increased community behavioral health capacity and access to behavioral health services.

STRATEGY 5
Address and advocate for the health needs of our increasing Elder / older adult population.

Motion made by Board Member Stratman for PMC Board to adopt the implementation strategies to meet the needs identified in the Community Needs Assessment presented today on April 24th, 2025, Seconded by Board Member Roberts.
Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

10. Next Meeting

Currently scheduled for May 29th, 2025, at 5:30pm.

11. Executive Session

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

Motion made by Board Member Simbahon to enter into Executive Session to discuss legal matters and medical appointments and/or reappointments, Seconded by Board Member Stratman. Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

Reconvened after Executive Session.

Motion to reappoint Eric Young, Radiology, Akshay Gupta, Radiology, and to appoint Whitney Wood, MD made by Board Vice President Lagoudakis, Seconded by Board Member Stratman. Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

12. Adjournment

Motion to adjourn made by Board Member Simbahon, Seconded by Board Vice President Lagoudakis.

Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

Meeting adjourned at 6:45pm.

Petersburg MEDICAL CENTER

Skilled Swing Bed Report May 2025

Workforce Wellness

- Skilled Swing Bed (SB) is staffed with Acute Care RN's. Swing Bed indicates a hospital room.
- Currently there are 5 RN and 1 LPN travelers, 6 permanent RNs for a total of 13 floor positions.
- 2 RNs are staffed on AC daily, and 1 RN is staffed nightly, looking at staffing a second RN on AC for summer if able.

Community Engagement

- Working with local ALF, Mountain View Manor for placement. Working with Adult Protective Services and LTC Ombudsman for assistance with vulnerable skilled patients' placement for safest discharge plan.
- Working with PMC departments to improve communication and understanding of eligibility and level of care requirements.
- Review online referrals from hospitals in the Seattle area (Swedish, Virginia Mason, Harborview).
- All recent skilled patients are local, many previously came from Bartlett Regional in Juneau. Currently have 1 Skilled SB inpatient, 2 ICF SB, 2 outpatient in a bed, discharged 4 others in past 5 days. Had census of 6+ swing bed patients for past 12 weeks.
- Maintain regular phone contact with Bartlett Regional, at least weekly, typically more frequent, recently have been informing Bartlett we are at capacity on weekly basis.
- Use screening tools (Skilled Screener, LTC Needs Assessment Tool, Infection Control Transfer Form) to assess medical appropriateness and level of care required.
- Review prospectives' insurance and discharge plan to ensure a smooth transition after the Skilled stay.
- Referrals are evaluated by the PMC Rehab department for qualification and benefit from Skilled Rehab.
- Referrals then go to the PMC physician for approval and completion of a physician-to-physician report.
- LTC Medicaid Authorization for Swing Bed must be approved by DHSS prior to travel and stay.
- Widening the recruitment radius yields mixed results due to factors like payor source, medical/psychiatric complications, and discharge plan challenges.
- Admitting skilled patients without a support system, payor source, or adequate discharge plan causes financial hardship and is not ethically viable for PMC, we currently have 2 patients in hospital in this category.

Patient Centered Care

- Goal: Develop metrics for improving quality of care and achieving optimal outcomes.
- Developing QIP: Within one week of discovery of need for LTC level of care and need for Medicaid application assistance. Will notify Jen Ray PMC LTC Medicaid expert: Brandy Boggs HHSW: and Helen Boggs LTC DON.

    - Plan in place- effective.
- Current surveyed areas: readmissions, falls, skin breakdown, Notices of Non-Coverage, skilled patient days.
    - No readmissions.
    - No falls in skilled in March-April.
    - No new skin breakdown, providing wound care currently.
    - Notice of non-coverage given for Medicare Patients, not applicable to private insurance.
- Targeting improved communication between local and receiving providers for referrals, medevacs, and patients requiring skilled care; to better disseminate information on services offered.
- Highlight PMC Skilled Nursing Facility's 24/7 RN staffing for IV therapy, medication management, and wound care directed by certified specialists.
- Emphasize the advantage of having RN staffing, which is not typical in most Skilled Nursing environments.

Facility

- Changes in equipment:
    - Sara-steady sit to stand for transfer assistance for weight bearing but unsteady patients.
    - Possible new bed purchase July, 2025.

Financial Wellness

- Skilled Swing Bed (SNF SB) patient days in the past 2 months: 4 (goal: 3 patient days). No skilled readmission in past 60 days.
- Average census, including all Swing Bed stays (some at LTC level of care): 5 Swing Bed Patients.

Submitted by: Elizabeth Hart

Petersburg MEDICAL CENTER

Pharmacy Report May 2025

Workforce Wellness

Staff consists of primarily myself, Elise Kubo, with some assistance from Jolyn Duddles. Jolyn recently covered for me while I was on vacation.

Community Engagement

Patient Centered Care

Shortages are currently stable.
The clinic medication administration system seems to be working most of the time. It still needs attention often.

Facility

The new running inventory is being built. I'm looking forward to being able to track what I have in stock and be notified of shortages more efficiently than current system.

We are investigating the possibility of adding an automated drug cabinet for controlled drugs and acute care medications. This would help with accuracy of medication administration, organization, and accountability for controlled medications.

Financial Wellness

PMC currently uses the 340B program to save on a small number of medications. This has been very useful, since some of the medications we use are very expensive.

Rexall is also now using the program. We recently completed our first audit of our use of the 340B program by an auditing company PMC hired. We discovered some small issues and are correcting them so that if we face outside auditors we will be prepared.

Submitted by: Elise Kubo

Petersburg MEDICAL CENTER

Medical Staff Report May 2025

Workforce Wellness

The medical staff continues to have the new on-call block schedule of 4 days in a row (M-Th) and 3 days in a row (F-Su). This scheduling allows the providers to better focus on the hospital and the ER when they are on call. This has improved provider satisfaction and has led to a better work-life balance. Summer is challenging in that med staff are in and out for vacations; this affects the new on-call schedule some but we plan to continue following the new routine as much as possible.

Community Engagement

We have been successful in improving our communications with Home Health regarding planned discharges and in updating HH about shared patients. Dr. Hulebak traveled to Seattle in March to the University of Washington Department of Family Medicine faculty meeting; she updated us on changes to student grading. Dr. Hulebak and Angela Menish, FNP continue to lead Walk with the Doc programs in Petersburg. Dr. Burt has agreed to work with Home Health in developing a home hospice program.

Patient Centered Care

We are gearing up to launch a new telestroke program working with the University of Washington; this will enable us to consult with their neurologists and neurosurgeons in a more timely manner, potentially saving lives (and brains). We have been challenged with a high inpatient and skilled census over the past 2 months. In addition to providing acute medical care, we have had many patients using our skilled nursing program (also called “swingbed”). We have also managed care for “outpatients in a bed”, community members who are unsafe to live alone but do not meet criteria for long term care. The number of older individuals in our community is increasing and Petersburg (and PMC) would benefit from more long term care beds and assisted living apartments.

Submitted by: Selina Burt, DO

Petersburg MEDICAL CENTER

Joy Janssen Clinic Report May 2025

Workforce Wellness

Clinic staffing has remained relatively stable over the past six months. We are currently seeking to fill a front desk position, and we have hired a new medical assistant. We are pleased to welcome Caity Pearson, CNA, to our team.

Staff Highlights:

- Two staff members have successfully completed the Clinical Medical Assistant Apprenticeship through Alaska Primary Care Associates.
- Two additional staff members have enrolled in the University of Alaska Anchorage (UAA) Nursing program.

Many of our clinic team members are actively participating in the PMC Employee Wellness Program and are enthusiastically engaging in the wellness challenges and activities.

Community Engagement

The clinic continues to engage with the community through outreach and partnerships, including the following initiatives:

1. Free Flu Shot Clinics
    - October 10th & October 22nd: Partnering with Public Health to offer community flu clinics.
    - Flu shots were also available by appointment at the clinic.
2. Hypertension Quality Project
    - Community Blood Pressure Clinics:
        - Held free blood pressure screenings at the local grocery store and coffee shop during Heart Health Month (February 2025) and referred patients as needed for follow-up care.
        - Remote home monitoring of blood pressure for selected patients.

Patient Centered Care

In November 2024, the clinic implemented changes to the physician call schedule to enhance patient access to care. Providers are now scheduled for call shifts in blocks of 3 to 4 consecutive days, during which they focus primarily on emergency and acute care. On non-call days, providers are dedicated solely to clinic responsibilities. This revised approach has led to improved clinic scheduling and availability, while also contributing to increased provider job satisfaction.

Metrics:

- Monitor: Total Clinic visits, encounters and next available acute appointment with PCP and first and third next available appointments (refer to charts below).

Outbound Referrals:

- We are measuring referrals for internal and external referrals processed.
- The total number of referrals processed 2,276 for the 2024 calendar year. From January 1, 2025 to current we processed 841 referrals.
    - **Internal Referrals**: For audiology, nutrition, rehab/therapies, home health, wound care, and behavioral health.
    - **External Referrals**: For specialists outside Petersburg.

Referrals: 1/1/25-5/19/25			
Resource	**Location: from Clinic**	**Location: from Hospital/LTC**	**Total Both:**
Provider 1	131	13	144
Provider 2	119	3	122
Provider 3	152	27	179
Provider 4	144	0	144
Provider 5	165	0	165
Provider 6	69	2	71
Locums & Other:	16	0	16
Total:	**796**	**45**	**841**

Total Clinic Visits & Encounters:

Encounter totals reflect all scheduled appointment types for providers, including clinic visits, hospital rounds, home visits, and no-shows.

Month	Total Clinic Visits	Total Encounters
January 2025	690	746
February 2025	731	798
March 2025	662	732
April 2025	692	744
Total	2775	3020

Month	Total Clinic Visits	Total Encounters
January 2024	775	807
February 2024	683	710
April 2024	750	800
August 2024	619	690
Total	2827	3007

Next Available & Third Next Available:

Summary:

We are tracking national standards for access to care, including:

1. First available acute care – Same Day appointment with a PCP.
2. First available open appointment.

3. Third, next available appointment.
4. *Number of days include working days which include Saturdays but not Sundays.

Report Date: 4/14/25*				
Resource	**Next acute with PCP**	**1st Next available open**	**3rd Next avail open**	**NOTE**
Provider 1	4/14/25: 0 days	4/23/25: 8 days	5/13/25: 25 days	CME 4/1-4/9
Provider 2	4/21/25: 6 days	5/1/25: 15 days	5/1/25: 15 days	PTO 4/11-4/18
Provider 3	4/23/25: 8 days	4/30/25: 14 days	4/30/25: 14 days	
Provider 4	4/15/25: 1 day	4/15/25: 1 day	4/15/25: 1 day	
Provider 5	4/14/25: 0 days	4/15/25: 1 days	4/15/25: 1 days	
Provider 6	4/14/25: 0 days	4/16/25: 2 days	4/16/25: 2 days	
Average:	2.5 days	6.6 days	9.6 days	

Report Date: 09/06/2024	# days to wait for next appt.			
Resource	**Next acute with PCP**	**1st Next available open**	**3rd Next avail open**	**NOTE**
Provider 1	9/10/24: 4 days	9/20/24: 14 days	9/25/24: 19 days	
Provider 2	9/11/2024: 5 days	9/23/24: 17 days	9/30/24: 24 days	PTO 9/5-9/9 & 9/18-9/22
Provider 3	9/12/24: 6 days	9/25/24: 19 days	9/30/24: 24 days	
Provider 4	9/06/24: 0 days	9/10/24: 4 days	9/12/24: 6 days	
Provider 5	9/6/24: 0 days	9/9/24: 3 days	9/11/24: 5 days	
Provider 6	9/9/24: 3 days	9/10/24: 4 days	9/13/24: 7 days	
Average:	3 days	10.1 days	14 days	

Number of Same-Day Acute Care Appointments Scheduled:

Summary:

The average number of same-day acute care (urgent care) visits vary from day to day but typically tend to be the busiest on Mondays and Tuesdays followed by Fridays next. Wednesdays and Thursdays are usually more consistent, and Saturdays can vary significantly from week to week.

Week Ending: 05/03/25		Week Ending: 04/05/25	
Date	**# Of Same Day Appt Scheduled**	**Date**	**# Of Same Day Appt Scheduled**
Monday 4/28/25	21	Monday 3/31/25	11
Tuesday 4/29/25	10	Tuesday 4/1/25	8
Wed 4/30/25	12	Wednesday 4/2/25	6
Thursday 5/1/25	9	Thursday 4/3/25	4
Friday 5/2/25	9	Friday 4/4/6	11

Saturday 5/3/25	5	Saturday 4/5/25	5
AVERAGE:	**11**	**AVERAGE:**	**7.5**

Facility

The Joy Janssen Clinic team, comprising of the Clinic Manager, Assistant Manager, Medical Director, Medical Assistants, and Reception Supervisor, are actively participating in the planning of our new facility. We regularly attend meetings to offer input regarding the design and operational flow of the clinic. In recent months, we have not had regular meetings related to the new facility.

Financial Wellness

The clinic is actively pursuing strategies to increase patient volume and optimize provider schedules with the goal of enhancing revenue. Key initiatives include:

1. **Revised Call Schedule:**
   A newly implemented call schedule aligns with the cost report reimbursement model and improves continuity of care for both patients and providers.
2. **Proactive Work Queue Management:**
   Management and registration teams are working diligently to resolve issues in work queues by:
   • Reviewing accounts to identify and correct registration errors.
   • Reducing delays in reimbursement and minimizing claim denials.
3. **Enhanced Reimbursement for Care Management Services:**
   The clinic is making target efforts to increase reimbursements by:
   • Expanding participation in Chronic Care Management (CCM) and Transitional Care Management (TCM) programs.
   • Promoting wellness visits, including well-child checks, women's health exams, physicals, and Medicare wellness visits.

Submitted by: Kelly K. Zweifel, Clinic Manager

Petersburg MEDICAL CENTER

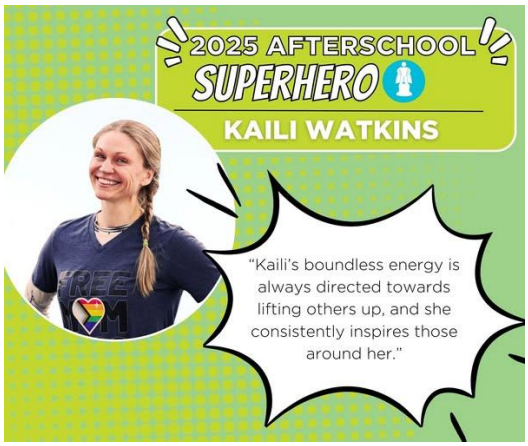
Community Wellness Report May 2025

Workforce Wellness

PMC successfully transitioned to a new employee wellness vendor, *Personify*, in January 2025. Our wellness incentive program aims to motivate our staff to be mindful of their own health and develop healthy habits, and to foster a supportive and healthy working environment. The *Personify* app includes health and wellness resources, facility wide challenges, health coaching programs, and point earning opportunities for physical activity, sleep, and other healthy habits. Biometric screenings and preventive screenings are also incentivized to encourage early detection and improve health outcomes.

- Currently, 57% of staff and eligible spouses are enrolled in the new employee wellness program.
- 26 participants have completed a biometric screening.
- 14 have completed a preventive care appointment.

Our department continues to work with Human Resources to highlight departments on social media during national recognition months/weeks.



A full time Youth Program Specialist has been hired to support the administration of program planning and implementation. Youth Programs will have a line-up of 17 staff for summer 2025, many returning from last summer, to support significantly expanded programming over the summer. A new *Mentor in Training* program has been developed for older youth to gain leadership skills.

Kaili Watkins received one of five *2025 Afterschool Superhero* awards from the Alaska Afterschool Network, a program of the Alaska Childrens Trust. PMC is so grateful to have her as a part of Youth Programs (and the Clinic) and thankful for all she does for the community!

Community Engagement

Community engagement is at the center of much of what the Community Wellness Department does. Ongoing efforts include leadership of the local wellness coalition (SHARE Coalition), PMC Live Radio Show, Quarterly PMC Community Newsletter, social media pages, and managing content on the digital screens throughout the

facility. Community Wellness staff have been a part of the team conducting the Community Health Needs Assessment over the past nine months.

In March, PMC began rolling out PMC's refreshed logo. This has been a large project involving collaboration across several departments. The implementation is near completion and each department has taken ownership of updating materials, with help from PR and/or IT if needed. A new PMC merchandise store has been established to allow staff and community members to purchase shirts, hats, cups and much more with the new PMC logo. Many staff have purchased merchandise and are wearing it regularly at work. Public Relations and IT are working together to identify a vendor to work on a website redesign project, which is anticipated to begin in August.

PMC Merchandise Store: pmc.axomo.com

Community Wellness and Behavioral Health departments continue to partner on prevention efforts including annual presentations about mental health to middle and high school students. Mental Health Awareness Activities in May have included a community-wide scavenger hunt with mental health tips and resources, informational tables, and a *Mindfulness Meditation and Chair Yoga* class led by Hunt Parr *(22 participants*).

In January, two Community Wellness staff completed a 3-day facilitator course and then led a 5-hour Teen Mental Health First Aid (*tMHFA*) training for high school students. The evidence-based *tMHFA* curriculum teaches teens how to identify, understand and respond to signs of mental health or substance use challenges in a friend or peer and teaches them skills to have supportive conversations and seek support from a trusted adult. This training was funded by the 2024 Petersburg Community Foundation grant and facilitated through a partnership with Petersburg High School. PMC intends to continue this partnership and offer the training to students again next year (*~65 student participants*).

In February, Youth Programs hosted the first ever *Wild and Scenic* film festival fundraiser. This event was very successful and is planned to be repeated next year. Staff supported several community events over the past several months including offering helmets at the PVFD Family Fun Day and program information at the Early Childhood Fair. Youth Programs staff are planning for half and full day Kinder Skog programming and a wide variety of summer camps for youth ages 4-17. Over 1,200 hours of programming is planned for the summer with more capacity than ever. Camps will include fly fishing, kayaking expedition, theater, bike and hike, basketball, and much more.

Save the Date for the annual PMC Foundation Pedal/Paddle Battle fundraiser event on Saturday, July 19.

Patient Centered Care

PMC has completed year two of a four-year federal grant to offer evidence-based fall prevention programs *Tai Ji Quan: Moving for Better Balance* and Bingocize®. Participation in these workshops has far exceeded expectations, with 72% of the target number of participants for the four-year grant met within the first two years. Tai Ji Quan is being offered in person and remotely. Bingocize® is being offered at Parks and Rec as well as within LTC and Mountain View Manor. LTC and MVM programming has been somewhat inconsistent due to staffing shortages – program support from the Rehabilitation Department is planned to improve this for LTC. Community-based programs are going well, with continued increases in participation with each workshop. *Tai Chi for Arthritis* is currently being explored as an additional program offering based on participant feedback.

PMC's Tobacco Prevention and Control grant from the State of Alaska has supported health systems change around tobacco cessation over the past two years. This project has been very successful and has made significant steps to support patient centered care. New tobacco-free campus signs and stickers for PMC apartments and cars have been designed and are in the process of being posted. The Joy Janssen Clinic has successfully implemented a new tobacco screening process and screening rates have more than doubled since January. Alaska Tobacco Quitline resources have been posted throughout the facility and nearly all staff have completed training on tobacco addiction, cessation resources and skills for asking, advising, and referring patients to quit.

Facility

Community Wellness staff are preparing to move to the WERC building this summer. The department has been renting office space across the street from PMC for the past few years and the team is looking forward to being more integrated with other departments within the WERC building. Youth Programs staff have desks within the Community Wellness office and will continue to operate Kinder Skog and ORCA Camp programs at the Lutheran Church until a permanent location for these programs is established.

Financial Wellness

The move to the WERC building will eliminate the need to rent off-campus office space for the department. Community Wellness staffing and programs continue to be partially funded through state and federal grants. Recently, the Community Wellness department received a $10,000 grant from the Petersburg Community Foundation to support the implementation of a new strength-based mental health promotion program called Sources of Strength within PMC's youth programs.

Youth Programs transitioned to a new online registration and tuition payment system called *Campminder*. This new system has streamlined enrollment and is making collecting payment much easier than before. Local partners have provided funding to support sliding scale tuition discounts for summer youth programs (Petersburg Mental Health Services $10,500 and WAVE $10,500). After months of navigating significant

barriers with the State of Alaska, PMC's Youth Programs have recently been approved as the first American Camps Association accredited program to accept Childcare Assistance for income eligible families. The Alaska Community Foundation has grant funded our youth Kayak Expedition ORCA Camp for the second summer ($20,000). These supports strengthen our programs by making them accessible to families and decreasing the need for PMC to support program scholarships through fundraising.

Submitted by: Julie Walker, Community Wellness & PR Manager

Petersburg MEDICAL CENTER

Food Service & Nutrition Report May 2025

Workforce Wellness

Cook coverage has been the most difficult in the past 6 months than ever before. In October 2024 one full-time cook went on a planned FMLA and has not returned. During the FMLA covered LOA, I brought in a traveling cook to help through the holidays. That coverage ended and because the original employee did not return, I have been bringing a traveling cook one at a time since then. We have a full-time cook position open until filled.

In November one full-time cook left unexpectedly and despite their position being posted throughout the holidays, we just got one onboarded, and she has just completed the bulk of her training. She is still learning the menu, but I am hopeful that she will be a long-term addition to the team.

During this time, my third and final full-time cook had a death in the family and was gone for a couple weeks over the holidays, returned, and is now on a FMLA. They are expected to return mid-June.

In January, I brought in a traveling Dietitian who has been very helpful covering the LTC and CAH nutrition assessments while I have been cooking and managing the food service program. She has also learned to cook and has been helping when needed, which is more often than I had intended. She has been a good support and has committed to travelling and covering as Dietitian through the end of the year and possibly longer.

With the support and collaboration of other managers, I participated in two local job fairs. One at the high school, and another put together by PIA this spring. We are currently searching for local talent to fill our open positions and rely on travelers to help fill in the gaps.

Community Engagement

In collaboration with the LTC Activities department, we continue to have holiday meals and events. Thanksgiving had the largest turnout of all our parties with over 60 guests, plus residents for dinner on the Eve of Thanksgiving. Christmas had a slightly less turnout but was still very well received and we had a great full-service lunch in the hallways of LTC. Then there was the “Count-down-to-noon” event where we provided party foods such as appetizers and desserts for lunch. We had special menus for all hospital patients on

Halloween, Thanksgiving, Christmas Eve & Day, New Year's Day, Valentine's Day, St. Patrick's Day, and Easter. We hosted another party for LTC on the Wednesday before Easter where we had over 30 guests, plus residents. These are always very rewarding, and we have a great time.

Other community events we participated in include the Julebukking, open house, LTC Volunteer Luncheon, and PMC Foundation Meeting.

Left: Halloween party in LTC

Center: Making sliders for Julebukking

Right: Julebukking 2024

Patient Centered Care

This winter we introduced a new position within the Food Service department called the Administrative Diet Aide. The staff who have moved into this role are going from room to room every day to get meal orders from the residents and patients who are able to make meal selections. We go around with tomorrow's menu and offer choices if the patient isn't interested in the meal on the menu or if there is a food dislike or allergy. The residents of LTC love being able to select their menus. This has been our biggest accomplishment to date, and I am very proud of the team members who have embraced going to each patient to get their menus.

Facility

We have been very fortunate to not have any major equipment issues recently. The few major issues of last year are resolved and running smoothly. We keep the maintenance department quite busy with minor repairs, and they have been great to work with.

Financial Wellness

The cost of food supplies continues to increase significantly, as you know. Also, the CAH side of PMC has been very busy lately causing an increase in our food production/output. Another result of the increase in CAH census and the LTC parties is the need for more dishes, trays, silverware, cups, etc. Also, the replacement of these small wares as they get worn out. Despite this, I think we are doing a good job, and we are delivering a high-quality service.

Submitted by: Jeanette Ely, RDN – Food & Nutrition Services Director

Petersburg MEDICAL CENTER

ARCADIS

New Facility Construction Report May 2025

Sitework

The base sitework is nearly complete, and PMC has approved additional scope of work for Dawson to complete the wellness drive up to the WERC/Hospital delineation line and finish the entire parking area with concrete. This had previously been designed/planned for gravel only for budget reasons. The decision was made by the steering committee to add concrete for a long-lasting cap and to reduce wear and tear on the new building floors by having only gravel surfaces. This additional work is being done with savings made through the project delivery model and is within the original total budget amount.

WERC Building

Substantial completion walkthrough took place from May 1st through May 3rd with Arcadis, Bettisworth North, RSA, and others. A punch list was generated and submitted to Dawson to complete or correct to achieve substantial completion acceptance. Following the punch list completion and initial acceptance, the building will be turned over to PMC for ownership. The closeout process will continue with O&M submittals, and all final documentation submitted to achieve the Certificate of Occupancy, which should be completed by mid-June.

The MRI Addition is about 70% complete, and the major constraint is the RF Shield that is being fabricated off-site and will be installed in mid-June. Following the installation of the RF Shield, Dawson can complete their walls and finishes and make preparations to receive the magnet from Siemens in mid-July. After the Siemens magnet has been installed, it will be tested, calibrated, and commissioned by the end of July and could be put into service by August.

Furniture, Fixtures, and Equipment (FF&E) will be getting installed in July, this will be a joint effort by Dawson, Capitol Office, and PMC. There will be a second wave of FF&E that will arrive in August and will be part of the final completion effort, along with any artwork and other items that will be installed before the Grand Opening in September.

New Hospital Design

Further design progress is on hold pending grant funding. The Phase 5 wetlands permit is currently under review; approval by June could open up this work, TBD.

Upcoming Construction Activities

- June – Punch list, Exterior siding (MRI Addition), Exterior concrete surfaces (Adds).
- July – MRI Addition, FF&E Install, Final Completion

Budget

- WERC budget – $22.7M (Stacked)
  - CCPF Treasury Grant – $20M
  - HRSA Grant – $2.7M
- Hospital Sitework & 35% Schematic Design – $5.3M
  - HRSA Grant – $5.3M

Exterior Concrete Drives and Parking

Wellness Drive – Looking Northeast

Submitted by: Justin Wetzel- Arcadis Project Manager

Petersburg MEDICAL CENTER

Quality Report May 2025

Workforce Wellness

Quality staff and one home health nursing staff member will be attending the National Council On Aging 'Age +Action' Conference in Arlington, VA next week 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. We look forward to bringing these resources back to PMC.

Community Engagement

Community Health Needs Assessment- Reporting project is coming to a close this month. Full public report should be forthcoming. Efforts will be transitioning to addressing the strategies and priorities identified in the implementation plan.

Fall Prevention Program-The table below will be part of the semi-annual report progress on the fall prevention programming in Petersburg and are numbers achieved in workshops that concluded from 11/1/24-4/30/25. General participation numbers continue to surpass the goals set at the commencement of this grant.

Grantee: Account Name	Program Target Name	Sum of Workshop: Actual Participants	Sum of Participant Target	Sum of Actual Participants	Number of Workshops
Petersburg Medical Center	ACL Falls Prevention Grant 2023 Bingocize	65	184	130	4
	ACL Falls Prevention Grant 2023 Tai Ji Quan	28	116	87	2
Subtotal		93	300	217	6
Total		93	300	217	6

Definitions

Sum of Workshop: Actual Participants: number of participants over the last 6 months; may include duplicates due to individuals participating in more than one workshop.
Sum of Participant Target: the goal for total participants in the 4-year grant period.
Sum of Actual Participants: numbers achieved over the past 2 years
Number of workshops: number that have concluded in the last 6 months.

Patient Centered Care

Continue working to connect to departments within PMC, share resources, and offer support with quality improvement initiatives. Assistance is provided with incident review to help in identifying potential processes or areas where improvement could be reached or is needed. Initiating follow up in areas that have potential to increase access to care, decrease barriers, increase quality or efficiency of care aligned with strategic plan objectives. Increasing emphasis on the collection, maintenance, and availability of actionable data.

Facility

LTC and CAH Quality Committee will meet on the 21st to review recent data and quality metrics. Updates will be provided on quality improvement projects underway.

It is really exciting to hear about the plans and preparations for moving into the WERC building. This transition will expose wonderful new opportunities as well as some potential new challenges due to the changing proximity of collaborating departments.

Financial Wellness

The home health department continues to pursue opportunities to perform cross-training to maximize function and efficiency of the department, access to care for patients, and flexibility for all employees. Employee Flexibility = Improved Work-Life Balance = Increased Retention = Cost Savings.

Submitted by: Stephanie Romine, RN

Petersburg MEDICAL CENTER

Infection Prevention Board Report May 2025

Workforce Wellness

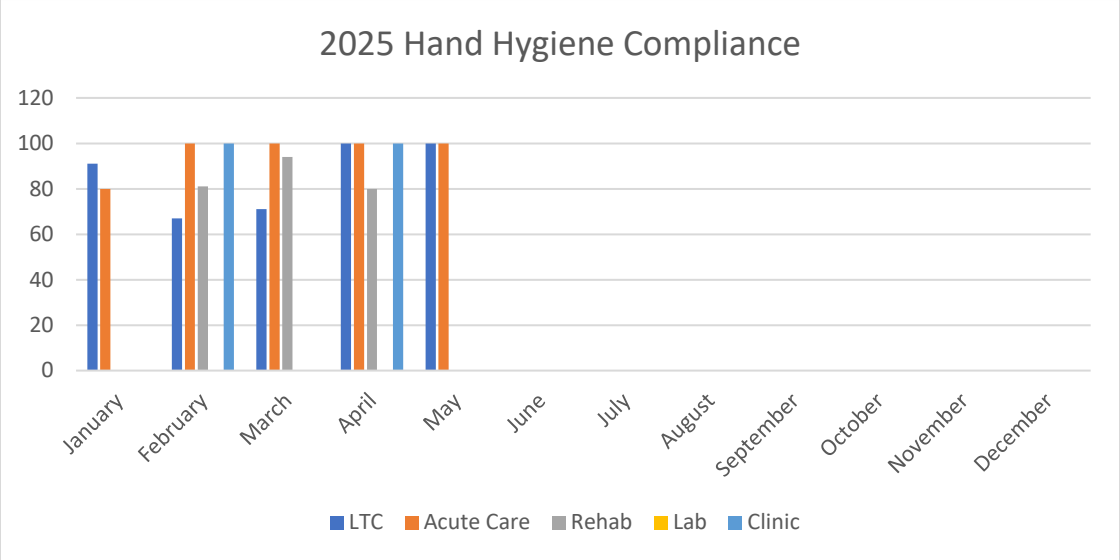
I work alone as the Infection Preventionist for PMC.

Community Engagement

I work with many different departments at PMC to ensure compliance with regulations and work to improve our care. This past month in Environment of Care Rounds our team of nursing, EVS, and management focused on EVS closets in the facility, making sure they are all in compliance and keeping our facility as clean as possible. We also conducted general rounds, looking for issues to correct.

Patient Centered Care

2025 Hand Hygiene Compliance



I have been working on standardizing and updating our *Precaution Signage* for each room to help staff and visitors know how best to protect themselves and our patients.

We have successfully implemented Enhanced Barrier Precautions, per CMS regulations, in our LTC facility.

LTC 2025 Infection Prevention Metrics:

- Urinary Tract Infections (UTI): 1
- Catheter associated Urinary Tract Infections (CAUTI): 0
- Clostridium Difficile Infections: 0
- Covid-19 Infections: 0
- Influenza Infections: 0
- RSV Infections: 0

Facility

No changes. Our aging facility continues to cause many obstacles to meet current IPC standards.

Financial Wellness

No changes to this area.

Submitted by: Rachel Kandoll, RN, BSN, Infection Preventionist

Petersburg MEDICAL CENTER

PMC CEO Board Report May 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.*

- **May 7**: Physician Lunch
- **May 14**: Medstaff meeting
- **May 15:** Office Hours/Coffee with Phil
- **May 16:** Environmental Care Rounds
- **May 16:** Manager Meeting
- PMC Celebrates the following professionals in May: National Nurses Week (May 6th-12th) RNs-Helen Boggs, Jennifer Bryner, JP Droska, Jolyn Duddles, Emma Gates, Regina Frey, Elizabeth Hart, Laura Holder, Amy Hollis, Rachel Kandoll, Heather Kinney, Elise Kubo, Carolyn Kvernvik, Nichole Mattingly, Ryan Meeks, Polly Morales, Mamie Nilsen, Valaree Nilsen, Kim Robson, Stephanie Romine, Kim Scott, Ruby Shumway, Jordan Stafford, Lauren Thain, Traci Vinson, Seth Winn, Kellii Wood, and LPNs- Placide Mabo, and Tony Vinson.
  Mental Health Provider Appreciation Day (May 12th) Abbey Hardie, Ashley Kawashima, and Patrick Sessa.

Rachel, Lauren, Tony

Jordan, Regina, Traci, Kim S, Kellii, Helen
Jennifer B, Elizabeth H, Elise

Val, Mamie, Jolyn, Heather

Community Engagement: *Goal: To strengthen the hospital's relationship with the local*

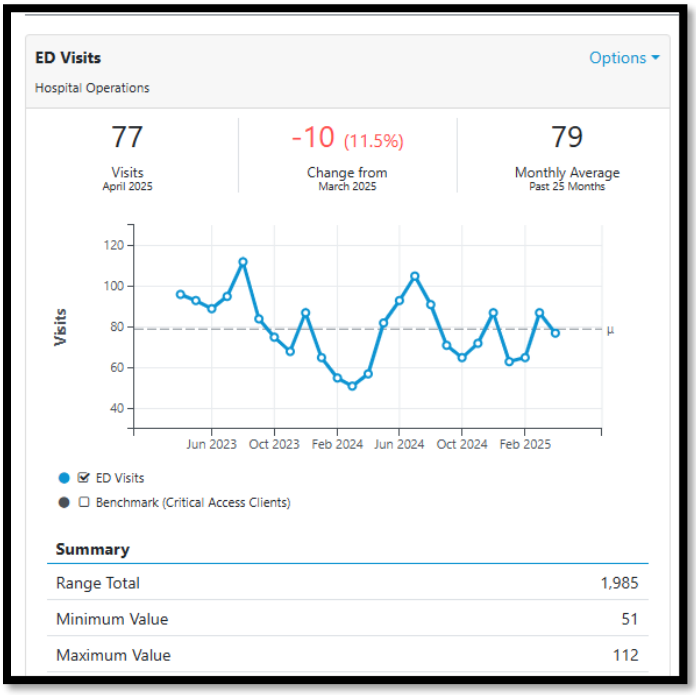
community and promote health and wellness within the community.

- **Guard911**: activated with funding from Petersburg Police Department to enhance on-campus staff safety
- **April 26th**: Early Childhood Fair-Free hearing screening
- **April 28-30:** AHHA Strategic Sessions in Anchorage- *Leading During Turbulent Change*
- **May 1:** Kaili's Superhero Award and Celebration
- **May 2-7:** Attendance at AHA Annual Conference in Washington, DC
- **May 4:** Walk with a Doc at Sandy beach Trailhead; *Strength Training for Better Health* with medical student Mary Stoa and Dr. Alice Hulebak
- **May 5:** Report submitted for Borough noon Assembly Meeting
- **May 9:** Annual Foundation Meeting
- **May 12:** Chair Yoga and Mindfulness Meditation for Stress Relief workshop sponsored by PMC and Mitkof Dance Troupe
- **May 14:** Kinderskog helps promote our Mental Health Awareness Scavenger Hunt. Sponsors: Sing Lee Alley Books, Parks & Rec, Humanity in Progress, Ingas Galley, and El Zarape
- **May 16:** Tour of WERC building with aide from Senator Murkowski's office; Chere Klein
- **May 17:** Petersburg Community Foundation annual meeting where PMC Youth Programs received a $10,000 award to support the Sources of Strength mental-health curriculum
- **Ongoing:** Bingocize and Tai Ji Quan, part of fall prevention programs
- **May 29:** KFSK/PMC Live

- **May 29**: Hospital Board Meeting open to public

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

- April is showing consistently elevated inpatient volumes. Combined with the high



Long-Term Care Census, this puts our facility at almost full capacity. We are grateful for our PMC staff.

- 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 remains 6 days' wait time
    - Third available appointment with primary care remains an average 8 days' wait time.

Report Date: 4/14/25*				
Average:	2.5 days	6.6 days	9.6 days	

Report Date: 09/06/2024	**# days to wait for next appt.**			
Average:	3 days	10.1 days	14 days	

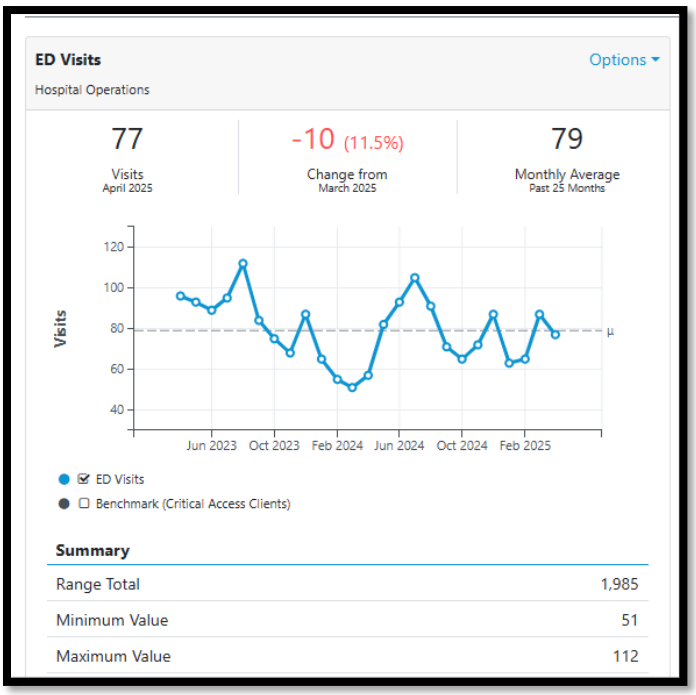
- Optometrist, Kamey Kapp with Last Frontier Eye Clinic saw patients in the Specialty Clinic May 12-23rd. Contact 907-434-1554 for appointments.
- Dermatologist, Cameron French, will be seeing patients in Joy Janssen Clinic June 9th-13th.
- ENT, Dr. Raster, saw patients May 7th in the Specialty Clinic and plans to return in September of this year.
- Psychiatry services are ongoing via telehealth. Dr. Sonkiss will be in Petersburg seeing patients this month.

- Audiologist, Phil Hofstetter, continues to see patients in Specialty Clinic.

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.*

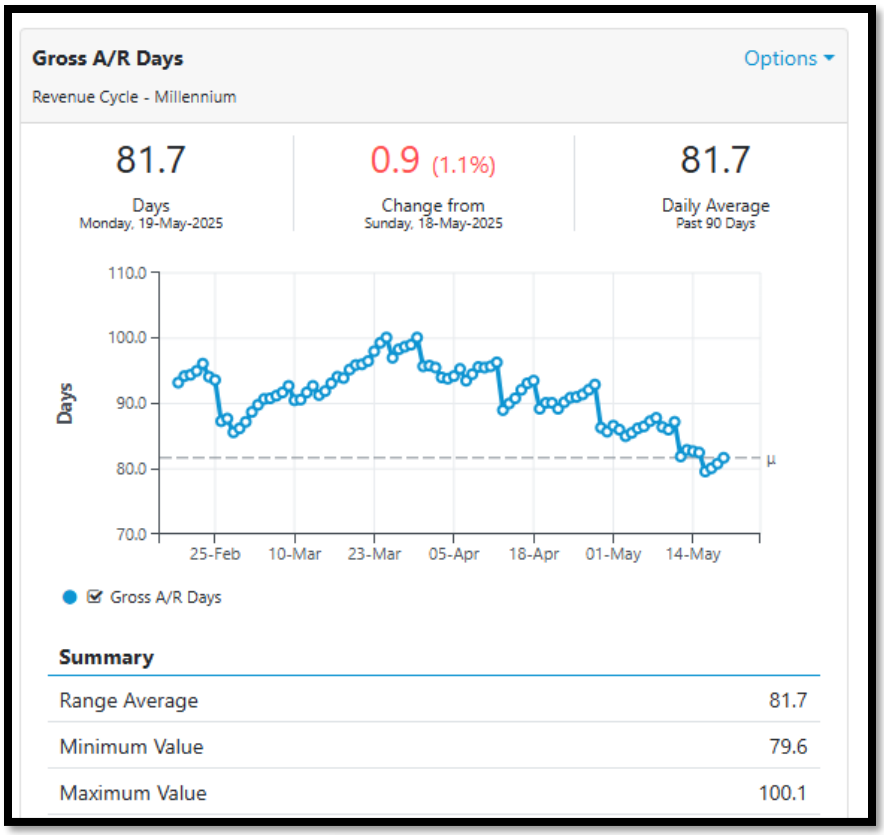
- Arcadis submitted a report with a detailed update on the new facility.
- We continue to be on track and on budget for the WERC building.
- Transition planning with the departments that will move into WERC building, as well as departments that will occupy the vacated space in our existing facility, will continue monthly until the move date this summer/fall.
- Certificate of Need for MRI is being resubmitted with updated revisions for review.
- 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, building tours are closed as floors, paint, and fixtures are added, with an opening date 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*



- 340B program continues to be operational and performing with positive results.
- Grants; *See attached Grants Report*
- Budget preparations for the next FY26 have been drafted by Finance, detailed report by CFO, Jason McCormick.

- Accounts Receivables (AR) Update: This number was at 96 in March, down to 88 at the end of April, and currently 82. Tremendous improvements while census continues to rise.



Submitted by: Phil Hofstetter, CEO

Petersburg MEDICAL CENTER

FISCAL YEAR 2025 GRANTS UPDATE

Grants currently fund 4.7 FTE in total FY25 staff time across 10 PMC roles

3 Funded FY25 Grant Request to Date: $31,000

- **Alaska Children's Trust** **Cultural Activities Grant**
  Community Wellness request to fund PIA guest educators & Elders in Kinder Skog
  1 Year | **$1,000** total requested – *Decision anticipated Spring 2025*

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

- **Petersburg Community Foundation** **Community Support Grant**
  Community Wellness request for *Sources of Strength* training, supplies, and more.
  1 Award | **$10,000** total requested – *Decision anticipated Spring 2025*

4 Pending FY25 Grant Requests to Date: $3,425,000

- **Exact Sciences** **FOCUS Program Grant**
  Support with relaunching visiting colonoscopy clinics with contracted providers.
  18 Months | **$75,000** total requested – *Decision August 2025*

- **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 Dec. 2025*

- **Senate Appropriations** **Congressionally Directed Funds (Rep. Begich)**
  New Facility Phase 3 costs. Requested in FY24, still pending budget appropriation
  1 Award | **$3,000,000** total requested – *Decision now anticipated FY26*

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

Updated 5/20/2025 *by Katie McKay Bryson (Director of Grants, Planning & Evaluation)*

- **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 – COMPLETE**
  Support for expansion of Youth Program camps, and PMC staff wellness support.
  Year **2** of **2** | **$52,992** in FY25
  Funded in FY25: **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** ***Cancelled in CDC Funding Recall***
  Partnership providing onsite School Nurse & BH support for PSD K-12 students.
  1 Year | **$104,116 awarded** ***Federal recall of $31,906.83, retroactive***
  Awarded in FY25: **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**
  Funds evidence-based Million Hearts® Change Package for Tobacco Cessation.
  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

Updated 5/20/2025 *by Katie McKay Bryson (Director of Grants, Planning & Evaluation)*

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

For the month ended April 30, 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	827	855	804	750	833			8,418	8,055	4.5%
2. Radiology Procedures	259	202	211	231	247	240	194	190	221	265			2,260	1,988	13.7%
3. Lab Tests (excluding QC)	2,057	1,754	1,753	1,720	1,489	1,861	1,714	1,808	1,595	2,018			17,769	19,293	-7.9%
4. Rehab Services Units	1,028	789	788	1,129	1,132	1,186	1,057	841	1,318	1,249			10,517	8,384	25.4%
Physical	687	629	643	857	865	1,024	916	678	982	1,009					
Occupational	281	112	123	272	251	152	123	146	300	213					
Speech	60	48	22	-	16	10	18	17	36	27					
5. Home Health Visits	155	168	175	227	196	160	230	197	184	189			1,881	1,314	43.2%
Nursing Visits	110	119	136	150	109	110	135	130	121	109					
PT/OT Visits	45	49	39	77	87	50	95	67	63	80					
6. Emergency Room Visits	95	88	65	64	67	86	63	60	62	77			727	697	4%
Hospital Inpatient															
7. Patient Days - Acute	34	49	27	24	23	30	21	28	25	42			303	274	10.6%
8. Patient Days - Swing Bed (SNF)	113	79	75	67	66	44	4	58	133	97			736	308	139.0%
9. Patient Days - Swing Bed (ICF)	7	36	60	38	30	31	31	20		7			260	11	2263.6%
10. Patient Days - Total	154	164	162	129	119	105	56	106	158	146			1,299	593	119.1%
11. Average Daily Census - Acute	1.1	1.6	0.9	0.8	0.8	1.0	0.7	1.0	0.8	1.4			1.0	0.9	10.6%
12. Average Daily Census - Swing Bed (SNF)	3.6	2.5	2.5	2.2	2.2	1.4	0.1	2.1	4.3	3.2			2.4	1.0	138.8%
13. Average Daily Census - Swing Bed (ICF)	0.2	1.2	2.0	1.2	1.0	1.0	1.0	0.7		0.2			0.9	0.0	2265.8%
14. Average Daily Census - Total	5.0	5.3	5.4	4.2	4.0	3.4	1.8	3.8	5.1	4.9			4.3	2.0	119.0%
15. Percentage of Occupancy	41.4%	44.1%	45.0%	34.7%	33.1%	28.2%	15.1%	31.5%	42.5%	40.6%			35.6%	16.3%	119.0%
Long Term Care															
16. LTC Days	372.0	418.0	410.0	392.0	420.0	434.0	434.0	384.0	434.0	412			4,110	4,102	0.2%
17. Average Daily Census	12.0	13.5	13.7	12.6	14.0	14.0	14.0	13.7	14.0	13.7			13.5	13.5	0.2%
18. Percentage of Occupancy	80.0%	89.9%	91.1%	84.3%	93.3%	93.3%	93.3%	91.4%	93.3%	91.6%			90.2%	90.0%	0.2%

PETERSBURG MEDICAL CENTER

Statement of Revenues and Expenses

For the month ended April 30, 2025

Month Actual	Month Budget	$ Variance	% Variance			YTD Actual	YTD Budget	$ Variance	% Variance	Prior YTD	% Variance
					Gross Patient Revenue:						
$729,488	$335,254	$394,234	117.6%	1.	Inpatient	$6,066,386	$3,352,541	$2,713,845	80.9%	$3,004,458	101.9%
946,306	971,221	(24,914)	-2.6%	2.	Outpatient	8,913,684	9,712,207	(798,523)	-8.2%	8,802,425	1.3%
630,262	521,472	108,790	20.9%	3.	Long Term Care	6,113,273	5,214,720	898,553	17.2%	5,355,444	14.2%
445,271	447,678	(2,407)	-0.5%	4.	Clinic	4,476,323	4,476,790	(467)	0.0%	4,145,120	8.0%
39,670	44,314	(4,644)	-10.5%	5.	Home Health	449,537	443,145	6,392	1.4%	401,973	11.8%
2,790,997	2,319,939	471,058	20.3%	6.	**Total gross patient revenue**	26,019,203	23,199,403	2,819,800	12.2%	21,709,420	19.9%
					Deductions from Revenue:						
222,131	496,978	274,847	55.3%	7.	Contractual adjustments	4,716,286	4,969,776	253,490	5.1%	3,992,285	-18.1%
(454,791)	(84,770)	370,021	-436.5%	8.	Prior year settlements	(454,791)	(847,700)	(392,909)	46.4%	(664,863)	31.6%
63,169	12,500	(50,669)	-405.4%	9.	Bad debt expense	388,117	125,000	(263,117)	-210.5%	(81,941)	-573.7%
66,954	16,667	(50,287)	-301.7%	10.	Charity and other deductions	221,146	166,670	(54,476)	-32.7%	(23,963)	1022.9%
(102,537)	441,375	543,912	123.2%		**Total revenue deductions**	4,870,758	4,413,746	(457,012)	-10.4%	3,221,517	-51.2%
2,893,533	1,878,564	1,014,970	54.0%	11.	**Net patient revenue**	21,148,445	18,785,657	2,362,788	12.6%	18,487,903	14.4%
					Other Revenue					-	
115,090	33,333	81,756	245.3%	12.	340b Revenue	170,455	333,333	(162,877)	-48.9%	-	n/a
100,642	84,247	16,395	19.5%	13.	Inkind Service - PERS/USAC	958,734	842,470	116,264	13.8%	825,776	16.1%
47,878	52,179	(4,301)	-8.2%	14.	Grant revenue	739,493	521,790	217,703	41.7%	546,497	35.3%
0	9,562	(9,562)	-100.0%	15.	Federal & State Relief	2,933,427	95,626	2,837,801	2967.6%	75,000	3811.2%
41,786	38,202	3,584	9.4%	16.	Other revenue	271,778	382,020	(110,242)	-28.9%	355,032	-23.4%
305,396	184,190	6,116	3.3%	17.	**Total other operating revenue**	5,073,889	1,841,906	3,061,527	166.2%	1,802,304	181.5%
3,198,929	2,062,754	1,136,176	55.1%	18.	**Total operating revenue**	26,222,333	20,627,563	5,594,770	27.1%	20,290,208	29.2%
					Expenses:						
1,090,525	985,955	(104,570)	-10.6%	19.	Salaries and wages	10,358,862	9,859,550	(499,312)	-5.1%	9,408,615	-10.1%
169,092	105,319	(63,773)	-60.6%	20.	Contract labor	1,651,666	1,053,183	(598,483)	-56.8%	944,576	-74.9%
434,929	366,659	(68,270)	-18.6%	21.	Employee benefits	3,953,542	3,666,598	(286,944)	-7.8%	3,523,409	-12.2%
239,301	136,754	(102,547)	-75.0%	22.	Supplies	1,526,276	1,367,540	(158,736)	-11.6%	1,320,887	-15.5%
142,649	127,280	(15,369)	-12.1%	23.	Purchased services	1,894,784	1,272,807	(621,977)	-48.9%	1,244,718	-52.2%
72,830	45,699	(27,131)	-59.4%	24.	Repairs and maintenance	501,965	456,990	(44,975)	-9.8%	468,690	-7.1%
43,738	21,720	(22,018)	-101.4%	25.	Minor equipment	339,572	217,191	(122,381)	-56.3%	186,381	-82.2%
32,585	21,137	(11,448)	-54.2%	26.	Rentals and leases	309,146	211,378	(97,768)	-46.3%	207,880	-48.7%
89,637	91,623	1,986	2.2%	27.	Utilities	860,958	916,225	55,267	6.0%	889,425	3.2%
14,511	10,192	(4,320)	-42.4%	28.	Training and travel	111,375	101,915	(9,460)	-9.3%	109,044	-2.1%
85,667	100,765	15,098	15.0%	29.	Depreciation	908,118	1,007,659	99,541	9.9%	949,415	4.3%
16,892	22,211	5,319	23.9%	30.	Insurance	177,927	222,118	44,191	19.9%	160,225	-11.0%
26,795	34,576	7,781	22.5%	31.	Other operating expense	284,056	345,753	61,697	17.8%	352,502	19.4%
2,459,151	2,069,889	(389,262)	-18.8%	32.	**Total expenses**	22,878,246	20,698,907	(2,179,339)	-10.5%	19,765,766	-15.7%
739,779	(7,135)	746,914	10467.7%	33.	**Income (loss) from operations**	3,344,087	(71,344)	3,415,431	4787.3%	524,442	-537.6%
					Nonoperating Gains(Losses):						
(12,830)	11,323	(24,153)	-213.3%	34.	Investment income	168,834	113,237	55,597	49.1%	268,230	37.1%
(10,519)	(4,439)	(6,080)	-137.0%	35.	Interest expense	(109,713)	(44,390)	(65,323)	-147.2%	(117,471)	6.6%
0	0	0	n/a	36.	Gain (loss) on disposal of assets	0	0	0	n/a	-	n/a
1,230,188	1,016,666	213,522	21.0%	37.	Other non-operating revenue	11,406,124	10,166,668	1,239,456	12.2%	6,032,861	89.1%
1,206,839	1,023,550	183,289	17.9%	38.	**Net nonoperating gains (losses)**	11,465,246	10,235,515	1,229,731	12.0%	6,183,620	85.4%
$1,946,618	$1,016,415	$930,203	91.5%	39.	**Change in Net Position (Bottom Line)**	$14,809,333	$10,164,171	$4,645,162	45.7%	$6,708,062	120.8%

PETERSBURG MEDICAL CENTER

Balance Sheet

Apr, 2025

ASSETS	Apr 2025	Mar 2024	June 2024	Apr 2024
Current Assets:				
1. Cash	1,647,019	1,719,740	356,249	1,234,056
2. Cash - insurance advances	0	0	0	0
3. Investments	1,089,395	1,085,479	1,057,873	1,048,599
4. Total cash	2,736,414	2,805,218	1,414,122	2,282,655
5. Patient receivables	7,603,537	7,858,489	6,821,298	5,529,047
6. Allowance for contractuals & bad debt	(2,727,047)	(2,740,085)	(2,363,151)	(1,911,060)
7. Net patient receivables	4,876,490	5,118,404	4,458,147	3,617,987
8. Other receivables	4,374,146	5,727,411	2,231,342	2,679,854
9. Inventories	362,586	359,401	319,404	327,140
10. Prepaid Expenses	557,461	149,696	161,762	115,370
11. Total current assets	12,907,098	14,160,131	8,584,777	9,023,007
Property and Equipment:				
12. Assets in service	28,666,915	28,655,516	28,601,075	28,596,432
13. Assets in progress	20,815,407	19,657,208	9,368,246	7,289,724
14. Total property and equipment	49,482,321	48,312,724	37,969,321	35,886,156
15. Less: accumulated depreciation	(23,207,074)	(23,121,407)	(22,298,956)	(22,102,423)
16. Net propery and equipment	26,275,247	25,191,316	15,670,365	13,783,733
Assets Limited as to Use by Board				
17. Investments	3,439,903	3,458,977	3,337,912	3,213,967
18. Building fund	751,996	754,372	724,158	698,200
19. Total Assets Limited as to Use	4,191,899	4,213,349	4,062,069	3,912,167
Pension Assets:				
20. OPEB Asset	7,338,848	7,338,848	6,685,608	6,685,608
Deferred Outflows:				
21. Pension	2,428,790	2,428,790	2,554,803	2,554,803
22. Total assets	**$53,141,882**	**$53,332,434**	**$37,557,622**	**$35,959,318**

LIABILITIES & FUND BALANCE	Apr 2025	Mar 2024	June 2024	Apr 2024
Current Liabilities:				
23. Accounts Payable - Trade	$1,578,549	$1,600,537	$3,255,927	$4,422,004
24. Accounts Payable - New Facility	1,156,101	2,570,613	0	0
25. Accrued Payroll	631,848	556,947	240,920	510,703
26. Payroll taxes and other payables	133,554	1,001,364	236,514	224,794
27. Accrued PTO and extended sick	1,167,446	1,120,452	1,018,401	1,015,192
28. Deferred revenue	166,312	84,007	152,525	323,948
29. Due to Medicare	1,466,833	1,466,833	160,798	266,855
30. Due to Medicare - Advance	0	0	0	0
31. Due to Blue Cross - Advance	0	0	0	0
32. Other current liabilities	3,203	3,203	4,145	4,022
33. Current portion of long-term debt	457,424	455,450	618,244	399,255
34. Total current liabilities	6,761,270	8,859,405	5,687,476	7,166,773
Long-Term Debt:				
35. Capital leases payable	1,903,811	1,942,844	2,283,594	2,187,440
Pension Liabilities:				
36. Net Pension Liability	15,526,950	15,526,950	16,521,607	16,521,607
37. OPEB Liablity	-	-	-	-
38. Total pension liabilities	15,526,950	15,526,950	16,521,607	16,521,607
39. Total liabilities	24,192,031	26,329,199	24,492,677	25,875,820
Deferred Inflows:				
40. Pension	413,688	413,688	623,594	623,594
Net Position:				
41. Unrestricted	13,726,830	13,726,830	2,751,845	2,751,845
42. Current year net income (loss)	14,809,333	12,862,715	9,689,507	6,708,059
43. Total net position	28,536,162	26,589,545	12,441,352	9,459,903
44. Total liabilities and fund balance	**$53,141,881**	**$53,332,432**	**$37,557,622**	**$35,959,317**

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

PETERSBURG MEDICAL CENTER

Key Operational Indicators

For the month ended April 30, 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%	18.6%	8.0%			18.1%	18.4%	1.4%
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%	0.3%	2.4%			0.8%	-0.1%	870.0%
3. Bad Debt as a % of Gross Revenue	1.2%	3.7%	1.6%	-0.3%	0.0%	6.4%	3.1%	-6.4%	2.0%	2.3%			1.5%	-0.4%	-495.2%
4. Operating Margin	9.1%	12.8%	8.0%	1.9%	-4.4%	-26.6%	1.0%	-13.1%	49.3%	23.1%			12.8%	-10.2%	224.5%
5. Total Margin	47.5%	39.0%	39.0%	29.6%	28.7%	-0.6%	38.0%	26.5%	60.2%	44.2%			39.3%	-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	102.1	99.7			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	80.1	65.1			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	96.1	87.7			87.6	79.2	11%

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BYLAWS
OF THE
MEDICAL STAFF

PETERSBURG MEDICAL CENTER

2025

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BYLAWS OF THE MEDICAL STAFF
PETERSBURG MEDICAL CENTER

PREAMBLE

WHEREAS, the Petersburg Medical Center is a community hospital owned by the Borough of Petersburg, Alaska, operated by the Petersburg Medical Center Board and is organized under the laws of the State of Alaska;

WHEREAS, the physicians at the Petersburg Medical Center recognize that they are primarily responsible for the quality of medical care at the hospital; that they must accept and fully discharge this responsibility, subject to the ultimate authority of the Board; and that a cooperative effort of the physicians, allied health professionals, administration and the Board is necessary to fulfill the hospital's obligation to the patients;

THEREFORE, the physicians of the hospital hereby organize themselves as the Medical Staff of the Petersburg Medical Center, in conformity with the laws of the State of Alaska and these Bylaws.

DEFINITIONS

A. ADMINISTRATOR means the person appointed by the Board and responsible for the overall management of the hospital

B. ALLIED HEALTH PROFESSIONAL means a non-physician health care professional with privileges at the hospital.

C. BOARD means the Petersburg Medical Center Board.

D. CHIEF OF STAFF means a member of the Medical Staff who has been elected or appointed, in accordance with these Bylaws, to be the chief medical administrator of the hospital.

E. MEDICAL DIRECTOR means a member of medical staff appointed by the administrator to support the medical staff by performing administrative duties

D. HOSPITAL means the Petersburg Medical Center.

E. MEDICAL STAFF means all physicians who have privileges of any type at the Petersburg Medical Center.

F. MEDICAL STAFF COMMITTEE OF THE WHOLE means all physicians and allied health professionals with active staff privileges at the Petersburg Medical Center.

G. PHYSICIAN means an individual who is licensed to practice medicine by the State of Alaska.

H. PRACTITIONER means a physician or allied health professional with privileges at the hospital.

ARTICLE I: PURPOSE

A. Promote the general health of the community.

B. Ensure that all patients receive care without regard to race, creed, color, age, sex, disability, marital status, sexual orientation or national origin.

C. Discuss and resolve issues of concern to the members of the Medical Staff.

D. Recommend to the Board the adoption of Bylaws, Rules and Regulations for the government of the Medical Staff.

F. Evaluate the clinical practices of all practitioners to assure that the quality of care provided at the hospital meets proper standards.

ARTICLE II: MEMBERSHIP

Section 1. Membership. Membership in the Medical Staff of this hospital is a privilege and:

A. Shall extend only to properly licensed practitioners and dentists whose educational background, skill, experience, attitude and training assures, in the judgment of the Board, that all patients will be given proper care; and

B. Shall be extended only to practitioners and dentists who are professionally competent and who strictly meet, and who continue to meet, all qualifications, standards~~,~~ requirements of the medical professional, including continuing education and meeting all requirements for Medicare participation.

Section 2. Physician and Dentist Qualifications. A physician applicant for membership in the Medical Staff must:

A. Be properly licensed by the State of Alaska to practice medicine, without restriction or limitation.

B. Be of unquestionable moral and professional integrity.

C. Establish his or her qualifications, education, experience, training, ability, and physical and mental health with sufficient adequacy to demonstrate to the Medical Staff and the Board that his or her patients will receive proper care.

D. Provide references and documentation of past experience, education and other qualifications as requested by the Board or the Medical Staff.

E. Have a demonstrated capability to work cooperatively with all practitioners and to participate in the discharge of staff responsibilities.

F. Have been trained in an approved, accredited program according to United States hospital standards; and

G. Be board certified or eligible for board certification.

Section 3. Physician Responsibilities.

A. Each physician's primary responsibility is to the physical, emotional and spiritual health of the patient and of the community.

B. Each physician is responsible for working in a cooperative and constructive manner with the other physicians, the Administrator, the Board, the Medical Staff and the allied health professionals to assure delivery of the best quality patient care at the hospital.

C. Each physician is responsible for complying with these Bylaws, other hospital rules, and all applicable federal, state and municipal laws and regulations.

ARTICLE III: CATEGORIES OF MEDICAL STAFF

Section 1. Active Staff.

A. The active staff consists of licensed physicians who are residents of Petersburg or nearby communities employed by Petersburg Medical Center, who are engaged in the active practice of medicine at PMC as their primary practice and who hold privileges at the hospital. Active staff privileges are recommended by the Medical Staff Committee of the Whole and are granted by the Board.

B. Active staff physicians are required to attend Medical Staff meetings, are voting members of the ~~may vote at~~ Medical Staff ~~meetings~~, may hold Medical Staff office, and may serve on Medical Staff or other hospital committees.

C. Active staff physicians are required to cooperatively schedule, share and provide emergency room coverage, "on call," for the hospital when in Petersburg.

D. Active staff physicians will maintain certification in Basic Life Support (BLS), Pediatric Advanced Life Support (PALS) , Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS) or Comprehensive

Advanced Life Support (CALS). Recommend Neonatal Resuscitation (NRP). Certification will be consistent with American Heart Association (AHA) standards. A one-month grace period will be granted for certification.

Section 2. Consulting Staff

A. The consulting staff consists of physicians, nurse practitioners, physician assistants, podiatrists and dentists who are recognized and who have signified a willingness to attend patients at the hospital or to act as consultants to the Medical Staff. Consulting staff privileges are recommended by the Medical Staff Committee of the Whole and granted by the Board.

B. Consulting staff physicians, nurse practitioners, physician assistants, podiatrists and dentists are encouraged to attend Medical Staff meetings when in Petersburg, and may, when practicable, serve on Medical Staff or other hospital committees.

Section 3. Locum Tenens Staff

A. The locum tenens staff consists of physicians who substitute for active staff physicians or who are hired by the hospital on a temporary basis. Locum tenens privileges are recommended by the Medical Staff Committee of the Whole and granted by the Board.

B. Locum tenens physicians are encouraged to attend Medical Staff meetings but may not vote at Medical Staff meetings and may not hold Medical Staff office. Locum tenens physicians may serve on Medical Staff or other hospital committees when requested to do so by the Chief of Staff or the Board.

C. Locum tenens physicians are required to cooperatively schedule, share and provide emergency room coverage, "on call," for the hospital. Locum tenens physicians will maintain certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) and will maintain that certification at all times. Recommend Neonatal Resuscitation (NRP), Advanced Trauma Life Support (ATLS) or CALS and Pediatric Advanced Life Support (PALS). Certification will be consistent with American Heart Association (AHA) standards.

Section 5. Honorary Staff

A. The honorary staff consists of physicians who are not in the active practice of medicine at the hospital but who, by virtue of past service, wisdom and experience are granted emeritus status and designated as honory staff physicians. Honorary staff physicians have no assigned duties or responsibilities. Honorary Staff may not admit or care for patients at Petersburg Medical Center. Honorary staff designation is recommended by the Medical Staff Committee of the Whole and are granted by the Board.

B. Honorary staff physicians may be requested to attend Medical Staff meetings by the Chief of Staff and may serve on Medical Staff or other hospital committees, at the discretion of the Chief of Staff or the Board. Honorary staff physicians may not vote at Medical Staff meetings and may not hold Medical Staff office.

Section 6. Allied Staff

A. The allied staff consists of non-physician health professionals, advanced nurse practitioners and licensed practitioners who provide care to patients of this hospital. The allied staff includes CRNAs, nurse midwives, psychologists, physician assistants, optometrists, chiropractors, Master of Social Work and other licensed practitioners who have been granted limited privileges at the hospital. Allied staff privileges are recommended by the Medical Staff Committee of the Whole and granted by the Board.

B. Allied staff members may attend Medical Staff meetings and may serve on Medical Staff or other hospital committee, at the discretion of the Chief of Staff or the Board. Allied staff members may not hold Medical Staff office. ~~The Medical Staff Committee of the Whole may authorize individual members of the allied staff to vote at Medical Staff meetings. Unless authorized by the Board, an allied staff member may not vote at Medical Staff meeting.~~

C. An allied staff member, if required by state license and scope of practice, must have a physician approve all orders for admissions, laboratory and radiology services.

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Section 7. Medical Residents

A. Medical Resident is defined as a MD (allopathic) or DO (osteopathic) who is enrolled and in good standing at a graduate medical educational program to study or practice of medicine.

B. Resident physicians may attend Medical Staff meetings.

C. All Medical Residents will adhere to the regulations of Petersburg Medical Center and the organized PMC Medical Staff.

ARTICLE IV: APPOINTMENT AND REAPPOINTMENT

Section 1. Application.

A. The Administrator or Medical Staff Coordinator will supply an applicant for privileges with a Board approved application and copies of the Medical Staff Bylaws, Rules and Regulations.

B. An applicant must provide the hospital with a truthful and complete summary of the applicant's education and all of the applicant's institutional affiliations, including dates of commencement and completion.

C. An applicant must provide the hospital with a statement that the applicant has read and agrees to abide by the Medical Staff Bylaws, Rules and Regulations.

D. An applicant must inform the hospital if the applicant has ever had privileges denied, revoked, suspended, reduced, limited, placed on probation, or not renewed by any hospital or any other health care institution. An applicant must provide the hospital with truthful, detailed and complete information about all such incidents.

E. An applicant must inform the hospital if the applicant's professional license(s) have ever been revoked, suspended, reduced, limited, placed on probation, or not renewed by any federal, state, provincial or other licensing authority, or if any application for such licensure has ever been denied or refused. An applicant must provide truthful, detailed and complete information about all such incidents.

F. By applying for appointment to the Medical Staff, an applicant

1) If requested, agrees to appear for interviews in regard to his or her application.

2) Authorizes the hospital to consult with the members of the medical staff and administration of all other hospitals with which the applicant has been associated and with all others who may have information bearing on the applicant's professional competence, character and ethical qualifications.

3) Releases from liability all individuals and organizations who provide information in good faith and without malice to the hospital or the Medical Staff concerning the applicant's competence, ethics, character, and qualifications for staff appointment or clinical privileges, including otherwise privileged or confidential information.

4) Agrees to produce any and all information requested in the application form, by the Administrator or by the Medical Staff.

5) Agrees to provide a copy for the applicant's current State of Alaska professional license, any controlled substance license, and evidence of malpractice liability insurance coverage.

6) The applicant has the burden of producing information and evidence satisfactory to the Board and the Medical Staff concerning his or her competence, character, ethics, and other qualifications.

Section 2. Temporary Privileges

A. The Administrator may approve temporary privileges to the Medical Staff with the concurrence of the Chief of Staff at the time an application for privileges is submitted. Temporary privileges may not exceed ninety days or until a provisional appointment is made, whichever comes first. Temporary privileges may be withdrawn at any time by the Chief of Staff or the Administrator in conjunction with the Chief of Staff, for any reason.

Section 3. Provisional appointment.

A. The Administrator shall forward each complete application and supporting material to the Medical Staff Committee of the Whole.

B. The Medical Staff Committee of the Whole shall review the application and determine whether the applicant is qualified for privileges at the hospital. The committee may recommend the acceptance, rejection or deferral of the application, in whole or part.

C. If the recommendation of the Medical Staff Committee of the Whole is favorable, the Administrator shall forward the application and recommendation to the Board.

D. If recommendation of the Medical Staff Committee of the Whole is to defer the application, the application will not be forwarded to the Board for sixty days. Within that period, the committee may direct such investigation or further consideration of the application as it deems appropriate. At the conclusion of the further investigation or consideration, the committee shall make a final recommendation. The Administrator shall forward the application and final recommendation to the Board.

E. If the recommendation of the Medical Staff Committee of the Whole is to reject the application, either initially or after deferral, the recommendation and application shall be sent to the Board. The committee shall provide the Board with a statement of reasons for its rejection of the application.

F. The Board shall either accept, reject or return the recommendation for further consideration by the Medical Staff Committee of the Whole. If returned, the Board shall set a time within which a second recommendation shall be made by the committee. Upon receipt of the second recommendation, the Board shall make a final decision on the application.

G. The Administrator will notify the applicant in writing if the final action of the Board is adverse to the applicant.

H. At the end of the one-year provisional appointment, the practitioner shall be granted full appointment to the Medical Staff, without future Board action, unless an evaluation review is requested.

Section 4. Duration of appointment.

A. For purposes of these Bylaws, the Medical Staff year begins January 1 and extends through December 31 of the same calendar year.

B. A practitioner's initial appointment shall be provisional for one (1) year for observation of clinical competence and ethical and moral conduct under conditions of supervision as determined by medical Staff.

C. Reappointment and reassignment of privileges shall be for a period not to exceed two (2) years, (or until the appropriate alphabetical group comes due for reappointment).

D. All initial appointments and assignments of privileges shall be for 12 months.
The reappointment schedule will be alphabetical and by your birth month. See chart below:

Revised Re-Appointment Rotation Schedule		
Alphabetical Selection	**Processing Completed by the Board of Directors at the Monthly Meeting By:**	**Expiration Date**
A – N	***Even*** Year	Birth Month, 2022
O – Z	***Odd*** Year	Birth Month, 2021

E. The Medical Staff Committee of the Whole will provide the Board with a statement of reasons if termination or a change in privileges is recommended.

F. The Board, upon the recommendation of the Medical Staff Committee of the Whole, may reappoint a practitioner to the Medical Staff for a period of two years, may change the scope, duration and type of the practitioner's privileges, or may terminate a practitioner's privileges.

G. If the Board changes the scope, duration or type of a practitioner's privileges, or terminates privileges, the determination shall be in writing and shall specify the reasons for the Board's determination. The Board's determination may be supported by copies of questioned charts or other documents. Upon request by the practitioner, the Board's determination shall be considered by the Joint Conference Committee (see Article VII), and may be appealed by the practitioner, in the same manner as a request for corrective action.

Section 5. Performance Review.

A. The Medical Staff Committee of the Whole shall require a physical or psychiatric examination as part of a practitioner's annual performance review when, in the opinion of the committee, such an examination is warranted.

Section 6. National Practitioner Data Bank.

A. A physician, dentist or other health care practitioner who applies for appointment to the Medical Staff authorizes the hospital to request information from the National Practitioners Data Bank (NPDB). The applicant agrees and understands that the hospital will, at a minimum, request information from the NPDB every two years.

B. The applicant agrees and understands that the hospital is required to report the following information to the NPBD:

1) Malpractice payments: Payment under an insurance policy, self-insurance, or otherwise on behalf of a practitioner in the settlement or in satisfaction in whole or in part of a claim or a judgment.

2) Professional review actions: Corrective action based on (i) professional competence or professional conduct that adversely affects the clinical privileges of a physician or dentist for a period longer than 30 days, and (ii) acceptance of a physician's or dentist's voluntary surrender or voluntary restriction of clinical privileges while under investigation. For possible professional incompetence or improper professional conduct; and

3) License actions: Any disciplinary actions by the State of Alaska medical or dental Board, including revocation, suspension, censure, reprimand, probation, or surrender.

ARTICLE V: MALPRACTICE INSURANCE

Section 1. Insurance required

A. As a condition of appointment or reappointment to the Medical Staff and continued exercise of Medical Staff privileges of any type, all Medical Staff, including Allied Staff, shall provide the Administrator with proof of current malpractice liability insurance coverage from an insurance carrier admitted in the State of Alaska.

B. The minimum amount of malpractice liability insurance coverage required is $ 1,000,000 per claim and 3,000,000 annual aggregate

Section 2. Temporary suspension

A. Failure to provide proof of current malpractice liability insurance coverage in the minimum amount shall be grounds for temporary suspension of clinical privileges under Article VIII, Subsection 4.

B. Clinical privileges suspended under this article shall not be reinstated until the physician has:

1) Obtained malpractice insurance coverage in the minimum amount required, and

2) Provided proof of coverage in a form satisfactory to the Board.

ARTICLE VI: CLINICAL PRIVILEGES

Section 1. Clinical Privileges Restricted.

A. A practitioner shall be entitled to exercise only those clinical privileges specifically granted by the Board upon the recommendation of the Medical Staff Committee of the Whole, except as provided below in Section 2, Emergency Privileges, and Section 3, Temporary Privileges.

B. Every initial application for Medical Staff appointment and privileges or for re-determination or renewal of privileges must indicate the specific clinical privileges desired by the applicant. Applications shall be evaluated, and applicant should attest to and be willing to show proof of practice, adequacy and currency of training, experience, demonstrated competence, references and any other relevant information.

C. The applicant has the burden of proof and must establish to the satisfaction of the Medical Staff Committee of the Whole and the Board that the requested privileges should be granted.

D. The Medical Staff Committee of the Whole shall, in its discretion, periodically reevaluate the scope of clinical privileges of any practitioner, and shall, in its discretion, recommend that the Board increase or decrease the scope of any practitioner's privileges.

E. The Medical Staff Committee of the Whole may base its privilege recommendations on any factor that may be considered in evaluating and initial application or during any annual performance review. In addition, the committee may base its recommendations on the direct observation of care provided by the practitioner, review of the records of patients treated in this or another hospital, reports of consulting physicians or consultants, physician evaluation forms by hospital staff, other records of the hospital or the Medical Staff, any additional information related to the delivery of patient care by the practitioner.

G. An applicant whose clinical privileges at the hospital have been previously terminated, suspended or limited has the burden of proving by clear and convincing evidence and to the satisfaction of the Medical Staff Committee of the Whole and the Board that his or her privileges should be reinstated or expanded. The applicant may be required to prove that he or she has acquired additional clinical training, experience and qualifications. The applicant must demonstrate current and clear competence in the areas of privileges requested.

H. The Medical Staff Committee of the Whole and the Board may require any applicant to complete additional training or obtain additional education, including supervised practice, before approving the application for privileges.

Section 2. Emergency Privileges

A. In an emergency, any member of the Medical Staff, whether or not he or she has been granted full hospital privileges, shall do all in his or her power to save the life of a patient, including calling such qualified consultants as may be necessary or desirable. When the emergency no longer exists, continued care of the patient shall be provided by a practitioner with appropriate clinical privileges.

B. For the purpose of this section, "emergency" is defined as a condition in which serious permanent harm should result to a patient, or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

Section 3. Temporary Privileges

A. Temporary privileges may be granted by the Administrator, upon the recommendation of the Chief of Staff, to visiting qualified practitioners who desire to treat patients in the hospital but have not applied for Medical Staff membership. Temporary privileges may only be granted for a specific period of time, not to exceed ninety days.

B. A practitioner exercising temporary privileges shall be directly responsible to the Chief of Staff or to any active staff physician designated by the Chief of Staff, and shall abide by the Medical Staff Bylaws, Rules and Regulations. Supervision and reporting may be required as directed by the Chief of Staff.

C. Temporary privileges may be terminated by any member of the Joint Conference Committee when it appears to be in the best interest of patient care. The Chief of Staff shall assign a member of the Medical Staff to assume responsibility for care of the practitioner's patients until discharged from the hospital. The patients' wishes shall be considered.

Section 4. Appeal

A. A practitioner may appeal an adverse decision of the Board under Section 1 of this Article to the Joint Conference Committee (see Article VII) under Article VIII. In an appeal under this section:

1. The burden of proof in an appeal shall be upon the applicant as provided in this article, and
2. The decision of the Board shall remain in effect until the appeal is finally concluded.

B. Notice of appeal shall be in writing and filed with the Administrator within thirty days of the date of the decision. The Administrator shall distribute copies of the notice of appeal together with the Board's decision and any supporting documents to the Joint Conference Committee (see Article VII) and the practitioner in the same manner as a request for corrective action.

Section 5. Credentialing and Privileging of Telehealth Providers

A. The Medical Staff may recommend the granting of clinical privileges to distant-site telehealth practitioners, either through the hospital's standard credentialing process or, when appropriate, through credentialing and privileging by proxy, in accordance with 42 CFR §485.616(c) and other applicable federal or state regulations.

B. If credentialing by proxy is utilized, it shall be governed by a written agreement with the distant-site hospital or telemedicine entity. The process shall follow the procedures outlined in the hospital's **Telehealth Credentialing and Privileging Policy**.

C. All telehealth practitioners providing care to patients at Petersburg Medical Center must be appropriately credentialed and privileged prior to delivering services.

ARTICLE VII: JOINT CONFERENCE COMMITTEE (JCC)

Section 1. Purpose

The Joint Conference Committee (JCC) shall serve as a forum for communication between the Board, the Medical Staff and the administration.

Section 2. Duties

The JCC shall discuss issues of concern to the Board, the administration or the Medical Staff; shall endeavor to foster a mutual understanding of those issues; and may make recommendations at the Board's request or on its own initiative. The JCC shall perform other duties as assigned by the Board or prescribed by these Bylaws and the Board Bylaws.

Section 3. Membership

The members of the JCC are the President of the Board, the Chief of Staff, Medical Director and the Administrator. The President shall serve as chair in even-numbered years and the Chief of Staff shall serve as chair in odd-numbered years.

Section 4. Meetings

The JCC shall meet at the request of the President or the Chief of Staff. Meetings will be held following of a new appointment and on an as needed basis.

ARTICLE VIII: CORRECTIVE ACTION

Section 1. Requests for Corrective Action

A. The Chief of Staff, the Administrator, or a member of the Medical Staff may request corrective action concerning a practitioner.

B. Corrective action shall be requested if the Chief of Staff, the Administrator or a member of the Medical Staff believes that any act, pattern of activities, or the overall conduct of a practitioner is not in the best interest of patient care, does not further quality health care, or is disruptive to hospital operations.

C. A request for corrective action shall be in writing and shall specify the acts, activities or conduct in question and the reasons for the proposed action. The request for corrective action may be supported by copies of questioned charts or other documents.

D. A request for corrective action shall be filed with the Administrator, who shall distribute copies of the request and any supporting documents to the practitioner and may refer to the JCC members or adjudicating body

Section 2. Procedure

A. The JCC or adjudicating body shall investigate a request for corrective action within thirty days after the date the request is distributed. They may utilize counsel from the hospital's attorney, malpractice insurance or state medical group.

B. During its investigation, the JCC or adjudicating body shall make a reasonable effort to obtain the facts of the matter. The JCC or adjudicating body shall interview the practitioner whose action, activities, or conduct are questioned and shall invite the practitioner to discuss, explain, or refute the request for corrective action. The JCC or adjudicating body may review charts or documents, may interview other persons, and may conduct further investigation as it believes reasonable to obtain the facts of the matter. The JCC's or adjudicating body investigation shall be conducted informally.

C. At the conclusion of its investigation, the JCC or adjudicating body shall issue a notice of proposed professional review action proposing to take any of the following steps, singly or in combination:

1) Deny the request for corrective action.

2) Issue a letter of admonition, reprimand or warning to the practitioner.

3) Require the practitioner to consult with, receive instruction from, or be supervised by other practitioners, professionals, counselors or experts.

4) Place the practitioner on probation, and impose conditions of probation; or

5) Decide that there is probably cause that the practitioner's privileges should be limited, suspended or revoked, in whole or part.

D. The JCC's or adjudicating body notice of proposed professional review action shall: inform the practitioner that a professional review action has been proposed; state the nature of the proposed action; state the reasons for the proposed action; advise the practitioner that the practitioner may request a hearing not later than thirty (30) days of the date the notice of proposed action is issued; and provide a summary of the practitioner's rights to a hearing.

E. The Administrator shall deliver a copy of the JCC's or adjudicating body's notice of proposed professional review action to the practitioner by hand or by first class mail to the practitioner's current address on file with the Medical Center.

F. A request for hearing must be delivered to the Administrator not more than thirty (30) days after the date of the JCC notice of proposed professional review action. If a request for a hearing is not delivered to the Administrator within that time, the JCC proposed action is final and binding.

Section 3. Request for Hearing

A. The practitioner may obtain a hearing concerning a JCC or adjudicating body's proposed professional review action by delivering a request for hearing to the Administrator not more than thirty (30) days after the date of the notice of the proposed action. The request for hearing shall be in writing and shall be signed by the practitioner.

B. A hearing concerning a JCC proposed professional review action to issue a letter of admonition, reprimand, or warning to the practitioner, or to require consultation by the practitioner, or to place the practitioner on probation shall be heard by the Board following the procedures of Article X.

C. A hearing concerning a JCC or adjudicating body's proposed professional review action that the practitioner's privileges should be limited, suspended, or revoked, or that the summary suspension of the practitioner's privileges should be continued in effect, shall be heard by a hearing panel following the procedures of Article IX.

Section 4. Summary Suspension

A. The Chief of Staff, the Administrator or the Board President shall summarily suspend all or part of a practitioner's privileges for a period of up to fourteen (14) days whenever the Chief of Staff, the Administrator or the Board President believes, after a reasonable effort to obtain the facts of the matter, that the failure to take such an action may result in an imminent danger to the health of any individual.

B. A decision to summarily suspend a practitioner's privileges under this section:
1) shall be in writing.
2) shall specify the acts, activities or conduct in question.
3) shall state the reasons for the decision to summarily suspend; and
4) may be supported by copies of questioned charts or other documents.

C. The decision to summarily suspend shall be filed with the Administrator, who shall distribute copies of the decision and any supporting documents to the practitioner and to the JCC members. The decision to summarily suspend shall be investigated by the JCC or adjudicating body in the same manner as a request for corrective action. The JCC shall complete its investigation and issue a proposed professional review action recommending that the summary suspension be continued, modified or terminated. The JCC's or adjudicating body's recommendation shall be issued within seven days of the decision to suspend.

D. The Board shall meet and act upon the JCC's or adjudicating body's proposed professional review action within seven days of the date of the JCC or adjudicating body's proposed professional review action. A summary suspension shall remain in effect until and unless the practitioner's privileges are reinstated by the Board.

E. If the summary suspension is not terminated by the Board, the Administrator shall promptly issue a notice of hearing to the practitioner following the procedures of Article IX.

F. Immediately upon the imposition of a summary suspension, the Chief of Staff shall arrange for care of the suspended practitioner's patients. The patients' wishes shall be considered.

Section 5. Automatic Suspension

A. An automatic suspension of admitting privileges shall be imposed whenever a practitioner fails to complete medical records within thirty days of a patient's discharge. Situations will arise of physician being absent that this rule will not be applied.

B. The automatic suspension shall begin when the practitioner and the Administrator are notified by the medical records director of the incomplete records, and shall remain in effect until the medical records are complete

C. The Chief of Staff or the Administrator for good cause shown may waive an automatic suspension.

ARTICLE IX: HEARING PANEL

Section 1. Hearing Panel

A. Hearings under this article shall be heard by a panel consisting of three members. At least two members shall be physicians. The third member shall be a physician, a member of a hospital board, a hospital administrator, or a judicial officer.

B. After receipt of a timely request for hearing, the Administrator shall provide a list of individuals willing to serve as panel members to the Board. The Board shall, in its discretion, place additional names on the list. Each Board member shall then vote for three individuals from the list to serve on the panel. Those individuals with the highest number of votes shall be contacted by the Administrator in descending order until the panel is complete. The first three individuals that agree to serve, including at least two physicians, shall constitute the hearing panel.

C. A potential panel member shall not serve on the hearing panel if he or she has substantial personal knowledge about the particular matters at issue, has a financial interest in the outcome of the hearing, is in direct economic competition with the practitioner involved, or has such a substantial bias against a person involved that the potential panel member does not believe that he or she could be fair. No other grounds for disqualification are allowed.

D. The hospital may reimburse panel members for actual out-of-pocket expenses and may pay such honoraria or fees as the Administrator deems appropriate and necessary to secure a panel for the hearing.

E. All hearing deliberations are in Executive Session.

Section 2. Notice of Hearing

A. As soon as practical after the panel members have been identified, the Administrator shall prepare a notice of hearing containing the following:

1) A statement of time, place and date of the hearing, which may not be less than thirty days from the date of the notice of hearing.

2) The names of the panel members.

3) A concise written statement of the reasons for the proposed action, including any additional issues concerning the practitioner that have arisen or have come to the attention of the Administrator or Chief of Staff since the JCC recommendation was issued.

4) A written statement that the right to a hearing will be forfeited if the physician fails, without good cause, to appear.

5) A statement that in the hearing the practitioner has the right
   (a) to representation by an attorney or other person of the practitioner's choice
   (b) to have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of any reasonable charges, including transcription costs
   (c) to call, examine and cross-examine witnesses
   (d) to present any evidence determined to be relevant by the hearing panel, regardless of its admissibility in a court of law
   (e) to submit a written statement at the close of the hearing
   (f) to receive a written recommendation from the hearing panel, including a statement of the basis for its recommendations
   (g) to receive a written decision from the board, including a statement of the basis of its decisions; and

6) A list of the witnesses, if any, expected to testify at the hearing in support of the proposed action.

B. The Administrator shall deliver the notice of hearing to the practitioner by hand or by First Class mail with return receipt sent to the practitioner's latest address on file with the hospital. The Administrator shall distribute copies of the notice of hearing to the panel members.

C. Postponement of the hearing beyond the time set in the notice of hearing may be made only with the approval of a majority of the hearing panel and for good cause shown by the party requesting the postponement.

Section 3. Procedure

A. Hearings under this article are intended to resolve matters of competency, patient care, and professional conduct on an informal, collegial and inter-professional basis. The hearing and appeal procedures in these Bylaws are to be interpreted in a manner consistent with that intent.

B. The parties to the hearing are the practitioner and the charging party. The charging party is the Chief of Staff, if the Chief of Staff or a member of the Medical Staff requested the corrective action; or the Administrator, if the Administrator requested the corrective action. Either party may be represented by an attorney or another person of the party's choice.

C. A hearing shall be in executive session. All evidence and testimony produced at the hearing shall be held in strictest confidence pursuant to United States and Alaska law. Members of the Board, the Chief of Staff or the Administrator may, in their discretion, attending all or part of the hearing.

D. The practitioner must personally attend the hearing. A practitioner who fails, without good cause, to appear at the hearing waives his or her right to the hearing, and his or her right to a hearing is forfeited.

E. The charging party shall bear the burden of proof of establishing by a preponderance of the evidence that the proposed action should be taken.

F. The practitioner is entitled to inspect medical records in regard to their patient before hearing.

Section 4. Conduct of Hearing

A. The panel shall elect one of its members as its chair. The chair shall maintain decorum, rule on admission of evidence, and assure that the practitioner and the charging party have reasonable opportunities to present their cases.

B. The hearing shall have one official recording with no 3rd party recording, electronically or by a court reporter. A party may request copies of the tapes or a transcript of the hearing. The requesting party shall bear the cost of copying or transcription.

C. A majority of the hearing panel shall be present during the hearing and deliberations. Panel members need to be available to participate in the panel's deliberations and decision.

D. During a hearing each party may call and examine witnesses, introduce exhibits, cross-examine witnesses on any matter relevant to the issues and present argument, subject to the procedural direction of the chair. The panel members may ask questions of witnesses, the parties, or counsel concerning any matter related to the hearing, subject to the procedural direction of the chair.

E. The panel shall, in its discretion, recess and reconvene the hearing for the convenience of the participants, to obtain new or additional evidence, or to obtain independent expert consultation.

F. The parties may submit a written statement to the panel at the close of the hearing.

G. After each party has presented his or her case, the panel shall deliberate in executive session. The panel shall recess and reconvene its deliberations as it believes appropriate. A decision of the panel shall be made by majority vote, with no proxy voting allowed. Telephonic voting and deliberations are permitted.

Section 5. Decision

A. The panel shall conclude its deliberations and issue a written decision within fourteen days after the conclusion of the hearing. The panel shall recommend that the Board either accept, reject or modify the request for corrective action, and shall include a statement of the basis for its recommendations.

B. The Administrator shall distribute a copy of the panel decision to all parties and to the Board as soon as practicable.

Section 6 Appeal

A. A panel decision may be appealed to the Board by either party. A notice of appeal shall be delivered to the Administrator not more than thirty (30) days after the date the panel decision is distributed. If a notice of appeal is not delivered to the Administrator within that time, the panel decision is final and binding.

B. Appeal of a panel decision shall be to the Board under Article X of these Bylaws.

ARTICLE X: BOARD APPELLATE REVIEW

Section 1. Appellate Review Hearings

A. Appellate review of a JCC recommendation for proposed action under Article VIII, subsections 2C1), 2), 3), or 4) or of a hearing panel decision under Article IX shall be heard by the Board, sitting as an Appellate Panel.

Section 2. Notice of Appellate Review Hearing

A. As soon as practicable after receiving a notice of appeal from a JCC notice of proposed professional review action or from a hearing panel decision, the Administrator shall prepare and distribute to all parties a notice of appellate review hearing. The notice of appellate review hearing shall include a written statement that the right to a hearing will be forfeited if the practitioner fails, without good cause, to appear at the appellate review hearing, and shall include a written statement that the practitioner has the right
   1. to representation by an attorney or other person of the physician's choice
   2. to have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of any reasonable charges, including transcription costs
   3. to submit a written statement at the close of the hearing
   4. to receive a written decision from the Board, including a statement of the basis of its decisions.

B. The notice of appellate review hearing must contain a statement of the time, place, and date of the appellate review hearing, which may not be less than thirty days from the date of the notice of appellate review hearing.

C. The notice of appellate review hearing shall be distributed to the parties by hand or by First Class mail sent to their last address on file with the Medical Center.

D. Postponement of the appellate review hearing beyond the time set in the notice of appellate review may be made only with the approval of a majority of the Board and for good cause shown by the party requesting postponement.

Section 3. Burden of Proof.

A. The party appealing a JCC proposed professional review action, or a hearing panel decision bears the burden of proving that the decision was arbitrary, capricious, unreasonable, or contrary to law.

B. Appellate review hearings are on the record established before the JCC or the hearing panel. No discovery is allowed, no new or additional evidence shall be presented, and no new issues shall be raised at the appellate review hearing.

C. A Board member shall not participate in the appellate review if he or she has a financial interest in the outcome of the appeal, participated in the investigation of the that led to the professional review action that is the subject of the appellate review was taken, participated in the decision to take the professional review action, is in direct economic competition with the practitioner involved, or has such a substantial bias against a person involved that the Board member does not believe that he or she could be fair. No other grounds for disqualification are allowed.

Section 4. Conduct of Hearing

A. The Vice President or, in the Vice-President's absence, another officer of the Board, shall serve as chair during the appellate review hearing. The chair shall maintain decorum, determine the order of presentation of argument, and assure that all parties have a reasonable opportunity to argue their case.

B. The appellate review hearing shall be recorded, electronically or by court reporter. Any party may request copies of the tapes or a transcript of the appellate review hearing. The requesting party shall bear the cost of copying or transcription.

C. Any party may submit a written statement to the Board at the close of the appellate review hearing. The written statement may include copies of documents presented at their panel hearing or in the JCC investigation but may not contain new or additional evidence.

D. A majority of the Board shall be presented during the appellate review hearing and deliberation. A Board member who has not heard the arguments presented at the appellate review hearing, either at hearing or by review of the record, shall not participate in the Board's deliberations and decision.

E. The Board shall review the written statements and documents presented by the parties and shall review the record from the panel hearing or the JCC investigation.

F. The parties shall personally attend the appellate review hearing. The Board may question a party on any subject related to the decision being appealed. A party appealing a decision who fails, without good cause, to appear at the appellate review hearing forfeits his or her right to the hearing. The request for appellate review hearing shall be deemed to have been withdrawn and the decision under appeal shall become final without further Board action.

G. An appellate review hearing shall be in executive session. All evidence testimony and argument presented at the hearing shall be held in strictest confidence pursuant to United States and Alaska law. The Chief of Staff or the Administrator may attend all or part of the appellate review hearing, at their discretion.

H. The Board shall, in its discretion, recess and reconvene the appellate review hearing for the convenience of the participants or the Board.

I. After each party has presented his or her case, the Board shall deliberate in executive session. The Board shall recess and reconvene its deliberations as it believes appropriate. A decision of the Board shall be made by majority vote of those present, with no proxy voting allowed. Telephone voting and deliberations are permitted.

Section 5. Final Decision.

A. The Board shall conclude its deliberations and shall issue a written final decision within fourteen days after the conclusion of the appellate review hearing. The Board shall include a statement of the basis of its decision.

B. The Administrator shall promptly distribute a copy of the Board's decision to all parties.

Section 6. Judicial Appeal

A. The Board's decision after appellate review hearing is a final administrative decision of a municipal agency.

B. The Board's decision may be appealed by the practitioner to the Superior Court in accordance with Alaska Statutes and court rules governing appeals from administrative agencies. The Administrator shall notify the practitioner of his or her rights to appeal to the Superior Court at the time the final decision is distributed.

ARTICLE XI: OFFICERS & COMMITTEES

Section 1. Officers

A. The officers of the Medical Staff are the Medical Director and the Chief of Staff. The Medical Director serves in accordance with the duties and obligations set forth in the Addendum to the Medical Director's Employment Agreement with the Hospital. The Chief of Staff is elected for a term of two years by the Medical Staff. The Chief of Staff holds office until a successor is elected by the Medical Staff or is appointed by the Board under subsection B of this section. The Chief of Staff shall be a member of the active Medical Staff.

B. If no member of the active Medical Staff is available to serve as Chief of Staff, the Board shall, in its discretion, appoint a member of the consulting or locum tenens Medical Staff to serve as Chief of Staff.

Section 2. Duties of the Medical Director and the Chief of Staff

A. The duties of the Medical Director are to:

1. Support Medical Staff activities and self-governance functions.

2. Work with the Medical Staff's Chief of Staff and Hospital Department leaders to help accomplish their respective responsibilities and goals.

3. Serves as a liaison between Hospital Administration, the Board of Trustees and the Medical Staff.

4. Oversees the Medical Staff Quality Review, Patient Safety and Risk Management programs and integration into the programs of Hospital.

5. Actively participates in Hospital's strategic planning, policy development and program execution.

6. Oversees any Clinical Research conducted at Hospital; and

7. Oversees and directs the Medical Staff Peer Review Program.

B. The duties of the Chief of Staff are to:

1. Coordinate and cooperate with the Administrator in all matters of mutual concern within the hospital

2. Call and preside at meetings of the Medical Staff and the Medical Staff Committee of the Whole.

3. Serve on or appoint representatives to hospital committees such as quality assurance.

4. Serve on the Joint Conference Committee.

5. Enforce the Medical Staff Bylaws and Rules and Regulations.

6. Report to the Board on issues relating to the Medical Staff, patient care and treatment at the hospital.

7. Supervise educational activities of the Medical Staff.

8. Be the spokesperson for the Medical Staff in all external, professional and public relations.

9. Appoint as secretary of the Medical Staff, a medical record professional, who shall keep written minutes and attendance records of all Medical Staff and committee meetings, and shall maintain those minutes and records as required by law;

10. Appoint an acting Chief of Staff to serve in the Chief of Staff's absence; if one has not been appointed it will default to the previous past Chief of Staff.

11. Determine or appoint a delegate to determine the "on-call rotation" schedule for the active staff and locum tenens physicians, after consultation with those physicians; and

12. Faithfully perform any and all other duties and responsibilities of the Chief of Staff, as required by these Bylaws, by the Medical Staff Rules and Regulations, and by the laws of the State of Alaska or the United States.

13. Attend Hospital Board meetings or appoint a delegate to attend Board meetings in order that the Board have a physician's input to hospital matters.

Section 3. Committees

A. Except as otherwise specified in these Bylaws or in the Rules and Regulations of the Medical Staff, all hospital committee functions will be overseen by the Medical Staff Committee of the Whole. These functions include:

1. Executive, credentials and medical records functions.

(a) Assist and advise in the supervision and organization of all clinical work done in the hospital.

(b) Received, consider and act upon the reports from all committees.

(c) Promote the aims and objectives of the Medical Staff.

(d) Advise the Chief of Staff, the Administrator and the Board on matters relating to clinical organization, medical equipment and all other matters relating to the staff, patient care and hospital administration.

(e) Review the credentials of all applicants for privileges and make recommendations to the Board for staff membership, assignment of service category, and scope of privileges based on recommendation from Medical Staff of the Whole.

(f) Review annually any information available on the performance and clinical competence of Medical Staff members and make recommendations regarding reappointment or changes in privileges.

(g) Coordinate all Medical Staff activities and assure that the quality of patient care and standards of treatment are continually evaluated, maintained, and improved.

(h) Review and evaluate medical records, both qualitatively and quantitatively, and make recommendations to practitioners, the Chief of Staff, the Administrator and the Board, as appropriate.

(i) Make recommendations to the Board for revisions to and updating of these Bylaws and adoption, amendment and repeal of the Rules and Regulations of the Medical Staff.

2. Tissue and transfusion, infection control and utilization review functions.

(a) The Medical Staff Committee of the Whole, with the approval of the Board, may delegate these functions to a multidisciplinary hospital quality improvement committee. The Quality Improvement Committee shall include at least one member of the Medical Staff. The Quality Improvement Committee shall report monthly to the Medical Staff Committee of the Whole, which will review the report and shall, in its discretion, act on any pertinent matters.

(b) Tissue, transfusion, infection and utilization review functions include:

(1) Auditing professional activities on disease, operations and therapy.

(2) Carrying out the traditional tissue committee functions by studying and reporting on the agreement and disagreement between pre-operative diagnosis and pathology reports.

(3) Reviewing all cases with infections, maintaining a record of the incidence of infection within the hospital and making recommendations to the Administrator as to procedures to minimize the incident of infection.

3. Pharmacy and Therapeutics Functions. The Medical Staff Committee of the Whole shall meet quarterly with the consulting hospital pharmacist and shall:

(a) Serve in an advisory capacity to the Chief of Staff and the Administrator in all matters pertaining to the use of drugs.

(b) Recommend policies and procedures relative to the selection and distribution as well as the safe and effective use and administration of drugs, including the evaluation of new drugs or preparations requested for use in the hospital.

(c) Review reported adverse reactions to drugs administered.

(d) Recommend additions and deletions from the Hospital Formulary accepted for use in the hospital; and

(e) Prevent unnecessary duplication of the same basic drug or its combinations.

4. Other committee Functions. The Medical Staff Committee of the Whole shall perform all other committee and review functions as may be required by law or regulation, or as the Board shall, in its discretion, from time to time assign to the committee.

ARTICLE XII: MEDICAL STAFF MEETINGS

Section 1. Annual Appointment Meeting.

The annual appointment/reappointment meeting of the Medical Staff shall take place in March of each year .At the meeting, the Chief of Staff shall be elected (Chief of Staff is 2 year commitment) and physician appointment to other committees will take place at this time: Emergency Preparedness, Infection Control, Lab & Radiology Liaison, Policy Review, Home Health, Long Term Care Medical Director, Quality Improvement, Physician Patient Satisfaction, Trauma Medical Director

Section 2. Regular meetings.

The Medical Staff Committee of the Whole shall meet monthly, and not less than ten times per year.

Section 3. Special Meetings.

Special meetings may be called at any time by the Chief of Staff, the Board or the Administrator at the request of a member of the active staff. Notice of special meetings shall be given at least forty-eight hours before the time set for the meeting.

Section 4. Attendance.

A. Members of the active staff shall attend a minimum of fifty percent (50%) of Medical Staff committee meetings each year unless excused by the Chief of Staff for good cause. Questions of acceptability of excuses for absences shall be determined by a majority of the Medical Staff present and voting.

B. Unexcused absence from three consecutive meetings shall be grounds for corrective action, including revocation of Medical Staff membership. Reinstatement of staff members whose membership has been revoked because of unexcused absences from Medical Staff meetings shall be made only upon application in the same manner as an application for original appointment, and for good cause shown.

Section 5. Quorum.

Fifty percent (50%) of the active Medical Staff constitutes a quorum.

Section 6. Agenda

A. The agenda at any regular meeting of the medical safe shall be:

1. Call to order
2. Approval of minutes
3. Correspondence
4. Old Business
5. New Business
6. Reports
   (a) Quality Improvement
   (b) Nursing Services
   (c) Laboratory/Radiology
   (d) Administrator
   (e) Utilization Review
   (f) Morbidity /Mortality
   (g) Infection Control
   (h) Trauma Review
   (i) Behavior Health
   (j) Home Health
   (k) Clinic
7. Privileges and Appointment

8. Pharmacy & Therapeutics function (quarterly)
9. Other Business
10. Adjournment

B. The Chief of Staff shall, in his or her discretion, place additional matters on the agenda of any Medical Staff meeting.

Section 7. Private Meetings.

All meetings of the Medical Staff are held in private and are not subject to the Open Meetings Act of Alaska, in accordance with AS 44.62.310(d)(4). All matters discussed, provided, or created for Medical Staff Meetings shall be held in the strictest confidence to the fullest extent permitted by law.

All meetings of the Medical Staff or any committee of a hospital such as a Peer Review Committee, meeting solely to act upon matters of professional qualifications, privileges, or discipline shall be held in private and are not subject to the Open Meetings Act of Alaska, in accordance with AS 44.62.310(d)(5). All matters discussed, provided, or created for these types of reviews shall be held in the strictest confidence to the fullest extent permitted by law. This section includes, but is not limited to, meetings convened pursuant to AS 18.23.030.

ARTICLE XIII: RULES AND REGULATIONS

Section 1. Authority. The Medical Staff shall, in its discretion, adopt Rules and Regulations governing the conduct of its members.

Section 2. Adoption, Amendment and Repeal. Rules and Regulations of the Medical Staff may be adopted, amended or repealed at any regular meeting of the Medical Staff Committee of the Whole, without prior notice, by a majority vote of the member present, and shall become effective upon approval by the Board.

Section 3. Scope. The Rules and Regulations shall address all duties and responsibilities of the Medical Staff required by law and not otherwise addressed in these Bylaws.

ARTICLE XIV: BYLAW AMENDMENTS

Section 1. Authority. These Bylaws may be adopted, amended and repealed by the Medical Staff Committee of the Whole, subject to approval of the Board.

Section 2. Adoption, Amendment and Repeal. Notice of a prospective adoption, amendment or repeal of a bylaw shall be given at any regular meeting of the Medical Staff by the party proposing the change. No action may be taken on the prospective changes until the next regular meeting of the Medical Staff. Changes to the Bylaws require a two-thirds majority of those present and voting and shall become effective only when approved by the Board.

ADOPTION

These Bylaws, together with the appended Rules and Regulations, replace all previous Bylaws of the Medical Staff of the Petersburg Medical Center and, when adopted and approved, shall be equally binding on the Board and upon the Medical Staff.

ADOPTED by the Medical Staff of Petersburg Medical Center on _____ at Petersburg, Alaska

ATTEST:

By: _____
Chief of Staff

By: Kim Randrup, RHIT _____
Secretary of the Medical Staff

APPROVED by the Petersburg Medical Center Board in public session, on _____, at Petersburg, Alaska

ATTEST:

By: _____
President

By: _____
Secretary

APPROVED AS TO FORM on _____, at Petersburg, Alaska.

By: _____
Administrator