



**Petersburg Borough  
Petersburg Medical Center**

12 South Nordic Drive  
Petersburg, AK 99833

**Meeting Agenda  
Hospital Board  
Regular Meeting**



---

Thursday, July 25, 2024

5:30 PM

Assembly Chambers

---

Please copy and paste the link below to join the webinar:

<https://us06web.zoom.us/j/83425651299?pwd=3Q9GLavMjaELobhvDgA8GHRba5HDXO.1>

passcode: 935633

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

- A. Call to Order
- B. Roll Call

**2. Approval of the Agenda**

**3. Approval of Board Minutes**

- A.** Approval of minutes for the June 27, 2024, board meeting.

**4. Visitor Comments**

**5. Board Member Comments**

**6. Committee Reports**

- A. Resource
- B. Critical Access Hospital
- C. Long-Term Care

**7. Reports**

- A.** Home Health
  - L. Holder provided a written report.
- B.** Imaging
  - S. Paul provided a written report.

- C.** Lab  
V. Shimek provided a written report.
- D.** Long Term Care  
H. Boggs provided a written report.
- E.** Patient Financial Services  
C. Lantiegne provided a written report.
- F.** New Facility  
Arcadis provided a written report.
- G.** Quality & Infection Prevention  
S. Romine provided a written report.
- H.** Executive Summary  
P. Hofstetter provided a written report.
- I.** Financial & FY24 End of year review  
J. McCormick provided a written report.

**8. Old Business**

**9. New Business**

**10. Next Meeting August 22, 2024**

**11. Executive Session**

**A. Executive Session**

By motion, the Board will enter into Executive Session to consider medical staff appointments/reappointments and conduct the CEO annual evaluation.

**12. Adjournment**



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

12 South Nordic Drive  
 Petersburg, AK 99833

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



Thursday, June 27, 2024

5:30 PM

Assembly Chambers

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

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

**PRESENT**

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

**ABSENT**

Board Member Mika Hasbrouck

**2. Approval of the Agenda**

A motion was made to approve the agenda.

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

**3. Approval of Board Minutes**

- A. Approval of minutes for the May 23, 2024, board meeting.

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

Member Lagoudakis, Board Member Simbahon, Board Member Stratman

**4. Visitor Comments**

None.

**5. Board Member Comments**

Member Lagoudakis commented on her appreciation for the new mammogram machine and her experience with it. She remarked on the ease of the experience, that staff was very conscientious, and results were back in less than 24 hours. She recommends that every woman who needs a screening should take advantage of this valuable service.

**6. Committee Reports**

A. Resource

Member Lagoudakis attended and provided highlights from the meeting, including a recap that investments are doing well, with an upcoming presentation provided by the investment advisor in the works and some hospital rate increases will be coming. She recapped the committees' recommendation for lease approval of the new mammography equipment.

B. LTC

Member Cushing attended and provided highlights from the meeting. Of particular note, she mentioned the quality of care there is truly excellent, and that a few openings exist in the facility. She encouraged anyone in the community who has a loved one in need of care to reach out to PMC patient navigators and the finance office. They can help families explore options.

**7. Reports**

A. Human Resources

C. Newman provided a written report and provided highlights from the report, including the generational spans of employees' ages (from 15 to 73). Members Conn and Cook remarked on their appreciation for the content of the report.

B. New Facility

Arcadis provided a written report. J. Wetzel provided highlights from the report, including we are making excellent progress on the foundation, with approximately 85% completed and nearing the planned target date for this phase. Additional materials are set to arrive in July. We're on schedule with our original plan, and the steel erection is also on track for July.

C. Quality & Infection Prevention

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

D. Executive Summary

P. Hofstetter provided a written report. He provided highlights from the report, including thanking Senator Murkowski for the \$3M on the appropriation list that was initially submitted and pending approval, and that registration for the annual Pedal Paddle Battle is now open.

E. Financial

J. McCormick provided a written report. He provided highlights from the written report, including a successful appeal to Medicare that is expected to result in a \$280,000 payment to PMC. He clarified that the long-term investments total over \$3.3M, with a goal to return that number to the pre-covid amount of \$5M for reserves. Hospital rate changes are in the works, costs for employee health insurance has increased 11%, and general business liability insurance has increased as well.

8. Old Business

A. Update: PERS Amendment for Part-Time Employees

Based on additional information gathered at the board’s request, C. Newman provided an update and noted that this is no longer an option that is feasible for PMC to pursue.

9. New Business

A. Operating Budget

J. McCormick submitted the Operating Budget for board approval.

Action Required: Approval

*By motion, Petersburg Medical Center's Board of Directors approves the final operating budget for FY 2025 as presented.*

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

B. Capital Budget

J. McCormick submitted the Capital Budget for board approval.

Action Required: Approval

*By motion, Petersburg Medical Center's Board of Directors approves the final capital budget for FY 2025 as presented.*

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

C. Capital Lease of Mammography Equipment

J. McCormick submitted lease financing option of mammography equipment for board approval.

Background: The Resource Committee reviewed the financing options for the \$200,272 balance remaining on the new mammography equipment. The total cost for the purchase, delivery, and installation of the machine was \$380,272, with Petersburg Borough contributing \$180,000 towards the purchase. Upon the Resource

Committee’s review and recommendation, the remaining \$200,272 would be financed through De Lage Landen Public Financing LLC upon board approval.

Action required: Approval

*By motion, the Petersburg Medical Center Board of Directors approves the Capital Lease of Mammography Equipment from De Lage Landen Public Finance LLC as presented.*

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

**10. Next Meeting**

The next meeting will be July 25, 2024.

**11. Adjournment**

The meeting was adjourned.



# Petersburg Medical Center

Home Health Report: July, 2024

---

## **Workforce Wellness**

The Home Team has had many changes in the past few months. The previous manager, Kirsten Testoni left the position of manager May 3, 2024. Laura Holder has stepped in and has taken on the role of permanent manager of the department. Current staff include 1 travel nurse and a travel home health aide. The ancillary staff, billing, quality and patient navigator all remain stable. Travel staffing will also be assisting as we search for permanent hires. Home Health Aide and activities assistant work in facilitating Adult Day Program activities and will begin working with community participants under the ADS grant. Twice weekly “huddles” for clinical staff are ongoing to review caseloads, patient acuity, and any immediate department needs. This also helps to improve patient care and creates cohesiveness among staff. Twice a month the therapy department joins us for case review and coordination. (IDT meetings.) These are documented in the patient electronic medical record and have improved continuity of care. We celebrate monthly birthdays as a team. Staff are encouraged to use breaktime as an opportunity to get outside, especially with the weather improving each day.

## **Community Engagement**

The priority of this department is to reach as many community members as possible. Whether through traditional home health services, program extensions or working directly with other community agencies. Ongoing projects include- partnering with Mountain View Manor, waiver and care coordinating services, and assistance with the quality programs throughout the hospital. Also, we continue to work with the clinic, finance, and IT on the rollout of a remote home monitoring system that will better meet the needs of our community. The Healthsnap program has started for patients within the community and has been well received. We have initiated our “soft launch” programming in adult day in our new space within the PIA building. This collaboration has been integral to the success of this important outreach respite program. We have recently received a 3-year funding grant for the Adult Day program, and we look forward to expanding services using this grant. We continue to partner with Beat the Odds and were again granted money for a “voucher program.” We have a wonderful person who provides housekeeping services for those who have been impacted by a cancer diagnosis.

## **Patient Centered Care**

The clinical staff here in Home Health continue to go above and beyond providing support and care to the patients we serve. Though we do not yet offer traditional Hospice, we continue to provide in-home care for end-of-life patients under our care. The kindness and respect along with strong clinical skills offered to these patients and their families is exceptional.

## **Facility**

The home health department is fortunate to have a space within the PIA building that works well for our initial launch of adult day. PIA also houses our storage room for DME and the administrative office for home health. This space is a great fit for our department, and we appreciate PIA for the opportunity to work out of their building.

**Financial Wellness**

Home Health continues to have some financial challenges, but we have seen census stabilization over the last quarter and with the help of travel nurses we have recently had 36 admissions over the last four months. In addition, our quality nurse provides support to LTC and assisting in managing the quality needs within the PMC community. The patient Navigator works across departments and into the community to provide support and resources. Ongoing projects include- partnering with Mountain View Manor, Waiver and care coordinating services, including the potential of an adult day program and the opportunity to provide respite care. We continue to see positive results from these efforts.

**Submitted by:** Laura Holder, RN, Home Health Manager

---





# Petersburg Medical Center

Radiology Report July 2024

## Workforce Wellness

Staffing remains three full time technologists currently one being filled by a contract technologist. This level of staffing allows employees to comfortably take PTO while the other two can cover with a little higher call hour volume while the third technologist is gone. All three technologists have been able to use PTO or have PTO scheduled. The full-time technologist position is still listed.

## Community Engagement

Interviews with KFSK and the pilot were done highlighting the new mammography machine when it was installed. We did have patients call to schedule saying they saw or heard these articles and called for appointments. We had a booth at the health fair with some information on breast density and the new mammography machine good questions were asked and good interest was shown by the community. The high school physics class came to the department to talk about the electromagnetic spectrum and radiology equipment physics. Technologists brushed up on the interworking's of equipment and physics to have a good discussion with two classes.

## Patient Centered Care

We started patient care on the new mammography machine March 6<sup>th</sup>. Since that time we have performed

- 155 exams
  - 7 exams called in for more imaging, 2 required ultrasound only follow up
  - 2 of the 5 patients requiring more mammographic images were saved from traveling out of town for additional imaging because of the new machines ability to do magnification views that the old machine could not do.

We have implemented powershare image sharing new system for electronic image transmission. We have already used to send over 50 patient exams to other facilities. Images have been sent from facilities in Arizona to facilities in Anchorage. This process seems to be working very well for both staff and patients.

## Facility

Ultrasound has an upcoming software upgrade that will include some technologist training Philips will come onsite and do the upgrade and then technologists will work with the applications trainer to learn the new .

Part of the new mammography machine installation was a fulfill a new American College of Radiology (ACR) accreditation. Usually this is done every 3 years but with new equipment and the survey window new accreditation needed to be done. 5/16/24 The American College of Radiology's Committee on Mammography Accreditation is pleased to inform you that the Petersburg Medical Center mammography unit has been GRANTED ACCREDITATION for a period of three years.

Mammography Quality Standards Act (MQSA) FDA inspection is scheduled for 8/5/24. The state of Alaska again has a state inspector who will be conducting this inspection. This is the first time since 2017 that the state has supplied an inspector. Inspections from 2018-2023 were performed by an FDA inspector.

## Financial Wellness

We are struggling with mammography billing. The Cerner build was not complete at the time of starting patients. HIM is currently holding most exam charges until this can be solved. Getting fixes through cerner can be a large challenge.

**Submitted by:** Sonja Paul RT(R)(M)ARDMS



# Petersburg Medical Center

Laboratory Report July 2024

---

## **Workforce Wellness**

One Medical Technologist position remains vacant, and with the upcoming transition of one Lab Assistant to Home Health, a Lab Assistant position has been posted as well.

The two staff members currently enrolled in online programs continue to make progress toward their degrees. We hope the “grow our own” pathway for the Laboratory will ensure local, long-term sustainability for staffing.

## **Community Engagement**

Every three years the Alaska Department of Environmental Conservation (ADEC) conducts a 2-day inspection reviewing all testing and procedural documentation, and observing testing personnel who perform water microbiology testing. In April, the Lab passed its Water Micro Inspection with zero findings. The PMC laboratory provides water quality testing for potable, pool, and cannery sources for Petersburg and Wrangell.

## **Patient Centered Care**

Lab will be interfacing the Point of Care Clinitek in the Joy Janssen Clinic over the next few weeks. Currently all ten urine dipstick results are entered by hand by the Medical Assistants. It is a time-consuming task for the MAs. Once the instrument is interfaced, results will automatically upload to the patient’s chart, allowing the MAs to be more efficient and return to patient care faster.

## **Facility**

Temperatures in the lab are very difficult to control, especially when the temperature outside gets above 65°F. Laboratory equipment must be maintained within a specific temperature range, and the current facility’s environmental control system must be modulated by Facilities personnel since changes made to the cooling system impacts other departments and patients. The Facilities crew have done an excellent job of adjusting the cooling system in the lab as needed, but we look forward to a new facility that is able to automatically compensate and adjust for the heat the equipment gives off when it is running.

## **Financial Wellness**

The Lab and Ancillary Registration staff continue to work together on streamlining the prior authorization process so patients do not have to wait as long to get their laboratory work done. Most insurance companies require prior authorization for certain laboratory tests, and if they are not done prior to the blood draw, the patient can end up having to pay entirely out of pocket. The prior auth process can be slow and lengthy depending on the insurance company, so we are working hard to create an efficient workflow on our side so prior authorizations don’t become a barrier to our patients receiving care.

**Submitted by:** Violet Shimek, MLS (ASCP)<sup>CM</sup>

---



# Petersburg Medical Center

## Long Term Care Report - July 2024

### Workforce Wellness

#### Nursing:

0800 – 1700 Mon-Fri: 1 LTC DON

0600 – 1830: 1 staff nurse

1800 – 0630: 1 staff nurse

0600 – 1830: 2 CNA

1800 – 0630: 2 CNA

0800 – 1700: 1 CNA (M-Th)

#### Activities Current Schedule:

Activities Coordinator: Monday-Friday (0800 – 1700)

Activities Aid: Monday – Friday (0700-1500) and Saturday - Wednesday (1200 – 2000)

Managers will cover during the shift and assist as needed to make sure that staff are getting time away from the floor to recharge. Floor shifts are usually 12.5 hours - staff who are working typically do not leave the facility. We encourage participating in the wellness opportunities that are available through the organization.

### Community Engagement

LTC welcomes visitors and families. Volunteers have been coming in to play music, bingo, sing to and with residents, read to residents, etc. Staff work with residents to get them out into the community as often as they would like. Some residents have been enjoying Bingocize, participating in sporting events, celebration of life gatherings, church of choice, etc. Residents were able to go downtown to enjoy the fourth of July festivities. Small groups of residents have been participating in radio show with KFSK.

### Patient Centered Care

PMC LTC had Survey with federal oversight March 4<sup>th</sup>-8<sup>th</sup>. We received 5 tags on the survey.

Free from Unnecessary Psychotropic Meds/PRN Use F758 CFR(s): 483.45(c)(3)(e)(1)-(5).

Food in Form to Meet Individual Needs F805 CFR(s): 483.60(d)(3).

Payroll Based Journal F851 CFR(s): 483.70(q)(1)-(5).

Infection Prevention & Control F880 CFR(s): 483.80(a)(1)(2)(4)(e)(f)

7 AAC 10.900(b) Background Check N100

The survey went well, and PMC LTC was put back into substantial compliance for the Health side of the survey effective 4/25/24 after the Health Revisit.

The departments that touch LTC are all fantastic. Rehab, dietary, lab, physicians, etc. go above and beyond for the residents to make sure that they are happy, healthy, and cared for. Each resident has a specific plan in these areas. PMC truly delivers resident centered care. On Monday, Wednesday, and Friday we have a multidisciplinary meeting to discuss each resident and their needs/concerns/changes at that time. Staff know the residents and are advocates for their care. It is not a one size fits all system in LTC.

Petersburg Medical Center Nursing home has a 4-Star rating on Nursing Home Compare. Health inspection = 5/5 stars, Staffing = 1/5 stars, and Quality measures = 4/5 stars. Reporting issues with Staffing Data Submission and Payroll Based Journal (PBJ). PBJ was an area that we were cited on in our most recent survey.

**Facility**

When a need arises in LTC with residents we need to fix the problem and or purchase the appropriate equipment. For example, we cannot have a resident in a wheelchair if they exceed the weight limit. We then need to make sure that we have the appropriate equipment to care for our residents.

We have been working with Materials to come up with items that we will need in the near future that we can also move into a new facility.

An issue that continues to come up with equipment is insurance coverage. It has become increasingly difficult to get custom Durable Medical Equipment (DME) for residents in LTC. Medicare/Medicaid will not pay for DME (custom wheelchairs) if the person resides in a nursing home. Regulation wise, we are required to provide appropriate and safe equipment for residents to safely get in and out of bed and spend time out of bed.

Due to the age of the building, there are no oxygen connections in the three rooms in the older part of LTC (212, 215, 216). If residents require oxygen in those rooms a concentrator is used. We were unable to move a resident into one of the larger single rooms due to there not being oxygen connections in those rooms.

**Financial Wellness**

As of today, the LTC census is twelve residents. 11/12 residents have Medicaid. The average Medicaid wait time is 6 months. The nursing department currently has 4 CNA travelers and 6 RN travelers. 2 FTE staff out on FMLA. When staff call out sick for a shift, managers look at the census and current staffing then deciding if the shift should be filled. During high census times, this leads to an increase in overtime hours.

**Submitted by:** Helen Boggs, RN – LTC DON

---



# Petersburg Medical Center

## Patient Financial Services Report July 2024

- **HRG-** Healthcare Resource Group. PMC's third-party billing agency.
- **PFS-** Patient Financial Services
- **EHR** – Electronic Health Record

### Workforce Wellness

The Patient Financial Services team has worked hard to finish the cleanup of our old EHR, CPSI. We are feeling relief that the bulk of this project is done, and we can begin to focus all our time on the Cerner system. One of our in-house staff is working reduced hours from home for a few months this summer, this schedule has allowed her to focus on the remaining clean up of CPSI.

Our department is fortunate to be able to work remotely. Working with the IT department for the tools we need, we have been able to continue patient financial services from home.

### Community Engagement

PFS continues to collaborate with the HIM department (Health Information Management) to update our credentialing and affiliating process with insurances. This will be an ongoing project as new providers join our facility and insurance rules change.

Our team was able to participate in the Cerner registration training in May. The two-day training was recorded so all our staff were able to benefit from the information. The training gave us a better understanding of the registration process, so we can help staff with any questions.

We are working with the Clinic, Pharmacy, HIM, and IT to verify the charges on encounters pertaining to the Clinic Medication Scanning project. This was a huge project and has helped resolve the medication errors we were seeing on claims.

### Patient Centered Care

The Patient Financial Services teams continues to strive for the best patient experience for billing, statements, and customer service. We work daily to identify and resolve issues, answer questions, and help patients navigate insurances.

PFS offers financial counseling for patients in need. Medicaid enrollment assistance, interest free pay plans, and a generous financial assistance policy are services PMC offers patients. Information for these services is offered to patients at all registration areas.

We are continuing to review the statement files before they are sent to patients. This process helps us identify issues with billing, claims, and registration and gives us the ability to stop the statement before it reaches the patient.

### Facility

PFS does not anticipate the need for any new equipment. We continue to be fortunate that our space is large enough for our team and we have an open desk area for any staff that work from home to use as needed.

### Financial Wellness

On our weekly Rev Cycle meetings, the top item on our agenda is currently AR days. The team discusses the reasons for the higher numbers and creates a plan for working the numbers down to align closer to industry standards. HRG has increased their staffing for our site, so we hope to see improvements very soon. Review of

LTC and Inpatient accounts is also part of this meeting. These types of encounters can be complicated, and we watch them closely through the billing process and reimbursement.

PFS continues additional weekly meetings with HRG to deep dive into claim denial reasons. We share these reasons with the individual departments and work together to resolve the issues.

**Submitted by:** Carrie Lantiegne

---



# Petersburg Medical Center



Construction Report July 2024

---

## Sitework

Sitework on the hospital side is substantially complete and intentionally left below anticipated final elevations pending a complete hospital design. Sitework on the WERC side is also left below the final elevations for the underground utility work to be completed. The WERC side however will receive the compacted gravel placed to the final grade before substantial completion. Water, Sewer, and Communications Pathways will begin installation in early August pending coordination with the steel erection activities.

## WERC Building

Foundation perimeter footings, grade beams, and walls are nearly complete, the focus has been completing underground piping and electrical conduit and getting the concrete slabs ready to pour. Floor drains in the garage have been installed, a vapor retarder has been placed on compacted gravel, and reinforcement grid rebar has been installed in preparation for the pour.

Steel fabrication is scheduled to arrive on the 16<sup>th</sup> of July. The steel erection should be 2–3-week duration and complete by early August. ATL will return to the project site after the final concrete pours to visually inspect welding, bolt testing, and examine structural steel connections.

## New Hospital Design

BNAP 35% Schematic Design is complete, further design progress is on hold pending grant funding.

## Upcoming Construction Activities

- July – Steel
- August – Exterior Metal Framing
- September – Roofing

## Budget

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

---

**Submitted by:** Justin Wetzel – Arcadis Project Manager

**Rebar Install in Preparation of Concrete Slab Pour**



**Alaska Test Lab Collecting Samples of Concrete for Break Tests**







# Petersburg Medical Center

Quality Report July 2024

## Workforce Wellness

Here are just a few of the action items already in play resulting from feedback provided by employees in the workplace satisfaction survey.

- Development and execution of additional pay rate steps for long-time employees.
- Training funding request added to a departmental budget.
- Review of current Incident Tracker Platform to optimize functionality for improved communication regarding the resolution of incidences.
- Additional recommendations to address employee feedback in the areas of compensation, growth and training, and processes for addressing concerns and issues will be completed this month.

Specific survey questions were designed to provide data to inform on PMC workforce wellness strategic plan objectives.

	Objectives	Strategies	Goal/Description	Approach/Action Plan	Current Status	Qualitative Key Performance Indicator
Workforce Wellness	Foster a positive & supportive work environment	Open communication	Institute a workplace satisfaction survey and maintain several routes of communication for staff	Develop survey to collect job satisfaction metrics and actionable ways to improve staff satisfaction and retention	<b>87%</b> of participating employees 'Agree' or 'Strongly Agree' that their supervisor/manager encourages open communication.	Survey Question: "My supervisor/manager encourages open communication." Agree/Disagree
	_____	_____	Foster a positive & supportive work environment	Maintain professionalism and goal focused, offer resources and support.	<b>77%</b> of participating employees agree' or 'strongly agree' that PMC provides a positive, supportive and collaborative work environment.	Survey Question: "PMC provides and encourages a positive, supportive and collaborative work environment." Agree/Disagree
	_____	Recognition & Awards	Goal: All Employees at PMC feel valued	Elicit and listen to employee feedback	<b>75%</b> of participating employees 'always' or 'usually' feel valued.	Survey Question: "I feel valued as an employee of PMC." Always/Usually/Sometimes/Never
	_____	Concerns & Issues	Provide multiple avenues and settings for staff to raise concerns and issues	Maintain/improve effective processes to address concerns and issues, measure staff satisfaction in this area	<b>56%</b> of participating Employees 'Agree' or 'Strongly Agree' that PMC has effective processes to address concerns or issues.	Survey Question: "PMC has effective processes to address concerns or issues." Agree/Disagree
	Develop & Implement Retention Strategies	Competitive benefits	Maintain competitive benefits and salaries for all positions	Regular review of AHHA salary survey and industry benefits and salaries to ensure PMC remains competitive	<b>71%</b> of participating employees are 'satisfied' or 'very satisfied' with their salary and benefits.	Survey Question: "Overall, I feel my salary and benefit package (PTO, health insurance, etc) at PMC is: Satisfying/Dissatisfying
	_____	Professional development	Provide all employees with professional development	Increase the availability and opportunity for professional development as able	<b>73%</b> of participating employees are 'satisfied' or 'very satisfied' with opportunities for growth and training.	Survey Question: "Overall, I feel my opportunities for growth, training, and the development of new skills at PMC are: Satisfying/Dissatisfying

## Community Engagement

Two community members were invited to participate in the Home Health Professional Advisory Committee meeting that occurred on July 17<sup>th</sup>. These meetings that occur every six months provide a setting for the review of programs, quality measure scores, discussions on challenges and accomplishments, and an opportunity to provide feedback, suggestions, and ask questions.

The Mountain View Manor has signed an MOU to start providing the fall prevention program Bingocize at their assisted living facility. This will also be funded through the ACL Fall Prevention grant. We wish them luck in their implementation and offer our support.

Community Health Needs Assessment-planning phase underway with the identification of key informants for targeted interviews, data sources, survey questions and interview guide development. Timeline for this publication is April 2025.

### **Patient Centered Care**

Home Health-End of Life Order Set Project Objectives:

- To implement a patient-centered approach to symptom assessment & management of the patient at the end-of-life.
- To provide timely and effective symptom-based care.
- To eliminate errors and delays in dosing, ordering and administration of medications and treatments.
- To reduce variability in the provision of end-of-life care between care settings.
- To define monitoring parameters and documentation standards

Physician feedback was received this week on the draft of the new order set. With a couple of small edits, this order set will move to August's Medical Staff meeting for approval of implementation. Once approved, we will begin EMR integration and pharmacy collaboration.

### **Facility**

The Quality Committee met for both CAH and LTC this week. Meetings continue to focus on updates and discussion on previously identified action items and review of new data for areas needing attention. There were a couple of LTC action items that moved to completion this month.

We have initiated the development of a PMC facility wide safety plan. At this time current policies, resources, and tools are being compiled in the following areas: governance & leadership, risk assessment, patient safety, employee safety, facility safety, incident reporting & analysis, performance improvement, communication, and documentation & record keeping. This plan will be a collaborative effort between many departments to act as a resource and guide to maintaining safety in the facility.

### **Financial Wellness**

The Home Health department has been awarded a grant from Alaska SDS to support the Cedar Social Club. It will fund a total of one FTE across 4 positions, participant scholarships, and equipment up to \$149,855 annually for three years. This financial support will really go along way is firmly establishing this well received program and increasing its sustainability.

**Submitted by: Stephanie Romine, RN**



# Petersburg Medical Center

## CEO Board Report July 2024

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

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

### Highlights:

- July signals the start of the fiscal year (FY25) and year (2) of PMC Strategic Plan.
- PMC received notification that was awarded the State of Alaska Adult Day Program (3) year grant for \$149k and the State Opioid settlement (3) year grant for \$140k. There are 6 pending grants including Senator Murkowski’s appropriation list for \$3M. Full grants detail provided in packet.
- Rep. Mary Peltola will arrive in Petersburg for a schedule tour of the PMC- old facility and new site on Aug.10<sup>th</sup>.
- Steel has arrived at the New Facility site for the WERC building.
- Registration is open for the 2024 Pedal/Paddle on July 27. Please show your support for this annual fundraiser by participating and/or donating to this fun event. PMC’s goal is to raise \$24,000 in 2024. Register here: <https://www.pmcak.org/paddle-battle-registration.html>.

Join the PMC Foundation in supporting continuing education for staff & scholarships for high school seniors!



## Pedal/Paddle Battle

SCOW BAY TO SANDY BEACH

Saturday, July 27th  
Start at Scow Bay  
Paddlers @ 09:30 / Pedalers @ 11:00  
BBQ & Prize Drawings at Finish

*\*Register and/or Donate [www.pmcak.org](http://www.pmcak.org)\**

**Registration**

- Kayaks, Canoes, SUPs, & Bikes welcome!
- [www.pmcak.org](http://www.pmcak.org) to register
- \$20 registration (free for kids under 12)

**Participant & Sponsor Drawing**

- Participants entered for getting sponsors
- Sponsors entered by donating

**HUGE PRIZES!**

- AK Airlines Tickets
- Mountain Bike
- Rumpl Puffy Blanket



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

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

### Accounts Receivables (AR) Update

Meetings with the HRG/ Trubridge executive leadership occurred June 19<sup>th</sup> and on July 5<sup>th</sup> to discuss the increasing Accounts Receivables (AR) which still hovering around 80 days. The revenue cycle team continues to work on improving this metric with a target of 55



days. A detailed list of issues and expectations provided by the finance team. I anticipate another meeting on Tuesday July 23<sup>rd</sup> for their performance improvement plan. Applications were received on the position posted to begin the process of these functions internally. We are actively changing our approach to bring more billing in-house.

The finance packet includes the full FY24 year end and the Resource Committee would be reviewing this on the Wed July 24<sup>th</sup>. The finance team is starting the process to prepare for the FY24 full audit. As mentioned above the grants received for FY25 in both new and continuation (program grants only excluding capital) exceed \$700k for FY25.

**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 the update on the new facility and we are on track and on budget for the WERC building.

- Site Preparation: Site preparation is complete for the full 4.9 acres of wetlands permitting.

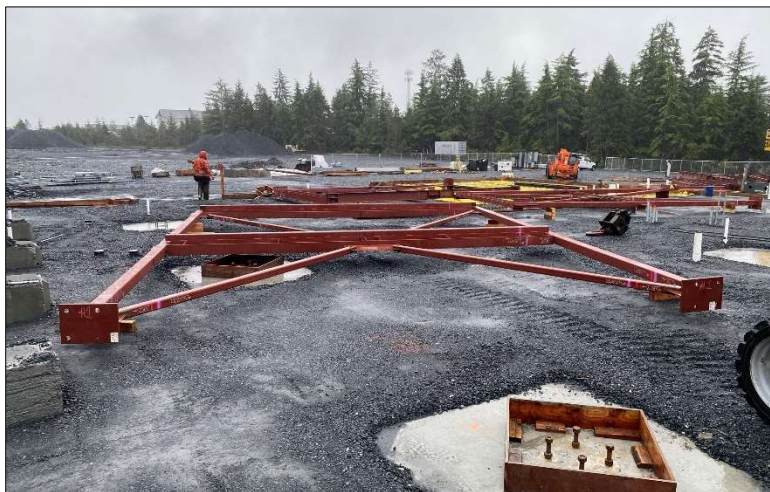
- Progress on WERC Building: Progress continues on the WERC building. Footers and foundations was poured, retaining wall is up and steel has arrived.

- Updates: Project updates are available on the PMC website under the “New Facility & Planning” tab.

- Tour of the Sites: Tours of the site for board and staff will begin next Friday July 26<sup>th</sup> at 5:30pm. This will be available for the community to sign up on a weekly basis throughout August, TBA.

- Senator Murkowski Appropriations: PMC made the list for \$3M, which needs approval but is an important nod to the continued support of the project.

- Lead-Up to State Capital Budget, Governor’s Budget, and State Bond: PMC will need to continue advocating as the #1 federal and state priority for next FY. This advocacy absolutely helps us secure grants and funding.



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

- The PMC newsletter for Q2 was sent out and available online with a great highlights of the quarter, thanks to Julie Walker.
- HR and PR will be working on a campaign to increase our visibility for jobs in Southeast as well as in Anchorage and Fairbanks. Turnover rate for PMC in FY 24 was 18% down from the previous year but the vacancy rates are high in specific areas that we will need a fresh approach and focus to improve for FY25.
- Employee engagement efforts this month included the new internal newsletter Cyndi Newman in HR creates (excerpt image below) and monthly CEO office hours.



**CONGRATULATIONS TO:**

- o Kaitlin & Josh Rathman on the birth of their daughter, Lainey Brooke on June 27<sup>th</sup>



Josh and Henry with Lainey



Lainey, Kaitlin, Josh

**KINDER SKOG - MUD DAY, JUNE 27<sup>TH</sup>!**

PMC's Kinder Skog Mud Day! The Kinder Skog staff enjoying the fun.



Noah, Nicole and Aimee with Kinder Skog youth



Damon and Aimee



Staff ready for the Mud Day experience

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

- July 1: PMC reported out at the Borough Assembly meeting and the Borough Assembly.
- June 27 & July 25: KFSK Radio PMC Live.
- July 27: Save the date for the PMC Foundation's Pedal/Paddle Battle. At this annual event, participants bike or paddle from Scow Bay to Sandy Beach to raise funds to support staff education and HS scholarships. [Register](#) on the PMC website.

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

- On July 18<sup>th</sup> Kinderskog had its first site visit for accreditation of the American Camps Association for Kinderskog and ORCA Camp each with their own accreditation. This is quite a process and want to commend Katie Holmlund for putting all the work into this as it is a process. We will hear back this fall if we are accredited. Photos show the site visit (which happened during spirit week).



- Volumes have rebounded in May and into June with summer influx of ER and Acute Care stays that continued on into July. Inpatient admissions saw the largest increase in June in the past 2 years. Swingbed and LTC also saw census increases, Home Health was stable and primary care was down slightly in June.
- The newsletter highlighted a few of PMC's expanded access through telehealth programs. It is exciting to see healthcare transform to deliver care and also retain our quality staff through technology.
- LTC staff do such an incredible job with our residents and the care of residents. The newsletter highlighted these great activities.

**CONTINUOUS IMPROVEMENT  
Branching Out: PMC Expands Healthcare Reach with Telehealth Innovations**

In keeping with national healthcare trends, Peterburg Medical Center (PMC) has embraced telehealth to extend patient access to specialized care, enhancing outcomes and convenience. PMC's primary care clinic serves as the sturdy backbone of in-person patient care, from which technological advancements have sprouted telehealth branches to support patients in new and innovative ways. Technology has allowed some of our skilled and knowledgeable local providers to continue serving Peterburg even when life changes have put physical distance between them and the facility.

Telehealth enables PMC to deliver healthcare services through digital communication: remote consultations and coordinated care. Utilizing PMC's advanced Care electronic medical record system fosters streamlined, secure communication, facilitates transitions between primary care and specialty services, and ensures encrypted yet efficient information sharing, ultimately enhancing the quality of in-person care.

Dr. Jennifer Hyer, a seasoned primary care physician at PMC, has taken a sabbatical from her full-time role to embark on a global sabbatical adventure with her family. During this time, she finished a two-year fellowship in Integrative Medicine, which she now offers part-time as part of PMC's telehealth services. Dr. Hyer provides remote virtual consultations while traveling, combining conventional and complementary therapies to promote holistic patient wellness. Her personalized approach includes recommendations for nutrition, exercise, mind-body practices, and supplements, tailored to each patient's unique needs.

PMC's commitment extends further with the inclusion of remote behavioral health clinician, Pat Sessa, LCSW, who integrates behavioral health into primary care, addressing the interconnectedness of mental and physical health in collaboration with primary care providers. Pat is also a resource available to the PMC staff. Additional remote care team members, Amy Holte, RN, CCE; Nurse Case Manager and Brandi Boggs, Patient Navigator, and Jen Ray, Patient Benefits Coordinator work remotely to help ensure patients are supported as they navigate complex medical conditions or need support in completing assistance applications or navigating complicated healthcare systems.



▲ Dr. Hyer with Dr. Andrew Hest at the conclusion of her two-year Integrative Medicine Fellowship in Arizona.



▲ Thanks to telehealth, Brandy Boggs, Patient Navigator is able to continue to helping Peterburg residents navigate complex healthcare and assistance programs after relocating.

# The Petersburg Pilot wrote a story on LTC resident Ron Hall's art show.

## Artist residing in Long Term Care spreads joy through colorful paintings

Aiden Luhr | Jul 18, 2024



Aiden Luhr / Petersburg Pilot

Photographer turned painter Ron Hall shows one of his acrylic paintings at the Petersburg Medical Center, on July 15.

### LONG TERM CARE UPDATE Summer Outings and New Activities

Spring at PMC's Long Term Care has been vibrant with activities, setting the stage for an exciting summer ahead. Residents eagerly anticipate more outings and community events in the coming months.

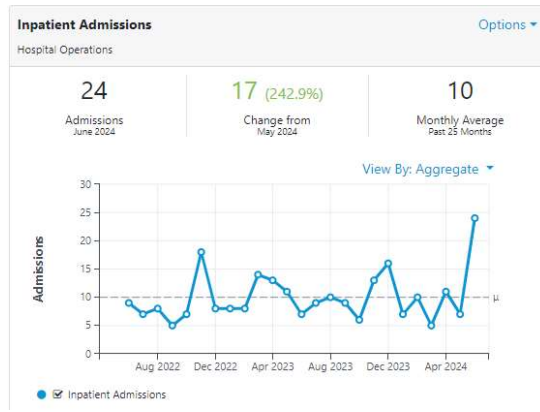
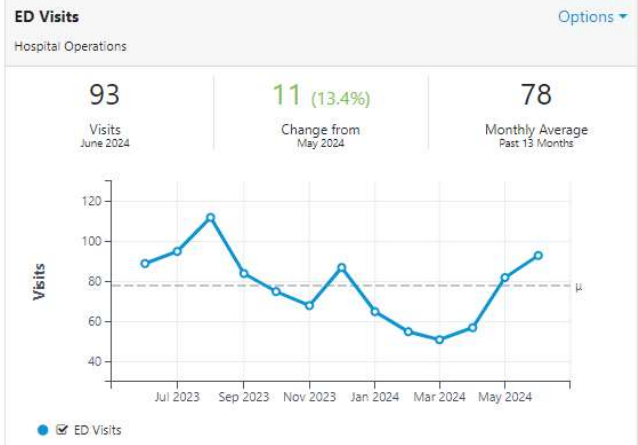
In May, residents enjoyed a delightful outing to the Little Norway festival downtown. Despite the weather, the first picnic of the year on Memorial Day was a resounding success, thanks to a cozy fire and delicious food. We extend our gratitude to the community for their support and the volunteers whose efforts made the event possible.

Residents have relished visits to the KFSK radio station and the Parks and Recreation swimming pool. They've actively participated in hosting a radio show titled "High Country—Listen to Your Elders," where they contribute announcements and select music both remotely and in-person at the station. These activities have been enriching experiences, and we appreciate the support of KFSK and Petersburg Parks and Recreation in accommodating our residents.

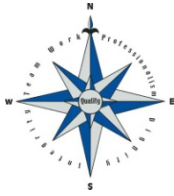
Looking ahead, we're excited to announce Ron Hall's upcoming art show at the Clausen Memorial Museum. Ron, a talented resident, will showcase his canvas and acrylic paintings from July 22nd to 31st, with an Opening Reception on Friday, July 19th at 5pm. Please join us in celebrating Ron's artistic achievements.

Within our facility, residents have been enjoying our new Bingo program, a lively combination of bingo and exercise set to upbeat music. Additionally, there has been a revitalization of the Vespers program, fulfilling a request from our residents, thanks to the Petersburg Ministerial Association's support. Live music remains a highlight with local artists performing weekly. If you're interested in sharing your musical talents, please contact Alice at 907.772.5747 to join our lineup of musical guests.

PMC's Long Term Care continues to thrive with engaging activities and community involvement, making every season special for our residents.



Submitted by: Phil Hofstetter, CEO



# Petersburg Medical Center

## 2024 GRANT PROPOSALS

Updated July 16, 2024

### 5 Grant Awards to Date: \$409,058 in FY25 + \$585,366 over FY26-27

- ◆ **ACF Summer ORCA Camps**  
Provide three day camps for Petersburg youth and launch the first overnight kayak camp for teens.  
1 Year | \$20,000 awarded
- ◆ **PCF Teen Mental Health First Aid**  
Train PMC staff to be certified as facilitators of the evidence-based tMHFA prevention curriculum.  
1 Year | \$9,260 awarded
- ◆ **SBHA School-Based Health Services Grant**  
Partnership to provide School Nurse & Behavioral Health supports for PCSD K-12 students.  
1 Year | \$87,115 awarded  
Will fund: **0.85 FTE** across **3 positions** in Primary Care / BH; and **\$4,148** in PMC indirect costs.
- ◆ **State DPH Division Opioid Settlement Funds Grant**  
Sustain telepsychiatry access pilot program established by PMC's 2023 HRSA grant.  
3 Years | \$142,828 annually  
Will fund: **0.9 FTE** across **3 positions** (PC/BH & Grants Director); and **\$18,630** in PMC indirect costs.
- ◆ **State SDS Division Adult Day Services Grant**  
Support for Cedar Social Club staffing and over \$33K per year in scholarships for participants.  
3 Years | \$149,855 annually  
Will fund: **1.0 FTE** across **4 positions** in Home Health; and **\$13,623** in PMC indirect costs.

### 6 Pending Grant Requests: \$9.7 million, FY25-FY29

- ◆ **Denali Commission Basic Infrastructure Grant**  
New Medical Center & Long Term Care facility remaining costs through Phase 3.  
1 Award | \$2,000,000 total requested – *Pending: decision expected July 2024*
- ◆ **GCI Suicide Prevention Grant**  
Provide outreach materials, workbooks, and supplies for community suicide prevention trainings.  
1 Year | \$7,000 total requested – *Pending: decision expected July 2024*
- ◆ **OASH Community Level Innovations Grant**  
Collaboration to address colorectal cancer and hypertension health disparities.  
4 Years | \$555,600 annually – *Pending: decision expected August 2024*
- ◆ **SAMHSA Strategic Prevention Framework Grant**  
Collaboration to develop community substance use and suicide prevention priorities.  
5 Years | \$375,000 annually – *Pending: decision expected August 2024*

- ◆ **Senate Appropriations Congressionally Directed Funds (Sen. Murkowski)**  
New Medical Center & Long Term Care facility remaining costs through Phase 3.  
1 Award | \$3,000,000 total requested – Pending: decision expected Fall 2024
- ◆ **US Dept. Agriculture Distance Learning and Telemedicine Grant**  
Equipment and software supporting telemedicine & workforce development goals.  
1 Award | \$640,148 total requested – Pending: decision expected August 2024

## 5 Continuing Multi-Year Grant Awards

- ◆ **ACL Communities Deliver & Sustain Evidence-Based Falls Prevention**  
Provides two evidence-based falls prevention programs to older adults, people with disabilities, and others with mobility challenges, both in person and through telehealth; and connects eligible community members with available in-home services & other care at PMC.  
Year 2 of 4 | \$549,327 awarded total  
Currently funding: 0.85 FTE across 3 positions in Community Wellness & Home Health Program housed in: Community Wellness
- ◆ **AHHA Facility-Led Workforce Initiative Funding**  
Provides financial support for Community Wellness youth programs, specifically expansion of summer camps, and behavioral health and wellness supports for PMC personnel.  
Year 2 of 2 | \$52,992 awarded Year 2  
Program housed in: Community Wellness
- ◆ **HRSA Congressionally Directed Spending: Community Project**  
Contributes to New Medical Center & Long Term Care facility sitework and construction costs.  
Awarded 2022 | \$8,000,000 awarded total  
Project housed in: Finance
- ◆ **State DPH Division Community-Based Tobacco Prevention & Control Grant**  
Implements the evidence-based Million Hearts® Change Package for Tobacco Cessation in the PMC health care systems change, by making tobacco cessation a practice and system priority and creating a supportive environment for cessation.  
Year 2 of 3 | \$145,000 per year  
Currently funding: 0.8 FTE across 3 positions in Community Wellness & Clinic; \$13,050 in indirect Program housed in: Primary Care Clinic / Community Wellness
- ◆ **US Department of Treasury Coronavirus Capital Projects Fund Grant**  
Constructs a 19,000 square foot Wellness, Education, and Resource Center (WERC) building adjacent to the New Medical Center & Long Term Care facility, which will include program space enabling community work, education and health monitoring.  
Year 3 of 6 | \$20,000,000 awarded total  
Project housed in: Finance

Submitted by: Katie McKay Bryson, Director Grants, Planning & Evaluation



# ***PETERSBURG MEDICAL CENTER***

## **FINANCIAL REPORTING PACKAGE**

**For the month ended June 30, 2024**

**PETERSBURG MEDICAL CENTER**  
**Key Volume Indicators**  
**FISCAL YEAR 2024**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
1. Clinic Visits	794	821	729	874	784	725	812	772	844	900	1,010	782	9,847	8,953	10.0%
2. Radiology Procedures	206	189	199	262	211	168	183	162	184	224	212	244	2,444	2,576	-5.1%
3. Lab Tests (excluding QC)	1,891	1,959	1,581	1,775	1,514	1,699	1,663	3,111	2,319	1,781	1,707	1,782	22,782	22,581	0.9%
4. Rehab Services Units	1,010	1,054	818	706	636	647	767	812	861	1,073	990	875	10,249	11,084	-7.5%
<i>Physical</i>	831	880	598	522	483	514	597	661	742	901	855	673	8,257		
<i>Occupational</i>	136	137	156	132	125	112	133	105	86	136	135	166	1,559		
<i>Speech</i>	43	37	64	52	28	21	37	46	33	36		36	433		
5. Home Health Visits	212	152	118	142	145	120	114	81	108	122	201	202	1,717	2,858	-39.9%
6. Emergency Room Visits	92	102	81	71	60	82	61	54	45	49	84	91	872	837	4.2%
<i>Hospital Inpatient</i>															
7. Patient Days - Acute	32	32	26	8	40	33	30	21	22	30	19	58	351	334	5.1%
8. Patient Days - Swing Bed	46	31	26	53	49	40	35	11		31	48	85	455	539	-15.6%
9. Patient Days - Total	78	63	52	61	89	73	65	32	22	61	67	143	806	873	-7.7%
10. Average Daily Census - Acute		1.0	0.9	0.3	1.3	1.1	1.0	0.8	0.7	1.0	0.6	1.9	1.0	0.9	14.5%
11. Average Daily Census - Swing Bed	1.5	1.0	0.9	1.7	1.6	1.3	1.1	0.4		1.0	1.5	2.8	1.4	1.5	-8.0%
12. Average Daily Census - Total	2.5	2.0	1.7	2.0	3.0	2.4	2.1	1.1	0.7	2.0	2.2	4.8	2.4	2.4	0.6%
13. Percentage of Occupancy	21.0%	16.9%	14.4%	16.4%	24.7%	19.6%	17.5%	9.5%	5.9%	16.9%	18.0%	39.7%	20.0%	19.9%	0.6%
<i>Long Term Care</i>															
14. LTC Days	403	411	420	462	450	444	413	354	372	360	355	319	4,776	4,519	5.7%
15. Average Daily Census	13.0	13.2	14.0	14.9	15.0	14.3	13.4	13.0	12.1	12.0	11.5	10.6	14.3	12.4	15.2%
16. Percentage of Occupancy	86.7%	88.2%	93.3%	99.1%	100.0%	95.5%	89.0%	86.7%	80.9%	80.0%	76.3%	70.9%	95.0%	82.5%	15.2%

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

Month Actual	Month Budget	\$ Variance	% Variance		FY24					
					YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
				<i>Gross Patient Revenue:</i>						
261,642	301,824	(40,182)	-13.3%	1. Clinic	\$3,170,770	\$3,492,400	(\$321,630)	-9.2%	\$2,994,085	5.9%
1,085,749	1,256,738	(170,989)	-13.6%	2. Outpatient	12,677,617	15,210,334	(2,532,717)	-16.7%	12,953,601	-2.1%
748,168	376,909	371,260	98.5%	3. Inpatient	4,077,531	4,522,901	(445,370)	-9.8%	3,803,813	7.2%
477,367	529,481	(52,114)	-9.8%	4. Long-term Care	6,351,176	6,353,772	(2,596)	0.0%	5,476,943	16.0%
55,585	68,381	(12,796)	-18.7%	5. Home Health	\$514,317	\$820,572	(\$306,255)	-37.3%	\$677,529	-24.1%
<u>2,628,511</u>	<u>2,533,332</u>	<u>95,179</u>	<u>3.8%</u>	6. <b>Total gross patient revenue</b>	<u>26,791,411</u>	<u>30,399,979</u>	<u>(3,608,568)</u>	<u>-11.9%</u>	<u>25,905,972</u>	<u>3.4%</u>
				<i>Deductions from Revenue:</i>						
59,323	495,850	436,527	88.0%	7. Contractual adjustments	4,604,947	5,950,195	1,345,248	22.6%	5,945,794	22.6%
163,837	0	(163,837)	n/a	8. Prior year settlements	(501,026)	0	501,026	n/a	(82,045)	-510.7%
89,451	17,670	(71,781)	-406.2%	9. Bad debt expense	131,832	212,039	80,207	37.8%	(324,404)	-140.6%
8,485	82,998	74,512	89.8%	10. Charity and other deductions	(8,408)	995,972	1,004,380	100.8%	454,697	101.8%
<u>321,096</u>	<u>596,517</u>	<u>275,420</u>	<u>46.2%</u>		<u>4,227,345</u>	<u>7,158,206</u>	<u>2,930,861</u>	<u>40.9%</u>	<u>5,994,042</u>	<u>29.5%</u>
<u>2,307,415</u>	<u>1,936,816</u>	<u>370,599</u>	<u>19.1%</u>	11. <b>Net patient revenue</b>	<u>22,564,065</u>	<u>23,241,773</u>	<u>(677,708)</u>	<u>-2.9%</u>	<u>19,911,929</u>	<u>13.3%</u>
				<i>Other Revenue</i>						
82,508	83,834	(1,326)	-1.6%	12. Inkind Service - PERS/USAC	990,792	1,006,029	(15,237)	-1.5%	984,002	0.7%
157,555	33,989	123,566	363.5%	13. Grant revenue	776,230	407,868	368,362	90.3%	1,520,391	-48.9%
0	27,971	(27,971)	-100.0%	14. Federal & State Relief	75,000	335,647	(260,647)	-77.7%	302,856	-75.2%
52,167	29,166	23,001	78.9%	15. Other revenue	432,342	350,000	82,342	23.5%	1,127,204	-61.6%
<u>292,231</u>	<u>174,960</u>	<u>117,271</u>	<u>67.0%</u>	16. <b>Total other operating revenue</b>	<u>2,274,363</u>	<u>2,099,544</u>	<u>174,819</u>	<u>8.3%</u>	<u>3,934,453</u>	<u>-42.2%</u>
<u>2,599,645</u>	<u>2,111,775</u>	<u>487,870</u>	<u>23.1%</u>	17. <b>Total operating revenue</b>	<u>24,838,429</u>	<u>25,341,317</u>	<u>(502,888)</u>	<u>-2.0%</u>	<u>23,846,382</u>	<u>4.2%</u>
				<i>Expenses:</i>						
900,284	1,023,077	122,793	12.0%	18. Salaries and wages	11,236,272	12,276,915	1,040,643	8.5%	11,762,772	4.5%
215,652	68,538	(147,114)	-214.6%	19. Contract labor	1,325,524	824,314	(501,210)	-60.8%	791,907	-67.4%
359,822	370,953	11,130	3.0%	20. Employee benefits	4,200,597	4,451,431	250,834	5.6%	4,205,521	0.1%
118,419	147,411	28,992	19.7%	21. Supplies	1,594,048	1,768,927	174,879	9.9%	1,658,823	3.9%
99,180	146,849	47,669	32.5%	22. Purchased services	1,460,527	1,762,188	301,661	17.1%	1,702,995	14.2%
34,173	50,798	16,625	32.7%	23. Repairs and maintenance	548,169	609,571	61,402	10.1%	588,187	6.8%
53,294	14,468	(38,827)	-268.4%	24. Minor equipment	264,037	173,609	(90,428)	-52.1%	170,048	-55.3%
30,607	21,850	(8,757)	-40.1%	25. Rentals and leases	263,130	262,209	(921)	-0.4%	251,764	-4.5%
82,386	93,206	10,820	11.6%	26. Utilities	1,061,164	1,118,473	57,309	5.1%	1,106,240	4.1%
5,574	12,203	6,629	54.3%	27. Training and travel	114,719	146,436	31,717	21.7%	78,832	-45.5%
97,427	88,976	(8,451)	-9.5%	28. Depreciation	1,145,947	1,067,714	(78,233)	-7.3%	1,128,580	-1.5%
15,826	16,419	593	3.6%	29. Insurance	191,822	197,034	5,212	2.6%	178,389	-7.5%
31,796	33,194	1,398	4.2%	30. Other operating expense	421,295	398,336	(22,959)	-5.8%	368,430	-14.3%
<u>2,044,441</u>	<u>2,087,940</u>	<u>43,499</u>	<u>2.1%</u>	31. <b>Total expenses</b>	<u>23,827,251</u>	<u>25,057,157</u>	<u>1,229,906</u>	<u>4.9%</u>	<u>23,992,488</u>	<u>0.7%</u>
<u>555,205</u>	<u>23,835</u>	<u>531,369</u>	<u>-2229.4%</u>	32. <b>Income (loss) from operations</b>	<u>1,011,177</u>	<u>284,160</u>	<u>727,017</u>	<u>-255.8%</u>	<u>(146,106)</u>	<u>792.1%</u>
				<i>Nonoperating Gains(Losses):</i>						
28,689	8,334	20,355	244.3%	33. Investment income	422,813	100,000	322,813	322.8%	322,360	31.2%
(11,115)	(4,167)	(6,948)	-166.7%	34. Interest expense	(139,542)	(50,000)	(89,542)	-179.1%	(222,079)	37.2%
0	0	0	n/a	35. Gain (loss) on disposal of assets	0	0	0	n/a	-	n/a
(27,613)	912	(28,524)	-3129.4%	36. Other non-operating revenue	8,395,058	10,000	8,385,058	83850.6%	(224,299)	-3842.8%
<u>(10,038)</u>	<u>5,078</u>	<u>(15,116)</u>	<u>-297.7%</u>	37. <b>Net nonoperating gains (losses)</b>	<u>8,678,329</u>	<u>60,000</u>	<u>8,618,329</u>	<u>14363.9%</u>	<u>(124,018)</u>	<u>7097.6%</u>
<u>\$545,166</u>	<u>\$28,913</u>	<u>\$516,253</u>	<u>1785.5%</u>	38. <b>Change in Net Position (Bottom Line)</b>	<u>\$9,689,506</u>	<u>\$344,160</u>	<u>\$9,345,346</u>	<u>2715.4%</u>	<u>(\$270,124)</u>	<u>3687.1%</u>

## PETERSBURG MEDICAL CENTER

## Balance Sheet

June, 2024

ASSETS					LIABILITIES & FUND BALANCE	FY24			
	June 2024	May 2024	June 2023	June 2023		June 2024	May 2024	June 2023	June 2023
<b>Current Assets:</b>					<b>Current Liabilities:</b>				
1. Cash	356,249	775,173	422,951	422,951	23. Accounts payable	\$3,255,929	\$4,589,632	\$1,756,006	\$1,756,008
2. Cash - insurance advances	0	0	0	0	24. Accrued payroll	240,920	173,111	187,957	187,957
3. Investments	1,057,873	1,053,150	47,174	47,174	25. Payroll taxes and other payables	236,514	213,441	235,857	235,857
4. Total cash	1,414,122	1,828,323	470,125	470,125	26. Accrued PTO and extended sick	1,018,401	1,025,767	1,069,103	1,069,103
5. Patient receivables	6,821,298	6,187,057	6,030,712	6,030,712	27. Deferred revenue	152,525	335,047	206,868	206,868
6. Allowance for contractals & bad debt	(2,363,151)	(2,263,471)	(2,891,731)	(2,891,731)	28. Due to Medicare	160,798	299,999	99,999	99,999
7. Net patient receivables	4,458,147	3,923,586	3,138,980	3,138,980	29. Due to Medicare - Advance	0	0	0	0
8. Other receivables	2,231,342	2,642,817	938,719	938,719	30. Due to Blue Cross - Advance	0	0	0	0
9. Inventories	319,404	325,595	317,650	317,650	31. Other current liabilities	4,145	4,022	3,069	3,069
10. Prepaid Expenses	161,762	144,623	113,382	113,382	32. Loan Payable - SBA	0	0	0	0
11. Total current assets	8,584,777	8,864,945	4,978,857	4,978,857	33. Current portion of long-term debt	618,244	400,966	347,641	347,641
<b>Property and Equipment:</b>					34. Total current liabilities	5,687,477	7,041,983	3,906,501	3,906,503
12. Assets in service	28,601,075	28,602,955	28,056,475	28,056,475	<b>Long-Term Debt:</b>				
13. Assets in progress	9,368,246	9,694,031	1,322,767	1,322,767	35. Capital leases payable	2,283,594	2,153,235	2,435,762	2,435,762
14. Total property and equipment	37,969,321	38,296,986	29,379,242	29,379,242	<b>Pension Liabilities:</b>				
15. Less: accumulated depreciation	(22,298,956)	(22,201,529)	(21,153,009)	(21,153,009)	36. Net Pension Liability	16,521,607	16,521,607	12,053,763	12,053,763
16. Net property and equipment	15,670,365	16,095,457	8,226,233	8,226,233	37. OPEB Liability	-	-	-	-
<b>Assets Limited as to Use by Board</b>					38. Total pension liabilities	16,521,607	16,521,607	12,053,763	12,053,763
17. Investments	3,337,912	3,316,185	3,008,055	3,008,055	39. Total liabilities	24,492,678	25,716,825	18,396,026	18,396,028
18. Building fund	724,158	719,607	649,250	649,250	<b>Deferred Inflows:</b>				
19. Total Assets Limited as to Use	4,062,069	4,035,792	3,657,306	3,657,306	40. Pension	623,594	623,594	9,613,036	9,613,036
<b>Pension Assets:</b>					<b>Net Position:</b>				
20. OPEB Asset	6,685,608	6,685,608	8,781,677	8,781,677	41. Unrestricted	2,751,845	610,104	610,104	610,104
<b>Deferred Outflows:</b>					42. Current year net income (loss)	9,689,507	11,286,082	(218,841)	(218,841)
21. Pension	2,554,803	2,554,803	2,756,254	2,756,254	43. Total net position	12,441,351	11,896,185	391,263	391,262
<b>22. Total assets</b>	<b>\$37,557,622</b>	<b>\$38,236,605</b>	<b>\$28,400,326</b>	<b>\$28,400,326</b>	<b>44. Total liabilities and fund balance</b>	<b>\$37,557,622</b>	<b>\$38,236,604</b>	<b>\$28,400,325</b>	<b>\$28,400,326</b>

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

**PETERSBURG MEDICAL CENTER**  
**Key Operational Indicators**  
For the month ended June 30, 2024

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Contractual Adj. as a % of Gross Revenue	37.9%	25.1%	15.9%	23.4%	9.1%	20.9%	15.7%	12.2%	-0.8%	21.3%	22.6%	2.3%	21.3%	20.6%	-3.7%
2. Charity/Other Ded. as a % of Gross Revenue	1.0%	0.0%	0.0%	-0.4%	-0.7%	-0.2%	-0.3%	0.0%	-0.1%	-0.4%	0.3%	0.3%	-0.1%	1.1%	107.9%
3. Bad Debt as a % of Gross Revenue	-13.2%	-0.1%	-9.2%	5.1%	-11.3%	2.6%	6.1%	1.1%	11.7%	3.7%	5.1%	3.4%	-2.8%	2.5%	-212.3%
4. Operating Margin	-3.3%	-2.0%	4.6%	-23.3%	41.4%	-12.5%	0.4%	4.0%	-0.7%	-10.6%	-3.5%	21.4%	4.5%	-10.2%	144.1%
5. Total Margin	-0.1%	10.0%	17.6%	-19.4%	51.5%	28.4%	8.4%	22.3%	35.2%	48.0%	54.7%	21.1%	18.8%	-10.6%	276.6%
6. Days Cash on Hand (Including Investments)	79.7	74.8	69.7	69.1	68.0	73.8	73.5	76.9	100.7	104.0	98.4	91.6	98.4	81.3	-23.7%
7. Days in A/R (Net)	58.5	62.8	61.9	59.7	56.1	58.2	61.0	67.5	59.8	62.0	68.5	70.9	68.5	61.9	0.2%
8. Days in A/R (Gross)	70.5	70.0	71.0	71.9	76.9	77.3	83.4	76.9	75.9	79.2	84.7	85.4	84.7	94.7	19.0%