



**Petersburg Borough  
Petersburg Medical Center**

**Meeting Agenda  
Hospital Board  
Regular Meeting**

12 South Nordic Drive  
Petersburg, AK 99833



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Thursday, September 25, 2025

5:30 PM

Assembly Chambers

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

<https://us06web.zoom.us/j/81490380574?pwd=eizDvzsgR73oGc2ywhlcQfkueOaOpL.1>

Webinar ID: 814 9038 0574

Passcode: 090154

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

- A. Call to Order
- B. Roll Call

**2. Approval of the Agenda**

- A. Approval of September 25, 2025, Hospital Board Agenda

**3. Approval of Board Minutes**

- A. Approval of August 28, 2025, Hospital Board Meeting Minutes

**4. Visitor Comments**

**5. Board Member Comments**

**6. Committee Reports**

- A. Resource
- B. LTC Quality
- C. CAH Quality
- D. Infection Prevention Quality

**7. Reports**

- A. Pharmacy
- E. Kubo provided a written report.

- B.** Rehab Department  
B. McMahon provided a written report.
- C.** Plant Maintenance  
W. Brooks provided a written report.
- D.** Environmental Services  
G. Edfelt provided a written report.
- E.** New Facility  
J. Wetzel/ Arcadis provided a written report.
- F.** Quality & Infection Prevention  
S. Romine and R. Kandoll provided written reports.
- G.** Executive Summary  
CEO P. Hofstetter provided a written report.
- H.** Financial  
J. McCormick provided a written report.

## **8. Old Business**

## **9. New Business**

## **10. Next Meeting**

- A.** Next meeting scheduled for October 30th, 2025, at 5:30pm in the Borough Chambers.

## **11. Executive Session**

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

## **12. Adjournment**



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

12 South Nordic Drive  
 Petersburg, AK 99833

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



Thursday, August 28, 2025

5:30 PM

Assembly Chambers

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

A. Call to Order

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

B. Roll Call

**PRESENT**

Board President Jerod Cook  
 Board Vice President Cindi Lagoudakis  
 Board Secretary Marlene Cushing  
 Board Member Heather Conn  
 Board Member Kimberley Simbahon  
 Board Member Joe Stratman  
 Board Member Jim Roberts

**2. Approval of the Agenda**

A. Approval of August 28, 2025, Hospital Board Meeting Agenda

Motion made by Board Vice President Lagoudakis to approve August 28, 2025 Hospital Board Meeting Agenda, Seconded by Board Member Roberts. Voting Yea: Board President Cook, Board Member Conn, Board Secretary Cushing, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

**3. Approval of Board Minutes**

A. Approval of the July 24, 2025, Hospital Board Minutes

Motion made by Board Member Roberts to approve July 24, 2025, Hospital Board Minutes, Seconded by Board Vice President Lagoudakis. Voting Yea: President Cook, Board Member Conn, Board Secretary Cushing, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

**4. Visitor Comments**

None.

**Note:** Following the conclusion of the public comment period, an individual entered the meeting room and requested to provide additional comment. The Board Chair stated the public comment period had closed. The individual submitted a document directly to the CEO. No further action was taken by the Board.

## 5. Board Member Comments

Board Vice President Cindi Lagoudakis commented on emergency preparedness and working together with Borough for updated process.

## 6. Committee Reports

### A. Resource

Board Vice President Lagoudakis reported:

The Resource committee reviewed the financials, which continue to reflect strong operations. We are now operating under the new budget approved in July, and as expected, summer has been a busy season. Emergency visits are trending higher than typical, and there remain patients awaiting placement in long-term care.

Expenses are running slightly below budget, even with the timing of annual physician bonuses and new utility costs for the recently opened work building. Utility expenses are expected to increase as the facility becomes fully occupied. A reduction in contract labor has helped offset other costs, leaving us in a stable position overall.

Annual insurance premiums were paid in June, as was the state's pension program resolution. Both of these were reflected in July's financial statement. With these items behind us, August is projected to close in a more favorable position.

On the contracting side, we recently completed negotiations with Primera Blue Cross Blue Shield and are continuing discussions with Aetna.

Grant funding presented some challenges in August due to state computer system changes that delayed payments. Through negotiations, we were able to avoid late vendor fees during this period.

Investments had another strong month, though we are mindful of potential changes in future market conditions.

In terms of planning and development, we are completing the Certificate of Need paperwork and will be updating the facilities needs assessment for the current hospital building. We are also beginning work on the next logical phases of new hospital construction, with particular focus on long-term care. Our thinking has shifted toward building a hospital campus model, rather than relying on a single, partially funded building intended to house everything. In addition, our grant writer will be pursuing training and exploring opportunities related to rural professional housing.

### B. LTC

Board Secretary Cushing reported on LTC Quality:

Long Term Care Quality committee held a work session to review the recent state and federal inspection of Long Term Care. These inspections are always unannounced and comprehensive, covering all aspects of patient care, facility standards, and regulatory compliance. Staff should be very proud of the care they provide—inspectors had to look extremely closely to find even minor items for their checklist, and none were related to the quality of care our residents receive. Inspectors also interviewed residents during the visit, further confirming the positive environment and care being delivered.

Board Member Joe Stratman also reported on the July 16th Long Term Care Committee meeting, which he attended but had not been able to report on at the previous board meeting. At that meeting, the committee reviewed action items, including the active policy list, which is close to completion. They also discussed the polypharmacy reduction project, which successfully removed unused medications, and confirmed that long-term care medication reconciliation had been resolved. In addition, Phil presented the incident reports, noting there were very few. The Chief Nursing Officer and Infection Control provided updates, including measures taken to address influenza A, which were effective in preventing its spread. Finally, the Therapy and Rehab report included discussion of ongoing efforts to recruit an occupational therapist.

#### C. CAH

Board Member Stratman reported on CAH Quality:

The Critical Access Hospital Quality committee was provided with several general updates, including ongoing generator issues, progress on various action items, and the sewer line plan. An agreement has been reached with Bettisworth North to complete a facility assessment. In addition, Cerner training is scheduled for September.

The committee also revisited the active policy list, noting that the table of contents has been distributed to managers for their review and comment. Several reports were reviewed, including incident reports, which showed a decline in June compared to May, with only a couple of incidents reported so far in July. The Skilled Nursing report highlighted the initiation of a new immunization program.

### 7. Reports

- A. Information Technology/ EHR  
J. Dormer provided written report.
- B. Materials Management  
M. Randrup provided a written report.
- C. Medical Records  
K. Randrup provided a written report.

- D. Nursing  
DON, J. Bryner provided a written report.
- E. Activities  
A. Neidiffer provided a written report.
- F. New Facility  
J. Wetzel provided a written report.

Board Vice President Lagoudakis noted that staff appear to be enjoying the new space and that it seems to be working well for everyone. She shared that during an earlier tour she saw the area prior to office occupancy, and now with staff moved in, the space is functioning successfully.

Justin with Arcadis reported that all permitting has been completed for the Wellness Drive extension to Excel. Contractor pricing has been negotiated, and the project is within budget. Work is scheduled to begin the first week of September. Progress on the hospital retaining wall continues, with the footer poured and wall forming and pouring planned over the next couple of weeks. A delineation fence with privacy screening will also be installed to create a finished look, provide separation for future hospital construction, and support future access planning. Existing grant funds are being fully utilized to advance the project.

- G. Quality and Infection Prevention  
S. Romine and R. Kandoll provided written reports.
- H. Executive Summary  
CEO, Phil Hofstetter, provided a written report with attachments.

CEO, P. Hofstetter reported: focus on transitioning into the new WERC building, with departments beginning a soft opening. Staff engagement includes scheduled weekly meetings to address workflows and processes, while IT and Facilities have been working intensively to support the move. Public communication has included tours for media and community partners, with more to come as spaces like the community computer room become operational. The MRI Certificate of Need remains in process with minor follow-up requested. Challenges remain with staff working across two campuses, but communication strategies are being strengthened. Recent tours included the SEAPA board and Alaska Hospital & Healthcare Association CEO Jared Kosin, who spoke highly of PMC and Petersburg. Patient volumes remain stable overall, with strong ER activity and slightly lower swing bed/inpatient census following an extended period of high volumes. Specialty clinics continue, with ENT, optometry, and dermatology scheduled this fall, and planning underway for additional services. Staff also completed a timely and thorough proposal for the state's Healthcare Transformation Fund RFI, positioning PMC for future phased development, including potential long-term care facilities. Bettisworth North conducted an updated facility assessment in August, with results forthcoming.

Board Member Conn asked about Dr. Justin Morgan's departure date and was informed it will be mid-November. Recruiting efforts for his replacement underway.

## I. Financial

CFO, Jason McCormick provided a written report.

J. McCormick reported clinic visits in July were slightly lower than the prior year, with 790 visits compared to 833. Radiology procedures were consistent at 253, while lab tests were down approximately 100 from last year. Rehab services also decreased, though home health visits increased significantly. Emergency Department volumes were strong with 102 visits in July, slightly above the typical summer range of 90–100. Hospital days were 12, compared to 34 last year, and swing bed days totaled 54, down from 113. Long-term care census increased to 426, up from 372 in July 2024.

Gross revenues were slightly below budget at \$2.73 million versus a budget of \$2.77 million. Total operating revenues came in \$73,000 under budget, offset in part by higher-than-expected grant revenue (\$30,000 above budget) and 340B income. Operating expenses were under budget by \$6,648, though payroll was higher due to bonuses. Operating income for the month was \$98,000, which is \$67,000 below budget. Importantly, this represents the first month of operations in the new building, with depreciation and utility costs included—and those costs are being fully covered.

Capital grants continue to provide strong support, with \$1.3 million recognized in July. Total cash remains strong despite a \$300,000 insurance premium payment, with \$2.9 million in cash and short-term investments and \$4.5 million in long-term investments. Accounts payable are current, with only minor construction-related items outstanding.

Key financial ratios remain stable. Days cash on hand decreased to 98 (from 117 in June) due to the insurance payment, but this is expected to rebound. Gross days in AR are at 82, with ongoing efforts to reduce to the 70s. Days in accounts payable are favorable at 26.

Looking ahead, the Rural Healthcare Stabilization and Transformation Fund—a \$50 billion federal program allocating approximately \$1 billion per state—will present significant funding opportunities beginning around 2026. PMC is well-positioned, with a strong vision and shovel-ready projects that align with anticipated priorities.

## 8. Old Business

None

## 9. New Business

None.

## 10. Next Meeting

Next meeting scheduled for September 25th, 2025, at 5:30pm in Assembly Chambers.

## 11. Executive Session

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

Motion made by Board Member Stratman to enter into Executive Summary to consider medical staff appointment and reappointments, discuss legal concerns, and conduct the

annual CEO Evaluation, Seconded by Board Member Roberts. Voting Yea: Board President Cook, Board Member Conn, Board Secretary Cushing, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

Reconvened post Executive Session.

Motion made by Board Secretary Cushing to appoint/reappoint Joshua Sonkiss, MD, Stephen Thiede, MD Radiology, Bernardo Isuani, MD Radiology, Jon Ekstrom, MD Radiology, Justin Morgan, MD, George Leonard, MD, John Campbell, MD, Ryan Tade, MD Radiology, Jessica Bianco, DMD, Pediatric Dentist, and our Telemed providers; Claire Creutzfeldt, MD, Ariell Davis, MD, Rizwan Kalani, MD, Sandeep Khot, MD, David Tirschwell, MD, Jonathan Weinstein, MD, Breana Taylor, MD, Natalie Weathered, MD, Ryan Kiser, MD, Hope Opara, MD, Alison Seitz, MD, and Vivian Yang, MD. Seconded by Board Member Stratman. Voting Yea: Board President Cook, Board Member Conn, Board Secretary Cushing, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts

## **12. Adjournment**

Motion made by Board Member Roberts to adjourn, Seconded by Board Vice President Lagoudakis. Voting Yea: Board President Cook, Board Member Conn, Board Secretary Cushing, Board Vice President Lagoudakis, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

Meeting adjourned at 7:09PM.





**Petersburg**  
MEDICAL CENTER

## Pharmacy Report September 2025

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### **Workforce Wellness**

Staff is primarily Elise, with some assistance from Jolyn.

We have two contract pharmacists, one at Rexall and one remote. Our local pharmacist makes site visits for quarterly controlled counts and making prepacks as needed. The most recent quarterly count was conducted on 8/22/25.

### **Community Engagement**

### **Patient Centered Care**

We've recently switched from insulin vials to pens, so each patient has their own insulin and it doesn't stay in the refrigerator after a patient is discharged. It has increased the safety of our insulin administration process.

### **Facility**

We plan to purchase some Pyxis units, both for controlled medications and for current and frequently used medications.

### **Financial Wellness**

PMC and Rexall are both now using the 340B program. We are saving money through the program. We recently had our first audit of our use of the program, and it went well.

**Submitted by:** Elise Kubo

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## Rehabilitation Report April 2025

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### **Workforce Wellness**

Our staff is happy to welcome new permanent members, Nichole Whitney, DPT, and Nate Missler, OTR/L, CHT, to our team alongside our current permanent staff including one PT, one SLP, a part-time PTA, receptionist, and LTC Mobility Program CNA. We have 2 additional travel PTs to help with caseload and continue to work toward building fully permanent staff.

### **Community Engagement**

As a team, we work closely with Home Health nursing for collaboration on patients, as well as LTC staff for continuation of our Mobility Programs for each resident. We are working towards improved communication with the Petersburg School District for more cohesive care of our pediatric patients and are currently designing an Injury Prevention Program to be presented to Petersburg High School girls' basketball team this winter.

### **Patient Centered Care**

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

### **Facility**

The rehabilitation department does continue to struggle with space constraints. Having patients within close quarters can negatively impact focus, treatment, and privacy. However, as employees move to the WERC building, space is being opened for creating a second gym space, which will improve patient comfort and satisfaction.

### **Financial Wellness**

We are optimistic about our rehabilitation budget this year with the addition of more permanent therapists. We will continue to search for permanent PTs to fulfill our staff needs, however this is a challenge. Hiring traveling therapists is costly and time consuming for all departments to orient new staff as frequently as we currently do. We are getting closer to a fully permanent staff, which when we achieve it, will be beneficial both financially as well as for continuity of care for our community.

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

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## Facilities Maintenance Report September 2025

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### **Workforce Wellness**

The Facilities Department recently hired a third full-time team member, which is an exciting step forward for our hospital. This additional staffing strengthens our ability to manage daily operations, respond to emergencies, and keep up with preventive maintenance. Historically, our small team has faced challenges with coverage and workload, but this new hire will help to improve balance, morale, and retention.

### **Community Engagement**

We recently launched a new maintenance ticketing system that allows staff to easily submit and track work requests. Over time, this system will expand to allow community members and outside stakeholders to submit requests as well, improving transparency and collaboration. In addition, the Facilities team takes pride in keeping the hospital looking welcoming and well-maintained so that patients, families, and visitors feel comfortable and respected when they walk through our doors. These efforts ensure that the hospital remains not only functional but also a place the community can be proud of.

### **Patient Centered Care**

Although Facilities does not interact directly with patients, our work has a significant impact on their safety and comfort. By keeping systems reliable, sanitary, and functional, we support uninterrupted patient care. This includes behind-the-scenes efforts to keep heating, cooling, water, and medical support infrastructure stable, which in turn ensures that patients can receive care in a safe and supportive environment.

### **Facility**

Much of our focus continues to be on the condition of our critical infrastructure. Recently, a 4” cast iron drain line failed, and the pipe was so deteriorated that staff could push a finger through the bottom of it. The most likely culprits for this deterioration are both the age of the system and decades of caustic drain cleaner use. In addition to drain lines, we are regularly repairing leaks in our domestic water supply and even in our heating system. These ongoing challenges highlight the fragility of our building infrastructure and the need for constant attention to keep systems functioning.

The new WERC building has been a welcome addition, offering improved space for storage, offices, and services. However, as with any new facility, there have been adjustments and troubleshooting required on the maintenance side to ensure systems operate as expected. Overall, this addition has been positive, but it has also expanded our workload.

### **Financial Wellness**

The Facilities Department does not generate income directly for the hospital, but our role is to support every other department by maintaining safe, reliable infrastructure. We focus on resourcefulness, creative problem-solving, and efficient use of budgeted funds to minimize downtime and repair costs. At this time, there are no major unplanned expenses, though we remain vigilant given the age of many of our systems.

**Submitted by:** Wolf Brooks

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## Environmental Services Board report September 2025

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### **Workforce Wellness**

The EVS team has seen growth this year with the addition of a few new employees, including one who has joined the afternoon shift. This has helped balance workloads across shifts and improved coverage in key areas. While we did experience challenges earlier in the year with staffing shortages—an issue that has historically impacted EVS—it now appears that we are moving into a more stable staffing phase. This has been an encouraging trend for team morale, retention, and the ability to consistently meet our goals.

### **Community Engagement**

The EVS department continues to play a visible and meaningful role in community engagement. Our team frequently interacts with staff across departments, reinforcing collaboration and supporting shared hospital goals. We also represent PMC in community-facing ways—such as preparing facilities for public events, ensuring common spaces are welcoming to visitors, and maintaining a safe and clean environment for patients' families. These efforts demonstrate our commitment to being an integral part of both the hospital's operations and the Petersburg community.

### **Patient Centered Care**

Patient-centered care remains at the core of the EVS mission. Our work directly impacts the health, safety, and comfort of patients who reside in the hospital, particularly in long-term care. The team takes pride in creating clean, safe, and welcoming environments that support recovery, protect vulnerable populations from infection, and contribute to overall quality of care. By maintaining close communication with clinical staff, we ensure that cleaning workflows are aligned with patient care needs and minimize disruption to daily routines.

### **Facility**

The opening of the new WERC building has provided much-needed storage space for EVS supplies, improving organization and workflow. However, it also represents an additional facility that now falls under EVS responsibility. This has added to our daily workload and requires ongoing planning to balance resources effectively. Despite this, the team has adapted well and is maintaining high standards across all hospital buildings.

### **Financial Wellness**

The EVS department is on track with its budget and no major unplanned expenses are expected at this time. Budget planning included the onboarding of additional staff, and these positions have been successfully integrated into operations. We continue to seek ways to improve efficiency, conserve resources, and stretch supplies without compromising quality. Currently, no additional financial support is requested.

**Submitted by:** Grazel Edfelt

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**Petersburg**  
MEDICAL CENTER

 **ARCADIS**

## **New Facility Construction Report September 2025**

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### **Sitework**

The Wellness Drive continuation to Excel has begun on schedule and is currently being excavated by Rock N' Road via Dawson; the total duration is estimated at three weeks. Exterior improvements, including a black screened fence to create delineation between the WERC building and the future Hospital site, are being installed. Landscaping has also started with the importation of trees and vegetation in parallel with the local re-transplant. Trees from the excavation of Wellness to Excel will be harvested and repurposed to the greatest extent the WERC project site on the West.

### **WERC Building**

Dawson is about 50% complete with the addition of the service yard retaining wall. The MRI Addition was completed on schedule by the end of August, but delays with the regeneration and setup of the electric system have postponed the magnet from being in a fully operational state. Additionally, Siemens had issues with the cooling lines from SOU 1&2. The magnet should be fully operational by mid-October, and there is also coordination happening on an added UPS system, not determined if it's required yet.

The generator load bank was installed after it was delayed due to long lead procurement issues. The generator has now been tested and is fully operational. Some issues did come up with the server UPS systems, and the magnet needed to be reset due to software internal to the power conditioner; resolution for these issues is currently ongoing.

Furniture, Fixtures, and Equipment (FF&E) have been installed; there are a few items that were extremely long lead that are going to show up and be installed toward the end of September and before mid-October.

### **New Hospital Design**

Remaining HRSA funds saved during Construction and from efficiency with the execution of the project to revise the Hospital design, specifically creating 2 more Phases of building construction: Phase 2, the Long-Term Care (LTC), and Phase 3, the Hospital. Next steps will be to work on a Concept Design for the Long-Term Care building. The kick-off meetings for this should start in late October 2025.

### **Upcoming Construction Activities**

- September – Landscaping, Fencing, Retaining Wall, Wellness Drive to Excel Road
- October – Fencing, Monument Sign, Completion of the WERC building, and Wellness Drive to Excel Road

### **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

### **Retaining Wall at Service Yard and Landscaping Features**



**Wellness Drive to Excel Excavation in Progress**



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





## Quality Report September 2025

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### **Workforce Wellness**

I had the opportunity to attend NAHQ Next, a virtual conference put on by the National Association of Healthcare Quality. This educational opportunity provided excellent live and on-demand sessions related to leadership, healthcare quality, and safety from industry and agency leaders. <https://nahq.org/next/>

### **Community Engagement**

Remote/Zoom 'Tai Ji Quan: Moving for Better Balance' will be offered starting October 13<sup>th</sup>. This will run twice weekly for 24 weeks over the winter and is offered to all community members as an evidence-based fall prevention program. Technical assistance and equipment are available to decrease barriers to attendance.

A second community member has been recruited to take part in the CAH Quality Committee Meetings and review process. Community involvement adds a valuable perspective to quality improvement efforts.

### **Patient Centered Care**

The Home Health team met to discuss quality improvement priorities for the next quarter. Current focuses include increasing collection of patient feedback, improving clinical documentation, and continuing to improve interdepartmental communication for care transitions. Home health staff continue to work on documenting processes and cross training to increase departmental resilience and enhance workforce wellness.

We have implemented a team approach Root Cause Analysis (RCA) process to analyze high priority facility events at a system level. The interdisciplinary approach is recommended to increase identification of areas for learning and improvement within the organization. The primary goal of conducting an RCA is to improve systems, processes, and communication to increase patient safety, positive outcomes, and satisfaction. The piloted approach includes action planning, implementation, and monitoring for effectiveness and lasting positive change.

### **Facility**

Most departments within PMC will be reporting to the Quality Committees this month. On the 17<sup>th</sup> the LTC & CAH Quality Committee and the Infection Prevention & Control Committee will meet to review facility measures, action items, and ongoing initiatives and projects.

A Life Safety Code survey including Emergency Preparedness was conducted by the State the week of August 25<sup>th</sup>.

### **Financial Wellness**

No new updates in this area.

**Submitted by:** Stephanie Romine, RN

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Infection Prevention Board Report September 2025

Workforce Wellness

I am the Infection Preventionist for PMC.

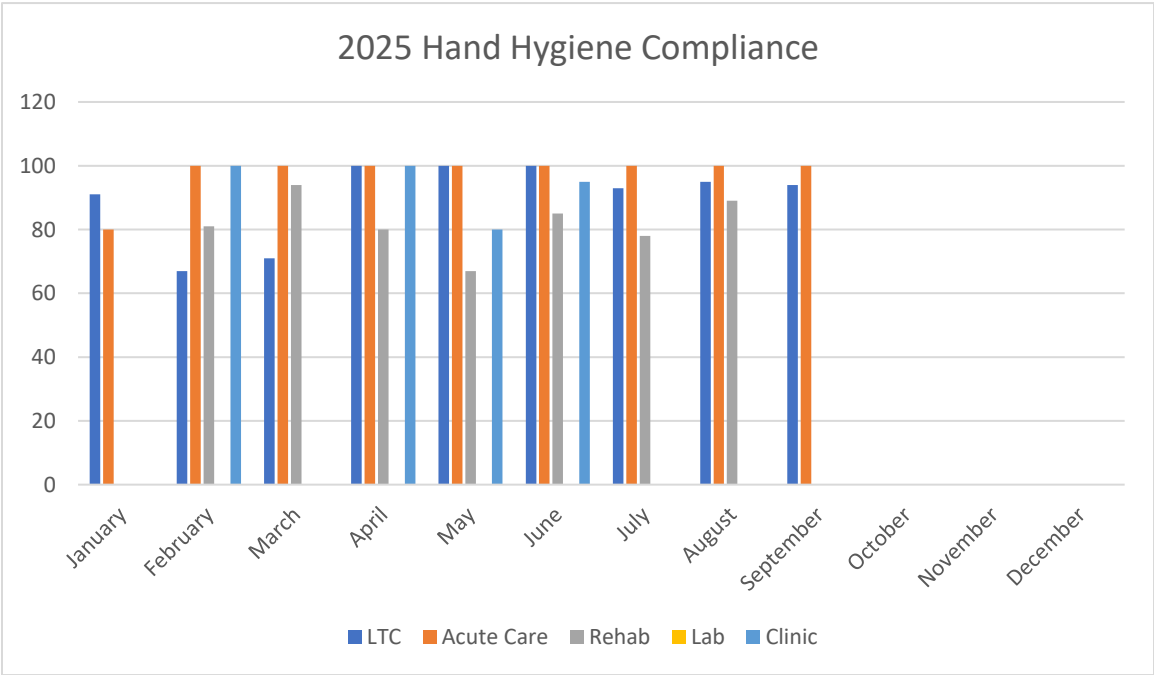
Community Engagement

I work with many different departments at PMC to ensure compliance with regulations. Last month in Environment of Care Rounds, our team of nursing, EVS, and management focused on the Clinic area. This month we will turn our focus to PMC’s water pipes and sinks.

I continue to work on improving our hand hygiene practices in the facility. I have been working through verbal education to staff, as well as adding signs to remind staff of moments to do hand hygiene. I have also increased my presence on the floor doing daily audits of staff as they care for residents in LTC, encouraging their excellent care and giving reminders when steps are forgotten.

Patient Centered Care

2025 Hand Hygiene Compliance



***LTC 2025 Infection Prevention Metrics***

- Urinary Tract Infections (UTI): 3
- Catheter associated Urinary Tract Infections (CAUTI): 0
- Clostridium Difficile Infections: 0
- Covid-19 Infections: 1
- Influenza Infections: 0
- RSV Infections: 0

**Facility**

I continue to work closely with the maintenance department to identify and correct any damage, structural or cosmetic, that I find in our facility. Our aging facility continues to cause many obstacles in meeting current IPC standards. This was evident in September when a steel pipe cracked caused a leak.

**Financial Wellness**

No changes to this area.

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

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## PMC CEO Hospital Board Report September 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.*

- **September 8-12:** National Finance & Accounting Appreciation Week. PMC is proud to recognize and thank the Finance and Accounting team for their tireless work in keeping our finances running smoothly. Thank you, Jason M, Joel P, Margareta E., and Sarah W. We are grateful for their dedication and expertise!



- **September 10:** Medstaff meeting
- **September 14-20:** National Housekeeping Week: PMC proudly recognizes and appreciates the hard work and dedication of our Housekeeping and Plant Operations staff. Thank you, Gilda, Jeanette, Mala, Lucia, Rufina & Graziel, Plant Operations Team: Wolf & Skip
- **September 14-18:** AHHA conference with Hospital Board President, Medical Director, DON, and Finance.
- **September 19:** Manager Meeting
- **September 2-22:** Personify Hydration Challenge for employees

- **September 26:** Environmental Care Rounds.
- **Ongoing:** Employee Meals



- September is National Suicide Prevention Awareness Month. All PMC staff are eligible for free Betterhelp behavioral health therapy.

**Professional therapy, done online.**

**BetterHelp makes starting therapy easy and convenient**

We have partnered with BetterHelp to support your mental wellbeing by providing you with easy and convenient access to professional therapy online. As a valued member, this benefit is available to you free of charge.

**Petersburg MEDICAL CENTER** × **betterhelp**

**Get Started:**

- 1 Click the "Get Started" link in your BetterHelp invite email.
- 2 Complete a brief questionnaire to find a therapist that suits your needs and preferences.
- 3 Communicate weekly with your therapist via phone, video or live chat. You can even text your therapist whenever you want.

**About BetterHelp:** [FAQ - BetterHelp](#)

**Who are the therapists?**  
BetterHelp therapists are independently licensed clinicians licensed by their state's professional board after successfully completing the necessary education, exams, and training. The 30,000+ therapists on BetterHelp represent a wide variety of expertise, backgrounds, and therapy modalities.

**How do I book my sessions?**  
You can use our scheduling tool to book a live session with your therapist - simply choose the date, time and modality (phone, video or live chat) for your session. You can even text your therapist whenever you want with our messaging tool.

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

- **September 1:** Rainforest Run with 26 participants.
- **September 2:** Submitted written report and attended/reported out at Borough Noon Assembly Meeting.
- **September 15:** CNA assistance program begins. Five-week course. This is a local opportunity to begin a healthcare career.
- **September 17-18:** SHARE coalition: Digital Safety with Katie Greer
- **September 18:** Public Health conducted free community Flu shot clinic at WERC building with help from PMC UAA nursing students.
- **September 25:** KFSK Live
- **September 25:** Hospital Board Meeting open to the public
- **August:** Kinderskog Programs
- **Ongoing:** Bingocize and Tai Ji Quan, part of fall prevention program. PMC will be introducing a new Tai Ji program in addition to the remote program. The addition will be an in-person 8week course, that will be repeated throughout the year. We are currently undergoing training for this addition.



**FALL 2023 PMC Youth Programs**

KINDER SKOG - WHITTLE&FLY - STRINGS&THINGS - MIT

**ENROLLMENT OPEN!**

email: [kholmund@pmc-health.org](mailto:kholmund@pmc-health.org) or phone: 907-531-5913

<https://www.pmc.org/youth-programs.html> @KINDERSKOG AND @ORCA CAMPS

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



- Joy Janssen Clinic Access to Primary Care: We remain fully staffed with 4 Physicians and 2 mid-level practitioners.
- We are actively looking for a provider to fill Dr. Morgan's position as he is leaving Petersburg later this fall. We have two locum providers set to assist through fall and winter months.
- Clinic is open and available M-F 8AM-5PM, and Saturday 8AM-12, 1PM-4:30PM.
  - Same day appointments for urgent or acute care are readily available.
  - Next available appointment with primary care provider averages 11 business day wait time
  - Third available appointment with primary care currently averages 12 business days. -This average is trending down as the busier season closes.
  - Flu shots available at clinic, call for appointment.
- Sam Robler, Ph.D, AuD/ Professor of audiology visited Petersburg to provide training for the speech pathologist and school nurse on new hearing-screening equipment. She is also collaborating with the school on grant-funded telehealth services.
- Audiologist, Phil Hofstetter, continues to see patients in Specialty Clinic.
- Psychiatry services are ongoing via telehealth with Dr. Sonkiss.
- Integrative Medicine with Dr. Hyer offered via telehealth.



**Petersburg**  
MEDICAL CENTER

**Integrative**  
**Health**

## Whole-Person Care for Vibrant Living

### WHAT IS INTEGRATIVE MEDICINE?

It is whole-person care for **mind and body**. It combines **conventional** and **complementary therapies** and focuses on the **root causes** of symptoms.

### HOW CAN IT HELP YOU?

- Optimize **wellness** & healthy lifestyle
- Manage **complex or chronic conditions**
- Boost your body's **natural healing** ability
- Reduce stress and improve resilience

### CONTACT

Email Dr. Jennifer Hyer directly to schedule  
jhayer@pmc-health.org



- Optometry Clinic: Dr. Kamey Kapp returning next week: September 29<sup>th</sup> through Oct7<sup>th</sup>.

- Dermatology: Dr. Cameron French was here last week and saw patients in the Joy Janssen Clinic.
- Scopes Clinic: We have promising leads on reestablishing scope clinic services in Petersburg. The

NOW SCHEDULING

# Dermatology Clinic

with Cameron French, PA-C

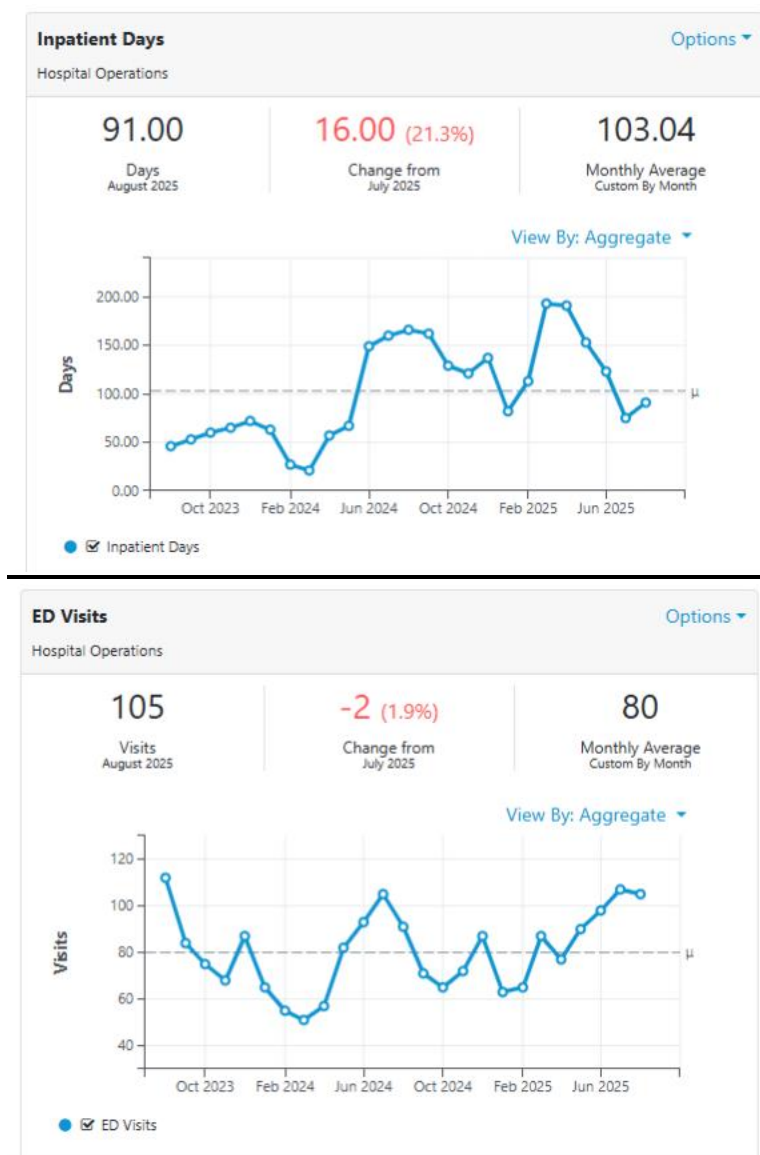
Sept 15<sup>th</sup>-18<sup>th</sup>

- Skin checks
- Mole, lipoma, and skin cancer removals
- Psoriasis, acne, atopic dermatitis, and skin abnormalities
- Cosmetic Botox

907-772-5792 for scheduling

credentialing process is underway with a provider, and we are optimistic about restoring this vital service to the community.





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

- Arcadis submitted a report with a detailed update on the new facility.
- Base sitework nearing completion.
- Landscape work for WERC building in process and ongoing.
- Furniture, fixtures, and equipment are being installed with many office spaces fully assembled and operational.
- MRI is installed and continues to configure. We are waiting for two pieces of essential equipment to arrive.
- We continue to be on track and on budget for the WERC building.
- Departments, such as Finance, Wellness, Admin, IT, Materials Management, Human Resources, and HIM are in the process of moving to WERC building.
- Public Health has moved completely to WERC building and is operational.
- Updates: Project updates are available on the PMC website under the “New Facility & Planning” tab.

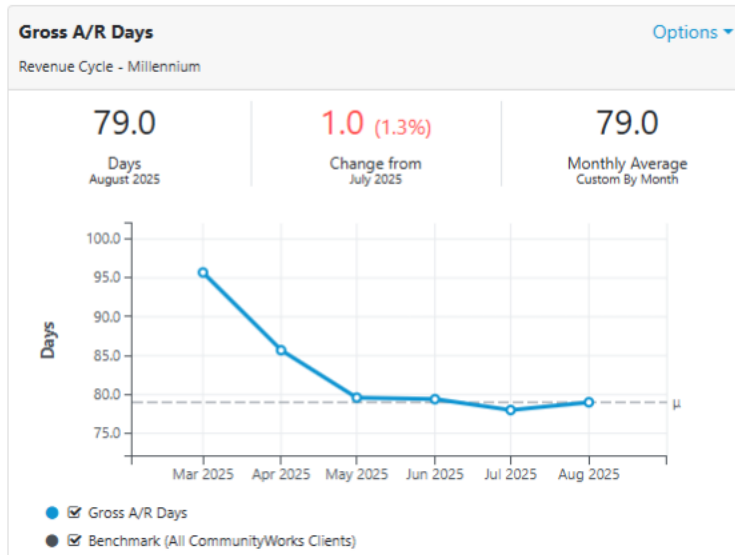


- Official opening date is still pending as we await the arrival of key elements, however we are still expecting late Fall.
- The state provided feedback regarding Certificate of Need. Work is underway to prepare and submit requested information.

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

*FY25 Benchmarks for Key Performance Indicators (KPIs): Gross A/R days to be less than 55, DNFB < then 5 days, and 90 Days Cash on Hand*

- Accounts Receivables (AR) Update: This number was at 96 in March, down to 88 at the end of April, down to 78 mid-June, 76 for July, at 80 as of August 27<sup>th</sup>, and currently 76 as of September 15<sup>th</sup>.



- See attached Financial Report.

**Submitted by:** Phil Hofstetter, CEO



**Petersburg**  
MEDICAL CENTER

## FISCAL YEAR 2026 GRANTS UPDATE

*To date, grants fund 3.4 FTE in FY26 staff time across 10 PMC positions.*

### 3 Pending Grant Requests: \$4,581,960

- ◆ **Alaska Mental Health Trust Authority Partnership Grant**  
Expansion of PMC's hybrid telehealth & onsite behavioral health services/training.  
1 Award | **\$81,960** total requested – *Decision anticipated Dec 2025*
- ◆ **Rasmuson Foundation Legacy Grant**  
Support for Long Term Care, Home Health & Youth Services Building 65% designs.  
1 Award | **\$1,000,000** total requested – *Decision anticipated Dec. 2025*
- ◆ **Senate Appropriations Borough Transportation Project Request**  
PMC provided a proposal item to widen & pave Excel Rd./pave & light Wellness Dr.  
1 Award | **\$3,500,000** total requested – *Decision anticipated FY26*

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

- ◆ **HRSA Congressionally Directed Spending: Community Project**  
No-Cost Extension of grant for new health campus sitework and construction.  
Year 4 of 4 | **\$8,000,000** (total single award); Project housed in: Finance
- ◆ **US Department of Treasury Coronavirus Capital Projects Fund Grant**  
Wellness, Education & Resource Center building construction including MRI Suite.  
Year 5 of 6 | **\$20,000,000** (total single award); Project housed in: Finance

### 8 Program & Personnel\* Grants Operating in FY26 \$715,759

\* FY26 Grant contributions to PMC's Admin & Finance costs: \$51,502

- ◆ **Alaska Children's Trust Cultural Activities Grant**  
Community Wellness request to fund PIA guest educators & Elders in Kinder Skog  
1 Year | **\$1,000** (total single award)
- ◆ **Alaska Community Foundation Camps Initiative**  
Community Wellness request supporting the Summer 2025 ORCA Kayaking Camp.  
1 Year | **\$20,000** (total single award) – **COMPLETE**

- ◆ **ACL Communities Deliver & Sustain Evidence-Based Falls Prevention**  
Provides evidence-based falls prevention programs to older adults, people with disabilities, & others with mobility challenges. Connects community to CW/HH.  
Year **3** of **4** | **\$147,076** in FY26
- ◆ **HRSA Rural Health Network Development Planning Program**  
Planning with independent AK CAHs to improve rural health access & efficiency.  
**1** Year | **\$100,000** (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 single award)
- ◆ **State Health Department Adult Day Services Grant**  
Supports Cedar Social Club staffing & \$33K+ per year in participant scholarships.  
Year **2** of **3** | **\$149,855** in FY26
- ◆ **State Health Department Community Tobacco Prevention & Control Grant**  
Funds evidence-based Million Hearts® Change Package for Tobacco Cessation.  
Year **3** of **3** | **\$145,000** in FY26
- ◆ **State Health Department Opioid Settlement Funds Grant**  
Sustain telepsychiatry access pilot program established by 2023 HRSA grant.  
Year **2** of **3** | **\$142,828** in FY26

# ***PETERSBURG MEDICAL CENTER***

## **FINANCIAL REPORTING PACKAGE**

**For the month ended August 31, 2025**

## PETERSBURG MEDICAL CENTER

## Key Volume Indicators

FISCAL YEAR 2026

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Clinic Visits	790	878	-	-	-	-	-	-	-	-	-	-	1,668	1,585	5.2%
<i>Primary Clinic</i>	765	865											1,630	1,585	2.8%
<i>Specialty Clinics</i>	25	13											38	-	n/a
2. Radiology Procedures	253	251											504	461	9.3%
3. Lab Tests (excluding QC)	1,936	2,537											4,473	3,811	17.4%
4. Rehab Services Units	880	1,089											1,969	1,817	8.4%
<i>Physical</i>	648	767											1,415		
<i>Occupational</i>	154	237											391		
<i>Speech</i>	78	85		-									163		
5. Home Health Visits	259	304											563	323	74.3%
<i>Nursing Visits</i>	137	168											305		
<i>PT/OT Visits</i>	122	136											258		
6. Emergency Room Visits	102	105											207	183	13%
7. Observation Days	3	8											10	10	5%
<b><i>Hospital Inpatient</i></b>															
8. Patient Days - Acute	12	20											32	83	-61.4%
9. Patient Days - Swing Bed (SNF)	54	69											123	192	-35.9%
10. Patient Days - Swing Bed (ICF)	8												8	43	-81.4%
11. Patient Days - Total	74	89	-	-	-	-	-	-	-	-	-	-	163	318	-48.7%
12. Average Daily Census - Acute	0.4	0.6											0.5	1.3	-61.4%
13. Average Daily Census - Swing Bed (SNF)	1.7	2.2											2.0	3.1	-35.9%
14. Average Daily Census - Swing Bed (ICF)	0.3												0.1	0.7	-81.4%
15. Average Daily Census - Total	2.4	2.9											2.6	5.1	-48.7%
16. Percentage of Occupancy	19.9%	23.9%											21.9%	42.7%	-48.7%
<b><i>Long Term Care</i></b>															
17. LTC Days	426.0	403.0											829	790	4.9%
18. Average Daily Census	13.7	13.0											13.4	12.7	4.9%
19. Percentage of Occupancy	91.6%	86.7%											89.1%	84.9%	4.9%

**PETERSBURG MEDICAL CENTER**  
**Statement of Revenues and Expenses**  
For the month ended August 31, 2025

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
\$450,688	\$570,035	(\$119,347)	-20.9%	<i>Gross Patient Revenue:</i>	\$795,055	\$1,140,070	(\$345,015)	-30.3%	\$1,429,793	-44.4%
1,246,404	1,029,728	216,676	21.0%	1. Inpatient	2,320,928	2,059,456	261,472	12.7%	1,853,968	25.2%
829,606	628,507	201,099	32.0%	2. Outpatient	1,608,205	1,257,014	351,191	27.9%	1,131,855	42.1%
527,589	495,109	32,480	6.6%	3. Long Term Care	998,136	990,218	7,918	0.8%	899,789	10.9%
57,565	47,549	10,016	21.1%	4. Clinic	119,609	95,098	24,511	25.8%	88,150	35.7%
3,111,853	2,770,928	340,925	12.3%	5. Home Health	5,841,934	5,541,856	300,078	5.4%	5,403,555	8.1%
				6. <b>Total gross patient revenue</b>						
				<i>Deductions from Revenue:</i>						
1,101,122	500,578	(600,543)	-120.0%	7. Contractual adjustments	1,586,297	1,001,157	(585,140)	-58.4%	683,268	-132.2%
0	0	0	n/a	8. Prior year settlements	0	0	0	n/a	-	n/a
47,760	36,158	(11,603)	-32.1%	9. Bad debt expense	166,873	72,315	(94,558)	-130.8%	137,131	21.7%
466	19,831	19,365	97.7%	10. Charity and other deductions	30,138	39,662	9,524	24.0%	(2,586)	1265.6%
1,149,348	556,567	(592,781)	-106.5%	<b>Total revenue deductions</b>	1,783,307	1,113,134	(670,174)	-60.2%	817,814	-118.1%
				11. <b>Net patient revenue</b>	4,058,627	4,428,723	(370,096)	-8.4%	4,585,741	-11.5%
1,962,505	2,214,361	(251,856)	-11.4%	<i>Other Revenue</i>						
				12. 340b Revenue	107,363	93,424	13,939	14.9%	-	n/a
53,637	46,712	6,925	14.8%	13. Inkind Service - PERS/USAC	296,372	208,434	87,938	42.2%	181,983	62.9%
188,025	104,217	83,808	80.4%	14. Grant revenue	133,806	107,371	26,435	24.6%	175,846	-23.9%
52,905	53,686	(781)	-1.5%	15. Federal & State Relief	0	0	0	n/a	-	n/a
0	0	0	n/a	16. Other revenue	68,522	52,307	16,214	31.0%	72,668	-5.7%
36,163	26,154	10,009	38.3%	17. <b>Total other operating revenue</b>	606,062	461,536	144,526	31.3%	430,497	40.8%
330,730	230,768	99,962	43.3%	18. <b>Total operating revenue</b>	4,664,689	4,890,259	(225,570)	-4.6%	5,016,238	-7.0%
2,293,235	2,445,130	(151,894)	-6.2%	<i>Expenses:</i>						
				19. Salaries and wages	2,459,838	2,323,473	(136,365)	-5.9%	2,043,581	-20.4%
1,256,661	1,161,736	(94,925)	-8.2%	20. Contract labor	273,069	321,363	48,293	15.0%	375,763	27.3%
132,798	160,681	27,884	17.4%	21. Employee benefits	925,595	842,358	(83,238)	-9.9%	755,055	-22.6%
476,546	421,179	(55,367)	-13.1%	22. Supplies	342,744	329,267	(13,476)	-4.1%	314,244	-9.1%
201,346	164,634	(36,712)	-22.3%	23. Purchased services	136,010	159,420	23,410	14.7%	251,612	45.9%
60,917	79,710	18,793	23.6%	24. Repairs and maintenance	110,285	102,348	(7,937)	-7.8%	95,244	-15.8%
54,185	51,174	(3,011)	-5.9%	25. Minor equipment	66,571	71,310	4,740	6.6%	74,266	10.4%
42,814	35,655	(7,159)	-20.1%	26. Rentals and leases	62,033	74,754	12,721	17.0%	62,005	0.0%
32,106	37,377	5,271	14.1%	27. Utilities	222,929	220,905	(2,025)	-0.9%	161,902	-37.7%
138,976	110,452	(28,524)	-25.8%	28. Training and travel	16,512	17,755	1,243	7.0%	21,368	22.7%
12,679	8,878	(3,802)	-42.8%	29. Insurance	50,705	38,189	(12,516)	-32.8%	39,084	-29.7%
21,740	19,095	(2,645)	-13.9%	30. Other operating expense	74,421	57,327	(17,094)	-29.8%	73,071	-1.8%
37,359	28,663	(8,696)	-30.3%	31. <b>Total expenses</b>	4,740,712	4,558,468	(182,244)	-4.0%	4,267,195	-11.1%
2,468,126	2,279,234	(188,892)	-8.3%	32. <b>Income (loss) from operations</b>	(76,023)	331,791	(407,814)	122.9%	749,043	110.1%
(174,891)	165,896	(340,786)	205.4%	<i>Nonoperating Gains(Losses):</i>						
				33. Investment income	150,123	38,388	111,736	291.1%	172,695	13.1%
110,915	19,194	91,721	477.9%	34. Interest expense	(19,696)	(42,858)	23,162	54.0%	(21,491)	8.4%
(9,797)	(21,429)	11,632	54.3%	35. Gain (loss) on disposal of assets	0	0	0	0.0%	-	0.0%
0	0	0	n/a	36. Other non-operating revenue	2,191,505	174,760	2,016,745	-1154.0%	2,740,252	20.0%
797,867	87,380	710,487	813.1%	37. Depreciation & Amortization	2,015,049	(496,958)	2,512,007	505.5%	(198,393)	1115.7%
(153,478)	(248,479)	95,001	-38.2%	38. <b>Net nonoperating gains (losses)</b>	2,015,049	(326,668)	4,663,649	-1427.6%	2,693,063	-25.2%
745,507	(163,334)	908,841	-556.4%	39. <b>Change in Net Position (Bottom Line)</b>	\$1,939,026	\$5,123	\$4,255,835	83076.0%	\$3,442,105	-43.7%
\$570,616	\$2,561	\$568,055	22177.4%							

## PETERSBURG MEDICAL CENTER

## Balance Sheet

Aug, 2026

**ASSETS****Current Assets:**

	Aug 2025	July 2025	June 2025	Aug 2024
1. Cash	1,599,962	797,214	1,544,710	1,037,546
2. Cash - insurance advances	0	0	0	0
3. Investments	2,111,070	2,103,565	2,097,227	565,583
4. Total cash	3,711,033	2,900,779	3,641,937	1,603,129
5. Patient receivables	7,636,074	7,360,517	7,548,114	7,464,539
6. Allowance for contractals & bad debt	(2,654,765)	(2,571,588)	(2,615,075)	(2,525,965)
7. Net patient receivables	4,981,309	4,788,930	4,933,039	4,938,574
8. Other receivables	3,143,695	4,059,485	2,701,066	3,063,699
9. Inventories	330,381	367,761	364,788	319,212
10. Prepaid Expenses	376,671	406,670	169,095	296,351
11. Total current assets	12,543,088	12,523,625	11,809,926	10,220,965

**Property and Equipment:**

12. Assets in service	28,715,004	28,690,239	28,677,563	28,638,436
13. Assets in progress	24,983,255	24,144,583	22,776,724	12,175,733
14. Total property and equipment	53,698,259	52,834,822	51,454,287	40,814,169
15. Less: accumulated depreciation	(23,686,843)	(23,533,365)	(23,379,960)	(22,497,348)
16. Net property and equipment	30,011,416	29,301,457	28,074,326	18,316,821

**Assets Limited as to Use by Board**

17. Investments	3,778,168	3,690,680	3,668,961	3,468,800
18. Building fund	824,576	806,253	799,968	753,126
19. Total Assets Limited as to Use	4,602,744	4,496,933	4,468,928	4,221,927

**Pension Assets:**

20. OPEB Asset	7,338,848	7,338,848	7,338,848	7,338,848
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**Deferred Outflows:**

21. Pension	2,428,790	2,428,790	2,428,790	2,428,790
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22. Total assets	\$56,924,886	\$56,089,653	\$54,120,818	\$42,527,350
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**LIABILITIES & FUND BALANCE****Current Liabilities:**

	Aug 2025	July 2025	June 2025	Aug 2024
23. Accounts Payable - Trade	\$1,144,498	\$858,464	\$1,299,834	\$4,058,849
24. Accounts Payable - New Facility	1,350,577	1,765,943	831,368	0
25. Accrued Payroll	601,322	449,762	319,625	447,796
26. Payroll taxes and other payables	123,747	97,807	143,596	218,540
27. Accrued PTO and extended sick	1,203,040	1,199,843	1,196,902	1,061,892
28. Deferred revenue	79,117	178,529	131,961	150,895
29. Due to Medicare	1,241,394	1,466,833	1,466,833	440,798
30. Due to Medicare - Advance	0	0	0	0
31. Due to Blue Cross - Advance	0	0	0	0
32. Other current liabilities	3,323	3,323	3,323	3,517
33. Current portion of long-term debt	457,036	460,171	459,791	441,703
34. Total current liabilities	6,204,053	6,480,675	5,853,233	6,823,989

**Long-Term Debt:**

35. Capital leases payable	1,754,354	1,788,924	1,826,846	2,214,448
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**Pension Liabilities:**

36. Net Pension Liability	15,526,950	15,526,950	15,526,950	15,526,950
37. OPEB Liability	-	-	-	-
38. Total pension liabilities	15,526,950	15,526,950	15,526,950	15,526,950

39. Total liabilities	23,485,357	23,796,549	23,207,029	24,565,387
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**Deferred Inflows:**

40. Pension	413,688	413,688	413,688	413,688
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**Net Position:**

41. Unrestricted	31,086,815	30,511,007	13,726,830	12,374,380
42. Current year net income (loss)	1,939,026	1,368,410	16,773,270	3,442,105
43. Total net position	33,025,840	31,879,417	30,500,100	15,816,485

44. Total liabilities and fund balance	\$56,924,886	\$56,089,654	\$54,120,817	\$40,795,560
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\*\*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 August 31, 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	17.8%	35.4%											27.2%	16.6%	63.6%
2. Charity/Other Ded. As a % of Gross Revenue	1.1%	0.0%											0.5%	0.9%	-42.7%
3. Bad Debt as a % of Gross Revenue	4.4%	1.5%											2.9%	1.2%	138.0%
4. Operating Margin	4.2%	-7.6%											-1.6%	10.2%	-116.0%
5. Total Margin	37.6%	18.8%											29.0%	38.0%	-23.6%
6. Days Cash on Hand (Including Investments)	98.5	108.0											108.0	117.1	-7.7%
7. Days in A/R (Net)	64.4	72.2											72.2	58.8	22.7%
8. Days in A/R (Gross)	82.3	83.4											83.4	82.9	0.7%
9. Days in Accounts Payable	26	16											16	31.0	-47.8%