Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
Petersburg, AK 99833

Meeting Agenda
Hospital Board
Regular Meeting

Thursday, August 24, 2023 | **5:30 PM** | **Assembly Chambers**

Join Zoom Meeting
https://us06web.zoom.us/j/86207308959?pwd=a1lPTXhwd2pXVllONE5FTlBpSmhJdz09
Meeting ID: 862 0730 8959
Passcode: 433699

1. **Call to Order**
2. **Approval of the Agenda**
3. **Approval of Board Minutes**
   - **A.** Approval of minutes for the July 27, 2023 board meeting.
4. **Visitor Comments**
5. **Board Member Comments**
6. **Committee Reports**
   - **A.** Resource Committee
   - **B.** LTC Committee
7. **Reports**
   - **A.** Information Technology/EHR
     J. Dormer provided a written report.
   - **B.** Materials Management
     M. Randrup provided a written report.
   - **C.** Medical Records
     K. Randrup provided a written report.
   - **D.** Nursing
     J. Bryner provided a written report.

E. Quality & Infection Prevention
S. Romine / J. Bryner provided a written report.

F. Executive Summary
P. Hofstetter provided a written report.

G. Financial
J. McCormick provided a written report.

8. Old Business

9. New Business

A. CAH Utilization Review of Services and Acute Care Stays By Diagnosis
Board review; for information only.

B. Medical Staff Bylaws
Action Required: Approval

Motion: Petersburg Medical Center's Board of Directors approves the updated Medical Staff Bylaws as submitted.

C. Medical Staff Rules & Regulations
Action Required: Approval

Motion: Petersburg Medical Center's Board of Directors approves the updated Medical Staff Rules & Regulations as submitted.

D. Monthly Board Meeting Time Change
Action Required: Approval

Motion: Petersburg Medical Center's Board of Directors approves moving the regularly scheduled board meeting time from 5:00 pm to 5:30 pm.

10. Executive Session
By motion, the Board will enter into Executive Session to consider medical staff appointments/reappointments, legal matters, and to discuss matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the hospital.

11. Next Meeting

12. Adjournment

Petersburg Medical Center
PO Box 589
Petersburg, Alaska 99833
Phone: (907) 772-4291 | Fax: (907) 772-3085

Meeting: Medical Center Board Meeting
Date: July 27, 2023 **Time:** 5:00 p.m.

Board Members Present: Jerod Cook, Jim Roberts, Kim Simbahon, Marlene Cushing, Joe Stratman, via Zoom: Heather Conn, Cindi Lagoudakis

Others (in person and via Zoom): Several PMC staff, members of the media

I. CALL TO ORDER: Member Cook called the meeting to order at 5:00 pm.

II. APPROVAL OF THE AGENDA: Member Roberts made a motion to amend the agenda to add "site work" under new business and approve the agenda as amended. Motion to amend the agenda and approve as amended seconded by Member Cushing. Motion to approve the amended agenda passed unanimously.

III. APPROVAL OF BOARD MINUTES: Member Stratman made a motion to approve the minutes from June 29, 2023 as presented. Motion seconded by Member Ladadoukis. Motion passed unanimously.

IV. VISITOR COMMENTS: None

V. BOARD MEMBER COMMENTS: Member Cook commented that planning commission members requested the ability to see board packets on the website to make them more accessible. Currently, only meeting minutes are posted on the website, and posting the packet to the website will make it more accessible.

VI. COMMITTEE REPORTS:

A. Resource Committee. Member Cook provided an overview of this month's Resource Committee meeting, which provided detailed financial reporting. Repayment obligations to Medicare are finished. Financials are improving but PMC is still not yet out of the woods.

B. LTC Committee. The LTC quality meeting was held earlier this month. Member Cushing was unable to attend.

C. CAH Committee. Member Stratman attended this month's CAH quality meeting. They reviewed reports from different departments, and there were no issues of concern.

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VII. REPORTS:

A. Home Health. K. Testoni was available to answer questions related to the written report (see copy). K. Testoni added that PMC received a portion of the Adult Day Program grant. Member Cushing asked about turnout at the Adult Day Program community cafes/forums. While turnout has been light (about four attendees each session), the people reached were very interested, provided great input and were new contacts for the PMC team.

B. Imaging. S. Paul was available to answer questions related to the written report (see copy). Member Cushing asked for details on the new mammogram machine. S. Paul said the contract for a 3-D technology machine is under review, with hopes to see it in place by the end of the year – pending funding from the PMC lease schedule and the $180K grant from the Borough. Member Roberts asked about the potential for resale of the old machine, but the older machine will revert to the company.

C. Lab. V. Shimek was available to answer questions related to the written report (see copy). Member Roberts asked about the outcome of the school educational programs. The programs went well and were very well-received. To help introduce rules of working in the lab, students underwent HIPAA training prior to participating as part of the experience.

D. Long Term Care. H. Boggs provided a written report (see copy). Member Cook asked about staff work hours. C. Newman clarified that standard work schedules are 12.5 hour days with 3 days on 3 days off. Member Cushing commented about issues related to size of equipment, and how this patient care need really speaks to the need for a new facility that can adequately accommodate being able to move wheelchairs, beds, and other patient equipment and patients in and out of rooms. Member Cushing commended LTC staff for achieving a 5-star rating given the physical environment for those who live there (about 170 square feet of livable space in a resident's room) and those who work there. Member Roberts commented that the current space is grandfathered in on the regulations, but current regulations require much more space. P. Hofstetter noted that bariatric equipment is very, very expensive and it is not covered by Medicare or Medicaid.

E. Patient Financial Services. C. Lantiegne was available to answer questions related to the written report (see copy).

F. Quality & Infection Prevention. The quality team (J. Bryner, P. Hofstetter, S. Romine) provided a written report (see copy) and Hofstetter was available to answer questions. Member Cushing asked for more details on the HealthSnap program. K. Testoni answered that HealthSnap enables providers to better monitor blood pressure, weight scale, and pulse ox in real time when needed. Clinic providers will serve as the primary provider role with support from the home health department as appropriate.

G. Executive Summary. P. Hofstetter provided highlights from his written report (see copy). Member Cook asked about effects of the fire at the church and any discoveries or learning as a result. P Hofstetter relayed that the age of building played into filtration of the smoke. The COVID air scrubbers kept LTC air quality good and saved PMC from having to close entirely. P. Hofstetter commended the fire department for their response and effort; commended Mountain View Manor for being ready and available to accommodate LTC residents if evacuation was needed; and commended PMC maintenance staff for shutting down the HVAC system immediately, which enabled operations to continue operations without impeding or damaging existing HVAC filters and system. P. Hofstetter shared that the LTC resident council expressed no concerns related to the fire incident, but did request

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PMC schedule an evacuation drill this year. P. Hofstetter expressed appreciation to the Assembly for moving the site selection forward. He also thanked Members Cook, Conn and Lagadoukis for attending the exceptional relief meeting with the state. As a follow-up to Member Cook's early statement about public meeting accessibility, P. Hofstetter recommended hosting board meetings in Assembly Chambers. Member Lagadoukis added that this would be more accommodating to the public with access to restrooms and drinking fountains. In response to Member Roberts comment on any issues it might present for staff attendance, P. Hofstetter acknowledged that this would not be an issue because of advanced technology capabilities that provide staff the opportunity to attend virtually. P. Hofstetter also added that KFSK's monthly PMC Live, which now features a call-in format for taking questions and provides a great opportunity for community engagement.

H. Financial. J. McCormick provided a financial management update (see copy), an update from the Resource Committee meeting and was available to answer questions. McCormick added that since March, PMC has not had to dip into reserves for expenditures and payments. The CPSI account cleanup continues, with now less than $100K owed from self-pay. Final notices were sent in June. The focus will now shift to the Cerner system. Altman Rogers & Co. is contracted for the annual audit and was on-site this week to do preliminary work for this year's audit. Unfortunately, they accidentally hit a deer with the hospital 2003 CRV, which now needs significant repair. The finance team is still finalizing processes for grant financials reporting and improving administration of day-to-day operations.

VIII. NEW BUSINESS

A. Health Resources & Services Administration (HRSA) grant

Background: The Health Resources and Services Administration (HRSA) awarded an $8 million grant to PMC on August 11, 2022 for planning, design and construction activities in support of the new medical center project. The Federal Award Identification Number (FAIN) is CE146549.

Action Required: Acknowledgement of Award and Authorization to Expend Funds

Member Lagadoukis motioned that Petersburg Medical Center's Board of Directors acknowledges FAIN CE146549 and authorizes the use of these funds for planning, design and construction activities related to the new medical center project. Motion seconded by Member Cushing. Roll call vote unanimously approved.

B. Site work

Background: The schedule for the new medical center project includes starting site work in the fall of 2023. This is important for two reasons; (1) it allows for the start of construction of the buildings (Wellness, Education & Resource Center and the main hospital itself) in the spring of 2024, and (2) it will make the overall project truly shovel ready which will help attract additional partners to complete the funding stack.

Actions Required:

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1. Identify most appropriate funding source(s) for the site work, including the existing HRSA grant and/or the pending Treasury Department grant.
2. Negotiate a sitework package with Dawson Construction.
3. Present a contract amendment to the Borough Assembly for approval.
4. Execute a contract amendment with Dawson Construction.

Member Lagadoukis motioned that Petersburg Medical Center's Board of Directors, assuming a competitive bid is received that is reconciled against an independent estimate, authorizes the CEO to, (1) identify the most appropriate funding source(s) for the site work, (2) negotiate a sitework package with Dawson Construction, (3) present a contract amendment to the Borough Assembly for approval, and (4) execute a contract amendment with Dawson Construction. Motion seconded by Member Roberts. Roll call vote unanimously approved.

IX. **EXECUTIVE SESSION** Member Stratman made a motion to enter Executive Session to consider medical staff appointments/reappointments, legal matters, to conduct the CEO annual evaluation and to discuss matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the hospital. Motion seconded by Member Roberts. Motion passed unanimously. Board entered Executive Session at 6:29 pm.

Member Cushing made a motion to come out of Executive Session. Motion seconded by Member Simbahon. Motion passed unanimously. Board came out of Executive Session at 7:03 pm. Member Cushing made a motion to reappoint to the medical staff Mark Tucillo, DO. Motion seconded by Member Stratman. Motion passed unanimously.

X. **CEO EVALUATION** Member Cook requested that he and Member Conn schedule a meeting with P. Hofstetter to review the CEO evaluation in the coming weeks.

XI. **NEXT MEETING** The next regularly scheduled meeting was set for Thursday, August 24, 2023 at 5:00 p.m.

XII. **ADJOURNMENT** Member Roberts made a motion to adjourn. Motion was seconded by Member Simbahon. Motion passed unanimously. The meeting adjourned at 7:05 p.m.

Respectfully submitted,

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Marlene Cushing, Board Secretary

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Petersburg Medical Center

Information Technology Report August 2023

Workforce Wellness

The IT department staff share many common interests which make planning team events enjoyable. Our small team works hard to support the various technology needs throughout all PMC departments. I am proud of the dedication from the IT team to provide excellent service while also maintaining a supportive and enjoyable work environment.

One of the ways in which PMC can give back to our staff is by providing flexible scheduling within the IT department. Staff members opt for a split shift schedule to accommodate their interest outside of work. The split shift allows for staff to work half of a shift in the morning and the other later in the day/evening. This opens up part of the workday for them to pursue interests such as teaching classes at the library, coaching student sports and other volunteer work within the community. Creative scheduling is needed to accommodate these shifts, however, we are able to fully support the facility while also allowing for a positive work-life balance.

Our department would like to congratulate Don Bieber on his retirement in July. Don was a dedicated employee at PMC for over 16 years. He will be missed, and we wish him well in his retirement endeavors!

Community Engagement

The IT department is collaborating with several community organizations to increase access to care. PMC is working closely with the Mountain View Manor director to optimize the technical structure utilized throughout the MVM facility. Support will be given to increase internet capabilities for better communication as well as software-based programs to assist with operations.

Within PMC departments, our team has the opportunity daily to collaborate with and support many initiatives and projects. Recently, we have been working with our clinic-based case management team to support chronic care management. To date, our reporting team has built efficiency reports to assist with the identification and support for patients with diabetes and hypertension. We expect that this support will be ongoing as we develop community-based services through case management.

Patient Centered Care

The IT department is working toward the continued optimization of the Cerner electronic health record. As with any new technology, there is fine tuning that is needed to assist with adapting the new electronic environment with the PMC workflows. Our EHR team meets weekly with the Cerner system support manager to relay any unresolved software issues that need quick response. Our department continues to meet with each PMC department utilizing the EHR to work towards optimization of the software. One area for improvement our team is working with Cerner to resolve is the average length of time needed to complete a support ticket. We are closely monitoring all PMC service requests issued to Cerner and will work to reduce the ticket turnaround time.

As the PMC Dietary department continues to grow and maximize services, the IT department is given the opportunity to assist them with tools to support their operations. Recently, PMC engaged with RD Dining, a food service software designed to reduce administrative labor in the dietary department. The software will be used to customize menus and tailor them to the specific nutritional needs of our patients and residents.

Facility

Telemedicine/Telehealth enables video or phone appointments between a patient and their healthcare practitioner. The IT department is excited to support this growing service line. PMC received grant funding which allowed for the development of three telehealth rooms. The installation of two rooms has been completed and are in use for services. Initial feedback from both patients and staff has been positive. Recently, PMC was awarded a new phase of telehealth grant funding that will assist with infrastructure build for telepsychiatry.

PMC recently engaged Maxwell IT to provide managed services. Maxwell IT will function as an extension of our information technology department to provide network security. PMC will complete the initial phase of onboarding with Maxwell IT throughout the month of August. Services provided will include proactive management of network and servers as well as cybersecurity infrastructure.

Financial Wellness

Healthcare accounts receivable refers to the outstanding reimbursement owed to healthcare providers for issued treatments and services, whether the financial responsibility falls to the patient or their insurance company. The information technology team and finance staff are collaborating to optimize integration and workflows in the Cerner electronic health record, Multiview accounting software and electronic payroll system to maximize the financial health of our facility.

Submitted by: Jill Dormer, CIO

Petersburg Medical Center

Materials Management August 2023

Workforce Wellness

- 2-Full time (manager and assistant) and 1 part time.
- Part-time assistant will be assisting with the upcoming endoscopy/colonoscopy procedures.
- The Materials Manager covers the assistants when they are out sick or on PTO.

Patient Centered Care

- The Materials Department doesn't deal directly with patients, however, we provide medical and personal care items and make sure all supplies are available for patients when needed.
- Materials Management is currently working on replacing all latex catheters with non-latex and purchasing new items to replace old items.
- Materials Management is continuously working on surgery supplies.

Facility

- Medical staff has reviewed all the inventory supplies this year but are still working on surgical supplies.
- Discarded old items and supplies that are no longer needed, disposed expired items that were saved in the carts for future reference. Discarded number of items: 61, total amount $7,427.11.
- Replaced catheters with latex to non-latex as mentioned above. Waiting for backordered to complete all the replacement.
- Rearranged carts and supplies into categories accordingly. For example, all wound care, ER, personal care, surgery, and other supplies are in one or multiple carts. Still working on some surgery supplies.
- Created a service request to add new cart and shelf numbers that are not in the inventory management system in Cerner.
- Working on updating all the cart/shelf numbers and the item master list binder for checking out supplies.
- Conducted annual inventory last week of June (calendar/fiscal year for July). The result is good with the net variance on the positive side.

Annual Inventory

PETE Med Center	Physical Count Summary				
Location :	PETE INVENTORY STOREROOM			Total Variance :	$2,706.01
Count # :	137903177	Pre Perp Count Value :	$102,615.91	Positive Variance :	$1,401.09
Committed:	6/28/2023 9:07	Post Perp Count Value :	$102,712.08	Negative Variance:	($1,304.91)
Committed By:	Randrup, Melva Yere	Non-Perp Count Value :	$0.00	Net Variance:	$96.18

Materials Management is a small department; however, I really appreciate the teamwork we have. We make sure that all supplies are organized, labeled and easy to find for staff. We get a lot of good feedback from staff and travelers during orientation.

Financial Wellness

- Inventory decreased from discarded items. Hoping that this will reduce the number of items expired going forward.

- High shipping cost issues continue not only affecting materials management but other departments.
- Sold some supplies that are no longer needed to Public Health.

Submitted by: Melva Randrup, Materials Manager

Petersburg Medical Center

Health Information Management (HIM)/Medical Records Report August 2023

Workforce Wellness

We have been fortunate enough to be fully staffed again. Michael Burnett joined our team and has been doing a great job and is also a great asset to our HIM staff. Michael is interested in learning all he can and has enrolled in a coding certificate class at UAS for this fall. We just celebrated Belinda's 18 year work anniversary.

Community Engagement

HIM department continues to have our in-person meetings in the conference room. We have not met together as much as anticipated in the past few months because of summer – a time when people take time off for vacation or to enjoy the weather.

Patient Centered Care

I am currently working on getting the Release of Information (ROI) for our patients totally "form fillable." The current form that PMC has on our website requires the patient to print, sign and then return it to PMC. Some of our patients do not have the ability to print, scan, or fax the ROI back to PMC. My goal is to have the patient be able to fill out the form digitally, sign the form electronically and then submit it to PMC.

Facility

HIM is looking forward to having allocated space in the new facility. While we are a remote department, there is one team member who would prefer to work on site. Having a dedicated HIM space would also make it much easier to come together as a group without needing to reserve conference room space as is currently done.

Financial Wellness

It has recently come to our (HIM) attention that not all encounters fall to our queues for coding. Now that we are aware of this, we continuously monitor a report for discharged not final billed (DNFB). This is a Cerner issue, and I know that IT has been notified. Coding clinic medications is still a challenge for the coders.

Submitted by: Kim Randrup, RHIT

Petersburg Medical Center

Nursing Department Report August 16, 2023

Workforce Wellness

Over the past three months, nursing and CNA staffing have presented challenges, and we have needed additional contract nurses to address our vacant positions. We currently have two traveling nurses and two traveling CNAs. Two additional traveling nurses will be joining us. We are bracing for the loss of our summer CNA support by arranging for additional traveler CNAs.

Due to the staffing shortage, we decreased our acute care (includes ER, Swingbed and outpatient treatment) staffing to only one nurse during the weekdays, which is 50% of our normal staffing. To manage this, our nurse leaders have utilized their time to work on the floor, cover the ER, care for outpatient treatment patients, and work scheduled shifts. We are maintaining in the short term but require additional help to ensure all the administrative work can be completed in addition to patient care. We are advertising for a CNA class to begin in October and are starting the second and final year for our two UAA students.

Community Engagement

Three high school CNAs passed their state examination and one of them has been working with us this summer and is doing a fantastic job.

Patient Centered Care

We are focusing on getting back on track with education and programming after the extended covid pandemic. We are working to educate the nursing staff in high acuity/low frequency areas: trauma, obstetrics, etc.

PMC nurses were trained in Trauma Nursing Core Course (TNCC) in May thanks to the PMC and Bartlett Hospital Foundations' financial support. One of our nurses was selected to become a TNCC instructor, which will provide additional expertise at PMC, and will decrease the cost of upcoming classes.

I will be attending a CALS class (Comprehensive Advanced Life Support) with two of our physicians in October to evaluate the class for trauma team education needs. The class is specific for rural emergency care and we have heard positive reviews.

Our nursing staff will attend the Basic Life Support for Obstetrics (BLSO) in September to increase our knowledge and competency in obstetrics. SEARHC is offering the class at no charge and the PMC Foundation has approved funds for travel to Wrangell from the Pedal/Paddle Battle education funds.

In October, Beat the Odds Foundation is sponsoring a special class for nurses and providers on caring for people during the dying process. We are always very appreciative to learn how to best support patients and their families during this important transition.

We are very excited to be starting our colonoscopy/gastrostomy clinics again in late September. We have been hard at work ensuring our equipment, staffing and processes are up to date to allow our community to have their procedures done in Petersburg again.

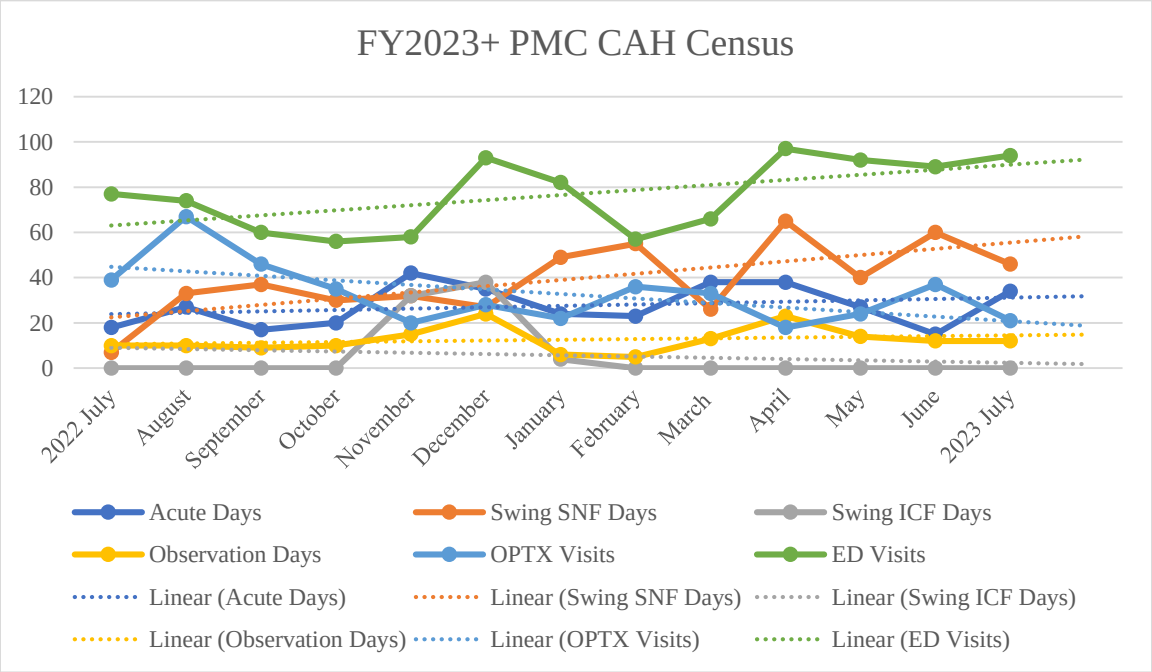
Facility

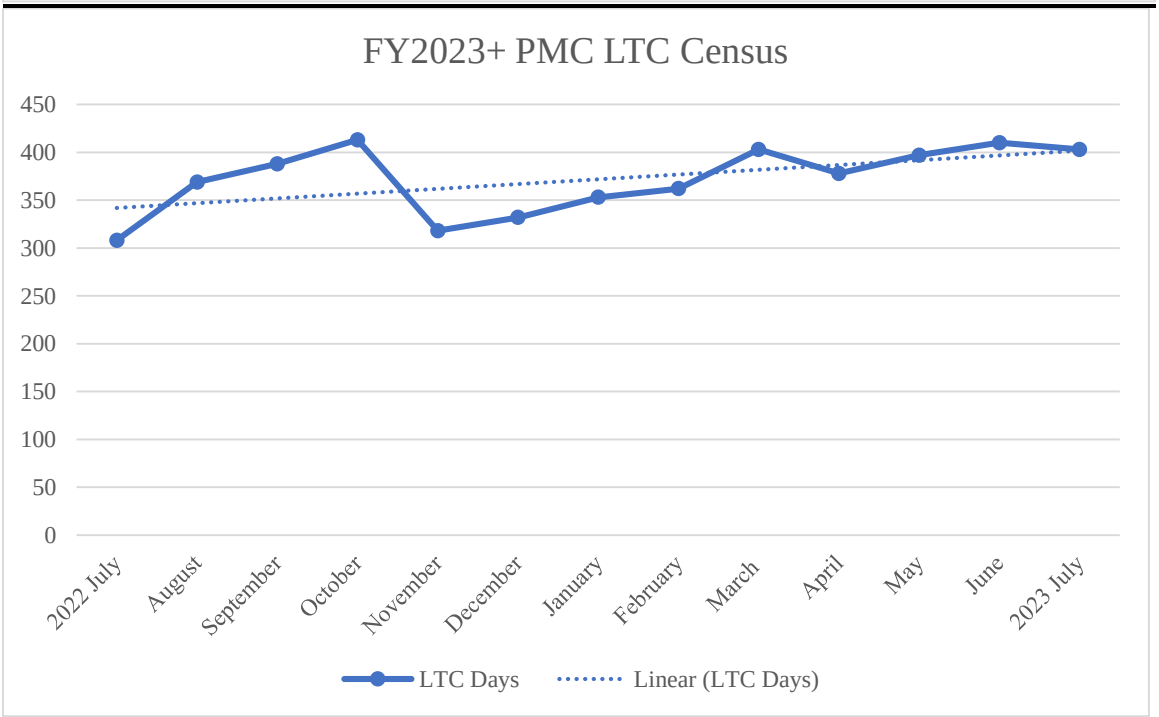
Space continues to be a very difficult situation for our departments. Over the past four years, the operating room has been utilized for training and storage. As we prepare the room to be used for endoscopy procedures, we have no area for our UAA lab, CPR/ACLS/PALS checkoff/training, and storage of equipment.

Financial Wellness

We anticipate the colonoscopy clinics to result in a long-term financial gain, but the initial expenditures in time and equipment is substantial.

Volumes in our areas have been trending up for most areas as you can see in the graphs below which include the trend lines. Our low staffing savings are likely reversed by the overtime needed to fill the nursing and CNA shifts and call shifts. The statistics used below are from census volume reports, not financial A/R reports.





Submitted by: Jennifer Bryner, MSN, RN

Petersburg Medical Center

Quality Report August 2023

Workforce Wellness

The interim Quality Director oversees shared initiatives led by department heads and Home Health Quality.

Community Engagement

PMC Wellness department was awarded the Administration for Community Living's (ACL) 2023 Empowering Communities to Deliver and Sustain Evidence-Based Falls Prevention Programs Grant. These evidence-based programs will be starting in September and are free of charge for all community members. Staff training has been completed and space preparations are being made.

- Tai Ji Quan: Moving for Better Balance is a 24-week program, one-hour sessions two times weekly. The target population for this program is the community-dwelling older adult and people with a history of falls, balance disorders, leg muscle weakness, abnormal gait or walking difficulty. Research evidence has shown it to be effective in improving lower limb muscular strength, sensory integration, limits of stability, and global cognitive function. It has shown to reduce the incidence of falls by 55-58% in community dwelling older adults and by 67% in people with Parkinson's disease. Participation in at least 75% of the sessions is encouraged in order to receive an adequate exercise dose and reap the benefits of this program.
- Bingo-cize is a 10-week program that combines the game of bingo, health education, and exercise. The target population for this program is the sedentary older adult at all physical ability levels in a variety of different settings including nursing facilities, assisted living, and community centers. Bingo-cize research has shown to improve upper and lower body strength, health knowledge on fall risk, and significantly improve gait performance.

Petersburg/PMC fall statistics from 7/1/22-6/30/23:

A fall was the reason for:

- at least 1.7% of all adult clinic visits
- at least 10.6% of all adult emergency room visits
- 19.5% of all EMS calls

The Adult Day program staff held community forums to collect input on the planning and implementation of this program.

The Home Health department is collaborating with PIA, who is working toward supporting a space for long-term home health program implementation. This relationship has potential to greatly benefit the home health and adult service programs by providing a stable base for operations.

Patient Centered Care

The Remote Patient Monitoring program is underway, and a training session was held for clinic and home health staff to become familiar with the Healthsnap portal. This will be used to manage RPM data, document staff and patient interactions, and track appropriate billing codes and billable time. We continue to strategize on workflows and patient monitoring protocols.

The July Quality Committee meeting focused on LTC and CAH. New action items were identified and several resolved. These meetings continue to provide a stage for discovering areas to improve and document the great work PMC is doing.

The approved PMC strategic plan for 2024-2028 provides a unified direction for all departments. Identifying departmental goals aligned with the plan's objectives and strategies will allow for the appointment of key performance indicators. Monitoring key performance indicators (KPIs) provides several benefits to the organization. They can help to identify problems and areas to improve, track progress, and maintain accountability. KPIs assist in decision making and can increase engagement, communication, and collaboration. Quality staff and managers will be working towards the identification and use of KPIs aligned with the strategic plan under the direction of the Quality Committee. This important process will help to further define the PMC quality program.

Facility

Planning for the Adult Day Program continues, and participant needs assessments have begun. Community members and caregivers are reaching out with interest and enthusiasm for this support. Program staff members continue to work closely with PIA on the creation of the long-term space. Juneau's Bridge Adult Day service has been helpful in building the new program by providing resources. Staff are working to get grant support for program furnishings and equipment. In the near future there will be a program naming contest. The program will start by offering half-day services on four days per week at the Mountain View Manor until the new space at PIA is completed.

Financial Wellness

The Home Health department has been awarded a grant for Senior In-Home Services through the State of Alaska Division of Senior and Disabilities Services. Grant award is approximately $50K and will be used to expand support to seniors in Petersburg and possibly surrounding areas. Program Services for this grant include case management, chore service, respite and extended respite care, personal care services, service coordination, and supplemental services.

Submitted by: Stephanie Romine, RN

Petersburg Medical Center

Infection Control and Prevention Report August 2023

Workforce Wellness
There have been no changes in staffing, and I continue to fulfill the Infection Prevention and Employee Health duties with help from my co-workers. Erik Hulebak is the provider champion for Antibiotic Stewardship.

Community Engagement
The Environmental Services (EVS) Lead is providing education from the Health Care Environmental Services Certification (CHEST) class to the EVS staff on a regular basis.

The Pharmacy and Therapeutics committee have identified two Antibiotic Stewardship metrics for inpatient and outpatient to trend and track as we work to improve our Antibiotic Stewardship program.

Influenza season is approaching. The State of Alaska is once again providing PMC influenza vaccines for community use and we are beginning to plan staff and community influenza vaccine clinics.

Patient Centered Care
The federal CMS Covid-19 vaccine mandate ended on August 5, 2023. The PMC policy has been updated to incorporate these changes. 96% of PMC staff received the initial series of Covid vaccine. 38% are considered "up to date," which is defined as having at least one bivalent dose.

I attended the LTC Resident Council Meeting to inform residents about the changes in the Covid-19 vaccine policy, the updated covid vaccine recommendations and offered an additional bivalent booster to those who qualified.

2023 Hand Hygiene Compliance: (rate determined by secret direct observation during the WHO's Five Moments of Hand Hygiene)
LTC: 76%
Acute Care: 81%

Five Moments of Hand Hygiene:
- Before touching a patient/resident
- Before clean/aseptic procedures
- After a procedure or body fluid exposure
- After touching a patient/resident
- After touching patient/resident surroundings

LTC July 2023 Metrics:
Urinary Tract Infections (UTI): 0
Catheter associated Urinary Tract Infections (CAUTI): 0
Clostridium Difficile infections: 0
Covid-19 infections: 0

Facility
The LTC Solarium is no longer in use due to infection control concerns with the building. We will be evaluating the room and determining the next steps required to make is safe and usable for our residents and staff.

Financial Wellness

No changes have occurred in this area.

Submitted by: Jennifer Bryner, MSN, RN

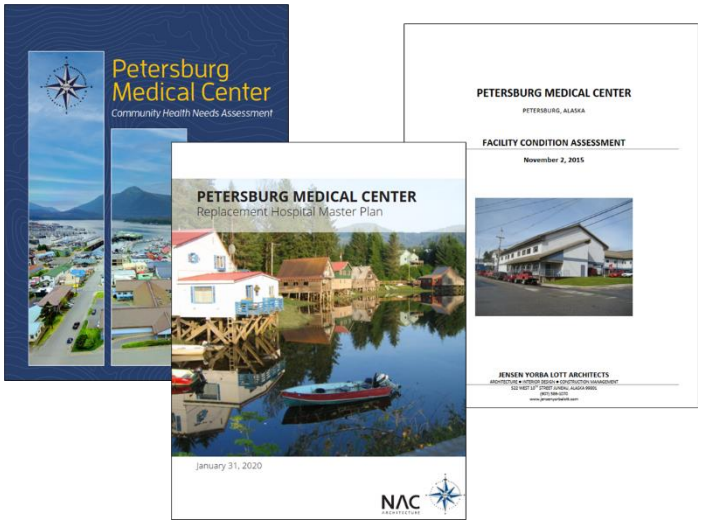
Petersburg Medical Center

CEO Board Report August 24, 2023

Mission Statement: Excellence in healthcare services and the promotion of wellness in our community.
Guiding Values: Dignity, Integrity, Professionalism, Teamwork, Quality

Highlights:

- In response to community input, the following documents are now on file at Petersburg Public Library for in-library as reference material for public review: (Note: These are also available on the PMC website.)
  - 2015 Facility Condition Assessment
  - 2020 Petersburg Medical Center Replacement Hospital Master Plan
  - 2020 Petersburg Medical Center Replacement Hospital Master Plan Volume 2 Appendix (library only and soon to be on the website)
  - 2022 Community Needs Health Assessment



- In response to community input, PMC hospital board meetings will now take place in the Borough Assembly Chambers. The standing meeting day continues to be on the fourth Thursday of the month. In order to accommodate KFSK broadcast of the board meeting, moving the standard meeting start time to 5:30 pm is under consideration as an agenda item for the Aug. 24 board meeting. Meetings will be adjusted as needed to account for holidays or other scheduling conflicts, but standard notice will be provided should any scheduling changes occur.
- More than $23,000 was raised at the 9th annual PMC Paddle/Pedal Battle on July 29. All proceeds from this annual fundraising event by the PMC Foundation support continuing education for staff and scholarships for graduating high school seniors. Thank you to the PMC Foundation members, the hospital board, and all of the safety and support staff who made this a safe and successful event. Approximately 30 paddlers and 50 bikers participated, making it one of the largest turnouts PMC has had.

- Home Health hosted a series of community cafes focused on gathering input from community members about service needs and share progress on the PMC Adult Day Service program currently in development.

Community cafes were held July 20, 26 and August 3, 9. A paper survey (available in the Home Health office) and an online survey were also used to gather input.

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

- FY23 Audit is currently in process. The audit firm was onsite in June and will continue with data collection throughout the process before completion in October.
- FY24 capital budget continues to be reviewed and will have a more concise list for approval.
- PMC is still awaiting word from the State regarding Exceptional Relief Request. Further information was asked and submitted on 8/4/23 and still pending at this time.
- PMC is still awaiting word on the Treasury Grant following the last round of questions for submission (see below).
- HRSA Grant $300k for behavioral health was approved (see below).
- Financial performance is improving slowly and will be reported out accordingly.

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.

- Considerable water damage and concern for mold and deterioration of floor and walls was found in the PMC long term care solarium. This area is currently closed due to safety and infection control issues and is being assessed for repair.
- The new facility steering committee met with Bettisworth North on July 31 to discuss final design and budget. Because of the current pending Department of Treasury ($20M) funding requirements and budget considerations, PMC had a return of questions that may have a significant impact on the overall design. These changes were discussed on 8/11/23 with key stakeholders and a follow up with the steering committee meeting was held on 8/16/23. The two phases indicated below will likely change that increase the WERC building and decrease phase 2. More information is pending.
    - Phase 1: A stand-alone 9,000 sf Wellness, Education and Resource Center (WERC) building will be built. This building will now provide services related to Work, Education and Health Monitoring. Expected functions/departments in this building include: Wellness, training, education (with wifi access), conference room & public health. Anticipated completion is by 2026.
    - Phase 2: A larger 64,000 sf Primary, Acute and Long Term Care Facility (PALTC) will be built adjacent to the WERC building. The PALTC will also provide some services directly related to Work, Education and Health Monitoring. Note that while PMC plans to complete the PALTC in 2026, we cannot commit to a specific date for this portion of the project until final funding stack is secured.
- The comprehensive NEPA Environmental Study for the site was completed by RESPEC and will be available for public review and comments soon.
- Updates: Project updates are available on the PMC website under the “New Facility & Planning” tab: https://www.pmcak.org/new-facility.html.

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

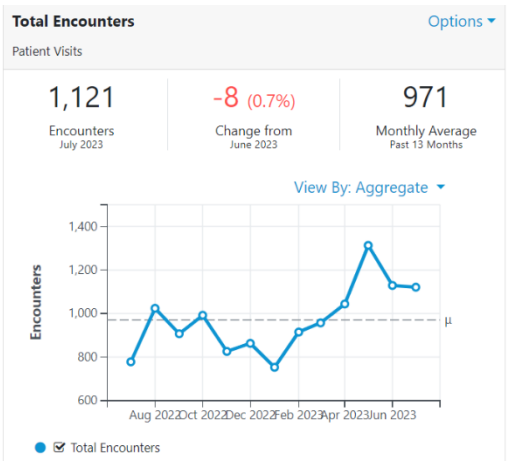
- August 3: KFSK Radio PMC Live
- August 7: PMC reports out and provides input at Borough Assembly Meeting
- July 29: The 9th annual PMC Foundation Pedal/Paddle Battle
- July-August: Home Health community cafes on July 20, 26 and August 3, 9.
- August 21: PMC will provide input at Borough Assembly Meeting.
- September 4 (Labor Day): Registration is now open for the Rainforest Run 10K and half-marathon.

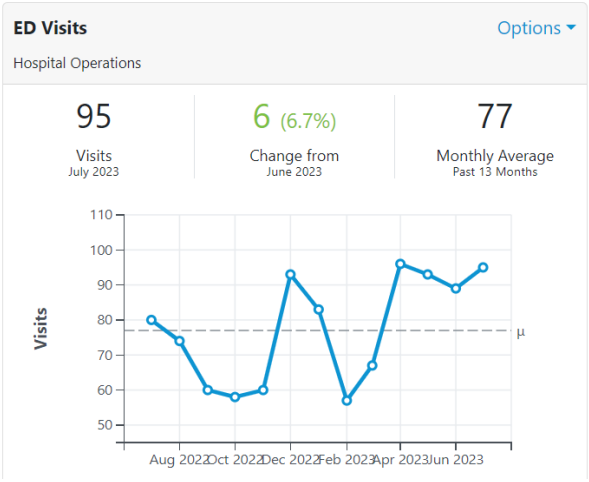
Workforce Wellness: Goal: To create a supportive work environment and promote the physical and mental well-being of hospital staff, in order to improve retention rates and overall productivity.

- Congratulations to Don Bieber, who retired from PMC after 16 years.
- CEO "office hours" will be scheduled as an open-door opportunity for ALL staff. This will be a reinvention of the previous "Coffee with Phil" concept and an opportunity to have a rotation of managers, medical, subject matter experts and board members with the CEO available to staff. Specific day(s)/time(s) to follow which allows more access to leadership and the board.
- Using activities and the environment is such an excellent way to promote mental and physical well-being, and I want to congratulate PMC physical therapist Andrew Simmons for completing his swim across Fredrick Sound. He is one of only 2 people ever to do so. Read or listen to the KFSK story.

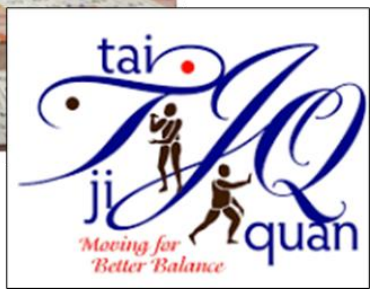
Patient-Centered Care and Wellness: Goal: To provide high-quality, patient-centered care and promote wellness for all patients.

- ER volumes were high this past month. This increases the inpatient utilization as well (graph below).
- Primary care total patient encounters are increasing over the past year (graph below).





- PMC will be implementing DiningRD to enhance menu and nutrition planning for long term care residents. PMC dietary staff will use this software-driven food and nutrition program to help monitor and improve dining and nutrition services for long term care residents.
- PMC received acknowledgment of a HRSA grant award for Rural Communities Opioid Response program which will be a part of the Behavioral Health department. This is a one year $300k grant.
- Petersburg Medical Center has two exciting new programs to help people improve strength, improve balance and decrease fall risk: Bingocize and Tai Ji Quan: Moving for Better Balance. Classes start the week of September 11, with registration available at the first class. For more information, call 772 -5580. Class times are as follows:
    - Monday/Wednesday: 10:00-11:00 am, Bingocize
    - Tuesday/Wednesday: 10:00-11:00 am, Tai Ji Quan



Submitted by: Phil Hofstetter, CEO

Petersburg Medical Center

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PO Box 589
Petersburg, AK 99833

Phone: 907-772-4291
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August 14, 2023

Petersburg Borough Assembly

RE: New Hospital Project – Dawson Contract Amendment for Sitework

Dear Assembly Members:

Borough Resolution 2023-04 authorized PMC to execute a CM/GC contract with Dawson Construction for pre-construction services for the new hospital project. The resolution also stipulated that the Borough Assembly must authorize Guaranteed Maximum Price (GMP) amendments to the contract for any service that does not constitute a pre-construction service. The CM/GC contract was executed on May 5, 2023, and Dawson has been providing pre-construction services in support of the project since that time.

PMC is now ready to execute a GMP amendment to the Dawson contract to prepare the site for construction. Starting sitework is important for two reasons; (1) site preparation is required before construction of the new hospital facility itself can begin, and (2) completing the sitework will make the overall project truly shovel ready which will help attract additional partners to complete the funding stack for the project.

On July 27, 2023 the PMC Board passed the following motion; The Petersburg Medical Center Board of Directors, assuming a competitive bid is received that is reconciled against an independent estimate, authorizes the CEO to, (1) identify the most appropriate funding source(s) for the site work, (2) negotiate a sitework package with Dawson Construction, (3) present a contract amendment to the Borough Assembly for approval, and (4) execute a contract amendment with Dawson Construction.

Sitework plans and specifications were prepared by the Architect/Engineer team for the project (Bettisworth North Architects and Planners) dated July 20, 2023. Dawson Construction initiated a public bid process for an earthwork subcontractor on July 21st. Two bids were submitted on August 9th. The low bidder was Rock-N-Road Construction, Inc. from Petersburg. The proposed overall GMP Amendment, which includes Rock-N-Road subcontract costs, Dawson direct costs, and other related costs is $5,898,643. This amount is within 1.4% of an independent estimate for the work. The $5,816,900 independent estimate was prepared by Estimations, Inc., who is a subconsultant to Bettisworth North.

The source of funds for the sitework GMP amendment will be the pending Department of Treasury grant and/or the HRSA grant which was awarded to PMC in August 2022. After the GMP Amendment is executed, PMC will work with Dawson to determine an NTP date and

detailed schedule for the work, pending a final determination on the source of funding and once all permits and clearances are obtained. Note that the USACE 404 Permit was issued on August 2, 2023, and PMC expects final NEPA clearance by early September.

RECOMMENDATION: That the Borough Assembly authorize PMC to execute a GMP Amendment to the Dawson Construction contract for sitework, in an amount not to exceed $5,898,643.

Thank you for your consideration.

Sincerely,

Phil Hofstetter

copy: Steve Giesbrecht, Borough Manager
Jody Tow, Borough Finance Director
Debbie Thompson, Borough Clerk
Jerod Cook, PMC Board President

PETERSBURG MEDICAL CENTER

Statement of Revenues and Expenses

For the month ended July 31, 2023

Month Actual	Month Budget	$ Variance	% Variance			YTD Actual	YTD Budget	FY24 $ Variance	FY24 % Variance	Prior YTD	% Variance
					Gross Patient Revenue:						
$420,582	439,725	($19,142)	-4.4%	1.	Inpatient	$420,582	$439,725	($19,142)	-4.4%	$110,635	280.2%
1,357,994	1,380,000	(22,006)	-1.6%	2.	Outpatient	1,357,994	$1,380,000	(22,006)	-1.6%	1,474,881	-7.9%
488,932	492,974	(4,042)	-0.8%	3.	Long-term Care	488,932	$492,974	(4,042)	-0.8%	337,364	44.9%
2,267,508	2,312,699	(45,191)	-2.0%	4.	**Total gross patient revenue**	2,267,508	2,312,699	(45,191)	-2.0%	1,922,880	17.9%
					Deductions from Revenue:						
859,152	296,965	(562,187)	-189.3%	5.	Contractual adjustments	859,152	296,965	(562,187)	-189.3%	306,903	-179.9%
0	0	0	n/a	6.	Prior year settlements	0	0	0	n/a	0	n/a
(298,912)	25,075	323,987	1292.1%	7.	Bad debt expense	(298,912)	25,075	323,987	1292.1%	24,800	-1305.3%
22,881	53,846	30,964	57.5%	8.	Charity and other deductions	22,881	53,846	30,964	57.5%	42,847	46.6%
583,121	375,886	(207,236)	-55.1%	9.	**Total deductions from revenue**	583,121	375,886	(207,236)	-55.1%	374,550	-55.7%
1,684,387	1,936,813	(252,426)	-13.0%	10.	**Net patient revenue**	1,684,387	1,936,813	(252,426)	-13.0%	1,548,330	8.8%
					Other Revenue						
82,852	83,836	(984)	-1.2%	11.	Inkind Service - PERS/USAC	82,852	83,836	(984)	-1.2%	77,682	6.7%
31,175	61,960	(30,785)	-49.7%	12.	Grant revenue	31,175	61,960	(30,785)	-49.7%	5,223	496.9%
0	0	0	n/a	13.	Federal & State Relief	0	0	0	n/a	0	n/a
33,387	29,167	4,220	14.5%	14.	Other revenue	33,387	29,167	4,220	14.5%	4,418	655.7%
147,414	174,963	(27,549)	-15.7%	15.	**Total other operating revenue**	147,414	174,963	(27,549)	-15.7%	87,323	68.8%
1,831,801	2,111,776	(279,975)	-13.3%	16.	**Total operating revenue**	1,831,801	2,111,776	(279,975)	-13.3%	1,635,653	12.0%
					Expenses:						
944,787	1,023,076	78,289	7.7%	17.	Salaries and wages	944,787	1,023,076	78,289	7.7%	1,036,772	8.9%
44,956	68,693	23,737	34.6%	18.	Contract labor	44,956	68,693	23,737	34.6%	59,887	24.9%
372,837	370,953	(1,884)	-0.5%	19.	Employee benefits	372,837	370,953	(1,884)	-0.5%	337,894	-10.3%
137,326	147,411	10,085	6.8%	20.	Supplies	137,326	147,411	10,085	6.8%	145,725	5.8%
99,202	146,849	47,647	32.4%	21.	Purchased services	99,202	146,849	47,647	32.4%	101,527	2.3%
31,756	50,798	19,042	37.5%	22.	Repairs and maintenance	31,756	50,798	19,042	37.5%	110,459	71.3%
18,600	14,467	(4,133)	-28.6%	23.	Minor equipment	18,600	14,467	(4,133)	-28.6%	11,860	-56.8%
20,604	21,851	1,247	5.7%	24.	Rentals and leases	20,604	21,851	1,247	5.7%	16,915	-21.8%
85,388	93,206	7,818	8.4%	25.	Utilities	85,388	93,206	7,818	8.4%	89,596	4.7%
(367)	12,203	12,570	103.0%	26.	Training and travel	(367)	12,203	12,570	103.0%	5,539	106.6%
93,305	88,976	(4,329)	-4.9%	27.	Depreciation	93,305	88,976	(4,329)	-4.9%	57,347	-62.7%
18,556	16,419	(2,137)	-13.0%	28.	Insurance	18,556	16,419	(2,137)	-13.0%	14,520	-27.8%
24,668	33,195	8,527	25.7%	29.	Other operating expense	24,668	33,195	8,527	25.7%	24,935	1.1%
1,891,619	2,088,097	196,478	9.4%	30.	**Total expenses**	1,891,619	2,088,097	196,478	9.4%	2,012,976	6.0%
(59,818)	23,679	(83,497)	352.6%	31.	**Income (loss) from operations**	(59,818)	23,679	(83,497)	352.6%	(377,323)	84.1%
					Nonoperating Gains(Losses):						
94,884	8,333	86,551	1038.7%	32.	Investment income	94,884	8,333	86,551	1038.7%	188,666	-49.7%
(12,096)	(4,167)	(7,929)	-190.3%	33.	Interest expense	(12,096)	(4,167)	(7,929)	-190.3%	(5,118)	-136.3%
0	0	0	n/a	34.	Gain (loss) on disposal of assets	0	0	0	n/a	0	n/a
(24,536)	834	(25,370)	-3042.0%	35.	Other non-operating revenue	(24,536)	834	(25,370)	-3042.0%	(14,790)	65.9%
58,252	5,000	53,252	1065.0%	36.	**Net nonoperating gains (losses)**	58,252	5,000	53,252	1065.0%	168,758	65.5%
($1,566)	$28,679	($30,245)	-105.5%	37.	**Change in Net Position (Bottom Line)**	($1,566)	$28,679	($30,245)	-105.5%	($208,565)	99.2%

( ) or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER

Balance Sheet

July 31, 2023

ASSETS	July 2023	June 2023	June 2022	July 2022
Current Assets:				
1. Cash - operating	$645,597	$422,951	$916,516	$607,944
2. Cash - insurance advances	0	0	783,728	3,268,269
3. Investments	47,207	47,174	2,597,751	2,600,134
4. Total cash	692,804	470,125	4,297,995	6,476,347
5. Patient receivables	5,566,669	6,030,712	6,260,353	6,034,951
6. Allowance for contractuals & bad debt	(2,573,985)	(2,891,731)	(3,363,222)	(3,673,676)
7. Net patient receivables	2,992,683	3,138,981	2,897,131	2,361,275
8. Other receivables	908,981	921,831	90,695	174,550
9. Inventories	300,494	304,713	356,624	320,982
10. Prepaid expenses	379,136	113,382	111,147	1,607,655
11. Total current assets	5,274,098	4,949,032	7,753,592	10,940,809
Property and Equipment:				
12. Assets in service	28,056,475	28,056,475	28,188,862	23,366,204
13. Assets in progress	1,213,519	1,185,172	73,363	149,577
14. Total property and equipment	29,269,994	29,241,647	28,262,225	23,515,781
15. Less: accumulated depreciation	(21,246,314)	(21,153,009)	(20,024,431)	(19,068,159)
16. Net propery and equipment	8,023,680	8,088,638	8,237,794	4,447,622
Assets Limited as to Use by Board				
17. Investments	3,080,866	3,008,055	2,768,388	3,161,340
18. Building fund	665,902	649,251	594,036	671,918
19. Total Assets Limited as to Use	3,746,768	3,657,306	3,362,424	3,833,258
Pension Assets:				
20. OPEB Asset	8,781,677	8,781,677	8,781,677	1,054,533
Deferred Outflows:				
21. Pension	2,756,254	2,756,254	2,756,254	2,894,105
22. Total assets	**$28,582,477**	**$28,232,907**	**$30,891,741**	**$23,170,327**

LIABILITIES & FUND BALANCE	FY24 July 2023	June 2023	June 2022	July 2022
Current Liabilities:				
23. Accounts payable	$2,010,398	$1,761,478	$1,286,742	$863,436
24. Accrued payroll	287,764	187,957	152,464	206,437
25. Payroll taxes and other payables	259,399	236,214	162,345	51,360
26. Accrued PTO and extended sick	1,023,459	1,069,620	994,445	1,005,856
27. Deferred revenue	260,554	206,868	402,639	97,090
28. Due to Medicare	99,999	99,999	1,760,708	(487,978)
29. Due to Medicare - Advance	0	1	783,728	3,268,269
30. Due to Blue Cross - Advance	0	0	0	0
31. Other current liabilities	3,069	3,069	3,515	0
32. Loan Payable - SBA	0	0	0	0
33. Current portion of long-term debt	349,121	347,641	333,818	86,973
34. Total current liabilities	4,293,763	3,912,847	5,880,404	5,091,443
Long-Term Debt:				
35. Capital leases payable	2,405,984	2,435,762	2,734,425	165,206
Pension Liabilities:				
36. Net Pension Liability	12,053,763	12,053,763	12,053,763	12,894,055
37. OPEB Liablity	-	-	-	-
38. Total pension liabilities	12,053,763	12,053,763	12,053,763	12,894,055
39. Total liabilities	18,753,510	18,402,372	20,668,592	18,150,704
Deferred Inflows:				
40. Pension	9,613,036	9,613,036	9,613,036	903,147
Net Position:				
41. Unrestricted	610,104	610,104	4,308,584	4,308,585
42. Current year net income (loss)	(394,171)	(392,605)	(3,698,471)	(192,107)
43. Total net position	215,932	217,499	610,113	4,116,477
44. Total liabilities and fund balance	**$28,582,478**	**$28,232,907**	**$30,891,741**	**$23,170,328**

****Note: Cash on line 1 is for presenation purposes only. The total**

( ) or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER

Key Volume Indicators

FISCAL YEAR 2024

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	FY24 YTD	% Change
Hospital Inpatient															
1. Patient Days - Acute Care	32												32	16	100.0%
2. Patient Days - Swing Bed	46												46	35	31.4%
3. Patient Days - Total	78	-	-	-	-	-	-	-	-	-	-	-	78	51	52.9%
4. Average Daily Census - Acute Care	1.0	-	0.0	-	-	-	-	-	-	-	-	-	0.1	0.1	100.0%
5. Average Daily Census - Swing Bed	1.5	-	0.0	-	-	-	-	-	-	-	-	-	0.2	0.1	31.4%
6. Average Daily Census - Total	2.5	-	0.0	-	-	-	-	-	-	-	-	-	0.3	0.2	35.3%
7. Percentage of Occupancy	21.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	2.0%	35.3%
Long Term Care															
8. Resident Days	403												403	279	44.4%
9. Average Daily Census	13.0	-	-	-	-	-	-	-	-	-	-	-	1.7	1.1	44.4%
10. Percentage of Occupancy	86.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	7.7%	44.4%
Other Services															
11. Emergency Room Visits	92												92	90	2.2%
12. Radiology Procedures	206												206	232	-11.2%
13. Lab Tests (excluding QC)	1,891												1,891	2,280	-17.1%
14. Rehab Services Units	1,043												1,043	890	17.2%
15. Home Health Visits	258												258	270	-4.4%
16 Clinic Visits	794												794	1,185	-33.0%

6 Year Overview of Acute Care Utilization

2017	QUARTER	DAYS	PATIENTS	Length of Stay	Charts sent Peer Review	
	1st	55	21	2.6		
	2nd	66	22	3	1 or 4%	
	3rd	68	18	3.8	3 or 16%	
	4th	119	41	2.9		308 days 102 pts

For year 2017: outpatient surgery cases - Miller 35, Gross 15

2018	QUARTER	DAYS	PATIENTS	Length of Stay	Charts sent Peer Review	
	1st	83	29	2.9	5 or 17%	
	2nd	78	29	2.7		
	3rd	75	24	3.1	5 or 21%	
	4th	110	33	3.4	2 or 6%	346 days 115 pts

For year 2018: outpatient surgery cases: Miller 27, Gross 8 **Medevac'd: 49** (from ER, Observation & Inpatient)

2019	QUARTER	DAYS	PATIENTS	Length of Stay	Peer Review Charts within PMC	
	1st	84	31	2.7	2 or 6%	
	2nd	48	18	2.7	6 or	
	3rd	97	30	3.2	10	
	4th	107	28	3.8	6	336 days 107 pts

For year 2019: outpatient surgery cases: 0 Medevac'd: 58 (from ER, Observation & Inpatient)

2020	QUARTER	DAYS	PATIENTS	Length of Stay	Peer Review Charts within PMC	
	1st	90	28	3.2	4 or 14%	
	2nd	40	16	2.5	1 or 1 %	
	3rd	68	20	3.4	1 or 1%	
	4th	53	20	2.7		251 days 84 pts

For year 2020: outpatient surgery cases: 0 Medevac'd: 32 (from ER, Observation & Inpatient)

2021	QUARTER	DAYS	PATIENTS	Length of Stay	Peer Review Charts within PMC	
	1st	70	26	2.7	11 or 42%	
	2nd	116	38	3	3 or 8%	
	3rd	57	21	2.7	7 or 33%	
	4th	81	30	2.7	2 or 6%	324 days 115 pts

For year 2021: outpatient surgery cases: 0, Medevac'd: 55 (from ER, Observation & Inpatient)

2022	QUARTER	DAYS	PATIENTS	Length of Stay	Charts sent Peer Review	
	1st	104	34	3.1	0	
	2nd	95	28	3.4	2 or 7%	
	3rd	64	19	3.3	1 or 1%	
	4th	93	27	3.4	6 or 22%	356 days 108 patients

*CAH rules: Standard periodic evaluation; not less than **10%** of active & closed charts 485.641(a)(1)(ii) and our annual average length of stay has to be under 96 hours per patient 42 C.F.R. 485.620(b)*

Utilization Review by diagnosis for inpatient **Admissions** for 5 years

Codes	Description	*Number of*	2023 Admits	2022 Admits	2021 Admits	2020 Admits	2019 Admits
A00-B99	Certain infectious and parasitic diseases			3	7	2	4
C00-D49	Neoplasms			3	1	5	2
D50-D89	Diseases of the blood & blood-forming organs & certain disorders involving the immune mechanism			2		1	1
E00-E89	Endocrine, nutritional and metabolic diseases			3	4	4	4
F01-F99	Mental, Behavioral and Neurodevelopmental disorders			20	13	6	17
G00-G99	Diseases of the nervous system			2	2	2	1
H00-H59	Diseases of the eye and adnexa						
H60-H95	Diseases of the ear and mastoid process						
I00-I99	Diseases of the circulatory system			7	14	16	14
J00-J99	Diseases of the respiratory system			12	11	9	20
K00-K95	Diseases of the digestive system			19	15	11	6
L00-L99	Diseases of the skin and subcutaneous tissue			2	2	3	
M00-M99	Diseases of the musculoskeletal system and connective tissue			3	2	1	6
N00-N99	Diseases of the genitourinary system			3	10	8	15
O00-O9A	Pregnancy, childbirth and the puerperium				1		1
P00-P96	Certain conditions originating in the perinatal period						
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities						
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified			23	7	6	5
S00-T88	Injury, poisoning and certain other consequences of external causes			7	10	10	11
V00-Y99	External causes of morbidity						
Z00-Z99	Factors influencing health status and contact with health services						
U00-U85	Special purposes (covid as of April 2020)			7	16		
	TOTAL Admissions:			**116**	**115**	**84**	**107**

Utilization Review by diagnosis for inpatient **Days** for 5 years

Codes	Description	*Number of*	2023 Days	2022 Days	2021 Days	2020 Days	2019 Days
A00-B99	Certain infectious and parasitic diseases			11		9	17
C00-D49	Neoplasms			8	3	18	8
D50-D89	Diseases of the blood & blood-forming organs & certain disorders involving the immune mechanism			4		4	2
E00-E89	Endocrine, nutritional and metabolic diseases			8	13	7	13
F01-F99	Mental, Behavioral and Neurodevelopmental disorders			61	34	16	67
G00-G99	Diseases of the nervous system			5	6	10	3
H00-H59	Diseases of the eye and adnexa						
H60-H95	Diseases of the ear and mastoid process						
I00-I99	Diseases of the circulatory system			13	29	56	40
J00-J99	Diseases of the respiratory system			59	36	30	62
K00-K95	Diseases of the digestive system			54	38	34	14
L00-L99	Diseases of the skin and subcutaneous tissue			6	9	8	
M00-M99	Diseases of the musculoskeletal system and connective tissue			14	3	1	18
N00-N99	Diseases of the genitourinary system			10	32	33	37
O00-O9A	Pregnancy, childbirth and the puerperium				1		3
P00-P96	Certain conditions originating in the perinatal period						
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities					9	
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified			48	14	24	18
S00-T88	Injury, poisoning and certain other consequences of external causes			29	32	25	34
V00-Y99	External causes of morbidity						
Z00-Z99	Factors influencing health status and contact with health services						
U00-U85	special purposes (covid as of April 2020)			33	39		
	TOTAL Days:			**363**	**289**	**259**	**336**

BYLAWS
OF THE
MEDICAL STAFF

PETERSBURG MEDICAL CENTER

2023

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BYLAWS OF THE MEDICAL STAFF
PETERSBURG MEDICAL CENTER

PREAMBLE

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

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

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

DEFINITIONS

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

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

C. BOARD means the Petersburg Medical Center Board.

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

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

D. HOSPITAL means the Petersburg Medical Center.

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

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

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

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

ARTICLE I: PURPOSE

A. Promote the general health of the community.

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

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

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

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

ARTICLE II: MEMBERSHIP

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

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

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

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

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

B. Be of unquestionable moral and professional integrity.

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

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

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

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

G. Be board certified or eligible for board certification.

Section 3. Physician Responsibilities.

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

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

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

ARTICLE III: CATEGORIES OF MEDICAL STAFF

Section 1. Active Staff.

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

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

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

D. Active staff physicians will maintain certification in Basic Life Support (BLS), Pediatric Advanced Life Support (PALS) , Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS) or Comprehensive Advanced Life Support (CALS). Recommend Neonatal Resuscitation (NRP). Certification will be consistent with American Heart Association (AHA) standards. A one-month grace period will be granted for certification.

Section 2. Consulting Staff

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

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

Section 3. Locum Tenens Staff

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

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

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

Section 5. Honorary Staff

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

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

Section 6. Allied Staff

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

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

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

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Section 7. Medical Residents

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

B. Resident physicians may attend Medical Staff meetings.

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

ARTICLE IV: APPOINTMENT AND REAPPOINTMENT

Section 1. Application.

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

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

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

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

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

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

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

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

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

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

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

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

Section 2. Temporary Privileges

A. The Administrator may approve temporary privileges to the Medical Staff with the concurrence of the Chief of Staff at the time an application for privileges is submitted. Temporary privileges may not exceed ninety days or until a

provisional appointment is made, whichever comes first. Temporary privileges may be withdrawn at any time by the Chief of Staff or the Administrator in conjunction with the Chief of Staff, for any reason.

Section 3. Provisional appointment.

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

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

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

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

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

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

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

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

Section 4. Duration of appointment.

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

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

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

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

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

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

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

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

Section 5. Performance Review.

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

Section 6. National Practitioner Data Bank.

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

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

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

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

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

ARTICLE V: MALPRACTICE INSURANCE

Section 1. Insurance required

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

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

Section 2. Temporary suspension

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

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

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

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

ARTICLE VI: CLINICAL PRIVILEGES

Section 1. Clinical Privileges Restricted.

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

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

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

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

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

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

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

Section 2. Emergency Privileges

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

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

Section 3. Temporary Privileges

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

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

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

Section 4. Appeal

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

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

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

ARTICLE VII: JOINT CONFERENCE COMMITTEE (JCC)

Section 1. Purpose

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

Section 2. Duties

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

Section 3. Membership

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

Section 4. Meetings

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

ARTICLE VIII: CORRECTIVE ACTION

Section 1. Requests for Corrective Action

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

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

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

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

Section 2. Procedure

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

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

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

1) Deny the request for corrective action.

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

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

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

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

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

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

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

Section 3. Request for Hearing

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

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

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

Section 4. Summary Suspension

A. The Chief of Staff, the Administrator or the Board President shall summarily suspend all or part of a practitioner's privileges for a period of up to fourteen (14) days whenever the Chief of Staff, the Administrator or the Board President

believes, after a reasonable effort to obtain the facts of the matter, that the failure to take such an action may result in an imminent danger to the health of any individual.

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

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

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

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

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

Section 5. Automatic Suspension

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

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

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

ARTICLE IX: HEARING PANEL

Section 1. Hearing Panel

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

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

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

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

E. All hearing deliberations are in Executive Session.

Section 2. Notice of Hearing

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

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

2) The names of the panel members.

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

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

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

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

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

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

Section 3. Procedure

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

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

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

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

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

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

Section 4. Conduct of Hearing

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

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

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

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

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

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

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

Section 5. Decision

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

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

Section 6 Appeal

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

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

ARTICLE X: BOARD APPELLATE REVIEW

Section 1. Appellate Review Hearings

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

Section 2. Notice of Appellate Review Hearing

A. As soon as practicable after receiving a notice of appeal from a JCC notice of proposed professional review action or from a hearing panel decision, the Administrator shall prepare and distribute to all parties a notice of appellate review hearing. The notice of appellate review hearing shall include a written statement that the right to a hearing will be forfeited if the practitioner fails, without good cause, to appear at the appellate review hearing, and shall include a written statement that the practitioner has the right

1. to representation by an attorney or other person of the physician's choice
2. to have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of any reasonable charges, including transcription costs
3. to submit a written statement at the close of the hearing
4. to receive a written decision from the Board, including a statement of the basis of its decisions.

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

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

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

Section 3. Burden of Proof.

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

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

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

Section 4. Conduct of Hearing

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

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

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

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

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

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

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

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

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

Section 5. Final Decision.

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

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

Section 6. Judicial Appeal

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

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

ARTICLE XI: OFFICERS & COMMITTEES

Section 1. Officers

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

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

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

A. The duties of the Medical Director are to:

1. Support Medical Staff activities and self-governance functions.
2. Work with the Medical Staff's Chief of Staff and Hospital Department leaders to help accomplish their respective responsibilities and goals.
3. Serves as a liaison between Hospital Administration, the Board of Trustees and the Medical Staff.
4. Oversees the Medical Staff Quality Review, Patient Safety and Risk Management programs and integration into the programs of Hospital.
5. Actively participates in Hospital's strategic planning, policy development and program execution.
6. Oversees any Clinical Research conducted at Hospital; and
7. Oversees and directs the Medical Staff Peer Review Program.

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

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

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

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

4. Serve on the Joint Conference Committee.

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

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

7. Supervise educational activities of the Medical Staff.

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

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

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

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

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

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

Section 3. Committees

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

1. Executive, credentials and medical records functions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Review reported adverse reactions to drugs administered.

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

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

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

ARTICLE XII: MEDICAL STAFF MEETINGS

Section 1. Annual Appointment Meeting.

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

Section 2. Regular meetings.

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

Section 3. Special Meetings.

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

Section 4. Attendance.

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

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

Section 5. Quorum.

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

Section 6. Agenda

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

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

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

Section 7. Private Meetings.

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

All meetings of the Medical Staff or any committee of a hospital such as a Peer Review Committee, meeting solely to act upon matters of professional qualifications, privileges, or discipline shall be held in private and are not subject to the Open

Meetings Act of Alaska, in accordance with AS 44.62.310(d)(5). All matters discussed, provided, or created for these types of reviews shall be held in the strictest confidence to the fullest extent permitted by law. This section includes, but is not limited to, meetings convened pursuant to AS 18.23.030.

ARTICLE XIII: RULES AND REGULATIONS

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

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

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

ARTICLE XIV: BYLAW AMENDMENTS

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

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

ADOPTION

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

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

ATTEST:

By: _____
Chief of Staff

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

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

ATTEST:

By: _____
President

By: _____
Secretary

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

By: _____
Administrator

RULES & REGULATIONS OF THE MEDICAL STAFF

PETERSBURG MEDICAL CENTER

2023

1. No patient shall be admitted to the hospital without a provisional diagnosis. In case of emergency, the provisional diagnosis shall be stated as soon after admission as possible.

2. The attending physician (or his or her designated mid-level coverage) shall be responsible for all hospital orders. Orders shall be entered into the electronic medical record. A verbal order, either in person or over the telephone, can be given to the appropriately licensed personnel. Such orders shall be entered by the licensed personnel into the electronic medical record. All such verbal orders shall be co-signed by the staff physician within 72 hours. Appropriate licensed personnel include registered nurses, pharmacists, physical therapists, radiological technicians, and medical technologists.

3. Should a need for written hospital orders arise, they must be written so as to be legible. Staff is responsible for notifying and clarifying such orders with the ordering ~~physician~~ provider as soon as possible.

4. The attending ~~physician~~ provider shall be held responsible for the completion of the ~~physician~~'s provider's portion of the electronic medical record for each patient under his or her care. This portion includes the initial history and physical exam, progress notes completed at least daily, procedure notes, discharge summary and properly electronically signed and completed physician orders. The content of these notes will be in keeping with current medical record standards.

5. A complete history and physical exam shall be available in the electronic medical record within 72 hours.

6. All paper & electronic records and images are the property of the hospital and shall not be taken from the building without the following:
   a. Paper charts: Paper medical records may not be taken from the hospital except by a subpoena or court order. In case of readmission of a patient, all previous records shall be available for use of the attending physician. This shall apply whether the patient is attended by the same ~~physician~~ provider or by another.
   b. Computer charts: Full disk encryption is required on any computers containing medical records that leave the facility. All charting outside of the facility is accepted with an approved computer utilizing a virtual private network and a minimum of AES-128 full disk encryption (BitLocker). Refer to the Acceptable Use Policy.

Surgery

7. All patients admitted to the operating suite for surgery shall have a recorded history and physical examination in the chart. When such requirements are not met, surgery shall be cancelled unless the attending physician (surgeon) states in writing that such delay would be detrimental to the patient.

8. A surgical procedure shall be performed only with the informed consent of the patient or his/her legal representative, except in emergencies.

9. All tissues removed during an operation and that are deemed necessary shall be sent to the contracted pathologist, who shall make such examination as he/she may consider necessary to arrive at a pathological diagnosis and shall sign the report.

10. Anesthesia practice shall be in keeping with current standards of anesthesia care and existing hospital policies where applicable. A proper anesthesia record shall be kept in all cases where an anesthetic is administered.

Consultations

11. Staff physicians and/or allied health professionals shall be encouraged to obtain appropriate physician consultations with either another member of the staff or outside physicians as deemed appropriate in a given clinical situation. In situations where a nurse feels that further consultation is necessary but not forthcoming, despite having raised their concern with the attending physician, they are to notify the Chief Nursing Officer of the circumstance. If the Chief Nursing Officer agrees that concern over the need for additional consultation is warranted, they are to notify the acting Chief of Staff or Medical Director who will review the clinical circumstances and discuss the matter with the attending physician. If the matter is resolved between the attending physician and the ~~acting~~ Chief of Staff or Medical Director, no further action will be required. If the Chief of Staff or Medical Director feels that the patient is at risk as a result of the care plan, he or she will have the option of assuming patient care. In this circumstance, outside peer review will be required of all pertinent medical records.

RULES & REGULATIONS OF THE MEDICAL STAFF
PETERSBURG MEDICAL CENTER

Medications

12. Every effort will be made to respect the wishes and beliefs of hospitalized patients in regard to what are often termed alternative therapies. Alternative therapies are here defined broadly as any treatment outside the realm of generally accepted medical practice or science. An example would include the cedar bark teas favored by local Native Alaskans for a variety of maladies.

13. All medications administered in the hospital setting shall be under the direction of the attending physician and nursing staff. Patient's own medications may be administered by hospital staff only if stated by physician order and the medicine is available in a clearly marked container listing the name of the medication, the dose strength and the expiration date. The nursing staff shall be given discretion to decline administering patient's own medicine (substituting hospital formulary medicine) if concerns exist about the safety and/or reliability of available patient medication. The attending physician and patient shall be notified of such concerns. Any such therapy (oral, topical or inhaled medicine, nutritional or dietary supplement, physical modalities (e.g. heat, acupuncture, electricity, magnetism) etc.) deemed by the medical or nursing staff to be potentially harmful to the patient, staff, other hospitalized patients or long-term care residents will not be allowed in the hospital setting. All proposed alternative therapies will be reviewed by the attending physician and orders entered in the chart regarding their use and the appropriate documentation of their use. If a nurse has concerns about the safety of an alternative therapy despite written orders, existing rules regarding conflict resolution shall be followed.

14. A plan for the care of mass casualties adopted by the hospital requires that all ~~physicians~~ providers shall report to their assigned posts and follow the disaster plan.

15. All ~~physicians~~ providers of Petersburg Medical Center shall at all times remain in compliance with Alaska State Law concerning abortion as detailed in Sec. 18.16.010

16. An adequate electronic medical record must be kept on every patient treated in the emergency room or as an outpatient.

Emergency Room Coverage

17. A. All active and locum tenens staff physicians will cooperatively schedule, share and provide emergency room coverage for the hospital. Being "On Call" requires the physician to be immediately available by telephone, radio, and available on site within 30 minutes 42 C.F.R. 485.618 & 42C.F.R.489.20.

    B. The "On Call" physician will have the responsibility of securing a replacement "On Call" physician should he/she desire to be "Off Call". In the event of a medical evacuation which is attended by the "On Call" physician, every effort will be made to secure a physician to accept the "On Call" in the absence.

    C. Call rotation will be determined by the medical staff and shall remain as such until mutually changed by the medical staff.

    D. All conflicts relating to which physician is on call shall be referred to the acting Chief of Staff. If unable, the Hospital Administrator will be notified and assume responsibility of clarifying who is on call.

18. A. Medical Orders for outpatient laboratory, x-ray, ultrasound, mammography, physical therapy, or other diagnostic tests, may be placed by medical or osteopathic licensed physicians; or, by other allied health professionals according to their State license restrictions; and, as long as the orders are in compliance with hospital protocols.

    B. All patients presenting to the Emergency Department will receive a medical screening exam to make an initial determination within the resources of the hospital, whether that individual has an emergency medical condition, in accordance with EMTALA regulations. All patients will be seen by the on-call provider in the Emergency Department or will be appropriately transferred same-day to the clinic.

    C. The initial medical screening exam will be performed by the practitioner on staff or nursing staff. When delegation of the medical screening exam to non-physician staff occurs, specific protocols established by the medical staff and outlined in the Emergency Room policies and procedures will be followed. No patient shall be discharged from the Emergency Department or transferred to the Clinic without first contacting the On-Call physician with results of the screening exam.

D. RN's who have completed ER orientation, which includes training in conducting the medical screening exam, are designated as qualified non-physician staff authorized to perform the initial screening exam by the medical staff and by the hospital board of directors.

Transfers

19. When, in the opinion of the attending practitioner, patient needs for care or safety could be met better in another facility, transfer shall be arranged, and the transferring practitioner shall contact the practitioner to whom referred. A copy of the necessary patient records shall accompany the patient. All applicable hospital policies regarding transfer will be followed.

20. Patients shall be discharged only by order of the attending practitioner. Should a patient leave the hospital against the advice of the attending practitioner, or without proper discharge, a notation of the incident shall be made in the patient's medical record.

Disruptive Behavior Policy

This policy is applicable to all individuals granted medical staff or allied health professional privileges

Purpose:

- To assure optimum patient care by promoting a safe, cooperative, and professional health care environment.
- To prevent or eliminate conduct which
  - Disrupts the operations of the hospital, or
  - Affects the ability of staff to do their jobs, or
  - Creates a hostile work environment, or
  - Interferes with an individual's ability to practice competently.

Reports of disruptive behavior may come from any member of the Medical Staff, any hospital employee, any patient or visitor.

Unacceptable conduct examples:

- Attacks (verbal or physical) which are personal, irrelevant or go beyond the bounds of professional conduct, leveled at any practitioner, hospital personnel, patients or visitors
- Comments (or illustrations) that are impertinent or inappropriately made in a patient's medical chart or other official documents
- Criticisms that are non-constructive, addressed to the recipient in such a way as to intimidate, undermine confidence or imply stupidity or incompetence.

Reporting and Documentation of Disruptive Behavior

Reports are made to the Chief of Staff, Medical Director or the Hospital Administrator.

Written reports are required and should be done as quickly as possible following the event. Enough relevant information should be included such as names, dates, witnesses, circumstances and outcomes to allow a thorough investigation, if warranted.

If the complaint involves questionable behavior on the part of the acting Chief of Staff or if the acting Chief of Staff is unavailable within a reasonable time frame, the Hospital Administrator will designate an appropriate alternate physician for the purposes of investigation and review.

Investigation

The process of investigation will start within 10 working days of the receipt of a written complaint.

The Chief of Staff or administrator shall notify the accused practitioner of an investigation as soon as possible. Reprisals against individuals involved will not be tolerated and will result in formal disciplinary actions as directed by the Chief of Staff in consultation with the Hospital Administrator and President of the Hospital Board.

The accused practitioner will be requested to provide a written explanation of the event.

In situations where the behavior in question may have impacted the quality of patient care, the Chief of Staff or Hospital Administrator may request formal outside peer review.

Steps following the initial investigation

Unfounded accusations may be dismissed by the Chief of Staff. This shall be documented and reported to the practitioner. If the unfounded accusation came from a hospital employee, this may be reported to the individual's supervisor for corrective action if warranted.

A meeting of the parties in conflict may be appropriate to discuss the events and to discuss how to alleviate future issues. This meeting will be chaired by the Chief of Staff and may involve the Hospital Administrator, the Director of Nursing and/or a representative from the Hospital Board as deemed appropriate by the Chief of Staff. If, in the opinion of the Chief of Staff, this meeting appears to settle the matter to the satisfaction of the parties involved no additional action or reporting will be taken. In the event the accused practitioner refuses to participate in a meeting, the issue will be reviewed by the Chief of Staff, Hospital Administrator and President of the Hospital Board (JCC) for corrective action.

Unclear or complex situations, or with extenuating circumstances may result in an informal meeting with the practitioner to discuss the situation and how it could have been handled better.

Action after evaluation

A full report will be made to the Hospital Administrator and/or the President of Hospital Board. If deemed appropriate, the report may be placed in the practitioner's credentialing file. The practitioner is entitled to make a written rebuttal to the report, which will be kept with the report. Reported events shall be taken into consideration during the renewal of privileges evaluation by the Medical Staff and Hospital Board.

A single confirmed incident might be limited to a collegial discussion with the offending practitioner. The Chief of Staff or designee shall initiate such a discussion. If the practitioner's behavior was a complaint about an employee's performance, the practitioner shall be directed on how to report through the chain of command, rather than reacting in a disruptive manner

A pattern of disruptive behavior or in consideration of the magnitude of the occurrence, more formal actions shall be taken as follows:

1. Counseling session in person with the practitioner and the Chief of Staff.
2. A letter of reprimand may be issued.
3. Disruptive behavior may be grounds for temporary or permanent loss of privileges and appointment.

The practitioner working toward improving performance, problems with behavior, etc., may have the warning(s) purged from their file after one full year of demonstrated, acceptable performance and/or conduct.