



**Petersburg Borough
Petersburg Medical Center**

12 South Nordic Drive
Petersburg, AK 99833

**Meeting Agenda
Hospital Board
Regular Meeting**



Thursday, December 07, 2023

5:30 PM

Assembly Chambers

Join via Zoom:

https://us06web.zoom.us/j/84842875584?pwd=yki_SgAeYSlyo2DJ6aFzJCRCGoqGww.YyYo9pAla8F8VCUO

Passcode: 289815

Or One tap mobile :

+12532050468,,84842875584# US

+12532158782,,84842875584# US (Tacoma)

1. **Call to Order**
2. **Approval of the Agenda**
3. **Approval of Board Minutes**
 - A. Approval of minutes for the October 26, 2023, board meeting.
4. **Visitor Comments**
5. **Board Member Comments**
6. **Committee Reports**
 - A. Resource
 - B. LTC
 - C. CAH
 - D. Joint Conference
7. **Reports**
 - A. Case Management/Swing Bed Management
 - E. Hart provided a written report.

- B.** Quality & Infection Prevention
S. Romine/J. Bryner provided a written report.
- C.** New Facility Update
Jay Farmwald, PMC project manager, will provide an update.
- D.** Executive Summary
P. Hofstetter provided a written report.
- E.** Financial
J. McCormick provided a written report.

8. Old Business

9. New Business

A. Board committee appointments

Quality Improvement

Infection Control

Resource Committee

Joint Conference Committee: Board president (standing appointment)

Foundation Committee

Community Engagement

Evaluation Committee

Bylaws Committee

Kinder Skog Advisory Committee

B. Board of Directors Letter of Support

Action Required: Approve letter of support for the construction of the new Petersburg Medical Center.

By motion, the Petersburg Medical Center Board of Directors approves the letter of support (enclosed in the packet) to be used related to new facility advocacy and fundraising initiatives.

10. Executive Session

A. Executive Session

By motion, the Board will enter into Executive Session to consider medical staff appointments/reappointments.

11. Next Meeting

12. Adjournment



Petersburg Medical Center

Case Management/Swing Bed Management December 2023

Workforce Wellness

- Skilled Swing Bed (SB) is staffed with Acute Care RN's. Swing Bed indicates a hospital room.
- Staffing is tight, currently have one RN traveler, awaiting 2 more, for a total of 13 RN floor positions.
- 1-2 RN's are staffed on AC daily, and 1 RN is staffed nightly.

Community Engagement

Admission Referral Process and Community Engagement:

- Networking with larger hospitals in Alaska (ANMC, Alaska Regional, Providence Anchorage) to establish contacts.
- Review online referrals from hospitals in the Seattle area (Swedish, Virginia Mason, Harborview).
- Majority of non-local skilled patients come from Bartlett Regional in Juneau. Three referrals this week from Bartlett; one was appropriate and accepted but declined to travel to Petersburg for skilled rehab. The other 2 prospectives do not have Medicaid, and need LTC level of care.
- Maintain regular phone contact with Bartlett Regional, at least weekly, typically more frequent.
- Use screening tools (Skilled Screener, LTC Needs Assessment Tool, Infection Control Transfer Form) to assess medical appropriateness and level of care required.
- Review prospectives' insurance and discharge plan to ensure a smooth transition after the Skilled stay.
- Referrals are evaluated by the PMC Rehab department for qualification and benefit from Skilled Rehab.
- Referrals then go to the PMC physician for approval and completion of a physician-to-physician report.
- LTC Medicaid Authorization for Swing Bed must be approved by DHSS prior to travel and stay.
- Widening the recruitment radius yields mixed results due to factors like payor source, medical/psychiatric complications, and discharge plan challenges.
- Admitting skilled patients without a support system, payor source, or adequate discharge plan causes financial hardship.

Patient Centered Care

- Goal: Develop metrics for improving quality of care and achieving optimal outcomes.
- Developing QIP: Within one week of discovery of need for LTC level of care and need for Medicaid application assistance. Will notify appropriate PMC staff including Medicaid expert, Home Health, LTC.
 - Follow up to QIP- 2 recent patient needs identified upon AC/Skilled admission- worked with other entities to find appropriate placement and level of care, assist with insurance. Placement successful.
- Current surveyed areas: readmissions, falls, skin breakdown, Notices of Non-Coverage, skilled patient days.
 - No readmissions.
 - One fall in November in Swing Bed; non-injury.
 - No new skin breakdown.
 - Notice of non-coverage given for Medicare Patients, not applicable to private insurance.

- Targeting improved communication between local and receiving providers for referrals, medevacs, and patients requiring skilled care; to better disseminate information on services offered.
- Highlight PMC Skilled Nursing Facility's 24/7 RN staffing for IV therapy, medication management, and wound care directed by certified specialists.
- Emphasize the advantage of having RN staffing, which is not typical in most Skilled Nursing environments.

Facility

- Changes in equipment:
 - Sara-steady sit to stand for transfer assistance for weight bearing but unsteady patients.
- Focusing efforts on increasing patient census as mentioned above.

Financial Wellness

- Skilled Swing Bed (SNF SB) care patient days in the past 6 months: 1.3 (goal: 3 patient days).
- Average census, including all Swing Bed stays (some at LTC level of care): 2 patient days.
- No skilled readmissions within 30 days.

Submitted by: Elizabeth Hart RN



Petersburg Medical Center

Quality Report December 2023

Workforce Wellness

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

Initial planning for a workplace wellness survey is underway. Survey results can provide information on how PMC departments are doing in their efforts to 'Foster a positive & supportive work environment.' This PMC board objective is important for employee retention, job satisfaction, staff communication and ultimately patient outcomes.

Community Engagement

Evidence-Based Fall Prevention Programs:

- The first round of workshops of Bingo-cize and Tai Ji Quan have reached 45 total participants so far.
- There is a successful partnership with Parks & Recreation in implementing Bingo-cize.
- Moving forward, we would like to work with the staff of the Mountain View Manor to support development of programs they may be interested in offering to their residents.

Patient Centered Care

The October Quality Committee meeting focused on LTC and the November meeting included both LTC and CAH. Several 'action items' have been completed over the last couple of months and the committee continues to work toward identifying opportunities to improve service, processes, and patient outcomes. The agenda for these meetings has been altered to prioritize updates and discussion on current 'action items.' It is wonderful to have representation from the PMC board and community at the Quality Committee meetings.

The approved PMC strategic plan for 2024-2028 provides a unified direction for all departments. Quality staff and managers will be working towards the identification and use of KPIs aligned with the strategic plan under the direction of the interim Quality Director and the Quality Committee. This project is moving forward and in progress. A home health department strategic plan is nearing completion and will be shared at the upcoming Home Health Advisory meeting in December.

The Adult Day Program will begin on December 11th with ½ day services at the PIA location. The goal is to provide person-centered care that contributes to participant's well-being and meets their physical, social, and nutritional needs. Services may include but are not limited to:

- Direct care, supervision, and safety monitoring
- Supervised physical activity & range of motion exercises
- Individualized health education & monitoring
- Socialization
- Medication administration & assistance
- Activities Coordination-recreation and leisure activities
- Nutritious meals and snacks
- Personal care assistance, such as toileting, bathing, skin care, hair care
- Accessing and using community resources
- Use of adaptive aids/assistive devices

Facility

PMC Long-Term Care was awarded the Excellence in Quality Award from Mountain Pacific. This achievement clearly demonstrates the high standards in which LTC leadership and staff hold themselves to. Their dedication and diligence in improving the lives of long-term care residents is remarkable.

The 'Intent To Apply' for the Bronze National Quality Award has been submitted to the American Healthcare Association. The Bronze award level provides applicants with tools and resources for continuous improvement in quality care and is based on the Baldrige Excellence Framework. There is a very short time to accomplish the application which requires the development and implementation of a performance improvement project in LTC. Further evaluation and planning are underway. The final application is due on January 25, 2024.

Safety Culture (formerly iAuditor) has been accessed to utilize for facility inspections and audits. Within this program, templates prompt the inspection and documentation of important facility compliance items and safety details. The program allows a user to identify and track action items and a mechanism to document remedies. The program incorporates media such as video and pictures into the reports. The templates were customized and created by a former employee of PMC and will be a great way to communicate and track needs within the facility. These audits and inspections will likely be utilized by Maintenance, EVS, infection control, and administration and are currently used by the dietary manager. At this point, managers are evaluating and further customizing the templates available to them.

Financial Wellness

Adult Day Program and Senior In-Home services program staff have been working with PMC billing and financial staff to ensure the infrastructure and processes are identified for appropriate reimbursement of these newly offered services.

Submitted by: Stephanie Romine, RN



Petersburg Medical Center

Infection Prevention and Control Report December 2023

Workforce Wellness

There have been no changes in staffing.

Community Engagement

We restarted separate Infection Prevention and Control (IPC) meetings (had been imbedded in the quality meetings) this month to allow more time to address the many topics that IPC is responsible for. Meetings will be at least quarterly and will be reported to the LTC and CAH quality meetings.

I attended the Alaska Association for Professionals in Infection Control and Epidemiology (APIC) Midnight Sun Chapter two-day workshop. The first day was The Training Infection Prevention through Simulation (TIPS) pilot course by the University of Washington that focused on an experiential learning approach for training adults about IPC. The second day focused on survey readiness, a tabletop exercise responding to a new multi-drug resistant organism (MDRO), and ended with an IPC escape room from Project Firstline. I learned a lot and also had good opportunity to network with other Infection Preventionists around the state. I plan on utilizing some of the tools from the workshop to help train PMC staff.

We have seen our first cases of Influenza Type A this week (11/18). Currently 67% of PMC staff was up to date with their influenza vaccine. Our goal is 95%.

Patient Centered Care

2023 Hand Hygiene Compliance: (rate determined by secret direct observation during the WHO's Five Moments of Hand Hygiene)

LTC: 68%

Acute Care: 76%

LTC October 2023 Metrics:

Urinary Tract Infections (UTI): 0

Catheter associated Urinary Tract Infections (CAUTI): 1

Clostridium Difficile infections: 0

Covid-19 infections: 0

LTC Resident Flu Shots: All residents offered vaccines, 80% up to date.

LTC Covid Vaccine 2023-2024 booster: All residents offered vaccines, 73% up to date.

LTC Pneumococcal Vaccine: All residents offered vaccines, 80% are up to date.

Facility

Solarium is back in use and is better than ever. It is now well insulated, which keeps the heat much better than before and makes it a comfortable room for residents. We are adjusting the concentration of the Eco-lab cleaning products to ensure effectiveness and decrease the scents that bother some staff when the products are used in a small space. The Representative from Eco-lab will be here 11/22 to make the adjustments. Eco-lab has other products to try if this intervention does not solve the problem.

Financial Wellness

No changes have occurred in this area.

Submitted by: Jennifer Bryner, MSN, RN



Petersburg Medical Center

CEO Board Report December 2023

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

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

Possible Quorum of the PMC Hospital Board at Two Events

It is possible there will be a quorum of the PMC Hospital Board at two upcoming events, but no hospital business will be conducted.

- December 8, Noon-12:15 pm at Groundbreaking Ceremony for the WERC building, Haugen Drive near 8th Street (all community members are invited)
- December 15, 6:30 pm at PMC Employee Holiday Party

Highlights:

- Site work for the pad and ground preparation for the new replacement facility began on November 13. Work is being performed by contractors Dawson Construction and Rock n' Road Construction. As a precaution, we ran ads in the Pilot and sent announcements to both the Pilot, KFSK and posted on social media alerting the public to the possibility of increased truck activity around the designated site on Haugen Drive. A groundbreaking ceremony is being planned for December 8 at noon at the site entry.
- Representative Himschoot visited PMC November 9. She met with PMC leadership, who provided a facility tour, discussed and reviewed the need and design plans for the new replacement facility, and talked about challenges and opportunities in health care and the community.
- Early November 14, PMC initiated a trauma team response once notified of the [incident involving a Coast Guard helicopter](#) and that incoming crew were being brought here. I want to acknowledge the amazing staff response to the situation. The teamwork and dedication on display here at PMC never ceases to amaze me. A heartfelt thank you to everyone involved, including the PSG first responders and, of course, the Coast Guard. PMC and EMS debriefed on November 15 with good recommendations.
- On November 20 the Petersburg Borough approved a capital request letter to the Governor for this fiscal year.
- On November 21 a tragic landslide in Wrangell resulted in the loss of 4 deaths and 2 still missing. Ashley Kawashima, PMC BHS clinician has been available to those in need related to this traumatic event.
- Scheduling a Borough/Hospital joint work session is in the works for early 2024.



- The Alaska Department of Health announced that Phil Hofstetter was named Alaska’s 2023 “Community Star” by the National Organization of State Offices of Rural Health (NOSORH). NOSORH leads National Rural Health Day (NRHD), an annual celebration that shines a light on those who serve the vital health needs of the nearly 61 million people living in rural America. The Community Star Recognition Program was established in 2015 in conjunction with NRHD to tell the stories of the people and organizations who make a difference in rural communities. Since then, over 300 inspiring rural stars have been honored nationwide on NRHD. Additional information about National Rural Health Day and the Community Stars program can be found at PowerOfRural.org.
- PMC’s Phil Hofstetter and Katie Holmlund presented to the panel for the Governor’s Task Force on Child Care regarding PMC’s model for employers providing childcare.



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 completed the annual audit. The management letter will be reviewed by the board resource committee in an upcoming meeting and presented to the board, expected in January 2024.
- Cost Report is being finalized by the finance team and PMC’s cost report preparer for FY23. The anticipated result is a payment due to PMC which is positive.
- FY24 capital budget continues to be reviewed and will have a more concise list for approval.
- FEMA funding was received related to COVID from FY23 project in the amount of \$229,415.74
- Rebasing calculation for Medicaid LTC, inpatient was completed and expected retro payment is still due ~\$500,000.
- Financial performance is improving slowly, DNFB days were at around 7-8 days and AR still at 69-70 days. This will be reported out accordingly with the finance reports.

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.

- At the October 26, 2023, board meeting, the Petersburg Medical Center Board of Directors authorized the CEO to finalize the CCPF grant agreement with the State, and expend these funds for the planning, design, construction and fit-out of the Wellness, Education & Resource Center building.
- Site work began the week of Nov. 13 and construction on the WERC building is expected to begin in Spring 2024.
- Groundbreaking ceremony is set for Dec 8 with the Borough hosting refreshments after the ceremony in the Assembly Chambers. Invitations have been sent out as well as public notification.



- Updates: Project updates are available on the PMC website under the “New Facility & Planning” tab: <https://www.pmcak.org/new-facility.html>.

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

- The monthly CEO Office Hours continue. This monthly open-door session provides more opportunities for staff to share ideas and provide input to the CEO and leadership.
- The annual PMC managers retreat, including PMC leadership and board members, met Oct. 25 and discussed the past year, the strategic plan, and set the stage for the next year. Overall, the retreat focused on the retreat emphasized a commitment to improving financial stability, expanding services, and enhancing the workplace culture to better serve the community and the employees. Outcomes from the day-long meeting include an action item list, recommendation list and plan to develop Key Performance Indicators as part of the PMC Strategic Plan.
- The PMC staff holiday party is scheduled for Dec. 15. This serves as a well-deserved thank you to our hard-working staff. I appreciate all you do to serve those in our community.



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

- November 1: Participated in [Governor’s Task Force on Child Care](#)
- November 6: PMC reports out at Borough Assembly Meeting
- November 9: Representative Himschoot visits and tours PMC.
- November 22: LTC staff hosted a beautiful Thanksgiving Dinner for residents and their families. This was a wonderful success.
- November 24: Third annual PMC Turkey Trot! Despite the weather there was a great turnout, with 41 participants who came together to walk/run/ride the 2-mile course the day after Thanksgiving. Non-perishable foods were collected and donated to HIP (Humanity In Progress), along with a monetary donation that was made.
- December 8: A noon groundbreaking ceremony is planned for the new replacement facility. Community members and everyone are invited to attend but be aware that access to the site is on gravel and uneven terrain.



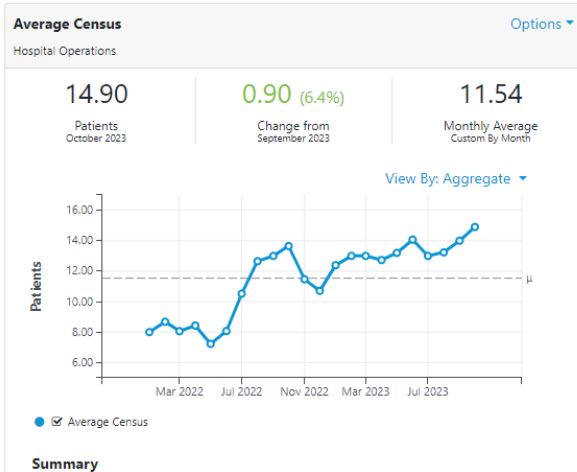
Patient-Centered Care and Wellness: Goal: To provide high-quality, patient-centered care and promote wellness for all patients.

- The Solarium is now open and available to residents and LTC staff. I would like to extend my thanks to our facilities department and Bob Olson for completing this project.
- The annual kitchen inspection in late October by the DEC was a success. PMC’s Food and Nutrition Services team passed with flying colors. Great job to everyone involved.
- The lab underwent its CLIA inspection on Oct. 24-25. This survey occurs every two years, and I am proud of our PMC team and congratulate them on these great results. While the surveyor had two minor

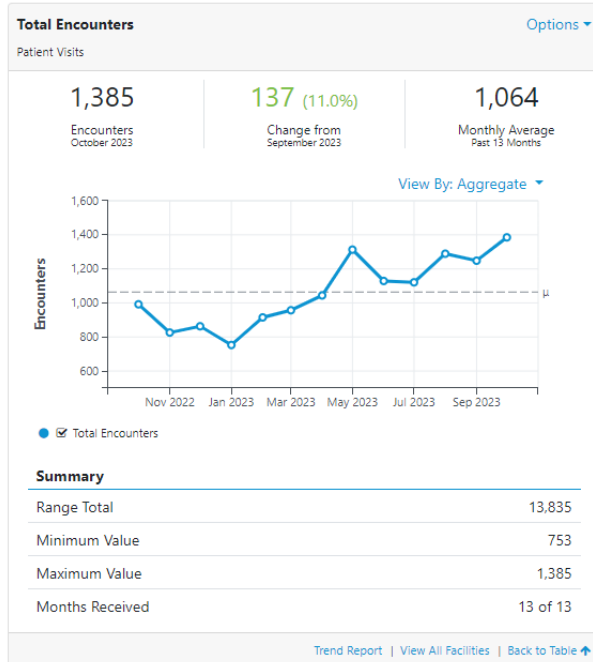
recommendations (both of which were corrected and did not impact patient care or safety) the surveyor highlighted that these two minor issues should not overshadow the fact that our lab consistently does outstanding work. This recognition is particularly significant because our lab offers an extensive test menu for its size, while many labs like ours are outsourcing all microbiology testing. The surveyor also commented on the positive atmosphere in the lab, remarking that she felt “good vibes.”

- The October Dermatology Clinic was another successful specialty we are fortunate to add into our specialties and look forward to in 2024. Getting these clinics together takes a lot of work and excellent teamwork, and I appreciate everyone’s hard work and collaboration. Next up is psychiatry, with Dr. Tarim, who is working with our primary care group for telehealth consultations and will be here in December for his first onsite visit.

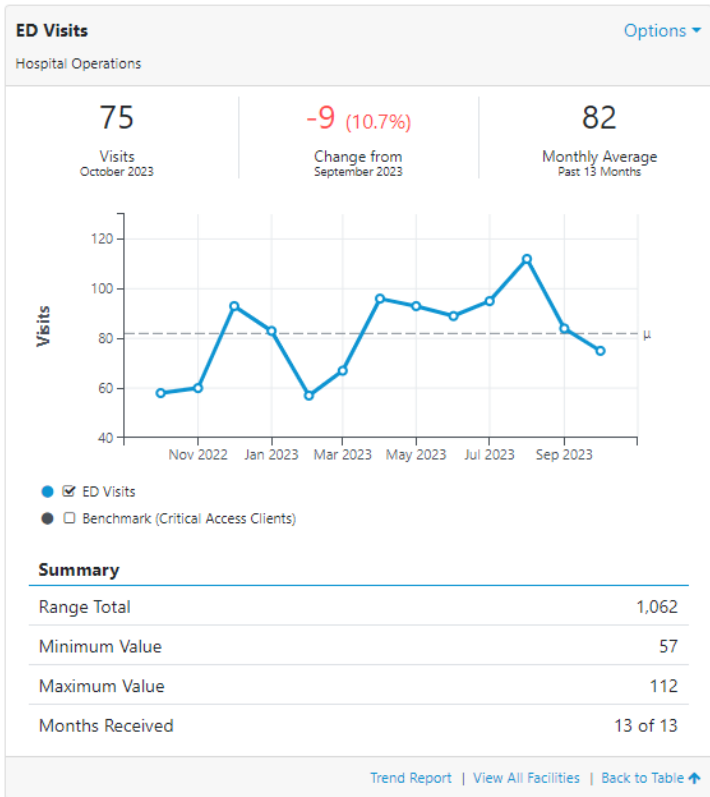
LTC Census January 2022 – October 2023



Primary Care October 2022 – October 2023



ER Voumes Oct 2022 – Oct 2023



Submitted by: Phil Hofstetter, CEO

Summary of PMC Managers' Retreat Meeting- October 25, 2023

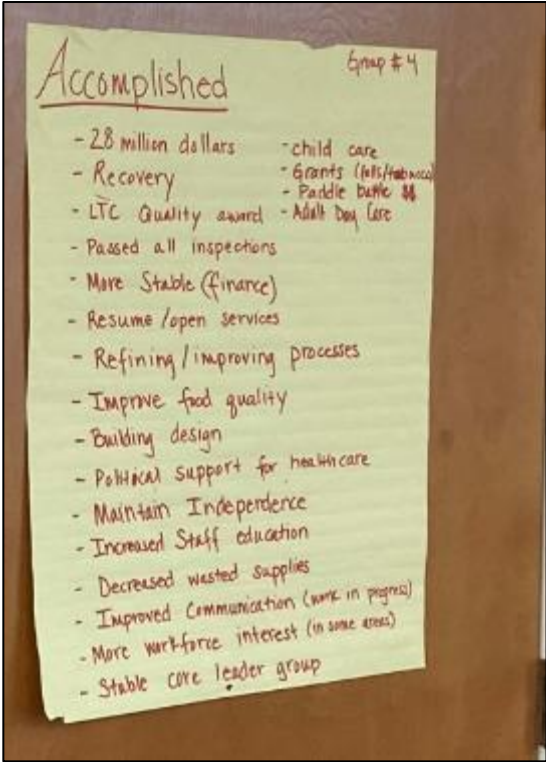
Overall, the retreat emphasized a commitment to improving financial stability, expanding services, and enhancing the workplace culture to better serve the community and the employees.



Breakout Session #1: Accomplishments Since Last Year

During the first breakout session, participants discussed the accomplishments made since the previous year. Key achievements included:

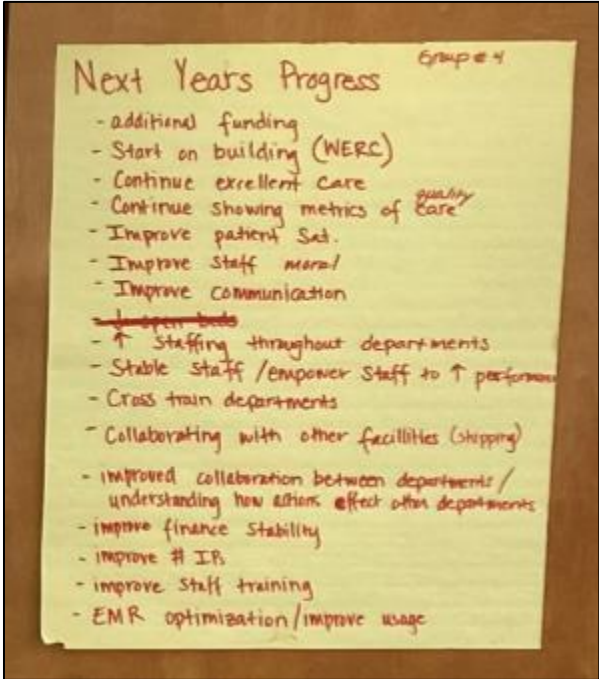
- Diversification of services, particularly in specialty clinics like dermatology.
- Improved financial stability, though remaining cautious.
- A rebound in LTC Census, following a previous COVID-related decline.
- The successful introduction of Kinderskog, a program for younger children.
- The establishment of a new facility with MRI and the WERC building.
- Enhanced community engagement.



Breakout Session #2: Progress for the Next Year

In the second breakout session, the focus was on envisioning progress for the upcoming year. The anticipated goals and objectives were:

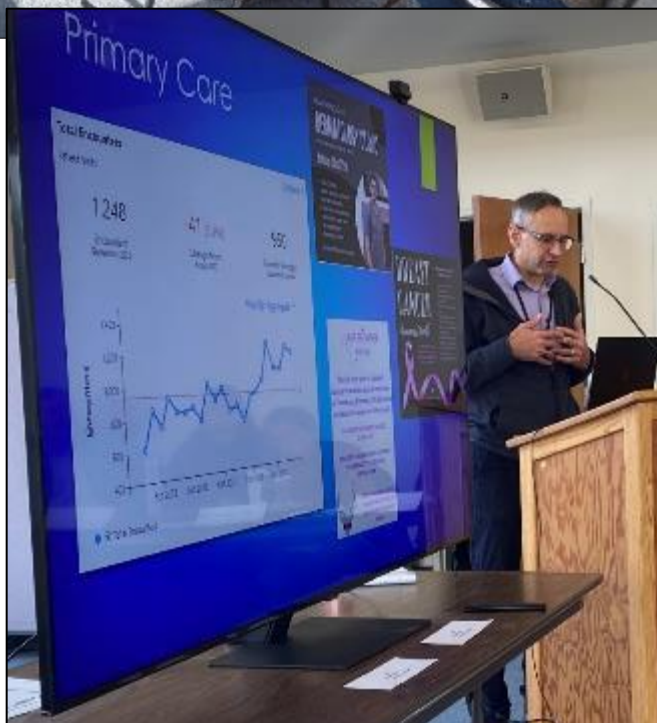
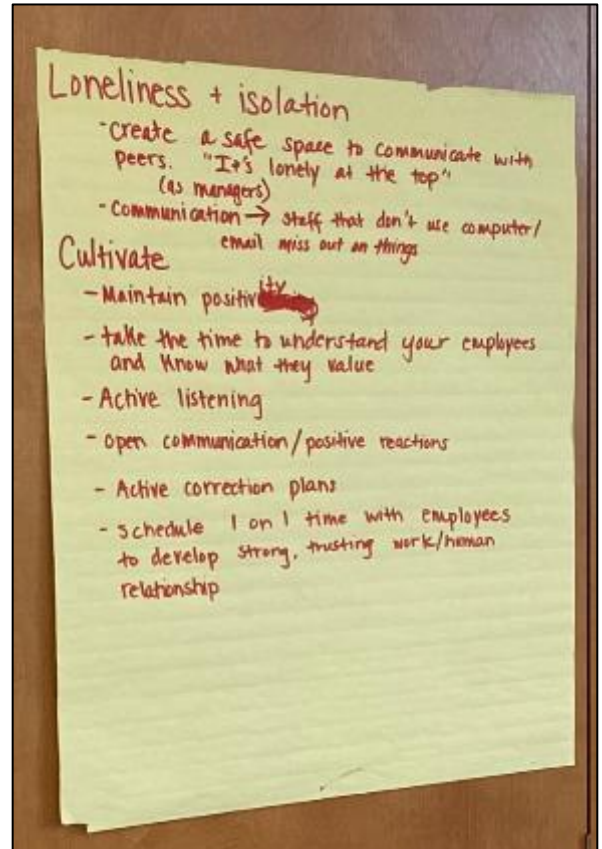
- Reducing "AR" days below 60.
- Implementing new programs and services.
- Addressing access to care, training, and minor building repairs.
- Completing the new Mamo project.
- Increasing community understanding and securing additional grants.
- Focusing on staffing recruitment and better health insurance.



Breakout Session #3: Cultivating an Inclusive Workplace Culture

The third breakout session addressed the critical issue of loneliness and isolation in the workplace and discussed how to foster inclusivity and meaningful connections among employees. Suggested strategies included:

- Creating a safe space for communication.
- Maintaining positivity and understanding employees' values.
- Promoting active listening, open communication, and correction plans.
- Scheduling one-on-one time with employees to build strong relationships.



Untitled

Current run (last updated Oct 27, 2023 4:57pm)

9

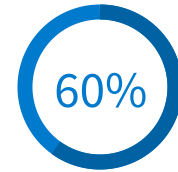
Activities

32

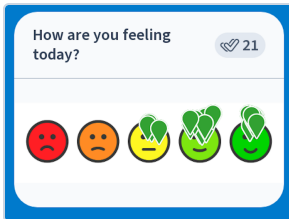
Participants

21

Average responses



Average engagement



Response options

Count Percentage



21

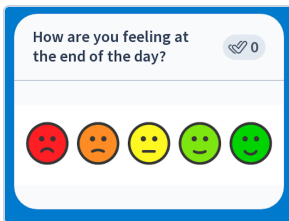
100%



Engagement

21

Responses



Response options

Count Percentage



0

0%



Engagement

0

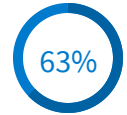
Responses

In one word how would you describe how you feel in the past year?

A word cloud containing terms such as 'better', 'hopeful', 'challenged', 'stagnant', 'excited', 'stressed', 'growth', 'learning', 'relieved', 'change', 'overwhelmed', 'grateful', 'stronger', 'optimistic', 'hopeful', 'growth', 'renewed', 'stagnant', 'excited', 'stressed', 'learning', 'relieved', 'change', 'overwhelmed', 'grateful', 'stronger', 'optimistic'.

Responses

- Greatful.
- Stagnant
- Growth
- Excited and overwhelmed
- Renewed
- Optimistic
- Hopeful
- Stressed
- Ok
- Challenged
- Better
- Change
- Hopeful
- Grateful
- Hopeful
- Learning
- Tired
- Challenged
- Hopefully
- Relieved
- Better
- Stronger



Engagement

22

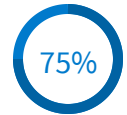
Responses

In one word how would you describe the overall MORALE at PMC in the past year?

A word cloud containing terms such as 'better', 'improved', 'good', 'fair', 'ok', 'scattered', 'improving', 'varied', 'complicated', 'low', 'good', 'fair', 'improved', 'better', 'ok', 'scattered'.

Responses

- Fair
- Scattered
- Improved
- Ok
- Improving
- Better
- Improved
- Better
- Better
- Improving
- Varied
- Good
- Improving
- Ok
- Fair
- Complicated
- Better
- Improving
- Improved
- Fair
- Better
- Improved
- Low
- Good
- Fair
- Better
- Good



Engagement

27

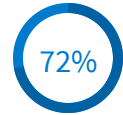
Responses

In one word how would you describe the culture at PMC?

A word cloud where 'hardworking' is the largest and most prominent word. Other visible words include 'supportive', 'dedicated', 'collaborative', 'disjointed', 'kind', 'teamwork', 'caring', 'improved', 'diverse', 'frustrated', 'team', 'varies', 'frustrated', 'vickings', and 'hard'.

Responses

- Disjointed Frustrated Frustrated
- Disjointed Dedicated Hardworking
- Hardworking Collaborative Dedicated
- Hard working Caring varies Hardworking
- Hardworking Supportive. Teamwork
- Kind Hardworking Hardworking
- Collaborative Supportive Team
- Supporting Vickings Improved A
- Diverse Supportive Supportive



Engagement

29

Responses

Who designed and created the PMC compass logo as part of a competition at the Petersburg High School in 2001?

A horizontal bar chart with a blue bar representing 'Marlene Cushing' at 9%.

Response options

Response options	Count	Percentage
Marlene Cushing	2	9%
Grace Peterson	18	78%
Sue Paulson	1	4%
Matt Pawuk	1	4%
None of the above	1	4%



Engagement

23

Responses

Other than the elected governing board what is the only other official self-governing body with its own set of bylaws in our healthcare facility?

A word cloud where 'Medical staff' is the largest and most prominent word. Other visible words include 'Med staff', 'Home health', 'Foundation', 'IT', 'Staff', 'Medical', 'Me staff', 'Medicare', and 'T'.

Responses

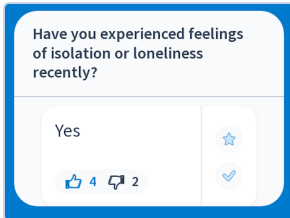
- Medical staff Medical staff Medical staff
- Med staff Med staff Home health
- Med staff Foundation IT Staff Medical
- Medical Staff Medical staff Medicare
- Medical staff Me staff Medical staff
- Medical Staff Medical staff Medical staff T



Engagement

21

Responses



Responses

	Upvotes	Downvotes
Yes	4	2
Not really	1	0
Yes	1	0
Yes	1	0
Yes	1	0
Yes	0	0
Yes	0	0
👎	0	0
Not recently	0	0
Yes	0	0
No	0	0
Yes	0	0
Yes	0	0
Yes	0	0
Yes	0	0
No	0	0
Yes	0	0



Engagement

17

Responses



Response options



Count Percentage

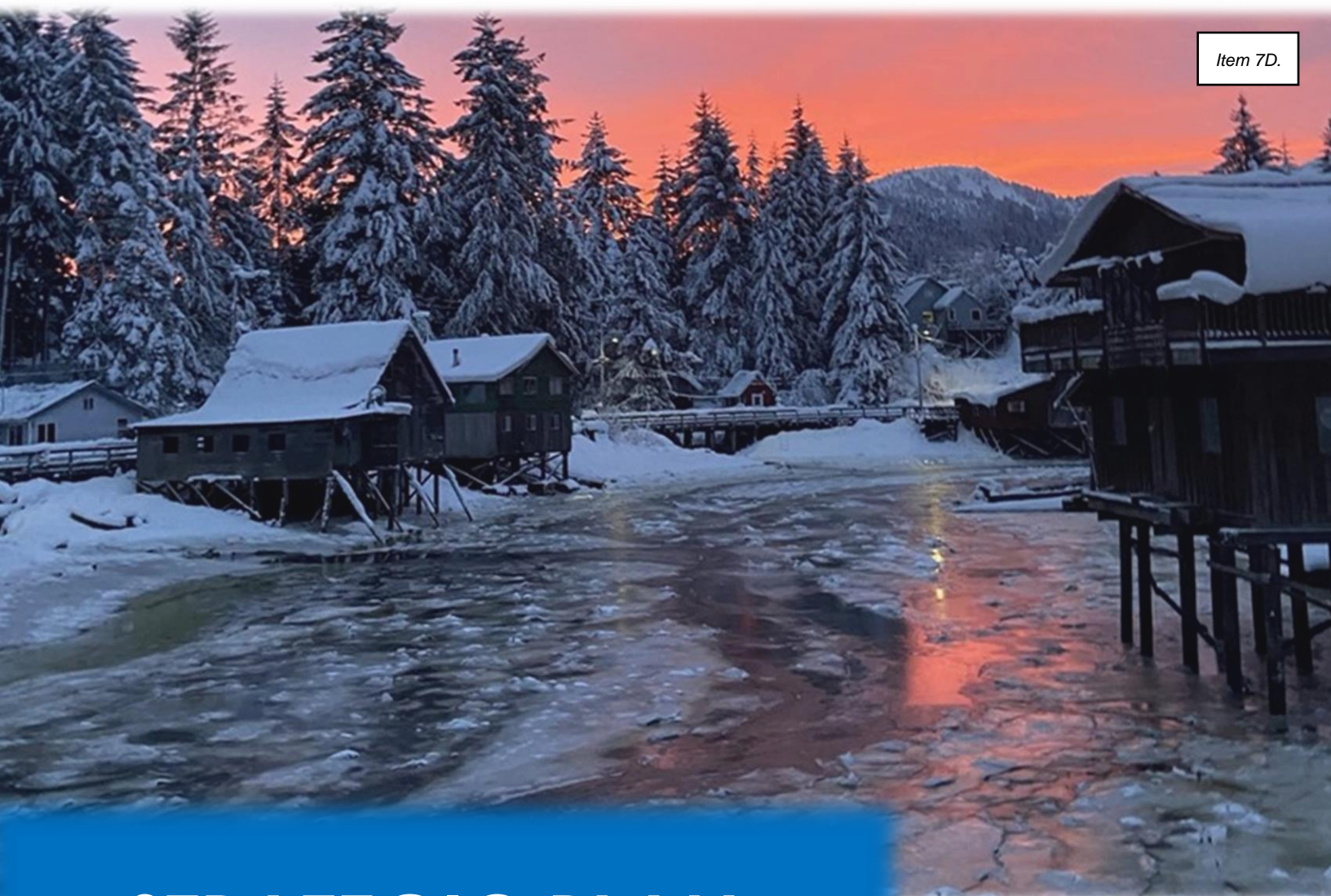
29 100%



Engagement

29

Responses



STRATEGIC PLAN FY24-28

Petersburg Medical Center

103 Fram St
Petersburg, AK 99833



TABLE OF CONTENTS

Executive Summary _____ 3
Financial Wellness _____ 5
New Building _____ 7
Community Engagement _____ 10
Patient-Centered Care and Wellness _____ 12
Workforce Wellness _____ 14



EXECUTIVE SUMMARY

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

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

Petersburg Medical Center (PMC) presents its strategic plan for FY24-28. PMC's mission is to provide excellence in healthcare services and promote wellness in the community, guided by values of dignity, integrity, professionalism, teamwork, and quality. The plan integrates outcomes from the October 2022 strategic manager retreat and from the November 2022 board-approved plan. The plan priorities aim to



diversify revenue streams, improve cost management, secure

funding for a new facility, engage with the community through outreach and partnerships, prioritize patient experience through continuity and preventive care, and foster a supportive work environment. PMC will accomplish this by focusing on these five key areas:



- I. **FINANCIAL WELLNESS:** PMC will achieve financial stability by diversifying revenue through service expansion and attracting a comprehensive community patient base. Cost-saving measures and exploring new funding opportunities will be implemented.
- II. **FACILITY:** PMC plans to construct a new building that meets regulatory standards and incorporates state-of-the-art technology. Funding stack will be secured, a suitable location identified, and community needs considered.
- III. **COMMUNITY ENGAGEMENT:** PMC will increase visibility through publicly involved efforts, partner with local and regional organizations to provide healthcare resources to underserved populations, and conduct periodic comprehensive community health needs assessment.

- IV. **PATIENT-CENTERED CARE:** PMC will provide personalized care, promote preventive care and wellness through programs, and utilize technology and data analytics to improve patient outcomes.
- V. **WORKFORCE WELLNESS:** PMC aims to create a supportive work environment through wellness initiatives, open communication, and retention strategies such as competitive benefits and professional development opportunities.

By implementing these strategies, PMC will continue to ensure excellence in community-driven healthcare services and promoting wellness within the community and drive long-term success in the years to come.



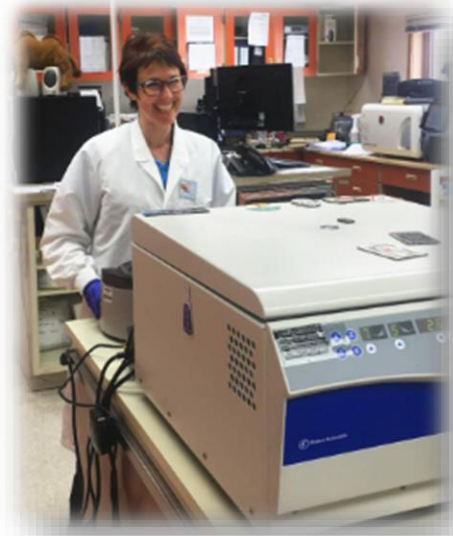
FINANCIAL WELLNESS

Achieve financial stability and sustainability for the hospital.

Objectives and Strategies

- **INCREASE REVENUE**

- Service expansion: Identify opportunities to expand the range of services offered by the hospital, such as by adding new specialty clinics or expanding into new markets.
- Diversification of patient base: Develop strategies to attract a diverse patient population, such as by targeting specific demographics or offering services in multiple languages.
- a comprehensive marketing plan to promote the hospital's services and attract new patients.



- **ENSURE SERVICES ARE PROPERLY REIMBURSED**



- Follow efficient and accurate coding and billing processes for all provided services.
- Streamline billing processes to reduce days in accounts receivable and enhance the claim denial process.

- **IMPLEMENT COST-SAVING MEASURES**

- Lean management: Utilize lean management principles to identify and eliminate waste in hospital processes, streamline workflows and implement automation technologies and reporting.
- Negotiation: Negotiate better rates with suppliers and vendors to reduce expenses.
- Optimize resources and promote sustainable practices.

- **EXPLORE NEW FUNDING OPPORTUNITIES**

- Grants: Research and apply for relevant grants to support the hospital's financial stability and growth.
- Partnerships: Explore opportunities for partnerships with other organizations, such as through joint ventures, consortiums or collaborations.
- Investment: Consider seeking investment from outside sources, such as venture capital firms, to fund the hospital's growth and development.

Key Performance Indicators:
Restore reserve cash and investments; Gross A/R days to be less than 55, DNFB < then 5 days, 90 Days Cash on Hand ;



NEW BUILDING

Maintain and expand the capacity and capabilities of the community borough-owned rural healthcare hospital while taking into account the needs and priorities of the local community through the construction of a new facility.



Evening View - Main Entrance - Option A

PETERSBURG MEDICAL CENTER, Petersburg, AK

September 14, 2023
Exterior Renderings

BETTISWORTH
NORTH

Objectives and Strategies

- **SECURE FUNDING IN PHASED APPROACH**



- Federal and State Legislative Capital Requests and grants: expand legislative, local, state and federal advocacy to build funding stack for relevant grants to fully support the construction of the new facility.
- Community Fundraising: Develop a capital fundraising plan to secure the remaining funding needed for

the construction of the new facility. This will include Community support, advocacy campaign to federal and state. It may include seeking donations from individual donors, foundations, or corporate sponsors.

- Foundations and Investment: Consider seeking partners in investors, collaborators and foundations to fund the equipment and construction completions of the new facility.



September 14, 2023
Exterior Renderings

BETTISWORTH
NORTH

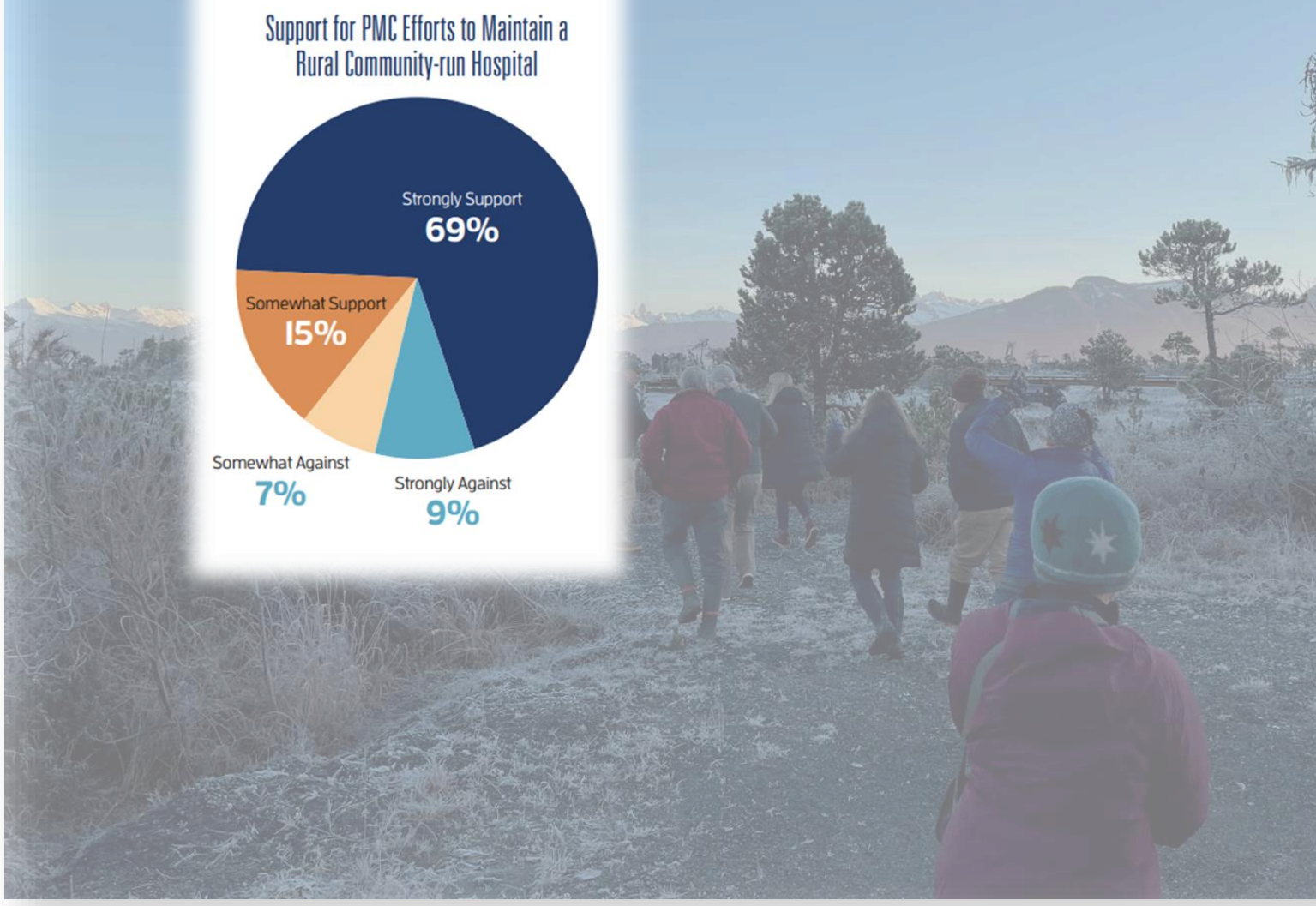
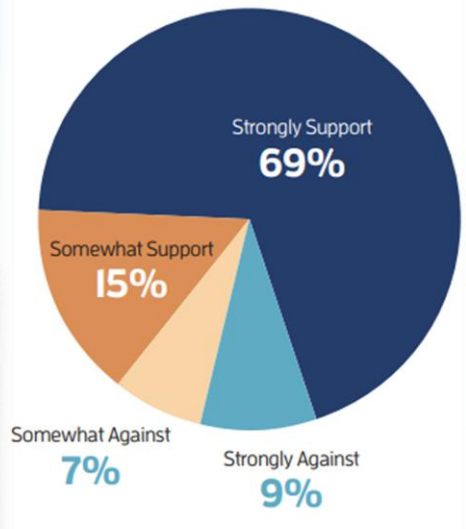
FINALIZE THE SITE SELECTION / LOCATION

- Community needs assessment, masterplan, work sessions and community engagement: Utilize all findings that identifies the Haugen site selection and confirm this through local governmental process to approve this site.
- Environmental study, geotechnical analysis, test dig and architectural designs to provide comprehensive assessment of the site.
- **LEVERAGE TECHNOLOGY AND ENSURE STANDARDS**
 - Ensure that the new facility is equipped with state-of-the-art technology and meets all necessary regulatory standards.
 - Design and construction: Work with the chosen architect firm to design and construct the new facility, ensuring that it meets all necessary regulatory and compliance standards.
 - Technology: Identify and implement state-of-the-art technologies to support the hospital's operations and improve patient care, such as electronic health records and telemedicine capabilities.



Key Performance Indicators: Receive \$20M Department of Treasury Grant; Receive Approval for USDA direct loan program; Capital fund for State of Alaska 2024; Select Architect; Select Contractor; Appropriation from Sen. Murkowski; Site selection approval and preparation; final design;

Support for PMC Efforts to Maintain a Rural Community-run Hospital



COMMUNITY ENGAGEMENT

Strengthen the hospital’s relationship with the local community and promote health and wellness within the community.

Objectives and Strategies

- **INCREASE VISIBILITY AND ENGAGEMENT**
 - Public events: Organize public events, such as health fairs or screenings, community cafes and similar public events to increase the hospital’s visibility and engagement within the community.
 - Educational materials: Develop and distribute educational materials, such as brochures or newsletters, to provide the community with information on health and wellness topics.
 - Media: Use social and local media platforms to share information on health and wellness topics and engage with the community.
- **DEVELOP AND MAINTAIN PARTNERSHIPS**
 - Identify local, regional and national organizations that serve underserved populations, such as community clinics or non-profit organizations.
 - Work with these organizations to develop partnerships and collaborations to provide health and wellness resources and services to underserved populations.
 - Consider offering discounted or low-cost services to underserved populations to ensure that they have access to quality healthcare.
- **ASSESS COMMUNITY NEEDS**
 - Conduct a thorough assessment of the health needs of the community, taking into account factors such as demographics, access to healthcare, and prevalence of specific health issues.
 - Use the findings of the assessment to develop strategies to address the identified health



needs, such as implementing targeted prevention and wellness programs or expanding access to care.

- Collaborate with community leaders and stakeholders on community health strategies.

Key Performance Indicators:

Increase number of community, educational sessions, group conversations, community wellness events; (Community Café; KFSK; PMC Board meetings live; Education to Community; Activity events; Public Relations, Open houses; Present at PIA and Borough Assembly meetings)



PATIENT-CENTERED CARE AND WELLNESS

Provide high-quality, patient-centered care, continuity of care and promote wellness for all patients.

Objectives and Strategies

- **IMPLEMENT PATIENT-CENTERED CARE PRACTICES**

- Personalized care plans: Develop individualized treatment plans for each patient based on their specific health needs and goals. These plans should include information on the patient's medical history, current health status, and any relevant lifestyle factors.
- Patient education: Provide patients with the information and resources they need to make informed decisions about their health, including information on their diagnoses, treatment options, and self-management strategies.
- Self-management support: Help patients develop the skills and knowledge they need to manage their own health and wellness, including through self-monitoring tools and resources such as patient portals.



- **PROMOTE PREVENTIVE CARE AND WELLNESS THROUGH A VARIETY OF PROGRAMS AND RESOURCES**

- Disease management programs: Develop programs that help patients manage chronic conditions, such as diabetes or hypertension, through a combination of medical care and self-management support.
- Health screenings: Offer regular health screenings to identify potential health issues early and provide timely interventions to prevent or manage them.

- Wellness programs: Develop wellness programs that focus on promoting healthy behaviors, such as exercise, healthy eating, and stress management.

- **UTILIZE TECHNOLOGY AND DATA ANALYTICS TO IMPROVE PATIENT CARE AND OUTCOMES**

- Electronic health records: Implement an electronic health record system to improve the accuracy and efficiency of patient care, as well as facilitate communication and coordination between healthcare providers.
- Population health management: Use data analytics tools to identify patterns and trends in patient health, and develop strategies to prevent or manage common health issues within the patient population.



trends in patient health, and develop strategies to prevent or manage common health issues within the patient population.

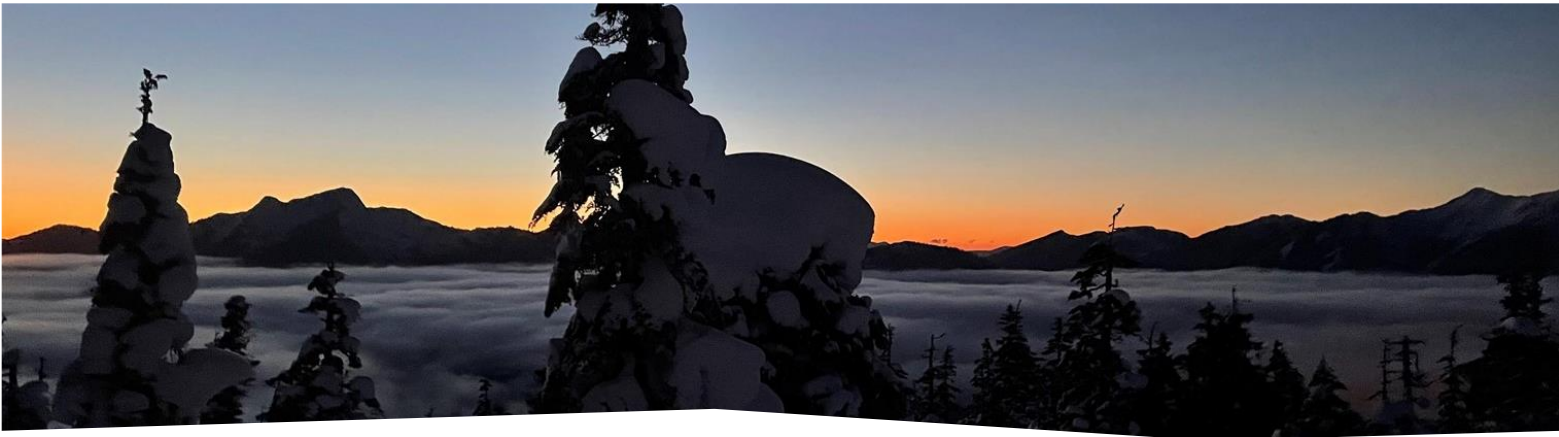
- Telemedicine: Utilize telemedicine technologies to provide remote access to healthcare

services, improving access to care for patients in underserved or remote areas.

Key Performance Indicators:

Hospital readmissions; Cardiovascular monitoring/ improvement (BP control, hypertension control); Community wellness and prevention visit utilization; Continuity of care (referral coordination, specialty access, home care);





WORKFORCE WELLNESS

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.

Objectives and Strategies

- **IMPLEMENT WELLNESS INITIATIVES AND RESOURCES FOR STAFF**
 - Fitness programs: Offer onsite or offsite fitness opportunities and continue to provide discount memberships to community recreation center to help staff maintain physical health.
 - Mental health support: Provide access to mental health resources, such as counseling services or employee assistance programs, to support the mental well-being of staff.
 - Stress management training: Offer training or workshops on stress management techniques, such as mindfulness or time management, to help staff cope with the demands of their jobs.
- **FOSTER A POSITIVE AND SUPPORTIVE WORK ENVIRONMENT**



- Open communication: Encourage open communication and feedback from staff, and create opportunities for them to share their ideas and concerns.
- Recognition and rewards: Recognize and reward staff contributions through programs that instill value and recognition.
- Concerns and issues: Address any concerns or issues raised by staff in a timely and effective manner to create a positive and supportive work environment.



- **DEVELOP AND IMPLEMENT RETENTION STRATEGIES**

- Competitive benefits: Offer competitive benefits packages, such as health insurance, retirement plans, and paid time off, to help retain staff.
- Professional development: Provide opportunities for professional development, such as training programs or leadership development initiatives, to help staff advance their careers and improve retention rates.
- Employee engagement: Foster employee engagement through programs and initiatives that promote teamwork and collaboration, such as team-building activities or employee resource groups.
- Board training, continuity, succession planning: Develop and implement a plan to educate, equip and train current, future and prospective board members to ensure seamless board member transitions and maintain a consistent approach to board operations.



Petersburg Medical Center Newsletter

Visit our Website

Petersburg Medical Center



Mike Boggs, PHM plant manager, with daughter-in-law Helen Boggs, LTC nursing director.

MESSAGE FROM THE CEO

Stay healthy as we head toward winter

SCARCE RESOURCES: As COVID-19 case numbers increase in Petersburg and across Alaska, access to treatment, testing supplies, and higher levels of care has become more difficult.

- Monoclonal antibodies continue to be in extremely short supply. This treatment decreases risk of hospitalization for high-risk patients with severe COVID disease.
- Patients with severe COVID disease may require transfer to a higher level of care. Please be aware that medevac options for transporting patients to needed higher levels of care continue to be extremely limited.
- Our Cepheid Rapid PCR Test supplies are low. The PMC laboratory recently performed over 500 PCR tests. Until supplies are adequately replenished, specimens from asymptomatic patients will be sent to reference laboratories. Same-day results should not be expected.



Key Performance Indicators:

Employee training, Retention, Reduce turnover rate to <10%; Competitive benefits & salaries (AHA salary survey); Increase Workforce Wellness;



PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

FISCAL YEAR 2024

For the month ended October 31, 2023

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the month ended October 31, 2023

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	FY24		Prior YTD	% Variance
							\$ Variance	% Variance		
\$254,540	\$284,586	(\$30,046)	-10.6%							
1,408,344	\$1,650,754	(242,410)	-14.7%							
557,894	\$611,498	(53,604)	-8.8%							
<u>2,220,778</u>	<u>2,546,838</u>	<u>(326,060)</u>	<u>-12.8%</u>							
				Gross Patient Revenue:						
				1. Inpatient	\$1,191,843	\$899,518	\$292,325	32.5%	\$757,659	57.3%
				2. Outpatient	5,707,512	6,659,335	(951,823)	-14.3%	5,609,122	1.8%
				3. Long-term Care	2,082,543	2,059,809	22,734	1.1%	1,734,965	20.0%
				4. Total gross patient revenue	<u>8,981,898</u>	<u>9,618,662</u>	<u>(636,764)</u>	<u>-6.6%</u>	<u>8,101,746</u>	<u>10.9%</u>
				Deductions from Revenue:						
519,171	478,766	(40,405)	-8.4%	5. Contractual adjustments	2,315,967	1,559,186	(756,781)	-48.5%	1,454,066	-59.3%
0	0	0	n/a	6. Prior year settlements	0	0	0	n/a	-	n/a
113,841	193,404	79,563	41.1%	7. Bad debt expense	(375,422)	305,346	680,768	222.9%	257,192	-246.0%
(9,586)	74,742	84,328	112.8%	8. Charity and other deductions	13,379	358,708	345,329	96.3%	161,365	91.7%
<u>623,426</u>	<u>746,912</u>	<u>123,486</u>	<u>16.5%</u>	9. Total deductions from revenue	<u>1,953,924</u>	<u>2,223,240</u>	<u>269,316</u>	<u>12.1%</u>	<u>1,872,623</u>	<u>-4.3%</u>
				10. Net patient revenue	<u>7,027,973</u>	<u>7,395,422</u>	<u>(367,449)</u>	<u>-5.0%</u>	<u>6,229,123</u>	<u>12.8%</u>
				Other Revenue						
82,508	80,597	1,911	2.4%	11. Inkind Service - PERS/USAC	330,726	322,388	8,338	2.6%	310,728	6.4%
56,474	15,242	41,232	270.5%	12. Grant revenue	177,836	48,212	129,624	268.9%	52,201	240.7%
0	0	0	n/a	13. Federal & State Relief	0	0	0	n/a	-	n/a
42,899	236,007	(193,108)	-81.8%	14. Other revenue	136,481	241,447	(104,966)	-43.5%	874,223	-84.4%
<u>181,882</u>	<u>331,846</u>	<u>(149,964)</u>	<u>-45.2%</u>	15. Total other operating revenue	<u>645,043</u>	<u>612,047</u>	<u>32,996</u>	<u>5.4%</u>	<u>1,237,152</u>	<u>-47.9%</u>
				16. Total operating revenue	<u>7,673,017</u>	<u>8,007,469</u>	<u>(334,452)</u>	<u>-4.2%</u>	<u>7,466,275</u>	<u>2.8%</u>
				Expenses:						
1,025,472	1,063,176	37,704	3.5%	17. Salaries and wages	3,928,357	4,244,583	316,226	7.5%	4,057,518	3.2%
119,643	89,838	(29,805)	-33.2%	18. Contract labor	313,582	262,732	(50,850)	-19.4%	250,221	-25.3%
365,670	381,938	16,268	4.3%	19. Employee benefits	1,454,033	1,459,840	5,807	0.4%	1,376,640	-5.6%
186,205	175,550	(10,655)	-6.1%	20. Supplies	566,886	705,912	139,026	19.7%	653,622	13.3%
131,633	149,693	18,060	12.1%	21. Purchased services	475,340	576,781	101,441	17.6%	549,315	13.5%
58,364	61,236	2,872	4.7%	22. Repairs and maintenance	211,831	228,760	16,929	7.4%	217,867	2.8%
27,936	28,500	564	2.0%	23. Minor equipment	101,452	73,873	(27,579)	-37.3%	70,356	-44.2%
21,063	20,533	(530)	-2.6%	24. Rentals and leases	81,895	76,181	(5,714)	-7.5%	73,962	-10.7%
88,099	89,158	1,059	1.2%	25. Utilities	343,151	355,845	12,694	3.6%	354,074	3.1%
22,983	12,203	(10,780)	-88.3%	26. Training and travel	50,363	48,812	(1,551)	-3.2%	30,671	-64.2%
93,050	88,976	(4,074)	-4.6%	27. Depreciation	371,018	355,905	(15,113)	-4.2%	401,364	7.6%
15,770	19,423	3,653	18.8%	28. Insurance	65,418	67,339	1,921	2.9%	61,217	-6.9%
38,421	27,692	(10,729)	-38.7%	29. Other operating expense	128,072	127,520	(552)	-0.4%	120,598	-6.2%
<u>2,194,310</u>	<u>2,207,916</u>	<u>13,606</u>	<u>0.6%</u>	30. Total expenses	<u>8,091,400</u>	<u>8,584,083</u>	<u>492,683</u>	<u>5.7%</u>	<u>8,217,425</u>	<u>1.5%</u>
				31. Income (loss) from operations	<u>(418,383)</u>	<u>(576,614)</u>	<u>158,231</u>	<u>27.4%</u>	<u>(751,150)</u>	<u>44.3%</u>
				Nonoperating Gains(Losses):						
(87,867)	54,100	(141,967)	-262.4%	32. Investment income	(181,397)	(3,941)	(177,456)	4502.8%	(10,696)	1595.9%
(12,150)	(2,157)	(9,993)	-463.3%	33. Interest expense	(48,377)	(10,969)	(37,408)	-341.0%	(51,283)	5.7%
0	0	0	n/a	34. Gain (loss) on disposal of assets	0	0	0	n/a	-	n/a
157,801	319	157,482	49367.4%	35. Other non-operating revenue	936,278	6,180	930,098	15050.1%	(117,775)	-895.0%
<u>57,785</u>	<u>52,262</u>	<u>5,523</u>	<u>10.6%</u>	36. Net nonoperating gains (losses)	<u>706,504</u>	<u>(8,730)</u>	<u>715,234</u>	<u>-8192.8%</u>	<u>(179,754)</u>	<u>493.0%</u>
				37. Change in Net Position (Bottom Line)	<u>\$288,121</u>	<u>(\$585,344)</u>	<u>\$873,465</u>	<u>-149.2%</u>	<u>(\$930,904)</u>	<u>131.0%</u>

PETERSBURG MEDICAL CENTER

Balance Sheet

October, 2023

ASSETS

	<u>Oct 2023</u>	<u>Sept 2023</u>	<u>June 2023</u>	<u>Oct 2022</u>
Current Assets:				
1. Cash - operating	\$668,727	\$491,961	\$422,951	\$177,264
2. Cash - insurance advances	0	0	0	429,395
3. Investments	47,308	47,275	47,174	2,005,410
4. Total cash	716,035	539,236	470,125	2,612,069
5. Patient receivables	5,249,092	5,219,064	6,030,712	5,924,784
6. Allowance for contractals & bad debt	(1,779,268)	(1,563,356)	(2,891,731)	(3,031,273)
7. Net patient receivables	3,469,824	3,655,708	3,138,980	2,893,511
8. Other receivables	932,988	918,852	938,719	902,695
9. Inventories	302,597	303,968	317,650	379,442
10. Prepaid expenses	223,665	252,042	113,382	284,442
11. Total current assets	5,645,110	5,669,806	4,978,857	7,072,159
Property and Equipment:				
12. Assets in service	28,195,019	28,082,848	28,056,475	28,264,745
13. Assets in progress	2,149,567	1,982,546	1,322,767	144,631
14. Total property and equipment	30,344,586	30,065,394	29,379,242	28,409,376
15. Less: accumulated depreciation	(21,524,027)	(21,430,977)	(21,153,009)	(20,425,794)
16. Net property and equipment	8,820,558	8,634,417	8,226,233	7,983,582
Assets Limited as to Use by Board				
17. Investments	2,846,126	2,923,461	3,008,055	2,746,564
18. Building fund	618,109	632,936	649,250	591,854
19. Total Assets Limited as to Use	3,464,235	3,556,397	3,657,306	3,338,418
Pension Assets:				
20. OPEB Asset	6,685,608	8,781,677	8,781,677	8,781,677
Deferred Outflows:				
21. Pension	2,554,803	2,756,254	2,756,254	2,756,254
22. Total assets	\$27,170,314	\$29,398,551	\$28,400,326	\$29,932,090

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

() or - indicates unfavorable variance

LIABILITIES & FUND BALANCE

	<u>Oct 2023</u>	<u>Sept 2023</u>	<u>June 2023</u>	<u>Oct 2022</u>
Current Liabilities:				
23. Accounts payable	\$1,933,977	\$1,817,612	\$1,756,006	\$1,934,550
24. Accrued payroll	536,294	477,831	187,957	507,810
25. Payroll taxes and other payables	230,540	216,643	235,857	231,186
26. Accrued PTO and extended sick	997,789	999,523	1,069,103	1,086,752
27. Deferred revenue	140,010	147,969	206,868	450,882
28. Due to Medicare	366,855	270,730	99,999	925,843
29. Due to Medicare - Advance	0	0	0	429,395
30. Due to Blue Cross - Advance	0	0	0	0
31. Other current liabilities	3,069	3,069	3,069	3,515
32. Loan Payable - SBA	0	0	0	0
33. Current portion of long-term debt	389,151	352,099	347,641	366,424
34. Total current liabilities	4,597,685	4,285,476	3,906,501	5,936,357
Long-Term Debt:				
35. Capital leases payable	2,389,627	2,346,047	2,435,762	2,649,735
Pension Liabilities:				
36. Net Pension Liability	16,521,607	12,053,763	12,053,763	12,053,763
37. OPEB Liability	-	-	-	-
38. Total pension liabilities	16,521,607	12,053,763	12,053,763	12,053,763
39. Total liabilities	23,508,919	18,685,286	18,396,026	20,639,855
Deferred Inflows:				
40. Pension	623,594	9,613,036	9,613,036	9,613,036
Net Position:				
41. Unrestricted	3,037,802	1,100,228	391,263	610,104
42. Current year net income (loss)	0	0	0	(930,904)
43. Total net position	3,037,801	1,100,228	391,263	(320,801)
44. Total liabilities and fund balance	\$27,170,315	\$29,398,550	\$28,400,325	\$29,932,090

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
FISCAL YEAR 2024

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% VAR
<i>Gross Patient Revenue:</i>															
1. Inpatient	420,582	281,640	235,081	254,540	-	-	-	-	-	-	-	-	1,191,843	757,659	57.3%
2. Outpatient	1,357,994	1,650,887	1,290,287	1,408,344	-	-	-	-	-	-	-	-	5,707,512	5,609,122	1.8%
3. Long-term Care	488,932	512,812	522,905	557,894	-	-	-	-	-	-	-	-	2,082,543	1,734,965	20.0%
4. Total gross patient revenue	2,267,508	2,445,339	2,048,274	2,220,778	-	-	-	-	-	-	-	-	8,981,898	8,101,746	10.9%
<i>Deductions from Revenue:</i>															
5. Contractual adjustments	859,152	612,751	324,893	519,171	-	-	-	-	-	-	-	-	2,315,967	1,454,066	-59.3%
6. Prior year settlements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
7. Bad debt expense	(298,912)	(2,038)	(188,313)	113,841	-	-	-	-	-	-	-	-	(375,422)	257,192	246.0%
8. Charity and other deductions	22,881	(28)	112	(9,586)	-	-	-	-	-	-	-	-	13,379	161,365	91.7%
9. Total deductions from revenue	583,121	610,685	136,692	623,426	-	-	-	-	-	-	-	-	1,953,924	1,872,623	-4.3%
10. Net patient revenue	1,684,387	1,834,654	1,911,582	1,597,351	-	-	-	-	-	-	-	-	7,027,973	6,229,123	12.8%
<i>Other Revenue</i>															
11. Inkind Service - PERS/USAC	82,852	82,858	82,508	82,508	-	-	-	-	-	-	-	-	330,726	310,728	6.4%
12. Grant revenue	31,175	45,328	44,858	56,474	-	-	-	-	-	-	-	-	177,836	52,201	240.7%
13. Federal & State Relief	-	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
14. Other revenue	33,387	32,489	27,706	42,899	-	-	-	-	-	-	-	-	136,481	874,223	-84.4%
15. Total other operating revenue	147,414	160,675	155,073	181,882	-	-	-	-	-	-	-	-	645,043	1,237,152	-47.9%
16. Total operating revenue	1,831,801	1,995,328	2,066,654	1,779,233	-	-	-	-	-	-	-	-	7,673,017	7,466,275	2.8%
<i>Expenses:</i>															
17. Salaries and wages	944,787	1,018,177	939,921	1,025,472	-	-	-	-	-	-	-	-	3,928,357	4,057,518	3.2%
18. Contract labor	44,956	64,233	84,750	119,643	-	-	-	-	-	-	-	-	313,582	250,221	-25.3%
19. Employee benefits	372,837	370,846	344,680	365,670	-	-	-	-	-	-	-	-	1,454,033	1,376,640	-5.6%
20. Supplies	137,326	104,328	139,028	186,205	-	-	-	-	-	-	-	-	566,886	653,622	13.3%
21. Purchased services	99,202	130,963	113,543	131,633	-	-	-	-	-	-	-	-	475,340	549,315	13.5%
22. Repairs and maintenance	31,756	47,295	74,417	58,364	-	-	-	-	-	-	-	-	211,831	217,867	2.8%
23. Minor equipment	18,600	31,485	23,431	27,936	-	-	-	-	-	-	-	-	101,452	70,356	-44.2%
24. Rentals and leases	20,604	21,343	18,885	21,063	-	-	-	-	-	-	-	-	81,895	73,962	-10.7%
25. Utilities	85,388	86,310	83,355	88,099	-	-	-	-	-	-	-	-	343,151	354,074	3.1%
26. Training and travel	(367)	13,513	14,234	22,983	-	-	-	-	-	-	-	-	50,363	30,671	-64.2%
27. Depreciation	93,305	93,297	91,366	93,050	-	-	-	-	-	-	-	-	371,018	401,364	7.6%
28. Insurance	18,556	15,321	15,770	15,770	-	-	-	-	-	-	-	-	65,418	61,217	-6.9%
29. Other operating expense	24,668	37,247	27,736	38,421	-	-	-	-	-	-	-	-	128,072	120,598	-6.2%
30. Total expenses	1,891,619	2,034,357	1,971,114	2,194,310	-	-	-	-	-	-	-	-	8,091,400	8,217,425	1.5%
31. Income (loss) from operations	(59,818)	(39,028)	95,540	(415,076)	-	-	-	-	-	-	-	-	(418,383)	(751,150)	44.3%
<i>Nonoperating Gains(Losses):</i>															
32. Investment income	94,884	(63,115)	(125,300)	(87,867)	-	-	-	-	-	-	-	-	(181,397)	(10,696)	1595.9%
33. Interest expense	(12,096)	(12,038)	(12,094)	(12,150)	-	-	-	-	-	-	-	-	(48,377)	(51,283)	5.7%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	(24,536)	340,527	462,487	157,801	-	-	-	-	-	-	-	-	936,278	(117,775)	-895.0%
36. Net nonoperating gains (losses)	58,252	265,374	325,094	57,785	-	-	-	-	-	-	-	-	706,504	(179,754)	-493.0%
37. Change in Net Position (Bottom Line)	(1,566)	226,345	420,633	(357,292)	-	-	-	-	-	-	-	-	288,121	(930,904)	-131.0%
38. FY23 Budget	28,680	58,036	(464,391)	(23,882)	93,538	(13,631)	27,810	(1,970)	344,809	421,123	28,913	28,913	527,946	-	-
39. FY23 Variance	(30,246)	168,310	885,025	(333,410)	(93,538)	13,631	(27,810)	1,970	(344,809)	(421,123)	(28,913)	(28,913)	(239,825)	-	-

() or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER
Key Volume Indicators
FISCAL YEAR 2024

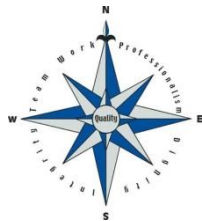
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
Hospital Inpatient															
1. Patient Days - Acute Care	32	32	26	8									98	86	14.0%
2. Patient Days - Swing Bed	46	31	26	53									156	109	43.1%
3. Patient Days - Total	78	63	52	61									254	195	30.3%
4. Average Daily Census - Acute Care	1.0	1.0	0.9	0.3									0.4	0.7	-42.3%
5. Average Daily Census - Swing Bed	1.5	1.0	0.9	1.7									0.6	0.9	-27.6%
6. Average Daily Census - Total	2.5	2.0	1.7	2.0									1.0	1.6	-34.1%
7. Percentage of Occupancy	21.0%	16.9%	14.4%	16.4%									8.7%	13.2%	-34.1%
Long Term Care															
8. Resident Days	403	410	420	461									1,694	1,518	11.6%
9. Average Daily Census	13.0	13.2	14.0	14.9									7.0	12.3	-43.5%
10. Percentage of Occupancy	86.7%	88.2%	93.3%	99.1%									46.5%	82.3%	-43.5%
Other Services															
11. Emergency Room Visits	92	102	81	71									346	251	37.8%
12. Radiology Procedures	206	189	199	262									856	831	3.0%
13. Lab Tests (excluding QC)	1,891	1,959	1,581	1,775									7,206	7,041	2.3%
14. Rehab Services Units	1,043	1,071	768	675									3,557	3,684	-3.4%
15. Home Health Visits	212	152	118	142									624	960	-35.0%
16. Clinic Visits	**	794	821	729	874								3,218	2,780	15.8%

** Stats under review

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the month ended October 31, 2023

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Contractual Adj. as a % of Gross Revenue	37.9%	25.1%	15.9%	23.4%									25.8%	17.9%	-43.7%
2. Charity/Other Ded. as a % of Gross Revenue	1.0%	0.0%	0.0%	-0.4%									0.1%	2.0%	92.5%
3. Bad Debt as a % of Gross Revenue	-13.2%	-0.1%	-9.2%	5.1%									-4.2%	3.2%	-231.7%
4. Operating Margin	-3.3%	-2.0%	4.6%	-23.3%									-5.5%	-10.1%	45.8%
5. Total Margin	-0.1%	10.0%	17.6%	-19.4%									3.4%	-12.8%	126.9%
6. Days Cash on Hand (Including Investments)	79.7	74.8	69.7	69.1	-	-	-	-	-	-	-	-	61.8	99.1	-37.7%
7. Days in A/R	58.5	62.8	61.9	59.7	-	-	-	-	-	-	-	-	59.7	56.9	-5.0%

() or - indicates unfavorable variance



Petersburg Medical Center

103 Fram Street
PO Box 589
Petersburg, AK 99833

Phone: 907-772-4291
Fax: 907-772-3085

INSERT DATE

To Whom It May Concern,

The Petersburg Medical Center Board of Directors would like to express our support for the construction of the new Petersburg Medical Center facility here in Petersburg, Alaska. Petersburg Medical Center (PMC) has provided medical services to the community of Petersburg for more than 100 years. The hospital was originally built in 1955 and became a federally designated Critical Access Hospital in 2001. PMC is a vital part of the community, providing critical medical services to all residents of the region. PMC offers healthcare services to 3,200 community residents. This includes care to veterans, (approximately 9% of the region’s population), Alaska Native and/or American Indian (over 14% of the population), the U.S. Coast Guard personnel stationed in the area, U.S. Forest Service personnel, seasonal and cannery workers, cruise ship passengers and area visitors.

PMC employment is a significant part of the local economic engine. 97% of employees and 100% of the medical staff live in Petersburg, injecting \$11-\$12 million per year in salaries into the local economy. According to the Alaska Hospital & Healthcare Association 2022 Workforce Analysis, healthcare has become the most important economic sector in the state, driving growth in other industries. Petersburg Borough listed PMC as their top priority for capital projects this year.

PMC’s building is outdated, inefficient, and past its useful life. Petersburg needs a modern, efficient healthcare facility that will enhance patient privacy, provide greater accessibility, and ensure the availability of critical services that support our residents here at home. A total of \$29 million has been secured for the project to date and site work began this month. PMC is requesting \$37 million in next year's State Capital Budget for Phase 4 – Main Hospital Building Shell & Core, leaving only about \$30 million of additional funding needed to complete the project. Due to southeast Alaska weather, getting the shell and core of the main building built as quickly as possible is a priority. This will lead to overall savings and improve overall quality control by working and storing materials in a dry building. During Phase 4 it will also be important to procure certain long lead items for the final phase. In today’s market, many mechanical and electrical equipment items have extremely long procurement times (e.g., Air Handling Units are 30 - 40 weeks out and electrical switch gear is 36 – 80 weeks). The state and congressional delegation can play a key role in the project and maintain the overall project schedule by funding Phase 4.

We sincerely thank you for your consideration and all that you do for Alaskans.

Respectfully,

Jerod Cook
President, Petersburg Medical Center Board of Directors