



Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
Petersburg, AK 99833

Meeting Agenda
Hospital Board
Regular Meeting



Thursday, May 28, 2026

5:30 PM

Assembly Chambers

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

<https://us06web.zoom.us/j/83813470138?pwd=VUBpYXCtWRZEOjRHQ0Df8EqjUyACb.1>

Webinar ID: 838 1347 0138

Passcode: 717735

1. Call to Order/Roll Call

- A. Call to Order
- B. Roll Call

2. Approval of the Agenda

- A. Approval of the May 28, 2026, Hospital Board Agenda

3. Approval of Board Minutes

- A. Approval of the April 30, 2026, Hospital Board Minutes

4. Visitor Comments

5. Board Member Comments

6. Committee Reports

- A. Resource Committee
- B. Foundation
- C. LTC Quality Committee
- D. Critical Access Hospital Quality Committee

7. Reports

- A.** Case Management/Swing Bed Management
Jolyn Duddles submitted a written report.
- B.** Chief of Staff
Dr. Selina Burt submitted a written report.
- C.** Clinic
Kelly Zweifel submitted a written report.
- D.** Community Wellness
Julie Walker submitted a written report.
- E.** Youth Programs
Katie Holmlund submitted a written report.
- F.** Dietary
Jennifer Wood submitted a written report.
- G.** New Facility
Justin Wetzel with Arcadis submitted a written report.
- H.** Quality
Stephanie Romine submitted a written report.
- I.** Infection Prevention
Rachel Kandoll submitted a written report.
- J.** Executive Summary
CEO, Phil Hofstetter, submitted a written report.
Katie Bryson submitted grants report.
- K.** Financial
Jason McCormick submitted a written report.

8. Old Business

- A. PMC Housing Update

9. New Business

10. Next Meeting

- A. Currently scheduled for June 25, 2026, at 5:30pm.

11. Executive Session

- A. By motion the Board will enter into Executive Session to consider medical staff appointments and/or reappointments and discuss any legal and financial concerns.

12. Adjournment



Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
 Petersburg, AK 99833

Meeting Minutes
Hospital Board
Regular Meeting



Thursday, April 30, 2026

5:30 PM

Assembly Chambers

1. Call to Order/Roll Call

A. Call to Order

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

B. Roll Call

PRESENT

Board Vice President Cindi Lagoudakis
 Board Secretary Marlene Cushing
 Board Member Joe Stratman
 Board Member Jim Roberts
 Board Member Joni Johnson

ABSENT

Board President Jerod Cook
 Board Member Heather Conn

2. Approval of the Agenda

A. Approval of the April 30, 2026, Hospital Board Agenda

Motion made by Board Member Roberts accept the April 30, 2026, Hospital Board Agenda, Seconded by Board Member Johnson. Voting Yea: Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, and Board Member Johnson.

Motion made by Board Member Johnson to amend the agenda to revise New Business "A" to match the revised letter for policy provided as follows; 'Motion need for Petersburg Medical Center's Hospital Board of Directors to approve pre-designated individual(s); the Manager of Home Health, Chief Nursing Office, or additional approved designee if applicable, to assume the full responsibilities and obligations of the Home Health Agency Administrator, the CEO, in the event of the CEO's absence or inability to fulfill that role.' Motion was seconded by Board Secretary Cushing. Voting Yea: Board Vice President Lagoudakis, Board Secretary Cushing, Board Member

Stratman, Board Member Roberts, and Board Member Johnson. Agenda approved as amended.

3. Approval of Board Minutes

A. Approval of the March 26, 2026, Hospital Board Minutes

Motion made by Board Member Johnson to approve the March 26, 2026, Hospital Board Minutes, Seconded by Board Member Roberts. Voting Yea: Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, and Board Member Johnson.

4. Visitor Comments

None.

5. Board Member Comments

Board Secretary Cushing congratulates PMC in obtaining the Certificate of Need for the MRI.

Board Vice President Lagoudakis reported that Senator Stedman recently conducted a site visit in Sitka. She noted that several representatives have visited and toured PMC’s current facility and the site for the new facility. Discussions about the need for a new facility have been going on for 15 years or more. Lagoudakis expressed that Senator Stedman would be very welcome to visit Petersburg to tour the existing facility and the site for the new build.

6. Committee Reports

A. Resource Committee

Board Vice President Lagoudakis reported that with the exception of Long-Term Care, which experienced a significant census change over the past year, most service lines are seeing increased activity. Overall, PMC remains in a stable financial position. The cost report has been submitted, though the process is not yet finalized.

Changes to the Medicare pricing structure for the 340B program have resulted in reduced reimbursements. This program requires pharmaceutical companies to provide outpatient drugs at discounted prices to eligible entities, including critical access hospitals such as PMC.

While the balance sheet remains strong overall, expenses continue to be impacted by contract labor costs, operational demands associated with maintaining services, and increased winter utility costs. Increased outpatient service volumes have helped offset some of these pressures.

PMC is awaiting additional guidance on the Rural Health Transformation Program (RHTP), with more information expected by mid-May. Seven grant applications are currently pending through the program.

Board Member Stratman initially attended remotely but joined the meeting now in person due to technical difficulties.

B. Infection Prevention Quality Committee

Board Member Stratman reported on the Infection Control Committee meeting held on April 15, 2026. Minutes from the previous meeting were approved, and no update was received from Public Health.

The committee discussed progress in the decontamination room and reviewed the action item list, including handrail discussions, outpatient antibiotic reports, mold testing, hand hygiene supplies, and the EVS checklist. Ongoing investigation follow-ups related to antibiotic stop times were also noted.

Additional topics included sterile processing room needs, magnetic doorstops, and improvements identified during food service area walkthroughs.

Reports were reviewed for Environment of Care, patient care conditions, hand hygiene, antibiotic stewardship, and employee health. The recent endoscopy clinic was also discussed, along with a report from Environmental Services.

The meeting concluded with a departmental roundtable to address various additional items.

7. Reports

A. Pharmacy

Elise Kubo submitted a written report.

B. Rehab Department

Brenna McMahon submitted a written report.

Board Member Johnson inquired about a time frame of when the second physical therapy gym would be ready and usable. Brenna reported that maintenance gave a time frame of about two months.

C. Plant Maintenance

Wolf Brooks submitted a written report.

Wolf reported that the old morgue was removed from the main campus so that space can now be used for EVS materials, which frees up space in the new physical therapy rehab area.

Wolf reported that for the last three months the maintenance dept has been understaffed, however with two recent hires we will have a full staff that includes an electrician which will bring more of that work in- house.

Wolf also commented on concerns with aging facility, noting that a 5-ft section of cast iron pipe failed just this morning.

Board Vice President Lagoudakis noted her appreciation for Wolf's positive attitude and his report out on workforce wellness.

D. Environmental Services

Grazel Edfelt submitted a written report.

Wolf reported that staffing in EVS has remained mostly stable with just one position open currently. Grazel's report noted that staff have stayed busy with cleaning especially with the addition of the scopes clinics. They are also looking forward to some training changes with Ecolab tech.

E. Home Health

Ruby Shumway submitted a written report.

Board Member Johnson inquired about outreach case management and requested clarification on the scope of services. Ruby explained that outreach case management would allow PMC to provide services such as asset planning and assistance with accessing Medicare and Medicaid, extending beyond Petersburg to include Wrangell.

Board Vice President Lagoudakis asked whether personal care services provided in the home would be covered by insurance or require out-of-pocket payment. Ruby explained that, at present, Medicaid is the only payer that covers in-home personal care services. As a result, PMC is exploring the development of a separate business line, either within or adjacent to Home Health, to offer these services.

Ruby noted that existing CNA staff would be utilized, with the potential need for additional staffing. She stated that planning efforts are focused on determining affordability and developing a sustainable model for this service line. Although still in the planning phase, she emphasized that this represents a significant community need, as patients often express a desire for continued support after Home Health services conclude. She also noted the current shortage of caregivers in the community and the value of providing qualified, reliable individuals to meet this need.

F. New Facility

Justin Wetzel with Arcadis, submitted a written report.

Justin Wetzel from Arcadis commented that this reporting period focused on closing out the Stormwater Pollution Prevention Plan (SWPPP) with the Alaska Department of Environmental Conservation (ADEC). A total of five submittals were exchanged, with each iteration addressing outstanding items and moving closer to approval. Recently, confirmation was received indicating that all ADEC requirements have been satisfied, resolving an initial list of 38 items. Formal documentation from the State of Alaska is anticipated to officially close out this process.

All remaining work associated with the WERC building has been completed. This included the addition of electrical infrastructure and an uninterruptible power supply (UPS). No further updates are pending for this component.

Site work and the WERC building are now complete. Concept-level design for the long-term care facility and hospital has been advanced, including development of a preliminary site layout.

An application has been submitted to bring Bettisworth North on board for full design

development, and the project is currently in a holding pattern pending next steps. A budget reconciliation of the HRSA grant identified remaining funds within the design category. These funds are intended to support continued progress on the long-term care design to the extent feasible.

The overall replacement campus layout reflects the completed WERC building, along with planned future development under Phase 3 and Phase 4.

G. Quality
Stephanie Romine submitted a written report.

H. Infection Prevention
Rachel Kandoll submitted a written report.

I. Executive Summary
CEO, Phil Hofstetter, submitted a written report.
Katie Bryson submitted Grants Update report.

Recent engagement at the American Hospital Association Annual Meeting in Washington, D.C. provided valuable opportunities to connect with national healthcare leaders and policymakers. Discussions were largely centered on Rural Healthcare Transformation funding, with ongoing uncertainty regarding how these funds will be implemented at the state level. While limited policy direction is currently available—particularly related to Medicaid and eligibility considerations—federal and state leaders expressed a strong interest in maintaining open communication and understanding barriers as they arise.

Meetings with members of Alaska’s congressional delegation, including Nick Begich, Lisa Murkowski, and Dan Sullivan, were productive. There is clear interest in ensuring that the Rural Healthcare Transformation initiative is effectively implemented in Alaska, with an emphasis on ongoing dialogue to address challenges during the initial rollout.

At the state level, there has been notable legislative activity related to capital funding, particularly around deferred maintenance. Advocacy efforts continue to highlight the hospital’s aging infrastructure and the need for investment.

A significant milestone was achieved with state approval of the Certificate of Need, allowing the organization to move forward with implementation of MRI services. Preparations are underway, including contractor coordination and operational planning, with an anticipated lead time of approximately 30–45 days. This expansion represents an important enhancement to local service offerings.

Progress continues on the WERC building, which is nearing full operational status. Community spaces within the building, including conference and education rooms, are being equipped with necessary technology and are increasingly available for public use. Additional efforts are focused on final site improvements, including clearing winter debris and completing landscaping in preparation for a future community open house.

Recruitment efforts in behavioral health have been successful, with new leadership in place and plans to expand services in response to identified community needs. Continued investment in workforce development remains a priority.

Operationally, patient volumes remain stable overall, though long-term care census levels continue to be lower. One notable change was a significant increase in laboratory testing volume during March due to the health fair labs.

Specialty services continue to expand, including the ongoing success of the scopes clinic, which has helped reduce patient waitlists. Additional clinics are scheduled, with continued focus on improving access to care.

Legislative monitoring remains active, and Chief of Nursing, Jennifer Bryner, was asked to explain a proposed bill that would mandate nurse-to-patient ratios. Jennifer explained that while intended to address staffing concerns, such requirements may not be well-suited to rural healthcare settings and could introduce operational and financial challenges. Advocacy efforts emphasize the importance of flexible, patient-centered staffing models tailored to community needs.

Additional organizational initiatives include progress toward launching a new website to improve communication and access to information.

Katie Bryson was asked to share where things are at with the Rural Health Transformation funding process. Katie reported that seven proposals have been submitted by PMC, with funding decisions anticipated by mid-May.

Finally, Board Secretary Cushing reminded everyone that Petersburg Medical Center is seeking community engagement through a call for contemporary art submissions for the WERC building.

J. Financial

CFO, Jason McCormick submitted a written report.

CFO Jason McCormick reported that operational volumes began trending upward in March, as is typical during the transition from winter into spring and early summer.

Primary care visits increased slightly, with year-to-date volumes up 2.5% over the prior year. Radiology remained consistent, laboratory testing declined slightly, and rehabilitation services performed strongly in March. Home health visits continued significant growth, up 22% year-to-date following successful rebuilding efforts.

Emergency department visits remained stable and are up 1% year-to-date. Observation days decreased 26%, likely due to more patients being admitted rather than placed in observation status. Acute care days totaled 241 year-to-date compared to 261 last year, which is expected to result in favorable Medicare cost report reconciliation.

Swing bed days and long-term care volumes are both down 7% year-to-date. Leadership noted that current long-term care trends are manageable during this rebasing year.

March gross patient revenue totaled \$2.6 million compared to a \$2.7 million budget, with most variance related to long-term care. Total operating revenue was \$2.5 million against a \$2.4 million budget. Salaries and wages exceeded budget by approximately

\$81,000, resulting in a positive operating margin of approximately \$157,000 for the month.

340B pharmacy revenues remained favorable; however, leadership noted concerns regarding new Medicare reimbursement reductions for certain high-cost medications, with additional reductions expected in 2027.

Investment balances declined temporarily due to market volatility and geopolitical instability, contributing to a net negative change in performance of \$286,000. Leadership emphasized this reflected unrealized investment fluctuations rather than operational losses. Supply chain disruptions related to global events have remained minimal.

Cash and investments remain stable, including approximately \$2 million in operating cash, \$2 million in short-term government securities, and \$4.8 million in long-term investments. Days cash on hand stands at 114 days, with anticipated Employee Retention Credit (ERC) funds expected to further strengthen cash reserves.

Accounts receivable performance continues to improve significantly, with net AR days at 45 and gross AR days at 58, reflecting strong efforts by the business office and collections teams.

Additional priorities include completion of the FY2027 budget, coordination with the school district regarding coverage agreements, and finalization of MRI chargemaster and Medicare enrollment requirements following Certificate of Need approval.

Jason concluded by recognizing the organization’s continued collaboration, operational progress, and strong teamwork across departments.

8. Old Business

- A. PMC continues to utilize 22 local rentals in Petersburg to house traveling staff across departments. With the new fiscal year upcoming, efforts to collaborate with the Borough and explore funding options to alleviate Petersburg's housing difficulties will continue.

9. New Business

- A. Home Health Designee
Motion made by Board Member Stratman to approve pre-designated individual(s); the Manager of Home Health, Chief Nursing Office, or additional approved designee if applicable, to assume the full responsibilities and obligations of the Home Health Agency Administrator, the CEO, in the event of the CEO’s absence or inability to fulfill that role. Seconded by Board Member Johnson. Voting Yea: Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, and Board Member Johnson.
- B. CEO Designee
Motion made by Board Member Stratman to appoint Chief Nursing Officer, or another

approved designee if applicable, to serve as the administrator for Petersburg Medical Center in the event Phil Hofstetter is absent or unable to fulfill that role. Seconded by Board Member Roberts. Voting Yea: Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, Board Member Johnson

10. Next Meeting

A. Currently scheduled for Thursday, May 28, 2026, at 5:30pm.

11. Adjournment

Motion made by Board Member Roberts to adjourn, Seconded by Board Member Johnson. Voting Yea: Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, and Board Member Johnson. Meeting adjourned.



Petersburg
MEDICAL CENTER

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Petersburg Medical Center
Hospital Board of Directors

Date: April 30, 2026

The Petersburg Medical Center (PMC) Hospital Board of Directors hereby affirms and documents its approval of pre-designated individual(s) to assume the responsibilities of the Home Health Agency Administrator, the CEO, in the event of the CEO's absence or inability to fulfill that role.

In accordance with federal regulation §484.105(b)(2)–(3), the Board has reviewed and approved the following qualified designee(s), as presented by the Administrator:

- Home Health Clinical Manager
- Chief Nursing Officer
- [Additional Approved Designee(s), if applicable]

These individuals are deemed qualified to assume the full responsibilities and obligations of the Home Health Agency Administrator, the CEO, during periods of the CEO's absence or inability to fulfill that role and are authorized to act in this capacity as needed to ensure continuity of operations and compliance with all applicable regulations.

This approval is documented in the official Board meeting minutes and remains in effect unless otherwise amended or rescinded by the Board of Directors.



Cynthia C. Lagoudakis

Hospital Board Vice President, Cynthia Lagoudakis

Hospital Board Representative
Petersburg Medical Center

Phil Hofstetter

CEO, Phil Hofstetter
Petersburg Medical Center

Ruby Shumway, RN

Ruby Shumway
Home Health Agency Administrator
Petersburg Medical Center





Petersburg
MEDICAL CENTER

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Petersburg Medical Center
Hospital Board of Directors
Date: April 30, 2026

The Petersburg Medical Center (PMC) Hospital Board of Directors hereby affirms and documents its approval of pre-designated individual(s) to assume the responsibilities of the Chief Executive Officer (CEO) in the event of the CEO's absence or inability to fulfill that role.

The Board has reviewed and approved the following qualified designee(s), to serve in this capacity:

1. Chief Nursing Officer
2. [Additional Approved Designee(s), if applicable]
 - a. Chief Nursing Officer, Jennifer Bryner
 - b. Chief Human Resources Officer, Cynthia Newman

These individuals are deemed qualified to assume the full responsibilities and obligations of the Chief Executive Officer during periods of absence, or inability to fulfill that role, and are authorized to act in this capacity as needed to ensure continuity of operations, organizational leadership, and compliance with all applicable laws, regulations, and policies.

This approval is documented in the official Board meeting minutes and remains in effect unless otherwise amended or rescinded by the Board of Directors.

Hospital Board Vice President, Cynthia Lagoudakis
Hospital Board Representative
Petersburg Medical Center

Phil Hofstetter
Chief Executive Officer
Petersburg Medical Center



Swing Bed, Utilization Review, and Discharge Planning Report May 2026

Workforce Wellness

Since assuming the role of Swing Bed Coordinator in February 2026, I have focused on improving utilization review processes, discharge planning coordination, interdisciplinary communication, and regulatory compliance.

Primary priorities have included workflow development, communication improvement, and continued interdisciplinary collaboration to support program growth and patient outcomes.

Community Engagement

Current community engagement efforts include:

- Strengthening collaboration between nursing, therapy, providers, dietary, and discharge planning services to improve patient care coordination.
- Improving interdisciplinary care conference communication and increasing patient and family participation.
- Implementing post-care conference email updates for nursing staff and CNAs to improve awareness of patient goals, care needs, and discharge planning progress.
- Building relationships with referring hospitals, social workers, and discharge planners.
- Encouraging earlier family involvement in discharge planning and interdisciplinary care conferences.

Barriers impacting discharge include limited placement options, transportation challenges, rural resource limitations, and coordination with multiple outside agencies.

Patient Centered Care

The department continues to prioritize patient-centered workflows, discharge planning coordination, interdisciplinary collaboration, and documentation consistency.

Key patient care initiatives include:

- Increase structure of interdisciplinary care conferences.
- Development of standardized utilization review and skilled documentation templates.
- Increased collaboration between nursing, therapy, providers, and discharge planning to improve care transitions and reduce unnecessary delays.
- Tracking Swing Bed quality metrics and patient outcomes.
- Emphasis on discharge planning beginning at admission.

Quality Indicator

Outcome

30-Day Readmissions

1 readmission to ER

Catheter Associated UTIs

0

<i>Non-Catheter UTIs</i>	1
<i>IV Infiltrations</i>	0
<i>C. difficile Infections</i>	0
<i>Medication Errors</i>	0
<i>Pressure Injuries</i>	0
<i>Pneumonia Cases</i>	1

Additional patient-centered initiatives include creating a more personal and welcoming environment for skilled patients. Patients discharged from the Swing Bed program now receive handwritten thank-you notes from staff expressing appreciation for allowing the team to participate in their care experience.

Facility

At this time, there are no major concerns related to the department equipment or software systems.

Financial Wellness

Our goal is to maintain a minimum average census of 3-6 Swing Bed patients.

Swing ICF utilization has remained stable throughout the reporting period.

Swing Bed Utilization Trends

<i>Metric</i>	<i>Nov 25</i>	<i>Dec 25</i>	<i>Jan 26</i>	<i>Feb 26</i>	<i>Mar 26</i>	<i>Apr 26</i>
<i>Swing SNF Days</i>	67	92	60	80	74	59
<i>Swing ICF Days</i>	30	31	31	28	31	30

Over the last six months, the Swing Bed program has averaged 72 SNF days and 30 ICF days per month, resulting in an average combined daily census of approximately 3–4 patients.

Submitted by: Jolyn Duddles BSN, RN



Medical Staff Report May 2026

Workforce Wellness

PMC has been very supportive of the medical staff and our providers have been able to take PTO to spend time with their families and hobbies.

We are actively recruiting a physician to fill our current vacancy; we will continue to have locum providers covering when needed. We are very excited to have Seth Winn, NP working with us as a third midlevel provider.

Community Engagement

Health fair involvement: Angela Menish, NP gave a presentation on health fair labs and Dr. Hulebak gave a talk on the benefits of strength training.

“Walk with a Doc” was on hold over the winter but will resume next month with our providers sharing health topics with the community and encouraging walking as exercise.

Dr. Hess maintains her position on the board of Humanity in Progress.

We continue to be a UW Family Medicine clerkship site and share our community with six students each year.

Patient Centered Care

The block call schedule continues to be popular with physicians and allows us to focus better on our assigned roles with most on call days fully allocated to ER and hospital coverage.

Dr. Hess attended Horty Springer medical staff training in September 2025. In January 2026, she attended an update in internal medicine by the Mayo Clinic. She represented PMC at the spring UW Family Medicine clerkship site meeting in Seattle in March 2026. She had Basic Life Support in Obstetrics training in April 2026.

Dr. Hulebak achieved lifestyle medicine board certification in December 2025. In February 2026, she represented PMC at the AK Winter Update/UW WWAMI meeting in Girdwood. She is also involved in the development of the new direct patient care program to help uninsured and underinsured community members receive affordable clinic medical care.

Dr. Burt attended Sexual Assault Response Team training with Traci Vinson, RN in November 2025. She is also the Medical Review Officer for PMC, certifying drug testing results for local employers and employees.

Facility

We have begun ordering MRIs in Cerner! The machine is not yet being used on patients but will be available in a few more weeks!

Financial Wellness

As always, we strive to make appropriate clinical order and coding decisions as part of responsible practice.

Submitted by: Selina Burt, DO



Joy Janssen Clinic Report May 2026

Workforce Wellness

We continue working to fill our fourth provider position following Dr. Morgan's departure in November 2025. ER call coverage has been supported through locum physicians, including Dr. Tuccillo, Dr. Lewis, and Dr. Ord. Seth Winn, APRN continues providing same-day and acute care coverage in the clinic. We also welcomed Kellii Wood part-time as Clinic RN and OB/Pediatric Case Manager, where she supports lactation services and additional clinic nursing needs.

Staff Highlights

- Welcomed Kellii Wood as Clinic RN and Case Manager
- Holli & Bessie completed the University of Alaska Anchorage nursing program and will transition to the nursing team within the next two months
- Farewell to Rachelle Larson from clinic reception.

Many clinic team members continue to actively participate in the PMC Employee Wellness Program through wellness challenges and activities.

Community Engagement

The clinic continues to strengthen community connections through outreach and partnerships.

- **PMC Health Fair (Feb–Mar 2026):** Clinic staff supported the health fair by assisting with blood draws, registration, and providing an educational booth. Education and resources were provided across the lifespan in the following areas:
 - Direct Primary Care
 - Lactation support
 - Well-child and vaccine information
 - Chronic disease management
 - Tobacco cessation resources

Patient Centered Care

Measures for Hypertension Management:

1. **Hypertension Control:**
 - Percentage of patients aged 18–80 at Petersburg Medical Center with a hypertension diagnosis whose average blood pressure is < **140/90**.
2. **Undiagnosed Hypertension:**
 - Percentage of patients without a hypertension diagnosis but whose average
 - blood pressure readings are > **140/90**.

Hypertension Quality Report:

05/13/26	Patient Count	Well-Managed	Rate
Overall	702	418	59.54%
PCP	Patient Count	Well-Managed	Rate
Provider 1	137	80	58.39%
Provider 2	143	90	62.94%
Provider 3	140	94	67.14%
Provider 4	128	79	61.72%
Provider 5	101	57	56.44%
Traveling, Patient	12	6	50.0%
Unassigned	37	11	29.73%
Sex	Patient Count	Well-Managed	Rate
F	296	183	61.82%
M	405	234	57.78%

Hypertension Quality Summary Past Dates			
	Patient Count	Well-Managed	Rate
May 13, 2026	702	418	59.54%
March 11, 2026	662	394	59.52%
January 16, 2026	652	389	59.66%
September 11, 2025	639	385	60.25%
July 10, 2025	621	373	60.06%
May 21, 2025	612	365	59.64%
March 13, 2025	583	336	57.63%

Diabetes: Monitoring Diabetes Control:

Measure: Percentage of PMC patients aged 18-80 with their most recent A1c < 7.5%, as reviewed with the medical staff during a meeting.

May 2026 Data:

A1c Value:	# Patients:	Percentage:	Notes:
Date: 5/13/26	221		Total Patients
A1c < 7.5	154	70%	Well Managed
A1c 7.5-8.9	47	21%	At Risk
A1c > 9.0	20	9%	High Risk

****28 unknown- no recent A1c**

Clinic Appointment Data:

Month	Total Clinic Visits	Hospital Rounds	Home Visits	No Shows
26- Apr	731	25	12	29
26-Feb	623	30	14	30

26-Jan	655	25	14	36
25-Jan	690	17	11	46
25-Feb	731	13	14	40
25-Mar	662	31	6	33
25-Apr	692	25	17	40
25-May	753	31	13	45
25-Jun	622	15	9	38
25-Jul	644	21	10	39
25-Aug	743	17	13	41
25-Sep	807	17	7	60
25-Oct	782	30	5	51
25-Nov	609	25	8	32
25-Dec	646	28	10	44
Total	9659	325	151	575

Next Available & Third Next Available:

Summary:

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

1. First available acute care – Same Day appointment with a PCP.
2. First available open appointment.
3. Third, next available appointment.
4. *Number of days include working days which include Saturdays but not Sundays.

Report Date: 5/13/26*				
Resource	Next acute with PCP	Next available open	Next third avail open	NOTE
Provider 1	5/19/26: 5 days	7/7/26: 46 days	7/7/26: 46 days	PTO: May/June
Provider 2	5/13/26: 0 days	5/22/26: 8 days	5/29/26: 14 days	
Provider 3	5/14/26: 1 day	5/14/26: 1 day	6/8/26: 22 days	
Provider 4	5/14/26: 1 days	5/14/26: 1 day	5/27/26: 12 days	
Provider 5	5/14/26: 1 day	5/15/26: 2 days	5/18/26: 4 days	
Provider 6	5/13/26: 0 days	5/13/26: 0 days	5/18/26: 4 days	
Average	1 day	9.5 days	17 days	

Report Date: 2/18/26*				
Resource	Next acute with PCP	Next available open	Next third avail open	NOTE
Provider 1	2/23/26: 4 days	3/18/26: 24 days	3/18/26: 24 days	

Provider 2	2/18/26: 0 days	2/25/26: 6 days	2/25/26: 6 days	PTO: 2/28-3/8
Provider 3	3/2/26: 11 days	April 26: 29 days	April 26: 29 days	PTO:2/18-2/21
Provider 4	2/18/26: 0 days	2/25/26: 6 days	2/26/26: 7 days	
Provider 5	2/18/26: 0 days	2/19/26: 1 day	2/19/26: 1 day	PTO: 2/11-2/16
Provider 6	2/18/26: 0 days	2/20/26: 2 days	2/20/26: 2 days	
Average	2.5 days	11 days	11.5 days	

Number of Same-Day Acute Care Appointments Scheduled:

Summary:

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

Week Ending: 04/25/2626		Week Ending: 05/09/26	
Date	# Of Same Day	Date	# Of Same Day
Monday 4/20/26	6	Monday 5/4/26	8
Tuesday 4/21/26	7	Tuesday 5/5/26	9
Wednesday 4/22/26	8	Wednesday 5/6/26	7
Thursday 4/23/26	10	Thursday 5/7/26	6
Friday 4/24/26	5	Friday 5/8/26	3
Saturday 4/25/26	6	Saturday 5/9/26	5
AVERAGE:	7	AVERAGE:	6.3

Week Ending: 02/28/2626		Week Ending: 01/31/26	
Date	# Of Same Day	Date	# Of Same Day
Monday 2/23/26	17	Monday 1/26/26	14
Tuesday 1/8/26	10	Tuesday 1/27/26	7
Wednesday 1/7/26	14	Wednesday 1/28/26	7
Thursday 1/8/26	9	Thursday 1/29/26	8
Friday 1/9/26	8	Friday 1/30/26	6
Saturday 1/10/26	1	Saturday 1/31/26	6
AVERAGE:	9.8	AVERAGE:	8

Facility

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

Current Clinic Projects:

1. Installation of a new vaccine refrigerator in the clinic — target completion: August 2026
2. Ongoing IT initiatives:
 - o Optimizing Cerner through implementation of the “Recommendations” tab to improve tracking of preventive care measures and clinical follow-up needs for providers — target completion: June 2026

- Transitioning to secure, compliant online faxing — target completion: July 2026

Financial Wellness

Clinic Operations and Revenue Optimization

The clinic is implementing several strategies to increase patient volume, optimize provider schedules, and improve both patient access and revenue.

1. Revised Call Schedule

The updated call schedule better aligns with cost report reimbursement models while supporting continuity of care for patients and providers.

2. Proactive Work Queue Management

Management and registration teams continue addressing work queue issues by:

- Correcting registration errors to support accurate billing
- Reducing reimbursement delays and minimizing claim denials

3. Direct Primary Care (DPC)

Care You Can Count On. Access You Can Afford.

For more information
907-772-4291

Introducing
DIRECT PRIMARY CARE

Direct Primary Care is healthcare made simple:

- Flat monthly fee
- No insurance billing
- No co-pays or per-visit charges
- Access to most clinic services

Adult Monthly \$125 <small>(\$1,500 annually)</small>	Child Monthly \$80 <small>(\$960 annually)</small>
--	---

The clinic is collaborating with a multidisciplinary team, including the Business Office, IT, Finance, Lab, HIM, Administration, and Medical Staff, to implement a Direct Primary Care (DPC) program. DPC is a membership-based model in which patients pay a flat monthly fee for primary care services through Petersburg Medical Center.

Included services:

- Wellness and preventive care
- Sick visits
- Chronic care management
- Basic labs
- Some in-office procedures

Not included:

- ER visits
- Hospital stays
- Specialist care
- Imaging
- Medications
- Specialty labs

Submitted by: Kelly K. Zwiefel, Clinic Manager



Community Wellness / Public Relations Report May 2026

Workforce Wellness

The Community Wellness Department recently added a new PRN Public Relations Specialist position to the team. This addition has been tremendously helpful in continuing to expand public communications such as social media, community newsletter, press releases, etc.

The **Employee Wellness Program** continues to provide staff opportunities to engage in healthy habits while fostering a positive and health-conscious work environment. The *Personify* wellness app remains a central tool, offering health and wellness resources, facility wide challenges, health coaching programs, and point earning opportunities for physical activity, sleep, and other wellness behaviors. Biometric screenings and preventive screenings are also incentivized to encourage early detection and improve health outcomes. PMC's *Personify* program has a high level of enrollment and engagement when compared to benchmarks like organizations.

Here are some highlights from the 2025 *Personify* program:

- **58%** of eligible PMC staff and spouses are enrolled in *Personify*
- **74%** of enrolled participants increased or maintained step counts since joining
- **55** biometric screening and preventive care appointments completed
- **11%** lower turnover rate among those participating in *Personify*

The **Employee Recognitions and Rewards** program that began in June 2025 has seen excellent participation. Employees can give public shout-outs to their colleagues. Each month, those who receive public recognition is entered into a prize drawing for PMC merchandise. **Over 400 employee recognitions** have been given since implementation in June 2025.



Community Engagement

Public Relations manages several ongoing community engagement efforts including PMC’s social media, website, community newsletter and PMC Live radio show. In the past year, PMC’s Facebook page has had an 11% increase in followers and 83% increase in engagement.



Public Relations and IT are partnering with a company called *Beacon* to **redesign the PMC website**. The goals of the project are to modernize the website and make it more user-friendly. Key features will include search functionality, events calendar, and a feedback form. The project team is currently completing the first review of the draft website. Due to the complexity of this large-scale project it has taken significantly longer than expected and is now scheduled to launch by June.

In January, Community Wellness staff partnered with the Petersburg School District for the second year to facilitate the [Teen Mental Health First Aid](#) curriculum in the high school (approximately 100 students). This program teaches students how to recognize signs and symptoms of mental health issues among their peers and how to respond appropriately.

The biennial **Community Health Fair** in March was a successful community engagement event with nearly 200 attendees. The event was a huge community effort with eight PMC departments, 16 local partners and 4 regional partners hosting resource tables.

The Community Wellness Department has begun offering **community CPR/First Aid classes** quarterly as a new program. Looking ahead, the Community Wellness Department

will be hosting the **Pedal/Paddle Battle** with the PMC Foundation (08/08/26) as well as the **Rainforest Run** 10k & Half Marathon (09/07/26).

Patient Centered Care

PMC is currently in the final year of the federal grant to provide two evidence-based **fall prevention programs**. [Bingocize®](#) combines bingo, exercise, and social engagement continues to have a great turnout among community members. The community program is delivered in partnership with Parks and Recreation and is also hosted on-site for residents at LTC and Mountain View Manor. Since beginning in Fall 2023, **89 unique participants have participated in Bingocize**. An ongoing Intermediate [Tai Chi for Arthritis and Fall Prevention](#) class is offered at the Mitkof Dance Studio. This month, a beginner's class was launched at the WERC building. Since beginning in Fall 2025 **nearly 50 participants have attended a Tai Chi for Arthritis and Fall Prevention class**. Staff are working on sustainability plans for these two programs after the grant ends.

PMC is also in the final year of a **three-year Tobacco Prevention and Control grant** from the State of Alaska. This initiative has supported meaningful health system changes related to tobacco cessation and has contributed significantly to improved patient-centered care.

Key accomplishments include:

- Increased tobacco screening in clinic
- AK Tobacco Quitline materials throughout the facility
- Staff tobacco training
- Digital screens throughout the facility include AK Tobacco Quitline, PMC events and services as well as health education

Facility

A public call for art proposals has been published for the WERC Building. A selection committee has been organized including diverse community members, PMC staff and a board representative. Proposals are due May 31st and successful proposals will be awarded in June.

Financial Wellness.

Community Wellness staffing and programs continue to be partially funded through state and federal grants.

Submitted by: Julie Walker, Community Wellness & PR Manager





Youth Programs Report May 2026

Workforce Wellness

Since the last report, PMC Youth Programs has continued to prioritize staff wellness, morale, and retention. We experienced a few winter staffing transitions, including one mentor moving into another role within PMC while continuing to provide occasional support to Kinder Skog, which has been tremendously helpful. These changes created brief periods of short staffing, but the team remained flexible and maintained program quality.

We have hired a full team of 16 mentors for summer 2026, including our first former participants who progressed through the Mentors in Training (MiT) program. This milestone reflects the strength of our youth development model and leadership pipeline.

New hire Gavin O'Neil, a former participant and MiT, was recognized as a runner-up for the Alaska Spirit of Youth award, a reflection of his commitment to being a positive role model and community volunteer. Additional recognition includes the Youth Programs Development & Advocacy Coordinator receiving Honorable Mention for the American Camp Association's Golden Lens Award, honoring excellence in storytelling and visual media, and being named to Alaska's 40 Under 40 Class of 2026.

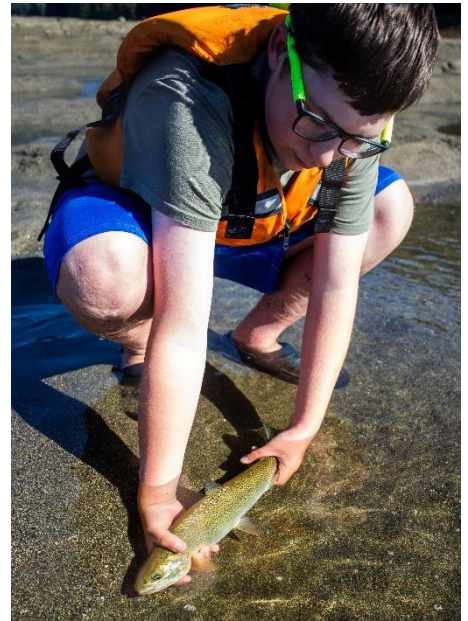
We are pleased that 75% of our summer staff are returning mentors this year, supporting program continuity and leadership development.

Returning staff not only foster strong, consistent relationships with campers, but also take on greater ownership in designing and leading programs, strengthening overall program quality and long-term sustainability.

Ongoing Focus: maintaining adequate staffing coverage during PTO/absences, supporting staff during high-intensity programming, and sustaining strong recruitment and retention practices. We are also focusing on developing a summer training week based on staff recommendations and suggestions.

Community Engagement

Community engagement remains a central pillar of PMC Youth Programs, embedded in daily programming and partnerships. This spring, our Skoggies launched a "Trash for Cash" initiative, inviting community members to sponsor youth-led litter cleanup efforts throughout Petersburg. Participants set a goal of collecting 50 bags of trash by the end of May; despite slower progress due to lingering snow, they have already collected approximately 30 bags since February, an impressive contribution to community stewardship.





A primary cleanup focus has been the local muskegs, where participants are actively working to protect sensitive frog habitat. Skoggies continue to support ongoing citizen science efforts monitoring Columbia Spotted Frog populations and were once again the first to identify frog egg presence this spring. In partnership with Eric Castro and the United States Forest Service, youth are assisting with tracking habitat locations, observing water quality, noting environmental changes, and monitoring development, providing meaningful, real-world science experiences even for our youngest participants.

In addition, we maintain strong collaboration with the local school district to support student engagement and regularly coordinate visits with Long Term Care residents to foster intergenerational connection. Ongoing partnerships with the Alaska Department of Fish and Game and the United States Forest Service continue to strengthen program delivery and expand opportunities for youth to engage with natural resource professionals.

Patient Centered Care

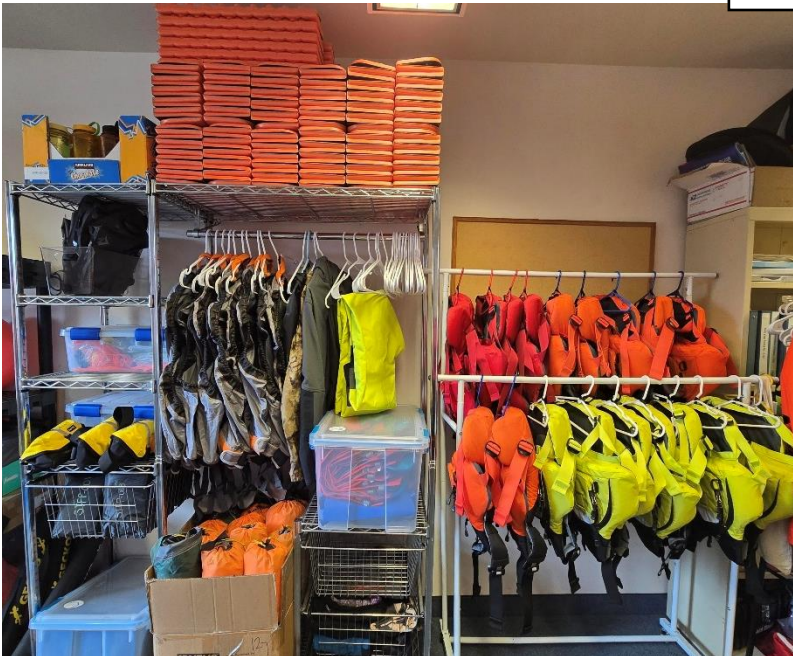
While PMC Youth Programs serves youth rather than traditional patients, we remain aligned with patient-centered care principles by prioritizing accessibility, inclusion, and proactive support. A key milestone since the last report was the addition of a Huckleberry Hiker, an adaptive mobility device that allows youth with varying physical abilities to fully participate in outdoor programming.

This investment reflects a shift from reactive accommodation to intentional preparedness. Rather than waiting for a specific need to arise, mentors identified accessibility as a priority and took steps to ensure that all youth, current and future, can engage meaningfully in our programs. The Huckleberry Hiker serves as a tangible invitation for participation, reducing barriers and reinforcing our commitment to equitable access. This initiative was made possible through grant funding from the Rasmuson Foundation and The Alaska Community Foundation, whose support enables us to better meet diverse needs within our community.

Facility

PMC Youth Programs continues to operate out of rented space at Petersburg Lutheran Church. This partnership remains strong and highly functional; the location provides consistent, accessible space in close proximity to the schools, which directly supports participation, transportation logistics, and program continuity. We are grateful for this ongoing relationship and the stability it provides for day-to-day operations.

Efforts have focused on maximizing the flexibility and functionality of the rental space. Staff continue to adapt storage solutions, purchasing nearly \$40,000 worth of recreation gear has us playing gear Tetris in the space. Our goal is to move the fleet of kayaks to the WERC building prior to the start of summer programs and that will free up additional space at the “Skog Den”



Looking ahead, we are interested in being included in future planning conversations related to the next phases of the new hospital facility. As programs continue to grow, there is clear potential to expand both capacity and scope, particularly if dedicated space could be designed with youth programming, recreation, and safety considerations in mind. Access to purpose-built environments will enhance our ability to serve a broader range of needs and offer more diverse opportunities.

The primary challenge in this area remains the limitation of shared and non-specialized space, which can constrain program expansion and scheduling flexibility. Continued support in long-term facility planning and consideration of youth program needs in future capital development discussions would be valuable in addressing these constraints.

Financial Wellness

PMC Youth Programs continues to leverage a diversified funding strategy that combines grants, community partnerships, and individual giving to support both operations and program growth. Recent grant awards include \$25,000 from the Rasmuson Foundation for the purchase of recreational gear, and \$20,000 from The Alaska Community Foundation to support the kayak expedition and summer camp opportunities. These funds directly enhance program quality while reducing the need for operational budget allocations.

PMC Youth Programs has been experiencing ongoing challenges with both the Central Council Tlingit & Haida Indian Tribes of Alaska (CCTHITA) and the State of Alaska Child Care Assistance Program (CCAP) since the fall of 2025. Shortly before the holiday season, CCTHITA notified families directly that it could no longer provide childcare assistance to eligible tribal members enrolled in PMC Youth Programs. This abrupt change created significant hardship for families and left many in a difficult financial position during an already challenging time of year. In response, PMC stepped in to provide temporary financial assistance to impacted families while advocacy and resolution efforts were underway. Unfortunately, progress has been hindered by limited communication and extended delays from CCTHITA representatives.

On the CCAP side, PMC Youth Programs became the first American Camp Association accredited programs in Alaska to qualify as a State of Alaska Child Care Assistance Provider in the spring of 2025. However, in the fall, PMC learned that the state had assigned programs to a designation level that does not provide adequate funding support for qualifying families. Since November 2025, PMC Youth Programs staff and PMC leadership have been actively seeking clarification regarding this designation. These efforts have been met with prolonged

response times and instances in which Child Care Program Office representatives did not attend scheduled meetings.

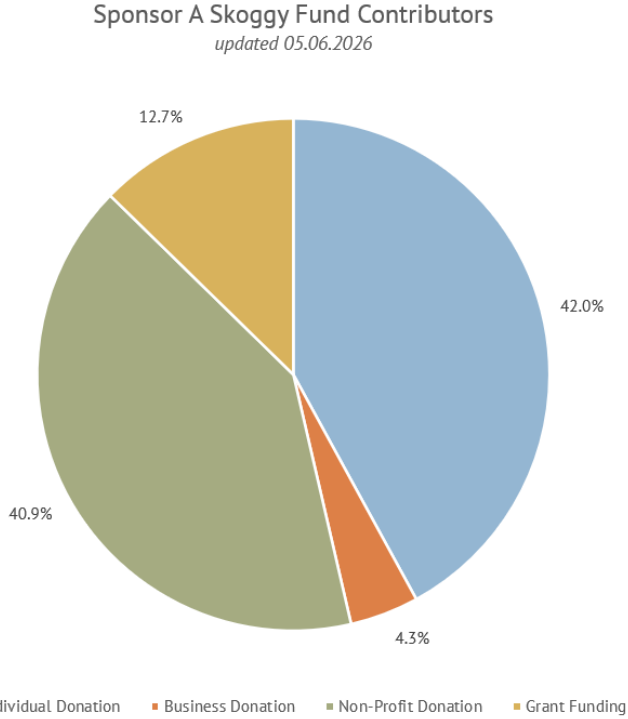
PMC remains committed to advocating for Alaska’s youth and families and continues to encourage collaboration between these organizations to develop a more sustainable and equitable solution for childcare support across the state.

Additional community support has played a critical role in offsetting program costs. Donations from Rocky's Marine and The Rotary Club have enabled the purchase of essential kayak safety equipment, ensuring programs meet safety standards without placing additional strain on departmental resources. The Petersburg Arts Council has also contributed funding for theatre camp scholarships, expanding access to arts-based programming.

A significant area of growth is the “Sponsor a Skoggy” Scholarship Fund, which has raised nearly \$30,000 to date. Notably, 42% of these funds have come from individual donors, reflecting strong community investment in youth access and engagement. This fund is a key mechanism for reducing financial barriers to participation and will continue to be a focus for sustainability and growth.

From an efficiency standpoint, the department continues to maximize external funding to subsidize high-cost program components, particularly equipment-intensive activities like kayaking. Staff are also mindful of resource-sharing, and aligning grant funding with strategic program needs to avoid redundancy and ensure long-term usability of purchased equipment.

The primary challenge moving forward is maintaining consistent funding streams to support both scholarships and rising operational costs, particularly as program demand increases. Continued support in donor engagement will be important to sustain momentum and ensure equitable access to programs without overextending departmental resources.



Summer Camp Guidebook: <https://canva.link/yhri75cy11b00db>

Sponsor a Skoggy Donation Link: <https://pmcyouth.campintouch.com/ui/forms/donor/Form>

Submitted by: Katie Holmlund, Youth Programs Development & Advocacy Coordinator



Food Service & Nutrition Report May 2026

Workforce Wellness:

Over the last six months, the Dietary Department has continued to adapt and move forward through a period of transition while maintaining daily operations and supporting patient care needs. The department has benefited from strong internal collaboration and flexibility, with leadership continuity supported by existing familiarity with department functions and workflows. As Interim Food Service Director, I bring nearly a year and a half of experience working closely within the department as a clinical dietitian and assisting with food production management, which has helped support a smooth transition and continued operational stability.

Over the last 6 months, we have transitioned our menu program from a primarily manual system by bringing our favorite recipes over into the DiningRD menu program and fully implementing their tray card system. While the transition has presented unexpected challenges, the new system is anticipated to improve efficiency, streamline workloads, and reduce dietary errors. We are working with the IT department now and have great hopes that we will work out the remaining glitches in the system during the next few months while also starting a tablet-based bedside diet ordering system.

Cooks:

The department is currently operating without the use of traveling cooks. At present, staffing includes two primary cooks, along with an additional cook who transferred to another department but continues to support Food Services on a part-time, on-call basis during the current staffing shortage. Additionally, a cook primarily assigned to the employee meal program has agreed to assist with cooking shifts as needed while recruitment efforts for an additional cook are underway.

Employee Meal Program:

This has become a very popular program. We primarily have one cook that works part-time on Monday, Wednesday, Friday and sometimes Sundays to make the meals. This program helps us utilize our left-over ingredients from the hospital & LTC meals. Employees love the convenience and variety of options. We are now working with IT to get a food labeling program to more easily help standardize recipes, cost out recipes, and print compliant labels.



Community Engagement:

In collaboration with the LTC Activities department, we had a holiday meal and participated in julebukking. We also had a New Year's celebration, Easter dinner, St. Patrick's Day meal and Mother's Day Tea.



Patient Centered Care:

We now have two Administrative Aides that go to rooms to get patient meal orders. They also continue to fill in other dietary aide roles, as needed for call-offs. This continues to work well, and we have hopes that the new tablet ordering system will make this program even better. Many LTC residents enjoy selecting their menus and for those that are unable to do so, we utilize their likes and dislikes to help ensure patient satisfaction. We have also implemented a new bedtime snack program on a trial basis, designed to provide residents with greater variety and choice in their evening snacks. The program utilizes a color-coded cart system that allows nurse aides to offer snacks room-to-room while ensuring selections align with each resident's dietary requirements. To further enhance the program and improve food storage and accessibility, a new refrigerated cart was purchased and incorporated into the process.

Facility:

We have been very fortunate to not have any major equipment issues recently. We keep the maintenance department quite busy with minor repairs, and they have been great to work with.

Financial Wellness:

As seen last year, the cost of food supplies continues to rise steadily. In addition, periods of increased activity on the CAH side of PMC have resulted in higher food production demands and overall meal output. Higher CAH census levels, along with LTC events and gatherings, have also increased the need for dishes, trays, silverware, cups, and other small wares, as well as the ongoing replacement of these items due to normal wear and tear. Despite these challenges, the department continues to work hard to provide high-quality food service and support to patients, residents, and staff.

Submitted by: Jennifer M. Wood, MS, RDN, CSG – Interim Food & Nutrition Services
Director



New Facility Construction Report May 2026

Sitework

The SWPPP (Storm Water Pollution Prevention Plan) has officially closed out.

Notice of Termination has been accepted, see below:

5/4/2026

CLOSE-OUT LETTER

18 AAC 83 Alaska Pollutant Discharge Elimination System General Permit for Discharges from Large and Small Construction Activities, permit number AKR100000, authorization number AKR10H0F2

Re: Permit Number: **AKR10H0F2 v1.3**

Thank you for submitting a Notice of Termination (NOT) form, terminating coverage under ADEC’s Stormwater Construction General Permit (CGP), based on your statement that the reason for termination is: *Final stabilization has been achieved on all portions of the site for which you are responsible.*

WERC Building

The WERC (Wellness, Education, and Resource Center) building and the MRI addition are 100% complete with the original and added scope. The UPS (Uninterrupted Power Supply) for both the magnet and servers is fully operational. No further updates currently.

New Long-Term Care/Hospital

Phase 1 – Sitework, completed.

Phase 2 – WERC Building, completed.

Phase 3 – Long Term Care (LTC), awaiting funds to advance design.

Phase 4 – Hospital, awaiting funds to advance design.

Grant applications have been submitted to the RHTP (Rural Health Transformation Program) for funds to cover design fees, which would produce a complete campus construction drawing set and specifications—no further updates at this time.

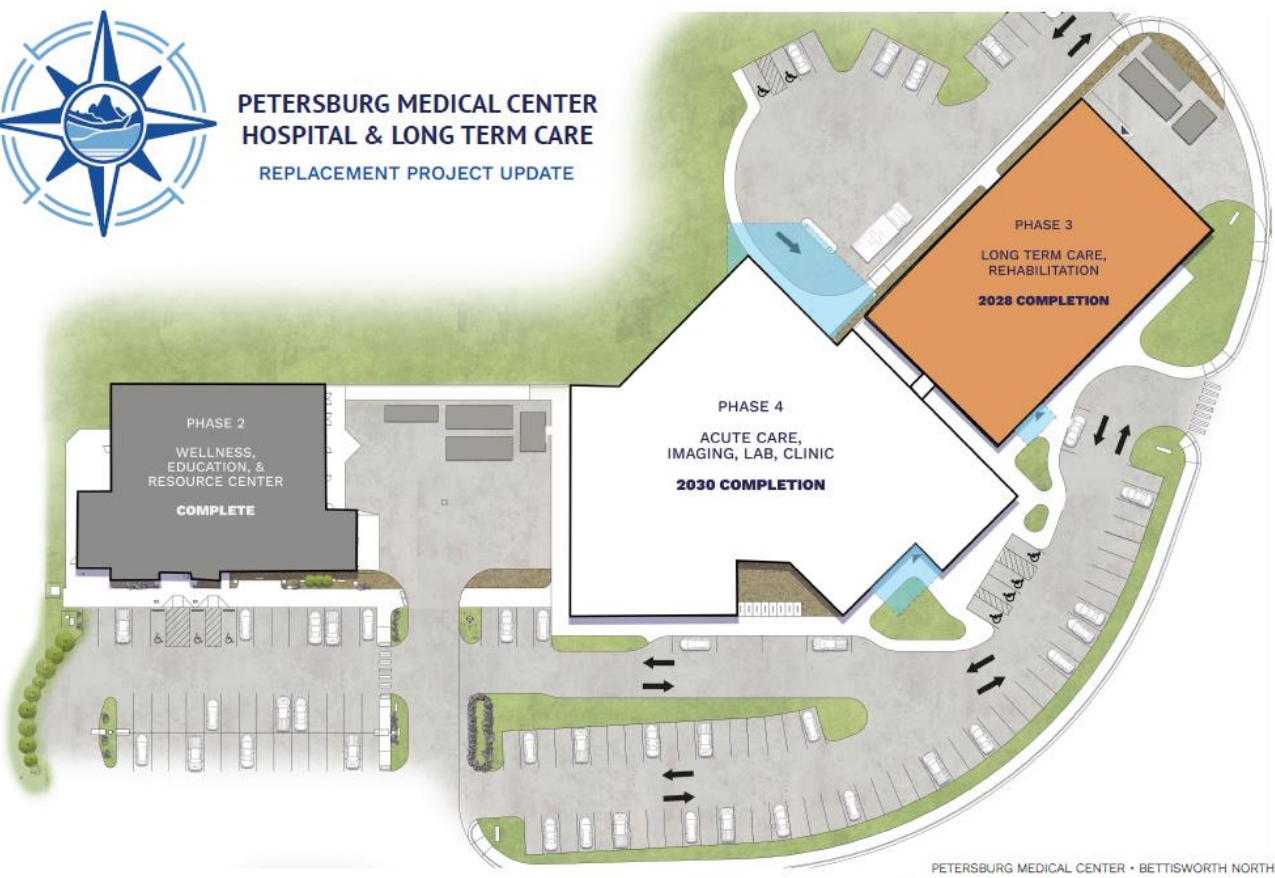
Upcoming Activities

- Obtain funding to advance LTC/Hospital design.
- Be postured for starting construction of LTC in the spring of 2027.

PMC Hospital Campus Plan



**PETERSBURG MEDICAL CENTER
HOSPITAL & LONG TERM CARE
REPLACEMENT PROJECT UPDATE**



PETERSBURG MEDICAL CENTER • BETTISWORTH NORTH — ZGF



Quality Report May 2026

Workforce Wellness

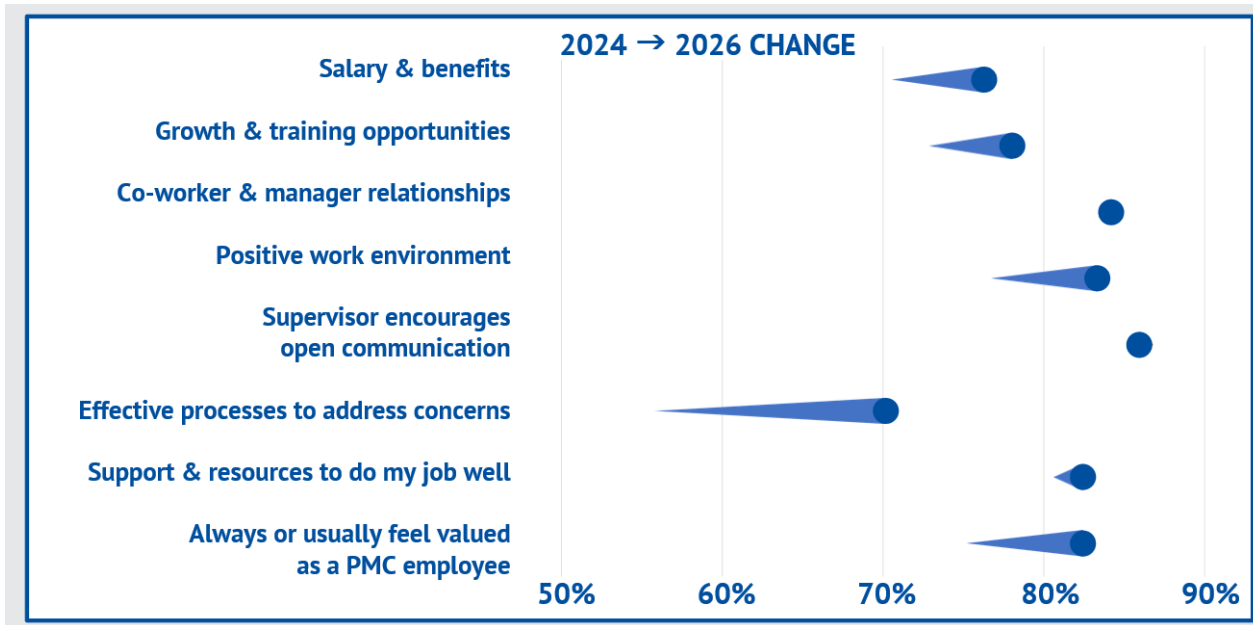
2026 PMC Workplace Satisfaction Survey- (Visuals/graphs credited to Katie Bryson)

Who did we hear from?

- 66% (114) of staff provided their input (full-time, part-time, PRN, and seasonal status)
- 88% of those that participated offered specific comments or feedback.
- Staff members employed less than one year with PMC represent 21% of total staff, however only 14% of total survey responses, therefore were slightly under represented.
- Staff members employed more than five years with PMC represent 39% of total staff, however were 49% of total survey responses, therefore were slightly overrepresented.

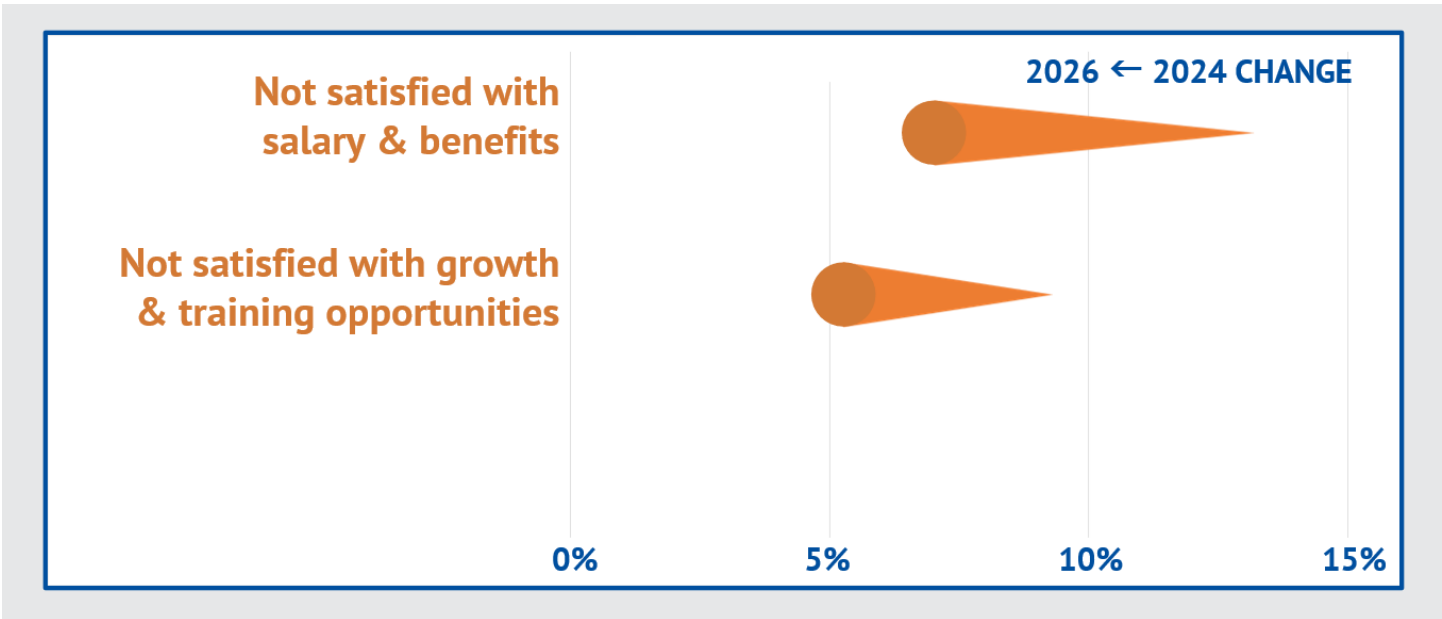
Highlights

- Overall job satisfaction numbers are up nationally to 68% (The Conference Board.)
- Overall job satisfaction among PMC employees is also up and currently at 91% (84% in 2024)
- In 2024, we saw consistently less satisfaction in many areas for those employees that had been with PMC between one and five years.
- In 2026, this gap was reduced, with improved satisfaction across all areas.
- Since the 2024 survey, satisfaction has increased or stayed the same in all categories.

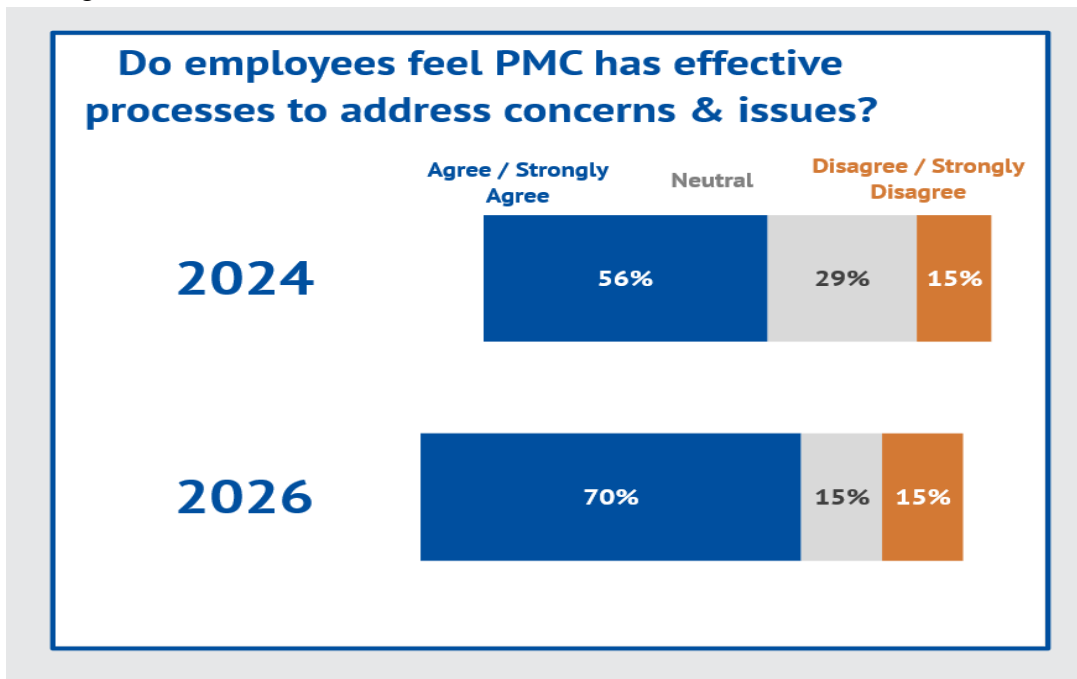


- The highest area of agreement and satisfaction in both 2024 and 2026 was in supervisor encourages open communication. (87% in 2024, 86% in 2026.)
- The highest area of disagreement and dissatisfaction in both 2024 and 2026 was effective processes to address concerns (15% in both years.)

- Since 2024, significant progress has been made in two areas of dissatisfaction that were targeted for improvement. Dissatisfaction numbers in the areas below were cut in half.



- While 15% of employees still disagree that PMC has effective processes to address concerns, this area has also had significant gains with those that believe PMC has these in place. Agreement in 2024 was 56% and in 2026 has risen to 70%. This is an area of continued efforts and focus throughout the organization.



Interesting Insights

- We found that lack of feeling valued by the workplace had significant links to other specific areas of dissatisfaction and disagreement. This is a relatively small number of employees, but can be impactful.
 - For staff that do feel valued at PMC:
 - 81% agree that PMC has effective processes to address concerns

- 93% agree that PMC provides a positive work environment
- 94% feel satisfied with co-worker and manager relationships
- For staff that 'rarely' or 'never' feel valued at PMC:
 - 0% agree that PMC has effective processes to address concerns
 - 0% agree that PMC provides a positive work environment
 - 11% feel satisfied with co-worker and manager relationships

Overall, responses were extremely positive, and the PMC community has reason to be very proud of the environment and support it is providing to its workforce. Thank you to all employees that took the time to respond and offer their experience, thoughts, and expertise. Your feedback will continue to drive meaningful improvements while reinforcing the value of the work and systems already in place at PMC.

Community Engagement

No new developments to report in this area.

Patient Centered Care

A Quality Improvement Advisor from Mountain Pacific visited PMC on May 19th and 20th in association with Midwest QIN-QIO (Quality Innovation Network-Quality Improvement Organization) This organization offers support for planning and implementation of quality improvement related activities and foundational and clinical priorities. PMC aims to partner with them to reach shared goals and gain resources for departmental priorities and initiatives. Their support is available for focus areas in LTC, Critical Access Hospital, and outpatient services to include the Joy Janssen Clinic and Home Health and Community Services. Both CAH and LTC Quality Committees met on May 20th to review current action items, plan next steps and review departmental metrics. There are numerous projects aimed at patient centered care that continue to progress. Some current projects include LTC polypharmacy reduction, LTC fall prevention system, and the Cerner EHR Recommendations Module for preventative care tracking and providing timely reminders for screening.

Facility

AHHA facilitated a CAH Quality Inventory & Assessment Workgroup on May 18th. Matt Pawuk attended for PMC to share information on PMC's success on elements met. Strengthening quality infrastructure continues to be a priority and efforts this year will focus in on quality systems, processes, and workforce to ensure best practices that fit and adapt to the uniqueness of PMC.

Financial Wellness

No new developments to report in this area. Awaiting Rural Health Transformation Program news.

Submitted by: Stephanie Romine, RN



Infection Prevention Board Report May 2026

Workforce Wellness

I am the Infection Preventionist for PMC.

Community Engagement

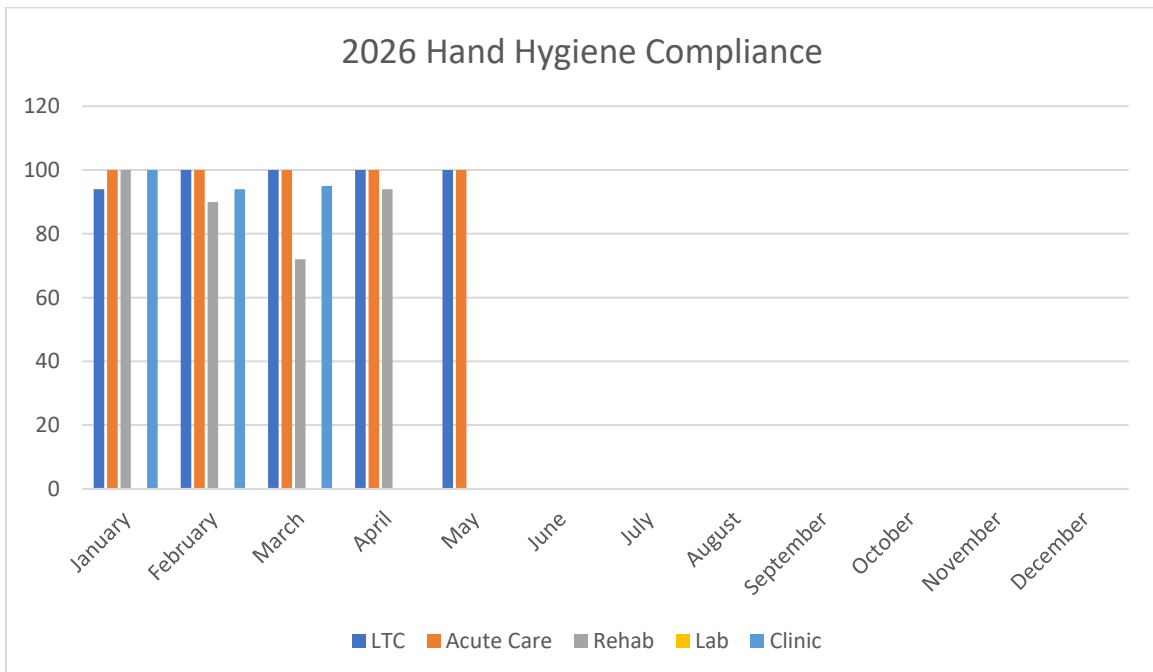
I work with many different departments at PMC to ensure compliance with regulations, including nursing, EVS, home health, physical therapy, clinic and lab.

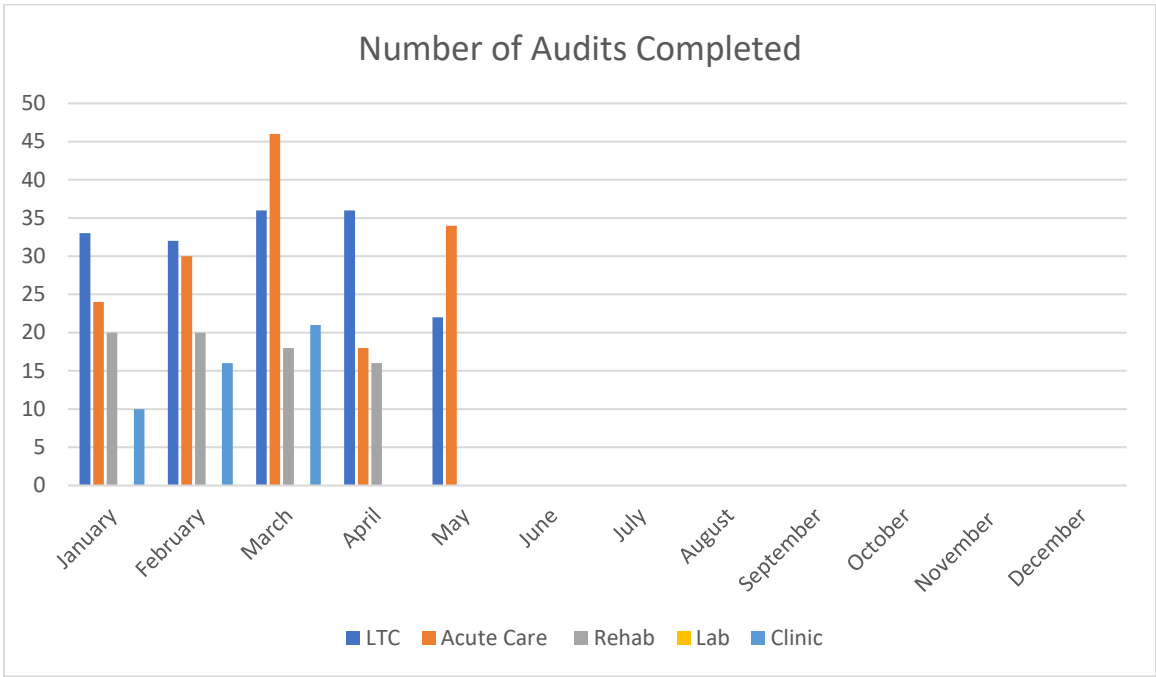
We recently received our Infection Control Assessment and Response Consultation Report from the State of Alaska, following their February 2026 visit. Training and feedback were given for Environmental Services/Cleaning and Disinfection, High-Level Disinfection/Sterilization, Injection Safety/Sterile Compounding, and Antibiotic Stewardship. Training sessions were conducted for nursing, EVS, pharmacy, laboratory services, and providers.

I will be working with different departments throughout the PMC to implement suggested improvements to our practice.

Patient Centered Care

2026 PMC Hand Hygiene Report





LTC 2026 Infection Prevention Metrics

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

Facility

I work closely with the maintenance department to identify and correct any damage, structural or cosmetic, that I find in our facility. Our aging facility continues to cause many obstacles in meeting current IPC standards. This remains a challenge.

Financial Wellness

No changes to this area.

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



PMC Executive Summary May 2026

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

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

Summary:

PMC continued ongoing advocacy, outreach, and service development efforts during May. This included a tour of the aging hospital facility and the WERC building for gubernatorial candidate Click Bishop, coordinated in partnership with Mayor Lynn. The tour provided an opportunity to directly demonstrate the operational challenges associated with the aging infrastructure, including plant limitations, deferred facility issues, and the importance of PMC's phased replacement strategy. Discussions also highlighted the role of healthcare as critical infrastructure and an economic driver for rural Alaska communities. In addition, meetings continue with state leadership, including Representative Himschoot this week, to discuss rural healthcare sustainability, infrastructure, and transformation opportunities. On the federal side, PMC received encouraging news that Senator Murkowski submitted an additional \$2.7 million appropriation request in support of PMC priorities, complementing the previously submitted \$2 million request from Congressman Begich. These ongoing advocacy efforts continue to build momentum around long-term capital planning, replacement infrastructure discussions, MRI implementation efforts, and broader healthcare transformation initiatives tied to RHTP and rural healthcare sustainability. By the time of the Board meeting, PMC is hopeful to have additional clarity regarding RHTP funding and implementation guidance, which will significantly influence both operational and capital planning discussions moving into the next fiscal year.

From a service line perspective, specialty outreach activity continues to expand. Optometry services occurred within the past two weeks with strong community utilization, PMC is meeting with Orthopedics this week regarding ongoing and future specialty coverage, and the organization is looking forward to the next Scope Clinic scheduled for June as part of continued efforts to improve local access to specialty care.

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

- **May 2:** Pinning Ceremony- Celebrated the accomplishments of Holli Davis and Bessie Johnson that symbolizes the transition from student to professional nurse.



- **May 5th & 8th:** Employee Forum at WERC building. Thank you to board members for attending.



- **May 6:** Provider Lunch/Discussion
- **May 6-12:** National Nurses Week-PMC is proud to recognize our nurses that provide care across a wide range of settings including acute care, chemotherapy, emergency services, home health, long term care, outpatient services, pharmacy support, and wound care. We are very appreciative and proud of their commitment to patients and dedication to meeting the diverse needs of our community.
- **May 21:** CEO office hours open to employees
- **May:** National Speech-Language-Hearing Month- From supporting stroke recovery and cognitive changes, to diagnosing and managing hearing loss, these services help

members of our community to regain skills, adapt to changes, and preserve quality of life.



- **Ongoing:** Employee Meals
- **Ongoing:** Employee Recognition and Rewards



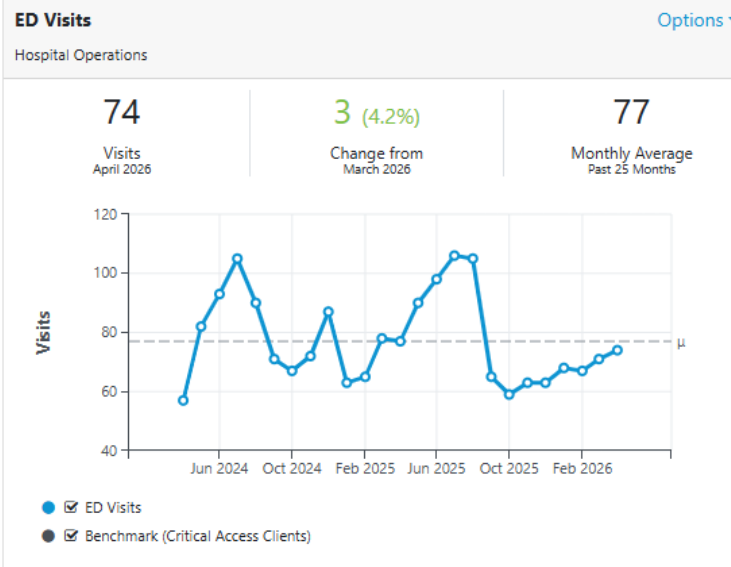
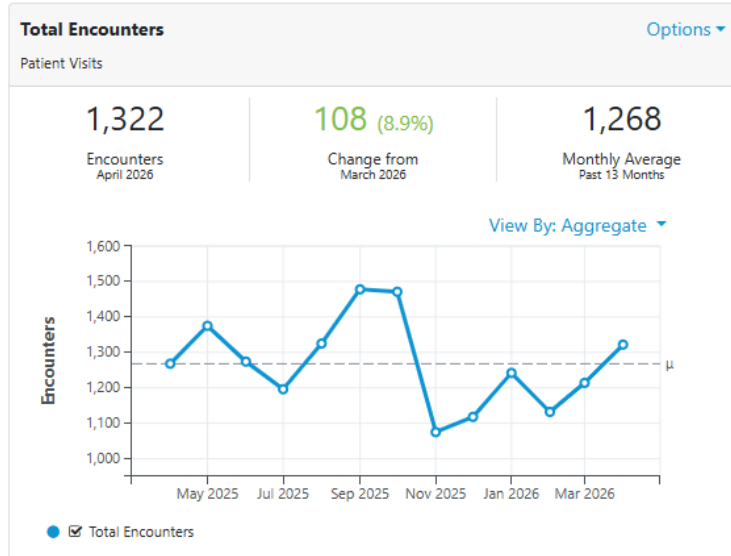
Community Engagement: *Goal: To strengthen the hospital's relationship with the local community and promote health and wellness within the community.*

- **May 4:** Submitted written report for Borough Noon Assembly Meeting.
- **May 8:** Rehabilitation/ Physical Therapy Dept Manager hosted a booth at the Teen Health Fair
- **May 12:** AHHA 2026 Committee Meeting
- **May 15:** RHTP Impacts: Spark Technology and Innovation Meeting
- **May 20:** Health E Connect Board Meeting (Board Member)
- **May 28:** PMC Live radio show on KFSK
- **May 28:** Hospital Board Meeting open to the public, and broadcast live on KFSK
- **Ongoing:** Kinder Skog Program -Newly added is the opportunity for any community member to sponsor a Skoggy and open the door to camp for a child. If you have any questions or would like more information, please call Katie at 907-531-5913 or email kholmlund@pmc-health.org
- **Ongoing:** Bingocize and Tai Chi Programs- Tai Chi has a Wednesday at noon class for beginners at the WERC building.
- **Ongoing:** CNA training course has started and is ongoing.
- **Ongoing:** PMC is currently in the process of developing a new website designed to enhance usability and improve access to information for our patients and the community we serve.
- **Adult Day-** Cedar Social Club offered to eligible persons 60 and older, please call 772-5716 to learn more about this program.

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

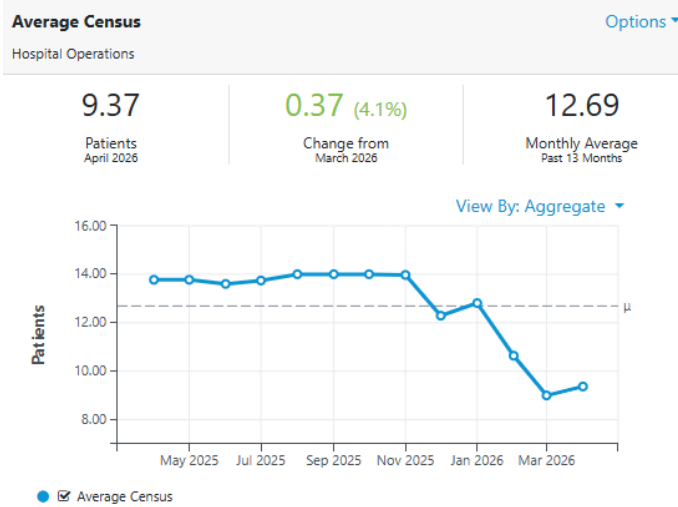
- **May 13:** Pianist Corbin Beisner played classical piano for our LTC care residents
- **May 20:** Quality Meetings (LTC & CAH)
- **Joy Janssen Clinic** Access to Primary Care: We are currently staffed with 3 Physicians and 3 mid-level practitioners. Locums staffed as needed.
 - We are actively looking for a provider to fill the 4th position available.
 - As of May 13th, 2026, average patient access across all present providers reflects a 3-day wait for the next available appointment and 13 days for the third next available, indicating relatively consistent scheduling availability.
 - Locum coverage through August to cover provider PTO.
 - Same day acute care appointments remain consistently available.

- Clinic is open and available M-F 8AM-5PM, and Saturday 8AM-12, 1PM-4:30PM. Same day appointments for urgent or acute care are readily available.



- **Audiology**: Phil Hofstetter continues to see patients in the Specialty Clinic. Call 772-5792 to schedule.
- **Psychiatry**: Dr. Sonkiss continues to provide ongoing services via telehealth and has a planned site visit for August.
- **Integrative Medicine**: Integrated Medicine with Dr. Hyer is offered via telehealth, email Dr. Hyer directly at jhyer@pmc-health.org to schedule.
- **Optometry Clinic**: Dr. Kamey Kapp, Optometrist with Last Frontier Eye Care, regularly visiting Petersburg in the Specialty Clinic. She was here this month seeing patients. Please call 907-434-1554 to schedule appointments.
- **Scopes Clinic**: Dr. Taggart and CRNA Jenilyn Lo will have their next clinic June 24th and 25th.

- **Dermatology:** Cameron French routinely visits Petersburg for dermatology, please call the clinic to schedule.
- **Orthopedic Clinic:** Discussions are ongoing to explore options for bringing ortho clinic specialty to Petersburg.
- **Cardiology-** Exploring options for cardiac testing locally, have started discussions regarding workflows.



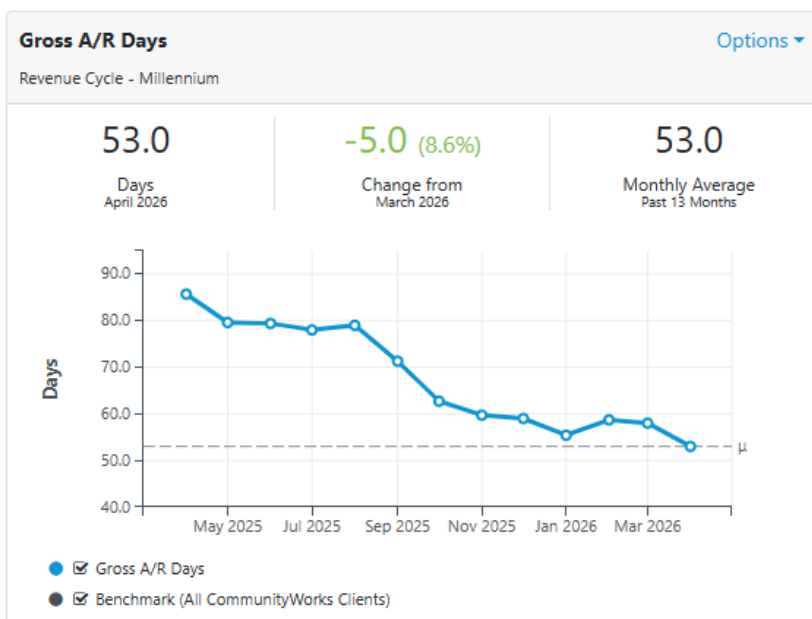
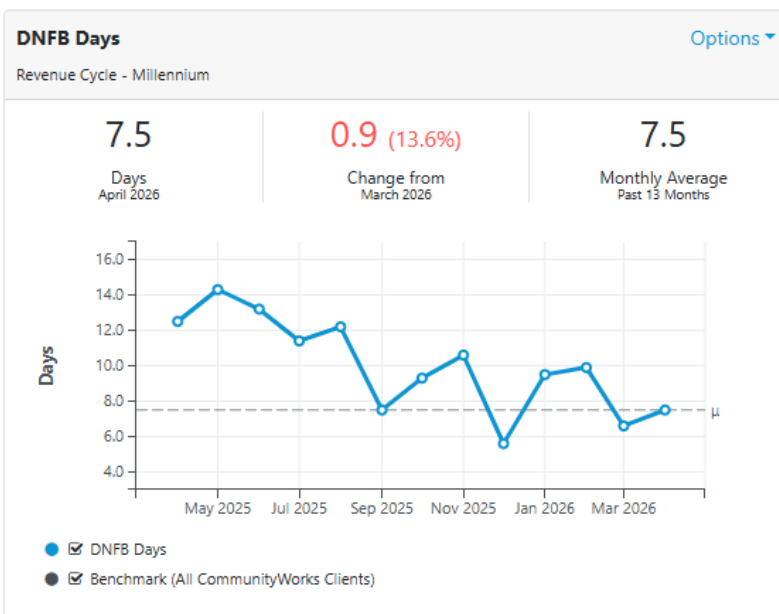
New Facility: Goal: To expand the capacity and capabilities of the community borough-owned rural hospital through the construction of a new facility, while considering the needs and priorities of the local community.

- The WERC building is undergoing grounds cleanup in preparation for an early summer open house event. General site cleanup and event preparations will be completed in advance of the occasion.
- MRI tech acquired
- Please see attached report submitted by J. Wetzel with Arcadis
- Seeking Art Proposals: PMC is seeking inviting, contemporary art representative of the people of Petersburg, the area’s nature-based environment, and Petersburg’s

unique history to decorate the walls of the WERC building. Proposals are due May 31, 2026. Eligibility: Alaskan Artists. Maximum 3 proposals.

Financial Wellness: Goal: To achieve financial stability and sustainability for the hospital. FY25 Benchmarks for Key Performance Indicators (KPIs): Gross A/R days to be less than 55, DNFB < then 5 days, and 90 Days Cash on Hand

- Accounts Receivables (AR) Update: Fluctuating mid to low fifties.
- There are still many unknowns with the Rural Health Transformation Program. PMC submitted our requests and at the time of this report submission we are still waiting to hear back to see if we will be able to move forward with next steps in that process, which may be a more detailed, line-item request.
- See attached Grants Report.
- See attached Financial Report.





Submitted by: Phil Hofstetter, CEO



FISCAL YEAR 2026 GRANTS UPDATE

To date, grants funded 3.5 FTE in FY26 staff time across 13 PMC positions.

3 Pending Congressional Funding Requests: **\$8.2 million**

◆ **Senate Appropriations PMC Long Term Care Center Construction Request**

Sen. Murkowski submitted a request for PMC's new LTC to LHHs Subcommittee.
1 Award | **\$2,700,000** total requested – *Decision anticipated 2026-2027*

◆ **Senate Appropriations Borough Transportation Project Request**

PMC provided a proposal item to widen & pave Excel Rd./pave & light Wellness Dr.
1 Award | **\$3,500,000** total requested – *Decision anticipated 2026-2027*

◆ **House Appropriations PMC New Health Campus Construction Design Request**

Rep. Begich submitted a request for funding to House Appropriations Committee.
1 Award | **\$2,000,000** total requested – *Decision anticipated 2026-2027*

8 Pending State Funding Requests: **\$11.2 million**

◆ **State Health Department Senior In-Home Services Grant**

Proposed project to deliver case management services in Petersburg & Wrangell.
3 Years | **\$191,979** over three years – *Decision expected June 2026*

◆ **State of Alaska RHTP Funding New PMC Facility Designs**

Funds requested to advance LTC and Hospital designs to 100%.
1 Award | **\$6,347,000** total requested – *Decision expected June 2026*

◆ **State of Alaska RHTP Funding Critical Medical Equipment Purchase & Training**

Interdepartmental project to procure equipment supported by training and staff.
1 Award | **\$3,445,000** total requested – *Decision expected June 2026*

◆ **State of Alaska RHTP Funding Independent CAH Shared Medical Office**

Cost sharing & staff recruitment project with other two independent Alaska CAHs.
1 Award | **\$335,000** total requested – *Decision expected June 2026*

◆ **State of Alaska RHTP Funding Petersburg Telehealth Integration Project**

Funds requested to develop infrastructure to support telehealth across services.
1 Award | **\$403,000** total requested – *Decision expected June 2026*

◆ **State of Alaska RHTP Funding Home & Community Based Services Expansion**

Launch multiyear expansion of service lines, equipment, staffing & regional reach.
1 Award | **\$428,000** total requested – *Decision expected June 2026*

- ◆ **State of Alaska RHTP Funding Maternal & Early Childhood Health Planning**
Funds requested to develop lactation consulting program & assess opportunities.
1 Award | \$142,000 total requested – *Decision expected June 2026*
- ◆ **State of Alaska RHTP Funding Integrated Behavioral Health Program**
Establish & staff a PMC Behavioral Health Department with internship capacity.
1 Award | \$443,000 total requested – *Decision expected June 2026*

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

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

11 Program & Personnel* Grants Operating in FY26 \$883,894

* FY26 Grant contributions to PMC’s Admin & Finance costs: \$56,873

- ◆ **3 Completed Grants: AK Children's Trust, AK Community Foundation, & PCF**
- ◆ **Alaska Community Foundation Camps Initiative**
Youth Programs project supporting the Summer 2026 ORCA Kayaking Camp.
1 Award | \$20,000 (total single award)
- ◆ **Alaska Mental Health Trust Authority Partnership Grant**
Expands PMC’s hybrid telehealth/onsite behavioral health services for LTC & HH.
1 Award | \$81,960 (total single award)
- ◆ **ACL Communities Deliver & Sustain Evidence-Based Falls Prevention**
Evidence-based falls prevention programs delivered in community settings.
Year 3 of 4 | \$147,076 in FY26
- ◆ **HRSA Rural Health Network Development Planning Program**
Planning with independent AK CAHs to improve rural health access & efficiency.
1 Award | \$100,000 (total single award)
- ◆ **Rasmuson Foundation Tier I Grant**
Youth Programs award for Kinder Skog & ORCA camp gear, equipment & storage.
1 Award | \$25,000 (total single award)
- ◆ **State Health Department Adult Day Services Grant**
Supports Cedar Social Club staffing & \$50K+ per year in participant scholarships.
Year 2 of 3 | \$191,030 in FY26 – **Additional award of \$41,175 in Jan 2026**
- ◆ **State Health Department Community Tobacco Prevention & Control Grant**
Funds evidence-based Million Hearts® Change Package for Tobacco Cessation.
Year 3 of 3 | \$145,000 in FY26
- ◆ **State Health Department Opioid Settlement Funds Grant**
Sustain telepsychiatry access pilot program established by 2023 HRSA grant.
Year 2 of 3 | \$142,828 in FY26

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

For the month ended April 30, 2026

PETERSBURG MEDICAL CENTER
Key Volume Indicators
FISCAL YEAR 2026

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Clinic Visits	793	878	983	1,003	754	733	790	774	802	966	-	-	8,476	8,137	4.2%
<i>Primary Clinic</i>	768	865	851	984	736	720	771	750	789	835			8,069	8,137	-0.8%
<i>Specialty Clinics</i>	25	13	132	19	18	13	19	24	13	131			407	-	n/a
2. Radiology Procedures	253	251	242	256	208	223	223	203	206	232			2,297	2,260	1.6%
3. Lab Tests (excluding QC)	1,937	2,575	2,258	2,288	2,266	2,217	2,178	1,909	1,996	1,926			21,550	17,832	20.9%
4. Rehab Services Units	883	1,086	730	1,178	1,548	973	1,025	970	1,154	1,398			10,945	10,517	4.1%
<i>Physical</i>	651	764	582	860	604	618	621	531	631	1,164			7,026		
<i>Occupational</i>	154	237	56	206	860	271	309	367	463	152			3,075		
<i>Speech</i>	78	85	92	-	84	84	95	72	60	82			732		
5. Home Health Visits	284	296	221	287	166	202	176	169	261	179			2,241	1,873	19.6%
<i>Nursing Visits</i>	149	151	141	179	120	138	113	91	137	111			1,330		
<i>PT/OT Visits</i>	135	145	80	108	46	64	63	78	124	68			911		
6. Emergency Room Visits	102	105	65	56	64	61	68	67	68	77			733	727	1%
7. Observation Days	3	8	4	2	2	4	3	3	6	5			39	53	-26%
<i>Hospital Inpatient</i>															
8. Patient Days - Acute	12	20	36	21	36	25	17	41	32	17			257	303	-15.2%
9. Patient Days - Swing Bed (SNF)	54	69	41	67	67	89	53	80	74	59			653	736	-11.3%
10. Patient Days - Swing Bed (ICF)	8			26	30	34	38	28	31	30			225	260	-13.5%
11. Patient Days - Total	74	89	77	114	133	148	108	149	137	106			1,135	1,299	-12.6%
12. Average Daily Census - Acute	0.4	0.6	1.2	0.7	1.2	0.8	0.5	1.5	1.0	0.6			0.9	1.0	-14.4%
13. Average Daily Census - Swing Bed (SNF)	1.7	2.2	1.3	2.2	2.2	2.9	1.7	2.6	2.4	1.9			2.1	2.4	-13.0%
14. Average Daily Census - Swing Bed (ICF)	0.3			0.8	1.0	1.1	1.2	1.0	1.0	1.0			0.7	0.9	-13.3%
15. Average Daily Census - Total	2.4	2.9	2.5	3.7	4.4	4.8	3.5	5.0	4.4	3.5			3.7	4.3	-13.4%
16. Percentage of Occupancy	19.9%	23.9%	21.0%	30.6%	36.3%	39.8%	29.0%	42.0%	36.8%	28.9%			30.8%	35.6%	-13.4%
<i>Long Term Care</i>															
17. LTC Days	426.0	403.0	420.0	434.0	406.0	361.0	396.0	297.0	279.0	281			3,703	4,110	-9.9%
18. Average Daily Census	13.7	13.0	14.0	14.0	13.5	11.6	12.8	10.6	9.0	9.4			12.2	13.5	-10.0%
19. Percentage of Occupancy	91.6%	86.7%	93.3%	93.3%	90.2%	77.6%	85.2%	70.7%	60.0%	62.4%			81.1%	90.1%	

PETERSBURG MEDICAL CENTER
Balance Sheet
For the month ended April 30, 2026

ASSETS	Apr 2026	Mar 2025	June 2025	Apr 2025	LIABILITIES & FUND BALANCE	Apr 2026	Mar 2025	June 2025	Apr 2025
Current Assets:					Current Liabilities:				
1. Cash	3,274,931	2,088,121	1,544,710	1,647,019	23. Accounts Payable - Trade	\$1,116,813	\$969,174	\$1,299,834	\$1,578,549
2. Cash - insurance advances	0	0	0	0	24. Accounts Payable - New Facility	183,587	450,693	831,368	1,156,101
3. Investments	2,166,249	2,159,599	2,097,227	1,089,395	25. Accrued Payroll	184,432	614,054	319,625	631,848
4. Total cash	<u>5,441,180</u>	<u>4,247,720</u>	<u>3,641,937</u>	<u>2,736,414</u>	26. Payroll taxes and other payables	129,248	128,123	143,596	133,554
5. Patient receivables	4,862,598	5,245,404	7,548,114	7,603,537	27. Accrued PTO and extended sick	1,112,479	1,202,603	1,196,902	1,167,446
6. Allowance for contractals & bad debt	(1,812,347)	(1,947,422)	(2,615,075)	(2,727,047)	28. Deferred revenue	164,960	175,071	131,961	166,312
7. Net patient receivables	<u>3,050,251</u>	<u>3,297,983</u>	<u>4,933,039</u>	<u>4,876,490</u>	29. Due to Medicare	17,786	367,786	1,466,833	1,466,833
8. Other receivables	1,162,126	2,866,037	2,701,066	4,374,146	30. Due to Medicare - Advance	0	0	0	0
9. Inventories	375,557	369,501	364,788	362,586	31. Due to Blue Cross - Advance	0	0	0	0
10. Prepaid Expenses	264,818	174,256	169,095	557,461	32. Other current liabilities	4,561	4,561	3,323	3,203
11. Total current assets	<u>10,293,934</u>	<u>10,955,497</u>	<u>11,809,926</u>	<u>12,907,098</u>	33. Current portion of long-term debt	<u>407,370</u>	<u>414,111</u>	<u>459,791</u>	<u>457,424</u>
Property and Equipment:					34. Total current liabilities	<u>3,321,238</u>	<u>4,326,175</u>	<u>5,853,233</u>	<u>6,761,270</u>
12. Assets in service	28,769,701	28,769,701	28,677,563	28,666,915	Long-Term Debt:				
13. Assets in progress	27,453,116	27,401,986	22,776,724	20,815,407	35. Capital leases payable	1,496,441	1,528,732	1,826,846	1,903,811
14. Total property and equipment	56,222,818	56,171,688	51,454,287	49,482,321	Pension Liabilities:				
15. Less: accumulated depreciation	(25,357,559)	(25,003,160)	(23,379,960)	(23,207,074)	36. Net Pension Liability	17,065,093	17,065,093	15,526,950	15,526,950
16. Net property and equipment	<u>30,865,259</u>	<u>31,168,528</u>	<u>28,074,326</u>	<u>26,275,247</u>	37. OPEB Liability	-	-	-	-
Assets Limited as to Use by Board					38. Total pension liabilities	<u>17,065,093</u>	<u>17,065,093</u>	<u>15,526,950</u>	<u>15,526,950</u>
17. Investments	4,168,257	3,944,887	3,668,961	3,439,903	39. Total liabilities	<u>21,882,772</u>	<u>22,920,000</u>	<u>23,207,029</u>	<u>24,192,031</u>
18. Building fund	911,817	863,171	799,968	751,996	Deferred Inflows:				
19. Total Assets Limited as to Use	<u>5,080,075</u>	<u>4,808,058</u>	<u>4,468,928</u>	<u>4,191,899</u>	40. Pension	291,347	291,347	413,688	413,688
Pension Assets:					Net Position:				
20. OPEB Asset	7,315,602	7,315,602	7,338,848	7,338,848	41. Unrestricted	28,999,178	28,985,878	13,726,830	13,726,830
Deferred Outflows:					42. Current year net income (loss)	<u>4,600,324</u>	<u>4,269,211</u>	<u>16,773,270</u>	<u>14,809,333</u>
21. Pension	<u>2,218,751</u>	<u>2,218,751</u>	<u>2,428,790</u>	<u>2,428,790</u>	43. Total net position	<u>33,599,501</u>	<u>33,255,089</u>	<u>30,500,100</u>	<u>28,536,162</u>
22. Total assets	<u>\$55,773,620</u>	<u>\$56,466,436</u>	<u>\$54,120,818</u>	<u>\$53,141,882</u>	44. Total liabilities and fund balance	<u>\$55,773,620</u>	<u>\$56,466,436</u>	<u>\$54,120,817</u>	<u>\$53,141,881</u>

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

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the month ended April 30, 2026

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior Year	% Change
1. Contractual Adj. as a % of Gross Revenue	17.8%	35.4%	17.3%	17.6%	20.8%	24.7%	27.1%	13.3%	13.4%	17.5%			20.6%	16.6%	24.2%
2. Charity/Other Ded. As a % of Gross Revenue	1.1%	0.0%	2.4%	0.4%	2.7%	0.3%	0.7%	0.4%	2.9%	0.9%			1.2%	0.9%	29.3%
3. Bad Debt as a % of Gross Revenue	4.4%	1.5%	2.4%	-1.9%	-7.0%	3.4%	-3.1%	-0.4%	0.4%	-1.9%			-0.2%	1.2%	-115.9%
4. Operating Margin	4.2%	-7.6%	4.0%	8.7%	14.1%	-3.4%	-4.8%	11.3%	6.2%	14.7%			5.2%	10.2%	-48.6%
5. Total Margin	37.6%	18.8%	29.1%	20.9%	22.0%	-6.0%	-2.2%	16.8%	-13.8%	12.9%			16.3%	38.0%	-57.1%
6. Days Cash on Hand (Including Investments)	98.5	108.0	109.1	114.7	114.0	114.4	123.5	120.2	114.3	132.5			115	117	-1.9%
7. Days in A/R (Net)	64.4	72.2	67.4	57.2	53.0	50.5	48.8	50.9	45.1	38.9			55	59	-6.7%
8. Days in A/R (Gross)	82.3	83.4	76.6	67.4	65.2	63.7	60.0	61.6	58.7	52.4			67	83	-19.0%
9. Days in Accounts Payable	26	16	30	25	26	26	29	29	27	24			26	31	-16.6%