Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
Petersburg, AK 99833

Meeting Agenda
Hospital Board
Regular Meeting

Thursday, October 30, 2025 | **5:30 PM** | **Assembly Chambers**

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

https://us06web.zoom.us/j/87335442948?pwd=N6SFtsT7yuD7YAhGRgbf4fvgBxGTOO.1

Webinar ID: 873 3544 2948
Passcode: 987765

1. **Call to Order/Roll Call**
   - **A.** Call to Order
   - **B.** Roll Call
2. **Approval of the Agenda**
   - **A.** Approval of October 30, 2025 Hospital Board Agenda
3. **Approval of Board Minutes**
   - **A.** Approval of September 25, 2025, Hospital Board Meeting Minutes
4. **Visitor Comments**
5. **Board Member Comments**
6. **Committee Reports**
   - **A.** Resource
   - **B.** LTC Quality
7. **Reports**
   - **A.** Case Management/ Swing Bed Management
     Elizabeth Hart provided a written report.

B. Chief of Staff
Dr. Selina Burt provided a written report.

C. Clinic
Kelly Zweifel provided a written report.

D. Community Wellness
Julie Walker provided a written report.

E. Youth Programs
Katie Holmlund provided a written report.

F. Dietary
Jeanette Ely provided a written report.

G. Home Health
Ruby Shumway provided a written report.

H. New Facility
Justin Wetzel provided a written report.

I. Quality
Stephanie Romine provided a written report.

J. Infection Prevention
Rachel Kandoll provided a written report.

K. Executive Summary
CEO Phil Hofstetter provided a written report.

L. Financial
Jason McCormick provided a written report.

FY26 Capital Budget update for Board Approval

8. Old Business

9. New Business

A. Review of Current Board Committee Appointments:

Quality Improvement Committees
Long Term Care: Marlene Cushing
Infection Control: Joe Stratman
Critical Access Hospital: Joe Stratman

Resource Committee: Jerod Cook, Cindi Lagoudakis, and James Roberts

Joint Conference Committee: Board President (standing appointment): Jerod Cook

Foundation Committee: Marlene Cushing

Community Engagement: Marlene Cushing and Cindi Lagoudakis

Evaluation Committee: Jerod Cook, Heather Conn, and *Kim Simbahon*

Bylaws Committee: Jerod Cook, Joe Stratman, and James Roberts

Kinder Skog Advisory Committee: Cindi Lagoudakis

Election of Officers at next Hospital Board Meeting.

10. Next Meeting

A. Scheduled for December 4, 2025, at 5:30pm in Assembly Chambers.

11. Executive Session

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

12. Adjournment

Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
Petersburg, AK 99833

Meeting Minutes
Hospital Board
Regular Meeting

PETERSBURG
ALASKA

Thursday, September 25, 2025 | **5:30 PM** | **Assembly Chambers**

1. Call to Order/Roll Call

A. Call to Order

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

B. Roll Call

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

ABSENT
Board Vice President Cindi Lagoudakis

2. Approval of the Agenda

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

Motion made by Board Member Cushing to approve September 25, 2025, Hospital Board Meeting Agenda. Seconded by Board Member Conn. Voting Yea: Board President Cook, Board Member Conn, Board Secretary Cushing, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

3. Approval of Board Minutes

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

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

4. Visitor Comments

None

5. Board Member Comments

Board Secretary Cushing expressed her appreciation for the strong support demonstrated by candidates during forum in prioritizing the new hospital as the top item on the borough's capital requests.

Board President Cook expressed appreciation to Kim Simbahon for her dedicated service on the Petersburg Medical Center Hospital Board. CEO Phil Hofstetter and all board members present joined in extending their gratitude to Kim for her time, commitment, and valuable contributions to the organization.

6. Committee Reports

A. Resource

Meeting held Sept 22, 2025. Refer to J. McCormick Finance Report.

B. LTC Quality

Meeting held September 17, 2025.

C. CAH Quality

Board Member Stratman reported on CAH Quality:

The committee met on September 17, 2025, to review the action item list and discuss several operational updates. Topics included the digital formulary, the health maintenance tab, and the skilled stay auto reminder pop-ups, which appear to be functioning effectively.

Incident reports were reviewed, with the committee noting a downward trend over the past several months. Primary care data indicated an improvement in the rate of well-managed patients over the last six months. Access to care metrics and skilled nursing reports were also presented.

The committee reviewed infection control data, including microbial and hand hygiene metrics. Department updates included Physical Therapy, which is currently fully staffed, as well as Lab, Radiology, and Nutrition, whose metrics were reviewed.

The Wellness report highlighted the falls prevention initiative and the launch of a new Tai Chi program on September 20. Additionally, the committee was informed of a new website design project now underway.

D. Infection Prevention Quality

Board Member Stratman reported on Infection Prevention Quality:

The Infection Control Committee met on September 17, 2025. Erin from Public Health provided a report on the flu shot clinic. The committee discussed hand hygiene and reviewed action items. Work on handrails remains in progress, and the cleaning chemical inventory has been resolved and removed from the action list.

Additional discussion included antibiotic stewardship, installation of a new salon chair in Long Term Care, storage room considerations, and laboratory reports confirming that blood contamination rates remain very low.

7. Reports

A. Pharmacy
E. Kubo provided a written report.

Board Member Roberts inquired about the function of a Pyxis unit. Elise Kubo explained that a Pyxis unit is a secure, computerized medication dispensing system commonly used in hospitals and clinics. It maintains medications in a locked environment, requires staff login or badge access, and automatically records each transaction. This process supports accurate inventory management, enhances patient safety, and ensures that the correct medication is administered at the appropriate time.

B. Rehab Department
B. McMahon provided a written report.

C. Plant Maintenance
W. Brooks provided a written report.

Board President Cook inquired about the recent pipe failure. Wolf reported that a large section of the greywater system, composed of cast iron piping that had reached the end of its service life, had ruptured. The issue was addressed and fully resolved the same day.

D. Environmental Services
G. Edfelt provided a written report.

E. New Facility
J. Wetzel/ Arcadis provided a written report.

Board Member Roberts inquired about concept design reviews. Justin from Arcadis explained that while the schedule is not yet finalized, the reviews are expected to begin in October. He offered to send invitations to board members who wish to participate.

Justin reported that Bettisworth Northwest, the design team, conducted a facility assessment of the existing hospital as part of the concept design process. He noted that additional site visits are planned, with formal discussions scheduled to begin in October and progress thereafter.

F. Quality & Infection Prevention
S. Romine and R. Kandoll provided written reports.

G. Executive Summary
CEO P. Hofstetter provided a written report.

CEO Phil Hofstetter reported that he, along with Board President Jerod Cook, CNO Jennifer Bryner, MD Cortney Hess, Financial Controller Joel Pipkin, and Grant Specialist Katie Bryson, attended the annual Alaska Hospital and Healthcare Association (AHHA) conference in Girdwood. A key focus of the conference was the federal healthcare transformation funds, part of a $50 billion allocation. CMS released additional funding details during the meeting. The State of Alaska is required to submit its plan by early November, with funds expected to be released as early as January. While capital for new facilities does not appear to be included, further clarification is pending. The importance of alignment and collaboration among hospitals with the State was emphasized.

Prior to the conference, the team also participated in the HRSA Collaborative meeting. As recipients of the HRSA grant, PMC is working with South Peninsula Hospital and Cordova Community Medical Center to explore opportunities for collaboration and potential use of transformation funds to advance community-level healthcare.

At the local level, progress continues at the Wellness, Education, and Resource Center (WERC) campus. Work is underway to complete audiovisual installation in conference rooms, finalize the MRI setup, and prepare the community computer room for public use. Once all components are operational, a ribbon-cutting ceremony is planned.

Public Health successfully hosted its first community flu shot clinic in the new facility, serving over 120 individuals. Specialty services also remain active, with Dermatology recently seeing more than 120 patients over five days at the Joy Janssen Clinic, and Dr. Kamey Kapp scheduled to provide optometry services from September 29 through October 7.

Community engagement efforts continue with the *Walk with a Doc* program, scheduled for October 11 at Sandy Beach. This national initiative connects physicians with the community in a casual, health-focused setting.

Finally, the annual manager work session is scheduled for the coming week. Board members are invited to attend as the leadership team reflects on the past year and sets priorities for the upcoming year in alignment with the strategic plan.

H. Financial
J.McCormick provided a written report.

August was one of our busiest months, consistent with summer trends. Primary care visits increased to 865, slightly above July, radiology recorded 251 visits, and lab volumes continued to climb. Both physical therapy and home health services showed steady growth. The emergency department experienced a modest increase, though volumes are expected to return to the typical fall and winter range of 60–70 visits per

month. Acute care totaled 20 patient days, swing bed accounted for 69, and long-term care remained strong at an average daily census of 4.03. ICF bed days continue to reflect overflow needs, indicating a very full long-term care facility with patients awaiting placement. August was also our highest gross revenue month on record. Contractual adjustments were elevated both due to strong gross revenue and catch-up write-offs for diabetes testing in long-term care, which is included in resident services but not billed separately. Bad debt remains normal, and 340B revenues were stable, with ongoing work to expand pharmacy contracts. Expenses came in slightly above budget, largely from salaries and benefits tied to longevity incentives and payroll-related costs such as taxes; contract labor declined, while benefits rose. These payments were irregular and expected to normalize in coming months. With the WERC building opening and MRI becoming operational, we will soon be able to assess depreciation impacts and cost-based reimbursement, though it will take a few months to fully calculate. Facility operating costs such as utilities remain manageable, and we anticipate positive returns. Cash remains strong at $1.6 million in our main accounts, with short-term investments contributing to a total cash position of more than 100 days on hand, reflecting good liquidity. Medicare's claims edit under Method 2 Billing temporarily held back payments for critical access hospitals, but the edit has been lifted, reprocessing is underway, and catch-up payments are expected in September or October. Accounts receivable days are at 83, trending down since insourcing the business office, while accounts payable days stand at 16, showing timely vendor payments. Investments performed well in August. The finance team is currently focused on the annual audit and cost report preparation. We have concluded payer negotiations with Aetna, effective October 1, and would like to secure standardized rates across payers ensuring no payer has an advantage.

CFO, J. McCormick noted support for Pyxis system in nursing stating the system performs as a reliable "work horse" with no issues reported with any of his previous clients that adopted the system.

Overall, August was financially and operationally very strong, with record revenues, solid cash flow, and positive momentum.

8. Old Business

None

9. New Business

None

10. Next Meeting

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

11. Executive Session

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

Motion made by Board Member Conn to enter into Executive Session to consider medical staff reappointment and any legal concerns, Seconded by Board Member Cushing.
Voting Yea: Board President Cook, Board Member Conn, Board Secretary Cushing, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

Reconvened post Executive Session.

Motion made by Board Member Cushing to reappoint PA Erik Hulebak to Medical Staff, Seconded by Board Member Stratman. Voting Yea: Board President Cook, Board Member Conn, Board Secretary Cushing, Board Member Simbahon, Board Member Stratman, and Board Member Roberts.

12. Adjournment

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

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Quality Skilled Swing Bed Report October 2025

Workforce Wellness

The Swing Bed program is staffed by our Acute Care Registered Nurses. (Swing Bed refers to a hospital room utilized for skilled nursing care.) Our Acute Care team currently includes 8 travel nurses and 6 permanent staff, along with one local RN who works PRN night shifts—meaning they fill in as needed to support coverage. We aim to staff 2 RNs on days and 2 RNs on nights whenever possible. The addition of the second night RN position has been a positive change and is working well. Having an additional night nurse improves quality, safety, and overall patient care.

Community Engagement

Referrals are carefully reviewed to ensure patients are matched to the appropriate level of care and that insurance requirements are met. Recently, several referrals have required a higher level of care with surgical capabilities. We continue to network with larger hospitals in Alaska, including ANMC, Alaska Regional, and Providence Anchorage, to build and strengthen referral relationships. In addition, referrals from Seattle-area hospitals such as Swedish, Virginia Mason, and Harborview are reviewed online. Most non-local skilled patients continue to come from Bartlett Regional Hospital in Juneau, with a recent referral from Swedish. Regular communication is maintained with Bartlett—typically weekly or more often—to coordinate care and transitions. Each referral is screened using standardized tools such as the Skilled Screener, LTC Needs Assessment, and Infection Control Transfer Form to confirm medical appropriateness and determine the required level of care. Insurance coverage and discharge plans are also reviewed in advance to support a smooth transition after the skilled stay. The Nursing Department evaluates referrals for skilled nursing needs, while the PMC Rehab team reviews them for rehabilitation benefit and qualification. Once both assessments are complete, the referral is sent to a PMC physician for approval and physician-to-physician communication. Finally, Swing Bed authorizations through LTC Medicaid must be approved by DHSS before the patient can travel and be admitted. While expanding our recruitment radius has brought in some new opportunities, results have been mixed due to factors such as payor source, medical or psychiatric complexities, and discharge planning challenges.

Patient Centered Care

Our goal is to develop metrics that improve quality of care and support optimal patient outcomes. Extensive discharge planning is beginning to show positive results despite payor eligibility restrictions. Coordination is ongoing with the patient care navigator, state representatives, PMC staff, and Riverview. A Quality Improvement Plan has been implemented to ensure that within one week of identifying a patient's need for long-term care or Medicaid application assistance, the appropriate team members—including Jen Ray, PMC LTC Medicaid expert, Brandy Boggs (HHSW), and Helen Boggs (LTC DON)—are notified. Paid in-person visits have been used to successfully advocate for patient placement. Current areas under review include readmissions, falls, skin breakdown, Notices of Non-Coverage, and skilled patient days. Efforts are underway

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to improve communication between local and receiving providers for referrals, medevacs, and patients requiring skilled care, ensuring better dissemination of information on services offered. We continue to highlight PMC Skilled Nursing Facility's 24/7 RN staffing for IV therapy, medication management, and wound care provided by certified specialists. Additionally, HelloSign forms have been edited and sent to the IT department, with plans to develop a template—similar to the LTC MDS template—to automatically recertify Skilled patients at 2 weeks and again within 4 weeks of the original recertification.

Facility

Financial Wellness

From September to October 2025, Skilled Swing Bed (SNF SB) patients accounted for a total of 92 care days. The average census, including all Swing Bed stays (some at long-term care level), was 3 patients, with the current census showing 2 SNF SB patients and 1 ICF SB patient. During this period, there were 2 skilled readmissions within 60 days. There were no low inpatient census days, and no patients required 24-hour supervision. When the census is low at night, a single Acute Care CNA can provide support for long-term care patients as needed.

Submitted by: Elizabeth Hart RN Skilled Care Manager

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Medical Staff Report October 2025

Workforce Wellness

Although the summer season was remarkably busy as usual, our providers were able to have dedicated time off to spend with our families and to recharge our energies before the winter.

We will be challenged over the next year as our physician number decreases to three with Dr. Morgan's upcoming move back to Montana to be closer to his family. We wish him the best as he leaves PMC next month.

We are actively recruiting a physician to fill the upcoming vacancy; we will be bringing in locums providers to cover our needs in the meantime. Dr. Hess is working with the Alaska Family Medicine Residency program to rotate through Petersburg to expose their residents to our staff and community. Unfortunately, due to federal funding cuts, the residency program has been reduced from twelve interns/class to eight/class; this will limit the number of available trained AK area family physicians for the next few years.

Community Engagement

"Walk with a Doc" continues every 1-2 months with our providers sharing health topics with the community and encouraging walking as exercise.

We continue to be a UW Family Medicine Clerkship site and share our community with six students/year. A former MA from the clinic is now a medical student and will be here for the next rotation starting November 3. Dr. Hess just represented PMC at the biannual clerkship site meeting in Seattle.

One provider recently donated soft couches to the counseling room at Mitkof Middle School to help staff create a safe, calming space for students. Dr. Hess continues to serve on the board of Humanity in Progress.

Patient Centered Care

We are planning to bring endoscopy back to Petersburg starting in January; details are being finalized. Dr. Sonkiss continues to see patients with behavioral health needs by televideo and in person; he is a wonderful resource for our providers in helping to educate us and answer our questions.

We appreciate the increased recommendations from our pharmacist and registered dietician; their valuable input allows us to make more informed decisions in managing patient care.

The block call schedule started almost one year ago continues to be popular with providers and allows us to focus better on our assigned roles.

Dr. Burt is working on Sexual Assault Response Team online training and will attend in person training with Traci Vinson, RN in November. Dr. Hulebak has been studying for lifestyle medicine certification and is taking her exam in December.

Dr. Hulebak has also been working with Phil to develop a direct patient care program to help uninsured and underinsured community members receive affordable clinic medical care; details including contracts are still being worked out.

Facility

We are eagerly awaiting the MRI approval from the State!

Financial Wellness

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

Submitted by: Selina Burt, DO

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Joy Janssen Clinic Report October 2025

Workforce Wellness

Clinic staffing updates: Dr. Morgan will conclude his time at PMC in mid-November. To ensure continuity of care, we plan to engage locum physicians for call coverage and onboard an independent contractor APRN to support clinic operations until a full-time physician is hired. Three new clinic team members have recently joined the department.

Staff Highlights:

- Melinda Cook and Elizabeth Thomas successfully passed their exams to become Certified Clinical Medical Assistants—Congratulations!
- Two additional team members have entered their second year in the University of Alaska Anchorage (UAA) Nursing Program.
- New hires include Avery Skeek, Certified Nursing Assistant (CNA), and Rachelle Larson and Toni Norwich in Clinic Registration.

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

Community Engagement

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

- **Flu Shot Clinics:** The first free flu shot clinic was held on September 17, 2025, at the WERC building, led by Public Health Nursing in collaboration with PMC. Additional clinics are planned. Flu shots are also available by appointment at the clinic.
- **Sports Physicals:** In partnership with the school district and Community Wellness, the clinic promoted and offered designated times for student sports physicals. Families could choose $20 sports physical or schedule a comprehensive Well-Child exam, which includes the sports physical and is typically covered by insurance at no cost.

Patient Centered Care

We have successfully completed the first full year of the new physician call schedule, which has brought significant positive changes to clinic operations. The new structure allows providers to stay fully focused on their patients without competing demands.

Providers now take call in 3 to 4-day blocks, concentrating on the emergency room and acute care during those periods. On non-call days, they are dedicated exclusively to clinic responsibilities. This approach has improved clinic scheduling and patient access while enhancing provider balance and overall job satisfaction.

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Metrics:

- Monitor: Total Clinic visits, encounters and next available acute appointment with PCP and first and third next available appointments (refer to charts below).

Outbound Referrals:

- We are measuring referrals for internal and external referrals processed.
- The total number of referrals processed 2,276 for the 2024 calendar year. From January 1, 2025, to current we processed 1,734 referrals.
    - **Internal Referrals**: For audiology, nutrition, rehab/therapies, home health, wound care, and behavioral health.
    - **External Referrals**: For specialists outside Petersburg.

Referrals:	**1/1/25-10/13/25**		
Resource	**Location: from Clinic**	**Location: from Hospital/LTC**	**Total Both:**
Provider 1	252	37	289
Provider 2	250	19	269
Provider 3	275	53	328
Provider 4	330	1	331
Provider 5	312	1	313
Provider 6	164	10	174
Locums & Other:	30	0	30
Total:	**1613**	**121**	**1734**

Total Clinic Visits:

Encounter totals reflect all scheduled appointment types for providers, including clinic visits, hospital rounds, home visits, and no-shows.

Month	Total Clinic Visits	Hospital Rounds	Home Visits	No Shows	Same Day Appt.
Jan-25	690	17	11	46	210
Feb-25	731	13	14	40	264
Mar-25	662	31	6	33	217
Apr-25	692	25	17	40	250
May-25	753	31	13	45	248

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Jun-25	622	15	9	38	220
Jul-25	644	21	10	39	237
Aug-25	743	17	13	41	247
Sep-25	807	17	7	60	232
Total	6344	187	100	382	2125

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: 9/15/25	**# days till next appt.**			
Resource	**Next acute with PCP**	**Next available open**	**Next third avail open**	**NOTE**
Provider 1	9/16/25: 1 day	10/1/25: 14 days	10/6/25: 18 days	
Provider 2	9/22/25: 6 days	9/25/25: 9 days	9/25/25: 9 days	
Provider 3	9/19/25: 4 days	10/3/25: 16 days	10/3/25: 16 days	PTO 9/15-9/18
Provider 4	9/16/25: 1 day	9/23/25: 7 days	9/23/25: 7 days	
Provider 5	9/16/25: 1 day	9/29/25: 12 days	9/30/25: 13 days	PTO 9/5-9/15, 9/22-9/26
Provider 6	9/17/25: 2days	9/19/25: 4 days	9/19/25: 4 days	
Average	**2.5 days**	**10 days**	**11 days**	

Report Date: 09/06/2024	**# days till next appt.**			
Resource	**Next acute with PCP**	**1st Next available open**	**3rd Next avail open**	**NOTE**
Provider 1	9/10/24: 4 days	9/20/24: 14 days	9/25/24: 19 days	
Provider 2	9/11/24: 5 days	9/23/24: 17 days	9/30/24: 24 days	PTO 9/5-9/9 & 9/18-9/22
Provider 3	9/12/24: 6 days	9/25/24: 19 days	9/30/24: 24 days	
Provider 4	9/06/24: 0 day	9/10/24: 4 days	9/12/24: 6 days	
Provider 5	9/6/24: 0 days	9/9/24: 3 days	9/11/24: 5 days	
Provider 6	9/9/24: 3 days	9/10/24: 4 days	9/13/24: 7 days	
Average:	**3 days**	**10.1 days**	**14 days**	

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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: 10/11/25		**Week Ending: 9/27/2025**	
Date	**# Of Same Day Appt Scheduled**	**Date**	**# Of Same Day Appt Scheduled**
Monday 10/6/25	15	Monday 9/22/25	15
Tuesday 10/7/25	7	Tuesday 9/23/25	7
Wednesday 10/8/25	7	Wednesday 9/24/25	8
Thursday 10/09/25	11	Thursday 9/25/25	9
Friday 10/10/25	11	Friday 9/26/25	7
Saturday 10/11/25	7	Saturday 9/27/25	9
AVERAGE:	**9.6**	**AVERAGE:**	**9.2**

Week Ending: 8/23/25		**Week Ending: 7/26/2025**	
Date	**# Of Same Day Appt Scheduled**	**Date**	**# Of Same Day Appt Scheduled**
Monday 8/18/25	13	Monday 7/21/25	17
Tuesday 8/19/25	12	Tuesday 7/22/25	7
Wednesday 8/20/25	7	Wednesday 7/23/25	6
Thursday 8/21/25	10	Thursday 7/24/25	8
Friday 8/22/25	9	Friday 7/25/25	12
Saturday 8/23/25	4	Saturday 7/26/25	5
AVERAGE:	**9.2**	**AVERAGE:**	**9.2**

Week Ending: 5/24/25		**Week Ending: 04/26/25**	

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Date	# Of Same Day Appt Scheduled	Date	# Of Same Day Appt Scheduled
Monday 5/19/25	20	Monday 4/21/25	16
Tuesday 5/20/25	10	Tuesday 4/22/25	11
Wednesday 5/21/25	10	Wed 4/23/25	5
Thursday 5/22/25	7	Thursday 4/24/25	9
Friday 5/23/25	12	Friday 4/25/25	6
Saturday 5/24/25	4	Saturday 4/26/25	6
AVERAGE:	**10.5**	**AVERAGE:**	**8.8**

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 clinic.
2. Planning is in progress to enclose the front desk area to enhance security and ensure controlled access to the clinic.

Financial Wellness

Clinic Operations and Revenue Optimization: The clinic is implementing several strategies to increase patient volume and optimize provider schedules, with the goal of enhancing both access and revenue.

1. **Revised Call Schedule:**
   The new call schedule aligns with the cost report reimbursement model and strengthens continuity of care for patients and providers.
2. **Proactive Work Queue Management:**
   Management and registration teams are addressing work queue issues by:
   • Correcting registration errors to ensure accurate billing.
   • Reducing reimbursement delays and minimizing claim denials.

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3. **Enhanced Reimbursement for Care Management Services:**
   Efforts are underway to increase reimbursements through:
   • Expanding participation in Chronic Care Management (CCM) and Transitional Care Management (TCM) programs.
   • Promoting wellness visits, including well-child checks, women's health exams, physicals, and Medicare wellness visits.

Submitted by: Kelly K. Zweifel, Clinic Manager

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Community Wellness / Public Relations Report October 2025

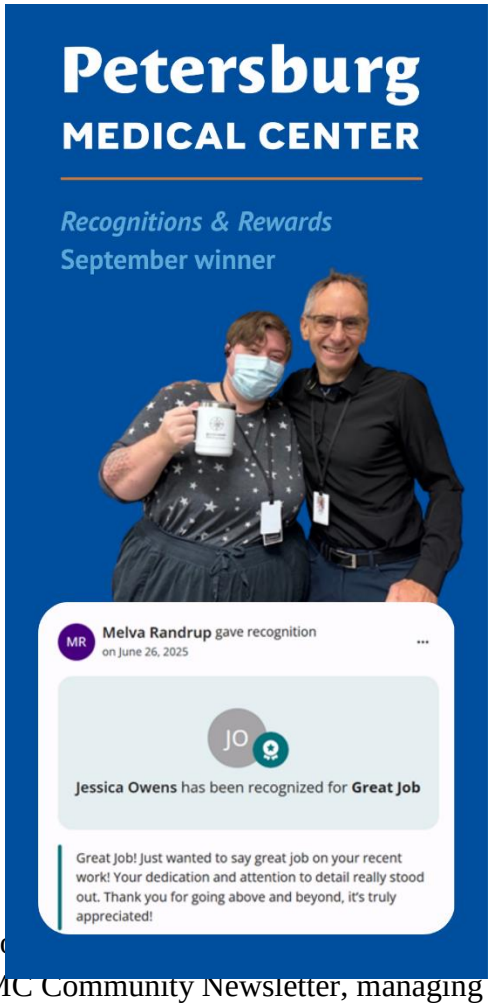
Workforce Wellness

The **Employee Wellness Program** continues to support staff in developing and maintaining 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. This year, employees have engaged in facility-wide step challenges and a hydration challenge, introducing friendly competition as a motivating factor. Currently, 55% of staff and eligible spouses are enrolled in the Employee Wellness Incentive Program and over 50 staff have completed a biometric screening and/or a preventive care appointment.

As a direct outcome of the 2024 Manager's Work Session goals, two **new employee recognition and retention strategies** were developed and implemented:

1. **Recognitions & Rewards:**
   This initiative was created to encourage all staff to acknowledge one another's hard work, innovative ideas, teamwork, and positive impact. Through *Paylocity*, employees can now easily give public shout-outs to colleagues. Each month, those who receive public recognition will be entered into a prize drawing for an item from the PMC merchandise store. Select recognitions may also be highlighted on Phil's *PMC Blog* or in the monthly *Chart Notes* employee newsletter.

2. **Retention Recognitions:**
   To celebrate employee longevity, automated milestone recognition emails are now sent when staff reach their 1-year and 5-year anniversaries. These emails invite employees to choose a complimentary item from the PMC merchandise store (e.g., hat, mug, or t-shirt). This initiative enhances PMC's existing longevity celebration program, which already honors 10-year, 15-year, 20-year, and higher milestones.



Community Engagement

Ongoing community engagement initiatives include leadership of the l
Coalition), coordinating the PMC Live Radio Show, publishing the PMC Community Newsletter, managing

social media pages and digital screens content throughout the facility. With the PMC logo refresh project now complete, Public Relations and IT are partnering with a company called *Beacon* to **redesign the PMC website**. The new site is scheduled to launch in early 2026.

The Community Wellness Department led the planning and implementation of two annual community events: the PMC Foundation's **Pedal/Paddle Battle** and the **Rainforest Run** 10k and Half Marathon (*38 participants* and *26 participants respectively*).

2025 Pedal/Paddle Battle participants gathered at Sandy Beach for awards and picnic.

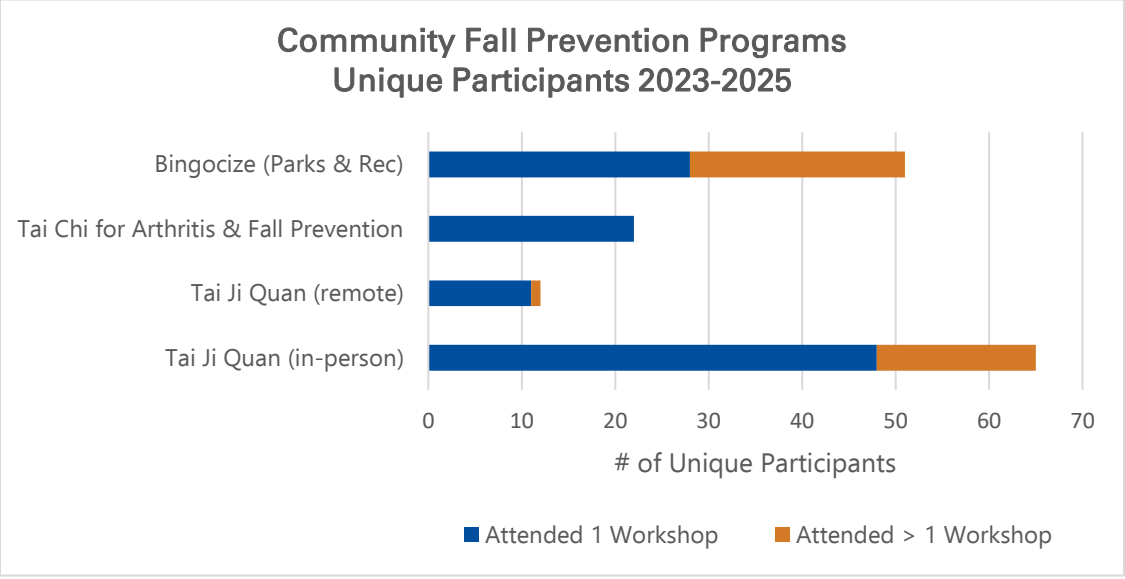
In addition, Community Wellness staff recently hosted a Youth Mental Health First Aid for community members, introducing participants to risk factors and warning signs of mental health concerns in adolescents and how to provide support (*9 participants*). The team is also partnering with the Petersburg School District to implement the Teen Mental Health First Aid curriculum in the high school this winter. This program teaches students how to recognize signs and symptoms of mental health issues among their peers and how to respond appropriately. Both evidence-based programs were initially funded by the Petersburg Community Foundation and are now being sustained by PMC staff.

Additionally, Community Wellness recently worked with SHARE Coalition partners to host community events including a guest speaker on Digital Safety and a community "Mocktails and Mingle" event in honor of Substance Use Prevention Month.

Patient Centered Care

PMC is currently in year three of a four-year federal grant to provide evidence-based **fall prevention programs**. One of the most popular offerings is Bingocize®, a 10-week workshop that combines bingo, exercise, and social engagement. 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. In addition, PMC continues to offer Tai Ji Quan: Moving for Better Balance remotely and recently launched an in-person Tai Chi for Arthritis and Fall Prevention class. All programs have received strong community interest (see chart below for attendance data).



From 2023-2025, 146 unique participants have participated in a Fall Prevention program
Note: * *Tai Chi for Arthritis* began October 2025, therefore no repeat participation data is yet available.

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:

- Updated tobacco screening protocols
- A significant increase in screening rates at the Joy Janssen Clinic
- AK Tobacco Quitline materials throughout facility
- Implementation of staff tobacco training at orientation and annual role-specific training for all staff

Looking ahead, the Community Wellness Manager is working with Dr. Hulebak to launch a **new community class on lifestyle medicine** – focusing on health improvement through nutrition and exercise. Beginning in February 2026, the class will use the *Full Plate Living* curriculum and will replace the previous year-long Lifestyle Balance aimed at prevention of diabetes and heart disease.

Facility

The Community Wellness Department has moved from our previous off-campus office to its new home within the WERC Building. The relocation has decreased facility rental costs for the department and has helped to integrate Community Wellness into PMC more. Youth Programs staff have desks within the Community Wellness office and will continue to operate Kinder Skog and ORCA Camp programs at the Lutheran Church until a permanent location for these programs is established.

Financial Wellness.

Community Wellness staffing and programs continue to be partially funded through state and federal grants. However, the unpredictable nature of the current grant landscape presents challenges for long-term planning.

The Department worked with the PMC Foundation on the **Pedal/Paddle Battle Fundraiser** to secure over $22,000 in corporate and personal sponsors. These funds are distributed by the Foundation for continuing education for PMC staff and scholarships for graduating PHS seniors.

Submitted by: Julie Walker, Community Wellness & PR Manager

Petersburg MEDICAL CENTER

PMC Youth Programs Report October 2025

Workforce Wellness

Three mentors earned certification as American Canoe Association Level 2 Kayak Instructors, strengthening our long-term capacity for safe, high-quality water programs. Our summer team peaked at 15 staff before returning to our core group of five for the school year, maintaining strong morale and teamwork through the transition.

Staff wrapped up summer with a reflective team paddle up Petersburg Creek, using our new kayak fleet and holding a productive season debrief. We continue to prioritize wellness through open communication, flexibility, and professional development. This fall, staff will be present and recognized at the Alaska Afterschool Network Conference in November.

Community Engagement

Partnerships remain central to our mission. WAVE and Petersburg Mental Health Services supported sliding-scale tuition and outdoor gear access for all ORCA Camp participants.

Our Strings & Things group resumed monthly visits with Long Term Care residents, sharing art, cookies, and conversation. Mentors also led youth bike buses during the Roll & Stroll to School Day.

Our Development & Advocacy Coordinator will co-host a conference workshop with Onward & Upward on using community resources to enrich youth programs. Each collaboration expands opportunities and deepens community connection.

Patient Centered Care

Though we don't serve patients directly, care remains central to our work. Coffee with Kinder Skog gatherings resumed this fall, creating space for family dialogue and feedback. The Snail Mail Character Recognition project continues to celebrate youth with handwritten notes of encouragement.

We released our Fall Advisory Committee Report and launched a Substack blog to share stories, updates, and photos from the field. The Risk Assessment & Planning Team meets October 9 to review incidents and update risk management plans, ensuring safety and quality across all programs.

Facility

We added a fleet of nine Wilderness Systems kayaks, funded by the Elks Lodge, WAVE, and PMC. This upgrade improves safety and program sustainability. Long-term storage solutions are being explored.

Financial Wellness

PMC Youth Programs secured $53,000 in external funding from WAVE, PMHS, the Elks Lodge, and the Alaska Community Foundation, supporting scholarships, gear, and expeditions.

We are applying for the American Camp Association's Character at Camp Grant to expand mentor training and youth leadership development. Ongoing goals include maintaining balanced budgets, improving efficiencies, and diversifying funding sources.

Links

Substack: Kinder Skog | Substack

Fall Advisory Committee Report: https://www.canva.com/design/DAGygQ6dSYk/KO0EvxP6-cigP9aFGYB3Mw/view?utm_content=DAGygQ6dSYk&utm_campaign=designshare&utm_medium=link2&utm_source=uniquelinks&utlId=hfddfb934cf

Submitted by: Katherine Holmlund – Youth Programs Development & Advocacy Coordinator

Petersburg MEDICAL CENTER

Food & Nutrition Services Department Report October 2025

Workforce Wellness

In March and July I was able to hire two cooks. With those two full-time hires and some summer temporary help, we have maintained a fully staffed kitchen. Both cooks are now trained, are great teammates, and are enjoying their jobs.

In July, I had the pleasure to hire Dayna Morrissey as the new Assistant Manager/Chef for the Food & Nutrition Services Department. She brings almost 10 years of healthcare kitchen experience from her hometown in Massachusetts. Dayna relocated to Petersburg in the spring of this year, and applied for the supervisory role in our department during the summer. She has been a welcome addition to the team as she has quickly and easily stepped right in to work as needed as a cook, diet aide, and taking meal orders with patients. She has been learning to manage the daily production, receiving and placing orders, and much more. She has recently agreed to being the interim manager, as I will be leaving PMC later this year due to a move to the Juneau area.

We also continue to have Jennifer Wood, Registered Dietitian Nutritionist, who has been a contract/traveler throughout 2025. She has found Petersburg to be a great community and hopes to make this a permanent position if the opportunity arises. She has provided excellent clinical nutrition coverage and has been a support for the kitchen with menu development, vacation coverage, and more.

Community Engagement

Throughout the summer we had many fun opportunities to food and/or participated in hospital wide events. On May 9th we catered for the PMC Foundation's Annual Meeting. July 16, we held a picnic at Sandy Beach in coordination with the LTC Activities Department, where we had 8 residents, and over 30 friends, families, and staff attend. In October we catered lunch and snacks for the PMC Manager's Retreat.

Our biggest accomplishment this summer is that on July 7th we started a new employee meal program. This is a grab-and-go style meal service where employees can come to the Food Service department to grab a salad, wrap, fruit cup, etc for their meal break. There is a self-serve, self-checkout, paperless kiosk. It is a service we are providing at cost (average meal costs $5-$7) and has been very well received. We are treating this as a slow roll-out and are adding new things on a regular basis. Most recently we added drinks to the menu. This program will easily transition to a cafeteria model when the new hospital is ready.

Patient Centered Care

On June 30th we started to roll-out a new menu for LTC and the hospital. This was a major overhaul of the old menu and many new menu items were added (and some fan-favorites were kept). This is a major undertaking for such a huge menu revision because all the recipes, production sheets, pull lists, order lists, etc need to be updated for every individual item. We are now on the 3rd rotation of this 4-week cycle menu and have worked out most of the recipes and unanticipated challenges that come with running a new menu for the first time. Not only have the residents of LTC been very happy to have so many new menus, but the cooking team in the Food Service department has had a lot of fun learning the new recipes.

Late July/Early August we went through our annual LTC Medicare Survey. On the first day of Survey, they came to the kitchen for a thorough inspection. The surveyor complimented us on a clean kitchen, and resulted in a citation-free audit for the Food & Nutrition Services department. It is rare for a Food Service department to be citation-free because of the detailed nature of the program and that we provide a service to every resident in LTC. It was a huge accomplishment for 2025, that we are very proud of.

Facility

In May we prepared for a water systems shutdown with the Maintenance and Emergency Management departments. We updated our emergency menus, checked our emergency supplies (including hand washing stations), and stocked additional water for immediate use in case the water shut-off lasted longer than anticipated.

In August, we had both a reach-in refrigerator and one of our secondary ovens quit working. The reach-in refrigerator was served by Island refrigeration, who recommended we replace it soon. A new refrigerator was purchased in August and delivered/put in service this month. The oven that is not working is one of our secondary ovens. (Our main oven was replaced in 2024.) The one that stopped working in August is not yet working, but it is not our main oven, so we have been able to work without it for now.

Over the course of the past year, one vital piece of equipment, the dish machine, has been causing frequent and more significant maintenance requirements. In my opinion, the dish machine is the most important piece of equipment in the entire kitchen. If it were to stop working it would require extra staff to manage the same work load – washing by hand. Plus, the fact that it is not fun for anyone. It turns out that our dish machine was put into service in 2011 (approx. 15 years ago), and a dish machine has a life span of about 10-15 years. I have actively been seeking out quotes to replace the machine, including a lease-option through EcoLab. I am working with the CEO, Finance Department, and Maintenance Department to work toward a pro-active approach to replacing this equipment.

Financial Wellness

For the first time ever, we are generating some income in the Food Service department through the employee meal program. The reason we opted for the grab-and-go model for this program is that it helps us utilize food that might otherwise go to waste. For example, salad greens that only last a day or two after opening, can now be turned into salads for purchase for employees. Another example is deli meat that can only be used for 3 days after opening, can now be used for chef salads and deli meat wraps. Even with the potential for waste, it has always been more economical for us to purchase salad greens and deli meat in large quantities from our food supplier, rather than small packages from local grocery stores. Now, not only is it more economical, but any potential waste is now recouped through use in employee meals. The employees' meals are generating between

$500-$800 per week in sales. One learning lesson early on was about the buying power of payday. Sales definitely increase around payday resulting in us selling out one week (see pics)! It has been a lot of fun for us to provide healthy options for employees.

Left: Employee meal fridge for grab-and-go style service.

Right: Employee meal fridge first month opened & wiped out on payday!

Submitted by: Jeanette Ely, RDN – Food & Nutrition Services Director

Petersburg MEDICAL CENTER

Home Health Report October 2025

Workforce Wellness

Home Health is pleased to continue benefiting from the support of our travel RN, Amber, who provides home visits alongside our permanent nurses, JP and myself. In September, we welcomed Shirley Yip, CNA, to our team, and she is already doing an excellent job. Our office manager transition from Jacque Grone to Bex Keyes is nearly complete. We are grateful for Jacque's extensive knowledge and hope to continue consulting with her as needed. We're excited to announce that Kayleigh Lenhard will be joining Home Health in January as a full-time RN. For the Adult Day Program, we are fully staffed with Veronica, CNA, and Kelsey, PTA. Team members have been rotating vacation time, which has helped us maintain full coverage without staffing shortages.

Community Engagement

We are actively working to increase interest and participation in our Adult Day Program, the Cedar Social Club. Thanks to PMC's outstanding Community Wellness department, we now have updated brochures for both the club and Home Health. Three of our staff members have spoken on KFSK radio, sharing information and recording PSAs about our programs. As participation grows, we plan to welcome community volunteers. We've already had wonderful support from the Pioneers of Alaska, who have led activities and donated a new puzzle board. We continue to collaborate closely with the therapy department to ensure alignment in our patients' plans of care.

Patient Centered Care

Following our state survey in May, we've placed greater emphasis on wound care audits and ensuring that all aspects of the excellent care we provide are thoroughly documented in the health record. We've made significant progress in coordinating with Mountain View Manor and PMC's nursing department to develop safe discharge plans for patients. I plan to take an active role in collaborating with nursing staff to enhance this aspect of care.

Facility

We're excited about our upcoming move from the PIA building to the PMC main campus, into the former public health space. This relocation will foster better collaboration with other PMC departments and provide staff with much-needed privacy for phone calls and discussions—something our current space lacks. Once we move, the Cedar Social Club will have access to our current Home Health space, allowing us to host multiple activities simultaneously. This will help us tailor programming to the individual preferences of our participants.

Financial Wellness

Home Health has had a stable census with an average of 25 patients for the past 6 months. The Cedar Social Club is now one year into our three-year grant to establish an adult day program. Last month's open house was a success in terms of volunteer engagement and creating a special experience for current participants. Unfortunately, we did not gain new participants from the event. With the new brochures, PSAs, and physicians helping identify families who could benefit from the program, we remain hopeful for increased enrollment. The board's support in spreading the word about the Cedar Social Club would be greatly appreciated.

Submitted by: Ruby Shumway, RN Home Health and Community Services Manager

Petersburg MEDICAL CENTER

ARCADIS

New Facility Construction Report October 2025

Sitework

The Wellness Drive continuation to Excel is nearly complete and will be done before the end of November. Exterior improvements, like the black screened fence to create delineation between the WERC building and the future Hospital site, are being finished and will be completed by the end of October. Landscaping is nearly complete with the importation of trees and vegetation in parallel with the local re-transplant. Trees from the excavation of Wellness to Excel have been harvested and repurposed to the greatest extent at the WERC project site on the Westside.

WERC Building

Dawson is 100% complete with the addition of the service yard retaining wall, and this has been backfilled and graded to slope to storm drains. The MRI Addition has been completed, and the magnet is fully operational. There will be a UPS battery cabinet added in the electrical room to provide an uninterrupted power supply to the magnet during an outage or brownout. There will also be UPS units added to the servers so that those will stay on during an outage and additionally be connected to the generator backup power.

Furniture, Fixtures, and Equipment (FF&E) have been installed; there are a few items that were extremely long lead items that are planned to be shipped and installed before the end of October.

The monument sign at the entrance has been put into production and will be installed in November after it is built and shipped. Some interior signs and exterior furniture were added recently, and they are on a similar trajectory and timeline.

New Hospital Design

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

Upcoming Construction Activities

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

Budget

- WERC budget – $22.7M (Stacked)

  - CCPF Treasury Grant – $20M
  - HRSA Grant – $2.7M
- Hospital Sitework & 35% Schematic Design – $5.3M
  - HRSA Grant – $5.3M

Retaining Wall at Service Yard and Landscaping Features

Wellness Drive to Excel Excavation in Progress

Submitted by: Justin Wetzel- Arcadis Project Manager

Petersburg MEDICAL CENTER

Quality Report October 2025

Workforce Wellness

I was on site at PMC in Petersburg from October 3-9th. It was a productive week of connection and collaboration. I received my first tour of the open WERC building. It is an impressive accomplishment and an important step in ensuring the future success of PMC's mission.

Community Engagement

Remote/Zoom 'Tai Ji Quan: Moving for Better Balance' started October 13th. This will run twice weekly for 24 weeks over the winter and is offered to all community members as an evidence-based fall prevention program. Technical assistance and equipment are available to decrease barriers to attendance. There is still time to join by contacting the Community Wellness office.

Patient Centered Care

We are currently working to implement system changes that were identified to improve communication pathways and processes for care transitions. This is an interdepartmental collaboration and a result of the newly implemented team approach root cause analysis process.

Plans are being made for changes to the quality reporting program by utilizing the new tools that Microsoft Teams provides. There are many options for sharing documents and collaborating that will improve efficiency, documentation and communications.

Microsoft Teams provides the opportunity for remote workers to optimize their workflows and communications. The collaboration tools will change the way in which we are able to work together for the better.

Facility

I had the privilege of presenting at the annual Manager's work session on October 2nd to deliver information on the Root Cause Analysis process. Teams worked together to utilize standardized tools for brainstorming, identifying root causes, and creating action plans for problems they identified. In this interactive session, one of the new collaboration tools within Microsoft Teams was utilized and demonstrated with IT's support. The goals of this session were to provide resources and guidance through the RCA process, promote a culture of safety and continuous improvement by encouraging reporting and event communications, and to provide transparency into this systems-focused process.

Financial Wellness

No new updates in this area.

Submitted by: Stephanie Romine, RN

Petersburg MEDICAL CENTER

Infection Prevention Board Report October 2025

Workforce Wellness

I am the lone Infection Preventionist for PMC.

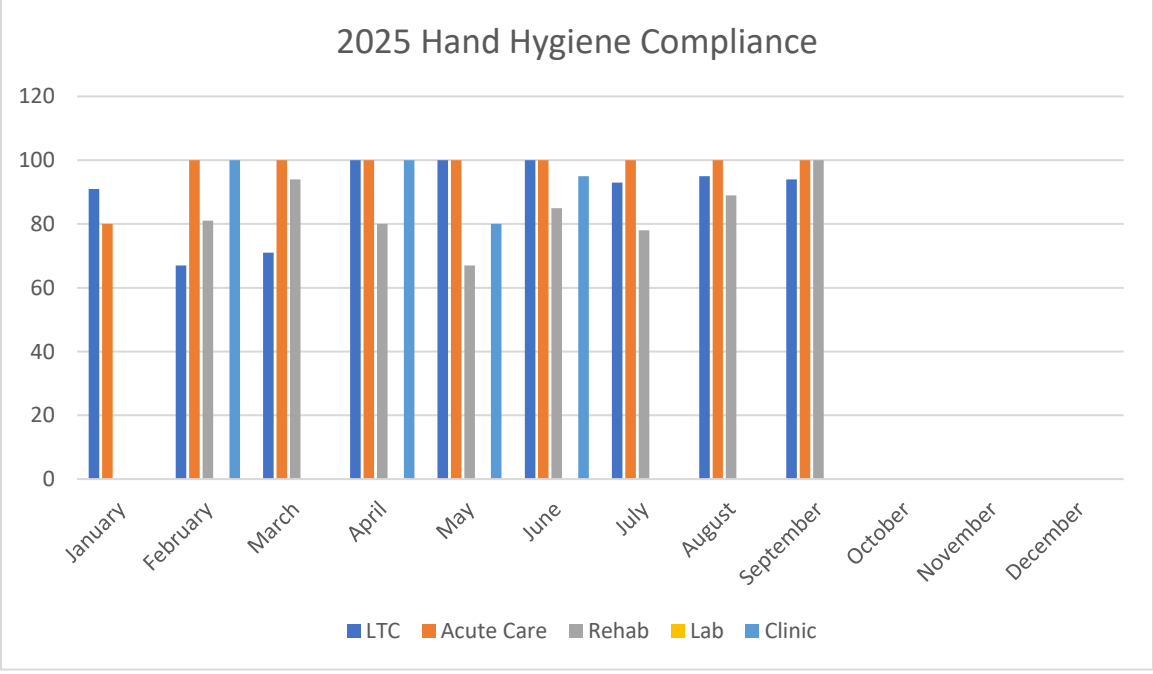
Community Engagement

I work with many different departments at PMC to ensure compliance with regulations. Last month in Environment of Care Rounds, our team of nursing, EVS, and management focused on the PMC's water pipes and sinks.

I have been working on improving hand hygiene practices at PMC through verbal education to staff, as well as adding signs to remind staff of moments to do hand hygiene. Last month I did daily audits of staff as they cared for residents in LTC, encouraging their excellent care and giving reminders when steps were forgotten. I am now doing less frequent random audits to ensure our excellent care in this area.

Patient Centered Care

2025 Hand Hygiene Compliance



LTC 2025 Infection Prevention Metrics

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

Facility

I continue to work closely with the maintenance department to identify and correct any damage, structural or cosmetic, that I find in our facility. Our aging facility continues to cause many obstacles in meeting current IPC standards. Our September Environment of Care rounds helped up to identify issues with our water system that we will be addressing this month.

Financial Wellness

No changes to this area.

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

Petersburg MEDICAL CENTER

PMC CEO Hospital Board Report September 2025

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

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

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

- **October 1:** Provider Lunch
- **October 2:** Annual Manager Work Session

- **October 6:** Emergency Preparedness Meeting for WERC building

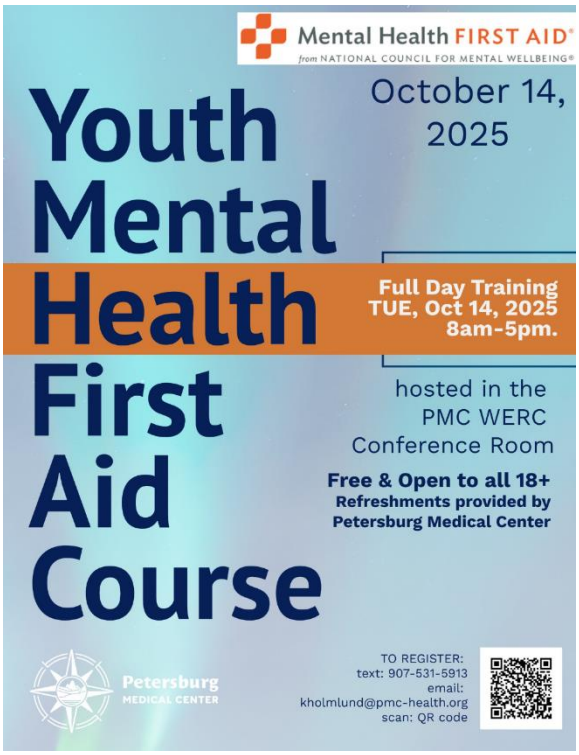
- **October 6:** National Physician Assistant Day- PMC recognizes Physician Assistant, Erik Hulebak, and the vital role he plays in patient care.
- **October 8:** Medstaff meeting
- **October 9:** Risk Assessment and Planning for Youth Programs
- **October 16:** Coffee with Phil- offers all employees the opportunity to connect directly with leadership in an open informal setting.
- **October 17:** Manager Meeting
- **October 24:** Environmental Care Rounds
- **Ongoing:** Employee Meals
- **Upcoming Nov 4:** Employee Forum (two sessions)
- **Upcoming Nov 5:** Joint Conference Committee Meeting

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

- **October 3:** Kinderskog annual trip to LeConte Glacier, thank you to Zach Taylor and Muddy Waters for transportation.

- **October 6:** Submitted written report and attended/reported out at Borough Noon Assembly Meeting.

- **October 11:** Walk with a Doc

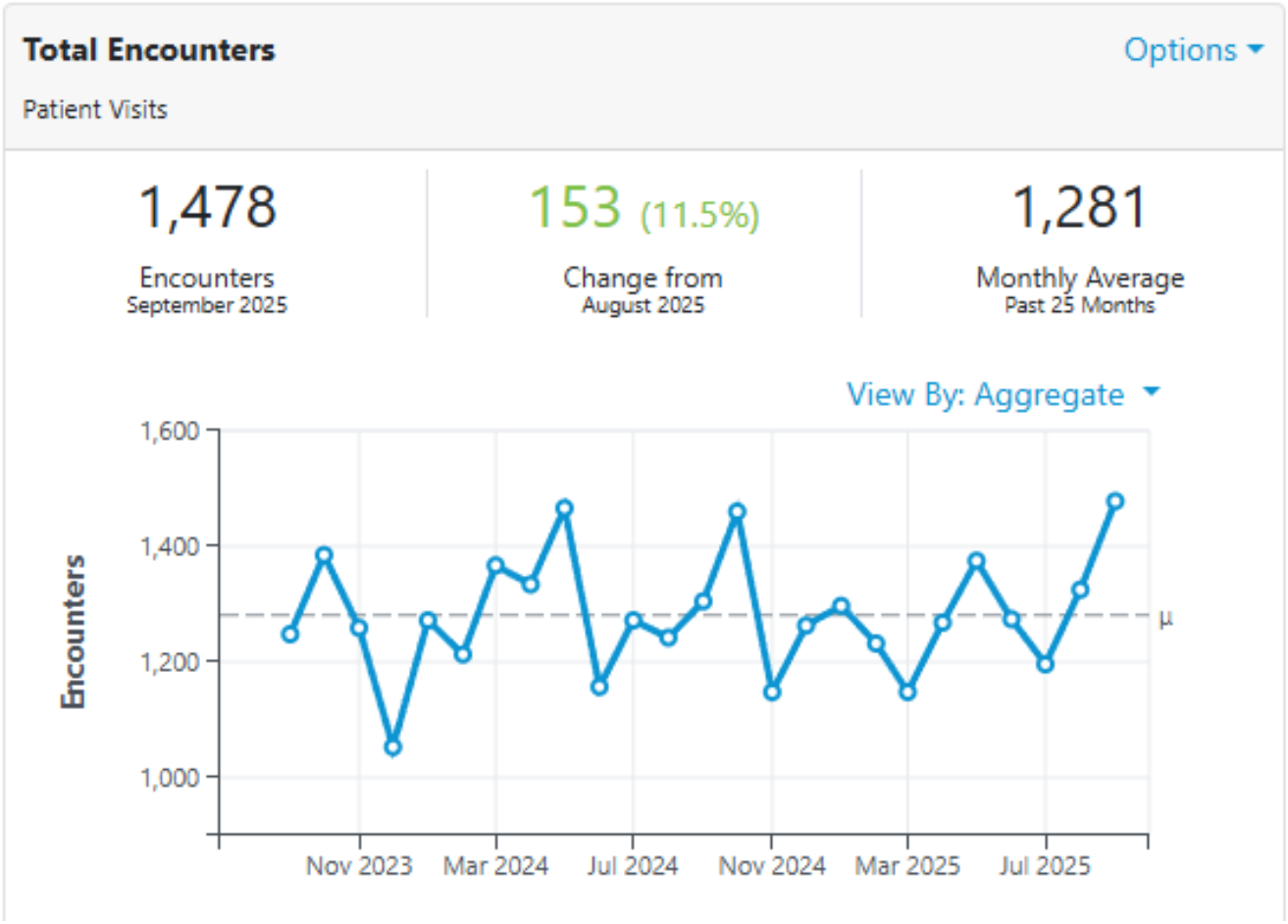


- **October 14:** Youth Mental Health First Aid Course/Training
- **October 14:** Quarterly Newsletter available on PMC website highlighting last three months.
- **October 30:** KFSK Live
- **October 30**: Hospital Board Meeting open to the public, and broadcast live on KFSK
- **Ongoing:** Kinderskog Programs
- **Ongoing:** Bingocize and Tai Ji Quan, part of fall prevention program. PMC will be introducing a new Tai Ji program in addition to the remote program. The addition will be an in-person 8week course, that will be repeated throughout the year.
- **Ongoing:** CNA assistance program continues five-week course. This is a local opportunity to begin a healthcare career.

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

- Joy Janssen Clinic Access to Primary Care: We remain fully staffed with 4 Physicians and 2 mid-level practitioners.

- We are actively looking for a provider to fill Dr. Morgan's position as he is leaving Petersburg next month. We have two locum providers set to assist through fall and winter months.
- Clinic is open and available M-F 8AM-5PM, and Saturday 8AM-12, 1PM-4:30PM.
    - Same day appointments for urgent or acute care are readily available.
    - Next available appointment with primary care provider averages 6 business day wait time
    - Third available appointment with primary care currently averages 9 business days.
    - Flu shots available at clinic, call for appointment.

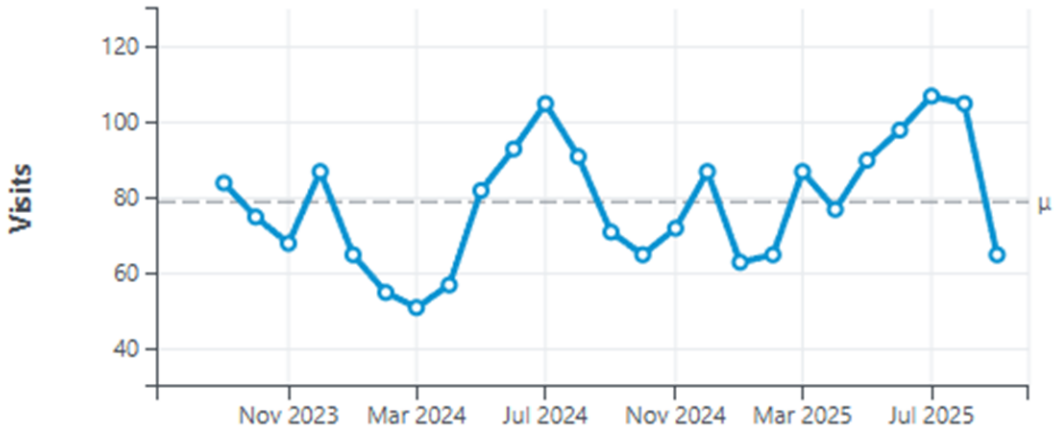


ED Visits

Options

Hospital Operations

65	-40 (38.1%)	79
Visits September 2025	Change from August 2025	Monthly Average Past 25 Months



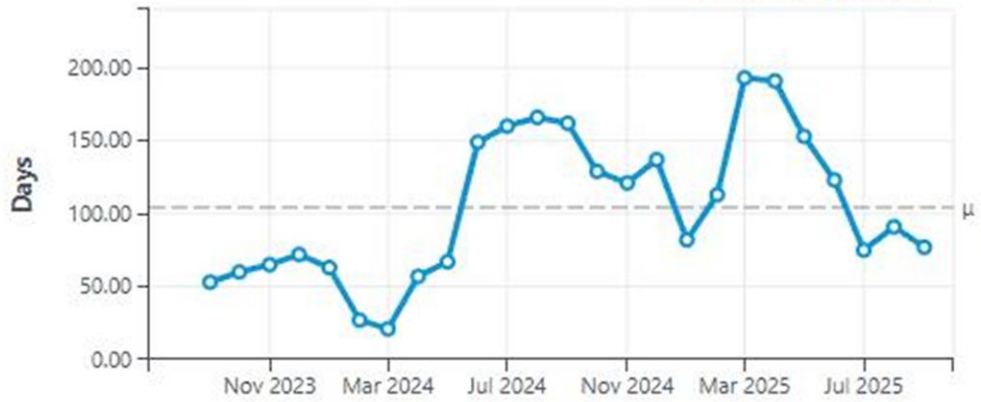
Inpatient Days

Options

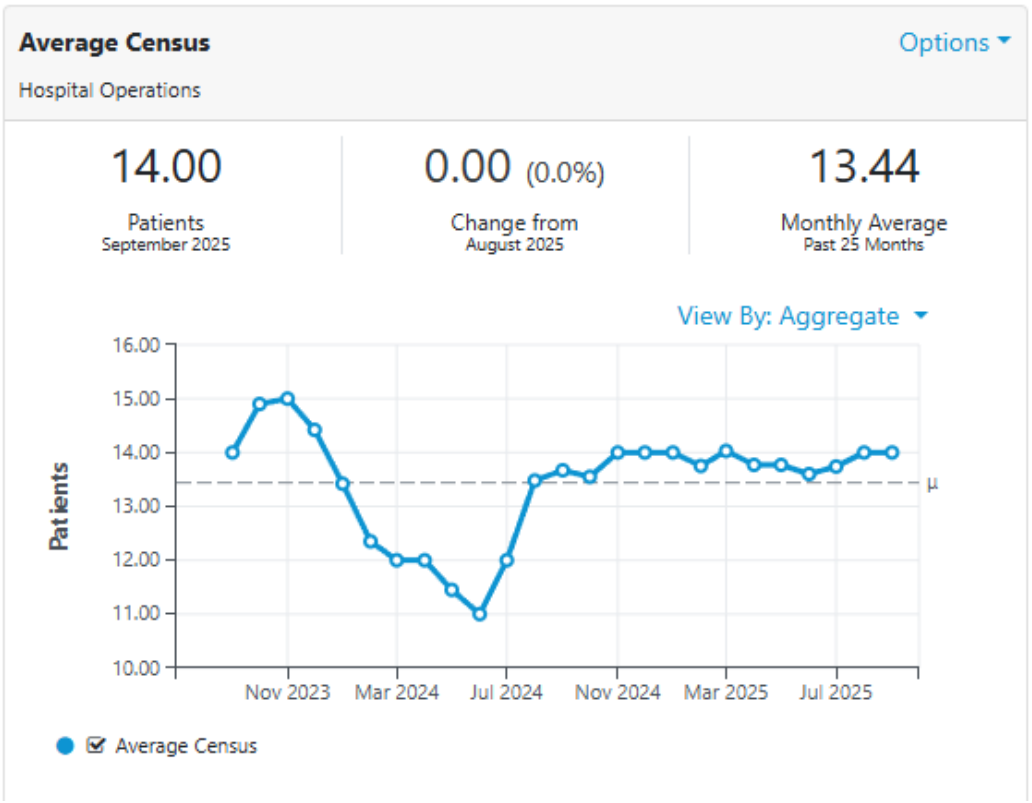
Hospital Operations

77.00	-14.00 (15.4%)	104.28
Days September 2025	Change from August 2025	Monthly Average Past 25 Months

View By: Aggregate



Inpatient Days



- Audiologist, Phil Hofstetter, continues to see patients in Specialty Clinic.
- Psychiatry services are ongoing via telehealth with Dr. Sonkiss.
- Integrative Medicine with Dr. Hyer offered via telehealth
- Optometry Clinic: Dr. Kamey Kapp saw patients in the Specialty Clinic September 29th through Oct 7th.
- Scopes Clinic: provider contracts have been signed to reestablish scope clinic services in Petersburg, and planning is underway to determine scheduling and operational details to resume this essential service.

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

- Arcadis submitted a report with a detailed update on the new facility.
- Landscape work for WERC building nearing completion, trees were harvested and replanted from the far side during excavation and added to westside.
- Most of the furniture has arrived and has been installed, with a few items still pending.
- The MRI has been installed, and the magnet is fully operational. Staff are training, and planning is in progress to implement safeguards that will protect the MRI system and ensure continuity of patient services during potential power outages.
- We continue to be on track and on budget for the WERC building.
- Updates: Project updates are available on the PMC website under the “New Facility & Planning” tab.
- The official opening date is still projected for late fall. Work is underway to finalize procedures and troubleshoot technology in the conference rooms and computer lab to ensure a smooth launch and readiness for public use.

- PMC has submitted the additional information requested by the State. A follow-up discussion was held to clarify specific elements of the application. The State is currently reviewing the materials and will provide either a determination or a request for further detailed documentation..
- Street sign: 104 Wellness Drive
- Monument sign pending arrival and installation

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

- Accounts Receivables (AR) Update: This number was at 96 in March, down to 88 at the end of April, down to 78 mid-June, 76 for July, at 80 as of August 27th, at 76 as of September 15th, currently at 68 as of October 21st.
- See attached Financial Report.

Submitted by: Phil Hofstetter, CEO

Petersburg MEDICAL CENTER

FISCAL YEAR 2026 GRANTS UPDATE

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

3 Pending Grant Requests: $4,581,960

- **Alaska Mental Health Trust Authority** **Partnership Grant**
  Expansion of PMC's hybrid telehealth & onsite behavioral health services/training.
  1 Award | **$81,960** total requested – *Decision anticipated Dec 2025*

- **Rasmuson Foundation** **Legacy Grant**
  Support for Long Term Care, Home Health & Youth Services Building 65% designs.
  1 Award | **$1,000,000** total requested – *Decision anticipated Dec. 2025*

- **Senate Appropriations** **Borough Transportation Project Request**
  PMC provided a proposal item to widen & pave Excel Rd./pave & light Wellness Dr.
  1 Award | **$3,500,000** total requested – *Decision anticipated FY26*

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

- **HRSA** **Congressionally Directed Spending: Community Project**
  No-Cost Extension of grant for new health campus sitework and construction.
  Year **4** of **4** | **$8,000,000** (total single award); Project housed in: Finance

- **US Department of Treasury** **Coronavirus Capital Projects Fund Grant**
  Wellness, Education & Resource Center building construction including MRI Suite.
  Year **5** of **6** | **$20,000,000** (total single award); Project housed in: Finance

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

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

- **Alaska Children's Trust** **Cultural Activities Grant**
  Community Wellness request to fund Kinder Skog partnership activities with PIA.
  1 Year | **$1,000** (total single award)

- **Alaska Community Foundation** **Camps Initiative**
  Community Wellness request supporting the Summer 2025 ORCA Kayaking Camp.
  1 Year | **$20,000** (total single award) – **COMPLETE**

Updated 10/20/2025 *by Katie McKay Bryson (Director of Grants, Planning & Evaluation)*

- **ACL** **Communities Deliver & Sustain Evidence-Based Falls Prevention**
  Provides evidence-based falls prevention programs to older adults, people with disabilities, & others with mobility challenges. Connects community to CW/HH.
  Year **3** of **4** | **$147,076** in FY26

- **HRSA** **Rural Health Network Development Planning Program**
  Planning with independent AK CAHs to improve rural health access & efficiency.
  1 Year | **$100,000** (total single award)

- **Petersburg Community Foundation** **Community Support Grant**
  Community Wellness request for *Sources of Strength* training, supplies, and more.
  1 Award | **$10,000** (total single award)

- **State Health Department** **Adult Day Services Grant**
  Supports Cedar Social Club staffing & $33K+ per year in participant scholarships.
  Year **2** of **3** | **$149,855** in FY26

- **State Health Department** **Community Tobacco Prevention & Control Grant**
  Funds evidence-based Million Hearts® Change Package for Tobacco Cessation.
  Year **3** of **3** | **$145,000** in FY26

- **State Health Department** **Opioid Settlement Funds Grant**
  Sustain telepsychiatry access pilot program established by 2023 HRSA grant.
  Year **2** of **3** | **$142,828** in FY26

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

For the month ended September 30, 2025

PETERSBURG MEDICAL CENTER

Key Volume Indicators

FISCAL YEAR 2026

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Clinic Visits	790	878	984	-	-	-	-	-	-	-	-	-	2,652	2,440	8.7%
Primary Clinic	*765*	*865*	*852*										*2,482*	*2,440*	*1.7%*
Specialty Clinics	*25*	*13*	*132*										*170*	-	n/a
2. Radiology Procedures	253	251	242										746	672	11.0%
3. Lab Tests (excluding QC)	1,936	2,537	2,261										6,734	5,564	21.0%
4. Rehab Services Units	880	1,089	731										2,700	2,605	3.6%
Physical	*648*	*767*	*583*										*1,998*		
Occupational	*154*	*237*	*56*										*447*		
Speech	*78*	*85*	*92*	-									*255*		
5. Home Health Visits	284	296	221										801	498	60.8%
Nursing Visits	*149*	*151*	*141*										*441*		
PT/OT Visits	*135*	*145*	*80*										*360*		
6. Emergency Room Visits	102	105	65										272	248	10%
7. Observation Days	3	8	4										14	16	-12%
Hospital Inpatient															
8. Patient Days - Acute	12	20	36										68	110	-38.2%
9. Patient Days - Swing Bed (SNF)	54	69	41										164	267	-38.6%
10. Patient Days - Swing Bed (ICF)	8												8	103	-92.2%
11. Patient Days - Total	74	89	77	-	-	-	-	-	-	-			240	480	-50.0%
12. Average Daily Census - Acute	0.4	0.6	1.2										0.7	1.2	-37.8%
13. Average Daily Census - Swing Bed (SNF)	1.7	2.2	1.3										1.8	2.9	-39.2%
14. Average Daily Census - Swing Bed (ICF)	0.3												0.1	1.1	-92.3%
15. Average Daily Census - Total	2.4	2.9	2.5										2.6	5.2	-50.3%
16. Percentage of Occupancy	19.9%	23.9%	21.0%										21.6%	43.5%	-50.3%
Long Term Care															
17. LTC Days	426.0	403.0	420.0										1,249	1,200	4.1%
18. Average Daily Census	13.7	13.0	14.0										13.6	13.0	4.1%
19. Percentage of Occupancy	91.6%	86.7%	93.3%										90.5%	87.0%	4.1%

PETERSBURG MEDICAL CENTER

Statement of Revenues and Expenses

For the month ended September 30, 2025

Month Actual	Month Budget	$ Variance	% Variance			YTD Actual	YTD Budget	$ Variance	% Variance	Prior YTD	% Variance
					Gross Patient Revenue:						
$467,943	$551,647	($83,704)	-15.2%	1.	Inpatient	$1,262,999	$1,691,717	($428,718)	-25.3%	$2,076,049	-39.2%
842,724	996,511	(153,787)	-15.4%	2.	Outpatient	3,163,653	3,055,967	107,685	3.5%	2,694,357	17.4%
796,491	608,233	188,258	31.0%	3.	Long Term Care	2,404,696	1,865,247	539,449	28.9%	1,739,830	38.2%
593,797	479,137	114,660	23.9%	4.	Clinic	1,591,933	1,469,355	122,578	8.3%	1,375,690	15.7%
65,371	46,015	19,356	42.1%	5.	Home Health	184,981	141,113	43,868	31.1%	134,491	37.5%
2,766,327	2,681,543	84,784	3.2%	6.	**Total gross patient revenue**	8,608,261	8,223,399	384,862	4.7%	8,020,417	7.3%
					Deductions from Revenue:						
478,573	484,431	5,858	1.2%	7.	Contractual adjustments	2,064,870	1,485,588	(579,282)	-39.0%	1,010,887	-104.3%
0	0	0	n/a	8.	Prior year settlements	0	0	0	n/a	-	n/a
67,561	34,991	(32,570)	-93.1%	9.	Bad debt expense	234,434	107,306	(127,128)	-118.5%	179,565	30.6%
65,796	19,191	(46,605)	-242.8%	10.	Charity and other deductions	95,933	58,853	(37,081)	-63.0%	(2,528)	3894.6%
611,929	538,613	(73,316)	-13.6%		**Total revenue deductions**	2,395,237	1,651,746	(743,490)	-45.0%	1,187,924	-101.6%
2,154,398	2,142,930	11,468	0.5%	11.	**Net patient revenue**	6,213,025	6,571,653	(358,628)	-5.5%	6,832,493	-9.1%
					Other Revenue					-	
115,885	45,205	70,680	156.4%	12.	340b Revenue	223,248	138,629	84,619	61.0%	-	n/a
158,683	100,855	57,828	57.3%	13.	Inkind Service - PERS/USAC	455,054	309,289	145,765	47.1%	273,544	66.4%
50,464	51,954	(1,489)	-2.9%	14.	Grant revenue	184,270	159,325	24,946	15.7%	269,851	-31.7%
0	0	0	n/a	15.	Federal & State Relief	0	0	0	n/a	-	n/a
35,494	25,310	10,184	40.2%	16.	Other revenue	104,016	77,617	26,399	34.0%	83,729	24.2%
360,527	223,324	137,203	61.4%	17.	**Total other operating revenue**	966,589	684,860	281,728	41.1%	627,124	54.1%
2,514,924	2,366,254	148,670	6.3%	18.	**Total operating revenue**	7,179,613	7,256,513	(76,900)	-1.1%	7,459,618	-3.8%
					Expenses:						
1,164,016	1,124,261	(39,755)	-3.5%	19.	Salaries and wages	3,623,854	3,447,734	(176,120)	-5.1%	3,025,445	-19.8%
221,620	155,498	(66,122)	-42.5%	20.	Contract labor	494,689	476,861	(17,828)	-3.7%	534,989	7.5%
433,520	407,592	(25,928)	-6.4%	21.	Employee benefits	1,359,116	1,249,950	(109,166)	-8.7%	1,124,842	-20.8%
162,071	159,323	(2,748)	-1.7%	22.	Supplies	504,815	488,590	(16,224)	-3.3%	524,857	3.8%
101,649	77,138	(24,511)	-31.8%	23.	Purchased services	237,659	236,558	(1,101)	-0.5%	411,398	42.2%
64,029	49,523	(14,506)	-29.3%	24.	Repairs and maintenance	174,314	151,872	(22,443)	-14.8%	168,991	-3.1%
23,724	34,505	10,781	31.2%	25.	Minor equipment	90,295	105,815	15,521	14.7%	104,050	13.2%
38,913	36,171	(2,742)	-7.6%	26.	Rentals and leases	100,946	110,925	9,979	9.0%	95,467	-5.7%
132,959	106,889	(26,070)	-24.4%	27.	Utilities	355,889	327,794	(28,094)	-8.6%	242,483	-46.8%
11,141	8,591	(2,550)	-29.7%	28.	Training and travel	27,653	26,347	(1,307)	-5.0%	34,202	19.1%
21,530	18,479	(3,051)	-16.5%	29.	Insurance	72,235	56,668	(15,568)	-27.5%	57,336	-26.0%
38,681	27,739	(10,942)	-39.4%	30.	Other operating expense	113,102	85,066	(28,036)	-33.0%	94,508	-19.7%
2,413,854	2,205,710	(208,143)	-9.4%	31.	**Total expenses**	7,154,566	6,764,178	(390,388)	-5.8%	6,418,568	-11.5%
101,070	160,543	(59,473)	37.0%	32.	**Income (loss) from operations**	25,047	492,334	(467,287)	94.9%	1,041,049	97.6%
					Nonoperating Gains(Losses):						
91,717	18,575	73,142	393.8%	33.	Investment income	241,840	56,963	184,878	324.6%	241,401	-0.2%
(10,360)	(20,738)	10,378	50.0%	34.	Interest expense	(30,056)	(63,596)	33,540	52.7%	(34,061)	11.8%
0	0	0	n/a	35.	Gain (loss) on disposal of assets	0	0	0	0.0%	-	0.0%
1,020,650	84,561	936,089	1107.0%	36.	Other non-operating revenue	3,212,155	259,321	2,952,834	-1138.7%	3,926,501	18.2%
(211,159)	(240,464)	29,305	-12.2%	37.	Depreciation & Amortization	(518,041)	(737,422)	219,381	29.7%	(295,572)	-75.3%
890,849	(158,066)	1,048,915	-663.6%	38.	**Net nonoperating gains (losses)**	2,905,898	(484,734)	3,390,632	-699.5%	3,838,270	-24.3%
$991,919	$2,477	$989,442	39937.1%	39.	**Change in Net Position (Bottom Line)**	$2,930,945	$7,600	$2,923,345	38463.4%	$4,879,319	-39.9%

PETERSBURG MEDICAL CENTER

Balance Sheet

Sept, 2026

ASSETS

	Sept 2025	Aug 2025	June 2025	Sept 2024
Current Assets:				
1. Cash	1,784,374	1,599,962	1,544,710	1,169,639
2. Cash - insurance advances	0	0	0	0
3. Investments	2,118,668	2,111,070	2,097,227	568,108
4. Total cash	3,903,042	3,711,033	3,641,937	1,737,746
5. Patient receivables	7,167,037	7,636,074	7,548,114	7,594,686
6. Allowance for contractuals & bad debt	(2,618,171)	(2,654,765)	(2,615,075)	(2,559,091)
7. Net patient receivables	4,548,867	4,981,309	4,933,039	5,035,595
8. Other receivables	4,246,874	3,143,695	2,701,066	1,427,657
9. Inventories	333,149	330,381	364,788	306,512
10. Prepaid Expenses	339,646	376,671	169,095	266,774
11. Total current assets	13,371,578	12,543,088	11,809,926	8,774,285
Property and Equipment:				
12. Assets in service	28,656,330	28,715,004	28,677,563	28,639,756
13. Assets in progress	25,962,286	24,983,255	22,776,724	13,368,962
14. Total property and equipment	54,618,616	53,698,259	51,454,287	42,008,718
15. Less: accumulated depreciation	(23,838,796)	(23,686,843)	(23,379,960)	(22,594,527)
16. Net propery and equipment	30,779,819	30,011,416	28,074,326	19,414,191
Assets Limited as to Use by Board				
17. Investments	3,849,922	3,778,168	3,668,961	3,525,406
18. Building fund	839,603	824,576	799,968	764,981
19. Total Assets Limited as to Use	4,689,525	4,602,744	4,468,928	4,290,387
Pension Assets:				
20. OPEB Asset	7,338,848	7,338,848	7,338,848	7,338,848
Deferred Outflows:				
21. Pension	2,428,790	2,428,790	2,428,790	2,428,790
22. Total assets	**$58,608,561**	**$56,924,886**	**$54,120,818**	**$42,246,501**

LIABILITIES & FUND BALANCE

	Sept 2025	Aug 2025	June 2025	Sept 2024
Current Liabilities:				
23. Accounts Payable - Trade	$1,128,331	$1,144,497	$1,299,834	$1,050,011
24. Accounts Payable - New Facility	1,934,330	1,350,577	831,368	1,242,796
25. Accrued Payroll	645,338	601,322	319,625	522,259
26. Payroll taxes and other payables	133,045	123,747	143,596	232,300
27. Accrued PTO and extended sick	1,210,743	1,203,040	1,196,902	1,064,154
28. Deferred revenue	54,845	79,117	131,961	134,398
29. Due to Medicare	1,241,394	1,241,394	1,466,833	440,798
30. Due to Medicare - Advance	0	0	0	0
31. Due to Blue Cross - Advance	0	0	0	0
32. Other current liabilities	3,614	3,323	3,323	3,517
33. Current portion of long-term debt	453,885	457,036	459,791	443,788
34. Total current liabilities	6,805,525	6,204,052	5,853,233	5,134,020
Long-Term Debt:				
35. Capital leases payable	1,719,638	1,754,354	1,826,846	2,173,523
Pension Liabilities:				
36. Net Pension Liability	15,526,950	15,526,950	15,526,950	15,526,950
37. OPEB Liablity	-	-	-	-
38. Total pension liabilities	15,526,950	15,526,950	15,526,950	15,526,950
39. Total liabilities	24,052,113	23,485,356	23,207,029	22,834,493
Deferred Inflows:				
40. Pension	413,688	413,688	413,688	413,688
Net Position:				
41. Unrestricted	31,211,815	31,086,815	13,726,830	12,387,212
42. Current year net income (loss)	2,930,945	1,939,026	16,773,270	4,879,319
43. Total net position	34,142,759	33,025,841	30,500,100	17,266,530
44. Total liabilities and fund balance	**$58,608,561**	**$56,924,886**	**$54,120,817**	**$40,514,711**

****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 September 30, 2025

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior Year	% Change
1. Contractual Adj. as a % of Gross Revenue	17.8%	35.4%	17.3%										24.0%	16.6%	44.5%
2. Charity/Other Ded. As a % of Gross Revenue	1.1%	0.0%	2.4%										1.1%	0.9%	23.8%
3. Bad Debt as a % of Gross Revenue	4.4%	1.5%	2.4%										2.7%	1.2%	126.9%
4. Operating Margin	4.2%	-7.6%	4.0%										0.3%	10.2%	-96.6%
5. Total Margin	37.6%	18.8%	29.1%										29.1%	38.0%	-23.5%
6. Days Cash on Hand (Including Investments)	98.5	108.0	109.1										105	117	-10.2%
7. Days in A/R (Net)	64.4	72.2	67.4										68	59	15.6%
8. Days in A/R (Gross)	82.3	83.4	76.6										81	83	-2.5%
9. Days in Accounts Payable	26	16	30										24	31	-23.4%

0

FY26 Capital Budget

Petersburg Medical Center

Department	Equipment	Est. Acquisition Cost
Information Technology	Software for Falls Prevention in LTC	35,000
	New Server	45,000
	Mobile Charting Carts (5 x 9,250)	46,250
Laboratory	Chemistry Instrument replacement	200,000
Inpatient	Pyxis Pharmacy Dispenser	135,000
Imaging	New CT Scanner	450,000
	New Ultrasound	28,000
Clinic	New Vaccine Refrigerator	6,000
	Body Composition Analyzer	10,000
Miscellaneous	Placeholder for replacement of equipment that fails unexpectedly and needs to be replaced in the current year.	100,000
Total		**1,055,250**