



Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
Petersburg, AK 99833

Meeting Agenda
Hospital Board
Regular Meeting



Thursday, March 26, 2026

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/81967470312?pwd=xdU6oxxSKrPJGIQawqakBem1HkFWfj.1>

Webinar ID: 819 6747 0312

Password: 420306

1. Call to Order/Roll Call

- A. Call to Order
- B. Roll Call

2. Approval of the Agenda

- A. Approval of the March 26, 2026, Hospital Board Agenda

3. Approval of Board Minutes

- A. Approval of the February 25, 2026, Hospital Board Minutes

4. Visitor Comments

5. Board Member Comments

6. Committee Reports

- A. Resource
- B. Long Term Care Quality
- C. Critical Access Hospital (CAH) Quality
- D. Bylaws Committee
The committee met on March 5th, 2026 at 4pm to review Hospital Board Bylaws. This process is ongoing.

7. Reports

- A.** Information Technology/EHR
Jill Dormer submitted a written report
- B.** Materials Management
Melva Randrup submitted a written report
- C.** Medical Records
Kim Randrup submitted a written report
- D.** Nursing
Jennifer Bryner submitted a written report
- E.** Activities
Alice Neidiffer submitted a written report
- F.** New Facility
Justin Wetzel/Arcadis submitted a written report
- G.** Quality
Stephanie Romine submitted a written report
- H.** Infection Prevention
Rachel Kandoll submitted a written report
- I.** Executive Summary
CEO, Phil Hofstetter, provided a written report
Letters of Support for CDS appropriations attached.
PMC Grant Report submitted by Katie Bryson, attached.
- J.** Financial
CFO, Jason McCormick, submitted a written report

8. Old Business

- A. Housing update

9. New Business

10. Next Meeting

- A. Currently scheduled for Thursday, April 30, 2026, at 5:30pm.

11. Executive Session

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

12. Adjournment



Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
 Petersburg, AK 99833

Meeting Minutes
Hospital Board
Regular Meeting



Wednesday, February 25, 2026

5:30 PM

Assembly Chambers

1. Call to Order/Roll Call

A. Call to Order

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

B. Roll Call

PRESENT

Board President Jerod Cook

Board Vice President Cindi Lagoudakis

Board Secretary Marlene Cushing

Board Member Heather Conn (joined later remotely)

Board Member Joe Stratman

Board Member Jim Roberts

Board Member Joni Johnson

2. Approval of the Agenda

A. Approval of the February 25, 2026, Hospital Board Agenda

Motion made by Board Member Johnson to approve February 25, 2026, Hospital Board Agenda, Seconded by Board Member Roberts.

Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, and Board Member Johnson.

3. Approval of Board Minutes

A. Approval of the January 29, 2026, Hospital Board Minutes

Motion made by Board Member Roberts to approve January 29, 2026, Hospital Board Minutes. Seconded by Board Vice President Lagoudakis.

Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Stratman, Board Member Roberts, and Board Member Johnson.

4. Visitor Comments

Roy Rountree commented that both he and Kate Incarnato from Bettisworth North, are on the call in case anyone has any questions for them regarding New Facility.

5. Board Member Comments

Board Member Johnson expressed her appreciation to recently retired Elizabeth Hart for her outstanding service and dedication throughout her career at Petersburg Medical Center. She shared that Elizabeth recently stepped in to assist with the scopes clinic, noting that this reflects her deep commitment to both the organization and the community. Johnson remarked that Elizabeth’s dedication has been remarkable and that she will be greatly missed.

Board Vice President Lagoudakis congratulated Katie Holmlund on being recognized as one of Alaska’s Top 40 Under 40 for her accomplishments and leadership with the Kinder Skog program.

6. Committee Reports

A. Resource

Vice President Lagoudakis reported that it is a busy time of year due to inpatient volumes, changes in the long-term care population, the Scopes Clinic, and Health Fair laboratory testing. Inpatient volumes are slightly lower than last year, and revenue is trending below budget. Long-term care revenue remains strong compared to budget, influenced in part by last year’s cost rebasing. Clinic revenue is under budget but higher than the prior year. The MRI is not currently available for scheduling and is therefore not generating revenue, as the organization awaits the state’s determination on the certificate of need. Efforts continue to address older outstanding accounts, with staff successfully collecting on some balances. Others have been written off, with additional clarification available if needed. Grant revenue has decreased this year, potentially reflecting national funding priorities and program changes. The organization plans to pursue grant opportunities to support telehealth, early childhood initiatives, behavioral health, and other programs through the Rural Health Transformation Program, though specific award amounts have not yet been determined. Expenses were slightly above budget this past month. Contract labor costs increased, while repairs and maintenance expenses remained consistent. The upcoming cost report will determine whether Medicare reimbursement adjustments are necessary. On a positive note, staff are collaborating with two other Alaska hospitals to develop joint RFPs aimed at securing better supply pricing and reducing overall costs. Financial reserves remain strong, with potential consideration of allocating a portion to longer-term investments. The balance sheet remains solid, days cash on hand increased from 123 to 134, and days in accounts receivable continue to decline while remaining within industry standards.

B. Long Term Care Quality

Board Secretary Cushing reported that the Long-Term Care Quality Committee met on the 18th, with most of the discussion focused on admission criteria for long-term care services. The committee reviewed how federal regulations ultimately determine whether an individual qualifies for placement in a long-term care unit, regardless of local demand or length of stay considerations. It was noted that the federal criteria do not always align with the needs observed by staff within the community. The committee discussed potential policy considerations and steps that could be explored to better support Petersburg Medical Center’s ability to serve individuals in need of long-term care services while remaining compliant with regulatory requirements. During the discussion, Board Member Johnson inquired whether ongoing conversations are taking place regarding this matter. Jennifer Bryner confirmed that discussions are continuing.

C. Infection Prevention and Control Quality

Board Member Stratman reported that he attended Infection Prevention and Control Committee meetings on December 17, 2025, and February 18, 2026. He provided an update from the most recent meeting. Public Health shared a nationwide update on measles, noting an increase in cases across multiple states. An upcoming reproductive health clinic is also planned for early spring. The committee received an infection control update, including notification that an infection prevention specialist from the state will be touring the facility and providing recommendations. The committee reviewed the action item list and regular reports, including environment of care, hand hygiene, antibiotic stewardship, employee health and vaccination updates, environmental services, and other routine monitoring activities. Additional discussion included the recent Scopes Clinic and pediatric vaccination efforts.

7. Reports

A. Radiology

S. Paul submitted a written report.

An inquiry was made regarding staffing for MRI services. It was clarified that PMC plans to initially contract MRI technologist services while assessing operational needs. Over time, the goal is to train and cross-train existing staff in order to transition the service to a fully in-house model. Future staffing levels will be determined based on patient demand and service utilization. In the interim, PMC will continue to utilize contracted personnel. It was also confirmed that MRI technologists do not require a separate specialty certification beyond appropriate training and competency. PMC will follow industry best practices for MRI technologist training and competency validation.

B. Lab

V. Shimek submitted a written report.

Violet summarized her report, noting that the laboratory is fully staffed for the first time in many years. She reported that the lab has been supporting the community health fair by providing blood draw services over the past several weeks and will continue through next week. She stated that the process has been going well and expressed appreciation to the Dietary Department for providing snacks for participants each morning. Violet also reported that the CLIA survey was conducted in November 2025

by two surveyors. Minor findings were identified and corrected on site during the visit. She noted that PMC is planning to replace the current chemistry analyzer, as it has reached end of life, and expressed hope that the new equipment will be in place before the end of the year. The new analyzer will allow the lab to perform Vitamin D testing in-house, which is currently sent out. She further reported that the laboratory continues to work on improving the prior authorization process to make services more accessible and efficient for patients. In addition, the lab department meets regularly with HIM coding staff to help reduce insurance claim denials. Board Member Roberts inquired whether the new analyzer would be available through a lease-to-own arrangement, and Violet clarified that the purchase would be a capital acquisition.

C. Long Term Care

H. Boggs submitted a written report.

Helen summarized her report, noting that Long Term Care (LTC) has experienced several recent discharges, which have been emotionally difficult for staff. She reported that there are potential admissions pending; however, each requires confirmation of level-of-care eligibility as well as completion of the associated financial review process. She added that LTC staffing levels may adjust depending on resident census and the needs of the acute care side. Helen also shared that she and Jennifer will be traveling to Michigan to evaluate potential new equipment, including replacement hospital beds. The current LTC beds have been in service for many years and are in continuous daily use. She noted that many are beyond routine maintenance and are due for replacement. Board Member Roberts asked for clarification of the acronym DON, and Helen confirmed it stands for Director of Nursing. Board President Cook requested clarification regarding the recent survey results. He noted that the report reflected minor citations and also referenced that surveyors had inadvertently introduced COVID-19 into the LTC facility, resulting in one resident contracting the virus. Helen confirmed this was accurate and stated that after the surveyors reported illness, she worked with them remotely to complete the remaining survey requirements.

D. Patient Financial Services

C. Lantiegne submitted a written report.

Board Member Roberts inquired about the term, 'remote billing team'. CEO, Phil Hofstetter, clarified that the term refers to PMC's remote staff that are part of PMC's billing department.

E. New Facility

Justin Wetzel/ Arcadis submitted a written report.

Justin Wetzel, with Arcadis, summarized his report and noted that the SWPPP plan has been submitted to Alaska Department of Environmental Conservation, with the expectation that this will address all outstanding questions and close out that item. Regarding the WERC building, Justin reported that the UPS system has been fully connected and the power conditioner repaired. As of Monday, both systems were installed and functioning. He confirmed that all work associated with the WERC building under the base contract is now complete. Current efforts have shifted to the new hospital design, including the updated concept and site plan attached to the report. Justin noted that the materials include a square footage analysis comparing the

existing hospital, the original 35% design concept (single-building model), and the newly proposed concept. The revised concept features an expanded long-term care center with additional rooms and future build-out capacity. This analysis illustrates the progression of the project and the overall campus build-out from the initial design to the current concept. Board President Cook clarified that UPS stands for Uninterruptible Power Supply. Justin confirmed and explained that the system consists of a battery cabinet designed to maintain power during brief outages or brownouts, allowing time for the generator to come online and restore full power. He noted that UPS coverage has been installed for critical systems, including the MRI magnet, servers, and the public health vaccine refrigerator. The UPS functions as an interim power source during the lag between a power outage and generator activation. Board Member Roberts asked whether the UPS batteries are continuously in use or only during outages. Justin clarified that the system activates only when needed, ensuring uninterrupted power to critical components such as the MRI, servers, and vaccine refrigeration during a power interruption.

- F. Quality
 - S. Romine submitted a written report.
- G. Infection Prevention
 - R. Kandoll submitted a written report.
- H. Executive Summary
 - CEO, P. Hofstetter submitted a written report.
 - K. Bryson submitted grants update.

CEO, Phil Hofstetter, reported that he attended the recent legislative fly-in in Juneau, where he met with several legislators and staff, including representatives from offices such as Bert Stedman and Cathy Giessel. Discussions focused on the organization’s capital needs for a replacement facility. A one-page handout outlining project phases and funding needs was shared, and there was strong interest in the request. Significant discussion also centered on the Rural Health Transformation Program (RHTP) and how funds may be used to support innovative healthcare delivery models. Priority topics included direct primary care and alternative payer models, as well as improvements to health information interoperability. Leadership emphasized current challenges with electronic health record systems that do not interface effectively with other organizations, resulting in continued reliance on fax and manual processes. There was recognition among legislators that this issue may require broader state-level coordination and investment. Although RHTP funding does not currently support construction projects, advocacy efforts focused on exploring future opportunities and engaging federal partners. Overall, feedback from legislators was positive, though many questions remain regarding funding structure and eligibility. Participation also included meetings with the Alaska Hospital and Healthcare Association, where hospitals and state representatives discussed alignment on priorities and implementation of RHTP funding. The group reviewed regulatory requirements established by Centers for Medicare & Medicaid Services and emphasized the importance of collaboration and coordinated planning. The funding structure requires rapid implementation, with funds obligated within a limited timeframe and projects evaluated annually. This creates both opportunities and challenges, as innovation projects must demonstrate early success to receive continued funding. Additionally,

leadership attended a state Senate Health and Social Services hearing regarding RHTP oversight and administration by The Alaska Community Foundation. Discussion included the annual reapplication process and the need to balance accountability with the time required for meaningful healthcare transformation. The organization's grant team continues to work diligently on the Letter of Intent submission, which is due in early March. Funding decisions are expected later in the spring, and updates will be provided as information becomes available. An update was also provided on the MRI Certificate of Need process. A hearing was held in early February, and community participation was strong, with 29 individuals providing testimony. Feedback highlighted the importance of local access to imaging, reduced travel burden, and timely diagnosis. A decision is anticipated within the coming weeks. Several specialty service initiatives were highlighted. Visiting specialists continue to support patient care, including in-person psychiatric services and staff education. Additional specialty clinics, such as endoscopy, optometry, endocrinology, and dermatology, are scheduled or planned, reflecting ongoing efforts to expand access and reduce the need for patient travel. Recognition was also given to key departments across the organization. Facilities and nutrition services were acknowledged for their ongoing contributions to patient and staff care. The laboratory was recognized for maintaining high testing volumes and supporting clinical operations. Finally, leadership provided an update on the HRSA-funded rural health network collaboration with partner critical access hospitals, including South Peninsula Hospital and Cordova Community Medical Center. Current efforts focus on identifying shared services and scalable initiatives. Potential opportunities include centralized credentialing and medical staff functions, residency rotations, shared supply chain and group purchasing, and other collaborative models. The goal is to build successful pilot projects that may expand over time and strengthen rural healthcare delivery across participating communities.

I. Financials

CFO, J. McCormick submitted a written report.

Jason McCormick reported that rehabilitation services increased slightly for the month. Home health visits totaled 176, which is consistent with recent averages. Emergency department visits remained steady for the winter season, and observation days were also consistent. QCare days were slightly lower, while swing bed utilization remained solid at 53 days. Nursing home days totaled 396, reflecting typical winter census levels. Inpatient and outpatient revenues were both slightly below budget, with outpatient variance primarily related to MRI services not yet being available as anticipated in the budget. Long-term care revenue was above budget, supported by maintaining a full census during a rebasing year, which will influence future Medicaid rates. Clinic revenues were slightly under budget, while home health remained stable. The business office continues to make strong progress in collections, significantly reducing accounts receivable. Some previously reserved accounts were successfully collected, resulting in a positive adjustment to bad debt. Gross days in accounts receivable have improved from approximately 100 days to 60, with internal tracking showing continued improvement. Other revenues, including the 340B program, were slightly lower than budget due to decreased volumes and recent federal policy changes affecting select medications. Despite this, the program continues to generate positive net revenue. Grant revenues related to federal and state relief programs were not reflected this month, as those programs have concluded. Total expenses were

approximately \$40,000 above budget, largely due to higher utility costs during colder weather, employee benefits, and contract labor needed to support staffing. Investment performance remained strong and continues to support overall financial stability. While operating results reflected a modest loss for the month, this is expected to be adjusted through the interim Medicare rate review, as current costs and volumes indicate potential reimbursement adjustments. As a critical access hospital, Medicare cost-based reimbursement plays a key role in maintaining long-term financial stability. Year-to-date financial results remain positive, supported in part by grant-funded capital projects. The balance sheet reflects a strong cash position, including operating cash, short-term investments, and long-term investment reserves. Key financial indicators continue to show improvement. Days cash on hand increased to 134, reflecting sustained financial recovery following the pandemic. Days in accounts receivable remain within industry standards and continue to improve, while accounts payable metrics are stable. The finance team is also evaluating group purchasing organization options to ensure competitive pricing and reviewing Medicare clinic reimbursement structures. Preparations for the upcoming annual budget process are underway, with a goal of presenting the proposed budget by late spring. Overall, the organization continues to demonstrate strong service delivery and positive financial outcomes.

8. Old Business

- A. See attached signed Board Resolution 2026-01 approved at last Board meeting.

9. New Business

- A. PMC Staff Housing Report

Report included to support interest in topic from last Assembly/Hospital Work session. In 2025, Petersburg Medical Center's total housing expenses were \$357,971. This total includes rentals, fuel, utilities, repairs, and maintenance. In 2025, the average number of apartments PMC rented was 22. See attached report for more details on past expenses and rentals and corresponding LTC and Inpatient occupancy. CEO, Phil Hofstetter commented that this report reflects the amount of housing or apartments that PMC rents in the community for locums, nurses, and any traveling staff.

10. Next Meeting

- A. Currently scheduled for Thursday, March 26, 2026, at 5:30pm.

CEO, Phil Hofstetter, commented he will be out of town on this date, but will be attending virtually. Board Member Conn noted she would be out of country. Board President Cook noted there was a chance he would be absent, however that still allows for a quorum and the date of Thursday, March 26, 2026, at 5:30pm was confirmed as the date for next Hospital Board Meeting.

11. Executive Session

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

Motion made by Board Member Roberts to enter into Executive Session to consider medical staff appointments/reappointments, and any legal concerns, Seconded by Board Member Johnson.

Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Conn, Board Member Stratman, Board Member Roberts, and Board Member Johnson.

Post Executive Session, a motion was made by Board Secretary Cushing to reappoint; Kowalski, Catherine, RP Pharmacist, McWhorter, Valerie MD, Correspondence Pathologist, and Wolgamot, Gregory, MD Pathologist to Medical Staff, Seconded by Board Vice President Lagoudakis. Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Secretary Cushing, Board Member Conn, Board Member Stratman, Board Member Roberts, and Board Member Johnson

12. Adjournment

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

Meeting adjourned at 6:30PM.



Information Technology Report March 2026

Workforce Wellness

PMC recognizes the crucial role that the well-being of our IT staff plays in maintaining a healthy, productive, and innovative workplace. The workforce wellness plan is designed to address the unique challenges faced by our IT professionals and promote a supportive and balanced work environment.

The objectives of our workforce wellness plan are:

1. Reduce stress and burnout among IT staff.
2. Improve physical health and fitness.
3. Foster a culture of work-life balance.
4. Increase job satisfaction and engagement.

This includes maintaining secure and user-friendly access to digital wellness platforms, optimizing the employee intranet for better visibility of wellness resources, and supporting telehealth options for staff mental health services.

Additionally, the organization successfully completed the rollout of Microsoft 365 licenses to all staff, ensuring each employee has access to a consistent set of tools including email, calendaring, document creation, secure file storage, and collaboration platforms. The rollout included account provisioning, device configuration, and the implementation of appropriate security controls such as multi-factor authentication and access management. This work has established a reliable and standardized digital environment, supporting day-to-day operations, improving document accessibility, and enabling staff to work more efficiently across locations and departments.

A key focus of the rollout has been targeted training for departments on Microsoft Teams, with an emphasis on strengthening collaboration and reducing reliance on multiple communication methods. Training sessions have been tailored to departmental workflows, demonstrating how Teams can be used for meetings, file sharing, real-time collaboration, and project coordination. Early feedback indicates improved team connectivity, more streamlined communication, and increased adoption of collaborative digital tools across the organization. IT staff will continue to offer training sessions to PMC staff to assist with continued TEAMS training onboarding and advanced training.

PMC staff attending Microsoft Training



Community Engagement

2026 Community Health Fair

IT played an active role in supporting the Blood Draws during the Community Health Fair by enhancing access to digital services and improving the participant experience. A new payment kiosk was introduced onsite to assist with program enrollment, allowing attendees to select and complete payments quickly. In addition, IT staff were present to provide technical support and guidance, helping ensure smooth operation of systems.

Patient Centered Care

Cerner EHR Recommendations Module

The Recommendations module in Cerner is a tool within the electronic health record that helps clinicians and staff identify care actions that are due or overdue for a patient. It brings together information such as preventive care needs, follow-up appointments, and outstanding orders (like labs, imaging, or referrals) and presents them in a clear, actionable list.

In practice, the module supports:

- Scheduling future orders with follow up reminders
- Preventive care tracking (e.g., screenings, vaccinations)
- Improved patient outcomes by reducing missed or delayed services

Overall, the Recommendations module acts as a centralized prompt system to help ensure patients receive timely and appropriate care, while also supporting staff in managing follow-ups and scheduling more efficiently. This project is set to be fully implemented by May 13th.

Facility

In alignment with our strategic facilities plan and long-term vision for centralized services, the IT department has assisted with specific staff transitioning to the WERC (Wellness, Education, and Resource Center) building.

In 2025, IT team played a key role in preparing the WERC building for occupancy by designing and implementing the necessary technology infrastructure to support day-to-day operations. This included installing high-speed network connectivity, secure Wi-Fi access throughout the facility, and fully equipped conference rooms with video conferencing capabilities to support hybrid meetings and community events. IT also coordinated closely with each department to ensure a smooth move-in process. Setting up workstations, phones, and printers, and addressing individual staff technology needs to minimize downtime. The IT department continues to assist with the development of new technical workflows for the departments occupying the WERC building.

Financial Wellness

The Universal Service Administrative Company is a nonprofit organization that administers the federal Universal Service Fund (USF) programs in the United States. Its role is to help ensure that schools, libraries, healthcare providers, and other eligible organizations have access to affordable telecommunications and internet services by managing funding programs, reviewing applications, and distributing subsidies to support connectivity and technology infrastructure.

PMC successfully prepared and submitted applications under the Universal Service Administrative Company program to support eligible telecommunications and network initiatives. This process included developing detailed bid specifications, ensuring compliance with program requirements, and coordinating across departments to accurately reflect organizational needs. Following the formal bidding period, proposals were carefully evaluated based on cost effectiveness, service quality, and vendor qualifications. As a result, PMC selected a vendor and will complete the finalized reporting to USAC by the April 1st deadline.

Submitted by: Jill Dormer, CIO



Materials Management Report March 2026

Workforce Wellness

The Materials Department is a small team that shares many common interests, which makes planning team activities enjoyable. Our staff works hard to ensure that every PMC department receives the supplies they need. I am proud of the team's dedication to providing excellent service while maintaining a supportive and positive work environment.

Unfortunately, one employee has moved on to a role outside the organization. This employee has been an important part of the Materials Department for the past few years, and we wish them well in their future endeavors.

Our part-time assistant will be moving from Petersburg to live closer to her parents. She has been a valued member of the Materials Department, and we sincerely appreciate her contributions.

We are currently training a new staff member who has recently joined the department.

Community Engagement

We recently visited Stryker Medical Equipment in Michigan to review the hospital beds and furniture they have available. I was very impressed with their products. These types of equipment will greatly assist nurses in providing care and support to patients.

I also participate in a monthly virtual meeting with our Premier Inc. Group Purchasing Organization (GPO) to stay informed about pricing, supply availability, and potential product alternatives.

Patient Centered Care

- Although the Materials Department does not work directly with patients, we support patient care by providing medical and personal care supplies and ensuring that items are available when needed.
- The Materials Department continues to replenish the storerooms in LTC, Acute Care, the Acute Med Room, and the ER three times per week.

Facility

- Materials Management continues to operate at the PMC old campus. The WERC warehouse is still being used for storage of miscellaneous equipment and other supplies.
- We continue to remove cardboard packaging from supplies upon arrival before restocking shelves to maintain organization and cleanliness.

• Transportation continues to be one of our biggest operational challenges, particularly during the winter months. The department vehicle is very old and has become increasingly unreliable. There have been days when staff were unable to start or safely move the vehicle from the parking area. As a result, staff have had to use personal vehicles to check mail, pick up packages, and travel between the PMC old campus and the WERC building. This situation has been discussed with PMC staff involved in the vehicle replacement process, and we are hopeful that a resolution will be implemented soon.

Financial Wellness

- We continue to compare prices across vendors when placing orders to ensure we obtain the best value. However, high shipping costs remain an ongoing challenge.
- A mid-year inventory count was conducted on January 6, 2026. This resulted in the lowest discrepancy and the fastest inventory count since I began overseeing the inventory.

| | | | | | |
|-----------------|--------------------------|------------------------|--------------|-------------------|------------|
| PETE Med Center | | Physical Count Summary | | | |
| Location : | PETE INVENTORY STOREROOM | | | Total Variance : | \$1,221.95 |
| | | Pre Perp Count | | Positive Variance | |
| Count # : | 191582268 | Value : | \$116,394.08 | : | \$758.68 |
| | | Post Perp Count | | Negative | |
| Committed : | 1/7/2026 10:28 | Value : | \$116,689.48 | Variance : | (\$463.28) |
| Committed By : | Randrup, Melva Yere | Non-Perp Count | | | |
| | | Value : | \$0.00 | Net Variance : | \$295.40 |

Key Definitions:

- Pre-Perpetual Count Value: Inventory value recorded in the system before the physical count.
- Post-Perpetual Count Value: Inventory value after adjustments based on the physical count.
- Variance: The difference between the system-recorded value and the actual counted value.

Submitted by: Melva Randrup – Materials Management Manager



Health Information Management Report March 2025

Workforce Wellness

The past few months have gone smoothly for the HIM department, thanks to the additional team member hired last year. Their support has helped balance workloads and eased the strain that previously fell on one coder handling multiple service areas and high-volume record requests. Although one staff member is currently using FMLA and we are occasionally short-staffed, the added position has helped us manage these gaps more effectively. Workflows are steadier, turnaround times have improved, and the overall environment feels more manageable. We also have a team member retiring on May 1, 2026, and have already hired their replacement to keep the department fully staffed.

Community Engagement

The HIM department continues to support our community by keeping medical records accurate, secure, and easy for patients to access. Overall, our goal remains the same—being a dependable resource for both patients and staff.

Patient Centered Care

We continue to work closely with patients and providers to keep the information process as smooth as possible. Whether we're helping patients with their requests or supporting providers with needed documents, our goal is to stay efficient and helpful. By staying responsive and approachable, we are able maintain a level of service that both patients and staff can rely on.

Facility

We are now officially moved into the new office, and the space is already proving to be a good fit for the department. Having a dedicated area that supports privacy, focus, and the unique needs of HIM has made a difference, and the team is adjusting as we continue to settle in.

Financial Wellness

We've also stayed proactive in watching for anything that could affect DNFB days and addressing issues as they come up. Keeping communication open with Revenue Cycle has helped us resolve delays quickly and maintain a steady workflow. Overall, the partnership continues to work well, and we'll keep focusing on consistency and quick turnaround to support billing.

Submitted by: Kim Randrup, RHIT



Nursing Report March 2026

Workforce Wellness

Current Status

Nurse staffing remains challenging in PMC inpatient areas, requiring continued use of traveling nurses and CNAs. This shortage has been driven by several factors, including the addition of a second night shift RN position (2.2 FTE), migration of RNs into other departments and roles (2–3+ FTEs), and status changes following maternity leave.

We anticipate two new nurses from the UAA program will begin orientation mid-summer, which should improve long-term staffing stability.

CNA staffing has strengthened, and we expect a significant reduction in traveler CNA needs following the next CNA class beginning at the end of March.

Elizabeth Hart will retire April 1 and has been on terminal PTO since early February. Three nurses are helping fill her absence:

- Lauren Thain – MDS Coordinator and LTC backup (part-time, in lieu of one floor shift per week)
- Kellii Wood – Lead chemotherapy nurse (as needed based on census)
- Jolyn Duddles – Skilled Care Coordinator, Hospital Discharge Planner, and Utilization Review (UR) Nurse (full-time)

This reorganization strengthens LTC backup coverage and fills several previously identified gaps. Lauren, Jolyn, and Kellii are doing a fantastic job in their new roles.

Improvement Initiative: Night Shift Staffing

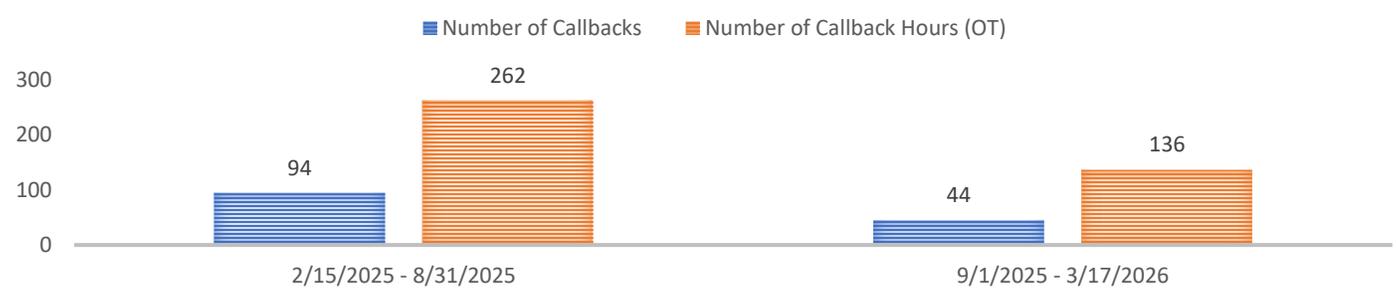
In early September, we implemented a second RN on acute care for each night shift to support ER needs, high census and acuity, LTC support, and stocking/QA work.

Anecdotally, this has been a significant success. Night nurses report feeling safer, call burden has decreased, stocking has improved, and patients are receiving more nursing time per shift.

The benefit is likely even greater than reflected, as we had already been staffing 3–4 nights per week with two nurses during extended orientation prior to fully implementing the new staffing model.

We have seen many of the anticipated benefits and none of the performance concerns we initially considered. Financially, callback overtime has decreased, though not enough to fully offset the cost of the additional staffing.

COMPARISON OF CALLBACK HOURS BEFORE AND AFTER SCHEDULING 2ND NURSE ON NIGHT SHIFT



Community Engagement

The PMC Nursing Department was proud to participate in the recent Health Fair with a colorectal cancer screening booth featuring Nolan the Colon. A total of 110 people interacted with Nolan—it was a fun and engaging addition for families.



Bessie Johnson and Holli Davis are set to complete their UAA Associate Degree in Nursing at the end of April. We are proud of their hard work and excited to welcome them into their next chapter as registered nurses.

Upcoming training opportunities include:

- SEREMS Conference
- Basic Life Support for Obstetrics (BLSO)
- AHHA Quality Summit and LTC Committee Meeting

One nurse and one physician also attended Sexual Abuse Response Team (SART) training alongside WAVE advocates, strengthening our ability to support victims of violence and sexual assault.

Patient Centered Care

CAH Survey

In late August, we underwent a complaint survey with one citation related to discharge planning. We continue to audit documentation to ensure sustained compliance, with results reported to the Quality Committee at least quarterly.

Telestroke

Our collaboration with the University of Washington Harborview Telestroke Program began in August. We have completed five cases to date and continue to refine our processes with each one.

We meet with the Harborview team quarterly for updates and case review. This program supports timely, expert stroke care and improves outcomes by minimizing long-term effects.

| Metrics | Consult All (including transfers) | Transfer | Consults video (GOL 8.27.25) | Lytic | Thrombectomy |
|--------------------|-----------------------------------|----------|------------------------------|-------|--------------|
| CY 2025 (Sept-Dec) | 3 | 1 | 1 | 0 | 0 |
| January 2026 | 2 | 0 | 0 | 0 | 0 |

Endoscopy Clinics

We are preparing for our second endoscopy clinic with Dr. Taggart and CRNA Jenilyn Lo. During the first clinic, we completed 15 procedures, and 20 patients are scheduled for April.

We continue to refine workflows, ensure staff competencies remain current, and improve safety and efficiency. We anticipate holding clinics at least quarterly and are exploring RHTP funding to support equipment purchases and program growth.

Upcoming/Ongoing Projects

- Trauma Designation
- Policy Review and Revision
- Sepsis Protocol
- Pediatric Readiness
- Sterile Processing and High-Level Disinfection

Facility

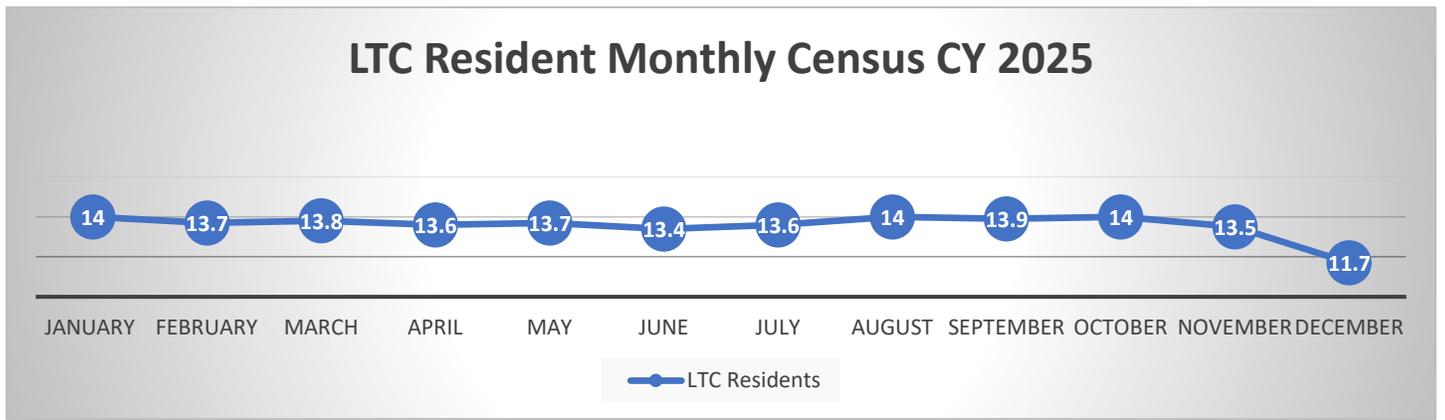
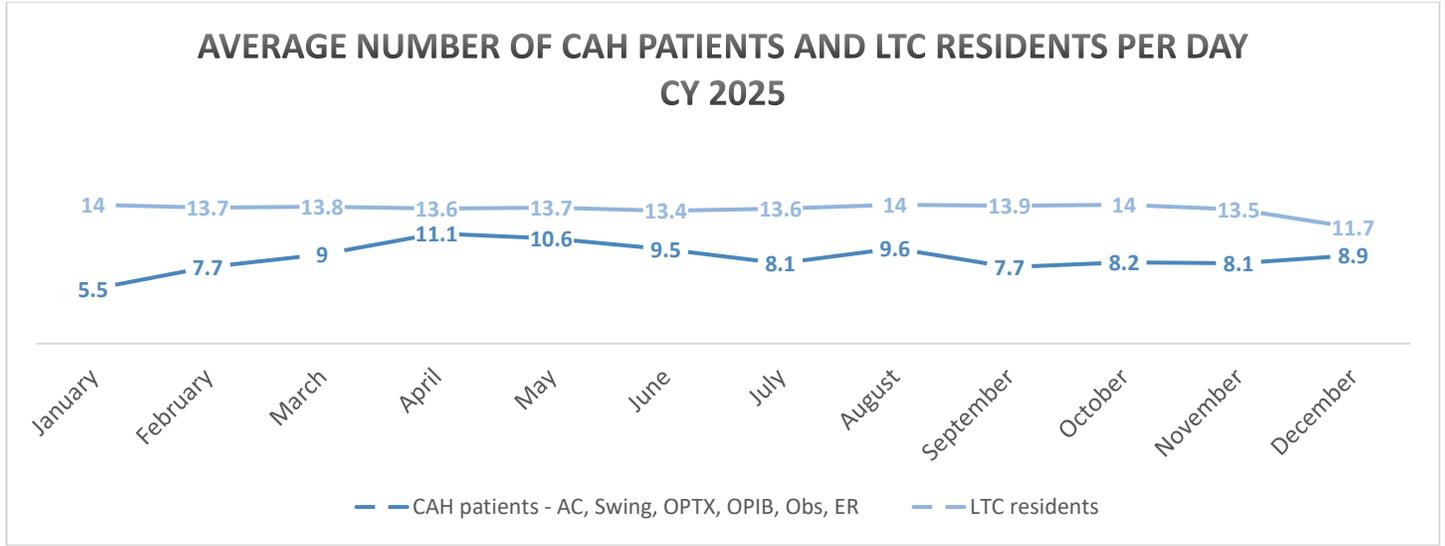
Building Challenges

Infrastructure limitations continue to impact compliance, comfort, and workflow. While the plant manager has done an excellent job managing temperature extremes, maintaining a consistently comfortable environment remains a challenge for staff, patients, residents, and visitors.

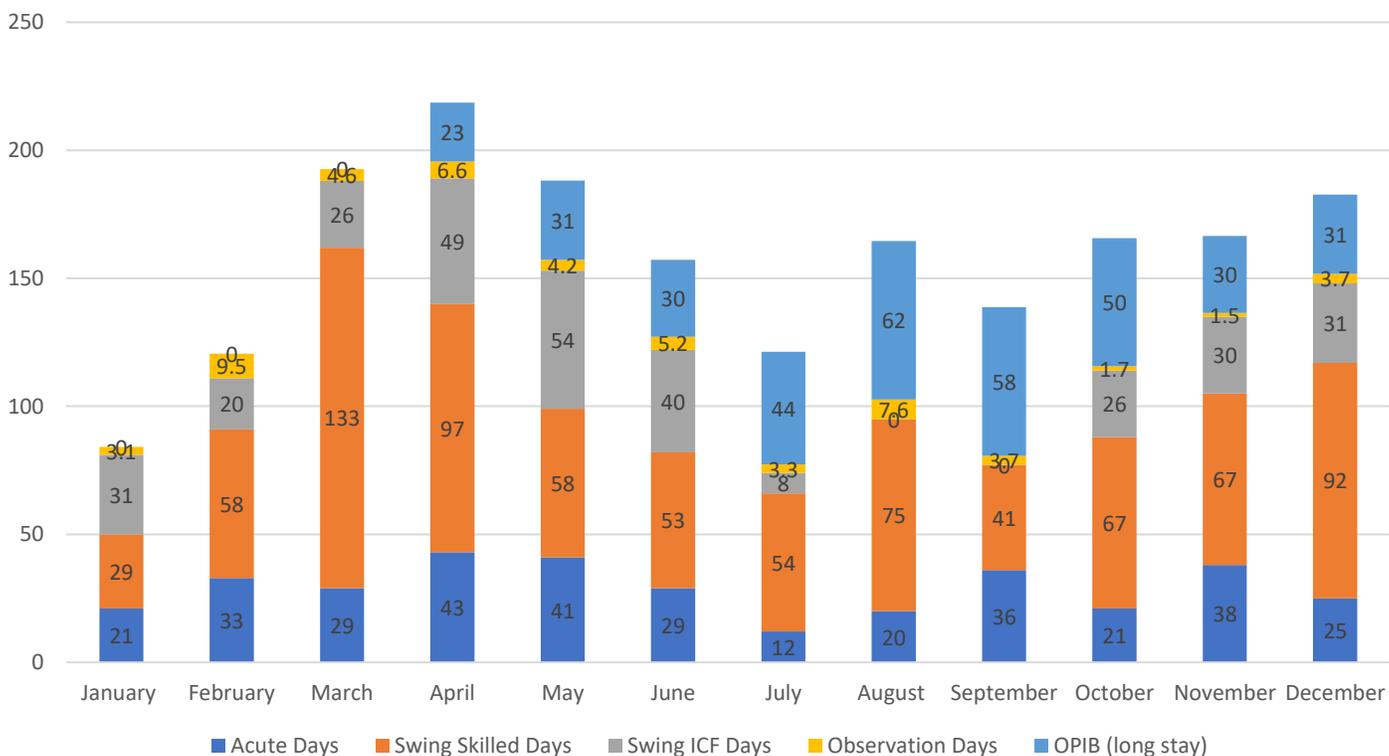
We are working to improve compliance in sterile processing. The old instrument washer is being replaced with a handwashing sink/eyewash station, and the hopper is being replaced. We are also exploring acquisition of an automated scope sterilizer.

Financial Wellness

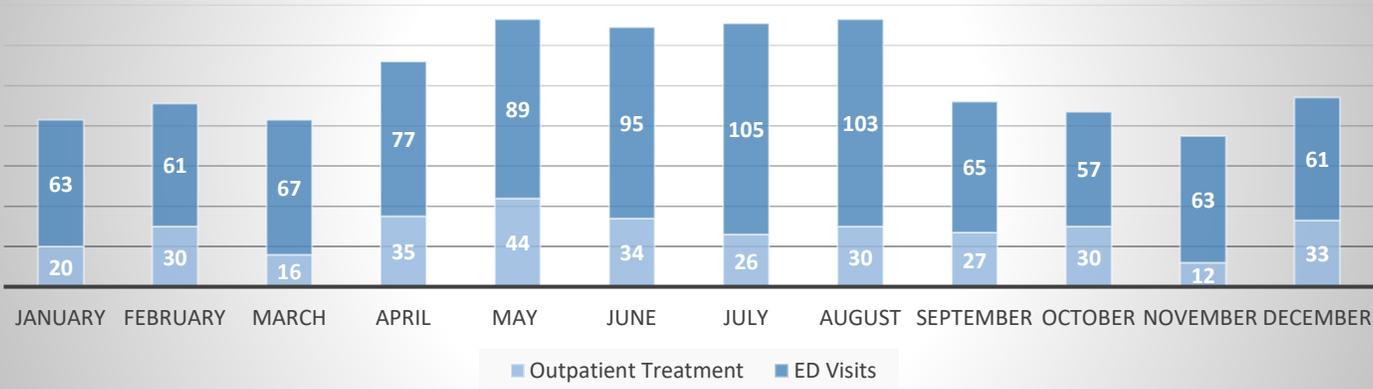
Despite a lower census in January, we have maintained a high census over the past year. To support this, we have relied heavily on traveling staff in both LTC and the CAH, along with additional shifts worked by permanent and traveling staff—both of which carry significant cost.



Inpatient Days per Month CY 2025



Outpatient Encounters per Month CY 2025



Submitted by: Jennifer Bryner, MSN, RN, Chief Nursing Officer



Activities Report March 2026

Workforce Wellness

Long Term Care Activities are well staffed for our lower census. Our staff is laid out as follows.

Activities Coordinator: M-F 8-5p

Activities Aide 1: Sunday 9:30-3:30p; M-W 7-3p

Activities Aide 2: Tues-Friday 11-7p; Sat 12-7

Activities Aide 3: M-W 8a-11a; Th-F 7a-10a

Activities Aide 4: F-M 08:30-6:30 (*Temporary until CNA program starts up*)

With high staffing and low census, activities staff have been able to spend more time one on one providing activities to residents, resume activities we had previously put on hold (weekly soup lunches, baking from scratch with the residents instead of using the frozen cookies and rolls the kitchen can provide). This staffing has also allowed time for the activities coordinator to put a greater focus on office work and activity planning. We have received positive feedback that it has been nice to have more activities support on the weekends.

The CNA staff is seeing a change in their staffing due to low census, so activities has been doing their best to support the floor staff by answering call lights, feeding residents (4 out of five of our staff now hold a CNA license), and acting as one on one support for residents who need it.

Community Engagement

Activities have historically had a lot of involvement in the Petersburg community. Many of our residents have spent a large portion of their life being involved in the Petersburg community and we like to keep them immersed in the culture and events our town has to offer. Long Term Care continues to work alongside Parks and Recreation to get residents swimming. KFSK hosts our LTC residents once a month for an hour and a half and a half radio show. We see seasonal visits from Rotary, Salvation Army, Girl Scouts, and the local school district. At the 2026 Health fair the activities department hosted a booth focused on volunteer recruitment. Right now, we have two areas we would like to improve our volunteer program: high school volunteers and a volunteer van driver. Activities have a group of high school girls hoping to start volunteering in May. At the health fair, we recruited a potential van driver; however, he is leaving town for a month.

Nationally, Long Term Care activities were involved in a Hearts Across America Valentine's Card exchange where we sent Valentine's to 50 different states and those states sent us cards in return. This program was intended to be a fun little activity for Valentine's Day, but many facilities were excited to hear about Petersburg Alaska and grateful for the cards and have sent us further letters about the happenings at their facilities. Residents have enjoyed looking through the cards and reading about what other facilities across the nation are up to.

Patient Centered Care

Activities take pride in the individual relationships we have with each resident and how we can assist in incorporating lifelong hobbies, preferences, and routines into the lives of our long-term care residents.

Volunteer Opportunities: One of our residents spent her days before Long Term Care helping at the Petersburg Pilot. Each Thursday we work with the Pilot to coordinate opportunity to get the resident to the Pilot to help and visit with her “work” friends.

Swimming: Long Term Care activities and the rehab department have been working on some aquatic therapies for a resident.

Community Remembrance: Long Term Care activities hosted a remembrance gathering for residents, families and staff to gather and reminisce upon the slough of residents that passed away this winter. The event was a wonderful morning where everyone was able to share stories of the residents we came to love as family.

Facility

No plans for new equipment currently. Activities continue to work within our space restraints—even if difficult at times we make it work. For our Thanksgiving dinner we had over 60 guests and managed to fit all of them, plus wheelchairs and highchairs, up in Long Term Care. While it is a tight fit, these big family dinners are incredibly beneficial for residents’ morale.

Financial Wellness

Long Term care activities department has 4 out of 5 of their staff holding a CNA license. This helps staff when census is higher and there is a need for additional certified help on the floor for tasks such as eating, transferring, and 1:1 assistance.

Submitted by: Alice Neidiffer, Activities Coordinator.



Petersburg
MEDICAL CENTER

 ARCADIS

New Facility Construction Report March 2026

Sitework

RESPEC (civil engineer), Dawson (general contractor), and Arcadis (owners' representative) met with ADEC (Alaska Department of Environmental Conservation) on Monday, the 16th to discuss the most recent submittal. ADEC outlined 3 remaining items to address and a requirement for the engineer on record to certify that the future hospital site falls under the definition of 'permanently stabilized' to protect from any possible erosion.

This issue has been stuck in a loop primarily because final and permanent stabilization would normally occur after the entire campus is completely built out to include storm drains. Since the campus will not be completed for some time, a temporary resolution will be reached with certification from the engineer that all of those criteria have been met, and the temporary construction condition meets the permanent status guidelines. This does occur with projects periodically, and the Department of Transportation has specifications that are the baseline and benchmark to achieve levels of stabilization for ADEC acceptance.

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.

New Long-Term Care/Hospital

Status of campus build-out:

Phase 1 – Sitework, completed.

Phase 2 – Wellness, Education, and Resource Center Building, completed.

Phase 3 – Long Term Care Concept complete, awaiting funds to advance design.

Phase 4 – Hospital Concept complete, awaiting funds to advance design.

Grant applications have been submitted for the RHTP (Rural Health Transformation Program) for funds to cover design fees, which would generate a full and complete campus construction drawing set and specifications.

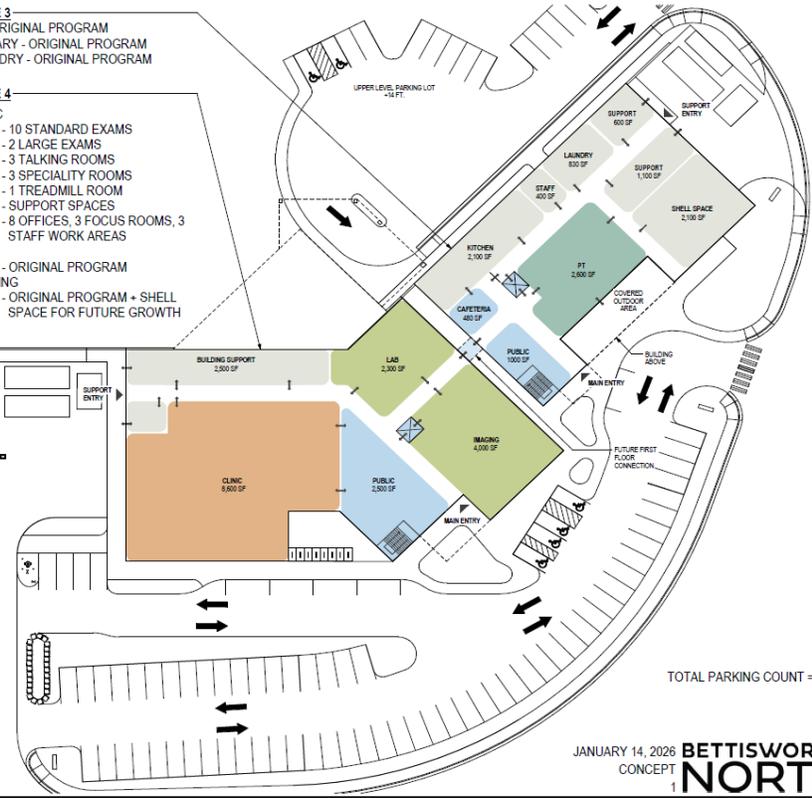
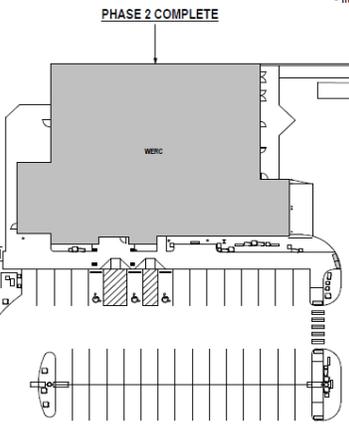
Upcoming Activities

- Close SWPPP
- Obtain funding to advance LTC/Hospital design.

First Floor Concept Design

| GROSS SQUARE FOOTAGES | |
|-----------------------|-----------|
| PHASE 3: | |
| FIRST FLOOR: | 13,815 SF |
| SECOND FLOOR: | 15,120 SF |
| TOTAL: | 28,935 SF |
| PHASE 4: | |
| FIRST FLOOR: | 22,520 SF |
| SECOND FLOOR: | 15,792 SF |
| TOTAL: | 38,312 SF |

- PHASE 3**
- PT- ORIGINAL PROGRAM
 - DIETARY - ORIGINAL PROGRAM
 - LAUNDRY - ORIGINAL PROGRAM
- PHASE 4**
- CLINIC
 - 10 STANDARD EXAMS
 - 2 LARGE EXAMS
 - 3 TALKING ROOMS
 - 3 SPECIALTY ROOMS
 - 1 TREADMILL ROOM
 - SUPPORT SPACES
 - 8 OFFICES, 3 FOCUS ROOMS, 3 STAFF WORK AREAS
 - LAB
 - ORIGINAL PROGRAM
 - IMAGING
 - ORIGINAL PROGRAM + SHELL SPACE FOR FUTURE GROWTH



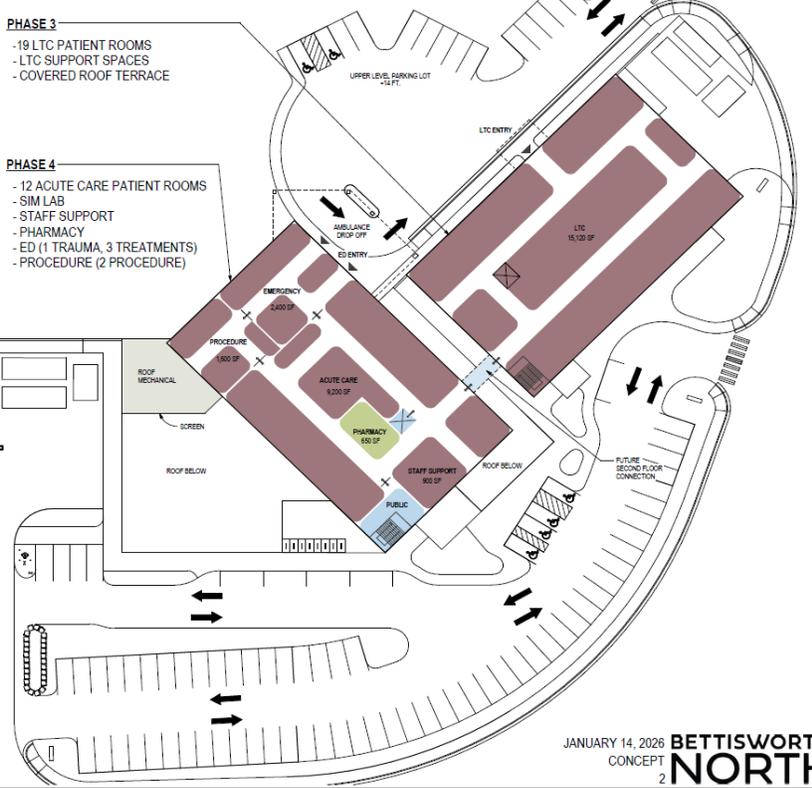
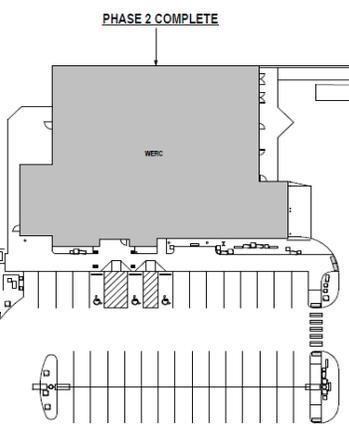
FIRST FLOOR
REPLACEMENT PMC - Petersburg, Alaska

JANUARY 14, 2026 **BETTISWORTH NORTH**
CONCEPT 1
BETTISWORTHNORTH.COM

Second Floor Concept Design

| GROSS SQUARE FOOTAGES | |
|-----------------------|-----------|
| PHASE 3: | |
| FIRST FLOOR: | 13,815 SF |
| SECOND FLOOR: | 15,120 SF |
| TOTAL: | 28,935 SF |
| PHASE 4: | |
| FIRST FLOOR: | 22,520 SF |
| SECOND FLOOR: | 15,792 SF |
| TOTAL: | 38,312 SF |

- PHASE 3**
- 19 LTC PATIENT ROOMS
 - LTC SUPPORT SPACES
 - COVERED ROOF TERRACE
- PHASE 4**
- 12 ACUTE CARE PATIENT ROOMS
 - SIM LAB
 - STAFF SUPPORT
 - PHARMACY
 - ED (1 TRAUMA, 3 TREATMENTS)
 - PROCEDURE (2 PROCEDURE)



SECOND FLOOR
REPLACEMENT PMC - Petersburg, Alaska

JANUARY 14, 2026 **BETTISWORTH NORTH**
CONCEPT 2
BETTISWORTHNORTH.COM

Submitted by: Justin Wetzel- Arcadis Project Manager



Quality Report March 2026

Workforce Wellness

The Alaska Hospital & Healthcare Association Lean Master Cohort sessions continue through April 29th and provide quality improvement tools for implementation in PMC projects.

On March 5th, the 2026 PMC Workplace Satisfaction Survey was launched. This confidential survey is intended to collect information on employee happiness, engagement, and opportunity as well as provide a ‘pulse check’ on workplace culture. It is an opportunity for employees to provide feedback on what PMC is doing well and/or what employees feel should be worked on. Employee development, satisfaction, and retention are a high priority and essential to providing the best healthcare we can offer to our community. As of today, 48% of employees have responded and the survey will remain open until the end of the month. The 2026 survey has the same content as the survey that was completed and reported in the spring of 2024, so comparisons will be possible.

In 2024, 85% of employees responded to provide a wealth of information to confirm positive attributes and also guide and inform improvement efforts. Here are just a few projects that were a direct result or influenced by this feedback:

- Implementation of an employee recognition program
- Expansion of the PMC Wellness Incentive Program
- Pay scale step expansion to award long time employees
- Comprehensive employee benefit review
- Review and update of the application and onboarding process
- New employee recruitment strategies
- Maintenance support ticketing system
- Increase in public feedback mechanisms
- Staff communication education and policy development
- Increase support for staff development and educational opportunities

In 2024, we found that job satisfaction amongst PMC employees was less in every category for those that had been employed between 1 and 5 years compared to their coworkers who had been employed, either less than one year or more than five years.

PMC employees overall satisfaction.

<1 1-5 5+ years of employment with PMC



(graph credit-Katie Bryson)

In the 2024 survey, 84% of employees that responded reported being ‘satisfied’ or ‘very satisfied’ in their position. This compares to the 2023 U.S. National average of just 62%. Results of the 2026 survey will be reported at the spring Employee Forum and will also be brought to the board.

Community Engagement

PMC patient navigator, Brandy Boggs has assisted over 100 (unduplicated) community members already this year with needs ranging from a wide variety of entitlement and benefit enrollments to planning for long term care needs. Last week she offered educational sessions open to the community for exploring Medicare basics and LTC asset protection planning. She hopes to offer more classes in mid-summer and again this fall. Brandy became a Certified Medicaid Planner last October and offers services to all Petersburg area residents.

Patient Centered Care

Home health will be adding ‘MC Voice’ (software feature) to its current electronic medical record system-Matrixcare. This improvement is aimed at increasing documentation quality and accuracy, providing clinician support for documentation requirements and decreasing clinician documentation time.

PMC has signed an agreement to collaborate with Midwest QIN-QIO. Quality Innovation Network-Quality Improvement Organization (QIN-QIO.) This organization offers support in planning and implementation of quality related activities to healthcare facilities. Focus areas identified by Midwest QIN-QIO align with several current PMC projects and initiatives and includes Prevention & Chronic Disease Management, Health IT, Patient Safety, Behavioral Health, Emergency Preparedness, and Care coordination.

Quality assurance metrics were developed by nursing leadership to monitor and guide important aspects of operations for the endoscopy clinics. These metrics include key infection control, patient care and documentation measures to ensure quality in this newly reestablished service line.

Facility

Initiated collaboration with PMC Infection Preventionist (IP) to develop a system for documenting and tracking action plans resulting from multiple IP activities. This would include action items for the Risk assessment plans, Environment of Care rounds, survey plan of corrections, Infection Prevention & Control Committee action items, and recommendations resulting from the recent Infection Control Assessment & Response (ICAR) with the State.

Annual LTC Facility Assessment updates are in progress. This is a regulatory commitment to evaluate resources needed to care for Long-term care residents. It covers everything from facility requirements to emergency staffing plans, staff training competencies and provides details on services needed to meet the needs of this population. This updated assessment is scheduled to move through the LTC Quality Committee next month for review and approval.

Financial Wellness

A part of the Home and Community Based Services Expansion Planning Project, which was included in the first round of Rural Health Transformation Program (RHTP) proposals, includes planning for expansion of patient navigator services and entitlement enrollment. This crucial community service connects residents with programs they are entitled to and/or eligible for. Enrollment in coverage programs such as Medicaid increases access to care by ensuring a payor source for services and decreases this burden on patients. The benefit to patients in receiving preventative and necessary medical care is apparent, but these connections also can reduce financial burden for PMC. This project is currently unfunded as we are waiting on a response for this planning proposal.

Another component to this proposed planning project includes a Petersburg Mobility assessment, which was a recommendation that came from the Community Health Needs Assessment. This project would evaluate disability access in and around Petersburg. The goal is to ensure equal opportunity, accessibility, and reasonable accommodation in places open to the public. This is increasingly more important as the population of Petersburg ages. DataUSA reports the 2024 median age in Petersburg at 46 years old. The median age in Alaska is 35, and nation-wide is 38 years old.

Submitted by: Stephanie Romine, RN



Infection Prevention Board Report March 2026

Workforce Wellness

I am the Infection Preventionist for PMC.

Community Engagement

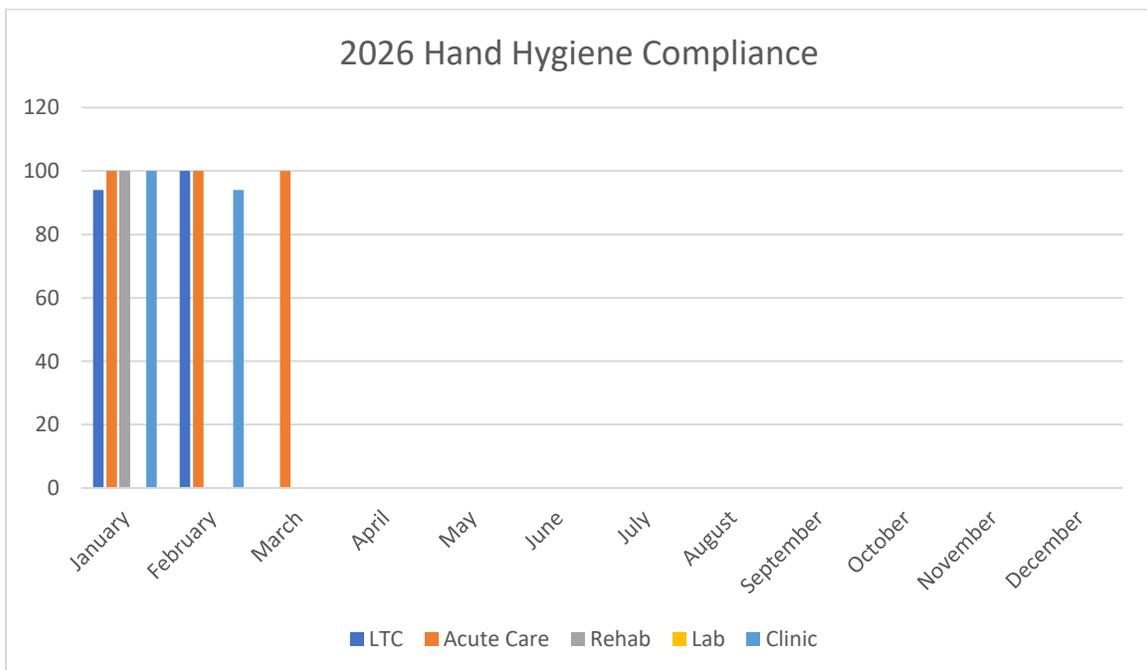
I work with many different departments at PMC to ensure compliance with regulations. A State of Alaska, Division of Public Health, Infection Preventionist visited PMC the last week of February to perform an Infection Control Assessment and Response (ICAR).

The State Infection Preventionist worked with me and many other departments to assess and provide education, including management, nursing, EVS, lab, pharmacy, and sterile processing. She provided education and guidance in many areas: high-level disinfection and sterilization, environmental services, injection safety and sterile compounding, antibiotic stewardship, and training, auditing and feedback. We are awaiting her final report.

There is a planned endoscopy clinic for April. I will be working with Facilities to improve our sterile processing/decontamination area for that. I will also work with our staff to ensure correct processing with high level disinfectants for our scopes.

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 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.

Financial Wellness

No changes to this area.

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



PMC Executive Summary March 2026

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

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

Summary:

Congressman Begich came to visit Petersburg and spent about 2 hours with PMC staff. I would like to thank the Borough for coordinating this visit. We put in appropriations applications to both Congressman Begich and Senator Murkowski for congressionally designated funding. Congressman Begich toured the main campus, and the WERC building. Currently there are no updates from the state on our MRI/WERC certificate of need application. State legislation (HB 131 / SB 124) proposing Alaska's entry into the Nursing Licensure Compact is currently under consideration. Nursing License Compact bill is getting some resistance from the nursing union. The NLC allows a nurse to hold one multistate license and practice in any participating state. Over 40 states participate but Alaska is not one of them. More to come on this topic as it progresses. I will be traveling to Washington DC for the annual AHA meeting mid-April.

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.*

- **March 4:** Provider Lunch/Discussion
- **March 5-6:** PMC Wellness Incentive Program/ Biometric Screening
- **March 20:** Manager Meeting
- **March:** Currently conducting PMC employee satisfaction survey
- **March:** Preparations underway for next employee forum
- **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.*

- **March 2:** Submitted written report and attended/reported out at Borough Noon Assembly Meeting.
- **March 3-5:** PMC offers discounted blood draws for the Health Fair.

- **March 6:** KinderSkog kids/youth met at the Skog Den with parents to celebrate Katie Holmlund's recognition as one of the top forty under forty.



Asset Protection Planning & Long-Term Care Medicaid



**FREE
INFORMATIONAL
SESSIONS**

at the PMC Dorothy Ingle
Conference Room

MEDICARE BASICS
Wed. 3/11 5:30-7:00pm
Sun. 3/15 1:00-12:30pm



**ASSET PROTECTION &
LONG TERM CARE PLANNING**
Thurs 03/12 5:30-7:00pm
Sun 03/15 3:00-4:30pm

FOR MORE INFO:
907-531-5857
bboggs@pmc-health.org

- **March 11,12, and 15:** Asset Protection Planning and Long Term Care Medicaid, free informational sessions open to the public at the Dorothy Ingle Conference Room
- **March 14th:** HEALTH FAIR: Booths in the Community Gym 10:00-1:00 Health & Wellness Services, Public Assistance Programs, Behavioral Health Services & Resources, Outdoor Recreation Info, Blood Pressure Screenings, Fall Prevention Information, Kids' Activities, Massage, Dental, Fitness Opportunities, and more! Door prizes every 30 min! Fitness Class Demonstrations in the Parks and Rec Fitness Court, and Presentations in the Parks and Recreation Activity Room.





Lab Blood Draw: **453**
 Health Fair Attendance: **177**
 Presentation Attendance: **54**
 Xtra Tough Fun Run/Walk
 Fundraiser: **48** participants



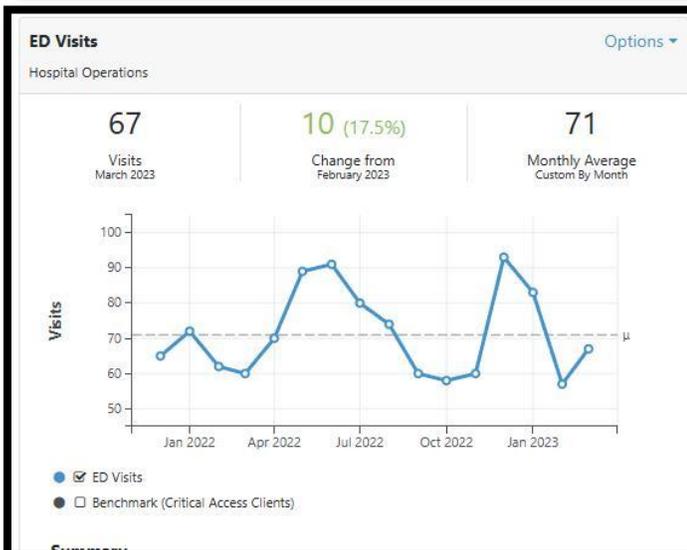
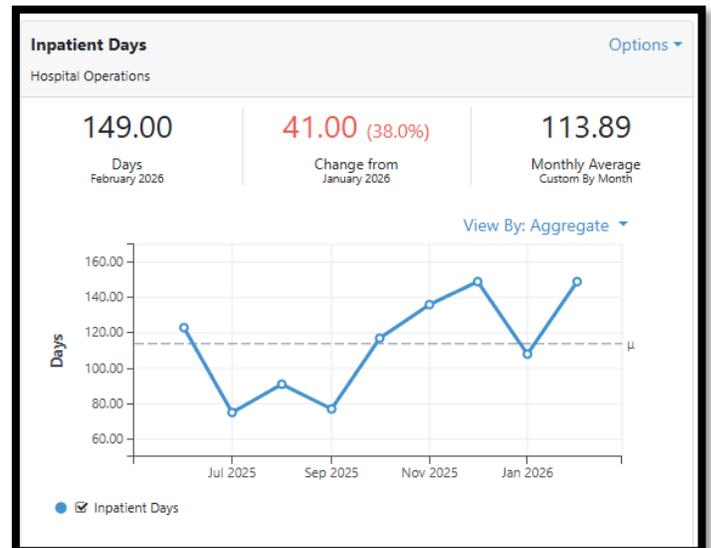
- **March 15th:** XTRA Tough 5K Fun Run/Walk Registration with [Peter Kline](#), founder of [Marathons with Meaning](#) during Petersburg's first ever Xtra Tough Fun Run/Walk.



- **March 18:** Health E Connect Board Meeting- *Board Member*
- **March 26:** Hospital Board Meeting open to the public, and broadcast live on KFSK
- **Ongoing:** Kinder Skog Program
- **Ongoing:** Bingocize and Tai Chi Programs
- **Ongoing:** UAA nursing program, we currently have two employees enrolled in this course.
- **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.

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

- **March 11:** Medstaff Meeting
- **March 20:** Environment of Care Rounds
- **March 18:** Quality Meetings (LTC Quality and 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 March 9, 2026, average patient access across all providers reflects a 13-day wait for the next available appointment and 14 days for the third next available, indicating relatively consistent scheduling availability.
 - 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.
 - Flu shots available at clinic, call for appointment.



- **Audiology**: Phil Hofstetter continues to see patients in the Specialty Clinic. Call 772-5792 to schedule.
- **Psychiatry**: services are ongoing via telehealth with Dr. Sonkiss by referral.



- **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. Please call 907-434-1554 to schedule appointments. Dr. Kapp saw approximately 100 people when she was here this last month.



- **Dr. Harrison**: Seeing endocrinology patients here in Petersburg while doing a locum rotation.
- **Scopes Clinic**: Dr. Taggart and CRNA Jenilyn Lo will be in Petersburg in April seeing referred patients. Our goal is to establish this as a regular rotational service, reducing the need for community members to travel or arrange lodging for this procedure.
- **Dermatology**: Cameron French will be returning in the Spring for dermatology appointments
- **Orthopedic Clinic**: Discussions taking place to explore options for bringing ortho clinic specialty to Petersburg.
- **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.*

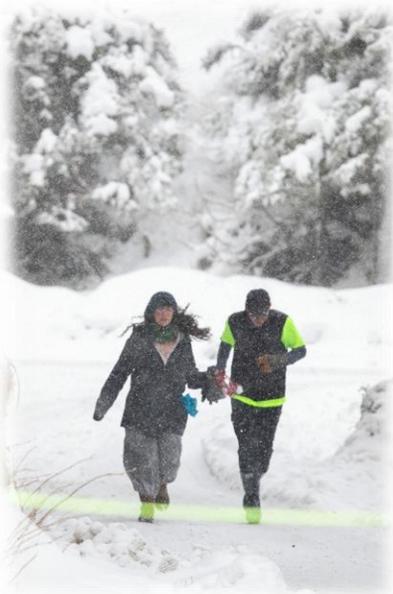
- Congressman Begich and Senator Murkowski both had Congressionally Direct Spending (CDS) appropriations that were submitted for next phase of the Capital Replacement for PMC. Letters of support were received from Senator Stedman, Representative Himschoot, Commissioner Hedberg, CEO Joe Wanner from Bartlett, and CEO & President of AHHA, Jared Kosin.
- WERC open house will be scheduled once MRI services are fully operational. (Waiting on Certificate of Need application approval from state.) Although areas such as Public Health are complete, we believe it is important for all components of the WERC — including conference rooms and the computer lab, currently undergoing final technology setup and reservation planning — to be fully ready before hosting the event. This deliberate approach ensures high-quality, fully functioning services for our community at launch.



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, numbers at 68 as of October 21st, 62 as of November 24th, 58 as of 12/23/2025, and are currently at 54 as of January 9th, 2026 and have maintained at 54. These numbers represent a steady and significant decrease in AR days. As of March 17th, AR days are at 58.
- See attached Grants Report.

- See attached Financial Report.



Submitted by: Phil Hofstetter, CEO



FISCAL YEAR 2026 GRANTS UPDATE

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

2 Pending Congressional Funding Requests: \$18.5 million

- ◆ **Senate Appropriations PMC Long Term Care Center Construction Request**
PMC submitted a FY27 request for the new Health Campus to Senator Murkowski.
1 Award | **\$15,000,000** 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*

7 Pending State RHTP Funding Requests: \$11.1 million

- ◆ **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 Spring 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 Spring 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 Spring 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 Spring 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 Spring 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 Spring 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 Spring 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**
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 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

ALASKA STATE LEGISLATURE

Item 71.

SESSION

State Capitol, Suite 516
Juneau, Alaska 99801-1182
(907) 465-3873 Phone
Sen.Bert.Stedman@akleg.gov



INTERIM

1900 1st Avenue, Suite 510
Ketchikan, AK 99901-6442
Phone (907) 225-8088
www.BertStedman.com

SENATOR BERT K. STEDMAN CO-CHAIRMAN, SENATE FINANCE COMMITTEE

March 13, 2026

The Honorable Nick Begich
United States House of Representatives
153 Cannon House Office Building
Washington, DC 20515

Dear Congressman Begich,

I am writing in support of the FY27 Community Project Funding (CPF) request for the replacement Petersburg Medical Center, Phase 3: Long Term Care (LTC) Center project.

Petersburg Medical Center has been providing medical services to the community for over 100 years. The current hospital was originally built in 1955, expanded in 1984, and became a federally designated Critical Access Hospital in 2001. PMC is a vital part of the community, providing critical medical services to all residents of the region, as well as supporting seasonal fishing/cannery workers, and cruise ship passengers.

Petersburg Medical Center cannot continue to provide care to its community without help. Replacement of PMC is urgently needed due to failing systems and obsolete infrastructure in the Borough-owned facility. Both Phase 1: Site Development, and Phase 2: Construction and build-out/FF&E of the Wellness, Education, Resource Center (WERC), were completed on time and under budget. The Borough's highest priority for FY27 is Phase 3: Construction and build-out/FF&E of the Long-Term Care Center. Swift completion of this phase is critical, as Petersburg has no local alternative for their residents in Long Term Care (LTC). If services are disrupted by any potentially imminent system failure, current LTC residents would be forced to evacuate the community for emergency displacement.

The project remains Petersburg Borough's number one priority on their capital project's list. PMC's FY27 CPF request will help ensure that the overall project continues to move forward in a timely manner.

Thank you for your support in this project.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bert Stedman".

DISTRICT A

Angoon • Coffman Cove • Craig • Edna Bay • Elfin Cove • Hollis • Hoonah • Hydaburg • Hyder • Kake • Kasaan
Ketchikan • Klawock • Kupreanof • Metlakatla • Meyers Chuck • Naukati • Pelican • Petersburg • Point Baker
Port Alexander • Port Protection • Saxman • Sitka • Tenakee Springs • Thorne Bay • Whale Pass • Wrangell • Yakutat

Representative Rebecca Himschoot

Angoon, Craig, Edna Bay, Elfin Cove, Hollis, Hoonah, Hydaburg, Kake, Kasaan, Klawock, Kupreanof, Naukati, Pelican, Petersburg, Port Alexander, Point Baker, Port Protection, Sitka, Tenakee Springs, Thorne Bay & Yakutat

Session

Alaska State Capitol
120 4th Street
Juneau, AK 99801
(907) 465-3732
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Rep.Himschoot@akleg.gov



Interim

201 Katlian Street Ste 103
PO Box 844
Sitka, AK 99835
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(877) 747-6276
Rep.Himschoot@akleg.gov

March 6, 2026

The Honorable Nick Begich
United States House of Representatives
153 Cannon House Office Building
Washington, DC 20515

Dear Congressman Begich,

I am writing in support of the FY27 Community Project Funding (CPF) request for the replacement Petersburg Medical Center, Phase 3: Long Term Care (LTC) Center project.

Petersburg Medical Center has been providing medical services to the community for over 100 years. The current hospital was originally built in 1955, expanded in 1984, and became a federally designated Critical Access Hospital in 2001. PMC is a vital part of the community, providing critical medical services to all residents of the region, as well as supporting seasonal fishing/cannery workers, and cruise ship passengers. As you are aware, Petersburg is an isolated community in Southeast Alaska off the road system, where flight services are often disrupted due to year-round weather challenges.

Petersburg Medical Center cannot continue to provide care to its community without help. Replacement of PMC is urgently needed due to failing systems and obsolete infrastructure in the Borough-owned facility. Both Phase 1: Site Development, and Phase 2: Construction and build-out/FF&E of the Wellness, Education, Resource Center (WERC), were completed on time and under budget. The Borough's highest priority for FY27 is Phase 3: Construction and build-out/FF&E of the Long-Term Care Center. Swift completion of this phase is critical, as Petersburg has no local alternative for their residents in Long Term Care (LTC). If services are disrupted by any potentially imminent system failure, current LTC residents would be forced to evacuate the community for emergency displacement.

The project remains Petersburg Borough's number one priority on their capital project's list. PMC's FY27 CPF request will help ensure that the overall project continues to move forward in a timely manner.

Thank you for your support of this much-needed project.

Sincerely,

Representative Rebecca Himschoot
Alaska State Legislature

March 5, 2026

The Honorable Nick Begich
 United States House of Representatives
 153 Cannon House Office Building
 Washington, DC 20515

Dear Congressman Begich,

I am submitting a letter of support for the FY2027 Community Project Funding (CPF) request to bolster the replacement Petersburg Medical Center project.

For over a century, Petersburg Medical Center has been the lifeline of our community, tirelessly providing essential medical services. However, the current hospital, erected in 1955 and designated a Critical Access Hospital in 2001, is now woefully inadequate to meet the demands of modern healthcare. Petersburg Medical Center stands as more than just a healthcare provider; it is the beating heart of Petersburg, catering to residents, season workers, and cruise ship passengers alike.

In an era where healthcare dominates Alaska's economic landscape, Petersburg Medical Center shines as a beacon of prosperity for Petersburg. With its workforce injecting millions annually into the local economy, the significance of Petersburg Medical Center cannot be overstated. Access to top-tier medical care isn't merely a luxury – it's a necessity for retaining residents and attracting new businesses to our area.

A comprehensive assessment conducted in 2015 revealed the dire state of the current facility, affirming the urgent need for a modernized Petersburg Medical Center. Substantial progress has been made since then, culminating in the ambitious plans for a phased approach to a replacement medical center. With meticulous planning including the completion of a Master Plan, site preparation, and the selection of a reputable contractor, we stand on the precipice of a transformative endeavor.

The envisioned Petersburg Medical Center expansion encompasses three buildings – a state-of-the-art Wellness, Education & Resource Center (WERC), a much needed 20 bed Long Term Care Center, and the main hospital with 12 acute care beds. This modern facility will house essential services ranging from emergency care and outpatient services to telemedicine-enabled primary care and integrated behavioral health services. It's not merely a healthcare facility; it's a holistic approach to community wellness.

Construction of the WERC was funded by a \$20M grant from the Department of the Treasury and was completed in 2025 under budget and ahead of schedule. We are aware that the remainder of the project is the Borough's #1 priority for additional funds needed to complete the new facility. Petersburg Medical Center FY2027 CPF request will help ensure that the overall project continues to move forward in a timely manner.

Thank you for your support of this much needed project which builds towards a healthier, more resilient Petersburg.

Sincerely,



Heidi Hedberg
 Commissioner

February 23, 2026

The Honorable Nick Begich
United States Representative for Alaska
153 Cannon House Office Building
Washington, DC 20510

RE: Congressional Directed Spending Request – Petersburg Medical Center

Dear Congressman Begich,

For over 70 years, the Alaska Hospital & Healthcare Association (AHHA) has served as a non-profit trade association representing Alaska's hospitals, nursing homes, and a growing number of healthcare partners across the continuum of care. AHHA members play an invaluable role, both as community providers and essential employers, in cities, towns, and villages across Alaska.

We write today to express our support for the FY27 Congressionally Directed Spending (CDS) request for the Replacement Petersburg Medical Center (PMC) project.

Petersburg Medical Center has been providing medical services to the community for over 100 years. The current hospital was originally built in 1955, expanded in 1984, and became a federally designated Critical Access Hospital in 2001. PMC is a vital part of the community, providing critical medical services to all residents of the region, as well as supporting seasonal fishing/cannery workers, and cruise ship passengers.

Petersburg Medical Center cannot continue to provide care to its community without help. Replacement of PMC is urgently needed due to failing systems and obsolete infrastructure in the Borough-owned facility. Both Phase 1: Site Development, and Phase 2: Construction and build-out/FF&E of the Wellness, Education, Resource Center (WERC), were completed on time and under budget. The Borough's highest priority for FY27 is Phase 3: Construction and build-out/FF&E of the Long-Term Care Center. Swift completion of this phase is critical, as Petersburg has no local alternative for their residents in Long Term Care (LTC). If services are disrupted by any potentially imminent system failure, current LTC residents would be forced to evacuate the community for emergency displacement.

AHHA strongly supports PMC's effort to build a new facility to meet community needs now and into the future. Thank you for considering this matter and your leadership on behalf of Alaska.

Sincerely,



Jared C. Kosin, JD, MBA
President & CEO

Bartlett Regional Hospital

3260 Hospital Drive
Juneau, Alaska 99801
907.796.8900
bartletthospital.org

March 4, 2026

The Honorable Nick Begich
United States House of Representatives
153 Cannon House Office Building
Washington, DC 20515

Dear Congressman Begich,

I am writing to express my strong support for the FY27 Community Project Funding (CPF) request regarding the Petersburg Medical Center, Phase 3: Long Term Care (LTC) Center project.

For over a century, the Petersburg Medical Center has been a cornerstone of local healthcare. While the facility became a federally designated Critical Access Hospital in 2001, the core infrastructure dates back to 1955. PMC remains a vital lifeline for the region, serving permanent residents, seasonal fishing and cannery workers, and the visiting cruise ship industry. However, PMC's ability to provide essential care is threatened by an aging facility that can no longer keep pace with modern demands. This replacement is urgent; the Borough-owned facility currently faces failing systems and obsolete infrastructure.

Following the successful, on-time, and under-budget completion of Phases 1 and 2, the Borough's top priority for FY27 is Phase 3: the construction and build-out of the Long-Term Care (LTC) Center. Timely completion is paramount, as Petersburg lacks local alternatives for LTC residents. Any service disruption caused by a system failure would result in the distressing emergency displacement of residents from their home community.

Bartlett Regional Hospital fully endorses PMC's mission to build a facility equipped for the future. The CPF request is a critical catalyst to ensure this project moves forward without delay.

Thank you for your continued advocacy for this essential capital investment in Alaska.

Sincerely,



Joe Wanner
Chief Executive Officer

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

For the month ended February 28, 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 | 734 | 792 | 772 | - | - | - | - | 6,709 | 6,607 | 1.5% |
| <i>Primary Clinic</i> | 768 | 865 | 851 | 984 | 736 | 721 | 773 | 748 | | | | | 6,446 | 6,607 | -2.4% |
| <i>Specialty Clinics</i> | 25 | 13 | 132 | 19 | 18 | 13 | 19 | 24 | | | | | 263 | - | n/a |
| 2. Radiology Procedures | 253 | 251 | 242 | 256 | 208 | 223 | 223 | 203 | | | | | 1,859 | 1,774 | 4.8% |
| 3. Lab Tests (excluding QC) | 1,937 | 2,575 | 2,241 | 2,270 | 2,244 | 2,209 | 2,169 | 1,856 | | | | | 17,501 | 14,156 | 23.6% |
| 4. Rehab Services Units | 883 | 1,086 | 730 | 1,178 | 1,548 | 973 | 1,025 | 970 | | | | | 8,393 | 7,950 | 5.6% |
| <i>Physical</i> | 651 | 764 | 582 | 860 | 604 | 618 | 621 | 531 | | | | | 5,231 | | |
| <i>Occupational</i> | 154 | 237 | 56 | 206 | 860 | 271 | 309 | 367 | | | | | 2,460 | | |
| <i>Speech</i> | 78 | 85 | 92 | - | 84 | 84 | 95 | 72 | | | | | 590 | | |
| 5. Home Health Visits | 284 | 296 | 221 | 287 | 166 | 202 | 176 | 169 | | | | | 1,801 | 1,500 | 20.1% |
| <i>Nursing Visits</i> | 149 | 151 | 141 | 179 | 120 | 138 | 113 | 91 | | | | | 1,082 | | |
| <i>PT/OT Visits</i> | 135 | 145 | 80 | 108 | 46 | 64 | 63 | 78 | | | | | 719 | | |
| 6. Emergency Room Visits | 102 | 105 | 65 | 56 | 64 | 61 | 68 | 67 | | | | | 588 | 588 | 0% |
| 7. Observation Days | 3 | 8 | 4 | 2 | 2 | 4 | 3 | 3 | | | | | 28 | 41 | -32% |
| <i>Hospital Inpatient</i> | | | | | | | | | | | | | | | |
| 8. Patient Days - Acute | 12 | 20 | 36 | 21 | 36 | 25 | 17 | 41 | | | | | 208 | 236 | -11.9% |
| 9. Patient Days - Swing Bed (SNF) | 54 | 69 | 41 | 67 | 67 | 89 | 53 | 80 | | | | | 520 | 506 | 2.8% |
| 10. Patient Days - Swing Bed (ICF) | 8 | | | 26 | 30 | 34 | 38 | 28 | | | | | 164 | 253 | -35.2% |
| 11. Patient Days - Total | 74 | 89 | 77 | 114 | 133 | 148 | 108 | 149 | - | - | | | 892 | 995 | -10.4% |
| 12. Average Daily Census - Acute | 0.4 | 0.6 | 1.2 | 0.7 | 1.2 | 0.8 | 0.5 | 1.5 | | | | | 0.9 | 1.0 | -10.8% |
| 13. Average Daily Census - Swing Bed (SNF) | 1.7 | 2.2 | 1.3 | 2.2 | 2.2 | 2.9 | 1.7 | 2.6 | | | | | 2.1 | 2.1 | 0.7% |
| 14. Average Daily Census - Swing Bed (ICF) | 0.3 | | | 0.8 | 1.0 | 1.1 | 1.2 | 1.0 | | | | | 0.7 | 1.0 | -34.9% |
| 15. Average Daily Census - Total | 2.4 | 2.9 | 2.5 | 3.7 | 4.4 | 4.8 | 3.5 | 5.0 | | | | | 3.6 | 4.1 | -11.1% |
| 16. Percentage of Occupancy | 19.9% | 23.9% | 21.0% | 30.6% | 36.3% | 39.8% | 29.0% | 42.0% | | | | | 30.3% | 34.1% | -11.1% |
| <i>Long Term Care</i> | | | | | | | | | | | | | | | |
| 17. LTC Days | 426.0 | 403.0 | 420.0 | 434.0 | 406.0 | 361.0 | 396.0 | 297.0 | | | | | 3,143 | 3,264 | -3.7% |
| 18. Average Daily Census | 13.7 | 13.0 | 14.0 | 14.0 | 13.5 | 11.6 | 12.8 | 10.6 | | | | | 12.9 | 13.4 | -3.9% |
| 19. Percentage of Occupancy | 91.6% | 86.7% | 93.3% | 93.3% | 90.2% | 77.6% | 85.2% | 70.7% | | | | | 86.1% | 89.5% | |

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the month ended February 28, 2026

| Month Actual | Month Budget | \$ Variance | % Variance | | YTD Actual | YTD Budget | \$ Variance | % Variance | Prior YTD | % Variance |
|------------------|------------------|------------------|-----------------|---|--------------------|--------------------|--------------------|-----------------|--------------------|---------------|
| | | | | <i>Gross Patient Revenue:</i> | | | | | | |
| \$790,856 | \$514,870 | \$275,986 | 53.6% | 1. Inpatient | \$4,307,796 | \$4,468,339 | (\$160,543) | -3.6% | \$4,635,094 | -7.1% |
| 1,036,836 | 930,077 | 106,759 | 11.5% | 2. Outpatient | 7,728,990 | 8,071,740 | (342,750) | -4.2% | 7,166,034 | 7.9% |
| 543,900 | 567,684 | (23,784) | -4.2% | 3. Long Term Care | 5,983,768 | 4,926,684 | 1,057,084 | 21.5% | 4,836,708 | 23.7% |
| 423,228 | 447,195 | (23,967) | -5.4% | 4. Clinic | 3,781,419 | 3,881,014 | (99,595) | -2.6% | 3,599,112 | 5.1% |
| 37,603 | 42,948 | (5,345) | -12.4% | 5. Home Health | 419,257 | 372,723 | 46,534 | 12.5% | 365,918 | 14.6% |
| <u>2,832,424</u> | <u>2,502,774</u> | <u>329,650</u> | <u>13.2%</u> | 6. Total gross patient revenue | <u>22,221,230</u> | <u>21,720,500</u> | <u>500,730</u> | <u>2.3%</u> | <u>20,602,866</u> | <u>7.9%</u> |
| | | | | <i>Deductions from Revenue:</i> | | | | | | |
| 378,089 | 452,135 | 74,046 | 16.4% | 7. Contractual adjustments | 4,860,361 | 3,923,889 | (936,472) | -23.9% | 4,005,519 | -21.3% |
| 0 | 0 | 0 | n/a | 8. Prior year settlements | 0 | 0 | 0 | n/a | - | n/a |
| (9,970) | 32,658 | 42,628 | 130.5% | 9. Bad debt expense | (10,343) | 283,428 | 293,771 | 103.6% | 272,901 | -103.8% |
| 12,613 | 17,912 | 5,299 | 29.6% | 10. Charity and other deductions | 218,313 | 155,448 | (62,865) | -40.4% | 145,681 | -49.9% |
| <u>380,732</u> | <u>502,705</u> | <u>121,973</u> | <u>24.3%</u> | Total revenue deductions | <u>5,068,331</u> | <u>4,362,765</u> | <u>(705,566)</u> | <u>-16.2%</u> | <u>4,424,102</u> | <u>-14.6%</u> |
| | | | | 11. Net patient revenue | <u>17,152,899</u> | <u>17,357,735</u> | <u>(204,836)</u> | <u>-1.2%</u> | <u>16,178,764</u> | <u>6.0%</u> |
| | | | | <i>Other Revenue</i> | | | | | | |
| 36,471 | 42,192 | (5,721) | -13.6% | 12. 340b Revenue | 607,374 | 366,162 | 241,212 | 65.9% | - | n/a |
| 158,698 | 94,131 | 64,567 | 68.6% | 13. Inkind Service - PERS/USAC | 1,248,544 | 816,926 | 431,618 | 52.8% | 757,450 | 64.8% |
| 77,796 | 48,490 | 29,306 | 60.4% | 14. Grant revenue | 467,642 | 420,825 | 46,817 | 11.1% | 620,959 | -24.7% |
| 0 | 0 | 0 | n/a | 15. Federal & State Relief | 0 | 0 | 0 | n/a | - | - |
| 36,103 | 23,623 | 12,480 | 52.8% | 16. Other revenue | 327,184 | 205,011 | 122,173 | 59.6% | 190,458 | - |
| <u>309,067</u> | <u>208,436</u> | <u>100,631</u> | <u>48.3%</u> | 17. Total other operating revenue | <u>2,650,745</u> | <u>1,808,925</u> | <u>841,820</u> | <u>46.5%</u> | <u>1,568,867</u> | - |
| <u>2,760,759</u> | <u>2,208,505</u> | <u>552,254</u> | <u>25.0%</u> | 18. Total operating revenue | <u>19,803,643</u> | <u>19,166,660</u> | <u>636,984</u> | <u>3.3%</u> | <u>17,747,632</u> | - |
| | | | | <i>Expenses:</i> | | | | | | |
| 1,105,528 | 1,049,310 | (56,218) | -5.4% | 19. Salaries and wages | 9,113,655 | 9,106,514 | (7,141) | -0.1% | 8,182,202 | - |
| 222,658 | 145,132 | (77,526) | -53.4% | 20. Contract labor | 1,547,523 | 1,259,535 | (287,988) | -22.9% | 1,335,929 | - |
| 467,867 | 380,420 | (87,447) | -23.0% | 21. Employee benefits | 3,618,208 | 3,301,499 | (316,709) | -9.6% | 3,104,564 | - |
| 212,721 | 148,701 | (64,020) | -43.1% | 22. Supplies | 1,381,711 | 1,290,515 | (91,196) | -7.1% | 1,141,481 | -21.0% |
| 80,767 | 71,996 | (8,771) | -12.2% | 23. Purchased services | 685,790 | 624,822 | (60,968) | -9.8% | 1,211,858 | 43.4% |
| 40,062 | 46,222 | 6,160 | 13.3% | 24. Repairs and maintenance | 475,780 | 401,139 | (74,640) | -18.6% | 390,613 | -21.8% |
| 46,815 | 32,205 | (14,611) | -45.4% | 25. Minor equipment | 249,799 | 279,491 | 29,692 | 10.6% | 270,095 | 7.5% |
| 33,723 | 33,760 | 37 | 0.1% | 26. Rentals and leases | 264,457 | 292,986 | 28,529 | 9.7% | 245,236 | -7.8% |
| 167,769 | 99,763 | (68,006) | -68.2% | 27. Utilities | 1,149,931 | 865,804 | (284,127) | -32.8% | 680,956 | -68.9% |
| 17,865 | 8,019 | (9,846) | -122.8% | 28. Training and travel | 79,761 | 69,589 | (10,172) | -14.6% | 71,688 | -11.3% |
| 21,530 | 17,247 | (4,283) | -24.8% | 29. Insurance | 185,293 | 149,676 | (35,617) | -23.8% | 144,117 | -28.6% |
| 31,801 | 25,890 | (5,912) | -22.8% | 30. Other operating expense | 287,855 | 224,684 | (63,171) | -28.1% | 230,353 | -25.0% |
| <u>2,449,107</u> | <u>2,058,663</u> | <u>(390,444)</u> | <u>-19.0%</u> | 31. Total expenses | <u>19,039,762</u> | <u>17,866,254</u> | <u>(1,173,508)</u> | <u>-6.6%</u> | <u>17,009,092</u> | <u>-11.9%</u> |
| <u>311,652</u> | <u>149,842</u> | <u>161,811</u> | <u>-108.0%</u> | 32. Income (loss) from operations | <u>763,882</u> | <u>1,300,406</u> | <u>(536,525)</u> | <u>41.3%</u> | <u>738,540</u> | <u>-3.4%</u> |
| | | | | <i>Nonoperating Gains(Losses):</i> | | | | | | |
| 87,916 | 17,336 | 70,580 | 407.1% | 33. Investment income | 571,016 | 150,456 | 420,560 | 279.5% | 286,925 | -99.0% |
| (8,560) | (19,355) | 10,796 | 55.8% | 34. Interest expense | (75,379) | (167,976) | 92,597 | 55.1% | (88,759) | 15.1% |
| 0 | 0 | 0 | n/a | 35. Gain (loss) on disposal of assets | 0 | 0 | 0 | 0.0% | - | 0.0% |
| 247,828 | 78,924 | 168,904 | 214.0% | 36. Other non-operating revenue | 4,563,133 | 684,946 | 3,878,187 | -566.2% | 8,614,031 | 47.0% |
| (143,314) | (224,433) | 81,119 | -36.1% | 37. Depreciation & Amortization | (1,266,888) | (1,947,756) | 680,868 | 35.0% | (735,271) | -72.3% |
| <u>183,871</u> | <u>(147,528)</u> | <u>331,399</u> | <u>-224.6%</u> | 38. Net nonoperating gains (losses) | <u>3,791,882</u> | <u>(1,280,330)</u> | <u>5,072,213</u> | <u>-396.2%</u> | <u>8,076,926</u> | <u>-53.1%</u> |
| <u>\$495,524</u> | <u>\$2,314</u> | <u>\$493,210</u> | <u>21317.6%</u> | 39. Change in Net Position (Bottom Line) | <u>\$4,555,764</u> | <u>\$20,076</u> | <u>\$4,535,688</u> | <u>22592.9%</u> | <u>\$8,815,465</u> | <u>-48.3%</u> |

PETERSBURG MEDICAL CENTER
Balance Sheet
For the month ended February 28, 2026

| ASSETS | Feb 2026 | Jan 2025 | June 2025 | Feb 2025 | LIABILITIES & FUND BALANCE | Feb 2026 | Jan 2025 | June 2025 | Feb 2025 |
|--|---------------------|---------------------|----------------------|---------------------|--|---------------------|---------------------|----------------------|---------------------|
| Current Assets: | | | | | Current Liabilities: | | | | |
| 1. Cash | 2,326,889 | 2,544,784 | 1,544,710 | 2,015,017 | 23. Accounts Payable - Trade | \$1,171,232 | \$1,011,956 | \$1,299,834 | \$1,103,346 |
| 2. Cash - insurance advances | 0 | 0 | 0 | 0 | 24. Accounts Payable - New Facility | 499,102 | 307,609 | 831,368 | 1,036,470 |
| 3. Investments | 2,153,595 | 2,146,939 | 2,097,227 | 1,081,938 | 25. Accrued Payroll | 545,074 | 520,338 | 319,625 | 434,838 |
| 4. Total cash | <u>4,480,484</u> | <u>4,691,723</u> | <u>3,641,937</u> | <u>3,096,955</u> | 26. Payroll taxes and other payables | 116,644 | 252,766 | 143,596 | 964,072 |
| 5. Patient receivables | 5,512,136 | 5,180,138 | 7,548,114 | 7,198,024 | 27. Accrued PTO and extended sick | 1,216,040 | 1,178,076 | 1,196,902 | 1,099,815 |
| 6. Allowance for contractals & bad debt | (1,957,574) | (1,939,978) | (2,615,075) | (2,607,219) | 28. Deferred revenue | 208,915 | 151,964 | 131,961 | 94,859 |
| 7. Net patient receivables | <u>3,554,562</u> | <u>3,240,160</u> | <u>4,933,039</u> | <u>4,590,805</u> | 29. Due to Medicare | 717,786 | 1,067,786 | 1,466,833 | 1,594,144 |
| 8. Other receivables | 2,778,286 | 2,615,273 | 2,701,066 | 1,225,835 | 30. Due to Medicare - Advance | 0 | 0 | 0 | 0 |
| 9. Inventories | 356,942 | 356,997 | 364,788 | 353,651 | 31. Due to Blue Cross - Advance | 0 | 0 | 0 | 0 |
| 10. Prepaid Expenses | 217,535 | 262,897 | 169,095 | 183,372 | 32. Other current liabilities | 4,561 | 4,561 | 3,323 | 3,203 |
| 11. Total current assets | <u>11,387,809</u> | <u>11,167,051</u> | <u>11,809,926</u> | <u>9,450,618</u> | 33. Current portion of long-term debt | 420,820 | 427,497 | 459,791 | 453,484 |
| Property and Equipment: | | | | | 34. Total current liabilities | <u>4,900,174</u> | <u>4,922,553</u> | <u>5,853,233</u> | <u>6,784,232</u> |
| 12. Assets in service | 28,738,701 | 28,723,535 | 28,677,563 | 28,655,516 | Long-Term Debt: | | | | |
| 13. Assets in progress | 27,364,213 | 27,099,746 | 22,776,724 | 18,091,492 | 35. Capital leases payable | 1,560,887 | 1,592,906 | 1,826,846 | 1,981,707 |
| 14. Total property and equipment | 56,102,914 | 55,823,281 | 51,454,287 | 46,747,008 | Pension Liabilities: | | | | |
| 15. Less: accumulated depreciation | (24,646,848) | (24,503,534) | (23,379,960) | (23,034,228) | 36. Net Pension Liability | 17,065,093 | 17,065,093 | 15,526,950 | 15,526,950 |
| 16. Net property and equipment | <u>31,456,066</u> | <u>31,319,747</u> | <u>28,074,326</u> | <u>23,712,781</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 | 4,087,811 | 4,018,317 | 3,668,961 | 3,546,966 | 39. Total liabilities | <u>23,526,154</u> | <u>23,580,552</u> | <u>23,207,029</u> | <u>24,292,890</u> |
| 18. Building fund | 893,104 | 878,550 | 799,968 | 772,799 | Deferred Inflows: | | | | |
| 19. Total Assets Limited as to Use | <u>4,980,914</u> | <u>4,896,867</u> | <u>4,468,928</u> | <u>4,319,765</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 | 28,985,878 | 28,985,878 | 13,726,830 | 13,726,830 |
| Deferred Outflows: | | | | | 42. Current year net income (loss) | 4,555,764 | 4,060,240 | 16,773,270 | 8,817,395 |
| 21. Pension | 2,218,751 | 2,218,751 | 2,428,790 | 2,428,790 | 43. Total net position | <u>33,541,641</u> | <u>33,046,118</u> | <u>30,500,100</u> | <u>22,544,224</u> |
| 22. Total assets | <u>\$57,359,142</u> | <u>\$56,918,017</u> | <u>\$54,120,818</u> | <u>\$47,250,802</u> | 44. Total liabilities and fund balance | <u>\$57,359,142</u> | <u>\$56,918,017</u> | <u>\$54,120,817</u> | <u>\$47,250,801</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 February 28, 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% | | | | | 21.9% | 16.6% | 31.8% |
| 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% | | | | | 1.0% | 0.9% | 9.2% |
| 3. Bad Debt as a % of Gross Revenue | 4.4% | 1.5% | 2.4% | -1.9% | -7.0% | 3.4% | -3.1% | -0.4% | | | | | 0.0% | 1.2% | -103.9% |
| 4. Operating Margin | 4.2% | -7.6% | 4.0% | 8.7% | 14.1% | -3.4% | -4.8% | 11.3% | | | | | 3.9% | 10.2% | -62.2% |
| 5. Total Margin | 37.6% | 18.8% | 29.1% | 20.9% | 22.0% | -6.0% | -2.2% | 16.8% | | | | | 19.3% | 38.0% | -49.2% |
| 6. Days Cash on Hand (Including Investments) | 98.5 | 108.0 | 109.1 | 114.7 | 114.0 | 114.4 | 123.5 | 120.2 | | | | | 113 | 117 | -3.7% |
| 7. Days in A/R (Net) | 64.4 | 72.2 | 67.4 | 57.2 | 53.0 | 50.5 | 48.8 | 50.9 | | | | | 58 | 59 | -1.3% |
| 8. Days in A/R (Gross) | 82.3 | 83.4 | 76.6 | 67.4 | 65.2 | 63.7 | 60.0 | 61.6 | | | | | 70 | 83 | -15.5% |
| 9. Days in Accounts Payable | 26 | 16 | 30 | 25 | 26 | 26 | 29 | 29 | | | | | 26 | 31 | -16.5% |