



**Petersburg Borough
Petersburg Medical Center**

12 South Nordic Drive
Petersburg, AK 99833

**Meeting Agenda
Hospital Board
Regular Meeting**



Thursday, April 25, 2024

5:30 PM

Assembly Chambers

Please click the link below to join the webinar:

https://us06web.zoom.us/j/85664845599?pwd=Bnvkig2A4TB7mRNd2M_yW8zQgnpiTA.LQ4KORPLCayuE-u-

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Or One tap mobile :

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1. Call to Order/Roll Call

A. Call to Order

B. Roll Call

2. Approval of the Agenda

3. Approval of Board Minutes

A. Approval of minutes for the March 28, 2024, board meeting.

4. Visitor Comments

5. Board Member Comments

6. Committee Reports

A. Resource

B. LTC

C. Infection Prevention

7. Reports

A. Rehab Department

K. DuRoss provided a written report.

- B.** Plant Maintenance
W. Brooks provided a written report.
- C.** Environmental Services
G. Edfelt provided a written report.
- D.** Activities
A. Neidiffer provided a written report.
- E.** Home Health
L. Holder provided a written report.
- F.** New Facility
Arcadis (M. Kruse/J. Wetzel) provided a written report.
- G.** Quality & IP
S. Romine, J. Bryner provided a written report.
- H.** Executive
P. Hofstetter provided a written report.
- I.** Financials
J. McCormick provided a written report.

8. Old Business

9. New Business

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

10. Next Meeting

11. Adjournment



Petersburg Borough Petersburg Medical Center

Meeting Minutes Hospital Board Regular Meeting



Thursday, March 28, 2024

5:30 PM

Assembly Chambers

1. Call to Order/Roll Call

Member Cook called the meeting to order at 5:30 pm and conducted roll call.

PRESENT

- Chairman Jerod Cook
- Board Member Heather Conn
- Board Member Marlene Cushing
- Board Member Kimberley Simbahon
- Board Member Joe Stratman

ABSENT

- Board Member Cindi Lagoudakis
- Board Member Mika Hasbrouck

2. Approval of the Agenda

A motion was made to approve the agenda.

Motion made by Board Member Conn, Seconded by Board Member Simbahon.
Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Simbahon, Board Member Stratman

3. Approval of Board Minutes

A. Approval of minutes for the February 22, 2024, board meeting.

Motion made by Board Member Cushing, Seconded by Board Member Stratman.
Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Simbahon, Board Member Stratman

4. Visitor Comments

None.

5. Board Member Comments

Member Cushing noted that a Long Term Care Survey was done earlier this month by federal and state representatives, and the survey team said they were witnessing exemplary care being given to residents at the long term care facility. She commended LTC staff and complimented them on this recognition.

Member Cook congratulated Phil for his accomplishment of finishing third on the Iditarod bike race.

6. Committee Reports

A. Resource

Member Cook attended and reported that PMC is doing OK, and received a cost report influx of \$1M that will be moved into the reserves, which will help replenish what was removed over the past two years due to post-pandemic challenges.

B. LTC

Member Cushing reported this was held on March 20, with a review of reports and discussion of the survey visit.

C. CAH

Member Stratman attended and reported that they reviewed the active policy list, which will be further refined and brought to the Policy Committee for review before coming before the board. The action item list was reviewed, with some action items being resolved and closed.

7. Reports

A. Information Technology/EHR

J. Dormer provided a written report.

Member Stratman asked for clarification on the DAX Scribing system, which was explained by Dr. Hess that it improves billing and coding to the appropriate level of reimbursement, and improves the documentation process.

B. Materials Management

M. Randrup provided a written report.

Member Cook asked for further information on options for reducing high shipping costs, which was addressed by CEO Hofstetter about the process Materials goes through to work with area partners to help reduce costs.

C. Medical Records

K. Randrup provided a written report.

- D. Nursing
J. Bryner provided a written report.

Member Stratman acknowledged and expressed support for PMC's initiative of offering CNA classes to high school students.

- E. New Facility
J. Farmwald, PMC project manager, provided a written report.

J. Farmwald provided additional project scheduling highlights. CEO Hofstetter introduced Mike Kruse with Arcadis, the project management firm selected for the construction portion of the project. J. Farmwald expressed his appreciation and honor for working on the project, and will work to ensure a smooth transition with Arcadis. Member Cook thanked J. Farmwald for his efforts and contributions. PMC is actively pursuing various funding avenues, including requests to Senator Murkowski and Representative Mary Peltola. Community members are encouraged to reach out to legislators to voice support for the main hospital and long term care project.

- F. Quality & IP
S. Romine, J. Bryner provided a written report.

- G. Executive
P. Hofstetter provided a written report.

Member Cushing commented that she was impressed with the health fair and the quality of information and workshops. She noted that vendor participation was the highest she has seen. P. Hofstetter thanked the wellness, lab and employees who helped with the health fair, noting the amount of work that goes in to such an event. Additional highlights included an employee forum being scheduled for May 9. PMC received cost reimbursement, which will help replenish reserves depleted post-pandemic. Thank you to the Borough for funding to pay for a portion of the new mammogram equipment.

- H. Financials
J. McCormick provided a written report.

He provided additional updates, including that PMC received Medicare repayments of \$1M which will be put into the short-term reserve account. This marks a significant comeback to those accounts impacted by the pandemic.

8. Old Business

9. New Business

- A. Presentation: Raising Colorectal Cancer Awareness
Michele Parker, Beat the Odds

Presentation was given and questions answered.

10. Next Meeting

The next meeting will be April 25, 2024.

11. Executive Session

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

Motion made by Board Member Cushing, Seconded by Board Member Conn.
Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Simbahon, Board Member Stratman

By motion, the Board came out of Executive Session.

Motion made by Board Member Simbahon, Seconded by Board Member Stratman.
Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Simbahon, Board Member Stratman

Motion made to reappoint Catherine Kowalski, RP Pharmacy; and Valerie McWhorter, MD.

Motion made by Board Member Cushing, Seconded by Board Member Conn.
Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Simbahon, Board Member Stratman

12. Adjournment

The meeting was adjourned.

Motion made by Board Member Stratman, Seconded by Board Member Conn.
Voting Yea: Chairman Cook, Board Member Conn, Board Member Cushing, Board Member Simbahon, Board Member Stratman



Petersburg Medical Center

Rehabilitation Department Report April 2024

Workforce Wellness

Our department currently is fully staff with 4 PTs, 3 perm and 1 traveler. The manager will be leaving for maternity leave mid-June. We have an additional travel PT starting the end of May to cover PT needs for the summer while the manager is on maternity leave. Our perm SLP will be leaving PMC at the end of this month. We have a traveling SLP starting June 3 and are looking for a perm SLP to fill this position. Mid-May our traveling OT will be leaving and we have yet to find a replacement for OT services. We are working with HR to fill positions.

To maintain a good work/life balance, the therapists are allowed to set their own schedules and flex their schedules throughout the week. This allows time during the week for the therapist to complete personal activities (whatever they may be) that are important to them outside of work.

Community Engagement

Community:

- SLP has started a reading program at the Cedar Center as an activity to engage the clients.
- All 3 Rehab services presented at the Health Fair.

Interdepartmental: Assistance and participation for activities at the Cedar Center, working with LTC staff to create safe procedures for use powerchairs in LTC setting

Patient Centered Care

Therapists have made themselves available to see patients within the community to support a healthy transition to discharge. Some examples include allowing appointments to occur in the community gym to work patients up to using the community center to maintain their health, taking therapy outside when the weather is nice to improve patient energy and mood, and allowing parents without childcare to bring their children into appointments so they can get the care they need. We work as a team (OT/PT/ST/nursing staff) for obtaining equipment for LTC residents to improve QOL and independence and work together with LTC/inpatient staff for the purchase of new equipment to safely care for patients at different functional levels. The Rehab department tries to maintain an open mind on what/where/how therapy can look like because it is not the same for all patients. Meeting patients' needs to help them achieve their goals is individualized and keeps our job fun and interesting.

Facility

Rehab continues to face the issue of not having enough space for the number of therapists we have working. Daily, we are faced with treating in less-than-ideal space, but we make it work by using the main hallways, the hospital parking lot and community gym. There are pieces of equipment we would like to add to the department but can't due to our lack of space. We also have equipment stored in home health, maintenance warehouse, and in the therapy office that we can't use because of the limited space.

Financial Wellness

Our department was excited to have a continuing education budget back for continued growth to best treat and serve our patients and community. We met with the CFO a few times when he was in town to go through finances of all rehab subdepartments and are working to set a budget for next year.

The department continues to be busy, see attached financial numbers.

Department Revenue By Month

	202401		
Department	Charges	Cash	Delta
Rehab	102,114	57,780	(44,334)
Wound Care	13,245	7,543	(5,702)
Total	115,359	65,322	(50,037)

202402			202403		
Charges	Cash	Delta	Charges	Cash	Delta
112,930	76,910	(36,020)	122,732	86,596	(36,136)
9,631	4,751	(4,880)	14,852	11,601	(3,250)
122,561	81,661	(40,901)	137,584	98,197	(39,386)

202404			Totals		
Charges	Cash	Delta	Charges	Cash	Delta
79,088	20,224	(58,864)	416,864	241,510	(175,354)
5,205	1,685	(3,521)	42,933	25,580	(17,354)
84,293	21,909	(62,384)	459,797	267,089	(192,708)

*** April is not a complete month, not added to the information below

Average reimbursement rate over the past 3 months for therapies: 66%, our goal is to avg around 75%.

Average reimbursement rate over the past 3 months for wound care: 64%, our goal is to avg around 75%.

Submitted by: Kaitlin DuRoss



Petersburg Medical Center

Facility Maintenance Report April 2024

Workforce Wellness

Our facility maintenance staffing has been doing well over the past 6 months. We have worked to accommodate PTO needs but nothing out of the ordinary. We plan to remain fully staffed for the summer and look forward to getting as much done as possible.

Community Engagement

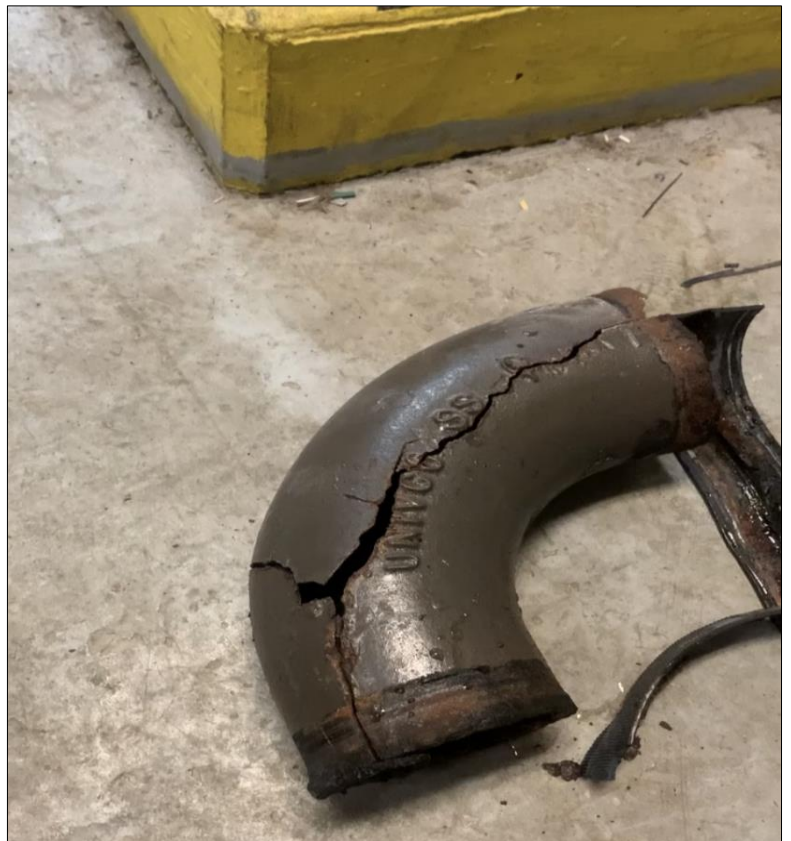
Spring is a busy time in the maintenance department. We have started our spring cleanup of the outside parking lots and will call on our partners at the borough to come and assist with gravel pick up and the use of their street sweeper. We will begin our annual PM agreements with fire system checks, fire panel checks and bi-annual maintenance and testing of our oxygen generation system. This is also the time to begin our filter changing of all the intake and air handling units of the facility. In addition, we have been working with Dawson at the new facility site. I meet weekly with the onsite Dawson superintendent to get information and help however we can.

Patient Centered Care

Our main function in patient care is to ensure safety and comfort, which largely includes a clean and obstacle-free entrance and exit to the building for patients and visitors. We also begin our modulation of heating and cooling to adjust for outside air temps for both patients and staff. In addition to our current practices for ensuring our patients/residents are as comfortable as possible we have started a new program for internal audits of resident areas. This program is called Safety Culture, in this we can build our own templates to ensure that we can give patients the highest quality care we can provide.

Facility

We continue to work through our aging systems by any means necessary. Many issues have arisen over time since our last report but nothing we didn't anticipate with an older building and aging systems. The latest and main concern is the decaying septic system piping. Most of the septic systems lines were built with cast piping which is notorious for having a largely varying usable age range. We are at the end of the usable life for our cast piping. I have been replacing small pieces of our septic lines as necessary. Our hope is to make it until the new facility is built without any major overhauls on the septic lines in our existing facility. In other news around the facility, we have been very busy cleaning up the mess that follows winter, installing new card access for our ER front doors, working on the aging hot water heater/boilers, many projects with the air handling units and much more. We have many projects in que for our department, and here are some highlights:



A piece of a failed septic line.

- Overhaul of the deck space that is currently outside the breakroom in the northwest side of the facility.
- Cleaning/re-staining the outside siding of LTC's solarium.
- Installing a new commercial grade high temperature washer for our laundry department.
- Installing an ice melting system for the gutters surrounding our facility.

Financial Wellness

While facility maintenance does not create revenue it is our job to assist all other departments the best we can so that PMC can operate as efficiently as possible. It is always a balance between doing as much as possible for our organization while keeping our costs down when we can. I do not foresee any large expenses in our department but there is always a catch to that. With all our aging systems I would like to give warning that something can always come up unexpectedly but we do our best to catch things early so we have time to properly plan and prepare for large scale projects.

Submitted by: Wolf Brooks



Petersburg Medical Center

EVS Report April 2024

Workforce Wellness

There have been no changes in staffing. Our staff continues to perform well and has high morale. Everyone has been very happy and has been able to use their vacation time.

Community Engagement

We do our best to make our hospital nice and presentable, even though it is old.

Patient Centered Care

Our crew always makes a big effort to communicate, reach out and lend a helping hand as much as we can to patients and everybody here who needs us. We talk with patients and let them know they are not alone here. We try to make our LTC residents feel special here.

Facility

We work to change out old equipment as the budget allows. Last month our crew had a chance to clean and polish the floor in acute area and patient rooms, and staff were able to come in over the weekend to do it properly. We plan to do the same in the coming months for the hallway and downstairs business area and PT/hallway.

Financial Wellness

We do not have any big equipment or purchases coming or planned for in the near future. We have been working on obtaining tablets to transition to paperless tracking.

Submitted by: Grazel Edfelt



Petersburg Medical Center

Activities Department Report April 2024

Workforce Wellness

The activities department is currently staffed as follows:

- Activities Coordinator: Part-time FMLA through May
- Interim Activities Coordinator: Full Time
- Activities Aide: Full Time

The activities department is currently hiring one activities aide (full time).

Community Engagement

Long Term Care activities department continue to work with a variety of organizations and community groups throughout Petersburg to get our residents involved in community happenings. Currently, LTC Activities continues to work with Parks and Recreation to get residents swimming. Parks and Rec has graciously provided a lifeguard while PMC's lifeguard has been on FMLA. Long Term Care Activities has also been working with KFSK to start a resident radio show. KFSK has trained one of the activities aides on how to utilize the equipment and we have worked with the residents to put together a playlist and record some dialogue to be aired. April will be the trial run of the show; however, we are hoping that if the residents enjoy it to make it a monthly occurrence. Kinderskog has been visiting Long Term Care monthly to assist with crafting projects and visit with the residents. As summer approaches, Long Term Care is hoping to assist Petersburg School District with the community garden. We look forward to getting residents out for Mayfest and the Petersburg High School Baseball games.

The community of Petersburg has gone above and beyond for our residents and to say thank you, Long Term Care Activities is hosting a Volunteer Recognition event on Saturday April 27, at 2 pm in the Dorothy Ingle Conference Room.

Patient Centered Care

The activities department continues to provide an outstanding model of patient-centered care. Each of our 12 residents has unique needs and preferences. Overall, the activities calendar planned each month takes into consideration the likes and schedules of each resident. A few milestones of patient-centered care are outlined below:

- Swimming: Activities staff have been able to coordinate a swimming opportunity for a resident in LTC thanks to the help of nursing staff, rehab staff and Petersburg Parks and Recreation.
- Coordinating Appointments: Long Term Care Activities continue to work alongside many organizations within the community to get residents out to appointments. Everything from dental appointments to haircuts, resident preferences are put first when scheduling where and when appointments happen.

Facility

The activities department has not experienced any facility-related issues. Over the past several months, the activities department alongside with maintenance have spruced up the Long Term Care hair salon.

Petersburg High School Shop Class is working on building new planters for the ER Bay. Our current ones are getting old and beginning to deteriorate.

Financial Wellness

The activities department is lucky to have 100% of their staff CNA certified. This has been helpful especially on the weekends when CNA staffing is lighter. Because of this, the activities department does not have to bring along a CNA for resident appointments or outings. The activities staff is also able to assist with feeding during mealtimes and transfers as needed.

Submitted by: Alice Neidiffer, Activities Coordinator



Petersburg Medical Center

Home Health Report April 2024

Workforce Wellness

The Home Team has had many changes in the past few months and staff transitions. The current manager, Kirsten Testoni will be leaving the position in May and Laura Holder has stepped in and will be interim manager. The current staff include 2 nurses and a travel home health aide. The ancillary staff, billing, quality and patient navigator all remain stable. Remote staff will be traveling to Petersburg to assist the transition in May. Travel staffing will be assisting as we search for permanent hires. Twice weekly “huddles” for clinical staff are ongoing to review caseloads, patient acuity and any immediate department needs. This helps to improve patient care and creates cohesiveness among staff. Twice a month the therapy department joins us for case review and coordination (IDT meetings). These are documented in the patient electronic medical record and have improved continuity of care. Once a month we have an all-staff meeting. Wellness and health are a priority here in Home Health. Several members continue to utilize the community center gym. Staff are encouraged to take their “wellness walks,” and there is a strong focus on work/life balance. In addition to the snacks provided by the wellness team, staff members often bring in healthy light meals or treats to share with the team. We celebrate monthly birthdays as a team. Staff are encouraged to use breaktime as an opportunity to get outside, especially with the weather improving each day.

Community Engagement

The priority of this department is to reach as many community members as possible. Whether through traditional home health services, program extensions or working directly with other community agencies. Ongoing projects include: partnering with Mountain View Manor, waiver and care coordinating services, and assistance with the quality programs throughout the hospital. We continue to work with the clinic, finance, and IT on the rollout of a remote home monitoring system that will better meet the needs of our community. The Healthsnap program has started for patients within the community and has been well received. We have initiated our “soft launch” programming in adult day in our new space within the PIA building. This collaboration has been integral to the success of this important outreach respite program. We have recently applied for grant funding from the state specific to adult day expansion and expect to hear the outcome of this soon. We continue to partner with Beat the Odds and were again granted money for a “voucher program.” We have a wonderful person who provides housekeeping services for those who have been impacted by a cancer diagnosis. Members of the home health team continue to participate in the Share Coalition meetings. One Home Health staff member is also a member of the local EMS squad.

Patient Centered Care

The clinical staff here in Home Health continue to go above and beyond providing support and care to the patients we serve. Though we do not yet offer traditional Hospice, we recently have had several end-of-life patients under our care. The kindness and respect along with strong clinical skills offered to these patients and their families is exceptional. These are not easy cases and often require the staff to work outside regular hours. Often the primary nurse volunteers to cover the patient until their death for continuity of care. More often, it’s simply because they want to.

Facility

The home health department is fortunate to have a space within the PIA building that works well for our initial launch of the adult day program. We continue working closely with PIA on the planning stages of the larger and more permanent space. PIA also houses our storage room for DME and the administrative office for home health. This space is a great fit for our department, and we appreciate PIA for the opportunity to work out of their building.

Financial Wellness

Home Health continues to have some financial challenges. This is related to several things including decreased referrals, decreased reimbursement and increased acuity patient care and in-home needs. To counter this, we obtained an MOA with the school system and are now providing a nurse to manage school nursing needs 20 hours each week. This will continue into the next school year as staffing allows. PMC receives a stipend for this project. Adding the adult day program will not result in a need for significant staffing increases. Instead, we will utilize the current staffing and add positions as needed. In addition, our quality nurse is providing support to LTC and assisting in managing the quality needs within the PMC community. The patient Navigator works across departments and into the community to provide support and resources.

Submitted by: Laura Holder, RN, Home Health Manager

New PMC Project Report

25 April 2024

Submitted by Arcadis

Sitework

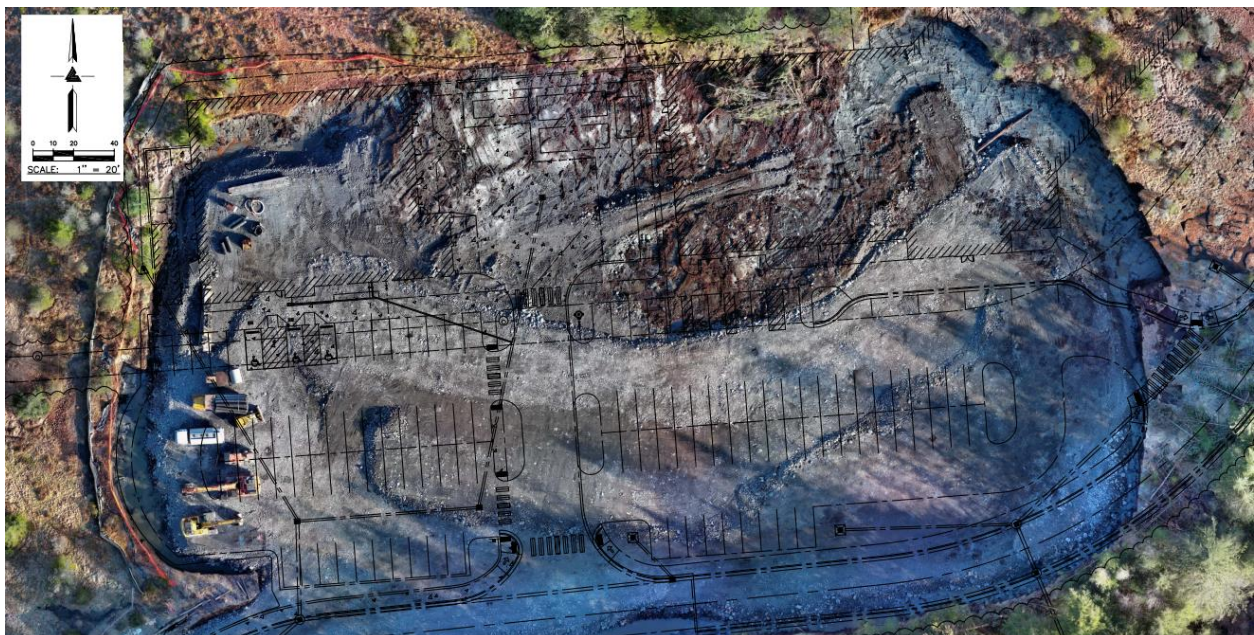
- Dawson/Rock-N-Road is exporting native organic materials and importing fill in the future hospital area of work.
- The blasting required to remove existing rock to achieve design grades is more extensive than originally planned and has a minimum of 8' blasting depth. There are portions of the future Hospital area of work that will also need to be blasted due to its proximity to the WERC building that is to be constructed this year.

Wellness, Education & Resource Center (WERC)

- Dawson is nearly complete with the 65% design drawings cost estimating.
- Guaranteed Maximum Price negotiation and an amendment for full construction will start soon after Dawson submits their cost estimate.
- Dawson has mobilized to the site and will start foundation work in May.
- Alaska Test Lab was selected to provide special inspection and testing services and will begin in May with compaction testing and concrete sample collection.
- Les Hostetler is the Dawson Superintendent.
- Final design documents are due June 7.
- Steel erection will start in July pending fabrication timelines are met.
- The goal is to have the roof on by the end of September.

Main Hospital - LTC Building

- The request for a \$37M line item in the state FY2025 Capital Budget is still pending.
- Requests for FY2025 federal funding were submitted to Senator Murkowski and Representative Peltola on March 22: (\$15M each)
- A \$2M request for a Denali Commission grant was submitted on April 12.



Aerial View of Site on March 23rd



Petersburg Medical Center

Quality Report April 2024

Workforce Wellness

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

Launch of the workplace satisfaction survey is planned for April 22. The survey is intended to gather valuable employee perspectives on their work environment with the goal of improving satisfaction, retention and communication.

The next Employee Forum is scheduled for May 9.

Community Engagement

Petersburg Evidence-Based Fall Prevention Programs:

- Program demonstration occurred at the PMC Health Fair for both Bingo-cize and Tai Ji Quan. It was great to see the enthusiasm displayed by participants. These programs have met their year one participant target goals of 75 outlined under this grant.
- In person Tai Ji Quan: Moving for Better Balance and Bingo-cize are occurring twice weekly in Petersburg. The remote/online Tai Ji Quan class is wrapping up this week and plans to start again in October to run for 24 weeks through the winter season.
- One community member has been participating in the LTC Quality Committee and another in the CAH Quality Committee. These individuals offer valuable perspective, important input, and enhance the accountability of all committee members.

Patient Centered Care

Another grant opportunity is being considered this week that has the potential to support current quality projects, enhance local partnerships and aid in quality metric reporting. Funding is focused on projects that reduce barriers related to Social Determinants of Health (e.g., economic status, race, health literacy) to increase the use of preventative health services and make progress towards Leading Health Indicator (LHI) targets. LHI targets are high priority Healthy People 2030 objectives.

Facility

Strategic Plan-Key performance indicator identification project: Manager identified indicators are linked to the strategic plan objectives with goals identified. This project is progressing nicely and helping to further define the PMC quality program. Aim for completion by June 1.

Financial Wellness

A grant application has been submitted that may provide additional funding for the adult day program and resources needed for this program. Notice of Award to occur by July 1.

Submitted by: Stephanie Romine, RN



Petersburg Medical Center

Infection Prevention and Control Report April 2024

Workforce Wellness

There have been no changes in staffing.

Community Engagement

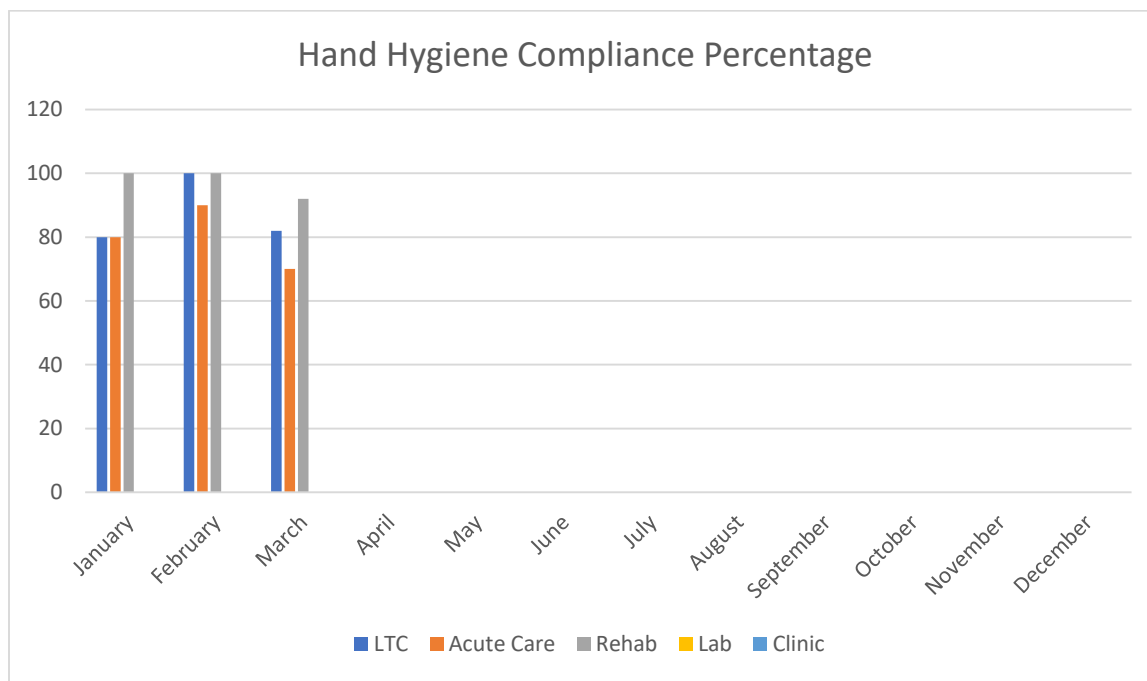
The newly required Antibiotic Use and Resistance reports were successfully submitted to NHSN and will be submitted each quarter.

2023-2024 Flu Season: The flu season is officially 10/1/2023 – 3/1/2023. 82% of staff (staff, contract, students etc.) who worked at least 1 day during the flu season received their vaccine. 87% of staff who work in LTC received their vaccine. Prior to covid, PMC was consistently above 90%, and often above 95%. This data will be reported to NHSN by May 15.

The LTC Health Recertification survey had one Infection Control Citation: F880 CFR 483.80(a)(1)(2)(4)(d)(f) A nurse forgot to change gloves and perform hand hygiene after removing a bandage, before applying ointment and placing a new bandage. No other deficiencies were identified after reviewing the Infection Control policies and doing extensive observation of all resident care. I am doing audits of wound care at least monthly if any resident has a dressing change and nurses are reviewing the correct process to apply topical medication on a wound.

Patient Centered Care

2024 Hand Hygiene Compliance



LTC 2024 Infection Prevention Metrics:

Urinary Tract Infections (UTI): 0

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

Current Residents

LTC Resident Flu Shots: All residents offered vaccines, 92% up to date.

LTC Covid Vaccine 2023-2024 booster: 83% of residents received their 1st dose. 8% are up to date since the new guidelines on April 1, that recommend a 2nd dose four months after the first dose. We are in the process of offering and scheduling 2nd dose.

LTC Pneumococcal Vaccine: All residents offered vaccines, 90% are up to date.

Facility

Nothing new to report.

Financial Wellness

No changes have occurred in this area.

Submitted by: Jennifer Bryner, MSN, RN



Petersburg Medical Center

CEO Board Report April 2024

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

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

Highlights:

- I was in Washington, DC, with the Alaska Hospital and Healthcare Association executive team for the annual American Hospital Association (AHA) meeting April 14-16. This conference is a forum that provides the opportunities to learn from top thought leaders in Washington; connect with colleagues from across the country who are leading efforts to transform the way care is delivered; and influence the political landscape as we advocate for policies to support patients, caregivers and communities. Our team was able to meet with the legislative delegation to discuss healthcare advocacy and I was able to advocate for capital funding. In additional I met with Minnesota Senator Smith’s Health Policy staff on telehealth and the National Rural Health Executive team on rural health issues, priorities and supported legislation nationally. Below are photos from the experience:

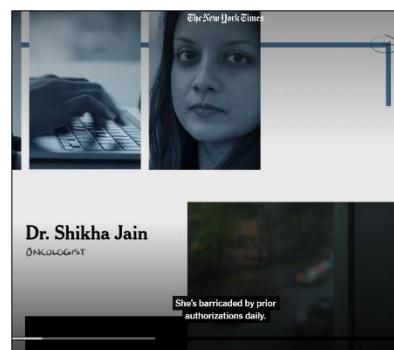


Pictured: Phil Hofstetter, PMC CEO; Jared Kosin, AHHA CEO; Jan Mylet, AHHA Communications Director; Jennifer Opsut, Alaska Regional CEO; and Dori Stevens, PeaceHealth CEO.



Pictured front: Phil Hofstetter, PMC CEO; Jennifer Opsut Alaska Regional CEO; Representative Mary Peltola; Dori Stevens, PeaceHealth CEO, Jan Mylet, AHHA Communications Director. Back:,Shaun Keef, Central Peninsula CEO; Jared Kosin, AHHA CEO; and Bruce Richards, Central Peninsula, Director of Public Relations.

- The focus of healthcare issues at the national level were presentations on Insurance Companies creating barriers to receiving care and paying for services through the following processes:
 - Prior Authorization process, delays and denials. We had a presentation from Dr. Shikha Jain featured in the below New York Times video regarding how this is affecting patients and the health system. I highly recommend [watching the video](#). It is shocking and also what PMC is seeing as we spend an inordinate amount of time with dedicated staff obtaining Prior Authorizations. We are also seeing an increase in denials at the national level. In the past 2 years, denials from payors increased 41% nationally. PMC also has been reported this as an issue that affects our AR.



- Cybersecurity and cyber attacks were a large part of the agenda and we heard from the FBI and the NSA that there are increased attacks in healthcare on the third-party vendors that are used. Healthcare is expecting increased regulations in this area and PMC will also be doing a thorough review to make sure all third-party vendors have their systems up to the same protection we are required to have.
- We met with the CEO and an orthopedic surgeon from PeaceHealth Ketchikan to assess and discuss options for providing specialty clinics in Petersburg.
- The biennial Health and Safety Fair had a great turnout and engaged participation from more than 200 community members. Thank you to everyone who helped make this year’s event a resounding success.
- The PMC selection committee selected firms related to the new facility project: Project Management Services and Special Inspection and Testing Services.
- PMC staff had one final opportunity to comment on the 65% design documents for the WERC building. This part of the process involved reviewing the contents of each room, such as outlet placements, and the finishes, like flooring selections. Next will be 100% full design documents.



Pictured: Dr. Courtney Hess, PMC Medical Director; Jennifer Bryner, PMC CNO; Dr. Joshua Schkrohowsky, PeaceHealth; Phil Hofstetter, PMC CEO; Dori Stevens, PeaceHealth CEO.

Financial Wellness: Goal: To achieve financial stability and sustainability for the hospital.
FY23 Benchmarks for Key Performance Indicators (KPIs): Gross A/R days to be less than 55, DNFB < then 5 days, and 90 Days Cash on Hand

- Accounts Receivables (AR) is still hovering about 70 days and the revenue cycle team continues to work on improving this to get to target of 55 days.
- PMC received a large Medicare cost report settlement of ~ \$1M. This injection of funds is crucial for replenishing our short-term reserves, which were depleted by post-pandemic financial strains.
- Capital and Operational Budget for FY25 are being actively prepped and developed and finalized in the next month.
- PMC Grant teams through Katie Bryson have been working diligently on evaluating and submitting grants to State of Alaska from Adult Day Program, Denali Commission \$2M for new facility development, Senator Murkowski and Rep Peltola CDS appropriations applications for new facility, HRSA grant Colorectal Cancer, Behavioral Health Opioid settlement grant through state of Alaska and collaborative grant with the school on nursing and healthcare services.

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

- Progress on the new facility site is steady and going well. The new site is steadily being backfilled with rock from the city quarry with good progress.
- PMC is actively pursuing various funding avenues, including requests to the State delegation, Senator Stedman and Representative Himschoot, Governor’s capital request as well as the federal delegation of Senator Murkowski and Representative Mary Peltola.
- Request for Proposals: Project Management Services. PMC solicited proposals for professional Project Management services for the WERC and replacement of the main hospital building. PMC selected Arcadis to act as PMC’s representative, overseeing both the WERC and the Main Hospital and Long Term Care Building.
- Request for Proposals: Special Inspection and Testing Services. PMC solicited proposals for Special Inspection and Testing services for the new hospital project. PMC selected Alaska Testlab.
- Updates: Project updates are available on the PMC website under the “[New Facility & Planning](#)” tab.
- A blasting plan was submitted to the Borough for the removal of the bedrock. Notifications will be sent out to the community that this will be occurring within the next week or two.



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

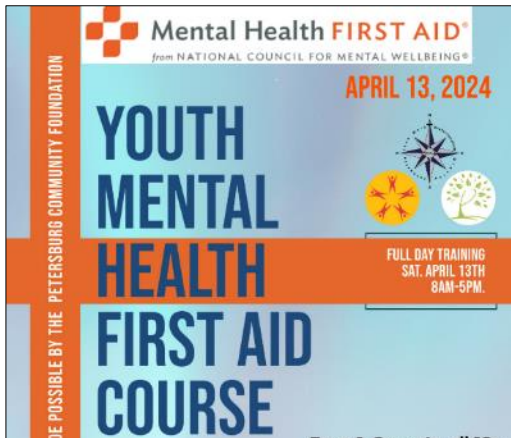
- The PMC family mourns the loss of Rodney Anderson, a valued team member since 2018. Rodney's contributions to our community through alternative healing chiropractic treatment were profound, and he will be deeply missed.
- The annual employee forum will be held on May 9, with sessions scheduled for 10:00 am and 2:00 pm.
- A facility-wide employee survey is being conducted to assess workplace satisfaction. This will be compiled and presented at the forum.
- Monthly CEO Office Hours continue and serve as a platform for staff engagement and feedback.

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

- April 1: PMC reported out at the Borough Assembly meeting.
- April 6: PMC participates in DOT emergency preparedness drill.
- April 13: Youth mental health first aid course. This engaging and impactful training teaches adults how to recognize and respond to a mental health crisis in young people.
- April 14-16: AHA Annual meeting in Washington, DC.
- April 25: KFSK Radio PMC Live.

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

- The March 23 health and safety fair's success is a crucial factor in impacting our community's well-being initiatives. Our commitment to fostering a culture of health extends beyond the event, as we continually seek avenues for community engagement and collaboration across all programs. This year's event saw a strong turnout, with over 200 community members attending, and more than 400 individuals obtaining their lab results leading up to the event, demonstrating a proactive approach to health within our community.
- Dermatology clinic and ENT specialties will be coming up in May.
- Quality programs related to maternal child health, colorectal cancer and age friendly facility are being evaluated.
- Falls prevention, hypertension, school-based services, complex care coordination and smoking cessation are being completed.
- Kinderskog received a \$20k grant to provide an outdoor kayak program this summer through the Alaska Community Foundation. This will focus on wellness and health through outdoor activities.
- ER, inpatient and swing bed have all seen a decrease in activity in the past month while primary care services increase substantially.

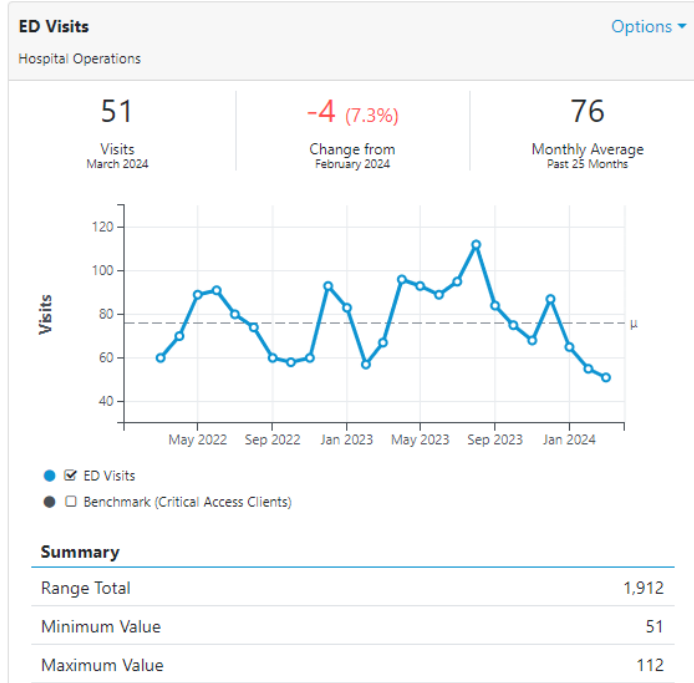
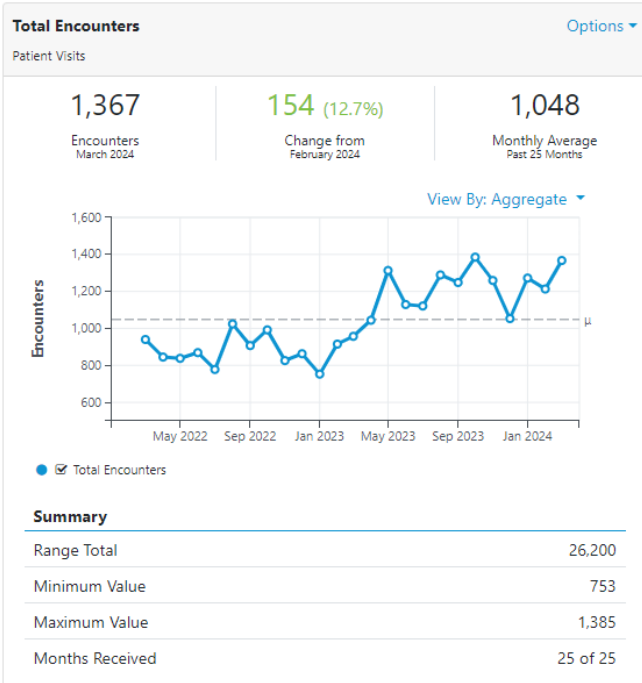


Open to all 18+ & refreshments provided by Petersburg Health Services

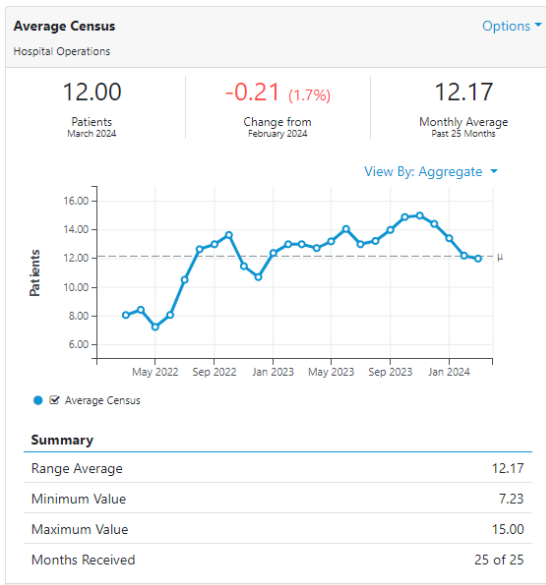


Primary Care

ER



LTC



Submitted by: Phil Hofstetter, CEO

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

For the month ended March 31, 2024

PETERSBURG MEDICAL CENTER
Key Volume Indicators
FISCAL YEAR 2024

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
Hospital Inpatient															
	32	32	26	8	40	33	30	21	22				244	246	-0.8%
2. Patient Days - Swing Bed	46	31	26	53	49	40	35	11					291	375	-22.4%
3. Patient Days - Total	78	63	52	61	89	73	65	32	22				535	621	-13.8%
4. Average Daily Census - Acute		1.0	0.9	0.3	1.3	1.1	1.0	0.8	0.7				1.1	0.9	26.4%
5. Average Daily Census - Swing Bed	1.5	1.0	0.9	1.7	1.6	1.3	1.1	0.4					1.4	1.4	-1.1%
6. Average Daily Census - Total	2.5	2.0	1.7	2.0	3.0	2.4	2.1	1.1	0.7				2.5	2.3	9.8%
7. Percentage of Occupancy	21.0%	16.9%	14.4%	16.4%	24.7%	19.6%	17.5%	9.5%	5.9%				20.7%	18.9%	9.8%
Long Term Care															
8. LTC Days	403	410	420	461	450	444	414	364	376				3,742	3,318	12.8%
9. Average Daily Census	13.0	13.2	14.0	14.9	15.0	14.3	13.4	13.0	12.1				17.4	12.1	43.7%
10. Percentage of Occupancy	86.7%	88.2%	93.3%	99.1%	100.0%	95.5%	89.0%	86.7%	80.9%				116.0%	80.7%	43.7%
Other Services															
11. Emergency Room Visits	92	102	81	71	60	82	61	54	45				648	574	12.9%
12. Radiology Procedures	206	189	199	262	211	168	183	162	184				1,764	1,883	-6.3%
13. Lab Tests (excluding QC)	1,891	1,959	1,581	1,775	1,514	1,699	1,663	3,111	2,319				17,512	16,802	4.2%
14. Rehab Services Units	1,043	1,071	768	675	608	665	743	746	885				7,204	7,841	-8.1%
15. Home Health Visits	212	152	118	142	145	120	114	81	108				1,192	2,245	-46.9%
16. Clinic Visits	**	794	821	729	874	784	725	812	772	844			7,155	6,554	9.2%

** Stats under review

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the month ended March 31, 2024

Month Actual	Month Budget	\$ Variance	% Variance		FY24					
					YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
				<i>Gross Patient Revenue:</i>						
\$257,097	\$309,193	(52,096)	-16.8%	1. Clinic	\$2,272,602	\$2,600,342	(\$327,740)	-12.6%	\$2,190,255	3.8%
1,095,693	1,433,575	(337,882)	-23.6%	2. Outpatient	9,762,434	12,106,780	(2,344,346)	-19.4%	10,197,475	-4.3%
191,361	455,100	(263,739)	-58.0%	3. Inpatient	2,653,713	3,249,687	(595,974)	-18.3%	2,737,193	-3.0%
535,303	595,355	(60,052)	-10.1%	4. Long-term Care	4,836,198	4,729,407	106,791	2.3%	3,983,552	21.4%
2,079,454	2,793,223	(713,769)	-25.6%	5. Total gross patient revenue	19,524,947	22,686,216	(3,161,269)	-13.9%	19,108,475	2.2%
				<i>Deductions from Revenue:</i>						
(15,897)	502,833	518,730	103.2%	6. Contractual adjustments	3,526,561	4,222,154	695,593	16.5%	3,977,187	11.3%
0	0	0	n/a	7. Prior year settlements	(664,863)	0	664,863	n/a	100,000	764.9%
242,719	(119,109)	(361,828)	303.8%	8. Bad debt expense	(163,502)	341,395	504,897	147.9%	287,556	-156.9%
(1,147)	134,920	136,067	100.9%	9. Charity and other deductions	(14,369)	762,270	776,639	101.9%	205,395	107.0%
225,674	518,644	292,970	56.5%	10. Total deductions from revenue	2,683,827	5,325,819	2,641,992	49.6%	4,570,138	41.3%
1,853,779	2,274,579	(420,800)	-18.5%	11. Net patient revenue	16,841,121	17,360,397	(519,276)	-3.0%	14,538,337	15.8%
				<i>Other Revenue</i>						
82,508	82,831	(323)	-0.4%	12. Inkind Service - PERS/USAC	743,267	755,530	(12,263)	-1.6%	726,138	2.4%
84,556	2,738	81,818	2988.2%	13. Grant revenue	493,804	292,528	201,276	68.8%	316,740	55.9%
0	0	0	n/a	14. Federal & State Relief	75,000	0	75,000	n/a	-	n/a
84,275	6,416	77,859	1213.5%	15. Other revenue	337,882	277,580	60,302	21.7%	1,005,047	-66.4%
251,339	91,985	159,354	173.2%	16. Total other operating revenue	1,649,954	1,325,638	324,316	24.5%	2,047,925	-19.4%
2,105,118	2,366,564	(261,446)	-11.0%	17. Total operating revenue	18,491,074	18,686,035	(194,961)	-1.0%	16,586,262	11.5%
				<i>Expenses:</i>						
922,592	978,630	56,038	5.7%	18. Salaries and wages	8,476,310	9,213,775	737,465	8.0%	8,807,709	3.8%
130,650	68,773	(61,877)	-90.0%	19. Contract labor	823,571	628,343	(195,228)	-31.1%	598,422	-37.6%
348,952	373,406	24,454	6.5%	20. Employee benefits	3,161,402	3,348,412	187,010	5.6%	3,157,577	-0.1%
182,197	123,343	(58,854)	-47.7%	21. Supplies	1,196,908	1,375,537	178,629	13.0%	1,273,647	6.0%
137,440	161,779	24,339	15.0%	22. Purchased services	1,131,432	1,332,427	200,995	15.1%	1,268,976	10.8%
53,108	47,207	(5,901)	-12.5%	23. Repairs and maintenance	411,908	433,695	21,787	5.0%	413,042	0.3%
5,091	15,223	10,132	66.6%	24. Minor equipment	172,727	138,507	(34,220)	-24.7%	150,959	-14.4%
22,622	24,174	1,552	6.4%	25. Rentals and leases	186,925	196,206	9,281	4.7%	190,490	1.9%
89,376	96,773	7,397	7.6%	26. Utilities	800,548	836,129	35,581	4.3%	831,968	3.8%
21,511	12,203	(9,308)	-76.3%	27. Training and travel	91,469	109,827	18,358	16.7%	56,136	-62.9%
119,355	88,976	(30,379)	-34.1%	28. Depreciation	852,208	800,786	(51,422)	-6.4%	853,409	0.1%
15,770	15,972	202	1.3%	29. Insurance	144,370	147,545	3,175	2.2%	134,132	-7.6%
71,871	28,919	(42,952)	-148.5%	30. Other operating expense	325,754	304,808	(20,946)	-6.9%	288,261	-13.0%
2,120,538	2,035,378	(85,160)	-4.2%	31. Total expenses	17,775,531	18,865,997	1,090,466	5.8%	18,024,728	1.4%
(15,420)	331,186	(346,606)	104.7%	32. Income (loss) from operations	715,544	(179,962)	895,506	497.6%	(1,438,466)	149.7%
				<i>Nonoperating Gains(Losses):</i>						
102,883	16,726	86,157	515.1%	33. Investment income	395,507	76,017	319,490	420.3%	206,310	91.7%
(11,212)	(3,384)	(7,828)	-231.3%	34. Interest expense	(106,405)	(38,493)	(67,912)	-176.4%	(179,959)	40.9%
0	0	0	n/a	35. Gain (loss) on disposal of assets	0	0	0	n/a	-	n/a
1,075,123	281	1,074,842	382505.9%	36. Other non-operating revenue	3,864,815	7,649	3,857,166	50427.1%	(145,759)	-2751.5%
1,166,793	13,623	1,153,170	8464.9%	37. Net nonoperating gains (losses)	4,153,918	45,173	4,108,745	9095.6%	(119,408)	3578.8%
\$1,151,373	\$344,809	\$806,565	233.9%	38. Change in Net Position (Bottom Line)	\$4,869,462	(\$134,789)	\$5,004,250	-3712.7%	(\$1,557,874)	412.6%

PETERSBURG MEDICAL CENTER

Balance Sheet

March, 2024

ASSETS				
	Mar 2024	Feb 2024	June 2023	Mar 2023
Current Assets:				
1. Cash	893,136	558,532	422,951	344,794
2. Cash - insurance advances	0	0	0	275,446
3. Investments	1,047,798	47,605	47,174	296,251
4. Total cash	1,940,934	606,137	470,125	916,491
5. Patient receivables	5,311,132	5,379,996	6,030,712	7,127,469
6. Allowance for contractals & bad debt	(1,770,958)	(1,580,498)	(2,891,731)	(3,591,919)
7. Net patient receivables	3,540,174	3,799,498	3,138,980	3,535,550
8. Other receivables	1,985,559	790,663	938,719	52,655
9. Inventories	323,157	322,062	317,650	328,611
10. Prepaid Expenses	135,379	167,567	113,382	156,218
11. Total current assets	7,925,204	5,685,927	4,978,857	4,989,524
Property and Equipment:				
12. Assets in service	28,589,182	28,196,810	28,056,475	27,998,828
13. Assets in progress	4,874,122	3,792,355	1,322,767	488,688
14. Total property and equipment	33,463,304	31,989,164	29,379,242	28,487,517
15. Less: accumulated depreciation	(22,005,217)	(21,885,862)	(21,153,009)	(20,877,838)
16. Net property and equipment	11,458,087	10,103,303	8,226,233	7,609,679
Assets Limited as to Use by Board				
17. Investments	3,324,925	3,238,260	3,008,055	2,913,832
18. Building fund	719,881	701,731	649,250	628,177
19. Total Assets Limited as to Use	4,044,806	3,939,991	3,657,306	3,542,009
Pension Assets:				
20. OPEB Asset	6,685,608	6,685,608	8,781,677	8,781,677
Deferred Outflows:				
21. Pension	2,554,803	2,554,803	2,756,254	2,756,254
22. Total assets	\$32,668,508	\$28,969,632	\$28,400,326	\$27,679,142

LIABILITIES & FUND BALANCE				
	FY24			
	Mar 2024	Feb 2024	June 2023	Mar 2023
Current Liabilities:				
23. Accounts payable	\$3,074,479	\$1,454,409	\$1,756,006	\$1,537,678
24. Accrued payroll	439,310	350,353	187,957	400,089
25. Payroll taxes and other payables	214,814	195,995	235,857	216,544
26. Accrued PTO and extended sick	996,119	982,401	1,069,103	991,787
27. Deferred revenue	287,351	114,054	206,868	528,294
28. Due to Medicare	266,855	(398,008)	99,999	191,761
29. Due to Medicare - Advance	0	0	0	275,446
30. Due to Blue Cross - Advance	0	0	0	0
31. Other current liabilities	4,022	4,023	3,069	3,515
32. Loan Payable - SBA	0	0	0	0
33. Current portion of long-term debt	397,552	395,857	347,641	328,305
34. Total current liabilities	5,680,501	3,099,084	3,906,501	4,473,418
Long-Term Debt:				
35. Capital leases payable	2,221,499	2,255,413	2,435,762	2,486,696
Pension Liabilities:				
36. Net Pension Liability	16,521,607	16,521,607	12,053,763	12,053,763
37. OPEB Liability	-	-	-	-
38. Total pension liabilities	16,521,607	16,521,607	12,053,763	12,053,763
39. Total liabilities	24,423,608	21,876,104	18,396,026	19,013,877
Deferred Inflows:				
40. Pension	623,594	623,594	9,613,036	9,613,036
Net Position:				
41. Unrestricted	2,751,845	2,751,845	610,104	610,104
42. Current year net income (loss)	4,869,462	3,718,088	(218,841)	(1,557,874)
43. Total net position	7,621,306	6,469,933	391,263	(947,771)
44. Total liabilities and fund balance	\$32,668,507	\$28,969,631	\$28,400,325	\$27,679,142

**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 March 31, 2024

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Contractual Adj. as a % of Gross Revenue	37.9%	25.1%	15.9%	23.4%	9.1%	20.9%	15.7%	12.2%	-0.8%				21.3%	20.6%	-3.7%
2. Charity/Other Ded. as a % of Gross Revenue	1.0%	0.0%	0.0%	-0.4%	-0.7%	-0.2%	-0.3%	0.0%	-0.1%				-0.1%	1.1%	107.9%
3. Bad Debt as a % of Gross Revenue	-13.2%	-0.1%	-9.2%	5.1%	-11.3%	2.6%	6.1%	1.1%	11.7%				-2.8%	2.5%	-212.3%
4. Operating Margin	-3.3%	-2.0%	4.6%	-23.3%	41.4%	-12.5%	0.4%	4.0%	-0.7%				4.5%	-10.2%	144.1%
5. Total Margin	-0.1%	10.0%	17.6%	-19.4%	51.5%	28.4%	8.4%	22.3%	35.2%				18.8%	-10.6%	276.6%
6. Days Cash on Hand (Including Investments)	79.7	74.8	69.7	69.1	68.0	73.8	73.5	76.9	100.7	-	-	-	62.0	81.3	-23.7%
7. Days in A/R (Net)	58.5	62.8	61.9	59.7	56.1	58.2	61.0	67.5	59.8	-	-	-	61.0	68.9	11.4%
8. Days in A/R (Gross)	70.5	70.0	71.0	71.9	76.9	77.3	83.4	76.9	75.9				76.9	102.5	25.0%

Utilization Review by diagnosis for inpatient Admissions for 5 years		2023	2022	2021	2020	2019
Codes	Description	<i>Number of Admits</i>	<i>Admits</i>	<i>Admits</i>	<i>Admits</i>	<i>Admits</i>
A00-B99	Certain infectious and parasitic diseases	4	3	7	2	4
C00-D49	Neoplasms	2	3	1	5	2
D50-D89	Diseases of the blood & blood-forming organs & certain disorders involving the immune mechanism	0	2	0	1	1
E00-E89	Endocrine, nutritional and metabolic diseases	6	3	4	4	4
F01-F99	Mental, Behavioral and Neurodevelopmental disorders	26	20	13	6	17
G00-G99	Diseases of the nervous system	0	2	2	2	1
H00-H59	Diseases of the eye and adnexa	0	0	0	0	0
H60-H95	Diseases of the ear and mastoid process	0	0	0	0	0
I00-I99	Diseases of the circulatory system	5	7	14	16	14
J00-J99	Diseases of the respiratory system	14	12	11	9	20
K00-K95	Diseases of the digestive system	17	19	15	11	6
L00-L99	Diseases of the skin and subcutaneous tissue	2	2	2	3	
M00-M99	Diseases of the musculoskeletal system and connective tissue	2	3	2	1	6
N00-N99	Diseases of the genitourinary system	6	3	10	8	15
O00-O9A	Pregnancy, childbirth and the puerperium	0	0	1	0	1
P00-P96	Certain conditions originating in the perinatal period	0	0	0	0	0
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	0	0	0	0	0
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	26	23	7	6	5
S00-T88	Injury, poisoning and certain other consequences of external causes	6	7	10	10	11
V00-Y99	External causes of morbidity	0	0	0	0	0
Z00-Z99	Factors influencing health status and contact with health services	0	0	0	0	0
U00-U85	Special purposes (covid as of April 2020)	6	7	16	0	
	TOTAL Admissions:	122	116	115	84	107

6 Year Overview of Acute Care Utilization

2023	QUARTER	DAYS	PATIENTS	Length of Stay	Charts sent Peer Review
	1 st	82	25	3.3	8 or 32%
	2 nd	91	29	3.2	3 or 10%
	3 rd	88	26	3.4	4 or 15%
	4 th	91	30	3	5 or 16%

2024	QUARTER	DAYS	PATIENTS	Length of Stay	Charts sent Peer Review
	1 st	77	25	3	4 or 16%
	2 nd				
	3 rd				
	4 th				

2025	QUARTER	DAYS	PATIENTS	Length of Stay	Peer Review Charts within PMC
	1 st				
	2 nd				
	3 rd				
	4 th				

2026	QUARTER	DAYS	PATIENTS	Length of Stay	Peer Review Charts within PMC
	1 st				
	2 nd				
	3 rd				
	4 th				

2027	QUARTER	DAYS	PATIENTS	Length of Stay	Peer Review Charts within PMC
	1 st				
	2 nd				
	3 rd				
	4 th				

2028	QUARTER	DAYS	PATIENTS	Length of Stay	Charts sent Peer Review
	1 st				
	2 nd				
	3 rd				
	4 th				

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

Admit	LOS	Discharge to	doctor	Dx Code
2/1/2024	1	Home	Hess	F10.939
2/15/2024	1	Home	Burt	K52.9
1/8/2024	9	Transfer	Burt	R45.851
3/8/2024	1	Home	Burt, Hulebak	R00.0
1/26/2024	4	Home	Hulebak	F10.229
3/11/2024	3	Home	Hulebak	E11.10
3/14/2024	4	home	Burt, Hulebak	R53.1
12/28/2023	2	Transfer	Burt	K92.2
1/11/2024	11	Home	Burt	I50.9
2/26/2024	7	SNF	Hulebak	I50.9
3/5/2024	1	Transfer	Hess	J18.9
1/8/2024	2	Home	Burt	F10.229
2/7/2024	3	Home	Burt	F10.939
2/8/2024	3	Home	Hess	R10.9
1/14/2024	3	Home	Hulebak	R45.851
2/5/2024	4	Transfer	Hulebak	R45.851
2/24/2024	1	Home	Hess, Hulebak	R45.851
3/6/2024	1	Medivac	Hess, Hulebak	P07.15
3/6/2024	1	Home	Hess	O60.14X1
1/5/2024	3	SNF	Hess	S72.001A
2/12/2024	3	Home	Hulebak	I48.20
2/29/2024	1	Transfer	Hulebak	R56.9
3/22/2024	4	Home	Burt	L03.115
2/2/2024	2	Home	Hess	I48.91
2/26/2024	2	Home	Hess	J44.1

25	Patients
77	Days
3	LOS

Diagnosis	Days Betw	Discharge status
Heart Failure		Home
Heart Failure	35	SNF
EtOH w/ intoxication		Home
EtOH w/withdrw	29	Home
SI		Home
SI	19	Transfer
SI	15	Home

Dx Desc
EtOH w/withdraw
Gastroenteritis & colitis
SI
Tachycardia
EtOH dependence w/intoxication
DM2 w/ketoacidosis
Weakness
Gastrointestinal hemorrhage
Heart failure
Heart failure
Pneumonia
EtOH w/intoxication
EtOH, w/ withdrawal
abdominal pain
SI
SI
SI
NB Low birth weight
Preterm delivery
Fracture of right femur
Atrial fibrillation
Convulsions
Cellulitis of R/lower limb
Atrial fibrillation
COPD w/exacerbation