



**Petersburg Borough  
Petersburg Medical Center**

12 South Nordic Drive  
Petersburg, AK 99833

**Meeting Agenda  
Hospital Board  
Regular Meeting**



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Thursday, August 22, 2024

5:30 PM

Assembly Chambers

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Use the link below to join the webinar:

<https://us06web.zoom.us/j/85863148778?pwd=k7FL2l0Ckix9WUdTEBNXG2FaszekXI.1>

**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 July 25, 2024, board meeting.**

**4. Visitor Comments**

**5. Board Member Comments**

**6. Committee Reports**

- A. Resource
- B. Infection Prevention
- C. Long-term Care

**7. Reports**

- A. Information Technology/EHR**
  - J. Dormer provided a written report.
- B. Materials Management**

M. Randrup provided a written report.

**C.** Medical Records

K. Randrup provided a written report.

**D.** Nursing

J. Bryner provided a written report.

**E.** New Facility

Arcadis provided a written report.

**F.** Quality & Infection Prevention

S. Romine and J. Bryner provided written reports.

**G.** Executive Summary

P. Hofstetter provided a written report.

**H.** Financial

J. McCormick provided a written report.

**8. Old Business**

**9. New Business**

**10. Next Meeting September 26, 2024**

**11. Executive Session**

A. By motion, the Board will enter into Executive Session to review medical files.

**12. Adjournment**



**Petersburg Borough**  
**Petersburg Medical Center**

12 South Nordic Drive  
 Petersburg, AK 99833

**Meeting Minutes**  
**Hospital Board**  
**Regular Meeting**



Thursday, July 25, 2024

5:30 PM

Assembly Chambers

**1. Call to Order/Roll Call**

A. Call to Order

Member Cook called the meeting to order at 5:30pm.

B. Roll Call

Member Cook conducted roll call.

**PRESENT**

Chairman Jerod Cook  
 Board Member Marlene Cushing  
 Board Member Cindi Lagoudakis  
 Board Member Kimberley Simbahon  
 Board Member Mika Hasbrouck

**ABSENT**

Board Member Heather Conn  
 Board Member Joe Stratman

**2. Approval of the Agenda**

A Board member motioned for approval of the agenda and was seconded, all voting Yea.

**3. Approval of Board Minutes**

A Board member motioned for approval of minutes for the June 27, 2024, board meeting. The motion was seconded, all voting Yea.

**4. Visitor Comments**

**None.**

**5. Board Member Comments**

Board member Cushing encouraged participation in the Paddle/Pedal Battle on 7/27 to raise funds for high school scholarships and staff continuing education.

## 6. Committee Reports

### A. Resource

Board Member Lagoudakis attended and provided highlights from the meeting. They are in the middle of the audit process and discussed some home health strategies and ideas.

### B. Critical Access Hospital

Board Member Stratman attended the meeting and Chairman Cook provided highlights from his emailed report. The CEO reported on recent incident reports, the action item list was reviewed, as well as reports from primary care, case management, skilled nursing/swing bed, rehabilitation, facilities, radiology, laboratory and wellness departments.

### C. Long-Term Care

Board Member Cushing attended and reports that the action items were discussed, what items have made progress, and what is still being worked on. She also reports that LTC had a lovely picnic today with almost 50 people in attendance at Sandy Beach.

## 7. Reports

### A. Home Health

L. Holder provided a written report.

### B. Imaging

S. Paul provided a written report. Member Cushing remarked that it is great that the new mammography equipment is providing more accurate procedures and saving some patients from traveling out of town when their results are in question.

### C. Lab

V. Shimek provided a written report. Member Cook asks Violet about the difficulty in keeping the temperature steady in the lab with the hot days, he questioned whether this challenge is sustainable or would need to be addressed before the new facility might be available. Violet reports that Wolf has been performing a balancing act in keeping the lab cool without freezing out the other nearby departments. Violet comments that a new facility would be much easier to control. Member Cook asks Wolf if this temperature regulation is sustainable even if a new facility is 5-6 years in the future. Wolf provides details of the issue and reports sustainability of the temperature is difficult, but possible and that this particular problem is low on the priority list of systems that need to be addressed. Phil reports that representatives from Arcadis are in attendance and recently did a facility tour. He encourages the board to listen to their comments and ask them the same questions when their reporting time comes up.

D. Long Term Care

H. Boggs provided a written report. Member Lagoudakis comments that she agrees with Member Cushing in that they did a great job with the LTC picnic at Sandy Beach. Member Cook asks Wolf about the supplemental oxygen availability in the long-term care unit to see if this needs a plan to address soon. Wolf reports that it is an issue, but would require tearing down walls and building them back to code to fix. He reports that the new high flow oxygen machine requires more input that can be produced creating large issues. He says there is not room to expand on this nor would it be affordable in the current facility.

E. Patient Financial Services

C. Lantiegne provided a written report.

F. New Facility

Arcadis provided a written report. Phil introduces Justin Wetzal and Mike Kruse from Arcadis. Justin Wetzal, project manager provides a verbal report to the board. He reports that WERC building project is going well with details and probably ahead of schedule. He commends Rock N Road and Dawson on the site preparation and efficiency of their work. The WERC building quality control and quality assurance inspections are passing with 'flying colors.' Objective is to get the building 'dried in' before seasonal weather changes happen. He reports that there is a small surplus on the budget for the project. No questions offered from the board.

Phil asks for Justin's thoughts and observations on the PMC facility plant tour. Justin comments that "to summarize, Number one, I am amazed that a lot of that facility is still operational." He adds that most of the mechanical units appear to be in 'critical condition' and failure of the current sewer lines could cause a shutdown of parts of the facility. No questions offered by the board.

Phil invites Mike Kruse, area operations leader for Arcadis to speak. He identifies some "critical points of failure" and concerns with current infrastructure that he witnessed on the facility tour today. He identifies the cast iron sewer pipe, current generator load at 100%, HVAC system and boiler level of functioning as very concerning. He names the sewer line as a 'single point of failure' that could cause a facility shut down.

Member Cook asks Wolf if there is a backup person that is knowledgeable in running the systems that are being manually controlled. Wolf identifies employee Skip H. as having the ability to operate the control system that runs some of the heating and cooling.

G. Quality & Infection Prevention

S. Romine provided a written report.

H. Executive Summary

P. Hofstetter provided a written report. Phil provides highlights from his written report, including the upcoming visit by Mary Peltola on August 10th, scheduling of tours at the new building site are available to board members, staff and the community. Tours are also available to see the current PMC facility by tour. The Paddle/Pedal Battle is this Saturday, a PMC Foundation fundraiser for scholarships and staff education. ACA

came to Kinder Skog to evaluate the program for accreditation. Inpatient unit has been very busy with the highest admission numbers in 2 years in such a short time frame.

- I. Financial & FY24 End of year review
  - J. McCormick provided a written report. Jason provides some highlights from his written report on PMC's year-end financial performance. These highlights include that an audit is scheduled for the last week in September and the first week in October. He anticipates a repayment on the Medicare cost report due to patient volumes. Total expenses have come in under budget for the year. He reports plans to move revenue cycle, billing, and collection operations from an outsourced vendor company to increase control over operations and move timeliness of billing collections down to industry standards.

**8. Old Business**

None.

**9. New Business**

None.

**10. Next Meeting August 22, 2024**

**11. Executive Session**

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

Motion made by Board Member Cushing, Seconded by Board Member Simbahon. Voting Yea: Board Member Mika Hasbrouck, Chairman Jerod Cook, Board Member Cindi Lagoudakis

Reconvened after executive session:

Board Member Cushing motioned that Joseph H. Roth, MD be appointed to the medical staff in addition to the following reappointments:

- John P. Dohrman, MD – Radiology
- Brandon Roller, MD – Radiology
- Riley E. Bennett-Vockner, PA-C
- Mark Tuccillo, DO

The motion was seconded, all voting Yea.

**12. Adjournment**



# Petersburg Medical Center

## Information Technology Report August 2024

### 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.

In the last quarter, PMC has provided the resources outlined below to assist with our staff wellness goals:

1. Reduce stress and burnout among IT staff.
  - Free counseling services are available through Betterhelp, an online therapy resource.
2. Improve physical health and fitness.
  - Availability of ergonomic workstations.
  - Fitness programs, such as the employee-led exercise challenges and the lifestyle balance program.
  - Annual health screenings offered at no cost to staff.
3. Foster a culture of work-life balance.
  - Flexible work hours when possible, to accommodate home and community engagement.
4. Increase job satisfaction and engagement.
  - Foster a respectful and open culture within our department.
  - Support additional job specific trainings for professional development.

### Community Engagement

The IT department is collaborating with several community organizations to increase access to care. Over the past year, we have worked closely with the Mountain View Manor director to optimize the technical structure utilized throughout the MVM facility. Support will be given to increase internet capabilities for better communication as well as software-based programs to assist with time and attendance operations.

Digital Signage: PMC recently secured grant funding to support a tobacco cessation initiative. To enhance patient engagement as part of this effort, the IT staff, in collaboration with the PMC Community Education department, has partnered with ScreenCloud, a digital signage software provider. This software will enable real-time updates, allowing for instant information changes so that patients and staff have access to the most current details. PMC staff will establish a process to regularly review and update content, ensuring it remains relevant and engaging.

## **Patient Centered Care**

**Clinic Based Medication Scanning:** The recently completed clinic-based medication scanning project was designed to enhance patient safety and improve the accuracy of medication administration within the clinic. By implementing barcode scanning technology, the project aims to minimize the risk of administering the wrong medication or incorrect dosage to patients. Each medication in the clinic is assigned a unique barcode. These barcodes are printed on medication labels and integrated into the clinic's Cerner electronic health record (EHR) system. Before administering a medication, healthcare providers use a barcode scanner to scan both the patient's identification information and the medication. This process cross-references the medication with the patient's prescription in the EHR, ensuring that the right patient receives the right medication at the correct dosage. The scanning process automatically updates the patient's medical record, documenting the administration of the medication and providing data for compliance reporting and quality assurance. The primary benefit of the medication scanning project is the significant reduction in medication errors, which improves overall patient safety and outcomes.

**Antimicrobial Use and Resistance Reporting (AUR):** AUR reporting is a systematic process used by hospitals to track and report data on antimicrobial (antibiotic) use and the resistance patterns of various pathogens. The primary goals of AUR reporting are:

- **Monitor Antimicrobial Use:** To track the amount and types of antibiotics being used within the hospital. This helps in understanding prescribing patterns and identifying areas where antibiotic stewardship can be improved.
- **Detect and Respond to Resistance Trends:** To monitor the emergence and spread of antibiotic-resistant bacteria, enabling timely interventions to control infections and prevent outbreaks.
- **Support Public Health Initiatives:** By contributing data to national and regional surveillance programs, hospitals help public health agencies develop strategies to combat antimicrobial resistance (AMR) on a larger scale.

PMC's information technology reporting team has gathered data that will be used in standardized analyses to monitor resistance trends. This information will enable the hospital's clinical staff to better understand the spread of resistant pathogens and take proactive measures to prevent infections.

## **Facility**

PMC's information technology staff are actively engaged with the facilities department to implement a maintenance ticketing system and asset tracking software. Brightly Asset Tracking is a digital solution that enables organizations to keep track of their physical assets, such as equipment, machinery, vehicles, and medical devices. The system provides a comprehensive view of where assets are located, their condition, usage history, and maintenance needs.

The maintenance ticketing system allows staff members to easily submit maintenance requests by creating digital tickets. These tickets can include details such as the issue description, location, priority level, and any relevant photograph attachments. The system facilitates communication between the person who submitted the ticket and the maintenance team. Updates can be provided through the system, keeping all parties informed about any changes or progress. Proper training for staff and maintenance teams will be implemented to ensure that everyone can effectively use the system to submit, manage, and resolve tickets.



**Financial Wellness**

The information technology team collaborates with all PMC departments to optimize the entire revenue cycle, from patient registration to final claim payment. This is accomplished by integrating billing systems, enhancing documentation efficiency, tracking supply chain inventory, managing labor, collecting financial and clinical data, and ensuring regulatory compliance and reporting. Our staff work diligently to achieve these goals and support seamless revenue cycle management.

**Submitted by:** Jill Dormer, CIO

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# Petersburg Medical Center

## Materials Department Report August 2024

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### **Workforce Wellness**

The Materials department has experienced many changes over the past few months. Laura Buehler, our previous part-time assistant, switched to PRN. Nicole, the full-time assistant who had been with us for more than three years, left in early June. The assistant who replaced her also left a month later. Currently, I am training two new assistants, which is always challenging due to the rapid turnover. Training two new assistants simultaneously is a significant task, and I hope to return to my regular schedule soon.

### **Community Engagement**

I have been searching for a freight/shipping company for years, but unfortunately, I have not had any success. The companies I previously contacted didn't work out. I am currently in touch with Triose, whose team collaborates closely with Premier GPO reps and the HRS Group to offer freight savings. I am hopeful that it will work out this time.

Triose has experience working with hospitals in geographically challenging areas, and they are eager to discuss the options available under the Premier/HRS contract and the potential savings. I am gathering more information to get started with what they can offer. I also requested input from our GPO/HRS Regional Account Manager, who confirmed that Triose is a well-known freight company. According to her, Triose is a great partner to Premier and works with many of their members.

GPO: Group Purchasing Organization

HRS: Health Resource Services

I am continuously collaborating with Bartlett Regional Hospital and Wrangell Medical Center. Last month, we faced issues with backordered supplies, but fortunately, they have the items we needed. We also had supplies they required, so it was a mutually beneficial exchange. Additionally, we are consistently supporting some establishments in Petersburg, such as OBI and PFVD, by providing supplies like gloves and other necessary items.

### **Patient Centered Care**

Materials Management ensures that all inventory supplies and special orders are up to date and available for patients when needed. Our department is ensuring that all the supply rooms on the floor are replenished and organized.

### **Facility**

We conducted our annual/fiscal year inventory in July and the results were good. The counting process went smoothly, but I encountered some issues finalizing the results in Cerner. Apparently, two accounts were being processed through CSV printouts. I contacted Cerner and the issue was resolved.

PETE  
Med Center Physical Count Summary

Location :	PETE INVENTORY STOREROOM	Pre Perp Count	\$101,937.1	Total Variance :	\$1,412.35
Count # :	159231645	Value :	6	Positive Variance :	\$872.92
Committe d :	6/26/2024 12:37	Post Perp Count	\$102,270.6	Negative Variance :	(\$539.43)
Committe d By :	Randrup, Melva Yere	Non-Perp Count	5	Net Variance :	\$333.49
		Value :	\$0.00		

The issues with receiving credit memos in Cerner are intermittent. They get fixed but then reoccur. I am currently discussing a service request with Cerner Associate Consultant regarding this issue. Materials Management is also working closely with the A/P department to monitor and address receiving discrepancies.

Our manual expensing system issues persist, but they are not related to Cerner. The problems occur on the clipboard where staff record information when expensing items from the warehouse. These issues include incorrect item numbers being written on the form, missing item numbers and quantities, mismatches between item numbers and descriptions, and difficulty interpreting unclear or illegible handwriting. Training new staff is challenging and time-consuming due to these problems. Despite these difficulties, the materials staff are working hard to keep the inventory up to date.

Our new mail machine is now in place and works well. However, we still need a printer for the labels we create for mailing packages. In the meantime, we are using an online website for printing labels.

**Financial Wellness**

We are making every effort to compare prices from each vendor when placing orders. We review items that are not regularly checked out and seek alternatives already available in our inventory. I am creating a list of items that are not frequently expensed, identifying possible alternatives from our existing inventory and sending them to departments for approval. This approach will help us reduce our inventory list, including items that have already been replaced.

**Submitted by: Melva Randrup, Materials Manager**

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# Petersburg Medical Center

Health Information Management (HIM)/Medical Records Report August 2024

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## **Workforce Wellness**

We are still fully staffed, and we (HIM) continue department continues to have in-person meetings in the conference room when time allows.

## **Community Engagement**

The clinic now has a staff member that has learned how to efficiently handle medical records requests. Patients are now able to pick up records at the front desk when a request has been completed.

## **Patient Centered Care**

HIM continues to work with other PMC departments and staff to support specialty clinics that have been scheduled. Ongoing team collaboration continues to make it possible for the success of these clinics. The ability for PMC to hold these clinics in Petersburg is beneficial for our patients.

## **Facility**

HIM is looking forward to the new facility as it will make it possible for HIM as a team to have dedicated space to come together and work as a team.

## **Financial Wellness**

HIM continues to have Rev cycle meetings with HRG to work out issues that arise with the billing process.

**Submitted by:** Kim Randrup, RHIT

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# Petersburg Medical Center

Nursing Department Report August 14, 2024

## Workforce Wellness

Staffing has been very difficult over the past 6 months. We have relied heavily on travelers and anticipate needing them throughout the fall and winter.

It remains hard to attract CNAs to the CNA program despite increasing the starting wage. Our core staff CNAs and activities staff have been incredible and I can't thank them enough for their tireless effort, loving care and commitment to individualized, creative care. It is a great team and we would love a few new members! We've been fortunate to have some excellent traveler CNAs who have provided excellent care and treat the residents like family. We are gearing up to start our high school program with five students. We need to find classroom space within PMC for the fall semester.

We've recently relied on an increased number of traveler RNs. One permanent nurse has just rejoined our team after maternity leave, and we expect another to return the first week of September. At the same time, one nurse will be starting her maternity leave.

Jordan Stafford and Kellii Wood successfully completed their AAS nursing program, passed their NCLEX exam on the first try and are in the beginning stages of their onboarding process. I am incredibly proud of them and beyond excited for their nursing career! Carolyn Kvernvik is taking the reins as the primary nursing instructor for UAA and will do a fantastic job. It is great to see someone who came from the program progress to teaching it! We love the success we've seen of growing our own! We have two new students starting the UAA program on August 2.

I am particularly excited that we will have an expert Infection Preventionist on our team this fall. She will be here on a contract basis and hopes to train and mentor a new IP for PMC after developing the program. The IP is a required position who works at least 20 hours per week. This will take a lot of responsibility off my plate which will allow me to focus on the areas of my job that have been on the back burner.

## Community Engagement

We have been struggling to schedule another colonoscopy clinic. We have credentialed a new SEARHC surgeon and have had some difficulty hearing what dates are available for a clinic in Petersburg. We will continue to reach out to schedule and will determine if we need to look at additional resources to provide this service to our community.

## Patient Centered Care

The nursing departments have kicked off three process improvement projects or PIPs.

Long Term Care is working together with Rehab to develop a new role to enhance physical mobility for our LTC residents.

We have a new Sepsis committee focusing on standardizing early recognition, clinical bundles, chart review and reporting with the goal of measuring and improving metrics to improve patient outcomes.

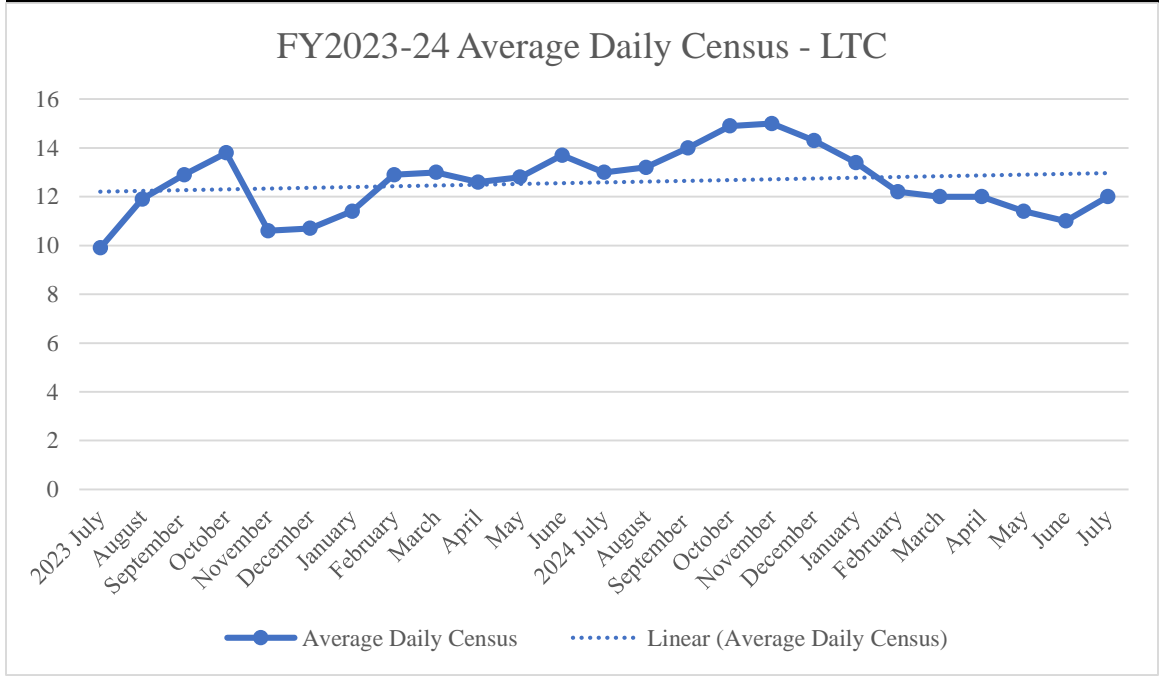
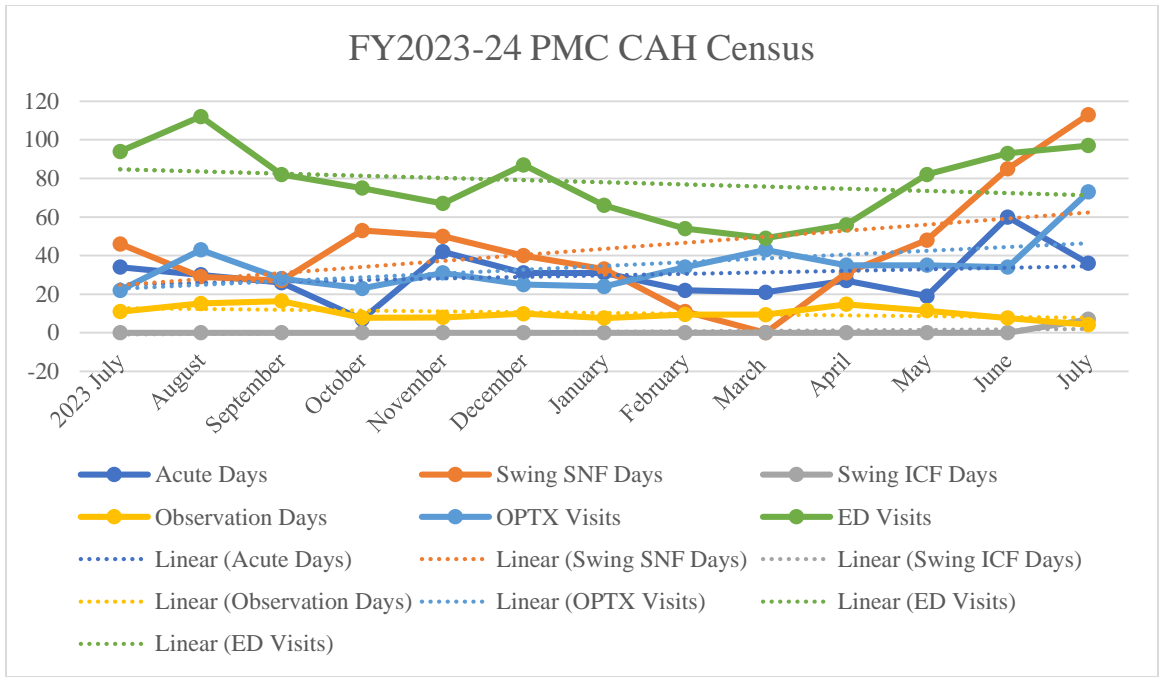
Our third PIP is working on enhancing our Admission and Discharge processes which include screening all patients and residents who are admitted for Social Drivers of Health (SDOH) and for enhancing the transition between hospital discharge and primary care (Transitional Care Management, or TCM).

**Facility**

With the UAA nursing school and the high school CNA classes beginning we will be more limited with space for routine meetings. We continue to deal with the same issues that have been present for many years and are struggling each day with room temperature (hot in LTC and cold in my office), reliable water temperature and the fear of a sewer failure.

**Financial Wellness**

We have been very busy the past few months after a few months of unusually low census.



**Submitted by: Jennifer Bryner, MSN, RN**



# Petersburg Medical Center



## Construction Report August 2024

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### Sitework

Phase 5 Army Core of Engineers (ACOE) permit is currently in the queue to be drafted for submission, this process usually takes 4-6 months to receive a formal response. The permit would include authorization to disturb the remaining hospital site area and the second drive access.

### WERC Building

The steel structure is now complete including both stairs that were originally lagging due to fabrication and shipping. Exterior metal framing and the installation of the roof are currently underway and are being completed in parallel and in conjunction with the parapet assembly.

The month of August will focus on exterior work to get prepared for Siding, and that will continue through the end of October. The utility work for water, sewer, power, and communication pathways will start in the first part of September and the duration should be 2-3 weeks.

The current project is on track and within budget constraints, the construction activity is in alignment with the Dawson GMP schedule. There is ongoing coordination with the design team, engineers, and Siemens on the concept and cost analysis between the Lamboo container and a small additional MRI suite. Many challenges come along with the MOD Lamboo container, and this is driving the analysis of looking at another option. Additional information and budgetary data will be provided in forthcoming reports.

### New Hospital Design

BNAP 35% Schematic Design is complete, further design progress is on hold pending grant funding.

### Upcoming Construction Activities

- August – Exterior metal framing and Roof Installation
- September – Siding and Utility Work on the project site and in Gjoa Street.
- October – Siding and “Exterior Dry In” (Windows/Doors)

### Budget

- WERC budget – \$22.7 M
  - CCPF Treasury Grant – \$20 M
  - HRSA Grant – \$2.7
- Hospital Sitework & Design Budget up to 35% – \$5.3 M
  - HRSA Grant – \$5.3 M

**Submitted by:** Justin Wetzel – Arcadis Project Manager

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**'Dens Deck' Exterior Coverboard Installed – Loose Layout for EPDM Rolls**



**South Elevation**







# Petersburg Medical Center

Quality Report August 2024

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## **Workforce Wellness**

Quality staff was recently connected with the valuable resources and training that is available by the Alaska Hospital & Healthcare Association. Currently participating in a Quality Assurance Performance Improvement (QAPI) program series designed to enhance the effectiveness of programs and utilizing data to facilitate desired outcomes.

## **Community Engagement**

Community Health Needs Assessment-the planning phase is progressing, and collaboration has expanded to include additional work group members that provide unique and valuable local and state-wide perspectives.

Tai Ji Quan Moving for Better Balance-Fall prevention programming continues to be offered locally with great attendance from the community. Another remote/zoom class will be added this autumn in addition to the in-person class to provide another avenue for participation. Date is TBD. Technical assistance and transportation are available as needed to help reduce any barriers to participation.

## **Patient Centered Care**

Home Health-End of Life Order Set has been approved by the medical staff. We are moving the project to the next phase which will be EMR integration, pharmacy collaboration and process planning.

The Health Equity Transformation Assessment has been completed by PMC staff and will be submitted to the American Hospital Association this month to receive a personalized Transformation Action Plan. This action plan will provide a structure and process for improvement to advance health equity. It will also provide guidance for incorporating diversity, equity, and inclusion (DEI) industry standards and language into PMC policy. The Medicare Beneficiary Quality Improvement Project reporting will include a health equity measure in 2025.

## **Facility**

The Quality Committee for LTC and Infection Control will meet on August 21<sup>st</sup>. We hope to move some more action items to completion and review the month's data to determine any new areas that require attention or need for improvement.

We have initiated the development of a PMC facility wide safety plan. At this time current policies, resources, and tools are being compiled. This plan will be a collaborative effort between many departments to act as a resource and guide to maintaining safety in the facility.

## **Financial Wellness**

Nothing new to report.

**Submitted by: Stephanie Romine, RN**

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# Petersburg Medical Center

## Infection Prevention and Control Report August 2024

### Workforce Wellness

I am excited to share that we are hiring a highly qualified and experienced Infection Prevention and Control nurse in a consultant role beginning this fall. Our goal is that she will utilize the gap analysis of the ICAR (se below) and her own survey of our facility to identify the areas that need to be enhanced while developing our program to where we would like it to be. Ideally, she will be able to mentor a staff member who will take responsibility for the maintenance of the Infection Control position. I hope that after the initial assignment we will be able to maintain our relationship as needed and to guide us through the planning, construction and finishing of our new buildings.

### Community Engagement

We have an Infection Control Assessment and Response (ICAR) scheduled on August 29-30. An Infection Preventionist who works with Mountain Pacific, our Quality Improvement Organization (QSO) will be on site to review our processes and procedures, observe staff in their work, and provide feedback and an analysis of our Infection Prevention Program. Our last (and only) ICAR was done remotely during the covid pandemic.

### Patient Centered Care

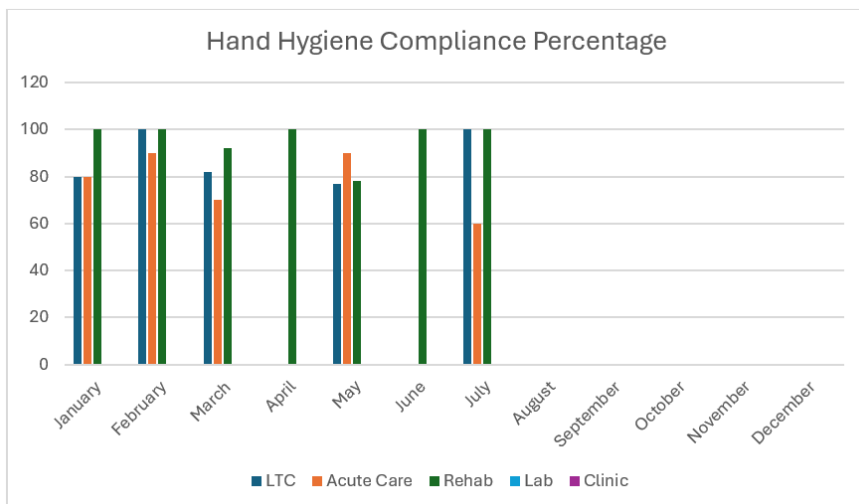
Alaska, and Petersburg, has seen a recent surge in Covid infections over the past month. All eligible LTC residents were offered the second 2023-2024 covid vaccine and those who consented received the vaccine. A new vaccine is expected this fall, and all residents will be offered education and the opportunity to receive it.

Covid, influenza, and RSV vaccination and infection reporting will begin this fall.

Flu immunization for residents and staff will begin as soon as the vaccine arrives, likely in September.

The Sepsis Recognition and Response Process Improvement Project Team had its kick-off meeting and will continue to meet to update our sepsis procedures, ensure we are in compliance for the upcoming national reporting, and provide feedback for staff after chart abstraction begins. Metric reporting will be required for 2025.

### **2024 Hand Hygiene Compliance**



**LTC 2024 Infection Prevention Metrics:**

Urinary Tract Infections (UTI): 1

Catheter associated Urinary Tract Infections (CAUTI): 1

Clostridium Difficile infections: 0

Covid-19 infections: 0

Influenza infections: 0

**Facility**

Nothing new to report.

**Financial Wellness**

No changes have occurred in this area

**Submitted by:** Jennifer Bryner, MSN, RN

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# Petersburg Medical Center

## CEO Board Report August 2024

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

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

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

- Rep. Mary Peltola arrived in Petersburg for a scheduled tour of PMC- old facility and new site on Aug.10<sup>th</sup> and we had a very positive response.
- Met with Petersburg Borough federal lobbyist for tour of facility
- July 27: PMC Foundation’s annual fundraiser Pedal/Paddle Battle. At this annual event, participants bike or paddle from Scow Bay to Sandy Beach to raise funds to support staff education and HS scholarships. We raised over \$17,000 and had over 53 people participate in the event.
- The New Facility site for the WERC building continues to make significant progress.
- Community can sign up online for site tours every Friday afternoon at 5:30pm at [www.pmcak.org](http://www.pmcak.org)
- Aug 5<sup>th</sup>: PMC reported at the Borough Assembly meeting and the Borough Assembly.
- Aug 22: KFSK Radio PMC Live.
- PMC LTC residents host Radio Show at KFSK Aug 7<sup>th</sup> and Aug 21<sup>st</sup>.



**KFSK High Country**  
**Listen to Your Elders**

August 7th & August 21st  
 at 2:30pm

KFSK 100.9 FM  
 Hosted by LTC Residents

### 2024 PEDAL / PADDLE BATTLE!

Thank you to all that participated, donated, and /or supported the 2024 Pedal/Paddle Battle! The Pedal / Paddle Battle raised nearly \$17,000! Congratulations to the Winners:

- o Alaska Airlines Tickets (2): Rick Braun
- o Trek Mountain Bike: Libby Thain
- o Rump Blanket: Erica O’Neil



Rick, Phil



Libby, Phil – new bike!



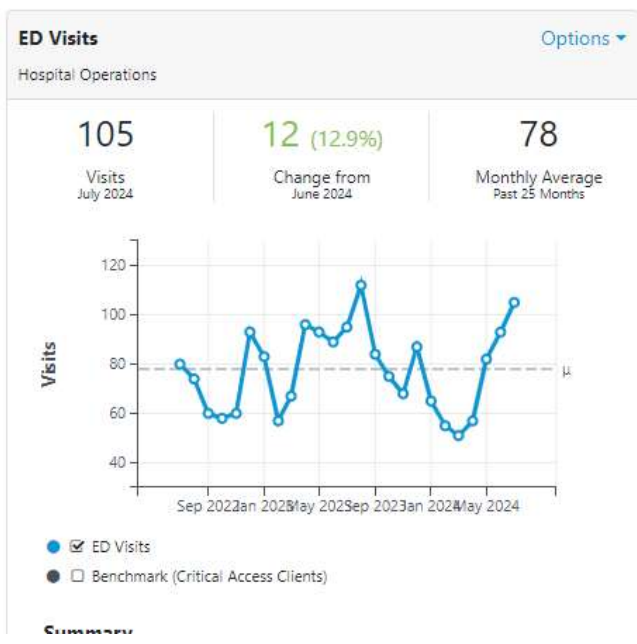
Shirley, Jalyn in the Paddle Battle

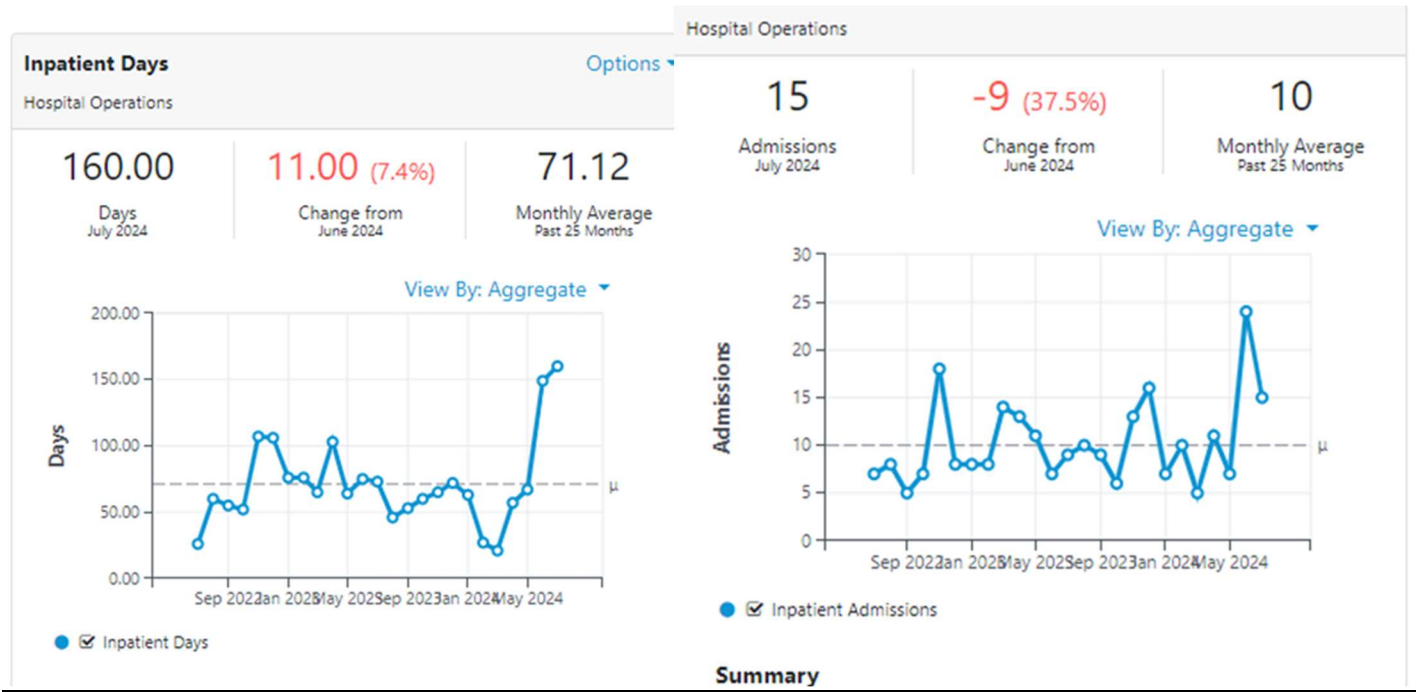


**Financial Wellness: Goal:** To achieve financial stability and sustainability for the hospital.

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

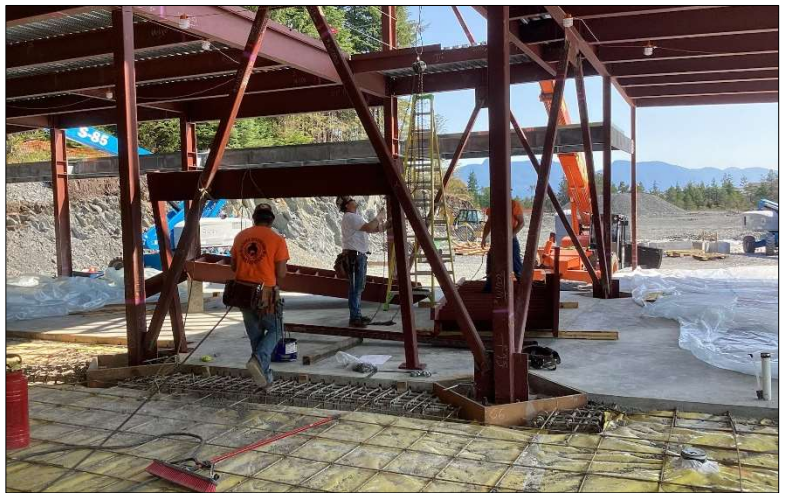
- **Accounts Receivables (AR) Update:** Meetings with the HRG/ Trubridge executive leadership reoccurred Aug 9th to discuss the ongoing increasing Accounts Receivables (AR) which still hovering around 80 days. The revenue cycle team continues to work on improving this metric with a target of 55 days. A detailed list of issues and expectations provided by the finance team. These meetings will continue until we receive an acceptable performance improvement plan. In the meantime, this part of the revenue cycle will be brought inhouse under billing department to provide the proper internal financial controls.
- The finance packet includes the first month of FY25. The finance team is in the midst of the process to prepare for the FY24 full audit.
- The status of the grants for FY25 is similar to last month with both new and continuation (program grants only excluding capital) exceed \$700k for FY25. There are still 6 pending requests for capital and programs totaling over \$9.7M. Full details at the bottom of this report.
- Community hospitals often report “write-offs” or uncompensated care as a metric of benefit for the local community. PMC reported in FY23/24 2 years) writing off an estimated \$928,000 in charity care (2 years FY23/24) and \$507,000 in bad debt for the same years. There were \$29,000 in early pay discounts and \$27,000 in late fee write offs.





**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. Arcadis submitted the update on the new facility and we are on track and on budget for the WERC building.

- Site Preparation: Site preparation is complete for the full 4.9 acres of wetlands permitting.
- Progress on WERC Building: Progress continues on the WERC building. Concrete flooring, stairs, pan decking and roof are almost complete.
- Updates: Project updates are available on the PMC website under the “New Facility & Planning” tab. Photos are updated on social media every Friday afternoon.
- Tour of the Sites: Tours of the site for community will begin Friday Aug 23<sup>rd</sup> at 5:30pm.
- Senator Murkowski Appropriations: PMC made the list for \$3M, which needs approval but is an important nod to the continued support of the project.



- Lead-Up to State Capital Budget, Governor’s Budget, and State Bond: PMC will need to continue advocating as the #1 federal and state priority for next FY. This advocacy is vital to assist PMC to secure grants and funding.

**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.

- Sheena Canton accepted role as the executive assistant to CEO. Justin Morgan, MD started as the new physician in the clinic and medical staff is now fully staffed again. Julie Walker expanded her Wellness manager position to include the role of Public Relations (PR). Kellii Wood and Jordan Stafford passed the nursing exam and are now fully employed as RNs at PMC. Holli Davis and Bessie Johnson will be starting the UAA nursing program this fall.
- PR is work with HR and has increased our visibility for jobs in Southeast as well as in Anchorage and Fairbanks. Our goal is to reduce Turnover rate for PMC in FY 24 and our vacancy rates.
- Employee engagement efforts this month included the new internal newsletter Cyndi Newman in HR creates (excerpt image above) and monthly CEO office hours.

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

- The July 22<sup>nd</sup> – July 26<sup>th</sup> Orca Camp kayaking expedition took place with 12 Petersburg youth ages 12 – 16 that was extremely successful. This was part of a community foundation grant that brought in Onward and Upward group to provide this experience. It was an amazing success and we hope to offer this next summer as well. This was featured in the Petersburg Pilot.
- The Orca Camp also was highlighted in KFSK for the theater camp Alice in Wonderland.
- Overall, July saw higher than normal volumes in our ER with 105 patients and 160 inpatient days with 15 admissions. Summer is typically busy, but this is considerably higher comparatively than the previous 4 years. LTC is almost full as well and our primary care clinic is also seeing high volumes.
- Home Health has had a high acuity that has been particularly difficult with staffing ratio.
- Access to care:
  - Specialty clinic for scopes has been a challenge to schedule with SEARHC’s next visit to PMC. We are working on finding the next date to coordinate.
  - Dermatology will be at PMC the week of Aug 26

**ORCA camp leads 12 Petersburg youth on four-day kayak expedition**

Lizzie Thompson, Pilot writer | Aug 01, 2024



Photo courtesy of Katie Holmlund  
 In preparation for the adventure, Onward and Upward instructors Amanda Mantouani and Jeff Caroni demonstrate to the youth participants of the Kayaking Expedition ORCA Camp how to help rescue a buddy after they have made a wet exit from their kayak.

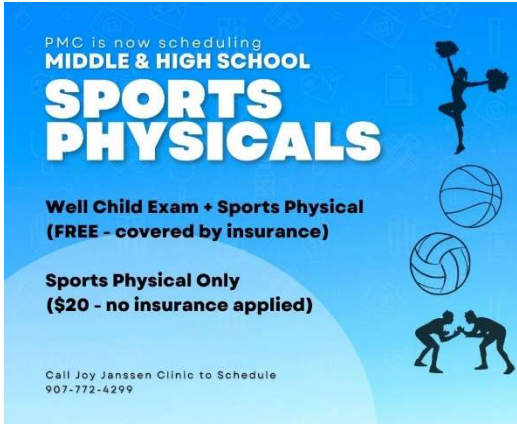
**Petersburg Kids Dive Down the Rabbit Hole in Local Theater Production**

Posted by Olivia Schmidt | Aug 1, 2024



The cast of both versions of "Alice and Wonderland" will perform on August 1 at 5:00 pm.  
 (Photo by Olivia Schmidt/KFSK)

- Optometry was at PMC July 22 – 26
- Primary care is offering well child exams with sport physicals.
- Clinic availability June/July: In summary, the clinic is experiencing delays in appointment availability due to seasonal factors, they still prioritize urgent care by offering same-day appointments. The wait time for regular appointments can be significant, especially with high demand providers. Same-day acute care appointments typically range between 9 to 20 per day, with higher volumes more recently. This reflects increased demand for urgent care services during this period. Next Available Appointments: For July, the first and third next available appointments vary among providers, but the averages are:  
*First Available Appointment:* 10.2 days (range 6-42 days)  
*Third next Available Appointment:* 17.7 days (range 8 – 46 days).

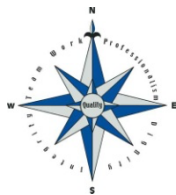


**Submitted by:** Phil Hofstetter, CEO

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# Petersburg Medical Center

## 2024 GRANT PROPOSALS

Updated August 12, 2024

### 5 Grant Awards to Date: \$409,058 in FY25 + \$585,366 over FY26-27

- ◆ **ACF Summer ORCA Camps**  
Provide three day camps for Petersburg youth and launch the first overnight kayak camp for teens.  
1 Year | \$20,000 awarded
- ◆ **PCF Teen Mental Health First Aid**  
Train PMC staff to be certified as facilitators of the evidence-based tMHFA prevention curriculum.  
1 Year | \$9,260 awarded
- ◆ **SBHA School-Based Health Services Grant**  
Partnership to provide School Nurse & Behavioral Health supports for PCSD K-12 students.  
1 Year | \$87,115 awarded  
Will fund: **0.85 FTE** across **3 positions** in Primary Care / BH; and **\$4,148** in PMC indirect costs.
- ◆ **State DPH Division Opioid Settlement Funds Grant**  
Sustain telepsychiatry access pilot program established by PMC’s 2023 HRSA grant.  
3 Years | \$142,828 annually  
Will fund: **0.9 FTE** across **3 positions** (PC/BH & Grants Director); and **\$18,630** in PMC indirect costs.
- ◆ **State SDS Division Adult Day Services Grant**  
Support for Cedar Social Club staffing and over \$33K per year in scholarships for participants.  
3 Years | \$149,855 annually  
Will fund: **1.0 FTE** across **4 positions** in Home Health; and **\$13,623** in PMC indirect costs.

### 6 Pending Grant Requests: \$9.7 million, FY25-FY29

- ◆ **Denali Commission Basic Infrastructure Grant**  
New Medical Center & Long-Term Care facility remaining costs through Phase 3.  
1 Award | \$2,000,000 total requested – *Pending: decision expected July 2024*
- ◆ **GCI Suicide Prevention Grant**  
Provide outreach materials, workbooks, and supplies for community suicide prevention trainings.  
1 Year | \$7,000 total requested – *Pending: decision expected July 2024*
- ◆ **OASH Community Level Innovations Grant**  
Collaboration to address colorectal cancer and hypertension health disparities.  
4 Years | \$555,600 annually – *Pending: decision expected August 2024*
- ◆ **SAMHSA Strategic Prevention Framework Grant**  
Collaboration to develop community substance use and suicide prevention priorities.  
5 Years | \$375,000 annually – *Pending: decision expected August 2024*

- ◆ **Senate Appropriations Congressionally Directed Funds (Sen. Murkowski)**  
New Medical Center & Long-Term Care facility remaining costs through Phase 3.  
1 Award | \$3,000,000 total requested – Pending: decision expected Fall 2024
- ◆ **US Dept. Agriculture Distance Learning and Telemedicine Grant**  
Equipment and software supporting telemedicine & workforce development goals.  
1 Award | \$640,148 total requested – Pending: decision expected August 2024

## 6 Continuing Multi-Year Grant Awards

- ◆ **ACL Communities Deliver & Sustain Evidence-Based Falls Prevention**  
Provides two evidence-based falls prevention programs to older adults, people with disabilities, and others with mobility challenges, both in person and through telehealth; and connects eligible community members with available in-home services & other care at PMC.  
Year 2 of 4 | \$549,327 awarded total  
Currently funding: 0.85 FTE across 3 positions in Community Wellness & Home Health Program housed in: Community Wellness
- ◆ **AHHA Facility-Led Workforce Initiative Funding**  
Provides financial support for Community Wellness youth programs, specifically expansion of summer camps, and behavioral health and wellness supports for PMC personnel.  
Year 2 of 2 | \$52,992 awarded Year 2  
Program housed in: Community Wellness
- ◆ **HRSA Congressionally Directed Spending: Community Project**  
Contributes to New Medical Center & Long-Term Care facility sitework and construction costs.  
Awarded 2022 | \$8,000,000 awarded total  
Project housed in: Finance
- ◆ **HRSA Rural Community Opioid Response Project – Overdose Response**  
No-Cost Extension (NCE) of FY24 project establishing PMC’s telepsychiatry access pilot program.  
Year 2 of 2 | \$65,000 remaining to spend down  
Project housed in: Primary Care / Behavioral Health
- ◆ **State DPH Division Community-Based Tobacco Prevention & Control Grant**  
Implements the evidence-based Million Hearts® Change Package for Tobacco Cessation in the PMC health care systems change, by making tobacco cessation a practice and system priority and creating a supportive environment for cessation.  
Year 2 of 3 | \$145,000 per year  
Currently funding: 0.8 FTE across 3 positions in Community Wellness & Clinic; \$13,050 in indirect Program housed in: Primary Care Clinic / Community Wellness
- ◆ **US Department of Treasury Coronavirus Capital Projects Fund Grant**  
Constructs a 19,000 square foot Wellness, Education, and Resource Center (WERC) building adjacent to the New Medical Center & Long-Term Care facility, which will include program space enabling community work, education and health monitoring.  
Year 3 of 6 | \$20,000,000 awarded total  
Project housed in: Finance

Submitted by: Katie McKay Bryson, Director Grants, Planning & Evaluation

# ***PETERSBURG MEDICAL CENTER***

## **FINANCIAL REPORTING PACKAGE**

**For the month ended July 31, 2024**

**PETERSBURG MEDICAL CENTER**  
**Key Volume Indicators**  
**FISCAL YEAR 2025**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
1. Clinic Visits	853												853	794	7.4%
2. Radiology Procedures	259												259	206	25.7%
3. Lab Tests (excluding QC)	2,005												2,005	1,891	6.0%
4. Rehab Services Units	1,031												1,031	1,010	2.1%
<i>Physical</i>	687														
<i>Occupational</i>	281														
<i>Speech</i>	63														
5. Home Health Visits	151												151	212	-28.8%
6. Emergency Room Visits	95												95	92	3.3%
<b><i>Hospital Inpatient</i></b>															
7. Patient Days - Acute	18												18	32	-43.8%
8. Patient Days - Swing Bed	120												120	46	160.9%
9. Patient Days - Total	138												138	51	170.6%
10. Average Daily Census - Acute	0.6												0.1	1.0	-94.8%
11. Average Daily Census - Swing Bed	3.9												0.4	1.5	-75.9%
12. Average Daily Census - Total	4.5												0.4	2.5	-83.6%
13. Percentage of Occupancy	37.1%												3.4%	21.0%	-83.6%
<b><i>Long Term Care</i></b>															
14. LTC Days	372.0												372	403	-7.7%
15. Average Daily Census	12.0												1.1	13.0	-91.5%
16. Percentage of Occupancy	80.0%												7.4%	86.7%	-91.5%

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

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
262,330	218,233	44,097	20.2%	1. Clinic	\$262,330	\$218,233	\$44,097	20.2%	\$249,560	5.1%
1,119,281	1,209,952	(90,671)	-7.5%	2. Outpatient	1,119,281	1,209,952	(90,671)	-7.5%	1,041,540	7.5%
693,156	335,254	357,902	106.8%	3. Inpatient	693,156	335,254	357,902	106.8%	420,582	64.8%
46,481	68,381	(21,900)	-32.0%	4. Home Health	\$68,481	\$68,381	(21,900)	-32.0%	\$66,894	-30.5%
535,011	521,472	13,539	2.6%	Long-term Care	535,011	521,472	13,539	2.6%	488,932	9.4%
<b>2,656,259</b>	<b>2,353,292</b>	<b>302,967</b>	<b>12.9%</b>	<b>Total gross patient revenue</b>	<b>2,656,259</b>	<b>2,353,292</b>	<b>302,967</b>	<b>12.9%</b>	<b>2,267,508</b>	<b>17.1%</b>
				<i>Deductions from Revenue:</i>						
367,314	513,645	146,331	28.5%	Contractual adjustments	367,314	513,645	146,331	28.5%	859,152	57.2%
0	(84,770)	(84,770)	100.0%	Prior year settlements	0	(84,770)	(84,770)	100.0%	-	n/a
32,229	12,500	(19,729)	-157.8%	Bad debt expense	32,229	12,500	(19,729)	-157.8%	(298,912)	-110.8%
631	8,333	7,702	92.4%	Charity and other deductions	631	8,333	7,702	92.4%	22,881	97.2%
<b>400,174</b>	<b>449,708</b>	<b>49,534</b>	<b>11.0%</b>		<b>400,174</b>	<b>449,708</b>	<b>49,534</b>	<b>11.0%</b>	<b>583,121</b>	<b>31.4%</b>
<b>2,256,085</b>	<b>1,903,584</b>	<b>352,501</b>	<b>18.5%</b>	<b>11. Net patient revenue</b>	<b>2,256,085</b>	<b>1,903,584</b>	<b>352,501</b>	<b>18.5%</b>	<b>1,684,387</b>	<b>33.9%</b>
				<i>Other Revenue</i>						
90,612	84,247	6,365	7.6%	12. Inkind Service - PERS/USAC	90,612	84,247	6,365	7.6%	82,852	9.4%
97,563	52,179	45,384	87.0%	13. Grant revenue	97,563	52,179	45,384	87.0%	31,175	213.0%
0	9,563	(9,563)	-100.0%	14. Federal & State Relief	0	9,563	(9,563)	-100.0%	-	n/a
45,705	38,202	7,503	19.6%	15. Other revenue	45,705	38,202	7,503	19.6%	33,387	36.9%
<b>233,880</b>	<b>184,191</b>	<b>49,689</b>	<b>27.0%</b>	<b>16. Total other operating revenue</b>	<b>233,880</b>	<b>184,191</b>	<b>49,689</b>	<b>27.0%</b>	<b>147,414</b>	<b>58.7%</b>
<b>2,489,964</b>	<b>2,087,775</b>	<b>402,189</b>	<b>19.3%</b>	<b>17. Total operating revenue</b>	<b>2,489,964</b>	<b>2,087,775</b>	<b>402,189</b>	<b>19.3%</b>	<b>1,831,801</b>	<b>35.9%</b>
				<i>Expenses:</i>						
993,507	985,955	(7,552)	-0.8%	18. Salaries and wages	993,507	985,955	(7,552)	-0.8%	944,787	-5.2%
195,961	105,318	(90,643)	-86.1%	19. Contract labor	195,961	105,318	(90,643)	-86.1%	44,956	-335.9%
382,109	366,660	(15,449)	-4.2%	20. Employee benefits	382,109	366,660	(15,449)	-4.2%	372,837	-2.5%
146,521	136,754	(9,767)	-7.1%	21. Supplies	146,521	136,754	(9,767)	-7.1%	137,326	-6.7%
137,542	127,281	(10,261)	-8.1%	22. Purchased services	137,542	127,281	(10,261)	-8.1%	99,202	-38.6%
40,825	45,699	4,874	10.7%	23. Repairs and maintenance	40,825	45,699	4,874	10.7%	31,756	-28.6%
36,388	21,719	(14,669)	-67.5%	24. Minor equipment	36,388	21,719	(14,669)	-67.5%	18,600	-95.6%
30,450	21,138	(9,312)	-44.1%	25. Rentals and leases	30,450	21,138	(9,312)	-44.1%	20,604	-47.8%
81,409	91,623	10,214	11.1%	26. Utilities	81,409	91,623	10,214	11.1%	85,388	4.7%
1,351	10,192	8,841	86.7%	27. Training and travel	1,351	10,192	8,841	86.7%	(367)	468.5%
99,249	100,766	1,517	1.5%	28. Depreciation	99,249	100,766	1,517	1.5%	93,305	-6.4%
21,109	22,212	1,103	5.0%	29. Insurance	21,109	22,212	1,103	5.0%	18,556	-13.8%
36,490	34,575	(1,915)	-5.5%	30. Other operating expense	36,490	34,575	(1,915)	-5.5%	24,668	-47.9%
<b>2,202,910</b>	<b>2,069,891</b>	<b>(133,019)</b>	<b>-6.4%</b>	<b>31. Total expenses</b>	<b>2,202,910</b>	<b>2,069,891</b>	<b>(133,019)</b>	<b>-6.4%</b>	<b>1,891,619</b>	<b>-16.5%</b>
<b>287,054</b>	<b>17,884</b>	<b>269,170</b>	<b>-1505.1%</b>	<b>32. Income (loss) from operations</b>	<b>287,054</b>	<b>17,884</b>	<b>269,170</b>	<b>-1505.1%</b>	<b>(59,818)</b>	<b>579.9%</b>
				<i>Nonoperating Gains(Losses):</i>						
114,933	11,324	103,609	914.9%	33. Investment income	114,933	11,324	103,609	914.9%	94,884	21.1%
(10,822)	(4,439)	(6,383)	-143.8%	34. Interest expense	(10,822)	(4,439)	(6,383)	-143.8%	(12,096)	10.5%
0	0	0	n/a	35. Gain (loss) on disposal of assets	0	0	0	n/a	-	n/a
1,671,232	1,016,667	654,565	64.4%	36. Other non-operating revenue	1,671,232	1,016,667	654,565	64.4%	(24,536)	-6911.2%
<b>1,775,343</b>	<b>1,023,552</b>	<b>751,791</b>	<b>73.4%</b>	<b>37. Net nonoperating gains (losses)</b>	<b>1,775,343</b>	<b>1,023,552</b>	<b>751,791</b>	<b>73.4%</b>	<b>58,252</b>	<b>-2947.7%</b>
<b>\$2,062,397</b>	<b>\$1,041,436</b>	<b>\$1,020,961</b>	<b>98.0%</b>	<b>38. Change in Net Position (Bottom Line)</b>	<b>\$2,062,397</b>	<b>\$1,041,436</b>	<b>\$1,020,961</b>	<b>98.0%</b>	<b>(\$1,566)</b>	<b>131791.7%</b>

**Petersburg Medical Center  
Balance Sheet  
07/31/2024**

**Item 7H.**

	JUL 2024	JUN 2024	JUN 2024	JUL 2023		JUL 2024	JUN 2024	JUN 2024	JUL 2023
<b>ASSETS:</b>					<b>Liabilities &amp; Net Position</b>				
<b>Current Assets:</b>					<b>Current Liabilities:</b>				
1. Cash - operating	709,109	356,249	356,249	645,597	22. Accounts payable	4,316,769	3,325,776	3,325,776	2,104,124
2. Cash - payor advances	0	0	0	0	23. Accrued payroll	336,499	240,920	240,920	287,764
3. Investments - short-term	562,481	1,057,873	1,057,873	47,207	24. Payroll taxes and other payables	193,847	236,514	236,514	259,399
4. Cash and equivalents	1,271,590	1,414,122	1,414,122	692,804	25. Accrued PTO and extended sick	1,046,508	1,018,401	1,018,401	1,033,049
5. Patient receivables	7,338,495	6,821,298	6,821,298	5,236,013	26. Deferred revenue	183,641	152,525	152,525	201,549
6. Allowances for contractals & bad debt	(2,465,042)	(2,363,151)	(2,363,151)	(1,877,139)	27. Due to Medicare	440,798	160,798	160,798	121,627
7. Net patient receivables	4,873,453	4,458,147	4,458,147	3,358,874	28. Due to payors - advances	0	0	0	0
8. Other receivables	3,436,959	2,328,079	2,328,079	916,698	29. Other current liabilities	3,517	4,145	4,145	3,069
9. Inventories	325,386	319,404	319,404	300,494	30. Loan payable - SBA	0	0	0	0
10. Prepaid expenses	320,018	161,762	161,762	379,136	31. Current portion of LTD	439,970	618,244	618,244	349,121
11. Total current assets	10,227,406	8,681,514	8,681,514	5,648,006	32. Total current liabilities	6,961,550	5,757,323	5,757,323	4,359,701
<b>Property and Equipments:</b>					<b>Long-Term Debt:</b>				
12. Assets in service	28,622,553	28,601,075	28,601,075	28,056,475	33. Capital leases payable	2,249,095	2,283,594	2,283,594	2,405,984
13. Assets in progress	11,068,523	9,407,370	9,407,370	1,215,819	<b>Pension Liabilities:</b>				
14. Total property and equipment	39,691,076	38,008,445	38,008,445	29,272,294	34. Net pension & OPEB liabilities	9,835,999	9,835,999	9,835,999	9,835,999
15. Less: accumulated depreciation	(22,398,205)	(22,298,956)	(22,298,956)	(21,246,314)	35. Total liabilities	19,046,644	17,876,916	17,876,916	16,601,684
16. Net property and equipment	17,292,871	15,709,489	15,709,489	8,025,980	<b>Deferred Inflows:</b>				
<b>Assets Limited as to Use by Board:</b>					36. Pension	623,594	623,594	623,594	623,594
17. Investments	3,421,665	3,337,912	3,337,912	3,080,866	<b>Net Position:</b>				
18. Building fund	743,255	724,158	724,158	665,902	37. Unrestricted	2,751,845	2,751,845	2,751,845	2,751,845
19. Total assets limited as to use by Board	4,164,920	4,062,069	4,062,069	3,746,768	38. Current year net income (loss)	11,817,918	9,755,521	9,755,521	(1,566)
<b>Deferred Outflows:</b>					39. Total net position	14,569,763	12,507,365	12,507,365	2,750,278
20. Pension	2,554,803	2,554,803	2,554,803	2,554,803	40. Total liabilities and net position	34,240,000	31,007,876	31,007,876	19,975,556
21. Total assets	34,240,000	31,007,876	31,007,876	19,975,556					

**PETERSBURG MEDICAL CENTER**  
**Key Operational Indicators**  
**For the month ended July 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	13.8%												21.3%	20.6%	-3.7%
2. Charity/Other Ded. As a % of Gross Revenue	0.0%												-0.1%	1.1%	107.9%
3. Bad Debt as a % of Gross Revenue	1.2%												-2.8%	2.5%	-212.3%
4. Operating Margin	11.5%												4.5%	-10.2%	144.1%
5. Total Margin	48.4%												18.8%	-10.6%	276.6%
6. Days Cash on Hand (Including Investments)	83.3												-	81.3	-23.7%
7. Days in A/R (Net)	70.8												-	62.0	0.2%
8. Days in A/R (Gross)	87.2												-	79.2	22.7%