Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
Petersburg, AK 99833

Meeting Agenda
Hospital Board
Regular Meeting

Thursday, April 24, 2025 | **5:30 PM** | **Assembly Chambers**

Please paste the following URL into your web browser to join:
https://us06web.zoom.us/j/83488067204?pwd=29juJQ6OyxEMqCEvUjuqmjjZWKbZ3A.1
Webinar Id: 834 8806 7204
Passcode: 437244

1. **Call to Order/Roll Call**
2. **Approval of the Agenda**
3. **Approval of Board Minutes**

   A. Approval of March 27, 2025, Hospital Board Minutes.

4. **Visitor Comments**
5. **Board Member Comments**
6. **Committee Reports**

   A. Resource

   B. LTC

   C. Infection Control

7. **Reports**

   A. Rehab
   B. McMahon provided a written report.

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

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

D. Home Health
L. Holder provided a written report.

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

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

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

H. Financial
J. McCormick provided a written report.

8. Old Business

9. New Business

A. Community Needs Assessment
Presentation by K. Bryson

Board discussion to approve or, amend and approve, implementation strategies

10. Next Meeting
Currently scheduled for May 29th, 2025, at 5:30pm.

11. Executive Session
By motion the Board will enter into Executive Session to discuss legal matters, medical appointments and/or reappointments.

12. Adjournment

Petersburg Borough
Petersburg Medical Center

12 South Nordic Drive
Petersburg, AK 99833

Meeting Agenda
Hospital Board
Regular Meeting

Thursday, March 27, 2025 | **5:30 PM** | **Assembly Chambers**

1. Call to Order/Roll Call

A. Call to Order

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

B. Roll Call

Board President Cook conducted Roll Call

PRESENT
Board President Jerod Cook
Board Vice President Cindi Lagoudakis
Board Secretary Marlene Cushing
Board Member Heather Conn
Board Member Joe Stratman
Board Member Jim Roberts

ABSENT
Board Member Kimberley Simbahon

2. Approval of the Agenda

Board Vice President Lagoudakis motions to approve the agenda as presented, Seconded by Board Member Roberts.
Voting Yea: Board President Cook, Board Vice President Lagoudakis, Board Member Roberts, Board Member Conn, Board Secretary Cushing, and Board Member Stratman.

3. Approval of Board Minutes

A. Approval of February 27, 2025 Hospital Board Minutes

Motion made by Board Vice President Lagoudakis to approve February 27, 2025, Hospital Board Minutes with the added change of noting board member titles in current and future meeting Minutes, Seconded by Board Member Roberts.
Voting Yea: Board President Cook, Board Member Conn, Board Secretary Cushing,

Board Vice President Lagoudakis, Board Member Stratman, and Board Member Roberts.

4. Visitor Comments

Roy Rountree from Bettisworth North introduced himself and mentioned how happy he was to see the WERC building projects moving forward. He stated he was waiting in the wings for future fundraising to keep moving forward with the design of the new building. He thanked everyone for being able to be at the meetings and thanked Justin for his work on the project.

5. Board Member Comments

None.

6. Committee Reports

A. Resource

Board Vice President Lagoudakis reported:
The team reviewed hospital metrics and observed a decrease in some patient days and services, likely due to February being a shorter month. Jason reported that home health is operating under budget, with revenues exceeding last year's figures. Payments to vendors are now up to date, and new facility work is progressing well. Sarah Wright is actively tracking multiple grants, and both Jason and Katie, our grant specialist, commended her efforts, along with the entire PMC team. The clinic's expenses in relation to Medicare reimbursements remain under review, as these issues take time to resolve. Joel is monitoring investments, and while market fluctuations have occurred, interest earnings are helping to offset dips, leaving overall investments in a strong position. Additionally, PMC has successfully transitioned to handling its own billing, which is expected to bring significant benefits.

B. CAH

Board Member Stratman reported:
The committee met on March 19th, during which the CEO provided an update, and the January meeting minutes were approved. The team reviewed several action items, including the digital formulary, HIPAA Security Officer role, and the active policy list. The CEO also went over the incident report. The Infection Control Officer discussed antibiotic use and ongoing plumbing issues in long-term care. Physical therapy provided an update on staffing schedules, highlighting a significant reduction in the waitlist, with patients being seen at a much higher rate. Radiology reported no significant dosage concerns, and the lab shared updates on tracking reasons for canceled tests.

C. LTC

Board Member Stratman reported:
The Long-term Care Committee met prior to the Critical Access Hospital Committee meeting at 1:30 PM on March 19th. The CEO provided a report, noting that the

committee will meet monthly, alternating between a larger group and a smaller group. The Medicaid situation at the federal level was discussed, though its impact on long- term care remains uncertain and is being monitored. The February minutes were approved, and several action items were reviewed, including the restorative program implementation. A significant discussion centered on the sewer line, with a written contingency plan in progress in case of failure, as well as ongoing staff mitigation due to the septic system's weakness. The committee also reviewed the active policy list, continued the polypharmacy reduction project, and examined incident reports. Infection control was revisited, and there was further discussion on plumbing issues. Long-term care provided updates on ordered items, and the activities department shared enthusiasm about a new hire. Additional topics included updates on the boiler and bathrooms in the long-term care facility.

Board Member Conn inquired about the plan and responsibility in the event of a sewer failure. CEO Hofstetter explained that the response would depend on the nature of the failure, noting that a significant sewer system failure could pose a risk to PMC. He emphasized that there is considerable risk involved and that the matter has been discussed with the project manager owner's representative for the new facility, Arcadis. In the case of a catastrophic failure, the hospital would need to consider the cost of a non-code upgrade, which could still be substantial. A full code-compliant upgrade would be significantly more expensive, as it would require replacing components and bringing the affected space up to current standards—an issue PMC avoids due to the age of the building. Hofstetter reiterated that any solution would likely be temporary, which is why the hospital is working toward the goal of constructing a new facility. He asked Justin with Arcadis, to provide further input.

Justin Wetzel with Arcadis, elaborated on the challenges of making sewer system repairs, noting that the impact would depend on the location of the failure. In areas where plumbing is embedded in concrete, such as corridors, temporary solutions could involve a pumping system if gravity drainage is not possible. However, implementing such a system inside the facility would be highly disruptive, requiring a lift station in the corridor that would surface-mount to an exterior location before reconnecting to the city sewer. He described the process as a "dramatic event" with significant logistical challenges. Board Member Conn then asked whether PMC would need to relocate residents. Justin confirmed that if the issue occurred in the long-term care area, relocation would be necessary due to the need for major structural access, particularly where plumbing is embedded in concrete.

Hofstetter emphasized that addressing a catastrophic sewer failure would require seeking funding from the borough, which underscores the importance of securing new facility funding to prevent such situations. He acknowledged that while the hospital is managing with its current infrastructure, the timeline for addressing these issues is becoming increasingly urgent. Board Member Conn inquired about potential relocation options in the event of a crisis and whether the State would intervene if the borough declared an emergency. Hofstetter clarified that while PMC is not currently in a crisis, in a worst-case scenario, an emergency evacuation plan would involve temporarily relocating residents to Mountain View Manor. However, this would only be a short-term solution, as an alternative site or long-term care facility would be necessary for permanent placement. He stressed that such a situation would be devastating for the community's care and could threaten PMC’s viability.

D. Infection Control

Board Member Stratman will report out at next board meeting after IC has met.

7. Reports

A. Information Technology/ EHR
J. Dormer provided written report.

Board Member Conn asked about PMC IT involvement at Mountain View Manor. J. Dormer shared that they assisted in implementing a more efficient payroll system, replacing the previous paper-based process. Additionally, IT evaluated the facility's Wi-Fi infrastructure, which previously had only a single access point on the first floor, resulting in poor connectivity. This lack of coverage hindered telehealth services and resident Internet access. Dormer explained that IT guided the facility through improvements based on the successful Wi-Fi setup in PMC's long-term care unit, which was then mirrored to enhance connectivity.

B. Materials Management
M. Randrup provided written report.

Board President Cook asked for clarification on the values in report. M. Randrup explained that the pre-perpetual count value represents the inventory count before conducting a physical count of items in the warehouse. The perpetual count reflects the recorded inventory value in the system. Meanwhile, non-perpetual items are not tracked as inventory, and their dollar amounts are indicated separately.

C. Medical Records
K. Randrup provided written report.

D. Nursing
J. Bryner provided written report.

E. Activities
A. Neidiffer provided written report.

F. New Facility
J. Wetzel Arcadis provided written report.

Justin Wetzel with Arcadis provided an update on the construction progress, noting that site work has resumed with final grading material being brought in, landscaping underway, and concrete pours completed for sidewalks and the service yard. The concrete for light poles has also been poured, and work around the entry drive continues, with most exterior work expected to be completed by the end of April. On the building exterior, additional layers of rock wool insulation are being added, and metal siding installation is about 75% complete. Inside the building, the elevator installation is finished, and both the elevator and fire alarm system have been

successfully tested and certified by the State. Interior work continues, including electrical and mechanical trim-out, as well as flooring installation.

Regarding the MRI addition, the steel structure is in place, and offsite fabrication of the copper shield cap is in progress, with installation planned for May. The chiller units and power conditioner, provided by Siemens along with the MRI magnet, are expected to arrive by the end of June.

For the hospital design, progress remains paused at the 35% schematic design phase. A Phase 5 wetlands permit has been submitted to the U.S. Army Corps of Engineers, with public notification issued. The permitting process and budget considerations are ongoing.

Looking ahead to April, work will continue on exterior siding, additional concrete pours, flooring, and fire alarm trim-out. The MRI addition framing has begun, with further work planned. In May, a substantial completion walkthrough with the design team and engineers is scheduled for May 1st, during which a punch list will be generated to assess conformance with construction drawings. The MRI addition will take longer to complete, but substantial completion is targeted for July 1st. No changes have been made to the budget, and no change orders have been issued to date.

Board Member Roberts inquired if the low hanging light in the conference room had been addressed. J. Wetzel reported that it had.

Board Vice President Lagoudakis emphasized PMC's commitment to being a good neighbor and inquired about the potential impact of lighting around the WERC building on nearby residential homes. J. Wetzel assured that the lights will be down casting and equipped with shrouds to ensure necessary areas are safely illuminated without affecting surrounding properties. He also commented that other exterior lighting is low intensity.

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

Board Member Stratman shared positive feedback about PMC's Tai Chi Quan program, which helps with balance. He noted that the current 10 AM schedule is challenging for those with jobs and suggested offering a session during the lunch hour. Board Vice President Lagoudakis added that recording the Zoom class for viewing could be another option to increase accessibility.

H. Executive Summary
CEO P. Hofstetter provided written report.

CEO P. Hofstetter provided an update on key initiatives and developments. He highlighted improvements to the employee forum, which was expanded to three sessions across two days, resulting in record attendance of 80 employees. Feedback was generally favorable, and there are plans to hold two all-staff meetings annually. A follow-up session was conducted after the annual manager retreat to review action items, ensuring progress is being documented and addressed. Monthly office hours continue to gain popularity, providing direct engagement opportunities for staff.

Hofstetter also discussed recent media engagements, including PMC Live radio appearances covering Medicaid cuts, the CNA program, the PMC store's logo refresh, and the success of grant-funded programs like Bingocise and Tai Chi Quan. While these programs are currently secure, there is concern over potential federal funding cuts.

On patient-centered care, PMC has prioritized improving clinic access. Same-day urgent care appointments remain available, and the average wait time for primary care visits is now four days, with the third-next-available appointment metric at eight days—both within industry standards. Digital informational signage has been introduced in clinics to streamline communication, funded through a state tobacco-free grant.

Legislatively, Hofstetter expressed support for SB 133, a bill addressing prior authorization challenges. The bill, developed with input from the Alaska Healthcare and Hospital Association, aims to reduce administrative burdens and prevent delays in patient care caused by insurance hurdles. Feedback on the bill has been positive, and efforts continue to advance it through the legislative process.

CEO P. Hofstetter also provided updates on legislative advocacy, patient care trends, and financial improvements.

He reiterated support for SB 56, which aims to expand the behavioral health operating budget. Given the growing demand for behavioral health services across the state, he emphasized the importance of securing funding to improve accessibility.

Regarding patient care, PMC has seen sustained high volumes across inpatient, swing bed, acute care, and long-term care units. This trend aligns with statewide reports indicating limited bed availability in Alaska. Hofstetter noted that continued monitoring of these trends is essential for planning and resource allocation.

He also commended the team working on PMC's new facility, highlighting the remarkable achievement of being under budget and ahead of schedule despite challenges related to costs and funding in rural Alaska.

On financial matters, Hofstetter expressed enthusiasm about bringing the revenue cycle management in-house. Historically, PMC has relied on third-party vendors to manage accounts receivable, leading to fluctuations in efficiency. With the transition, patients will now receive billing-related communications directly from local PMC staff rather than outsourced vendors. This change is expected to improve response times, billing accuracy, and overall patient experience while enhancing financial stability. He credited the financial team for their efforts in making this transition possible and invited further questions on the topic.

Board Secretary Cushing acknowledged the dedication of PMC's nursing staff, highlighting their commitment to providing high-quality care despite working long and demanding hours. She emphasized their compassion and understanding, recognizing their efforts in ensuring that patients receive the best possible care under challenging circumstances.

Board Vice President Lagoudakis noted that bringing the revenue cycle in-house is expected to save PMC approximately $40,000 per month. CEO P.

Hofstetter elaborated that even with the cost of hiring additional billing staff, the change will result in savings. He noted that third-party billers take a percentage of collected revenue, which adds up to a substantial amount over time. Bringing billing in-house allows PMC to retain more of its revenue while improving efficiency and localizing patient billing interactions.

I. Financials
J. McCormick submitted report.

J. McCormick expanded on his report, noting that February's shorter length affected some financial variances. He highlighted that the check to Premera Blue Cross was successfully cashed, a positive sign given ongoing negotiation. Regarding PERS, he mentioned software issues on their end that have delayed fund processing, but PMC is moving forward as quickly as the system allows.

Additionally, PMC has submitted for an Employee Retention Tax Credit of approximately $3.5 million, though receiving those funds could take a few years.

McCormick also noted that Joel in Finance is actively meeting with department managers to review and refine budgets, with more detailed budget planning underway. He concluded by commending the purchasing and materials department for their strong and responsible financial management.

8. Old Business

None.

9. New Business

None.

10. Next Meeting

A. Scheduled for April 24th, 2025 at 5:30pm.

11. Executive Session
By motion the Board will enter into Executive Session to discuss legal matters.

Motion made by Board Member Roberts to enter into Executive Session to discuss legal matters, Seconded by Board Vice President Lagoudakis.
Voting Yea: Board President Cook, Board Member Conn, Board Secretary Cushing, Board Vice President Lagoudakis, Board Member Stratman, and Board Member Roberts.

Reconvened after Executive Session.

General comment from CEO P. Hofstetter regarding the difficulty in negotiating with health insurance companies and the desire for transparency. Member Roberts inquired as to whether or not PMC had received correspondence from specific company which Hofstetter confirmed PMC had not.

12. Adjournment

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

Meeting adjourned at 6:30pm.

Petersburg MEDICAL CENTER

Rehabilitation Report April 2025

Workforce Wellness

Our rehabilitation staff has been consistent for the past few months and we've been able to build a great team. We are currently staffed with one permanent Physical Therapist and one permanent Physical Therapist Assistant, as well as two traveling Physical Therapists and one traveling Occupational Therapist. We recently brought on Lillee Birchell as our Rehabilitation Tech, who will assist with reception tasks as well as regular engagement in a Mobility Program with Long Term Care residents to encourage more active movement and exercise. Challenges with finding permanent staff remain, however we will be bringing on Hannah Kehrer, Speech and Language Pathologist, for a 2-year contract in June and are happy to be able to resume regular and consistent speech and language services to our patients and residents.

Community Engagement

As a team, we have had group dinners and hikes, as well as joining with the Home Health staff for monthly potlucks. We are working closely with LTC staff for development of Mobility Programs for each resident to improve activity levels in hopes for positive impact on function and morale. Our PRN SLP has designed an hour-long program, "Good Talking With You," designed for parents with children under 5 to participate in activities and games to promote learning techniques for language development. This is planned for April 26th from 9-10 at Good Beginnings Preschool. It is free to the public and is being advertised with the help of the Wellness and Public Relations staff.

Patient Centered Care

Our current staff have been able to improve the waiting times for referrals and are down to a four-person waitlist currently, which has been much improved over the past. We continue to provide one-on-one treatment sessions designed for each patient's individual needs and learning styles. We do continue to have difficulty with using traveling staff, which disrupts care when they finish their rotation. Our need for permanent staff is high and we are working with Human Resources and Public Relations to explore additional avenues for recruitment.

Facility

The rehabilitation department does continue to struggle with space constraints. Our small gym and limited treatment rooms result in multiple patients in close quarters. This negatively impacts focus, treatment, and privacy. We are utilizing the space we have, however do frequently require the hallway, creating obstacles for other hospital workers. As the summer months come, we will be able to use outside space to compensate for our lack of indoor space, when appropriate and agreeable to the patient.

Financial Wellness

We are optimistic about our rehabilitation budget this year with the addition of our permanent PTA and permanent SLP. We will continue to search for permanent PT and OT to fulfill our staff needs, however this is a challenge. Hiring traveling therapists is costly and time consuming for all departments to orient new staff as

frequently as we have been. A full permanent staff would be beneficial both financially as well as for continuity of care for our community.

Submitted by: Brenna McMahon, DPT, OCS

Petersburg MEDICAL CENTER

Maintenance Report April 2025

Workforce Wellness

Since my last report we have grown our team to keep up with the current facility's growing demand for maintenance requests. In October of 2024 we welcomed Michael File to our team and since then he has proved to be an invaluable asset for us. Our staffing has been steady with the three of us now and we are looking forward to expanding our area later this year with the opening of the WERC building. I know for myself and all our staff we are looking forward to this new chapter and opportunity with the new building.

Community Engagement

With the progress of the WERC building throughout the fall/winter we were able to have community tours of the new site and facility. This has been a great way for the community to voice their opinions, both positive and negative. Other than this we have been busy keeping our current facility clean and kept in the best operating condition possible for our community to come and go safely and efficiently.

Patient Centered Care

Since maintenance is a supporting department for many others our main contribution is to ensure that we all have a safe and clean environment for staff to work in and patient/residents to enjoy. In this we strive to ensure that all issues brought to our attention are handled efficiently and done to the best of our ability.

Facility

Through these past 6 months major failures of our facilities infrastructure have become more and more frequent. To start off I will update on our sprinkler mainlines leak.

- On 2/4/25 Skip on our maintenance team noticed small amounts of water leaking out of a wall in our AHU room. The next morning Michael and I tore into the wall attempting to find the source for the leak and what we found was a section of our sprinkler main (a 6" steel pipe) has aged to the point of failure and now had a small pinhole leak.

(Pictured below is the failed section)

- (Sprinkler leak continued)
  Later in the morning we were able to locate a patch from the city for the failed section (also pictured). In our facility, the sprinkler system and domestic water supply come from the same source which further complicates this replacement and this leak is before any major water shut off valves for either system so our only option is to shut water down to our entire facility through the city water shutoff which even that is questionable if it will work since it has not been exercised in many years. In doing this we will need to prepare for failures that will come from disturbing our domestic water supply, which there are too many to list but there are main concerns everyone should know of. Right now, our biggest concern is that when we shut down the water for the sprinkler section main replacement our domestic backflow preventor will “fail”. All that would need to happen for this is a 2psi difference between the inlet and outlet of the backflow preventor and it will do essentially what it is designed to do and slam shut. In this case we would need a rebuild kit for the backflow preventor which we do not have and are unable to get because what we currently have has been discontinued for many years. So, the easiest option is to find a replacement and make sure it is the same size since there is no give in our system for error in length. When we receive everything, we will need for this replacement we will shut the water off to the facility

at night and replace both the failed section of sprinkler piping and the domestic backflow preventor at the same time. With the caution of knowing some of our buildings shut off valves do not work we are looking at freezing our domestic water lines to minimize impact to the buildings' water system and hopefully that will reduce the impact when we turn water back on. For our replacement for the sprinkler system, we are going to go with a 6" piece of copper piping and braze it to flanges in place. Currently we have our backflow preventor and many of the pieces we need for this replacement but we are waiting for our hardware and copper pipe to arrive.

(Pictured below is the backflow preventor scheduled for replacement)

We have also experienced issues with our aging heating system.

- Our facility's main boiler that is used for heating began to show signs of failure. We noticed it had shut down and we began to troubleshoot the reasoning behind that. After we reset it, it ran for another 10 hours before it shut down for the second time. After the second shutdown we could not reset it and had fully failed after testing we found it was a low water shutoff board that had failed and was not a part we stocked. After this we began the process of firing up our backup. This boiler is 45 years old and is not designed to run this building as it was installed prior to the clinic addition and the parking garage

conversion. So essentially, we were running the backup at max capacity and still not heating the building to a fully comfortable temperature. We were able to source the part and install it while keeping our secondary boiler running but it is a good reminder that our heating system is a weak point for this building and could have significant impact to our staff and residents.

We have had many other large projects throughout the past 6 months, many of which are stark reminders of the declining condition of our facilities infrastructure. We do our best to stay ahead of most issues but there are still times when we're caught off guard. I know we are looking forward to the upcoming summer months and will continue doing our best to stay ahead of any issues that may arise.

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. With all our aging systems I would like to give warning that some of these projects are rather expensive. I do everything I can to keep our costs down on large projects such as the few that I mentioned, mostly we do our best to catch these 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 2025

Workforce Wellness

EVS staff currently employs 5 full-time Environmental Services Employees with an additional position for housekeeper, environmental services tech, laundry position open, needing filled. EVS and laundry staffing has had little turnover, with current hire dates ranging from 2013-2021. Our staff meet most mornings and work closely with each other to resolve any issues that arise as a team. Most updates for our group are provided via handouts and flyers in the break room so we can stay as involved in PMC happenings as possible. During the recent OSHA consultation, our department was commended for the warning signage in multiple locations and the eyewash stations made available to employees. As previously mentioned, there is still an open position in EVS and we are hoping to have an addition to our team soon.

Community Engagement

Environmental Services works closely with Laundry and Plant Operations as duties may sometimes overlap. When collaboration is needed, we take care to respect workflows and do what we can to make transitions go smoothly. Most of our community engagement involves prepping and cleaning after events. If you ever find yourself enjoying picnics, meals, organized events at PMC, know that EVS most likely have a hand in the tidiness of the room and most certainly will be involved in cleaning up to make sure things are ready for the next meeting or event.

Patient Centered Care

EVS takes great care to ensure clean, tidy, and welcoming patient and resident rooms. We know the spaces we clean and prepare are for our patients and community. We take great care to ensure that it is to their liking while also following policies and procedures.

Facility

As the WERC building comes closer to completion, EVS staff will be challenged with establishing a workflow for cleaning both buildings. This may present as a challenge at first, but with proper preparation and planning, we will rise to it. Already we are preparing by exploring workflow possibilities and how to utilize the EVS closet spaces in the WERC building.

Financial Wellness

Due to the steadfastness of our employees in this department, we have not experienced any challenges financially. We are looking into options that will save time and money, such as automated cleaning devices that can be programmed to work after hours, such as an automatic vacuum or mopping system.

Submitted by: Grazel Edfelt, Lead Environmental Services Tech

Petersburg MEDICAL CENTER

Home Health Report April 2025

Workforce Wellness

The Home Team is now fully staffed with permanent staff. Ruby Shumway RN started 2/4/25 and is now off orientation and thriving in her role. Veronica Carter passed her CNA test and skills check and is now certified. Laura Holder, RN, remains the permanent manager of the department. Bex Keys has settled into a permanent role in the billing administrative team. She has chosen to remain in office instead of moving out of the community and working remotely. She reports that she enjoys the camaraderie and energy of the team and prefers a role in the office. We are glad she is staying! The team participated in a wellness challenge in the last quarter. Huddles remain on the schedule three mornings a week to review caseloads and collaborate. This also 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. We celebrate monthly birthdays as a team. We are committed to supporting staff with ongoing training that benefits our department and community. 2024 permanent hires: Bex Keys (billing assistant). JP Droska (RN), Ruby Shumway (RN), Angel Lewis (CNA/clerical assistant), Kelsey Leak (PTA/activities coordinator), Veronica Carter (activities assistant) all remain stable in the department. We have no travel staff in the department, which was a primary goal for 2025.

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 have several pending referrals to adult day and are looking forward to focusing on expansion as our billing options have grown. I met with a care coordinator from out of town to start the process of adding services to waivers locally. We are excited about this next quarter utilizing our grant funds for several new participants. Brandy Boggs continues to be an asset to the team, and she works with patients and family members across the community.

Patient Centered Care

We have received valuable and very positive feedback from patients and family members in the last quarter. A quality project we are initiating in the coming months is to focus on getting as much feedback from our patients as possible by removing roadblocks to communication. We are stamping and filling out the envelopes we will provide at discharge along with surveys to encourage our patients to communicate with us. We are also expanding our service area to more remote/out the road patients and always put creativity and out of the box thinking at the forefront of providing care in this unique environment.

Facility

PIA continues to be our home base of operations, though our clinical nurses are working from home offices as we expand adult day. Our goal is to create space for the department on campus to align with our broader goals

of cooperation and excellent patient care. Staff remain cohesive and we intentionally communicate frequently throughout the day. We continue to value and appreciate our collaboration with PIA.

Financial Wellness

Currently our finances benefit from the removal of the travel staffing which was a large portion of our staffing budget. Our census fluctuates and we are currently working with providers on increasing referrals as we are fully staffed and prepared to help meet community needs! We are also offering to assist in acute care as their census has been high in the last quarter. Our staff remains flexible and ready to step in where and when needed.

Submitted by: Laura Holder, RN Home Health Manager

Petersburg MEDICAL CENTER

ARCADIS

New Facility Construction Report April 2025

Sitework

Sitework has resumed, and that activity will continue through the end of April. This will include final grading, landscaping, pouring concrete sidewalks, and a service driveway. Other exterior improvements will be done during this same time and should all be completed by May 1st. Under consideration for additional scope of work for Dawson is proposing to pour concrete for the WERC parking lot and the driveway leading up to the WERC building, versus chipseal or future asphalt.

WERC Building

The interior of the WERC building is mostly complete; painting and final electrical and mechanical trim out are nearly finished, and the whole building's substantial completion cleaning has started. Most of the focus currently is on exterior work, including the installation of the generator. The Substantial Completion walkthrough will start on May 1st and go through May 3rd. Bettisworth North, Arcadis, and PMC will generate a punch list to be completed by the contractor before PMC building acceptance.

The MRI Addition framing and sheathing are complete, and activities have moved to Roofing and Exterior Clad. ETS Lindgren is the main constraint for the schedule for the addition. The fabrications for the RF Copper shield are off-site and take 6-8 weeks to complete, shipping and installation another 4 weeks. Only after ETS Lindgren is completed with the RF Shield can Dawson complete their interior build-out. Due to the constraints on the MRI Addition from ETS Lindgren, the magnet delivery date has been adjusted for July 14th, and the Substantial Completion is now shifted to July 31st.

New Hospital Design

Further design progress is on hold pending grant funding. The Phase 5 wetlands permit is currently under review, approval takes 3-4 months, and we should have approval by May or June. Pending permits, Phase 5 work for the drive to Excel Rd could be completed under the current contract with Dawson and within the budget. This work would take place most likely in August or September, but is TBD at this time.

Upcoming Construction Activities

- April – Exterior siding, Exterior concrete surfaces, Mechanical and Electrical trim, CCTV and Access Controls installation, MRI Addition Roofing, Clad, Siding.
- May – Substantial Completion, Punch List, and MRI Addition, Final Exterior Improvements

Budget

- WERC budget – $22.7M (Stacked)
    - CCPF Treasury Grant – $20M
    - HRSA Grant – $2.7M
- Hospital Sitework & 35% Schematic Design – $5.3M
    - HRSA Grant – $5.3M

Exterior Drives, Sidewalks, and Curbs

MRI Addition, and Administrative

Submitted by: Justin Wetzel- Arcadis Project Manager

Petersburg MEDICAL CENTER

Quality Report April 2025

Workforce Wellness

Three PMC staff attended the AHHA Quality Summit in Anchorage on April 8th. This was a valuable day spent learning and networking with quality leaders from around the state. Quality Improvement projects were presented by both Fairbanks Memorial and Providence Anchorage. For more details:

https://www.alaskahha.org/quality-summit

Community Engagement

Community Health Needs Assessment- Key findings and implementation plan will be presented this month, full report scheduled to follow in May.

Tai Ji Quan: Moving For Better Balance- The remote/zoom class will be coming to a close on May first and will be reoffered again starting in the fall season for 24 weeks.

Patient Centered Care

Continue working to connect to departments within PMC, share resources, and offer support with quality improvement initiatives. Assistance is provided with incident review to help in identifying potential processes or areas where improvement could be reached or is needed.

LTC Mobility Project is underway. This project aims to maintain and improve resident mobility, strength, mood, and comfort. It is an interdepartmental collaboration between LTC and Rehabilitation and is designed as a response to previous resident outcomes and feedback.

The next Home Health quality meeting is scheduled for the 25th in which we will review recent quality measure reports, projects, and manage the quality improvement task list for the department. Ongoing monitoring continues for past projects to help ensure lasting positive change.

Facility

LTC Quality Committee will be trying a slightly different meeting structure this month to allow more time for specific resident care review. We will continue to report on 'action items' monthly and facilitate progress on those areas identified.

Financial Wellness

Continue to work with the ACL Fall Prevention Grant and will be providing a semi-annual report to the Administration for Community Living (ACL) and National Council on Aging next month. We are now about half-way into this 4-year grant and the programs are receiving positive feedback from the community.

Submitted by: Stephanie Romine, RN

Petersburg MEDICAL CENTER

Infection Prevention Board Report April 2025

Workforce Wellness

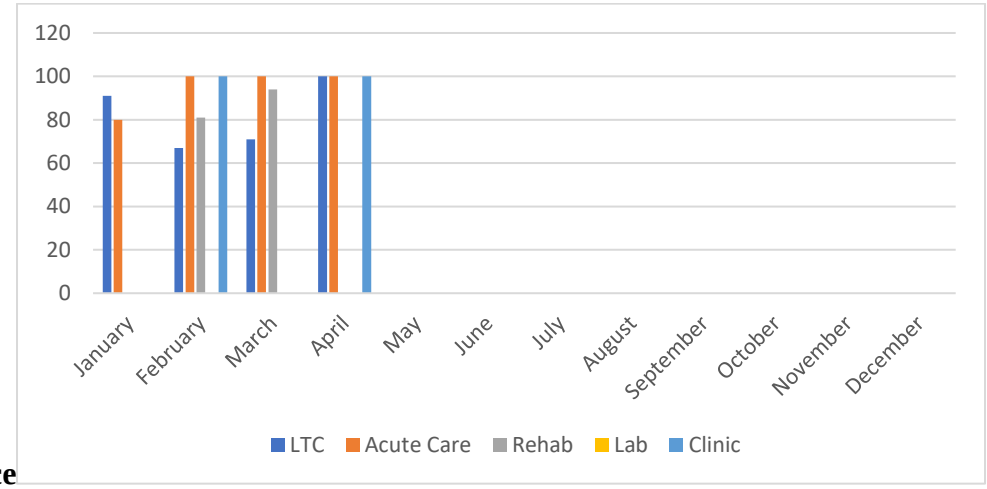
I continue to work as the lone Infection Preventionist for PMC.

Community Engagement

I work with many different departments at PMC to ensure compliance with regulations and work to improve our care. During our Environment of Care (EOC) rounds monthly, we focus on making sure different areas of PMC are meeting standards. This group consists of nursing, environmental services, and management on a regular basis. We also include staff from our focused area each month. Last month we focused on dietary/kitchen rounds.

Last month there was teaching provided to nursing and providers on *Urinary Tract Infections in LTC*. Currently I am working on providing education on hand hygiene and the use of gloves for different departments at PMC.

Patient Centered Care



2025 Hand Hygiene Compliance

LTC 2025 Infection Prevention Metrics:

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

Facility

No changes. Our aging facility continues to cause many obstacles to meet current IPC standards.

Financial Wellness

No changes.

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

Petersburg MEDICAL CENTER

PMC CEO Board Report April 2025

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

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

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

- PMC welcomes Jana Newell, Healthcare Biller, Jessielea Tagaban, Patient Liaison, and Lily Lenihan, Cook, to the team!
- April 2nd- Physician Lunch
- April 9th- Medstaff meeting
- April 17th-Office Hours with Phil
- April 18th- Environmental Care Rounds
- April 18thst- Manager Meeting
- PMC Celebrates the following professionals in March:
    - Laboratory Department during National Lab week (April 20th-26th): Special thanks to Margaret Agner, Isaias Arevalos, Levy Boiter, Veronica Carter, Nancy Higgins, Jessica Lasky, Joel Randrup, Aly Shimek, and Violet Shimek.
    - Health Information Management Professionals week (April 21st-25th): Special thanks to Sayra Arevalos, Michael Burnett, Belinda Chase, Tammy Strickland, and Kim Randrup.
    - Administrative Professionals Day (April 23rd): Special thanks to Rae Baker, Allison Canik, Malcolm Darden, Ashton Gonzales, Linda Hine, Carrie Lantiegne, Sarah Larson, Je Tagaban, Stephanie Barber, Melinda Cook, Jessica Franklin, Abbey Hardie, Megan Litster, Michelle Rumple, Katie Shay, Chris Waechter, Kaili Watkins, Jacque Grone, Rebecca Keys, Abel Flores, Erica O'Neil, Rexanne Stafford, Kelly O'Connor Demko, and Tamera McCay.

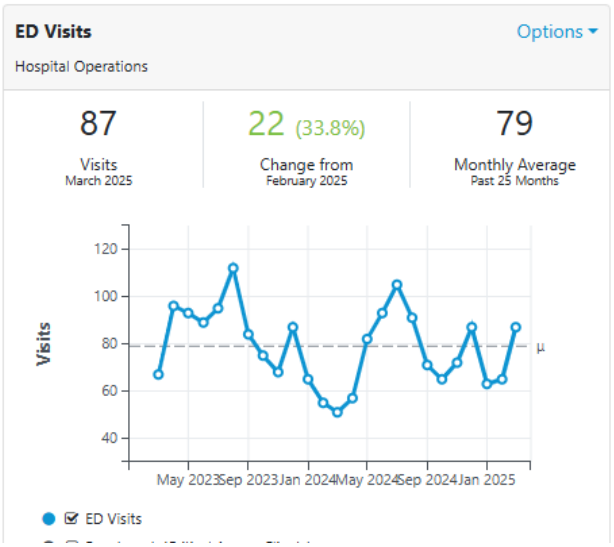
Community Engagement: *Goal: To strengthen the hospital's relationship with the local community and promote health and wellness within the community.*

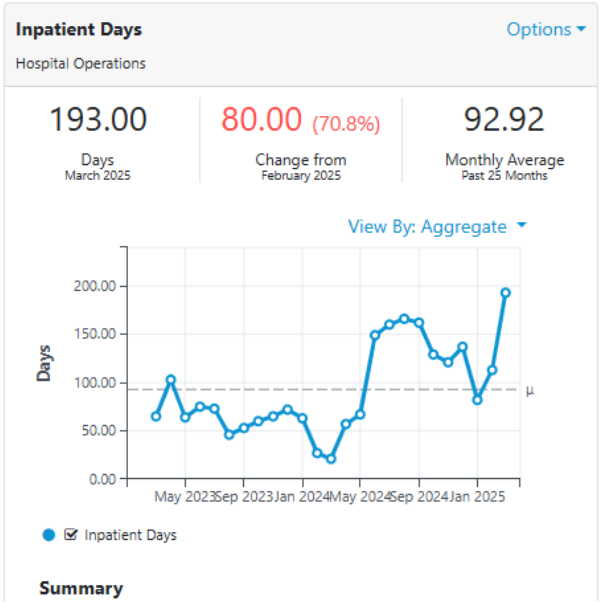
- March 21st- Participated in PSG High School job fair.
- March 28th- Participated in PIA job fair.
- March 31st- Strings and Things program had LTC and kids outside enjoying the sun together.
- April 1st- National Take Down Tobacco Day, Kinderskog helped clean up litter on streets from school to downtown and back again.
- April 3rd- Guard911 initial set up started, funded by Petersburg Police Department
- April 4th- Foundation Meeting
- April 7th- Reported at Borough noon Assembly Meeting
- Ongoing through April- Bingocize and Tai Ji Quan, part of fall prevention programs.
- April 9th- PMC quarterly newsletter published and available.
- April 24th- KFSK/PMC Live
- April 24th-Hospital Board Meeting open to public
- April 26TH- Speech Pathology workshop offered (free) 9-10am
- April 26th- Early Childhood Fair- Free hearing screening
- Upcoming travel to Anchorage and then Washington DC

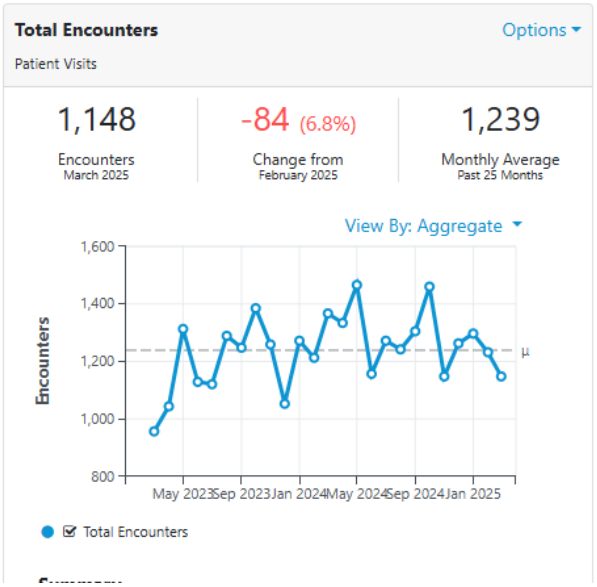

FREE
"GOOD TALKING WITH YOU"
A time for **Guardians of Birth to 4 ½ yrs old** & their **child(ren)** to meet for an informational seminar with **speech pathologist Pam Christianson** about language and development.
PLAYING
TALKING
FUN
APRIL 26, 2025
(SATURDAY)
9:00-10:00AM
@ Good Begginnings Preschool
Register Here
More Information
bturland@pmc-health.org

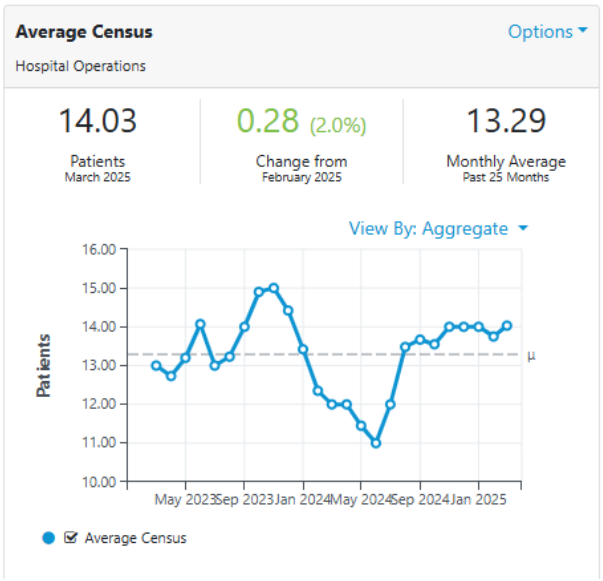
Patient Centered Care: *Goal: To provide high-quality, patient-centered care, and promote wellness for patients.*

- Joy Janssen Clinic Access to Primary Care: We remain fully staffed with 4 Physicians and 2 mid-level practitioners. M-F 8AM-5PM, and Saturday 8AM-12, 1PM-4:30PM
  - Same day appointments for urgent care are readily available.
  - Next available appointment with primary care provider is 6 days' wait time
  - Third available appointment with primary care is an average 8 days' wait time.
- Optometrist, Kamey Kapp, saw patients here in Petersburg in Specialty Clinic March 31-April 8 and will be returning.
- Dermatologist, Cameron French, still scheduled to see patients this year tentatively in June.
- ENT, Dr. Raster, plans to see patients in May of this year in the Specialty Clinic.
- Psychiatry services are ongoing via telehealth and accepting referrals.
- Audiologist, Phil Hofstetter, continues to see patients in Specialty Clinic.









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 a report with a detailed update on the new facility.
- We continue to be on track and on budget for the WERC building.
- Transition planning with the departments that will move into WERC building, as well as departments that will occupy the vacated space in our existing facility, will continue monthly until the move date this summer/fall.
- Certificate of Need for MRI has been completed, submitted, and now under review.
- Updates: Project updates are available on the PMC website under the “New Facility & Planning” tab. Photos are updated on social media every Friday afternoon.
- As the WERC building nears completion, building tours are closed as floors, paint, and fixtures are added, with an opening pending.

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

- March showed expenses were high, however revenue generated was also high. Operationally, volumes were solid.
- 340B Program is operational and we are receiving payments.
- Accounts Receivables (AR) Update: currently below 90 days.
- Grants; *See attached Grants Report*
- Budget preparations for the next FY26 are being drafted by Finance for review by the Resource Committee.

Submitted by: Phil Hofstetter, CEO

Petersburg MEDICAL CENTER

FISCAL YEAR 2025 GRANTS UPDATE

Grants currently fund 4.9 FTE in total FY25 staff time across 13 PMC roles

1 Funded FY25 Grant Request to Date: $20,000

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

6 Pending FY25 Grant Requests to Date: $3,361,000

- **Alaska Children's Trust** **Cultural Activities Grant**
  Community Wellness request to fund PIA guest educators & Elders in Kinder Skog
  1 Year | **$1,000** total requested – *Decision anticipated Spring 2025*

- **HRSA** **Rural Health Network Development Planning Program**
  Planning with independent AK CAHs to improve rural health access & efficiency.
  1 Year | **$100,000** total requested – *Decision anticipated by Sept. 2025*

- **Petersburg Community Foundation** **Community Support Grant**
  Community Wellness request for *Sources of Strength* training, supplies, and more.
  1 Award | **$10,000** total requested – *Decision anticipated Spring 2025*

- **Rasmuson Foundation** **Community Support Grant**
  Wellness, Education, & Resource Center MRI Suite addition construction costs.
  1 Award | **$250,000** total requested – *Decision anticipated Dec. 2025*

- **Senate Appropriations** **Congressionally Directed Funds (Rep. Begich)**
  New Facility Phase 3 costs. Requested in FY24, still pending budget appropriation
  1 Award | **$3,000,000** total requested – *Decision now anticipated FY26*

2 New Facility Grants Operating in FY25 $28,000,000

- **HRSA** **Congressionally Directed Spending: Community Project**
  New Medical Center & Long-Term Care facility sitework and construction costs.
  Year **3** of **3** | **$8,000,000** (total single award)
  Project housed in: Finance

- **US Department of Treasury** **Coronavirus Capital Projects Fund Grant**
  Wellness, Education & Resource Center building construction including MRI Suite.
  Year **3** of **6** | **$20,000,000** (total single award)
  Project housed in: Finance

Updated 4/15/2025 *by Katie McKay Bryson (Director of Grants, Planning & Evaluation)*

9 Program & Personnel* Grants Operating in FY25 — $780,296

** FY25 Grant contributions to PMC's Admin & Finance costs:* *$62,980*

- **AK Community Foundation** **Summer ORCA Camps – COMPLETE**
  Launched PMC's first overnight camp experience / kayaking camp for older youth.
  1 Year | **$20,000** (total single award)

- **ACL** **Communities Deliver & Sustain Evidence-Based Falls Prevention**
  Provides evidence-based falls prevention programs to older adults, people with disabilities, & others with mobility challenges. Connects community to CW/HH.
  Year **2** of **4** | **$147,076** in FY25
  Currently funding: **0.9 FTE** in Community Wellness & Home Health staff positions

- **AHHA** **Facility-Led Workforce Initiative Funding**
  Provides financial support for CW youth programs, specifically expansion of summer camps, and behavioral health and wellness supports for PMC personnel.
  Year **2** of **2** | **$52,992** in FY25
  Currently funding: **0.1 FTE** in Behavioral Health staff

- **HRSA** **Rural Community Opioid Response Project – Overdose Response**
  No-Cost Extension of FY24 project establishing PMC's telepsychiatry pilot project.
  Year **2** of **2** | **$65,000** in FY25
  Currently funding: **0.2 FTE** personnel in BH staff + external telepsychiatry contract

- **SBHA** **School-Based Health Services Grant** ***Cancelled in CDC Funding Recall***
  Partnership providing onsite School Nurse & BH support for PSD K-12 students.
  1 Year | ***$104,116**
  Funded in FY25: **1.15 FTE** across **3 positions** in Primary Care/BH; **$8,752** indirect

- **State Health Department** **Adult Day Services Grant**
  Supports Cedar Social Club staffing & $33K+ per year in participant scholarships.
  Year **1** of **3** | **$149,855** in FY25
  Currently funding: **0.9 FTE** across **3 positions** in Home Health; **$19,546** indirect

- **State Health Department** **Community Tobacco Prevention & Control Grant**
  Implements the evidence-based Million Hearts® Change Package for Tobacco Cessation in the PMC health care systems change.
  Year **2** of **3** | **$145,000** in FY25
  Currently funding: **0.7 FTE** across **2 positions** in CW; **$18,913** in PMC indirect costs

- **State Health Department** **Hospital Preparedness Program – COMPLETE**
  Purchase 2 radio base stations & 4 mobile handheld radios for emergency prep.
  1 Year | **$14,664.28** (total single award)

- **State Health Department** **Opioid Settlement Funds Grant**
  Sustain telepsychiatry access pilot program established by 2023 HRSA grant.
  Year **1** of **3** | **$142,828** in FY25
  Currently funding: **0.9 FTE** across **3 positions** BH/Grants Director; **$18,630** indirect

Updated 4/15/2025 *by Katie McKay Bryson (Director of Grants, Planning & Evaluation)*

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

For the month ended March 31, 2025

PETERSBURG MEDICAL CENTER

Key Volume Indicators

FISCAL YEAR 2025

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Clinic Visits	847	874	860	986	782	828	855	804	750				7,586	7,155	6.0%
2. Radiology Procedures	259	202	211	231	247	240	194	190	213				1,987	1,764	12.6%
3. Lab Tests (excluding QC)	2,057	1,754	1,753	1,720	1,489	1,861	1,714	1,809	1,545				15,702	17,512	-10.3%
4. Rehab Services Units	1,028	789	788	1,061	1,137	1,184	1,047	828	1,265				9,127	7,311	24.8%
Physical	687	629	643	789	870	1,022	906	665	937						
Occupational	281	112	123	272	251	152	123	146	290						
Speech	60	48	22	-	16	10	18	17	38						
5. Home Health Visits	155	168	175	227	196	160	230	197	184				1,692	1,192	41.9%
Nursing Visits	110	119	136	150	109	110	135	130	121						
PT/OT Visits	45	49	39	77	87	50	95	67	63						
6. Emergency Room Visits	95	88	65	64	67	86	63	60	62				650	648	0%
Hospital Inpatient															
7. Patient Days - Acute	34	49	27	24	23	30	21	28	29				265	244	8.6%
8. Patient Days - Swing Bed	120	115	135	105	96	105	35	78	133				922	291	216.8%
9. Patient Days - Total	154	164	162	129	119	135	56	106	162				1,187	535	121.9%
10. Average Daily Census - Acute	1.1	1.6	0.9	0.8	0.8	1.0	0.7	1.0	0.9				1.0	0.9	8.5%
11. Average Daily Census - Swing Bed	3.9	3.7	4.5	3.4	3.2	3.4	1.1	2.8	4.3				3.4	1.1	216.6%
12. Average Daily Census - Total	5.0	5.3	5.4	4.2	4.0	4.4	1.8	3.8	5.2				4.3	2.0	121.7%
13. Percentage of Occupancy	41.4%	44.1%	45.0%	34.7%	33.1%	36.3%	15.1%	31.5%	43.5%				36.1%	16.3%	121.7%
Long Term Care															
14. LTC Days	372.0	418.0	410.0	392.0	420.0	434.0	434.0	384.0	420.0				3,684	3,742	-1.5%
15. Average Daily Census	12.0	13.5	13.7	12.6	14.0	14.0	14.0	13.7	13.5				13.5	13.7	-1.5%
16. Percentage of Occupancy	80.0%	89.9%	91.1%	84.3%	93.3%	93.3%	93.3%	91.4%	90.3%				89.7%	91.0%	-1.5%

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the month ended March 31, 2025

Month Actual	Month Budget	$ Variance	% Variance			YTD Actual	YTD Budget	$ Variance	% Variance	Prior YTD	% Variance
					Gross Patient Revenue:						
$701,804	$335,254	$366,550	109.3%	1.	Inpatient	$5,336,898	$3,017,287	$2,319,611	76.9%	$2,653,713	101.1%
801,344	971,221	(169,877)	-17.5%	2.	Outpatient	7,967,378	8,740,987	(773,609)	-8.9%	7,968,003	0.0%
646,303	521,472	124,831	23.9%	3.	Long Term Care	5,483,011	4,693,248	789,763	16.8%	4,836,198	13.4%
431,941	447,681	(15,740)	-3.5%	4.	Clinic	4,031,053	4,029,112	1,941	0.0%	3,701,034	8.9%
43,949	44,315	(366)	-0.8%	5.	Home Health	409,867	398,831	11,036	2.8%	366,002	12.0%
2,625,340	2,319,943	305,398	13.2%	6.	**Total gross patient revenue**	23,228,206	20,879,465	2,348,742	11.2%	19,524,950	19.0%
					Deductions from Revenue:						
488,636	496,977	8,341	1.7%	7.	Contractual adjustments	4,494,155	4,472,798	(21,357)	-0.5%	3,526,561	-27.4%
0	(84,770)	(84,770)	100.0%	8.	Prior year settlements	0	(762,930)	(762,930)	100.0%	(664,863)	100.0%
52,047	12,500	(39,547)	-316.4%	9.	Bad debt expense	324,948	112,500	(212,448)	-188.8%	(163,502)	-298.7%
8,510	16,667	8,157	48.9%	10.	Charity and other deductions	154,192	150,003	(4,189)	-2.8%	(14,369)	1173.1%
549,193	441,374	(107,819)	-24.4%		**Total revenue deductions**	4,973,295	3,972,371	(1,000,924)	-25.2%	2,683,827	-85.3%
2,076,147	1,878,569	197,579	10.5%	11.	**Net patient revenue**	18,254,911	16,907,094	1,347,818	8.0%	16,841,123	8.4%
					Other Revenue					-	
53,436	33,333	20,103	60.3%	12.	340b Revenue	55,366	299,999	(244,634)	-81.5%	-	n/a
100,642	84,247	16,395	19.5%	13.	Inkind Service - PERS/USAC	858,092	758,223	99,869	13.2%	743,267	15.4%
70,656	52,179	18,477	35.4%	14.	Grant revenue	691,616	469,611	222,005	47.3%	493,804	40.1%
2,933,427	9,562	2,923,865	30578.0%	15.	Federal & State Relief	2,933,427	86,064	2,847,363	3308.4%	75,000	3811.2%
39,534	38,202	1,332	3.5%	16.	Other revenue	229,992	343,818	(113,826)	-33.1%	337,882	-31.9%
3,197,696	184,190	2,960,069	1607.1%	17.	**Total other operating revenue**	4,768,493	1,657,716	3,055,411	184.3%	1,649,954	189.0%
5,273,843	2,062,759	3,211,084	155.7%	18.	**Total operating revenue**	23,023,404	18,564,810	4,458,594	24.0%	18,491,077	24.5%
					Expenses:						
1,086,135	985,955	(100,180)	-10.2%	19.	Salaries and wages	9,268,337	8,873,595	(394,742)	-4.4%	8,476,310	-9.3%
146,645	105,319	(41,326)	-39.2%	20.	Contract labor	1,482,574	947,864	(534,710)	-56.4%	823,571	-80.0%
414,049	366,659	(47,390)	-12.9%	21.	Employee benefits	3,518,613	3,299,939	(218,674)	-6.6%	3,161,402	-11.3%
145,495	136,754	(8,741)	-6.4%	22.	Supplies	1,286,975	1,230,786	(56,189)	-4.6%	1,196,908	-7.5%
540,278	127,280	(412,998)	-324.5%	23.	Purchased services	1,752,135	1,145,527	(606,608)	-53.0%	1,131,432	-54.9%
38,522	45,699	7,177	15.7%	24.	Repairs and maintenance	429,135	411,291	(17,844)	-4.3%	411,908	-4.2%
25,739	21,719	(4,020)	-18.5%	25.	Minor equipment	295,834	195,471	(100,363)	-51.3%	172,727	-71.3%
31,324	21,137	(10,187)	-48.2%	26.	Rentals and leases	276,561	190,241	(86,320)	-45.4%	186,925	-48.0%
90,365	91,623	1,258	1.4%	27.	Utilities	771,321	824,603	53,281	6.5%	800,548	3.7%
25,176	10,192	(14,985)	-147.0%	28.	Training and travel	96,864	91,724	(5,140)	-5.6%	91,469	-5.9%
87,180	100,766	13,586	13.5%	29.	Depreciation	822,451	906,894	84,443	9.3%	852,208	3.5%
16,918	22,211	5,293	23.8%	30.	Insurance	161,035	199,907	38,872	19.4%	144,370	-11.5%
26,907	34,576	7,669	22.2%	31.	Other operating expense	257,261	311,177	53,916	17.3%	325,754	21.0%
2,674,733	2,069,889	(604,844)	-29.2%	32.	**Total expenses**	20,419,096	18,629,018	(1,790,078)	-9.6%	17,775,531	-14.9%
2,599,110	(7,130)	2,606,241	36551.1%	33.	**Income (loss) from operations**	2,604,308	(64,208)	2,668,517	4156.0%	715,547	-264.0%
					Nonoperating Gains(Losses):						
(105,261)	11,323	(116,584)	-1029.6%	34.	Investment income	181,663	101,914	79,749	78.3%	395,507	54.1%
(10,435)	(4,439)	(5,996)	-135.1%	35.	Interest expense	(99,193)	(39,951)	(59,242)	-148.3%	(106,405)	6.8%
0	0	0	n/a	36.	Gain (loss) on disposal of assets	0	0	0	n/a	-	n/a
1,561,906	1,016,666	545,240	53.6%	37.	Other non-operating revenue	10,175,937	9,150,002	1,025,935	11.2%	3,864,815	163.3%
1,446,209	1,023,550	422,659	41.3%	38.	**Net nonoperating gains (losses)**	10,258,407	9,211,965	1,046,442	11.4%	4,153,918	147.0%
$4,045,320	$1,016,420	$3,028,900	298.0%	39.	**Change in Net Position (Bottom Line)**	$12,862,715	$9,147,757	$3,714,958	40.6%	$4,869,464	164.2%

PETERSBURG MEDICAL CENTER

Balance Sheet

Mar, 2025

ASSETS	Mar 2025	Feb 2024	June 2024	Mar 2024
Current Assets:				
1. Cash	1,719,740	2,015,017	356,249	893,136
2. Cash - insurance advances	0	0	0	0
3. Investments	1,085,479	1,081,938	1,057,873	1,047,798
4. Total cash	2,805,218	3,096,955	1,414,122	1,940,934
5. Patient receivables	7,858,489	7,198,024	6,821,298	5,311,132
6. Allowance for contractuals & bad debt	(2,740,085)	(2,607,219)	(2,363,151)	(1,770,958)
7. Net patient receivables	5,118,404	4,590,805	4,458,147	3,540,174
8. Other receivables	5,727,411	1,225,835	2,231,342	1,985,559
9. Inventories	359,401	353,651	319,404	323,157
10. Prepaid Expenses	149,696	183,372	161,762	135,379
11. Total current assets	14,160,131	9,450,618	8,584,777	7,925,204
Property and Equipment:				
12. Assets in service	28,655,516	28,655,516	28,601,075	28,589,182
13. Assets in progress	19,657,208	18,091,492	9,368,246	4,874,122
14. Total property and equipment	48,312,724	46,747,008	37,969,321	33,463,304
15. Less: accumulated depreciation	(23,121,407)	(23,034,228)	(22,298,956)	(22,005,217)
16. Net propery and equipment	25,191,316	23,712,781	15,670,365	11,458,087
Assets Limited as to Use by Board				
17. Investments	3,458,977	3,546,966	3,337,912	3,324,925
18. Building fund	754,372	772,799	724,158	719,881
19. Total Assets Limited as to Use	4,213,349	4,319,765	4,062,069	4,044,806
Pension Assets:				
20. OPEB Asset	7,338,848	7,338,848	6,685,608	6,685,608
Deferred Outflows:				
21. Pension	2,428,790	2,428,790	2,554,803	2,554,803
22. Total assets	**$53,332,434**	**$47,250,802**	**$37,557,622**	**$32,668,508**

LIABILITIES & FUND BALANCE	Mar 2025	Feb 2024	June 2024	Mar 2024
Current Liabilities:				
23. Accounts Payable - Trade	$1,600,539	$1,103,344	$3,255,927	$3,074,479
24. Accounts Payable - New Facility	2,570,613	1,036,470	0	0
25. Accrued Payroll	556,947	434,838	240,920	439,310
26. Payroll taxes and other payables	1,001,364	964,072	236,514	214,814
27. Accrued PTO and extended sick	1,120,452	1,099,815	1,018,401	996,119
28. Deferred revenue	84,007	94,859	152,525	287,351
29. Due to Medicare	1,466,833	1,594,144	160,798	266,855
30. Due to Medicare - Advance	0	0	0	0
31. Due to Blue Cross - Advance	0	0	0	0
32. Other current liabilities	3,203	3,203	4,145	4,022
33. Current portion of long-term debt	455,450	453,484	618,244	397,552
34. Total current liabilities	8,859,407	6,784,230	5,687,476	5,680,501
Long-Term Debt:				
35. Capital leases payable	1,942,844	1,981,707	2,283,594	2,221,499
Pension Liabilities:				
36. Net Pension Liability	15,526,950	15,526,950	16,521,607	16,521,607
37. OPEB Liablity	-	-	-	-
38. Total pension liabilities	15,526,950	15,526,950	16,521,607	16,521,607
39. Total liabilities	26,329,201	24,292,888	24,492,677	24,423,608
Deferred Inflows:				
40. Pension	413,688	413,688	623,594	623,594
Net Position:				
41. Unrestricted	13,726,830	13,726,830	2,751,845	2,751,845
42. Current year net income (loss)	12,862,715	8,817,395	9,689,507	4,869,462
43. Total net position	26,589,544	22,544,225	12,441,352	7,621,306
44. Total liabilities and fund balance	**$53,332,433**	**$47,250,800**	**$37,557,622**	**$32,668,507**

****Note: Cash on line 1 is for presenation 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, 2025

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior Year	% Change
1. Contractual Adj. as a % of Gross Revenue	14.2%	11.2%	12.5%	22.5%	16.1%	36.8%	10.5%	31.7%	18.6%				19.3%	18.1%	-7.1%
2. Charity/Other Ded. As a % of Gross Revenue	0.0%	-0.1%	0.0%	0.0%	0.0%	0.0%	5.1%	1.0%	0.3%				0.7%	-0.1%	1002.0%
3. Bad Debt as a % of Gross Revenue	1.2%	3.7%	1.6%	-0.3%	0.0%	6.4%	3.1%	-6.4%	2.0%				1.4%	-0.8%	-267.1%
4. Operating Margin	9.1%	12.8%	8.0%	1.9%	-4.4%	-26.6%	1.0%	-13.1%	49.3%				11.3%	-10.2%	210.5%
5. Total Margin	47.5%	39.0%	39.0%	29.6%	28.7%	-0.6%	38.0%	26.5%	60.2%				38.6%	-10.6%	276.6%
6. Days Cash on Hand (Including Investments)	83.3	87.9	89.8	92.4	96.9	100.5	117.6	110.3	102.1				100.5	81.3	24%
7. Days in A/R (Net)	68.5	65.9	67.8	62.6	65.6	77.7	75.4	78.9	80.1				77.7	62.0	25.2%
8. Days in A/R (Gross)	85.3	85.3	87.1	81.0	82.8	87.6	88.8	86.5	96.1				87.6	79.2	11%

0

Petersburg
MEDICAL CENTER

Community Health Needs Assessment

APRIL 2025 UPDATE TO THE PMC BOARD

Assessment Requirements

FOR NON-PROFIT HOSPITALS

Health Assessment Requirements

IRS regulations require –

- Every 3 years, a non-profit hospital must conduct a **community health needs assessment** (CHNA), *and*
- Adopt an implementation strategy to meet the community health needs identified in the CHNA

Section 501(r)(3)(B)

Health Assessment Requirements

The CHNA must –

- Include input from people who represent the broad interests of the community served by the hospital, including those with public health expertise, *and*
- Be made widely available to the public

Section 501(r)(3)(B)

Hospital Board Role & Deliverables

This requirement is met if –

- Our hospital has conducted a CHNA in the current taxable year or either of the two immediately preceding taxable years, *and*
- **The Board** has adopted an implementation strategy to meet the identified needs on or before May 15th.

Section 501(r)(3)(B)

2025 Assessment Process

JUNE 2024 – APRIL 2025

2025 CHNA Process

Partners

- Petersburg Public Health
- PMC Quality Monitoring
- PMC Community Wellness
- PMC Evaluation, Planning & Grants

Components

- Collaborative Planning
- External (Health Surveillance) Data
- Internal (Patient, Utilization & Finance) Data
- Stakeholder Interviews
- Community Survey
- Collaborative Data Analysis
- Publication & Dissemination of Final Report

2025 CHNA: Stakeholder Interviews

Methodology

- Identified potential participants with broad knowledge of the community, including public health
- $20 in Chamber Bucks offered to those who participated in interviews during their personal time
- 6 CHNA team members interviewing
- Interviews recorded & transcribed, removing names & identifying details
- Interview transcripts reviewed by 1-2 readers & coded using SWOT framework

2025 CHNA: Stakeholder Interviews

19 Participants

- Parents & foster parents
- Community volunteers
- Business owners
- Non-profit staff
- Multi-generational households
- People with disabilities
- Have used housing assistance
- LGBTQ+ community members
- Young adult (ages 18-24)
- Elders / Seniors / older adults
- Indigenous people
- Caregivers of dependent / older adult
- People who have used food stamps / food pantry
- Deaf or limited hearing
- Union members
- Experience being unhoused
- Emergency Medical Services
- Educators
- People of color
- Government employees – Borough, Tribal, State, Federal
- People who are or have been uninsured
- Social workers
- Law enforcement
- Have had contact with the criminal justice system

2025 CHNA: Community Survey

Methodology

- Drafted & tested by 6-person team
- Final test & review by 3 volunteers
- Translated into Spanish & Tagalog (*HUGE thank you to Melva & Ro!*)
- Provided in English online (Typeform)
- Paper copies in 3 languages provided at Public Health & PMC Clinic
- Open Jan 13 – Feb 9, 2025
- Outreach through social media, radio, newspaper, flyers, Project Connect…+
- Participants entered drawing for 3 gift certificates: $250, $100, and $50
- Response data reviewed by single question & combined analysis

2025 CHNA: Community Survey

270 Survey Responses

- **98% live in Petersburg**, 2% in Kupreanof, Wrangell, Point Agassiz, or Point Baker
- **Compared w Census population estimates…**
  - Slightly more White & Alaska Native respondents than proportional
  - & Slightly more respondents age 65+
- **Employment**
  - 53% Full time or self-employed
  - 16% Part time or multiple jobs
  - 27% Retired
  - 3% Caring for family / health issue
- **Age Range**
  - ~2% each 18-24 and 80+ years
  - 32% age 25-44
  - 36% age 45-64
  - 28% age 65-79
- **# Living in Household**
  - 52% households of 1-2
  - 37% households of 3-4
  - 11% households of 5+
- **Household income aligned w Census median**
  - 50% of households $79k+ / year
  - ~25% of households under $50k / year

Who PMC Serves & How

2025 COMMUNITY NEEDS HEALTH ASSESSMENT

From 2022-2024 PMC served

4,598

individual patients, through

50,453

patient encounters

In 2022-2024 PMC provided

25,683
Clinic appointments

12,468
Long Term Care days

66,392
Lab tests

7,490
Radiology procedures

5,952
Home Health patient visits

1,446
Behavioral Health appointments

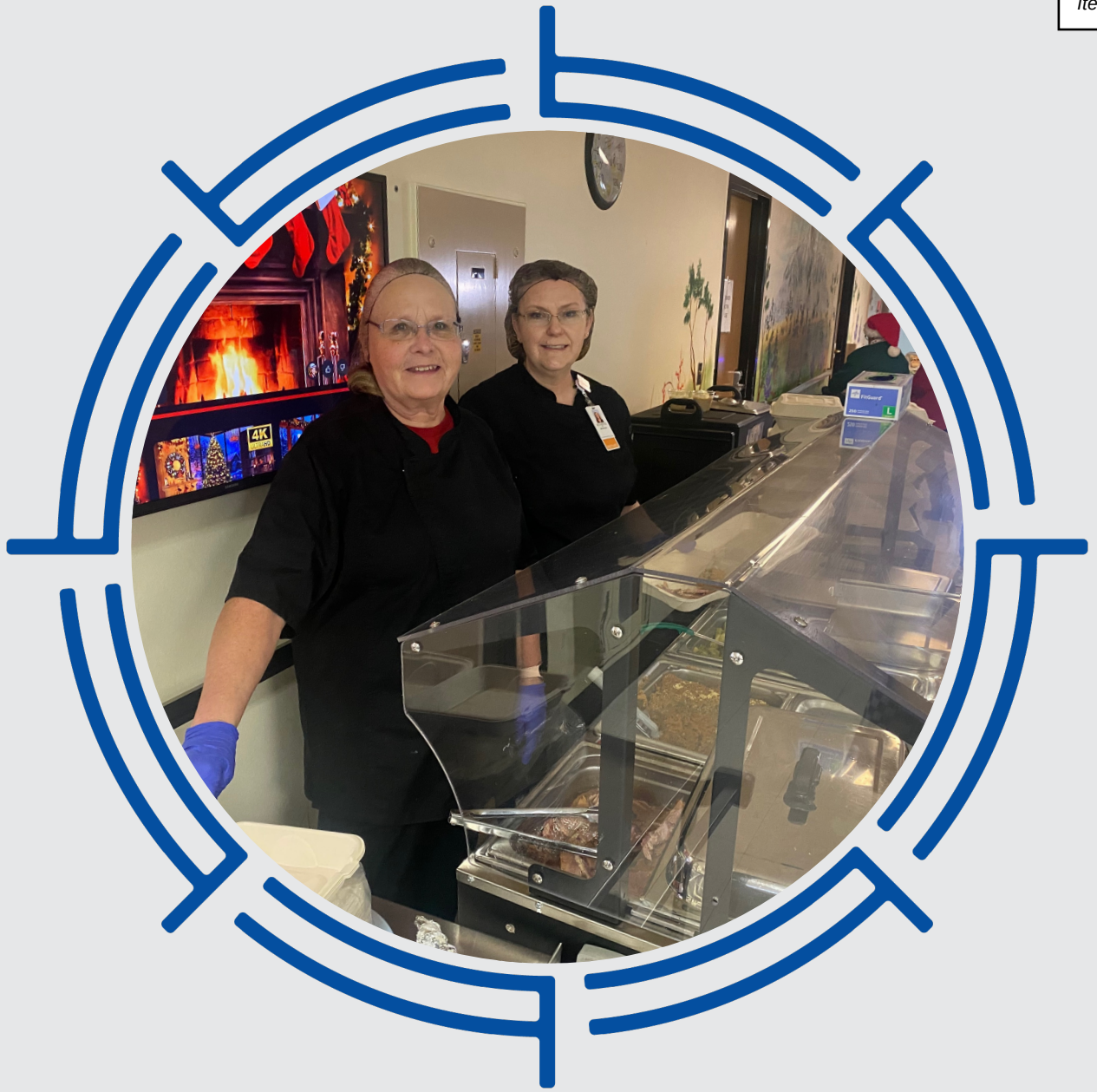
In just 2023-2024 PMC staff delivered

29,122

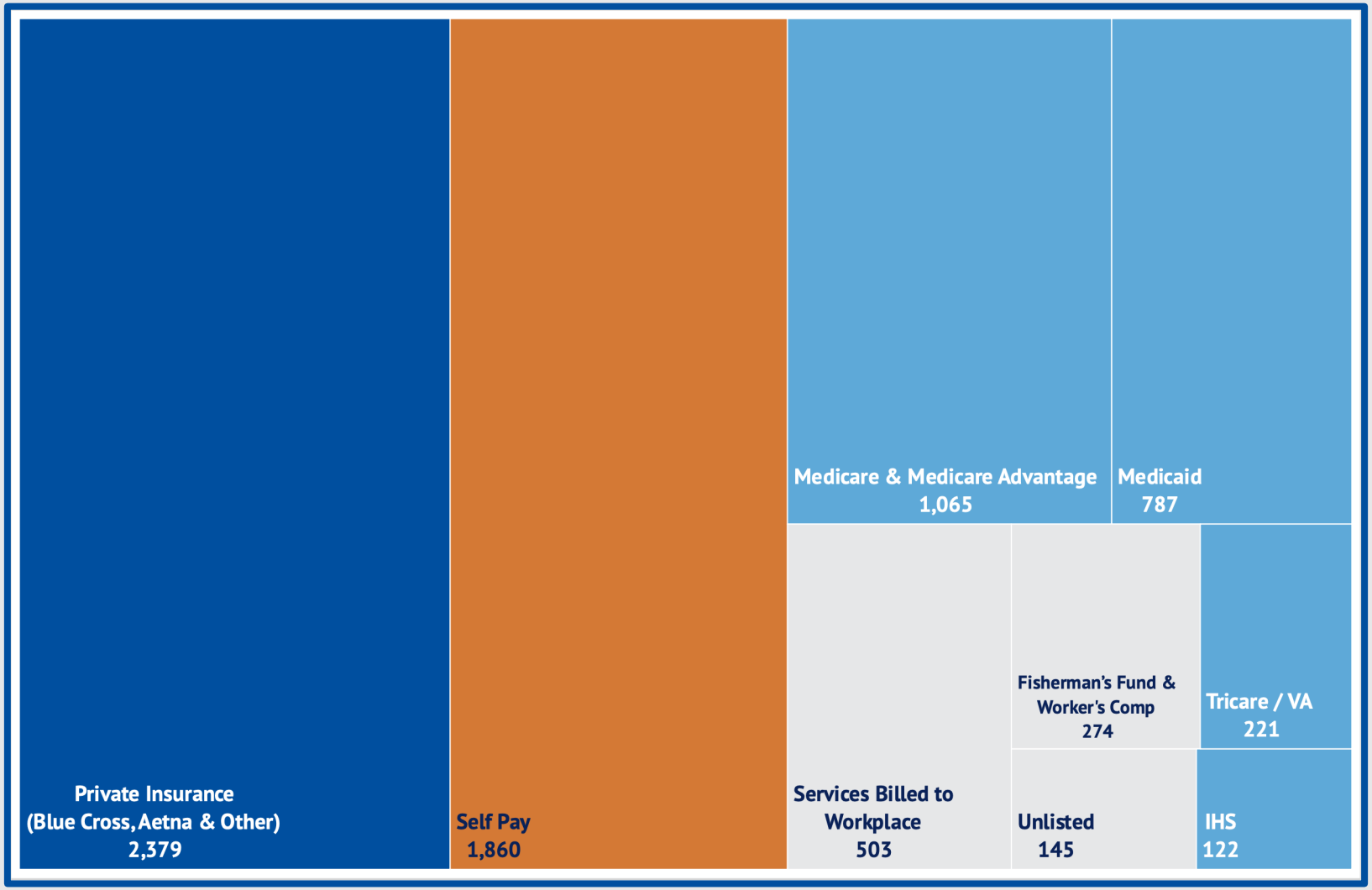
patient & guest meals

172,281

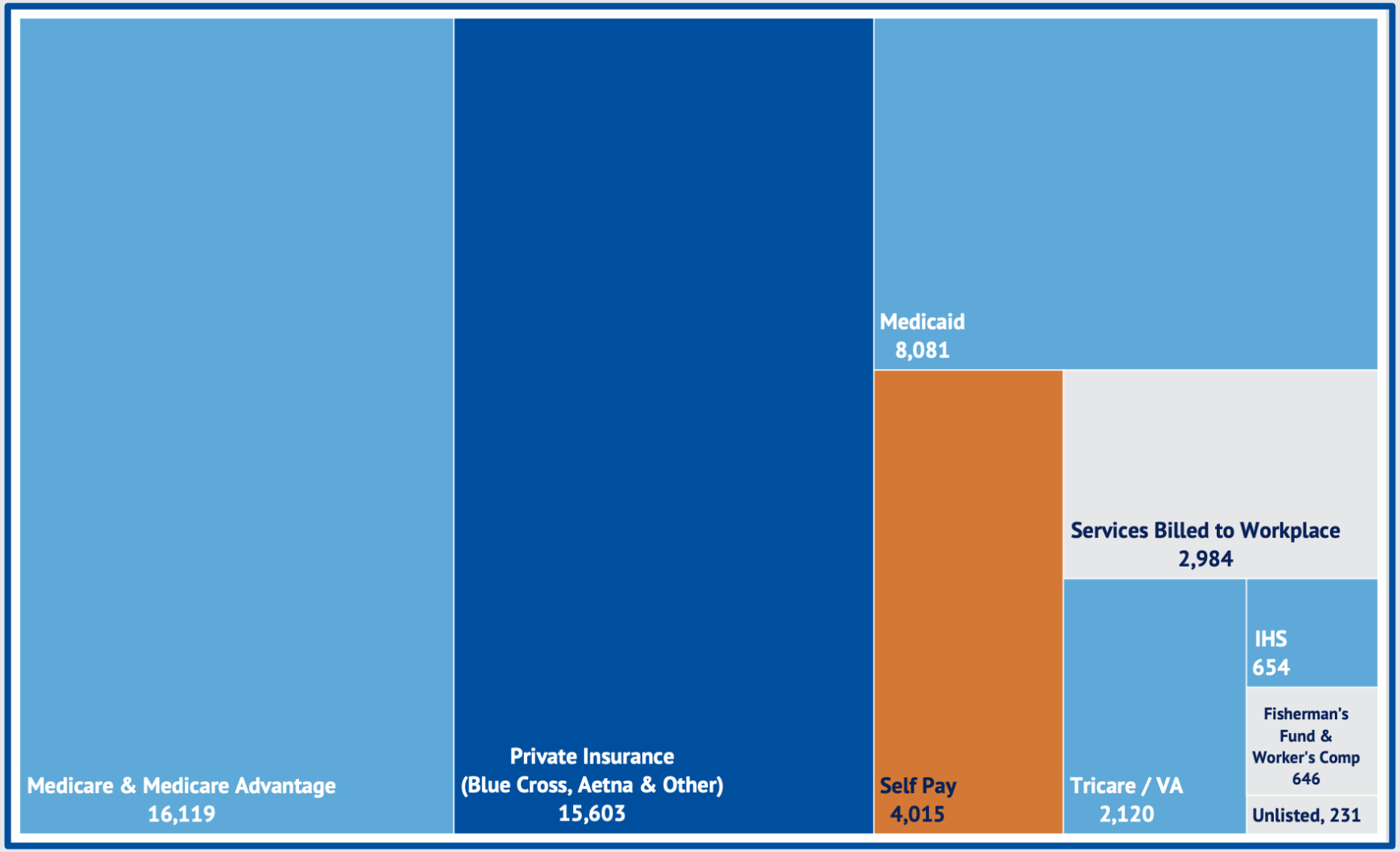
pounds of clean laundry



Payment Source by # of Patients, 2022-2024

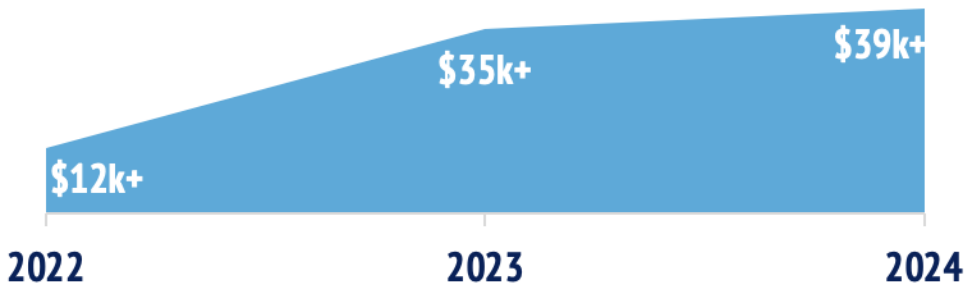


Payment Source by # of Visits, 2022-2024

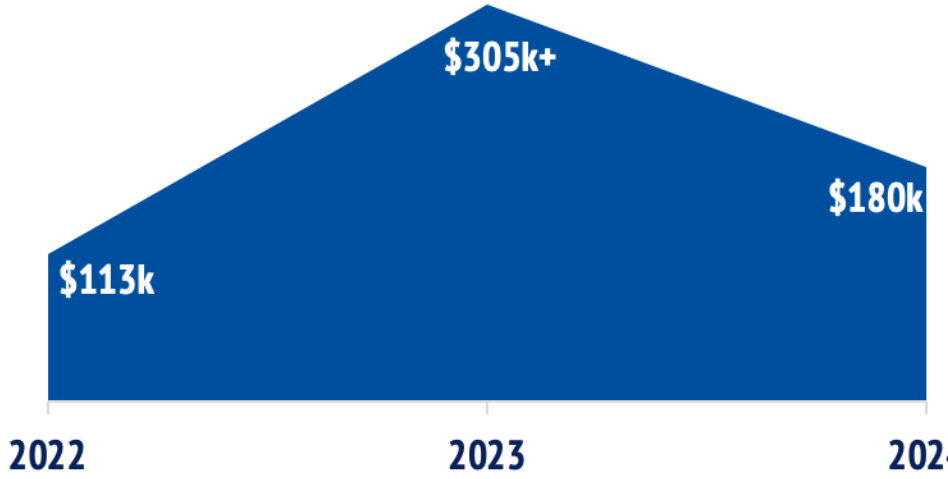


Patient Financial Assistance, 2022-2024

PMC provided $87,259 in Payment Plan Match Funds.



PMC provided $597,745 in Direct Financial Assistance.

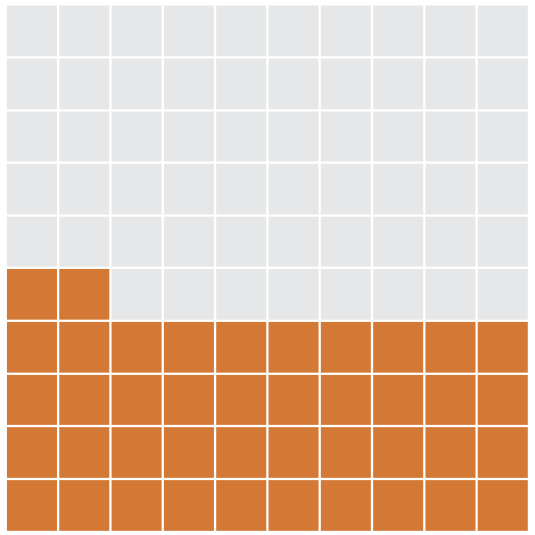


Community Health Priorities

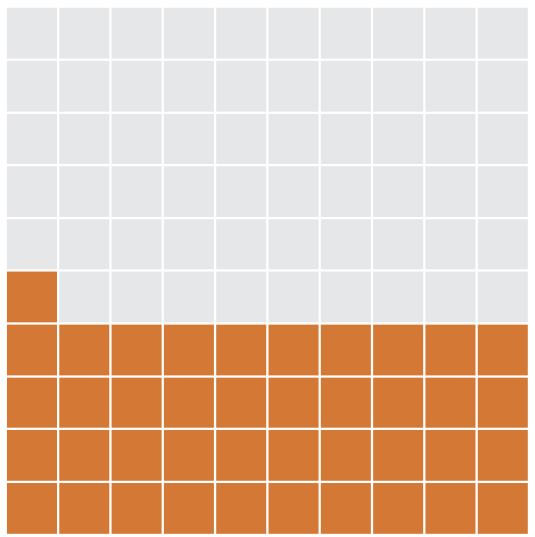
2025 COMMUNITY NEEDS HEALTH ASSESSMENT

What Makes a Healthy Community?

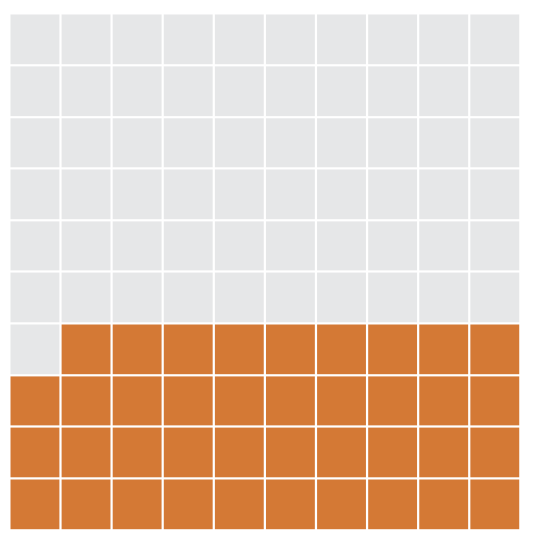
42% told us access to health care services is a top priority.



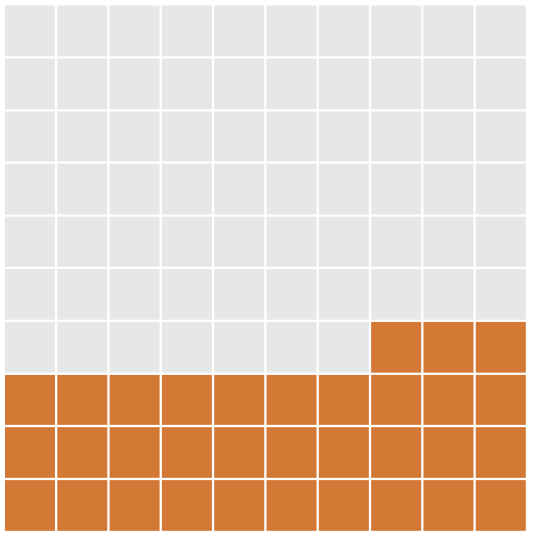
41% told us good schools & childcare are a top priority.



39% told us good jobs & a strong economy are a top priority.



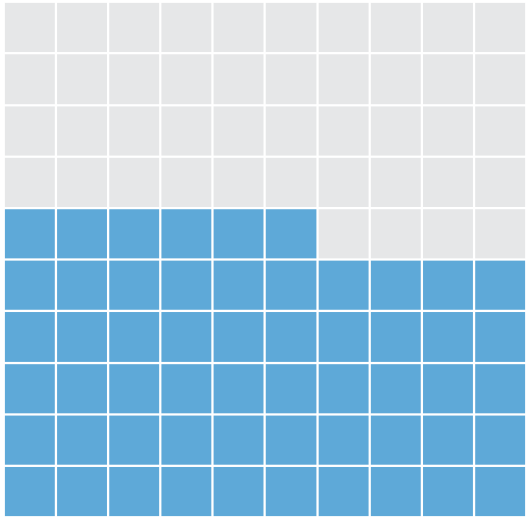
33% told us safe & affordable housing is a top



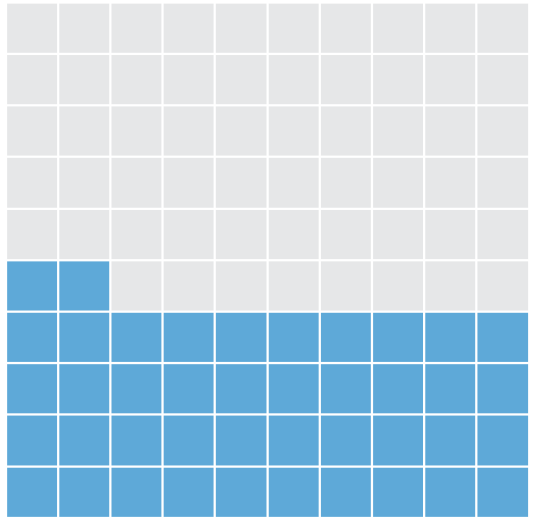
**** Other top choices: Healthy behaviors and lifestyles (18%), Safe & thriving childhood (14%), Access to recreational activities (13%), Safe neighborhoods (13%), and Support for adults as they get older (12%)***

What is Our Biggest Health Problem?

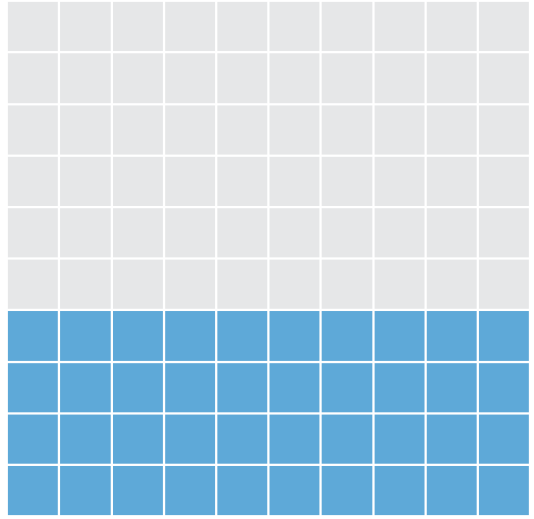
56% told us substance use is a top health problem.



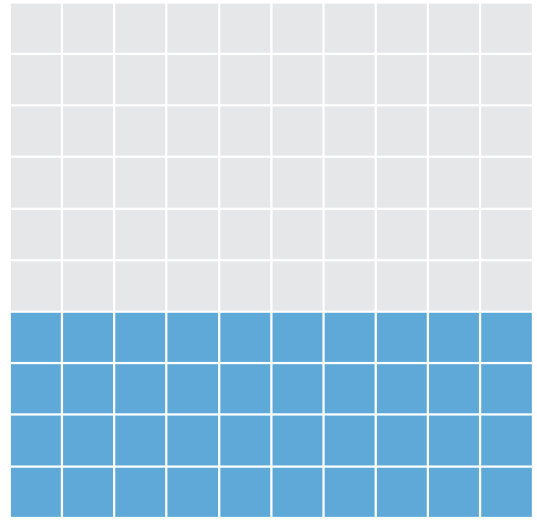
42% told us lack of access to affordable housing is a top health problem.



40% told us cost / access to healthy, nutritious food is a top health problem.



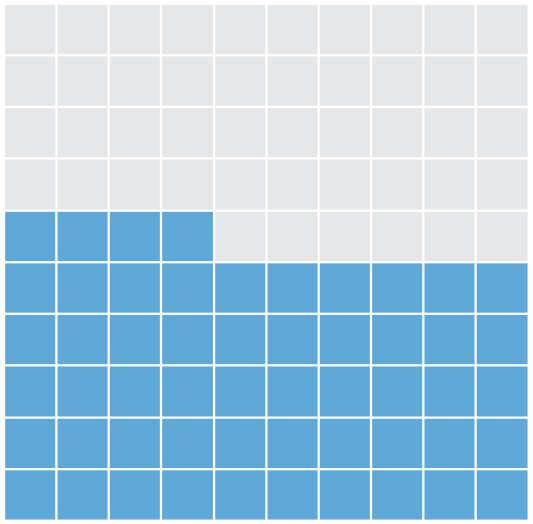
40% told us mental health challenges are a top health problem.



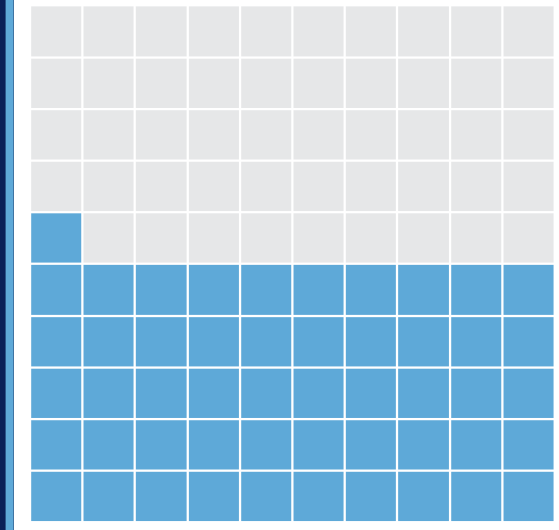
**** Other top health problems: Chronic disease (24%), Health problems related to aging (19%), and Lack of access to health care (19%)***

What is Our Biggest Safety Problem?

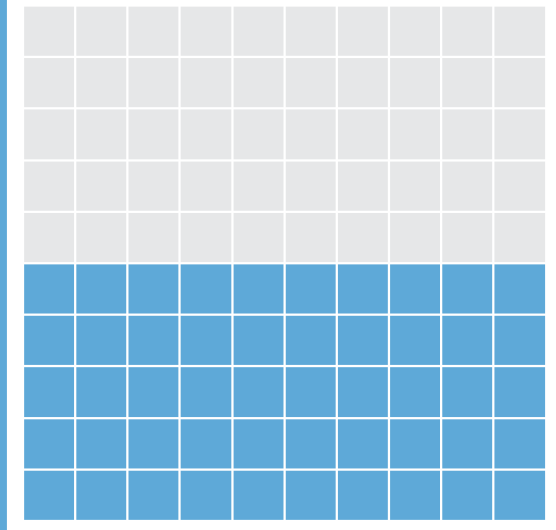
54% told us misuse of alcohol is a top safety problem.



51% told us sale & use of illegal substances is a top safety problem.



50% told us misuse of prescription meds (opioids) is a top safety problem.



**** 83% of respondents chose at least one of these three options. Among 17 total choices, no other answer had more than 25% agreement***

Health Priorities Shared by Our Community

PRIORITY 1
Rural Alaskans need and deserve comprehensive, high quality, modern healthcare where we live.

PRIORITY 2
Our community needs support and information to effectively access the healthcare services we have.

PRIORITY 3
Rising costs are impacting our community's capacity to get what we need to be healthy and thrive.

PRIORITY 4
Behavioral health challenges – especially substance misuse – are our biggest shared health concern.

PRIORITY 5
Rural Alaskans need and deserve equitable access to services in our own communities as we age.

Priority #1: Local Health Care

65%

said **yes**, there were times their families couldn't get health care locally in the last year

45%

said **yes**, there were times their families had to travel for an MRI

Priority #1: Local Health Care

"Ultrasound and getting a colonoscopy. Have to go out of town and it is too expensive to do so."

"The VA won't allow us to get medication in town."

"We were in need of orthopedic services not available locally. However, telehealth made it an option not to travel."

"We were medivaced to Anchorage for life saving surgery"

"While I was able to be seen for most of my basic needs while pregnant, I had to travel outside of the community to finish my pregnancy. The cost of traveling is a lot more now then ever, and I wish I had been home or closer to family during that time in my life."

Priority #2: Support Accessing Services

Among people who said **they did not get all the services they needed** last year...

- **36%** were over the income limit
- **14%** didn't know where to find what they needed
- **12%** were too embarrassed to apply
- **14%** don't think what they need exists here

Priority #3: The Threat of Rising Costs

43%

said **yes**, their families had trouble affording what they needed in the last year

27%

said **no**, they were not able to get all social services needed

Priority #3: The Threat of Rising Costs

Among just those whose families **needed supportive services** in the last year...

50%
Public insurance
(Medicaid / Denali Kid Care)

25%
SNAP, WIC, or other food assistance through the State

26%
Utilities assistance

15%
Transportation assistance

23%
Local food pantry / community meals

14%
PMC income-based financial help

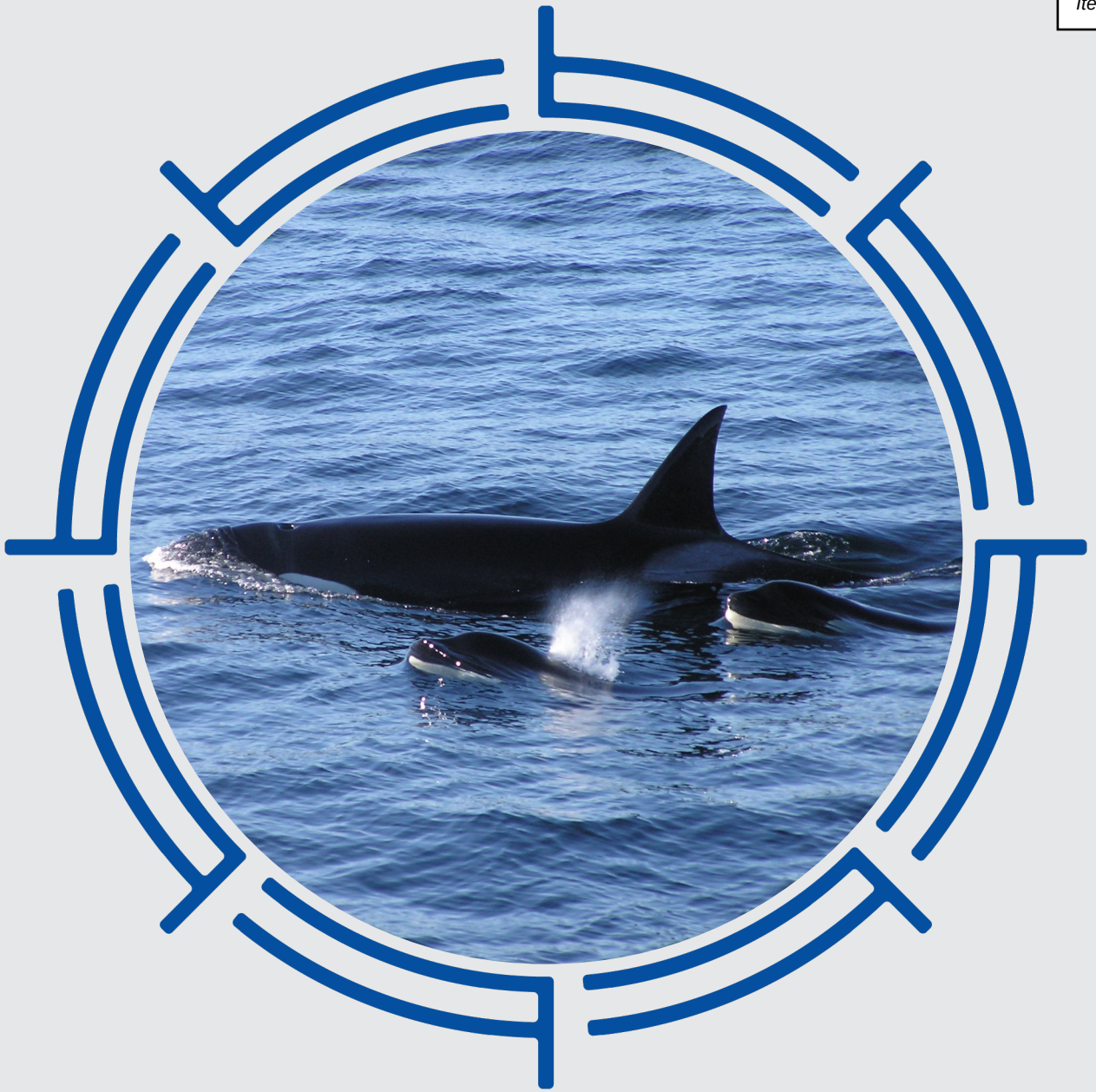
Priority #4: Behavioral Health Services

46%

said **yes**, their families needed mental health services of some kind in the last year

59%

said **yes, they were** able to get the services they needed locally



Priority #4: Behavioral Health Services

Among just those whose families **needed mental health services** in the last year...

82%
Counseling / therapy

45%
Medication for mental health condition

13%
Crisis-related care

10%
Inpatient hospitalization

10%
Recovery support services / peer support

8%
Treatment for substance use

Priority #5: Elder Resources & Support

81%

said Petersburg is a **somewhat to very healthy** place to grow older

75%

of those who needed help getting or planning for Long-Term Care last year **got what they needed locally**

Priority #5: Elder Resources & Support

But among only those who said Petersburg is an **unhealthy or very unhealthy** place to grow older

88%

were ages **65 or older**

Recommended Strategies to Address Health Priorities

2025 COMMUNITY NEEDS HEALTH ASSESSMENT

Proposed PMC Strategies to Address Health Priorities

STRATEGY 1
Increase availability of comprehensive healthcare services for our rural community.

STRATEGY 2
Reduce barriers our community faces in accessing existing healthcare services.

STRATEGY 3
Reduce the impact of rising costs on our community's access to health-related needs.

STRATEGY 4
Support increased community behavioral health capacity and access to behavioral health services.

STRATEGY 5
Address and advocate for the health needs of our increasing Elder / older adult population.

Proposed PMC Strategies to Address Health Priorities

STRATEGIES	INITIATIVES	SUCCESS MEASURES	ROLE	POTENTIAL PARTNERS	TIMEFRAME
STRATEGY 1: Increase availability of comprehensive healthcare services for our rural community.					
	a. Establish New Hospital & LTC Facility	**a(1)** Seek funding to complete construction	**Lead**	• Petersburg Public Health • Petersburg Borough • Petersburg Indian Association (PIA) • Petersburg School District (PSD) • Birthing facilities • Alaska Infant Learning Program • All-Alaska Pediatric Partnership (A2P2) • Alaska Legislature • Congressional Delegation • UAA, UW, etc. • Alaska Hospital & Healthcare Association (AHHA) • Partnering providers	**Years 1-3**
	b. Increase availability of local screenings & diagnostic services	**b(1)** Establish local MRI services **b(2)** Establish consistent colonoscopy clinic provider			
	c. Increase availability of specialty clinics	**c(1)** # clinic types/# clinics held			
	d. Integrate telehealth (TH) partnerships in care	**d(1)** # TH services PMC provides **d(2)** Establish TH navigation & referral resources			
	e. Bridge gaps in perinatal care to support flourishing newborns & families in Petersburg	**e(1)** Seek funding for perinatal / early childhood supports **e(2)** Well child visit rate			
	f. Establish career pathways to recruit & develop new providers	**f(1)** # & type of training opportunities provided			

Proposed PMC Strategies to Address Health Priorities

STRATEGIES	INITIATIVES	SUCCESS MEASURES	ROLE	POTENTIAL PARTNERS	TIMEFRAME
STRATEGY 2: Reduce barriers our community faces in accessing existing healthcare services.					
	a. Increase awareness of services	**a(1)** Availability of patient navigation, discharge planning, case management & outreach **a(2)** Reach of public messaging	**Lead**	• Petersburg Public Health • Petersburg Borough • Petersburg Indian Association (PIA) • Supporting Health Awareness, Resiliency & Education (SHARE) Coalition • KFSK (Local Radio) • Petersburg Pilot • Southeast Alaska Independent Living (SAIL)	**Years 1-3**
	b. Assess payer source barriers & opportunities to reduce these	**b(1)** Establish partnerships to reduce payer source barriers			
	c. Assess physical barriers to health services related to mobility	**c(1)** Partner to conduct mobility access assessment			
	d. Monitor patient perception of confidentiality & quality of care	**d(1)** Establish anonymous feedback Continuous Quality Management (CQM) mechanism			
	e. Provide income-based financial assistance for healthcare costs	**e(1)** Total annual $ provided			

Proposed PMC Strategies to Address Health Priorities

STRATEGIES	INITIATIVES	SUCCESS MEASURES	ROLE	POTENTIAL PARTNERS	TIMEFRAME
STRATEGY 3: Reduce the impact of rising costs on our community's access to health-related needs.					
	a. Support local access initiatives to reduce food insecurity **b. Support** local initiatives to increase affordable housing **c. Support** local access to affordable childcare **d. Support** local access to healthy recreation	**a(1)** # & type of local food access projects supported **b(1)** Hospital participation in Borough Housing Task Force if re-established **c(1)** # children/families served by PMC youth programs **d(1)** # recreation events / programs provided	**Partner**	• Petersburg Public Health • Petersburg Borough • Petersburg Indian Association (PIA) • Supporting Health Awareness, Resiliency & Education (SHARE) Coalition • Humanity in Progress (HIP) • Petersburg School District • Faith-based meal programs • SNAP/WIC • Parks & Recreation • Childcare providers	**Years 1-3**

Proposed PMC Strategies to Address Health Priorities

STRATEGIES	INITIATIVES	SUCCESS MEASURES	ROLE	POTENTIAL PARTNERS	TIMEFRAME
STRATEGY 4: Support increased community behavioral health (BH) capacity and access to behavioral health services.					
	a. Support increased local access to substance use disorder prevention, treatment & recovery	**a(1)** Establish additional BH service partnerships / evidence-based practices as a component of integrated care **a(2)** Establish linkages to recovery community resources	**Partner**	• Public Health • PIA • SHARE Coalition • AA/NA • PSD • Petersburg Police Department • Volunteer Fire Department & EMS • Working Against Violence for Everyone (WAVE) • Local Emergency Planning Committee • SEARHC Mountainside • True North Counseling • Other local & regional providers • Regional prevention & wellness coalitions	**Years 1-3**
	b. Support increased local services for suicide prevention & response	**b(1)** # & audience of prevention trainings / activities conducted			
	c. Support increased local availability of crisis management	**c(1)** Partner to assess crisis management opportunities			
	d. Support increased community knowledge and reduced stigma regarding BH conditions	**d(1)** # & audience of trainings / resources provided (eg MAT, overdose, stigma science, etc.)			
	e. Support increased community access to healthy social activities	**e(1)** # & type of social activities supported / populations served (eg youth, families, adults, etc.)			

Proposed PMC Strategies to Address Health Priorities

STRATEGIES	INITIATIVES	SUCCESS MEASURES	ROLE	POTENTIAL PARTNERS	TIMEFRAME
STRATEGY 5: Address and advocate for the health needs of our increasing Elder / older adult population.					
	a. Establish services to meet the needs of older and disabled adults and their caregivers	**a(1)** # & type of services provided / # served **a(2)** # regional partnerships to improve continuum of care	**Lead**	• Petersburg Public Health • PIA • SHARE Coalition • Mountainview Manor • SAIL • SEARHC • AHHA • State Senior & Disability Services • US Administration for Community Living	**Years 1-3**
	b. Assess barriers to services for older and disabled Alaskans in rural communities & identify opportunities to reduce these	**b(1)** Partner to conduct assessment of barriers **b(2)** Partner in advocacy on State & federal policies impacting rural populations			
	c. Assess opportunities to expand services for our rural community	**c(1)** Partner to conduct assessment of service gaps (eg hospice, assisted living, etc.) **c(2)** Conduct service feasibility & funding assessment			

Questions for PMC's Board

- Are there any items on the proposed strategies list you would like to **change**?
- Are there any items on the proposed strategies list you would like to **remove**?
- Are you comfortable **approving** these strategies?

Petersburg
MEDICAL CENTER

Thank you!

FULL ASSESSMENT REPORT TO BE RELEASED IN MAY