



# Petersburg Medical Center

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## BOARD MEETING A g e n d a

DATE: May 1, 2023  
TIME: 5:00 p.m.  
LOCATION: Dorothy Ingle Conference Room/Zoom

	<u>Lead</u>	<u>Handout</u>
I. CALL TO ORDER	Chair	N/A
II. APPROVAL OF THE AGENDA	Chair	<i>in packet</i>
III. APPROVAL OF BOARD MINUTES – March 23, 2022	Chair	<i>in packet</i>
IV. VISITOR COMMENTS	Chair	N/A
V. BOARD MEMBER COMMENTS	Chair	N/A
VI. COMMITTEE REPORTS A. Resource Committee	Chair	N/A
VII. REPORTS		
A. Pharmacy <i>Action required: Informational only</i>	E. Kubo	<i>in packet</i>
B. Rehab <i>Action required: Informational only</i>	K. DuRoss	<i>in packet</i>
C. Plant Maintenance <i>Action required: Informational only</i>	M. Boggs	<i>in packet</i>
D. Environmental Services <i>Action required: Informational only</i>	G. Edfelt	<i>in packet</i>
E. Activities <i>Action required: Informational only</i>	A. Neidiffer	<i>in packet</i>
F. Home Health <i>Action required: Informational only</i>	K. Testoni	<i>in packet</i>
G. Quality & Infection Prevention <i>Action required: Informational only</i>	S. Romine	<i>in packet</i>
H. Executive Summary <i>Action required: Informational only</i>	P. Hofstetter	<i>in packet</i>

I. Financial J. McCormick *in packet*  
*Action required: Informational only*

VIII. UNFINISHED BUSINESS

IX. NEW BUSINESS

A. Board Committee Appointments Chair at meeting  
*Action required: Approval*  
i. Resource Committee  
ii. Community Engagement Committee  
iii. Kinder Skog Advisory Committee  
iv. Bylaws Committee

X. EXECUTIVE SESSION

*By motion, the Board will enter into Executive Session to consider medical staff appointments/reappointments, legal matters, and to discuss matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the hospital.*

XI. NEXT MEETING

XII. ADJOURNMENT

# Petersburg Medical Center

PO Box 589

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Phone: (907) 772-4291 | Fax: (907) 772-3085



**Meeting:** Medical Center Board Meeting

**Date:** March 23, 2023 **Time:** 5:00 p.m.

**Board Members Present:** Jerod Cook, Heather Conn (Zoom), Kim Simbahon, Marlene Cushing, Cindi Lagoudakis, Joe Stratman. (Note that Members Stratman and Lagoudakis were excused early due to a previously known scheduling conflict; 6:05 pm and 6:16 pm respectively.)

**Others (in person and via Zoom):** Bob Lynn, Jeff Meuci, Scott Newman (Assembly members), many PMC staff, members of the media and community, Jay Farmwald (PMC project manager)

- I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:00 pm.
- II. **APPROVAL OF THE AGENDA:** Member Cushing made a motion to approve the agenda as presented. Motion seconded by Member Lagoudakis. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:** Member Lagoudakis made a motion to approve the minutes from February 23, 2023 as presented. Motion seconded by Member Simbahon. Motion passed unanimously.
- IV. **VISITOR COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** Member Cushing commended Helen Boggs and staff for a remarkable LTC state survey, which had zero deficiencies.
- VI. **COMMITTEE REPORTS:**
  - A. **Resource Committee:** Member Cook provided that the annual audit report was presented with no material deficiencies and that work continues on A/R and Cerner issues.
- VII. **REPORTS:**
  - A. **Information Technology/EHR.** J. Dormer provided a written report (see copy) and was available to answer questions. She addressed Member Cushing's questions regarding an update on billing and Cerner issues, Home Health Matrix Care and LTC.

- B. Materials Management:** M. Randrup provided a written report (see copy) and was available to answer questions. She addressed Member Lagoudakis' question regarding clarification on pre- and post- perp count value.
- C. Medical Records.** K. Randrup provided a written report (see copy) and was available to answer questions. She addressed Member Cushing's question regarding acceptance and reception of CommonWell and Member Lagoudakis' question regarding clarification of sequestered clinic clarification process.
- D. Nursing.** J. Bryner provided a written report (see copy) and was available to answer questions.
- E. Quality & Infection Prevention.** J. Bryner and P. Hofstetter provided written reports (see copy) and were available to answer questions.
- F. Executive Summary.** P. Hofstetter provided highlights from the written report (see copy). He addressed Member Cushing's questions about some of the financial challenges related to payors and denials.
- G. Financial.** J. McCormick provided a financial management update, including annual audit review, (see copy) and was available to answer questions.

**VIII. UNFINISHED BUSINESS**

**IX. NEW BUSINESS**

- A.** Kinder Skog Pilot Program Update. Wellness team (Kelly Zweifel, Julie Walker, Katie Holmlund) presented a program update and answered board member questions, with a plan to present a program update in September to include overview of summer programs, incident reports summary and volunteer requirements.

- X. EXECUTIVE SESSION** Member Cushing made a motion to enter Executive Session to consider legal matters, medical staff appointments, personnel matters and to discuss matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the hospital. Motion seconded by Member Simbahon. Motion passed unanimously. Board entered Executive Session at 6:44 pm.

Member Cushing made a motion to come out of Executive Session. Motion seconded by Member Simbahon. Motion passed unanimously. Board came out of Executive Session at 8:01 pm.

Member Cushing made a motion for appointments and reappoints of: Valerie McWhorter, MD; Jon Ekstrom, MD, radiology; Cortney Hess, MD; Erik Young, MD, radiology; Bijiibaa Garrison, MD; Kelly Gebler, CRNA, to the medical staff. Motion seconded by Member Simbahon. Motion passed unanimously.

- XI. NEXT MEETING** The next regularly scheduled meeting will be determined via email poll.

- XII. ADJOURNMENT** Member Simbahon made a motion to adjourn. Motion was seconded by Member Cushing. Motion passed unanimously. The meeting adjourned at 8:04 pm.

Respectfully submitted,

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Marlene Cushing, Board Secretary

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# Petersburg Medical Center

Pharmacy Board Report May 2023

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## **Workforce Wellness**

Staff is primarily Elise, with some assistance from Jolyn.

## **Patient Centered Care**

I am looking forward to improving communication with the nurses working directly with the patients, so that they will be able to communicate medication problems easily and efficiently to me for faster resolution.

COVID: We do not currently have any monoclonal antibodies that are effective against the current strain of COVID. We do have Paxlovid, both from Rexall and stocked at the hospital.

## **Facility**

I am looking forward to implementing a running inventory when that new software is available.

## **Financial Wellness**

We are continuing to explore 340B usage in cooperation with Rexall, in addition to optimizing our in-house usage. We are exploring a relationship with Hudson Headwaters as a possible way to implement this.

**Submitted by:** Elise Kubo

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# Petersburg Medical Center

## Rehabilitation Department Report May 2023

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### **Workforce Wellness**

Our department has been fully staff for the past 2-3 months with 4 PTs (1 Traveler), 1 OT (a traveler), and 1 ST. Since hiring on a new OT, it has decreased the PT waiting list time and reopened our department as a full service (PT/OT/ST) Rehab Department. Having a fully staffed department also has decreased stress and pressure on all our therapists, allowing more time for documentation, research, and for continuing education.

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

### **Community Engagement**

**Community:** The rehab department plans to work with Kinder Skog for an educational day on movement of the body. The focus will be information on muscles, joints, bones, and how they work together to make our bodies move.

**Interdepartmental:** Working with home health department, offering support and employees as they apply for grants and filling roles they may need Rehab to fill for starting community based programs in the future.

### **Patient Centered Care**

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

### **Facility**

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

### **Financial Wellness**

Our department's budget has been restricted due to the overall financial status of the hospital. Continuing education for our therapists is where our department has felt the most restriction. To cut back on our overhead costs, therapists have been asked to improve their documentation time, to come in late if they do not have early patients, and to leave early if they don't have late patients.

**Submitted by:** Kaitlin DuRoss

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# Petersburg Medical Center

Maintenance Report May 2023

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## **Workforce Wellness**

I would like to introduce our newest member to the maintenance team and PMC family, Wolf Brooks. Wolf has a work history of mechanical and operating assorted systems for Sea-Con construction where he was a plant foreman. He is looking forward to modifying his skills to face the needs and challenges of PMC. I am very confident he will be successful in his quest.

## **Community Engagement**

Springtime is a busy time in the maintenance department. We have started our spring cleanup of the outside and will call on our partners at the borough to come and assist with gravel pick up and the use of their street sweeper. We also will begin our annual PM agreements with fire system checks, fire panel checks and bi-annual maintenance and testing of our oxygen generation system. This is also the time to begin our filter changing of all the intake and air handling units of the facility.

## **Patient Centered Care**

Our main function in patient care at this time is to ensure safety and comfort which largely includes a clean and obstacle-free entrance and exit to the building for patients and visitors. We also begin our modulation of heating cooling to adjust for outside air temps for both patients and staff.

## **Facility**

We continue to work through our aged systems and maintain the equipment we have by means of adjustment or part replacement instead of total replacement. We have found if you replace too much of a system it becomes hard to couple into the existing or are unable to meld the new and the old. In a calculable sense a new facility would eventually pay for itself on maintenance alone.

## **Financial Wellness**

I do not foresee any large expenses to our department other than replacement part and hardware that are subject to inflation. I do not see any red light or warnings as to end of life on any of our major systems.

**Submitted by: Mike Boggs**

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# Petersburg Medical Center

EVS Report May 2023

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## **Workforce Wellness**

Many of us are participating in the wellness program. We are still looking and hoping to hire a new person – hopefully in the coming months. With people taking PTO through June, we are getting short-handed. I might be asking for help from different departments to help with collecting garbage, etc. Any help is greatly appreciated because we have been working with only a small crew and we are trying to avoid burn-out.

## **Community Engagement**

We are busy maintaining a safe and clean environment for patients and visitors.

## **Patient Centered Care**

We lend a hand to whoever needs our help, both to staff and patients alike. We have been working on our communication with everybody in the facility. This is especially true for keeping people aware of what is going on with laundry.

## **Facility**

We have our new cleaning chemicals and are waiting for the rep to install the dispenser. The washing machine has been working with no problems so far.

## **Financial Wellness**

We have been trying to cut back on overtime but because we are short-handed, this has been difficult to achieve. The one change in our budget would be the addition of a future employee to fill our roster.

**Submitted by:** Grazel Edfelt: Lead Environmental Services Tech

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# Petersburg Medical Center

## Activities Department Report May 2023

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### **Workforce Wellness**

The activities department continues to thrive with one full-time activities coordinator and three full-time activities aides.

The greatest challenge facing the activities department is staff burnout. Luckily, the activities department staff have been open to discussing their burnout and communicating what they need to address it. Because of this open dialogue, we have been able to implement strategies to promote staff wellness in the face of burn out.

Strategies include the following:

- Rotating resident responsibilities throughout the day: Some residents in LTC can be mentally and physically exhausting on staff. Making sure that staff are rotating with these residents throughout the day spreads the load across the department versus all on one individual.
- Providing Dementia Education: Long Term Care's across the country are seeing more and more residents with cognitive impairments and PMC's LTC is not exempt. Providing staff with formal dementia education classes as well as daily tips and tricks has helped mitigate and address some of the challenging behaviors we see.

### **Community Engagement**

The activities department continues to work on rebuilding our presence in the Petersburg community. Throughout the pandemic, Long-Term Care underwent a lockdown phase for the sake of infection control and resident safety. Over the last two years, we have not only reopened the facility to families, but now have consistent volunteers coming in. We have worked with PCSD to get our residents the opportunity to attend PCSD functions (both virtually and in-person), Pioneers of Alaska to assist with Long-Term Care events, Anchor Properties has opened up their space to Long Term Care and Mountain View Manor for afternoon tea socials. This helps get residents interested and out and socializing with the community of Petersburg. Our residents are looking forward to Mayfest and the opportunity to get out and about for the festivities.

### **Patient Centered Care**

The activities department continues to provide a phenomenal model of what patient centered care means. This could only be made possible as a team effort across all departments. Each of our residents' individual preferences are considered when customizing our monthly activities plan. Our department is lucky to have ample staff—providing the opportunity to engage residents in group and individual activities. The activities department continues to work with dietary to ensure the residents are receiving their favorite foods. We have lots of residents with unique tastes and needs and it is a lot to take into consideration each meal; however, the dietary department continues to provide meals the residents enjoy. The rehab department has been incredibly helpful in assisting with adaptive equipment to ensure that each resident has the tools they need to enjoy the activities they love. We have gotten a resident fitted for adaptive makeup brush handles to promote independence in personal grooming; we have special gloves and a seatbelt for the exercise bike on the way to allow residents who need the extra adaptations use the bike; and the rehab department has been wonderful about making an almost daily appearance in LTC to say hello and just check in with our residents, which everyone appreciates. The activities department has also worked really hard with nursing and medical staff to look into and try non-pharmacological interventions to some of the challenging behaviors Long-Term Care has experienced over the past year. These have looked like environmental adaptations such as activities spaces and quiet spaces, balancing levels of activity stimulation throughout the day, getting residents outside of the facility, and many other activity-based interventions.

### **Facility**

The activities department has not experienced any facility-related issues. We look forward to starting plants for around the facility—brightening up PMC. The maintenance department and Petersburg Public Works have done a great job with van maintenance and troubleshooting any issues with the van.

### **Financial Wellness**

The activities department is lucky to have two licensed CNAs on staff. With this, the activities department is able to be more efficient with activities as we are able to perform tasks like feeding, transferring and ambulating residents, repositioning, and toileting residents. This not only provides support to the CNAs on the floor, but it allows many activities to occur without needing to borrow a CNA off the floor to join.

**Submitted by:** Alice Neidiffer, Activities Coordinator

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# Petersburg Medical Center

Home Health Report May 2023

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## **Workforce Wellness**

The Home Team continues to be fully staffed. The staff member who left on maternity leave returned to part time work sooner than anticipated. The business lead continues to work between 30-40 hours to accommodate the growing needs of this department.

We instituted twice weekly “huddles,” Monday and Friday to improve communication. In addition, the clinical staff meets each morning to review caseloads, patient acuity and any immediate department needs. This has been very beneficial in improving intradepartmental communications. It also helps to improve patient care and creates a dynamic and supportive unit among staff. Twice a month the therapy department joins us for case review and coordination. Once a month we have an all-staff meeting.

The HH team continues to focus on wellness and health. Several members continue to utilize the community center gym. In addition to the snacks provided by the wellness team, staff members often bring in healthy light meals or treats to share with the team. Staff are encouraged to use breaktime as an opportunity to get outside, especially with the weather improving each day.

## **Community Engagement**

It is the ongoing and ultimate goal of this department 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, including the potential of an adult day program (we are waiting on confirmation of a space to begin the initiation and rollout of this program) and the opportunity to provide respite care. Also, we continue to work with the clinic, finance, and IT in evaluating a Remote Home Monitoring system that will better meet the needs of our community. The Healthsnap program was presented to the medical staff at the med staff meeting on 4/12/23. Along with being a part of a recent grant submission for a fall’s prevention program, the Home Health team is working on a grant submission for senior in-home services. The submission date is 4/25/23. We partnered with Beat the Odds and were granted money for a “voucher program.” We have a wonderful person who provides housekeeping services for those who have been impacted by a cancer diagnosis. We have had one recipient so far. Members of the home health team continue to participate in the Share Coalition meetings. Finally, we continue to offer a caregiver café twice a month. This is a support and educationally focused program for those who are the primary caregiver for someone with a chronic, progressive or dementia-related illness. Finally, our quality nurse continues working with the Quality team providing support to other departments during this time of transition.

## **Patient Centered Care**

The HH team has had an integral part in multiple recent admissions to LTC. In addition, our quality nurse is providing support to LTC and assisting in managing the quality needs within the PMC community. The patient Navigator works across departments and into the community to provide support and resources. Ongoing projects include: partnering with Mountain View Manor; Waiver and care coordinating services, including the potential of an adult day program; and the opportunity to provide respite care. If we are fortunate enough to receive this grant funding, we will be able to expand our support to seniors in our community and possibly surrounding communities as well. Also, we continue working with the clinic, finance, and IT to secure a Remote Home Monitoring system that will better meet the needs of our community. Our quality improvement project focused on fall prevention. Attached is the final product. We have shared this with the providers and other departments as well.

### **Facility**

The home health department is fortunate to have a space that is large enough to accommodate all staff and equipment. Our conference room is occasionally used by other departments as well.

### **Financial Wellness**

Home Health continues to have some financial challenges. This is related to several things such as decreased referrals, decreased reimbursement, and increased acuity patient care and in-home needs. To counter this, we obtained an MOA with the school system and are now providing a nurse to manage school nursing needs 20 hours each week. PCM receives a stipend for this project.

The home health manager and lead biller are establishing regular meetings with the comptroller to look at additional ways to reduce spending without impacting patient care.

**Submitted by:** Kirsten Testoni, RN, WCC, Home Health Manager

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## **Fall Protocol, Assessment & Documentation**

**Purpose:** To provide clinicians with guidance and agency standards for fall precautions, risk assessment, post-fall assessment, and documentation requirements. This document is a product of a performance improvement project.

### **Universal Fall Precautions:**

- Remove clutter and keep pathways clear
- Ensure good lighting
- Provide non-slip mats for slippery bathroom surfaces
- Wear good fitting non-slip shoes
- Utilize handrails for stairways/grab bars in the bathroom
- Ensure carpets are fixed to the floor
- Clean your glasses
- Engage in regular physical activity
- Keep assistive devices within reach
- Be aware of pets and their location
- No swivel chairs
- Minimize drug and alcohol use, refrain from use if at risk for falls
- Utilize seating that provides support at the appropriate height

### **Standardized Assessment of Fall Risk Factors:**

- The MAHC-10 fall assessment is identified as the agency's skilled nursing standardized assessment
- The MAHC-10 will be completed at the Start of Care (SOC) visit, after a fall, as required by OASIS reporting, and at the interval deemed appropriate by the clinician.
- Skilled nursing will determine appropriate referrals related to fall risk at SOC visit
- Patient's that are determined a fall risk will have problems, interventions, and goals added to their care plan related to this risk
- Physical Therapist will complete the Tinetti Balance Assessment with their initial evaluations
- Additional risk assessments may be completed at the discretion of the clinician such as the Time Up-and-Go (TUG)

### **Post-fall Assessment-General Guidance:**

- Patients will have a head-to-toe physical assessment by a clinician within 24 hours of any reported fall that occurs at their home or in the community. Patients and their caregivers will be interviewed to assist in determining any contributing factors or causes.
- If the clinician determines that additional assessment is required by a medical doctor due to possible injury or acute condition causing the fall, then this will be facilitated by the clinician via the PMC emergency department or the clinic.

- All falls will be reported to the Home Health Manager or designee, the Primary Physician, and the case manager within 24 hours of assessment via any communication means that is most appropriate for the situation. (Cerner, tiger text, phone.)
- All falls, their possible causes and associated information will be discussed by the nursing clinical team at the next morning huddle to assist in determining any additional interventions, education, or supervision that may be appropriate. This will include a review of potentially modifiable fall risk factors from the MAC-10 assessment to determine any potential referrals.

## MAHC-10

CORE ELEMENT	RISK TYPE	DISCIPLINE(S) INFLUENCING
1. Age 65+	NM	N/A
2. Diagnosis (3 or more co-existing)	NM	Referral for lifeline
3. Prior history of fall within 3 months	NM	Referral for lifeline
4. Incontinence	Potentially M	SN, OT, HHA, MD
5. Visual Impairment Potentially	M	OT, Ophthalmology
6. Impaired functional mobility	M	PT, OT, HHA
7. Environmental hazards	M	PT, OT, MSW, HHA
8. Polypharmacy (4 or more - any type)	M	SN, MD, Pharmacist
9. Pain affecting level of function	M	SN, PT,MD,Palliative
10. Cognitive impairment	Potentially M	OT,ST,PT, MSW,MD

- If the patient was under the influence of drugs or alcohol when the fall occurred, consider referral to counseling or MD for deterrent medication if appropriate and agreeable.
- If patient is not receiving any therapies or it is not agreeable or appropriate, consider utilizing a HHA who has completed the appropriate fall prevention training.

HHA may be utilized as a fall prevention strategy when appropriate for the following interventions after a HHA care plan is written by the case manager:

- Completing home safety checklist with patient in their home to assist in identifying any additional potential environmental hazards.
- HHA may reinforce and review clinician identified fall precautions from the care plan with the patient and their caregivers.
- HHA may assist patient in performing clinician ordered Home Exercise Program (HEP)

- HHA may assist patient in mobility including transfers, ambulation as directed by the clinician.
- HHA may provide agency approved handouts on fall prevention

### **Fall Documentation:**

- The clinician that visits the patient first after a fall will be responsible for the documentation (SN, PT, OT)
- Ensure that the patient fall is documented in MatrixCare under the safety/fall section of the visit note so that it pulls to the fall report. (not just a narrative)
- For skilled nursing, complete a MAHC-10 fall reassessment to identify any additional risk factor changes from SOC
- Document head-to-toe assessment and any significant findings or possible injuries.
- Document actions, post-fall interventions
- Document MD and Manager notifications
- For skilled nursing, document RN morning huddle fall review and any additional interventions or referrals
- For Rehab clinicians, document notification of fall information to the case manager
- Review nursing care plan for fall risk and add any additional interventions that are appropriate
- Consider an “Incident Tracker” report if applicable
- A monthly fall report from MatrixCare will be reviewed and logged by the agency. The agency fall rate will be monitored to adjust fall protocols as indicated.

### **Fall Information to Patients:**

The following information will be added to the Home Health Admission Folder:

- Universal fall precautions
- Home safety checklist
- Fall statistics/data information sheet

### **Rationale:**

- To provide standardization for fall risk assessment, post-fall assessment, fall documentation, and agency communication.

### **Implementation: April 2023**





# Petersburg Medical Center

Quality Report May 2023

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## Workforce Wellness

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

- Approximately 100 staff members attended the Employee Forum last week to learn about updates aligned with the PMC strategic plan. The Employee Forum provided an opportunity for open discussion and questions regarding the challenges we face, initiatives moving forward, and successes to celebrate.
- PMC Employee Wellness Program provides incentives for improving health by offering discounts on insurance rates and Parks and Recreation Gym discounts. This program continues to provide health snacks to each department weekly, free behavioral health support, fat tire bike checkout, and other engaging events and programs.

## Community Engagement

Ongoing activities:

- PMC KFSK Live
- Reporting at Borough Assembly meetings
- Community cafes with the SHARE Coalition focused on childcare.
- School District partnership by providing school nursing services.
- Two designated community members participate in the quality meetings to provide input from the community. One participates in the regular CAH Quality meeting and the second participates in the regular LTC Quality meeting.

## Patient Centered Care

- CMS recertification survey for the Critical Access Hospital Designation occurred last week *without any findings*.
- The collaboration for a Remote Patient Monitoring and Chronic Care Management program between Home Health, the Joy Janssen Clinic, Case Management, IT, and Billing continues. Progress has been made in the vendor evaluation and departmental recommendations will be coming soon. This patient monitoring program has the potential to increase provider access and communication for patients experiencing challenges with chronic disease and will support current quality initiatives.
- Home Health completed a Performance Improvement Project work session that resulted in the development of a new patient fall protocol. This fall protocol standardizes the risk assessment, post-fall evaluation and communication, and documentation requirements for all home health patients. The goal is to reduce the fall rate amongst the population and to provide on-going support, resources, and education.
- The April Quality Committee meeting focused on LTC reports and action items. Additional departments have been recruited to participate in the next committee meeting to provide their insights and support.

## Facility

- Locating a physical space for the Adult Day service is needed before this program can be initiated.

## **Financial Wellness**

- The Home Health department is currently working on a grant submission to expand senior in-home services. Grant reward notification will occur in May. Being awarded this grant will allow PMC to expand support to seniors in Petersburg and possibly surrounding areas.
- PMC was just awarded a Falls Prevention grant. This was a direct result of an action item from the Quality program that designated this as a primary area of focus for PMC.

**Submitted by: Stephanie Romine, RN**

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# Petersburg Medical Center

CEO Board Report May 2023

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

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

## **Highlights:**

During the past month, the focus has been on the replacement facility project, employee forums, and new board member appointment. At the April 17 Assembly meeting:

- Assembly approved Resolution #2023-04, attached, which included approval for the Hospital Board's Site Selection for a New Hospital Facility, Authorizing the Hospital Board's Submission of Rezoning and Subdivision Applications for the Site, and Authorizing the Hospital Board to Proceed with Contracting with Dawson Construction for Preconstruction Services Under a Construction Manager/General Contractor Agreement.
- Assembly approved the appointment of the vacant seat on the Hospital Board to Jim Roberts, who will serve until the October 3, 2023 Municipal Election.
- Assembly approved Resolution #2023-05, attached, which included \$17,177 for a microscope with a camera attachment for the PMC lab.

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

**FY23 Benchmarks for Key Performance Indicators (KPIs):** A/R days to be less than 45, DNFB < then 5 days, and 90 Days Cash on Hand

- April 13: See attached presentation from 3 employee forum sessions.

**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.

- April 13: See attached presentation from 3 employee forum sessions.
- April 3 and 17: PMC reports out at April Borough Assembly Meetings
- April 17: See attached Assembly presentation and memo
- April 19: PMC provides update at PIA Council meeting on replacement facility project

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

- April 3 and 17: PMC reports out at April Borough Assembly Meetings
- April 17: See attached Assembly presentation and memo
- April 6: KFSK Radio PMC Live monthly April
- April 15: Early Childhood Fair
- April 17: [PMC Newsletter](#)
- April 19: PMC provides update at PIA Council meeting on replacement facility project and home health presents on support for a grant to provide expanded home-based services to seniors in Petersburg and possibly surrounding areas

**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.

- April 13: See attached presentation from 3 employee forums.

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

- April 13: See attached presentation from 3 employee forum sessions.

**Submitted by:** Phil Hofstetter, CEO

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# MEMORANDUM

**TO:** Petersburg Borough Assembly

**FROM:** Philip Hofstetter, Petersburg Medical Center CEO

**SUBJECT:** New Hospital Project Status and Pre-Construction Services

**DATE:** April 11, 2023

**CC:** Steve Giesbrecht, Borough Manager  
Jody Tow, Finance Director  
Debbie Thompson, Borough Clerk  
Jerod Cook, PMC Board Chair

Borough Resolution 2021-04 directed PMC to pursue external sources of funding for the new hospital project, bring the project to a shovel ready status, and work with potential contractors on a phased approach to the project. Accordingly, PMC has taken the following actions.

**FUNDING:** PMC secured an \$8M HRSA grant in August 2022, and has also secured a position on the State's list of 10 projects being funded via a \$112M allocation from the US Department of Treasury's Coronavirus Capital Projects Fund (CCPF). The State requested \$20M for the PMC Project via the CCPF. PMC is also requesting funding from the following sources.

SFY2024 Capital Budget (Stedman): \$20M [submitted]  
FY2024 Congressionally Designated Funding (Murkowski): \$15M - \$30M [submitted]  
FY2024 Community Project Funding (Peltola): \$15M [submitted]  
FY2023 Denali Commission Grant: \$975,000 [application being submitted on 14 April]

**DESIGN:** In September 2022 PMC selected *Bettisworth North (BN)* through an open, competitive RFP process to design the project. Programming and concept design documents were completed in January 2023. The site plan approved by the PMC Board and presented to the Borough at a February work session is shown below. The HRSA grant is being used for design and other project planning/support costs.



During the next phase of design (Schematics) when individual departments are actually configured within the building, and the architect begins to explore options for things like windows and exterior materials, PMC plans to conduct a community involvement workshop.

**PROJECT BUDGET:** The approximate total budget for the project is \$85 million. This assumes a 70,000 sf two-story building. The budget is based on a preliminary estimate of direct construction costs prepared for the 2020 Master Plan adjusted for escalation to \$62 million. The total budget includes all soft costs such as geotechnical investigations, environmental clearances, design, project management, medical equipment, inspections, contingency, etc. The construction estimate needs validation by a general contractor.

**PHASING PLAN:** The following phasing plan has been developed for construction of the project.

**Phase 1a – Site Work (\$8 million, Summer/Fall 2023):** Earthwork (mass excavation and import of structural fill) to make the site truly shovel ready. Completing Phase 1 in 2023 will provide time for the fill to settle during the winter of 2023/2024 and allow for an early spring 2024 Phase 2 start. Site work will be accomplished using the CCPF grant and Denali Commission grant (if approved).

**Phase 1b – Off-site Improvements (\$640,000, 2024):** Upgrade and extensions of water, sewer, power and communication lines to the new site. This phase also includes improvements to Excel St. between North 10<sup>th</sup> St. and the new driveway on the north side of the new hospital site. Denali Commission funds (if approved) will be used for design and direct construction costs. Soft costs (inspection/testing, construction administration, contingency, etc.) will be funded via the CCPF grant.

**Phase 2 – Building Shell & Core (\$39 million, 2024):** Foundations, building envelope and roofing. Due to the wet weather in southeast Alaska, it is imperative that the envelope including the roof assembly be completed by fall 2024. This will lead to overall savings (e.g., reduce low value expenditures like dehumidification) and improve overall quality control by working in the dry as soon as possible. During Phase 2 it will also be important to procure certain long lead items needed for Phase 3. In today's market, many mechanical and electrical equipment items have extremely long procurement times (e.g., air handling units are 30 - 40 weeks out and electrical switch gear is 36 – 80 weeks).

Approximately \$12 million from the CCPF grant should be available for Phase 2. The balance needed for Phase 2, including several million dollars for long lead items, will be funded via a State Capital Budget grant if it is approved during this legislative cycle.

**Phase 3 – Interior Fit-Out (\$29 million, 2025 - 2026):** Interior fit-out and finish work, including the installation of long lead equipment. Funding for Phase 3 will be via the federal FY2024 CDS and CPF requests (if approved).

The phasing plan summarized above has several other inherent advantages. First, it levels the workforce required over the duration of the project, which will result in more local hire. Second, it results in less overall disruption (housing, traffic, etc.) to the community during construction of the facility. This is an important consideration since the project will span several fishing seasons. Third, it allows the contractor to lock in prices early for long lead items. And finally, it provides additional time to complete the funding stack.

**PRE-CONSTRUCTION SERVICES:** In accordance with direction in Resolution 2021-04 to work with potential contractors on a phased approach to the project, PMC decided to use the Construction Manager - General Contractor (CMGC) project delivery method (aka CM@Risk or CMAR). The CMGC project delivery method is the industry standard for complex, phased projects. It is being used by both private owners (e.g., Alaska

Native Tribal Health Consortium, Southeast Alaska Regional Health Consortium, Providence Alaska Medical Center) and public owners (e.g., Federal Government, State of Alaska DOT&PF, University of Alaska, and the Cities of Nome, Skagway, and Haines to name a few).

In the CMGC delivery method the Owner enters into a contract directly with an Architectural/Engineering (A/E) firm to design the project. Early in the design phase, the Owner then issues an RFP to interested general contractors. The contractors compete based primarily on their qualifications, but the selection criteria almost always also include a price component. Once a contractor is selected, the Owner enters into a contract for professional and technical services with the CMGC and their major subcontractors (typically mechanical and electrical) to assist with project development. Tasks under this contract include conducting constructability reviews, value engineering, risk assessments, cost estimating, assisting with third party coordination (utilities, roads, etc.) and working with the designers to optimize the cost benefits and the efficiency of the project. Having a CMGC on the team that can provide true market based cost estimates for the project throughout the design phase is extremely important in the current volatile marketplace with inflationary pressures. CMGC cost estimates are always more accurate than estimates prepared by the design team, and owners with funding constraints and/or who are debt adverse need this expertise on the project team. The Borough was wise to include wording in Resolution 2021-04 about working with contractors early in the process.

At an appropriate point during the design phase, the Owner and CMGC enter into open book negotiations for construction of the project. An independent cost estimate is completed to assist in validating the CMGC Guaranteed Maximum Price (GMP) proposal. GMP amendments to the original pre-construction contract are executed for actual costs plus a fee for overhead and profit. The CMGC guarantees a maximum price which protects the Owner with a ceiling contract amount. However, it is noteworthy that if final direct costs are actually less than those in the GMP, the savings revert back to the Owner.

If GMP negotiations are not successful, the Owner may then advertise and award the project using a different delivery method (e.g., Design-Bid-Build or Design-Build). Federal grants usually prohibit the original CMGC from participating in subsequent advertisements since they now have intimate knowledge about the project and therefore an unfair advantage. This motivates the CMGC to be a true partner with the Owner.

This delivery method allows the Owner and CMGC to negotiate and construct smaller work packages within the project. For example, the CMGC may see a need to procure items with long lead times (e.g., structural steel) in order to meet the schedule. Or, the CMGC may see a need to relocate utilities or complete site work in advance of construction of the larger project. The CMGC method allows for the advancement of these project components before the larger project begins, i.e., it is a tailor made model for phased construction.

By comparison, in the construction industry today the traditional Design-Bid-Build (low bid) model is typically limited to simple straight forward projects that employ standardized designs, e.g., retail outlets, utility extensions, etc. For somewhat more complicated projects where the owner is willing to cede direct control of the design to a contractor, the Design-Build model is often used. But for very complex projects like hospitals, and even for facilities like museums and libraries, the current industry standard is CMGC. Entering into a low bid contract for a hospital project invites a change order environment. The advantages of CMGC are summarized below. Also reference the graphic prepared by the Project Architect (*Bettisworth North*) attached to this memorandum.

1. Design Team works directly for the owner
2. Contractor adds value to project during design
  - detailed phasing plans and overall schedule
  - value engineering
  - procuring qualified subcontractors
  - procurement of long lead materials and equipment
  - constructability reviews
  - more accurate market estimating
3. Allows for phased funding and construction
4. Lower overall risk for both owner and contractor
5. Savings at end of project revert back to owner

It is essential though, that the selected contractor have experience with the CMGC delivery method.

According to *Associated General Contractors of Alaska*, Central Region ADOT&PF has been working CMGC projects since 2005, when they used this delivery method for the Anchorage Airport South Terminal Project. Since that time, the Central Region has completed approximately 20 CMGC projects. ADOT&PF currently has 13 active CMGC projects in all three regions (Central, Southcoast, Northern), plus 3 that are either advertising or pending award.

**CONTRACTOR RFP FOR THIS PROJECT:** On December 20, 2022 PMC issued an open, competitive Request For Proposals (RFP) to add a CMGC partner to the project team. The RFP included both qualification and price criteria. It was consistent with Federal procurement standards. It also included a draft contract based on national CMGC template language developed by the *American Institute of Architects*, with edits by the law firm *Hall-Render*, plus input from the PMC Project Manager and myself. The Borough attorney from *Heideman Law Offices* has now also provided input for the final contract. Note that the contract includes a provision that allows the GMP to be converted to a traditional Lump Sum if desired; it also includes an owner friendly Termination for Convenience clause.

The RFP was posted with the Anchorage Plans Room, Alaska Associated General Contractors, and Builders Exchange of Washington. The PMC Project Manager also directly contacted 20 contractors in Alaska and the Pacific Northwest with known hospital construction experience and encouraged them to propose. Most responded that they had resource issues and/or were uncomfortable working in an off-road market they were unfamiliar with. Proposals were received on February 10, 2023 from the following contractors.

- *ASRC-SKW Eskimos, Inc.*
- *Dawson Construction, LLC*

A five-member Selection Committee comprised of the following evaluated the proposals.

Philip Hofstetter, CEO

Jerod Cook, Board Chair

Jennifer Bryner, Chief Nurse Officer

Mike Boggs, Plant Supervisor

Roy Rountree, Bettisworth North Architects



The Committee used a two-step process. First, the written proposals were evaluated and scored; then both firms were interviewed and rescored. The proposed lump sum price for pre-construction services was exactly the same from both firms (\$175,000). There was less than a 2% difference between the two proposals with respect to the other price criteria. After final scoring, Dawson Construction received 39% more points than ASRC-SKW. On February 22<sup>nd</sup> the Committee made a unanimous recommendation to the PMC Board that a contract be awarded to Dawson Construction, LLC for \$175,000 for pre-construction services, and that the contract include a provision that allows PMC to negotiate Guaranteed Maximum Price (GMP) Amendments for construction phase services. On February 23<sup>rd</sup> the PMC Board approved the Committee's recommendation. Dawson has been informed that the Borough must also approve their selection.

**RECOMMENDATION:** That the Borough Assembly, (a) approve the competitive proposal process for the selection of a CMGC for the New Medical Center Project; (b) approve Dawson Construction, LLC for the CMGC role on the Project; and (c) authorize PMC to finalize a \$175,000 contract for pre-construction services with Dawson Construction, LLC, with a provision that allows PMC to negotiate and manage Guaranteed Maximum Price (GMP) Amendments for construction services, provided that GMP Amendments are presented to the Borough for final approval.

Thank you for your consideration.

# 15

## What contract delivery method would you recommend for construction?

Construction Delivery Methods	Strengths	Weaknesses
<b>Design-Bid-Build</b>	<ul style="list-style-type: none"> <li>• Simple price based on selection process</li> <li>• Relationships are simple</li> <li>• Familiar method for procurement and PM staffs</li> </ul>	<ul style="list-style-type: none"> <li>• No ability to qualify contractors</li> <li>• Potential adverse atmosphere</li> <li>• No front-end cost guarantee</li> <li>• Potential for numerous change orders and litigation</li> </ul>
<b>Design-Build</b>	<ul style="list-style-type: none"> <li>• Single point of responsibility</li> <li>• Minimizes litigation</li> <li>• Schedule performance</li> <li>• Less owner cost for inspection and contract administration</li> </ul>	<ul style="list-style-type: none"> <li>• Very expensive for contractor to bid</li> <li>• Weeds out some top professionals</li> <li>• Quality control Issues:</li> <li>• <i>Contractor Controls Quality, minimal Owner QA</i></li> <li>• Minimizes owner input</li> </ul>
<p><b>CM @ Risk</b></p> <ul style="list-style-type: none"> <li>• CM/GC (Construction Manager/General Contractor)</li> <li>• GC/CM (General Contractor/Construction Manager)</li> </ul>	<ul style="list-style-type: none"> <li>• Early guaranteed price (as soon as possible after completion of 35% Design)</li> <li>• Committed monitoring of price by CM @ Risk</li> <li>• Simple relationship</li> <li>• Team atmosphere</li> <li>• High participation by owner</li> <li>• Schedule and speed benefits</li> <li>• Project construction can be phased</li> <li>• Minimizes litigation</li> <li>• Includes qualifications and experience as basis for selection of contractor</li> </ul>	<ul style="list-style-type: none"> <li>• Requires hands on involvement of owner</li> <li>• There is a high demand on CM @ Risk</li> <li>• <i>Meetings</i></li> <li>• <i>Collaboration with project team during design</i></li> </ul>

# New Petersburg Medical Center Project

*Project Overview*

*CMGC Delivery Method*

*Contractor RFP Process*

# Progress To Date

<b>November 2015</b>	<b>Existing Facility Code and Condition Survey</b>
<b>January 2020</b>	<b>Master Plan</b>
<b>May 2021</b>	<b>Borough Resolution 2021-04 to donate land for the project</b>
<b>May 2022</b>	<b>North Haugen and Excel sites selected for further study</b>
<b>September 2022</b>	<b>Phase I ESA, survey and preliminary geotechnical investigation</b>
<b>September 2022</b>	<b>Bettisworth North selected as project architect</b>
<b>January 2023</b>	<b>Programming and Concept Design completed</b>
<b>February 2023</b>	<b>PMC Board approves concept design and selection of Dawson for pre-construction services</b>

# Site Plan



# Building Plan

**Acute Care (12 beds)**

**Long Term Care (18 beds)**

**Primary Care Clinic**

**Emergency Room**

**Day Surgery**

**Imaging, Pharmacy, Laboratory**

**Physical Therapy**

**Public Health Nursing, Home Health, Wellness**

**Dietary/Cafeteria**

**Maintenance, Materials Management**

# Current Project Budget

**Approximately \$85M**

- Assumes a 70,000 sf two-story building (\$1,200 per sf)
- Based on 2000 Master Plan preliminary estimate + escalation
- Includes design, medical equipment, inspections, contingency, etc.
- \$62M of direct construction costs – needs contractor validation

# Funding

**Murkowski FY2022 CDS**

**\$ 8M**

**Treasury CCPF**

**\$20M**

**State Capital Budget**

**\$20M**

**Murkowski FY2024 CDS**

**\$15M - \$30M**

**Peltola FY2024 CPF**

**\$15M**

**Denali Commission**

**\$ 1M**



# Next Steps

<b>Borough Initiates Rezone &amp; Replat</b>	<b>April 2023</b>
<b>Geotech, NEPA, 404 Permit</b>	<b>April 2023</b>
<b>Complete Site Design</b>	<b>June 2023</b>
<b>Site Work</b>	<b>Fall 2023</b>
<b>Complete Building Design</b>	<b>January 2024</b>
<b>Start Building Construction</b>	<b>Spring 2024</b>
<b>Off-Site Improvements</b>	<b>Summer 2024</b>
<b>Project Complete</b>	<b>Summer 2026</b>

# Phased Construction

**Phase 1    Site Work**

**Phase 2    Building Shell & Core**

**Phase 3    Interior Fit Out**

- Necessary due to funding per Borough Resolution 2021-04
- Makes project shovel ready per Borough Resolution 2021-04
- Levels resource requirements and impact on community
- Allows for procurement of long lead items

# Project Delivery Method

## Construction Manager General Contractor (CMGC)

*(vs. Low Bid)*

- *Best Value process*
- *Industry standard for complex projects*
- *Used by federal government, the state, local governments, tribes*

# Description

- **A/E selected via competitive RFP**
- **A/E starts design**
- **Contractor selected via competitive RFP**
- **Contractor joins team during design**
- **Contractor provides pre-construction services**
- **During design - owner and contractor negotiate GMP packages**
- **At owner's discretion, contractor given NTP for packages**

# Advantages

**A/E works directly for the owner**

**Contractor adds value to project during design**

- *value engineering*
- *phasing plans and overall schedule*
- *procurement of long lead materials and equipment*
- *constructability*
- *more accurate market estimating*

**Allows for phased funding and construction**

**Lower overall risk for both owner and contractor**

**Savings at end of project revert back to owner**

# Checks and Balances

- **RFP includes price and qualification criteria**
- **Initial contract is only for pre-construction services**
- **Guaranteed Maximum Price (GMP) packages**
- **Negotiations are open book**
- **Owner secures independent estimates prior to negotiations**
- **Can convert the contract to Lump Sum if desired**
- **Termination for Convenience clause**

# Other Considerations

- **Requires good communication between all parties**
- **Requires commitment to cooperation and mutual respect**
- **Both A/E and contractor need experience with this model**
- **Funders may have special requirements**
- **If GMP negotiations fail, contractor is usually prohibited from participating in the readvertisement\***

*\* some view this as a positive*

# Current Medical Projects Using CMGC

**New Mount Edgecumbe Medical Center** (*\$200+ million*)

**Alaska Native Medical Center Expansion** (*\$200+ million*)

**Juneau Vintage Park Medical Office Building** (*\$30 million*)



# Bettisworth North CMGC Projects

*Bethel Hospital – \$220M*

*Fairbanks Memorial Surgery Addition – \$40M*

*Tanana Chiefs Conference Clinic – \$40M*

*Fairbanks Airport – \$75M*

*Nome Public Safety Building – \$8M*

*Morris Thompson Visitors Center – \$12M*

*Valdez Middle School – \$25M*

*Haines School Renovation – \$14M*

*Skagway Public Safety Building – \$14M*

*Ketchikan Pioneer Home Renovation – \$1.5M*

# CMGC Projects - State DOT&PF

*First project was the Anchorage Airport South Terminal Project in 2005*

*Since then the Central Region has completed approximately 20 projects*

*13 Active Projects in all three Regions (Central, Southcoast, Northern)*

*3 projects currently advertising or pending award*

# Selection Process for This Project

**Resolution 2021-04 encouraged PMC to work with potential contractors**

**Competitive RFP consistent with Federal procurement standards**

**Selection criteria included price and qualifications**

**Only received two proposals**

**Five member Selection Committee (PMC + Architect)**

**Two step process**

- *Review of written proposals*
- *Interviews*

# RFP Results

**Dawson received 39% more points**

**Unanimous recommendation to select Dawson**

**PMC Board recommends \$175,000 contract for Pre-construction Services, with option to negotiate GMP packages**

# Other Factors

- **Momentum and opportunity**
- **Dawson willing to wait for completion of the funding stack**
- **Assembly representative on Project Steering Committee**
- **Assembly will approve GMP packages**

**PETERSBURG BOROUGH  
RESOLUTION #2023-04**

**A RESOLUTION OF THE PETERSBURG BOROUGH APPROVING THE HOSPITAL BOARD'S SITE SELECTION FOR A NEW HOSPITAL FACILITY, AUTHORIZING THE HOSPITAL BOARD'S SUBMISSION OF REZONING AND SUBDIVISION APPLICATIONS FOR THE SITE, AND AUTHORIZING THE HOSPITAL BOARD TO PROCEED WITH CONTRACTING WITH DAWSON CONSTRUCTION FOR PRECONSTRUCTION SERVICES UNDER A CONSTRUCTION MANAGER/GENERAL CONTRACTOR AGREEMENT**

**WHEREAS**, on May 17, 2021, the Assembly approved Resolution #2021-04, a copy of which is attached hereto as Exhibit A, stating its support for the Hospital Board ("the Board") to commence phased planning for a new hospital facility ("the project"); and

**WHEREAS**, the Board has now selected a preferred site for the project, a 17-acre area owned by the Borough, and referred to as the North Haugen-Excel St. Site ("the site"); and

**WHEREAS**, the Borough Assembly wishes to approve this selection, dedicate the site for such use, and authorize the Board to submit applications for rezoning and subdivision/replatting of the site as may be necessary for the project under the Petersburg Municipal Code; and

**WHEREAS**, pursuant to PMC 3.50.070C, the Board hired Bettisworth North Architects & Planners to act as the architect for the project and the Preliminary Design phase has commenced, including geotechnical investigation and site and utility assessment; and

**WHEREAS**, at its April 3, 2023 regular meeting, the Assembly appointed Borough Manager Giesbrecht to the PMC Project Steering Committee, so that he can advise the Assembly on the progress of the project moving forward; and

**WHEREAS**, in December 2022, the Hospital Board issued a Request for Proposals (RFP), seeking proposals for a Construction Manager/General Contractor (CM/GC) for the project; and

**WHEREAS**, the CM/GC would provide preconstruction services for the project during the design phase, including assisting with phasing of the project, cost estimating, and value engineering; and

**WHEREAS**, under the CM/GC contract, a Guaranteed Maximum Price amendment could be executed upon completion of the design, for the CM/GC to construct the project for an agreed upon maximum price; and

**WHEREAS**, if a Guaranteed Maximum Price cannot be agreed upon between the parties, the contract can be terminated; and

**WHEREAS**, in response to the RFP, the Board received two proposals, which were evaluated and scored by the Board's selection committee; and

**WHEREAS**, the committee recommended to the Board that the proposal submitted by

Dawson Construction be accepted, and the Board adopted that recommendation on February 23, 2023; and

**WHEREAS**, the Borough Assembly wishes to now authorize the Board to proceed with contracting with Dawson Construction under a CM/GC contract, under the conditions set forth in this Resolution.

**THEREFORE, BE IT RESOLVED by the Assembly of the Petersburg Borough, as follows:**

1. The parcels identified in attached Exhibit B, located within the Airport Addition Subdivision (Plat Nos.77-2 and 94-6, Petersburg Recording District), selected by the Hospital Board as the preferred site, are hereby dedicated for use by the Hospital Board for the new hospital facility.
2. Pursuant to the selection of this site for the project, the Hospital Board is authorized to submit applications for a change of zoning of the parcels from their current zoning to Public Use, and for subdivision/replatting of this area, along with any necessary right-of-way vacations, as may be required under the provisions of Petersburg Municipal Code.
3. Pursuant to Section 9.03 of the Borough Charter and Sections 3.50.060 and 3.50.080 of the Petersburg Municipal Code, the Hospital Board is authorized to proceed with execution of a CM/GC contract with Dawson Construction, in substantially the form as attached hereto as Exhibit C. The Hospital Board shall administer, supervise and manage all aspects of Dawson's performance under the contract.
4. No Guaranteed Maximum Price amendment or Notice to Proceed for any service that does not constitute a preconstruction service shall be executed without authorization of the Assembly.
5. The Borough shall be notified when the Hospital Board issues any Notice to Proceed (NTP) to Dawson for preconstruction services. Such notice shall be given by email or personal delivery to the Borough Manager and to the Borough Clerk. A NTP can be issued by the Hospital Board only if the funds for the work to be performed under the NTP are fully appropriated for that work in the current hospital budget and said appropriation shall not lapse until the work called for under the NTP has been fully performed.
6. The Borough Manager is authorized to acknowledge in writing the CM/GC contract under the terms and conditions of this Resolution, and the Manager's signature shall be attested to by the Borough Clerk.

**PASSED AND APPROVED BY the Petersburg Borough Assembly on this 17<sup>th</sup> day of April, 2023.**

\_\_\_\_\_  
**Mark Jensen, Mayor**

**ATTEST:**

\_\_\_\_\_  
**Debra K. Thompson, Borough Clerk**

**Petersburg Borough, Petersburg, Alaska  
RESOLUTION #2021-04**

**A RESOLUTION SUPPORTING THE PETERSBURG HOSPITAL BOARD AND  
PETERSBURG MEDICAL CENTER IN THE PLANNING FOR A NEW HOSPITAL FACILITY  
IN PETERSBURG TO BE COMPLETED IN PHASES**

**WHEREAS**, the Petersburg Borough Assembly recognizes the need for quality health care for Petersburg residents; and

**WHEREAS**, the Assembly recognizes the health care industry's substantive changes in health care regulations, privacy concerns, treatment processes, equipment, communications and procedures; and

**WHEREAS**, our current health care facility, Petersburg Medical Center, is reaching forty (40) years of age and infrastructure can no longer be remodeled to accommodate the necessary upgrades, making the existing facility obsolete and in need of replacement; and

**WHEREAS**, there are safety concerns with structural deficiencies and age of equipment; and

**WHEREAS**, PMC departments are in need of more space to meet the needs of their patients and staff; and

**WHEREAS**, the cost of a new facility far exceeds the Boroughs ability to finance or bond for the project, making it imperative that the project be completed in phases as external sources of funding are available; and

**WHEREAS**, the Assembly support the concept and planning association with building a new hospital, but would like PMC to proceed in phases; and

**WHEREAS**, the Assembly has agreed to provide 1 of 3 sites to PMC as part of the planning for construction of a new hospital; and

**WHEREAS**, the Assembly supports PMC moving forward with the geotechnical work so that a specific site can be designated by the Borough to PMC for the planning for a new hospital; and

**WHEREAS**, the Assembly supports the Hospital Board in moving forward with phase 2 to bring the selected site to shovel ready status.

**THEREFORE BE IT RESOLVED**, the Petersburg Borough Assembly:

- 1) Supports the efforts of the Petersburg Hospital Board and PMC in their endeavor to engage the public and develop a plan for a new facility that will meet the needs of Petersburg Borough residents for health care services well into the future; and
- 2) Supports the continual need for public dialogue and participation in the planning for a new facility, and
- 3) Wishes to participate with the Hospital Board and CEO in the planning for a new facility, and



- 4) Supports the manager and staff working with the Hospital CEO and potential contractors in connection with planning for a new facility, and
- 5) Supports the Board in its effort to seek external financing for the facility; and
- 6) Lends it support in the search for external sources of funding.

**Passed and Approved by the Petersburg Borough Assembly on May 17, 2021, 2021.**

  
\_\_\_\_\_  
Mark Jensen, Mayor

**ATTEST:**

  
\_\_\_\_\_  
Debra K. Thompson, Borough Clerk

**PETERSBURG BOROUGH, ALASKA  
RESOLUTION #2021-05**

**A RESOLUTION OF THE PETERSBURG BOROUGH ACCEPTING \$56,322 IN GRANT FUNDING FROM THE STATE OF ALASKA, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, FOR ROUND 2 OF THE HEALTHY AND EQUITABLE COMMUNITIES GRANT PROGRAM**

**WHEREAS**, on March 28, 2023, the Alaska Department of Health announced a 2<sup>nd</sup> round of funding of the Healthy & Equitable Communities Grant program; and

**WHEREAS**, funds are available to local governments through the State of Alaska, Department of Health and Social Services, to assist cities and boroughs in developing and implementing sustainable plans to improve the overall health of the community; and

**WHEREAS**, the amount of \$56,322 is currently available to the Petersburg Borough to use for allowable projects and expenses; and

**WHEREAS**, Petersburg's Fire/EMS/SAR Director has identified needs/gaps in the Borough's emergency equipment and supplies that must be filled, and a repair is needed to our EOC trailer; and

**WHEREAS**, the purchase of a new microscope for Petersburg Medical Center will improve data collection and reporting in the Petersburg Borough; and

**WHEREAS**, improvements to the ball field fencing will enhance the space for our community, improving recreational opportunities.

**THEREFORE, BE IT RESOLVED** by the Petersburg Borough Assembly, as follows:

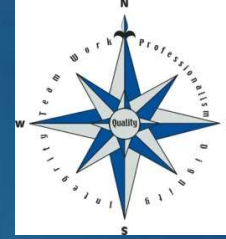
1. The Petersburg Borough accepts \$56,322 from the Alaska Department of Health and Social Services Healthy and Equitable Communities Grant Program for the following:
  - \$28,736 for Local Emergency Planning Supplies - shelter and hygiene kits, shelving for storing emergency items, educational materials, advertising, partitions and replacement of the inverter on the EOC trailer; and
  - \$17,177 for a microscope with camera attachment for the lab at the Petersburg Medical Center; and
  - \$10,409 for ball field chain link fencing and safety materials.
2. The Borough Manager is hereby authorized to sign the State of Alaska Grant Agreement.

**PASSED AND APPROVED** by the Petersburg Borough Assembly on this 17th day of April, 2023.

**ATTEST:**

\_\_\_\_\_  
Mark Jensen, Mayor

\_\_\_\_\_  
Debra K. Thompson, Borough Clerk



# Petersburg Medical Center

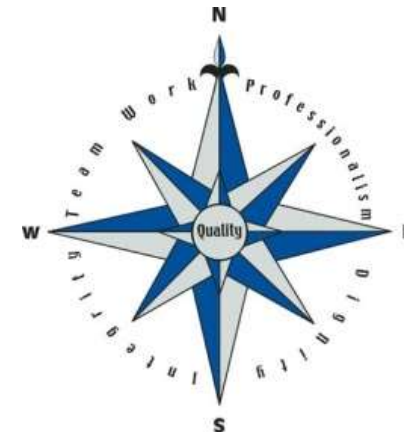
EMPLOYEE FORUM  
APRIL 2023

# Petersburg Medical Center

**Our mission:** *Excellence in healthcare services and the promotion of wellness in our community.*

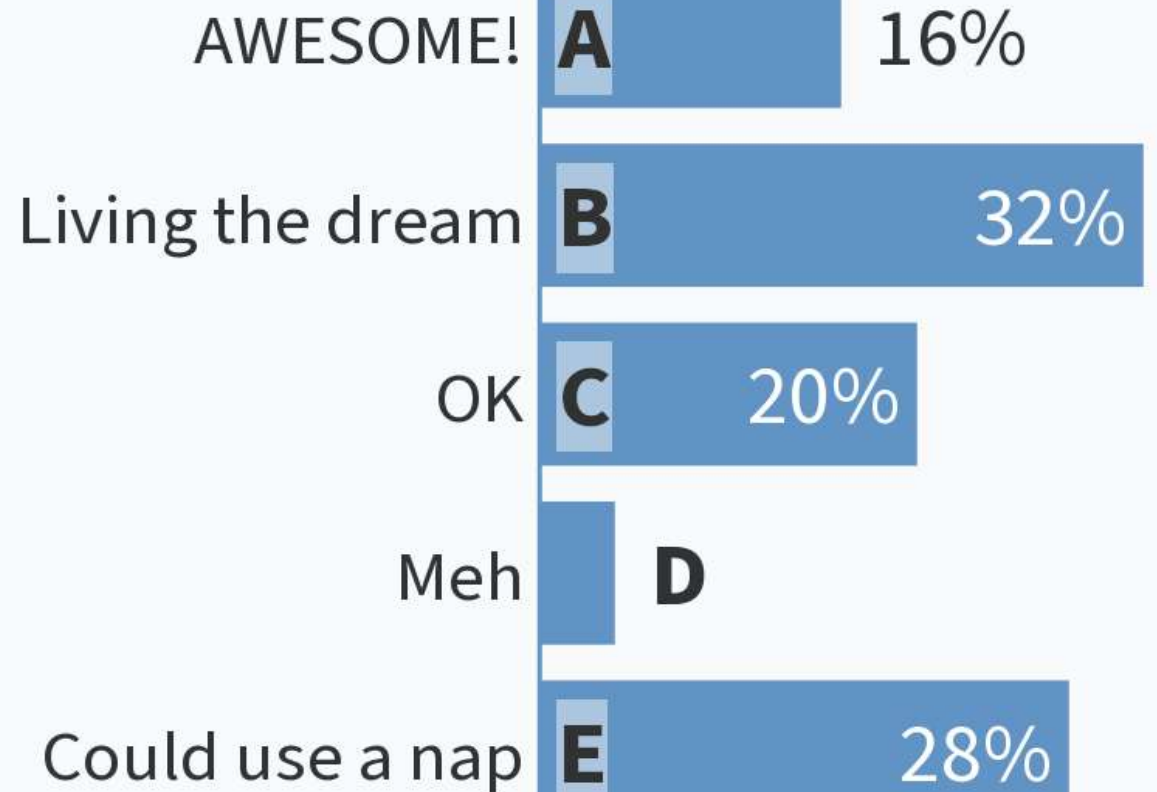
**Our vision:** *Petersburg Medical Center will remain committed to excellence in healthcare and responsive to community needs by being the best place for patients to receive care, employees to work, and physicians to practice medicine.*

**Our values:** *Professionalism-Dignity-Integrity-Teamwork-Quality*



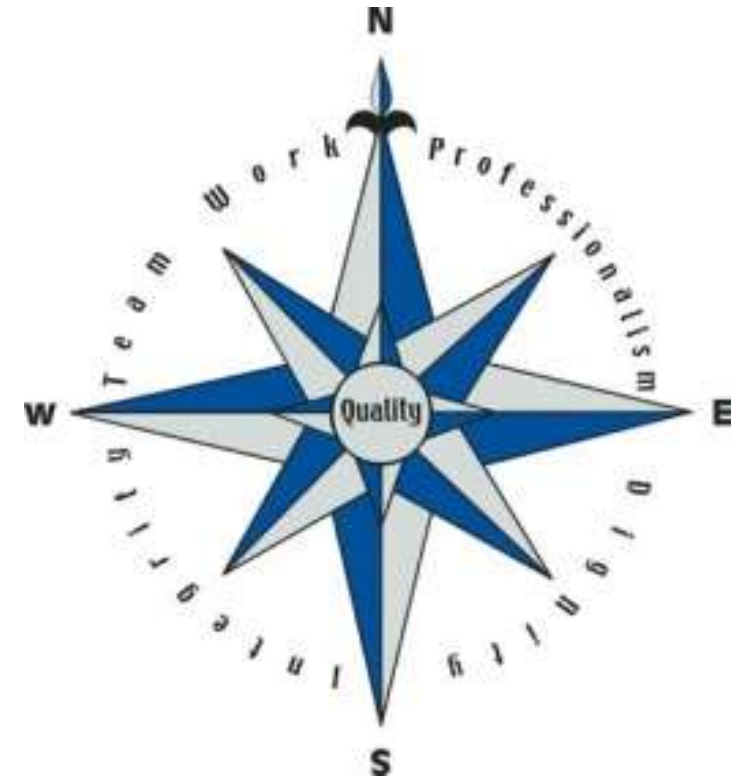


# How are you feeling today?



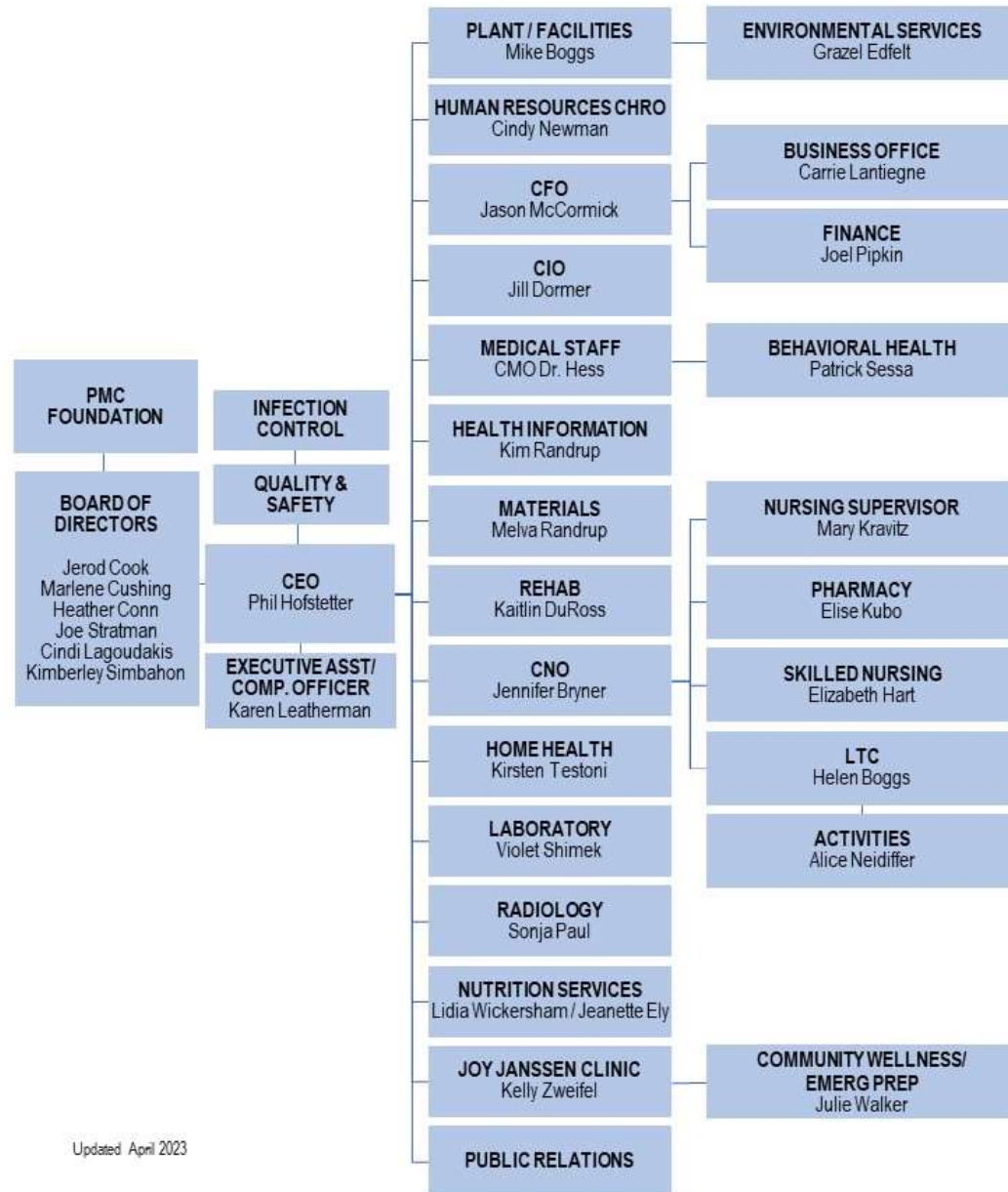
# Agenda

- ▶ Agenda
  - ▶ “30,000 ft” Overview
  - ▶ Quality and Safety
  - ▶ Community Engagement
  - ▶ Financial Wellness
  - ▶ Workforce Wellness
  - ▶ Patient Centered Care
  - ▶ New Facility
  - ▶ Q&A





# Petersburg Medical Center



Updated April 2023

# Organizational Chart



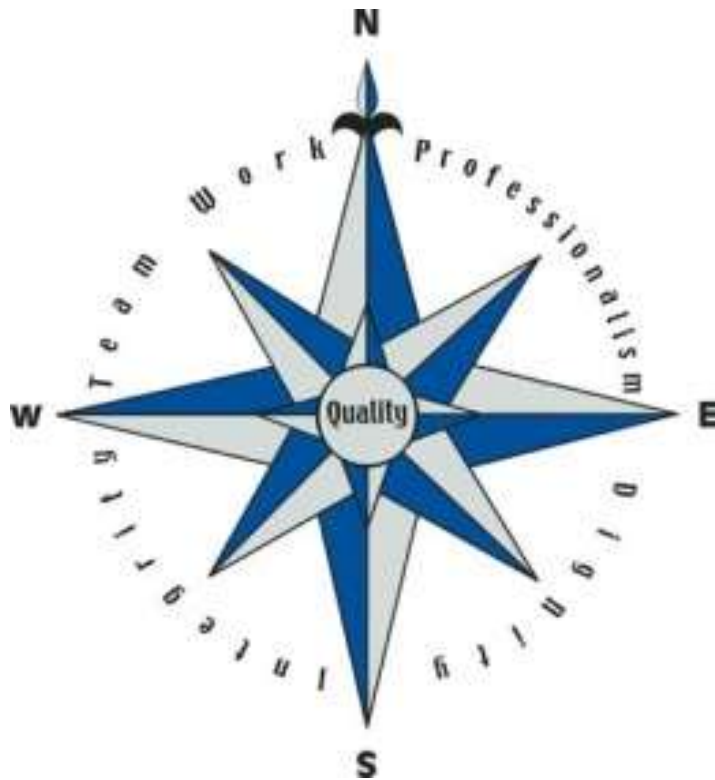
Landscape completely changed in Healthcare  
What are we doing to address and forecast for  
the future?





“30,000 ft” Overview

# Governance and Strategic Plan



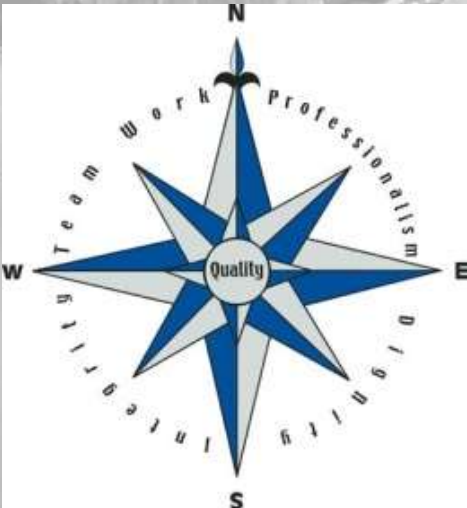
- ▶ “Strategic Planning Includes Mission, Vision and Values. The board is responsible for the establishment of the hospital’s strategic plan. While the board delegates the development of the strategic plan to management, it is responsible for ensuring that strategic planning is done and participates appropriately in the hospital’s strategic planning processes. The board ultimately approves the hospital’s strategic plan and oversees implementation of the plan.”

*American Hospital Association, Center for Healthcare Governance (2009)*



# Strategic Planning FY24 -28

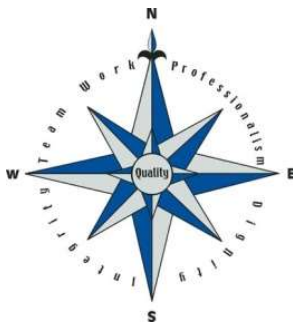
- ▶ **Manager Retreat – Oct 2022**
- ▶ **Board Worksession- Nov 2022**
- ▶ **Employee Forum- April 2023**
- ▶ **Board Approval- TBD**



# Strategic Plan FY24-28



- ▶ Workforce Development Wellness
- ▶ Financial Stability Wellness
- ▶ Integrated Healthcare Patient Centered Care
- ▶ Community Education Engagement
- ▶ New Facility Building



# Quality & Safety



Stressors

Gaps

Incidents

Adjust

Trending for all categories combined 01/1/2022 - 4/12/2023, 285 occurrences



# Surveys

- ▶ CMS LTC- (no findings) March 2023
- ▶ CMS Critical Access Hospital current- April 2023.
- ▶ CMS Home Health – Dec 2021
- ▶ OSHA – July 2022
- ▶ Health inspection for Kitchen – Nov 2022
- ▶ Laboratory CLIA 2022
- ▶ Radiology 2022



# COVID

- ▶ National & Public Health Emergency for COVID pandemic ending May 11<sup>th</sup>.
  - ▶ Medicaid redetermination – continuous enrollment provision unwinding.
  - ▶ Healthcare required to still follow CMS requirements for vaccination are unchanged (Policy updated).
  - ▶ Longterm care facility highest requirement.
- ▶ Masking and Screening for Staff (Policy Update).





# Masking and Screening Updates

## Screening

- ▶ Staff will self-screen upon entry each day
- ▶ Clocking in = Attesting that you are free from new respiratory symptoms and have not recently tested positive for Covid
- ▶ Staff will notify supervisor and/or Employee Health Nurse (Jennifer Bryner) when:
  - ▶ Positive Covid Test
  - ▶ Identified as close contact
  - ▶ Questions about returning to work after illness
- ▶ Staff will complete online illness survey when ill
- ▶ Visitors/Patients will check in at screening station
- ▶ LTC visitors will be signed in after screening

## Masking

- ▶ Staff will mask:
  - ▶ During direct patient care
  - ▶ With any respiratory symptoms
  - ▶ Recent exposure to Covid or other respiratory illnesses
  - ▶ To comply with other policies (influenza vaccine, covid vaccine exemptions)
- ▶ Patients will mask:
  - ▶ With any respiratory symptoms
  - ▶ Recent diagnosis or exposure to Covid
- ▶ LTC visitors will mask according to Community Transmission Levels (posted at ER entrance)
- ▶ All staff and visitors may be required to mask during Covid or other respiratory outbreaks

# When people ask me about the need for a new building, I....



Feel excited to talk about it and share the "laundry" list of all the list of reasons the community needs a new building

67%

Tell them something my department needs in a new building

22%

Have no idea what to say

11%

Feel frustrated because I don't have enough information on the plans





**Petersburg Medical Center  
Petersburg, Alaska**

**Board Resolution #2021-XX**

**A Resolution Supporting the Planning for a New Hospital Facility in Petersburg to be Completed in Phases**

**WHEREAS**, the Petersburg Borough Assembly (the "Assembly") and the Petersburg Medical Center Board ("PMC Board") recognize the need for quality health care for the residents of Petersburg, and

**WHEREAS**, the Assembly and the PMC Board recognize the substantive changes in health care delivery, health care regulations, privacy concerns, treatment processes, equipment, communications and procedures; and

**WHEREAS**, the current health care facility for Petersburg Medical Center is nearing forty (40) years of age and its infrastructure can no longer be remodeled to accommodate necessary upgrades, making the existing facility in need of replacement; and

**WHEREAS**, existing Petersburg Medical Center departments are in need of more space to meet the needs of the patients and staff, accommodate technological upgrades, and accommodate more modern medical equipment; and

**WHEREAS**, the Assembly has stated that the cost of building a new facility exceeds the Borough's ability to finance or bond for the building project making it imperative that the building project be completed in phases as external sources of funding become available; and

**WHEREAS**, the PMC Board supports the concept of building a new hospital in phases; and

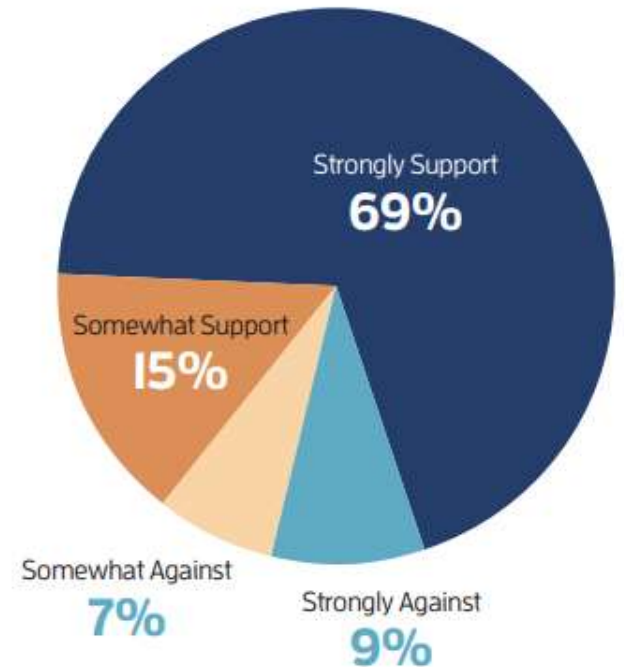
**WHEREAS**, the Assembly has agreed to provide 1 of 3 sites to Petersburg Medical Center as part of the planning for construction of a new hospital; and

**WHEREAS**, the Assembly supports Petersburg Medical Center moving forward with the geotechnical work so that a specific site can be designated by the Borough to Petersburg Medical Center for the planning for a new hospital; and

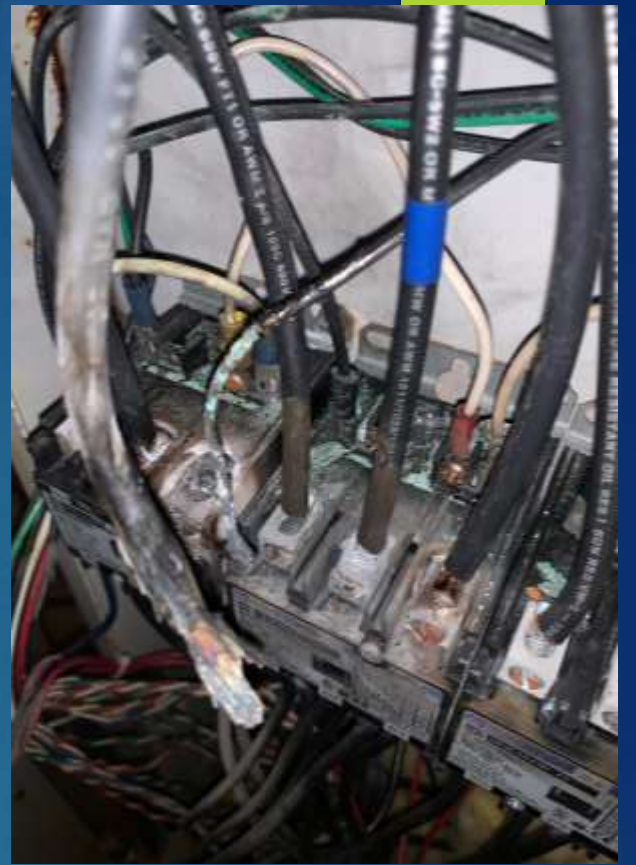
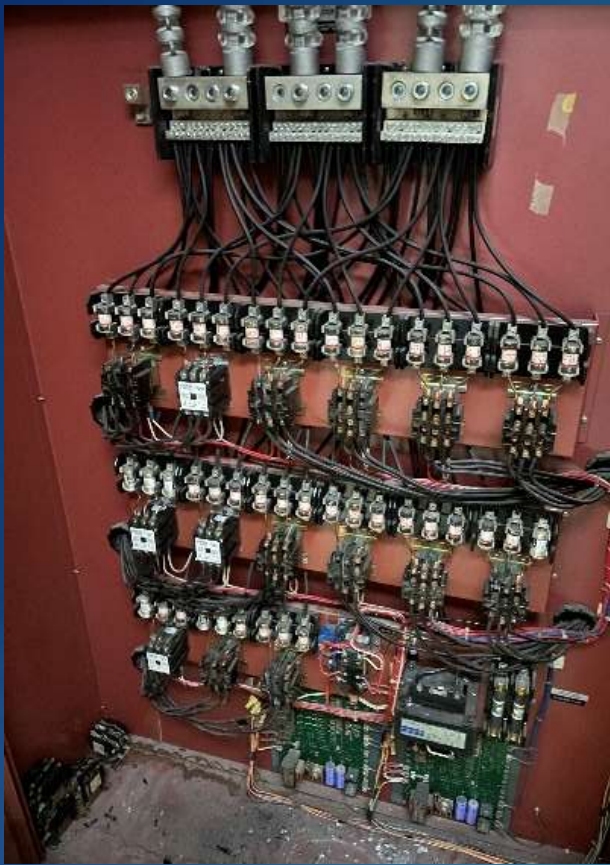
**WHEREAS**, the Assembly has passed a Resolution in support of the PMC Board moving forward with Phase 2 of the building process to bring the selected site for the new hospital building to shovel ready status;

# NEW BUILDING

## Support for PMC Efforts to Maintain a Rural Community-run Hospital









# NEW PETERSBURG MEDICAL CENTER

EMPLOYEE FORUM

BETTISWORTH  
NORTH

ZGF

# OUR PROMISE TO PETERSBURG

As Alaska's Community Builders we will use our **hospital experience** from across the state and nation to design a modern facility that **improves community health and well-being**, creates **an environment rooted in Petersburg's culture and values**, and **performs efficiently and sustainably** in the community's secluded island location.



# Guiding Principles

## PATIENT + FAMILY EXPERIENCE

- Safe and security for patients
- Create home like environment

## SERVICE INTEGRATION

- Integration + Collaboration between providers and teams
- Establish critical adjacency and program need to optimize care flows
- Space optimization to support efficiency and flexibility

## FOSTER COMMUNITY WELLNESS

- Incorporate education and training opportunities
- Flexible campus and facility to support health, respite, and work

## FINANCIAL SECURITY

- Design supports service line growth and is adaptable for surges

## RECRUITMENT, RETENTION, AND GROWTH

- Safe environment
- Supportive amenities for providers, clinical teams, and staff



# PMC Community Goals



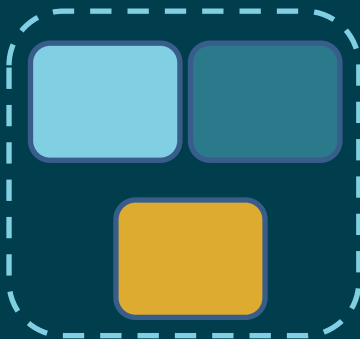
**SAFETY**  
*24/7 Facility– Security*



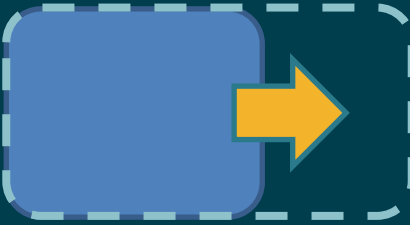
**HEALING**  
*Sunshine – Environment - Views*



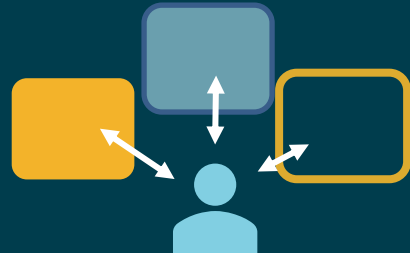
**PRIVACY**  
*Sound – Sight - Community*



**COMMUNITY**  
*Adjacency – Meeting Space -  
Connections*



**GROWTH**  
*Flexibility – Surge - Future*



**EFFICIENCY**  
*Maximize Space - Staffing*



140  
130  
120  
110  
100

A



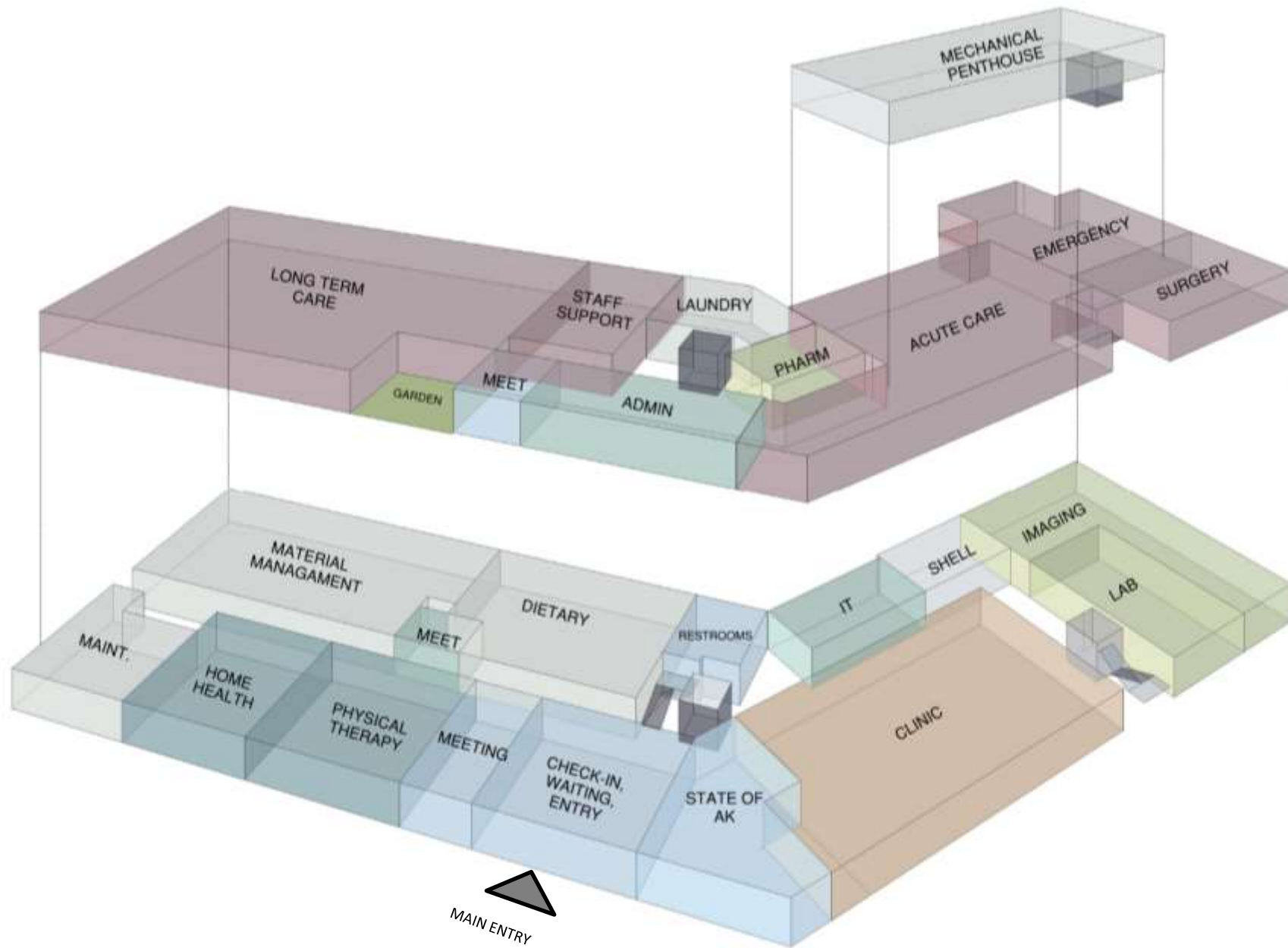
140  
130  
120  
110  
100

A1



NOB HILL SITE

BETTISWORTH  
NORTH ZGF





A scenic view of a coastal village with stilt houses and a forested background. The houses are built on stilts and are reflected in the water in the foreground. The background is a dense forest of evergreen trees.

# THANK YOU

LET'S BUILD COMMUNITY TOGETHER!

BETTISWORTH  
NORTH ZGF



# PMC regularly participates in....



Borough Assembly  
Meetings

Monthly Live KFSK  
Show

Rotary

SHARE Coalition

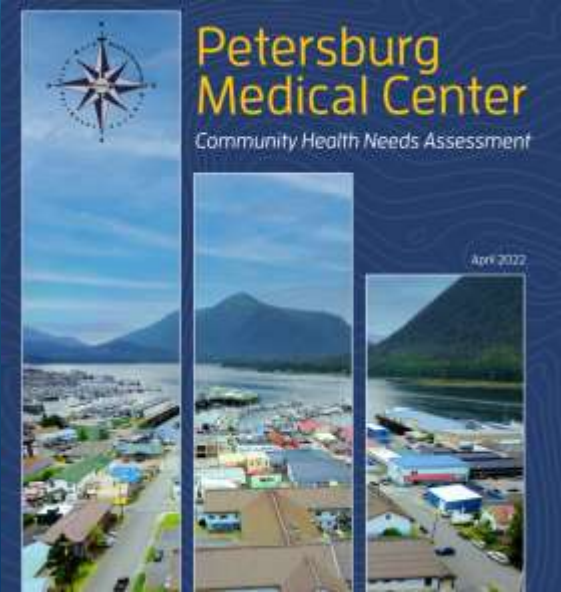
All of the above

None of the above

100%



# Community Engagement





YOU



# FINANCIAL WELLNESS



# When it comes to PMC finances, I....



Feel like I am very informed

Have a basic understanding

67%

Have concerns and PMC finances keep me up at night

33%

Don't have time to think about this



# State of Finances

## **Post Pandemic Relief Funding.**

- All healthcare systems across the country are struggling financial post pandemic
- It has been slow for patient volumes to return .
- Inflation in supplies and other costs are up.
- Changes in reimbursement are slow to catch up.
- We are working on a financial improvement plan.

## **Financial Improvement Plan**

- Rate Review and Exceptional Reporting
- Amend last four years of cost reports.
- Complete FEMA Funding projects.
- Researching Employee Retention Tax Credit
- Look at USDAY Emergency Rural Healthcare Grant Tract 1
- Prepare the 2024 Budget including Chargmaster Rates.
- New programs such as Chronic Care Management
- Focus on the transformation of the healthcare delivery model.



# WORKFORCE WELLNESS

# PMC Employee Stats

- ▶ Employees 2020-2021: (150)  
Turnover 18% - 30%) retired 3
- ▶ Employees 2022: (145) Turnover 16%, Retired 3
- ▶ Trends: (20%)
  - ▶ Inflation; cost; health insurance
- ▶ Remote workers
  - ▶ 20% Full Remote 2020 -2021
  - ▶ 7% full / partial remote 2023



## PMC WELLNESS PROGRAM OVERVIEW

The Employee Wellness Program aims to promote a healthy, productive workforce and contribute to making Petersburg Medical Center a great place to work.

When you launch a wellness program at your company.



hr.memes



Me trying to excel in my career,  
maintain a social life, drink enough  
water, exercise, text everyone back,  
stay sane, survive and be happy



# Employee Wellness Program

## **Betterhelp Behavioral Health Resource**

- World's largest provider of online therapy
- Live video, audio, or messaging, or asynchronous texting
- PMC pays for 4 therapy sessions per month (30 min)
- To access this free resource: [betterhelp.com/PMC](https://betterhelp.com/PMC)

## **Other Activities and Opportunities**

- Parks and Recreation Discount
- Healthy Snack Carts
- Lifestyle Balance Program
- Challenges
- Winter safety gear
- Fat tire bike
- Other one-time events

## 2023 WELLNESS INCENTIVE PROGRAM OVERVIEW

### WHO IS ELIGIBLE?

All insurance-eligible employees are eligible, even if they have opted out of PMC insurance.  
Spouses/domestic partners are also eligible if on PMC's insurance.

	Details
<b>Hire Date</b>	Hired prior to Jan. 1, 2023
<b>Program Window</b>	01/12/23 thru 4/30/23
<b>Requirements</b>	Level 1: 200 points = \$200 incentive Level 2: 300 points = \$300 incentive
<b>Premium Discount/Bonus</b>	\$16.67/month or \$20/month July 2023-June 2024

## HOW DO I EARN POINTS?

[MY.BRAVOWELL.COM/  
PMC](https://my.bravowell.com/PMC)

PROGRAM CLOSING APRIL 30

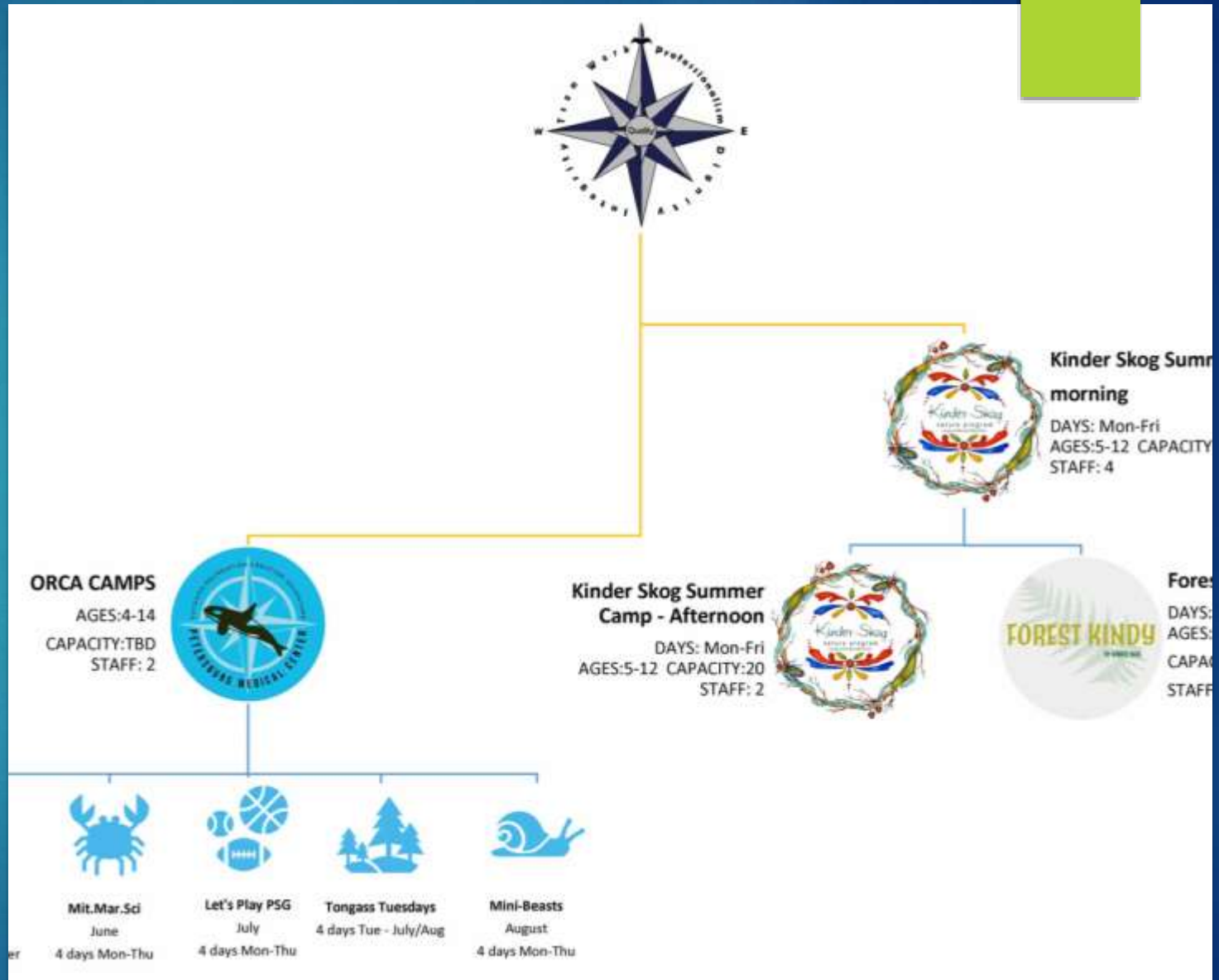
Level 1: 200 points

Level 2: 300 points

<b>How You Save</b>			
<b>CRITERIA</b>	<b>GOALS</b>	<b>ALTERNATIVE WAYS TO MEET THE GOALS</b>	<b>POINTS</b>
Health Screening	Complete	N/A	200 Points
Preventive Care Services Annual Physical/Wellness Visit, Cervical, Prostate, Colorectal, Mammography/Breast Cancer, Osteoporosis, Lung Cancer	Complete 1	N/A	200 Points
Body Mass Index	27.5 or Less Or Waist: 35 or Less (Female), 40 or Less (Male)	Meet Improvement Goal Since Last Year's Screening	50 Points
Blood Pressure	130/85 or Less	Meet Improvement Goal Since Last Year's Screening	50 Points
Glucose	110 or Less	Meet Improvement Goal Since Last Year's Screening	50 Points
LDL Cholesterol	130 or Less	Meet Improvement Goal Since Last Year's Screening	50 Points
Cleveland Clinic Coaching Course	Complete 1	N/A	100 Points

# OTHER COMMUNITY WELLNESS UPDATES

- ▶ Summer Youth Programs (Expanding soon!)
- ▶ Kinder Skog
- ▶ Forest Kindy
- ▶ ORCA Camps





# Some of the services PMC offers include....



A durable medical  
equipment lending program

Diabetes prevention and  
wellness classes

An afterschool childcare and  
summer program

All of the above

None of the above

4%

4%

92%

# PATIENT CENTERED CARE



Thank you to Petersburg Medical Center,  
Long Term Care, and Home Health staff  
for taking such good care of our Uncle  
Willie. We are so grateful that his last  
days were spent so well cared for.

FAMILY OF WILLIE NANNAUCK

# PMC Quality Initiative: Hypertension!

- ▶ Why?
- ▶ Affects 108 million people in the US, 45% of adult population
  - ▶ About 70 PMC employees
  - ▶ 33 million people have “elevated” blood pressure
- ▶ “Silent Killer” causes:
  - ▶ Heart damage (coronary artery disease, heart attacks, heart failure)
  - ▶ Brain damage (Stroke, aneurysm, dementia)
  - ▶ Kidney damage (chronic kidney disease or failure)
  - ▶ Eye damage (vision loss, blindness, retinopathy)
- ▶ Blood pressure can be managed with lifestyle changes and medications—Early identification is key.
- ▶ Goal: Optimize hypertension identification and management to improve outcomes for patients in Petersburg

# PMC Quality Initiative: Hypertension!

## What?

Hypertension (High Blood Pressure) defined

Blood Pressure Category	Systolic mm Hg (upper number)		Diastolic mm Hg (lower number)
Normal	Less than 120	and	Less than 80
Elevated	120-129	and	Less than 80
High Blood Pressure	130 or higher	or	80 or higher

# PMC Quality Initiative: Hypertension!

## Who?

- ▶ You! Me! All of us.
  - ▶ Know your blood pressure. If it's high, see your provider.
  - ▶ Encourage others to do the same.
    - ▶ Co-workers
    - ▶ Family
    - ▶ Friends
  - ▶ You really can save a life.
- ▶ References
  - ▶ <https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410>
  - ▶ <https://www.heart.org/en/health-topics/high-blood-pressure>

# PMC Quality Initiative: Hypertension!

## How?

### Identification and Tracking

- Identify hypertension in all patient encounters
  - Patient outreach
  - Case management
- Track and trend metrics

### Improve Education & Training

- For staff
- For patients
- For our community

Patient and  
Community

### Improve Processes & Coordination of Care

- Within and across departments
- Involve patients in forming plan of care

### Use Technology

- Patient blood pressure home monitoring program
- Track metrics with custom built reports





# Q&A



# Is the information you heard today new to you?



No, I have heard it  
from my manager /  
supervisor / co-worker

25%

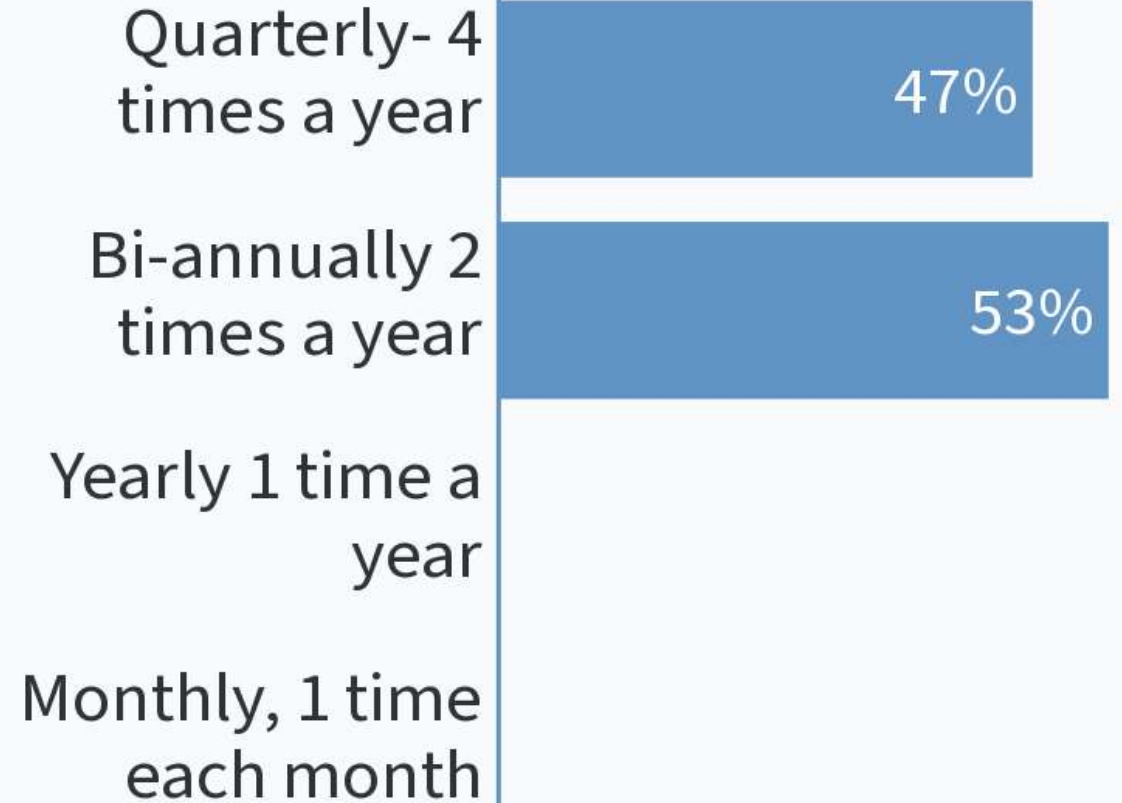
Yes this is all new

17%

Some of it I've heard  
and some is new

58%

# How often would you like to see all staff meetings?



# ***PETERSBURG MEDICAL CENTER***

## **FINANCIAL REPORTING PACKAGE**

**FISCAL YEAR 2023**

**For the nine months ended March 31, 2023**

<b>PETERSBURG MEDICAL CENTER</b>
<b>Statement of Revenues and Expenses</b>
<b>For the nine months ended March 31, 2023</b>

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
				<i>Gross Patient Revenue:</i>						
\$383,328	\$435,996	(\$52,668)	-12.1%	1. Inpatient	\$2,737,193	\$3,718,958	(\$981,765)	-26.4%	\$2,897,067	-5.5%
1,467,924	1,510,123	(42,199)	-2.8%	2. Outpatient	12,387,730	13,115,313	(727,583)	-5.5%	10,181,242	21.7%
501,464	421,740	79,724	18.9%	3. Long-term Care	3,983,552	3,666,994	316,558	8.6%	2,598,198	53.3%
<u>2,352,716</u>	<u>2,367,859</u>	<u>(15,143)</u>	<u>-0.6%</u>	4. <b>Total gross patient revenue</b>	<u>19,108,475</u>	<u>20,501,264</u>	<u>(1,392,789)</u>	<u>-6.8%</u>	<u>15,676,507</u>	<u>21.9%</u>
				<i>Deductions from Revenue:</i>						
513,086	461,559	(51,527)	-11.2%	5. Contractual adjustments	3,977,187	3,758,611	(218,576)	-5.8%	2,361,007	-68.5%
100,000	0	(100,000)	n/a	6. Prior year settlements	100,000	0	(100,000)	n/a	0	n/a
(100,325)	30,650	130,975	427.3%	7. Bad debt expense	287,556	260,417	(27,139)	-10.4%	(83,863)	-442.9%
8,319	65,822	57,503	87.4%	8. Charity and other deductions	205,395	559,236	353,841	63.3%	429,182	52.1%
<u>521,080</u>	<u>558,030</u>	<u>36,950</u>	<u>6.6%</u>	9. <b>Total deductions from revenue</b>	<u>4,570,138</u>	<u>4,578,263</u>	<u>8,125</u>	<u>0.2%</u>	<u>2,706,326</u>	<u>-68.9%</u>
<u>1,831,636</u>	<u>1,809,830</u>	<u>21,806</u>	<u>1.2%</u>	10. <b>Net patient revenue</b>	<u>14,538,337</u>	<u>15,923,001</u>	<u>(1,384,663)</u>	<u>-8.7%</u>	<u>12,970,181</u>	<u>12.1%</u>
				<i>Other Revenue</i>						
79,682	117,610	(37,928)	-32.2%	11. Inkind Service - PERS/USAC	726,138	1,058,494	(332,356)	-31.4%	1,058,495	-31.4%
2,965	8,272	(5,307)	-64.2%	12. Grant revenue	316,740	133,257	183,483	137.7%	485,244	-34.7%
0	0	0	n/a	13. Federal & State Relief	0	0	0	n/a	954,490	-100.0%
23,230	12,708	10,522	82.8%	14. Other revenue	1,005,047	939,762	65,285	6.9%	679,121	48.0%
<u>105,877</u>	<u>138,591</u>	<u>(32,714)</u>	<u>-23.6%</u>	15. <b>Total other operating revenue</b>	<u>2,047,925</u>	<u>2,131,513</u>	<u>(83,588)</u>	<u>-3.9%</u>	<u>3,177,350</u>	<u>-35.5%</u>
<u>1,937,513</u>	<u>1,948,421</u>	<u>(10,908)</u>	<u>-0.6%</u>	16. <b>Total operating revenue</b>	<u>16,586,262</u>	<u>18,054,514</u>	<u>(1,468,252)</u>	<u>-8.1%</u>	<u>16,147,531</u>	<u>2.7%</u>
				<i>Expenses:</i>						
935,500	990,393	54,893	5.5%	17. Salaries and wages	8,807,709	8,753,800	(53,909)	-0.6%	8,350,928	-5.5%
65,498	49,913	(15,584)	-31.2%	18. Contract labor	598,422	442,336	(156,086)	-35.3%	442,003	-35.4%
352,124	395,841	43,716	11.0%	19. Employee benefits	3,157,577	3,515,568	357,990	10.2%	3,247,172	2.8%
114,207	151,793	37,587	24.8%	20. Supplies	1,273,647	1,366,139	92,493	6.8%	1,282,792	0.7%
154,075	121,066	(33,009)	-27.3%	21. Purchased services	1,268,976	1,155,582	(113,394)	-9.8%	1,463,872	13.3%
44,959	33,763	(11,197)	-33.2%	22. Repairs and maintenance	413,042	357,866	(55,177)	-15.4%	579,868	28.8%
33,546	12,190	(21,356)	-175.2%	23. Minor equipment	150,959	109,710	(41,249)	-37.6%	135,064	-11.8%
23,470	17,296	(6,174)	-35.7%	24. Rentals and leases	190,490	155,662	(34,828)	-22.4%	142,163	-34.0%
96,291	91,382	(4,910)	-5.4%	25. Utilities	831,968	822,434	(9,535)	-1.2%	807,547	-3.0%
8,556	6,778	(1,778)	-26.2%	26. Training and travel	56,136	61,002	4,866	8.0%	70,375	20.2%
53,813	102,952	49,139	47.7%	27. Depreciation	853,409	926,564	73,156	7.9%	518,650	-64.5%
14,520	12,784	(1,736)	-13.6%	28. Insurance	134,132	115,056	(19,076)	-16.6%	101,710	-31.9%
27,349	28,091	742	2.6%	29. Other operating expense	288,261	252,815	(35,446)	-14.0%	252,815	-14.0%
<u>1,923,908</u>	<u>2,030,351</u>	<u>106,443</u>	<u>5.2%</u>	30. <b>Total expenses</b>	<u>18,024,728</u>	<u>18,034,534</u>	<u>9,806</u>	<u>0.1%</u>	<u>17,394,959</u>	<u>-3.6%</u>
<u>13,605</u>	<u>(81,930)</u>	<u>95,535</u>	<u>116.6%</u>	31. <b>Income (loss) from operations</b>	<u>(1,438,466)</u>	<u>19,980</u>	<u>(1,458,446)</u>	<u>7299.6%</u>	<u>(1,247,428)</u>	<u>-15.3%</u>
				<i>Nonoperating Gains(Losses):</i>						
45,395	12,500	32,895	263.2%	32. Investment income	206,310	112,500	93,810	83.4%	(46,582)	-542.9%
(15,818)	(1,261)	(14,557)	-1154.4%	33. Interest expense	(179,959)	(70,771)	(109,188)	-154.3%	(11,799)	-1425.2%
0	0	0	n/a	34. Gain (loss) on disposal of assets	0	0	0	n/a	0	n/a
(5,353)	0	(5,353)	n/a	35. Other non-operating revenue	(145,759)	0	(145,759)	n/a	(50,141)	190.7%
<u>24,224</u>	<u>11,239</u>	<u>12,985</u>	<u>115.5%</u>	36. <b>Net nonoperating gains (losses)</b>	<u>(119,408)</u>	<u>41,729</u>	<u>(161,137)</u>	<u>-386.2%</u>	<u>(108,522)</u>	<u>-10.0%</u>
<u>\$37,829</u>	<u>(\$70,691)</u>	<u>\$108,520</u>	<u>-153.5%</u>	37. <b>Change in Net Position (Bottom Line)</b>	<u>(\$1,557,874)</u>	<u>\$61,709</u>	<u>(\$1,619,583)</u>	<u>-2624.6%</u>	<u>(\$1,355,950)</u>	<u>-14.9%</u>

( ) or - indicates unfavorable variance

**PETERSBURG MEDICAL CENTER**  
**Key Volume Indicators**  
**For the nine months ended March 31, 2023**

<u>Current Month</u>				<u>Year-To-Date</u>							
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>				<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		<u>Prior YTD</u>	<u>Variance %</u>
		<u>Amount</u>	<u>%</u>					<u>Amount</u>	<u>%</u>		
<b>Hospital Inpatient</b>											
37	27	10	37.0%	1.	Patient Days - Acute Care	246	243	3	1.2%	240	2.5%
26	67	(41)	-61.2%	2.	Patient Days - Swing Bed	375	603	(228)	-37.8%	437	-14.2%
63	94	(31)	-33.0%	3.	Patient Days - Total	621	846	(225)	-26.6%	677	-8.3%
1.2	0.9	0.3	37.0%	4.	Average Daily Census - Acute Care	1.0	0.9	0.1	14.1%	0.9	15.6%
0.8	2.2	(1.3)	-61.2%	5.	Average Daily Census - Swing Bed	1.5	2.2	(0.7)	-29.9%	1.6	-3.2%
2.0	3.0	(1.0)	-33.0%	6.	Average Daily Census - Total	2.6	3.1	(0.5)	-17.2%	2.5	3.4%
16.9%	25.3%	-8.3%	-33.0%	7.	Percentage of Occupancy	21.3%	25.7%	-4.4%	-17.2%	20.6%	3.4%
<b>Long Term Care</b>											
403	372	31	8.3%	8.	Resident Days	3,318	3,012	306	10.2%	2,483	33.6%
13.0	12.0	1	8.3%	9.	Average Daily Census	13.7	11.0	2.7	24.2%	9.1	50.7%
86.7%	80.0%	6.7%	8.3%	10.	Percentage of Occupancy	91.0%	73.3%	17.7%	24.2%	60.4%	50.7%
<b>Other Services</b>											
56	67	(11)	-16.4%	11.	Emergency Room Visits	574	603	(29)	-4.8%	603	-4.8%
230	190	40	21.1%	12.	Radiology Procedures	1,883	1,710	173	10.1%	1,710	10.1%
2,284	2,200	84	3.8%	13.	Lab Tests (excluding QC)	16,799	19,800	(3,001)	-15.2%	18,616	-9.8%
831	752	79	10.5%	14.	Rehab Services Units	7,841	6,768	1,073	15.9%	5,843	34.2%
286	267	19	7.1%	15.	Home Health Visits	2,245	2,403	(158)	-6.6%	2,021	11.1%
** 804	1,233	(429)	-34.8%	16.	Clinic Visits	6,555	11,097	(4,542)	-40.9%	8,574	-23.5%

( ) or - indicates unfavorable variance



**PETERSBURG MEDICAL CENTER**  
**Key Operational Indicators**  
**For the nine months ended March 31, 2023**

<u>Current Month</u>				<u>Year-To-Date</u>							
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>				<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		<u>Prior YTD \$</u>	<u>Prior YTD %</u>
		<u>Amount</u>	<u>%</u>					<u>Amount</u>	<u>%</u>		
21.8%	19.5%	-2.3%	-11.9%	1.	Contractual Adj. as a % of Gross Revenue	20.8%	18.3%	-2.5%	-13.5%	15.1%	-38.2%
0.4%	2.8%	2.4%	87.3%	2.	Charity/Other Ded. as a % of Gross Revenue	1.1%	2.7%	1.7%	60.6%	2.7%	60.7%
-4.3%	1.3%	5.6%	429.4%	3.	Bad Debt as a % of Gross Revenue	1.5%	1.3%	-0.2%	-18.5%	-0.5%	381.3%
0.7%	-4.2%	4.9%	-116.7%	4.	Operating Margin	-8.7%	0.1%	-8.8%	-7937.0%	-7.7%	-12.3%
1.9%	-3.6%	5.5%	-153.5%	5.	Total Margin	-9.5%	0.3%	-9.8%	-2874.4%	-8.5%	-11.9%
				6.	Days Cash on Hand (Including Investments)	74.9				178.9	-58.1%
				7.	Days in A/R	63.7				50.1	-27.2%

Future months to include FTE's and Salary related indicators.

**PETERSBURG MEDICAL CENTER**

**Balance Sheet**

**March 31, 2023**

**ASSETS**

	<b>Mar 2023</b>	<b>Feb 2023</b>	<b>June 2022</b>	<b>Mar 2022</b>
<b>Current Assets:</b>				
1. Cash - operating	\$344,794	(\$6,711)	\$916,516	\$2,390,362
2. Cash - insurance advances	275,446	314,274	783,728	1,533,972
3. Investments	296,251	295,019	2,597,751	2,600,341
4. Total cash	916,491	602,582	4,297,995	6,524,675
5. Patient receivables	7,127,469	7,393,957	6,260,353	6,028,624
6. Allowance for contractals & bad debt	(3,591,919)	(3,786,556)	(3,363,222)	(3,595,783)
7. Net patient receivables	3,535,550	3,607,401	2,897,131	2,432,841
8. Other receivables	52,655	78,796	90,695	33,337
9. Inventories	328,611	325,631	356,624	278,142
10. Prepaid expenses	156,218	250,669	111,147	1,450,099
11. Total current assets	4,989,524	4,865,079	7,753,592	10,719,094
<b>Property and Equipment:</b>				
12. Assets in service	27,998,828	28,298,828	28,188,862	23,401,906
13. Assets in progress	488,688	327,927	73,363	508,508
14. Total property and equipment	28,487,517	28,626,755	28,262,225	23,910,414
15. Less: accumulated depreciation	(20,877,838)	(20,824,025)	(20,024,431)	(19,528,517)
16. Net property and equipment	7,609,679	7,802,730	8,237,794	4,381,897
<b>Assets Limited as to Use by Board</b>				
17. Investments	2,913,832	2,875,679	2,768,388	3,108,561
18. Building fund	628,177	620,187	594,036	663,825
19. Total Assets Limited as to Use	3,542,009	3,495,866	3,362,424	3,772,386
<b>Pension Assets:</b>				
20. OPEB Asset	8,781,677	8,781,676	8,781,677	1,054,533
<b>Deferred Outflows:</b>				
21. Pension	2,756,254	2,756,254	2,756,254	2,894,105
22. Total assets	<b>\$27,679,142</b>	<b>\$27,701,605</b>	<b>\$30,891,741</b>	<b>\$22,822,015</b>

**LIABILITIES & FUND BALANCE**

	<b>Mar 2023</b>	<b>Feb 2023</b>	<b>June 2022</b>	<b>Mar 2022</b>
<b>Current Liabilities:</b>				
23. Accounts payable	\$1,537,678	\$1,406,445	\$1,286,742	\$1,160,811
24. Accrued payroll	400,089	332,361	152,464	351,785
25. Payroll taxes and other payables	216,544	281,047	162,345	77,293
26. Accrued PTO and extended sick	991,787	1,005,853	994,445	965,395
27. Deferred revenue	528,294	484,291	402,639	483,393
28. Due to Medicare	191,761	223,415	1,760,708	1,298,775
29. Due to Medicare - Advance	275,446	314,275	783,728	1,533,972
30. Due to Blue Cross - Advance	0	0	0	0
31. Other current liabilities	3,515	3,516	3,515	3,552
32. Loan Payable - SBA	0	0	0	0
33. Current portion of long-term debt	328,305	366,937	333,818	66,241
34. Total current liabilities	4,473,418	4,418,140	5,880,404	5,941,217
<b>Long-Term Debt:</b>				
35. Capital leases payable	2,486,696	2,602,264	2,734,425	130,963
<b>Pension Liabilities:</b>				
36. Net Pension Liability	12,053,763	12,053,764	12,053,763	12,894,055
37. OPEB Liability	-	-	-	-
38. Total pension liabilities	12,053,763	12,053,764	12,053,763	12,894,055
39. Total liabilities	19,013,877	19,074,168	20,668,592	18,966,235
<b>Deferred Inflows:</b>				
40. Pension	9,613,036	9,613,036	9,613,036	903,147
<b>Net Position:</b>				
41. Unrestricted	2,446,104	610,104	4,308,584	4,308,584
42. Current year net income (loss)	(3,393,874)	(1,595,703)	(3,698,471)	(1,355,950)
43. Total net position	(947,771)	(985,599)	610,113	2,952,633
44. Total liabilities and fund balance	<b>\$27,679,142</b>	<b>\$27,701,605</b>	<b>\$30,891,741</b>	<b>\$22,822,015</b>

\*\*Note: Cash on line 1 is for presentation purposes only. The total cash in bank is the sum of Lines 1 and 2.

( ) or - indicates unfavorable variance

**PETERSBURG MEDICAL CENTER**  
**Statement of Revenues and Expenses**  
**FISCAL YEAR 2023**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% VAR
<i>Gross Patient Revenue:</i>															
1. Inpatient	110,635	219,327	187,992	239,705	408,468	509,790	329,300	348,648	383,328	-	-	-	2,737,193	2,897,067	-5.5%
2. Outpatient	1,474,881	1,527,070	1,216,750	1,390,421	1,345,169	1,375,357	1,421,123	1,169,035	1,467,924	-	-	-	12,387,730	10,181,242	21.7%
3. Long-term Care	337,364	403,790	478,750	515,061	409,984	412,653	473,578	450,908	501,464	-	-	-	3,983,552	2,598,198	53.3%
4. <b>Total gross patient revenue</b>	<b>1,922,880</b>	<b>2,150,187</b>	<b>1,883,492</b>	<b>2,145,187</b>	<b>2,163,621</b>	<b>2,297,800</b>	<b>2,224,001</b>	<b>1,968,591</b>	<b>2,352,716</b>	-	-	-	<b>19,108,475</b>	<b>15,676,507</b>	<b>21.9%</b>
<i>Deductions from Revenue:</i>															
5. Contractual adjustments	306,903	337,334	381,521	428,308	427,813	559,551	598,829	423,842	513,086	-	-	-	3,977,187	2,361,007	-68.5%
6. Prior year settlements	-	-	-	-	-	-	-	-	100,000	-	-	-	100,000.00	-	n/a
7. Bad debt expense	24,800	(8,744)	78,233	162,903	84,834	69,327	(47,296)	23,824	(100,325)	-	-	-	287,556	(83,863)	442.9%
8. Charity and other deductions	42,847	21,429	59,180	37,909	3,608	818	2,332	28,953	8,319	-	-	-	205,395	429,182	52.1%
9. <b>Total deductions from revenue</b>	<b>374,550</b>	<b>350,019</b>	<b>518,934</b>	<b>629,120</b>	<b>516,255</b>	<b>629,696</b>	<b>553,865</b>	<b>476,619</b>	<b>521,080</b>	-	-	-	<b>4,570,138</b>	<b>2,706,326</b>	<b>-68.9%</b>
10. <b>Net patient revenue</b>	<b>1,548,330</b>	<b>1,800,168</b>	<b>1,364,558</b>	<b>1,516,067</b>	<b>1,647,366</b>	<b>1,668,104</b>	<b>1,670,136</b>	<b>1,491,972</b>	<b>1,831,636</b>	-	-	-	<b>14,538,337</b>	<b>12,970,181</b>	<b>12.1%</b>
<i>Other Revenue</i>															
11. Inkind Service - PERS/USAC	77,682	77,682	77,682	77,682	96,682	79,682	79,682	79,682	79,682	-	-	-	726,138	1,058,495	-31.4%
12. Grant revenue	5,223	17,658	12,816	16,504	12,583	76,027	25,061	147,903	2,965	-	-	-	316,740	485,244	-34.7%
13. Federal & State Relief	-	-	-	-	-	-	-	-	-	-	-	-	-	954,490	-100.0%
14. Other revenue	4,418	6,940	8,340	854,525	18,523	18,736	48,220	22,115	23,230	-	-	-	1,005,047	679,121	48.0%
15. <b>Total other operating revenue</b>	<b>87,323</b>	<b>102,280</b>	<b>98,838</b>	<b>948,711</b>	<b>127,788</b>	<b>174,445</b>	<b>152,963</b>	<b>249,700</b>	<b>105,877</b>	-	-	-	<b>2,047,925</b>	<b>3,177,350</b>	<b>-35.5%</b>
16. <b>Total operating revenue</b>	<b>1,635,653</b>	<b>1,902,448</b>	<b>1,463,396</b>	<b>2,464,778</b>	<b>1,775,154</b>	<b>1,842,549</b>	<b>1,823,099</b>	<b>1,741,672</b>	<b>1,937,513</b>	-	-	-	<b>16,586,262</b>	<b>16,147,531</b>	<b>2.7%</b>
<i>Expenses:</i>															
17. Salaries and wages	1,036,772	989,802	1,014,624	1,016,320	968,061	986,620	945,059	914,951	935,500	-	-	-	8,807,709	8,350,928	-5.5%
18. Contract labor	59,887	40,627	64,147	85,560	48,050	56,344	101,157	77,152	65,498	-	-	-	598,422	442,003	-35.4%
19. Employee benefits	337,894	339,159	339,417	360,170	360,555	360,313	369,056	338,889	352,124	-	-	-	3,157,577	3,247,172	2.8%
20. Supplies	145,725	178,766	166,585	162,546	133,975	138,116	134,630	99,097	114,207	-	-	-	1,273,647	1,282,792	0.7%
21. Purchased services	101,527	146,944	158,279	142,565	134,531	162,533	138,321	130,201	154,075	-	-	-	1,268,976	1,463,872	13.3%
22. Repairs and maintenance	110,459	77,766	(28,678)	58,320	33,513	21,800	66,134	28,769	44,959	-	-	-	413,042	579,868	28.8%
23. Minor equipment	11,860	16,007	15,346	27,143	6,639	18,015	11,768	10,635	33,546	-	-	-	150,959	135,064	-11.8%
24. Rentals and leases	16,915	16,505	20,607	19,935	23,783	24,766	21,743	22,766	23,470	-	-	-	190,490	142,163	-34.0%
25. Utilities	89,596	85,720	90,044	88,714	93,398	99,050	95,402	93,753	96,291	-	-	-	831,968	807,547	-3.0%
26. Training and travel	5,539	8,932	9,405	6,795	4,220	4,185	3,772	4,732	8,556	-	-	-	56,136	70,375	20.2%
27. Depreciation	57,347	57,347	186,329	100,341	108,355	98,531	98,509	92,837	53,813	-	-	-	853,409	518,650	-64.5%
28. Insurance	14,520	14,520	14,520	17,657	14,712	14,520	14,643	14,520	14,520	-	-	-	134,132	101,710	-31.9%
29. Other operating expense	24,935	31,029	38,445	26,189	32,301	30,671	33,575	43,767	27,349	-	-	-	288,261	252,815	-14.0%
30. <b>Total expenses</b>	<b>2,012,976</b>	<b>2,003,124</b>	<b>2,089,070</b>	<b>2,112,255</b>	<b>1,962,093</b>	<b>2,015,464</b>	<b>2,033,769</b>	<b>1,872,069</b>	<b>1,923,908</b>	-	-	-	<b>18,024,728</b>	<b>17,394,959</b>	<b>-3.6%</b>
31. <b>Income (loss) from operations</b>	<b>(377,323)</b>	<b>(100,676)</b>	<b>(625,674)</b>	<b>352,523</b>	<b>(186,939)</b>	<b>(172,915)</b>	<b>(210,670)</b>	<b>(130,397)</b>	<b>13,605</b>	-	-	-	<b>(1,438,466)</b>	<b>(1,247,428)</b>	<b>-15.3%</b>
<i>Nonoperating Gains(Losses):</i>															
32. Investment income	188,666	(110,840)	(235,348)	146,826	175,094	(111,428)	192,625	(84,680)	45,395	-	-	-	206,310	(46,582)	-542.9%
33. Interest expense	(5,118)	(12,652)	(23,427)	(10,086)	(8,786)	(8,911)	(77,775)	(17,386)	(15,818)	-	-	-	(179,959)	(11,799)	-1425.2%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	(14,790)	(42,306)	(54,591)	(6,088)	(408)	(5,865)	(19,835)	3,477	(5,353)	-	-	-	(145,759)	(50,141)	190.7%
36. <b>Net nonoperating gains (losses)</b>	<b>168,758</b>	<b>(165,798)</b>	<b>(313,366)</b>	<b>130,652</b>	<b>165,900</b>	<b>(126,204)</b>	<b>95,015</b>	<b>(98,589)</b>	<b>24,224</b>	-	-	-	<b>(119,408)</b>	<b>(108,522)</b>	<b>10.0%</b>
37. <b>Change in Net Position (Bottom Line)</b>	<b>(208,565)</b>	<b>(266,474)</b>	<b>(939,040)</b>	<b>483,175</b>	<b>(21,039)</b>	<b>(299,119)</b>	<b>(115,655)</b>	<b>(228,986)</b>	<b>37,829</b>	-	-	-	<b>(1,557,874)</b>	<b>(1,355,950)</b>	<b>14.9%</b>
38. <b>FY23 Budget</b>	<b>(261,924)</b>	<b>(236,181)</b>	<b>(21,128)</b>	<b>743,604</b>	<b>5,066</b>	<b>(60,172)</b>	<b>(75,318)</b>	<b>38,453</b>	<b>(70,691)</b>	-	-	-	<b>61,709</b>	-	-
39. <b>FY23 Variance</b>	<b>53,360</b>	<b>(30,293)</b>	<b>(917,912)</b>	<b>(260,429)</b>	<b>(26,105)</b>	<b>(238,947)</b>	<b>(40,337)</b>	<b>(267,439)</b>	<b>108,520</b>	-	-	-	<b>(1,619,583)</b>	-	-

( ) or - indicates unfavorable variance

<b>PETERSBURG MEDICAL CENTER</b>
<b>Key Volume Indicators</b>
<b>FISCAL YEAR 2023</b>

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
<b>Hospital Inpatient</b>															
1. Patient Days - Acute Care	19	29	18	20	41	38	25	19	37				246	240	2.5%
2. Patient Days - Swing Bed	9	31	39	30	36	96	52	56	26				375	437	-14.2%
3. Patient Days - Total	28	60	57	50	77	134	77	75	63				621	677	-8.3%
4. Average Daily Census - Acute Care	0.6	0.9	0.6	0.6	1.4	1.2	0.8	0.7	1.2				1.0	0.9	15.6%
5. Average Daily Census - Swing Bed	0.3	1.0	1.3	1.0	1.2	3.1	1.7	2.0	0.8				1.5	1.6	-3.2%
6. Average Daily Census - Total	0.9	1.9	1.9	1.6	2.6	4.3	2.5	2.7	2.0				2.6	2.5	3.4%
7. Percentage of Occupancy	7.5%	16.1%	15.8%	13.4%	21.4%	36.0%	20.7%	22.3%	16.9%				21.3%	20.6%	3.4%
<b>Long Term Care</b>															
8. Resident Days	322	384	398	414	326	330	379	362	403				3,318	2,483	33.6%
9. Average Daily Census	10.4	12.4	13.3	13.4	10.9	10.6	12.2	12.9	13.0				13.7	9.1	50.7%
10. Percentage of Occupancy	69.2%	82.6%	88.4%	89.0%	72.4%	71.0%	81.5%	86.2%	86.7%				91.0%	60.4%	50.7%
<b>Other Services</b>															
11. Emergency Room Visits	75	69	54	53	51	85	76	55	56				574	603	-4.8%
12. Radiology Procedures	181	232	203	215	198	201	243	180	230				1,883	1,710	10.1%
13. Lab Tests (excluding QC)	1,870	1,886	1,669	1,616	1,824	1,875	1,810	1,965	2,284				16,799	18,616	-9.8%
14. Rehab Services Units	986	1,330	611	757	712	833	894	887	831				7,841	5,843	34.2%
15. Home Health Visits	267	250	209	234	242	214	286	257	286				2,245	2,021	11.1%
16. Clinic Visits	**	541	716	719	804	696	760	760	755	804			6,555	8,574	-23.5%

\*\* Stats under review

( ) or - indicates unfavorable variance

<b>PETERSBURG MEDICAL CENTER</b> <b>Key Operational Indicators</b> <b>For the nine months ended March 31, 2023</b>
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	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>YTD</b>	<b>Prior YTD</b>	<b>% Change</b>
1. Contractual Adj. as a % of Gross Revenue	16.0%	15.7%	20.3%	20.0%	19.8%	24.4%	26.9%	21.5%	21.8%				20.8%	15.1%	-38.2%
2. Charity/Other Ded. as a % of Gross Revenue	2.2%	1.0%	3.1%	1.8%	0.2%	0.0%	0.1%	1.5%	0.4%				1.1%	2.7%	60.7%
3. Bad Debt as a % of Gross Revenue	1.3%	-0.4%	4.2%	7.6%	3.9%	3.0%	-2.1%	1.2%	-4.3%				1.5%	-0.5%	-381.3%
4. Operating Margin	-23.1%	-5.3%	-42.8%	14.3%	-10.5%	-9.4%	-11.6%	-7.5%	0.7%				-8.7%	-7.7%	-12.3%
5. Total Margin	-11.6%	-15.3%	-81.7%	18.6%	-1.1%	-17.4%	-6.0%	-13.9%	1.9%				-9.5%	-8.5%	-11.9%
6. Days Cash on Hand (Including Investments)	116.8	110.0	101.5	96.9	94.4	86.1	79.5	67.2	73.5	-	-	-	74.9	178.9	-58.1%
7. Days in A/R	73.9	74.7	59.2	56.9	58.6	62.5	68.9	67.2	63.7	-	-	-	63.7	50.1	-27.2%

( ) or - indicates unfavorable variance