



Petersburg Medical Center

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BOARD MEETING A g e n d a

DATE: Wednesday, January 25, 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 – November 30, 2022	Chair	<i>in packet</i>
IV. VISITOR COMMENTS	Chair	N/A
V. BOARD MEMBER COMMENTS	Chair	N/A
VI. COMMITTEE REPORTS	Chair	N/A
A. Resource Committee		
B. Joint Conference Committee		
C. PMC Foundation Committee		
VII. REPORTS		
A. Home Health <i>Action required: Informational only</i>	K. Testoni	<i>in packet</i>
B. Human Resources <i>Action required: Informational only</i>	C. Newman	<i>in packet</i>
C. Quality & Infection Prevention <i>Action required: Informational only</i>	Designee	<i>in packet</i>
D. Executive Summary <i>Action required: Informational only</i>	P. Hofstetter	<i>in packet</i>
E. Financial <i>Action required: Informational only</i>	C. Brandt	<i>in packet</i>
VIII. UNFINISHED BUSINESS		

IX. NEW BUSINESS

A. Financial Audit Results

M. Mertz. *presentation at meeting*

Action required: Informational only

X. EXECUTIVE SESSION

By motion, the Board will enter into Executive Session to consider legal matters, personnel matters, medical staff reappointments 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

Petersburg, Alaska 99833

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



Meeting: Medical Center Board Meeting

Date: November 30, 2022 **Time:** 5:00 p.m.

Board Members Present: Jerod Cook, Cindi Lagoudakis, Heather Conn, Joe Stratman, Kathi Riemer, Marlene Cushing, Kim Simbahon

Board Members Absent: None

Others Present in person/via Zoom: Several PMC staff, media, Assembly member Bob Lynn

- I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:00 p.m.
- II. **APPROVAL OF THE AGENDA:** Member Riemer made a motion to approve the agenda as presented. Motion seconded by Member Stratman. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:** Member Riemer made a motion to approve the minutes from October 27, 2022 as presented. Motion seconded by Member Lagoudakis. Motion passed unanimously.
- IV. **VISITOR COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** None
- VI. **COMMITTEE REPORTS:**
 - A. **Resource Committee.** The next meeting is scheduled for December 1.
- VII. **REPORTS:**
 - A. **Case Management/Swing Bed Management.** E. Hart provided a written report (see copy). Member Stratman expressed appreciation for home health services and for them helping as much as possible with those patients who have challenges returning home. Member Riemer recognized that one of the important benefits of having a small community hospital is that patients do see a physician more regularly than they would in other hospitals. Member Cushing shared that facilities in New Mexico have a very grim one or two-star rating and also no assisted living availability. Member Lagoudakis commented on the availability of

home patient monitoring of home health. Member Cook shared appreciation for the uniqueness of having a small community hospital that takes such great care of our island population.

- B. Quality & Infection Prevention.** P. Hofstetter was available to answer questions related to the written report (see copy). Member Cook asked about process and qualifications for the position.
- C. Executive Summary.** P. Hofstetter provided highlights from the written report (see copy). Member Cushing asked about status of creating a communication plan, and Hofstetter shared that Northern Compass Group will be helping with that piece, along with input from the community engagement committee. Member Cook thanked Hofstetter for having benchmarks that were a result of the work on the strategic plan.
- D. Financial.** J. Pipkin provided highlights and an overview of the written report (see copy).

VIII. UNFINISHED BUSINESS

- A. Board committee appointments:
CAH: Member Stratman

IX. NEW BUSINESS

- X. EXECUTIVE SESSION** Member Cushing made a motion to enter into Executive Session to consider legal 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.

Member Riemer made a motion to come out of Executive Session. Motion seconded by Member Cushing. Motion passed unanimously. Board came out of Executive Session at 6:05 pm.

- XI. NEXT MEETING** The next regularly scheduled meeting was set for Wednesday, January 25, 2023, at 5:00 p.m.
- XII. ADJOURNMENT** Member Simbahon made a motion to adjourn. Motion was seconded by Member Stratman. Motion passed unanimously. The meeting adjourned at 6:10 pm.

Respectfully submitted,

Marlene Cushing, Board Secretary



Petersburg Medical Center

Home Health Board Report January 2023

Workforce Wellness

We have been fortunate to be fully staffed. However, we transitioned one of our HHAs to the clinic when they needed help. This started as a “fill in” but proved to be a good fit and an opportunity for this staff member to grow professionally. We will not fill this position at this time. Also, we have a staff member who will be on PTO/Maternity leave in late January for 12 weeks. To accommodate the needs of the department during this time only, the business lead will increase from 30 hours to 40. Additionally, our quality nurse is providing expanded quality support to other PMC departments in this time of transition, including providing support to LTC and assisting in managing the quality needs within the PMC community.

In the new year, the HH team is more focused on wellness and health. Several members have recently joined the community center gym. In addition to the healthy snacks program 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.

Community Engagement

It is the goal of this department to reach as many community members as possible, either through traditional home health services, program extensions or working directly with other community agencies. We partnered with Beat the Odds and were granted money for a “voucher program.” We are developing a program to assist individuals affected by cancer through coordinating household services, including house cleaning and chores. Members of the home health team also participate in the Share Coalition meetings and will participate in the upcoming Project Connect event on 1/31/22. Finally, we offer a care giver café twice a month. This is a support and educationally focused program for those who are the primary caregiver for someone with a chronic or progressive illness.

Patient Centered Care

We instituted twice weekly “huddles,” Monday and Friday to improve communication. These are clinically focused meetings. Twice a month the therapy department joins us for case review and coordination. The Monday slot has become more focused on nursing and case management. Once a month we have an all-staff meeting.

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.

Facility

The home health department is fortunate to have a space that is large enough to accommodate all staff and equipment. The only recent purchase of note was a feeding tube pump and pole. We will be better able to support our patients who have this need and are waiting insurance approval for equipment of their own.

Financial Wellness

Home Health has had some challenges with referrals this year. 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. PMC receives a stipend for this project. The HH team has played a vital and significant role in multiple recent admissions to LTC. We are also working with the clinic, finance, and IT to find a Remote Home Monitoring

Home Health Board Report January 2023

system that will better meet the needs of community members. We worked across departments to collaborate on a recent grant submission for a Falls prevention program.

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



Petersburg Medical Center

Human Resources Board Report January 2023

Workforce Wellness

Staffing Overview

The Human Resources (HR) Department consists of Cynthia Newman, full time, Human Resources Director and Athena Haley, part time (25+ hours per week), Human Resources Tech. This has been a very busy time for the HR department with new and terminating employees, travel staff (locums) & handling everything for an average of 150 paid employees (not including travel staff, students) at PMC. We have time off planned – Cindy is on vacation from January 17 – 27 and Athena is on vacation from February 3 – 13.

Annual Update / Recap

From January – December 2022 -- 36 New Employees

- 7 Dietary Assistant
- 1 Dietitian
- 1 Cook
- 3 OJT Certified Nurse Assistant
- 1 Certified Nurse Assistant
- 3 Laboratory Assistant
- 1 Medical Technician
- 1 Ancillary Clerk
- 1 Speech Therapist
- 1 Specialty Clinics Coordinator
- 2 Medical Assistant
- 1 Physician
- 1 Physician Assistant
- 1 Clinic Reception
- 2 Clinic Referrals / Clinic Follow-up Referrals
- 2 Clinic (Kinder Skog) Youth Programmer / Mentor
- 1 CEO Executive Assistant
- 1 Controller
- 2 Home Health RNs
- 1 Quality Assurance & Processing Improvement Manager
- 1 Infection Preventionist
- 1 Licensed Practical Nurse

23 Terminations

- 2 Laboratory Assistant
- 1 Medical Technologist
- 1 AP Clerk
- 1 Referral Coordinator
- 2 Medical Assistant
- 1 Clinic Insurance Specialist / Reception
- 2 Clinic Referrals / Clinic Follow-up Referrals
- 1 OJT Certified Nurse Assistant
- 1 Speech Therapist
- 1 Occupational Therapist
- 2 Dietary Assistant
- 2 Cook
- 1 Prep Cook
- 1 Medical Records Director
- 1 Quality Assurance & Infection Preventionist
- 1 Quality & Process Improvement Manager
- 1 Public Relations Coordinator
- 1 CEO Executive Assistant

Private Contract Travelers – 15 (paid thru PMC payroll)

- 2 Radiologic Tech
- 1 Medical Technologist
- 2 Physician
- 1 Maintenance Assistant
- 3 CNAs
- 4 LPNs
- 2 RNs

Travelers -- Thru a Company -- 13

- 5 CNAs
- 1 LPN
- 2 RNs
- 1 Home Health RN
- 3 Physical Therapists
- 1 Medical Assistant

Students -- 8

- 7 University of Washington Med Students (Sims, Brock, Crary, Turk, Gibbs, Holmstead, Fuchs)
- 1 Tacoma Family Medicine (J Morgan)

Retirements / Farewells

- 3 Retirements
 - Janet Kvernvik, Medical Records Director, 33 years -- retired June 1st
 - Liz Bacom, Quality Assurance & Infection Prevention Manager, 28 years -- retired July 1st
 - Miriam Swanson, Medical Technologist, 31 years -- retired October 1st

Emergency Hires (ER Hires) for Screening Station Primarily

- 7 ER Hires: ER Screening Station (temporary hires)
 - 5 active employment
 - 1 LOA
 - 1 termed

Positions Open (16 Positions)

- Admissions / Patient Financial Account Rep
- Behavioral Health Clinician
- Medical Assistant
- Clinic Reception
- Clinic Insurance Specialist / Reception (PT)
- Cook
- Dietary Assistant
- Housekeeper / Laundry
- Materials Assistant (PT)
- Medical Technologist
- Radiologic Technologist
- Occupational Therapist
- Physical Therapist
- Registered Nurse
- On-the-Job Training CNA
- Certified Nurse Assistant

Looking Forward

- Completing Year End Reports
- Navia Open Enrollment (effective date 01/01/2023)
- 1095s and ensuring Paylocity has been set up correctly / W2s with Finance

Challenges

- The past months we have been utilizing the new payroll system (Paylocity) & becoming comfortable with how it works. The reporting options offer much (compared to Evident). We're still working on the Position Control guide set-up with Cynthia Brandt to assist with metrics, information and data.
 - On Boarding. Athena has taken the lead in updating our On Boarding with Paylocity. We will be moving to a more electronic method of tracking the completion of needed training / forms.

- Performance Evaluations. We are in the process of setting up the Evaluation module in Paylocity to streamline and update our method of handling evaluations. We're going to be able to track which supervisors haven't completed evaluations (some date back over 2 years or more) and Phil will be able to take the lead in correcting that (PMC policy is that employees are evaluated at 6 months (new hires) and then a minimum of annually thereafter). We're also looking into adding a component that shows which staff members have completed their annual training (required), monitoring licenses and certifications. I am slowly adding the information with new (renewed) licenses and certifications. It doesn't take away the employee responsibility but enhances PMC's ability to manage the required portions of our positions and continuing education.
- Submission of the PB&J (Payroll Based Journal) for reporting on long term care staffing is a monthly requirement. Athena handles this report and we've struggled with Paylocity to have it set up so it becomes a less manually process. We're working with Cynthia Brandt and Matt Pawuk to get the needed Position Control Guide added to our employee information. The PB&J submissions include CNAs, LPNs, RNs and if therapies (PT, OT, SP) spend any hours with residents. Once we have the position portion updated (that Cynthia is working on), the process should go much more smoothly. From July 1 on (when Paylocity started), Athena had to add much of our information manually.
- Turnover. Our turnover rate is of concern. Departments are short staffed & we are watching for employee burnout and fatigue.
- Maintain the quality measures / reporting -- evaluations (annual & 6-month), general orientation, job specific orientation & annual training completion.

Community Engagement

- Recruitment. Working on recruiting for all positions open and finding the right fit. It is challenging and difficult. We have a lot of positions open. Julie Walker, Community Wellness, is assisting HR in highlighting our position on social media. We've gone to one large ad in the Pilot versus a lot of smaller ones (see at right – appeared in 01/05/2023 Pilot). We continue to have difficulty recruiting personnel at all levels and areas within the facility. Travelers have been difficult to find as well. PMC has employment requirements that add to this difficulty:
 - State of Alaska Background Check / Clearance (approval to work at PMC without a barring crime)
 - Drug Screening for illegal drugs (including Marijuana which is an illegal Federal substance) and/or medications not prescribed
 - Vaccination for Covid (boosters are optional). If applicants or employees are not vaccinated, then an approved Religious or Medical Waiver by the Medical Ethics Committee is required. Numerous applicants have refused vaccination and either not submitted a Waiver or been denied a Waiver.

Classifieds

There are exciting career opportunities available at
PETERSBURG MEDICAL CENTER

Choose from many **FULL-TIME & PART-TIME**, benefited positions

JOIN OUR TEAM!

Current Openings:

- Dietary Assistant Part Time • Medical Assistant Part Time
- Attendants/Full-time Research Account Representatives
- Insurance Specialist / Clinic Reception Part Time
- Cook Part Time • Housekeeper / Laundry
- Medical Assistant
- Medical Technologist • Clinic Registration/Administrators
- On The Job Training • Certified Nurse Assistant
- Physical Therapist • Radiologic Technologist
- Registered Nurse (RN) - Assembly Night Shift

QR CODE
to view position descriptions
& to apply online
or text for your new career
at pmc.org

For complete job descriptions or any questions, contact Human Resources Director
Cary Newman at careernm@pmchealth.org or call 907-773-6719

- Job Shadowing with School. The Job Shadowing experience has been delayed due to the current school year not offering Anatomy & Physiology. I will be working with Alice Cumps to add it in next year (depending upon the school).

Facility

- We currently have 13 apartments that we are renting with the upkeep, cleaning & scheduling for travel staff & interim housing for new personnel.
- We have 7 cars that we've had to keep running for travelers & PMC staff use. Athena has been taking on getting the cars to/from their locations, checking on their running & upkeep. The upkeep has become very time-consuming as the cars need TLC and attention. Plus – staff share specific cars & keeping up with that schedule can be challenging.
- Our biggest space concern is the lack of an area for new employees to in-process / On board. Because PMC has very specific training that must be completed (that we are inspected on), a space for new employees can be difficult to find. Our current location is the Business Office reception area. If more than one person is hired, finding computers / space can be a challenge.

Financial Wellness.

- Looking for opportunities for Athena to become certified in Human Resources
- Maintaining Cindy's certifications thru continuing education
- Building the Human Resources department for the future & preparing for Cindy's departure in 2025 (retirement).

Submitted by: Cynthia Newman - SHRM-CP, PHR, Human Resources Director



Petersburg Medical Center

Quality Board Report January 2023

Workforce Wellness

The interim Quality Director role is the administrator with shared initiatives led by department heads and Home Health Quality in reorganizing monthly Quality Committee meetings. Reorganization will enhance our culture of safety and quality with all PMC staff through shared project goals. Infection Preventionist responsibilities are currently being performed by Jennifer Bryner, CNO.

Staff vaccination rate: current influenza: 81%, current bivalent COVID booster: 59%

De-escalation training is being scheduled in the next two months.

Community Engagement

The Home Health department is collaborating with the Joy Janssen Clinic to establish a remote patient monitoring program that will benefit those requiring more frequent contact due to chronic disease challenges. This quality initiative is possible due to evolving technologies and products that enable this interaction through a digital platform that keeps patients connected to their goals and provides health care providers with valuable data to make recommendations efficiently. Vendor evaluation is currently in process.

There is an identified need to increase interventions for fall prevention within the community and programs are being evaluated at this time.

Patient Centered Care

Monthly Quality Committee meetings are occurring to review and establish departmental reporting, incidence, and action items. The meetings allow for a collective review of current quality measures and performance standards to identify areas requiring attention and opportunities to improve patient care, safety, and satisfaction. Reporting requirements are being standardized to establish a consistent quality review process.

Home Health department has successfully achieved compliance with the CMS mandated electronic visit verification (EVV) program for Medicaid patients. This program was prompted by the 21st Century Cures Act to verify visitation, reduce costs, and help to combat fraud, waste, and abuse within the system. This was a several month process, successfully led by Janine Iknokinok.

Infection Control: COVID and influenza vaccines are available for everyone at PMC. 100% of the LTC residents have been offered COVID and influenza vaccines.

LTC resident vaccination rate: current influenza: 77%, current bivalent COVID booster: 77%

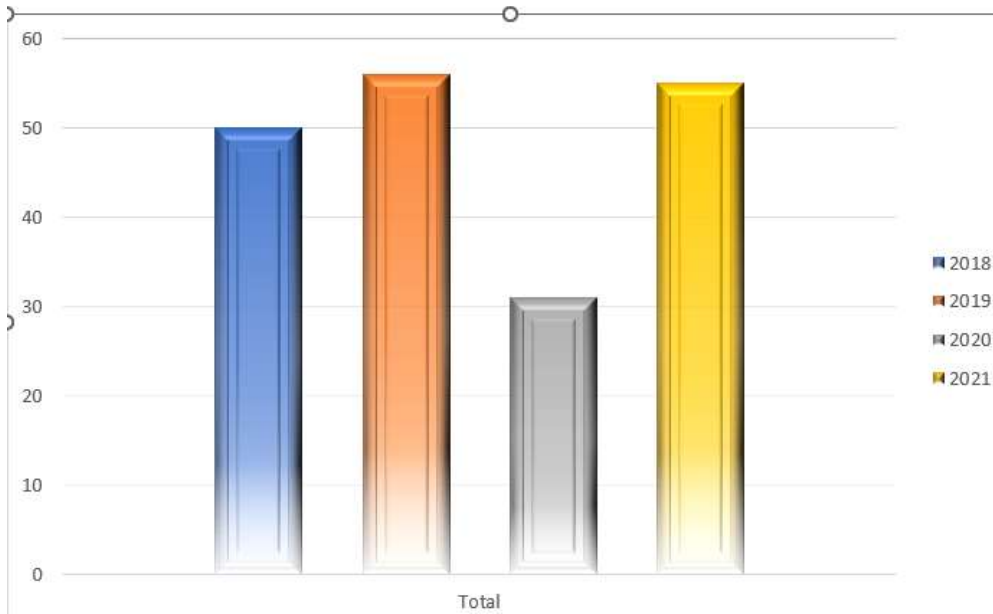
LTC Falls program: We reinitiated the Falls huddle and monitoring program with monthly meetings and report.

Primary Care and Critical Access Hospital Program:

- Diabetes education and outreach for the community: PMC is offering the second year of the Lifestyle Balance Program. This proven program helps people decrease the risk of developing Type 2 Diabetes and heart disease.
- Cardiovascular program: In an analysis of primary care, and medevac by medical staff and the Morbid and Mortality committee, cardiovascular disease was the leading cause of mortality and medevac. In the past 5 years, the most common diagnoses for medevac have been cardiovascular related, including myocardial infarction, heart failure, cerebral infarction, and acute ischemic heart failure.

Medevacs 2018 – 2021 Trends

Number of Medevacs by month by year



Facility

Northern Compass, Bettisworth North and Senior Project Manager Jay Farmwald are working on a project plan and roadmap for incorporating departmental crossover and colocation into space programming, design, and schematics related to the new facility project.

Financial Wellness

Quality Assurance programs are taking place within the revenue cycle and billing team. The focus is to bring the AR days to 50 and cash days on hand to 120 days by implementing optimization strategies for the AR and revenue cycle, and by incorporating regulatory policies for credit accounts, write-off policy, and claims processing standards established by the Centers for Medicare and Medicaid Services (CMS) for Critical Access Hospitals (CAH).

Collaboration between nursing, long-term care, the business office, and home health is ongoing in order to engage patients and assist with enrolling payors and determining eligibility for long-term care, home health, and Medicaid waiver services.

Submitted by: Stephanie Romine, RN



Petersburg Medical Center

CEO Board Report January 2023

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

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

Highlights:

As we approached December 2022 and the start of 2023, we faced several significant challenges. The mid-year point of FY2023 served as a benchmark for evaluating the next six months. Despite high patient numbers in long-term care, inpatient, outpatient, and emergency department, we were forced to dip into our cash reserves twice, in December and January, due to continued inflationary cost expenses. Without significant changes in expenses or revenue, this trend is not sustainable in the long term. These challenges will be taken into consideration as we prepare the mid-year budget and plan for FY24. Throughout FY23, it has been a challenging time for budgeting at PMC. There have been many uncertainties regarding our ability to return to pre-pandemic levels of patient care (staff turnover, inflationary rises in expenses, Medicare reimbursement, the depletion of COVID funds and relief, and ongoing audits and cost report analysis) to determine the best course of action moving forward. These factors have all contributed to the difficulties in budgeting during this period. The finance committee presentation prior to this board meeting will have a comprehensive analysis of the forecast, which will include a detailed review of the proposed phased approach to reducing expenses while also exploring ways to optimize revenue through the implementation of strategic patient care initiatives that align with the needs of the community.

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

FY23 Benchmarks: Key Performance Indicators (KPI): A/R days: 50; A/R > 90 days \$900,000; DNFB \$900,000; Days Cash on Hand: 120 days; (Table 1 below is graphed indicator of current status.)

- Audit FY22 complete and included in board packet.
- Monthly financials for Nov / Dec 2022 included in board packet.
- Mid-Year FY23 Budget Review and recommendations from finance committee to be made at meeting.
- Revenue:
 - Increased census in inpatient, LTC, ED and clinic with highest consecutive bed days for 2022 in IP because of high flu and illness.
 - Grant Funding: Applications submitted for the following grants:
 - \$300,000 Behavioral Health Grant (1 year)
 - \$600,000 Falls Prevention Grant (3 years)
 - \$90,000 Wellness and Health Prevention (1 year).
 - Eligibility of grants are a particular challenge in the following areas:
 - USDA and HRSA: Petersburg poverty index restricts qualification.
 - DSH funding: federal statutory change that disqualifies PMC CAH from receiving funding for disproportionate shares federal pass-through funding- (\$200k) loss.
- Critical Access Hospital Payer Model advocacy: Meeting with Harold Miller CEO of the Center for Healthcare Quality & Payment Reform. Discussed the Rural Emergency Designation and payor models for CAH's. Completed report for PMC through ASHNHA in 2016.
- Lean management: Position control project to have accurate process for reduce expenses;

- Meeting with Stroudwater to assess CFO consultant, 340B program for medication pharmacy adjustments; NHRA for USDA assistance in the application process for the direct loan program for facility replacement.
- Partnerships: Met with Bartlett CEO to explore opportunities for partnerships; continued to meet with Borough on MVM transitional partnership, school partnerships and Cordova CEO meeting for advocacy partnerships.
- Met with revenue cycle team for deep dive into the AR and payor DFNB, denials and receipting by department and payor. Optimizing the Cerner system to improve reporting and working through the denials coding situations to resolve DNFB. Department heads are meeting with the revenue cycle team to support. Working with Medicaid to improve claims processing and turnaround time.

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.*

Update:

- HRSA Senator Murkowski Appropriations \$8M.
- State sponsored Department of Treasury \$20M still pending.
- Activities include:
 - Departmental meetings with Bettisworth North to have a final space program for departments.
 - Bettisworth North working toward options for size and location on the lots provided.
 - Advocacy with Northern Compass Group for legislative input, funding stack, plan of finance and development of community input program.
- RESPEC final utility sewer and water assessments completed.
- RFP completed for general contractor and selection process to occur in February.
- Planning and Zoning submission to occur in the next (2) months.

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

- PMC reports out at December and January Borough Assembly meetings
- KFSK Radio PMC Live monthly December and January
 - PMC quarterly newsletter Year in Review
 - PMC Holiday Party December
- SHARE Coalition

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

The months of November and December led the year on highest number of ER's combined with the highest number of patient days in the inpatient unit (Table 2). This increase largely was a result of many factors but flu and respiratory illnesses were a primary factor. The acuity in the ER was high and there was a time when medevac transfer to a higher-level facility was not possible due to insufficient beds in Seattle and Anchorage. In addition to high volumes in ED and inpatient, clinic encounters were stable of 826 – 863 in Nov – Dec respectively (Table 2).

The Kinder Skog program, designed for school-aged youth, has been running exceptionally well and has been met with great participation from the community. The program staff is well-trained and dedicated to providing children with a positive and rewarding experience. The feedback from the parents, children and staff has been overwhelmingly positive, indicating that the program continues to meet a vital need in the community and continues to make a significant impact on the lives of young people and their families.

Our partnership with the Petersburg school district has been a great success in terms of providing school nurse functions and support. The collaboration is progressing smoothly and has been highly beneficial to the school and community by addressing a need within the school system.

PMC Behavioral Health is a valuable service that we offer to the community, despite it not being a source of income for our organization. This program helps to improve overall well-being and quality of life, as well as reduce healthcare costs in the long run by addressing underlying mental health issues that can manifest in physical symptoms.

PMC is offering the second year of the Lifestyle Balance Program. This proven program from The University of Pittsburgh's Group Lifestyle Balance curriculum helps people decrease the risk of developing Type 2 Diabetes and heart disease. Participants in this program will all be given realistic weight loss and physical activity goals and supported in making changes to meet these goals designed for adults with pre-diabetes or at risk for pre-diabetes are eligible to participate. Registration is open through January 31.

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

I cannot say enough about the professionalism and dedication of our PMC staff, even in the face of burnout. They are actively assisting other departments and continue taking on extra responsibilities to meet our needs. Their flexibility and willingness to do more and work in other departments is crucial and very appreciated, even more so as we continue to face challenges such as staff shortages, difficulty filling positions, and budget constraints. We continue to offer these programs to help with staff wellness:

- **Bravo Wellness Incentive Program:** This program provides the opportunity for employees and eligible spouses to earn up to \$300 based on completing wellness activities or health outcome goals.
- **Betterhelp:** Employees are eligible to receive 4 monthly sessions with a mental health provider via the online resource Betterhelp. This includes unlimited texting with the person's therapist. It is the second year we have offered this to staff, and we have very good feedback from those who have used it to support their mental wellness. This program is free to employees.

Turnover rates by department: Since July 2022 we have seen the highest turnover rates in food services (28%) and clinic (10%). The clinic also has one of the most staffing and highest volume so not unexpected and is now heading into a better place. Food service staffing is much more challenging to staff and has the highest turnover rate in the past 2 years.

Benefits: PMC in the past 3 years has accrued a significant number of PTO due to the work effort, primarily due to the heavy workload caused by the COVID pandemic. We created a PTO payout policy and payment for hours beyond limits of PTO despite the generous PTO policy. Staff have been increasing time off to take care of medical checks, work/life balance and family opportunities. At times this does require backfill contractors in some situations which PMC is working to establish improved controls for any service level and budget impacts.

Retired positions: 4 long time staff retired in 2022. Transitioning of overlap for these positions as well as spending down years of accrued PTO certainly had an impact in 2022. Hiring new staff to fill the vacancies and cross-over staffing is very challenging. PMC staff that have ‘survived’ 20-30 years working healthcare in Petersburg have an incredible work ethic and dedication that is often very hard to find without hiring more than one person to backfill. Sustainability of staffing is vital and a high priority for managers. PMC successfully transitioned lab, imaging, HIM, IT and physician while HR and Facilities are still working on sustainability for their departments. As we get through this tough period of financials we need to focus on building positional sustainability in those departments in addition to the “wearing many hats” model.

Outgoing:

Cynthia Brandt, CFO consultant. Her original engagement when I first joined PMC in 2018 was to reconcile, organize, correct and provide modeling for financials as well as implement a training module for existing PMC staff to follow. I am glad we had her for all three electronic implementations, COVID financial reporting and establishing the financial modeling for PMC. She will end her engagement at the end of March. PMC will still need the CFO function to continue with the policies, training, financial oversight, new facility plan of finance, and more.

Dr. Hyer. She has been planning a leave of absence from PMC to take an opportunity to sail around the world with her family. It is a bit more than a sabbatical or extended leave with an open-ended date. While Petersburg and PMC is her home, we will still need a replacement to recruit for that time.

Submitted by: Phil Hofstetter, CEO

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

FISCAL YEAR 2023

For the six months ended December 31, 2022

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the six months ended December 31, 2022

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
\$509,790	\$333,775	\$176,015	52.7%							
1,375,357	1,527,520	(152,163)	-10.0%	1. Inpatient	\$1,675,917	\$1,837,189	(\$161,272)	-8.8%	\$1,925,636	-13.0%
412,653	482,355	(69,702)	-14.5%	2. Outpatient	8,329,648	8,407,888	(78,239)	-0.9%	6,633,457	25.6%
2,297,800	2,343,650	(45,850)	-2.0%	3. Long-term Care	2,557,602	2,655,013	(97,411)	-3.7%	1,819,439	40.6%
				4. Total gross patient revenue	12,563,167	12,900,090	(336,922)	-2.6%	10,378,532	21.0%
559,551	351,548	(208,003)	-59.2%	<i>Deductions from Revenue:</i>						
0	0	0	n/a	5. Contractual adjustments	2,441,430	1,935,013	(506,417)	-26.2%	1,724,419	-41.6%
69,327	28,124	(41,203)	-146.5%	6. Prior year settlements	0	0	0	n/a	0	n/a
818	63,279	62,461	98.7%	7. Bad debt expense	411,353	154,802	(256,551)	-165.7%	(228,669)	-279.9%
629,696	442,951	(186,745)	-42.2%	8. Charity and other deductions	165,791	348,303	182,512	52.4%	284,427	41.7%
				9. Total deductions from revenue	3,018,574	2,438,118	(580,456)	-23.8%	1,780,177	-69.6%
1,668,104	1,900,699	(232,595)	-12.2%	10. Net patient revenue	9,544,593	10,461,971	(917,378)	-8.8%	8,598,355	11.0%
79,682	117,611	(37,929)	-32.2%	<i>Other Revenue</i>						
76,027	81,956	(5,929)	-7.2%	11. Inkind Service - PERS/USAC	487,092	705,665	(218,573)	-31.0%	709,439	-31.3%
0	0	0	n/a	12. Grant revenue	140,811	491,737	(350,926)	-71.4%	369,706	-61.9%
18,736	12,708	6,028	47.4%	13. Federal & State Relief	0	0	0	n/a	679,261	-100.0%
174,445	212,275	(37,830)	-17.8%	14. Other revenue	911,482	76,248	835,234	1095.4%	525,063	73.6%
				15. Total other operating revenue	1,539,385	1,273,649	265,736	20.9%	2,283,469	-32.6%
1,842,549	2,112,974	(270,425)	-12.8%	16. Total operating revenue	11,083,978	11,735,621	(651,643)	-5.6%	10,881,824	1.9%
986,620	990,394	3,774	0.4%	<i>Expenses:</i>						
56,344	50,053	(6,291)	-12.6%	17. Salaries and wages	6,012,199	5,878,468	(133,731)	-2.3%	5,637,130	-6.7%
360,313	397,844	37,531	9.4%	18. Contract labor	354,615	297,091	(57,524)	-19.4%	370,050	4.2%
138,116	151,742	13,626	9.0%	19. Employee benefits	2,097,508	2,361,399	263,891	11.2%	2,200,950	4.7%
162,533	121,066	(41,467)	-34.3%	20. Supplies	925,713	910,451	(15,262)	-1.7%	817,104	-13.3%
21,800	38,264	16,464	43.0%	21. Purchased services	846,379	779,730	(66,649)	-8.5%	1,109,723	23.7%
18,015	12,190	(5,825)	-47.8%	22. Repairs and maintenance	273,180	249,583	(23,597)	-9.5%	325,791	16.1%
24,766	17,296	(7,470)	-43.2%	23. Minor equipment	95,010	73,141	(21,869)	-29.9%	84,383	-12.6%
99,050	91,381	(7,669)	-8.4%	24. Rentals and leases	122,511	103,776	(18,735)	-18.1%	93,238	-31.4%
4,185	6,778	2,593	38.3%	25. Utilities	546,522	548,287	1,765	0.3%	527,910	-3.5%
98,531	102,952	4,421	4.3%	26. Training and travel	39,076	40,668	1,592	3.9%	45,085	13.3%
14,520	12,784	(1,736)	-13.6%	27. Depreciation	608,250	617,711	9,461	1.5%	346,609	-75.5%
30,671	28,091	(2,580)	-9.2%	28. Insurance	90,449	76,704	(13,745)	-17.9%	67,138	-34.7%
2,015,464	2,020,835	5,371	0.3%	29. Other operating expense	183,570	168,545	(15,025)	-8.9%	172,404	-6.5%
				30. Total expenses	12,194,982	12,105,553	(89,429)	-0.7%	11,797,515	-3.4%
(172,915)	92,139	(265,054)	287.7%	31. Income (loss) from operations	(1,111,004)	(369,932)	(741,072)	-200.3%	(915,691)	-21.3%
(111,428)	12,500	(123,928)	-991.4%	<i>Nonoperating Gains(Losses):</i>						
(8,911)	(6,008)	(2,903)	-48.3%	32. Investment income	52,970	75,000	(22,030)	-29.4%	119,399	-55.6%
0	0	0	n/a	33. Interest expense	(68,980)	(36,049)	(32,931)	-91.4%	(3,164)	-2080.2%
(5,865)	0	(5,865)	n/a	34. Gain (loss) on disposal of assets	0	0	0	n/a	0	n/a
(126,204)	6,492	(132,696)	-2044.0%	35. Other non-operating revenue	(124,048)	0	(124,048)	n/a	3,082	-4124.9%
				36. Net nonoperating gains (losses)	(140,058)	38,951	(179,009)	-459.6%	119,317	217.4%
(\$299,119)	\$98,631	(\$397,750)	403.3%	37. Change in Net Position (Bottom Line)	(\$1,251,062)	(\$330,981)	(\$920,081)	-278.0%	(\$796,374)	-57.1%

PETERSBURG MEDICAL CENTER
Key Volume Indicators
For the six months ended December 31, 2022

<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>			
Hospital Inpatient											
38	27	11	40.7%	1.	Patient Days - Acute Care	165	162	3	1.9%	130	26.9%
96	67	29	43.3%	2.	Patient Days - Swing Bed	241	402	(161)	-40.0%	316	-23.7%
134	94	40	42.6%	3.	Patient Days - Total	406	564	(158)	-28.0%	446	-9.0%
1.2	0.9	0.4	40.7%	4.	Average Daily Census - Acute Care	0.9	0.9	0.0	1.9%	0.7	26.9%
3.1	2.2	0.9	43.3%	5.	Average Daily Census - Swing Bed	1.3	2.2	(0.9)	-40.0%	1.7	-23.7%
4.3	3.0	1.3	42.6%	6.	Average Daily Census - Total	2.2	3.1	(0.9)	-28.0%	2.4	-9.0%
36.0%	25.3%	10.8%	42.6%	7.	Percentage of Occupancy	18.4%	25.5%	-7.2%	-28.0%	20.2%	-9.0%
Long Term Care											
330	372	(42)	-11.3%	8.	Resident Days	2,174	2,118	56	2.6%	1,741	24.9%
10.6	12.0	(1)	-11.3%	9.	Average Daily Census	11.8	11.5	0.3	2.6%	9.5	24.9%
71.0%	80.0%	-9.0%	-11.3%	10.	Percentage of Occupancy	78.8%	76.7%	2.0%	2.6%	63.1%	24.9%
Other Services											
85	67	18	26.9%	11.	Emergency Room Visits	387	402	(15)	-3.7%	416	-7.0%
201	190	11	5.8%	12.	Radiology Procedures	1,230	1,140	90	7.9%	1,138	8.1%
1,875	2,200	(325)	-14.8%	13.	Lab Tests (excluding QC)	10,740	13,200	(2,460)	-18.6%	12,667	-15.2%
833	752	81	10.8%	14.	Rehab Services Units	5,229	4,512	717	15.9%	4,216	24.0%
214	267	(53)	-19.9%	15.	Home Health Visits	1,416	1,602	(186)	-11.6%	1,331	6.4%
** 760	1,233	(473)	-38.4%	16.	Clinic Visits	4,236	7,398	(3,162)	-42.7%	6,316	-32.9%

** Stats under review

() or - indicates an unfavorable variance

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the six months ended December 31, 2022

<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>			
24.4%	15.0%	-9.4%	-62.3%	1.	Contractual Adj. as a % of Gross Revenue	19.4%	15.0%	-4.4%	-29.6%	16.6%	-17.0%
0.0%	2.7%	2.7%	98.7%	2.	Charity/Other Ded. as a % of Gross Revenue	1.3%	2.7%	1.4%	51.1%	2.7%	51.8%
3.0%	1.2%	-1.8%	-151.4%	3.	Bad Debt as a % of Gross Revenue	3.3%	1.2%	-2.1%	-172.9%	-2.2%	248.6%
-9.4%	4.4%	-13.7%	315.2%	4.	Operating Margin	-10.0%	-3.2%	-6.9%	-218.0%	-8.4%	-19.1%
-17.4%	4.7%	-22.1%	474.5%	5.	Total Margin	-11.4%	-2.8%	-8.6%	-306.7%	-7.2%	-57.9%
				6.	Days Cash on Hand (Including Investments)	87.6				195.9	-55.3%
				7.	Days in A/R	62.5				41.7	-50.0%

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

PETERSBURG MEDICAL CENTER

Balance Sheet

December 31, 2022

ASSETS

	<u>Dec 2022</u>	<u>Nov 2022</u>	<u>June 2022</u>	<u>Dec 2021</u>
Current Assets:				
1. Cash - operating	(\$78,949)	(\$197,997)	\$916,516	\$2,820,049
2. Cash - insurance advances	390,953	429,395	783,728	2,078,746
3. Investments	1,515,896	2,010,605	2,597,751	2,600,243
4. Total cash	1,827,900	2,242,003	4,297,995	7,499,038
5. Patient receivables	6,519,699	6,052,428	6,260,353	5,193,734
6. Allowance for contractals & bad debt	(3,237,327)	(3,138,929)	(3,363,222)	(3,301,006)
7. Net patient receivables	3,282,372	2,913,499	2,897,131	1,892,728
8. Other receivables	56,859	80,812	90,695	347,603
9. Inventories	341,516	354,894	356,624	279,625
10. Prepaid expenses	310,640	638,001	111,147	1,566,696
11. Total current assets	5,819,287	6,229,209	7,753,592	11,585,690
Property and Equipment:				
12. Assets in service	28,298,828	28,298,828	28,188,862	23,390,112
13. Assets in progress	204,041	179,911	73,363	354,893
14. Total property and equipment	28,502,869	28,478,739	28,262,225	23,745,005
15. Less: accumulated depreciation	(20,632,680)	(20,534,149)	(20,024,431)	(19,356,478)
16. Net property and equipment	7,870,189	7,944,590	8,237,794	4,388,527
Assets Limited as to Use by Board				
17. Investments	2,793,760	2,888,673	2,768,388	3,247,294
18. Building fund	601,738	621,616	594,036	691,373
19. Total Assets Limited as to Use	3,395,498	3,510,289	3,362,424	3,938,667
Pension Assets:				
20. OPEB Asset	8,781,677	8,781,676	8,781,677	1,054,533
Deferred Outflows:				
21. Pension	2,756,254	2,756,254	2,756,254	2,894,105
22. Total assets	\$28,622,905	\$29,222,018	\$30,891,741	\$23,861,522

LIABILITIES & FUND BALANCE

	<u>Dec 2022</u>	<u>Nov 2022</u>	<u>June 2022</u>	<u>Dec 2021</u>
Current Liabilities:				
23. Accounts payable	\$1,642,952	\$1,494,408	\$1,286,742	\$1,188,108
24. Accrued payroll	222,601	578,732	152,464	172,357
25. Payroll taxes and other payables	358,966	249,496	162,345	146,573
26. Accrued PTO and extended sick	1,047,061	1,057,979	994,445	1,001,312
27. Deferred revenue	436,776	451,660	402,639	813,617
28. Due to Medicare	484,104	618,715	1,760,708	928,827
29. Due to Medicare - Advance	390,953	429,396	783,728	2,078,746
30. Due to Blue Cross - Advance	0	0	0	0
31. Other current liabilities	3,515	3,516	3,515	3,610
32. Loan Payable - SBA	0	0	0	0
33. Current portion of long-term debt	366,679	366,552	333,818	78,886
34. Total current liabilities	4,953,607	5,250,454	5,880,404	6,412,036
Long-Term Debt:				
35. Capital leases payable	2,643,458	2,646,603	2,734,425	140,075
Pension Liabilities:				
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	19,650,828	19,950,821	20,668,592	19,446,166
Deferred Inflows:				
40. Pension	9,613,036	9,613,036	9,613,036	903,147
Net Position:				
41. Unrestricted	610,104	610,104	4,308,584	4,308,584
42. Current year net income (loss)	(1,251,062)	(951,943)	(3,698,471)	(796,374)
43. Total net position	(640,959)	(341,839)	610,113	3,512,209
44. Total liabilities and fund balance	\$28,622,905	\$29,222,018	\$30,891,741	\$23,861,522

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

PETERSBURG MEDICAL CENTER
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	-	-	-	-	-	-	1,675,917	1,925,636	-13.0%
2. Outpatient	1,474,881	1,527,070	1,216,750	1,390,421	1,345,169	1,375,357	-	-	-	-	-	-	8,329,648	6,633,457	25.6%
3. Long-term Care	337,364	403,790	478,750	515,061	409,984	412,653	-	-	-	-	-	-	2,557,602	1,819,439	40.6%
4. Total gross patient revenue	1,922,880	2,150,187	1,883,492	2,145,187	2,163,621	2,297,800	-	-	-	-	-	-	12,563,167	10,378,532	21.0%
<i>Deductions from Revenue:</i>															
5. Contractual adjustments	306,903	337,334	381,521	428,308	427,813	559,551	-	-	-	-	-	-	2,441,430	1,724,419	-41.6%
6. Prior year settlements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
7. Bad debt expense	24,800	(8,744)	78,233	162,903	84,834	69,327	-	-	-	-	-	-	411,353	(228,669)	279.9%
8. Charity and other deductions	42,847	21,429	59,180	37,909	3,608	818	-	-	-	-	-	-	165,791	284,427	41.7%
9. Total deductions from revenue	374,550	350,019	518,934	629,120	516,255	629,696	-	-	-	-	-	-	3,018,574	1,780,177	-69.6%
10. Net patient revenue	1,548,330	1,800,168	1,364,558	1,516,067	1,647,366	1,668,104	-	-	-	-	-	-	9,544,593	8,598,355	11.0%
<i>Other Revenue</i>															
11. Inkind Service - PERS/USAC	77,682	77,682	77,682	77,682	96,682	79,682	-	-	-	-	-	-	487,092	709,439	-31.3%
12. Grant revenue	5,223	17,658	12,816	16,504	12,583	76,027	-	-	-	-	-	-	140,811	369,706	-61.9%
13. Federal & State Relief	-	-	-	-	-	-	-	-	-	-	-	-	-	679,261	-100.0%
14. Other revenue	4,418	6,940	8,340	854,525	18,523	18,736	-	-	-	-	-	-	911,482	525,063	73.6%
15. Total other operating revenue	87,323	102,280	98,838	948,711	127,788	174,445	-	-	-	-	-	-	1,539,385	2,283,469	-32.6%
16. Total operating revenue	1,635,653	1,902,448	1,463,396	2,464,778	1,775,154	1,842,549	-	-	-	-	-	-	11,083,978	10,881,824	1.9%
<i>Expenses:</i>															
17. Salaries and wages	1,036,772	989,802	1,014,624	1,016,320	968,061	986,620	-	-	-	-	-	-	6,012,199	5,637,130	-6.7%
18. Contract labor	59,887	40,627	64,147	85,560	48,050	56,344	-	-	-	-	-	-	354,615	370,050	4.2%
19. Employee benefits	337,894	339,159	339,417	360,170	360,555	360,313	-	-	-	-	-	-	2,097,508	2,200,950	4.7%
20. Supplies	145,725	178,766	166,585	162,546	133,975	138,116	-	-	-	-	-	-	925,713	817,104	-13.3%
21. Purchased services	101,527	146,944	158,279	142,565	134,531	162,533	-	-	-	-	-	-	846,379	1,109,723	23.7%
22. Repairs and maintenance	110,459	77,766	(28,678)	58,320	33,513	21,800	-	-	-	-	-	-	273,180	325,791	16.1%
23. Minor equipment	11,860	16,007	15,346	27,143	6,639	18,015	-	-	-	-	-	-	95,010	84,383	-12.6%
24. Rentals and leases	16,915	16,505	20,607	19,935	23,783	24,766	-	-	-	-	-	-	122,511	93,238	-31.4%
25. Utilities	89,596	85,720	90,044	88,714	93,398	99,050	-	-	-	-	-	-	546,522	527,910	-3.5%
26. Training and travel	5,539	8,932	9,405	6,795	4,220	4,185	-	-	-	-	-	-	39,076	45,085	13.3%
27. Depreciation	57,347	57,347	186,329	100,341	108,355	98,531	-	-	-	-	-	-	608,250	346,609	-75.5%
28. Insurance	14,520	14,520	14,520	17,657	14,712	14,520	-	-	-	-	-	-	90,449	67,138	-34.7%
29. Other operating expense	24,935	31,029	38,445	26,189	32,301	30,671	-	-	-	-	-	-	183,570	172,404	-6.5%
30. Total expenses	2,012,976	2,003,124	2,089,070	2,112,255	1,962,093	2,015,464	-	-	-	-	-	-	12,194,982	11,797,515	-3.4%
31. Income (loss) from operations	(377,323)	(100,676)	(625,674)	352,523	(186,939)	(172,915)	-	-	-	-	-	-	(1,111,004)	(915,691)	-21.3%
<i>Nonoperating Gains(Losses):</i>															
32. Investment income	188,666	(110,840)	(235,348)	146,826	175,094	(111,428)	-	-	-	-	-	-	52,970	119,399	-55.6%
33. Interest expense	(5,118)	(12,652)	(23,427)	(10,086)	(8,786)	(8,911)	-	-	-	-	-	-	(68,980)	(3,164)	-2080.2%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	(14,790)	(42,306)	(54,591)	(6,088)	(408)	(5,865)	-	-	-	-	-	-	(124,048)	3,082	-4124.9%
36. Net nonoperating gains (losses)	168,758	(165,798)	(313,366)	130,652	165,900	(126,204)	-	-	-	-	-	-	(140,058)	119,317	-217.4%
37. Change in Net Position (Bottom Line)	(208,565)	(266,474)	(939,040)	483,175	(21,039)	(299,119)	-	-	-	-	-	-	(1,251,062)	(796,374)	57.1%
38. FY21 Budget	(224,205)	(204,205)	(183,548)	98,632	83,714	98,631	-	-	-	-	-	-	(330,981)	-	-
39. FY21 Variance	15,640	(62,269)	(755,492)	384,543	(104,753)	(397,750)	-	-	-	-	-	-	(920,081)	-	-

PETERSBURG MEDICAL CENTER Key Volume Indicators FISCAL YEAR 2023

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
Hospital Inpatient															
1. Patient Days - Acute Care	19	29	18	20	41	38							165	130	26.9%
2. Patient Days - Swing Bed	9	31	39	30	36	96							241	316	-23.7%
3. Patient Days - Total	28	60	57	50	77	134							406	446	-9.0%
4. Average Daily Census - Acute Care	0.6	0.9	0.6	0.6	1.4	1.2							0.9	0.7	26.9%
5. Average Daily Census - Swing Bed	0.3	1.0	1.3	1.0	1.2	3.1							1.3	1.7	-23.7%
6. Average Daily Census - Total	0.9	1.9	1.9	1.6	2.6	4.3							2.2	2.4	-9.0%
7. Percentage of Occupancy	7.5%	16.1%	15.8%	13.4%	21.4%	36.0%							18.4%	20.2%	-9.0%
Long Term Care															
8. Resident Days	322	384	398	414	326	330							2,174	1,741	24.9%
9. Average Daily Census	10.4	12.4	13.3	13.4	10.9	10.6							11.8	9.5	24.9%
10. Percentage of Occupancy	69.2%	82.6%	88.4%	89.0%	72.4%	71.0%							78.8%	63.1%	24.9%
Other Services															
11. Emergency Room Visits	75	69	54	53	51	85							387	416	-7.0%
12. Radiology Procedures	181	232	203	215	198	201							1,230	1,138	8.1%
13. Lab Tests (excluding QC)	1,870	1,886	1,669	1,616	1,824	1,875							10,740	12,667	-15.2%
14. Rehab Services Units	986	1,330	611	757	712	833							5,229	4,216	24.0%
15. Home Health Visits	267	250	209	234	242	214							1,416	1,331	6.4%
16. Clinic Visits	**	541	716	719	804	696	760						4,236	6,316	-32.9%

** Stats under review

PETERSBURG MEDICAL CENTER Key Operational Indicators For the six months ended December 31, 2022
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	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Contractual Adj. as a % of Gross Revenue	16.0%	15.7%	20.3%	20.0%	19.8%	24.4%							19.4%	16.6%	-17.0%
2. Charity/Other Ded. as a % of Gross Revenue	2.2%	1.0%	3.1%	1.8%	0.2%	0.0%							1.3%	2.7%	51.8%
3. Bad Debt as a % of Gross Revenue	1.3%	-0.4%	4.2%	7.6%	3.9%	3.0%							3.3%	-2.2%	248.6%
4. Operating Margin	-23.1%	-5.3%	-42.8%	14.3%	-10.5%	-9.4%							-10.0%	-8.4%	-19.1%
5. Total Margin	-11.6%	-15.3%	-81.7%	18.6%	-1.1%	-17.4%							-11.4%	-7.2%	-57.9%
6. Days Cash on Hand (Including Investments)	116.8	110.0	101.5	96.9	94.4	86.1	-	-	-	-	-	-	87.6	195.9	-55.3%
7. Days in A/R	73.9	74.7	59.2	56.9	58.6	62.5	-	-	-	-	-	-	62.5	41.7	-50.0%