



Petersburg Medical Center

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BOARD MEETING A g e n d a

DATE: Thursday, October 27, 2022
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 – September 29, 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
VII. REPORTS		
A. Activities <i>Action required: Informational only</i>	A. Neidiffer	<i>in packet</i>
B. Chief of Staff <i>Action required: Informational only</i>	Dr. Burt	<i>in packet</i>
C. Clinic <i>Action required: Informational only</i>	K. Zweifel	<i>in packet</i>
D. Community Wellness <i>Action required: Informational only</i>	J. Walker	<i>in packet</i>
E. Dietitian <i>Action required: Informational only</i>	J. Ely	<i>in packet</i>
F. Dietary <i>Action required: Informational only</i>	L. Wickersham	<i>in packet</i>
G. Home Health <i>Action required: Informational only</i>	K. Testoni	<i>in packet</i>
H. Quality & Infection Prevention <i>Action required: Informational only</i>	Designee	<i>in packet</i>
I. Executive Summary <i>Action required: Informational only</i>	P. Hofstetter	<i>in packet</i>

J. Financial
Action required: Informational only C. Brandt *in packet*

VIII. UNFINISHED BUSINESS

IX. NEW BUSINESS

A. Election of Officers
Action required: Approval Chair *at meeting*

B. Board Committee Appointments
Action required: Approval Chair *at meeting*

X. EXECUTIVE SESSION

By motion, the Board will enter into Executive Session to consider medical staff credentialing, 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

Petersburg, Alaska 99833

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



Meeting: Medical Center Board Meeting

Date: September 29, 2022 **Time:** 5:00 p.m.

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

Board Members Absent: None

Others Present: Several PMC staff

- I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:00 p.m.
- II. **APPROVAL OF THE AGENDA:** Member Lagoudakis made a motion to approve the agenda as presented. Motion seconded by Member Riemer. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:** Member Lagoudakis made a motion to approve the minutes from August 25, 2022 as presented. Motion seconded by Member Riemer. Motion passed unanimously.
- IV. **VISITOR COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** Member Cushing acknowledged and recognized Member Doyle for his service on the hospital board and that this is his last meeting. Member Cook thanked Member Doyle for his time, service and input to the hospital board over the years. Member Doyle thanked the board and commended PMC staff for their work, being amazing to work with and commended them for their performance the last couple of years.

Member Cook noted this is the first time that all seven hospital board members have been in the same room in a couple of years.

VI. **COMMITTEE REPORTS:**

- A. **Resource Committee.** The committee met on September 22 to review July financials and discuss revenue cycle path moving forward. Cerner has been slow to resolve issues. PMC is addressing a plan with them to improve time to resolution. PMC is exploring Borough

COVID funding reimbursement process. PMC requested HRG to provide an update/status on key performance indicators and measurements. The committee recommends changing the resource committee name to “finance committee” at next review of board by-laws.

VII. REPORTS:

- A. Pharmacy.** E. Kubo provided highlights from the written report and was available to answer questions (see copy). She addressed questions from Member Cook about the supplies of flu vaccines, the state process for flu vaccines and costs for inventory software. Member Lagoudakis asked about the legal requirements of current process for tracking and managing inventory. PMC has legal, regulatory and safety measures and controls in place and will consider any cost savings measures that might be associated when researching inventory software.
- B. Rehab Department.** K. DuRoss was available to answer questions related to the written report (see copy). C. Newman addressed Member Conn’s questions about difficulties with staffing and finding travelers.
- C. Plant Maintenance.** M. Boggs provided a written report (see copy).
- D. Environmental Services.** G. Edfelt provided a written report (see copy). C. Newman addressed Member Riemer’s questions related to any staffing impacts and hospital-wide impacts that result from an increased LTC census.
- E. Quality & Infection Prevention.** J. Barnard provided highlights from the written report and was available to answer questions related to the written report (see copy). He provided additional details related to Member Stratman’s questions about community-wide emergency preparedness exercises.
- F. Executive Summary.** P. Hofstetter provided highlights from the written report (see copy). Additionally, he thanked Public Health, Member Cushing, school, parks & rec and PMC staff for a well-attended POD vaccine clinic that provided approximately 90 flu shots and 285 COVID vaccines (final numbers to come). Member Lagoudakis commented that the vaccination clinic was very well run and appreciated the opportunity and the efficiency of having that available to the community. P. Hofstetter is also looking into a new designation through Office of Rural Health that could provide additional funding support for CMS reimbursement. He answered Member Stratman’s question confirming that specialty clinic is now located next to the Public Health office and is still used by and available to visiting physicians. Member Cushing asked about the availability of scope procedures. PMC staff continues to work on that with SEARHC and provided a tour to their surgery medical director and executive a couple weeks ago.
- G. Financial.** C. Brandt provided a financial management update, having reviewed the July financials at the resource committee last week and provided August financials at the meeting. tonight.

VIII. UNFINISHED BUSINESS

IX. NEW BUSINESS

- A.** Strategic plan work session scheduling: Date and time for this is November 10, 5:00 pm.

B. Architect/Engineer Design Services

Member Lagoudakis motioned that the Petersburg Medical Center's Board of Directors approves the recommendation of the selection committee, and directs the CEO to enter into negotiations with Bettisworth North for final project planning, design and construction administration services. Motion seconded by Cushing. Roll call vote unanimously approved.

- X. EXECUTIVE SESSION** Member Stratman motioned to enter Executive Session to consider medical staff credentialing, 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 Lagoudakis. Motion passed unanimously. Board entered Executive Session at 6:11 pm.

Member Riemer motioned to come out of Executive Session. Motion seconded by Member Doyle. Board came out of Executive Session at 6:35 pm.

Member Cushing motioned to appoint to medical staff: Alice Hulebak, MD, Family Practice; Erik Hulebak, Physician Assistant; Kara Wesebaum, LCSW, Social Work; Jonathan Jo, MD, Radiology; Ashley Buice, MD, Radiology; Jeffrey Anderson, MD, Radiology; Dmitriy Kazimirko, MD, Radiology; Corey Orton, MD, Radiology; and Donald Garbett, MD, Radiology. Member Lagoudakis seconded the motion. Motion passed unanimously.

- XI. NEXT MEETING** The next regularly scheduled meeting was set for Thursday, October 27, 2022 at 5:00 p.m.

- XII. ADJOURNMENT** Member Riemer made a motion to adjourn. Motion was seconded by Member Lagoudakis. Motion passed unanimously. The meeting adjourned at 6:36 p.m.

Respectfully submitted,

Marlene Cushing, Board Secretary



Petersburg Medical Center

Activities Report October 11, 2022

Staffing Overview

The current staffing for the activities department is as follows: 3 Full-Time Activities Aides, 1 Full-Time Activities Coordinator.

The activities coordinator works M-Th from 8-5—Returning to M-F from 8-5 in December. Activities Aide 1 is in Long Term Care Monday-Friday from 7am-3pm; Activities Aide #2 is in Long Term Care Saturday-Tuesday from 8:30am-6:30pm; Activities Aide #3 is in Long Term Care Thursday-Sunday from 10:30am-8:30pm.

The activities department is well staffed for the Long-Term Care Census and is able to continue providing activity services to Skilled Nursing patients as well without issue.

Review and Update

Community Involvement: Our Long-Term Care residents have continued increasing their community presence as we continue moving closer to the end of COVID. Masking, social distancing, and good hand hygiene on behalf of our staff, families, residents, and volunteers has helped make this possible. Our residents were able to join the community in both Mayfest and Fourth of July celebrations.

Volunteers: Long Term Care is always looking at expanding its volunteer network. This process has been difficult during times of COVID with strict infection control regimens that were in place during the pandemic; however, as we start to slowly relax protocols around the facility, we are seeing more volunteers reaching out and have been able to expand outreach on our end as well.

Looking Forward

The activities department has several different projects right now looking at improving our quality and efficiency of the program.

Weekly Cooking: For roughly a year now the activities department has been cooking a meal a week in the LTC kitchen. Our weekly meals are picked out by the residents and residents assist in the planning process of the meals. This is one of our most popular activities. We are working with our dietary department to help improve the efficiency of the activity. Ideally, the dietary department will be able to provide the grocery ingredients for our weekly meals, so our staff does not have to leave the floor to get ingredients for weekly meals.

Youth and LTC: The activities department is working on developing a collaboration with the PMC childcare program with the focus being connecting our youth and elders.

Challenges

The greatest challenge facing the activities department has been moving out of the COVID isolation mindset with our residents. After spending so much time isolating and distancing throughout the pandemic, it has been a challenge to convince residents to come out of their rooms. We are finally getting in the swing of group activities again; however, it is interesting to note it is the newer residents that are the main participants. Residents who have been here since the beginning of the pandemic, or even just since the LTC outbreak in July seem to have developed a complacency with spending the day in their rooms. Our activities staff continues to encourage participation in group activities as much as possible

Staffing Concerns: The activities department is well staffed for the current LTC census; however, with the increased census there has been an increased need for CNA help on the floor. Currently two members of the activities department are CNA certified and have been spending roughly 60% of the day doing CNA work and

40% of the day they have been able to allocate to activities. On days when the acute care CNA is able to help in LTC, the activities staff is able to spend more time helping with activities.

Accomplishments

Since the last board report, Shirley Yip, Activities Aide, has received her CNA license! This has been greatly beneficial to the activities department in helping on the floor, assisting with feeding, and transporting residents to and from appointments.

Opportunities

The activities department along with the CNA and nursing staff will be receiving more dementia training in-person next month—focusing on preventing challenging behaviors in dementia.

The activities department is looking forward to collaborating with the PMC youth program to engage our youth and elders.

The activities department is continuing to reach out and touch base with previous and new interested volunteers to continue building our volunteer program.

Submitted by: Alice Neidiffer



Petersburg Medical Center

Selina Burt, DO - Chief of Staff Report October 27, 2022

Medical Staffing Overview

Since my last report, our medical staff has grown! We have gained one physician, Alice Hulebak, MD. She is filling the vacancy to be left by the retirement of Mark Tuccillo, DO when he retires on October 31. We have also welcomed two midlevel providers, Angela Menish, FNP, and Erik Hulebak, PA-C.

Review and Update

With our increased medical staff, we have reorganized clinic offices to allow providers adequate professional workspace. We are now using exam rooms on the first floor of the clinic for regular clinic visits. Acupuncture and chiropractic care is now located in the reclaimed Specialty Clinic area (formerly the Respiratory Clinic) next to Public Health.

Additionally, we have resumed having visiting specialty providers in otolaryngology (Dr. Raster) and optometry (Dr. Kapp as well as SEARHC). Our community will benefit from further diversifying visiting medical specialties.

Looking Forward

As Dr. Tuccillo transitions to retirement, we are working to fill his very large shoes. Dr. Hulebak plans to become a certified Aviation Medical Examiner for FAA medical exams and Dr. Burt will become a certified Medical Review Officer for workplace drug testing.

Challenges

Schedules! With so many providers, we are feeling the limitation of not having enough support staff, exam rooms, and office space. We continue to be challenged in filling vacant positions throughout the facility.

Accomplishments

This summer was very busy with the return of cruise ships and visitors to Petersburg. Our team held up admirably and maintained high standards of care.

Our local physicians continue to be actively involved in teaching UW School of Medicine medical students. Dr. Hess and Dr. Hyer recently received the University of Washington's 2022 Exceptional Family Medicine Clerkship Faculty Award, having been ranked in the top 1% of preceptors by UW medical students. We also had Justin Morgan, MD, a family medicine resident, serve a rotation with us in August. We are happy to contribute to the development of the next generation of medical providers.

Opportunities

With upcoming medical staff changes, we are taking this opportunity to revisit our plan to redistribute patient loads among providers, accounting for disease severity and patient complexity, to have more evenly balanced panels.

Submitted by: Selina Burt, DO



Petersburg Medical Center

Joy Janssen Clinic October 18, 2022

Staffing Overview

We have had some new employees join our clinic team.

New employees the clinic team welcomed over the past 6 months:

- Liz Thomas has returned to working in clinic part-time as a Medical Assistant (MA) in June 2022.
- Daniel Christensen joined our clinic reception team in June 2022.
- Angela Menish, FNP, APRN joined the clinic in August 2022 and started seeing patients.
- Christine Waechter and Hailey Tate joined us in August 2022 for Referrals and Medicaid travel.
- Alice Hulebak, MD and Erik Hulebak, PA-C started in the clinic in Sep 2022.
- Kai Kokesh has come back to clinic to help us on an as needed basis as a medical assistant in Sep 2022.

Review and Update

1. The clinic is excited to have expanded our provider team to include Angela Menish, FNP, APRN, Alice Hulebak, MD and Erik Hulebak, PA-C. Adding these providers to our team has allowed for increased availability for patient appointments.
2. We are planning for the retirement of Dr. Tuccillo after almost 30 years of service at the end of October 2022.
3. We have been moving around people to create more space in clinic to accommodate the new providers. We are utilizing the clinic space downstairs for patient appointments and Dr. Burt has moved her office downstairs to see patients in these rooms.
4. We have moved specialty services over to the previously called “Visiting Physician” office. We are now staffing this space full time and have Chiropractic Care, Acupuncture, Audiology, Optometry (Dr. Kapp - Visiting Specialists) and ENT (Dr. Raster – Visiting Specialist). We anticipate continuing to have more visiting specialists return over time.

Looking Forward:

- Staff recruitment and retention remains a top priority.
- Improving access to care, continuing to build out case management and population health and expanding the specialty services are areas for further growth.

Challenges:

- Staffing, space, and growth are our biggest challenges. With adding more providers, we are needing more support staff. We continue to look towards securing positions in the clinic front desk areas and medical assistants to support the providers.
- Change – there has been lots of change over the past couple of years and this continues to provide a level of challenge as we re-group and restructure.

Accomplishments

Specialty Clinic:

- Moving the specialty services over to the Specialty Clinic space was a huge accomplishment this summer. We took a phased approach at moving people and services. Thank you to all the staff that helped make this happen including Bessie Johnson, Rodney Anderson, Julie Hursey, Sheena Canton, Angela Bertagnoli, Daniel Christiansen, Desiree Gonzalez, Phil Hofstetter, Bobby Aikins, and Jay Barnard with helping to get the space ready to see patients in. Additionally, Mike Boggs and Skip Hallingstad from facilities and the IT team (Jill Dormer, Matt Pawuk, Don Bieber and Nicholas Larson) all helped with moving of equipment and computers, phones, etc. Thank you!

Medical Assistant Program:

- PMC has enrolled with Alaska Primary Care Association Apprenticeship Program for Clinic Medical Assistants Program. This program will allow staff to ladder up in the organization and get certified as a medical assistant. We have 3 staff currently enrolled in this program.

Opportunities

- There are some employment opportunities in clinic for people looking for a role in the healthcare.
- Continuing to grow case management, population health, and specialty services.

Submitted by: Kelly K. Zweifel, Clinic Director



Petersburg Medical Center

Wellness Board Report October 18, 2022

Staffing Overview

- The Community Wellness Department has expanded staffing to implement the pilot childcare program, Kinder Skog, an afterschool and summer nature program for school aged youth. This included three new employees: Katie Holmlund as the Youth Programs Coordinator and Kinder Skog Program Administrator, and two Kinder Skog Mentors – Becca Madsen (full-time) and Kaili Watkins (part-time; she is also staying on in Clinic part-time).
- Julie Walker, Community Wellness Manager, continues to fill in to support the duties of the Public Relations Coordinator since that position was vacated in February 2022.

Review and Update

Employee Wellness

- *Betterhelp* – *Betterhelp* offers 4 free behavioral health sessions with a therapist every month and unlimited texting. Since Nov. 2021, PMC has had 28 active members who have had 233 live sessions and 1,395 messages with therapists.
- *Bravo* – PMC is in the third year for our Employee Wellness Incentive Program with a vendor called *Bravo*, which offers health coaching programs, wellness challenges and opportunities to earn points for biometric screenings and preventive care screenings. 26 staff and employees completed the full program requirements and 29 partially completed. Each employee that successfully completed the program will receive a \$300 wellness incentive, distributed as \$25/month on their paychecks from July 1, 2022 – June 30, 2023.

Health Fair (June 2022)

- The team worked closely with many community partners and other PMC departments to make the in-person Community Health Fair event on June 4 a success. This was the first time the Community Wellness team managed hosting the event. Nearly 200 people attended.
- PMC conducted roughly 500 blood draws from March 28 – May 20 (similar to past health fairs)
- 5 educational community presentations, 20 resource tables, and Zumba class provided at Health Fair.

Pedal/Paddle Battle (August 2022)

- Expanded annual PMC Foundation fundraiser to include biking in addition to kayaking/paddle boarding.
- Roughly 70 participants and \$20,000 raised to support continuing education for staff and graduating high school students.

Childcare (September 2022-current)

- The Kinder Skog after-school/summer nature program was successfully transitioned from a program of the Petersburg Lutheran Church to a program of the PMC Community Wellness Department.
- The program started in September and was able to expand enrollment to serve 30 youth, ages 5-12.
- We continue to learn and develop processes to successfully integrate Kinder Skog into PMC.

Other Events

- **Girls on the Run** - PMC partnered with WAVE to offer a 5-day Girls on the Run summer camp for 3rd-5th grade girls. This year was the first time the program was offered as a summer camp as opposed to an after-school program. 13 girls completed the camp. (August 2022)
- **ORCA POD** - ORCA POD (Play Outside Day) Camp was funded by the Petersburg Community Foundation and offered in partnership with the Kinder Skog after school nature program (prior to Kinder Skog transitioning to PMC). The free camp was offered Friday afternoons throughout the summer and featured a variety of activities such as bike riding, berry picking, back-yard games, Zumba, capture the flag, hiking on Kupreanof, Native Youth Olympics, and archery and ultimate frisbee. The free summer camp had 29 youth ages 8-12 years old. (June-August 2022)
- **Community Childcare Café** – Coordinated with SHARE Coalition partners to host second community conversation on childcare which included a viewing of the local childcare video “Voices of the Future” and a panel discussion. Around 25 people attended. (October 2022)
- **World Mental Health Day** – Offered in partnership with PMC behavioral health clinician and WAVE, the event featured a variety of self-care activities and resources, food and giveaways. 16 people attended. (October 2022)
- **Walk/Bike to School & Work Day** – Coordinated with schools to host national event, 78 bikes counted at elementary, middle and high school plus many more walkers (October 2022)
- **ALICE Training** – PMC’s Emergency Preparedness program received a State Hospital Preparedness Program grant to focus on community preparedness and was able to send Julie Walker, Becky Turland, and officer Andrew Ayriss to training to become ALICE instructors. ALICE is a training for response options to violent critical incidents such as active shooter incidents. The team recently trained all school staff and PMC staff and will soon be rolling the training out to Borough employees to finish off the community preparedness grant project.

Looking Forward

- **Lifestyle Balance Class** – The first year-long community diabetes prevention program ends in December. The program will start again in February 2023.
- **ORCA Camps** – The Community Wellness team plans to expand upon the success of past ORCA camps (Outdoor Recreation, Creation and Adventure) developed by Kinder Skog to offer seasonal camps for youth, families, and adults. The first camp is being developed and will be offered this winter.
- **Turkey Trot** – PMC Community Wellness will host second annual community fun run/walk and food drive for Humanity in Progress (November 25, 2021)
- **Employee Wellness Program** – We will be utilizing the results of the Employee Wellness Program Feedback survey and input from Managers Retreat to continue to grow and improve opportunities to promote and support wellness for our staff during 2023.

Challenges

- The Community Wellness Manager has been holding many of the duties of the Public Relations Coordinator for the past 8 months as well as continuing to oversee PMC’s Emergency Preparedness program. This is a significant challenge and additional support is needed to have quality community engagement and promotion of PMC to the public.

Accomplishments

- PMC successfully obtained a State of Alaska Childcare License for the program, which required a significant amount of administrative work and communications with State Childcare Program licensing – thank you to Katie Holmlund for all the hard work on this.

Opportunities

- **Grants** – PMC has applied for a grant from the Alaska Community Foundation to support the expansion of ORCA camps to include seasonal camps for youth, families and adults (grant pending – awards announced in November). Grant funding is a great way to support Community Wellness programs and initiatives. PMC’s new grant writer has a wealth of knowledge and experience working on grants and an understanding of our current needs and ideas for future growth.
- **SHARE Coalition:** The local SHARE Coalition (Supporting Health Awareness and Resiliency Education) is a group of local non-profits, service agencies, and businesses that work together to promote health and wellness within the community. The coalition has been around for 16 years and has seen a decline in participation and momentum since the pandemic. PMC is a strong member of the SHARE Coalition and plans to help support a revitalization, expansion and strengthening of this network of partners to optimize resources and partnerships to meet mutual community health goals.
- **Internship/Volunteer Resources:** To support the future expansion of Kinder Skog and a full-day summer youth program, additional staff resources will be needed. Research is underway on how PMC could support this through a volunteer internship and/or AmeriCorps program. This alternative staffing model may be a great way to support the seasonal needs of a summer youth program.

Submitted by: Julie Walker, Community Wellness Manager



Petersburg Medical Center

Dietitian Report October 2022

Review and Update

Survey readiness has been a top focus for the past quarter. We have implemented a monthly training schedule for dietary staff training, separated into two parts: competency training (foods safety, diets, and physical safety), and skills training (various cooking skills).

Equipment updates from last report: All the ovens are working properly; the stove top had electric relay parts replaced and is now working; kitchen supplies are adequate and being updated as needed.

Looking Forward

Kitchen Equipment - new issues: Temperature issues with the walk-in freezer arose over the past 6 weeks, but a part was replaced 10/18/22 and hopefully that will fix the problem. A back-up 2 door freezer has been out of commission for 2 months, and parts are on backorder.

Menu development is still in progress. I have gained access to a set of commercial recipes through our food supplier that are scalable to fit the production at PMC. I have created a preliminary 4 week cycle menu and about halfway through creating the diet extensions for the menu. Next is working with the Manager of Food & Nutrition Services to create recipe books, production sheets, and order guides. In the meantime, we have updated a lot of recipes in the current menu to improve the food quality. Residents of LTC appear to be eating more and weight loss is not a widespread issue.

Challenges

Wearing many hats is a challenge. I plan to work on creating the menu more, but time to do this has been restricted because of the LTC census, more outpatient referrals, and covering vacation time. Despite these time restraint challenges, we are still moving forward and have made a lot of progress already.

Accomplishments

Jeanette Ely, RDN is now seeing patients in all levels of care at PMC: acute/swing, LTC, clinic/outpatient, and home health.

Diet orders in Cerner have been updated to our current diet manual, and new diet cards have been implemented in the kitchen that provide the diet order, food preferences, and all other pertinent information the kitchen needs. This has significantly improved tray accuracy. This new process uses physical plastic cards, but we would like to get this electronic in the future.

Trainings: I am conducting the monthly competency trainings for the Food & Nutrition Services staff and did a training with nursing and activities staff in June on burn prevention & reheating food. I have moved into the office near the kitchen and am spending a lot of time mentoring the Manager of Food & Nutrition Services.

Audits/Inspections: LTC kitchenette audited in June and we were able to get a new ice machine installed for the LTC! Main kitchen audited earlier this month with plan of correction still in progress but was overall a good audit.

Opportunities

There are a lot of long-term plans for improving patient care in the Food & Nutrition Services department including: the creation of a new menu as already discussed, getting the menus and tray-cards into an electronic software program, and creating a process for taking food orders from patients – giving them options of what to eat. Cost savings opportunities include: getting more of our equipment on a deep cleaning schedule, changing the process for fulfilling food requisitions on the nursing floors, and buying more food in bulk utilizing our food vendor, US Foods. Opportunities to increase revenue for the Food & Nutrition Services department are big-picture visions that may include catering meetings (like the board meeting!) and providing meals to staff. All of these ideas require time and labor to create the processes from scratch and utilize staff to implement and move them forward.

Submitted by: Jeanette Ely, RDN



Petersburg Medical Center

Dietary Report October 18, 2022

Staffing Overview

Staffing is still short. We are currently seeking another part time dietary assistant and a full-time cook. We do get occasional applications come through. However, most of them do not complete the process of the check to hire so we cannot move forward with the hiring process.

Review and Update

My previous report stated that we have begun working on new menus again. Due to our short staffing, vacations, and illnesses, our new menu development has been a large and slow project. Because of these things happening, it causes me to fill into cooking and dietary aide positions. Trainings continue to happen monthly. Because of the trainings, we have improved in monitoring temperatures, helping to answer each other's questions, and improved food preparation.

Looking Forward

Food services continues to make changes for the good of our patients and residents. Jeanette has helped me improve many of our processes. Her knowledge in this area has helped us to make our work easier and more efficient. There are big things we would like to do here in foodservices and with her help and experience, I can see us moving in the right direction. Our plan is to move right on into our new facility and to continue the process as we are doing today.

Challenges

Since January 1, 2021, foodservices have had multiple struggles with staffing. Prior to this, we had long term employees, so staff shortage was not always an issue. Then, COVID struck, causing people to miss out on work, resignations and retirement. Since January 2021, we have struggled to keep any long-term staff members. My crew consists of 1- more than five years, 1- more than two years, 3- less than one year, and 1-less than 2 months. Together, we have made it through multiple struggles and challenges.

Accomplishments

During the recent challenges, I am happy for the progress in which we are making as a team. Every day brings something new and we continue to improve.

Opportunities

We are exploring a plan to allow our staff to advance in their current position and are moving forward with the necessary processes. Each step will have more responsibilities and will give people a chance to slowly climb up the ladder as they fill needed areas and have opportunities for growth.

Submitted by: Lidia Wickersham, Food Service Supervisor



Petersburg Medical Center

Home Health Board Report October 2022

Staffing Overview

- There are a total of 11 staff, all permanent. 5 full-time nurses, 1 manager who is also a certified wound specialist, 3 full-time case managers, one who will provide part-time support to the school, one who is certified in foot and nail care and one who is a certified Hospice and Palliative care nurse. We also have a quality assurance nurse who, in addition to management of the quality needs of home health is also responsible for keeping clinical staff up to date on required trainings and managing all remote school nurse responsibilities. This role continues to evolve. 1 patient navigator who is now a certified care coordinator (see attached). 1.5 home health aides both now fully certified, one who also provides 20 hours of administrative support to the home health staff, 2 full-time billing staff and a 15-hr a week substance abuse counselor. There is also a designated home health physical therapist. This position allows for the acceptance of “therapy only” patients. He also just became a certified wound specialist. We are currently not using any travel nurses or temporary staff.
- Patient navigator/medical social worker continues to be a valuable addition to the Home Health Program and PMC community. In addition to working with the patients and families on Home Health, she provides service to anyone in need here in Petersburg. Services include assistance with entitlements, long term care planning, applications for assistance including housing vouchers and food stamps. She is also a resource for Beat the Odds, is the Tribal Veteran’s liaison and most recently passed the exam to become a care coordinator for the Petersburg community. Part of this includes an application for PMC to become a certified provider of waiver services. Application submitted on 10/19/22. This will allow PMC to provide waiver related services such as adult day program and caregiver services as well as several other service lines in the future.

Review and Update

- Current census is 31 with three pending admissions. We continue to accept referrals and work to meet the needs of our community.
- PMC now has an MOA with the Petersburg school district and Home Health will provide a part-time nurse who will provide school nurse functions and support. This also includes more intensive collaboration with the Community Wellness program, the Joy Janssen clinic staff, and Public Health.
- Home Health staff have consistently been on the frontline providing care to those who have tested positive for COVID 19. This includes direct care, ongoing education, support to the Hotline staff and Public Health testing and ultimately vaccinations. We have been providing flu shots to our patients and are available to do so for anyone in the community who is unable to get to the clinic.
- We continue to work with public relations to continue to provide the community with knowledge of our program. Community education on the role of the Home Health team and services provided is vital for continued growth. Home Health provides more than care for the elderly.
- Home Health continues to provide care to a broad range of patients. This includes short term rehab, medication management, COVID care and end-of-life support.
- RN case managers continue to provide care to end-of-life patients and strive to become increasingly knowledgeable in end-of-life needs and issues. They are creative and compassionate in the care provided. This can be a challenge as we are not yet a Hospice certified agency.
- We have added a caregiver support group that meets twice monthly. It is run by the patient navigator and one of our home health aides.

Looking Forward

- Home Health continues to grow and branch out in new directions. We continue to work on our referral process and ways to keep our census rising.
- Ongoing collaboration with therapy services. These services are an integral part of the home health program. Designated HH PT.
- We have 15 patients receiving home health aide support. Our HHA provides between 25 and 30 visits weekly.
- Due to continued growth, department continues to have open discussions on managing patients during off hours. This includes flexed work schedules and on call hours to meet the needs of patient population.
- Continuing education opportunities for all staff.
- Patient Navigator continues to work towards becoming a certified Medicaid Planner. She recently became a certified case coordinator. This allows her to provide more intensive support and services to the Petersburg community. Part of our extended plan is to be able to offer these services throughout Southeast Alaska, opening new service lines such as personal care services and adult day program, and possible restarting of respite services.
- Discussions continue around support of Mountainview Manor assistive living facility.

Challenges

- Adjustment to new space and new staff.
- Growth and future need for additional staff. We are currently fully staffed.
- Limited access to DME.
- No traditional Hospice services.

Accomplishments

- Continued census growth recently reached and maintained a census of 35.
- The Home Health team collaborated with the Petersburg Community Foundation and the long-term care staff to provide an educational series on long term care Medicaid and planning for future health care needs. Final event in this series will be held on October 27, 2022, a webinar with two elder attorneys from Faulkner and Banfield.
- Staff of 11.
- Half time home health aide/administrative assistant passed her certified nursing assistant certification.
- Several staff have obtained additional certifications. Care coordinator, foot and nail care, wound care and a certified Hospice and Palliative care nurse.
- Successful onboarding with the new EMR!
- New coder and Oasis review company. Has had a positive impact on the ability to submit for reimbursement more quickly and with better potential for maximizing payment.
- New larger workspace located in the basement of the Elks. All home health staffs under one roof. Now have a large storage space for DME.

Opportunities

- Collaboration with the school district to provide a school nurse.
- Connection with facilities down south to alert them to services available at PMC HH.
- Increased staffing to meet the needs of growing department.
- Home Health owned DME / Lending closet.
- Future program growth potential includes in-home IV therapies, Hospice services, pediatric services, enhanced behavioral health services including medication management, adult day program and a personal care line.

- MOA with the school district to provide part-time school nurse services.
- Expand services of Patient Navigator/Care Coordinator.
- Potential collaboration with Mountainview Manor.

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

How do I find out if I am eligible for a waiver?

First, call or visit an Aging and Disability Resource Center (ADRC) or Developmental Disabilities Resource Connection (DDRC) to identify the types of programs you may qualify for. If you are a person with an intellectual or developmental disability, a DDRC can help you get on a waiting list for waiver services first. If it looks like you will qualify for waiver services, you will be given a list of care coordinators who can help you apply for a waiver.

What happens next?

Your care coordinator will arrange for someone to come to your home to do an assessment that finds out what your medical and functional needs are. You will get a letter that tells you if you are approved for waiver services or not.

How do I know what services I can get?

If you are found eligible, your care coordinator will help you to develop a support plan for your waiver. To learn what services are available in your area, visit the Provider Search Tool: <https://akaccesspoint.com/SitePages/Home.aspx>

Do I have to have a care coordinator?

Yes. Your care coordinator will submit your support plan, help you to find service providers, check on your services, and also contact you at least once each month, depending which waiver you are on. You may contact your care coordinator at any time to discuss your services and any concerns you may have.

Do I have to get all my services from the same agency?

No. You may choose to get approved services from any certified provider in your area.

Contact information:

Division of Senior & Disabilities Services

550 W Eighth St.
Anchorage, AK 99501

1-907-269-3666

1-800-478-9996 (toll-free)

<http://dhss.alaska.gov/dsds/Pages/default.aspx>

SDS Service & Provider Search Tool

<https://akaccesspoint.com/SitePages/Home.aspx>

Aging & Disability Resource Centers

1-877-6AK-ADRC (toll-free)

(1-877-625-2372)

<http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx>

DDRC (Developmental Disabilities Resource Connection)

<http://dhss.alaska.gov/dsds/Pages/grantservices/ddrcmini.aspx>



January 2021

Alaska's Home and Community Based Medicaid Waivers



- Alaskans Living Independently Waiver
- Adults with Physical and Developmental Disabilities Waiver
- Children with Complex Medical Conditions Waiver
- Intellectual and Developmental Disabilities Waiver
- Individualized Supports Waiver

ALI = Alaskans Living Independently; **APDD** = Adults with Physical and Developmental Disabilities;

IDD = Intellectual and Developmental Disabilities; **CCMC** = Children with Complex Medical Conditions; **ISW** = Individualized Supports Waiver

WAIVER SERVICES Alaska's five Medicaid waivers support the independence of Alaskans who experience physical or developmental disabilities by providing services in their homes and in the community rather than in an institution such as a nursing home. Each waiver covers a different set of services. Which services are available depend on a person's age and where the person lives. Services approved for each waiver are marked with a ✓; FT=full time; PT=part time; ALH=assisted living home.	ALI	APDD	IDD	CC MC	ISW
*** Care coordination: All waivers require clients to work with a care coordinator. Your care coordinator will work with you to identify which services you need, and make sure that you get them.	***	***	***	***	***
In-home supports: Help to get, keep or improve self-help and social skills; live FT with unpaid caregiver, for ages <18.			✓	✓	✓
Family habilitation: Help to get, keep or improve self-help and social skills; live FT in the licensed home of a paid caregiver.		✓	✓	✓	
Group home: Help for ages 18+ to get, keep or improve self-help and social skills; live FT in a licensed ALH.		✓	✓	✓	
Supported living: Help for ages 18+ to get, keep or improve self-help and social skills; live FT in your own residence.		✓	✓	✓	✓
Residential supported living: Help with activities of daily living for adults who can't live alone & are FT in a licensed ALH.	✓	✓			
Day habilitation: Recreational, other activities outside the home to develop self-help and social skills for community life.		✓	✓	✓	✓
Adult day services: Group adult day care provided by an organization.	✓	✓			
Respite: Occasional breaks for unpaid caregivers.	✓	✓	✓	✓	✓
Supported employment: Training, support, and supervision to help keep a job.		✓	✓	✓	✓
Transportation: To access community resources and activities.	✓	✓	✓	✓	✓
Environmental modifications: Health- and safety-related home modifications.	✓	✓	✓	✓	
Meals: Food for 18+ at home or in a group setting other than an ALH.	✓	✓	✓	✓	
Specialized medical equipment and supplies: Help to communicate, perform daily activities and access the community.	✓	✓	✓	✓	
Nursing oversight: A registered nurse ensures that care of a medical nature is delivered safely.			✓	✓	
Intensive active treatment: Professional treatment/therapy for ages 21+ to prevent behavior regression or to address a family, personal, social, mental, behavior, or substance abuse problem.		✓	✓		✓
Specialized private duty nursing services: Continuous services for ages 21+ by a licensed nurse, specific to your needs.	✓	✓	✓		



Petersburg Medical Center

Quality & Infection Prevention Report October 20, 2022

Staffing Overview

- Trish Oppenheim started as the Infection Preventionist 9/5/2022
- Quality Director resigned effective 10/7/22

Review and Update

- No correspondence from OSHA regarding on-site visit

Looking Forward

- Onboarding Process Improvement Project is underway
 - In the planning phase
 - Defining the project and goal with HR (process owner)
 - Defining all other inputs required for project success
- Home Health
 - Process Improvement Project is underway
 - Patient falls & prevention-root causes and recommendations completed
 - In progress items include the collection of clinician input, training, and new policy development
 - Business Process Mapping is underway
 - Analyze business unit to determine primary output & supporting processes
 - Used to determine resource needs, policies, etc.
 - Home Health OASIS-E transition
 - Staff completed an 8-hour training this week in preparation of OASIS-E
 - These CMS data set outcomes will directly affect payment for services starting Jan 1

Challenges

- Infection Prevention
 - Position just filled
 - Will take time to train & learn PMC systems

Accomplishments

- Multiple process improvement projects are underway
- Community outreach is expanding rapidly

Submitted by: Designee



Petersburg Medical Center

CEO Report October 2022

CEO Report:

The month of September ends the first quarter of FY23. PMC continues to have lingering impacts remain post-pandemic including morale, staffing and financial. As we move towards recovery PMC had a manager retreat on Oct. 19. The team spent the majority of the day discussing problems, solutions and setting the recommendations for the strategic plan. This will be presented at the upcoming PMC Board work session to support the governing initiatives for the next five years. There were 30 attendees comprised of supervisors, managers and two board members. It was the first time we have been in a room together for any length of time since the last retreat for FY20 in Oct. 2019. The retreat identified these primary objectives: need for community engagement, financial stability, patient healthcare, community healthcare prevention, staffing/workforce, new building and communication internally and externally.



PMC is seeing both an increase in patient care, census and some areas of improved staffing, but we are heading into significant challenges. As mentioned in the last board report KaufmanHall published a report on *The Current State of Hospital Finances: Falls 2022* that provides a grim insight to the post-pandemic struggle that is occurring with hospitals. PMC is not immune to this struggle and the elements of the report are consistent with our current state as reported previously. We are seeing fluctuations in financials and staffing. This fluctuation will take some time to settle and the importance of the financial audit for FY22 will assist in a better picture of this with the Medicare cost report and the Medicaid rebasing cost report. The PMC resource committee has been meeting monthly and is scheduled next week as a recurring item to monitor status.

The financial priority has been to establish the baseline for FY23 and monitor the expense, revenue and position controls within the organization. The first quarter of FY23 has lingering reductions in cash flow as PMC pays Medicare advance (in full), AP and cost report settlement through to October and volumes in departments recover. The financial team is focused on monthly financials, accounts payable, revenue cycle, cost report, audit preparation, COVID funding provider relief reporting, Disproportionate Share Funding federal audit and the single audit for grant funding.

This FY23 has been a strong focus on growth of services and enhanced collaborative efforts in the community to improve health outcomes and continuity of care. PMC signed an MOA with the school to provide health services (nursing/medical) and behavioral health services. PMC had a meeting with the school to discuss those details and is excited to work with the school in all these areas.

Following the board motion last month to enter into negotiations with Bettisworth North Architects and Engineering, we are working towards a contract for the new facility project. PMC received the full RESPEC report on the environmental study and dig.

Legislative Update: (unchanged)

- The HB265 was signed by the governor into law to increase access to care. This has the potential for PMC to expand its telehealth program and increase access to care. PMC continues to utilize telehealth visits in primary care and behavioral health on a regular basis.
- A PMC line item for \$20M allocated in the state capital budget was signed and the first meeting with the program manager occurred. This is funding through a COVID package under the Department of Treasury section 604 with a focus on workforce development, health monitoring and economic improvement for the community.

Community Education/Outreach:

- PMC reports out at October Borough Assembly Meeting
- KFSK Radio PMC Live monthly October
- Managers retreat October 19
- Meeting with the school superintendent and PMC staff October
- Flu shot “Fairies” throughout October; staff going to business to deliver shots as needed.

Patented Centered Healthcare & Work Force Development:

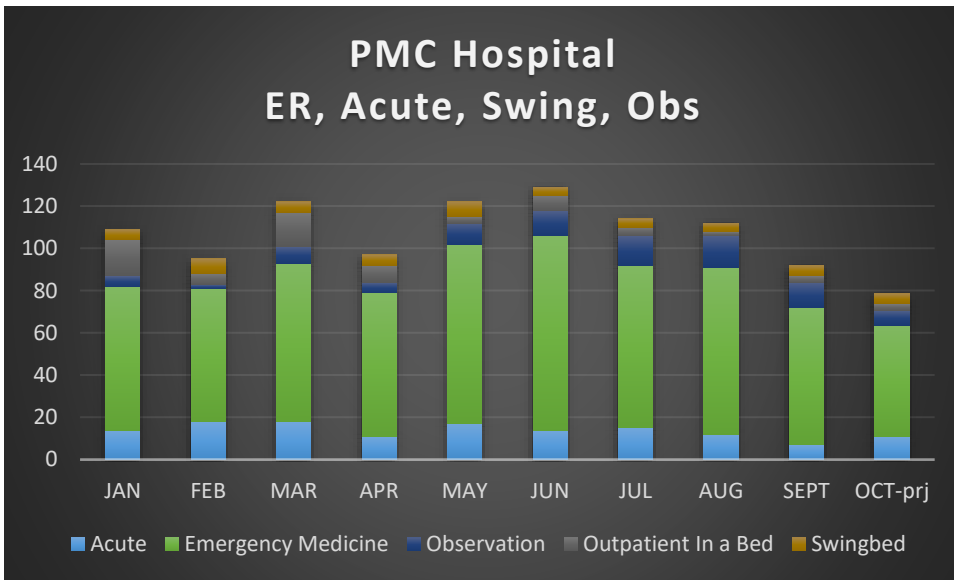
PMC has had an increase in access to patient care through the full (1-2) months of new providers (Angela Menish, NP) started on August 1 while Dr. Alice Hulebak and Erik Hulebak, PA started in September. PMC Clinic is already seeing improvement in access to care and meeting the needs of the community with increased



volumes. Dr. Tuccillo will be retiring at the end of October and notices have been sent to patients / community. The clinic has expanded to accommodate specialty lines that include optometry (visiting), audiology, chiropractor and acupuncture and is now located next to public health. The medical staff is establishing care with patients and building up the patient-centered medical home model. Drs. Hess and Hyer won a very prestigious award through the University of Washington’s 2022 Exceptional Family Medicine Clerkship Faculty Award. Both oversee medical students during their clinical rotations at PMC. Award recipients were the teachers ranked in the top 1% by medical students. Two of the five award recipients this year (among about 500 faculty) were from PMC. Home health is expanding to care coordination program of services and develop access to navigate to appropriate levels of care. The wellness program is working on youth wellness through the Kinderskog program, which now has received its provisional childcare license with the state.

Finance: The financial package is included for review and approval from Sept. FY23. We are seeing increases in census, swingbed and LTC as well as other services; however, as reported above and discussed in previous board meetings and resource committee meetings, the past year had a negative variance(s) due to many of these issues indicated above. PMC is looking forward to working through with COVID, Medicare pay back and recovery volumes.

PMC Statistics:



Submitted by: Phil Hofstetter

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

FISCAL YEAR 2023

For the three months ended September 30, 2022

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the three months ended September 30, 2022

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
\$187,992	\$276,075	(\$88,083)	-31.9%							
1,216,750	1,263,457	(46,707)	-3.7%							
478,750	398,970	79,780	20.0%							
<u>1,883,492</u>	<u>1,938,502</u>	<u>(55,010)</u>	<u>-2.8%</u>							
381,521	290,775	(90,746)	-31.2%							
0	0	0	n/a							
78,233	23,262	(54,971)	-236.3%							
59,180	52,340	(6,840)	-13.1%							
<u>518,934</u>	<u>366,377</u>	<u>(152,557)</u>	<u>-41.6%</u>							
1,364,558	1,572,125	(207,567)	-13.2%							
77,682	117,611	(39,929)	-34.0%							
12,816	81,956	(69,140)	-84.4%							
0	0	0	n/a							
8,340	12,708	(4,368)	-34.4%							
<u>98,838</u>	<u>212,275</u>	<u>(113,437)</u>	<u>-53.4%</u>							
1,463,396	1,784,400	(321,004)	-18.0%							
1,014,624	958,446	(56,178)	-5.9%							
64,147	48,439	(15,708)	-32.4%							
339,417	385,011	45,594	11.8%							
166,585	151,742	(14,843)	-9.8%							
158,279	121,066	(37,213)	-30.7%							
(28,678)	38,264	66,942	174.9%							
15,346	12,190	(3,156)	-25.9%							
20,607	17,296	(3,311)	-19.1%							
90,044	91,381	1,337	1.5%							
9,405	6,778	(2,627)	-38.8%							
186,329	102,952	(83,377)	-81.0%							
14,520	12,784	(1,736)	-13.6%							
38,445	28,091	(10,354)	-36.9%							
<u>2,089,070</u>	<u>1,974,440</u>	<u>(114,630)</u>	<u>-5.8%</u>							
(625,674)	(190,040)	(435,634)	-229.2%							
(235,348)	12,500	(247,848)	-1982.8%							
(23,427)	(6,008)	(17,419)	-289.9%							
0	0	0	n/a							
(54,591)	0	(54,591)	n/a							
<u>(313,366)</u>	<u>6,492</u>	<u>(319,858)</u>	<u>-4927.0%</u>							
(\$939,040)	(\$183,548)	(\$755,492)	-411.6%							

	YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
Gross Patient Revenue:						
1. Inpatient	\$517,954	\$846,631	(\$328,677)	-38.8%	\$889,839	-41.8%
2. Outpatient	4,218,701	3,874,602	344,099	8.9%	3,730,100	13.1%
3. Long-term Care	1,219,904	1,223,508	(3,604)	-0.3%	823,045	48.2%
4. Total gross patient revenue	<u>5,956,559</u>	<u>5,944,741</u>	<u>11,818</u>	<u>0.2%</u>	<u>5,442,984</u>	<u>9.4%</u>
Deductions from Revenue:						
5. Contractual adjustments	1,025,758	891,711	(134,047)	-15.0%	820,846	-25.0%
6. Prior year settlements	0	0	0	n/a	0	n/a
7. Bad debt expense	94,289	71,337	(22,952)	-32.2%	98,382	-4.2%
8. Charity and other deductions	123,456	160,508	37,052	23.1%	103,181	-19.6%
9. Total deductions from revenue	<u>1,243,503</u>	<u>1,123,556</u>	<u>(119,947)</u>	<u>-10.7%</u>	<u>1,022,409</u>	<u>-21.6%</u>
10. Net patient revenue	<u>4,713,056</u>	<u>4,821,185</u>	<u>(108,129)</u>	<u>-2.2%</u>	<u>4,420,575</u>	<u>6.6%</u>
Other Revenue						
11. Inkind Service - PERS/USAC	233,046	352,832	(119,786)	-33.9%	355,526	-34.5%
12. Grant revenue	35,697	245,869	(210,172)	-85.5%	30,972	15.3%
13. Federal & State Relief	0	0	0	n/a	0	n/a
14. Other revenue	19,698	38,124	(18,426)	-48.3%	273,530	-92.8%
15. Total other operating revenue	<u>288,441</u>	<u>636,825</u>	<u>(348,384)</u>	<u>-54.7%</u>	<u>660,028</u>	<u>-56.3%</u>
16. Total operating revenue	<u>5,001,497</u>	<u>5,458,010</u>	<u>(456,512)</u>	<u>-8.4%</u>	<u>5,080,603</u>	<u>-1.6%</u>
Expenses:						
17. Salaries and wages	3,041,198	2,939,234	(101,964)	-3.5%	2,784,441	-9.2%
18. Contract labor	164,661	148,546	(16,115)	-10.8%	276,056	40.4%
19. Employee benefits	1,016,470	1,180,699	164,229	13.9%	1,087,813	6.6%
20. Supplies	491,076	455,225	(35,851)	-7.9%	354,301	-38.6%
21. Purchased services	406,750	416,532	9,782	2.3%	486,892	16.5%
22. Repairs and maintenance	159,547	134,791	(24,756)	-18.4%	124,633	-28.0%
23. Minor equipment	43,213	36,571	(6,642)	-18.2%	24,093	-79.4%
24. Rentals and leases	54,027	51,888	(2,139)	-4.1%	47,718	-13.2%
25. Utilities	265,360	274,144	8,784	3.2%	254,365	-4.3%
26. Training and travel	23,876	20,334	(3,542)	-17.4%	23,132	-3.2%
27. Depreciation	301,023	308,856	7,833	2.5%	173,707	-73.3%
28. Insurance	43,560	38,352	(5,208)	-13.6%	33,903	-28.5%
29. Other operating expense	94,409	84,272	(10,137)	-12.0%	93,525	-0.9%
30. Total expenses	<u>6,105,170</u>	<u>6,089,443</u>	<u>(15,727)</u>	<u>-0.3%</u>	<u>5,764,579</u>	<u>-5.9%</u>
31. Income (loss) from operations	<u>(1,103,673)</u>	<u>(631,433)</u>	<u>(472,240)</u>	<u>-74.8%</u>	<u>(683,976)</u>	<u>-61.4%</u>
Nonoperating Gains(Losses):						
32. Investment income	(157,522)	37,500	(195,022)	-520.1%	(31,655)	397.6%
33. Interest expense	(41,197)	(18,025)	(23,172)	-128.6%	(1,291)	-3091.1%
34. Gain (loss) on disposal of assets	0	0	0	n/a	0	n/a
35. Other non-operating revenue	(111,687)	0	(111,687)	n/a	81	-137985.2%
36. Net nonoperating gains (losses)	<u>(310,406)</u>	<u>19,475</u>	<u>(329,881)</u>	<u>-1693.8%</u>	<u>(32,865)</u>	<u>-844.5%</u>
37. Change in Net Position (Bottom Line)	<u>(\$1,414,079)</u>	<u>(\$611,958)</u>	<u>(\$802,121)</u>	<u>-131.1%</u>	<u>(\$716,841)</u>	<u>-97.3%</u>

PETERSBURG MEDICAL CENTER
Key Volume Indicators
For the three months ended September 30, 2022

Current Month					Year-To-Date					
<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										
18	27	(9)	-33.3%	1.	66	81	(15)	-18.5%	58	13.8%
39	67	(28)	-41.8%	2.	79	201	(122)	-60.7%	143	-44.8%
57	94	(37)	-39.4%	3.	145	282	(137)	-48.6%	201	-27.9%
Long Term Care										
0.6	0.9	(0.3)	-33.3%	4.	0.7	0.9	(0.2)	-18.5%	0.6	13.8%
1.3	2.2	(0.9)	-41.8%	5.	0.9	2.2	(1.3)	-60.7%	1.6	-44.8%
1.9	3.1	(1.2)	-39.4%	6.	1.6	3.1	(1.5)	-48.6%	2.2	-27.9%
15.8%	26.1%	-10.3%	-39.4%	7.	13.1%	25.5%	-12.4%	-48.6%	18.2%	-27.9%
398	330	68	20.6%	8.	1,104	1,014	90	8.9%	831	32.9%
13.3	11.0	2	20.6%	9.	12.0	11.0	1.0	8.9%	9.0	32.9%
88.4%	73.3%	15.1%	20.6%	10.	80.0%	73.5%	6.5%	8.9%	60.2%	32.9%
Other Services										
54	67	(13)	-19.4%	11.	198	201	(3)	-1.5%	218	-9.2%
203	190	13	6.8%	12.	616	570	46	8.1%	605	1.8%
1,669	2,200	(531)	-24.1%	13.	5,425	6,600	(1,175)	-17.8%	5,957	-8.9%
611	752	(141)	-18.8%	14.	2,927	2,256	671	29.7%	2,502	17.0%
209	267	(58)	-21.7%	15.	726	801	(75)	-9.4%	742	-2.2%
** 719	1,233	(514)	-41.7%	16.	1,976	3,699	(1,723)	-46.6%	3,484	-43.3%

** Stats under review

() or - indicates an unfavorable variance

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the three months ended September 30, 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</u>	<u>Prior</u>
		<u>Amount</u>	<u>%</u>					<u>Amount</u>	<u>%</u>	<u>YTD \$</u>	<u>YTD %</u>
20.3%	15.0%	-5.3%	-35.0%	1.	Contractual Adj. as a % of Gross Revenue	17.2%	15.0%	-2.2%	-14.8%	15.1%	-14.2%
3.1%	2.7%	-0.4%	-16.4%	2.	Charity/Other Ded. as a % of Gross Revenue	2.1%	2.7%	0.6%	23.2%	1.9%	-9.3%
4.2%	1.2%	-3.0%	-246.1%	3.	Bad Debt as a % of Gross Revenue	1.6%	1.2%	-0.4%	-31.9%	1.8%	12.4%
-42.8%	-10.7%	-32.1%	-301.5%	4.	Operating Margin	-22.1%	-11.6%	-10.5%	-90.7%	-13.5%	-63.9%
-81.7%	-10.2%	-71.4%	-696.7%	5.	Total Margin	-30.1%	-11.2%	-19.0%	-169.8%	-14.2%	-112.3%
				6.	Days Cash on Hand (Including Investments)	104.3				165.5	-37.0%
				7.	Days in A/R	59.2				49.8	-18.9%

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

PETERSBURG MEDICAL CENTER
Balance Sheet
September 30, 2022

ASSETS

	<u>Sept 2022</u>	<u>Aug 2022</u>	<u>June 2022</u>	<u>Sept 2021</u>
Current Assets:				
1. Cash - operating	\$516,604	(\$48,775)	\$916,516	\$22,237
2. Cash - insurance advances	473,395	689,312	783,728	3,008,802
3. Investments	2,003,930	2,601,327	2,597,751	2,600,177
4. Total cash	<u>2,993,929</u>	<u>3,241,864</u>	<u>4,297,995</u>	<u>5,631,216</u>
5. Patient receivables	5,908,367	6,610,104	6,260,353	6,098,928
6. Allowance for contractals & bad debt	(2,875,225)	(3,250,447)	(3,363,222)	(3,707,007)
7. Net patient receivables	<u>3,033,142</u>	<u>3,359,657</u>	<u>2,897,131</u>	<u>2,391,921</u>
8. Other receivables	44,750	23,961	90,695	2,229,647
9. Inventories	408,729	432,725	356,624	324,097
10. Prepaid expenses	<u>321,901</u>	<u>275,495</u>	<u>111,147</u>	<u>1,557,213</u>
11. Total current assets	<u>6,802,451</u>	<u>7,333,702</u>	<u>7,753,592</u>	<u>12,134,094</u>
Property and Equipment:				
12. Assets in service	28,240,687	28,240,687	28,188,862	23,001,778
13. Assets in progress	<u>137,131</u>	<u>94,450</u>	<u>73,363</u>	<u>239,596</u>
14. Total property and equipment	28,377,818	28,335,137	28,262,225	23,241,374
15. Less: accumulated depreciation	(20,325,453)	(20,139,124)	(20,024,431)	(19,139,834)
16. Net property and equipment	<u>8,052,365</u>	<u>8,196,013</u>	<u>8,237,794</u>	<u>4,101,540</u>
Assets Limited as to Use by Board				
17. Investments	2,631,362	2,826,240	2,768,388	3,124,561
18. Building fund	<u>566,629</u>	<u>607,442</u>	<u>594,036</u>	<u>664,215</u>
19. Total Assets Limited as to Use	<u>3,197,991</u>	<u>3,433,682</u>	<u>3,362,424</u>	<u>3,788,776</u>
Pension Assets:				
20. OPEB Asset	<u>9,895,907</u>	<u>9,895,906</u>	<u>9,895,907</u>	<u>1,054,533</u>
Deferred Outflows:				
21. Pension	<u>2,456,016</u>	<u>2,456,016</u>	<u>2,456,016</u>	<u>2,894,105</u>
22. Total assets	<u>\$30,404,730</u>	<u>\$31,315,319</u>	<u>\$31,705,733</u>	<u>\$23,973,048</u>

LIABILITIES & FUND BALANCE

	<u>Sept 2022</u>	<u>Aug 2022</u>	<u>June 2022</u>	<u>Sept 2021</u>
Current Liabilities:				
23. Accounts payable	\$1,896,373	\$1,729,375	\$1,286,742	\$1,058,750
24. Accrued payroll	410,963	334,228	152,464	349,577
25. Payroll taxes and other payables	325,565	190,583	162,345	77,196
26. Accrued PTO and extended sick	1,081,592	1,035,933	994,445	993,182
27. Deferred revenue	117,411	95,478	99,783	1,695,575
28. Due to Medicare	1,234,384	1,406,175	1,902,335	162,160
29. Due to Medicare - Advance	473,395	689,313	783,728	3,008,802
30. Due to Blue Cross - Advance	0	0	0	0
31. Other current liabilities	3,515	3,516	3,515	0
32. Loan Payable - SBA	0	0	0	0
33. Current portion of long-term debt	<u>370,631</u>	<u>325,397</u>	<u>333,818</u>	<u>87,203</u>
34. Total current liabilities	<u>5,913,829</u>	<u>5,809,998</u>	<u>5,719,175</u>	<u>7,432,445</u>
Long-Term Debt:				
35. Capital leases payable	2,652,857	2,728,235	2,734,425	153,426
Pension Liabilities:				
36. Net Pension Liability	11,783,648	11,783,649	11,783,648	12,894,055
37. OPEB Liability	-	-	-	-
38. Total pension liabilities	<u>11,783,648</u>	<u>11,783,649</u>	<u>11,783,648</u>	<u>12,894,055</u>
39. Total liabilities	<u>20,350,334</u>	<u>20,321,882</u>	<u>20,237,248</u>	<u>20,479,926</u>
Deferred Inflows:				
40. Pension	10,131,337	10,131,337	10,131,337	903,147
Net Position:				
41. Unrestricted	1,337,139	1,337,139	4,308,584	3,306,817
42. Current year net income (loss)	(1,414,079)	(475,039)	(2,971,436)	(716,841)
43. Total net position	<u>(76,941)</u>	<u>862,100</u>	<u>1,337,148</u>	<u>2,589,975</u>
44. Total liabilities and fund balance	<u>\$30,404,730</u>	<u>\$31,315,319</u>	<u>\$31,705,733</u>	<u>\$23,973,048</u>

****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	-	-	-	-	-	-	-	-	-	517,954	889,839	-41.8%
2. Outpatient	1,474,881	1,527,070	1,216,750	-	-	-	-	-	-	-	-	-	4,218,701	3,730,100	13.1%
3. Long-term Care	337,364	403,790	478,750	-	-	-	-	-	-	-	-	-	1,219,904	823,045	48.2%
4. Total gross patient revenue	1,922,880	2,150,187	1,883,492	-	-	-	-	-	-	-	-	-	5,956,559	5,442,984	9.4%
<i>Deductions from Revenue:</i>															
5. Contractual adjustments	306,903	337,334	381,521	-	-	-	-	-	-	-	-	-	1,025,758	820,846	-25.0%
6. Prior year settlements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
7. Bad debt expense	24,800	(8,744)	78,233	-	-	-	-	-	-	-	-	-	94,289	98,382	4.2%
8. Charity and other deductions	42,847	21,429	59,180	-	-	-	-	-	-	-	-	-	123,456	103,181	-19.6%
9. Total deductions from revenue	374,550	350,019	518,934	-	-	-	-	-	-	-	-	-	1,243,503	1,022,409	-21.6%
10. Net patient revenue	1,548,330	1,800,168	1,364,558	-	-	-	-	-	-	-	-	-	4,713,056	4,420,575	6.6%
<i>Other Revenue</i>															
11. Inkind Service - PERS/USAC	77,682	77,682	77,682	-	-	-	-	-	-	-	-	-	233,046	355,526	-34.5%
12. Grant revenue	5,223	17,658	12,816	-	-	-	-	-	-	-	-	-	35,697	30,972	15.3%
13. Federal & State Relief	-	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
14. Other revenue	4,418	6,940	8,340	-	-	-	-	-	-	-	-	-	19,698	273,530	-92.8%
15. Total other operating revenue	87,323	102,280	98,838	-	-	-	-	-	-	-	-	-	288,441	660,028	-56.3%
16. Total operating revenue	1,635,653	1,902,448	1,463,396	-	-	-	-	-	-	-	-	-	5,001,497	5,080,603	-1.6%
<i>Expenses:</i>															
17. Salaries and wages	1,036,772	989,802	1,014,624	-	-	-	-	-	-	-	-	-	3,041,198	2,784,441	-9.2%
18. Contract labor	59,887	40,627	64,147	-	-	-	-	-	-	-	-	-	164,661	276,056	40.4%
19. Employee benefits	337,894	339,159	339,417	-	-	-	-	-	-	-	-	-	1,016,470	1,087,813	6.6%
20. Supplies	145,725	178,766	168,585	-	-	-	-	-	-	-	-	-	491,076	354,301	-38.6%
21. Purchased services	101,527	146,944	158,279	-	-	-	-	-	-	-	-	-	406,750	486,892	16.5%
22. Repairs and maintenance	110,459	77,766	(28,678)	-	-	-	-	-	-	-	-	-	159,547	124,633	-28.0%
23. Minor equipment	11,860	16,007	15,346	-	-	-	-	-	-	-	-	-	43,213	24,093	-79.4%
24. Rentals and leases	16,915	16,505	20,607	-	-	-	-	-	-	-	-	-	54,027	47,718	-13.2%
25. Utilities	89,596	85,720	90,044	-	-	-	-	-	-	-	-	-	265,360	254,365	-4.3%
26. Training and travel	5,539	8,932	9,405	-	-	-	-	-	-	-	-	-	23,876	23,132	-3.2%
27. Depreciation	57,347	57,347	186,329	-	-	-	-	-	-	-	-	-	301,023	173,707	-73.3%
28. Insurance	14,520	14,520	14,520	-	-	-	-	-	-	-	-	-	43,560	33,903	-28.5%
29. Other operating expense	24,935	31,029	38,445	-	-	-	-	-	-	-	-	-	94,409	93,525	-0.9%
30. Total expenses	2,012,976	2,003,124	2,089,070	-	-	-	-	-	-	-	-	-	6,105,170	5,764,579	-5.9%
31. Income (loss) from operations	(377,323)	(100,676)	(625,674)	-	-	-	-	-	-	-	-	-	(1,103,673)	(683,976)	-61.4%
<i>Nonoperating Gains(Losses):</i>															
32. Investment income	188,666	(110,840)	(235,348)	-	-	-	-	-	-	-	-	-	(157,522)	(31,655)	397.6%
33. Interest expense	(5,118)	(12,652)	(23,427)	-	-	-	-	-	-	-	-	-	(41,197)	(1,291)	-3091.1%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	(14,790)	(42,306)	(54,591)	-	-	-	-	-	-	-	-	-	(111,687)	81	-137985.2%
36. Net nonoperating gains (losses)	168,758	(165,798)	(313,366)	-	-	-	-	-	-	-	-	-	(310,406)	(32,865)	844.5%
37. Change in Net Position (Bottom Line)	(208,565)	(266,474)	(939,040)	-	-	-	-	-	-	-	-	-	(1,414,079)	(716,841)	97.3%
38. FY21 Budget	(224,205)	(204,205)	(183,548)	-	-	-	-	-	-	-	-	-	(611,958)	-	-
39. FY21 Variance	15,640	(62,269)	(755,492)	-	-	-	-	-	-	-	-	-	(802,121)	-	-

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										66	58	13.8%
2. Patient Days - Swing Bed	9	31	39										79	143	-44.8%
3. Patient Days - Total	28	60	57										145	201	-27.9%
4. Average Daily Census - Acute Care	0.6	0.9	0.6										0.7	0.6	13.8%
5. Average Daily Census - Swing Bed	0.3	1.0	1.3										0.9	1.6	-44.8%
6. Average Daily Census - Total	0.9	1.9	1.9										1.6	2.2	-27.9%
7. Percentage of Occupancy	7.5%	16.1%	15.8%										13.1%	18.2%	-27.9%
Long Term Care															
8. Resident Days	322	384	398										1,104	831	32.9%
9. Average Daily Census	10.4	12.4	13.3										12.0	9.0	32.9%
10. Percentage of Occupancy	69.2%	82.6%	88.4%										80.0%	60.2%	32.9%
Other Services															
11. Emergency Room Visits	75	69	54										198	218	-9.2%
12. Radiology Procedures	181	232	203										616	605	1.8%
13. Lab Tests (excluding QC)	1,870	1,886	1,669										5,425	5,957	-8.9%
14. Rehab Services Units	986	1,330	611										2,927	2,502	17.0%
15. Home Health Visits	267	250	209										726	742	-2.2%
16. Clinic Visits	**	541	716	719									1,976	3,484	-43.3%

** Stats under review

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the three months ended September 30, 2022

	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%										17.2%	15.1%	-14.2%
2. Charity/Other Ded. as a % of Gross Revenue	2.2%	1.0%	3.1%										2.1%	1.9%	-9.3%
3. Bad Debt as a % of Gross Revenue	1.3%	-0.4%	4.2%										1.6%	1.8%	12.4%
4. Operating Margin	-23.1%	-5.3%	-42.8%										-22.1%	-13.5%	-63.9%
5. Total Margin	-11.6%	-15.3%	-81.7%										-30.1%	-14.2%	-112.3%
6. Days Cash on Hand (Including Investments)	116.8	110.0	101.5	-	-	-	-	-	-	-	-	-	104.3	165.5	-37.0%
7. Days in A/R	76.6	77.4	59.2	-	-	-	-	-	-	-	-	-	59.2	49.8	-18.9%