



# Petersburg Medical Center

103 Fram Street  
PO Box 589  
Petersburg, AK 99833

Phone: 907-772-4291  
Fax: 907-772-3085

## BOARD MEETING A g e n d a

DATE: Thursday, February 24<sup>th</sup>, 2022  
TIME: 5:00 p.m.  
LOCATION: Dorothy Ingle Conference Room/Zoom

	<u>Lead</u>	<u>Handout</u>
I. CALL TO ORDER	<i>Chair</i>	<i>N/A</i>
II. APPROVAL OF THE AGENDA	<i>Chair</i>	<i>in packet</i>
III. APPROVAL OF BOARD MINUTES – January 27 <sup>th</sup> , 2022	<i>Chair</i>	<i>in packet</i>
IV. VISITOR COMMENTS	<i>Chair</i>	<i>N/A</i>
V. BOARD MEMBER COMMENTS	<i>Chair</i>	<i>N/A</i>
VI. COMMITTEE REPORTS	<i>Chair</i>	<i>N/A</i>
A. Quality Improvement Committee		
B. Resource Committee		
C. Joint Conference Committee		
D. Foundation Committee		
E. Special Committee(s)		
VII. REPORTS		
A. Imaging <i>Action required: Informational only</i>	<i>S. Paul</i>	<i>in packet</i>
B. Laboratory <i>Action required: Informational only</i>	<i>V. Shimek</i>	<i>in packet</i>
C. Long Term Care <i>Action required: Informational only</i>	<i>H. Boggs</i>	<i>in packet</i>
D. Patient Financial Services <i>Action required: Informational only</i>	<i>C. Lantiegne</i>	<i>in packet</i>
E. Quality & Infection Prevention <i>meeting</i> <i>Action required: Informational only</i>	<i>L. Bacom</i>	<i>in packet</i>
F. Executive Summary <i>Action required: Informational only</i>	<i>P. Hofstetter</i>	<i>in packet</i>

G. Financial

C. Brandt

*addendum at meeting*

*Action required: Informational only*

VIII. UNFINISHED BUSINESS

IX. NEW BUSINESS

X. EXECUTIVE SESSION

*By motion, the Board will enter into Executive Session for a personnel update and to discuss matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the hospital*

XI. NEXT MEETING

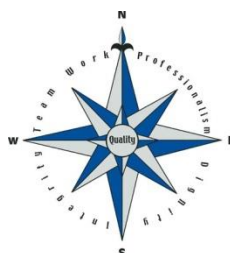
XII. ADJOURNMENT

# Petersburg Medical Center

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**Meeting:** Medical Center Board Meeting

**Date:** January 27<sup>th</sup>, 2022 **Time:** 5:00 p.m.

**Board Members Present:** Jerod Cook, Kathi Riemer, Cindi Lagoudakis, George Doyle, Heather Conn, Joe Stratman (all attended via Zoom)

**Board Members Absent:** Marlene Cushing

- I. **CALL TO ORDER:** Member Doyle called the meeting to order at 5:06 p.m.
- II. **APPROVAL OF THE AGENDA:** Member Conn made a motion to amend the agenda to allow the audit review to be presented after board member comments. Motion seconded by Member Riemer. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:** Member Lagoudakis made a motion to approve the minutes from December 30<sup>th</sup>, 2021 as presented. Motion seconded by Member Riemer. Motion passed unanimously.
- IV. **VISITOR COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** Member Lagoudakis thanked staff for allowing her to attend the Employee Forum. She stated that it was informative and interesting. She added that it was a positive overview of a really challenging year and that she appreciates all the staff efforts.
- VI. **NEW BUSINESS**
  - A. **FY 2021 Audit Review.** M. Mertz stated that he started the FY21 audit in August and finished this week. He first reviewed the federal single audit report (see copy). Next, he discussed the letter to the Board of Directors (see copy) which included his recommendations for management.
- VII. **COMMITTEE REPORTS:**
  - A. **Quality Improvement Committee.** No update.
  - B. **Resource Committee.** No update.
  - C. **Joint Conference Committee.** No update.
  - D. **Foundation Committee.** No update.

E. **Special committee(s).** No update.

**VIII. REPORTS:**

- A. **Home Health.** K. Testoni was available to answer questions related to her written report (see copy). She noted that she is looking into establishing a lending closet for durable medical equipment.
- B. **Human Resources.** C. Newman was not in attendance but her written report (see copy) was available for review. There was discussion related to staff turnover.
- C. **Quality & Infection Prevention.** L. Bacom reviewed her written report that was not included in the board packet.
- D. **Executive Summary.** P. Hofstetter provided highlights from his written report (see copy).
- E. **Financial.** C. Brandt provided a financial management update.

**IX. UNFINISHED BUSINESS**

X. **EXECUTIVE SESSION** Member Doyle made a motion to enter Executive Session for a medical staff appointment and reappointments and for a personnel update. Motion seconded by Member Lagoudakis. Motion passed unanimously. Board entered Executive Session at 6:19 pm. Member Riemer made a motion to come out of Executive Session. Motion seconded by Member Conn. Motion passed unanimously. Board came out of Executive Session at 6:35 pm. Member Lagoudakis made a motion to appoint Buck Bania, MD and to reappoint John Kokesh, MD and Susan Ohmer, LCSW to the medical staff. Motion seconded by Member Stratman. Motion passed unanimously.

XI. **NEXT MEETING** The next regularly scheduled meeting was set for Thursday, February 24<sup>th</sup>, 2022 at 5:00 p.m.

XII. **ADJOURNMENT** Member Riemer made a motion to adjourn. Motion was seconded by Member Stratman. Motion passed unanimously. The meeting adjourned at 6:37 p.m.

Respectfully submitted,

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Marlene Cushing, Board Secretary



# Petersburg Medical Center

Radiology February 2022

## Staffing Overview

We currently have one staff member out on FMLA with a traveling technologist here to cover while they are away. Leaving the department at two staff for multiple months is not a feasible option as the department must maintain coverage on a 24/7 basis. With only two technologists burn out can happen quickly if there are many call backs after hours.

## Review and Update

Mammography went through two large inspections since our last report. In August an inspector was here to perform The Mammography Quality Standards Act (MQSA) inspection. Then our American College of Radiology (ACR) accreditation was due in August. Both were completed successfully the ACR accreditation is current for 3 years and the MQSA inspection is a yearly inspection but had been put off for over a year by the FDA due to covid.

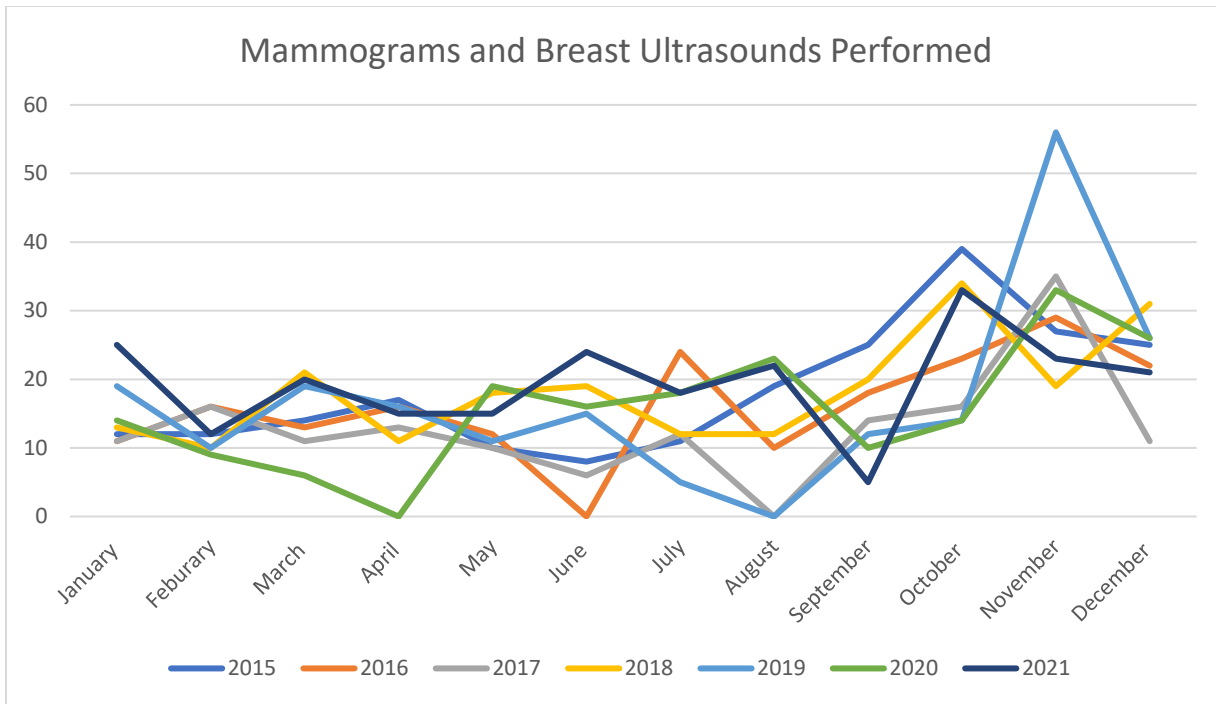
The start of every new calendar year the Mammography ACR BiRad audit is calculated. We currently have six radiologists who read mammograms for our facility. Part of each of the inspections above take close look at radiologist education requirements, continuing education requirements, total numbers of exams read for the year and continued certifications. Statistics of how many exams each radiologist read are generated for each individual radiologist to review as well as statistics of the facility as a whole, those are shown below.

<b><u>Overall Facility Total</u></b>				
	<b>Screening Cases</b>		<b>Diagnostic Cases</b>	
Impression 0 - Needs Additional Imaging	14	7.53%	0	0.00%
Impression 1 - Negative	81	43.55%	6	31.58%
Impression 2 - Benign Finding(s)	91	48.92%	6	31.58%
Impression 3 - Probably Benign Finding(s)	0	0.00%	4	21.05%
Impression 4 - Suspicious Abnormality	0	0.00%	2	10.53%
Impression 5 - Highly Suggestive of Malignancy	0	0.00%	1	5.26%
Impression 6 - Known Malignancy	0	0.00%	0	0.00%
<b>Totals:</b>	<b>186</b>		<b>19</b>	

Breast imaging totals have routinely stayed consistent the graph below shows mammograms plus breast ultrasounds done each year. 2020 was a little lower than our three-year average as there were times due to Covid that we were on hold with routine screening exams, but 2021 numbers have returned close to average if not a little higher.

## Looking Forward

We are looking forward to seeing how Cerner can help with routine screening and preventive exams. As a department we would like to increase our exam numbers in areas such as low dose lung cancer screening, dexa and mammography. We are hopeful that physicians will be able to see when patients have had their last exams more readily and be able to remind patients and order those preventative exams.



### Challenges

Ancillary Registration has continued to be a challenge. There is limited availability for extra coverage in this area especially since we have to live with Cerner and learning all new processes. Radiology has been having to do their own registration for patients and more registration duties than have ever been done before.

### Opportunities

As technology changes there has been improvements to mammograms. There is newer technology known as Digital breast tomosynthesis or 3D mammography. Facilities around us have implemented these machines and this new equipment can help lower the number of exams called back for more imaging. Throughout 2021 we had 14 patients who needed additional imaging based off a screening mammogram. This upgrade in equipment could decrease this number of extra exams. There are also more views that can be performed on it that our current machine cannot do which would also decrease the number of patients we have to refer to other facilities. I believe this equipment would be a good asset to patient care here at Petersburg Medical Center as soon as feasible.

In 2014 the The Journal of the American Medical Association published one of the largest studies comparing 3D and 2D mammography in nearly half a million women. Researchers found that using 3D mammography resulted in:

- 41% increase in detecting invasive breast cancers
- 29% increase in detecting all breast cancers
- 15% decrease in callbacks for additional imaging

Submitted by: Sonja Paul B.S.RT(R)(M), RDMS



# Petersburg Medical Center

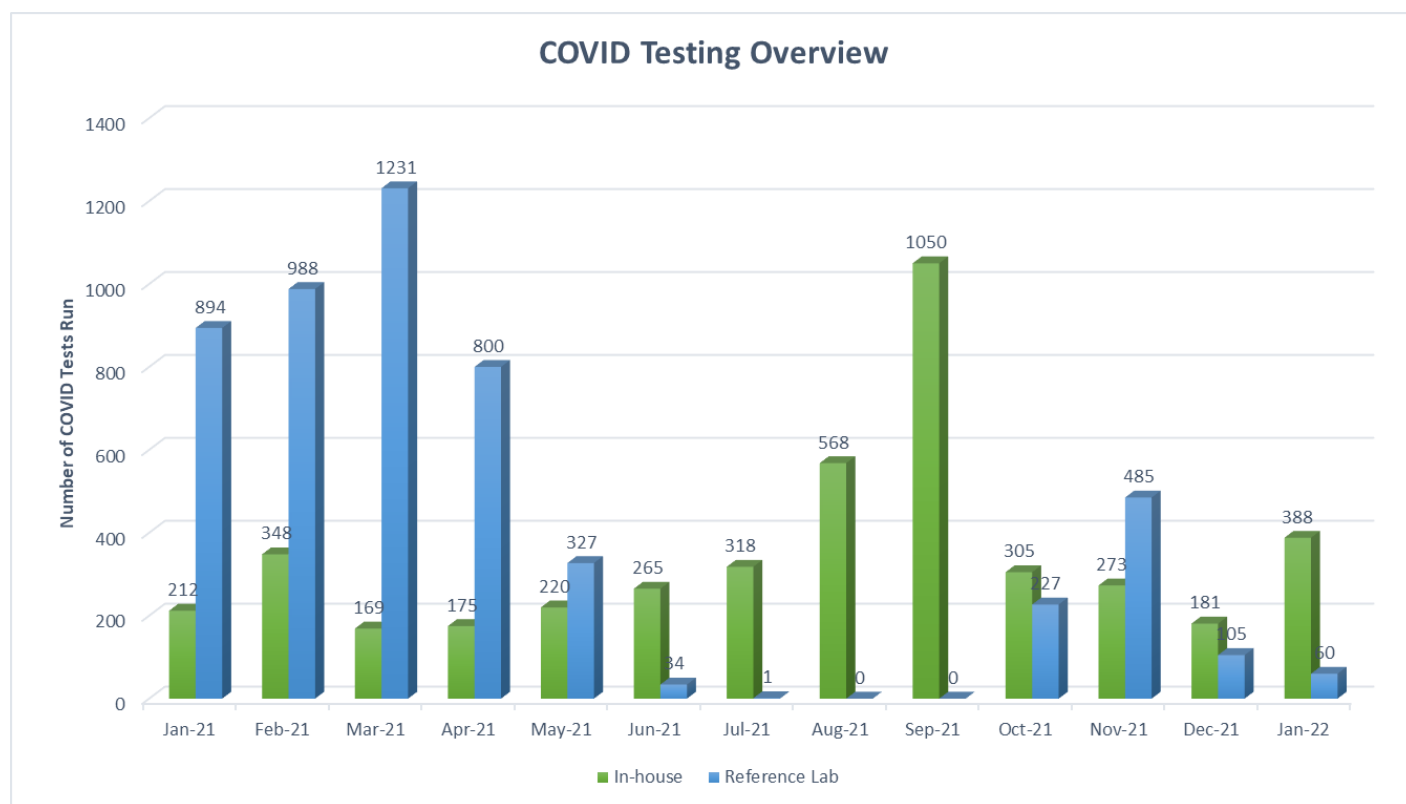
Laboratory Department Board Report February 24<sup>th</sup>, 2022

## Staffing Overview

The lab experienced turnover of a Lab Assistant in January, however a new Lab Assistant has been hired and will begin at the end of February. Veronica is a certified phlebotomist with experience as a Clinical Medical Assistant as well! We look forward to her joining our team.

## Review and Update

Throughout the pandemic, PMC has been able to meet the community’s COVID testing needs, both through send-out testing to reference labs, as well as through in-house testing. Asymptomatic and travel COVID testing is available by appointment with the Lab, while symptomatic testing continues to be scheduled by the Joy Jansen Clinic. The availability of Home Antigen kits has contributed to a decrease in test volumes over the last few months.



## Looking Forward

We are happy to announce that there will be a 2022 Health Fair this year. Blood draws will be scheduled from 7:00 a.m. to 10:00 a.m. March 8-10, 15-17, 22-24, and 29-31. There is currently a nationwide shortage of blood collection tubes, and the test options are limited this year due to this supply shortage. Finger sticks for blood collection will also be offered this year to help conserve resources, as well as the usual option to have blood drawn from the arm. The Health Fair itself is scheduled to take place on April 30<sup>th</sup> from 10:00 a.m. to 1:00 p.m.

## Challenges

As mentioned above, there is a nationwide shortage of blood collection tubes, with most of our supplies being backordered until May. Cepheid cartridges continue to be on allocation as well. Lab staff has and will continue to closely monitor par levels of critical supplies.

### Accomplishments

The PMC Laboratory was inspected in mid-November by the Alaska CLIA Surveyor. Our laboratory had zero deficiencies, and the surveyor complimented the staff on maintaining its attention detail despite the staffing changes over the last 2 years while performing a high volume of COVID testing.

In December PMC went live with Cerner, and the Laboratory made the transition with the rest of the hospital. While there continues to be some kinks to work out, the new system is far more efficient and provides better continuity of care between departments.

And at the beginning of February the Lab passed its Water Micro Inspection. Every three years the Alaska Department of Environmental Conservation conducts a 2-day inspection reviewing all documentation and observing testing personnel. Once again, the inspector complimented the staff on maintaining quality control standards despite staffing changes and COVID testing volumes.

Submitted by: Violet Shimek, MLS (ASCP)<sup>CM</sup>, Laboratory Manager





# Petersburg Medical Center

Long Term Care Quality Report February 2022

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## Staffing Overview

### Nursing:

0600 – 1830: 1 staff nurse

1800 – 0630: 1 staff nurse

0600 – 1830: 2 CNA

1800 – 0630: 2 CNA

1100 – 2100: 1 CNA (When staffing allows)

### Activities:

1 Activities Coordinator working Monday-Friday (0800 – 1700)

Aid 1: Monday - Friday (0700 – 1500)

Aid 2: Saturday – Wednesday (0900 – 1700)

Aid 3: Wednesday-Sunday (1100-1900)

## **Current LTC Census: 9**

Of these 9 residents we have 1 that requires 1:1 care.

We have had admissions and discharges occurring the past couple of months. Goal is 10-12 residents. Many referrals that we receive are not appropriate for our facility or they do not have Medicaid.

\*\* New admissions are not required to quarantine for 14 days if they are “up to date” with COVID vaccines. We accept vaccinated and unvaccinated residents. All LTC residents are “up to date” with their COVID vaccines. We strongly encourage COVID vaccine as well as other required vaccines on admission (PCV, PPSV, FLU, TDAP).

## Review and Update

- Cerner Implementation and working through kinks for this.

- LTC recently had an outbreak (staff positives) that started on 1/22/22. During an outbreak staff and residents are required to test every 3-7 days until there are no new cases for 14 days. That outbreak ended on 2/7/22. LTC started a new outbreak episode on 2/14/22.

- LTC visitation has opened significantly. While in outbreak status visitors are asked to visit in resident’s rooms or designated visitation areas (solarium, DICR, etc). Visitors are encouraged to antigen test prior to visitation. They are screened and asked to visit another time if they are a close contact or have symptoms.

-All staff and visitors are wearing KN95 masks in LTC. Staff are wearing protective goggles/glasses while working closely with residents.

-New blinds and two new recliners purchased for LTC

## Looking Forward

- Build up volunteer program again with new Activities Coordinator.

- Increase Census.

-Many people in the community need LTC level of care, but do not have a payer source (Medicaid), PMC (multiple departments) and community foundation are teaming up to provide community education for Medicaid planning, PMC services (LTC, Skilled, Home health, etc.), as well as a presentation from a Southeast, AK local Medicaid lawyer. Planning for 3 separate sessions.

- Working with Maintenance to update LTC (lighting, furniture, paint) Give it a bit of a much-needed face lift.

- Starting to offer in person education/training to staff. This was an area that has been waived (CMS 1135 Waiver) due to COVID.

### **Challenges**

-Staffing continues to be difficult at this point. Many of the residents in LTC require high care needs and 1:1 supervision. Travelers are difficult to come by (RN, LPN, and CNA) due to COVID.

-LTC has very strict sick leave policy. Staff cannot work if they have any symptoms or if they have sick household members that cannot be isolated.

- No Occupational Therapist to oversee Activities program currently.

### **Accomplishments**

- **100 % vaccination rate for residents and staff. All “up to date”**

- **LTC residents have remained COVID negative through Pandemic.**

-**PMC LTC continues to be 5 star via CMS, which now also includes vaccination and booster rates.**

- **Activities Coordinator, Alice Neidiffer, recently received her Positive Approach to Care (PAC) Trainer Certification with Teepa Snow. This is important and useful for Dementia training and a positive approach to dementia care.**

### **Opportunities**

- Working with the Alaska Nursing Homes Together (ANHT) Group through Mountain Pacific Quality. This has been an exceptional group to be a part of. Most nursing homes and ALFs around the state are involved in this group as well as State Epi, HFLC, ASHNHA, LTC Ombudsman, etc. Weekly meetings that primarily revolve around COVID and best practices.

- LTC Subcommittee through ASHNHA

- PMC was able to secure funding through the ASHNHA CNA Workforce Development Project with the goal to retain and recruit valuable CNA staff. We were able to reward the CNA staff who have worked so hard with these monetary incentives (\$20,500 in total).

Submitted by: Helen Boggs, RN 2/15/22



# Petersburg Medical Center

PATIENT FINANCIAL SERVICES 2.14.2022

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Healthcare Resource Group (HRG) – third party billing vendor  
Patient Financial Services (PFS) – formerly known as the Business Office

## **Staffing Overview**

On 2/17/2022 PFS will wish Megan Litster farewell as she will be pursuing a new path in the PMC Clinic Department. PFS will miss her presence in our office, but we are very glad her experience and knowledge will still be at PMC. PFS is actively interviewing for a full-time office position.

Deborah Belknap, the consultant hired to help PMC with the conversion to Cerner, has been a tremendous help facility wide with the implementation of the new Cerner system. PFS continues to work closely with her every day to learn more about the billing processes and Revenue Cycle. Deb has drafted many updates to our policies and has help with processes in every department.

## **Review and Update**

**AR**– After 12.5.2021, 11:59 pm, all charges for services are being dropped to our new system- Cerner. PFS and HRG continue to work the historical accounts in CPSI. Together we are working the accounts that are finalizing insurance payments and we are reviewing any accounts with credits for refunds or balances we are unable to collect on due to age, billing issues, etc.

**Charge Master** – Review of the Charge Master for the facility is an ongoing project. As we use the new Cerner system, we are continuing to find items and issues to update.

**Medicaid Presumptive Approval Site** – This item was put on hold while we completed the conversion to Cerner. Now that Cerner is up and running, we will be able to turn some of our focus back to the other items on our “to do” list.

## **Looking Forward**

Other items on the “to do” list include: approving the policy review/updates, PMC website update to help patients understand how to pay statement balances on both systems. Most of our focus for the next months will be on CPSI and closing out the historical system while continuing to learn and work in the new system.

## **Challenges**

PFS is currently working in both CPSI and Cerner in our daily workflow. This is challenging for staff as both systems are operating independently – two systems, two statements, and payments will be kept separate and will need to be posted in each system. We are in the process of developing a timeline for the work to be complete in CPSI and we are looking forward to our workflow to be just in the Cerner system.

## **Accomplishments**

The PFS team has implemented a new billing system- HRG, and a new EHR system – Cerner, all in the last year- during a Pandemic. I am very proud of the hard work and dedication of our team to make these changes a success while still providing excellent customer service. PFS strives to make the patient experience as smooth as possible and will be ready to help customers understand their statements or answer questions as we work through the two different systems.

Submitted by:

Carrie Lantiegne – Patient Financial Services Manager

E-mail: [clantiegne@pmc-health.org](mailto:clantiegne@pmc-health.org)

Phone: 907-772-5734



# Petersburg Medical Center

Quality and Infection Prevention Report: February 2022

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## **Review and Update**

HCAHPS is a national, standardized hospital survey of patients' perspectives of hospital care. An HCAHPS Fact Sheet is linked [HERE](#). PMC does not have a high number of admitted patients in any 3-month period, therefore the data is not publicly reported. For example, no more than three surveys were submitted in each of the last three quarters of 2021. Nevertheless, opportunities for improvement can be gleaned from these reports. For example, hospitals can be noisy! Here are some improvement recommendations to help patients get a good rest:

<https://catalyst.nrcpicker.com/CatalystHome/Lists/Resources/Attachments/1227/18889.pdf>

## **Looking Forward**

1. Developing improvement process based on HCAHPS criteria.
2. Improving Infection Prevention understanding with staff using Project Firstline (CDC and SOA)
3. Developing a smooth transition for Quality and Infection Prevention departments
4. Meeting scheduled for March, board member appointments are requested. Meetings will be hybrid zoom and face to face.
  - Long Term Care Quality: March 11, 2022 12:30 – 2:00
  - CAH Quality: March 17, 2022 12:30 – 2:00
  - Infection Prevention: March 15, 2022 1:30 -2:30

## **Opportunities**

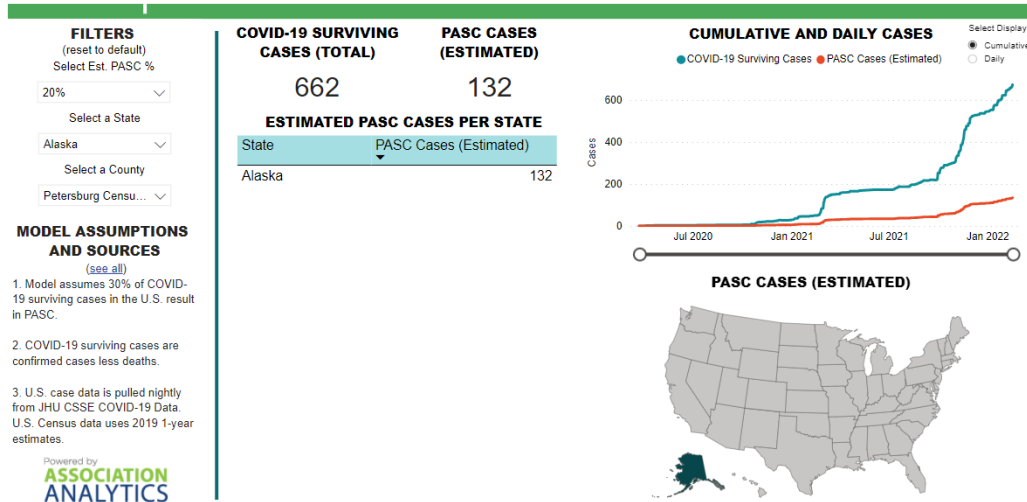
American Academy of Physical Medicine and Rehabilitation reports up to 30% of persons who recover from COVID-19 have ongoing symptoms that can last months after recovering from the primary infection. Using a more conservative estimate of 20%, in Petersburg, the estimated PASC case count could be 132. As our state and community moves closer towards an endemic stage of COVID-19, long term impacts may need our attention. From [AAPM&R](#):

*According to two recent publications from the Journal of the American Medical Association, ten to thirty percent of individuals who had COVID-19 reported at least one persistent symptom up to six months after the virus left their bodies. That means 3 to 10 million Americans are experiencing symptoms of Long COVID, which are varied and ongoing, including neurological challenges, cognitive problems such as brain fog, shortness of breath, fatigue, pain, and mobility issues.*

<https://pascdashboard.aapmr.org/PASC/Default.aspx>

## **Challenges**

Omicron has circulated in the community since the end of December/early January and has impacted PMC and other organizations in the community with staff testing positive. Long Term Care is following CMS Guidelines for Nursing Homes and Assisted Living Facilities by testing all staff for COVID-19 on a regular schedule. Testing frequency is determined by county positivity, with our small community, it doesn't take too many cases to put us into the twice weekly testing schedule. Staff who are up to date on their COVID-19 vaccines do not require testing unless cases have been identified in staff or residents of LTC. Although there have been a number of breakthrough infections in people who are up to date on their vaccinations, we have not seen hospitalizations in otherwise healthy individuals.



PMC is currently responding to COVID-19 outbreak at Mountain View Manor Assisted Living Facility. As reported by the Petersburg Borough press release of 2/14/22, a number of cases have been identified in both residents and staff. PMC has been able to provide monoclonal antibody therapy to all the residents who requested the treatment.

In light of the ALF outbreak and daily cases from the community, there is not enough information to indicate if a large-scale community outbreak is on the horizon. People continue to be encouraged to test at home, if positive stay home, notify close contacts and contact their physician if there are concerns with serious illness due to underlying medical conditions. Home antigen tests are available both through the on-line USPS website and locally. Challenges with limited PCR testing supplies have been mitigated with utilizing a waived antigen test and State of Alaska Laboratory resources. KN95 masks have been made available to the community at various locations. Testing is the best way to control spread. Vaccinations continue to be the best way to prevent serious illness requiring hospitalization.

**Accomplishments**

My position during COVID has been rewarding, challenging, and varied. Keeping up to date on the many changes in infection control practices, working closely with Public Health and Petersburg Schools, incident command meetings, policy updates, review, research, and staying connected with staff while working remotely. New employee orientation has been by zoom and working well. This is a nice way to have a welcoming conversation with our new employees.

**Staffing Overview**

My notice to retire was formally submitted to CEO in early January with an expected end date of 6/30/22. Full time schedule will be maintained through April, scheduled part time until June. I will work closely with the CEO and Nursing leadership to ensure there is a smooth transition for the new manager.

Submitted by:

Elizabeth Bacom, MLS



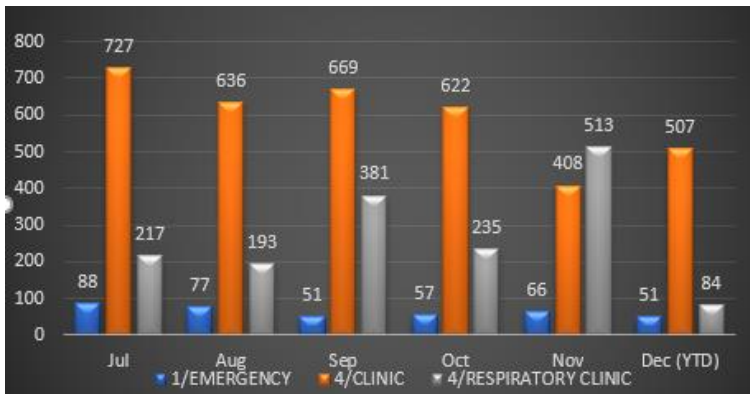
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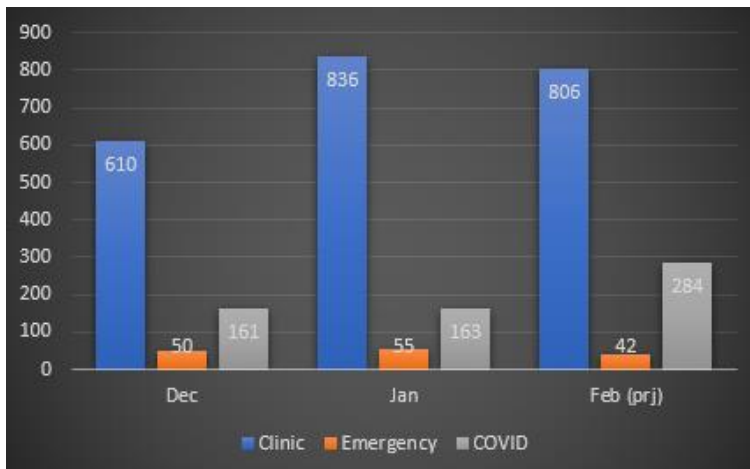
## CEO Report:

Petersburg medical center has maintained a steady number of COVID (likely, omicron variant) cases throughout February. Last week was the start of an outbreak at the Assisive Living Facility, MVM and PMC has been working closely with the Borough to get testing and monoclonal treatment immediately on residents as determined by physicians. A press release related to the outbreak went out on Tuesday that indicated the outbreak was widespread and there was a covid related death. However, at the time of this writing there are no current COVID hospitalizations. It is not entirely clear if the omicron variant has made its way through the community or if the manor outbreak is the beginning of a surge. PMC is holding steady with the number of symptomatic tests requested. The home antigen kits make a difference with keeping the volume of requests lower. The “in house” PCR cepheid tests are in short

supply and PMC implemented a CLIA waived antigen test to assist with rapid testing for the community and staff.



The implementation of the Cerner Electronic Medical Record (EMR) is now 75 days post implementation and continues to improve over time. There are scaled down but recurring meetings to address ongoing cerner workflow or build adjustments. A few trainers from Cerner will come onsite for specific departments to assist in follow up training next month. The next project to go-live in the “series” is Commonwell. This is secure program that moves medical record information between referral organizations through an alliance platform. The last remaining project in the build is Paylocity, for time and attendance.



The COVID CMS mandatory vaccine policy was completed following the final ruling on November 4<sup>th</sup> and sent out to all PMC staff. At the time of this report we are at 100% compliance for the initial

requirement provided of the policy and date of February 14<sup>th</sup>. PMC will need to be in 100% compliance of fully vaccinated covered staff by March 15<sup>th</sup>. We are still working through our contractors and determination of those agencies required to meet our CMS requirements.



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## Grant funded program helps keep elders CAPABLE of aging in place

By JESS FIELD  
Pilot writer

A local doctor initially spoke to Paul Bowen about a new program aimed at allowing older community members to maintain their independence and continue living at home. Bowen was hesitant at first, but once the topic came to the attention of his daughters, who were already aware of CAPABLE, they immediately began encouraging their father to give it a try.

The old and now he has no plans of leaving his home. "I'm glad I had a chance to do it and I'm glad I lived with it," Bowen says. "It's been a good program and I was fortunate to be one of the people selected."

Bowen recently sat down with CAPABLE coordinator Julia Walker for an interview about his experience as one of the first group of participants in the program.

Walker says, CAPABLE is a participant-driven program of providing education, sensitive drivers and home safety services. The only qualification is the person needs to be 60 or older and have a desire to maintain their quality of life. Walker says, the program could even benefit an older person with a mild support system already in place, like a daughter or son checking on them regularly.

There's no need to get a referral from your doctor. If you are interested in having questions about CAPABLE just reach out to Walker. She handles the administrative side of things. From there, she hands you over to specially-trained registered nurses and an occupational therapist. The team makes eight to 10 home visits and rely on licensed and bonded contractors to complete home repairs, if necessary.

"This program is designed to keep you doing what you're doing," Walker says. "It's putting you in charge, so that you can stay independent and stay safe in your own home."

CAPABLE was developed over a decade ago by John Hopkins University, and research shows it improves the health of participants, while lowering their medical costs. Decreasing hospitalizations and falls, increasing safety and medication management, things like this really can have a positive impact on a person's pocketbook and self-confidence.

The story of how this program came to town all started with one of the hospital's Community Calls on aging held before COVID came along. The discussion came around what options were available for people getting older in the community and the concept of "aging in place." The interest opened the hospital to receive grant money from the state's Department of Health and Social Services. This means there is no charge for participation.



This highly CAPABLE team works together to support seniors in Petersburg to age in place. Pictured left to right are: Jessica Baker (Occupational Therapist), Julia Walker (Community Wellness Coordinator), Kristin Tector-Fox (Prima Health Manager), and Stephanie Romo (Prima Home Health Nurse).



**“What I found out about CAPABLE is that it’s enabled me to have a better quality of life than I could have anywhere else. It’s been a comfortable way to slip into this stage of life.”**

- Paul Bowen

One cool aspect of the program is the nurses for CAPABLE also handle duties for Home Health at the hospital. This has proven valuable for all parties involved. Once a person makes a medical visit, an appointment with Home Health, they might recommend CAPABLE or vice versa. That happened with Bowen, and seeing similar factors made the transition easy.

He understood the positive aspects of "the girls" as he fondly refers to them, right into his home. If it's the same place Bowen has lived since 1986—one of the best houses on Sandy Beach. It's the house he shared with his wife, after walking away from an career as a field geologist, his cause he wanted to spend more time with her. It's the same house he left in the morning, and returned at night for the years while teaching locally.

"Fortunately, I have a retirement so I can live on that. I usually didn't afford to go to the Movies," Bowen says. "And I wouldn't care to say now because I spend so much time with so many of my friends up there."

Staying as active as possible is important to him. Last summer, Bowen could be found "aging in place," the concept he'd learned about during the meeting. His daughters have often allowed to spend time talking with their father, and he's been at it annually since '88. "We often make a lot of

memory, but it's a good lifestyle. It keeps the family together and always has," Bowen says. "I look back now to it every year."

He refers to himself as a "slipper skipper" because he never works on the boat anymore. Stability issues get the better of him, but he still goes. Pretty remarkable considering he'll turn 90 at the end of the month. Well, technically, he'll turn 92 and a half because he was born on a leap year—yet still an interesting fact about this man.

For Bowen, it felt like he wouldn't have to leave his home if he could find a little help. Some of the biggest expenses for him during the CAPABLE experience were emergency small safety issues. Grab bars were installed making Bowen feel more comfortable about moving around his home. Fire alarms were upgraded. Highchair back support was also implemented.

There are a couple other factors helping Bowen stay home, like the fact he has a clearing person come in to "keep the runway clear." This is largely done to prevent him from falling. Bowen's daughters also recently talked him into making a studio apartment in the back of the house to help him a place to stay.

The space is currently being occupied by Eric Lee. Bowen thought Lee years ago, and now

the resident does little things to help his old teacher out. It's a formal arrangement, with Lee receiving some money for his services, but it doesn't amount to much. The pair get along well, so spending time together isn't difficult at all.

When it comes to errands, Bowen still legally drives himself on occasion, but for the most part these days Lee is the one behind the steering wheel if they are running together. Although, Lee admits, he rarely isn't anything quick about making a trip anywhere in town when you're with a beloved man like Bowen.

"Everyone wants to talk to Paul," Lee says, giving a chuckle. "They see him and

Bowen says the girls brought new ideas on board with their every time one of them showed up. Many of those were things Bowen never thought of but greatly appreciated. And doing so with the girls reminded him to contact them if he needed anything, anything at all. Their sentiments were sincere, and he encourages others to think about what the program could do for them.

"What I found out about CAPABLE is that it's enabled me to have a better quality of life than I could have anywhere else," Bowen says. "It's been a comfortable way to slip into this stage of life."

CAPABLE coordinator Julia Walker is currently looking for participants and can be reached by phone at 907-400-0207 or email julia@primo-health.org.

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PMC Wellness department has implemented a CDC certified diabetes education group in Petersburg and is also planning on a Health fair for this fall. Both are excellent opportunities for the community. The related image is a wonderful write-up in the Petersburg Pilot regarding the CAPABLE program at PMC. The SEARHC presentation to the PMC board is still scheduled for March 24<sup>th</sup> and questions provided by board and staff were compiled and sent to SEARHC leadership.

Staffing continues to have challenges in departments however, there does appear to be some movement with inquires, applications and interviews. It should be presumed that there will be some staff turnover in the next few months. As we prepare for the upcoming budget year there will be a concerted focus strongly on staffing, sustainability, recruitment and retention. It is hopeful in the next couple of months that we will be entering into an endemic period of COVID. This should be a time to reenergize and address our healthcare efforts on access, wellness, health and prevention.

## Legislative Update:

The 32<sup>nd</sup> legislature is back in session and typically this is the time of year ASHNSA would be conducting its legislative session fly in. The legislative “fly-in” will be occurring next week; however, it will be virtual. Here are the bills ASHNSA is monitoring that have an impact to healthcare:

- **SB 41 (Insurance Incentive Program) - a committee rewrite of SB 41, which seeks to require health care insurers in Alaska to create an incentive program whereby those who elect to receive health care services from providers that are below the median contracted rate, get to share in the savings with the insurer. The bill is technical but essentially incentivizes care to be pushed outside of Alaska, thereby undermining key aspects of our health care system. This bill has been around for years, but the recent rewrite appears to have gotten traction in committee. ASHNSA is watching this closely.**
- **SB 26 (Certificate of Need Repeal) – While this was successfully repealed last year the day after SB 41 emerged, the Senate Labor & Commerce Committee may move on the CON repeal bill. There appears to be a lack of transparency but ASHNSA is working to educate lawmakers about the bill, and is hopeful it will be stopped.**
- **80<sup>th</sup> Percentile Rule –The Division of Insurance will likely be post a notice to address the possibility of repealing all or part of the 80th percentile in the next week. This likely is not an issue for to engage in but may have an impact with the physician groups.**



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PO Box 589  
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Senator Murkowski will have a grant symposium on April 11<sup>th</sup> to assess opportunities on multiple federal grants. The infrastructure bill and the allocation of HHS appropriations funding is all still pending at this time.

### **Community Education/Outreach:**

- PMC reports out at January and February Borough Assembly Meeting
- KFSK Radio PMC Live monthly
- Cerner implementation continuation of regular daily meetings throughout Dec, Jan and Feb.
- PIA meeting with Jerod, February 14<sup>th</sup>
- Community Diabetes Education February 15<sup>th</sup>
- Managers meeting February 18<sup>th</sup>

### **Integrated Healthcare & Work Force Development:**

The PMC clinic is focusing on patient centered and integrated primary care services. Wellness, Behavioral Health Services and Home Health are great examples of expanding care both in the facility and outside the walls of the facility.

The national movement towards healthcare burnout is significant during the pandemic and has been significant at PMC as mentioned above. This is continuing in healthcare as there are CMS required vaccinations and addressing the COVID omicron outbreak(s). The gaps within the organization throughout this pandemic become visible. It is apparent there were and are departments that require a build-up and need to address sustainability to continue smooth operations. Therefore there is turnover but there is also reinforcement of those programs with added positions to build (or rebuild) organizational resilience. While turnover is difficult I want to emphasize that there are incredible, resilient and amazing staff that have stepped up and continue to not only endure but shine. Our current workforce is outstanding and work countless hours to accomplish incredible feats (COVID, Electronic implementation for medical records, accounting GL, payroll, HRG revenue cycle and Billing). We continue to develop Behavioral Health, Primary Care Patient Centered Medical Home model, Case Management, Home Health, financial division development and Information Technology growth. The ASHNA grant for the C.N.A incentive program appears to be initially successful. The RN UAA/PMC program will be available this year for its third cohort and has been incredibly successful as well.

**Finance:** The financial package is included and the final audit was submitted after the last board meeting. The financial audit for single audit were clean with no findings indicated. Overall, the census detail in the inpatient and LTC is lower than normal but clinic appointments and outpatient demand is high with increased visits for care, treatment and prevention.





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**Revenue Cycle/Billing:** HRG continues to be onsite to focus on charge master in the Cerner and revenue cycle process. PMC is in its 10<sup>th</sup> month and has been working closely with our finance and patient financial services billing team. Cerner statements with HRG are making the rounds to patients.