



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, October 28th, 2021
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. OATH OF OFFICE		
A. Oath of Office for Newly Elected Board Member Heather Conn		
III. APPROVAL OF THE AGENDA	<i>Chair</i>	<i>in packet</i>
IV. APPROVAL OF BOARD MINUTES – August 26 th , 2021 & September 23 rd , 2021	<i>Chair</i>	<i>in packet</i>
V. VISITOR COMMENTS	<i>Chair</i>	<i>N/A</i>
VI. BOARD MEMBER COMMENTS	<i>Chair</i>	<i>N/A</i>
VII. REPORTS		
A. Swing Bed Management <i>Action required: Informational only</i>	<i>E. Hart</i>	<i>in packet</i>
B. Chief of Staff <i>Action required: Informational only</i>	<i>S. Burt</i>	<i>in packet</i>
C. Clinic <i>Action required: Informational only</i>	<i>K. Zweifel</i>	<i>in packet</i>
D. Community Education <i>Action required: Informational only</i>	<i>K. Lambe</i>	<i>in packet</i>
E. Home Health <i>Action required: Informational only</i>	<i>K. Testoni</i>	<i>in packet</i>
F. Quality & Infection Prevention <i>Action required: Informational only</i>	<i>L. Bacom</i>	<i>in packet</i>
G. Executive Summary <i>Action required: Informational only</i>	<i>P. Hofstetter</i>	<i>in packet</i>
H. Financial <i>Action required: Informational only</i>	<i>C. Brandt</i>	<i>in packet</i>

VIII. UNFINISHED BUSINESS

A. Petersburg Medical Center Bylaws *Chair* *in packet*

Action required: For approval – Final Reading

Motion: Petersburg Medical Center Board of Director's approves the updated bylaws of the Petersburg Medical Center hospital board.

IX. NEW BUSINESS

A. Election of Officers *Chair* *at meeting*

Action required: Approval

X. EXECUTIVE SESSION

By motion, the Board will enter into Executive Session for medical staff reappointments and for a personnel update.

XI. NEXT MEETING

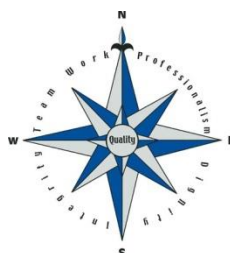
XII. ADJOURNMENT

Petersburg Medical Center

PO Box 589

Petersburg, Alaska 99833

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



Meeting: Medical Center Board Meeting

Date: August 26th, 2021 **Time:** 5:00 p.m.

Board Members Present: Marlene Cushing, Jerod Cook, Kathi Riemer, Cindi Lagoudakis (Zoom), George Doyle (Zoom), Jim Roberts (Zoom)

Board Members Absent: Joe Stratman (excused)

- 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 Cushing made a motion to approve the minutes from July 22nd, 2021 as presented. Motion seconded by Member Riemer. Motion passed unanimously.
- IV. **VISITOR COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** None
- VI. **REPORTS:**
 - A. **Patient Financial Services.** C. Lantiegne was available to answer questions related to her written report (see copy).
 - B. **Information Technology/EHR.** In addition to her written report (see copy), J. Dormer also provided an update on the Cerner project.
 - C. **Materials Management.** M. Randrup was available to answer questions related to her written report (see copy).
 - D. **Health Information Management.** J. Kvernvik was not in attendance, but her written report (see copy) was available for review.
 - E. **Nursing.** J. Bryner was not in attendance, but her written report (see copy) was available for review.
 - F. **Quality & Infection Prevention.** L. Bacom provided a verbal report.
 - G. **Executive Summary.** P. Hofstetter reviewed highlights from his written report (see copy). He focused on workforce development and turnover. He noted that conversations regarding

SEARHC erodes the morale of staff. He added that he met with SEARHC this week and continues trying to be collaborative. He noted he is working really hard on a public relations campaign.

H. Financial. C. Brandt presented an overview of current projects and provided an audit update. She then reviewed the financial package (see copy) starting with the statement of revenues and expenses. She then reviewed the key volume indicators. Finally, she reviewed the balance sheet and the statement of cash flows.

VII. UNFINISHED BUSINESS

VIII. NEW BUSINESS

A. Community Engagement Workgroup. J. Cook reported that the committee met and decided to focus on getting communications out to the community regarding birthing and finance. The committee will continue to meet and gather information.

IX. EXECUTIVE SESSION Member Cushing made a motion to enter Executive Session to consider medical staff reappointments, 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. Motion seconded by Member Riemer. Motion passed unanimously. Board entered Executive Session at 6:05 pm. Member Roberts made a motion to come out of Executive Session. Motion seconded by Member Riemer. Motion passed unanimously. Board came out of Executive Session at 6:52 pm. Member Cushing made a motion to reappoint Jessica Blanco, DMD; Alan Christensen, MD; Marius Pakalniskis, MD and Jonathan Sims, MD to medical staff. Motion seconded by Member Riemer. Motion passed unanimously.

X. NEXT MEETING The next regularly scheduled meeting was set for Thursday, September 23rd, 2021 at 5:00 p.m.

XI. ADJOURNMENT Member Riemer made a motion to adjourn. Motion was seconded by Member Lagoudakis. Motion passed unanimously. The meeting adjourned at 6:53 p.m.

Respectfully submitted,

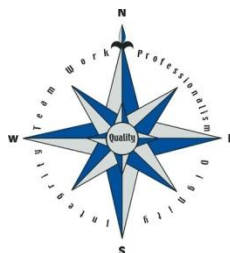
Marlene Cushing, Board Secretary

Petersburg Medical Center

PO Box 589

Petersburg, Alaska 99833

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



Meeting: Medical Center Board Meeting

Date: September 23rd, 2021 **Time:** 5:00 p.m.

Board Members Present: Marlene Cushing, Jerod Cook, Kathi Riemer, Cindi Lagoudakis, George Doyle, Jim Roberts, Joe Stratman (all members attended via Zoom)

Board Members Absent:

- I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:01 p.m.
- II. **APPROVAL OF THE AGENDA:** Member Roberts made a motion to remove approval of the board minutes. Member Riemer made a motion to add SEARHC presentation under New Business and to remove medical staff reappointment from Executive Session. Member Stratman seconded the motions. Motions passed unanimously. Member Lagoudakis made a motion to approve the agenda as amended. Motion seconded by Member Cushing. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:**
- IV. **VISITOR COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** None
- VI. **REPORTS:**
 - A. **Pharmacy.** E. Kubo provided an overview of her written report (see copy) and discussed inventory of monoclonal antibodies and vaccines.
 - B. **Rehabilitation.** K. DuRoss was not in attendance, but her written report (see copy) was available for review.
 - C. **Plant Maintenance.** M. Boggs was not in attendance, but his written report (see copy) was available for review.
 - D. **Environmental Services.** G. Edfelt was not in attendance, but her written report (see copy) was available for review.
 - E. **Activities.** A. Neidiffer was available to answer questions related to her written report (see copy).

- F. Quality & Infection Prevention.** L. Bacom provided a verbal report. She provided information related to the current outbreak situation. She noted the current count is 19 active cases. She mentioned some positives are considered community clusters and community spread, the majority are not vaccinated, and most have mild symptoms. L. Bacom provided a summary of testing. She added that contact tracing has slowed down and there is a huge backlog. She then described the contact tracing process.
- G. Executive Summary.** P. Hofstetter reviewed highlights from his written report (see copy).
- H. Financial.** C. Brandt presented an overview of current projects. She then reviewed the financial package (see copy) starting with the statement of revenues and expenses. She then reviewed the key volume indicators. Finally, she reviewed the balance sheet and the statement of cash flows.

VII. UNFINISHED BUSINESS

- A. Community Engagement Workgroup.** J. Cook reported that the committee met on August 30th. One action item was for the doctors to provide a community video presentation, which they have done. The second action item was to have Phil schedule a meeting with SEARHC. Another action item was to put a resolution together so that it is clear to the community that there will be a phased approach in looking for outside funds for a new building. The last action item was to get information to the public via the Pilot and KFSK regarding future healthcare in Petersburg. The committee plans to meet after the election.

VIII. NEW BUSINESS

- A. Resolution supporting a new hospital.** Member Riemer made a motion that the Petersburg Medical Center Board of Director's supports the resolution for the planning of a new hospital in phases. Motion seconded by Member Lagoudakis. Member Cook then read the resolution. Discussion followed regarding other sites and explaining shovel readiness. Motion passed unanimously.
- B. Petersburg Medical Center Bylaws.** Member Riemer made a motion that the Petersburg Medical Center Board of Director's approves the updated bylaws of the Petersburg Medical Center hospital board. Motion seconded by Member Roberts. Discussion followed regarding qualifications of board membership. Motion withdrawn. Member Cushing made a motion to amend the bylaws to eliminate Section #4 of Article II. Motion seconded by Member Riemer. Discussion followed. Motion withdrawn. Member Lagoudakis made a motion to change the heading on Section #2 of Article II to Membership, vacancies, qualifications and absences/attendance and delete Sections #3, #4 and #5 of Article II. Motion seconded by Member Riemer. Motion passed unanimously. Member Roberts made a motion to approve the bylaws as amended. Member Cushing seconded. Motion passed unanimously.
- C. SEARHC presentation.** Member Lagoudakis made a motion that Petersburg Medical Center Board of Director's approve the CEO to invite SEARHC leadership to a board meeting to provide a presentation related to facility options and SEARHC's vision. Motion seconded by Member Riemer. Discussion followed. Motion approved unanimously.

- IX. EXECUTIVE SESSION** Member Cushing made a motion to enter 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. Motion seconded by Member Riemer. Motion passed unanimously. Board entered Executive Session at 6:33 pm. Member Lagoudakis made a

motion to come out of Executive Session. Motion seconded by Member Roberts. Motion passed unanimously. Board came out of Executive Session at 6:42 pm.

X. **NEXT MEETING** The next regularly scheduled meeting was set for Thursday, October 28th, 2021 at 5:00 p.m.

XI. **ADJOURNMENT** Member Riemer made a motion to adjourn. Motion was seconded by Member Roberts. Motion passed unanimously. The meeting adjourned at 6:44 p.m.

Respectfully submitted,

Marlene Cushing, Board Secretary

DRAFT

Petersburg Medical Center

Skilled Nursing Quality Board Report 10/22/21

Staffing Overview: Staffing has been relatively stable over the past 6 months with traveling nurses filling in day and night shift gaps. Acute care nurses and CNA's care for the skilled swing bed patients. Newly graduated nurses in May are now operating independently on the floor working alongside more experienced nurses, and have thankfully filled many staffing shortages. We also need to consider the availability of our rehab staff when admitting SNF SB patients, rehab is at minimal staffing currently, with one provider each in PT, OT, and ST.

Update: The skilled nursing department has remained busy for the past 3 months, averaging 2-3 skilled patients daily. Many short stay skilled patients along with the acute and outpatients have contributed to several high census days over the past month.

Looking Forward: We plan to continue to serve those patients with rehab and skilled nursing needs, and to carefully screen incoming patients from other facilities to ensure a safe discharge plan is in place prior to admitting to PMC. We plan to continue to work closely with PMC HH to facilitate good continuity of care at discharge. We are looking forward to increased communication with PMC outpatient clinic to serve our discharged skilled patients not receiving HH services. We are regularly communicating with the HH SW Brandy and PMC business office Jen to try and identify LTC needs prior to our skilled and HH patients having an urgent need. This has been partially successful.

Challenges: Our biggest challenge remains the lack of services in the community for discharging patients without a strong support system. PMC HH is really the only agency available to provide support to patients who qualify. Family education can be challenging regarding the nature of the HH services. We have HH staff attend discharge planning meetings regularly and try to address these issues.

Accomplishments: Jessica Baker OT, developed a system to improve communication with the rehab department that is working well. Rehab has erasable laminated sheets in each patient room to which the nursing staff can refer for the most updated plan of care. We are still working out a few glitches, however, overall, it has been a huge success in improving the communication between the rehab and nursing departments. This has enabled staff to provide the safest patient care while offering the patient the most independence recommended by rehab. We also have had no Covid infections, and very few infections in general, in our skilled nursing department, thanks to the strong infection control practices of our nursing staff.

Opportunities: We are continuing to work on improving communication between departments and offering our SB patients more activities provided by LTC activities staff. We look forward to a more open LTC department in the future, when our skilled patients can enter LTC to participate in group activities there.

Respectfully,

Elizabeth Hart RN, SNF manager



Petersburg Medical Center

Selina Burt, DO - Chief of Staff Report (October 28, 2021)

Staffing Overview for Clinic

We have welcomed Isaias Arevalos and Kai Kokesh as medical assistants in the clinic. Sheena Canton has returned as clinic reception supervisor and Kaili Swanson has joined us in clinic reception.

Kayla Luhrs, MD and Tina Pleasants, NP have resigned. We wish them well.

Review and Update

Visits per Provider- 10/01/2020-10/21/2021

SERVICE	BURT	HESS	HYER	LUHRS*	TUCCILLO	PLEASANTS*	Total
INPATIENT +OBS	55	33	38	38	44		208
EMERGENCY	131	165	138	146	138		718
TOTAL CLINIC	1307	1656	1529	992	1296	153	6933
TOTAL SWING	4	7	10	7	19		47
TOTAL PSYCH						382	382
Grand Total	1497	1861	1715	1183	1497	535	8288

Physicians continue to be actively involved in teaching UW medical students; our PMC nurse Angela Menish, BSN, RN, has also joined us as a family nurse practitioner student. Teaching in our location improves understanding of rural family medicine and ensures a pipeline of doctors and nurses (and nurse practitioners!) wanting to go into rural family medicine. This is more important now than ever before with the COVID pandemic triggering early retirement or career changes for many clinicians.

Looking Forward

We are eagerly revising our clinic protocols to streamline processes in anticipation of Cerner "Go Live".

We continue to adapt our workflow procedures to fit the Patient-Centered Medical Home model. We now have "Team Alpha" (Tuccillo/Burt) and "Team Bravo" (Hess/Hyer) subgroups within the clinic; our goal is to provide better continuity in patient care by familiarizing each provider team with a larger group of patients. Each physician on a team will provide cross-

coverage for their team member peer. This will help to spread the workload among all providers. This is a work-in-progress and is evolving daily.

Challenges and Accomplishments

In addition to necessary medical leave and vacation time, employee attrition through retirement and resignation has placed extra stress on all departments. PMC employees are a wonderful, understanding group of people and have really pulled together to do what needs to be done.

Nursing staff have gone above and beyond in community outreach with pop-up flu shot pods all over Petersburg. We also continue to provide community COVID immunizations in addition to this year's influenza shots and childhood immunizations.

PMC continues to encourage staff to refocus on personal physical health with the "Get Physical" fitness challenge that just ended on October 24.

November will be busy with staff training as we prepare for the December "Go Live" for Cerner, our new electronic medical record software. We are definitely looking forward to this upgrade!

Opportunities

PMC is also gearing up to begin offering expanded mental health therapy options to staff through a partnership with the online counseling platform BetterHelp, a company that provides confidential, professional counseling available anytime, anywhere, through a computer, tablet or smartphone.

Submitted by: Selina Burt, DO



Petersburg Medical Center

Joy Janssen Clinic & Wellness Quality Report 10/22/2021

Staffing Overview

We have had some new employees join our clinic team.

- **Reception/Admissions:**
 - Sheena Canton returned to PMC as Clinic Reception Supervisor starting in Sep 2021
 - Kaili Swanson joined our reception team in August of 2021
- **Medical Assistants:**
 - Isaias Averalos joined our clinic team as a medical assistant in May of 2021
 - Kai Kokesh is a new medical assistant joining our team in Sep 2021

Review and Update

Case Management: Joy Jansen clinic continues to build out this new service line. Case management helps patients navigate the healthcare system and connects them to their healthcare team. It provides the support and assistance to people experiencing complex medical situations. Examples include complex referral, new diagnosis, status change related to an existing chronic condition, difficulty receiving supplies or care when needed or assistance with care transitions following a medical evacuation to an outside facility for higher level of care.

Current updates:

- Monitor patients who are taking high-risk medications or have a diagnosis requiring regular laboratory testing
- Diabetes Case Management and Education support: Provide diabetes self-management education (DSME) for patients with diagnosis of diabetes in collaboration with medical staff.
- COVID positive patients case management is covered by the RN Case Manager for follow up. July, August, Sept, Oct – Covid positive patients now being supported by clinic case manager during clinic hours. Collaborating with inpatient nursing for support on weekends and after hours. Maintaining accurate list of patients, isolation dates and follow up needs.
- Clinic support as needed, including COVID information line support and toenail care for high-risk patients.
- Building structure for outpatient care conferences for patients.
- Involved in Cerner trainings and implementation support.
- Collaborate and support wellness initiatives in support of improving the health of our population being served.

Respiratory Screening Clinic (RSC) & COVID Response:

- Clinic staff's role has continued to change throughout the COVID response. Currently Clinic answers the COVID information line for patients experiencing COVID symptoms, complete intake for patients, schedule them for a symptomatic COVID swab and complete the swab. Clinic staff follow up with patients to let them know the results of swab.

Looking Forward

Cerner Electronic Medical Record (EHR) training and go-live. Our staff has been going through the training, workflow discussions and transitions as we prepare for the new EHR. The new EHR will provide opportunities for helping to manage patient care more efficiently.

Challenges

Staffing has been a challenge with staff turnover. We have had some people move on and new people starting. The stress of the COVID response, and the ever changing response to the how we manage. The staff has been amazing with dealing with this, but it can be very taxing at times. Ensuring that we are checking in regularly and recognizing when staff needs breaks. Encouraging people to take PTO for self-care. Employee snack program has been helpful as well.

Accomplishments

Overall, I just want to recognize all the staff and providers for how hard they are working. Staff responding to COVID-19 surges, constant changes and reverting to more normal clinic volumes.

Integration of Service Lines in the clinic

- Joy Janssen clinic continues to grow as the services provided expand. These other specialty service lines include the integration of Behavioral Health, Case Management, Diabetes Education services, outpatient Medical Nutrition Therapy, Audiology, Chiropractic care, and Acupuncture.
- Wellness merges with clinic and we work together as we focus on employee wellness, flu shot opportunities for community, and preparing for the Diabetes Prevention Program.

Opportunities

Population Health Management: The clinic continues to work on building out a patient centered medical home and working on prevention and wellness. Since the wellness team has combined with the clinic there is the opportunity to provide more support in this area.

- PMC clinic will continue to build upon current process for preventative exams, cancer screenings and wellness exams (for adults and children) and provide reminders for people when they are due for exams.
- Wellness team can provide support in areas of preventative programs at group level, but also preventive outreach to remind people when they are due for annual exams (for example, Well Child exams).

Respectfully submitted by: Kelly K. Zweifel, Clinic Director

Wellness Board Report

Staffing Overview:

- Community Wellness team expanded to 2 staff (Julie Walker- Community Wellness Coordinator and Becky Turland Community Wellness Specialist)

Review and Update:

The Community Wellness team had a busy summer focused on events and community surveys. Below is a recap of activities:

- **Back-to-School Health Fairs (August 21st and 23rd)**- Partnered with several community partners to host first ever back-to-school health fairs -offered free immunizations, hearing/vision/growth screenings, sports physicals, mental health resources, and many other community resources. Over 20 families attended each event- Elementary: 21 health screenings & 4 Kindergarten immunizations. Middle & HS: 20+ students attended, 16 sports physicals, 7 vaccines (mix of COVID and other).
- **Superkids Camp (August 16-20)** – Partnered with Kinderskog to offer nutrition and physical activity day camp for 25 kids ages 5-12.
- **Childcare Needs Assessment Surveys**- Working with SHARE Coalition subgroup to complete community needs assessment project. The group conducted family and a childcare provider surveys this summer. We are finalizing results and preparing for a community café style meeting on November 13th to share results and brainstorm solutions to Petersburg’s childcare issues.
- **Community Health Needs Assessment** - Surveys and interviews completed by Community Wellness Coordinator (June-July): 189 surveys collected, 36 interview conducted. PMC’s grant writer is compiling results and writing final report, expected in November.
- **Rainforest Run (Sept 6)** - Nearly 30 runners/walkers participated in annual 10K/Half Marathon.

CAPABLE: Aging in place prevention program for seniors. Year 2 continuation funding received from the State of Alaska to continue offering free program. Currently 4 program participants enrolled.

Employee Wellness:

- 69 out of 158 eligible employees/spouses participated in 2020-2021 wellness incentive program. 30 participated in health coaching programming. Of the 35 people that completed biometric screenings for the past 2 years, 62.5% of them decreased at least one health risk from the previous year (BMI, blood pressure, glucose, or cholesterol). *(Detailed aggregate results are attached for those interested)*
- The 2021-2022 Employee Wellness Incentive Program will be open from November 15-April 30th. Eligible employees and spouses can earn up to \$300 per year for completing requirements such as biometric screenings, health coaching, preventative exams, challenges, and/or meeting or improving on biometric screening values.
 - PMC Employee Wellness and Behavioral Health teams worked together to review 2 telehealth solutions for employee mental health support. A contract is in progress with *Betterhelp* – this service will offer 4 online live therapy sessions per month to all employees (cost: \$260 per participant per month based on actual usage).

Looking Forward

- We are working to increase general community health education on social media, newspaper and radio. Topics to include things such as chronic disease prevention/health promotion and awareness months. Creating health education content is transitioning from Public Relations to Community Wellness team.
- Health Fair – PMC would like to host the 2022 health fair and has discussed a tentative date of April 30th for in-person event with resource booths, with lab draws to be conducted in March/April. Format and scale of event are still TBD depending on COVID situation and staffing resources.
- Diabetes Prevention Program (DPP) – Planning to implement a year-long CDC approved DPP class starting February 2022. Planning to partner with Bartlett Regional Hospital since they are already an approved CDC implementation site for this program.
- Community Childcare Needs Meeting (November 13th) – Community members are invited to attend to hear results of community childcare surveys, and brainstorm solutions to our local (and national) childcare issues. PMC Community Wellness team will present results and Niccole McMurren has agreed to facilitate small group community conversations.

Challenges

Planning ahead for big for events such as Health Fair and Community Childcare Needs Meeting is challenging not knowing where we will be with the COVID situation at the time and if we will be able to host them in person, virtually, or at all.

Accomplishments

- Collaboration with various departments on Wellness ideas/opportunities within PMC and our community (Behavioral Health, Therapies, Clinic, School, Dentists, Fire Department, Kinderskog, etc.)
- Community Wellness team successfully cross trained in registering patients and collecting COVID tests to assist with pop-up testing days – it feels great to be able to help our co-workers during this time of increased work!

Opportunities

Youth Running Programs: WAVE will no longer be hosting the Girls on the Run or Let Me Run programs. These national programs focus on social-emotional wellness as well as running for 3rd-5th graders girls and boys. WAVE is looking for other community organizations to take these programs over and have approached PMC Community Wellness team. We plan to evaluate our capacity and resources in Spring before committing to taking on either of these programs.

Respectfully submitted by: Julie Walker, Wellness Coordinator & Kelly Zweifel, Clinic Director



Petersburg Medical Center

Public Relations Board Report (October 2021) (Part time)

Review and Update:

(I was on Maternity leave in May when my last board report was due, so I added any crucial information/dates during those times)

-Organize and determined which PSA's will air weekly on KFSK.

-Create weekly ads for local newspaper.

-Maintain and update PMC Facebook page, LinkedIn, and Instagram page.

-Maintain and update PMC website: I am currently in the process of revamping the entire website, page by page. The home page received a face lift a few months ago. Working on updating information, graphics, and layouts on each page. The goal is to have the whole website completely updated by Summer.

-Monthly Public Newsletter: Interviews and writing articles about employees, departments, current events, and news at PMC. PMC newsletter goes live the first week of the month on Facebook, LinkedIn and website and emailed out to all staff.

-Coordinating PMC Live on KFSK. You can tune in the first Thursday of every month at 12:30. Phil Hofstetter attends every PMC Live to give a hospital/Covid update. Joining him each month was the following:

- November: Kirsten Rioux-Testoni- Home Health
- December: Jennifer Bryner- Nursing in the pandemic
- January: Jennifer Hyer, Jennifer Bryner, Liz Bacom- COVID outbreak
- February: Jennifer Bryner and Liz Bacom Vaccine opportunities/status
- March: Jennifer Bryner- Vaccine Clinics, Phil- HIPAA Breach
- April: Julie Walker- Wellness opportunities
- May: Jennifer Bryner- UAA students
- June: Julie Walker- Community Survey
- July: Kelsey Lambe, Kathi Riemer, Sue Paulsen- Paddle Battle
- August: Kelsey Lambe, Jennifer Hyer, Westly Dahlgren (BBAK)- Blood Drive
- September: Julie Walker- CAPABLE
- October: Ashley Kawashima-Behavioral Health

-Head of the Employee Voice committee, responsible for coordinating any needed meetings and handing out department thank you's for their special week/month. There have not been any committee meetings for quiet sometime. The last meeting was in December to discuss the PMC Christmas party alternatives. I continue to make sure departments receive their card for their special week/month and email the committee for any needed suggestions or support.

-Wellness Committee: attend monthly meetings to brainstorm, coordinate and organize wellness activities for staff and community and discuss employee wellness benefit program. Maintain social media, weekly ads, KFSK and website with all advertisement or information for all events. Julie Walker has started to help create flyers and update social media.

- Rainforest Run: Reserved location, created online registration for participants, took pictures at events
- Breast Cancer Awareness month: Created advertisement and encouraged staff to wear pink last Wednesday of the month.

-Coordinator of the PMC Foundation. Organize, set agenda, gather, and organize agenda materials. Held 2 meetings: December 4, 2020; May 7, 2021; and October 21, 2021.

- Yearly Newsletter was created and mailed out to all donors.
- Organized and ran the annual Paddle Battle in the Narrows in July. This includes coordinating sponsors and safety boats. Creating flyers, newspaper ad, and social media advertisement. Create liability waiver for participants, website prep and execution for online registration and payment. Sent letters out to business and donors for support.

Day of Paddle Battle: met all participants at scow bay to start off race to ensure they have signed waivers, paid, and received their dry bag. Becky Turland met participants at South harbor and did the same. Participants ended at Sandy Beach: we offered bagels, fruit, and coffee. Sarah Holmgrain, Jill Dormer and Devynn Johnson helped get food there and set up. Ended the event with awards from sponsors and a group photo!

- Foraker Course: I have been taking a Foraker course with Julie Walker, Kathi Riemer and Eleanor Odyna. The course is 4 classes, along with every other week 1:1 meeting ;;;with our leader from Foraker. After the course is finished, I will report back to the foundation and start implementing what was learned from the course. Course ends in November.

-Flu shot clinic(s). Most clinics were pop up style this year. Staff would notify me, and I created advertisement for social media, the PMC website, Pilot and relayed to the paper.

-Petersburg Medical Center Brochure: I have been working with a graphic designer to design a brochure. The brochure is complete, and we will begin printing.

-Blood Drive: Attended meetings with BBAK and PMC staff to plan blood drive event. Coordinated sponsorship for snacks and cookies. Helped with displaying advertising for BBAK. Coordinated a thank you meal for BBAK staff.

-December: Planned PMC Julebukking and advertised. The kitchen made to-go boxes that myself, Devynn Johnson and Chad Wright handed out to the community.

COVID:

-Call in for morning briefing.

--Help Liz Bacom, PIO with press release: editing, posting on our website, social media and emailing out.

-Continue creating informational fliers for COVID as needed. Such as:

- COVID-19 Vaccine information
- COVID-19 graphic with updated case count during outbreak or high case times.
- Asymptomatic testing
- FAQ graphics on testing, quarantine, vaccines

- FAQ on red status for PMC

I have been working very hard on ways to help get information out to the community along with tracking stats that we have available to see what is working and what is not. Here is what we have learned so far:

Facebook insights:


We have started “boosting” some of our FB post and tracking and watching our views. Here are three of our highest reached posts and how we can see the stats.

Press Release 9.22.2021 reached 1,063
 Asymptomatic testing post reached 896
 CAPABLE post reached 828

Petersburg Medical Center
 Published by Kelsey Lambe · 20 hrs · 🌐

Press Release: September 22, 2021

PMC reports an additional five cases today. Community spread of COVID-19 can be controlled by testing, identifying positive cases early and isolating early. Contact tracing helps to identify potential exposures. Contact tracing is hampered by the high number of new cases across the state. Persons who test positive are urged to notify their contacts. Contacts should stay home and monitor for symptoms. Persons uncomfortable notifying their clos... See More



Performance for Your Post

1063 People Reached

15 Likes, Comments & Shares

231 Post Clicks

66 Photo Views | 6 Link Clicks | 159 Other Clicks

[View More Details](#)

NEGATIVE FEEDBACK

0 Hide All Posts | 0 Hide Post
 0 Report as Spam | 0 Unlike Page


15 Likes, Comments & Shares

BRANDED CONTENT DISTRIBUTION

1063 Total Reach | 1063 Organic Reach | 0 Paid Reach

1359 Total Impressions | 1359 Organic Impressions | 0 Paid Impressions

[View Breakdown](#)




896 People Reached | 41 Engagements | [Boost Post](#)

8 Reactions | 4 Shares

Petersburg Medical Center
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The Petersburg Medical Center CAPABLE team was spotlighted in the Johns Hopkins CAPABLE newsletter. Here's a link to the full newsletter <https://mailchi.mp/jhu/capable-september-2021-newsletter>



From left: Jessica Baker (OT), Julie Walker (Community Wellness Coordinator), Kirsten Rioux-Heston (Home Health Manager RN), Stephanie Romine (RN), not pictured: Amy Hollis (RN)

828 People Reached

101 Reactions, Comments & Shares

56 Like	27 On Post	29 On Shares
27 Love	11 On Post	16 On Shares
9 Comments	0 On Post	9 On Shares
10 Shares	10 On Post	0 On Shares

79 Post Clicks

23 Photo Views | 16 Link Clicks | 40 Other Clicks

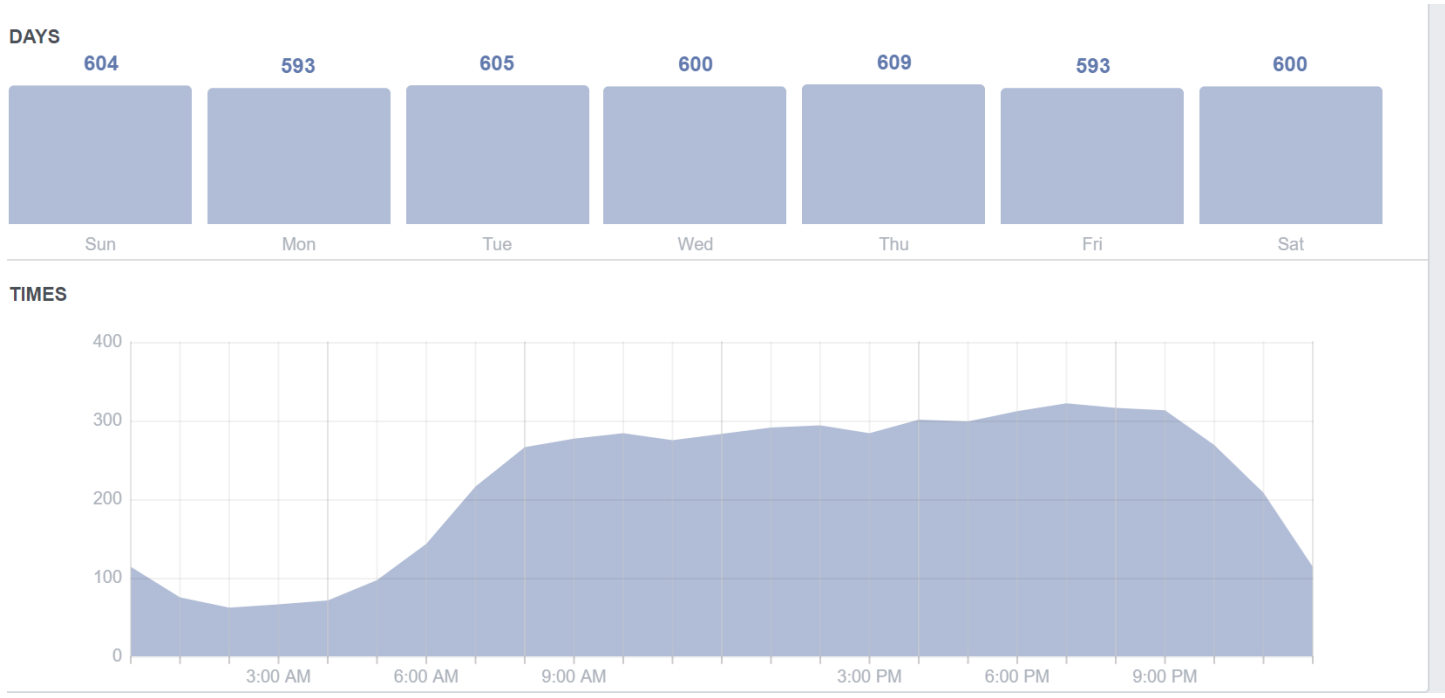
NEGATIVE FEEDBACK

0 Hide Post | 0 Hide All Posts
 0 Report as Spam | 0 Unlike Page

Reported stats may be delayed from what appears on posts

This data shows how much traffic is on our Facebook page each day and at what time. This can help us know when to post information and reach the most amount of people. This graph is specifically for October 10th-16th but our views remain higher in the evening.

We also can see that when we post on FB, our videos and post with pictures are our top viewed posts.



Website insights:



Top viewed pages on PMC Website in October:

- press-releases = 599 views
- COVID-19 = 498 Views
- employee-resources = 288 views
- patient-portal = 214 Views
- careers = 171 views
- contact us = 146 views

Compared-Top visited pages in September:

- Covid-19 = 220
- Employee Resources = 212
- Press Release = 193
- Careers = 160
- Patient Portal = 157

Submitted by: Kelsey Lambe

Guiding Values: Integrity - Dignity - Professionalism - Team Work - Quality



Petersburg Medical Center

HOME HEALTH Quality Report (4/14/21)

Instructions: *Quality reports are submitted Quarterly. The Hospital Board requests two reports per year, use the first and third quarter Quality reports for your board report make minor adjustments as needed.*

Refrain from specific details that might lead to identification of a person/patient/resident.

As an effort to standardize the report format and make reporting easier for managers, this template is provided. The following bullets are listed:

Staffing Overview

- Home Health has a full complement of nursing staff. 3 full time nurses/case managers, 1 manager.
- 2 Full time Billing staff,
- 1 Full time Home Health Aide
- Patient navigator/medical social worker continues to be a valuable addition to the Home Health Program. In addition to working with the patients and families on our service, she has been providing support and assistance to those connected to the clinic, in patient unit and billing office. This service is available to anyone in need. She recently provided support to a family from Port Protection.

Review and Update

- Current census is 24. We continue to accept referrals and work to meet the needs of our community.
- Home Health staff continues to provide in home care to all our home-based patients despite the challenges we face throughout the pandemic. HH staff supported staff in the Respiratory Clinic during the recent surge in Covid 19 cases.
- We are working 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. This will include, behavioral health services, more intensive case management and long-term care planning.
- We have 4 patients using the Remote Patient Home monitoring systems. We continue to assess our patients and will adding additional pts to this part of our program as the need arises. The Home Health manager is working with the current vendor to improve the

Guiding Values: Integrity - Dignity - Professionalism - Team Work - Quality

current product as well as looking into alternative programs for when this current contract ends or is terminated.

- 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.
- Home Health has begun to program to provide “bath service” to Medicaid patients
- RNs are learning to provide in home end of life care. This can be a challenge as we are not yet a Hospice certified agency.

Looking Forward

- Home Health continues to grow. We will continue to work on our referral process and ways to keep our census rising. Recent addition of a new referral process.
- New Electronic Medical Record will “Go Live “on 12/06/2021
- Ongoing collaboration with therapy services. These services are an integral part of the home health program.
- Add Behavioral Health component to Home Health Program
- We have 14 patients receiving home health aide support. We would like to expand on this as we grow. There may a need to add an additional home health aide in the future.
- Due to continued growth, department discussion 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 is preparing to become a certified Medicaid Planner.
- HH Nurse to attend onsite training for foot care certification. November.
- HH Manager to attend Wound certification course in October
- Collaboration with Laboratory Services on a mobile lab service

Challenges

- Ongoing need to educate public on the role of HH services and who can receive/benefit.
- Limited support services in the community, i.e., home maker, ancillary care providers. HH staff provide extensive in-home support.
- Increased acuity of home health population, need for alternative support systems for patients requiring extensive in-home support.
- New workspace continues to have issues intermittent IT issues-IMPROVING
- Cumbersome billing process (new EMR will greatly improve this issue.) Significantly slows down our billing process. New CMS guidelines starting January 1,2021 give us only 5 days to submit claims.
- Limited access to DME

Accomplishments

- Continued census growth
- Staff of 8
- Patient Navigator working with multiple departments and patients outside the home health program
- Meeting with clinic staff and in patient staff to continue to improve communication and continuity of care.
- New EMR!!!!
- Home Health has 2 nurses certified to work in the Capable program.

Opportunities

- Development of Behavioral Health component to Home Health (see below.)
- Increased staffing to meet the needs of growing department.
- Home Health owned DME
- Future program growth potential includes Providing services to surrounding communities, Mobile lab, blood pressure screening, community health education. Foot care Clinics. In home IV therapies, Hospice services, pediatric services, enhanced behavioral health services including medication management. Increased use of telemonitoring services.
- Expand services of Patient Navigator.

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



Petersburg Medical Center

Quality/Infection Prevention Quality Report October, 2021

Review and Update

- Continue to offer asymptomatic testing in the office space next to Public Health.
- Testing PMC staff with new molecular CUE COVID-19 test in the same location.

Looking Forward

PMC is recently enrolled in an Infection Prevention training program for anyone who works in LTC. Put together by the CDC and Alaska DHSS, the program begins with an assessment of knowledge. Five training modules will be completed by each staff member over the course of a year. There is a small grant associated with successful completion of the program. For more information, visit:

<https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>

Challenges

1. Getting vaccines into arms continues to be a high priority. Pfizer and Moderna third doses for moderate to severely compromised patients has been approved for a few months. This third dose is given 28 days after the second mRNA dose. In September, a booster of Pfizer was approved only for Pfizer recipients, 5 months after their second dose. We are waiting for full approval of a booster dose for Moderna and Janssen recipients. People who have received their vaccines here in Petersburg are automatically on our list to receive their booster. Plans are underway for a vaccination point of dispense at the Community Gym, more information will follow.
2. Promotion of influenza vaccination to minimize the overall community risk for influenza. Removing a large number of influenza cases lightens the load for our medical response to COVID-19. Influenza vaccine is available for everyone age 6 months and older.
3. There is quite a bit of information and data that can be confusing to the public, and addressing misinformation is a continual challenge. Recently our providers have recorded video messages to the community to encourage vaccination. There appears to be resistance to testing and vaccination. Resistance to testing is a greater immediate concern, the spread of COVID to vulnerable members of our community puts us all at risk for healthcare capacity.
4. Providing accurate information in a timely manner to patients who have tested positive and to their self-identified contacts. Public Health continues to have difficulty reaching positive cases in a timely manner. The first call is important to ensure understanding of dates for isolating. If public health is not able to reach a positive case, the case may not be outreached at all. PMC providers, case manager and home health will also help with providing resources to patients after a positive test, often several days before Public Health is able to contact the patient.

Opportunities

Encouraging vaccination for people who have recovered from COVID-19.

Encouraging vaccination for kids 12 and older, and once approved, kids 5 and older.

Encouraging eligible people to receive a booster COVID-19 vaccine.

Submitted by:

Liz Bacom, MLS (ASCP)^{CM}
Infection Prevention / Quality

COVID BY THE NUMBERS (March 2020 – September 2021)

- 1866 Petersburg residents who have completed their vaccination series
- 248 Petersburg Residents who have tested positive for COVID-19 since March 2020:
This number includes residents who self-reported their positive COVID-19 test to PMC (not on the dashboard)
- 39 Non-residents who tested positive for COVID-19 since March 2020, including cruise passengers, seasonal workers, travel testing, etc.
- 36 Patients receiving monoclonal antibodies (1)
- 28 Vaccination Breakthrough (2)
- 25 Patient days for COVID illness
- 15 PMC staff who have tested positive for COVID-19 since March 2020.
- 9 COVID-19 observation days.
- <5 patients transferred to higher level of care
- 2 Petersburg residents deceased (not including first case in March, 2020)
- 0 Hospital acquired COVID-19 cases in LTC residents and hospitalized patients.

(1) Monoclonal antibody (mAB) is a therapy provided to patients who are at higher risk for hospitalization and death, these EUA medications need to be administered in a timely manner.

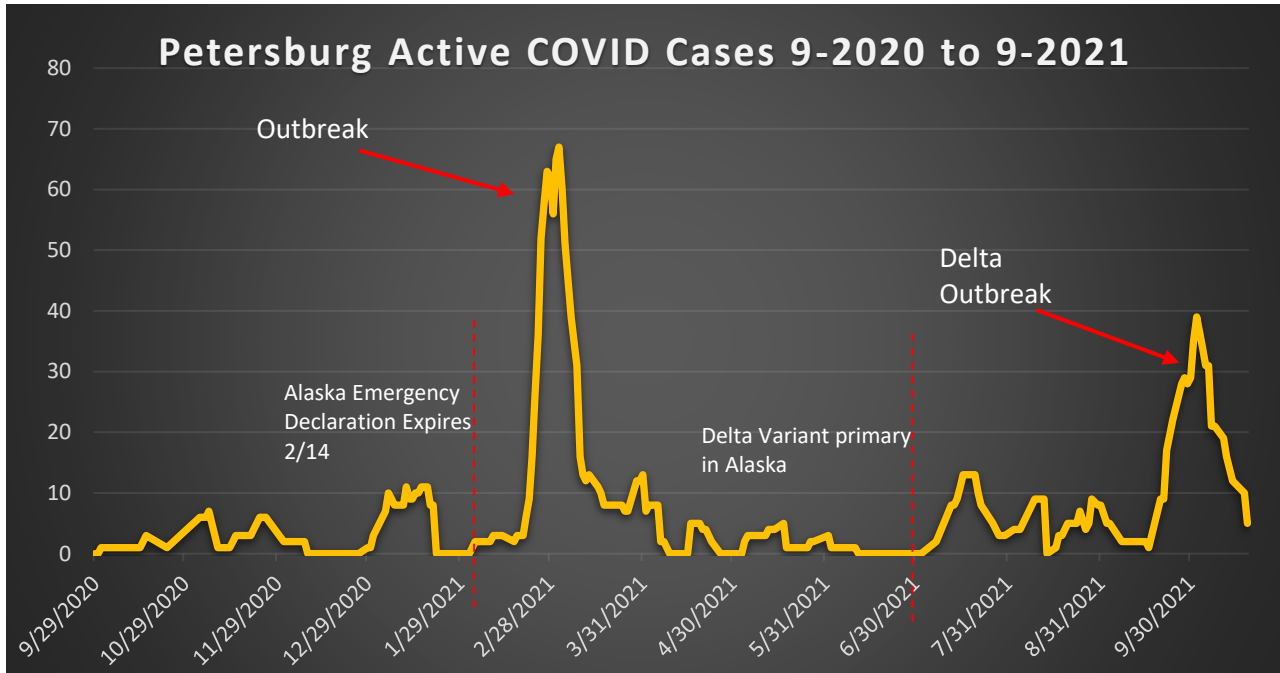
(2) Information about Alaska cases may be found at the State of Alaska Weekly Updates website:
<https://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/weeklyupdate.aspx>



Petersburg Medical Center

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Petersburg, Alaska 99833
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CEO Report:



Petersburg Medical Center has been in an elevated Orange color code status for the past two months due to the community spread outbreak. Unfortunately, PMC experienced a large surge with the more transmissible delta variant virus all throughout September into early October. Over 13 treatments of monoclonal antibody in eligible patients with COVID were utilized, over 1000 tests completed, the school went online for about a week and the Borough implemented universal masking measures. Multiple organizations and businesses were impacted by community spread of COVID. PMC joined the Alaska Hospital Crisis Standards of Care activation as we saw potential impacts to medical transfers to a higher level of care for patients. Alaska State Hospital and Nursing Home Association used a contract identified by FEMA to assist in obtaining a nursing workforce to assist hospitals in crisis. Over 300 nurses came into Alaska to work and provide relief to the workforce. PMC has requested 2 nursing staff due to nursing shortages in Long Term Care for additional coverage. We have been fortunate with the COVID patient severity was low in part due to our team effort and collaboration with the school, public health and the Borough on addressing testing, contact tracing and monoclonal treatment right away. Dr. Hess explained the situation well in the PMC KFSK monthly live radio show on October 7th.



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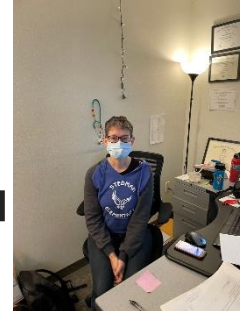


PMC Live, Monthly Showcase on Petersburg Medical Center - Next Program, November 4 - Archive Available Here

by Tom Abbott, KFSK | Oct 7, 2021

KFSK News and the Petersburg Medical Center monthly program, "PMC Live" airs at 12:30pm, the first Thursday of each month. The program will focus on different departments, new initiatives, and highlight challenges at the medical center.

The October 7, 2021 episode features Behavioral Health Clinician Ashley Kawashima talking about Mental Illness Awareness Week and ways people can seek help or check in with friends and loved ones. Dr. Cortney Hess and CEO Phil Hofstetter talk about the COVID-19 situation locally and how the pandemic is affecting medevac capabilities in Petersburg. They also talk about the start of the flu season, which can compound the pandemic struggles.



Following this outbreak we experienced more staff turnover, which has been occurring as the stress level of managing these outbreaks culminates. We had 2 more staff resignations / terminations directly related to the impact of COVID. We will likely continue to have a higher-than-average turnover rate.

Healthcare workforce has experienced a large change in the past year. Burnout challenges were transformed into a nationwide increase in violence and attacks against healthcare workers. Anchorage



hospitals saw direct attacks from the community primarily because of the discord at their assembly meetings on masking mandates. Providence Hospital reported significant reports of aggression and violence in the facility as healthcare workers managed the hospitalization crisis. These types of attacks have an incredible ripple effect in all of Alaska healthcare facilities. ASHNHA recently published the state turnover rate in the past year by provider type in Alaska with 43% in executives and ~ 30% in nursing, rehab, dietary and EVS. I expect these rates to be even higher in 2021-2022. PMC is at about 18% overall as a facility lower than the average Alaska turnover but still higher than normal by about 8-10%. The positive aspect has been we have been seeing a number of good hires coming into the facility and there are a lot great people already working in this organization. Included is the front page of the PMC newsletter that shows a photo of the generational and family workforce at PMC.

Petersburg Medical Center Newsletter

Visit our Website

MESSAGE FROM THE CEO
Stay healthy as we head toward winter

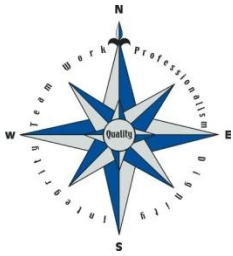
SCARCE RESOURCES: As COVID-19 case numbers increase in Petersburg and across Alaska, access to treatment, testing supplies, and higher levels of care has become more difficult.

- Monoclonal antibodies continue to be in extremely short supply. This treatment decreases risk of hospitalization for high-risk patients with severe COVID disease.
- Patients with severe COVID disease may require transfer to a higher level of care. Please be aware that medevac options for transporting patients to needed higher levels of care continue to be extremely limited.
- Our Cepheid Rapid PCR Test supplies are low. The PMC laboratory recently performed over 500 PCR tests. Until supplies are adequately replenished, specimens from asymptomatic patients will be sent to reference laboratories. Same-day results should not be expected.

Petersburg Medical Center

▲ Mike Boggs, PMC plant manager, with daughter-in-law Helen Boggs, LTC nursing director.

Vaccinations are key to resolving COVID severity and stopping the spread, but we also cannot forget about the flu shot. The COVID booster and the third dose for Pfizer have begun to be scheduled at PMC



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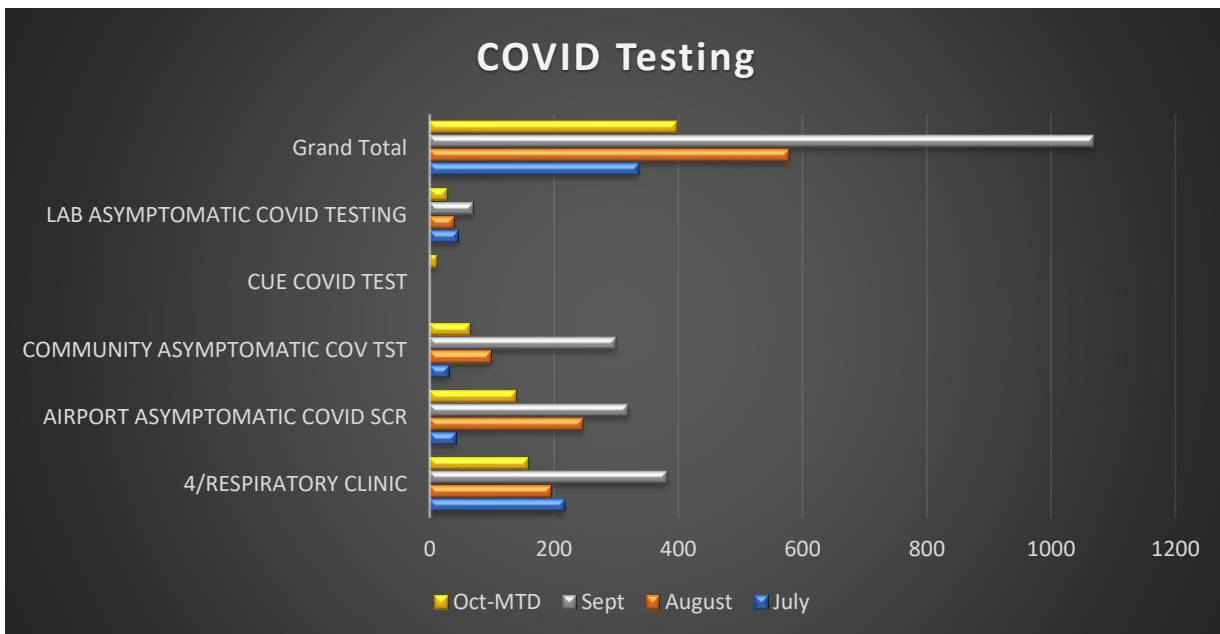


as the FDA and the state allows for those allocations. The next phase of booster will be the Moderna approval, and this is being scheduled at PMC. The nursing staff took the flu shot “on the road” and made it into a fun and fantastic outreach program to businesses in the community. In the newsletter is a photo of the traveling cart and staff that went downtown on a sunny day. As the COVID curve started coming down PMC received a very generous thank you from the community and brought in a beautiful home cooked meal to our staff.

In early September the Centers for Medicare/Medicaid announced that healthcare facilities (not just LTC) will require vaccines. The details, date of compliance and accommodation allowances (i.e., medical, situational, religious) are still pending and the staff have been informed last month. Since that time, we have had additional staff have vaccinations and we are getting well over 90%.



Asymptomatic testing and airport testing continues to be free of charge for the community and PMC completed over 1000 tests in September and is getting close to 1400 tests for this outbreak. PMC went through a large amount of the state supplied Cepheid cartridges and needed to ration those tests. A press release was sent out to the community that asymptomatic testing will be using send out reference labs for the time being to preserve our Cepheid Cartridges. PMC did receive Cue Molecular rapid testing units from the state to allow us to test staff and not use up Cepheid.





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Legislative Update / New Facility/ Cerner:

On October 5th the Petersburg Borough elections occurred and I would like to welcome new PMC board member Heather Conn to PMC and thank Kathi Riemer for being re-elected and continuing to serve on the board! I would like to thank Jim Roberts for his years of service on the PMC board. Bob Lynn, the hospital liaison with the Borough Assembly was re-elected on the assembly and additional thanks for continuing to serve as the liaison for PMC.

The Community Needs Assessment is completed and almost completed for publication. This will be presented to the board likely at the next board meeting in November. This will also be an item to communicate back to the community. SEARHC was contacted to fulfill the board motion at the September board meeting for an invitation to present to the PMC board.

The Cerner project implementation is a major effort and is approaching the go live on December 6th. Cerner continues to maintain the project timeline and beginning in November PMC will provide press releases and information to the community on any changes or expectations of patient appointments prior to the go live. A tremendous effort with the PMC staff on this implementation.

In June legislative aids to Murkowski, Chere Klein, Anna Dietderich and Annie Hoefler, visited Petersburg in two separate visits. Senator Murkowski's aide Angela Ramponi toured PMC facility more recently on Sept 2nd. We discussed Murkowski's supported PMC HHS Appropriations funding for next year in the form of recommending \$8M towards the new facility. Earlier this week I received a communication from Murkowski's office that the \$8M was passed to the next level of HHS appropriations which is exciting.

Community Education/Outreach:

- October in-person (masked / physical distanced) luncheon with the physicians.
- PMC reports out at October Borough Assembly Meeting and read the board resolution into the minutes.
- Cerner roadmap implementation and integration training (1.5 and planning for 2.0) onsite is on track.
- PIA presentation and update re: resolution and SEARHC was planned but meeting cancelled on October 6th.
- CMS follow up life safety survey September 15th – 17th plan of correction received Oct 14th and sent in Oct 21st.
- PMC KFSK Live Oct 6th.
- Managers meeting October 22nd
- ASHNA Executive Committee meeting 10-21-2021



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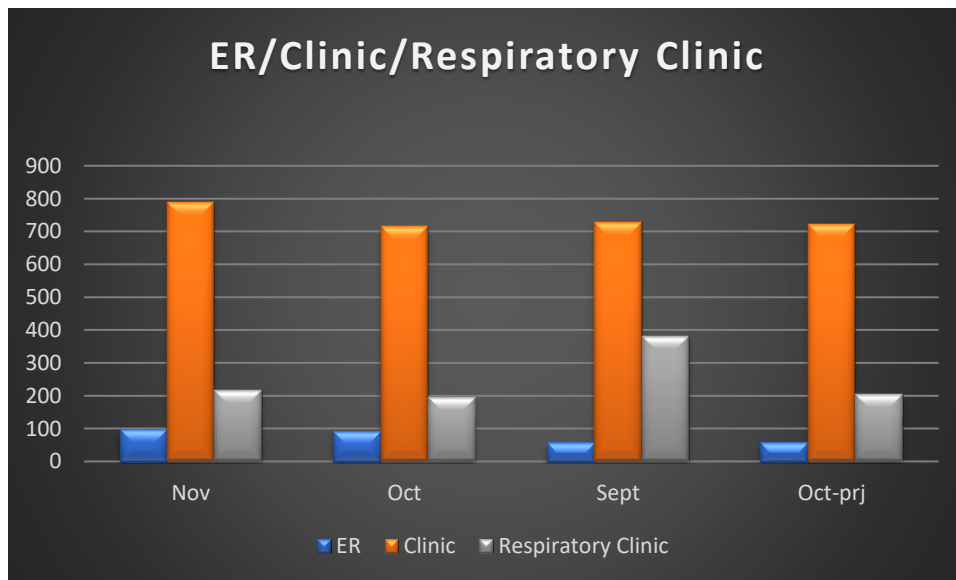
Integrated Healthcare & Work Force Development:

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 growing worse by the day as mentioned above. ASHNHA executive board meeting stated that the #1 Strategic Goal for next year is Workforce. ASHNHA received a grant and PMC nursing leadership applied and received a grant of \$12,000 towards training of CNA's. There is another focused grant specifically for the CNA program that PMC will be applying towards to assist in staff growth.

Our current workforce is amazing and is working countless hours to accomplish incredible feats (COVID, Electronic implementation for medical records, accounting GL, payroll, HRG revenue cycle and Billing). We are also developing Behavioral Health, Primary Care Patient Centered Medical Home model, Case Management, Home Health expansion, financial division development and Information Technology growth.

PMC has rolled out the BetterHelp mental health telemed company for our staff to access and is available to our workforce (video, text, phone). This will be included in our benefits program and is free to staff and their families. USI (our insurance broker) assisted in establishing pricing for this service as well as our Bravo program for physical health.



Finance: The financial package is included for the September FY21. PMC had another month that has increased services slowly and our LTC census is recovering. Medicare cost report settlement was reflected in October. Medicaid rebasing, audit and new general ledger are being compiled. The provider



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relief package was released this week and we will apply for long awaited relief funding by Oct 28. Community grant through the Borough was approved to assist in COVID vaccination and testing for the community. Additionally, the assembly approved state contract extension for COVID airport testing.

Revenue Cycle/Billing: HRG is in its 6th month and is finally working through the transition and all the processes and improvements, AR and billing as well as preparation for Cerner go-live. Revenue cycle specialist from HRG has taken over on July 1st and work closely with our team to address chargemaster, workflow gaps and efficiencies. We are noticing an improvement with the AR and claims process. Financial report will have more information on this project.

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

FISCAL YEAR 2022

For the three months ended September 30, 2021

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the three months ended September 30, 2021

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
\$396,608	\$317,047	\$79,561	25.1%							
1,081,753	982,790	98,963	10.1%	1. Inpatient	\$889,839	\$959,635	(\$69,796)	-7.3%	\$926,014	-3.9%
288,878	283,855	5,023	1.8%	2. Outpatient	3,730,100	2,937,372	792,728	27.0%	2,842,400	31.2%
1,767,239	1,583,692	183,547	11.6%	3. Long-term Care	823,045	870,642	(47,597)	-5.5%	740,838	11.1%
				4. Total gross patient revenue	5,442,984	4,767,649	675,335	14.2%	4,509,252	20.7%
276,467	198,781	(77,686)	-39.1%	5. Contractual adjustments	820,846	598,422	(222,424)	-37.2%	781,180	-5.1%
0	0	0	n/a	6. Prior year settlements	0	0	0	n/a	0	n/a
99,869	23,089	(76,780)	-332.5%	7. Bad debt expense	98,382	69,508	(28,874)	-41.5%	(33,515)	-393.5%
17,059	44,308	27,249	61.5%	8. Charity and other deductions	103,181	133,386	30,205	22.6%	214,586	51.9%
393,395	266,177	(127,218)	-47.8%	9. Total deductions from revenue	1,022,409	801,316	(221,093)	-27.6%	962,251	-6.3%
1,373,844	1,317,515	56,329	4.3%	10. Net patient revenue	4,420,575	3,966,333	454,242	11.5%	3,547,001	24.6%
108,614	92,629	15,985	17.3%	11. Inkind Service - PERS/USAC	355,526	277,887	77,639	27.9%	250,204	42.1%
9,768	21,250	(11,482)	-54.0%	12. Grant revenue	30,972	63,750	(32,778)	-51.4%	148,344	-79.1%
0	83,333	(83,333)	-100.0%	13. Federal & State Relief	0	249,999	(249,999)	-100.0%	1,706,750	-100.0%
109,930	62,002	47,928	77.3%	14. Other revenue	273,530	188,009	85,521	45.5%	183,594	49.0%
228,312	259,214	(30,902)	-11.9%	15. Total other operating revenue	660,028	779,645	(119,617)	-15.3%	2,288,892	-71.2%
1,602,156	1,576,729	25,427	1.6%	16. Total operating revenue	5,080,603	4,745,978	334,625	7.1%	5,835,893	-12.9%
878,591	794,272	(84,319)	-10.6%	17. Salaries and wages	2,784,441	2,465,768	(318,673)	-12.9%	2,636,654	-5.6%
51,233	73,043	21,810	29.9%	18. Contract labor	276,056	239,129	(36,927)	-15.4%	249,791	-10.5%
353,391	328,614	(24,777)	-7.5%	19. Employee benefits	1,087,813	1,016,739	(71,074)	-7.0%	1,007,833	-7.9%
139,820	85,651	(54,169)	-63.2%	20. Supplies	354,301	257,430	(96,871)	-37.6%	242,644	-46.0%
165,444	144,019	(21,425)	-14.9%	21. Purchased services	486,892	397,644	(89,248)	-22.4%	429,521	-13.4%
42,465	48,661	6,196	12.7%	22. Repairs and maintenance	124,633	130,931	6,298	4.8%	159,515	21.9%
10,428	9,958	(470)	-4.7%	23. Minor equipment	24,093	37,642	13,549	36.0%	133,237	81.9%
15,550	16,576	1,026	6.2%	24. Rentals and leases	47,718	53,364	5,646	10.6%	44,911	-6.3%
87,130	64,134	(22,996)	-35.9%	25. Utilities	254,365	192,401	(61,964)	-32.2%	146,608	-73.5%
12,165	12,923	758	5.9%	26. Training and travel	23,132	26,495	3,363	12.7%	9,733	-137.7%
57,127	55,026	(2,101)	-3.8%	27. Depreciation	173,707	167,786	(5,921)	-3.5%	166,130	-4.6%
11,168	9,882	(1,286)	-13.0%	28. Insurance	33,903	44,677	10,774	24.1%	30,513	-11.1%
26,694	25,601	(1,093)	-4.3%	29. Other operating expense	93,525	87,024	(6,501)	-7.5%	61,542	-52.0%
1,851,206	1,668,360	(182,846)	-11.0%	30. Total expenses	5,764,579	5,117,030	(647,549)	-12.7%	5,318,632	-8.4%
(249,050)	(91,631)	(157,419)	-171.8%	31. Income (loss) from operations	(683,976)	(371,052)	(312,924)	-84.3%	517,261	-232.2%
(98,871)	20,833	(119,704)	-574.6%	32. Investment income	(31,655)	62,499	(94,154)	-150.6%	140,322	-122.6%
(633)	(633)	(0)	-0.1%	33. Interest expense	(1,291)	(1,928)	637	33.1%	(487)	-165.1%
0	0	0	n/a	34. Gain (loss) on disposal of assets	0	0	0	n/a	0	n/a
0	208	(208)	-100.0%	35. Other non-operating revenue	65	624	(559)	-89.6%	1,105	-94.1%
(99,504)	20,408	(119,912)	-587.6%	36. Net nonoperating gains (losses)	(32,881)	61,195	(94,076)	-153.7%	140,940	-123.3%
(\$348,554)	(\$71,223)	(\$277,331)	-389.4%	37. Change in Net Position (Bottom Line)	(\$716,857)	(\$309,857)	(\$407,000)	-131.4%	\$658,201	-208.9%

() or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER
Key Volume Indicators
For the three months ended September 30, 2021

<u>Current Month</u>					<u>Year-To-Date</u>							
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>				<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		#	<u>Prior YTD</u>	<u>Variance %</u>
		<u>Amount</u>	<u>%</u>					<u>Amount</u>	<u>%</u>			
Hospital Inpatient												
23	25	(2)	-8.0%	1.	Patient Days - Acute Care	58	75	(17)	-22.7%	79	-26.6%	
74	66	8	12.1%	2.	Patient Days - Swing Bed	143	198	(55)	-27.8%	175	-18.3%	
97	91	6	6.6%	3.	Patient Days - Total	201	273	(72)	-26.4%	254	-20.9%	
0.8	0.8	(0.1)	-8.0%	4.	Average Daily Census - Acute Care	0.6	0.8	(0.2)	-22.7%	0.9	-26.6%	
2.5	2.2	0.3	12.1%	5.	Average Daily Census - Swing Bed	1.6	2.2	(0.6)	-27.8%	1.9	-18.3%	
3.2	3.0	0.2	6.6%	6.	Average Daily Census - Total	2.2	3.0	(0.8)	-26.4%	2.8	-20.9%	
26.9%	25.3%	1.7%	6.6%	7.	Percentage of Occupancy	18.2%	24.7%	-6.5%	-26.4%	23.0%	-20.9%	
Long Term Care												
273	270	3	1.1%	8.	Resident Days	831	828	3	0.4%	799	4.0%	
9.1	9.0	0	1.1%	9.	Average Daily Census	9.0	9.0	0.0	0.4%	8.7	4.0%	
60.7%	60.0%	0.7%	1.1%	10.	Percentage of Occupancy	60.2%	60.0%	0.2%	0.4%	57.9%	4.0%	
Other Services												
51	61	(10)	-16.4%	11.	Emergency Room Visits	218	183	35	19.1%	182	19.8%	
179	175	4	2.3%	12.	Radiology Procedures	605	525	80	15.2%	480	26.0%	
-	2,292	(2,292)	-100.0%	13.	Lab Tests (excluding QC)	2,183	6,876	(4,693)	-68.3%	8,436	-74.1%	
616	692	(76)	-11.0%	14.	Rehab Services Units	2,349	2,076	273	13.2%	2,018	16.4%	
35	58	(23)	-39.7%	15.	OP Treatment Room	133	174	(41)	-23.6%	142	-6.3%	
184	267	(83)	-31.1%	16.	Home Health Visits	710	801	(91)	-11.4%	740	-4.1%	
1,237	788	449	57.0%	17.	Clinic Visits	3,484	2,364	1,120	47.4%	2,135	63.2%	
319	-	319	n/a	18.	Airport COVID Tests	608	-	608	n/a	800	-24.0%	
64	-	64	n/a	19.	Lab Asymptomatic COVID Tests	156	-	156	n/a	1,971	-92.1%	

() or - indicates an unfavorable variance

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the three months ended September 30, 2021

<u>Current Month</u>					<u>Year-To-Date</u>						
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>			<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		<u>Prior YTD \$</u>	<u>Prior YTD %</u>	
		<u>Amount</u>	<u>%</u>				<u>Amount</u>	<u>%</u>			
15.6%	12.6%	-3.1%	-24.6%	1.	Contractual Adj. as a % of Gross Revenue	15.1%	12.6%	-2.5%	-20.1%	17.3%	12.9%
1.0%	2.8%	1.8%	65.5%	2.	Charity/Other Ded. as a % of Gross Revenue	1.9%	2.8%	0.9%	32.2%	4.8%	60.2%
5.7%	1.5%	-4.2%	-287.6%	3.	Bad Debt as a % of Gross Revenue	1.8%	1.5%	-0.3%	-24.0%	-0.7%	343.2%
-15.5%	-5.8%	-9.7%	-167.5%	4.	Operating Margin	-13.5%	-7.8%	-5.6%	-72.2%	8.9%	-251.9%
-23.2%	-4.5%	-18.7%	420.2%	5.	Total Margin	-14.2%	-6.4%	-7.8%	120.3%	11.0%	-229.0%
				6.	Days Cash on Hand (Including Investments)	165.5				279.3	-40.7%
				7.	Days in A/R	49.8				37.7	-32.0%

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

PETERSBURG MEDICAL CENTER
Balance Sheet
September 30, 2021

ASSETS

	<u>Sept 2021</u>	<u>Aug 2021</u>	<u>June 2021</u>	<u>Sept 2020</u>
Current Assets:				
1. Cash - operating	\$22,237	\$125,866	\$885,064	\$5,503,261
2. Cash - insurance advances	3,008,802	3,172,465	3,527,776	3,625,422
3. Investments	2,600,177	2,600,156	2,600,105	2,599,396
4. Total cash	5,631,216	5,898,487	7,012,945	11,728,079
5. Patient receivables	6,098,928	6,110,493	5,993,056	4,446,014
6. Allowance for contractals & bad debt	(3,707,007)	(3,490,525)	(3,590,980)	(2,992,260)
7. Net patient receivables	2,391,921	2,619,968	2,402,076	1,453,754
8. Other receivables	2,229,647	1,973,712	2,668,535	88,674
9. Inventories	324,097	327,800	320,886	290,290
10. Prepaid expenses	1,557,213	1,596,785	1,488,446	264,246
11. Total current assets	12,134,094	12,416,752	13,892,888	13,825,043
Property and Equipment:				
12. Assets in service	23,001,778	23,001,778	22,961,938	22,170,092
13. Assets in progress	239,596	183,246	122,864	516,602
14. Total property and equipment	23,241,374	23,185,024	23,084,802	22,686,694
15. Less: accumulated depreciation	(19,139,834)	(19,082,707)	(18,966,126)	(18,470,377)
16. Net property and equipment	4,101,540	4,102,317	4,118,676	4,216,317
Assets Limited as to Use by Board				
17. Investments	3,124,561	3,204,427	3,150,777	2,608,258
18. Building fund	664,215	680,942	668,237	550,640
19. Total Assets Limited as to Use	3,788,776	3,885,369	3,819,014	3,158,898
Deferred Outflows:				
20. Pension	2,524,894	2,524,894	2,524,894	2,524,894
21. Total assets	<u>\$22,549,304</u>	<u>\$22,929,332</u>	<u>\$24,355,472</u>	<u>\$23,725,152</u>

LIABILITIES & FUND BALANCE

	<u>Sept 2021</u>	<u>Aug 2021</u>	<u>June 2021</u>	<u>Sept 2020</u>
Current Liabilities:				
22. Accounts payable	\$1,058,766	\$973,862	\$878,843	\$773,729
23. Accrued payroll	349,577	309,882	528,024	293,491
24. Payroll taxes and other payables	77,196	66,559	116,455	67,786
25. Accrued PTO and extended sick	993,182	1,002,615	1,012,792	873,946
26. Deferred revenue	1,695,575	1,681,975	1,683,574	1,559,333
27. Due to Medicare	162,160	162,160	668,322	778,672
28. Due to Medicare - Advance	3,008,802	3,120,465	3,475,776	3,573,422
29. Due to Blue Cross - Advance	0	52,000	52,000	52,000
30. Other current liabilities	0	0	0	0
31. Loan Payable - SBA	0	0	0	1,350,000
32. Current portion of long-term debt	87,203	86,972	86,972	85,961
33. Total current liabilities	7,432,461	7,456,490	8,502,758	9,408,340
Long-Term Debt:				
34. Capital leases payable	153,426	160,870	172,395	37,403
Pension Liabilities:				
35. Net Pension Liability	11,270,762	11,270,762	11,270,762	11,270,762
36. OPEB Liability	323,644	323,644	323,644	323,644
37. Total pension liabilities	11,594,406	11,594,406	11,594,406	11,594,406
38. Total liabilities	19,180,293	19,211,766	20,269,559	21,040,149
Deferred Inflows:				
39. Pension	1,148,977	1,148,977	1,148,977	1,148,977
Net Position:				
40. Unrestricted	2,936,892	2,936,892	877,826	877,826
41. Current year net income (loss)	(716,857)	(368,303)	2,059,111	658,201
42. Total net position	2,220,034	2,568,589	2,936,936	1,536,026
43. Total liabilities and fund balance	<u>\$22,549,304</u>	<u>\$22,929,332</u>	<u>\$24,355,472</u>	<u>\$23,725,152</u>

**Note: June of prior year repeats during first month of fiscal year.

PETERSBURG MEDICAL CENTER

Statement of Cash Flows

September 30, 2021

	FY22	FY21	Variance
Cash Flows from Operating Activities			
1. Cash received from patient services	3,924,568	3,436,843	487,725
2. Cash from other sources	649,016	143,196	505,820
3. Cash paid to suppliers	(1,543,688)	(1,564,286)	20,598
4. Cash paid to employees	(3,926,666)	(3,686,898)	(239,768)
5. Net cash provided by (used for) operating activities	<u>(896,770)</u>	<u>(1,671,145)</u>	<u>774,375</u>
 Cash Flows from Investing and Noncapital Financing Activities:			
6. Change in Board Designated Investments	(1,417)	2,360	(3,777)
7. Cash from grant programs	107,975	331,152	(223,177)
8. Cash from provider relief funds	0	0	0
9. Cash (to)from providers - advances	(414,974)	0	(414,974)
10. Cash from/payments on SBA Loan	0	0	0
11. Cash from non-operating revenue	65	1,105	(1,040)
12. Net cash provided by noncapital financing activities	<u>(308,351)</u>	<u>334,617</u>	<u>(642,968)</u>
 Cash Flows from Capital and Related Financing Activities			
13. Interest paid	(1,291)	(487)	(804)
14. Cash payments on long-term debt	(18,738)	(32,008)	13,270
15. Purchase of property and equipment	(156,571)	(126,273)	(30,298)
16. Net cash used for capital and related financing activities	<u>(176,600)</u>	<u>(158,768)</u>	<u>(17,832)</u>
17. Net increase (decrease) in cash and cash equivalents	(1,381,721)	(1,495,296)	113,575
18. Cash and cash equivalents, beginning of year	<u>7,012,945</u>	<u>13,223,375</u>	<u>(6,210,430)</u>
19. Cash and cash equivalents, end of period	<u>5,631,224</u>	<u>11,728,079</u>	<u>(6,096,855)</u>
 Days Cash on Hand - Operating/Investments			
20. Days Cash on Hand - Operating/Investments	46.1	152.0	(105.9)
21. Days Cash on Hand - Provider Advances	52.9	68.0	(15.1)
22. Days Cash on Hand - Total Operating Cash & Investments	<u>99.0</u>	<u>220.0</u>	<u>(121.1)</u>
 Day Cash on Hand - Total Operating/Investment/Board			
23. Day Cash on Hand - Total Operating/Investment/Board	<u>165.5</u>	<u>279.3</u>	<u>(113.8)</u>
 Days in Accounts Payable			
24. Days in Accounts Payable	<u>63.1</u>	<u>45.5</u>	<u>(17.6)</u>

PETERSBURG MEDICAL CENTER
 Statement of Revenues and Expenses
 FISCAL YEAR 2022

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% VAR
<i>Gross Patient Revenue:</i>															
1. Inpatient	232,369	260,862	396,608	-	-	-	-	-	-	-	-	-	889,839	926,014	-3.9%
2. Outpatient	1,325,102	1,323,245	1,081,753	-	-	-	-	-	-	-	-	-	3,730,100	2,842,400	31.2%
3. Long-term Care	258,488	275,679	288,878	-	-	-	-	-	-	-	-	-	823,045	740,838	11.1%
4. Total gross patient revenue	1,815,959	1,859,786	1,767,239	-	-	-	-	-	-	-	-	-	5,442,984	4,509,252	20.7%
<i>Deductions from Revenue:</i>															
5. Contractual adjustments	286,954	257,425	276,467	-	-	-	-	-	-	-	-	-	820,846	781,180	-5.1%
6. Prior year settlements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
7. Bad debt expense	52,976	(54,463)	99,869	-	-	-	-	-	-	-	-	-	98,382	(33,515)	393.5%
8. Charity and other deductions	54,373	31,749	17,059	-	-	-	-	-	-	-	-	-	103,181	214,586	51.9%
9. Total deductions from revenue	394,303	234,711	393,395	-	-	-	-	-	-	-	-	-	1,022,409	962,251	-6.3%
10. Net patient revenue	1,421,656	1,625,075	1,373,844	-	-	-	-	-	-	-	-	-	4,420,575	3,547,001	24.6%
<i>Other Revenue</i>															
11. Inkind Service - PERS/USAC	123,202	123,710	108,614	-	-	-	-	-	-	-	-	-	355,526	250,204	42.1%
12. Grant revenue	17,003	4,201	9,768	-	-	-	-	-	-	-	-	-	30,972	148,344	-79.1%
13. Federal & State Relief	-	-	-	-	-	-	-	-	-	-	-	-	-	1,706,750	-100.0%
14. Other revenue	70,070	93,530	109,930	-	-	-	-	-	-	-	-	-	273,530	183,594	49.0%
15. Total other operating revenue	210,275	221,441	228,312	-	-	-	-	-	-	-	-	-	660,028	2,288,892	-71.2%
16. Total operating revenue	1,631,931	1,846,516	1,602,156	-	-	-	-	-	-	-	-	-	5,080,603	5,835,893	-12.9%
<i>Expenses:</i>															
17. Salaries and wages	924,899	980,951	878,591	-	-	-	-	-	-	-	-	-	2,784,441	2,636,654	-5.6%
18. Contract labor	90,280	134,543	51,233	-	-	-	-	-	-	-	-	-	276,056	249,791	-10.5%
19. Employee benefits	355,495	378,927	353,391	-	-	-	-	-	-	-	-	-	1,087,813	1,007,833	-7.9%
20. Supplies	93,600	120,881	139,820	-	-	-	-	-	-	-	-	-	354,301	242,644	-46.0%
21. Purchased services	128,307	193,141	165,444	-	-	-	-	-	-	-	-	-	486,892	429,521	-13.4%
22. Repairs and maintenance	41,445	40,723	42,465	-	-	-	-	-	-	-	-	-	124,633	159,515	21.9%
23. Minor equipment	5,157	8,508	10,428	-	-	-	-	-	-	-	-	-	24,093	133,237	81.9%
24. Rentals and leases	15,465	16,703	15,550	-	-	-	-	-	-	-	-	-	47,718	44,911	-6.3%
25. Utilities	82,429	84,806	87,130	-	-	-	-	-	-	-	-	-	254,365	146,608	-73.5%
26. Training and travel	6,760	4,207	12,165	-	-	-	-	-	-	-	-	-	23,132	9,733	-137.7%
27. Depreciation	58,290	58,290	57,127	-	-	-	-	-	-	-	-	-	173,707	166,130	-4.6%
28. Insurance	11,752	10,983	11,168	-	-	-	-	-	-	-	-	-	33,903	30,513	-11.1%
29. Other operating expense	26,890	39,941	26,694	-	-	-	-	-	-	-	-	-	93,525	61,542	-52.0%
30. Total expenses	1,840,769	2,072,604	1,851,206	-	-	-	-	-	-	-	-	-	5,764,579	5,318,632	-8.4%
31. Income (loss) from operations	(208,838)	(226,088)	(249,050)	-	-	-	-	-	-	-	-	-	(683,976)	517,261	-232.2%
<i>Nonoperating Gains(Losses):</i>															
32. Investment income	17,373	49,843	(98,871)	-	-	-	-	-	-	-	-	-	(31,655)	140,322	-122.6%
33. Interest expense	(658)	-	(633)	-	-	-	-	-	-	-	-	-	(1,291)	(487)	-165.1%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	16	49	-	-	-	-	-	-	-	-	-	-	65	1,105	-94.1%
36. Net nonoperating gains (losses)	16,731	49,892	(99,504)	-	-	-	-	-	-	-	-	-	(32,881)	140,940	-123.3%
37. Change in Net Position (Bottom Line)	(192,107)	(176,196)	(348,554)	-	-	-	-	-	-	-	-	-	(716,857)	658,201	-208.9%
38. FY21 Budget	(100,691)	(137,944)	(71,223)	-	-	-	-	-	-	-	-	-	(309,857)	-	-
39. FY21 Variance	(91,416)	(38,252)	(277,331)	-	-	-	-	-	-	-	-	-	(407,000)	-	-

PETERSBURG MEDICAL CENTER Key Volume Indicators FISCAL YEAR 2022

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
Hospital Inpatient															
1. Patient Days - Acute Care	16	19	23										58	79	-26.6%
2. Patient Days - Swing Bed	35	34	74										143	175	-18.3%
3. Patient Days - Total	51	53	97										201	254	-20.9%
4. Average Daily Census - Acute Care	0.5	0.6	0.8										0.6	0.9	-26.6%
5. Average Daily Census - Swing Bed	1.1	1.1	2.5										1.6	1.9	-18.3%
6. Average Daily Census - Total	1.6	1.7	3.2										2.2	2.8	-20.9%
7. Percentage of Occupancy	13.7%	14.2%	26.9%										18.2%	23.0%	-20.9%
Long Term Care															
8. Resident Days	279	279	273										831	799	4.0%
9. Average Daily Census	9.0	9.0	9.1										9.0	8.7	4.0%
10. Percentage of Occupancy	60.0%	60.0%	60.7%										60.2%	57.9%	4.0%
Other Services															
11. Emergency Room Visits	90	77	51										218	182	19.8%
12. Radiology Procedures	232	194	179										605	480	26.0%
13. Lab Tests (excluding QC)	2,183												2,183	8,436	-74.1%
14. Rehab Services Units	855	878	616										2,349	2,018	16.4%
15. OP Treatment Room	51	47	35										133	142	-6.3%
16. Home Health Visits	266	260	184										710	740	-4.1%
17. Clinic Visits	1,185	1,062	1,237										3,484	2,135	63.2%
18. Airport COVID Tests	42	247	319										608	800	-24.0%
19. Lab Asymptomatic COVID Tests	48	44	64										156	1,971	-92.1%

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the three months ended September 30, 2021

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Contractual Adj. as a % of Gross Revenue	15.8%	13.8%	15.6%										15.1%	17.3%	12.9%
2. Charity/Other Ded. as a % of Gross Revenue	3.0%	1.7%	1.0%										1.9%	4.8%	60.2%
3. Bad Debt as a % of Gross Revenue	2.9%	-2.9%	5.7%										1.8%	-0.7%	343.2%
4. Operating Margin	-12.8%	-12.2%	-15.5%										-13.5%	8.9%	-251.9%
5. Total Margin	-11.7%	-9.3%	-23.2%										-14.2%	11.0%	-229.0%
6. Days Cash on Hand (Including Investments)	192.5	170.8	165.5	-	-	-	-	-	-	-	-	-	165.5	279.3	-40.7%
7. Days in A/R	34.4	35.5	49.8	-	-	-	-	-	-	-	-	-	49.8	37.7	-32.0%

Petersburg Medical Center
Capital
FY22

Dept Name	Description	(1) Approved Budget	(2) Substitutions	(3) Revised Budget	(4) Committed	(5) Paid	(6) Total Paid/Committed	(7) Budget Remaining
FY20 Assets in Progress						75,789		
FY21 Capital Budget								
IT	Fire Suppression - Server Room	19,078		19,078			-	19,078
IT	Server	16,515		16,515			-	16,515
IT	RAPC Interface	-	14,580	14,580		14,580	14,580	-
Acute/Swing/ER	Fetal Monitor	22,000		22,000			-	22,000
Acute/Swing/ER	IV Smart Pumps (12)	48,840		48,840		7,104	7,104	41,736
Acute/Swing/ER	Ventilators	25,000	3,263	28,263		28,263	28,263	-
Acute/Swing/ER	Vital Carts	-	9,020	9,020		9,020	9,020	-
LTC	Beds (4)	10,671		10,671			-	10,671
PT	Powermatic Mat Platform	5,000		5,000			-	5,000
Lab	Traction Plant	7,795		7,795			-	7,795
Lab	Glucometers (5)	34,685		34,685			-	34,685
Lab	Microscan	25,000		25,000		25,000	25,000	-
Imaging	Ultrasound	190,024		190,024			-	190,024
Plant	Industrial Washer	13,618	889	13,507		13,507	13,507	-
Plant	Plow Truck with Sander	60,000		60,000			-	60,000
Plant	Ice Makers (3)	18,000		18,000		6,481	6,481	11,519
Plant	Car - Toyota Highlander		5,000	5,000		5,000	5,000	-
Plant	Hot Water Heaters	-	28,767	28,767		28,767	28,767	(0)
Audiology	Audiology Equipment	14,774	214	14,988		14,988	14,988	(0)
Telehealth	To Be Determined (see budget)	-		-			-	-
Admin	Cerner Project		33,602	33,602		60,112	60,112	(26,510)
Admin	Contingency	100,000	(95,335)	4,665		-	-	4,665
Total - FY21		610,000	-	610,000	-	212,822	212,822	397,178
Total Expenditures per Cash Flow						288,611		
Funding Sources - FY21								
	PMC Operations	610,000	-	610,000				
	Grants	-	-	-				
	Cares Act	-	-	-				
	Board Reserves	-	-	-				
	Total	610,000	-	610,000				

Update for FY22 in Progress

() or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER
BYLAWS OF THE HOSPITAL BOARD

DEFINITIONS

1. The term "Hospital" shall mean the Petersburg Medical Center.
2. The term "President" shall refer to the then acting President of the Board as further defined in Article IV of these Bylaws.
3. The term "Medical Staff" shall refer to the organized Medical Staff as further defined in Article VII of these Bylaws.
4. The term "Board" shall refer to the Board of Directors of the Hospital as defined in Article II of these Bylaws.
5. The term "Chief Executive Officer" or "CEO" shall refer to the Chief Executive Officer of the Hospital as defined in Article VI of these Bylaws.
6. The term "Medical Director" refers to the Medical Director of the Hospital who works closely with the executive management team of the Hospital to implement strategies that enhance patient care and improve the practice of medicine within the Hospital.

ARTICLE 1
NAME AND PURPOSE

The Petersburg Medical Center is referred to in these Bylaws as the "Hospital." The Hospital is an Alaska nonprofit corporation organized and operated exclusively for charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) (the "Code") and is owned by the Petersburg Borough and is a component of the Petersburg Borough. The governing body of the Hospital is the Petersburg Medical Center Board, referred to in these articles as the "Board."

The purpose of the Hospital is:

- 1) To provide quality health care services to the residents and visitors of Petersburg and the surrounding area within the available resources without regard to race, creed, age, sex, handicap, socioeconomic status, or national origin.

- 2) To promote and improve health in the community through education, preventive medicine, and quality health care.
- 3) To take actions and make choices that will best insure the financial stability of the Hospital into the future, and thereby insure the availability of health care services today and tomorrow.

ARTICLE II **BOARD OF DIRECTORS**

SECTION 1. POWERS. The Board shall be the governing body of the Hospital, overseeing the management of its business and affairs, including management of patient care, in a manner consistent with those powers granted to it by the Charter of the Petersburg Borough, the Petersburg Municipal Code, these Bylaws, and other applicable law reasonably incident and necessary for the management of the Hospital.

SECTION 2. MEMBERSHIP, VACANCIES, QUALIFICATIONS, ABSENCES/ATTENDANCE. Membership of the Board is in accordance with the Charter of the Petersburg Borough and the Petersburg Municipal Code. As such, Board members must be a qualified Petersburg Borough voter and have resided in the borough for a period of one year prior to taking office. The Board shall be composed of no more than seven (7) voting members. Each member shall serve a three-year term, and the terms must be staggered to allow for the uninterrupted continuation of Board functions. Notwithstanding anything in Article II to the contrary, membership, qualifications, and appointment of members of the Board shall be controlled and governed by the laws of Alaska as it presently exists or may hereafter be amended from time to time.

ARTICLE III **MEETINGS**

SECTION 1. AUTHORITY ON PROCEDURE. The latest available edition of ROBERTS RULES OF ORDER, REVISED, shall apply to all questions of procedure not specified in these Bylaws.

SECTION 2. REGULAR MEETING. Regular meetings shall be held monthly, or no fewer than ten (10) times per year, at a time and place designated by the Board after the installation of officers. Regular meetings may be suspended or postponed by the President or by a quorum of the Board.

SECTION 3. SPECIAL MEETINGS. Special meetings may be called by the President of the Board or by a quorum of the Board. No less than three (3) hours' notice shall be

given to allow for notification of the Board and public advertising in accordance with Alaska law.

SECTION 4. QUORUM. Four Board members, attending in person, telephonically, or electronically, shall constitute a quorum for the transaction of all business of the Board. If less than a quorum is present, the Directors may conduct business which must be ratified at the next regular meeting at which a quorum is present.

ARTICLE IV **OFFICERS**

SECTION 1. OFFICERS. The officers of the Board shall be the President, Vice-President, and Secretary.

SECTION 2. ELECTION OF OFFICERS. Election of officers shall be held annually, at the first meeting following the general municipal election. Nominations shall be made from the floor, followed by the election. A majority vote of all members of the Board shall be necessary to elect. The terms shall begin upon adjournment of the meeting at which the election is held.

SECTION 3. PRESIDENT. The President shall preside at all meetings of the Board and shall exercise, and discharge other powers and responsibilities as may be required by the Board, by these Bylaws, or by the Medical Staff Bylaws. The President's responsibilities may include but are not limited to making recommendations to the Board, from time-to-time, as the President determines appropriate, on policies and matters that the President believes require Board action, as well as attending meetings of the Board and Medical Staff unless the President appoints a designee. The President will also serve as liaison among the Board, the Medical Staff, and the Hospital.

SECTION 4. VICE-PRESIDENT. The Vice-President shall, in the absence or refusal to act of the President, perform the duties of the President, and shall perform all such other duties as may be required by the Board, by these Bylaws, or by the Medical Staff Bylaws.

SECTION 5. SECRETARY. The Secretary of the Board shall keep an accurate record of all meetings of the Board; shall conduct all correspondence of the Board as directed; shall file all documents and correspondence belonging to the Board; shall keep these Bylaws and the Medical Staff Bylaws current for reference; and shall conduct an election of a President pro-tem in the event that the President and vice- President are absent from or otherwise unable to participate in a meeting of the Board. The secretary may receive assistance from Hospital staff in carrying out these duties and responsibilities.

SECTION 6. TERM OF OFFICE. The term of office for all officers shall be one year. Officers shall be eligible for re-election to the same or other positions as officers.

SECTION 7. REMOVAL OF OFFICERS. Any officer may be removed with cause by a two-thirds majority vote of the Board for any of the reasons enumerated in the Borough Charter Section 2.04 (B).

ARTICLE V
COMMITTEES OF THE BOARD

SECTION 1. COMMITTEES GENERALLY. Committees of the Board may be standing or special. Each committee shall exercise such power and carry out such functions as are designated by these Bylaws or are delegated by the Board. Except as otherwise specified in this Article V, each committee shall adhere to the following procedures:

- A. **Meetings.** The President of the Board or committee chair shall determine the schedule that each committee shall be required to meet. Reasonable notice of the meetings of any committee shall be given to the committee members and to the President and any such other individuals as may be designated by the Board from time to time, each of whom shall have the right to attend and participate in the deliberations of the committee except as otherwise expressly noted in these Bylaws. The President of the Board or the committee chair may invite to any committee meeting such individuals as they may select who may be helpful to the deliberations of the committee.
- B. **Minutes.** Each committee shall record minutes of its deliberations, recommendations, and conclusions and shall deliver a draft copy of such minutes to the Secretary, the President, and such other individuals designated by the Board from time to time for review and comment prior to completion.
- C. **Quorum.** Subject to the provisions otherwise identified in these Bylaws, a majority of the members of each committee shall constitute a quorum for the transaction of business.
- D. **Rules.** Each committee may adopt rules for its own operations and that of its subcommittees consistent with these Bylaws or the policies of the Board. The Board must approve any such rules before they become effective.

SECTION 2. APPOINTMENT TO COMMITTEES. The chair and members of each committee, except as otherwise provided in these Bylaws, shall be appointed annually by the President and confirmed by a majority of the Board.

SECTION 3. STANDING COMMITTEES. Standing committees shall consist of the Quality Improvement Committee, Joint Conference Committee, and the Resource Committee.

- A. QUALITY IMPROVEMENT COMMITTEE. The Quality Improvement Committee shall review and report on matters of patient care and safety of patients, staff, and Hospital visitors. This committee shall identify, assess, and recommend solutions of Hospital-wide problems concerning the standard of care provided by the Hospital's employees, agents, independent contractors, and Medical Staff. The committee shall review and report on systems of performance evaluation for all clinical and administrative staff; membership by individuals on the Medical Staff; scope of privileges held by members of the Medical Staff and others; and litigation and claims related to malpractice, non-feasance or misfeasance by employees, agents, independent contractors, and members of the Medical Staff. The committee shall include, at a minimum, one member of the Board, the CEO, the director of nursing, the medical records director, and one member of the Medical Staff. The committee shall meet at least ten (10) times per year and shall report to the Board as requested by the President.
- B. RESOURCE COMMITTEE. The Resource Committee shall review and make recommendations to the Board with respect to the financial and strategic planning needs and activities of the Hospital. These include, but are not limited to, debt structure; purchase, sale or encumbrancing of real property; financial feasibility of projects; adoption of the annual budget; policies of the Hospital on bad debts; donated services; insurance held by the Hospital; reports of the auditors; and other matters that might affect the financial condition and future direction of the Hospital.
- C. JOINT CONFERENCE COMMITTEE. The Joint Conference Committee shall act as an intermediary between the Board and the Medical Staff. It shall consist of the President of the Board, the CEO, and the Chief of Medical Staff. In the absence of the President, another officer of the Board shall represent the Board.

The chair of the committee shall alternate annually between the President, who shall serve in even-numbered years, and the Chief of the Medical Staff, who shall serve in odd-numbered years. An alternate chair may be appointed by mutual agreement of the President and the Chief of the Medical Staff.

The Joint Conference Committee shall hear grievances and make recommendations to the Board and to the Medical Staff. It shall review proposed amendments to the Medical Staff Bylaws and rules and regulations. The committee shall meet quarterly or at the request of the President or the

Chief of the Medical Staff, and shall report to the Board as requested by the President.

SECTION 4. SPECIAL COMMITTEES. Special committees may be designated by the President with the approval of a majority of the Board. A special committee shall limit its activities to the task for which it is appointed. Upon completion of the task for which it was appointed, a special committee shall be dissolved without further Board action.

SECTION 5. AUXILIARY AND ASSOCIATED ORGANIZATIONS. The Board may authorize the formation of auxiliary and associated organizations to assist in the fulfillment of the purposes of the Hospital. Each such organization shall exercise such power and carry out such functions as are designated by these Bylaws or delegated by the Board. Each organization shall keep regular minutes of its proceedings and shall report to the Board when requested to do so.

ARTICLE VI

Chief Executive Officer (CEO)

SECTION 1. SELECTION, AUTHORITY, AND EVALUATION OF CEO. The Board shall select and employ a competent and experienced CEO who shall be its direct executive representative in the management of the Hospital.

The CEO shall have the general supervision, administration and direction of all the Hospital's activities and departments, in accordance with the Petersburg Municipal Code and subject to the direction of the Board. The CEO shall perform all the duties commonly incident to his/her office and authorized by the Petersburg Municipal Code. The CEO shall act as the Board's duly authorized representative in all matters in which the Board has not formally designated some other person for that specific purpose. The Board shall evaluate the performance of the CEO annually based on mutually agreed upon goals and objectives. This evaluation shall be performed in an executive session of the Board and a written record of the evaluation shall be made part of the personal and confidential file of the CEO.

SECTION 2. RESPONSIBILITIES AND DUTIES. Responsibility and duties of the CEO shall include, but not be limited to:

- A. Responsibility for carrying out all policies established by the Board;
- B. Preparation and submission to the Board for approval of a plan or organization of the personnel and others concerned with the operation of the Hospital;

- C. Preparation of an annual budget showing the expected revenue and expenses of the Hospital;
- D. Selection, employment, control and discharge of all employees, including the development and maintenance of personnel policies and practices of the Hospital;
- E. Responsibility for the repair and operating condition of all physical properties;
- F. Supervision of all business affairs of the Hospital and ensuring that all funds are collected and expended to the best possible advantage to the Hospital;
- G. Working with the Medical Staff and with all those concerned with providing professional services to the Hospital so that the best possible care may be rendered to all patients;
- H. Preparation of periodic reports to the Board reflecting the activities of the Hospital, and the preparation of any special reports as may be requested by the Board;
- I. Attendance at all meetings of the Board;
- J. Performance of any other duty assigned by the Board or that may be necessary in the interests of the Hospital;
- K. The CEO shall be responsible for establishing policies for services provided by individual volunteers.

ARTICLE VII
MEDICAL STAFF

SECTION ONE. ORGANIZATION, APPOINTMENTS AND HEARINGS.

- A. The Medical Staff shall be organized into a responsible administrative unit, and be a self-governing body, having its own Bylaws, rules, policies and regulations, subject to approval by the Board. It shall be comprised of physicians who are graduates of recognized medical schools.
- B. The Medical Staff shall be responsible to the Board for the scientific work and the clinical work of the Hospital and it shall respond to the Board when called upon to advise the Board regarding professional problems and policies.

- C. The Medical Staff shall make recommendations to the Board on individuals who apply for appointment to the Medical Staff, allied health professional staff, and dependent practitioner staff, and the Board shall consider the Medical Staff's recommendations in deciding whether the applicant should be appointed. Any differences in recommendations concerning Medical Staff appointments, reappointments, terminations of appointments, and the granting and revision of clinical privileges shall be resolved within a reasonable period of time by the Board and the Medical Staff. Each appointee to the Medical Staff shall have the appropriate authority to care for their patients subject to such limitations and restrictions as are contained in these Bylaws and in the policies, Bylaws, rules and regulations for the Medical Staff, and, further subject to any limitations which may be attached to his or her appointment. Final authority and responsibility governing the Medical Staff shall reside with the Board.
- D. The Board shall specify the authority and responsibility for selection of Medical Staff officers, section chairmen, and any other positions deemed appropriate by the Board.

SECTION TWO. MEDICAL CARE AND ITS VALUATION.

- A. The Board shall assign to the Medical Staff reasonable authority for ensuring appropriate professional care of the Hospital's patients. The Medical Staff is responsible for the review/revision of policies and procedures that affect the Medical Staff as warranted. The period between reviews shall not exceed three (3) years.
- B. The Medical Staff shall conduct an ongoing review and appraisal of the quality of professional care rendered in the Hospital and shall report such activities and the results to the Board.
- C. The Board may refer specific matters to the Medical Staff for their consideration and recommendations concerning:
 - 1. Appointments, reappointments and other changes in staff status;
 - 2. Granting of clinical privileges;
 - 3. Disciplinary actions; and
 - 4. All matters relating to professional competency.
- D. The Board shall ensure the Medical Staff contributes to the quality of care by coordinating their work with that of other leaders and those responsible for governing the organization. The Board shall also:

1. Ensure all Medical Staff members responsible for assessing, caring for, or treating patients are clinically competent and that clinical care rendered is appropriate;
2. Ensure the Medical Staff contributes to the organization's planning, budgeting, safety management, and overall performance improvement activities.

SECTION THREE. The Board shall invite the Chief of the Medical Staff or its designee to its regularly scheduled meetings, The Chief of the Medical Staff or designee as spokesman for the Medical Executive Committee ("MEC") will be required to present the activities carried out and the recommendations made by the Medical Staff and MEC during the preceding month, as appropriate. These recommendations may include:

- A. The structure of the Medical Staff
- B. The mechanism used to review credentials and to delineate individual clinical privileges.
- C. Individuals for appointment to the Medical Staff.
- D. Delineated clinical privileges for each eligible individual.
- E. The Medical Staff's participation in organization-wide performance improvement activities.
- F. The mechanism by which appointment on the Medical Staff may be terminated.
- G. The mechanism for the fair-hearing process.

SECTION FOUR. The Medical Staff shall adopt policies, Bylaws, rules and regulations and amendments as may be appropriate, setting forth its organization and governing its conduct. These policies, Bylaws, rules and regulations and any amendments thereto are subject to the approval of the Board.

SECTION FIVE. FAIR HEARING. The Board of Directors shall require that any adverse recommendation made by the Medical Executive Committee or any adverse action taken by the Board with respect to a practitioner's Medical Staff appointment, reappointment, category, admitting prerogatives, or clinical privileges, shall, except under circumstances for which specific provision is made in the Medical Staff Bylaws, be accomplished in accordance with the fair hearing provisions of the Medical Staff Bylaws, then in effect. These fair hearing provisions shall provide for procedures to

assure fair treatment and afford opportunity for the presentation of all pertinent information. For the purpose of this Section, an "adverse recommendation" of the Medical Executive Committee and "adverse action" of the Board of Directors shall be as defined in these fair hearing provisions.

ARTICLE VIII **INDEMNIFICATION**

The Hospital shall indemnify, defend and hold harmless the CEO, the Chief of the Medical Staff, and any Board Member who was or is made a party, or is threatened to be made a party, to any threatened, pending or completed action, lawsuit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was an officer, representative, employee or agent of the Hospital, or is or was serving as an officer, representative, employee or agent of the Hospital in any matter, including a peer review proceeding or in any proceeding relating to the discipline or licensure of a Medical Staff member, against all expenses, attorney's fees, judgments, fines and amounts paid in settlement actually and reasonably incurred by that person in connection with the action, suit or proceeding, if he or she acted in good faith and in a manner he or she reasonably believed to be in the best interest of the Hospital, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful.

The determination of any action, suit or proceeding by judgment, order, settlement, conviction or upon a plea of a *nolo contendere* or equivalent, shall not, by itself, create a presumption that the person did not act in good faith or in a manner which he or she did not reasonably believe to be in the best interests of the Hospital and, with respect to any criminal action or proceeding, had reasonable cause to believe that his conduct was unlawful.

Except as otherwise set forth in this Article VIII, the Hospital may not indemnify an CEO, Chief of Medical Staff, or Board Member (i) in connection with any proceeding by or in the right of the Hospital in which the individual is or has been adjudged liable to the Hospital; or (ii) in connection with any other proceeding charging that the individual derived an improper personal benefit, whether or not involving action in an official capacity, in which proceeding the individual was adjudged liable on the basis that the individual derived an improper personal benefit. Notwithstanding the foregoing, the Hospital shall indemnify any CEO, Chief of the Medical Staff, or Board Member to the extent properly ordered to do so by a court of competent jurisdiction.

ARTICLE IX **CONFLICT OF INTEREST**

A Board member shall be considered to have a conflict of interest if he or she has an existing or potential financial interest which impairs or might reasonably appear to

impair such member's independent, unbiased judgment in the discharge of his or her responsibilities to the Hospital. All Board members shall disclose to the Board any possible conflict of interest at the earliest practical time.

A Board member shall recuse himself or herself from voting or otherwise participating in any matter under consideration at a Board or committee meeting in which he or she has a conflict of interest. The minutes of each meeting shall reflect any recusals. A Board member who is uncertain whether a conflict of interest exist in any matter shall disclose the possible conflict and request the Board or committee to resolve the question by majority vote without his or her participation.

ARTICLE X **DISSOLUTION OF HOSPITAL**

If the Hospital Board is dissolved by amendment to the Petersburg Borough Charter, and/or the operations of the Hospital cease, management of the assets of the Hospital will revert back to the Borough Assembly or such other governmental entity, agency, or department identified by the Borough for a public purpose, or to such nonprofit corporation identified by the Borough for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE XI **AMENDMENTS**

These Bylaws may be amended or have additional articles or sections added at any regular meeting of the Board by four votes, provided the amendment or additions have been submitted in writing and read at the previous regular meeting.