



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, September 23rd, 2021
TIME: 5:00 p.m.
LOCATION: Zoom

	<u>Lead</u>	<u>Handout</u>
I. CALL TO ORDER	<i>Chair</i>	<i>N/A</i>
II. APPROVAL OF THE AGENDA	<i>Chair</i>	<i>in packet</i>
III. APPROVAL OF BOARD MINUTES – August 26 th , 2021	<i>Chair</i>	<i>in packet</i>
IV. VISITOR COMMENTS	<i>Chair</i>	<i>N/A</i>
V. BOARD MEMBER COMMENTS	<i>Chair</i>	<i>N/A</i>
VI. REPORTS		
A. Pharmacy <i>Action required: Informational only</i>	<i>E. Kubo</i>	<i>in packet</i>
B. Rehabilitation <i>Action required: Informational only</i>	<i>K. DuRoss</i>	<i>in packet</i>
C. Plant Maintenance <i>Action required: Informational only</i>	<i>M. Boggs</i>	<i>in packet</i>
D. Environmental Services <i>Action required: Informational only</i>	<i>G. Edfelt</i>	<i>in packet</i>
E. Activities <i>Action required: Informational only</i>	<i>A. Neidiffer</i>	<i>in packet</i>
F. Quality & Infection Prevention <i>Action required: Informational only</i>	<i>L. Bacom</i>	<i>at meeting</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>at meeting</i>
VII. UNFINISHED BUSINESS		
A. Community Engagement Workgroup <i>Action required: Informational only</i>	<i>J. Cook</i>	<i>at meeting</i>

VIII. NEW BUSINESS

A. Resolution supporting a new hospital *J. Cook* *in packet*

Action required: For approval

Motion: Petersburg Medical Center Board of Director's supports the resolution for the planning of a new hospital in phases.

B. Petersburg Medical Center Bylaws *J. Cook* *in packet*

Action required: For approval – First Reading

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

IX. EXECUTIVE SESSION

By motion, the Board will enter into Executive Session to consider a medical staff reappointment, 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.

X. NEXT MEETING

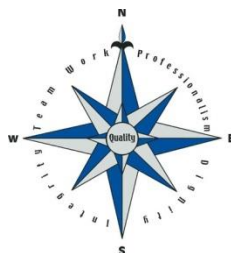
XI. ADJOURNMENT

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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

Pharmacy Board Report 9/15/2021

Staffing Overview

I am the primary staff person in the drug room. Steph Romine now works in home health so is not able to participate as much in my department, though she was able to put in a couple of hours when I was unexpectedly out of town last week. I also did some remote work last week to cover the emergency needs of the department.

Review and Update

Flu Shots:

Flu shots were pre-ordered in February. We have received a small portion of our allotment, and hope to get the remainder soon.

USP 800:

The hazardous compounding room is complete, and is being used for the storage and mixing of the hazardous medications in our facility.

340B:

We are now using the 340B program for occasional purchases. This program can only be used to replace medications administered to outpatients who do not have Medicaid, and many medications are not available at a lower price though the program, so its use is limited.

We are only purchasing two medications through the 340B program. These are high-cost medications that are used for specific patients who come in for outpatient infusions. These purchases are manually tracked with a qualifying visit number attached to each one.

So far, in the nine months we have been using the program, it has saved us \$44,476.96. The patient price is unaffected by the decrease in the price we pay; the program is meant primarily to save hospitals money. There is an unenforced suggestion in the program that the money saved should be used to benefit low-income patients. Our hospital has not done anything in that direction at this time.

Forward

Cerner:

We will be changing to a new electronic health record system in December, from CPSI to Cerner CommunityWorks. In many ways we expect this to be a good move, but the software does not offer a solution for pharmacy inventory management.

I have long been trying to find a way to implement a running inventory, so this is a very frustrating development. There is, however, the beginning of a conversation about creating a house-built solution that would interact with Cerner and give me the function I need.

If we do create a solution for this, we might eventually be able to market it to other facilities that are similarly struggling.

Elise Kubo

RN, BSN, Drug Room Coordinator



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Rehabilitation annual board report 09/2021

Kaitlin DuRoss-Rathmann, PT, DPT, WCC, DWC

The rehabilitation department has been staying steadily busy in all 3 therapies. We currently are staffed with 2 full time PTs, 2 full time OT, 1 full time ST, 1 full time receptionist, and one full time rehab tech. Over the past year our department has had a lot of transition. Multiple full-time employees have left, and we struggle to find full time staff to replace them. This will greatly affect the number of patients we are able to see and finances in our department.

Jessica Baker, is our full time OT. She has been very busy taking on all OT patients since Tara Burns left. We recently added on a traveling OT Kaylee Earll, who has a lot of experience in dementia treatment. Over the next few months OT's goal is to assist in LTC activities, building programs up that are individualized for our residents, and educate staff on dementia and how to better care for patients with dementia. Jess will not be taking the school contract this year due to how busy she has been with her caseload. She also plans on taking an unknown amount of time off starting in June.

Denis Kotsoev is our speech language pathologist. He is very motivated and has been steadily busy with his caseload. I have received very positive feedback about Denis from both patient's and staff. He has great energy and has been a great addition to our department. In the future he would like to get FEEs certified for our hospital to continue swallowing studies here. He has finished all his training and has been scoping patients for the past few months. Denis will be leaving our department within the next year. We have interviewed for the position and offered; we are waiting for a response from the interviewee.

In Physical therapy currently we have 2 full time PTs, Kaitlin DuRoss-Rathmann and Amanda Galaktionoff. In the past few months, we have dropped from 5 full time therapists to 2 full time therapists, less than half of what we are used to working at. This will greatly affect our revenue as a department. We recently interviewed for a full-time permanent PT and offered to Andrew Simmonds. He accepted and will be starting 11/1/2021. Amanda will continue care for of our pediatric patients, but for more complex peds services, our services will be very limited.

Kelly Davis is our Rehab receptionist. She has been doing a great job as our rehabilitation department receptionist. She is very intelligent and well organized, making all our lives easier when our focus is on patient care and not insurance/scheduling/equipment cleaning/scanning/referrals.

Tamera McCay is our new Rehab Tech. She is assisting Kelly with tasks and soon will start carrying out LTC resident home exercises programs.

Our progress over the past 4 years moving from a physical therapy department to a fully staffed Rehabilitation department has been amazing but that does not come without challenges. We continue to suffer

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

from “growing pains”. The lack of space is an ever-increasing problem with no easy solution. We have multiple patient complaints about how small our space is. Our office space for the therapists a storage room, without windows, without air flow, without any way to manipulate the temperature. In the summer, the normal temperature in our office is 80 degrees. In our gym it’s about 75 degrees. Patient and therapists having to wear masks in areas where the temperature is close to 80 degrees and doing exercises is highly uncomfortable.

Since covid has started, my staff has felt frustration and burnout from being a healthcare provider. We have had multiple permanent staff leave/will be leaving because of frustrations. The burn out in our department is a real thing. It has always been hard to staff our department, and it now seems to be even harder. I have been working with Cindy on getting more contractors to fill our open spots so our perm staff can have some time off to improve mental health.

Our goals as a department for the next couple months include:

- Continue to provide the best service we can for our patients during this time of constant changes
- Continue improving communication between our department and other for best pt/resident care
- Hire 2 full time perm PTs (one with peds experience)
- Hire a full time Speech Therapist



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PLANT REPORT

September 2021

Staffing:

Presently our department of two is unchanged and healthy.

Accomplishments:

There is not much to report since my last report in April 2021. Our department has been doing fine and our workload remains consistent. We did install two new 100-gallon hot water heaters that were mentioned in my last report. We continue to address plumbing issues as they arise. Additionally, we are replacing hardware on exterior doors. It is never a predictable day when we come to work.

Challenges:

We have ordered new folding doors to replace the emergency doors. The doors have a six-week lead time, so this will be our big project before winter.

Submitted by:

Mike Boggs, Plant Manager



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EVS REPORT

September 2021

Staffing Overview

We remain short staffed but have recently hired a new member to join our team!

Looking Forward

We hope to hire more staff.

Challenges

As previously mentioned, we are short staffed which creates the potential to create burnout. Our team works hard to maintain daily cleaning of the facility. We hope to hire at least two more people to join our team which will help reduce stress. We have not been able to focus on the Certified Health Care Environmental Services Technician (CHEST) certification due to time constraints.

Accomplishments

The new steamer for deep cleaning is being used and working great. We also purchased a small buffer but have not had an opportunity to use it.

Submitted by: Grazel Edfelt



Petersburg Medical Center

Activities Department Quality Report 09/17/2021

Staffing Overview

- Current staffing for the activities department consists of the Activities Coordinator (full-time) and one Activities Aide (PRN).
 - One activities aide is currently going through their in-processing with HR.
- The activities department is continuing to advertise the Activities Aide position as open.
- Since the previous report, Alice Neidiffer has stepped in as Activities Coordinator.
- It has been brought to the attention of the Long-Term Care Manager that the scheduling of activities staff needs to be adjusted. Due to the preferred schedules of the current Long Term Care census, activities staffing is not being utilized as early in the morning as they are currently being scheduled and there is several evenings a week when residents hoping to participate in activities, yet there are no activities staff scheduled to help make this possible.
- Right now, there is no activities staff scheduled on Saturdays or Sundays

Review and Update

Residents in Long Term care are continuing to participate in community events both virtually and in-person as allowed due to COVID-19 precautions. Residents were able to enjoy Mayfest and Fourth of July in person and have attended church services, funerals, and graduation ceremonies virtually.

Looking Forward

The activities department is looking to extend our residents' community involvement through virtual channels in order to mitigate the risks of contracting and spreading COVID in Long Term Care. Our department has reached out to Petersburg School District to look at the streaming capabilities for various sporting and music events this fall, Petersburg Indian Association to learn more about cultural event opportunities, as well as Petersburg Parks and Recreation to find out more about their upcoming fall events and see how Long-Term Care residents may be able to participate.

Moving forward, the activities department is also looking to rebuild a volunteer program that meets COVID-19 regulations as specified by Petersburg Medical Center and CMS. Activities Coordinator, Alice Neidiffer, has drafted a letter to the Petersburg Pilot reaching out to previous volunteers; however, the department is waiting to submit the letter as there are a lot of possible regulations and guidelines regarding COVID-19 immunization status up in the air. Before the department makes a public call for volunteers, it would be ideal to have an idea of what is going to be required of volunteers (i.e. vaccination status, masking).

Based on the preference and needs of our current Long-Term Care Census, the activities department is not only working on implementing a traditional activities programming (i.e. scheduled group activities, community events, etc.), but community coordination as well (i.e. past role integration based activity plans).

Challenges

The greatest challenge facing the activities department right now is staffing. Of the current census of Long-Term Care, 56% of our residents need 1:1 care through a large majority of the day. With the CNA staffing being just sufficient to cover the ADLs of the census, the activities department is often tasked with visiting, walking, or sitting with the 1:1 resident. While this is an important role that needs to be filled in the Long-Term Care community, it sadly comes at a cost. Because the activities department is needing to sit with residents who need to be 1:1 with staff, residents who are not 1:1 are often not getting the activities they request.

One of the greatest hinderances to staffing faced by the activities department is the background check process. Without staff being CNA, LPN, or RN certified, the state cannot grant a waiver to potential Long Term Care employees or volunteers—making the hiring process take significantly longer.

At the moment the activities department is working with resident families and friends to encourage visitation. The department has also been using the Dorthey Inge Conference Room as a space for social events. As time allows staff from other departments have come up to LTC to engage in activities or even just visit with many of our 1:1 residents. The activities department is grateful for all the help received from various departments across PMC. As discussed in the “Looking Forward” section, the Activities Coordinator is also working on rebuilding a volunteer program to help provide adequate staffing for activities.

Accomplishments

The Long-Term Care activities department has been able to resume many activities in a COVID friendly manner that had been put on pause. Our residents are once again enjoying weekly meals they get to choose and help prepare, visiting with friends, family, and pet visitors, and enjoying walks and rides through town. Staff and residents have reported a “brighter energy” and “improved morale” in Long Term Care over the past several months.

Opportunities

Activities Coordinator, Alice Neidiffer, will be attending a virtual certification course for dementia training October 26th-28th. Once certified, Alice will be able to provide dementia trainings staff wide.

The activities department is looking into resources to create a program or training course to get activities staff trained and confident in driving and operating the Long-Term Care van. We are looking at utilizing local resources such as locally competent van drivers and online training courses on passenger van operation.

Submitted by: Alice Neidiffer



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CEO Report:

Petersburg Medical Center continues to monitor the COVID-19 situation as a result of the delta variant returning the virus back onto the public health radar. Unfortunately, the virus variant has become more transmissible and resulted in a surge of cases within Alaska and the nation. At the time of this writing tertiary care facilities in Juneau, Ketchikan, Anchorage and Fairbanks continue to struggle with closure, full or near capacity. Below is what the daily dashboard for hospital closures and capacity has looked like for the past two months.

Hospital Status Dashboard South/Central/Interior	Adult ICU	Adult Non-ICU Inpatient	Psych	Emergency Department
Alaska Native Medical Center Last Update: 9/22/21 11:19 AM	Near Capacity	Near Capacity	Closed ED Psych divert	Closed ED Recovery
Alaska Regional Hospital Last Update: 9/22/21 11:19 AM	Closed	Closed	Closed Inpatient Psych Closed	Closed ED Recovery
Providence Alaska Medical Center Last Update: 9/22/21 7:25 AM	Closed	Near Capacity	Closed ED Psych divert	Closed ED Recovery, Adult Med
Joint Base Elmendorf-Richardson Hospital Last Update: 9/22/21 11:18 AM	Closed	Closed	Open	Closed Hospital Closure
Central Peninsula Hospital Last Update: 9/22/21 11:18 AM	Near Capacity	Closed	N/A	N/A
Fairbanks Memorial Hospital Last Update: 9/21/21 11:58 AM	Closed	Near Capacity	Open	N/A
Mat-Su Regional Medical Center Last Update: 9/22/21 1:55 AM	Near Capacity	Near Capacity	Open	N/A

Vaccinations are key to resolving COVID severity and stopping the spread. The PMC medical staff physicians presented at the school board meeting on masking. They have also been active in promoting vaccinations to our community through video social media posting. The 3rd vaccination shot for immunocompromised is available by contacting PMC or PSG Public Health Nurse. We are

awaiting more information on the booster and approval through the FDA and guidance from the CDC.



Last week Centers for Medicare/Medicaid announced that healthcare facilities (not just LTC) will require vaccines. The details, date of compliance and accommodation allowances (ie., medical, situational, religious) are not published yet but the staff have been informed and are expected to contact medical staff if they have any concerns for vaccines. PMC staff vaccinations are close to 90%.

Asymptomatic testing and airport testing continues to be free of charge and available at PMC. The ongoing surge in the state and in Washington have physicians concerned about medevac and medical transfers.



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News & Perspective Infectious Disease Topics Antimicrobial Stewardship Ongoing Programs

FEATURED NEWS TOPICS COVID-19 Ebola MERS-CoV Chronic Wasting Disease

Alaska, Idaho using crisis standards of care over COVID-19

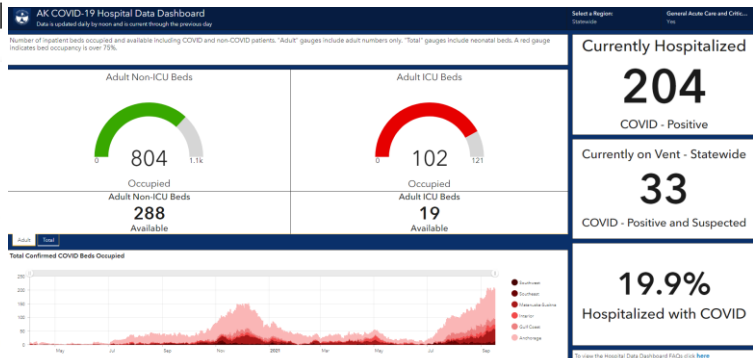
Filed Under: COVID-19
Stephanie Southeray | News Reporter | CIDRAP News | Sep 15, 2021
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Alaska now joins Idaho in establishing crisis standards of care as its largest hospital is now prioritizing treatment to patients most likely to survive COVID-19 infections.

"While we are doing our utmost, we are no longer able to provide the standard of care to each and every patient who needs our help," Kristen Solana Walkinshaw, MD, chief of staff at Providence Alaska Medical Center in Anchorage, wrote in a letter addressed to Alaskans and published yesterday.



Patrick Stizak / iStock



The dashboard above indicates the norm for the past month, each day succeeding the next for the highest cases, the highest hospitalization and ICUs. In the nation COVID has now exceeded 1/500 people dying of COVID. Over 90% hospitalized/ICU are unvaccinated. The greater the severity the greater the % of unvaccinated. This is similarly reported in the state and nation.

The wellness program and the home health program have done an incredible job working on outreach to the community. The collaboration with Johns Hopkins CAPABLE elder program has been amazing and there is a newsletter write up as the only program in Alaska.

Earlier this month KFSK provided a detailed 3 part series report on local health care and the SEARHC signs out in the community. Thank you to board chair, Jerod, CNO Jen Bryner and Mike Boggs, Facilities on their availability to speak. We are grateful for the story and the importance of local workforce, local care and high number of services PMC provides to the community. Regionalized healthcare will risk these aspects of PMC.

There is continued conversation with SEARHC to discuss collaborative opportunities, however, PMC is very proud of its' services, local workforce and patient care towards the community especially given the challenges of the 18 months. An operational transition is not supported in the organization and has incredible risk for even further workforce fallout. Collaborative partnerships may have a lot potential but further discussions are necessary. Jerod and I discussed recommendations and next steps with the Community Engagement Committee. The attached resolution for replacement facility and SEARHC presentation to the PMC board are among the next steps. The Community Needs Assessment is completed and now will be

In the Community

From left: Jessica Baker (OT), Julie Walker (Community Wellness Coordinator), Karsten Kinca-Treston (Home Health Manager RN), Stephanie Bomine (RN) (not pictured: Amy Hollis (RN))

Aging in the Heart of Rural Alaska

Look at a map of CAPABLE sites [HERE](#) and you will see one location far from the others. That would be Petersburg Alaska, located on a remote island in southeast Alaska. Petersburg Medical Center (PMC), like many rural hospitals, is the predominant health care provider in their community. To meet the needs of the island's older residents, PMC offers CAPABLE so older adults can remain in their homes longer.

Supporting aging in place in rural areas requires different planning than in urban settings. "In rural communities, aging in place comes with unique challenges and opportunities, such as workforce shortages and limited resources," explains Julie Walker, PMC's Community Wellness Coordinator. For example, the island has one occupational therapist and only a couple licensed and bonded handyworkers.

In the spring of 2020, PMC received a grant from the State of Alaska Department of Health and Social Services to launch a pilot program for CAPABLE. Then the pandemic hit and threw off the timeline. But the delay allowed Walker to work from home on the infrastructure, such as program licensing, staff training, and client recruitment. This foot work allowed Walker and her team to hit the ground running once the initial pandemic period subsided. They began home visits in February 2021 and will soon be "graduating" their first clients.

Walker's team has already secured funding for a second year. Their second-year goal is to maximize CAPABLE's accessibility to older residents by reaching out to as many people, businesses, and organizations as possible. "If you read PMC's mission, it includes the promotion of wellness in our community," concludes Walker. "That is why we are focused on keeping people healthy, rather than just reacting when they get sick or injured. CAPABLE does just that."



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compiled. This will also be an item to communicate back to the community once the information is professionally compiled. The information will be important to begin our next PMC governance strategic plan and address gaps or the needs for the delivery of healthcare services.



The Cerner project implementation project has been considerable. A tremendous effort with the PMC staff on this implementation. PMC is on track to go live and are working through the various modules for time and attendance (Paylocity), General Ledger (Multiview), Cerner, and MatrixCare (Home Health).

Legislative Update / New Facility:

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.

Community Education/Outreach:

- Update from PMC Board Community Engagement Committee.
- September 15th in-person (masked / physical distanced) luncheon with the physicians was rescheduled this month.
- PMC reports out at September Borough Assembly Meeting.
- Cerner roadmap implementation and integration training (1) and (1.5) onsite is on track.
- PIA presentation and update re: Home Health and CAPABLE program with staff on Sept 7th
- Rainforest Run Sept 6th
- Meeting with SEARHC dental 9-16.
- Optometrist visit August 27-28
- Managers meeting September 17th
- Medical Care Advisory Committee Meeting State of Alaska Sept 13th.
- Alaska State Hospital and Nursing Home Association (ASHNHA) board meeting Sept 16th.
- CMS Federal Survey Follow up onsite Sept 15 -17th.



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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. ASHNHA executive board meeting stated that the #1 Strategic Goal for next year is Workforce. ASHNHA requested the state legislature for an emergency waiver for CNA training programs to institute an emergency courtesy certification till Jan 2022. All other legislative action around COVID support died (i.e., emergency declaration, Telehealth waiver). It is important to acknowledge the staff that are here are picking up the load of those leaving. 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 instituted a long term work-remotely policy to allow for certain criteria and positions to continue to work remotely.

2020-2021 Program Engagement

INCENTIVE PROGRAM

ELIGIBLE - 158
 • 129 Employees
 • 29 Spouses

COMPLETED - 89/158 (44%)
 • 59 employees and 10 spouses
 • 85 Completed Biometric screening
 • 4 Completed Health Coaching Program

YEAR OVER YEAR COMPARISON
 • 35 Employees completed biometric screening 2 consecutive years

OTHER BRAVO RESOURCES

30 employees/spouses engaged in health coaching programs
 3 completed a one time consult to review their results
 7 completed Navigating Change

PMC is working with BetterHelp a mental health telemed company to develop a partnership for our access of behavioral health to our workforce. 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. Results of the Bravo program as indicated in the graph below. The intent is to focus our efforts on our employee's

wellbeing.

Finance: The financial package is included for the August FY21. PMC had another month that has increased services slowly. We did hear about USDA funding and continue to await funding through the Federal COVID provider relief funding package. Revenue appears to be recovering as August and mid-September continue to see good revenue amounts. The audit preparation is in the final stages and the cost report is being prepared. This is a rebasing year and the cost report will be vital for rate setting.

Revenue Cycle/Billing: HRG is in its 5th month and is finally working through the transition and all the processes and improvements, AR and billing. Revenue cycle specialist from HRG has taken over on



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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 two months ended August 31, 2021

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the two months ended August 31, 2021

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
\$260,862	\$321,462	(\$60,600)	-18.9%							
1,323,245	979,931	343,314	35.0%							
275,679	293,313	(17,634)	-6.0%							
<u>1,859,786</u>	<u>1,594,706</u>	<u>265,080</u>	<u>16.6%</u>							
257,425	200,163	(57,262)	-28.6%							
0	0	0	n/a							
(54,463)	23,249	77,712	334.3%							
31,749	44,616	12,867	28.8%							
<u>234,711</u>	<u>268,028</u>	<u>33,317</u>	<u>12.4%</u>							
1,625,075	1,326,678	298,397	22.5%							
123,710	92,629	31,081	33.6%							
4,201	21,250	(17,049)	-80.2%							
0	83,333	(83,333)	-100.0%							
93,530	63,003	30,527	48.5%							
<u>221,441</u>	<u>260,215</u>	<u>(38,774)</u>	<u>-14.9%</u>							
1,846,516	1,586,893	259,623	16.4%							
980,951	850,748	(130,203)	-15.3%							
134,543	93,043	(41,500)	-44.6%							
378,927	349,203	(29,724)	-8.5%							
120,881	86,147	(34,734)	-40.3%							
193,141	126,019	(67,122)	-53.3%							
40,723	43,915	3,192	7.3%							
8,508	7,936	(572)	-7.2%							
16,703	19,087	2,384	12.5%							
84,806	64,134	(20,672)	-32.2%							
4,207	6,761	2,554	37.8%							
58,290	56,380	(1,910)	-3.4%							
10,983	9,882	(1,101)	-11.1%							
39,941	31,981	(7,960)	-24.9%							
<u>2,072,604</u>	<u>1,745,235</u>	<u>(327,369)</u>	<u>-18.8%</u>							
(226,088)	(158,342)	(67,746)	-42.8%							
49,843	20,833	29,010	139.3%							
0	(643)	643	100.0%							
0	0	0	n/a							
49	208	(159)	-76.4%							
<u>49,892</u>	<u>20,398</u>	<u>29,494</u>	<u>144.6%</u>							
(\$176,196)	(\$137,944)	(\$38,252)	-27.7%							

() or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER
Key Volume Indicators
For the two months ended August 31, 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												
19	25	(6)	-24.0%	1.	Patient Days - Acute Care	35	50	(15)	-30.0%		64	-45.3%
34	66	(32)	-48.5%	2.	Patient Days - Swing Bed	69	132	(63)	-47.7%		130	-46.9%
53	91	(38)	-41.8%	3.	Patient Days - Total	104	182	(78)	-42.9%		194	-46.4%
0.6	0.8	(0.2)	-24.0%	4.	Average Daily Census - Acute Care	0.6	0.8	(0.2)	-30.0%		1.0	-45.3%
1.1	2.1	(1.0)	-48.5%	5.	Average Daily Census - Swing Bed	1.1	2.1	(1.0)	-47.7%		2.1	-46.9%
1.7	2.9	(1.2)	-41.8%	6.	Average Daily Census - Total	1.7	2.9	(1.3)	-42.9%		3.1	-46.4%
14.2%	24.5%	-10.2%	-41.8%	7.	Percentage of Occupancy	14.0%	24.5%	-10.5%	-42.9%		26.1%	-46.4%
Long Term Care												
279	279	-	0.0%	8.	Resident Days	558	558	-	0.0%		558	0.0%
9.0	9.0	-	0.0%	9.	Average Daily Census	9.0	9.0	-	0.0%		9.0	0.0%
60.0%	60.0%	0.0%	0.0%	10.	Percentage of Occupancy	60.0%	60.0%	0.0%	0.0%		60.0%	0.0%
Other Services												
77	61	16	26.2%	11.	Emergency Room Visits	167	122	45	36.9%		140	19.3%
194	175	19	10.9%	12.	Radiology Procedures	426	350	76	21.7%		330	29.1%
-	2,292	(2,292)	-100.0%	13.	Lab Tests (excluding QC)	2,183	4,584	(2,401)	-52.4%		5,830	-62.6%
878	692	186	26.9%	14.	Rehab Services Units	1,733	1,384	349	25.2%		1,455	19.1%
47	58	(11)	-19.0%	15.	OP Treatment Room	98	116	(18)	-15.5%		88	11.4%
260	267	(7)	-2.6%	16.	Home Health Visits	526	534	(8)	-1.5%		527	-0.2%
1,062	788	274	34.8%	17.	Clinic Visits	2,247	1,576	671	42.6%		1,367	64.4%
247	-	247	n/a	18.	Airport COVID Tests	289	-	289	n/a		603	-52.1%
44	-	44	n/a	19.	Lab Asymptomatic COVID Tests	92	-	92	n/a		1,345	-93.2%

() or - indicates an unfavorable variance

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the two months ended August 31, 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>			
13.8%	12.6%	-1.3%	-10.3%	1.	Contractual Adj. as a % of Gross Revenue	14.8%	12.6%	-2.3%	-18.0%	18.3%	19.2%
1.7%	2.8%	1.1%	39.0%	2.	Charity/Other Ded. as a % of Gross Revenue	2.3%	2.8%	0.5%	16.3%	4.5%	47.4%
-2.9%	1.5%	4.4%	300.9%	3.	Bad Debt as a % of Gross Revenue	0.0%	1.5%	1.5%	102.8%	1.7%	102.4%
-12.2%	-10.0%	-2.3%	-22.7%	4.	Operating Margin	-12.5%	-8.8%	-3.7%	-41.8%	11.3%	-211.1%
-9.3%	-8.6%	-0.7%	8.3%	5.	Total Margin	-10.4%	-7.4%	-3.0%	39.8%	15.8%	-165.9%
				6.	Days Cash on Hand (Including Investments)	170.9				292.9	-41.7%
				7.	Days in A/R	48.7				59.5	18.2%

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

PETERSBURG MEDICAL CENTER
Balance Sheet
August 31, 2021

ASSETS

	<u>Aug 2021</u>	<u>July 2021</u>	<u>June 2021</u>	<u>Aug 2020</u>
Current Assets:				
1. Cash - operating	\$125,866	\$607,944	\$885,064	\$5,711,072
2. Cash - insurance advances	3,172,465	3,268,269	3,527,776	3,648,599
3. Investments	2,600,156	2,600,134	2,600,105	2,601,129
4. Total cash	<u>5,898,487</u>	<u>6,476,347</u>	<u>7,012,945</u>	<u>11,960,800</u>
5. Patient receivables	6,110,493	6,034,951	5,993,056	4,719,198
6. Allowance for contractals & bad debt	(3,500,623)	(3,683,774)	(3,601,078)	(3,137,958)
7. Net patient receivables	<u>2,609,870</u>	<u>2,351,177</u>	<u>2,391,978</u>	<u>1,581,240</u>
8. Other receivables	156,367	174,901	141,690	107,948
9. Inventories	334,872	328,054	327,959	290,675
10. Prepaid expenses	296,785	307,656	188,447	310,432
11. Total current assets	<u>9,296,381</u>	<u>9,638,135</u>	<u>10,063,019</u>	<u>14,251,095</u>
Property and Equipment:				
12. Assets in service	22,969,809	22,969,810	22,929,970	22,163,610
13. Assets in progress	181,330	147,661	120,949	516,042
14. Total property and equipment	<u>23,151,139</u>	<u>23,117,471</u>	<u>23,050,919</u>	<u>22,679,652</u>
15. Less: accumulated depreciation	(19,083,394)	(19,025,104)	(18,966,814)	(18,415,449)
16. Net property and equipment	<u>4,067,745</u>	<u>4,092,367</u>	<u>4,084,105</u>	<u>4,264,203</u>
Assets Limited as to Use by Board				
17. Investments	3,204,427	3,161,340	3,150,777	2,662,370
18. Building fund	680,942	671,918	668,237	561,973
19. Total Assets Limited as to Use	<u>3,885,369</u>	<u>3,833,258</u>	<u>3,819,014</u>	<u>3,224,343</u>
Deferred Outflows:				
20. Pension	2,524,894	2,524,894	2,524,894	2,524,894
21. Total assets	<u>\$19,774,389</u>	<u>\$20,088,654</u>	<u>\$20,491,032</u>	<u>\$24,264,535</u>

LIABILITIES & FUND BALANCE

	<u>Aug 2021</u>	<u>July 2021</u>	<u>June 2021</u>	<u>Aug 2020</u>
Current Liabilities:				
22. Accounts payable	\$953,559	\$843,128	\$858,536	\$696,044
23. Accrued payroll	309,882	206,437	528,025	253,076
24. Payroll taxes and other payables	66,151	50,953	116,048	165,697
25. Accrued PTO and extended sick	1,002,615	1,005,856	1,012,792	895,359
26. Deferred revenue	374,474	374,474	376,074	1,946,108
27. Due to Medicare	177,151	440,910	(26,188)	778,672
28. Due to Medicare - Advance	3,120,465	3,216,269	3,475,776	3,573,422
29. Due to Blue Cross - Advance	52,000	52,000	52,000	52,000
30. Other current liabilities	21,794	21,795	21,795	0
31. Loan Payable - SBA	0	0	0	1,500,000
32. Current portion of long-term debt	92,096	92,096	89,010	85,961
33. Total current liabilities	<u>6,170,187</u>	<u>6,303,918</u>	<u>6,503,868</u>	<u>9,946,339</u>
Long-Term Debt:				
34. Capital leases payable	157,825	162,161	172,436	48,110
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	<u>11,594,406</u>	<u>11,594,406</u>	<u>11,594,406</u>	<u>11,594,406</u>
38. Total liabilities	<u>17,922,418</u>	<u>18,060,485</u>	<u>18,270,710</u>	<u>21,588,855</u>
Deferred Inflows:				
39. Pension	1,148,977	1,148,977	1,148,977	1,148,977
Net Position:				
40. Unrestricted	1,071,299	1,071,300	877,826	877,826
41. Current year net income (loss)	(368,303)	(192,107)	193,520	648,878
42. Total net position	<u>702,995</u>	<u>879,192</u>	<u>1,071,345</u>	<u>1,526,703</u>
43. Total liabilities and fund balance	<u>\$19,774,390</u>	<u>\$20,088,654</u>	<u>\$20,491,032</u>	<u>\$24,264,535</u>

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

PETERSBURG MEDICAL CENTER

Statement of Cash Flows

August 31, 2021

	FY22	FY21	Variance
Cash Flows from Operating Activities			
1. Cash received from patient services	3,032,178	2,173,802	858,376
2. Cash from other sources	118,489	95,628	22,862
3. Cash paid to suppliers	(1,061,885)	(1,084,500)	22,615
4. Cash paid to employees	(2,786,489)	(2,524,020)	(262,469)
5. Net cash provided by (used for) operating activities	<u>(697,707)</u>	<u>(1,339,090)</u>	641,384
Cash Flows from Investing and Noncapital Financing Activities:			
6. Change in Board Designated Investments	861	5,889	(5,028)
7. Cash from grant programs	50,037	211,135	(161,099)
8. Cash from provider relief funds	0	0	0
9. Cash (to)from providers - advances	(355,311)	0	(355,311)
10. Cash from/payments on SBA Loan	0	0	0
11. Cash from non-operating revenue	65	385	(320)
12. Net cash provided by noncapital financing activities	<u>(304,348)</u>	<u>217,409</u>	<u>(521,758)</u>
Cash Flows from Capital and Related Financing Activities			
13. Interest paid	(658)	(362)	(296)
14. Cash payments on long-term debt	(11,525)	(21,301)	9,776
15. Purchase of property and equipment	(100,220)	(119,231)	19,011
16. Net cash used for capital and related financing activities	<u>(112,403)</u>	<u>(140,894)</u>	<u>28,491</u>
17. Net increase (decrease) in cash and cash equivalents	(1,114,458)	(1,262,575)	148,117
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>5,898,487</u>	<u>11,960,800</u>	<u>(6,062,313)</u>
Days Cash on Hand - Operating/Investments			
20. Days Cash on Hand - Operating/Investments	47.6	160.3	(112.7)
21. Days Cash on Hand - Provider Advances	55.4	70.4	(15.0)
22. Days Cash on Hand - Total Operating Cash & Investments	<u>103.0</u>	<u>230.7</u>	<u>(127.7)</u>
Day Cash on Hand - Total Operating/Investment/Board			
23. Day Cash on Hand - Total Operating/Investment/Board	<u>170.9</u>	<u>292.9</u>	<u>(122.0)</u>
Days in Accounts Payable			
24. Days in Accounts Payable	<u>55.7</u>	<u>39.8</u>	<u>(15.9)</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	-	-	-	-	-	-	-	-	-	-	493,231	698,899	-29.4%
2. Outpatient	1,325,102	1,323,245	-	-	-	-	-	-	-	-	-	-	2,648,347	1,985,139	33.4%
3. Long-term Care	258,488	275,679	-	-	-	-	-	-	-	-	-	-	534,167	510,155	4.7%
4. Total gross patient revenue	1,815,959	1,859,786	-	-	-	-	-	-	-	-	-	-	3,675,745	3,194,193	15.1%
<i>Deductions from Revenue:</i>															
5. Contractual adjustments	286,954	257,425	-	-	-	-	-	-	-	-	-	-	544,379	585,822	7.1%
6. Prior year settlements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
7. Bad debt expense	52,976	(54,463)	-	-	-	-	-	-	-	-	-	-	(1,487)	54,754	102.7%
8. Charity and other deductions	54,373	31,749	-	-	-	-	-	-	-	-	-	-	86,122	142,171	39.4%
9. Total deductions from revenue	394,303	234,711	-	-	-	-	-	-	-	-	-	-	629,014	782,747	19.6%
10. Net patient revenue	1,421,656	1,625,075	-	-	-	-	-	-	-	-	-	-	3,046,731	2,411,446	26.3%
<i>Other Revenue</i>															
11. Inkind Service - PERS/USAC	123,202	123,710	-	-	-	-	-	-	-	-	-	-	246,912	139,516	77.0%
12. Grant revenue	17,003	4,201	-	-	-	-	-	-	-	-	-	-	21,204	44,068	-51.9%
13. Federal & State Relief	-	-	-	-	-	-	-	-	-	-	-	-	-	1,181,750	-100.0%
14. Other revenue	70,070	93,530	-	-	-	-	-	-	-	-	-	-	163,600	127,784	28.0%
15. Total other operating revenue	210,275	221,441	-	-	-	-	-	-	-	-	-	-	431,716	1,493,118	-71.1%
16. Total operating revenue	1,631,931	1,846,516	-	-	-	-	-	-	-	-	-	-	3,478,447	3,904,564	-10.9%
<i>Expenses:</i>															
17. Salaries and wages	924,899	980,951	-	-	-	-	-	-	-	-	-	-	1,905,850	1,818,618	-4.8%
18. Contract labor	90,280	134,543	-	-	-	-	-	-	-	-	-	-	224,823	174,186	-29.1%
19. Employee benefits	355,495	378,927	-	-	-	-	-	-	-	-	-	-	734,422	655,971	-12.0%
20. Supplies	93,600	120,881	-	-	-	-	-	-	-	-	-	-	214,481	151,634	-41.4%
21. Purchased services	128,307	193,141	-	-	-	-	-	-	-	-	-	-	321,448	247,418	-29.9%
22. Repairs and maintenance	41,445	40,723	-	-	-	-	-	-	-	-	-	-	82,168	96,460	14.8%
23. Minor equipment	5,157	8,508	-	-	-	-	-	-	-	-	-	-	13,665	31,476	56.6%
24. Rentals and leases	15,465	16,703	-	-	-	-	-	-	-	-	-	-	32,168	28,944	-11.1%
25. Utilities	82,429	84,806	-	-	-	-	-	-	-	-	-	-	167,235	98,664	-69.5%
26. Training and travel	6,760	4,207	-	-	-	-	-	-	-	-	-	-	10,967	4,147	-164.5%
27. Depreciation	58,290	58,290	-	-	-	-	-	-	-	-	-	-	116,580	111,202	-4.8%
28. Insurance	11,752	10,983	-	-	-	-	-	-	-	-	-	-	22,735	12,688	-79.2%
29. Other operating expense	26,890	39,941	-	-	-	-	-	-	-	-	-	-	66,831	33,597	-98.9%
30. Total expenses	1,840,769	2,072,604	-	-	-	-	-	-	-	-	-	-	3,913,373	3,465,005	-12.9%
31. Income (loss) from operations	(208,838)	(226,088)	-	-	-	-	-	-	-	-	-	-	(434,926)	439,559	-198.9%
<i>Nonoperating Gains(Losses):</i>															
32. Investment income	17,373	49,843	-	-	-	-	-	-	-	-	-	-	67,216	209,296	-67.9%
33. Interest expense	(658)	-	-	-	-	-	-	-	-	-	-	-	(658)	(362)	-81.8%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	16	49	-	-	-	-	-	-	-	-	-	-	65	385	-83.1%
36. Net nonoperating gains (losses)	16,731	49,892	-	-	-	-	-	-	-	-	-	-	66,623	209,319	-68.2%
37. Change in Net Position (Bottom Line)	(192,107)	(176,196)	-	-	-	-	-	-	-	-	-	-	(368,303)	648,878	-156.8%
38. FY21 Budget	(100,691)	(137,944)	-	-	-	-	-	-	-	-	-	-	(238,635)	-	-
39. FY21 Variance	(91,416)	(38,252)	-	-	-	-	-	-	-	-	-	-	(129,668)	-	-

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											35	64	-45.3%
2. Patient Days - Swing Bed	35	34											69	130	-46.9%
3. Patient Days - Total	51	53											104	194	-46.4%
4. Average Daily Census - Acute Care	0.5	0.6											0.6	1.0	-45.3%
5. Average Daily Census - Swing Bed	1.1	1.1											1.1	2.1	-46.9%
6. Average Daily Census - Total	1.6	1.7											1.7	3.1	-46.4%
7. Percentage of Occupancy	13.7%	14.2%											14.0%	26.1%	-46.4%
Long Term Care															
8. Resident Days	279	279											558	558	0.0%
9. Average Daily Census	9.0	9.0											9.0	9.0	0.0%
10. Percentage of Occupancy	60.0%	60.0%											60.0%	60.0%	0.0%
Other Services															
11. Emergency Room Visits	90	77											167	140	19.3%
12. Radiology Procedures	232	194											426	330	29.1%
13. Lab Tests (excluding QC)	2,183												2,183	5,830	-62.6%
14. Rehab Services Units	855	878											1,733	1,455	19.1%
15. OP Treatment Room	51	47											98	88	11.4%
16. Home Health Visits	266	260											526	527	-0.2%
17. Clinic Visits	1,185	1,062											2,247	1,367	64.4%
18. Airport COVID Tests	42	247											289	603	-52.1%
19. Lab Asymptomatic COVID Tests	48	44											92	1,345	-93.2%

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the two months ended August 31, 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%											14.8%	18.3%	19.2%
2. Charity/Other Ded. as a % of Gross Revenue	3.0%	1.7%											2.3%	4.5%	47.4%
3. Bad Debt as a % of Gross Revenue	2.9%	-2.9%											0.0%	1.7%	102.4%
4. Operating Margin	-12.8%	-12.2%											-12.5%	11.3%	-211.1%
5. Total Margin	-11.7%	-9.3%											-10.4%	15.8%	-165.9%
6. Days Cash on Hand (Including Investments)	192.5	170.8	-	-	-	-	-	-	-	-	-	-	170.9	292.9	-41.7%
7. Days in A/R	48.5	48.7	-	-	-	-	-	-	-	-	-	-	48.7	59.5	18.2%

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
Petersburg, Alaska**

Board Resolution #2021-01

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

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

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

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

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

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

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED, the PMC Board:

1. Thanks the Assembly for its Resolution Supporting the PMC Board and Petersburg Medical Center in the Planning for a New Hospital Facility in Petersburg to be Completed in Phases; and
2. Seeks to engage with the public and develop a plan for a new facility that will meet the needs of Petersburg Borough residents for health care services into the future; and
3. Will continue to participate with the Assembly in the planning for a new facility; and
4. Supports the manager and staff working with the Petersburg Medical Center Chief Executive Officer and potential contractors in connection with planning for a new facility; and
5. Will continue to seek external financing for the new facility; and
6. Will continue to keep the Assembly updated on the status of the new building project.

Passed and approved by the Petersburg Medical Center Board this _____ day of _____, 2021.

Jerod Cook, Board Chair

ATTEST:

**Philip Hofstetter, CEO
Petersburg Medical Center**

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. 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.

SECTION 3. VACANCIES. In the event of vacancy on the Board prior to a regularly scheduled election, the Board will follow Borough Charter Section 3.04.060 to fill the vacancy.

SECTION 4. QUALIFICATIONS. No Board member shall be an employee of the Hospital during any part of his/her term of office, or have served as an employee of the Hospital within the preceding twelve (12) month period.

SECTION 5. ABSENCES/ATTENDANCE. A vacancy is created on the Board for any of the reasons stated in Borough Charter Section 3.50.020 (B) and Borough Charter Section 2.04 (A) and (B).

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.