



# Petersburg Medical Center

103 Fram Street  
PO Box 589  
Petersburg, AK 99833

Phone: 907-772-4291  
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## BOARD MEETING A g e n d a

DATE: Thursday, August 26<sup>th</sup>, 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 – July 22 <sup>nd</sup> , 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. Patient Financial Services <i>Action required: Informational only</i>	<i>C. Lantiegne</i>	<i>in packet</i>
B. Information Technology/EHR <i>Action required: Informational only</i>	<i>J. Dormer</i>	<i>in packet</i>
C. Materials Management <i>Action required: Informational only</i>	<i>M. Randrup</i>	<i>in packet</i>
D. Health Information Management <i>Action required: Informational only</i>	<i>J. Kvernvik</i>	<i>in packet</i>
E. Nursing <i>Action required: Informational only</i>	<i>J. Bryner</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>in packet</i>
VII. UNFINISHED BUSINESS		
VIII. NEW BUSINESS		

A. Community Engagement Workgroup  
*Action required: Informational only*

*J. Cook*

*at meeting*

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

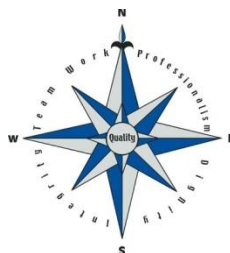
XI. ADJOURNMENT

# Petersburg Medical Center

PO Box 589

Petersburg, Alaska 99833

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



**Meeting:** Medical Center Board Meeting

**Date:** July 22<sup>nd</sup>, 2021 **Time:** 5:00 p.m.

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

**Board Members Absent:** None

- I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:00 p.m.
- II. **APPROVAL OF THE AGENDA:** Member Roberts made a motion to approve the agenda as presented. Motion seconded by Member Stratman. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:** Member Stratman made a motion to amend the minutes from June 24<sup>th</sup>, 2021 by removing the word “include” in the first sentence under item II. Motion seconded by Member Roberts. Member Roberts made a motion to approve the minutes as amended. Motion seconded by Member Stratman. Motion passed unanimously.
- IV. **VISITOR COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** None
- VI. **REPORTS:**
  - A. **Home Health.** K. Testoni was available to answer questions related to her written report (see copy).
  - B. **Imaging.** S. Paul was available to answer questions related to her written report (see copy).
  - C. **Laboratory.** V. Shimek was available to answer questions related to her written report (see copy).
  - D. **Long Term Care.** H. Boggs was not in attendance but her written report (see copy) was available for review.
  - E. **Quality & Infection Prevention.** L. Bacom reviewed her written report (see copy).
  - F. **Executive Summary.** P. Hofstetter reviewed highlights from his written report (see copy). Additionally, he noted he and the board chair met with SEARHC leadership and discussed collaboration and common themes that can be evaluated for services. He added that he is a huge believer in community-based healthcare. He stated that it is unfortunate the SEARHC

signs are up and feels it is disruptive, creates division, and having an organization wanting to take over operations ultimately affects patient care. He encouraged people to reach out to him with questions.

**G. Financial.** C. Brandt presented an overview of current projects and 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**

**IX. EXECUTIVE SESSION** Member Doyle made a motion to enter Executive Session to consider medical staff reappointments and to discuss matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the hospital. Motion seconded by Member Lagoudakis. Motion passed unanimously. Board entered Executive Session at 6:05 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 7:07 pm. Member Lagoudakis made a motion to reappoint Ryan Tate, MD and Mark Tuccillo, MD to medical staff. Motion seconded by Member Riemer. Motion passed unanimously. Member Doyle made a motion to create a community engagement workgroup. Motion seconded by Member Riemer. Discussion followed regarding the makeup of the group. Members Cook, Doyle and Riemer agreed to serve on the workgroup and set a meeting for Tuesday, August 3<sup>rd</sup> at 9:00 a.m. at the residence of Member Riemer. Motion passed unanimously.

**X. NEXT MEETING** The next regularly scheduled meeting was set for Thursday, August 26th, 2021 at 5:00 p.m.

**XI. ADJOURNMENT** Member Lagoudakis made a motion to adjourn. Motion was seconded by Member Riemer. Motion passed unanimously. The meeting adjourned at 7:14 p.m.

Respectfully submitted,

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Marlene Cushing, Board Secretary



# Petersburg Medical Center

Patient Financial Services 08.19.2021

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Healthcare Resource Group (HRG) – PMC's new third- party billing vendor

Patient Financial Services (PFS) – formerly known as the Business Office

## **Staffing Overview**

On July 1st, PMC engaged with HRG for revenue cycle support – separate from the extended PFS contract. We were fortunate to acquire Deb Belknap who has nearly 30 years of revenue cycle experience in the field, working with clients, and 17 of those years with HRG. In addition, Deb has worked extensively in Alaska and on the CPSI system. She also brings implementation experience to help guide the transition to Cerner. Deb will support/mentor revenue cycle staff and PFS as we navigate the changes in staffing in the Financial Services Departments.

PFS has four employees that are now working full time in the office, one employee who splits home and office time, and one employee working full time remote. Our doors to the public remain locked but patient interactions have continued to increase due to the use of the patient payment/information window in the office.

## **Review and Update**

**AR.** PFS ended their relationship with our third-party billing company, TruBridge on 3/22/2021 and entered a billing partnership with HRG from Washington state. Since the start of the partnership, our AR has stayed in the 90's as we work out all the details to create a smooth billing process. We are confident that the AR numbers will start to drop as HRG works through the aging accounts and issues they inherited from TruBridge.

**CHARGE MASTER.** PFS is working with Cerner on our Charge Master, by department, in anticipation of the conversion to our new EHR. Cerner is advising on how to update the items so they pull cleanly to the new system.

**MEDICAID PRESUMPTIVE APPROVAL SITE.** PFS is reviewing the application process for becoming an approved Medicaid site. This process will be beneficial to patients as local resources are limited for submitting and follow up on applications at this time.

## **Looking Forward**

PFS is excited to update our policies and processes with guidance of Deb and Cynthia so we can continue to clear up aging AR. We have multiple meetings with Cerner in anticipation of the conversion but will continue to work in CPSI on old accounts and balances.

## **Challenges**

Staff continues to work through the challenges that pop up daily due to restricted patient contact. Submission of documentation, payments and billing questions from patients are issues we continue to work on to find the most convenient processes for patients.

## **Accomplishments**

We are in the development stages of Financial Counseling for patients. PFS and HRG are a united front in helping to educate patients on the different types of financial help PMC offers for patient balances. Pay Plans and Financial Assistance will be offered anytime a patient calls to discuss help with payments. Our vision is for this process would be discussions with the patient at engagement in any registration area.

Reporting has been developed by IT to notify PFS of any patient that is admitted with out insurance. Follow up with patients is happening when appropriate, to determine if they need assistance in applying for Medicaid.

Partnering with HRG also gives us a chance to update our statements to have more detailed information on accounts, insurance/patient payments and aged balances. We can add helpful information for patients about insurance terms, financial assistance, and multiple ways to contact patient representatives for payments or questions.

## **Opportunities**

PFS is excited for PMC's future! Learning the new systems of our partnerships with HRG and Cerner are challenging but promise to be rewarding. The Revenue Cycle, start to finish, will improve thanks to the robust software and training we are receiving.

We are using the Cerner implementation process and internal worksheets to help identify areas for workflow improvement and opportunities we may have overlooked.

Submitted by:

Carrie Lantiegne – Business Office Manager

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

Phone: 907-772-5734

## Information Technology Report to the Petersburg Medical Center Board of Directors

Jill Dormer – Chief Information Officer

August 2021

### Recent Activities:

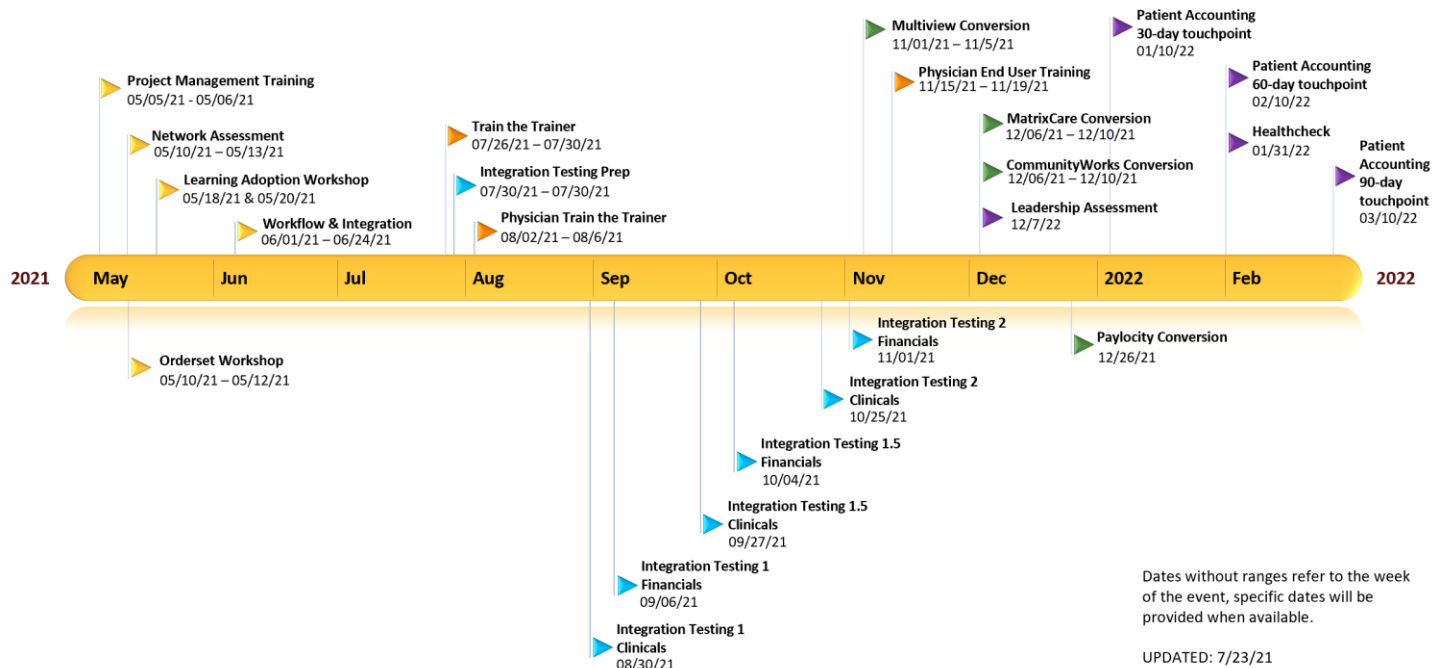
- 1) **Microsoft Data Breach:** In March, IT staff was notified of a security vulnerability in Microsoft's Exchange Server software. ACS was engaged to analyze our server and determine if a breach had taken place. It was determined that our server was affected but there was no evidence of any improper data access. ACS then rebuilt our Exchange Server from scratch with Microsoft's vulnerability patch in place and PMC IT staff pushed out a process to force end users to update their account passwords.
- 2) **WFAI:** One of the components of our ongoing EHR migration is a Wireless Network Assessment that was conducted by Cerner during an on-site visit in May. The purpose of this assessment is to identify areas of weak WiFi connectivity in the medical center and develop a plan to mitigate these weak points to provide a strong, consistent signal facility-wide. Our IT staff received a preliminary report on August 20th and are expecting a final report by August 24th. Based on the preliminary report we are expecting to install additional wireless access points in several areas of the medical center.
- 3) **Incoming Staff:** We are excited to welcome Nicholas Larson onto the information technology team as a Clinical Documentation Assistant. Nicholas was hired into the EHR/Tech department in July 2021 as a full time employee. He has been orienting into the department and attending Cerner trainings along with clinical and financial staff. Nicholas will be a valuable addition in his new supporting role.
- 4) **Outgoing Staff:** Noah Sullivan joined the information technology team as the IT specialist for COVID response in October 2020 as a part-time emergency hire. Noah quickly became an indispensable member of the tech team as he allowed the rest of our team to keep operations and projects moving forward during COVID response. Noah resigned his position to attend college out of state. His last day in the department was August 20<sup>th</sup>. We will miss Noah and wish him well. See the attached letter from Noah describing his experience at PMC.

### Ongoing Projects:

- 1) **Telehealth Update:** Telehealth is the use of telecommunications technology for medical diagnostic monitoring and therapeutic purposes when distance separates the participants. In the spring of 2020 PMC engaged two vendors to assist with both patient facing and provider to provider support. Both Mend Telehealth Solution and Global-Med Telehealth were successfully brought into a live environment. Our technology team will work over the next year to implement these two resources throughout clinical departments. Telehealth technology gives the Petersburg patient population access to specialty care that they would otherwise have to pursue outside of our community. Our goal is to continue to develop telehealth with a variety of specialty services.
- 2) **Cerner Electronic Health Record:** PMC engaged Cerner CommunityWorks to replace our Electronic Health Record (EHR) vendor. This project kicked off in March 2021 and is expected to "go-live" on December 6, 2021. PMC staff facility-wide have expressed full support for the migration away from CPSI and towards Cerner. We are partnering with a project manager at the firm YellowBrick, to assist with the intensive schedule, data collection workbooks and coordination that the implementation requires. We will continue to report the progress of this project.

The PMC project team consists of Phil Hofstetter - Executive Sponsor, Jill Dormer - Project Lead, Cynthia Brandt – Financial Lead, Jennifer Hyer – Physician Champion, Jennifer Bryner – Clinical Lead, Matt Pawuk – IT Lead and Stephanie Dremel – Project Manager. This team is working along-side PMC managers/staff to complete the build needed for a successful conversion. To date, staff have attended Workflow and Integration events, begun a Train the Trainer course, and are preparing for our first Integration Testing event scheduled for the week of August 30<sup>th</sup>.

## PMC EHR Event Timeline



### Challenges:

- Travel Testing and ER Screening Station:** As of July 1st, all travel related COVID testing was moved from the airport down to the medical center. Travel testing responsibilities were assumed by the ER COVID Screening Station which is in turn managed by the IT department. Combining these roles has proven to be challenging but we now have a stable, effective workflow in place to ensure travelers have access to free testing Monday through Saturday from 12pm-4pm and facility staff and visitors are properly screened upon entrance. PMC is contracted with the State of Alaska to provide travel related COVID testing for the city of Petersburg.
- COVID:** As is the case with every department at PMC, our response to the COVID pandemic has stretched our resources. The PMC technology team continues to support in-house and remote workers. Our team has provided consistent support to streamline the workflow processes needed to successfully implement Community COVID Testing, Community COVID vaccination PODS and many other externally facing needs. We feel fortunate to work alongside our dedicated staff and community members in an effort to protect Petersburg.

Respectfully,

Jill Dormer – Chief Information Officer

E-mail: [jdormer@pmc-health.org](mailto:jdormer@pmc-health.org); Phone: 907-772-5706



August 19th, 2021

Dear Petersburg Medical Center,

This coming Friday, August 20th will be my last day at Petersburg Medical Center. I have been at the facility since June 2020 as a COVID-19 screener, and my responsibilities shifted to the IT department in October of that year. Since then, I have worked directly with Don Bieber, Jill Dormer, and Matt Pawuk to respond to, and prepare for, various individual or facility-wide tech projects. Some of the tasks I have performed have included assisting with helpdesk tickets and managing inventory, such as setting up employees with workstations or keeping track of computers, monitors, and other items that are essential to keep in stock. These were my most common responsibilities, and my work in these areas helped make room for the rest of the IT team to take on more intensive projects.

Aside from these regular daily tasks, I undertook several expansive projects at PMC. I spent July physically retrieving information from the hundreds of computers and printers located around the facility for use in the ongoing large-scale migration of information systems from CPSI to Cerner. I personally prepared dozens of computers for facility-wide training sessions of the Cerner program and worked with the rest of the IT department to guide employees through this process. In my final weeks of employment, I have helped coordinate an effort to expand this training program to every device in the facility. I also worked with the business office over the course of several months to sort through dozens of PMC contracts to determine their value, expiration status, renewal periods, and other relevant categories.

I appreciate the opportunities I've been given at PMC over this past year, and especially Matt and Jill's efforts to bring me onto the team last fall. I believe my efforts in the IT department have been valuable to my coworkers and given them more freedom to focus on higher priority issues. Though I am leaving PMC to attend college in Los Angeles, I would certainly consider any opportunity to return to the facility in the future.

Regards,

Noah Sullivan  
PO Box 305  
Petersburg, AK 99833



# Petersburg Medical Center

Materials Management - Board Report - 08/26/2021

## Staffing Overview

The Materials Management department is a department of two full-time employees: Melva Randrup – manager and Nicole Peterson – assistant. Laura Buehler (assistant) is a part time/on call employee. Materials Manager oversees the planning, procurement, storage, control, and distribution of supplies according to facility needs. Both assistants coordinate in placing regular orders, receiving, organizing/replenishing the warehouse and floor's store rooms, and other duties as assigned on. On August 4, 2021, Nicole reached her one year joining the small crew in materials department. After the departure of previous assistant, we have had consistent workflow, better organization, communication and better teamwork.

## Review and Update

- Inventory: We had our annual inventory in June (calendar year for July). There was a big change in discrepancies compared to the previous inventories when I started my job as the manager. This year, for our mid-year inventory in January, we had a discrepancy of \$3337.68 and for our annual inventory in July the discrepancy was \$839.34. Part time assistant's schedule has changed. Before our annual inventory, she spent more time in the materials department. Her assistance in doing the daily inventory audit, replenishing store rooms and helping staff expense items, made a big difference.

- Expired Items: There were \$2,431.91 worth of expired items in August. Our stock levels have not been reviewed in many years. I am making a report of which items expired and will send them to departments to review if the PAR level needs to be adjusted.

- Cerner: As we work to complete our transition to Cerner, some issues arose; there are item numbers and price charges that were set-up incorrectly in CPSI. I am trying to review as much as I can before we go live in December. Materials team is creating a list of items to create a template for departments that do not have a requisition list, and updating the list for other departments.

- GPO: I am happy to see prices decreasing from our primary vendor (Cardinal Health), since we transitioned to Premier. The chart is for one time purchase only, however, we purchase these items regularly.

## **Price changes 2021 – Cardinal Health Only**

CPSI #	Item	Previous price	Unit	Amount ordered	Reduced New Price	Increased New Price	Unit	Difference in Price	
								Under	Over
4000038	SENSOR LNCS PDTX-3 ADHESIVE	332.4	BX	1	242.28		BX	90.12	
4000039	Sensor LNCS ADTX-3 Adhesive (Pulse Ox)	262.14	BX	1	196.47		BX	65.67	
4000059	BP CUFF SOFT ADT DISPOSABLE	33.8	CS	2	29.4		CS	4.4	
4000061	BP CUFF SOFT ADT LONG DISPOSABLE	57.66	CS	1	31.56		CS	26.1	
4000087	DRESSING ALLEVYN LIFE 4"X4"	22.1	BX	2	19.14		BX	2.96	
4000160	DRESSING AQUACEL ROPE AG	63.51	BX	2	50.63		BX	12.88	

4000175	DRESSING TEGADERM CLEAR ACRYLIC 4.5X6.8	20.8	BX	1	15.63		BX	5.17	
4000359	CATH THORACIC 16FR	63.1	BX	1	61		BX	2.1	
4000372	Dressing Mepilex XT 4X4	279.23	CS	1	180.35		CS	98.88	
4004073	Foley Tray Center Entry No Cath	51.4	CS	1	49.98		CS	1.42	
4004091	FOLEY CATH COUDE 20FR 5CC	135.9	BX	1	117.59		BX	18.31	
4004135	LUMBAR PUNCTURE TRAY PEDIATRIC	14.74	EA	1	12.76		EA	1.98	
4004182	Cannula Adult Zoll	140	CS	1	111.17		CS	28.83	
4004375	Cath Tray Urethral 15 FR	38.04	CS	1	27.49		CS	10.55	
4004682	Paracentesis Tray	71.7	EA	3	26.19		EA	45.51	
4004695	WALKER PNEUMATIC SM	45.27	EA	1	39.19		EA	6.08	
4004774	BRACE ANKLE AIRSPORT RT MED	22.87	EA	1	19.8		EA	3.07	
4010101	WALKER PNEUMATIC MEDIUM	57.05	EA	1	57.05		EA	17.86	
4010081	WRIST SUPPORT FLEX ELASTIC LT SM	5.01	EA	1	3.23		EA	1.78	
4060083	NEBULIZER HAND HELD	28.33	CS	1	25.94		CS	2.39	
4060090	TUBING OXYGEN 7FT	15.35	CS	1	7.52		CS	7.83	
4010092	GRIPPER + PORT A CATH 20G X 3/4	63.25	BX	1	44.19		BX	19.06	
4010096	CRUTCHES MED ADULT	9.5	EA	2	8.23		EA	1.27	
4010097	CRUTCHES TALL ADULT	9.43	EA	1	8.16		EA	1.27	
4010099	FOLEY CATH COUDE 16FR 5CC	135.82	BX	1	119.59		BX	16.23	
4010118	BRACE ANKLE AIRSPORT LT MED	30.88	EA	2	19.8		EA	11.08	
4010119	BRACE ANKLE AIRSPORT RT LG	30.88	EA	2	19.8		EA	11.08	
4060121	HYDROGEN PEROXIDE 3% - 16OZ	12.59	CS	1		13.14	CS		0.55
4010140	Cath IV Nexiva System 20G x 1	210.43	BX	6	100.99		BX	109.44	
4010141	Cath IV Nexiva System 22G x 1	171.95	BX	7	100.99		BX	70.96	
4060058	DELEE MUCUS TRAP	1.71	EA	15	1.03		EA	0.68	
4060119	CHLORAPREP SEPP APPL 1.0ML	160.8	CS	1	139.75		CS	21.05	
4060153	HEMOCCULT DEVELOPER SOLUTION 15ML	5.27	EA	2		5.42	EA		0.15
4060159	Dressing Mepilex Border Lite 1.6 x 2	30.09	BX	6	10.39		BX	19.7	
4060161	DRESSING IV TEGADERM SECURE	78.59	BX	2	56.13			22.46	
4060184	TAPE CLOTH SURGICAL	6.76	BX	1	5.67			1.09	
4060186	TAPE MICROPORE 1	4.18	BX	1	3.28		BX	0.9	
4060188	TAPE TRANSPORE 1	8.25	BX	1	6.18		BX	2.07	
4060194	EMESIS BAG SIC-SAC VOMIT	65.05	CS	1	30.54			34.51	
4070012	COLLES RT MED	5.41	EA	1	3.65			1.76	
4070030	URINARY DRAINAGE BAG	59	CS	1	49.88		CS	9.12	
80000012	BD Vacutainer Blood Transfer Device	152.08	CS	1	102.71		CS	49.37	
80000037	BANDAGE PREMIUM 6 X 5YD ACE VELCRO	14.97	PK	1	11.46		BX	3.51	
80000075	DRESSING PLAIN 1/4 PACKING	32.69	CS	1	17.18		CS	15.51	
80000118	RED CAP CONNECTION MALE/FEMALE	15.92	BX	1	14.7		BX	1.22	
80000137	Excercise Volumetric Inspirometer	50.92	CS	1	27.49		CS	23.43	
80000174	DRESSING AQUACEL 6 X 6 HYDROFIBER	50.15	BX	1	33.74		BX	16.41	
80000305	Syringe Insulin 1/2 mL 29G x 1/2 Safety	60.05	BX	1	32.07		BX	27.98	
80000326	Dressing Mepilex Border 4 x 4	17.26	BX	2	12.47		BX	4.79	
80000328	DRESSING AQUACEL 2 X 2 HYDROFIBER	26.2	BX	1	17.64		BX	8.56	
80000337	Lotion, Body Cavilon 4oz	44.02	CS	1	24.29		CS	19.73	
80000339	Shampoo Body Wash Aloe Vesta 2-1	63.29	CS	1	46.67		CS	16.62	
80000405	Gloves 8.0 Surgical Synthetic Protexis	89.45	BX	1	71.25		BX	18.2	
80000406	Gloves 6.5 Surgical Synthetic Protexis	89.45	BX	1	71.25		BX	18.2	
80000488	Brush Scrub EZ Plain	12.8	BX	1	11.54		BX	1.26	
80000537	CAST PADDING 2 x 4 SOF-ROL	7.76	BG	1	7.4		BG	0.36	
80000559	Sharps Small Red Square 1.5QT	124.38	CS	1	51.67		CS	72.71	
80000564	Pitcher Water	33.44	CS	1	24.35		CS	9.09	
80000566	Pitcher Liners	49.19	CS	1	30.19		CS	19.00	
80000584	Feeding Set Kangaroo 1000cc	63.62	CS	1	60.12		CS	3.50	
80000687	DRESSING EXUDERM 2 X 2 HYDRO	13.88	BX	1	9.46		BX	4.42	
80000891	EMESIS BASIN	24.04	CS	1	16.21		CS	7.83	
90000832	ATTEST 3M BIOLOGICAL INDICATOR AUTOCLAVE	114.41	BX	1	93.53		BX	20.88	
90000665	TOWEL PAPER HARD ROLL AUTO	29.15	CS	6	25.99		CS	3.16	
							Total \$ saved	1083.24	0.70

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

## Looking Forward

- We received the door that we purchased for the implementation to a system to badge in/out where a designated department employee can come into the warehouse and gather the necessary items. I am looking forward to the door getting installed as I'm hoping that this will help us improve our expensing issues.

## Challenges

- Supplies: Keeping supplies in the materials department has always been a challenge especially when the pandemic started which I stated on my previous report. There are supplies that are not available because of either recall, discontinued/no alternatives or out of stock. Shipping delays also create a challenge.

- PAR level: Consistency for supplies use. It has always been a challenge to maintain PAR level because in reality we don't know when supplies are needed or used.

- Replacing Expired Items: Some items we can't order by the quantity we need. Either we need to order more because of UOM (unit of measure) that we are allowed to reorder from vendors. I usually contact materials managers from other hospitals but sometimes they don't have the items available as well.

- Orders: Tracking orders that are missing because they were shipped to different locations or get delivered directly to departments and we don't get notification.

- Freight: Searching supplies and vendors with free shipping or cheaper freight.

- Communication: Both vendors and staff. Vendors: No confirmation for price change on the invoice. Staff: When sending orders to materials with incomplete information and late reply for materials email.

## Accomplishments

- Our expensing issues and inventory discrepancies have been improved since our part time assistant helping us more.

- Maintaining the relationship with other hospitals.

- Organized office supplies for expensing accuracy.

Submitted by:

Melva Randrup, Materials Manager



# Petersburg Medical Center

Health Information Management (HIM) Quality Report August 2021

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## **Staffing Overview**

No changes in our staff but we are now helping the clinic (they are short staffed) with areas that can fit within our domain. We are team based and its showing!

## **Review and Update**

HIM consists of two hospital-based employees and two clinic-based employees. We are all working remote but do have access to the hospital and use of a spare office. Due to space shortages, I do not foresee us being able to go back on site (all are happy being remote).

## **Looking Forward**

Cerner! The four of us have been taking the power user training with Cerner. It's a lot to digest and learn but we all believe it will offer so much more than CPSI. Competency testing has started and by the time go live happens we will all be proficient.

## **Challenges**

Our challenge within HIM is keeping abreast of rules and regulations. Behavior health has strict rules, coding has diagnosis that are changing – what will Medicare & Medicaid pay for (other insurances follow their lead), and did an eagle hit a transformer (fluctuations in power kicks us off the systems).

I have been working on finishing up my portion of the FEMA project (logging all items that the hospital had to purchase that went above and beyond normal business due to covid).

## **Accomplishments**

Our group has been taking the team approach to all challenges. A bit of humor, a lot of support, respect and listening. Really proud that the 4 of us moved out and closed out 2 offices without much disruption to daily function or others around us. Radiology still houses a room full of old charts that will be next year's project.

## **Opportunities**

Education for our community! I appreciate the Board of Directors, Administration, and the staff for going the extra mile for our community based medical facility.

Janet Kvernvik, RHIT

HIM = gather, analyze and code patient data for reimbursement from insurance companies; maintain accuracy and completeness of patient data for research and analysis as well as for databases and registries; and maintain the medical and treatment histories of patients.



# Petersburg Medical Center

PMC Nursing Department Board Report August 15, 2021

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## Staffing Updates

- Welcome to Emma Gates, RN, Kimberly Robson, RN, Lauren Thain, RN, and Kelly Bieber, Temp RN! It will be several months until they are ready to work independently, but we are thrilled to have these new nurses on our team.
- Mary Kravitz, RN accepted the role of Nurse Manager. Mary has worked with us for the past few years, is a terrific nurse, and is showing excellent leadership skills since beginning her position!
- Traci Vinson, RN is now the CNA Program Coordinator among her many other roles.
- Angela Menish, who I have worked closely with and relied on for more than a decade, is beginning clinicals for her nurse practitioner program. Angela will finish her program in May and hopes to continue her nursing career in our clinic—an awesome example of “growing our own”—but I will miss her terribly.
- Alice Neidiffer is the new Activities Coordinator and is doing a fantastic job! Alice is organized, very creative, and a resident advocate. She is a shining star.
- We currently have a high of six traveler nurses who are supporting us through the onboarding of our new nurses and filling the gaps that our staffing does not—we anticipated five travelers during the next few months. We have one traveler CNA and are expecting a second this week.

## Accomplishments

- Incredible nursing team. I am consistently thankful for the group of people I have the honor of working with. We are truly fortunate to have high caliber, committed nurses, CNAs, Activities, Ward Clerks and Managers. Nearly all of them have made Petersburg their home and not only positively contribute to the hospital but also to the community.
- Graduating four new Registered Nurses – Three have already passed their boards – Congratulations Emma Gates, RN, Kimberly Robson, RN, and Lauren Thain, RN....Good Luck to Kelly Bieber as she prepares for her boards in the next few weeks!!!
- We continue to offer frequent CNA classes, with two students currently enrolled.
- 100% Covid Vaccination rate in LTC – Residents and Staff. 96% Covid Vaccination rate in the entire nursing department.
- All Nursing department staff are current with their Basic Life Support, Advanced Cardiac Life Support and Pediatric Advanced Life Support. The RQI system has allowed staff to receive excellent education while minimizing PMC staff time for record keeping and teaching.

## Challenges

- Staffing continues to be difficult, and we are relying on travelers to fulfill our needs until our permanent staff is trained and working independently. We are grateful for the relief that our travelers provide, and continue to work toward staffing our entire department with permanent staff.

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

- CNA positions are especially difficult to fill, and this trend is being seen across Alaska and the country. CNAs work extremely hard, often care for people who are physically and emotionally taxing, and often “grow in the organization” by filling roles in the department or beyond. Turnover is traditionally high in this position. We had some excellent help from college students this year, but they are already heading back to school.
- We are in need of a ward clerk, we have an urgent need for maternity coverage as well as a long term need.
- Training four newly licensed nurses is difficult to schedule and taxes the training staff (but for a great cause!).
- Transition to the Cerner EHR adds a lot of work, with frequent meetings and deadlines for the management and super user staff. Our department is excited about the change but are feeling stretched while we try to meet the increased demands.
- Our recent LTC survey went well, but also added extra work and stress to the department, especially to those in LTC!
- The threat of a large outbreak of Covid in our community. We have been relatively lucky that our hospital is not overrun with Covid patients, but we know it may be only a matter of time. Our staffing cannot safely support a full floor of these patients.
- Old building—This continues to impact our workflow daily. We appreciate the plant and EVS employees for doing their best to keep our building in good shape, but we have simply run out of space and must create inefficient workflows to do our work in the space we have.
- Our department is still providing Covid vaccines to the community. The burden has lessened significantly since Public Health started giving immunizations, but we are still a point of contact for the community and have frequent small clinics when needed to meet the demand.
- The SEARHC conversations have caused stress and uncertainty in our staff, who overwhelmingly want to work for a local independent hospital.

### Opportunities

- New EHR – Will improve and standardize workflow and documentation. In LTC, it has the potential to be much more efficient for CNA and Activity documentation and MDS submission.
- Continue to be a driving force in the fight against Covid by providing vaccinations, education and care to those who need it.
- Increased training opportunities – hopefully in person!
  - IV and Central Line Class for all nurses
  - Traci Vinson will be doing the clinical portion of her foot and nailcare class which improves the care and safety of our LTC residents and patients.
- Looking forward to a break from UAA duties, but excited about a new cohort a year from now! There are excellent potential students who are hard at work completing their prerequisites.
- A New Hospital—we are excited to move forward toward the building of a new improved PMC that will allow patients to be cared for in a facility that enhances care and allows staff to be as efficient and safe as possible.

Submitted by:

Jennifer Bryner, MSN, RN

Chief Nursing Officer; Operations Chief and Vaccine Coordinator

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



# *Petersburg Medical Center*

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Petersburg, Alaska 99833  
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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 are at or near capacity.

Additionally, Seattle is seeing a surge where there are tremendous wait times or hospitalizations (ICUs) are near full capacity. This can have an impact on medevac situations for PMC. Petersburg is fortunate for the time being, but Wrangell cases increased last week in tandem to Juneau and Sitka. The Bartlett CEO stated in a press conference August 20<sup>th</sup> that the surge is leading to increased hospitalizations, ICU and death. Over 95% hospitalized are unvaccinated. The greater the severity, the greater the % of unvaccinated. This is similarly reported in the state and nation. More companies are choosing to have mandatory vaccinations and CMS stated last week that LTC facilities will need to have mandatory vaccinations. PMC is in the process of evaluating the CMS regulation and determine this in the form of policy at PMC. “After a year and a half of the pandemic, hospital staff are demoralized from working long hours and treating preventable COVID 19 cases in unvaccinated patients... an increasing number of nurses and healthcare workers are quitting their jobs.” This is taken directly from an article from KTOO about the Alaska hospital system imminent on the verge of collapse.

PMC is seeing continuation of workforce turnover. The annual turnover (terminations) in the past 7 years ranges from 17-30 employees annually. The average prior to COVID is ~ 14% turnover rate annually. Currently, the calendar year-to-date is at ~17% with 25 terminations. The national average prior to COVID for healthcare was 18% and since 2013 the national healthcare industry would see an almost complete turnover of 95% of healthcare workers. Prior to COVID the hospitality industry was the only industry with a higher turnover rate and the pandemic proved worse for both industries. In 2021 the healthcare industry turnover for nursing alone was 45%.

Recruitment and retention have always been a priority for PMC and remains an even stronger priority during this era. The recruitment and terminations at PMC appear to surge (high and low) during COVID where suddenly we will have a high capacity of new hires in one department followed by a higher number of terminations in another. In either case it saturates those that are still here and leads to rapid changes that affect staff considerably in the day-to-day operations. I am working with managers to strategize for these adjustments and overcome these challenges. There is a greater need to for employees to work above and beyond during this time and it can be a challenge to recruit and retain. I would like to achieve a full staff while reducing our turnover to 10%.

The Cerner implementation project while COVID resurges, patient volumes increasing and ER and inpatient visits increasing has been a challenge. The effect of a fully integrated system and improvement of electronic health records will ultimately improve our security, billing, financial accounting/ general ledger, payroll, care delivery and patient safety. The effort of an implementation allows a focus of





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workflow analysis, project management and team work that will ultimately enhance transition planning during the phases of the new facility.

Recovery out of COVID was the hope since June; however, as we monitor the escalating situation regionally, I requested a paired down version of the Emergency Operations Committee to the Assembly. This request was to support the work that Borough emergency management was doing and continue with the potential to scale as needed. Information to the community was reestablished on the Borough website and PMC pushed our weekly press releases to the Borough.

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. KFSK completed a tour of the facility last week to look at PMC hospital facility needs as well as discuss the latest on funding, and SEARHC discussions in the community. Jerod and I presented to PIA at the last meeting in August to discuss the facility masterplan and an overview of PMC services. There were good questions and requests to improve stakeholder dialogue particularly as it involves site selection.

Prior to COVID, PMC was conducting a Community Café series to provide information on services to the community. This was a gap before the pandemic and appears to have grown based on the misinformation in the community - COVID information, the PMC facility Masterplan document, new facility information and types of services available at PMC. Public Relations is in discussion with a marketing firm in Juneau to address this gap. We encourage the community to join the PMC social media websites and our home page [www.pmcak.org](http://www.pmcak.org) to obtain the latest information.

The Community Needs Assessment is completed and now will be compiled. This will likely be the first item to communicate back to the community. There was a great response with the surveys and focused groups. Once the information is professionally compiled this will be an opportunity to provide to the



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community. 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.

PMC collaborated with the Blood Bank of Alaska and the Parks & Rec to have a blood drive on August 6<sup>th</sup>-7<sup>th</sup>. This was extremely successful with 80 units of blood collected! Hopefully, there will be future opportunities for this drive. Last week (Aug 16-20) our Wellness team conducted a SuperKids Camp at Sandy Beach in collaboration with KinderSkog. This was a fantastic camp and

had a great showing that

included Native Youth Olympics and healthy cooking demonstrations. On August 21<sup>st</sup> there was a Back to School health fair for the elementary school followed by a middle school, high school health fair on August 23<sup>rd</sup>. Free immunizations, hearing screenings, vision screening, dental and health physicals were all a part of the program.

## Legislative Update / New Facility:

In June legislative aids to Murkowski, Chere Klein, Anna Dietderich and Annie Hoefler, visited Petersburg in two separate visits. Senators Murkowski and Sullivan introduced the Rural and Frontier Telehealth Expansion Act SB2197. Murkowski supported PMC through the HHS Appropriations for next year in the form of recommending \$8M towards the new facility. A thank you letter to Senator Murkowski was introduced to the assembly to support the \$8M towards a new facility. The motion passed with the single dissent from the Mayor. Murkowski's team will be in Petersburg for a facility tour next week and we hope to elicit the need for a community-based healthcare through improved infrastructure.



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## Community Action Response

**\* Community Engagement Committee- PMC Board creation in July.**

**\* Marketing firm, graphics design out of Juneau work with our PR team.**

**\* Admin/Board met with SEARHC- VP Business Development, Director of Behavioral Health, CMO.**

**\* Presentation content based on Community Needs Assessment-**

**\* Community meetings:**

1-on-1 with community members.  
 Stakeholder meetings in the community.  
 Assembly meetings- staying one step ahead.  
 Planning for community dialogue meetings to receive and provide information.

## Community Education/Outreach:

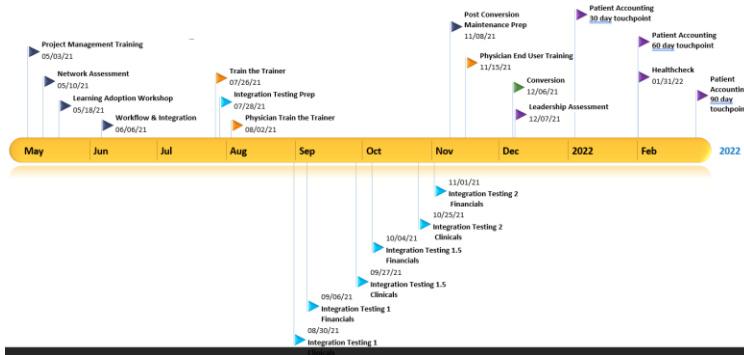
- Creation of the PMC Board Community Engagement Committee.
- August in-person (masked / physical distanced) luncheon with the physicians was rescheduled this month.
- PMC reports out at August Borough Assembly Meeting (twice).
- Cerner roadmap implementation is rolling out as constructed (below).
- PIA presentation on August 6<sup>th</sup> with Jerod, PMC board chair.
- Blood Drive Aug 6-7.
- Back to school health fair elementary- August 21<sup>st</sup>.
- Back to school health fair, middle / high school- August 23<sup>rd</sup>.
- Managers meeting August 20<sup>th</sup>
- PMC Picnic TBA.



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PMC Cerner Event Milestones  
 Timeline



## Integrated Healthcare & Work Force Development:

In the past year it has been impressive and challenging to see the large adjustment in integrating services into the clinic. COVID has forced PMC to become adaptable and standup various types of way to deliver services. PMC was able to grow in some areas such as BHS, Home Health and Wellness departments.

As indicated above the national movement towards healthcare, burnout is significant during the pandemic. 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 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 Wellworks program for physical health. The intent is to focus our efforts on our employee's wellbeing.

**Finance:** The financial package is included for the July FY21. PMC has been slowing increasing revenue by the backlog of need for primary care and access to services. Our ER, Lab, Imaging, EKGs, Therapies (Rehab), Behavioral Health, Inpatient and primary care clinic saw large volumes in July. We continue to await funding through the Federal COVID funding package. Revenue appears to be recovering as July and mid- August have seen the highest amount in the past year. We hope to continue provide increased access and services in FY22 while mitigating COVID responses.

**Revenue Cycle/Billing:** HRG is in its 5<sup>th</sup> 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 1<sup>st</sup> 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 one month ended July 31, 2021**

**PETERSBURG MEDICAL CENTER**  
**Statement of Revenues and Expenses**  
For the one month ended July 31, 2021

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
				<i>Gross Patient Revenue:</i>						
\$232,369	\$353,509	(\$121,140)	-34.3%	1. Inpatient	\$232,369	\$353,509	(\$121,140)	-34.3%	\$321,870	-27.8%
1,325,102	1,029,141	295,961	28.8%	2. Outpatient	1,325,102	1,029,141	295,961	28.8%	1,065,999	24.3%
258,488	333,176	(74,688)	-22.4%	3. Long-term Care	258,488	333,176	(74,688)	-22.4%	255,083	1.3%
<u>1,815,959</u>	<u>1,715,826</u>	<u>100,133</u>	<u>5.8%</u>	4. <b>Total gross patient revenue</b>	<u>1,815,959</u>	<u>1,715,826</u>	<u>100,133</u>	<u>5.8%</u>	<u>1,642,952</u>	<u>10.5%</u>
				<i>Deductions from Revenue:</i>						
286,954	215,365	(71,589)	-33.2%	5. Contractual adjustments	286,954	215,365	(71,589)	-33.2%	391,367	26.7%
0	0	0	n/a	6. Prior year settlements	0	0	0	n/a	0	n/a
52,976	25,015	(27,961)	-111.8%	7. Bad debt expense	52,976	25,015	(27,961)	-111.8%	33,717	57.1%
54,373	48,004	(6,369)	-13.3%	8. Charity and other deductions	54,373	48,004	(6,369)	-13.3%	95,114	42.8%
<u>394,303</u>	<u>288,384</u>	<u>(105,919)</u>	<u>-36.7%</u>	9. <b>Total deductions from revenue</b>	<u>394,303</u>	<u>288,384</u>	<u>(105,919)</u>	<u>-36.7%</u>	<u>520,198</u>	<u>24.2%</u>
				10. <b>Net patient revenue</b>	<u>1,421,656</u>	<u>1,427,442</u>	<u>(5,786)</u>	<u>-0.4%</u>	<u>1,122,754</u>	<u>26.6%</u>
				<i>Other Revenue</i>						
123,202	92,629	30,573	33.0%	11. Inkind Service - PERS/USAC	123,202	92,629	30,573	33.0%	69,758	76.6%
17,003	21,250	(4,247)	-20.0%	12. Grant revenue	17,003	21,250	(4,247)	-20.0%	0	n/a
0	83,333	(83,333)	-100.0%	13. Federal & State Relief	0	83,333	(83,333)	-100.0%	600,000	-100.0%
70,070	20,420	49,650	243.1%	14. Other revenue	70,070	20,420	49,650	243.1%	66,932	4.7%
<u>210,275</u>	<u>217,632</u>	<u>(7,357)</u>	<u>-3.4%</u>	15. <b>Total other operating revenue</b>	<u>210,275</u>	<u>217,632</u>	<u>(7,357)</u>	<u>-3.4%</u>	<u>736,690</u>	<u>-71.5%</u>
<u>1,631,931</u>	<u>1,645,074</u>	<u>(13,143)</u>	<u>-0.8%</u>	16. <b>Total operating revenue</b>	<u>1,631,931</u>	<u>1,645,074</u>	<u>(13,143)</u>	<u>-0.8%</u>	<u>1,859,444</u>	<u>-12.2%</u>
				<i>Expenses:</i>						
924,899	807,804	(117,095)	-14.5%	17. Salaries and wages	924,899	807,804	(117,095)	-14.5%	930,934	0.6%
90,280	74,710	(15,570)	-20.8%	18. Contract labor	90,280	74,710	(15,570)	-20.8%	91,330	1.1%
355,495	334,660	(20,835)	-6.2%	19. Employee benefits	355,495	334,660	(20,835)	-6.2%	313,389	-13.4%
93,600	90,642	(2,958)	-3.3%	20. Supplies	93,600	90,642	(2,958)	-3.3%	51,813	-80.6%
128,307	116,174	(12,133)	-10.4%	21. Purchased services	128,307	116,174	(12,133)	-10.4%	74,248	-72.8%
41,445	41,458	13	0.0%	22. Repairs and maintenance	41,445	41,458	13	0.0%	51,690	19.8%
5,157	12,204	7,047	57.7%	23. Minor equipment	5,157	12,204	7,047	57.7%	3,102	-66.2%
15,465	16,662	1,197	7.2%	24. Rentals and leases	15,465	16,662	1,197	7.2%	12,426	-24.5%
82,429	67,925	(14,504)	-21.4%	25. Utilities	82,429	67,925	(14,504)	-21.4%	52,613	-56.7%
6,760	6,778	18	0.3%	26. Training and travel	6,760	6,778	18	0.3%	1,507	-348.6%
58,290	55,005	(3,285)	-6.0%	27. Depreciation	58,290	55,005	(3,285)	-6.0%	55,696	-4.7%
11,752	11,143	(609)	-5.5%	28. Insurance	11,752	11,143	(609)	-5.5%	8,821	-33.2%
26,890	25,735	(1,155)	-4.5%	29. Other operating expense	26,890	25,735	(1,155)	-4.5%	10,086	-166.6%
<u>1,840,769</u>	<u>1,660,900</u>	<u>(179,869)</u>	<u>-10.8%</u>	30. <b>Total expenses</b>	<u>1,840,769</u>	<u>1,660,900</u>	<u>(179,869)</u>	<u>-10.8%</u>	<u>1,657,655</u>	<u>-11.0%</u>
<u>(208,838)</u>	<u>(15,826)</u>	<u>(193,012)</u>	<u>-1219.6%</u>	31. <b>Income (loss) from operations</b>	<u>(208,838)</u>	<u>(15,826)</u>	<u>(193,012)</u>	<u>-1219.6%</u>	<u>201,789</u>	<u>-203.5%</u>
				<i>Nonoperating Gains(Losses):</i>						
17,373	20,833	(3,460)	-16.6%	32. Investment income	17,373	20,833	(3,460)	-16.6%	109,139	-84.1%
(658)	(596)	(62)	-10.4%	33. Interest expense	(658)	(596)	(62)	-10.4%	(200)	-229.0%
0	0	0	n/a	34. Gain (loss) on disposal of assets	0	0	0	n/a	0	n/a
16	208	(192)	-92.3%	35. Other non-operating revenue	16	208	(192)	-92.3%	245	-93.5%
<u>16,731</u>	<u>20,445</u>	<u>(3,714)</u>	<u>-18.2%</u>	36. <b>Net nonoperating gains (losses)</b>	<u>16,731</u>	<u>20,445</u>	<u>(3,714)</u>	<u>-18.2%</u>	<u>109,184</u>	<u>-84.7%</u>
<u>(\$192,107)</u>	<u>\$4,619</u>	<u>(\$196,726)</u>	<u>-4259.1%</u>	37. <b>Change in Net Position (Bottom Line)</b>	<u>(\$192,107)</u>	<u>\$4,619</u>	<u>(\$196,726)</u>	<u>-4259.1%</u>	<u>\$310,973</u>	<u>-161.8%</u>

( ) or - indicates unfavorable variance

**PETERSBURG MEDICAL CENTER**  
**Key Volume Indicators**  
**For the one month ended July 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>			
<b>Hospital Inpatient</b>												
16	25	(9)	-36.0%	1.	Patient Days - Acute Care	16	25	(9)	-36.0%		29	-44.8%
35	66	(31)	-47.0%	2.	Patient Days - Swing Bed	35	66	(31)	-47.0%		62	-43.5%
51	91	(40)	-44.0%	3.	Patient Days - Total	51	91	(40)	-44.0%		91	-44.0%
0.5	0.8	(0.3)	-36.0%	4.	Average Daily Census - Acute Care	0.5	0.8	(0.3)	-36.0%		0.9	-44.8%
1.1	2.1	(1.0)	-47.0%	5.	Average Daily Census - Swing Bed	1.1	2.1	(1.0)	-47.0%		2.0	-43.5%
1.6	2.9	(1.3)	-44.0%	6.	Average Daily Census - Total	1.6	2.9	(1.3)	-44.0%		2.9	-44.0%
13.7%	24.5%	-10.8%	-44.0%	7.	Percentage of Occupancy	13.7%	24.5%	-10.8%	-44.0%		24.5%	-44.0%
<b>Long Term Care</b>												
279	279	-	0.0%	8.	Resident Days	279	279	-	0.0%		279	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%
<b>Other Services</b>												
90	61	29	47.5%	11.	Emergency Room Visits	90	61	29	47.5%		64	40.6%
232	175	57	32.6%	12.	Radiology Procedures	232	175	57	32.6%		157	47.8%
2,183	2,292	(109)	-4.8%	13.	Lab Tests (excluding QC)	2,183	2,292	(109)	-4.8%		3,082	-29.2%
855	692	163	23.6%	14.	Rehab Services Units	855	692	163	23.6%		759	12.6%
51	58	(7)	-12.1%	15.	OP Treatment Room	51	58	(7)	-12.1%		33	54.5%
266	267	(1)	-0.4%	16.	Home Health Visits	266	267	(1)	-0.4%		272	-2.2%
1,185	788	397	50.4%	17.	Clinic Visits	1,185	788	397	50.4%		641	84.9%
42	-	42	n/a	18.	Airport COVID Tests	42	-	42	n/a		369	-88.6%
48	-	48	n/a	19.	Lab Asymptomatic COVID Tests	48	-	48	n/a		669	-92.8%

( ) or - indicates an unfavorable variance



**PETERSBURG MEDICAL CENTER**  
**Key Operational Indicators**  
**For the one month ended July 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>			
15.8%	12.6%	-3.3%	-25.9%	1.	Contractual Adj. as a % of Gross Revenue	15.8%	12.6%	-3.3%	-25.9%	23.8%	33.7%
3.0%	2.8%	-0.2%	-7.0%	2.	Charity/Other Ded. as a % of Gross Revenue	3.0%	2.8%	-0.2%	-7.0%	5.8%	48.3%
2.9%	1.5%	-1.5%	-100.1%	3.	Bad Debt as a % of Gross Revenue	2.9%	1.5%	-1.5%	-100.1%	2.1%	-42.2%
-12.8%	-1.0%	-11.8%	-1230.2%	4.	Operating Margin	-12.8%	-1.0%	-11.8%	-1230.2%	10.9%	-217.9%
-11.7%	0.3%	-11.9%	-4301.6%	5.	Total Margin	-11.7%	0.3%	-11.9%	-4301.6%	15.8%	-173.8%
				6.	Days Cash on Hand (Including Investments)	192.6				313.2	-38.5%
				7.	Days in A/R	48.5				40.6	-19.3%

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

**PETERSBURG MEDICAL CENTER**

**Balance Sheet**

**July 31, 2021**

**ASSETS**

	<u>July 2021</u>	<u>June 2021</u>	<u>June 2021</u>	<u>July 2020</u>
<b>Current Assets:</b>				
1. Cash - operating	\$607,944	\$885,064	\$885,064	\$6,108,921
2. Cash - insurance advances	3,268,269	3,527,776	3,527,776	3,648,599
3. Investments	2,600,134	2,600,105	2,600,105	2,599,093
4. Total cash	6,476,347	7,012,945	7,012,945	12,356,613
5. Patient receivables	6,034,951	5,993,056	5,993,056	4,693,128
6. Allowance for contractals & bad debt	(3,683,774)	(3,601,078)	(3,601,078)	(3,186,667)
7. Net patient receivables	2,351,177	2,391,978	2,391,978	1,506,461
8. Other receivables	174,901	141,690	141,690	105,747
9. Inventories	328,054	327,959	327,959	285,498
10. Prepaid expenses	307,656	188,447	188,447	251,692
11. Total current assets	9,638,135	10,063,019	10,063,019	14,506,011
<b>Property and Equipment:</b>				
12. Assets in service	22,969,810	22,929,970	22,929,970	22,118,622
13. Assets in progress	147,661	120,949	120,949	452,031
14. Total property and equipment	23,117,471	23,050,919	23,050,919	22,570,653
15. Less: accumulated depreciation	(19,025,104)	(18,966,814)	(18,966,814)	(18,359,942)
16. Net property and equipment	4,092,367	4,084,105	4,084,105	4,210,711
<b>Assets Limited as to Use by Board</b>				
17. Investments	3,161,340	3,150,777	3,150,777	2,579,760
18. Building fund	671,918	668,237	668,237	544,672
19. Total Assets Limited as to Use	3,833,258	3,819,014	3,819,014	3,124,432
<b>Deferred Outflows:</b>				
20. Pension	2,524,894	2,524,894	2,524,894	2,524,894
21. Total assets	<b>\$20,088,654</b>	<b>\$20,491,032</b>	<b>\$20,491,032</b>	<b>\$24,366,048</b>

**LIABILITIES & FUND BALANCE**

	<u>July 2021</u>	<u>June 2021</u>	<u>June 2021</u>	<u>July 2020</u>
<b>Current Liabilities:</b>				
22. Accounts payable	\$843,128	\$858,536	\$858,536	\$709,252
23. Accrued payroll	206,437	528,025	528,025	165,415
24. Payroll taxes and other payables	50,953	116,048	116,048	148,395
25. Accrued PTO and extended sick	1,005,856	1,012,792	1,012,792	897,807
26. Deferred revenue	374,474	376,074	376,074	2,314,164
27. Due to Medicare	440,910	(26,188)	(26,188)	778,672
28. Due to Medicare - Advance	3,216,269	3,475,776	3,475,776	3,573,422
29. Due to Blue Cross - Advance	52,000	52,000	52,000	52,000
30. Other current liabilities	21,795	21,795	21,795	0
31. Loan Payable - SBA	0	0	0	1,650,000
32. Current portion of long-term debt	92,096	89,010	89,010	85,961
33. Total current liabilities	6,303,918	6,503,868	6,503,868	10,375,088
<b>Long-Term Debt:</b>				
34. Capital leases payable	162,161	172,436	172,436	58,779
<b>Pension Liabilities:</b>				
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	18,060,485	18,270,710	18,270,710	22,028,273
<b>Deferred Inflows:</b>				
39. Pension	1,148,977	1,148,977	1,148,977	1,148,977
<b>Net Position:</b>				
40. Unrestricted	1,071,300	877,826	877,826	877,826
41. Current year net income (loss)	(192,107)	193,520	193,520	310,973
42. Total net position	879,192	1,071,345	1,071,345	1,188,798
43. Total liabilities and fund balance	<b>\$20,088,654</b>	<b>\$20,491,032</b>	<b>\$20,491,032</b>	<b>\$24,366,048</b>

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

**PETERSBURG MEDICAL CENTER**

**Statement of Cash Flows**

**July 31, 2021**

	FY22	FY21	Variance
<b>Cash Flows from Operating Activities</b>			
1. Cash received from patient services	1,929,555	959,889	969,666
2. Cash from other sources	34,744	31,033	3,711
3. Cash paid to suppliers	(579,641)	(510,555)	(69,086)
4. Cash paid to employees	(1,608,013)	(1,441,269)	(166,744)
5. Net cash provided by (used for) operating activities	<u>(223,355)</u>	<u>(960,902)</u>	<u>737,547</u>
<b>Cash Flows from Investing and Noncapital Financing Activities:</b>			
6. Change in Board Designated Investments	3,129	5,643	(2,514)
7. Cash from grant programs	17,518	259,317	(241,799)
8. Cash from provider relief funds	0	0	0
9. Cash (to)/from providers - advances	(259,507)	0	(259,507)
10. Cash from/payments on SBA Loan	0	(150,000)	150,000
11. Cash from non-operating revenue	16	245	(229)
12. Net cash provided by noncapital financing activities	<u>(238,844)</u>	<u>115,205</u>	<u>(354,049)</u>
<b>Cash Flows from Capital and Related Financing Activities</b>			
13. Interest paid	(658)	(200)	(458)
14. Cash payments on long-term debt	(7,189)	(10,632)	3,443
15. Purchase of property and equipment	(66,552)	(10,233)	(56,319)
16. Net cash used for capital and related financing activities	<u>(74,399)</u>	<u>(21,065)</u>	<u>(53,334)</u>
17. Net increase (decrease) in cash and cash equivalents	(536,598)	(866,762)	330,164
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><u>6,476,347</u></u>	<u><u>12,356,613</u></u>	<u><u>(5,880,266)</u></u>
20. Days Cash on Hand - Operating/Investments	59.9	176.2	(116.2)
21. Days Cash on Hand - Provider Advances	61.1	73.8	(12.7)
22. Days Cash on Hand - Total Operating Cash & Investments	<u>121.0</u>	<u>250.0</u>	<u>(129.0)</u>
23. Day Cash on Hand - Total Operating/Investment/Board	<u>192.6</u>	<u>313.2</u>	<u>(120.6)</u>
24. Days in Accounts Payable	<u>45.1</u>	<u>43.1</u>	<u>(2.0)</u>

<b>PETERSBURG MEDICAL CENTER</b> <b>Statement of Revenues and Expenses</b> <b>FISCAL YEAR 2022</b>
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	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	-	-	-	-	-	-	-	-	-	-	-	232,369	321,870	-27.8%
2. Outpatient	1,325,102	-	-	-	-	-	-	-	-	-	-	-	1,325,102	1,065,999	24.3%
3. Long-term Care	258,488	-	-	-	-	-	-	-	-	-	-	-	258,488	255,083	1.3%
4. <b>Total gross patient revenue</b>	<b>1,815,959</b>	-	-	-	-	-	-	-	-	-	-	-	<b>1,815,959</b>	<b>1,642,952</b>	<b>10.5%</b>
<i>Deductions from Revenue:</i>															
5. Contractual adjustments	286,954	-	-	-	-	-	-	-	-	-	-	-	286,954	391,367	26.7%
6. Prior year settlements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
7. Bad debt expense	52,976	-	-	-	-	-	-	-	-	-	-	-	52,976	33,717	-57.1%
8. Charity and other deductions	54,373	-	-	-	-	-	-	-	-	-	-	-	54,373	95,114	42.8%
9. <b>Total deductions from revenue</b>	<b>394,303</b>	-	-	-	-	-	-	-	-	-	-	-	<b>394,303</b>	<b>520,198</b>	<b>24.2%</b>
10. <b>Net patient revenue</b>	<b>1,421,656</b>	-	-	-	-	-	-	-	-	-	-	-	<b>1,421,656</b>	<b>1,122,754</b>	<b>26.6%</b>
<i>Other Revenue</i>															
11. Inkind Service - PERS/USAC	123,202	-	-	-	-	-	-	-	-	-	-	-	123,202	69,758	76.6%
12. Grant revenue	17,003	-	-	-	-	-	-	-	-	-	-	-	17,003	-	n/a
13. Federal & State Relief	-	-	-	-	-	-	-	-	-	-	-	-	-	600,000	-100.0%
14. Other revenue	70,070	-	-	-	-	-	-	-	-	-	-	-	70,070	66,932	4.7%
15. <b>Total other operating revenue</b>	<b>210,275</b>	-	-	-	-	-	-	-	-	-	-	-	<b>210,275</b>	<b>736,690</b>	<b>-71.5%</b>
16. <b>Total operating revenue</b>	<b>1,631,931</b>	-	-	-	-	-	-	-	-	-	-	-	<b>1,631,931</b>	<b>1,859,444</b>	<b>-12.2%</b>
<i>Expenses:</i>															
17. Salaries and wages	924,899	-	-	-	-	-	-	-	-	-	-	-	924,899	930,934	0.6%
18. Contract labor	90,280	-	-	-	-	-	-	-	-	-	-	-	90,280	91,330	1.1%
19. Employee benefits	355,495	-	-	-	-	-	-	-	-	-	-	-	355,495	313,389	-13.4%
20. Supplies	93,600	-	-	-	-	-	-	-	-	-	-	-	93,600	51,813	-80.6%
21. Purchased services	128,307	-	-	-	-	-	-	-	-	-	-	-	128,307	74,248	-72.8%
22. Repairs and maintenance	41,445	-	-	-	-	-	-	-	-	-	-	-	41,445	51,690	19.8%
23. Minor equipment	5,157	-	-	-	-	-	-	-	-	-	-	-	5,157	3,102	-66.2%
24. Rentals and leases	15,465	-	-	-	-	-	-	-	-	-	-	-	15,465	12,426	-24.5%
25. Utilities	82,429	-	-	-	-	-	-	-	-	-	-	-	82,429	52,613	-56.7%
26. Training and travel	6,760	-	-	-	-	-	-	-	-	-	-	-	6,760	1,507	-348.6%
27. Depreciation	58,290	-	-	-	-	-	-	-	-	-	-	-	58,290	55,696	-4.7%
28. Insurance	11,752	-	-	-	-	-	-	-	-	-	-	-	11,752	8,821	-33.2%
29. Other operating expense	26,890	-	-	-	-	-	-	-	-	-	-	-	26,890	10,086	-166.6%
30. <b>Total expenses</b>	<b>1,840,769</b>	-	-	-	-	-	-	-	-	-	-	-	<b>1,840,769</b>	<b>1,657,655</b>	<b>-11.0%</b>
31. <b>Income (loss) from operations</b>	<b>(208,838)</b>	-	-	-	-	-	-	-	-	-	-	-	<b>(208,838)</b>	<b>201,789</b>	<b>-203.5%</b>
<i>Nonoperating Gains(Losses):</i>															
32. Investment income	17,373	-	-	-	-	-	-	-	-	-	-	-	17,373	109,139	-84.1%
33. Interest expense	(658)	-	-	-	-	-	-	-	-	-	-	-	(658)	(200)	-229.0%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	16	-	-	-	-	-	-	-	-	-	-	-	16	245	-93.5%
36. <b>Net nonoperating gains (losses)</b>	<b>16,731</b>	-	-	-	-	-	-	-	-	-	-	-	<b>16,731</b>	<b>109,184</b>	<b>-84.7%</b>
37. <b>Change in Net Position (Bottom Line)</b>	<b>(192,107)</b>	-	-	-	-	-	-	-	-	-	-	-	<b>(192,107)</b>	<b>310,973</b>	<b>-161.8%</b>
38. <b>FY21 Budget</b>	<b>4,619</b>	-	-	-	-	-	-	-	-	-	-	-	<b>4,619</b>	-	-
39. <b>FY21 Variance</b>	<b>(196,726)</b>	-	-	-	-	-	-	-	-	-	-	-	<b>(196,726)</b>	-	-

<b>PETERSBURG MEDICAL CENTER</b>  <b>Key Volume Indicators</b>  <b>FISCAL YEAR 2022</b>
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	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
<b>Hospital Inpatient</b>															
1. Patient Days - Acute Care	16												16	29	-44.8%
2. Patient Days - Swing Bed	35												35	62	-43.5%
3. Patient Days - Total	51												51	91	-44.0%
4. Average Daily Census - Acute Care	0.5												0.5	0.9	-44.8%
5. Average Daily Census - Swing Bed	1.1												1.1	2.0	-43.5%
6. Average Daily Census - Total	1.6												1.6	2.9	-44.0%
7. Percentage of Occupancy	13.7%												13.7%	24.5%	-44.0%
<b>Long Term Care</b>															
8. Resident Days	279												279	279	0.0%
9. Average Daily Census	9.0												9.0	9.0	0.0%
10. Percentage of Occupancy	60.0%												60.0%	60.0%	0.0%
<b>Other Services</b>															
11. Emergency Room Visits	90												90	64	40.6%
12. Radiology Procedures	232												232	157	47.8%
13. Lab Tests (excluding QC)	2,183												2,183	3,082	-29.2%
14. Rehab Services Units	855												855	759	12.6%
15. OP Treatment Room	51												51	33	54.5%
16. Home Health Visits	266												266	272	-2.2%
17. Clinic Visits	1,185												1,185	641	84.9%
18. Airport COVID Tests	42												42	369	-88.6%
19. Lab Asymptomatic COVID Tests	48												48	669	-92.8%

**PETERSBURG MEDICAL CENTER**  
**Key Operational Indicators**  
**For the one month ended July 31, 2021**

	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>YTD</b>	<b>Prior YTD</b>	<b>% Change</b>
1. Contractual Adj. as a % of Gross Revenue	15.8%												15.8%	23.8%	33.7%
2. Charity/Other Ded. as a % of Gross Revenue	3.0%												3.0%	5.8%	48.3%
3. Bad Debt as a % of Gross Revenue	2.9%												2.9%	2.1%	-42.2%
4. Operating Margin	-12.8%												-12.8%	10.9%	-217.9%
5. Total Margin	-11.7%												-11.7%	15.8%	-173.8%
6. Days Cash on Hand (Including Investments)	192.5	-	-	-	-	-	-	-	-	-	-	-	192.6	313.2	-38.5%
7. Days in A/R	48.5	-	-	-	-	-	-	-	-	-	-	-	48.5	40.6	-19.3%

<b>Petersburg Medical Center</b> <b>Capital</b> <b>FY22</b>
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Dept Name	Description	(1) Approved Budget	(2) Substitutions	(3) Revised Budget	(4) Committed	(5) Paid	(6) Total Paid/Committed	(7) Budget Remaining
<b>FY20 Assets in Progress</b>						75,789		
<b>FY21 Capital Budget</b>								
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
<b>Total - FY21</b>		610,000	-	610,000	-	212,822	212,822	397,178
<b>Total Expenditures per Cash Flow</b>						288,611		
Funding Sources - FY21								
	PMC Operations	610,000	-	610,000				
	Grants	-	-	-				
	Cares Act	-	-	-				
	Board Reserves	-	-	-				
	<b>Total</b>	610,000	-	610,000				

Update for FY22 in Progress

( ) or - indicates unfavorable variance