

# Petersburg Medical Center

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## BOARD MEETING A g e n d a

DATE: Thursday, May 27<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 – April 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. Chief of Staff <i>Action required: Informational only</i>	<i>S. Burt</i>	<i>in packet</i>
B. Clinic <i>Action required: Informational only</i>	<i>K. Zweifel</i>	<i>in packet</i>
C. Dietitian <i>Action required: Informational only</i>	<i>K. Zweifel</i>	<i>in packet</i>
D. Dietary <i>Action required: Informational only</i>	<i>L. Wickersham</i>	<i>in packet</i>
E. Quality & Infection Prevention <i>Action required: Informational only</i>	<i>L. Bacom</i>	<i>at meeting</i>
F. Executive Summary <i>Action required: Informational only</i>	<i>P. Hofstetter</i>	<i>in packet</i>
G. Financial <i>Action required: Informational only</i>	<i>R. Tejera</i>	<i>in packet</i>
VII. UNFINISHED BUSINESS		
VIII. NEW BUSINESS		

IX. EXECUTIVE SESSION

*By motion, the Board will enter into Executive Session to consider medical staff reappointments and for a legal update.*

X. NEXT MEETING

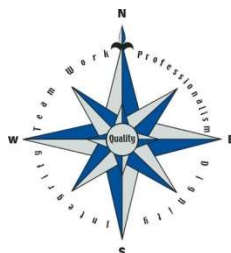
XI. ADJOURNMENT

# Petersburg Medical Center

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**Meeting:** Medical Center Board Meeting

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

**Board Members Present:** Marlene Cushing, Jerod Cook, Jim Roberts, Kathi Riemer, Cindi Lagoudakis (members attended via Zoom)

**Board Members Absent:** Joe Stratman (excused), George Doyle (excused)

- I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:00 p.m.
- II. **APPROVAL OF THE AGENDA:** Member Riemer made a motion to amend the agenda to add discussion of a legal matter under executive session. Motion seconded by Member Roberts. Motion passed unanimously. Member Cushing made a motion to approve the agenda as amended. Motion seconded by Member Lagoudakis. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:** Member Roberts made a motion to approve the minutes from March 25<sup>th</sup>, 2021 as presented. Motion seconded by Member Riemer. Motion passed unanimously.
- IV. **VISITOR COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** None
- VI. **REPORTS:**
  - A. **Pharmacy.** E. Kubo was available to answer questions related to her written report (see copy).
  - B. **Rehabilitation.** K. DuRoss was not in attendance but her written report (see copy) was available to review. There was a discussion regarding the lack of available space in the facility.
  - C. **Plant.** M. Boggs was not in attendance, but his written report (see copy) was available to review.
  - D. **EVS.** G. Edfelt was not in attendance, but her written report (see copy) was available to review.
  - E. **Home Health.** K. Testoni was available to answer questions related to her written report (see copy). There was a discussion of storage of durable medical equipment.

- F. Quality & Infection Prevention.** L. Bacom provided an update on the vaccination status in Petersburg. She also discussed a Process Improvement Project using a “Plan-Do-Study-Act” methodology.
- G. Executive Summary.** P. Hofstetter reviewed highlights from his written report (see copy). Additionally, he noted there is a work session next week with Mountain View Manor with the goal of improving the lines of communication between facilities. The work session between the hospital board and the borough assembly has been rescheduled for Wednesday, May 5<sup>th</sup> at 4:00 p.m. Dr. Hess noted that a behavioral health clinician and a behavioral health associate have been hired.
- H. Financial.** R. Tejera noted that the hospital budget is due to the Borough by June 1<sup>st</sup>. A resource committee meeting will be scheduled prior to the next regular board meeting. She then reviewed the financial package (see copy) starting with the statement of revenues and expenses. She then discussed the key volume and operational indicators. R. Tejera then explained highlights on the balance sheet before talking about the capital budget.

**VII. UNFINISHED BUSINESS**

**VIII. NEW BUSINESS**

- IX. EXECUTIVE SESSION** Member Lagoudakis made a motion to enter Executive Session to consider medical staff reappointments, discuss personnel matters and to discuss a legal matter. Motion seconded by Member Roberts. Motion passed unanimously. Board entered Executive Session at 5:51 pm. Member Riemer made a motion to come out of Executive Session. Motion seconded by Member Lagoudakis. Motion passed unanimously. Board came out of Executive Session at 6:22 pm. Member Lagoudakis made a motion to reappoint the following to medical staff: Donald Garbett, MD; Akshay Gupta, MD; John Hoyt, MD; Erik Young, MD and Dariusz Zawierucha, MD. Motion seconded by Member Riemer. Motion passed unanimously.
- X. NEXT MEETING** The next regularly scheduled meeting was set for Thursday, May 27<sup>th</sup>, 2021 at 5:00 p.m.
- XI. ADJOURNMENT** Member Roberts made a motion to adjourn. Motion was seconded by Member Riemer. Motion passed unanimously. The meeting adjourned at 6:24 p.m.

Respectfully submitted,

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Marlene Cushing, Board Secretary



# Petersburg Medical Center

Selina Burt, DO - Chief of Staff Report (May 27, 2021)

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## Staffing Overview

We have welcomed Ashley Kawashima, LMSW, CDCI to our team. She is a licensed master social worker and a chemical dependency counselor from Petersburg. Pat Sessa, LCSW, remains an important part of our team and is working remotely from his home in PA.

Patient panels (PCP listed for patients seen in the last 12 months)\*:

Provider	May 2021	October 2020
Dr. Selina Burt	377	254
Dr. Courtney Hess	1405	855
Dr. Jennifer Hyer	1094	784
Dr. Kayla Luhrs	125	8
Tina Pleasants, NP	1	1
Dr. Mark Tuccillo	1289	766

\*Caveat: These are the "official" numbers from CPSI and are not reflective of actual visits per provider; Tina, for example, sees patients from all PCPs for Behavioral Health issues. Any PCP can see any other providers' patients for acute issues. COVID testing inflates these numbers as the provider who orders the test is entered into the system as the PCP for new patients.

Provider Clinic Visits for April 2021 (varies month to month depending on PTO)

Provider	# visits
Dr. Selina Burt	131
Dr. Courtney Hess	153
Dr. Jennifer Hyer	105
Dr. Kayla Luhrs	62
Tina Pleasants, NP	70
Dr. Mark Tuccillo	135

## Review and Update

*We have scaled back our respiratory symptoms clinic and have merged workflow back in with regular clinic workflow. We continue to use screening protocols before patients enter the clinic, including performing COVID swab collection outside the facility and awaiting results before triaging patients to either regular clinic or our downstairs satellite COVID area.*

*The health care providers continue to be actively involved in teaching medical students, as the UW School of Medicine has resumed their rotations. Teaching in our location improves understanding of rural family medicine and ensures a pipeline of doctors and nurses wanting to go into rural family medicine. I am here in part because my Wyoming residency program required a rural family medicine rotation!*

## Looking Forward

*We continue to develop our Behavioral Health services as our community has a continued need for quality, reliable mental health care and for chemical dependency treatment. We are continuing to work toward developing our Patient-Centered Medical Home model, focusing on our patients with more than one serious medical problem or with complex medical issues such as diabetes. We plan on redistributing patient loads among providers, accounting for disease severity and patient complexity, to have more evenly balanced panels.*

*Everyone at PMC is eagerly awaiting the new electronic medical records system from Cerner, going live in December!*

## Challenges

*Space! In growing our Patient-Centered Medical Home and Behavioral Health services, we are having to get creative with offices. Our staff continues to double up in office rooms. We have created new offices by reducing the size of the clinic waiting area and the clinic staff kitchen.*

## Accomplishments

*Following CDC guidelines, we have begun scaling back on masking in the facility in non-patient care areas, provided that all staff in an area are vaccinated. ALL patient contact and public areas continue to be mandatory masking zones.*

*We have returned to almost regular scheduling for clinic appointments. Our visit numbers are increasing as we head into the summer season.*

## Opportunities

*COVID vaccination of children ages 12-17 is starting! We held a POD at the hospital for this May 12, 2021. We will continue to offer COVID vaccinations for the community and will expand to under 12's when vaccines are cleared for younger kids.*

Submitted by: Selina Burt, DO



# Petersburg Medical Center

Joy Janssen Clinic Quality Report 5/19/2021

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## Staffing Overview

### **Employee Updates:**

- Amy Hollis, RN Case Manager and Diabetes Educator started with clinic in Dec 2020. She brings over 25 years of nursing experience.
- Michelle Birchell started with the clinic in April 2021 as CNA (Certified Nursing Assistant).
- Heather Rayborn, MA (Medical Assistant) is moving and last day will be in July 2021.
- Kaylee Smith returned to working as CNA in long term care in April 2021.

## Review and Update

### **Case Management: Is a new service line in the clinic.**

Case Management: Helps patients navigate the healthcare system and connects them to their healthcare team.

- Case management services started with chronic disease management including mostly patients with diabetes.
- Next, we added medication management for certain medications that need regular follow up with labs.
- Case Management services includes providing regular follow up, medication management, education, and support.
- Next targeted area will be hypertension.

Currently enrolled in Case Management:

- 26 patients - medication management monitoring
- 78 patients for chronic disease management or complex disease management, with 16 receiving more intensive case management or education services.
- 3 patients discharged; related to either meeting their goals or moving out of service area.

### **Next steps for Case Management:**

- COVID positive and exposure patients will move over to RN Case Manager for follow up.
- Starting the building structure for outpatient care conferences.

### **Respiratory Screening Clinic (RSC) & COVID Response:**

- Staffing up the RSC clinic to swab patients reporting symptoms of COVID-19 and for asymptomatic tests for those needing testing prior to medical appointments, travel, or work. Additionally, added free community asymptomatic testing for those wanting to know their current COVID-19 status.

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- RSC clinic tent was taken down in Nov 2020 and moved the walk-up window.
- Clinic staff provided offsite asymptomatic testing for school district and Mountain View Manor starting Jan 2021.

### **Clinic Hours:**

- In May 2021 clinic resumed back to normal clinic hours on Saturdays. Due to COVID response the clinic was seeing same day appointments only on Saturday mornings and Saturday afternoons were utilized for screening patients with COVID-19 symptoms. The clinic is reverting back to its full day hours on Saturdays that allows for same day appointments.

### Looking Forward

**COVID-19 Response:** As the COVID-19 response shifts the clinic will start taking the calls from the COVID hotline during business hours. This will mean fielding calls from people calling the hotline, scheduling the appointment for the test, administering the test and following up with the results. Additionally, we expect as we start moving away from larger vaccine pods for COVID-19 and will start immunizing people for COVID through the clinic on a more regular basis.

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

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

### Challenges

One of the biggest challenges we face is dealing with the overall “management of change”. There has been a lot of change over the past 6 months. Responding to COVID is a constant change and staff tend to feel the ebb and flow of this. At times I could see the change fatigue that staff felt with the constant not knowing what today will bring. COVID has been a challenge but has also helped build resiliency. I have seen staff continue to step up to plate especially when times got tough.

### Accomplishments

**Staff responding to the COVID-19 surge.** I want to recognize how hard staff worked during this timeframe. Long hours and high volumes of patients being screened.

- Angela Bertagonli, Assistant Clinic Manger, leads the Respiratory Clinic Screening (RSC) clinic and was instrumental during the outbreak. We had to staff up the RSC to meet the volumes and demand. Other departments helped staff areas needed for registration and testing including the Radiology department

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and Home Health nursing staff. We also were faced with staffing shortages due to childcare and close contacts related to the surge. Our volumes in clinic were steadier during the surge compared to earlier clusters or when the hospital changed to red status. This is due to the clinic staff being fully vaccinated, which allowed for more flexibility around patient scheduling during the outbreak.

- Additionally, the clinic worked in collaboration with the hospital side to provide some mini COVID-19 vaccine clinics in clinic during the same timeframe.

#### Integration of Service Lines in the clinic

- Joy Janssen clinic continues to grow as the services provided expand. The specialty service lines include the integration of Behavioral Health, Case Management, Diabetes Education services, and outpatient Medical Nutrition therapy, along with other service lines that have been in place for a while including Audiology, Chiropractic Care, and Acupuncture.

#### Opportunities

**Telemedicine:** Through COVID the clinic has provided telehealth for patients in a variety of avenues including through tele-video (zoom) and telephone. Telehealth carts have arrived to help deliver care from provider to providers through Global Med and the providers are in the process of getting trained on this. Additionally, PMC has a new program for delivering telehealth services from providers at PMC to patients in their home. MEND is the new telehealth platform that will provide a more customer friendly experience and additional features to improve workflow in the clinic. It will allow for automatic appointment reminders for all types of appointments via text, email or phone.

Submitted by: Kelly K. Zweifel, Clinic Director

***Attached: Patient flyer on what case management services provide.***



#### **What is Case Management?**

Case management is a coordinated effort between community-based, nonprofit, organizations that work to provide quality health care solutions that are customized to a client's specific and individual needs. This health care approach is designed to be customized to the client to best address unique needs on the client's own timeline. This collaborative process involves assessment, planning, plan implementation, and evaluation to successfully achieve the client's desired outcome.

## **What does a Case Manager do?**

Case managers are health service professionals who work toward the goal of bettering the life and needs of their clients. Case managers will work with clients, the client's family, community members, and other health professionals to address their clients' individual and specific needs. Case managers are responsible for making sure their clients have the resources they need to meet their agreed-upon goals. As health professionals, case managers must also advocate on behalf of their clients as these individuals are often not in a position to advocate for themselves.

Case managers also take into consideration the client's values, cultural and religious beliefs when working with them. They must take into consideration any relevant state and federal laws, current best practice guidelines, and health insurance plan requirements and obligations. Documentation is expected at every level of case management as it is in most health service environments. This creates a record for the safety, well-being, and legal protection of both the case manager and the client.

The roles and responsibilities of a case manager can be boiled down to a single word: coordination. These skilled professionals act as the intermediaries between stakeholders and health care providers to put clients in the best possible position for success.



# Petersburg Medical Center

## Dietitian & Community Wellness Quality Report

Date: 5/19/21

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### Staffing Overview:

Julie Walker has accepted the position as Community Wellness Coordinator/Emergency Preparedness Coordinator. We are currently interviewing applicants for new position for Community Wellness Specialist and for the dietitian position.

Kelly Zweifel, RD LD CDE continues to provide Dietitian services for acute care, long term care and outpatient clinic. We have expanded our diabetes education and care services with RN and RD providing comprehensive diabetes education and management support services.

### Review and Update:

#### **Healthy Community Series: Activities include:**

- Nov 2020: Nutrition and healthy holiday eating education posts on social media.
- Dec 2020: Holiday Hustle (1 mile walk in holiday gear) – walked by Long Term Care.
- Jan 2021 – May 2021: Healthy community series was shifted towards vaccine efforts and community PODS.

**CAPABLE:** Aging in place prevention program to provide support in homes. This includes occupational therapist, nursing and handy-worker. We are in year one of State of Alaska grant and have applied for year two continuation funding.

- The Wellness Coordinator is the grant manager of this program to implement the program.
- 6 people signed up for program with 4 currently enrolled.
- 17 people referred to the program.

#### **Bravo Employee Wellness Incentive Program:**

The 2021 participation window for Employee Wellness Incentive Program closed April 30, 2021. Employees could earn \$240 (\$20/month) by completing an online health assessment and a biometric screening or health coaching program. Sixty seven people completed the incentive program (57 employees/10 spouses).

### Looking Forward:

#### **Bravo Employee Wellness Incentive Program:**

The Employee Wellness Committee is currently designing the next cycle of the Wellness Incentive Program and will continue to expand, offering a variety of ways employees/spouses can earn incentives. This will include biometric screenings, health coaching, preventative exams, challenges, and meeting or improving on biometric screening values.

#### **Clinic & Wellness Team:**

- Planning for future events like employee wellness program, health fair, and other events.
- Diabetes Programming and support for patients with diabetes and for preventing diabetes.
- Building out population health management, education materials and programming for the community.

#### **Super Kids Camp Summer 2021**

- Partnership with Kinder Skog for camp implementation
- 1 week camp with variety “field day” like activities
- Native Youth Olympics – School District partnership
- Nutrition lessons for healthy eating

#### **Community Health Needs Assessment:**

- Wellness Coordinator is working with PMC grant writer to implement this year.
- The Community Needs Assessment will include a community survey.

#### Challenges

- COVID-19 has created some challenges and forces us to operate in a different way to create community connectedness and to inspire people for wellness.  
Identify wellness activities for staff and the community that inspire people and provide variety.

#### Accomplishments

- Julie Walker, Community Wellness Coordinator has expanded her role as Emergency Preparedness the COVID-19 Vaccine pods in 2021.

#### Opportunities

- Strengthened relationship with the SHARE Coalition and other agencies on wellness projects including Petersburg Mental Health, WAVE, School district, etc.
- Collaboration with various departments on Wellness ideas/opportunities within PMC and our community (LTC, Therapies, Clinic, School, Radiology, Lab, Emergency Preparedness, etc.)

**Submitted by Kelly Keyes Zweifel, RD LD CDE**



# Petersburg Medical Center

Food & Nutrition Services Board Report 5/6/2020

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## Staffing Overview

Currently the kitchen is fully staffed. I do not have an assistant now so there are still plans on hiring one more person to fill that position.

## Review and Update

Menus are complete. However, Meal Suite has been on hold for unknown reasons since Covid started so further training on the program was paused. On 5/6/2021, I was able to contact a representative there so he is contacting our account manager so that we can move forward on training. Once training is complete, the plan is to execute the new menus! Something new we have begun is celebrating holidays with food! I have created a new policy stating that the lunch meal will be substituted with a special meal, in place of the meal listed on the menu. Instead of just providing meals for the usual Thanksgiving, Christmas, and St. Patrick's Day, we have added having special meals for Valentine's Day, Easter Sunday, Cinco De Mayo, Fourth of July, and considering Halloween! With their meal, we have incorporated small gifts on the trays of each resident!

## Looking Forward

My staff has changed quite a bit, for the better, I believe. They are all aware of the direction I am trying to lead them and try hard to make the food to the best of their ability. I am looking forward to seeing how well they adapt to the new menus!

## Challenges

My biggest challenge right now is not having an assistant to help me. It causes me to be on call all the time, and I must take on the responsibilities that I would normally assign to the assistant. I am also in the process of taking an online course to get my certification, while running the department.

## Accomplishments

Through my personal challenge here, I am greatly rewarded by my crew. Most of them are cross trained in different areas, so they can cover different jobs, when needed. This allows me to take care of other responsibilities. Recent job titles have been created to some of the existing crew. These positions have huge responsibilities and were created to take some of the load off me. I have three different trainers for different positions, an inventory attendant, and a catering specialist. Each of these are vital because these are responsibilities lifted from me. Now, I can oversee all that is happening.

## Opportunities

I think if the lines of communication between upstairs and the kitchen was better, we could save some money. We do not always have enough notice on discharges or diet changes, so it causes us to send wasted trays, we

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have thrown away a lot. The struggle with this issue is ongoing. Also, preference sheets are a must. From my understanding, preference sheets are part of the admit package. If we have the preferences prior to food preparation, we can be sure to give each patient what they request, in compliance with the diet ordered. I will do what I can and communicate any information that I can share with new nurses as they do their tours with me. Also, I will fill out any preferences, upon request of the nurse or family.

Submitted by: Lidia Wickersham



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## **CEO Report:**

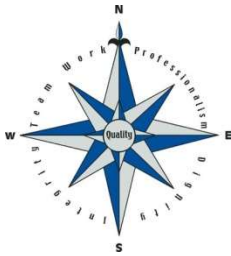
*The following updates are not a comprehensive summary of activities due to the activation of the Emergency Preparedness Incident Command Center from the COVID-19 response since March 11<sup>th</sup>, 2020.*

Petersburg Medical Center is now in a turning point with the Emergency Incident Command System for the COVID pandemic since March 11<sup>th</sup>, 2020. After a year and change, we are considering a step-down approach to the COVID response. This is due to the vaccination program and the high incidence of vaccination in Petersburg. The CDC and CMS are both allowing a reduction in masking and mitigation with those vaccinated. These guidelines are incurring into our PMC policy for asymptomatic testing, travel, and masking in the facility. A number of healthcare facilities in the state are determining mandatory vaccination in healthcare workers. The PMC staff vaccination rate is at 85-86% currently, and we would like to see this at 95%. The asymptomatic testing program at the airport and the respiratory clinic are both seeing dramatically reduced numbers, and these will also be stepped down in the next 1-2 months. The barrier in LTC is removed, and the staff/residents are seeing improvements.

The nursing program was able to congratulate four graduates in the local PMC/ UAA program. This is the second cohort and an amazing achievement. The pinning ceremony was on May 1<sup>st</sup> and PMC RN educators Jennifer Bryner, Ruby Shumway and Nicole Mattingly should be acknowledged in this success. All four are intending to stay on as PMC staff RN's.

As we recover out of COVID at PMC we are reviewing and closely pulling together our FY22 budget. The recovery act funds and PMC eligibility as well as healthcare allocation, unfortunately, are uncertain. This delay and uncertainty provide a strain on budgeting for FY22. The resource committee met 5/20/21 and the budget constraints were reviewed. We recommend a final review of the budget and a resource committee meeting before presenting it to the board in the June meeting. There is a strong focus to invest in programs to provide needed services to the community. This includes our Home Health program, medical staff, mental health, financial team, technology and primary care clinic. While these programs need to staff up, the existing nursing LTC, ER, inpatient, swing bed and ancillary departments need to recover. This dual effort will require about 1 year to rebuild and to build.

Connections to the community through two work sessions in the past month were important to provide lines of communication and education. The Mountain View Manor work session occurred on April 28<sup>th</sup> and the Borough Assembly – PMC annual work session occurred on May 5<sup>th</sup>. Both meetings were productive and provided communication avenues. PMC is working on an MOU with MVM on liaison(s) identified with PMC staff. The PMC – Borough work session provided a resolution that was approved at the last Borough Assembly meeting 5/17/2021 and is attached to this report.



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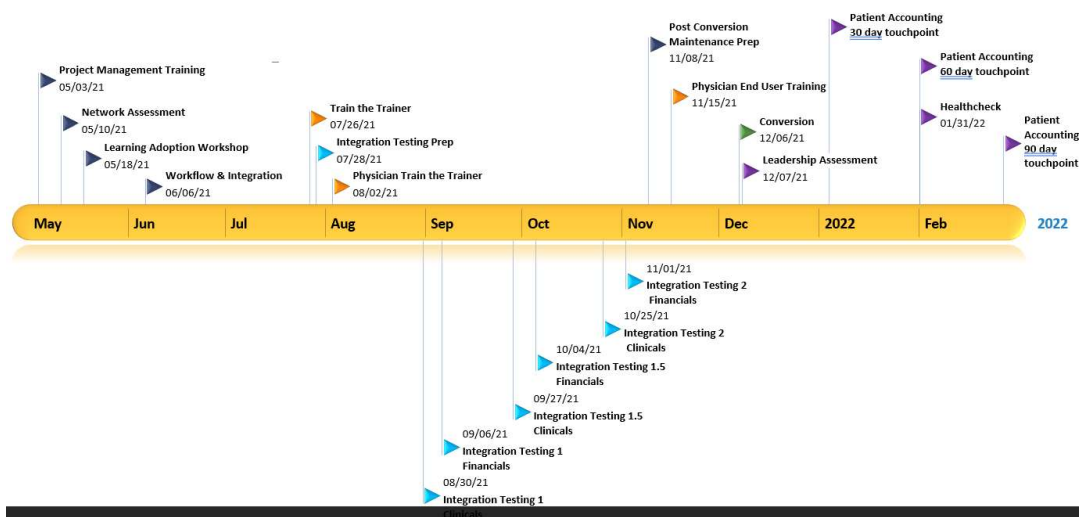
## New Facility:

In Jan/Feb we were asked by the Borough to put our CAPSIS request together that with the potential to at least get to the next phase (\$16.2M), which is a portion of the complete facility (\$80M). The Assembly / PMC Board work session, as mentioned above, resulted in a positive movement toward site selection and phased approached to a replacement building. There is a capital infrastructure funding request that was submitted through ASHNHA and the federal delegation to support the new facility. I am scheduled to meet with federal delegation staff in June to discuss. I continue to advocate how important it is for PMC to move forward with as close to shovel ready as possible by selecting the site through the completion of the environmental studies. This places PMC in a position to obtain funding for capital infrastructure funding.

## Community Education/Outreach:

- Employee Forum, April 20<sup>th</sup>
- Work session PMC and MVM, April 28<sup>th</sup>
- Nursing Graduates Pinning Ceremony, May 1<sup>st</sup>
- PMC reports out at May Borough Assembly Meeting, May 3<sup>rd</sup>
- Work Session PMC and Borough Assembly, May 5<sup>th</sup>
- May in-person (masked / physical distanced) luncheon with the physicians, May 18<sup>th</sup>
- ASHNHA Board meeting virtual, May 20<sup>th</sup>
- Telehealth equipment and software from CARES act continue to be rolled out.
- Cerner roadmap implementation is rolling out as constructed (below).
- HRG is working toward revenue cycle and billing financial departments.

## PMC Cerner Event Milestones Timeline



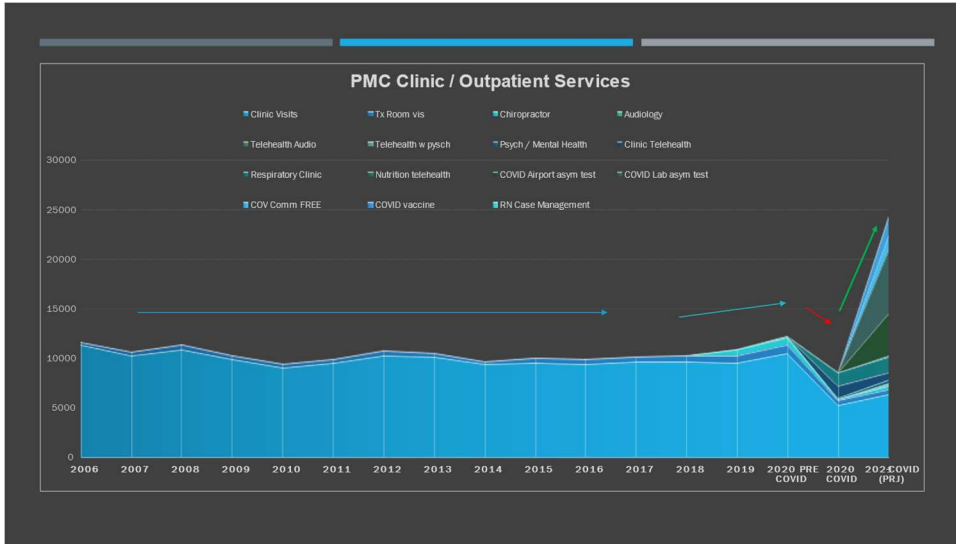




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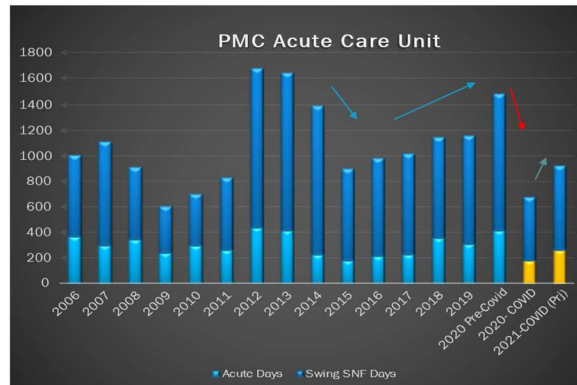
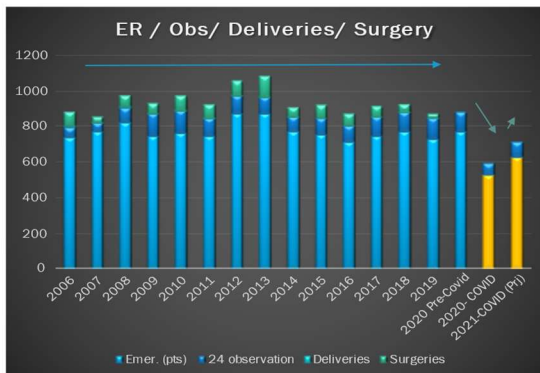
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## Integrated Healthcare:

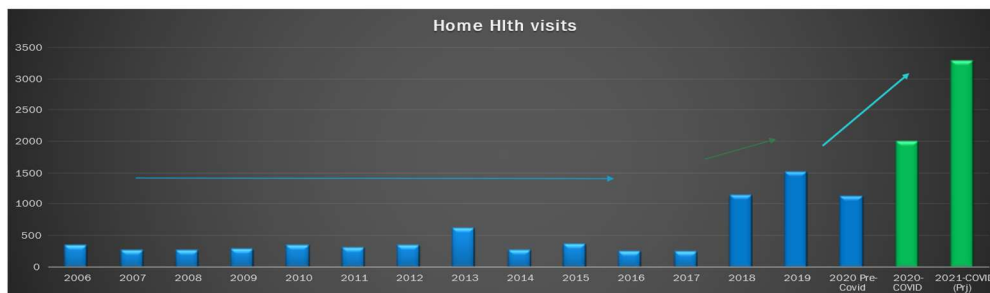


In the past year it has been impressive to see the large adjustment in integrating services into the clinic. COVID has forced PMC to become adaptable and standup various types of way to deliver services. The graphs and charts speak for themselves. Of note are the variations in types of delivery.

## PETERSBURG MEDICAL CENTER



## PMC HOME HEALTH AGENCY





## *Petersburg Medical Center*

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### **Workforce development:**

PMC received notice that the application for the National Health Service Corp application to become a designated site through HRSA will be approved. The application process continues for this cycle and will close on May 26<sup>th</sup>. Once this occurs, this will assist in PMC's ability to retain employees through federal loaner repayment programs for providers.

PMC is working on leadership and/or ladder opportunities for staff. PMC continues to evolve with both increased FTE opportunities and turnover. PMC hired Jill Dormer as the CIO and will oversee the technology /IT division. Rocio will be leaving us in July 2021 and Cynthia Brandt is taking over CFO responsibilities. The business office will join the finance division. An updated organizational chart is attached for review. Work force hiring has many challenges as we are seeing in many other parts of the country. It is amazing to see the nursing graduates and pinning ceremony to celebrate that on May 1<sup>st</sup>.



The Employee Forum was presented on April 20<sup>th</sup> through Zoom presentation and there were approximately 70 employees that attended.

Wellness Bravo Program: Employee wellness incentive program \$260 individually or \$520 per year off premium to enroll. We are meeting to discuss year 2 of this program to focus on healthy initiatives in this program and benefits for staff.



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**Finance:** The financial package is included for April FY21. While we are awaiting funding through the Federal COVID funding package the budget continues to be refined. The budgetary process as indicated above will require a final review through the resource committee next month before presenting to the next board meeting. The Alaska Rescue Plan Act will offer grants that PMC is reviewing closely to assist in our programs and capital infrastructure.

Name	Purpose	Amount	Status
State of Alaska DHSS	BH Telehealth	\$25,000	Funded
FCC COVID 19 Telehealth Program	Equipment	\$1,000,000	Pending review
ARPA DHSS Substance Abuse Block Grant Funding	MAT	\$1,000,000	Solicitation announcement pending
ARPA DHSS Mental Health Block Grant	Behavioral Health Services for healthcare workers and community members	\$500,000	Solicitation announcement pending
ARPA or State of Alaska DHSS	Home Health Care	\$500,000	Funding allocation and solicitation pending through either ARPA or State of Alaska
ARPA or State of Alaska DHSS	CAPABLE Program	\$500,000	Funding allocation and solicitation pending through either ARPA or State of Alaska
ARPA DHSS Assistance to Children & Families Emergency side	Healthcare and other assistance impacted by COVID	\$100,000	Potential community partnership, solicitation announcement pending
State of Alaska DHSS	BH during COVID Continuation grant program for FY2021-22	\$95,000	Pending award
State of Alaska DHSS (CIMIG)	CAPABLE Program continuation grant for FY2021-22	\$16,000	Pending award
ARPA Childcare Development Fund Flex Funding (CCDF)	Community childcare (this is part of a bigger project that will be incorporated in the new hospital)	\$500,000	Community partnership, solicitation announcement pending
ARPA (CSLRF) Capital Projects Allocation through State of Alaska funding	Electrical Work for Hospital site selection	\$18,000,000	ARPA allocation and solicitation announcement pending
ARPA funding through Borough	TBD - initial request was for EHR connectivity \$423K and for building funds @ \$10M	\$100,000	Solicitation announcement pending
ARPA Emergency Connectivity Fund Program	EHR Connectivity Costs	\$900,000	Allocation specifics, amount and solicitation announcement pending
ARPA WIC Benefit Improvements	Community food security	\$50,000	Possible community partnership
New Hospital partnerships to be explored include: 1) a training center in the new hospital to accommodate	UAA training for nursing training courses and CNA for	\$TBD with design work	Pending exploration of partnerships with UAA

Category	Amount
State of Alaska	\$1,011,788,220
Boroughs and Census Areas	\$142,094,040
• Rough math census cities = \$242/pp	
Entitlement Cities	
• Anchorage	\$47,376,742
• Fairbanks	\$5,551,822
Non-entitlement Cities	\$43,189,176
• Rough math NEUs = \$237/pp	

## Alaska Rescue Plan Act Bill 2021 (ARPA)

**Revenue Cycle/Billing:** HRG is in its 2<sup>nd</sup> month and working with PMC finance team to transition all the processes and improvements for statements, AR and billing. A revenue cycle specialist will be assigned to PMC and work closely with our team to address workflow gaps and efficiencies.



**Petersburg Borough, Petersburg, Alaska**  
**RESOLUTION #2021-04**

**A RESOLUTION SUPPORTING THE PETERSBURG HOSPITAL BOARD AND  
PETERSBURG MEDICAL CENTER IN THE PLANNING FOR A NEW HOSPITAL FACILITY  
IN PETERSBURG TO BE COMPLETED IN PHASES**

**WHEREAS**, the Petersburg Borough Assembly recognizes the need for quality health care for Petersburg residents; and

**WHEREAS**, the Assembly recognizes the health care industry's substantive changes in health care regulations, privacy concerns, treatment processes, equipment, communications and procedures; and

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

**WHEREAS**, there are safety concerns with structural deficiencies and age of equipment; and

**WHEREAS**, PMC departments are in need of more space to meet the needs of their patients and staff; and

**WHEREAS**, the cost of a new facility far exceeds the Boroughs ability to finance or bond for the project, making it imperative that the project be completed in phases as external sources of funding are available; and

**WHEREAS**, the Assembly support the concept and planning association with building a new hospital, but would like PMC to proceed in phases; and

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

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

**WHEREAS**, the Assembly supports the Hospital Board in moving forward with phase 2 to bring the selected site to shovel ready status.

**THEREFORE BE IT RESOLVED**, the Petersburg Borough Assembly:

- 1) Supports the efforts of the Petersburg Hospital Board and PMC in their endeavor to engage the public and develop a plan for a new facility that will meet the needs of Petersburg Borough residents for health care services well into the future; and
- 2) Supports the continual need for public dialogue and participation in the planning for a new facility, and
- 3) Wishes to participate with the Hospital Board and CEO in the planning for a new facility, and

- 4) Supports the manager and staff working with the Hospital CEO and potential contractors in connection with planning for a new facility, and
- 5) Supports the Board in its effort to seek external financing for the facility; and
- 6) Lends it support in the search for external sources of funding.

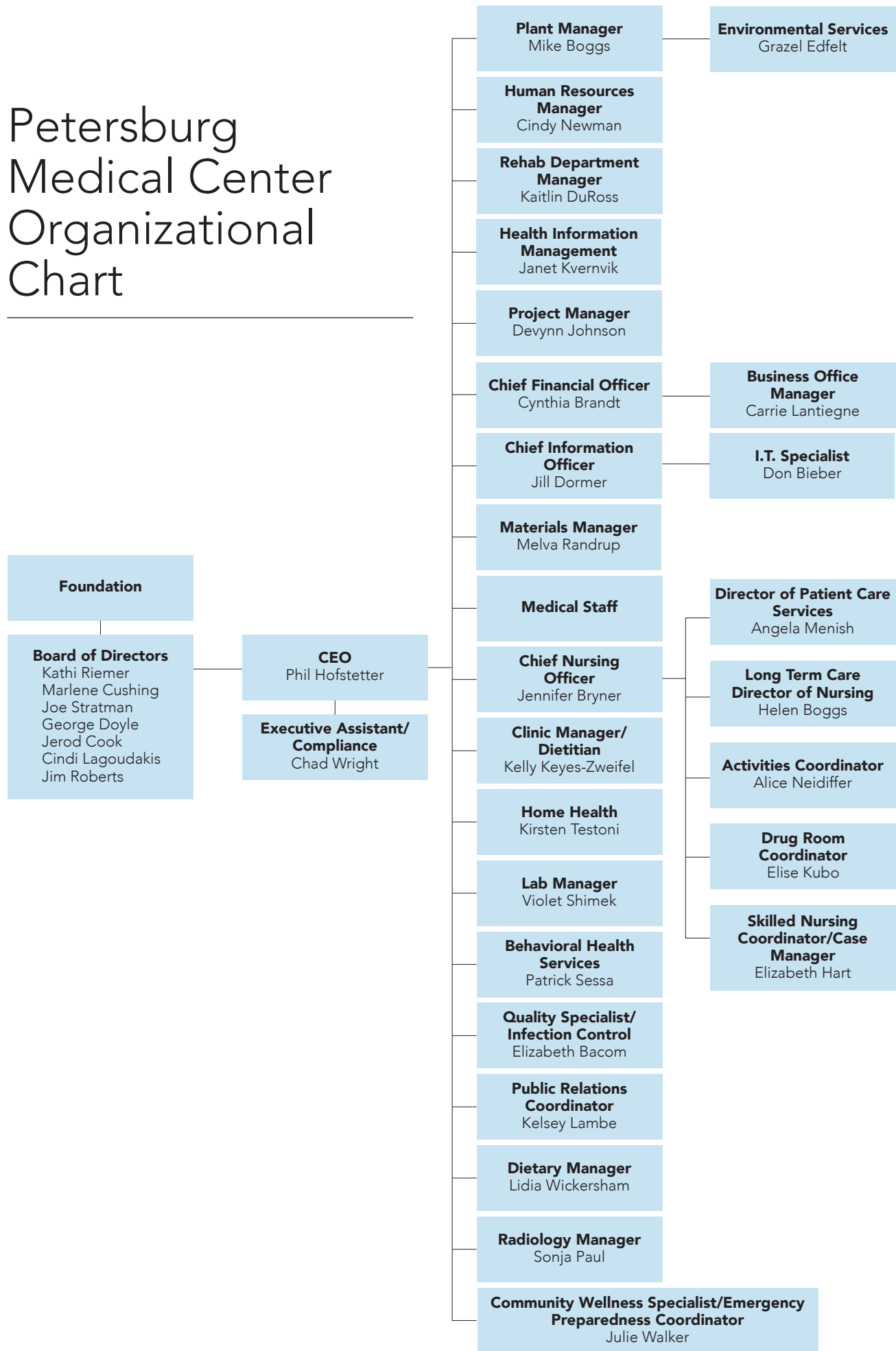
**Passed and Approved by the Petersburg Borough Assembly on May 17, 2021, 2021.**

  
\_\_\_\_\_  
Mark Jensen, Mayor

**ATTEST:**

  
\_\_\_\_\_  
Debra K. Thompson, Borough Clerk

# Petersburg Medical Center Organizational Chart



# ***PETERSBURG MEDICAL CENTER***

## **FINANCIAL REPORTING PACKAGE**

**FISCAL YEAR 2021**

**For the ten months ended April 30, 2021**

**PETERSBURG MEDICAL CENTER**  
**Statement of Revenues and Expenses**  
**For the ten months ended April 30, 2021**

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
\$385,092	\$351,193	\$33,899	9.7%							
1,056,842	987,392	69,450	7.0%							
230,359	342,219	(111,860)	-32.7%							
<u>1,672,293</u>	<u>1,680,805</u>	<u>(8,512)</u>	<u>-0.5%</u>							
331,094	291,956	(39,138)	-13.4%							
0	0	0	n/a							
72,997	9,413	(63,584)	-675.5%							
23,111	57,522	34,411	59.8%							
<u>427,202</u>	<u>358,891</u>	<u>(68,311)</u>	<u>-19.0%</u>							
1,245,091	1,321,914	(76,823)	-5.8%							
140,894	62,277	78,617	126.2%							
163,255	13,750	149,505	1087.3%							
(87,877)	150,000	(237,877)	-158.6%							
130,424	2,603	127,821	4910.5%							
<u>346,696</u>	<u>228,630</u>	<u>118,066</u>	<u>51.6%</u>							
1,591,787	1,550,544	41,243	2.7%							
956,520	781,887	(174,633)	-22.3%							
97,298	64,958	(32,340)	-49.8%							
424,223	313,702	(110,521)	-35.2%							
94,634	125,541	30,907	24.6%							
187,238	64,769	(122,469)	-189.1%							
33,358	42,115	8,757	-20.8%							
29,505	8,156	(21,349)	-261.8%							
15,195	11,633	(3,562)	30.6%							
77,126	52,140	(24,986)	-47.9%							
3,322	11,061	7,739	70.0%							
54,888	62,385	7,497	12.0%							
8,372	8,756	384	4.4%							
18,699	12,547	(6,152)	-49.0%							
<u>2,000,378</u>	<u>1,559,650</u>	<u>(440,728)</u>	<u>-28.3%</u>							
(408,591)	(9,106)	(399,485)	-4387.3%							
160,722	6,250	154,472	2471.6%							
0	(6)	6	100.0%							
0	0	0	n/a							
32	0	32	0.0%							
<u>160,754</u>	<u>6,244</u>	<u>154,510</u>	<u>2474.5%</u>							
(\$247,837)	(\$2,861)	(\$244,976)	-8561.3%							

( ) or - indicates unfavorable variance



**PETERSBURG MEDICAL CENTER**  
**Key Volume Indicators**  
**For the ten months ended April 30, 2021**

<u>Current Month</u>					<u>Year-To-Date</u>							
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>				<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		#	<u>Prior YTD</u>	<u>Variance %</u>
		<u>Amount</u>	<u>%</u>					<u>Amount</u>	<u>%</u>			
<b>Hospital Inpatient</b>												
27	34	(7)	-20.6%	1.	Patient Days - Acute Care	226	238	(12)	-5.0%		299	-24.4%
102	93	9	9.7%	2.	Patient Days - Swing Bed	607	713	(106)	-14.9%		1,123	-45.9%
129	127	2	1.6%	3.	Patient Days - Total	833	951	(118)	-12.4%		1,422	-41.4%
0.9	1.1	(0.2)	-20.6%	4.	Average Daily Census - Acute Care	0.7	0.8	(0.0)	-5.0%		1.0	-24.2%
3.4	3.1	0.3	9.7%	5.	Average Daily Census - Swing Bed	2.0	2.3	(0.3)	-14.9%		3.7	-45.8%
4.3	4.2	0.1	1.6%	6.	Average Daily Census - Total	2.7	3.1	(0.4)	-12.4%		4.7	-41.2%
35.8%	35.3%	0.6%	1.6%	7.	Percentage of Occupancy	22.8%	26.1%	-3.2%	-12.4%		38.9%	-41.2%
<b>Long Term Care</b>												
241	360	(119)	-33.1%	8.	Resident Days	2,418	3,464	(1,046)	-30.2%		3,558	-32.0%
8.0	12.0	(4.0)	-33.1%	9.	Average Daily Census	7.9	11.4	(3.4)	-30.3%		11.7	-31.9%
53.6%	80.0%	(0)	-33.1%	10.	Percentage of Occupancy	53.0%	76.0%	-23.0%	-30.3%		77.8%	-31.9%
<b>Other Services</b>												
40	49	(9)	-18.4%	11.	Emergency Room Visits	504	578	(74)	-12.8%		559	-9.8%
188	196	(8)	-4.1%	12.	Radiology Procedures	1,689	1,523	166	10.9%		1,831	-7.8%
-	2,412	(2,412)	-100.0%	13.	Lab Tests (excluding QC)	17,731	20,034	(2,303)	-11.5%		20,803	-14.8%
918	835	83	10.0%	14.	Rehab Services Units	6,486	5,696	790	13.9%		9,987	-35.1%
46	58	(12)	-20.7%	15.	OP Treatment Room	470	582	(112)	-19.2%		665	-29.3%
195	150	45	30.0%	16.	Home Health Visits	2,636	1,500	1,136	75.7%		957	175.4%
946	946	-	0.0%	17.	Clinic Visits	8,291	7,561	730	9.7%		8,903	-6.9%
493	-	493	n/a	18.	Airport COVID Tests	3,725	-	3,725	n/a		-	n/a
278	-	278	n/a	19.	Lab Asymptomatic COVID Tests	5,049	-	5,049	n/a		-	n/a

( ) or - indicates an unfavorable variance

**PETERSBURG MEDICAL CENTER**  
**Key Operational Indicators**  
**For the ten months ended April 30, 2021**

<i>Current month</i>				<i>Year-to-Date</i>							
<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>		
19.8%	17.4%	-2.4%	-14.0%	1.	Contractual Adj. as a % of Gross Revenue	19.2%	17.4%	-1.8%	-10.4%	14.4%	-33.2%
1.4%	3.4%	2.0%	59.6%	2.	Charity/Other Ded. as a % of Gross Revenue	3.4%	3.4%	0.0%	-0.6%	2.6%	-32.0%
4.4%	0.6%	-3.8%	-679.5%	3.	Bad Debt as a % of Gross Revenue	0.1%	0.6%	0.5%	87.6%	0.5%	86.9%
-25.7%	-0.6%	-25.1%	-4271.0%	4.	Operating Margin	-2.3%	-0.5%	-1.8%	-344.8%	-4.8%	51.8%
-14.1%	-0.2%	-14.0%	-7593.9%	5.	Total Margin	1.4%	-0.1%	1.5%	1236.4%	-5.5%	126.1%
				6.	Days Cash on Hand (Including Investments)	198.7				262.5	-24.3%
				7.	Days in A/R	53.3				52.0	-2.5%

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

**PETERSBURG MEDICAL CENTER**

**Balance Sheet**

**April 30, 2021**

**ASSETS**

**Current Assets:**

	<u>Apr 2021</u>	<u>Mar 2021</u>	<u>June 2020</u>	<u>Apr 2020</u>
1. Cash - operating	\$2,246,495	\$2,842,852	\$6,977,720	\$3,554,905
2. Cash - insurance advances	3,624,420	3,625,422	3,648,599	3,648,599
3. Investments	2,600,060	2,605,210	2,597,056	2,596,667
4. Total cash	8,470,975	9,073,484	13,223,375	9,800,171
5. Patient receivables	5,203,657	4,597,714	4,327,789	4,614,250
6. Allowance for contractals & bad debt	(3,094,964)	(2,946,663)	(2,984,193)	(2,918,344)
7. Net patient receivables	2,108,693	1,651,051	1,343,596	1,695,906
8. Other receivables	194,684	158,524	69,848	34,576
9. Inventories	298,030	297,044	287,034	266,441
10. Prepaid expenses	153,247	193,738	95,727	124,510
11. Total current assets	11,225,629	11,373,841	15,019,580	11,921,604

**Property and Equipment:**

12. Assets in service	22,729,769	22,690,322	22,118,622	22,094,733
13. Assets in progress	70,328	110,985	441,798	440,840
14. Total property and equipment	22,800,097	22,801,307	22,560,420	22,535,573
15. Less: accumulated depreciation	(18,853,398)	(18,798,510)	(18,304,246)	(18,191,736)
16. Net property and equipment	3,946,699	4,002,797	4,256,174	4,343,837

**Assets Limited as to Use by Board**

17. Investments	3,095,510	2,963,033	2,495,153	2,362,872
18. Building fund	656,662	627,512	525,783	498,080
19. Total Assets Limited as to Use	3,752,172	3,590,545	3,020,936	2,860,952

**Deferred Outflows:**

20. Pension	2,524,894	2,524,894	2,524,894	2,883,764
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21. Total assets \$21,449,394 \$21,492,077 \$24,821,584 \$22,010,157

**LIABILITIES & FUND BALANCE**

**Current Liabilities:**

	<u>Apr 2021</u>	<u>Mar 2021</u>	<u>June 2020</u>	<u>Apr 2020</u>
22. Accounts payable	\$672,712	\$637,654	\$732,449	\$647,891
23. Accrued payroll	384,381	322,127	473,575	311,391
24. Payroll taxes and other payables	84,324	68,651	99,937	77,519
25. Accrued PTO and extended sick	1,009,943	972,631	880,050	843,195
26. Deferred revenue	638,205	608,011	2,654,847	5,000
27. Due to Medicare	1,019,892	989,892	778,672	300,633
28. Due to Medicare - Advance	3,572,420	3,573,422	3,573,422	3,573,422
29. Due to Blue Cross - Advance	52,000	52,000	52,000	52,000
30. Other current liabilities	21,794	21,794	0	0
31. Loan Payable - SBA	0	0	1,800,000	1,800,000
32. Current portion of long-term debt	54,104	54,104	85,961	124,895
33. Total current liabilities	7,509,775	7,300,286	11,130,913	7,735,946

**Long-Term Debt:**

34. Capital leases payable	26,056	30,391	69,411	51,802
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**Pension Liabilities:**

35. Net Pension Liability	11,270,762	11,270,762	11,270,762	11,593,911
36. OPEB Liability	323,644	323,644	323,644	2,366,512
37. Total pension liabilities	11,594,406	11,594,406	11,594,406	13,960,423

38. Total liabilities 19,130,237 18,925,083 22,794,730 21,748,171

**Deferred Inflows:**

39. Pension	1,148,977	1,148,977	1,148,977	1,185,483
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**Net Position:**

40. Unrestricted	877,826	877,826	(99,888)	(99,888)
41. Current year net income (loss)	292,355	540,192	977,766	(823,608)
42. Total net position	1,170,180	1,418,017	877,877	(923,497)

43. Total liabilities and fund balance \$21,449,394 \$21,492,077 \$24,821,584 \$22,010,157

**PETERSBURG MEDICAL CENTER**

**Statement of Cash Flows**

**April 30, 2021**

	FY21	FY20	Variance
<b>Cash Flows from Operating Activities</b>			
1. Cash received from patient services	10,961,507	13,453,477	(2,491,970)
2. Cash from other sources	645,293	133,648	511,645
3. Cash paid to suppliers	(6,751,374)	(4,390,901)	(2,360,473)
4. Cash paid to employees	(12,037,734)	(10,333,313)	(1,704,421)
5. Net cash provided by (used for) operating activities	<u>(7,182,308)</u>	<u>(1,137,089)</u>	<u>(6,045,219)</u>
<b>Cash Flows from Investing and Noncapital Financing Activities:</b>			
6. Change in Board Designated Investments	7,622	38,786	(31,164)
7. Cash from grant programs	2,782,240	1,194,538	1,587,702
8. Cash from provider relief funds	(54,344)	0	(54,344)
9. Cash (to)from providers - advances	(1,002)	3,625,422	(3,626,424)
10. Cash from/payments on SBA Loan	0	1,800,000	(1,800,000)
11. Cash from non-operating revenue	10,899	12,036	(1,137)
12. Net cash provided by noncapital financing activities	<u>2,745,415</u>	<u>6,670,782</u>	<u>(3,925,367)</u>
<b>Cash Flows from Capital and Related Financing Activities</b>			
13. Interest paid	(623)	(4,744)	4,121
14. Cash payments on long-term debt	(75,212)	(103,571)	28,359
15. Purchase of property and equipment	(239,672)	(669,444)	429,772
16. Net cash used for capital and related financing activities	<u>(315,507)</u>	<u>(777,759)</u>	<u>462,252</u>
17. Net increase (decrease) in cash and cash equivalents	(4,752,400)	4,755,934	(9,508,334)
18. Cash and cash equivalents, beginning of year	<u>13,223,375</u>	<u>5,044,237</u>	<u>8,179,138</u>
19. Cash and cash equivalents, end of period	<u>8,470,975</u>	<u>9,800,171</u>	<u>(1,329,196)</u>
<b>Days Cash on Hand - Operating/Investments</b>			
20. Days Cash on Hand - Operating/Investments	78.8	127.5	(48.7)
21. Days Cash on Hand - Provider Advances	58.9	75.6	(16.7)
22. Days Cash on Hand - Total Operating Cash & Investments	<u>137.7</u>	<u>203.2</u>	<u>(65.4)</u>
<b>Day Cash on Hand - Total Operating/Investment/Board</b>			
23. Day Cash on Hand - Total Operating/Investment/Board	<u>198.7</u>	<u>262.5</u>	<u>(63.7)</u>
<b>Days in Accounts Payable</b>			
24. Days in Accounts Payable	<u>30.3</u>	<u>45.0</u>	<u>14.7</u>

**PETERSBURG MEDICAL CENTER**  
**Statement of Revenues and Expenses**  
**FISCAL YEAR 2021**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% VAR
<i>Gross Patient Revenue:</i>															
1. Inpatient	321,870	377,029	227,115	397,505	269,915	146,535	354,445	292,251	241,060	385,092	-	-	3,012,817	3,601,837	-16.4%
2. Outpatient	1,065,999	919,140	857,261	914,958	852,486	1,016,359	901,207	886,432	1,068,140	1,056,842	-	-	9,538,824	9,279,241	2.8%
3. Long-term Care	255,063	255,072	230,683	235,319	204,412	207,720	226,031	202,701	258,259	230,359	-	-	2,305,639	3,217,526	-28.3%
4. <b>Total gross patient revenue</b>	<b>1,642,952</b>	<b>1,551,241</b>	<b>1,315,059</b>	<b>1,547,782</b>	<b>1,326,813</b>	<b>1,370,614</b>	<b>1,481,683</b>	<b>1,381,384</b>	<b>1,567,459</b>	<b>1,672,293</b>	<b>-</b>	<b>-</b>	<b>14,857,280</b>	<b>16,098,604</b>	<b>-7.7%</b>
<i>Deductions from Revenue:</i>															
5. Contractual adjustments	391,367	194,455	195,358	381,519	221,737	271,785	309,833	265,573	287,306	331,094	-	-	2,850,027	2,319,272	-22.9%
6. Prior year settlements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
7. Bad debt expense	33,717	21,037	(88,269)	47,964	(54,039)	40,759	(103,819)	(15,340)	55,335	72,997	-	-	10,342	85,738	87.9%
8. Charity and other deductions	95,114	47,057	72,415	32,805	80,157	27,868	51,312	58,192	23,496	23,111	-	-	511,527	420,030	-21.8%
9. <b>Total deductions from revenue</b>	<b>520,198</b>	<b>262,549</b>	<b>179,504</b>	<b>462,288</b>	<b>247,855</b>	<b>340,412</b>	<b>257,326</b>	<b>308,425</b>	<b>366,137</b>	<b>427,202</b>	<b>-</b>	<b>-</b>	<b>3,371,896</b>	<b>2,825,040</b>	<b>-19.4%</b>
10. <b>Net patient revenue</b>	<b>1,122,754</b>	<b>1,288,692</b>	<b>1,135,555</b>	<b>1,085,494</b>	<b>1,078,958</b>	<b>1,030,202</b>	<b>1,224,357</b>	<b>1,072,959</b>	<b>1,201,322</b>	<b>1,245,091</b>	<b>-</b>	<b>-</b>	<b>11,485,384</b>	<b>13,273,564</b>	<b>-13.5%</b>
<i>Other Revenue</i>															
11. Inkind Service - PERS/USAC	69,758	69,758	110,688	100,651	76,275	133,541	105,106	75,249	143,535	140,894	-	-	1,025,455	626,426	63.7%
12. Grant revenue	-	44,068	104,276	19,525	157,593	2,203,490	34,919	17,281	21,462	163,255	-	-	2,765,869	1,189,538	132.5%
13. Federal & State Relief	600,000	581,750	525,000	111,337	1,297,131	432,922	305,719	161,154	(137,500)	(87,877)	-	-	3,789,636	-	n/a
14. Other revenue	66,932	60,852	55,810	67,873	60,981	75,726	73,307	53,625	91,838	130,424	-	-	737,368	91,050	709.8%
15. <b>Total other operating revenue</b>	<b>736,690</b>	<b>756,428</b>	<b>795,774</b>	<b>299,386</b>	<b>1,591,980</b>	<b>2,845,679</b>	<b>519,051</b>	<b>307,309</b>	<b>119,335</b>	<b>346,696</b>	<b>-</b>	<b>-</b>	<b>8,318,328</b>	<b>1,907,014</b>	<b>336.2%</b>
16. <b>Total operating revenue</b>	<b>1,859,444</b>	<b>2,045,120</b>	<b>1,931,329</b>	<b>1,384,880</b>	<b>2,670,938</b>	<b>3,875,881</b>	<b>1,743,408</b>	<b>1,380,268</b>	<b>1,320,657</b>	<b>1,591,787</b>	<b>-</b>	<b>-</b>	<b>19,803,712</b>	<b>15,180,578</b>	<b>30.5%</b>
<i>Expenses:</i>															
17. Salaries and wages	930,934	887,684	818,036	943,298	816,510	891,307	921,953	879,923	976,977	956,520	-	-	9,023,142	7,763,322	-16.2%
18. Contract labor	91,330	82,856	75,605	92,920	60,107	63,362	36,564	29,724	63,455	97,298	-	-	693,221	724,492	4.3%
19. Employee benefits	313,389	342,582	351,862	340,067	365,501	421,731	386,314	324,422	420,796	424,223	-	-	3,690,887	3,064,420	-20.4%
20. Supplies	51,813	99,821	91,010	166,901	95,714	84,491	130,806	115,184	124,913	94,634	-	-	1,055,287	1,187,625	11.1%
21. Purchased services	74,248	173,170	182,103	178,923	129,585	197,168	131,611	146,663	159,599	187,238	-	-	1,560,308	1,054,229	-48.0%
22. Repairs and maintenance	51,690	44,770	63,055	40,253	41,124	1,397,448	65,504	50,216	62,019	33,358	-	-	1,849,437	435,406	-324.8%
23. Minor equipment	3,102	28,374	101,761	16,790	146,896	243,104	35,515	22,038	22,593	29,505	-	-	649,678	102,822	-531.8%
24. Rentals and leases	12,426	16,518	15,967	13,859	15,847	14,594	13,046	15,086	15,210	15,195	-	-	147,748	113,027	-30.7%
25. Utilities	52,613	46,051	47,944	79,819	83,217	73,666	81,014	78,252	76,791	77,126	-	-	696,493	494,128	-41.0%
26. Training and travel	1,507	2,640	5,586	13,279	7,491	4,676	5,829	3,998	1,501	3,322	-	-	49,829	104,041	52.1%
27. Depreciation	55,696	55,506	54,928	53,239	53,096	56,189	54,061	53,997	57,547	54,888	-	-	549,147	580,183	5.3%
28. Insurance	8,821	3,867	17,825	8,401	9,288	8,301	21,644	8,416	8,301	8,372	-	-	103,236	81,801	-26.2%
29. Other operating expense	10,086	23,511	27,945	19,973	12,990	17,643	22,693	17,444	21,094	18,699	-	-	192,078	202,045	4.9%
30. <b>Total expenses</b>	<b>1,657,655</b>	<b>1,807,350</b>	<b>1,853,627</b>	<b>1,967,722</b>	<b>1,837,366</b>	<b>3,473,680</b>	<b>1,906,554</b>	<b>1,745,363</b>	<b>2,010,796</b>	<b>2,000,378</b>	<b>-</b>	<b>-</b>	<b>20,260,491</b>	<b>15,907,541</b>	<b>-27.4%</b>
31. <b>Income (loss) from operations</b>	<b>201,789</b>	<b>237,770</b>	<b>77,702</b>	<b>(582,842)</b>	<b>833,572</b>	<b>402,201</b>	<b>(163,146)</b>	<b>(365,095)</b>	<b>(690,139)</b>	<b>(408,591)</b>	<b>-</b>	<b>-</b>	<b>(456,779)</b>	<b>(726,963)</b>	<b>37.2%</b>
<i>Nonoperating Gains(Losses):</i>															
32. Investment income	109,139	100,157	(68,974)	(28,252)	257,011	115,865	9,311	79,688	4,191	160,722	-	-	738,858	(103,937)	810.9%
33. Interest expense	(200)	(162)	(125)	(87)	(49)	-	-	-	-	-	-	-	(623)	(4,744)	86.9%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	245	140	720	124	70	70	256	16	9,226	32	-	-	10,899	12,036	-9.4%
36. <b>Net nonoperating gains (losses)</b>	<b>109,184</b>	<b>100,135</b>	<b>(68,379)</b>	<b>(28,215)</b>	<b>257,032</b>	<b>115,935</b>	<b>9,567</b>	<b>79,704</b>	<b>13,417</b>	<b>160,754</b>	<b>-</b>	<b>-</b>	<b>749,134</b>	<b>(96,645)</b>	<b>875.1%</b>
37. <b>Change in Net Position (Bottom Line)</b>	<b>310,973</b>	<b>337,905</b>	<b>9,323</b>	<b>(611,057)</b>	<b>1,090,604</b>	<b>518,136</b>	<b>(153,579)</b>	<b>(285,391)</b>	<b>(676,722)</b>	<b>(247,837)</b>	<b>-</b>	<b>-</b>	<b>292,355</b>	<b>(823,608)</b>	<b>135.5%</b>
38. <b>FY21 Budget</b>	<b>23,903</b>	<b>32,325</b>	<b>24,163</b>	<b>25,440</b>	<b>45,470</b>	<b>34,538</b>	<b>(96,891)</b>	<b>(12,433)</b>	<b>(93,421)</b>	<b>(2,861)</b>	<b>-</b>	<b>-</b>	<b>(19,767)</b>	<b>-</b>	<b>-</b>
39. <b>FY21 Variance</b>	<b>287,070</b>	<b>305,580</b>	<b>(14,840)</b>	<b>(636,497)</b>	<b>1,045,134</b>	<b>483,598</b>	<b>(56,688)</b>	<b>(272,958)</b>	<b>(583,301)</b>	<b>(244,976)</b>	<b>-</b>	<b>-</b>	<b>312,122</b>	<b>-</b>	<b>-</b>

**PETERSBURG MEDICAL CENTER**  
**Key Volume Indicators**  
**FISCAL YEAR 2021**

	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	29	35	15	28	20	7	26	12	27	27			226	299	-24.4%
2. Patient Days - Swing Bed	62	68	45	80	45	29	81	66	29	102			607	1,123	-45.9%
3. Patient Days - Total	91	103	60	108	65	36	107	78	56	129			833	1,422	-41.4%
4. Average Daily Census - Acute Care	0.9	1.1	0.5	0.9	0.7	0.2	0.8	0.4	0.9	0.9			0.7	1.0	-24.2%
5. Average Daily Census - Swing Bed	2.0	2.2	1.5	2.6	1.5	0.9	2.6	2.4	0.9	3.4			2.0	3.7	-45.8%
6. Average Daily Census - Total	2.9	3.3	2.0	3.5	2.2	1.2	3.5	2.8	1.8	4.3			2.7	4.7	-41.2%
7. Percentage of Occupancy	24.5%	27.7%	16.7%	29.0%	18.1%	9.7%	28.8%	23.2%	15.1%	35.8%			22.8%	38.9%	-41.2%
<b>Long Term Care</b>															
8. Resident Days	279	279	241	245	210	217	233	210	263	241			2,418	3,558	-32.0%
9. Average Daily Census	9.0	9.0	8.0	7.9	7.0	7.0	7.5	7.5	8.5	8.0			7.9	11.7	-31.9%
10. Percentage of Occupancy	60.0%	60.0%	53.6%	52.7%	46.7%	46.7%	50.1%	50.0%	56.6%	53.6%			53.0%	77.8%	-31.9%
<b>Other Services</b>															
11. Emergency Room Visits	64	76	42	40	35	42	65	46	54	40			504	559	-9.8%
12. Radiology Procedures	157	173	150	146	164	189	184	147	191	188			1,689	1,831	-7.8%
13. Lab Tests (excluding QC)	3,082	2,748	2,606	2,576	2,253	2,218	2,248						17,731	20,803	-14.8%
14. Rehab Services Units	759	696	563	565	575	657	497	578	678	918			6,486	5,433	-35.1%
15. OP Treatment Room	33	55	54	53	36	65	45	56	27	46			470	435	-29.3%
16. Home Health Visits	272	255	213	257	309	272	286	293	284	195			2,636	541	175.4%
17. Clinic Visits	632	758	755	879	779	900	748	1,019	875	946			8,291	4,811	-6.9%
18. Airport COVID Tests	366	245	197	260	349	462	459	314	580	493			3,725	-	n/a
19. Lab Asymptomatic COVID Tests	662	689	621	640	379	429	487	423	441	278			5,049	-	n/a

**PETERSBURG MEDICAL CENTER**  
**Key Operational Indicators**  
For the ten months ended April 30, 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	23.8%	12.5%	14.9%	24.6%	16.7%	19.8%	20.9%	19.2%	18.3%	19.8%			19.2%	14.4%	-33.2%
2. Charity/Other Ded. as a % of Gross Revenue	5.8%	3.0%	5.5%	2.1%	6.0%	2.0%	3.5%	4.2%	1.5%	1.4%			3.4%	2.6%	-32.0%
3. Bad Debt as a % of Gross Revenue	2.1%	1.4%	-6.7%	3.1%	-4.1%	3.0%	-7.0%	-1.1%	3.5%	4.4%			0.1%	0.5%	86.9%
4. Operating Margin	10.9%	11.6%	4.0%	-42.1%	31.2%	10.4%	-9.4%	-26.5%	-52.3%	-25.7%			-2.3%	-4.8%	51.8%
5. Total Margin	15.8%	15.8%	0.5%	-45.0%	37.2%	13.0%	-8.8%	-19.5%	-50.7%	-14.1%			1.4%	-5.5%	126.1%
6. Days Cash on Hand (Including Investments)	313.2	292.9	279.4	265.8	273.8	224.3	220.5	211.5	205.5	198.9	-	-	198.7	262.5	-24.3%
7. Days in A/R	49.6	49.8	37.7	39.2	36.2	35.9	42.6	44.5	42.5	53.3	-	-	53.3	52.0	-2.5%