

Petersburg Medical Center

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BOARD MEETING A g e n d a

DATE: Thursday, March 25th, 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 – February 25 th , 2021	<i>Chair</i>	<i>in packet</i>
IV. VISITOR COMMENTS	<i>Chair</i>	<i>N/A</i>
V. BOARD MEMBER COMMENTS	<i>Chair</i>	<i>N/A</i>
VI. REPORTS		
A. Informatics <i>Action required: Informational only</i>	<i>J. Dormer</i>	<i>in packet</i>
B. Materials Management <i>Action required: Informational only</i>	<i>M. Randrup</i>	<i>in packet</i>
C. Medical Records <i>Action required: Informational only</i>	<i>J. Kvernvik</i>	<i>in packet</i>
D. Nursing <i>Action required: Informational only</i>	<i>J. Bryner</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>at meeting</i>
G. Financial <i>Action required: Informational only</i>	<i>R. Tejera</i>	<i>in packet</i>
VII. UNFINISHED BUSINESS		

VIII. NEW BUSINESS

A. Hospital Board / Assembly Work Session *P. Hofstetter* *in packet*

Action required: Informational only

Assembly Member Lynn requests to schedule a work session with the Assembly and the Hospital Board and amendment and/or approval of the draft work session agenda, attached.

B. Bylaw Review Committee *P. Hofstetter* *at meeting*

Action required: For approval

Recommended motion: Petersburg Medical Center Board of Directors approves the formation of a Bylaw Review Committee for the purpose of reviewing current bylaws and bringing any recommendations for revisions to the board to be considered for approval.

IX. EXECUTIVE SESSION

By motion, the Board will enter into Executive Session to discuss personnel matters and to review medical information and related public health records which are not subject to public disclosure.

X. NEXT MEETING

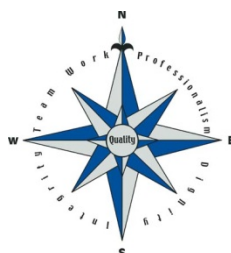
XI. ADJOURNMENT

Petersburg Medical Center

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Petersburg, Alaska 99833

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



Meeting: Medical Center Board Meeting

Date: February 25th, 2021 **Time:** 5:00 p.m.

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

Board Members Absent: None

- I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:01 p.m.
- II. **APPROVAL OF THE AGENDA:** Member Lagoudakis made a motion to approve the agenda as presented. Motion seconded by Member Cushing. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:** Member Stratman made a motion to approve the minutes from January 28th, 2021 as presented. Motion seconded by Member Cushing. Motion passed unanimously.
- IV. **VISITOR COMMENTS:** B. Axmaker was representing herself as a community member to express concern about contact tracing. She noted that community members have contacted her asking why they are being harassed about being a contact when in fact she has not had any contact with them for weeks. She elaborated on her frustration regarding the process of contact tracing and asked that the process be reviewed.
- V. **BOARD MEMBER COMMENTS:** Member Cushing stated she was grateful and appreciative of the hospital staff working double shifts and long hours during the outbreak.
- VI. **REPORTS:**
 - A. **Radiology.** S. Paul was available to answer questions related to her written report (see copy).
 - B. **Information Technology.** D. Bieber was available to answer questions related to his written report (see copy). M. Pawuk discussed a recent hire in the technology department.
 - C. **Laboratory.** V. Shimek was available to answer questions regarding her written report (see copy).

- D. Long Term Care.** H. Boggs was available to answer questions regarding her written report (see copy).
- E. Business Office.** C. Lantiegne was not in attendance but her written report (see copy) was available for review.
- F. Quality & Infection Prevention.** L. Bacom discussed the recent COVID outbreak. She noted that she continues to work on consistent messaging regarding testing, quarantining and isolating. She stated the vaccine clinics have been successful and the vaccine waiting list continues to grow.
- G. Executive Summary.** In addition to his written report (see copy), P. Hofstetter asked J. Hyer to provide a high-level summary of the recent COVID outbreak and the impact on the facility. M. Pawuk supplied information related to local testing numbers. J. Bryner provided an overview of operations and K. Zweifel provided an overview of activity in the respiratory clinic. J. Dormer reported that she updated the department mitigation plans and discussed asymptomatic testing at the airport. R. Tejera discussed expenses and funding issues.
- H. Financial.** In addition to providing a financial package (see copy), R. Tejera focused on the year-to-date volumes, expenses and revenue. She reviewed the key volume indicators. She then reviewed the balance sheet before covering the statement of cash flows. R. Tejera requested to schedule a resource committee meeting next week to review the budget and projections of what to expect.

VII. UNFINISHED BUSINESS

VIII. NEW BUSINESS

- IX. EXECUTIVE SESSION** Member Cushing made a motion to enter Executive Session to discuss personnel matters and to consider medical staff reappointments. Motion seconded by Member Roberts. Motion passed unanimously. Board entered Executive Session at 5:58 pm. Member Roberts made a motion to come out of Executive Session. Motion seconded by Member Lagoudakis. Motion passed unanimously. Board came out of Executive Session at 6:25 pm. Member Cushing made a motion to reappoint the following to medical staff: Selina Burt, DO; Cortney Hess, MD; Jeffrey Anderson, MD; Ashley Buice, MD; Kevin Crawford, MD; John Dohrman, MD; Jon Ekstrom, MD; Ryan Fortna, MD; Jerrell Ingalls, MD; Dmitriy Kazimirko, MD; John Kokesh, MD; Kelly Lloyd, MD; Corey Orton, MD; Brandon Roller, MD; Michael Saltzman, MD; Alexander Schabel, MD; Gregg Schellack, DO; Stephan Thiede, MD; Ryan Tade, MD; Rodney Anderson, DC; Deborah Geering-Fend, OD; Tina Pleasants, ANP and Erica Worhatch, RP. Motion seconded by Member Riemer. Motion passed unanimously.
- X. NEXT MEETING** The next regularly scheduled meeting was set for Thursday, March 25th, 2021 at 5:00 p.m.
- XI. ADJOURNMENT** Member Riemer made a motion to adjourn. Motion was seconded by Member Stratman. Motion passed unanimously. The meeting adjourned at 6:32 p.m.

Respectfully submitted,

Marlene Cushing, Board Secretary

DRAFT

Informatics Report to the Petersburg Medical Center Board of Directors

Jill Dormer – Director of Fiscal Services/Informatics

Matt Pawuk - Electronic Health Records & Technology Systems Lead

March 2021

Recent Activities:

- 1) Internet Bandwidth: Over the past year, bandwidth limitations intermittently affected user experience within the facility. PMC IT staff worked with GCI to optimize the network capability in order to provide reliable connectivity. Bandwidth capacity was increased to provide the resources needed to meet the demands of operations.
- 2) RAPC Interface: Radiology Associates P.C. have had a longstanding relationship with PMC to provide remote radiology services, including interpretation and analysis for our imaging department. We recently completed an interface project that allows for bi-directional exchange of information between RAPC and PMC systems. The interface will eliminate the need for duplicate documentation as well as minimizes the risk of transcription errors.
- 3) New Staff: We are excited to welcome Noah Sullivan onto the information technology team as the IT specialist for COVID response. Noah was hired into the tech department in October 2020 as a part-time emergency hire. He has been valuable in assisting with routine daily responses to hardware and software support requests, which has allowed the rest of our team to keep operations and projects moving forward.

Ongoing Projects:

- 1) Telehealth Update: Telehealth is the use of telecommunications technology for medical diagnostic monitoring and therapeutic purposes when distance separates the participants. The technology team at PMC has engaged two vendors for the purpose of delivering integrated telehealth. Mend is a user-friendly software that provides a secure telehealth experience for patients. GlobalMed offers integrated software and hardware to assist the provider with data capturing tools, provider to provider consultations and store and forward file sharing. PMC was granted funding to support the purchase of GlobalMed telehealth carts, GlobalMed software and the Mend telehealth platform. High importance is being placed toward ensuring a comfortable patient experience, HIPAA compliance as well as a seamless technical exchange. This new 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 is expected to kick off in March 2021 with an expected conversion date of December 6, 2021. Each department will be engaged to ensure that workflows will be efficient. PMC staff facility-wide have expressed full support for the migration away from CPSI and towards Cerner. We are partnering with the project team at Cerner to ensure that there will be no interruption of patient services during this conversion. We will continue to report the progress of this project.
- 3) HealthCare Resource Group: HealthCare Resource Group (HRG) has been selected as the new billing vendor for PMC. TruBridge has represented PMC as an outsourced billing company since October 2013. In anticipation of the contract expiration with TruBridge, administration and financial services staff elected to explore alternative options for outsourced billing vendors. HRG emerged as the leading candidate to assist PMC with improved cashflow, billing practices and patient financial engagement. The transition between TruBridge and HRG will be complete by March 22, 2021.

Challenges:

- 1) COVID: As is the case with every department at PMC, our response to the COVID pandemic has stretched our resources. The PMC technology team worked quickly to establish the infrastructure to support remote workers. The demand for information in the form of statistical reporting to the Department of Health and Social Services (DHSS), State and Local Borough has been challenging. 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 have had the opportunity to work alongside our dedicated staff and community members in an effort to protect Petersburg.

Respectfully,

Jill Dormer – Director of Fiscal Services/Informatics

E-mail: jdormer@pmc-health.org

Phone: 907-772-5706

Matt Pawuk - Electronic Health Records & Technology Systems Lead

E-mail: mpawuk@pmc-health.org

Phone: 907-772-5715



Petersburg Medical Center

Materials Management - Board Report - 03/25/2021

Staffing Overview

The previous manager and myself have reported multiple times in the past the need for a third employee. As of now, our part-time worker has a schedule that limits her availability for working at PMC as she is out of town for the majority of each month. Having only two employees working in Materials has slowed down tasks overall. When an urgent item needs to be addressed then items such as ordering, researching, stocking, etc. have to be paused. A third person, even part time, would benefit this department in managing the levels of fatigue, smoother work flow, and continued improvement of warehouse function. If critical situations arise, such as family matter, or when one of us is out sick there is no one to cover. This causes strain on the employee at work which in turn extends their hours and workload to make up for the staff shortages. At times, not every task can be completed even with a longer work day.

Review and Update

When the Pandemic began, there was a designated COVID area with its own check-out system. During our mid-year inventory, the discrepancies were increased compared to the last inventory. Our observations for discrepancies were: 1) Employees not expensing items. 2) Employees not expensing from the correct area. 3) Employees expensing by the incorrect unit. The Materials Warehouse during COVID Red Status has seen more control over the inventory discrepancies than previously. This is due to having less foot traffic in the warehouse and requisitions being placed by other departments. There are still some discrepancies when employees check out items but it has improved. Our previous computer was really old and caused longer times for expensing items. A better computer was installed recently and it has helped a little with the time it takes to check out item. We transitioned our GPO (Group Purchasing Organization) from Intalere to Premier this year. HRS (Human Resource Services) which is our affiliate group, is also working on our affiliation with NYHA (New York Hospital Association). HRS will be doing a mass load of contracts into our account. There are additional 900 contract enhancements that NYHA have, which HRS will be matching them to our current vendors. This will be a big help for materials department in searching supplies quicker.

Looking Forward

Materials is hoping to implement a badge in/out system where a designated department employee can come into the warehouse and gather the necessary items but then a warehouse employee would be the one to check them out, thus minimizing the discrepancies. In order to accomplish this, we need a third person's assistance. The previous manager was working on a project for expensing but unfortunately it didn't work out. With Cerner coming into the picture, hopefully, they can recommend an electronic device or scanner solution that makes our inventory process better which would allow tracking of orders and speed up in-house inventory management. Cerner might have a better monitoring system for item expiration as well as requisition. It is currently an excel worksheet in which we have to manually enter dates separately. As of now, our requisition system has limited access to other departments. While waiting for Cerner's implementation, we are researching different ways to

expense items. We transitioned smoothly from Intalere GPO to Premier on March 01, 2021. I am excited to see the better pricing options and more vendors.

Challenges

Since the start of the pandemic there is a longer amount of time being taken by staff to research COVID PPE and other supplies due to the increased demand of the supply chain availability. Keeping the inventory availability of supplies is a big challenge. Another situation is if there is an item count discrepancy and we in the warehouse do not notice it right away, we may need to order supplies more quickly and use gold streak shipping method in order to have them ready for departments in need. To help resolve this issue is to have a third person monitor daily inventory. Space is another challenge for us. Departments have been ordering a lot of supplies that we have to store in the warehouse and we don't have enough space. Right now, the surgical supplies are being stored in the OR.

Accomplishments

Since the pandemic began, it has been rather busy in the materials department. With the sudden changes in Supply Chain, ordering supplies to suffice the needs of each department is nearly impossible to accomplish. Since I have become manager, I have built good business relationships with other material managers from other hospitals. Because of our small facility, our allocation is small compared to theirs. With the good relationships I am building, it has helped us a lot to have PPE supplies available in our inventory. I developed a receiving process to help our Materials identify items delivered to departments and it's been working great.

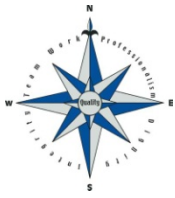
Opportunities

I've been having online conferences with Premier and am learning all the SCA. However, if given a chance in the future and GPO conferences will be offered in person, it would be beneficial for me to attend. This would be a good tool for broadening my knowledge in supply chain and materials management.

Submitted by:

Melva Randrup

Materials Manager



Petersburg Medical Center

HIM (Health Information Management) Quality Report March 2021

Staffing Overview: There are 2 of us on the hospital end that code and two on the clinic end that code. Coding is transposing words into numbers that insurance payers can understand – example: Hypertension is I10. We all work from home (and we all are enjoying it). We all do have jobs that entail other aspects of the hospital and clinic. Example: medical staff, releasing info to outside entities, policy & procedure are just couple items.

Looking Forward: We all are looking forward to the new EMR (electronic medical record). Nervous about it, yes (lots of training coming up)! But it is going to increase efficiency, help in the process of the new service lines, dictation errors will go down and releases will not be so labor intensive.

Challenges: The EMR will be our challenge but it is something to really look forward to. We have a super team and communication is vital.

Accomplishments: I believe our main accomplishment for 2020 is getting all of us set up at home and not feeling silo'd within our department. We all believe in communication, working as a team, figuring out new covid rules on coding; interesting fact: the AMA sets up all coding rules, coding rule #1 for covid: if you come in because you have a fracture and they discover you have covid, covid will be coded first on the problem list. That is not a hospital rule, that is a rule within ICD10 which is a world wide coding system.

Janet Kvernvik



Petersburg Medical Center

PMC Nursing Department Board Report March 2021

Staffing Overview

The PMC hospital/LTC nursing department currently has 17 permanent nurses, 4 travelers, 21 CNAs and 2 activity staff. The nurses work in a variety of roles including direct patient care, COVID-19 hotline, pharmacy, and leadership positions. The CNAs work in Acute care, LTC, and as ward clerks. We have several positions that are currently filled by travelers, and staffing needs are greater than the current number of staff available to fill them.

The nursing department has shown an unbelievable amount of growth and leadership over the past year, and especially during the recent COVID-outbreak. Nurses, working in many different areas like the hotline, home health, nursing floors and in leadership roles rose to the challenges and met them with professionalism, competence, and ownership. These characteristics are not new for them, but they have really been highlighted over the past month, and throughout the pandemic.

The ward clerk role drastically expanded with the need for PMC and community COVID testing, vaccination, and additional coordination efforts—and our ward clerks have done an amazing job with the mountains of additional work! The CNAs have been steadfast in their care of our patients and residents and have shown incredible dedication to protecting our most vulnerable people, even when it meant making personal sacrifices. The activity department has helped our residents maintain a high quality of life even when their friends and families cannot be by their sides. We were very fortunate to have a robust activities department through the most difficult COVID times.

Nursing leadership staffing has been stable, and I am incredibly grateful for the dedication, leadership and flexibility shown by the nurse leaders at PMC.

The bottom line is that I am so proud of and humbled by the work this department does.

Looking Forward

- We are excited to have 4 PMC employees graduating from the UAA school of nursing in April! We can't wait to welcome Kelly Bieber, Emma Engell, Kimberly Robson and Lauren Thain into our department in a new role!
- Vaccination against COVID-19 brings some relief to our staff: Vaccinated staff no longer have to quarantine after travel or after exposure to someone with COVID-19. This allows staff to have more opportunity for time away from work and fewer staffing issues with potential exposures.
- We continue to work at "growing our own" with CNA and Nursing Staff and have continued to have training programs throughout the past year.
- We will be looking to enhance our staffing and provide other opportunities for PMC nursing department employees to grow in our department.

Challenges

- Staffing continues to be difficult in all our positions and was intensified by COVID-19 restrictions. We had to change our staffing patterns and were still able to provide excellent care to all those who came into our doors.
- Increased workload during pandemic, especially for ward clerks and nurse managers.
- High supervision needs in LTC required extra staffing despite a low census.
- Ongoing education has been difficult due to pandemic and low staffing levels.
- The stress of the pandemic has taken a toll on all staff—extra work hours, less vacation time availability, extra pressure to protect patients/residents, added to pressures out of work from the pandemic.
- Nurses in new roles (hotline etc) are not available for in-house staffing.
- Old building—Difficult maintaining air and water temperature at an appropriate and comfortable level, difficulty finding room for storage of routine supplies as well as pandemic supplies/infection control supplies etc.

Accomplishments

- Increasing nursing department capacity in almost every way possible.
- Nearly overnight development and staffing of the COVID-10 Hotline with experienced and competent staff.
- Routine COVID-19 asymptomatic testing process for PMC staff and community organizations (fish processing, EMS, borough screeners etc).
- Successful in-house and community vaccination effort for COVID-19- incredible effort between departments within PMC and with community partners—we were able to succeed with the enormous help of this department and nurses throughout PMC.
 - 100% vaccination rate for LTC residents
 - 95% vaccination rate for current nursing department staff
- Developing safe plans for treating patients with COVID-19 and carrying them out effectively.
- Several successful on-the-job training opportunities for CNA students, including a current high school program.
- Maintaining a nursing clinical program during the pandemic.
- Providing high quality care to patients during a pandemic.
- Excellent teamwork between departments.
- Transition of BLS, ACLS and PALS to a new learning platform, RQI.

Opportunities

As we begin the journey back to “normal”, we look toward additional opportunities like increasing training opportunities, improving processes for on-boarding new staff, evaluating and filling the needs of additional staff positions and restarting colonoscopy clinics and other services that are not currently offered.

Submitted by:

Jennifer Bryner, MSN, RN
Chief Nursing Officer
Operations Chief and Vaccine Coordinator

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

FISCAL YEAR 2021

For the eight months ended February 28, 2021

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the eight months ended February 28, 2021

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
\$292,251	\$312,509	(\$20,258)	-6.5%							
886,432	949,504	(63,072)	-6.6%							
202,701	319,300	(116,599)	-36.5%							
<u>1,381,384</u>	<u>1,581,312</u>	<u>(199,928)</u>	<u>-12.6%</u>							
265,573	274,674	9,101	3.3%							
0	0	0	n/a							
(15,340)	8,855	24,195	273.2%							
58,192	54,117	(4,075)	-7.5%							
<u>308,425</u>	<u>337,647</u>	<u>29,222</u>	<u>8.7%</u>							
1,072,959	1,243,666	(170,707)	-13.7%							
75,249	62,277	12,972	20.8%							
17,281	13,750	3,531	25.7%							
161,154	150,000	11,154	7.4%							
53,625	2,603	51,022	1960.1%							
<u>307,309</u>	<u>228,630</u>	<u>78,679</u>	<u>34.4%</u>							
1,380,268	1,472,295	(92,027)	-6.3%							
879,923	730,317	(149,606)	-20.5%							
29,724	64,958	35,234	54.2%							
324,422	299,346	(25,076)	-8.4%							
115,184	120,504	5,320	4.4%							
146,663	70,479	(76,184)	-108.1%							
50,216	38,507	(11,709)	-30.4%							
22,038	7,266	(14,772)	-203.3%							
15,086	11,633	(3,453)	-29.7%							
78,252	53,740	(24,512)	-45.6%							
3,998	12,201	8,203	67.2%							
53,997	62,205	8,208	13.2%							
8,416	8,756	340	3.9%							
17,444	11,060	(6,384)	-57.7%							
<u>1,745,363</u>	<u>1,490,972</u>	<u>(254,391)</u>	<u>-17.1%</u>							
(365,095)	(18,676)	(346,419)	1854.9%							
79,688	6,250	73,438	1175.0%							
0	(7)	7	100.0%							
0	0	0	n/a							
16	0	16	0.0%							
<u>79,704</u>	<u>6,243</u>	<u>73,461</u>	<u>1176.6%</u>							
(\$285,391)	(\$12,433)	(\$272,958)	2195.5%							

() or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER
Key Volume Indicators
For the eight months ended February 28, 2021

<u>Current Month</u>					<u>Year-To-Date</u>						
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>				<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		<u>Prior YTD</u>	<u>Variance %</u>
		<u>Amount</u>	<u>%</u>					<u>Amount</u>	<u>%</u>		
Hospital Inpatient											
12	34	(22)	-64.7%	1.	Patient Days - Acute Care	172	170	2	1.2%	273	-37.0%
66	75	(9)	-12.0%	2.	Patient Days - Swing Bed	476	545	(69)	-12.7%	894	-46.8%
78	109	(31)	-28.4%	3.	Patient Days - Total	648	715	(67)	-9.4%	1,167	-44.5%
0.4	1.2	(0.8)	-64.7%	4.	Average Daily Census - Acute Care	1.1	0.7	0.4	60.7%	1.1	0.5%
2.4	2.7	(0.3)	-12.0%	5.	Average Daily Census - Swing Bed	3.1	2.2	0.9	38.7%	3.7	-15.1%
2.8	3.9	(1.1)	-28.4%	6.	Average Daily Census - Total	4.2	2.9	1.3	43.9%	4.8	-11.4%
23.2%	32.4%	-9.2%	-28.4%	7.	Percentage of Occupancy	22.2%	24.5%	10.8%	43.9%	39.9%	-44.3%
Long Term Care											
210	336	(126)	-37.5%	8.	Resident Days	1,914	2,732	(818)	-29.9%	2,869	-33.3%
7.5	12.0	(4.5)	-37.5%	9.	Average Daily Census	7.9	11.2	(3.4)	-30.0%	11.8	-33.1%
50.0%	80.0%	(0)	-37.5%	10.	Percentage of Occupancy	52.5%	75.0%	-22.5%	-30.0%	78.4%	-33.1%
Other Services											
46	53	(7)	-13.2%	11.	Emergency Room Visits	410	472	(62)	-13.1%	481	-14.8%
147	185	(38)	-20.5%	12.	Radiology Procedures	1,310	1,136	174	15.3%	1,582	-17.2%
-	2,315	(2,315)	-100.0%	13.	Lab Tests (excluding QC)	17,731	15,301	2,430	15.9%	17,928	-1.1%
578	666	(88)	-13.2%	14.	Rehab Services Units	4,890	4,191	699	16.7%	8,651	-43.5%
56	54	2	3.7%	15.	OP Treatment Room	397	464	(67)	-14.4%	577	-31.2%
293	150	143	95.3%	16.	Home Health Visits	2,157	1,200	957	79.8%	742	190.7%
1,019	946	73	7.7%	17.	Clinic Visits	6,470	5,669	801	14.1%	7,636	-15.3%
314	-	314	n/a	18.	Airport COVID Tests	2,652	-	2,652	n/a	-	n/a
423	-	423	n/a	19.	Lab Asymptomatic COVID Tests	4,330	-	4,330	n/a	-	n/a

() or - indicates an unfavorable variance

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the eight months ended February 28, 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>		
19.2%	17.4%	-1.9%	-10.7%	1.	Contractual Adj. as a % of Gross Revenue	19.2%	17.4%	-1.8%	-10.6%	12.5%	-54.0%
4.2%	3.4%	-0.8%	-23.1%	2.	Charity/Other Ded. as a % of Gross Revenue	4.0%	3.4%	-0.6%	-16.9%	2.7%	-46.6%
-1.1%	0.6%	1.7%	298.3%	3.	Bad Debt as a % of Gross Revenue	-1.0%	0.6%	1.6%	281.4%	-0.1%	-1566.0%
-26.5%	-1.3%	-25.2%	1985.2%	4.	Operating Margin	3.8%	0.2%	3.6%	1669.1%	1.1%	-244.9%
-19.5%	-0.8%	-18.7%	2224.7%	5.	Total Margin	7.0%	0.6%	6.4%	1057.5%	1.3%	-423.0%
				6.	Days Cash on Hand (Including Investments)	211.5				152.2	38.9%
				7.	Days in A/R	44.5				52.4	15.0%

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

PETERSBURG MEDICAL CENTER
Balance Sheet
February 28, 2021

ASSETS

	<u>Feb 2021</u>	<u>Jan 2021</u>	<u>June 2020</u>	<u>Feb 2020</u>
Current Assets:				
1. Cash - operating	\$3,301,228	\$4,067,565	\$6,977,720	\$1,721,920
2. Cash - insurance advances	3,625,422	3,625,422	3,648,599	0
3. Investments	2,605,040	2,604,772	2,597,056	2,589,744
4. Total cash	<u>9,531,690</u>	<u>10,297,759</u>	<u>13,223,375</u>	<u>4,311,664</u>
5. Patient receivables	4,591,183	4,482,015	4,327,789	5,237,218
6. Allowance for contractals & bad debt	(2,944,250)	(2,937,729)	(2,984,193)	(2,760,541)
7. Net patient receivables	<u>1,646,933</u>	<u>1,544,286</u>	<u>1,343,596</u>	<u>2,476,677</u>
8. Other receivables	98,466	211,628	69,848	23,757
9. Inventories	293,944	298,610	287,034	265,798
10. Prepaid expenses	195,995	230,473	95,727	171,330
11. Total current assets	<u>11,767,028</u>	<u>12,582,756</u>	<u>15,019,580</u>	<u>7,249,226</u>
Property and Equipment:				
12. Assets in service	22,683,218	22,672,416	22,118,622	22,085,283
13. Assets in progress	99,812	99,812	441,798	111,711
14. Total property and equipment	<u>22,783,030</u>	<u>22,772,228</u>	<u>22,560,420</u>	<u>22,196,994</u>
15. Less: accumulated depreciation	(18,740,963)	(18,686,965)	(18,304,246)	(18,079,861)
16. Net property and equipment	<u>4,042,067</u>	<u>4,085,263</u>	<u>4,256,174</u>	<u>4,117,133</u>
Assets Limited as to Use by Board				
17. Investments	2,958,279	2,891,129	2,495,153	2,475,126
18. Building fund	626,516	612,453	525,783	520,568
19. Total Assets Limited as to Use	<u>3,584,795</u>	<u>3,503,582</u>	<u>3,020,936</u>	<u>2,995,694</u>
Deferred Outflows:				
20. Pension	<u>2,524,894</u>	<u>2,524,894</u>	<u>2,524,894</u>	<u>2,883,764</u>
21. Total assets	<u>\$21,918,784</u>	<u>\$22,696,495</u>	<u>\$24,821,584</u>	<u>\$17,245,817</u>

LIABILITIES & FUND BALANCE

	<u>Feb 2021</u>	<u>Jan 2021</u>	<u>June 2020</u>	<u>Feb 2020</u>
Current Liabilities:				
22. Accounts payable	\$616,024	\$885,882	\$732,449	\$564,686
23. Accrued payroll	232,942	236,774	473,575	175,996
24. Payroll taxes and other payables	55,577	169,341	99,937	47,770
25. Accrued PTO and extended sick	939,005	900,695	880,050	797,010
26. Deferred revenue	482,395	651,236	2,654,847	5,000
27. Due to Medicare	1,018,672	988,672	778,672	240,633
28. Due to Medicare - Advance	3,573,422	3,573,422	3,573,422	0
29. Due to Blue Cross - Advance	52,000	52,000	52,000	0
30. Other current liabilities	21,794	21,794	0	0
31. Loan Payable - SBA	0	0	1,800,000	0
32. Current portion of long-term debt	54,104	54,104	85,961	124,895
33. Total current liabilities	<u>7,045,935</u>	<u>7,533,920</u>	<u>11,130,913</u>	<u>1,955,990</u>
Long-Term Debt:				
34. Capital leases payable	34,727	39,062	69,411	72,809
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	<u>11,594,406</u>	<u>11,594,406</u>	<u>11,594,406</u>	<u>13,960,423</u>
38. Total liabilities	<u>18,675,068</u>	<u>19,167,388</u>	<u>22,794,730</u>	<u>15,989,222</u>
Deferred Inflows:				
39. Pension	1,148,977	1,148,977	1,148,977	1,185,483
Net Position:				
40. Unrestricted	877,826	877,826	(99,888)	(99,888)
41. Current year net income (loss)	1,216,914	1,502,305	977,766	171,001
42. Total net position	<u>2,094,739</u>	<u>2,380,130</u>	<u>877,877</u>	<u>71,112</u>
43. Total liabilities and fund balance	<u>\$21,918,784</u>	<u>\$22,696,495</u>	<u>\$24,821,584</u>	<u>\$17,245,817</u>

PETERSBURG MEDICAL CENTER

Statement of Cash Flows

February 28, 2021

	FY21	FY20	Variance
Cash Flows from Operating Activities			
1. Cash received from patient services	8,975,634	10,923,657	(1,948,023)
2. Cash from other sources	505,863	109,855	396,008
3. Cash paid to suppliers	(5,810,979)	(3,744,805)	(2,066,174)
4. Cash paid to employees	(9,710,293)	(8,321,228)	(1,389,065)
5. Net cash provided by (used for) operating activities	<u>(6,039,775)</u>	<u>(1,032,521)</u>	<u>(5,007,254)</u>
 Cash Flows from Investing and Noncapital Financing Activities:			
6. Change in Board Designated Investments	10,086	30,011	(19,925)
7. Cash from grant programs	2,431,445	675,534	1,755,911
8. Cash from provider relief funds	194,687	0	194,687
9. Cash (to)/from providers - advances	0	0	0
10. Cash from/payments on SBA Loan	0	0	0
11. Cash from non-operating revenue	1,641	11,922	(10,281)
12. Net cash provided by noncapital financing activities	<u>2,637,859</u>	<u>717,467</u>	<u>1,920,392</u>
 Cash Flows from Capital and Related Financing Activities			
13. Interest paid	(623)	(4,088)	3,465
14. Cash payments on long-term debt	(66,541)	(82,564)	16,023
15. Purchase of property and equipment	(222,605)	(330,867)	108,262
16. Net cash used for capital and related financing activities	<u>(289,769)</u>	<u>(417,519)</u>	<u>127,750</u>
17. Net increase (decrease) in cash and cash equivalents	(3,691,685)	(732,573)	(2,959,112)
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><u>9,531,690</u></u>	<u><u>4,311,664</u></u>	<u><u>5,220,026</u></u>
 Days Cash on Hand - Operating/Investments			
20. Days Cash on Hand - Operating/Investments	95.2	89.8	5.4
21. Days Cash on Hand - Provider Advances	58.4	-	58.4
22. Days Cash on Hand - Total Operating Cash & Investments	<u>153.7</u>	<u>89.8</u>	<u>63.9</u>
23. Day Cash on Hand - Total Operating/Investment/Board	<u>211.5</u>	<u>152.2</u>	<u>59.2</u>
24. Days in Accounts Payable	<u>25.8</u>	<u>36.8</u>	<u>11.0</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
Gross Patient Revenue:															
1. Inpatient	321,870	377,029	227,115	397,505	269,915	146,535	354,445	292,251	-	-	-	-	2,386,665	3,084,407	-22.6%
2. Outpatient	1,065,999	919,140	857,261	914,958	852,486	1,016,359	901,207	886,432	-	-	-	-	7,413,842	7,979,652	-7.1%
3. Long-term Care	255,083	255,072	230,683	235,319	204,412	207,720	226,031	202,701	-	-	-	-	1,817,021	2,586,998	-29.8%
4. Total gross patient revenue	1,642,952	1,551,241	1,315,059	1,547,782	1,326,813	1,370,614	1,481,683	1,381,384	-	-	-	-	11,617,528	13,651,057	-14.9%
Deductions from Revenue:															
5. Contractual adjustments	391,367	194,455	195,358	381,519	221,737	271,785	309,833	265,573	-	-	-	-	2,231,627	1,702,209	-31.1%
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)	-	-	-	-	(117,990)	(8,322)	-1317.8%
8. Charity and other deductions	95,114	47,057	72,415	32,805	80,157	27,868	51,312	58,192	-	-	-	-	464,920	372,655	-24.8%
9. Total deductions from revenue	520,198	262,549	179,504	462,288	247,855	340,412	257,326	308,425	-	-	-	-	2,578,557	2,066,542	-24.8%
10. Net patient revenue	1,122,754	1,288,692	1,135,555	1,085,494	1,078,958	1,030,202	1,224,357	1,072,959	-	-	-	-	9,038,971	11,584,515	-22.0%
Other Revenue															
11. Inkind Service - PERS/USAC	69,758	69,758	110,688	100,651	76,275	133,541	105,106	75,249	-	-	-	-	741,026	495,249	49.6%
12. Grant revenue	-	44,068	104,276	19,525	157,593	2,203,490	34,919	17,281	-	-	-	-	2,581,152	670,534	284.9%
13. Federal & State Relief	600,000	581,750	525,000	111,337	1,297,131	432,922	305,719	161,154	-	-	-	-	4,015,013	-	n/a
14. Other revenue	66,932	60,852	55,810	67,873	60,981	75,726	73,307	53,625	-	-	-	-	515,106	56,438	812.7%
15. Total other operating revenue	736,690	756,428	795,774	299,386	1,591,980	2,845,679	519,051	307,309	-	-	-	-	7,852,297	1,222,221	542.5%
16. Total operating revenue	1,859,444	2,045,120	1,931,329	1,384,880	2,670,938	3,875,881	1,743,408	1,380,268	-	-	-	-	16,891,268	12,806,736	31.9%
Expenses:															
17. Salaries and wages	930,934	887,684	818,036	943,298	816,510	891,307	921,953	879,923	-	-	-	-	7,089,645	6,112,649	-16.0%
18. Contract labor	91,330	82,856	75,605	92,920	60,107	63,362	36,564	29,724	-	-	-	-	532,468	605,065	12.0%
19. Employee benefits	313,389	342,582	351,862	340,067	365,501	421,731	386,314	324,422	-	-	-	-	2,845,868	2,428,072	-17.2%
20. Supplies	51,813	99,821	91,010	166,901	95,714	84,491	130,806	115,184	-	-	-	-	835,740	937,860	10.9%
21. Purchased services	74,248	173,170	182,103	178,923	129,585	197,168	131,611	146,663	-	-	-	-	1,213,471	884,139	-37.2%
22. Repairs and maintenance	51,690	44,770	63,055	40,253	41,124	1,397,448	65,504	50,216	-	-	-	-	1,754,060	344,477	-409.2%
23. Minor equipment	3,102	28,374	101,761	16,790	146,896	243,104	35,515	22,038	-	-	-	-	597,580	78,128	-664.9%
24. Rentals and leases	12,426	16,518	15,967	13,859	15,847	14,594	13,046	15,086	-	-	-	-	117,343	90,967	-29.0%
25. Utilities	52,613	46,051	47,944	79,819	83,217	73,666	81,014	78,252	-	-	-	-	542,576	412,882	-31.4%
26. Training and travel	1,507	2,640	5,586	13,279	7,491	4,676	5,829	3,998	-	-	-	-	45,006	87,158	48.4%
27. Depreciation	55,696	55,506	54,928	53,239	53,096	56,189	54,061	53,997	-	-	-	-	436,712	468,310	6.7%
28. Insurance	8,821	3,867	17,825	8,401	9,288	8,301	21,644	8,416	-	-	-	-	86,563	62,854	-37.7%
29. Other operating expense	10,086	23,511	27,945	19,973	12,990	17,643	22,693	17,444	-	-	-	-	152,285	153,038	0.5%
30. Total expenses	1,657,655	1,807,350	1,853,627	1,967,722	1,837,366	3,473,680	1,906,554	1,745,363	-	-	-	-	16,249,317	12,665,599	-28.3%
31. Income (loss) from operations	201,789	237,770	77,702	(582,842)	833,572	402,201	(163,146)	(365,095)	-	-	-	-	641,951	141,137	-354.8%
Nonoperating Gains(Losses):															
32. Investment income	109,139	100,157	(68,974)	(28,252)	257,011	115,865	9,311	79,688	-	-	-	-	573,945	22,030	2505.3%
33. Interest expense	(200)	(162)	(125)	(87)	(49)	-	-	-	-	-	-	-	(623)	(4,088)	-84.8%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	245	140	720	124	70	70	256	16	-	-	-	-	1,641	11,922	86.2%
36. Net nonoperating gains (losses)	109,184	100,135	(68,379)	(28,215)	257,032	115,935	9,567	79,704	-	-	-	-	574,963	29,864	-1825.3%
37. Change in Net Position (Bottom Line)	310,973	337,905	9,323	(611,057)	1,090,604	518,136	(153,579)	(285,391)	-	-	-	-	1,216,914	171,001	611.6%
38. FY21 Budget	23,904	32,324	24,161	25,439	45,470	34,537	(96,891)	(12,432)	-	-	-	-	76,512	-	-
39. FY21 Variance	287,069	305,581	(14,838)	(636,496)	1,045,134	483,599	(56,688)	(272,959)	-	-	-	-	1,140,402	-	-

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
Hospital Inpatient															
1. Patient Days - Acute Care	29	35	15	28	20	7	26	12					172	273	-37.0%
2. Patient Days - Swing Bed	62	68	45	80	45	29	81	66					476	894	-46.8%
3. Patient Days - Total	91	103	60	108	65	36	107	78					648	1,167	-44.5%
4. Average Daily Census - Acute Care	0.9	1.1	0.5	0.9	0.7	0.2	0.8	0.4					0.7	1.1	0.5%
5. Average Daily Census - Swing Bed	2.0	2.2	1.5	2.6	1.5	0.9	2.6	2.4					2.0	3.7	-15.1%
6. Average Daily Census - Total	2.9	3.3	2.0	3.5	2.2	1.2	3.5	2.8					2.7	4.8	-11.4%
7. Percentage of Occupancy	24.5%	27.7%	16.7%	29.0%	18.1%	9.7%	28.8%	23.2%					22.2%	39.9%	-44.3%
Long Term Care															
8. Resident Days	279	279	241	245	210	217	233	210					1,914	2,869	-33.3%
9. Average Daily Census	9.0	9.0	8.0	7.9	7.0	7.0	7.5	7.5					7.9	11.8	-33.1%
10. Percentage of Occupancy	60.0%	60.0%	53.6%	52.7%	46.7%	46.7%	50.1%	50.0%					52.5%	78.4%	-33.1%
Other Services															
11. Emergency Room Visits	64	76	42	40	35	42	65	46					410	481	-14.8%
12. Radiology Procedures	157	173	150	146	164	189	184	147					1,310	1,582	-17.2%
13. Lab Tests (excluding QC)	3,082	2,748	2,606	2,576	2,253	2,218	2,248						17,731	17,928	-1.1%
14. Rehab Services Units	759	696	563	565	575	657	497	578					4,890	8,651	-43.5%
15. OP Treatment Room	33	55	54	53	36	65	45	56					397	577	-31.2%
16. Home Health Visits	272	255	213	257	309	272	286	293					2,157	742	190.7%
17. Clinic Visits	632	758	755	879	779	900	748	1,019					6,470	7,636	-15.3%
18. Airport COVID Tests	366	245	197	260	349	462	459	314					2,652	-	n/a
19. Lab Asymptomatic COVID Tests	662	689	621	640	379	429	487	423					4,330	-	n/a

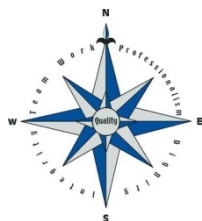
PETERSBURG MEDICAL CENTER Key Operational Indicators For the eight months ended February 28, 2021
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	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Contractual Adj. as a % of Gross Revenue	23.8%	12.5%	14.9%	24.6%	16.7%	19.8%	20.9%	19.2%					19.2%	12.5%	-54.0%
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%					4.0%	2.7%	-46.6%
3. Bad Debt as a % of Gross Revenue	2.1%	1.4%	-6.7%	3.1%	-4.1%	3.0%	-7.0%	-1.1%					-1.0%	-0.1%	-1566.0%
4. Operating Margin	10.9%	11.6%	4.0%	-42.1%	31.2%	10.4%	-9.4%	-26.5%					3.8%	1.1%	-244.9%
5. Total Margin	15.8%	15.8%	0.5%	-45.0%	37.2%	13.0%	-8.8%	-19.5%					7.0%	1.3%	-423.0%
6. Days Cash on Hand (Including Investments)	313.2	292.9	279.4	265.8	273.8	224.3	220.5	211.5	-	-	-	-	211.5	152.2	38.9%
7. Days in A/R	49.6	49.8	37.7	39.2	36.2	35.9	42.6	44.5	-	-	-	-	44.5	52.4	15.0%

Petersburg Medical Center
Capital
FY21

Dept Name	Description	(1) Approved Budget	(2) Substitutions	(3) Revised Budget	(4) Committed	(5) Paid	(6) Total Paid/Committed	(7) Budget Remaining
FY20 Assets in Progress						76,999		
FY21 Capital Budget								
IT	Fire Suppression - Server Room	19,078		19,078			-	19,078
IT	Server	16,515		16,515			-	16,515
IT	RAPC Interface	-	14,580	14,580		14,580	14,580	-
Acute/Swing/ER	Fetal Monitor	22,000		22,000			-	22,000
Acute/Swing/ER	IV Smart Pumps (12)	48,840		48,840			-	48,840
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	12,618	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
Audiology	Audiology Equipment	14,774	214	14,988		14,988	14,988	(0)
Telehealth	To Be Determined (see budget)	-		-			-	-
Admin	Contingency	100,000	(61,733)	38,267		-	-	38,267
Total - FY21		610,000	-	610,000	-	145,606	111,839	498,161
Total Expenditures per Cash Flow						222,605		
Funding Sources - FY21								
	PMC Operations	610,000	-	610,000				
	Grants	-	-	-				
	Cares Act	-	-	-				
	Board Reserves	-	-	-				
	Total	610,000	-	610,000				

() or - indicates unfavorable variance



Petersburg Medical Center

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Agenda

Work Session 2020-2021

Petersburg Medical Center Hospital Board
and the
Petersburg Borough Assembly

I. New Hospital Facility

- A. Recap of the Denali Commission funded Master Plan for Petersburg Medical Center:
 - a. Follow up Assembly /PMC work session from Dec 2019
 - b. Follow up discussion from PMC / Community Townhall Jan 2020
 - c. Final Master Plan review Feb 2020
- B. Discussion of funding:
 - a. Value of a locally owned and managed facility vs run and owned by an outside entity
 - b. Resource allocation for a new facility
 - c. Current steps under way in planning and pursuing funding
- C. Next Steps:
 - a. Assembly and PMC action items

II. Operational Overview

- A. COVID response and lessons of operating a community healthcare facility during the pandemic
- B. Healthcare landscape of the future in Petersburg
- C. Economic viability
- D. Importance of healthcare in the community