Petersburg Medical Center

103 Fram Street
PO Box 589
Petersburg, AK 99833

Phone: 907-772-4291
Fax: 907-772-3085

BOARD MEETING
Agenda

DATE: Thursday, September 24th, 2020
TIME: 5:00 p.m.
LOCATION: Zoom

		Lead	Handout
I.	CALL TO ORDER	*Chair*	*N/A*
II.	APPROVAL OF THE AGENDA	*Chair*	*in packet*
III.	APPROVAL OF BOARD MINUTES – August 27th, 2020	*Chair*	*in packet*
IV.	VISITOR COMMENTS	*Chair*	*N/A*
V.	BOARD MEMBER COMMENTS	*Chair*	*N/A*
VI.	REPORTS		
	A. Pharmacy *Action required: Informational only*	*E. Kubo*	*in packet*
	B. Rehabilitation *Action required: Informational only*	*K. DuRoss*	*in packet*
	C. Facilities *Action required: Informational only*	*M. Boggs*	*in packet*
	D. Activities *Action required: Informational only*	*J. Machalek*	*in packet*
	E. Quality & Infection Prevention *Action required: Informational only*	*L. Bacom*	*in packet*
	F. Executive Summary *Action required: Informational only*	*P. Hofstetter*	*in packet*
	G. Financial *Action required: Informational only*	*R. Tejera*	*in packet*
VII.	UNFINISHED BUSINESS		

VIII. NEW BUSINESS

A. Geotechnical Evaluation — *P. Hofstetter* — *at meeting*

Action required: Discussion

IX. NEXT MEETING

X. ADJOURNMENT

Petersburg Medical Center
PO Box 589
Petersburg, Alaska 99833
Phone: (907) 772-4291 | Fax: (907) 772-3085

Meeting: Medical Center Board Meeting
Date: August 27th, 2020 **Time:** 5:00 p.m.

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

Board Members Absent: Kathi Riemer, Jim Roberts

I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:02 p.m.

II. **APPROVAL OF THE AGENDA:** Member Doyle made a motion to amend the agenda to add Discussion of Personnel Matter under Executive Session. Motion seconded by Member Stratman. Motion passed unanimously. Member Lagoudakis made a motion to approve the agenda as amended. Motion seconded by Member Stratman. Motion passed unanimously.

III. **APPROVAL OF BOARD MINUTES:** Member Lagoudakis made a motion to approve the minutes from June 25th, July 30th and August 7th as presented. Motion seconded by Member Doyle. Motion passed unanimously.

IV. **VISITOR COMMENTS:** None

V. **BOARD MEMBER COMMENTS:** None

VI. **REPORTS:**

A. Quality & Infection Prevention. L. Bacom explained that HHS reporting requirements for COVID testing now involves submitting more information on the demographics. She noted that PMC has been involved extensively in providing asymptomatic testing in the community. Key populations have been canneries and seafood processors, healthcare workers, Borough employees that work in certain areas such as EMS and Mountain View Manor, and airport testing. This week asymptomatic testing was offered to the school district and approximately 30 staff participated. There is no reason at this time to test in the classroom. She continues to work on the workforce protection plan which protects the critical infrastructure of the hospital from outbreaks in the facility. She added that the risk is people traveling to Petersburg to provide services in

the hospital such as people working on equipment and construction workers. A plan must be in place that is approved by the State EOC. She noted there is a story on KFSK regarding testing of cannery workers. Additionally, turnaround time has improved tremendously and is currently about 2.5 days.

B. Executive Summary. P. Hofstetter highlighted some key points noted in his written report (see copy). Additionally, he noted that PMC has shifted its focus to more long-term planning. A lot of staff has put tremendous effort in asymptomatic testing in the community. He noted that he will be working with the Borough to potentially establish a MOA to provide testing at the school. He added that in the last few weeks clusters have been seen across the State and people are getting sicker resulting in more hospitalizations. Currently there are zero active cases in Petersburg. He stated that CDC guidelines are constantly changing and L. Bacom elaborated on some of the recent changes by CDC. An internal policy was created to reflect changes in Mandate 10 regarding travel. P. Hofstetter, Dr. Tuccillo and Sandy Dixson met with Dr. Zink and Dr. McLaughlin regarding a community plan. There is no update on a new facility but he continues to ask for support from agencies on Phase 2. He stated that he continues moving towards integrating the behavioral health program and increasing lines of service. He introduced the new lab manager, Violet Schimek. He noted that he continues to see an increase in home health and announced a home monitoring program has been established. He then discussed graphs in his report regarding visits and tests. Dr. Hyer shared her excitement about the growth in home health and getting creative in meeting patients where they are. She commented that there is an increase in mental health in the ER related to stresses and anxieties.

C. Financial. R. Tejera discussed the new financial package (see copy). First, she reviewed the statement of revenues and expenses. She noted that July ended with $201,789 of income from operations which was due to receiving $600,000 of CARES Act funding. With investments, there is a positive change in net position to the bottom line of $310,973. R. Tejera then reviewed the volume indicators and operational indicators before explaining the balance sheet. Lastly, she discussed the statement of cash flow and the status of capital items.

VII. UNFINISHED BUSINESS

VIII. NEW BUSINESS

A. CARES Act Funding. Member Stratman made a motion that Petersburg Medical Center's Board of Directors approves Petersburg Medical Center to modify the original request for Petersburg Borough CARES Act funds from $1,004,638.50 to $608,345.25. The purpose of these funds is to cover additional support of personnel, technology and equipment to assist in the isolation, tracking, detection and treatment of SARS-CoV-2 during the COVID pandemic. Motion seconded by Member Cushing. P. Hofstetter explained the reason for the change is that the Borough wanted more clarification regarding an anticipated grant from the Alaska Community Foundation to determine if PMC would be receiving funding from that grant and other sources. He added that he has since learned PMC did not get that grant due to DHSS not wanting a hospital to receive those funds. According to Commissioner Crum there is another pod of money that will be going specifically to hospitals. P. Hofstetter stated that he is asking the Borough for this

amount as a placeholder opposed to an actual ask until we go through another grant cycle. Motion passed unanimously.

B. Executive Committee Discussion. P. Hofstetter stated that he would like to establish a committee of board officers to discuss matters such as strategic changes, long-term planning, staffing, and compliance. Member Cushing suggested the committee having two permanent members and one rotating position. Members Cook, Lagoudakis and Cushing expressed interest in serving on the committee. The first Executive Committee meeting was scheduled for Wednesday, September 9th at 3:00 p.m.

IX. **EXECUTIVE SESSION.** Member Lagoudakis made a motion to enter Executive Session for a legal update and to discuss a personnel matter. Motion seconded by Member Doyle. Motion passed unanimously. Board entered Executive Session at 6:04 p.m. Member Cushing made a motion to come out of Executive Session. Motion seconded by Member Lagoudakis. The Board came out of Executive Session at 6:30 p.m. Member Doyle made a motion to amend the current CEO contract to extend the contract 2 additional years and provide a 2% raise this year, a 3% raise the second year, a 4% raise the third year, and a 5% raise the fourth year effective retroactively July 1st, 2020. Member Stratman seconded the motion. Motion passed unanimously.

X. **NEXT MEETING** The next regularly scheduled meeting was set for Thursday, September 24th, 2020 at 5:00 p.m.

XI. **ADJOURNMENT** Member Cushing made a motion to adjourn. Motion was seconded by Member Stratman. Motion passed unanimously. The meeting adjourned at 6:34 p.m.

Respectfully submitted,

_____

Marlene Cushing, Board Secretary

DRAFT

Petersburg Medical Center

Pharmacy Board Report 9/14/20

Staffing Overview

Staffing remains unchanged, with Elise primarily one other nurse providing occasional backup.

Review and Update

Flu Shots:
Flu shots were pre-ordered in February. The pediatric flu shots have arrived, but we do not have the rest yet; hopefully they will be here soon. They will be sent to us when they are available, and I expect 2 days' notice ahead of time. The clinic is expecting the state supply soon as well. There is now more flexibility in which patients can receive the state supply vaccine, so that may make it easier to get vaccine to everyone if there is unexpected demand.

USP 800:
Construction is nearly complete. There are a few tasks that need to be finished before the storage and mixing of hazardous drugs can be separated out from the common use areas.

Opportunities

Digital Inventory:
There is not yet a running inventory in the drug room. We hope to set up such a process, but do not yet have a program that will accommodate what is needed.

340B:

We are now signed up for the 340B purchasing program, but have not yet begun to purchase at the lower prices. We need programming to be done to track administrations, to ensure that each purchase at the 340B price is accounted for with visit numbers of prior eligible administrations.

This will likely only be appropriate for high cost medications, and applies only to outpatient administrations not covered by Medicaid. Once we are able to begin using the program, I expect to save about 50% on some of the most expensive medications I purchase.

Petersburg Medical Center

103 Fram Street
PO Box 589
Petersburg, Alaska 99833

Phone: 907-772-4291
Fax: 907-772-3085

Rehabilitation Board Report
September 2020

The rehabilitation department has been staying steadily busy in all 3 therapies. We currently are staffed with 3 full time PTs, 1 full time OT, 1 full time ST, and 1 full time receptionist. Over the past year we have changed quite a bit in personnel. In the past year we have had multiple transitions: Marnie, Ellie, Stacie, Molly all left us as physical therapists, Tara left us as a OT, Julie left us as our rehab tech, and Janine left us as our rehab reception. We are down therapist numbers compared to the past. Due to this we will be seeing a drop in revenue and will most likely have wait lists for patients to be seen.

Jessica Baker is our full time OT. She has been very busy taking on all OT patients since Tara Burns left. Jessica has special interests in behavior and sensory pediatric patients as well as substance abuse patients. She is very interested in starting a substance abuse program here at PMC. She also received the school contract; were she is overseeing OT treatment plans within the school for 25 kids.

Denis Kotsoev is our speech language pathologist. He is very motivated and has been steadily busy with his caseload. I have received very positive feedback about Denis from both patients and staff. He has great energy and has been a great addition to our department. In the future he would like to get Flexible Endoscopic Evaluation of Swallowing (FEES) certified for our hospital to continue swallowing studies here. He has finished part of the training but because of COVID changes he has not been able to finish the program to perform swallowing studies here in Petersburg. He is also interested in becoming certified in neurostimulation for swallowing strengthening. A new service we do not provide yet.

The department now offers physical therapy services by 3 full time PTs, Kaitlin DuRoss, Bradee Axmaker, and Amanda Galaktionoff. We are consistently busy throughout the year. Bradee continues to work with the school as well as working with different villages and schools to provide PT services in schools throughout Alaska. She will be performing some of her services via Zoom this school year due to COVID related changes. I continue to work closely with Christie Axmaker addressing the outpatient, inpatient, home health, and LTC wounds. I have been communicating with Kelly Zweifel about starting a Diabetes Program for the community. This is only in the beginning stages. Along with the Diabetes Program I have been communicating with a Diabetic Shoe Company to be trained to fit diabetic patients for custom shoes and inserts so this population does not have to travel down south for these services. Amanda is a new full-time therapist we are getting up and running this month.

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

Our progress over the past 3.5 years moving from a physical therapy department to a fully staffed Rehabilitation department has been amazing but that does not come without challenges. We continue to suffer from "growing pains." The lack of space is an ever-increasing problem with no easy solution. We have multiple patient complaints about how small our space is. Our office space for the therapists a storage room, without windows, without air flow, without any way to manipulate the temperature. In the summer, the normal temperature in our office is 80 degrees. In our gym it's about 75 degrees. Patients and therapists having to wear masks in areas where the temperature is close to 80 degrees constantly is highly uncomfortable. Due to our office space being a community office space for all therapists, we are not allowed to take our masks off within our office. We understand the reasoning why we must wear the masks, but for us it has been uncomfortable due to the poor airflow and temperature control within our department and office space. I have been communicating with Phil about other space options for therapies to get some relief from the heat as well as having a few minutes between patients to doff masks. Other space options may also allow our department to expand and to have more space available to treat patients. Another issue we have struggled with his finding a good place for our speech therapist to work. He has been displaced 4 times in the past 1.5 years. He has worked in a hallway, he has worked in visiting physician's office (which is now the RSP clinic), moved back into a hallway, and now in the conference room which is also being used as a storage area and for other meetings that require a larger space. He has maintained a good attitude through this all. Phil and I have been discussing other space options that will be more permanent for him now that more office spaces have opened from employees working from home.

Of the 5 therapists that have left us, 4 of them have been in the last 2-3 months. As their boss they did voice their reasonings. Since COVID has started, they all felt the frustration and burnout of being in healthcare during this unknown time. Though this was not the only reason for them choosing to leave us, this played a part in them making their decision. The burnout in our department is a real thing. It has been very hard over the years to staff this department. We work very closely with our patients and have specific education to treat our patients. We are required to be hands-on to generate the best outcomes for our patients. Changes have been made to keep both patients and therapists safe while continuing in-person care. As a department, we are very happy that throughout this time we continued to provide the community with our services. Since the decrease in the number of therapists, it is making it a lot harder for us to take time off during these stressful times. Taking time off places added stress on other therapists to cover other patients and other responsibilities on top of already feeling burnt out. Phil and I communicated about possible solutions to relieve our therapists. I see this burnout affecting the entire hospital during these times. I hope we as a team can find some solutions in order to build staff morale and to give staff the relief they require for their mental health.

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

- Rehiring a rehab tech
- Continue to provide the best service we can for our patients during this time of constant changes
- Progress towards staring a new Diabetic Program
- Have Denis complete his FEES certification
- Find a treating space for Denis
- Build a good OT program and relationship with the school

- Start a customized diabetes mellitus (DM) shoe/insert program
- Get Amanda working independently and seeing a full case load

Petersburg Medical Center

Facilities Board Report

September 15, 2020

The staffing of our department has not changed since the arrival of COVID. We have maintained hospital functions despite the new rules and requirements imposed by the pandemic. The biggest challenge has been making adjustments due to the travel restrictions placed on maintenance workers. The USP 800 project is still not complete due to punch lists and getting the specific people to come and finish/correct their portion of the job. We have recently received a grant for snow removal equipment where we intend to purchase a one-ton flatbed plow truck and a four-wheeler with plow. We have also purchased a new 60-pound washer/ extractor to replace our aging washer when it goes on life support. These are the top stories from the maintenance department.

Mike Boggs
Facilities

Petersburg Medical Center

Activities Department Quality Report

2020-09-17

Staffing Overview

- Currently there are 2 activities aides and 1 activities coordinator.
- Two activities staff that worked evenings and weekends during summer have finished their season.
- There is a need for evening activities, 4-10PM, to help residents stay physically/mentally busy with 1:1 or independent activities.

Review and Update

- Hospital guild had planned to purchase new table for LTC dining area and some shelves for solarium, however this went to back burner with the pandemic and should be revisited.

Looking Forward

Activities Department Goals:

- Keeping LTC residents active and getting outside as much as possible despite COVID limiting social opportunities at this time.
- Activities ongoing goal to improve/maintain a pleasant living environment for the residents by keeping common areas free of clutter and arranging for fresh flowers, etc.
- Continue to engage the residents in virtual activities – with children or pets especially – to combat loneliness.
- Continue to encourage the community to get involved with #love2psgltc, especially with the holiday season coming up.

Challenges

- During pandemic in-person interaction with families and pets has been limited.
- Day-to-day staffing somewhat unpredictable due to covid-19 precautions.
- Garden plants in solarium riddled with fungal gnats. Plants scrapped and will be restarted.
- Solarium windows grimy, leaky.
- Unwanted items are frequently donated to LTC and accumulate rapidly, taking up space. Unneeded items are cleared out monthly by activities.

Accomplishments

- Integrating multiple technology platforms in order to keep residents connected with loved ones on a daily basis. With the donation of more ipads and other electronics from community organizations we have been able to do so more easily.

- Working with locals and others throughout the state to provide virtual group activities for the residents via Zoom (weekly sing along, monthly Alaska alzheimer's memory café, rainforest festival events, etc.)
- Utilizing audible and library resources to access reading materials for residents and the hearing impaired.
- Sending out newsletter to Residents' loved ones with info and happy pictures of their week.
- Providing van rides for individual riders throughout the day on Thursdays.
- Positive feedback from residents regarding baking/cooking projects, fresh bread, etc.
- The new magic table attracted visitors to LTC prior to the pandemic.
- Community members responded to requests for "Familiar faces and places" and have sent a great deal of pictures and videos that have been put on the TV for residents to watch.

Opportunities

- A set of wipe-able/washable chairs for LTC would improve quality of life for residents. Current cloth chairs are difficult to clean and look shabby.
- Additional van drivers would allow residents to get out more often for overall well-being. The Activities Coordinator is currently the only staff trained to drive community van, for SNF and LTC.
- The PMC community van is getting older and the wear and tear of frequent use is beginning to take a visible toll. A replacement van with a reliable lift would be a welcome addition.

Petersburg Medical Center

Quality and Infection Prevention Board Report

September 2020

Review and Update

In September, Quality and Infection Control meetings are resuming via Zoom due to social distancing practices. Although face to face meetings have not been held since February, Quality and especially of course Infection Prevention have been key components of the PMC response to the Pandemic. Incident Directives were developed initially to respond to rapidly changing situations in the facility and community. As we now settle into a more long-term approach, these are being turned into Covid Policies and managed in the Policy Stat format (an online policy management system).

Some additional activities include:

- Assisting with transition for our new Lab Manager, Violet Shimek.
- Provide support for Quality and Infection Control for the new Home Health Manager, Kirsten Rioux-Testoni, RN.
- Long Term Care Phase reopening and ongoing Infection Control issues as they relate to Covid.
- Provide zoom meeting orientations for our new staff focused on the Quality and Infection Control objectives for PMC. This is an important opportunity to meet with new hires and give them a name/face to recognized that is not from their department.
- Involved with Hotline, School reopening, KFSK weekly radio call-in, PSA development.

Looking Forward

Flu shot drive through clinic will be held in October. A team from PMC is working with Public Health Nurse Erin Michael and the Borough to develop information/advertising to encourage participation. Look for more information in the next week or two. The flu shot clinic will be held on a Saturday in October (to be determined)

Challenges

Rapidly changing guidelines and information from state and federal agencies continue keep us moving. Weekly ECHO briefings, state nursing home meetings and some national meetings help, it is impossible to keep up with all the information without many PMC staff keeping up with information. As more is learned about the behavior of the virus, some procedures are relaxed, and others are redefined. It is confusing for the public and for those of us trying to follow the correct practices.

During COVID, Infection Prevention monitoring is more than a one-person job, especially in LTC and we are looking for an RN that works primarily in LTC to become more involved in monitoring and coaching staff for best practices.

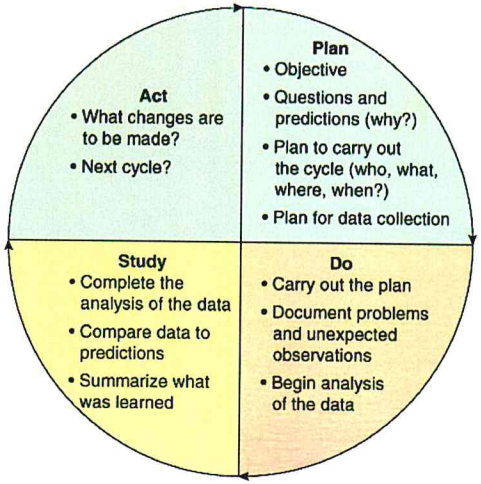
Accomplishments

Process improvement project (PDSA) for collecting staff illnesses started in March, attached to this report.

Submitted by:

Elizabeth Bacom, MLS(cm)

PLAN DO STUDY ACT (PDSA) TEMPLATE DIRECTIONS



DIRECTIONS: Use this Plan-Do-Study-Act (PDSA) tool to plan and document your progress with tests of change conducted as part of chartered performance improvement projects (PIPs). While the charter will have clearly established goals, scope, timing, milestones, and team roles and responsibilities for a project, the PIP team asked to carry out the project will need to determine how to complete the work. This tool should be completed by the project leader/manager/coordinator with review and input by the project team. Answer the first two questions below for you PIP. Then as you plan to test changes to meet your aim, answer question 3 below and plan, conduct and document your PDSA cycles. Remember that a PIP will usually involve multiple PDSA cycles in order to achieve your aim. Use as many forms as you need to track your PDSA cycles.

THREE QUESTIONS FOR MODEL IMPROVEMENT:

1. What are we trying to accomplish (aim)?

State your aim (review your PIP charter- and include your bold aim that will improve resident health outcomes and quality of care).

Track employee illnesses in a real-time manner that allows early recognition of infections that could easily spread in the facility either between staff or to patients and residents.

2. How will we know that change is an improvement (measures)?

Describe the measurable outcome(s) you want to see.

The current practice of calling a manager may not translate to reporting to Infection Prevention. Some departments were better at this than others. Some information was never relayed to the IP or employee health nurse. Staff record their illnesses as PTO and so there is no way to track staff out due to illness through Time and Attendence application in Evident. (Employees use PTO in some cases for staff illness however this policy has recently changed)

3. What change can we make that will result in an improvement?

Define the process currently in place; use process mapping or flow charting –attach this to the PDSA study.

Identify opportunities for improvement that exist (look for causes of problems that have occurred –root cause analysis).

Decide what you will change in the process; determine your intervention based on your analysis

Identify better ways to address the root causes of the problem

Learn what has worked in other organizations (Best Practice recommendations)

Review the best available evidence for what works (literature, studies, experts, guidelines)

Remember the solution doesn't have to be perfect the first time

PLAN DO STUDY ACT (PDSA) TEMPLATE

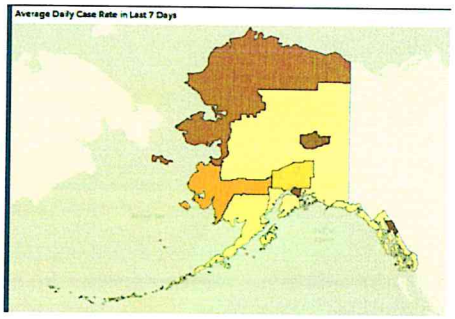
PLAN: What changes are you testing with the PDSA cycle? What do you think will happen and why? Who will be involved? Plan a small test of change. How long will the change take to implement? What resources will be needed? What data will be collected?	**List your action steps along with the person(s) responsible and the time line.** Create an electronic process to capture staff illness using a familiar online survey tool. This will involve creating a HIPAA compliant account with Survey Monkey. Staff need to be provided information and education so they understand that their data submissions are strictly confidential (only the IP and EH-RN will see surveys). Include Informatics, Public Relations, Nurse Managers and some department managers. A few people would test-drive the survey to verify the process was smooth, easy for staff to perform. Data collected includes name, department, list of symptoms staff is experiencing, and also if a household member is ill. This is particularly important with COVID.
Do: Carry out the test on a small scale and document observations including problems and unexpected findings. Collect data you identified during the "plan" stage.	**Describe what actually happened when you ran the test.** Survey was initially sent to several staff to test drive. Some small changes in the lay out of the survey and questions. A broadcast email was sent out to all staff, managers were asked to encourage their employees to become familiar with the survey tool.
STUDY: Study and analyze the data. Did you achieve the expected outcome? Were there implementation lessons? Provide a summary for what was learned, to include lessons learned, success and failures.	**Describe the measured results and how they compared to the predictions.** Initially, some managers were putting the information in for their staff member, we are not certain if this is still going on. Posters located throughout the facility have been created reminding staff to leave the facility if they develop symptoms while working and a QR code is on the poster to remind them to scan the code and complete the survey on their phone.
ACT: Based on what you learned from the test: Adapt - modify the changes and repeat PDSA cycle. Adopt - consider expanding the changes in your organization. Abandon - change your approach and repeat the PDSA cycle.	**Describe what modifications to the plan will be made for the next cycle from what you learned.** Beginning in October the survey will change slightly to make data colleciton easier. Also, the ability to put Covid test results on the log is time consuming. Will work with IT to have employee medical record numbers flagged when they have a COVID test so this information can be tracked as well.

Petersburg Medical Center
PO Box 589
Petersburg, Alaska 99833
Phone: (907) 772-4291 / Fax: (907) 772-3085

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 11th.

Petersburg Medical Center is now in the 6th month of Incident Command System since it was activated under the COVID pandemic on March 11th. We continue to reassess and adjust our response, policies, and processes to strategize for long term planning and maintain CMS and State compliance. This operational period of SARS-COV-2 in Alaska has seen an overall steady number of cases with slight downward trend in AK residents. As reported in the previous month, the larger reports appear to stem from clusters from gatherings in various communities (i.e., homeless shelter, youth facility, wedding). Petersburg COVID cases remain at zero with a 14-day rolling average of zero. This is fantastic and we hope to continue seeing this trend. Petersburg Medical Center continues to be involved the Borough Incident Command as a resource to assist with the school in addition to the airport and seafood worker asymptomatic testing. The opening of the school was a large focus in the past month as well as assisting in the local community response or mitigation plans. Outdoor activities are seeing less evidence of transmission than indoor or enclosed spaces. Physical distance and masking are the norm in many states and assist in allowing a return to businesses by reducing transmission of COVID. In addition to mitigation strategies the goal is to identify, isolate and track the virus within the community to eliminate spread. Below is a current visual (September 18th) that shows the 7-day average rate of COVID within Alaska.



**Taken from State of Alaska Coronavirus Hub*

Petersburg has 0 active cases currently at the time of this writing. The recovered totals to-date are 3 community residents, 5 visitors from out of state, 2 seafood cannery workers and one resident who acquired and died out-of-state. PMC has implemented several incident directive policies either required or recommended by the Centers for Disease Control and/or Centers for Medicare Medicaid Services (particularly for LTC). LTC is assessing what needs to occur and determine in collaboration with the State phase 2 of "opening" of long-term care facilities.

Facility:

New Facility Planning: The master plan was finalized in February and further developments have been on hold due to COVID. It is recommended PMC move forward with an environmental study on the potential sites. This is important to keep the potential funding sources open to PMC as a viable project. PMC's next steps for phase 2: Site selection, environmental study, space programming refinement and full architectural designs. As reported last month, I have reached out to potential funding programs through the USDA and Denali Commission as well as advocating support from legislature. New facility

Petersburg Medical Center
PO Box 589
Petersburg, Alaska 99833
Phone: (907) 772-4291 / Fax: (907) 772-3085

planning that incorporates a facility of post COVID access to care and economic development should be considered during this phase.

Existing Facility update: USP 800: The construction phase of the project has been mostly completed and the finishing punch list is still awaiting wrap up. Still needed are the heat tape / tracing for the plumbing and the commissioning of the room. We hope to have this project completed next month.

Community Education/Outreach:

PMC serves on the Borough Incident Command under Operations Section and has participated in numerous communications to the community and Assembly throughout the pandemic. PMC continues to participate in the weekly informative live KFSK radio session for COVID updates. The PMC Incident Command has a briefing Monday, Wednesday and Friday that includes the Borough Incident Command, school, and public health.

- August 18th, combined Zoom and small (4) in-person (masked / physical distanced) luncheon with the physicians.
- The Wellness Committee is working on providing opportunities for the community and hosting the Rainforest Run this September.
- August 17th PMC report to the Borough Assembly Meeting.

Integrated Healthcare:

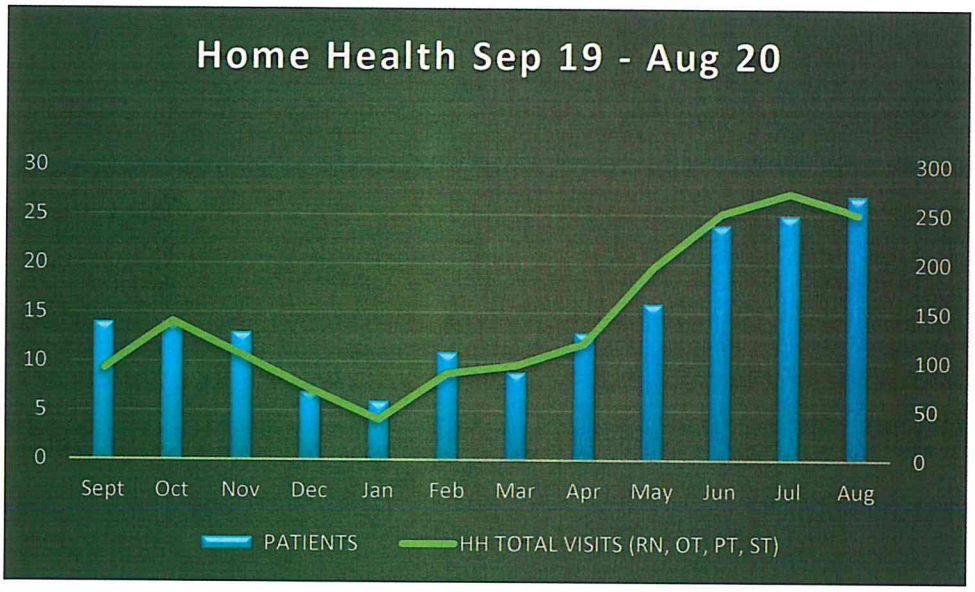
The Premera AIMS grant (despite COVID) has been moving the Integrated Care program forward. Our behavioral health team includes our clinic lead Dr. Hess, providers, behavioral health lead (Patrick Sessa) and a Nurse Practitioner (Tina Pleasants). As reported last month, we are looking forward to continuing the PMC integration of mental health and specialty access through our clinic. Patrick Sessa organized a presentation to assess the long-term programming of Behavioral Health at PMC as well as the sustainability of such a program. We applied for (2) additional mental health grants and currently assessing if we will receive and have the ability to fulfill.

Nutrition therapy, diabetes education, audiology and management has increased through the clinic outpatient services. Chiropractor services have returned in the clinic while PMC maintains a Green or Yellow color code COVID status. The PMC Wellness Committee meets regularly to focus on employees and community outreach. The group provided a Healthy Community series (runs, stress relief, gratitude challenge, etc.) and employee wellness challenges throughout COVID.

Petersburg Medical Center
PO Box 589
Petersburg, Alaska 99833
Phone: (907) 772-4291 / Fax: (907) 772-3085

Workforce development:

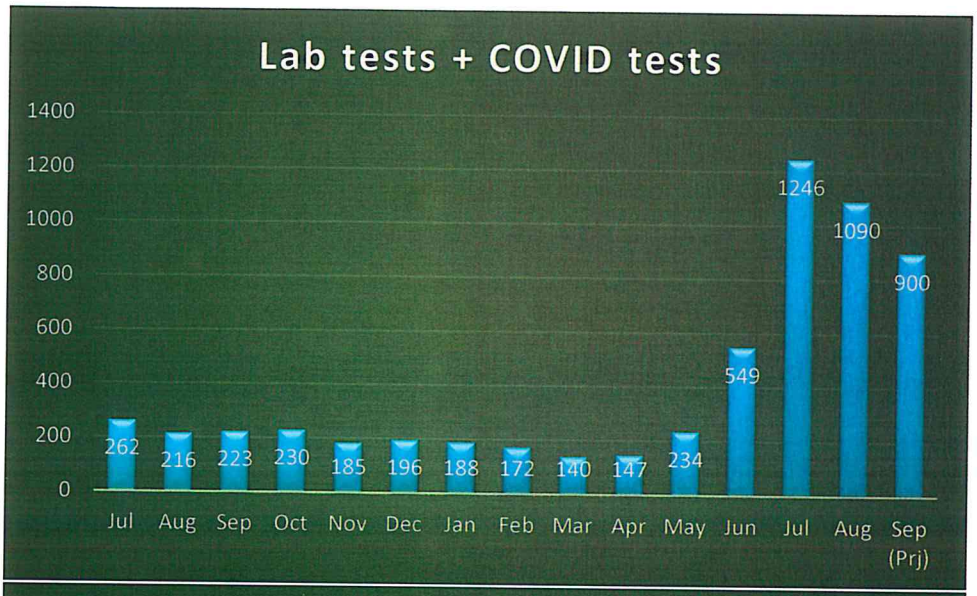
While PMC is still recovering from transitions of new management in the Laboratory and Home Health departments, we are sad to see long time PMC employee, Jenna Olsen, will leave us as the clinic manager on November 2nd. An internal message was sent to all employees earlier this week with the significant history and contribution Jenna has provided to PMC over the years. The transition will involve reclassifying vacancies or adding position(s) (i.e. RN Case Manager) to build a more sustainable manager / director clinic role in the future. The burden and burn out that COVID brought continues to showcase gaps within PMC and wreak havoc with morale and moral injury.

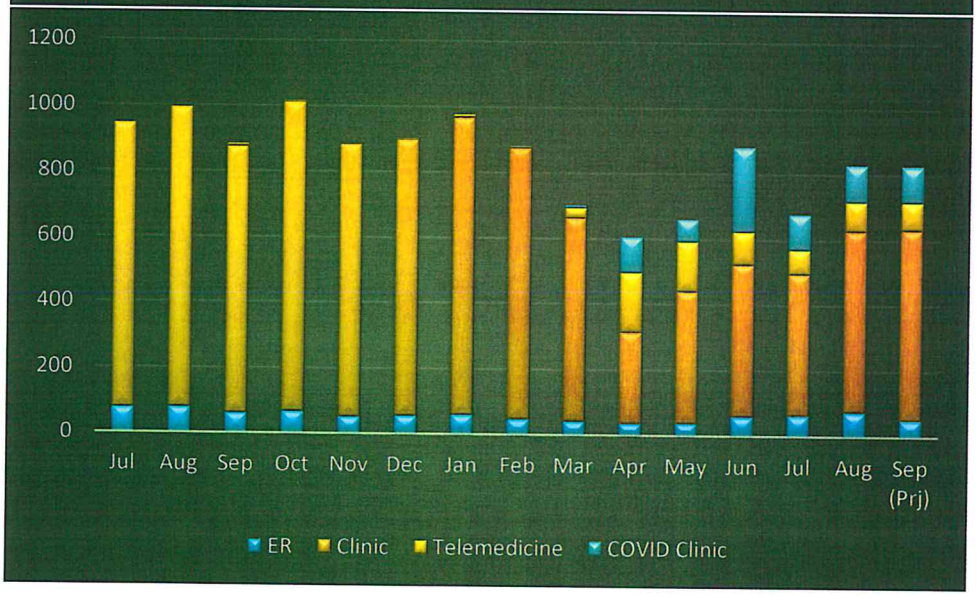


Finance: Rocio attached the update of the first month and the year for financials FY21. As described in the past months the overall COVID response continues to see a significant drop in revenue due to the reductions and restrictions imposed for pandemic response. The past 8 months PMC has spent considerable resources in not only increasing its' preparation for surge, infection control and testing but to safely see patients in the facility. Grant applications for various programs have met with mixed results. PMC is appreciative of the recent approval from the Petersburg Borough for the $600k of CARES act funding to support the hospital.

August totals we can see clinic volumes are beginning to improve in volumes though it is still decreased by 30% for in-person encounters; however, ER census showed a larger than normal volume in August. The respiratory clinic, asymptomatic testing and telehealth visits are maintaining and contribute significantly to staffing and overall volumes. While the LTC census is seeing the lowest amount, Home Health census are still on the rise with the highest census to date.

Petersburg Medical Center
PO Box 589
Petersburg, Alaska 99833
Phone: (907) 772-4291 / Fax: (907) 772-3085





PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

FISCAL YEAR 2021

For the two months ended August 31, 2020

PETERSBURG MEDICAL CENTER

Statement of Revenues and Expenses

For the two months ended August 31, 2020

Month Actual	Month Budget	$ Variance	% Variance			YTD Actual	YTD Budget	$ Variance	% Variance	Prior YTD	% Variance
					Gross Patient Revenue:						
$377,029	$200,590	$176,439	88.0%	1.	Inpatient	$698,899	$400,976	$297,923	74.3%	$684,373	2.1%
919,140	737,363	181,777	24.7%	2.	Outpatient	1,985,139	1,463,336	521,803	35.7%	2,163,266	-8.2%
255,072	323,941	(68,869)	-21.3%	3.	Long-term Care	510,155	647,990	(137,835)	-21.3%	759,153	-32.8%
1,551,241	1,261,894	289,347	22.9%	4.	**Total gross patient revenue**	3,194,193	2,512,302	681,891	27.1%	3,606,792	-11.4%
					Deductions from Revenue:						
194,455	219,191	24,736	11.3%	5.	Contractual adjustments	585,822	436,387	(149,435)	-34.2%	576,319	-1.6%
0		0	n/a	6.	Prior year settlements	0	0	0	n/a	0	n/a
21,037	7,066	(13,971)	-197.7%	7.	Bad debt expense	54,755	14,068	(40,687)	-289.2%	(52,456)	-204.4%
47,057	43,186	(3,871)	-9.0%	8.	Charity and other deductions	142,171	85,978	(56,193)	-65.4%	110,181	-29.0%
262,549	269,443	6,894	2.6%	9.	**Total deductions from revenue**	782,748	536,433	(246,315)	-45.9%	634,044	-23.5%
1,288,692	992,451	296,241	29.8%	10.	**Net patient revenue**	2,411,445	1,975,869	435,576	22.0%	2,972,748	-18.9%
					Other Revenue						
69,758	62,276	7,482	12.0%	11.	Inkind Service - PERS/USAC	139,517	124,553	14,964	12.0%	133,274	4.7%
44,068	13,750	30,318	220.5%	12.	Grant revenue	44,068	27,500	16,568	60.2%	103,131	-57.3%
581,750	550,000	31,750	5.8%	13.	Federal & State Relief	1,181,750	1,150,000	31,750	2.8%	0	n/a
60,852	1,353	59,499	4397.6%	14.	Other revenue	127,784	2,706	125,078	4622.2%	7,454	1614.3%
756,428	627,379	129,049	20.6%	15.	**Total other operating revenue**	1,493,119	1,304,759	188,360	14.4%	243,859	512.3%
2,045,120	1,619,830	425,290	26.3%	16.	**Total operating revenue**	3,904,564	3,280,628	623,936	19.0%	3,216,607	21.4%
					Expenses:						
887,684	807,671	(80,013)	-9.9%	17.	Salaries and wages	1,818,618	1,632,393	(186,225)	-11.4%	1,528,079	-19.0%
82,856	64,958	(17,898)	-27.6%	18.	Contract labor	174,186	149,916	(24,270)	-16.2%	156,614	-11.2%
342,582	319,579	(23,003)	-7.2%	19.	Employee benefits	655,972	643,782	(12,190)	-1.9%	602,880	-8.8%
99,821	100,066	245	0.2%	20.	Supplies	151,634	199,314	47,680	23.9%	232,067	34.7%
173,170	85,978	(87,192)	-101.4%	21.	Purchased services	247,419	184,068	(63,351)	-34.4%	168,806	-46.6%
44,770	45,360	590	1.3%	22.	Repairs and maintenance	96,460	87,643	(8,817)	-10.1%	70,890	-36.1%
28,374	11,134	(17,240)	-154.8%	23.	Minor equipment	31,476	29,923	(1,553)	-5.2%	17,225	-82.7%
16,518	11,633	(4,885)	-42.0%	24.	Rentals and leases	28,945	23,266	(5,679)	-24.4%	24,847	-16.5%
46,051	47,140	1,089	2.3%	25.	Utilities	98,665	92,880	(5,785)	-6.2%	90,745	-8.7%
2,640	13,660	11,020	80.7%	26.	Training and travel	4,147	24,721	20,574	83.2%	25,107	83.5%
55,506	57,222	1,716	3.0%	27.	Depreciation	111,203	114,742	3,539	3.1%	119,108	6.6%
3,867	8,756	4,889	55.8%	28.	Insurance	12,688	17,512	4,824	27.5%	16,678	23.9%
23,511	20,422	(3,089)	-15.1%	29.	Other operating expense	33,598	36,356	2,758	7.6%	48,573	30.8%
1,807,350	1,593,579	(213,771)	-13.4%	30.	**Total expenses**	3,465,011	3,236,516	(228,495)	-7.1%	3,101,619	-11.7%
237,770	26,251	211,519	805.8%	31.	**Income (loss) from operations**	439,553	44,112	395,441	896.4%	114,988	-282.3%
					Nonoperating Gains(Losses):						
100,157	6,250	93,907	1502.5%	32.	Investment income	209,296	12,500	196,796	1574.4%	(16,468)	-1370.9%
(162)	(171)	9	5.3%	33.	Interest expense	(362)	(380)	18	4.7%	(1,225)	70.4%
0	0	0	n/a	34.	Gain (loss) on disposal of assets	0	0	0	n/a	0	n/a
140	0	140	0.0%	35.	Other non-operating revenue	385	0	385	0.0%	5,728	-93.3%
100,135	6,079	94,056	1547.2%	36.	**Net nonoperating gains (losses)**	209,319	12,120	197,199	1627.1%	(11,965)	-1849.4%
$337,905	$32,330	$305,575	945.2%	37.	**Change in Net Position (Bottom Line)**	$648,872	$56,232	$592,640	1053.9%	$103,023	-529.8%

( ) or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER

Key Volume Indicators

For the two months ended August 31, 2020

Current Month						Year-To-Date					
		Variance						Variance		Prior	Variance
Actual	Budget	Amount	%			Actual	Budget	Amount	%	YTD	%
					Hospital Inpatient						
35	16	19	118.8%	2.	Patient Days - Acute Care	64	32	32	100.0%	62	3.2%
68	58	10	17.2%	3.	Patient Days - Swing Bed	130	116	14	12.1%	178	-27.0%
103	74	29	39.2%	4.	Patient Days - Total	194	148	46	31.1%	240	-19.2%
1.1	0.5	0.6	118.8%	5.	Average Daily Census - Acute Care	1.0	0.5	0.5	100.0%	1.0	3.2%
2.2	1.9	0.3	17.2%	6.	Average Daily Census - Swing Bed	2.1	1.9	0.2	12.1%	2.9	-27.0%
3.3	2.4	0.9	39.2%	7.	Average Daily Census - Total	3.1	2.4	0.7	31.1%	3.9	-19.2%
27.7%	19.9%	7.8%	39.2%	8.	Percentage of Occupancy	26.1%	19.9%	6.2%	31.1%	32.3%	-19.2%
					Long Term Care						
279	341	(62)	-18.2%	16.	Resident Days	558	682	(124)	-18.2%	862	-35.3%
9.0	11.0	(2.0)	-18.2%	17.	Average Daily Census	9.0	11.0	(2.0)	-18.2%	13.9	-35.3%
60.0%	73.3%	(0)	-18.2%	18.	Percentage of Occupancy	60.0%	73.3%	(0)	-18.2%	92.7%	-35.3%
					Other Services						
76	77	(1)	-1.3%	22.	Emergency Room Visits	140	147	(7)	-4.8%	157	-10.8%
173	111	62	55.9%	26.	Radiology Procedures	330	221	109	49.3%	396	-16.7%
-	1,530	(1,530)	-100.0%	27.	Lab Tests (excluding QC)	-	3,167	(3,167)	-100.0%	4,952	-100.0%
696	311	385	123.8%	28.	Rehab Services Units	1,455	615	840	136.6%	2,482	-41.4%
55	59	(4)	-6.8%	29.	OP Treatment Room	88	118	(30)	-25.4%	161	-45.3%
253	150	103	68.7%	30	Home Health Visits	525	300	225	75.0%	200	162.5%
758	500	258	51.6%	31.	Clinic Visits	1,390	975	415	42.6%	1,924	-27.8%

( ) or - indicates an unfavorable variance

PETERSBURG MEDICAL CENTER

Key Operational Indicators

For the two months ended August 31, 2020

Current Month						*Year-To-Date*					
		Variance						Variance		Prior	Prior
Actual	Budget	Amount	%			Actual	Budget	Amount	%	YTD $	YTD %
12.5%	17.4%	4.8%	27.8%	1.	Contractual Adj. as a % of Gross Revenue	18.3%	17.4%	-1.0%	-5.6%	16.0%	-14.8%
3.0%	3.4%	0.4%	11.4%	11.	Charity/Other Ded. as a % of Gross Revenue	4.5%	3.4%	-1.0%	-30.1%	3.1%	-45.7%
1.4%	0.6%	-0.8%	-142.2%	12.	Bad Debt as a % of Gross Revenue	1.7%	0.6%	-1.2%	-206.1%	-1.5%	217.9%
11.6%	1.6%	10.0%	617.4%	13.	Operating Margin	11.3%	1.3%	9.9%	737.2%	3.6%	-214.9%
15.8%	2.0%	13.8%	692.1%	14.	Total Margin	15.8%	1.7%	14.1%	823.6%	3.2%	-390.6%
				15.	Days Cash on Hand (Including Investments)	292.9				168.2	74.1%
				16.	Days in A/R	40.1					

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

PETERSBURG MEDICAL CENTER

Balance Sheet

August 31, 2020

ASSETS

	Aug 2020	July 2020	June 2020	Aug 2019
Current Assets:				
1. Cash - operating	$5,711,072	$6,108,921	$6,977,720	$2,196,322
2. Cash - insurance advances	3,648,600	3,648,600	3,648,600	0
3. Investments	2,601,172	2,599,136	2,597,099	2,571,167
4. Total cash	11,960,844	12,356,657	13,223,419	4,767,489
5. Patient receivables	4,736,086	4,710,015	4,344,677	5,341,040
6. Allowance for contractuals & bad debt	(3,137,958)	(3,186,667)	(2,984,194)	(3,070,463)
7. Net patient receivables	1,598,127	1,523,348	1,360,483	2,270,577
8. Other receivables	85,258	83,057	47,158	109,727
9. Inventories	290,675	285,498	287,034	219,249
10. Prepaid expenses	310,432	251,692	95,727	234,431
11. Total current assets	14,245,336	14,500,252	15,013,821	7,601,473
Property and Equipment:				
12. Assets in service	22,138,611	22,118,623	22,118,623	21,829,283
13. Assets in progress	516,042	452,031	441,798	75,888
14. Total propery and equipment	22,654,653	22,570,654	22,560,421	21,905,171
15. Less: accumulated depreciation	(18,390,449)	(18,359,942)	(18,304,246)	(17,730,656)
16. Net propery and equipment	4,264,204	4,210,712	4,256,175	4,174,515
Assets Limited as to Use by Board				
17. Investments	2,662,327	2,579,717	2,495,110	2,463,908
18. Building fund	561,973	544,672	525,783	515,866
19. Pension	3,224,300	3,124,389	3,020,893	2,979,774
Deferred Outflows:				
20. Pension	2,883,764	2,883,764	2,883,764	2,883,764
21. Total assets	**$24,617,604**	**$24,719,117**	**$25,174,653**	**$17,639,526**

LIABILITIES & FUND BALANCE

	Aug 2020	July 2020	June 2020	Aug 2019
Current Liabilities:				
22. Accounts payable	$660,006	$673,209	$696,453	$654,495
23. Accrued payroll	253,076	165,415	473,575	170,012
24. Accrued PTO and extended sick	895,359	897,807	880,050	738,442
25. Payroll taxes and other payables	165,697	148,395	99,937	139,627
26. Due to Medicare	339,245	339,245	339,245	528,080
27. Due to Medicare - Advance	3,573,422	3,573,422	3,573,422	0
28. Due to Blue Cross - Advance	52,000	52,000	52,000	0
29. Deferred revenue	1,296,260	1,664,317	2,005,000	0
30. Loan Payable - SBA	1,500,000	1,650,000	1,800,000	0
31. Current portion of long-term debt	85,961	85,961	85,961	124,895
32. Total current liabilities	8,821,026	9,249,771	10,005,643	2,355,551
Long-Term Debt:				
33. Capital leases payable	48,110	58,779	69,411	134,934
Pension Liabilities:				
34. Net Pension Liability	11,593,911	11,593,911	11,593,911	11,593,911
35. OPEB Liablity	2,366,512	2,366,512	2,366,512	2,366,512
36. Total liabilities	22,829,559	23,268,973	24,035,477	16,450,908
Deferred Inflows:				
37. Difference in pension costs	1,185,483	1,185,483	1,185,483	1,185,483
Net Position:				
38. Unrestricted	(46,309)	(46,311)	(99,887)	(99,887)
39. Current year net income (loss)	648,872	310,973	53,581	103,023
40. Total net position	602,562	264,661	(46,307)	3,135
41. Total liabilities and fund balance	**$24,617,604**	**$24,719,117**	**$25,174,653**	**$17,639,526**

*** June & July balances adjusted to reflect year-end entries posted to FY20 as of this balance sheet date.

PETERSBURG MEDICAL CENTER

Statement of Cash Flows

August 31, 2020

		FY21	FY20	Variance
	Cash Flows from Operating Activities			
1.	Cash received from patient services	2,173,801	2,805,437	(631,636)
2.	Cash from other sources	89,684	(25,099)	114,783
3.	Cash paid to suppliers	(1,084,497)	(979,147)	(105,350)
4.	Cash paid to employees	(2,524,020)	(2,133,520)	(390,500)
5.	Net cash provided by (used for) operating activities	(1,345,032)	(332,329)	(1,012,703)
	Cash Flows from Noncapital Financing Activities:			
6.	Cash from grant programs	217,078	103,131	113,947
7.	Cash from provider relief funds	0	0	0
8.	Cash (to)from providers - advances	0	0	0
9.	Cash from/payments on SBA Loan	0	0	0
10.	Cash from non-operating revenue	385	5,728	(5,343)
11.	Net cash provided by noncapital financing activities	217,463	108,859	108,604
	Cash Flows from Capital and Related Financing Activities			
12.	Interest paid	(362)	(1,225)	863
13.	Cash payments on long-term debt	(21,301)	(20,439)	(862)
14.	Purchase of property and equipment	(119,232)	(39,047)	(80,185)
15.	Net cash used for capital and related financing activities	(140,895)	(60,711)	(80,184)
16.	Net increase (decrease) in cash and cash equivalents	(1,268,464)	(284,181)	(984,284)
17.	Cash and cash equivalents, beginning of year	13,223,419	5,044,237	8,179,182
18.	Cash and cash equivalents, end of period	11,954,954	4,760,056	7,194,898
19.	Days Cash on Hand - Operating/Investments	160.3	103.5	56.8
20.	Days Cash on Hand - Provider Advances	70.4	-	70.4
21.	Days Cash on Hand - Total Operating Cash & Investments	230.7	103.5	127.1
22.	Day Cash on Hand - Total Operating/Investment/Board	292.9	168.2	124.6
23.	Days in Accounts Payable	37.7	41.4	3.7

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					74,244		
	FY21 Capital Budget							
IT	Fire Suppression - Server Room	19,078		19,078			-	19,078
IT	Server	16,515		16,515			-	16,515
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		25,000			-	25,000
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		12,618			-	12,618
Plant	Plow Truck with Sander	60,000		60,000			-	60,000
Plant	Ice Makers (3)	18,000		18,000			-	18,000
Plant	Car - Toyota Highlander		5,000	5,000		5,000		5,000
Audiology	Audiology Equipment	14,774	214	14,988		14,988	14,988	(0)
Telehealth	To Be Determined (see budget)	-		-			-	-
Admin	Contingency	100,000	(5,214)	94,786		-	-	94,786
	Total - FY21	610,000	-	610,000	-	44,988	39,988	570,012
	Total Expenditures per Cash Flow					119,232		
	Funding Sources - FY21							
	PMC Operations	610,000	-	610,000				
	Grants	-	-	-				
	Cares Act	-	-	-				
	Board Reserves	-	-	-				
	Total	610,000	-	610,000				

( ) or - indicates unfavorable variance