

Petersburg Medical Center

103 Fram Street
PO Box 589
Petersburg, AK 99833

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

DATE: Thursday, January 23rd, 2020
TIME: 5:00 p.m.
LOCATION: Dorothy Ingle Conference Room

	<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 – December 19 th , 2019	<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. Home Health <i>Action required: Informational only</i>	<i>C. Axmaker</i>	<i>in packet</i>
B. Human Resources <i>Action required: Informational only</i>	<i>C. Newman</i>	<i>in packet</i>
C. Executive Summary <i>Action required: Informational only</i>	<i>P. Hofstetter</i>	<i>in packet</i>
D. Quality & Infection Prevention <i>Action required: Informational only</i>	<i>L. Bacom</i>	<i>in packet</i>
E. Financial <i>Action required: Informational only</i>	<i>R. Tejera</i>	<i>in packet</i>
VII. UNFINISHED BUSINESS		
VIII. NEW BUSINESS		
A. FY 2019 Audit Review <i>Action required: Informational only</i>	<i>M. Mertz</i>	<i>in packet</i>

~~B. Amendment to PMC Bylaws~~ ~~P. Hofstetter~~ ~~in packet~~

~~Action required: Approval (First reading)~~

~~Motion: Petersburg Medical Center's Board of Directors approves amending the PMC Bylaws by adding Article XI which reads as follows: Upon the dissolution of this corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.~~

IX. EXECUTIVE SESSION

By motion, the Board will enter into Executive Session to consider medical staff appointments and reappointments and to discuss legal matters.

X. MEDICAL STAFF – APPOINTMENTS & REAPPOINTMENTS

The Board will decide whether to approve or deny appointments and reappointments to medical staff.

XI. LEGAL MATTERS

XII. NEXT MEETING

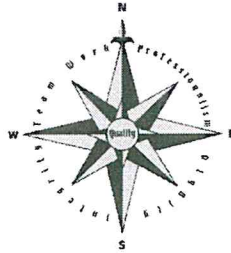
XIII. ADJOURNMENT

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Meeting: Medical Center Board Meeting

Date: December 19th, 2019 **Time:** 5:00 p.m.

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

Board Members Absent: None

Staff Members Attending: Phil Hofstetter, Chad Wright, Jill Dormer, Sarah Wright, Cindy Newman, Liz Bacom

Visitors: Brian Varela, Bob Lynn

- I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:00 p.m.
- II. **APPROVAL OF THE AGENDA:** Member Riemer made a motion to approve the agenda as presented. Motion seconded by Member Roberts. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:** Member Stratman made a motion to approve the minutes as presented from the board meeting on November 21st, 2019. Motion seconded by Member Cushing. Motion passed unanimously.
- IV. **VISITORS COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** Member Doyle thanked PMC staff for a good job this year and gave appreciation for everything they have done. All board members concurred. Member Cushing mentioned that it was fun seeing everyone at the Christmas party.
- VI. **REPORTS:**
 - A. **Executive Summary.** There was discussion regarding the master planning process. P. Hofstetter stated that a final report should be issued at the end of January. It was noted that the work session between the Assembly and PMC was recorded by KFSK and should be available on the Borough and/or KFSK website. Member Stratman pointed out that the two site options for a new hospital that were presented at the work session on December

5th border residential areas. He added that residential property owners should have an opportunity to weigh in on the two options regarding location and the design of the new building and he inquired if a public forum had been scheduled for January and if one forum is enough. P. Hofstetter explained that the next phase of master planning heavily involves community engagement. He added that there will be multiple opportunities for the community to get involved. He emphasized that a site has to be selected and a decision has to be made. Member Lagoudakis mentioned the museum property would have to be figured out if the decision was made to build on that lot. Member Roberts asked about current square footage versus square footage at a new facility. P. Hofstetter replied that current building is approximately 48,000 square feet and the new is approximately 60,000 square feet. P. Hofstetter mentioned Member Lagoudakis asked about creating a website for master planning and putting a feedback option on it. P. Hofstetter replied that a website would be created for community members to provide feedback. Member Cook suggested waiting until after the final report is published so people can make informed comments. P. Hofstetter stated that the Premera AIMS grant pertaining to mental health integration into primary care was awarded in the amount of approximately \$125,000. He recently went to Juneau to attend Medical Care Advisory Committee, which is a committee he is sitting on for his third term. He learned there is a flat budget this year, which allows some breathing room with the State. P. Hofstetter noted that the audit is complete. The auditor will present the findings at the January board meeting. He commented that the USP 800 project is on track. He continues to do outreach. He added that K. Lambe does an amazing job with public relations and highly recommended looking at the newsletter. P. Hofstetter stated that since he started at PMC he has talked openly about the tight finances with lots of ups and downs. He noted that currently we are on the downside but still on the positive net overall for the year. There were more expenses last month such as the audit, Medicare payback settlement, cost report, and consultant time.

B. Quality. L. Bacom was available to answer questions related to her written report (see copy).

C. Financial. P. Hofstetter reported the AR is down on the balance sheet due to the new modeling which is more accurate. Member Cushing noted a big change in pension assets. Member Riemer mentioned difficulty in budgeting. P. Hofstetter stated that was due to never having a clear mapping of the budget and not a good depiction of run rate. He added that his deep dive into the accounting is to make sure it is mapped correctly, budgeting correctly and that department budgets are accurate. He has talked with the managers about the importance of the accuracy of budgeting and forecasting.

VII. UNFINISHED BUSINESS

VIII. NEW BUSINESS

A. Board Training. P. Hofstetter stated that he has reached out to the Foraker Group. The CEO of Foraker offered April 1st or April 2nd to provide board training. The Board agreed that April 2nd would be a good day for training.

IX. EXECUTIVE SESSION: Member Roberts made a motion that the Board enter into

Executive Session to discuss a legal matter. Motion seconded by Member Lagoudakis. Motion passed unanimously. Board entered Executive Session at 5:33p.m. Member Roberts made a motion to come out of Executive Session. Motion seconded by Member Doyle. The Board came out of Executive Session at 5:40 p.m.

X. LEGAL MATTER

XI. NEXT MEETING: Next regularly scheduled meeting was set for Thursday, January 23, 2020 at 5:00 p.m. in the Dorothy Ingle Conference Room.

XII. ADJOURNMENT: Member Lagoudakis made a motion to adjourn. Motion was seconded by Member Roberts. Motion passed unanimously. The meeting adjourned at 5:44 p.m.

Respectfully submitted,

Marlene Cushing, Board Secretary



Petersburg Medical Center

Home Health Agency Board Report

01.15.20

Staffing Overview

- *I have no RN coverage other than myself at the time of this writing. I am recruiting for another contract staff to fill the RN position while actively recruiting for a permanent RN.*
- *I need someone with CNA and business office qualifications to cross train into Jacque's reception/billing position and am requesting an FTE for this.*

Review and Update

- *Current census is 2 due to staffing and software issues again. Not admitting patients to home health since mid-December.*
- *Board members can assist with recruitment efforts when we are admitting patients again – Get the Word Out - people who are struggling can ask their doctors for a Home Health referral and the physician will determine if Home Health is appropriate for them. We are missing many opportunities for growth.*

Looking Forward

- *We will be prioritizing policy review/updates and a performance improvement project 2020 with low census until the software issues have been resolved.*
- *We are previewing a cloud-based software system that would increase our ability to bill, collect remits and admit patients in a timely manner on January 23rd. A new biller would have access to this health record without an interface.*

Challenges

- *Inability to admit patients due to software issues. We have billing and software issues regularly and need to overhaul the home health Electronic Medical Record, Billing, and Chargemaster if there is going to be growth to this service line.*
- *We have personnel shortages due to no cross training with reception/billing staff and no second RN. We need an FTE that would be able to cover this position as well as be a CNA/therapy aid for our patients which would increase our service line. At any given time we typically have 5-10 patients that would benefit from CNA services, 6-25 hours a week (CNA/therapy aid in the home). Office assistant 10 hours a week or more with increased workload for HH reception to include all wound care and now a new payment model for Medicare doubling claims. All around, an FTE CNA would benefit Home Health, wounds and therapies.*

- *Item Master changes have begun with a plan to continue updating into 2020 to meet regulatory mandates.*
- *Finding a vendor for billing that is specific to Home Health is being pursued and contracts are being evaluated by administration with the goal of implementing new billers as soon as possible per recommendations at last financial audit. New billers will be able to access records without additional expense to PMC if new software is acquired and we move into a cloud-based electronic medical record.*
- *Therapies cannot document in the field. Changing to a cloud-based system would enable Therapies to document in the field and allow them to see more patients by improving time management and staff satisfaction.*

Accomplishments

- *Performance Improvement project 2019 was completed and showed improvements in areas of concern with interventions applied.*
- *Wound Care in the outpatient services clinic is flowing well although not a home health service line is integral in the flow of staffing and available time for personnel. All wound care patients are now being seen in outpatient clinic.*

Opportunities

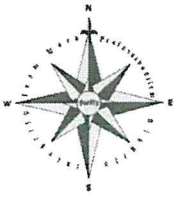
- *Petersburg's growing vulnerable population: Veterans, elderly, post-operative patients, returning patients after medivac, newly diagnosed Diabetes, Congestive heart failure, kidney disease, pulmonary issues, falls on the ice and falls in general, hospice*
- *Increased certified staffing to reduce high costs of skilled clinicians*
- *New cloud-based electronic medical record*
- *Item master reboot for CMS compliance*
- *New billers would increase cashflow*
- *Community resource availability through these offices that include counseling and grief care is a goal to increase community care.*

We need the support of the board and the administration if Home Health is going to grow. Please help us keep this service line open and available to our friends and family.

Thank you for all that you do. Please contact me with questions or concerns at caxmaker@pmc-health.org or 772-5716

Submitted by:

Christie Axmaker RN, CWCA, COS-C
Home Health Clinical Manager
Wound Care Specialist



Petersburg Medical Center

Human Resources – January 17th, 2020

Staffing Overview

The Human Resources department is a department of one. I (Cindy Newman) work full time. Chad Wright is my backup for Personnel related issues and payroll.

Review and Update

Since the last report on in June 2019 – we've hired 20 employees

- 1 Speech-Language Pathologist
- 2 Activities Assistants
- 2 Clinic Admissions / Reception
- 7 On-the-Job Training CNAs
- 1 Rehab Coordinator
- 2 Environmental Services Techs
- 1 Materials Assistant
- 1 Medical Assistant
- 1 Dietitian
- 1 Project Manager
- 1 environmental services tech

We've had 11 terminations.

- 1 Physical Therapist
- 1 Activities Assistant
- 2 CNAs
- 3 Environmental Services Techs
- 1 Materials Manager
- 1 Medical Technologist
- 1 On-the-Job CNAs
- 1 RN

Travelers.

- Registered Nurse
 - 01/05 – 04/03
 - 12/17 – 02/15
- Home Health
 - 02/03 – 05/01
- Med Techs
 - 12/30 – 05/31
 - 01/20 – 09/01
- Physical Therapists
 - 06/03 – 05/31
 - 10/28 – 06/01
- CNAs
 - 10/03 – 03/01
 - 01/13 – 02/29

1 Student.

- Med student from UW School of Medicine (01/03 – 02/10)

Positions Open.

- Reception / Admissions – Clinic
- Home Health Registered Nurse
- Follow-Up Referral / Med Records Asst
- 2 Physical Therapists
- Behavior Health Clinician (PT)
- EVS Tech
- On-the-Job CNA Training
- 2 Medical Technologists

Looking Forward

- *Open Enrollment in June (July effective date) for Premera & Unum*

Challenges

- *Submission of the PB&J on long term care staffing is a monthly requirement.*
- *Working on year-end reporting*
- *We currently have 10 apartments that we are renting. The upkeep, cleaning & scheduling can be a challenge*
- *Working on recruiting for all positions and finding the right fit is challenging and difficult.*

Completed

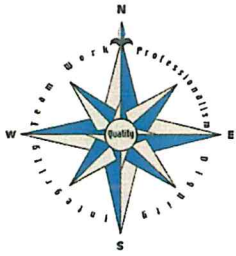
- *Open Enrollment of Flexible Spending Arrangements (December 2019)*

Accomplishments

Opportunities

Submitted by:

Cynthia Newman - SHRM-CP, PHR
Human Resources Director



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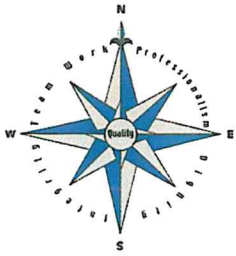
CEO Report:

The following updates ending the month of December and includes year-to-date within the 2nd Quarter FY20. The CEO report will follow the priorities set in the Strategic plan and will use metrics to reflect status and benchmark of these priorities throughout the fiscal year. There is a strong focus on Workforce Development and New Facility identified at the FY20 manager retreat in October 2019. This will involve evaluating and expanding service lines as well as identifying the necessary staff to meet those needs. Providing ladder opportunities and developing innovative technology will round out the Workforce Development Strategy as well as moving forward facility replacement.

The variations in census, particularly in the inpatient unit, are a primary challenge for services and staffing of a critical access hospital. PMC has swings of highs and lows that are higher than normal in FY2020. To obtain a visual depiction of these variations there are two graphs shown below. The first (1) is the census of inpatient, monthly, from 2017 - current. The second (2) depicts the last month, daily, of December 2019. In addition to the variations that are hard to predict are the complexity of patients, patients with psychiatric needs and aggressive behaviors. There are no predictive values for these swings; however, during our morning safety briefings we discuss when our facility is at risk and implement interim strategies to address.



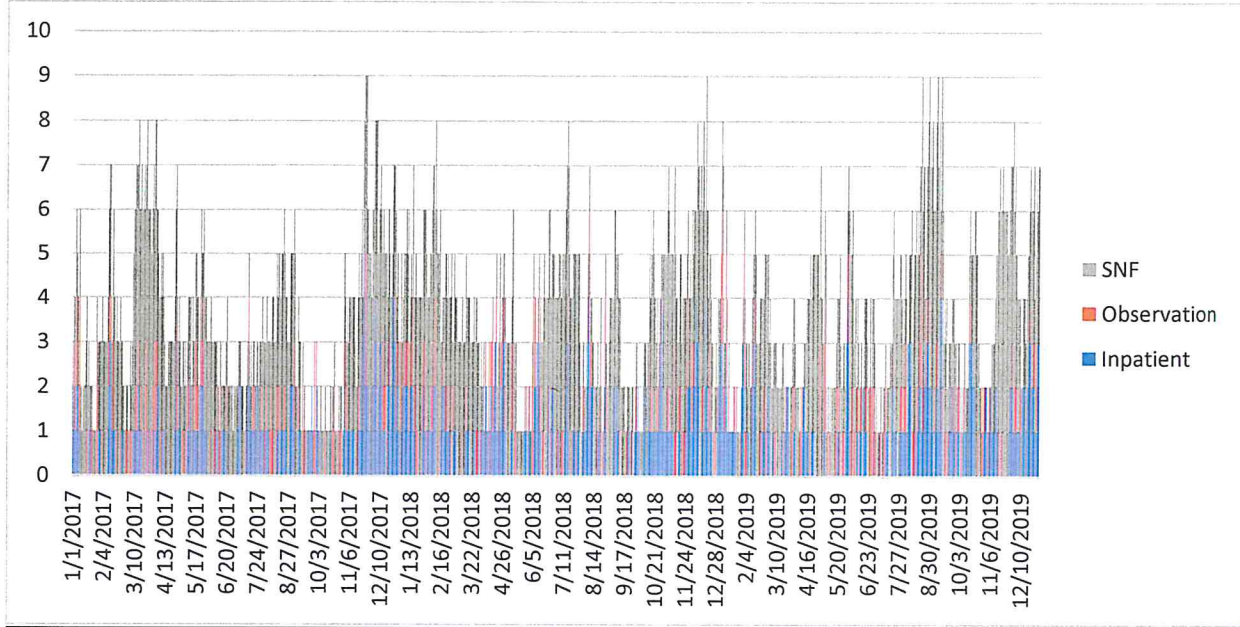
For example, we approved the addition of an interim one-on-one staff to monitor those residents or patients prone to acting aggressively towards staff. Our activities program in LTC has increased coverage of shifts daily to occupy residents with activity 7 days a week. There have been trainings in LTC on trauma informed care provided by WAVE, training on de-escalation and management of psychiatric patients training by Behavioral Health, Pat Sessa. The increase of our behavioral health presence has been beneficial to address patients and ultimately improve care and treatment locally. We received the grant award for the Premera AIMS center at the University of Washington for integration of mental health into our primary care. However, we are noticing increased access to these services are also benefiting LTC and inpatient patients.



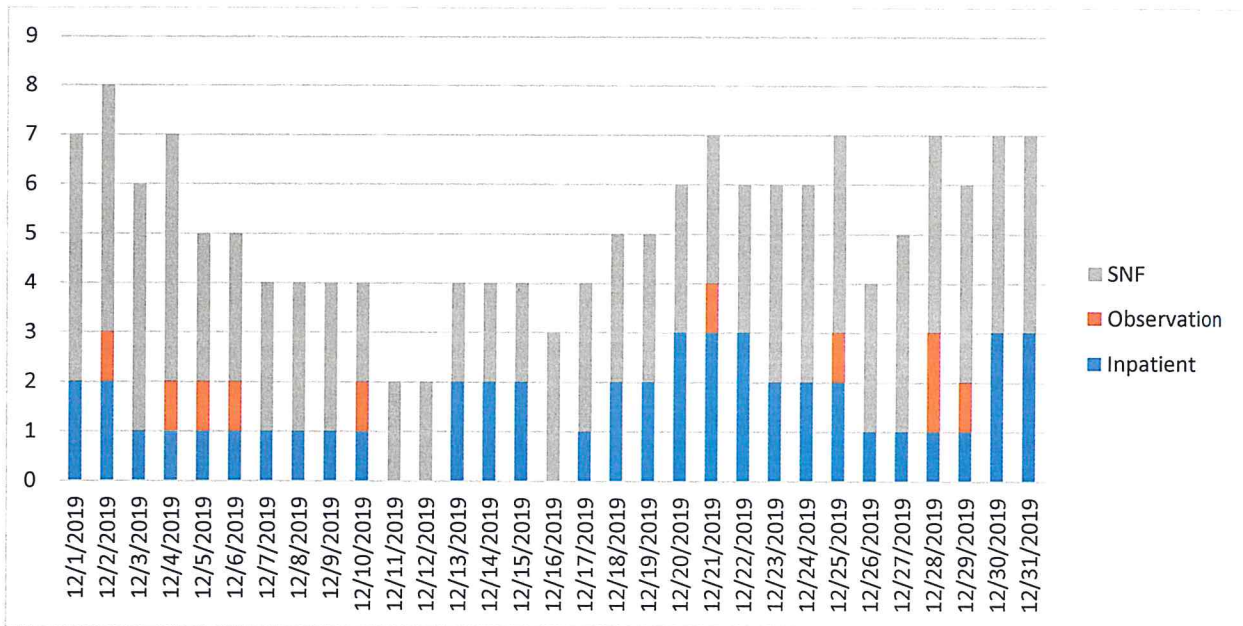
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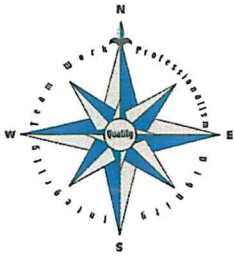
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PMC Inpatient 2017-2019 (1)



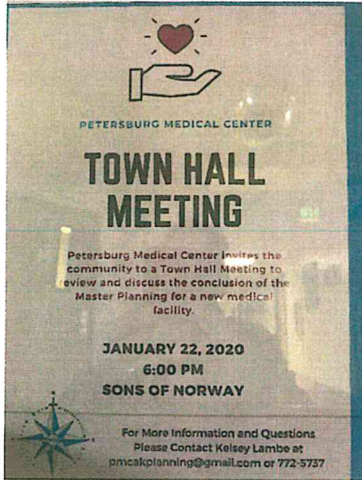
PMC Inpatient 12-2019(2)





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The week of January 20th is scheduled to have the Employee Forum on the 21st, the Town Hall Meeting for Master Planning is the 22nd, board meeting on the 23rd and 'Coffee with Phil' on Friday the 24th. The cold and snow have increased the strain on facilities to keep pathways clear and heat monitoring in the facility. Plant has managed to stay ahead of any catastrophic issues but the line of risk based on the facilities output is razor thin. Our air handler system was operating at max capacity with adjustments necessary to reduce cold air intake. Facilities also averted a potential major incident by having an overhead sewer

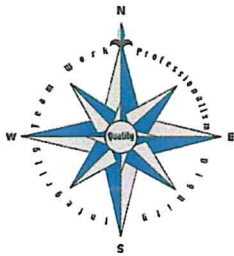


pipe that was leaking in dietary replaced. This is the second incident in the dietary department in 16 months related to sewer leakage.

The Department of Health Social Services Health Commissioner is scheduled to visit PMC the week of March 9th, tentatively. It would be an opportunity to discuss facility issues, critical access hospital services in Petersburg, alternative payment models (APMs), innovative concepts and/ or demonstration projects with the state.

Our audit was completed by Max Mertz, CPA out of Juneau. Mr. Metz will present and be available today for the board to explain the findings. As reported monthly since March 2019 the modeling of the AR and the accuracy of financial statements and mapping of general ledger accounts are a priority focus for improvement. The adjustments and recent greater accuracy of the financial statements required the necessity to reopen the financial accounts for 2018. This resulted in a significant change in margins retroactively. This was crucial to reset the 2019 and 2020 FY accurately. Overall PMC is in a greater financial position but we still have concerns with the AR as indicated in the audit. We are aggressively working through the recommendations of the audit.

Facility planning: Master planning continues to move forward with NAC architecture firm. NAC is 90% complete with the planning and we are working on the final documents for site location and costing of the facility to be presented at the Town Hall meeting on January 22nd. An adjusted estimation was added to the CAPSIS to the state and approved by the Borough Assembly. We did request and were approved for an extension of the Master planning with Denali Commission for completion to move to February 2020. The intent is the need to gather community information and support for the project



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before beginning the process of the next phase of funding requests. PMC will need a more comprehensive community feedback before the final master planning is complete. The step process and roadmap from the 2010 National Rural Health Resource Center (chart) is depicted below as a guide. We

EVENTS	ACTIONS/ GOALS	DURATION	COSTS/FEES	INVOLVED PARTIES
PROJECT ARTICULATION	Research and Hire FPC resources Commission Facilities Assessment Obtain Debt Capacity Analysis Obtain Market Demand Analysis Make Replacement Decision Approve Reimbursement Resolution Discuss Relocation with CMS Initiate CON Application Draft Programming/Space Plan	1 – 6 months	FPC Resources Fee ¹ Facilities Assessment Fee Debt Capacity Analysis Fee Market Demand Analysis Fee	✓ Project Sponsor ✓ FPC Resources ✓ Facilities Consultant ✓ CON Consultant ✓ <u>State CON Office</u> ² ✓ CMS ✓ <u>State Office of Rural Health (SORH)/Flex Office</u> ✓ <u>State Health Facilities Finance Authority (HFFA)</u>
FACILITY ASSESSMENT AND DESIGN	Complete Land Acquisition Perform Phase I Environmental (ESA) and Soils Studies Draft Schematic Design Perform Equipment Assessment Select Construction Method Finalize Project Budget	3 – 6 months	Architect Fee Phase I ESA and Soils Study Fees Land Acquisition and Development Equipment Consultant Fee	✓ Project Sponsor ✓ FPC Resources ✓ Architect ✓ Equipment Consultant ✓ Environmental Consultant
RESEARCH FINANCING AND ASSES FEASIBILITY	Implement Financing Strategy Research Financing Options Commission Feasibility Study Prepare Financing Information	3 – 6 months	Feasibility Study Fee	✓ Project Sponsor ✓ FPC Resources ³ ✓ <u>State HFFA</u> ✓ Lenders ✓ Fed Program Staff ⁴
COMMUNITY ENGAGEMENT AND CAPITAL CAMPAIGN⁵	Develop and Implement Community Engagement Plan Develop and Implement <u>Capital Campaign</u> Plan	Ongoing	Campaign Consultant Fee Marketing and Development Costs	✓ Project Sponsor ✓ Board ✓ FPC Resources ✓ Consultant ✓ Development Office ✓ <u>SORH/Flex Office</u> ✓ <u>Rural Health Works</u> ✓ Community

are planning a resource committee meeting with board members and NAC to discuss the master planning project.

The master planning is still in phase I Project Articulation goals. We continue to stress the importance of a smart design particularly in the current climate of budget cuts the master planning is even more important to review for a CAH to prepare for the future of healthcare in rural Alaska.

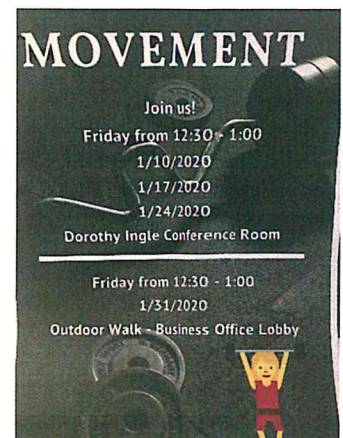
Existing Facility update:

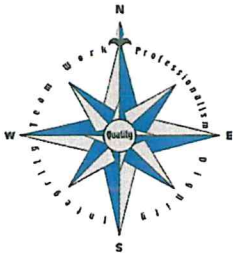
USP 800: the construction phase of the project has been delayed a few weeks as construction manager awaits doors and products to ship. The construction costs per RFP is \$352,973 plus an additional \$7,450 for commissioning. We received approval for Rasmuson Tier 2 funding for \$100,000

to offset some of this cost and want to thank the Rasmuson Foundation in supporting PMC.

Community Education/Outreach:

- PMC Live continues each month showcasing a new topic, new department and service line that we offer. This past month we focused on the new dietician and wellness coordinator Kelly Keyes, RD CDE.
- The December Monthly newsletter is out and can be found on the internal and external PMC website, www.pmcak.org
- Out of town 12/26 – 1/6.
- Managers meeting 1/14/20.
- Employee Forum, 1/21/20
- Wellness program at PMC staff: Bike share program; Yoga for staff; Massage for staff; cleats and reflective gear;
- Physician Lunch 1/21
- Town Hall Master Planning, 1/22





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- i. Coffee with Phil, 1/24
- j. Manager boot camp & Finance team training, Cost Report with Marty Michiels 1/28- 1/30.
- k. Project Connect, 1/29
- l. ASHNHA legislative fly-in 2/24-27
- m. Board and leadership training, Estes Park 3/1; Foraker Training at PMC 4/2
- n. Commissioner Crum visit, 3/9 (week)
- o. Health Fair 4/4



PROJECT CONNECT RESOURCE FAIR

Free resources for anyone experiencing housing insecurity, which includes those without shelter, couch surfing, living in their car, or who struggle to maintain current housing month to month

- *Hair cut & shower vouchers
- *Lab Work & other medical resources
- *Clothing and winter gear
- *Assistance applying for Medicaid & section 8
- *Community Resource Lists
- *Hygiene Products
- *Food & so much more!!!

January 29th, 2020
3-6 pm

John Hanson Sr. Community Hall
(ANB Hall) 102 N 1st St

For more information contact Hillary, 907-772-9283

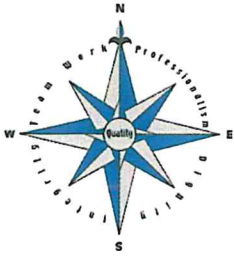
Integrated Healthcare:

The Premera AIMS grant allows our team to provide training and actually implement a regimental model for collaborative team-based care. The first training call occurred 1/16 to set the dates and assess our facility to prepare for this 18 month roll out. The work flow, registry analysis and methods used to implement this type of care elicits the same approach, and a component of, the PCMH.

This has allowed PMC to increase staffing in this area and focus on addressing long term and interim treatment programs. The addition of our telepsychiatry program with Bartlett allows a long-term support for our staff to manage patients in Petersburg at PMC. Bartlett has increased their visits and added a counselor to Petersburg.

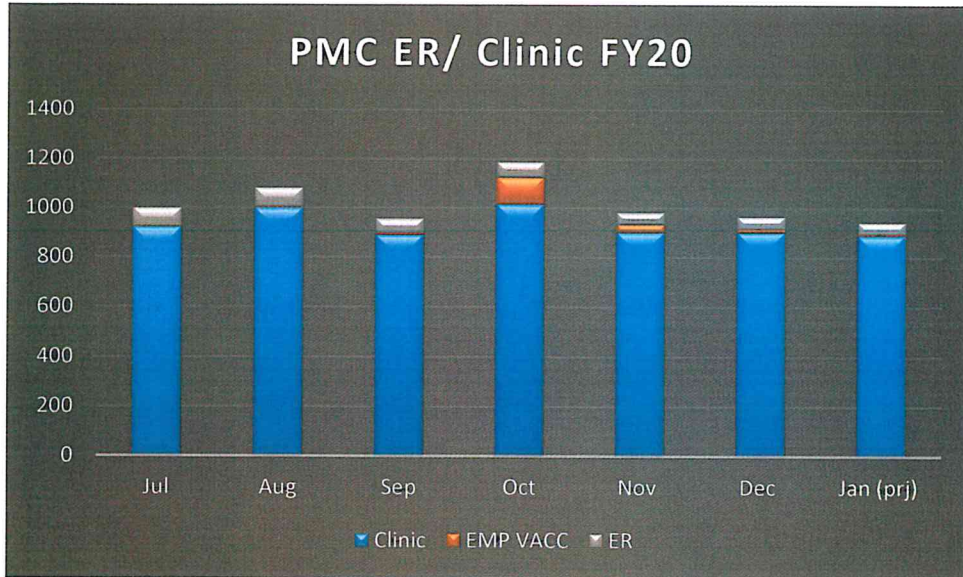
This is a model of care with teams in the clinic that uses case management and processes to improve gaps in care and access to care. Between the MAT and AIMS grant we are able to slowly build a department of Behavioral Health at PMC. Pat Sessa has been leading this effort in combination with physicians and primary care.

The PMC fulltime registered dietician / wellness coordinator, Kelly Keyes is here at PMC and working. We continue to include community involvement and local partners to identify needs with care coordination, access to care (specialty and primary), behavioral health and navigation of health systems and financial benefits. PMC continues to move forward with Bartlett for adding psychiatry services to increase access to care and recently signed the agreement with Ketchikan to provide surgical services (scopes) at PMC. The ENT telemedicine clinics with audiology service line at PMC is evolving and growing.



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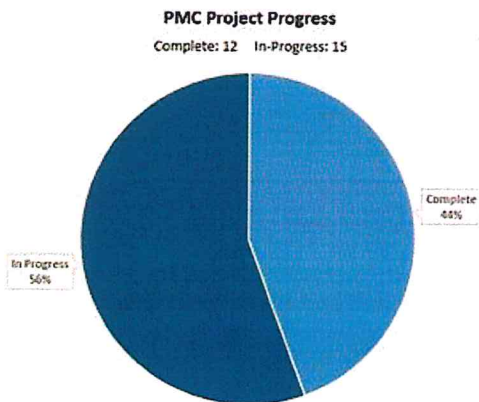
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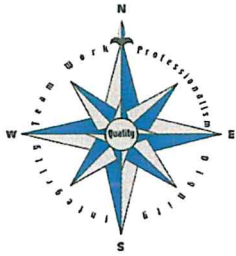
Statistics at a glance:

Workforce development:

Through our workforce development committee, we have an ongoing assessment of needed positions and developing personnel into leadership positions, standardizing our processes for hiring/development and formalizing our 'growing our own' model. We are creating internal ladder opportunities within departments, such as creating leads in primary care and filling the assistant manager for dietary. Project management has hit the ground running and Devynn is organizing over 27 projects at PMC to provide roadmap and milestones for each project through Gantt charting. We are reviewing mid-level positions, grants management, facilities and IT.



Medical staff: We continue to have monthly lunch meetings, the last one was December 16, with administration and medical staff. The next one is scheduled on January 21st. The purpose is to strategize on direct physician input on healthcare issues, improving processes and improvements in the treatment of patients for the community. These meetings are extremely productive with working through improved care opportunities and collaborating on issues to further improve wellness and patient



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safety. We discussed NAC master planning, Premera integration grant and PCMH model and beginning to move toward a more proactive models as indicated in Dr. Hyer's report.

Finance: Rocio attached the update of the close financial statement for December FY20. As we have been reporting for the past year finance is continuing to clean up a number of items in the balance sheet, income statement and general ledger. We are seeing a strong improvement with the AR modeling to obtain accurate forecasting for the facility. The financial audit management letter and final report are complete and will be presented in person at this board meeting.



AR	2014 - 2019	Mar - Dec 2019
Avg Gross	94	87
Avg Net	90	58

Active grants and/or fund we have received and applied:

- Denali Commission: master planning for new facility.
- FY2020 State Opioid Response: Medication Assisted Treatment program- awarded (\$400,000)
- Disproportionate shares funding (DSH): Assistance for treatment of underserved patients with SUD (\$200k).
- Tier 1 funding request with Rasmuson Foundation for USP 800 pharmacy remodel (\$100,000) approved.
- Premera primary care mental health integration grant. (\$250,000).
- Behavioral Health renovation grant submitted.



Petersburg Medical Center

Quality and Infection Prevention Report: January 2019

Review and Update

Hand Hygiene observations in many health care facilities have been a challenge to measure. The first question to ask is do we have a problem? Based on data of healthcare associated infections we do not. However, hand hygiene is a human behavior that can drift from excellent to satisfactory performance. Non-compliance could easily have a negative impact on patients and health care workers. The [World Health Organization](#) uses Five Moments of Hand Hygiene. By measuring hand hygiene compliance among our staff, we show our patients and staff that this is important for patient safety at PMC. Staff that serve as observers are using an application for smart phones and this application collects the Five Moments observations. Monthly, these are sent to Quality as a spread sheet. A sample is provided. As observers become more accustomed to incorporating this method of collection into their work week, more data will be collected. There are easily tens of thousands of opportunities for our staff to perform hand hygiene in any given month. The goal is to collect 100 observations a month across all departments.

Date/Time	Location	HCW	Opportunity	Observer Note	HH	Glove	Gown	Mask	N95 P/
12/12/2019 10:59	LTC	CNA	In Room	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 10:59	LTC	CNA	Out of Room	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:33	LTC	CNA	Before Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:33	LTC	CNA	Before Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:33	LTC	CNA	After Body Fluid Exposure/Risk	HB	PPE/Gloves	Rub	N/A	N/A	N/A
12/12/2019 12:33	LTC	CNA	After Body Fluid Exposure/Risk	HB	PPE/Gloves	Rub	N/A	N/A	N/A
12/12/2019 12:33	LTC	CNA	After Touching Patient Surroundings	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:33	LTC	CNA	After Touching Patient Surroundings	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:34	LTC	Nurse	Before Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:34	LTC	Nurse	Before Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:34	LTC	Nurse	After Touching Patient Surroundings	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:34	LTC	Nurse	After Touching Patient Surroundings	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:34	LTC	CNA	Before Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:34	LTC	CNA	Before Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:34	LTC	Nurse	After Touching Patient Surroundings	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:34	LTC	Nurse	After Touching Patient Surroundings	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:35	LTC	Activities	Before Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:35	LTC	Activities	Before Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:35	LTC	Activities	After Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/12/2019 12:35	LTC	Activities	After Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/16/2019 14:17	LTC	Nurse	Before Touching a Patient	HB	No	N/A	N/A	N/A	N/A
12/16/2019 14:17	LTC	Nurse	After Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/16/2019 14:18	LTC	Nurse	Before Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/16/2019 14:18	LTC	Nurse	After Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/16/2019 14:18	LTC	CNA	Before Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/16/2019 14:18	LTC	CNA	After Touching a Patient	HB	Rub	N/A	N/A	N/A	N/A
12/18/2019 13:14	Therapy	PT	Before Touching a Patient	JW	Rub	N/A	N/A	N/A	N/A
12/27/2019 8:25	Therapy	PT	After Touching Patient Surroundings	JW	Machine/tabl Wash	N/A	N/A	N/A	N/A
12/27/2019 10:22	Therapy	PT	Before Touching a Patient	JW	Rub	N/A	N/A	N/A	N/A
12/30/2019 15:46	Therapy	OT	After Touching a Patient	JW	Rub	N/A	N/A	N/A	N/A
1/2/2020 14:47	Therapy	OT	After Touching a Patient	JW	Rub	N/A	N/A	N/A	N/A

Walk through rounds of areas of the hospital are ongoing. Looking at life-safety and quality of life for residents, patient and staff safety. Whenever a concern is identified, the appropriate manager is notified. Examples include short dated supplies, egress, water temperature checks and documentation.

The two Quality meetings held monthly (Long Term Care and Critical Access Hospital) will have an additional member in attendance. A community member has been invited to each of these meetings to provide the important perspective of patient/resident and family members.

Looking Forward

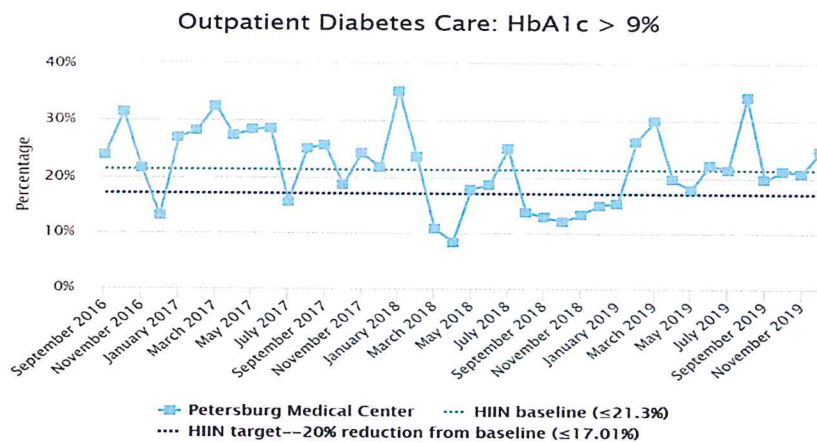
Quality Assurance / Process Improvement (QAPI): Several PDSA (Plan Do Study Act) projects have been initiated and a sampling of these are:

- LTC: Improving Hydration (fluid intake) of residents.
- Clinic/Infection Control: Out-patient antibiotic prescribing practices
- Imaging: Improving annual mammography screening with provider driven reminders to patients.
- Dietary: Implementation of Meal Suite
- Infection Control: Improve hand hygiene auditing process

With the support of ASHNHA, the Quality Specialist from Fairbanks Memorial Hospital will be on site assisting PMC staff with the use and development of the PDSA process. The LTC project will be presented at the Patient Safety meeting in Anchorage in April.

Reports

The outpatient diabetic data through December is show below. Now that we have a CDE (Certified Diabetes Educator) on staff, our numbers are expected to improve, although this will take several months. Here is the data through December 2019 on the percentage of out-patients with Hemoglobin A1c greater than 9.0%.



Questions and suggestions for reports are appreciated. Board member presence at the Quality and Infection Control meetings are very much appreciated. Thank you for your time!

Submitted by:

Liz Bacom, MLS (ASCP)^{CM}, RVT (ARDMS)

Infection Prevention / Quality

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PETERSBURG MEDICAL CENTER
 OPERATING/INCOME STATEMENT
 FOR THE 6 MONTHS ENDING 12/31/19

01/17/20 11:30 AM

	----- S I N G L E M O N T H -----				----- Y E A R T O D A T E -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
OPERATING REVENUES								
INPATIENT	468,437	315,000	153,437	48	2,265,264	1,890,000	375,264	19
LONG TERM CARE	310,669	350,000	(39,331)	(11)	1,917,807	2,100,000	(182,192)	(8)
ANCILLARY SERVICES	684,184	666,666	17,518	2	4,364,039	3,999,996	364,043	9
PHYSICIAN SERVICES	261,444	225,000	36,444	16	1,546,156	1,350,000	196,156	14
HOME HEALTH	22,658	41,667	(19,008)	(45)	172,734	250,002	(77,267)	(30)
OTHER OPERATING REVENUE	104,635	62,500	42,135	67	727,040	375,000	352,040	93
GROSS OPERATING REVENUE	1,852,028	1,660,833	191,195	11	10,993,042	9,964,998	1,028,044	10
DEDUCTIONS FROM REVENUE								
ADJUSTMENTS & ALLOWANCES	(242,370)	(269,583)	27,212	10	(1,499,074)	(1,617,498)	118,423	7
NET OPERATING REVENUE	1,609,657	1,391,250	218,407	15	9,493,968	8,347,500	1,146,468	13
EXPENSES								
SALARIES & WAGES								
SALARIES & WAGES	594,759	580,833	(13,926)	(2)	3,666,113	3,484,998	(181,115)	(5)
NON PRODUCTIVE WAGES	120,406	127,500	7,093	5	858,769	765,000	(93,769)	(12)
CONTRACT AGENCY SERVICES	76,886	58,333	(18,553)	(31)	474,387	349,998	(124,389)	(35)
EMPLOYEE BENEFITS								
PERS	188,926	158,333	(30,593)	(19)	1,070,035	949,998	(120,037)	(12)
HEALTH INSURANCE	110,829	87,500	(23,329)	(26)	553,080	525,000	(28,080)	(5)
WORKERS COMP	16,372	10,000	(6,372)	(63)	63,586	60,000	(3,586)	(5)
UNEMPLOYMENT	0	0	0	0	5,180	0	(5,180)	0
FICA & MEDICARE	13,154	15,000	1,845	12	93,260	90,000	(3,260)	(3)
EMPLOYEE BENEFITS OTHER	17,331	0	(17,331)	0	23,199	0	(23,199)	0
DRUG FOOD & SUPPLIES								
SUPPLIES	67,230	47,500	(19,730)	(41)	333,775	285,000	(48,775)	(17)
FOOD	13,701	7,500	(6,201)	(82)	62,476	45,000	(17,476)	(38)
PHARMACY	71,610	41,666	(29,944)	(71)	365,723	249,996	(115,727)	(46)
OTHER EXPENSES								
MINOR EQUIPMENT	7,734	8,333	598	7	16,311	49,998	33,686	67
EQUIPMENT SERVICE AGREEME	12,139	14,172	2,032	14	100,727	85,032	(15,695)	(18)
HARDWARE & SOFTWARE	17,944	24,166	6,221	25	141,853	144,996	3,143	2
UTILITIES	49,239	50,000	760	1	280,612	300,000	19,387	6
REPAIRS & MAINTENANCE	12,099	8,333	(3,766)	(45)	50,911	49,998	(913)	(1)
CORPORATE HOUSING	10,405	14,583	4,178	28	70,132	87,498	17,365	19
PURCHASE SERVICES	88,082	46,666	(41,416)	(88)	638,543	279,996	(358,547)	(128)
OTHER OPERATING EXPENSE	11,951	1,250	(10,701)	(856)	78,930	7,500	(71,430)	(952)
TRAVEL & EDUCATION	10,071	10,833	761	7	58,602	64,998	6,395	9
DUES & FEES	5,966	4,583	(1,383)	(30)	34,080	27,498	(6,582)	(23)
FREIGHT	3,432	2,500	(932)	(37)	21,969	15,000	(6,969)	(46)
DEPRECIATION	59,894	62,500	2,605	4	353,153	375,000	21,846	5
INSURANCE	8,180	9,166	985	10	49,085	54,996	5,910	10
TOTAL OPERATING EXPENSE	1,588,349	1,391,250	(197,099)	(14)	9,464,501	8,347,500	(1,117,001)	(13)
OPERATING GAIN (LOSS)	21,307	0	21,307	0	29,466	0	29,466	0
NON-OPERATING REVENUE	68,601	8,333	60,268	723	240,585	49,998	190,587	381

NET GAIN (LOSS)

89,909	8,333	81,576	978	270,052	49,998	220,054	440
=====	=====	=====		=====	=====	=====	

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PETERSBURG MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 12/31/19

	Current Year	Prior Year	Net Change
CURRENT ASSETS			
CASH AND CASH EQUIVALENTS	4,618,545	3,666,907	951,637
ACCOUNTS RECEIVABLE NET	2,301,861	3,766,287	(1,464,426)
INVENTORY	245,078	221,564	23,514
PREPAID EXPENSES	234,982	331,461	(96,479)
OTHER RECEIVABLES	10,497	85,595	(75,097)
	-----	-----	-----
TOTAL CURRENT ASSETS	7,410,965	8,071,815	(660,850)
	-----	-----	-----
PROPERTY PLANT & EQUIPMENT			
PLANT PROPERTY & EQUIPMENT	22,177,741	21,439,562	738,179
ACCUMULATED DEPRECIATION	(17,964,700)	(17,258,371)	(706,329)
	-----	-----	-----
NET PROPERTY & EQUIPMENT	4,213,040	4,181,190	31,849
	-----	-----	-----
RESTRICTED ASSETS			
INVESTMENTS	2,625,919	2,220,681	405,237
BUILDING FUND	550,943	464,927	86,015
PENSION ASSETS	2,883,764	1,121,322	1,762,442
	-----	-----	-----
TOTAL ASSETS	17,684,632	16,059,937	1,624,694
	=====	=====	=====
LIABILITIES & FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	710,245	305,083	405,162
SALARIES & WAGES PAYABLE	394,400	327,279	67,120
ACCRUED PTO & EXTENDED SICK	762,288	624,626	137,662
PAYROLL TAXES & OTHER PAYABLE	102,463	46,214	56,249
DUE TO MEDICARE	180,633	272,000	(91,366)
CAPITAL LEASE	124,895	122,233	2,661
	-----	-----	-----
TOTAL CURRENT LIABILITIES	2,274,926	1,697,437	577,489
	-----	-----	-----
LONG TERM LIABILITIES			
CAPITAL LEASES	93,635	218,616	(124,980)
	-----	-----	-----
TOTAL LONG TERM LIABILITIES	93,635	218,616	(124,980)
	-----	-----	-----
PENSION LIABILITIES			
DEFERRED INFLOW	1,185,483	1,854,148	(668,665)
NET PENSION LIABILITY	13,960,423	11,926,974	2,033,449
	-----	-----	-----
TOTAL PENSION LIABILITIES	15,145,906	13,781,122	1,364,784
	-----	-----	-----
FUND BALANCE			
FUND BALANCE BEGINNING	(99,888)	542,125	(642,014)
NET INCOME (LOSS) YTD	270,052	(179,364)	449,416
	-----	-----	-----
FUND BALANCE END	170,163	362,761	(192,598)

TOTAL LIAB & FUND BALANCE

-----	-----	-----
17,684,632	16,059,937	1,624,694
=====	=====	=====

Petersburg Medical Center
Statement of Cash Flow
Fiscal Year 2020
December 31, 2019

Beginning Days Cash on Hand - Operating	7/1/2019	108.5
Beginning Days Cash on Hand - With Investments	7/1/2019	184.7
Fiscal Year 2020 Beginning Operating Cash		\$ 5,044,237
Fiscal Year 2020 Beginning Investments		\$ 3,003,675
Fiscal Year 2020 Total Beginning Cash		\$ 8,047,912
Sources and Applications of Funds		
YTD Net Profit (Loss)	270,052	
Increase in Depreciation	353,153	
Increase in Accounts Receivable	(198,594)	
Decrease in Other Assets	66,678	
Increase in Inventory	(20,071)	
Pension Assets	-	
Increase in Investments	(173,187)	
Decrease in CPSI EMR Payable	-	
Increase in Accrued Vacation & Sick	42,711	
Increase in Prepaid Expenses	(154,439)	
Increase in Capital Assets	(311,618)	
Increase in Accounts Payable	31,239	
Increase Salaries & Wages Payable	48,146	
Increase in Payroll Taxes & Other Payables	29,424	
Decrease Due to Medicare	(347,447)	
Decrease in Capital Leases	(61,738)	
Decrease in Note Payable	-	
Deferred Inflow	-	
Net Pension Liability	-	

Net Change In Cash		(425,691)
Fiscal Year 2020 Ending Operating Cash		\$ 4,618,546
Fiscal Year 2020 Ending Investment Cash		\$ 3,176,862
Fiscal Year 2020 Total Ending Cash		\$ 7,795,408
Ending Days Cash on Hand - Operating	12/31/2019	92.8
Ending Days Cash on Hand - With Investments	12/31/2019	156.6
YTD Operating Expenses		9,464,501
YTD Depreciation		(353,153)
Net Operating Expenses		9,111,348
Days YTD		183
YTD Expenses Per Day		49,789
YTD Revenue Per Day		51,880
Gross AR Days		87
Net AR Day		44

PETERSBURG MEDICAL CENTER
FY2020 Capital Budget

Department	Description	FY2020	FY2020			Committed	Purchased	Paid over/(under) Budget	
			A FY2020	To be purchased	B FY2020				C 2020
IT	Lenovo ThinkCentre	21,000	21,000	September		24,341.61	24,548.50	3,548.50	
	20 Surface Pro=Docking Station=cover	18,000	18,000	September		8,021.16	8,021.15		
	Power Edge	8,816	8,816	October		7,246.40	7,246.40	(1,569.60)	
	HIS Server Replacement	92,164	92,164	September		98,262.88	98,262.88	6,098.88	
	Code Blue	9,440					9,440		
LTC/AC	2 Zoll Defibrillators	37,906	37,906	September		40,051.83	40,051.83	2,145.83	
	RQJ AHA training system	20,000			20,000				
	Fetal Monitor	25,000			25,000				
	BiPap Unit-Non invasive ventilator	15,000			15,000				
	12 IV Pumps	42,000			42,000				
	Accuvein	6,000			6,000				
	4 LTC Beds	10,874	10,874	February		10,670.54			
	Maxi Move Lift	8,005	8,005	August					
	Beds								
	Pyxis								
	Hyper/Hypothermia Unit								
	Bariatric Bed for AC								
	ER storage units								
	New furniture LTC								
	Bladder Scan								
	LTC Standing Scale								
	Bai-Light Unit								
	LTC Van								
	2 AC Beds								
AC Furniture									
3 Gurneys in AR									
Pharmacy	New drug room	387,000	387,000	December					
PT	Interactive bubble rover	7,985				7,985			
	Traction plan	7,795	7,795	November					
Lab	Sysmex Hematology Analyzer	44,500	44,500	March		51,075.00	51,075.00	6,575.00	
	Hemocue Point-Glucometer	15,000			15,000				
	ISTAT (Unit 1) Replacement & interface	25,000			1,600				
	Blood Bank Refrigerator								
	Cepheid Gene Xpert (PCR testing)								
	Refrigerated Centrifuge								
Imaging	Chemistry Refrigerator								
	Ultrasound Equipment	200,000			200,000				
	RAPC and CPSI interface	15,000	15,000	March					
	Digital Mammography with Tomography								
	MRI								
Building	Solarium	9,593	9,593	August		9,649.48	9,649.48	56.48	
Clinic	Spot Vision Screener	9,132	9,132	January		6,660.20	6,660.20	-	
Contingencies	ER \$40,000-CT Power Supply \$42,660	100,000	100,000	April					
Total Budget		1,135,210	769,785		324,600	17,425	255,979.10	245,515.44	16,855.09
Total Expend			245,515						
Running balance			524,270						

A:	High Priority	IT	139,980
B:	Medium Priority	Pharmacy	387,000
C:	Low Priority	Other	142,805
	Potential Grant	Contingency	100,000