



Petersburg Medical Center

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BOARD MEETING A g e n d a

DATE: June 29, 2023
TIME: 5:00 p.m.
LOCATION: Dorothy Ingle Conference Room/Zoom

	<u>Lead</u>	<u>Handout</u>
I. CALL TO ORDER	Chair	N/A
II. APPROVAL OF THE AGENDA	Chair	<i>in packet</i>
III. APPROVAL OF BOARD MINUTES – May 25, 2023	Chair	<i>in packet</i>
IV. VISITOR COMMENTS	Chair	N/A
V. BOARD MEMBER COMMENTS	Chair	N/A
VI. COMMITTEE REPORTS		
A. Resource Committee	Chair	N/A
B. LTC Committee	Member	N/A
VII. REPORTS		
A. Human Resources <i>Action required: Informational only</i>	C. Newman	<i>in packet</i>
B. Quality & Infection Prevention <i>Action required: Informational only</i>	S. Romine / J. Bryner	<i>in packet</i>
C. Executive Summary <i>Action required: Informational only</i>	P. Hofstetter	<i>in packet</i>
D. Financial <i>Action required: Informational only</i>	J. McCormick	<i>in packet</i>
VIII. UNFINISHED BUSINESS		

IX. NEW BUSINESS

- A. Strategic Plan P. Hofstetter *in packet*
Action required: Approval
Motion: Petersburg Medical Center's Board of Directors approves the strategic plan as presented.
- B. Budget Presentation J. McCormick *at meeting*
Action required: Informational only
- C. Operating Budget J. McCormick *in packet*
Action required: Approval
Motion: Petersburg Medical Center's Board of Directors approves the final operating budget for FY 2024 as presented.
- D. Capital Budget J. McCormick *at meeting*
Action required: Approval
Motion: Petersburg Medical Center's Board of Directors approves the final capital budget for FY 2024 as presented.

X. EXECUTIVE SESSION

By motion, the Board will enter into Executive Session to consider medical staff appointments/reappointments, legal matters, and to discuss matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the hospital.

XI. NEXT MEETING

XII. ADJOURNMENT

Petersburg Medical Center

PO Box 589

Petersburg, Alaska 99833

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



Meeting: Medical Center Board Meeting

Date: May 25, 2023 **Time:** 5:00 p.m.

Board Members Present: Jerod Cook, Kim Simbahon, Jim Roberts, Marlene Cushing, Heather Conn, Joe Stratman, Cindi Lagoudakis

Others (in person and via Zoom): Bob Lynn, Scott Newman (Assembly members), many PMC staff, members of the media

- I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:00 pm.
- II. **APPROVAL OF THE AGENDA:** Member Roberts made a motion to approve an amended agenda to include amendments to add CAH & LTC to committee reports section and to add under New Business an item to discuss resolution pertaining to banking and investment accounts. Motion seconded by Member Lagoudakis. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:** Member Stratman made a motion to approve the minutes from May 1, 2023, as presented. Motion seconded by Member Roberts. Motion passed unanimously.
- IV. **VISITOR COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** Member Cushing commented that the open house on the new building project went very smoothly and it was a great idea. She remarked it was well received by the public and very much a step in the right direction.
- VI. **COMMITTEE REPORTS:**
 - A. **Resource Committee:** Member Lagoudakis reported that the committee reviewed financials. Jason McCormick, CFO, was on site and provided an overview. He also held meetings and trainings with staff. Work continues on a financial improvement plan. Challenges remain with billing but positive progress has been made in several areas.
 - B. **Amended addition: CAH:** Member Stratman attended yesterday's meeting, and summarized which staff reported out at the meeting.

- C. Amended addition: LTC: Member Cushing attended yesterday's meeting and summarized that various issues were reviewed, and steps are being taken to improve quality.

VII. REPORTS:

- A. Case Management/Swing Bed Management.** E. Hart provided a written report (see copy) and was available to answer questions. E. Hart offered further clarification on Member Cook's question regarding what the average stay has been. Member Stratman commented that it is great to see PMC working with other hospitals in the region and down south, and that PMC's skilled nursing provided by RN staffing is a good advantage for patients and PMC.
- B. Chief of Staff.** Dr. Burt provided a written report (see copy) and was available to answer questions. She addressed Member Cushing's questions about AI Scribe and explained some of the advantages, which include efficiencies in charting and improved accuracy in capturing billing charges. In response to Member Cook's question about patient reassignments for previous patients of Dr. Tuccillo and Dr. Hyer, Dr. Burt provided details on the process and how the clinic is handling.
- C. Clinic.** K. Zweifel provided a written report (see copy) and was available to answer questions.
- D. Community Wellness.** J. Walker/K. Zweifel provided a written report (see copy) and were available to answer questions. J. Walker added that the date for the 2023 PMC Foundation Pedal/Paddle Battle is scheduled for July 29. She also added that PMC received a \$42K grant from AHHA for the BetterHelp employee support program and Kinder Skog summer expansion.
- E. Dietary.** L. Wickersham / J. Ely provided a written report (see copy) and were available to answer questions. Member Cushing commented that at this month's Quality meeting, it was noted that patients have been very complimentary about the meals they have been served. E. Hart concurred that she has had comments from patients about the great quality of meals. Member Stratman asked for clarification on meal service, and J. Ely mentioned meals reflected are for outpatients, acute care and guest trays.
- F. Quality & Infection Prevention.** The quality team (J. Bryner, P. Hofstetter, S. Romine) provided a written report (see copy) and were available to answer questions.
- G. Executive Summary.** P. Hofstetter provided highlights from the written report (see copy) and was available to answer questions. He thanked Borough Manager Steve Giesbrecht for providing MVM space for the PMC adult day program in development. He added the Borough Planning Commission meets June 13 and will discuss the PMC application related to the site for the new building. He addressed questions from Member Lagoudakis related to census numbers. She also asked about updates related to meetings with Bartlett, and he explained that the two organizations are exploring common ground to realize efficiencies related to supply chain, contracting and sourcing materials and other potential savings from collaboration. Member Lagoudakis commented that she was impressed with the amount of people who attended the open house. She remarked that people had great questions and comments, and she was very impressed with the event, the turnout and the conversations that occurred.
- H. Financial.** J. McCormick provided a financial management update (see copy) and was available to answer questions.

VIII. UNFINISHED BUSINESS

IX. NEW BUSINESS

Amended addition: Member Lagoudakis moved to make the motion that the resolution passed by the board on May 23, 2019 regarding investment accounts is hereby repealed and replaced with:

“Resolved

1. that the President, Vice President and Secretary of this Non-Incorporated Association (Association), are fully authorized and empowered to be signors on established investment accounts to transfer, endorse, sell, assign, set over and deliver any and all shares of stock, options, bonds, debentures, notes, evidences of indebtedness, or other securities (including short term sales) now or hereafter standing in the name of or owned by this Association, to purchase stock, bonds, debentures, notes, evidences of indebtedness and other securities, and to make, execute and deliver, any and all written instruments necessary or proper to effectuate the authority hereby conferred and that all such transactions require the authorization of two signors on the account for such transactions to be authorized. Administration, upon the separation of individuals from these positions as officers of the Association, shall be removed as signors on account and newly appointed officers by the board shall be added as signors on accounts.

2. The board appointed officers of President, Vice President and Secretary, the Chief Executive Officer (CEO) and up to two other executive officers as directed by the CEO shall be authorized as signors on bank accounts to sign checks, process ACH transactions and transfer funds between accounts within the bank accounts owned by the Association. ACH transactions shall require a minimum of two authorizations. At the CEO's direction, staff in accounting roles such as Controller, accountant and/or accounts payable clerk may be granted online access to banking and investment accounts to view transactions, print or download reports and stop checks. Administration is directed to remove and add board officers and executives as they separate from the organization or are appointed by the board or hired by the CEO.”

Seconded by: Member Stratman

Discussion: Clarification on standard process for stopping checks.

Roll call vote unanimously approved the motion.

X. EXECUTIVE SESSION Member Cushing made a motion to enter Executive Session to consider medical staff appointments/reappointments, legal matters, and to discuss matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the hospital. Motion seconded by Member Simbahon. Motion passed unanimously. Board entered Executive Session at 6:05 pm.

Member Roberts made a motion to come out of Executive Session. Motion seconded by Member Stratman. Motion passed unanimously. Board came out of Executive Session at 6:21 pm.

Member Cushing made a motion for appointments and reappoints of Jennifer Hyer, MD, Family Practice; John Raster, MD, ENT; Selina Burt, DO, Active Staff, to the medical staff. Motion seconded by Member Lagoudakis. Motion passed unanimously.

XI. NEXT MEETING The next regularly scheduled meeting is scheduled for June 29, 2023.

XII. ADJOURNMENT Member Roberts made a motion to adjourn. Motion was seconded by Member Stratman. Motion passed unanimously. The meeting adjourned at 6:22 pm.

Respectfully submitted,

Marlene Cushing, Board Secretary

DRAFT



Petersburg Medical Center

Human Resources – June 21, 2023

Workforce Wellness

Staffing Overview

The Human Resources (HR) Department consists of Cynthia Newman, full-time Human Resources Director and Scott Zweifel, full-time, Human Resources Technician. This has been a very busy time for the HR department with new and terminating employees, travel staff (locums) & handling everything for an average of 150 paid employees (not including travel staff, students) at PMC. After 5 years at PMC Athena Haley resigned, and her last day was on 04/20/2023. After a review of the position and the CEO's approval, it was budgeted for full time. Scott Zweifel was hired on 05/24/2023. He is learning the many facets of HR and is doing very well.

6-Month Update / Recap -- From January – June 21, 2023

New Employees – 15

- 1 Dietary Assistant
- 1 Cook
- 1 OJT Certified Nurse Assistant
- 2 Certified Nurse Assistant
- 1 Licensed Practical Nurse
- 1 Facility Engineer
- 1 Patient Financial Accounts Representative
- 1 LPN
- 3 Kinder Skog Mentors
- 1 Human Resources Tech
- 1 Medical Assistant
- 1 Lab Assistant

Terminations – 9

- 1 Infection Preventionist
- 1 Coder
- 1 Physician
- 1 Human Resources Tech
- 2 Dietary Assistants (1 PRN – Didn't Return)
- 1 Lab Assistant (PRN – Didn't Return)
- 1 Medical Assistant
- 1 Infection Tech (PRN – Didn't Return)

Private Contract – 5

- 2 Radiologic Tech (1 Still at PMC)
- 1 Registered Nurse
- 2 Cook (Working)

Travelers -- Thru a Company -- 8

- 6 CNAs (1 - Working)
- 2 RNs (1 - Working)
- 1 Medical Assistant
- 1 Physical Therapist (Working)
- 1 Occupational Therapist (Working)

Students -- 3

- University of Washington Med Students (K. Vanent, M. Chun, J. Landefeld) / 1 cancellation

Retirements / Farewells - None

Emergency Hires (ER Hires) – None (Pandemic ended)

Positions Open (10 Positions)

- RN / LPN Nursing
- Clinic Reception (PT)
- Cook (FT & PT)
- Family Physician
- Housekeeping / Laundry
- Medical Technologist
- Occupational Therapist
- Registration Coordinator
- Radiologic Technologist

Looking Forward

- Open Enrollment -- Premera OptiFlex & Unum. The Optiflex premium came in at an 8.6% increase (which was down from the 23% with the Polisub). Unum is being set up for employees to self-enroll in their portal.
 - o Premera is major medical insurance (with a \$3,000 deductible) and covers medical, dental, vision (see sample from PMC Benefits Guide below)
 - o PMC has basic life insurance through Unum for \$7,000. Employees may opt for (and purchase):
 - (1) Voluntary Short-term Disability (VSTD)
 - (2) Accident & Injury
 - (3) Critical Illness
 - (4) Optional Life and Accidental Death (additional coverage)

Medical Insurance

Petersburg Medical Center will continue to offer medical coverage. The charts below are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

A PPO medical plan allows you to see any provider without a physician referral. The level of benefits you receive is dependent upon your choice of an in-network PPO provider or an out-of-network provider. Significantly higher benefits will be received when you obtain care from an in-network provider. To find a provider, visit www.premera.com. Please see your Booklet or Carrier Benefit Summary for more information.

	Premera Blue Cross Blue Shield of Alaska PLUS \$3000 NGF	
	In-Network Benefits	Out-of-Network Benefits
Calendar Year Deductible		
Individual	\$3,000	Shared with In-network
Family	\$9,000	Shared with In-network
Coinsurance	80% Preferred 60% Participating	40%
Calendar Year Maximum Out-of-Pocket*		
Individual	\$5,000	\$45,000
Family	\$10,000	\$90,000
Physician Office Visit		
Primary Care	Preferred: \$35 Copay (DW) Participating: 60%	40%
Virtual Care	100% (DW)	Not Covered
Preventive Care		
Adult Periodic Exams	100% (DW)	40%
Well-Child Care	100% (DW)	40%
Diagnostic Services		
X-ray and Lab Tests	80% Preferred 60% Participating	40%
Complex Radiology	80% Preferred 60% Participating	40%
Facility Services		
Urgent Care Facility	Freestanding Facility: \$35 copay Preferred; 60% Participating	40%
Emergency Room (copay waived if admitted to hospital)	\$150 copay then 80%	\$150 copay then 80% (In-Network Deductible applies to Emergency Room)
Inpatient Facility Charges	80% Preferred 60% Participating	40%
Outpatient Facility and Surgical Charges	80% Preferred 60% Participating	40%
Mental Health		
Inpatient	80%	40%
Outpatient	\$35 Copay (DW)	40%
Chemical Dependency		

Challenges

- The past months have been challenging because of being short-staffed and me handling Human Resources for PMC solo. I was able to start and successfully initiate two new systems in Paylocity: On Boarding and Performance Review Evaluations.
 - o On Boarding. We were delayed in initiating the On Boarding through Paylocity (had been worked on since July 2022). Part of the delay was updating the On Boarding (taking out / adding material) and utilizing Paylocity for training and forms. I created six categories for personnel:
 - (1) Agency Hires. This category is used for employees that are employed by travel companies (i.e. travelers or locums) that need to be monitored through our timeclock system. PMC does not handle any of their pay (W2s or 1099s). The On Boarding consists of the basic requirements for healthcare (PMC) workers.
 - (2) Contract Employees. These employees are paid through PMC payroll and Paylocity (and receive a W2). They are contracted for specific dates of time in shortage areas. These employee are not benefitted employees and are considered “Temporary” but still must in-process.
 - (3) New Hire -- Benefitted Positions. These employees are full time (60+ hours biweekly) or part time (30 – 59 hours biweekly). They’re benefitted employees that work at PMC, receive pay and benefits (PTO, sick leave, PERS, etc.).
 - (4) Season Employees -- Non-Benefitted Positions. These employees work on a seasonal or “as needed” (PRN) basis. They work less than less than 15 hours per week (-30 biweekly), sporadically and at their convenience.
 - (5) Rehire -- Prior Employees of PMC. When re-hiring former employees, we can add the needed task (benefitted or seasonal) to keep the information in the Paylocity system.
 - (6) Rehire -- Agency. When re-hiring former Agency travel staff through the Paylocity system As of June 21, HR has had 13 employees successfully utilize On Boarding. The breakdown by category is: 4 Agency Hires, 1 Benefitted Employee, 6 Seasonal (PRN) Employees & 2 Re-Hires.
 - o Performance Evaluations. We are successfully utilizing the Performance Evaluation Review system in Paylocity. It is a longer system – set up with an Employee Self Evaluation and Supervisor Review. It started this year (2023). We’ll be evaluating the system and updating as needed.
 - o Position Control. With Joel (Controller) and Jason (CFO), we’ve been actively attempting to add our positions to Paylocity. The position control will assist PMC in a variety of areas -- staffing by positions & reporting, SOC codes, WC codes etc. Currently the system is there, we’ve just run into a few delays attempting to get the information scripted & put into Paylocity. Once in, this will also simplify PB&J reporting along with workers’ comp, the department labor reports, etc.
- Submission of the PB&J (Payroll Based Journal) for reporting on long term care staffing is a monthly requirement. Matt Pawuk (IT) has been assisting HR with this process due to the changes in reporting and the delay in the Position Controls being implemented.
- Applicants / Turnover. PMC is akin to most employers locally & nationally seeking qualified applicants, personnel & employees for positions. With a smaller applicant pool in our community, supervisors have had to “think outside the box.” Departments are often short staffed & we are watching for employee burnout and fatigue. We encourage supervisors to be cognizant of employee health.
- Minors (under 18 years old). PMC has hired minors in Kinder Skog and Nursing (CNAs through the PHS / PMC program). We currently have four minors working for us. That is a record number for PMC. They’ve all successfully completed On Boarding and are doing well. HR has updated the policy to hire minors to reflect the change from hiring 16-17 years old (Nursing & ER Station) to 15-17 years old (to include Kinder Skog). We’re very excited about this change and hiring young people at our facility.

- Maintenance of the quality measures / reporting -- evaluations (annual & 6-month), general orientation, job specific orientation & annual training completion and are checked and surveyed.

Community Engagement

- Recruitment. Working on recruiting for all positions open and finding the right fit. It is challenging and difficult. We have a lot of positions open. Julie Walker, Community Wellness, is assisting HR in highlighting our position on social media. We've also reached out to update our presence on the Petersburg Chamber website to enhance our "findability." We've gone to one large ad in the Pilot versus a lot of smaller ones (see below – appeared in Pilot). We continue to have difficulty recruiting personnel at all levels and areas within the facility. Travelers have been difficult to find as well. PMC has employment requirements that add to this difficulty:
 - o State of Alaska Background Check / Clearance (approval to work at PMC without a barring crime)
 - o Drug Screening for illegal drugs (including marijuana which is an illegal Federal substance) and/or medications not prescribed by a provider.
 - o Vaccination for Covid (boosters are optional). If applicants or employees are not vaccinated, then an approved Religious or Medical Waiver by the Medical Ethics Committee has been required. A number of applicants have refused vaccination and either not submitted a Waiver or were denied a Waiver. HR is very excited for the upcoming change to the requirements by CMS. PMC will be able to adhere to CMS & be able to hire non-vaccinated Covid vaccine individuals beginning August 1, 2023. This will ease a restriction that has been difficult for hiring.

- Job Shadowing with School. Ms. Ioana Ward from Petersburg High School had two of her Chemistry classes join the Laboratory for a short Job Shadow experience in May. Thanks to Ms. Ward and Violet Shimek, Lab Manager, for making that happen.

Patient Centered Care – N / A

Facility

- We currently have 13 apartments that we are renting with the upkeep, cleaning & scheduling for travel staff & interim housing for new personnel. We started with 15 in January and discontinued one May 1 and

are discontinuing another on September 1 (earlier if Bennett can rent it). We plan to decrease our rentals (have 12) for the remainder of the year.

- We have 7 cars that we've had to keep running for travelers & PMC staff use. Scott is working on keeping them up and running. Along with the usage, we're also keeping the registrations up to date on PMC vehicles. This includes the LTC (2019) van, the Home Health (2002) old LTC van and Maintenance Chevrolet pickup (2011). All the vehicles' registrations are current.
- Lack of space. The in-processing and On Boarding area(s) have become shared spaces in Finance, the Business Office and Scott's office. If more than one person is hired, finding computers / space can be a challenge.

Financial Wellness.

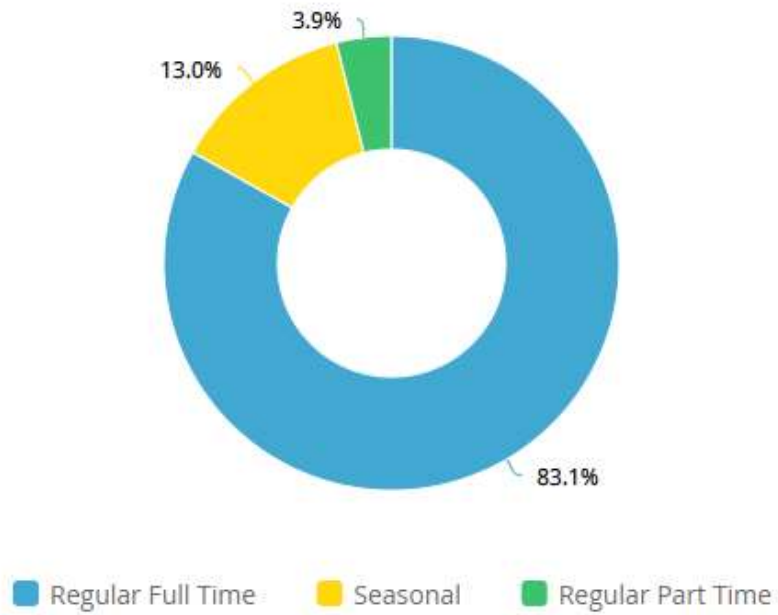
- I've been maintaining 2 certifications (Society of Human Resource Management – Certified Professional and HR Certification Institute – Professional in Human Resources). These certifications each require 60 hours of continuing education every 3 years. I've been taking the majority of the education on-line opting not to travel and do what I can in town. This has cut down on our budgeted travel expenses for education for HR.
- Scott's training. In the future, I'd like to look into Scott receiving formalized training in Human Resources. I've been doing HR for over 30 years at PMC and 4 years prior (as an AG officer in the US Army) but realize that education through SHRM or HRCI would be valuable as well. This could be 2-3 years down the road.
- Longevity gifts. We have delayed purchasing longevity gifts (for 2022 and now 2023) for our personnel. Previously, we had purchased gifts for employees reaching 5, 10, 15, 20, 25 and 30 years of employment. I requested that we suspend the practice. We (PMC) also held a luncheon for employees reaching the milestones (that was put on hold due to Covid). Once the Pandemic ended we simply did not resume the practice. The gifts had been selected by employees (size, color, style if applicable):
 - o 5 years at PMC T shirt
 - o 10 years Sweatshirt or light coat
 - o 15 years Gift from Terryberry (selected by employee) & 15 year sapphire pin
 - o 20 years Coat
 - o 25, 30, 35 years Gift within Reason -- from town if possibleI am hoping to add this back to the budget in the future.
- Building the Human Resources department for the future & preparing for my eventual retirement.

I've submitted a couple graphs for the board on our employment type & generational breakdown.

Submitted by: Cynthia Newman - SHRM-CP, PHR, Human Resources Director

As of June 15, 2023

Employment Type

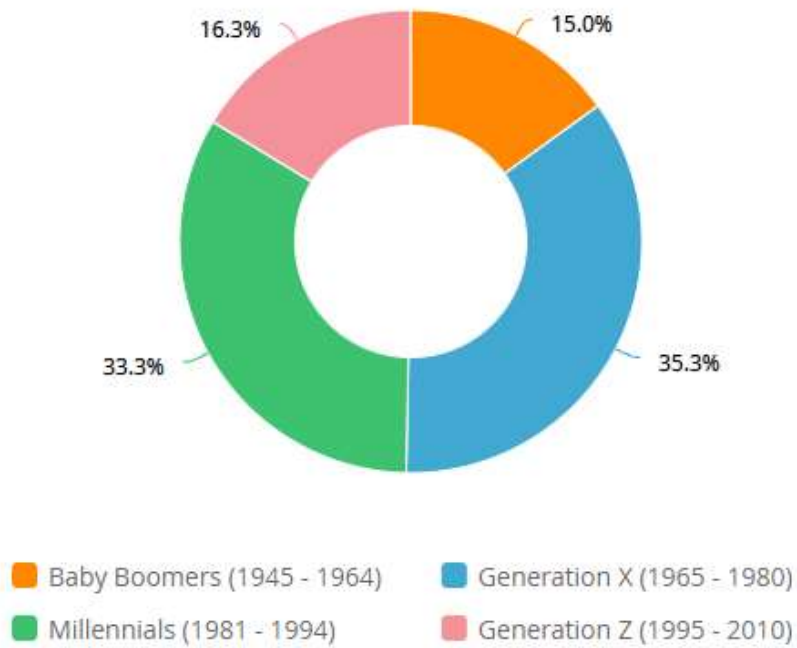


Generation



Current

Trends





Petersburg Medical Center

Quality Report June 2023

Workforce Wellness

The interim Quality Director oversees shared initiatives led by department heads and Home Health Quality.

Community Engagement

PMC Wellness department was awarded the Administration for Community Living's (ACL) 2023 Empowering Communities to Deliver and Sustain Evidence-Based Falls Prevention Programs Grant. These programs are set to start in August and staff are currently being trained to provide the fall prevention instruction as well as learn about the requirements of the grant reporting and management. The new programs being offered are Bingocize and Tai Ji Quan-Moving for Better Balance. More information on these programs can be found at:

- <https://www.ncoa.org/article/evidence-based-program-bingocize>
- <https://www.ncoa.org/article/evidence-based-program-tai-ji-quan-moving-for-better-balance>

The home health department is collaborating with PIA, who is working to support a space for long-term home health program implementation. This relationship has potential to greatly benefit the home health and adult service programs by providing a stable base for operations.

Patient Centered Care

The collaboration for a Remote Patient Monitoring program between Home Health, Joy Janssen Clinic, Case Management, IT, and Billing continues. A contract between PMC and HealthSnap is near completion. The remote patient monitoring program will add valuable information and increased connectivity with patients for the clinic's chronic disease management quality initiative.

The May Quality Committee meeting focused on LTC and CAH. The June meeting will include the Home Health Advisory Committee as well as LTC. Additional departments have been recruited to participate in the next committee meeting to provide their insights and support. A rotational reporting schedule has been developed to optimize efforts.

Facility

A space for the Adult Day Service program has been secured at the Mountain View Manor. Initiation of the program is moving forward with a program start date of September 1. The program will start by offering half day services on four days per week. Participants will be able to receive assistance with activities of daily living such as bathing, toileting, and dressing. The program plans to collaborate with LTC activities department to design an enriching social atmosphere to enhance the experience for participants.

Key Performance Indicators are being identified to monitor goals established in the strategic plan.

Financial Wellness

The Home Health department has submitted a grant application for Senior In-Home Services through the State of Alaska Division of Senior and Disabilities Services. Grant reward notification will occur any day now. Being awarded this grant will allow PMC to expand support to seniors in Petersburg and possibly surrounding areas. This funding will allow qualifying individuals to receive care without regard to a payor resource. Program Services for this grant include case management, chore service, respite and extended respite care, personal care services, service coordination, and supplemental services.

The newly awarded ACL grant provides partial salary support for four current staff members to aid in its implementation of project activities, reporting requirements, provide transportation and technical support, as well as project management.

Submitted by: Stephanie Romine, RN



Petersburg Medical Center

Infection Control and Prevention Report June 2023

Workforce Wellness

There have been no changes in staffing, and I continue to fulfill the Infection Prevention duties. Co-workers are helping with some monthly tasks, such as hand hygiene audits.

Community Engagement

On June 6, PMC implemented a new Eco-lab cleaning system for use by the EVS department. The process involved selecting and ordering new products, installing automatic mixer/dispensers, providing in-person training, and transitioning to the new products. The changes have decreased the number of products that are used, improved consistency and safety during product dilution, and improved the product labeling. Feedback from EVS staff indicates that the new products have a pleasant smell, dry nicely, and are easy to use.

Patient Centered Care

The Centers for Medicare & Medicaid Services (CMS) announced the removal of the Covid-19 vaccine requirement for healthcare providers in their final rule. The rule was released on May 31 and will go into effect on July 31, 2023. PMC remains obligated to educate staff and residents about the importance of the vaccine and offer it to all. The percentage of staff and residents who are up to date with the Covid vaccines will be reported as a quality measure, similar to the influenza vaccines.

2023 Hand Hygiene Compliance:

LTC: 81%

Acute Care: 94%

LTC May 2023 Metrics:

Urinary Tract Infections (UTI): 0

Catheter associated Urinary Tract Infections (CAUTI): 0

Clostridium Difficile infections: 0

Covid-19 infections: 4

Facility

I've spent time with the Bettisworth North and ZGF architects regarding departmental-level planning for the new facility. Efforts will continue to ensure that infection prevention and control principles are incorporated into the design and finishes of the new building.

Financial Wellness

No changes have occurred in this area.

Submitted by: Jennifer Bryner, MSN, RN



Petersburg Medical Center

CEO Board Report June 21, 2023

Mission Statement: Excellence in healthcare services and the promotion of wellness in our community.

Guiding Values: Dignity, Integrity, Professionalism, Teamwork, Quality

Highlights:

- During the past month, the focus has been on continuing to keep the building project moving forward by submitting the application to the planning and zoning committee to approve the lot(s) for public use and replating. The Department of Treasury asked for clarification on three questions related to the \$20M funding and the architect design team is here in Petersburg all week to refine the final designs to match the original budget.
- Extensive work was completed on the application for exceptional relief, and the application was submitted to the State in early June. There is a follow-up meeting scheduled in July to discuss this request with the State.
- Operational and Capital budget work for approval FY24 in June Board meeting.
- Strategic Plan Approval for FY24-28 in June Board meeting.
- Planning and rezoning committee met June 13 which denied application; subsequent appeal and public hearing process to approve the zoning and replat will continue into the assembly meetings.
- Assembly meeting approved Ordinance 2023-11 for rezoning public for new building.

Financial Wellness: Goal: To achieve financial stability and sustainability for the hospital.

FY23 Benchmarks for Key Performance Indicators (KPIs): *Gross A/R days to be less than 45, DNFB < then 5 days, and 90 Days Cash on Hand*

- Budget packet for FY24 submitted for approval for operating and capital. Primarily the capital items are very few as we are vetting these for the new facility (anything purchased should be thought of going into the new facility).
- Operating cashflow margins are starting to turn and shift in the more positive direction in the past 2 months; however, even with our investments we are only at 67 days cash on hand. Goals for FY24 are to build our operating cash to 90 days and repay our short-term investments. We will likely need state exceptional relief approval to do this and position PMC back to its pre-COVID cash position.
- PMC completely paid off the approximately ~\$5 million Medicare advance payment emergency COVID relief.
- PMC was awarded a number of grants in the past week in addition to the Falls Prevention grant of almost \$500,000 spread out over 4 years. This includes Care Coordination Grant \$51,000; the Alaska Healthcare and Hospital Association grant \$88,000; and the Tobacco Cessation Grant \$145,000 (x 4 years). Total so far going into FY24 is \$409,000.
- PMC financial team is finalizing the projects with FEMA to obtain the amount for COVID remaining from 2021-2023.
- The Home Health department submitted and is pending approval on a state grant to expand senior in-home services. Grant reward notification was expected to occur in May but is now expected in June. Being awarded this grant will allow PMC to expand support to seniors in Petersburg and possibly surrounding areas.

- PMC applied for a \$975,000 infrastructure-related grant with the Denali Commission. Award announcements are still pending and are expected to be announced in June.
- Cost report re-opening for 2019-2022 decision to not open those years at this time. This is in response to the PMC with CMS ruling for removing the OPEB (PERS benefit calculation). A memo was written and submitted on this ruling by Cynthia Brandt.
- State Medicaid rebasing desk review to set the rates for LTC next 4 years. Reviewing the option for an exceptional relief letter to support the removal of the cap and requesting rebasing to set for FY23 in addition to the next 4 years.

New Facility: Goal: To expand the capacity and capabilities of the community borough-owned rural hospital through the construction of a new facility, while taking into account the needs and priorities of the local community.

- Planning and Zoning Meeting June 13 denied application for rezoning and for replat. This was based on “lack of education, taking too many single/multifamily lots and wanting public vote.” This ruling was overridden by the assembly meeting on June 19. I want to thank PMC board members, staff and community members who spoke and attended both meetings. This process will continue and will need more support at subsequent readings of Ordinance 2023-11. PMC will also appeal the replat decision and will need this to be approved through the appeal process.
- NEPA, geotechnical and archaeological studies are still in process. Results are nearing completion.
- Open house: PMC hosted a public open house covering the replacement facility project on May 10 at the Holy Cross House, Petersburg Lutheran Church, from 11:00 am – 7:00 pm. Representatives from Bettisworth North, project architect, provided a brief overview of project planning and design, accompanied by draft visuals of the proposed building design and space planning. Community members had ample opportunity to view the draft visuals, offer feedback, and ask questions about the design and planning process during this day-long open house. Several short informational sessions were presented throughout the day and early evening.
- Updates: Project updates are available on the PMC website under the “New Facility” tab: <https://www.pmcak.org/new-facility.html>.
- Ongoing space planning and design meetings with Bettisworth North and PMC staff. The Bettisworth North project team was in Petersburg the week of June 19 to further refine and define space planning needs with department managers and staff.

Community Engagement: Goal: To strengthen the hospital’s relationship with the local community and promote health and wellness within the community.

- June 1: KFSK Radio PMC Live
- June 5: PMC reports out at April Borough Assembly Meeting
- June 13: PMC attendance and input at planning commission meeting
- June 19: PMC attendance and input at Borough Assembly Meeting
- July 29: The 9th annual PMC Foundation Pedal/Paddle Battle is scheduled for July 29. The funds raised will assist the Petersburg Medical Center employees in advancing professional health and wellness education and support scholarships for graduating seniors.
- Monthly hospital guild meetings resume for the summer.
- Our local physicians continue to be actively involved in teaching UW School of Medicine medical students. We are happy to contribute to the development of the next generation of medical providers.
- Community cafes with the SHARE Coalition focused on childcare.
- School District partnership by providing school nursing services.
- Two designated community members participate in the quality meetings to provide input from the community. One participates in the regular CAH Quality meeting and the second participates in the regular LTC Quality meeting.

Workforce Wellness: Goal: To create a supportive work environment and promote the physical and mental well-being of hospital staff, in order to improve retention rates and overall productivity.

- PMC Paddle/Pedal Battle will occur July 29 to raise money for the PMC Foundation to support our workforce education.
- Thanks to the grant awards from AHHA and Petersburg Community Foundation, PMC is able to expand this summer's youth programs, allowing us to double capacity this summer and offer extended hours.
- PMC was awarded a grant from the AHHA Workforce Initiative for \$88,000 to help support employee wellness programs and childcare initiatives and expansion.

Patient-Centered Care and Wellness: Goal: To provide high-quality, patient-centered care and promote wellness for all patients.

- PMC has been supporting Mountain View Manor with their billing and payroll and attendance processes. We are working with legal to formalize this arrangement.
- The SEARHC scope team traveled to PMC to review equipment, space and other requirements to resume endoscopy and colonoscopy services in September.
- PMC grant awards for care coordination, childcare, tobacco cessation and falls prevention will all drive the care model to achieve improvements in these areas for healthcare.
- The collaboration for a Remote Patient Monitoring and Chronic Care Management program between Home Health, the Joy Janssen Clinic, Case Management, IT, and Billing continues. Progress has been made in the vendor evaluation and departmental recommendations will be coming soon. This patient monitoring program has the potential to increase provider access and communication for patients experiencing challenges with chronic disease and will support current quality initiatives.
- The second year of the Lifestyle Balance Program continues with the regular schedule over the course of the next few months. This proven program from The University of Pittsburgh's Group Lifestyle Balance curriculum helps people decrease the risk of developing Type 2 Diabetes and heart disease.

Submitted by: Phil Hofstetter, CEO

PETERSBURG MEDICAL CENTER

FINANCIAL REPORTING PACKAGE

FISCAL YEAR 2023

For the eleven months ended May 31, 2023

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
For the eleven months ended May 31, 2023

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
\$303,445	\$426,833	(\$123,388)	-28.9%							
1,515,523	1,506,282	9,241	0.6%							
491,711	421,740	69,971	16.6%							
<u>2,310,679</u>	<u>2,354,856</u>	<u>(44,176)</u>	<u>-1.9%</u>							
534,786	459,062	(75,724)	-16.5%							
(100,000)	0	100,000	n/a							
(123,143)	30,485	153,628	503.9%							
22,606	65,463	42,857	65.5%							
<u>334,249</u>	<u>555,011</u>	<u>220,762</u>	<u>39.8%</u>							
1,976,430	1,799,845	176,586	9.8%							
79,682	117,610	(37,928)	-32.2%							
109,895	8,272	101,623	1228.5%							
0	0	0	n/a							
28,370	12,708	15,662	123.2%							
<u>217,947</u>	<u>138,591</u>	<u>79,356</u>	<u>57.3%</u>							
2,194,378	1,938,436	255,942	13.2%							
1,027,437	990,394	(37,043)	-3.7%							
70,977	49,913	(21,064)	-42.2%							
349,138	395,841	46,703	11.8%							
121,140	151,793	30,653	20.2%							
147,688	121,066	(26,622)	-22.0%							
27,488	33,763	6,275	18.6%							
7,121	12,190	5,069	41.6%							
20,051	17,296	(2,755)	-15.9%							
90,075	91,382	1,307	1.4%							
3,733	6,778	3,045	44.9%							
173,073	102,952	(70,121)	-68.1%							
14,520	12,784	(1,736)	-13.6%							
26,430	28,091	1,661	5.9%							
<u>2,078,871</u>	<u>1,989,352</u>	<u>(89,519)</u>	<u>-4.5%</u>							
115,507	(50,916)	166,423	326.9%							
(50,332)	12,500	(62,832)	-502.7%							
(14,686)	(443)	(14,243)	-3215.1%							
0	0	0	n/a							
(1,953)	0	(1,953)	n/a							
<u>(66,971)</u>	<u>12,057</u>	<u>(79,028)</u>	<u>-655.5%</u>							
\$48,536	(\$38,859)	\$87,395	-224.9%							
				Gross Patient Revenue:						
				1. Inpatient	\$3,478,124	\$4,572,624	(\$1,094,500)	-23.9%	\$3,498,862	-0.6%
				2. Outpatient	15,219,168	16,127,912	(908,744)	-5.6%	12,708,798	19.8%
				3. Long-term Care	4,951,500	4,510,474	441,026	9.8%	3,083,842	60.6%
				4. Total gross patient revenue	<u>23,648,792</u>	<u>25,211,010</u>	<u>(1,562,218)</u>	<u>-6.2%</u>	<u>19,291,502</u>	<u>22.6%</u>
				Deductions from Revenue:						
				5. Contractual adjustments	5,133,703	4,673,906	(459,797)	-9.8%	2,914,886	-76.1%
				6. Prior year settlements	(82,045)	0	82,045	n/a	0	n/a
				7. Bad debt expense	25,691	321,199	295,508	92.0%	(80,934)	-131.7%
				8. Charity and other deductions	281,332	689,762	408,429	59.2%	486,566	42.2%
				9. Total deductions from revenue	<u>5,358,681</u>	<u>5,684,867</u>	<u>326,186</u>	<u>5.7%</u>	<u>3,320,518</u>	<u>-61.4%</u>
				10. Net patient revenue	<u>18,290,111</u>	<u>19,526,143</u>	<u>(1,236,032)</u>	<u>-6.3%</u>	<u>15,970,984</u>	<u>14.5%</u>
				Other Revenue						
				11. Inkind Service - PERS/USAC	885,502	1,293,715	(408,212)	-31.6%	1,294,772	-31.6%
				12. Grant revenue	426,635	149,802	276,833	184.8%	752,745	-43.3%
				13. Federal & State Relief	302,856	0	302,856	n/a	1,137,976	-73.4%
				14. Other revenue	1,084,425	965,179	119,246	12.4%	690,777	57.0%
				15. Total other operating revenue	<u>2,750,700</u>	<u>2,408,695</u>	<u>290,723</u>	<u>12.1%</u>	<u>3,876,270</u>	<u>-29.0%</u>
				16. Total operating revenue	<u>21,040,811</u>	<u>21,934,838</u>	<u>(894,026)</u>	<u>-4.1%</u>	<u>19,847,254</u>	<u>6.0%</u>
				Expenses:						
				17. Salaries and wages	10,807,312	10,702,639	(104,673)	-1.0%	10,327,596	-4.6%
				18. Contract labor	725,195	540,785	(184,410)	-34.1%	475,396	-52.5%
				19. Employee benefits	3,847,248	4,297,851	450,602	10.5%	4,004,664	3.9%
				20. Supplies	1,486,053	1,669,726	183,672	11.0%	1,555,329	4.5%
				21. Purchased services	1,546,249	1,356,614	(189,635)	-14.0%	1,712,174	9.7%
				22. Repairs and maintenance	511,274	425,391	(85,882)	-20.2%	741,756	31.1%
				23. Minor equipment	144,906	134,090	(10,816)	-8.1%	214,727	32.5%
				24. Rentals and leases	232,194	190,254	(41,940)	-22.0%	172,233	-34.8%
				25. Utilities	1,017,498	1,005,197	(12,301)	-1.2%	984,330	-3.4%
				26. Training and travel	73,466	74,558	1,092	1.5%	91,425	19.6%
				27. Depreciation	1,036,921	1,132,467	95,546	8.4%	633,343	-63.7%
				28. Insurance	163,789	140,624	(23,165)	-16.5%	123,613	-32.5%
				29. Other operating expense	340,356	308,996	(31,360)	-10.1%	316,578	-7.5%
				30. Total expenses	<u>21,932,461</u>	<u>21,979,192</u>	<u>46,731</u>	<u>0.2%</u>	<u>21,353,163</u>	<u>-2.7%</u>
				31. Income (loss) from operations	<u>(891,650)</u>	<u>(44,355)</u>	<u>(847,295)</u>	<u>-1910.3%</u>	<u>(1,505,909)</u>	<u>40.8%</u>
				Nonoperating Gains(Losses):						
				32. Investment income	175,834	137,500	38,334	27.9%	(235,959)	-174.5%
				33. Interest expense	(209,479)	(71,668)	(137,811)	-192.3%	(33,782)	-520.1%
				34. Gain (loss) on disposal of assets	0	0	0	n/a	0	n/a
				35. Other non-operating revenue	(157,768)	0	(157,768)	n/a	(82,020)	92.4%
				36. Net nonoperating gains (losses)	<u>(191,413)</u>	<u>65,832</u>	<u>(257,245)</u>	<u>-390.8%</u>	<u>(351,760)</u>	<u>45.6%</u>
				37. Change in Net Position (Bottom Line)	<u>(\$1,083,063)</u>	<u>\$21,477</u>	<u>(\$1,104,540)</u>	<u>-5142.8%</u>	<u>(\$1,857,669)</u>	<u>41.7%</u>

() or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER
Key Volume Indicators
For the eleven months ended May 31, 2023

<u>Current Month</u>					<u>Year-To-Date</u>						
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>			<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		<u>Prior YTD</u>	<u>Variance %</u>	
		<u>Amount</u>	<u>%</u>				<u>Amount</u>	<u>%</u>			
Hospital Inpatient											
32	27	5	18.5%	1.	Patient Days - Acute Care	324	297	27	9.1%	282	14.9%
43	67	(24)	-35.8%	2.	Patient Days - Swing Bed	480	737	(257)	-34.9%	540	-11.1%
<u>75</u>	<u>94</u>	<u>(19)</u>	<u>-20.2%</u>	3.	Patient Days - Total	<u>804</u>	<u>1,034</u>	<u>(230)</u>	<u>-22.2%</u>	<u>822</u>	<u>-2.2%</u>
1.0	0.9	0.2	18.5%	4.	Average Daily Census - Acute Care	1.3	0.9	0.4	50.4%	0.8	58.4%
1.4	2.2	(0.8)	-35.8%	5.	Average Daily Census - Swing Bed	2.0	2.2	(0.2)	-10.2%	1.6	22.5%
2.4	3.0	(0.6)	-20.2%	6.	Average Daily Census - Total	3.3	3.1	0.2	7.2%	2.5	34.8%
20.2%	25.3%	-5.1%	-20.2%	7.	Percentage of Occupancy	27.6%	25.7%	1.9%	7.2%	20.4%	34.8%
Long Term Care											
409	372	37	9.9%	8.	Resident Days	4,109	3,744	365	9.7%	2,937	39.9%
13.2	12.0	1	9.9%	9.	Average Daily Census	16.9	11.2	5.7	51.3%	8.8	92.9%
88.0%	80.0%	8.0%	9.9%	10.	Percentage of Occupancy	112.7%	74.5%	38.2%	51.3%	58.4%	92.9%
Other Services											
195	67	128	191.0%	11.	Emergency Room Visits	860	737	123	16.7%	744	15.6%
242	190	52	27.4%	12.	Radiology Procedures	2,353	2,090	263	12.6%	2,029	16.0%
2,173	2,200	(27)	-1.2%	13.	Lab Tests (excluding QC)	20,825	24,200	(3,375)	-13.9%	24,491	-15.0%
1,052	752	300	39.9%	14.	Rehab Services Units	9,948	8,272	1,676	20.3%	6,999	42.1%
268	267	1	0.4%	15.	Home Health Visits	2,689	2,937	(248)	-8.4%	2,530	6.3%
** 941	1,233	(292)	-23.7%	16.	Clinic Visits	8,201	13,563	(5,362)	-39.5%	9,682	-15.3%

() or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER
Key Operational Indicators
For the eleven months ended May 31, 2023

<u>Current Month</u>				<u>Year-To-Date</u>							
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>				<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		<u>Prior YTD \$</u>	<u>Prior YTD %</u>
		<u>Amount</u>	<u>%</u>					<u>Amount</u>	<u>%</u>		
23.1%	19.5%	-3.6%	-18.7%	1.	Contractual Adj. as a % of Gross Revenue	21.7%	18.5%	-3.2%	-17.1%	15.1%	-43.7%
1.0%	2.8%	1.8%	64.8%	2.	Charity/Other Ded. as a % of Gross Revenue	1.2%	2.7%	1.5%	56.5%	2.5%	52.8%
-5.3%	1.3%	6.6%	511.7%	3.	Bad Debt as a % of Gross Revenue	0.1%	1.3%	1.2%	91.5%	-0.4%	125.9%
5.3%	-2.6%	7.9%	-300.4%	4.	Operating Margin	-4.2%	-0.2%	-4.0%	1995.7%	-7.6%	44.1%
2.3%	-2.0%	4.3%	-214.5%	5.	Total Margin	-5.2%	0.1%	-5.3%	-5421.3%	-9.5%	45.5%
				6.	Days Cash on Hand (Including Investments)	65.7				155.9	-57.8%
				7.	Days in A/R	57.9				51.7	-11.9%

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

PETERSBURG MEDICAL CENTER

Balance Sheet

May 31, 2023

ASSETS

	<u>May 2023</u>	<u>Apr 2023</u>	<u>June 2022</u>	<u>May 2022</u>
Current Assets:				
1. Cash - operating	\$339,458	\$274,368	\$916,516	\$1,722,814
2. Cash - insurance advances	0	236,488	783,728	1,100,537
3. Investments	47,140	296,950	2,597,751	2,602,028
4. Total cash	<u>386,599</u>	<u>807,806</u>	<u>4,297,995</u>	<u>5,425,379</u>
5. Patient receivables	6,958,503	6,973,239	6,260,353	6,342,112
6. Allowance for contractuals & bad debt	<u>(3,444,540)</u>	<u>(3,428,992)</u>	<u>(3,363,222)</u>	<u>(3,612,268)</u>
7. Net patient receivables	<u>3,513,964</u>	<u>3,544,247</u>	<u>2,897,131</u>	<u>2,729,845</u>
8. Other receivables	80,951	64,891	90,695	67,034
9. Inventories	322,849	324,486	356,624	269,003
10. Prepaid expenses	<u>461,493</u>	<u>118,256</u>	<u>111,147</u>	<u>1,415,430</u>
11. Total current assets	<u>4,765,856</u>	<u>4,859,685</u>	<u>7,753,592</u>	<u>9,906,692</u>
Property and Equipment:				
12. Assets in service	28,056,475	28,006,286	28,188,862	23,401,906
13. Assets in progress	<u>763,921</u>	<u>567,585</u>	<u>73,363</u>	<u>527,813</u>
14. Total property and equipment	28,820,396	28,573,871	28,262,225	23,929,719
15. Less: accumulated depreciation	<u>(21,061,350)</u>	<u>(20,888,277)</u>	<u>(20,024,431)</u>	<u>(19,643,210)</u>
16. Net property and equipment	<u>7,759,046</u>	<u>7,685,594</u>	<u>8,237,794</u>	<u>4,286,509</u>
Assets Limited as to Use by Board				
17. Investments	2,885,256	2,925,292	2,768,388	2,947,071
18. Building fund	<u>623,533</u>	<u>631,917</u>	<u>594,036</u>	<u>631,458</u>
19. Total Assets Limited as to Use	<u>3,508,788</u>	<u>3,557,210</u>	<u>3,362,424</u>	<u>3,578,529</u>
Pension Assets:				
20. OPEB Asset	<u>8,781,677</u>	<u>8,781,676</u>	<u>8,781,677</u>	<u>1,054,533</u>
Deferred Outflows:				
21. Pension	<u>2,756,254</u>	<u>2,756,254</u>	<u>2,756,254</u>	<u>2,894,105</u>
22. Total assets	<u>\$27,571,621</u>	<u>\$27,640,419</u>	<u>\$30,891,741</u>	<u>\$21,720,367</u>

LIABILITIES & FUND BALANCE

	<u>May 2023</u>	<u>Apr 2023</u>	<u>June 2022</u>	<u>May 2022</u>
Current Liabilities:				
23. Accounts payable	\$1,322,664	\$1,506,900	\$1,286,742	\$1,172,185
24. Accrued payroll	540,371	466,978	152,464	543,250
25. Payroll taxes and other payables	243,951	231,996	162,345	229,605
26. Accrued PTO and extended sick	1,078,550	1,032,148	994,445	1,020,120
27. Deferred revenue	197,589	157,841	402,639	204,107
28. Due to Medicare	179,559	70,992	1,760,708	1,016,262
29. Due to Medicare - Advance	0	236,489	783,728	1,100,537
30. Due to Blue Cross - Advance	0	0	0	0
31. Other current liabilities	3,515	3,516	3,515	3,534
32. Loan Payable - SBA	0	0	0	0
33. Current portion of long-term debt	<u>346,169</u>	<u>329,648</u>	<u>333,818</u>	<u>57,815</u>
34. Total current liabilities	<u>3,912,368</u>	<u>4,036,507</u>	<u>5,880,404</u>	<u>5,347,415</u>
Long-Term Debt:				
35. Capital leases payable	2,465,414	2,458,606	2,734,425	124,837
Pension Liabilities:				
36. Net Pension Liability	12,053,763	12,053,764	12,053,763	12,894,055
37. OPEB Liability	-	-	-	-
38. Total pension liabilities	<u>12,053,763</u>	<u>12,053,764</u>	<u>12,053,763</u>	<u>12,894,055</u>
39. Total liabilities	<u>18,431,544</u>	<u>18,548,877</u>	<u>20,668,592</u>	<u>18,366,307</u>
Deferred Inflows:				
40. Pension	9,613,036	9,613,036	9,613,036	903,147
Net Position:				
41. Unrestricted	610,104	610,104	4,308,584	4,308,584
42. Current year net income (loss)	<u>(1,083,062)</u>	<u>(1,131,599)</u>	<u>(3,698,471)</u>	<u>(1,857,669)</u>
43. Total net position	<u>(472,959)</u>	<u>(521,495)</u>	<u>610,113</u>	<u>2,450,914</u>
44. Total liabilities and fund balance	<u>\$27,571,621</u>	<u>\$27,640,418</u>	<u>\$30,891,741</u>	<u>\$21,720,367</u>

**Note: Cash on line 1 is for presentation purposes only. The total cash in bank is the sum of Lines 1 and 2.

() or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER
Statement of Revenues and Expenses
FISCAL YEAR 2023

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% VAR
<i>Gross Patient Revenue:</i>															
1. Inpatient	110,635	219,327	187,992	239,705	408,468	509,790	329,300	348,648	383,328	437,486	303,445	-	3,478,124	3,498,862	-0.6%
2. Outpatient	1,474,881	1,527,070	1,216,750	1,390,421	1,345,169	1,375,357	1,421,123	1,169,035	1,467,924	1,315,915	1,515,523	-	15,219,168	12,708,798	19.8%
3. Long-term Care	337,364	403,790	478,750	515,061	409,984	412,653	473,578	450,908	501,464	476,237	491,711	-	4,951,500	3,083,842	60.6%
4. Total gross patient revenue	1,922,880	2,150,187	1,883,492	2,145,187	2,163,621	2,297,800	2,224,001	1,968,591	2,352,716	2,229,638	2,310,679	-	23,648,792	19,291,502	22.6%
<i>Deductions from Revenue:</i>															
5. Contractual adjustments	306,903	337,334	381,521	428,308	427,813	559,551	598,829	423,842	513,086	621,730	534,786	-	5,133,703	2,914,886	-76.1%
6. Prior year settlements	-	-	-	-	-	-	-	-	100,000	(82,045)	(100,000)	-	(82,045.00)	-	n/a
7. Bad debt expense	24,800	(8,744)	78,233	162,903	84,834	69,327	(47,296)	23,824	(100,325)	(138,722)	(123,143)	-	25,691	(80,934)	131.7%
8. Charity and other deductions	42,847	21,429	59,180	37,909	3,608	818	2,332	28,953	8,319	53,331	22,606	-	281,332	486,566	42.2%
9. Total deductions from revenue	374,550	350,019	518,934	629,120	516,255	629,696	553,865	476,619	521,080	454,294	334,249	-	5,358,681	3,320,518	-61.4%
10. Net patient revenue	1,548,330	1,800,168	1,364,558	1,516,067	1,647,366	1,668,104	1,670,136	1,491,972	1,831,636	1,775,343	1,976,430	-	18,290,111	15,970,984	14.5%
<i>Other Revenue</i>															
11. Inkind Service - PERS/USAC	77,682	77,682	77,682	77,682	96,682	79,682	79,682	79,682	79,682	79,682	79,682	-	885,502	1,294,772	-31.6%
12. Grant revenue	5,223	17,658	12,816	16,504	12,583	76,027	25,061	147,903	2,965	-	109,895	-	426,635	752,745	-43.3%
13. Federal & State Relief	-	-	-	-	-	-	-	-	-	302,856	-	-	302,856	1,137,976	-73.4%
14. Other revenue	4,418	6,940	8,340	854,525	18,523	18,736	48,220	22,115	23,230	51,008	28,370	-	1,084,425	690,777	57.0%
15. Total other operating revenue	87,323	102,280	98,838	948,711	127,788	174,445	152,963	249,700	105,877	484,828	217,947	-	2,699,418	3,876,270	-30.4%
16. Total operating revenue	1,635,653	1,902,448	1,463,396	2,464,778	1,775,154	1,842,549	1,823,099	1,741,672	1,937,513	2,260,171	2,194,378	-	20,989,529	19,847,254	5.8%
<i>Expenses:</i>															
17. Salaries and wages	1,036,772	989,802	1,014,624	1,016,320	968,061	986,620	945,059	914,951	935,500	972,166	1,027,437	-	10,807,312	10,327,596	-4.6%
18. Contract labor	59,887	40,627	64,147	85,560	48,050	56,344	101,157	77,152	65,498	55,796	70,977	-	725,195	475,396	-52.5%
19. Employee benefits	337,894	339,159	339,417	360,170	360,555	360,313	369,056	338,889	352,124	340,533	349,138	-	3,847,248	4,004,664	3.9%
20. Supplies	145,725	178,766	166,585	162,546	133,975	138,116	134,630	99,097	114,207	91,267	121,140	-	1,486,053	1,555,329	4.5%
21. Purchased services	101,527	146,944	158,279	142,565	134,531	162,533	138,321	130,201	154,075	129,584	147,688	-	1,546,249	1,712,174	9.7%
22. Repairs and maintenance	110,459	77,766	(28,678)	58,320	33,513	21,800	66,134	28,769	44,959	70,743	27,488	-	511,274	741,756	31.1%
23. Minor equipment	11,860	16,007	15,346	27,143	6,639	18,015	11,768	10,635	33,546	(13,174)	7,121	-	144,906	214,727	32.5%
24. Rentals and leases	16,915	16,505	20,607	19,935	23,783	24,766	21,743	22,766	23,470	21,653	20,051	-	232,194	172,233	-34.8%
25. Utilities	89,596	85,720	90,044	88,714	93,398	99,050	95,402	93,753	96,291	95,455	90,075	-	1,017,498	984,330	-3.4%
26. Training and travel	5,539	8,932	9,405	6,795	4,220	4,185	3,772	4,732	8,556	13,597	3,733	-	73,466	91,425	19.6%
27. Depreciation	57,347	57,347	186,329	100,341	108,355	98,531	98,509	92,837	53,813	10,439	173,073	-	1,036,921	633,343	-63.7%
28. Insurance	14,520	14,520	14,520	17,657	14,712	14,520	14,643	14,520	15,137	14,520	14,520	-	163,789	123,613	-32.5%
29. Other operating expense	24,935	31,029	38,445	26,189	32,301	30,671	33,575	43,767	27,349	25,665	26,430	-	340,356	316,578	-7.5%
30. Total expenses	2,012,976	2,003,124	2,089,070	2,112,255	1,962,093	2,015,464	2,033,769	1,872,069	1,923,908	1,828,862	2,078,871	-	21,932,461	21,353,163	-2.7%
31. Income (loss) from operations	(377,323)	(100,676)	(625,674)	352,523	(186,939)	(172,915)	(210,670)	(130,397)	13,605	431,309	115,507	-	(942,932)	(1,505,909)	37.4%
<i>Nonoperating Gains(Losses):</i>															
32. Investment income	188,666	(110,840)	(235,348)	146,826	175,094	(111,428)	192,625	(84,680)	45,395	19,857	(50,332)	-	175,834	(235,959)	-174.5%
33. Interest expense	(5,118)	(12,652)	(23,427)	(10,086)	(8,786)	(8,911)	(77,775)	(17,386)	(15,818)	(14,834)	(14,686)	-	(209,479)	(33,782)	-520.1%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	(14,790)	(42,306)	(54,591)	(6,088)	(408)	(5,865)	(19,835)	3,477	(5,353)	(10,057)	(1,953)	-	(157,768)	(82,020)	92.4%
36. Net nonoperating gains (losses)	168,758	(165,798)	(313,366)	130,652	165,900	(126,204)	95,015	(98,589)	24,224	(5,034)	(66,971)	-	(191,413)	(351,760)	-45.6%
37. Change in Net Position (Bottom Line)	(208,565)	(266,474)	(939,040)	483,175	(21,039)	(299,119)	(115,655)	(228,986)	37,829	426,275	48,536	-	(1,083,063)	(1,857,669)	-41.7%
38. FY23 Budget	(261,924)	(236,181)	(21,128)	743,604	5,066	(60,172)	(75,318)	38,453	(70,691)	(1,372)	(38,859)	-	21,477	-	-
39. FY23 Variance	53,360	(30,293)	(917,912)	(260,429)	(26,105)	(238,947)	(40,337)	(267,439)	108,520	427,648	87,395	-	(1,104,540)	-	-

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PETERSBURG MEDICAL CENTER Key Volume Indicators FISCAL YEAR 2023

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
Hospital Inpatient															
1. Patient Days - Acute Care	19	29	18	20	41	38	25	19	37	46	32		324	282	14.9%
2. Patient Days - Swing Bed	9	31	39	30	36	96	52	56	26	62	43		480	540	-11.1%
3. Patient Days - Total	28	60	57	50	77	134	77	75	63	108	75		804	822	-2.2%
4. Average Daily Census - Acute Care	0.6	0.9	0.6	0.6	1.4	1.2	0.8	0.7	1.2	1.5	1.0		1.3	0.8	58.4%
5. Average Daily Census - Swing Bed	0.3	1.0	1.3	1.0	1.2	3.1	1.7	2.0	0.8	2.1	1.4		2.0	1.6	22.5%
6. Average Daily Census - Total	0.9	1.9	1.9	1.6	2.6	4.3	2.5	2.7	2.0	3.6	2.4		3.3	2.5	34.8%
7. Percentage of Occupancy	7.5%	16.1%	15.8%	13.4%	21.4%	36.0%	20.7%	22.3%	16.9%	30.0%	20.2%		27.6%	20.4%	34.8%
Long Term Care															
8. Resident Days	322	384	398	414	326	330	379	362	403	382	409		4,109	2,937	39.9%
9. Average Daily Census	10.4	12.4	13.3	13.4	10.9	10.6	12.2	12.9	13.0	12.7	13.2		16.9	8.8	92.9%
10. Percentage of Occupancy	69.2%	82.6%	88.4%	89.0%	72.4%	71.0%	81.5%	86.2%	86.7%	84.9%	88.0%		112.7%	58.4%	92.9%
Other Services															
11. Emergency Room Visits	75	69	54	53	51	85	76	55	56	91	195		860	744	15.6%
12. Radiology Procedures	181	232	203	215	198	201	243	180	230	228	242		2,353	2,029	16.0%
13. Lab Tests (excluding QC)	1,870	1,886	1,669	1,616	1,824	1,875	1,810	1,965	2,284	1,853	2,173		20,825	24,491	-15.0%
14. Rehab Services Units	986	1,330	611	757	712	833	894	887	831	1,055	1,052		9,948	6,999	42.1%
15. Home Health Visits	267	250	209	234	242	214	286	257	286	176	268		2,689	2,530	6.3%
16. Clinic Visits	**	541	716	719	804	696	760	755	804	705	941		8,201	9,682	-15.3%

** Stats under review

() or - indicates unfavorable variance

PETERSBURG MEDICAL CENTER Key Operational Indicators For the eleven months ended May 31, 2023
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	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Contractual Adj. as a % of Gross Revenue	16.0%	15.7%	20.3%	20.0%	19.8%	24.4%	26.9%	21.5%	21.8%	27.9%	23.1%		21.7%	15.1%	-43.7%
2. Charity/Other Ded. as a % of Gross Revenue	2.2%	1.0%	3.1%	1.8%	0.2%	0.0%	0.1%	1.5%	0.4%	2.4%	1.0%		1.2%	2.5%	52.8%
3. Bad Debt as a % of Gross Revenue	1.3%	-0.4%	4.2%	7.6%	3.9%	3.0%	-2.1%	1.2%	-4.3%	-6.2%	-5.3%		0.1%	-0.4%	-125.9%
4. Operating Margin	-23.1%	-5.3%	-42.8%	14.3%	-10.5%	-9.4%	-11.6%	-7.5%	0.7%	19.1%	5.3%		-4.2%	-7.6%	44.1%
5. Total Margin	-11.6%	-15.3%	-81.7%	18.6%	-1.1%	-17.4%	-6.0%	-13.9%	1.9%	18.9%	2.3%		-5.2%	-9.5%	45.5%
6. Days Cash on Hand (Including Investments)	116.8	110.0	101.5	96.9	94.4	86.1	79.5	67.2	73.5	72.2	64.5	-	65.7	155.9	-57.8%
7. Days in A/R	73.9	74.7	59.2	56.9	58.6	62.5	68.9	67.2	63.7	61.9	57.9	-	57.9	51.7	-11.9%

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Petersburg Medical Center

Strategic Plan FY24 - 28

Mission Statement: Excellence in healthcare services and the promotion of wellness in our community.

Guiding Values: Dignity, Integrity, Professionalism, Teamwork, Quality

Executive Summary

Petersburg Medical Center (PMC) presents its strategic plan for FY24-28. PMC's mission is to provide excellence in healthcare services and promote wellness in the community, guided by values of dignity, integrity, professionalism, teamwork, and quality. The plan integrates outcomes from the strategic manager retreat in October 2022 and from the board-approved plan in November 2022. The plan priorities aim to diversify revenue streams, improve cost management, secure funding for a new facility, engage with the community through outreach and partnerships, prioritize patient experience through continuity and preventive care, and foster a supportive work environment.

PMC will accomplish this by focusing on these five key areas:

- I. **Financial Wellness:** PMC will achieve financial stability by diversifying revenue through service expansion and attracting a comprehensive community patient base. Cost-saving measures and exploring new funding opportunities will be implemented.
- II. **Facility:** PMC plans to construct a new building that meets regulatory standards and incorporates state-of-the-art technology. Funding stack will be secured, a suitable location identified, and community needs considered.
- III. **Community Engagement:** PMC will increase visibility through publicly involved efforts, partner with local and regional organizations to provide healthcare resources to underserved populations, and conduct periodic comprehensive community health needs assessment.
- IV. **Patient-Centered Care:** PMC will provide personalized care, promote preventive care and wellness through programs, and utilize technology and data analytics to improve patient outcomes.
- V. **Workforce Wellness:** PMC aims to create a supportive work environment through wellness initiatives, open communication, and retention strategies such as competitive benefits and professional development opportunities.

By implementing these strategies, PMC will continue to ensure excellence in community-driven healthcare services and promoting wellness within the community and drive long-term success in the years to come.

Financial Wellness: Achieve financial stability and sustainability for the hospital

Objectives and Strategies

- Increase revenue
 - Service expansion: Identify opportunities to expand the range of services offered by the hospital, such as by adding new specialty clinics or expanding into new markets.
 - Diversification of patient base: Develop strategies to attract a diverse patient population, such as by targeting specific demographics or offering services in multiple languages.
 - Marketing: Develop and implement a comprehensive marketing plan to promote the hospital's services and attract new patients.
- Ensure services are properly reimbursed
 - Follow efficient and accurate coding and billing processes for all provided services.
 - Streamline billing processes to reduce days in accounts receivable and enhance the claim denial process.
- Implement cost-saving measures
 - Lean management: Utilize lean management principles to identify and eliminate waste in hospital processes, streamline workflows and implement automation technologies and reporting.
 - Negotiation: Negotiate better rates with suppliers and vendors to reduce expenses.
 - Optimize resources and promote sustainable practices.
- Explore new funding opportunities
 - Grants: Research and apply for relevant grants to support the hospital's financial stability and growth.
 - Partnerships: Explore opportunities for partnerships with other organizations, such as through joint ventures, consortiums or collaborations.
 - Investment: Consider seeking investment from outside sources, such as venture capital firms, to fund the hospital's growth and development.

Key Performance Indicators:

These will be identified, reviewed and approved through an ongoing process at regular QAPI (Quality) meetings.

New Building: Maintain and expand the capacity and capabilities of the community borough-owned rural healthcare hospital while taking into account the needs and priorities of the local community through the construction of a new facility

Objectives and Strategies

- **Secure funding in phased approach**
 - **Fundraising:** Develop a capital fundraising plan to secure the remaining funding needed for the construction of the new facility. This may include seeking donations from individual donors, foundations, or corporate sponsors.
 - **Legislative and grants:** expand legislative, local, state and federal advocacy to build funding stack for relevant grants to fully support the construction of the new facility.
 - **Foundations and Investment:** Consider seeking partners in investors, collaborators and foundations to fund the equipment and construction completions of the new facility.
- **Finalize the site selection / location**
 - **Community needs assessment, masterplan, worksessions and community engagement:** Utilize all findings that identifies the Haugen site selection and confirm this through local governmental process to approve this site.
 - **Environmental study, geotechnical analysis, test dig and architectural designs** to provide comprehensive assessment of the site.
- **Leverage technology and ensure standards**
 - **Ensure that the new facility is equipped with state-of-the-art technology and meets all necessary regulatory standards.**
 - **Design and construction:** Work with the chosen architect firm to design and construct the new facility, ensuring that it meets all necessary regulatory and compliance standards.
 - **Technology:** Identify and implement state-of-the-art technologies to support the hospital's operations and improve patient care, such as electronic health records and telemedicine capabilities.

Key Performance Indicators:

These will be identified, reviewed and approved through an ongoing process at regular QAPI (Quality) meetings.

Community Engagement: Strengthen the hospital's relationship with the local community and promote health and wellness within the community

Objectives and Strategies

- Increase visibility and engagement
 - Public events: Organize public events, such as health fairs or screenings, community cafes and similar public events to increase the hospital's visibility and engagement within the community.
 - Educational materials: Develop and distribute educational materials, such as brochures or newsletters, to provide the community with information on health and wellness topics.
 - Media: Use social and local media platforms to share information on health and wellness topics and engage with the community.
- Develop and maintain partnerships
 - Identify local, regional and national organizations that serve underserved populations, such as community clinics or non-profit organizations.
 - Work with these organizations to develop partnerships and collaborations to provide health and wellness resources and services to underserved populations.
 - Consider offering discounted or low-cost services to underserved populations to ensure that they have access to quality healthcare.
- Assess community needs
 - Conduct a thorough assessment of the health needs of the community, taking into account factors such as demographics, access to healthcare, and prevalence of specific health issues.
 - Use the findings of the assessment to develop strategies to address the identified health needs, such as implementing targeted prevention and wellness programs or expanding access to care.
 - Collaborate with community leaders and stakeholders on community health strategies.

Key Performance Indicators:

These will be identified, reviewed and approved through an ongoing process at regular QAPI (Quality) meetings.

Patient-Centered Care and Wellness: Provide high-quality, patient-centered care, continuity of care and promote wellness for all patients

Objectives and Strategies

- Implement patient-centered care practices
 - Personalized care plans: Develop individualized treatment plans for each patient based on their specific health needs and goals. These plans should include information on the patient's medical history, current health status, and any relevant lifestyle factors.
 - Patient education: Provide patients with the information and resources they need to make informed decisions about their health, including information on their diagnoses, treatment options, and self-management strategies.
 - Self-management support: Help patients develop the skills and knowledge they need to manage their own health and wellness, including through self-monitoring tools and resources such as patient portals.
- Promote preventive care and wellness through a variety of programs and resources.
 - Disease management programs: Develop programs that help patients manage chronic conditions, such as diabetes or hypertension, through a combination of medical care and self-management support.
 - Health screenings: Offer regular health screenings to identify potential health issues early and provide timely interventions to prevent or manage them.
 - Wellness programs: Develop wellness programs that focus on promoting healthy behaviors, such as exercise, healthy eating, and stress management.
- Utilize technology and data analytics to improve patient care and outcomes.
 - Electronic health records: Implement an electronic health record system to improve the accuracy and efficiency of patient care, as well as facilitate communication and coordination between healthcare providers.
 - Population health management: Use data analytics tools to identify patterns and trends in patient health, and develop strategies to prevent or manage common health issues within the patient population.
 - Telemedicine: Utilize telemedicine technologies to provide remote access to healthcare services, improving access to care for patients in underserved or remote areas.

Key Performance Indicators:

These will be identified, reviewed and approved through an ongoing process at regular QAPI (Quality) meetings.

Workforce Wellness: Create a supportive work environment and promote the physical and mental well-being of hospital staff, in order to improve retention rates and overall productivity

Objectives and Strategies

- Implement wellness initiatives and resources for staff
 - Fitness programs: Offer onsite or offsite fitness opportunities and continue to provide discount memberships to community recreation center to help staff maintain physical health.
 - Mental health support: Provide access to mental health resources, such as counseling services or employee assistance programs, to support the mental well-being of staff.
 - Stress management training: Offer training or workshops on stress management techniques, such as mindfulness or time management, to help staff cope with the demands of their jobs.
- Foster a positive and supportive work environment
 - Open communication: Encourage open communication and feedback from staff, and create opportunities for them to share their ideas and concerns.
 - Recognition and rewards: Recognize and reward staff contributions through programs that instill value and recognition.
 - Concerns and issues: Address any concerns or issues raised by staff in a timely and effective manner to create a positive and supportive work environment.
- Develop and implement retention strategies
 - Competitive benefits: Offer competitive benefits packages, such as health insurance, retirement plans, and paid time off, to help retain staff.
 - Professional development: Provide opportunities for professional development, such as training programs or leadership development initiatives, to help staff advance their careers and improve retention rates.
 - Employee engagement: Foster employee engagement through programs and initiatives that promote teamwork and collaboration, such as team-building activities or employee resource groups.
 - Board training, continuity, succession planning: Develop and implement a plan to educate, equip and train current, future and prospective board members to ensure seamless board member transitions and maintain a consistent approach to board operations.

Key Performance Indicators:

These will be identified, reviewed and approved through an ongoing process at regular QAPI (Quality) meetings.



PETERSBURG MEDICAL CENTER

Draft

	Audited 2019	Audited 2020	Audited 2021	Audited 2022	Estimated 2023-12	Budget 2024	
Operating Revenues							
Net Patient Revenue	15,113,713	14,944,770	15,476,648	16,703,912	19,696,417	23,241,772	18%
Univ Serv Fund	270,277	270,279	435,527	692,013	692,184	699,106	1%
PERS on behalf Cont	716,054	558,461	425,184	386,831	274,800	306,923	3%
Grants	227,638	2,265,154	7,141,383	1,742,652	743,514	743,514	
Other	77,004	124,114	868,092	684,696	1,056,055	350,000	
Total Op Revenue	16,404,686	18,162,778	24,346,834	20,210,104	22,462,970	25,341,315	
Operating Expenses							
Salaries & Wages	7,964,981	9,459,886	10,885,264	11,272,272	11,692,300	12,276,915	5%
Contract Labor	1,197,472	835,197	894,617	507,949	785,062	824,315	5%
Employee Benefits	3,130,021	1,735,675	3,728,062	4,364,978	4,179,748	4,451,431	6.5%
Traning & Education	156,162	117,305	63,677	95,340	83,678	146,437	75%
Purchased Services	920,802	1,290,404	1,790,420	1,817,338	1,678,274	1,762,188	5%
Total cost of people	13,369,438	13,438,467	17,362,040	18,057,877	18,419,062	19,461,286	6%
Supplies	1,358,457	1,400,128	1,321,047	1,715,612	1,637,896	1,768,927	8%
Maintenance & Repairs	277,237	502,862	592,060	524,643	580,543	609,570	5%
Minor Equipment	129,573	124,181	376,092	280,758	165,342	173,609	5%
Rentals & Leases	157,000	134,937	181,156	192,645	254,572	262,209	3%
Utilities	521,523	612,884	812,733	1,073,393	1,112,909	1,118,473	0.5%
Insurance	109,567	97,451	119,839	134,567	179,122	197,034	10%
Depreciation	704,281	692,698	705,623	1,014,562	1,036,615	1,067,714	3%
Other	183,886	240,249	249,551	346,331	379,368	398,336	5%
Total Operating Exp	16,810,962	17,243,857	21,720,141	23,340,388	23,765,428	25,057,158	5%
Operating Income	(406,276)	918,921	2,626,693	(3,130,284)	(1,302,457)	284,157	
Non-Operating							
Restricted Foundation	107,899	74,698	39,055	35,566	3,594	35,000	
Investment income	173,979	55,563	868,594	(493,406)	271,399	100,000	
Interest Expense	(10,126)	(5,089)	(11,705)	(110,665)	(233,752)	(50,000)	
Foundation Exp	(116,298)	(78,281)	(35,067)	(31,411)	-	(35,000)	
Other	950	12,589	13,562	1,005	(190,571)	10,000	
Net Non Operating	156,404	59,480	874,439	(598,911)	(149,329)	60,000	
Change in Net Position	(249,872)	978,401	3,501,132	(3,729,195)	(1,451,787)	344,157	

Assumptions

Net Patient Revenue	Increased volumes, New programs, Rebasing and Exceptional Relief, Charge Master, Rate Increase, improved cost reporting
Univ Serv Fund	A decrease of \$2,500 is expected. Budgeting increase on increase in payroll
PERS on behalf Cont	Rate to increase from 2.79 to 3.10 of PERS eligible payroll.
Grants	
Other	School Contracts, Kinderskog,
Total Op Revenue	Budget for new building separate.
Operating Expenses	
Salaries & Wages	Raises of 2% plus any additional staff.
Contract Labor	Physician leaving. Hiring PT.
Employee Benefits	There will be an 8% increase in Health Insurance. PERS will increase by 1/3 of a %.
Traning & Education	Would like to perform more, will be subject to approval based on overall performance.
Purchased Services	May be down, Deb retiring from HRG. May contract with her. Audit, Legal,
Total cost of people	
Supplies	Increase in volume and inflation
Maintenance & Repairs	Minor increase
Minor Equipment	Return to pre covid amounts.
Rentals & Leases	Cindy Newman can give us some indication of increased and changes. Not predicted to change much.
Utilities	There will be an increase on garbage and waste water, no increase on energy and Interenet will decrease by \$18K. Budget half a percent
Insurance	Close to having increases to be able to budget. No change in Provide #
Depreciation	Look at Capital Budget, Hologic.
Other	Licensure expected to remain the same or up slightly, Marketing same as last year. Look at recruitment. State loan repayment recruitment programs.
Total Operating Exp	Need to differentiate New Facility marketing from normal marketing.
Operating Income	
Non-Operating	
Restricted Foundation	Pedal Pattel Battle, scholarship fund raiser.
Investment income	Assumption, Half the investments, may increase this coming year.
Interest Expense	Need to understand Due to Medicare Interest Expense.
Foundation Exp	
Other	Chase down un maped transactions.
Net Non Operating	