



# Petersburg Medical Center

103 Fram Street  
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## BOARD MEETING A g e n d a

DATE: Thursday, July 22<sup>nd</sup>, 2021  
TIME: 5:00 p.m.  
LOCATION: Zoom

	<u>Lead</u>	<u>Handout</u>
I. CALL TO ORDER	<i>Chair</i>	<i>N/A</i>
II. APPROVAL OF THE AGENDA	<i>Chair</i>	<i>in packet</i>
III. APPROVAL OF BOARD MINUTES – June 24 <sup>th</sup> , 2021	<i>Chair</i>	<i>in packet</i>
IV. VISITOR COMMENTS	<i>Chair</i>	<i>N/A</i>
V. BOARD MEMBER COMMENTS	<i>Chair</i>	<i>N/A</i>
VI. REPORTS		
A. Home Health <i>Action required: Informational only</i>	<i>K. Testoni</i>	<i>in packet</i>
B. Imaging <i>Action required: Informational only</i>	<i>S. Paul</i>	<i>in packet</i>
C. Laboratory <i>Action required: Informational only</i>	<i>V. Shimek</i>	<i>in packet</i>
D. Long Term Care <i>Action required: Informational only</i>	<i>H. Boggs</i>	<i>in packet</i>
E. Quality & Infection Prevention <i>Action required: Informational only</i>	<i>L. Bacom</i>	<i>at meeting</i>
F. Executive Summary <i>Action required: Informational only</i>	<i>P. Hofstetter</i>	<i>in packet</i>
G. Financial <i>Action required: Informational only</i>	<i>C. Brandt</i>	<i>in packet</i>
VII. UNFINISHED BUSINESS		
VIII. NEW BUSINESS		

IX. EXECUTIVE SESSION

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

X. NEXT MEETING

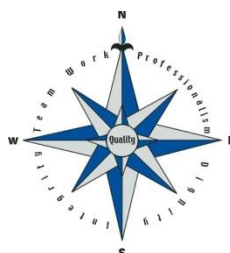
XI. ADJOURNMENT

# *Petersburg Medical Center*

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**Meeting:** Medical Center Board Meeting

**Date:** June 24<sup>th</sup>, 2021 **Time:** 5:00 p.m.

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

**Board Members Absent:** Jim Roberts (excused)

- I. **CALL TO ORDER:** Member Cook called the meeting to order at 5:00 p.m.
- II. **APPROVAL OF THE AGENDA:** Member Cushing made a motion to amend the agenda to include discuss matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the hospital. Motion seconded by Member Riemer. Motion passed unanimously. Member Riemer made a motion to approve the agenda as amended. Motion seconded by Member Lagoudakis. Motion passed unanimously.
- III. **APPROVAL OF BOARD MINUTES:** Member Stratman made a motion to approve the minutes from May 27<sup>th</sup>, 2021 as presented. Motion seconded by Member Riemer. Motion passed unanimously.
- IV. **VISITOR COMMENTS:** None
- V. **BOARD MEMBER COMMENTS:** Member Riemer noted that she saw a pro-SEARHC sign on Lake Street and that she was not aware those were being put out. Member Cook stated there was also an editorial in the paper today that was pro-SEARHC. Member Lagoudakis stated that she had a conversation with a community member who was very complimentary of Phil and hospital staff for all the work and planning the past year.
- VI. **REPORTS:**
  - A. **Swing Bed Management.** E. Hart was available to answer questions related to her written report (see copy).
  - B. **Human Resources.** C. Newman was available to answer questions related to her written report (see copy).
  - C. **Quality & Infection Prevention.** L. Bacom reviewed her written report (see copy).

- D. Executive Summary.** P. Hofstetter reviewed highlights from his written report (see copy). Additionally, he noted that he is beginning to sense division between PMC and SEARHC, which is unfortunate because partnership is the ultimate goal. He stated that he hopes to have outreach with SEARHC and create an opportunity for discussion.
- E. Financial.** C. Brandt presented an overview of the financial package (see copy) starting with the statement of revenues and expenses. She then discussed the balance sheet and reviewed the statement of cash flows. Finally, she reviewed the key volume indicators.

**VII. UNFINISHED BUSINESS**

**VIII. NEW BUSINESS**

- A. Budget Presentation.** C. Brandt then presented the budget for FY22 (see copy). She explained the approach to budgeting and discussed challenges and potential opportunities.
- B. Operating Budget.** Member Reimer made a motion that Petersburg Medical Center's Board of Directors approve the final operating budget for FY 2022 as presented. Motion seconded by Member Doyle. Motion passed unanimously.
- C. Capital Budget.** Member Riemer made a motion that Petersburg Medical Center's Board of Directors approve the final capital budget for FY 2022 as presented. Motion seconded by Member Cushing . Motion passed unanimously.

- IX. EXECUTIVE SESSION** Member Lagoudakis made a motion to enter Executive Session to consider medical staff reappointments 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 Riemer. Motion passed unanimously. Board entered Executive Session at 6:56 pm. Member Riemer made a motion to come out of Executive Session. Motion seconded by Member Lagoudakis. Motion passed unanimously. Board came out of Executive Session at 7:54 pm. Member Lagoudakis made a motion to reappoint the following to medical staff: Jeffrey Anderson, MD; Riley Bennett-Vockner, PA; Bernardo Isuani, MD; John Raster, MD; Brandon Roller, MD and Katherine Greenfield, MD. Motion seconded by Member Riemer. Motion passed unanimously. Member Rimer made a motion to approve sending a letter to the Borough Assembly regarding SEARHC. Member Cushing seconded. Motion passed unanimously.

- X. NEXT MEETING** The next regularly scheduled meeting was set for Thursday, July 22<sup>nd</sup>, 2021 at 5:00 p.m.

- XI. ADJOURNMENT** Member Lagoudakis made a motion to adjourn. Motion was seconded by Member Riemer. Motion passed unanimously. The meeting adjourned at 7.58 p.m.

Respectfully submitted,

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Marlene Cushing, Board Secretary



# Petersburg Medical Center

## HOME HEALTH Quality Report (7/14/21)

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### Staffing Overview

- Home Health has a full compliment of nursing staff. 2 full time nurses/case managers, 1 manager. In addition, we have 1 RN traveler. Our current traveler will be here until August 13, 2021. Additional traveler will start August 23 or 30, 2021. Dependent on the ferry schedule. There is a need for this additional nurse due to our growing census and staffing needs during implementation of the new Electronic Medical Record.
- New assistant biller continues to have a positive impact on Home Health billing and expedition claims submission and reimbursement. She is being trained in all aspects of HH billing.
- A full time Home Health Aide has been hired. She recently passed her CNA certification exam and has been actively providing care to 10 HH patients.
- Patient navigator/medical social worker continues to be a valuable addition to the Home Health Program. In addition to working with the patients and families on our service, she has been providing support and assistance to those connected to the clinic, in patient unit and billing office. This service is available to anyone in need. She is taking a certification course to become a certified Medicaid planner.

### Review and Update

- Current census is 30. Home Health receives 1-2 referrals a week. We have updated our referral process to a more functional and streamlined one. We continue to accept referrals and work to meet the needs of our community.
- Home Health staff provided in home care throughout the pandemic. We continued to provide support and care to all of our patients despite the challenges we faced.
- We are working with public relations to continue to provide the community with knowledge of our program. Community education on the role of the Home Health team and services provided is vital for continued growth. Home Health provides more than care for the elderly.
- We have 4 patients using the Remote Patient Home monitoring systems. We continue to assess our patients and will adding additional pts to this part of our program as the need arises.
- Home Health continues to provide care to a broad range of patients. This includes short term rehab, medication management, Covid care and End of Life support.
- RN's are learning to provide in home end of life care. This can be a challenge as we are not yet a Hospice certified agency.

## Looking Forward

- Home Health continues to grow. We will continue to work on our referral process and ways to keep our census rising. Recent addition of a new referral process.
- Ongoing collaboration with therapy services. These services are an integral part of the home health program.
- We have 10 patients receiving home health aide support. We would like to expand on this as we grow. There may be a need to add an additional; home health aide in the future.
- Due to continued growth, department discussion on managing patients during off hours. This includes flexed work schedules and on call hours to meet the needs of patient population.
- Continuing education opportunities for all staff
- Patient Navigator is preparing to become a certified Medicaid Planner.
- HH Nurse to attend onsite training for foot care certification. November.
- HH Manager to attend Wound certification course in October

## Challenges

- Ongoing need to educate public on the role of HH services and who can receive/benefit.
- Increased acuity of home health population, need for alternative support systems for patients requiring extensive in home support.
- New workspace continues to have issues intermittent IT issues
- Cumbersome billing process (new EMR will greatly improve this issue.) Significantly slows down our billing process. New CMS guidelines starting January 1, 2021 give us only 5 days to submit claims.
- Limited access to DME

## Accomplishments

- Continued census growth, Maintained a census of 30 or better.
- Staff of 8-Will continue to use a travel nurse to get through EMR project.
- HHA passed CNA course and certification exam.
- Patient Navigator working with multiple departments and patients outside the home health program
- Meeting with clinic staff and in patient staff to continue to improve communication and continuity of care.
- New EMR!!!!
- Home Health has 2 nurses certified to work in the Capable program.

## Opportunities

- Connection with facilities down south to alert them to services available at PMC HH.
- Increased staffing to meet the needs of growing department.
- Home Health owned DME
- Future program growth potential includes; Providing services to surrounding communities, Mobile lab, blood pressure screening, community health education. Foot care Clinics. In home IV therapies, Hospice services, pediatric services, enhanced behavioral health services including medication management. Increased use of telemonitoring services.
- Expand services of Patient Navigator.

Submitted by: Kirsten Testoni, RN, Home Health Clinical Manager

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# Petersburg Medical Center

Radiology July 2021

## Staffing Overview

Staffing has been consistent and stable within the radiology department with three employees. Those three employees cover weekday after hour and weekend call every day of the year. Short PTO requests taken by one employee at a time are handled by the other two technologists. This does increase workloads for two people but with small amounts of time can be doable.

## Review and Update

We recently installed and completed applications training on a new ultrasound machine. As talked about prior we were given capital funding for this new machinery for FY 2021. The new machine is a Philips Epiq Elite which will be paid on a lease schedule with a buy out option from Philips. With this new equipment technologists also have access to new continuing education credits through the company. We have really enjoyed having this updated technology in the department.

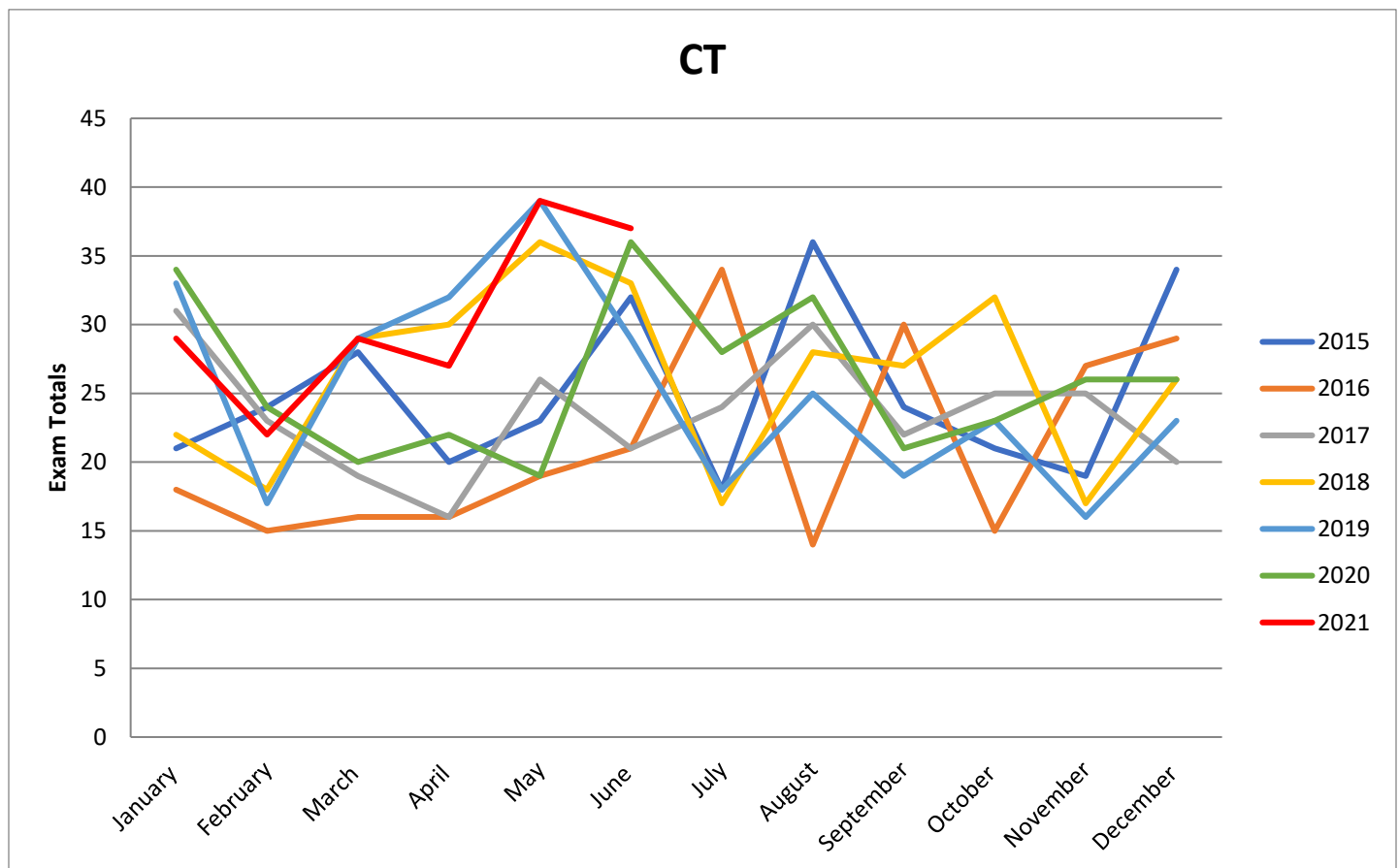


*Guiding Values: Integrity - Dignity - Professionalism - Team Work - Quality*



One area of radiology that was not significantly impacted by the pandemic has been computed tomography or CT/CAT scan. CT scanners image internal organs, bones, soft tissue, and blood vessels provide greater detail than traditional x-rays, particularly of soft tissues and blood vessels. Our current CT scanner was installed in 2016 and is on a 72 month lease schedule. Once the lease is up we have a fair market value purchase option. Here is a look at statistics from this imaging modality.

	2015	2016	2017	2018	2019	2020	2021
January	21	18	31	22	33	34	29
February	24	15	23	18	17	24	22
March	28	16	19	29	29	20	29
April	20	16	16	30	32	22	27
May	23	19	26	36	39	19	39
June	32	21	21	33	29	36	37
July	18	34	24	17	18	28	
August	36	14	30	28	25	32	
September	24	30	22	27	19	21	
October	21	15	25	32	23	23	
November	19	27	25	17	16	26	
December	34	29	20	26	23	26	
Year Total	300	254	282	315	303	311	183



CT is also very important as we offer 24 services with a technologist on call afterhours and weekends 365 days a year for this modality. Here is a look at exams performed after hours and on weekends.

	2015	2016	2017	2018	2019	2020	2021 Jan-June
Total Exams Performed	300	254	282	315	303	311	183
Total After Hour and Weekend Exams Performed				72	66	65	30

The interface between RAPC and Evident went well with minimal difficulties in setup. The workflow has been improved for technologists and decreased the amount of duplication work.

### Looking Forward

The mammography, American College of Radiology (ACR) reaccreditation is in progress. This is an accreditation required by the FDA and Mammography Quality Standards Act. This accreditation survey occurs every three years. "The Mammography Accreditation Program provides facilities with peer review and constructive feedback on staff qualifications, equipment, quality control, quality assurance, image quality and radiation dose. The Mammography Quality Standards Act (MQSA) requires all U.S. mammography facilities to be accredited." -American College of Radiology

### Challenges

Registration and scheduling staff for lab and radiology has been a challenge. The radiology department has been scheduling lab patients and helping with registration in the afternoons for about the last 6 months as there was only a part time employee in that registration position. Radiology is doing this on top of running their own schedule and patient loads. The registration office did have a recent hire but also a recent departure leaving staff in the laboratory/radiology scheduling office the same rather than full staffed as hoped. As we work towards the Cerner implementation this will get more difficult as training schedules will take radiology staff out of their own department as well. The Cerner system being new radiology will not be able to just jump in as we have been due to a whole new system. There is perspective for a switch for a full-time employee in this position and we hope that it will work out smoothly.

### Accomplishments

Tiffany Shelton recently had the accomplishment of obtaining the credentials of Registered Vascular Sonographer. She had to meet exam prerequisites and then take the registry examination.

"The RVT credential raises the standard of vascular ultrasound practice worldwide and promotes best practices for enhanced patient safety. The RVT credential is designed to certify medical professionals in the vascular ultrasound field. By earning the RVT credential, healthcare professionals gain a critical edge in promoting public safety in vascular ultrasound." -American Registry for Diagnostic Medical Sonography

## Opportunities

As technology changes there has been improvements to mammograms. There is newer technology known as Digital breast tomosynthesis or 3D mammography. Facilities around us have implemented these machines and this new equipment can help lower the number of exams called back for more imaging. There are also more views that can be performed on it that our current machine cannot do which would also decrease the number of patients we have to refer to other facilities. As capital funding becomes more available I believe this machinery would be a good asset to patient care.

Submitted by: Sonja Paul B.S.RT(R)(M), RDMS



# Petersburg Medical Center

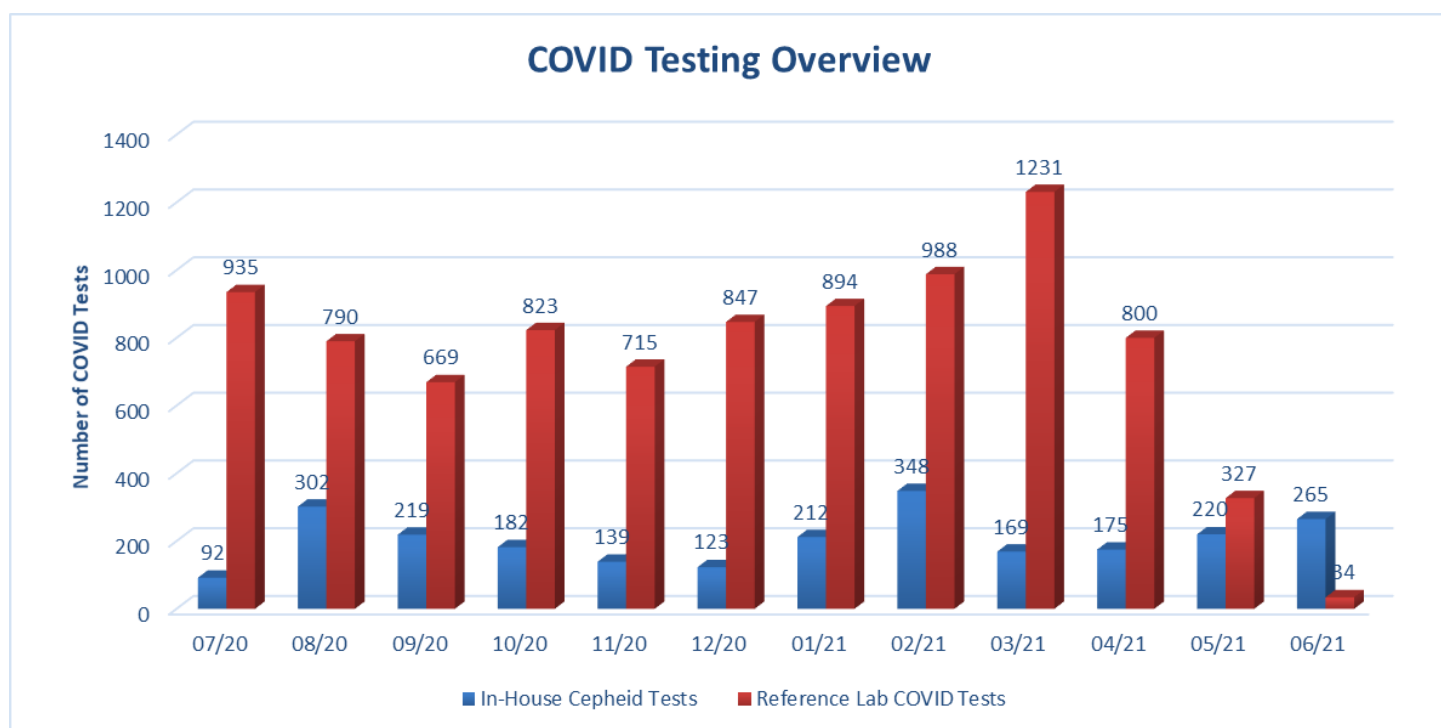
Laboratory Board Report July 22<sup>nd</sup>, 2021

## Staffing Overview

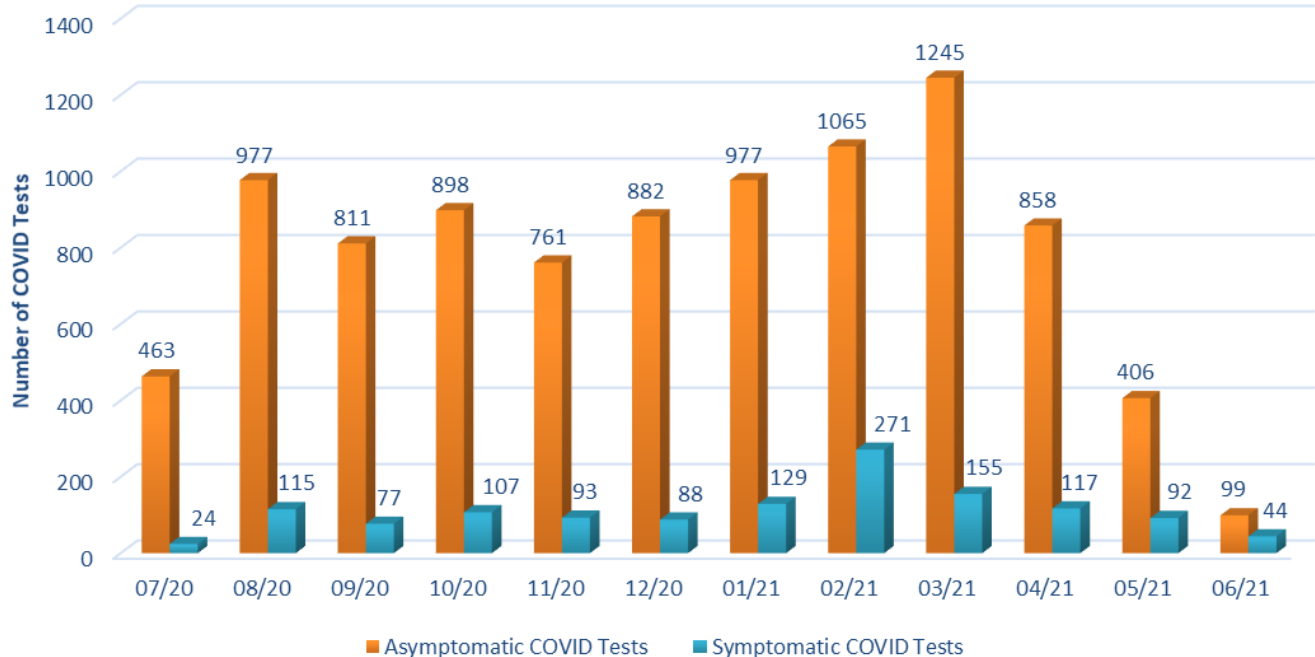
One Lab Assistant left; however, we also hired an Uncertified Lab Technician who has been helping with Lab Assistant duties in addition to performing Water Micro and will be training in Waived testing. When he has fulfilled the two years' requisite full-time experience required by the American Collage of Pathologists (ASCP) he will take his certification exam to become a certified Medical Technologist! There is still a vacant Medical Technologist position we are working to fill. A new Ancillary Receptionist/Ward Clerk started training in early June to provide much-needed coverage for both Lab and Acute Care.

## Review and Update

As a result of PMC's amazing work to bring COVID vaccines to the entire community, and the Borough's changes to COVID mandates, the volume of COVID testing has decreased over the last two months. Travel-related COVID tests will be offered Monday through Saturday and collected by the ER screeners. Asymptomatic, non-travel related COVID testing will be available to those who wish to test by scheduling an appointment with the Lab. Symptomatic COVID tests will be scheduled by the Joy Jansen Clinic. Testing supplies and Cepheid cartridges are now more readily available, so the majority of all COVID testing is being performed in-house.



## Asymptomatic vs. Symptomatic COVID Tests



### Looking Forward

The Lab is excited for Cerner, which is more intuitive to use and will provide a more efficient workflow for the Lab. Our current system has inefficiencies that prolong the time it takes to turn out patient results and makes it difficult to review data. Data collection for the new EMR has been a huge undertaking, and there is still a lot more work to be done, but we are excited for what Cerner is going to do for PMC and our patients!

### Challenges

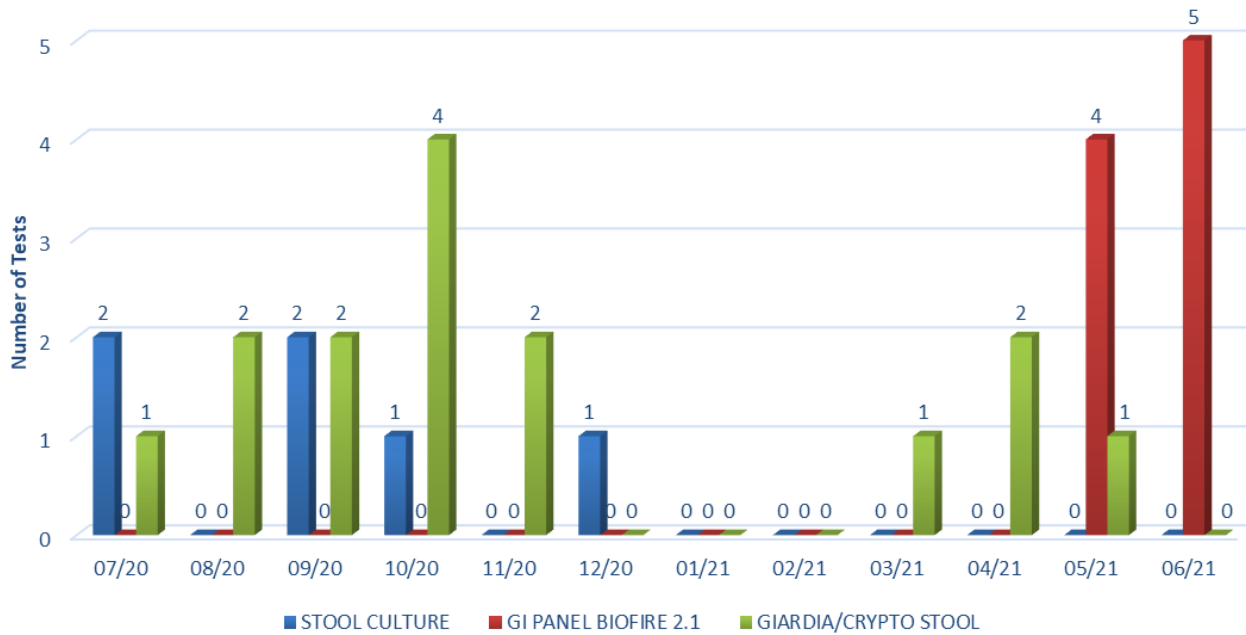
The Medical Technologist position that has been posted for over a year is still vacant. However, we are bringing in a locum in August who may be interested in signing on full-time.

We would like to continue to partner with the University of Alaska Medical Laboratory Science program, however our current staffing and the additional workload the Cerner build requires makes it impractical to host a student this year. I will stay in contact with the Program Director in the hope we will have the resources to host an MLS student in the summer or fall of 2022.

### Accomplishments

The Lab went live with the BioFire Gastrointestinal Panel in May. The panel detects 6 different strains of E. coli plus 7 other species of bacteria, 5 strains of virus, and 4 types of parasites all known to cause gastrointestinal illnesses. Rather than waiting 5-7 days for the bacterial culture results and an additional 2-3 days for the viral results to return from a reference lab, all 22 of these infectious agents are detected by the BioFire within 2 hours, giving our physicians the additional information they need to provide a more targeted treatment plan for our patients faster than before!


## Gastrointestinal Tests Performed



### Opportunities


The Blood Bank of Alaska will be coming to Petersburg to host a 2-day community blood drive on August 6<sup>th</sup>-7<sup>th</sup>! PMC has been helping BBAK plan the event and facilitate communication with other businesses in the community. BBAK will be providing their own personnel and equipment, and created flyers and posters for the event. Over the past 2 years, more than 200 units of blood products have been transfused to members of the community. This is a wonderful opportunity for the Petersburg to give back and contribute to Alaska's life-saving blood supply!

**SCAN A DONATION DATE OR CALL THE BLOOD BANK OF ALASKA TO SCHEDULE AN APPOINTMENT! 907-222-5630**




**August 6<sup>th</sup>!**  
**12pm-7pm**

Parks & Recreation Community Gymnasium



500 N 3<sup>rd</sup> Street



**August 7<sup>th</sup>!**  
**12pm-7pm**


Questions? Call us or visit our website: [www.bloodbankofalaska.com](http://www.bloodbankofalaska.com)

**EAT WELL, DRINK PLENTY OF FLUIDS, AND BRING PHOTO I.D.**

**EVERY TWO SECONDS SOMEONE NEEDS BLOOD...**

**DONATING BLOOD IS AN EASY WAY TO GIVE BACK TO THOSE IN NEED.**

For more information on blood donations or to schedule an appointment, visit our website or give us a call.



Submitted by: Violet Shimek, MLS (ASCP)<sup>CM</sup>



# Petersburg Medical Center

Long Term Care Quality Report July 2021

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## **Staffing Overview**

### **Nursing:**

0600 – 1830: 1 staff nurse

1800 – 0630: 1 staff nurse

0600 – 1830: 2 CNA

1800 – 0630: 2 CNA

0600 – 1400: 1 CNA

1400 – 2200: 1 CNA

### **Activities:**

1 Activities Coordinator working Monday-Friday (0800 – 1700)

Aid 1: Monday and Tuesday (0730 – 1730)

Aid 2: Tues, Thurs, Friday (0700 – 1500)

We have hired a PRN activities aide that will be able to fill in on weekends.

## **Current LTC Census: 9**

Of these 9 residents we have 3 that require 1:1 care.

We have had admissions and discharge occurring the past two months. The goal for LTC admission by this time was 10 residents. We had a discharge and admission on 6/30/21.

\*\* New admissions are not required to quarantine for 14 days if they are fully vaccinated. We accept vaccinated and unvaccinated residents. All LTC residents are fully vaccinated.

## **Review and Update**

- We are in the window for LTC recertification survey. Our last survey was April 2019.

- LTC visitation has moved back into the facility and is going very well. Our frequent visitors are so happy to spend somewhat normal time with their loved ones. They can take their masks off in the resident's room if they are vaccinated.

- Matrix care for MDS (Minimum Data Set) assessments (Federal assessments), care plans, etc in now up and running. The MDS is part of a federally mandated process for clinical assessment of all residents in Medicaid/Medicare certified nursing homes. It is a comprehensive, standardized assessment of each residents' functional capabilities and health needs. A trained/certified clinician compiles and submits these assessments to the federal repository on admission, quarterly, with a significant change in status, and at discharge. The information entered the MDS is used on Nursing Home Compare and CMS 5 Star Quality Rating System.

- 100% of residents have been vaccinated

*Guiding Values: Integrity - Dignity - Professionalism - Team Work - Quality*

-LTC Initial Authorizations, Re-authorizations, and Pre-Admission Screening and resident Revue (PASRR) continue to be a quick process. If a resident is a Medicaid beneficiary, they must be approved via LTC Authorization before we can admit them to LTC. I think send the state a Re-Auth every 6 months for each resident.

### **Looking Forward**

- Continue to work through visitation and have family and volunteers come back – build up volunteer program again with new Activities Coordinator.

- Implementing Cerner

- Increase Census as able.

-Many people in the community need LTC level of care, but do not have a payer source (Medicaid)

### **Challenges**

-Staffing continues to be difficult at this point. Many of the residents in LTC require high care needs and 1:1 supervision. Travelers are difficult to come by (RN, LPN, and CNA) due to COVID.

-LTC has very strict sick leave policy. Staff cannot work if they have any symptoms or if they have sick household members that cannot be isolated.

### **Accomplishments**

- **100 % vaccination rate for residents**

- **LTC staff and residents have remained COVID negative through Pandemic.**

-**PMC LTC continues to be 5 star via CMS**

### **Opportunities**

-Working with the Alaska Nursing Homes Together (ANHT) Group through Mountain Pacific Quality. This has been an exceptional group to be a part of. Most nursing homes and ALFs around the state are involved in this group as well as State Epi, HFLC, ASHNHA, LTC Ombudsman, etc. Weekly meetings that primarily revolve around COVID and best practices.

-LTC Subcommittee through ASHNHA

-New Activities Coordinator, Alice Neidiffer. Taking on this essential and involved role and doing very well.

Submitted by: Helen Boggs, RN 7/6/21





## Petersburg Medical Center

### QUALITY & INFECTION PREVENTION: JUNE 2021

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#### Review and Update

COVID-19 Cases are increasing across Alaska and there is concern the Delta variant will be the dominate cause of all cases in Alaska. On Friday, 7/16, PMC was notified by Public Health that the Delta COVID-19 variant was identified in two of our recent cases. One resident and one non-resident.

The cases in Petersburg increased in July for two reasons:

1. The American Cruise Lines vessel *Constellation* arrived with positive guests and crew. A total of 4 passengers and 2 crew were isolated in Petersburg to recover. There was good collaboration with PMC providers, Public Health and the cruise company and as this was their first voyage this year, some opportunities for improvement were identified. According the ACL website, all guests must be vaccinated, there was no requirement for crew to be vaccinated. As a result of this outbreak, ACL will move forward requiring all crew to be fully vaccinated.
2. Independence Day activities provided opportunity for people to gather, both indoors and outside. When masking and social distancing are not practiced the virus has an opportunity to be passed.

The State of Alaska Epidemiology Bulletin published on July 15<sup>th</sup> outlines the characteristics of Vaccine Breakthrough (VB) cases. From February 1 to June 30, 2021, 656 cases of SARS-CoV-2 infection were classified as VB cases across Alaska. In Petersburg during this same period of time, there were 110 positive cases with four of these considered VB cases. This correlates with the reported percentage in the Bulletin (4.2%).

#### Looking Forward

- In August, Petersburg Medical Center, Joy Janssen Clinic providers will join the Petersburg School District to offer a youth health fair.
- In August, Blood Bank of Alaska and Petersburg Parks and Recreation will offer a donor blood drive at the Community Gym. One in seven hospitalized patients need blood products. Only 2% of Alaskans donate blood annually. It only takes about an hour to donate a unit of blood and one unit could save three lives. Years ago, we had a walking donor blood bank. If there was a need, we had a card system and could pull people in based on their blood type. Of course, that is no longer possible because of the stringent requirements for safe blood product. This will be the first mobile blood drive in Petersburg and BBAK has the capacity to draw up to 60 units each day. It's easy to sign up, and they will also accept walk-ins on the days of the drive. This is a very exciting opportunity to give back to all Alaskans.

#### Challenges AND Accomplishments

Petersburg Medical Center can meet the needs of our patients in majority of cases however there are situations where a patient must be transferred to a higher level of care. Frequently patients may have the time to schedule a commercial flight. Patients who are not stable need to be transported by medevac. Often, additional nurses are brought in,

sometimes a second provider, and ancillary staff (Lab and Imaging). Each medevac involves a great deal of coordination, managing a complex patient in advance of the medevac decision, arranging receiving hospital (a bed must be available and a physician must be willing to accept the patient), determining best option for carrier and availability, weather impact, patient and family concerns. Additionally, medical records must be gathered for the transport team and receiving facility. Importantly, a complete and safe handoff between the PMC care team and the medevac team is conducted. All may be accomplished in just a few hours. The coordination is efficient with our experienced team. The chart below shows the number of medevac transfers over two different 12-month periods. On average, 3.7 transfers per month in the two-year period. Recently, PMC had 10 medevacs in one month.

### Medevac Transfers

	Total	Trauma	Medical Not OB	OB
July 1, 2019 - June 30, 2020	42	5	31	6
July 30, 2020 - June 30, 2021	45	8	35	2

#### Upcoming Meetings:

- Long Term Care Quality, July 22, 11:00 AM: Marlene Cushing
- CAH Quality, July 20, 10:30 AM: Jerod Cook
- Ethics and Compliance: TBD

Elizabeth Bacom, MLS  
Quality and Infection Prevention  
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907-772-5545



## *Petersburg Medical Center*

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### **CEO Report:**

Petersburg Medical Center (PMC) has scaled back the Emergency Incident Command System for the COVID pandemic and integrate the functions of press release, asymptomatic testing, symptomatic testing, vaccinations and airport testing into routine operations. The challenge of scaling up is currently being tested as there is an uptick of cases from community spread and the recent cruise ship in Petersburg. The PMC team has been able to address this increase with testing, vaccinations and response. It is too early to determine how significant this spread in the community but this next week will be telling. SE Alaska is seeing increased cases and severity with increased inpatient admissions. PMC does not have specific variant information on these cases but they were sent to the state lab for classification. Public Health will provide that information when it is available. Messaging to encourage vaccination to address this resurgence is vital for those still unvaccinated.

As we recover out of COVID and resume more routine operations PMC, in collaboration with the Borough, has been able to move forward with resolution for new facility and supporting next phase. The unexpected agenda item with SEARHC presenting to the Assembly on June 7<sup>th</sup> appears to have sparked SEARHC logo signs in the community. While I maintain a positive outlook that the community is interested in having conversation about new facility it is certainly undermining efforts of collaboration and affects the morale at PMC. PMC is very proud of its' services and patient care towards the community especially given the challenges of the last 17 months. There appears to be a lot of misinformation regarding new facility – master planning, cost, expectations, maintenance and current operational information. Public Relations is working to improve the visibility of this content on the PMCAK.ORG website and through local outlets. PMC encourages the community to be informed. The board chair, Jerod, and I will be meeting with SEARHC leadership next week to discuss, ideally, collaborative opportunities. Potential partnerships are a collaborative process and PMC is tasked to define any potential partnership that affects patient care in the community.

The Community Needs Assessment continues throughout the end of July. This is a great opportunity for the community to respond to the needs of healthcare. This is a requirement under non-profit healthcare organization every three years. Following COVID we hope to capture the importance of a local community healthcare facility.

The Paddle Battle is this weekend and we are raising funds through the PMC Foundation to support our workforce education and development. PMC is also working with Blood Bank of Alaska and the Parks & Rec to have a blood drive on August 6<sup>th</sup>-7<sup>th</sup>. In late August our wellness team is facilitating a kindergarten and pre-school health fair / screening with Head Start and the elementary school. The PMC workforce continues to get hit with demand for filling vacant positions, turnover and impacts to those that are working / covering many existing positions.



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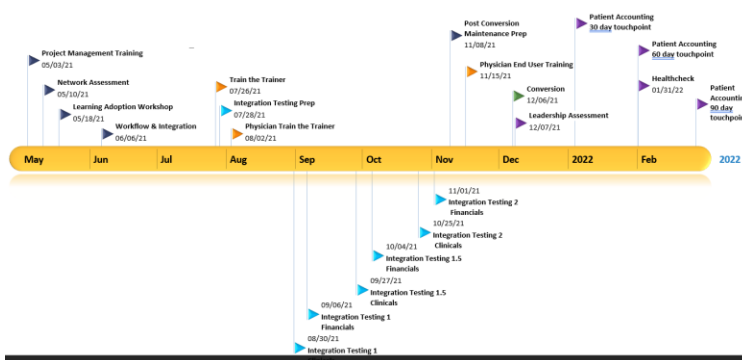
### Legislative Update / New Facility:

Last month legislative aids to Murkowski, Chere Klein, Anna Dietderich and Annie Hoefler, visited Petersburg in two separate visits. Senator Murkowski and Sullivan introduced the Rural and Frontier Telehealth Expansion Act SB2197. This is in direct response to the success of telehealth during COVID and their support of telehealth in Alaska. I continue to advocate with federal delegation on infrastructure funding for PMC to move our next phase of new facility process forward.

### Community Education/Outreach:

- July in-person (masked / physical distanced) luncheon with the physicians.
- PMC reports out at July Borough Assembly Meeting.
- PMC/MVM meeting July 14<sup>th</sup>
- Cerner roadmap implementation is rolling out as constructed (below).
- Meeting (virtual) with new Bartlett CEO in July.
- HRG is working toward revenue cycle and billing financial departments statements went live July 12.
- Attended PIA meeting July 5<sup>th</sup>.
- Paddle Battle scheduled July 17
- Blood Drive Aug 6-7.
- PMC Picnic TBA

PMC Cerner Event Milestones  
Timeline



### Integrated Healthcare & Work Force Development:

In the past year it has been impressive and challenging to see the large adjustment in integrating services into the clinic. COVID has forced PMC to become adaptable and standup various types of ways to



## *Petersburg Medical Center*

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deliver services. PMC was able to grow in some areas such as BHS, Home Health and Wellness departments.

PMC finally is listed on the HRSA website under the Joy Janssen Clinic and accepts National Health Service Corp applications under the designation. This is a behavioral health designation and allows PMC an ability to retain employees through federal loaner repayment program as well as advertise as a designated site. Ashley Kawashima, new BHS employee (but not new to PSG!) received an award of distinction by WAVE. PMC is very excited to have Ashley on our team.



**Finance:** The financial package is included for the June FY21. PMC received a Medicare cost settlement that was a positive cash flow and with that settlement costs due to Medicare were also paid. We continue to await funding through the Federal COVID funding package. Revenue appears to be recovering as June was the highest amount in the past year. We hope to continue to provide increased access and services in FY22 while mitigating COVID responses.

**Revenue Cycle/Billing:** HRG is in its 4<sup>th</sup> month and is finally working through the transition and all the processes and improvements, AR and billing. Revenue cycle specialists from HRG has taken over on July 1<sup>st</sup> and work closely with our team to address chargemaster, workflow gaps and

efficiencies.

# ***PETERSBURG MEDICAL CENTER***

## **FINANCIAL REPORTING PACKAGE**

**FISCAL YEAR 2021**

**For the twelve months ended June 30, 2021**

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

Month Actual	Month Budget	\$ Variance	% Variance		YTD Actual	YTD Budget	\$ Variance	% Variance	Prior YTD	% Variance
<b>Gross Patient Revenue:</b>										
\$477,430	\$349,954	\$127,476	36.4%	1. Inpatient	\$3,931,486	\$3,348,409	\$583,077	17.4%	\$3,796,924	3.5%
1,151,280	1,033,744	117,536	11.4%	2. Outpatient	11,778,320	10,692,021	1,086,299	10.2%	11,053,372	6.6%
237,884	342,219	(104,335)	-30.5%	3. Long-term Care	2,806,579	3,988,002	(1,181,423)	-29.6%	3,750,566	-25.2%
1,866,594	1,725,917	140,677	8.2%	4. <b>Total gross patient revenue</b>	18,516,385	18,028,432	487,953	2.7%	18,600,862	-0.5%
<b>Deductions from Revenue:</b>										
(217,660)	299,946	517,606	172.6%	5. Contractual adjustments	3,004,583	3,131,693	127,110	4.1%	3,141,244	4.4%
0	0	0	n/a	6. Prior year settlements	0	0	0	n/a	0	n/a
177,882	9,293	(168,589)	-1814.1%	7. Bad debt expense	420,622	100,587	(320,035)	-318.2%	27,805	1412.8%
20,001	58,758	38,757	66.0%	8. Charity and other deductions	566,683	616,682	49,999	8.1%	487,048	-16.4%
(19,777)	367,997	387,774	105.4%	9. <b>Total deductions from revenue</b>	3,991,888	3,848,961	(142,927)	-3.7%	3,656,097	-9.2%
1,886,371	1,357,920	528,451	38.9%	10. <b>Net patient revenue</b>	14,524,497	14,179,470	345,027	2.4%	14,944,765	-2.8%
<b>Other Revenue</b>										
108,536	62,277	46,259	74.3%	11. Inkind Service - PERS/USAC	1,242,765	747,321	495,444	66.3%	828,735	50.0%
16,040	13,750	2,290	16.7%	12. Grant revenue	2,789,972	165,000	2,624,972	1590.9%	860,109	224.4%
(23,499)	150,000	(173,499)	-115.7%	13. Federal & State Relief	4,035,250	3,800,000	235,250	6.2%	1,405,041	187.2%
48,376	2,603	45,773	1758.5%	14. Other revenue	863,655	23,736	839,919	3538.6%	124,108	595.9%
149,453	228,630	(79,177)	-34.6%	15. <b>Total other operating revenue</b>	8,931,642	4,736,057	4,195,585	88.6%	3,217,993	177.6%
2,035,824	1,586,550	449,274	28.3%	16. <b>Total operating revenue</b>	23,456,139	18,915,527	4,540,612	24.0%	18,162,758	29.1%
<b>Expenses:</b>										
887,440	780,605	(106,835)	-13.7%	17. Salaries and wages	10,885,249	9,527,335	(1,357,914)	-14.3%	9,459,879	-15.1%
97,259	64,958	(32,301)	-49.7%	18. Contract labor	880,919	799,500	(81,419)	-10.2%	835,193	-5.5%
396,815	313,975	(82,840)	-26.4%	19. Employee benefits	4,475,571	3,798,486	(677,085)	-17.8%	1,735,671	-157.9%
174,193	127,449	(46,744)	-36.7%	20. Supplies	1,318,149	1,368,215	50,066	3.7%	1,400,122	5.9%
113,572	65,079	(48,493)	-74.5%	21. Purchased services	1,825,466	943,317	(882,149)	-93.5%	1,290,396	-41.5%
39,979	35,062	(4,917)	-14.0%	22. Repairs and maintenance	1,933,232	530,221	(1,403,011)	-264.6%	502,856	-284.5%
19,709	9,963	(9,746)	-97.8%	23. Minor equipment	691,501	120,738	(570,763)	-472.7%	124,174	-456.9%
16,402	11,633	(4,769)	-41.0%	24. Rentals and leases	181,149	139,600	(41,549)	-29.8%	134,936	-34.2%
68,664	46,640	(22,024)	-47.2%	25. Utilities	835,924	599,280	(236,644)	-39.5%	612,877	-36.4%
6,747	11,065	4,318	39.0%	26. Training and travel	63,669	166,989	103,320	61.9%	117,300	45.7%
55,124	62,385	7,261	11.6%	27. Depreciation	659,395	712,835	53,440	7.5%	692,692	4.8%
8,301	8,758	457	5.2%	28. Insurance	119,838	105,074	(14,764)	-14.1%	98,122	-22.1%
36,325	10,211	(26,114)	-255.7%	29. Other operating expense	242,759	153,640	(89,119)	-58.0%	240,239	-1.0%
1,920,530	1,547,782	(372,748)	-24.1%	30. <b>Total expenses</b>	24,112,821	18,965,230	(5,147,591)	-27.1%	17,244,457	-39.8%
115,294	38,767	76,527	197.4%	31. <b>Income (loss) from operations</b>	(656,682)	(49,703)	(606,979)	-1221.2%	918,301	-171.5%
<b>Nonoperating Gains(Losses):</b>										
30,127	6,250	23,877	382.0%	32. Investment income	802,193	75,000	727,193	969.6%	51,963	-1443.8%
0	(5)	5	100.0%	33. Interest expense	(623)	(710)	87	12.2%	(5,083)	87.7%
0	0	0	n/a	34. Gain (loss) on disposal of assets	0	0	0	n/a	0	n/a
15	0	15	0.0%	35. Other non-operating revenue	10,914	0	10,914	0.0%	12,585	-13.3%
30,142	6,245	23,897	382.7%	36. <b>Net nonoperating gains (losses)</b>	812,484	74,290	738,194	993.7%	59,465	-1266.3%
\$145,436	\$45,012	\$100,424	223.1%	37. <b>Change in Net Position (Bottom Line)</b>	\$155,802	\$24,587	\$131,215	533.7%	\$977,766	-84.1%

( ) or - indicates unfavorable variance

**PETERSBURG MEDICAL CENTER**  
**Key Volume Indicators**  
**For the twelve months ended June 30, 2021**

<b>Current Month</b>					<b>Year-To-Date</b>						
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>			<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		#	Prior YTD	Variance %
		<u>Amount</u>	<u>%</u>				<u>Amount</u>	<u>%</u>			
<b>Hospital Inpatient</b>											
25	34	(9)	-26.5%	1.	Patient Days - Acute Care	284	306	(22)	-7.2%	323	-12.1%
119	94	25	26.6%	2.	Patient Days - Swing Bed	823	900	(77)	-8.6%	1,123	-26.7%
144	128	16	12.5%	3.	Patient Days - Total	1,107	1,206	(99)	-8.2%	1,446	-23.4%
0.8	1.1	(0.3)	-26.5%	4.	Average Daily Census - Acute Care	0.9	0.8	0.1	11.4%	0.9	5.9%
4.0	3.1	0.8	26.6%	5.	Average Daily Census - Swing Bed	2.7	2.5	0.2	9.8%	3.1	-11.8%
4.8	4.3	0.5	12.5%	6.	Average Daily Census - Total	3.6	3.3	0.3	10.2%	4.0	-7.8%
40.0%	35.6%	4.4%	12.5%	7.	Percentage of Occupancy	25.3%	27.5%	-2.3%	-8.2%	32.9%	-23.2%
<b>Long Term Care</b>											
248	360	(112)	-31.1%	8.	Resident Days	2,932	4,196	(1,264)	-30.1%	3,870	-24.2%
8.3	12.0	(3.7)	-31.1%	9.	Average Daily Census	8.0	11.5	(3.5)	-30.2%	10.6	-24.1%
55.1%	80.0%	-24.9%	-31.1%	10.	Percentage of Occupancy	53.5%	76.6%	-23.1%	-30.2%	70.5%	-24.1%
<b>Other Services</b>											
78	75	3	4.0%	11.	Emergency Room Visits	672	730	(58)	-7.9%	597	12.6%
220	187	33	17.6%	12.	Radiology Procedures	2,159	1,902	257	13.5%	1,953	10.5%
1,876	2,438	(562)	-23.1%	13.	Lab Tests (excluding QC)	28,750	24,906	3,844	15.4%	20,803	38.2%
1,143	870	273	31.4%	14.	Rehab Services Units	8,305	7,420	885	11.9%	10,296	-19.3%
72	58	14	24.1%	15.	OP Treatment Room	576	700	(124)	-17.7%	704	-18.2%
282	150	132	88.0%	16.	Home Health Visits	3,168	1,800	1,368	76.0%	1,143	177.2%
975	946	29	3.1%	17.	Clinic Visits	10,161	9,453	708	7.5%	9,514	6.8%
156	-	156	n/a	18.	Airport COVID Tests	4,195	-	4,195	n/a	-	n/a
40	-	40	n/a	19.	Lab Asymptomatic COVID Tests	5,136	-	5,136	n/a	-	n/a

( ) or - indicates an unfavorable variance



**PETERSBURG MEDICAL CENTER**  
**Key Operational Indicators**  
For the twelve months ended June 30, 2021

Current Month					Year-to-Date							
Actual	Budget	Variance				Actual	Budget	Variance		#	Prior YTD \$	Prior YTD %
		Amount	%					Amount	%			
-11.7%	17.4%	29.0%	167.1%	1.	Contractual Adj. as a % of Gross Revenue	16.2%	17.4%	1.1%	6.6%		16.9%	3.9%
1.1%	3.4%	2.3%	68.5%	2.	Charity/Other Ded. as a % of Gross Revenue	3.1%	3.4%	0.4%	10.5%		2.6%	-16.9%
9.5%	0.5%	-9.0%	-1669.9%	3.	Bad Debt as a % of Gross Revenue	2.3%	0.6%	-1.7%	-307.1%		0.1%	-1419.7%
5.7%	2.4%	3.2%	-131.8%	4.	Operating Margin	-2.8%	-0.3%	-2.5%	-965.5%		5.1%	155.4%
7.0%	2.8%	4.2%	-149.1%	5.	Total Margin	0.6%	0.1%	0.5%	-395.8%		5.4%	88.0%
				6.	Days Cash on Hand (Including Investments)	177.9					377.8	-52.9%
				7.	Days in A/R	50.8					47.9	-6.0%

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

**PETERSBURG MEDICAL CENTER**

**Balance Sheet**

**June 30, 2021**

**ASSETS**

**Current Assets:**

	<b>June 2021</b>	<b>May 2021</b>	<b>June 2020</b>	<b>June 2020</b>
1. Cash - operating	\$864,016	\$1,665,749	\$6,977,720	\$6,977,720
2. Cash - insurance advances	3,548,824	3,548,823	3,648,599	3,648,599
3. Investments	2,600,105	2,600,090	2,597,056	2,597,056
4. Total cash	7,012,944	7,814,662	13,223,375	13,223,375
5. Patient receivables	5,993,290	5,744,438	4,327,789	4,327,789
6. Allowance for contractals & bad debt	(3,601,078)	(3,387,960)	(2,984,193)	(2,984,193)
7. Net patient receivables	2,392,212	2,356,478	1,343,596	1,343,596
8. Other receivables	99,882	195,074	69,848	69,848
9. Inventories	315,153	308,883	287,034	287,034
10. Prepaid expenses	188,447	112,755	95,727	95,727
11. Total current assets	10,008,638	10,787,852	15,019,580	15,019,580

**Property and Equipment:**

12. Assets in service	22,729,769	22,729,769	22,118,622	22,118,622
13. Assets in progress	119,652	92,758	441,798	441,798
14. Total property and equipment	22,849,421	22,822,527	22,560,420	22,560,420
15. Less: accumulated depreciation	(18,963,648)	(18,908,523)	(18,304,246)	(18,304,246)
16. Net propety and equipment	3,885,773	3,914,004	4,256,174	4,256,174

**Assets Limited as to Use by Board**

17. Investments	3,150,777	3,124,430	2,495,153	2,495,153
18. Building fund	668,237	662,719	525,783	525,783
19. Total Assets Limited as to Use	3,819,014	3,787,149	3,020,936	3,020,936

**Deferred Outflows:**

20. Pension	2,524,894	2,524,894	2,524,894	2,524,894
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**21. Total assets** **\$20,238,319** **\$21,013,899** **\$24,821,584** **\$24,821,584**

**LIABILITIES & FUND BALANCE**

**Current Liabilities:**

	<b>June 2021</b>	<b>May 2021</b>	<b>June 2020</b>	<b>June 2020</b>
22. Accounts payable	\$829,228	\$783,555	\$732,449	\$732,449
23. Accrued payroll	528,025	486,738	473,575	473,575
24. Payroll taxes and other payables	116,048	101,025	99,937	99,937
25. Accrued PTO and extended sick	1,012,792	1,025,522	880,050	880,050
26. Deferred revenue	380,110	368,865	2,654,847	2,654,847
27. Due to Medicare	(26,188)	970,179	778,672	778,672
28. Due to Medicare - Advance	3,476,009	3,496,823	3,573,422	3,573,422
29. Due to Blue Cross - Advance	52,000	52,000	52,000	52,000
30. Other current liabilities	21,795	21,794	0	0
31. Loan Payable - SBA	0	0	1,800,000	1,800,000
32. Current portion of long-term debt	54,105	54,104	85,961	85,961
33. Total current liabilities	6,443,924	7,360,605	11,130,913	11,130,913

**Long-Term Debt:**

34. Capital leases payable	17,385	21,720	69,411	69,411
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**Pension Liabilities:**

35. Net Pension Liability	11,270,762	11,270,762	11,270,762	11,270,762
36. OPEB Liability	323,644	323,644	323,644	323,644
37. Total pension liabilities	11,594,406	11,594,406	11,594,406	11,594,406

38. Total liabilities 18,055,715 18,976,731 22,794,730 22,794,730

**Deferred Inflows:**

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

40. Unrestricted	877,826	877,826	(99,888)	(99,888)
41. Current year net income (loss)	155,802	10,366	977,766	977,766
42. Total net position	1,033,627	888,191	877,877	877,877

**43. Total liabilities and fund balance** **\$20,238,319** **\$21,013,899** **\$24,821,584** **\$24,821,584**

**\*\*Note: June of prior year repeats during last month of fiscal year.**

**PETERSBURG MEDICAL CENTER**

**Statement of Cash Flows**

**June 30, 2021**

	FY21	FY20	Variance
Cash Flows from Operating Activities			
1. Cash received from patient services	12,671,021	15,955,027	(3,284,006)
2. Cash from other sources	875,056	131,434	743,622
3. Cash paid to suppliers	(7,657,994)	(5,109,705)	(2,548,289)
4. Cash paid to employees	(14,373,476)	(12,366,055)	(2,007,421)
5. Net cash provided by (used for) operating activities	<u>(8,485,393)</u>	<u>(1,389,299)</u>	<u>(7,096,094)</u>
Cash Flows from Investing and Noncapital Financing Activities:			
6. Change in Board Designated Investments	4,115	34,702	(30,587)
7. Cash from grant programs	2,919,825	1,514,956	1,404,869
8. Cash from provider relief funds	(188,980)	3,405,041	(3,594,021)
9. Cash (to)from providers - advances	(97,413)	3,625,422	(3,722,835)
10. Cash from/payments on SBA Loan	0	1,800,000	(1,800,000)
11. Cash from non-operating revenue	10,914	12,585	(1,671)
12. Net cash provided by noncapital financing activities	<u>2,648,461</u>	<u>10,392,706</u>	<u>(7,744,245)</u>
Cash Flows from Capital and Related Financing Activities			
13. Interest paid	(623)	(5,083)	4,460
14. Cash payments on long-term debt	(83,882)	(124,896)	41,014
15. Purchase of property and equipment	(288,994)	(694,290)	405,296
16. Net cash used for capital and related financing activities	<u>(373,499)</u>	<u>(824,269)</u>	<u>450,770</u>
17. Net increase (decrease) in cash and cash equivalents	<u>(6,210,431)</u>	<u>8,179,138</u>	<u>(14,389,569)</u>
18. Cash and cash equivalents, beginning of year	<u>13,223,375</u>	<u>5,044,237</u>	<u>8,179,138</u>
19. Cash and cash equivalents, end of period	<u><u>7,012,944</u></u>	<u><u>13,223,375</u></u>	<u><u>(6,210,431)</u></u>
20. Days Cash on Hand - Operating/Investments	56.9	222.7	(165.8)
21. Days Cash on Hand - Provider Advances	58.3	84.9	(26.6)
22. Days Cash on Hand - Total Operating Cash & Investments	<u>115.2</u>	<u>307.6</u>	<u>(192.4)</u>
23. Day Cash on Hand - Total Operating/Investment/Board	<u>177.9</u>	<u>377.8</u>	<u>(199.9)</u>
24. Days in Accounts Payable	<u>39.5</u>	<u>52.5</u>	<u>12.9</u>

PETERSBURG MEDICAL CENTER  
Statement of Revenues and Expenses  
FISCAL YEAR 2021

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% VAR
<i>Gross Patient Revenue:</i>															
1. Inpatient	321,870	377,029	227,115	397,505	269,915	146,535	354,445	292,251	241,060	385,092	441,239	477,430	3,931,486	3,796,924	3.5%
2. Outpatient	1,065,999	919,140	857,261	914,958	852,486	1,016,359	901,207	886,432	1,068,140	1,056,842	1,088,216	1,151,280	11,778,320	11,053,372	6.6%
3. Long-term Care	255,083	255,072	230,683	235,319	204,412	207,720	226,031	202,701	258,259	230,359	263,056	237,884	2,806,579	3,750,566	-25.2%
4. <b>Total gross patient revenue</b>	<b>1,642,952</b>	<b>1,551,241</b>	<b>1,315,059</b>	<b>1,547,782</b>	<b>1,326,813</b>	<b>1,370,614</b>	<b>1,481,683</b>	<b>1,381,384</b>	<b>1,567,459</b>	<b>1,672,293</b>	<b>1,792,511</b>	<b>1,866,594</b>	<b>18,516,385</b>	<b>18,600,862</b>	<b>-0.5%</b>
<i>Deductions from Revenue:</i>															
5. Contractual adjustments	391,367	194,455	195,358	381,519	221,737	271,785	309,833	265,573	287,306	331,094	372,216	(217,660)	3,004,583	3,141,244	4.4%
6. Prior year settlements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
7. Bad debt expense	33,717	21,037	(88,269)	47,964	(54,039)	40,759	(103,819)	(15,340)	55,335	72,997	232,398	177,882	420,622	27,805	-1412.8%
8. Charity and other deductions	95,114	47,057	72,415	32,805	80,157	27,868	51,312	58,192	23,496	23,111	35,155	20,001	566,683	487,048	-16.4%
9. <b>Total deductions from revenue</b>	<b>520,198</b>	<b>262,549</b>	<b>179,504</b>	<b>462,288</b>	<b>247,855</b>	<b>340,412</b>	<b>257,326</b>	<b>308,425</b>	<b>366,137</b>	<b>427,202</b>	<b>639,769</b>	<b>(19,777)</b>	<b>3,991,888</b>	<b>3,656,097</b>	<b>-9.2%</b>
10. <b>Net patient revenue</b>	<b>1,122,754</b>	<b>1,288,692</b>	<b>1,135,555</b>	<b>1,085,494</b>	<b>1,078,958</b>	<b>1,030,202</b>	<b>1,224,357</b>	<b>1,072,959</b>	<b>1,201,322</b>	<b>1,245,091</b>	<b>1,152,742</b>	<b>1,886,371</b>	<b>14,524,497</b>	<b>14,944,765</b>	<b>-2.8%</b>
<i>Other Revenue</i>															
11. Inkind Service - PERS/USAC	69,758	69,758	110,688	100,651	76,275	133,541	105,106	75,249	143,535	140,894	108,774	108,536	1,242,765	828,735	50.0%
12. Grant revenue	-	44,068	104,276	19,525	157,593	2,203,490	34,919	17,281	21,462	163,255	8,063	16,040	2,789,972	860,109	224.4%
13. Federal & State Relief	600,000	581,750	525,000	111,337	1,297,131	432,922	305,719	161,154	(137,500)	(87,877)	269,113	(23,499)	4,035,250	1,405,041	187.2%
14. Other revenue	66,932	60,852	55,810	67,873	60,981	75,726	73,307	53,625	91,838	130,424	77,911	48,376	863,655	124,108	595.9%
15. <b>Total other operating revenue</b>	<b>736,690</b>	<b>756,428</b>	<b>795,774</b>	<b>299,386</b>	<b>1,591,980</b>	<b>2,845,679</b>	<b>519,051</b>	<b>307,309</b>	<b>119,335</b>	<b>346,696</b>	<b>463,861</b>	<b>149,453</b>	<b>8,931,642</b>	<b>3,217,993</b>	<b>177.6%</b>
16. <b>Total operating revenue</b>	<b>1,859,444</b>	<b>2,045,120</b>	<b>1,931,329</b>	<b>1,384,880</b>	<b>2,670,938</b>	<b>3,875,881</b>	<b>1,743,408</b>	<b>1,380,268</b>	<b>1,320,657</b>	<b>1,591,787</b>	<b>1,616,603</b>	<b>2,035,824</b>	<b>23,456,139</b>	<b>18,162,758</b>	<b>29.1%</b>
<i>Expenses:</i>															
17. Salaries and wages	930,934	887,684	818,036	943,298	816,510	891,307	921,953	879,923	976,977	956,520	974,667	887,440	10,885,249	9,459,879	-15.1%
18. Contract labor	91,330	82,856	75,605	92,920	60,107	63,362	36,564	29,724	63,455	97,298	90,439	97,259	880,919	835,193	-5.5%
19. Employee benefits	313,389	342,582	351,862	340,067	365,501	421,731	386,314	324,422	420,796	424,223	387,869	396,815	4,475,571	1,735,671	-157.9%
20. Supplies	51,813	99,821	91,010	166,901	95,714	84,491	130,806	115,184	124,913	94,634	88,669	174,193	1,318,149	1,400,122	5.9%
21. Purchased services	74,248	173,170	182,103	178,923	129,585	197,168	131,611	146,663	159,599	187,238	151,586	113,572	1,825,466	1,290,396	-41.5%
22. Repairs and maintenance	51,690	44,770	63,055	40,253	41,124	1,397,448	65,504	50,216	62,019	33,358	43,816	39,979	1,933,232	502,856	-284.5%
23. Minor equipment	3,102	28,374	101,761	16,790	146,896	243,104	35,515	22,038	22,593	29,505	22,114	19,709	691,501	124,174	-456.9%
24. Rentals and leases	12,426	16,518	15,967	13,859	15,847	14,594	13,046	15,086	15,210	15,195	16,999	16,402	181,149	134,936	-34.2%
25. Utilities	52,613	46,051	47,944	79,819	83,217	73,666	81,014	78,252	76,791	77,126	70,767	68,664	835,924	612,877	-36.4%
26. Training and travel	1,507	2,640	5,586	13,279	7,491	4,676	5,829	3,998	1,501	3,322	7,093	6,747	63,669	117,300	45.7%
27. Depreciation	55,696	55,506	54,928	53,239	53,096	56,189	54,061	53,997	57,547	54,888	55,124	55,124	659,395	692,692	4.8%
28. Insurance	8,821	3,867	17,825	8,401	9,288	8,301	21,644	8,416	8,301	8,372	8,301	8,301	119,838	98,122	-22.1%
29. Other operating expense	10,086	23,511	27,945	19,973	12,990	17,643	22,693	17,444	21,094	18,699	14,356	36,325	242,759	240,239	-1.0%
30. <b>Total expenses</b>	<b>1,657,655</b>	<b>1,807,350</b>	<b>1,853,627</b>	<b>1,967,722</b>	<b>1,837,366</b>	<b>3,473,680</b>	<b>1,906,554</b>	<b>1,745,363</b>	<b>2,010,796</b>	<b>2,000,378</b>	<b>1,931,800</b>	<b>1,920,530</b>	<b>24,112,821</b>	<b>17,244,457</b>	<b>-39.8%</b>
31. <b>Income (loss) from operations</b>	<b>201,789</b>	<b>237,770</b>	<b>77,702</b>	<b>(582,842)</b>	<b>833,572</b>	<b>402,201</b>	<b>(163,146)</b>	<b>(365,095)</b>	<b>(690,139)</b>	<b>(408,591)</b>	<b>(315,197)</b>	<b>115,294</b>	<b>(656,682)</b>	<b>918,301</b>	<b>-171.5%</b>
<i>Nonoperating Gains(Losses):</i>															
32. Investment income	109,139	100,157	(68,974)	(28,252)	257,011	115,865	9,311	79,688	4,191	160,722	33,208	30,127	802,193	51,963	-1443.8%
33. Interest expense	(200)	(162)	(125)	(87)	(49)	-	-	-	-	-	-	-	(623)	(5,083)	87.7%
34. Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Other non-operating revenue	245	140	720	124	70	70	256	16	9,226	32	-	15	10,914	12,585	-13.3%
36. <b>Net nonoperating gains (losses)</b>	<b>109,184</b>	<b>100,135</b>	<b>(68,379)</b>	<b>(28,215)</b>	<b>257,032</b>	<b>115,935</b>	<b>9,567</b>	<b>79,704</b>	<b>13,417</b>	<b>160,754</b>	<b>33,208</b>	<b>30,142</b>	<b>812,484</b>	<b>59,465</b>	<b>-1266.3%</b>
37. <b>Change in Net Position (Bottom Line)</b>	<b>310,973</b>	<b>337,905</b>	<b>9,323</b>	<b>(611,057)</b>	<b>1,090,604</b>	<b>518,136</b>	<b>(153,579)</b>	<b>(285,391)</b>	<b>(676,722)</b>	<b>(247,837)</b>	<b>(281,989)</b>	<b>145,436</b>	<b>155,802</b>	<b>977,766</b>	<b>-84.1%</b>
38. <b>FY21 Budget</b>	<b>23,903</b>	<b>32,325</b>	<b>24,163</b>	<b>25,440</b>	<b>45,470</b>	<b>34,538</b>	<b>(96,891)</b>	<b>(12,433)</b>	<b>(93,421)</b>	<b>(2,861)</b>	<b>(658)</b>	<b>45,012</b>	<b>24,587</b>	<b>-</b>	<b>-</b>
39. <b>FY21 Variance</b>	<b>287,070</b>	<b>305,580</b>	<b>(14,840)</b>	<b>(636,497)</b>	<b>1,045,134</b>	<b>483,598</b>	<b>(56,688)</b>	<b>(272,958)</b>	<b>(583,301)</b>	<b>(244,976)</b>	<b>(281,331)</b>	<b>100,424</b>	<b>131,215</b>	<b>-</b>	<b>-</b>

PETERSBURG MEDICAL CENTER

Key Volume Indicators

FISCAL YEAR 2021

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Prior YTD	% Change
<b>Hospital Inpatient</b>															
1. Patient Days - Acute Care	29	35	15	28	20	7	26	12	27	27	33	25	284	323	-12.1%
2. Patient Days - Swing Bed	62	68	45	80	45	29	81	66	29	102	97	119	823	1,123	-26.7%
3. Patient Days - Total	91	103	60	108	65	36	107	78	56	129	130	144	1,107	1,446	-23.4%
4. Average Daily Census - Acute Care	0.9	1.1	0.5	0.9	0.7	0.2	0.8	0.4	0.9	0.9	1.1	0.8	0.9	0.9	5.9%
5. Average Daily Census - Swing Bed	2.0	2.2	1.5	2.6	1.5	0.9	2.6	2.4	0.9	3.4	3.1	4.0	2.7	3.1	-11.8%
6. Average Daily Census - Total	2.9	3.3	2.0	3.5	2.2	1.2	3.5	2.8	1.8	4.3	4.2	4.8	3.6	4.0	-7.8%
7. Percentage of Occupancy	24.5%	27.7%	16.7%	29.0%	18.1%	9.7%	28.8%	23.2%	15.1%	35.8%	34.9%	40.0%	25.3%	32.9%	-23.2%
<b>Long Term Care</b>															
8. Resident Days	279	279	241	245	210	217	233	210	263	241	266	248	2,932	3,870	-24.2%
9. Average Daily Census	9.0	9.0	8.0	7.9	7.0	7.0	7.5	7.5	8.5	8.0	8.6	8.3	8.0	10.6	-24.1%
10. Percentage of Occupancy	60.0%	60.0%	53.6%	52.7%	46.7%	46.7%	50.1%	50.0%	56.6%	53.6%	57.2%	55.1%	53.5%	70.5%	-24.1%
<b>Other Services</b>															
11. Emergency Room Visits	64	76	42	40	35	42	65	46	54	40	90	78	672	597	12.6%
12. Radiology Procedures	157	173	150	146	164	189	184	147	191	188	250	220	2,159	1,953	10.5%
13. Lab Tests (excluding QC)	3,082	2,748	2,606	2,576	2,253	2,218	2,248	2,187	2,585	2,386	1,985	1,876	28,750	20,803	38.2%
14. Rehab Services Units	759	696	563	565	575	657	497	578	678	918	676	1,143	8,305	5,433	-19.3%
15. OP Treatment Room	33	55	54	53	36	65	45	56	27	46	34	72	576	435	-18.2%
16 Home Health Visits	272	255	213	257	309	293	287	300	285	197	218	282	3,168	541	177.2%
17. Clinic Visits	641	726	768	884	781	898	750	1,021	868	946	903	975	10,161	4,811	6.8%
18. Airport COVID Tests	369	234	197	260	349	465	460	316	580	493	316	156	4,195	-	n/a
19. Lab Asymptomatic COVID Tests	669	676	626	640	379	427	485	428	447	278	41	40	5,136	-	n/a

<p><b>PETERSBURG MEDICAL CENTER</b></p> <p><b>Key Operational Indicators</b></p> <p><b>For the twelve months ended June 30, 2021</b></p>
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	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	Prior YTD	% Change
1. Contractual Adj. as a % of Gross Revenue	23.8%	12.5%	14.9%	24.6%	16.7%	19.8%	20.9%	19.2%	18.3%	19.8%	20.8%	-11.7%	16.2%	16.9%	3.9%
2. Charity/Other Ded. as a % of Gross Revenue	5.8%	3.0%	5.5%	2.1%	6.0%	2.0%	3.5%	4.2%	1.5%	1.4%	2.0%	1.1%	3.1%	2.6%	-16.9%
3. Bad Debt as a % of Gross Revenue	2.1%	1.4%	-6.7%	3.1%	-4.1%	3.0%	-7.0%	-1.1%	3.5%	4.4%	13.0%	9.5%	2.3%	0.1%	-1419.7%
4. Operating Margin	10.9%	11.6%	4.0%	-42.1%	31.2%	10.4%	-9.4%	-26.5%	-52.3%	-25.7%	-19.5%	5.7%	-2.8%	5.1%	155.4%
5. Total Margin	15.8%	15.8%	0.5%	-45.0%	37.2%	13.0%	-8.8%	-19.5%	-50.7%	-14.1%	-17.1%	7.0%	0.6%	5.4%	88.0%
6. Days Cash on Hand (Including Investments)	313.2	292.9	279.4	265.8	273.8	224.3	220.5	211.5	205.5	198.9	190.0	178.0	177.9	377.8	-52.9%
7. Days in A/R	49.6	49.8	37.7	39.2	36.2	35.9	42.6	44.5	42.5	53.3	60.2	50.8	50.8	47.9	-6.0%

Petersburg Medical Center
Capital
FY21

Dept Name	Description	(1) Approved Budget	(2) Substitutions	(3) Revised Budget	(4) Committed	(5) Paid	(6) Total Paid/Committed	(7) Budget Remaining
	<b>FY20 Assets in Progress</b>					<u>75,789</u>		
	<b>FY21 Capital Budget</b>							
IT	Fire Suppression - Server Room	19,078		19,078			-	19,078
IT	Server	16,515		16,515			-	16,515
IT	RAPC Interface	-	14,580	14,580		14,580	14,580	-
Acute/Swing/ER	Fetal Monitor	22,000		22,000			-	22,000
Acute/Swing/ER	IV Smart Pumps (12)	48,840		48,840		7,104	7,104	41,736
Acute/Swing/ER	Ventilators	25,000	3,263	28,263		28,263	28,263	-
Acute/Swing/ER	Vital Carts	-	9,020	9,020		9,020	9,020	-
LTC	Beds (4)	10,671		10,671			-	10,671
PT	Powermatic Mat Platform	5,000		5,000			-	5,000
Lab	Traction Plant	7,795		7,795			-	7,795
Lab	Glucometers (5)	34,685		34,685			-	34,685
Lab	Microscan	25,000		25,000		25,000	25,000	-
Imaging	Ultrasound	190,024		190,024			-	190,024
Plant	Industrial Washer	12,618	889	13,507		13,507	13,507	-
Plant	Plow Truck with Sander	60,000		60,000			-	60,000
Plant	Ice Makers (3)	18,000		18,000		6,481	6,481	11,519
Plant	Car - Toyota Highlander		5,000	5,000		5,000	5,000	-
Plant	Hot Water Heaters	-	28,767	28,767		28,767	28,767	(0)
Audiology	Audiology Equipment	14,774	214	14,988		14,988	14,988	(0)
Telehealth	To Be Determined (see budget)	-		-			-	-
Admin	Cerner Project		33,602	33,602		60,112	60,112	(26,510)
Admin	Contingency	100,000	(95,335)	4,665		-	-	4,665
	<b>Total - FY21</b>	<u>610,000</u>	<u>-</u>	<u>610,000</u>	<u>-</u>	<u>212,822</u>	<u>212,822</u>	<u>397,178</u>
	<b>Total Expenditures per Cash Flow</b>					<u><u>288,611</u></u>		
	Funding Sources - FY21							
	PMC Operations	610,000	-	610,000				
	Grants	-	-	-				
	Cares Act	-	-	-				
	Board Reserves	-	-	-				
	<b>Total</b>	<u><u>610,000</u></u>	<u><u>-</u></u>	<u><u>610,000</u></u>				

( ) or - indicates unfavorable variance