Petersburg MEDICAL CENTER

Nursing Department Report August 2026

Workforce Wellness

Current Status
Nursing department staffing remains challenging.

Permanent CNA staffing has fluctuated despite our recent class. We benefited from extra help over the summer from former students in our high school CNA cohorts, which was very helpful.

As other departments develop and grow, nurses are being recruited from the core nursing department. This growth is good for the organization, but it creates additional staffing challenges for our department.

The nurses who assumed additional responsibilities following Elizabeth Hart's retirement have been a great addition to the leadership team and have taken real ownership of their roles.

Current nursing department staffing is summarized below:

Staff Group	Permanent	Travelers
Floor nurses	55%	45%
All nurses in the nursing department	65%	35%
Floor CNAs	64%	36%
All CNAs in the nursing department	74%	26%

My goal is to have at least 80% permanent floor staff.

Despite these staffing challenges, our staff remain hard-working, committed, team-oriented, and flexible. They continue to provide high-quality, patient- and resident-centered care, even during periods of high census and acuity. I continue to be impressed by their dedication, professionalism, and ability to help patients and residents feel well cared for during even the most chaotic times.

Improvement Initiative: Night Shift Staffing
Staffing a second acute care nurse on night shift has shown sustained benefit across the nursing department. Compared with the same six-month period last year, total callback hours decreased by 52%, total callbacks decreased by 27%, and callbacks were distributed among more nurses, reducing the burden on individual staff members.
Comparison periods: February 18–August 18, 2025, and February 18–August 18, 2026.

Measure	Prior Period	Current Period	Change
Nurses participating in callbacks	17	21	↑ 4 nurses
Total callbacks	84	61	↓ 23 (27%)

Total callback hours	227	110	↓ 117 (52%)
Average hours per callback	2.7	1.8	↓ 0.9 (33%)
Average callbacks per nurse	4.9	2.9	↓ 2.0 (41%)

Community Engagement

UAA AAS Nursing Program

Bessie Johnson and Holli Davis successfully completed the program in April. Bessie passed the NCLEX-RN on her first attempt and is actively onboarding as an RN. Holli is scheduled to take the exam at the end of August. Congratulations to Bessie, and best of luck to Holli!

We do not have a cohort starting this fall, but we hope to have a full cohort beginning in fall 2027.

High School CNA Class

Eleven CNA students are starting the year-long program this week. We are pleased to see the excitement within this group for the program and for healthcare careers. One of our previous CNA students is also starting nursing school this fall. This program continues to support the future healthcare workforce in our community.

Sexual Assault Response Team (SART)

We continue to partner with the Petersburg Police Department and WAVE to provide coordinated, professional care for people who experience sexual assault. We recently attended joint training with the State of Alaska District Attorney's Office to better understand the justice system process and how we can be effective partners and advocates for the people we serve.

Patient Centered Care

Patient-centered care can be difficult to quantify, but I continue to be impressed by the care and concern shown to each patient, regardless of the reason for admission, socioeconomic status, age, gender, or walk of life. There is almost always a thank-you card, bouquet, or treats on our counter from a recent patient or family. Recent comments include:

- "The nursing staff were so pleasant and professional with me and took time to listen."
- "I've seen a lot of nurses … and feel safe with them."
- "There truly is no place as caring, compassionate, and generous as Petersburg."
- "We want to extend our heartfelt thanks to the doctors, nurses, and entire staff at PMC for the exceptional care they provided."
- "All you gals are awesome."

Surveys

This spring, we received a joint complaint survey of the CAH and LTC regarding the same issue. There were no findings in either setting, and the survey was closed early. Nearly two months later, we received a federal oversight survey of LTC related to the same complaint. That survey also resulted in no findings and was concluded early.

Telestroke

We continue our collaboration with the University of Washington Harborview Telestroke Program and continue to improve our processes with each patient encounter.

Endoscopy Clinics

Our fourth endoscopy clinic with Dr. Taggart and CRNA Jenilyn Lo will be held October 1–2. We are cross-training additional staff for each position to improve scheduling flexibility. We are also updating the nursing documentation workflow after Cerner unexpectedly retired the forms we had been using for preoperative and recovery care.

We purchased a third colonoscope in June, which decreases turnaround time and allows us to schedule more patients each day. Several additional equipment purchases are planned for the endoscopy program, including a new anesthesia machine, dry leak tester, and stretchers.

Sterile Processing and High-Level Disinfection

We have worked with Infection Prevention to review our space and processes in sterile supply. This is an ongoing improvement initiative. We have made significant progress and look forward to continuing that momentum.

Pyxis

Implementing Pyxis in the ER and acute care has been a significant change for the nursing staff. The system is fully operational, and we continue to refine processes to improve efficiency. We can already see the benefit of expanding the medication inventory available in each unit.

Upcoming/Ongoing Projects

- Trauma Designation
- Policy Review and Revision
- Sepsis Protocol
- Pediatric Readiness
- Sterile Processing and High-Level Disinfection

Facility

Building Challenges

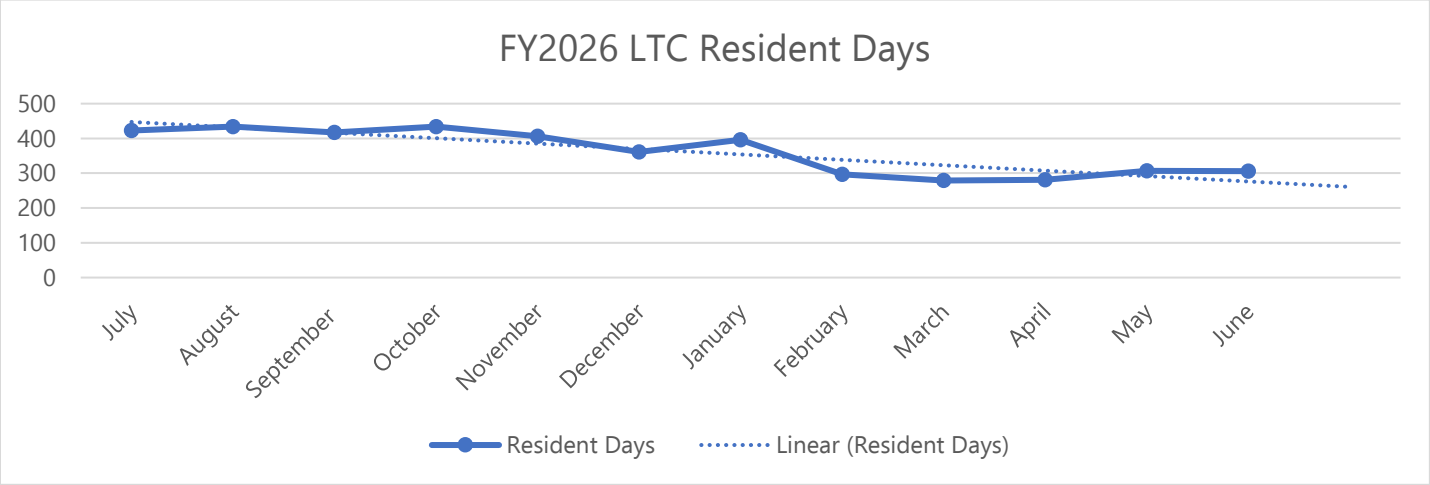
The lack of space in the ER, acute care, and LTC continues to be a daily operational struggle.

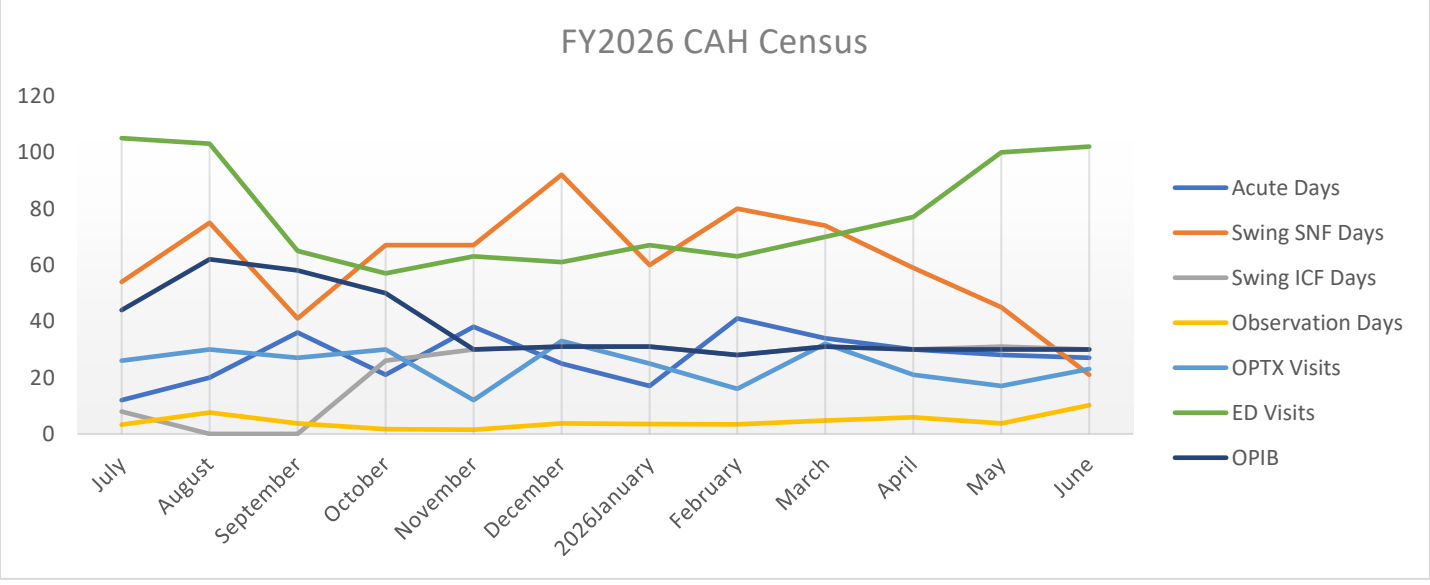
Financial Wellness

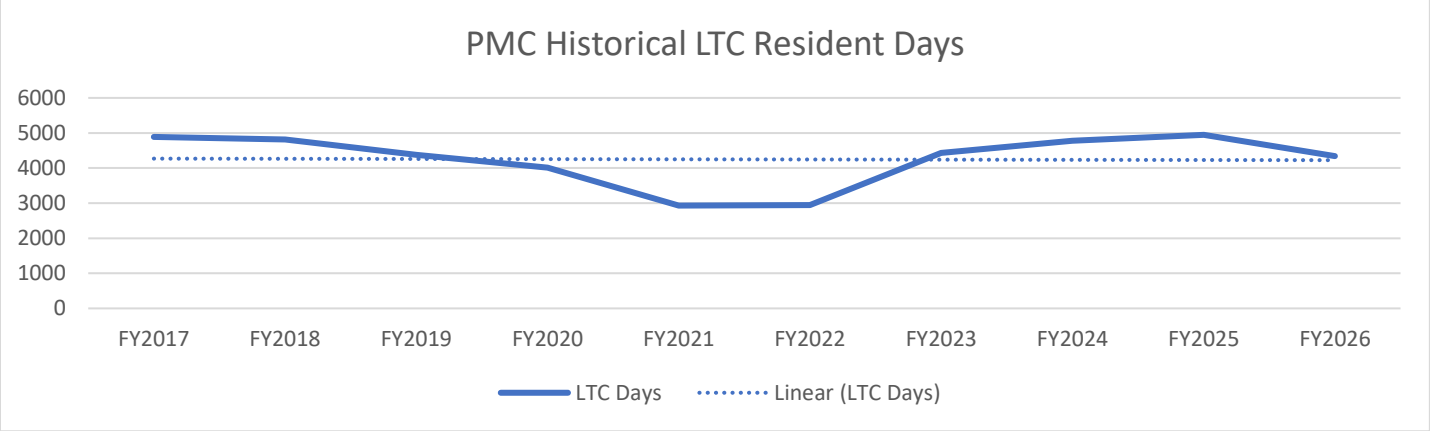
FY2026 nursing service volumes and historical census information are summarized below.

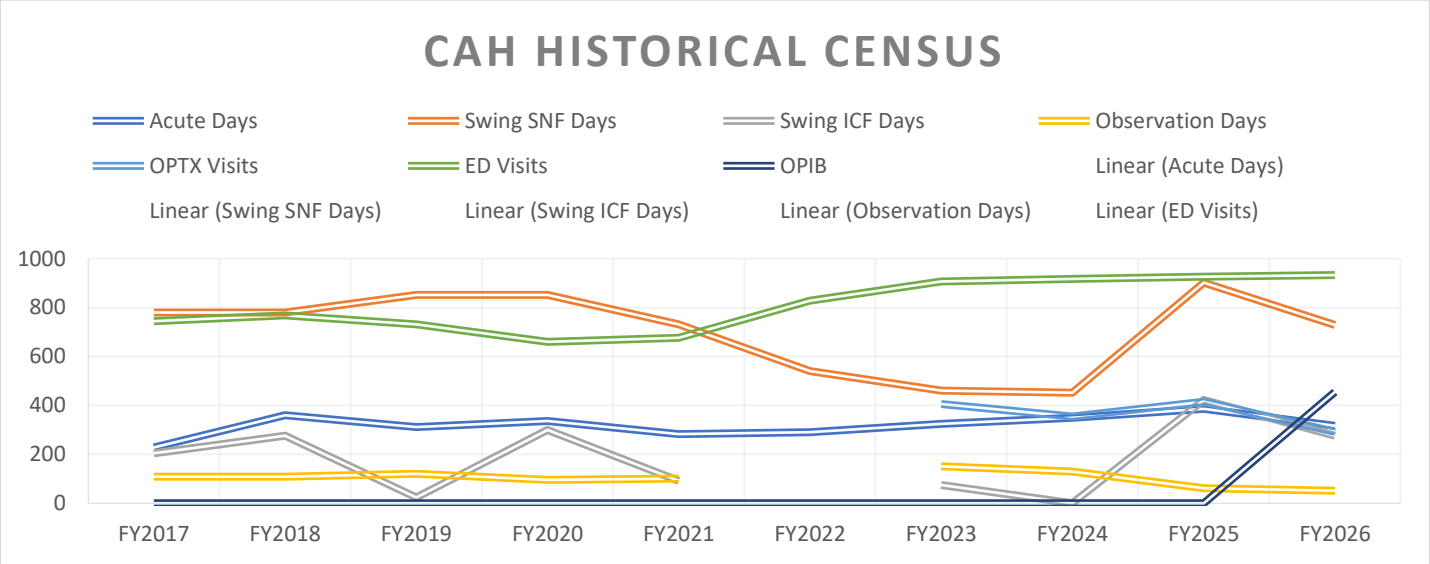
Metric	7/25	8/25	9/25	10/25	11/25	12/25	1/26	2/26	3/26	4/26	5/26	6/26	FY26 Total
Acute days	12	20	36	21	38	25	17	41	34	30	28	27	329
Swing skilled days	54	69	41	67	67	92	60	80	74	59	45	21	729
Swing ICF days	8	0	0	26	30	31	31	28	31	30	31	30	276

LTC days	423	434	417	434	406	361	396	297	279	281	307	306	4341
LTC average	13.6	14	13.9	14	13.5	11.7	12.8	10.6	9	9.4	9.9	10.2	11.8
Observation days	3.25	7.6	3.73	1.7	1.5	3.7	3.5	3.4	4.8	5.9	3.7	7.9	50.68
Observation patients	5	6	5	4	3	4	5	5	7	8	4	10	66
OPTX visits	26	30	27	30	12	33	25	16	32	21	17	23	292
OPIB “boarding”	44	62	58	50	30	31	31	28	31	30	30	30	455
ED visits	105	103	65	57	63	61	67	63	70	77	100	102	933
Outpatient surgery procedures	0	0	0	0	0	0	0	15	0	21	0	24	60
Deliveries	0	0	0	0	0	0	0	0	0	0	0	0	0









Submitted by: Jennifer Bryner, MSN, RN, Chief Nursing Officer