PeaceHealth Ketchikan Medical Center

Report Card - FY 2025 (July 1, 2024 - June 30, 2025)

Core Services		
Service	Availability	FY 2025
Anesthesia	YES	244 visits
Behavioral Health Services	YES	2,786 visits
Diagnostic Imaging	YES	21,049 procedures
Food and Inpatient Nutritional Needs	Yes	37,833 meals
General Inpatient Services	YES	Acute ADC: 8.2 // Acute Admits: 649
General Surgery Services	YES	1,646 cases // 857 visits
Home Health and Hospice Services	YES	2,690 visits // 3,614 days
Hospitalists	YES	4,140 visits
In-Patient & Out- Patient services	YES	OP visits: 36,661 // IP Days: 3,636
Labor and Delivery	YES	136 deliveries
Laboratory Services	YES	121,334 tests
Long Term Care	YES	ADC: 20.9
Obstetrics	YES	3,135 visits
Orthopedic Surgery Services	YES	574 cases
Orthopedics	YES	4,488 visits
Pathology	YES	2,633 tests
Pediatrics	YES	4,201 visits
Physical and Occupational Therapy	YES	31,368 procedures
Primary Care Services	YES	15,645 visits

Updated 9/17/2025



Visiting Physician Services								
Service	Availability	FY 2025						
Cardiology	YES	583 visits						
Dermatology	YES	109 visits						
Gastroenterology	YES	106 visits						
Neurology	YES	1 visit						
Oncology	YES	590 visits						
Otolaryngology	YES	232 visits						
Pediatric Neurology	YES	81 visits						
Pediatric Psychiatry	YES	234 visits						
Pulmonology	YES	63 visits						
Urology	YES	861 visits						

Updated 9/17/2025

Provider Recruitment and Retention							
Open Position: Title and FTE	Length of Time Open	National Average Time to Fill					
Nurse Practitioner – Family Medicine	605	125 Days					
Physician – Surgery (All)	625	230 – 344 Days					
CRNA – Anesthesia	920	NA					
Physician – Internal Medicine	503	125 – 180+ Days					
Physician – Anesthesiology	127	135 – 180 Days					
Physician – OB/GYN	34	135 Days					

Updated 9/19/2025



Billing and Collections	
	Jan. – Aug. 2025
Financial Assistance Plan (FAP) applications meeting eligibility	1491
Total dollars adjusted	\$2,749,139.27
Total number sent to Collections (new)	362
Percentage of bills sent to collections	2.1%
Number of billing concerns not resolved after first phone call/point of contact	2

Updated annually in January

Community Benefit and Charity Care		
Activity		FY25
Ketchikan Community Gardens		\$10,000
Ketchikan Indian Community Wellness Program		\$10,000
Love in Action – Food Assistance		\$10,000
Love in Action – Emergency Utilities & Rental Assistance		\$10,000
South Tongass Fire Community Playground		\$20,000
Ketchikan Afterschool Program		\$15,000
Youth Health & Wellness thru Craig Parks & Recreation		\$20,000
Prime for Life (Ketchikan Youth Court)		\$3,000
Sama Sama Tayo so Kalusugan – Healthier Together		\$2,500
	Grand Total	\$100,500
Charity Care	(includes PHMG)	\$7,333,995.37

Updated 10/01/2025



Patient Experience																																																				
			FY25						FY2	FY26 To Date																																										
Measure	Target FY25	(Quarte	r 1	Quarter 2 Quarter 3					C	Quarter 4			Quarter 1																																						
		Jul	Aug	Sep	Oct	Nov	Dec	Jan Feb Mar		Apr	May	Jun	Jul Aug		Sep																																					
Recommend the Hospital	≥ 72.85%		72.929	%		78.57%		76.42%		65.04%		78.22%																																								
	n size		48		28			38			37		41																																							
Rate the Hospital	≥ 65.7%		79.2% 62.07%		68.26%		67.31%		75.35%																																											
	n size		48			29			38		37		41																																							
Nurse Communication	≥ 80.17%		91.10%	6		75.49%		75.49%		75.49%		75.49%		84.15%		84.15% 78.66%		ó	79.17%																																	
	n size		49		29		29		29		29		29		29		29		29		29		29		29		29		29		29		29		29		29		29		29		29		38			38			41	
Physician Communication	≥ 81.2%		87.079	%		85.06%		85.06%		85.06%		85.06%		84.96%		84.96% 74.12%		,)	84.44%		%																															
	n size		49			29		29		29		29			38			38			41																															

FY26 YTD – July1, 2025 – September 30,2025

Clinical Quality						
Measure	Target		FY2026 To Date			
	FY25	Quarter 1	Quarter 2	Quarter 3	Quarter 4	July
Falls with Serious Harm	≤ 0.196	0.00	0.00	0.00	0.00	0.00
Early Elective Deliveries (Prior to 39 weeks gestation)	≤1.06	0.00	0.00	0.00	0.00	0.00
CLABSI- Central Line Associated Blood Stream Infection	0	0	0	0	0	0
HAPI- Hospital Acquired Pressure Injury	≤ 0.334	0.00	0.00	0.00	0.00	0.00
CAUTI- Catheter Associated Urinary Tract Infection	0	1	0	0	0	0

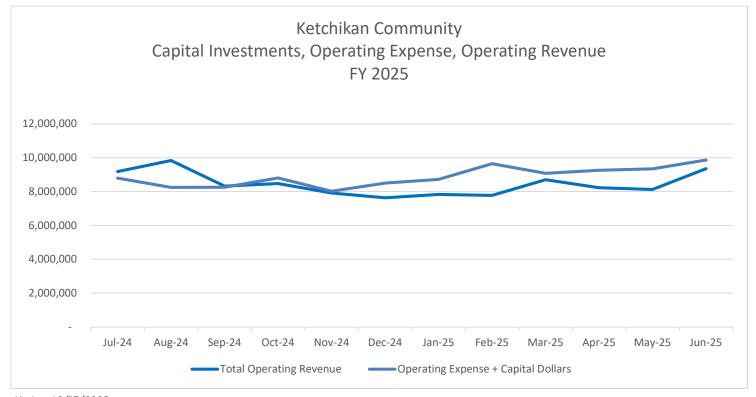
Updated 9/17/2025



Definition	NS Control of the con
Falls	Rate Numerator = Number of reported patient harm occurring from a fall Denominator = 1,000 patient days
Early Elective Deliveries	Percentage Numerator = Number of patients with elective deliveries < 39 weeks Denominator = Number of patients delivering newborns with >= 37 and < 39 weeks of gestation completed
CLABSI	Standardized Infection Ratio (SIR) Numerator = Observed central line blood stream infections Denominator = Number of predicted central line blood stream associated infections calculated based on nationally aggregated data during a baseline period
HAPI	Rate Numerator = Observed number of hospital-acquired pressure injuries stage III and greater Denominator = 1,000 patient days
CAUTI	Standardize Infection Ratio (SIR) Numerator = Observed number of healthcare associated urinary catheter infections Denominator = Number of predicted urinary catheter associated infections calculated based on nationally aggregated data during a baseline period



FY25 Operating Results	
Total Operating Revenue	\$101,378.985
Operating Expense & Capital	\$106,543,138
Total Loss	(\$5,164.243)



Updated 9/17/2025

