

AGENDA
COMMUNITY HEALTH SERVICES BOARD MEETING
Cordova Library Conference Room
August 10, 2011 – 7:00 PM

CCMC'S core purpose is to deliver quality health care locally.
--

President
David Allison
term expires 03/12

Vice-President
Kristin Carpenter
term expires 08/12

Secretary

Board Members
Elmer (E.J.) Cheshier
term expires 08/13
Nichole Hunt
term expires 08/12
Jim Kacsh
term expires 08/12
Tim Joyce
term expires 08/11
Vacant
NVE Tribal Council Rep
term expires 08/13

Acting CEO
Stephen Sundby, PhD

- I. OPENING**
 - A. Call to Order
 - B. Roll Call – David Allison, Kristin Carpenter, EJ Cheshier, Nichole Hunt, Jim Kacsh, Timothy Joyce
 - C. Establishment of a Quorum
- II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**
 - A. Guest Speaker
 - B. Audience Comments (limited to 3 minutes per speaker). Speaker must give name and item on the agenda which they are addressing.
- III. CONFLICT OF INTEREST**
- IV. APPROVAL OF AGENDA**
- V. APPROVAL OF CONSENT CALENDAR**
 - A. Approval of Minutes
 - 1. HSB Meeting Minutes – 7/13/2011.....Page 1
 - 2. HSB Meeting Minutes – 10/12/2010.....Page 10
 - 3. HSB Meeting Minutes – 8/3/2010.....Page 11
 - 4. HSB Meeting Minutes – 7/20/2010.....Page 13
 - B. 4QTR FY2011 Policies.....Page 16

- VI. REPORTS AND CORRESPONDENCE**
 - A. Administrator’s Report.....Page 17
 - B. President’s Report
 - C. Finance Report.....Page 19
 - D. City Council
 - E. Native Village of Eyak
- VII. ACTION ITEMS –**
 - A. On-call Pay for Sound Alternatives
 - B. Letter Authorizing Rental of Safe Deposit Box.....Page 28
 - C. Resolution 2011-01 Authorizing FY2012 Check Signers.....Page 29
 - D. Privileging of Dr. David Greenberg, MD, RAPC

- E. Privileging of Cheryl Roussain-Nice, PA, Ilanka
- F. Privileging of Juanita Rass, ANP, CCMC Locum
- G. FY12 Budget

VIII. DISCUSSION ITEMS

IX. AUDIENCE PARTICIPATION –

- A. The board shall give members of the public the opportunity to comment on matters which are within the subject matter jurisdiction of the Board and are appropriate for discussion in an open session. Public comment limited to 3 minutes per speaker.

X. BOARD MEMBERS COMMENTS

XI. EXECUTIVE SESSION

XII. ADJOURNMENT

*Executive Session: Subjects that may be considered in executive session are: 1) Matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; 2) Subjects that tend to prejudice the reputation and character of any person, provided that person may require a public discussion; 3) Matters which by law, city charter, or ordinance are required to be confidential; 4) Matters involving consideration of government records that by law are not subject to public disclosure; 5) Direction to an attorney or labor negotiator regarding the handling of specific legal matters or labor negotiations.

Minutes
Community Health Services Board
Cordova Library Conference Room
July 13, 2011 – 7:00 PM

I. CALL TO ORDER AND ROLL CALL –

David Allison called the HSB meeting to order at 7:06pm. **Board members present: David Allison, Sandra Aspen, Kristin Carpenter** (via teleconference), **and Tim Joyce. Absent: EJ Cheshier and Kerin Kramer.** A quorum was established.

CCMC staff present: Stephen Sundby, PhD (Acting CEO), Zhiyong Li (CFO).

II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS - None

III. CONFLICT OF INTEREST

Aspen declared a conflict of interest with Action Item A, On-Call Pay for Sound Alternatives, because she will begin working at Sound Alternatives on July 25, 2011. **Allison** concurred and asked whether the item could be discussed and voted on by the remaining three Board members. CCMC Staff indicated that the topic could be discussed but that all action requires a quorum of Board members voting. This was confirmed by Robert's Rules of Order. **Sundby** offered that the topic could be pended, as he was the only staff member currently impacted.

IV. APPROVAL OF AGENDA

M/Joyce, S/Aspen: Move to approve the agenda.

Joyce requested removing item VII. A, Action Items, On-Call Pay for Sound Alternatives due to the lack of a quorum.

Allison requested adding two new Action Items. Item D would be Approval of Audit Engagement Letter and Item E would be Acceptance of Board resignation letter effective July 24, 2011.

M/Joyce, S/Aspen: Move to approve the agenda as amended.

A vote was made on the motion: 4 yeas. - 0 nays. Motion passed.

V. APPROVAL OF CONSENT CALENDAR

A. Approval of Minutes

M/Joyce, S/Aspen: Move to approve the Health Services Board minutes for 6/8/2011, 6/14/2011, and 6/22/2011.

A vote was made on the motion: 4 yeas – 0 nays. Motion passed.

VI. REPORTS AND CORRESPONDENCE

A. Administrator's Report

Sundby reported on the results of three recent surveys, to include the State of Alaska Life Safety Survey, the State Long Term Care Survey, and the Federal Medicare/Medicaid Survey. Life Safety resulted in two items needing correction, a kitchen hood venting improperly and ceiling tiles needing replacement. The second item has already been addressed, and the first will be. The State LTC Survey determined that CCMC was "not in substantial compliance". The Plan of Correction was submitted timely and has been accepted by the state. The Federal Survey resulted in CCMC being placed on "Immediate Jeopardy" on July 1, 2011 resulting from inappropriate resident behavior not being reported to the state. Staff implemented a Plan of Correction immediately and the Immediate Jeopardy was abated effective July 1, 2011. A Plan of Correction for any other findings will be submitted once the final report is received.

Regarding staffing, **Sundby** reported CCMC is still looking for an LCSW. While an individual of out of Anchorage will cost twice as much, but can fly in when we need an LCSW on site. Mavon is not able to come when CCMC needs her services. The State may also be able to provide a waiver if CCMC can not hire someone permanently onsite; the waiver would allow a contracted LCSW to provide distance supervision and approval. CCMC continues to seek another individual for the activities contract. **Sundby** noted that **Aspen** will be filling the clinician vacancy at Sound Alternatives.

CCMC will not be hiring the Physician Assistant recently interviewed. **Sundby** indicated he was not willing to hire a candidate without some face to face time on site and that CCMC could not meet the candidate's salary demands. CCMC is advertising for a Quality Improvement Coordinator, one need highlighted by the State surveyors. **Sundby** recommended that CCMC hire a licensed Occupational Therapist who would not only write the activity plans but also help CCMC fill swing beds.

Sundby reported that CCMC is applying for a "Flex Grant Financial Improvement Funding" grant through the Alaska State Hospital and Nursing Home Association (ASHNA). The \$10,000 request will provide for a consultant to train CCMC staff on how to use the cost report as a guide for forecasting. The competitive bid process will be decided on Friday, July 15, 2011, with \$25,000 total to award.

Sundby reported that the CEO and CFO continue to meet with Angela Arnold and Penney Benson of NVE to coordinate and collaborate. While there is no current contract in place, Ilanka is willing to continue month to month until a decision is made on the hospital RFP, which may dictate some contract decisions.

Carpenter thanked **Li** for filing the grant paperwork. **Carpenter** requested clarification that it would not replace the report that Marty provides. **Li** responded that failing to use Marty's report as a tool is one of CCMC weaknesses that we need to correct. CCMC has the consultant lined up and the tools available to better plan financially; we need funds to move forward to better use tools like Marty's report.

B. President's Report

No report.

C. Finance Report

Li reported that the Charge Master update will be completed by the end of the week. CCMC received the state's review of charges last Friday (July 8) which confirmed CCMC is in line in some areas. CCMC is combining the state's review with another charge resource and updating approximately 2,000 codes. CCMC actively uses approximately 500 of them. Because CCMC updates sporadically, the changes must be made manually. **Sundby** clarified that in the future, CCMC can simply update all charges by an approved percentage, as long as the updates are done annually.

Li highlighted some capital budget items that are currently unfunded. The roof is one item, as well as a need to address the building temperature, particularly the air flow problem in the lab. Additionally, the portable x-ray can not be repaired for long-term use, and CCMC requires a replacement. Electronic Health Records capability depends upon the RFP results, but the costs will range from \$1 to \$1.5 million to implement a system. **Sundby** noted that he requested ASHNA get a group rate for small facilities. These expenses will be necessary regardless of what entity manages the hospital.

Li highlighted that the A/R significantly dropped on the Balance Sheet. CCMC is using a billing agency for the self-pay accounts that have aged over 1 year. 1,282 accounts were transferred. CCMC has received no complaints regarding this action. The A/R is now around 60 days. **Li** further reported that from February to June, the billing agency percentage is 14.88; when the agency deems the account uncollectible, the account is transferred to collections.

Li noted with respect to Profit & Loss, CCMC's revenue is good compared to last fiscal year, but the relationship to expenses is not as good. **Li** advised the Board that CCMC has \$310K in the bank and is paying all of the aged payables, which will result in \$40K in the bank by Friday, July 15, with no outstanding payables. CCMC is awaiting Medicaid payments and will send the owed funds to the City at that time.

Li noted that Gross Patient Services Revenue was slightly higher than last year and explained the Contractual Adjustment discrepancies as related to the \$500K bad debt that was adjusted and

noted in prior meetings. **Li** highlighted that Professional Services is the third highest Expense Category for CCMC, behind wages and associated taxes and fees. **Carpenter** requested clarification on the difference between the Net Patient Service Revenue Vs. Expenses graph and the Total Revenue Vs. Expenses graph. **Li** responded that the latter included the City's contribution and grants received by CCMC.

Li concluded by noting that CCMC needs to increase revenue because it can't really squeeze expenses any longer. **Li** also recapped the FY2012 budget as discussed at previous meetings.

Joyce confirmed that staff is looking at hiring an Occupational Therapist as a profitable venture that would offset the increased expense.

Joyce commented that regarding Electronic Health Records, as it is a federal mandate impacting all of the small communities in the state, perhaps the City can discuss the issue with the Congressional delegation to address it. **Carpenter** responded that a previous Administrator indicated that there was funding in the stimulus package and that CCMC was awaiting word from Senator Begich's office. **Carpenter** suggested it would be worth a follow up. **Sundby** responded that he would discuss the issue with the City Manager to determine the best way to approach it.

D. City Council

Allison reported that the Governor vetoed funding for the CCMC roof. **Allison** also commented that City Council would like a recommendation from the Health Services Board regarding hospital management RFP to be included in the agenda for the joint workshop on July 20, 2011.

E. Native Village of Eyak

No report.

VII. ACTION ITEMS

A. On-call Pay for Sound Alternatives

Item removed as a result of previous motion approving an amended agenda.

B. Hospital Management RFP and Recommendation to City Council

Allison summarized the laydown items for **Carpenter** and relayed that Council is seeking a recommendation or statement from the Board regarding the proposals.

M/Carpenter, S/Aspen: Move to recommend to City Council to select the QHR proposal.

Carpenter added that the additional information did not change her initial review. Cordova needs something that is certain. Between QHR and Providence, QHR is already leading CCMC within the RFP process and will increase CCMC's access to resources. **Aspen** concurred.

Joyce commented that QHR would do a good job. **Joyce** relayed that he had a discussion with Noel Rea from Wrangell, which prompted the follow-up information.

Joyce stated that he is stuck on the hospital board structure. With QHR, CCMC would have the same as now, which is a strong Board that hasn't worked. **Joyce** continued that he believes there is a limited number of people in the community willing to be or capable of being on the Board. As a governing Board, that would be an issue. With an advisory Board, a professional organization would be making the decisions. **Joyce** further noted that he thought "we" need a change and a new way of doing business.

Allison commented that his leanings are towards **Joyce's** perspective. **Allison** continued by noting that CCMC is losing the only medical professional on the Board and that he has concerns about trying to maintain governance with a local Board. While good people serve on the Board, expertise largely comes from being a patient or through longevity on the Board. **Allison** noted that he is not sure Council will give the Board power even if the QHR proposal is selected.

Allison stated that Wrangell's CEO is expecting to administer both facilities, which would stretch management thin, with fewer resources than QHR or Providence.

Allison concluded by stating that he is not ready to support QHR at this time. **Allison** further noted that within the first couple of years, the community will know and in any agreement, there will likely be an "out" clause.

Carpenter responded that regarding having a medical professional on the Board, the loss of **Aspen** relates to her diligence as a Board member; management does not require a medical background. In the past, the Board has settled for weak candidates as the CEO and to ascribe CCMC's current position all a fault of the Board does not take all the factors into account. **Carpenter** continued that she hates to give up on the idea, further noting that QHR wouldn't take on the role if CCMC didn't have potential.

Carpenter stated that often, good candidates for the Board have been chased off by bad politics. Regarding Council's desire to transfer the responsibilities, **Carpenter** noted that the governance will be transferred to the City Council through contract management.

Joyce responded that both QHR and Providence have experience in Alaska and with Critical Access Hospitals, and either one is going to be able to do the job. **Joyce** further stated that his

concern is what is the community of Cordova capable of. He is ready to let someone else do the job.

Aspen agreed with **Carpenter** that CCMC doesn't need a medical professional on the Board. She further stated that the Board members are selling themselves short; the Board has expertise in leadership and finances, and this is what runs a hospital.

With respect to Providence, **Aspen** questioned who the advisory Board would be and noted that the voice of an advisory board member doesn't really matter. **Aspen** relayed her concern that Providence provides its own CEO and CFO and that she doesn't want to see CCMC become a mini-Providence. She further noted that **Li** would be out of a job, and he's done a wonderful job. **Aspen** commented that **Sundby** is as able and capable as anyone Providence could bring in. **Aspen** stated that in the past, the CEO candidates haven't been properly vetted.

Allison responded that he could agree with every statement made by everyone at the table. He blames City Council for a trend of not vetting for Board openings and not adhering to the Charter regarding Board authority. The latter affects the Board's ability to get good people.

Allison continued that he has an open enough mind to consider all the information at the Council level, including the "no option" option, using consultants to assist. **Allison** concluded by stating he is not ready to support the QHR option at this time.

Joyce offered an amendment to the motion on the table that would result in recommending both QHR and Providence to Council for consideration.

M/Joyce, S/Aspen: Move to add Providence to the motion.

A vote was made on the motion: 4 yeas – 0 nays. Motion passed.

Carpenter stated her desire that part of the recommendation include that it is due to a two/two split in the Board. **Carpenter** wanted to recall for the record that after the first meeting, which included staff input, the general consensus was Quorum.

Original motion amended to: Move to recommend to City Council to further consider the QHR and Providence proposals.

A vote was made on the motion: 4 yeas – 0 nays. Motion passed.

C. 2012FY Budget

Li commented that if the Board can wait to make a recommendation to Council, that budget approval should wait.

Allison responded that the Board is ahead of last year's timing and that the budget may be revised due to the proposal outcome. **Allison** directed that the budget be added to the agenda for the next regular meeting.

D. Approval of Audit Engagement Letter

Allison summarized the items for **Carpenter** and clarified that traditionally, the Board approves hiring an auditor. **Allison** noted that this is the same company as the prior year and questioned the cost.

Li clarified that the proposed cost is the same as last year except for travel because the auditors have to travel two times in order to not delay the audit.

M/Joyce, S/Aspen: Move to approve audit engagement letter from Elgee Rehfeld Mertz, LLC.

Joyce questioned the phrase: "fees above assume records are auditable" and asked what the fees were for the previous year.

Li responded with the fee breakdown and that the total was \$27K.

Joyce clarified that his concern is that the letter does not include a base standard hourly billing rate.

Li responded that in the past, the billing has been for three people for five days.

Joyce commented that is not specified in the letter. **Joyce** noted that he would approve the motion, but that he would like something more definitive on costs for CCMC to have in its possession prior to signing the letter.

Allison clarified **Joyce's** intention and **Sundby** agreed that administration would obtain the backup materials.

A vote was made on the motion: 4 yeas – 0 nays. Motion passed.

E. Acceptance of Board resignation letter effective July 24, 2011.

Allison read a resignation letter from **Aspen** that would take effect on July 24, 2011 at midnight.

M/Joyce, S/Allison: Move to accept the letter of resignation effective at midnight, July 24, 2011.

Aspen commented that being on the Board was a rewarding experience. **Carpenter** thanked **Aspen** and stated that she was happy to have **Aspen** at CCMC as a staff member. **Joyce** thanked **Aspen**.

Allison noted that **Aspen** is an excellent individual to have as a member of the CCMC staff and welcomed her aboard.

A vote was made on the motion: 4 yeas – 0 nays. Motion passed.

VIII. DISCUSSION ITEMS

No discussion items.

IX. AUDIENCE PARTICIPATION

Comments were received from Jennifer Gibbins, Browning St, Cordova.

X. BOARD MEMBER COMMENTS

Carpenter commented that the utility co-ops have nominating members.

Aspen thanked everyone and noted that it was great to be with all of them.

Joyce commented on the bylaws, that in the past, Council tried having a provider serve on the Board. It became difficult when certain issues arose and ultimately cost the individual his job.

Allison responded that the Board has had staff at the table in the past, not as voting members, but for their expertise. **Allison** reiterated that he is glad to have **Aspen** as an employee.

Allison asked the CCMC employees who were part of the RFP process if their original preference for Quorum had changed? He noted that he wanted to be sure to pass on to Council the staff's perspective and cite the effect on the over 50 employees and family members. **Allison** encouraged employees to pass on their thoughts either openly or to a Board member.

One staff member relayed that Providence has an excellent reputation for care, however, not an excellent reputation as an employer. This was echoed by other staff members who also offered personal experiences of turning down positions within the Providence system because of the reputation. **Sundby** spoke to the idea of Cordova maintaining its own identity and relayed his experience working at a facility managed by Quorum. Staff emphasized that in all the meetings with the community, Cordovans want stabilization of providers. Providence's model is to cycle Providence providers through the facility while Quorum was adamant about stabilizing providers.

Allison responded that he has the same concerns. He further noted that the community wants change.

Staff requested that the Board and Council be swift with their decision, citing morale issues and increased costs associated with the transition the longer it takes.

Allison responded that the August regular meeting is when Council is expected to make a decision. He will pass on staff's concern about ongoing "limbo" and the imperatives related to the decision. **Joyce** interjected that it would be helpful to Council for CCMC staff to enlighten them on staff's position. **Allison** echoed **Joyce's** request for staff to testify and noted that Council always appreciates the input. **Allison** concluded that his concerns include that he doesn't want to make a decision that adversely affects staff and he wants to make a decision that can improve CCMC's position.

Aspen stated that the community does not have a hospital without a staff.

XI. EXECUTIVE SESSION

None.

XIII. ADJOURNMENT

M/Joyce, S/Aspen: Move to adjourn. Unanimously approved. Meeting adjourned at 9:05 pm.

Transcribed by: Laura Cloward

Reviewed by: Sandra Aspen, HSB Secretary

Minutes
Community Health Services Board
Library Conference Room
October 12, 2010 – 7:00 PM

I. CALL TO ORDER AND ESTABLISH A QUORUM –

The meeting was called to order and a quorum established.

II. PUBLIC COMMENT - None.

III. APPROVAL OF AGENDA

A motion was made to approve the agenda.

A vote was made on the motion: Unanimous approval. Motion passed.

IV. CONFLICT OF INTEREST – None.

V. CONSENT CALENDAR – No items.

VI. DISCUSSION ITEMS – No items.

VII. ACTION ITEMS

A. Coding Concepts Report

Board president requested that Board review Coding Concepts third quarter FY10 onsite report. The report is based on Nichole Hunt's visit to CCMC from September 15 through September 22, 2010.

Key topic areas included:

- the collections contract, which was approved on June 15, 2010 and terminated on August 16, 2010;
- the process for coordinating with the Administrator throughout the onsite;
- billing activities and suggested improvements for improving revenue stream;
- preparation for EMR implementation, particularly with respect to medical records;
- provider scheduling, qualifications, and med staff performance; and
- reviews of other service areas and suggestions for improvement.

VIII. EXECUTIVE SESSION – None.

IX. AUDIENCE COMMENTS – None.

X. BOARD MEMBER COMMENTS – None.

XI. ADJOURNMENT

Meeting adjourned.

Minutes
Community Health Services Board
Library Conference Room
August 3, 2010 – 7:00 PM

I. CALL TO ORDER AND ESTABLISH A QUORUM –

The meeting was called to order and a quorum established.

II. PUBLIC COMMENT - None.

III. APPROVAL OF AGENDA

A motion was made to approve the agenda.

A vote was made on the motion: Unanimous approval. Motion passed.

IV. CONFLICT OF INTEREST – None.

V. CONSENT CALENDAR – No items.

VI. DISCUSSION ITEMS

A. Providence Hospital Letter from Mayor

Administrator handed out copies of CCMC wages, which is a confidential report. The Administrator further spoke about the Senator's visit. Kelley will be out of town Thursday and Friday and Sundby will be the Acting CEO for that period. Board President congratulated Administration for the positive results during the State survey.

B. Board Ethics

Allison reported that interviews for a CEO are being conducted this week; he will get copied of the interview to the rest of the Board. There will be a Special Meeting on Monday, July 26.

VII. ACTION ITEMS

A. 2011 Budget

Following discussion, the Board requested a balanced budget that also included payment back to the City. The Board directed Administration to look for grants for capital improvements, both renovation of facility and purchase of new equipment.

B. Coding Concepts Collections Contract (revised)

Coding Concepts provided a revised contract following Board concerns regarding the hourly rate and previous lack of defined hours to be charged. New policy is only effective for 6 months and does not authorize Coding Concepts, Inc. to make changes to the agreement at their sole discretion.

VIII. EXECUTIVE SESSION – None.

IX. AUDIENCE COMMENTS – None.

X. BOARD MEMBER COMMENTS – None.

XI. ADJOURNMENT

Meeting adjourned.

Minutes
Community Health Services Board
Library Conference Room
July 20, 2010 – 7:00 PM

I. CALL TO ORDER AND ESTABLISH A QUORUM –

The meeting was called to order at 7:10 pm. A quorum was established.

II. PUBLIC COMMENT - None.

III. APPROVAL OF AGENDA

A motion was made to approve the agenda.

A vote was made on the motion: Unanimous approval. Motion passed.

IV. CONFLICT OF INTEREST – None.

V. CONSENT CALENDAR – No items.

VI. DISCUSSION ITEMS

A. Administrator's Report

Administrator handed out copies of CCMC wages, which is a confidential report. The Administrator further spoke about the Senator's visit. Kelley will be out of town Thursday and Friday and Sundby will be the Acting CEO for that period. Board President congratulated Administration for the positive results during the State survey.

B. President's Report

Allison reported that interviews for a CEO are being conducted this week; he will get copied of the interview to the rest of the Board. There will be a Special Meeting on Monday, July 26.

C. Finance Report – None.

D. City Council

City Council has appointed Glen Ujioka to the Health Services Board; Jim Kacsh has stepped down.

E. Native Village of Eyak

Ujioka spoke about living in Cordova and being on Boards. He stated he will do his best.

F. Health Care Task Force

Aspen reported that the Strategic Planning will be funded through three grants. Overall the group favors coordinating services between CCMC and NVE.

M/Aspen, S/Carpenter: Move to approve payment of up to \$8,300.

A vote was made on the motion: Unanimous yeas. Motion passed.

VII. ACTION ITEMS

A. Budget

Kelley had Mary Staab provide the report. Staab noted that she included in the budget a 2% raise. She explained that the base year is the same as the fiscal year, July 1 through June 30. Medicaid uses the base year; the actual year is through May. Staab further reported that the City contribution will go up to \$550,000. Traveling services/professional services were also discussed as they were not budgeted correctly for the previous year. Staab also reported that CCMC is working on tele-psychiatry to reduce the cost associated with having a psychiatrist travel to Cordova.

Allison noted that he was not happy with the figures being used because they do not reflect the actual cost. Other discussion areas included the City Payment Plan, the figures for grant and waiver grants, and the City in-kind figures.

Carpenter noted as part of the budget discussion that CCMC has too many providers.

B. P/T Suggestions for Improvements

Suggestions included completing a wage analysis.

C. Policy on Policies

The Board discussed that the Quality Management Committee supports Administration for policy management.

M/Carpenter, S/Aspen: move to add a line to each policy to demonstrate that the Board has reviewed the policy.

A vote was made on the motion: Unanimous yeas. Motion passed.

D. Resolution for Check Signers

M/Carpenter, S/Aspen: move to approve check signers.

A vote was made on the motion: Unanimous yeas. Motion passed.

E. Nursing Home Administrator Credentialing

The Board discussed having more than one individual with a Long Term license. Kelley noted that two individuals have already approached her.

F. Coding Concepts Collections Contract

The contract was handed out and discussed.

G. API Contract for Telemedicine

M/Aspen, S/Carpenter: to approve Telemedicine contract.

A vote was made on the motion: 0 nays, 4 yeas. Motion passed unanimously.

H. Privileging for Physicians/Providers

M/Cheshier, S/Aspen: to approve privileging.

A vote was made on the motion: 0 nays, 4 yeas. Motion passed unanimously.

VIII. EXECUTIVE SESSION

A. Personnel Issues Reason #2

M/Allison, S/Aspen to go into Executive Session.

A vote was made on the motion: 0 nays, 4 yeas. Motion passed unanimously.

IX. AUDIENCE COMMENTS

Comments were received from Kevin Kimber.

X. BOARD MEMBER COMMENTS – None.

XI. ADJOURNMENT

Meeting adjourned.

**CORDOVA
COMMUNITY
MEDICAL
CENTER**



P.O. Box 160 • 602 Chase Ave. • Cordova, Alaska 99574-0160
Phone: (907) 424-8000 • Fax: (907) 424-8116

4QTR FY2011 Policy Report

In accordance with CCMC policy, the following policy(s) has been reviewed by the Quality Management Committee and approved by the CCMC Administrator. The policy(s) listed below includes that which was approved/adopted during the 4QTR of FY2011 (April – June 2011). Per the Board’s direction, the policy(s) is hereby reported to the HSB and the date of report will be noted on the original signed policy:

CC 101 – Compliance Program

Cordova Community Medical Center (CCMC) believes that conscientious dedication to the highest ethical standards is essential to its mission. CCMC maintains a Compliance Program (CP) to focus on the prevention and detection of violations of federal, state, and local laws as well as helping to ensure high quality of patient care. CCMC, through the Compliance Coordinator or the Quality Management Committee (QMC), will promptly investigate reported matters, correct any instances of noncompliance, institute preventive measures, and enforce CCMC’s standards through the disciplinary system as appropriate.

All Cordova Community Medical Center (CCMC) employees will receive compliance education and training, to include CCMC’s Code of Conduct and reporting procedures. Every employee and associate, associate being defined as every Board member, volunteer, independent contractor, agent, and independent professional that receives CCMC staff privileges, is responsible for adhering to CCMC’s Code of Conduct and immediately reporting matters that suggest compliance violations or other types of misconduct that threaten CCMC’s status as a reliable, honest, and trustworthy provider. Employees will not engage in retaliation, retribution or any form of harassment against another employee for reporting compliance-related concerns and no employee will be subject to disciplinary action for reporting a compliance matter in good faith.

Approved on June 6, 2011

CORDOVA COMMUNITY MEDICAL CENTER



P.O. Box 160 • 602 Chase Ave. • Cordova, Alaska 99574-0160
Phone: (907) 424-8000 • Fax: (907) 424-8116

To: Health Services Board
From: Stephen Sundby, CCMC Acting Administrator
RE: Administrator Report
Date: August 10, 2011

1. The State of Alaska Long Term Care (LTC) Survey's (June 13-16, 2011) Plan of Correction was accepted. The follow-up visit was completed August 3-4, 2011 and we will receive our letter of being in compliance next week.
2. The Federal Center for Medicare/Medicaid Services (CMS) LTC Survey's (June 29-July1, 2011) Plan of Correction was accepted. The follow-up visit was completed August 3-4, 2011 as a part of the above visit and we will receive our letter of being in compliance next week.
3. We are still anticipating the State of Alaska, Critical Access Hospital (CAH) Survey this summer.
4. Staffing:
 - a. Licensed Clinical Social Worker: We are continuing to advertise nationally; through the State of Alaska ALEXsys Job Bank; Craig's List; and placement agencies for a full-time licensed clinical social worker (LCSW) to fill the vacancy for Long Term Care (LTC). A licensed master's level social worker is a requirement for LTC social services.
 - i. Mavon Lee, LCSW is contracted to provide social service consultations in an attempt to keep Long Term Care in compliance with the regulations. She provided an on-site visit in June. Ms. Lee has limited availability. This was not enough to keep CCMC in compliance with the LTC regulations.
 - ii. Kelly Wright, LCSW from Anchorage is contracted to provide social services for CCMC. He is available on an as-needed basis and will be in Cordova on at least a monthly basis to assure compliance with LTC regulations and our Plan of Correction from the survey. Mr. Wright was on-site on July 28th and 29th.
 - iii. Two LCSW applicants were interviewed over the telephone on Friday, August 5th.
 - b. BH Clinician: Sound Alternatives hired Sandra Aspen, PhD, RN as a full-time BH Clinician. She started work on July 25th. Sound Alternatives is fully staffed.
 - c. Licensed Occupational Therapist: We are advertising for a Licensed Occupational Therapist.

5. Grants:

- a. CCMC was awarded the “Flex Grant Financial Improvement Funding” grant through the Alaska State Hospital and Nursing Home Association (ASHNHA) for \$8,000. The grant will provide a consultant and software to assist with cost reporting and financial planning.

6. Stephen Sundby and Zhiyong Li are meeting on Fridays at 9:00 AM with Angela Arnold and Penney Benson (NVE) to coordinate and collaborate where opportunities arise.

- a. The lease with Ilanka Community Health Center is due for renewal. I have contacted Mark Lynch (City Manager) regarding the lease. I was informed that the City of Cordova is responsible for the lease.

Reports from Finance Dept:

1. Balance Sheet as of 06/30/2011
2. YTD Income Statement as of 06/30/2011
3. Three Year Comparative Income Statements (YTD data)
4. Three Year Comparison in Patient Revenues (YTD)
5. Three Year Comparison in Expense Categories (YTD)
6. Two Year Net-Patient-Revenues vs. Total Expenses (YTD)
7. Two Year Total-Revenues vs. Total Expenses (YTD).
8. Other related issues:
 - a. City debt payment
 - b. Ilanka Rent
 - c. Audit

Cordova Community Medical Center
Balance Sheet
June 30, 2011

	Current Year	Last Year	
	6/30/2011	6/30/2010	Increase (Decrease)
Assets			
Cash	248,766	543,267	(294,501)
Receivables			
Accounts Receivable	970,669	1,659,516	(688,847)
Allowance for Uncollectible	(207,144)	(838,018)	
Net Accounts Receivable	763,526	821,498	(57,973)
Other	(98)	60,545	(60,643)
Grant Programs & City Transfers	71,365	27,663	43,702
Supplies Inventory	130,510	131,906	(1,396)
Prepaid Expenses	60,135	20,540	39,595
Other Assets			
Major Moveable	10,684,096	10,625,271	58,825
Accum Depreciation	(8,363,123)	(8,098,936)	(264,187)
Total Assets	3,595,178	4,131,754	(536,577)
Liabilities and Net Assets			
Accounts Payable	522,219	629,833	(107,614)
Accrued Payroll & Related Liab	429,765	456,023	(26,258)
Other Liabilities	64,120	46,388	17,732
Total Current Liabilities	1,016,104	1,132,243	(116,139)
Net Pension Obligation	0	0	0
Obligations under Capital Lease	0	0	0
Total Liabilities	1,016,104	1,132,243	(116,139)
Prior/Current Income/(Loss)	2,579,074	2,999,511	(420,437)
Total Liabilities & Net Assets	3,595,178	4,131,754	(536,577)

Cordova Community Medical Center
Income Statement (Fiscal Year 2011 - 7/1/10 through 6/30/11)

	Actual 2010 July	Actual 2010 August	Actual 2010 September	Actual 2010 October	Actual 2010 November	Actual 2010 December	Actual 2011 January	Actual 2011 February
Revenue								
Acute	12,500	8,750	7,500	6,425	2,500	3,750	6,250	6,250
Long Term Care	258,111	248,325	238,713	248,325	240,315	248,326	248,326	209,074
Swing Bed	14,705	13,505	24,091	39,600	96,000	45,707	35,746	48,618
Lab/Blood	50,379	70,494	57,831	60,582	67,309	43,438	36,650	49,587
EKG	2,952	3,280	2,788	4,100	2,460	2,132	2,132	3,772
Medical Supplies/RT (Oxygen)	35,946	22,317	21,848	22,236	20,869	23,617	23,299	27,506
Radiology/Ultrasound	16,740	17,235	15,442	16,215	16,382	10,489	11,647	16,717
Pharmacy	60,260	21,314	52,406	32,326	51,662	26,691	50,103	76,053
PT	8,773	21,989	22,194	23,478	20,094	18,136	21,685	24,065
Outpatient	8,316	12,662	15,415	7,839	5,743	4,936	3,567	9,732
Emergency Room	14,812	20,444	12,117	9,925	11,537	13,908	9,957	18,716
Short Stay-Obsv	4,264	728	5,371	9,619	2,340	4,004	7,129	8,008
Pro Fee	17,794	18,307	13,172	13,854	9,641	12,763	14,736	23,775
Clinic	17,326	18,052	17,590	13,818	15,634	11,007	12,743	17,657
BH (MH, AL, Outreach)	5,163	5,060	1,960	22,407	21,995	12,350	10,891	10,325
Other - Mortuary, Respite, L&D			190		420	192	0	0
Gross Patient Services Revenue	528,040	502,462	508,628	530,749	584,901	481,446	494,862	549,855
Contractual Adj, Charity, Bad Debt	(81,384)	(28,738)	(83,103)	(39,433)	(42,317)	(29,196)	(35,529)	(24,656)
Net Patient Services Revenue	446,656	473,724	425,525	491,316	542,584	452,250	459,333	525,199
Interest Income	0	34	0	37	32	7	0	0
City Contributions								
City Funding	34,353	34,353	34,353	34,353	34,353	34,353	27,218	33,333
City In-Kind Contributions Utilities	1,019	1,019	1,019	1,019	1,019	1,019	1,018	1,019
In Kind Revenue - Non City	31,000	31,000	31,000	31,000	31,000	30,788	29,728	30,788
Grant and Waiver Funding	84,222	42,947	42,839	123,363	43,905	42,977	43,200	63,567
Non-Operating Revenue	10,170	13,715	2,078	3,762	20,323	3,620	13,453	10,232
Total Non-Operating Revenue	160,764	123,068	111,289	193,534	130,631	112,764	114,618	138,940
Total Revenue	607,420	596,791	536,814	684,850	673,216	565,014	573,951	664,139
Expenses								
Wages	246,117	258,110	219,388	252,488	242,028	250,814	246,190	235,204
Taxes and Benefits	115,450	109,948	100,832	90,124	104,555	106,608	120,653	114,462
Recruitment & Relocation	1,048	3,195	1,890	1,634	3,014	5,194	696	397
Professional Services	55,486	111,713	106,940	116,652	123,330	116,005	158,028	134,236
Minor Equipment		1,491	2,437	986	2,384	4,319	4,368	5,187
Supplies	42,865	26,435	38,662	33,516	40,721	35,424	38,009	39,731
Repair & Maintenance	6,018	7,935	3,191	6,012	5,128	463	3,656	1,151
Rent / Lease Equipment	275	275	5,017	4,114	3,025	3,507	756	2,247
Utilities and Fuel	16,475	19,600	27,316	22,706	26,572	27,889	44,105	19,048
USF In Kind Utilities Expense	32,019	32,019	32,019	32,019	32,019	32,019	30,746	31,807
Travel & Training	365	0	5,265	1,049	2,342	2,965	4,403	5,895
General & Malpractice Insurance	11,350	6,141	6,463	17,403	6,463	6,463	24,053	10,936
Other Expenses	2,859	2,809	8,468	3,694	94	2,608	29,356	2,234
	0							
Total Expenses	530,327	579,672	557,889	582,397	591,676	594,278	705,019	602,535
Income(Loss) before depreciation	77,094	17,120	(21,074)	102,453	81,540	(29,264)	(131,068)	61,604
Depreciation Expense	21,105	21,105	21,105	21,105	21,105	21,105	21,212	21,295
Net Income(Loss)	55,989	(3,985)	(42,179)	81,348	60,435	(50,370)	(152,280)	40,309

**Cordova Community Medical Center
Income Statement (Fiscal Year 2011 -**

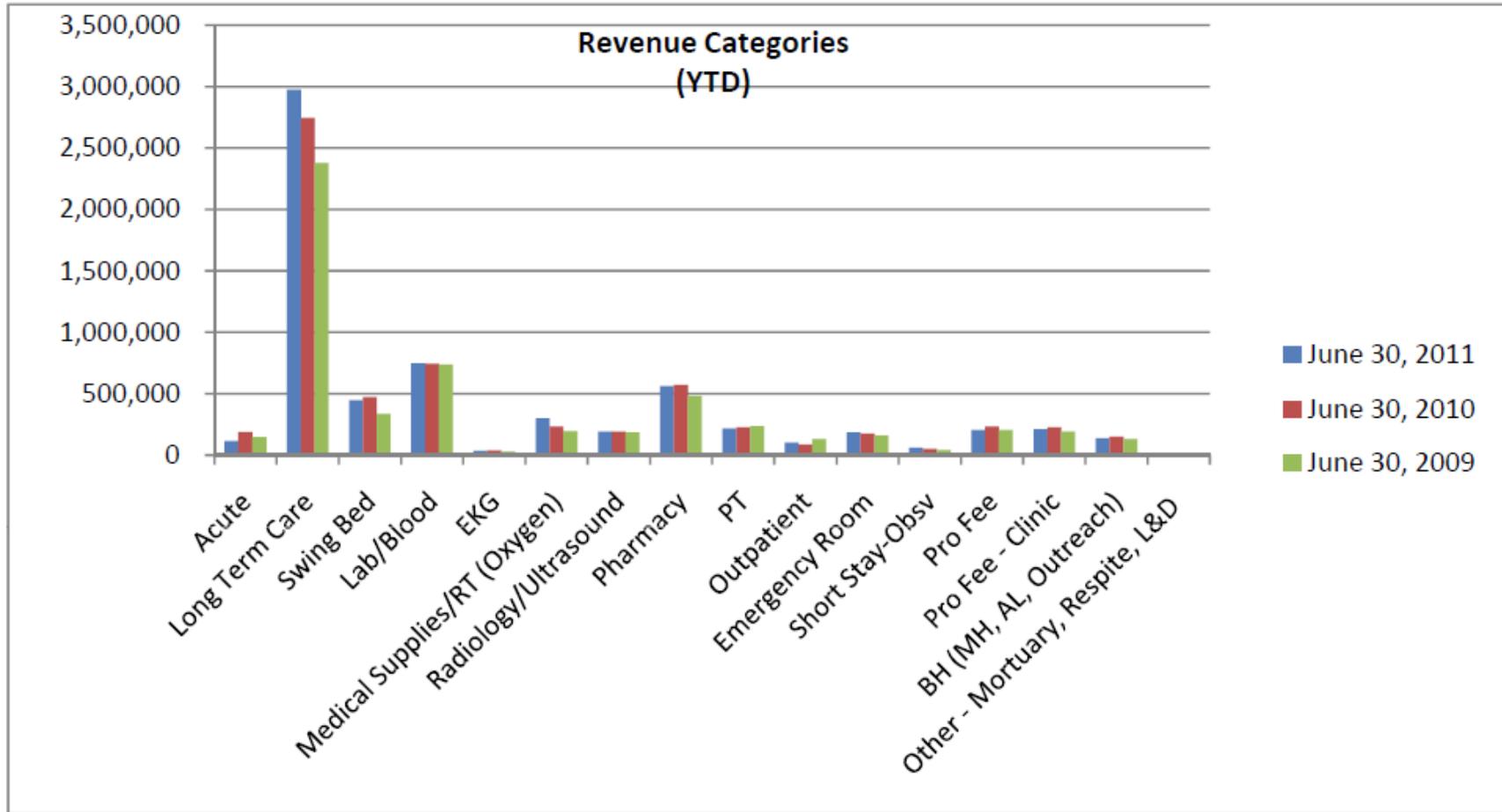
					Period	Ending	
	Actual	Actual	Actual	Actual	Actual	Budget	Variance
	2011	2011	2011	2011	YTD	YTD	Favorable
	March	April	May	June	Total	Total	(unfavorable)
Revenue							
Acute	7,500	17,500	12,500	23,750	115,175	196,364	(81,189)
Long Term Care	284,123	257,328	270,923	223,342	2,975,230	2,818,361	156,869
Swing Bed	436	24,000	56,400	50,400	449,207	497,952	(48,745)
Lab/Blood	65,225	101,216	94,971	48,674	746,355	761,609	(15,254)
EKG	2,788	2,624	2,460	1,968	33,456	39,360	(5,904)
Medical Supplies/RT (Oxygen)	26,970	26,135	26,534	23,340	300,618	222,195	78,423
Radiology/Ultrasound	20,161	15,539	16,190	18,620	191,377	190,993	384
Pharmacy	49,116	47,915	57,896	37,675	563,417	576,701	(13,284)
PT	10,298	14,240	16,239	15,600	216,791	235,120	(18,329)
Outpatient	9,797	7,017	9,134	7,757	101,915	89,247	12,668
Emergency Room	14,874	13,583	25,071	21,653	186,597	170,589	16,008
Short Stay-Obsv	5,200	1,352	8,944	3,172	60,131	53,097	7,034
Pro Fee	17,345	17,240	25,069	21,414	205,110	233,385	(28,275)
Clinic	15,967	22,351	22,836	23,382	208,363	240,566	(32,203)
BH (MH, AL, Outreach)	10,151	9,616	14,875	12,255	137,048	140,335	(3,286)
Other - Mortuary, Respite, L&D	150	360	0	0	1,312	11,307	(9,995)
Gross Patient Services Revenue	540,101	578,016	660,042	533,000	6,492,103	6,477,181	14,922
Contractual Adj, Charity, Bad Debt	(69,242)	(88,434)	(198,952)	(131,790)	(852,776)	(1,101,121)	248,345
Net Patient Services Revenue	470,858	489,582	461,090	401,210	5,639,327	5,376,060	263,267
Interest Income	0	0	2	5	118		118
City Contributions					0		0
City Funding	33,333	33,333	33,333	33,333	400,000	550,000	(150,000)
City In-Kind Contributions Utilities	1,019	1,019	1,019	1,019	12,230	12,230	(0)
In Kind Revenue - Non City	30,788	30,788	30,788	30,788	369,456	837,704	(468,248)
Grant and Waiver Funding	44,193	46,251	44,154	58,950	680,568	918,500	(237,932)
Non-Operating Revenue	7,989	13,659	17,076	5,987	122,064	95,004	27,060
Total Non-Operating Revenue	117,322	125,051	126,372	130,082	1,584,436	2,413,438	(829,002)
Total Revenue	588,180	614,633	587,461	531,292	7,223,763	7,789,498	(565,736)
Expenses							
Wages	250,427	296,479	266,786	265,953	3,029,985	3,462,701	432,716
Taxes and Benefits	122,387	103,997	122,571	126,315	1,337,902	1,926,574	588,672
Recruitment & Relocation	314	4,111	802	937	23,230	0	(23,230)
Professional Services	179,542	54,787	71,891	108,097	1,336,708	871,702	(465,005)
Minor Equipment	2,747	6,225	464	4,635	35,242	26,626	(8,616)
Supplies	44,509	36,178	59,641	48,987	484,679	377,980	(106,699)
Repair & Maintenance	5,676	1,378	4,880	567	46,055	39,915	(6,140)
Rent / Lease Equipment	3,290	1,029	2,300	686	26,520	14,481	(12,039)
Utilities and Fuel	25,885	41,913	19,346	36,252	327,105	240,952	(86,152)
USF In Kind Utilities Expense	31,807	31,807	31,807	31,807	381,898	372,000	(9,898)
Travel & Training	3,843	1,504	870	1,234	29,736	25,000	(4,736)
General & Malpractice Insurance	10,936	25,911	11,536	11,436	149,091	105,307	(43,784)
Other Expenses	1,411	2,767	2,490	2,651	61,439	64,270	2,831
Total Expenses	682,775	608,085	595,383	639,557	7,269,591	7,527,509	257,918
Income/(Loss) before depreciation	(94,594)	6,547	(7,922)	(108,265)	(45,829)	261,989	(307,818)
Depreciation Expense	21,295	20,874	21,893	21,893	255,094	275,944	(20,850)
Net Income/(Loss)	(115,890)	(14,327)	(29,815)	(130,158)	(300,923)	(13,955)	(286,968)

Three Year Comparative Profit & Loss Statements

	Current to Last Year Comparison	FY 2011 YTD June 30, 2011	FY 2010 YTD June 30, 2010	FY 2009 YTD June 30, 2009
Revenue				
Acute	-38.57%	115,175	187,500	145,700
Long Term Care	8.41%	2,975,230	2,744,459	2,379,335
Swing Bed	-4.59%	449,207	470,832	335,548
Lab/Blood	0.30%	746,355	744,149	736,700
EKG	-12.82%	33,456	38,376	29,226
Medical Supplies/RT (Oxygen)	28.78%	300,618	233,435	195,579
Radiology/Ultrasound	1.02%	191,377	189,439	186,013
Pharmacy	-1.06%	563,417	569,478	480,339
PT	-5.19%	216,791	228,667	238,100
Outpatient	16.22%	101,915	87,694	129,516
Emergency Room	6.47%	186,597	175,252	160,865
Short Stay-Obsv	18.48%	60,131	50,752	40,760
Pro Fee	-11.81%	205,110	232,570	204,652
Pro Fee - Clinic	-8.19%	208,363	226,959	189,426
BH (MH, AL, Outreach)	-9.76%	137,048	151,874	131,105
Other - Mortuary, Respite, L&D	-79.22%	1,312	6,315	4,960
Gross Patient Services Revenue	2.44%	<u>6,492,103</u>	<u>6,337,751</u>	<u>5,587,825</u>
Contractual Adj, Charity, Bad Debt	-27.68%	(852,776)	(1,179,251)	(1,063,816)
Net Patient Services Revenue	9.32%	<u>5,639,327</u>	<u>5,158,500</u>	<u>4,524,008</u>
Interest Income		118	0	270
City Contributions		0		
City Funding	0.00%	400,000	400,000	980,365
City In-Kind Contributions Utilities	0.00%	12,230	12,230	24,482
In Kind Revenue - Non City	-19.25%	369,456	457,516	658,884
Grant and Waiver Funding	-25.37%	680,568	911,887	852,881
Non-Operating Revenue	-5.02%	122,064	128,511	169,730
Total Non-Operating Revenue	-17.05%	<u>1,584,436</u>	<u>1,910,144</u>	<u>2,686,613</u>
Total Revenue	2.19%	<u>7,223,763</u>	<u>7,068,644</u>	<u>7,210,621</u>
Expenses				
Wages	-6.87%	3,029,985	3,253,404	2,950,433
Taxes and Benefits	-10.59%	1,337,902	1,496,341	1,784,429
Recruitment & Relocation	7.38%	23,230	21,634	21,230
Professional Services	47.88%	1,336,708	903,937	632,148
Minor Equipment	11.39%	35,242	31,639	20,392
Supplies	15.58%	484,679	419,355	442,042
Repair & Maintenance	-0.98%	46,055	46,511	88,911
Rent / Lease Equipment	86.80%	26,520	14,197	13,673
Utilities and Fuel	9.26%	327,105	299,382	274,762
USF In Kind Utilities Expense	14.65%	381,898	333,108	304,884
Travel & Training	-28.03%	29,736	41,320	33,665
General & Malpractice Insurance	25.62%	149,091	118,684	110,301
Other Expenses	-1.49%	61,439	62,370	42,652
Total Expenses	3.23%	<u>7,269,591</u>	<u>7,041,882</u>	<u>6,719,520</u>
Income/(Loss) before depreciation	-271.25%	<u>(45,829)</u>	<u>26,762</u>	<u>491,032</u>
Depreciation Expense	0.44%	255,094	253,970	270,417
Net Income/(Loss)	-32.4%	<u>(300,923)</u>	<u>(227,208)</u>	<u>220,614</u>

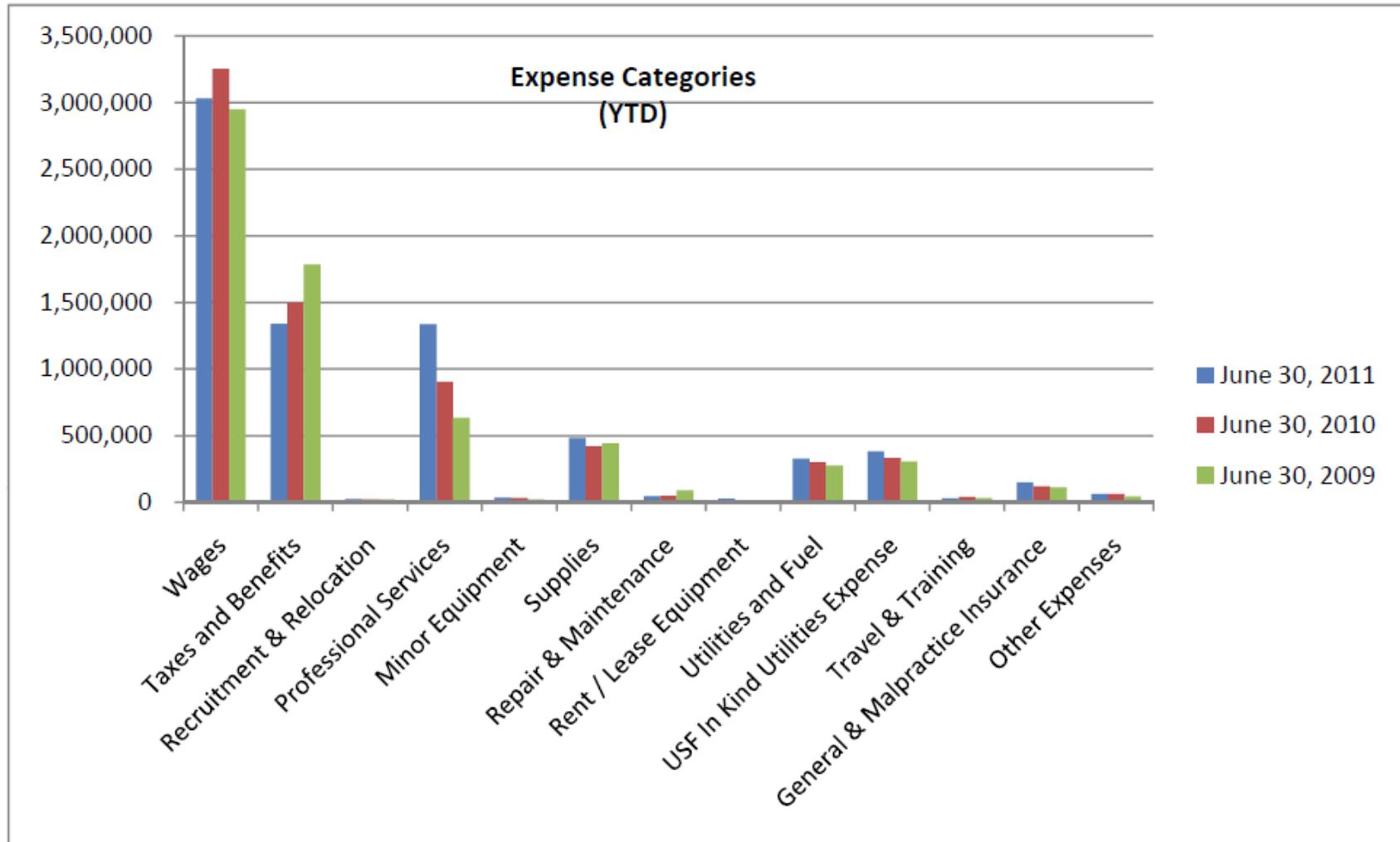
Cordova Community Medical Center

Three Year Comparative Profit & Loss Statements

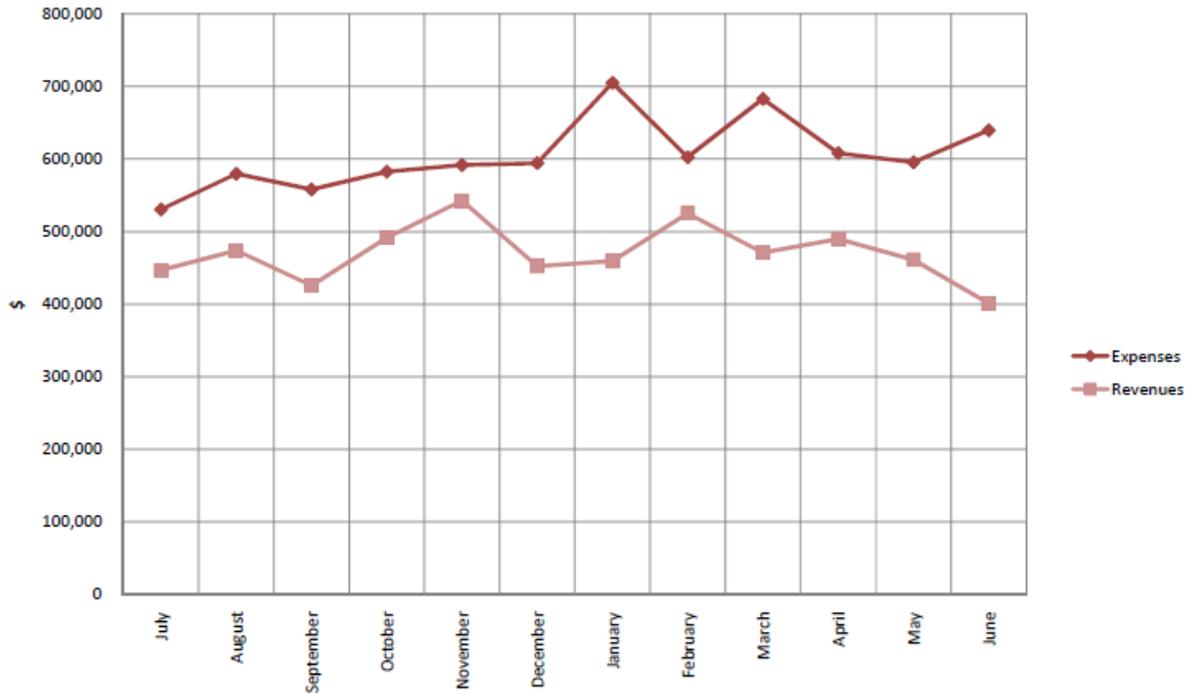


Cordova Community Medical Center

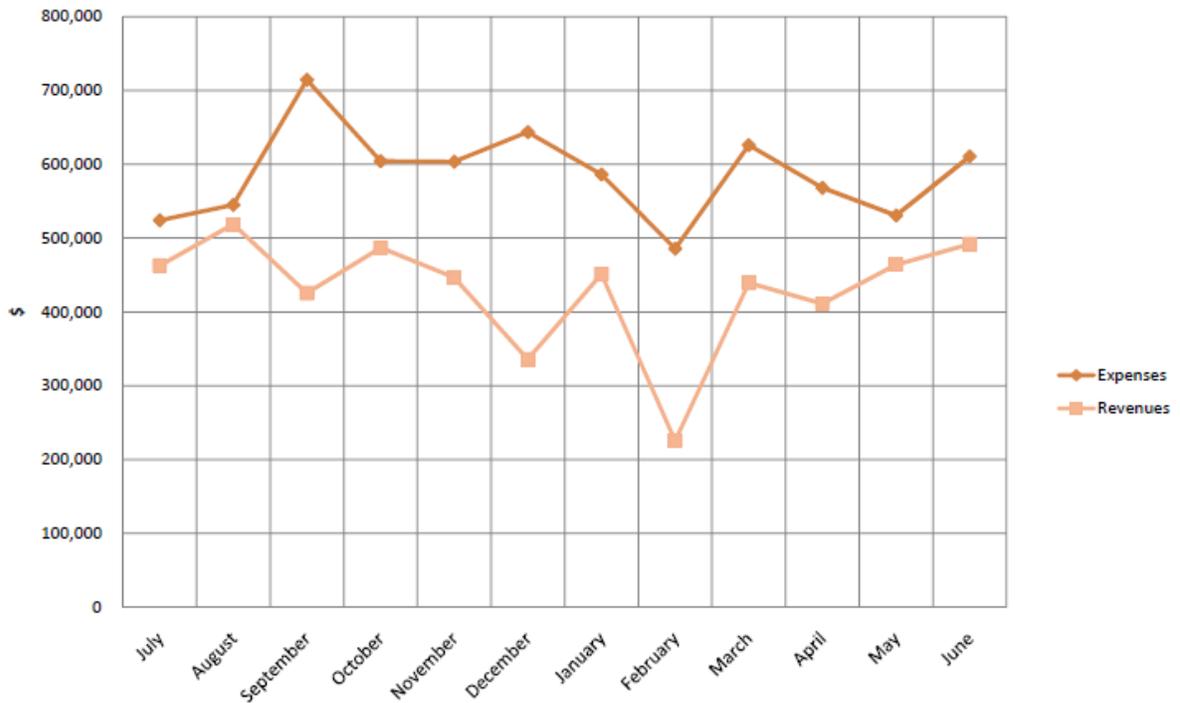
Three Year Comparative Profit & Loss Statements

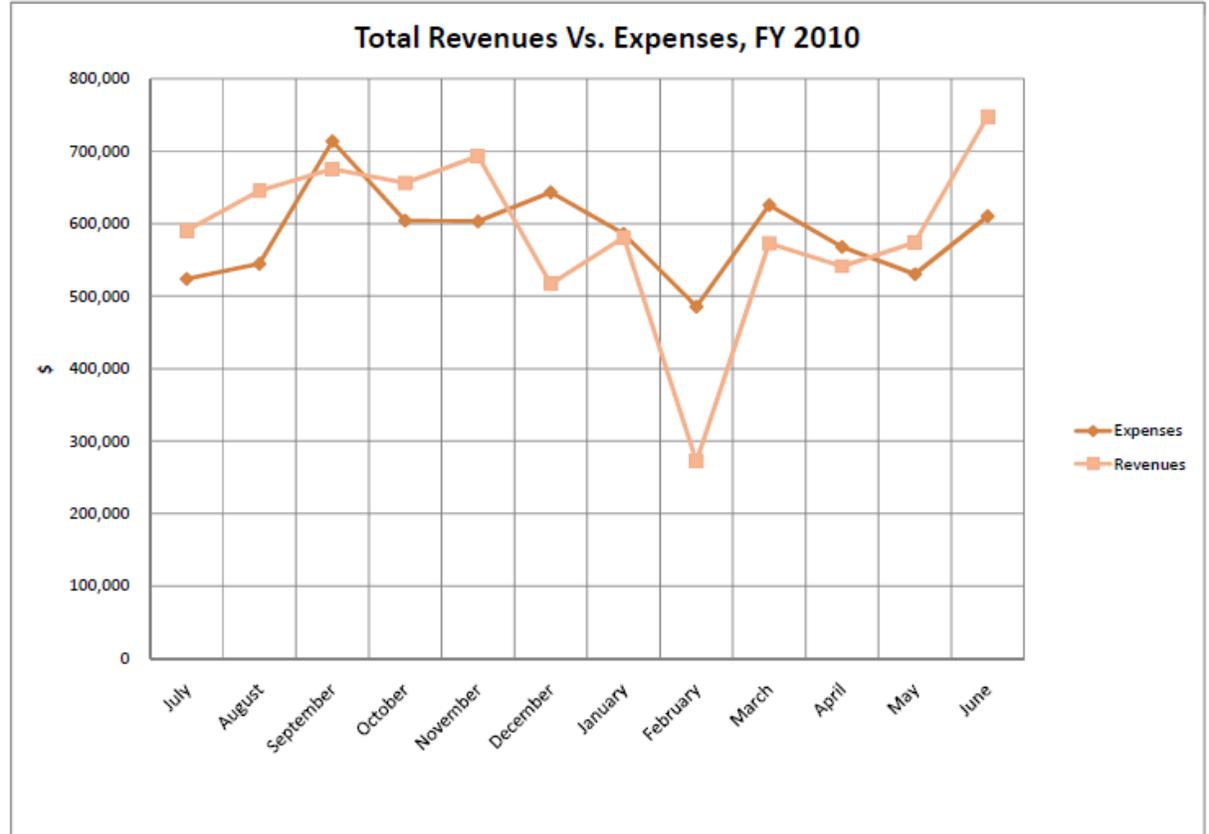
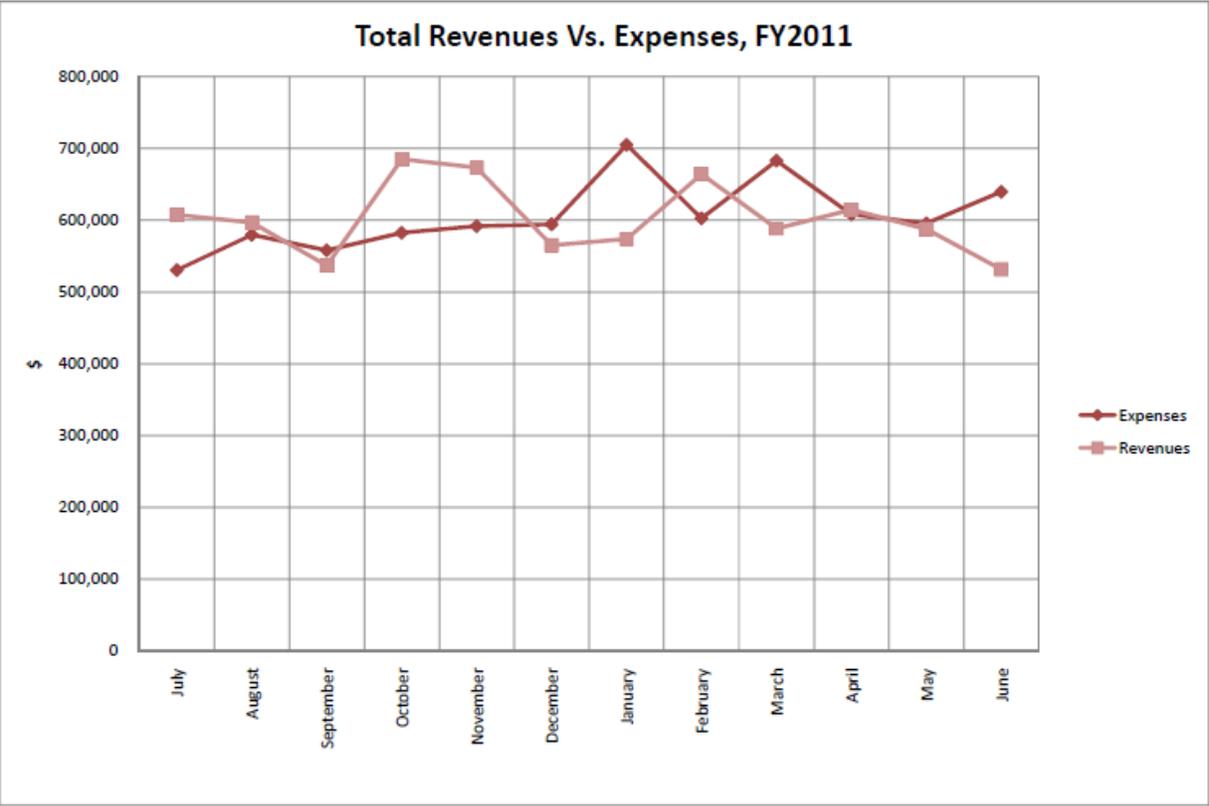


Net Patient Service Revenues Vs. Expenses, FY2011



Net Patient Service Revenues Vs. Expenses, FY 2010





**CORDOVA
COMMUNITY
MEDICAL
CENTER**



P.O. Box 160 • 602 Chase Ave. • Cordova, Alaska 99574-0160
Phone: (907) 424-8000 • Fax: (907) 424-8116

August 10, 2011

Clara Popelka, Manager
Wells Fargo Bank Cordova Branch
PO Box 1250
Cordova, AK 99574

Dear Clara,

Cordova Community Medical Center wishes to obtain a Safe Deposit Box at the Cordova branch office. The box will be used to store backup documentation for the hospital as well as residents' personal items.

Through this letter, the Health Services Board authorizes CCMC staff to establish a safe deposit box with the following approved signers:

- Stephen Sundby, Acting CEO
- Zhiyong Li, CFO
- Bruce Tipton, Accounts Payable
- Laura Cloward, Administrative Assistant

Because the need to safeguard the items will not cease in the foreseeable future, CCMC staff retain the right to renew the safe deposit box lease without additional Board approval.

Sincerely,

David Allison, President
Cordova Health Services Board

**Community Health Services Board
Resolution 2011-01**

**A RESOLUTION OF THE CORDOVA COMMUNITY HEALTH SERVICES BOARD OF THE
CORDOVA COMMUNITY MEDICAL CENTER DESIGNATING THE REPRESENTATIVES
AUTHORIZED FOR SIGNING CHECKS, NON-CHECK PAYROLL TAX PAYMENTS, AND CASH
TRANSFERS FOR CORDOVA COMMUNITY MEDICAL CENTER.**

WHEREAS, the Cordova Community Medical Center checking accounts for the general fund, payroll fund, grant fund and nursing home patient trust accounts, require two (2) signatures; and

WHEREAS, CCMC investment accounts, funded depreciation accounts, and malpractice trust accounts require the Administrator and one (1) Board Officer's original signatures; and

THEREFORE, BE IT RESOLVED THAT,

1. All checks issued require two signatures; that checks exceeding \$5,000.00 for expenditures other than non-operational monthly expenses, i.e. payroll taxes, insurance, PERS contributions, etc, require at least one (1) Health Services Board Officer's signature, and that non-check payroll tax payments and cash transfers from the general checking account to the payroll checking account require only one signature.
2. The Health Services Board authorized the following individuals to act as check signers on the above-mentioned accounts:

President	David Allison
Vice President	Kristin Carpenter
Board Member	Jim Kacsh
Administrator	Stephen Sundby
Finance Officer	Zhiyong Li

PASSED and approved this 10th day of August, 2011.

Board Signature: _____