



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
January 31, 2018 at 6:00PM
REGULAR MEETING

AT CCMC, WE BELIEVE THAT HEALTHY PEOPLE CREATE A HEALTHY COMMUNITY.

Board of Directors

Kristin Carpenter exp. 3/20
April Horton exp. 3/19
Sally Bennett exp. 3/19
Dorne Hawxhurst exp. 3/18
Amanda Wiese exp. 3/18

CCMC CEO

Scot Mitchell

OPENING: Call to Order

Roll Call – April Horton, Dorne Hawxhurst, Kristin Carpenter, Sally Bennett and Amanda Wiese. Establishment of a Quorum

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS (Speaker must give name and agenda item to which they are addressing.)

1. Audience Comments (limited to 3 minutes per speaker).
2. Guest Speaker

D. BOARD DEVELOPMENT

1. Board and Staff Communications

Pgs 2-6

E. APPROVAL OF MINUTES

1. December 7, 2017 Regular Meeting Minutes
2. December 22, 2017 Special Meeting Minutes

Pgs 7-9

Pgs 10-11

F. REPORTS OF OFFICER and ADVISORS

1. Board Chair Report – Kristin Carpenter
2. CEO Report – Scot Mitchell, CEO
3. Finance Report – Lee Holter, CFO
4. Quality Improvement Quarterly Report – Tammy Pokorney, CNO

Pgs 12-15

Pgs 16-22

Pg 23

G. CORRESPONDENCE

H. ACTION ITEMS

1. The 2018 Quality Assurance Performance Improvement (QAPI) Plan
2. IT Support Service Provider
3. Electronic Health Record System

Pgs 24-31

Pgs 32-34

Pgs 35-39

I. DISCUSSION ITEMS

1. Response to Earthquake and Tsunami on January 23rd 2018
2. Strategic Planning

K. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker) Members of the public are given 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.

L. BOARD MEMBERS COMMENTS

M. EXECUTIVE SESSION

Pursuant to AS 42.40.170 Executive Sessions; please see #1 below

N. ADJOURNMENT

For a full packet, go to www.cityofcordova.net/government/boards-commissions/health-services-board

*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 the person may request a public discussion; 3) Matters which by law, municipal charter, or ordinance are required to be confidential; 4) Matters involving consideration of governmental 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.

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Should Staff Contact with the Board Be Restricted? (/content/should-staff-contact-board-be-restricted)

By Jan Masaoka Board Café (/category/topic/board-cafe)

37 Comments (/content/should-staff-contact-board-be-restricted/#comments)



Not all nonprofit organizations need or have paid staff. But in those that do, a frequently thorny issue is that of direct contact between staff and board members:

Should board members have contact with staff independent of the executive director? For many executive directors, this issue raises blood pressure faster than almost any other (the other one is the board in executive session without them).

Opinion is sharply divided about whether and how other staff should interact with board members. Executive directors often feel that independent board-staff contact undermines their authority and creates the potential for staff to give misleading and undermining information to the board.

Board members want to respect the authority of their executive director, but they also know that . . .

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Should board members have contact with staff independent of the executive director? For many executive directors, this issue raises blood pressure faster than almost any other.

Opinion is sharply divided about whether and how other staff should interact with board members. Executive directors often feel that independent board-staff contact undermines their authority and creates the potential for staff to give misleading and undermining information to the board. They can also worry that board members will give inappropriate information to staff, perhaps about a lawsuit settlement, a financial problem, or about what's in the budget for staff raises (or cuts).

Board members want to respect the authority of their executive director, but they also often feel that it's more efficient to meet separately with staff on some matters and that doing so spares the executive from too many meetings. Board members also value the independent viewpoint they develop when not all their information is filtered through the executive director. And when staff-board contact is prohibited, the board is often the last to know about serious problems such as financial troubles, lawsuits, and reputational issues.

It's too easy to say that there ought to be enough confidence on all sides so that executives need not be anxious about what staff might say to board members on their own. That is certainly the case with many boards and executives, but the question must still be answered even where that confidence doesn't exist.

Staff members often attend board meetings to make presentations, to observe, or to respond to questions. For example, the board of an arts organization might ask for a presentation by the development director on the concept of audience development, or the board of a jobs program might ask the director to talk to the board about welfare-to-work initiatives. Some boards assign a board member to each program manager, although other boards feel that doing so can create "special interests" on the board.



Restricting contact between board and staff usually results in suspicion on the part of the board (that the executive is trying to keep information from the board) and resentment from the staff. The following guidelines can help clarify board-staff contact:

- There are no restrictions on board-staff contact, but the executive director must be informed about meetings. (Example: a voicemail message from the controller saying, "Hey, I just wanted you to know I'm meeting with the board treasurer next week to go over cash-flow projections. Let me know if there's anything you want me to bring up.")
- Because many meetings involve both staff and board -- such as planning a fundraiser or advising finance staff -- it would be a mistake to insist that the executive director be present at all such meetings. But both sides should keep these meetings within bounds; for example, in a meeting between a board member and the development director to discuss board member donations, it would be inappropriate for them to discuss whether the board or the executive director is acting responsibly in finance.
- Board members can request information and reports (such as another copy of the budget or last month's client statistics report), but they must stop short of directing staff work by asking for reports that are not already prepared or otherwise asking staff to perform tasks. New reports and tasks can be requested of the executive director.
- Personnel grievances must go through the channels specified in the personnel policies. Board members should direct staff complaints to those channels.
- The organization should have a whistleblower policy to protect staff and to comply with federal law.

A channel for serious complaints about executive staff

In addition, there needs to be a way for staff to raise serious concerns about mismanagement or malfeasance at the executive level; in other words, to give staff a legitimate channel other than writing to the attorney general. Such complaints might be about sexual harassment by the executive director, improper use of organizational funds, or financial problems being hidden from the board.

One way to do this is to let staff know that the board is open to hearing complaints and concerns on serious matters, but that these must go to the board chair, not to any other board member. As

representatives of the public, the board needs to know if staff have serious criticisms to raise; at the same time it's only fair to the executive director and to the board chair for these to be handled in a defined way.

If board members -- other than the chair -- receive a complaint, they must direct the staffperson to the board chair (otherwise staff might start lobbying the board members they see as sympathetic). The board chair can choose to raise the concerns to the executive director or to bring them to the board for investigation. For example, if the board chair hears a complaint about sexual harassment or nepotism, he or she can convene a small investigatory group from the board that interviews staff on a confidential basis. Through these interviews the board group may decide that the charges were just the unjustified accusations of a disgruntled staff member, or they may decide that there is reason for a fuller, more formal investigation.

In short

An important role of the board is to hold the organization accountable to its constituencies and the public. They can't do that without information that comes to them directly without the mediating hand of the executive director. In addition, sometimes the damage that's done by trying to prevent contact is more of a problem than what that contact could spark. And finally: often board-staff contact results in increased *appreciation* for the executive director!

See also in *Blue Avocado*:

- The Board's Role in HR (<http://www.blueavocado.org/content/nonprofit-boards-role-hr>)
- What are the Board's Responsibilities with Volunteers? (<http://www.blueavocado.org/content/what-are-boards-responsibilities-volunteers>)
- Should the Board Hold Executive Sessions? (<http://www.blueavocado.org/content/should-board-hold-executive-sessions>)
- Model Whistleblower Policy for Nonprofits (<http://www.blueavocado.org/content/model-whistleblower-policy-nonprofits>)

Jan Masaoka is Editor in Chief of *Blue Avocado*. She was once worked for a nonprofit where staff were forbidden to talk to the board, and she still remembers how strongly it made the staff distrust the executive director. This article is adapted from a chapter in *The Best of the Board Cafe*, Second Edition, available here (https://www.amazon.com/Best-Board-Cafe-Hands-Solutions/dp/0940069792/189-0559678-0827030?ie=UTF8&qid=1311120048&ref=sr_1_1&sr=8-1).



**Cordova Community Medical Center
Policy**

SUBJECT: Board Interactions with Hospital Staff	ADM 802	
DEPARTMENT: Administration	<input checked="" type="checkbox"/> New	Date:
Original Approval Date: October 13, 2016	<input type="checkbox"/> Revised	3/27/2017
Approved by: Scot Mitchell, CEO	Page 1 of 2	

Policy:

It shall be the responsibility of each member of the Cordova Community Medical Center Board of Directors to only meet with individual employees or staff members of the Cordova Community Medical Center with the presence of the Chief Executive Officer or a person designated by the Chief Executive Officer. It shall also be the responsibility of employees of the Cordova Community Medical Center to insure that when meeting with a member of the board that the Chief Executive Officer or his designee is present. Failure to include the Chief Executive Officer when meeting with a board member may result in disciplinary action up to dismissal from employment.

1. Exceptions to this policy are as follows;
 - a. Board member meeting with the Chief Financial Officer or their designee for the purpose of signing checks.
 - b. Board member meeting with the Executive Assistant for the purpose of planning and/or preparing for a board meeting or official board business.
 - c. Board member being admitted to the Cordova Community Medical Center for medical purposes where the interaction with medical staff is necessary for proper medical care.
 - d. Group social gatherings where Cordova Community Medical Center management and operations are not discussed.
2. In cases where a Cordova Community Medical Center employee suspects that the Chief Executive Officer is complicit in embezzlement or other wrong doing, the employee shall take those concerns to the City Manager.

Reference:

Cross – Reference:

Attachment:

QMC Approval Date:

HSB Approval Date: 10/13/2016

Review History:

03/27/2017 Minor Revisions

10/13/2016 Original Policy Approval

Department Manager Signature _____

Date _____

CEO Signature _____

Date _____

Review Signature _____

Date _____

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
December 7, 2017 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the Board Meeting to order at 6:00pm.

Board members present: **April Horton, Dorne Hawxhurst (telephonically), Kristin Carpenter, Sally Bennett, and Amanda Wiese.**

A quorum was established. 5 members present.

CCMC staff present: Scot Mitchell, CEO; Lee Holter, CFO; and Faith Wheeler-Jeppson, Executive Admin Assistant.

Alan Lanning, City Manager was also present for the meeting.

A. APPROVAL OF AGENDA

M/Bennett S/Wiese "move to approve the Agenda."

5 yeas, 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. **Audience Participation** ~ None

2. **Guest Speaker** ~ None

D. BOARD DEVELOPMENT

1. Overview of Surveys/Accreditation

Scot Mitchell explained to the board that every year we are required to undergo a Nursing Home survey, every three years we undergo a Critical Access Hospital survey, and because we are a co-located facility we have a Life Safety survey at the same time as our CAH and LTC surveys. In addition to those, we are also subject to a comparative survey, which we just had. There is also a survey by the Joint Commission which is only for Behavioral Health to get accredited. Sound Alternatives just completed their Joint Commission Accreditation in October of this year and there were only three areas of improvement.

January Board Development will be on Quality Reporting

E. APPROVAL OF CONSENT CALENDAR ~ None

F. APPROVAL OF MINUTES

M/Bennett S/Hawxhurst "move to approve the November 02, 2017 Regular Meeting Minutes".

5 yeas, 0 nay

Motion passed.

G. REPORT OF OFFICERS AND ADVISORS

- 1. Board Chair Report ~ Kristin Carpenter** reported that she had met with Scot to review the Agenda, she attended the Council Meeting, and the Open House for the CCMC Pharmacy.
- 2. CEO's Report ~ Scot Mitchell, CEO** updated the board on the CCMC Pharmacy, it is open and we are filling prescriptions. Scot explained in further detail to the board what a 340B Pharmacy is, and how that will benefit the hospital. We will be purchasing an EHR for Long Term Care, right now all of our records for LTC are on paper and it is an area of needed improvement. CCMC will see huge benefits with this. Lastly, the CCMC Christmas Dinner is scheduled for 6pm on December 16th at the Reluctant Fisherman, you're all invited to attend.
- 3. Finance Report ~ Lee Holter, CFO** reviewed the financial information provided in the packet with the board. A few highlights on the dashboard, the **Days in AR** have dropped by three days. **Days Cash in Hand** has increased from 17.1 to 18.9 since last month. **Rents and Leases** has decreased by \$2,000 in October. In October **Utilities** decreased by \$26,000. Overall, **Expenses** were down by \$107,000 in October.
- 3. Quality Improvement Quarterly Report ~ Scot Mitchell, CEO** reported that the Quality report is in the packet, but that he would be happy to answer any questions that they board may have. Scot provided an explanation as to what Antimicrobial Stewardship is and what the graph in the packet meant. Scot also reported that CCMC has been working with the Prince William Sound College on their Nursing program. We've also been researching Hospice Care.

H. CORRESPONDENCE

I. ACTION ITEMS

- 1. Delineation of Privileges – Dr. Hannah Sanders, MD**
M/Bennett S/Horton "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Dr. Hannah Sanders, MD as requested."
5 yeas, 0 nay
Motion passed.
- 2. Delineation of Privileges – Dr. Murray Buttner, MD**
M/Wiese S/Bennett "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Dr. Murray Buttner, MD as requested."
4 yeas, 0 nay, 1 abstain
Motion passed.
- 3. Approval of 2017 Audit Engagement Dingus, Zarecor & Associates**
M/Bennett S/Wiese "I move that the CCMC Authority Board of Directors authorizes Scot Mitchell, CEO to enter into an agreement with Dingus,

Zarecor & Associates, PLLC for the purpose of conducting the 2017 Financial Audit.”

5 yeas, 0 nay
Motion passed.

4. Cordova Drug Asset Purchase

M/Bennett S/Horton “I move that the CCMC Authority Board of Directors authorize Scot Mitchell, CEO to enter into an asset purchase agreement with Cordova Drug to purchase prescription files and medication inventory, not to exceed \$200,000.”

5 yeas, 0 nay
Motion passed.

J. DISCUSSION ITEMS

1. CEO Evaluation Preparation

Kristin Carpenter reported that the Evaluation instrument is in the packet, which will give you all a chance to take a look at the document before we do the evaluation.

K. AUDIENCE PARTICIPATION - None

L. BOARD MEMBERS COMMENTS

Carpenter ~ What can we do to reach policy makers about the things that rural hospitals face?

Hawxhurst ~ No Comment

Bennett ~ No Comment

Wiese ~ No Comment

Horton ~ No Comment

M. EXECUTIVE SESSION

1. Pursuant to AS 42.40.170 Executive Sessions; please see reason #3.

M/Bennett S/Wiese “I move to go into Executive Session for matters which by law, municipal charter, or ordinance are required to be confidential.”

The Board entered into the Executive Session at 8:15pm

The Board came out of Executive Session at 8:45pm

N. ADJOURNMENT

M/Bennett S/Wiese “I move to adjourn the meeting.”

Carpenter declared the meeting adjourned at 8:46pm.

**Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
December 22, 2017 at 12:00pm
Special Meeting**

CALL TO ORDER AND ROLL CALL –

Dorne Hawxhurst called the Board Meeting to order at 12:14pm.
Board members present: **Dorne Hawxhurst, Kristin Carpenter (telephonically), and Amanda Wiese.**

A quorum was established. 3 members present.

CCMC staff present: Scot Mitchell, CEO; Lee Holter, CFO; and Faith Wheeler-Jeppson, Executive Admin Assistant.

A. APPROVAL OF AGENDA

M/Wiese S/Carpenter "move to approve the Agenda."

3 yeas, 0 nay, 2 absent

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. BOARD DEVELOPMENT ~ None

E. APPROVAL OF CONSENT CALENDAR ~ None

F. APPROVAL OF MINUTES ~ None

G. REPORT OF OFFICERS AND ADVISORS ~ None

H. CORRESPONDENCE ~ None

I. ACTION ITEMS

1. Approval of the 2018 CCMC Budget

M/Wiese S/Carpenter "I move to approve the 2018 CCMC Budget."

3 yeas, 0 nay, 2 absent

Motion passed.

M/Dorne S/Wiese "I move to amend the main motion to decrease the amount of the funds showing in the draft budget from the City to CCMC from \$625,000 to \$525,000."

3 yeas, 0 nay, 2 absent

Motion passed.

J. DISCUSSION ITEMS ~ None

K. AUDIENCE PARTICIPATION ~ None

L. BOARD MEMBERS COMMENTS

Carpenter ~ None

Hawxhurst ~ None

Wiese ~ None

L. EXECUTIVE SESSION

- 1. Pursuant to AS.42.40.170, Executive Sessions; please see #3 below M/Wiese S/Carpenter** "I move to go into Executive Session for matters by which law, municipal charter, or ordinance are required to be confidential."

Entered into Executive Session at 1:18pm

Came out of Executive Session at 1:35pm

N. ADJOURNMENT

M/Carpenter S/Wiese "I move to adjourn the meeting."

Hawxhurst declared the meeting adjourned at 1:36pm.

Prepared by: Faith Wheeler-Jeppson

DRAFT



P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

CEO Report to the CCMC Authority Board of Directors
January 31, 2018
Scot Mitchell, CEO

The Big Picture

The New Year has brought us significant amount of uncertainty. As of my writing this report, the government has been shut down for one day now, we'll see how long this goes on, and hopefully the impact to CCMC will be minimal. The new tax bill removed the individual mandate for the Accountable Care Act, which will increase the number of uninsured, as some individuals will elect to not purchase health care insurance coverage. The 340B Drug Pricing program is still in the cross hairs of the pharmaceutical industry, who is wanting to see the benefits of this program leave the providers and go back to the manufacturers. There were changes made by CMS recently, but CAH facilities were exempt from those changes. Competing bills have been introduced in the House of Representatives, one would have a negative impact on CAHs and the other would prevent reductions. Congressman Don Young has co-sponsored the bill that would be helpful to CCMC. These are just a few of the issues that could impact CCMC from a national basis. In addition to the national and local matters we are dealing with, the Alaska State Legislature recently convened and we expect additional cuts to State programs and Medicaid funding this year. 2018 will be a very interesting year for CCMC.

Status Updates

Staff at CCMC has started working on the 2018 Strategic Plan. We will be reviewing all the issues mentioned above, along with the many others that impact CCMC, and drafting a plan that we believe will assist us as we continue to improve the operational and financial performance of CCMC. Once we complete our draft of the Strategic Plan, we will present it to the CCMC Authority Board of Directors for approval. We have proposed using the Studer Pillars of Excellence as the basis of our strategies. The Studer Group is a healthcare consulting company that helps hospitals improve their clinical outcomes and financial results. Below are the Studer five pillars of excellence that we have adopted as our strategies.

- Service
- Quality
- Finance
- People
- Growth

In addition to the five pillars above, we've added another one for our Community. These six pillars form the basis of our planning efforts. Staff is establishing Goals for each of the strategies that will help us achieve success in these strategies. We will also drill down further with Action Plans and Tasks for each goal to help us improve our chances for success. We have started using a web-based strategic planning tool to help us document our plan as well as the progress of each goal. My plan is to provide each Board member with access to this web tool, so you can get updates on the status of our plan whenever you like. My objective is to also use this web tool to show updates during our monthly meetings.

Now that the CCMC Authority Board of Directors is nearing its first anniversary, I feel like it is time to further develop the role of the Board in regards to the higher-level strategic issues that can provide long-term benefits to the facility. There are a few mandatory hospital board functions, and at the top of the list is making sure the facility is providing quality health care services to the community we serve. There are several ways the Board can provide input into this. With the January 2018 meeting, we will start moving the Board meeting agenda items to this focus.

Due to our new strategic planning strategies, I will change the format of my monthly report to the Board to coincide with those strategies. Below is my overview for January 2018.

Service:

- We have started the implementation process for the PointClickCare long term care electronic health record (EHR) system. There have been dozens of conference calls and webinars already this month for this process. This new system will greatly enhance the clinical documentation and quality of care provided to our nursing home residents. The system is being implemented in two phases, with the MDS and billing components scheduled to go live on February 1st and the clinical documentation component starting on March 1st.
- As you know, we've been researching a new hospital EHR system for more than a year now. We have selected the Evident system from CPSI as the one that will best fit our needs. This system is not the most robust, nor is it the cheapest, but overall it seems to be the best fit for our situation. CPSI has agreed to provide CCMC with a credit equal to the amount that was spent on the Centriq EHR system that was purchased installed in 2015, this is around \$750,000. CPSI is also providing us with an interest-free payment plan that will prevent us from having to request additional funds from the City to pay for it. We will be presenting this to the Board for approval at the January meeting.
- As part of the continual improvement efforts at CCMC, we have started conducting capabilities assessments of our various service lines. An assessment of the nursing home was completed recently which is one of the main tools we are using to help us grow our quality improvement program in that area. I will provide additional details on this in the Quality section.
- We are having outside consultants come in and provide assessments of Sound Alternatives as we continue to make improvement in our behavioral health programs. These consultants will help us develop improvement plans for Sound Alternatives. Lykia Lorenz has made significant progress in addressing the opportunities for improvement in Sound Alternatives in the short time she has been here.
- We have been researching the potential to switch our IT service company for several months now. We are going to be presenting a proposal to the Board for switching to the same company that the City of Cordova uses. While the cost will be slightly more than our current provider, the quality of service should improve considerably.

Quality:

- Tammy Pokorney, Chief Nursing Officer, Carol Eichert, Long Term Care Director of Nursing and Kelly Kedzierski, our Quality Improvement Coordinator have made excellent progress in developing our new Quality Assurance Performance Improvement (QAPI) Plan for the nursing home. This is a newer methodology for making certain that we are providing the best possible services to our nursing home residents. We are presenting this plan to the Board for approval at the January meeting. We will provide additional details at the meeting on how this plan is being used to look for areas of improvement by developing Performance Improvement Plans to determine the root cause of quality issues, and to develop action plans to correct them.
- The 2017 quality metrics for the Merit-based Incentive Payment System (MIPS) for Dr. Blackadar have been thoroughly researched and will be submitted to CMS shortly. This is one of the federally-mandated quality reporting systems that put a big burden on smaller facilities such as ours. Kelly Kedzierski has spent several months abstracting patient records and working with the medical staff to select appropriate measures. Had we not completed this attestation process, CMS would have reduced the payments we receive for Dr. Blackadar's service in 2019 by 4%.

Finance:

- We are continually looking at ways to reduce expenses and increase revenues for CCMC. One of the big areas is with our employee benefits costs. We have been working with the City to develop a new pharmacy benefits program for the hospital and City employees. We are getting closer to making this a reality. This could be the first step in helping to reduce the cost of our health insurance, all while improving the health status of our employees. We will update you as this process develops.
- PERS Prisoner. Hospital Hostage. These are two phrases used by the State to identify the four hospitals in Alaska that are hamstrung by the unbelievable debt of the State Public Employees Retirement System. If you remember from the audit presentation from DZA last November, CCMC has a liability of about \$7,000,000 on our balance sheet from 2016 solely because of the mismanagement of the PERS system in the past. The State of Alaska requires us to pay a tax of 22% of our total payroll to the PERS system to help them cover the past mistakes they made. None of that money will be realized by our employees. We have been using multiple avenues to try to come up with a solution to help us reduce this unfunded mandate. We may have made some headway recently, which might allow us to pay just the employee contribution and our match only. Previously PERS would not allow us to split out the employee contribution, our match and the 22% tax. Hopefully we will have some good news to report by the Board meeting.
- Lee Holter, CFO and I have been having discussions with the State of Alaska Certificate of Need division to see if we could possibly add additional nursing home beds to our license. Over 2017 we've typically had four or five swing bed patients who are actually waiting for a nursing home bed to free up. The payment we receive for these swing bed days is less than what we receive for nursing home beds. The difference last year was about \$300,000. When you add in the expected reduction in Medicare costs, we will lose around another \$600,000 from our cost report. This expected reduction is why you saw such a big change in our income statement towards the end of 2017, as we started using a predictive modeling methodology that allowed Lee to estimate the hit we would take on the Medicare cost report. We are still a long way from any resolution on this issue, but we will continue to pursue this potential option.
- In an effort to help improve cash flow, we've implemented a practice whereby we are asking patients with out of state insurances to pay the full amount of their bill, and then we will give them the appropriate documentation to bill their insurance directly. There are so many insurance companies out there, that it is not feasible to have payment contracts with all of them. If we don't have a contract with them it is much more time consuming and difficult to receive payment from the insurance companies. This practice is fairly common in other hospitals.

People:

- We are in the implementation phase of adding the Relias Learning Management system to our HR and Nursing services. Relias provides over 2,000 educational programs online for all hospital staff. This system also will assist us in developing competency evaluation tools for the nursing staff. It will replace a less robust system we've used for several years. In addition to the training, it also offers an evaluation component that will help assess the capabilities of nursing personnel, and develop training programs to help them with competencies where they may need additional training. This can be used for evaluating nurses before they are hired, or for performance reviews of current staff.
- We started using the ADP payroll system with the first pay period of 2018. Unfortunately we've had some significant problems with the conversion. We've spent a lot of time working with ADP to fix the problems, most of them are on their side, but we also have some improvements to make with our payroll practices as well. Once we complete this transition, the ADP system will also be used for personnel management and recruitment. These new capabilities should enhance our HR and recruitment and retention processes.
- I have been having some discussions with an outside consulting firm that can offer us a new and improved onboarding program for new employees. With all the unique issues here, we need to make some enhancements to provide our new staff with the tools they need have the best chances to be successful.

- The new compensation philosophy that the Board approved last year has been implemented with the first pay period in 2018. Our salary structures are now competitive with other CAH hospitals in Alaska.

Growth:

- CCMC has entered into a Care Collaboration agreement with Alaska Regional Hospital (ARH) in Anchorage. This agreement allows us to work with the Alaska Regional team to help provide additional services to CCMC along with other quality efforts. We have started working with the ARH staff to implement a tele-stroke and emergency tele-behavioral health programs. These programs should go live by this summer.
- We have been introduced to various physicians in Anchorage who are interested in coming to CCMC for outpatient specialty clinics. We are currently performing the primary source verification credentialing for an OB/GYN physician. We've also had several discussions with another pediatrics group for additional pediatric clinics in Cordova. We've talked with an Orthopedic surgeon who is also interested in specialty clinics here at CCMC. We are still searching for Cardiology and Podiatry physicians, and will continually evaluate the need for additional specialties.
- We've had some preliminary discussions with a Speech Therapist who is interested in providing services at CCMC.
- We are currently performing the primary source verification credentialing for a Psychiatrist who will provide telemedicine visits in Sound Alternatives.
- The CCMC Pharmacy has been much busier than we expected for this earlier in the process. We are averaging around 30 prescriptions per day, but the busiest day so far had 67 prescriptions! We have received many compliments from patients about how happy they are with the pharmacy.

Community:

- We continue to work on the action items developed during the Community Health Needs Assessment (CHNA) process in 2016. The pharmacy mentioned above was one of the items that the community wanted us to do. Several of the specialty clinics noted above were also on the CHNA. I've added the Community Health Needs Assessment action items to the Strategic Plan web tool so you can see where we are on each of those items.
- We have been conducting some trials with new marketing efforts, and have found that we can use social media to reach more people at a much cheaper cost than other methods. We have also increased our marketing on the radio. We continue to explore various cost-effective methods to let the community know more about our services.



Monthly Financial Statements

NOVEMBER 2017

January 31, 2018

To the Board
November Financial Statements

I apologize for not having December Financial statements done. there have been a lot of issues requiring my attention during January and I want to produce an accurate set of in Financial statements.

Sincerely

Lee Holter
CFO

Cordova Community Medical Center
Balance Sheet

ASSETS	<u>11/30/2017</u>	<u>10/31/2017</u>	<u>11/30/2016</u>
Current Assets			
Cash	694,422	495,997	108,722
Net Account Receivable	1,506,524	1,577,574	1,261,097
Third Party Receivable	-	-	0
Other Receivables	-	-	100,481
Prepaid Expenses	52,498	70,621	2,002
Inventory	188,503	159,223	169,201
Total Current Assets	<u>2,441,947</u>	<u>2,303,416</u>	<u>1,641,503</u>
Property, Plant & Equipment			
Land	122,010	122,010	122,010
Buildings	7,006,762	7,006,762	7,006,763
Equipment	6,772,970	6,772,970	6,759,816
Construction in Progress	117,567	117,567	1,060,094
Subtotal PP&E	14,019,309	14,019,309	14,948,682
Less Accumulated Depreciation	(10,659,121)	(10,612,996)	(10,106,135)
Total Property & Equipment	<u>3,360,188</u>	<u>3,406,313</u>	<u>4,842,547</u>
Other Assets			
PERS Deferred Outflow	1,218,788	1,218,788	929,979
Total Other Assets	<u>1,218,788</u>	<u>1,218,788</u>	<u>929,979</u>
Total Assets	<u>7,020,923</u>	<u>6,928,517</u>	<u>7,414,029</u>
LIABILITIES AND FUND BALANCE			
Current Liabilities			
Accounts Payable	1,211,928	743,412	586,585
Payroll & Related Liabilities	49,973	162,846	496,516
Third Party Settlement Payment	565,394	525,384	0
Interest & Other Payables	11,462	14,406	6,035
Long Term Debt-- City	3,477,563	3,477,563	3,100,976
Other Current Long Term Debt	50,007	47,448	132,146
Total Current Liabilities	<u>5,366,326</u>	<u>4,971,059</u>	<u>4,322,258</u>
Long Term Liabilities			
2015 Net Pension Liability	6,907,864	6,907,864	5,015,100
Total Long Term Liabilities	<u>6,907,864</u>	<u>6,907,864</u>	<u>5,015,100</u>
Deferred Inflows of Resources			
Pension Deferred Inflow	77,000	77,000	88,788
Total Deferred Inflows	<u>77,000</u>	<u>77,000</u>	<u>88,788</u>
Total Liabilities	<u>12,351,190</u>	<u>11,955,923</u>	<u>9,426,146</u>
Net Position			
Unrestricted Fund Balance	2,460,523	2,460,523	2,769,539
Temporary Restricted Fund Balance	13,035	13,035	13,035
Prior Year Retained Earnings	(7,488,816)	(7,488,816)	(4,086,354)
Current Year Net Income	(315,010)	(12,149)	(708,338)
Total Net Position	<u>(5,330,268)</u>	<u>(5,027,406)</u>	<u>(2,012,117)</u>
Total Liabilities & Net Position	<u>7,020,923</u>	<u>6,928,517</u>	<u>7,414,029</u>

Cordova Community Medical Center
 Gross AR Aging and Days in AR
 November 2017

TOTAL	0 - 30	31 - 60	61 - 90	91 - 120	121+	Totals	Nov Days In AR
Gross A/R	<u>146,537</u>	<u>91,873</u>	<u>78,262</u>	<u>45,858</u>	<u>153,581</u>	<u>516,111</u>	17.9%
Commercial	289,829	21,966	32,053	74,785	90,922	509,555	17.6%
Medicare	441,021	9,958	102,307	11,803	283,892	848,980	29.4%
Medicald	270,589	55,814	5,069	2,393	60,254	394,118	13.6%
Long Term Care	16,834	4,809	8,408	8,190	6,817	45,058	1.6%
Other Govt payers	-	-	-	10,739	201,711	212,450	7.4%
Extended Pymt Terms	70,888	23,312	19,928	54,086	98,695	266,909	9.2%
Private Pay	4,101	219	1,086	27,025	62,527	94,958	3.3%
Work Comp	1,239,799	207,952	247,112	234,879	958,398	2,888,140	100.0%
Totals	42.9%	7.2%	8.6%	8.1%	33.2%	100.0%	82.4
						<u>(84,912)</u>	Credit Balances

Cordova Community Medical Center
Income Statement

	November 2017				Year To Date				
	Actual	Budget	Variance	Prior Yr	Variance	Budget	Variance	Prior Yr	Variance
REVENUE									
Acute	41,694	149,108	(107,414)	69,307	(27,613)	887,718	1,459,683	733,822	153,896
Swing Bed	356,317	21,826	334,491	3,538	352,779	2,714,165	289,144	2,425,021	634,267
Long Term Care	364,776	340,241	24,535	348,292	16,484	4,027,469	3,891,241	136,228	3,871,839
Clinic	91,897	56,495	35,402	62,964	28,933	1,072,870	850,875	221,995	155,630
Outpatients	156,329	189,549	(33,220)	212,197	(55,868)	2,360,366	2,571,477	(211,111)	2,374,520
Behavioral Health	19,466	66,731	(47,266)	22,224	(2,759)	382,079	616,501	(234,422)	438,059
Patient Services Total	1,030,479	823,950	206,529	718,522	311,957	11,444,667	9,678,921	1,765,746	8,857,419
DEDUCTIONS									
Charity	40	12,734	(12,694)	309	(269)	10,017	149,701	(139,684)	184,869
Contractual Adjustments	381,914	118,959	262,955	145,825	236,088	3,231,551	1,398,530	1,833,021	1,396,064
Bad Debt	66,887	23,342	43,545	16,413	50,473	340,787	274,416	66,371	325,327
Deductions Total	448,840	155,035	293,805	162,548	286,292	3,582,356	1,822,647	1,759,709	1,906,259
COST RECOVERIES									
Grants	26,647	28,061	(1,414)	21,028	5,619	291,683	439,614	(147,931)	411,017
In-Kind Contributions	79,831	66,582	13,249	82,475	(2,644)	994,119	1,043,114	(48,995)	1,249,554
Other Revenue	5,132	10,596	(5,464)	86,685	(81,553)	379,341	166,006	213,335	783,762
Cost Recoveries Total	111,610	105,239	6,371	190,188	(78,578)	1,665,143	1,648,734	16,409	2,444,334
TOTAL REVENUES	693,248	774,154	(80,906)	746,162	(52,914)	9,527,454	9,505,008	22,446	9,395,493
EXPENSES									
Wages	406,969	321,772	85,197	329,597	77,372	3,744,041	3,861,267	(117,226)	3,232,301
Taxes & Benefits	127,171	163,873	(36,702)	161,844	(34,674)	1,605,881	1,966,478	(360,597)	1,864,875
Professional Services	158,443	144,789	13,654	144,114	14,329	1,559,742	1,582,791	(23,049)	2,221,824
Minor Equipment	3,377	2,307	1,070	1,687	1,690	41,381	25,377	16,004	28,948
Supplies	54,985	34,407	20,578	34,882	20,103	523,210	382,304	140,906	373,457
Repairs & Maintenance	7,366	2,204	5,162	20,900	(13,535)	95,057	24,244	70,813	89,525
Rents & Leases	8,140	9,142	(1,002)	8,270	(131)	120,849	100,562	20,287	163,421
Utilities	114,947	98,982	15,965	106,557	8,390	1,161,246	1,107,739	53,507	1,127,221
Travel & Training	2,889	3,742	(853)	2,006	884	73,635	41,186	32,449	65,149
Insurances	13,124	17,959	(4,835)	14,355	(1,231)	173,438	199,857	(26,419)	185,684
Recruit & Relocate	15,464	4,167	11,297	11,918	3,546	73,807	45,837	27,970	95,312
Depreciation	46,125	43,750	2,375	46,083	42	507,701	481,250	26,451	505,237
Other Expenses	38,473	12,224	26,249	24,996	13,477	164,858	134,464	30,394	150,879
TOTAL EXPENSES	997,473	859,318	138,155	907,210	90,263	9,844,846	9,953,356	(108,510)	10,103,831
OPERATING INCOME	(304,225)	(85,164)	(219,061)	(161,048)	(143,176)	(317,392)	(448,348)	130,956	(708,338)
Restricted Contributions	1,364					2,389			
NET INCOME	(302,861)	(85,164)	(217,697)	(161,048)	(141,813)	(315,003)	(448,348)	133,345	(708,338)

Cordova Community Medical Center Statistics

Change each month

	31	28	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	Total	Average
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Monthly						
Hosp Acute+SWB Avg. Census	31	29																	
FY 2017 ADC	3.1	3.8	4.5	4.5	4.5	3.1	5.3	4.4	4.5	5.6	5.6								4.4
FY 2016	0.8	1.9	1.3	2.0	1.7	2.2	1.2	0.3	0.7	1.1	0.5	1.0							1.2
FY 2015	1.1	0.2	2.0	2.3	2.0	2.7	0.9	1.5	0.7	0.5	0.9	0.1							1.2
Acute Admits																			
FY 2017	9	7	7	5	4	1	10	6	6	8	2								65
FY 2016	6	8	3	8	9	5	7	5	6	10	6	8							81
FY 2015	1	1	4	6	5	2	5	1	5	5	3	1							39
Acute Patient Days																			
FY 2017	32	22	29	23	28	2	49	12	16	18	5								236
FY 2016	16	15	18	22	26	20	11	10	18	22	15	17							210
FY 2015	2	3	7	8	16	3	10	2	11	6	7	2							77
SWB Admits																			
FY 2017	5	3	2	1	2	0	1	0	0	3	1								18
FY 2016	2	2	0	2	1	3	1	0	1	2	1	2							17
FY 2015	1	1	3	3	2	0	0	3	1	1	0	0							15
SWB Patient Days																			
FY 2017	64	84	109	111	111	90	114	124	120	157	163								1,247
FY 2016	9	40	23	37	28	46	25	0	3	11	1	14							237
FY 2015	31	3	55	60	46	78	18	45	11	11	19	0							377
CCMC LTC Admits																			
FY 2017	0	0	0	0	0	0	0	0	0	0	0	0							0
FY 2016	1	0	0	0	0	0	2	0	0	0	0	0							3
FY 2015	0	0	0	1	1	2	1	2	2	1	0	0							10
CCMC LTC Resident Days																			
FY 2017	310	280	310	300	310	300	310	310	300	310	300								3,340
FY 2016	310	290	310	297	310	298	292	310	300	310	300	310							3,637
FY 2015	310	280	308	287	307	300	274	273	388	309	300	310							3,646
CCMC LTC Avg. Census																			
FY 2017	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	0.0							10.0
FY 2016	10.0	10.0	10.0	9.9	10.0	9.9	9.4	10.0	10.0	10.0	10.0	10.0							9.9
FY 2015	10.0	10.0	9.9	9.6	9.9	10.0	8.8	8.8	12.9	10.0	10.0	10.0							10.0
ER Visits																			
FY 2017	49	35	47	49	53	55	75	68	53	43	42								569
FY 2016	52	45	52	52	59	79	85	74	51	55	37	53							694
FY 2015	23	46	49	40	104	73	104	97	47	56	37	39							715

CCMC is dedicated to the highest level of professional and ethical standards in our service to the community. Improving the quality and safety of health care services remains a key concern to CCMC. CCMC has been working hard toward developing appropriate organizational strategies, incentives and developing a culture of excellence to support delivery of quality with in our organization. The improvements attained thus far are the results of clear and consistent focus on the principles outlined in the 2017 Quality Improvement Plan. We have completed a 2018 Quality Assurance/Performance Improvement (QAPI) plan. The goal in developing and implementing this 2018 QAPI plan is to continue to build a healthcare system that focuses on keeping our community healthy, provides appropriate and timely access to excellent healthcare, and provide the right care, at the right time, in the right place, all the while promoting focused improvement.

The 2018 QAPI plan aims for safety and high quality with all clinical interventions and service delivery while emphasizing autonomy, choice, and quality of daily life for residents and family by ensuring our data collection tools and monitoring systems are in place and are consistent for proactive analysis, system failure analysis, and corrective actions. We will implement evidence-based practices (e.g. data, national benchmarks, published best practices, clinical guidelines) to define and measure our goals. CCMC uses national benchmarks provided by national associations, clinical organizations, and federal and state provided databases such as WSHA Partnership for Patients, CMS quality Measures, and survey data to establish baselines for organizational practices and goal-setting. The organization will continue to monitor progress toward goals by comparing its results to these benchmarks and its historical performance.

CCMC puts infection control and hygiene at the heart of clinical practice, and is committed to ensuring that appropriate resources are allocated for effective protection of patients, their relatives, staff and visiting members of our community. In this regard, emphasis is given to the prevention of healthcare associated infections, the reduction of antibiotic resistance and the sustained improvement of cleanliness in the hospital. Infection control is a team effort and we are very pleased with all of the hard work and dedication of each and every one of our team members.



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: 2018 QAPI Plan
Date: 1/18/2018

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the 2018 Quality Assurance Performance Improvement (QAPI) Plan.”

Draft QAPI Plan

CCMC Long Term Care QAPI Plan 2018

**025028: Cordova Community Medical Center Long-Term Care, Cordova,
AK**

Effective Date: 15-Dec-2017

Design & Scope

Statements and Guiding Principles:

Our Mission: As a partner in our community, Cordova Community Medical Center provides personalized service to support the health and well being of all people through their journeys in life.

Our Values: Respect, Integrity, Stewardship, Compassion and Excellence

CCMC is dedicated to the highest level of professional and ethical standards in our service to the community. Staff and Administration work in partnership with one another, visiting specialists and their staffs, and other community providers, based on respect and the highest professional standards. Employees comply with all applicable federal and state laws and regulations in the course of carrying out CCMC's mission, act honestly and with integrity at all times, and provide the best possible care to all patients in a friendly, helpful and compassionate manner.

Types of Care and Services:

Skilled Nursing

- Long-Term Care
- Post-acute care
- Pharmacy

Therapy

- Outpatient
- Physical
- Skilled Rehabilitation

Dietary

- Dining
- Dietician

Housekeeping

- Laundry
- Janitorial

Maintenance

- Building
- Landscaping/Groundskeeping
- Equipment

Health Information Services

- EHR/EMR
- MDS

Social Services

- Activities
- Care Coordination
- Mental Health

Staff Education

- On-boarding and Orientation
- Internal Continuing Education
- External Continuing Education (Conferences, Symposiums, etc.)

Business Office

- Staffing
- Billing
- Human Resources

Addressing Care and Services:

The QAPI program will aim for safety and high quality with all clinical interventions and service delivery while emphasizing autonomy, choice, and quality of daily life for residents and family by ensuring our data collection tools and monitoring systems are in place and are consistent for proactive analysis, system failure analysis, and corrective action. We will utilize the best available evidence (e.g. data, national benchmarks, published best practices, clinical guidelines) to define and measure our goals.

The scope of the QAPI program encompasses all types and segments of care and services that impact clinical care, quality of life, resident choice, and care transitions. These include, but are not limited to, customer service, care management, patient safety, credentialing, provider relations, human resources, finance, and information technology. Aspects of service and care are measured against established performance goals and key measures are monitored and trended on a quarterly and/or annual basis.

abaqis supplies the fundamental core of the QAPI program by providing a structured, electronic system for the collection and analysis of quality data from residents, family, staff, resident records, and the MDS. To accomplish this, abaqis includes a series of sampling, assessment, and data collection tools, and provides for analysis through in-depth investigation, the comparison of an organization's performance against established indicators, and thresholds of quality as well as national benchmarks. Coupled with the Providigm QAPI Accreditation Program standards, abaqis also provides a data-driven and scientifically proven methodology for monitoring QAPI program efforts to ensure that they are comprehensive in scope, continuously executed and monitored, include the appropriate coverage of unique residents and care areas, and proactively initiate appropriate investigative and improvement actions for areas identified as needing correction.

Defining and Measuring Goals:

The organization will use national benchmarks provided by national associations, clinical organizations, and federal and state provided databases (e.g. CMS Quality Measures, Five-Star Quality Rating System, survey data) to establish baselines for organizational practices and goal-setting. The organization will continue to monitor progress toward goals by comparing its results to these benchmarks and its historical performance.

The sampling, assessment, and data collection tools in abaqis are based on the CMS Quality Indicator Survey (QIS) process and the Quality of Care and Life Indicators (QCLIs) that identify potential areas of concern. Additionally, abaqis contains Critical Element Pathways, Surveyor Guidance, and national benchmarks that provide a framework for defining and measuring QAPI program goals.

Governance & Leadership

Administrative Leaders:

Name	Role
Scot Mitchell	Chief Executive Officer / Administrator
Kristin Carpenter	Board Chairperson
April Horton	Board Vice Chairperson
Dorne Hawxhurst	Board Treasurer
Sally Bennett	Director
Amanda Weise	Director

Direction of QAPI Activities:

The Governing Body and Quality Improvement Committee of the nursing center develop a culture that involves leadership-seeking input from nursing center staff, residents, their families, and other stakeholders.

The Governing Body is responsible for the development and implementation of the QAPI program. The Governing Body is responsible for:

- 1) Identifying and prioritizing problems based on performance indicator data
- 2) Incorporating resident and staff input that reflects organizational processes, functions, and services provided to residents
- 3) Ensuring that corrective actions address gaps in the system and are evaluated for effectiveness
- 4) Setting clear expectations for safety, quality, rights, choice, and respect
- 5) Ensuring adequate resources exist to conduct QAPI efforts

The Quality Improvement Committee reports to the executive leadership and Governing Body and is responsible for:

- 1) Meeting, at minimum, on a quarterly basis; more frequently, if necessary
- 2) Coordinating and evaluating QAPI program activities
- 3) Developing and implementing appropriate plans of action to correct identified quality deficiencies
- 4) Regularly reviewing and analyzing data collected under the QAPI program and data resulting from drug regimen review and acting on available data to make improvements
- 5) Determining areas for PIPs and Plan-Do-Study-Act (PDSA) rapid cycle improvement projects
- 6) Analyzing the QAPI program performance to identify and follow up on areas of concern and/or opportunities for improvement

With abaqis, the Governing Body and Quality Improvement Committee have access to and visibility into virtually all of an organization's QAPI activity including quality assessments, facility QAPI Self Assessments, Care Area investigations, PIPs, and detailed reporting. Additionally, as a Web-based application, abaqis can be accessed anywhere, allowing for simultaneous data collection and analysis, widespread team collaboration, and remote monitoring of quality improvement efforts.

Staff QAPI Adoption:

The QAPI program will be structured to incorporate input, participation, and responsibility at all levels. The Governing Body and Quality Improvement Committee of the nursing center will develop a culture that involves leadership-seeking input from nursing center staff, residents, their families, and other stakeholders; encourages and requires staff participation in QAPI initiatives when necessary; and holds staff accountable for taking ownership and responsibility of assigned QAPI activities and duties.

QA&A Committee

QA&A Committee Members:

Medical Director/Designee: Sam Blackadar, MD

Director of Nursing Services: Tammy Pokorney, RN

Administrator/Owner/Board Member/Other Leader:
Scot Mitchell

Infection Prevention & Control Officer: Kelly
Kedzierski, RN

Additional Committee Members:

Name	Role
Hannah Sanders, MD	Chief of Staff
Carol Eichert, RN	LTC Director of Nursing
Heidi Voss, PharmD	Pharmacist
Lee Holter	Chief Financial Officer
Carmen Nourie	Medical Technologist
Kevin Byrd	Radiology Technologist
Kim Wilson	Human Resources
Vivian Knop	Materials Manager
Weston Bennett	Facility Manager
Faith Wheeler-Jesppson	Corporate Compliance

Susan Banks

Dietary Manager

Lykia Lorenz

Sound Alternatives Executive Director

Donna Scarborough

Social Worker

Emily Rogers,PT,DPT

Physical Therapist

Holly Rikkola

Health Information Management (HIM)

Feedback, Data Systems & Monitoring

Monitoring Process:

The system to monitor care and services will continuously draw data from multiple sources. These feedback systems will actively incorporate input from staff, residents, families, and others, as appropriate. Performance indicators will be used to monitor a wide range of processes and outcomes, and will include a review of findings against benchmarks and/or targets that have been established to identify potential opportunities for improvement and corrective action. The system also maintains a system that will track and monitor adverse events that will be investigated every time they occur. Action plans will be implemented to prevent recurrence.

abaqis provides a systematic approach to evaluating potential problems and opportunities for improvement through continuous cycles of data gathering and analysis. This is accomplished through a variety of assessments such as resident, family, and staff interviews; resident observations; medical record reviews; in-depth clinical reviews; facility-level process reviews; and MDS data analysis.

Monitored Data Sources:

abaqis Assessments

- QAPI Assessments
- Resident-Level Investigations
- Facility-Level Investigations
- Resident Satisfaction
- Family Satisfaction

CMS

- Comparative Survey Data
- Survey Data
- Five Star Quality Rating System
- CMS Quality Measures
- State Survey Reports

Internal Systems

- Resident/Family Complaints
- Resident/Family Suggestions
- Staff Complaints
- Staff Suggestions
- MDS
- EMR/EHR

Industry Associations

- AHCA/NCAL Trend Tracker

Additional Systems:

Adverse/Never Event Tracking System:

Medication Errors, Falls with Injuries, Infections, Elopement

Method of Monitoring Multiple Data Sources:

Information will be collected on a routine basis from the previously identified sources and the data will be analyzed against the appropriate benchmarks and target goals for the organization.

abaqis is a systematized and secure platform for data collection. abaqis provides tools for establishing quality assessment and improvement cycles, includes a collection of turnkey quality assessments and investigations, and provides a structured and electronic repository for QAPI program coordination and documentation.

abaqis includes robust data analysis and reporting tools that draw from multiple data sources and allow organizations to identify Care Areas that exceed regulatory thresholds, and ED transfers, and monitor rates for hospital readmissions, community discharge, and resident and family satisfaction.

Planned abaqis QAPI Usage:

abaqis will be used by generating random samples of residents for analysis periodically throughout the year. At the end of data collection periods, the QAPI team will review reports to identify areas for improvement by utilizing the CMS QIS thresholds and in-depth investigations.

Performance Improvement Projects (PIPs)

Overall PIP Plan:

Performance Improvement Projects will be a concentrated effort on a particular problem in one area of the nursing center or on a facility-wide basis. They will involve gathering information systematically to clarify issues or problems and intervening for improvements. The nursing center will conduct PIPs to examine and improve care or services in areas that the nursing center identifies as needing attention.

PIP Determination Process:

Areas for improvement are identified by routinely and systematically assessing quality of care and service, and include high risk, high volume, and problem prone areas. Consideration will be given to the incidence, prevalence, and severity of problems, especially those that affect health outcomes, resident safety, autonomy, choice, quality of life, and care coordination. All staff are responsible for assisting in the identification of opportunities for improvement and are subject to selection for participation in PIPs.

Assigning Team Members:

When a performance improvement opportunity is identified as a priority, the Quality Improvement Committee will initiate the process to charter a PIP team. This charter describes the scope and objectives of the improvement project so the team working on it has a clear understanding of what they are being asked to accomplish. Team members will be identified from internal and external sources by the Quality Improvement Committee or designated project manager, and with relationship to their skills, service provision, job function, and/or area of expertise to address the performance improvement topic.

Managing PIP Teams:

The PIP project director or manager will manage the day-to-day operations of the PIP and will report directly to the Quality Improvement Committee.

Documenting PIPs:

PIPs will be documented continuously during execution. The documentation will include the overall goals for the project and will identify team members, define appropriate measures, root cause analysis findings, interventions, PDSA cycle findings, meeting minutes, target dates, and overall conclusions.

abaqis provides an electronic platform for developing a PIP charter and for continuous PIP documentation in a structured format. abaqis also allows for PIP team collaboration and visibility into PIP activity for team management and coordination of PIP efforts; provides a method of tracking PIP progress and documentation of findings for widespread and systemic improvement efforts; and allows for retaining and updating information related to ongoing projects for potential reference and future submission for survey compliance.

Systematic Analysis & Systemic Action

Recognizing Problems and Improvement Opportunities:

We will use a thorough and highly organized/structured root cause analysis approach (e.g. Failure Mode and Effects Analysis, Flow Charting, Five Whys, Fishbone Diagrams, etc.) to determine if and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. This systematic approach will help to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. These systemic actions will look comprehensively across all involved systems to prevent future events and promote sustained improvement. The focus will be on continuous learning and improvement.

Identifying Change as an Improvement:

Changes will be implemented using an organized and systematic process. The process will depend on the nature of the change to be implemented, but will always include clear communication of the structure, purpose, and goals of the change to all involved parties. Measures will be established that will monitor progress and change during PDSA cycles for PIPs and widespread improvement activities.

Supporting Documents

Documents Uploaded

No uploaded documents.

Communications & Evaluation

Internal and External QAPI Communication:

Regular reports and updates will be provided to the Board of Directors, management, staff, resident/family council, external partners, and other stakeholders. This will be accomplished through multiple communications channels and media such as staff meetings, new hire orientation, staff training sessions, e-mail updates and memos, storyboards, resident and family councils, newsletter articles, administration reports, local media, and social media.

Identifying a Working QAPI Plan:

On at least an annual basis, or as needed, the QAPI Self Assessment will be conducted. This will be completed with the input from the entire QAPI team and organizational leadership. The results of this assessment will direct us to areas we need to work on in order to establish and improve QAPI programs and processes in our organization.

We will also conduct an annual facility assessment to identify gaps in care and service delivery in order to provide necessary services. These items will be considered in the development and implementation of the QAPI plan.

abaqis provides an electronic platform for documenting QAPI Self Assessments and tracking changes in the QAPI Self Assessment results over time.

Revising your QAPI Plan:

The Quality Improvement Committee will review and submit proposed revisions to the Governing Body for approval on an annual and/or as needed basis.

Record of Plan Review:

Name	Date Reviewed
Scot Mitchell	15-Dec-2017

Printed 25-Jan-2018

This document is intended to contain information, reports, statements, or memoranda that are subject to the "medical peer review" privilege or comparable state statute. This document is confidential and is meant for the intended recipient only. It is prepared as an integral part of Quality Assurance and Performance Improvement (QAPI) and is used by the QAPI Committee to help identify, assess, and evaluate, through self-critical analysis, quality and performance issues. Further, it is used to develop initiatives to improve quality of care and quality of life for residents. If you have received this document in error, please delete it from your records.



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: IT Support Service Provider
Date: 1/18/2018

Suggested Motion: "I move that the CCMC Authority Board of Directors authorize Scot Mitchell, CEO to enter into an agreement with Arctic IT to provide IT support services to CCMC.

Cordova Community Medical Center
Contract Review and Approval Form

Description of contract:

This contract is for Information Technology (IT) services from Arctic IT. It would replace our services that we currently receive from Tekmate. Arctic IT would provide 24/7 IT support for all the computers and servers owned by CCMC. The fees are based on the number of PCs and servers CCMC has in use.

Vendor Name: Arctic IT

Vendor Contact person: Mark Mathis

Vendor Address: 375 West 36th Avenue, Suite 300 Anchorage, AK 99503

Vendor Phone: 907-261-9500

Vendor Email: mmathis@arcticit.com

Vendor Website: www.arcticit.com

Effective Dates: Start: 02/01/2018 End: 01/31/2020

Fee Based: Volume/Contingency based:

Annual Cost to CCMC: \$ 82,404.00 Cumulative Cost to CCMC: \$ 91,554.00

Was this contract included in approved budget? Yes No

Termination options: 30 days with cause/immediate with 50% of fees due

Evergreen Clause: Yes No

CCMC Authority Board approval needed? No Yes, approval date: 01/31/2018

Review by Legal Counsel: Yes No

Date of OIG LEIE verification: 1/24/18

Date of Completion of ADM 301a Form: 01/31/2018

Options to this contract:

Continue with IT contract with Tekmate

Form completed by: Scot Mitchell Date: 01/24/2018

Certifications

Topic	Certification	Initials or N/A
Understanding of Parties	<ul style="list-style-type: none"> • I have read the contract and all attachments. • All documents incorporated by reference are attached. • All terms and conditions agreed to by CCMC are included, and no unacceptable term or condition is included. 	SM
Performance	<ul style="list-style-type: none"> • CCMC can perform all of its duties under the contract. • No conflict exists between this contract and other known CCMC obligations. 	SM
Completeness	<ul style="list-style-type: none"> • CCMC is the contracting party. • Beginning and end dates are included. • Payments and payment schedule are specific. 	SM
Conflicts of Interest	<ul style="list-style-type: none"> • Other party is not, and for the previous twelve months has not been, an employee of CCMC. • Other party is not, and for the previous twelve months has not been, a Board member of CCMC. • Other party is not, and for the previous twelve months has not been, an immediate family member (as defined in 42 CFR 1001.1001(a)(2)) of a CCMC employee or Board member. • Other party is not, and for the previous twelve months has not been, a member of the household of a CCMC employee or Board member. 	SM
Office of Inspector General's List of Excluded Individuals/Entities	<ul style="list-style-type: none"> • Other party is not an individual, or a managing employee of an entity that has been excluded from participation in Medicare, Medicaid or any Federal health care programs as listed on the United States Department of Health and Human Services, Office of Inspector General's List of Excluded Individuals/Entities. 	SM
Independent Contractor	<ul style="list-style-type: none"> • If CCMC is procuring personal services, the contractor is an independent contract, not an employee. 	SM
Limitation of Liability	<ul style="list-style-type: none"> • If the contract includes a limitation of the other party's liability (other party will not be responsible for indirect, consequential, or punitive damages; limitations of warranties; or limitation of liability to a set amount or repair or replacement); risk of liability and loss to CCMC have been considered and found acceptable. 	SM
Access to books and records	<ul style="list-style-type: none"> • Contract contains language pursuant to Section 952 of the Omnibus Reconciliation Act of 1980, Public Law 96-499, as contained in Section 1861(v)(1) of the Social Security Act, and implementing regulations at 42 C.F.R. Part 420, upon written request any time within four (4) years after the rendering of services under this Agreement, the other party agrees to make available to the Secretary of Health and Human Services or to the Comptroller General, or to any of their duly authorized representatives, access to the Contract and to the books and records (including all writings, transcripts and tapes in any form) of the other party as may be necessary to verify the nature and extent of the services furnished pursuant to this Agreement and the costs of such services, in the event it carries out any of its duties under the contract, or through a subcontractor, with a value or cost of \$10,000 or more over a twelve month period. 	SM



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: Electronic Health Record (EHR) System
Date: 1/18/2018

Suggested Motion: “I move that the CCMC Authority Board of Directors authorize Scot Mitchell, CEO to enter into an agreement with Evident, LLC and TruBridge to move forward with the purchase and implementation of a new CCMC Electronic Health Record system.”

Cordova Community Medical Center
Contract Review and Approval Form

Description of contract:

This Master Services Agreement allows CCMC to purchase access to the CMS Medical Necessity database for use with the Evident EHR system along with cloud computing services to include 1 Terabyte of storage space for information we enter into the Evident EHR system.

Vendor Name: TruBridge

Vendor Contact person: Jonathan Evans

Vendor Address: 3725 Airport Boulevard, Suite 208A Mobile, AL 36608

Vendor Phone: 251-662-4178

Vendor Email: jonathan.evans@evident.com

Vendor Website: www.evident.com

Effective Dates: Start: 02/01/2018 End: 01/31/2023

Fee Based: Volume/Contingency based:

Annual Cost to CCMC: \$ 42,000.00 Cumulative Cost to CCMC: \$ 210,000.00

Was this contract included in approved budget? Yes No

Termination options: 60 days prior to end of agreement

Evergreen Clause: Yes No

CCMC Authority Board approval needed? No Yes, approval date: 01/31/2018

Review by Legal Counsel: Yes No

Date of OIG LEIE verification: 1/24/18

Date of Completion of ADM 301a Form: 01/31/2018

Options to this contract:

If we purchase the Evident EHR cloud-based system, we must use TruBridge for the cloud computing portion. The medical necessity service is optional, but is considered to be very valuable for improving billing and reducing the amount of payment denials.

Form completed by: Scot Mitchell Date: 01/24/2018

Certifications

Topic	Certification	Initials or N/A
Understanding of Parties	<ul style="list-style-type: none"> • I have read the contract and all attachments. • All documents incorporated by reference are attached. • All terms and conditions agreed to by CCMC are included, and no unacceptable term or condition is included. 	SM
Performance	<ul style="list-style-type: none"> • CCMC can perform all of its duties under the contract. • No conflict exists between this contract and other known CCMC obligations. 	SM
Completeness	<ul style="list-style-type: none"> • CCMC is the contracting party. • Beginning and end dates are included. • Payments and payment schedule are specific. 	SM
Conflicts of Interest	<ul style="list-style-type: none"> • Other party is not, and for the previous twelve months has not been, an employee of CCMC. • Other party is not, and for the previous twelve months has not been, a Board member of CCMC. • Other party is not, and for the previous twelve months has not been, an immediate family member (as defined in 42 CFR 1001.1001(a)(2)) of a CCMC employee or Board member. • Other party is not, and for the previous twelve months has not been, a member of the household of a CCMC employee or Board member. 	SM
Office of Inspector General's List of Excluded Individuals/Entities	<ul style="list-style-type: none"> • Other party is not an individual, or a managing employee of an entity that has been excluded from participation in Medicare, Medicaid or any Federal health care programs as listed on the United States Department of Health and Human Services, Office of Inspector General's List of Excluded Individuals/Entities. 	SM
Independent Contractor	<ul style="list-style-type: none"> • If CCMC is procuring personal services, the contractor is an independent contract, not an employee. 	N/A
Limitation of Liability	<ul style="list-style-type: none"> • If the contract includes a limitation of the other party's liability (other party will not be responsible for indirect, consequential, or punitive damages; limitations of warranties; or limitation of liability to a set amount or repair or replacement); risk of liability and loss to CCMC have been considered and found acceptable. 	SM
Access to books and records	<ul style="list-style-type: none"> • Contract contains language pursuant to Section 952 of the Omnibus Reconciliation Act of 1980, Public Law 96-499, as contained in Section 1861(v)(1) of the Social Security Act, and implementing regulations at 42 C.F.R. Part 420, upon written request any time within four (4) years after the rendering of services under this Agreement, the other party agrees to make available to the Secretary of Health and Human Services or to the Comptroller General, or to any of their duly authorized representatives, access to the Contract and to the books and records (including all writings, transcripts and tapes in any form) of the other party as may be necessary to verify the nature and extent of the services furnished pursuant to this Agreement and the costs of such services, in the event it carries out any of its duties under the contract, or through a subcontractor, with a value or cost of \$10,000 or more over a twelve month period. 	SM

Cordova Community Medical Center
Contract Review and Approval Form

Description of contract:

This License Agreement would allow CCMC to utilize the "Thrive" EHR system by Evident. The system includes: ADT & patient accounting, Insurance services, Financial, HIM, Clinical (lab, radiology, PT, patient education, pharmacy, QI, core measures, CMS reporting), Patient Care (CPOE, order entry/results reporting, POC documentation, medication management, ER, physician documentation), Facility applications, Interface management, PACS. Initial deposit of \$104,708 and interest free monthly payments of \$9,890 for 60 months for the software. Monthly support fees will be \$11,433 and annual subscription fees of \$14,500 after the first year. Travel expenses billed separately.

Vendor Name: Evident, LLC

Vendor Contact person: Jonathan Evans

Vendor Address: 6600 Wall Street Mobile, AL 36695

Vendor Phone: 251-662-4178

Vendor Email: jonathan.evans@evident.com

Vendor Website: www.evident.com

Effective Dates: Start: 02/01/2018 End: 01/31/2023

Fee Based: Volume/Contingency based:

Annual Cost to CCMC: \$ 270,376.00 Cumulative Cost to CCMC: \$ 1,337,380.00

Was this contract included in approved budget? Yes No

Termination options: After initial 60 month term

Evergreen Clause: Yes No

CCMC Authority Board approval needed? No Yes, approval date: 01/31/2018

Review by Legal Counsel: Yes No

Date of OIG LEIE verification: 1/24/18

Date of Completion of ADM 301a Form: 01/31/2018

Options to this contract:

We can continue with the Centriq EHR system. We've researched other options and this system and agreement is the best for for CCMC.

Form completed by: Scot Mitchell Date: 01/24/2018

Certifications

Topic	Certification	Initials or N/A
Understanding of Parties	<ul style="list-style-type: none"> • I have read the contract and all attachments. • All documents incorporated by reference are attached. • All terms and conditions agreed to by CCMC are included, and no unacceptable term or condition is included. 	SM
Performance	<ul style="list-style-type: none"> • CCMC can perform all of its duties under the contract. • No conflict exists between this contract and other known CCMC obligations. 	SM
Completeness	<ul style="list-style-type: none"> • CCMC is the contracting party. • Beginning and end dates are included. • Payments and payment schedule are specific. 	SM
Conflicts of Interest	<ul style="list-style-type: none"> • Other party is not, and for the previous twelve months has not been, an employee of CCMC. • Other party is not, and for the previous twelve months has not been, a Board member of CCMC. • Other party is not, and for the previous twelve months has not been, an immediate family member (as defined in 42 CFR 1001.1001(a)(2)) of a CCMC employee or Board member. • Other party is not, and for the previous twelve months has not been, a member of the household of a CCMC employee or Board member. 	SM
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February 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2 Groundhog Day	3
4	5	6	7	8	9	10
11	12	13	14 Valentine's Day	15	16	17
18	19 Presidents Day Closed for Holiday	20	21	22 Board of Directors Meeting 6pm	23	24
25	26	27	28			

March 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11 Daylight Saving Begins	12	13	14	15	16	17 Saint Patrick's Day
18	19	20 Spring Begins	21	22 Board of Directors Meeting 6pm	23	24
25	26 Sewards Day Closed for Holiday	27	28	29	30 Good Friday	31