



**AGENDA**  
**CCMC AUTHORITY BOARD OF DIRECTORS**  
**CCMC CONFERENCE ROOM**  
**March 22, 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  
Linnea Ronnegard exp. 3/21  
VACANT exp. 3/21

**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. Sound Alternatives Grants

**E. APPROVAL OF MINUTES**

- 1. February 22, 2018 Regular Meeting Minutes Pgs 1-3

**F. REPORTS OF OFFICER and ADVISORS**

- 1. Board Chair Report – Kristin Carpenter
- 2. CEO Report – Scot Mitchell, CEO Pgs 4-6
- 3. Finance Report – Lee Holter, CFO
- 4. Nursing Report – Tammy Pokorney, CNO Pg 7
- 5. Quality Improvement Report – Kelly Kedzierski, RN Pg 8
- 6. Infection Control Report – Kelly Kedzierski, RN Pg 9

**G. CORRESPONDENCE**

**H. ACTION ITEMS**

- 1. Approve Privileges for Dr. Bradford Fenton, MD Pg 10
- 2. Approve Privileges for Dr. Mia Galioto, MD Pg 11
- 3. Approve Bank of America Resolution Pgs 12-13

**I. DISCUSSION ITEMS**

- 1. Sound Alternatives Status Update
- 2. Alaska Medicaid Supplemental Appropriation
- 3. CCMC Authority Bylaws Pgs 14-29

**L. 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.

**M. BOARD MEMBERS COMMENTS**

**N. EXECUTIVE SESSION**

**O. ADJOURNMENT**

**For a full packet, go to [www.cityofcordova.net/government/boards-commissions/health-services-board](http://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.

**Minutes**  
**CCMC Authority – Board of Directors**  
**CCMC Admin Conference Room**  
**February 22, 2018 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 (arrived at 6:02pm), Kristin Carpenter, and Amanda Wiese.**

A quorum was established. 4 members present.

CCMC staff present: Scot Mitchell, CEO; Lee Holter, CFO; Tammy Pokorney, CNO, Lykia Lorenz, Executive Director for Sound Alternatives and Faith Wheeler-Jeppson, Executive Admin Assistant.

**A. APPROVAL OF AGENDA**

M/Horton S/Wiese “move to approve the Agenda as amended.”

3 yeas, 0 nay

Motion passed.

Dorne Hawxhurst arrived

**B. CONFLICT OF INTEREST ~ None**

**C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**

1. **Audience Participation** ~ None
2. **Guest Speaker** ~ None

**D. BOARD DEVELOPMENT**

**1. Community Health Needs Assessment**

Scot Mitchell reviewed each of the strategies/objectives and provided current updates from the Community Health Needs Assessment that had been completed in December 2016 (in the packet).

**E. APPROVAL OF MINUTES**

M/Hawxhurst S/Wiese “move to approve the January 31, 2018 Regular Meeting Minutes”.

4 yeas, 0 nay

Motion passed.

**F. REPORT OF OFFICERS AND ADVISORS**

1. **Board Chair Report** ~ Kristin Carpenter reported that she had met with Scot on the Agenda, and about the commentary education pieces. Kristin also sat in on the Lunch with the CEO, there was a lot of good information provided for that.
2. **CEO’s Report** ~ Scot Mitchell, CEO reported that the written CEO report

is in the packet. Scot read a Paul Harvey story to the Board about what it would look like if a grocery store was run like a hospital. It was refined to fit CCMC, and Scot also presented this at City Council to help explain why a hospital is so different from other businesses.

3. **Finance Report** ~ Lee Holter, CFO reviewed the December 2017 Financials. A few highlights were, Cash is up, AP is up, City loan is up. Supplemental information about AVEC and the Dashboard for December were handed out at the meeting, as was a preliminary financial statement for January 2018
4. **Nursing Report** ~ Tammy Pokorney, CNO summarized the Nursing report that was in the packet. A few highlights from the Nursing Department Report are that by summer we're hoping to be down to 2 travelers rather than the six we have now, we are hiring an RN for the Clinic, and PCC will be live next week.
5. **Quality Improvement Report** ~ Tammy Pokorney, CNO reported to the board that the Quality Report is in the packet.
6. **Sound Alternatives Report** ~ Lykia Lorenz, Executive Director for Sound Alternatives reported that her report is an overview of the program. She has spent her time so far observing and getting familiar with our staff and programs. We brought in consultants to help bring her up to speed, along with performing a department wide assessment. And what we've found is that we need to reset. We found that we're providing excellent patient care, however there are some rules and standards that weren't kept up on. As we reset we're looking at what programs and services we can expand on.

G. **CORRESPONDENCE** ~ None

H. **ACTION ITEMS** ~ None

I. **DISCUSSION ITEMS**

**1. Board – Staff Communication**

Scot Mitchell spoke to the board regarding the attorney's suggestions on amending the existing board-staff communication policy. The attorney will be coming to Cordova after the local elections to provide training to the boards and it was suggested that amending the current policy should wait until after the board training.

**2. Costs Involved with Visiting Specialists**

Scot Mitchell explained in further detail the current process for specialists to come to CCMC to provide their service and how their time and service is billed and who is billing for those services, along with the costs to CCMC.

**3. Strategic Plan**

**Scot Mitchell** reminded the Board of the Strategic Plan on the Focus and Execute site, and asked if the board had any questions. Scot reported that he would like to use this time during the meetings to review the Strategic Plan and

the process that we are using. We will have a Worksession with the Board on the Strategic Plan in a few months once staff is ready with their recommendations.

**J. AUDIENCE PARTICIPATION - None**

**K. BOARD MEMBERS COMMENTS**

**Carpenter** ~ It's great to have real data, but it's a little overwhelming sometimes. I'm looking forward to the Electronic medical records.

**Hawxhurst** ~ I think everybody is working really hard, you're doing a really good job Scot. And I appreciate the clarification on the Sound Alternatives side.

**Wiese** ~ Good job with the evacuation, and I also want to say that I'm sorry that I won't be able to stay on the board. Thank you Scot for getting me up to speed on things.

**Horton** ~ I like what I'm seeing with everyone helping. I'd like to see a little more information get out there to the public, I'd like to see more people come to the meetings. And I appreciate all of the hard work.

**L. EXECUTIVE SESSION**

**1. Pursuant to AS 44.62.310 Executive Sessions; please see reason #3.**

**M/Hawxhurst S/Wiese** "I move to go into Executive Session for matters which by law, municipal charter, or ordinance are required to be confidential and matters involving consideration of governmental records that by law are not subject to public disclosure."

The Board entered into the Executive Session at 7:55pm

The Board came out of Executive Session at 8:35pm

**M. ADJOURNMENT**

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

**Carpenter** declared the meeting adjourned at 8:36pm.

**Prepared by: Faith Wheeler-Jeppson**



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  
March 22, 2018  
Scot Mitchell, CEO

### The Big Picture

The biggest immediate issue for CCMC now is the status of the supplemental funding to allow the State Medicaid office to continue to have funding to pay providers through the end of the state fiscal year. The Medicaid office needs an additional \$93 million to pay providers through the end of June. The Alaska Legislature is considering legislation to furnish the funds for this shortfall. As of my writing this report, it appears that the Legislature might not act on this quick enough to prevent a suspension in Medicaid payments by the middle of April. The Alaska House of Representatives just passed a supplemental funding bill that would cover a portion of the shortfall, but they would need additional funding in mid-May. The Senate has not yet taken up this bill.

The impact to CCMC will be very negative, and very quick. We currently have around 16 days cash on hand, so any delays in reimbursement will require us to take drastic action fairly quickly. CCMC needs about \$30,000 cash per day to operate. Medicaid makes up about half of our revenue, so any suspension in those payments will bring severe consequences. We have been having discussions with the City on the need for cash during any suspension in Medicaid payments to be able to keep the hospital open. We have started planning for operational changes should we need to reduce operations.

One way that you can help is to contact Senator Gary Stevens and encourage him to act quickly to pass legislation to fully fund the Medicaid shortfall.

### Status Updates

#### **Service:**

- As I notified the Board recently, we have started the next phase of reorganizing Sound Alternatives. I've been providing routine updates to the Board over the past year regarding the struggles we are having with providing behavioral health services. We have been working with several consultants in both the behavioral health and developmental disabilities programs to create and implement improvement plans. With the State reducing grants and pushing providers to become self-sustaining by billing for services provided, we are faced with some very difficult decisions on how to proceed with these services. Our expenses are higher than the typical community mental health provider due to paying higher salaries and much higher benefit costs. We are continually evaluating operational changes to these programs to help us become more self-sustaining. I have added a discussion item on the agenda for this board meeting to further discuss Sound Alternatives, and will provide an overview of the grants received by Sound Alternatives during the Board Development agenda item.
- The PointClickCare (PCC) EHR system for the nursing home is going very well. Tammy Pokorney, Chief Nursing Officer, has been doing an amazing job with this project. The first phase, the billing and MDS components, went

live on February 1, 2018. The second phase includes the clinical documentation components, and it went live on March 1<sup>st</sup>. There are a couple additional modules that will be going live in the next few weeks, which will give us a much more efficient EHR for the nursing home. PCC will drastically improve our clinical documentation, which was one of the major issues we encountered during our recent nursing home surveys.

- We have worked with Evident to create a work plan for the implementation of the Thrive EHR system for the hospital. The Thrive staff will be onsite in Cordova the week of March 19<sup>th</sup> for the initial discovery visit. The information they glean from this visit will help mold the work plan to best fit our situation at CCMC. There will be a lot of work to be completed in the coming months to make this a successful implementation. We feel confident that this new EHR will improve our operational efficiencies.

#### **Quality:**

- We do not have any external quality reports to present this month. This is due to the timing of receiving the reports back from the various quality agencies. We will present those to the board when they are received.
- The staff have been working diligently on the Plans of Correction from the LTC surveys we had late last year. We expect to have another LTC survey any day now. The Quality Improvement Committee reviews the status of each of the POCs at each meeting.
- The first Performance Improvement Project (PIP) from our 2018 nursing home Quality Assurance/Performance Improvement (QAPI) plan is going well. This project is looking at bringing additional consultative services, such as speech therapy and occupational therapy, to CCMC that we currently do not have. Tammy Pokorney, CNO, is facilitating this project.

#### **Finance:**

- We continue our efforts to come up with a viable solution for the PERS debt that is strangling CCMC. This was one of the main issues that I spoke about with Representative Louis Stutes and Senator Gary Stevens when I was in Juneau earlier this month. While they were sympathetic to our plight, they did not have any answers. To the contrary, they warned that this situation will probably become worse soon. I was told that they are estimating that PERS has a \$6 billion shortfall, and there was discussion about increasing the 22% total employer match to 25% to help cover this deficit. There are three other hospitals in Alaska that are in a similar situation with PERS, but they all have a better cash flow than CCMC. The Alaska State Hospital and Nursing Home Association agreed to help facilitate a response from the four hospitals to try to assist. We continue to seek other solutions as well. We have also asked PERS for a termination study to let us know the exact amount of debt that they are saddling CCMC with, in the event we were to pull out of the PERS system.
- There have been some recent efforts by the pharmaceutical industry to eliminate the 340B drug program. This push has one aim, which is to increase profits for the pharmaceutical industry. The Senate Health, Education, Labor and Pensions Committee recently held a hearing to examine the 340B drug savings program. While there are several Senators who support continuing the 340B program as is, the pharmaceutical industry has support for changes from some Senators as well. We will continue to monitor this effort, as the 340B program is definitely helping to make our new retail pharmacy much more viable. If major cuts are made to this program, it could prove to be detrimental to our pharmacy.
- The project we are working on with the City to create a better Pharmacy Benefit Management (PBM) program for the City and CCMC health insurance plans is still moving forward. The firm we are working with on this is working with our Third Party Administrator to get the details arranged. Tentatively we are targeting a transition for later this summer, assuming we can get all the details worked out. This new program would help us reduce our costs, and also help lead to better health for our employees.

#### **People:**

- We continue to see improvements in the new ADP payroll system. We have fewer issues now, and are working meticulously with ADP to fix the issues we still have encountered. Due to the improving reliability of the payroll system, we are now starting to prepare for the implementation of the ADP human resources and talent

management system. This system works hand in hand with the payroll system and will allow us to move to electronic personnel files, along with streamlining our recruiting and performance management processes. We are hopeful this implementation process will go smoother than the payroll system.

- The Relias Learning Management System has been used for training our staff on the PointClickCare nursing home EHR system. This system will also provide pre-employment testing and competency assessment capabilities for new employees. It will also allow us to annually assess current employee competencies, and develop improvement training plans for any areas that need enhancement. Another exciting capability of the Relias system is the assessment program that will offer clinical, situational and behavioral insights into job knowledge and critical skills nurses need to succeed in their roles. This assessment process will help us better select the right nurses for our positions.

#### **Growth:**

- At the March Board meeting, we will be presenting the application for medical staff privileges for Dr. Bradford Fenton, an Obstetrician/Gynecologist from Anchorage. Dr. Fenton is interested in seeing patients in the clinic on a routine basis. Assuming the board grants privileges to Dr. Fenton, we are tentatively looking at early May for his first specialty clinic. Dr. Fenton will also perform ultrasound exams on his patients who require those, using the CCMC ultrasound machine.
- We will also be presenting the application for medical staff privileges for Dr. Mia Galioto for tele-psychiatry services. Dr. Galioto will only provide telemedicine consultations for patients in Sound Alternatives. Dr. Galioto will replace the tele-psychiatry services that we had previously received through the Alaska Psychiatric Institute.
- As a result of the QAPI PIP project mentioned above, we're having preliminary discussions with a couple Speech Therapists and an Occupational Therapist who are interested in providing services at CCMC.
- In the month of February, we filled 838 prescriptions in the retail pharmacy. The pharmacy has been more successful quicker than we expected, so this program has helped to meet one of the items the community identified as a need during the Community Health Needs Assessment (CHNA) in 2016.

#### **Community:**

- We recently signed a Memorandum of Agreement with the Cordova Family Resource Center (CFRC) to provide for collaboration between the two entities to develop a community support network for victims of domestic violence, sexual assault and/or other violent crimes. In addition, we have also signed a Memorandum of Understanding with CFRC and other agencies (Cordova Police Department, Cordova Volunteer Fire Department, Infant Learning Program, Native Village of Eyak and the Kenai Peninsula Independent Living Center) to develop the Cordova Disabilities Abuse Response Team. The focus of this collaborative effort will be to educate the public and other service entities on the issue of violence against individuals with disabilities. These two endeavors will help us address some of the concerns raised by the community during the CHNA, where they asked that we work closer with other community service organizations.
- I will be having my next "Lunch with the CEO" on April 17<sup>th</sup>. This is a vehicle for me to spend some time with key stakeholders in the community to give them an overview of the current activities within the healthcare industry from a national standpoint as well as an update on the status of CCMC's various improvement projects. I want to thank Board Chair, Kristin Carpenter for attending the one held in February, and will ask that another Board member volunteer to attend the one in April.
- We continue to explore various cost-effective methods to let the community know more about our services. Social media, radio, newspaper, and other media are ways we are experimenting to find what works best for us.



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

**Date:** March 14, 2018  
**To:** CCMC Authority Board of Directors  
**From:** Chief Nursing Officer, Tammy Pokorney, RN  
**RE:** Nursing Report

---

### March 2018 Nursing Activity Update:

1. Staffing:
  - a. Nursing travel staffing will have a sharp decline in the coming months as we have hired 3 RNs to the hospital staffing as permanent staff. We should reduce our total requirements to 2-3 travel nurses once the orientation and education of the permanent staff is complete and the new electronic health record is in place.
  - b. All CNA positions are currently filled and the required documentation from CCMC sent to the Board of Nursing for recertification by 31 Mar 2018 for all CNAs.
  - c. The Dietary/Activities staffing is adequate, although volunteers are always welcome.
2. Census:
  - a. LTC census is 10 residents. Currently, we have 4 Swing beds occupied. We have had several acute and observation stays over the last month, all within the scope of care. We have had more than usual medevacs, but again the transport and staffing remains adequate.
3. The ongoing challenges:
  - a. Technology innovations-See #4. (UNCHANGED)
  - b. Training-requirements for compliance and innovations require additional time.(UNCHANGED)
  - c. Surveys-Kelly Kedzierski has done a tremendous job putting together documentation to be available for the pending survey and we are prepared to answer to the best of our ability.
4. Systems being implemented at this time:
  - a. Point Click Care-went live for nursing, activity, and dietary documentation. The medication administration and provider documentation are in progress. The clinical lead from PCC said she was very pleased with our progress and impressed with our grasp of the system and use of documentation thus far. Additionally, the quality reports will give comparisons against national and state benchmarks where appropriate; will be visible for April.
  - b. Relias Learning Management System-go live 3/31 for all education services of staff. Currently building training plans to support the compliance as a facility but also to educate staff on changing healthcare trends. (UNCHANGED)
5. No new quality reports have been initiated by our outside Quality agency at this time.

Please let me know if there are any questions.

Tammy Pokorney  
CNO

To: CCMC Authority Board of Directors  
From: Kelly Kedzierski, RN  
RE: March 2018 Quality Improvement Report

### **Quality Improvement**

CCMC continues to use national benchmarks provided by national associations, clinical organizations, and federal and state provided databases such as WSHA Partnership for Patients. The organization will continue to monitor progress toward goals by comparing its results to these benchmarks and its historical performance.

- Currently we are meeting on a monthly basis.
- The last Quality meeting was held on March 14, 2018 where we discussed -
  - PIP updates and reports
  - Utilizing PCC for PIP's going forward.
  - Ongoing Improvement Activities
  
- To ensure that we are in compliance with all of the Plans of Corrections from our recent Surveys. Each department manager brings their documentation for all of the committee members to view. This gives the committee the data we need so we are able to evaluate our progress toward each quality goal. Each department has been diligent in bringing their documentation or giving the committee report of their ongoing progress.

To: CCMC Authority Board of Directors  
From: Kelly Kedzierski, RN  
RE: March 2018 Infection Control

### **Infection Control**

- The infection control committee has been having monthly meetings to ensure that we are keeping track of the infection control needs throughout the hospital as well as addressing concerns that could potentially affect the community.
  
- The last meeting was held on March 6, 2018 where we discussed-
  - Environmental Services team meetings
  - Ongoing monitoring of cleaning logs throughout each department.
  - Sterile Processing reported all runs have been 100% successful with no failed runs. Preventative Maintenance was done on 01/19/2018 for Sterile Processing.
  - Nursing completes an initial and annual in-services with nursing staff on resident refrigerators.
  
- On March 1, 2018 it was reported that there were 2 positive influenza cases seen in CCMC's Primary Care Clinic. There was a call placed to the other clinic in Cordova to see how many positive influenza cases they have seen in that clinic. They stated they had a total of 9 positive influenza cases.
- To stay prepared in the event of an influenza outbreak. We continue to keep current and up to date information on:
  - Supply levels of oral and IV antivirals.
  - Inventory of Influenza Vaccinations
  - Adequate oxygen supply
- Hand Hygiene is ongoing.
- Staff Flu Vaccination is at 100%



# Memorandum

To: CCMC Authority Board of Directors

From: Scot Mitchell, FACHE, CCMC CEO

Subject: Delineation of Privileges for Dr. Bradford Fenton

Date: 03/16/2018

---

**Suggested Motion:** “I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Dr. Bradford Fenton, MD as requested.”



# Memorandum

To: CCMC Authority Board of Directors  
From: Scot Mitchell, FACHE, CCMC CEO  
Subject: Delineation of Privileges for Dr. Mia Galioto  
Date: 03/16/2018

---

**Suggested Motion:** "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Dr. Mia Galioto, MD as requested."



# Memorandum

To: CCMC Authority Board of Directors  
From: Scot Mitchell, FACHE, CCMC CEO  
Subject: Resolution to update CCMC Bank of America Account Holder and Contact information  
Date: March 13, 2018

---

In light of changes to the CCMC Staff and governing body it is necessary to approve the Resolution to update CCMC Bank of America Account Holder and Contact information to reflect those changes:

To remove the following individuals as authorized account holders and account contacts:

Theresa L. Carte  
Stephen Sundby  
Timothy Kelly  
Elenin Mejia-Rosa

To add the following Cordova Community Medical Center Staff and Board of Director's Officers as authorized contacts:

CEO	Scot Mitchell
HR	Kim Wilson
Board President	Kristin Carpenter
Board Vice-President	April Horton

**Suggested Motion:** "I move to approve the Resolution of the Cordova Community Medical Center Authority Board of Directors to grant Scot Mitchell, CEO the power to make the necessary changes to add or remove current account holders and/or authorized contacts for the Cordova Community Medical Center Bank of America account."

---

Board of Director's President

---

Date

**Cordova Community Medical Center Authority  
Board of Directors  
Resolution**

**A RESOLUTION OF THE CORDOVA COMMUNITY MEDICAL CENTER  
AUTHORITY BOARD OF DIRECTORS DESIGNATING THE REPRESENTATIVES  
AUTHORIZED TO ADD OR REMOVE A CURRENT ACCOUNT HOLDER OR  
AUTHORIZED CONTACT FROM BANK OF AMERICA ACCOUNTS FOR CORDOVA  
COMMUNITY MEDICAL CENTER.**

**WHEREAS**, the Cordova Community Medical Center uses Bank of America credit cards for eligible hospital purchases;

**WHEREAS**, the Cordova Community Medical Center Bank of America account current account holder and/or authorized contact information needs to be updated to reflect the current organization;

**THEREFORE, BE IT RESOLVED THAT,**

1. The Board of Directors grants the following individuals access as authorized contacts for the above-mentioned account:

CEO	Scot Mitchell
HR	Kimberly Wilson

Board President	Kristin Carpenter
Board Vice-President	April Horton

2. The Board of Directors authorizes Scot Mitchell, CEO to make necessary changes to add or remove current account holders and/or authorized contacts for the Cordova Community Medical Center Bank of America account.

**PASSED and approved this 22<sup>ND</sup> day of March 2018.**

Board Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BYLAWS  
OF  
THE COMMUNITY HEALTH SERVICES BOARD  
OF  
THE CCMC

**Contents**

ARTICLE I: NAME .....	2
ARTICLE II: MISSION STATEMENT .....	2
ARTICLE III: COMMUNITY HEALTH SERVICES BOARD .....	2
ARTICLE IV: ADMINISTRATION.....	9
ARTICLE V: MEDICAL STAFF .....	10
ARTICLE VI: ALLIED HEALTH PROFESSIONALS.....	11
ARTICLE VII: OTHER HEALTH CARE PROFESSIONALS.....	12
ARTICLE VIII:RECORDS .....	12
ARTICLE IX: FINANCES .....	13
ARTICLE X: INDEMNIFICATION.....	14
ARTICLE XI: AMENDMENTS.....	14
ARTICLE XII: IN ACCORDANCE WITH CITY ORDINANCE.....	15
ADOPTED BY THE BOARD.....	16
APPROVED BY THE CITY COUNCIL.....	16

## **ARTICLE I**

### ***NAME***

The CCMC, a city-owned entity, is referred to in these bylaws as “CCMC.” The governing body of CCMC is the Community Health Services Board, referred to in these articles as the “board”.

## **ARTICLE II**

### ***MISSION STATEMENT***

CCMC’s core purpose is to deliver quality health care locally.

### ***VISION STATEMENT***

CCMC will become the center of leadership in community healthcare through consistently investing our efforts to:

- Improve access to services
- Increase effective resource utilization
- Promote healthy, successful lifestyles
- Maximize staff potential and our utilization of technological advancements
- Maintain a proactive relationship with community health care providers

## **ARTICLE III**

### ***COMMUNITY HEALTH SERVICES BOARD***

**MEMBERSHIP.** There shall be a board known as the community health services board that shall be composed of seven voting members including specifically at least one city council member, who shall also serve as liaison to the city council, and one member of the tribal council of the Native Village of Eyak. No employee of the city medical center or subsidiary shall be eligible to serve on the board. Members of the board shall be appointed by the mayor and confirmed by the city council for three years, alternating terms. Members on the board will serve on a non-compensated basis. When a vacancy on the board exists the mayor shall be notified immediately and the mayor shall appoint a new member for the unexpired term, the appointment to be confirmed by the city council.

A. REMOVAL OF BOARD MEMBER.

Any board member may be recommended for removal to city council by a two-thirds majority vote of the board. The city council may remove a member of the board upon fifteen days written notice of removal to the board member.

B. ABSENCES TO TERMINATE MEMBERSHIP.

1. If a board member is absent from more than one-half of all the regular meetings of the Health Services Board held within any period of four consecutive calendar months, without being excused from attending such meetings, the president of the board shall declare the member's seat vacant, except that in the case of a board member appointed from the council, the president of the board shall report such member's unexcused absences to the council. The board shall determine whether any absence is excused. An absence will be considered excused if due to the following causes and shall require approval by the board at the next regularly scheduled meetings:

- a. the illness or injury of the board member or a family member
- b. the death of a family member
- c. an employment related commitment
- d. a commitment for hospital business
- e. other good cause approved by the board.

2. Whenever possible, absences should be noticed to the board president prior to the meeting for purposes of securing a quorum at the meeting.

3. A board member may participate in a board meeting by teleconference.

C. GENERAL POWERS. Subject to state and municipal law and the authority of the city council, the board shall be responsible for the operations of the hospital, and of all hospitals, clinics, and other public health facilities owned or operated by the city according to the best interest of the public's health, and shall make and enforce all rules and regulations necessary for the administration of the hospital, and all hospitals, clinics, and other public health facilities operated by the city, and shall prescribe the terms under which patients shall be admitted thereto. The board is authorized to contract on an annual basis with professional and nonprofessional consultants as appropriate in the best interest of the hospital. All contracts for non-medical services that obligate the CCMC in excess of ten thousand dollars, including contracts for professional or consulting services, must be approved in advance by the Health Services Board unless said contracts are in the approved CCMC budget. Non-medical contracts are those that do not fall in the realm of direct patient services. Standards of operation shall be established and enforced, to the extent possible, by the board. The board shall advise the city council on all matters regarding community health problems in and around the city.

D. ADOPTION OF BYLAWS. The board shall adopt bylaws for the administration and government of hospitals, clinics and other community health facilities operated by the city, and submit these bylaws to city council for approval.

E. ORGANIZATION. The board shall elect annually from its members a president, a vice-president and a secretary and such other officers as it deems necessary,

1. The duties of the board President shall be to preside at all board meetings. He/she shall:

- a. Call the meeting to order at the appointed time;
- b. Announce the business to come before the board in its proper order;
- c. Enforce the board's policies relating to the order of business and the conduct of meetings;
- d. Recognize persons who desire to speak, and protect the speaker who has the floor from disturbance or interference;
- e. Explain what the effect of a motion would be if it is not clear to every member;
- f. Restrict discussion to the question when a motion is before the board;
- g. Rule on parliamentary procedure;
- h. Put motions to a vote, and state clearly the results of the vote.

2. The president shall have all the rights of any member of the board, including the right to move, second, discuss, and vote on all questions before the board.

3. The president shall also perform other duties as directed by the board, including the duty to:

- a. Sign all instruments, acts, and orders necessary to carry out the will of the board.
- b. Consult with the health services administrator (CEO) on the preparation of the board's agendas;
- c. Appoint and disband all committees, subject to board approval;
- d. Call such meetings of the Board as he/she may deem necessary, giving notice as prescribed by law;
- e. Make the initial decision to excuse board members' absences from regular board meetings in accordance with these Bylaws. Ultimately, the board shall determine whether any absence is excused or unexcused;
- f. Confer with the health services administrator (CEO) on crucial matters which may occur between board meetings;
- g. Be responsible for the orderly conduct of all board meetings;

4. When the president resigns or is absent or disabled, the vice president shall perform the president's duties. If both the president and vice president are absent or disabled, the secretary shall perform the president's duties. If all officers of the board are absent or disabled, the board shall choose a president pro tempore to perform the president's duties.

5. The duties of the Vice President shall be to:

- a. Serve as presiding officer in the absence of the president;

- b. Help to implement the annual board self-evaluation procedure.
  - c. Help to implement the adopted procedure by which the administrator will be evaluated.
  - d. Perform any other duties assigned by the board.
6. The Secretary of the board shall have the following duties:
- a. Make sure that minutes of each board meeting are taken
  - b. The secretary is responsible for the accuracy and completeness of the minutes. The secretary should review and sign the approved minutes.
  - c. Insure that all board members have an updated HSB Notebook/Packet.
  - d. Perform any other duties assigned by the board.
- F. SPECIAL PRIVILEGES. Board members as individuals have no special privileges or authority other than duties delineated in these bylaws; the board must meet formally to make decisions or set policy.
- G. TERM OF OFFICE. The term of office for all officers shall be one year. Officers shall be eligible for re-election to the same or other positions as officers.
- H. REMOVAL OF OFFICERS. Any officer may be removed either with or without cause by a two-thirds majority vote of the board.
- I. COMMITTEES. The board shall establish such standing and ad hoc committees and shall assign such duties and responsibilities to the committees, as it deems necessary. Committees shall act in an advisory capacity, making recommendations to the board. The health services administrator may serve as an advisor to any committee at the discretion of the board. No committee action shall be binding on the full board. The board as a whole shall have the final consideration in all matters. Committee meetings are subject to the State Open Meetings Act.
- 1. A standing subcommittee of the board, known as the Sound Alternatives Advisory Board, is to provide guidance to the behavioral health and developmental disabilities programs and develop and present a budget to the Community Health Services Board. Members of this subcommittee shall be appointed by the board. At least two of the subcommittee members shall be voting board members.
  - 2. A Standing Bylaws Committee shall be appointed consisting of two board members. At least biennially the Bylaws Committee shall review the bylaws. When the need for a new bylaw or modification of an existing bylaw is recognized, the committee shall draft a new or modified bylaw for consideration by the board.
- J. MEETINGS. The board shall meet at least once each month at a time and place to be designated by the board, and notice of and agenda of all meetings shall be posted no later than three (3) days before a regular meeting at a public location in CCMC, and at the city hall in accordance with state law. Special meetings of the board may be

called by the presiding officer or a majority of the board members. Notice of a special meeting shall be posted at least twenty-four (24) hours before the meeting and shall include a statement of the purpose of the meeting. No business may be transacted at this special meeting, other than that which is specifically stated in the notice of the meeting.

K. Order of Business: The board president and health services administrator (CEO) shall prepare an agenda for each meeting of the board. The order of business for the regular meetings of the board shall be as follows, unless otherwise modified:

1. Openings
  - a. Call to Order
  - b. Roll Call
  - c. Establishment of a Quorum
2. Communications by and Petitions from Visitors
  - a. Guest Speakers
  - b. Audience Comments. Limited to 3 minutes per speaker. Speaker must give name and item on the agenda to which they are addressing.
3. Conflict of Interest
4. Approval of Agenda
5. Approval of Consent Calendar
  - a. Approval of Minutes
6. Reports and Correspondence
7. Action Items
  - a. Resolutions and Motions
8. Discussion Items
9. 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.
  - b. Public comment limited to 3 minutes per speaker.
10. Board Members' Comments
11. Executive Session
12. Adjournment

L. EXECUTIVE SESSION. Prior to entering an executive session, the board first shall meet in open session. At this open meeting, the board shall enter an executive session only after a majority of the board votes to accept a motion to enter the executive session. The motion shall clearly and with specificity describe the subject of the proposed executive session without defeating the purpose of addressing the subject in private. No other subject may be discussed in that executive session unless it is auxiliary to the main question. The board may not take action in an executive session, except to give direction to an attorney or labor negotiator regarding the handling of a specific legal matter or pending labor negotiations. All other action of

the board must be made in an open meeting except that the board may meet in executive session, pursuant to notice, to discuss:

1. Matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the government unit;
2. Subjects that tend to prejudice the reputation and character of any person; provided 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 disclosure;
5. Direction to an attorney or labor negotiator regarding the handling of a specific legal matter or pending labor negotiations.

M. GOVERNING RULES. The rules contained in the most current edition of Robert's Rules of Order, shall govern the board in all cases to which they are applicable and in which they are not inconsistent with these Bylaws, the ordinances of the City of Cordova, or the statutes of the State of Alaska.

N. QUORUM AND VOTING. Four voting board members constitute a quorum for the transaction of all business of the board. A majority of the votes actually cast is sufficient to adopt any motion that's in order except those that require a two-thirds vote. Board members have a duty to vote on issues before them, unless excused because of a conflict of interest. Any abstention, other than for a conflict of interest, shall be considered an affirmative vote.

O. CONFLICT OF INTEREST. A board member shall be considered to have a conflict of interest if he or she has an existing or potential financial interest that impairs or might reasonably appear to impair such member's independent, unbiased judgment in the discharge of his or her responsibilities to the hospital.

1. All board members shall disclose to the board any possible conflict of interest at the earliest practical time.
2. A board member shall excuse himself or herself from voting or otherwise participating in any matter under consideration at a board or committee meeting in which he or she has a conflict of interest.
3. The minutes of each meeting shall reflect any excuses.

4. A board member who is uncertain whether a conflict of interest exists in any matter shall disclose the possible conflict and request the board to resolve the question by majority vote without his or her participation.
- P. **REPORTS.** The board shall, on or before sixty days prior to the end of the fiscal year, submit to the city council an itemized budget for the next fiscal year.
- Q. **MEMBERSHIP IN ASSOCIATION.** The board may maintain membership in any local, state, or national group or association organized and operated for the promotion of public health and welfare or the advancement of the efficiency of hospital and community health facilities administration and in connection therewith, pay dues and fees thereto.
- R. **POLICIES AND PROCEDURES.**
1. **Board Policies and Procedures.** The board shall establish and maintain policies and procedures for conducting the business of the board. These policies and procedures will be included in the orientation packet for all new members.
  2. **CCMC Policies and Procedures.** The board has the power to establish policies for CCMC within the parameters of law. Policies must be consistent with the mission statement, goals, and objectives of CCMC, with each other, and with applicable laws and regulations. In the formulation of policies the board will consider input from a number of sources, including the CEO and/or the Quality Management Committee under the processes set forth in the Organization Performance Improvement Plan. The implementation of policies is an administrative task to be performed by the CEO. Whatever procedures, protocols, or guidelines are necessary to implement CCMC policies are in the realm of responsibilities of the CEO.
- S. **BOARD SELF-EVALUATION.** The board will annually schedule a time and place, in conjunction with its annual program review, at which time its members may participate in a formal self-evaluation. The board shall be evaluated as a whole and not as individuals. The evaluation will focus on the performance of the board. The board shall develop goals and objectives against which the board will be evaluated. Each board member should participate in the board self-evaluation. The board may invite the health services administrator or others to suggest specific criteria to measure board performance as a governing body. The evaluation process should include the establishment of strategies for improving board performance.
- T. **BOARD DEVELOPMENT.** The public entrusts the board with the governance of CCMC. Board members need to participate in training activities that help them understand their responsibilities, stay abreast of new developments in the health care environment, and learn new ways to cope effectively with the problems they confront. At least one board development activity should be scheduled each year.

U. STRATEGIC PLAN. The board in collaboration with the leadership of CCMC, as determined by the Health Services Administrator, shall develop and implement a strategic plan. The plan should identify key issues facing CCMC for a period of time from 3 to 5 years. It should prioritize the key issues and craft a guideline for addressing the top key issues. Strategic planning is a dynamic process that is characterized by self-examination, setting direction and priorities, making difficult choices, implementing, monitoring and evaluating.

## ARTICLE IV

### **ADMINISTRATION**

There is created the position of health services administrator that shall be classified as a city hospital employee with classification and pay plans as established by the board. All personnel necessary to operate CCMC or community health facilities, operated by the city, shall be subject to personnel, pay, and classification plans for city medical center employees except as modified by contractual arrangement. The Health Services Board shall set personnel, pay, or classification plans, as well as other personnel policies, statements, or resolutions. No personnel, pay, or classification plan is effective unless and until it is approved by the HSB. All contracts for non-medical services that obligate the CCMC in excess of ten thousand dollars, including contracts for professional or consulting services, must be approved in advance by the Health Services Board unless said contracts are in the approved CCMC budget. Non-medical contracts are those that do not fall in the realm of direct patient services.

A. MEDICAL CENTER ADMINISTRATOR: The chief executive officer of the health services system shall be the health services administrator.

B. APPOINTMENT AND TERMINATION OF ADMINISTRATOR. The health services administrator (or Interim) shall be appointed by the HSB and may be terminated by the HSB.

C. DUTIES AND RESPONSIBILITIES OF THE ADMINISTRATOR. The administrator is responsible for the overall supervision of the affairs of the health services system. The administrator's authority and duties shall include, without limitation, the following:

1. To be responsible for carrying out all applicable laws and ordinances, and the terms of all grants received by the health services system;
2. To be responsible for carrying out policies established by the board and, if necessary, approved or adopted by the city council.
3. To prepare and submit to the board a detailed and itemized estimate of revenues and a detailed and itemized budget by at least ninety days prior to the end of the fiscal year for the next fiscal year;

4. To prepare and submit to the board for approval a plan of organization for the personnel and others concerned with CCMC.
5. To select, employ, control and discharge all city medical center employees subject to the provisions of any medical center personnel plans;
6. To work with the professional staff and with those concerned with the rendering of professional services to the end that the best possible care may be rendered to all patients;
7. To prepare such reports as may be required on any phase of medical center activity;
8. To attend all meetings of the board and standing committees established by the board except where otherwise specified;
9. To supervise all purchasing of equipment and supplies in accordance with policy and procedures established by the board and approved by the city council;
10. In his/her temporary absence, the health services administrator shall appoint a designee to the position of temporary, acting health services administrator.
11. To perform all duties and responsibilities identified by the administrator's job description and employment contract as may be amended from time to time.
12. To perform any other duty that may be necessary in the best interest of the CCMC.

D. **EVALUATION OF ADMINISTRATOR.** The board shall evaluate the performance of the administrator annually based on mutually agreed upon goals and objectives. This evaluation shall be performed in an executive session, unless the administrator requests a public discussion. A written record of the evaluation shall be made a part of the personnel and confidential file of the administrator.

## **ARTICLE V**

### ***MEDICAL STAFF***

There is created a medical staff that shall be composed of physicians, dentists, podiatrists, and mid-level health professionals.

A. **PROFESSIONAL CARE.** All persons admitted to any hospital, clinic or other Community health facility operated by the city shall be under the professional care of a member of the medical staff.

B. **RESPONSIBILITY.** The medical staff shall be responsible to the board for the clinical and scientific work of the hospital, clinic or other community health facilities operated by the city. The medical staff shall be called upon to advise the board regarding professional problems and policies.

C. MEMBERSHIP. Membership of the medical staff shall be restricted to physicians, dentists, podiatrists, and mid-level health professionals competent in their respective fields, in good standing. Medical staff shall at all times comply with all federal and state laws of medical practice and operate within designated scope of practice. In this connection, the practice of fee splitting shall be prohibited and any such division of fees shall be cause for exclusion or expulsion from the staff. Appointment to the medical staff shall be made by the board after recommendation of the medical staff as outlined in the by-laws of the medical staff.

D. ORGANIZATION. The medical staff shall be an organization that shall formulate and, with the approval of the board, adopt by-laws, rules, regulations and policies for the proper conduct of its work and eligibility for membership to the staff.

E. PROFESSIONAL WORK PERFORMED. The medical staff shall be self-governing with respect to the professional work performed in any community health facility owned or operated by the city.

F. CONTRACT FOR RENDERING OF PROFESSIONAL SERVICES. The board may contract with physicians, dentists, podiatrists, and mid-level health professionals for the rendering of professional services in any community health facility owned or operated by the city under the direction of or as requested by attending physicians of patients in the hospital, clinic or other community health facility.

G. ACTION OF THE BOARD; CORRECTIVE ACTION; SUMMARY SUSPENSION. In accordance with the rules set forth in the medical staff by-laws, the board shall take action or make a decision:

1. Approve or deny an application for membership to the medical staff;
2. Revoke membership of the medical staff;
3. Approve or deny a request by a member of the medical staff for additional privileges;
4. Impose additional limitations with respect to the practice of medicine, dentistry, or podiatry.
5. The Administrator may grant temporary privileges to any other providers for up to 2 weeks.

H. COSTS. If any attorney is retained to hear a case by the board, the attorney's fees and costs shall be considered an operating cost of the medical center or other community health facility owned or operated by the city.

## **ARTICLE VI**

### ***ALLIED HEALTH PROFESSIONALS***

Allied health professionals shall be defined as hospital-based, mid-level, health professionals, and physician-based mid-level health professionals. In each case, these professionals shall be limited to physical therapists, inhalation therapists, orthopedic technicians, surgical technicians,

advanced nurse practitioners, certified nurse midwives and physician's assistants. Their activities shall be authorized and supervised by a physician on the medical staff.

The allied health professionals shall adhere to the rules and regulations of the medical staff, and must submit their qualifications to the active medical staff credentialing body, detailing their training and experience in the specific services they seek to render to patients. The credentialing body of the medical staff shall review the qualifications of the applicant, conduct a personal interview, and determine the specific privileges to be granted. This shall be accomplished in a manner consistent with the regular review activities carried out by the medical staff. Final approval for privileges rests with the board. Since no rights of privilege are presumed, rejection of an applicant is final, except that a rejected applicant may reapply at any time. The granting of privileges to an allied health professional does not confer upon that individual any degree or classification of membership on the medical staff.

## **ARTICLE VII**

### ***OTHER HEALTH CARE PROFESSIONALS***

The board may at its discretion, provide for the granting of privileges to health care professionals who are not members of the medical and nursing staff, and who are not allied health professionals as defined above. Candidates for this category of health care professionals must possess a valid Alaska license to practice their profession, and must qualify by virtue of all federal, state and local laws. Each category of professional health care providers must furnish such credentials, as shall be required by the board, and as required by the by-laws, rules and regulations, established by and for members of each category. The rules must include a mechanism for the delineation of privileges and scope of activity, for peer review, suspension, appeals and hearings, and a standard of ethics for each category of professionals. The professional activities of each member of this category shall not result in the compromise of professional standards and ethics of other members of the hospital and medical staff. This category of health care providers shall in no way be the responsibility of or under the direction of the medical staff, except as pertains to those items under general responsibility of the medical staff to ensure the overall quality of health care provided by the institution.

## **ARTICLE VIII**

### ***RECORDS***

A system of records for CCMC, including those of previous owners and operators of Cordova Community Hospital, is established and is to be maintained in accordance with applicable standards set forth by the board. Accurate and complete confidential medical records shall be prepared and maintained on all patients in accordance with state and federal regulations.

## ARTICLE IX

### *FINANCES*

Finances of the various community health facilities owned or leased by the city and operated under the direction of the board shall be in accordance with city, state and federal laws and regulations, those regulations generally prescribed by any accrediting associations as may apply and as the city council and board determines to accept. Because the board is responsible for monitoring CCMC's finances, it has the right to receive monthly fiscal status reports that include a comparison of budgeted to actual revenues and expenditures; a balance sheet, and a cash flow statement. For all checks issued from medical center funds, two signatures shall be required. At least one signer of the checks issued shall be an officer of the HSB.

A. **SCHEDULE OF CHARGES:** A schedule of charges for each general classification of revenue as incorporated in the budget shall be approved annually or more frequently as need may arise by the board. The city council may, through taxation or other lawful method of obtaining funding, provide additional or supplemental funding of community health services operations.

B. **PREPARATION AND SUBMISSION OF BUDGET.**

1. The health services administrator shall prepare an annual budget in accordance with approved city medical center procedures and shall submit such budget(s) to the board for approval. The board shall submit such budget(s) to the city council with its recommendations by no later than sixty days prior to the end of CCMC's fiscal year.

2. The city council, in accordance with Section 5-4 of the City Charter, by vote of at least a majority of its members no later than the third day before the beginning of the fiscal year, shall adopt budget appropriations for the next fiscal year. If the council fails to adopt the budget and make appropriations on or before that day, the budget and rate changes if any, as submitted or as amended as the case may be, shall go into effect and the proposed expenditures therein shall become the appropriations for the next fiscal year.

C. **Other Fiscal Matters.** All other fiscal matters including, but not limited to, custody of funds, accounting and collection, shall be governed by general accounting procedures. CCMC will maintain all financial documents required by state and federal regulations.

## **ARTICLE X**

### ***INDEMNIFICATION***

The hospital shall indemnify, defend and hold harmless the administrator, the chief of medical staff, and any board member who was or is made a party, or is threatened to be made a party, to any threatened, pending or completed action, lawsuit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was an officer, representative, employee, or agent of the hospital, or is or was serving as an officer, representative, employee or agent of the hospital in any matter, including a peer review proceeding or in any proceeding relating to the discipline or licensure of a medical staff member, against all expenses, attorney's fees, judgments, fines and amounts paid in settlement actually and reasonably incurred by that person in connection with the action, suit or proceeding, if he or she acted in good faith and in a manner he or she reasonably believed to be in the best interest of the hospital, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful. The determination of any action, suit or proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or equivalent, shall not by itself, create a presumption that the person did not act in good faith or in a manner which he or she did not reasonably believe to be in the best interests of the hospital and, with respect to any criminal action or proceeding, had reasonable cause to believe that his conduct was unlawful.

## **ARTICLE XI**

### ***AMENDMENTS***

The board shall adopt bylaws for the administration and government of medical centers, clinics, and other community health facilities owned or operated by the city. These bylaws may be amended or have additional articles or sections added at any regular meeting of the board by five votes, provided the amendment or additions have been submitted in writing and read at the previous regular meeting. Amendments or additions to the bylaws by the board shall be submitted to the city council for approval.

## **ARTICLE XII**

### ***IN ACCORDANCE WITH CITY ORDINANCE***

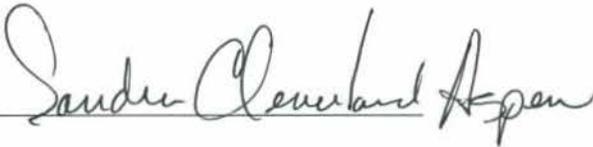
The bylaws are in accordance with powers granted by the City of Cordova Ordinance 14.28. In the event of a conflict, the City Ordinance will supersede these bylaws.

ADOPTED BY THE BOARD

DATE: January 11, 2011

SIGNED: 

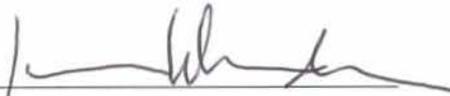
President

SIGNED: 

Secretary

APPROVED BY THE CITY COUNCIL

DATE: 6/10/11

SIGNED: 

Mayor

SIGNED: 

City Clerk