



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
JULY 19, 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
VACANT exp. 3/19
Linnea Ronnegard exp. 3/21
Gary Graham exp. 3/21

CCMC CEO

Scot Mitchell

OPENING: Call to Order

Roll Call – April Horton, Kristin Carpenter, Linnea Ronnegard, and Gary Graham. 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. LEAN Program

E. APPROVAL OF MINUTES

1. May 31, 2018 Regular Meeting Minutes Pgs 1-3
2. June 14, 2018 Special Meeting Minutes Pg 4

F. REPORTS OF OFFICER and ADVISORS

1. Board Chair Report – Kristin Carpenter
2. CEO Report – Scot Mitchell, CEO Pgs 5-8
3. Finance Report – Lee Bennett, Interim CFO Pgs 9-16
4. CAH Nursing Report – Kelly Kedzierski, RN Pg 17
5. LTC Nursing Report – Kadee Goss, RN Pg 18
6. Quality Improvement/Infection Control Report – Kelly Kedzierski, RN Pg 19-22

G. CORRESPONDENCE

H. ACTION ITEMS

1. Board of Directors Vacancy Pgs 23-24
2. Granting of Privileges for Wesley Gifford, MD. Pg 25
3. Fair Hearing re: Privileges of Sam Blackadar, MD

I. DISCUSSION ITEMS

1. Check Signers

J. 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.

K. BOARD MEMBERS COMMENTS

L. EXECUTIVE SESSION

M. 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.

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
May 31, 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, Kristin Carpenter, Sally Bennett (telephonically), and Linnea Ronnegard (telephonically).**

A quorum was established. 4 members present.

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

It was asked that the Medical Director's Report be moved to the front of the Reports of Officers and Advisors.

A. APPROVAL OF AGENDA

Kristin Carpenter "move to approve the Agenda as amended."

4 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. Infection Prevention Program

Kelly Kedzierski reviewed CCMC's Infection Prevention Program, CMS regulation requiring Critical Access Hospitals to have a facility wide Infection Prevention Program and what it entails.

Board Development for the June Board meeting will be on LEAN Training.

E. APPROVAL OF MINUTES

M/Horton S/Bennett "move to approve the April 26, 2018 Regular Meeting Minutes".

4 yeas, 0 nay

Motion passed.

F. REPORT OF OFFICERS AND ADVISORS

1. Medical Directors Report ~ Dr. Blackadar reported that his written Medical Directors report is in the packet, and provided the additional information requested by the Board of Directors on the Shingles vaccination.

2. **Board Chair Report ~ Kristin Carpenter** reported that she had been out of town for much of May, but had talked with Scot about the Agenda and the FCC.
3. **CEO's Report ~ Scot Mitchell**, CEO reported that the written CEO report is in the packet. A few additional items reported on were that CCMC is currently reviewing a quote received for telecom services that is considerably lower than what we had. Scot announced that Lee Bennett would be stepping in as an Interim CFO, and that CCMC is currently looking into contracting financial services from SEARHC.
4. **Finance Report ~ Lee Holter**, CFO reviewed the April 2018 Financials. A few highlights were that days cash on hand, payroll and AP have increased. The cost report has been filed and we are estimating getting back about \$38,000 from that.
5. **Nursing Report ~ Tammy Pokorney**, CNO was unable to attend the Board Meeting but the Nursing report was in the packet. Kelly Kedzierski, RN was present to answer any questions that the Board may have.
6. **Quality Improvement Report ~ Kelly Kedzierski**, RN reported to the board that the Quality Report is in the packet, and she will answer any questions that the board has.
7. Board of Directors members were invited to attend upcoming Quality Meetings if they were interested.

G. **CORRESPONDENCE ~ None**

H. **ACTION ITEMS**

1. **Board of Directors Vacancy**

M/Bennett S/Horton "I move to fill the vacant CCMC Authority Board of Directors seat with Greg Meyer."

Voice Vote: 2 yeas, 2 nay

Motion failed.

M/Bennett S/Horton "I move to fill the vacant CCMC Authority Board of Directors seat with Gary Graham."

Voice Vote: 3 yeas, 1 nay

Motion Passed.

I. **DISCUSSION ITEMS**

1. **Sound Alternatives**

Scot Mitchell reported that part of the reorganization there have been a few staffing changes, we now have a Behavioral Health Program Manager, and we will be contracting out a Clinical Supervisor that would be licensed.

J. **AUDIENCE PARTICIPATION ~ None**

K. **BOARD MEMBERS COMMENTS**

Carpenter ~ Thank you again to Lee, and I appreciate having a frank discussion about the Board vacancy.

Bennett ~ Thank you to Lee, Kelly, Scot, and everybody for everything that you do.

Ronnegard ~ Thank you to Sally, and thank you to Lee. Thanks everybody for the discussion on the votes.

Horton ~ I concur.

L. EXECUTIVE SESSION

M/Bennett S/Horton "I move to go into Executive Session for matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity for review of communication with hospital attorney."

The Board went into Executive Session at 7:40pm

The Board came out of Executive Session at 8:21pm

M. ADJOURNMENT

M/Horton S/Bennett "I move to adjourn the meeting."

Carpenter declared the meeting adjourned at 8:22pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
June 14, 2018 at 12:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the Board Meeting to order at 12:02pm.

Board members present: **Kristin Carpenter, Linnea Ronnegard and Gary Graham.**

A quorum was established. 3 members present.

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

A. APPROVAL OF AGENDA

M/Ronnegard S/Graham “move to approve the Agenda.”

3 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. ACTION ITEMS

1. Facility Wireless Upgrade

M/Ronnegard S/Graham “I move that the CCMC Authority Board of Directors approve the contract with Arctic IT to upgrade the facility wireless system as requested.”

3 yeas, 0 nay

Motion passed.

E. AUDIENCE PARTICIPATION ~ None

K. BOARD MEMBERS COMMENTS

Graham ~ Welcome back Mr. Bennett.

Ronnegard ~ Welcome Gary and welcome back Lee.

Carpenter ~ Welcome Gary.

The Board of Directors meeting will be July 12th at 6pm.

M. ADJOURNMENT

M/Graham S/Ronnegard “I move to adjourn the meeting.”

Carpenter declared the meeting adjourned at 12:21pm.



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CEO Report to the CCMC Authority Board of Directors

July 19, 2018

Scot Mitchell, CEO

The Big Picture

We have recently finalized a contract with Cordova Telephone Cooperative for internet services. This agreement will replace the current agreement we have with Alaska Communications Service. The planned go live with CTC is October 1, 2018. This new contract will provide us with more bandwidth (50 MB versus 20 MB), along with the addition of a dedicated connection between CCMC and Alaska Regional Hospital for the provision of tele-stroke and tele-behavioral health services. Our portion of the monthly recurring costs will be about \$2,000, which is double the roughly \$1,000 per month we were paying under the ACS contract. In addition, the FCC recently agreed to increase the cap on the Rural Healthcare Fund from \$400 million to \$571 million, which will be adjusted annually for inflation and allow unused funds from prior years to be carried forward to future years. This move will prevent our monthly payments from increasing from the previously announced cuts to this program.

Last month, the Centers for Medicare and Medicaid Services (CMS) announced that they are developing a new rural health policy plan. People who live in rural areas tend to have complex health issues such as obesity, sedentary lifestyles, smoking and illicit drug use, chronic illness and being kept from work or daily activities because of physical or mental health issues. CMS will attempt to address these issues with their new rural health strategy, this new strategy will focus on the following areas:

- Apply a rural lens to CMS programs and policies
- Improve access to care through provider engagement and support
- Advance telehealth and telemedicine
- Empower patients in rural communities to make decisions about their healthcare
- Leverage partnerships to achieve the goals of the CMS Rural Health Strategy

Status Updates

Service:

- The go live date for the implementation of the Thrive electronic health record system is still August 1, 2018. This is the system we will use for the hospital inpatient and outpatient services, along with the clinic. Our staff has been doing a lot of training and customization of the system for our operations. All EHR implementation processes have issues, and we are working closely with the Evident team to reduce the unintended impacts of our upcoming switch, but we are also realistic and expect that we will have problems to work through for several months after the go live.
- The improvement plans that we have been implementing in Sound Alternatives are moving along very well. Barbara Jewell has been promoted into the Program Manager role for Sound Alternatives, and has made some great strides in a very short time frame. Barb has been able to address the concerns with the Developmental Disabilities program, and we are now in compliance with State regulations. We are continuing to make improvements in the behavioral health program as well. We are close to contracting with a Clinical Supervisor to help with overseeing the clinical services. Due to resignations, we are recruiting for two licensed clinical social workers. We continue our efforts at moving the behavioral health services provided by Sound Alternatives into a model that is integrated into the family medicine clinic.
- We have been conducting research into adding additional ancillary services to the facility. Two areas where we have conducted the most research so far are in Durable Medical Equipment (DME) and sleep medicine. We will be having a presentation to our Executive Team later this month on both of these services. The DME service would not generate revenue for CCMC, but would allow us to reduce the amount of money we spend on giving away free DME supplies. The model we are considering would be that an Alaska company would provide the DME equipment and supplies to be stocked at CCMC at their cost, and when a patient needs DME, such as crutches, our staff would work with the DME company and the patient to make sure the patient has what they need. The DME company would do the billing for the service, and restock any DME given to patients. The sleep medicine service would involve CCMC starting a sleep lab at the facility. CCMC would have to spend dollars purchasing the needed equipment and providing staff to perform the sleep studies. Due to the cost involved in this service, we are still conducting our due diligence to make sure the need for this service justifies any costs to capitalize the program and to operate it.
- The uninterruptible power supply (UPS) is now operational for the CT scanner. We are still waiting for additional components to be installed to extend UPS service to the radiology equipment. We did have an issue with the UPS shortly after it was installed, and the manufacturer is working on fixing the issue.
- I recently attended a webinar from the American Hospital Association on a new model of providing health care services in remote areas. The concept would involve providing 24 hour emergency services, but not providing inpatient services. At this time, I don't think this is a viable option for Cordova, but it is one we should stay familiar with, as the future may provide new opportunities for different models of care in geographically remote areas, such as Cordova.

Quality:

- On June 26, 2018, we experienced a brief outage of water due to a pipe bursting in the hospital. Our maintenance staff, along with staff from the City Fire Department and Water Department, quickly responded and fixed the leak. We did implement our emergency plan and Hospital

Incident Command System to make sure our residents, patients and staff made it through the incident without any major concerns. We did utilize our reserves of fresh water for drinking and cleaning, so there were no delays in the provision of water. I do want to say thank you to the City staff that responded so quickly to assist with fixing this problem.

- Kelly Kedzierski has been participating in a quality mentoring program through the Alaska State Hospital and Nursing Home Association. This program partners an experienced quality staff member from one hospital with a newer quality person from another hospital. Kelly has been working with Valerie Taylor from Sitka Community Hospital in this program. Valerie will be at CCMC this month to help Kelly, and the CCMC staff, with a quality project. Kelly has selected survey readiness and preparation as her project, so Valerie will help Kelly develop a new program to prepare CCMC for our next CAH survey, which we expect to occur this fall.
- We have completed the first phase of our Lean training program and projects. Kelly Kedzierski will provide an overview of the Lean program and the various projects that we have completed during the Board Development portion of the July Board meeting. I want to thank the various CCMC staff members who stepped up to take the Lean training and help us work through several Lean projects. Kelly will give an overview of the dollar savings and risk avoidance from these programs when she updates the Board.

Finance:

- We have recently been notified that Medicaid will increase our reimbursement rates. The changes will be minimal, but all revenue increases are helpful. Conversely, we have also been notified that Medicaid just found out that they overpaid some services last year, and will be looking to recoup those overpayments. We do not yet know what the impact will be on CCMC for this.
- Several months ago, we requested a termination study from the State PERS program. This study was completed and showed that if CCMC were to opt out of PERS, the cost that we would have to pay out to the PERS program would be about \$14 million dollars. Interestingly, we just received the State PERS annual GASB audit information, and it showed that the CCMC current obligation for future payments is about \$17 million. We are still researching this to see if we can get a better handle on our total PERS obligation.
- We are still waiting on the audit report for 2017. Once we receive it, we'll set up a time for the accountants from Dingus, Zarecor & Associates to present it to the Board.

People:

- Several of our nurses recently participated in the Trauma Nurse Core Course (TNCC) that was held at CCMC. This program teaches nurses advanced techniques for treating patients who present to the emergency room with traumatic injuries. Nurses from Ilanka also participated in this program.
- With Tammy Pokorney's resignation, I have eliminated the Chief Nursing Officer position, and reorganized the nurse executive roles. Kelly Kedzierksi, RN has assumed the role of the Critical Access Hospital Director of Nursing and Kadee Goss, RN, has assumed the role of the Long Term Care Director of Nursing. I have asked that both Kelly and Kadee come to the Board meetings to provide updates to the Board on their areas of responsibility.

- We have ramped up our physician recruitment, and have several new physicians coming to CCMC over the next few months. Adam Woelk, MD will be here for a week in early July. Calvin Davis, DO will be here in mid-July for several days as well. Both Dr. Woelk and Dr. Davis recently completed their residency program in Anchorage, and have an interest in potentially working more than the shifts they have scheduled in July. Richard Harper, MD will be providing locus tenens coverage for CCMC from late July through late September. Consistent with the CCMC Medical Staff bylaws, I have granted all three of these physicians Emergency Privileges for 65 days. Once we receive their full credentials verification material, I will present those to the Board for granting of regular privileges. We also have a couple other physicians who have expressed an interest in working at CCMC, so we will continue the recruitment process until we have a full complement of physicians for CCMC.

Growth:

- Dr. Bradford Fenton conducted his first visit at CCMC to see patients on May 4, 2018. His next OB-GYN specialty clinic is scheduled for August 17th.
- We will be bringing privileges requests for Dr. Wesley Gifford, Pediatrician to the Board at the July meeting. Dr. Gifford will be starting to work with the Alaska Neonatology Associates this summer, and is tentatively planning to have quarterly pediatric specialty clinic visits to Cordova starting this fall.
- I have recently signed an agreement with the Family Medicine Residency program in Anchorage. This will allow us to start having third-year medical residents come to CCMC for one month rotations. These residents are required to spend one month in rural hospitals as part of their training program. This will allow them to learn how healthcare is provided in remote areas. It can also help us recruit physicians who are interested in practicing in rural areas to CCMC.

Community:

- As part of the physician recruitment efforts we have been undertaking, I have recently reached out to the Prince William Sound Science Center and the Copper River Water Shed Project to help us with the recruitment of a physician who is interested in coming to CCMC. This physician has conducted research into the Cordova community, and is interested in the scientific research that is happening here. My experience over the years shows that when we include the community in recruiting physicians, we have a much better chance of recruiting and retaining quality physicians.
- I was recently asked to provide a presentation to the Providence Valdez Medical Center Environment of Care Committee, which I did last month. It was good to share with them the experiences that we had from the evacuation of CCMC back in January. I have also been asked to give this same presentation to the Valdez Emergency Planning Committee in the near future.
- I wanted to let the Board know that I have recently been selected to serve on the Executive Committee of the Statewide Healthcare Coalition, as one of two representatives from rural hospitals in Alaska. This is the group that helps the State of Alaska to develop emergency operations plans and plans for responding to disasters and emergencies across the State.
- The CCMC Authority Board still has a vacant seat, and we have two community members who have expressed an interest in filling that seat. The filling of this vacancy will be included on the agenda for the next Board meeting.



Monthly Financial Statements

May 2018

Cordova Community Medical Center
Financial Narrative
May 2018
Unaudited

The Financials for May will look somewhat different from previous months as I have not had the time to assess all the processes Mr. Holter used to prepare the financials.

In May Acute and Swing Bed utilization was down substantially from previous months. There were only 2 Acute patient days and only 31 Swing Bed days compared to 9 and 75 respectively in April and substantially more than that in March.

Balance Sheet

The Balance Sheet will change once the 2017 audit is completed and audit adjusting entries posted and carried forward. Cash was \$1,044,000 representing approximately 33 days operating cash on hand. Net Patient Receivables are stated as \$1,092,000 and this is one area that will change after audit and will increase as the contractual allowances and bad debt allowance were overstated (conservatively) for 2017. May's Gross Days Revenue in AR excluding LTC stands at 113. This is well above industry standard and needs to be worked on as that is exactly where approximately \$1,000,000 in cash is sitting doing nothing for us. The -\$75,000 in Other Receivable will zero out once the audit entries are posted. This is to properly account for the pharmacy purchase. The rest of the Balance Sheet is fairly unremarkable.

Income Statement

Patient Services Revenue was down compared to budget and previous months again due to low Acute and Swing Bed utilization. Other areas of the Hospital were at or above budget especially Retail Pharmacy which continues to grow. Total Patient Service Revenue was \$1,027,662 compared to \$1,179,140 budget and \$1,083,349 in April.

Deductions

Overall Deductions were slightly over budget. Charity and Contractual Allowances were above budget while Bad Debts were below Budget. Deductions were \$422,706 compared to \$399,335 budgeted and \$292,220 for April.

Cost Recoveries

Cost Recoveries were well below budget. There was minimal grant monies received in May which occurs as most of our large grants are paid out quarterly. In-Kind Contributions were within \$1,000 of budget while Other Revenue was well below budget. Other Revenue is also well below budget through 5 months of operations so I am not sure if there was revenue budgeted that we will get down the road or if revenue was budgeted that we just will not receive. Will try and check on this for the June Financials. Cost Recoveries were \$91,651.66 compared to \$176,758 budgeted and \$102,621 in April

Expenses

Total Expenses were slightly above budget. Areas above budget were Professional Services and Supplies due almost entirely to Retail Pharmacy not being budgeted. Repairs and Maintenance due to required preventative maintenance services and some necessary repairs. Utilities, Travel and Training due to Behavioral Health's annual training as part of their grant. Insurances due to unemployment costs and Other Expenses due to paying for Hospital licenses. Total Operating Expenses were \$1,014,112 compared to \$1,002,278 Budgeted and \$919,955 in April.

For the month of May the Hospital generated a Net Loss of \$317,504 compared to a Net Loss of \$45,715 budgeted and a Net Loss of \$28,205 in April.

On a Year to Date basis the Hospital has generated a Net Loss of \$884,820 compared to a budgeted Net Loss of \$168,836.

Also included in the packet is a comparison to the same time period in 2017 for informational purposes.

We are very behind in paying PERS, Health Insurance and one particular vendor providing many of our traveler needs. Looking at 5 months year to date we expect to receive \$3,997,198 in reimbursement for our services and other receipts. Taking Operating Expenses of \$4,882,038 and subtracting out depreciation of \$231,886 leaves us with \$4,650,152 of expenses for which we need to pay. This leaves us short by (\$4,650,152 - \$3,997,198) a substantial \$652,954. So we are not cash flowing our operations which should not be a surprise to anyone. Now remember the \$1,000,000 sitting in Accounts Receivable? Collecting that will certainly help but it is a one-time occurrence and once collected that is it. Now I am not comfortable that the contractual allowances reported so far this year are not overstated (again conservative) but I have not had the time to review. So I do not believe we are this much short but we definitely need to generate more cash or reduce expenses, which I know are being discussed and worked on by Administration.

So the Board is aware the State of Alaska Medicaid program overpaid hospitals in 2017 for physician services and will begin a recoupment process with each Hospital. This applies to physician services only and not Hospital or Nursing Home reimbursements. Fortunately we do not have that much Medicaid physician revenue but anything recouped will hurt cash flow.

Respectfully submitted,

Lee W. Bennett
Interim CFO

May 2018

Description	Year-To-Date	Prior YTD
	Amount	Amount
ASSETS		
Cash & Cash Equivalents	1,044,161.82	257,339.07
Net Patient Receivables	1,092,435.55	1,284,676.52
Other Receivables	-75,000.00	83,393.80
Fixed Assets	3,458,822.86	3,621,736.57
Prepaid Expenses	39,785.36	22,334.63
Inventory	404,317.78	135,538.31
Deferred Outflows of Resources	1,218,788.00	1,218,788.00
TOTAL ASSETS	7,183,311.37	6,623,806.90
LIABILITIES		
Payables	1,816,101.95	713,425.18
Payroll Liabilities	1,105,920.29	267,657.48
Other Liabilities	4,360,181.93	3,514,527.46
Long Term Liabilities	6,907,864.00	6,907,864.00
Deferred Inflows of Resources	77,000.00	77,000.00
TOTAL LIABILITIES	14,267,068.17	11,480,474.12
EQUITY/FUND BALANCE		
TOTAL FUND BALANCE	-7,083,756.80	-4,856,667.22
TOTAL LIABILITIES AND EQUITY	7,183,311.37	6,623,806.90

12:24

Profit & Loss Statement

Application Code : GL

User Login Name:lbenett

Through May 2018

Description	Period	Budget	Period	Year-To-Date	Year-to-date	Year-To-Date
	Amount	Amount	Variance	Amount	Budget	Variance
REVENUE						
Acute	25,995.15	90,196.55	-64,201.40	355,463.67	549,715.92	-194,252.25
Swing Bed	77,382.29	288,381.54	-210,999.25	1,150,795.86	1,405,153.14	-254,357.28
Long Term Care	400,027.60	403,254.65	-3,227.05	1,965,284.39	1,964,240.39	1,044.00
Clinic	112,616.32	107,522.85	5,093.47	475,167.82	472,184.02	2,983.80
Outpatients-Other	289,876.30	234,054.20	55,822.10	1,113,320.61	1,143,322.56	-30,001.95
Behavioral Health	34,723.62	29,858.24	4,865.38	201,793.22	144,812.45	56,980.77
Retail Pharmacy	87,041.33	25,872.07	61,169.26	356,163.66	75,029.01	281,134.65
Patient Services Total	1,027,662.61	1,179,140.10	-151,477.49	5,617,989.23	5,754,457.49	-136,468.26
DEDUCTIONS						
Charity	33,307.74	2,547.95	30,759.79	115,841.99	12,410.97	103,431.02
Contractual Adjustments	371,942.48	365,141.60	6,800.88	1,824,409.81	1,773,172.98	51,236.83
Bad Debt	17,455.77	31,645.29	-14,189.52	271,953.33	153,126.26	118,827.07
Deductions Total	422,705.99	399,334.84	23,371.15	2,212,205.13	1,938,710.21	273,494.92
COST RECOVERIES						
Grants	420.75	25,479.46	-25,058.71	147,809.25	124,109.61	23,699.64
In-Kind Contributions	84,819.08	85,881.28	-1,062.20	423,652.45	429,077.62	-5,425.17
Other Revenue	6,411.83	65,397.26	-58,985.43	19,951.80	318,547.92	-298,596.12
Cost Recoveries Total	91,651.66	176,758.00	-85,106.34	591,413.50	871,735.15	-280,321.65
TOTAL REVENUES	696,608.28	956,563.26	-259,954.98	3,997,197.60	4,687,482.43	-690,284.83
EXPENSES						
Wages	329,509.27	358,054.55	-28,545.28	1,760,401.69	1,755,281.11	5,120.58
Taxes & Benefits	174,641.60	223,652.42	-49,010.82	923,575.18	1,104,315.63	-180,740.45
Professional Services	167,036.95	146,970.40	20,066.55	672,003.96	656,597.76	15,406.20
Minor Equipment	238.00	4,246.60	-4,008.60	5,950.51	20,685.02	-14,734.51
Supplies	93,451.58	50,890.90	42,560.68	413,907.62	245,150.27	168,757.35
Repairs & Maintenance	15,352.20	8,493.16	6,859.04	71,189.67	41,369.89	29,819.78
Rents & Leases	7,221.26	11,041.10	-3,819.84	37,129.34	53,780.84	-16,651.50
Utilities	126,252.66	110,410.93	15,841.73	567,010.33	537,808.16	29,202.17
Travel & Training	11,312.50	5,520.54	5,791.96	29,676.42	26,890.36	2,786.06
Insurances	22,047.66	16,667.00	5,380.66	88,669.49	83,335.00	5,334.49
Recruit & Relocate	260.00	4,246.58	-3,986.58	2,136.20	20,684.96	-18,548.76
Depreciation	44,393.06	49,584.00	-5,190.94	231,886.07	247,920.00	-16,033.93
Other Expenses	22,395.33	12,500.00	9,895.33	78,501.93	62,500.00	16,001.93
TOTAL EXPENSES	1,014,112.07	1,002,278.18	11,833.89	4,882,038.41	4,856,319.00	25,719.41
OPERATING INCOME	-317,503.79	-45,714.92	-271,788.87	-884,840.81	-168,836.57	-716,004.24
Restricted Contributions	0.00	0.00	0.00	20.00	0.00	20.00
NET INCOME	-317,503.79	-45,714.92	-271,788.87	-884,820.81	-168,836.57	-715,984.24

12:25

Profit & Loss Statement

Application Code : GL

User Login Name:lbennett

Comparison with Prior Year
Through May 2018

Description	Period	Year-To-Date	Prior Yr Pd.	Prior YTD
	Amount	Amount	Amount	Amount
REVENUE				
Acute	25,995.15	355,463.67	90,590.06	499,248.79
Swing Bed	77,382.29	1,150,795.86	255,767.91	1,121,190.41
Long Term Care	400,027.60	1,965,284.39	376,773.47	1,810,141.85
Clinic	112,616.32	475,167.82	100,528.73	408,319.18
Outpatients-Other	289,876.30	1,113,320.61	211,895.07	1,062,449.01
Behavioral Health	34,723.62	201,793.22	24,367.35	168,128.91
Retail Pharmacy	87,041.33	356,163.66	0.00	0.00
Patient Services Total	1,027,662.61	5,617,989.23	1,059,922.59	5,069,478.15
DEDUCTIONS				
Charity	33,307.74	115,841.99	102,187.45	102,316.60
Contractual Adjustments	371,942.48	1,824,409.81	198,611.02	1,098,506.02
Bad Debt	17,455.77	271,953.33	24,629.12	302,053.91
Deductions Total	422,705.99	2,212,205.13	325,427.59	1,502,876.53
COST RECOVERIES				
Grants	420.75	147,809.25	443.25	119,212.50
In-Kind Contributions	84,819.08	423,652.45	87,767.01	462,784.17
Other Revenue	6,411.83	19,951.80	14,311.32	375,312.92
Cost Recoveries Total	91,651.66	591,413.50	102,521.58	957,309.59
TOTAL REVENUES	696,608.28	3,997,197.60	837,016.58	4,523,911.21
EXPENSES				
Wages	329,509.27	1,760,401.69	330,714.58	1,646,069.14
Taxes & Benefits	174,641.60	923,575.18	155,255.30	755,403.20
Professional Services	167,036.95	672,003.96	192,818.91	697,343.16
Minor Equipment	238.00	5,950.51	9,734.06	14,076.48
Supplies	93,451.58	413,907.62	64,539.38	231,288.49
Repairs & Maintenance	15,352.20	71,189.67	7,055.57	29,494.59
Rents & Leases	7,221.26	37,129.34	16,500.73	60,977.40
Utilities	126,252.66	567,010.33	121,232.98	536,975.46
Travel & Training	11,312.50	29,676.42	6,321.12	21,326.80
Insurances	22,047.66	88,669.49	19,720.87	80,582.77
Recruit & Relocate	260.00	2,136.20	16,825.80	20,141.92
Depreciation	44,393.06	231,886.07	45,284.88	226,424.40
Other Expenses	22,395.33	78,501.93	16,162.12	45,236.75
TOTAL EXPENSES	1,014,112.07	4,882,038.41	1,002,166.30	4,365,340.56
OPERATING INCOME	-317,503.79	-884,840.81	-165,149.72	158,570.65
Restricted Contributions	0.00	20.00	20.00	20.00
NET INCOME	-317,503.79	-884,820.81	-165,129.72	158,590.65

Cordova Community Medical Center Statistics

Change each month

May 2018	31	28	31	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																					
29																					
FY 2018 ADC	6.4	4.4	4.6	2.8	1.1															3.9	
FY 2017	3.1	3.8	4.5	4.5	4.5	3.1	4.4	4.5	5.6	5.6	5.8									4.6	
FY 2016	0.8	1.9	1.3	2.0	1.7	2.2	0.3	0.7	1.1	0.5	1.0									1.2	
Acute Admits																					
FY 2018	12	4	5	4	1															26	5.2
FY 2017	9	7	7	5	4	1	10	6	8	2	4									69	5.8
FY 2016	6	8	3	8	9	5	7	5	10	6	8									81	6.8
Acute Patient Days																					
FY 2018	32	8	18	9	2															69	13.8
FY 2017	34	23	29	17	10	2	27	13	16	18	10									205	17.1
FY 2016	16	15	18	22	26	20	11	10	18	22	15									210	17.5
SWB Admits																					
FY 2018	2	1	0	0	0															3	0.6
FY 2017	5	3	2	1	2	0	1	0	3	1	1									19	1.6
FY 2016	2	2	0	2	1	3	1	0	2	1	2									17	1.4
SWB Patient Days																					
FY 2018	166	116	124	75	31															512	102.4
FY 2017	64	84	109	111	111	90	124	120	157	163	171									1,418	118.2
FY 2016	9	40	23	37	28	46	25	3	11	1	14									237	19.8
CCMC LIC Admits																					
FY 2018	2	0	0	2	0															4	1
FY 2017	0	0	0	0	0	0	0	0	0	0	0									0	0.0
FY 2016	1	0	0	0	0	0	0	0	0	0	0									3	0.3
CCMC LTD Resident Days																					
FY 2018	303	278	310	295	310															1,496	299.2
FY 2017	310	280	310	300	310	300	310	300	310	300	310									3,650	304.2
FY 2016	310	290	310	297	310	298	310	300	310	300	310									3,637	303.1
CCMC LTC Avg. Census																					
FY 2018	9.8	9.9	10.0	9.8	10.0																9.9
FY 2017	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0										10.0
FY 2016	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0										10.0
ER Visits																					
FY 2018	46	43	60	46	54															249	49.8
FY 2017	49	35	47	49	53	55	68	53	43	42	35									604	50
FY 2016	52	45	52	52	59	79	85	74	55	37	53									694	58

Cordova Community Medical Center Statistics

Change each month

May 2018	31	28	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Monthly							
Outpatient Registrations w/ER																				
FY 2018	127	116	167	249	232								891	178.2						
FY 2017	120	111	138	293	136	146	177	168	145	106	110	94	1,744	145						
FY 2016	120	117	131	342	159	164	160	172	165	146	126	137	1,939	162						
PT Procedures																				
FY 2018	370	221	184	215	295								1,285	257						
FY 2017	416	322	497	399	327	296	343	136	206	373	270	178	3,763	314						
FY 2016	319	344	349	401	326	396	291	324	489	346	407	415	4,407	367						
Lab Tests																				
FY 2018	295	301	347	215	287								1,445	289						
FY 2017	298	322	284	304	318	283	435	410	337	280	278	305	3,854	321						
FY 2016	304	363	324	350	374	399	318	314	319	340	272	219	3,896	325						
X-Ray Procedures																				
FY 2018	67	36	58	29	50								240	48						
FY 2017	47	43	37	29	42	63	72	57	43	34	41	33	541	45						
FY 2016	60	52	64	56	76	71	63	74	52	44	42	37	691	58						
CT Procedures																				
FY 2018	14	7	16	7	7								51	10						
FY 2017	7	7	13	14	12	14	22	15	12	9	8	5	138	12						
FY 2016	0	7	16	14	15	24	20	14	15	25	17	13	180	15						
CCMC Clinic Visits																				
FY 2018	206	183	203	176	219								987	197						
FY 2017	212	175	197	188	248	239	217	284	356	283	199	177	2,775	231						
FY 2016	178	197	170	203	222	191	205	231	343	227	203	223	2,593	216						
Behavioral Hlth Visits																				
FY 2018	111	98	127	114	112								562	112						
FY 2017	70	98	71	90	88	100	85	109	72	85	84	97	1,049	87						
FY 2016	94	100	103	104	89	75	58	39	56	47	80	122	967	81						
Retail Pharmacy Scripts																				
FY 2018	864	752	969	1,002	1,072								4,659	932						



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

July Nursing update:

1. Staffing:
 - a. Nursing staffing continues to be adequate. We have additional ER travelers over the summer for coverage of training for the new electronic health record.
 - b. The Dietary/Activities staffing is adequate, although volunteers are always welcome.
2. Census:
 - a. LTC census is 10 residents. Currently, we have 1 Swing bed occupied.
3. The ongoing challenges:
 - a. Technology innovations-See #4.
 - b. Surveys-Continue with the current plans and prepare for the CAH survey in the coming months.
 - c. Trauma training! We brought Trauma Nursing Core Course to Cordova: 7 CCMC and 2 Ilanka nurses attended. We were awarded a \$500 grant from AK Emergency Nurses Association to defer some costs. Training 7 CCMC nurses in ANC for this course would have been nearly \$10K, the course here was approximately \$3K.
4. Systems being implemented at this time:
 - a. Point Click Care-is fully operational for our current patient population.
 - b. Relias Learning Management System-Clinical and Non-Clinical Compliance training plans have been established with annual an ongoing modules for staff. This will align with the CAH survey for the fall.
 - c. EVIDENT-Continues to build the system to meet CCMC needs and requirements. Training is ongoing with an anticipated go live date of August 2018
5. LEAN training occurred 16-20 April. 5 Instructors Report out on Friday 25 May for 5 projects. Anticipate a list of possible projects by 30 Jun.

Please let me know if there are any questions.

Kelly Kedzierski, RN

CAH-DON



P: (907) 424-8000 | F: (907) 424-8116
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Date: July 11, 2018
To: CCMC Authority Board of Directors
From: Director of Long Term Care, Kadee Goss RN
RE: Nursing Report

We have 10 Long term care residents here at CCMC.

This month I am focusing on patient safety and fall preventions. A few things that are in place at this time are:

1. Hourly rounds: I have implemented hourly rounding so that the nurses and C.N.A's are physically assess and documenting on each resident every hour. By implementing this hourly round we hope to minimize any unwitnessed falls and make sure the resident's needs are met (examples: Call light in reach, water at bedside, assistance to restroom)
2. Schedules: I am readjusting the schedule to utilize the majority of the staff when residents are more active to help with showers and ambulation. Again to help prevent injuries or falls.
3. Hip protectors: We have implemented hip protectors for some of our mobile residents as an injury prevention tool as well.
4. Staff: We now have five full time nurses on staff. With the continuity of care provided by having more permanent staff, there will be more positive affect and familiarity for the residents.



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

Quality Improvement

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 continues to work hard toward developing appropriate organizational strategies, incentives and cultures to support delivery of quality and safety with in our organization. The improvements attained by CCMC thus far are the results of clearly and consistently focusing on the principles outlined in the 2018 Quality Improvement Plan. The CCMC team is continuously and consistently working hard to build a healthcare system that focuses on keeping our community healthy, provides appropriate and timely access to excellent healthcare, and provides the right care, at the right time, in the right place, all the while promoting focused 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 June 13, 2018 where we discussed -
 - LEAN- There were a total of 9 projects completed and submitted to the LEAN instructor which identified a combined risk avoidance and Savings.
Potential Savings-\$37,325.97 + Risk Avoidance \$252,723.04 = \$290,049.01
 - Evident-New EHR- we are continuing to work on the build along with staff education on our new Electronic Health Record this is an ongoing quality improvement effort.
- To ensure that we are in compliance with all of the Plans of Corrections from our 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.

Ongoing Improvement Activities- We are currently working on creating and implementing new Environment of Care rounds to identify areas in need of improvement and ensure that we are in compliance in all areas throughout the hospital.



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

Infection Control

CCMC puts infection control and basic hygiene at the heart of good management and 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.

- 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 May 8th, 2018.
- I am in the process of environment of care rounds throughout the facility including the laundry department. Hospital linens, which comes into contact with patients most frequently as bed sheets or blankets, have specific cleaning requirements before soiled items can be considered safe for reuse within the hospital. The washer settings have been predetermined and set by an Ecolab technician to be best suited for the type of laundry being washed. The employee determines the type of soiled laundry to be washed and consults the chart to choose the appropriate cycle and correct setting for the machine. The machine adds the appropriate detergent amount at the right time based on the chosen setting. Our laundry department personnel work hard and do an amazing job!

Fun Facts: According to the CDC

From January 1 to June 16, 2018, 93 people from 19 states (Arkansas, California, Connecticut, Florida, Illinois, Indiana, Kansas, Louisiana, Maryland, Michigan, Missouri, Nevada, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Tennessee, and Texas) and the District of Columbia were reported to have measles. Outbreaks in countries to which Americans often travel can directly contribute to an increase in measles cases in the U.S.

- The majority of people who got measles were unvaccinated.
- Measles is still common in many parts of the world including some countries in Europe, Asia, the Pacific, and Africa.

- Travelers with measles continue to bring the disease into the U.S.
- Measles can spread when it reaches a community in the U.S. where groups of people are unvaccinated.

Dear CEO Mitchell and Chairman Carpenter,

Please accept this letter as my willingness and notice of intent to serve on the Cordova Hospital Authority Board.

My interest springs mostly from the budgetary and financial aspects of the hospital. I believe I can be of assistance on the Authority Board, especially in this area.

I have been a resident of Cordova for over 35 years; my wife, Sylvia Lange and I have raised our three children here (all were born, actually, in this very hospital). I have participated in the fishing industry as a tender owner/operator, various fishing operations, including running our own fish cannery, and, for the last dozen or so years, owned and operated the Reluctant Fisherman Inn. These endeavors have required my care of payroll and management of up to 100 employees, as well as the associated accounting, loans, and banking relationships.

My personal experience with the hospital was with the birth of our children, myself as both an inpatient and at the out-patient clinic, and when my mother-in-law was recently a resident in the long term nursing care. I mention these things as an aside, but also to demonstrate some personal and professional interest in the success of the facility. As a business person, and fully invested into this community, I recognize the very central and important role the hospital occupies. Our businesses and community are tightly woven together, and the hospital plays a vital part for all our success and well being.

Sincerely,

Greg Meyer

907-360-9076 mobile

gregmeyer@me.com email

June 17, 2018

Scott,

I am formerly requesting to be put in the applicant pool for the new hospital board member opening.

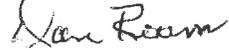
I have a lot of administration experience as indicated on my resume. I am personally a conservative person and would approach decisions needing to be made at the hospital in that manner.

I have had some health issues of my own and have received in my opinion excellent care by hospital personnel. I would use my own positive experience that I have received at the hospital to guide my decisions and strive to have all Cordova Community members receive the same treatment I have.

I have attached my resume and hope it indicates I would make a good member of the hospital board.

Sincerely,

Dan Reum





Memorandum

To: CCMC Authority Board of Directors

From: Scot Mitchell, FACHE, CCMC CEO

Subject: Delineation of Privileges for Dr. Wesley Gifford

Date: 07/12/2018

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