



**AGENDA**  
**CCMC AUTHORITY BOARD OF DIRECTORS**  
**CCMC CONFERENCE ROOM**  
**AUGUST 30, 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, Gary Graham, and Greg Meyer. 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. Strategic Plan Review

**E. APPROVAL OF MINUTES**

1. July 19, 2018 Regular Meeting Minutes

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**F. REPORTS OF OFFICER and ADVISORS**

1. Board Chair – Kristin Carpenter
2. CEO – Scot Mitchell, CEO
3. Medical Directors – Hannah Sanders, MD
4. Finance – Lee Bennett, Interim CFO
5. CAH Nursing – Kelly Kedzierski, RN
6. LTC Nursing – Kadee Goss, RN
7. Quality Improvement/Infection Control – Kelly Kedzierski, RN

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**G. CORRESPONDENCE**

1. Letter from Clifford P. Collins (Due to patient confidentiality letter will be handed out at the meeting)

**H. ACTION ITEMS**

1. Granting of Privileges for Adam Woelk, MD.
2. Granting of Privileges for Calvin Davis, MD.
3. Granting of Privileges for Richard Harper, MD.
4. vRad Credentialing and Privileging Agreement
5. CCMC Authorized Check Signers

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**I. DISCUSSION ITEMS**

1. CCMC Authority Board of Directors Bylaws
2. Board of Directors election of Officers

**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](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**  
**July 19, 2018 at 6:00pm**  
**Regular Meeting**

**CALL TO ORDER AND ROLL CALL –**

**Kristin Carpenter** called the Board Meeting to order at 6:02pm.

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

A quorum was established. 4 members present.

CCMC staff present: Scot Mitchell, CEO; Kelly Kedzierski, CAH DON; Kadee Goss, LTC DON and Lee Bennett, Interim CFO (telephonically).

**A. APPROVAL OF AGENDA**

**M/ S/** “move to approve the Agenda.”

**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 - LEAN Program**

**Kelly Kedzierski** provided a brief overview of what the LEAN program tool is, how it can benefit the hospital by saving time, money, and resources by creating more streamline data driven processes. After receiving grant funding the facility was able to have a consultant come in and provide LEAN training, from that training the facility now has four employees that are certified LEAN instructors.

**E. APPROVAL OF MINUTES**

**M/Graham S/Ronnegard** “move to approve the May 31, 2018 Regular Meeting Minutes and the June 14, 2018 Special Meeting Minutes as amended”.

**4 yeas, 0 nay**

**Motion passed**

**F. REPORTS OF OFFICERS and ADVISORS**

- 1. Board Chair Report – Kristin Carpenter** reported that she had met with Scot earlier in the week about the Fair Hearing item, and had given a report to Council in June about the finances and the board development.
- 2. CEO Report – Scot Mitchell** reported that the CEO written report is in the packet. Additional items reported to the board were that Medicaid has overpaid a lot of the providers in the State of Alaska, so we should know by the end of July how much that should be. The other item is the proposed changes to the 340B program, this is with Congress right now, and they are trying to reduce the rates in which facilities can

purchase 340B drugs. Scot will continue to keep the board informed on updates in regards to the 340B Program.

3. **Finance Report – Lee Bennett** (telephonically) reported that his report is in the packet, Lee went through the Financials and provided the board with the highlights. Lee also reported that we are in the process of a desk review of the 2017 cost report. He will keep the board informed on how this is coming along.
4. **CAH Nursing Report – Kelly Kedzierski** reported that she is trying to get ACLS training into the facility, and she will be reaching out to see if anyone at Ilanka would benefit from this training as well. Kelly reported that right now we have four Nurse travelers, in later September that number should be going down to two.
5. **LTC Nursing Report – Kadee Goss** reported that her report is in the packet and she would be happy to answer any questions that the board may have.
6. **Quality Improvement/Infection Control Report – Kelly Kedzierski** reported that for Quality Improvement they have implemented Point Click Care, we brought in the instructor for LEAN, we've gotten Thrive for our next EHR and we're getting them all implemented. The next Infection Control Meeting is scheduled for next week.

**G. CORRESPONDENCE ~ None**

**H. ACTION ITEMS**

**1. Board of Directors Vacancy**

**M/Ronnegard S/Horton** "I move to nominate Greg Meyer to the CCMC Authority Board of Directors."

**3 yeas, 0 nay, 1 abstain**

**Motion passed.**

**2. Granting of Privileges for Wesley Gifford, MD.**

**M/Horton S/Graham** "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Wesley Gifford, MD as requested."

**4 yeas, 0 nay**

**Motion passed.**

**3. Fair Hearing re: Privileges of Sam Blackadar, MD.**

**Scot Mitchell** reported that according to the current Bylaws we do not meet the requirements to have a Fair Hearing.

**M/Ronnegard S/Graham** "I move that consideration of any action to rescind or restrict the medical privileges of Dr. Charles Blackadar at CCMC shall be stayed until the Alaska State Medical Board completes its investigation."

**4 yeas, 0 nay**

**Motion passed.**

**I. DISCUSSION ITEMS**

1. **Check Signers – April Horton** requested that one more check signer be added to the authorized signers for the facility.

After a brief discussion this item will come back at the next meeting as an action item.

**J. AUDIENCE PARTICIPATION** ~ Carmen Nourie spoke to the board regarding a previous employee, and if the possibility of reinstatement of privileges arises she would like to have the opportunity to speak openly with the board.

**Scot** reiterated to the board that it is their duty as a board to grant or revoke privileging, but it is not the board's place to be involved with personnel issues, those responsibilities fall upon the CEO.

**K. BOARD MEMBERS COMMENTS**

**Graham** ~ Thank you Scot for having the courage to step up and take care of an issue that needed to be taken care of.

**Horton** ~ Thank everybody for their hard work, and that we're moving in a positive direction for everyone.

**Ronnegard** ~ I'm glad that we're working the old billing. Welcome Gary!

**Carpenter** ~ I appreciate that people are making the best of an awkward situation, Dr. Blackadar has a loyal following and we are losing that, but I'm very happy that Scot has found some great candidates. Thank you to Kelly and Kadee!

The next Board of Directors meeting will be August 30th at 6pm.

**L. EXECUTIVE SESSION** ~ None

**M. ADJOURNMENT**

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

**Carpenter** declared the meeting adjourned at 7:42pm.

**Prepared by: Faith Wheeler-Jeppson**



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CEO Report to the CCMC Authority Board of Directors  
August 30, 2018  
Scot Mitchell, CEO

### The Big Picture

The Governor recently signed into law the omnibus health bill, SB 105. Three different pieces of legislation were combined to create this bill that addresses a diversity of health care related issues. One of the most impactful components of this law centers on health care price transparency. This new law requires health care providers to publicly post the undiscounted prices of the most common services, along with installing signs to let patients know they can ask for estimates in advance. Providers will be required to supply good faith estimates of what a patient can expect to pay within 10 days of being asked. This new law goes into effect January 1, 2019, so we have a little time to determine how we are going to be able to meet these obligations. Our new EHR system has an optional module that can help with providing estimates, and we are researching this as a possibility to assist with that part of the new law.

I try to routinely provide updated information to the Board about the many burdens placed on healthcare providers by state, local and federal regulations, as well as other costs. Becky Hultberg, President/CEO of the Alaska State Hospital and Nursing Home Association recently gave testimony on the impact of federal regulatory burdens to the Committee on Health, Education, Labor and Pensions of the U. S. Senate. I felt her message was powerful and provided some very interesting data on what we have to deal with every day in the healthcare industry. Below are some staggering facts about the federal regulatory burden we face.

- Close to 24,000 pages of hospital and post-acute care federal regulations were published in 2016 alone.
- Hospitals, health systems and post-acute providers must comply with 629 discrete regulatory requirements across nine domains, spending \$39 billion annually in administrative activities related to regulatory compliance. This adds \$1,200 to the cost every time a patient is admitted to a hospital.
- The Requirements of Participation issued for skilled nursing facilities in 2016 cost an estimated \$831 million just for implementation, and estimated annual costs of \$735 million, or nearly \$100,000 per building.
- The nation's rural hospitals and skilled nursing facilities simply cannot continue to effectively comply with an ever-growing mountain of federal regulations. For a large hospital, the opportunity cost of a regulation may mean a program delayed, but for a small town, the choice may be much more difficult. The opportunity cost of regulatory burden for rural hospitals and skilled nursing facilities may be the loss of these services for the residents of that community.

### Status Updates

#### **Service:**

- Our new electronic health record (EHR) system, Thrive, went live on August 1<sup>st</sup>. As with all new EHR implementation projects, we've had our share of ups and downs. Our staff is continuing to train and become

more familiar with the new system, which has required us to change some of our processes. There are still a few more components that will be added over the next couple months. Our hope is to be able to return to our normal operational state as soon as possible. I do want to say thank you to our staff, they have done a great job of working through all of the issues, and have a great attitude for helping us with all these changes!

- Sound Alternatives has undergone some staffing changes recently. We have hired a part time Clinical Supervisor to help meet quality and grant requirements. 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 interviews for the two Licensed Clinical Social Worker positions and hope to have those vacancies filled soon.
- The project to add an uninterruptable power supply (UPS) for the CT scanner is now complete. We have had a couple glitches with the system, but it appears that they have been resolved.

#### **Quality:**

- We are within the time frame for our annual Long Term Care CMS survey. We are also expecting a Critical Access Hospital CMS survey soon. Kelly Kedzierski has been participating in an ASHNHA sponsored quality mentoring program, and has undertaken survey preparedness as one of the focus areas for this program. Kelly has been working with other staff to put more emphasis on survey readiness to help us prepare for the upcoming surveys. We will now be surveyed under a new process for the nursing home, which will result in more deficiencies, according to the survey agency. This doesn't mean that we've gotten worse, just that the guidelines for deficiencies has changed.
- The new Thrive EHR does come with a couple enhancements that will help us track our quality metrics in a quicker manner. The new system includes modules for Quality Improvement, Utilization Review, Risk Management, Infection Control, and core measures reporting to CMS. All of these functions have previously been done manually, so this new approach should help make Kelly's work in these areas more streamlined.
- I will be doing an update on our strategic plan at this Board meeting. I will review the online tool we use to track the plan components, and providing log in credentials to our newest Board members.

#### **Finance:**

- The implementation of the new EHR has caused us to not be able to send bills out on a regular basis. We have been working diligently with Evident and our billing company AVEC to get this resolved. In my experience, it can take a couple months to get the systems working so that billing gets back to normal. Our hope is that our transition will not take that long. This will obviously lead to a cash crunch in the next month or two.
- We have hired a new interim Chief Financial Officer. Bill Storck will start the week of the Board meeting. Bill brings a great deal of hands on experience that will be helpful to us as we continue working on our financial improvements. Lee Bennett will still be here for a few weeks to help with the transition, and has agreed to help out on projects as needed in the future. Bill has agreed to a 90 day contract, with an option to extend if we have not been able to recruit a permanent CFO by then. We are still working on finding a permanent status CFO, and hope to have someone in place before the end of the year.
- One area that needed addressed with the 2017 financial audit is in the area of reconciling cash accounts. In order for us to get these caught up, we have brought the accounting firm of Porter & Allison from Anchorage. One of their accountants is here helping to get this resolved. Once this is done, we should be able to get the audit completed and through the Dingus, Zarecor & Associates review process within about 30 days.

#### **People:**

- Three members of our Leadership Team, Kelly Kedzierski, Kadee Goss and Kim Wilson, recently participated in a team building program called TeamSTEPPS in Juneau. This program was provided by ASHNHA, who also paid for the travel for our employees to attend. This program provided tools to use for improving the collaboration and teamwork among our staff members.

- As mentioned above, we are continuing our re-organization with our behavioral health services. We are continuing to adjust our staffing levels and prepare for the ultimate goal of integrating the behavioral health services with the medical clinic.
- At the request of the Medical Staff, we started changing our physician model from where we currently employ them, to an independent contractor model. We have already used this new model to bring Drs. Woelk and Davis to CCMC. This new approach allows us to add physicians, without increasing the total costs to CCMC.
- The ASHNHA Annual Conference will be held next month at Alyeska. There are several educational sessions and meetings specific to many of the issues we are currently dealing with. In addition to myself, Kelly Kedzierski, CAH DON and Kadee Goss, LTC DON, will also attend.

**Growth:**

- We are currently having discussions with companies that would provide Durable Medical Equipment (DME) services and sleep medicine services to patients at CCMC. Our Executive Team is conducting due diligence into these options and how they might impact the service offerings that CCMC provides to the community.
- I am currently working on a contract to bring an Occupational Therapist to CCMC on a routine basis. The arrangement could provide services to our nursing home residents, swing bed patients and outpatients as well.
- Once the Board approves privileges for the physicians being presented at this meeting, we will have two physicians who are interested in providing routine coverage at CCMC. We are still having discussions with a couple other physicians who have expressed an interest in potentially covering up to six months per year.

**Community:**

- CCMC has started preparing for the Alaska Shield 2019 statewide disaster drill. We've had some preliminary discussions with the state and local emergency preparedness staff on how CCMC will participate. While there are still plenty of unknowns, we are planning on using this as another opportunity to practice our emergency response capabilities.
- My next "Lunch with the CEO" will be held September 18<sup>th</sup>. As in the past, I would like to invite one of the Board members to attend. I use this as an opportunity to invite local community and business leaders to come to CCMC and provide them with an update on some of the activities we are involved in, along with some of the challenges that we face.



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Board of Directors:

The second quarter of 2018 has brought significant change to CCMC. I am pleased to welcome several new providers to the medical staff including Dr. Adam Woelk, Dr. Richard Harper, Dr. Calvin Davis. These providers offer a wide range of skills to our hospital and we look forward to their continued practice here in Cordova.

During this quarter numerous hospital staff have committed countless hours to the implementation of our new electronic medical record. This has been a challenging process and I am very grateful for the effort that clinical and nursing staff put into making this process as seamless as possible for the providers and our patients. We are all still learning the tools this EMR has available but we anticipate it will assist us in tracking our quality and core measures for both the clinic and hospital.

An important factor in caring for our patients and our community is ensuring medication compliance. Medication errors can be a significant source of morbidity and mortality in healthcare. A lot of effort in launching our new EMR has been placed into creating up to date and accurate medication lists for our patients. Our nursing staff are working to maintain accurate and accessible medication lists for our patients. Providers and nursing staff are working to identify patients at high risk for medication confusion and non-compliance. We are working with CCMC pharmacy to assist these patients with their medications. The hospital pharmacist Heidi Voss has provided invaluable assistance to create safe instructions and dosing information for our patients.

Hannah Sanders, MD

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# **Monthly Financial Statements**

**June 2018**

Cordova Community Medical Center  
Financial Narrative  
June 2018  
Unaudited

June experienced the third straight month of decreased revenue. Acute and Swing Bed picked up a little while OP revenues declined as well as did LTC with one bed being vacant for part of the month. Retail Pharmacy continues to operate at a much higher utilization than was budgeted and appears to be well received by the citizens utilizing its services.

Balance Sheet

Cash was \$551,497 representing approximately 20 days operating cash on hand. The decrease in cash from May is mostly consumed by a corresponding decrease in Payables and Payroll Liabilities. Net Patient Receivables are stated as \$971,498 as previously stated this balance is understated. As an example total Self-Pay AR is approximately \$750,500 while the Self-Pay Allowance is \$1,197,000. Unfortunately I miscalculated May's Gross Days Revenue in AR at 113 when it should have been 123. GDRAR for June on the Hospital side increased to 131. The 120 day and over segment of the AR accounts for approximately 69 of the total days and will be an area of concerted efforts to either collect or write off if truly uncollectable. The -\$75,000 in Other Receivable was previously addressed. The rest of the Balance Sheet is fairly unremarkable.

Income Statement

Patient Services Revenue was down compared to budget and previous months as previously stated. Total Patient Service Revenue was \$914,094 compared to \$1,163,293 budget and \$1,027,663 in May. So in June the Hospital did not generate enough total patient revenue to cover the month's operating expenses.

Deductions

Overall Deductions were slightly under budget. Charity and Contractual Allowances were under budget while Bad Debts were well above Budget due to a shift in AR from Commercial to Self-Pay. Deductions were \$364,378 compared to \$393,516 budgeted and \$422,706 for May.

Cost Recoveries

Cost Recoveries were above budget in June due to posting \$54,500 of PERS In-Kind contributions from the state. There were grant funds received in June. Other Revenue continues to be well below budget and this will continue through the rest of the year. The Budget includes the monies received from the city for operations as income while it is accounted for as a loan and therefore hits the Balance Sheet and not the Income Statement. Also the Budget includes \$135,525 as EHR Meaningful Use Revenue which has not occurred as of yet. Cost Recoveries were \$195,159 compared to \$173,744 budgeted and \$91,652 in May.

### Total Revenue

Taking Patient Services Revenue minus Deductions plus Cost Recoveries the Hospital generated \$744,874 in Net Revenue compared to \$943,522 budgeted and \$696,608 for May.

### Expenses

Total Expenses were \$36,703 below budget. The only areas above budget were supplies due to the cost of drugs being under budgeted as was total revenue, so more utilization more cost. Also Travel and Training due to a posting error that will be corrected in July.

For the month of June the Hospital generated a Net Loss of \$201,836 compared to a Net Loss of \$39,891 budgeted and a Net Loss of \$317,504 in May.

On a Year to Date basis the Hospital has generated a Net Loss of \$1,086,657 compared to a budgeted Net Loss of \$208,727.

Also included in the packet is a comparison to the same time period in 2017 for informational purposes. This time it is actually for prior year.

Respectfully submitted,

Lee W. Bennett  
Interim CFO

June 2018

Description	Year-To-Date Amount	Prior YTD Amount
<b>ASSETS</b>		
Cash & Cash Equivalents	551,823.10	524,796.80
Net Patient Receivables	971,497.59	1,126,176.31
Other Receivables	-75,000.00	83,393.80
Fixed Assets	3,425,091.34	3,589,766.37
Prepaid Expenses	62,157.21	24,671.73
Inventory	402,267.61	122,220.93
Deferred Outflows of Resources	1,218,788.00	1,218,788.00
<b>TOTAL ASSETS</b>	<b>6,556,624.85</b>	<b>6,689,813.94</b>
<b>LIABILITIES</b>		
Payables	1,485,877.21	849,553.80
Payroll Liabilities	1,013,387.34	272,598.03
Other Liabilities	4,358,089.32	3,516,318.46
Long Term Liabilities	6,907,864.00	6,907,864.00
Deferred Inflows of Resources	77,000.00	77,000.00
<b>TOTAL LIABILITIES</b>	<b>13,842,217.87</b>	<b>11,623,334.29</b>
<b>EQUITY/FUND BALANCE</b>		
<b>TOTAL FUND BALANCE</b>	<b>-7,285,593.02</b>	<b>-4,933,520.35</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>6,556,624.85</b>	<b>6,689,813.94</b>

16:38

## Profit &amp; Loss Statement

Application Code : GL

User Login Name:lbennett

Through June 2018

Description	Period	Budget	Period	Year-To-Date	Year-to-date	Year-To-Date
	Amount	Amount	Variance	Amount	Budget	Variance
<b>REVENUE</b>						
Acute	42,177.73	60,802.61	-18,624.88	397,641.40	610,518.53	-212,877.13
Swing Bed	99,023.76	279,536.93	-180,513.17	1,249,819.62	1,684,690.07	-434,870.45
Long Term Care	369,432.15	390,246.43	-20,814.28	2,334,716.54	2,354,486.82	-19,770.28
Clinic	85,603.70	103,031.25	-17,427.55	560,771.52	575,215.27	-14,443.75
Outpatients-Other	208,472.25	256,531.14	-48,058.89	1,321,792.86	1,399,853.70	-78,060.84
Behavioral Health	21,058.95	34,336.97	-13,278.02	222,852.17	179,149.42	43,702.75
Retail Pharmacy	88,325.25	38,808.11	49,517.14	444,488.91	113,837.12	330,651.79
<b>Patient Services Total</b>	<b>914,093.79</b>	<b>1,163,293.44</b>	<b>-249,199.65</b>	<b>6,532,083.02</b>	<b>6,917,750.93</b>	<b>-385,667.91</b>
<b>DEDUCTIONS</b>						
Charity	0.00	2,465.75	-2,465.75	115,841.99	14,876.72	100,965.27
Contractual Adjustments	231,001.25	360,135.73	-129,134.48	2,055,411.06	2,133,308.71	-77,897.65
Bad Debt	133,376.90	30,914.23	102,462.67	405,330.23	184,040.49	221,289.74
<b>Deductions Total</b>	<b>364,378.15</b>	<b>393,515.71</b>	<b>-29,137.56</b>	<b>2,576,583.28</b>	<b>2,332,225.92</b>	<b>244,357.36</b>
<b>COST RECOVERIES</b>						
Grants	58,064.00	24,657.53	33,406.47	205,873.25	148,767.14	57,106.11
In-Kind Contributions	137,060.28	85,799.08	51,261.20	560,712.73	514,876.70	45,836.03
Other Revenue	34.35	63,287.65	-63,253.30	19,986.15	381,835.57	-361,849.42
<b>Cost Recoveries Total</b>	<b>195,158.63</b>	<b>173,744.26</b>	<b>21,414.37</b>	<b>786,572.13</b>	<b>1,045,479.41</b>	<b>-258,907.28</b>
<b>TOTAL REVENUES</b>	<b>744,874.27</b>	<b>943,521.99</b>	<b>-198,647.72</b>	<b>4,742,071.87</b>	<b>5,631,004.42</b>	<b>-888,932.55</b>
<b>EXPENSES</b>						
Wages	317,541.94	344,602.78	-27,060.84	2,077,943.63	2,099,883.89	-21,940.26
Taxes & Benefits	202,548.15	217,815.57	-15,267.42	1,126,123.33	1,322,131.20	-196,007.87
Professional Services	124,875.01	152,906.84	-28,031.83	796,878.97	809,504.60	-12,625.63
Minor Equipment	1,328.14	4,109.61	-2,781.47	7,278.65	24,794.63	-17,515.98
Supplies	92,404.43	50,021.73	42,382.70	506,312.05	295,172.00	211,140.05
Repairs & Maintenance	8,554.67	8,219.18	335.49	79,744.34	49,589.07	30,155.27
Rents & Leases	7,605.24	10,684.93	-3,079.69	44,734.58	64,465.77	-19,731.19
Utilities	107,164.81	106,849.34	315.47	674,175.14	644,657.50	29,517.64
Travel & Training	17,197.07	5,342.44	11,854.63	46,873.49	32,232.80	14,640.69
Insurances	18,730.80	16,667.00	2,063.80	107,400.29	100,002.00	7,398.29
Recruit & Relocate	-9,440.00	4,109.59	-13,549.59	-7,303.80	24,794.55	-32,098.35
Depreciation	53,369.58	49,584.00	3,785.58	285,255.65	297,504.00	-12,248.35
Other Expenses	4,830.65	12,500.00	-7,669.35	83,332.58	75,000.00	8,332.58
<b>TOTAL EXPENSES</b>	<b>946,710.49</b>	<b>983,413.01</b>	<b>-36,702.52</b>	<b>5,828,748.90</b>	<b>5,839,732.01</b>	<b>-10,983.11</b>
<b>OPERATING INCOME</b>	<b>-201,836.22</b>	<b>-39,891.02</b>	<b>-161,945.20</b>	<b>-1,086,677.03</b>	<b>-208,727.59</b>	<b>-877,949.44</b>
Restricted Contributions	0.00	0.00	0.00	20.00	0.00	20.00
<b>NET INCOME</b>	<b>-201,836.22</b>	<b>-39,891.02</b>	<b>-161,945.20</b>	<b>-1,086,657.03</b>	<b>-208,727.59</b>	<b>-877,929.44</b>

13:24

## Profit &amp; Loss Statement

Application Code : GL

User Login Name:lbennett

Through June 2017

Description	Period	Budget	Period	Year-To-Date	Year-to-date	Year-To-Date
	Amount	Amount	Variance	Amount	Budget	Variance
<b>REVENUE</b>						
Acute	9,768.43	122,495.00	-112,726.57	509,017.22	859,341.00	-350,323.78
Swing Bed	191,733.72	27,987.00	163,746.72	1,312,924.13	165,999.00	1,146,925.13
Long Term Care	363,233.62	357,221.00	6,012.62	2,173,375.47	2,175,525.00	-2,149.53
Clinic	103,186.86	74,470.00	28,716.86	511,506.04	462,769.00	48,737.04
Outpatients-Other	196,247.91	242,829.00	-46,581.09	1,258,696.92	1,456,111.00	-197,414.08
Behavioral Health	36,535.97	107,958.00	-71,422.03	204,664.88	353,887.00	-149,222.12
<b>Patient Services Total</b>	<b>900,706.51</b>	<b>932,960.00</b>	<b>-32,253.49</b>	<b>5,970,184.66</b>	<b>5,473,632.00</b>	<b>496,552.66</b>
<b>DEDUCTIONS</b>						
Charity	0.00	14,529.00	-14,529.00	102,316.60	84,563.00	17,753.60
Contractual Adjustments	138,795.41	135,736.00	3,059.41	1,237,301.43	790,011.00	447,290.43
Bad Debt	59,142.20	26,634.00	32,508.20	361,196.11	155,014.00	206,182.11
<b>Deductions Total</b>	<b>197,937.61</b>	<b>176,899.00</b>	<b>21,038.61</b>	<b>1,700,814.14</b>	<b>1,029,588.00</b>	<b>671,226.14</b>
<b>COST RECOVERIES</b>						
Grants	3,265.91	86,519.00	-83,253.09	122,478.41	265,171.00	-142,692.59
In-Kind Contributions	87,767.01	205,294.00	-117,526.99	550,551.18	629,197.00	-78,645.82
Other Revenue	-4,725.45	32,672.00	-37,397.45	370,587.47	100,134.00	270,453.47
<b>Cost Recoveries Total</b>	<b>86,307.47</b>	<b>324,485.00</b>	<b>-238,177.53</b>	<b>1,043,617.06</b>	<b>994,502.00</b>	<b>49,115.06</b>
<b>TOTAL REVENUES</b>	<b>789,076.37</b>	<b>1,080,546.00</b>	<b>-291,469.63</b>	<b>5,312,987.58</b>	<b>5,438,546.00</b>	<b>-125,558.42</b>
<b>EXPENSES</b>						
Wages	308,175.95	321,772.00	-13,596.05	1,954,245.09	2,091,518.00	-137,272.91
Taxes & Benefits	149,693.15	163,873.00	-14,179.85	905,096.35	1,065,175.00	-160,078.65
Professional Services	146,595.97	170,350.00	-23,754.03	843,939.13	897,818.00	-53,878.87
Minor Equipment	10,503.93	2,307.00	8,196.93	24,580.41	13,842.00	10,738.41
Supplies	53,035.75	34,438.00	18,597.75	284,324.24	207,435.00	76,889.24
Repairs & Maintenance	6,686.56	2,204.00	4,482.56	36,181.15	13,224.00	22,957.15
Rents & Leases	6,440.46	9,142.00	-2,701.54	67,417.86	54,852.00	12,565.86
Utilities	96,405.64	100,754.00	-4,348.36	633,381.10	615,571.00	17,810.10
Travel & Training	9,503.08	3,742.00	5,761.08	30,829.88	22,458.00	8,371.88
Insurances	19,720.87	17,959.00	1,761.87	100,303.64	108,908.00	-8,604.36
Recruit & Relocate	3,139.76	4,167.00	-1,027.24	23,281.68	25,002.00	-1,720.32
Depreciation	45,076.61	43,750.00	1,326.61	271,501.01	262,500.00	9,001.01
Other Expenses	11,426.77	12,224.00	-797.23	56,663.52	73,344.00	-16,680.48
<b>TOTAL EXPENSES</b>	<b>866,404.50</b>	<b>886,682.00</b>	<b>-20,277.50</b>	<b>5,231,745.06</b>	<b>5,451,647.00</b>	<b>-219,901.94</b>
<b>OPERATING INCOME</b>	<b>-77,328.13</b>	<b>193,864.00</b>	<b>-271,192.13</b>	<b>81,242.52</b>	<b>-13,101.00</b>	<b>94,343.52</b>
Unrestricted Contributions	465.00	0.00	465.00	465.00	0.00	465.00
Restricted Contributions	10.00	0.00	10.00	30.00	0.00	30.00
<b>NET INCOME</b>	<b>-76,853.13</b>	<b>193,864.00</b>	<b>-270,717.13</b>	<b>81,737.52</b>	<b>-13,101.00</b>	<b>94,838.52</b>

# Cordova Community Medical Center Statistics

June-18

Change each month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Total	Monthly Average
Hosp Acute+SWB Avg. Census														
FY 2018 ADC	6.4	4.4	4.6	2.8	1.1	1.8								3.5
FY 2017	3.1	3.8	4.5	4.5	4.5	3.1	5.3	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	1.2	0.3	0.7	1.1	0.5	1.0		1.2
Acute Admits														
FY 2018	12	4	5	4	1	4							30	5.0
FY 2017	9	7	7	5	4	1	10	6	6	8	2	4	69	5.8
FY 2016	6	8	3	8	9	5	7	5	6	10	6	8	81	6.8
Acute Patient Days														
FY 2018	32	8	18	9	2	10							79	13.2
FY 2017	34	23	29	17	10	2	27	13	16	18	6	10	205	17.1
FY 2016	16	15	18	22	26	20	11	10	18	22	15	17	210	17.5
SWB Admits														
FY 2018	2	1	0	0	0	3							6	1.0
FY 2017	5	3	2	1	2	0	1	0	0	3	1	1	19	1.6
FY 2016	2	2	0	2	1	3	1	0	1	2	1	2	17	1.4
SWB Patient Days														
FY 2018	166	116	124	75	31	43							555	92.5
FY 2017	64	84	109	111	111	90	114	124	120	157	163	171	1,418	118.2
FY 2016	9	40	23	37	28	46	25	0	3	11	1	14	237	19.8
CCMC LTC Admits														
FY 2018	2	0	0	2	0	0							4	0.67
FY 2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
FY 2016	1	0	0	0	0	0	2	0	0	0	0	0	3	0.3
CCMC LTD Resident Days														
FY 2018	303	278	310	295	310	286							1,782	297.0
FY 2017	310	280	310	300	310	300	310	310	300	310	300	310	3,650	304.2
FY 2016	310	290	310	297	310	298	292	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	9.5								9.8
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		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		10.0
ER Visits														
FY 2018	46	43	60	46	54	57							306	51.0
FY 2017	49	35	47	49	53	55	75	68	53	43	42	35	604	50
FY 2016	52	45	52	52	59	79	85	74	51	55	37	53	694	58

# Cordova Community Medical Center Statistics

	Change each month												Cumulative Monthly														
	June-18	31	Jan	Feb	Mar	31	Apr	30	May	31	Jun	30		Jul	31	Aug	31	Sep	30	Oct	31	Nov	30	Dec	31		
<b>Outpatient Registrations</b>																											
FY 2018	162	158	213	301	235	176																				1,245	208
FY 2017	120	111	138	293	136	146	177	168	145	106	146	137	110	94	1,744	145										1,744	145
FY 2016	120	117	131	342	159	164	160	172	165	146	137	126	137	110	1,939	162										1,939	162
<b>PT Procedures</b>																											
FY 2018	370	221	184	215	295	281																				1,566	261
FY 2017	416	322	497	399	327	296	343	136	206	373	270	178	305	3,763	314											3,763	314
FY 2016	319	344	349	401	326	396	291	324	489	346	407	415	305	4,407	367											4,407	367
<b>Lab Tests</b>																											
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												3,854	321
FY 2016	304	363	324	350	374	399	318	314	319	340	272	219	3,896	325												3,896	325
<b>X-Ray Procedures</b>																											
FY 2018	67	36	58	29	50	59																				299	50
FY 2017	47	43	37	29	42	63	72	57	43	34	41	33	541	45												541	45
FY 2016	60	52	64	56	76	71	63	74	52	44	42	37	691	58												691	58
<b>CT Procedures</b>																											
FY 2018	14	7	16	7	7	14																				65	11
FY 2017	7	7	13	14	12	14	22	15	12	9	8	5	138	12												138	12
FY 2016	0	7	16	14	15	24	20	14	15	25	17	13	180	15												180	15
<b>CCMC Clinic Visits</b>																											
FY 2018	206	183	203	176	219	190																				1,177	196
FY 2017	212	175	197	188	248	239	217	284	356	283	199	177	2,775	231												2,775	231
FY 2016	178	197	170	203	222	191	205	231	343	227	203	223	2,593	216												2,593	216
<b>Behavioral Hlth Visits</b>																											
FY 2018	111	98	127	114	112	99																				661	110
FY 2017	70	98	71	90	88	100	85	109	72	85	84	97	1,049	87												1,049	87
FY 2016	94	100	103	104	89	75	58	39	56	47	80	122	967	81												967	81
<b>Retail Pharmacy Scripts</b>																											
FY 2018	864	752	969	1,002	1,072	1,020																				5,679	947

**Cordova Community Medical Center**  
**Period End Aging Analysis Report - Summary as of June, 2018**  
**Summarized by Financial Class**

Application Code: AR		User Login Name: lbennett														
Financial Class	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Balance										
<b>02 - Medicaid</b>	104,528.61	27,850.63	127,140.57	40,680.68	200,179.30	500,379.79	20.89%	5.57%	25.41%	8.13%	40.01%					
UnBilled	109,907.48	0.00	0.00	0.00	0.00	109,907.48	100.00%	0.00%	0.00%	0.00%	0.00%					
02	214,436.09	27,850.63	127,140.57	40,680.68	200,179.30	610,287.27	35.14%	4.56%	20.83%	6.67%	32.80%					
<b>03 - Blue Cross/Blue</b>	0.00	0.00	0.00	0.00	1,062.32	1,062.32	0.00%	0.00%	0.00%	0.00%	100.00%					
UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%	0.00%	0.00%					
03	0.00	0.00	0.00	0.00	1,062.32	1,062.32	0.00%	0.00%	0.00%	0.00%	100.00%					
<b>04 - Commercial</b>	76,260.86	72,191.61	54,593.00	65,421.05	158,068.18	426,534.70	17.88%	16.93%	12.80%	15.34%	37.06%					
UnBilled	24,871.82	0.00	0.00	0.00	0.00	24,871.82	100.00%	0.00%	0.00%	0.00%	0.00%					
04	101,132.68	72,191.61	54,593.00	65,421.05	158,068.18	451,406.52	22.40%	15.99%	12.09%	14.49%	35.02%					
<b>05 - Tricare</b>	0.00	0.00	0.00	0.00	4,993.26	4,993.26	0.00%	0.00%	0.00%	0.00%	100.00%					
UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%	0.00%	0.00%					
05	0.00	0.00	0.00	0.00	4,993.26	4,993.26	0.00%	0.00%	0.00%	0.00%	100.00%					
<b>07 - Tricare/VA</b>	4,631.75	8,639.04	917.54	5,672.06	1,254.37	21,114.76	21.94%	40.91%	4.35%	26.86%	5.94%					
UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%	0.00%	0.00%					
07	4,631.75	8,639.04	917.54	5,672.06	1,254.37	21,114.76	21.94%	40.91%	4.35%	26.86%	5.94%					
<b>08 - Fisherman Fund</b>	0.00	0.00	0.00	0.00	-466.80	-466.80	0.00%	0.00%	0.00%	0.00%	0.00%					
UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00%	0.00%	0.00%	0.00%					
08	0.00	0.00	0.00	0.00	-466.80	-466.80	0.00%	0.00%	0.00%	0.00%	0.00%					
<b>09 - Workers Comp</b>	4,633.90	6,633.82	9,170.55	10,537.69	28,183.71	59,159.67	7.83%	11.21%	15.50%	17.81%	47.64%					
UnBilled	3,431.80	1,401.65	0.00	0.00	0.00	4,833.45	71.00%	29.00%	0.00%	0.00%	0.00%					
09	8,065.70	8,035.47	9,170.55	10,537.69	28,183.71	63,993.12	12.60%	12.56%	14.33%	16.47%	44.04%					
<b>10 - Self Pay</b>	26,869.65	53,010.71	19,901.44	38,116.48	456,877.55	594,775.83	4.52%	8.91%	3.35%	6.41%	76.82%					
UnBilled	3,464.09	0.00	0.00	0.00	0.00	3,464.09	100.00%	0.00%	0.00%	0.00%	0.00%					
10	30,333.74	53,010.71	19,901.44	38,116.48	456,877.55	598,239.92	5.07%	8.86%	3.33%	6.37%	76.37%					
<b>11 - Tribal Health</b>	7,102.94	8,233.82	3,061.34	8,090.86	-754.92	25,734.04	27.60%	32.00%	11.90%	31.44%	-2.93%					
UnBilled	3,664.90	0.00	0.00	0.00	0.00	3,664.90	100.00%	0.00%	0.00%	0.00%	0.00%					
11	10,767.84	8,233.82	3,061.34	8,090.86	-754.92	29,398.94	36.63%	28.01%	10.41%	27.52%	-2.57%					

**Cordova Community Medical Center  
Period End Aging Analysis Report - Summary as of June, 2018  
Summarized by Financial Class**

Application Code: AR		User Login Name: lbennett					
Financial Class	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Balance	
<b>40 - Promm Note</b>	0.00 0.00%	0.00 0.00%	237.01 0.74%	6,594.41 20.50%	25,340.56 78.77%	32,171.98	
UnBilled	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00	
40	0.00 0.00%	0.00 0.00%	237.01 0.74%	6,594.41 20.50%	25,340.56 78.77%	32,171.98	
<b>44 - Payroll Deduct</b>	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	6,190.97 100.00%	6,190.97	
UnBilled	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00	
44	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	6,190.97 100.00%	6,190.97	
<b>60 - Medicare</b>	120,990.18 32.99%	21,444.58 5.85%	45,927.10 12.52%	43,656.09 11.90%	134,732.50 36.74%	366,750.45	
UnBilled	46,660.22 100.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	46,660.22	
60	167,650.40 40.55%	21,444.58 5.19%	45,927.10 11.11%	43,656.09 10.56%	134,732.50 32.59%	413,410.67	
<b>70 - AR Services</b>	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	113,887.56 100.00%	113,887.56	
UnBilled	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00	
70	0.00 0.00%	0.00 0.00%	0.00 0.00%	0.00 0.00%	113,887.56 100.00%	113,887.56	
Billed Total:	345,017.89 16.03%	198,004.21 9.20%	260,948.55 12.12%	218,769.32 10.16%	1,129,548.56 52.48%	2,152,288.53	
Outstanding Charges:	192,000.31 99.28%	1,401.65 0.72%	0.00 0.00%	0.00 0.00%	0.00 0.00%	193,401.96	
<b>Grand Totals:</b>	537,018.20 22.89%	199,405.86 8.50%	260,948.55 11.12%	218,769.32 9.33%	1,129,548.56 48.15%	2,345,690.49	
<b>Number of Bills Processed: 3,504</b>							
<b>Report Type</b>	: Period End Aging Analysis Summarized by Financial Class						
<b>Financial Class</b>	: All						
<b>Facility</b>	: All						
<b>Patient Type</b>	: All						
<b>Patient Class</b>	: All						
<b>Bad Debt Status</b>	: All bills, except bad debt bills						
<b>Period</b>	: 6 Fiscal Year: 2018						

August Nursing update:

1. Staffing:
  - Nursing staffing continues to be adequate. We have had additional ER travelers over the summer for coverage of training for the new electronic health record.
2. Census:
  - LTC census is 10 residents. Currently, we have 1 Swing bed occupied.
3. The ongoing challenges:
  - Surveys-We are doing weekly Environment of care rounds to prepare for the CAH survey in the coming months.
  - Team Building! We are sending our Directors of Nursing Kadee Goss-LTC DON, Kelly Kedzierski- CAH DON and Kim Wilson-Human Resource Manager to the TeamSTEPPS Master Training course in Juneau on August 21-22. ASHNHA has graciously offered support for participants to attend the course, the cost of the course and travel expenses. Which we are very grateful for.
4. Systems being implemented at this time:
  - Relias Learning Management System-Clinical and Non-Clinical Compliance training plans have been established with annual an ongoing modules being assigned to staff. This will keep our staff current and up to date with their ongoing educational needs to better serve the community of Cordova.
  - EVIDENT-go live was August 1<sup>st</sup>, 2018. The evident staff came on site to CCMC briefly for hands on training. As with any new system learning is an ongoing process.

Kelly Kedzierski, RN

CAH-DON



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

**Date:** August 30, 2018  
**To:** CCMC Authority Board of Directors  
**From:** Director of Long Term Care, Kadee Goss RN  
**RE:** Nursing Report

We are utilizing all 10 bed Long Term Care at this time.

We are continue to make safety our main goal, along with a positive team approach for all of our residents care.

CCMC began using a new computer charting system in March for the Long term care called Point Click Care. I have been learning the system and all the different capabilities it has and I am expanding those capabilities to help all departments that care for the residents including nurses, nursing assistance, dietary, activities aide and therapy. To make it so each department's involvement can be more focused and unique to each resident. By doing this I am hoping to improve communication among all departments with the residents plan of care and make sure that each of their individual needs are being met.

We have been doing weekly environmental rounds and by doing these rounds we are able to identify and address any safety issues. I have been working closely with our environmental service team and maintenance to improve the residents care and their environment, anything from changing curtains to hanging pictures.

Quarterly evaluations (or more often as needed) are being set up with different specialties such as speech therapies and occupational therapies to meet the resident's needs. We are also working on getting a Podiatrist to come to CCMC on a more regular basis.

We truly have a great team here at CCMC that really care for our residents and want to make this facility a safe and home environment for everyone.

To: CCMC Authority Board of Directors  
From: Kelly Kedzierski, RN  
RE: August 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 August 16th, 2018 where we discussed -
  - Evident-New EHR- go live was August 1<sup>st</sup>, 2018. The evident staff came on site to CCMC briefly for hands on training. As with any new system learning is an ongoing process.
  - We are sending our Directors of Nursing Kadee Goss-LTC DON, Kelly Kedzierski-CAH DON and Kim Wilson-HR Manager to the TeamSTEPPS Master Training course in Juneau on August 21-22.
- 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 doing weekly Environment of Care rounds to identify areas in need of improvement and ensure that we are in compliance in all areas throughout the hospital.

To: CCMC Authority Board of Directors  
From: Kelly Kedzierski, RN  
RE: August 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 quarterly or more frequent meetings to ensure that we are keeping track of the infection prevention and control needs throughout the hospital as well as addressing concerns that could potentially affect the community. The last meeting was held on August 2<sup>nd</sup> 2018.
- During our implementation of our new Electronic Health Record our thermometers lost service do to connectivity issues. I am pleased to say that we had a backup plan in place to ensure that the refrigerator temperatures were still being checked by our nursing staff to make sure they did not get out of range.
- Fit test-Compliance- New duck bill N95masks have been purchased. We will be doing fit test with all clinical staff mid-September to get everyone in Compliance with new masks.
- To keep current and up to date on Sterile Processing for CCMC Kelly Kedzierski, RN has completed the courses: (These have been assigned to some of the nursing staff as well.)
  - Indicators, Disinfection and Sterilization
  - The Principles of Cleaning and Decontamination of Medical Devices
  - Establishing Best Practice in Steam Monitoring: BI & CI

## **Fun Facts: According to the AK Public Health Alert Network**

On the afternoon of August 6<sup>th</sup>, a teenager visiting with her parents from overseas boarded a cruise ship in Vancouver (British Columbia) that was bound for Alaska. Approximately one week prior to boarding the cruise ship, the patient began experiencing cold-like symptoms while travelling in Thailand, and four days prior to boarding she woke up with a rash (facial), red eyes, and feverishness. Within several hours of boarding the ship, the child was put in medical isolation due to persistence of symptoms and the concern for possible measles. Per the parents, the child had never received the measles, mumps, and rubella (MMR) vaccine. The patient remained in medical isolation until August 8<sup>th</sup> when she was transported to Peace Health Ketchikan Medical Center. The patient was discharged from the hospital on August 10<sup>th</sup>. Later that day, the patient was confirmed by polymerase chain reaction (PCR) testing to have been infected with the measles virus. The cruise ship passengers disembarked in Seward on the morning of August 13<sup>th</sup>, and many will be travelling throughout Alaska for a period of time before returning home. While the risk of secondary cases among these passengers is considered to be very low, it is important for healthcare providers to be aware of the possibility of secondary transmission.

## **Measles Fact Sheet**

**(rubeola, red or hard measles)**

### **What is measles?**

Measles is a highly contagious rash illness caused by a virus of the genus *Morbillivirus* in the *Paramyxovirus* family. Complications from measles such as ear infections, pneumonia, croup, encephalitis, seizures, and death can occur.

### **How do you get it?**

Anyone who has not had measles previously or who has not received the vaccine can get measles. Direct exposure to secretions from the nose or throat of a person with the disease can cause measles. Transmission occurs when a person with measles coughs or sneezes and airborne droplets are in the air for another person to breathe. Airborne transmission can occur for up to 2 hours after a person with measles has been in a closed area. It spreads rapidly and easily.

### **What are the symptoms of measles?**

The symptoms usually occur in 2 stages. The first stage commonly begins with a runny nose, red watery eyes, fever, and cough. A red blotchy rash appears in the second stage, starting on the face and spreading down the body to the arms and legs and usually lasts for about 4-6 days.

### **When do symptoms start?**

The fever, runny nose, and cough usually appear 10 days after exposure, but can appear as late as 18 days after exposure. The rash appears 3 to 7 days after the onset of the first symptoms.

### **When and for how long is a person able to spread measles?**

Measles can be spread from one day before the onset of cold-like symptoms through the fourth day of the rash.

### **What is the treatment for measles?**

There is no specific treatment for measles. Rest and symptomatic treatment is best for uncomplicated cases.

**Should a person with measles be excluded from work or school?** Yes, for 4 days after the onset of the rash.

### **If you get measles once, can you get it again?**

No. Adults born before 1957 are usually immune because they had measles as a child.

### **How can you keep from getting it?**

Measles vaccine (in the form of MMR or MR or measles only vaccines) can prevent measles.



# Memorandum

To: CCMC Authority Board of Directors  
From: Scot Mitchell, FACHE, CCMC CEO  
Subject: Delineation of Privileges for Dr. Adam Woelk  
Date: 08/24/2018

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



# Memorandum

To: CCMC Authority Board of Directors  
From: Scot Mitchell, FACHE, CCMC CEO  
Subject: Delineation of Privileges for Dr. Calvin Davis  
Date: 08/24/2018

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



# Memorandum

To: CCMC Authority Board of Directors

From: Scot Mitchell, FACHE, CCMC CEO

Subject: Delineation of Privileges for Dr. Richard Harper

Date: 08/24/2018

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



# Memorandum

To: CCMC Authority Board of Directors  
From: Scot Mitchell, FACHE, CCMC CEO  
Subject: vRad  
Date: 08/27/2018

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**Suggested Motion:** “I move that the CCMC Authority Board of Directors approve the Credentialing and Privileging Agreement with vRad as requested.”

Cordova Community Medical Center  
Contract Review and Approval Form

Description of contract:

Vendor Name: \_\_\_\_\_  
Vendor Contact person: \_\_\_\_\_  
Vendor Address: \_\_\_\_\_  
Vendor Phone: \_\_\_\_\_  
Vendor Email: \_\_\_\_\_  
Vendor Website: \_\_\_\_\_

Effective Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Fee Based:  Volume/Contingency based:   
Annual Cost to CCMC: \_\_\_\_\_ Cumulative Cost to CCMC: \_\_\_\_\_  
Was this contract included in approved budget?  Yes  No  
Termination options: \_\_\_\_\_  
Evergreen Clause:  Yes  No  
CCMC Authority Board approval needed?  No  Yes, approval date: \_\_\_\_\_  
Review by Legal Counsel:  Yes  No  
Date of OIG LEIE verification: \_\_\_\_\_  
Date of Completion of ADM 301a Form: \_\_\_\_\_

Options to this contract:

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

### Certifications

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

# Credentialing Regulations and Teleradiology



November 10<sup>th</sup>, 2016

Presenters: Crystal Moore & Carly Estrem



# Agenda

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## Benefits of Credentialing Agreement

### How it Works

### Why It's Accepted

### Questions and Next Steps

# Benefits of the Credentialing Agreement (CA)

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## Summary of the vRad Credentialing Agreement

- Created in orchestration with The Joint Commission (JC), the vRad Credentialing Agreement (CA) is designed to significantly reduce the time it takes to credential and privilege teleradiologists by allowing the facility/MSO to utilize the Credentialing work done by the vRad Physician Services team.

## General Benefits

- Alleviates the credentialing burden associated with large teleradiology rosters
- Expedites the privileging process
- Allows for flexibility in roster changes for coverage, capacity, subspecialty offerings, etc.
- Puts the burden of facility JC audits on vRad to produce documents
- Saves time and money!!!

# Agenda

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- Benefits of Credentialing Agreement

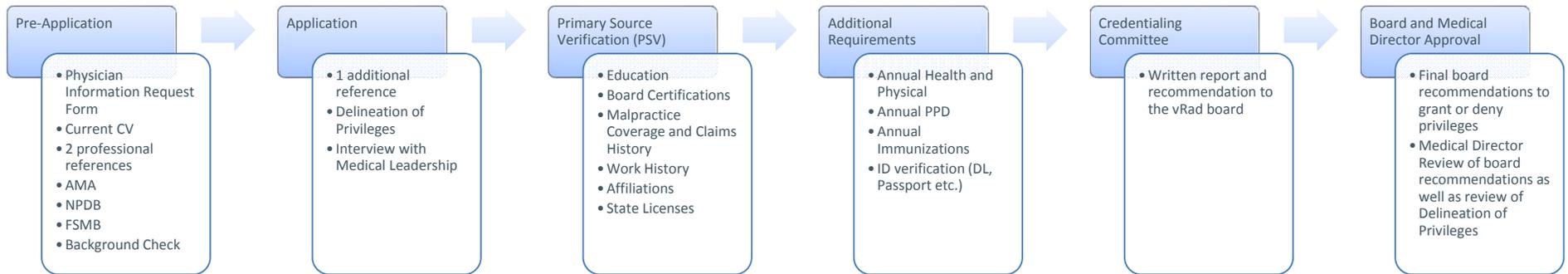
- How it Works

- Why It's Accepted

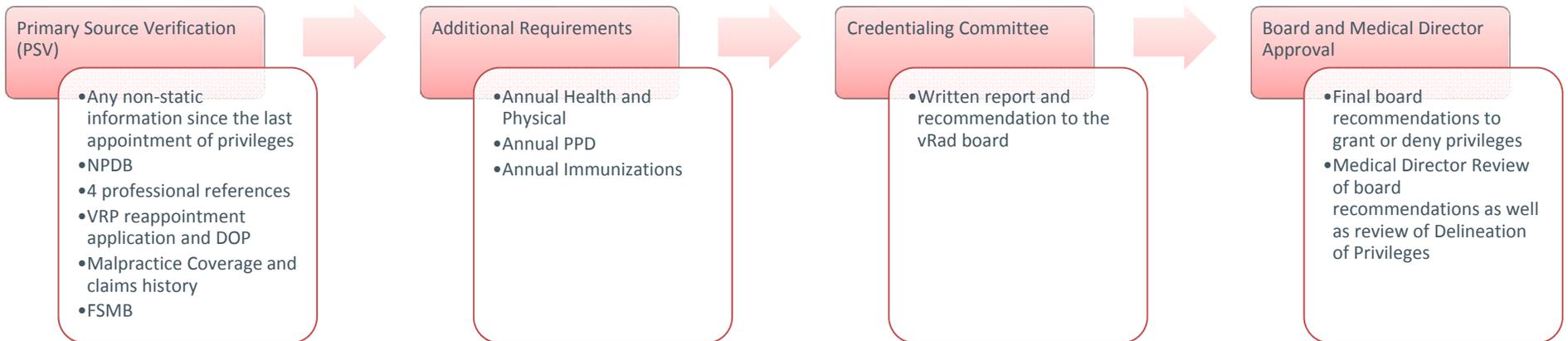
- Questions and Next Steps

# vRad Credentialing Process

## Initial Appointment



## Re-Appointment (every 2 years)

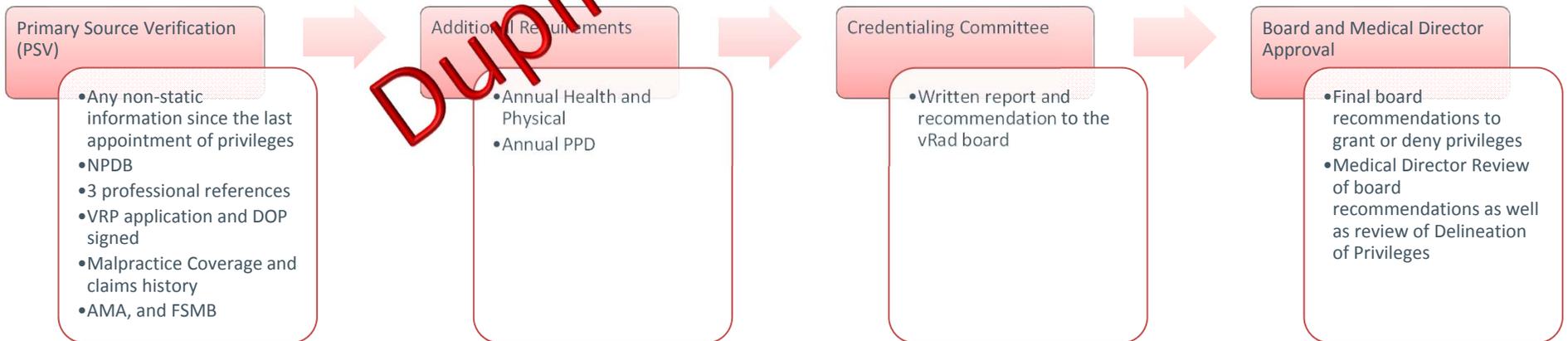


# Standard Hospital Credentialing Process

## Initial Appointment



## Re-Appointment (every 2 years)



Duplicate Efforts

# Using the vRad Credentialing Agreement

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## Transition to a Credentialing Agreement

- Review and sign vRad's Credentialing Agreement
- vRad's credentialing packets are provided electronically to MSO
- Adjust reappointment cycle dates to vRad's schedule
- Current roster and updated documentation is available at all times through the vRad Credentialing Portal

## Physician Roster Updates

- Updated "Schedule 1" sent to MSO
- Signed by two specific designees and returned, and physician activated
  - Joint Commission and CMS do not require the Schedule 1 to be presented at Credentials Committee or Board meetings

# Process Using the vRad Credentialing Agreement

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## Initial Appointment

Receive Schedule 1 and privilege packet

- Privilege Letter
- DOP
- 2 references
- AMA
- NPDB
- FSMB
- Background Check Summary

## Re-Appointment (every 2 years)

Receive Schedule 1 and privilege packet  
*(30-60 days prior to exp)*

- Privilege Letter
- DOP

# Agenda

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- Benefits of Credentialing Agreement
- How it Works
- Why It's Accepted
- Questions and Next Steps

# Teleradiology regulations, standard and guidelines

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## Centers for Medicare and Medicaid Services (CMS)

- CMS final rule published May 5, 2011
  - Final Rule effective July 5, 2011 supports utilization of the Credentialing Agreement
  - Hospital Conditions of Participation (CoPs): Telemedicine Credentialing and Privileging

## Joint Commission

- Reliance on Credentialing and Privileging Decisions through an agreement is in line with Joint Commission Standards
  - Rely on distant site hospital to telemedicine entity credentialing when an agreement exists and medical staff bylaws include such provisions\*

*\*vRad can supply sample bylaw language to assist in getting bylaws updated*

# Credentialing Agreement Details

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## Joint Commission Requires Credentialing Agreements to Include

- ✓ Duties, responsibilities and rights
- ✓ Role in Patient Care
- ✓ Provisions for credentialing, quality monitoring, insurance, record keeping, billing and indemnification
- ✓ Compliance with state/federal laws

## Joint Commission Requirements

- Facilities must have a copy of the current vRad Delineation of Privileges (DOP) for any active physician
- Facility runs a NPDB report for any new physician (vRad runs, but cannot provide)
- JC Audit burden is placed on vRad to provide the documentation needed

## Resource(s)

The Center for Telehealth and e-Health Law- [www.ctel.org](http://www.ctel.org)

# Variations of vRad Credentialing Agreements

Approximately 60% of the vRad facilities utilize some form of the CA

## Credentialing Agreement (CA)

- **vRad** performs Primary Source Verifications
- **vRad** provides "Schedule 1" physician roster along with Delineation of privileges (DOP)
- **MSO** signs Schedule 1 roster and returns
- **MSO** is responsible for querying the NPDB
- **MSO** completes OPPEs/FPPEs using the vRad QA portal information

## Letter of Understanding (LOU)

- **vRad** performs Primary Source Verifications
- **vRad** Provides additional documents to the MSO typically including the following:
  - DEA and Controlled substance license
  - Copy of Insurance
- **vRad** Provides site specific documentation (addendum pages or full application)
- **MSO** is responsible for querying the NPDB
- **MSO** completes OPPEs/FPPEs using the vRad QA portal information

# Questions and Next Steps

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It is Virtual Radiologic's (vRad) policy to process all applications for staff appointment and clinical privileges consistent with our Medical Staff Bylaws and Credentialing Policy.

1. Pre-Application. Each physician interested in seeking clinical privileges shall complete a Physician Information Request form (PIR) and submit a current CV. vRad's recruitment department will review the completed form and other documents, including but not limited to AMA, NPDB, FSMB and a background check, to make a preliminary determination of the applicant's suitability for appointment. The preliminary determination will be made based upon company needs.
2. Application. All applications for appointment and privileges shall be signed by the applicant using forms designated by Physician Services policies and procedures. The application requires the provision and disclosure of detailed information regarding the applicant's training, experience, professional behavior, character, competence and general qualification for clinical privileges, including the Delineation of Privileges. Three current, professional references from the same discipline are also a required component of all applications.
3. Interviews. The applicant shall be interviewed by current members of the Medical Staff and administration:
  - a. Vice President of Operations
  - b. vRad Medical Director
  - c. Others as requested
4. Primary Source Verification. The Credentialing Staff shall seek to primary source verify all of the information in the application and obtain any other information and / or documentation relating to the applicant's medical competency, including but not limited to:
  - a. Educational background, including Premedical education, Medical School, Internship, Residency, and Fellowship
  - b. Specialty board certification(s) or board eligibility
  - c. Malpractice coverage and claims history – Last 10 years
  - d. Three Professional references, who are practicing physicians, can speak to the Applicant's current capability, have worked with the Applicant in the

past 24 months and are personally familiar with the Applicant's Clinical performance. Each identified physician must be within the same professional discipline.

- d. Professional work history, including all employment, locum tenens, moonlighting, and hospital affiliations.
- e. State license verifications
- f. Review the OIG/GSA listings
- g. Malpractice claims/settlements

In addition to these documents, vRad also requires that a Health and Physical and PPD test be completed annually.

5. **Burden of Proof.** The applicant shall have the positive burden of proof to demonstrate that he/she is qualified for privileges. The applicant's refusal or failure to fully complete an application in the manner and form required, or to provide information or supporting documentation upon request, or to be interviewed shall disqualify the applicant from obtaining privileges. It shall not be required or expected that the Physician Services and/or vRad shall have a burden or responsibility to prove or produce evidence that the applicant is qualified.
6. **Review of Credentials.** The completed credentials file shall be transmitted to the vRad Credentialing Committee within 90 days of the receipt of the completed application for review and evaluation. The applicant may be required to produce further information or documentation which the Credentialing Committee determines is necessary for an adequate evaluation of the applicant's eligibility for privileges. The same shall be considered a component of the application. If the Credentialing Committee is unable, due to lack of information, to make its recommendation to the board within 14 days of the Committee's receipt of the file, the Credentialing Committee shall notify the applicant in writing of the delay, explaining the reasons and asking the applicant to assist the Committee by providing any additional items that Committee needs in order to reach a decision regarding the applicant's file, and make a recommendation to vRad Board. IF the applicant fails to respond or provide the requested information within 15 days of the applicant's receipt of the Committee's request, the application shall be deemed withdrawn.

7. Consent of Applicant. By filling out an application for privileges, and notwithstanding the absence of an express consent, the applicant shall be deemed to have consented to the following:
  - a. vRad representatives may consult with members of other Medical Staff offices at which the applicant may have had membership of privileges, and they may give candid evaluations and opinions regarding the applicant.
  - b. vRad representatives may consult with anyone who may have information regarding the applicant's qualifications for privileges, and they may give candid evaluations and opinions regarding him or her.
  - c. vRad representatives may obtain and inspect any records and documents material to the evaluation of the applicant's qualification for privileges. Any and all interviews conducted pursuant to this subsection may be reported in writing and such reports may be included with the application. A summary of copies of any and all documents inspected pursuant to this subsection shall be included with and a component of the application.
8. Appointment. Within fourteen days of completion of all components of the application, the complete credentials file shall be reviewed by the Credentialing Committee and a written report of the review and evaluation shall be sent to the vRad Credentialing Board, with recommendations from the Credentialing Committee. The Board will make recommendations to grant or deny privileges to vRad's Chief Medical Officer.
9. Review of Clinical Privileges. The Chief Medical Officer will review the applicant's request for clinical privileges, which shall include reasonable documented evidence of the applicant's current ability to perform the requested privileges and shall determine whether privileges should be granted or denied. The Chief Medical Officer shall review the applicant's number of reads on the Delineation of Privileges form to ensure that the applicant meets vRad's minimums in all modalities.
10. Appointment. The Chief Medical Officer will sign the Delineation of Privileges.
11. Reappointment. All reappointment applications shall be reviewed and signed by the physician every two years. The following information will be obtained/verified:

- a. Any non-static information since the last appointment for privileges was made will be primary source verified again.
- b. NPDB proactive disclosure service enrollment is confirmed.
- c. 3 Professional references are required from physicians in the same professional discipline.
- d. VRP application and Delineation of Privileges, signed
- e. Health and Physical form, including PPD test results, within the past year.
- f. All DEA and Controlled Substance Certificates are primary source verified
- g. All malpractice coverage and claims history within the last 10 years is primary source verified again.
- h. Review the OIG/GSA listing again
- i. The following reports are run: FSMB and NPDB.
- j. All board certifications are primary source verified again

12. Announcement. The Director of Physician Services will sign the privilege letter, and a member of the Physician Services team will send a letter to the applicant and various vRad Departments, announcing the privileges.

# Virtual Radiologic Corporation

Eden Prairie, MN

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
Ambulatory Health Care Accreditation Program

April 18, 2018

Accreditation is customarily valid for up to 36 months.

  
Craig W. Jones, FACHE  
Chair, Board of Commissioners

ID #384143  
Print/Reprint Date: 07/17/2018

  
Mark R. Chassin, MD, FACP, MPP, MPH  
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).





# Memorandum

To: CCMC Authority Board of Directors  
From: Scot Mitchell, FACHE, CCMC CEO  
Subject: Resolution to update CCMC Authorized Check Signers  
Date: August 27, 2018

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In light of recent organizational changes at CCMC and with the Board it is necessary to update the CCMC Authorized Check Signers to reflect those changes:

To add the following CCMC Employees as an authorized check signer:

Clinic Manager Tamara Russin

To add the following new Board of Directors as an authorized check signer:

Linnea Ronnegard  
Gary Graham  
Greg Meyer

The updated list of CCMC authorized check signers will be as follows:

CEO	Scot Mitchell
HR Coordinator	Kimberly Wilson
Clinic Manager	Tamara Russin
BoD President	Kristin Carpenter
BoD Vice-President	April Horton
Board Member	Linnea Ronnegard
Board Member	Gary Graham
Board Member	Greg Meyer

**Suggested Motion:** “I move to approve the Resolution of the CCMC Authority Board of Directors designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center.”



# Memorandum

To: CCMC Authority Board of Directors  
From: Scot Mitchell, FACHE, CCMC CEO  
Subject: CCMC Check Signer process  
Date: August 27, 2018

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**Suggested Motion:** “I move to approve that the CCMC Authority Board of Directors current check signer process be amended to reflect that of the two required signatures on all checks, a board member may, but will not be required to sign. Additionally the CFO will present a check register for the board to review at each monthly regularly scheduled Board of Directors Meeting.”