



**AGENDA**  
**CCMC AUTHORITY BOARD OF DIRECTORS**  
**CCMC CONFERENCE ROOM**  
**October 25, 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  
Greg Meyer 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. HIPAA Basics Pgs 1-7

**E. APPROVAL OF MINUTES**

1. August 30, 2018 Regular Meeting Minutes Pgs 8-11

**F. REPORTS OF OFFICER and ADVISORS**

1. Board Chair – Kristin Carpenter
2. CEO – Scot Mitchell, CEO Pgs 12-19
3. Finance – Lee Bennett Pgs 20-30
4. LTC Nursing – Kadee Goss, RN Pgs 31-32
5. CAH Nursing – Kelly Kedzierski, RN Pg 33-34
6. Quality Improvement/Infection Control – Kelly Kedzierski, RN Pg 35-47
7. Sound Alternatives Quarterly Report – Barbara Jewell Pg 48

**G. CORRESPONDENCE**

**H. ACTION ITEMS**

1. Acceptance of Dr. Blackadar’s Medical Staff membership resignation Pg 49
2. Granting of Privileges for Gregory Engel, MD. Pg 50
3. Granting of Privileges for vRad Radiologists Pg 51-53
4. Granting of Privileges for Brian Iutzi, MD Pg 54
5. Election of Secretary/Treasurer

**I. DISCUSSION ITEMS**

1. CCMC Authority Board of Directors Draft Bylaws Pg 55-65

**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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



## HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules

The Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules protect the privacy and security of health information and provide individuals with certain rights to their health information. This publication discusses:

- ◆ The **Privacy Rule**, which sets national standards for when protected health information (PHI) may be used and disclosed
- ◆ The **Security Rule**, which specifies safeguards that covered entities and their business associates must implement to protect the confidentiality, integrity, and availability of electronic protected health information (ePHI)

**Please note:** The information in this publication applies to HIPAA covered entities, which include most health care professionals and health care organizations, as well as their business associates. When “you” is used in this publication, we are referring to these persons and entities.

Table 2. Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

- ◆ The **Breach Notification Rule**, which requires covered entities to notify affected individuals, U.S. Department of Health & Human Services (HHS), and in some cases, the media of a breach of unsecured PHI

You play a vital role in protecting the privacy and security of patient information. This publication gives an overview of the rules, and it outlines the information protected by and who must comply with those rules.

## HIPAA Privacy Rule

The HIPAA Privacy Rule establishes standards for the protection of PHI held by:

- ◆ Health plans
- ◆ Health care clearinghouses
- ◆ Those health care providers that conduct certain health care transactions electronically
- ◆ Their business associates

The Privacy Rule gives patients important rights with respect to their health information, including rights to examine and obtain a copy of their health records in the form and manner they request, and to ask for corrections to their information. Also, the Privacy Rule permits the use and disclosure of health information needed for patient care and other important purposes.

## Protected Health Information

The Privacy Rule protects individually identifiable health information, called PHI, held or transmitted by a covered entity or its business associate, in any form, whether electronic, paper, or verbal. PHI includes information that relates to all of the following:

- ◆ The individual's past, present, or future physical or mental health or condition
- ◆ The provision of health care to the individual
- ◆ The past, present, or future payment for the provision of health care to the individual

PHI includes many common identifiers, such as name, address, birth date, and Social Security number.

Visit the HHS [HIPAA Privacy Rule](#) webpage for more information.

## HIPAA Security Rule

The HIPAA Security Rule specifies safeguards that covered entities and their business associates must implement to protect the confidentiality, integrity, and availability of ePHI.

Covered entities and business associates must develop and implement policies and procedures to protect the security of ePHI they create, receive, maintain, or transmit. Each entity must analyze the risks to ePHI in its environment and create solutions appropriate for

its own situation. What is reasonable and appropriate depends on the nature of the entity's business, as well as its size, complexity, and resources. Specifically, covered entities must:

- ◆ Ensure the confidentiality, integrity, and availability of all ePHI they create, receive, maintain, or transmit
- ◆ Identify and protect against reasonably anticipated threats to the security or integrity of the ePHI
- ◆ Protect against reasonably anticipated, impermissible uses or disclosures
- ◆ Ensure compliance by their workforce

The Security Rule does not dictate security measures but requires covered entities to consider all of the following:

- ◆ Size, complexity, and capabilities
- ◆ Technical, hardware, and software infrastructure
- ◆ The costs of security measures
- ◆ The likelihood and possible impact of risks to ePHI

Covered entities must review and modify security measures to continue protecting ePHI in a changing environment.

Visit the HHS [HIPAA Security Rule](#) webpage for more information.

## HIPAA Breach Notification Rule

The HIPAA Breach Notification Rule requires covered entities to notify affected individuals, HHS, and in some cases, the media of a breach of unsecured PHI. Most notifications must be provided without unreasonable delay and no later than 60 days following the discovery of a breach. Notifications of smaller breaches affecting fewer than 500 individuals may be submitted to HHS annually. The Breach Notification Rule also requires business associates of covered entities to notify the covered entity of breaches at or by the business associate.

Visit the HHS [HIPAA Breach Notification Rule](#) webpage for more information and guidance on the reporting requirements.

## Who Must Comply With HIPAA Rules?

Covered entities and business associates, as applicable, must follow HIPAA rules. If an entity does not meet the definition of a covered entity or business associate, it does not have to comply with the HIPAA rules. For a complete definition of a covered entity and a business associate, refer to the "[Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification](#)" Final Rule.

### **Confidentiality:**

ePHI is not available or disclosed to unauthorized people

**Integrity:** ePHI is not altered or destroyed in an unauthorized manner

**Availability:** ePHI is accessible and usable on demand by an authorized person

## Covered Entities

Covered entities electronically transmit health information. The following covered entities must follow HIPAA standards and requirements:

### Covered Health Care Provider

Any provider of medical or other health care services or supplies who transmits any health information in electronic form in connection with a transaction for which HHS has adopted a standard, such as:

- ◆ Chiropractors
- ◆ Clinics
- ◆ Dentists
- ◆ Doctors
- ◆ Nursing homes
- ◆ Pharmacies
- ◆ Psychologists

### Health Plan

Any individual or group plan that provides or pays the cost of health care, such as:

- ◆ Company health plans
- ◆ Government programs that pay for health care, such as Medicare, Medicaid, and the military and veterans' health care programs
- ◆ Health insurance companies
- ◆ Health maintenance organizations (HMOs)

### Health Care Clearinghouse

A public or private entity that processes another entity's health care transactions from a standard format to a non-standard format, or vice versa, such as:

- ◆ Billing services
- ◆ Community health management information systems
- ◆ Repricing companies
- ◆ Value-added networks

## Business Associates

A business associate is a person or organization, other than an employee of a covered entity, that performs certain functions on behalf of, or provides certain services to, a covered entity that involve access to PHI. A business associate can also be a subcontractor responsible for creating, receiving, maintaining, or transmitting PHI on behalf of another business associate. Business associates provide services to covered entities that include:

- ◆ Accreditation
- ◆ Billing
- ◆ Claims processing
- ◆ Consulting
- ◆ Data analysis
- ◆ Financial services
- ◆ Legal services
- ◆ Management administration
- ◆ Utilization review

**NOTE:** A covered entity can be a business associate of another covered entity.

If a covered entity enlists the help of a business associate, then a written contract or other arrangement between the two must:

- ◆ Detail the uses and disclosures of PHI the business associate may make
- ◆ Require that the business associate safeguard the PHI

Visit the HHS [HIPAA Covered Entities and Business Associates](#) webpage for more information.

## Enforcement

The HHS Office for Civil Rights enforces the HIPAA Privacy, Security, and Breach Notification Rules. Violations may result in civil monetary penalties. In some cases, criminal penalties enforced by the U.S. Department of Justice may apply.

Common noncompliance issues include:

- ◆ Impermissible PHI uses and disclosures
- ◆ Lack of PHI safeguards
- ◆ Lack of patients' access to their PHI
- ◆ Use or disclosure of more than the minimum necessary PHI
- ◆ Lack of administrative ePHI safeguards

The following are actual case examples:

- ◆ **Settlement:** Two covered entities inadvertently posted ePHI for 6,800 individuals on the web, including patient status, vital signs, medications, and laboratory results. The investigation found that neither entity made efforts to assure the security of the server hosting the ePHI or confirm it contained adequate software protections. Neither entity developed an adequate risk management plan that addressed potential threats and hazards to ePHI. The entities agreed to pay a combined settlement of \$4.8 million and enter into corrective action plans.
- ◆ **Criminal prosecution:** A former hospital employee pleaded guilty to criminal HIPAA charges after obtaining PHI with the intent to use it for personal gain. He faced up to 10 years in prison.

Visit the HHS [HIPAA Compliance and Enforcement](#) webpage for more information.

## Resources

The Centers for Medicare & Medicaid Services (CMS) [HIPAA Privacy and Security Information](#) webpage provides more information, or you may refer to the resources listed in Table 1.

**Table 1. HIPAA Privacy, Security, and Breach Notification Resources**

Resources	Website
Are You a Covered Entity?	<a href="https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AreYouaCoveredEntity.html">CMS.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AreYouaCoveredEntity.html</a>
Business Associate Contracts	<a href="https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions">HHS.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions</a>
Business Associate Frequently Asked Questions	<a href="https://www.hhs.gov/hipaa/for-professionals/faq/business-associates">HHS.gov/hipaa/for-professionals/faq/business-associates</a>
“Communicating with a Patient’s Family, Friends, or Others Involved in the Patient’s Care”	<a href="https://www.hhs.gov/sites/default/files/provider_ffg.pdf">HHS.gov/sites/default/files/provider_ffg.pdf</a>

**Table 1. HIPAA Privacy, Security, and Breach Notification Resources (cont.)**

Resources	Website
Disclosures in Emergency Situations	<a href="http://HHS.gov/hipaa/for-professionals/special-topics/emergency-preparedness">HHS.gov/hipaa/for-professionals/special-topics/emergency-preparedness</a>
Fast Facts for Covered Entities	<a href="http://HHS.gov/hipaa/for-professionals/covered-entities/fast-facts">HHS.gov/hipaa/for-professionals/covered-entities/fast-facts</a>
“Frequently Asked Questions About the Disposal of Protected Health Information”	<a href="http://HHS.gov/sites/default/files/ocr/privacy/hipaa/enforcement/examples/disposalfaqs.pdf">HHS.gov/sites/default/files/ocr/privacy/hipaa/enforcement/examples/disposalfaqs.pdf</a>
HealthIT.gov Privacy and Security	<a href="http://HealthIT.gov/providers-professionals/ehr-privacy-security">HealthIT.gov/providers-professionals/ehr-privacy-security</a>
Model Notices of Privacy Practices	<a href="http://HHS.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices">HHS.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices</a>
“Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification” Final Rule	<a href="http://GPO.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf">GPO.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf</a>
Security Rule Guidance Material	<a href="http://HHS.gov/hipaa/for-professionals/security/guidance">HHS.gov/hipaa/for-professionals/security/guidance</a>
Training Materials	<a href="http://HHS.gov/hipaa/for-professionals/training">HHS.gov/hipaa/for-professionals/training</a>

**Table 2. Hyperlink Table**

Embedded Hyperlink	Complete URL
HIPAA Breach Notification Rule	<a href="http://www.hhs.gov/hipaa/for-professionals/breach-notification">http://www.hhs.gov/hipaa/for-professionals/breach-notification</a>
HIPAA Compliance and Enforcement	<a href="http://www.hhs.gov/hipaa/for-professionals/compliance-enforcement">http://www.hhs.gov/hipaa/for-professionals/compliance-enforcement</a>
HIPAA Covered Entities and Business Associates	<a href="http://www.hhs.gov/hipaa/for-professionals/covered-entities">http://www.hhs.gov/hipaa/for-professionals/covered-entities</a>
HIPAA Privacy and Security Information	<a href="https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/PrivacyandSecurityInformation.html">https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/PrivacyandSecurityInformation.html</a>
HIPAA Privacy Rule	<a href="http://www.hhs.gov/hipaa/for-professionals/privacy">http://www.hhs.gov/hipaa/for-professionals/privacy</a>
HIPAA Security Rule	<a href="http://www.hhs.gov/hipaa/for-professionals/security">http://www.hhs.gov/hipaa/for-professionals/security</a>
Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification	<a href="https://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf">https://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf</a>



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Check out CMS on:



**Minutes**  
**CCMC Authority – Board of Directors**  
**CCMC Admin Conference Room**  
**August 30, 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, Gary Graham and Greg Meyer.**

**A quorum was established. 5 members present.**

CCMC staff present: Scot Mitchell, CEO; Kelly Kedzierski, CAH DON; Kadee Goss, LTC DON; Lee Bennett, Interim CFO, Bill Storck, Interim CFO and Barb Jewell, DD Program Manager.

**A. APPROVAL OF AGENDA**

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

**5 yeas, 0 nay**

**Motion passed.**

**B. CONFLICT OF INTEREST ~ None**

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

**1. Audience Participation ~ None**

**2. Guest Speaker ~ None**

**D. BOARD DEVELOPMENT – Strategic Plan Review**

**Scot Mitchell** provided an overview of the Focus & Execute site with the Board which included six pillars and the action items from the 2017 LTC surveys. Each pillar has goals, action plans and tasks to be completed to ensure that we are on target with the recommendations from the strategic planning sessions and in compliance with our most recent survey. Scot also distributed log in credentials to the new Directors so they can access the Strategic Plan tool at their leisure.

**E. APPROVAL OF MINUTES**

**M/Graham S/Horton** “move to approve the July 19, 2018 Regular Meeting Minutes as presented”.

**5 yeas, 0 nay**

**Motion passed**

**F. REPORTS OF OFFICERS and ADVISORS**

- 1. Board Chair– Kristin Carpenter** reported that she had met with Scot earlier in the week about the Agenda, and had given an update to Council at an earlier meeting.
- 2. CEO – Scot Mitchell** reported that the CEO written report is in the packet. Additional items reported to the board were on the statewide elections and how that could potentially affect the hospital, and the Premera Grant Program.

3. **Medical Director – Hannah Sanders, MD** written report was included in the packet.
4. **Finance– Lee Bennett** reported that the finance report is in the packet, Lee went through the Financials and provided the board with the highlights. Lee also introduced Bill Storck, Interim CFO to the board.
5. **CAH Nursing – Kelly Kedzierski** reported that we currently have two swing bed patients, two traveling nurse's, and that she, Kim and Kadee all attended an ASHNHA sponsored training on TeamSTEPPS in Juneau
6. **LTC Nursing – Kadee Goss** reported that her report is in the packet, some additional points she had were that we currently have 10 residents, they are doing weekly environmental rounds, we are getting quarterly evaluations on speech therapy, occupational therapy, and hopefully we'll be getting a podiatrist.
7. **Quality Improvement/Infection Control – Kelly Kedzierski** reported that for the Quality Initiative we have Evident, Relias, and Kadee is on Point Click Care. Weekly Environmental rounds are also for the safety aspect for the patients that we care for. For Infection Control, Kelly reported that there have been no hospital acquired infections.

**G. CORRESPONDENCE** ~ The board received a letter from Clifford P. Collins regarding some concerns he had with his treatment plan. Scot Mitchell advised that he had investigated Mr. Collins' concerns and found no evidence that he was ever denied treatment. To the contrary, Mr. Collins was referred to a specialist when his condition changed, warranting an updated treatment plan as recommended by the specialist, the CCMC Medical Staff implemented the recommended treatment plan and are in routine consultation with the specialist regarding Mr. Collins. Chairperson Carpenter will draft a letter to Mr. Collins.

**H. ACTION ITEMS**

1. **Granting of Privileges for Adam Woelk, MD**

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

**5 yeas, 0 nay**

**Motion passed.**

2. **Granting of Privileges for Calvin Davis, DO**

**M/Graham S/Ronnegard** "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Calvin Davis, DO as amended."

**5 yeas, 0 nay**

**Motion passed.**

3. **Granting of Privileges for Richard Harper, MD**

**M/Graham S/Ronnegard** "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Richard Harper, MD."

**5 yeas, 0 nay**

**Motion passed.**

4. **vRad Credentialing and Privileging Agreement**

**M/Horton S/Meyer** "I move that the CCMC Authority Board of Directors approve the Credentialing and Privileging Agreement with vRad as requested."

**5 yeas, 0 nay**

**Motion passed.**

**5. CCMC Authorized Check Signers**

**M/Ronnegard S/Horton** "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."

**5 yeas, 0 nay**

**Motion passed.**

**6. CCMC Updated Check Signer Process**

**M/Horton S/Graham** "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."

**5 yeas, 0 nay**

**Motion passed.**

**I. DISCUSSION ITEMS**

**1. CCMC Authority Board of Directors Bylaws**

**Scot** reported that he will present a draft for the September meeting for the board to review and amend.

**2. Board of Directors election of Officers**

**Kristin** reported that the Board Secretary position will be on the next Agenda as an action item.

**J. AUDIENCE PARTICIPATION ~ None**

**K. BOARD MEMBERS COMMENTS**

**Graham** ~ My wife and I will be out of town in October and November, I will try to be available for the meetings by phone.

**Horton** ~ Thank everybody for their hard work, and welcome Bill.

**Ronnegard** ~ Thank you everyone, welcome Bill.

**Carpenter** ~ Welcome Bill, and Thank you to Scot for all that you do and how hard you work.

**Meyer** ~ Thank you all for letting me join.

**L. EXECUTIVE SESSION ~ None**

**M. ADJOURNMENT**

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

**Carpenter** declared the meeting adjourned at 8:47pm.

**Prepared by: Faith Wheeler-Jeppson**



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CEO Report to the CCMC Authority Board of Directors  
 September 27, 2018  
 Scot Mitchell, CEO

The Big Picture

During last month’s CEO report, I reviewed the regulatory burden that hospitals and other healthcare providers face in this country. The impact on small frontier hospitals like Cordova Community Medical Center is staggering. We are expected to meet the same licensure and certification requirements that other, larger facilities do, despite having fewer resources to do so.

Cordova Community Medical Center is the largest year-round employer in Cordova. As such, we have a significant impact on the economy of the community. It can be somewhat difficult to determine the impact that a hospital has on the community, but a couple years ago Oklahoma State University conducted a study and developed a general methodology to show the economic impact of a hospital on its community. The American Hospital Association also developed their own methodology of estimating the economic impact of a local hospital. Based on these methodologies, I wanted to show you the impact that CCMC has on the local economy in Cordova. Based on our 2017 year end, unaudited financial statements, and employment numbers, below is a synopsis of the two estimates.

<b>Metric</b>	<b>CCMC Actual</b>	<b>Multiplier</b>	<b>Indirect Impact</b>	<b>Total Impact</b>
OSU - Employment Number	66	1.38	25	91
OSU - Employment Income	\$5,867,653	1.24	\$1,408,237	\$7,255,890
OSU - Local Sales Economic Impact	N/A	N/A	N/A	N/A
AHA – Employment Number	66	1.81	53	119
AHA – Employment Income	\$5,867,653	1.49	\$2,875,150	\$8,742,803
AHA – Local Sales Economic Impact	\$10,766,424	1.67	\$7,213,504	\$17,979,928

Regardless of which methodology you use, it is obvious that CCMC has a fairly significant impact on the local economy of Cordova. This is just another way to show the importance of this organization and how we are helping to improve the community.

## Status Updates

### **Service:**

- We continue with the implementation of our new electronic health record (EHR) system, Thrive. Our great staff continues to learn the new system, and are becoming more proficient each day. We are still dealing with the growing pains of the new system, while working with the Thrive staff to make everything work smoother. I fully expect that we will have several more months of learning before we become comfortable with the system.
- We have hired a part time Clinical Supervisor in Sound Alternatives to help meet quality and grant requirements. We have also brought onboard a temporary social worker who has started seeing clients. We recently signed an agreement with the new Clinical Supervisor to all see clients via telemedicine. 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 are continuing the recruitment process for the two permanent Licensed Clinical Social Worker positions, but these are very difficult positions to fill. The telepsychiatrist that was credentialed previously has not been able to provide services, so we are recruiting a new one.
- In accordance with the Conditions of Participation from the Centers for Medicare and Medicaid Services (CMS), Critical Access Hospitals are required to conduct an annual evaluation of our services. We have started that process a little later this year, as we were waiting for the audited financial statements to be completed. The financial statement audit should be completed within a few weeks, but we went ahead and started the periodic evaluation process and will add the financial components once the audit is finalized. Our staff are working on the various reports and assessments that are part of this evaluation. Once these are done, we will compile the report and present it to the CCMC Authority Board for approval.
- Earlier this month, CCMC experienced a partial outage of our internet services. This did impact our EHR system, and as a result we had to implement our down time procedures and use paper charts during the outage. The outage ended up lasting more than twelve hours, so we initiated our Incident Command System to deal with the event. The outage ended up being caused by a problem with a Tier 1 backbone internet provider, CenturyLink's infrastructure in the Pacific Northwest. The outage had a nationwide impact on internet services.

### **Quality:**

- I want to congratulate Carmen Nourie, Lab Manager, for the excellent results of the recent Clinical Laboratory Improvement Amendments (CLIA) inspection. CMS regulates all laboratory testing performed on humans in the United States through the CLIA program. In order to receive payments from Medicare and Medicaid, a clinical laboratory must be properly certified by CLIA, or an approved accrediting organization with deemed authority under CLIA. We recently had our CLIA inspection and passed with flying colors! Carmen spent a great deal of time over the past several months preparing for the inspection, and her hard work paid off. Thanks to Carmen and the laboratory staff for a job well done!
- 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.
- CCMC has recently joined an effort by the emergency room physicians from several other Alaska hospitals to develop consensus guidelines for prescribing and administering controlled substances in the emergency department. These guidelines are being developed because controlled medications have potentially deadly side effects and are commonly associated with addiction. As this process matures, we will provide additional information to the Board on this quality program.

- I've included a first draft of updated bylaws for the CCMC Authority Board in this packet. This document is a significant change from the previous version, mainly due to the move the CCMC Authority last year. I used the bylaws from several other similar hospitals to help develop this draft to get the review process started.

**Finance:**

- We are steadily making improvements with our billing processes with the new EHR system. 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.
- The reconciliation of cash accounts needed for the 2017 audit has been completed. In order for us to get these caught up, we have brought in the accounting firm of Porter & Allison from Anchorage. There were a couple other items that were requested by our auditors, and those are being completed now. We should be able to get the audit completed and through the Dingus, Zarecor & Associates review process within the next month.

**People:**

- Four members of our Leadership Team, Kelly Kedzierski, Kadee Goss, Vivian Knop and myself recently attended a Community Resilience training program conducted by FEMA here in Cordova. This training program was geared towards helping communities become more able to prepare for, respond to, and recover from disasters. There were about 20 people from Cordova who attended the training, including emergency services, local businesses, city government in addition to the CCMC staff.
- 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.

**Growth:**

- We are presenting an application for privileges for Dr. Gregory Engel to the Board at this meeting. Dr. Engel is interested in coming to Cordova in December to see if he likes the facility and community. If he does like this opportunity, he has expressed an interest in possibly working a more structured part time schedule in the future.
- With the approval of the delegated credentialing agreement with vRad, we will be presenting requests for privileges for the Radiologists who will be covering CCMC's radiology services once we make the move to vRad. This will be the first time that we use the delegated credentialing approach, which greatly reduces the amount of preparatory work our staff must do to prepare physicians for privileging.
- 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.
- 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 our own staff and state and local emergency preparedness staff on how CCMC will participate. While there are still plenty of unknowns, we are planning on testing a couple different emergency response capabilities with this exercise.
- We recently were awarded up to \$17,572 as part of the Hospital Preparedness Program grant. This is a program that helps healthcare providers to prepare for disaster situations. The guidelines change annually, and this year were awarded funds to attend a couple statewide emergency planning programs. Three staff members will be allowed to attend the Hale Borealis emergency preparedness conference in Anchorage next month. Two of our staff will be able to attend the Alaska Shield mid planning meeting and the final planning meeting to assist with the preparation for next year's statewide disaster exercise.

- My most recent “Lunch with the CEO” was held September 18<sup>th</sup>. I want to thank Greg Meyer for attending and providing input into the discussions about how CCMC is responding to the many challenges we are facing. I plan on having another “Lunch with the CEO” in November, and will look to have another Board member attend.



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CEO Report to the CCMC Authority Board of Directors  
October 25, 2018  
Scot Mitchell, CEO

### The Big Picture

One of our most complicated operational issues at CCMC is the recruitment and retention of quality professionals to help us provide excellent healthcare services to the people of Cordova. This is not a recent problem, but one that has plagued CCMC for decades. It's not just a local Cordova problem either, but one that impacts all hospitals in Alaska. When I started in June of 2016, every nurse working the floor was a traveler, as well as the DON and MDS Coordinator. Now we have only three nurse travelers covering the floor.

We have been exploring several different strategies to help us with recruiting people who really want to work in Cordova. This means that we have had to change our approach to employ staff who fit into CCMC. Due to several issues unique to Alaska, it is very challenging to find people who do fit into our local, and CCMC, culture.

Our multi-year approach to improve our efforts started with establishing a recruitment and retention committee shortly after I arrived to research options and work with current and former employees to help us determine methods we could implement to improve our efforts in this area. We have also made some changes within the past year or so that are now starting to bring us closer to our goals.

Earlier this year we started using a new learning management system called Relias. This online program allows us to establish training plans for our employees, including annual required training as well as clinical training for various licensed staff. We now have various training plans that are automatically assigned to current and new staff, based on their job functions.

Even more exciting, is the new Assessments and Onboarding portions that are now offered by Relias. Earlier this month we started using the Assessments system to help us evaluate applicants prior to them being offered a position. Clinical staff such as nurses, CNA's, lab technicians and radiology technicians are now being evaluated with two different clinical assessments. The results of these assessments are then used to develop training programs for those staff that we may hire. For example, if an RN candidate scores below the expected score in an area such as pediatric trauma, but scores well in all other areas, we can assign specific training in pediatric trauma to that person if they are hired.

We are also asking all candidates for jobs at CCMC to take a behavioral assessment that looks at their personality, general reasoning, attitude and engagement. This assessment lets us know whether the candidate might be a good fit for our culture. It even provides suggested interview questions to help us delve deeper into concerns that may be discovered during the assessment.

All of these assessments have been validated to make sure they are evaluating the whole candidate, from their clinical skills, personality and interpersonal skills. These assessments will help us increase retention by ensuring a

better job and organizational fit for new hires. We are also starting to implement a new Onboarding tool by Relias that will allow us to take the results of these assessments to identify specific learning opportunities to provide the orientation and onboarding support new hires need before delivering care.

We will also be using the assessments for current clinical employees to help with identifying developmental areas, continually measure competencies and cultivate future leaders. We are assessing the potential to use these assessments as part of the annual performance evaluation process to help us identify individual and group educational needs that will help us focus our time and limited resources in the areas that can give us the most positive impact.

We started using the ADP payroll system at the beginning of this year. While we had some hiccups at the beginning, we are starting to see improvement in this area. We will soon be implementing the Human Resources and Talent modules of ADP. This will allow us to move to paperless personnel files that the employees will be able to access any time from their own cell phone. The Talent module will help us streamline our recruitment process by shortening the time it takes to recruit new staff. Candidates will submit their applications electronically, and our managers will be able to quickly review and assess them before moving them on to the assessment components in Relias. ADP and Relias are also integrated, which will make this a smoother transition.

I've spent a lot of time in this report discussing these issues, and that is because of the importance they play on the success of CCMC. We have recently gone through another cycle of having some staff that were not really a good fit for our organization. This creates a huge burden to CCMC, not only from the financial impact, but the amount of turnover makes it much more difficult to implement the improvements needed to continue our growth. If we are able to reduce the lack of continuity of staff, I feel like we have the potential to make great strides in our facility.

#### Status Updates

##### **Service:**

- Our struggles with the implementation of the Thrive EHR system continue. While our awesome staff continues to learn the new system, and are becoming more proficient each day, there are still many issues with the system that have not yet been resolved. We are working diligently with Evident to address the issues being found by our staff. One of the major issues is that due to our low volume of patients, we just don't see enough of the system yet to determine where there are problems. I fully expect that we will have several more months of learning before we become comfortable with the system.
- As part of the new EHR, we now have our own PACS system in-house. This is a system to store radiology images locally. We are in the process of switching our radiology group, and they are working with Evident and the radiology group to get all the technical issues resolved to be able to start using our own PACS and allow the new radiologists to access the images when needed.
- The State of Alaska Department of Health and Social Services recently activated their incident command structure to respond to several issues that pertain to the Alaska Psychiatric Institute (API) capacity issues, pressure on hospital emergency departments and public safety concerns. Earlier this month, API notified hospitals that they were at capacity and could no longer accept psychiatric patients due to high patient acuity, workforce shortages and increased staff injury rates. CCMC currently does not have any psychiatric patients needing referrals to API, but this can change at any time. Due to our licensure status, we cannot admit psychiatric patients to our hospital, and must transfer any of these patients to other facilities, typically API or Bartlett Hospital in Juneau. We almost always have a difficult time getting these patients transferred due to lack of resources at these other facilities. This is not a new problem, but due to multiple issues, it has now become a much more problematic issue for the state to deal with.

##### **Quality:**

- As mentioned previously, 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. Our staff has been working for quite some time now to improve our survey readiness for these evaluations. We have instituted several new practices to continue our quality improvement efforts. While we still have a ways to go, we have seen marked improvement over the past year.
- I've included a first draft of updated bylaws for the CCMC Authority Board in this packet. This document is a significant change from the previous version, mainly due to the move to the CCMC Authority last year. I used the bylaws from several other similar hospitals to help develop this draft to get the review process started.

**Finance:**

- As part of the recruitment process for filling the CFO position, we've been interviewing candidates for a while now. The first week of November we will be bringing a candidate onsite for a visit and interview with more of our staff. In addition to myself, I've included members of the leadership team, and employees who report to the CFO in the process so far.
- We thought that we were going to be able to have good news on the audit by now, but the accounting firm continues to ask for additional information. Each of these requests puts us further out from having this process completed. Based on recent conversations, we think it will still be at least another month before the audit is completed.
- Due to the issues with the implementation of the Thrive EHR system, we are still not able to get financial statements prepared for August or September. We are pushing to get this addressed so we can get those to the Board next month, but I'm not sure it will occur then either.

**People:**

- We are working with the City to change our Pharmacy Benefit Manager (PBM) for our employee health insurance program. This change will go into effect next spring, and will lead to better service, and reduced cost to CCMC and the City.
- Four members of our Leadership Team, Kelly Kedzierski, Kadee Goss, Vivian Knop and myself will be attending the Hale Borealis emergency preparedness conference the last week of October. We have received grant funds to cover most of the cost of attending. This conference will bring together hospitals, healthcare, EMS, emergency management, law enforcement and others to focus on emergency preparedness, response and recovery.
- We are presenting the application for medical staff privileges for Dr. Brian Iutzi at this meeting. Dr. Iutzi is currently working at Ilanka and is interesting in covering some emergency room on-call shifts.

**Growth:**

- We are presenting an application for privileges for Dr. Gregory Engel to the Board at this meeting. Dr. Engel is interested in coming to Cordova in December to see if he likes the facility and community. If he does like this opportunity, he has expressed an interest in possibly working a more structured part time schedule in the future.
- With the approval of the delegated credentialing agreement with vRad, we will be presenting requests for privileges for the Radiologists who will be covering CCMC's radiology services once we make the move to vRad. This will be the first time that we use the delegated credentialing approach, which greatly reduces the amount of preparatory work our staff must do to prepare physicians for privileging.
- We will start providing Durable Medical Equipment (DME) services next month. The DME program will not provide any revenue to CCMC, as we do not have the certification to provide this service directly. Instead, we will be working with a company out of Homer that will provide all the DME equipment, and they will bill the patients directly. Our staff will work with this company to make sure the patients receive DME equipment as prescribed by a physician. This new program will allow us to save from giving away equipment that we are not able to bill for.

- We will also start offering sleep medicine services next month. We will begin with home sleep testing services, which will allow our physicians to determine if patients need any additional treatment to help address sleep issues. As part of this program, we will also be offering sleep apnea clinics for patients who may need this option.
- 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.
- We are in the contract negotiation stage with bringing Dr. Wesley Gifford to CCMC for a pediatrics clinic.

**Community:**

- CCMC has started preparing for the Alaska Shield 2019 statewide disaster drill. We've had some preliminary discussions with our own staff and state and local emergency preparedness staff on how CCMC will participate. While there are still plenty of unknowns, the initial plan will include multiple terrorism attacks across the state. CCMC will participate along with the City in this multi-day exercise. One area that we are considering is to serve as a Point of Distribution for medications to treat the agent that will be involved in the drill. This will involve mass vaccinations and potentially helping the State as they use CCMC as a hub to distribute medications to outlying communities.
- We have recently expanded our marketing program to help us improve our efforts to inform the community about the services offered at CCMC. We will be continuing to use social media and other formats to get our message to the public. You will see a new modernized format to our ads, along with a new hospital television marketing program that will be aired on the televisions in four of our waiting rooms.



# **Monthly Financial Statements**

**July 2018**

Cordova Community Medical Center  
Financial Narrative  
July 2018  
Unaudited

July's revenue picked up nicely from June by almost \$300,000. Outpatient areas especially Emergency Room, Lab, Radiology and CT experienced their highest utilization this fiscal year. This does follow a trend with the summer arriving bringing more commercial fishing and processing as well as tourism to Cordova. Acute and Swing Bed picked up as well. Retail Pharmacy was well above budget and just slightly below June in revenue.

Balance Sheet

Cash was \$891,732 representing approximately 30 days operating cash on hand. Of course this is a moving number and the timing of Accounts Payable check runs and Payroll will affect this calculation. Net Patient Receivables are \$1,363,074 and although did increase this number is still understated but should be updated when the 2017 audit is finalized. GDRAR for July on the Hospital side increased to 146 due partially to the way the calculation uses a 3 month running average of daily revenue and the \$300,000 increase in revenue for July. Lots of work needs to be done with the AR to help the cash flow. The rest of the Balance Sheet is fairly unremarkable or has been previously addressed.

Income Statement

Patient Services Revenue was still below budget by \$89,604 but as stated above up nicely over June by \$299,043. Total Patient Service Revenue was \$1,213,137 compared to \$1,302,741 budgeted and \$914,094 in June. In July the Hospital did generate enough net patient revenue (cash we expect to collect) to cover the month's operating expenses.

Deductions

Overall Deductions were under budget. All areas were below budget. Deductions were \$273,349 compared to \$414,477 budgeted and \$364,378 for June.

Cost Recoveries

Cost Recoveries were below budget in July. Grant receipts were above budget, In-Kind Contributions were pretty much on budget while Other Revenue continues to be well below budget as previously discussed. Cost Recoveries were \$121,349 compared to \$176,758 budgeted and \$195,159 in June.

Total Revenue

Taking Patient Services Revenue minus Deductions plus Cost Recoveries the Hospital generated \$1,061,066 in Net Revenue compared to \$1,065,022 budgeted and \$744,874 for June.

## Expenses

Total Expenses were \$76,800 below budget. Wages along with Taxes and Benefits were below budget due to some staffing changes. Travel and Training showed a negative balance due to the posting correction from June. Supplies were above budget due to adjusting the inventories to physical counts for the conversion to CPSI (Thrive). All other areas of expense were below budget except Recruitment and Relocation which was \$1,128 above budget as we try to recruit for open positions. Total Expenses for July were \$939,272 compared to \$1,016,072 budgeted and \$946,710 in June.

For the month of July the Hospital was able to generate a Net Income of \$121,794 compared to a Net Loss of \$48,950 budgeted and a Net Loss of \$201,836 in June.

On a Year to Date basis the Hospital has generated a Net Loss of \$964,863 compared to a budgeted Net Loss of \$159,777. Hopefully through the summer months we can chip away at the net loss but will continually need to be diligent in expense monitoring at all times.

Also included in the packet is a comparison to the Balance Sheet and Profit and Loss Statement for the same time period in 2017 for informational purposes.

Respectfully submitted,

Lee W. Bennett  
Interim CFO

July 2018

Description	Year-To-Date Amount	Prior YTD Amount
<b>ASSETS</b>		
Cash & Cash Equivalents	891,732.90	458,778.64
Net Patient Receivables	1,363,074.74	1,434,033.94
Other Receivables	-75,000.00	83,393.80
Fixed Assets	3,379,503.26	3,541,920.07
Prepaid Expenses	50,843.59	55,688.50
Inventory	326,250.50	122,848.51
Deferred Outflows of Resources	1,218,788.00	1,218,788.00
<b>TOTAL ASSETS</b>	<b>7,155,192.99</b>	<b>6,915,451.46</b>
<b>LIABILITIES</b>		
Payables	1,513,649.57	846,971.79
Payroll Liabilities	1,211,821.72	294,808.33
Other Liabilities	4,608,656.32	3,516,326.46
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>14,318,991.61</b>	<b>11,642,970.58</b>
<b>EQUITY/FUND BALANCE</b>		
<b>TOTAL FUND BALANCE</b>	<b>-7,163,798.62</b>	<b>-4,727,519.12</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>7,155,192.99</b>	<b>6,915,451.46</b>

July 2017

Description	Year-To-Date Amount	Prior YTD Amount
<b>ASSETS</b>		
Cash & Cash Equivalents	458,778.64	43,497.78
Net Patient Receivables	1,434,033.94	1,440,458.15
Other Receivables	83,393.80	100,480.80
Fixed Assets	3,541,920.07	4,826,589.03
Prepaid Expenses	55,688.50	26,942.90
Inventory	122,848.51	177,511.56
Deferred Outflows of Resources	1,218,788.00	929,979.00
<b>TOTAL ASSETS</b>	<b>6,915,451.46</b>	<b>7,545,459.22</b>
<b>LIABILITIES</b>		
Payables	846,971.79	924,185.02
Payroll Liabilities	294,808.33	549,160.25
Other Liabilities	3,516,326.46	2,999,173.93
Long Term Liabilities	6,907,864.00	5,015,100.00
Deferred Inflows of Resources	77,000.00	88,788.00
<b>TOTAL LIABILITIES</b>	<b>11,642,970.58</b>	<b>9,576,407.20</b>
<b>EQUITY/FUND BALANCE</b>		
<b>TOTAL FUND BALANCE</b>	<b>-4,727,519.12</b>	<b>-2,030,947.98</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>6,915,451.46</b>	<b>7,545,459.22</b>

13:02

## Profit &amp; Loss Statement

Application Code : GL

User Login Name:lbennett

Through July 2018

Description	Period	Budget	Period	Year-To-Date	Year-to-date	Year-To-Date
	Amount	Amount	Variance	Amount	Budget	Variance
<b>REVENUE</b>						
Acute	96,766.90	116,827.87	-20,060.97	494,408.30	727,346.40	-232,938.10
Swing Bed	144,578.50	289,262.16	-144,683.66	1,394,398.12	1,973,952.23	-579,554.11
Long Term Care	398,944.38	403,254.65	-4,310.27	2,733,660.92	2,757,741.47	-24,080.55
Clinic	97,135.70	110,924.07	-13,788.37	657,907.22	686,139.34	-28,232.12
Outpatients-Other	350,503.16	300,869.82	49,633.34	1,672,296.02	1,700,723.52	-28,427.50
Behavioral Health	37,380.88	29,858.24	7,522.64	260,233.05	209,007.66	51,225.39
Retail Pharmacy	87,827.68	51,744.14	36,083.54	532,316.59	165,581.26	366,735.33
<b>Patient Services Total</b>	<b>1,213,137.20</b>	<b>1,302,740.95</b>	<b>-89,603.75</b>	<b>7,745,220.22</b>	<b>8,220,491.88</b>	<b>-475,271.66</b>
<b>DEDUCTIONS</b>						
Charity	0.00	2,547.95	-2,547.95	115,841.99	17,424.67	98,417.32
Contractual Adjustments	253,228.04	379,775.75	-126,547.71	2,308,639.10	2,513,084.46	-204,445.36
Bad Debt	20,121.07	32,152.82	-12,031.75	425,451.30	216,193.31	209,257.99
<b>Deductions Total</b>	<b>273,349.11</b>	<b>414,476.52</b>	<b>-141,127.41</b>	<b>2,849,932.39</b>	<b>2,746,702.44</b>	<b>103,229.95</b>
<b>COST RECOVERIES</b>						
Grants	35,365.60	25,479.46	9,886.14	241,238.85	174,246.60	66,992.25
In-Kind Contributions	82,474.54	85,881.28	-3,406.74	643,187.27	600,757.98	42,429.29
Other Revenue	3,438.06	65,397.26	-61,959.20	23,424.21	447,232.83	-423,808.62
<b>Cost Recoveries Total</b>	<b>121,278.20</b>	<b>176,758.00</b>	<b>-55,479.80</b>	<b>907,850.33</b>	<b>1,222,237.41</b>	<b>-314,387.08</b>
<b>TOTAL REVENUES</b>	<b>1,061,066.29</b>	<b>1,065,022.43</b>	<b>-3,956.14</b>	<b>5,803,138.16</b>	<b>6,696,026.85</b>	<b>-892,888.69</b>
<b>EXPENSES</b>						
Wages	304,666.05	370,139.73	-65,473.68	2,382,609.68	2,470,023.62	-87,413.94
Taxes & Benefits	209,808.82	228,119.27	-18,310.45	1,335,932.15	1,550,250.47	-214,318.32
Professional Services	135,636.34	141,970.40	-6,334.06	932,515.31	951,475.00	-18,959.69
Minor Equipment	220.76	4,246.60	-4,025.84	7,499.41	29,041.23	-21,541.82
Supplies	114,265.74	53,132.80	61,132.94	620,577.79	348,304.80	272,272.99
Repairs & Maintenance	6,279.65	8,493.16	-2,213.51	86,023.99	58,082.23	27,941.76
Rents & Leases	7,343.00	11,041.10	-3,698.10	52,077.58	75,506.87	-23,429.29
Utilities	95,076.09	110,410.93	-15,334.84	769,251.23	755,068.43	14,182.80
Travel & Training	-8,550.59	5,520.54	-14,071.13	38,322.90	37,753.34	569.56
Insurances	13,581.46	16,667.00	-3,085.54	120,981.75	116,669.00	4,312.75
Recruit & Relocate	5,375.00	4,246.58	1,128.42	-1,928.80	29,041.13	-30,969.93
Depreciation	45,557.08	49,584.00	-4,026.92	330,812.73	347,088.00	-16,275.27
Other Expenses	10,012.49	12,500.00	-2,487.51	93,345.07	87,500.00	5,845.07
<b>TOTAL EXPENSES</b>	<b>939,271.89</b>	<b>1,016,072.11</b>	<b>-76,800.22</b>	<b>6,768,020.79</b>	<b>6,855,804.12</b>	<b>-87,783.33</b>
<b>OPERATING INCOME</b>	<b>121,794.40</b>	<b>48,950.32</b>	<b>72,844.08</b>	<b>-964,882.63</b>	<b>-159,777.27</b>	<b>-805,105.36</b>
Restricted Contributions	0.00	0.00	0.00	20.00	0.00	20.00
<b>NET INCOME</b>	<b>121,794.40</b>	<b>48,950.32</b>	<b>72,844.08</b>	<b>-964,862.63</b>	<b>-159,777.27</b>	<b>-805,085.36</b>

13:09

## Profit &amp; Loss Statement

Application Code : GL

User Login Name:lbenett

Through July 2017

Description	Period	Budget	Period	Year-To-Date	Year-to-date	Year-To-Date
	Amount	Amount	Variance	Amount	Budget	Variance
<b>REVENUE</b>						
Acute	120,695.16	113,563.00	7,132.16	629,712.38	972,904.00	-343,191.62
Swing Bed	236,508.57	29,102.00	207,406.57	1,549,432.70	195,101.00	1,354,331.70
Long Term Care	375,857.31	343,389.00	32,468.31	2,549,232.78	2,518,914.00	30,318.78
Clinic	125,431.81	85,083.00	40,348.81	636,937.85	547,852.00	89,085.85
Outpatients-Other	287,694.74	257,480.00	30,214.74	1,546,391.66	1,713,591.00	-167,199.34
Behavioral Health	25,238.55	53,248.00	-28,009.45	229,903.43	407,135.00	-177,231.57
<b>Patient Services Total</b>	<b>1,171,426.14</b>	<b>881,865.00</b>	<b>289,561.14</b>	<b>7,141,610.80</b>	<b>6,355,497.00</b>	<b>786,113.80</b>
<b>DEDUCTIONS</b>						
Charity	-74.05	13,713.00	-13,787.05	102,242.55	98,276.00	3,966.55
Contractual Adjustments	140,339.87	128,109.00	12,230.87	1,377,641.30	918,120.00	459,521.30
Bad Debt	120,157.51	25,137.00	95,020.51	481,353.62	180,151.00	301,202.62
<b>Deductions Total</b>	<b>260,423.33</b>	<b>166,959.00</b>	<b>93,464.33</b>	<b>1,961,237.47</b>	<b>1,196,547.00</b>	<b>764,690.47</b>
<b>COST RECOVERIES</b>						
Grants	91,572.50	28,061.00	63,511.50	214,050.91	293,232.00	-79,181.09
In-Kind Contributions	93,754.29	66,582.00	27,172.29	644,305.47	695,779.00	-51,473.53
Other Revenue	2,165.55	10,596.00	-8,430.45	372,753.02	110,730.00	262,023.02
<b>Cost Recoveries Total</b>	<b>187,492.34</b>	<b>105,239.00</b>	<b>82,253.34</b>	<b>1,231,109.40</b>	<b>1,099,741.00</b>	<b>131,368.40</b>
<b>TOTAL REVENUES</b>	<b>1,098,495.15</b>	<b>820,145.00</b>	<b>278,350.15</b>	<b>6,411,482.73</b>	<b>6,258,691.00</b>	<b>152,791.73</b>
<b>EXPENSES</b>						
Wages	353,323.61	321,772.00	31,551.61	2,307,568.70	2,413,290.00	-105,721.30
Taxes & Benefits	147,926.29	163,873.00	-15,946.71	1,053,022.64	1,229,048.00	-176,025.36
Professional Services	138,194.32	139,075.00	-880.68	982,133.45	1,036,893.00	-54,759.55
Minor Equipment	0.00	2,307.00	-2,307.00	24,580.41	16,149.00	8,431.41
Supplies	39,301.83	35,338.00	3,963.83	323,626.07	242,773.00	80,853.07
Repairs & Maintenance	6,056.46	2,204.00	3,852.46	42,237.61	15,428.00	26,809.61
Rents & Leases	10,729.48	9,142.00	1,587.48	78,147.34	63,994.00	14,153.34
Utilities	111,837.85	97,292.00	14,545.85	745,218.95	712,863.00	32,355.95
Travel & Training	5,373.20	3,748.00	1,625.20	36,203.08	26,206.00	9,997.08
Insurances	9,469.27	17,959.00	-8,489.73	109,772.91	126,867.00	-17,094.09
Recruit & Relocate	3,211.40	4,167.00	-955.60	26,493.08	29,169.00	-2,675.92
Depreciation	47,846.30	43,750.00	4,096.30	319,347.31	306,250.00	13,097.31
Other Expenses	19,233.91	12,224.00	7,009.91	75,897.43	85,568.00	-9,670.57
<b>TOTAL EXPENSES</b>	<b>892,503.92</b>	<b>852,851.00</b>	<b>39,652.92</b>	<b>6,124,248.98</b>	<b>6,304,498.00</b>	<b>-180,249.02</b>
<b>OPERATING INCOME</b>	<b>205,991.23</b>	<b>-32,706.00</b>	<b>238,697.23</b>	<b>287,233.75</b>	<b>-45,807.00</b>	<b>333,040.75</b>
Unrestricted Contributions	0.00	0.00	0.00	465.00	0.00	465.00
Restricted Contributions	10.00	0.00	10.00	40.00	0.00	40.00
<b>NET INCOME</b>	<b>206,001.23</b>	<b>-32,706.00</b>	<b>238,707.23</b>	<b>287,738.75</b>	<b>-45,807.00</b>	<b>333,545.75</b>

# Cordova Community Medical Center Statistics

July-18

Change each month

	31	28	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	Total	Monthly Average
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative		Monthly		Average			
29																			
Hosp Acute+SWB Avg. Census	6.4	4.4	4.6	2.8	1.1	1.8	2.1												
FY 2018 ADC	3.1	3.8	4.5	4.5	4.5	3.1	5.3	4.4	5.6	5.6	5.8								3.3
FY 2017	0.8	1.9	1.3	2.0	1.7	2.2	1.2	0.3	1.1	0.5	1.0								4.6
FY 2016																			1.2
Acute Admits																			
FY 2018	12	4	5	4	1	4	5											35	5.0
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	10	16											95	13.6
FY 2017	34	23	29	17	10	2	27	13	18	6	10							205	17.1
FY 2016	16	15	18	22	26	20	11	10	22	15	17							210	17.5
SWB Admits																			
FY 2018	2	1	0	0	0	3	1											7	1.0
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	43	50											605	86.4
FY 2017	64	84	109	111	111	90	114	124	157	163	171							1,418	118.2
FY 2016	9	40	23	37	28	46	25	0	11	1	14							237	19.8
CCMC LTC Admits																			
FY 2018	2	0	0	2	0	0	1											5	0.71
FY 2017	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							3	0.3
CCMC LTD Resident Days																			
FY 2018	303	278	310	295	310	286	309											2,091	298.7
FY 2017	310	280	310	300	310	300	310	310	310	300	310							3,650	304.2
FY 2016	310	290	310	297	310	298	292	310	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	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	57	78											384	54.9
FY 2017	49	35	47	49	53	55	75	68	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

July-18

Change each month

	31	28	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	Cumulative Monthly	
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec														
<b>Outpatient Registrations</b>																									
FY 2018	162	158	213	301	235	176	204																	1,449	207
FY 2017	120	111	138	293	136	146	177	168	106	110	94													1,744	145
FY 2016	120	117	131	342	159	164	160	172	146	126	137													1,939	162
<b>PT Procedures</b>																									
FY 2018	370	221	184	215	295	281	271																	1,837	262
FY 2017	416	322	497	399	327	296	343	136	206	270	178													3,763	314
FY 2016	319	344	349	401	326	396	291	324	489	407	415													4,407	367
<b>Lab Tests</b>																									
FY 2018	295	301	347	215	287	244	358																	2,047	292
FY 2017	298	322	284	304	318	283	435	410	337	280	305													3,854	321
FY 2016	304	363	324	350	374	399	318	314	340	272	219													3,896	325
<b>X-Ray Procedures</b>																									
FY 2018	67	36	58	29	50	59	71																	370	53
FY 2017	47	43	37	29	42	63	72	57	43	41	33													541	45
FY 2016	60	52	64	56	76	71	63	74	52	44	37													691	58
<b>CT Procedures</b>																									
FY 2018	14	7	16	7	7	14	18																	83	12
FY 2017	7	7	13	14	12	14	22	15	12	9	5													138	12
FY 2016	0	7	16	14	15	24	20	14	15	25	13													180	15
<b>CCMC Clinic Visits</b>																									
FY 2018	206	183	203	176	219	190	170																	1,347	192
FY 2017	212	175	197	188	248	239	217	284	356	283	177													2,775	231
FY 2016	178	197	170	203	222	191	205	231	343	227	203													2,593	216
<b>Behavioral Hlth Visits</b>																									
FY 2018	111	98	127	114	112	99	126																	787	112
FY 2017	70	98	71	90	88	100	85	109	72	85	97													1,049	87
FY 2016	94	100	103	104	89	75	58	39	56	47	80													967	81
<b>Retail Pharmacy Scripts</b>																									
FY 2018	864	752	969	1,002	1,072	1,020	1,093																	6,772	967

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

<b>Application Code: AR</b>		<b>User Login Name: lbennett</b>					
<b>Financial Class</b>	<b>0 - 30 Days</b>	<b>31 - 60 Days</b>	<b>61 - 90 Days</b>	<b>91 - 120 Days</b>	<b>Over 120 Days</b>	<b>Balance</b>	
<b>02 - Medicaid</b>	52,210.84	129,773.02	36,085.75	114,397.85	284,373.26	616,840.72	
UnBilled	29,067.02	66,083.30	0.00	0.00	0.00	95,150.32	
	81,277.86	195,856.32	36,085.75	114,397.85	284,373.26	711,991.04	
<b>03 - Blue Cross/Blue</b>	0.00	0.00	0.00	0.00	1,062.32	1,062.32	
UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	
	0.00	0.00	0.00	0.00	1,062.32	1,062.32	
<b>04 - Commercial</b>	96,777.77	115,516.01	47,898.48	45,484.57	181,623.39	487,300.22	
UnBilled	45,192.88	0.00	0.00	0.00	0.00	45,192.88	
	141,970.65	115,516.01	47,898.48	45,484.57	181,623.39	532,493.10	
<b>05 - Tricare</b>	0.00	0.00	0.00	0.00	4,993.26	4,993.26	
UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	
	0.00	0.00	0.00	0.00	4,993.26	4,993.26	
<b>07 - Tricare/VA</b>	5,623.66	3,736.24	5,872.70	702.72	4,133.56	20,068.88	
UnBilled	7,004.31	0.00	0.00	0.00	0.00	7,004.31	
	12,627.97	3,736.24	5,872.70	702.72	4,133.56	27,073.19	
<b>08 - Fisherman Fund</b>	0.00	0.00	0.00	0.00	-466.80	-466.80	
UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	
	0.00	0.00	0.00	0.00	-466.80	-466.80	
<b>09 - Workers Comp</b>	16,905.66	15,075.38	6,633.82	9,170.55	31,058.64	78,844.05	
UnBilled	9,013.60	0.00	0.00	0.00	0.00	9,013.60	
	25,919.26	15,075.38	6,633.82	9,170.55	31,058.64	87,857.65	
<b>10 - Self Pay</b>	62,206.74	39,625.67	59,776.56	23,487.40	441,710.70	626,807.07	
UnBilled	-2,544.28	0.00	0.00	0.00	0.00	-2,544.28	
	59,662.46	39,625.67	59,776.56	23,487.40	441,710.70	624,262.79	
<b>11 - Tribal Health</b>	2,301.89	9,252.46	9,966.13	1,855.02	3,993.69	27,369.19	
UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	
	2,301.89	9,252.46	9,966.13	1,855.02	3,993.69	27,369.19	

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%	42.66	0.13%	147.00	0.45%	2,413.92	7.43%	29,885.31	91.99%	32,488.89
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%	42.66	0.13%	147.00	0.45%	2,413.92	7.43%	29,885.31	91.99%	32,488.89
<b>44 - Payroll Deduct</b>	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	5,340.97	100.00%	5,340.97
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%	5,340.97	100.00%	5,340.97
<b>60 - Medicare</b>	141,160.83	39.62%	53,563.46	15.03%	30,387.35	8.53%	24,517.49	6.88%	106,686.04	29.94%	356,315.17
UnBilled	177,233.60	86.97%	26,563.32	13.03%	0.00	0.00%	0.00	0.00%	0.00	0.00%	203,796.92
60	318,394.43	56.84%	80,126.78	14.31%	30,387.35	5.43%	24,517.49	4.38%	106,686.04	19.05%	560,112.09
<b>70 - AR Services</b>	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	111,768.54	100.00%	111,768.54
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%	111,768.54	100.00%	111,768.54
Billed Total:	377,187.39	15.92%	366,584.90	15.48%	196,767.79	8.31%	222,029.52	9.37%	1,206,162.88	50.92%	2,368,732.48
Outstanding Charges:	264,967.13	74.09%	92,646.62	25.91%	0.00	0.00%	0.00	0.00%	0.00	0.00%	357,613.75
<b>Grand Totals:</b>	642,154.52	23.55%	459,231.52	16.84%	196,767.79	7.22%	222,029.52	8.14%	1,206,162.88	44.24%	2,726,346.23
<b>Number of Bills Processed: 3,699</b>											
Report Type	: Period End Aging Analysis Summarized by Financial Class										
Financial Class	: All										
Facility	: All										
Patient Type	: All										
Patient Class	: All										
Bad Debt Status	: All bills, except bad debt bills										
Period	: 7 Fiscal Year: 2018										



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

**Date:** September 27th, 2018  
**To:** CCMC Authority Board of Directors  
**From:** Director of Long Term Care, Kadee Goss RN  
**RE:** Nursing Report

- We have 10 residents in our Long Term Care unit.
- Safety is always our main focus.
- All of our residents were offered the flu shot, there were several that received it and a few that declined.
- On September 6<sup>th</sup> and 7<sup>th</sup> I was able to be a part of Teepa Snow's Positive Approach to Care (PAC). I learned about ways to approach and care for people that have dementia. The training was so educational and I am excited to use the tools and knowledge that I have gained from the course to help CCMC and others. I will have the opportunity to teach my staff, my family, and even my community, how to see dementia in a different way and how to take care of others with this illness.
- All the staff are working together to individualize each resident's care plan, by setting goals and addressing them quarterly or more often if needed.



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P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

**Date:** October 25<sup>th</sup> 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 always focused on safety for all of our residents.
- We work hard on making CCMC home for each resident and involve family to ensure optimum care.
- Each resident has a care plan that is continually updated with a focus on areas the resident may need assistance with, goals specific to each resident and interventions are put in place to meet those goals. We make each Care plan individually resident centered with each department (dietary, activities and therapy) involved in meeting those goals.

September Nursing update:

1. Staffing:
  - a. Nursing staffing continues to be adequate.
2. Census:
  - a. LTC census is 10 residents. Currently, we have 2 Swing beds occupied.
3. The ongoing challenges:
  - a. Surveys-Continue with the current plans and prepare for the CAH survey in the coming months.
  - b. Training- we are having a Basic Life Support class on September 26<sup>th</sup>, 2018 as a refresher to staff. We have reached out to PALS instructors to schedule a class for PALS in November or December.
4. Systems being implemented at this time:
  - a. Point Click Care-is fully operational for our current patient population. Kadee continues to make updates and changes to the modules to meet the needs of our residents.
  - b. EVIDENT-CCMC staff have been great with continuous use, ongoing education and working out any issues as they arise with this new electronic health record

Kelly Kedzierski, RN

CAH-DON

October Nursing update:

1. Staffing:
  - a. Nursing staffing continues to be adequate as both Kadee and I have worked the floor a few times in the past couple of weeks. It has giving us the opportunity to have even more hands on interaction with both our staff and the residents/patients and visitors of CCMC.
2. Census:
  - a. LTC census is 10 residents. Currently, we have 2 Swing beds occupied.
3. The ongoing challenges:
  - a. Surveys-Continue with the current plans and prepare for the CAH survey in the coming months.
  - b. Training- we had a Basic Life Support class on September 26<sup>th</sup>, 2018 as a refresher to staff. Nursing staff had an in-service on OB/Labor and Delivery
4. Systems being implemented at this time:
  - a. EVIDENT-CCMC staff have been great with continuous use, ongoing education and working out any issues as they arise with this new electronic health record.
  - b. Relias- We have been using Relias to assess every staff member according to his/her specific job description by utilizing the assessment tools in the online Relias training system. Relias platform offer a systematic approach to assessing the knowledge, ability, and attitude of CCMC staff. We will be using the results of the assessments to develop training programs tailored to the educational needs of each staff member to assure staff competency.

Kelly Kedzierski, RN

CAH-DON

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

## **Quality Improvement**

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.

- Currently we are meeting on a monthly basis.
- The last Quality meeting was held on September 19th, 2018 where we discussed -
  - Evident-New Electronic Health Record. As with any new computer system we are still working out the bugs and trying to get the system running optimally to meet the needs of the community and CCMC.
  - Directors of Nursing Kadee Goss-LTC DON, Kelly Kedzierski- CAH DON and Kim Wilson-HR Manager went to TeamSTEPPS Master Training course in Juneau on August 21-22. They brought back many useful tools to help CCMC continue to develop a culture of teamwork and unity.
- 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. We have developed a useful tool that we use during our rounds. There are a group of 3 or more members of the staff that round on a specific department each week. We involve all of the staff as we make these rounds by asking or answering questions to help ensure that each of us have all the necessary tools and knowledge to do high quality work and care for the community we serve.

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

## **Quality Improvement**

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.

- Currently we are meeting on a monthly basis.
- The last Quality meeting was held on October 16th, 2018 where we discussed -
  - Evident-New Electronic Health Record. There have been many issues and fixes with the new E.H.R. We are working through them and have ongoing efforts to get the system running optimally to meet the needs of the community and CCMC.
  - MCN-Department managers are increasing challenged to efficiently update and create policy and procedure documents. With MCN our online policy manager, accessing policies and procedures is as easy as a few clicks of a button. We use MCN for our document review and approval process for all of our policies.
- 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 still 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. We have developed a useful tool that we use during our rounds. We have started using a program that allows us to input the data into the spread sheet we had previously created and allows us to e-mail the results of the Care Round to the department manager and anyone that needs to take action on item that needs to be addressed. Once we receive information back that the action item was addressed we are able to put that information into the program so we can keep an accurate record of our improvement efforts. We have just implemented this new program. In November or December we will hopefully have collected enough data to share the results to the committee.

To: CCMC Authority Board of Directors  
 From: Kelly Kedzierski, RN  
 RE: September 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 is back up and running. All thermostats that are in use are in range. Node 11 is not in use at this time.

Green: No Alarms - All Values In Range    Yellow: No Alarms - Value Out Of Range, Not Yet Alarmed    Red: Unconfirmed Alarms Exist - Attention Required!    Pink: Suspended Alarm

Node Name	Node ID	Location	Alarm High	Alarm Low	Alarm Delay	Node Type	Value	Last Updated	Value Status	Connectivity Status	Alarm Status	Notification Status	
8	55081	Clinic	48 (°F)	26 (°F)	15 (Mins)	Temperature	45.3 (°F)	9/19/2018 5:21:15 PM	In Range	Connected	No Alarms	Active	N/A
4	55082	Blood Bank	6 (°C)	2 (°C)	0 (Mins)	Temperature	3.7 (°C)	9/19/2018 5:18:51 PM	In Range	Connected	No Alarms	Active	N/A
5	55083	Lab	8 (°C)	2 (°C)	15 (Mins)	Temperature	3.1 (°C)	9/19/2018 5:09:53 PM	In Range	Connected	No Alarms	Active	N/A
6	55084	Lab	8 (°C)	2 (°C)	15 (Mins)	Temperature	3.3 (°C)	9/19/2018 5:21:46 PM	In Range	Connected	No Alarms	Active	N/A
3	55085	ER	8 (°C)	2 (°C)	45 (Mins)	Temperature	4.4 (°C)	9/19/2018 5:18:50 PM	In Range	Connected	No Alarms	Active	N/A
9	55086	Clinic-Freezer	5 (°F)	-58 (°F)	10 (Mins)	Temperature	-5.6 (°F)	9/19/2018 5:22:06 PM	In Range	Connected	No Alarms	Active	N/A
7	55087	Lab-Freezer	15 (°C)	-30 (°C)	15 (Mins)	Temperature	-17.8 (°C)	9/19/2018 5:22:04 PM	In Range	Connected	No Alarms	Active	N/A
2	55088	Med Room	8 (°C)	2 (°C)	45 (Mins)	Temperature	3.9 (°C)	9/19/2018 5:18:38 PM	In Range	Connected	No Alarms	Active	N/A
10	55089	Retail Pharmacy	8 (°C)	2 (°C)	30 (Mins)	Temperature	5.3 (°C)	9/19/2018 5:22:24 PM	In Range	Connected	No Alarms	Active	N/A
11	55090	Extra	8 (°C)	2 (°C)	45 (Mins)	Temperature	22.8 (°C)	12/1/2017 2:32:12 PM	Out of Range	Disconnected	No Alarms	Active	N/A
1	55091	Drug Room	8 (°C)	2 (°C)	45 (Mins)	Temperature	6.2 (°C)	9/19/2018 5:20:22 PM	In Range	Connected	No Alarms	Active	N/A

- On 09/18/2018 all nursing staff were in-serviced on Isolation Precautions, PPE use in Healthcare Settings, and Donning and Doffing of PPE.

**Fun Facts: According to the Centers for Disease Control and Prevention.**

It is not possible to predict what this flu season will be like. While flu spreads every year, the timing, severity, and length of the season varies from one season to another. Flu viruses are constantly changing so it's not unusual for new flu viruses to appear each year.

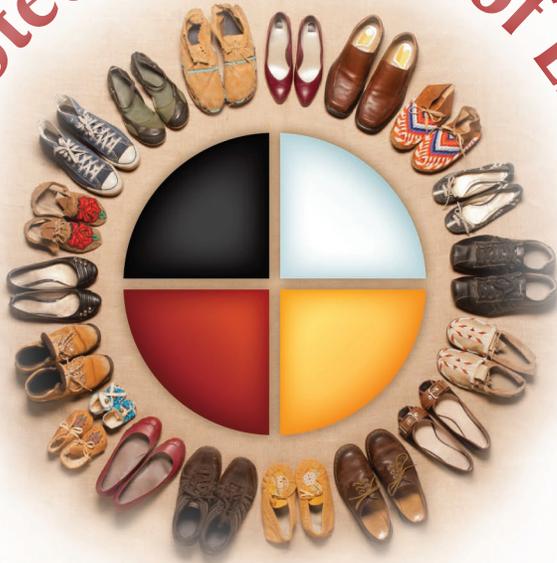
## People at High Risk of Developing Flu-Related Complications

- Children younger than 5, but especially children younger than 2 years old
- Adults 65 years of age and older
- Pregnant women (and women up to two weeks postpartum)
- Residents of nursing homes and other long-term care facilities
- Also, American Indians and Alaska Natives seem to be at higher risk of flu complications.

## People who have medical conditions including:

- Asthma
- Neurological and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury)
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Blood disorders (such as sickle cell disease)
- Endocrine disorders (such as diabetes)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)
- People younger than 19 years of age who are receiving long-term aspirin therapy
- People with extreme obesity (body mass index [BMI] of 40 or more) Calculate your Body Mass Index or BMI

# Protect the Circle of Life



## THE FLU & YOU

### What is influenza (the flu)?

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness. At times, it can lead to death.

### Who should get a flu vaccine?

Everyone 6 months and older should get a flu vaccine, especially if you are at high risk for complications, or if you live with or care for someone who is high risk for complications.

### Your family may be especially vulnerable to the flu.

Influenza poses a greater risk to certain people, including pregnant women, children, and elders, who are all at high risk for flu-related complications. In fact, pneumonia and flu are a leading cause of death among Native elders. The flu also can cause certain health conditions, including diabetes, asthma, and heart and lung disease, to become worse. Pneumonia and bronchitis are examples of serious flu-related complications, which can result in hospitalization and sometimes even death.

## SIGNS AND SYMPTOMS OF THE FLU

People sick with influenza feel some or all of these symptoms:

- Fever\* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (very tired)
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

*\*Not everyone with the flu will have a fever. You can be sick and contagious without running a temperature.*

## HELP PREVENT THE SPREAD OF THE FLU

- Get a flu vaccine each year.
- Stop the spread of germs, including influenza viruses:
  - ♦ Cover your coughs and sneezes
  - ♦ Wash your hands often
  - ♦ If you're sick, stay home
- Take antiviral drugs if they are prescribed for you.

**PROTECT YOURSELF.  
PROTECT YOUR PEOPLE.**

## The influenza vaccine is safe. You can't get the flu from the flu vaccine.

People have been receiving flu vaccines for more than 50 years. Vaccine safety is closely monitored annually by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). Hundreds of millions of flu vaccines have been given safely to people across the country for decades.

The viruses in the flu shot are killed and the viruses in the nasal spray vaccine are weakened, so neither vaccine can cause the flu. A flu shot can have mild side effects, such as soreness or swelling where the vaccine was received, a mild fever, or aches. Mild side effects of the nasal spray can include runny nose, headache, sore throat, and cough. Any side effects you experience are not contagious to others and should disappear within 2 days.

## When should I get a flu vaccine?

It's difficult to know when flu activity will peak. So vaccination before December is best to ensure protection. However, even getting vaccinated in December or later can be protective because influenza disease can last as late as May. It takes 2 weeks after getting the vaccine for your body to develop an immune response against influenza.

## Why do I need to get a flu vaccine each year?

You need a flu vaccine each year because influenza viruses are always changing and immunity wanes over time. Each year, experts identify the influenza viruses that are the most likely to cause illness during the upcoming flu season. Your flu vaccine protects against those viruses. It does not protect against other viruses (such as colds or stomach viruses) or against very different influenza viruses not in the vaccine.

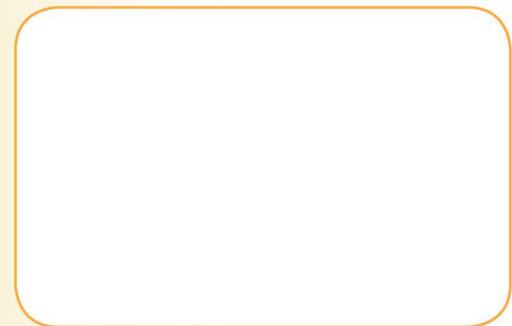


## WHERE DO I GET A FLU VACCINE

- **Your local healthcare facility (even if you don't have a regular doctor or nurse)**
- **Mobile and community-based immunization clinics that visit many locations**
- **Pharmacies and grocery stores where available**

**Ask your Community Health Representative (CHR) or Community Health Aide (CHA) for more information.**

### Local Information



**THANK YOU FOR KEEPING  
INDIAN COUNTRY HEALTHY**



Learn more at [www.cdc.gov/flu](http://www.cdc.gov/flu)  
or call 1-800-CDC-INFO



EOC Rounds Checklist					Recommendations
Life Safety and Environment of Care					
Are Fire Extinguishers and pull stations obstructed?					
Fire department connections on exterior of building are labeled and unobstructed.					
Are Fire Exits clear and exit signs visible?					
Life Safety Inspection Logs completed (fire extinguishers, sprinkler, kitchen hood, generator, boiler, etc.)					
Are healthcare occupancy halls clear of equipment not in use within 30 minutes (except crash carts, portable x-rays)? Are halls clear for safe egress?					
Are all ceiling tiles intact/ceilings free of damage?					
No exposed electrical wiring or damaged outlets.					
Are lights operating properly? Emergency lights maintained, tested, and operational					
Are supplies, shelving, items 18" away from sprinkler heads?					
Sprinkler heads are clean with no dust, debris present					
Are smoke compartment doors clear and closing properly? Do equipment blocking, no door wedges, etc.					
<b>Employees can access SDS documents and are aware of the most hazardous chemical they come into contact with</b>					
<b>Fire response procedure understood and explained (RACE)</b>					
<b>Can staff explain what to do during a fire drill or when a fire alarm activates?</b>					
All posted signs are laminated or on a bulletin board (excluding office areas)					
All gas cylinders properly secured, properly separated, and identified?					
Emergency shutoff valves properly labeled (fixed to surface) and accessible/not blocked					
Emergency eyewash stations and/or emergency showers accessible, operational, with documented weekly inspections					
Power strips are used appropriately and mounted (e.g., No daisy-chained, high-current draw devices, medical equipment, items hanging from them)					
Extension cords are not used for more than temporary use according to manufacturer recommendations listed on tag					
Electrical equipment is UL listed					
No space heaters					
Equipment cords are free from visible damage and not obstructing walking areas					

Circuit breakers properly labeled and at least (3) three foot of clearance is maintained around all electrical service panels - service panels are locked in areas that are assessable to the public				
Safety guards in place on machinery (drill press, grinder, table saw)				
Safety signage identifying hazards is posted, unobstructed, and informs staff of precautions to take (biohazard waste areas, medical gas areas, chemicals, etc.)				
Decorations (holiday, art, pictures, paintings) are in compliance with Life Safety Code requirements in healthcare occupancy settings (fire resistant or fire retardent sprayed)				
Vents/air ducts dust free and operating				
<b>Infection Control</b>				
Are all employees compliant with employee health requirements?				
Are patient and resident care supplies stored off the ground and not stored under sinks?				
Shelves used for storage of patient and resident care items are cleanable, 4 inches above the ground with a solid bottom.				
Any food or drink in patient care areas?				
Sharps containers not above the full line?				
Sharps containers easily accessible (below eye height), properly secured, free from clutter				
Clean linen covered and properly stored				
Biohazard waste is properly segregated (no trash in red bag waste and no red bag waste in trash)?				
Separate clean and dirty areas?				
Patient Care Area Furniture is in good repair, neat, cleanable, and not porous - furniture that can absorb liquid should not be placed in areas where it will be exposed to spills or heavy spoilage.				
<b>Staff can explain how equipment is cleaned after every pt/res</b>				
<b>Staff able to explain how semi-critical and critical equipment is handled after use including: how to transport, store, whether high-level disinfected or sterilized.</b>				
General Cleanliness maintained (dust, debris)				
Patient and resident microwaves, refrigerators, coffee pots clean.				
Are floors/walls free of damage and defects that are a safety or infection control hazard?				
PPE being used appropriately?				
<b>Appropriate Hand Hygiene observed or staff describe opportunities for hand hygiene?</b>				
<b>Patient and Resident Safety</b>				
Are medications secured and stored correctly?				
<b>Staff can explain how to dispose of medications that are expired or partially used.</b>				

No expired items.				
All sharps are secured and not accessible				
<b>Staff can explain how to report occurrences and what to report.</b>				
<b>Employees able to explain response during emergency codes (ask what do you do if code silver, code red, etc. is called) and how to locate the EOP</b>				
Patient and Resident care equipment is in good state (damage free) and has had current preventative maintenance completed (check lift slings, BP cuffs, other re-usable devices)				
Patient and Resident Rooms including activities, dining do not have the ability to be locked to prevent staff from accessing				
Emergency call cords and alert systems working properly and staff respond to alarms.				
Refrigerator Thermometer operational/checked daily/documented? (Food, medication, lab, etc.)				
Water, food, sterile storage, and other temperature and humidity monitoring is in range, checked on schedule and documented. (If not in range, documented actions present)				
No dented food cans or containers and no unsealed, open bags or containers of food.				
Patient and Resident food is labeled with identifiers if resident specific, has best by date, is properly stored and not expired.				
Crash cart checked and logged daily				
Employees wear appropriate ID				
EMTALA Signage in place (ED, OB room, Nurses station, entries, waiting room, registration, treatment room)				
<b>Staff have completed all MCN and Relias competency assignments</b>				
<b>Staff understands how to access P&amp;Ps (pick a policy and have staff find it in MCN)</b>				
Other				
<b>Can employees describe quality improvement initiatives completed or in process.</b>				
<b>Do you know who the following people are: Compliance Officer, Grievance Officer, Infection Control Nurse?</b>				
Resident grievance blank forms available, at a wheelchair appropriate height, with large font signage, and residents are aware of right to report grievances and process to do anonymously. (LTC DON & Activities)				
Signage informing residents 3 years of surveys and PoCs are available upon request is posted at appropriate height and font for residents				
Department specific policies have annual review completed				

Employee annual evaluations and orientation documentation (job specific) are up-to-date, complete and on file with HR				
Patient, resident, or personnel information secured? Computer screens locked/logged off when not in use?				
Totals:				(70 total questions)

Compliance Score (# compliant / # applicable) =

**Other Comments or Observations:**

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To: CCMC Authority Board of Directors  
From: Kelly Kedzierski, RN  
RE: October 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. Our next meeting is scheduled for November 7<sup>th</sup>.
- On 10/15/2018 during staff huddle we again discussed the importance of Hand Hygiene
- Nursing staff Employee Flu Vaccine compliance is at 100%

## **Fun Facts:**

Did you know that October 14-20, 2018 was International Infection Prevention Week!



Whether we're in a Healthcare facility or in the community there are things we can do to stay safe from infections. Each and every one of us from Healthcare personnel, patients, and families have an important role in keeping our patients, and our community safe from infection. Here at CCMC we have Hand Hygiene Surveillance and work as a team. This helps us keep each other accountable in doing our best to keep our hands clean to ensure high quality infection prevention.

# Handwashing and Hand Sanitizer Use

## at Home, at Play, and Out and About



Germ is everywhere! They can get onto hands and items we touch during daily activities and make you sick. Cleaning hands at key times with soap and water or hand sanitizer is one of the most important steps you can take to avoid getting sick and spreading germs to those around you.

There are important differences between washing hands with soap and water and cleaning them with hand sanitizer. For example, alcohol-based hand sanitizers don't kill ALL types of germs, such as a stomach bug called norovirus, some parasites, and *Clostridium difficile*, which causes severe diarrhea. Hand sanitizers also may not remove harmful chemicals, such as pesticides and heavy metals like lead. Handwashing reduces the amounts of all types of germs, pesticides, and metals on hands. Knowing when to clean your hands and which method to use will give you the best chance of preventing sickness.

### When should I use?

#### Soap and Water

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the bathroom, changing diapers, or cleaning up a child who has used the bathroom
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal food or treats, animal cages, or animal waste
- After touching garbage
- If your hands are visibly dirty or greasy

#### Alcohol-Based Hand Sanitizer

- Before and after visiting a friend or a loved one in a hospital or nursing home, unless the person is sick with *Clostridium difficile* (if so, use soap and water to wash hands).
- If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol, and wash with soap and water as soon as you can.

\* Do **NOT** use hand sanitizer if your hands are visibly dirty or greasy: for example, after gardening, playing outdoors, or after fishing or camping (unless a handwashing station is not available). Wash your hands with soap and water instead.



## How should I use?

### Soap and Water

- **Wet** your hands with clean running water (warm or cold) and apply soap.
- **Lather** your hands by rubbing them together with the soap.
- **Scrub** all surfaces of your hands, including the palms, backs, fingers, between your fingers, and under your nails. Keep scrubbing for 20 seconds. Need a timer? Hum the “Happy Birthday” song twice.
- **Rinse** your hands under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

### Alcohol-Based Hand Sanitizer

Use an alcohol-based hand sanitizer that contains at least 60% alcohol. Supervise young children when they use hand sanitizer to prevent swallowing alcohol, especially in schools and childcare facilities.

- **Apply.** Put enough product on hands to cover all surfaces.
- **Rub** hands together, until hands feel dry. This should take around 20 seconds.

**Note:** Do not rinse or wipe off the hand sanitizer before it’s dry; it may not work as well against germs.



For more information, visit the CDC handwashing website, [www.cdc.gov/handwashing](http://www.cdc.gov/handwashing).

## **Sound Alternatives Behavioral Health and Developmental Disabilities Services**

The last three months have seen significant accomplishments and steps forward toward stabilizing and strengthening both Behavioral Health and Developmental Disability services.

### Behavioral Health

In July we received approval of our grant award for \$330,926 for FY 2019. There will be a mid-year correction to this amount. According to our grant manager, this may amount to a decrease roughly \$25,000 based on the amount we are expected to increase our Medicaid billing due to increased billing rates.

In August we hired a new Case Manager, Elizabeth Collins. She started working on a regular basis in September and is quickly taking on groups, and a case load of both behavioral health and development disability clients.

In September, a temporary clinician, Paulette Williams, LCSW and in October a second temporary clinician, Elaine Maggi, MSW joined us and have been able to provide counseling services to our clients. We are gradually rebuilding our client case load which fell from 64 in June to low 30's in August. The drop resulted from not being able to offer counseling services. Since hiring our temporary clinicians we have completed 7 new assessments and enrolled 5 new clients.

Pam Miller, LCSW is providing remote clinical supervision for Behavioral Health.

We have been running a parenting group for the last two months for parents of preschool aged children. After the holiday we will offer one for either school aged children or adolescents, depending on need.

A Women's Health Living group is scheduled to begin the first week in November, and we are planning to start Substance Use disorder group in later November.

### Developmental Disability

In July we received approval of our plan of Correction and clean certification from Senior and Disability Services. Our Annual Certification was then due (and completed) August 31<sup>st</sup>. Senior and Disability Services will respond by October 31<sup>st</sup>. Continued certification is anticipated.

The State of Alaska has transitioned from providing a mix of Medicaid funded and grant funded services for Developmental Disabilities to a system based on solely Medicaid funded services. For the last year, the move has meant a significant decrease in grant funding for our programs. Three years ago our grant funding was approximately \$50,000; in July we were approved for just over \$7000. The transition to all Medicaid funded services came fully into effect on October 1<sup>st</sup>. We are just now beginning to deliver services under the new system; currently it looks like we will have 5 individuals enrolled on these services with a request for approximately 45-50 hours per week. We do not currently have enough providers to meet this need and are actively recruiting for part time Disability Service providers.

### Challenges

We are continuing to face challenges with hiring qualified staff in both Behavioral Health and Developmental Disability services. We are closer to bringing on a telepsychiatrist, however do not have one yet. In Behavioral health a Licensed Clinical Social Worker is required for many insurance providers and to meet clinical supervision guidelines. There is an extreme shortage of people with this credential in Alaska and across the country. We are working with a number of recruiters to attract qualified individuals. This is a challenge faced by all of the behavioral health providers in the state.

Additionally, as the state moves away from grant funded services towards a fee for service model, we face challenges aligning our documentation and billing practices with state, CMS and private insurance practices. With the new EHR we are making progress with being able to both capture additional billing and track revenues.



# Memorandum

To: CCMC Authority Board of Directors  
From: Scot Mitchell, FACHE, CCMC CEO  
Subject: Medical Staff  
Date: 10/18/2018

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**Suggested Motion:** “I move that the CCMC Authority Board of Directors accept Dr. Charles Blackadar’s resignation from the CCMC Medical Staff effective immediately.”



# Memorandum

To: CCMC Authority Board of Directors

From: Scot Mitchell, FACHE, CCMC CEO

Subject: Delineation of Privileges for Dr. Gregory Engel

Date: 09/21/2018

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



# Memorandum

To: CCMC Authority Board of Directors

From: Scot Mitchell, FACHE, CCMC CEO

Subject: Delineation of Privileges for vRad Radiologists

Date: 09/21/2018

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**Suggested Motion:** “I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for vRad Radiologists as requested.”

**Cordova Community Medical Center – AK**  
**Schedule 1 – List of Physicians**

**Instructions to Facility:**

***If this is the first Schedule***, all Physicians will be “A,” meaning *added* to this Schedule. Please indicate that the Physicians may begin performing Contracted Services for Facility by signing and dating below, and returning via email. If strikeouts are necessary, please make the change and initial it.

***If this is a revised Schedule***, note in your systems any added (“A”) Physicians. Sign and date the form and return it via email. Previously listed Physicians will remain on the Schedule until they are removed. Confirm those Physicians are on your local roster. vRad will notify your facility of any removed Physicians via an automated e-mail to your medical staff office. If there are discrepancies, contact the Physician Services representative via email, below. As indicated, the Schedule should be signed by duly authorized representatives of the medical staff and the governing body.

EMAIL: [Caleb.McKusick@vRad.com](mailto:Caleb.McKusick@vRad.com) (preferred)  
 FAX: 952-935-2757

*Telemedicine Entity has issued privileges to the following Physicians and requests confirmation from Facility that each Physician has been issued Facility privileges and is permitted to provide Contracted Services to Facility. Each Physician’s Delineation of Privileges (provided separately) is incorporated herein.*

***Reappointment dates will be based on Telemedicine Entity’s biennial cycle and will be indicated in the Delineation of Privileges.***

Name	A = Added this Schedule	Name	A = Added this Schedule
Allison, Matthew	A	Anderson, Frederick	A
Bloss, Michael	A	Caldemeyer, Karen	A
Chang, Scott	A	Curtis, Bernadette	A
Davae, Ketan	A	Dutton, Amanda	A
Edson, Steven	A	Faliszek, James	A
Hecht, Adam	A	Jones, Kendall	A
Kaplan, Richard	A	Klein, Jerome	A
Mitchell, Richard	A	Paul, Marc	A
Pratt, Alan	A	Rethy, Michael	A
Rickman, Christopher	A	Robinette, Alison	A
Runyan, Stephanie	A	Schreiner, Virginia	A
Shkurovich, Sergey	A	Tedesco, Kurtis	A
Vreeland, Thomas	A	Wagner, Kathryn	A
Wong, David	A	Ybasco, Albert	A

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**Cordova Community Medical Center – AK**

**Medical Staff Recommendation & Confirmation**

*Facility’s Medical Staff recommends Facility issue radiology privileges to the added Physicians, per each Physician’s vRad Delineation of Privileges. The other Physicians named on the roster currently hold active radiology privileges at Facility.*

*Medical Staff has (select one):*

- conducted its own full review of credentials of the added Physicians.*
- relied upon the decisions of Telemedicine Entity.*

**X**

\_\_\_\_\_  
Authorized Representative of Medical Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

**Issuance of Privileges**

*Effective the date signed below, Facility’s governing body has issued the added Physicians the same privileges shown on the Physician’s Delineation of Privileges received from Telemedicine Entity.*

**X**

\_\_\_\_\_  
Authorized Governing Body Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title



# Memorandum

To: CCMC Authority Board of Directors  
From: Scot Mitchell, FACHE, CCMC CEO  
Subject: Delineation of Privileges for Dr. Brian Iutzi  
Date: 10/18/2018

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

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

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DRAFT

## ARTICLE I: ORGANIZATION

### Section 1: PREAMBLE

The Cordova Community Medical Center Authority was established as a public corporate authority of the City of Cordova (“City”) on December 21, 2016 by the City Council of the City of Cordova, Alaska, for the purposes of managing the operations of the Cordova Community Medical Center (“CCMC”). This authority is an instrument of the City, but exists independently of and separately from the City, with powers authorized under Section 1-4 of Title 15 of the Cordova Municipal Code. The authority shall continue to exist until terminated by ordinance. When the Authority’s existence is terminated, all of its rights, and control of assets and properties shall pass to the City.

### Section 2: DEFINITION OF CORDOVA COMMUNITY MEDICAL CENTER OR CCMC

Cordova Community Medical Center or CCMC shall mean the group of facilities consisting of an acute care hospital, long term care facility and clinic, and all other health care facilities owned and/or operated by the City.

### Section 3: LIMITATIONS OF BYLAWS

These Bylaws are subject to applicable provisions of Alaska Statutes relating to units of local government and health care facilities, including but not limited to government ethics, public records and meetings, performance of the duties imposed by statute upon the Cordova Community Medical Center Authority Board of Directors, and City elections as they may exist or hereafter be amended.

### Section 4: PRINCIPAL OFFICE

The principal office for the transaction of the business of Cordova Community Medical Center Authority is hereby fixed as the Administration Office of Cordova Community Medical Center, 602 Chase Avenue, PO Box 160, Cordova, Alaska, 99574.

## ARTICLE II: GOVERNING BOARD

### Section 1: GENERAL POWERS

Subject to the limitations of these Bylaws, and the statutes of the State of Alaska, and the City of Cordova (which, in any case of inconsistency shall supersede), the affairs and property of the Cordova Community Medical Center Authority shall be governed by and under the authority of the Board of Directors.

### Section 2: QUALIFICATIONS

Board members shall be qualified electors of the City of Cordova. No member of the Board shall be an employee, or immediate family member (as defined in 42 CFR 1001.1001(a)(2)) or member of the

household of an employee of CCMC or other medical provider in Cordova either now or any time in the past twelve months; a tenant of the facility either now or any time in the past twelve months; a board member or director of a medical provider other than CCMC either now or any time in the past twelve months; a contractor that provides medical or other services to the facility either now or any time in the past twelve months; an employee of any such tenant or contractor either now or any time in the past twelve months; an individual, an immediate family member (as defined in 42 CFR 1001.1001(a)(2)) or a member of the household of an individual, or a managing employee of an entity, that has been excluded from participation in Medicare, Medicaid or any other Federal health care program as listed on the United States Department of Health & Human Services, Office of Inspector General's List of Excluded Individuals/Entities. No member, or former member, of the Board shall be eligible for employment or contracting to provide services to CCMC until at least twelve months have elapsed since they last served on the Board.

### Section 3: NUMBER AND TERM OF DIRECTORS

The Authority shall be governed by a Board of Directors consisting of five members, elected by the voters to three year, staggered terms. The term of office of each elected Authority Board member shall begin immediately after the results of the election are certified by the City Council, and the Authority Board member has taken the oath of office and is sworn in.

### Section 4: VACANCIES

Vacancies on the Board shall be filled by the Board until the next regular election, when a member shall be elected to serve the rest of the unexpired term in the same manner that a mayor is now or may hereafter be elected to serve the rest of an unexpired term.

### Section 5: POWERS OF THE AUTHORITY

The Authority shall have the powers necessary or appropriate to accomplish the purposes of the Cordova Municipal Code Title 15. In furtherance of its corporate powers, the Authority has the following powers:

- A. To sue and be sued. To have a seal and alter it at pleasure.
- B. To adopt, amend, and repeal bylaws for its organization and internal management, however, bylaws regarding notice of meetings shall be adopted consistent with 3.14.020.
- C. To operate and manage the City land and facilities in Authority inventory.
- D. To design, construct, improve, alter, or repair the City land and facilities in the Authority's inventory, subject to budgetary approval.
- E. Subject to 3.10.020, to accept gifts, grants, or loans, and enter into contracts, partnerships, joint ventures, and similar agreements, or other transactions with any governmental or private agency or entity as the Authority considers appropriate.
- F. To deposit or invest its funds.

The Authority Board may maintain membership in any local, state, or national group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency of medical center and community health facilities administration, and in connection therewith, pay dues and fees thereto.

## ARTICLE III: OFFICERS

### Section 1: ELECTION

The officers of the Authority Board shall be a Chairperson, a Vice Chairperson, and a Secretary/Treasurer, all of whom shall be elected or appointed to one-year terms by the Authority Board from amongst its own membership at the first regular meeting in May. Such officers shall hold office until successors shall have been duly elected and qualified.

### Section 2: DUTIES AND RESPONSIBILITIES

- A. The Chairperson, serving as the chief governance officer of the Authority Board, shall preside at all meetings of the Authority Board; ensure that the Authority Board fulfills its obligations as set forth in Alaska statutes, City of Cordova Municipal Code, these Bylaws and the Authority governing policies then in effect; and fulfill other responsibilities as may be delegated from time to time in the Board's governing policies.
- B. In the event of the Chairperson's absence, disability or refusal to act, the Vice Chairperson shall have the powers and perform the duties of the Chairperson, and shall have such other powers and duties as the Board may from time to time determine.
- C. The Secretary/Treasurer shall: ensure the issuance of notices of all regular and special meetings on orders of the Chairperson; shall receive and attend to all correspondence of the Board; keep or cause to be kept a record of the Board's proceedings, including minutes of all meetings; and ensure that custody of all records and documents are maintained by the Authority; advise the Authority Board on matters of fiscal policy; ensure that adequate and correct accounts of the Authority's properties and transactions are kept; and shall perform in general all duties incident to the office of Secretary/Treasurer and such other duties as may be required by law, these Bylaws, or which may be assigned, from time-to-time, by the Authority Board of Directors.

## ARTICLE IV: COMMITTEES OF THE GOVERNING BOARD

### Section 1: DESIGNATION

The Authority Board may establish committees as deemed appropriate in carrying out its purposes. The resolution establishing any such committee shall state the purpose, composition guidelines, timeline and authority of the committee. Committees may be delegated duties and functions not inconsistent with the statutes of the State of Alaska and the City of Cordova Municipal Code. Such committees may be composed of Board members, non-Board members or both. The designation and appointment of any such Committee and the delegation thereto of authority shall not relieve the Authority Board or any individual Board member of any responsibility imposed upon it, him, or her by law.

## ARTICLE V: MEETINGS

### Section 1: PUBLIC ATTENDANCE

All meetings of the Authority Board, whether regular or special, shall be open to the public unless the subject to be discussed falls within the exceptions pertaining to Executive Sessions contained in Alaska's Government Meetings Public law.

### Section 2: TIME AND PLACE

- A. Frequency of Regular Meetings. Regular meetings of the Authority Board shall be held at least once each month.
- B. Special Meetings. The Board shall hold special meetings at the request of the Chief Executive Officer, Chairperson, or any two members of the Board. If the Chairperson is absent from the community, special Board meetings may be held at the request of the Vice Chairperson. Special meetings shall not be held upon less than 24 hours public notice of the time and place of such meeting and its purpose. No business shall be transacted except that which is described in the notice.
- C. Place. Cordova Community Medical Center shall be the usual location of regular Board meetings. With the consent of a majority of the Authority Board members, meetings may be held at any other place within Cordova.
- D. Notice of Regular Meetings. The Authority Board shall provide for and give reasonable, consistent public notice, of the date, time and place for all regular meetings. The notice shall also include a list of the principal subjects anticipated to be considered at the meeting.

### Section 3: MINUTES

The Secretary of the Authority Board shall cause to be kept at the principal office of the Authority, a recording of the minutes of all meetings of the Board, showing the time and place, whether a regular or special meeting, and if special, how authorized, the notice given, the names of the directors present, substance of discussion and a statement of the vote of the directors on all motions and resolutions.

### Section 4: QUORUM AND ACTION

A majority of the Authority Board members entitled to vote shall constitute a quorum for the conduct of all business. The act of the majority of the Authority Board members present at a meeting at which a quorum is present shall be the act of the Authority Board, unless a greater number is required by any provision of these Bylaws. Board members may participate in meetings in person or via telephone or video conference, as long as all members are able to hear and ask questions during the meeting. The act of a majority of the full five Authority Board members is required to terminate the Chief Executive Officer's employment or contract on a date earlier than the contractual termination date.

## ARTICLE VI: CHIEF EXECUTIVE OFFICER

### Section 1: AUTHORITY AND DUTIES

- A. The Board of Directors of the Authority shall select the Chief Executive Officer (“CEO”) of the CCMC. The CEO shall serve at the pleasure of the Board. The CEO shall establish and direct all operations of CCMC activities, both internal and external.
- B. The authority and duties of the CEO are as follows:
- a. The CEO shall be responsible for the overall supervision and direction of the affairs and activities of CCMC. The CEO shall have such authority and duties as may be assigned and directed by the Board and those generally incumbent with CEOs at other hospitals.
  - b. Be responsible for carrying out all applicable federal and state laws, City code, and CCMC rules and regulations. Insure compliance of CCMC with national, state and local standards and accreditation agencies.
  - c. Establishes policies pertaining to total patient care, personnel, medical staff, financial status, public relations, maintenance of building and grounds, all other policies needed for the operation of CCMC under broad directives from the Board. Reviews compliance with established policies by personnel and medical staff. Periodically reviews policies and makes changes as found necessary.
  - d. Establishes departmental staffing patterns. Evaluates job performance, prepares job descriptions, establishes job classifications and sets wage and salary schedules. Hires and discharges employees at CCMC in a manner consistent with federal and state laws and in accordance with the personnel policies of CCMC. Evaluates competence of the work force.
  - e. Work with the professional staff and those concerned with the delivery of quality professional services at the hospital to insure that the best possible care may be rendered to all patients.
  - f. Regularly checks financial status of CCMC and maintains an efficient accounting system to meet the needs of the facility. Develops budget forecasting model, prepares changes to the fee schedules to insure coverage of cost of operations.
  - g. Attends all meetings of the CCMC Boards and all committee meetings of the Board.
  - h. Prepares such reports as may be required on any phase of hospital activity by the Board.
  - i. Represents CCMC in dealings with outside agencies, including governmental and third party payors. Represents CCMC at top level meetings, etc., and participates in such.
  - j. Perform other duties that may be in the best interests of CCMC.

## ARTICLE VII: MEDICAL STAFF

### Section 1: ORGANIZATION AND APPOINTMENT

- A. The Authority Board shall organize the physicians granted privileges in Cordova Community Medical Center into a Medical Staff under Bylaws, Rules and Regulations approved by the Authority Board. The Authority Board shall consider recommendations from the Medical Staff and appoint physicians, non-physician members, and dependent allied health professionals who meet the qualifications for membership as set forth in the Bylaws of the Medical Staff. Each member shall have appropriate

authority and responsibility for the care of his/her patients subject to such limitations as are contained in these Bylaws and in the Bylaws, Rules and Regulations of the Medical Staff and subject further to any limitations attached to his/her appointment and privileges.

- B. All applications for appointment to the Medical Staff shall be in writing and addressed to the Chief Executive Officer of Cordova Community Medical Center. They shall contain full information concerning the applicant's education and training, licensure, DEA registration, work history/current practice, previous and current hospital affiliations, and any unfavorable history with regard to licensure, privileges, and malpractice suits.
- C. Medical Staff Bylaws and related rules and regulations for the governance and operation of the Medical Staff may be proposed by the Medical Staff to the Authority Board, but only those which are adopted by the Authority Board shall become effective.

## Section 2: MEDICAL CARE AND EVALUATION

- A. The Authority Board shall, in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority to insure appropriate professional care for the Cordova Community Medical Center's patients.
- B. The Medical Staff shall conduct an ongoing review and appraisal of the quality of professional care rendered in Cordova Community Medical Center and shall report such activities and their results to the Authority Board.
- C. The Medical Staff shall make recommendations to the Authority Board concerning:
  - a. Appointments, reappointments and other changes in medical staff status.
  - b. Granting of clinical privileges.
  - c. Disciplinary actions.
  - d. All matters relating to professional competency.
  - e. Such specific matters as may be referred to it by the Authority Board.

## Section 3: MEDICAL STAFF BYLAWS, RULES AND REGULATIONS

There shall be Bylaws, Rules and Regulations and amendments thereto, for the Medical Staff that set forth its organization and government. Proposed Bylaws, Rules and Regulations should be developed by the Medical Staff and submitted to the Authority Board for adoption. The Authority Board may institute and adopt changes in Medical Staff Bylaws, Rules and Regulations, which are necessary to maintain licensing or accreditation or to meet legal or fiduciary duties, but it shall exercise such rights only after consultation with the Medical Staff.

## ARTICLE VIII: CONFLICT OF INTEREST

## Section 1: DISCLOSURE

- A. No Authority Board member may vote on any matter in which the member has any financial interest, either directly or indirectly, in their own name or in the name of any other person, association, trust or corporation. No Board member may represent, either as an agent or otherwise, any person, association, trust or corporation, with respect to any application or bid for any contract or work in regard to which such Board member may be called upon to vote. Nor may any such Board member take or receive, either directly or indirectly, any money or other thing of value as a gift or means of influence in their vote or action in their official capacity.
- B. A board member shall disclose to the Authority Board any conflict of interest in a matter before the Board, before discussion and Board vote on any such matter. A Board member may not take part or be present during any discussion or vote on any matter in which the Board member has a conflict of interest. The Authority Board shall not count a Board member as present for purposes of determining a quorum on any matter in which the Board member has a conflict of interest.

## ARTICLE IX: GENERAL CORPORATE MATTERS

### Section 1: FISCAL YEAR

The fiscal year of the Authority shall be January 1 through December 31.

### Section 2: SIGNATURE AUTHORITY AND CONTRACT AUTHORITY

- A. Except as otherwise provided by law, checks, drafts, promissory notes, orders for payment of money, and other evidences of indebtedness of the Authority shall be signed by the Chief Executive Officer, and countersigned by at least one other person, as designated by Authority.
- B. Contracts, leases or other such instruments executed in the name of and on behalf of the Authority shall be signed by the Chief Executive Officer.

### Section 3: CORPORATE RECORDS

The Authority shall keep correct and complete books and records of account, and shall also keep minutes of the proceedings of its Board of Directors and individual committees. The Authority shall keep at its principal office a record giving the names and addresses of its Board of Directors members.

### Section 4: BOARD INDEMNIFICATION

- A. Directors and Officers and former Directors and Officers of the Authority and Cordova Community Medical Center shall be indemnified to the fullest extent of the law as provided in the Alaska Statutes 10.20.011(14), or any successor provision or amendment thereto, against expenses actually and reasonably incurred by such person in connection with the defense of any action, suit or proceeding, civil or criminal, in which that person is made a party to by reason of being or having been a Director

- or Officer, except in relation to matters in which that person was adjudged, in the action, suit or proceeding, to be liable for negligence or misconduct in the performance of his/her corporate duties.
- B. Directors, Officers and employees of the corporation are not liable for corporate obligations.
  - C. The Authority may provide insurance to effectuate this section.

#### Section 5: CONFIDENTIALITY

Board members will protect confidential information learned during the course of their duties and respect the confidentiality appropriate to issues of a sensitive nature. The Authority Board shall comply with all state and federal laws (including the Health Insurance Portability and Accountability Act, HIPAA) regarding the use of confidential patient information and personnel information.

#### Section 6: RELATIONSHIP OF RESPONSIBILITIES

The Authority Board is ultimately responsible for Authority operations and finances, including the quality of patient care at any hospital or healthcare facility operated by the Authority. Executive Officers of the Authority may be either employees or independent contractors of the Authority. The Authority Board of Directors appoints the Chief Executive Officer, who serves at the pleasure of the Board. The Chief Executive Officers appoints all other executive officers and employees, including employed or independent contractor Medical Staff members. The duties and responsibilities of such executive officers and employees shall be established by the Chief Executive Officer. At any hospital or healthcare facility operated by the Authority, the Medical Staff is a self-governing body, which may consist of employees or independent contractors of the Authority, or independent healthcare providers who are approved to provide healthcare services at the Authority by the Board. The duties and responsibilities of the Medical Staff shall be established in Medical Staff Bylaws adopted by the Medical Staff, subject to approval by the Authority Board of Directors.

### ARTICLE X: AMENDMENTS

The power to alter, amend or repeal these Bylaws, or to adopt new Bylaws, is vested in the Authority Board of Directors. Any such amendment may be made at any regular meeting of the Authority Board and shall become effective at the conclusion of the meeting at which made, or at a later time so specified, provided that:

- A. The proposed amendment is presented to the Authority Board at a meeting prior to the meeting at which a vote on the amendment is sought; and
- B. The amendment is approved by two-thirds (2/3) of the Authority Board members serving at the time the amendment is voted on.

### ARTICLE XI: ADOPTION

Upon adoption of these Bylaws, all prior Bylaws and amendments thereto are to be of no further force and effect and, provided further, that if any of these Bylaws, or any section or sections are found to be contrary

to Alaska Statutes, such Bylaws, section or sections are deemed to have no force and effect, but all remaining Bylaws, section or sections are to remain in full force and effect.

**ADOPTED** by the Cordova Community Medical Center Authority Board of Directors at their regular meeting on the \_\_ day of \_\_\_\_\_, 2018.

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ATTEST: Kristin Carpenter, Chairperson

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ATTEST: Vacant, Secretary/Treasurer

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ATTEST: Scot Mitchell, Chief Executive Officer

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