



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
August 28th 2019 at 6:00PM
REGULAR MEETING

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

Board of Directors

Greg Meyer exp. 3/22
Kristin Carpenter exp. 3/20
Linnea Ronnegard exp. 3/21
Gary Graham exp. 3/21
VACANT exp. 3/22

CCMC CEO

Randall Draney

OPENING: Call to Order

Roll Call – Greg Meyer, Linnea Ronnegard, Kristin Carpenter, and Gary Graham. Establishment of a Quorum

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

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

1. Audience Comments (limited to 3 minutes per speaker).
2. Dingus, Zarecor & Associates PLLC Audit Findings – Shaun Johnson

D. BOARD DEVELOPMENT

1. Business Office Update

E. APPROVAL OF MINUTES

1. May 30, 2019 Regular Meeting Minutes Pgs 1-2
2. June 26, 2019 Special Meeting Minutes Pgs 3-5

F. REPORTS OF OFFICER and ADVISORS

1. Board Chair Report
2. CEO & CFO Reports Pgs 6-11
3. Ancillary Services Report Pgs 12-13
4. Medical Director's Quarterly Report Pg 14
5. LTC Nursing Report Pgs 15-16
6. CAH Nursing Report Pg 17
7. Quality Improvement/Infection Control Report Pgs 18-21
8. Sound Alternatives Quarterly Report Pgs 22-24

G. CORRESPONDENCE

H. ACTION ITEMS

1. Delineation of Privileges for Alaska Regional Hospital Telemedicine Providers Pg 25
2. Delineation of Privileges for Robert Ledda, MD Pg 26
3. CCMC Authority Board of Director's Letter of Interest Pgs 27-28
4. Authorization to Provide Statistical and Financial Data to NVE Pg 29
5. CEO Contract Pg 30

I. DISCUSSION ITEMS

1. 2019 Alaska State of Reform Health Policy Conference Pgs 31-33
2. Small Group Meeting Update
3. PERS Update
4. 2019 Community Health Needs Assessment (CHNA)

*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.

5. NVE/CCMC Types of Relationships

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

1. CEO Contract

M. ADJOURNMENT

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

*Executive Session: Subjects that may be considered in executive session are: 1) Matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; 2) Subjects that tend to prejudice the reputation and character of any person, provided that the person may request a public discussion; 3) Matters which by law, municipal charter, or ordinance are required to be confidential; 4) Matters involving consideration of governmental records that by law are not subject to public disclosure; 5) Direction to an attorney or labor negotiator regarding the handling of specific legal matters or labor negotiations.

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
May 30, 2019 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Greg Meyer called the Board Meeting to order at 6:00pm.

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

A quorum was established. 4 members present.

CCMC staff present: Scot Mitchell, CFO; Kelly Kedzierski, CAH DON; Kadee Goss, LTC DON; and Faith Wheeler-Jeppson, Compliance Officer.

A. APPROVAL OF AGENDA

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

4 yeas, 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. **Audience Participation** ~ Craig Kuntz spoke about CCMC and the need for the hospital to continue to provide services for the community, he also spoke highly of Dr. Sanders and is sad to see her go.

2. **Guest Speaker** ~ None

D. BOARD DEVELOPMENT ~ None

E. APPROVAL OF MINUTES

M/Graham S/Carpenter “I move to approve the March 18th 2019; March 26, 2019; April 3, 2019; April 25, 2019; and May 9, 2019 Minutes.”

4 yeas, 0 nay

Motion passed.

F. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair– Greg Meyer** I have nothing to report at this time.

2. **CEO – Scot Mitchell** reported that his final written report is in the packet and highlighted some of the accomplishments made in the past three years.

3. **Finance – Randall Draney** provided the Financial Report for the board to review. A copy of Randall’s report has been put into the permanent record.

4. **LTC Nursing – Kadee Goss** stated that her report is in the packet and she is available to answer any questions the board may have for her.

5. **CAH Nursing – Kelly Kedzierski** stated that her report is in the packet and she would be happy to answer questions.

6. **Quality Improvement/Infection Control – Kelly Kedzierski** stated that her report is in the packet and that she is available to answer any questions on Quality Improvement and Infection Control that the board may have.

G. CORRESPONDENCE ~ None

H. ACTION ITEMS

1. Approval of Corporate Compliance Plan

M/Carpenter S/Graham "I move that the CCMC Authority Board of Directors approve the CCMC Corporate Compliance Plan as presented."

4 yeas, 0 nay

Motion passed

2. Delineation of Privileges for Laura Henneker, FNP

M/Graham S/Ronnegard "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Laura Henneker, FNP as requested."

4 yeas, 0 nay

Motion passed

I. DISCUSSION ITEMS

1. Filling Vacant Board Seat – Staff will be advertising to fill the vacant seat.

J. AUDIENCE PARTICIPATION ~ None

K. BOARD MEMBERS COMMENTS

Carpenter – Thank you Scot for all of your hard work and for getting us as far as you have.

Meyer – Scot, you are appreciated, you will be missed, and impossible to replace.

Ronnegard – Thank you Scot

Graham – Thank you Scot

L. EXECUTIVE SESSION at 7:59pm

1. CEO Contract Discussion

M/Carpenter S/Ronnegard "I move to go into Executive Session for matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity."

M. ADJOURNMENT

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

Meyer declared the meeting adjourned at 8:43pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
June 26, 2018 at 6:00pm
Special Meeting

CALL TO ORDER AND ROLL CALL –

Greg Meyer called the Board Meeting to order at 6:00pm.

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

A quorum was established. 4 members present.

CCMC staff present: Randall Draney, CEO; Kelly Kedzierski, CAH DON; Kadee Goss, LTC DON; and Faith Wheeler-Jeppson, Executive Assistant to CEO.

A. APPROVAL OF AGENDA

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

4 yeas, 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. **Audience Participation** ~ None

2. **Guest Speaker** ~ None

D. BOARD DEVELOPMENT ~ None

E. APPROVAL OF MINUTES ~ None

F. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair– Greg Meyer** reported on the meeting with NVE, City of Cordova, First Alaskans and CCMC. It was agreed that we need to get together and provide health care to the community that is congruent. Greg spoke more to NVE being willing to work collaboratively with CCMC.
2. **CEO – Randall Draney** reported that his written report is in the packet. A few additional items to mention are that Finances are still very much a priority. We need a functional Org Chart, so going forward we will be working on that as well, and to identify Critical Mission functions. We’ve also changed our clearinghouse from Trizetto to Trubridge.
3. **Finance – Randall Draney** provided the Financial Report for the board to review. A copy of Randall’s report has been put into the permanent record.
4. **LTC Nursing – Kadee Goss** reported that her report is in the packet and she is available to answer any questions the board may have for her. A special side note, we have four full-time nurses in Long Term Care now.
5. **CAH Nursing – Kelly Kedzierski** stated that her report is in the packet and she would be happy to answer questions. An additional note is that we’ve hired two more permanent nurses.

6. **Quality Improvement/Infection Control** – **Kelly Kedzierski** stated that her report is in the packet and that she is available to answer any questions on Quality Improvement and Infection Control that the board may have.

G. CORRESPONDENCE ~ None

H. ACTION ITEMS

1. **Delineation of Privileges for Joan Sutcliffe, MD**

M/Carpenter S/Ronnegard "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Radiologist Joan Sutcliffe, MD as presented."

4 years, 0 nay

Motion passed

2. **Update CCMC Check Signers**

M/Carpenter S/Ronnegard "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."

4 years, 0 nay

Motion passed

3. **Approval of Resolution to Update Bank of America contacts**

M/Carpenter S/Ronnegard "I move to approve the Resolution of the CCMC Authority Board of Directors granting the following individuals access as authorized contacts for the Bank of America account for CCMC. The Board of Directors authorizes Randall Draney, CEO to make necessary changes to add or remove current account holders and/or authorized contact for the Cordova Community Medical Center Bank of America account."

4 years, 0 nay

Motion passed

4. **CEO Contract – Moved to after the Executive session**

I. DISCUSSION ITEMS

1. **NVE Meeting**

The Board had a discussion on the NVE Meeting during the Board Chair report portion of the meeting.

2. **CEO Focus**

The Board came to a consensus that Randall Draney's focus as CEO should be on Finances, getting Evident and billing squared away.

J. AUDIENCE PARTICIPATION ~ None

K. BOARD MEMBERS COMMENTS

Carpenter – I am comfortable with this transition, Scot has a great staff, and thank you to Randall.

Meyer – I appreciate staff, thank you. We've got a tough road ahead, but we can continue on a straight line with what Scot has already started and make a community hospital.

Ronnegard – Thank you Randall, thank you Scot, and thank you to staff. I am very excited about PSA, and maybe we can look at the layout or location of the next Holiday Party so folks will mix more.

Graham – Thank you everyone for all of your efforts.

L. EXECUTIVE SESSION

1. CEO Contract

M/Carpenter S/ Ronnegard “I move to go into Executive Session for matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity.”

4 yeas, 0 nay

Motion passed

Board went into Executive Session at 7:53pm

M. ADJOURNMENT

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

Meyer declared the meeting adjourned at 8:23pm

Prepared by: Faith Wheeler-Jeppson

CFO June activities and July plan

- I met individually with key staff and business office staff to re-evaluate job functions and priorities. I still have a few staff to meet with.
- For June my plan was to Identify mission critical functions, who is responsible, and what our status is, along with plans of correction. I did create a “functions list” identifying the person responsible and I now need to circle back and focus on priorities, status, and plans for correction.

Creation of marketing committee

- We have created a marketing committee with Andrew Goss, Dietary manager, as its chair. The idea would be to come up with ideas that we can implement to promote the hospital and services to the community, as well as benefit the community.

Meetings with Ilanka Clinic

- I have recently met with Kari Collins and Cindy Bradford as a result of the “small group” meeting held last week. I was able to tour the facility and meet the staff. Our discussions focused on “patient” topics, as opposed to “politics.” We will be meeting again the week of the 22nd to talk about radiology imaging services and also documentation for Ilanka patients seen in the Emergency Room. We agreed to meet every other week to discuss topics related to patient care.

Status Updates

Service:

Quality:

Finance:

- See the “Financial report to the Board” report.

People:

- We have hired a behavioral health clinician, Dennis Manson, a Licensed Clinical Professional Counselor. Our staffing is now complete for our behavioral health program.
- The wife of Dennis, Claudette Manson, is a medical social worker and we have hired her to replace Holly Urton, Admissions Coordinator. Holly is going out on maternity leave and then will return part-time to primarily assist Holly Rikkola with medical records duties. This will allow Holly Rikkola to give greater assistance in the billing and collection function.

Growth:

- Laura Henneker, clinic nurse practitioner, and Dr. Woelk will be guests on the KCHU Coffee Break show on July 24 at 9pm. The goal is to highlight our providers and also provide information to benefit the community. This is a result of ideas created in our Marketing Committee.

Community:

- Hospital volunteers did a great job with game booths during the recent 4th of July celebration in town and also the recent Salmon Jam. This was a result of ideas from the Marketing Committee and powered by hospital volunteer staff. From comments received, this was well received by the community.

FINANCIAL REPORT TO THE BOARD

July 25, 2019

Randall Draney, CEO

Financial Statements

The financial statements will be presented at the board meeting.

Accounting

Improving the bank reconciliation process is still ongoing. The withdrawal part of the reconciliation is working well but the deposits reconciliation still needs improvement. We are putting processes in place to match books to bank on a daily basis but this will take more time to work smoothly.

Billing and Collections

We are in the process of switching "clearing house" companies from Trizetto to TruBridge. Mariesa Woods, Business Office Manager, will give an "educational" report on how this is going.

Financial Auditors

The auditors are on schedule to produce a draft audit by the end of July.

Status of Revenue Cycle Processes

		Perform %	
1	Functioning computer system (financial portion)		
	System reports all charges	80%	no change
	Resolution of numerous issues - working with Evident	50%	no change
	Integration of lab with Quest/CPSI	30%	no change
2	Staff understands how to use system		
	Unit clerk training on patient registration	95%	no change
	Patient registration functioning	95%	no change
3	Processes in place that affect revenue cycle		
	Provider enrollment with insurance companies	75%	improving
	Processes between BH, Medical Records, Business office	90%	Up 10%
	Quality oversight (continuous process improvement)	80%	Up 20%
	Chart review for quality and to catch all charges	100%	no change
4	Effective billing and collection function		
	AVEC (outsourced billing company) performance	70%	no change
	TruBridge being implemented to finish 7.15.19	80%	up 60%
5	Effective collections on old receivables		
	(Looking for a local person to work receivables and other)	30%	up 10%

CEO priorities

- The bank reconciliation process is front and center.

Potential new physician and family

- Dr. Jerald Flynn, a family practice physician with wife and son, visited us over the weekend from Seward. He is an attending physician with Providence Seward Medical Center and also works at the Lacuna Family Medicine Clinic. He appears very interested in us and would like to do contract shifts in the spring, with a potential move here in the summer. He sought us out.

Meetings with Ilanka Clinic

- Tamara Russin, Director of Ancillary Services, and I met with Kari and Cindy to talk about radiology imaging services and also documentation for Ilanka patients seen in the Emergency Room. We agreed to meet every other week to discuss topics related to patient care.

PERS

- I talked with Kevin Worley, CFO of PERS on a scheduled call. I updated him on the current status of our payment plan. He requested that I call him after we receive the Medicare refund monies and provide an update. He was not aware of any ruling/regulation that would allow PERS to abate the late filing penalties.

Tour of facility by Indian Health Services (IHS)

- Cindy Bradford of Ilanka Clinic brought Kelly Leishman, IHS facilities engineer, by for a tour of the facility.

Status Updates

Service:

Quality:

- HealthTechS3 will be conducting a mock CMS (Centers for Medicare and Medicaid Services) survey during the week beginning August 19. This same company was used in 2016 to prepare for CCMC's subsequent survey. We are overdue for another survey so the plan is to be proactive.

Finance:

- See the "Financial report to the Board" report.

People:

- We have recently hired Casea Peterson to work in business office activities with a priority of collecting old accounts. She will also gradually pick up other responsibilities as her time permits.
- Kim Wilson, Human Resources and Director of Support Services, will be leaving the hospital at the end of August. She will continue to provide HR services remotely as needed.

Growth:

Community:

FINANCIAL REPORT TO THE BOARD

August 28, 2019

Randall Draney, CEO

Financial Statements

The financial statements will be presented at the board meeting.

Accounting

Improving the bank reconciliation process is still ongoing. The withdrawal part of the reconciliation is working well but the deposits reconciliation still needs improvement. We are still putting processes in place to match books to bank on a daily basis.

The Alaska Department of Health and Social Services (DHSS) contracted with Myers and Stauffer LC, a national CPA firm to conduct a pharmacy cost of dispensing survey. The survey was quite extensive and was recently completed.

Billing and Collections

The switch of clearing houses (from Trizetto to Trubridge) is proceeding.

Mariesa Woods, Business Office Manager, will give an "educational" report on how this is going.

Financial Auditors

Shaun Johnson, Owner at DZA will present the audit to the Board.

Status of Revenue Cycle Processes

		Perform %	
1	Functioning computer system (financial portion)		
	System reports all charges	80%	no change
	Resolution of numerous issues - working with Evident	50%	no change
	Integration of lab with Quest/CPSI	30%	no change
2	Staff understands how to use system		
	Unit clerk training on patient registration	90%	down 5%
	Patient registration functioning	90%	down 5%
3	Processes in place that affect revenue cycle		
	Provider enrollment with insurance companies	70%	down 5%
	Processes between BH, Medical Records, Business office	95%	up 5%
	Quality oversight (continuous process improvement)	80%	no change
	Chart review for quality and to catch all charges	100%	no change
4	Effective billing and collection function		
	AVEC (outsourced billing company) being phased out	70%	no change
	TruBridge being implemented	85%	up 5%
5	Effective collections on old receivables		
	Collector has been hired	40%	up 10%

Cordova Community Medical Center Statistics

JULY, 2019

31 Jan 28 Feb 31 Mar 30 Apr 30 May 31 Jun 30 Jul 31 Aug 31 Sep 30 Oct 31 Nov 30 Dec 31

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Total	Monthly Average
Hosp Acute+SWB Avg. Census														
FY 2019	3.5	1.6	1.2	1.4	1.2	1.1	2.4						12.4	1.8
FY 2018	6.4	4.4	4.6	2.8	1.1	1.8	2.1	1.5	2.1	2.0	2.3	2.6	33.6	2.8
FY 2017	3.1	3.8	4.5	4.5	4.5	3.1	5.3	4.4	4.5	5.6	5.6	5.8	54.6	4.6
Acute Admits														
FY 2019	6	0	2	4	2	1	3						18	2.6
FY 2018	12	4	5	4	1	4	5	3	2	0	4	3	47	3.9
FY 2017	9	7	7	5	4	1	10	6	6	8	2	4	69	5.8
Acute Patient Days														
FY 2019	33	0	6	12	7	4	13						75	10.7
FY 2018	32	8	18	9	2	10	16	6	5	0	8	11	125	10.4
FY 2017	34	23	29	17	10	2	27	13	16	18	6	10	205	17.1
SWB Admits														
FY 2019	2	2	0	0	0	0	3						7	1.0
FY 2018	2	1	0	0	0	3	1	1	1	0	0	1	10	0.8
FY 2017	5	3	2	1	2	0	1	0	0	3	1	1	19	1.6
SWB Patient Days														
FY 2019	75	44	31	30	31	30	61						302	43
FY 2018	166	116	124	75	31	43	50	41	57	62	60	70	895	75
FY 2017	64	84	109	111	111	90	114	124	120	157	163	171	1,418	118
CCMC LTC Admits														
FY 2019	2	1	1	0	0	0	0						4	0.6
FY 2018	2	0	0	2	0	0	1	0	0	0	0	1	6	0.5
FY 2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
CCMC LTD Resident Days														
FY 2019	299	278	308	300	310	300	280						2,075	296
FY 2018	303	278	310	295	310	286	309	310	300	310	300	304	3,615	301
FY 2017	310	280	310	300	310	300	310	310	300	310	300	310	3,650	304
CCMC LTC Avg. Census														
FY 2019	9.6	9.9	9.9	10.0	10.0	10.0	9.0						68.5	9.8
FY 2018	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	120.0	10.0
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	120.0	10.0
ER Visits														
FY 2019	31	41	47	54	60	55	68						356	51
FY 2018	46	43	60	46	54	57	78	54	52	33	38	30	591	49
FY 2017	49	35	47	49	53	55	75	68	53	43	42	35	604	50

Cordova Community Medical Center Statistics

JULY, 2019

31 Jan 28 Feb 31 Mar 31 Apr 30 May 31 Jun 30 Jul 31 Aug 31 Sep 30 Oct 31 Nov 30 Dec 31

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Monthly
Outpatient Registrations w/ER													
FY 2019	144	168	170	374	254	202	241						1,553
FY 2018	162	158	213	301	235	176	204	198	152	159	147	128	2,233
FY 2017	120	111	138	293	136	146	177	168	145	106	110	94	1,744
PT Procedures													
FY 2019	443	386	438	440	381	358	305						2,751
FY 2018	370	221	184	215	295	281	271	408	334	400	424	333	3,736
FY 2017	416	322	497	399	327	296	343	136	206	373	270	178	3,763
Lab Tests													
FY 2019	330	356	198	361	423	244	366						2,278
FY 2018	352	290	339	208	269	244	358	269	215	236	285	267	3,332
FY 2017	298	322	284	304	318	283	435	410	337	280	278	305	3,854
X-Ray Procedures													
FY 2019	44	52	83	88	86	98	94						545
FY 2018	67	36	58	29	50	59	71	63	39	53	30	30	585
FY 2017	47	43	37	29	42	63	72	57	43	34	41	33	541
CT Procedures													
FY 2019	13	12	13	15	26	11	24						114
FY 2018	14	7	16	7	7	14	18	21	9	8	0	0	121
FY 2017	7	7	13	14	12	14	22	15	12	9	8	5	138
CCMC Clinic Visits													
FY 2019	162	161	144	178	250	205	247						1,347
FY 2018	206	183	203	176	219	190	170	236	241	270	201	152	2,447
FY 2017	212	175	197	188	248	239	217	284	356	283	199	177	2,775
Behavioral Hlth Visits													
FY 2019	62	98	69	60	89	86	82						546
FY 2018	111	98	127	114	112	99	126	111	35	84	95	64	1,176
FY 2017	70	98	71	90	88	100	85	109	72	85	84	97	1,049
Retail Pharmacy Scripts													
FY 2019	1,047	956	1,198	1,135	1,184	1,142	1,270						7,932
FY 2018	864	752	969	1,002	1,072	1,020	1,093	1,047	869	1,150	984	1,048	11,870
FY 2017													989

Board of Director's July 2019 Report

Clinic & Ancillary Services

Clinic

Laura Henneker has settled into the community and is being well-received by patients. She is scheduled full-time in the Clinic and sees the majority of walk-in and worker's compensation patients as well as established patients. The emergency room on-call provider sees ER follow-up patients as well as overflow patients in the Clinic.

Laura sees all our wound care patients and has been taking over all of Dr. Sanders's regular patients. Dr. Woelk does most procedures for the Clinic. Both providers will be on the Coffee Break hour of KCHU, the NPR station out of Valdez, on Wednesday, July 24.

The next Pediatric Clinic with Dr. Gifford is July 26.

The next Sleep Clinic is August 1.

Lab/Radiology/PT

I have met with employees to learn about current processes, ask about department needs, and talk about scheduling.

CCMC is pursuing a contract for radiology services with Alaska Imaging in Anchorage. Radiology reads from the company we are currently using, VRAD, have not been consistently timely or thorough. Scot and Dr. Sanders have spoken with Alaska Imaging and believe they will provide a much better service to CCMC as well as not require a monthly minimum fee. Having images available based in Anchorage will make sharing images directly with specialists such as Orthopedic Physicians Alaska much easier.

I am currently working on priorities in each department and will develop a workflow and timeline for each as I settle into the role of Ancillary Services Director.

CCMC Authority Board of Director's August 2019 Report

August 16, 2019

Clinic & Ancillary Services

Tamara Russin

Clinic

Dr. Sanders had her final Clinic day August 8. Many of her regular patients have already been seen by Laura Henneker. I have heard only positive reports of the transition to Laura and the quality of care she provides. Dr. Sanders continues to be available as Medical Director.

We saw 11 patients at the Pediatric Clinic with Dr. Gifford on July 26. He is a valuable resource for our providers and willing to consult with them anytime. The next Pediatric Clinic is scheduled for October 17 and 18. We will try this model of a full day and half day Clinic for October. I anticipate we will easily fill his schedule and be able to allow him time to work with our providers as well as research patient charts as needed.

The August Sleep Clinic was August 1. We have done 32 sleep studies (22 from CCMC and 10 from Ilanka) since we started offering the service in late November 2018. There are currently 17 CPAP users (12 from CCMC and 5 from Ilanka) in Cordova that received their machines from Sleep Clinics here at CCMC. Five patients are scheduled to receive machines at the September Sleep Clinic September 12. Those patients are set up by a DME specialist, Jim Fournier, who travels from Anchorage.

Lab/Radiology/PT

We are actively recruiting a full time Radiology and Lab technician. In the interim, we are utilizing traveling technicians to help cover the departments and services have been going smoothly. We will begin the transition to Alaska Imaging for our imaging reads in the near future and have shared that contact information with Ilanka as they look for a new service by the end of the year.

PT has caught up with evaluating new patients and maintains a busy schedule. Angela Kesler is continually working to make the flow of the space work well for patients. She has prioritized an equipment list and hopes to continue to improve PT facilities at CCMC.

Medical Director Report to the Board of Director's

7/17/2019

Quarter II 2019

Summer is in full swing here in Cordova. All departments of the hospital continue to be busy with the influx of summer visitors to Cordova.

Specialty and outpatient services: We continue to develop service lines. Our clinic continues to offer sleep medicine services with outpatient sleep studies and access to durable medical equipment fitted and dispensed here at our facility. Wound care services are growing as providers and patients see the benefit of excellent wound management by Laura Henneker, NP. Dr. Gifford, pediatrician will continue quarterly visits and is a valuable resource to our community.

Emergency Room: As usual for the summer, we have seen an influx of emergency patients and our ER wait times continue to be very minimal. We continue joint quarterly training with EMS. We have benefited greatly from highly trained stable long term nursing staff. We welcomed Dr. Harper, a board certified ER physician, who brings years of experience and knowledge to our facility, we are lucky the have him back in Cordova.

Long Term and Hospital Based Care - We continue to provide excellent inpatient and rehabilitation care for our community. The CNAs do an exceptional job of caring for our residents and their compassionate care is evident throughout the facility. At this time all 10 long term care beds are full and we have 2 patients waiting for LTC placement at our facility.

The hospital has shown resilience and strength as we continue to grow and improve our services during both high volume seasons and leadership staffing changes. Thanks to dedicated staff, we have become more involved in community events over the last quarter. We have had volunteers at community events providing carnival style children's games (also played by many adults). CCMC employees have clearly enjoyed engaging in these activities.

Please let me know if you have any questions

Hannah Sanders, MD



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

Date: July 25th 2019
To: CCMC Authority Board of Directors
From: Director of Long Term Care, Kadee Goss RN
RE: Nursing Report

- We are still at 10 LTC patients.
- We are continuing our focus on safety for all residents.
- We work together to improve care and communication for all resident needs.
- We are continuing to update and improve our facility with paint, buffing/waxing the floors and resident specific stickers to brighten up their rooms.



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

Date: August 28th 2019
To: CCMC Authority Board of Directors
From: Director of Long Term Care, Kadee Goss RN
RE: Nursing Report

- We are still at 10 LTC patients.
- We are continuing to focus on safety for all residents.
- Rachel Farline our new Speech Therapist was able to visit our residents this month.
- State approved Chris Belgarde our activity coordinator to run our activity program, we will no longer have an outside contracted employee for this position.

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: July 2019 Nursing Update

- Staffing:
 - Nursing staffing continues to be adequate. We have 6 permanent nursing staff as we recently hired 2 new permanent nurses. We also have 2 traveler nurses. I am excited and proud to announce that one of the travelers has written a letter of intent requesting to sign on as permanent staff as soon as their travel contract is complete and a second traveler who has also expressed verbally a desire to sign on as permanent staff once their contract ends.
- Census:
 - LTC census is 10. Currently, we have 2 swing bed occupied.
- The ongoing challenges:

Training-

- There have been bi-weekly meetings with Registration/Unit Clerks to collaborate our efforts in improving registration processes.
- We hold monthly Nursing staff meetings. We address many different topics in these meetings with patient safety being the key focus.
- CCMC has been having all nursing staff, registration and ancillary staff continue education and training in the Evident EHR.

Kelly Kedzierski, RN

CAH-DON

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: July 2019 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 June 26th, 2019 where we discussed:

- Activities ongoing:
 - Environmental services are actively and aggressively cleaning floors, walls door handles, and all high touch surface areas throughout the entire building.
 - Environment of care rounds are ongoing.
 - Maintenance has been creating work orders from the Environment of care rounds and are current and up to date with completing all work orders.
 - Dietary department has been working on new menu and a faster more efficient food and supply ordering process.
 - Nursing daily chart audits have been successful in viewing proper charges and documentation.

- Our next Quality meeting will be held on August 20th, 2019.

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: July 2019 Infection Control

Infection Control

- The last meeting was held on June 5th, 2019. Our next meeting will be on September 5th 2019.
- CCMC continues to work hard toward infection prevention with ongoing hand hygiene, standard precautions, and a great team of employees in each and every department working toward the common goal of optimal health and safety of our community.

Fun Facts: How Infections Spread per the CDC

Germs are a part of everyday life and are found in our air, soil, water, and in and on our bodies. Some germs are helpful, others are harmful. Many germs live in and on our bodies without causing harm and some even help us to stay healthy. Only a small portion of germs are known to cause infection.

How Do Infections Occur?

An infection occurs when germs enter the body, increase in number, and cause a reaction of the body.

Three things are necessary for an infection to occur:

Source:

A Source is an infectious agent or germ and refers to a virus, bacteria, or other microbe. In healthcare settings, germs are found in many places. People are one source of germs including:

- Patients
- Healthcare workers
- Visitors and household members

People can be sick with symptoms of an infection or colonized with germs (not have symptoms of an infection but able to pass the germs to others).

Germs are also found in the healthcare environment. Examples of environmental sources of germs include:

- Dry surfaces in patient care areas (e.g., bed rails, medical equipment, countertops, and tables)
- Wet surfaces, moist environments, and biofilms (e.g., cooling towers, faucets and sinks, and equipment such as ventilators)
- Indwelling medical devices (e.g., catheters and IV lines)
- Dust or decaying debris (e.g., construction dust or wet materials from water leaks)

Susceptible Person:

A susceptible person is someone who is not vaccinated or otherwise immune, or a person with a weakened immune system who has a way for the germs to enter the body. For an infection to occur, germs must enter a susceptible person's body and invade tissues, multiply, and cause a reaction.

Devices like IV catheters and surgical incisions can provide an entryway, whereas a healthy immune system helps fight infection.

When patients are sick and receive medical treatment in healthcare facilities, the following factors can increase their susceptibility to infection.

- Patients in healthcare who have underlying medical conditions such as diabetes, cancer, and organ transplantation are at increased risk for infection because often these illnesses decrease the immune system's ability to fight infection.
- Certain medications used to treat medical conditions, such as antibiotics, steroids, and certain cancer fighting medications increase the risk of some types of infections.
- Lifesaving medical treatments and procedures used in healthcare such as urinary catheters, tubes, and surgery increase the risk of infection by providing additional ways that germs can enter the body.

Recognizing the factors that increase patients' susceptibility to infection allows providers to recognize risks and perform basic infection prevention measures to prevent infection from occurring.

Transmission:

Transmission refers to the way germs are moved to the susceptible person.

Germs don't move themselves. Germs depend on people, the environment, and/or medical equipment to move in healthcare settings.

There are a few general ways that germs travel in healthcare settings – through contact (i.e., touching), sprays and splashes, inhalation, and sharps injuries (i.e., when someone is accidentally stuck with a used needle or sharp instrument).

- Contact moves germs by touch (example: MRSA or VRE). For example, healthcare provider hands become contaminated by touching germs present on medical equipment or high touch surfaces and then carry the germs on their hands and spread to a susceptible person when proper hand hygiene is not performed before touching the susceptible person.
- Sprays and splashes occur when an infected person coughs or sneezes, creating droplets which carry germs short distances (within approximately 6 feet). These germs can land on a susceptible person's eyes, nose, or mouth and can cause infection (example: pertussis or meningitis).
 - Close range inhalation occurs when a droplet containing germs is small enough to breathe in but not durable over distance.
- Inhalation occurs when germs are aerosolized in tiny particles that survive on air currents over great distances and time and reach a susceptible person. Airborne transmission can occur when infected patients cough, talk, or sneeze germs into the air (example: TB or measles), or when germs are aerosolized by medical equipment or by dust from a construction zone (example: Nontuberculous mycobacteria or aspergillus).
- Sharps injuries can lead to infections (example: HIV, HBV, HCV) when bloodborne pathogens enter a person through a skin puncture by a used needle or sharp instrument.

January Board Report

Sound Alternatives Behavioral Health and Developmental Disabilities Services

Barb Jewell-Behavioral Health Program Manager

Behavioral Health

Our client numbers are slightly decreasing which has been common during this time of year but is perhaps exacerbated by staff turnover as well. We currently have 30 clients on our case load but I expect this number to drop as several have either completed treatment or dropped out. We enrolled two new clients over the last month. Barriers to clients participating in treatment per their reports include cost/lack of insurance and lack of permanent providers.

We had one travelling clinician leave and another start. An in person interview for a strong permanent candidate is scheduled for early February. We are continuing to work on bringing on a tele-psychiatrist. The process is slow due both to a lack of providers statewide and the cumbersome licensing and credentialing process in Alaska.

I have been participating in a number of community and statewide work groups. The Cordova Coalition for a Healthy Community is a group of local service providers that meet monthly to network and identify gaps in services and strategies to address these gaps. In an effort to become more effective and efficient, the Coalition is working on formalizing its structure. This will enable the group to apply for grants, implement services and share data more effectively. The Coalition, with leadership from CFRC recently completed a comprehensive community needs assessment and is working on strategies identified to improve community health outcomes including substance use and interpersonal violence rates. Participation in this group additionally allows Sound Alternatives to meet grant requirements.

Recently I have been participating in the ASHNA Acute Behavioral Health Workgroup. This group was formed as a result of the severe shortage of services for people experiencing a mental health crisis. The group has been meeting monthly to develop both short and long term strategies. Actions under consideration include standardizing screening and treatment protocols, developing additional inpatient beds, initiating trauma informed practices in Emergency rooms, and streamlining provider credentialing. While this situation does not occur often in Cordova, when it does, these issues create challenges in our hospital and our voice ensures that the needs of rural hospitals are a part of the conversation.

We have been focusing on community outreach efforts in the last month and will continue to do so. Our clinicians presented to High School staff in December and I am working with the schools to identify their needs. We hosted our annual open house on December 30th and were pleased with the number of clients, staff and community members who attended.

Our Substance Abuse Group, Living in Balance, starts January 24th.

Developmental Disabilities

The new Waiver program for people with Developmental Disabilities is fully in effect. All our enrolled participants have formal Plans of Care in place which allows us to have a better idea of how many hours of service may be required and how many staff will be needed. We are starting to receive applications for Direct Service Providers which will better allow us to meet our participants' needs. Lifeskills classes are continuing and have been a great success; participants are excited about it and learning and implementing their skills. We currently have 4 participants enrolled in DD services with a 5th on the State waitlist. Outreach is again a focus for this area of service.

July Board Report

Sound Alternatives Behavioral Health and Developmental Disabilities Services

Barb Jewell-Behavioral Health Program Manager

Behavioral Health

A great deal has been accomplished since my last report in January. We have hired a permanent Clinician, Ruby Vincent, LCSW, who arrived at the end of April. Ruby moved here from Virginia. She has quickly fit in with the team and the clients. Our temporary Clinician, Elain Maggi signed on for a second and third tour, but will be leaving us at the end of the month to return to her home in Montana. We have hired a second permanent clinician, Dennis Manson. He is an LCPC in Montana and will be completing the related License application for Alaska. Dennis will come on board at the end of August. Sound Alternatives will be fully staffed for the first time in over a year. Additionally, we have on boarded a telepsychiatrist, Dr. Frances Aledo who has been seeing patients for the past month. It has been a slow start up as clients get use to the telehealth format and we get the word out that the service is available.

Client numbers have increased approximately 20% over the past two quarters. We have seen a recent upturn in the number of children referred for services. Our number of visits has been low but consistent with previous summers. Also of note, we have more emergency calls in the last two weeks than in the past nine months combined.

Sound Alternatives applied for and was awarded a grant from the Alaska Children's Trust to provide Parenting Education and Support for the community. Currently, to participate in these services a person must be enrolled in our behavioral health services and meet certain treatment criteria. With the grant we are able to expand these supports to community members. In addition to parenting groups, we will be holding a series of community events over the next year to provide information about child development, parenting, and family resources and opportunities for networking and building social supports. The project will be implemented in partnership with CFRC and the Coalition for a Healthy Community.

As you are aware, the current budget and legislative actions have created a great deal of uncertainty over funding. As of today, the budget line item that funds approximately 65% of Sound Alternative Behavioral Health services is slated to take an 18% cut. This cut is not supposed to be applied across the board, but we do not have a firm answer as to what our funding will look like for FY20. We have been more successful at billing for services and capturing revenues so are in a better position to absorb any cuts than we were a year ago.

Another change that is taking place in the funding stream for behavioral health services is the State of Alaska's 1115 Waiver plan which will shift all services to a fee for service model over the next two years. This shift will require additional credentialing for both the organization and individual service providers. The 1115 Waiver may also offer opportunities for providing additional services on both the clinic and the hospital sides of CCMC.

Developmental Disabilities:

We continue to have 4 participants with a 5th on the State's waitlist for services. Lifeskill classes continue to be offered twice a week when participants are here. We applied for funding to send two participants and a service provider to Camp Shriver and Special Olympics for the 5th year. They build

valuable life and employment skills during their time. Both were invited back to be counselors for the second year in a row.

We applied for and received Complex Behavior Collaborative services (and the funding to cover the cost) for one of our high needs participants. This program provides training for staff and families by an Applied Behavior Analyst (ABA) on managing and improving complex and unsafe behaviors, particularly aggression and self-harm. Our ABA has already visited once to provide training and will come at least two more times in the next three months. The training is designed not only to benefit the participant, but also strengthen the agency's and community's capacity to care for individuals with developmental disabilities.

We hired two Direct Service Providers (DSP's) in the last 6 months. One DSP resigned this month. We are recruiting for two more DSP's in order to meet service needs of current participants.



Memorandum

To: CCMC Authority Board of Directors

From: Randall Draney, CCMC CEO

Subject: Approval of Delineation of Privileges for Alaska Regional Hospital
Telemedicine

Date: 7/18/2019

Due to a lack of quorum for the July Board of Director's Meeting, CEO Randall Draney executed a 60 day Administrative Emergency Credentialing on July 25th 2019.

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for the Alaska Regional Hospital Telemedicine providers as presented."



Memorandum

To: CCMC Authority Board of Directors

From: Randall Draney, CCMC CEO

Subject: Approval of Delineation of Privileges for Robert Ledda, MD

Date: 8/07/2019

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Robert Ledda, MD as presented.”



Memorandum

To: CCMC Authority Board of Directors

From: Randall Draney, CCMC CEO

Subject: Chris Bolin Letter of Interest

Date: 8/12/2019

Suggested Motion: “I move that the CCMC Authority Board of Directors accept the letter of interest from Chris Bolin to fill the vacant Board of Director’s seat until the March election.”

7/23/19

Good afternoon ladies and gentlemen,

It is my understanding that you currently have a vacant seat on the hospital Board of Directors.

As a longtime resident who is fully invested in the future of Cordova, I would like to submit this as my letter of interest to fill the vacant seat on the hospital board.

I would appreciate the opportunity to learn more about CCMC and contribute to the Board as best as I can. I'd appreciate the opportunity to represent CCMC governance and to help bridge the gap between the CCMC and the community, help to dispel rumors about the hospital and be involved in conversations on how to help CCMC become profitable.

I currently sit on the City of Cordova Planning Commission and feel that the experience on that board with making tough decisions that aren't always the popular one is something that will assist with sitting on the hospital board.

Please feel free to contact me if you have any questions for me. I look forward to hearing from you.

Respectfully,

A handwritten signature in black ink, appearing to read "Chris Bolin" with a stylized flourish at the end.

Chris Bolin

P.O. Box 716

Cordova, Ak 99574

907-253-6231



Memorandum

To: CCMC Authority Board of Directors

From: Randall Draney, CCMC CEO

Subject: Approval of Statistical and Financial Data with NVE

Date: 7/16/2019

Suggested Motion: “I move that the CCMC Authority Board of Directors authorize Randall Draney, CEO to share Statistical and Financial data with The Native Village of Eyak.”



Memorandum

To: CCMC Authority Board of Directors

From: Randall Draney, CCMC CEO

Subject: Approval of CEO Contract

Date: 7/16/2019

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the CEO contract for Randall Draney.”

2019 Alaska State of Reform Health Policy Conference

October 2, 2019 | Alaska

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Convening Panel

We are tremendously honored to release our list of Convening Panel members ahead of our 2019 Alaska State of Reform Health Policy Conference!

If you know Alaska health care, then you know this a “who’s who” of senior health care executives and health policy leaders in the state! These folks will help shape our October agenda through a process that launches in the early summer of 2019.

Name	Title	Company
Thea Agnew Bemben	Managing Principal	Agnew Beck Consulting
Jennifer Bundy - Cobb	Vice President	The Wilson Agency

Heather Carpenter	Health Care Policy Advisor	Dept. of Health and Social Services
Nathaniel Currall	Partner	Ketchikan Law Associates
Jeff Davis	President/CEO	United Healthcare Community and State
Melinda Freemon	Executive Director	Anchorage Project Access
Jason Gootee	Vice President, Strategic Market Development	Moda Health Plan
Jim Grazko	President	Alaska Blue Cross Blue Shield
Tammy Green	CEO	ANHC
Sandra Heffern	Consultant	Alaska Health Reform
Roald Helgesen	CEO	Alaska Native Tribal Health Consortium
Becky Hultberg	President/CEO	ASHNHA
Jerry Jenkins	Former Executive Director	Anchorage Community Mental Health Services
Jeff Jessee	Dean, College of Health	University of Alaska - Anchorage
Rhonda Johnson	Professor of Public Health	University of Alaska - Anchorage
Leila Kimbrell	State Director	Office of Senator Lisa Murkowski
David Kinard	Senior Vice President, Business Development	Physicians Insurance
Noah Laufer	Physician	Medical Park Family Care
Nancy Merriman	Executive Director	Alaska Primary Care Association
Jennifer Meyhoff	Senior Vice President	Marsh & McLennan Agency
Robin Minard	Chief Communications Officer	The Mat-Su Health Foundation
Jerry Moses	Senior Director, Intergovernmental	ANTHC

Affairs

Brandon Ousley	CEO	Anchorage Fracture and Orthopedic
Jocelyn Pemberton	CEO	The Alaska Hospitalist Group
Natasha Pineda	Director	Anchorage Health Dept.
Bill Popp	CEO	Anchorage Economic Development Corporation
Noel Rea	Senior Director, Hospital Administrator	NetworxHealth
Stephen Rose	Attorney	Hall Render
Preston Simmons	Chief Executive Alaska	Providence St. Joseph Health
Bill Sorrells	Operations Manager	Conduent State Healthcare
Julie Taylor	CEO	Alaska Regional Hospital
Laura Young	Executive Director	healthConnect Alaska