AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
January 23, 2020 at 6:00PM
SPECIAL 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
Chris Bolin	exp. 3/20

CCMC CEO
Randall Draney

OPENING: Call to Order

Roll Call – Greg Meyer, Linnea Ronnegard, Kristin Carpenter, Gary Graham and Chris Bolin. 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).

D. BOARD DEVELOPMENT - None

E. APPROVAL OF MINUTES - None

F. REPORTS OF OFFICER and ADVISORS

1. Board Chair Report	
2. CEO Report	Pg 1
3. Finance Report	Pgs 2-3
4. Ancillary Services Report	Pg 4
5. Nursing Report	Pg 5
6. Quality Improvement/Infection Control Report	Pgs 6-8
7. Sound Alternatives Quarterly Report	Pgs 9
8. Medical Director's Quarterly Report	Pg 10

G. CORRESPONDENCE

H. DISCUSSION ITEMS

1. CHNA Implementation Plan	Pgs 11-13

I. ACTION ITEMS

2. Delineation of Privileges for AK Regional Telemedicine	Pg 14
3. 2018 CAH Periodic Evaluation	Pgs 15-30
1. CEO Contract Renewal	Pg 31

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 Evaluation

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.

ADMINISTRATIVE REPORT TO THE BOARD
Randall Draney, CEO
January 23, 2020 Board Meeting

6 Month Check-up

After the last six month period I am reviewing where we are at by way of progress and unsolved problems. I am meeting with key staff to evaluate and refresh objectives and action plans.

Certified Nursing Assistant (CNA) course

The Certified Nursing Assistant course has started with 12 students at this point. This is double what we were hoping for. The clinical training will be conducted in the hospital.

Audit preparation

Lee Bennett will be here for parts of January and February as needed. The on-site visit will take place at the end of March.

Financial Statements

The December financials will be handed out at the board meeting.

CAH Periodic Evaluation for 2018

This report is required on an annual basis and is included in the Board packet.

Community Health Needs Assessment (CHNA) Implementation Plan

The implementation plan for the CHNA will be discussed in the Board meeting.

Cordova Community Medical Center Statistics

DECEMBER, 2019	31	28	31	30	31	30	31	31	30	31	30	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	3.3	3.3	3.2	4.0	4.3	30.4	2.5
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	6	4	2	3	3	36	3.0
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	10	12	3	10	11	121	10.1
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	0	0	2	1	1	11	0.9
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	93	86	95	109	121	806	67
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	0	0	0	1	0	5	0.4
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 LTC Resident Days														
FY 2019	299	278	308	300	310	300	280	310	300	310	300	303	3,598	300
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	10.0	10.0	10.0	10.0	9.8	118.3	9.9
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	81	64	43	22	28	594	50
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

DECEMBER, 2019	31	28	31	30	31	30	31	31	30	31	30	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	263	206	213	181	199	2,615	218
FY 2018	162	158	213	301	235	176	204	198	152	159	147	128	2,233	186
FY 2017	120	111	138	293	136	146	177	168	145	106	110	94	1,744	145
PT Procedures														
FY 2019	443	386	438	440	381	358	305	352	294	295	321	311	4,324	360
FY 2018	370	221	184	215	295	281	271	408	334	400	424	333	3,736	311
FY 2017	416	322	497	399	327	296	343	136	206	373	270	178	3,763	314
Lab Tests														
FY 2019	330	356	198	361	423	244	366	473	378	310	392	406	4,237	353
FY 2018	352	290	339	208	269	244	358	269	215	236	285	267	3,332	278
FY 2017	298	322	284	304	318	283	435	410	337	280	278	305	3,854	321
X-Ray Procedures														
FY 2019	44	52	83	88	86	98	94	79	77	59	59	46	865	72
FY 2018	67	36	58	29	50	59	71	63	39	53	30	30	585	49
FY 2017	47	43	37	29	42	63	72	57	43	34	41	33	541	45
CT Procedures														
FY 2019	13	12	13	15	26	11	24	35	21	6	12	19	207	17
FY 2018	14	7	16	7	7	14	18	21	9	8	0	0	121	10
FY 2017	7	7	13	14	12	14	22	15	12	9	8	5	138	12
CCMC Clinic Visits														
FY 2019	162	161	144	178	250	205	247	252	207	360	183	173	2,522	210
FY 2018	206	183	203	176	219	190	170	236	241	270	201	152	2,447	204
FY 2017	212	175	197	188	248	239	217	284	356	283	199	177	2,775	231
Behavioral Hlth Visits														
FY 2019	62	98	69	60	89	86	82	61	101	148	112	107	1,075	90
FY 2018	111	98	127	114	112	99	126	111	35	84	95	64	1,176	98
FY 2017	70	98	71	90	88	100	85	109	72	85	84	97	1,049	87
Retail Pharmacy Scripts														
FY 2019	1,047	956	1,198	1,135	1,184	1,142	1,270	1,232	1,218	1,148	1,025	1,216	13,771	1,148
FY 2018	864	752	969	1,002	1,072	1,020	1,093	1,047	869	1,150	984	1,048	11,870	989

CCMC Authority Board of Director's January 2020 Report
January 15, 2020
Clinic & Ancillary Services
Tamara Russin

Clinic

The Clinic was fairly quiet over the holidays as is usually the case, other than for acute issues. Patients seem to be accommodated both in CCMC Clinic and Ilanka without difficulty.

This month will be the first visit by Northland Audiology. They will be set up in the basement of CCMC and will see community members as well as LTC patients. Northland has scheduled two other visits this spring and plans to continue servicing Cordova in the future. They are based in Juneau and do several outreach clinics. They do their own scheduling and billing. Audiology is a service that has not been available in Cordova for years and at my last update, this initial visit is booked.

Looking ahead, the pediatrician, Dr. Gifford, will be here on February 14.

Lab/Radiology/PT

Radiology is staffed by a returning traveler, Nancy. She is helping train Jeff Bailey on CT and he is hoping to be able to cover call in a couple of weeks as well as provide coverage for Nancy in February.

I have reminded community members a couple of times over the past month that the CT capabilities at CCMC were never intended for high resolution imaging for detailed medical procedures. CT has done a great job for the intended purpose: emergency imaging to help physicians with decision making.

Laura Paulik is our new Laboratory Director. She is working remotely on the Quest interface as well as overseeing daily lab operations. Once the Quest interface is complete, results will be received directly into the EHR and patient charts, making them available to physicians, nurses, and medical records as soon as results are complete. Currently results are faxed to CCMC and distributed by lab staff, signed off by physicians, then scanned into patient charts.

PT is a busy department. Angela is excited to continue improving services and support patients. She gets good reviews from patients and is interested in continuing education in techniques that would specifically help her patients.

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

- Staffing:
    - We have 6 permanent nursing staff and 4 traveler nurses.
- Census:
    - LTC census is 10. Currently, we have 4 swing bed occupied.
- The ongoing challenges:
    - We hold monthly Nursing staff meetings. We address many different topics in these meetings with patient safety being the key focus.
    - We have been doing chart audits daily. This is going great with excellent response from the nursing staff if and when we find errors that need correction.

Kelly Kedzierski, RN

CNO

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: December 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 December 17th, 2019 where we discussed:

- Activities ongoing:
    - We presented the QAPI plan for 2020 for approval in the board packet for the December 17th Board meeting. It was approved.
    - 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. .
    - Nursing daily chart audits have been successful in viewing proper charges and documentation.
- Our next Quality meeting will be held on January 23rd, 2020.

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

Infection Control

- The last meeting was held on October 9th, 2019. Our next meeting will be on December 18th, 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.
- In the last meeting people were inquisitive as to how hand hygiene surveillance is performed and who is gathering the information. Here are the results of the last quarter's information gathered.
  Hand Hygiene.

  Fun Fact: According to the CDC

- **As of December 10, 2019**, a total of 2,409 cases of hospitalized e-cigarette, or vaping, product use-associated lung injury (EVALI) have been reported to CDC from 50 states, the District of Columbia, and two U.S. territories (Puerto Rico and U.S. Virgin Islands).
- Fifty-two deaths have been confirmed in 26 states and the District of Columbia **(as of December 10, 2019)**:
  - Alabama, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New York, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, and Virginia
  - The median age of deceased patients was 52 years and ranged from 17 through 75 years **(as of December 10, 2019)**.
  - More deaths are currently under investigation.
- Data suggest the outbreak might have peaked in mid-September. However, states continue to report new cases, including deaths, to CDC on a weekly basis.

January 2020 Board Report
Sound Alternatives Behavioral Health and Developmental Disabilities Services
Barb Jewell-Behavioral Health Program Manager

Behavioral Health

Requests for behavioral health services continued to increase during the last quarter of 2019. We served 58 individual clients during this time, a 26% increase over the previous quarter and a 62% increase compared to the same quarter last year. Related to the increase in the number of clients has come an increase in the number of services provided. Services provided increased 22% over last quarter and 45% over the same quarter last year. Highly qualified and stable providers, increased outreach and better internal referral and coordination of care have contributed to the increase.

Request for emergency services decreased from a record high last quarter. Four emergency services were provided; a more typical amount.

In conjunction with CFRC and with support from a grant from Alaska Children's Trust, we will be starting the first of three parenting classes in the third week in January. This first class will be a bilingual class offered in both English and Spanish. We have 11 participants signed up.

On the horizon are changes the state is making to its Behavioral Health Medicaid service, payment and certification system. The state applied for and has been granted a Waiver to redesign the state Medicaid service delivery and payment methods. They are implementing this new system with the larger urban providers first and there is little guidance on when and how smaller rural providers will transition into this new system. I am continuing to be in communication with the state as to what changes we will need to make.

Developmental Disabilities:

We still have 4 participants with a 5th on the State's waitlist for services. Lifeskill classes continue to be offered twice a week, as well as ongoing individual services. We continued with our Complex Behavior Collaborative project. Our Applied Behavior Analyst, Regan Garden, visited three times this quarter meeting with direct service providers, school staff and parents to provide training on effective strategies for working with individuals with complex behaviors.

We continue to have difficulty recruiting and retaining staff for these challenging positions. One applicant withdrew to participate in the CNA training.

Medical Staff and Peer Review

Peer review is completed with both internal and external peer review processes. Medical staff completes review on 100% of transfers and admissions, all deaths, cases with complications, complaint from patient or staff as. In addition we have a contract with Washington Hospital Services for external review. We are currently sending a minimum of 4 cases a quarter for external review. With this process Peer review is completed on well over 10% of charts.

CORDOVA COMMUNITY MEDICAL CENTER

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

As a result of the Community Health Needs Assessment finalized in December, 2019, the five most significant health needs and services of Cordova were identified as follows:

- Mental health and substance abuse
- Home health care/home care services/elder care
- Affordability of Care/uninsured and underinsured populations
- Accessibility of care
- Prevention/nutrition/lifestyle

Over the next three years, CCMC, in collaboration with community partners, will develop and implement plans to address each of these health related needs.

This Implementation Plan will outline the set of actions that the hospital will take to respond to the identified community needs including: goals, objectives, actions plans and outcome indicators with which the actions will be assessed. As progress is made toward the goals, periodic work plans will be developed to provide more in-depth detailed actions.

Due to constraints of time available and people resources, it will be necessary to prioritize the health needs as follows: The initial priorities to address will be:

- Mental health and substance abuse
- Home health care/home care services/elder care

Once these needs are sufficiently addressed, the remaining needs will be prioritized.

Plan for Year 2020

For each of the two priority health needs as defined above,

- Hospital leadership will appoint a leader to oversee the project. The leader would preferably come from hospital staff or someone closely aligned with the health need.
- Hospital leadership and appointed leader will identify hospital and community members that would have knowledge and expertise in the area.
- A workgroup will be created from those chosen and willing to participate.
- The workgroup will then follow the guidelines in Attachments A and B to address the health need.

Plan for 2021 through 2022

The process began in 2020 will continue. As resources are available, the remaining health needs will be prioritized and a similar approach will be followed to address these needs.

Attachment A

Community Health Need: Mental health and substance abuse

Step 1: Select leader to oversee the project

Step 2: Recruit members to workgroup

Step 3:

- Get at the "root causes." Define the need EXACTLY.
    - Specify who, what, when, where, why,
    - Use the 5 "whys" or "but why?" or "why is this the case?" process in order to drill down to the root causes. Go down at least 5 levels to get at the root.
    - Find facts about the root
        - We need specifics, not generalities. What do we need to know?
        - Identify where to get data. Who is going to get it?

Step 4:

- At the "root cause" level, Identify possible solutions

Step 5:

- Prioritize solutions

Step 6:

- After selecting the best prioritized solution, start the process over again using Steps 1 through 5 but focus on the actions/tactics to IMPLEMENT the solution. Implementation should include:
    - Leadership needed to implement
    - Community partnership and collaboration needed. Do not duplicate existing community resources
    - Specific goals and objectives
    - Identify resources needed, such as funding, people, organizations
    - How to monitor progress
    - How to measure progress. How will we know we have succeeded

Step 7: Report progress to the CCMCA Board each six months.

Attachment B

Community Health Need: Home health care/home care services/elder care

Step 1: Select leader to oversee the project

Step 2: Recruit members to workgroup

Step 3:

- Get at the "root causes." Define the need EXACTLY.
    - Specify who, what, when, where, why,
    - Use the 5 "whys" or "but why?" or "why is this the case?" process in order to drill down to the root causes. Go down at least 5 levels to get at the root.
    - Find facts about the root
        - We need specifics, not generalities. What do we need to know?
        - Identify where to get data. Who is going to get it?

Step 4:

- At the "root cause" level, Identify possible solutions

Step 5:

- Prioritize solutions

Step 6:

- After selecting the best prioritized solution, start the process over again using Steps 1 through 5 but focus on the actions/tactics to IMPLEMENT the solution. Implementation should include:
    - Leadership needed to implement
    - Community partnership and collaboration needed. Do not duplicate existing community resources
    - Specific goals and objectives
    - Identify resources needed, such as funding, people, organizations
    - How to monitor progress
    - How to measure progress. How will we know we have succeeded

Step 7: Report progress to the CCMCA Board each six months.

Memorandum

To: CCMC Authority Board of Directors
From: Randall Draney, CCMC CEO
Subject: Approval of Delineation of Privileges for Alaska Regional Hospital Telemedicine Providers
Date: 12/13/2019

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."

To: Cordova Community Medical Center Authority Board of Directors

From: Randall Draney, Chief Executive Officer

RE: Critical Access Hospital Periodic Evaluation 2018

A review of Cordova Community Medical Center was conducted for the year 2018 as required by the Center for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access hospitals. The Annual report is submitted to you for review and approval. The information for the review was completed by Randall Draney, CEO, and the leadership team with review by the Medical Director.

EXECUTIVE SUMMARY

Leadership Changes

The Director of Nursing positions were filled with two full time registered nurses, Kelly Kedzierski for the CAH, and Kadee Goss for the Long Term Care. By adding these two to our team, we hoped to continue to build the continuity of care for our patients.

Randall Draney, MHA, CPA was hired in December, 2018 to fill the Chief Financial Officer position. Before this time the CFO responsibilities were handled by temporary staff. In June, 2019 Randall also became the CEO after the resignation of Scot Mitchell on June 24, 2019.

Medical Staff Changes

In 2018 we lost one of our local physicians, Dr. Blackadar. Dr. Sanders transitioned into the role of our Medical Provider. Locum Tenens physicians filled in to cover in the Emergency Room and help in the clinic.

New Services

The local retail pharmacy was purchased in 2017 and we began seeing customers in 2018. Since the opening, our customer base and has increased from month to month. Residents appreciate the continued availability of a pharmacy in town, especially when it is associated with a healthcare setting.

Finance

CCMC continued to struggle financially in 2018, resulting in a loss of $720,000. This loss is indicative of the financial plight facing small rural hospital in Alaska; basic medical services are needed but the volumes are not there to cover the fixed costs. Fortunately, the LTC services provide a stabilizing impact on finances and account for approximately 37% of gross revenues.

Utilization of Services

Utilization of hospital services generally declined from 2017 to 2018. This decline is correlated to the reduced medical provider coverage available. The average daily census was 2.84 in 2018 and 4.46 in 2017. Clinic visits dropped 12%. Over this period behavioral health visits increased 12%. This decline in hospital and clinic utilization followed a period of physician stability in our outpatient clinic in 2016 and 2017. It also correlates to a period of increased stability in providers at the native health clinic in 2018,

as they hired a full time physician in August, 2017. It is well demonstrated that improved outpatient care, behavioral health access and preventative care results in a healthier population in the community. Consequently our community hospital had lower utilization of hospital and clinic resources. LTC utilization remained steady between years with essentially 100% occupancy.

Length of Stay

The length of stay in acute care, not including swing beds, was 2.5 days, which is less than the 4.0 maximum allowed by CMS for Critical Access Hospitals. The average length of stay for swing beds was 3.9, which was an increase from 3.1 in 2017.

Chart Reviews

A total of 2,554 episodes (100%) were reviewed from January to July 2018. A new electronic health record (EHR) was implemented August 1st of 2018. Due to this EHR change, the results after this period are obscured while we were learning the new EHR. However, our chart review process continued throughout 2018.

Peer Review

Peer review is conducted with both internal and external chart reviews. The Medical Director and Chief of Staff review 100% of transfer cases, significant outcomes and the first 10 charts of all newly credentialed providers. In additions, CCMC has an agreement with Healthcare Quality Service for external physician peer review. Cases for external review are selected at random, as well as from unexpected outcomes.

Review of Services

Clinical service impacting health and safety were evaluated and reviewed by the Quality Management Committee. Contracted services are utilized in pharmacy, dietary, lab, blood bank and radiology. These services were evaluated by the Quality Management Committee (QMC) and as a result of the review, we changed radiology read services to VRad.

Infection Control

The infection control program was assumed by Kelly Kedzierski, now CNO, in 2017 and the program continues through into 2019. The committee meets regularly and receives multidisciplinary reports from Environmental Services, Maintenance, Nursing, Lab, Nutritional Services, and sterile processing and others as needed. Infection control data is collected and submitted to Washington State Hospital Association. There were no adverse trends identified in 2018.

Medication Management

CCMC medication management is a multi-disciplinary approach involving the patient's physician, nursing staff, medical staff, Pharmacy and Therapeutics committee and the consulting pharmacist. The program was actively administered in 2018.

Performance (Quality) Improvement

CCMC has a Quality Management Committee (QMC) that is chaired by Kelly Kedzierski, CNO. Four meetings were held in 2018 to review and discuss quality process improvement topics to include: review of selected policy and procedures, review of committee reports from the medical staff, Safety, Infection Control, Utilization Review, and Quality Improvement.

Quality data is submitted externally to Medicare Beneficiary Quality Improvement Project (MBQIP), and the Partnership for Patients (Alaska ASHNA and Washington State Hospital Association). Corrective actions are implemented for any measure not meeting State or national standards.

In August, 2018, CCMC converted its EHR to Evident. The conversion did not go without the typical problems and we have continued to experience challenges with setup, training, and understanding of how to use the system. It is hoped that the change will help improve our overall quality services and reporting.

Policies and Procedures

Selected clinical policies are reviewed annually through the QMC. One hundred sixty (160) policies were reviewed by the QMC in 2018. Using MCN Healthcare Policy Manager to manage the process for writing policies, updating them and reviewing them has made for a smoother process. With the addition of mid-level Laura Henneker, NP, in 2019 we will be adding her to the policy and procedure review process.

Organizational Plans

All organizational plans were updated in 2018. Each plan was reviewed and approved by senior leadership and the Medical Director. There were no significant changes in the quality plan, risk management plan, infection control plan, utilization review plan, disaster plan and corporate compliance.

Survey Readiness

In 2017 CCMC contracted with HealthTech Management Services to conduct a mock CMS survey. The results of the survey were used to improve our readiness. In December, 2018 the Alaska Department of Health and Social Services conducted a standard survey and determined that LTC was not in "substantial compliance" with participation requirements. The survey found that the most serious deficiencies did not constitute any potential actual harm to patients but corrections were required by January 28, 2019. Needed corrections included "grievances" and "facility assessment."

During 2019 efforts to improve hospital compliance continued and in August, 2019, CCMC contracted with HealthTechS3 to perform another CMS mock survey. Hospital staff used the results to continue to improve our readiness.

MAIN REPORT

Section 1: Financial

CCMC continued to struggle financially in 2018, as it did in 2017 and prior years. There were several factors that contributed to financial difficulties, that of 1) the geographic isolation of Cordova with a small population to service, 2) the requirement to provide basic medical services, even though the utilization of the services may not be efficient and cost effective, 3) higher staff costs due to the need of utilizing "traveler" contract services because local staff is not available, and 4) the requirement to pay an additional 17% of wages to the Alaska Public Employee Retirement System (PERS).

Balance Sheet

The current assets increased from 2017 to 2018, mainly because of a one-time $526,000 Medicare cost report receivable. Capital assets increased $272,000 and pension related benefits increased $922,000, totaling to a $1,484,000 increase in total assets. Current liabilities increased $1,255,000 from 2017 and pension related costs increased $527,000. Total liabilities and pension liabilities increased $2,203,000 from 2017. The overall net position of CCMC declined $720,000 between years.

Statement of Revenues and Expenses

2018 total operating revenues increased $564,000 or 5% over 2017. A price increase of approximately 5% contributed to this increase. Significant expense increases were as follows: employee benefits 92% (mostly PERS and health insurance), supplies 97% (mostly the new retail pharmacy), and professional fees 20% (doctors and travelers). The net deficit for 2018 totaled $720,000.

Key Financial Indicators

Total Margin declined from 20.2% in 2017 to -6.5% in 2018. The day's cash on hand declined 6 days from 23 days in 2017 to 17 days in 2018. The current ratio of .5 remained the same between years. The average gross days outstanding in accounts receivable increased from 91 to 101. The bad debt and charity percentage of revenue increased to 5.8% from 2.8% between years. Wages and benefits per employee remained essentially static between years.

Patient Accounts Receivable

Percent of A/R Balance	2018	2017	% Change
Medicare	21%	14%	+50%
Medicaid	22%	48%	-46%
Other Third Party Payors	26%	22%	+18%
Patient self-pay	31%	16%	+94%

Section 2: Volume and Utilization of Services

Facility Capacity

Cordova Community Medical Center is licensed as a 23-bed Critical Access Hospital by the State of Alaska. Ten beds are designated for Long Term Care and the other 13 beds are for acute and swing beds. The Emergency Department has two beds but can expand if needed. The laboratory has one full

time staff and the imaging department has one full time staff. Physical Therapy was covered by temporary staff all year. Occupational Therapy and Speech Therapy are covered by contracted personnel who come on a quarterly bases.

The Physician Clinic was covered by two local physicians until June, when Dr. Sanders became our only local board certified physician. Dr. Sanders and contracted physicians covered the Emergency Room 24/7.

Volumes

Utilization of services is outlined in the table below. In most cases volumes declined in 2018. This primarily was the result of a decreased number of medical providers.

Volume	2018	2017	% Change
Acute Admissions	47	69	-32%
Acute Patient Days	125	205	-39%
Acute Average Daily Census	.34	.56	-85%
Acute Occupancy	3%	4%	-25%
Swing Patient Admissions	10	19	-47%
Swing Bed patient days	895	1,418	-37%
Swing Bed Avg Daily Census	2.5	3.9	-36%
Swing Bed Occupancy	18.8%	29.8%	-37%
Observation Admissions	47	48	-2%
ER Visits	591	604	-2%
Medical Imaging Procedures	706	679	+4%
Laboratory Tests	3,332	3,854	-14%
PT/OT Visits	3,736	3,895	-4%
Clinic Visits	2,447	2,775	-12%
Long Term Care Resident Adm	6	0	--
Long Term Care Resident Days	3,615	3,650	-1%
Long Term Care Daily Census	9.9	10	-1%
Long Term Care Occupancy	99%	100%	-1%
Sound Alternatives Visits	1,176	1,049	+12%
Total Meals Served	22,007	24,116	-9%
Total Laundry Pounds	62,761	67,750	-7%

Average Length of Stay

In 2018 the average acute care stay was 60 days, which is under the 96 hour average required for the CAH conditions of participation. We had 9 patients this year with a length of stay longer than 96 hours, which is 35% less than last year.

Average Length of Stay	2018	2017	% Change
Acute care average (hours)	60.0	71.3	-16%
Number of patients >96 hours	9	14	-35%
Swing bed average (days)	93.6	74.6	+25%
Long term care (days)	238	240	-1%

Observation average (hours)	24	19	+23%

Transfers

The number of patients that have been transferred out of our facility has increased. We had 39 Emergency Room transfers and 3 inpatient transfers in 2018 compared to a total of 22 in 2017. All patients are assessed by the Medical Staff and then determined if a transfer is appropriate, as well as identifying any EMTALA compliance issues. There were no instances in which the medical staff determined that the transfer was inappropriate or that there was a lack of compliance with EMTALA regulations.

Transfers	2018	2017	% Change
Number of Inpatient Transfers	3	5	-60%
Number of Emergency Room Transfers	39	17	+229%
Total number of Transfers	42	22	+191%

Section 3: Medical Record Review

Medical Necessity (Chart) Reviews

Every inpatient, swing bed and observation patient is screened by Holly Rikkola, Medical Records, to determine if provider documentation supports the status. Continued stay reviews are also performed by Holly as well as the CNO. Any issues are discussed with the admitting physician and data is reviewed by the Medical Director and the Utilization Review Committee.

A total of 2,554 episodes (100%) were reviewed from January to July 2018. A new electronic health record (EHR) was implemented August 1st of 2018. Due to this EHR change the results are extremely obscured while we were learning the new EHR. When we started the new EHR our billing/coding company Avec did all the abstracting and reviewing of charts. When a deficiency was found, Avec sends a query to HIM. HIM would then distribute the query to the proper departments or providers for more information or to fix the error. The query is then scanned into patients' EHR.

Deficiency Area	Number of Charts with Deficiency 2018 Jan- July	Number of Charts with Deficiency 2017	Percentage of Charts
Order Status	35	81	1.4%
Incomplete or inaccurate Documentation	74	165	3%
Missing or inaccurate charges	165	126	6.7%
Missing Diagnosis	12	58	.5%

Medical Staff and Peer Review

CCMC has an agreement with Healthcare Quality Service for external physician peer review. Approximately four charts per provider per quarter are forwarded for peer review. Internal reviews were conducted by Dr. Blackadar and Dr. Sanders in 2017 and after Dr. Blackadar's departure, primarily

locum tenens physicians along with Dr. Sanders, Medical Director, conducted peer reviews. The internal reviews focused on cases involving acute care and observation admissions, transfers, blood transfusions, and unexpected deaths. In 2017 and 2018 there were no instances of inappropriate care or adverse outcomes noted as part of these reviews.

Section 4: Review of Services

Nursing

The Nursing Department at CCMC provides several services, including acute care, swing bed, emergency room, observation and long-term care. A registered Nurse (RN) is on duty 24/7 in the acute area and also in the nursing home as well. In addition, Certified Nursing Assistants (CNA) are also scheduled on both the day and night shifts in the nursing home. All of the nursing staff is trained in Basic Life Support and the RN's are also trained in Advanced Cardiac Life Support.

The Emergency Room is available 24/7 and provides care to patients with injuries and severe illness. Observation services are for short term care and treatment. Acute care is for patients that stay less than 96 hours. Swing beds are for patients that move between acute care and skilled nursing. We are also licensed for ten long term care beds where residents are provided restorative care that helps them maintain their highest possible level of function.

In the latter part of 2018, CCMC signed with Relias which offered on-line learning, staff compliance training and continuing education for staff members. The training is based on published accreditation standards of OSHA and other regulatory agencies to help ensure and demonstrate staff competence.

Clinic

In 2018, with the absence of Dr. Blackadar, clinic patients were seen by Dr. Sanders and two primary locum tenens physicians, Dr. Woelk and Dr. Harper. The number of visits decreased 12% from 2017, possibly due to the increase in provider availability and stability in our competing clinic (Ilanka Clinic) and also their better prices due to a sliding scale. Services that are provided include comprehensive family medicine, disease management, physicals for the Coast Guard and schools, vaccinations, prenatal care, family planning, health maintenance and disease management. Additional services started in 2018 and included clinic visits by an OB/GYN physician and also the ability to provide home sleep studies and bi-monthly CPAP fittings.

Laboratory

Cordova Community Medical Center is CLIA certified, moderate complexity laboratory operating under the guidelines and direction of Patricia Morse, MT (ASCP), at Providence Alaska Medical Center in Anchorage, Alaska.

Our laboratory provides a wide array of testing done on-site that includes chemistry, hematology, coagulation, urinalysis, immunology and serology. A broad spectrum reference laboratory is also available for testing and provides quick turnaround times.

Outpatient services are available Monday thru Friday 0800-1200 and 1300-1700. On-call services are available anytime outside these hours.

Tests Performed On-site:

CHEMISTRY	CHEMISTRY cont.	HEMATOLOGY
Albumin	Hemoglobin A1C	Complete Blood Count
Alkaline Phosphatase	Lactate	Hemogram
ALT	Lipase	Platelet Count
Amylase	Magnesium	Sedimentation Rate
AST	Myoglobin	WBC Differential, automated
Bilirubin, Direct	Phosphorus	
Bilirubin, Total	Potassium	**COAGULATION**
BNP	Sodium	PT/INR
BUN	Total Protein	
Calcium	Triglycerides	**SCREENING/ KIT TESTING**
Carbon Dioxide	Troponin	Clostridium difficile
Chloride	Uric Acid	Drugs of Abuse
Cholesterol		HCG, qualitative
Creatine Kinase	**URINE**	Helicobacter pylori
CK-MB	Urinalysis	Influenza A/B
Creatinine (blood or urine)	Creatinine	Mononucleosis
D-Dimer	Microalbumin	Respiratory Syncytial Virus
Ethanol		Streptococcus A
		Stool Occult Blood

Radiology

At CCMC we provide x-ray services and computed tomography. The CT has been a much needed help with diagnostic imaging. Having the radiology services has reduced the number of patients that have been transferred out of CCMC. In 2018 we lost our permanent radiology technician and have continued providing services through contractors. Of the 706 radiology procedures performed in 2018, CT procedures totaled 121, which was slightly down from 138 performed in 2017.

During 2018 CCMC contracted with an outside vendor, VRAD, to provide the reads for the hospital. The purpose was to improve overall services, such as quality, turn-around time and data reporting. We continue to use this service into 2019.

Rehabilitation

During 2018 CCMC provided physical therapy services full time provided by traveling staff. The number of visits dropped 4% between 2018 and 2017. Occupational therapy is contracted, typically with visits to CCMC on a quarterly basis.

Behavioral Health

Visits to Sound Alternatives increased 12% to 1,176 visits in 2018. The number of visits is a function of the number of mental health clinicians available for seeing patients. In 2017 permanent mental health staff decreased leaving the department short-staffed in 2018. Travelers were then utilized to address the patient needs.

Services include individual outpatient psychotherapy for children, youth and adults, family and group therapy, psychiatric evaluations, 24/7 crisis intervention, outreach services, rehabilitation services, case management, tele-psychiatry, and other mental health services. CCMC was successful in recruiting two permanent staff members in 2019.

Disability Services

During 2017 and 2018 developmental disability services were provided to Medicaid Waiver recipients and grant recipients. Services included respite, day habilitation and in-home rehabilitation support.

Food & Nutritional Services

The food service department at CCMC provides well balanced, nutritious meals for our patients. Dietary utilizes a 5-week rotating menu as well as alternative menus, to help residents and patients meet the parameters for a nutritional diet.

For 2018 we had a Certified Dietary Manager on staff and a contracted Dietician. Nutritional assessments were completed on each patient as well as a quarterly assessment of the Long Term Care Residents. Dietary staff participate in care conferences to provide the patients, residents and family a forum to voice concerns or ask questions about their food services.

CCMC has been the recipient of a State of Alaska Nutrition, Transportation and Support grant for over 20 years. The grant provides for congregate meals in the CCMC cafeteria and to the home of elderly shut-ins. Transportation is also provided for the elderly as well as the disabled.

Total meals served in 2018 declined 9% to 22,007 meals served. This decline follows a similar pattern of the decline in patient days in the facility.

Social Services

Social Services arranges for facility transfers, Long Term Care authorization, discharge planning and care conference planning and organization. An inter-disciplinary team addresses the needs of the patient, while communication with the family members and resident representatives.

Retail Pharmacy

The pharmacy is a relatively new addition to the hospital and the overall business has been increasing. Prescriptions filled per month increased 21% from the beginning of 2018 to the end of the year. The retail pharmacy provides pre-filled bubble packs for our Long Term Care residents as well as provides many other retail services to the community, such as, new prescriptions, refills, prescription transfers, medication therapy management, pharmacist consultation, over the counter products, and much more.

Section 5: Contracted Services

Pharmacist

Heidi Voss is our full-time pharmacist and is assisted by Adam Baxter who is a contracted pharmacist that comes quarterly to CCMC. Adam is our hospital and LTC pharmacist and Heidi is our outpatient pharmacist. Adam conducts weekly medication regimens for all LTC residents. He works closely with our

Medical Director and Pharmacy and Therapeutic committee and is available by phone and email for any medication questions or concerns.

Dietician

Rene Legan is a registered Dietician. She comes quarterly to CCMC and conducts quarterly nutrition assessment for each of the residents. She reviews our menus and provides assistance to the Certified Dietary Manager (CDM) as needed. Rene is also available by phone or email for any questions, assessment needs or concerns.

Reference Laboratory

CCMC uses Quest Diagnostics and Providence Alaska Medical Center as our reference labs. Our specimens are sent to them via Alaska Airlines Goldstreak.

Blood Bank Services

The Blood Bank of Alaska provides CCMC with four O negative units every three weeks. We keep these four units on hand in case of the need of an emergency transfusion. The company provides the processing and transport of blood products in the event a patient requires a transfusion of type specific, cross matched blood.

Radiology

Radiology Associates, PC (RAPC), a contracted radiology service was utilized for most of 2018. In December we switched to VRAD.

Section 6: Infection Control

The infection control program was assumed by Kelly Kedzierski, now CNO, in 2017 and continues to be guided by Kelly.

Some areas we monitor include:

- Food storage, preparation, serving and dish rooms, refrigerators, freezers, ice machines, inpatient rooms, treatment areas, lab, supply storage, equipment cleaning, and laundry.
- Hand hygiene– infection prevention through monitoring of hand hygiene compliance.
- Equipment cleaning– preventing the spread of infection through ensuring equipment cleaning compliance.
- Education and Compliance– preventing the spread of infection through administering an effective education and compliance program.
- Isolation practices– infection prevention by adhering to established evidence based isolation practices. Including educating patients and patient visitors and family.

- Antibiotic Stewardship- a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

Infection Control Risk Assessment for 2018:

Program Components	Probability of Performance-Failure				Impact (Clinical/Financial/Resources)			Infection Prevention Systems				Score	Goal
Potential Risks/Problems	High	Med	Low	Never	High	Moderate	Minimal	Poor	Fair	Good	Excellent	≥7	
	3	2	1	0	3	2	1	3	2	1	0		
Prevention Activities													
Hand Hygiene program		2				2			2			6	
Standard Precautions			1				1			1		3	
TB screening of patients			1				1			1		3	
Appropriate prophylactic antibiotic			1				1			1		3	
Appropriate OR attire			1				1			1		3	
Environment													
Medication Refrigerator Temp logs		2				2			2			6	
Sterilization monitoring			1				1			1		3	
Infection from inadequate air handling			1				1			1		3	
Positive Pressure room monitoring			1				1			1		3	
Cleaning/high level disinfection process			1				1			1		3	
Regulated Waste Management Program			1				1			1		3	
Program Components	**Probability of Performance-Failure**				**Impact (Clinical/Financial/Resources)**			**Infection Prevention Systems**				**Score**	**Goal**
Potential Risks/Problems	High	Med	Low	Never	High	Moderate	Minimal	Poor	Fair	Good	Excellent	≥7	
	3	2	1	0	3	2	1	3	2	1	0		
Policy Procedures													
Current polices or procedures related to-infection control and prevention			1				1			1		3	
Established policy or procedures-safe injection practices			1				1			1		3	
Preparedness													
Bioterrorism Agents			1				1			1	1	3	
Norovirus/Influenza/Other Respiratory infections			1				1			1	1	3	
Outbreak			1				1			1	1	3	
Program Components	**Probability of Performance-Failure**				**Impact (Clinical/Financial/Resources)**			**Infection Prevention Systems**				**Score**	**Goal**
Potential Risks/Problems	High	Med	Low	Never	High	Moderate	Minimal	Poor	Fair	Good	Excellent	≥7	
	3	2	1	0	3	2	1	3	2	1	0		
Employee Health													
Annual TB screening (TST/QFT)			1				1			1		3	
Annual Fit Testing			1				1			1		3	
Staff influenza immunization program			1				1			1		3	
Bloodborne Pathogens Plan			1				1			1		3	
ATD/Tuberculosis Plan			1				1			1		3	
Multi Drug Resistance Organisms													
MRSA(Methicillin Resistant Staph aureus)			1				1			1		3	
C difF (Clostridium difficile)			1				1			1		3	
VRE (Vancomycin Resistant Enterococcus)			1				1			1		3	
ESBL/CRE(Extended Spectrum Beta lactam/Carbapenemase Resistant Enterobacteriaceae)			1				1			1		3	

The Infection Control (IC) Risk Assessment grid is a visual tool to develop IC program priorities and stratify infection risks based on our geography, location in the community, and our patient population. The annual IC Plan is developed based on these risks. The Risk Assessment is an ongoing, continual process. If an outbreak should occur it will take precedence over the IC Plan.

Zero- Process has been going well Low or 1- Processes are initiated and being followed Med or 2-The processes in place are working well and the outcomes are improving and sustaining High or 3- Training or education sessions may need to be scheduled

Risk Assessment Completed on: Date 12/28/2017 Name Kelly Kedzierski

Hand Hygiene Surveillance is performed daily to ensure good overall Hand Hygiene Compliance. Below is an Example of compliance for the third quarter.

ER	Gloves: 83%	Wash in: 100%	Wash out: 100%
Acute	Gloves: 76%	Wash in: 100%	Wash out: 100%
LTC	Gloves: 79%	Wash in: 64%	Wash out: 93%
OBS	Gloves: 88%	Wash in: 50%	Wash out: 50%
Swing	Gloves: 80%	Wash in: 79%	Wash out: 93%
Average	Gloves: 42%	Wash in: 76%	Wash out: 86%

Section 7: Medication Management

CCMC medication management is a multi-disciplinary approach involving the patient's physician, nursing staff, medical staff, Pharmacy and Therapeutics committee and the consulting pharmacist. Both formal and informal communication strategies are utilized to review medication therapy for our patients, and any one of the team can escalate concerns about any medication issues. Meetings are held quarterly with the Pharmacist and all members of the Pharmacy and Therapeutics committee.

Section 8: Performance (Quality) Improvement

CCMC has a Quality Management Committee (QMC) that is chaired by Kelly Kedzierski, CNO. Four meetings were held in 2018 to review and discuss quality process improvement topics to include: review of selected policy and procedures, review committee reports from the medical staff, Safety, and Infection Control, and Utilization Review, and Quality Improvement.

The QMC is tasked to manage our quality program, which covers:

1. Review of regulatory updates
2. Prioritizing and reviewing issues
3. Ensuring data from QI activities is appropriately monitored and resolved
4. Utilization
5. Review of department QI activities
6. Other QI functions

Quality data is submitted externally to Medicare Beneficiary Quality Improvement Project (MBQIP), and the Partnership for Patients (Alaska ASHNA and Washington State Hospital Association). Corrective actions are implemented for any measure not meeting State or national standards.

The 2018 QAPI Plan was approved by the Board in January, 2018 and the program includes all departments. Each department is required to identify a quality improvement project at least annually and to monitor improvement thru data collection. Corrective actions are reported to the QMC.

The Quality Improvement Committee met 9 times in 2018.

Process improvement projects included:

- **Consultative services:**

  Coordination of care with consulting specialist to meet the needs of our residents.

- **Environment of Care Rounds**

  Including more members of the staff to join on these rounds.

- **Environmental Care**

  Cleaning for the comfort and dignity of residents and patients with a multi-disciplinary approach to planning for deep cleaning with staff from environmental services, infection control, nursing, dietary, and facilities/maintenance all contributing to the agenda.

- **Process improvement on onboarding applicants, education and competency and staff development to ensure highest quality of care.**

  Selecting and implementing Relias electronic training platform for ongoing staff education and competency's- developing training plans tailored to the needs of our staff to best serve the needs of our residents and patients. As part of Relias we have also selected and are implementing Gnosis- an assessment driven, personalized online education for our nurses.

- **Improvement of Documentation**

  Chart audits, flow and turnaround times.

- **Fire Safety**

  Orientation, annual education and fire drills

- **Out Patient Service**

  From registration to quality of care for increased resident and patient satisfaction.

- **Nutritional Services**

  Process improvement project to ensure that Nutritional Services is organized, directed and staffed in a manner that ensures that the nutritional needs of the residents and patients are met in accordance with the physician's orders and acceptable standards of practice.

- **Infection Control on Kitchen Sanitation**

  Process improvement project to ensure sanitation guidelines are being adhered to.

- **Suspected Infection**

  Process improvement for employees/Nursing staff to ensure competent infection control practices and timely reporting on suspected infections to Infection Preventionist.

Section 9: Policy Review

CCMC's Quality Management Committee (QMC) reviews and approves polices. The members of this committee include the CEO, Medical Director, Nursing Director, CFO, and department managers. Once the policies have been reviewed by the department managers they are sent to the QMC committee for approval. One hundred sixty (160) policies were reviewed by the QMC in 2018. Using MCN to manage the process for writing policies, updating them and reviewing them has made for a smoother process.

Section 10: Organizational Plans

All organizational plans were updated in 2018. Each plan was reviewed and approved by senior leadership and the medical Director. There were no significant changes in the:

- Quality plan
- Risk Management plan
- Infection control plan
- Utilization review plan

Disaster Plan

The plan was reviewed and updated to the new Kaiser product. The committee name has been changed from Fire/Safety/Disaster to Safety Committee, which is the standard title. The committee developed and approved policies and procedures. Education in-services where created within the Relias education system for all staff to review on an annual basis. The committee reviewed a number of programs to assist with emergency preparedness events and elected to use the Knowledge Center. Education and use of this system in ongoing.

Corporate Compliance

In 2017 the existing CCMC Corporate Compliance policies were combined to establish an updated and more comprehensive Corporate Compliance Plan. This plan was instituted in January of 2018 and annually approved by the Board of Director's at the May 30, 2019 meeting.

The Corporate Compliance program exists to make sure that CCMC is obeying all federal, state and local laws that apply to our facility. In particular, the program helps us to do the best that we can to continue to prevent fraud, waste or abuse at our facility.

When a compliance issue is reported, an initial investigation is started. All of the supporting information is gathered and the details are reported by the Compliance Officer to the Chief Executive Officer. The CEO will review the complaint and if an employee is involved, the employee related information will be shared with the department manager for resolution. When the matter is resolved, the method of resolution is documented and the issue is closed. In 2018, there were two potential compliance issues, the first was reported, investigated and ended in the termination of an employee. The other was an alleged HIPAA violation. After a thorough investigation that claim was found to be unsubstantiated. In 2017, there was one potential compliance issue reported relating to a potential HIPAA Violation, it was resolved appropriately.

Section 11: Customer Satisfaction

CCMC measures customer satisfaction on an ongoing basis. Since July 1, 2018 NRC Health has been sampling approximately 90% of available patients from the Clinic, 100% from the Emergency Room, and 100% from hospital acute inpatients. Our response rates have been 16% from the Clinic, 11% from the Emergency Room and 11% from inpatients.

A significant difficulty in analyzing customer satisfaction is the low number of respondents. Anything less than 30 results is suspect as to whether the results are really representative. All our results have been accompanied with warnings of low sample sizes. For example, 9 hospital inpatients over 4 quarters in 2018 and 2019 responded.

Keeping in mind the limitations of the results, the following trends were noted:

		CCMC Avg	NRC Avg
Hospital inpatient	"Would you recommend the hospital?"	22% Yes	75% Yes
Emergency room	"Would you recommend the facility?"	67% Yes	69% Yes
Physician clinic	"Would you recommend provider's office?"	79% Yes	89% Yes

Section 12: Survey Readiness

In 2017 CCMC contracted with HealthTech Management Services to conduct a mock CMS survey. The results of the survey were used to improve our readiness.

In December, 2018 the Alaska Department of Health and Social Services conducted a standard survey and determined that LTC was not in "substantial compliance" with participation requirements. The survey found that the most serious deficiencies did not constitute any potential actual harm to patients but corrections were required by January 28, 2019. Needed corrections included "grievances" and "facility assessment."

During 2019 efforts to improve hospital compliance continued and in August, 2019, CCMC contracted with HealthTechS3 to perform another CMS mock survey. Hospital staff used the results to continue improve our readiness.

Respectively Submitted:

Quality Management Committee:

K. Kedzierski RN — 12-16-19

Kelly Kedzierski, RN, Committee Chair — Date

Chief Executive Officer:

Randall Draney — 12-16-19

Randall Draney — Date

Memorandum

To: CCMC Authority Board of Directors
From: Randall Draney, CCMC CEO
Subject: Approval of CEO Contract
Date: 1/09/2020

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the CEO contract renewal for Randall Draney for an additional period of six months, effective December 31st 2019 through June 30th 2020."