



**HOSPITAL SERVICES BOARD AGENDA**  
**Thursday, June 27, 2024 at 12:00pm**  
**VIA ZOOM ONLY**

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

**Board**

Kelsey Hayden exp. 3/26  
Liz Senear exp. 3/27  
Ann Linville exp. 3/25  
Diane Ujioka exp. 3/27  
VACANT exp. 3/26

**CEO**

**Hannah Sanders, M.D.**

**OPENING:** Call to Order

**Roll Call** – Kelsey Hayden, Liz Senear, Ann Linville, and Diane Ujioka.

**Establishment of a Quorum**

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

1. Audience Comments (limited to 3 minutes per speaker)
2. Guest Speaker

**B. BOARD DEVELOPMENT** - None

**C. CONFLICT OF INTEREST**

**D. APPROVAL OF AGENDA**

**E. APPROVAL OF MINUTES**

**F. REPORTS OF OFFICERS OR ADVISORS**

1. Board Chair Report
2. CEO Report
3. Director of Finance Report

Pgs 1-3

Pgs 4-6

**G. DISCUSSION ITEM**

**H. ACTION ITEM**

1. CCMC Medical Staff Bylaws Approval
2. Vacant CCMC Board Seat appointment
3. Delineation of Telemedicine Privileges for Andrew Ferguson, MD

Pgs 7-38

Pg 39

Pgs 40-47

**I. 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 authority of the Board and are appropriate for discussion in an open session.

**J. BOARD MEMBER COMMENTS**

**K. EXECUTIVE SESSION** - None

**L. ADJOURNMENT**

This Hospital Services Board meeting will be via ZOOM only.

To call in: 1-866-424-2466 Passcode: 840432

**For a full packet, go to [www.cityofcordova.net/government/boards-commissions/health-services-board](http://www.cityofcordova.net/government/boards-commissions/health-services-board)**

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

## **Cordova Community Medical Center**

### **June 2024 CEO Board Report**

Overall, the hospital is navigating challenges effectively and making significant progress in key areas. We have had a rough start to 2024 due to low swing bed and LTC utilization. However, it is important not to make cuts during low volume periods so that we leave the systems and staffing in place so we are ready to grow and accept patients throughout the year. CCMC continues to operate with bare minimum staffing in all departments.

#### Hospital/ER

Our volumes were much lower than historical volumes through the spring. We are hoping and seeing the expected summer influx will continue to help us. We have continued to work on negotiating our contracts with commercial payers, with substantial effort going to Premera to ensure CCMC is paid as a Critical Access Hospital. These payor contract changes not only will the payments better reflect our unique role and associated costs with providing care in a remote location, but it will also ensure that community members with Premera/BCBS can access preventative care without an out-of-pocket expense.

#### LTC (Long-Term Care)

Our long-term care facility currently has beds available for residents. We are actively promoting these services within the community to increase occupancy and revenue.

#### Outpatient Services

Our outpatient departments excel in supporting healthy lifestyles through primary care and behavioral health. We continue to offer outpatient physical and occupational therapy and have appointment availability. We are working hard to replace our full-time physical therapist, who is moving on to a new adventure, as well as one of our traveler clinicians in sound alternatives. No changes to any outpatient services will occur services while we navigate staffing changes in both the physical therapy departments and sound alternatives.

#### Finance

We have completed our annual audit, submitted our annual Medicare and Medicaid cost report, and are waiting to learn what our new Medicaid rates will be. We have also made progress in contract negotiations with commercial payers, focusing heavily on securing Critical Access Hospital payments from Premera.

#### Strategic Initiatives

We continue to put effort into staff recruiting and training, regional hospital outreach to increase patient volume in our skilled nursing and rehabilitation services. Additionally, we continue to advocate for supportive policies and regulations to address systemic challenges and secure necessary resources. As we face financial strain we take an extra close look at supply cost, freight expenses,

and staff salary. These areas increased significantly during the last 3 years and although they have leveled out with no signs of decreasing. Salary expectations and competition make staff retention more challenging. We continue work on retention and recruitment strategies to stabilize our workforce and manage inflation.

### Community Engagement

We are very proud of our staff's efforts to bring a strong education component to Cordova's Pride Celebration. Melanie and Erin Brennan Flores were instrumental in enhancing Cordova's pride celebration, adding more events throughout the week and bringing education to our community.

**Cordova Community Medical Center Statistics**

Days per Month	31	28	31	30	31	30	31	31	30	31	30	31	Cumulative Monthly Total	Monthly Average
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
<b>Hosp Acute+SWB Avg. Census</b>			29											
FY 2021	1.3	3.2	2.2	1.7	2.2	1.6	2.1	2.4	3.3	5.6	4.3	1.4		2.6
FY 2022	1.6	3.3	2.8	2.1	1.5	1.9	3.5	3.5	3.9	0.5	1.0	2.1		2.3
FY 2023	2.5	1.3	2.3	3.6	2.0	0.5	1.1	0.5	2.3	2.7	2.9	2.9		2.1
FY 2024	1.4	1.4	1.4	0.6	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.6
<b>Acute Admits</b>														
FY 2021	2	6	4	1	8	7	4	4	4	3	1	2	46	3.8
FY 2022	6	1	2	3	5	7	8	4	3	4	3	5	51	4.3
FY 2023	1	3	6	2	5	4	5	4	2	2	3	4	41	3.4
FY 2024	4	4	2	1	5								16	3.2
<b>Acute Patient Days</b>														
FY 2021	4	13	8	2	17	11	9	14	15	18	13	2	126	10.5
FY 2022	15	11	7	10	8	10	21	9	12	7	5	14	129	10.8
FY 2023	3	9	16	15	15	11	18	4	12	4	9	10	126	10.5
FY 2024	12	14	10	1	18								55	11.0
<b>SWB Admits</b>														
FY 2021	2	2	0	1	1	0	2	2	4	3	1	0	18	1.5
FY 2022	1	3	0	1	2	2	3	2	4	2	2	1	23	1.9
FY 2023	2	1	3	2	1	1	1	0	3	2	3	1	20	1.7
FY 2024	2	2	1	0	4								9	1.8
<b>SWB Patient Days</b>														
FY 2021	37	77	60	49	50	36	55	60	85	155	117	40	821	68.4
FY 2022	34	81	79	54	37	48	89	101	104	7	24	52	710	59.2
FY 2023	73	28	55	94	48	5	15	13	57	80	79	81	628	52.3
FY 2024	30	25	34	16	42								147	29.4
<b>CCMC LTC Admits</b>														
FY 2021	0	0	0	0	0	0	2	0	0	0	1	1	4	0.3
FY 2022	0	0	0	0	0	1	0	0	0	0	0	0	1	0.1
FY 2023	0	0	0	1	1	0	1	2	0	1	0	0	6	0.5
FY 2024	1	0	0	0	0								1	0.2
<b>CCMC LTC Resident Days</b>														
FY 2020	310	289	310	293	296	300	301	310	300	309	277	310	3,605	300.4
FY 2021	300	300	298	300	310	299	298	310	300	310	298	309	3,632	302.7
FY 2022	310	280	310	300	310	299	310	310	300	310	290	310	3,639	303.3
FY 2023	310	280	310	309	296	270	257	268	252	271	270	279	3,372	281.0
FY 2024	309	290	290	270	262								1,421	284.2
<b>CCMC LTC Avg. Census</b>														
FY 2021	10	10	10	10	10	10	10	10	10	10	10	10		9.9
FY 2022	10	10	10	10	10	10	10	10	10	10	10	10		10.0
FY 2023	10	10	10	10	10	9	8	9	8	9	9	9		9.2
FY 2024	10	10	9	9	9									9.4
<b>ER Visits</b>														
FY 2021	38	42	35	44	77	61	74	78	67	34	32	40	622	51.8
FY 2022	38	38	42	50	75	85	76	97	64	63	38	46	712	59.3
FY 2023	62	39	67	39	56	84	109	100	69	40	48	45	758	63.2
FY 2024	58	44	37	39	51								229	45.8
<b>PT Procedures</b>														
FY 2021	327	494	646	372	352	444	471	337	413	602	493	310	5,261	438.4
FY 2022	275	459	551	394	307	352	396	384	360	201	274	442	4,395	366.3
FY 2023	364	322	458	405	345	209	304	325	479	550	436	343	4,540	378.3
FY 2024	302	213	291	289	341								1,436	287.2
<b>OT Procedures</b>														
FY 2021	25	223	183	49	36	115	174	118	161	350	309	120	1,863	155.3
FY 2022	122	190	251	134	120	229	243	200	197	53	87	164	1,990	165.8
FY 2023	94	51	152	115	75	94	70	106	167	163	144	104	1,335	111.3
FY 2024	121	56	79	86	133								475	95.0
<b>Lab Tests</b>														
FY 2021	885	1,010	1,004	805	682	637	1,261	1,115	853	605	614	549	10,020	835.0
FY 2022	825	576	671	902	958	699	610	822	594	585	499	553	8,294	691.2
FY 2023	545	546	575	578	801	655	766	649	512	501	478	539	7,145	595.4
FY 2024	513	526	503	778	814								3,134	626.8
<b>X-Ray Procedures</b>														
FY 2021	48	50	49	64	64	70	79	86	88	68	53	72	791	65.9
FY 2022	82	63	64	94	60	82	69	93	51	72	58	61	849	70.8
FY 2023	72	45	63	49	50	88	97	107	83	71	61	67	853	71.1
FY 2024	76	54	88	54	75								347	69.4
<b>CT Procedures</b>														
FY 2021	24	27	26	20	27	32	28	38	25	16	12	22	297	24.8
FY 2022	21	21	36	25	29	42	31	26	16	30	15	28	320	26.7
FY 2023	30	18	22	18	16	36	39	34	26	4	23	24	290	24.2
FY 2024	38	27	2	16	19								102	20.4
<b>CCMC Clinic Visits</b>														
FY 2021	125	134	161	157	188	224	265	277	296	452	303	275	2,857	238.1
FY 2022	288	196	199	237	260	241	221	212	304	359	219	182	2,918	243.2
FY 2023	221	158	151	176	214	188	230	289	242	371	216	193	2,649	220.8
FY 2024	205	188	196	188	241								1,018	203.6
<b>Behavioral Hlth Visits</b>														
FY 2021	85	62	65	74	90	96	60	97	50	35	63	76	853	71.1
FY 2022	84	74	83	79	82	67	74	99	126	125	108	94	1,095	91.3
FY 2023	150	68	86	98	122	86	94	97	94	106	136	118	1,255	104.6
FY 2024	167	128	117	118	79								609	121.8

CORDOVA COMMUNITY MEDICAL CENTER  
 OPERATING/INCOME STATEMENT  
 FOR THE 5 MONTHS ENDING 05/31/24

06/20/24 09:44 AM

	----- S I N G L E -----				----- Y E A R T O -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
<b>REVENUE</b>								
ACUTE	158,609	171,147	(12,537)	(7)	546,705	673,154	(126,449)	(18)
SWING BED	341,138	299,842	41,296	13	1,235,188	1,755,318	(520,130)	(29)
LONG TERM CARE	468,320	533,349	(65,028)	(12)	2,415,606	2,534,685	(119,079)	(4)
CLINIC	117,166	129,697	(12,530)	(9)	516,348	497,310	19,037	3
ANCILLARY DEPTS	282,065	254,564	27,500	10	1,317,161	1,429,719	(112,558)	(7)
EMERGENCY DEPART	313,854	353,772	(39,918)	(11)	1,435,296	1,651,814	(216,517)	(13)
BEHAVIORAL HEALT	19,148	28,860	(9,712)	(33)	133,499	129,061	4,438	3
RETAIL PHARMACY	173,712	125,810	47,901	38	802,264	617,331	184,932	29
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PATIENT SERVIC	1,874,016	1,897,045	(23,029)	(1)	8,402,070	9,288,396	(886,326)	(9)
<b>DEDUCTIONS</b>								
CHARITY	6,933	(1,085)	(8,019)	(738)	19,920	39,010	19,090	48
CONTRACTUAL ADJU	305,385	577,329	271,944	47	2,197,370	2,399,736	202,365	8
ADMINISTRATIVE A	29,292	13,396	(15,895)	(118)	77,466	50,799	(26,666)	(52)
BAD DEBT	(90,873)	(522,000)	(431,126)	(82)	264,482	(60,000)	(324,482)	(540)
-----								
DEDUCTIONS TOT	250,739	67,641	(183,097)	(270)	2,559,239	2,429,546	(129,692)	(5)
<b>COST RECOVERIES</b>								
GRANTS	167,586	56,843	110,742	194	324,725	258,965	65,760	25
IN-KIND CONTRIBU	16,662	16,662	0	0	83,313	83,313	0	0
OTHER REVENUE	9,066	5,392	3,674	68	59,692	38,696	20,995	54
-----								
COST RECOVERIE	193,315	78,898	114,416	145	467,730	380,974	86,756	22
-----								
TOTAL REVENUES	1,816,592	1,908,303	(91,710)	(4)	6,310,562	7,239,825	(929,262)	(12)
<b>EXPENSES</b>								
WAGES	507,880	562,935	55,055	9	2,483,106	2,750,800	267,694	9
TAXES & BENEFITS	262,403	327,456	65,052	19	1,556,148	1,578,661	22,512	1
PROFESSIONAL SER	255,164	233,231	(21,932)	(9)	1,162,297	975,854	(186,443)	(19)
SUPPLIES	189,933	220,611	30,677	13	855,166	847,776	(7,390)	(0)
MINOR EQUIPMENT	2,085	9,470	7,384	77	14,719	22,108	7,389	33
REPAIRS & MAINT	8,221	24,628	16,406	66	53,308	86,304	32,996	38
RENTS & LEASES	12,038	12,165	126	1	58,737	67,307	8,569	12
UTILITIES	41,216	42,615	1,398	3	244,469	273,401	28,931	10
TRAVEL & TRAININ	8,180	1,446	(6,733)	(465)	40,056	35,565	(4,490)	(12)
INSURANCES	20,359	20,882	523	2	101,797	105,667	3,869	3
RECRUIT & RELOCA	0	2,212	2,212	100	485	4,040	3,554	87
DEPRECIATION	49,816	41,692	(8,124)	(19)	227,275	208,460	(18,814)	(9)
OTHER EXPENSES	18,593	30,670	12,076	39	89,435	89,298	(137)	(0)
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TOTAL EXPENSES	1,375,895	1,530,018	154,123	10	6,887,004	7,045,245	158,241	2
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OPERATING INCO	440,697	378,284	62,412	16	(576,442)	194,579	(771,021)	(396)
NET INCOME	440,697	378,284	62,412	16	(576,442)	194,579	(771,021)	(396)
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06/20/24 09:44 AM

CORDOVA COMMUNITY MEDICAL CENTER  
 BALANCE SHEET  
 FOR THE MONTH ENDING: 05/31/24

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	2,388,314	1,930,803	457,511
NET ACCOUNT RECEIVABLE	2,011,533	3,012,371	(1,000,837)
THIRD PARTY RECEIVABLE	(736,427)	(45,319)	(691,107)
CLEARING ACCOUNTS	10,835	9,982	852
PREPAID EXPENSES	95,902	76,932	18,969
INVENTORY	471,806	440,453	31,352
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TOTAL CURRENT ASSETS	4,241,963	5,425,223	(1,183,260)
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	8,666,889	8,666,889	
EQUIPMENT	10,120,539	9,625,416	495,122
CONSTRUCTION IN PROGRESS	18,843	4,038	14,805
	-----	-----	-----
SUBTOTAL PP&E	18,928,282	18,418,354	509,927
LESS ACCUMULATED DEPRECIATION	(14,902,062)	(14,361,244)	(540,818)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	4,026,219	4,057,109	(30,890)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(96,250)	(81,250)	(15,000)
PERS DEFERRED OUTFLOW	949,242	1,037,998	(88,756)
TOTAL OTHER ASSETS	1,002,992	1,106,748	(103,756)
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TOTAL ASSETS	9,271,175	10,589,082	(1,317,907)
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06/20/24 09:44 AM

CORDOVA COMMUNITY MEDICAL CENTER  
 BALANCE SHEET  
 FOR THE MONTH ENDING: 05/31/24

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	390,056	251,927	138,129
PAYROLL & RELATED LIABILITIES	602,246	772,735	(170,489)
INTEREST & OTHER PAYABLES	7,711	7,695	16
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	406,787	28,375	378,411
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TOTAL CURRENT LIABILITIES	6,873,260	6,527,192	346,067
LONG TERM LIABILITIES			
NET PENSION LIABILITY	8,625,106	8,148,107	476,999
TOTAL LONG TERM LIABILITIES	8,625,106	8,148,107	476,999
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	(3,759,735)	(2,907,065)	(852,670)
TOTAL DEFERRED INFLOWS	(3,759,735)	(2,907,065)	(852,670)
TOTAL LIABILITIES	11,738,631	11,768,234	(29,603)
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(1,909,527)	(1,937,496)	27,968
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	(576,442)	739,830	(1,316,272)
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TOTAL NET POSITION	(2,467,455)	(1,179,152)	(1,288,303)
TOTAL LIABILITIES & NET POSITION	9,271,175	10,589,082	(1,317,907)
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# Memorandum

To: CCMC Hospital Services Board  
Subject: CCMC Medical Staff Bylaws approval  
Date: 6/17/2024

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**Suggested Motion:** "I move that the CCMC Hospital Services Board approve CCMC Medical Staff Bylaws, as presented."



# Cordova Community Medical Center Medical Staff Bylaws

## MEDICAL STAFF BYLAWS PREAMBLE

Recognizing that the Medical Staff is responsible for the quality of medical care in the Cordova Community Medical Center, and must accept and assume this responsibility, subject to the authority of the Governing Body and that the best interest of the patient is protected by concerted effort. The providers practicing at Cordova Community Medical Center hereby organize themselves in conformity with the bylaws, rules, and regulations hereinafter stated.

For the purpose of these bylaws, the term "Medical Staff shall be interpreted to include all providers who are privileged to attend patients in Cordova Community medical Center, and the term "active shall be interpreted to include all member providers categorized as Active Medical Staff. A "Licensed Independent Practitioner is, as defined by the State of Alaska, any clinical practitioner who can practice independently under State of Alaska law to include Medical Doctor (M.D.), Doctor of Osteopathic Medicine (D.O.), Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, and Podiatrist.

### ARTICLE I PURPOSE

The purpose of the Medical Staff Bylaws shall be:

1. To ensure that all patients admitted and treated at Cordova Community Medical Center receive the best possible care, appropriate to our unique setting and available resources;
2. To provide a means whereby problems of the medical-administrative nature may be discussed by the Medical Staff with the governing body and the administration; and
3. To initiate and maintain rule and regulations for government of the Medical Staff.

For the purpose of these bylaws, the Medical Staff year commences on the first (1st) day of January and ends on the thirty-first (31st) day of December of each year.

### ARTICLE II MEMBERSHIP

#### SECTION 1. Membership Qualifications:

Membership on the staff of Cordova Community Medical Center is a privilege which shall be extended only to those practitioners legally licensed to practice in the State of Alaska who strictly meet and continue to meet the standards and requirements set forth in these bylaws and can document that they are qualified to provide high quality patient care, treatment and services within the scope of the Privileges requested, including but not limited to:

## Cordova Community Medical Center Medical Staff Bylaws

### **Proof of:**

- Their specific relevant experience, background, training, and demonstrated current competence, with training being verified with the primary source;
- Adherence to the ethics of their profession;
- Good character and professionalism;
- Their ability to work harmoniously with others;
- Clinical performance information sufficient to convince the Governing Body that the applicant has adequate
- Current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills and professionalism so that patients treated by them in the hospital will receive appropriate medical care, and that the Hospital and Medical Staff Will be able to operate in an orderly manner; professional liability claim history;
- Evidence that they have not been involuntarily excluded from, denied, or removed from, participation in any health care program funded by the federal government or any state health care program, including but not limited to Medicare or Medicaid;
- That they carry professional liability insurance carrier qualified to do business in the State of Alaska; current valid licensure and outcome of any (1) state licensing or regulatory disciplinary complaints or proceedings, or (3) any medical staff adverse actions, involving the Practitioner: and the absence of any pending complaints, proceedings or investigations. Provide an adequate number of acceptable reference letters, including Information from peers in the same professional discipline, from independent sources in accordance with standards set by the Governing Body, which recommendations shall include written information regarding the applicant's current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism.

Only practitioners who meet the above requirements and who assure in the judgment of the Governing Body that any patient admitted to or treated in the Cordova Community Medical Center will be given the best possible care and professional skill, shall be and remain qualified for membership to the Medical Staff.

### SECTION 2. Terms of Appointment:

Appointments shall be made by the Governing Body after recommendations of the Medical Director and shall be for a period of three (3) years or until the end of the Medical Staff three (3) year period. Before the end of the Medical Staff three (3) year period, the Medical Director shall submit to the CCMC

## Cordova Community Medical Center Medical Staff Bylaws

Authority Board, through Medical Staff Services Committee, the recommendation for reappointment of a member to the Medical Staff for an additional three-year period, together with recommendations concerning the privileges to be accorded such member.

Appointments to the Medical Staff shall confer on the appointees only such privileges as may be provided in these bylaws, rules, and regulations of the Medical Staff. Applicants for active membership shall practice within the Medical Center and agree to accept staff committee assignments within reason, as well as provide emergency and inpatient care and consultation for any patients admitted to the Cordova Community Medical Center, in accordance with said rules and regulations.

### SECTION 3. Procedure for Appointments:

Any practitioner, in applying for membership must: Signify willingness to appear before the Medical Staff.

The applicant Authorizes CCMC to consult with any and all members of the medical staffs with which the applicant was or is a member, concerning the applicant's professional qualifications and competence. The applicant further authorizes CCMC to contact other persons or Entities that may have information bearing on the applicant's competence or ethical qualifications and to inspect any records at any previous medical facility where the applicant held privileges, which would be material to an evaluation of the applicant's professional qualifications and competence to carry out the privileges requested. Provide all the

Information required in section 1. Including 3 references who have worked extensively with the applicant and can provide reliable information regarding the applicant's skill, judgment, and professionalism. The burden at all times remains on the applicant to establish competence and qualification to exercise privileges. Provide a statement whereby the practitioner agrees that when adverse action decisions are made with respect to staff appointment, staff status, and/or Privileges, they will exhaust the administrative remedies afforded by these bylaws before initiating any other action. Have professional liability coverage in the amount of at least \$1 million per claim and \$3 million per year aggregate. Have completed an American Board of Medical Specialty approve post graduate residency program. Obtain board certification with 5 years of completing residency training for active staff. Immediately inform the hospital of any change in status of their application after submission of the initial application. Sign an agreement acknowledging they have read and will comply with these medical staff bylaws.

The Medical Staff Services Committee shall forward the application, information, and references to the Medical Director for consideration. The Medical Director shall investigate the character, professional competence, qualifications, and ethical standing of the applicant to exercise the privileges requested, and shall verify, through reference given by the Applicant and other available sources, that he/she meets and has established all the necessary qualifications set forth in these Bylaws. As a condition of appointment, the Medical Staff may require an exemption of the applicant's physical or psychiatric status.

## Cordova Community Medical Center Medical Staff Bylaws

Within sixty (60) days after receipt of the completed application for membership by a provider, the Medical Director shall make written recommendations to the Governing Body, through Medical Staff Services Committee, that the application be provisionally accepted, deferred, or rejected. Any recommendations for initial provisional appointments may include probationary conditions relating to privileges. When a recommendation is made to defer for further consideration or investigation, it must be followed up within sixty (60) days by a recommendation to accept or reject the applicant. The Administrator shall notify the applicant by mail of any recommendation to reject or defer consideration of the applicant within ten (10) days after such decision is made.

The Governing Body at its next regular meeting after receipt of the final report and recommendations of the Medical Director on any initial application for membership, shall consider same and may accept the recommendation of the Active Staff or refer it back for further consideration, stating the reasons for such action, requiring a report back from the Medical Staff within sixty (60) days. Within thirty (30) days after its receipt, the CCMC Authority Board shall make a final decision therein. In the event the CCMC Authority Board decision is contrary to the recommendations of the Medical Staff, the CCMC Authority Board shall first submit the matter to the joint conference committee for recommendation.

When the Governing Body has taken final action on any application for membership on the Medical Staff, the CCMC Authority Board, acting through the administrator, shall notify the applicant of the action taken. If the applicant is provisionally accepted, the administrator shall secure his/her signed agreement to be governed by the bylaws and rules and regulations.

Each initial appointment shall be provisional until the end of the Medical Staff probation period of six (6) months. An applicant may be re-appointed to provisional membership after the six (6) month probation period not to exceed one (1) full Medical Staff year of provisional membership, at which time he/she must be advanced to Active Staff membership or his/her staff membership is automatically terminated for all purposes, without further recourse, except that he/she shall have the rights accorded to a member of the staff who has failed to be re-appointed, as provided in Article VIII.

### SECTION 4. Procedure for Reappointments:

1. At least sixty (60) days prior to the termination of the Medical Staff three year period, the active staff shall undertake a review of all information available on the then members of the Medical Staff, for the purpose of determining justification for their reappointment to the Medical Staff for the ensuing two year period. Specific consideration shall be given to each member with respect to professional competency and specifically a review of their peer review results including clinical judgment in the treatment of patients, ethics, conduct, attendance at Medical Staff meetings, participation in medical staff affairs, cooperation with Cordova Community Medical Center authorities and personnel, use of Cordova Community Medical Center facilities for his/her patients, relations with other staff members, general attitude toward his/her practice, patients, the Cordova

## Cordova Community Medical Center Medical Staff Bylaws

Community Medical Center and the public generally. All requirements of initial appointment with regard to clinical competency, malpractice insurance, state licensing, board status and care for patients must be maintained. As a condition for appointment or continuation of privileges, the Medical Staff Committee may require an examination of the staff member's physical or psychiatric status.

2. At least thirty (30) days prior to the termination of the medical staff two-year period, the Medical Director shall make its recommendations to the Governing Body recommending the reappointment or non-reappointment of privileges (including increases or restrictions) of each member of the Medical Staff for the ensuing two- year period. Where non-reappointment, or restriction of privileges is recommended or a requested increase in privileges is not recommended, the reasons therefore shall be stated.

3. The performance review shall include the following areas:

- (a) Professional competence and clinical judgment in the treatment of patients; this must include peer review of at least 10 inpatient or Emergency room charts per year for regular active staff.
- (b) Review of quality assurance committee documents, incident reports, and other similar information;
- (c) Comparison of the practitioner's performance with that of his other peers;
- (d) Evaluation of the practitioner's performance by each of the medical center's departments (Administration, nursing, medical records, clinic, and laboratory/radiology);
- (e) Review of reprimands, restrictions, malpractice allegations, or reduction of privileges;
- (f) Compliance with the Medical Staff bylaws, rules, and regulations;
- (g) Participation in continuing medical education;
- (h) Ability to cooperate with and relate well to other practitioners, patients, medical center staff, and consultants;
- (i) Ethics, conduct, and general attitude towards patients, medical center staff, and the medical center;
- (j) Attendance records at Medical Staff meetings and participation in staff affairs, including other patient care meetings that are a part of the Medical Center Staff functions; and
- (k) Physical or psychiatric status when, in the opinion of the committee, examination or consideration of such status is warranted.

## Cordova Community Medical Center Medical Staff Bylaws

### SECTION 5. Determination of Privileges:

1. Determination of initial privileges shall be based upon an applicant's training, experience, and demonstrated competence. Privileges shall be delineated with completion of the credentialing forms and approval by the Medical Director and the Governing body.
2. Determination of extension of further privileges shall be based upon an applicant's training, experience, and demonstrated competence which shall be evaluated by review of the applicant's credentials, direct observations by the Active Medical Staff, and review of reports, as provided in Article II, Section 2, of these bylaws.

### SECTION 6. Emergency and Temporary Privileges:

Locum Tenens: Upon recommendation of the Chief of Staff, to fulfill an important patient care, treatment and service need, the Chief Executive Officer may permit a physician serving as a locum tenens for appointment to the Medical Staff, to attend patients for a period of not to exceed sixty-five (65) days, provided there is verification of current licensure, relevant training and current competence and all of his/her credentials have been approved by the Chief of Staff, and all applicants will act under the supervision of the Medical Director. All applicants will complete a regular application for regular appointment to the Medical Staff and will be entitled to vote, hold office and serve on committees when that is approved.

Emergency or Disaster Situations: During disasters in which the emergency management plan has been activated and the organization is unable to meet immediate patient care needs, the Chief Executive Officer or Medical Director may grant disaster privileges on a case by case basis. Before granting Privileges to an individual the Designated Officer shall require a valid government photo identification and evidence that the person is capable to provide care. This may include primary source verification of a medical license, a picture hospital identification card which indicates they are a provider, federal or state identification that they are a member of a disaster medical assistance team as a care provider. The Medical director shall be responsible for overseeing and verification of the credentialing and Privileges of those who receive disaster privileges. Individuals shall only be granted privileges for the minimum time required and shall be required to wear a badge that identifies that they have Disaster Privileges. Except in unusual cases, primary source verification of licensure and qualifications to practice medicine shall be accomplished in 72 hours.

### SECTION 7. Leave of Absence and Reappointment:

Any member of the Active Staff may request, in writing, a leave of absence for a period not to exceed the present term of appointment or two years, and such request may be recommended by the Active Staff to the governing body. Such member may apply for reappointment and be considered in a manner

## Cordova Community Medical Center Medical Staff Bylaws

similar to a reappointment, upon the submission of a written report or other documentation of his/her professional or other activities during the absence.

### SECTION 8. Release of Information:

1. All applicants, as well as members of the Medical Staff, consent to the release of information for any purpose set forth in these bylaws and release from liability and agree to hold harmless any person or entity furnishing or releasing such information concerning his/her application or Medical Staff status.

#### 2. National Practitioner Data Bank:

(a) A physician or other health care practitioner who applies for appointment to the Medical Staff authorizes the medical center to request information from the National Practitioner Data Bank. The applicant agrees and understands that the medical center shall, at minimum, request information from the data bank every three years.

(b) The medical staff agrees and understands that the medical center must report information to the National Practitioner Data Bank including:

- Malpractice payments: each person or entity, including a medical malpractice insurer that
- Makes a payment under an insurance policy, self-insurance, or otherwise on behalf of a practitioner
- In the settlement or in satisfaction in whole or in part of a claim or a Judgment against such practitioner must report that information to the data bank;

#### Professional review actions based on:

- Any professional competence or professional conduct that adversely affects the privileges of a provider or dentist for a period longer than 30 days, and
- Acceptance of a provider's or dentist's voluntary surrender or restriction on clinical privileges while under investigation for possible professional incompetence or improper professional conduct; and
- License actions by the state medical or dental boards, including revocation, suspension, Censure, reprimand, probation, or surrender.

Note: No adverse action by the medical center will be reported to the National Practitioner Data Bank until all avenues of appeal under the Fair Hearing Plan are exhausted, and the CCMC Authority Board has made a final decision unless otherwise required by law.

# Cordova Community Medical Center Medical Staff Bylaws

## **ARTICLE III**

### **CATEGORIES OF THE MEDICAL STAFF SECTION**

#### 1. The Medical Staff:

The Medical Staff shall be divided into honorary, consulting, active, community, telemedicine, and provisional groups.

#### SECTION 2. The Honorary Medical Staff:

The Honorary Medical Staff shall consist of providers who are not active medical staff at the Medical Center and who are honored by emeritus positions. These may be: (a) providers who have retired from active medical staff service or (b) providers of outstanding reputation not necessarily resident in the community.

The Honorary staff is not eligible to vote or hold office, ordinarily does not admit patients, and shall have no assigned duties.

#### SECTION 3. The Consulting Medical Staff:

The Consulting Medical Staff shall consist of providers of recognized professional ability who are active in the medical center or who have signified willingness to accept such appointment. The duties of the members of the consulting staff shall be to give their services in the care of patients on request of any member of the active Medical Staff.

#### SECTION 4. The Active Medical Staff:

The Active Medical Staff shall consist of licensed Independent Practitioners practicing within all areas of the Cordova Community Medical Center and who have been appointed to carry out the functions and responsibilities of the Medical Staff and to admit and attend patients in all areas of the medical center (Emergency room, Acute care, Intensive Care, the Extended Care facility or nursing home and the outpatient clinics). The active Medical Staff shall be eligible to vote and hold office.

Members of the active Medical Staff shall be required to attend Medical Staff meetings as provided in Article VI, Section 4, of these bylaws.

#### SECTION 5. Community Based members:

Each appointee to the community Based Staff shall be a practitioner and shall.

- (1) Meet the requirements set forth in these bylaws and Hospital's policy and procedures;



## Cordova Community Medical Center Medical Staff Bylaws

- (2) Be a practitioner with an active office-based practice in the Hospital's service area; and
- (3) Provide continuous care or arrange coverage for their Extended care (nursing home patients) and
- (4) May order labs, radiology tests as well as physical therapy, occupational therapy and other services provided by the CMCC. An active staff member is required to attend all patients admitted to acute care or the Emergency Room.
- (5) Are not required to attend Medical Staff meetings, may not vote at Medical Staff meetings and may not hold a Medical Staff office unless requested to do so by the Chief of Staff, Administrator, or the Governing Body.

### SECTION 6. Locum Tenens Staff:

1. The locum tenens staff consists of providers who substitute for active staff physicians or who are hired by the medical center on a temporary basis. Locum tenens privileges are in accordance with 6.1 above. When Locums applications have been approved by the Governing Body they may become members of the active medical staff.
2. Locum tenens providers are required to attend Medical Staff meetings. Locum tenens providers may not vote at Medical Staff meetings and may not hold a Medical Staff office. Unless requested to do so by the Chief of Staff, Administrator, or the Governing Body.

### SECTION 7. Allied Health Professionals:

The allied health staff consists of non-physician health professionals and licensed practitioners who provide care to patients at this medical center. The allied staff includes psychologists, optometrists, and Master of Social Work, and physical therapists who have been granted limited privileges at the medical center. Physician Assistants will function within their collaborative agreements. Allied staff privileges are recommended by the Medical Staff committee of the whole and granted by the CCMC Authority Board.

1. Allied staff members may be requested to attend Medical Staff meetings and may serve on Medical Staff or other medical center committees at the discretion of the Chief of Staff or Medical Director.

A Licensed Independent Practitioner must approve all orders of an allied staff member, (except a Physician Assistant. who functions within his or her collaborative agreement.) including orders for admission, laboratory orders and radiology orders, unless otherwise determined by the CCMC Authority Board upon the recommendation of the Medical Staff committee of the whole. An active medical staff member shall be responsible for the care of every patient treated at the medical center by an allied staff member.

## Cordova Community Medical Center Medical Staff Bylaws

### SECTION 8. Dentist or Podiatrist:

A dentist or podiatrist who is a graduate of a recognized school of their specialty and who is otherwise eligible may be appointed to this category. Dentists or podiatrists may admit patients to the Medical Center providing that an attending Licensed Independent Practitioner is responsible for the patient's workup and medical care.

### SECTION 9. Telemedicine Staff:

1. Qualifications. Telemedicine Staff shall consist of practitioners who provide diagnostic or treatment services to Hospital patients via telemedicine devices. Telemedicine devices include Interactive real time (synchronous) or near real time (asynchronous] two-way transfer of medical data and patient. Telemedicine includes ICU, Tele radiology and tele psychiatric consults. Telemedicine devices do not include telephone or electronic mail communications between practitioner and patient. Telemedicine Staff members must:

- (a) Continuously satisfy the qualifications for Medical Staff membership set forth in Cordova Community Medical Center Medical Staff Bylaws;
- (b) Apply for Membership and for reappointment. Except as identified in Section 10.3. Delegated Credentialing.

2. Prerogatives. Telemedicine Staff members may:

- (a) Exercise those clinical privileges that have been approved;
- (b) Attend meetings of the Medical Staff, but shall have no right to vote at such meetings and may not hold office on the Medical Staff; and
- (c) Serve on committees and vote on committee matters, but may not serve as committee chair. Center Medical Staff

Bylaws, Telemedicine Staff members must:

- (i) Contribute to and participate equitably in Medical Staff functions, at the request of the department chair or Medical Staff officer, including: contributing to the organizational and administrative activities of the Medical Staff, such as quality improvement, risk management and utilization management; serving in Medical Staff and department offices and on Hospital and Medical Staff committees; participating in and assisting with the Hospital's medical education programs; proctoring of other practitioners; and fulfilling such other functions as may reasonably be required.
- (ii) Consult with other members consistent with his or her delineated privileges.
- (iii) Pay applicable Medical Staff application fees, dues, and assessments in amounts specified by Medical Staff rules.

## Cordova Community Medical Center Medical Staff Bylaws

3. Delegated Credentialing. The Medical Staff may satisfy its obligations to credential members of the Telemedicine Staff by relying upon delegated credentialing consistent with appropriate accreditation requirements, notwithstanding any contrary provisions of these Bylaws. The delegated credentialing body must agree in writing to fulfill the following requirements;

- (a) Determine in accordance with state law, which practitioners are eligible candidates for medical staff privileges or membership at the telemedicine entity.
- (b) Appoint members and grant medical staff privileges after considering the recommendations of the existing medical staff.
- (c) Assure the medical staff has bylaws
- (d) Approve its medical staff bylaws and other medical staff rules and regulations,
- (e) Ensure the medical staff is accountable to the distant (CCMC's) site's governing body for the quality of care provided to the patient's
- (f) Ensure the criteria for granting privileges to an individual are the individual's character, competence, training, experience, and judgement.
- (g) That in no circumstance Will membership be solely based on certification, fellowship or board member status.
- (h) They must agree to provide CCMC medical director of any adverse action taken or planned against any provider credentialed at CCMC whether or not the action related to services provided here.
- (i) Review input from CCMC on the quality and performance of telemedicine providers that have provided services to CCMC

4. Telemedicine Privileges Special Rule. The Medical Staff shall recommend the clinical services in the center to be provided by telemedicine. For any physician required to be credentialed and/or privileges according to accreditation body standards, the HPC, subject to review by the PQC and final governing body approval, may establish a policy for allowing credentialing and/or privileging of physicians who are not considered members of the Medical Staff and may waive some criteria for credentialing and privileging that are otherwise required under these bylaws. Any such policy must satisfy Alaska licensure requirements, if any, and hospital accreditation standards.

# Cordova Community Medical Center Medical Staff Bylaws

## ARTICLE IV

### MEDICAL STAFF SERVICES AND FUNCTIONS

#### SECTION 1. Clinical Services:

##### 1. PERSONNEL QUALIFIED TO PERFORM MEDICAL EXAMINATIONS:

(a) The following are designated as qualified medical personnel to perform emergency medical examinations once clinical privileges have been granted either temporarily or permanently.

- (i) Physicians, Physician Assistants, and Advanced Nurse Practitioners.
- (ii) Emergency Room Registered Nurses and Sexual Assault Nurses who meet job description criteria, and have completed orientation, which includes successful completion of a medical screening examination Competency test, may perform the medical screening in accordance with Emergency Department Policy and Procedures.
- (iii) Only a physician may complete "Certification of False Labor" and "Transfer of Patient in Early Labor". RN's are to notify the on-call physician or the patient's personal physician for any pregnant patients. Only physicians may perform OB medical screening exams.

(b) Pregnant patients presenting with <20 weeks gestation or with non-obstetrical complaints, may be seen in the ER for their medical screening examination. Pregnant patients >20 weeks will be evaluated by a physician.

#### SECTION 2. Function:

The active staff shall perform and be responsible for the following functions:

1. The Medical Record Review Function shall be to supervise the review of the medical records for the required standards of accuracy, timeliness, completeness, clinical pertinence, and legibility. This review is performed through the Peer Review and is to assure that a representative sample of records reflects the clinical pertinence of the medical record, including specific information relating to the diagnosis, diagnostic test results, therapy rendered, the patient's condition, and in progress in the patient's condition at discharge.

2. Blood Usage Review Function shall be to evaluate the appropriateness of all cases in which patients were administered transfusions, to identify opportunities to improve processes or patient outcomes, and include:

- (a) All confirmed transfusion reactions
- (b) Ordering practices for blood and blood components distribution, handling, use, and administration of blood and blood components

## Cordova Community Medical Center Medical Staff Bylaws

(c) Adequacy of transfusion services to meet the needs of patients treated at the Medical Center

(d) This is reported quarterly by the Director of the Laboratory.

3. Medication Usage Evaluation Function shall be to monitor, assess, and evaluate the prophylactic, therapeutic, and empirical use of medications in this facility to assure they are provided appropriately, safely, and effectively. The Pharmacy/Therapeutics Committee Will perform quarterly reports to assist in this function.

4. Provide call coverage as directed by the Medical Director to cover medical Emergencies.

### **ARTICLE V OFFICERS AND COMMITTEES**

#### SECTION 1. Officers:

The officers of the Medical Staff shall be the Chief of Staff and Medical Director. The Medical Director shall be appointed by the Administrator. The Chief of Staff shall be elected at the January meeting of the staff and shall hold office until the next January meeting or until successor is elected. Election shall be by open voting of active staff members.

1. Medical Director shall be responsible for the functioning of the clinical organization of the Medical Staff. He/She will ensure all Medical Staff practicing at the medical center have proper credentials and privileges and proper evaluations. He/She will oversee the organization and facilitation of specialty clinics. The Medical Director will be in charge of overseeing the peer review process. He/she will arrange continuous provider call coverage from active medical staff to handle medical Emergencies, attend to all correspondence, facilitate the budget process, and facilitate the allotment of continuing education resources. He/She will participate in establishing policies, procedures, and guidelines designed to ensure the provision of adequate, comprehensive medical services. He/she will assist in arranging for continuous provider coverage to handle medical emergencies. Specifically, he/she will oversee the Infection Control Committee and Employee Health Program as directed by the Regulations for Long Term Care Facilities and ensure adequacy and appropriateness of medical care provided to long term care residents.

2. Chief of Staff: Shall be responsible for the careful supervision over the clinical work at the Medical Center. He/She shall call and preside at all meetings. Grievances and disciplinary actions regarding medical staff will be the responsibility of the Chief of Staff to coordinate. He/she shall perform such other duties as ordinarily pertain to his/her office. He/she shall also keep accurate and complete minutes of all the Medical Staff meetings.

## Cordova Community Medical Center Medical Staff Bylaws

### SECTION 2. Committees: Standing Committees

1. Quality Management Committee - All members of the Medical staff will participate in the committee's function of oversight responsibility for performance improvement activity monitoring, assessment, and evaluation of patient care service provided throughout the facility.
2. Pharmacy and Therapeutics Committee -All members of the Medical Staff with consultation of the consulting pharmacist perform the following committee functions:
  - (a) Develop, maintain, and review activities of the drug formulary.
  - (b) Develop and/or approve policies and procedures relating to the selection, distribution, handling, use, and administration of drugs and diagnostic testing material.
  - (c) Oversee the safe administration of drugs and biologicals throughout the institution.
  - (d) Evaluate protocols concerned with the use of investigational or experimental drugs.
  - (e) Review all significant untoward drug reactions.
  - (f) Analyze the outcome of the medication usage evaluation.
3. Infection Control Committee -The Medical Director oversees the functions of the Infection Control Committee, which approves actions to prevent or control infection based on an evaluation of the surveillance reports of infection control performance, outcome indicators, and of the infection potential among patients and facility personnel.
4. Employee Health - The Medical Director oversees the functions of the Employee Health processes to maintain updated health information on all employees and keep current with the regulatory requirements for immunizations, blood-borne exposure events, and employee communicable disease surveillance.

#### Ad Hoc: Committees:

5. Utilization Review Committee - Medical Staff member oversees the monitoring, assessing, and evaluation of the utilization of facility resources in an effort to reduce over utilization and improve the efficiency of the facility services. Medical record review is performed as part of this committee's functions.
6. Ethics Committee - Medical Staff member directs the function of this committee to provide consultation recommendations regarding ethical issues surrounding patient care issues when requested.
7. Management of Information Committee - A Medical Staff member assists in evaluating, assessing, and recommending policy and procedure development, maintenance and performance Improvement.

# Cordova Community Medical Center Medical Staff Bylaws

## **ARTICLE VI MEETINGS SECTION**

### 1. The Annual Meeting:

The annual meeting of the Medical Staff shall be the January meeting. At this meeting, the retiring officers shall make such reports, officers for the ensuing year shall be elected, and recommendations for appointment to the various categories of the Medical Staff and assignment of privileges shall be made.

### SECTION 2. Regular Meetings:

The Medical Staff shall meet quarterly and not less than four times in each year. Meetings may be held more frequently when deemed necessary.

### SECTION 3. Special Meetings:

Special meetings of the Medical Staff may be called at any times by the Chief of Staff, at the request of the governing body, or any member of the active Medical Staff. At any special meeting, no business shall be transacted except that stated in the notice posted on the bulletin board of the Medical Center and Long Term Care Facility at least 48 hours before the time set for the meeting.

### SECTION 4. Attendance at Meetings:

1. Active staff attendance shall average at each meeting at least Sixty (60%) percent of active staff who are not excused by the Chief of Staff for Just cause. Absence from more than one- half of the regular meetings for the year, unless excused by the Chief of Staff or just cause such as sickness shall be considered as resignation from the active Medical Staff and shall automatically place the absentee on the courtesy or community Medical Staff.

2. Reinstatement of members of the Active Medical Staff to positions rendered vacant because of absence from meetings may be made on application, the procedure being the same as in the case of original appointments.

3. Members of the honorary, consulting, and community categories of the Medical Staff shall not be required to attend meetings, but it is expected that they will attend and participate in these meetings unless unavoidably prevented from so doing.

### SECTION 5. Quorum:

Sixty-six percent (66%) of the total membership of the active Medical Staff shall constitute a quorum.

### SECTION 6. Agenda:

The agenda at any regular meeting shall be:

## Cordova Community Medical Center Medical Staff Bylaws

### 1. Business:

- (a) Call to order
- (b) Acceptance of the minutes of the last regular and of all special meetings
- (c) Unfinished business
- (d) Communications
- (e) New business

### 2. Medical

- (a) Credentials (at least every 3 years, 60 days prior to the end of the Medical Staff year)
- (b) Medical Record Review Report (quarterly)
- (c) Blood Usage Review Report (quarterly)
- (d) Significant Critical Care Event Review (quarterly) (e) Utilization Review Report (quarterly)
- (f) Medication Usage Evaluation Report (quarterly)
- (g) Discussion and recommendation for improvement of the professional work of the Cordova Community Medical Center
- (h) Adjournment

### 3. Special Meetings Agenda

- (a) Reading of the notice calling the meeting
- (b) Transaction of the business for which the meeting was called
- (c) Adjournment

## **ARTICLE VII CORPORATE COMPLIANCE**

The members of the Medical Staff shall conduct themselves in the highest ethical tradition. Specifically, Provider members shall agree to abide by the Code of Conduct adopted by Cordova Community Medical Center and all amendments thereto. Providers will participate in internal compliance audits and maintain active involvement with compliance activities.



# Cordova Community Medical Center Medical Staff Bylaws

## **ARTICLE VIII FAIR HEARING PLAN**

### SECTION 1. DEFINITIONS:

The following definitions apply to the provisions for the Fair Hearing Plan.

Appellate Review Body means the group designated under this plan to hear a request for appellate review properly filed and pursued by a practitioner, namely the CCMC Authority Board.

- (a) Hearing Committee means the committee appointed under this Plan to hear a request for an evidentiary hearing properly filed and pursued by a practitioner.
- (b) Parties mean the practitioner who requested the hearing or appellate review and the body or bodies upon whose adverse recommendation or action a hearing or appellate review request is predicated.
- (c) Practitioner means the applicant or Staff member against whom an adverse action has been recommended or taken. (e) Special Notice means written notification sent by certified or registered mail, return receipt request, or by personal delivery
- (f) Medical Staff means Medical Staff of Cordova Community Medical Center.

### SECTION 2. INITIATION OF HEARING:

#### 1. Triggering Events

Recommendation or Actions: The following recommendations or actions, as recommended by the Medical Staff, or as taken by the CCMC Authority Board entitle the practitioner to a hearing upon timely and proper request

- (i) Denial of initial Staff appointment
- (ii) Denial of reappointment
- (iii) Suspension of Staff membership
- (iv) Revocation of Staff membership
- (v) Denial of requested appointment to or advancement in Staff category
- (vi) Reduction in Staff category
- (vii) Suspension or limitation of the right to admit patients or of any other membership prerogative directly related to the practitioner's provision of patient care
- (viii) Denial of requested department or other clinical unit affiliation
- (ix) Denial or restriction of requested clinical privileges

## Cordova Community Medical Center Medical Staff Bylaws

- (x) Reduction in clinical privileges
- (xi) Suspension of clinical privileges
- (xii) Revocation of clinical privileges
- (xiii) Individual application of, or individual changes in, mandatory consultation requirements. The issuance of a warning, a letter of admonition, or a letter of reprimand; the denial, termination, or reduction of provisional and temporary privileges; and any other actions except those specified herein shall not entitle a staff member to a hearing or appellate review.

2. Notice of Adverse Recommendation or Action: The Administrator promptly gives the practitioner special notice of an adverse recommendation or action taken pursuant to Section 2.1.a.

The notice:

- (a) Advises the practitioner of the recommendation or action, including with some specificity, the reasons for the recommendation or adverse action, and of his/her right to request a hearing pursuant to the provisions of the Medical Staff Bylaws and this Fair Hearing Plan.
- (b) Specifies that the practitioner has fourteen (14) days after receiving the notice within which to submit a request for a hearing and that the request must satisfy the conditions of Section 1.3.
- (c) States that failure to request a hearing within that time period and in the proper manner constitutes a waiver of rights to any hearing or appellate review on the matter that is the subject of the notice.
- (d) States that any higher authority required or permitted under this plan to act on the matter following a waiver is not bound by the adverse recommendation or action that the practitioner has accepted by virtue of the waiver but may take any action, whether more or less severe, it deems warranted by the circumstances.
- (e) States that upon receipt of his/her hearing request, the practitioner will be notified of the date, time, and place of the hearing, and the grounds upon which the adverse recommendation or action is based within fourteen (14) days.
- (f) It is the practitioner's obligation to request an extension of any of the deadlines with adequate reasons therefore, at least three (3) days in advance of the expiration of the time period.

### 3. Request for Hearing

The practitioner has fourteen (14) days after receiving a notice under Section 1.2 to file a written request for a hearing. The request must be delivered to the Administrator either in person or by certified or registered mail. If the practitioner wishes to be represented by an attorney at the hearing, the request for hearing must so state and the expense of such will be borne entirely by the practitioner.

## Cordova Community Medical Center Medical Staff Bylaws

### 4. Waiver by Failure to Request a Hearing

A practitioner who fails to request a hearing within the time and in the manner specified in Section 2.3 waives the right to any hearing or appellate review, to which he/she might otherwise have been entitled. Such waiver applies only to the matters that were the basis for the adverse recommendation or action triggering the Section 2.2 notice. The Administrator promptly sends the practitioner special notice of each action taken under any of the following Sections and notifies the Chief of Staff of each action.

The effect of a waiver is as follows:

- (a) After Adverse Action by the CCMC Authority Board: A waiver constitutes acceptance of the action, which then becomes the final decision of the CCMC Authority Board.
- (b) After Adverse recommendation by the Medical Staff or Hearing Committee:

A waiver constitutes acceptance of the recommendation, which then becomes and remains effective pending the decision of the CCMC Authority Board. The CCMC Authority Board considers the adverse recommendation as soon as practical following the waiver. The CCMC Authority Board's action has the following effect

- (i) If the CCMC Authority Board in Accord with Medical Staffs Recommendation - If the CCMC Authority Board action accords in all respects with the Medical Staffs recommendation, it then becomes effective as the decision of the CCMC Authority Board.
- (ii) If the CCMC Authority Board changes Medical Staffs recommendation - If, based on the same information and material considered by the Medical Staff in formulating its recommendation, the CCMC Authority Board proposes different action, the matter is submitted to a joint conference as provided in Section 6.9 of this plan. The CCMC Authority Board's action after receiving the joint conference recommendation becomes effective as the decision of the CCMC Authority Board. The joint conference cannot make a more severe recommendation than previously made

### 5. Additional Information Obtained Following Waiver

If the source of the additional information referred to in this Section is the practitioner or an individual or group functioning, directly or indirectly, on his/her behalf, the provision of this Section shall not apply unless the practitioner demonstrates to the satisfaction of the CCMC Authority Board as applicable that the information was not reasonably discoverable in time for presentation to and consideration by the party taking the initial adverse action or by the hearing committee if the practitioner's waiver is in connection with an appellate review

- (a) When Received by the CCMC Authority Board

## Cordova Community Medical Center Medical Staff Bylaws

If, on receiving the report of Medical Staff action taken pursuant to Section 2.4, the CCMC Authority Board acquires or is informed of additional information that is directly relevant to the matter at issue but was not available to or considered by the Medical Staff, the CCMC Authority Board refers the matter back to the Medical Staff for reconsideration within a set time limit. Such reconsideration in connection with Medical Staff action pursuant to Section 2.4-2 proceeds under Section 2.5 (b) below. If the Medical Staffs action following reconsideration decision is still adverse, is deemed a new adverse recommendation under Section 2.1 and the matter is processed as such. If the action of the CCMC Authority Board is consistent with the Medical Staffs decision following reconsideration, it becomes a decision of the CCMC Authority Board.

(b) When Received by the Hearing Committee or Medical Staff

When the Hearing Committee or Medical Staff receives a direction from the CCMC Authority Board pursuant to Section 2.5 (a) for reconsideration of its action taken under Section 2.4 (b), the CCMC Authority Board refers the matter back to the Hearing Committee or Medical Staff for reconsideration with a set time limit.

- (i) Medical Staff or Hearing Committee Follow-Up Recommendation Adverse- An adverse recommendation following reconsideration is deemed a new adverse recommendation under Section 13.1 and the matter proceeds as such.
- (ii) Follow-up Recommendation Favorable a favorable recommendation following reconsideration is immediately forwarded to the CCMC Authority Board by the Administrator. The effect of CCMC Authority Board action is as follows:

- (1) CCMC Authority Board Favorable - Favorable CCMC Authority Board action on a favorable Hearing Committee or Medical Staff recommendation becomes effective as the decision of the CCMC Authority Board. If the CCMC Authority Board determines to change the action, the matter is submitted to a joint conference as provided in Section 7.10. Favorable CCMC Authority Board action after receiving the joint conference recommendation becomes its final decision. Adverse CCMC Authority Board action is deemed a new adverse action under Section 2.1 and the matter proceeds as such.
- (2) CCMC Authority Board Adverse - If the CCMC Authority Board 's action is adverse, the matter is submitted to a joint conference as provided in Section 7.9. Favorable CCMC Authority Board action after receiving the Joint Conference recommendation becomes effective as the decision of the CCMC Authority Board. If the CCMC Authority Board determines to change the action, the procedure set forth in Section 1.5-2(b) (1) is followed. Adverse CCMC Authority Board Action after receiving the Joint conference recommendation is deemed a new adverse action under Section 1.1 and the matter proceeds as such.

### **SECTION II. HEARING PREREQUISITES**

#### 1. Notice of Time and Place for Hearing

The Administrator immediately delivers a timely and proper request to the Chief of Staff or the

## Cordova Community Medical Center Medical Staff Bylaws

President of the CCMC Authority Board, depending on whose recommendation or action prompted the hearing request. Within seven (7) days after receiving such request, the Chief of Staff or President of the CCMC Authority Board, or their designee, as appropriate, must schedule and arrange for a hearing. At least ten (10) days prior to the hearing, the Administrator sends the practitioner special notice of the time, place, and date of the hearing. The hearing date must be not less than fourteen (14) nor more than thirty (30) days after the Administrator received the hearing request; pro-vided suspension then in effect must be held as soon as the arrangements may reasonable be made, but not later than fourteen (14) days after the Administrator received the hearing request.

### 2. Statement of Issues and Events

The notice of hearing must contain a concise statement of the practitioner's alleged acts or omissions, a list by number of the Specific or representative patient records in question, and/or the other reasons or subject matter forming the basis for the adverse action or recommendation, which is the subject of the hearing.

### 3. Appointment of Hearing Committee:

(a) By Medical Staff a hearing occasioned by an adverse recommendation is conducted by a hearing committee appointed by the Chief of Staff and composed of at least three (3) Medical Staff. The Chief of Staff designates one of the appointees as chair of the committee.

(b) By the CCMC Authority Board a hearing occasioned by an adverse action of the CCMC Authority Board is conducted by a hearing committee appointed by the President of the CCMC Authority Board and composed of two (2) physicians, including at least one (1) Medical Staff member. The President designates one of the appointees as chair of the committee.

(i) No member of the Medical Staff who has participated in the initiation or the investigation of the case to be heard shall be appointed to the hearing committee. However, the fact that an appointee has heard of the case or has some knowledge of the facts involved shall not disqualify him/her from sitting on the hearing committee, unless such appointee feels that he/she cannot render a fair and just decision or form an objective and impartial point of view.

(ii) If, because of the limited size of the Medical Staff or because of prior, protracted, and publicized proceedings in the same or related matter, insufficient qualified Medical Staff members are available, the CCMC Authority Board after making a determination that such conditions exist may select hearing committee members from the Medical Staffs of other medical centers. The CCMC Authority Board shall have the sole discretion in making the selection of qualified individuals who are willing to serve and abide by the Medical Staff Bylaws but the CCMC Authority Board shall appoint only the minimum number of non-staff members' necessary to complete the formation of the hearing committee. The Medical Center shall reimburse any non-staff appointee for actual out-of-pocket expenses.

(iii) "Special Notice of the members appointed to the hearing committee will be

## Cordova Community Medical Center Medical Staff Bylaws

given to the practitioner that has received the adverse recommendation or action and the practitioner will be given three (3) days in which to preempt or disqualify for cause, any of the members.

### **SECTION III. HEARING PROCEDURE**

#### 1. Personal Presence

The personal presence of the practitioner is required. A practitioner who fails without good cause to appear and proceed at the hearing waives his/her rights in the same manner and with the same consequence as provided in Section 1.4 and in Section 1.5 if applicable.

#### 2. Presiding Officer

The hearing officer, if appointed under Section 7.1, or if not appointed, the hearing committee chair is the presiding officer. This officer maintains decorum and assures that all participants have a reasonable opportunity to present relevant oral and documentary evidence. He/she determines the order of procedure during the hearing and makes all rulings on matters of law, procedure, and the admissibility of evidence.

#### 3. Representation

The practitioner may be accompanied and represented at the hearing by a member of the Medical Staff in good standing or by a member of his/her state professional society, or an attorney. The CCMC Authority Board may appoint an individual to present it. Representation of either party by an attorney at law is governed by Section 7.2 of this plan.

#### 4. Order of Procedure during Hearing

The following a suggested procedure for the hearing; however, the presiding officer shall retain the right to alter the order of procedure during the hearing, in the interest of justice and fairness.

##### (a) Statement of Case

Before the introduction of any evidence, the party responsible for the adverse action or recommendation shall state briefly the claim and the issue to be heard. The practitioner shall then state the defense of counterclaim.

##### (b) Introduction of Evidence

The moving party shall then introduce evidence on its part and when he/she has concluded, the practitioner shall do the same.

##### (c) Rebutting Evidence

The parties may then respectively introduce evidence on its part and when he/she has concluded the practitioner shall do the same.

##### (d) Examination of Witness

## Cordova Community Medical Center Medical Staff Bylaws

Unless otherwise ordered by the presiding officer, no more than one person on each side may examine or cross exam a witness

### (e) Attorney as Witness

In the event that attorneys represent either side, and counsel for either party offers himself as a witness on behalf of his/her client and gives evidence on the merits of the case, he/she shall not argue the case to the hearing officer, or committee, unless by special permission of the presiding officer.

### (f) Argument

When the evidence is concluded and unless the case is submitted to the trier of fact by mutual agreement of both sides without argument, the moving party shall open with his/her argument; the practitioner shall follow with his/her argument, and the moving party may be allowed to address the trier of fact on behalf of either party, unless otherwise allowed by the argument, and the practitioner then argues the case to the trier of fact, the moving party shall not be permitted to reply to the defendant's argument.

### (g) Time for Opening Statements and Argument

The presiding officer may fix the time allotted each party for opening statements and final argument. The party shall be given adequate time for argument having due regard to the complexity of the case.

### (h) Rights of Parties

During a hearing, each party may:

- (i) Call and examine witnesses
- (ii) Introduce exhibits
- (iii) Cross-examine any witness on any matter relevant to the issues
- (iv) Impeach any witness
- (v) Rebut any evidence
- (vi) Request that the record of the hearing be made by use of a court reported or an electronic recording unit if the practitioner does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination.

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely on the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party is entitled, prior to or during the hearing, to submit memoranda concerning any issue of law or fact, and these memoranda become part of the hearing record. The presiding officer may, but is not required to, order that oral evidence be taken only on oath or affirmation administered by any person designated by him/her and entitled to notarize documents in the state where the hearing is held.

## Cordova Community Medical Center Medical Staff Bylaws

### i) Official Notice

In reaching a decision, the hearing committee may take official notice, either before or after submission of the matter for decision of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing must be informed of the matters to be noticed and to refute any officially noticed matter by evidence or by written or oral presentation of authority, in a manner to be determined by the Hearing Committee. The committee is also entitled to consider all other information that can be considered under the Medical Staff Bylaws 10 connection with credentials matters. If any official notice of something after submission of the matter for decision is taken, the practitioner has one week to refute the matter of the official notice.

### j) Burden of Proof

When a hearing relates to Section 1.1-1(a), (c), (h), or(i), the practitioner has the burden of proving by clear and convincing evidence that the adverse action or recommendation lacks any substantial factual basis or that the basis or the conclusions drawn there from are either arbitrary, unreasonable, or capricious. Otherwise, the body whose adverse action or recommendation occasioned the hearing has the initial obligation to present evidence in support thereof but the Practitioner thereafter is responsible for supporting, by a preponderance of the evidence the challenging that the adverse action or recommendation lacks any substantial factual basis or that the basis or the conclusions drawn there from are either arbitrary, unreasonable, or capricious.

### k) Hearing Record

A record of the hearing must be kept that is of sufficient accuracy to permit an informed and valid judgment to be made, by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The hearing committee may select the method to be used for making the record, such as court report, electronic recording unit, or detailed transcription. Costs for requests of transcripts or copies shall be borne by the requesting party.

### l) Postponement

Requests for postponement of a hearing may be granted by the hearing committee only upon a showing of good cause and only if the request is made as soon as reasonably practical.

### m) Presence of Hearing Committee Members and Vote

A majority of the hearing committee must be present throughout the hearing and deliberations. If a committee member is absent from a substantial part of the proceedings, as determined by the hearing officer or chair of the hearing committee, he/she may not participate in the deliberations or the decision. There shall be no proxy voting.



## Cordova Community Medical Center Medical Staff Bylaws

### n) Recesses and Adjournments

The hearing committee may recess and reconvene the hearing without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee shall, at a time convenient to itself, conduct its deliberation outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be adjourned.

## **SECTION IV. HEARING COMMITTEE REPORT AND FURTHER ACTION**

### 1. Hearing Committee Report

Within two (2) days after final adjournment of the hearing, the hearing committee will make a written report of its findings and recommendations, with specific reference to the hearing record and other documentation considered and forward the report along with the record and other documentation to the body whose adverse action occasioned the hearing.

### 2. Action on Hearing Committee Report

Within seven (7) days after receiving the hearing committee report, the body whose adverse recommendation or Action occasioned the hearing considers it and affirms, modifies or reverses its recommendation or action. It transmits the result, together with the hearing record, the hearing committee report and all other documentation considered, to the Administrator.

### 3. Notice and Effect of Result

#### a) Notice

The Administrator promptly sends a copy of the result to the practitioner by special notice, to the Chief of Staff, Medical Staff, and to the CCMC Authority Board.

#### b) Effect of Favorable Result

- (i) Adopted by the CCMC Authority Board - If the CCMC Authority Board 's result under Section 4.2 is favorable to the practitioner, it becomes the final decision of the CCMC Authority Board.
- (ii) Adopted by the Medical Staff - If the result is favorable to the practitioner, the Administrator promptly forwards it, together with all supporting documentation, to the CCMC Authority Board, which may adopt or reject the result in whole or in part, or refer the matter back to the Medical Staff for further reconsideration. Any referral back shall state the reasons, set a time limit within which a subsequent recommendation must be made, and may include a directive for an additional hearing. After receiving a subsequent recommendation and any new evidence, the CCMC Authority Board takes action. Favorable action by the CCMC Authority Board becomes effective as the decision of the CCMC Authority Board. If the CCMC

## Cordova Community Medical Center Medical Staff Bylaws

Authority Board's action is adverse the special notice informs the practitioner of his/her right to request an appellate review by the CCMC Authority Board. The Administrator promptly sends the practitioner special notice informing him/her of each action taken under this Section.

### c) Effect of Adverse Result

If the result of the Medical Staff or the CCMC Authority Board under Section 4.2 continues to be adverse to the practitioner, the special notice shall be from him/her of his/her right to request an appellate review by the CCMC Authority Board as provided in Part V of this plan.

## **SECTION V. INITIATION AND PREREQUISITES OF APPELLATE REVIEW**

### 1. Request for Appellate Review

A practitioner has seven (7) days after receiving special notice under Section 4.3 to file a written request for an appellate review before the CCMC Authority Board. The request must be delivered to the administration person or by certified or registered mail and may include a request for a copy of the hearing committee report and record and all other material, favorable or unfavorable, if not previously forwarded, that was considered in taking the adverse recommendation or action. If the practitioner wishes to be represented by an attorney at any appellate review appearances that may be granted under Section 6.4, his/her request for appellate review must so state.

### 2. Waiver by Failure to Request Appellate Review

A practitioner who fails to request an appellate review within the time and in the manner specified waives any right to a review. The waiver has the same force and effect as provided in Section 1.4 and Section 1.5 If applicable.

### 3. Notice of Time and Place for Appellate Review

The Administrator delivers a timely and proper request to the President of the CCMC Authority Board. As soon as practical, the CCMC Authority Board designates the Administrator to schedule and arrange for an appellate review which shall not be less than fourteen (14) days nor more than twenty-one (21) days after the Administrator received the request; provided, however, that an appellate review for a practitioner who is under a suspension then in effect shall be held as soon as the arrangements for it may be reasonably made, but not later than fourteen (14) days after the Administrator received the request. At least seven (7) days prior to the appellate review, the CCMC Authority Board, through the Administrator, sends the practitioner special notice of the time, place, and date of the review. The time may be extended by the CCMC Authority Board for good cause, and if a request is made, as soon as is reasonably practical.

# Cordova Community Medical Center Medical Staff Bylaws

## **SECTION VI. APPELLATE REVIEW PROCEDURE AND FINAL ACTION**

### 1. Nature of Proceedings

The proceedings by the CCMC Authority Board, held in Executive Session, are a review based upon the hearing record, the hearing committee's report, all subsequent results and actions, the written statements, if any, provided below, and any other material that may be presented and accepted under Section 6.5.

### 2. Written Statements

The practitioner may submit a written statement detailing the findings of fact, conclusions, and procedural matters with which he/she disagrees and his/her reasons. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the CCMC Authority Board through the Administrator at least three (3) days prior to the scheduled date of the appellate review.

### 3. Presiding Officer

The President of the CCMC Authority Board is the presiding officer. He/she determines the order of procedure during the review, makes all required rulings, and maintains decorum.

### 4. Oral Statements

The CCMC Authority Board, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative appearing may be questioned by any member of the CCMC Authority Board.

### 5. Consideration of New or Additional Matters

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only at the discretion of the CCMC Authority Board and, as the CCMC Authority Board deems appropriate, only if the party requesting consideration of the matter or evidence shows that could not have been discovered in time for the initial hearing. The requesting party shall provide, through the Administrator, a written, substantive description of the matter or evidence to the CCMC Authority Board and the other party at least three (3) days prior to the scheduled date of the review.

### 6. Presence of Members and Vote

A majority of the CCMC Authority Board must be present throughout the review and deliberations. If a member is, absent from a substantial part of the proceedings as determined by the presiding officer, he/she shall not be permitted to participate in the deliberations or the decision.

### 7. Recesses and Adjournments

The CCMC Authority Board may recess and reconvene the proceedings without additional notice for the convenience of the participants or for obtaining new or additional evidence or consultation. At the conclusion of the oral statements, if allowed, the appellate review shall be closed. The CCMC Authority

## Cordova Community Medical Center Medical Staff Bylaws

Board shall then, at any time convenient to itself, conduct its deliberations outside the presence of the parties. The appellate review shall be adjourned at the conclusion of those deliberations.

### 8. Action Taken

The CCMC Authority Board may affirm, modify, or reverse the adverse result or action, or in its discretion, may refer the matter back to the hearing committee for further review and recommendations, to be returned to it within seven (7) days and in accordance with its Instructions. Within seven (7) days after receipt of such recommendation after referral, the CCMC Authority Board shall take action.

(a) CCMC Authority Board in Accord with Medical Staff if the CCMC Authority Board's decision is in accord with the last recommendation in the matter, if any, it is immediately effective.

(b) CCMC Authority Board Not in Accord with Medical Staff

If the CCMC Authority Board's action has the effect of changing the last recommendation, if any, the matter is referred to a joint conference as provided in Section 6.9.

### 9. Joint Review

Within seven (7) days after receiving a matter referred to it under this plan, a joint conference of equal numbers of Medical Staff and CCMC Authority Board Members shall convene to consider the matter and shall submit its recommendations to the CCMC Authority Board. The Joint Conference shall be composed of a total of five (5) members selected in the following manner: Three (3) CCMC Authority Board members appointed by the President of the CCMC Authority Board and two (2) Medical Staff members appointed by the Chief of Staff.

## SECTION VII. GENERAL PROVISIONS

### 1. Hearing Officer Appointment and Duties

The use of a hearing officer to preside at the evidentiary hearing is optional and is to be determined by the CCMC Authority Board after consultation with the Chief of Staff. A hearing officer may or may not be an attorney at law.

### 2. Attorneys

(a) At Appellate Review Appearances

The practitioner may be represented by an attorney at the hearing, provided his/her request for the hearing indicated his/her intent to be so represented.

(b) At Hearing

If the practitioner desires to be represented by an attorney at an appellate review appearance, his/her

## Cordova Community Medical Center Medical Staff Bylaws

request for the review must declare his/her desire to be so represented.

### 3. Number of Hearings and Reviews

Notwithstanding any other provision of the Medical Staff Bylaws or of this Plan, no practitioner is entitled as a right to request more than one evidentiary hearing and appellate review with respect to the subject matter that is the basis of the adverse recommendation or action triggering the right.

### 4. Release

By requesting a hearing or appellate review under this Plan, a practitioner agrees to be bound by the provisions of the Medical Staff Bylaws relating to immunity from liability.

## SECTION VIII. AMENDMENT

### 1. Amendment

The fair Hearing Plan may be amended or repealed, in whole or in part, after notice is given at any regular meeting. Such notice shall be laid on the table until the next regular meeting of the Medical Staff, and shall require a two-thirds majority of those present for adoption. Amendments so made, shall be effective when approved by the governing CCMC Authority Board.

### 2. Summary Removal and limited Suspension

In grave and unusual cases where the governing CCMC Authority Board, or Chief of Staff, determines that immediate action must be taken to protect the patient's life or welfare, the Chief of Staff, or governing CCMC Authority Board, may summarily suspend a member of the Medical Staff. In such cases, the aggrieved party may request an immediate hearing before the active staff to determine whether such suspension shall be continued, pending a hearing. The Chief of Staff shall make the proper necessary arrangements to provide alternate coverage for proper and necessary patient care during the period of suspension. A limited suspension, effective until the transcription of any dictated record content and its insertion into the medical record, along with all applicable authentications, may be imposed automatically for failure to complete this portion of the medical record within fifteen (15) days.

### 3. Action by the State Board of Medical Examiners

Notification from the State Board of Medical Examiners of the revocation or suspension of the provider's license, or probation, shall automatically act as sufficient grounds for suspension or revocation for Medical Staff membership or his /she being placed on probation for a stated period.

## Cordova Community Medical Center Medical Staff Bylaws

### **ARTICLE IX AMENDMENTS TO BYLAWS**

These bylaws may be amended after notice is given at any regular meeting. Such notice shall be laid on the table until the next regular meeting and shall require a two-thirds majority of those present for adoption. Amendments so made, shall be effective when approved by the governing CCMC Authority Board.

### **ARTICLE X ADOPTION**

These bylaws, together with the appended rules and regulations, shall be adopted at any regular meeting of the Medical staff; shall replace any previous bylaws, rules and regulations; and shall become effective when approved by the governing CCMC Authority Board of the Medical Center. They shall, when adopted and approved, be equally binding on the governing CCMC Authority Board and the Medical Staff. Notification from the State Board of Medical Examiners of the revocation or suspension of the provider's license, or probation, shall automatically act as sufficient grounds for suspension or revocation for Medical Staff membership or his/her being placed on probation for a stated period.

### **ARTICLE IX AMENDMENTS TO BYLAWS**

These bylaws may be amended after notice is given at any regular meeting. Such notice shall be laid on the table until the next regular meeting and shall require a two-thirds majority of those present for adoption. Amendments so made, shall be effective when approved by the governing CCMC Authority Board.

# Cordova Community Medical Center Medical Staff Bylaws

## ARTICLE X ADOPTION

These bylaws, together with the appended rules and regulations, shall be adopted at any regular meeting of the Medical staff; shall replace any previous bylaws, rules and regulations; and shall become effective when approved by the governing CCMC Authority Board of the Medical Center. They shall, when adopted and approved, be equally binding on the governing CCMC Authority Board and the Medical Staff.

Adopted by the Medical Staff of Cordova Community Medical Center

DocuSigned by:  
*Hannah Sanders*  
A9259C1E5177486...  
\_\_\_\_\_  
Administrator

14 June 2024 | 11:32 AM AKDT  
\_\_\_\_\_  
Date

DocuSigned by:  
*Paul Goe*  
6C24CD6B672F40A...  
\_\_\_\_\_  
Chief of Staff

14 June 2024 | 4:30 PM AKDT  
\_\_\_\_\_  
Date

\_\_\_\_\_  
CCMC Authority Board Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature of Acceptance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Provider Name



# Memorandum

To: CCMC Hospital Services Board

Subject: Appoint Shelly Kocin to Board of Directors

Date: 6/17/2024

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**Suggested Motion:** "I move that the CCMC Hospital Services Board appoint Shelly Kocin to fill the vacant seat on the Board until the next City of Cordova elections."





# Memorandum

To: CCMC Hospital Services Board

Subject: Delineation of TeleNeuroHospitalist Privileges for Andrew Ferguson, MD

Date: 6/17/2024

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**Suggested Motion:** "I move that the CCMC Hospital Services Board approve TeleNeuroHospitalist Privileges for Andrew Ferguson, MD as presented."



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

### TELEMEDICINE PRIVILEGES (Delegated)

Telemedicine privileges for consult services are provided by organizations contracted with Cordova Community Medical Center. Process for credential verification and privileges is delegated to the contracted entity. Quality improvement is also monitored and maintained by the contracted entity.

To be eligible to apply for telemedicine specialty consult privileges at CCMC, the initial applicant must meet the following criteria:

- Degree: MD or DO, PA or NP
- Successful completion of a residency or fellowship training program approved by the specialty specific governing board
- Maintain active privileges with a contracted organization, with copy of privileges provided to Cordova Community Medical Center.
- Participate in quality improvement and peer review through contracted organization

Telemedicine privileges may be granted to a practitioner pursuant to credentialing performed by the distant site hospital, distant site telemedicine entity, or through credentialing performed by the Hospital.

If a practitioner's credentialing and privileging are performed under a contractual agreement with a distant site hospital or distant site telemedicine entity and the Hospital terminates its telemedicine agreement with the distant site hospital or distant site telemedicine entity, the practitioner's telemedicine privileges will automatically terminate.

Telemedicine privileges shall be for a period of not more than three years.

CCMC's peer review committee will maintain evidence of its internal peer review of the distant site hospital. CCMC's peer review committee will send information related to all adverse events that result from the telemedicine services provided by the distant site hospital or distant site telemedicine entity practitioner to a Hospital patient and all complaints the

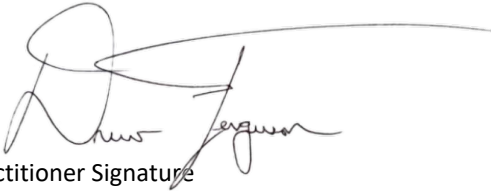
Hospital has received about a distant site hospital or distant site telemedicine entity practitioner. Any information exchanged between the Hospital and a distant site hospital or distant site telemedicine entity in connection with a distant site hospital or distant site telemedicine entity practitioner's credentialing or performance will be handled by the CCMC's peer review committee.

All telemedicine practitioners will be categorized as "telemedicine staff" and will not be eligible to vote or hold office. Practitioners will follow other medical staff or hospital requirements that apply only to practitioners that provide direct patient care.

Please provide a copy of credential and privileges from the contracted organization along with this application.

Acknowledgement of Practitioner

I have requested privileges for telemedicine practitioner in Teleneurohospitalist/EEG (field of specialty). I have only requested those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise via telemedicine on behalf of Cordova Community Medical Center. I understand that in exercising any clinical privileges granted, I am constrained by Medical Staff bylaws, policies and rules applicable generally and any applicable to the particular situation.



Practitioner Signature

06/04/2024

Date

Andrew Ferguson, MD

Practitioner Print

DocuSigned by:  
*Hannah Sanders*  
A9259C1E5177486...  
CEO

05 June 2024 | 9:23 AM AKDT

Date

DocuSigned by:  
*Paul Gloe*  
6C24CD6B672F40A...  
Chief of Staff or Designee

10 June 2024 | 7:07 AM AKDT

Date



5/22/2024

Re: Initial Medical Staff Appointment

Dear Andrew Craig Ferguson, MD:

On behalf of the Board of Trustees of **Alaska Regional Hospital**, I am pleased to inform you of your approved appointment as a member of the Medical Staff. You have been assigned to the **Affiliate** Status of the Medical Staff in the Department of **Medicine** with clinical privileges as delineated in the attached. This appointment is effective **5/22/2024 through 11/30/2025**.

The Medical Staff Bylaws and other Medical Staff policies that govern your practice at the Hospital are posted on the Hospital's confidential intranet and/or available through the Medical Staff Office. While it is important that you abide by all of these documents, we wanted to take this opportunity to specifically highlight a few policies and procedures that are critical to your appointment and your success at the Hospital.

**Change in Status/Information Provided on Application Form**

Your appointment and clinical privileges were granted based upon a careful assessment of your current qualifications and background. If there is any change in your status or any change to the specific information that you provided on your application form, it is your responsibility to inform the Chief of Staff and Medical Staff Office **within seven business days** of when the change occurs. This would include, but not be limited to, change in your licensure status or professional liability insurance coverage, the filing of a lawsuit against you, the initiation of an investigation or change in your Medical Staff status at any other hospital, exclusion or preclusion from participation in Medicare or any sanctions imposed, and any change in your health status that may affect your ability to safely and competently exercise clinical privileges.

**Medical Staff Professionalism Policy**

The Medical Staff and Board have adopted a Medical Staff Professionalism Policy that applies to all individuals who work and practice at the Hospital. That Policy is based on the expectation that all individuals will be treated with courtesy, respect, and dignity. We believe that such conduct is essential to the provision of safe and competent care.

**Focused Professional Practice Evaluation**

In accordance with the FPPE Policy to Confirm Practitioner Competence and Professionalism, all initial clinical privileges are subject to focused evaluation. It is expected that your required FPPE will be completed within 12 months of your initial, or before your initial privileges expire, based on your birth month/year. The facility Medical Staff Office will contact you in the near future with the facility specific FPPE requirements. It is important to note that it is your responsibility to cooperate with this requirement by scheduling cases and facilitating an effective initial evaluation process.

**Professional Practice Evaluation Process (Peer Review)**

The goal of our professional practice evaluation process is to be educational and our Medical Staff leaders make every effort to address identified patient care concerns through collegial methods. All practitioners who practice at the Hospital are subject to review, and it is expected that you will



participate constructively in the review process when one of your cases is under review. From time to time, you may also be asked to share your expertise and review a case, and we appreciate your cooperation and willingness to do so. This is an essential aspect of our responsibilities to each other and to our patients.

### **Clinical Protocols**

The Medical Staff leadership is committed to the development and implementation of appropriate evidence-based clinical protocols. All Medical Staff members are expected to constructively participate in the development, review, and revision of clinical protocols pertinent to their clinical specialties, and to comply with adopted protocols or document in the medical record the clinical reasons for variance.

### **Reporting of Quality Concerns**

Hospital employees and Medical Staff members are encouraged to report quality of care concerns so that they can be reviewed and any identified opportunities for improvement implemented promptly. Please discuss any quality concerns with your Department Chair or the Chief of Staff or report them to the Medical Staff Office.

### **Medical Record Completion**

While we certainly understand the time pressures and demands upon your practice, it is essential that you understand that timely and appropriate medical record completion is not a meaningless, administrative task. It is a fundamental component of quality patient care. It also has implications for Hospital and physician liability, effective performance review, accreditation and licensure, and reimbursement. We stand ready to assist you in this record keeping responsibility in any manner that may be helpful, but please understand that the medical record completion policy will be strictly enforced.

### **On-Call Responsibilities**

Service on the on-call schedule for unassigned patients who present to the ED is a responsibility of all Medical Staff members. The on-call schedule is developed by protocols set forth by Medical Executive Council and the Department Chair. Physicians who are on call are expected to be immediately available by telephone and to respond in person, if so requested, within a reasonable time period, usually 30 minutes. You may perform elective surgery or conduct other patient care services at the hospital while on call, and may be on call at another hospital, provided you arrange for appropriate back-up. In addition, you are responsible for the care of any patient seen while serving on the on-call schedule through the episode that created the emergency medical condition.

### **Response Time for Your Patients**

Our Medical Staff Bylaws require that you (or your designated covering physician) be available to provider timely and continuous care for your patients. As such, just as with your emergency call obligations, you are expected to be immediately available by telephone (or have an appropriate coverage arranged) should any Medical Staff member or nurse need to contact you for guidance or direction with respects to your patients

Congratulations on your appointment. We appreciate your affiliation and look forward to working with you.



Should you have any questions or concerns, please feel free to contact our Medical Staff Office at **AKARMedicalStaff@hcahealthcare.com** or **907-264-1582**.

Sincerely,

DocuSigned by:

*Jennifer Opsut*

609E778576E3409...

Jennifer Opsut

Chief Executive Officer

Enclosures: (1) Delineation of Clinical Privileges



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

PRACTITIONER CREDENTIALING

June 27, 2024

Kelsey Hayden, Chair  
CCMC Authority Board  
ccmcbordseate@cdvcmc.com  
Cordova Community Medical Center  
Cordova, AK 99574

RE: Andrew Ferguson, MD

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed credentialing application for privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, professional references, and case logs. We recommend Andrew Ferguson, MD for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:  
*Paul Goe*  
6C24CD6B672F40A...

Chief of Staff

10 June 2024 | 7:07 AM AKDT

Date

DocuSigned by:  
*Hannah Sanders*  
A9259C1E5177486...

Chief Executive Officer

05 June 2024 | 9:23 AM AKDT

Date

### Cordova Community Medical Center Request for Clinical Privileges

Practitioner Name: **ANDREW FERGUSON, MD**

#### MEDICAL DIRECTOR REVIEW

The Medical Director has reviewed the attached list of requested privileges and the following information related to the applicant:

<input checked="" type="checkbox"/>	Approved for Delegated Privileges based on the attached AK Regional Hospital Approval letter	<input type="checkbox"/>	Peer Review results
<input type="checkbox"/>	Approved based on data submitted	<input type="checkbox"/>	Peer Recommendations
<input type="checkbox"/>	Mortality data	<input type="checkbox"/>	Professional performance
<input type="checkbox"/>	Pertinent results of performance improvements activities		
<input type="checkbox"/>	Clinical judgement and technical skills in performing procedures and treating and managing patient		

**Recommendation:**

<input checked="" type="checkbox"/>	Approved as requested
<input type="checkbox"/>	Approve with conditions/modifications (see explanation below)
<input type="checkbox"/>	Deny (see explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

curtis bejes

DocuSigned by:  
  
 Medical Director Signature

05 June 2024 | 9:04 AM AKDT

Date

#### CCMC BOARD OF AUTHORITY

<input type="checkbox"/>	Approved as requested
<input type="checkbox"/>	Approve with conditions/modifications (see explanation below)
<input type="checkbox"/>	Deny (See explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

Board of Authority Chair

Date



## July 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25 CCMC Quarterly Board Meeting 12PM	26	27
28	29	30	31 <b><u>Alternate Date</u></b> <b>CCMC Quarterly</b> <b>Board Meeting</b> <b>12PM</b>			