



HOSPITAL SERVICES BOARD AGENDA
Thursday, August 29, 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
 Shelly Kocan exp. 3/25

CEO

Hannah Sanders, M.D.

OPENING: Call to Order

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

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

- | | |
|--|---------|
| 1. May 30, 2024 Meeting Minutes | Pgs 1-3 |
| 2. July 25, 2024 Meeting Minutes | Pgs 4-6 |
| 3. July 25, 2024 Special Meeting Minutes | Pgs 7 |

F. REPORTS OF OFFICERS OR ADVISORS

- | | |
|-------------------------------|-----------|
| 1. Board Chair Report | |
| 2. CEO Report | Pgs 8-9 |
| 3. Director of Finance Report | Pgs 10-12 |

G. DISCUSSION ITEM - None

H. ACTION ITEM

- | | |
|--|-----------|
| 1. Delineation of Privileges for Emily Harvey, MD. | Pgs 13-34 |
|--|-----------|

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

L. ADJOURNMENT

This Hospital Services Board meeting will be in person and via ZOOM

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

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

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

Minutes
CCMC Hospital Services Board
Board of Directors Meeting
May 30, 2024 at 12:00pm

CALL TO ORDER AND ROLL CALL –

Kelsey Hayden called the Board Meeting to order at 12:00pm.

Board members present: **Kelsey Hayden, Ann Linville, Diane Ujioka and Liz Senear.**

Quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Denna Stavig, CAH Director of Nursing; Noelle Camarena, Director of Operations; Olivia Moreno, LTC Director of Nursing; and Faith Wheeler-Jeppson.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. **Audience Comments** ~ None
2. **Guest Speaker** ~ Shaun Johnson gave his presentation of the 2023 Audit. A copy of the report has been entered into the permanent record.

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA

M/Ujioka S/Linville "I move to approve the agenda."

Ujioka – yes, Hayden – yes, Linville – yes, and Senear – yes.
4 yeas, 0 nay, 0 absent; Motion passed.

E. APPROVAL OF MINUTES

1. **April 25, 2024 Meeting Minutes**

M/Linville S/Senear "I move to approve the April 25, 2024 Minutes."

Ujioka – yes, Hayden – yes, Linville – yes, and Senear – yes.
4 yeas, 0 nay, 0 absent; Motion passed.

F. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair report** – Kelsey Hayden reported that she has been in contact with Dr. Sanders on a regular basis to check in.
2. **CEO Report** – Dr. Sanders stated that her written report is in the packet. Hospital's finances are not what they have been. The last two or three month's we've been struggling with our volumes in swing beds in particular, and our acute, as well as a low census in our long-term care. We have LTC and Swing beds available if you know anyone who is in need of these services, redirect them to us. Due to these low numbers, we have chosen to hold off on some purchases like the new plow truck, increased staffing, and the hospital generator project. We would like to put together a work session between Tribal Council and our Board to have an open dialogue and ask questions on how we can work together better and improve.

- 3. Director of Finance Report** – Denna Stavig reported that the Financials are in the packet. Dr. Sanders had previously mentioned that we were slow on acute and swing, so we did have a negative for the month. Cash is still going fine.

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

1. CCMC 2023 CAH Periodic Evaluation

M/Linville S/Ujioka “I move that the CCMC Hospital Services Board approve the 2023 CCMC CAH (Critical Access Hospital) Periodic Evaluation, as presented.”

Voice Vote on Motion

Senear – yes, Linville – yes, Ujioka – yes, and Hayden – yes.

4 yeas, 0 nay, 0 absent; Motion passed.

2. Update Authorized CCMC Check Signers

M/Linville S/Ujioka “

“I move to approve the CCMC Hospital Services Board Resolution 2024-01 designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center, as presented.”

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

Director of Ancillary Services -	Tamara Russin
Facility Manager -	Brian Rezek
CAH Director of Nursing -	Alexus Allen
Director of Operations -	Noelle Camarena

Board of Directors Chair -	Kelsey Hayden
Board of Directors Vice-Chair -	Liz Senear
Board Treasurer/Secretary -	Ann Linville
Board of Director -	Diane Ujioka

The following list of CCMC employees are granted Power Seven to gather information and place stop payments on behalf of CCMC if need be:

CEO/Administrator -	Dr. Hannah Sanders
Director of Finance -	Denna Stavig
AP/Payroll Clerk -	Ria Beedle

Voice Vote on Motion to table

Senear – yes, Linville – yes, Ujioka – yes, and Hayden – yes.

4 yeas, 0 nay, 0 absent; Motion passed.

3. Delineation of Privileges for Matthew Kluckman, MD

M/Linville S/Senear “I move that the CCMC Hospital Services Board approve Telemedicine Privileges for Andrew Ferguson, MD as presented.”

Voice Vote on Motion

Linville – yes, Ujioka – yes, Senear – yes, and Hayden – yes.

4 yeas, 0 nay, 0 absent; Motion passed.

4. Delineation of Privileges for Aizaz Hundal MD

M/Senear S/Linville “I move that the CCMC Hospital Services Board approve

Teleneurology Privileges for Aizaz Hundal, MD as presented.”

Voice Vote on Motion

**Ujioka – yes, Hayden – yes, Senear – yes, and Linville – yes.
4 yeas, 0 nay, 0 absent; Motion passed.**

5. Delineation of Privileges for Jayesh Patel, DO

M/Linville S/Senear “I move that the CCMC Hospital Services Board approve Teleneurology Privileges for Jayesh Patel, DO as presented.”

Voice Vote on Motion

**Ujioka – yes, Senear – yes, Linville – yes, and Hayden – yes.
4 yeas, 0 nay, 0 absent; Motion passed.**

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS COMMENTS

Senear ~ Let us know when the forms are ready at the bank to sign. Like Kelsey, I hope that we can get some more swing bed people in. Everybody is doing a good job, keep moving forward.

Linville ~ I think you guys are doing a good job, and I know the audit and everything is a lot of work, it looked really good. Thanks!

Hayden ~ Thank you all for everything that you do even with low volumes, and pinching pennies. I’m a little nervous heading into summer about the canneries, and writing off their visits. If there’s an opportunity to have a meeting at the City, maybe an informal one with the processors. Thank you all for your efforts, and let me know where I can help.

Ujioka ~ I’m glad I made it through a whole entire meeting without getting disconnected. The audit was good, a lot of information and new lingo to learn. But the dollars and cents of it is, we just need more patients. I appreciate it!

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

M/Ujioka S/Linville “I move to adjourn”

Kelsey Hayden declared the meeting adjourned 1:00pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Hospital Services Board
Board of Directors Meeting
July 25, 2024 at 12:00pm

CALL TO ORDER AND ROLL CALL –

Kelsey Hayden called the Board Meeting to order at 12:14pm.

Board members present: **Kelsey Hayden, Ann Linville, Diane Ujioka and Liz Senear.**

Quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Denna Stavig, Director of Finance; Alexis Allen, CAH Director of Nursing; Olivia Moreno, LTC Director of Nursing; Noelle Camarena, Director of Operations; and Faith Wheeler-Jeppson.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. **Audience Comments** ~ None
2. **Guest Speaker** ~ None

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA

M/Senear S/Ujioka "I move to approve the agenda."

Hayden – yes, Senear – yes, Linville – yes, and Ujioka – yes.
4 yeas, 0 nay, 0 absent; Motion passed.

E. APPROVAL OF MINUTES

1. **June 27, 2024 Meeting Minutes**

M/Senear S/Ujioka "I move to approve the agenda."

Ujioka – yes, Senear – yes, Linville – yes, and Hayden – yes.
4 yeas, 0 nay, 0 absent; Motion passed.

F. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair report** – Kelsey Hayden reported that she is trying to help find someone for the for the Youth Programs Coordinator position.
2. **CEO Report** – Dr. Sanders stated that her written report is in the packet. I did meet with Nicole Piche and Carolyn Crowder from Ilanka and NVE, it was an excellent meeting. I want to reiterate there's just not room in our community for competition. We need all healthcare dollars to go together to support our facilities here. We need to keep moving towards that goal as best we can-- I feel like everybody is on the same page.

Dr. Sanders talked with the Board about potential dates for a joint work session with Ilanka's health board.

3. **Director of Finance Report** – Denna Stavig reported that the Financials are in the packet. Our volumes have been really low compared to past years. Our cash is still holding on okay even though we're in the midst of paying Noridian for our cost report from last year.

4. **Medical Director Quarterly Report** – Dr. Sanders reported that Dr. Bejes’ report is in the packet. Dr. Sanders is happy to answer any questions the Board may have.
5. **Ancillary Services Quarterly Report** – Tamara Russin stated that her written report is in the packet. Something on my mind too, Dr. Sanders had gone to Ocean Beauty and Trident before the season started to try to encourage them to have employees have alternate insurance when come to the state. It doesn’t seem like that is happening.
6. **Director of Nursing Quarterly Report** – Alexis Allen stated that her written report is in the packet. Education Day for both the LTC and CAH in august. We’re working on building that swing census and bringing more revenue.
7. **Quality Quarterly Report** – Noelle Camarena reported that her report is in the packet. We continue our Quality Improvement Project, and education as we identify that they are appropriate. Some things to highlight are that in conjunction with Alaska Health Care Association we were able to bring in a trainer from Chicago who held a four-hour intense training with staff. We heard a lot of great feedback.

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

1. Vacant CCMC Board Seat Appointment

M/Senear S/Ujioka “I take from the table, a motion that the CCMC Hospital Services Board appoint Shelly Kocan to fill the vacant seat on the Board until the next City of Cordova election.”

Dr. Sanders spoke with the Attorney regarding this. The guidance is that it is up to the Board to determine what the definition of medical provider in this setting is. She said that Acupuncture and that specific license is not governed by the Medical Board, so in terms of that licensing there is no conflict of interest. She believes that the intent of the Bylaws is to avoid conflicts of interest.

Voice Vote on Motion

**Linville – yes, Senear – yes, Ujioka – yes, and Hayden – yes.
4 yeas, 0 nay, 0 absent; Motion passed.**

2. Delineation of Telemedicine Privileges for Suman Kaza, MD

M/Linville S/Ujioka “I move that the CCMC Hospital Services Board approve Telemedicine Privileges for Suman Kaza, MD as presented.”

Voice Vote on Motion

**Ujioka – yes, Senear – yes, Hayden – yes, and Linville – yes.
4 yeas, 0 nay, 0 absent; Motion passed.**

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS COMMENTS

Senear ~ I don’t have much to add, hopefully we have another Swing Bed person, and another LTC person, and we’ll finally have a full Board which is great.

Linville ~ I think it was a good meeting, the information that Tamara gave on the front desk staff and their help I think was a positive. Good job!

Hayden ~ Thank you all. I’m excited for Shelly to be on the Board, I chatted with her last week and she was really excited about the possibility.

Ujioka ~ Thank you all.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

M/Ujioka S/Senear "I move to adjourn"

Kelsey Hayden declared the meeting adjourned 12:53pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Hospital Services Board
Board of Directors Special Meeting
July 25, 2024 at 12:55pm

CALL TO ORDER AND ROLL CALL –

Kelsey Hayden called the Board Meeting to order at 12:55pm.

Board members present: **Kelsey Hayden, Ann Linville, Diane Ujioka and Liz Senear.**

Quorum was established. 4 members present.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Comments ~ None

2. Guest Speaker ~ None

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. REPORTS OF OFFICERS and ADVISORS ~ None

E. DISCUSSION ITEMS ~ None

F. ACTION ITEMS

1. Check Signing Authority

M/Senear S/Ujioka "I move that the CCMC Hospital Authority Board authorizes the CEO to delegate check signing authority to the Board Chair in instances when the CEO is unavailable. This delegation is intended to maintain operational efficiency and ensure timely financial transactions while continuing to require that all checks be countersigned by an authorized individual as per the Bylaws."

Hayden – yes, Senear – yes, Linville – yes, and Ujioka – yes.
4 yeas, 0 nay, 0 absent; Motion passed.

G. EXECUTIVE SESSION ~ None

H. ADJOURNMENT

M/Senear S/Ujioka "I move to adjourn"

Kelsey Hayden declared the meeting adjourned 12:58pm.

Prepared by: Faith Wheeler-Jeppson

CEO Board Report August 2024

Volume:

We have observed a seasonal uptick in the utilization of our emergency services, swing beds, and inpatient care. Currently, two beds remain available in our long-term care unit. I want to commend our staff for their proactive efforts in reaching out to neighboring communities, ensuring they are aware of the space and services we offer.

Services:

While no new services have been added this quarter, we continue to expand and improve existing programs. We are recruiting for a permanent physical therapist and continue to work to grow our rehab department. Part of this growth includes our business office working with insurance companies to ensure patients insurance benefits will cover our services.

Collaboration:

We continue to emphasize the importance of collaboration with our community partners. I am pleased to announce that the joint session between the NVE Health Board and the Hospital Authority Board has been scheduled for November 4 at 5:30 PM. This session will provide an opportunity to align our strategies, share insights, and strengthen our partnership in serving the health needs of our community.

Domestic Animal Euthanasia Program:

We are exploring the development of a domestic animal euthanasia program, but we have encountered roadblocks, particularly with our liability insurance. This is a complex issue, and we are working diligently to find a solution that aligns with our community's needs and our operational capabilities.

Staffing:

We have hired Olivia Carroll as a part-time hospital case manager. Olivia has already made a noticeable impact, particularly through her outreach to larger hospitals, which has contributed to the improvements we are seeing in our patient volumes.

CORDOVA COMMUNITY MEDICAL CENTER
 OPERATING/INCOME STATEMENT
 FOR THE 7 MONTHS ENDING 07/31/24

08/16/24 11:08 AM

	S I N G L E M O N T H				Y E A R T O D A T E			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
REVENUE								
ACUTE	195,589	163,090	32,498	19	933,970	1,009,656	(75,685)	(7)
SWING BED	603,484	85,310	518,173	607	1,909,236	1,874,260	34,975	1
LONG TERM CARE	414,206	395,765	18,441	4	3,202,676	3,382,162	(179,486)	(5)
CLINIC	117,708	128,906	(11,198)	(8)	733,758	751,975	(18,217)	(2)
ANCILLARY DEPTS	255,498	325,989	(70,490)	(21)	1,833,495	2,051,971	(218,475)	(10)
EMERGENCY DEPART	415,908	617,769	(201,861)	(32)	2,295,840	2,851,055	(555,214)	(19)
BEHAVIORAL HEALT	11,805	23,449	(11,644)	(49)	159,189	174,995	(15,806)	(9)
RETAIL PHARMACY	210,851	143,381	67,470	47	1,181,628	895,019	286,608	32
PATIENT SERVIC	2,225,052	1,883,663	341,388	18	12,249,796	12,991,097	(741,301)	(5)
DEDUCTIONS								
CHARITY	16,064	30,771	14,707	47	36,284	80,294	44,010	54
CONTRACTUAL ADJU	616,502	1,118,870	502,367	44	3,278,001	3,692,905	414,904	11
ADMINISTRATIVE A	13,018	4,018	(8,999)	(223)	99,908	69,262	(30,646)	(44)
BAD DEBT	62,740	(206,000)	(268,740)	(130)	447,983	86,000	(361,983)	(420)
DEDUCTIONS TOT	708,325	947,660	239,334	25	3,862,177	3,928,463	66,286	1
COST RECOVERIES								
GRANTS	20,423	0	20,423	0	346,344	258,965	87,379	33
IN-KIND CONTRIBU	16,662	16,662	0	0	116,638	116,638	0	0
OTHER REVENUE	8,280	5,158	3,122	60	75,202	56,148	19,053	33
COST RECOVERIE	45,366	21,820	23,545	107	538,185	431,751	106,433	24
TOTAL REVENUES	1,562,093	957,824	604,269	63	8,925,804	9,494,386	(568,581)	(5)
EXPENSES								
WAGES	466,034	546,387	80,352	14	3,418,050	3,836,031	417,981	10
TAXES & BENEFITS	264,093	276,553	12,460	4	2,066,827	2,216,073	149,245	6
PROFESSIONAL SER	265,856	197,998	(67,857)	(34)	1,627,154	1,367,512	(259,642)	(18)
SUPPLIES	292,479	190,307	(102,171)	(53)	1,332,007	1,270,130	(61,877)	(4)
MINOR EQUIPMENT	720	5,659	4,939	87	16,862	29,306	12,443	42
REPAIRS & MAINT	9,438	9,988	549	5	103,034	109,169	6,135	5
RENTS & LEASES	11,478	11,262	(215)	(1)	81,680	87,641	5,961	6
UTILITIES	42,239	50,858	8,619	16	339,878	368,376	28,497	7
TRAVEL & TRAININ	7,164	862	(6,301)	(730)	54,377	43,146	(11,231)	(26)
INSURANCES	19,898	21,601	1,702	7	142,746	148,150	5,404	3
RECRUIT & RELOCA	389	1,934	1,544	79	1,968	7,217	5,248	72
DEPRECIATION	49,744	41,542	(8,201)	(19)	327,067	291,695	(35,371)	(12)
OTHER EXPENSES	13,116	7,455	(5,660)	(75)	113,753	107,936	(5,817)	(5)
TOTAL EXPENSES	1,442,652	1,362,412	(80,240)	(5)	9,625,410	9,882,388	256,977	2
OPERATING INCO	119,441	(404,588)	524,029	129	(699,606)	(388,002)	(311,603)	(80)
NET INCOME	119,441	(404,588)	524,029	129	(699,606)	(388,002)	(311,603)	(80)

08/16/24 11:08 AM

CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 07/31/24

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	1,514,055	1,695,679	(181,623)
NET ACCOUNT RECEIVABLE	2,404,588	2,351,989	52,598
THIRD PARTY RECEIVABLE	(736,508)	5,627	(742,136)
CLEARING ACCOUNTS	332,169	362	331,806
PREPAID EXPENSES	201,759	192,155	9,604
INVENTORY	550,333	461,191	89,142
	-----	-----	-----
TOTAL CURRENT ASSETS	4,266,398	4,707,006	(440,608)
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	8,666,889	8,666,889	
EQUIPMENT	10,125,159	9,625,416	499,742
CONSTRUCTION IN PROGRESS	18,843		18,843
	-----	-----	-----
SUBTOTAL PP&E	18,932,902	18,414,316	518,586
LESS ACCUMULATED DEPRECIATION	(14,999,354)	(14,472,616)	(526,738)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	3,933,547	3,941,699	(8,152)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(98,750)	(83,750)	(15,000)
PERS DEFERRED OUTFLOW	949,242	1,037,998	(88,756)
TOTAL OTHER ASSETS	1,000,492	1,104,248	(103,756)
	-----	-----	-----
TOTAL ASSETS	9,200,438	9,752,955	(552,516)
	=====	=====	=====

08/16/24 11:08 AM

CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 07/31/24

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	347,970	181,743	166,227
PAYROLL & RELATED LIABILITIES	708,500	619,701	88,799
INTEREST & OTHER PAYABLES	7,695	7,175	520
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	395,061	8,595	386,465
	-----	-----	-----
TOTAL CURRENT LIABILITIES	6,925,686	6,283,674	642,012
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	11,791,057	11,524,716	266,341
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	(699,606)	147,221	(846,827)
	-----	-----	-----
TOTAL NET POSITION	(2,590,619)	(1,771,761)	(818,858)
TOTAL LIABILITIES & NET POSITION	9,200,438	9,752,954	(552,516)
	=====	=====	=====



Memorandum

To: CCMC Hospital Services Board

Subject: Delineation of Privileges for Emily Harvey, MD

Date: 8/21/2024

Suggested Motion: "I move that the CCMC Hospital Services Board approve the Delineation of Privileges for Emily Harvey, MD as presented."



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

PRACTITIONER CREDENTIALING

~~OCTOBER 28, 2024~~

AUGUST 29, 2024

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

RE: Emily Harvey, 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 Emily Harvey, MD for privileges at Cordova Community Medical Center.

Sincerely,

Signed by:
Paul Aoe
6C24CD6B672F40A...
Chief of Staff

19 August 2024 | 10:15 AM AKDT
Date

DocuSigned by:
Hannah Sanders
A9259C1E5177486...
Chief Executive Officer

19 August 2024 | 1:29 PM AKDT
Date

Emily Harvey, MD

Family Medicine with Obstetrics

emharveyx@gmail.com 541-231-8660

PROFESSIONAL EXPERIENCE

- | | |
|--|-------------------|
| Physician, Providence Valdez Medical Center, <i>Valdez, AK</i> | 07/2024 - Present |
| <ul style="list-style-type: none"> • Outpatient, inpatient, and emergency care for adult and pediatric populations at a critical access hospital | |
| Locum Physician, Petersburg Medical Center, <i>Petersburg, AK</i> | 03/2024 - Present |
| <ul style="list-style-type: none"> • Outpatient, inpatient, and emergency care for adult and pediatric populations at a critical access hospital | |
| Hospitalist, Mt. Edgecumbe Medical Center, <i>Sitka, AK</i> | 10/2023 - Present |
| <ul style="list-style-type: none"> • ER and Inpatient adult and pediatric care at a critical access hospital | |
| Hospitalist, Bartlett Regional Hospital, <i>Juneau, AK</i> | 9/2023 - Present |
| <ul style="list-style-type: none"> • Inpatient adult and pediatric care at a community hospital | |
| Physician, Anchorage Neighborhood Health Center, <i>Anchorage, AK</i> | 3/2022 - 5/2023 |
| <ul style="list-style-type: none"> • Comprehensive primary care for all ages in an urban underserved FQHC • Inpatient high-risk obstetrical and newborn care at Providence Alaska Medical Center | |
| Consulting Physician for UAA Student Health Clinic, <i>Anchorage AK</i> | 8/2021 - 5/2023 |
| <ul style="list-style-type: none"> • Cared for patients at the university student health clinic • Consulted on complex cases for ANPs | |

LICENSURE AND CERTIFICATIONS

- | | |
|--------------------------------------|-------------------|
| American Board of Family Medicine | 7/2021 - Present |
| Alaska State Medical License | 6/25/21 - Present |
| Basic Life Support | expires 1/2026 |
| Advanced Cardiovascular Life Support | expires 8/2025 |
| Pediatric Advanced Life Support | expires 8/2025 |
| Comprehensive Advanced Life Support | expires 5/2025 |
| Advanced Life Support in Obstetrics | expires 6/2025 |
| Neonatal Resuscitation Program | expires 8/2024 |
| Advanced Trauma Life Support | expires 3/2029 |

EDUCATION

- | | |
|---|-----------------|
| Alaska Family Medicine Residency, Anchorage, AK | 7/2018 - 6/2021 |
| Oregon Health and Sciences University, Doctor of Medicine, Portland, OR | 8/2014 - 3/2018 |
| Willamette University, B.A. Chemistry, Salem, OR | 8/2010 - 5/2014 |
-

HONORS & AWARDS

Oregon Health and Sciences University Rural Scholar	2015 - 2018
<ul style="list-style-type: none"> • Competitive longitudinal experience in rural Oregon for medical students 	
Willamette University, graduated Magna Cum Laude	June 2014

RESEARCH EXPERIENCE

Correlation of postpartum depression with infant development and autism spectrum disorder, Oregon Health and Sciences University, Portland, OR	2015 - 2018
Promoting Health Equity through Cultural Competency in Klamath County, OR Oregon Health and Sciences University, Klamath Falls, OR	2016

PRESENTATIONS

Alaska Family Medicine Residency Grand Rounds, Anchorage, AK “How to Choose a Combined Oral Contraceptive”	3/27/2021
Providence Alaska Medical Center IM Grand Rounds, Anchorage AK “Sickle Cell Disease for Primary Care”	10/8/2020
14 th Annual Allergy & Immunology Conference, Girdwood, AK “Progestogen Hypersensitivity”	9/7/2019
Alaska Family Medicine Residency Didactics, Anchorage, AK “Risks of Diagnostic Imaging in Pregnancy and Lactation”	10/1/2018
33 rd Annual Oregon Rural Health Conference, Portland, OR “Promoting Health Equity through Cultural Competency in Klamath County”	9/30/2016

LEADERSHIP AND GLOBAL HEALTH

Graduate Medical Education Committee, Alaska Family Medicine Residency	2019 - 2021
<ul style="list-style-type: none"> • Represented 2021 residency class for modernization of curriculum 	
Pop-Wuj Clinic and Spanish Language School - Quezaltenango, Guatemala	2018
<ul style="list-style-type: none"> • 6 week Spanish immersion program and patient care at Pop Wuj clinic • Performed well child checks and nutritional assessments for children of a rural village 	
Rural College Health Education Outreach	2015, 2016
<ul style="list-style-type: none"> • Encouraged rural high school students to consider career paths in medicine • Provided nutritional education to rural elementary school to K-6th graders 	
Structural Competency Course Student Leader and Instructor, OHSU, Portland, OR	2015
<ul style="list-style-type: none"> • Created curriculum on social determinants of health for medical students 	

- Taught module on Trauma Informed Care

West Africa AIDS Foundation, volunteer - Accra, Ghana

Fall 2012

- Shadowed clinicians in the international health care clinic as a pre-med student
- Participated in education outreach at a village church

PROFESSIONAL INTERESTS

Obstetrics, maternal child health, women's health, pediatrics, emergency medicine

PERSONAL INTERESTS

Backpacking/camping, hiking, XC skiing, music, learning Spanish



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

Cordova Community Medical Center (CCMC) Request for Core Privileges:

Core Privileges include care in the following departments:

- Emergency Department
- Hospital Admissions
- Long term Care
- Family Medicine Clinic

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

- Degree: MD or DO
- Current ACLS, Pals and ATLS
- Board Certified Emergency medicine physicians will not be required to have or maintain ATLS.
- Successful completion of a residency or fellowship training program approved by the Accreditation Council for Graduate Medical Education ("ACGME") or the American Osteopathic Association ("AOA").

Board Certification: As stated in the Medical Staff Bylaws, applicants must have current certification OR active participation in the examination process leading to achievement of board certification within (5) years by the American Board of Emergency, Family or Internal Medicine or the American Osteopathic Board, or lose his/her right for reappointment to the Cordova Community Medical Center Medical Staff.

Required Previous Experience: The successful applicant must demonstrate involvement as an admitting physician for at least (20) patients during the past two (2) years.

References: Two peer references must come from peers in the same discipline who have worked with an applicant in the past (24) months; at least one in the same specialty.

Maintenance of Privileges:

- Demonstration of the provision of inpatient services to at least (2) patients in the past (2) years.
- Maintain ACLS, PALS AND ATLS (unless ABEM certified)
- Performance of (15) procedures per year, to include either hospital or office procedures.

Privileged providers are expected to assess, evaluate, diagnose, and initially treat patients of all ages who present to the Emergency Department with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilized patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.

CORE PRIVILEGE Procedures: - Please check the boxes next the procedure you are requesting privileges for. Line through any individual core procedure that you wish to exclude.

ADULT CARE:

- Arterial Puncture
- Paracentesis
- Arthrocentesis
- Thoracentesis
- Central Venous Pressure
- Transtracheal aspiration
- Subclavian or internal jugular placement
- Emergency tracheotomy/tracheostomy
- Cardiopulmonary Resuscitation (Basic and Advanced)
- Diagnostic lumbar puncture
- Incision, local excision lesion (skin & subcutaneous)
- Simple suture
- Suture muscle, tendon and/or fascia
- Rigid sigmoidoscopy with biopsy
- Incision/excision perirectal or perianal
- Removal of nail, nail bed or nail fold
- Closed reduction of fractures
- Closed reduction wrist, elbow, shoulder region Patellar, Hip
- Splint and Cast Placement
- Joint Injection Shoulder Knee Wrist _____ Other
- Tendon Sheath Injections

GYNECOLOGY PRIVILEGES

- Care of gynecologic infectious disease
- Endometrial biopsy
- Incision and drainage or excision of vaginal or vulvar cyst abscess
- Simple excision or biopsy lesion on vulva or perineum are included but do not necessarily limit the scope of these privileges
- IUD Insertion

EMERGENCY OBSTETRICAL PRIVILEGES

- Emergency normal labor, delivery and postpartum care, including amniotomy, spontaneous delivery, episiotomy and repair including 3rd and 4th degree lacerations
- Repair of vaginal lacerations
- Care of 1st trimester spontaneous abortion (threatened, incomplete, complete) including follow up and medical management; gestational diabetes controlled by diet;

ADULT MODERATE SEDATION

- Education: Completion of the approved Moderate Sedation Competency Relias Examination with a passing score of 85% and review of the Cordova Community Medical Center policy on Moderate Sedation.
- Maintenance Criteria: Passing score of 85% or better on the Cordova Community Medical Center Relias Moderate Sedation Competency Examination.

PEDIATRIC MODERATE SEDATION

- Education: Completion of the approved Moderate Sedation Competency Relias Examination with a passing score of 85% and review of the Cordova Community Medical Center policy on Moderate Sedation.
- Maintenance Criteria: Passing score of 85% or better on the Cordova Community Medical Center Relias Moderate Sedation Competency Examination.

PEDIATRIC PRIVILEGES:

Procedures:

- Incision, local excision lesion (skin & subcutaneous)
- Simple skin suture or mucous membrane
- Closed reduction of fractures
- Closed reduction wrist, elbow or shoulder region (simple shoulder, elbow & patellar dislocations)
- Other _____

Pediatric Admission Privileges:

- Pediatric care admission privileges include ability to admit and care for patients with illness or problems requiring observation in a hospital setting or requiring supportive care (e.g. Rule out Appendicitis, Asthma, Diabetes, Failure to Thrive, Pneumonia, Pyelonephritis, Diarrheal Illness with Mild Dehydration, Uncomplicated Injuries), Metabolic Support, O2 Support (not ventilator), or IV Medications (e.g. meningitis, overdose, seizures, etc.), and uncomplicated Trauma.

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Cordova Community Medical Center and I understand that:

- a. 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.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.



Practitioner Signature

7/28/24

Date

Emily Harvey

Practitioner Print

CEO

Date

Chief of Staff or Designee Verification

Date

Cordova Community Medical Center (CCMC) Ambulatory Clinic Privileges:

Outpatient Clinic Privileges include care in the Family Medicine Clinic department.

Required Previous Experience: The successful applicant must demonstrate involvement as a clinical provider for at least (20) patients during the past two (2) years.

References: Two peer references must come from peers in the same discipline who have worked with an applicant in the past (24) months; at least one in the same specialty.

Granting of such clinical privileges is based upon education, clinical training, experience, demonstrated current competence, documented results of patient-care, and other quality review and monitoring deemed appropriate.

Primary care medicine is a dynamic and comprehensive field. Adult medicine, OB-GYN, pediatric care, and mental health care are integral components of a continuity of care. As a result, privileges in these areas are identified to pertain to primary care specialties of pediatrics, internal medicine, family practice, obstetrics/gynecology and community oriented behavioral health services.

The privileges for CCMC will be granted in the following classes:

LEVEL ONE (GENERAL)

This class includes privileges for uncomplicated, basic procedures and clinical application of cognitive skills. Providers applying for privileges in this class will be graduates of approved medical/osteopathic/Podiatric Medicine schools or licensed schools for physician assistants or nurse practitioners. Providers will be properly licensed, and have demonstrated skills in appropriate general medicine practice.

LEVEL TWO

Privileges in this class include Level One privileges, as well as privileges for those procedures and cognitive skills involving more serious medical problems and which normally are taught in residency programs. This privilege form will also be used by visiting specialist providers that are not seeking emergency or hospital privileges. Privileges may include procedures and clinical application of cognitive skills appropriate to the care in perinatal, behavioral health services, advanced pediatric care, cardiology, gynecological, orthopedic or adult medicine. Providers requesting privileges in this class will have met the criteria in Level One, and will also have either completed training in a residency program and/or will be Board Certified in the area of specialty, or will have documented experience, demonstrated abilities and current competence for the requested specific privileges.

IT SHOULD BE NOTED THAT, EVEN THOUGH A PROVIDER IS ASSIGNED ONE OF THE TWO CLASSES, HE OR SHE MAY ALSO ELECT TO APPLY FOR INDIVIDUAL PRIVILEGES THAT MAY BE CONSIDERED TO BE IN A HIGHER CLASS.

Please check the boxes next the procedure you are requesting privileges for. Line through any individual core procedure that you wish to exclude.

LEVEL ONE

- Management of Routine Pediatric Care
- Management of Routine Adolescent Care
- Management of Routine Adult Care
- Management of Routine Gynecologic Care
- Management of Routine Prenatal Care
- Management of Routine Geriatric Care
- Supervision of Residents & Students
- Cardiopulmonary resuscitation (BLS)
- Initial evaluation of musculoskeletal problems
- Suturing of simple lacerations (one layer)
- Use of local anesthetics for wound repair
- Superficial Nerve Block
- Debridement, skin or subcutaneous, tissue
- Treatment uncomplicated dermatological conditions
- Needle aspiration of subcutaneous lesion
- Excision, benign skin lesion
- I&D, Paronychia,
- I&D, uncomplicated soft tissue abscess
- Treatment of planter warts
- Dressing/Debridement, burn
- Foreign body removal, nose
- Foreign body removal, eye (not corneal)
- Foreign body removal, ear
- Incisional removal of foreign body
- EKG Interpretation
- PFT (pulmonary function test) interpretation
- IUD removal
- I&D, Bartholin Cyst
- Waived Laboratory Testing
- Provider Performed Microscopy

LEVEL TWO

- I&D complicated abscess
- I&D perirectal abscess
- Biopsy, skin
- Ingrown toenail excision
- Joint aspiration and injection of major joints (i.e. shoulder, hip, knee)
- Lacerations, infected
- Suturing of simple 2 layer lacerations
- Trigger point injection
- Endometrial Biopsy

- IUD insertion
- Cervical Biopsy
- Colposcopy
- Cervical Cryotherapy
- LEEP
- Prenatal care with moderate risk, including
- history of genital herpes
- mild chronic hypertension during pregnancy
- gestational diabetes
- mild pre-eclampsia
- Outpatient subcutaneous heparin/LMW heparin management
- Joint Aspirations
- Procedures involving destruction of nail bed
- Treatment of Closed Dislocations and uncomplicated fractures
- Clinical Cardiology Care

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Cordova Community Medical Center and I understand that:

a. 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.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situations my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.



7/28/24

Practitioner Signature

Date

Emily Harvey

Practitioner Print

CEO

Date

Chief of Staff or Designee Verification

Date

Cordova Community Medical Center Request for Clinical Privileges

Practitioner Name:

MEDICAL DIRECTOR REVIEW

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

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

Recommendation:

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

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:
curtis bejes, MD

DocuSigned by:

E73DD11B943F429...

Medical Director Signature

19 August 2024 | 9:38 AM AKDT

Date

CCMC BOARD OF AUTHORITY

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

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

Board of Authority Chair

Date

Details

LICENSE DETAILS

This serves as primary source verification* of the license.

License #: 179359

Program: Medical

Type: Physician

Status: Active

Issue Date: 06/25/2021

Effective Date: 11/30/2022

Expiration Date: 12/31/2024

Mailing Address: ANCHORAGE, AK, UNITED STATES

Licensure Basis Type: Credentials

*Primary Source verification: License information provided by the Alaska Division of Corporations, Business and Professional Licensing, per AS 08 and 12 AAC.

Owners

Owner Name	Entity Number
Emily Harvey	

Relationships

No Relationships Found

Designations

Type	Group
Family Practice	Specialties
DEA Registered	Registration
PDMP Registered	Registration

Agreements & Actions

No Agreements Or Actions

7/25/2024 6:37:45 AM (Alaskan Daylight Time)

Close Details
 Print Friendly Version



American Board of Family Medicine, Inc.

Quality Healthcare, Public Trust . . . Setting the Standards in Family Medicine

August 2, 2021

To Whom It May Concern:

This letter verifies Emily Harvey, M.D. (NPI: 1710476023) is currently certified with the American Board of Family Medicine (ABFM).

Family Medicine Certification History:

Jul 01, 2021 - * Certification Number: 1047198969

* Certification is continuous as long as Family Medicine Certification Requirements are maintained.

Family Medicine Certification Requirements:

Current Status:  Meeting Requirements

Current Clinical Status: **Clinically Active**

Clinical Status History:

Jul 01, 2021 - Clinically Active

Initial display of clinical status began June 2018 and history is only shown for certified periods.

Beginning in 2011 certification by the American Board of Family Medicine is maintained through successful completion of the Family Medicine Certification process. The Family Medicine Certification process is a continuous process that requires being in compliance with Guidelines for Professionalism Licensure and Personal Conduct including maintaining a currently valid, full, and unrestricted license to practice medicine in the United States or Canada, completing certification activities in a timely fashion, and performing successfully on the examination every ten years. Failure to maintain any of these requirements will result in the loss of certification status with the ABFM. Based upon the continuous nature of Family Medicine Certification, no end date for certification is presented above.

The ABFM website serves as primary source verification. Details of the Family Medicine Certification process are available online at www.theabfm.org.

Sincerely,

Mary McIntosh
Verification Coordinator and Candidate Assistant

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH0690354	10-31-2024	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	08-12-2021
HARVEY, EMILY 3416 SEAWOLF DR ANCHORAGE, AK 995084697		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH0690354	10-31-2024	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	08-12-2021
HARVEY, EMILY 3416 SEAWOLF DR ANCHORAGE, AK 995084697		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

RE: Emily Harvey, MD

Dear Sir or Madam: Dr James McKinney

The Practitioner listed above has applied for appointment to our Medical Staff and has listed you as a peer reference. Before we can process this application further, we are requesting completion of the below questions. Once completed, please return to me at kwilson@cdvcmc.com. The applicant's consent for release of information is attached.

Professional Relationship:

1. Do you personally know the applicant? Yes No
2. What type of affiliation have you had? Personal Hospital Practice
Other (please specify) N/A
3. How long have you known the applicant? 4 years
4. If the affiliation was at a hospital and that affiliation has been terminated, was it in any way associated with a proposed reduction, revocation or suspension of privileges or due to ant disciplinary measure pending or contemplated? Yes No

Disciplinary Actions:

To your knowledge has the applicant ever withdrawn or failed to proceed with application for, ever been, or are currently in the process of being denied, revoked, suspended, reduced, restricted, placed on probation, not renewed, voluntarily or involuntarily relinquished for any of the following?

1. Medical License in any state? Yes No
2. Other professional registration, certification, or license? Yes No
3. DEA/Controlled Substance Registration? Yes No
4. Membership on any hospital medical staff? Yes No
5. Clinical privileges? Yes No
6. Prerogatives/Rights on any medical staff? Yes No
7. Other institutional affiliation or status? Yes No
8. Professional society membership or fellowship/board certification? Yes No
9. Any other type of professional sanction? Yes No
10. Professional liability insurance? Yes No

Professional Behavior:

1. Were the applicant's practice patterns acceptable and did they conform to high standards of professional conduct? Yes No
2. To your knowledge has the applicant ever been convicted of any crime other than minor traffic violations? Yes No
3. To your knowledge has the applicant been involved in any professional liability suits to include cases brought, pending, settled or decided? Yes No
4. Did the applicant behave in a moral and ethical manner while at your facility? Yes No
5. To your knowledge is the applicant in good physical condition? Yes No
6. To your knowledge is the applicant in good mental health? Yes No
7. To your knowledge has the applicant ever shown any signs of behavior, drug or alcohol problems? Yes No

General Rating:

Please rate the applicant in the following categories:

	Excellent	Good	Fair	Poor	No Info
General Medical Knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Expertise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Case Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drug Usage Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy and Therapeutics Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Hospital Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfillment of ER or On-Call Duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at Meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Medical Staff Bylaws	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to Hospital Policy and Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed by:

 E95BCE63572744B...

15 August 2024 | 3:15 PM AKDT

James McKinney

Print Name

RE: Emily Harvey, MD

Dear Sir or Madam: Dr Travis "Alex" Polston

The Practitioner listed above has applied for appointment to our Medical Staff and has listed you as a peer reference. Before we can process this application further, we are requesting completion of the below questions. Once completed, please return to me at kwilson@cdvcmc.com. The applicant's consent for release of information is attached.

Professional Relationship:

- 1. Do you personally know the applicant? Yes No
- 2. What type of affiliation have you had? Personal Hospital Practice
Other (please specify) Med school, residency, and a co-worker
- 3. How long have you known the applicant? 10+ years
- 4. If the affiliation was at a hospital and that affiliation has been terminated, was it in any way associated with a proposed reduction, revocation or suspension of privileges or due to ant disciplinary measure pending or contemplated? Yes No

Disciplinary Actions:

To your knowledge has the applicant ever withdrawn or failed to proceed with application for, ever been, or are currently in the process of being denied, revoked, suspended, reduced, restricted, placed on probation, not renewed, voluntarily or involuntarily relinquished for any of the following?

- 1. Medical License in any state? Yes No
- 2. Other professional registration, certification, or license? Yes No
- 3. DEA/Controlled Substance Registration? Yes No
- 4. Membership on any hospital medical staff? Yes No
- 5. Clinical privileges? Yes No
- 6. Prerogatives/Rights on any medical staff? Yes No
- 7. Other institutional affiliation or status? Yes No
- 8. Professional society membership or fellowship/board certification? Yes No
- 9. Any other type of professional sanction? Yes No
- 10. Professional liability insurance? Yes No


Professional Behavior:

1. Were the applicant's practice patterns acceptable and did they conform to high standards of professional conduct? Yes No
2. To your knowledge has the applicant ever been convicted of any crime other than minor traffic violations? Yes No
3. To your knowledge has the applicant been involved in any professional liability suits to include cases brought, pending, settled or decided? Yes No
4. Did the applicant behave in a moral and ethical manner while at your facility? Yes No
5. To your knowledge is the applicant in good physical condition? Yes No
6. To your knowledge is the applicant in good mental health? Yes No
7. To your knowledge has the applicant ever shown any signs of behavior, drug or alcohol problems? Yes No

General Rating:

Please rate the applicant in the following categories:

	Excellent	Good	Fair	Poor	No Info
General Medical Knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Expertise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Case Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Usage Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy and Therapeutics Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Hospital Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfillment of ER or On-Call Duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at Meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Medical Staff Bylaws	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to Hospital Policy and Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DocuSigned by:

 484E140E88A044C...

15 August 2024 | 6:14 PM PDT

Travis Alexander Polston

Print Name

RE: Emily Harvey MD

Dear Sir or Madam:

Dr Patricia Siza

The Practitioner listed above has applied for appointment to our Medical Staff and has listed you as a peer reference. Before we can process this application further, we are requesting completion of the below questions. Once completed, please return to me at kwilson@cdvcmc.com. The applicant's consent for release of information is attached.

Professional Relationship:

- 1. Do you personally know the applicant? Yes No
- 2. What type of affiliation have you had? Personal Hospital Practice
Other (please specify) In residency and we've overlapped working in Sitka.
- 3. How long have you known the applicant? 6 years
- 4. If the affiliation was at a hospital and that affiliation has been terminated, was it in any way associated with a proposed reduction, revocation or suspension of privileges or due to ant disciplinary measure pending or contemplated? Yes No

Disciplinary Actions:

To your knowledge has the applicant ever withdrawn or failed to proceed with application for, ever been, or are currently in the process of being denied, revoked, suspended, reduced, restricted, placed on probation, not renewed, voluntarily or involuntarily relinquished for any of the following?

- 1. Medical License in any state? Yes No
- 2. Other professional registration, certification, or license? Yes No
- 3. DEA/Controlled Substance Registration? Yes No
- 4. Membership on any hospital medical staff? Yes No
- 5. Clinical privileges? Yes No
- 6. Prerogatives/Rights on any medical staff? Yes No
- 7. Other institutional affiliation or status? Yes No
- 8. Professional society membership or fellowship/board certification? Yes No
- 9. Any other type of professional sanction? Yes No
- 10. Professional liability insurance? Yes No

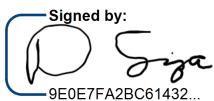
Professional Behavior:

1. Were the applicant's practice patterns acceptable and did they conform to high standards of professional conduct? Yes No
2. To your knowledge has the applicant ever been convicted of any crime other than minor traffic violations? Yes No
3. To your knowledge has the applicant been involved in any professional liability suits to include cases brought, pending, settled or decided? Yes No
4. Did the applicant behave in a moral and ethical manner while at your facility? Yes No
5. To your knowledge is the applicant in good physical condition? Yes No
6. To your knowledge is the applicant in good mental health? Yes No
7. To your knowledge has the applicant ever shown any signs of behavior, drug or alcohol problems? Yes No

General Rating:

Please rate the applicant in the following categories:

	Excellent	Good	Fair	Poor	No Info
General Medical Knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Expertise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Case Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Usage Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy and Therapeutics Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Hospital Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfillment of ER or On-Call Duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at Meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Medical Staff Bylaws	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to Hospital Policy and Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed by:

 9E0E7FA2BC61432...

17 August 2024 | 2:52 PM AKDT

Patricia Siza

Print Name

September 2024

This is a blank and printable September Calendar. Courtesy of WinCalendar.com

September 2024							Oct 2024 ▶
◀ Aug 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	26	27	28	
29	30						

[More Calendars: Oct 2024, Nov 2024, 2024](#)