



HOSPITAL SERVICES BOARD AGENDA
Thursday, May 30th, 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
 VACANT exp. 3/26
 Diane Ujioka exp. 3/27

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 – Shaun Johnson, CPA to review the 2023 Audit

B. BOARD DEVELOPMENT - None

C. CONFLICT OF INTEREST

D. APPROVAL OF AGENDA

E. APPROVAL OF MINUTES

1. April 25, 2024 Meeting Minutes Pgs 1-3

F. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report Pgs 4-5
3. Director of Finance Report Pgs 6-8

G. DISCUSSION ITEM

H. ACTION ITEM

1. CCMC 2023 CAH Periodic Evaluation Pgs 9-23
2. Update Authorized CCMC Check Signers Pgs 24-25
3. Delineation of Telemedicine Privileges for Matthew Kluckman, MD Pgs 26-33
4. Delineation of Teleneurology Privileges for Aizaz Hundal, MD Pgs 34-44
5. Delineation of Teleneurology Privileges for Jayesh Patel, DO Pgs 45-55

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

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

Minutes
CCMC Authority – Board of Directors
April 25, 2024 at 12:00pm
Quarterly Meeting

CALL TO ORDER AND ROLL CALL –

Kelsey Hayden called the Board Meeting to order at 12:07pm.

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

Quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Kim Wilson, Director of Support Services; Denna Stavig, Director of Finance; Alexis Allen, CAH Director of Nursing; Olivia Morena, LTC Director of Nursing; Barb Jewell, Director of Community Services, and Faith Wheeler-Jeppson.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

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

B. BOARD DEVELOPMENT ~ Dr. Sanders reported that she did not do a written Board Development, but she wants thank Kelsey for bringing the Board binder. The Board binder contains the City Code that establishes the Hospital and it describes the separation between the City and the hospital, the Board Bylaws, the CCMC Bylaws, and the Org Chart, the Confidentiality statement, and Disclosure of Financial Interest which also requires your signature annually after elections, we will email a copy out to you for your signature. Also included in the binder is the Community Health Needs Assessment, and the hospital Budget. We will set you up with a log-on to our Policy Manager site, there will be a couple of policies that you'll need to read and sign.

We will leave a hardcopy of the binder in the Conference Room and the Board members can come take a look when it's convenient for them.

CCMC Staff Leadership present for the meeting introduced themselves to the Board and gave a brief description of what their position is and what they're responsible for.

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA

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

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

E. APPROVAL OF MINUTES

M/Linville S/Senear "I move to approve the March 28, 2024 minutes."

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

F. REPORTS OF OFFICERS and ADVISORS

- 1. Board Chair report** – Kelsey Hayden reported that last week she had a really good conversation with a community member about the hospital. He had the perception that the hospital wasn't in a good place. It was a great opportunity to talk to him about my history on the board starting with Covid up until now and the fantastic place you all have brought it to. He was kind of shocked to hear how good things are going, and I'm trying to do more without bragging that I'm on the hospital board. And communicate a little more with the public about our roles, and let them know that the hospital is in a really good place. That is part of our jobs as board members.
- 2. CEO Report** – Dr. Sanders stated that her written report is in the packet. As you see from the monthly stats, we continue to struggle with volumes. In talking with other hospitals low volumes have been a common struggle for the last month or two as well. As a small community hospital, we need to harness every dollar that we can. We need for community members to utilize our services instead of going out of town for care. We want to make sure Cordovans trust us with their care.

May 12th begins Hospital Week; we're working on some things to show our staff how much we appreciate them.

- 3. Director of Finance Report** – Denna Stavig reported that the Financials are in the packet. Revenues were lower than what we had predicted in a couple of areas. The Bad Debt amount that we had written off was \$63k, but due to our allowance calculation we adjusted money back in and we ended up slightly to the positive. Our Cash is still okay.
- 4. Medical Director Quarterly Report** – Dr. Sanders reported that Dr. Bejes' written report is in the packet, if anyone has any questions, she would be happy to answer them.
- 5. Ancillary Services Quarterly Report** – Tamara Russin reported that her written report is in the packet. In addition to what is in the packet, I'd like to add that when someone comes in to Rehab Services there is a sheet that shows the cost for services. And people don't always know how their insurance works, so please encourage everybody to reach out to Cindy in the Business Office if they have questions.
- 6. Director of Nursing Quarterly Report** – Alexis Allen stated that her written report is on page 11 of the packet, and she would like to point out that we have been really focused on staff and patient safety recently. Noelle and Olivia have done a really good job at providing De-escalation Training in May, we have someone flying in and they're going to be teaching all of the staff de-escalation techniques. We're trying to promote a safer environment for residents and staff, that's something exciting that we've all been trying to work towards.
- 7. Sound Alternatives Quarterly Report** – Barb Jewell stated that the only thing she'd like to add is that we've had our transition with our Clinicians and our new one joined us last week and Ebony Brooks is getting up to speed. And Holly McGuire joined us in the beginning of March so she is getting her feet under her. If everything goes as planned when Liz comes back from maternity leave, we will be staffed with permanent clinicians. Dietary has been run off of their feet, we had to bring in extra tables and chairs into the dining room to accommodate all of the seniors joining us for lunch. Community Case Management hosted a gardening activity last weekend that went really well. Aniessa chose to tie it to the Bike Rodeo which I thought was a really smart strategy.
- 8. Quality Quarterly Report** – Noelle Camarena reported that a few highlights for Quality are that facility-wide we're focusing in on our hand hygiene monitoring which will be a year long focus. Other thing that we're working on is creating a professional development

skills for our Nursing Assistants to give them new skills to look forward to more responsibilities and helping them increase their professional development. We've also finalized our merit-based bonus rubric.

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

1. Hospital Services Board Election of Officers

M/Linville S/Senear "I move to nominate the following Board Members as Officers of the CCMC Hospital Services Board until the next election in April 2025 or until their seat expires, whichever comes first. Kelsey Hayden - Chairperson; Liz Senear – Vice Chair; and Ann Linville – Secretary/Treasurer."

Voice Vote on Motion

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

3 yeas, 0 nay, 1 absent; Motion passed.

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS COMMENTS

Senear ~ Just wanted to let everyone know that the Trails Committee is going to publish their plans soon, once that's done, we can start working on projects. We have six projects, and two of them are already funded. One of them is upgrading the Odiak Pond trail to make it wheelchair accessible, and hopefully extending it.

Linville ~ I am excited, it looks like we're going to be fully staffed in Sound Alternatives, I know it's been awhile and it's a struggle. I've heard from people that they're benefiting from the service. Good job.

Hayden ~ Yeah, I've heard really great things about Holly, I'm glad we have her there. Thank you all for your efforts.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

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

Kelsey Hayden declared the meeting adjourned 1:01pm.

Prepared by: Faith Wheeler-Jeppson

May 2024 CEO Board Report

Workforce:

Recruitment remains a top priority, especially for nursing positions. We are disappointed that the Nurse Licensure Compact (NLC) did not pass during the recent Alaska legislative session. This initiative was critical in easing the recruitment of qualified nurses from other states.

Despite this setback, our recruitment efforts continue.

In May, our staff participated in onsite de-escalation training to address workplace violence, which is a significant concern in healthcare. Healthcare professionals are five times more likely to experience such incidents compared to other fields. These attacks and abuses interfere with patient care, distract caretakers, and consume valuable resources. The training, led by an expert, is part of our broader initiative to ensure a safe and supportive work environment for our staff.

Community Programs:

We successfully secured a grant to develop a childcare program. This program, emphasizing early healthy living education, is a crucial component of our employee retention strategy and community health improvement efforts. However, despite securing the grant, we have not yet been able to find a program director to lead this initiative.

We recently learned that the grant supporting our community case manager position will not be renewed. We are disappointed to lose this valuable program.

Quality and Compliance:

Our 2023 financial audit is completed and will be presented this meeting. I am very proud of Denna and her work leading our business office. Her achievement managing the hospital financials reflects both her and CCMC's commitment to financial integrity and accountability. The CAH periodic evaluation has also been completed and is included in the packet for your review. This evaluation ensures our compliance with regulatory requirements and our dedication to maintaining high standards of care.

As always, our focus remains on enhancing service delivery, workforce stability, community engagement, and financial sustainability. We are dedicated to continuous improvement and providing high-quality healthcare services to the Cordova 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		
Hosp Acute+SWB Avg. Census			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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.4
Acute Admits														
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									11	2.8
Acute Patient Days														
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									37	9.3
SWB Admits														
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									5	1.3
SWB Patient Days														
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									105	26.3
CCMC LTC Admits														
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									1	0.3
CCMC LTC Resident Days														
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									1,159	289.8
CCMC LTC Avg. Census														
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										9.6
ER Visits														
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									178	44.5
PT Procedures														
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									1,095	273.8
OT Procedures														
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									342	85.5
Lab Tests														
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									2,320	580.0
X-Ray Procedures														
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									272	68.0
CT Procedures														
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									83	20.8
CCMC Clinic Visits														
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									777	194.3
Behavioral Hlth Visits														
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									530	132.5

CORDOVA COMMUNITY MEDICAL CENTER
 OPERATING/INCOME STATEMENT
 FOR THE 4 MONTHS ENDING 04/30/24

05/24/24 08:41 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	15,659	190,680	(175,020)	(91)	388,096	502,007	(113,911)	(22)
SWING BED	120,159	523,503	(403,343)	(77)	894,049	1,455,476	(561,426)	(38)
LONG TERM CARE	453,051	502,486	(49,435)	(9)	1,947,285	2,001,336	(54,050)	(2)
CLINIC	103,280	83,980	19,300	22	399,181	367,613	31,567	8
ANCILLARY DEPTS	332,675	272,396	60,278	22	1,035,096	1,175,155	(140,058)	(11)
EMERGENCY DEPART	288,065	260,683	27,381	10	1,121,442	1,298,041	(176,599)	(13)
BEHAVIORAL HEALT	30,155	27,399	2,755	10	114,350	100,200	14,150	14
RETAIL PHARMACY	175,761	149,893	25,867	17	628,552	491,520	137,031	27
PATIENT SERVIC	1,518,807	2,011,023	(492,215)	(24)	6,528,053	7,391,350	(863,297)	(11)
DEDUCTIONS								
CHARITY	6,326	13,990	7,663	54	12,986	40,095	27,109	67
CONTRACTUAL ADJU	325,832	406,784	80,951	19	1,891,984	1,822,406	(69,578)	(3)
ADMINISTRATIVE A	21,840	23,463	1,622	6	48,173	37,402	(10,770)	(28)
BAD DEBT	339,432	620,000	280,567	45	355,355	462,000	106,644	23
DEDUCTIONS TOT	693,431	1,064,238	370,806	34	2,308,500	2,361,904	53,404	2
COST RECOVERIES								
GRANTS	10,514	72,638	(62,124)	(85)	157,139	202,121	(44,982)	(22)
IN-KIND CONTRIBU	16,662	16,662	0	0	66,650	66,650	0	0
OTHER REVENUE	13,616	11,410	2,205	19	50,502	33,303	17,199	51
COST RECOVERIE	40,793	100,712	(59,919)	(59)	274,292	302,075	(27,782)	(9)
TOTAL REVENUES	866,169	1,047,497	(181,327)	(17)	4,493,846	5,331,521	(837,675)	(15)
EXPENSES								
WAGES	475,893	547,224	71,331	13	1,975,225	2,187,864	212,639	9
TAXES & BENEFITS	266,983	306,751	39,768	12	1,293,744	1,251,204	(42,540)	(3)
PROFESSIONAL SER	209,710	205,930	(3,779)	(1)	917,884	742,622	(175,261)	(23)
SUPPLIES	205,727	157,609	(48,117)	(30)	681,196	627,165	(54,030)	(8)
MINOR EQUIPMENT	2,806	4,564	1,758	38	12,633	12,638	4	0
REPAIRS & MAINT	7,784	19,103	11,319	59	45,086	61,676	16,590	26
RENTS & LEASES	11,396	11,297	(99)	(0)	46,699	55,142	8,442	15
UTILITIES	39,328	42,482	3,153	7	204,289	230,786	26,497	11
TRAVEL & TRAININ	9,669	7,956	(1,712)	(21)	31,875	34,118	2,243	6
INSURANCES	20,359	22,136	1,777	8	81,438	84,784	3,346	3
RECRUIT & RELOCA	25	245	220	89	485	1,827	1,341	73
DEPRECIATION	51,210	41,692	(9,517)	(22)	177,458	166,768	(10,689)	(6)
OTHER EXPENSES	14,846	12,012	(2,833)	(23)	70,842	58,627	(12,214)	(20)
TOTAL EXPENSES	1,315,739	1,379,007	63,268	4	5,538,859	5,515,227	(23,632)	(0)
OPERATING INCO	(449,569)	(331,510)	(118,058)	(35)	(1,045,012)	(183,705)	(861,307)	(468)
NET INCOME	(449,569)	(331,510)	(118,058)	(35)	(1,045,012)	(183,705)	(861,307)	(468)

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CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 04/30/24

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	2,350,815	1,924,997	425,818
NET ACCOUNT RECEIVABLE	1,731,553	2,359,391	(627,838)
THIRD PARTY RECEIVABLE	682	(45,319)	46,002
CLEARING ACCOUNTS	8,418	16	8,401
PREPAID EXPENSES	122,937	100,679	22,258
INVENTORY	453,467	481,877	(28,410)
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TOTAL CURRENT ASSETS	4,667,874	4,821,642	(153,768)
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	8,666,889	8,666,889	
EQUIPMENT	10,106,258	9,625,416	480,842
CONSTRUCTION IN PROGRESS	33,124	4,038	29,085
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SUBTOTAL PP&E	18,928,282	18,418,354	509,927
LESS ACCUMULATED DEPRECIATION	(14,853,494)	(14,303,947)	(549,547)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	4,074,787	4,114,407	(39,619)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(95,000)	(80,000)	(15,000)
PERS DEFERRED OUTFLOW	1,037,998	1,037,998	
TOTAL OTHER ASSETS	1,092,998	1,107,998	(15,000)
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TOTAL ASSETS	9,835,660	10,044,048	(208,387)
	=====	=====	=====

CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 04/30/24

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	356,153	265,672	90,480
PAYROLL & RELATED LIABILITIES	807,609	704,641	102,968
INTEREST & OTHER PAYABLES	7,711	5,449	2,262
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	422,482	38,529	383,953
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TOTAL CURRENT LIABILITIES	7,060,414	6,480,751	579,663
LONG TERM LIABILITIES			
NET PENSION LIABILITY	8,148,107	8,148,107	
TOTAL LONG TERM LIABILITIES	8,148,107	8,148,107	
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	(2,907,065)	(2,907,065)	
TOTAL DEFERRED INFLOWS	(2,907,065)	(2,907,065)	
TOTAL LIABILITIES	12,301,456	11,721,793	579,663
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(1,439,297)	(1,937,496)	498,199
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	(1,045,012)	241,238	(1,286,250)
	-----	-----	-----
TOTAL NET POSITION	(2,465,796)	(1,677,744)	(788,051)
TOTAL LIABILITIES & NET POSITION	9,835,660	10,044,048	(208,387)
	=====	=====	=====

April Bad Debt Written Off: \$432.05



Memorandum

To: CCMC Hospital Services Board
Subject: 2023 CCMC CAH Periodic Evaluation
Date: 5/24/2024

Suggested Motion: "I move that the CCMC Hospital Services Board approve the 2023 CCMC CAH (Critical Access Hospital) Periodic Evaluation as presented."

To: Cordova Community Medical Center Authority Board
From: Hannah Sanders, CEO
Re: Annual Critical Access Hospital Evaluation for 2023

A review of Cordova Community Medical Center was conducted for the year 2023, as required by the Center for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access Hospitals. The annual report is submitted to you for review and approval. The information for the review was completed by Hannah Sanders. The report was reviewed by the Leadership Team and by the Medical Staff Executive Committee.

EXECUTIVE SUMMARY

The cost of supplies has continued to have substantial strain on hospital finances due to both supply cost and continued considerable cost of freight. Staff shortages and increased salary expectations, particularly for essential professionally licensed staff, has increased our cost of professional services and increased staff turnover. We have worked to grow revenue sources through increasing skilled nursing and rehab abilities but are still working to increase the volume in these areas.

We continue to advocate on the local, state and federal level for policies and regulations that support healthcare organizations in managing cost and addressing workforce challenges. We are looking for opportunities to partner with other groups to share resources, optimize our supply chain and improve employee retention.

Our long-term care volume has remained stable with an average daily census of 9.2. Emergency and acute hospitalization has stayed stable as has swing bed usage.

Our average length of stay is hours, below the CAH requirement of 96 hours. More detailed information is included in the main report.

Quality and Process Improvement

We continue to bolster our quality program and achieved substantial improvements throughout our facility. We take pride in the dedication of our providers and staff who have been instrumental in driving these positive changes. Over the past year, we have successfully implemented several process improvement plans, contributing to our overall enhancement.

- Clinic- revamped clinic services sliding fee scale and payment plan offerings, created new front desk receptionist resource binder
- Human Resources- updated and improved our new employee orientation process
- Finance- review of CCMC services price list and updated as necessary

- Maintenance- successfully implemented new facility wide work order system and air and updated our oral contrast policy and scheduling system
- Lab- rebuilt Quest testing panels and workflow for managing test results, added capacity to in-house labs with new C-reactive protein level option
- LTC improved physician orders billing workflow but linking orders to ICD 10 codes
- Swing bed program/LTC- reviewed, updated and improved existing new patient admission paperwork
- Nursing initiated a joint local volunteer EMS and CCMC RN trauma training and implemented a robust annual education day
- Facility wide- each department optimized their use of our electronic health record system by participating in a week-long assessment, reviewing subsequent report and working with Evident specialists

Consultative services:

Coordination of care with consulting specialists to meet the needs of our residents and our community members.

- Occupational Therapist
- Physical Therapy
- Podiatry
- Speech and Language Pathologist
- Pediatrician
- Orthopedic Surgery

Peer Review

To ensure continuous quality improvement and prioritize patient safety through an educational and objective approach, our peer review process operates in two phases. Internally, peer review is conducted within our organization, while we also engage an external contract peer review service. This dual approach offers an impartial assessment of our care practices, leveraging insights into regional and national care standards, and fostering opportunities for our staff to glean knowledge from other healthcare professionals.

Internally, our review process serves to educate and mentor one another, drawing insights from real clinical cases to understand colleagues' and patients' experiences. We ensure a representative sample by reviewing at least 10% of records, including chart reviews conducted as part of medical staff Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE).

Externally, we have partnered with Washington Hospital Services for peer review services. Each physician undergoes a thorough review of a minimum of eight records annually.

Services

Every clinical service affecting health and safety, including contract services, underwent evaluation, with information subsequently provided to the medical staff committee for their review.

Following this assessment, we recognized the necessity to expand, redefine, and establish a process for crisis care management in Cordova. We are actively working on crisis care management and will see changes to this program and CCMC process in 2024.

Additionally, there's a growing interest in augmenting specialist visits in Cordova, particularly in Cardiology and Obstetrics; however, securing specialists in these fields has been challenging

Contracted Services

Dietician

Radiology

Speech and Language Pathologist

Tele behavioral Health

Tele neurology

Policies and Procedures Summary

The clinical policies were reviewed by the quality management committee which included Hannah Sanders, MD, Curt Bejes, MD Noelle Camerana, FNP, Alexis Allen, RN and Olivia Kelly, RN. Recommendations for changes were submitted for approval.

Recommendation

The Critical Access Hospital program continues to meet our needs from a clinical and patient care perspective. We are continuing to struggle with financial solvency and would be unable to sustain our hospital without the Critical Access designation.

MAIN REPORT

Section 1: Financial

Over the past five years, CCMC has experienced significant fluctuations in our patient volumes. The surge in patient numbers during 2021 and 2022 can be attributed to individuals postponing procedures that could be safely delayed during the pandemic. Following this period of deferred care, we observed a temporary spike in volume. However, as we progressed into the fourth quarter of 2023, our volumes began to align more closely with pre-pandemic levels.

CCMC is working to develop a practice of reviewing our charge master and our cost to provide care on a regular basis. The goal is to ensure we balance keeping costs down to ensure community members can access care while also charging adequately to ensure our charges cover our expenses.

Payor Mix Data

	Hospital	LTC	Total	Percent by Payor
Medicare	\$ 6,934,754	\$	\$ 6,934,754	36.83%
Medicaid	\$ 2,372,923	\$ 3,274,298	\$ 5,647,221	29.99%
Blue Cross	\$ 2,484,296	\$	\$ 2,484,296	13.19%
Commercial	\$ 3,010,252	\$	\$ 3,010,252	15.99%
Private Pay	\$ 447,935	\$ 304,327	\$ 752,262	4.00%
Total	\$ 15,250,161	\$ 3,578,624	\$ 18,828,785	100.00%

Previous Year Comparison

	2022	2023	YOY Variance	YOY %
Medicare	\$3,930,054	\$6,934,754	\$3,004,700	76%
Medicaid	\$5,930,715	\$5,647,221	\$283,494	5%
Commercial	\$4,085,687	\$6,242,810	\$2,157,123	53%
Charity	\$232,198	\$234,926	\$2,728	1%
Administrative	\$378,787	\$324,204.60	\$49,582.4	13%
Total	\$14,557,440.78	\$12,873,787.21	\$1,678,653.57	11.5%

Section 2: Volume and Utilization of Services

1.Capacity

We have 13 set-up beds available for inpatient, observation and swing bed patients. We did not exceed more than 12 patients at any time. With recognition that hospital capacity may need to be expanded for emergency response, we have reviewed contingency plans to expand our capacity for any future emergency needs.

2.Volume

Utilization of services was reviewed as outlined in the table below. Overall volume has decreased. In the last 5 years we have seen large fluctuations in volume and hospital utilization. This fluctuation makes projections for future volumes challenging.

Volume	Current year	Prior year	% Change
Inpatient Admits	41	51	19%
Acute patient days	126	129	3%
Swing Bed patient days	628	710	12%
ER visits	758	712	6%

Medical Imaging for xray procedures was 853 in 2023 up from 849 in 2022. CCMC completed 290 CT scans in 2023 down from 320 in 2022.

The volume of outpatient visits for laboratory tests has grown since 2019 secondary to increased testing availability for respiratory illness. Current numbers likely reflect a more stable estimate for future testing.

Year	Number of lab tests
2023	7,145
2022	8,294
2021	10,020
2020	12,213
2019	4,332

3. Average Length of Stay

The average length of stay for the year was 62.4 hours. The average for all patients in a 12-month period is less than 96 hours.

Average length of stay is tracked and reported quarterly to the Utilization Review (UR) Committee. Cases exceeding the 96-hour threshold are reviewed by the medical director, utilization review nurse and the UR committee.

Average Length of Stay	Prior year	Current year
Inpatient average length of stay (days)	2.4	2.6
Swing Bed average length of stay (days)	66	27
Observation average length of stay (hours)	33.6	24
Emergency Department Visits	712	758

4. Medical Necessity Reviews

The utilization review nurse or director of nursing screens every inpatient, swing bed and observation patient to determine if provider documentation supports the status. We have begun implementation of utilization review software InterQual. Currently, any issues or questions regarding medical necessity are discussed with Dr. Bejes, the physician advisor, and Kadee Goss who is acting as the utilization review nurse until this position is filled in 2023. Reports are submitted to the Utilization Review Committee monthly for review and discussion.

5. Transfers

Transfers from the Emergency Department have remained essentially the same as the prior year. In 2022 we had 38 transfers which represented 5.4% of the ED visits that we had in the year. In 2023 we had 46 transfers which represented 6% of ED visits.

All transfers are reviewed by the medical staff and utilization review to determine both appropriateness of transfer as well as to identify any potential issues with EMTALA compliance. There were no instances in which medical staff determined that the transfer was inappropriate. There were no instances of lack of compliance with EMTALA regulations.

Section 3: Medical Record Review

1. Medical Record Peer Review

To ensure continued quality improvement and patient safety in an educational and objective method, our peer review process is twofold. Peer review is conducted both internally and through an external contract peer review service. This arrangement provides an unbiased outsider's view of our care, while providing knowledge of regional and national care standards, and gives the opportunity for our staff to learn from other healthcare professionals. Internal review is completed in an effort to educate and mentor one another on the basis of actual clinical cases, to learn what colleagues and patients experience through the review process.

In 2023 a total of 84 charts were reviewed which is 10% of patient hospital encounters. Most were category A reviews which indicates no error. There were small number of category B reviews, this category indicates an error without any harm or impact on patient outcome or care. Category B cases were reviewed with the provider and education was completed with the medical director and provider.

2. Chart Review

Chart reviews involve both a concurrent and retrospective process as illustrated below. As a result of the medical record reviews for 2023 the following focus areas for improvement were identified:

- (1) Behavioral Health Crisis Care
- (2) Pain Medication usage
- (3) Charge capture in nurse charting

Medical Record Review

Review completed by utilization review staff for appropriateness of admission, continued stay and delivery of Important Message from Medicare regarding observation stays. In addition, reviews are done to evaluate documentation related to core measure compliance.

Documentation reviews by the Quality/utilization nurse:

- o History and Physical
- o Progress Notes
- o Discharge Summary
- o Timing and Dating of Orders
- o Provider signatures
- o Consents
- o Blood Utilization
- o Medication errors
- o Morbidity and Mortality
- o Falls
- o Infection Rates
- o Blood Utilization
- o AMAs

Patient Satisfaction is evaluated through a contract group, NRC picker, that sends out after care surveys and compiles the data. Each year the scorecard data is challenging to evaluate as our volume is so low that indicators do not meet statistical significance. The organizational scorecard which shows performance for many of these measures is attached.

Section 4: Review of Services

Each patient care service affecting patient health and safety, including contract services, was evaluated based on activity (volume), patient/client/resident satisfaction if available, and clinical outcomes. Each department is responsible for developing departmental indicators each year that reflect the scope and complexity of the department.

1. Nursing

Emergency, med-surg, swing

Volume/Activity: 41 inpatient admissions, 20 Swing Bed Admissions

2. Medical Imaging

CT scan and digital xray services available on outpatient scheduled and also available as 24/7 emergency service.

Volume/Activity: 853 Xray and 290 CT scan radiology studies completed

3.Laboratory

Both in-house testing and outside laboratory services are available.

Volume/Activity: 7,145 studies

4.Rehabilitation

Physical therapist offers a full panel of PT services including inpatient and outpatient rehab services.

Volume/Activity: 4,540 visits

Occupational Therapy offers full panel of services to both inpatient and outpatients.

Volume/Activity: 1,335

Speech Therapy offers services to both inpatients and outpatients on a contracted basis

Volume/Activity: 21

5.Outpatient Clinics

Behavioral Health - Sound Alternatives

Volume: 1225 visits

6.Family medicine clinic: 2,649 visits which includes nurse visits, and provider clinic visits

Currently we offer a full spectrum outpatient family medicine clinic which includes procedures such as biopsy, joint injections, trigger point injections, prenatal care with OB consultation, CDL exams, pediatric and adult wellness.

7.Long Term Care/Skilled Nursing Facility

Continues to provide nursing care to individuals with high needs

Volume/Activity: 10 beds remain at capacity at end of 2023

8.Dietary / Food Service

Patient meals as well as cafeteria and delivered meals for seniors. Volume/Activity: 9,044 LTC Meals, 2320 Hospital, Other meals (includes cafeteria and delivered) 16,350

Satisfaction data is collected from a contract with NRC Health. This group sends after care surveys to patients. In general, our survey response rate is less than 16%. Overall evaluation of the surveys demonstrates overall satisfaction is greater than 71% in key service areas which is significantly lower than CCMC's satisfaction goal. The low response rate and resulting very small sample size make interpretation of this data challenging. However it does help us identify and improve on key areas that define patient experience, build trust and ensure continuous improvement.

Section 5: Contract Services

We contract for the following services: dietician, home sleep studies, tele-psychiatry, tele-neurology and remote radiology. Each service has a separate contract with performance criteria. A review of each service was completed and provided to the medical staff for review. We do not anticipate any new contracted services in the next fiscal year.

1. Home Sleep Study

Contracting Entity: Global Sleep Solutions and Peak Neurology

Description/Scope: home sleep studies, with remote Neurologist sleep study review.

Very limited use in 2023, likely due to no significant fluctuations in the Cordova population.

During the initial years of providing this service it had higher utilization as we were able to reach longstanding undiagnosed sleep apnea.

2. Tele behavioral health and Tele Neuro

Contracting Entity: MindCare

Description/Scope including any new services or modalities:

Volume/Activity: Small, pay per use contract for emergency service. Small monthly fee for equipment rental.

3. Dietician

Contracted dietician provides remote monitoring of diets, and nutrition monitoring for hospital and long term care patients. Onsite visits are made at least yearly and remote visits made more frequently.

4. Radiology

Contracting Entity: Alaska Imaging Associates

Description/Scope including any new services or modalities: teleradiology reads.

Performance Indicator(s): Images are read timely, without concern

This service is pay per use.

5. Speech

Contracting Entity: Megan Kelley

Description: we have contracted a licensed SLP that does initial evaluations in person and follow up care via telemedicine. Additionally, we have a SLPA that assists with follow up care and the tele visits.

This service is pay per use.

Section 6: Infection Control infection control plan available on request and includes:

- Risk Assessment
- Goals / Plan
- Outcomes

Section 7: Performance Improvement

We have an active Quality Committee chaired by Alexis Allen. During the past twelve months, the Committee has collaboratively worked with department managers. The process improvement projects include:

2023 Process Improvement Projects:

- Billing- updated and improved our patient statements
- Clinic- updated clinic services sliding fee scale and payment plan offerings, created new front desk receptionist resource binder
- Human Resources- updated and improved our new employee orientation process
- Finance- review of CCMC services price list and updated as necessary
- Maintenance- successfully implemented new facility wide work order system and air filter system checks
- Radiology- reviewed and updated our oral contrast policy and scheduling system
- Lab- rebuilt Quest testing panels and workflow for managing test results, added capacity to in-house labs with new C-reactive protein level option
- LTC improved physician orders billing workflow but linking orders to ICD 10 codes
- Swing bed program/LTC- reviewed, updated and improved existing new patient admission paperwork
- Nursing initiated a joint local volunteer EMS and nursing trauma training and implemented a robust annual education day
- Facility wide- each department optimized their use of our electronic health record system by participating in a week long assessment, reviewing subsequent report and working with Evident specialists

Quality measure reporting and monitoring occurs on the following events:

MRSA Rate
Readmission Rate
Pressure Ulcer Rate
C.difficile (CDI) Rate
CAUTI
DVT Rate prophylaxis rate
Antimicrobial Utilization/Antimicrobial Stewardship
Opioid Prescribing Practices
Adverse Drug Event Rates (ADE's)
Opioid Related ADE's
Sepsis
Falls
Healthcare Personnel Covid -19 Vaccination Rate
Healthcare Provider Influenza Vaccination Rate
HCAPS
ED through put Time
ED and inpatient facility transfers
MI and Fibrinolytics use
Stroke to CT Scan
Patient leaving Against Medical Advice (AMA)

Section 8: Policy Review

We utilize a cloud-based software for our policy management. CCMC has 762 active policies. Of these there were 782 policy revisions, many documents had multiple revisions. A committee consisting of department heads, met quarterly to review policies and procedures. Over the twelve-month period, 100% of policies of LTC, Lab and Behavioral policies were reviewed year. Hospital only policies are reviewed at least every other year.

Section 9: Organizational Plans

All organizational plans have been updated during the past year. Each plan was reviewed and approved by senior leadership, board of directors and the medical staff. There were no significant changes. These plans are available for review separately and on request.

1. Quality Plan
2. Infection Control Plan
3. Emergency Operations Plan

Section 10: Survey Readiness

1. State and Federal Hospital Survey

The State of Alaska completed a Long-Term Care Critical Access Hospital survey. On March 25, 2022 we had the state and federal hospital survey and after correcting identified deficiencies, CCMC was found to be in substantial compliance. We had the LTC survey December 2023 and after correction minor deficiencies, CCMC was found to be in substantial compliance.

2. Continuous Survey Readiness

Continuous survey readiness is part of our Quality Committee agenda each quarter and part of our monthly leadership meetings. We complete patient tracers monthly, environment of care reviews monthly and focused mock surveys.

HCAHPS Spotlight Report

Discharge Dates From Apr 1, 2023 to Dec 31, 2023

<https://catalyst.nrcpicker.com/corcmc/hcahps/default.aspx>

April 24, 2024



Overall	Improvement Planning	Benchmarks	HCAHPS		
			Qtr 4 2023	Qtr 3 2023	Qtr 2 2023
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?		NRC Average* 71.6% (n=398,996)	0.0%µ (n=1)	66.7%µ (n=6)	100.0%µ (n=1)

Highest Scores	NRC Average*	Qtr 4 2023	Qtr 3 2023	Qtr 2 2023
Communication About Meds	60.8% (n=242,164)	100.0%µ (n=1)	50.0%µ (n=3)	--
Discharge Information	87.0% (n=372,897)	100.0%µ (n=1)	62.5%µ (n=4)	0.0%µ (n=1)
Responsiveness of Hospital Staff	62.7% (n=372,954)	100.0%µ (n=1)	50.0%µ (n=5)	100.0%µ (n=1)
Communication with Doctors	79.9% (n=403,050)	100.0%µ (n=1)	83.3%µ (n=6)	100.0%µ (n=1)
Communication with Nurses	79.0% (n=404,324)	100.0%µ (n=1)	72.2%µ (n=6)	100.0%µ (n=1)
Cleanliness / Quietness	63.6% (n=404,336)	0.0%µ (n=1)	66.7%µ (n=6)	50.0%µ (n=1)
Care Transitions	51.9% (n=395,251)	0.0%µ (n=1)	22.2%µ (n=6)	0.0%µ (n=1)
Overall Rating of Hospital	71.6% (n=398,996)	0.0%µ (n=1)	66.7%µ (n=6)	100.0%µ (n=1)
Would Recommend Hospital	72.1% (n=396,426)	0.0%µ (n=1)	83.3%µ (n=6)	100.0%µ (n=1)

■ Green - score is equal to or greater than the NRC Average
■ Yellow - score is less than the NRC Average, but may not be significantly
■ Red - score is significantly less than the NRC Average
 µ - Warning: n-size is low! ‡ - Data is not final and subject to change. * - Benchmark that is used to determine the color on each line. PR=Percentile Rank

**CCMC Hospital Services Board
Board of Directors
Resolution 2024-01**

A RESOLUTION OF THE CORDOVA COMMUNITY MEDICAL CENTER HOSPITAL SERVICES BOARD DESIGNATING THE REPRESENTATIVES AUTHORIZED FOR SIGNING CHECKS, NON-CHECK PAYROLL TAX PAYMENT, AND CASH TRANSFERS FOR CORDOVA COMMUNITY MEDICAL CENTER.

WHEREAS, the Cordova Community Medical Center checking accounts for the general fund, payroll fund, grant fund and nursing home patient trust accounts, require two (2) signatures; and

WHEREAS, CCMC investment accounts, funded depreciation accounts, and malpractice trust accounts require the Chief Executive Officer and one (1) Board Officer's original signatures, and

THEREFORE, BE IT RESOLVED THAT,

1. All checks issued require two signatures; at least one (1) CCMC Hospital Services Board Officer's signature, and that non-check electronic payments and cash transfers from the general checking account to the payroll checking account should be signed off by at least one Board of Directors officer and another authorized signer.
2. The CCMC Hospital Services Board authorizes the following individuals only to act as check signers on the above-mentioned accounts:

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

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

PASSED and approved this 30th day of May 2024.

Board Chair Signature

Date



Memorandum

To: CCMC Hospital Services Board

Subject: Delineation of Telemedicine Privileges for Matthew Kluckman, MD

Date: 5/02/2024

Suggested Motion: "I move that the CCMC Hospital Services Board approve Telemedicine Privileges for Matthew Kluckman, MD, Radiologist as presented."



2/21/2024

Re: Initial Medical Staff Appointment

Dear Matthew L. Kluckman, 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 **Radiology** with clinical privileges as delineated in the attached. This appointment is effective **2/21/2024 through 9/30/2024**.

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 provide 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

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 Radiology (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


03/18/2024
Date

Matthew Kluckman
Practitioner Print

DocuSigned by:

A9259C1E5177486...
CEO

26 April 2024 | 7:02 AM AKDT
Date

DocuSigned by:

6C24CD6B672F40A...
Chief of Staff or Designee

25 April 2024 | 3:06 PM AKDT
Date



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

PRACTITIONER CREDENTIALING

May 30, 2024

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

RE: Matthew Kluckman, MD Radiologist

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 Matthew Kluckman, MD for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:
Paul Goe
6C24CD6B672F40A...

25 April 2024 | 3:06 PM AKDT

Chief of Staff

Date

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

26 April 2024 | 7:02 AM AKDT

Chief Executive Officer

Date

Cordova Community Medical Center Request for Clinical Privileges

Practitioner Name: **Matthew Kluckman, 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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Approved for Delegated Privileges based on the attached AK Regional Hospital Approval letter

Approved based on data submitted

Mortality data

Pertinent results of performance improvements activities

Clinical judgement and technical skills in performing procedures and treating and managing patient

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Peer Review results

Peer Recommendations

Professional performance

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Recommendation:

Approved as requested

Approve with conditions/modifications (see explanation below)

Deny (see explanation below)

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

Approve

DocuSigned by:
Curtis Byers
E73DD11B943F429...
Medical Director Signature

26 April 2024 | 5:02 AM AKDT

Date

CCMC BOARD OF AUTHORITY

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Approved as requested

Approve with conditions/modifications (see explanation below)

Deny (See explanation below)

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

Board of Authority Chair

Date



Memorandum

To: CCMC Hospital Services Board

Subject: Delineation of TeleNeurology Privileges for Aizaz Hundal, MD

Date: 5/23/2024

Suggested Motion: "I move that the CCMC Hospital Services Board approve TeleNeurology Privileges for Aizaz Hundal, MD as presented."



3/20/2024

Re: Initial Medical Staff Appointment

Dear Aizaz R. Hundal, 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 **3/20/2024 through 12/31/2025**.

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 provide 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

Alaska Regional Hospital

03/21/24

10:44 am

Delineation of Privileges

Provider: **Aizaz Rashid Hundal, MD**

Status: **Current**

ID: **TC000G6AHL**

Category: **Associate/Affiliate**

Facility Status:

Privileges for: **TeleNeurology Privileges**

Privilege	Status	Decision By	Original Date	Start Date	End Date	Condition
-----------	--------	-------------	---------------	------------	----------	-----------

CORE PRIVILEGES IN TELENEUROLOGY
 Evaluate, diagnose, and provide consultation for patients presenting with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures. May provide care to patients in the emergency department intensive care settings, and medical/surgical units in accordance with facility policies. May also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in teleneurology include management of the following types of neurological symptoms or conditions, and performance of the following types of consultation and treatment that are extensions of the same techniques and skills. Teleneurology includes diagnostic evaluation of the following symptoms and neurological emergencies: Stroke, Transient neurological disturbance (e.g., seizures, sleep disorders, and vertigo), Acute or chronic cognitive disturbance (e.g., developmental disability, dyslexia, and dementia), Acute or chronic vocal or diffuse motor disturbance (e.g., gait disturbance, weakness, and urinary or bowel incontinence), Acute or chronic pain (e.g., headache, neck pain, back pain), Sensory disturbance (e.g., peripheral neuropathy, peripheral nerve trauma, tumors), Depressed consciousness, stupor, or coma, Spinal cord injury, Delirium/encephalopathy/delirium tremens, CNS infections, Tumors of the brain and neurological system, Acute head trauma and neck trauma, Spontaneous subarachnoid hemorrhage, Increased intracranial pressure, Sudden vision loss, Neuroleptic malignant syndrome, Management of the following conditions affecting the neurological system

Approved Board of Trustees 03/20/2024 03/20/2024 12/31/2025

Alaska Regional Hospital

03/21/24

10:44 am

Delineation of Privileges

Provider: Aizaz Rashid Hundal, MD Cont'd

Status: Current

ID: TC000G6AHL

Category: Associate/Affiliate

Facility Status:

Privileges for: TeleNeurology Privileges Cont'd

Privilege	Status	Decision By	Original Date	Start Date	End Date	Condition
-----------	--------	-------------	---------------	------------	----------	-----------

- Neuromuscular disorders, Vascular disorders, Epilepsy, Movement disorders, Autonomic disorders
 Teleneurology consultation and treatment includes:
 Obtaining an orderly and detailed history from the patient, Conducting a neurological examination to the extent possible via telehealth, Determining the indications for and limitations of clinical neurodiagnostic tests, Interpreting the clinical neurodiagnostic tests, such as EEGs, results of a lumbar puncture, and EMG, Evaluating the results of neuroimaging studies, such as MRI, CT, and neurosonology, Correlating the information derived from these neurodiagnostic studies with patient clinical history and examination to formulate a differential diagnosis and management plan, Diagnosing a stroke, interpreting neuroimaging studies, and appropriately ordering the administration of IV tPA when indicated, as well as endovascular treatment consultation when indicated, Documenting assessments, orders, consultations, reports, progress notes and other aspects of patient care and treatment provided by the teleneurologist in the electronic medical record, in accordance with Hospital policies.



Practitioner Information:

Provider: Aizaz Rashid Hundal, MD

Specialty: Medicine/ Neurology

Action: Initial Appointment

Department Chair Review:

I have reviewed the provider’s application file along with supporting documentation including, the requested clinical privileges, National Practitioner Data Bank report, primary source verification of current state licensure, DEA and state registrations, the results of quality assurance activities, practice profile, and health status for the above-name applicant and make the recommendation(s) as indicated:

- Recommend as requested (Follow FPPE requirements).
- Recommend with modifications/ conditions below.
- Recommend deferral (requires further review).
- Recommend denial.

Privilege	Condition/Modification/Explanation
Core Privileges in Teleneurology	

Notes/Comments:

Recommend approval from 3/20/2024 to 12/31/2025, based on the DOB synchronization policy

Department Chair Printed Name	Katherine B. Merry, MD	
Department Chair Signature	<i>Katherine B. Merry, MD</i> <small>DocuSigned by: 662709AF90C14AB...</small>	3/5/2024

Committee	Action as indicated in Minutes of Meeting	Meeting Date
Credentials Committee	<input checked="" type="checkbox"/> Recommend as requested. <input type="checkbox"/> Recommend with modifications/ conditions. <input type="checkbox"/> Recommend deferral (requires further review). <input type="checkbox"/> Recommend denial.	3/14/2024
Medical Executive Committee	<input checked="" type="checkbox"/> Recommend as requested. <input type="checkbox"/> Recommend with modifications/ conditions. <input type="checkbox"/> Recommend deferral (requires further review). <input type="checkbox"/> Recommend denial.	3/19/2024
Board of Trustees	<input checked="" type="checkbox"/> Approved as requested. <input type="checkbox"/> Approved with modifications/ conditions. <input type="checkbox"/> Deferred (requires further review). <input type="checkbox"/> Denied	3/20/2024



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 two 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

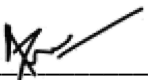
Hospital has received about a distant site hospital or distant site telemedicine entity practitioner. Any information exchanged between the Hospital and a distant site hospital or distant site telemedicine entity in connection with a distant site hospital or distant site telemedicine entity practitioner's 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 Neurology (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.

Signed:  _____ Date: 05/07/2024

Print: Aizaz Hundal MD



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

PRACTITIONER CREDENTIALING

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

RE:

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 _____ for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:
Paul Gloe
6C24CD6B672F40A...
Chief of Staff

18 May 2024 | 6:27 AM AKDT
Date

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

18 May 2024 | 7:13 AM AKDT
Date



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

DATE: 5.30.2024

RE: TeleNeuro Privileges for Aizaz Hunda1, MD

TO: Cordova Community Medical Center Authority Board

Medical Staff Recommendation & Confirmation

Cordova Community Medical Center (CCMC) Medical Staff recommends Facility issue Telemedicine privileges to the added Physician, Delineation of Privileges.

Medical Staff has:

ds } conducted its own full review of credentials of the added Physicians.
PG } relied upon the decisions of Telemedicine Entity.

DocuSigned by:
Paul Gloe
6C24CD6B672F40A...
Authorized Representative of Chief of Staff

18 May 2024 | 6:27 AM AKDT
Date

Paul Gloe, MD
Chief of Staff
DocuSigned by:
Curtis Bejes
E73DD11B943F429...
Authorized Representative of Medical Staff
Curtis Bejes, MD
Medical Director

17 May 2024 | 7:40 AM AKDT
Date

DocuSigned by:
Hannah Sanders
A9259C4E5177486...
Authorized Representative of Cordova Community Medical Center
Hannah Sanders, MD CEO
Chief Executive Officer
Cordova Community Medical Center

18 May 2024 | 7:13 AM AKDT
Date

Issuance of Privileges

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

Authorized Governing Body Representative

Date

Print Name

Title



Memorandum

To: CCMC Hospital Services Board

Subject: Delineation of TeleNeurology Privileges for Jayesh Patel, DO

Date: 5/23/2024

Suggested Motion: "I move that the CCMC Hospital Services Board approve TeleNeurology Privileges for Jayesh Patel, DO as presented."



3/20/2024

Re: Initial Medical Staff Appointment

Dear Jayesh P. Patel, DO:

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 **3/20/2024 through 5/31/2025**.

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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

Alaska Regional Hospital

03/21/24

11:29 am

Delineation of Privileges

Provider: Jayesh P Patel, DO

Status: Current

ID: TC000FQGLF

Category: Associate/Affiliate

Facility Status:

Privileges for: TeleNeurology Privileges

Privilege	Status	Decision By	Original Date	Start Date	End Date	Condition
-----------	--------	-------------	---------------	------------	----------	-----------

CORE PRIVILEGES IN TELENEUROLOGY	Approved	Board of Trustees	03/20/2024	03/20/2024	05/31/2025	
----------------------------------	----------	-------------------	------------	------------	------------	--

Evaluate, diagnose, and provide consultation for patients presenting with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures. May provide care to patients in the emergency department intensive care settings, and medical/surgical units in accordance with facility policies. May also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in teleneurology include management of the following types of neurological symptoms or conditions, and performance of the following types of consultation and treatment that are extensions of the same techniques and skills. Teleneurology includes diagnostic evaluation of the following symptoms and neurological emergencies: Stroke, Transient neurological disturbance (e.g., seizures, sleep disorders, and vertigo), Acute or chronic cognitive disturbance (e.g., developmental disability, dyslexia, and dementia), Acute or chronic vocal or diffuse motor disturbance (e.g., gait disturbance, weakness, and urinary or bowel incontinence), Acute or chronic pain (e.g., headache, neck pain, back pain), Sensory disturbance (e.g., peripheral neuropathy, peripheral nerve trauma, tumors), Depressed consciousness, stupor, or coma, Spinal cord injury, Delirium/encephalopathy/delirium tremens, CNS infections, Tumors of the brain and neurological system, Acute head trauma and neck trauma, Spontaneous subarachnoid hemorrhage, Increased intracranial pressure, Sudden vision loss, Neuroleptic malignant syndrome, Management of the following conditions affecting the neurological system

Alaska Regional Hospital

03/21/24

11:29 am

Delineation of Privileges

Provider: Jayesh P Patel, DO Cont'd

Status: Current

ID: TC000FQGLF

Category: Associate/Affiliate

Facility Status:

Privileges for: TeleNeurology Privileges Cont'd

Privilege	Status	Decision By	Original Date	Start Date	End Date	Condition
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- Neuromuscular disorders, Vascular disorders, Epilepsy, Movement disorders, Autonomic disorders
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Practitioner Information:

Provider: Jayesh P Patel, DO

Specialty: Medicine/ Neurology

Action: Initial Appointment

Department Chair Review:

I have reviewed the provider’s application file along with supporting documentation including, the requested clinical privileges, National Practitioner Data Bank report, primary source verification of current state licensure, DEA and state registrations, the results of quality assurance activities, practice profile, and health status for the above-name applicant and make the recommendation(s) as indicated:

- Recommend as requested (Follow FPPE requirements).
- Recommend with modifications/ conditions below.
- Recommend deferral (requires further review).
- Recommend denial.

Privilege	Condition/Modification/Explanation
Core Privileges in Teleneurology	

Notes/Comments:

Recommend approval from 3/20/2024 to 05/31/2025, based on the DOB synchronization policy

Department Chair Printed Name	Katherine B. Merry, MD	
Department Chair Signature	DocuSigned by: 662709AF90C14AB...	Date 3/5/2024

Committee	Action as indicated in Minutes of Meeting	Meeting Date
Credentials Committee	<input checked="" type="checkbox"/> Recommend as requested. <input type="checkbox"/> Recommend with modifications/ conditions. <input type="checkbox"/> Recommend deferral (requires further review). <input type="checkbox"/> Recommend denial.	3/14/2024
Medical Executive Committee	<input checked="" type="checkbox"/> Recommend as requested. <input type="checkbox"/> Recommend with modifications/ conditions. <input type="checkbox"/> Recommend deferral (requires further review). <input type="checkbox"/> Recommend denial.	3/19/2024
Board of Trustees	<input checked="" type="checkbox"/> Approved as requested. <input type="checkbox"/> Approved with modifications/ conditions. <input type="checkbox"/> Deferred (requires further review). <input type="checkbox"/> Denied	3/20/2024



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

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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.

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Signed: Jayeh Patel Date: 05/10/2024

Print: Jayeh Patel DO



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

PRACTITIONER CREDENTIALING

May 30, 2024

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

RE: Jayesh Patel, DO

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 Jayesh Patel, DO for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:
Paul Goe
6C24CD6B672F40A...

Chief of Staff

16 May 2024 | 2:48 PM AKDT

Date

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

Chief Executive Officer

17 May 2024 | 8:14 AM AKDT

Date



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

DATE: May 30, 2024

RE: Jayesh Patel, DO TeleNeuro Priv


TO: Cordova Community Medical Center Authority Board


Medical Staff Recommendation & Confirmation

Cordova Community Medical Center (CCMC) Medical Staff recommends Facility issue Telemedicine privileges to the added Physician, Delineation of Privileges.

Medical Staff has:


{ } conducted its own full review of credentials of the added Physicians.

 } relied upon the decisions of Telemedicine Entity.

DocuSigned by:

6C24CD8B672F40A...
Authorized Representative of Chief of Staff
Paul Gloe, MD
Chief of Staff

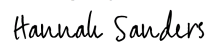
16 May 2024 | 2:48 PM AKDT

Date

DocuSigned by:

E73DD11B943F429...
Authorized Representative of Medical Staff
Curtis Bejes, MD
Medical Director

17 May 2024 | 7:39 AM AKDT

Date

DocuSigned by:

A9259C1E5177486...
Authorized Representative of Cordova Community Medical Center
Hannah Sanders, MD CEO
Chief Executive Officer
Cordova Community Medical Center

17 May 2024 | 8:14 AM AKDT

Date

Issuance of Privileges

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

Authorized Governing Body Representative

Date

Print Name

Title

June 2024						
◀ May 2024						Jul 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 CCMC Board Meeting 12PM	28	29
30						