



**CCMC HOSPITAL SERVICES BOARD AGENDA**  
**March 27, 2025 REGULAR MEETING**  
**12:00PM HYBRID IN-PERSON**

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

**Board of Directors**

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)**

1. Audience Comments
2. Guest Speaker

**B. BOARD DEVELOPMENT**

1. Government and the Three Modes

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**C. CONFLICT OF INTEREST**

**D. APPROVAL OF AGENDA**

**E. APPROVAL OF MINUTES**

1. February 27, 2025, Meeting Minutes

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**F. REPORTS OF OFFICERS OR ADVISORS**

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

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**G. DISCUSSION ITEMS**

1. Critical Access Hospital 2024 Periodic Evaluation and Report

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**H. ACTION ITEMS**

1. Delineation of Privileges for Dr. Andrew Sellers
2. Delineation of Privileges for Dr. Berthina Coleman
3. Recredentialing of Privileges for Dr. Wesley Gifford
4. Recredentialing of Privileges for Dr. Hannah Sanders
5. Recredentialing of Privileges for Dr. Myron Fribush

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**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 Board of Directors meeting will be held via ZOOM:**

<https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09>

Meeting ID: 467 570 1050; Passcode: 379187

To call in: 1-253-215-8782

Meeting ID: 467 570 1050; Passcode: 379187

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

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

# Trustee Insights

## GOVERNANCE EFFECTIVENESS



## Governance and The Three Modes

Competence in fiduciary, strategic and generative governance can boost board effectiveness

BY KARA WITALIS  
AND ERICA OSBORNE

**F**or community health care boards to effectively tackle the big challenges their organizations face and to lead successfully into the future, they need to enhance their ability to bring value and insights, think critically and provide strategic guidance. This means focusing on what really matters, thinking things through carefully, challenging the status quo and being ready to make tough but important directional decisions.

To boost board effectiveness, boards need to build muscle in three key modes of governance: fiduciary, strategic and generative. When boards understand and use these modes — both as individuals and as a team — they can make smarter choices and move from being good to truly great.

### The Modes Explained

Each mode of governance requires the board to take on a distinct role. In the fiduciary mode, the board acts as a watchdog, ensuring proper oversight and compliance. In the strategic mode, the board takes on the role of a strategist, solving problems and guiding the organization's direction. In the generative mode,

the board acts as a sense maker, exploring issues from different angles and considering various future possibilities. High-performing boards use all three modes at different times to effectively guide their organizations.

### Fiduciary Governance

Fiduciary governance is closely tied to the core duties of obedience, loyalty and care. As community board members, fulfilling fiduciary duties requires being committed to the organization's mission, disclosing conflicts of interest and coming to meetings well prepared and ready to engage, among other things. This work involves oversight, stewardship, accountability, risk management and compliance.

Key questions community health care boards address in the fiduciary mode include:

- How is our organization fulfilling its mission?
- Are we acting in the best interests of the organization and our communities?
- Do we have a clear understanding of the regulation affecting the organization?
- Are we in compliance?

A community health care board is in the fiduciary mode of governance when, for example:

- A board member self-discloses a conflict of interest and recuses

themselves from related board/leadership discussions.

- It regularly evaluates the CEO's performance, sets goals and ensures accountability.
- It oversees the process by which the organization conducts the community health needs assessment.
- It receives and reviews annual financial and contract audits.

Other examples of fiduciary governance in action include rigorously managing organizational finances and compliance frameworks to enhance transparency and ethical practices. Similarly, in the fiduciary mode, the board will focus on credentialing health care providers to safeguard patient safety and maintain quality services.

## Strategic Governance

In the strategic mode, the board focuses on long-term planning and big-picture discussions of how to move from the current state to a desired future state. Whereas boards use the mission to guide decision-making in all three modes, in the strategic mode, typically during strategic planning, boards focus on reaffirming the organization's mission and establishing the vision of the future. They set broad strategies to achieve the vision, prioritize initiatives and resources allocations, set priorities and regularly review performance.

Key questions a community hospital board would ask include:

- What is our vision for the future of health care for our communities? How will we define success?

- What are the organization's core challenges and opportunities?
- What is changing in our markets — such as competition, regulation, partnerships and affiliations, community health needs — that should be considered as we prepare for the future?
- What are the big areas of focus to prioritize in order to achieve our vision?
- What would happen if we did nothing different from today?

A community health care board is in the strategic mode of governance when, for example:

- It oversees the organization's strategic plan process, ensuring input is incorporated from multiple stakeholders and in which a shared vision of the future is established.
- It receives an update on recent changes to the market, such as new competitors, mergers or affiliations between providers and payer movement. The board then discusses the impact of these changes and considers how the organization should respond and move forward.
- It discusses whether it has accurately evaluated the health factors and needs of its community, if the organization is effectively addressing those needs and how it might do things differently in the future to better meet the needs.
- It explores and makes decisions on strategic partnerships with other organizations to improve service delivery. It receives routine education from experts about health care trends, payment reform, regulatory changes and innovations.

Other examples of strategic governance in action include over-

seeing major initiatives like building a new facility, launching a new program, implementing an electronic health records system or other innovations.

## Generative Governance

While fiduciary and strategic governance focus on the what, where and when, generative governance dives into the why and what if. It's about thinking ahead and looking far into the future. Generative discussions can feel unclear and uncertain, but that's where the real value lies. Answers should not come easily but should be reached through vigorous, ongoing discussion. These discussions should encourage deep thought and reflection to uncover hidden issues, spark new ideas and challenge old assumptions—all while tackling the big questions that matter most to stakeholders.

Key questions a community hospital board would ask in the generative mode include:

- What does our organization represent to our community and why?
- What is the legacy we want to provide for our grandchildren and great grandchildren of this community?
- How will changes in our society (demographic shifts or technological advances) influence our organization's greater purpose?
- What are the problems and new possibilities of the future?

A community hospital board is in the generative mode of governance when, for example:

- It engages in meaningful

discussions about what constitutes health (not just health care).

- It explores the bigger picture of why health matters and how to enable health and wellness for communities, now and for generations to come.
- It brainstorms how technological innovations or partnerships could enhance the organization's ability to fulfill its mission and add value.

Generative governance success stories include Cleveland Clinic redefining its role in community health by addressing food insecurity and housing stability. The Robert Wood Johnson Foundation developed pioneering programs by asking transformative questions such as, "Why does health disparity exist?" and "How can we lead systemic change?"

Not surprisingly, generative governance can be the most challenging mode to understand and apply. It requires critical thinking, curiosity, open-mindedness and a willingness to hear different perspectives. Generative governance is understanding not just what the answers might be, but what the right questions are in the first place.

## Strengthening governance muscle in the three modes

The following offer practical ways for boards to strengthen governance muscle in all three modes.

### Board Meetings

Design board meeting agendas to reflect the three modes of governance, focusing on topics aligned with the organization's mission and

strategy. Include clear discussion questions to guide board debate and allocate ample time for meaningful dialogue and deep thinking. Use consent agendas to streamline routine matters, combining them into a single item for quick approval or denial.

To ensure board members have time to review, prepare and arrive ready to engage, share insights and ask thoughtful questions, provide well-curated, high-level strategic reading materials in advance of the meeting and avoid management report-outs of pre-distributed materials to prioritize discussion and decision-making during meetings.

### Board Discussion

Management plays a key role in facilitating productive board discussions. Instead of ending with a simple "any questions?," include specific discussion questions at the end of each agenda topic. Focus on what management needs from the board to help think through the issue. Make these discussion questions visible on the agenda and in the pre-reading materials to guide the conversation.

Encourage board members to ask thoughtful questions that spark dialogue and deeper analysis. Examples include:

- Why is this issue important for us to consider?
- Why does this problem persist?
- How can we view the situation from a different perspective?
- What are the best and worst possible outcomes?

This approach helps create a more dynamic and engaging discussion, ensuring that board input is both valuable and actionable.

## Board Composition

It's common for individuals to feel more comfortable operating in one or two governance modes but rarely in all three. This is where the composition of a board becomes a significant advantage. Different board members bring varied skills and different levels of comfort across the three modes, enriching discussions and decision-making. We recommend building boards that are balanced, with members who bring unique experiences and perspectives. This helps the board recognize cues and insights that might otherwise be missed.

## Leadership

The nonprofit health care board chairperson plays a critical role in helping the board strengthen its governance abilities across the three modes—fiduciary, strategic and generative. Here's how they can support this development:

- Set the tone and establish a culture that values all three governance modes and highlights their importance.
- Shape the agenda to ensure they are balanced with routine oversight, strategic planning and deep forward-thinking discussions.
- Foster a healthy relationship with the chief executive officer to maintain clear distinction of roles between what is governance and what is management.
- Promote different voices in board member composition and encourage participation from all board members.
- Prioritize board education to build the board's capacity to effectively operate in all three modes.

- Guide discussions and redirect conversations when they become too operational.
- Encourage the board to evaluate its governance approach and identify areas for growth through regular board self-assessment.

## Conclusion

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The responsibilities of today's health care governing boards are significant. The board's role goes beyond simply oversight. To be truly effective, boards must analyze complex issues, ask insightful questions and envision a future that aligns with their organization's goals and the needs of the community they serve.

By strengthening fiduciary, strategic and generative governance muscles, boards can elevate their decision-making processes and amplify their organization's positive impact. Fiduciary governance seeks to ensure organizational compliance, financial and operational accountability, strategic governance focuses on setting and achieving long-term goals and generative governance focuses on deeper questions, exploring ideas and possibilities that shape the organization's future for generations to come.

When boards balance these three modes — combining oversight with forward-thinking discussions and proactive leadership

— they unlock their full potential. This thoughtful approach not only strengthens the organization but also leads to meaningful and lasting benefits for the communities they are dedicated to serving.

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*Please note that the views of authors do not always reflect the views of AHA.*

## Minutes

### CCMC Hospital Services Board Meeting

February 27, 2025, at 12:00pm

#### CALL TO ORDER AND ROLL CALL –

**Kelsey Hayden called the Board Meeting to order at 12:04pm.**

Board members present: Kelsey Hayden, Ann Linville, Liz Senear, and Shelly Kocan. Board members absent: Diane Ujioka

**Quorum was established. 4 members are present.**

CCMC staff present: Dr. Hannah Sanders, CEO; Curtis Bejes, Medical Director; Denna Stavig, Director of Finance; Tamara Russin, Director of Ancillary Services; Noelle Camarena, Director of Operations; Olivia Moreno, Long Term Care Director of Nursing; Bre Lohse, Temporary RN Supervisor, and Abby Bourgeois.

#### 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/ Kocan “I move to approve the agenda.”**

**Senear – yes, Hayden – yes, Linville – yes, Kocan – Yes, and Ujioka – absent.**

**4 yeas, 0 nay, 1 absent; Motion passed.**

#### E. APPROVAL OF MINUTES

1. January 23, 2024, Meeting Minutes

**M/Senear S/Linville “I move to approve the minutes.”**

**Senear – yes, Hayden – yes, Linville –yes, Kocan– yes, and Ujioka-absent. 4 yeas, 0 nay, 1 absent; Motion passed.**

## F. REPORTS OF OFFICERS and ADVISORS

- 1. Board Chair Report** – Kelsey Hayden reports that she attended the work session with NVE. Hayden states that sometimes it is hard to know which direction we are headed in, but that she is glad that we are having conversations and hopefully more will come to light as we continue meeting consistently. Hayden states that in the latest candidate forum for Cordova’s upcoming city election, a city council candidate shared misleading information regarding the city’s allocation of funds to CCMC. Hayden states that she quickly texted to correct him and that he expressed interest in further conversation about the topic.
- 2. CEO Report** – Dr. Sanders states that now, more than ever, it’s important for us to unify and pour all of Cordova’s health care resources into keeping our hospital open. Sanders states that this is looking harder and harder with the diminishing available funding, but that CCMC continues to strongly advocate for our critical access hospital. Sanders reports that she has been working with the Alaska Hospitals Association to further communicate our reliance upon Medicare and Medicaid money, as well as additional funding, to operate and service our community. Sanders states that historically our thin or negative margins have prevented us the ability fully fund depreciation and set aside funds for facility improvements. The large unforeseen contractual adjustments in December 2024 continued the trend. Sanders states that we did okay cash wise for 2024 and still have hope that when we submit the Medicare cost report will help true up our considerable loss that is currently posted. She provided an example of a contractual adjustment. Sanders states that we have been working hard this year to update our insurance contracts and try to hold commercial insurance payers accountable. Sanders states that with a lot of insurance companies, it often feels like their method is to issue a denial on first response, and then after reasoning back and forth, they eventually issue approval for some of the requested services. Sanders states this month has been especially busy, mentioning a long-term care survey that took place recently as well as some staffing updates. Liz Senear asks how CCMC is going about obtaining more favorable contracts with insurance companies. Sanders explains one thing they have been working on is to get Commercial payors to recognize outpatient services, such as physical and occupational therapy, as in-network so that these services are more affordable and therefore more utilized by the community. Sanders states our goal is for these contracts to be favorable to the patient so that our services can be utilized without the financial burden of an expensive deductible and coinsurance. Sanders explains that some insurance companies will have better terms and reimbursement structures for

critical access hospitals, but not all of them do. Senear adds that because we are so small we probably don't have a lot of bargaining power and asks if the creation of an Alaskan hospital network would help in that matter. Sanders states that they are working with community owned hospitals in Alaska and to obtain a grant that would help investigate a network for this type of collaboration. Shelly Kocan asks if negotiating contract rates with Premera is something that happens annually or if it is up for renegotiation after a fixed amount of time. Sanders has an open discussion regarding insurance contracts and states that the goal is for insurance companies to be willing to renegotiate at least every other year. Liz Senear asks about rates in Anchorage versus here in Cordova and if occupational and physical therapy are covered there. Sanders states some facilities in Anchorage may have different structures. Sanders states freestanding rehab centers have different costs associated with operations and are more likely to be in network and have services covered through a copay rather than being subject to deductible.

Sanders reports that our long-term care survey went excellently, and she is very proud of the team. Hayden asks how the current political climate and risk of cutting federal spending might impact CCMC. Sanders states that the city does not have the funds and is not able to support us if we lose vital funding from CMS. Sanders states that reaching out to our state representatives and advocating for continued Medicaid expansion is huge right now, explaining that short term cuts to Medicaid or Medicare would be 100% detrimental and our hospital would likely not survive it.

Sanders takes a moment to introduce Dr. Curtis Bejes, who is the medical director of CCMC and Ilanka Community Health Center and is sitting in on this meeting. Sanders commends him for being a fantastic medical director and a great resource for our community. Dr. Sanders reports that the meeting with NVE went well, however she feels like the path forward is unclear. Kocan felt it was good that the NVE health board chair clarified that their main priority right now is the construction of their new building. Kocan asks if Sanders thinks NVE's standpoint has deviated from the initial impression of the first meeting. Sanders states that since she has been in this role as CEO, she feels as though the message was always to work toward a unified entity with one campus, and recently she feels like there's no longer a clear path toward that goal. Sanders states that we are still willing to put in time, but it would be nice to know we are all working toward a common goal. Sanders adds that otherwise, the hospital needs to figure out how to get our costs down and position ourselves to be able to stay open long-term. Kocan comments that it seemed like a singular campus hospital is off the table. Sanders adds that as far as working together, we are as best positioned as we've been in her time in Cordova and that having a medical director and other doctors serving both entities is huge. Kocan acknowledges the significant investments of time and effort CCMC and NVE have put in. Hayden adds how great it is to have Diane Ujioka both on the tribal



board and our Hospital Services Board, which she believes aids in building a stronger relationship with NVE.

Sanders states we have permanent nurses moving to town and have had a lot of interest from doctors considering moving to Cordova which is very exciting. Sanders also adds that we haven't done an annual CEO evaluation in over a year and do need to schedule an in-person executive session to perform it.

**3. Director of Finance Report** – Denna Stavig states that she has both December and January financials in the packet this month, adding that we are finally up to current date after being behind for a few months due to the end of year duties requiring a lot of dedication and time. Stavig reports that we did end up finishing 2024 in the negative despite November predictions trending otherwise due to those large unforeseen contractual adjustments previously mentioned in Dr. Sander's report. Stavig states that our cash is still holding strong despite the loss. Stavig reports January as having been especially slow, but notes a big adjustment was taken off for an allowance calculation for collectibles that could swing either way month to month, so we will just have to see how our aging balances look. Stavig states we did better in January than predicted which is great. Sanders notes the dramatic downfall in utilization of our outpatient services shortly after we switched to Premera for city and hospital benefits in January of 2023, which she assumes is largely due to the increased out of pocket expense associated with that contract. Sanders also notes that our premiums have been up due to our claims being so high, resulting in other insurance companies refusing to even quote us. Sanders states she is working with the city in trying to change that hopefully by next year if not sooner. Shelly Kocan comments she wasn't aware that CCMC had zero choice in how OT and PT services are billed, reflecting on when her daughter needed OT services, and the prices were unaffordable. Shelly Kocan asks if NVE's new laboratory, which allows them to discontinue utilizing CCMC's, has shown any impact on us yet. Sanders answers that we have not yet seen this impact, but we do expect a one. Sanders states that years ago Ilanka started drawing and sending out to Quest, we saw a drop in revenue, and we expect another one. Stavig notes that when the packet came out, she realized she had lost the bottom row of statistics for behavioral health for 2025 so she will fix that for the next meeting.

## **G. DISCUSSION ITEMS**

### **H. ACTION ITEMS**

#### **1. Delineation of Privileges for Dr. Edward Chen**

**M/Kocan S/Senear** "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Edward Chen, MD as presented".

**Voice Vote on Motion**

**Senear – yes, Hayden – yes, Linville – yes, Kocan – yes, and Ujioka – absent.**

**4 yeas, 0 nay, 1 absent; Motion passed.**

**4. Delineation of Privileges for Dr. Jeremiah Stringam**

**M/Kocan S/Linville** “I move that the CCMC Authority Board of Directors approve the Delineation of radiology telemedicine Privileges for Jeremiah Stringam, MD as presented.”

**Voice Vote on Motion**

**Senear – yes, Hayden – yes, Linville – yes, Kocan – yes, and Ujioka – absent.**

**4 yeas, 0 nay, 1 absent; Motion passed.**

**I. AUDIENCE PARTICIPATION ~ None**

**J. BOARD MEMBERS' COMMENTS**

**Senear** ~ I should have said this a long time ago; I love having the pharmacy at CCMC. They are so helpful and super nice.

**Hayden** ~ Thank you all for your hard work. I spend a lot of time bragging about how great the hospital is. I tell others that a lot of the staff are locals who went to school and came back to work here, and it gives us all warm fuzzies and it is fantastic. Even with everything being in chaos you all still take it in stride and work hard and it's very much appreciated.

**Linville** ~ Sorry for being so silent but I am sitting in the dining room on the ferry. I counted three new full-time employees and think that's amazing. Good job on the long-term care survey and although there were big hits, there were also a lot of positives.

**Kocan** ~ We got to see Dr. Gloe and his family in Costa Rica and they seem to be doing well. He is doing well in his natural medicine fellowship and his wife is enjoying being challenged by her massage therapy program. It was nice to see them and thought I would share.

**K. EXECUTIVE SESSION ~ None**

**L. ADJOURNMENT**

**M/Senear S/Kocan** to adjourn the meeting.

**Hearing no objection, Kelsey Hayden declared the meeting adjourned 12:47pm.**

## **March CEO Board Report**

**Staffing Updates:** We have successfully hired four permanent nurses, which will contribute to reducing traveler expenses and overtime costs moving forward. Additionally, Olivia Moreno has stepped up into the Acute Hospital Director of Nursing (DON) role. She continues to oversee Long-Term Care (LTC) with support from our nurse managers until the LTC DON role is filled. I want to mention how appreciative I am to the CCMC leadership team and committed staff that continue to fill vacancy gaps and ensure continued operations.

**Leadership & Committees:** I have been appointed to volunteer for the Alaska Hospital and Healthcare Association (AHHA) Executive Board and have also taken on the role of Safety Committee Chair. This appointment provides CCMC with a stronger voice in statewide healthcare initiatives, advocacy efforts, and policy discussions. It allows us to stay informed about industry trends, access valuable resources, and contribute to shaping healthcare policies that impact rural hospitals like ours. Additionally, it enhances our ability to collaborate with other healthcare leaders to address common challenges and drive improvements for our facility and the broader community.

**Financial & Grant Updates:** CCMC is actively working on identifying funding for capital improvements. We have progressed to the second phase of the Community Development Block Grant (CDBG) and are currently working on follow-up requests for the 2026 Congressional Directed Spending (CDS) appropriation request.

**Facility Improvements:** We are prioritizing the 2019 Native Village of Eyak (NVE) facility condition report, focusing on high-priority repairs while maintaining hospital operations. Simultaneously, we are keeping sight of the need for a long-term facility update and remodel plan to ensure sustainable and modernized infrastructure.

**Emergency Preparedness:** Our Emergency Preparedness (EP) team is actively reviewing action plans to ensure we are prepared for a potential eruption of Mount Spurr. This includes assessing potential impacts, updating response protocols, and coordinating with local and state agencies to safeguard our staff, patients, and community.

### **Operational Highlights:**

- February statistics show continued patient engagement across acute care, long-term care, and clinic services.
- Financial reports indicate stable revenue streams, with notable improvements in expense management.
- Ongoing improvements in hospital operations, including staff retention and infrastructure planning, remain a key focus.

CORDOVA COMMUNITY MEDICAL CENTER  
 OPERATING/INCOME STATEMENT  
 FOR THE 2 MONTHS ENDING 02/28/25

03/20/25 08:59 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
<b>REVENUE</b>								
ACUTE	128,962	134,180	(5,217)	(3)	314,411	270,457	43,953	16
SWING BED	389,364	211,227	178,137	84	541,834	502,726	39,107	7
LONG TERM CARE	434,448	485,132	(50,683)	(10)	891,990	1,011,298	(119,308)	(11)
CLINIC	78,967	94,818	(15,850)	(16)	192,672	212,797	(20,125)	(9)
ANCILLARY DEPTS	223,460	244,568	(21,107)	(8)	611,631	520,578	91,052	17
EMERGENCY DEPART	233,655	227,431	6,223	2	647,325	628,595	18,730	2
BEHAVIORAL HEALT	13,761	30,911	(17,150)	(55)	41,142	66,636	(25,494)	(38)
RETAIL PHARMACY	162,506	133,001	29,504	22	393,205	313,527	79,677	25
<b>PATIENT SERVIC</b>	<b>1,665,127</b>	<b>1,561,271</b>	<b>103,855</b>	<b>6</b>	<b>3,634,211</b>	<b>3,526,617</b>	<b>107,593</b>	<b>3</b>
<b>DEDUCTIONS</b>								
CHARITY	20,931	6,093	(14,837)	(243)	25,007	14,730	(10,277)	(69)
CONTRACTUAL ADJU	477,009	361,219	(115,790)	(32)	1,090,934	983,877	(107,057)	(10)
ADMINISTRATIVE A	4,700	12,552	7,851	62	15,454	22,400	6,946	31
BAD DEBT	(74,869)	20,087	94,957	472	53,967	40,502	(13,464)	(33)
<b>DEDUCTIONS TOT</b>	<b>427,771</b>	<b>399,952</b>	<b>(27,818)</b>	<b>(6)</b>	<b>1,185,364</b>	<b>1,061,511</b>	<b>(123,853)</b>	<b>(11)</b>
<b>COST RECOVERIES</b>								
GRANTS	118,768	117,983	784	0	120,295	117,983	2,312	1
IN-KIND CONTRIBU	16,682	33,325	(16,642)	(49)	33,585	49,987	(16,402)	(32)
OTHER REVENUE	8,984	19,941	(10,956)	(54)	22,101	28,539	(6,437)	(22)
<b>COST RECOVERIE</b>	<b>144,435</b>	<b>171,250</b>	<b>(26,814)</b>	<b>(15)</b>	<b>175,982</b>	<b>196,511</b>	<b>(20,528)</b>	<b>(10)</b>
<b>TOTAL REVENUES</b>	<b>1,381,791</b>	<b>1,332,569</b>	<b>49,222</b>	<b>3</b>	<b>2,624,829</b>	<b>2,661,617</b>	<b>(36,787)</b>	<b>(1)</b>
<b>EXPENSES</b>								
WAGES	505,960	541,703	35,742	6	1,056,151	1,134,103	77,952	6
TAXES & BENEFITS	254,890	280,359	25,469	9	492,073	650,662	158,589	24
PROFESSIONAL SER	268,198	267,454	(744)	(0)	523,017	453,277	(69,739)	(15)
SUPPLIES	181,530	161,410	(20,120)	(12)	411,761	318,597	(93,163)	(29)
MINOR EQUIPMENT	20,433	5,924	(14,509)	(244)	20,763	8,791	(11,972)	(136)
REPAIRS & MAINT	2,949	11,018	8,068	73	8,863	24,391	15,527	63
RENTS & LEASES	13,389	13,091	(298)	(2)	26,053	24,996	(1,057)	(4)
UTILITIES	49,822	60,966	11,144	18	100,780	120,278	19,497	16
TRAVEL & TRAININ	9,658	9,196	(461)	(5)	12,645	14,624	1,979	13
INSURANCES	19,837	20,574	737	3	44,304	41,149	(3,155)	(7)
RECRUIT & RELOCA	1,116	225	(891)	(395)	1,750	278	(1,472)	(528)
DEPRECIATION	50,098	50,098	(0)	(0)	100,197	100,196	(1)	(0)
OTHER EXPENSES	17,767	12,555	(5,212)	(41)	29,276	35,215	5,938	16
<b>TOTAL EXPENSES</b>	<b>1,395,653</b>	<b>1,434,577</b>	<b>38,923</b>	<b>2</b>	<b>2,827,640</b>	<b>2,926,565</b>	<b>98,924</b>	<b>3</b>
<b>OPERATING INCO</b>	<b>(13,862)</b>	<b>(102,008)</b>	<b>88,146</b>	<b>86</b>	<b>(202,810)</b>	<b>(264,947)</b>	<b>62,137</b>	<b>23</b>
<b>NET INCOME</b>	<b>(13,862)</b>	<b>(102,008)</b>	<b>88,146</b>	<b>86</b>	<b>(202,810)</b>	<b>(264,947)</b>	<b>62,137</b>	<b>23</b>

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CORDOVA COMMUNITY MEDICAL CENTER  
 BALANCE SHEET  
 FOR THE MONTH ENDING: 02/28/25

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	2,168,705	2,386,096	(217,391)
NET ACCOUNT RECEIVABLE	1,967,273	1,824,336	142,936
THIRD PARTY RECEIVABLE	(101,399)	(736,427)	635,028
CLEARING ACCOUNTS	94,992	22	94,969
PREPAID EXPENSES	162,617	157,193	5,423
INVENTORY	503,963	462,913	41,049
	-----	-----	-----
TOTAL CURRENT ASSETS	4,796,152	4,094,135	702,016
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	8,666,889	8,666,889	
EQUIPMENT	10,142,184	9,678,306	463,877
CONSTRUCTION IN PROGRESS	5,101	650	4,451
	-----	-----	-----
SUBTOTAL PP&E	18,936,184	18,467,855	468,328
LESS ACCUMULATED DEPRECIATION	(15,340,588)	(14,762,948)	(577,639)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	3,595,595	3,704,907	(109,311)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(107,500)	(92,500)	(15,000)
PERS DEFERRED OUTFLOW	949,242	949,242	
TOTAL OTHER ASSETS	991,742	1,006,742	(15,000)
	-----	-----	-----
TOTAL ASSETS	9,383,491	8,805,785	577,705
	=====	=====	=====

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CORDOVA COMMUNITY MEDICAL CENTER  
 BALANCE SHEET  
 FOR THE MONTH ENDING: 02/28/25

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	562,258	316,926	245,332
PAYROLL & RELATED LIABILITIES	838,298	742,180	96,117
INTEREST & OTHER PAYABLES	669	7,711	(7,041)
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	354,275	(1,437)	355,713
	-----	-----	-----
TOTAL CURRENT LIABILITIES	7,221,961	6,531,839	690,121
LONG TERM LIABILITIES			
NET PENSION LIABILITY	8,625,106	8,625,106	
TOTAL LONG TERM LIABILITIES	8,625,106	8,625,106	
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	(3,759,735)	(3,759,735)	
TOTAL DEFERRED INFLOWS	(3,759,735)	(3,759,735)	
TOTAL LIABILITIES	12,087,332	11,397,210	690,121
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(2,519,544)	(1,909,527)	(610,017)
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	(202,810)	(700,411)	497,601
	-----	-----	-----
TOTAL NET POSITION	(2,703,841)	(2,591,425)	(112,416)
TOTAL LIABILITIES & NET POSITION	9,383,490	8,805,785	577,705
	=====	=====	=====

**Cordova Community Medical Center Statistics**

Days per Month	31	28	31	30	31	30	31	31	30	31	30	31	Cumulative Monthly Total	Monthly Average
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
<b>Hosp Acute+SWB Avg. Census</b>			29											
FY 2022	1.6	3.3	2.8	2.1	1.5	1.9	3.5	3.5	3.9	0.5	1.0	2.1		2.3
FY 2023	2.5	1.3	2.3	3.6	2.0	0.5	1.1	0.5	2.3	2.7	2.9	2.9		2.1
FY 2024	1.4	1.4	1.4	0.6	1.9	1.3	1.7	2.4	2.7	1.6	0.9	0.7		1.5
FY 2025	0.7	2.2												1.4
<b>Acute Admits</b>														
FY 2022	6	1	2	3	5	7	8	4	3	4	3	5	51	4.3
FY 2023	1	3	6	2	5	4	5	4	2	2	3	4	41	3.4
FY 2024	4	4	2	1	5	8	3	4	12	7	4	4	58	4.8
FY 2025	2	4											6	3.0
<b>Acute Patient Days</b>														
FY 2022	15	11	7	10	8	10	21	9	12	7	5	14	129	10.8
FY 2023	3	9	16	15	15	11	18	4	12	4	9	10	126	10.5
FY 2024	12	14	10	1	18	29	15	15	31	13	10	21	189	15.8
FY 2025	7	13											20	10.0
<b>SWB Admits</b>														
FY 2022	1	3	0	1	2	2	3	2	4	2	2	1	23	1.9
FY 2023	2	1	3	2	1	1	1	0	3	2	3	1	20	1.7
FY 2024	2	2	1	0	4	1	2	1	3	1	2	0	19	1.6
FY 2025	1	2											3	1.5
<b>SWB Patient Days</b>														
FY 2022	34	81	79	54	37	48	89	101	104	7	24	52	710	59.2
FY 2023	73	28	55	94	48	5	15	13	57	80	79	81	628	52.3
FY 2024	30	25	34	16	42	11	39	58	50	38	18	2	363	30.3
FY 2025	15	48											63	31.5
<b>CCMC LTC Admits</b>														
FY 2022	0	0	0	0	0	1	0	0	0	0	0	0	1	0.1
FY 2023	0	0	0	1	1	0	1	2	0	1	0	0	6	0.5
FY 2024	1	0	0	0	0	0	0	0	0	1	0	0	2	0.2
FY 2025	0	0											0	0.0
<b>CCMC LTC Resident Days</b>														
FY 2021	300	300	298	300	310	299	298	310	300	310	298	309	3,632	302.7
FY 2022	310	280	310	300	310	299	310	310	300	310	290	310	3,639	303.3
FY 2023	310	280	310	309	296	270	257	268	252	271	270	279	3,372	281.0
FY 2024	309	290	290	270	262	240	248	248	240	254	270	279	3,200	266.7
FY 2025	273	250											523	261.5
<b>CCMC LTC Avg. Census</b>														
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	8	8	8	8	8	9	9		8.7
FY 2025	9	9												9.0
<b>ER Visits</b>														
FY 2022	38	38	42	50	75	85	76	97	64	63	38	46	712	59.3
FY 2023	62	39	67	39	56	84	109	100	69	40	48	45	758	63.2
FY 2024	58	44	37	39	51	97	80	78	79	55	42	55	715	59.6
FY 2025	44	50											94	47.0
<b>PT Procedures</b>														
FY 2022	275	459	551	394	307	352	396	384	360	201	274	442	4,395	366.3
FY 2023	364	322	458	405	345	209	304	325	479	550	436	343	4,540	378.3
FY 2024	302	213	291	289	341	252	256	321	402	270	266	277	3,480	290.0
FY 2025	341	388											729	364.5
<b>OT Procedures</b>														
FY 2022	122	190	251	134	120	229	243	200	197	53	87	164	1,990	165.8
FY 2023	94	51	152	115	75	94	70	106	167	163	144	104	1,335	111.3
FY 2024	121	56	79	86	133	85	122	82	131	92	107	115	1,209	100.8
FY 2025	87	89											176	88.0
<b>Lab Tests</b>														
FY 2022	825	576	671	902	958	699	610	822	594	585	499	553	8,294	691.2
FY 2023	545	546	575	578	801	655	766	649	512	501	478	539	7,145	595.4
FY 2024	513	526	503	778	814	628	703	637	667	593	576	502	7,440	620.0
FY 2025	542	447											989	494.5
<b>X-Ray Procedures</b>														
FY 2022	82	63	64	94	60	82	69	93	51	72	58	61	849	70.8
FY 2023	72	45	63	49	50	88	97	107	83	71	61	67	853	71.1
FY 2024	76	54	88	54	75	54	82	64	60	62	58	44	771	64.3
FY 2025	79	61											140	70.0
<b>CT Procedures</b>														
FY 2022	21	21	36	25	29	42	31	26	16	30	15	28	320	26.7
FY 2023	30	18	22	18	16	36	39	34	26	4	23	24	290	24.2
FY 2024	38	27	2	16	19	29	31	32	29	17	17	27	284	23.7
FY 2025	23	20											43	21.5
<b>CCMC Clinic Visits</b>														
FY 2022	288	196	199	237	260	241	221	212	304	359	219	182	2,918	243.2
FY 2023	221	158	151	176	214	188	230	289	242	371	216	193	2,649	220.8
FY 2024	205	188	196	188	241	202	250	209	235	298	205	163	2,580	215.0
FY 2025	201	175											376	188.0
<b>Behavioral Hlth Visits</b>														
FY 2022	84	74	83	79	82	67	74	99	126	125	108	94	1,095	91.3
FY 2023	150	68	86	98	122	86	94	97	94	106	136	118	1,255	104.6
FY 2024	167	128	117	118	79	51	53	75	68	96	99	108	1,159	96.6
FY 2025	108	86											194	97.0

To: Cordova Community Medical Center Authority Board

From: Hannah Sanders, CEO

Re: Annual Critical Access Hospital Evaluation for 2024

A comprehensive review of Cordova Community Medical Center (CCMC) for 2024 has been conducted in accordance with the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation for Critical Access Hospitals (CAH). This report presents our annual evaluation, including financial performance, quality improvement efforts, patient volume trends, and strategic initiatives.

The evaluation was completed by Hannah Sanders and reviewed by the Leadership Team and Medical Staff Executive Committee to ensure alignment with CCMC's mission and operational goals.

## **EXECUTIVE SUMMARY**

### **Financial and Operational Overview**

- The rising costs of supplies, freight, and staffing continue to pose financial challenges.
- Negotiations with commercial payors regarding reimbursement rates have been a key focus, ensuring sustainable revenue for CCMC while maintaining affordable access for patients.
- Efforts to improve revenue cycle management have led to enhancements in coding accuracy and claims processing, reducing denied claims and improving cash flow.
- CCMC has actively engaged in discussions with legislators to advocate for increased rural healthcare funding and Medicaid reimbursement adjustments.
- Despite increased operational expenses, CCMC remains financially stable through revenue optimization, cost-control measures, and expansion of service offerings.
- The long-term care facility continues to operate at with available capacity with an average daily census of 8.7.
- Emergency department visits have decreased slightly to 715, reflecting minor fluctuations in patient demand.
- Skilled nursing and rehabilitation services continue to grow as key revenue sources.

### **Key Quality and Process Improvement Initiatives**

In 2024, CCMC has focused on advancing quality initiatives, patient safety, and process efficiency through:



- **Facility-Wide Hand Hygiene Initiative:** Implementing enhanced compliance tracking, real-time feedback, and department-level accountability.
- **Environment of Care (EOC) Rounding Expansion:** Strengthening oversight and corrective actions for patient safety.
- **Electronic Health Record (EHR) Optimization:** Enhancing documentation workflows for improved efficiency and charge capture.
- **Annual Training Review & PBJ Reporting Improvements:** Ensuring compliance with administrative standards.
- **Improved HIM File Management:** Standardizing record retention and accessibility.
- **Expansion of Telehealth Services:** Strengthening tele-neurology and tele-behavioral health consults to improve access for Cordova residents.

Our average length of stay is 74.4 hours, below the CAH requirement of 96 hours.

#### **Consultative services:**

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

- Occupational Therapist
- Physical Therapy
- Podiatry
- Audiology
- Dermatology
- 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 Camarena, FNP and Olivia Moreno, 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. More detailed information is included in the main report.

## MAIN REPORT

### Section 1: Financial

Over the past five years, CCMC has experienced significant fluctuations in patient volumes. The surge in patient numbers during 2021 and 2022 resulted from individuals postponing procedures during the pandemic and subsequently seeking care. Following this period of deferred care, we observed a temporary spike in volume. However, as we moved through 2023 and into 2024, our patient volumes have largely stabilized at levels more reflective of long-term trends.

CCMC continues to refine its financial strategies to ensure sustainability while maintaining affordable healthcare for the community. We are actively reviewing our charge master and cost of providing care to balance affordability for our patients with the need to cover operational expenses. Our approach focuses on keeping costs manageable for the community while ensuring that revenue aligns with the resources required to deliver high-quality care.

By regularly evaluating our pricing structures and operational costs, CCMC is committed to long-term financial stability while fulfilling our mission of accessible and high-quality healthcare for all.

#### Revenue & Payor Distribution (2024)

Payor	Hospital Revenue	LTC Revenue	Total Revenue	% of Total
Medicare	\$7,034,254	-	\$7,034,254	37.1%
Medicaid	\$2,412,923	\$3,384,298	\$5,797,221	30.6%
Blue Cross	\$2,514,296	-	\$2,514,296	13.2%
Commercial	\$3,120,252	-	\$3,120,252	16.5%
Private Pay	\$467,935	\$314,327	\$782,262	4.1%
<b>Total</b>	<b>\$15,549,661</b>	<b>\$3,698,624</b>	<b>\$19,248,285</b>	<b>100.0%</b>

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## Previous Year Comparison

	2024	2023	2022
<b>Medicare</b>	\$7,034,254	\$6,934,754	\$3,930,054
<b>Medicaid</b>	\$5,797,221	\$5,647,221	\$5,930,715
<b>Commercial</b>	\$3,120,252	\$6,242,810	\$4,085,687
<b>Private Pay</b>	\$782,262	\$234,926	\$232,198

## 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. Emergency visits decreased 5.7% year-over-year. Swing bed and inpatient admissions reflect minor fluctuations.

Service	2024 Volume	2023 Volume	% Change
<b>Inpatient Admissions</b>	58	41	+41.5%
<b>Swing Bed Days</b>	363	628	-42.2%
<b>ER Visits</b>	715	758	-5.7%
<b>CT Scans</b>	284	290	-2.1%
<b>Lab Tests</b>	7,440	7,145	+4.1%
<b>X-Ray Procedures</b>	771	853	-9.6%
<b>Clinic Visits</b>	2,580	2,649	-2.6%

Medical Imaging for X-ray procedures was 771 in 2024, down from 853 in 2023. CCMC completed 284 CT scans in 2024, a slight decrease from 290 in 2023.

The volume of outpatient visits for laboratory tests has grown since 2019 due to increased testing availability for respiratory illnesses. In 2024, 7,440 lab tests were performed, up from 7,145 in 2023. Current numbers likely reflect a more stable estimate for future testing.

<b>Year</b>	<b>Number of lab tests</b>
2024	7,440
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 74.4 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.

<b>Average Length of Stay</b>	<b>Current year</b>	<b>Prior year</b>
Inpatient average length of stay (days)	3.1	2.6
Swing Bed average length of stay (days)	17.4	27
Observation average length of stay (hours)	24	24
Emergency Department Visits	715	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 implemented use of utilization review software InterQual. Currently, any issues or questions regarding medical necessity are discussed with Dr. Bejes, the physician advisor, and Noelle Camarena. 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 year over 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. In 2024 we had 47 transfers which represented 6.6% 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 2024 a total of 101 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 2024 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 Bed)

- **Services:** Provides emergency, inpatient (med-surg), and swing bed care.
- **Volume/Activity:**
  - **58** inpatient admissions (up from 41 in 2023).
  - **19** Swing Bed admissions (slightly down from 20 in 2023).

### 2. Medical Imaging

- **Services:** CT scan and digital X-ray available for outpatient scheduled procedures and 24/7 emergency service.
- **Volume/Activity:**
  - **771** X-ray procedures (down from 853 in 2023).
  - **284** CT scans (slightly down from 290 in 2023).

### 3. Laboratory

- **Services:** Offers both in-house and external laboratory testing.
- **Volume/Activity:** **7,440** studies performed (up from 7,145 in 2023).

### 4. Rehabilitation

- **Physical Therapy:** Provides full inpatient and outpatient rehab services.
  - **Volume/Activity:** **3,480** PT visits (down from 4,540 in 2023).
- **Occupational Therapy:** Full panel of services for inpatients and outpatients.
  - **Volume/Activity:** **1,209** visits (down from 1,335 in 2023).
- **Speech Therapy:** Services provided on a contracted basis for inpatients and outpatients.
  - **Volume/Activity:** **21** visits (unchanged).

### 5. Outpatient Clinics

- **Behavioral Health - Sound Alternatives**
  - **Volume/Activity:** **1,159** visits (down from 1,225 in 2023).



## 6. Family Medicine Clinic

- **Services:** Provides full-spectrum outpatient family medicine, including procedures such as biopsy, joint injections, trigger point injections, prenatal care with OB consultation, CDL exams, and pediatric/adult wellness.
- **Volume/Activity:** **2,580** visits (down from 2,649 in 2023).

## 7. Long-Term Care/Skilled Nursing Facility

- **Services:** Continues to provide nursing care for individuals with high needs.
- **Volume/Activity:** **8.7** average census in 2024 (down from 9.2 in 2023).

## 8. Dietary / Food Service

- **Services:** Provides patient meals for acute, swing, and long-term care residents, as well as cafeteria meals for staff and delivered meals for seniors.
- **Volume/Activity:**
  - **5,533** LTC meals
  - **504** Acute care meals
  - **1,084** Swing bed meals.
  - **14,398** Senior lunch
  - **Cafeteria meals** for staff also provided.

### Patient Satisfaction Data

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 20%. Overall evaluation of the surveys demonstrates overall satisfaction is greater than 89% in key service areas. There are some areas such as getting answers the caller need from a phone call and seeing a provider quickly that scores are below 65%. Interpretation of this data is limited due to small sample size but has helped us identify and improve on key areas that define patient experience and build trust.

### 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 2024, 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 Noelle Camarena. During the past twelve months, the Committee has collaboratively worked with department managers. The process improvement projects include:

CCMC is working on over 10 process improvements projects for the year 2024. Our most robust projects involve the entire facility. There are 2 facility wide process improvements projects- Hand Hygiene and Environment of Care Rounds. For the hand hygiene project, we are utilizing a multi-faceted approach to improvement that includes on-going staff monitoring, real-time feedback for missed hand hygiene opportunities, visual aids, robust new hire hand hygiene orientation, frequent hygiene education in staff meetings, hand hygiene compliance by department with department improvement recognition.

We continue to bolster our quality program and have achieved substantial improvements throughout our facility. Key performance improvement initiatives for 2024 include:

### **Facility-Wide Initiatives:**

- **Hand Hygiene Compliance** – Implementing enhanced compliance tracking, real-time feedback, and department-level accountability.
- **Environment of Care (EOC) Rounding Expansion** – Strengthening oversight and corrective actions for patient safety.

### **Clinical and Patient Care Improvements:**

- **Electronic Health Record (EHR) Optimization** – Enhancing documentation workflows for improved efficiency and charge capture.
- **Nursing Documentation Standardization** – Improving accuracy and completeness in nursing records.
- **Blood Bank Temperature Monitoring Enhancements** – Strengthening monitoring protocols for compliance and safety.
- **Restorative Nursing Program (LTC Focus)** – Expanding rehabilitative and mobility programs for LTC residents.

### **Operational and Administrative Improvements:**

- **Annual Training Review & PBJ Reporting Enhancements** – Ensuring compliance with administrative and regulatory standards.
- **Group Purchasing Orders Implementation** – Streamlining supply chain management and reducing costs.

- **HIM Records Optimization** – Enhancing medical record storage and retrieval efficiency.

**Workforce and Community Support Initiatives:**

- **Childcare Care development and exploration** – Although we were unable to launch this project, we worked very closely with community and grant agencies to develop more robust childcare system in Cordova. Ultimately we were unable to find a program director to manage the program and were not able to pursue this further due to staffing issues.
- **Expansion of Telehealth Services** – Strengthening tele-neurology and tele-behavioral health consults to improve access for Cordova residents.

**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 748 active policies. Of these there were 619 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

CCMC maintains continuous survey readiness. Our last Critical access state and federal recertification survey was on March 25, 2022. After correcting identified deficiencies, CCMC was found to be in substantial compliance. We had the LTC survey January 2025 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 Jul 1, 2024 to Mar 31, 2025

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

March 12, 2025



Overall	Benchmarks	HCAHPS		
	NRC Average*	Qtr 1 2025‡	Qtr 4 2024	Qtr 3 2024
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?	71.7%	100.0%μ	--	100.0%μ

Key Drivers	Benchmarks	HCAHPS		
	NRC Average*	Qtr 1 2025‡	Qtr 4 2024	Qtr 3 2024
Cleanliness	69.3%	100.0%μ	--	75.0%μ
Care Transitions	51.9%	--	--	83.3%μ
Restfulness of Hospital Environment	57.7%	66.7%μ	--	50.0%μ

Highest Scores	Benchmarks	HCAHPS		
	NRC Average*	Qtr 1 2025‡	Qtr 4 2024	Qtr 3 2024
Care Coordination	68.4%	100.0%μ	--	--
Communication with Nurses	79.5%	100.0%μ	--	100.0%μ
Responsiveness of Hospital Staff	62.7%	100.0%μ	--	100.0%μ

Lowest Scores	Benchmarks	HCAHPS		
	NRC Average*	Qtr 1 2025‡	Qtr 4 2024	Qtr 3 2024
Restfulness of Hospital Environment	57.7%	66.7%μ	--	50.0%μ
Cleanliness	69.3%	100.0%μ	--	75.0%μ
Would Recommend Hospital	72.0%	100.0%μ	--	100.0%μ

■ 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



# Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Privileges for Andrew Sellers, MD

Date: 3/27/2025

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**Suggested Motion:** "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Andrew Sellers, MD as presented."



# Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Privileges for Berthina Coleman, MD

Date: 3/27/2025

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**Suggested Motion:** "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Berthina Coleman, MD as presented."





# Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Recredentialing of Privileges for Wesley Gifford, MD

Date: 3/27/2025

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**Suggested Motion:** "I move that the CCMC Authority Board of Directors approve the Recredentialing of Privileges for Wesley Gifford, MD as presented."



# Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Recredentialing of Privileges for Hannah Sanders, MD

Date: 3/27/2025

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**Suggested Motion:** "I move that the CCMC Authority Board of Directors approve the recredentialing of privileges for Hannah Sanders, MD as presented."



# Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Recredentialing of Privileges for Myron Fribush, MD

Date: 3/27/2025

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**Suggested Motion:** "I move that the CCMC Authority Board of Directors approve the recredentialing of privileges for Myron Fribush, MD as presented."

# April 2025

This is a blank and printable April Calendar. Downloaded from [WinCalendar.com](http://WinCalendar.com)

◀ Mar 2025		April 2025					May 2025 ▶
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 from WinCalendar: [May 2025](#), [Jun 2025](#), [Jul 2025](#)